

Biological relevance of Hsp90-binding immunophilins in cancer development and treatment

Gisela I. Mazaira¹, María F. Camisay¹, Sonia De Leo¹, Alejandra G. Erlejman¹ and Mario D. Galigniana^{1,2}

¹ Departamento De Química Biológica, Facultad De Ciencias Exactas Y Naturales, Universidad De Buenos Aires and IQUIBICEN-CONICET, Buenos Aires, Argentina

² Instituto De Biología Y Medicina Experimental-CONICET, Buenos Aires, Argentina

Immunophilins are a family of intracellular receptors for immunosuppressive drugs. Those immunophilins that are related to immunosuppression are the smallest proteins of the family, *i.e.*, FKBP12 and CyPA, whereas the other members of the family have higher molecular weight because they show additional domains to the drug-binding site. Among these extra domains, the TPR-domain is perhaps the most relevant because it permits the interaction of high molecular weight immunophilins with the 90-kDa heat-shock protein, Hsp90. This essential molecular chaperone regulates the biological function of several protein-kinases, oncogenes, protein phosphatases, transcription factors and cofactors. Hsp90-binding immunophilins were first characterized due to their association with steroid receptors. They regulate the cytoplasmic transport and the subcellular localization of these and other Hsp90 client proteins, as well as transcriptional activity, cell proliferation, cell differentiation and apoptosis. Hsp90-binding immunophilins are frequently overexpressed in several types of cancers and play a key role in cell survival. In this article we analyze the most important biological actions of the best characterized Hsp90-binding immunophilins in both steroid receptor function and cancer development and discuss the potential use of these immunophilins for therapeutic purposes as potential targets of specific small molecules.

Immunophilins form a family of molecular chaperones that show rotamase or peptidyl-prolyl-(*cis/trans*)-isomerase (PPIase) activity, *i.e.*, the reversible *cis*↔*trans* interconversion of Xaa-Pro bonds.¹ These are abundant foldases in all cell types and are classified into two subfamilies according to their ability to

Key words: FKBP51, FKBP52, FKBP38, FKBP12, NF-κB, steroid receptor

Abbreviations: AR: androgen receptor; CsA: cyclosporine A; CyP: cyclophilins; ER: estrogen receptor; FKBP: FK506-binding protein; FKBP12/WisP39: FK506-binding protein-like/WAF1-CIP1-stabilizing protein 39; GR: glucocorticoid receptor; Hsp90: heat-shock protein of 90-kDa; IκB: inhibitor of *κ*B; IKK: IκB kinases; mTOR: mammalian target of rapamycin; MR: mineralocorticoid receptor; NF-κB: nuclear factor kappa-light-chain-enhancer of activated B cells; PP5: protein-phosphatase 5; PPIase: peptidylprolyl isomerase; PR: progesterone receptor; TDO: tryptophan-2,3-dioxygenase; TPR: tetratricopeptide repeats

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Correspondence to: Mario D. Galigniana, IBYME-CONICET, Vuelta de Obligado 2490, Buenos Aires (C1428ADN), Argentina, Tel.: [541147832869], ext. 304, Fax: +[54-11-4786-2564]. E-mail: mgaligniana@conicet.gov.ar

bind specific immunosuppressant drugs²—Cyclophilins when they bind the cyclic undecapeptide cyclosporine A (CsA) or FK506-Binding Proteins (FKBPs) when they bind the macrolide FK506 (or tacrolimus). Table 1 shows a list of the most relevant abbreviations used in this work and a brief description of the biological actions of each factor.

The signature domain of immunophilins is the PPIase domain, which is also the drug binding domain. Only the smallest members of each subfamily, CyPA and FKBP12, are related to the immunosuppressive action. This takes place when the respective drug-immunophilin complex inhibits the Ser/Thr-phosphatase activity of PP2B/calcineurin preventing the dephosphorylation of the transcription factor Nuclear Factor of Activated T cells and its subsequent nuclear translocation. Therefore, the production of interleukines and interferon-γ is inhibited.³ Some members of the FKBP subfamily also bind other macrolide, rapamycin (or sirolimus). However, FKBP12•rapamycin complexes show a different mechanism of action; they target mTOR (Mammalian Target of Rapamycin), a Ser/Thr protein kinase able to regulate cell proliferation, cell growth, cell motility and protein synthesis.⁴

High molecular weight immunophilins have a more complex architecture than that shown by the two immunosuppressive members of the family (Fig. 1) and are not related to the immunosuppression process. In addition to the PPIase domain, they also have the nucleotide-binding domain, where ATP binds, the calmodulin-binding domain, a poorly characterized domain able to interact with calmodulin and sequences of 34 amino acids repeated *in tandem*, the TPR domains,

Table 1. Nomenclature and biological role of some factors related to immunophilins

Abbreviation	Full or conventional name	Property
FK506	Tacrolimus, Fujimycin	Macrolide lactone used as immunosuppressive drug. FKBP12•FK506 complexes inhibit the enzymatic activity of PP2B/calcineurin.
PPIase	Peptidylprolyl isomerase	Enzymatic activity of rotamase (cis/trans isomerization of X-Propeptide bonds).
mTOR	mTOR	Ser/Thr kinase signalling cascade regulated by FKBP12•Rapamycin complexes.
FKBP	FK506-Binding Protein	Subfamily of immunophilins showing a PPIase domain where FK506 binds.
TPR	Tetratricopeptide repeats	Degenerate 34 amino acid sequence motif involved in protein-protein interactions.
Hsp90	Heat-shock protein of 90-kDa	Forms complexes with TPR-domain immunophilins (one TPR protein per Hsp90 dimer).
Hop/p60	Heat-shock organizing protein	TPR domain protein that favors the formation of complexes between Hsp90 and Hsp70.
RAC3	Receptor-associated coactivator 3	Coactivator of steroid receptors that is recruited to nuclear complexes in several tumors.
NF-κB	Nuclear factor κ-light-chain-enhancer of activated B cells	Family of proteins with structural similarity to the retroviral oncoprotein v-Rel that shows transcriptional activity properties.
IκB	Inhibitor of κB	Family of inhibitory proteins showing different affinities for individual NF-κB complexes.
IKK	IκB kinase	Family of IκB kinases that favors IκB dissociation from NF-κB and its nuclear relocalization.
TDO	TDO	Degradation of tryptophan to kynurenine, which favors the activation of the aryl hydrocarbon receptor and consequently tumor cell proliferation and invasiveness.

through which they interact with the 90-kDa heat-shock protein, Hsp90. The Hsp90-binding immunophilins were first described as members of the steroid receptor heterocomplex,⁵ these immunophilins being the best characterized of this group—FKBP52 (gene name *fkbp4*), FKBP51 (gene name *fkbp5*), CyP40 (gene name *pp1D*) and the FKBP-like proteins (which show no enzymatic activity) PP5 (gene name *ppp5C*) and FKBP1/WisP39 (gene name *fkbp1*). All of these immunophilins have their counter-part in plants,⁶ suggesting a conserved function during the evolution.

Hsp90-Binding Immunophilins and Transcription Factors

All steroid receptors exist as oligomeric heterocomplexes.⁵ Early evidence already showed that the presence of the Hsp90 dimer plays a cardinal role in these complexes.^{7–10} The first evidence that the immunophilin FKBP52 (first called p59 and Hsp56) was bound to Hsp90 in non-transformed receptors can be traced back to the early '90 s.¹¹ This immunophilin is present in mature rather than intermediate receptor complexes. In nontransformed isoforms, the stoichiometry of the receptor•(Hsp90)₂ complex shows one molecule of Hsp70, one molecule of p23 and a TPR-domain cochaperone bound to the TPR acceptor site of the Hsp90 dimer.^{12,13} During the early steps of heterocomplex

assembly, the TPR protein Hop/p60/Sti1 is required for bringing together Hsp90 and Hsp70, but after the formation of the complex and its subsequent transference to the aporeceptor, Hop/p60/Sti1 is released and a TPR-domain immunophilin occupies the TPR acceptor site on the Hsp90 dimer. FKBP51 is the immunophilin present in the mature and transcriptionally inactive receptor and is exchanged by FKBP52 upon steroid binding (Fig. 2). Because the PPIase domain of FKBP52, but not the PPIase domain of FKBP51, is able to interact with dynein/dynactin,^{14,15} the motor protein complex is also recruited to steroid receptors and powers the active cytoplasmic transport to the nucleus along cytoskeletal tracks.^{12,13}

Hsp90 is mostly localized in the cytoplasm of unstressed cells and a small fraction is nuclear. In early times there was a controversy related to the fact that Hsp90 could not exist associated to the nuclear pool of steroid receptors.^{16,17} Nonetheless, this notion contradicted experiments showing cross-linking of Hsp90 with PR in nuclear extracts¹⁸ and more importantly, crosslinking with ER in intact cells,¹⁹ demonstrating that both receptors form nuclear heterocomplexes with Hsp90 in the absence of agonist. Today, it is accepted that this is the case and that Hsp90 complexes are able to be assembled with steroid receptors in the nuclear compartment.^{20,21}

The classic model for steroid receptor activation usually described in the literature was posed in the literature even

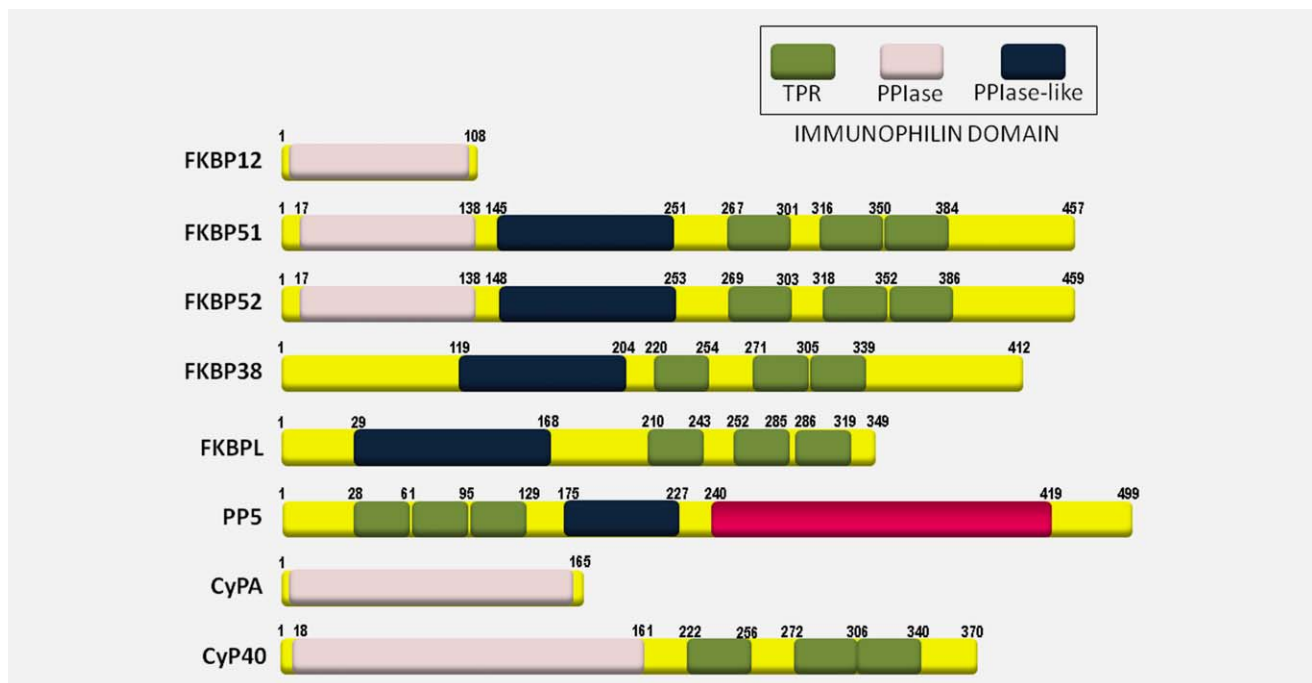


Figure 1. Structural domains of some Hsp90-binding immunophilins belonging to the FKBP and cyclophilin (CyP) subfamilies compared with their respective archetype members responsible for the immunosuppression action, FKBP12 and CyPA. Note that these two immunophilins only show the PPIase domain, whereas those that are capable to interact with Hsp90 have multiple repetitions of the TPR domain. PPIase-like domains preserve structural homology with the PPIase domain, but they lack enzymatic activity of peptidylprolyl isomerase. [Color figure can be viewed in the online issue, which is available at wileyonlinelibrary.com.]

before the time of those findings^{22,23} and postulated the heuristic notion that Hsp90 anchors the receptor to cytoplasmic structures. The release of the chaperone (a process usually referred to as “transformation”) was thought to be the essential requirement for receptor translocation to the nucleus. While Gasc *et al.*²⁴ showed that Hsp90 and FKBP52 are bound to PR in the nucleus, recent experimental evidence demonstrates that the Hsp90•FKBP52 complex is not dissociated from steroid receptors upon steroid binding, but it is also required for the cytoplasmic retrotransport of the receptor.¹⁴ Moreover, the chaperone complex also facilitates the passage of the whole steroid receptor heterocomplex through the nuclear pore interacting with structures of the pore such as nucleoporins.²⁵ Therefore, the transformation processes leading to receptor dimerization is predicted to be a nuclear event rather than an early cytoplasmic step. Very recent publications have confirmed these findings and have demonstrated that steroid receptor dimerization occurs in the nucleus and not in the cytoplasm,^{26,27} as the novel model predicts.

Other Hsp90-binding immunophilins commonly associated to steroid receptors are CyP40, PP5 and FKBP/WisP39. CyP40 is a member of the cyclophilin subfamily and is usually found associated to ER and PR rather than to GR and MR,^{28–30} whereas PP5 is an immunophilin-like protein that shows Ser/Thr-protein-phosphatase activity with proliferative actions in most cells.³¹ Both Hsp90-binding immunophilins are also able to interact with dyenin motors

suggesting a possible redundancy with FKBP52 as protein carrying factors. FKBP/WisP39 is other immunophilin-like protein that was originally found during screening for genes that were protective against ionizing radiation.^{32,33} It is most closely related to FKBP52 and also shows the ability to interact with Hsp90 in steroid receptor complexes, sharing with FKBP52 exactly the same properties for the cytoplasmic retrotransport of the GR.^{34,35} Table 2 summarizes the most relevant features of the immunophilins analyzed in this work.

Most of the members of the Hsp90-binding immunophilin family also form complexes with other transcription factors and protein kinases related to the regulation of the cell cycle.³⁶ Among them, p53 cytoplasmic mutants are associated to Hsp90 and FKBP52, this chaperone complex also being responsible for the retrotransport of the proapoptotic factor *via* dyenin/dynactin motor proteins.³⁷ The p160 nuclear receptor coactivator family member RAC3 (*Receptor-Associated Coactivator-3*), which is recruited by steroid receptors³⁸ and other factors whose expression is related to several tumors (*i.e.*, NF- κ B,³⁹ E2F,⁴⁰ AP-1,⁴¹ STAT6,⁴² etc.) is also able to interact with the Hsp90•FKBP52•dyenin heterocomplex, a molecular transport machinery that is also responsible for RAC3 cytoplasmic retrotransport.⁴³

Recently, it was demonstrated that NF- κ B is regulated by FKBP51 and FKBP52 in an antagonistic manner.⁴⁴ FKBP51 is an inhibitory factor of NF- κ B overall action, whose activity is not dependent on its PPIase activity. However, FKBP52 is a strong activator, a role where the PPIase enzymatic activity

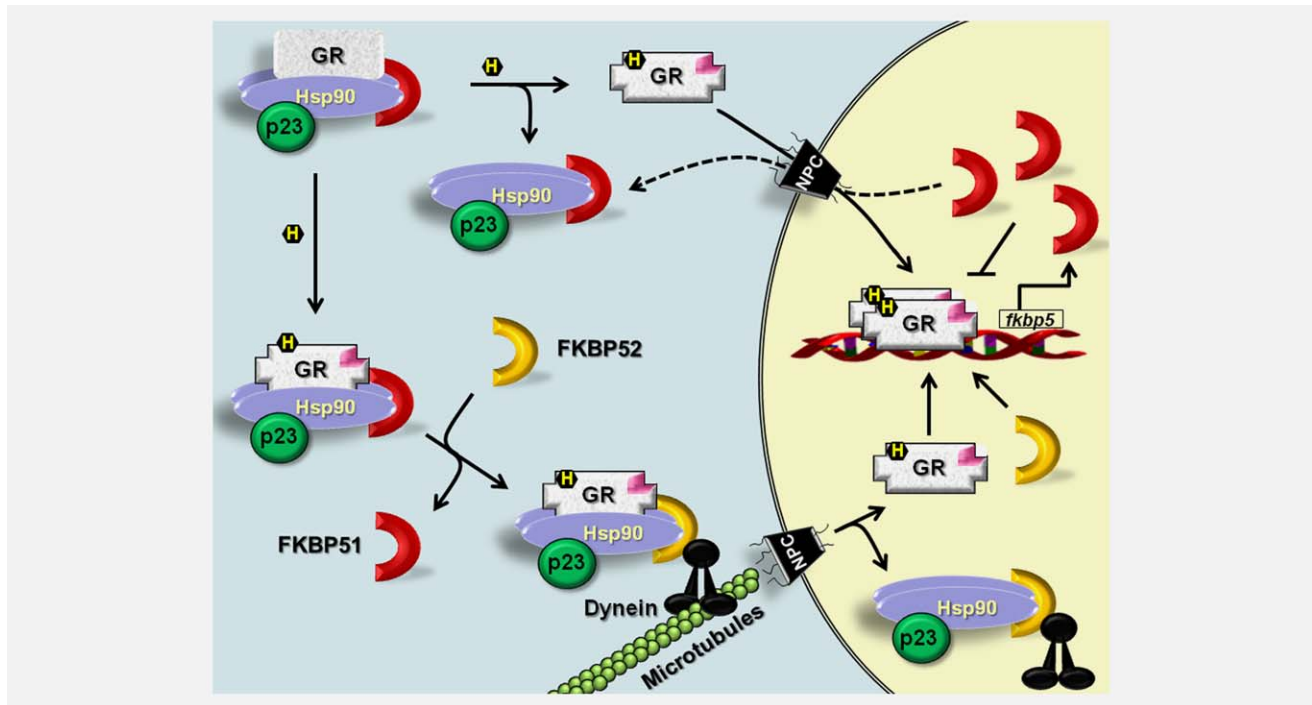


Figure 2. Molecular mechanism of action of the glucocorticoid receptor. According to the conjectural classic model, the Hsp90-based heterocomplex is dissociated from GR upon hormone (H) binding (upper part of the model). This permits a conformational change in the receptor exposing its nuclear localization signal (colored pink corner). After receptor diffusion throughout the cytoplasm, it is translocated to the nucleus and transcription takes place. The experimentally proved modern model sustains that steroid binding promotes the exchange of the Hsp90-binding immunophilin FKBP51 by FKBP52, which is able to interact with dynein motors and also shows a positive regulation of the transcriptional activity. The whole GR•Hsp90•FKBP52 complex is actively transported towards the nucleus using microtubules tracks and translocates through the nuclear pore complex (NPC), such that transformation (Hsp90 release) occurs in the nucleoplasm. Note that the novel model predicts that GR dimerization must be a nuclear event, as it has recently been proved.^{26,153} One of the targets genes for GR is the *fkbp5* gene, which encodes for FKBP51 and generates an ultra-short inhibitory feedback on the receptor action. [Color figure can be viewed in the online issue, which is available at wileyonlinelibrary.com.]

is essential. Interestingly, Hsp90 is not required for these effects and the regulation by immunophilins appears to be direct because purified RelA binds to purified FKBP52.⁴⁴ This immunophilin-dependent regulatory mechanism could explain the pleiotropic actions of NF- κ B according to the FKBP52 to FKBP51 expression ratio in different cell types and biological circumstances. In view of these and the above-commented properties, immunophilins have become an attractive novel pharmacologic target.^{45–47}

FKBP51

The relevance of FKBP51 in steroid receptor signalling was first elucidated in New World Monkeys. In squirrel monkeys, the levels of free cortisol in plasma are two orders of magnitude higher than in other primates, including humans. However these animals do not develop signs of hypercortisolism. This is due to GR resistance in the target organs, which is conferred by overexpression of FKBP51.^{48,49} An important feature of the *fkbp5* gene that encodes for FKBP51 is that its expression is induced by glucocorticoids, generating an intracellular ultra-short negative feedback loop for GR activity⁵⁰ (Fig. 2). Thus, steroid-activated GR induces *fkbp5* transcription by activation of two intronic hormone responsive elements⁵¹

increasing the expression of FKBP51. At the end, the GR function is greatly impaired by reduction of both GR steroid binding capacity and inhibition of transcriptional activity. Importantly, an impaired signalling cascade *via* cortisol-activated GR leads to an impaired negative feedback regulation, and thus, to partial glucocorticoid resistance. Interestingly, this circuit appears to be one of the most robust biological abnormalities observed in mood disorders⁵² and the existence of specific polymorphic isoforms of FKBP51 strongly correlates with the dysregulation of the stress response and the development of post-traumatic stress-disorders.^{53,54}

Recently, it was demonstrated that FKBP51 is a mitochondrial protein.⁵⁵ About 50% of the cellular pool of this immunophilin localizes in mitochondria in a TPR-domain-dependent manner. FKBP51 undergoes a rapid and reversible nuclear accumulation accompanied by nucleolar concentration under several situation of stress (peroxides, heat-shock, UV light, serum deprivation, high osmolarity of the medium, metals, proinflammatory stimuli, etc.).⁵⁵ Overexpression of FKBP51 shows antiapoptotic effects, whereas its knock-down sensitizes cells to programmed cell death. Accordingly, FKBP51 expression is high in most cancer cell lines and in cancer tissues.

Table 2. Relevant immunophilins belonging to the FKBP subfamily in humans

Protein	Aliases	Gene	Cytogenetic band	Ligands	Known biological functions
FKBP12	FKBP1	<i>fkbp1A</i>	20p13	FK506	Calcineurin inhibitor ¹⁴³ . Immunosuppressor factor. ¹³³ TGFβ, ¹⁴⁴ IP3 ¹⁴⁵ and ryanodine receptors ¹⁴⁶ modulator.
	PKC12			Rapamycin	
	PPI-1A				
FKBP51	FKBP54	<i>fkbp5</i>	6p21.31	FK506	GR, ⁴⁸ MR, ¹⁴⁷ PR ¹⁴⁸ transcriptional inhibition and AR activation. ⁵⁸ IKK ¹³⁶ and p65/RelA ¹⁰⁰ interactor. Impairs dynein-powered dependent retrotransport of nuclear factors. ¹⁴⁹ Impairment of neuronal differentiation. ¹⁵⁰
	p54			Rapamycin	
	AIG6			SAFit 1 & 2	
	ARP6				
FKBP52	HBI	<i>fkbp4</i>	12p13.33	FK506	Favors ligand binding to steroid receptors ¹⁵¹ and dynein-powered retrotransport. ¹⁴ NF-κB activator. ¹⁰⁰ Neurotrophic factor. ¹⁵⁰ TDO activity suppressor. ⁹⁴ Copper transport. ¹⁵²
	p59			Rapamycin	
	Hsp56				
	FKBP59				
FKBP38	PPIase FKBP8	<i>fkbp8</i>	19p12	FK506, GPI1046	Inherent calcineurin inhibitor. ¹⁰⁹ Bcl2 regulator. ¹¹⁷ PRL3 inhibitor. Hepatitis C virus interactor. ¹¹⁵ Antiapoptotic factor ¹⁰⁹
	FKBPr38			N-(N',N'-dimethyl carboxamidomethyl) cycloheximide.	
FKBPL	NG7	<i>fkbpL</i>	6p21.3	ALM201	steroid receptor action. ¹³⁹ Antiangiogenic factor. ¹²⁷
	DIR1				
	WISP39				

FKBP51 is regarded as a negative regulator of steroid receptor activity in most studies reported to date⁵⁶ except for the case of AR,⁵⁷ where the overexpression of FKBP51 increases AR transcriptional activity in the presence or absence of androgens in the medium and siRNA knock-down of the immunophilin strongly impairs AR-dependent gene transcription and cell proliferation.^{58,59} The proliferation of prostate cancer cells can be constrained by androgen deprivation therapy accompanied by a therapy with antiandrogens (e.g., bicalutamide) to inhibit AR action by steroid competition with the androgen binding site and displacement of the H12 helix of AR to prevent formation of a productive AF-2 (*Activation Function-2*) binding pocket,⁶⁰ a domain that is harbored by the hormone-binding domain and acts as a docking site for coactivators.⁶¹ Therefore, most of the studies have been focused on the endocrine perspective of the gland by testing androgen synthesis inhibitors or AR antagonists (see Ref. [62 for a recent review). Nonetheless, for reasons that are still obscure, this original situation reverts along the time and a castration-resistant prostate cancer is finally

developed,⁶³ raising logical concerns about the efficacy of such therapeutic strategy. In spite of the apparent androgen independence of the tumor, the AR still remains as a critical oncogenic factor that affects both tumor growth and cell survival in the majority of the castration-resistant prostate cancers and about half of the patients with metastatic disease show even a significant amplification of the AR gene, resulting therefore in overexpression of the AR protein.^{64,65} Interestingly, an endogenous anti-inflammatory prostaglandin 15-deoxy-Δ^{12,14}-prostaglandin J2 targets the AR and acts as a potent AR inhibitor,⁶⁶ rapidly repressing AR target genes, among them, *fkbp5*. This could prevent the positive action of its product, FKBP51, in AR biological actions.

A relevant role for FKBP51 in sustaining cancer cell growth and aggressiveness has been shown in various types of cancers.⁶⁶⁻⁷³ One of the first evidences connecting FKBP51 with malignant pathologies was the observation that this Hsp90-binding immunophilin is overexpressed in idiopathic myelofibrosis,⁶⁹ a known chronic myeloproliferative disorder characterized by bone marrow fibrosis and megakaryocyte

hyperplasia. The overexpression of FKBP51 affects the regulation of the growth factor independence of megakaryocyte progenitors and induces resistance to apoptosis. Even though hyperexpression of FKBP51 is observed in several human cancers, including lymphomas, gliomas, melanoma, prostate cancer, etc.,⁷⁴ it is down-regulated in other types such as pancreatic cancer.⁷⁵ Interestingly, FKBP51 binding to Hsp90 favors the recruitment of the co-chaperone p23 and positively regulates AR signaling⁷⁶ and is associated with chemoresistance and radioresistance.^{75,77} It has also been shown by siRNA interference studies that FKBP51 suppresses the proliferation of colorectal adenocarcinoma.⁷⁸

All these observations raise the possibility that FKBP51 could be used as a cancer biomarker. In addition, it would be important to investigate common single-nucleotide polymorphisms in the *fkbp5* gene to explore the possibility that, like in the previously referenced case of post-traumatic syndrome disorders, FKBP51 might contribute to individual variations in the biological response to different therapeutic approaches, in particular drug sensitivity. Moreover, the role of FKBP51 in tumorigenesis must be clarified. To date, there are neither clear explanations to justify the fact that FKBP51 functions as an oncogenic factor or a tumor suppressor depending on the tissue type, nor the reasons by which it is down-regulated in pancreatic tumor tissue and is overexpressed in melanomas or lymphomas.

FKBP52

The amino acid sequence of FKBP52 shares 60% identity and 75% similarity with FKBP51.^{79,80} The FKBP12-like domains described by Callebaut *et al.*⁷⁹ show a good correlation with those present in FKBP51 and FKBP52. These two immunophilins not only share high homology, but they are also quite similar in the organization of their domains and three-dimensional structures.⁵⁶ The main functional difference between them lies in the PPIase domain, which is certainly conserved, but residues of the proline-rich loop suspended above the PPIase pocket differ between both proteins affecting protein interactions with larger peptide substrates.^{81,82} These differences are responsible for the divergent functions of both proteins. Hence, an FKBP51 mutant containing two point mutations (A116 V and L119P) in the FKBP51 proline-rich loop showed full FKBP52-like activity towards AR.⁸³ Moreover, the exchange of both PPIase domains in chimeric proteins transforms FKBP52 into FKBP51 and *vice versa*.¹⁵ Thus, the replacement of the N-terminal domain in FKBP52 by that of FKBP51 led to a GR inhibitory immunophilin with highly reduced capacity to bind dynein. Conversely, replacing the PPIase domain of FKBP51 by that of FKBP52 almost completely abolished the inhibitory effect of FKBP51 on GR transcriptional activity and also reconstituted the capacity to interact with dynein.¹⁵

FKBP52 is overexpressed in breast cancer^{84,85} and is also required for normal sexual differentiation and development.^{86–88} Accordingly, FKBP52-deficient male mice display

characteristics of partial androgen insensitivity syndrome, including dysgenic prostate.^{59,89} Interestingly, the BF-3 (*Binding Function-3*) surface of the AR (a region coupled to the AF-2 pocket of the receptor) appears to be the most effective binding site for drugs rather than the AF-2 domain.⁹⁰ Accordingly, BF-3 mutations have been identified in patients with prostate cancer or androgen insensitivity syndrome^{90–92} and AR X-ray structures showed that BF-3 and AF-2 are structurally attached.⁹⁰ Mutations within the BF3 surface of the AR also result in increased dependence on FKBP52 for function. In particular, the region containing Pro723 and Phe673 has been labeled as a putative FKBP52 interaction and/or regulatory surface. It has been shown that the cyclohexane-carboxamide derivative MJC13 specifically inhibits FKBP52-regulated AR activity by interaction with the BF3 surface,⁹³ but not due to binding to FKBP52. Nonetheless, FKBP52 function is abrogated, including the ability to translocate AR to the nucleus. Importantly, the secretion of prostate-specific antigen to the medium, the expression of FKBP51 (a positive regulator of AR function) and steroid-dependent proliferation of prostate cancer cells are inhibited, which may have therapeutic implications.

FKBP52 has recently been related to development of glioblastoma multiforme, the most frequent and aggressive primary tumor of the central nervous system.⁹⁴ In these tumors, the degradation of tryptophan to kynurenine by tryptophan-2,3-dioxygenase (TDO) favors the constitutive activation of the aryl-hydrocarbon receptor,⁹⁵ leading to the inhibition of the antitumor immune response and favoring tumor cell proliferation and invasiveness.⁹⁶ FKBP52 knock-down increased TDO constitutive expression and kynurenine production, an effect that seems to be dependent on the PPIase activity of the immunophilin because it is also observed in cells treated with FK506. This observation raised the possibility that the immunosuppressive action of FK506 *via* calcineurin could also be potentiated by increasing the activity of TDO. In a recent study, it was demonstrated that this effect may be GR-dependent.⁹⁴

Other key factor that plays a key role in cancer and inflammation is NF- κ B. In unstimulated cells, inactive NF- κ B is retained in the cytoplasm due to its association with I κ B (Inhibitor of κ B), whereas in stimulated cells (stress, TNF, IL-1 β , etc.), I κ B is dissociated upon phosphorylation by IKKs (I κ B kinases) and degraded by the proteasome. This favors the retrograde transport and subsequent nuclear translocation of the active RelA•p50. This heterodimer is the most frequent dimer of NF- κ B in most cell types of all tissues⁹⁷ and regulates transcription of genes that affect cell proliferation, survival, metastasis and angiogenesis.⁹⁸ It has recently been shown that NF- κ B retrotransport is significantly impaired by FKBP51 overexpression, whereas FKBP52 favors NF- κ B nuclear retention time, a variable directly related to its tumorigenic action.⁹⁹ Moreover, the transcriptional response is also regulated by the expression balance of FKBP51 and FKBP52, the former immunophilin being an inhibitory factor

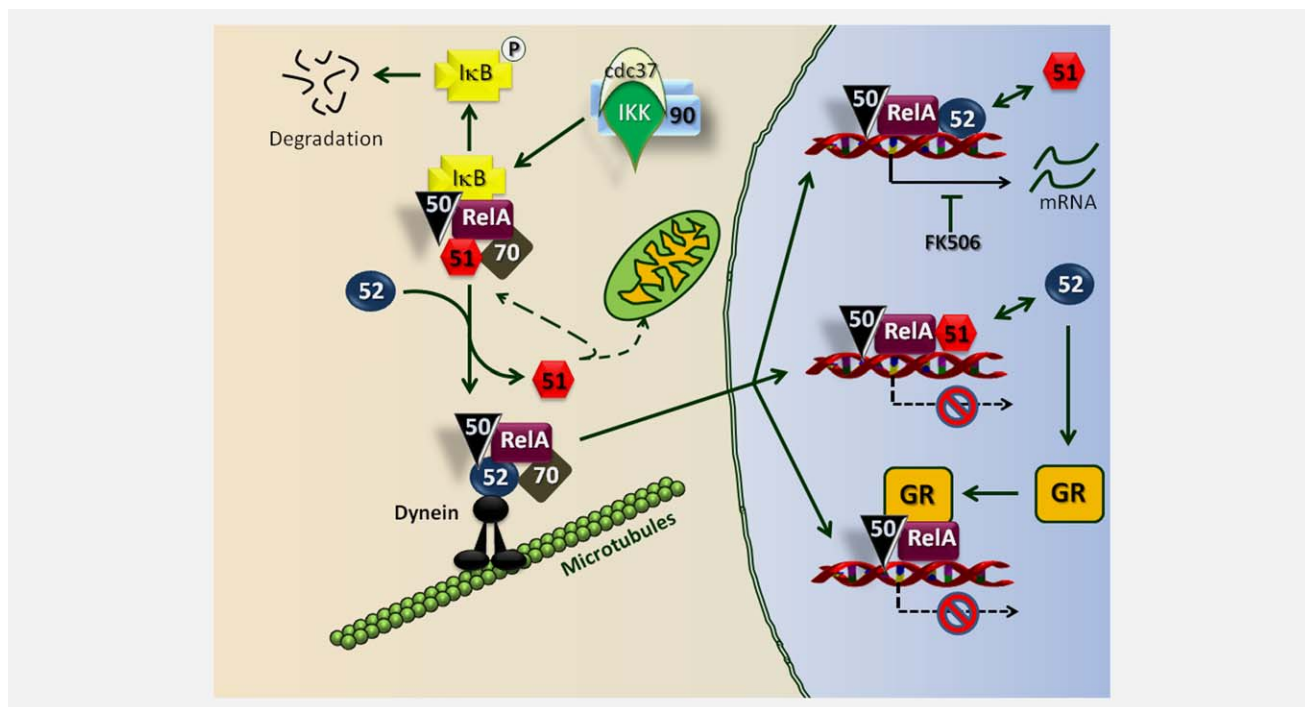


Figure 3. Novel model for the regulation of the biological action of NF- κ B by FKBP51 and FKBP52. The p50•RelA complex, the most frequent dimer in all cell types, is associated to FKBP51 and Hsp70 in the cytoplasm. When cells are stimulated, the protein-kinase IKK is activated by phosphorylation via the cdc37•(Hsp90)₂ interacting complex, which results in I κ B phosphorylation, its dissociation from the NF- κ B complex and subsequent degradation via the proteasome. The active NF- κ B dimer exchanges immunophilins, such that FKBP51 replaces FKBP52 in the heterocomplex. The latter immunophilin recruits dynein/dynactin motors proteins and mediates the retrotransport of active NF- κ B dimers in a PPIase activity-independent manner. FKBP52 is also associated to NF- κ B promoter sites of target genes favoring transcriptional activity, an effect that is strongly dependent on the PPIase enzymatic activity of FKBP52 and is consequently prevented by the macrolide FK506. An excess of FKBP51 competes with FKBP52 (\leftrightarrow) and prevents NF- κ B biological effects. The steroid-dependent activation of the GR is also favored by FKBP52 because both its cytoplasmic retrotransport and the transcriptional activity mechanisms are favored. Active GR inhibits NF- κ B action due to trans-repression mechanisms. Note that FKBP51 is also located in mitochondria, where antiapoptotic effects are favored by this immunophilin. [Color figure can be viewed in the online issue, which is available at wileyonlinelibrary.com.]

of NF- κ B and the latter a strong activator dependent on its PPIase activity⁴⁴ (Fig. 3). Actually, ChIP assays have demonstrated that both immunophilins are recruited to the promoter sites of NF- κ B target genes and are functionally exchanged upon cell stimulation, such that FKBP52 (the stimulant immunophilin) replaces FKBP51, the negative regulator.⁴⁴ Many cancer types exhibit persistent activation of NF- κ B, which induces an inflammatory response that is thought to favor cancer development.⁹⁹ Therefore, blocking the NF- κ B pathway shows therapeutic benefits and one novel and still unexplored strategy to achieve this could be the direct inhibition of immunophilin function.

Figure 3 integrates our recent findings for the role of FKBP51 and FKBP52 on NF- κ B signaling.¹⁰⁰ The p50•RelA dimer is associated to FKBP51 in its inactive cytoplasmic state. The Hsp70, an Hsp90 partner chaperone that regulates client proteins functions is also part of this heterocomplex. Upon cell stimulation, the kinase activity of IKK is activated by phosphorylation *via* the cdc37•(Hsp90)₂ interacting complex.¹⁰¹ This results in I κ B phosphorylation, dissociation from the NF- κ B complex and the subsequent degradation of I κ B *via* proteasome. Active NF- κ B replaces FKBP51 by

FKBP52, an immunophilin that is able to interact with dynein/dynactin motors proteins¹⁰² favoring both the retrotransport of NF- κ B^{103,104} and its interaction with the nuclear sites of action. FKBP52 greatly favors NF- κ B biological action in a PPIase-dependent manner (for example, it is inhibited by FK506 or rapamycin) when the immunophilin is recruited to the promoter sites of NF- κ B target genes. On the other hand, the recruitment of FKBP51 to those promoters inhibits the NF- κ B biological response. Both immunophilins compete one another and can hamper the original effect of the other. The steroid-dependent activation of the GR, which is also improved by FKBP52^{15,105} also prevents NF- κ B effects *via* its known mechanism of transrepression.¹⁰⁶

Upon radiation exposure of breast cancer tissue, HER-2 (Human Epidermal Growth Factor Receptor-2) exerts a pro-survival effect by NF- κ B activation through Akt-mediated pro-survival pathways.¹⁰⁷ Interestingly, HER-2 itself is one of the genes activated by NF- κ B upon radiation, suggesting a positive feedback loop between HER-2 and NF- κ B.¹⁰⁸ Consequently, it is possible that FKBP52 could also positively regulate this loop *via* NF- κ B offering a new therapeutic target for breast cancer treatment.

FKBP38

FKBP38 is a noncanonical FKBP family member that provides a scaffold platform to facilitate protein-protein interactions, in particular with anti-apoptotic factors.¹⁰⁹ Thus, the molecular interaction of FKBP38 with Bcl-2 contributes to tumorigenesis and chemoresistance.¹¹⁰ Even though the PPIase domain of FKBP38 shows overall structural similarity to that shown by other immunophilins such as FKBP12, FKBP52 and Cyp40, it lacks the key residues required for FK506 binding and enzymatic activity.¹¹¹

FKBP38 is involved in mTOR signal transduction pathway, favors tumor invasion and metastasis.¹¹² It is overexpressed in several types of human cancer cells and tumor tissues, including prostate, colon, breast, liver, lung, lymph node and stomach.^{110,113–115} It is accepted that in cancer cells, FKBP38 blocks apoptosis mechanisms caused by calcium, staurosporine, cycloheximide, etoposide and UV radiation in a Bcl-2-dependent manner.^{109,110}

FKBP38 may modulate the degradation of Bcl2 *via* proteasome by direct binding *via* its TPR domain to the S4 subunit of the 19S proteasome, which increases proteasomal activity in the membrane fractions.¹¹⁶ Also, FKBP38 may modulate the cleavage of Bcl-2 by direct interaction with Bcl-2 and blocking the caspase-mediated cleavage pathway.¹¹⁷ The stabilization of Bcl-2 by FKBP38 favors its accumulation, induces resistance to anticancer chemotherapy with cisplatin and paclitaxel and generates a poor prognosis.^{118,119} Also, up-regulation of Bcl-2 and Bcl-XL at transcriptional, translational and stability levels markedly protects neuroblastoma cells from apoptosis induced by cytotoxic agents.¹²⁰ Therefore, the FKBP38-dependent expression and maintenance of the function of Bcl-2 plays a pivotal role in the molecular mechanism to chemoresistance in cancer cells.

FKBPL

FKBPL/WisP39 was first identified as a gene down-regulated by radiation treatment,³² which correlates with a radioresistant phenotype. Accordingly, the down-regulation of FKBPL affected cellular responses to radiotherapy, leading to increased DNA repair and cell survival.¹²¹ FKBPL is also a key component of a heterocomplex involved in the post-translational stabilization of the cyclin-dependent kinase inhibitor, p21.¹²² Along with Hsp90, it forms a trimeric complex with p21 preventing its proteasomal degradation, which initiates cell-cycle arrest following irradiation. The stabilization of p21 by the GTSE-1 (G2 and S phase-expressed-1) protein was also shown to be dependent on the FKBPL/WisP39•Hsp90 complexes, such that high level of GTSE-1 expression caused resistance to taxane chemotherapy modulating cell-cycle progression.¹²³

As it was commented above, FKBPL shares the same properties of FKBP52 for the cytoplasmic retrotransport of GR.³⁵ It is also able to interact with the AR enhancing transcription¹²⁴ and the ER.¹²⁵ FKBPL/WisP39 modulates ER expression with an inverse correlation between FKBPL and ER levels,¹²⁵ lead-

ing to a decreased proliferation of breast cancer cell due to the inhibition of downstream signaling of ER-responsive genes. However, FKBPL/WisP39 overexpression decreases ER phosphorylation *via* p21 stabilization, an event that has been linked to increased sensitivity to endocrine therapies.¹²⁶ Moreover, FKBPL/WisP39 affects the response to the ER antagonists tamoxifen and fulvestrant, since increased levels of expression of this immunophilin-like protein increases cell sensitivity to both drugs.¹²⁵ Consequently, FKBPL/WisP39 is a biomarker to predict response to endocrine therapies.

Interestingly, FKBPL/WisP39 has also been related to angiogenesis since its secretion inhibits cell migration, tubule formation and angiogenesis.¹²⁷ Increased expression of FKBPL/WisP39 also leads growth inhibition of not only breast cancer cells,¹²⁵ but also myelocytic leukemia cells.¹²⁸ In the latter case, it does not induce significant apoptosis on leukemic cells, but it increases cell arrest at G₀/G₁ phase preventing cell proliferation.

Future Therapies with Selective Small Molecules

The developing of immunophilin ligands shows promising pharmacological perspectives in the near future. The ability to regulate the functions of a specific protein using cell-permeable small molecules is an unquestionable powerful method not only to study biological systems from the mechanistic perspective, but also a desired alternative to be used in therapeutic treatments. In this sense, Hsp90-binding immunophilins are novel targets that could offer new therapeutic opportunities in many fields, most likely in cancer therapy, as it is inferred from the previously discussed features of these proteins, but also in neurodegenerative diseases and other neurological disorders such as depression.⁵⁴ Following the isolation of rapamycin and CsA, it was FK506 the most used drug for the prevention of liver transplant rejection and since then, its use expanded rapidly into the transplantation of other organs (see Ref. [129 for a recent review]). Strong attempts to synthesize new selective immunophilin ligands are in course of action.^{130–134} Nonetheless, drug discovery has always been hampered because the failure to pharmacologically differentiate against the highly homologous members of the family, in particular for the case of FKBP51 and FKBP52. Most of the novel ligands are still unselective in this regard. However a recent publication described the properties of two new compounds named SAFit1 and SAFit2 that show selective antagonistic affinity by FKBP51¹³⁵ (K_i values equal to 4 and 6 nM, respectively) and >10,000 fold lower affinity for FKBP52.

Treatments with FK506 have been shown to inhibit the proliferation of prostate cancer cells and this fact was assigned to blockade of the enhancing effect of FKBP51 on the AR in these cells.^{58,76} It has also been reported a physical association of FKBP51 with the Hsp90 bound kinase upstream of IκB, IKK *via* its IKK α subunit.^{67,136} Consistent with this, the FKBP ligand rapamycin blocked IκB/NF-κB/mTOR signaling cascade¹³⁷. Because the drug concentration

used is also able to inhibit FKBP52, it could also be possible that this effect on NF- κ B signaling has actually been occurred due the inhibition of this stimulant immunophilin rather than prevention of the overall inhibitory action recently reported for FKBP51.⁴⁴ The development of selective drugs for each immunophilin, especially for FKBP52, will help to answer this conundrum and to design eventual therapeutic approaches.

The developing of specific inhibitors for FKBP38 is even less prolific to date. Interestingly, the finding that cycloheximide, a well-known inhibitor of eukaryotic protein synthesis, also inhibits the PPIase activity of FKBP12, prompted the development of a derivative named N-(N',N'-dimethyl-carboxamidomethyl)-cycloheximide that functions as a relatively specific inhibitor FKBP38.¹³⁸ Nonetheless, at the present its use is quite limited.

In view of the fact that FKBP52 shows a wide variety of antitumor actions, this immunophilin is a quite promising pharmacologic target. Inasmuch as this divergent member of the FKBP subfamily lacks PPIase domain, the design of specific ligands is more difficult. Nonetheless, taking advantage of the antiangiogenic properties of FKBP, a peptide mimetic of FKBP52 named ALM201 is currently being tested

in clinical trials showing encouraging results to essentially correct FKBP52 functional deficiencies in a number of diseases.^{127,139}

Combined pharmacological approaches are also a feasible possibility. In this regard, treatments with CsA, a cyclophilin-interacting drug, associated to other natural compounds such as sanglifehrin efficiently suppresses chemokine signalling and cell migration.¹⁴⁰ It has been proposed that the use of rapamycin along with methotrexate and tacrolimus in patients with lymphoma is associated with a significantly decreased risk of disease progression,¹⁴¹ although a recent clinical trial performed in children with acute lymphatic leukemia¹⁴² also showed increased toxicity and disapproved the therapeutic combination of these drugs.

Probing pathways in response to specific inhibitors of immunophilins in cancer cells will become increasingly important during the next years. Development and characterization of novel small molecules able to target specifically members of the immunophilin family is an emerging field whose results will be seen in the very near future. This is expected especially for the molecular roles of FKBP52, FKBP51 and FKBP52 in cancer development and progression.

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