

available at www.sciencedirect.comjournal homepage: www.ejconline.com

Involvement of gene polymorphisms of thymidylate synthase in gene expression, protein activity and anticancer drug cytotoxicity using the NCI-60 panel

Nadège Nief^{a,b}, Valérie Le Morvan^{a,b}, Jacques Robert^{a,b,*}

^aLaboratoire de Pharmacologie des Agents Anticancéreux, Institut Bergonié, 229 Cours de l'Argonne, 33076 Bordeaux-cedex, France

^bUniversité Victor Segalen Bordeaux 2, 146 rue Léo-Saignat, 33076 Bordeaux-cedex, France

ARTICLE INFO

Article history:

Received 18 August 2006

Received in revised form

17 November 2006

Accepted 5 December 2006

Available online 20 February 2007

Keywords:

Thymidylate synthase

Chemotherapy

Gene polymorphisms

Fluorouracil

ABSTRACT

A significant association has been established, in clinical studies, between the expression or activity of thymidylate synthase (TYMS) and the efficiency of fluorouracil. TYMS expression is partly under the dependence of gene polymorphisms in the 5' and 3' untranslated regions (UTR), but conflicting results have been obtained about their roles on fluorouracil efficiency. In this study, we wanted to use the National Cancer Institute (NCI) panel of 60 human tumour cell lines to clarify this problem. Three relevant polymorphisms of the TYMS gene were studied: (i) the 5'UTR tandem repeat of 28-bp (2R/3R polymorphism); (ii) the single nucleotide polymorphism (SNP) within the second repeat (3C/3G polymorphism); (iii) the 3'UTR 6-bp deletion (+6/−6 polymorphism). Allele frequencies were close to those expected in a Caucasian population (2R/3C/3G: 53/29/18%; +6/−6: 68/32%), but the proportion of heterozygous genotypes was lower than expected from allele frequencies. The 2R and 3G alleles were significantly associated with the +6 and the −6 alleles, respectively. There was a significant association between the presence of the 3G allele and TYMS mRNA expression and catalytic activity, particularly in p53-mutated cell lines. However, no significant correlation existed between fluorouracil cytotoxicity, as extracted from the NCI databases, and TYMS expression, activity or polymorphisms.

© 2007 Elsevier Ltd. All rights reserved.

1. Introduction

Thymidylate synthase (TYMS) is the target enzyme of fluorouracil, an antimetabolite widely used in the treatment of colorectal, head-and-neck and breast cancers. It is a key enzyme for the synthesis of the DNA-specific nucleotide thymidylate, by catalysing the reductive methylation of deoxyuridylic acid into thymidylic acid in the presence of N⁵,N¹⁰-methylene tetrahydrofolate as a cofactor.¹ Fluorouracil and other fluoropyrimidines, as well as other folate analogues such as raltitrexed, exert their cytotoxic action by depleting the thymidylate pool,

leading to the activation of apoptotic pathways and to cell death.²

The intracellular level of TYMS has been long ago recognised as a determinant of fluorouracil cytotoxicity *in vitro*^{3,4} and *in vivo*.^{5–8} Response of colorectal cancers to infusional fluorouracil has been associated to low expression levels of thymidylate synthase by several groups, using different methods addressing mRNA, protein or enzyme activity, and in palliative as well as in adjuvant settings.⁹ The correlation between low thymidylate synthase expression and fluorouracil response is also displayed in other malignancies which benefit

* Corresponding author. Address: Laboratoire de Pharmacologie des Agents Anticancéreux, Institut Bergonié, 229 Cours de l'Argonne, 33076 Bordeaux-cedex, France. Tel.: +33 556 33 33 27; fax: +33 556 33 33 89.

E-mail address: robert@bergonie.org (J. Robert).

0959-8049/\$ - see front matter © 2007 Elsevier Ltd. All rights reserved.

doi:10.1016/j.ejca.2006.12.012

from fluorouracil therapy, such as pancreatic cancer and hepatocellular carcinoma.^{10,11}

The transcription of the TYMS gene does not involve TATA or CAAT boxes, but an 80% proportion of CG bases is present in the 5' untranslated region (UTR) of the gene. Kaneda et al.¹² have identified in this region a tandem repeat of a 28-bp sequence harbouring a CGCCGCG motif able to form secondary stem-loop structures which regulates the transcription level of the TYMS gene. In addition, Chu et al.¹³ have identified a specific site for the fixation of TYMS at the level of the 5' UTR of its own mRNA, involving the repeated sequence and the translation initiation codon, which would play a major role in TYMS translational regulation.

Several polymorphisms are present in the TYMS gene promoter and interfere with the mechanism of regulation of TYMS expression. A first variation lies in the number of repeats of the 28 bp sequence, which is either present in duplicate (2R) or in triplicate (3R).¹⁴ In addition, a C > G transversion can occur in the second repeat when three repeats are present, giving rise in that case to two possibilities for the 3R allele: 3C or 3G.¹⁵ A polymorphism is also present at the level of the 3'UTR of TYMS, consisting of the presence or absence of a 6 bp sequence close to the polyadenylation signal.¹⁶

These polymorphisms have been shown to be associated with the expression of TYMS and, consequently, with the sensitivity to fluorouracil. The presence of three repeats, at the heterozygous or homozygous states, was first shown to be associated with higher protein expression and lower fluorouracil efficiency.^{17,18} However, opposite results were found later in terms of patients' survival after adjuvant fluorouracil treatment,^{19,20} but in that case the DNA used to determine the gene variation originated from normal tissue or peripheral blood cells instead of tumour tissue. It was later suggested that only the 3G allele was associated with these features. The 2R/2R, 2R/3C and 3C/3C diplotypes were thus characterised by lower gene expression while the 2R/3G, 3C/3G and 3G/3G diplotypes by higher gene expression.^{1,15} Concerning the 3' UTR polymorphism, it was shown that the deletion of the 6 bp sequence was associated with low gene expression,²² which would lead to a better efficiency of fluorouracil,²¹ but, there again, opposite results were found by another group.²⁰

Looking for a cellular model able to resolve these discrepancies and provide clear indications on the relationships between TYMS gene polymorphisms and fluorouracil activity, we wanted to see whether the NCI-60 panel could serve as a surrogate tool able to provide answers to this problem. The NCI-60 panel consists of 60 human tumour cell lines in culture and was initially established for high-throughput screening of natural products and synthetic molecules, on the basis of their antiproliferative properties.²³ In addition, a number of molecular markers and gene expression profiles have been determined in the panel, allowing to establish relationships between chemo-sensitivity or -resistance and the molecular features of the cells.²⁴

We have recently studied several gene polymorphisms in the NCI-60 panel and have established relationships with the cytotoxicity of anticancer drug families.²⁵ Since the cell lines are tumoural, they can present many somatic genetic alterations, distinct from an actual constitutive polymorphism present in the patient who hosted the tumour. We

have shown, however, that the NCI panel could represent a valuable model to study the role of gene variations on anti-cancer drug activity.²⁶ In the present study, we have determined the three known polymorphisms of TYMS and tentatively related these polymorphisms to the TYMS mRNA expression and catalytic activity as well as to fluorouracil *in vitro* cytotoxicity.

2. Materials and methods

Frozen cell pellets from 59 of the 60 NCI cell lines of the panel were kindly provided by Dr. S. Holbeck, Cancer Therapeutic Branch, NCI, Bethesda. One cell line, MDA-N, is no longer available in the NCI panel.

Genomic DNA was extracted from cell pellets using QIA-amp® DNA minikit from Qiagen. It was quantified by spectrophotometry. Polymerase chain reactions (PCR) were performed on genomic DNA using appropriate primers (see below). Polymorphisms were detected using restriction fragment length polymorphism (RFLP) techniques on PCR products, using appropriate restriction enzymes. Electrophoresis was performed before and after digestion on 10% polyacrylamide gels. The presence of a variation was translated into the occurrence of a restriction site on the PCR product, leading to two shorter products. This technique allowed the unambiguous discrimination between variant homozygous, common homozygous and heterozygous cell lines, for the polymorphism of the 5'UTR (2R/3C/3G) and that of the 3'UTR (+6/–6). Sequencing was performed on 18 randomly chosen PCR products from the various genotypes of the variations studied. Concordance with RFLP was obtained in 100% of the cases.

We used the following primers for the 5' variation: sense: 5' AGGCGCGCGGAAGGGGTCCT 3'; antisense: 5' TCCGAGCCG-GCCACAGGCAT 3'. The amplification was performed using the Invitrogen PCR enhancer system with 1.5 mM of MgSO₄. The 2R/3R variation was first identified by direct electrophoresis of the PCR products on 12% polyacrylamide gels: bands of 114 or 141 bp can be easily identified. The PCR products were then digested by *HaeIII*, which specifically cleaves the 3G allele, and subjected to polyacrylamide gel electrophoresis.

For the 3'UTR variation, we used the following primers: sense: 5' CAAATCTGAGGGAGCTGAGT 3'; antisense: 5' CAGATAAGTGGCAGTACAGA 3'. The PCR was performed with 1 mM MgCl₂. The PCR products were digested by *DraI*, which specifically cleaves the +6 allele, and subjected to polyacrylamide gel electrophoresis.

After identification of the genotypes of each cell line, the IC₅₀ values of 136 core drugs vis-à-vis the 59 cell lines, expressed as –log₁₀(IC₅₀), were extracted from the NCI database (<http://dtp.nci.nih.gov>); mean values were calculated for common homozygous, variant homozygous and heterozygous cell lines and were compared by analysis of variance using a general linear model. Drugs were grouped as a function of their known mechanism of action into eight categories (see Ref. [24] for details): alkylating or platinating agents acting on N⁷ of guanine; other alkylating agents, acting on N² and O⁶ of guanine; antimetabolites; antifolates; topoisomerase I inhibitors; topoisomerase II inhibitors; spindle poisons, subdivided into vinca-alkaloid-type and taxane-type mechanisms of action. Only 18 drugs out 136 remained unclassified because of

disagreement about their precise mechanism of action. It was first possible to directly compare the mean IC_{50} values of each drug in the various genotypes, and it was also possible to use a paired Student's *t* test to analyse the data related to drug families. Due to the number of tests performed (136), we considered as significant only the *P* values lower than 4×10^{-4} .

The expression of TYMS was also extracted from the NCI database. Six different datasets are available, one obtained by Western blots, one by quantitative RT-PCR and four by microarray analysis using three different types of microarrays. We chose to focus our analyses on the RT-PCR data which are considered as the reference method to quantify mRNA products. Since no data on TYMS catalytic activity were present in the database, we evaluated this activity using the cytosols prepared by sonication of the cell pellets and ultracentrifugation at 100,000 *g*. The method used had been described by Etienne et al.²⁷ it uses radiolabelled [³H]dUMP (Moravsek Biochemicals Brea, CA, USA, specific activity: 14.3 Ci/mmol) which is converted by the enzyme, in the presence of N⁵,N¹⁰-methylene tetrahydrofolate, into tritiated water which is estimated in a beta scintillation counter. The cofactor was synthesised from (6R,S)-5,6,7,8-tetrahydrofolic acid hydrochloride (Schircks Laboratories, Jona, Switzerland) according to Peters et al.²⁸

The Chi-square test was used for comparing the distribution of the cell lines among genotypes. Pearson coefficients of correlation were calculated for comparing continuous variables. To study the pharmacological parameters as a function of the genotype, we analysed the variances of fluorouracil IC_{50} and TYMS expression and activity values for each genotype and calculated the significance of the differences in mean values, taking into account the unbalanced size of the groups.

3. Results

Fig. 1 shows some representative electrophoretic profiles of PCR products before and after digestion with the appropriate restriction enzymes. Table 1 lists the 59 cell lines studied and their genotypic status for the polymorphisms considered. No special trend appeared concerning the presence or absence of a given variant as a function of the tissue of origin of the cells. There were 23 cell lines with the 2R/2R genotype, 17 with the 2R/3R genotype and 19 with the 3R/3R genotype. Among the 36 cell lines with a 3R allele, there were ten lines 2R/3C, seven

lines 2R/3G, nine lines 3C/3C, six lines 3C/3G and four lines 3G/3G. In terms of allele frequency, and considering all cell lines are diploid, the 2R allele occurs with a frequency of 53%, and the 3C and the 3G alleles with frequencies of 29 and 18%, respectively. One cell line (the renal cell carcinoma 786-0) presented an unexpected RFLP profile, with two 28-bp repeats (2R/2R) and a cleavage site characteristic for the C > G transversion. The sequencing of the PCR product (Fig. 2) confirmed that this cell line was a 2C/2G heterozygote, with a new variant allele in the 28-bp repeat polymorphism. At the level of the 3'UTR, there were 32 lines with the +6/+6 genotype, 16 heterozygous cell lines +6/−6 and 11 −6/−6, giving a −6 allele frequency of 32%.

From these data, it was possible to estimate the frequency of the various haplotypes, based on the constitution of the different genotypes. Among the six possible haplotypes, the two major ones were those associating the 2R and +6 variants and the 3C and +6 variations (Table 2). There is a linkage disequilibrium between the polymorphisms of the 5' and the 3' UTRs: the 3G allele is significantly associated with the −6 allele and the 2R allele with the +6 allele ($P = 0.0011$ and 0.0001 , respectively, with Chi-square test). In addition, there is, in the NCI-60 panel, a deviation from the Hardy–Weinberg rule, with a lower than expected proportion of heterozygous genotypes for both polymorphisms ($P = 0.005$ and 0.014 , respectively, for the 5' and the 3' UTR polymorphisms). This can be interpreted as a loss of heterozygosity at the level of chromosome 18 which bears the TYMS gene.

We first looked for significant associations between the presence of the variations identified and TYMS expression and catalytic activity. TYMS expression was extracted from the NCI database and we evaluated TYMS catalytic activity in the cytosols of cell pellets (Fig. 3). It appeared that the 3R genotype was not significantly associated with differences in the average level of expression and catalytic activity, but the presence of at least one 3G allele was significantly associated with both TYMS expression and catalytic activity of (Table 3): the level of expression, as estimated by RT-PCR, was on average two times higher in cells lines harbouring at least one 3G allele than in those harbouring none (11.5 versus 19.2 units, $P = 0.034$); and the catalytic activity was in average 3.5 higher in the 3G cell lines than in the other ones (13.5 versus 46.2 pmol/min/mg prot., $P = 0.014$). As a general feature, the

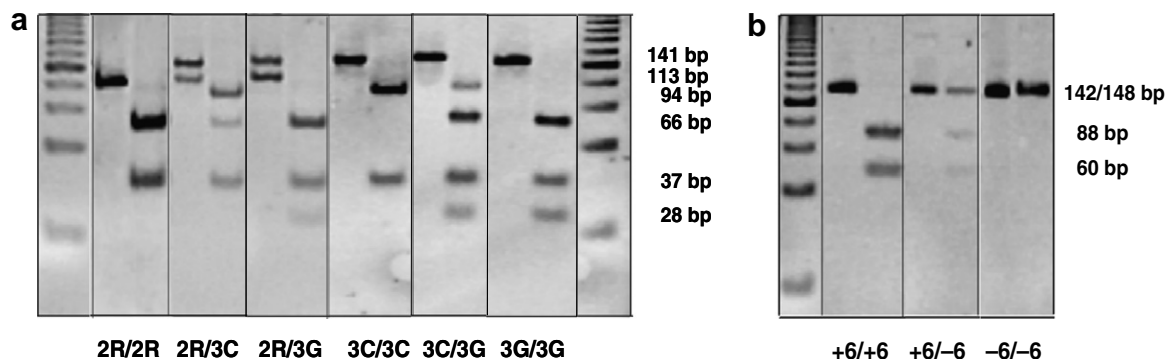


Fig. 1 – Representative electrophoretic patterns of PCR products before (left lanes) and after (right lanes) digestion for the identification of TYMS polymorphisms. (a) 5'UTR polymorphisms. (b) 3'UTR polymorphism. The deduced diplotypes are indicated below each couple of lanes.

Table 1 – Polymorphisms of the TYMS genes found in the NCI-60 panel

| Tumour type | Cell line | 5'UTR | 3'UTR | TYMS expression | TYMS activity | p53 status |
|------------------------|-------------|-------|-------|-----------------|---------------|------------|
| Leukaemia | CCRF-CEM | 3C/3G | +6/–6 | 31.9 | 203 | Mut |
| | HL-60 | 2R/3C | +6/+6 | | 18.0 | Mut |
| | K-562 | 2R/2R | +6/+6 | 3.24 | 46.7 | Mut |
| | MOLT-4 | 2R/2R | +6/+6 | 67.8 | 114 | WT |
| | RPMI-8226 | 3C/3G | +6/+6 | 11.9 | 6.63 | Mut |
| | SR | 3C/3G | –6/–6 | 4.68 | 69.1 | WT |
| Lung cancer | A549/ATCC | 2R/3C | +6/+6 | | 0.621 | WT |
| | EKVX | 3C/3G | –6/–6 | 9.51 | 17.3 | Mut |
| | HOP-62 | 2R/3C | +6/+6 | 11.4 | 31.8 | Mut |
| | HOP-92 | 2R/3C | +6/+6 | 1.61 | 1.73 | Mut |
| | NCI-H226 | 2R/3C | +6/+6 | | 1.93 | Mut |
| | NCI-H23 | 2R/3G | +6/–6 | 28.9 | 278 | Mut |
| | NCI-H322M | 2R/2R | +6/+6 | 11.2 | 0.273 | Mut |
| | NCI-H460 | 3C/3C | +6/+6 | 9.30 | 1.10 | WT |
| | NCI-H522 | 3C/3C | +6/–6 | 12.7 | 1.20 | Mut |
| Colon cancer | COLO-205 | 2R/2R | +6/+6 | 10.6 | 1.94 | Mut |
| | HCC-2998 | 3C/3C | +6/–6 | 11.0 | 11.3 | Mut |
| | HCT-116 | 2R/2R | –6/–6 | 23.4 | 39.6 | WT |
| | HCT-15 | 2R/2R | +6/+6 | 15.4 | 2.73 | Mut |
| | HT29 | 2R/2R | +6/+6 | 15.1 | 2.30 | Mut |
| | KM12 | 3C/3C | +6/+6 | 5.64 | 0.756 | Mut |
| | SW-620 | 2R/2R | +6/+6 | 9.01 | 5.16 | Mut |
| Central nervous system | SF-268 | 2R/2R | +6/+6 | 7.38 | 6.62 | Mut |
| | SF-295 | 3C/3C | +6/–6 | 8.08 | 0.798 | Mut |
| | SF-539 | 3C/3C | –6/–6 | 4.59 | 1.75 | WT |
| | SNB-19 | 2R/2R | –6/–6 | 1.31 | 7.67 | Mut |
| | SNB-75 | 2R/2R | +6/+6 | 4.02 | 3.30 | Mut |
| | U251 | 2R/3C | +6/–6 | 11.0 | 3.01 | Mut |
| Melanoma | LOXIMVI | 2R/2R | +6/+6 | 11.5 | 6.31 | WT |
| | MALME-3M | 2R/2R | +6/+6 | 19.7 | 9.98 | WT |
| | M14 | 2R/3G | +6/–6 | 18.4 | 52.0 | Mut |
| | SK-MEL-2 | 2R/3G | +6/+6 | 30.7 | 40.0 | Mut |
| | SK-MEL-28 | 2R/3G | +6/–6 | 14.5 | 28.6 | Mut |
| | SK-MEL-5 | 3C/3G | –6/–6 | 19.0 | 31.1 | WT |
| | UACC-257 | 3C/3C | +6/–6 | 4.93 | 7.86 | WT |
| | UACC-62 | 3G/3G | –6/–6 | 52.3 | 0.752 | WT |
| Ovarian cancer | IGROV1 | 3G/3G | +6/–6 | 12.4 | 11.8 | WT |
| | OVCAR-3 | 2R/3C | –6/–6 | 8.34 | 13.4 | Mut |
| | OVCAR-4 | 2R/2R | +6/+6 | 8.57 | 0.43 | WT |
| | OVCAR-5 | 2R/2R | +6/+6 | 14.5 | 25.6 | Mut |
| | OVCAR-8 | 2R/2R | +6/+6 | 10.7 | 9.25 | Mut |
| | SK-OV-3 | 2R/2R | –6/–6 | 21.3 | 1.62 | Mut |
| Renal cancer | 786-0 | 2R/2R | +6/–6 | 8.12 | 4.34 | Mut |
| | A498 | 2R/2R | +6/+6 | 2.41 | 1.91 | WT |
| | ACHN | 3G/3G | –6/–6 | 12.1 | 7.05 | WT |
| | CAKI-1 | 2R/3C | +6/+6 | 11.9 | | WT |
| | RXF-393 | 2R/3C | +6/–6 | 15.8 | 26.1 | Mut |
| | SN-12C | 2R/2R | +6/+6 | 6.29 | 0.914 | Mut |
| | TK-10 | 3C/3C | +6/+6 | 6.83 | 15.0 | Mut |
| | UO-31 | 2R/3G | +6/–6 | 6.38 | 0.533 | WT |
| Prostate cancer | PC-3 | 3C/3G | +6/–6 | 18.9 | 1.09 | Mut |
| | DU-145 | 2R/2R | +6/+6 | | 11.1 | Mut |
| Breast cancer | MCF-7 | 3C/3C | +6/+6 | | 9.57 | WT |
| | NCI/ADR-RES | 2R/2R | +6/+6 | 8.86 | 7.58 | Mut |
| | MDA-MB-231 | 2R/3C | +6/+6 | | 62.1 | Mut |
| | HS578T | 2R/3G | +6/–6 | | 5.62 | Mut |
| | MDA-MB-435 | 2R/3G | +6/–6 | 17.3 | 7.67 | Mut |
| | BT-549 | 3G/3G | –6/–6 | | 25.0 | Mut |
| | T-47D | 2R/2R | +6/+6 | | 28.6 | Mut |

TYMS gene polymorphisms were determined as described in Materials and methods. TYMS expression is extracted from the NCI database and expressed in arbitrary units. TYMS activity was determined as described in Material and methods and is expressed as pmol/min/mg proteins. The p53 status of the cell lines (mutated or wild-type) was extracted from the NCI database.

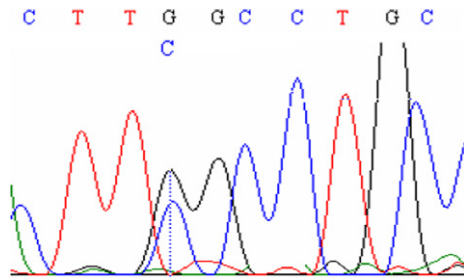


Fig. 2 – DNA sequence analysis of the 5'UTR PCR product in the 786-0 cell line, showing the unique 2C/2G genotype.

Table 2 – Frequency of the TYMS gene haplotypes found in the NCI-60 panel

| Haplotype | Frequency (%) |
|-----------|---------------|
| 2R/+6 | 46.6 |
| 2R/–6 | 6.8 |
| 3C/+6 | 18.6 |
| 3C/–6 | 10.2 |
| 3G/+6 | 2.5 |
| 3G/–6 | 15.3 |

overall correlation between the levels of TYMS expression and activity was highly significant ($r = 0.47$, $P = 4 \times 10^{-4}$). No association between the +6/–6 polymorphism and TYMS expression or activity appeared as significant (Table 3).

We then looked for correlations between the presence of a given polymorphism and the cytotoxicity of individual drugs of the NCI database. No significant association with $P < 4 \times 10^{-4}$ (due to Bonferroni correction) could be found with any of the 136 drugs, especially fluorouracil and the other fluoropyrimidines, and any polymorphism or combination of polymorphisms. Similarly, no association appeared when the drugs were pooled as a function of their mechanism of action. It must be emphasised at this point that there was no significant correlation between the levels of expression or catalytic activity of TYMS and the IC_{50} of fluorouracil as extracted from the databases ($r = 0.02$ and -0.02 , respectively).

Because the cytotoxicity of fluorouracil appeared as extremely dependent upon the p53 status of the cell lines, with

the wild-type cell lines being 5-fold more sensitive than the p53-mutated ones, we repeated the quest of significant associations between TYMS gene polymorphisms and TYMS expression and catalytic activity, as well as fluorouracil cytotoxicity, in the subset of the 40 p53-mutated cell lines of the NCI panel. It appears that the association between the presence of a 3G allele in the TYMS genotype and the expression and activity of TYMS was much more significant than in the whole NCI-60 panel: TYMS expression was 2-fold higher and TYMS activity 6-fold higher in the 3R allele-containing cells than in the other cell lines ($P = 5 \times 10^{-5}$ and 5×10^{-3} , respectively). However, there again, no relationship appeared between the cytotoxicity of fluorouracil and TYMS expression, activity or genotype.

4. Discussion

The distribution of the TYMS genotypes of the NCI-60 panel was in agreement with the distribution found in Caucasian populations: the 2R/3C/3G allele proportions were 48, 29 and 23%, respectively, in the study of Krajcinovic et al.²⁹ working on leukaemic Canadian children of European descent, and 50, 28 and 22% in the study of Graziano et al.³⁰ in an Italian population, while we found 53, 29 and 18% in the NCI-60 panel. This distribution is different from the one observed in Japanese subjects by Kawakami and Watanabe¹⁵: 17, 40 and 43%. On the 3' UTR, the frequency of the –6 allele is 27% in the study of Krajcinovic et al.²⁸ 34% in the study of Graziano et al.³⁰ and 32% in our study. Similarly, the distribution of haplotypes obtained by combining the 5' and the 3' UTR variations does not differ significantly between Caucasian populations and the NCI panel.

These results indicate first that the linkage disequilibrium we observed is a general feature and that the two extremities of the TYMS gene belong to the same haplotype block. This also indicates that, although the NCI-60 panel is constituted of tumour cell lines, with a large number of gene rearrangements, the overall structure of the TYMS gene still persists in the genetic background. One of the features which may characterise tumour cell lines in this respect is the loss of heterozygosity which is likely to have occurred in a significant number of cell lines, without any possibility of identifying precisely which ones, among the homozygous lines, are in

Table 3 – Fluorouracil cytotoxicity, TYMS mRNA expression and TYMS catalytic activity in the 59 cell lines of the panel, according to the 5' and 3' UTR polymorphisms of the TYMS gene

| | Fluorouracil ($-\log_{10}IC_{50}$) | TYMS expression (arbitrary units) | TYMS activity (pmol/min/mg prot.) |
|---------------------------|--------------------------------------|-----------------------------------|-----------------------------------|
| 2R/2R | 4.61 ± 0.11 | 13.3 ± 2.9 | 14.9 ± 5.2 |
| 2R/3R | 4.42 ± 0.17 | 14.7 ± 2.1 | 35.7 ± 16.3 |
| 3R/3R | 4.82 ± 0.17 | 13.9 ± 2.8 | 22.2 ± 10.7 |
| +6/+6 | 4.64 ± 0.12 | 12.6 ± 2.3 | 15.4 ± 4.2 |
| +6/–6 | 4.57 ± 0.13 | 14.7 ± 1.9 | 40.2 ± 20.1 |
| –6/–6 | 4.65 ± 0.23 | 15.6 ± 4.5 | 19.5 ± 6.3 |
| 2R/2R + 2R/3C + 3C/3C | 4.65 ± 0.10 | 11.5 ± 1.7 | 13.4 ± 3.3 |
| 2R/3G + 3C/3G + 3G/3G | 4.55 ± 0.15 | $19.2 \pm 3.0^*$ | $46.2 \pm 18.6^*$ |
| No 3G allele, p53 mutated | 4.45 ± 0.10 | 9.57 ± 0.9 | 11.8 ± 2.7 |
| 3G allele, p53 mutated | 4.32 ± 0.20 | $20.2 \pm 2.6^{***}$ | $64.0 \pm 20.4^{**}$ |

Results are indicated as means \pm s.e.m.

Significant differences: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.0001$.

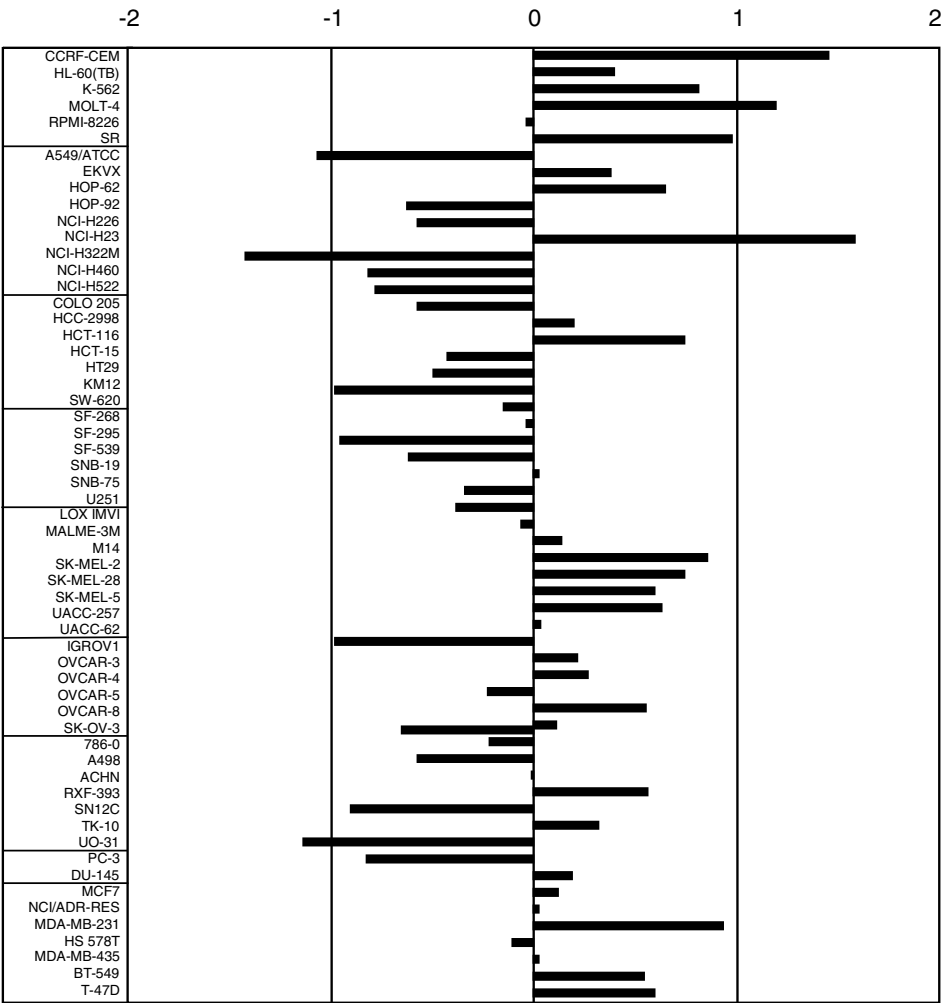


Fig. 3 – Representation of TYMS catalytic activity in the NCI-60 panel. The activities, after log₁₀ transformation, were normalised; activities higher than the average value in the 60 cell lines are represented as bars oriented to the right, and those lower than the average to the left.

fact hemizygous. Loss of heterozygosity on chromosome 18p has been shown to occur in colorectal cancers and may modify the tumour response to fluorouracil of heterozygous patients when the 3R allele is lost.³¹ Since our study precisely concerns the tumour response to anticancer drugs, and not the epidemiology of TYMS polymorphisms, this loss of heterozygosity does not hamper the validity of our approach.

We observed a significant association between the presence of the 3G allele and both the mRNA expression and catalytic activity of thymidylate synthase. This is in agreement with the observations of Kawakami et al.²¹ in gastric cancer and of Morganti et al.³² in colorectal cancer. It had been first shown that the 3R allele was associated with high TYMS expression,^{17,18} but this observation was not made in all studies.^{19,20} The fact that high TYMS expression appears to be associated with a better prognosis of colorectal cancer, independently of chemotherapy,³³ is a confounding factor that may explain these discrepancies. However, the discovery of the fact that the 3R allele could be either 3C or 3G, the second one only being associated with high TYMS expression, may also explain why the role of the 3R allele was not found in all studies.^{15,21,33}

Among the NCI-60 cell lines, the presence of a 3R allele is not enough to determine high TYMS expression, only the 3G alleles display this property. It is now well accepted that genotypes 2R/3G, 3C/3G and 3G/3G are associated *in vivo* to high TYMS expression, while the genotypes 2R/2R, 2R/3C and 3C/3C are not.³⁴ However, the role of the -6 allele in destabilising mRNA, which had been shown by Mandola et al.²² has no apparent consequence on TYMS expression in the NCI-60 panel. In fact, the possible role of the -6 allele on mRNA stability may be hidden by the linkage disequilibrium which associates the 3G allele (which confers high transcription/translation rate) and the -6 allele (which confers poor mRNA stability). Only two cell lines of the panel associated the presence of the 3G allele with a +6/+6 3' UTR genotype, which is not enough for statistical comparisons.

We were unable to show any significant relationship between fluorouracil cytotoxicity and the presence of TYMS gene polymorphisms. It was already possible, from the *in silico* analysis of the NCI database, to discover that TYMS expression was in no way related to fluorouracil cytotoxicity. This is puzzling because of the general observation that fluorouracil efficiency in patients is associated with TYMS expression

and/or activity, which are in turn under the dependence of TYMS gene polymorphisms.^{9,35} In an *in vitro* study on 19 cell lines in culture, Etienne et al.²⁷ have shown that there was no correlation between TYMS catalytic activity and fluorouracil IC₅₀; however, when this parameter was evaluated in the presence of a high concentration of reduced folates, then a significant correlation appeared ($r = 0.610$, $P = 0.0027$). This is in relation to the fact that the tumour cell lines have highly variable intracellular concentrations of reduced folates; the presence of the cofactor considerably enhances the activity of fluorouracil, which is well known in the clinics, where fluorouracil is now always combined to leucovorin.² The determination of fluorouracil cytotoxicity in the NCI-60 panel has been done without folate addition, and fluorouracil IC₅₀s must be dependent on reduced folate intracellular levels rather than on TYMS expression. As a consequence, no direct effect of TYMS polymorphisms on fluorouracil cytotoxicity can be found in the NCI-60 panel with the current database.

Yawata et al.³⁶ also studied the TYMS polymorphisms at the 5' UTR of the gene in a collection of 30 human tumour cell lines. They found no relationship between the genotype and TYMS expression at the mRNA level and no relationship either with fluorouracil cytotoxicity. However, they observed a significant relationship between the genotype and the cytotoxicity of fluorodeoxyuridine, the deoxyribonucleoside derived from fluorouracil, with significantly higher IC₅₀ values in cell lines harbouring the 3G allele at the homozygous state. No indications on the reduced folate concentrations of the cell lines were given in this study.

We have observed that, in the cell lines having a mutated p53, the relationship between TYMS gene polymorphism and TYMS expression or activity was much more significant than in the cell lines having a wild-type p53. This would suggest that a different regulation of TYMS expression at the transcription and/or translation levels occurs upon the loss of genomic stability induced by p53 mutation. It would be of interest to study the regulation of TYMS transcription and translation in isogenic models differing only by the p53 status. It should be mentioned that there is a significant correlation between the expression of several enzymes involved in the folate pathway and TYMS expression or activity: this is the case for methionine synthase and for serine hydroxymethyl transferase 1. Coordinate regulations of these enzymes can be inferred from these observations.

There is a distortion in the relative levels of TYMS mRNA expression and its catalytic activity as a function of the genotype. TYMS mRNA levels are twice higher in the 3G allele-containing cell lines than in the other ones while TYMS catalytic activity is three times higher, and even six times higher when considering only the p53-mutated cell lines. This may be related to the fact that the 3G allele is involved not only in increased transcription rate through USF binding,³⁷ but also in increased translation level, as shown by Kawakami and Watanabe.¹⁵ According to Chu et al.¹³ TYMS translation rate is auto-regulated by fixation of the protein on a stem-loop motif of 36 bp at the 5'UTR of its own mRNA. This is precisely the zone where the two polymorphisms occur and the genotype-dependency of translation rates may be related to different binding affinity or stability. Using an *in silico* approach, we have compared the secondary structures of the 5' UTRs of the three

mRNA species, 2R, 3C and 3G, over 100 bp length,³⁸ [<http://rna.tbi.univie.ac.at/cgi-bin/RNAfold.cgi>]. The same hairpin stem-loop structure containing the translation initiation site was found for all three mRNAs. However, structural differences may influence TYMS mRNA binding and explain differences in translation rate according to the genotype. Furthermore, this modelling allowed us to calculate the minimal free energy of each type of mRNA, using the algorithm of Zuker and Stiegler.³⁹ It appeared that the 3G mRNA ($\Delta G_0 = -57.2$ kcal/mol) was more stable than the 3C mRNA ($\Delta G_0 = -53.7$ kcal/mol), which was more stable than the 2R mRNA ($\Delta G_0 = -48.3$ kcal/mol). The increased mRNA stability of the 3G allele may explain the increased protein activity associated with this genotype.

In conclusion, the NCI-60 model is able to provide interesting information about the role of TYMS gene polymorphisms on TYMS mRNA expression and catalytic activity. The importance of reduced folates in the cytotoxicity of fluorouracil has to be emphasised, as well as the importance of the p53 status on the transcriptional and translational regulation of TYMS. Selecting patients for fluorouracil therapy as a function of their polymorphic thymidylate synthase status has been envisaged⁴⁰: such studies will have to take into account not only TYMS gene polymorphisms, both in normal and tumour tissue,³¹ but probably also the p53 status of the tumour.

Conflict of interest statement

None declared.

Acknowledgements

This study was supported by grants from the Ligue Nationale Française contre le Cancer, comités de la Dordogne, de la Charente et de la Charente Maritime. It is part of the Master 2 research project of NN. We are grateful to Pr. Jacques Bonnet and Dr. Hélène Jacquemin-Sablon for expert advice and to Mrs. Patricia Formento for teaching the technique of evaluation of the catalytic activity of TYMS.

REFERENCES

1. Carreras CW, Santi DV. The catalytic mechanism and structure of thymidylate synthase. *Annu Rev Biochem* 1995;**64**:721–62.
2. Longley DB, Harkin DP, Johnston PG. 5-fluorouracil: mechanisms of action and clinical strategies. *Nat Rev Cancer* 2003;**3**:330–8.
3. Johnston PG, Drake JC, Trepel J, Allegra CJ. Immunological quantitation of thymidylate synthase using the monoclonal antibody TS 106 in 5-fluorouracil-sensitive and -resistant human cancer cell lines. *Cancer Res* 1992;**52**:4306–12.
4. Copur S, Aiba K, Drake JC, Allegra CJ, Chu E. Thymidylate synthase gene amplification in human colon cancer cell lines resistant to 5-fluorouracil. *Biochem Pharmacol* 1995;**49**:1419–26.
5. Johnston PG, Lenz HJ, Leichman CG, et al. Thymidylate synthase gene and protein expression correlate and are associated with response to 5-fluorouracil in human colorectal and gastric tumors. *Cancer Res* 1995;**55**:1407–12.
6. Leichman CG, Lenz HJ, Leichman L, et al. Quantitation of intratumoral thymidylate synthase expression predicts for

- disseminated colorectal cancer response and resistance to protracted-infusion fluorouracil and weekly leucovorin. *J Clin Oncol* 1997;15:3223–9.
7. Yamachika T, Nakanishi H, Inada K, et al. A new prognostic factor for colorectal carcinoma, thymidylate synthase, and its therapeutic significance. *Cancer* 1998;82:70–7.
 8. Aschele C, Debernardis D, Casazza S, et al. Immunohistochemical quantitation of thymidylate synthase expression in colorectal cancer metastases predicts for clinical outcome to fluorouracil-based chemotherapy. *J Clin Oncol* 1999;17:1760–70.
 9. Popat S, Matakidou A, Houlston RS. Thymidylate synthase expression and prognosis in colorectal cancer: a systematic review and meta-analysis. *J Clin Oncol* 2004;22:529–36.
 10. Link KH, Kornmann M, Butzer U, et al. Thymidylate synthase quantitation and in vitro chemosensitivity testing predicts responses and survival of patients with isolated nonresectable liver tumors receiving hepatic arterial infusion chemotherapy. *Cancer* 2000;89:288–96.
 11. Hu YC, Komorowski RA, Graewin S, et al. Thymidylate synthase expression predicts the response to 5-fluorouracil-based adjuvant therapy in pancreatic cancer. *Clin Cancer Res* 2003;9:4165–71.
 12. Kaneda S, Nalbantoglu J, Takeishi K, et al. Structural and functional analysis of the human thymidylate synthase gene. *J Biol Chem* 1990;265:20277–84.
 13. Chu E, Koeller DM, Casey JL, Drake JC, Chabner BA, Elwood PC. Autoregulation of human thymidylate synthase messenger RNA translation by thymidylate synthase. *Proc Natl Acad Sci USA* 1991;88:8977–81.
 14. Horie N, Aiba H, Oguro K, Hojo H, Takeishi K. Functional analysis and DNA polymorphism of the tandemly repeated sequences in the 5'-terminal regulatory region of the human gene for thymidylate synthase. *Cell Struct Funct* 1995;20:191–7.
 15. Kawakami K, Watanabe G. Identification and functional analysis of single nucleotide polymorphism in the tandem repeat sequence of thymidylate synthase gene. *Cancer Res* 2003;63:6004–7.
 16. Ulrich CM, Bigler J, Velicer CM, Greene EA, Farin FM, Potter JD. Searching expressed sequence tag databases: discovery and confirmation of a common polymorphism in the thymidylate synthase gene. *Cancer Epidemiol Biomarkers Prev* 2000;9:1381–5.
 17. Kawakami K, Salonga D, Park JM, et al. Different lengths of a polymorphic repeat sequence in the thymidylate synthase gene affect translational efficiency but not its gene expression. *Clin Cancer Res* 2001;7:4096–101.
 18. Pullarkat ST, Stoecklacher J, Ghaderi V, et al. Thymidylate synthase gene polymorphism determines response and toxicity of 5-FU chemotherapy. *Pharmacogenomics J* 2001;1:65–70.
 19. Jakobsen A, Nielsen JN, Gyldenkerne N, Lindeberg J. Thymidylate synthase and methylenetetrahydrofolate reductase gene polymorphism in normal tissue as predictors of fluorouracil sensitivity. *J Clin Oncol* 2005;23:1365–9.
 20. Hitre E, Budai B, Adleff V, et al. Influence of thymidylate synthase gene polymorphisms on the survival of colorectal cancer patients receiving adjuvant 5-fluorouracil. *Pharmacogenet Genomics* 2005;15:723–30.
 21. Kawakami K, Graziano F, Watanabe G, et al. Prognostic role of thymidylate synthase polymorphisms in gastric cancer patients treated with surgery and adjuvant chemotherapy. *Clin Cancer Res* 2005;11:3778–83.
 22. Mandola MV, Stoecklacher J, Zhang W, et al. A 6 bp polymorphism in the thymidylate synthase gene causes message instability and is associated with decreased intratumoral TS mRNA levels. *Pharmacogenetics* 2004;14:319–27.
 23. Monks A, Scudiero D, Skehan P, et al. Feasibility of a high flux anticancer drug screen using a diverse panel of cultured human tumor cell lines. *J Natl Cancer Inst* 1991;83:757–66.
 24. Scherf U, Ross DT, Waltham M, et al. A gene expression database for the molecular pharmacology of cancer. *Nat Genet* 2000;24:236–44.
 25. Le Morvan V, Bellott R, Moisan F, Mathoulin-Pélissier S, Bonnet J, Robert J. Relationships between genetic polymorphisms and anticancer drug cytotoxicity vis-à-vis the NCI60 panel. *Pharmacogenomics* 2006;7:843–52.
 26. Moisan F, Longy M, Robert J, Le Morvan V. Identification of gene polymorphisms of human DNA topoisomerase I in the National Cancer Institute panel of human tumour cell lines. *Br J Cancer* 2006;95:906–13.
 27. Etienne MC, Ilc K, Formento JL, et al. Thymidylate synthase and methylenetetrahydrofolate reductase gene polymorphisms: relationships with 5-fluorouracil sensitivity. *Br J Cancer* 2004;90:526–34.
 28. Peters GJ, Backus HH, Freemantle S, et al. Induction of thymidylate synthase as a 5-fluorouracil resistance mechanism. *Biochim Biophys Acta* 2002;1587:194–205.
 29. Krajcinovic M, Costea I, Primeau M, Dulucq S, Moghrabi A. Combining several polymorphisms of thymidylate synthase gene for pharmacogenetic analysis. *Pharmacogenomics J* 2005;5:374–80.
 30. Graziano F, Kawakami K, Watanabe G, et al. Association of thymidylate synthase polymorphisms with gastric cancer susceptibility. *Int J Cancer* 2004;112:1010–4.
 31. Uchida K, Hayashi K, Kawakami K, et al. Loss of heterozygosity at the thymidylate synthase (TS) locus on chromosome 18 affects tumor response and survival in individuals heterozygous for a 28-bp polymorphism in the TS gene. *Clin Cancer Res* 2004;10:433–9.
 32. Morganti M, Ciantelli M, Giglioni B, et al. Relationships between promoter polymorphisms in the thymidylate synthase gene and mRNA levels in colorectal cancers. *Eur J Cancer* 2005;41:2176–83.
 33. Edler D, Glimelius B, Hallstrom M, et al. Thymidylate synthase expression in colorectal cancer: a prognostic and predictive marker of benefit from adjuvant fluorouracil-based chemotherapy. *J Clin Oncol* 2002;20:1721–8.
 34. Graziano F, Kawakami K. Studying the predictive/prognostic role of thymidylate synthase genotypes in patients with colorectal cancer: Is one polymorphism enough? *J Clin Oncol* 2005;23:7230–1.
 35. Mauritz R, Peters GJ. Pharmacogenetics of colon cancer and potential implications for 5-fluorouracil-based chemotherapy. *Current Pharmacogenomics* 2006;4:57–67.
 36. Yawata A, Kim SR, Miyajima A, et al. Polymorphic tandem repeat sequences of the thymidylate synthase gene correlates with cellular-based sensitivity to fluoropyrimidine antitumor agents. *Cancer Chemother Pharmacol* 2005;56:465–72.
 37. Mandola MV, Stoecklacher J, Muller-Weeks S, et al. A novel single nucleotide polymorphism within the 5' tandem repeat polymorphism of the thymidylate synthase gene abolishes USF-1 binding and alters transcriptional activity. *Cancer Res* 2003;63:2898–904.
 38. Hofacker IL. Vienna RNA secondary structure server. *Nucleic Acids Res* 2003;31:3429–31.
 39. Mathews DH, Sabina J, Zuker M, Turner H. Expanded sequence dependence of thermodynamic parameters provides robust prediction of RNA secondary structure. *J Mol Biol* 1999;288:911–40.
 40. Bertino JR, Banerjee D. Is the measurement of thymidylate synthase to determine suitability for treatment with 5-fluoropyrimidines ready for prime time? *Clin Cancer Res* 2003;9:1235–9.