

Rolling the Genetic Dice

Lear JT, Heagerty AH, Smith A *et al.* (1996) Multiple cutaneous basal cell carcinomas: glutathione S-transferase (GSTM1, GSTT1) and cytochrome P450 (CYP2D6, CYP1A1) polymorphisms influence tumour numbers and accrual. *Carcinogenesis* 17:1891–6

Ohta M, Inoue H, Cotticelli MG *et al.* (1996) The FHIT gene, spanning the chromosome 3p14.2 fragile site and renal carcinoma-associated

t(3;8) breakpoint, is abnormal in digestive tract cancers. *Cell* 84:587–97

Purcell S, Neale B, Todd-Brown K *et al.* (2007) PLINK: a tool set for whole-genome association and population-based linkage analyses. *Am J Hum Genet* 81:559–75

Ramachandran S, Hoban PR, Ichii-Jones F *et al.* (2000) Glutathione S-transferase GSTP1

and cyclin D1 genotypes: association with numbers of basal cell carcinomas in a patient subgroup at high-risk of multiple tumours. *Pharmacogenetics* 10: 545–56

Rompel R, Petres J, Kaupert K *et al.* (1995) Human leukocyte antigens and multiple basal cell carcinomas. *Recent Results Cancer Res* 139: 297–302

Rolling the Genetic Dice: Neutral and Deleterious Smoothened Mutations in Drug-Resistant Basal Cell Carcinoma

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TO THE EDITOR

Basal cell carcinomas (BCCs) are locally invasive epithelial tumors that are caused by activating mutations in the Hedgehog (HH) pathway, typically through the loss of the receptor Patched1 or by activating the G-protein-coupled receptor Smoothened (SMO). Genomic analysis by our group and others have revealed that BCCs are typically diploid and carry a high frequency of non-silent single-nucleotide variants (SNVs) compared with other cutaneous and non-cutaneous tumors (Alexandrov *et al.*, 2013; Atwood *et al.*, 2014; Jayaraman *et al.*, 2014; Atwood *et al.*, 2015). Given their high mutational load, how these variants confer selective tumor growth without deleterious effects remains poorly understood. We previously identified and functionally validated nine SMO mutations that drive the majority of drug resistance in BCC through two distinct mechanisms that maintain HH signaling in the presence of drug: induction of constitutive activity and disruption of ligand binding (Atwood *et al.*, 2015). However, SMO mutations with unclear function are frequently found across many HH and non-HH-dependent cancers, with drug-resistant BCCs bearing the highest

rate of recurrent mutations at 66% (Figure 1a).

To determine how these additional SMO mutations promote tumor growth, we identified 28 mutations through our genomic analysis of 44 drug-resistant and 36 sporadic BCCs that were either recurrent, found to overlap with the COSMIC database, or were region-specific (ligand-binding pocket or pivot region) and interrogated their ability to promote HH signaling (Figure 1b, c). We expressed wild-type human SMO (SMO-WT) or SMO mutants in *Smo*-null mouse embryonic fibroblasts (MEFs) to assess the ability of these variants to activate the HH pathway with or without ligand (Supplementary Materials online). SMO-W535L is a known constitutively active mutant that was present in many of our tumor samples and significantly increased basal HH activity in the absence of HH ligand as determined by mRNA levels of the HH target gene *Gli1* (Figure 2a). No other SMO variant induced constitutive activity, including SMO-WT and the known ligand-binding pocket mutant SMO-D473G (Yauch *et al.*, 2009), suggesting that these variants could not confer tumor growth by themselves. This was surprising, as several of the residues (A327P, T336I, V414A, and T534I) lie

in the pivot regions of transmembrane helices 3, 5, and 7, which control SMO activation (Figure 1c) and correspond to residues 320–340, 410–415, and 530–540 from the SMO crystal structure (Wang *et al.*, 2013; Atwood *et al.*, 2015). Addition of HH ligand revealed a range of responses from the SMO variants to activate the pathway. No SMO mutation conferred a statistically significant increase in SMO activity, with the majority of variants acting as passenger mutations (Figure 2b). However, 13 variants disrupted SMO activity by 50% or more, with 7 of the variants effectively abolishing activity. How the tumor could withstand the loss of SMO activity remains unclear, although only one functional copy of *SMO* is necessary to transduce the HH signal.

To assess the ability of the SMO variants to confer drug resistance to vismodegib, the current FDA-approved SMO antagonist, we added both HH ligand and 100 nM vismodegib to the *Smo*-null MEFs and assayed for HH activation. SMO-D473G and SMO-W535L both resisted SMO inhibition and displayed robust activation as expected (Figure 2c). However, no other SMO variant conferred vismodegib resistance, suggesting that these mutations could not confer drug resistance and that the resistance mechanism in these tumors would be independent of SMO. This is also surprising as seven of these variants

Abbreviations: BCC, basal cell carcinoma; HH, Hedgehog; MEF, mouse embryonic fibroblast; SMO, Smoothened; SNV, single-nucleotide variant; WT, wild type

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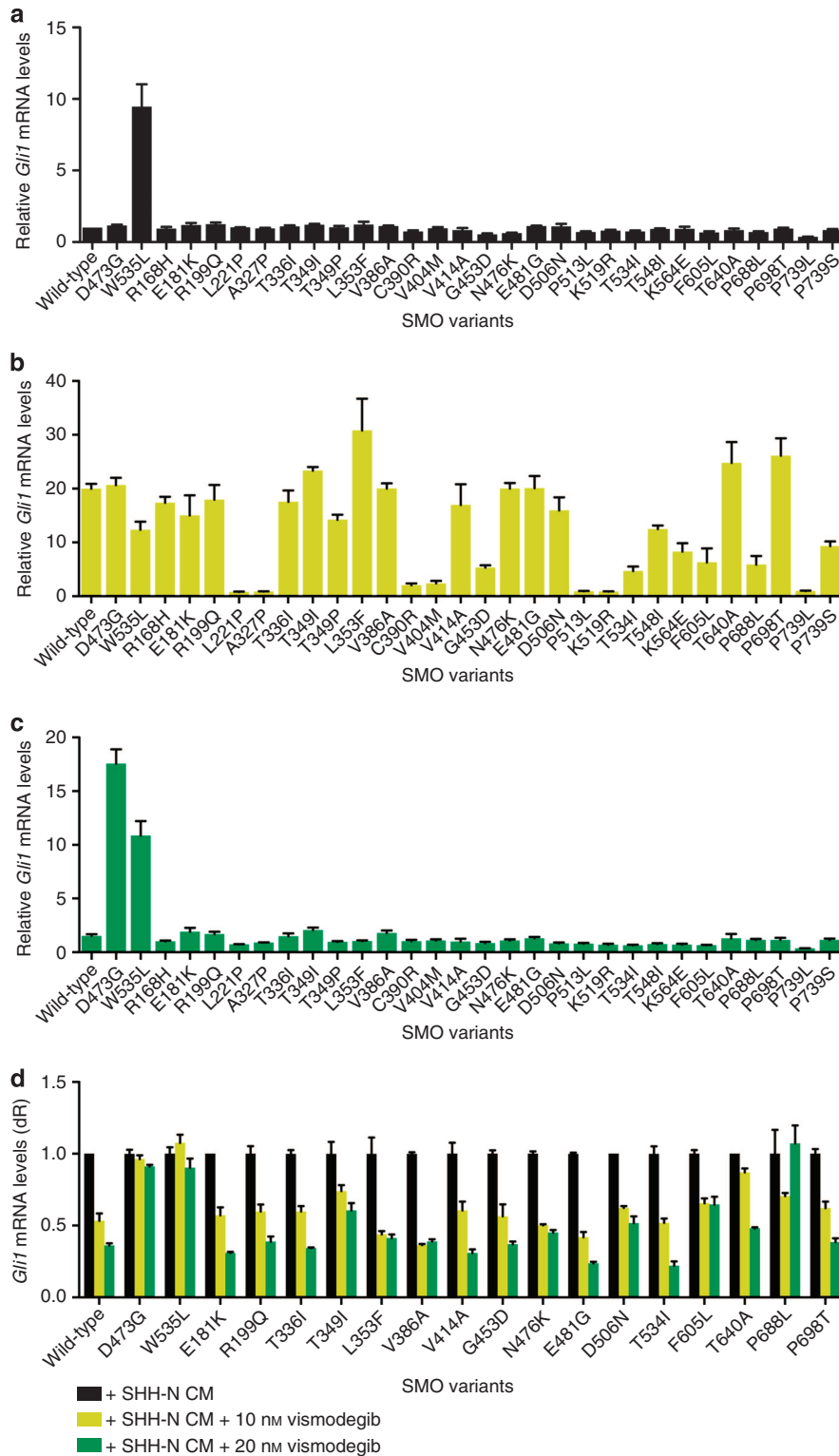


Figure 2. Variation in the response of Smoothed (SMO) mutations to Hedgehog ligand. (a) SMO variants expressed in *Smo*-null MEFs under serum-starvation conditions demonstrating baseline HH pathway activity. Note that previously characterized SMO mutations conferring vismodegib resistance (Atwood *et al.*, 2015) were excluded from this analysis. (b) SMO variant-expressing cells treated with SHH-N CM reveal a range of SMO activity to promote HH target gene induction. (c) SMO variant-expressing cells treated with SHH-N CM and 100 nM vismodegib or (d) with or without 10 or 20 nM vismodegib show no apparent resistance to drug. HH, Hedgehog; MEF, mouse embryonic fibroblast.

Rather, asymmetric distribution of variations could reflect bias in genome-wide chromatin accessibility or DNA repair mechanisms. On a cellular level, this suggests that individual tumor cells can be genetically distinct from each other and harbor many mutations, even in drivers like *SMO*, and have no negative effects on the growth of the tumor. Although our results focus on the *SMO* locus, similar strategies may be operative at other genetic loci, and tumors with high SNV frequencies may generate drug resistance at a higher rate. Moreover, as we expand our use of high-throughput sequencing of tumors for personalized medicine, our results present a cautionary tale to functionally validate any mutation before concluding their ability to exert oncogenic effects.

CONFLICT OF INTEREST

AEO and ALSC are investigators in Genentech, Novartis, and Eli Lilly clinical trials. JYT is a consultant to Genentech. The remaining authors state no conflict of interest.

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SUPPLEMENTARY MATERIAL

Supplementary material is linked to the online version of the paper at <http://www.nature.com/jid>

REFERENCES

Alexandrov LB, Nik-Zainal S, Wedge DC *et al.* (2013) Signatures of mutational processes in human cancer. *Nature* 500:415–21

- Atwood SX, Sarin KY, Whitson RJ *et al.* (2015) Smoothed variants explain the majority of drug resistance in basal cell carcinoma. *Cancer Cell* 27:342–53
- Atwood SX, Whitson RJ, Oro AE (2014) Advanced treatment for basal cell carcinomas. *Cold Spring Harb Perspect Med* 4:a013581
- Jayaraman SS, Rayhan DJ, Hazany S *et al.* (2014) Mutational landscape of Basal cell carcinomas by whole-exome sequencing. *J Invest Dermatol* 134:213–20
- Kool M, Jones DTW, Jäger N *et al.* (2014) Genome sequencing of SHH medulloblastoma predicts genotype-related response to smoothed inhibition. *Cancer Cell* 25:393–405
- Lee CS, Bhaduri A, Mah A *et al.* (2014) Recurrent point mutations in the kinetochore gene *KNSTRN* in cutaneous squamous cell carcinoma. *Nat Genet* 46:1060–2
- Sweeney RT, McClary AC, Myers BR *et al.* (2014) Identification of recurrent *SMO* and *BRAF* mutations in ameloblastomas. *Nat Genet* 46:722–5
- Wang C, Wu H, Katritch V *et al.* (2013) Structure of the human smoothed receptor bound to an antitumour agent. *Nature* 497:338–43
- Yauch RL, Dijkgraaf GJP, Alicke B *et al.* (2009) Smoothed mutation confers resistance to a Hedgehog pathway inhibitor in medulloblastoma. *Science* 326:572–4