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- 2 CYCLE REGULATORY PROTEINS AND ANGIOGENESIS
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- 15 **Running Title:** Thyroid status modulation of tumor growth
- 16 **Key words:** Thyroid hormones; T lymphoma; Cell cycle; Angiogenesis

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ABSTRACT

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We have shown in vitro that thyroid hormones (THs) regulate the balance between proliferation and apoptosis of T lymphoma cells. The effects of THs on tumor development have been studied, but the results are still controversial. Here, we show the modulatory action of thyroid status on the *in vivo* growth of T lymphoma cells. For this purpose, euthyroid, hypothyroid and hyperthyroid mice were inoculated with EL-4 cells to allow the development of solid tumors. Tumors in the hyperthyroid animals exhibited a higher growth rate, as evidenced by the early appearance of palpable solid tumors and the increased tumor volume. These results are consistent with the rate of cell division determined by staining the tumor cells with CFSE. Additionally, the hyperthyroid mice exhibited reduced survival. The hypothyroid mice were not significantly different from the euthyroid controls in these parameters. Additionally, only tumors from the hyperthyroid animals had increased expression levels of PCNA and active caspase 3. Also, the differential expression of cell cycle regulatory proteins was observed. The levels of cyclins D1 and D3 were augmented in the tumors of the hyperthyroid animals, whereas the cell cycle inhibitors p16/INK4A and p27/Kip1 and the tumor suppressor p53 were increased in the hypothyroid mice. Intratumoral and peritumoral vasculogenesis was increased only in the hyperthyroid mice. Therefore, we propose that the thyroid status modulates the in vivo growth of EL-4 T lymphoma through of the regulation of cyclin, cyclin-dependent kinase inhibitor, and tumor suppressor gene expression, as well as the stimulation of angiogenesis.

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INTRODUCTION

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Thyroid hormones (THs) exert a wide variety of effects on lymphocyte function, and their regulation of tumor processes has also been described. Thus, alterations of the thyroid axis during the course of neoplastic illness, as well as the actions of THs on tumor growth, have been suggested. However, the effect of thyroid status on the evolution of tumors is controversial, and the mechanisms involved remain unknown. It has been reported that hypothyroidism can be a risk factor for the development of liver and breast cancer in humans (Reddy et al., 2007). Moreover, the use of levothyroxine, a synthetic T4 hormone commonly used to treat thyroid disease, was associated with a significantly reduced risk of colorectal cancer (Rennert et al., 2010). However, it was also shown that hypothyroid patients have a lower incidence of mammary carcinoma (Cristofanilli et al., 2005), and deprivation of THs decreased the growth rates of solid tumors, while thyroid hormone supplementation increased it (Guernsey et al., 1980; Hercbergs et al., 2010). Prospective studies to date have also yielded conflicting results. In fact, several studies have suggested that subclinical hyperthyroidism increases the risk of certain solid tumors, but spontaneous hypothyroidism delays the onset and reduces the aggressiveness of cancers (Hercbergs et al., 2010). However, a recent metaanalysis showed no association between hypothyroidism and an increased risk for breast cancer (Angelousi et al., 2012). Thus, the heterogeneity of the analyzed studies precludes firm conclusions. Martínez-Iglesias et al. (2009) showed that hypothyroidism resulted in a decreased rate of solid tumor growth, as well as an increase in the development and number of metastases, in murine xenograft models of human hepatocarcinoma and breast cancer. However, low levels of circulating THs, induced by stress, enhanced tumor progression in mice, effect that was reversed following T4 76 administration (Frick et al., 2009). Through in vitro studies we have demonstrated that culturing T lymphoma cells for 24 to 72 hours in the presence of THs increased cell 77 78 proliferation via the activation of intracellular growth-related signaling pathways 79 (Barreiro Arcos et al., 2006 and 2011). However, long term exposure to T4 (15 days of 80 culture or more) leads to T lymphoma cell apoptosis (Mihara et al., 1999, Barreiro 81 Arcos et al., 2013). 82 Cell cycle regulatory proteins such as cyclins, cyclin-dependent kinases (Cdk), Cdk 83 inhibitors (CdkI) and tumor suppressor proteins play important roles in tumor growth 84 and progression. The expression of cyclins D1, D2, D3 are required for the progression 85 from G0 to G1, E2 is necessary for G1 to S phase transition and B1 for G2 to M. These 86 cyclins bind to their corresponding Cdks to form active complexes that induce the 87 expression of a large number of cell cycle regulatory genes. Additionally, tumor 88 suppressor genes inhibit cyclin-Cdks complexes leading to cell cycle arrest. 89 Both TH-mediated up- or down-regulation of cyclins were demonstrated in several 90 tissues (Ledda-Columbano et al., 2005; Verga-Falzacappa et al., 2012; Chattergoon et 91 al., 2007). Also, it has been shown TH-mediated regulation of cyclin-Cdk complexes 92 legading to cell arrest (Toms et al., 1998) or to cell differentiation (Ballock et al., 2000). 93 Alisi et al. (2005) showed *in vivo* that hyperthyroidism increases the levels of cyclin D1, 94 E and A and the activity of cyclin-cdk complexes, and decreases the levels of cdk 95 inhibitors, such as p16/INK4A and p27/Kip1. Also, they demonstrated that 96 hypothyroidism induces contrary effects and that THs modulate the expression of the 97 tumor suppressor genes p53 and p73, both involved in apoptosis and growth arrest. So 98 the possibility that thyroid status influence tumor growth by altering the expression of 99 cyclin, Cdks, CdkI or tumor suppressor genes deserves to be explored.

The development of solid tumors requires the formation of new blood vessels. Numerous studies have demonstrated that the thyroid status modulates angiogenesis, but the results of these studies are controversial. Kucharz et al. (2003) showed that increased or decreased levels of endostatin, a natural inhibitor of angiogenesis, were associated with hyperthyroidism and hypothyroidism, respectively. Additionally, increased serum levels of angiogenic molecules were found in autoimmune thyroid diseases (Figueroa-Vega et al., 2009). The recent description of a plasma membrane receptor for THs that could mediate the proliferative action of the hormone in blood vessels and tumor cells could shed some light on this matter (Cheng et al., 2010). Based on this background, the aim of this work was to study the effects of thyroid status on T cell lymphoma growth *in vivo* in euthyroid, hyperthyroid or hypothyroid syngeneic mice, thus deepening our understanding of the mechanisms involved in TH action, particularly those related to cell cycle progression and tumor angiogenesis.

MATERIALS AND METHODS

Animal models

Inbred female C57BL/6J (H-2^b) mice, 2-3 months old, were bred and kept at the Instituto de Investigaciones Biomédicas (BIOMED, CONICET-UCA, Buenos Aires, Argentina) in accordance with the ARRIVE Guidelines (Kilkenny et al., 2010). All experimental protocols were approved by the Institutional Committee for the Care and Use of Laboratory Animals, School of Medicine. Animals were kept in a 12-hour light-dark cycle with a controlled temperature between 18 and 22°C, with *ad libitum* access to food and water.

Models of hyperthyroidism or hypothyroidism were developed in accordance to Klecha et al. (2005 and 2006). Briefly, hyperthyroidism was achieved by daily treatment with 0.012 mg/ml T4 (Sigma-Aldrich, St. Louis, Mo., USA) in the drinking water for 1 month, and hypothyroidism by similar treatment with 0.5 mg/ml of propylthiouracil (PTU; Sigma-Aldrich) for 15 days.

Hormone determinations

Blood was collected from the tail vein using a capillary tube coated with anticoagulant, and plasma was obtained by centrifugation. The plasma levels of T3 and T4 were determined using commercial radioimmunoassay (RIA) kits with specific antibodies (Immunotech, Praga, Czech Republic) according to the manufacturer's instructions. The plasma TSH level was assayed using an ELISA kit (Uscn Life Science Inc., Wuhan, Hubei, Republic of China).

Lymphoma model

The tumor cell line EL-4 (ATCC, Catalog Number TIB-39), a mouse T-cell lymphoma expressing the H-2^b and Thy-1.2 haplotype, as well as the CD3⁺ and αβ T-cell receptors; was routinely tested by flow cytometry with specific antibodies against the corresponding surface markers. These cells were cultured at an optimal concentration (1–5×10⁵ cells/ml) in RPMI-1640 medium supplemented with 10% v/v fetal bovine serum (FBS), 2 mmol l⁻¹ glutamine and 100 mg/ml of streptomycin (all from Life Technologies, NY, USA). Euthyroid, hyperthyroid or hypothyroid C57BL/6J syngeneic animals were injected subcutaneously with 3x10⁵ EL-4 cells in 200 μl of PBS to

generate a solid tumor. After cell inoculation, hormonal treatments were maintained until the end of the experiments.

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Tumor development

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Tumor length and width were measured daily using calipers. Tumor volume was calculated by the equation $V = (\pi/6) \times length \times width^2$ (Frick et al., 2011). The rate of tumor growth was quantified by carboxyfluorescein succinimidyl ester (CFSE) staining (Vybrant CFDA SE Cell Tracer Kit, Life Technologies; Lyons et al., 1999). The cells were labeled as previously described (Barreiro Arcos et al., 2006). The stained cells (3x10⁵ cells/0.2 ml PBS) were subcutaneously inoculated into C57BL/6J mice with different thyroid status. Ten days later, the mice were sacrificed, and the solid tumors were extracted and dispersed in a metal mesh. The tumor cell suspensions were fixed in 3.7 % v/v formaldehyde and analyzed by flow cytometry (BD FACSCalibur) at 492 nm. The estimated cell division time was calculated from the mean fluorescence intensity (MFI) values of the EL-4 cells using the following equation: $T_{1/2} = [k \ x \ time \ post$ inoculation] / $\ln T$ - $\ln T_0$, where $T_{1/2}$ is the cell doubling time, k is the constant of value 0.693, T is the MFI of the CFSE quantified at ten days post-inoculation and T₀ is the MFI of the CFSE of EL-4 cells prior to inoculation (Frick et al., 2009). Animal survival analysis was determined using Kaplan-Meier curves. Briefly, the mice were monitored every day and euthanized according to the guidelines for animal care when they showed signs of suffering, hypothermia and slow locomotion, which is characteristic of animals that are close to death (Massari et al., 2013). All animals had approximately the same tumor burden, without metastatic dissemination when sacrificed.

Tumor histopathology

Solid tumors growing in euthyroid, hyperthyroid and hypothyroid mice were excised, and fixed in 3.7 % v/v formaldehyde overnight. Then, the samples were embedded in paraffin and cut into 4 µm thick serial sections using a microtome. Tumor morphology and histopathological characteristics were examined after hematoxylin-eosin (H&E) and Masson's trichrome staining. The number of mitotic cells was quantified as the number of cells with visible chromosomes in 630x magnification fields. Vascularization was determined using Masson's trichrome staining, and the stained sections were screened at 50 x magnification to identify the largest vascular areas around the tumor. In these areas, intratumoral vascularity was evaluated by counting the vessels in 10 random fields from inside the tumor at 630 x magnification. Light microscopy was performed on an Axiolab Karl Zeiss microscope (Göttingen, Germany). Photographs were taken at 630 x magnifications using a Canon PowerShot G5 camera (Tokyo, Japan). Intratumoral vascularization was also analyzed by immunohistochemistry.

Immunohistochemistry

Cell proliferation, apoptosis and angiogenesis markers were examined by immunohistochemistry in tumor tissue sections, prepared as previously described. The antigen retrieval was performed in citrate buffer (10 mmol l⁻¹, pH 6.0) at 100°C, and endogenous peroxidase activity was blocked with 3% v/v H₂O₂ in distilled water. After blocking, the tissues were incubated with the following primary antibodies overnight in a humidified chamber at 4°C: mouse anti-proliferating cell nuclear antigen (PCNA, 1:100, Santa Cruz Biotechnology, Inc., Dallas, Texas, USA), rabbit anti-cleaved

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200 caspase-3 (1:100, Abcam, Cambridge, MA, USA) and rabbit anti-CD31 (1:200, 201 Abcam). Immunoreactivity was detected using horseradish peroxidase-conjugated anti-202 mouse or anti-rabbit antibodies and was visualized by diaminobenzidine staining (Sigma-Aldrich). Serial sections from selected positive cases were used as controls, by 203 204 replacing the primary antibody with either a normal mouse or rabbit IgG or PBS in the 205 staining procedure. No signal was detected in these control samples. 206 207 Angiogenesis 208 EL-4 cells (3x10⁵) were subcutaneously inoculated into the left flank of euthyroid. 209 210 hyperthyroid and hypothyroid mice. On day 6, when the tumors were palpable in the 211 three groups, mice were sacrificed, and the blood vessels supplying the tumor were 212 quantified using microscopy, as previously described by Ferrando et al. (2011). It is 213 worth noting that it is not possible to accurately evaluate peritumoral angiogenesis at 214 day 10, because of the tumor mass great size. To evaluate the level of angiogenesis 215 associated with the tumor, the number of blood vessels in the tumor tissue area was 216 normalized to the number of vessels in the normal dermal tissue area present in the right 217 flank (control), which was inoculated with sterile PBS solution. 218 219 Reverse transcription (RT) and real time quantitative polymerase chain reaction 220 (qPCR) 221

After the animals were sacrificed, solid tumors were removed and immediately

homogenized in Tri-Reagent (Genbiotech SRL, Buenos Aires, Argentina) to isolate the

RNA, according to the manufacturer's instructions. The RNA pellets were dissolved in

RNase-free water and the RNA concentration was quantified by measuring the absorbance at 260 nm (Nanodrop ND-1000, UK). Complementary DNA (cDNA) was synthesized by retrotranscription using the Omniscript kit (Qiagen, Germantown, MD, USA) following the manufacturer's instructions using 2 µg of total RNA and 1 µmol 1⁻¹ oligodeoxythymidine₁₂₋₁₈ (Biodynamics SRL, Buenos Aires, Argentina). The PCR reactions were performed using a commercial master mix for Real-Time PCR containing SYBR Green fluorescent dye (Biodynamics SRL) in a total volume of 25 µl, which contained 10 pmol of each primer and 1µl of cDNA. The reactions were carried out in a Rotor Gene-6000 DNA thermal cycler (Corbett, Life Sciences, Sydney, Australia). The cycling conditions were 95 °C for 15 min, followed by 40 cycles of denaturation at 95 °C for 10 s, annealing at 60 °C for 15 s, and extension at 72 °C for 30 s. The primer sequences (Biodynamics SRL), shown in **Table 1**, were designed using the Primer Express software version 3.0 (Applied Biosystems, California, USA). Quantification of the target gene expression was performed using the comparative cycle threshold (C_t) method (Livak and Schmittgen, 2001). An average Ct value was calculated from the duplicate reactions and normalized to the expression of \(\beta 2 microglobulin, and the $\Delta\Delta$ Ct value was then calculated.

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Immunoblot analysis

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The tumor mass was excised, and the tissue cells were dissected in a metal mesh. The tumor cells were lysed for 30 min at 4°C in lysis buffer (Barreiro Arcos et al., 2013). After centrifugation at 14,000 g for 15 min at 4°C, whole cell protein extracts obtained (30 μ g) were separated by SDS-PAGE on 10% v/v polyacrylamide gels using standard methods (Klecha et al. 2006) and transferred to PVDF membranes. Then the

membranes were incubated for 18 h with appropriate dilutions of primary antibodies: mouse anti-PCNA or rabbit anti-cleaved caspase-3 (Abcam, Cambridge, MA, USA), rabbit anti-cyclin D1, mouse anti-cyclin D3 and anti-cyclin E1 antibodies (Cell Signaling Technology, MA, USA), rabbit anti-p16/INK4A, mouse anti-p27/Kip1 and mouse anti-p53 antibodies (Santa Cruz Biotechnology). The membranes were then incubated with anti-rabbit (Abcam) or anti-mouse (Santa Cruz Biotechnology) secondary antibodies conjugated to horseradish peroxidase for 1 h. An enhanced chemiluminescence system (AmershamTM ECLTM Prime Western blotting detection reagent; GE Healthcare, Buckinghamshire, UK) was used to detect the proteins. A rabbit anti-β actin antibody (Santa Cruz Biotechnology) was used as a control for protein loaded. Densitometry analysis of the bands was performed using the ImageJ software (version 5.1, Silk Scientific Corporation, NIH, Bethesda, MA). The densitometry units for the protein bands were normalized to the corresponding β actin bands.

Statistical analysis

The means of the different experimental groups were analyzed for statistical significance using GraphPad PRISM 4.0 Version for Windows (GraphPad Software Inc., La Jolla, California); a two-way Analysis of Variance (ANOVA) followed by Tukey's post hoc analysis was used to assess statistical significance. The differences between the means were considered significant if p<0.05. The results are expressed as the mean \pm standard error (SE). Survival curves were created using the Kaplan–Meier method, and the survival rates were compared using the Log-rank test.

RESULTS

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Thyroid status regulates tumor growth

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The progression of the EL-4 lymphoma cells growing in vivo in syngeneic mice with different thyroid status was evaluated. The plasma levels of T3, T4 and TSH were determined to check the efficacy of the T4 and PTU treatments. The hyperthyroid mice showed high plasma levels of T3 and T4 and low levels of TSH, while the hypothyroid mice showed lower T3 and T4 levels, but higher levels of TSH than the euthyroid mice (Figure 1 A). After EL-4 cells inoculation all animals develop solid tumors. The hyperthyroid mice showed a significant increase in EL-4 lymphoma growth, while the hypothyroid showed no statistically significant differences with respect to the tumors in euthyroid controls (Figure 1 B, C and D). Additionally, Kaplan-Meier survival curves (Figure 1 E) showed a significant reduction in the survival of the hyperthyroid mice compared to the hypothyroid and euthyroid mice, indicating a worse prognosis. The hyperthyroid mice showed a survival of 50 % at 17.2±1.4* days, while the hypothyroid and euthyroid mice showed a survival of 50% at 22.1±1.5 and 21.3±1.7 days, respectively (*p<0.05 vs. the euthyroid or hypothyroid mice). Because the hyperthyroid animals showed increased tumor development compared to the control and hypothyroid mice, the kinetics of EL-4 cell division were evaluated. For this analysis, EL-4 cells were stained with CFSE prior to inoculation, and the mean fluorescence intensity (MFI) of the CFSE labeled-cells in the tumors was evaluated by flow cytometry, ten days postinoculation. The EL-4 cells growing in the hyperthyroid mice exhibited a lower MFI than the tumor cells in the control or hypothyroid animals (Figure 2 A and B). Consistent with these findings, the hyperthyroid mice showed an increased rate of cell proliferation respect to the euthyroid and hypothyroid mice (**Figure 2C**). No significant differences were observed between the hypothyroid and euthyroid groups. The increase in the cell division rate that was observed in the hyperthyroid mice could contribute to the rapid tumor growth and the lower survival of these animals.

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Effects of thyroid status on the histological characteristics of the tumor tissue

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The histopathological characteristics of the tumor tissue were examined using sections stained with hematoxylin-eosin (H&E) and Masson's trichrome. Tumor sections from all of the experimental groups showed undifferentiated lymphoma cells with aberrant nuclei and marked anisokaryosis and karyorrhexis, as well as the presence of connective tissue trabeculae and infiltrates in the muscle tissue. The tumors from the hyperthyroid mice showed an increased number of mitotic cells, as well as the presence of cystic areas and some levels of necrosis. The tumors from the hypothyroid mice exhibited a lower number of mitotic cells and fewer cystic formations, but areas of diffuse hemorrhage and vascular damage with high levels of necrosis were also observed. The absence of necrosis and a low number of cystic formations were found in the tumors from the euthyroid mice (Figure 3 A and B). Additionally, intratumoral vascularization in the tumor sections was evaluated using the Masson's trichrome staining and immunostaining with an anti-CD31 antibody. The tumors from the hyperthyroid mice exhibited more vascularization, with large vessels and increased expression of the CD31 vascular endothelium marker, with respect to those in euthyroid or hypothyroid animals (Figure 3 A and C).

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Thyroid status modulate tumor angiogenesis

Peritumoral angiogenesis was quantified in the three experimental groups 6 days after EL-4 cell inoculation, when the tumors were palpable. The hyperthyroid mice displayed an increased number of blood vessels surrounding the tumor tissue (Figure 3 D and E). Additionally, this group showed a higher angiogenesis level in the normal dermal tissue (Figure 3 D and F, right flank). Non-significant differences were found between the euthyroid and hypothyroid animals.

Thyroid status alters the balance between proliferation and apoptosis in the tumor

cells

The balance between the proliferation and apoptosis of the T lymphoma cells in the tumors growing in euthyroid, hyperthyroid or hypothyroid mice was evaluated. The tumors from the hyperthyroid mice highly expressed the PCNA marker and cleaved caspase-3 in the non-necrotic areas of the tumor tissue, as shown by immunohistochemistry analysis (Figure 4 A). The protein levels of both markers were also quantified using western blot analysis. The tumors from the hypothyroid and euthyroid mice showed no significant differences in the levels of PCNA or cleaved caspase-3 (Figure 4 B and C). Because the increase in the level of PCNA was greater than the increase in cleaved caspase-3 within the tumor sample, we determined the ratio between both markers. Figure 4 D shows that this ratio was increased in the hyperthyroid mice with respect to the other two groups. These results could explain the observed differences in tumor growth among the animals with different thyroid status.

Thyroid status modulates the expression of proteins associated with cell cycle progression

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Because we found that the thyroid status modulates the rate of cell division, the expression levels of several genes related to the regulation and the promotion of the cell cycle were analyzed in the solid tumors growing in mice with different thyroid status. The tumors from the hyperthyroid mice showed increased cyclin D1, D3 and E1 mRNA levels. We found no differences in the levels of cyclin A, B and D2 mRNA at this time. The tumors from the hypothyroid mice showed no significant differences in the mRNA levels of the cyclins with respect to the euthyroid control mice (Figure 5 A). Additionally, we observed increased levels of the cyclin D1 and D3 proteins in the hyperthyroid tumors (Figure 5 B and C). The CdkIs are key regulators of cell cycle progression. Thus, we also evaluated their mRNA expression. Only the expression levels of the p16/INK4A and p27/Kip1 genes were modulated by the thyroid status of the animals carrying the tumor. The tumors from the hypothyroid mice showed increased p16/INK4A mRNA expression with respect to the euthyroid animals and increased p27/Kip1 mRNA expression with respect to the euthyroid or hyperthyroid animals (Figure 6 A). Additionally, the increased expression of these proteins was observed only in the hypothyroid animals, with respect to the hyperthyroid animals, according to the western blot results (Figure 6 C and D). Non-significant differences in the mRNA expression of CdkIs were observed in the solid tumors from the hyperthyroid mice compared to the euthyroid mice (Figure 6 A). However, a decrease in the protein levels of p27/Kip1 was observed by western blot analysis (Figure 6 C and D).

In the case of the tumor suppressor genes, which protect the cells from malignant transformation by inhibiting cell cycle progression, a significant increase in the mRNA expression of p53 was observed in the tumors from the hypothyroid mice compared to the tumors from the hyperthyroid group (Figure 6 B). This was accompanied by an increase in its protein expression (Figure 6 C and D). The tumors from the hyperthyroid mice showed no significant differences in the mRNA expression of the tumor suppressor genes (Figure 6 B), but a decrease in p53 protein, with respect to euthyroid controls, was observed (Figure 6 C and D).

DISCUSSION

Despite the controversial results on the effect of thyroid status regulation on tumor growth, we show here that the development of T cell lymphoma in syngeneic mice is affected by a thyroid hormone-mediated increase in tumor T cell proliferation. We showed that hyperthyroid mice developed larger tumors than the control or hypothyroid animals, effect that was impaired by reverting to euthyroid conditions (data not shown). This was due to an increased cell proliferation rate. In fact, we have already shown that THs have different effects on the murine BW5147 T lymphoma cell line, depending on the time of exposure. THs increased *in vitro* tumor cell proliferation through the activation of PKC ζ and NOS and the increased expression of iNOS when exposed to THs for less than 5 days in culture (Barreiro Arcos et al., 2006). Additionally, we showed that this proliferative activity was mediated by genomic and non-genomic mechanisms involving ERK activation and thyroid hormone receptor regulation (Barreiro Arcos et al., 2011). However, prolonged treatment with THs led to cell death by apoptosis (Barreiro Arcos et al., 2013). Similar findings were observed in the EL-4

398 cell line (data not shown). Additionally, other in vitro studies in human breast cancer 399 lines (Tang et al., 2004), papillary and follicular thyroid cells (Lin et al., 2007), glioma 400 U-87 MG cells (Lin et al., 2009) and lung cancer cells (Meng et al., 2011) showed that 401 exposure to physiological concentrations of T3 and T4 induced cell proliferation 402 through the activation of ERK1/2. 403 Moreover, the tumor-bearing hyperthyroid mice exhibited a decreased survival rate. The 404 increased cell division rate that was observed in the tumors from the hyperthyroid mice 405 could contribute to the rapid tumor growth and the reduced survival of these animals. It 406 is unlikely that animals died as a result of the effects of hyperthyroidism, as 407 hyperthyroid animals without tumor live for significantly greater time than the tumor-408 bearing animals. However, we cannot rule out that the stress generated by the tumor 409 development could negatively influence the survival of hyperthyroid animals (Frick et 410 al., 2009). 411 No differences were observed between the tumors grown in the euthyroid and 412 hypothyroid mice. 413 The balance between the proliferation and apoptosis of the tumor cells is considered an 414 indicator of tumor growth; therefore, we analyzed these parameters in our animal 415 models. An increased number of cells expressing the PCNA cell proliferation marker 416 and active caspase-3 were found in the tumors from the hyperthyroid animals with 417 respect to the controls, and the ratio between the levels of these proteins was also higher 418 in the hyperthyroid mice. Additionally, we observed a significant increase in the 419 number of mitotic cells in the H&E-stained tissue sections of the hyperthyroid tumors, 420 as well as localized phenomena of apoptosis that could be observed as cystic areas 421 without cellular content. This last observation could be explained because the fast speed 422 of cell proliferation may cause an insufficient arrival of nutrients and oxygen to the tumor tissue inducing apoptotic areas. Both phenomena occur together, but our results indicate that the proliferative effect is stronger than the apoptotic action, which is in agreement with the increased tumor growth observed in this group. Neovascularization is an essential process for the survival of tumor cells and tumor growth. We next examined peritumoral and intratumoral angiogenesis in the tumors from the euthyroid, hyperthyroid and hypothyroid mice. Peritumoral angiogenesis was quantified in the tumors grown in our experimental models 6 days after EL-4 cell inoculation, when the tumor volume was only a few millimeters. The tumors from the hyperthyroid mice showed a greater irrigation of blood vessels than the tumors from the euthyroid or hypothyroid animals. Additionally, the hyperthyroid mice displayed an increased number of blood vessels in the contralateral flank, which was not inoculated with tumor cells. It is worth to notice that hypothyroid mice showed greater levels of necrosis in their tumors than the other studied groups, despite having similar levels of angiogenesis to those observed in euthyroid animals. Similar results were obtained by Martinez et.al (2009), who showed that the reduced tumor volume in hypothyroid hosts correlated with a lower proliferation of the tumors, which was accompanied also by enlargement of the necrotic area of the tumors. This is probably as a result of THs deficiency. In fact, THs are necessary growth factors involved in T cell lymphoma proliferative and survival signals (Barreiro Arcos et. al, 2006 and 2011), so the lack of THs would induce cell death signaling that leads to the formation of the necrotic areas observed in these tumors. Intratumoral vascularity was evaluated by counting the blood vessels inside the tumor 10 days after inoculation with the tumor cells. The tumor tissue from the hyperthyroid animals showed a larger number of endothelial cells (CD31+), which was in agreement with the increased number of blood vessels shown by Masson's trichrome staining. The

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448 hypothyroid mice displayed similar levels of intratumoral and peritumoral angiogenesis 449 as the euthyroid controls. Our results are supported by numerous works that suggest the 450 involvement of the THs in the modulation of angiogenesis. Patients with Grave's 451 disease have high serum levels of angiogenic molecules, which are significantly 452 decreased after treatment with antithyroid drugs (Figueroa-Vega et al., 2009). 453 Additionally, patients with Grave's disease exhibit an increased microvessel density 454 (Tseleni-Balafouta et al., 2006) and angiogenic vascular endothelial growth factor 455 serum levels (Iitaka et al., 1998). 456 We showed that the hyperthyroid state induces tumor growth by accelerating the 457 process of cell division. There is evidence that the THs modulate the progression of the 458 cell cycle through the regulation of cell cycle regulatory proteins (Woodmansee et al., 459 2006). We observed that the levels of cyclins D1 and D3 were increased in the tumors 460 grown in the hyperthyroid animals. Increased cyclin D1, which regulates the entry into 461 G1 phase of the cell cycle, has been widely linked to the regulation of the cell cycle by 462 THs in various cell types (Verga Falzacappa et al., 2012; Ledda-Columbano et al., 463 2006; Zhang et al., 2012). Several pieces of evidence have indicated that cyclins D1 and 464 D3 are involved in T-cell lymphomagenesis and are important molecular markers of 465 oncogenic potential in T cell lymphomas (Cheng et al., 2008; Teramoto et al., 1999). 466 Furthermore, cyclin D3 overexpression is associated with a higher proliferation rate, as 467 well as with lower p27/Kip1 and altered p53 expression (Møller et al., 2001). The 468 positive regulation of cyclins D1 and D3 has been associated with a poor prognosis in 469 patients with lymphoma (Zukerberg et al., 1995; Kanavaros et al., 2001; Mao et al., 470 2006). Cyclin E1 is a key mediator of T-cell lymphomagenesis and regulates the transition between G1 and S phases (Geisen et al., 2003; Karsunky et al., 1999; 471 472 Hosokawa et al., 1995; Kang-Decker et al., 2004); however, we observed an increase only of the mRNA expression of cyclin E in the hyperthyroid animals, but we cannot rule out an increment of its protein levels at other time points. Hypothyroidism does not affect the expression pattern of the cyclins, as the cell division speed and tumor growth were similar to the tumors grown in the euthyroid animals. Previous reports indicated that the INK4 family is altered in lymphoma (Gallardo et al., 2004; Baur et al., 1999; Nagasawa et al., 2006). We observed an increase in the mRNA and protein levels of p16/INK4A in the tumors from the hypothyroid mice compared to those from the hyperthyroid mice, but no significant differences were observed in p15/INK4B expression. The expression levels of p21/Cip1 were not modulated by thyroid status, even though it has been suggested that this protein is involved in the development of T cell lymphoma (Kanavaros et al., 2001), but we observed a decreased expression of p27/Kip1 in the tumors from the hyperthyroid animals compared to those from the hypothyroid animals, which is in agreement with several pieces of experimental evidence. In this regard, Cheng et al., (2008) found that p27/Kip1 deficiency in transgenic mice leads to T-cell hyperplasia and the development of spontaneous T lymphomas, and Geisen et al., (2003) showed that the reduction in p27/Kip1 expression is involved in the T cell lymphomagenesis. Additionally, we evaluated the expression of the PTEN, Rb and p53 tumor suppressor genes, whose expression levels are often deregulated in T cell lymphomas (Kanavaros et al., 2001; Mao et al., 2006; Møller et al., 2002). We only observed a decrease in the expression of p53 in the tumors from the hyperthyroid animals compared to those from the hypothyroid or euthyroid animals, and this result was anticipated due to its key role in hematological malignancies (Kanavaros et al., 2001; Møller et al., 2002). The decreased expression of the p16/INK4A, p27/Kip1 and p53 proteins in the tumors from the

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growth.

499 The results shown in this work are in agreement with in vivo studies investigating the 500 modulation of cell cycle regulators in other physiological, non-neoplastic processes. 501 Alisi et al. (2005) demonstrated that hyperthyroidism increased the expression of cyclins 502 D1, E and A and decreased the expression of p16/INK4A and p27/Kip1 in a rat model of 503 liver regeneration; this study also showed that hypothyroidism resulted in the reduced 504 expression of these cyclins, as well as the increased expression of p16/INK4A, p27/Kip1 505 and p53. 506 Based on these results, we conclude that thyroid status can modulate T lymphoma EL-4 507 growth through the regulation of cell cycle protein expression, which includes the 508 cyclins, cyclin-dependent kinase inhibitors, and tumor suppressor genes, and through 509 the up-regulation of angiogenesis. These results will contribute to a better understanding 510 of the actions of THs during tumor development. 511 512 **DECLARATION OF INTEREST** 513 514 There is no conflict of interest that could be perceived as prejudicing the impartiality of 515 the research reported 516 517 **FUNDING** 518 519 This work was supported by the Consejo Nacional de Investigaciones Científicas y 520 Técnicas (CONICET), PIP-CONICET N° 00275; the Agencia Nacional para la

hyperthyroid mice could facilitate cell cycle progression and contribute to tumor

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530	REFERENCES
531	
532	Alisi A, Demori I, Spagnuolo S, Pierantozzi E, Fugassa E & Leoni S 2005 Thyroid
533	status affects rat liver regeneration after partial hepatectomy by regulating cell cycle and
534	apoptosis. Cellular Physiology and Biochemistry 15(1-4) 69-76.
535	
536	Angelousi AG, Anagnostou VK, Stamatakos MK, Georgiopoulos GA & Kontzoglou
537	KC 2012 Primary HT and risk for breast cancer: a systematic review and meta-
538	analysis. European Journal of Endocrinology 166 373–381.
539	
540	Ballock RT, Zhou X, Mink LM, Chen DH, Mita BC & Stewart MC 2000 Expression of
541	cyclin-dependent kinase inhibitors in epiphyseal chondrocytes induced to terminally
542	differentiate with thyroid hormone. <i>Endocrinology</i> 141 (12) 4552-4557.
543	
544	Barreiro Arcos ML, Gorelik G, Klecha A, Genaro AM & Cremaschi GA 2006 Thyroid
545	hormones increase inducible nitric oxide synthase gene expression downstream from

546	PKC-zeta in murine tumor T lymphocytes. American Journal of Physiology. Cell
547	Physiology 291 (2) 327-336.
548	
549	Barreiro Arcos ML, Sterle H, Paulazo MA, Valli E, Klecha AJ, Isse B, Pellizas CG,
550	Farías RN & Cremaschi GA 2011 Cooperative nongenomic and genomic actions on
551	thyroid hormone mediated-modulation of T cell proliferation involve up-regulation of
552	thyroid hormone receptor and inducible nitric oxide synthase expression. Journal of
553	Cell Physiology 226 (12) 3208-3218.
554	
555	Barreiro Arcos ML, Sterle HA, Vercelli C, Valli E, Cayrol MF, Klecha AJ, Paulazo
556	MA, Diaz Flaqué MC, Franchi AM & Cremaschi GA 2013 Induction of apoptosis in T
557	lymphoma cells by long-term treatment with thyroxine involves PKC ζ nitration by
558	nitric oxide synthase. Apoptosis 18(11) 1376-1390.
559	
560	Baur AS, Shaw P, Burri N, Delacrétaz F, Bosman FT & Chaubert P 1999 Frequent
561	methylation silencing of p15(INK4b) (MTS2) and p16(INK4a) (MTS1) in B cell and T-
562	cell lymphomas. <i>Blood</i> 94 1773–1781.
563	
564	Chattergoon NN, Giraud GD & Thornburg KL 2007 Thyroid hormone inhibits
565	proliferation of fetal cardiac myocytes in vitro. <i>Journal of Endocrinology</i> 192 (2) R1-8.
566	
567	Cheng N, Van de Wetering CI & Knudson CM 2008 p27 deficiency cooperates with
568	Bcl-2 but not Bax to promote T-cell lymphoma. <i>PLoS One</i> 3 (4) e1911.
569	
570	Cheng SY, Leonard LJ & Davis PJ 2010 Molecular aspects of thyroid hormone actions.
571	Endocrine Reviews 31 139–170.

572 Cristofanilli M, Yamamura Y, Kau SW, Bevers T, Strom S, Patangan M, Hsu L, Krishnamurthy S, Theriault RL & Hortobagyi GN 2005 Thyroid hormone and breast 573 574 carcinoma. Primary hypothyroidism is associated with a reduced incidence of primary 575 breast carcinoma. *Cancer* **103**(6) 1122-1128. 576 577 Figueroa-Vega N, Sanz-Cameno P, Moreno-Otero R, Sánchez-Madrid F, González-578 Amaro R & Marazuela M 2009 Serum levels of angiogenic molecules in autoimmune 579 thyroid diseases and their correlation with laboratory and clinical features. The Journal 580 of Clinical Endocrinology & Metabolism **94**(4) 1145-1153. 581 582 Frick LR, Arcos ML, Rapanelli M, Zappia MP, Brocco M, Mongini C, Genaro AM & 583 Cremaschi GA 2009 Chronic restraint stress impairs T-cell immunity and promotes tumor progression in mice. Stress 12(2) 134-143. 584 585 586 Ferrando M, Gueron G, Elguero B, Giudice J, Salles A, Leskow FC, Jares-Erijman EA, 587 Colombo L, Meiss R, Navone N, De Siervi A, Vazquez E 2011 Heme oxygenase 1 588 (HO-1) challenges the angiogenic switch in prostate cancer. Angiogenesis 14(4) 467-589 479. 590 591 Frick LR, Rapanelli M, Arcos ML, Cremaschi GA & Genaro AM 2011 Oral 592 administration of fluoxetine alters the proliferation/apoptosis balance of lymphoma cells 593 and up-regulates T cell immunity in tumor-bearing mice. European Journal of 594 Pharmacology **659**(2-3) 265-272. 595

596	Frick LR, Rapanelli M, Bussmann U, Klecha AJ, Barreiro Arcos ML, Genaro AM &
597	Cremaschi GA 2009 Involvement of thyroid hormones in the alterations of T-cell
598	immunity and tumor progression induced by chronic stress. Biological Psychiatry
599	65 (11) 935-942.
600	
601	Gallardo F, Esteller M, Pujol RM, Costa C, Estrach T & Servitje O 2004 Methylation
602	status of the p15, p16 and MGMT promoter genes in primary cutaneous T-cell
603	lymphomas. <i>Haematologica</i> 89 1401–1403.
604	
505	Geisen C, Karsunky H, Yücel R & Möröy T 2003 Loss of p27(Kip1) cooperates
606	with cyclin E in T-cell lymphomagenesis. Oncogene 22 1724–1729.
607	
608	Guernsey DL, Ong A & Borek C 1980 Thyroid hormone modulation of X-ray induced
609	in vitro neoplastic transformation. <i>Nature</i> 288 591–592.
610	
611	Hercbergs AH, Ashur-Fabian O & Garfield D 2010 Thyroid hormones and cancer:
512	clinical studies of hypothyroidism in oncology. Current Opinion in Endocrinology,
613	Diabetes and Obesity 17 432–436.
614	
615	Hosokawa Y, Yang M, Kaneko S, Tanaka M & Nakashima K 1995 Synergistic gene
616	expressions of cyclin E, cdk2, cdk5 and E2F-1 during the prolactin-induced G1/S
617	transition in rat Nb2 pre-T lymphoma cells. Biochemistry and Molecular Biology
518	International 37 393–399.
519	

620 Iitaka M, Miura S, Yamanaka K, Kawasaki S, Kitahama S, Kawakami Y, Kakinuma S, 621 Oosuga I, Wada S & Katayama S 1998 Increased serum vascular endothelial growth 622 factor levels and intrathyroidal vascular area in patients with Graves' disease and Hashimoto's thyroiditis. The Journal of Clinical Endocrinology and Metabolism 83(11) 623 624 3908-3912. 625 626 Kanavaros P, Bai M, Stefanaki K, Poussias G, Rontogianni D, Zioga E, Gorgoulis V, & 627 Agnantis NJ 2001 Immunohistochemical expression of the p53,mdm2, p21/Waf-1, Rb, 628 p16, Ki67, cyclin D1, cyclin A and cyclin B1 proteins and apoptotic index in T-cell 629 lymphomas. *Histology and Histopathology* **16** 377–386. 630 631 Kang-Decker N, Tong C, Boussouar F, Baker DJ, Xu W, Leontovich AA, Taylor WR, 632 Brindle PK & Van Deursen JM 2004 Loss of CBP causes T cell lymphomagenesis in 633 synergy with p27Kip1 insufficiency. Cancer Cell 5 177–189. 634 635 Karsunky H, Geisen C, Schmidt T, Haas K, Zevnik B, Gau E & Möröy T 1999 636 Oncogenic potential of cyclin E in T-cell lymphomagenesis in transgenic mice: 637 evidence for cooperation between cyclin E and Ras but not Myc. Oncogene 18 7816 -638 7824. 639 Kilkenny C, Browne WJ, Cuthill IC, Emerson M & Altman DG 2010 Improving 640 641 Bioscience Research Reporting: The ARRIVE Guidelines for Reporting Animal 642 Research. PLoS Biol 8(6) e1000412. doi:10.1371/journal.pbio.1000412 643

644 Klecha AJ, Barreiro Arcos ML, Genaro AM, Gorelik G, Silberman DM, Caro R & Cremaschi GA 2005 Different mitogen-mediated Beta-adrenergic receptor modulation 645 646 in murine T lymphocytes depending on the thyroid status. Neuroimmunomodulation 647 **12**(2) 92-99. 648 649 Klecha AJ, Genaro AM, Gorelik G, Barreiro Arcos ML, Silberman DM, Schuman M, 650 Garcia SI, Pirola C & Cremaschi GA 2006 Integrative study of hypothalamus-pituitary-651 thyroid-immune system interaction: thyroid hormone-mediated modulation of 652 lymphocyte activity through the protein kinase C signaling pathway. Journal of 653 Endocrinology **189**(1) 45-55. 654 655 Kucharz EJ, Kotulska A, Kopeć M, Stawiarska-Pieta B & Pieczyrak R 2003 Serum 656 level of the circulating angiogenesis inhibitor endostatin in patients with 657 hyperthyroidism or hypothyroidism. Wiener klinische Wochenschrift 115(5-6) 179-181. 658 659 Ledda-Columbano GM, Molotzu F, Pibiri M, Cossu C, Perra A & Columbano A 2006 Thyroid hormone induces cyclin D1 nuclear translocation and DNA synthesis in adult 660 661 rat cardiomyocytes. FASEB Journal 20(1) 87-94. 662 663 Ledda-Columbano GM, Perra A, Pibiri M, Molotzu F & Columbano A 2005 Induction 664 of pancreatic acinar cell proliferation by thyroid hormone. Journal of Endocrinology **185**(3) 393-9. 665 666 Lin HY, Sun M, Tang HY, Lin C, Luidens MK, Mousa SA, Incerpi S, Drusano GL, 667 668 Davis FB & Davis PJ 2009 L-Thyroxine vs. 3,5,3'-triiodo-L-thyronine and cell

669 proliferation: activation of mitogen-activated protein kinase and phosphatidylinositol 3-670 kinase. American Journal of Physiology Cell Physiology 296(5) 980-991. 671 672 Lin HY, Tang HY, Shih A, Keating T, Cao G, Davis PJ & Davis FB 2007 Thyroid 673 hormone is a MAPK-dependent growth factor for thyroid cancer cells and is anti-674 apoptotic. *Steroids* **72**(2) 180-187. 675 676 Livak KJ & Schmittgen TD 2001 Analysis of relative gene expression data using real-677 time quantitative PCR and the 2(-Delta Delta C(T)) Method. Methods 25(4) 402-408. 678 679 Lyons AB 1999 Divided we stand: tracking cell proliferation with carboxyfluorescein 680 diacetate succinimidyl ester. Immunology and Cell Biology 77 509-515. 681 682 Mao X, Orchard G, Vonderheid EC, Nowell PC, Bagot M, Bensussan A, Russell-Jones 683 R, Young BD & Whittaker SJ 2006 Heterogeneous abnormalities of CCND1 and RB1 684 in primary cutaneous T-Cell lymphomas suggesting impaired cell cycle control in 685 disease pathogenesis. Journal of Investigative Dermatology 126 1388-1395. 686 687 Martínez-Iglesias O, García-Silva S, Regadera J & Aranda A 2009 Hypothyroidism 688 enhances tumor invasiveness and metastasis development. PLoS One 4(7) e6428. 689 690 Massari NA, Medina VA, Cricco GP, Martinel Lamas DJ, Sambuco L, Pagotto R, 691 Ventura C, Ciraolo PJ, Pignataro O, Bergoc RM & Rivera ES 2013 Antitumor activity 692 of histamine and clozapine in a mouse experimental model of human melanoma. 693 *Journal of Dermatological Science* **72**(3) 252-262.

694 Meng R, Tang HY, Westfall J, London D, Cao JH, Mousa SA, Luidens M, Hercbergs 695 A, Davis FB, Davis PJ & Lin HY 2011 Crosstalk between integrin ανβ3 and estrogen 696 receptor-α is involved in thyroid hormone-induced proliferation in human lung 697 carcinoma cells. *PLoS One* **6**(11) e27547. 698 699 Mihara S, Suzuki N, Wakisaka S, Sekita N, Hoshino T & Sakane T 1999 Effects of 700 thyroid hormones on apoptotic cell death of human lymphocytes. The Journal of 701 Clinical Endocrinology and Metabolism 84 1378-1385. 702 703 Møller MB, Nielsen O & Pedersen NT 2001 Cyclin D3 expression in non-Hodgkin 704 lymphoma. Correlation with other cell cycle regulators and clinical features. American 705 Journal of Clinical Pathology 115(3) 404-412. 706 707 Møller MB, Nielsen O & Pedersen NT 2002 Frequent alteration of MDM2 and p53 in 708 the molecular progression of recurring non-Hodgkin's lymphoma. Histopathology 41 709 322-330. 710 711 Nagasawa T, Zhang Q, Raghunath PN, Wong HY, El-Salem M, Szallasi A, Marzec M, 712 Gimotty P, Rook AH, Vonderheid EC, Odum N & Wasik MA 2006 Multi-gene 713 epigenetic silencing of tumor suppressor genes in T-cell lymphoma cells; delayed 714 expression of the p16 protein upon reversal of the silencing. Leukemia Research 30 715 303-312. 716 Reddy A, Dash C, Leerapun A, Mettler TA, Stadheim LM, Lazaridis KN, Roberts RO 717 718 & Roberts LR 2007 Hypothyroidism: a possible risk factor for liver cancer in patients

719 with no known underlying cause of liver disease. Clinical Gastroenterology and 720 Hepatology **5**(1) 118-123. 721 722 Rennert G, Rennert HS, Pinchev M & Gruber SB 2010 A case-control study of 723 levothyroxine and the risk of colorectal cancer. Journal of the National Cancer Institute 724 **102** 568–572. 725 726 Tang HY, Lin HY, Zhang S, Davis FB & Davis PJ 2004 Thyroid hormone causes 727 mitogen-activated protein kinase-dependent phosphorylation of the nuclear estrogen 728 receptor. *Endocrinology* **145**(7) 3265-3272. 729 730 Teramoto N, Pokrovskaja K, Szekely L, Polack A, Yoshino T, Akagi T & Klein G 731 1999 Expression of cyclin D2 and D3 in lymphoid lesions. International Journal of 732 Cancer **81** 543–850. 733 734 Toms SA, Hercbergs A, Liu J, Kondo S, Haqqi T, Casey G, Iwasaki K, Barnett GH & 735 Barna BP 1998 Antagonist effect of insulin-like growth factor I on protein kinase 736 inhibitor-mediated apoptosis in human glioblastoma cells in association with bcl-2 and 737 bcl-xL. Journal of Neurosurgery 88(5) 884-889. 738 739 Tseleni-Balafouta S, Kavantzas N, Balafoutas D & Patsouris E 2006 Comparative study 740 of angiogenesis in thyroid glands with Graves disease and Hashimoto's thyroiditis. 741 Applied Immunohistochemistry & Molecular Morphology 14(2) 203-207. 742

743	Verga Falzacappa C, Timperi E, Bucci B, Amendola D, Piergrossi P, D'Amico D
744	Santaguida MG, Centanni M & Misiti S 2012 T(3) preserves ovarian granulosa cells
745	from chemotherapy-induced apoptosis. <i>Journal of Endocrinology</i> 215 (2) 281-9.
746	
747	Woodmansee WW, Kerr JM, Tucker EA, Mitchell JR, Haakinson DJ, Gordon DF,
748	Ridgway EC & Wood WM 2006 The proliferative status of thyrotropes is dependent or
749	modulation of specific cell cycle regulators by thyroid hormone. Endocrinology 147(1)
750	272-282.
751	
752	Zhang B, Zhang A, Zhou X, Webb P, He W & Xia X 2012 Thyroid hormone analogue
753	stimulates keratinocyte proliferation but inhibits cell differentiation in epidermis
754	International Journal of Immunopathology and Pharmacology 25(4) 859-869.
755	
756	Zukerberg LR, Yang WI, Arnold A & Harris NL 1995 Cyclin D1 expression in non-
757	Hodgkin's lymphomas. Detection by immunohistochemistry. American Journal of
758	Clinical Pathology 103 756-760.
759	
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LEGENDS FOR FIGURES

Figure 1: Effects of thyroid status on tumor progression. The plasma levels of thyroid hormones in euthyroid, hyperthyroid and hypothyroid mice were determined using an ELISA, as described in Materials and Methods (A). Euthyroid, hyperthyroid and hypothyroid mice were subcutaneously inoculated with $3x10^5$ EL-4 cells, and the volumes of the resulting solid tumors were measured (B). Representative photographs of the solid tumors grown in mice with different thyroid statuses 10 days after inoculation are shown (C). The tumor tissue weight removed at 10 days post-inoculation was determined (D). Kaplan-Meier survival analysis was performed on the experimental groups subcutaneously inoculated with $3x10^5$ EL-4 cells (E). The values are expressed as the mean \pm SE. *p<0.05 vs. the corresponding euthyroid mice.

Figure 2: Effects of thyroid status on the rate of tumor cell division. EL-4 cells were stained with carboxyfluorescein diacetate succinimidyl ester (CFSE) and were subcutaneously inoculated into euthyroid, hyperthyroid and hypothyroid mice. Ten days post-inoculation, the tumor tissue was removed, and the CFSE mean fluorescence intensities (MFIs) of the tumor cells were quantified using flow cytometry. Representative histograms of 4 independent experiments are shown. The histogram corresponding to T_0 represents the CFSE fluorescence intensity of the EL-4 cells prior to inoculation into the animal models. The MFIs of the EL-4 cells grown in the euthyroid, hyperthyroid and hypothyroid mice are indicated in parentheses (A). The MFI of each experimental group is shown in the bar graph as a percentage of the MFI at T_0 (B). The estimated cell division time is indicated in the table (C). The values are expressed as the mean \pm SE. *p<0.01 vs. the euthyroid mice.

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Figure 3: Effects of thyroid status on the histological characteristics of the tumor tissue and tumor angiogenesis. Solid tumors grown in euthyroid, hyperthyroid and hypothyroid mice were excised 10 days after tumor inoculation. The tumor tissue were fixed, embedded in paraffin and cut into serial sections using a microtome. Histological characteristics of the tumor tissue were examined in the tissue sections after staining with hematoxylin-eosin (H&E) and Masson's trichrome. Vascularization in the tissue sections was evaluated using Masson's trichrome and immunostaining with an anti-CD31 antibody. Representative photographs from 4 independent trials using 5 animals per group are shown. The black arrows indicate the mitotic cells (H&E staining), blood vessels (Masson's trichrome) or endothelial cells (CD31+ immunostaining), and the white arrows indicate the hemorrhagic areas (H&E staining) (A). The number of mitotic cells in the tissue sections stained with H&E was quantified. Ten random fields from each sample from each experimental group were analyzed (B). The number of blood vessels in the tissue sections stained with Masson's trichrome solution was quantified. Intratumoral vascularity was evaluated by counting the number of blood vessels inside the tumor in 10 random fields (C). Angiogenesis was quantified in the solid tumors grown in euthyroid, hyperthyroid and hypothyroid mice 6 days after inoculation with EL-4 cells, as described in Materials and Methods. Representative solid tumors irrigated by blood vessels are shown (left flank). The right flanks of the mice without tumor inoculation are shown as controls (D). The number of blood vessels in the tumor tissue area was normalized to the number of vessels in the normal dermal tissue area present in the flank control, which was inoculated with sterile PBS solution (E). The average number of blood vessels in the control flank (without tumor) is shown in the bar graph (F). The values are expressed as the mean \pm SE. **p<0.01 or *p<0.05 vs. the euthyroid mice or hyperthyroid mice.

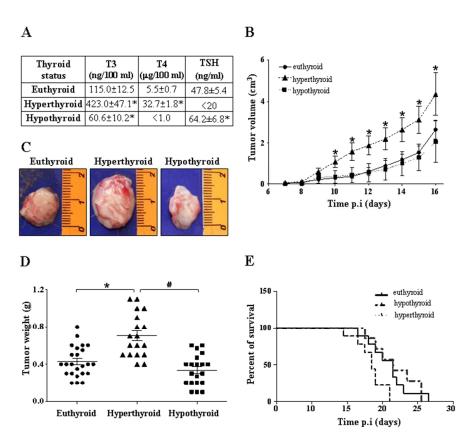
Figure 4: Effects of thyroid status on the cellular proliferation and apoptosis of the tumor tissue. Tumor tissue sections from euthyroid, hyperthyroid or hypothyroid mice excised 10 days after EL-4 cell inoculation. Lymphoma cell proliferation and apoptosis were determined by immunohistochemistry using PCNA or active caspase-3 antibodies. Representative photographs from 4 independent experiments using 5 animals per group are shown (A). PCNA and active caspase-3 expression was evaluated by western blot analysis from the tumor tissue protein extracts. Actin was used as a protein loading control. The results are representative of 4 independent experiments (B). Densitometric results of the western blot analysis are shown in the bar graph (C). The ratio of PCNA and caspase-3 protein expression is shown (D). The values are expressed as the mean ± SE. *p<0.05 or **p<0.01 vs. the euthyroid mice.

Figure 5: Effects of thyroid status on the expression of cell cycle regulatory proteins. Differential gene expression of the cyclins was observed in the tumor tissues from the euthyroid, hyperthyroid and hypothyroid mice. The mRNA expression of the cyclins was determined using qPCR, and the expression levels were normalized to the expression of the housekeeping gene β-actin; the $\Delta\Delta$ Ct method was used to calculate fold change (A). The expression of the cyclin proteins was evaluated using western blot analysis. Actin was used as a protein loading control. The results are representative of 4 independent experiments (B). Densitometric results of the western blot analysis in the euthyroid, hyperthyroid and hypothyroid mice are shown in the bar graph (C). The values are expressed as the mean ± SE. *p<0.05 or **p<0.01 vs. the euthyroid mice.

Figure 6: Effect of thyroid status on cyclin inhibitors and tumor suppressor proteins. The mRNA expression of the cyclin-dependent kinase inhibitors

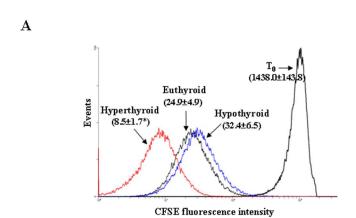
(P15/INK4B, p16/INK4A, p21/Cip1 and p27/Kip1) was determined in the tumor tissues from the euthyroid, hyperthyroid and hypothyroid mice using qPCR analysis. Gene expression was normalized to the expression of the β -actin gene, and the $\Delta\Delta$ Ct method was used to calculate fold change (A). The mRNA expression of the tumor suppressor genes (p53, PTEN and Rb) as determined using qPCR analysis; expression was normalized to the expression of the β -actin gene, and the $\Delta\Delta$ Ct method was used to calculate fold change (B). Protein expression of the cyclin-dependent kinase inhibitors and the tumor suppressor proteins was analyzed using western blot analysis. Actin was used as a protein loading control. The results are representative of 4 independent experiments (D). Densitometric results of the western blot analysis are shown in the bar graph (E). The values are expressed as the mean \pm SE. *p<0.05 vs. the euthyroid animals; #p<0.05 or ##p<0.01 vs. the hyperthyroid animals.

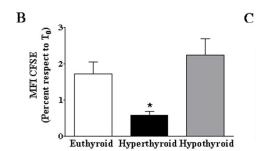
Figure 1



Effects of thyroid status on tumor progression $190 \times 254 \text{mm}$ (96 x 96 DPI)

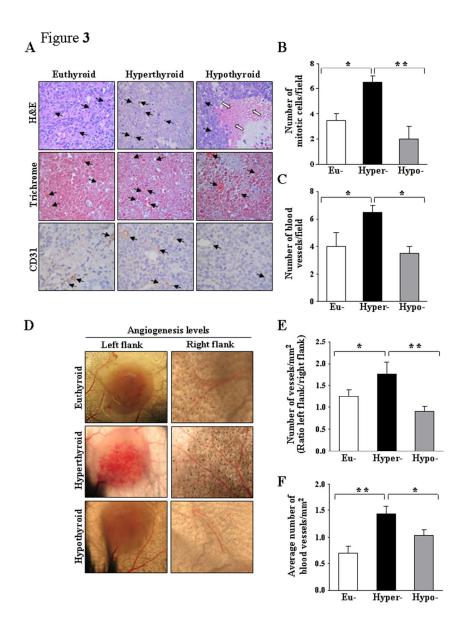
Figure 2





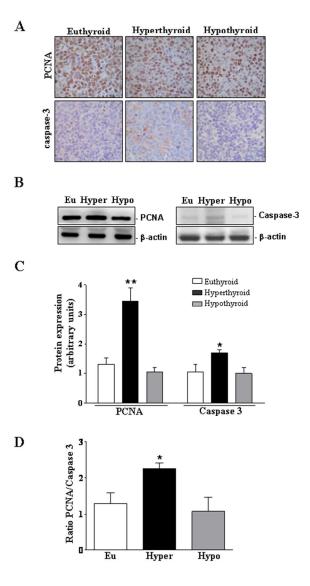
Experimental groups	Cell division time
Euthyroid	40.9±3.7
Hyperthyroid	32.4*±2.9
Hypothyroid	43.9±4.1

Effects of thyroid status on the rate of tumor cell division 190x254mm (96 x 96 DPI)



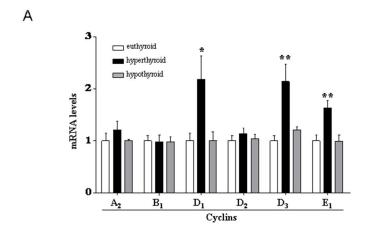
Effects of thyroid status on the histological characteristics of the tumor tissue and tumor angiogenesis $190 \times 254 \text{mm}$ (96 x 96 DPI)

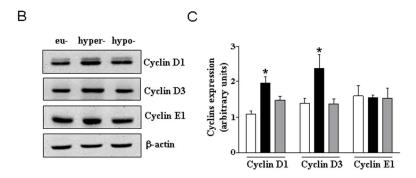
Figure 4



Effects of thyroid status on the cellular proliferation and apoptosis of the tumor tissue 190x254mm (96 x 96 DPI)

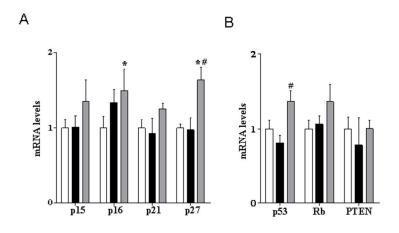
Figure 5

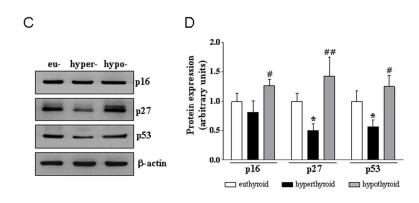




Effects of thyroid status on the expression of cell cycle regulatory proteins 190x254mm (96 x 96 DPI)

Figure 6





Effect of thyroid status on cyclin inhibitors and tumor suppressor proteins 190x254mm (96 x 96 DPI)

Table 1: Primer sequences used for real time RT-PCR analysis.

Gene	Primer Sequences	Tm (°C)
Cyclin A2	5'-GGCCAGCTGAGCTTAAAGAAAC-3' 5'-CGGGTAAAGAGACAGCTGCAT-3'	58.3 58.1
Cyclin B1	5'-AGGGTCGTGAAGTGACTGGAAACA-3' 5'-CTTGGGCACACAACTGTTCTGCAT-3'	60.2 60.3
Cyclin D1	5'-CCAAAACCATTCCATTTCAAAG-3' 5'-CCAACACACACCAGCAACACT-3'	57.2 58.1
Cyclin D2	5'-ACTTCAAGTTTGCCATGTACCCGC-3' 5'-TTCAGCAGCAGAGCTTCGATTTGC-3'	60.1 60.2
Cyclin D3	5'-TGCGTGCAAAAGGAGATCAA-3' 5'-TCACACACCTCCAGCATCCA-3'	59.0 59.7
Cyclin E1	5'-TGCTACTTGACCCACTGGACTCT-3' 5'-TGGCGTGGCCTCCTTAAC-3'	58.9 58.2
p15/INK4B	5'-TGGGAAACCTGGAGAGTAGATGA-3' 5'-GAATCCCCACACATGACAGTACA-3'	58.7 58.3
p16/INK4A	5'-CTCAACTACGGTGCAGATTCGA-3' 5'-CACCGGGCGGGAGAA-3'	59.0 58.5
p21/Cip1	5'-TGTGGCTCCCTCCCTGTCT-3' 5'-GCAGGGTGCTGTCCCTTCT-3'	59.2 58.8
p27/Kip1	5'-CCTGGCTCTGCTCCATTTGA-3' 5'-ACGGATGGAGCGCAAAAC-3'	59.9 58.2
p53	5'-GCATCCCGTCCCCATCA-3' 5'-GGATTGTGTCTCAGCCCTGAA-3'	59.8 58.7
Rb	5'-GGTCTGCCAACACCCACAA-3' 5'-GATGTCCCAAATGATTCACCAA-3'	58.9 58.2
PTEN	5'-GGTTCTTGGAAAACGGTGCTTAT-3' 5'-TGAAACCTCCCATGTGCTGAT-3'	59.4 59.0
β_2 microglobulin	5'-GCTATCCAGAAAACCCCTCAA-3' 5'-CATGTCTCGATCCCAGTAGACGGT-3'	62.0 62.0

The primers were designed using the mouse cDNA sequences in the UniGene database, following the criteria established by the Primer Express software (Applied Biosystems, California, USA).