

# p53: Balancing tumour suppression and implications for the clinic

Yosef Buganim, Varda Rotter

*Department of Molecular Cell Biology, Weizmann Institute of Science, Rehovot 76100, Israel*

## Abstract

It is well accepted today that cancer develops through a multi-step process that involves normal cells being led by well-defined phases into cancer cells. Along this process cells lose their natural cancer defence system that is mediated by tumour suppressor genes and accumulate genetic instabilities that permit the expression of the specific oncogenic networks. Remarkable is the p53 tumour suppressor which is mutated in more than 50% of human cancers. In turn, various mutant p53 proteins with an oncogenic activity are accumulated in the cells and contribute to malignancy. This chapter overviews the p53 field with respect to the history behind the discovery of the p53 tumour suppressor, the structure and function of p53, the oncogenic activities of the various p53 mutants and the clinical significance of a tailor-made p53-based gene therapy.

## The history of the p53 field

In the early 1970s, scientists already understood that the malignant transformation process involved accumulation of mutations within the coding DNA that altered gene functions which were important for maintaining normal cellular function. During this process, cells lose their natural cancer defence systems mediated by tumour suppressor genes and accumulate genetic modifications that permit the onset of specific oncogenic networks. The tumour suppressor gene family consists of several members that vary in their structures and cell specificities. The phosphoprotein p53 was initially discovered in 1979 as it was immunoprecipitated, along with the tumour promoting simian virus 40 (SV-40) large T and small t antigens, using sera from mice bearing SV40-induced tumours and from uninfected murine embryonal carcinoma cell lines [1,2]. In parallel, p53 was identified using sera prepared against BALB/c Meth A sarcoma in syngeneic or compatible F1 mice [3]. These studies and others mischaracterised the cellular p53 as a transformation-related antigen because it was found

to be accumulated at a high concentration in the nucleus of neoplastic transformed cell lines and to increase proliferation, whereas in normal cells it was almost undetectable [4–7]. In accordance with these observations, ectopic expression of p53 was shown to cooperate with oncogenic H-Ras<sup>V12</sup> to induce transformation of normal embryonic cells and to immortalise cells with a finite lifespan [8–10]. A few years later several findings raised the possibility that p53 might act as a tumour suppressor gene rather than as an oncogene. First, it was shown that expression of mouse p53 results in a substantial and selective inhibition of SV-40 origin-dependent DNA replication. In addition, p53 was demonstrated to compete with the DNA polymerase alpha for binding to SV-40 T antigen [11–13]. Second, the coding region of the p53 gene was found to be altered by viruses such as Moloney murine leukaemia and was shown to be deleted in several human cancers [14–19]. Third, the cloning of the p53 gene in 1983 [20] enabled scientists to identify mutations within the coding region of p53 in many transformed cell lines [21–24]. It was the study of Finlay and colleagues in 1988 that raised the questions of what the correct p53 wild-type sequence is and whether a wild-type p53 gene can transform cells in culture [25]. The authors showed that one of the p53 cDNA clones (11-4 p53 cDNA clone) failed to transform primary rat fibroblasts when co-transfected with the Ras oncogene. Mutating the amino acid 158 or 215 resulted in the activation of the 11-4 p53 cDNA clone for transformation with Ras. In addition, these mutant cDNA clones produced a p53 protein that preferentially bound to a heat shock protein, hsc70, a protein that was shown to interact only with p53 proteins that could cooperate with Ras to induce transformation [24,26]. By 1989 p53 was formally crowned as a tumour suppressor gene when DNA clones of the wild-type p53 protein were able to inhibit the capability of E1A and Ras or mutant p53 and Ras-activated oncogenes to transform primary rat embryo fibroblasts. The rare clones of transformed foci that resulted from E1A and Ras plus wild-type p53 triple transfections contained mutation within

the p53 coding sequence, similar to the observed transformation-activated p53 proteins and to the p53 mutants selected in human tumours [27,28]. These findings led to the understanding that the DNA tumour viruses have evolved mechanisms to interact with the p53 negative regulator of cellular growth in order to enhance their own replication in growing cells. SV-40 and adenovirus type 5 produce viral encoded oncoproteins (large T, small t antigens and E1A) that also form oligomeric protein complexes with p53, thereby inactivating its functions [29]. Over the years, numerous publications have demonstrated diverse DNA rearrangements and hot spot mutations within the coding region of p53 in many human tumours such as colorectal carcinoma, lung, breast, oesophagus, head and neck, haematopoietic and leukaemia [21,23,30–35]. One of the most important indications for the role of p53 in cancer prevention was the observation that a germ-line transmission of a mutated p53 allele was found in a cancer-prone family bearing the Li-Fraumeni syndrome. Later on, this inherited p53 mutation was confirmed to predispose the members of the family to increased susceptibility to cancer [36–38]. The next step was to address the role of p53 in cancer prevention. A first clue for the role of p53 in maintaining genomic integrity came from the work of Remvikos and colleagues [39] as they showed that colorectal adenocarcinoma tumours that contained aneuploid cell subpopulations were also more frequently (65%) positive for mutant p53 overexpression than diploid ones (20%). This suggests a role for wild-type p53 in maintaining normal genome diploidy. Another role for p53 in inhibiting cell growth was illustrated in a study describing a temperature-sensitive behaviour of a particular p53 mutant, p53<sup>V135</sup>. This p53 mutant elicited transformation at 37.5°C; however, at 32.5°C it suppressed the proliferation of transformed cells, recapitulating the behaviour of wild-type p53 [40]. These data demonstrated that the ability of wild-type p53 to suppress transformation is due to induction of growth arrest. In accordance with this study, human colorectal carcinoma cell lines transfected with wild-type p53 gene formed five- to ten-fold less colonies compared to cells transfected with a mutant p53 gene. Immunocytochemical analysis demonstrated that the carcinoma cells expressing wild-type p53 gene did not progress through the cell cycle, as evident by their failure to incorporate thymidine into DNA [41]. All in all, these studies showed that the wild-type gene can specifically suppress the growth of human tumours. A third role for wild-type p53 in preventing cancer was suggested by Yonish-Rouach and colleagues [42]

as they utilised the temperature-sensitive p53 mutant system to demonstrate that conversion of the mutant p53 form into a wild-type p53 conformation in a murine myeloid leukaemic cell line that normally lacks p53 resulted in rapid loss of cell viability in a way characteristic of apoptosis. The ability to eliminate cancer cells by inducing programmed cell death is one of the hallmarks of tumour suppressors.

In an attempt to decipher the manner by which p53 exerts its tumour suppressive activities, Fields and Jang, and Raycroft and colleagues, showed that a hybrid protein containing the DNA binding domain of yeast GAL4 and portions of p53 can activate transcription in both yeast and mammalian cells, indicating that p53 protein contains a transcription-activating sequence and suggesting that p53 might activate the transcription of genes that suppress cell proliferation [43,44]. Indeed, a year later p53 was shown to activate the muscle-specific creatine kinase (MCK) gene via a responsive element that resided within MCK enhancer [45]. Additionally, p53 was shown to repress the expression of genes that are needed for ongoing cell proliferation such as *c-fos* [46] supporting the notion that p53 is a transcription factor that provokes its anti-cancerous function by regulating gene expression.

Since then, numerous studies have implicated p53 as a conductor of various cell processes such as differentiation, development, metabolism, senescence and DNA repair [47–51]. The scientific community acknowledged the merits of p53 as it was given the prestigious title “guardian of the genome” in 1992 followed by its election as the “molecule of the year” in 1993 [52,53]. Today, p53 is considered as one of the most important tumour suppressor genes in human cancer and an attractive candidate for therapeutic design for cancer therapy.

### **Wild-type p53 as tumour eradicator – structure and function**

The human p53 gene is located at chromosome 17p13.1 and encodes a 393 amino acid nuclear protein. The protein consists of four central domains which permit its function as a transcription factor: a loosely folded N-terminal transactivation domain (TAD), a DNA-binding domain (DBD), an oligomerisation domain (OD) and a C-terminal regulatory domain (CRD). In addition to these distinct domains, the protein contains a proline-rich domain (PRD), two nuclear export signals (NES) and three nuclear localisation signals (NLS) (Fig. 1).



Fig. 1. A schematic representation of the p53 protein architecture. The p53 protein contains four central domains: the transactivation domain (TAD), the DNA binding domain (DBD), the oligomerisation domain (OD) and the C-terminal regulatory domain (CRD). These domains together with a proline rich domain (PRD), two nuclear export signals (NES) and three nuclear localisation signals (NLS) facilitate p53 function as transcription factor and tumour eradicator. These domains are subjected to various post translational modifications such as phosphorylation, acetylations, ubiquitinations, sumoylation, methylations and neddylation that stabilise and activate the p53 protein. Numbers indicate position in amino acids. S- Serine, T- Threonine, K- Lysine and P- Proline.

The TAD (residues 1–44) is required for both p53 transactivation capability and protein-protein interaction. This region binds basal transcriptional components from several groups: the TATA-box binding protein associated factors TAFII40, TAFII60, p300/CBP, p62 TFIIF, the p53 regulators Hdm2, SETD2, Mdmx and other proteins such as HmtSSB [54–61]. Together with the adjacent PRD (68–85 residues) TAD plays a role in p53 stability, which is regulated by the p53 negative effector Hdm2 [54]. TAD contains several phosphorylation sites at positions 6, 9, 15, 20, 33 and 37 that are modified by several protein kinases such as DNA-PK, Raf-1, p38 (MAPK), GSK3, ATM, FAK and CK1 [62–70]. These phosphorylations switch the largely folded transactivation domain to a more open conformation that interacts with transcription factors, leading to enhancement of gene expression [71]. In addition, increase in p53 stability, DNA binding capability and induction of apoptosis are related to the phosphorylated status of p53. Mutational analysis of the TAD revealed an important role for amino acids Leu-22 and Trp-23 in facilitating both protein-protein interactions and gene activation/repression [72,73]. Interestingly, although a mutant p53 bearing these mutations (p53<sup>L22Q/W23S</sup>) is defective in transcriptional activation of numerous p53 target genes, it can induce the expression of pro-apoptotic targets including PIDD and AIP1 [74], implying the existence of several mechanisms for p53-mediated gene activation, whereby the amino acids Leu-22 and Trp-23 are essential only for specific p53 target genes. The importance of the TAD can be seen in one of the p53 isoforms, p53DeltaN. p53DeltaN is produced by internal initiation of translation at codon 40 and lacking the N-terminal first transactivation domain. The p53DeltaN is impaired in its transcriptional activation capacity and is unable to form a complex with the p53 regulatory protein Hdm2. Furthermore,

p53DeltaN oligomerises with p53 and negatively regulates its transcriptional and growth-suppressive activities [75].

DBD (residues 102–292), a 191-amino-acid region that corresponds to the central portion of the p53 protein, binds DNA in a sequence specific manner [76]. Crystal structural analysis and nuclear magnetic resonance (NMR) of the p53 core domain revealed a structure of a beta sandwich that serves as a scaffold for two large loops and a loop-sheet-helix motif. The two loops are held together in part by a tetrahedrally coordinated zinc atom, and the loop-sheet-helix motif forms the DNA binding surface of p53 [77]. Structurally, the zinc ion coordinates the motions among the different protein structural elements which could also be important for optimal binding and core packing. The influence of zinc on protein stability is mainly localised to the L2 loop [78]. The DBD binds a specific consensus sequence that contains two copies of a 10-bp motif 5'-PuPuPuC(A/T)-(T/A)GPyPyPy-3', separated by 0–13 bps (Pu and Py stand for purine and pyrimidine, respectively) [79]. However, many other non-canonical binding sites and several half sites are found to be responsive to wild-type p53 following various circumstances [80–82]. The symmetry of the two copies and the structure of the tetramerisation domain [83] have led to the understanding that p53 is a dimer of dimers.

Similar to the TAD, the DBD is also subjected to modifications such as phosphorylations, acetylations and ubiquitinations. Several proteins, among them PKA, WCE, CKIIbeta, Plk1, vIRF1 and Hdm2, elicit these modifications [84–87]. In addition to DBD modifications that improve p53 binding, cellular and viral proteins interact with the DBD of p53 and modulate its expression, binding affinity and activity. Such proteins are PARP, HIF-1 $\alpha$ , 53BP1, 53BP2, hTRbeta1, ZBP-89, NPM, ASPP, Tip60, MAML1, Hzf, PC4, NM23-H1,

STRAP, MIF and Twist [88–100]. Reactive oxygen intermediates (ROI) regulate the DNA-binding activity of p53 as well, by modulating the redox status of a critical set of cysteines in the DNA-binding domain, involved in the coordination of zinc [101]. Interestingly, the DBD of p53 can also interact with the cytoplasmic proteins BclXL and Bcl2, targeting them to the mitochondria [102]. These data implicate p53–Bcl2 complexes in the direct mitochondrial p53 pathway of apoptosis and further support the notion that the DBD of p53 is a dual function domain, mediating both its transactivation function and its direct mitochondrial apoptotic function.

The OD (residues 325–356) is responsible for the creation of a tetramer that is found to be the predominant form of p53 in binding to the DNA [103]. Each p53 subunit recognises five nucleotides of the 20 nucleotide-long DNA binding site [104]. The domain forms a 20-kilodalton symmetric tetramer with a topology made up from a dimer of dimers. The two primary dimers each comprised of two anti-parallel helices linked by an anti-parallel beta sheet, one beta strand and one helix, are contributed from each monomer. The interface between the two dimers forming the tetramer is mediated solely by helix-helix contacts. Moreover, hydrophobic interactions within the protein core and by a number of electrostatic interactions stabilise the tetrameric structure [83,105]. The binding of Hdm2 to p53 is significantly impaired by the loss of the quaternary structure [106], further supporting the notion that the regulation of p53 activity is mainly related to the tetrameric structure. The phosphorylation state of p53, specifically at serine S392 and to a lesser extent serines S315 and S378, is important to the tetrameric creation [107,108]. Several proteins interact with the OD of p53 and affect its tetrameric structure including the S100B  $\text{Ca}^{2+}$ -binding protein, PARP, HMGA1 and TDG [97,109–111]. In addition, deletion or mutation of p53's OD markedly impairs the ability of p53 to oligomerise with BAK. Mouse embryo fibroblasts from BAK null mice have greatly reduced mitochondrial p53 compared to wild-type fibroblasts, highlighting the importance of the p53–BAK interaction in the localisation of p53 to mitochondria [112]. The contribution of the OD to cancer suppression is reinforced by the fact that Li–Fraumeni families with a germ-line mutation in the p53 gene, which may result in a mutated OD or its entire loss, are segregated with the cancer phenotype [113,114].

The CRD (residues 357–390) contains various posttranslational modification sites, such as phosphorylation, ubiquitination, acetylation, sumoylation

and methylation, which control p53 stabilisation and activation. For example, casein kinase II phosphorylates the C-terminal serine of p53 (residue 389 for murine p53) and hence increases the capability of p53 to suppress cell growth [115]. The co-factors p300/CBP/PCAF acetylate the CRD and stimulate p53 sequence-specific DNA-binding activity, possibly as a result of an acetylation-induced conformational change [116–119]. S100B inhibits phosphorylation of the p53 CRD in a  $\text{Ca}^{2+}$ -dependent manner and thereby regulates its activity [120]. Several other proteins are suggested to bind to the CRD and to regulate p53 responses; these include Ck2, Mts1, PIAS1, nucleolin, hGTSE-1, GSK3 $\beta$ , ER $\alpha$  and JAZ [121–128]. Interaction of CRD with DNA ends generated after DNA damage causes activation of sequence-specific p53 DNA binding and may thus provide a molecular link between DNA damage and p53-mediated growth arrest and apoptosis [129]. In addition, the C-terminal tail of p53 is also considered as a negative regulator of p53 activity because it can lock the DBD and the TAD in a latent conformation. The overlap of the regulatory region in CRD, which is rich in basic amino acids, with the second DNA-binding site in the p53 molecule, is the key feature of the steric model [130,131]. Upon CRD posttranslational modifications the DBD is released from the C-terminal tail and becomes active [132–134]. Additionally, non-specific DNA sequences do not directly inhibit the binding of the p53 consensus DNA elements to the DBD of p53 but rather bind to the CRD and thereby inhibit p53 activity [135,136]. This data support that notion that the CRD plays an essential role in mediating p53 transcriptional activity.

p53 is considered to be one of the most powerful tumour eradicators because of its involvement in numerous anti-cancerous processes (Fig. 2). This includes cell cycle arrest, apoptosis, differentiation, senescence and DNA repair [42,47,49,50,137,138]. Moreover, the fact that p53 is stabilised and activated upon diverse stress signals induced by DNA damage, hypoxia, oncogenic stress, deprivation of nutrients and angiogenesis accentuates the role of p53 as a critical guardian of cell stability [47,137,139–142]. Accordingly, the role of p53 in cancer prevention is mainly related to its ability to transactivate a great number of specific targets involved in several gene networks. For example, the well studied p53 target genes *p21<sup>WAF1</sup>*, *GADD45* and *14,3,3 sigma* are activated transcriptionally by p53 in response to DNA damage and regulate cell cycle checkpoints [143–145]. Alternatively, p53 can transactivate different targets such as *BAX*, *PUMA*, *Noxa*, and *DR5* leading

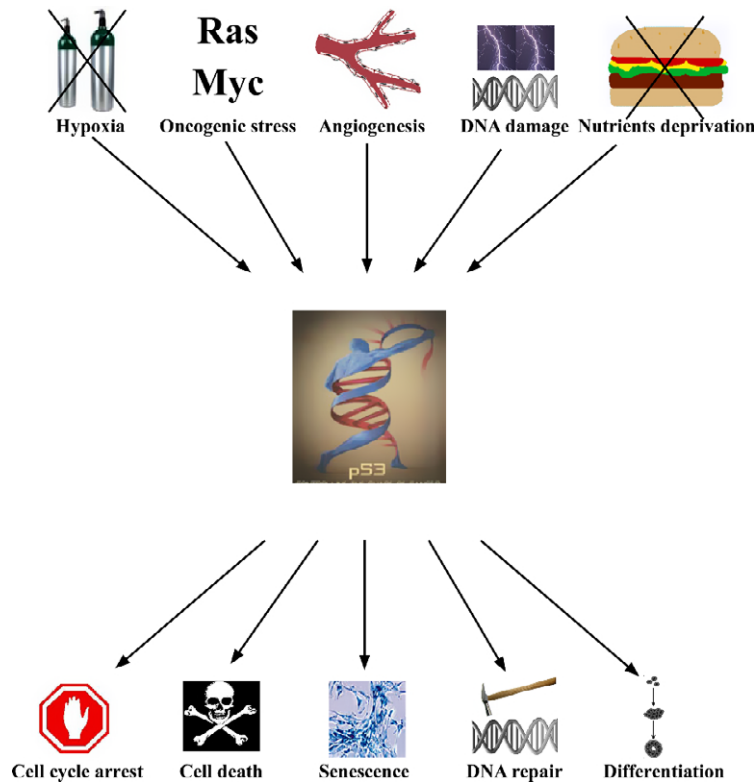


Fig. 2. The p53 activation signals and their p53-dependent outcomes. The tumour suppressor p53 is stabilised and activated by several stress pathways (upper panel). This includes lack of oxygen (hypoxia), activation of oncogenes such as myc and Ras (oncogenic stress), massive blood vessel creation (angiogenesis), DNA mutagenic agents such as cisplatin and doxorubicin (DNA damage) and lack of nutrients (nutrients deprivation). The outcomes of p53 activation are diverse (lower panel) and are dependent on the activation of its downstream target genes.

to induction of apoptosis [146–149]. The function of p53 is mostly ascribed to its capability to regulate its target genes either through direct interaction with chromatin, via its specific consensus sequence, or via interaction with regulators of transcription. However, evidence exists that p53 also has an extra-nuclear and transcription independent role in the induction of apoptosis by releasing pro-apoptotic Bcl-2 proteins sequestered by Bcl-xL [150]. Interactions between Bcl-xL, cytoplasmic p53, and PUMA coordinate these distinct p53 functions. Following genotoxic stress, Bcl-xL sequesters cytoplasmic p53, which in turn elevates the expression of PUMA. Subsequently, PUMA displaces p53 from Bcl-xL, allowing p53 to induce mitochondrial permeabilisation [151]. Taken together, the fact that p53 eradicates tumour cells by various pathways makes it a strong candidate for silencing in cancer cells. Indeed, the majority of human cancers exhibit a high incidence of p53 dysfunction, manifested by alterations in p53 expression, mutation of the p53 protein or by indirect modifications of other components of the p53 pathway.

### The dark side of p53 - mutant p53 gain of function

p53 is inactivated in about 50% of human primary tumours [30]. Notably, the predominant mode of p53 inactivation is by point mutation rather than by deletion or truncation. Mutational analysis of the p53 gene using the International Agency for Research of Cancer (IARC) database reveals that almost all the amino acids comprising the p53 protein can be mutated in human tumours with several hot spot mutations residing within the DBD of p53 (Fig. 3). Crystal structural analysis of the various hot spot p53 mutations has classified these mutations into two categories at large: a group of DNA-contact mutations (for example R248, R273) which represents mutations within amino acids that directly interact with the DNA while retaining the wild-type p53 conformation, and a group of p53 conformational mutations (for example R175, H179) which represents mutations that alter the scaffold that orients the structure of the DNA-binding interface [77]. Several studies showed that mutations residing within one of the p53 alleles are

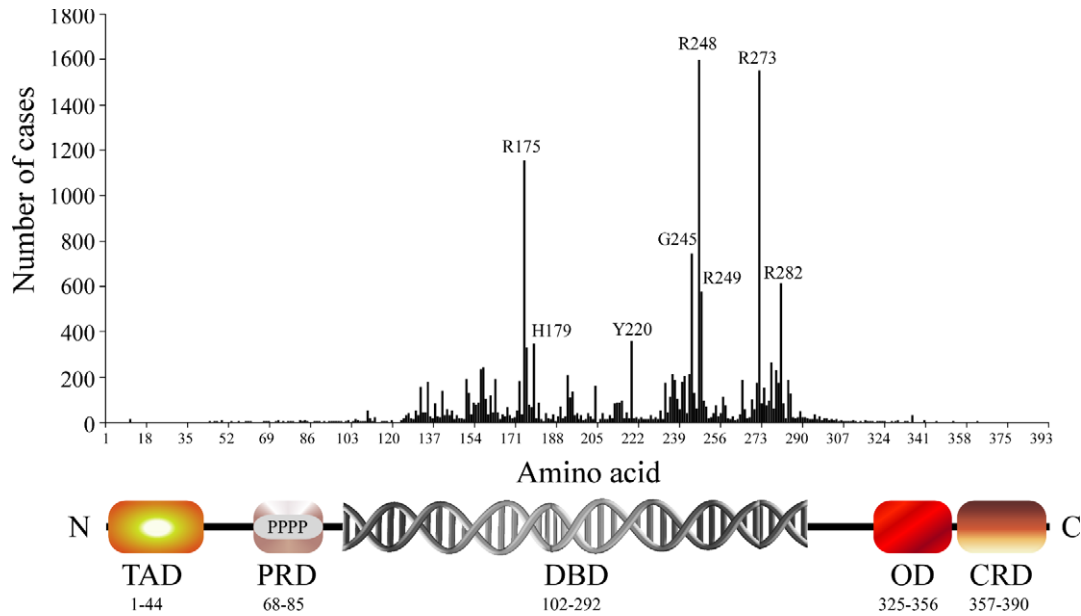


Fig. 3. The frequency of the various missense mutations within p53 in human tumours. Mutational analysis of the p53 gene using the IARC database (<http://www-p53.iarc.fr/>) reveals that almost all the amino acids comprising the p53 protein can be mutated in human tumours with several hot spot mutations residing within the DBD of p53.

able to oligomerise with the remaining intact wild-type allele and to inhibit its transcriptional capability by a dominant negative mechanism [152–155]. In addition, it has been suggested that mutant p53 can drive the wild-type p53 allele into a mutant conformation thereby blocking its activity [153]. However, when Chan and colleagues examined how many mutant subunits a wild-type p53 tetramer can tolerate, they found that the p53 mutants, p53<sup>R249S</sup> and p53<sup>R273H</sup>, are very ineffective in impairing the transcriptional activity of wild-type p53, as at least three mutant subunits are required to inactivate a tetramer. In contrast, the endogenous p53 isoform p53DeltaN is a very potent inhibitor of p53 as one p53DeltaN manages to abolish the wild-type transcriptional activity of one tetramer [156]. In accordance with that, Jøers and colleagues showed that mutant p53 can suppress wild-type p53 activity without oligomerising with the wild-type protein. They suggested that a specific cofactor is needed for p53-dependent transcription and by depleting it, mutant p53 inactivates wild-type transcriptional activity [157]. The fact that mutant p53 is generally highly overexpressed in tumours and therefore might interact with various cellular components in both wild-type p53 dependent and independent manners has led to the hypothesis that mutant p53 might possess additional oncogenic activities that confer tumour cells with significant survival advantages. Indeed, some p53 mutations not only result in loss of wild-type activity or act in a dominant negative manner but

also acquire additional functions, termed “Gain of Function”. It was already shown in the late 1980s that p53 mutants gain a pronounced transforming potential compared to their p53 null counterparts [158–162]. In recent years it became very clear that mutant p53 expressing cells are less sensitive to a variety of cell responses associated with tumour elimination such as apoptosis, autophagy, chemotherapy, radiation and cell cycle arrest and more prone to metastasis, invasiveness and genomic aberrations [163–171]. *In vivo* studies using mice with endogenous mutant p53 allele showed that mutant p53 bearing mice display allele-specific tumour spectra, higher metastatic frequency, enhanced cell proliferation and higher transformation potential compared to their p53-null counterparts [172–174]. One explanation for the observed activities lies in the fact that mutant p53 can transactivate specific gene networks that mediate its oncogenic activities. In this case mutant p53, which lost its ability to bind to a p53 responsive element, interacts with regulatory elements (promoter, intronic region and 5’/3’ UTR) within genes via different mediators and transactivates or represses a long list of targets, some of which are involved in cell death (*CD-95*, *ATF3*, *procaspase-3*, *EGR*, *BAG-1*), proliferation (*c-myc*, *GEF-H1*, *hs-MAD1*, *fos*, *IGF-II*, *ASNS*, *ANGPT1*, *Id2*, *Cyclin B2*, *NARS*, *L37*, *API5*, *AMSH*, *RPP-1*, *S2*, *RNA pol IIE*, *EGFR*, *CDC25A*, *H2 relaxin*), survival (*MST1*, *bFGF*, *HSP70*, *NFκB*), drug resistance (*MDR1*, *dUTPase*) and metastasis (*rhoGAP*, *TGF-βRII*, *IL-6*, *h15-LO*)

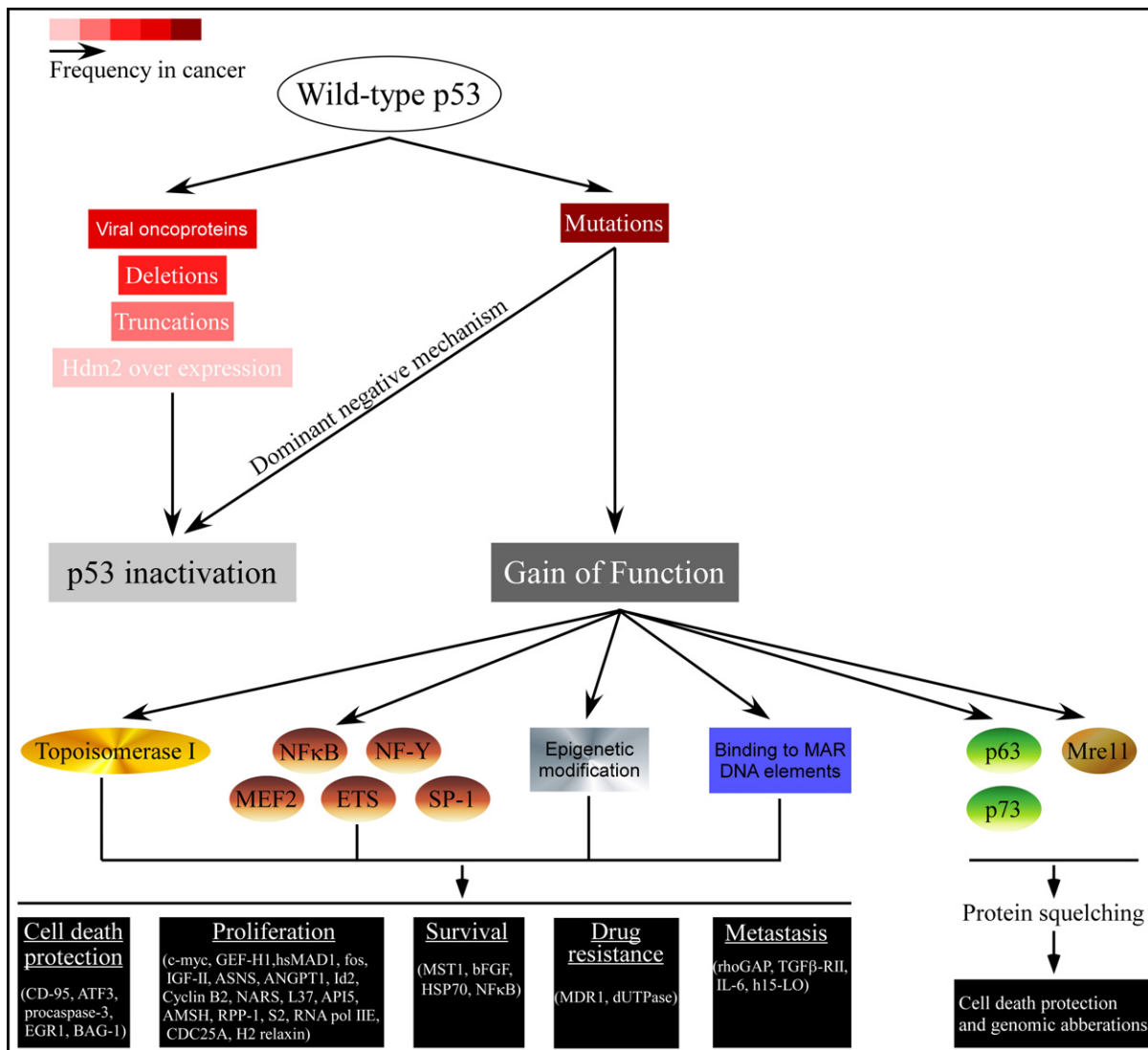


Fig. 4. The commonly occurring alteration in p53 in human cancers and mutant p53 Gain of Function mechanisms. p53 is inactivated in about 50% of human primary tumours. The predominant mode of p53 inactivation is by point mutation rather than by viral oncoproteins, deletion, truncation, or Hdm2 overexpression (upper panel). Mutations within one p53 allele can either act by a dominant negative mechanism or by a Gain of Function mechanism. Several possibilities have been proposed for the manner by which mutant p53 exerts its oncogenic activity. This includes activation of specific gene networks via several mediators that facilitate its DNA binding or by squelching out several proteins that are essential for tumour prevention (lower panel).

[160,175–193]. The fact that mutations within the transactivation domain of mutant p53 (L22Q/W23S) abolish its Gain of Function activity implies that mutant p53 needs to transactivate genes in order to elicit its oncogenic activities [194,195]. In addition to its ability to modulate gene expression under basal condition, mutant p53 can affect gene expression following various signalling pathways as well. For example, mutant p53 can elevate the transcription of the viral gene human T-leukaemia/lymphoma virus (HTLV)-I LTR following 12-O-tetradecanoylphorbol-13-acetate (TPA) treatment [196] and protect cells from death

induced by TPA by attenuating the expression of ATF3 [197]. Additionally, mutant p53 can enhance the activity of the NFκB transcription factor following tumour necrosis factor alpha (TNF-α) treatment [198] and diminish the transforming growth factor (TGF-β) signalling by repressing the TGF-βRII [199].

Several mechanisms have been proposed regarding the manner by which mutant p53 transactivates gene expression (Fig. 4). One theory proclaims that mutant p53 protein interacts with topoisomerase I thus promoting gene amplification at large independently of mutant p53 capacity to interact with other pro-



teins [200]. Others suggest that mutant p53 interacts with various binding sites via several transcription factors and leads to induction of transcription. Among them are ETS-1, SP-1, and MEF2 [196,197,201]. Recently, the transcription factor NF-Y has been suggested to be a pivotal mediator of mutant p53 promoter binding in response to DNA damage [202]. The expression of cyclin A, cyclin B1, cdk1, and cdc25C and cdk1-associated kinase activities is upregulated after DNA damage, due to histone acetylation which is induced by the complex formation of NF-Y, mutant p53 and p300.

A third possibility is that mutant p53 can induce epigenetic changes resulting in altered gene expression. Evidence supporting this is the observation that treatment of histone deacetylase inhibitor, trichostatin-A, in mutant p53 expressing cells results in relief of mutant p53-mediated genes suppression. This suggests a mechanism by which mutant p53 suppresses gene expression by inducing hypo-acetylation of target gene promoters [203].

A different perspective for the manner by which mutant p53 transactivates genes came from the work of Muller and colleagues who showed that mutant p53 specifically recognises and binds the nuclear matrix attachment region (MAR) DNA elements. These elements constitute important higher order regulatory elements of chromatin structure and function [204, 205]. The observation that mutant p53<sup>G245S</sup> binds to repetitive DNA elements associated with MAR *in vivo* supports this hypothesis. Furthermore, this could imply that by interacting with key structural components of the nucleus, mutant p53 exerts its oncogenic activities through perturbation of nuclear structure and function [206].

In addition to its ability to transactivate genes, mutant p53 has been proposed to exert its Gain of Function activities by squelching out and distorting the physiological function of several cellular proteins. Concordantly, mutant p53 binds to p63 and p73, other p53 family members, and impedes their function and thereby gains oncogenic functions such as apoptosis and DNA damage resistance [207]. In addition to its ability to interact with p63, mutant p53 activates the promoter of the p63<sup>DeltaN</sup> gene, an endogenous dominant negative isoform of p63, further disrupting the critical balance of expression between these two related isoforms [208].

A second protein that is affected by the high expression of the various hot spot p53 mutants is the nuclease Mre11 gene. Song and colleagues illustrated that the protein-protein interaction between mutant p53 and Mre11 suppresses the binding of the –Rad50–

NBS1 (MRN) complex to double-stranded DNA, thus impairing the activation of the ATM gene which leads to disruption of a critical DNA damage-response pathway [209]. These oncogenic activities of mutant p53 strongly encourage scientists to develop drugs that will either restore the wild-type p53 activities to the mutant p53 forms or will eliminate tumour cells bearing mutant p53.

### Clinical significance: p53-based gene therapy

Data accumulated in the field for the last 30 years can be now translated into the clinic for both better prognosis and for p53-based therapy. Several epidemiological cancers have by now accumulated large databases pertaining to the distribution of the variety of mutant p53 proteins in different tumour types. This information serves as a solid statistical basis for evaluating the significant contribution of the individual mutant p53 expressed in a given tumour. Indeed, several studies showed that various p53 mutants can be graded as to their oncogenic power and thus can serve as predictors of cancer prognosis. Accordingly, this information, coupled with the observation that the various mutants exhibit variations in their chemotherapy resistance, could be central for developing p53-based tailor-made therapy [210,211]. The understanding that wild-type p53 plays a crucial role in cancer prevention, and the fact that it is inactivated in the majority of human cancers, strongly encourages scientists to develop p53-specific-based cancer therapies. It is accepted that tumour progression involves several well-defined changes in the genetic status of p53. Some tumours exhibit an intact wild-type p53 gene structure. In such cases deregulation of the up-stream or down-stream pathways should be the therapeutic targets. In other cases, p53 is deleted or inactivated by viruses; in these cases introduction of the full length wild-type p53 should be the preferred direction. However, in the vast majority of cases, p53 is mutated in both alleles due to a loss of heterozygosity process, a process where, following the occurrence of a mutation on one p53 allele, the remaining wild-type allele is lost by deletion or the mutated allele is duplicated. In such cases the mutated protein, which is also an oncogene, must be the target of the therapy. Unravelling the mechanisms that underlie the activity of wild-type p53 in normal cells and understanding the nature of the oncogenic mutant p53 activity is expected to pave the way for the ultimate p53-based therapy.

To date, p53-based genetic therapy is considering three main different directions (Fig. 5). The first direction involves the case where p53 is intact in the tumour



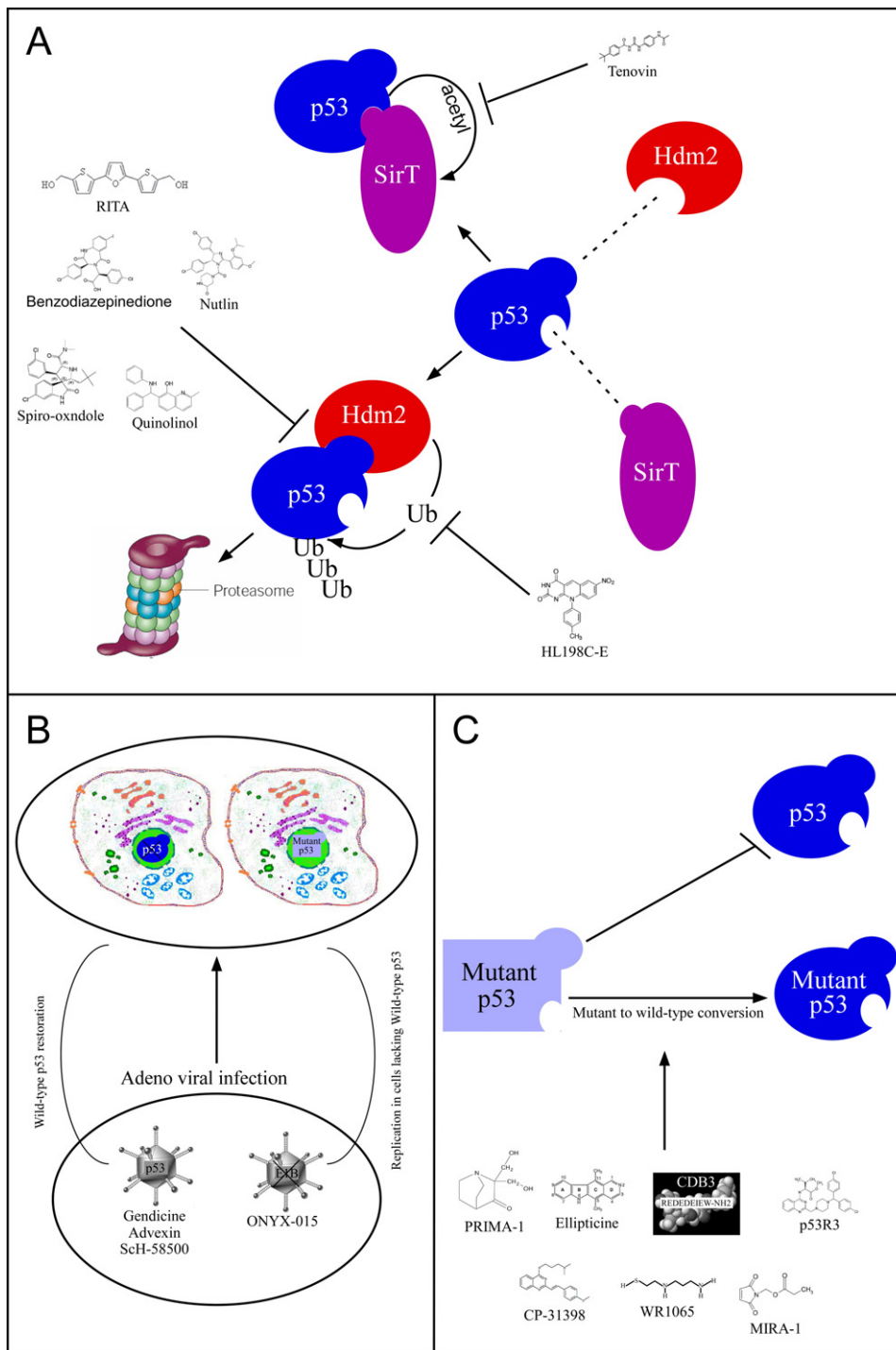


Fig. 5. p53-based gene therapy. p53-based genetic therapy is considering three main different directions. The first direction involves the case where p53 is intact in the tumour but less effective due to over expression of its negative regulator Hdm2 or due to the absence of its stabilisers ARF or ATM. In this case, re-activation of the wild-type p53 protein by its stabilisation, using small molecules that target the interaction between p53 and Hdm2 or by stabilising its posttranslational state, is the main focus (A). The second direction involves the case where p53 is absent from the tumour cells because of allelic deletion or truncation. Under these circumstances, full length wild-type p53 protein must be introduced into the tumour cells in order to re-activate the p53-mediated anti-cancerous processes. In this way, wild-type p53 is forcibly introduced into the tumour cells by adenovirus infection (B). The third direction is to eliminate mutant p53 bearing tumours by restoring the wild-type p53 activity to mutant p53 by small molecules and peptides (C) or by targeting these tumours with viruses that are specific to mutant p53 bearing tumours (B).

but less effective due to over expression of its negative regulator Hdm2 or due to the absence of its stabilisers ARF or ATM [212,213]. In this case, re-activation of the wild-type p53 protein by its stabilisation, using small molecules that target the interaction between p53 and Hdm2, thus preventing p53 degradation, is the main focus. To identify compounds that could inhibit p53–Hdm2 binding, Vassilev and colleagues screened a diverse library of synthetic chemicals and found that one class of cis-imidazoline analogues (Nutlins) could displace recombinant p53 protein from its complex with Hdm2 with median inhibitory concentration (IC<sub>50</sub>) values in the 100 to 300 nM range [214]. The crystal structure of the Hdm2–Nutlin-2 complex verifies that the inhibitor binds to the p53 binding site on Hdm2. Importantly, Nutlin compounds can induce both growth arrest and apoptosis in a p53-dependent manner in many tested cell lines [215,216], further supporting the specificity and the sensitivity of Nutlins in preventing both wild-type p53 degradation and tumour progression. Another compound that interferes with the p53–Hdm2 complex is RITA (Reactivation of p53 and Induction of Tumour cell Apoptosis) [217]. Different from the Nutlin compounds that bind to Hdm2, RITA has been proposed to bind to the p53 transactivation domain-binding cleft which mediates Hdm2 binding which thereby prevents the formation of p53–Hdm2 complex which leads to p53 stabilisation and activation [218]. In contrast, a NMR *in vitro* study showed that RITA does not block the binding of Hdm2 to p53 and suggested an alternative mechanism for p53 accumulation by RITA [219]. Several more compounds that interfere with the Hdm2–p53 complex and induce p53 stabilisation and activation have been discovered such as benzodiazepines [220–222], spirooxindoles [223] and quinolinols [224]. In parallel, a family of 5-deazaflavin derivatives [1–3 (HL198C-E)] has been found to act as low molecular weight inhibitors of the E3 activity of Hdm2. The inhibition of the ubiquitination process by this compound leads to a blockage of the Hdm2 mediated p53 degradation which results in p53 stabilisation and accumulation [225].

Another mechanism to activate the wild-type p53 protein is by affecting its acetylation status. The small compound tenovin stabilises wild-type p53 in tumours and suppresses tumour growth through the inhibition of the protein-deacetylating activities of SirT1 and SirT2, two important members of the sirtuin family [226].

The second direction involves the case where p53 is absent from the tumour cells because of allelic deletion or truncation. Under these circumstances,

full length wild-type p53 protein must be introduced into the tumour cells in order to re-activate the p53-mediated anti-cancerous processes. In this way, wild-type p53 is forcibly introduced into the tumour cells by adenovirus serotype 5-mediated infection (rAd-p53). At least three p53-based gene therapy products are in use in clinical trials: these include Gendicine [227], Advexin [228] and ScH-58500 [229]. More than 20 kinds of cancer indications have been treated with the rAd-p53, such as head and neck squamous cell carcinoma (HNSCC), lung cancer, breast cancer and liver cancers. Importantly, this treatment is more effective when coupled with chemotherapy [230].

The third and most challenging prospect is to restore the wild-type p53 activity to mutant p53 bearing tumours by reverting mutant p53 conformation into a wild-type conformation. This concept was raised following the observation that PAb241 antibody against the carboxy-terminus of p53 or the presence of ME1, a mouse single chain Fv fragment (scFv) against the common epitope of mutant p53, can restore specific DNA-binding capability to several p53 mutants [231,232]. In addition, the extensive studies of suppressor mutations (mutations that revert the mutant conformation to a wild-type conformation [233–235]), together with the fact that p53 is a very elastic molecule, make this concept feasible. This approach uses small molecules and peptides that change the structure of the mutant p53 protein and enable it to interact partially with DNA.

High throughput screening of chemical libraries has led to the identification of a group of small synthetic molecules such as CP-31398 which can restore p53 function to mutant p53 by stabilising the active conformation of the protein that is destabilised in many mutants [236]. CP-31398 elevates the p53 targets p21<sup>WAF1</sup> and Bax, alters mitochondrial membrane potential causing the release of cytochrome c, and induces the cleavage of caspases-9 and -3 [237]. These activities suppress tumour growth both by arresting the cells and by subjecting them to apoptosis.

PRIMA-1 (P53 Reactivation and Induction of Massive Apoptosis) is a molecule that has been identified following a screen for a library of low-molecular-weight compounds that are capable of inducing apoptosis in human tumour cells through restoration of the transcriptional transactivation function of mutant p53. PRIMA-1 succeeds in renovating the DNA binding capability of DNA-contact mutants and conformational mutants both *in vitro* and in living cells. PRIMA-1 restores the p53–Hsp90 $\alpha$  interaction, enhances the translocation of the p53–Hsp90 $\alpha$  complex and thereby reactivates p53 transcriptional activity [238]. *In vivo*

studies in mice revealed an anti-tumour effect with no apparent toxicity [239]. Additionally, PRIMA-1 inhibits the growth of cell lines derived from various human tumour types in a mutant p53-dependent manner [240].

Another compound that restores wild-type p53 activity to mutant p53 forms is P53R3. P53R3 restores sequence-specific DNA binding of the endogenously expressed p53<sup>R175H</sup> and p53<sup>R273H</sup> mutants in gel-shift assays. Overexpression of the hot spot p53 mutants p53<sup>R175H</sup>, p53<sup>R248W</sup> and p53<sup>R273H</sup> in the p53 null glioma cell line LN-308 reveals that P53R3 induces p53-dependent antiproliferative effects with much higher specificity and over a wider range of concentrations than the p53 rescue drug PRIMA-1 [241].

Ellipticine (5,11-dimethyl-6*H*-pyrido[4,3-*b*]carbazole) is one of the simplest naturally occurring alkaloids with a planar structure. It was isolated from the leaves of the evergreen tree *Ochrosia elliptica* Labill (Apocynaceae), which grows wild in Oceania. Interestingly, several ellipticine derivatives have potent anti-cancer activity and seemed to convert the mutant p53 proteins into wild-type structure [242].

The aminothioliol WR1065 is an active metabolite of the cytoprotector amifostine. It is an anti-mutagenic agent that scavenges free-radicals. In addition to its ability to activate the wild-type p53 in MCF-7 cells and to induce G1 arrest, it activates mutant p53 by modulating protein conformation. WR1065 at concentrations of 0.5–4 mM partially restores wild-type conformation of p53<sup>V272M</sup>, stimulates DNA binding activity, and increases the expression of p53 target genes *p21<sup>WAF-1</sup>*, *GADD45*, and *Hdm2*, leading to cell-cycle arrest [243].

The maleimide-derived molecule MIRA-1 restores transcriptional transactivation to mutant p53 in living cells. It reactivates DNA binding and induces a conformational change of the mutant p53 protein to its active wild-type conformation. As a result, MIRA-1 induces mutant p53-dependent cell death in different human tumour cells. The structural analogue MIRA-3 shows anti-tumour activity *in vivo* against human mutant p53-carrying tumour xenografts in SCID mice [244].

CDB3 is a nine-residue peptide that is derived from the p53 sequence. It binds to the p53 core domain and stabilises it *in vitro* [245]. Moreover, CDB3 is able to raise the apparent melting temperatures of the core domain of p53 mutant p53<sup>R249S</sup>, thus suggesting it acts as a “chaperone” that maintains destabilised p53 mutants in a native conformation.

By taking a different approach, Bischoff and colleagues showed that a mutant adenovirus that does not

express the human adenovirus E1B gene and encodes a 55-kilodalton protein (ONYX-015) that inactivates the cellular tumour suppressor protein p53, can replicate in and lyse p53-deficient human tumour cells but not cells with functional p53. When the 55-kilodalton E1B protein is ectopically expressed in p53 functional cells it renders them sensitive to infection with the mutant virus. Importantly, injection of the mutant virus into p53-deficient human cervical carcinomas grown in nude mice causes a significant reduction in tumour size and causes complete regression of 60% of the tumours [246]. Although there is a strong contradiction in the literature regarding the specificity of the virus and whether the absence of functional p53 is necessary for virus replication [247], it is clear that this virus can destroy mutant p53 bearing tumours [248,249].

p53-based gene therapy is a promising prospect and is intensively investigated by leading drug companies (Fig. 6). Understanding the characteristics of each individual mutant p53 and the regulation of wild-type

Drug	Way of action	Clinical stage	Types of cancer in clinic
Nutlin	p53-Hdm2 complex inhibitor	Pre-clinical	
RITA	p53-Hdm2 complex inhibitor	Pre-clinical	
Benzodiaz-epinedione	p53-Hdm2 complex inhibitor	Pre-clinical	
Quinolinol	p53-Hdm2 complex inhibitor	Pre-clinical	
Spiro-oxndole	p53-Hdm2 complex inhibitor	Pre-clinical	
HL198C-E	Hdm2 E3 ligase inhibitor	Pre-clinical	
Tenovin	SirT deacetylase inhibitor	Pre-clinical	
Genicicine	p53 encoding adenovirus	Approval in China	Head & Neck
Advexin	p53 encoding adenovirus	Phase I-III	Mouth, Squamous cell carcinoma, Breast, Bladder, Liver and Head & Neck
SeH-58500	p53 encoding adenovirus	Phase I-III	Brain, CNS, Fallopien tube, Ovarian and Peritoneal Cavity
CP-31398	Mutant p53 conversion and reactivation	Pre-clinical	
PRIMA-1	Mutant p53 conversion and reactivation	Pre-clinical	
Ellipticine	Mutant p53 conversion and reactivation	Pre-clinical	
WR1065	Mutant p53 conversion and reactivation	Pre-clinical	
MIRA-1	Mutant p53 conversion and reactivation	Pre-clinical	
p53R3	Mutant p53 conversion and reactivation	Pre-clinical	
CDB3	Mutant p53 conversion and reactivation	Pre-clinical	
ONYX-015	E1B deficient adenovirus	Phase I-II	Sarcomas in combination with MAP chemotherapy.

Fig. 6. Drugs that modulate p53 function via diverse mechanisms. A summary of the method of action and the clinical phase of various drugs that are being developed to modify the p53 status or drugs that are selective to mutant p53 bearing tumours.

p53 in the various cell types will facilitate a specific tailor-made gene therapy for each individual tumour.

### Conflict of interest statement

None declared.

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