UCLA

UCLA Previously Published Works

Title

Tumor Suppressor Down-Regulation Promotes Hepatocyte Proliferation: A New GANKster on the Block

Permalink

https://escholarship.org/uc/item/76m5t7pd

Journal

Cellular and Molecular Gastroenterology and Hepatology, 6(3)

ISSN

2352-345X

Authors

Pimienta, Michael Seki, Ekihiro

Publication Date

2018

DOI

10.1016/j.jcmgh.2018.06.003

Peer reviewed



EDITORIAL

Tumor Suppressor Down-Regulation Promotes Hepatocyte Proliferation: A New GANKster on the Block



Hepatocellular carcinoma (HCC) is ranked as the sixth most common neoplasm and the third leading cause of cancer death worldwide. HCC incidence is expected to continue to increase in many regions of the world. HCC often is diagnosed late and only 30% to 40% of patients can receive partial resection or liver transplantation, which is currently the most effective therapy available.

Hepatocarcinogenesis is a complex process that involves dysregulation of various cellular and molecular signaling networks, imbalance of oncogenes and antioncogenes, and differentiation of liver cancer stem cells. Better understanding of the molecular mechanisms underlying hepatocyte and liver cancer cell proliferation is required to develop novel effective therapies for HCC. Previous work has highlighted the role of gankyrin, a 25-kilodalton protein containing 7 ankyrin repeats, in several key pathways involved in malignant transformation and HCC, including signal transducer and activator of transcription 3/AKT, Rac1/Janus kinase, and transforming growth factor- $\beta/SMAD3$.

Gankyrin initially was identified as an oncogene overexpressed in HCC. As a component of the 26S proteasome, gankyrin mediates proteasome-dependent protein degradation. In particular, gankyrin participates in the negative regulation of 2 major tumor-suppressor proteins: Rb and p53. Gankyrin antagonizes p53 by interacting with Mouse double minute 2 homolog, enhancing proteasomal degradation of p53. Via direct interactions with Rb, gankyrin triggers proteasome degradation of Rb. Gankyrin also has been found to interact with other tumor-suppressor proteins. Gankyrin overexpression has been correlated with poor prognosis in different tumor types.² Such studies have suggested the importance of gankyrin in HCC progression through post-translational modification of suppressor proteins.

It has been suggested that increased gankyrin expression is associated with HCC proliferation. However, a lack of appropriate animal models has made it difficult to examine the exact contribution of this oncogene in hepatocyte proliferation in vivo. In this issue of *Cellular and Molecular Gastroenterology and Hepatology*, D'Souza et al³ provide further insight into the role of gankyrin as a regulator of hepatocyte proliferation through down-regulation of tumor-suppressor proteins using liver-specific gankyrin knockout (GANK-LKO) mice.

The study showed that GANK-LKO mice did not have any morphologic and histologic changes in the liver under normal conditions. However, transcriptome analysis showed alterations in genes involved in the immune system, lipid metabolism, cell proliferation, and carcinogenesis when

gankyrin was lost. CCAAT/Enhancer Binding Protein α (C/EBP α), c-jun, and nuclear factor- κ B were down-regulated significantly, suggesting the role of gankyrin in hepatocyte proliferation.

D'Souza et al³ then showed increased hepatocyte proliferation within 24 hours of gankyrin overexpression in wild-type mice by injecting gankyrin plasmid. Because gankyrin alone was able to trigger DNA replication in normal hepatocytes, they suggested that gankyrin is a potent initiator of hepatocyte proliferation. To further analyze their hypothesis, D'Souza et al³ investigated hepatocyte proliferation in GANK-LKO mice subjected to partial hepatectomy and CCl₄-induced liver damage. Proliferating hepatocytes were decreased significantly upon partial hepatectomy or CCl₄ treatment when compared with control mice.

Gankyrin has been shown to suppress various tumorsuppressor proteins, some of which are lost in HCC. To investigate the possible mechanism ameliorating the proliferative capacity of GANK-LKO livers after partial hepatectomy and CCl₄ treatment, D'Souza et al³ examined whether gankyrin deletion resulted in altered levels of 4 tumor suppressors: CUG triplet repeat, RNA binding protein 1 (CUGBP1), C/EBP α , Hepatocyte nuclear factor 4 alpha (HNF4 α), and Rb. All 4 tumor suppressors were reduced significantly in control mice, whereas no reductions were observed in GANK-LKO mice. The evidence is compelling and suggestive that gankyrin promotes hepatocyte proliferation through reduction of these 4 tumor-suppressor proteins.

A recently discovered nontoxic small molecule, cjoc42, repressed gankyrin activity by blocking gankyrin's interaction with the proteasome. Here, D'Souza et al treated human and mouse liver cancer cells, Huh6 and Hepa1c1c7, with cjoc42. CUGBP1, C/EBP α , p53, and HNF4 α levels were increased significantly by cjoc42 treatment. Interestingly, D'Souza et al provided evidence that gankyrin directly interacts with the tumor suppressors. cjoc42 inhibited gankyrin interaction with both the proteasome and the tumor suppressors, and cjoc42-treated cancer cells showed reductions in proliferation.

In conclusion, D'Souza et al³ provided further mechanistic evidence underlying the importance of gankyrin-mediated regulation of hepatocyte and HCC cell proliferation by reducing the expression of key tumor-suppressor proteins. In conjunction with a recent report showing that knockout of gankyrin suppressed HCC growth,⁵ this study provided further insight into a potential molecular target for treating HCC by modulating tumor cell growth and proliferation. In addition, findings correlating gankyrin overexpression with poorer survival and advanced cancer stage render it an

appealing and potentially novel prognostic tumor biomarker.⁶ However, given the heterogeneity of hepatocarcinogenesis and multiple signal transduction pathways regulated by gankyrin, we must tread with caution and further deconstruct its molecular network.

MICHAEL PIMIENTA

University of California San Diego, School of Medicine La Jolla, California Division of Digestive and Liver Diseases, Department of Medicine Cedars-Sinai Medical Center Los Angeles, California

EKIHIRO SEKI, MD, PhD
Division of Digestive and Liver Diseases,
Department of Medicine
Department of Biomedical Sciences
Cedars-Sinai Medical Center
Los Angeles, California
University of California San Diego, School of Medicine
La Jolla, California
Department of Medicine
University of California Los Angeles,
David Geffen School of Medicine
Los Angeles, California

References

- 1. Forner A, Reig M, Bruix J. Hepatocellular carcinoma. Lancet 2018;391:1301–1314.
- 2. Wang X, Jiang B, Zhang Y. Gankyrin regulates cell signaling network. Tumour Biol 2016;37:5675–5682.
- D'Souza AM, Jiang Y, Cast A, Valanejad L, Wright M, Lewis K, Kumbaji M, Shah S, Smithrud D, Karns R, Shin S, Timchenko N. Gankyrin promotes tumor-

- suppressor protein degradation to drive hepatocyte proliferation. Cell Mol Gastroenterol Hepatol 2018; 6:239–255.
- Chattopadhyay A, O'Connor CJ, Zhang F, Galvagnion C, Galloway WR, Tan YS, Stokes JE, Rahman T, Verma C, Spring DR, Itzhaki LS. Discovery of a small-molecule binder of the oncoprotein gankyrin that modulates gankyrin activity in the cell. Sci Rep 2016;6:23732.
- Sakurai T, Yada N, Hagiwara S, Arizumi T, Minaga K, Kamata K, Takenaka M, Minami Y, Watanabe T, Nishida N, Kudo M. Gankyrin induces STAT3 activation in tumor microenvironment and sorafenib resistance in hepatocellular carcinoma. Cancer Sci 2017; 108:1996–2003.
- Zhao X, Liu F, Zhang Y, Li P. Prognostic and clinicopathological significance of Gankyrin overexpression in cancers: evidence from a meta-analysis. Onco Targets Ther 2016;9:1961–1968.

Correspondence

Address correspondence to: Ekihiro Seki, MD, PhD, Division of Digestive and Liver Diseases, Department of Medicine, Cedars-Sinai Medical Center, 8700 Beverly Boulevard, Davis Bldg, Suite 2099, Los Angeles, California 90048. e-mail: Ekihiro.Seki@cshs.ord.

Conflicts of interest

The authors disclose no conflicts.

Funding

This work was supported by National Institutes of Health grants 3R01DK107288-02S1 (M.P.), R01DK085252 (E.S.), and R21AA025841 (E.S.); and by a Winnick Research award from Cedars-Sinai Medical Center (E.S.).

Most current article

© 2018 The Authors. Published by Elsevier Inc. on behalf of the AGA Institute. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/). 2352-345X

https://doi.org/10.1016/j.jcmgh.2018.06.003