NOTCH pathway inactivation promotes bladder cancer progression


To cite this version:
Antonio Maraver, Pablo Fernandez-Marcos, Timothy Cash, Marinela Mendez-Pertuz, Marta Dueñas, et al.. NOTCH pathway inactivation promotes bladder cancer progression. Journal of Clinical Investigation, American Society for Clinical Investigation, 2015, 125 (2), pp.824-830. 10.1172/JCI78185 . hal-02277493

HAL Id: hal-02277493
https://hal.umontpellier.fr/hal-02277493

Submitted on 3 Sep 2019

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L’archive ouverte pluridisciplinaire HAL, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d’enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.
NOTCH pathway inactivation promotes bladder cancer progression

Antonio Maraver,1 Pablo J. Fernandez-Marcos,1 Timothy P. Cash,1 Marinela Mendez-Pertuz,2 Marta Dueñas,3 Paolo Maietta,4 Paola Martinelli,2 Maribel Muñoz-Martín,1 Mónica Martinez-Fernández,3 Marta Cañámero,3 Giovanna Roncador,4 Jorge L. Martinez-Torrecuadrada,7 Dimitrios Grivas,6 Jose Luis de la Pompa,6 Alfonso Valencia,4 Jesús M. Paramio,3 Francisco X. Real,2,9 and Manuel Serrano1

1Tumor Suppression Group and 2Epithelial Carcinogenesis Group, Spanish National Cancer Research Centre (CNIO), Madrid, Spain. 3Molecular Oncology Unit, Centro de Investigaciones Energéticas, Medioambientales y Tecnológicas (CIEMAT), and Oncogenic Unit, University Hospital “12 de Octubre,” Madrid, Spain. 4Structural Computational Biology Group, Comparative Pathology Unit, Monoclonal Antibody Unit, and 5Proteomics Unit, CNIO, Madrid, Spain. 6Intercellular Signaling in Cardiovascular Development and Disease Group, Centro Nacional de Investigaciones Cardiovasculares, Madrid, Spain. 7Institute Pompeu Fabra, Barcelona, Spain.

NOTCH signaling suppresses tumor growth and proliferation in several types of stratified epithelia. Here, we show that missense mutations in NOTCH1 and NOTCH2 found in human bladder cancers result in loss of function. In murine models, genetic ablation of the NOTCH pathway accelerated bladder tumorigenesis and promoted the formation of squamous cell carcinomas, with areas of mesenchymal features. Using bladder cancer cells, we determined that the NOTCH pathway stabilizes the epithelial phenotype through its effector HES1 and, consequently, loss of NOTCH activity favors the process of epithelial-mesenchymal transition. Evaluation of human bladder cancer samples revealed that tumors with low levels of HES1 present mesenchymal features and are more aggressive. Together, our results indicate that NOTCH serves as a tumor suppressor in the bladder and that loss of this pathway promotes mesenchymal and invasive features.

Introduction

NOTCH is a single-pass transmembrane receptor activated by interaction with transmembrane ligands of the DSL (Delta-like and Jagged) family present on the membrane of neighboring cells. There are 4 different NOTCH receptors (NOTCH1, -2, -3, and -4) and 5 ligands (JAGGED1 and -2 and DLL1, -3, and -4) in humans. Ligand binding to the extracellular domain of NOTCH induces a cascade of proteolytic cleavages ending with the processing by the γ-secretase complex and the release of the NOTCH intracellular domain. The NOTCH intracellular domain translocates to the nucleus, where it binds the transcription factor RBPJ, and the resulting complex activates the transcription of target genes, notably including transcriptional repressors of the HES and HEY family (1).

Alterations of the NOTCH pathway are frequent in multiple cancers. Paradoxically, these alterations can be grouped into two patterns with opposite functional effects, and each pattern is associated with specific tumor types (2). In particular, gain-of-function mutations of the NOTCH pathway are present in acute T cell lymphoblastic leukemia, chronic lymphocytic leukemia, and lung adenocarcinoma, indicating that the NOTCH pathway is oncogenic in these malignancies (3–5). On the contrary, loss-of-function mutations are observed in myeloid leukemia and in squamous cell carcinomas (SCCs) of different origins (head and neck, lung, and skin), thereby implying that the NOTCH pathway plays a tumor-suppressive role in these cancer types (6–9). However, how the NOTCH pathway protects from squamous cancers is still incompletely understood.

Bladder cancer is a major health burden worldwide (10). The majority of bladder tumors arise in the urothelium, a specialized stratified epithelium, and a fraction of bladder cancers display squamous features, corresponding to a more aggressive form of bladder cancer (11). Taking into account that the NOTCH pathway is tumor suppressive in several types of SCCs, we hypothesized that this could also be the case in the urothelium.

Here, we demonstrate that patients with bladder cancer harbor loss-of-function mutations in both NOTCH1 and NOTCH2 receptors. In addition, genetic inactivation of the NOTCH pathway in the urinary bladders of mice by two different genetic means accelerates bladder cancer and promotes the formation of SCCs. Mechanistically, we show that loss of the NOTCH pathway promotes an epithelial-mesenchymal transition (EMT) in bladder cancer cells and this is partly mediated by loss of HES1. Finally, human bladder cancers with low levels of HES1 present mesenchymal features and have an aggressive phenotype.

Results

Loss-of-function mutations of NOTCH1 and NOTCH2 in bladder cancer. Genome-wide analyses of bladder cancer by others and us have identified mutations in NOTCH receptors (12–14); however, their functional meaning has remained unexplored. Missense mutations in the extracellular EGF repeats of NOTCH1 and NOTCH2 have been reported in skin, lung, and head-and-neck...
mutation predicted a change in the pattern of disulfide bridges in a region very close to the ligand interaction domain (ref. 15 and Figure 1B), and this could be the structural basis of its decreased activity. Together, these findings suggest that the NOTCH pathway plays a tumor-suppressive role in bladder cancer.

NOTCH pathway inactivation promotes bladder cancer in mice. To analyze the role of the NOTCH pathway in bladder carcinomas, we inactivated the pathway in the bladders of mice using two different strategies. First, we inactivated the two Psen paralogs, which encode the presenilin proteases essential for the activation of all the NOTCH receptors (16). In a complementary approach, we eliminated the Rbpj gene encoding the transcriptional factor critical for the canonical effects of the NOTCH pathway (17). More specifically,
we used mice carrying a Cre-excisable allele of Psen1 and null for Psen2 (Psen1<sup>fl/fl</sup> Psen2<sup>–/–</sup> mice; referred to herein as PsenKO mice) (18) or mice carrying a Cre-excisable allele of Rbpj (Rbpj<sup>fl/fl</sup> mice; referred to herein as RbpjKO mice) (19). These mice, together with their corresponding WT littermates, were intravesically injected with adeno-Cre to induce the deletion of the excisable genes specifically in the bladder urothelium (20). To assess the efficiency of the Cre recombinase in the urothelium, we used Rosa26::LSL-LacZ mice carrying a silent LacZ reporter that becomes active upon Cre-mediated excision (21). As expected, PBS-treated Rosa26::LSL-LacZ mice were completely negative upon staining for LacZ (Supplemental Figure 6). In contrast, adeno-Cre–treated Rosa26::LSL-LacZ mice presented patches of the urothelium with intense LacZ staining (Supplemental Figure 3). In contrast, adeno-Cre–treated Rosa26::LSL-LacZ mice were completely negative upon staining for LacZ (Supplemental Figure 3). In contrast, adeno-Cre–treated Rosa26::LSL-LacZ mice presented patches of the urothelium with intense LacZ staining that reached the urothelial basal layer, which is of relevance because bladder cancer–initiating cells reside in the basal layer of the bladder (ref. 22 and Supplemental Figure 3).

To evaluate the impact of NOTCH pathway inactivation on bladder cancer, PsenKO, RbpjKO, and WT mice were exposed for 20 weeks to the carcinogen N-butyl-N-(4-hydroxybutyl)nitrosamine, which is a commonly used experimental carcinogen with high selectivity for the urothelium (23, 24). As expected, all mice, regardless of their genotype, developed bladder tumors, and we only found tumors of urothelial origin. Interestingly, inactivation of the NOTCH pathway in PsenKO or RbpjKO mice resulted in a significant acceleration of intravesical adeno-Cre does not reach the prostate, as indicated by the absence of LacZ staining in the prostates of adeno-Cre–infected Rosa26::LSL-LacZ mice (Supplemental Figure 6).

Histologically, the PsenKO and RbpjKO tumors were diagnosed as SCCs (100%) (Figure 2C and Supplemental Figure 7). In contrast, in the case of WT mice, a fraction of tumors (33%) were SCCs and the rest were urothelial carcinomas (Figure 2C and Supplemental Figure 7). Supporting the above classification, overall quantification of immunohistochemical stainings indicated that, compared with WT tumors, PsenKO and RbpjKO tumors displayed a typical pattern of SCC markers. In particular, they were high in keratins KRT5 and KRT14 (Supplemental Figure 5). In contrast, none of the WT mice (0 of 4) had cancer infiltration into the prostate. The urothelial origin of the cancer cells infiltrating the prostate was confirmed by their positive staining for KRT14 (Supplemental Figure 5), which is a bona fide marker of stratified epithelia (25). Moreover, we confirmed that intravesical adeno-Cre inactivation of the NOTCH pathway in mice accelerates bladder carcinogenesis and favors the formation of highly invasive SCCs.

**Tumors with deficient NOTCH pathway display EMT features.** Interestingly, all the PsenKO and RbpjKO SCCs presented regions of mesenchymal morphology that lacked E-cadherin and expressed vimentin (Figure 3A). These mesenchymal regions coexisted together with the predominant SCC component of PsenKO and RbpjKO tumors, characterized by high levels of E-cadherin and absence of vimentin (Figure 3A). Importantly, regions of mesenchymal origin were not observed in the bladder urothelium of WT mice (0 of 4) had cancer infiltration into the prostate. The urothelial origin of the cancer cells infiltrating the prostate was confirmed by their positive staining for KRT14 (Supplemental Figure 5), which is a bona fide marker of stratified epithelia (25). Moreover, we confirmed that intravesical adeno-Cre inactivation of the NOTCH pathway in mice accelerates bladder carcinogenesis and favors the formation of highly invasive SCCs.
mesenchymal regions of the SCCs (Figure 3A). To further support the relationship between HES1 and EMT, we performed immunofluorescence on paraffin sections of murine bladder carcinomas presenting a mesenchymal component. Interestingly, we observed that HES1 colocalizes with E-cadherin in the adjacent normal urothelium, but both were absent in the mesenchymal areas expressing vimentin (Figure 4). Together, these observations suggest that NOTCH pathway inactivation favors EMT in bladder SCCs.

To extend the above findings to human cancers, we performed data mining of the exome sequencing and RNA sequencing data for human bladder carcinomas available at The Cancer Genome Atlas (TCGA) (12). Our analyses indicated NOTCH1 and NOTCH2 mutant cancers clustered in a group defined by squamous molecular features (Fisher’s exact test, \( P = 0.02 \)) and showed a tendency to have increased levels of the squamous markers KRT5, KRT14, and TP63 (Supplemental Figure 9A). Of note, NOTCH1 and NOTCH2 mutant cancers showed a tendency toward a decrease in NOTCH targets (HES1 and HEY1, Supplemental Figure 9B), which is in agreement with our previous functional characterization of NOTCH1 and NOTCH2 mutants (Figure 1 and Supplemental Figure 2). Interestingly, NOTCH1 and NOTCH2 mutant cancers expressed markedly lower levels of E-cadherin (CDH1) and higher levels of vimentin (VIM) (Supplemental Figure 9C). Analysis of the allele frequency for these missense mutations revealed that they were heterozygous (allele frequency lower than 0.5, with at least 60% of tumoral cells in the sample). This implies that just one mutant allele of NOTCH1 or NOTCH2 (with one WT allele still present) is sufficient to promote SCC bladder cancer. Collectively, these observations indicate that reduced NOTCH signaling favors squamous histology and the acquisition of mesenchymal features in murine and human bladder cancers.

**NOTCH inactivation promotes EMT in a cell-autonomous manner.** To explore the mechanism behind the association between NOTCH pathway inactivation and the acquisition of mesenchymal cellular morphology were only found in PsenKO and RbpjKO tumors but not in WT tumors (Figure 3B). We, along with others, have implicated the transcriptional repressor HES1 as a relevant mediator of the NOTCH pathway in cancer (26–29). Remarkably, HES1 was clearly detected in the urothelial carcinomas present in WT mice, it was notably decreased in the SCCs, and it was essentially absent in the

Figure 4. HES1 and E-cadherin colocalize in well-differentiated urothelium and are lost in vimentin-expressing mesenchymal regions. Immunofluorescence with the indicated antibodies was performed on a mesenchymal region from a PsenKO mouse, with adjacent remnants of well-differentiated urothelium (left) as an internal control for HES1 and E-cadherin expression. Scale bars: 25 μm.

Figure 5. NOTCH inactivation promotes EMT in a cell-autonomous manner. Human urothelial carcinoma T24 cells were (A) treated with the \( \gamma \)-secretase inhibitor DBZ for 72 hours or (B) transfected with a nontargeting scrambled siRNA (siNT) or with siHES1 for 48 hours, and the mRNA from the indicated genes was assayed by qRT-PCR. (C) ChIP using the indicated antibodies was performed on T24 cells infected with a HA-tagged version of HES1 or an empty vector and using PCR primers directed against the VIM promoter. (D) T24 cells infected with nontargeting control (shNT) or shHES1 or transfected with siNT or siHES1 were placed in invasion chambers, and invading cells were counted by confocal microscopy 20 hours later. For all panels, data correspond to the average of 3 independent experiments (\( n = 3 \)). Error bars represent SEM. *\( P < 0.05 \), **\( P < 0.01 \), ***\( P < 0.001 \), Student’s t test.
features, we treated the human bladder carcinoma cell line T24 with the γ-secretase inhibitor dibenzazepine (DBZ) (Figure 5A). DBZ treatment induced downregulation of HES1 and, concomitantly, an increase in VIM and a decrease in CDH1, thus supporting the notion that NOTCH inhibition induces EMT in human bladder cancer.

To directly test the impact of reduced HES1 levels on EMT, we transfected T24 cells with an siRNA against HES1 (siHES1, Figure 5B) or infected these cells with a lentivirus expressing an shRNA against HES1 (shHES1, Supplementary Figure 10) (of note, siHES1 and shHES1 target different sites of HES1 mRNA). Interestingly, both siHES1 and shHES1 induced a decrease in CDH1 expression and an increase in VIM expression (Figure 5B and Supplementary Figure 10), thus recapitulating our above observations in NOTCH-deficient mice and human bladder carcinomas. EMT is a complex process promoted by several master regulators, including transcription factors from the Zeb, Twist and Snail families (30). Interestingly, in addition to VIM upregulation, HES1 downregulation also promoted an increase in SNAI2, SLUG, and ZEB2 expression when T24 cells were treated with DBZ (Figure 5A) or with siHES1 (Figure 5B).

HES1 is a well-known transcriptional repressor (26–28), and, based on this, we wondered whether it could bind to any of the EMT genes upregulated by HES1 inhibition (Figure 5, A and B). To test this, we performed a ChIP assay using a HA-tagged version of HES1 (31) and analyzed putative binding sites of HES1 in the proximal promoter regions of several master regulators, including transcription factors from the Zeb, Twist and Snail families (30). Interestingly, in addition to VIM upregulation, HES1 downregulation also promoted an increase in SNAI2, SLUG, and ZEB2 expression when T24 cells were treated with DBZ (Figure 5A) or with siHES1 (Figure 5B).

HES1 is a well-known transcriptional repressor (26–28), and, based on this, we wondered whether it could bind to any of the EMT genes upregulated by HES1 inhibition (Figure 5, A and B). To test this, we performed a ChIP assay using a HA-tagged version of HES1 (31) and analyzed putative binding sites of HES1 in the proximal promoter regions of several master regulators, including transcription factors from the Zeb, Twist and Snail families (30). Interestingly, in addition to VIM upregulation, HES1 downregulation also promoted an increase in SNAI2, SLUG, and ZEB2 expression when T24 cells were treated with DBZ (Figure 5A) or with siHES1 (Figure 5B).

HES1 is a well-known transcriptional repressor (26–28), and, based on this, we wondered whether it could bind to any of the EMT genes upregulated by HES1 inhibition (Figure 5, A and B). To test this, we performed a ChIP assay using a HA-tagged version of HES1 (31) and analyzed putative binding sites of HES1 in the proximal promoter regions of several master regulators, including transcription factors from the Zeb, Twist and Snail families (30). Interestingly, in addition to VIM upregulation, HES1 downregulation also promoted an increase in SNAI2, SLUG, and ZEB2 expression when T24 cells were treated with DBZ (Figure 5A) or with siHES1 (Figure 5B).

We conclude that the NOTCH pathway, through HES1, contributes to the stabilization of the epithelial phenotype of bladder cancer cells.

Low HES1 expression correlates with aggressive cancer features. To further explore the possible association between HES1 and EMT, we examined two independent sets of human primary bladder cancer samples. One set consisted of RNA samples that were analyzed by cDNA microarrays and quantitative RT-PCR (qRT-PCR), and the other set consisted of paraffin blocks analyzed by immunohistochemistry. Using microarray-derived mRNA data (32), we observed a positive correlation between the levels of HES1 and CDH1 and a remarkable inverse correlation between HES1 expression and EMT effectors, including VIM (Figure 6A). These observations were validated using qRT-PCR on a subset of the above RNA samples (Supplemental Figure 11). We also found an inverse correlation between HES1 and KRT14 mRNA levels (Figure 6B) and protein levels detected by immunohistochemistry (Supplemental Figure 12), which supports our previous analysis on the bladder carcinoma tumor set from TCGA (Supplemental Figure 9). Moreover, immunohistochemical analyses indicated that HES1 expression was significantly lower in the muscle invasive bladder carcinomas (MIBC) compared with that in nonmuscle invasive tumors (Figure 6C and Supplemental Figure 13). Finally, an independent analysis of Oncomine-deposited data (33–35) confirmed these clinical findings (Supplemental Figure 14). These observations indicate that low levels of HES1 associate with mesenchymal features and invasive properties in human bladder carcinomas.

Discussion
The NOTCH pathway can exert both oncogenic and tumor-suppressive effects. In general, NOTCH signaling is tumor suppressive in cancers of squamous histology, as is the case with esophageal, skin, and lung SCCs (2, 6–8, 36). Since the urinary bladder is a stratified epithelium that can give rise to SCCs, we reasoned that the NOTCH pathway could be tumor suppressive in this tissue. Interestingly, although some observations
have suggested that the NOTCH pathway could be oncogenic in bladder cancer (37, 38), there is substantial evidence indicating a tumor-suppressive role. In particular, a high fraction of bladder carcinomas present deletion of the long arm of chromosome 9q, where NOTCH1 is located (39), and low levels of NOTCH1 and JAGGED1 are associated with short survival in bladder cancer patients (40). Even more, a genome-wide association study in patients with bladder cancer found a significant association with a SNP in a region near to JAGGED1, and carriers of this SNP showed a trend to have lower JAGGED1 expression, again suggesting a tumor-suppressive role for the NOTCH pathway (41). Following on these observations, our analyses of NOTCH mutations from bladder cancer patients, mouse genetic models, cell-based assays, and human cancer samples provide solid evidence that the canonical NOTCH pathway plays a relevant tumor-suppressive role in bladder cancer. Importantly, as in other types of cancers, loss of function of the NOTCH pathway in the bladder is associated with SCCs.

Previous studies on mouse and human keratinocytes have proposed a mechanism for the tumor-suppressive activity of the NOTCH pathway in skin that relies in part on its role in terminal differentiation (42, 43). Specifically, in the absence of NOTCH signaling, keratinocytes do not fully differentiate and remain in a “stem-like” phenotype. In fact, in the esophagus, it has been demonstrated that lack of NOTCH signaling induces mutant clones that expand in a process known as field cancerization and that are at the origin of esophageal SCCs (44). A similar process could operate in the case of bladder cancer formation.

In our current study, we have found that inactivation of the NOTCH pathway induces EMT in squamous bladder cancer cells. Our mechanistic analyses imply that NOTCH signaling, through HES1, stabilizes epithelial features and prevents EMT in a cell-autonomous manner. We cannot exclude that other targets of the NOTCH pathway, like HEY1, could also contribute to the observed effects described here. In other cancer cellular contexts unrelated to stratified epithelia, such as prostate, breast, pancreas, lung adenocarcinoma, and others, the NOTCH pathway induces, rather than represses, EMT (45). Our data suggest that the repression of EMT could be a general tumor-suppressive mechanism of the NOTCH pathway in stratified epithelia. This, again, reflects the dual behavior of the NOTCH pathway, depending on the cellular type.

We and others have described antitumoral effects of pharmacological NOTCH inhibitors in preclinical models of T cell lymphoblastic leukemia, lung adenocarcinoma, pancreatic adenocarcinoma, and breast and intestinal tumors (46–50). Our data raise a note of caution on broad inhibition of the NOTCH pathway in the clinic, as this could concomitantly increase the incidence of tumors originated in stratified epithelia, such as bladder.

**Methods**

Further information can be found in the Supplemental Methods.

**Animal experimentation.** Mice were housed at the specific pathogen-free barrier area of the CNIO. Mice were observed on a daily basis and sacrificed when they showed overt signs of morbidity or tumors in accordance with the *Guidelines for Humane Endpoints for Animals Used in Biomedical Research.*

**Microarray analysis.** RNA was purified as described above and analyzed with an Agilent 2100 Bioanalyzer. Samples showing RNA integrity number above 8 were selected for microarray analysis. Genome-wide transcriptome experiments were performed using the Affymetrix HuGene-1.0-st-v1 microarray at the Genomics Facility of the Cancer Research Center (Salamanca, Spain) using standard procedures. Data sets have been deposited in GEO (accession no. GSE38264). The other two analyses described in Supplemental Figure 14 were performed using previously described available data sets (33–35).

**Statistics.** Unless otherwise specified, data are presented as mean ± SEM. Two-tailed Student’s *t* test was carried out to assess the significance of expression levels in qRT-PCR, luciferase assay, and mouse IHC data. Correlation of protein or RNA expression data in human samples was evaluated using the Spearman correlation coefficient. Survival curves were tested by the log-rank test. The percentage of squamous tumors between groups and the clustering of human bladder tumors were evaluated using Fisher’s exact test. HES1 protein levels in human bladder tumors were tested using the Mann-Whitney test. *P* values lower than 0.05 were considered significant.

**Study approval.** All animal procedures were performed according to protocols approved by the CNIO-Instituto de Salud Carlos III (CNIO-ISCIII) Ethics Committee for Research and Animal Welfare. In the case of human samples, written informed consent was obtained from all patients, and the study was approved by the Ethical Committee for Clinical Research of each of the participating hospitals, namely, the University Hospital “12 de Octubre” and the hospitals participating in the consortium EPICURO (51).

**Acknowledgments**

We thank E. Carrillo, D. Megias, M. Pérez, J. Soriano, N. Malats, M. Rava, M. Lozano, and A. del Rio for valuable contributions. A. Maraver is funded by the Miguel Servet Program of the Spanish Ministry of Health. P.J. Fernandez-Marcos is funded by the Asociación Española Contra el Cáncer (AECC). T.P. Cash and M. Martinez-Fernandez are funded by the Juan de la Cierva Program from the Spanish Ministry of Economy and Competitiveness (MINECO). Work in the laboratory of M. Serrano is funded by CNIO and by grants from the European Research Council (advanced ERC grant), the Framework Program 7 of the European Union (RISK-IR), MINECO (SAF), the Regional Government of Madrid, the Botín Foundation, the Ramón Areces Foundation, and the AXA Foundation. Work in the laboratory of F.X. Real was supported, in part, by grants from the MINECO (Consolider ONCOBIO and SAF2011-15934-E), ISCIII (G03/174, 00 /0745, PI051436, PI061614, G03/174, PI080440, PI120425, and Red Temática de Investigación Cooperativa en Cáncer), AECC (EU-FP7-201663), and NIH RO-1 (CA089715). Work in the CIEMAT was funded by MINECO (SAF2012-34378 and SAF2011-25122-C02-01), Comunidad Autónoma de Madrid (S2006/BIO-0232 and S2010/MDI-2470 [Onycycle Programs]), ISCIII (RETIC RD06/0020/0029 and RD12/0036/0009) to J.M. Paramio, and MFA Foundation grant AP99782012 to M. Dueñas. We also acknowledge TCGA Research Network for freely providing genomic data.
Address correspondence to: Antonio Maraver, Institut de Recherche en Cancérologie de Montpellier (Inserm U1194 – Université Montpellier), ICM Val d’Aurelle, 208 Rue des Apothicaires, F-34298 Montpellier Cedex 5, France. Phone: +33467612395; E-mail: antonio.maraver@inserm.fr. Or to: Manuel Serrano, Spanish National Cancer Research Centre (CNIO), Melchor Fernández Almagro 3, Madrid 28029, Spain. Phone: +34917328000-3430; E-mail: mserrano@cnio.es.

Antonio Maraver’s present address is: Institut de Recherche en Cancérologie de Montpellier, Montpellier, France.