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## The impact of 27-hydroxycholesterol on endometrial cancer proliferation

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Gibson et al 27-hydroxycholesterol in Endometrial Cancer

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#### 24 Abstract

Endometrial cancer (EC) is the most common gynaecological malignancy. Obesity is a major risk factor for EC and is associated with elevated cholesterol. 27-Hydroxycholesterol (27HC) is a cholesterol metabolite that functions as an endogenous agonist for Liver X Receptor (LXR) and a selective estrogen receptor modulator (SERM). Exposure to estrogenic ligands increases risk of developing EC however the impact of 27HC on EC is unknown.

30 Samples of stage 1 EC (n=126) were collected from post-menopausal women undergoing 31 hysterectomy. Expression of LXRs (NR1H3, LXRa; NR1H2, LXRB) and enzymes required 32 for the synthesis (CYP27A1) or breakdown (CYP7B1) of 27HC were detected in all grades of 33 EC. Cell lines originating from well-, moderate- and poorly-differentiated endometrial cancers 34 (Ishikawa, RL95, MFE 280 respectively) were used to assess the impact of 27HC or the LXR 35 agonist GW3965 on proliferation or expression of a luciferase reporter gene under the 36 control of LXR- or ER-dependent promoters (LXRE, ERE). Incubation with 27HC or GW3965 37 increased transcription via LXRE in Ishikawa, RL95 and MFE 280 cells (p<0.01). 27HC 38 selectively activated ER-dependent transcription (p<0.001) in Ishikawa cells and promoted 39 proliferation of both Ishikawa and RL95 cells (p<0.001). In MFE 280 cells 27HC did not alter 40 proliferation but selective targeting of LXR with GW3965 significantly reduced cell 41 proliferation (p<0.0001).

These novel results suggest that 27HC can contribute to risk of EC by promoting proliferation of endometrial cancer epithelial cells and highlight LXR as a potential therapeutic target in the treatment of advanced disease.

#### 45 Introduction

46 Endometrial cancer (EC) is the most common gynaecological malignancy and the fourth 47 most common cancer in women in developed countries with incidence increasing in line with 48 rising rates of obesity (reviewed in (Onstad, et al. 2016)). Obesity is a major modifiable risk factor for EC and is thought to contribute to increased risk of malignancy in part due to 49 50 increased exposure to estrogens which enhance risk of aberrant proliferation within the 51 endometrium (Sanderson, et al. 2017). Obesity is also is associated with an adverse 52 metabolic profile which is postulated to independently increase risk of EC (Trabert, et al. 53 2015).

54 A recent meta-analysis supported a positive association between dietary cholesterol consumption and endometrial cancer risk (Gong, et al. 2016). Notably, obesity also puts 55 56 individuals at risk of developing an adverse, raised, cholesterol profile. Cholesterol 57 metabolites such as the oxysterol 27-hydroxycholesterol (27HC) have been demonstrated to 58 promote cancer growth and metastasis in studies on breast cancer (Nelson, et al. 2013; Wu, 59 et al. 2013a); providing a plausible mechanistic link between increased adiposity and EC 60 risk. 27HC is a primary metabolite of cholesterol, synthesised by the action of sterol 27hydroxylase (CYP27A1) and metabolised by 25-hydroxycholesterol 7- $\alpha$ -hydroxylase 61 62 (CYP7B1; [1]). 27HC acts as an endogenous agonist for the Liver X receptor (LXR), a ligand 63 activated transcription factor involved in the regulation of cholesterol homeostasis. Two 64 isoforms of LXR have been identified; LXRα (encoded by NR1H3) which is predominantly 65 expressed in the liver, kidney and small intestine but exhibits low expression in other tissues, 66 and LXR $\beta$  (encoded by *NR1H2*) which is ubiquitously expressed. Based largely on studies in 67 breast cancer, LXRs have been proposed as a novel anti-cancer target and the LXR-68 selective agonists GW3965 and T0901317 are reported to decrease proliferation of LXRexpressing breast cancer cell lines (MCF7, T47D, MDA-MB231) as well as the prostate 69 70 cancer cell line LNCaP (Kim, et al. 2010; Vedin, et al. 2009). To the best of our knowledge

LXR expression has not been reported in human EC tissues and the impact of either 27HC
or LXR agonists on the endometrium or endometrial malignancies is not known.

73 In addition to activating LXRs, 27HC can also bind estrogen receptors (ER) 74 (Umetani, et al. 2007) and acts as an endogenous selective estrogen receptor modulator 75 (SERM) (DuSell, et al. 2008). 27HC has diverse impacts and its SERM activity is reported to 76 be both tissue-selective and context-dependent. For example, 27HC acts as a competitive 77 antagonist of ERs expressed in the vasculature and can antagonise E2-mediated endothelial 78 cell migration and re-endothelialisation (Umetani et al. 2007). In contrast, in the absence of 79 E2, 27HC is reported to act as an agonist to ER $\alpha$  (ESR1) to increase cell adhesion and 80 expression of pro-inflammatory cytokines such as tumour necrosis factor alpha (TNFA) and 81 interleukin 6 (IL6) (Umetani, et al. 2014) by endothelial cells and macrophages. Notably, 82 27HC is also reported to increase proliferation of ERα-positive breast cancer cell lines and 83 promotes MCF7 tumour xenograft growth in mice by stimulating ER-dependent cell 84 proliferation (Wu et al. 2013a). Given selective LXR agonists have anti-proliferative effects 85 (Vedin et al. 2009), these studies suggest that proliferative effects of 27HC may be mediated 86 via ER and that relative expression of LXR or ER isoforms may define the impact of the 87 ligand.

ER isoforms are expressed in EC tissues and ER expression changes with disease progression (Collins, et al. 2009). We have previously reported that ERα is readily detectable in both epithelial and stromal cells in well-differentiated cancers but is significantly reduced in poorly-differentiated cancers. In contrast, expression of ESR2 variants (ERβ1, 2, 5) was readily detected in well, moderate and poorly differentiated stage 1 ECs (Collins et al. 2009). We therefore postulated that 27HC might have distinct effects in EC depending on the bioavailability of ER isoforms present at different stages of disease progression.

Obesity and the metabolic syndrome are both associated with an increased risk of developing pre-malignant and malignant endometrial disease (Sanderson et al. 2017) but whether the cholesterol metabolite 27HC has an impact on endometrial cancer risk/progression is not known. In the current study we assessed the expression of the

99 enzymes required for synthesis (CYP27A1) and breakdown (CYP7B1) of 27HC and 100 assessed expression of the cognate receptors LXRa and LXRB in primary human stage I 101 endometrial adenocarcinomas (n=126) and postmenopausal endometrial controls (n=9). The impact of 27HC and the LXR-selective agonist GW3965 on ERE- and LXRE-dependent 102 103 expression of a reporter gene, as well as cellular proliferation, was assessed in three 104 endometrial cancer cell lines which phenocopy well-, moderately- and poorly-differentiated 105 stage I endometrial cancers. Our novel findings demonstrate that 27HC can alter responses 106 in endometrial cancer cells and highlight LXR as a potential therapeutic target. Taken 107 together our findings suggest increased exposure to 27HC may increase risk of development 108 and progression of endometrial cancer.

#### 109 Materials and methods

#### 110 Human tissue samples

111 Endometrial adenocarcinoma tissue was collected from post-menopausal women 112 undergoing total abdominal hysterectomy who had been previously diagnosed to have 113 endometrioid adenocarcinoma of the endometrium; they had received no treatment before 114 surgery (supplementary table 1). Written informed consent was obtained from all subjects 115 prior to surgery, and ethical approval was granted by the Lothian Research Ethics 116 Committee (LREC1999/6/4). Methods were carried out in accordance with NHS Lothian 117 Tissue Governance guidelines. All endometrial cancers were confined to the uterus 118 (International Federation of Obstetrics and Gynaecology, FIGO, stage 1 as described in 119 (Collins et al. 2009)). Diagnosis of adenocarcinoma was confirmed histologically by an 120 experienced gynaecological pathologist and tissues were further graded as well 121 differentiated (G1), moderately differentiated (G2) or poorly differentiated (G3). Samples 122 were anonymised and patient follow-up information was not available. However, survival 123 statistics for stage 1 EC in the UK are reported as 99% 1-year survival and 95.3% 5-year 124 survival (Cancer Research UK; http://www.cancerresearchuk.org/health-professional/cancer-125 statistics/statistics-by-cancer-type/uterine-cancer/ accessed November 2017) and 126 Information Services Division Scotland figures, which cover the stage 1 EC samples 127 collected in the current study, report 92.9% 1-year survival and 83.2% 5-year survival for all 128 uterine cancers (http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/Female-129 Genital-Organ/#uterus accessed November 2017).

Postmenopausal controls (n=9) were obtained from women undergoing surgery for nonmalignant gynaecological conditions. None of the women were receiving hormonal therapy. A total of 126 EC tissue samples were analysed; 3 samples per grade were assessed for immunohistochemistry and n=30 well differentiated cancers, n=64 moderately differentiated and n=32 poorly differentiated samples were assessed for qPCR studies. A minimum of 10

- samples at each grade were analysed for each gene, detailed sample numbers are included
- in supplementary table 2. Tissue for immunohistochemistry was collected in neutral buffered
- 137 formalin (NBF), RNA extraction samples were collected in RNALater (Qiagen, UK).

#### 138 Measurement of mRNA

Isolation of mRNAs, preparation of cDNAs, and analysis by qPCR was performed according to standard protocols (Bombail, et al. 2010); samples were quantified by relative standard curve method or by the comparative  $\Delta\Delta$ Ct method with *CYC* as internal control. Primers/probes are given in supplementary table 3.

#### 143 Immunohistochemistry

144 Single antibody immunohistochemistry using 3,3'-diaminobenzidine tetra-hydrochloride 145 (DAB) detection was performed as described previously (Collins et al. 2009). Double 146 immunofluorescence was carried out with antibodies directed against LXR or ERa and the 147 proliferation marker Ki67. Details of antibodies and dilutions are provided in supplementary 148 table 4. Primary antibodies were incubated at 4°C overnight. Antigen detection was 149 performed using Tyramide signal amplification (Perkin Elmer) system followed by nuclear 150 counterstaining with DAPI (4', 6-Diamidino-2-phenyl-indole dihydrochloride). Negative 151 controls were incubated in the absence of primary antibody but otherwise processed as 152 above; no staining was detected in no primary controls for any of the antibodies used (not 153 shown). Images were captured using a LSM 710 Confocal microscope (Zeiss) at x40 154 magnification.

#### 155 <u>Cell Cultures</u>

Three endometrial adenocarcinoma cell lines representative of well-, moderately- or poorlydifferentiated cancers were used. Ishikawa cells were obtained from the European Collection of Cell Culture (ECACC no 99040201, Wiltshire, UK). This cell line was originally derived from a well-differentiated adenocarcinoma of a 39 year-old woman (Nishida, et al. 1985) and

160 reported to express both ERα and ERβ protein (Johnson, et al. 2007). RL95-2 cells (ATCC®) 161 CRL-1671™; hereafter RL95) were originally derived from a Grade 2 moderately 162 differentiated endometrial adenocarcinoma (Way, et al. 1983) and reported to express both 163 ERα and ERβ protein (Li, et al. 2014; Yang, et al. 2008). MFE-280 (ECACC no 98050131) 164 were derived from a recurrent, poorly differentiated, endometrial adenocarcinoma and have 165 low/undetectable expression of ER $\alpha$  and ER $\beta$ . Cells were maintained in DMEM/F12 (Sigma) 166 supplemented with 10% FBS, 100U penicillin, streptomycin and 0.25 µg/ml fungizone 167 (Invitrogen, Paisley, UK) at  $37^{\circ}$  in 5% CO<sub>2</sub>. Media for RL95 was supplemented with 168 0.005mg/ml Insulin (Sigma). Cells were incubated with 27-hydroxycholesterol (27HC; Tocris 169 Cat. No. 3907) using stocks diluted in ethanol to give final concentrations ranging from 10<sup>-5</sup>M 170 to 10<sup>-8</sup>M or GW 3965 hydrochloride (GW; Tocris Cat. No. 2474) using stocks diluted in DMSO to give final concentrations ranging from 10<sup>-5</sup>M to 10<sup>-8</sup>M. Some cultures were co-171 172 incubated with the anti-estrogen fulvestrant (ICI 182,780; Tocris Cat. No. 1047) diluted in DMSO at a final concentration of 10<sup>-6</sup>M. Appropriate vehicle control incubations were 173 174 included in all studies. All cell lines were authenticated using the Promega PowerPlex 21 175 system (Eurofins Genomics, Ebersberg, Germany).

#### 176 <u>Reporter assays</u>

177 An adenoviral vector containing a 3xERE-tk-luciferase reporter gene was prepared as 178 described previously (Collins et al. 2009). Cells were cultured in DMEM without phenol red 179 and containing charcoal stripped foetal calf serum (CSFCS) for 24 hours before being 180 infected with Ad-ERE-Luc at a MOI of 25. Activation of LXR-dependent signal transduction 181 was assessed according to manufacturer's instructions using reagents from the Cignal LXR 182 Reporter Kit which includes positive and negative controls as well as a luciferase reporter 183 gene under the control of tandem repeats of the LXR transcriptional response element 184 (LXRE) (Qiagen, CCS-0041L).

Cells were treated for 24 hours and luciferase activities were determined using 'Bright Glo' reagents (Promega). Luminescence was measured using Fluostar Microplate Reader (BMG labtech) and fold change in luciferase activity calculated relative to vehicle control for each treatment.

#### 189 <u>Proliferation assays</u>

The impact of treatments on cell proliferation was assessed using CyQUANT® Direct Cell Proliferation Assay (Thermo Fisher, C35011) according to manufacturer's instructions and nuclear fluorescence measured using Novostar Microplate Reader (BMG labtech). For each cell line investigated, cell number was quantified using a standard curve of known cell numbers and fold change in cell number calculated relative to vehicle control for each treatment.

#### 196 Statistical analysis

Statistical analysis was performed using Graphpad prism. One-way ANOVA was used to determine significance between treatments in data that were normally distributed. Nonparametric testing was utilised where sample sizes were insufficient to confirm normality of data distribution; Kruskal-Wallis test was used to assess differences between treatments. Where data were analysed as fold-change significance was tested using one sample t test and a theoretical mean of 1. Criterion for significance was p<0.05. All data are presented as mean  $\pm$  SEM.

#### 204 **Results**

205 Enzymes that regulate bioavailability of 27-hydroxycholesterol and its cognate receptor LXR 206 are expressed in endometrial cancer.

207 Messenger RNAs encoded by *CYP7B1* and *CYP27A1* were detected in all cancer grades 208 (Figure 1A and B); expression of *CYP7B1* was significantly lower in poorly-differentiated 209 cancers compared to moderately differentiated cancers (p<0.05). Relative expression of

210 *CYP27A1* tended to be higher in poorly differentiated cancers but this was not significant. 211 We next assessed relative expression of mRNAs encoding the LXR receptors known to bind 212 27HC: *NR1H3* (LXR $\alpha$ ) and *NR1H2* (LXR $\beta$ ) were detected in all cancer grades (Figure 1C 213 and D). Expression of *NR1H3* was significantly lower in moderately-differentiated cancers 214 compared to post-menopausal controls (p<0.01). Expression of *NR1H2* did not change 215 between sample groups.

Immunolocalisation of LXR and the proliferation marker Ki67 in endometrial cancer tissue
sections.

218 The expression of LXR in endometrial cancer tissue sections was assessed by 219 immunohistochemistry using an antibody that detected both isoforms of LXR (mouse anti-220 LXR; sc-271064). LXR was readily detected in well-, moderately- or poorly-differentiated 221 cancers and was immunolocalised to both stromal and epithelial cells (supplementary figure 222 1). To assess if LXR expression was associated with cell proliferation within endometrial 223 cancer tissue we performed double immunofluorescence staining for both LXR and the 224 proliferation marker Ki67 (Figure 2). In well-differentiated cancers (Figure 2A), nuclear 225 immunoexpression of Ki67 (red staining) was detected which co-localised (yellow arrows) 226 with LXR expression (green staining, note that single channel views show that the intensity 227 of LXR staining varied between cells). Whilst careful evaluation of single channel views 228 confirmed that the majority of LXR-positive cells were also immunopositive for Ki67 some 229 cells were Ki67-negative (white arrows). In contrast, in moderately-differentiated cancers 230 (Figure 2B) both markers were detected but few cells appeared to co-localise (yellow 231 arrows) although LXR-positive cells (white arrows) were found in close association with 232 proliferating cells. In poorly differentiated cancers (Figure 2C), few cells expressed both 233 markers. Ki67-positive cells were clustered in regions with limited LXR expression and no 234 co-expression of LXR and Ki67 was detected. LXR<sup>+</sup>Ki67<sup>-</sup> cells (white arrows) were detected 235 close to Ki67<sup>+</sup> cells. We also assessed the expression of ER $\alpha$  and Ki67 in endometrial 236 cancer tissues (supplementary figure 2) as this receptor is implicated in regulation of

proliferation in normal endometrium (Frasor, et al. 2003; Lubahn, et al. 1993). Consistent
with our previous study, ERα was not detected in the poorly differentiated cancers (Collins et
al. 2009) and immunoexpression of Ki67 was clearly independent of ERα with an increase in
abundance of positive nuclei in poor (sample codes 910/2178) as compared to well or
moderately differentiated tissue where co-localisation of ERα and Ki67 was readily detected.

242 27HC activates LXRE- and ERE-dependent transcription in endometrial epithelial cancer
 243 cells and alters proliferation of endometrial cancer cells

244 Having demonstrated expression of enzymes and receptors required for 27HC signalling, we 245 extended our observational study by exploring the impact of the ligand on endometrial 246 epithelial cancer cell lines chosen to model well-, moderately- or poorly-differentiated stage I 247 cancers; Ishikawa, RL95 and MFE 280. Protein expression of both LXR isoforms was 248 confirmed by western blot in all cell lines studied (supplementary figure 3A and 3B). We 249 assessed the mRNA expression of LXRs in these cell lines and found that their expression 250 phenocopied that found in tissue samples (Supplementary figure 3). NR1H3 mRNA 251 expression was significantly decreased in RL95 (moderately-differentiated) cells compared 252 to MFE 280 (poorly-differentiated; p<0.01; Supplementary figure 3C). Consistent with tissue 253 mRNA expression patterns NR1H2 was not different between cell lines (Supplementary 254 figure 3D). Messenger RNAs encoded by both ER genes; ERa (ESR1) and ER $\beta$  (ESR2; 255 ERβ1 specific primers) were detected in all of the cell lines (Supplementary figure 4). ESR1 256 mRNAs were significantly reduced in RL95 and MFE280 compared to Ishikawa cells 257 (Supplementary figure 4A) consistent with patterns of expression in intact tissue 258 (supplementary figure 2). ESR2 mRNA was significantly reduced in MFE280 cells compared 259 to Ishikawa (Supplementary figure 4B). As 27HC is both an endogenous agonist for LXR and 260 a SERM, the impact of 27HC on LXRE- and ERE-dependent transcription was investigated 261 in the endometrial cancer cell lines. 27HC significantly increased LXRE-dependent 262 transcription in a dose-dependent manner in all 3 cell lines and was maximally stimulated by 263 10<sup>-5</sup>M 27HC (Figure 3 A-C). In contrast, 27HC only stimulated ERE-dependent transcription

in Ishikawa cells (Figure 3D) at  $10^{-8}$ M (p<0.01) and  $10^{-7}$ M (p<0.0001). The impact of 27HC 264 265 was abrogated by co-incubation with the anti-estrogen Fulvestrant (ICI 182,780) consistent 266 with ER dependence. In contrast to Ishikawa cells, 27HC had little impact on ERE-267 dependent transcription in RL95 (Figure 3E) and MFE280 cells (Figure 3F). As 27HC could 268 activate both ERE- and LXRE-promoters, we assessed its impact on cell proliferation (Figure 3 G-I). 27HC induced proliferation of Ishikawa cells at concentrations ranging from 10<sup>-8</sup>M to 269 270 10<sup>-6</sup>M (p<0.01) but this was inhibited at the highest concentration (10<sup>-5</sup>M, p<0.0001). 27HC 271 significantly increased proliferation in RL95 cells at concentrations of  $10^{-7}$  M (p<0.001) or 272 greater. In contrast, 27HC did not alter proliferation of MFE 280 cells at any of the 273 concentrations investigated. Neither RL95 nor MFE280 cell lines expressed CYP7B1 274 (supplementary figure 3E and 3F) precluding the potential for in vitro metabolism limiting cell 275 responses to 27HC in these cell lines.

# Targeting LXR with the synthetic agonist GW3965 activates LXRE-dependent transcription and alters cell proliferation in a cell specific manner.

278 Incubation of cells with the LXR-selective agonist GW3965 significantly increased LXRE-279 dependent transcription in a dose-dependent manner (Figure 4) consistent with expression 280 of LXRs in the endometrial cancer cell lines (Supplementary Figure 3). In contrast to 27HC, 281 significantly and robustly increased LXRE-dependent transcription at GW3965 282 concentrations  $\geq 10^{-8}$  M in Ishikawa (Figure 4A) and RL95 (Figure 4B) and  $\geq 10^{-7}$  M in MFE280 283 cells (Figure 4C). Although LXR reporter responses were similar in the different cell lines, 284 proliferation responses were strikingly different. In Ishikawa cells, treatment with GW3965 at concentrations  $10^{-8}$ M (p<0.01) and  $10^{-5}$ M (p<0.01) significantly increased proliferation 285 286 (Figure 4D). In contrast, GW3965 significantly and robustly decreased cell proliferation at all 287 concentrations investigated in both RL95 (Figure 4E) and MFE 280 cells (Figure 4F).

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#### 288 Discussion

289 To date, no study has assessed the association between the cholesterol metabolite 27HC 290 and EC. EC incidence rates have increased by ~50% since the early 1990s and 291 approximately 57% of endometrial cancers in the United States have been attributed to 292 being overweight or obese (Cancer Research UK; http://www.cancerresearchuk.org -293 accessed November 2017, and (Calle and Kaaks 2004)). Although increased exposure to 294 adipose-derived estrogens is believed to increase aberrant proliferation within the 295 endometrium (Zhao, et al. 2016), recent evidence supports an independent role for obesity-296 associated metabolic factors in modulating EC risk. Notably, both elevated triglycerides and 297 increased dietary cholesterol consumption are reported to be associated with increased EC 298 risk (Gong et al. 2016; Lindemann, et al. 2009). Importantly, concentrations of the 299 cholesterol metabolite 27HC are increased in postmenopausal women (Burkard, et al. 2007) 300 and are associated with increased risk of breast cancer. Several studies have identified that 301 27HC has an adverse impact on breast cancer (Nelson et al. 2013; Wu et al. 2013a) but 302 whether 27HC can affect EC has not previously been investigated.

303 In light of these studies we hypothesised that 27HC signalling could contribute to the 304 aetiology of endometrial cancer and influence disease progression and we investigated this 305 using both archival human tissue as well as cell lines that are derived from different grades 306 of EC. We obtained new evidence for expression of the enzymes required for the both the 307 synthesis (CYP27A1) and breakdown (CYP7B1) of 27HC. As concentrations of CYP7B1 308 mRNAs were significantly decreased in poorly- compared to moderately-differentiated 309 cancers and expression of CYP27A1 did not change significantly across EC grades; we 310 believe this would favour increased bioavailability of 27HC with increasing grade. These 311 findings appear to parallel those reported for ER+ breast cancer where decreased 312 expression of CYP7B1 and increased CYP27A1 has been reported in tumours compared to 313 normal breast tissues (Wu et al. 2013a). Furthermore, we found that the endogenous

receptor for 27HC, LXR, was immunolocalised to stage 1 cancers and was expressed
 throughout the tissue and localised to the nuclei of both stromal and epithelial cells.

316 We sought to establish if 27HC could alter responses in endometrial cancer cells by acting 317 via its cognate receptor, LXR, or via estrogen receptors which are known to regulate 318 endometrial proliferation. 27HC activated LXR-dependent transcription in all cell lines tested. 319 In contrast, we found that 27HC activated ERE-dependent reporter gene expression in well-320 differentiated cancer cells (Ishikawa;  $ER\alpha + ER\beta +$ ) but not in those from moderately- (RL95; ERα<sup>low</sup>ERβ+) or poorly-differentiated cancers (MFE280; ERα<sup>low</sup>ERβ<sup>low</sup>). However, 27HC 321 322 increased proliferation of both Ishikawa and RL95 cells but not MFE280 cells consistent with 323 reported ER expression in these cell lines (Johnson et al. 2007; Li et al. 2014; Yang et al. 324 2008). Our immunohistochemistry analysis (supplementary figure 2) supported these in vitro 325 findings. We found that the proliferation marker Ki67 co-localised with ER $\alpha$  in well- and 326 moderately-differentiated cancers consistent with a key role for this receptor in mediating 327 endometrial epithelial cell proliferation (Frasor et al. 2003; Lubahn et al. 1993). In poorly-328 differentiated cancers, ERa was not detected consistent with previous reports (Collins et al. 329 2009). It has been reported that 27HC, acting as a SERM, can impact on ER $\alpha$ - or ER $\beta$ 1-330 dependent regulation of cell function (He and Nelson 2017) and the estrogenic effects of 331 27HC could therefore be mediated via either ER isoform in EC cells. In endometrial 332 endothelial cells, which express ER $\beta$  but not ER $\alpha$ , estrogenic effects are mediated via ER $\beta$ 333 tethered to Sp1 and not via direct binding to ERE (Greaves, et al. 2013). Furthermore, it has 334 been reported that 27HC promotes proliferation of ERα-positive LNCaP prostate cancer cells 335 via ERß (Lau, et al. 2000) (Raza, et al. 2017) which may account for the apparent 336 discrepancy between ERE reporter assay and cell proliferation responses in RL95 cells 337 observed in the current study. Taken together, these findings reveal the potential for 27HC 338 generated within the EC tissue microenvironment to influence ER-dependent transcription 339 and proliferation via ERs expressed in early grade stage 1 EC.

340 Although the association between ERs and endometrial proliferation is well recognised, 341 there is limited data investigating the role of LXR in this process. Expression of LXRα and 342 LXR<sup>β</sup> mRNA has been previously reported in endometrium and myometrium of mice 343 (Mouzat, et al. 2007) and 27HC is reported to increase mouse uterine weight, consistent with 344 an uterotrophic action, however, whether this was mediated via ER or LXR was not 345 investigated (Wu, et al. 2013b). In mice, targeted ablation of the receptor subtypes revealed 346 that  $Lxr\alpha$ -/- but not  $Lxr\beta$ -/- females had reduced endometrial areas compared to wildtype 347 mice consistent with a role for LXR $\alpha$  in promoting endometrial growth/proliferation in that 348 species (Mouzat et al. 2007). In the current study we found that LXR co-localised with the 349 proliferation marker Ki67 in well-differentiated but not moderate- or poorly differentiated EC 350 tissues. In vitro assays verified this finding as the synthetic LXR agonist GW3965 had a cell-351 selective impact on the EC cell lines. In Ishikawa cells GW3965 increased proliferation, 352 whereas in RL95 and MFE280 cells equimolar concentrations of agonist blocked 353 proliferation. Given that LXR expression was detected in all grades of endometrial cancer 354 this may suggest LXR could be an effective therapeutic target in some endometrial cancers, 355 albeit in a grade-dependent context. Indeed, GW3965, is reported to abrogate E2-mediated 356 increases in MCF7 breast cancer cell proliferation and has been proposed as an anti-357 proliferative ligand in this context (Vedin et al. 2009).

358 LXR classically acts as a heterodimeric partner of retinoid X receptor (RXR). RXR is 359 expressed in the nuclei of endometrial epithelial cells throughout the menstrual cycle 360 (Fukunaka, et al. 2001) as well as in endometrial cancer tissues (Nickkho-Amiry, et al. 361 2012). Interestingly, LXR-RXR functions as a 'permissive' heterodimer and binding of either 362 an LXR agonist or the RXR agonist 9-cis retinoic acid activates transcription, while agonism 363 of both dimer partners has an additive effect on activation. Assessment of RXR isoforms in 364 the cell lines used in the current study demonstrated differential expression of RXRs in 365 Ishikawa, RL95 and MFE280 cells which may account for the distinct responses of these cell 366 lines in response to GW3965 treatment (supplementary figure 5). NR2B1 (RXRα) mRNA

367 expression was greatest in RL95 cells while NR2B2 (RXRβ) was detected in all cell lines. 368 Notably, mRNA expression of NR2B3 (RXRy) was not detected in RL95 cells but was 369 abundant in MFE280 cells. Whether changes in the constitution of the receptor isoforms that 370 contribute to the LXR:RXR heterodimer affect responses requires further investigation, 371 however, previous studies demonstrate that targeting retinoid signalling may affect 372 proliferation of EC cells. Notably, retinoic acid (RA) signalling via retinoic acid receptor 373 (RAR) and RXR is reported to inhibit Ishikawa cell proliferation by inducing cell cycle arrest 374 (Cheng, et al. 2011) and fenretinide, a synthetic derivative of RA, induced apoptosis of 375 Ishikawa cells (Mittal, et al. 2014). These results suggest targeting LXR-dependent signalling 376 with LXR and/or RXR agonists could inhibit proliferation in EC and cancer progression.

377 Changes in the local inflammatory environment that occur during development and 378 progression of endometrial cancer may also increase exposure to 27HC due to infiltration of 379 inflammatory cells. We have previously demonstrated that infiltration of immune cells is 380 increased in endometrial cancer tissues compared to controls. Notably, the numbers of 381 macrophages, neutrophils and dendritic cells were significantly increased in EC tissues 382 (Wallace, et al. 2010) consistent with 27HC-dependent increases in migration of bone 383 marrow-derived CD11b<sup>+</sup> cells reported in in vitro assays (Raccosta, et al. 2013). In addition, 384 27HC increases secretion of CCL2 from macrophages which enhances recruitment of 385 monocytes (Kim, et al. 2013) and can also upregulate ER-dependent expression of pro-386 inflammatory genes (Umetani et al. 2014). Notably, as Cyp27a1 is reported to be abundant 387 in macrophages [2], these cells may also contribute to an increase in 27HC within the 388 tumour microenvironment. In support of this idea, increased 27HC concentrations have been 389 reported in breast cancer tumours (Wu et al. 2013b) and increased concentrations of 390 cholesterol have been reported in tumours of various cancer types although they have not 391 been directly measured in EC. 27HC can also promote secretion of TNFA and IL6 from 392 macrophages and TNFA is reported to increase proliferation of human endometrial glandular 393 epithelial cells (Nair, et al. 2013). Thus, although in the current study we only investigated

the direct impact of 27HC on proliferation of endometrial cancer epithelial cells, 27HC may
 also exacerbate changes within the tissue microenvironment by modulating inflammatory
 responses and this merits further investigation in animal models.

397 Summary

398 In the current study we provide the first evidence to support a mechanistic link between 399 exposure to elevated cholesterol, biosynthesis of 27HC and EC. Analysis of human stage 1 400 endometrial adenocarcinomas revealed expression of the key metabolising enzymes of 401 27HC was altered in EC consistent with increased exposure to 27HC as EC progresses from 402 well- to poorly-differentiated. Although survival rates for EC are high, incidence rates are 403 increasing in line with rates of obesity and a rising incidence in pre- and peri-menopausal 404 women creates unique therapeutic challenges. Based on our novel findings, we propose that 405 exposure to 27HC may influence disease development/progression by activating ER-406 dependent pathways to increase epithelial cell proliferation. These results suggest strategies 407 that seek to limit exposure to 27HC through lifestyle modification, lipid-lowering drugs such 408 as statins or novel therapeutics that target 27HC synthesis (CYP27A1 inhibitors) may be 409 effective in reducing endometrial proliferation in women at increased risk of developing EC. 410 Taken together our novel findings suggest that altered cholesterol metabolism, and aberrant 411 exposure to 27HC, may contribute to the development and/or progression of endometrial 412 cancer.

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#### 419 <u>Author contributions</u>

- 420 Experimental design; DAG, FC & PTKS, experimental procedures; DAG, FC, AEZ, FLC,
- 421 manuscript preparation; DAG, FC & PTKS.

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- 520

#### 1 Figure legends

Figure 1. 27HC signalling pathway is expressed in endometrial cancer and altered 2 3 with disease severity. The expression of CYP7B1, CYP27A1, NR1H3 (LXRα) and NR1H2 (LXRβ) relative to internal control gene CYC was assessed by qPCR in postmenopausal 4 5 control endometrium (PM Ctrl) and in endometrial cancer tissue homogenates from well-. 6 moderately- and poorly-differentiated endometrial adenocarcinomas. Relative expression of 7 mRNAs encoding CYP7B1 (A) were decreased in poorly differentiated cancers compared to 8 moderately differentiated cancers but CYP27A1 was not significantly different (B). Relative 9 expression of mRNAs encoding NR1H3 (C; LXR $\alpha$ ) were significantly decreased in moderately-differentiated cancers compared to post-menopausal control tissues while 10 11 *NR1H2* (LXR $\beta$ ) was not significantly different (**D**). \*p<0.05, \*\*p<0.01. Kruskal-Wallis test with 12 multiple comparisons. PM, n=9; Well n=12-30; Mod, n=42-64; Poor, n=23-32. All data are 13 presented as mean ± SEM.

Figure 2. Expression of LXR and the proliferation marker Ki67 in endometrial cancer. 14 The expression of LXR (antibody identified both isoforms) and the proliferation marker Ki67 15 16 was assessed by immunohistochemistry in endometrial cancer tissue sections. In welldifferentiated cancers (A), LXR was expressed throughout the tissue and localised to the 17 nuclei of both stromal and epithelial cells (green staining). Nuclear immunoexpression of 18 19 Ki67 (red staining) was detected and co-localised with LXR expression (yellow arrows) 20 although some LXR-positive cells did not co-express Ki67 (white arrows). In moderately-21 differentiated cancers (B) both markers were detected but did not appear to co-localise; only 22 few cells expressed both LXR and Ki67 (yellow arrows). Most LXR-positive cells did not co-23 express Ki67 (white arrows). This was also true of poorly differentiated cancers (C), few cells 24 expressed both LXR and Ki67 (yellow arrows) although LXR-positive cells were found in 25 close association with proliferating cells (white arrows). Images representative of at least 3 26 different patients per cancer grade. Nuclear counterstain DAPI (grey). All scale bars 50µM.

27 Figure 3. 27HC activates LXRE- and ERE-dependent transcription in endometrial 28 epithelial cancer cells and alters proliferation. The cholesterol metabolite 27-29 hydoxycholesterol (27HC) is the endogenous agonist for LXR and is also classified as 30 selective estrogen receptor modulator. The impact of 27HC on LXRE- (A-C) and ERE-31 dependent (D-F) transcription was investigated by luciferase reporter assay in endometrial 32 cancer cell lines; Ishikawa, RL95 and MFE280. 27HC significantly increased LXRE-33 dependent transcription in a dose-dependent manner in each endometrial cancer cell line. 34 27HC stimulated ERE-dependent transcription only at lower concentrations and was significantly increased by 10<sup>-8</sup>M 27HC (p<0.01) and maximally stimulated by 10<sup>-7</sup>M 27HC 35 36 (p<0.0001). The 27HC effect was abrogated by co-incubation with the antiestropen 37 Fulvestrant (ICI 182,780; ICI) at all concentrations of 27HC (D). 27HC did not increase EREdependent transcription in RL95 (E) and was only increased by 10<sup>-5</sup>M 27HC (p<0.05) in 38 39 MFE280 cells (F). Cell proliferation was assessed by CyQuant® direct proliferation assay in each cell line (G-I). Proliferation of Ishikawa cells was increased by 10<sup>-8</sup>M (p<0.01), 10<sup>-7</sup>M 40 (p<0.01) and  $10^{-6}M$  (p<0.01) 27HC but decreased by  $10^{-5}M$  27HC (p<0.0001; G). 41 Proliferation of RL95 cells was increased by  $10^{-7}$ M (p<0.001),  $10^{-6}$ M (p<0.01) and  $10^{-5}$ M 42 43 (p<0.001) 27HC (H). 27HC did not affect proliferation in MFE280 cells (I). \*p<0.05, \*\*p<0.01, \*\*\* p<0.001, \*\*\*\* p<0.0001. One sample t test and a theoretical mean of 1. All data are 44 45 presented as mean ± SEM.

46 Figure 4. LXR agonist GW3965 activates LXRE-dependent transcription and alters 47 proliferation in endometrial epithelial cancer cells. The impact of the LXR synthetic 48 agonist GW3965 on LXRE-dependent transcription (A-C) and on cell proliferation (D-F) was 49 assessed in endometrial cancer cell lines; Ishikawa, RL95 and MFE280. GW3965 50 significantly increased LXRE-dependent transcription in a dose-dependent manner in each 51 endometrial cancer cell line. GW3965 significantly increased LXRE-dependent transcription at all concentrations assessed and was maximally increased by 10<sup>-6</sup>M GW3965 in Ishikawa 52 53 cells (p<0.0001) (A) and RL95 cells (p<0.01) (B). LXRE-dependent transcription and was not

increased by 10<sup>-8</sup>M GW3965 but maximally increased by 10<sup>-5</sup>M 27HC (p<0.001) in MFE280 54 55 cells (C). Cell proliferation was assessed by CyQuant® direct proliferation assay in each cell line (D-F). Proliferation of Ishikawa cells was increased by 10<sup>-8</sup>M (p<0.01) and by 10<sup>-5</sup>M 56 27HC (p<0.01) (D). In contrast, proliferation of RL95 cells was decreased by 10<sup>-8</sup>M 57 (p<0.001), 10<sup>-7</sup>M (p<0.001), 10<sup>-6</sup>M (p<0.01) and 10<sup>-5</sup>M (p<0.05) GW3965 (**E**). Proliferation of 58 MFE280 cells was decreased by  $10^{-8}$ M (p<0.001),  $10^{-7}$ M (p<0.0001),  $10^{-6}$ M (p<0.0001) and 59 10<sup>-5</sup>M (p<0.05) GW3965 (I). \*p<0.05, \*\*p<0.01, \*\*\* p<0.001, \*\*\*\* p<0.0001. One sample t 60 61 test and a theoretical mean of 1. All data are presented as mean ± SEM.



Figure 1. 27HC signalling pathway is expressed in endometrial cancer and altered with disease severity. The expression of CYP7B1, CYP27A1, NR1H3 (LXRa) and NR1H2 (LXRβ) relative to internal control gene CYC was assessed by qPCR in postmenopausal control endometrium (PM Ctrl) and in endometrial cancer tissue homogenates from well-, moderately- and poorly-differentiated endometrial adenocarcinomas. Relative expression of mRNAs encoding CYP7B1 (A) were decreased in poorly differentiated cancers compared to moderately differentiated cancers but CYP27A1 was not significantly different (B). Relative expression of mRNAs encoding NR1H3 (C; LXRa) were significantly decreased in moderately-differentiated cancers compared to post-menopausal control tissues while NR1H2 (LXRβ) was not significantly different (D).
 \*p<0.05, \*\*p<0.01. Kruskal-Wallis test with multiple comparisons. PM, n=9; Well n=12-30; Mod, n=42-64; Poor, n=23-32. All data are presented as mean ± SEM.</li>

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LXR Ki67 DAPI

Figure 2. Expression of LXR and the proliferation marker Ki67 in endometrial cancer. The expression of LXR (antibody identified both isoforms) and the proliferation marker Ki67 was assessed by immunohistochemistry in endometrial cancer tissue sections. In well-differentiated cancers (A), LXR was expressed throughout the tissue and localised to the nuclei of both stromal and epithelial cells (green staining). Nuclear immunoexpression of Ki67 (red staining) was detected and co-localised with LXR expression (yellow arrows) although some LXR-positive cells did not co-express Ki67 (white arrows). In moderately-differentiated cancers (B) both markers were detected but did not appear to co-localise; only few cells expressed both LXR and Ki67 (yellow arrows). Most LXR-positive cells did not co-express Ki67 (white arrows). This was also true of poorly differentiated cancers (C), few cells expressed both LXR and Ki67 (yellow arrows) although LXR-positive cells were found in close association with proliferating cells (white arrows). Images representative of at least 3 different patients per cancer grade. Nuclear counterstain DAPI (grey). All scale bars 50µM.

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Figure 3, 27HC activates LXRE- and ERE-dependent transcription in Endometrial epithelial cancer cells and alters proliferation. The cholesterol metabolite 27-hydoxycholesterol (27HC) is the endogenous agonist for LXR and is also classified as selective estrogen receptor modulator. The impact of 27HC on LXRE- (A-C) and ERE-dependent (D-F) transcription was investigated by luciferase reporter assay in endometrial cancer cell lines; Ishikawa, RL95 and MFE280. 27HC significantly increased LXRE-dependent transcription in a dosedependent manner in each endometrial cancer cell line. 27HC stimulated ERE-dependent transcription only at lower concentrations and was significantly increased by 10-8M 27HC (p<0.01) and maximally stimulated by 10-7M 27HC (p<0.0001). The 27HC effect was abrogated by co-incubation with the antiestrgoen Fulvestrant (ICI 182,780; ICI) at all concentrations of 27HC (D). 27HC did not increase ERE-dependent transcription in RL95 (E) and was only increased by 10-5M 27HC (p<0.05) in MFE280 cells (F). Cell proliferation was assessed by CyQuant® direct proliferation assay in each cell line (G-I). Proliferation of Ishikawa cells was increased by 10-8M (p<0.01), 10-7M (p<0.01) and 10-6M (p<0.01) 27HC but decreased by 10-5M 27HC (p<0.0001; G). Proliferation of RL95 cells was increased by 10-7M (p<0.001), 10-6M (p<0.01) and 10-5M (p<0.001) 27HC (H). 27HC did not affect proliferation in MFE280 cells (I). \*p<0.05, \*\*p<0.01, \*\*\* p<0.001, \*\*\*\* p<0.0001. One sample t test and a theoretical mean of 1. All data are presented as mean  $\pm$  SEM.

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Figure 4. LXR agonist GW3965 activates LXRE-dependent transcription and alters proliferation in Endometrial epithelial cancer cells. The impact of the LXR synthetic agonist GW3965 on LXRE-dependent transcription (A-C) and on cell proliferation (D-F) was assessed in endometrial cancer cell lines; Ishikawa, RL95 and MFE280. GW3965 significantly increased LXRE-dependent transcription in a dose-dependent manner in each endometrial cancer cell line. GW3965 significantly increased LXRE-dependent transcription at all concentrations assessed and was maximally increased by 10-6M GW3965 in Ishikawa cells (p<0.001) (A) and RL95 cells (p<0.01) (B). LXRE-dependent transcription and was not increased by 10-8M GW3965 but maximally increased by 10-5M 27HC (p<0.001) in MFE280 cells (C). Cell proliferation was assessed by CyQuant® direct proliferation assay in each cell line (D-F). Proliferation of Ishikawa cells was increased by 10-8M (p<0.01) and by 10-5M 27HC (p<0.01)(D). In contrast, proliferation of RL95 cells was decreased by 10-8M (p<0.001), 10-7M (p<0.001), 10-6M (p<0.001) and 10-5M (p<0.0001), 10-6M (p<0.0001) and 10-5M (p<0.05) GW3965 (I). \*p<0.05, \*\*p<0.01, \*\*\* p<0.001, \*\*\*\* p<0.0001. One sample t test and a theoretical mean of 1. All data are presented as mean ± SEM.

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