

Chapter 2

Roles of Integrins in the Development and Progression of Squamous Cell Carcinomas

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Abstract The identification of therapeutic targets for inhibiting malignant progression and metastasis remains a critically important step in combating cancer mortality in the clinic. Integrins, the major cell surface receptors for cell adhesion to the extracellular matrix, are involved in all stages of carcinogenesis and are promising targets for anti-cancer therapies. Indeed, roles for integrins in cancer have been the focus of intense investigation since this family of cell adhesion receptors was first discovered in the early 1980s, and many studies during the past three decades have described critical functions for integrins expressed on carcinoma cells in controlling proliferation, survival, migration, and angiogenesis. In addition to mediating cell adhesion, integrins serve as conduits of signal transduction across the plasma membrane, thereby mediating information flow between the interior of the tumor cell and the extracellular microenvironment that promotes angiogenesis and drives malignant growth and metastasis. Although a number of integrin antagonists are currently in pre-clinical and clinical development, the repertoire of integrins that is expressed by tumor cells varies considerably among different types of cancer. Therefore, the most effective combination of integrins to target will vary among cancer types and must be determined in each case. In this chapter, we will provide an overview of current knowledge regarding tumor-promoting functions of integrins that are expressed in squamous cell carcinoma (SCC), and we will consider the prospect of exploiting these integrins as therapeutic targets for inhibiting SCC in the clinic.

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2.1 Introduction

Normal structure, function, and repair of stratified epithelial tissues are regulated by adhesive interactions of individual cells with both neighboring cells and the extracellular matrix (ECM), and abnormal changes in cell adhesion contribute to the development of squamous cell carcinoma (SCC) (Janes and Watt 2006). Integrins are the major receptors for cell adhesion to the ECM (Hynes 2002), while epithelial cell-cell interactions are controlled largely through cadherins, although there is considerable crosstalk between these two receptor families, as reviewed elsewhere (Chen and Gumbiner 2006; DiPersio 2008). While integrins are well known for their roles in cell adhesion, they can also modulate signal transduction pathways that control a variety of cell functions important in normal and pathological tissue remodeling, including proliferation, survival, motility, cytoskeletal dynamics, and gene expression (Hynes 2002; Giancotti and Ruoslahti 1999; Ridley et al. 2003). Indeed, integrins are important at every stage of carcinogenesis (Janes and Watt 2006; Kramer et al. 2005; Ziober et al. 2001), and they are potential therapeutic targets for inhibiting cancer progression (Rust et al., 2002; Stupp and Ruegg 2007).

This chapter provides an overview of current knowledge regarding the roles that integrins play in the development and malignant progression of SCC. Initial sections offer a brief review of known integrin functions in normal stratified epithelia, which provides the foundation for subsequent sections that are focused on integrin functions in SCC. The latter sections are structured to emphasize key concepts regarding various mechanisms that are used by different integrins to regulate SCC cell functions, and they draw on specific examples to illustrate these concepts. As space limitations preclude a complete discussion of the numerous published studies that have contributed to this field, the reader is directed to several excellent reviews for further coverage of relevant topics (Janes and Watt 2006; Kramer et al. 2005; Ziober et al. 2001).

2.2 Integrins as Potential Targets for Anticancer Therapies

All members of the integrin family are heterodimeric, transmembrane glycoproteins consisting of an α and a β subunit (Hynes 2002). Eighteen α subunits and eight β subunits can dimerize in various combinations to form at least 24 different integrins with distinct, though often overlapping, ligand-binding specificities (Hynes 2002). As a group, integrins bind to a wide variety of extracellular ligands, many of which are associated with the ECM. Simultaneously, integrin cytoplasmic domains can interact with cytoskeletal proteins to mediate a transmembrane linkage of the ECM to the cytoskeleton, which is critical for controlling cell shape, polarization, and motility (Chen and Gumbiner 2006; Delon and Brown 2007; Litjens et al. 2006; Liu et al. 2000; Ridley et al. 2003). In addition, although integrins lack intrinsic enzymatic activity, they are conduits of bidirectional signal transduction across the plasma membrane (Hynes 2002; Schwartz and Ginsberg 2002). Indeed,

through interactions of their cytoplasmic domains with a wide variety of signaling effectors inside the cell (Legate and Fassler 2009; Liu et al. 2000), integrins regulate intracellular pathways in response to extracellular cues (i.e., “outside-in” signal transduction). In addition, some cytoplasmic interactions can regulate the activation state of an integrin, thereby modulating its binding affinity for extracellular ligands (i.e., “inside-out” signal transduction) (Askari et al. 2009; Hynes 2002). Signaling functions of some integrins can be modulated by lateral interactions with other cell surface proteins, such as tetraspanins, urokinase receptor (uPAR), or caveolin, at sites of cell adhesion or from within specialized membrane microdomains (reviewed in Berditchevski 2001; Chapman et al. 1999; Del Pozo and Schwartz 2007; Hemler 2005; Porter and Hogg 1998). As discussed later in Sect. 2.4.3, some integrins signal through cooperative interactions with cell surface receptors for growth factors or cytokines (reviewed in Comoglio et al. 2003; French-Constant and Colognato 2004; Giancotti and Ruoslahti 1999; Guo and Giancotti 2004).

Integrins regulate many cell functions associated with epithelial-to-mesenchymal transition (EMT), and they have important roles in the development and malignant progression of SCC and other carcinomas (Brakebusch et al. 2002; Janes and Watt 2006; White et al. 2004). In their capacity as bidirectional signaling receptors, integrins regulate both tumor cell-mediated changes to the microenvironment that promote cancer progression, and tumor cell responses to such changes, implicating them as potential targets for antagonistic agents in anti-cancer therapies (Mulgrew et al. 2006; Rust et al. 2002; Stupp and Ruegg 2007; Wu et al. 1998). However, most integrin inhibitors in clinical development are thought to alter angiogenesis by targeting integrins on endothelial cells of the tumor vasculature (Alghisi and Ruegg 2006; Stupp and Ruegg 2007), and there remains a critical need to identify and validate specific integrin targets on tumor cells. As will be discussed, several integrins have been shown to regulate skin tumorigenesis, malignant progression, and metastasis, identifying them as possible therapeutic targets for SCC (Felding-Habermann 2003; Janes and Watt 2006; Ziober et al. 2001).

2.3 Roles of Integrins in Stratified Epithelia

Expression patterns of individual integrins in normal epidermis and other epithelia are well documented, and several integrins are known to have critical roles in regulating epithelial growth, differentiation, and wound repair (Watt 2002). Importantly, some integrin functions that are involved in maintenance of the stem cell compartment, or that promote epithelial regeneration during wound healing, also contribute to SCC (Janes and Watt 2006; Ziober et al. 2001). Indeed, it has long been recognized that wound healing and carcinogenesis share intriguing similarities regarding epithelial cell behaviors and microenvironmental factors that drive each process (Dvorak 1986). We will briefly review the expression and functions of specific integrins in normal stratified epithelia, and how they change during wound healing, to provide a foundation for our discussions in later sections on integrin functions in SCC.

2.3.1 *Integrin Functions in Normal Stratified Epithelia*

Stratified epithelia are continually renewed by stem cells that give rise to committed progenitor cells, or transit-amplifying cells, which in turn give rise to differentiated keratinocytes (Fuchs 2008; Owens and Watt 2003; Watt 2002). Proliferating keratinocytes, including stem cells and transit-amplifying cells, are normally restricted to the basal cell layer where they are adhered through integrins to the underlying basement membrane (BM), a specialized ECM that separates epithelial cell layers from adjacent connective tissue. In the epidermis, integrin expression is normally restricted to cells of the basal layer and outer root sheath of the hair follicle (Hertle et al. 1991; Watt 2002). Differentiating keratinocytes down-regulate integrin expression as they detach from the BM and are displaced into the suprabasal layers (Watt 2002).

Several integrins are expressed constitutively in normal, unwounded epidermis and oral squamous epithelium, including $\alpha 3\beta 1$ and $\alpha 6\beta 4$ (both laminin-332 receptors), $\alpha 2\beta 1$ (a collagen receptor), $\alpha 9\beta 1$ (a fibronectin and tenascin receptor) and $\alpha v\beta 5$ (a vitronectin receptor) (Thomas et al. 2006; Watt 2002). Integrin $\alpha 6\beta 4$ is an essential component of hemidesmosomes, which are adhesion structures on the basal surfaces of keratinocytes that anchor the epidermis to the dermis (Litjens et al. 2006). Consistently, deletion of $\alpha 6\beta 4$ (through null mutation of either the *Itga6* or *Itgb4* gene, encoding the $\alpha 6$ or $\beta 4$ subunit, respectively) leads to extensive epidermal blistering (Dowling et al. 1996; Georges-Labouesse et al. 1996; van der Neut et al. 1996). Deletion of $\alpha 3\beta 1$ (through null mutation of the *Itga3* gene encoding the $\alpha 3$ subunit) causes minor perinatal blistering at the epidermal-dermal junction, but this is caused by rupture of the BM, which is disorganized in $\alpha 3$ -null mice (DiPersio et al. 1997). Interestingly, mice that lack $\alpha 3\beta 1$ and $\alpha 6\beta 4$, either alone or in combination, show essentially normal epidermal stratification (DiPersio et al. 1997; Dowling et al. 1996; Georges-Labouesse et al. 1996; van der Neut et al. 1996; DiPersio et al., 2000a). Similarly, individual deletion of integrin $\alpha 2\beta 1$, $\alpha 9\beta 1$, or $\alpha v\beta 5$ does not substantially alter epidermal differentiation (Grenache et al. 2007; Huang et al. 2000; Singh et al. 2009; Zweers et al. 2007). In contrast, ablation of all $\beta 1$ integrins from epidermis (through null mutation of the *Itgb1* gene encoding the $\beta 1$ subunit) leads to proliferation defects, loss of hair follicles and sebaceous glands and, depending on the genetic model, a modest increase in terminally differentiating keratinocytes (Brakebusch et al. 2000; Grose et al. 2002; Raghavan et al. 2000). Thus, there appears to be overlap in the roles of different integrins in maintaining epidermal homeostasis.

The level of integrin expression in keratinocytes is thought to control the balance between stem cell renewal and terminal differentiation, which is important for maintaining tissue homeostasis (Fuchs 2008; Jones et al. 1995; Watt 2002; Zhu et al. 1999). Indeed, $\beta 1$ integrins and $\alpha 6\beta 4$ are expressed at relatively high levels in epidermal stem cells (Janes and Watt 2006; Jones and Watt 1993; Jones et al. 1995; Terunuma et al. 2007), and some integrin signaling pathways have been linked to maintenance of the epidermal stem cell compartment, such as those

involving mitogen-activated protein kinases (MAPKs), or the Rho family guanosine triphosphatase (GTPase), RAC1 (Benitah et al. 2005; Haase et al. 2001; Zhu et al. 1999). Presumably, it is these resident stem cells that accumulate mutations in oncogenes and tumor suppressor genes that lead to tumorigenesis, since differentiated keratinocytes are eventually shed from the outer layer of stratified epithelia (Owens and Watt 2003; Watt 2002). Therefore, changes in integrins that disrupt the balance between stem cell renewal and differentiation are likely to greatly influence SCC development and progression.

It is important to point out, however, that altered integrin expression on differentiating cells of the suprabasal layers, as occurs in SCC and other hyperproliferative states such as wound healing and psoriasis, can also influence the stem cell compartment and, therefore, affect tumor growth and progression (reviewed in Janes and Watt 2006). Indeed, skin carcinogenesis studies performed in transgenic mice showed that forced integrin expression in suprabasal keratinocytes can influence both the clonal expansion of tumor progenitor cells and malignant progression of resulting tumors to SCC (Nguyen et al. 2000; Owens and Watt 2001; Owens et al. 2003, 2005). Interestingly, suprabasal expression of different integrins had distinct effects. For example, suprabasal $\alpha 2\beta 1$ had no effect on SCC progression, while suprabasal $\alpha 3\beta 1$ suppressed malignant conversion of papillomas (Owens and Watt 2001). In contrast, suprabasal $\alpha 6\beta 4$ or $\alpha 5\beta 1$ each increased tumor incidence and progression to SCC, although through distinct mechanisms (Owens and Watt 2003; Owens et al. 2005). Thus, new integrin signals that are turned on in suprabasal cells can influence nearby tumor progenitor/stem cells.

2.3.2 *Integrin Functions in Wound Healing*

As mentioned above, there are compelling similarities between wound healing and SCC progression (Dvorak 1986), and integrins regulate a number of epithelial functions important in both processes, including migration, proliferation, and the production of proangiogenic factors. Consistently, expression patterns of integrins in SCC often mirror those that occur in wound healing (Thomas et al. 2006; Watt 2002). During cutaneous wound healing, several integrins that are expressed in unwounded epidermis at high or moderate levels (i.e., $\alpha 3\beta 1$, $\alpha 9\beta 1$, $\alpha 6\beta 4$) or low levels (i.e., $\alpha 5\beta 1$) show sustained or increased expression, while $\alpha v\beta 5$ is down-regulated and replaced by $\alpha v\beta 6$. As a group, these integrins can bind multiple ligands that are present in the provisional ECM of the wound, including fibronectin ($\alpha 5\beta 1$, $\alpha 9\beta 1$, $\alpha v\beta 6$), vitronectin ($\alpha v\beta 6$), and tenascin ($\alpha 9\beta 1$, $\alpha v\beta 6$), as well as laminin-332 ($\alpha 3\beta 1$, $\alpha 6\beta 4$) that is newly deposited by migrating keratinocytes (Nguyen et al. 2000; Thomas et al. 2006; Watt 2002). Furthermore, numerous studies in cultured cells have shown that these integrins regulate keratinocyte adhesion and migration on their respective ECM ligands [for example, (Grose et al. 2002; Carter et al. 1990a, b; Choma et al. 2004; Frank and Carter 2004; Pilcher et al. 1997;

Sehgal et al. 2006)]. Therefore, it is perhaps not surprising that wound healing studies in integrin knockout mice have indicated considerable overlap in the abilities of different integrins to mediate epidermal migration. Indeed, while mice with epidermis-specific deletion of all $\beta 1$ integrins showed impaired wound reepithelialization (Grose et al. 2002), mice that lack certain $\beta 1$ integrins individually ($\alpha 2\beta 1$, $\alpha 3\beta 1$, or $\alpha 9\beta 1$) did not show such a defect (Grenache et al. 2007; Zweers et al. 2007); Singh et al. 2009; (Margadant et al. 2009). Similarly, absence of integrin $\alpha v\beta 6$ did not cause impaired wound healing in young adult mice (although it caused delayed wound healing in old mice) (AlDahlawi et al. 2006).

On the other hand, epidermis-specific deletion of individual integrins has revealed important roles in regulating other aspects of wound healing. For example, deletion of $\alpha 3\beta 1$ from epidermis was associated with reduced wound angiogenesis, indicating $\alpha 3\beta 1$ -dependent secretion of pro-angiogenic factors (Mitchell et al. 2009). In addition, deletion of $\alpha 9\beta 1$ from epidermis caused proliferation defects in wound keratinocytes (Singh et al. 2009). Thus, the repertoire of distinct integrins expressed in wounded epidermis is important for coordinating diverse keratinocyte functions (migration, proliferation, ECM remodeling, secretion of pro-angiogenic factors) that collectively ensure efficient wound repair and epidermal regeneration. Importantly, these same integrin-mediated cell functions are also likely to contribute to SCC progression.

2.4 Roles of Integrins in SCC

Roles for integrins in promoting both early and late stages of SCC have been investigated extensively (reviewed in Janes and Watt 2006; Kramer et al. 2005; Marinkovich 2007; Thomas et al. 2006; Ziober et al. 2001). Integrins regulate a number of tumor cell functions that facilitate initial tumor growth, including proliferation, survival, and secretion of pro-angiogenic factors. In addition, integrin-mediated cell survival, migration, invasion, and ECM proteolysis are important for later stages of malignant tumor progression and metastasis (Brakebusch et al. 2002; Felding-Habermann 2003). Integrins can influence tumor cell behavior directly through their cell adhesion and signaling functions, or indirectly through effects on ECM remodeling. Indeed, there are many reports of integrins regulating expression or activities of extracellular proteases, such as matrix metalloproteinases (MMPs) or urokinase plasminogen activator (uPA), that can promote tumor angiogenesis and carcinoma progression [for example, (Brooks et al. 1996; Ellerbroek et al. 1999; Morini et al. 2000; Thomas et al. 2001a; Ghosh et al. 2000, 2006; Gu et al. 2002; Han et al. 2002; Iyer et al. 2005; Symowicz et al. 2007)]. In this section, we will review what is currently known about integrin expression and function in SCC. Although changes in relevant ECM ligands that occur in SCC will be mentioned where appropriate, the reader is directed to several excellent reviews for further details on this subject (Marinkovich 2007; Ziober et al. 2001). Because of space limitations, our discussion is concentrated on tumor cell-autonomous functions

of integrins on SCC cells and their potential value as therapeutic targets. However, integrins expressed on stromal cells, such as endothelial cells, macrophages, and fibroblasts, also regulate the abilities of these cells to alter the tumor microenvironment and influence carcinoma progression. Therefore, the importance of integrins on these nontumor cells as therapeutic targets should not be overlooked (Hofmeister et al. 2008).

2.4.1 *Integrin Expression in SCC*

There is evidence that the expression levels of certain integrins in SCC may serve as useful biomarkers for clinical outcome (Kurokawa et al. 2008). As already mentioned, altered integrin expression in SCC bears similarities to that which occurs during wound healing and includes sustained expression, increased expression, or loss of expression (Bagutti et al. 1998; Jones et al. 1993). For example, integrins $\alpha 5 \beta 1$ and $\alpha v \beta 6$ are expressed at low or negligible levels in normal epidermis but are increased in SCC (Gomez and Cano 1995; Shinohara et al. 1999), while $\alpha v \beta 5$ is downregulated (Janes and Watt 2004, 2006). On the other hand, expression of $\alpha 3 \beta 1$ and $\alpha 6 \beta 4$ often persists in SCC (Janes and Watt 2006), although reduced expression has also been reported in some cases (Bagutti et al. 1998; Maragou et al. 1999). Colocalization of $\alpha 9 \beta 1$ and its ligand, tenascin, has also been reported in SCC tumors, although inflamed areas often showed focal loss of both at the BM zone (Hakkinen et al. 1999). While some studies reported increased expression of $\alpha 2 \beta 1$ in metastatic SCC cell lines and tumor biopsies (Shinohara et al. 1999), others reported that loss of $\alpha 2 \beta 1$ and its collagen ligands is correlated with SCC progression (reviewed in (Ziober et al. 2001)). Importantly, there can also be considerable variation in expression of an individual integrin either within a tumor or between different SCC tumors, possibly reflecting differential expression in distinct cellular compartments of the tumor and/or at distinct stages of tumor progression (Janes and Watt 2006; Watt 2002).

However, while the expression pattern of an individual integrin might reflect its involvement in SCC, by itself it reveals no information about the functional role of the integrin at a particular stage of carcinogenesis. In fact, there is increasing evidence that some integrins that are already expressed on normal epithelial cells acquire new functions during SCC progression (see Sect. 4.5). As discussed in the following sections, numerous preclinical studies have identified key roles for specific integrins in SCC, and they also suggest that the malignant phenotype is influenced by the cumulative roles of several integrins, rather than by any particular integrin alone.

2.4.2 *Integrin Signaling in SCC*

Integrins expressed on tumor cells can relay signals bidirectionally across the plasma membrane that control basic cell functions important for cancer progression,

invasion, and metastasis, as reviewed in detail elsewhere (Brakebusch et al. 2002; Felding-Habermann 2003; Giancotti and Ruoslahti 1999; Gilcrease 2007; Guo and Giancotti 2004). As mentioned above and discussed in several reviews (Berdichevski 2001; Chapman et al. 1999; Del Pozo and Schwartz 2007; Hemler 2005; Porter and Hogg 1998; Salanueva et al. 2007), integrin signaling functions can be modulated through lateral associations with other cell surface proteins, including growth factor receptors (see Sect. 2.4.3). This discussion is focused on integrin-mediated outside-in signaling; however, changes in integrin activation state that are regulated by inside-out signals also control cell functions that promote carcinoma progression (Legate and Fassler 2009; Schwartz and Ginsberg 2002).

Focal adhesion kinase (FAK) has emerged in recent years as a particularly important effector of integrin-mediated signal transduction in tumor cells, and its regulation serves as a useful paradigm of outside-in integrin signaling that promotes malignant cell behavior (Brunton and Frame 2008; McLean et al. 2005; Mitra and Schlaepfer 2006; Zhao and Guan 2009). FAK is a nonreceptor tyrosine kinase that associates with several integrins at focal adhesions or other cell-matrix contacts, and its activation by cell adhesion is the initial enzymatic step in several integrin-dependent signaling pathways. Integrin-mediated FAK activation can contribute to many different tumor cell functions, including proliferation, survival, motility, and invasiveness, and it has been linked to the stimulation of various pathways involving the MAPKs, extracellular signal-regulated kinase (ERK) and Jun N-terminal kinase (JNK), certain Rho family GTPases (CDC42, Rho, RAC1), and the serine/threonine kinase AKT (Felding-Habermann 2003). FAK can also be activated by growth factor receptors, identifying it as a potential integrator of growth factor and integrin signaling (Brunton and Frame 2008; Sieg et al. 2000). Importantly, FAK expression is enhanced in invasive SCCs (Kornberg 1998), where it appears to regulate both early and late stages of cancer progression (reviewed in (Ziober et al. 2001)). Indeed, deletion of FAK from the epidermis suppresses carcinogen-induced skin tumorigenesis, as well as malignant progression of benign papillomas to carcinomas (McLean et al. 2004).

An early step in many integrin-FAK signaling pathways is the direct binding of a SRC-family kinase (SFK) to activated FAK at sites of cell adhesion (Schaller et al. 1999), as described in detail in several excellent reviews (Brunton and Frame 2008; Cary and Guan 1999; McLean et al. 2005; Mitra and Schlaepfer 2006). Briefly, integrin binding to ECM ligands leads to FAK clustering and auto-phosphorylation of Y397, creating a high-affinity binding site for the Src-homology 2 (SH2) domain of SRC (or another SFK) and leading to formation of a FAK/SRC complex. Subsequent phosphorylation of other FAK tyrosines by SRC creates binding sites for a number of signaling intermediates, such as GRB2, p130CAS, and phosphatidylinositol 3'-kinase (PI3-K). These intermediates link the FAK/SRC complex to different downstream effectors, including the RAS-to-ERK pathway, AKT, and JNK (Giancotti and Ruoslahti 1999; Grille et al. 2003; Mitra and Schlaepfer 2006), thereby activating several pathways that promote EMT by enhancing proliferation, survival, migration, invasion, and expression of ECM-degrading proteases and pro-angiogenic factors. As mentioned above, FAK/SRC

can also signal through Rho family GTPases (CDC42, Rho, and RAC1) to modulate cytoskeletal dynamics and cell migration (Felding-Habermann 2003). Furthermore, RAC1 plays important roles in keratinocyte proliferation and migration in vivo (Tscharntke et al. 2007), and it is critical for maintaining epidermal stem cell compartments (Benitah et al. 2005; Castilho et al. 2007; Chrostek et al. 2006), suggesting that enhanced FAK/SRC-to-RAC1 signaling may contribute to clonal expansion of tumor progenitor/stem cells. Consistently, mice that lack Tiam1, a guanine nucleotide-exchange factor (GEF) that activates RAC1, are resistant to RAS-induced skin tumors (Malliri et al. 2002).

Given the importance of the FAK/SRC complex as a major signaling nexus that links integrin-mediated adhesion to pathways that promote several cancer cell functions, it is not surprising that small molecule inhibitors of both FAK and SRC have been the focus of recent clinical studies to inhibit tumor progression (reviewed in (Brunton and Frame 2008; McLean et al. 2005; Mitra and Schlaepfer 2006)). However, integrins in epithelial cells can also signal through effectors other than FAK, such as integrin-linked kinase (ILK) and phospholipase C (PLC), as reviewed in detail elsewhere (Gilcrease 2007). Therefore, FAK-independent pathways should not be overlooked as potential therapeutic targets for SCC.

2.4.3 *Functions of Individual Integrins in SCC*

In the following subsections we will discuss tumor cell-autonomous functions of individual integrins that are expressed on SCC cells. This discussion is focused on integrins $\alpha\text{v}\beta 6$, $\alpha 3\beta 1$, and $\alpha 6\beta 4$, since their roles have been studied most extensively. However, several other integrins with less-defined roles should also be mentioned briefly. For example, increased expression of integrin $\alpha 9\beta 1$ and two of its ECM ligands, fibronectin and tenascin, has been reported in some SCCs (Hakkinen et al. 1999; Ziober et al. 2001). However, functional roles for $\alpha 9\beta 1$ in SCC are poorly defined, in part because this integrin is down-regulated in cultured keratinocytes and has been largely overlooked in studies of integrin-mediated keratinocyte function. Although high expression of $\alpha 2\beta 1$ (a receptor for certain laminins and collagens) and $\alpha 5\beta 1$ (a receptor for fibronectin) has been reported in some SCC cell lines and tumor biopsies (Shinohara et al. 1999), expression patterns are quite variable and roles for these integrins in SCC require further study (Hakkinen et al. 1999; Ziober et al. 2001).

2.4.3.1 **Integrin $\alpha\text{v}\beta 6$**

Regulatory roles for integrin $\alpha\text{v}\beta 6$ in SCC have been studied quite extensively, as reviewed in (Thomas et al. 2006). Although not expressed constitutively by normal epithelium, $\alpha\text{v}\beta 6$ is upregulated during wound healing and in many carcinomas (Breuss et al. 1995; Hamidi et al. 2000; Jones et al. 1997), and it has been correlated

with malignant progression of SCC (Hazelbag et al. 2007). Furthermore, numerous studies have demonstrated roles for this integrin in promoting SCC cell motility and invasion (for example, (Thomas et al. 2001a, b; Ramos et al. 2002)). $\alpha\text{v}\beta 6$ binds to a tripeptide motif, arginine-glycine-aspartic acid (RGD), that occurs within several of its ECM ligands including fibronectin, tenascin, and vitronectin (Hynes 2002; Thomas et al. 2006). In addition to mediating cell migration on these ligands, $\alpha\text{v}\beta 6$ may promote invasion by regulating expression of extracellular proteases that degrade or remodel ECM. For example, $\alpha\text{v}\beta 6$ promotes invasion of oral keratinocytes through up-regulation of MMP-9 and, to a lesser extent, MMP-2 (Thomas et al. 2001a). Other invasion-promoting proteases that can be regulated by $\alpha\text{v}\beta 6$ in carcinoma cells include MMP-3 (Ramos et al. 2002) and uPA (Ahmed et al. 2002). Signaling intermediates that have been implicated in $\alpha\text{v}\beta 6$ -mediated SCC cell invasion include cyclooxygenase-2 (COX-2) (Nystrom et al. 2006), RAC1 (Yap et al. 2009), and the SRC-family member FYN (Li et al. 2003). In addition to promoting an invasive phenotype, the de novo expression of $\alpha\text{v}\beta 6$ has been shown to prevent oral SCC cells from undergoing differentiation, as well as protect them from anoikis (i.e., apoptosis caused by reduced or inappropriate cell adhesion) when they are deprived of normal attachments to BM (Janes and Watt 2004). The latter function involves $\alpha\text{v}\beta 6$ -mediated activation of an AKT survival pathway (Janes and Watt 2004).

One of the most important functions of $\alpha\text{v}\beta 6$ in SCC cells may be its ability to activate the ECM-associated pool of latent TGF β , thereby initiating TGF β signaling pathways that influence tumor progression (Sheppard 2005; Thomas et al. 2006). As discussed further in Sect. 2.4.4.1, $\alpha\text{v}\beta 6$ binds to an RGD motif within the latent TGF β complex, thereby inducing a conformational change that activates TGF β (Munger et al. 1999). Although this mechanism has been best characterized in colon cancer cells, it also occurs in keratinocytes and is likely to be important for regulating TGF β -mediated signaling in SCC progression (Munger et al. 1999).

Finally, it is important to note that some studies have indicated that $\alpha\text{v}\beta 6$ has tumor suppressing roles, rather than tumor promoting roles, in SCC. For example, mice that are doubly-deficient for $\alpha\text{v}\beta 6$ and thrombospondin showed increased incidence of skin papillomas and SCCs, suggesting that $\alpha\text{v}\beta 6$ suppresses tumor formation in this model (Ludlow et al. 2005). Similarly, genetic deletion of αv integrins in epithelial cells of the eyelid skin and conjunctiva lead to increased SCC (McCarty et al. 2008). In another study, increased expression of $\alpha\text{v}\beta 6$ suppressed the invasive phenotype of transformed oral keratinocytes (Mogi et al. 2005). The paradoxical findings regarding roles for $\alpha\text{v}\beta 6$ in SCC may, to some extent, be reflective of the well known biphasic roles of TGF β , which suppresses early stages of skin tumorigenesis but promotes progression to malignancy at later stages (Wakefield and Roberts 2002; Wang 2001), such that effects of $\alpha\text{v}\beta 6$ -mediated TGF β activation on tumor cells are dependent on the stage of cancer development at which this activation occurs (Thomas et al. 2006).

2.4.3.2 Laminin-332-Binding Integrins, $\alpha 6\beta 4$ and $\alpha 3\beta 1$

In recent years, a prominent role in SCC growth and invasion has emerged for laminin-332 (previously known as laminin-5, kalinin, nicein, or epiligrin) [for a

review, see (Marinkovich 2007)]. Laminin-332 expression is enhanced at the invasive fronts of SCCs (Pyke et al. 1995) and is correlated with poor prognosis in SCC patients (Ono et al. 1999). Laminin-332 also disrupts cell-cell adhesions and induces scattering in SCC and other carcinoma cells (Kawano et al. 2001; Miyazaki et al. 1993), suggesting that it can act as a pro-invasive autocrine factor (Marinkovich 2007). Laminin-332 can be cleaved by MMPs or other proteases (Ziober et al. 2001), and specific proteolytic events have been linked to carcinoma cell migration and invasion [for example, see (Gianelli et al. 1997; Goldfinger et al. 1998; Schenk et al. 2003)]. The effects of laminin-332 on behaviors of both normal keratinocytes and carcinoma cells are mediated largely through its main integrin receptors, $\alpha 3 \beta 1$ and $\alpha 6 \beta 4$ (Carter et al. 1991; Nguyen et al. 2000; Giannelli et al. 2002a; Dajee et al. 2003), although other receptors such as syndecan-1 also contribute (Okamoto et al. 2003). For simplicity, functions of $\alpha 3 \beta 1$ or $\alpha 6 \beta 4$ are discussed individually below, although as receptors for a common ECM ligand these two integrins are likely to function coordinately to regulate some aspects of SCC growth and invasion (Marinkovich 2007). There is also substantial evidence that some signaling functions of $\alpha 3 \beta 1$ or $\alpha 6 \beta 4$ occur independently of binding to laminin-332, and instead involve lateral interactions with other cell surface proteins (see below).

Integrin $\alpha 6 \beta 4$

Expression of integrin $\alpha 6 \beta 4$ is often high in SCCs and has been correlated with malignant conversion and poor prognosis (Jones et al. 1993; Rabinovitz and Mercurio 1996; Tennenbaum et al. 1993; Van Waes et al. 1991, 1995). Therefore, it is not surprising that roles for $\alpha 6 \beta 4$ in carcinogenesis have been studied extensively by several groups. These studies have revealed that $\alpha 6 \beta 4$ is critical for SCC formation (Dajee et al. 2003), and that it can promote survival and invasion of SCC and other carcinoma cells (Lipscomb and Mercurio 2005; Marinkovich 2007). $\alpha 6 \beta 4$ can also control organization of laminin-332 in the ECM, which is an important regulator of keratinocyte migration (Sehgal et al. 2006). However, $\alpha 6 \beta 4$ functions in carcinoma cells appear to be quite complex, and multiple mechanisms have been proposed for its effects on tumor cell behavior, as described below.

As already mentioned, $\alpha 6 \beta 4$ in normal keratinocytes mediates stable adhesion through its association with the intermediate filaments in hemidesmosomes (Carter et al. 1990a; Litjens et al. 2006). In contrast, $\alpha 6 \beta 4$ in invasive carcinoma cells is mobilized out of hemidesmosomes and associates instead with the actin cytoskeleton in membrane protrusions (Mercurio and Rabinovitz 2001; Mercurio et al. 2001), where it facilitates migration and invasion rather than stable adhesion. Signaling pathways through which $\alpha 6 \beta 4$ regulates cell behavior are complex and have been shown to involve several effectors, including PI3-K, RAC and Rho GTPases, and Shc/RAS-to-MAPK pathways (Lipscomb and Mercurio 2005; Mainiero et al. 1997; O'Connor et al. 2000; Russell et al. 2003). Adding further to this complexity, $\alpha 6 \beta 4$ often signals in collaboration with receptor tyrosine kinases such as the epidermal growth factor receptor (EGFR) (Mariotti et al. 2001), the MET receptor for hepatocyte growth factor (HGF) (Trusolino et al. 2001), and the

Ron receptor for macrophage stimulating protein (MSP) (Santoro et al. 2003) (see Sect. 2.4.3).

Integrin $\alpha 6 \beta 4$ has also been implicated in the regulation of early stages of SCC progression, where it was shown to cooperate with RAS and $\text{I}\kappa\text{B}\alpha$ to induce transformation of primary keratinocytes (Dajee et al. 2003). In this study, blocking antibodies against either $\alpha 6 \beta 4$ or laminin-332 blocked the formation of SCCs, and keratinocytes that lacked $\beta 4$ were unable to form SCC after transformation with Ras. There is also evidence that $\alpha 6 \beta 4$ can regulate carcinoma cell survival (Chung et al. 2002; Zahir et al. 2003). While $\alpha 6 \beta 4$ -mediated signaling pathways mentioned above are likely to contribute to this regulation, $\alpha 6 \beta 4$ -mediated induction of VEGF protein translation in carcinoma cells can also regulate autocrine cell survival (Chung et al. 2002). The fact that $\alpha 6 \beta 4$ impacts SCC development and progression at multiple steps, and through multiple mechanisms, identifies this integrin as an attractive target for anticancer therapies, especially since at least some of these mechanisms are acquired by carcinoma cells (see Sect. 2.4.5.2).

Integrin $\alpha 3 \beta 1$

Integrin $\alpha 3 \beta 1$ has also been implicated in invasion and metastasis of many cancer cell types (Morini et al. 2000; Tawil et al. 1996; Tsuji et al. 2002; Wang et al. 2004). In vivo and in vitro studies have identified roles for $\alpha 3 \beta 1$ in regulating several functions in epithelial cells that contribute to both wound healing and carcinogenesis, including ECM deposition and organization (deHart et al. 2003; Hamelers et al. 2005), cell polarization and migration (Choma et al. 2004; Frank and Carter 2004), adhesion-dependent survival (Manohar et al. 2004), proliferation (Gonzales et al. 1999), and secretion of ECM proteases and pro-angiogenic factors (Marinkovich 2007; Mitchell et al. 2009; Sugiura and Berditchevski 1999; DiPersio et al. 2000b). There is also solid evidence that some of these $\alpha 3 \beta 1$ -mediated functions involve regulation of TGF β signaling (see Sect. 2.4.2).

Integrin $\alpha 3 \beta 1$ in immortalized/transformed keratinocytes regulates the expression of MMP-9 (Iyer et al. 2005; Lamar et al. 2008a), a known promoter of both tumor angiogenesis and SCC invasion (Bergers et al. 2000; McCawley and Matrisian 2001). Using oncogenically-transformed keratinocytes generated from mice that either express or lack $\alpha 3 \beta 1$, we showed that $\alpha 3 \beta 1$ is required for MMP-9 gene expression, and also regulates tumor growth in vivo and cell invasion in vitro (Iyer et al. 2005; Lamar et al., 2008a). Although promigratory effects of $\alpha 3 \beta 1$ -laminin binding probably contribute to invasion, RNAi and overexpression studies indicated that MMP-9 was largely responsible for $\alpha 3 \beta 1$ -dependent invasion (Lamar et al. 2008a). $\alpha 3 \beta 1$ may also be involved in later stages of metastasis, as it was able to promote arrest of circulating carcinoma cells in the lungs (Wang et al. 2004).

Many functions of $\alpha 3 \beta 1$ are clearly dependent on its interactions with its laminin ligands in the ECM (Kreidberg 2000). However, some $\alpha 3 \beta 1$ functions have been reported to be mediated, or modulated, by direct or indirect interactions with other cell surface proteins, including tetraspanins (Berditchevski et al. 1996; Sugiura and

Berditchevski 1999), uPAR (Wei et al. 2001), and components of adherens junctions (Chattopadhyay et al. 2003; Kim et al. 2009). Thus, roles of $\alpha 3 \beta 1$ in tumor cells appear complex and may involve both ECM-dependent and ECM-independent signaling. In particular, $\alpha 3 \beta 1$ binds directly and robustly to the tetraspanin CD151 (Yauch et al. 2000), and this interaction has been shown to regulate both $\alpha 3 \beta 1$ -mediated signaling (Yauch et al. 1998) and motility of epidermal carcinoma cells (Winterwood et al. 2006). Interestingly, recent studies have identified important roles for CD151-integrin interactions in several aspects of carcinoma progression and metastasis in vivo (Sadej et al. 2009; Yang et al. 2008; Zijlstra et al. 2008). Although the full extent to which CD151 modulates $\alpha 3 \beta 1$ -dependent functions in tumor cells is still unclear, it seems likely that this interaction will prove to be important for SCC progression and metastasis.

2.4.4 Cooperative Functions of Integrins and Growth Factors in SCC

Growth factors influence cancer growth and progression through both autocrine and paracrine effects on tumor cells and stromal cells. Multiple studies in both normal and cancer cells have revealed significant signaling crosstalk and complex formation between integrins and growth factor receptors (French-Constant and Colognato 2004; Gilcrease 2007; Guo and Giancotti 2004). In the following sections, we will discuss several examples that serve to illustrate different mechanisms whereby integrins can collaborate with growth factors to promote tumor growth and progression, including forming complexes with growth factor receptors, regulating the expression of growth factors or their receptors, and activating ECM-bound growth factors. As described below, some of these mechanisms are best illustrated by roles that have been demonstrated for certain integrins in regulating cellular responses to TGF β .

2.4.4.1 Integrin-Dependent Activation of Latent Growth Factors

In what is perhaps the best characterized example of direct activation of a latent growth factor by an integrin, $\alpha \nu \beta 6$ plays a critical role in the activation of the latent TGF β complex (Sheppard 2005). Each of the three mammalian TGF β isoforms (TGF $\beta 1$, 2, and 3) is secreted as an inactive complex consisting of the latency-associated protein (LAP) and the latent TGF β binding protein (LTBP). This latent complex is covalently linked through LTBP to certain ECM proteins (e.g., fibronectin) (Sheppard 2005; Taipale et al. 1994), and it must be activated either through proteolytic release of TGF β from the LAP [for example, mediated by MMP-9 or plasmin (Lyons et al. 1990; Sato et al. 1990; Yu and Stamenkovic 2000)], or through a conformational change in the complex [for example, induced by thrombospondin-1 (Crawford et al. 1998; Schultz-Cherry et al. 1995)]. As already mentioned, $\alpha \nu \beta 6$ can activate latent

TGF β 1 or TGF β 3 (but not TGF β 2) by binding to an RGD motif within the LAP and inducing a conformational change in the complex (Annes et al. 2004; Munger et al. 1999; Sheppard 2005). It is well known that TGF β acts as a tumor suppressor at early stages of tumorigenesis, but switches to a promoter of EMT at later stages of progression (for several excellent reviews, see Derynck et al. 2001; He et al. 2001; Wakefield and Roberts 2002; Wang 2001; Zavadil et al. 2001). Given that α v β 6 is upregulated in SCC, its ability to activate latent TGF β could play a role in these biphasic effects of TGF β on cancer progression.

In addition to direct growth factor activation, there is evidence that some integrins can activate latent or ECM-sequestered growth factors through less direct mechanisms. For example, certain integrins, such as α v β 6 and α 3 β 1, can induce the expression of MMP-9, uPA, or other extracellular proteases (Thomas et al. 2001a; Ghosh et al. 2000, 2006; Iyer et al. 2005), which can then degrade ECM and release reservoirs of ECM-associated growth factors (i.e., VEGF) that can promote tumor proliferation or angiogenesis (Bergers et al. 2000; McCawley and Matrisian 2001).

2.4.4.2 Integrin-Dependent Enhancement of Growth Factor Signaling

Once activated, TGF β interacts with its type I and type II serine/threonine kinase receptors to initiate signaling pathways that modulate transcriptional or post-transcriptional gene regulation. Cellular responses to TGF β can be mediated by the Smad family of transcription factors, or by Smad-independent pathways of TGF β signaling, such as MAPK pathways (Derynck and Zhang 2003). Many studies have identified interactions between integrins and TGF β signaling pathways that regulate motility or invasiveness of keratinocytes or carcinoma cells (Gailit et al. 1994; Zambruno et al. 1995; Giannelli et al. 2002b; Decline et al. 2003; Galliher and Schiemann 2007; Jeong and Kim 2004; Reynolds et al. 2008). We recently discovered that integrin α 3 β 1 potentiates the ability of TGF β to induce MMP-9 gene expression in immortalized keratinocytes through a mechanism that is independent of changes in the levels of TGF β or its receptors (Lamar et al. 2008b). However, α 3 β 1 did not enhance all TGF β signaling pathways, since TGF β -mediated Smad phosphorylation remained intact in α 3 β 1-deficient (*Itga3*^{-/-}) keratinocytes, suggesting that this integrin is a selective modulator of a subset of TGF β signaling pathways (Lamar et al., 2008b). These findings raise the intriguing possibility that α 3 β 1 is involved in the above-mentioned switch in TGF β function from tumor suppressor to tumor promoter during SCC progression.

Although the mechanism whereby α 3 β 1 enhances TGF β signaling is not yet clear, it is unlikely that this integrin activates latent TGF β as described above for α v β 6 (Sect. 2.4.1), since α 3 β 1 does not bind RGD ligands efficiently, and such a mechanism was not indicated for β 1 integrins (Munger et al. 1999). Rather, the ability of α 3 β 1 to potentiate MMP-9 induction in response to exogenous pre-activated TGF β , and the dependence of this regulation on SRC (Lamar et al. 2008b), suggests similarities to a previously described mechanism used by integrin α v β 3 to modulate

a subset of TGF β signaling pathways in breast cancer cells (Galliher and Schiemann 2007). In the latter study, α v β 3 was shown to activate the TGF β type II receptor in a SRC-dependent manner, which was required for TGF β -mediated activation of p38 MAPK, but not for TGF β -mediated stimulation of Smad2/3 (Galliher and Schiemann 2007). Further studies are required to determine if MMP-9 induction requires the formation of a α 3 β 1/TGF β receptor signaling complex, or results from distinct pathways that are initiated independently by TGF β or α 3 β 1 and converge on a common intermediate. In any case, it appears that different integrins may modulate TGF β activation and signaling through different mechanisms, thereby cooperating to determine the overall response of the tumor cell to TGF β .

Although TGF β exerts its effects on tumor cells in large part through signaling pathways that ultimately regulate the transcription of target genes (Derynck et al. 2001; Derynck and Zhang 2003), it is well known that TGF β can also regulate the expression of EMT-associated genes through post-transcriptional mRNA stability (Dibrov et al. 2006). Integrin α 3 β 1 promotes *Mmp9* mRNA stability in immortalized mouse keratinocytes (Iyer et al. 2005), raising the intriguing possibility that TGF β and α 3 β 1 cooperate to stabilize mRNA transcripts of EMT genes. The MAPK p38 is a potential effector for this regulation, since it has been implicated in both EMT-promoting effects of TGF β (Bakin et al. 2002; Zavadil and Bottinger 2005) and TGF β -mediated mRNA stability (Dibrov et al. 2006), and it can be activated through cooperative interactions between β 1 integrins and TGF β (Bhowmick et al. 2001). The MAPK ERK is another potential intermediate in this regulation. Indeed, TGF β activates ERK pathways in cell culture models of EMT (Zavadil and Bottinger 2005), and ERK is both activated by α 3 β 1, and required for induction of *Mmp9* mRNA in immortalized keratinocytes (Iyer et al. 2005; Manohar et al. 2004). In addition, TGF β signaling through the type I receptor, ALK5, leads to MEK/ERK-dependent induction of *MMP9* mRNA in human breast cancer cells (Safina et al. 2007).

2.4.4.3 Formation of Integrin-Growth Factor Receptor Signaling Complexes

Association of integrin α 6 β 4 with the MET receptor provides a compelling example of an integrin-growth factor receptor interaction that regulates signal transduction in carcinoma cells, most likely in a manner that is independent of α 6 β 4 binding to laminin-332 (Trusolino et al. 2001). Indeed, in a complex formed with activated MET, α 6 β 4 acts as an essential adapter protein that facilitates HGF-mediated cell invasion through a signaling mechanism that involves Shc and PI3-K (Trusolino et al. 2001). α 6 β 4 can also form a complex with the activated Ron receptor, dependent on 14-3-3 binding, which displaces α 6 β 4 from hemidesmosomes and activates new signaling pathways that promote keratinocyte migration (Santoro et al. 2003). Other studies in carcinoma cells have revealed crosstalk between α 6 β 4 and EGFR that leads to Rho activation (Gilcrease et al. 2009), as well as complex formation between α 6 β 4 and ERBB2 (a binding partner of EGFR) that enhances activation of the transcription factors STAT3 and c-Jun (Guo et al. 2006). In a less direct

mechanism of enhanced growth factor signaling, $\alpha 6 \beta 4$ can also regulate translation of ERBB2 (Yoon et al. 2006) and VEGF (Chung et al. 2002).

2.4.5 Integrin Switches That Promote SCC

As described in the following section, SCC cells can acquire new adhesion properties and signaling pathways either through changes in the expression of particular integrins, or through alterations in the signaling functions of integrins that were already expressed in normal epithelial cells. Elucidating the mechanisms that control these integrin switches may identify novel targets for therapeutic agents that inhibit cancer cell-specific integrin functions with minimal off-target effects on normal cells. Figures 2.1, 2.2, and 2.3 illustrate three different ways in which SCC cells can acquire new integrin functions: (1) expression of new integrins (Fig. 2.1), (2) changes in functions of pre-existing integrins (Fig. 2.2), and (3) integrin mutations (Fig. 2.3). The following sections will focus on examples of each mechanism from studies performed in keratinocytes or SCC cells. There are several points to keep in mind when considering these examples. First, as discussed below, there is evidence that some integrin switches may be linked to specific stages of carcinogenesis, and perhaps associated with specific oncogene or tumor suppressor mutations. Second, new integrin expression that is acquired during the clonal expansion of tumor progenitor cells could contribute to both heterogeneous expression patterns within a tumor, and variations in expression between different SCC samples (Janes and Watt 2006; Jones et al. 1993). Third, it is still not clear whether a “new” integrin function observed in SCC cells arises as a result of de novo activation of the function, or reflects the clonal expansion of a stem cell population within which the function pre-existed.

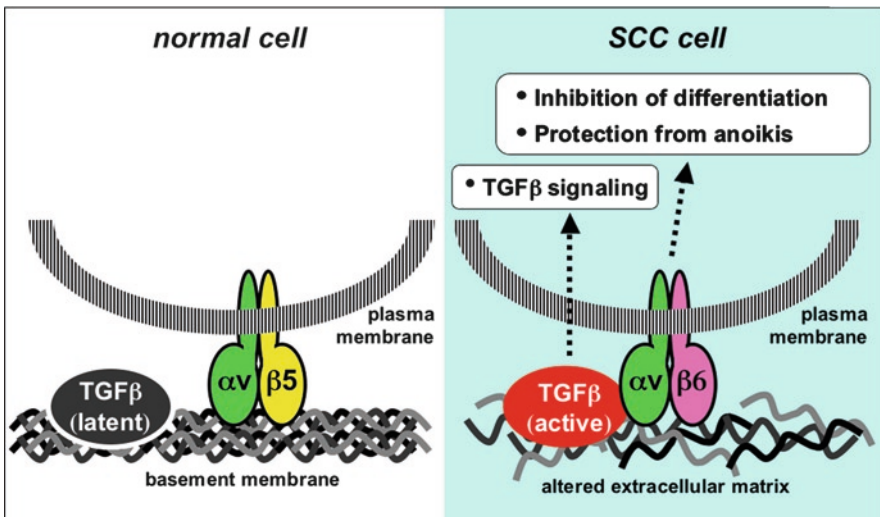


Fig. 2.1 Integrin switches that promote SCC: expression of new integrins.

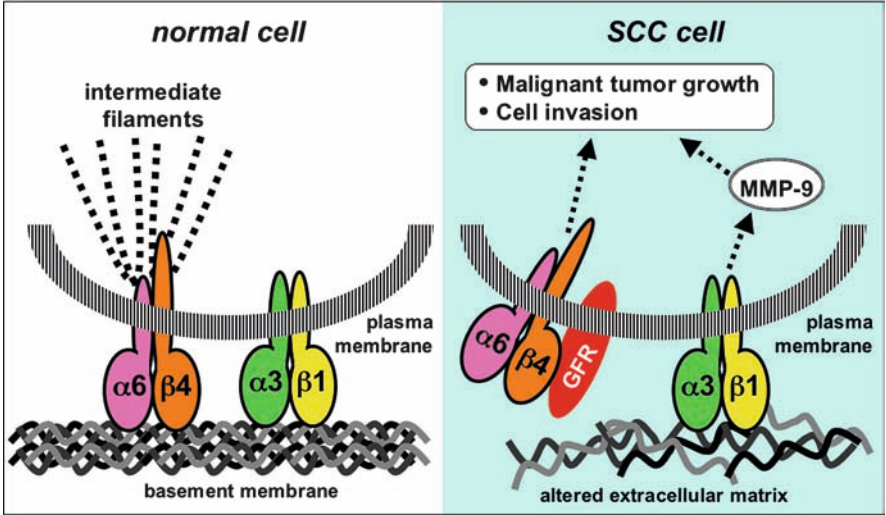


Fig. 2.2 Integrin switches that promote SCC: altered function of pre-existing integrins.

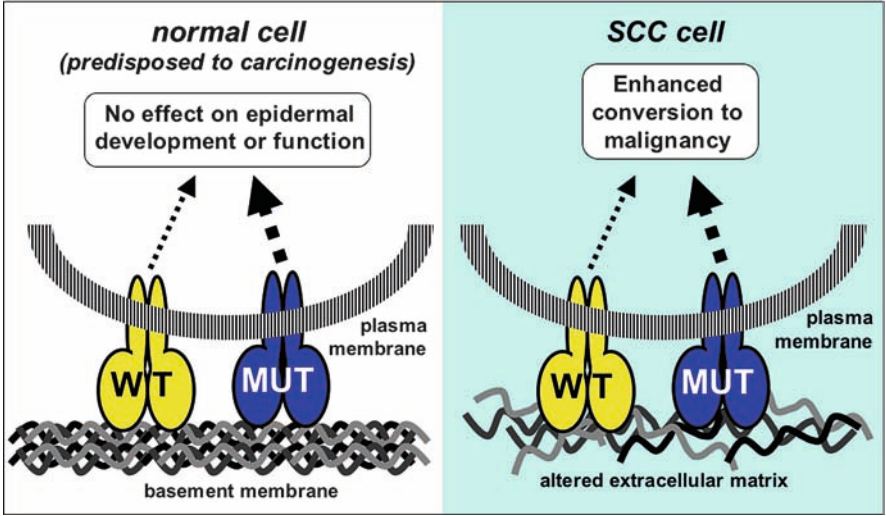


Fig. 2.3 Integrin switches that promote SCC: integrin mutations.

2.4.5.1 αv Integrin Switch

Upregulation of $\alpha v\beta6$ in SCC occurs at the expense of $\alpha v\beta5$ expression, probably due to higher affinity of the αv subunit for the $\beta6$ subunit (Janes and Watt 2004). Consequently, there is a switch from $\alpha v\beta5$ to $\alpha v\beta6$ as keratinocytes undergo malignant transformation, similar to that which has been described in wound healing (Clark et al. 1996). This switch in αv integrin expression from $\alpha v\beta5$ to $\alpha v\beta6$ provides a

clear example of new integrin expression that facilitates SCC progression (Fig. 2.1). Recent studies indicate that the switch from $\alpha v\beta 5$ to $\alpha v\beta 6$ protects SCC cells from undergoing differentiation or anoikis when they are deprived of normal attachments to BM, due to the very different effects that these two integrins have on both cell survival pathways and cell death pathways (Janes and Watt 2004). For example, protection of SCC cells from anoikis results in part from the ability of newly expressed $\alpha v\beta 6$ to activate AKT survival pathways in cells that have lost adhesion to the BM and would otherwise undergo anoikis (Janes and Watt 2004). Loss of $\alpha v\beta 5$ may also enhance cell survival, since this integrin had pro-apoptotic effects in its unligated form (Janes and Watt 2004). The switch from $\alpha v\beta 5$ to $\alpha v\beta 6$ may also provide temporal control of TGF β activation by $\alpha v\beta 6$ (see Sect. 2.4.1), since $\alpha v\beta 5$ binds to the latent TGF β complex with significantly lower avidity and probably does not support efficient TGF β activation (Sheppard 2005). Although the mechanism that triggers the switch in αv integrins is not yet clear, possible effectors of $\alpha v\beta 6$ induction include TNF α (Scott et al. 2004) and, interestingly, TGF β itself (Zambruno et al. 1995).

2.4.5.2 Functional Switch in $\alpha 6\beta 4$

In addition to de novo integrin expression described above, there is increasing evidence that some pre-existing integrins undergo functional changes during carcinoma progression, leading to the activation of new signaling pathways that promote tumorigenesis and invasion. Integrin $\alpha 6\beta 4$ provides a paradigm for this sort of regulation, as during malignant conversion it switches from a predominantly adhesive receptor to a pro-invasive signaling protein that can form complexes with growth factor receptors (Lipscomb and Mercurio 2005; Mercurio et al. 2001) (Fig. 2.2). As already mentioned, $\alpha 6\beta 4$ is associated with the intermediate filaments in hemidesmosomes of normal, undamaged epidermis (Litjens et al. 2006), but in invasive carcinoma cells this integrin relocates to actin-associated filopodia and lamellipodia through a mechanism that involves PKC α -mediated phosphorylation of the $\beta 4$ cytoplasmic domain (Mercurio et al. 2001; Rabinovitz et al. 1999). There is also evidence that EGFR signaling through FYN kinase can disrupt $\alpha 6\beta 4$ function in hemidesmosomes (Mariotti et al. 2001). This relocalization of $\alpha 6\beta 4$ not only relieves tumor cells of stable adhesion that would presumably suppress invasive growth, but it also frees $\alpha 6\beta 4$ to form new signaling complexes with growth factor receptors, such as those described above in Sect. 2.4.4.3, that promote tumor growth and malignant progression.

Interestingly, the SCC-associated switch in $\alpha 6\beta 4$ function can be influenced by mutations in key oncogenes and tumor suppressor genes. Indeed, a recent study showed that $\alpha 6\beta 4$ acts as either a tumor suppressor or tumor promoter depending on specific mutations that are acquired by keratinocytes (Raymond et al. 2007). Specifically, $\alpha 6\beta 4$ inhibited tumor growth in tumorigenic keratinocytes that harbor loss-of-function mutations in the genes that encode p53 (*Trp53*) and Smad4 (*Smad4*), but it promoted tumor growth when these same cells were transformed by oncogenic RAS, indicating that RAS-mediated transformation induces a switch in $\alpha 6\beta 4$ function (Raymond et al.

2007). Consistently, $\alpha 6 \beta 4$ was also shown to be essential for SCC formation caused by oncogenic RAS and the inhibitor of $\kappa B \alpha$ ($I\kappa B \alpha$) (Dajee et al. 2003).

2.4.5.3 Functional Switch in $\alpha 3 \beta 1$

Integrin $\alpha 3 \beta 1$ provides another example of an integrin that can acquire novel signaling functions as keratinocytes accumulate cancer-promoting mutations (Fig. 2.2). We showed that $\alpha 3 \beta 1$ -dependent *Mmp9* gene expression (discussed above in Sect. 2.3.2) was acquired in mouse keratinocytes as a result of immortalization caused by loss of p53, and was retained in RASV12-transformed versions of these cells where it promoted cell invasion (Lamar et al. 2008a). Importantly, $\alpha 3 \beta 1$ -dependent MMP-9 expression was also observed in immortalized human keratinocytes and human SCC cell lines that harbor p53 mutations (Lamar et al. 2008a). Cancer-cell specific pathways whereby $\alpha 3 \beta 1$ induces expression of the *MMP9* gene or other EMT-promoting genes, would be attractive therapeutic targets. However, it is not yet known whether the acquisition of $\alpha 3 \beta 1$ -dependent MMP-9 expression by immortalized cultures of keratinocytes represents a switch in $\alpha 3 \beta 1$ function that occurred de novo within tumor progenitor cells that have lost p53, or reflects the $\alpha 3 \beta 1$ -dependent outgrowth of stem/tumor-progenitor cells that already possess this pathway. That $\alpha 3 \beta 1$ may promote the expansion of a tumor progenitor/stem cell compartment is an intriguing possibility, especially since $\alpha 3 \beta 1$ has been reported to be expressed at higher levels in epidermal stem cells (Jones et al. 1995). Consistent with such a role, $\alpha 3 \beta 1$ in keratinocytes is a known regulator of RAC1 signaling pathways (Choma et al. 2004), and RAC1 is essential for maintenance of the stem cell compartment in the epidermis (Benitah et al. 2005).

2.4.5.4 Gain-of-Function Mutations in Integrins

Another potential mechanism whereby altered integrin function may contribute to SCC progression is through rare gain-of-function mutations in integrin genes that predispose keratinocytes to the transforming effects of oncogenes. To date, the best example of such a mutation is T188I $\beta 1$, which was first identified as a heterozygous mutation in the $\beta 1$ gene (*ITGB1*) of a human cell line derived from a poorly differentiated SCC of the tongue (Evans et al. 2003). This mutation, which occurs in a region of the $\beta 1$ I-like domain that determines ligand-binding specificity, leads to constitutive activation of all $\alpha \beta 1$ integrin heterodimers and causes enhanced cell spreading, sustained ERK signaling, and reduced differentiation (Evans et al. 2003; Ferreira et al. 2009). Nevertheless, transgenic expression of T188I $\beta 1$ did not alter normal architecture or homeostasis of the epidermis (Ferreira et al. 2009), consistent with the notion that this mutation is a genetic polymorphism that has no deleterious effects on epidermal development or function (Evans et al. 2003). However, following chemical carcinogenesis to induce skin tumors, mice expressing T188I $\beta 1$ in the epidermis showed an increase in the frequency and rate of papilloma conversion to

SCCs, and also formed more poorly differentiated SCCs, compared with mice expressing only wild type $\beta 1$ (Ferreira et al. 2009). These intriguing findings suggest that the T188I $\beta 1$ mutation both predisposes benign tumors to malignant conversion and promotes formation of less differentiated tumors, providing an example of an integrin mutation that may influence both susceptibility to SCC and disease progression. Although other polymorphisms in the genes that encode β integrin subunits have been reported to occur in SCCs or other human cancers (Evans et al. 2003, 2004), their effects on carcinogenesis are not yet known. It also remains to be determined whether activating mutations in other domains of the $\beta 1$ subunit, or in other β or α integrin subunits, can similarly predispose epidermis to SCC.

2.5 Exploiting Integrins in the Clinic

As described in the preceding sections, preclinical studies using cell culture and in vivo models of SCC have identified critical roles for integrins in the regulation of tumor growth, invasion, and metastasis. These studies provide a solid foundation for the development of therapeutic strategies to inhibit SCC using agents that target integrins, particularly since the location of integrins on the cell surface make them readily accessible to therapeutic compounds. Indeed, several types of integrin antagonists are currently in preclinical and clinical development, including humanized monoclonal antibodies (i.e., volociximab against $\alpha 5\beta 1$, and Vitaxin against $\alpha v\beta 3$), RGD-containing peptides (i.e., cilengitide), and non-peptide antagonists (Mulgrew et al. 2006; Rust et al. 2002; Stupp and Ruegg 2007; Thomas et al. 2006; Van Waes et al. 2000; Wu et al. 1998). The majority of these compounds are intended for use as angiogenesis inhibitors with a demonstrated ability to target integrins expressed on endothelial cells in the tumor vasculature (reviewed in (Stupp and Ruegg 2007; Tucker 2006)). However, preclinical studies in mice suggest that these and other compounds also effectively target integrins on tumor cells to reduce tumor cell growth, survival and metastasis (Chen et al. 2008; Gramoun et al. 2007; Harms et al. 2004; Landen et al. 2008; Park et al. 2006; Stoeltzing et al. 2003). Importantly, investigators have also exploited the increased or newly acquired expression of integrins on tumor cells, or tumor vessels, to deliver chemotherapies specifically to tumors (Abraham et al. 2007; Arap et al. 1998; Hallahan et al. 2003). Integrin-targeted micelles or liposomes have also been utilized to specifically deliver genes and antisense oligonucleotides to tumors (Bachmann et al. 1998; Cemazar et al. 2002; Oba et al. 2007).

Despite the success of some integrin antagonists in preclinical studies, these compounds have had only minimal success in early clinical trials (reviewed in (Stupp and Ruegg 2007; Tucker 2006)). In addition, recent evidence suggests that at least some integrin antagonists may enhance, rather than inhibit, tumor growth and angiogenesis under certain circumstances. For example, the $\alpha v\beta 3/\alpha v\beta 5$ -specific RGD-mimetic, cilengitide, was shown to have antitumor activity in preclinical and clinical studies of certain forms of glioblastoma (Reardon et al. 2008), but it was recently reported to stimulate tumor growth and angiogenesis when administered at low doses in a murine model of tumor growth (Reynolds et al. 2009). These

discordant findings could be due to dose-dependent effects of cilengitide, or they may reflect differences between cancer types in the roles that α_v integrins play on tumor cells and endothelial cells (Weller et al. 2009). In any case, they highlight the importance of understanding the roles of the intended integrin targets within distinct cellular compartments of the tumor type being tested, in order to predict the overall effect of a particular integrin antagonist. Future preclinical studies using inducible and cell-specific transgenic/knockout models, in which candidate integrins and signaling proteins can be manipulated with temporal and spatial precision, should reveal roles of individual integrins within different cellular compartments of the tumor, and help develop effective strategies to inhibit SCC by targeting integrins.

Another potential challenge that must be overcome before integrins can be fully exploited as therapeutic targets is that most integrins expressed on SCC cells also perform essential functions in normal cells; therefore systemic delivery of integrin inhibitors may cause adverse side effects. This problem might be avoided by targeting integrins that are expressed at high levels on SCC cells but at low or negligible levels on normal cells, such as $\alpha_v\beta_6$ (Fig. 2.1). In addition, identifying mechanisms that trigger new functions of pre-existing integrins, such as $\alpha_3\beta_1$ and $\alpha_6\beta_4$ (Fig. 2.2), or determining how gain-of-function mutations in integrins predispose keratinocytes to SCC (Fig. 2.3), may reveal intermediate molecules or pathways that are activated specifically in cancer cells and can be targeted with minimal effects on normal cell function. Another challenge is that the malignant phenotype is probably influenced by the cumulative functions of the various integrins expressed on SCC cells, such that combinatorial targeting of more than one integrin may be necessary to effectively inhibit disease progression.

Integrin antagonists may prove to be most useful in combination with other types of therapeutics. For example, preclinical studies have already demonstrated that cilengitide can synergize with either chemotherapy or radiotherapy (Albert et al. 2006; Burke et al. 2002; Tentori et al. 2008), and other compounds targeting integrins $\alpha_5\beta_1$ and $\alpha_v\beta_3$ were also demonstrated to enhance chemosensitivity (Menendez et al. 2005; Stoeltzing et al. 2003) and augment the effects of radiotherapy (Abdollahi et al. 2005). Whether administered alone or in combination with other therapies, the efficacy and specificity of integrin antagonists or inhibitors of integrin signaling pathways could be improved by exploiting newly developed strategies for targeted delivery of compounds to tumors and tumor stroma. It may also be advantageous to target integrin function in tumor cells by combining targeted delivery systems with antisense oligonucleotides or RNAi to inhibit specific integrin expression. In support of this approach, antisense oligonucleotides that target $\alpha_v\beta_3$ were found to be effective against hepatocellular and mammary carcinoma in preclinical studies (Li et al. 2007; Townsend et al. 2000).

In summary, integrins represent promising targets for therapeutic strategies to inhibit SCC development and progression. Although most studies to test integrin antagonists have focused on cancers other than SCC, one preclinical study demonstrated that a non-peptide antagonist of integrin α_v , SM256, significantly inhibited the *in vivo* growth of a murine SCC (Van Waes et al. 2000), suggesting that integrin α_v antagonists are likely to be effective inhibitors of SCC in the clinic, as well. Future clinical and preclinical studies in SCC model systems, using antagonists or RNAi

strategies developed against other integrins discussed in this chapter, should determine if these integrins will also serve as effective therapeutic targets to treat SCC.

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