



UNIVERSITY OF GOTHENBURG

# FoxF Genes in Development and Disease

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Gothenburg, Sweden

2014

ISBN 978-91-628-9029-2

**FoxF Genes in Development and Disease**

Available online at: <http://hdl.handle.net/2077/35534>

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Printed by Kompendiet AB  
Gothenburg, Sweden 2014

*To my family*



# FoxF genes in development and disease

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## Abstract

Forkhead transcription factors of the *FoxF* group are important during embryonic development, and mutation of either of the members, *Foxf1* and *Foxf2*, has fatal consequences. In this thesis, I present our recent findings about the mechanism of action of *FoxF* genes in development and disease.

Haploinsufficiency for *FOXF1* in humans causes alveolar capillary dysplasia with misalignment of pulmonary veins (ACDMPV), a rare lethal congenital disorder with incomplete penetrance. We report a new ACDMPV case and define the genomic rearrangement which consists of a pericentric inversion on chromosome 16 (p11.2q24.1), which disrupts the *FOXF1* 5'-flanking region 134 kb upstream of the first exon. We further use this information in combination with chromatin modification data from the ENCODE data set to predict the extent of the *FOXF1* regulatory domain and the critical genomic regions for ACDMPV.

Gastrointestinal cancer, which is the result of uncontrolled proliferation of intestinal stem cells, is one of the most prevalent causes of death in the West. We show that *Foxf2* regulates the number of intestinal stem cells and the proliferation rate in adult mouse intestine, with consequences for initiation and growth of intestinal tumors. *Foxf2* limits the size of the stem cell niche by activating the expression of the extracellular Wnt inhibitor *Sfrp1* in mesenchymal cells surrounding the crypts of Lieberkühn. During this work we also developed a novel method for separation of intact intestinal epithelium from mesenchyme.

Cleft palate is a common congenital malformation, associated with many genetic alterations and environmental teratogens. Loss of *Foxf2* results in cleft palate in mouse. We found that the cleft palate is the result of reduced proliferation and decreased extracellular matrix production in the neural crest-derived palatal shelf mesenchyme at a critical stage of palatal formation. The mechanistic basis appears to be a diminished *Tgf $\beta$*  signaling, and decreased expression of integrins required for activation of latent *Tgf $\beta$* .

*Keywords:* *Foxf1*, ACDMPV, *Foxf2*, Wnt signaling, Adenoma, *sFRP-1*, Intestinal stem cell niche, *Lgr5*, Intact epithelium, palatogenesis, cleft palate, *Tgf $\beta$*  signaling, LAP, Integrins, extracellular matrix.

ISBN 978-91-628-9029-2

<http://hdl.handle.net/2077/35534>

# Papers discussed

This thesis is based on the following publications, referred to by roman numerals in the text:

## **I. Inversion upstream of FOXF1 in a case of lethal alveolar capillary dysplasia with misalignment of pulmonary veins.**

Parris T, Nik AM, Kotecha S, Langston C, Helou K, Platt C, Carlsson P.  
American Journal of Medical Genetics Part A  
Volume 161, Issue 4, pages 764–770, April 2013

## **II. Separation of intact intestinal epithelium from mesenchyme.**

Nik AM, Carlsson P .  
BioTechniques, Vol. 55, No. 1, pp. 42–44, July 2013.

## **III. Foxf2 in intestinal fibroblasts reduces numbers of Lgr5(+) stem cells and adenoma formation by inhibiting Wnt signaling.**

Nik AM, Reyahi A, Pontén F, Carlsson P  
Gastroenterology. 2013 May;144(5):1001-11.

## **IV. Foxf2 enhances Tgfβ signaling in secondary palate development.**

Ali M.Nik, Jeanette Astorga-Johansson, Azadeh Reyahi, Mozhgan Ghiami, Fredrik Pontén and Peter Carlsson  
Submitted

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# Introduction

## FoxF transcription factors

The “F” group of forkhead (“Fox”) transcription factors is in mammals encoded by two genes, *FoxF1* and *FoxF2*, in humans located on chromosome 6 and 16 respectively. Evidence such as presence of a single homologue in *Drosophila*, high sequence similarity between *FoxF1* and *FoxF2*, partially overlapping expression and partially redundant function, suggest that an ancestral *FoxF* homologue was duplicated during deuterostome evolution (Carlsson and Mahlapuu, 2002). Additional support for this is derived from the observation that each *FoxF* gene is clustered with a *FoxC* gene, and the presence in *C. elegans* of what appears to be a single gene (F26B1.7) ancestral to both *FoxF* and *FoxC* groups hints at an even older duplication event.

Despite the common evolutionary origin and partial expression redundancies, *Foxf1* and *Foxf2* have important differences in their expression patterns, which make each of them indispensable for normal embryonic development and physiological homeostasis in the adult.

## Foxf1

### *Foxf1* expression

Detailed description of *Foxf1* expression during mouse embryonic development has been described elsewhere (Kalinichenko et al., 2003; Mahlapuu et al., 2001b; Mahlapuu et al., 1998; Peterson et al., 1997). In early embryonic development, *Foxf1* is expressed in the extra-embryonic and lateral plate mesoderm. Later on, during organogenesis, the expression of *Foxf1* becomes restricted to the splanchnic mesoderm, which provides the mesenchymal cells of the intestinal tract and gut derivatives, such as lungs and liver, but is also turned on in the sclerotomes of the developing axial skeleton, and in the neural crest mesenchyme of the branchial arches and derived craniofacial structures (Jeong et al., 2004)

In the adult mouse, *Foxf1* continues to be expressed in the mesodermal tissue of the gastrointestinal tract and gut-derived organs. *Foxf1* expression in the central nervous system (CNS) has been detected in pituitary gland, outer nuclear layer of the retina and a population of cerebral astrocytes as well as meningeal cells and pericytes of the brain blood vessels (Kalinichenko et al., 2003).

Expression studies in human, suggest that, in both embryonic and adult stages, the lung expresses the highest level of *FOXF1* mRNA (Pierrou et al., 1994).

### Murine *Foxf1* mutant phenotype

Inactivation of *Foxf1* in mouse is embryonically lethal. *Foxf1* null mutants die at mid-gestation due to multiple abnormalities such as defective coelom formation and amniotic expansion. The immediate reason for resorption of mutant embryos, however, is ischaemia due to lack of vasculogenesis in extra-embryonic structures and failed placentation (Astorga and Carlsson, 2007; Mahlapuu et al., 2001b).

*Foxf1* heterozygous mouse pups suffer from abnormal development of foregut and mid-gut derived organs such as lungs, trachea, esophagus and gallbladder (Kalinichenko et al., 2001; Kalinichenko et al., 2002; Mahlapuu et al., 2001a). Interestingly, the penetrance and expressivity of developmental defects associated with *Foxf1* haploinsufficiency differ among mouse strains. For example, in CD1 lethality of *Foxf1* heterozygotes is over 90%, whereas a clear majority of *Foxf1*<sup>-/+</sup> on C57Bl/6 background survives.

### **Human *FOXF1* mutant phenotype**

Alveolar capillary dysplasia with misalignment of pulmonary veins (ACDMPV) is a life threatening congenital disorder, which often appears together with developmental anomalies in gastrointestinal tract, cardiovascular and genitourinary systems (Langston, 1991; Sen et al., 2004). Clinically, ACDMPV is characterized by severe pulmonary hypertension, which does not respond to treatment. Histopathological findings of the post mortem autopsies show failure of the alveolar capillaries to make intimate contact with the respiratory epithelium as well as thickening of intraacinar arterioles and abnormal arrangement of the pulmonary veins.

Genetic studies of affected individuals linked ACDMPV to deletions in the region between q24.1-q24.2 in chromosome 16, which contains a small cluster of genes encoding three forkhead transcription factors: *FOXF1*, *FOXC2* and *FOXL1*. Three observations made it possible to conclusively link ACDMPV to loss-of-function of *FOXF1*: the lung malformations in murine *Foxf1* mutants; the identification of ACDMPV cases with point mutations in the coding region of *FOXF1*, rather than deletions; and the absence of ACDMPV in a child that exhibited other parts of the syndrome and with a deletion that affected *FOXC2* and *FOXL1*, but not *FOXF1* (Stankiewicz et al., 2009).

### **Paper I**

We reported a case of lethal ACDMPV with alveolar septal defect and duodenal atresia, and showed that a pericentric inversion on chromosome 16 (p11.2q24.1) disrupts the *FOXF1* 5'-flanking region 134 kb upstream of the first exon. We further used this information in combination with chromatin modification data from the ENCODE data set to predict the extent of the *FOXF1* regulatory domain and the critical genomic regions for ACDMPV. Our analysis suggests that cis-regulatory elements of *FOXF1* are distributed over more than 300 kb, and perhaps as much as 433 kb, upstream of the gene. This report, further strengthens the link between *FOXF1* and ACDMPV, and aids molecular diagnostics by defining the critical genomic region for ACDMPV.

## **Foxf2**

### ***Foxf2* expression**

Expression of *Foxf2* during mouse embryonic development has been investigated with mRNA *in situ* hybridization (Aitola et al., 2000), which has provided a detailed view of the expressing tissues, but the lack of specific antibodies against the Foxf2 protein has hampered identification of the *Foxf2* expressing cell types.

From gastrulation stage embryos, *Foxf2* mRNA is detected in the posterior primitive streak, lateral plate mesoderm, and in mesodermal derivatives of the extra-embryonic tissues. At embryonic day E9.5, expression of *Foxf2* emerges in mesenchyme adjacent to oropharynx and stomodeum, as well as around Rathke's pouch, which will later form the pituitary gland. *Foxf2* is also expressed in the neural crest, and in neural crest-derived tissues and cells, such as palatal shelf mesenchyme and brain pericytes. In the embryonic gastrointestinal tube *Foxf2* mRNA forms an anteroposterior gradient with lowest levels in the stomach and proximal parts of the small intestine, and the highest in the colon. A radial gradient is also formed, with highest concentration closest to the epithelium (Aitola et al., 2000), which is consistent with activation of *Foxf2* expression by Hedgehog ligands secreted by the epithelium (Ormestad et al., 2006).

*Foxf2* is also expressed in several other tissues, such as the sclerotomes, the leading edge of the condensed mesenchyme of the growing ribs, the pre-skeletal condensations in the limb buds, the genital tubercle, and in the periocular mesenchyme (Ormestad et al., 2004).

### **Murine *Foxf2* mutant phenotype**

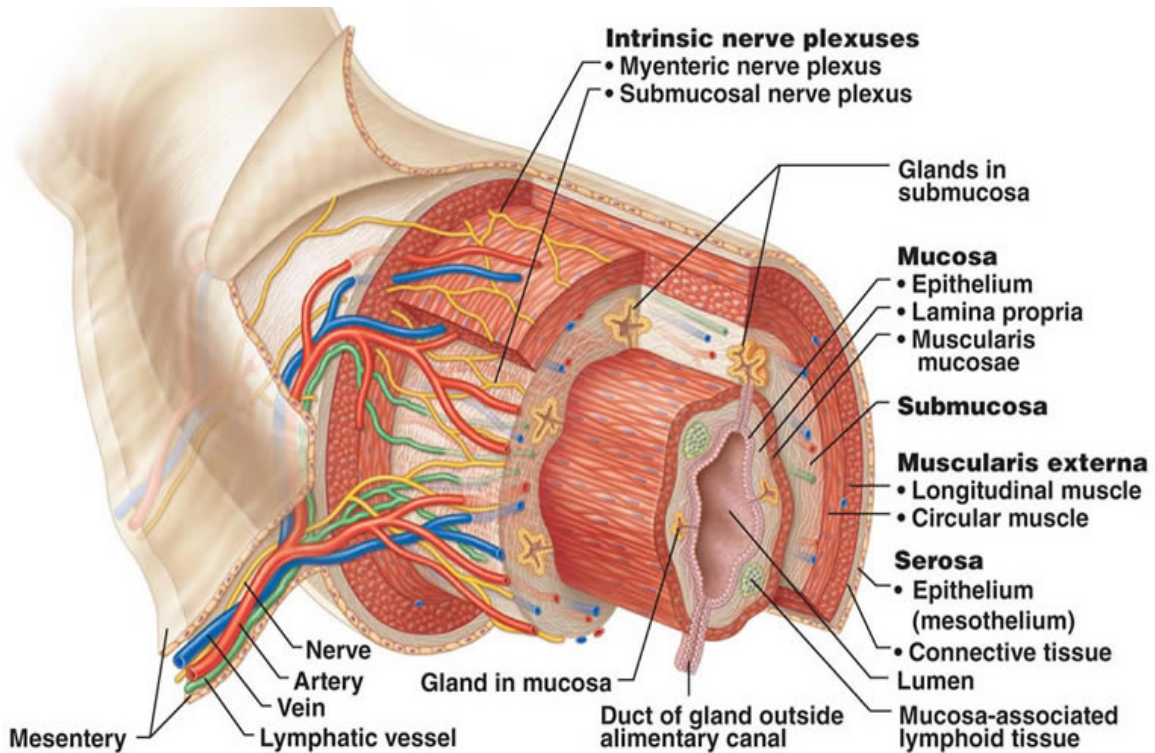
Murine *Foxf2* null mutants are born with several severe malformations, and although most have incomplete penetrance, no *Foxf2* mutant pup survives birth with more than a few hours. Cleft palate (Wang et al., 2003); anal atresia; hyperproliferative, disintegrating intestinal epithelium; and megacolon (Ormestad et al., 2006) are examples of published *Foxf2* null phenotypes. Recently, we discovered that Foxf2 deficiency gives rise to microvessel aneurysms, and a leaky blood-brain barrier (manuscript submitted).

## **Foxf2 in intestinal homeostasis and neoplasia**

### **Anatomy of the small intestine**

Despite its name, the small intestine constitutes the largest part of the mouse gastrointestinal tract, and connects the stomach to the cecum and large intestine. The intestinal wall is made up of four layers: the mucosa, which consists of a single columnar epithelial layer and an underlying loose connective tissue called lamina propria; the submucosa, which consists of dense connective tissue; the bi-layered muscularis externa, made up by smooth muscle cells; and the outer, thin mesothelial layer called serosa (Fig 1).

The epithelium lining the lumen of the intestine accomplishes the essential task of absorbing the nutrients from the food. In order to increase the contact surface between the chyme and the intestine, the mucosa form finger-like protrusions into the lumen, called villi. Between the villi, the epithelium invaginates deep in to the lamina propria and form pear-shaped structures called crypts of Lieberkühn. A villus and its associated crypt form the functional unit of the intestine (Fig 2).

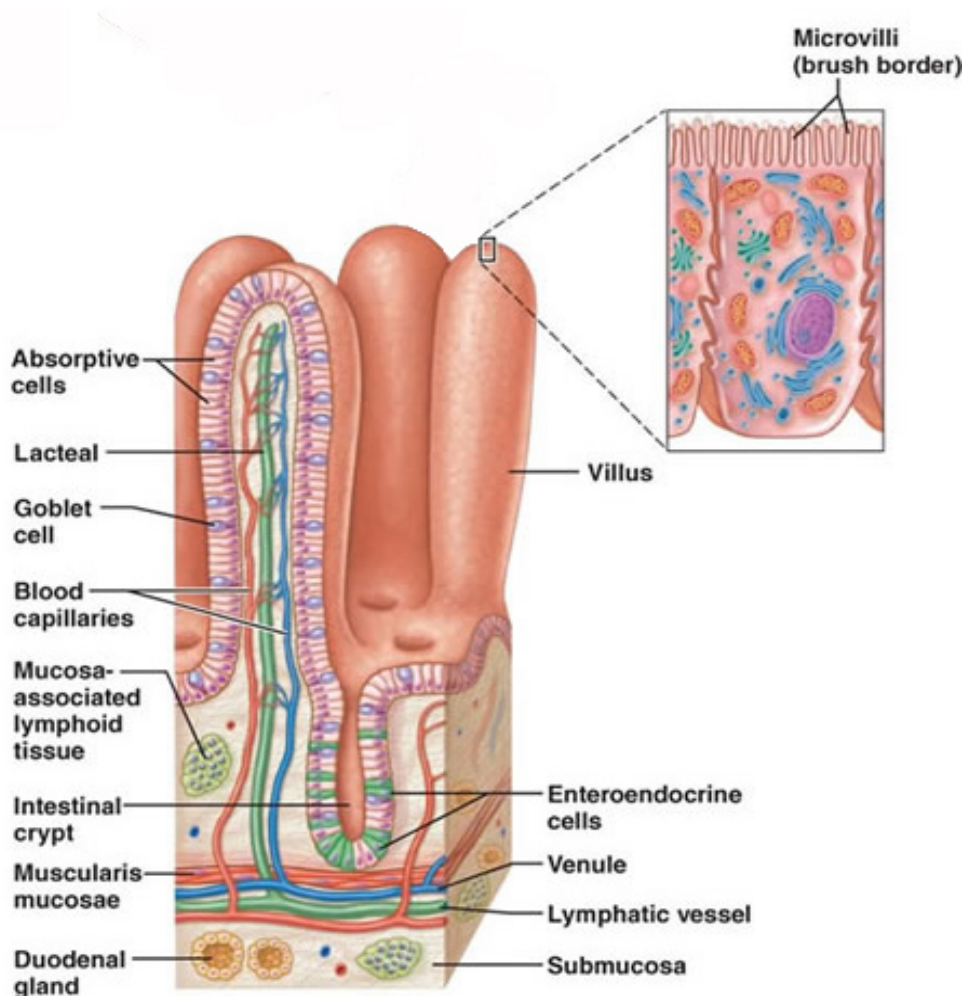


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Fig. 1 Schematic view of small intestine. The small intestine consists of four distinct layers: mucosa (epithelium + lamina propria), submucosa, muscle layers (inner circular and outer longitudinal layer) and serosa.

### Villus and crypt homeostasis

The mesenchymal core of the villus consists of blood capillaries, lacteals (lymph capillaries) and fibroblasts, all embedded in a complex extracellular matrix. The simple columnar epithelium, which completely covers the villus mesenchyme, consists of postmitotic and terminally differentiated cells, such as absorptive enterocytes, mucin releasing goblet cells, hormone producing enteroendocrine cells, and sensory tuft cells. The crypt hosts the epithelial stem cells, undifferentiated transiently proliferative cells and Paneth cells (van der Flier et al., 2009a).



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Fig. 2 Schematic illustration of an intestinal villus and its associated crypt of Lieberkühn. The mesenchymal core of the villus is covered by a single layer of epithelial cells consisting of different cell types all of which are derived from intestinal stem cells, which reside in the crypt of Lieberkühn.

The process of epithelial self-renewal was described already in the middle of the previous century (Stevens and Leblond, 1947), but the mechanistic basis began to be understood during the last decades (Morrison and Spradling, 2008; Radtke and Clevers, 2005). The epithelial cells are constantly produced in the crypts, where the epithelial stem cells reside. The stem cell niche is the restricted microenvironment that supports survival and division of a stem cell (Morrison and Spradling, 2008). Duplication of intestinal stem cells results in identical daughter cells, but the limitations of the stem cell niche will maintain a constant number of stem cells, whereas the redundant cells become transiently proliferative cells, which keep dividing as they migrate up the crypt. At the crypt–villus boundary they exit the cell cycle and initiate differentiation to one of the terminally differentiated epithelial cell types. Migration continues all the way to the tip of the villus, where the cells eventually undergo apoptosis and are shed into the intestinal lumen. The exception being the Paneth cells, which instead descend to the base of the crypt where they survive for an average of three weeks (Troughton and Trier, 1969).

Search for specific intestinal stem cell markers has led to identification of two distinct types of stem cells: long-term, normally quiescent, stem cells characterized by expression of Bmi1, which are activated only in response to tissue damage (Reinisch et al., 2006; van der Flier et al., 2009b), and the rapidly dividing Lgr5+ cells responsible for everyday epithelial renewal (Barker et al., 2007).

### **Regulation of the intestinal stem cells**

As pluripotent and rapidly dividing cells, stem cells must be strictly regulated. Alteration or deregulation of such a control could lead to physiological changes such as senescence and pathological problems such as neoplasia and cancer.

Since gastrointestinal cancers are common malignancies, intestinal stem cells and the mechanisms controlling their homeostasis and physiology have been under intensive investigation. A tribute to the level of the current understanding of the molecular mechanisms underlying maintenance of the crypt stem cell niche is the recent success with *in vitro* culture of crypt organoids, and regeneration of complex organoid structures from single stem cells (Sato and Clevers, 2013). However, the analysis of the intestinal stem cells and their niche requirements have focused heavily on the epithelial cells – as stem cells and as niche factors. The crucial role of the surrounding mesenchyme/fibroblasts for shaping the paracrine gradients that define the stem cell niche is less well understood. Several signaling pathways are known to be part of the epithelial–mesenchymal cross talk along the crypt–villus axis and to influence the intestinal stem cell niche. Below, I will briefly describe four of these.

### **Hedgehog**

For a detailed review of Hedgehog (Hh) signaling, please refer to Varjosalo and Taipale (Varjosalo and Taipale, 2008). Briefly, binding of the Hh ligand (Sonic [Shh], Indian [Ihh], or Desert [Dhh] Hh) to the membrane bound receptor, Patched (Ptch1), leads to de-repression of the signaling component of the membrane receptor, Smoothed (Smo), and stabilization of the zinc finger transcription factors Gli, which in turn activates the transcription of specific target genes. The Hh pathway is not only important in embryonic development, but also has an essential role for stem cell maintenance and associated diseases in several organs (Beachy et al., 2004). For reviews of the Hh pathway in development and disease, see (Briscoe and Therond, 2013; Jiang and Hui, 2008).

In the gut, Hh ligands (Shh and Ihh) are secreted exclusively from the epithelium and acts in a paracrine fashion on Ptch1/Smo in the mesenchyme. In the embryonic colon, Ihh is expressed equally throughout the epithelium, whereas Shh mRNA is detected only in the crypt epithelium. In the small intestine, the expression of both ligands is concentrated at the base of the villi (Ramalho-Santos et al., 2000).

Perturbation in Hh signaling in the intestine leads to abnormal development in both epithelial and mesenchymal compartments, which illustrates the entangled nature of their reciprocal cross-talk (Kolterud et al., 2009; Madison et al., 2005). The model is complicated further by the profound differences in phenotype between *Shh* and *Ihh* mutants. Murine null mutants of *Shh* and *Ihh* exhibit mirrored phenotypes in the intestinal epithelium. While *Shh*<sup>-/-</sup> have proliferation deficiencies and depletion of the progenitor cells, *Ihh*<sup>-/-</sup> shows overgrowth of the duodenal villi (Madison et al., 2005; Ramalho-Santos et al., 2000).

The effects on the epithelium is believed to be, at least in part, a consequence of inhibition of Wnt signaling, triggered by paracrine Hh and originating from the underlying

mesenchyme (Kolterud et al., 2009). Hh was shown to antagonize the activity of Wnt signaling in colon cancer cell lines in an autocrine manner, mediated by the Hh effector Gli1. Since Wnt is an essential stem cell factor and promotes survival and proliferation in the epithelium, the net effect of Hh signaling on intestinal homeostasis is to limit the size of the intestinal stem cell niche (van den Brink et al., 2004). *Foxf2* is a mesenchymal target of epithelial Hh (Ormestad et al., 2006). How activation of *Foxf2* leads to paracrine inhibition of Wnt signaling is the focus of Paper III (see below).

### **Notch**

Ligands of Notch (Delta-like and Jagged) are membrane bound and require cell-to-cell contact to bind their receptors. Ligand binding induces proteolytic release of the intracellular domain of Notch, which translocates to the nucleus and activates transcription of target genes. Mechanistic details of Notch signaling pathway and its regulation are discussed in recent reviews (Andersson et al., 2011; Fortini, 2009; Guruharsha et al., 2012).

Notch signaling is highly conserved among metazoans (Artavanis-Tsakonas et al., 1999), but the role in intestinal development appears to be different in mammals and insects. Abrogation of Notch signaling in the mouse intestine depletes the stem cell population, whereas in the fruit fly it increases the number of stem cell-like cells (Fre et al., 2011). A likely explanation for this discrepancy is the fundamental structural differences between the vertebrate and arthropod intestine (Fre et al., 2011).

In the intestinal crypt, Notch is an essential stem cell niche factor. In its absence, Lgr5+ cells cease to proliferate and undergo apoptosis (VanDussen et al., 2012). The stimulatory effect of Notch on proliferation of crypt cells is Wnt dependent (Fre et al., 2009). Notch also has a role in the cell fate determination of epithelial cells, and promotes differentiation into the absorptive, rather than secretory, cell lineage (Fre et al., 2005; Gerbe et al., 2011; Jensen et al., 2000; Pellegrinet et al., 2011).

Notch signaling components are expressed in the crypt proliferative region. Lineage tracing and enrichment of Notch1 in the crypt base columnar (Lgr5+) cells argues for active Notch signaling in the stem cells (Pellegrinet et al., 2011; van der Flier et al., 2009b). Paneth cells, which surround the Lgr5+ cells, seem to be the major source of Notch ligands in the crypt (Sato et al., 2011). Successful *in vitro* culture of crypt organoids, using the Lgr5+ cells mixed with Paneth cells, suggests that Notch ligand-expressing Paneth cells are essential constituents of the stem cell niche (Sato et al., 2011). It has been shown that the expression of the stem cell marker, *Olmf4* is directly dependent on Notch signaling (VanDussen et al., 2012).

### **Bmp**

Paracrine signaling by Bmp:s rely on binding of the ligand to the membrane-bound Type-2 receptor, which in turn recruits the Type-1 receptor. The receptor complex phosphorylates the cytoplasmic signaling molecules Smad1, Smad5, or Smad8, which heterodimerize with the common Tgfb/Bmp signal transducer Smad4. The heteromeric complex translocates into the nucleus, and with the help of other transcription factors initiate transcription of target genes (Derynck and Zhang, 2003; Massague, 2000; Miyazono et al., 2000; Shi and Massague, 2003).

Expression of Bmp signaling components in the intestine has been studied in detail (Batts et al., 2006; Haramis et al., 2004; He et al., 2004). Briefly, Bmp2 is present in the villus tip epithelium, whereas Bmp4 is expressed in the mesenchymal compartment of

the intestine. In the developing embryonic intestine, *Bmp4* is expressed in the mesenchyme of the villus tip (Karlsson et al., 2000). The Bmp receptor *Bmpr1* is found, at a very low level, in the intestinal stroma and at high level in the epithelium. *Bmpr1* has the highest expression in the *Bmi1*-expressing quiescent stem cells and also in the villus tip epithelium. Unlike the Bmp ligands and receptors, which are expressed both in the epithelium and mesenchyme, Bmp antagonists mainly originate from the mesenchyme (Hardwick et al., 2008; Kosinski et al., 2007; Li et al., 2007).

Unlike Notch and Wnt signaling, Bmp signaling generally restricts the stem cell niche and prevents the stem cell self-renewal. Inhibition of Bmp signaling in the intestine by transgenic expression of the Bmp antagonist noggin, leads to *de novo* ectopic crypt formation in the flank of the villus (Haramis et al., 2004). The inhibitory effect of Bmp signaling on the stem cell self-renewal is exerted through inhibition of the Wnt pathway (He et al., 2004). A reflection of this is the requirement for addition of high concentrations of noggin to the growth media in order to grow crypt organoids *in vitro*.

### **Wnt**

The Wnt signaling pathway is the master regulator of intestinal epithelial homeostasis (Korinek et al., 1998; Pinto and Clevers, 2005; Scoville et al., 2008). Activation of the Wnt pathway in the intestinal crypt is the main driving force for stem cell renewal, as well as for proliferation of the transiently proliferative cells of the crypt. Blocking the Wnt pathway in the embryonic and adult intestine through overexpression of the Wnt antagonist, *Dkk1*, or removal of the Wnt transducers *Tcf4* or  $\beta$ -catenin, leads to a dramatic loss of proliferative cells (Fevr et al., 2007; Ireland et al., 2004; Korinek et al., 1998; Kuhnert et al., 2004; Pinto et al., 2003). In contrast, over-activation of the Wnt pathway leads to expansion of stem cells (Gat et al., 1998; Kim et al., 2005). Many of the regulatory effects of other signaling pathways on stem cell regulation are exerted through modulation of Wnt signaling (Fre et al., 2009; He et al., 2004). The fact that intestinal stem cell markers such as *Lgr5*, *Msi1* and *CD44* are direct Wnt targets suggests that the crypt stem cell fate is directly dependent on Wnt signaling (Barker et al., 2007; Hou et al., 2011; Rezza et al., 2010).

Below, I will generally describe the canonical Wnt pathway and discuss its importance for adenoma/cancer formation. For detailed accounts of these subjects, refer to the following reviews: (Clevers and Nusse, 2012; Valkenburg et al., 2011).

The canonical Wnt pathway leads to activation of transcription of Wnt target genes by a protein complex, which forms after binding of  $\beta$ -catenin to transcription factors of the *Tcf/Lef* family in the cell nucleus. Upon activation of Wnt signaling,  $\beta$ -catenin enters the nucleus and replaces the transcriptional inhibitor Groucho, which is associated with *Tcf/Lef* in the absence of  $\beta$ -catenin. The *Tcf*/ $\beta$ -catenin complex recruits additional proteins, such as transcriptional co-activators and histone modifiers (Cavallo et al., 1998; Roose et al., 1998). Thus the amount of  $\beta$ -catenin in the nucleus is a limiting factor for Wnt signaling.

In the absence of Wnt ligand, cytoplasmic  $\beta$ -catenin is phosphorylated by *Gsk3* in the cytoplasmic destruction complex. The phosphorylated  $\beta$ -catenin becomes ubiquitinated by  $\beta$ TrCP and degraded inside proteasomes (Fig 3A). The Wnt destruction complex consists of proteins such as Adenoma polyposis coli (*Apc*), *Gsk3*, *Ck1*, *Axin*, *Dvl*. Upon interaction of Wnt ligands with the heterodimeric Wnt receptor complex (*Frizzled* & *LRP5/6*), and phosphorylation of *LRP5/6*, the  $\beta$ -catenin destruction complex binds to the LRP and *Gsk3* is released from the destruction complex. Inactivation of the destruc-



tion complex leads to accumulation of  $\beta$ -catenin in the cytoplasm and its translocation to the nucleus where  $\beta$ -catenin associates with Tcf and drives the transcription of Wnt target genes.

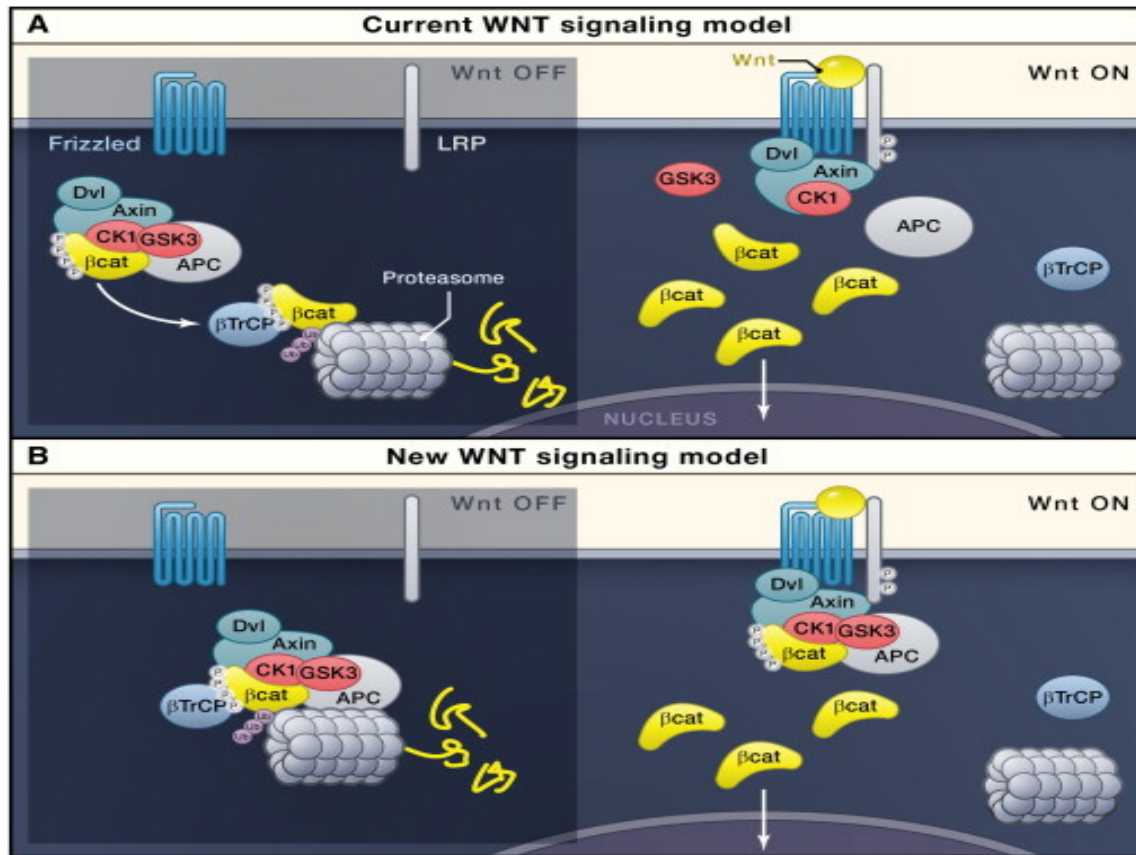


Fig. 3  $\beta$ -catenin kinetics in the presence and absence of active Wnt ligand: A) The current model of Wnt signaling. In the absence of Wnt ligands the  $\beta$ -catenin is phosphorylated by the destruction complex and subsequently ubiquitinated by  $\beta$ -TrCP in the cytoplasm and degraded by the proteasome. Upon Wnt ligand binding to the receptor, the destruction complex disassembles and  $\beta$ -catenin is stabilized. B) The new model of Wnt signaling suggested by Li et al., 2012. Both phosphorylation and the ubiquitination of the  $\beta$ -catenin is accomplished by the destruction complex in the absence of Wnt ligands. Upon Wnt ligand binding,  $\beta$ -TrCP is excluded from the complex. The destruction complex can still capture and phosphorylate  $\beta$ -catenin, but ubiquitination is impaired. The newly synthesized  $\beta$ -catenin accumulates. The figure is adopted from (Clevers and Nusse, 2012).

Based on new studies, Li et al proposed a different model of action for the  $\beta$ -catenin destruction complex in which the  $\beta$ -TrCP, which ubiquitinates the phosphorylated  $\beta$ -catenin, is a part of the destruction complex. Upon binding to LRP, the destruction complex can still phosphorylate the  $\beta$ -catenin, but ubiquitination by  $\beta$ -TrCP is blocked. The phosphorylated  $\beta$ -catenin then accumulates and translocates to the nucleus (Clevers and Nusse, 2012; Li et al., 2012). Fig 3 summarizes the traditional and the newly proposed Wnt activation mechanisms.

Canonical Wnt signaling is regulated at various levels and through different mechanisms, many of which involve Wnt inhibitors. At the ligand-receptor level, Wnt signaling is inhibited by small, secreted inhibitory proteins such as Dickkopf (Dkk1), WISE/SOST, Frizzled related proteins (Sfrps), Kremen, and Wnt inhibitory protein (Wif). Another type of Wnt inhibitor is the membrane bound glycoprotein APCDD1, which interacts both with Wnt ligands and the LRP co-receptor (Shimomura et al., 2010).

WISE/SOST and Dkk1 antagonize Wnt through binding Wnt co-receptors, LRP5/6. Dkk1 disrupts the formation of the heterodimeric receptor complex, Fz-LRP6. The antagonistic effect of Wif and Sfrp is through binding the Wnt ligands and making them unavailable for the receptors (Bovolenta et al., 2008; Ellwanger et al., 2008; Glinka et al., 1998; Semenov et al., 2005; Semenov et al., 2008). Trafficking of  $\beta$ -catenin to the nucleus is another event that is actively regulated by diverse mechanisms. For instance, the PI3K pathway is necessary for nuclear entry of  $\beta$ -catenin (Wu et al., 2008).

Most of the Wnt signaling pathway components are expressed in the epithelium (Gregorieff et al., 2005), but although the mechanisms are less well-understood, indirect evidence indicate an important role for the surrounding mesenchyme in modulating the Wnt pathway. One example of a mesenchymal transcription factor that influences epithelial Wnt signaling is Foxl1. *Foxl1* null mutants have increased formation of intestinal adenomas and exhibit an elevated activity of the Wnt pathway. Although the mechanism is not fully understood, control of deposition of heparan sulfate proteoglycans in the extracellular matrix has been proposed to be controlled by Foxl1 and to affect the efficiency of Wnt signaling (Perreault et al., 2001; Perreault et al., 2005).

Wnt ligands can trigger several alternative signaling events in the target cells that do not depend on  $\beta$ -catenin as transcriptional activator. These are collectively referred to as non-canonical pathways. Indirectly, the canonical pathway interacts with other signaling pathways. For example, Wnt shares Gsk3 with the mTOR pathway. Upon the activation of Wnt and disassembly of the  $\beta$ -catenin destruction complex, released Gsk3 phosphorylates the mTOR inhibitor Tsc2, which in turn leads to activation of mTOR and promotes proliferation.

### **Stem cells and colorectal neoplasia.**

Tight regulation of Wnt signaling is absolutely essential in the intestinal stem cell niche, and deregulation of Wnt signaling is the most frequent cause of gastrointestinal tract neoplasia.

In which cells do mutations affecting Wnt signaling lead to adenocarcinoma development? Under normal conditions, the canonical Wnt pathway is active in the crypt stem cells and the transiently proliferative cells of the crypt. Barker et al showed that inactivation of *Apc*, encoding an essential component of the destruction complex and the most commonly mutated gene in human colorectal cancer, in Lgr5+ cells immediately caused widespread transformation, whereas the same mutation in transiently proliferative cells, or in the differentiated cells, did not lead to transformation, even after one month (Barker et al., 2009). Additional support for the notion that stem cells are the direct targets of Wnt mutations in intestinal cancer comes from a study in which deletion of a stem cell marker, Cd44 in *Apc<sup>Min/+</sup>* mice (*i.e.* *Apc* heterozygotes with high spontaneous rate of adenoma formation due to loss of heterozygosity) resulted in a dramatic reduction of adenoma formation (Zeilstra et al., 2008). A prediction from this model is that the probability of initiation of an adenocarcinoma is proportional to the number of stem cells and the frequency of their division. From this follows that genetic perturbations

that modulates the size of the stem cell niche, and/or stem cell proliferation, are likely to affect the risk of developing intestinal neoplasias. This prediction is addressed in Paper III.

## **Paper II**

In order to answer questions about the origin of expression of different genes in the intestine, I developed a method for separation of intact epithelium from the mesodermally derived (non-epithelial) tissues of mouse small intestine and colon. Contrary to previously available protocols, our method uses neither enzymes, nor harsh physical treatments, or chelating agents. Other advantages are purity, speed (the whole procedure takes half an hour), and that the tissue is kept on ice during the whole procedure. Taken together, this translates into pure preparations with very little cross contamination, and excellent viability.

## **Paper III**

In this paper, we investigated the effect of modest alterations in expression level of the mesenchymal transcription factor *Foxf2* on adenoma formation in the *Apc<sup>Min/+</sup>* strain, and on the intestinal stem cell niche.

We showed that *Foxf2* is localized to nuclei of a subset of sub-epithelial myofibroblasts in the mesenchymal compartment of the intestine. *Foxf2* expression is higher in the villus than around the crypt base, consistent with activation of mesenchymal *Foxf2* by epithelial Hh signaling.

Heterozygosity for *Foxf2* resulted in enhanced activity of the canonical Wnt pathway in the epithelium, an increase in the number of *Lgr5+* cells in the crypts, elevated proliferation of crypt cells, and to formation of more and larger adenomas on *Apc<sup>Min/+</sup>* background. Interestingly, a moderate overexpression of *FoxF2*, by means of an extra copy of human *FOXF2* driven by its endogenous promoter, produced a phenotype that was a mirror image of the heterozygosity; smaller and fewer adenomas, fewer stem cells, less proliferation and less expression of a key Wnt target gene, c-Myc. Thus, a negative correlation exists between *Foxf2* gene dosage/expression level and the size of the crypt stem cell niche. Based on expression analysis of candidate genes, we conclude that a major part of the paracrine mechanism through which *Foxf2* in mesenchymal cells inhibits Wnt signaling in epithelial consists of increased expression of *Sfrp1*, encoding an extracellular Wnt inhibitor.

## Palatogenesis

The secondary palate forms the roof of the oral cavity, and separates it from the nasal cavity. Palatogenesis is a complex developmental process, which in mouse occurs between embryonic day 11.5 and 15.5. The palatal shelf mesenchyme, which differentiates into cartilage and connective tissue, originates from cranial neural crest, whereas the epithelia that cover the upper and lower palatal surfaces are continuous with those of the nasal and oral cavities, respectively (Ito et al., 2003).

The process and the molecular mechanism of murine palatogenesis have been reviewed previously (Bush and Jiang, 2012). At E11.5, neural crest derived cells from the maxillary processes begin to form ridges along the anteroposterior axis. These ridges continue to grow vertically, down the sides of the tongue, forming the palatal shelves. The expansion is driven in roughly equal parts by proliferation, and by accumulation of extracellular matrix (ECM) produced by the mesenchyme. The ECM mainly consists of glycosaminoglycans (GAG), collagens and fibronectin. GAGs in the ECM are hygroscopic, which contributes to the increase in volume. Since GAG deposition is slightly asymmetric, the swelling elevates the palatal shelves to a horizontal position, above the tongue. Continued horizontal growth, brings the two palatal shelves together at the midline, where they fuse. In C57Bl/6 palatal fusion is completed by E15.5 (Fig. 4).

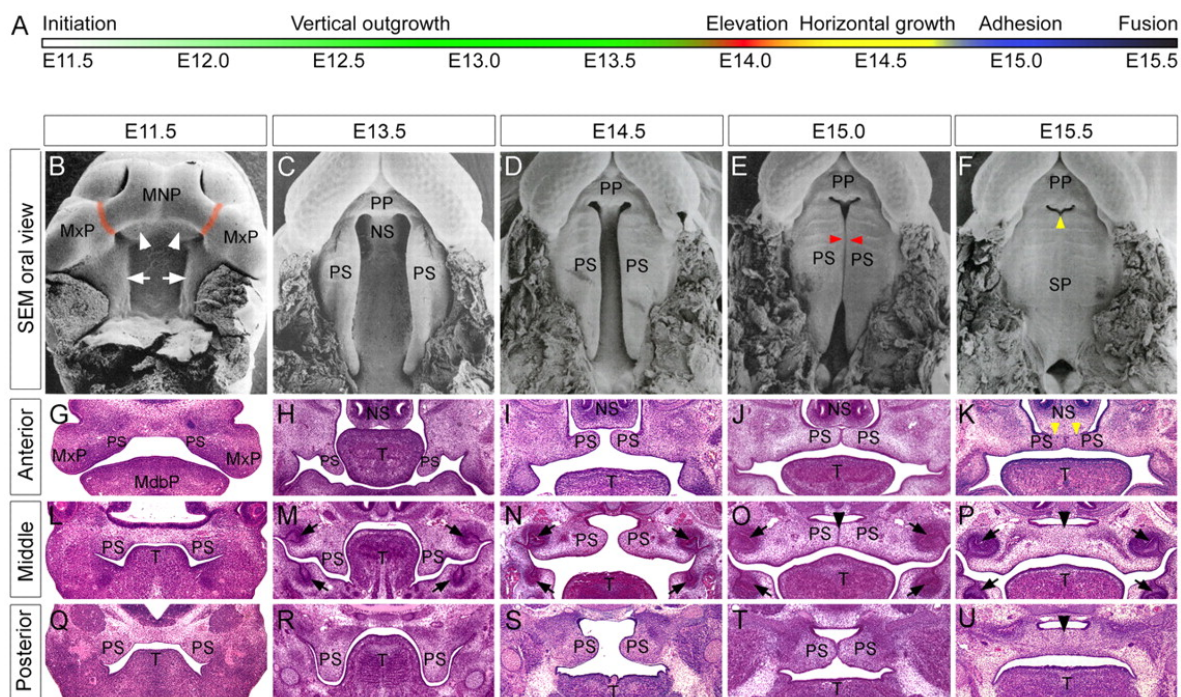


Fig. 4 Palatogenesis in the mouse embryo. (A) Time course of secondary palate development. (B-F) Scanning electron micrographs showing ventral views of the secondary palate at representative developmental stages. (G-U) Histological frontal sections from anterior, middle and posterior regions of the developing palate at indicated stages. Image adopted from (Bush and Jiang, 2012).

## Cleft palate

Palatogenesis is thus a multistep developmental process, which involves proliferation, migration, ECM deposition and differentiation. Cleft palate (CP) results when one of these events fails. The sensitivity of palatogenesis to genetic and teratogenic disturbances is illustrated by the high incidence of CP; in humans around one in a thousand newborns. CP is listed as part of about 300 syndromes, but it also occurs isolated.

In humans, CP can usually be corrected surgically, but in rodents, which are obligatory nose breathers, it is fatal at birth due to its interference with breathing and suckling. Reverse genetics in mouse has identified a large number of proteins, from transcription factors to signaling molecules and ECM components, as essential for normal palatogenesis. In addition to genetic defects, environmental factors such as smoking, dioxin, and viruses have been shown to cause CP in humans. Among the many signaling pathways involved in palatogenesis, I will focus on Tgf $\beta$  and integrin signaling, which are relevant to Paper IV.

### **Tgf $\beta$ signaling in palatogenesis**

Secreted Tgf $\beta$ s are held in a latent complex, which consist of the mature Tgf $\beta$  ligand, latent Tgf $\beta$  binding protein (LTBP) and processed Tgf $\beta$  propeptide (latency associated protein, LAP)(Saharinen et al., 1996). Covalent bonds between the LTBP and components of the ECM incorporate the Tgf $\beta$  large latent complex (LLC) into the ECM (Taipale et al., 1996). An important level of control of Tgf $\beta$  signaling is therefore mobilization of the active form of the Tgf $\beta$  ligand in the extracellular space. Releasing of the active Tgf $\beta$  ligand, involves detachment of the LLC from the ECM and also removal of the latency associated peptide from the 25kD active ligand dimer.

Liberating the LLC from the ECM could be done either through degradation of the ECM microfibrils or by enzymatic cleavage of the LTBP. These processes are mediated by a wide range of proteases including mast cell chymase, plasmin and thrombin and matrix metalloproteinases (Annes et al., 2003; ten Dijke and Arthur, 2007).

Another essential step in liberating the mature Tgf $\beta$  ligand is to eliminate the LAP. The ECM protein thrombospondin-1 (THBS1) is a major activator of Tgf $\beta$ 1 (Crawford et al., 1998). Conformational changes in the LAP upon binding to the THBS1, prevents the LAP from conferring latency on Tgf $\beta$  (Murphy-Ullrich and Poczatek, 2000).

Integrins are another important mediator of Tgf $\beta$  activation and fibronectin plays an important role in the activation process as ligand for the relevant integrins. The LAPs of Tgf $\beta$ 1 and Tgf $\beta$ 3 contain an integrin binding RGD sequence, whereas that of Tgf $\beta$ 2 does not. Experimental data indicate that in the absence of integrin  $\alpha$ v $\beta$ 1, activation of latent Tgf $\beta$  is inefficient (Fontana et al., 2005). Integrins  $\alpha$ v $\beta$ 6 and  $\alpha$ v $\beta$ 8 directly interact with LAP's RGD sequences and activate the respective Tgf $\beta$  (Munger et al., 1999; Sheppard, 2005). Integrins are so important for activation of Tgf $\beta$ 1 that transgenic mice harboring a non-functional RGD in its Tgf $\beta$ 1 phenocopy the Tgf $\beta$ 1 null mutant (Yang et al., 2007). Furthermore, mice with mutated  $\alpha$ v or  $\beta$ 8 integrins, exhibit similar phenotypes as Tgf $\beta$ 1 and Tgf $\beta$ 3 mutants (Bader et al., 1998; Zhu et al., 2002). The exact mechanism of activation is yet unknown, but conformational changes in the LAP and liberation or exposure of the Tgf $\beta$  after interaction with integrins have been suggested (ten Dijke and Arthur, 2007).

After being released from the ECM and elimination of the LAP, the active form of the Tgf $\beta$  ligand binds to the trans-membrane threonine/serine kinase receptor heteromeric complexes of Tgf $\beta$  receptors I and II (Cheifetz et al., 1987; Wrana et al., 1992). Tgf $\beta$  receptors III, also known as betaglycan, plays an important role in this process as co-receptor. It is not a signaling protein, but a large, membrane anchored proteoglycan that efficiently binds extracellular Tgf $\beta$ . Its role in the receptor activation process is not fully understood, but it is believed to act as reservoir of ligand and to facilitate binding by Tgf $\beta$ RII. Upon binding of ligand to the receptor complex, Tgf $\beta$ RI is phosphorylated by Tgf $\beta$ RII. This phosphorylation attracts the Smad2/3 signal transducer to the complex.

Smad2/3 is phosphorylated by the receptor, binds Smad4, translocates to the nucleus and activates the transcription of Tgf $\beta$  target genes (Shi and Massague, 2003).

Tgf $\beta$  signaling is essential for several steps in secondary palate development. Mutation of the genes encoding the ligands: Tgf $\beta$ 1, Tgf $\beta$ 2, Tgf $\beta$ 3; receptors: Tgf $\beta$ rI (Alk5), Tgf $\beta$ rII, Tgf $\beta$ rIII; and signal transducer, Smad2, leads to defects in palatal formation, or fusion, in mice (Dudas et al., 2006; Ito et al., 2003; Kaartinen et al., 1995; Sanford et al., 1997; Shiomi et al., 2006). Tgf $\beta$  can also act through alternative, non-canonical pathways, which do not depend on Tgf $\beta$ rII /Smad2/3. Iwata *et al* showed that canonical and non-canonical Tgf $\beta$  signaling are antagonistic in palatogenesis, and that abrogation of the non-canonical pathway can rescue cleft palate in *Tgfb $\beta$ rII* mutant animals (Iwata et al., 2012).

### **Tgfb mutant palate phenotype**

Of the Tgf $\beta$  ligands, Tgf $\beta$ 1 and Tgf $\beta$ 3 are expressed only in the palatal shelf epithelium, whereas Tgf $\beta$ 2 is produced in the mesenchyme (Fitzpatrick et al., 1990; Pelton et al., 1990). The receptor Tgf $\beta$ rII is expressed in both epithelium and mesenchyme, and plays important, but distinct, roles in both tissues. Targeting *Tgfb $\beta$ rII* in the mesenchyme of the palatal shelves leads to cleft palate due to reduction in cell proliferation (Ito et al., 2003). Disabling *Tgfb $\beta$ rII* specifically in the epithelium also leads to cleft palate, but in this case it is the fusion of the shelves at the midline that fails (Xu et al., 2006).

### **Paper IV**

Wang *et al* (Wang et al., 2003) first described the cleft palate phenotype in the murine *Foxf2* null mutant. Spatial interference with elevation of the palatal shelves, as a result of an abnormal tongue morphology, was proposed as the mechanism responsible. We failed to observe any consistent morphological defects in the tongues of *Foxf2*<sup>-/-</sup> embryos. Instead, we generated a conditional (floxed) *Foxf2* allele and showed that *Foxf2* is essential in neural crest, which contributes to palatal shelf mesenchyme, but not to the tongue. We also used *in vitro* culture of maxillary explants to show that the failure to expand and fuse is intrinsic to the palatal tissue and distinguishes *Foxf2* mutant from wild-type explants, even in the absence of tongue and mandible. The failed expansion of the palatal shelves was associated with a reduction in both mesenchymal proliferation, and collagen accumulation. Consistent with the importance of Tgf $\beta$  signaling for both of these processes, the phosphorylation of Smad2/3 was diminished, whereas a readout for the non-canonical signaling – phosphorylation of p38 – was increased. Tgf $\beta$ 2 protein level was decreased, but the mRNA level was not. The mechanism behind the reduction in Tgf $\beta$ 2 protein is not fully understood, but expression of genes encoding proteins involved in latency formation (fibronectin), activation (integrins  $\alpha$ V and  $\beta$ 1), and receptor binding (Tgf $\beta$ rIII) of Tgf $\beta$  were significantly reduced.

## Acknowledgements

Joining Peter's group was certainly the biggest challenge of my life. I was a doctor in the clinic one week ago and all of a sudden, I felt like a first grader again. My knowledge of molecular biology was almost Zero! Getting started was the most difficult part. I still remember my very first group meeting... there, I had to make note of the key words to look them up afterwards. (Plasmid, (not mycoplasma?!) cloning, Leif, in situ, recombination, Foxfett...). I want to thank god for the high speed Internet, Google, Wikipedia and for having Peter as my supervisor. Google and Wikipedia were very good resources, but not as good as Peter, with his excellent teaching skills, and patience. Many, many thanks to Peter Carlsson for each and every minute of his time, he spent to answer my questions, to teach me the techniques, to discuss science and most importantly to show me the right way of thinking. Thanks Peter for all the support and encouragements.

Thanks to Henrik Landgren for being the best senior PhD fellow ever, for helping me to get started and for his positive energy.

Thanks to Mozghan for being the most helpful colleague I have ever had.

I would like to thank all of the previous members of our group, Åsa, Mattias, Jeanette, Anna, Sani and Nalla for creating such a friendly and pleasant working environment.

Per, Janette, Marie, John Patrik, Julie, Marc, Nafiseh and Kui, thank you all for your scientific advises and for sharing your experiences.

Thanks to the Lundberg Engines; Valida, Agneta, Leif, Lars and Bruno for making our lives easier.

Marc! You are certainly the one, from whom I learned the most. Thanks for sharing the updates in science and technology and.... Thanks for organizing social activities, for your friendliness and also for the Ping-Pong trophies!

Thanks to Ana, Manish, Saurav and Aakash for being much more than friends.

Thanks to all of you; fellow students and post docs for creating such a lively and friendly environment in the department and for working hard to keep the high scientific standards in the Lundberg lab. Please keep it ON!

Last, but certainly not the least, I would like to acknowledge the love of my life and my best colleague and friend, Azadeh, for being there, in all the rough situations and for constant support and help. Thanks Azi, for being here and thanks for being you!

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