

Comprehensive omics studies of p53 mutants in human cancer

Lakshay Malhotra , Alankrita Singh, Punit Kaur and Abdul S. Ethayathulla ^{*}

^{*}Corresponding author: Abdul S. Ethayathulla, Department of Biophysics, All India Institute of Medical Sciences, New Delhi 110029, India.
Tel: 911126593351; Fax: 911126588663; E-mail: ethayathulla@aiims.edu

Abstract

The p53 is the master regulator of the cell known for regulating a large array of cellular processes. Inactivation of p53 by missense mutations is one of the leading causes of cancer. Some of these mutations endow p53 with selective oncogenic functions to promote tumor progression. Due to the vast array of mutations found in p53, the experimental studies showing the role of different mutant p53 as an oncogene are also expanding. In this review, we discuss the oncogenic roles of different p53 mutants at the cellular level identified by multi-omics tools. We discuss some of the therapeutic studies to tackle p53 mutants and their downstream targets identified by omics. We also highlight the future prospective and scope of further studies of downstream p53 targets by omics.

Keywords: p53; multi-omics; p53 mutations; tumor progression; cancer

Introduction

The Tumor Antigen p53 (TAp53) is one of the most extensively studied tumor suppressor proteins discovered in 1979 [1–6]. As the guardian of the genome, p53 is in charge of safeguarding the genome by regulating numerous cellular pathways such as DNA repair, cell cycle and senescence, cell stress, apoptosis, cell growth and development. The p53 (393 residues) comprises of five distinct functional domains: the N-terminal transactivation domain, a proline-rich domain, DNA-binding domain (DBD), tetramerization domain and C-terminal regulatory domain [7, 8]. In the absence of functional p53, cells lose their defense against mutagens, genotoxic agents and harmful epigenetic changes. The missense mutation(s), either somatic or germline, inactivates p53 leading to tumorigenesis and tumor progression in a diverse spectrum of tissues [9, 10]. In the past two decades, over 30 000 somatic mutations of p53 have been reported in various cancers [11, 12]. More than 3686 p53 mutations are reported in the COSMIC database [13, 14], scattered in over 250 codons in 1800 different variations of the 393 amino acid tumor suppressor [15–17]. In many cancers, the mutp53 inside the tumor's microenvironment is usually stabilized and protected

from degradation by various oncogenic pathways [13, 18, 19]. Many mutant p53 acquire oncogenic function or gain of function in some cancers giving additional growth and survival advantages to the tumor cell. By far it is known that the presence of missense p53 mutants in the cell results in multi-drug resistance, tumor progression, metastasis and invasive phenotypes [20–27]. However, only a few studies have reported the oncogenic roles of p53 mutants in different tissue types [23, 28–31]; therefore, the involvement of different mutp53 displaying oncogenic properties in the tumor progression is still an underexplored area. For the targeted therapy, it is important to identify unique or similar downstream pathways of different p53 mutants for drug development. Interestingly, >87.56% of missense p53 mutations are prevalent in the exon 4–9 spanning 190 different codons confined to the p53 DBD [32, 33]. The mutations in the DBD are classified into two classes: the DNA contact mutants and the structural mutants. Although mutation in each amino acid residue of this master regulator is identified, but very little is known about the impact of these p53 mutations on tumor progression. Also, it is unknown whether a mutant p53 can exhibit unique or multiple oncogenic functions to

Lakshay Malhotra PhD Research Scholar at Department of Biophysics, AIIMS. His works focus on structural and functional characterization of both wild-type and mutant p53Y220C. He also focuses on finding novel ligands for restoring p53Y220C.

Alankrita Singh PhD Research Scholar at Department of Biophysics, AIIMS. Her work majorly focuses on characterizing the p53 mutants via biophysical and biochemical tools.

Punit Kaur Professor at Department of Biophysics, AIIMS. Her work majorly focuses on protein structure determination as well as drug design. She is also a life member of the Indian Biophysical Society as well as the Indian Crystallographic Association.

Abdul S. Ethayathulla Additional Professor at Department of Biophysics, AIIMS. He is a structural biologist and his research majorly focused on the role of p53 mutants in cancer and on structure-based drug design to develop small molecules as a potential therapeutic agent. He is a life member of the Indian Biophysical Society and the Indian Crystallographic Association.

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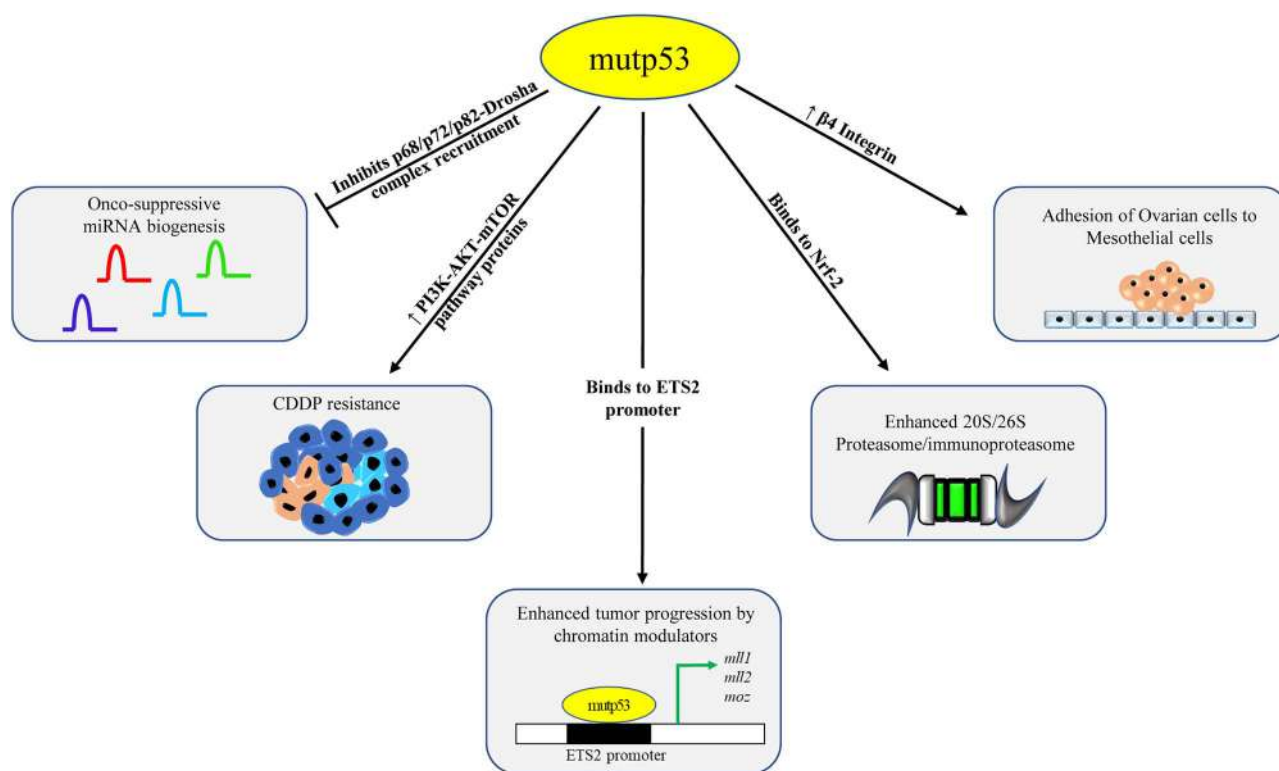


Figure 1. Multiple oncogenic functions performed by mutp53 to promote tumor progression.

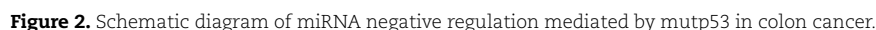
assist tumor progression. The advancements of various high-throughput detection techniques have helped to generate an extensive library of data through omics, unveiling the mechanism of tumor progression. In this review, we try to decipher the role of oncogenic p53 mutants in tumor progression in different tissues/cell types through multi-omics studies (Figure 1).

Decoding negative regulation of miRNA by mutant p53 in colon cancer using transcriptomics

MicroRNAs (miRNAs) are tiny (20–25 nucleotides), conserved single-stranded noncoding RNAs crucial for posttranscriptional modulation of gene expression [34–36]. Till now, around 2000 miRNA genes are known for regulating a pool of predicted human miRNA targets [37]. The miRNAs are generally transcribed from DNA as primary miRNAs (pri-miRNAs) by RNA polymerase II and get processed into a 70 nucleotide long intermediate pre-miRNAs (precursor) in the nucleus via the microprocessor complex containing Drosha (Nuclear RNase III), DiGeorge Syndrome Critical Region 8, p68 and p72/p82 (DDX17) [38]. These pri-miRNAs get transported by Exportin-5 to the cytoplasm and further processed into functional 20–25 nucleotide long mature miRNAs by Dicer and other RNase-related enzyme Transactivation response element RNA binding protein (TRBP) [34, 38, 39]. Generally, these mature miRNAs play a key role in the translational repression of certain specific genes by interacting with the 3' UTR (untranslated regions) of their

mRNA targets [39–43]. The downregulation of mature miRNAs is usually seen in vast human malignancies [44–49], especially colon cancer [39–43], triggered by epigenetic or genetic alterations and miRNA-processing impairments.

The Tap53 regulates a large number of miRNAs by forming interactions with miRNA processing machinery proteins like p68/p72 [50]. By transcriptomics, Suzuki et al. established the role of wtp53 in controlling tumors by regulating miRNA processing and the role of mutant p53 as an oncogene in tumor progression [40]. By RNA-chromatin immunoprecipitation, they found that with the doxorubicin-induced DNA damage in HCT116 (colon), WI-38 (skin fibroblast), TIG-3 (lung) and TOV21G (ovarian) cell lines (RNA-ChIP), the wtp53-mediated posttranscriptional processing of a large number of pre- and mature forms of miRNAs was identified. In response to DNA damage, wtp53 increases the posttranscriptional maturation of various miRNAs like miR-145, miR-16-1 and miR-143 (Figure 2). In a typical miRNA processing, the C-terminus of wtp53 DBD forms interactions with microprocessor co-factors p68 and helps miRNA processing. Upon mutation, an altered form of interactions is formed by the N-terminal domain of mutant p53 with the co-factors, p72/82 RNA helicase in the pri-miRNA stage thereby eliminating the formation of the Drosha complex for micro RNA biogenesis. This altered phenomenon is observed in the p53 mutants R273H, R175H, P309S and R280K [51, 52]. However, in the p53 knockout cell lines, both Pre- and mature miRNAs processing was completely abolished, establishing the key role of wtp53 in miRNA



Similarly, genome-wide expression studies conducted by Garibaldi et al. [52] on 376 mature miRNAs in SW480 (colon adenocarcinoma) cells harboring p53 R273H/P309S mutations showed the downregulation of four important miRNAs (miR-519e, miR-455-3p, miR-562, miR-412). These miRNAs play crucial roles in the cellular mechanisms such as cell cycle arrest, epithelial-mesenchymal transition (EMT) repression, migration inhibition and apoptosis. A similar observation was reported in other human HT29 colon cancer (R273H) and breast cancer SKBR3 (R175H) cell lines. Thus, indicating that p53-mediated miRNA regulation and processing is not restricted to just one cell type or one mutation. To cross-validate, their findings, a large data sets of next-generation sequencing data of breast cancer patients from The Cancer Genome Atlas (TCGA) was used and in most of the cases, the identified miRNA was

The increased activity of the 20S/26S proteasome in cancer cells to degrade various tumor suppressors in a ubiquitin-dependent and -independent manner is a well-known phenomenon. [53, 54]. Targeting the ubiquitin proteasomal system with drugs like Bortezomib and Carfilzomib is a proven therapeutic strategy in cancer therapy [55–57] (Figure 3), but the acquired resistance against these drugs is the biggest hurdle in therapy, especially in breast cancer [56, 58]. In the majority of drug-resistant cases, p53 was reported to be mutated. Using various omics techniques like whole-cell proteomics,

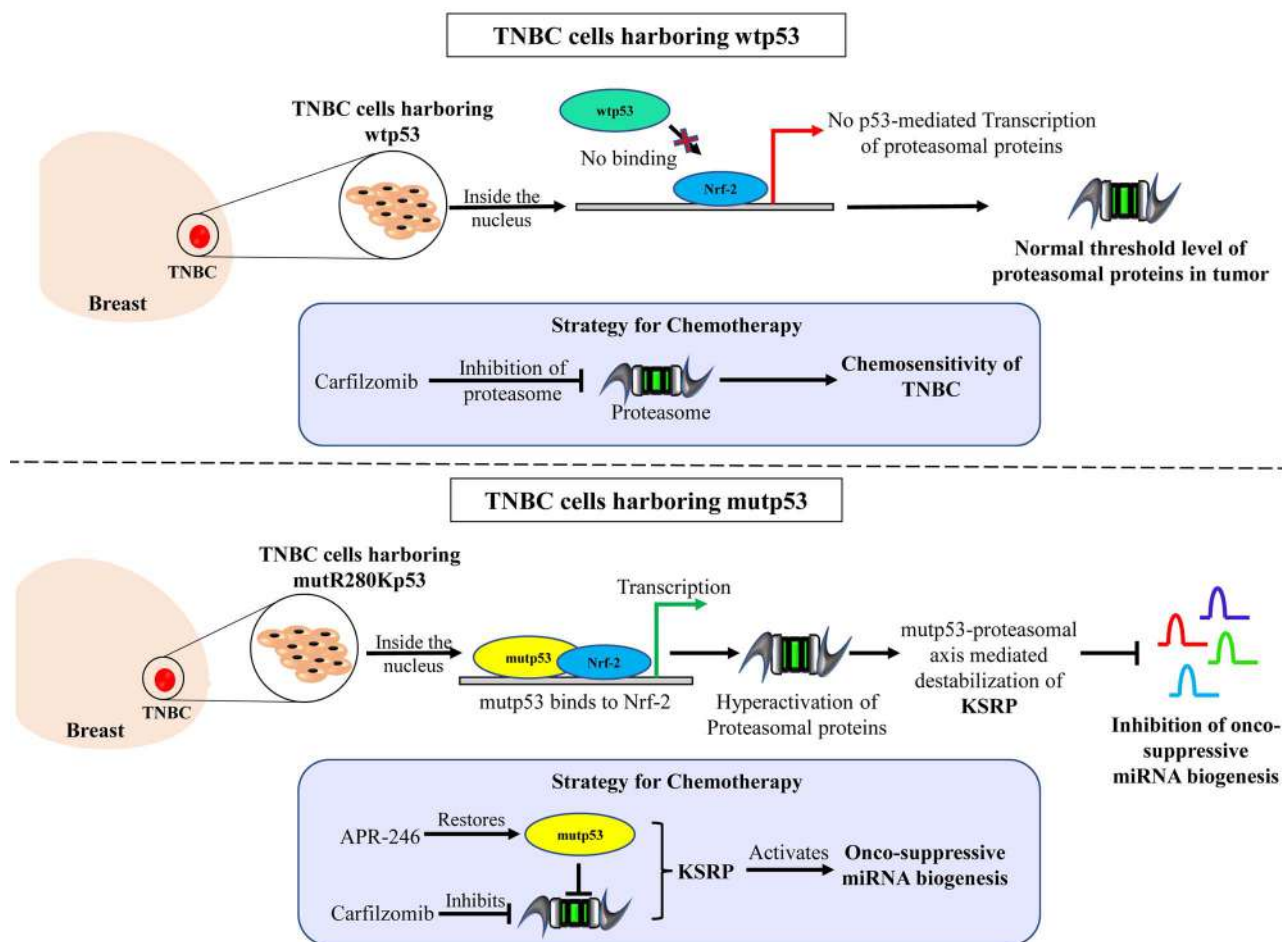


Figure 3. Illustration of Mutp53-mediated resistance to proteasome inhibition in TNBC.

RNA sequencing and ChIP-sequencing, Walerynych *et al.* established the mechanism for the proteasome resistance in the triple-negative breast cancer cell (TNBC) lines harboring p53R280K mutation [59].

By gene silencing of p53R280K mutant in the MDA-MB-231 cell line, they found 72 genes dysregulated by both proteomics, RNA and ChIP-sequencing. The majority of these genes were part of the ubiquitin-proteasomal pathway (Figure 3). Furthermore, to understand the oncogenic role of p53R280K, Walerynych *et al.* performed a comparative mRNA transcriptomics profile of mutp53R280K MDA-MB-231 cell lines with four other TNBC cell lines harboring different missense mutations [HCC1395 (p53R175H); SUM149PT (p53M237I); BT-549 (p53R249S); MDA-MB-468 (p53R273H)]. After p53 gene silencing in all these cell lines, a total of 205 common genes were found to be dysregulated. The data showed that most of these (37 genes) genes are involved in the 26S subunit-based ubiquitin-proteasomal pathways and immunoproteasomes. All these genes are either direct p53-dependent or independent transcriptional targets. The transcriptomics data of all five different p53 mutants showed common ubiquitin-proteasomal pathway genes. Furthermore, the genes were cross-validated with other datasets pancreas,

head and neck, colon, bladder, liver, stomach and brain cancers, thereby confirming the mutp53-dependent elevation of the proteasomal pathway as a typical signature. By the ChIP-sequencing method, the possible mutp53 promoter binding sites of the transcription factors Nrf1, Nrf2, NF- κ B, NF-YA and STAT3 were identified indicating the regulation of these genes by p53 (Figure 3). Interestingly, all these promoters sites do not fall under the classical p53-consensus binding site. Remarkably, upon p53 knockout in these TNBC cell lines harboring R175H and R280K mutations, the dependency of Nrf2 transcription factors with mutp53 was established as it forms direct interactions inside the nucleus. In addition, the proteomics study reflects the mutp53-proteasome axis-mediated KSRP protein destabilization, which is usually required for tumor-suppressive miRNA maintenance and was found to be pivotal cause of aggressive phenotype in TNBC [60, 61]. The study also established the involvement of mutp53 in Nrf2-mediated upregulation of proteasomal targets. Upon restoration of mutp53 function to wild type using APR-246, a loss of resistance against proteasomal inhibitor Carfilzomib was decreased in the TNBC cell lines [62–64]. Hence, by both transcriptomics and proteomics studies of the TNBC cell lines, Walerynych *et al.* estab-

the reduction of oncogenic activity of mutant p53, and the decreased levels of MLL1 and MLL2 result in the loss of cell growth. Zhu *et al.* showed that by reducing the MLL1 level in mutp53 R249S and R273H cancer cell line, the colony formation can be halted with no effect on the wtp53 cell line. The targeted inhibition of the N-terminal menin binding site of the MLL1 [81–83] using the menin antagonist MI-2-2 [84, 85] showed reduced oncogenic function of mutp53 leading to loss of tumor growth and proliferation. The OICR-9429 (WDR5 antagonist) disrupts the interaction of MLL1 (hyperactivated by oncogenic mutp53) with its binding partner WDR5 [86] thereby inhibiting the oncogenic mutp53 function (Figure 4).

From the studies conducted by Suzuki and Garibaldi group, the p53R273H was found to be negatively regulating the miRNA processing to promote tumor progression in colon cancer (Figure 4), whereas the same p53 mutant in the breast cancer cells found to elucidate different oncogenic function by hyper activating histone methyltransferases and -acetyltransferase which were proved to be involved in the tumor progression. Thus, it can be concluded that a single p53 mutant can exhibit different oncogenic functions based on the tissue type.

Elucidating mutp53-mediated adhesion of ovarian cancer cells to mesothelial cells using transcriptomics as a tool

By Whole Genome Microarray analysis, Lee *et al.* performed the global transcript profiling of gene expression in SKOV-3R248 mutant and SKOV-3 (Empty vector control) to understand the role of mutp53 in adhesion. A total of 146 genes cell adhesion ontology groups were identified out of which 10 genes were significantly upregulated in mutp53 cell lines quantitatively validated by real-time PCR. All the genes form a common signaling network involving PI3K/Akt and FAK pathways. In ovarian cancer, it is known that over expression of beta 4 integrin (ITGB4 gene) leads to tumor aggression. ITGB4 is also known as one of the most hyperactivated integrin in ovarian can-

By knocking out mutp53 results in a reduction of tumor cell growth [79, 80], which is directly related to

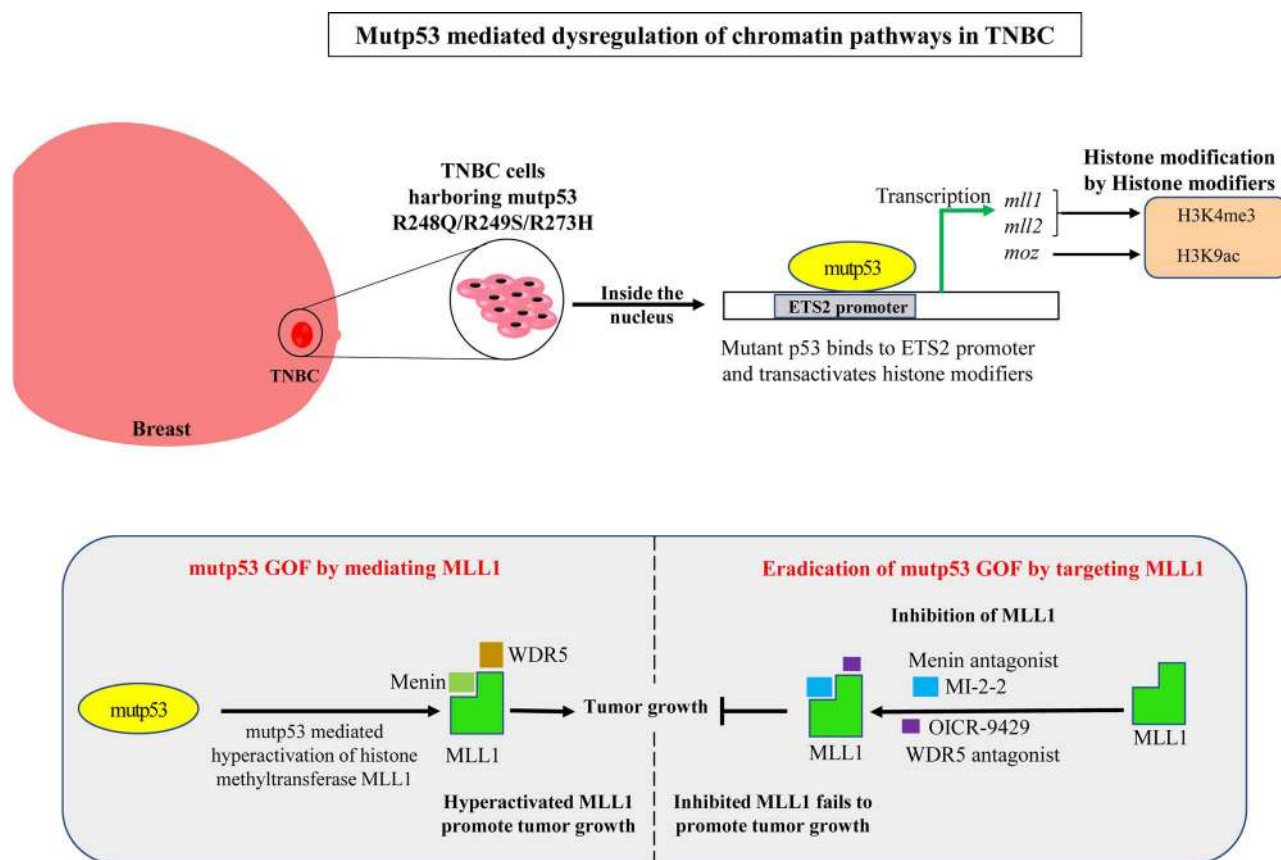


Figure 4. Scheme of Mutp53-mediated dysregulation of chromatin pathways in TNBC.

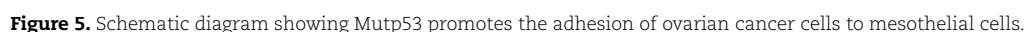
cer, which contributes to cell invasion, EMT, and many other cellular pathways [89–91]. By microarray network analysis and western blot of PTM specific antibody of focal adhesion kinase (FAK), PI3K/Akt showed upregulation of both pathways involving integrin-mediated signal transduction in ovarian cancer metastasis [92]. The expression level of $\beta 4$ integrin is directly dependent on the levels of p53 mutant indicating its role in facilitating the cancer-mesothelial cells adhesion by regulating the PI3K/Akt levels for tumor progression and metastasis (Figure 5).

Interestingly, the p53R248Q mutation in different tissues was found to activate different pathways leading to tumor progression. In breast cancer, it hyperactivates histone methyl, and acetyltransferase, whereas in ovarian cancer it increases the adhesive nature of cancer cells by regulating $\beta 4$ integrin pathways.

Revealing the mutp53-mediated CDDP resistance in squamous cell carcinoma of head and neck (SCCHN) using genomics and transcriptomics and proteomics

Mutations in p53 account for ~72% of all HPV⁻ SCCHN (Human Papilloma Virus Negative Squamous Cell Carcinoma of the Head and Neck) being the sixth highest cancer cases reported in 2018 [93]. The platinum-based

drug Cisplatin (CDDP, cis-diamminedichloroplatinum II) is a widely used standard chemotherapeutic agent in the treatment of SCCHN [93, 94]. However, resistance to CDDP is the major hindrance in the treatment of SCCHN, ovarian carcinoma [95], non-small cell lung cancer [96, 97] mediastinal and testicular germ cell tumors [98] often leading to the relapse of the tumor [99]. To solve the problem behind the CDDP resistance, Niehr *et al.* used omics to discover the role and involvement of mutant p53 in resistance to CDDP in SCCHN cells. A CDDP-resistant model cell lines FaDu (HPV⁻ SCCHN) were generated by prolonged treatment with increasing doses of CDDP [100]. By targeted Next Generation Sequencing (tNGS) of CDDP-sensitive (CDDP-S) and CDDP-resistant cells (CDDP-R), a comparative single nucleotide variants (SNVs) analysis based on the allelic frequencies showed 294 (SNVs) in both the cell lines. By clustering SNVs of both CDDP-R and CDDP-S cells, large difference in allelic frequencies were found in six SNVs located on five genes including p53. The resistant cells with the missense mutation p53 R248L carried an allelic frequency (> 0.2) greater than sensitive cells. By FISH analysis, more than two copies of p53 genes were observed in resistant clones and showed aneuploidy in most of the resistant cells. The microarray transcriptomics data showed many genes transcriptionally regulated by p53 are upregulated in CDDP-R clones (20%) and also, 64% of these genes are already known to



To understand the clinical relevance of p53 mutation in SCCHN cancer, the Niehr group performed a pilot study of tNGS in patients with primary and recurrent tumors relapse after CDDP treatment. From a total of eight patients, 50% patients were identified with p53 mutation in the first diagnosis. A comparative allelic frequency analysis of p53 mutation in the tissue of primary and recurrent tumors showed increased CDDP

Hence, the omics studies conducted by Niehr *et al.* helped in the identification of mutp53-mediated oncogenic functions as the key player involved in CDDP resistance and recurrence of SCCHN (Figure 6).

Based on these omics studies a concordant conclusion can be made about the oncogenic functions of mutant p53 in various cancers (**Table 1**) (**Figure 1**). The omics-based studies highlighted the significance of p53 in miRNA processing in colon cancers and established the oncogenic role of mutp53 R273H in colon cancer cells. Similarly, Walerych *et al.* by multi-omics study identified a novel oncogenic role of mutp53 and the underlying

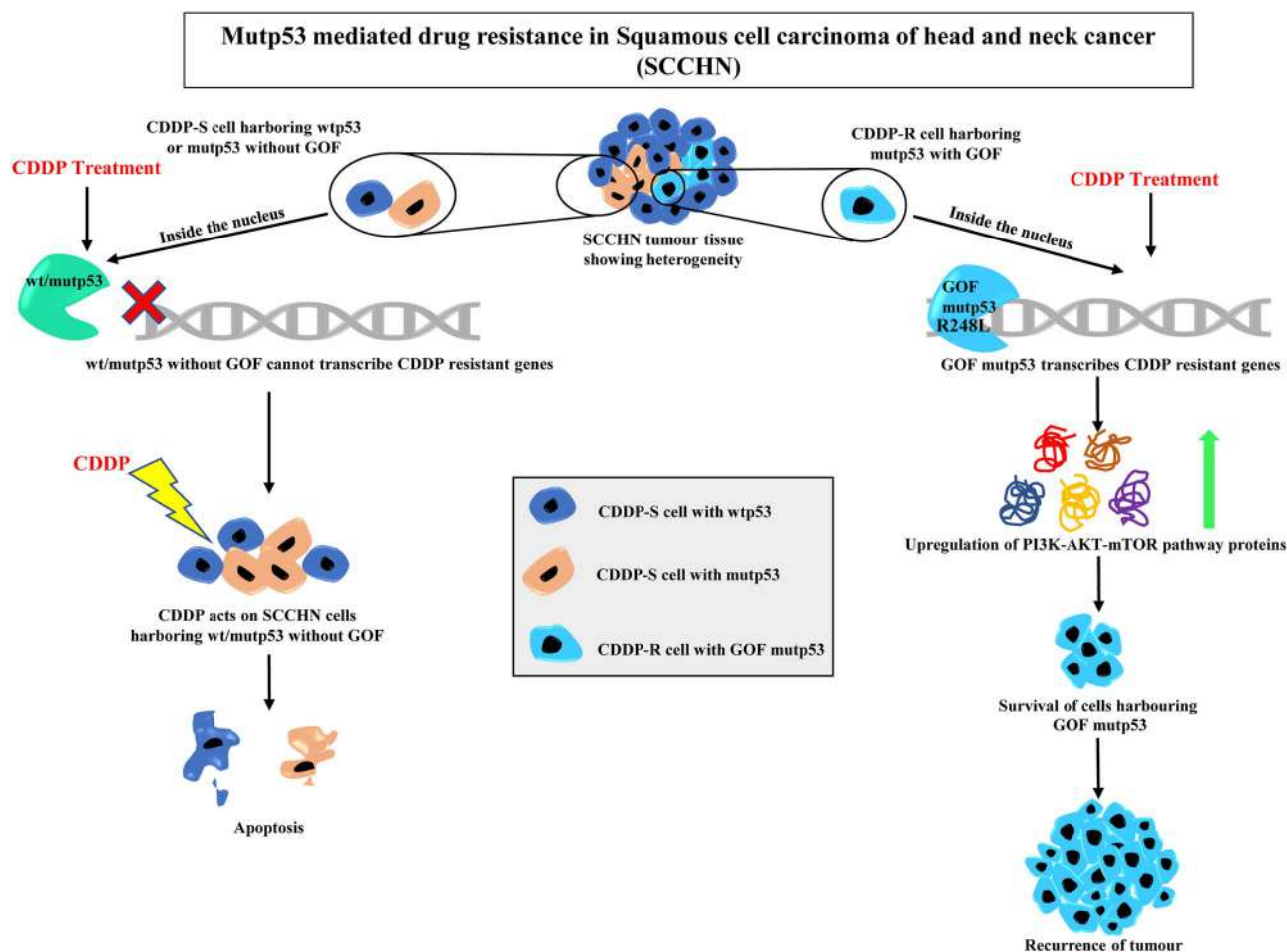


Figure 6. Illustration of Mutp53-mediated drug resistance in squamous cell carcinoma of head and neck cancer (SCCHN).

mechanism for the drug resistance in TNBC. From the studies conducted by Suzuki and Garibaldi group, the p53R273H was found to be negatively regulating the miRNA processing to promote tumor progression in colon cancer, whereas on the other hand, the same mutant was found to elucidate different oncogenic properties in the breast cancer cells by hyper activating histone methyltransferases and acetyltransferase to be involved in the tumor progression. Interestingly, the p53R248Q mutation in different tissues was found to activate different pathways leading to tumor progression. In breast cancer, it hyperactivates histone methyl, and acetyltransferase in ovarian cancer to increase the adhesive nature of cancer cells by regulating $\beta 4$ integrin pathways. The same was further confirmed by the loss of resistance against proteasomal inhibitor Carfilzomib upon restoring the mutp53 function to wild-type by APR-246 in the TNBC cell lines. Hence, the omics studies conducted by Niehr *et al.* helped in the identification of mutp53-mediated oncogenic functions as the key player involved in CDDP resistance and recurrence of SCCHN.

The reported omics studies of p53 mutants showed promising results in identification of biomarkers, new target pathways, disease prediction and progression. The occurrence rate of mutations in p53 is very high in

diverse cancer [102] (Table 2). By multi-omics, the effect of p53 mutation in the modulation of the molecular mechanism leads to miRNA modulation, drug resistance, epigenetic modifications and genome instability, which will help in solving the important questions in the process of clinical cancer treatment. The p53 multi-omics will shed light in establishing common disease pattern from different tissues with different mutants. The multi-omics will help in the identification of oncogenic role of mutant p53 to design targeted cancer therapy to improve the survival rate. To connect the diseases phenotype at different stages of cancer and for early prognosis in aggressive cancer like glioblastoma multiforme, pancreatic cancer, etc., the multi-omics will be of huge benefit. A comprehensive understanding of p53 mutations and its role in cancer progression can bring more transparency in the mechanism of mutp53-mediated tumor progression, which may contribute to novel biomarker identification and early prognosis. As an oncoprotein, mutant p53 controls large signaling pathways promoting tumor activities. Hence, still, a lot of research work is required on various mutants as a potential drug target and to establish a map for personalized cancer therapy. In the future, the multi-omics approaches could provide targeted

Table 1. Oncogenic functions of mutp53 in different tissues

S.No.	Mutation	Mutation	Structural /Contact mutation	Role in tumor progression	Cell line/type	Type of technique used	Omics	Ref.
		Somatic	Germline					
1	C135Y	Yes	Not reported	Structural	• Inhibits miRNA processing in colon cancer.	• RNA-ChIP	• Transcriptomics	[40]
2	R175H	Yes	Yes	Structural	• Inhibits miRNA processing in colon and breast cancer.	• RNA ChIP and GWAS	• Transcriptomics	[40, 52]
					• Provides resistance to proteasomal inhibition in triple-negative breast cancer.	• Microarray	• Transcriptomics	[59]
					• Hyperactivates histone modifiers in breast cancer	• Microarray, Exome seq and RNA seq	• Transcriptomics	[69, 70]
3	M237I	Yes	Yes	Structural	• Provides resistance to proteasomal inhibition in triple-negative breast cancer.	• Microarray	• Transcriptomics	[59]
4	R248Q	Yes	Yes	Contact	• Provides adhesion to the ovarian cancer cells to the mesothelial cells.	• Microarray	• Transcriptomics	[88]
					• Hyperactivates histone modifiers in triple-negative breast cancer	• Microarray, Exome seq and RNA seq	• Transcriptomics	[69, 70]
5	R248L	Yes	Yes	Contact	• Offers CDDP resistance in squamous cell carcinoma of head and neck	• tNGS, Microarray, Phosphoproteomics	• Genomics, Transcriptomics, and Proteomics	[100]
6	R248W	Yes	Yes	Contact	• Hyperactivates histone modifiers in triple-negative breast cancer	• Exome seq and RNA seq	• Transcriptomics	[69, 70]
7	R249S	Yes	Not reported	Structural	• Hyperactivates histone modifiers in triple-negative breast cancer	• ChIP seq, Exome seq and RNA seq	• Transcriptomics	[69, 70]
					• Provides resistance to proteasomal inhibition in triple-negative breast cancer.	• Microarray	• Transcriptomics	[59]
8	R273H	Yes	Yes	Contact	• Inhibits miRNA processing in colon cancer.	• RNA ChIP, GWAS, NGS	• Transcriptomics	[40, 52]
					• Hyperactivates histone modifiers in triple-negative breast cancer	• ChIP seq, Exome seq and RNA seq	• Transcriptomics	[69, 70]
					• Provides resistance to proteasomal inhibition in triple negative breast cancer.	• Microarray	• Transcriptomics	[59]
9	R280K	Yes	Yes	Contact	• Provides resistance to proteasomal inhibition in breast cancer.	• LC/MS, RNA ChIP, RNA seq	• Transcriptomics and Proteomics	[59]
10	P309S	Not reported	Yes	Structural	• Inhibits miRNA processing in colon cancer.	• GWAS, NGS	• Transcriptomics	[52]

Table 2. Global cancer statistics 2020 with Tp53 mutation distribution in different cancers

Type of cancer	Reported cases	Reported death	Tp53 Mutation frequency distribution (%)
Colon and rectum cancer	1 930 000	916 000	60
Breast cancer	2 261 419	684 996	20
Ovarian cancer	313 959	207 252	66.3
SCCHN	550 000	300 000	72

therapeutic strategies to specific tumors harboring different p53 mutant variants.

Key Points

- Mtp53 represses miRNA processing by sequestering p72/p82 proteins from the microprocessor Drosha complex in colon cancer.
- Mtp53 provides Nrf-2-mediated proteasomal resistance in TNBC.
- Mtp53 hyperactivates methyl-transferases (*mll1* and *mll2*) and acetyl-transferase (*moz*) to drive cancer growth in TNBC.
- Mtp53 hyperactivates $\beta 4$ integrin in ovarian cancer cells to achieve mesothelial adhesion.
- Mtp53 hyperactivates PI3K-AKT-mTOR pathway proteins in SCCHN cancer to acquire cisplatin resistance.

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Conflict of interest

The authors declare that there is no conflict of interest.

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Authors' contributions

LM is responsible for conceptualization, data collection, writing and editing, graphics generation, visualization, formal analysis. AS is responsible for writing, editing and graphics generations. PK is responsible for formal analysis and editing. ASE is responsible for formal analysis, data curation, original draft, writing, review and editing and visualization.

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