


RESEARCH ARTICLE

Open Access



# Interfering B cell receptor signaling via SHP-1/p-Lyn axis shows therapeutic potential in diffuse large B-cell lymphoma

Ji-Lin Chen<sup>1</sup>, Pei-Yi Chu<sup>2,3,4</sup>, Chun-Teng Huang<sup>5,6</sup>, Tzu-Ting Huang<sup>1</sup>, Wan-Lun Wang<sup>1,7</sup>, Yu-Hsuan Lee<sup>7</sup>, Yuan-Ya Chang<sup>7</sup>, Ming-Shen Dai<sup>8</sup>, Chung-Wai Shiau<sup>9</sup> and Chun-Yu Liu<sup>1,5,7,10\*</sup> 

## Abstract

**Background:** Diffuse large B cell lymphoma (DLBCL) is an aggressive and molecularly heterogeneous non-Hodgkin's lymphoma. The B cell receptor (BCR) signaling pathway in DLBCL emerges as a new drug target. Protein phosphatase SHP-1 negatively regulates several oncogenic tyrosine kinases and plays a tumor suppressive role.

**Methods:** The direct SHP-1 agonists were used to evaluate the potential therapeutic implication of SHP-1 in DLBCL. Immunohistochemical staining for SHP-1 was quantified by H-score. The SHP-1 phosphatase activity was determined using tyrosine phosphatase assay. In vitro studies, including MTT, western blot analysis and cell apoptosis, were utilized to examine biological functions of SHP-1.

**Results:** Oral administration of SHP-1 agonist showed the potent anti-tumor effects compared to a selective Bruton's tyrosine kinase (BTK) inhibitor ibrutinib in mice bearing U2932 xenografts. SHP-1 agonist increased SHP-1 activity as well as downregulated p-Lyn in vivo. Here, we demonstrated that immunohistochemical staining for SHP-1 expression was positive in 76% of DLBCL samples. SHP-1 agonist exerted anti-proliferative and apoptotic effects compared with ibrutinib in DLBCL cells. Mechanistically, SHP-1 agonist decreased BCR signaling, especially p-Lyn, and led to apoptosis.

**Conclusions:** These data suggest that SHP-1 negatively regulates phosphorylation of Lyn, and targeting SHP-1/p-Lyn using SHP-1 agonist has therapeutic potential for treatment of DLBCL.

**Keywords:** Diffuse large B cell lymphoma, SHP-1, Apoptosis

## Background

Diffuse large B cell lymphoma (DLBCL) is a common and aggressive form of non-Hodgkin lymphoma (NHL). Molecular profiling studies have revealed molecular heterogeneity in DLBCL tumors, classified the cell-of-origin into at least two distinct molecular subtypes: germinal center B-cell (GCB) and activated B-cell (ABC), with a generally worse clinical outcome for ABC-type DLBCL

(Alizadeh et al. 2000; Hans et al. 2004; Visco et al. 2012). Despite most DLBCL tumors being initially sensitive to chemotherapy or radiotherapy, refractory/relapsed DLBCL confers a poor outcome underscoring the need for new therapeutic options (Camicia et al. 2015).

B cell receptor (BCR) survival signaling is emerging as an important therapeutic targeting pathway due to recent advances in inhibitors targeting key enzymes of the pathway, such as Bruton's tyrosine kinase (BTK), spleen tyrosine kinase, mammalian target of rapamycin, and phosphoinositide 3'-kinase  $\delta$  isoform (Wiestner 2015). The therapeutic potential of the BCR pathway in DLBCL has also been investigated (Wilson et al. 2015; Young

\*Correspondence: cyliu3@vghtpe.gov.tw

<sup>10</sup> Division of Transfusion Medicine, Department of Medicine, Taipei Veterans General Hospital, No. 201, Sec. 2, Shih-Pai Road, Taipei 112, Taiwan  
Full list of author information is available at the end of the article



et al. 2015). Ibrutinib, a selective BTK inhibitor, has been approved for mantle cell lymphoma, chronic lymphocytic leukemia, Waldenström's macroglobulinemia, and marginal zone lymphoma (Gayko et al. 2015) and has demonstrated in vitro and in vivo efficacy in DLBCL, underscoring the role of BCR signaling in DLBCL (Wilson et al. 2015; Ezell et al. 2014; Mathews Griner et al. 2014). Wilson et al. conducted a phase I/II trial of ibrutinib monotherapy that involved 80 patients with relapsed or refractory DLBCL and found ibrutinib produced tumor responses in 25% (20/80) of patients overall, and in 37% (14/38) of patients with ABC-type DLBCL, compared to 5% (1/20) of patients with GCB-like DLBCL (Wilson et al. 2015).

Lyn, as a member of the Src family of intracellular membrane-associated tyrosine kinases, is involved in signal transmission for a variety of receptors, including B-cell receptors (Ingley 2012). The phosphorylation at Tyr397 residue within the activation loop is critical for activation of the enzyme (Williams et al. 2009). Lyn appears to play a critical role in B cell receptor signaling due to its dual modulating capacity via activating or inhibiting downstream pathways (Ingley 2012). For example, a raft-associated signalosome made of the constitutively active Lyn kinase, the tyrosine phosphorylated Cbp/PAG adaptor, and tyrosine phosphorylated STAT3 transcription factor (the Lyn-Cbp/PAG signalosome), appears to control proliferation and survival in several B-NHLs cells including DLBCL cell lines SU-DHL-6, OCI-Ly3, and constitutes a therapeutic target in B-NHL cells that exhibit oncogenic "addiction" to the Lyn kinase (Tauzin et al. 2008). In contrast, reduced Lyn kinase activity in the context of CD79 mutations in ABC-type DLBCL may augment ongoing chronic active BCR signaling (Young et al. 2015). Nevertheless, the plethora functions of Lyn have made it an investigational therapeutic target of interest for several hematological as well as solid cancers (Ingley 2012). Interestingly, in the inactivation cycle of Lyn, protein tyrosine phosphatases such as Src homology region 2 domain containing phosphatase 1 (SHP-1) are known to dephosphorylate the activation loop site, and are thus important in down-regulating Lyn (Samanta et al. 2009; Somani et al. 2001).

The tumor suppressive role of SHP-1, encoded by *PTPN6* gene, has been made clear by reports of its negative regulation of several key oncogenic tyrosine kinases such as the JAK kinases (David et al. 1995; Jiao et al. 1996; Haque et al. 1998; Migone et al. 1998) and STAT3 (Tai et al. 2011). SHP-1-mediated STAT3-inhibition and subsequent apoptosis induction is an appealing anti-cancer strategy that has been reviewed (Huang et al. 2017). The therapeutic potential of SHP-1 can be strengthened by a generation of SHP-1 activity enhancers, including

sorafenib derivatives such as SC-43 and SC-60. SC-43 interacts with the inhibitory N-SH2 domain of SHP-1 leading to SHP-1 activation (Su et al. 2017). These sorafenib derivatives have been shown to directly increase SHP-1 activity and have been tested in a variety of solid cancer cells and clinical trial (NCT04733521) (Liu et al. 2017a; Chung et al. 2018). In this study, we examined the role and potential therapeutic implication of SHP-1/p-Lyn signaling in DLBCL. We highlight the importance of the axis formed by the tumor suppressor SHP-1 and the oncogenic p-Lyn in DLBCL.

## Methods

### Cell culture and transfection

The DLBCL cell lines, DB cells were obtained from the American Type Culture Collection (Manassas, VA, USA). U2932, SU-DHL-6, and OCI-Ly7 cells were purchased from Deutsche Sammlung von Mikroorganismen und Zellkulturen (Braunschweig, Germany). U2932, SU-DHL-6 and DB cells were maintained in RPMI 1640 Medium supplemented with 20%, 20%, and 10% fetal bovine serum (FBS) respectively. OCI-Ly7 cells were cultured in Iscove's Modified Dulbecco's Medium supplemented with 20% FBS. All cell lines were incubated at 37 °C in a 5% CO<sub>2</sub> incubator. SHP-1 agonists, SC-43 and SC-60, were synthesized, and its quality was evaluated as described in a previous study (Liu et al. 2017a, 2013). For cell-based studies, SHP-1 agonists were dissolved in dimethyl sulfoxide (DMSO) and then added to the cells in medium containing 5% FBS. The Myc-DDK-tagged Lyn expression construct and pCMV6-Entry plasmids were purchased from OriGene (Rockville, MD, USA). DLBCL cells were transiently transfected with the PolyJet transfection reagent (SigmaGen Laboratories, Frederick, MD, USA) following to manufacturer's instructions. To knockdown endogenous SHP-1, cells were transfected with siRNAs against *PTPN6* (L-009778-00) or control (D-001810-10) (final concentration of 25 μM) for 72 h using DharmaFECT 1 Transfection Reagent (T-2001-01) according to manufacturer's instructions (Dharmacon, Chicago, IL, USA).

### Xenograft tumor growth

The animal study was approved by the Institutional Animal Care and Use Committee of Taipei Veterans General Hospital. All experimental procedures using these mice were performed in accordance with protocols approved by the Institutional Animal Care and Use Committee of Taipei Veterans General Hospital (IACUC No. 2016-202). Female NCr athymic nude mice (5–7 weeks of age) were purchased from the National Laboratory Animal Center (Taipei, Taiwan) and maintained in an SPF-environment. Each mouse was inoculated subcutaneously in

the dorsal flank with  $5 \times 10^6$  U2932 cells suspended in 100  $\mu$ l of a 1:1 mixture of phosphate-buffered saline and Matrigel (BD Biosciences, Bedford, MA, USA) under isoflurane anesthesia. Tumors were measured using calipers and their volumes calculated using a standard formula ( $\text{width}^2 \times \text{length} \times 0.52$ ). When tumors reached 200 mm<sup>3</sup>, mice were administered with SC-43 (10 and 30 mg/kg), ibrutinib (12.5 and 25 mg/kg) or vehicle orally thrice per week.

#### SHP-1 phosphatase activity

Briefly, the tumor homogenates were incubated with anti-SHP-1 antibody in immunoprecipitation buffer (20 mM of Tris-HCl [pH 7.5], 150 mM of NaCl, 1 mM of ethylenediaminetetraacetic acid, 1% NP-40, and 1% sodium deoxycholate) overnight. Protein G-Sepharose 4 Fast flow (GE Healthcare Bio-Science, Township, NJ) was added to each sample, followed by incubation for 3 h at 4 °C with rotation and then assayed for phosphatase activity by RediPlate 96 EnzChek Tyrosine Phosphatase Assay Kit (Molecular Probes, Invitrogen, Carlsbad, CA).

#### Western blot analysis

As described previously (Liu et al. 2019), whole-cell extracts were prepared using RIPA buffer with a Halt Protease and Phosphatase Inhibitor Cocktail (Thermo Fisher Scientific, Waltham, MA, USA). The cell lysates were then analyzed by sodium dodecyl sulfate-polyacrylamide gel electrophoresis using antibodies (Additional file 1: Table S1).

#### DLBCL microarray and immunohistochemical (IHC) staining

Human paraffin embedded tissue microarrays of DLBCL were purchased from US Biomax (LY1002 and LY1001b; US Biomax, Rockville, MD, USA). The slide was deparaffinized with xylene for 5 min, followed by two changes of xylene; the slides were then rehydrated. The slides were incubated with 3% H<sub>2</sub>O<sub>2</sub> for 10 min to block peroxidase activity and subsequently incubated with blocking solution (2% FBS and 1% BSA) for 1 h. The primary antibody against SHP-1 (ab2020; Abcam, Cambridge, MA, USA) was used at 1:100 dilution for 1 h incubation at room temperature. The slides were washed three times with PBS and detected using the EnVision Detection Systems Peroxidase/DAB, Rabbit/Mouse kit (Agilent, Santa Clara, CA, USA). The slides were counterstained with hematoxylin and subsequently dehydrated and mounted. The IHC intensity of SHP-1 was determined independently by a qualified pathologist, and rated as a scale of 0 to 3+, and an H-score of 0–300 based on percentage of cells stained at different intensities were assigned to each

sample. Median value of positive IHC H-score was used as a cut-off at 41.25 for defining high versus low expression of SHP-1.

#### In silico survival analysis with public open databases

SHP-1 transcript expression data downloaded from Gene Expression Omnibus database (GSE57611 and GSE11318) were analyzed. To assess significantly enriched pathways by comparing SHP-1 high expression with low expression DLBCL, gene sets in the Kyoto Encyclopedia of Genes and Genomes (KEGG) were used for Gene Set Enrichment Analysis (GSEA). A *P*-value < 0.05 and false discovery ratio (FDR) < 0.25 were considered as statistical significance.

#### Cell viability and apoptosis determination

Cell viability of DLBCL cells treated with SC-43, ibrutinib or ruxolitinib for 72 h were assessed by 3-(4,5-dimethylthiazol-2-yl)-2, 5-diphenyltetrazolium bromide (MTT) assay. Ten microliters of MTT solution (final concentration 0.5 mg/mL) was added to each well and incubated at 37 °C for 3 h. The formazan crystals were then dissolved in 100  $\mu$ l of DMSO and the absorbance was measured at 570 nm. Drug-induced apoptotic cell death was assessed using propidium iodide staining and analyzed by flow cytometry.

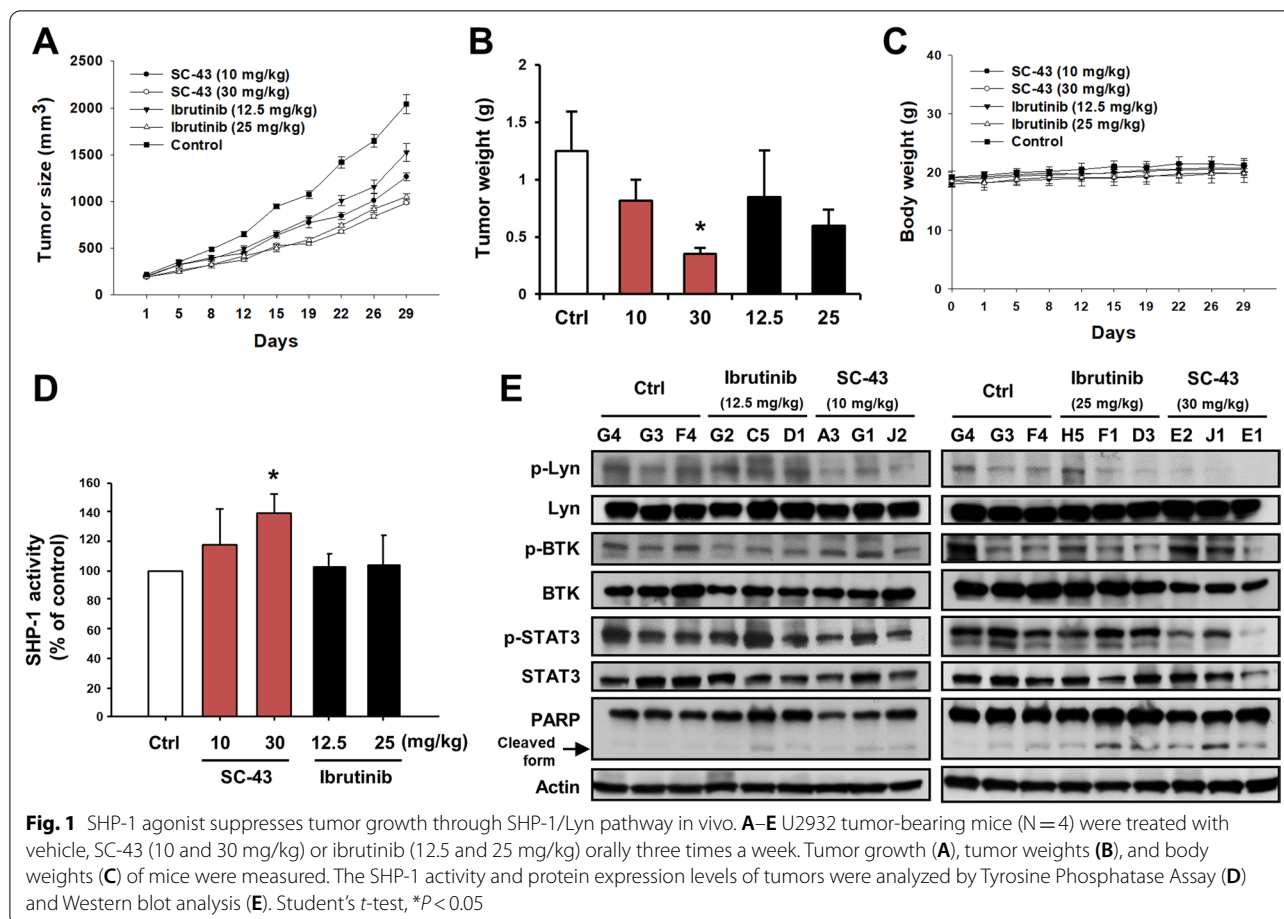
#### Statistical analysis

Data are depicted as mean  $\pm$  SD or SE. Statistical comparisons were based on nonparametric tests and statistical significance was defined as a *P*-value less than 0.05. All statistical analyses were performed using SPSS for Windows software, version 22.0 (SPSS, Chicago, IL, USA).

## Results

#### SHP-1 agonist suppresses DLBCL xenograft tumor growth

Previously, we developed SHP-1 agonists, including SC-43 and SC-60, showed anti-cancer activities (Liu et al. 2017a). To assess the therapeutic potential of SHP-1 agonist and examine SHP-1/p-Lyn regulatory signaling in vivo, U2932 xenografted mice received vehicle, SC-43 or a selective BTK inhibitor ibrutinib. We observed that the mice receiving SC-43 (30 mg/kg) exhibited the potent tumor-suppressive effect (Fig. 1A and B). In addition, there were no apparent body weight loss or toxicity in the drug-treated mice in comparison with the control group (Fig. 1C). We checked whether SHP-1 agonist-mediated inhibition of tumor growth in U2932 cells depended on SHP-1/p-Lyn pathway. Compared with control groups, SC-43 increased SHP-1 activity (Fig. 1D). SC-43 dephosphorylated Lyn, BTK, and STAT3 and induced apoptosis in vivo (Fig. 1E). Moreover, another SHP-1 agonist SC-60



also reduced tumor growth and tumor weight without body weight loss (Additional file 1: Fig. S1A–C). Treatment of SC-60 elevated SHP-1 activity whereas suppressed p-Lyn and p-STAT3. Apoptosis also evidenced by PARP cleavage in U2932 xenografts (Additional file 1: Fig. S1D and E). These results indicated that SHP-1 agonist inhibited DLBCL tumor growth as well as inactivated Lyn and STAT3 signaling.

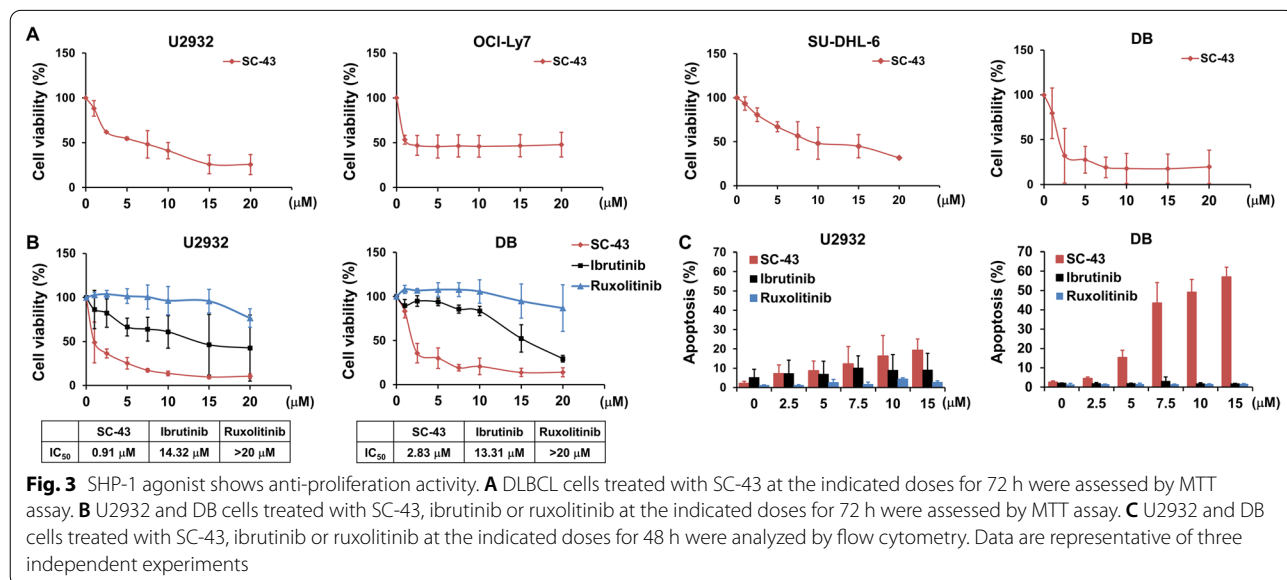
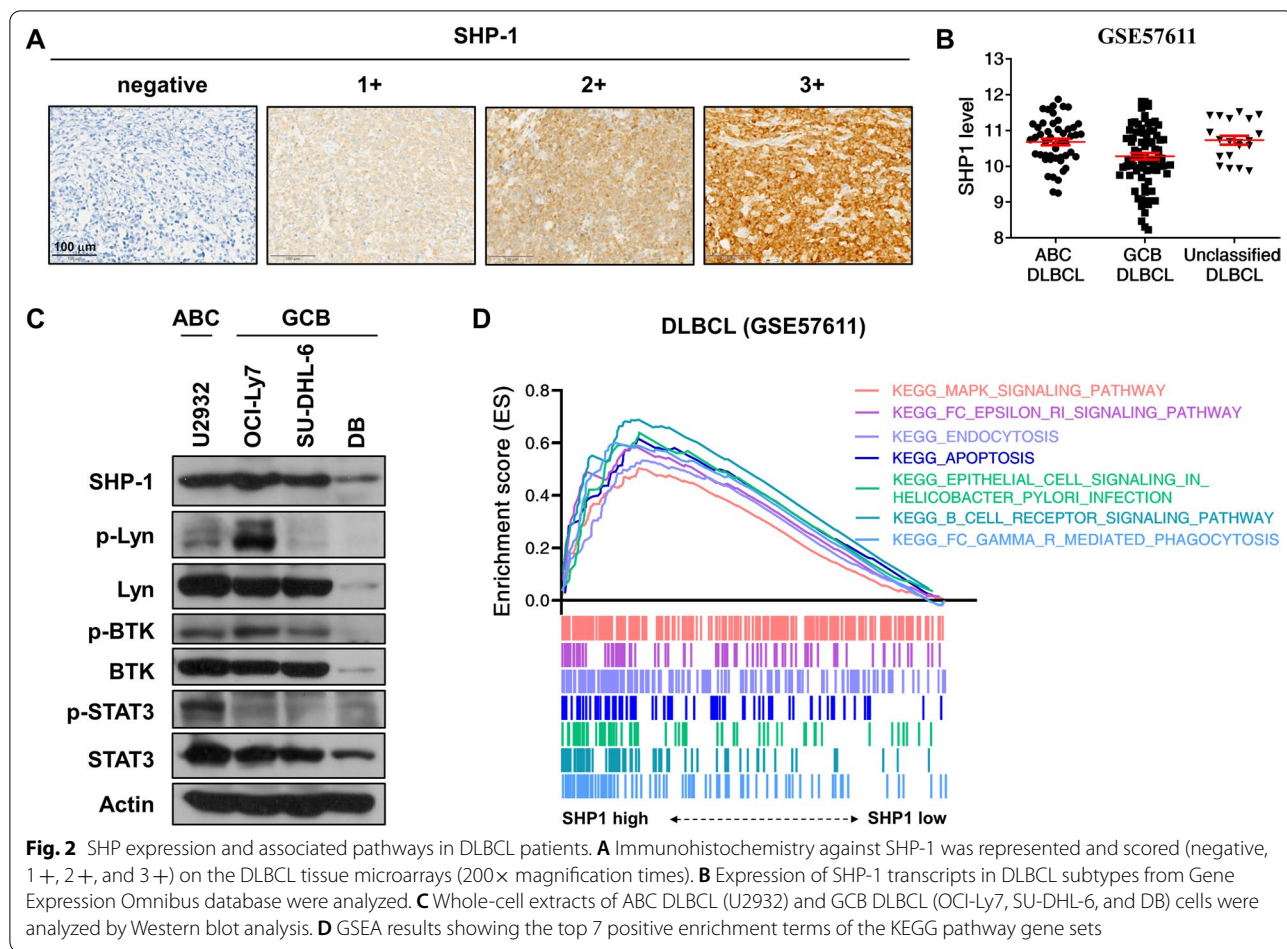
**SHP-1 is frequently expressed in DLBCL**

To evaluate the clinical relevance of SHP-1 in DLBCL, the expression of SHP-1 was examined by a DLBCL tissue microarray consisting of 150 DLBCL tumor samples (Additional file 1: Fig. S2A). A total of 114 (76%) of samples were positive for SHP-1 IHC staining, of which 57 (38%) samples had high expression of SHP-1. Representative SHP-1 expressions with IHC intensity scale from negative to 3+ were shown (Fig. 2A). The characteristics of the DLBCL tumors according to SHP-1 expression were examined. SHP-1 expression did not correlate with age, gender, and anatomic site (Additional file 1: Table S2). Data from Gene Expression Omnibus

(GSE57611 and GSE11318) showed that ABC DLBCL had higher SHP-1 transcript level than GCB DLBCL (Fig. 2B and Additional file 1: Fig. S2B). We then assessed the endogenous SHP-1, Lyn, BTK, and STAT3 status of human DLBCL cell lines and found these proteins were differentially expressed in DLBCL cell lines (Fig. 2C). To explore the biological correlation of SHP-1 in DLBCL, the GSEA analysis of SHP-1 expression was performed based on DLBCL cohort (GSE57611). As shown in Fig. 2D, GSEA results indicated that SHP-1 high expression was associated with immune-related pathways. Notably, DLBCL with high SHP-1 expression was positively enriched in apoptosis pathway.

**SHP-1 agonist exerts anti-proliferative activity in DLBCL cell lines**

To examine the effects of SHP-1 agonist in vitro, we used SC-43 to test the cytotoxic effect on DLBCL cells. Results showed that SC-43 inhibited cell viability of the four DLBCL cell lines (Fig. 3A). Previous studies demonstrated that SHP-1-suppressed STAT3 and led to cell apoptosis (Liu et al. 2017a). STAT3 activation promoted

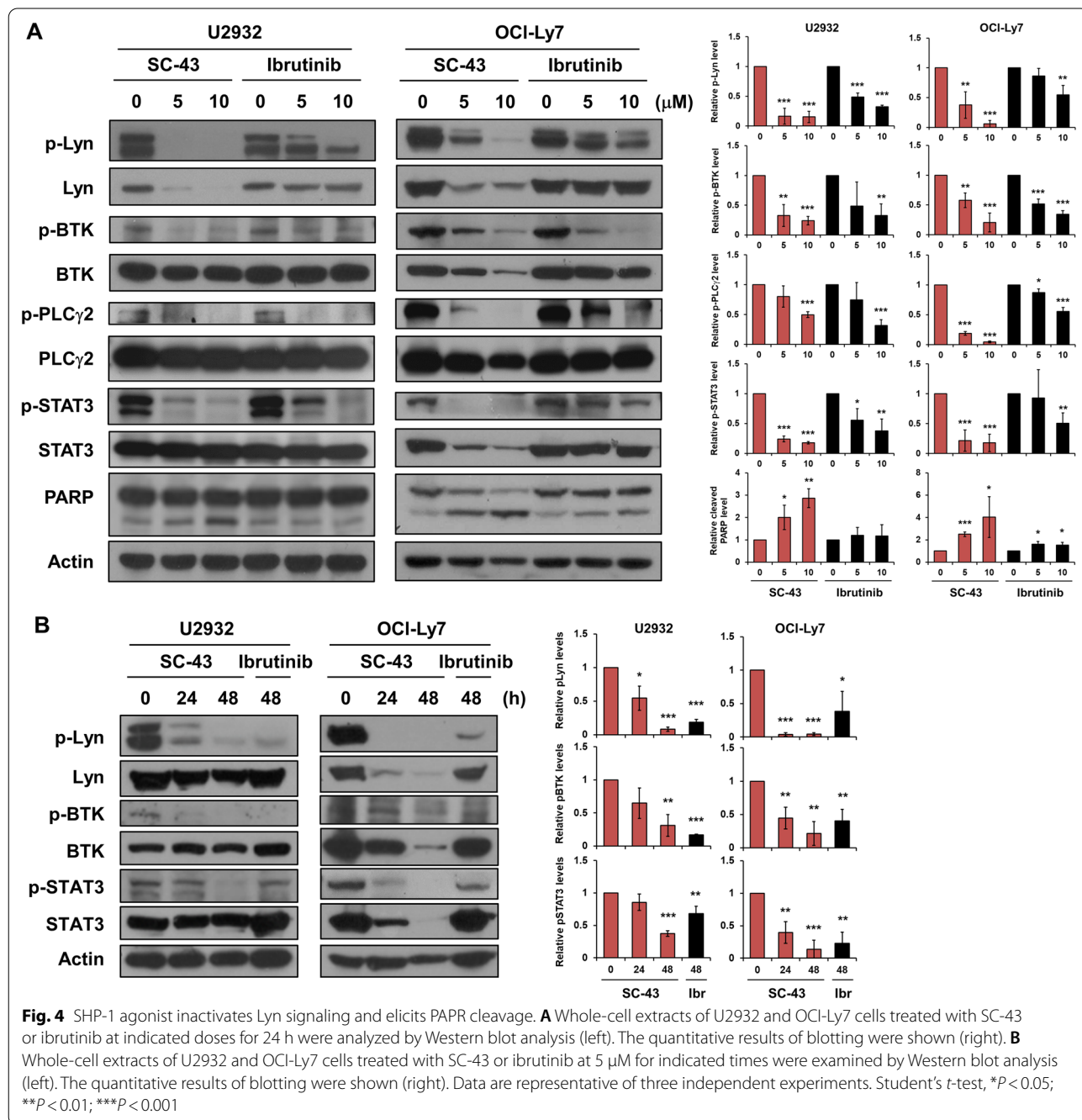


cell survival in ABC-type DLBCL (Ding et al. 2008), hence we evaluated the effects of SC-43, ibrutinib, and a JAK/STAT inhibitor ruxolitinib (Jakavi) in DLBCL cells. SC-43 significantly decreased cell viability and induced cell apoptosis of U2932 and DB cells. There was differential sensitivity to ibrutinib among U2932 and DB cells, while ruxolitinib exerted little effects in DLBCL cells in contrast to SC-43 (Fig. 3B and C). These data suggested

that SHP-1 agonist exhibited anti-proliferative activity in vitro.

**SHP-1 agonist antagonizes BCR-related signaling in DLBCL cells**

We then examined the molecular events associated with SHP-1 agonist treatment in DLBCL cells. Treatment of SC-43 inactivated BCR signaling pathway, including Lyn, BTK, and PLC $\gamma$ 2, in a dose-dependent manner. Besides,



SC-43 showed the potent effect on inhibition of pSTAT3 compared to ibrutinib. The cell apoptotic effect was validated by PARP cleavage (Fig. 4A). Moreover, SC-43 suppressed phosphorylation of Lyn, BTK, and STAT3 of DLBCL cells in a time-dependent manner (Fig. 4B). These results suggested that SHP-1 agonist effectively repressed BCR-related signaling.

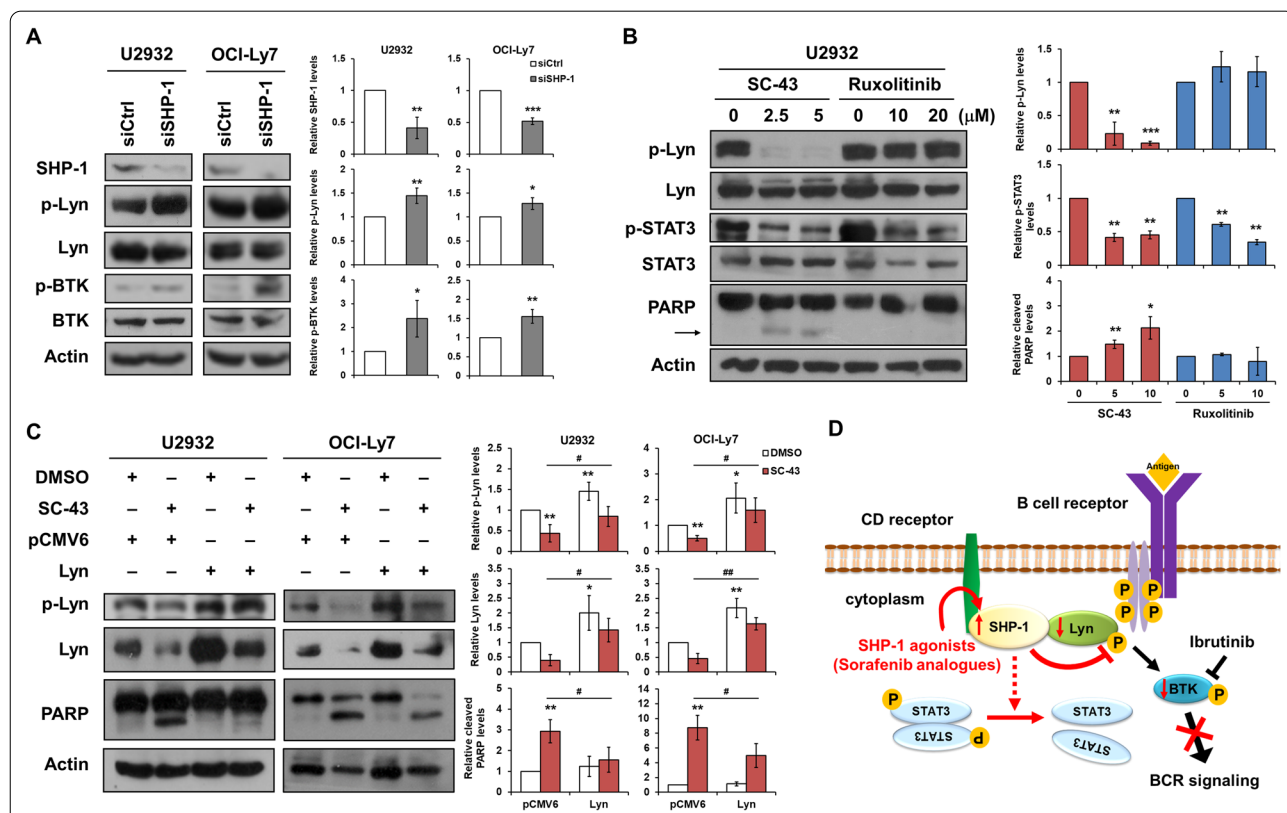
**SHP-1 agonist induces cell apoptosis via Lyn inactivation**

To further validate the effect of SHP-1 in BCR signaling, the siRNA-mediated knockdown of endogenous SHP-1 was performed. Results revealed that knockdown of SHP-1 increased phosphorylation of Lyn and BTK (Fig. 5A). We observed SHP-1 agonists effectively reduced the phosphorylation of Lyn and STAT3 to contrast with ruxolitinib was unable to downregulate p-Lyn (Fig. 5B, Additional file 1: Fig. S3A, and S3B). Consistent with the results shown in Fig. 3C, PARP cleavage was

induced by SC-43 but not ruxolitinib (Fig. 5B). We next examined whether the inactivation of Lyn was crucial to the SHP-1 agonist-induced apoptosis in DLBCL cells. We transfected U2932 and OCI-Ly7 cells with exogenous Lyn and found that SC-43 induced PARP cleavage was attenuated (Fig. 5C). Likewise, treatment of SC-60 induced PARP cleavage was also repressed following Lyn over-expression (Additional file 1: Fig. S3C). Taken together, these results demonstrated that SHP-1 agonist induced cell apoptosis through SHP-1/p-Lyn pathway in DLBCL cells.

**Discussion**

The clinical significance of SHP-1 in cancers remains to be elucidated. Some studies have shown decreased SHP-1 expression was associated with poor outcome in prostate cancer (Tassidis et al. 2010), colorectal cancer (Fan et al. 2016), and triple-negative breast cancer (Liu et al.



**Fig. 5** SHP-1 agonist induces cell apoptosis through Lyn. **A** Whole-cell extracts of U2932 and OCI-Ly7 transfected with siRNAs against SHP-1 or control were assessed by Western blot analysis (left). The quantitative results of blotting were shown (right). **B** U2932 cells treated with SC-43 or ruxolitinib at indicated doses for 24 h were examined by Western blot analysis (left). The quantitative results of blotting were shown (right). **C** U2932 and OCI-Ly7 cells were transfected with Lyn-expressing or control plasmids for 48 h. The transfected cells were further treated with 10 μM SC-43 or DMSO for 24 h and examined by Western blot analysis (left). The quantitative results of blotting were shown (right). **D** In the present study, our data indicated that SHP-1 agonists (sorafenib analogues such as SC-43 and SC-60) enhanced SHP-1 activity and further reduced phosphorylation of Lyn and BTK. Dephosphorylation of Lyn and BTK inhibited cell survival signaling leading to cell apoptosis. In addition, SHP-1 agonists also dephosphorylated STAT3 as previously reported which might partly contribute to cell growth inhibition. Data are representative of three independent experiments. Student's *t*-test, \**P* < 0.05; \*\**P* < 0.01; \*\*\**P* < 0.001; #*P* < 0.05; ##*P* < 0.01

2017b, c), whereas other studies demonstrated contrarily that increased SHP-1 expression is associated with recurrence in nasopharyngeal carcinoma (Peng et al. 2014) or aggressiveness in breast cancer (Insabato et al. 2009). Several studies have also explored the role of SHP-1 expression in lymphoma (Kossev et al. 2001; Leon et al. 2002; Oka et al. 2001; Witkiewicz et al. 2007; Zhang et al. 2000). Kossev et al. demonstrated that B lymphocytes in follicle germinal centers do not express SHP-1, whereas normal B cells in mantle and marginal zones or interfollicular B lymphocytes and plasma cells showed strong SHP-1 expression (Kossev et al. 2001). Similarly, Oka et al. analyzed SHP-1 expression by IHC in various kinds of malignant lymphomas including DLBCL and showed that more than 95% of malignant lymphomas were negative for SHP-1 expression (Oka et al. 2001). In contrast, we found 38% of DLBCL tumors express high SHP-1 expressions. However, considering there is a relative paucity of literature on SHP-1 expression in clinical patient samples with DLBCL, more studies are needed to better define the clinical roles of SHP-1 in DLBCL. In this study, we investigated the biological role and potential therapeutic implication of SHP-1 in DLBCL. SHP-1 agonists increased SHP-1 activity, whereas downregulated Lyn signaling. We demonstrated that SHP-1 was frequently (76%) expressed in various intensities in DLBCL tumors. SHP-1 agonist decreased BCR signaling by inhibiting p-Lyn, which led to apoptosis (Fig. 5D).

Somani et al. demonstrated that Lyn phosphorylation/dephosphorylation as a possible mechanism by which SHP-1 exerts its influence on CD19 tyrosine phosphorylation and its inhibitory effect on BCR signaling (Somani et al. 2001). Previous studies have consistently shown that SHP-1 agonists induce apoptosis via the SHP-1/p-STAT3 signaling axis in various cancer cells including hepatocellular carcinoma cells, breast cancer cells, and colorectal cancer cells (Liu et al. 2017a, 2017c; Chao et al. 2016; Fan et al. 2015). In the current study, we noticed that the JAK/STAT inhibitor ruxolitinib exerted little effects on cell viability and apoptosis in DLBCL cells in contrast to SC-43. The finding that SHP-1 agonists and ruxolitinib suppressed p-STAT3, whereas only SHP-1 agonists effectively suppressed p-Lyn and induced PARP cleavage suggesting SHP-1/p-Lyn axis might play a more important role in mediating the apoptosis effects in DLBCL cells, and supported the role of BCR signaling in DLBCL. Moreover, Wang et al. reported that B cell signaling activated STAT3 via Lyn in a JAK1/2-independent manner (Wang et al. 2007). It is also possible that SHP-1 agonist suppressed STAT3 activation through Lyn inhibition. In other words, although p-STAT3 inhibition may induce apoptosis, the suppression of p-Lyn may be a more

important molecular determinant in apoptosis induction in DLBCL cells.

Indeed, prior studies have demonstrated that ABC-like DLBCL are more sensitive to ibrutinib, comparing to non-ABC like DLBCL (Wilson et al. 2015, 2021; Davis et al. 2010; Xue et al. 2020; Mondello and Ansell 2021). A meta-analysis has reported a pooled overall response (OR) of 41.6% for ibrutinib monotherapy and a pooled OR of 72.0% for combinational ibrutinib and rituximab-based therapy in patients with DLBCL. The pooled OR was reported as 64.2% in patients with non-GCB DLBCL (Hou et al. 2020). Nevertheless, the clinical data for ibrutinib monotherapy suggested its preferential efficacy toward non-GCB DLBCL and there is still unmet need in DLBCL. Mutations in *MYD88*, *PLCγ2*, *CARD11*, and *TNFAIP3* contribute to acquire resistance to ibrutinib (Wilson et al. 2015; George et al. 2020). U2932 cell line is probably attributed to the *TNFAIP3* mutation that confers resistance to BTK-targeting agents (George et al. 2020; Paul et al. 2017). However, our results showed that treatment with higher dose of ibrutinib (25 mg/kg) exhibited some anti-cancer activity in U2932 tumor-bearing mice. Previous studies also showed that U2932 xenografts displayed a reduction in tumor-background ratios following treatment with 25 mg/kg ibrutinib compared to controls (Jacobs et al. 2017). We observed that the levels of p-Lyn were decreased in 25 mg/kg ibrutinib treated xenografts (Fig. 1E). The tumor inhibitory effects of higher doses of ibrutinib might results from inhibition of signal pathways other than BTK. Importantly, our pre-clinical data showed that both ABC and GCB-like cells can be sensitive to SHP-1 agonists via the SHP-1/p-Lyn axis. More studies are needed to see whether there is differential anti-cancer activity via the SHP-1/p-Lyn axis among ABC and GCB-like DLBCL.

## Conclusions

In summary, our data further strengthens this notion by application of SHP-1 agonists which increase SHP-1 activities. Treatment with SHP-1 agonists to target SHP-1/p-Lyn axis demonstrate therapeutic potential in DLBCL in both in vivo and in vitro models.

## Abbreviations

DLBCL: Diffuse large B-cell lymphoma; BCR: B cell receptor; BTK: Bruton's tyrosine kinase; NHL: Non-Hodgkin lymphoma; GCB: Germinal center B-cell; ABC: Activated B-cell; FBS: Fetal bovine serum; DMSO: Dimethyl sulfoxide; IHC: Immunohistochemical; KEGG: Kyoto encyclopedia of genes and genomes; GSEA: Gene set enrichment analysis; MTT: 3-(4,5-Dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide.



## Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s10020-022-00518-0>.

**Additional file 1: Table S1.** List of antibodies used for Western blot analysis. **Table S2.** Characteristics of tissue microarray of tumors from patients with diffuse large B cell lymphoma. **Figure S1.** SHP-1 agonist SC-60 suppresses tumor growth through SHP-1/p-Lyn pathway in vivo. **Figure S2.** Expressions of SHP-1 protein and transcript in DLBCL. **Figure S3.** SHP-1 agonist induces cell apoptosis through Lyn inhibition.

### Acknowledgements

The authors would like to acknowledge Dr. Kuen-Feng Chen for his generous recommendation on experimental design and suggestions for data interpretation and acknowledge Ms. Wen-Chun Tsai for her prior effort for establishing some experimental conditions related to this work. The laboratory works were completed using facilities from Medical Science & Technology Building of Taipei Veterans General Hospital.

### Author contributions

CYL was responsible for coordination and manuscript editing as well as acting as corresponding authors. JLC, TTH, and CYL drafted the manuscript. JLC, WLW, YHL, and YYC conducted in vitro and in vivo experiments. PYC conducted histopathological experiments. JLC, CTH, PYC, TTH, MSD, CWS, and CYL helped in data interpretation and statistical analysis. All authors had substantial contributions to the conception or design of the work. All authors agreed with the accuracy and integrity of all part of the work. All authors read and approved the final manuscript.

### Funding

This study was supported by Grants from the Ministry of Science and Technology, Taiwan (MOST109-2628-B-075-012; MOST110-2628-B-075-006; MOST111-2628-B-075-018), Taipei Veterans General Hospital (V107C-025; V110C-180; V111C-009), Yang-Ming Branch of Taipei City Hospital (10801-62-071; 10901-62-062), the Veterans General Hospitals and University System of Taiwan Joint Research Program (VGHUST110-G5-1-3), the Taiwan Clinical Oncology Research Foundation, and the Yen Tjing Ling Medical Foundation (CI-107-10), Dr. Morris Chang (ABMRD002), Melissa Lee Cancer Foundation, and Teh-Tzer Study Group for Human Medical Research Foundation. The funding sources were not involved in study design nor manuscript writing.

### Availability of data and materials

The datasets generated and/or analysed during the current study are available in the Gene Expression Omnibus repository, GSE57611 and GSE11318.

### Declarations

#### Ethics approval and consent to participate

All experimental procedures using these mice were performed in accordance with protocols approved by the Institutional Animal Care and Use Committee of Taipei Veterans General Hospital (IACUC No. 2016-202). All the procedures were performed in accordance with the 1964 Declaration of Helsinki principles and its later amendments or comparable ethical standards.

#### Consent for publication

Not applicable.

#### Competing interests

The authors declare that they have no competing interests.

#### Author details

<sup>1</sup>Comprehensive Breast Health Center, Taipei Veterans General Hospital, No. 201, Sec. 2, Shih-Pai Road, Taipei 112, Taiwan. <sup>2</sup>Department of Pathology, Show Chwan Memorial Hospital, No. 542, Sec. 1, Chung-Shan Rd., Changhua City 500, Taiwan. <sup>3</sup>School of Medicine, Fu Jen Catholic University, No. 510, Zhong-zheng Rd., Xin-zhuang Dist., New Taipei City 24205, Taiwan. <sup>4</sup>Department of Health Food, Chung Chou University of Science and Technology, Changhua 510, Taiwan. <sup>5</sup>School of Medicine, National Yang Ming Chiao Tung

University, Hsinchu 30010, Taiwan. <sup>6</sup>Division of Hematology and Oncology, Department of Medicine, Yang-Ming Branch of Taipei City Hospital, No.145, Zhengzhou Rd., Datong Dist., Taipei 10341, Taiwan. <sup>7</sup>Division of Medical Oncology, Department of Oncology, Taipei Veterans General Hospital, No. 201, Sec. 2, Shih-Pai Road, Taipei 112, Taiwan. <sup>8</sup>Hematology/Oncology, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan. <sup>9</sup>Institute of Biopharmaceutical Sciences, National Yang Ming Chiao Tung University, No. 155, Sec. 2, Li-Nong Street, Taipei 112, Taiwan. <sup>10</sup>Division of Transfusion Medicine, Department of Medicine, Taipei Veterans General Hospital, No. 201, Sec. 2, Shih-Pai Road, Taipei 112, Taiwan.

Received: 16 January 2022 Accepted: 25 July 2022

Published online: 08 August 2022

### References

- Alizadeh AA, Eisen MB, Davis RE, Ma C, Lossos IS, Rosenwald A, et al. Distinct types of diffuse large B-cell lymphoma identified by gene expression profiling. *Nature*. 2000;403(6769):503–11.
- Camicia R, Winkler HC, Hassa PO. Novel drug targets for personalized precision medicine in relapsed/refractory diffuse large B-cell lymphoma: a comprehensive review. *Mol Cancer*. 2015;14:207.
- Chao TI, Tai WT, Hung MH, Tsai MH, Chen MH, Chang MJ, et al. A combination of sorafenib and SC-43 is a synergistic SHP-1 agonist duo to advance hepatocellular carcinoma therapy. *Cancer Lett*. 2016;371(2):205–13.
- Chung SY, Chen YH, Lin PR, Chao TC, Su JC, Shiau CW, et al. Two novel SHP-1 agonists, SC-43 and SC-78, are more potent than regorafenib in suppressing the in vitro stemness of human colorectal cancer cells. *Cell Death Discov*. 2018;4:25.
- David M, Chen HE, Goelz S, Larner AC, Neel BG. Differential regulation of the alpha/beta interferon-stimulated Jak/Stat pathway by the SH2 domain-containing tyrosine phosphatase SHPTP1. *Mol Cell Biol*. 1995;15(12):7050–8.
- Davis RE, Ngo VN, Lenz G, Tolar P, Young RM, Romesser PB, et al. Chronic active B-cell-receptor signalling in diffuse large B-cell lymphoma. *Nature*. 2010;463(7277):88–92.
- Ding BB, Yu JJ, Yu RY, Mendez LM, Shaknovich R, Zhang Y, et al. Constitutively activated STAT3 promotes cell proliferation and survival in the activated B-cell subtype of diffuse large B-cell lymphomas. *Blood*. 2008;111(3):1515–23.
- Ezell SA, Mayo M, Bihani T, Tepsuporn S, Wang S, Passino M, et al. Synergistic induction of apoptosis by combination of BTK and dual mTORC1/2 inhibitors in diffuse large B cell lymphoma. *Oncotarget*. 2014;5(13):4990–5001.
- Fan LC, Teng HW, Shiau CW, Tai WT, Hung MH, Yang SH, et al. Pharmacological targeting SHP-1-STAT3 signaling is a promising therapeutic approach for the treatment of colorectal cancer. *Neoplasia*. 2015;17(9):687–96.
- Fan LC, Teng HW, Shiau CW, Tai WT, Hung MH, Yang SH, et al. Regorafenib (Stivarga) pharmacologically targets epithelial-mesenchymal transition in colorectal cancer. *Oncotarget*. 2016;7(39):64136–47.
- Gayko U, Fung M, Clow F, Sun S, Faust E, Price S, et al. Development of the Bruton's tyrosine kinase inhibitor ibrutinib for B cell malignancies. *Ann N Y Acad Sci*. 2015;1358:82–94.
- George B, Chowdhury SM, Hart A, Sircar A, Singh SK, Nath UK, et al. Ibrutinib resistance mechanisms and treatment strategies for B-cell lymphomas. *Cancers (basel)*. 2020;12(5):1328.
- Hans CP, Weisenburger DD, Greiner TC, Gascoyne RD, Delabie J, Ott G, et al. Confirmation of the molecular classification of diffuse large B-cell lymphoma by immunohistochemistry using a tissue microarray. *Blood*. 2004;103(1):275–82.
- Haque SJ, Harbor P, Tabrizi M, Yi T, Williams BR. Protein-tyrosine phosphatase Shp-1 is a negative regulator of IL-4- and IL-13-dependent signal transduction. *J Biol Chem*. 1998;273(51):33893–6.
- Hou K, Yu Z, Jia Y, Fang H, Shao S, Huang L, et al. Efficacy and safety of ibrutinib in diffuse large B-cell lymphoma: a single-arm meta-analysis. *Crit Rev Oncol Hematol*. 2020;152: 103010.
- Huang TT, Su JC, Liu CY, Shiau CW, Chen KF. Alteration of SHP-1/p-STAT3 signaling: a potential target for anticancer therapy. *Int J Mol Sci*. 2017;18(6):1234.
- Ingle E. Functions of the Lyn tyrosine kinase in health and disease. *Cell Commun Signal*. 2012;10(1):21.

- Insabato L, Amelio I, Quarto M, Zannetti A, Tolino F, de Mauro G, et al. Elevated expression of the tyrosine phosphatase SHP-1 defines a subset of high-grade breast tumors. *Oncology*. 2009;77(6):378–84.
- Jacobs L, Habringer S, Slawska J, Huber K, Hauf E, Li Z, et al. Functional imaging in combination with mutation status aids prediction of response to inhibiting B-cell receptor signaling in lymphoma. *Oncotarget*. 2017;8(45):78917–29.
- Jiao H, Berrada K, Yang W, Tabrizi M, Platanius LC, Yi T. Direct association with and dephosphorylation of Jak2 kinase by the SH2-domain-containing protein tyrosine phosphatase SHP-1. *Mol Cell Biol*. 1996;16(12):6985–92.
- Kossev PM, Raghunath PN, Bagg A, Schuster S, Tomaszewski JE, Wasik MA. SHP-1 expression by malignant small B-cell lymphomas reflects the maturation stage of their normal B-cell counterparts. *Am J Surg Pathol*. 2001;25(7):949–55.
- Leon F, Cespon C, Franco A, Lombardia M, Roldan E, Escribano L, et al. SHP-1 expression in peripheral T cells from patients with Sezary syndrome and in the T cell line HUT-78: implications in JAK3-mediated signaling. *Leukemia*. 2002;16(8):1470–7.
- Liu CY, Tseng LM, Su JC, Chang KC, Chu PY, Tai WT, et al. Novel sorafenib analogues induce apoptosis through SHP-1 dependent STAT3 inactivation in human breast cancer cells. *Breast Cancer Res*. 2013;15(4):R63.
- Liu CY, Su JC, Huang TT, Chu PY, Huang CT, Wang WL, et al. Sorafenib analogue SC-60 induces apoptosis through the SHP-1/STAT3 pathway and enhances docetaxel cytotoxicity in triple-negative breast cancer cells. *Mol Oncol*. 2017a;11(3):266–79.
- Liu CY, Huang TT, Chu PY, Huang CT, Lee CH, Wang WL, et al. The tyrosine kinase inhibitor nintedanib activates SHP-1 and induces apoptosis in triple-negative breast cancer cells. *Exp Mol Med*. 2017b;49(8): e366.
- Liu CY, Chen KF, Chao TI, Chu PY, Huang CT, Huang TT, et al. Sequential combination of docetaxel with a SHP-1 agonist enhanced suppression of p-STAT3 signaling and apoptosis in triple negative breast cancer cells. *J Mol Med*. 2017c;95(9):965–75.
- Liu CY, Chu PY, Huang CT, Chen JL, Yang HP, Wang WL, et al. Varlitinib down-regulates HER/ERK signaling and induces apoptosis in triple negative breast cancer cells. *Cancers (basel)*. 2019;11(1):105.
- Mathews Griner LA, Guha R, Shinn P, Young RM, Keller JM, Liu D, et al. High-throughput combinatorial screening identifies drugs that cooperate with ibrutinib to kill activated B-cell-like diffuse large B-cell lymphoma cells. *Proc Natl Acad Sci USA*. 2014;111(6):2349–54.
- Migone TS, Cacalano NA, Taylor N, Yi T, Waldmann TA, Johnston JA. Recruitment of SH2-containing protein tyrosine phosphatase SHP-1 to the interleukin 2 receptor; loss of SHP-1 expression in human T-lymphotropic virus type I-transformed T cells. *Proc Natl Acad Sci USA*. 1998;95(7):3845–50.
- Mondello P, Ansell SM. PHOENIX rises: genomic-based therapies for diffuse large B cell lymphoma. *Cancer Cell*. 2021;39(12):1570–2.
- Oka T, Yoshino T, Hayashi K, Ohara N, Nakanishi T, Yamaai Y, et al. Reduction of hematopoietic cell-specific tyrosine phosphatase SHP-1 gene expression in natural killer cell lymphoma and various types of lymphomas/leukemias: combination analysis with cDNA expression array and tissue microarray. *Am J Pathol*. 2001;159(4):1495–505.
- Paul J, Soujon M, Wengner AM, Zitzmann-Kolbe S, Sturz A, Haike K, et al. Simultaneous inhibition of PI3Kdelta and PI3Kalpha induces ABC-DLBCL regression by blocking BCR-dependent and -independent activation of NF-kappaB and AKT. *Cancer Cell*. 2017;31(1):64–78.
- Peng G, Cao R, Xue J, Li P, Zou Z, Huang J, et al. Increased expression of SHP-1 is associated with local recurrence after radiotherapy in patients with nasopharyngeal carcinoma. *Radiol Oncol*. 2014;48(1):40–9.
- Samanta AK, Chakraborty SN, Wang Y, Kantarjian H, Sun X, Hood J, et al. Jak2 inhibition deactivates Lyn kinase through the SET-PP2A-SHP1 pathway, causing apoptosis in drug-resistant cells from chronic myelogenous leukemia patients. *Oncogene*. 2009;28(14):1669–81.
- Somani AK, Yuen K, Xu F, Zhang J, Branch DR, Siminovitch KA. The SH2 domain containing tyrosine phosphatase-1 down-regulates activation of Lyn and Lyn-induced tyrosine phosphorylation of the CD19 receptor in B cells. *J Biol Chem*. 2001;276(3):1938–44.
- Su TH, Shiao CW, Jao P, Yang NJ, Tai WT, Liu CJ, et al. Src-homology protein tyrosine phosphatase-1 agonist, SC-43, reduces liver fibrosis. *Sci Rep*. 2017;7(1):1728.
- Tai WT, Cheng AL, Shiao CW, Huang HP, Huang JW, Chen PJ, et al. Signal transducer and activator of transcription 3 is a major kinase-independent target of sorafenib in hepatocellular carcinoma. *J Hepatol*. 2011;55(5):1041–8.
- Tassidis H, Brokken LJ, Jirstrom K, Ehrnstrom R, Ponten F, Ulmert D, et al. Immunohistochemical detection of tyrosine phosphatase SHP-1 predicts outcome after radical prostatectomy for localized prostate cancer. *Int J Cancer*. 2010;126(10):2296–307.
- Tauzin S, Ding H, Khatib K, Ahmad I, Burdevet D, van Echten-Deckert G, et al. Oncogenic association of the Cbp/PAG adaptor protein with the Lyn tyrosine kinase in human B-NHL rafts. *Blood*. 2008;111(4):2310–20.
- Visco C, Li Y, Xu-Monette ZY, Miranda RN, Green TM, Li Y, et al. Comprehensive gene expression profiling and immunohistochemical studies support application of immunophenotypic algorithm for molecular subtype classification in diffuse large B-cell lymphoma: a report from the International DLBCL Rituximab-CHOP Consortium Program Study. *Leukemia*. 2012;26(9):2103–13.
- Wang L, Kurosaki T, Corey SJ. Engagement of the B-cell antigen receptor activates STAT through Lyn in a Jak-independent pathway. *Oncogene*. 2007;26(20):2851–9.
- Wiestner A. The role of B-cell receptor inhibitors in the treatment of patients with chronic lymphocytic leukemia. *Haematologica*. 2015;100(12):1495–507.
- Williams NK, Lucet IS, Klinken SP, Ingley E, Rossjohn J. Crystal structures of the Lyn protein tyrosine kinase domain in its Apo- and inhibitor-bound state. *J Biol Chem*. 2009;284(1):284–91.
- Wilson WH, Young RM, Schmitz R, Yang Y, Pittaluga S, Wright G, et al. Targeting B cell receptor signaling with ibrutinib in diffuse large B cell lymphoma. *Nat Med*. 2015;21(8):922–6.
- Wilson WH, Wright GW, Huang DW, Hodkinson B, Balasubramanian S, Fan Y, et al. Effect of ibrutinib with R-CHOP chemotherapy in genetic subtypes of DLBCL. *Cancer Cell*. 2021;39(12):1643–53.
- Witkiewicz A, Raghunath P, Wasik A, Junkins-Hopkins JM, Jones D, Zhang Q, et al. Loss of SHP-1 tyrosine phosphatase expression correlates with the advanced stages of cutaneous T-cell lymphoma. *Hum Pathol*. 2007;38(3):462–7.
- Xue C, Wang X, Zhang L, Qu Q, Zhang Q, Jiang Y. Ibrutinib in B-cell lymphoma: single fighter might be enough? *Cancer Cell Int*. 2020;20:467.
- Young RM, Shaffer AL 3rd, Phelan JD, Staudt LM. B-cell receptor signaling in diffuse large B-cell lymphoma. *Semin Hematol*. 2015;52(2):77–85.
- Zhang Q, Raghunath PN, Vonderheid E, Odum N, Wasik MA. Lack of phosphotyrosine phosphatase SHP-1 expression in malignant T-cell lymphoma cells results from methylation of the SHP-1 promoter. *Am J Pathol*. 2000;157(4):1137–46.

## Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

At BMC, research is always in progress.

Learn more [biomedcentral.com/submissions](https://biomedcentral.com/submissions)

