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14. ABSTRACT Most therapeutic approaches have focused on the tumor cell and its genetic alterations. However, it is becoming clear that the microenvironment plays an important role in tumor evolution. We hypothesized that conventional chemotherapy for ovarian cancer will be more effective if the microenvironment that harbors the resistant cancer cells is simultaneously targeted. Since activated carcinoma-associated fibroblasts (CAFs) have a prominent role in most aspects of tumor progression, including responses to anticancer agents by forming a physical barrier that prevents chemotherapy access and promotes resistance, we predicted that targeting CAFs will inhibit tumor progression and/or increase chemotherapeutic efficacy. We used three different approaches to target CAFs in an immunocompetent mouse model of ovarian cancer that was developed in our laboratory. In this first funding period, we have optimized the preclinical trial design and developed an efficient pipeline for the collection of tissues from tumors and major organs that may be affected by CAF-targeted therapies. We have tested three drugs that target different molecular aspects of CAF activation. Although the tested drugs did not have significant effects on disease onset or survival in mice, the pending analyses of the collected tissues will provide key information about the possible cellular and molecular effects of these drugs on the tumor microenvironment.						
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1. INTRODUCTION:

High grade serous ovarian carcinoma is among the most lethal cancers affecting women in the U.S. While most therapeutic approaches have focused on malignant epithelial tumor cells and their genetic alterations, it is becoming increasingly clear that the tumor microenvironment plays an equally important role in tumor evolution. The presence of cancer cells induces a reaction in the surrounding stromal cells similar to fibrosis after an injury. These reactions can also reduce therapeutic efficacy of chemotherapy by creating a physical barrier for drug transport while providing a protective environment for cancer cells to repopulate after completion of treatment. Thus, it is thought that anti-cancer therapies should target not only malignant cancer cells but also the microenvironment that fosters tumor growth and survival. Our goal is to demonstrate that targeting processes responsible for the formation of carcinoma associated fibroblasts (also known as CAFs) in the tumor microenvironment will effectively attenuate tumor growth, improve intratumoral drug delivery and restore anti-tumor immune responses. We are using three different approaches to targeting CAFs. The first approach is to We will test anti-fibrotic agents for their efficacy in preventing CAF activation and increasing sensitivity to chemotherapy in a mouse model of ovarian cancer that was developed in our laboratory. The second approach is to increase the precision of targeting activated CAFs, by targeting a protein that we previously identified to be present in activated CAFs but absent from fibroblasts associated with non-cancerous conditions such as fibrosis, inflammation, and wound healing. The third approach is test several agents for their efficacy in inducing CAF-to-cartilage differentiation with the idea that a terminally-differentiated microenvironment cannot protect malignant cells from chemotherapy or foster their dormancy for future recurrence.

2. KEYWORDS:

Ovarian cancer, tumor microenvironment, cancer-associated fibroblasts, fibrosis, targeted therapy, clinical outcome

3. ACCOMPLISHMENTS:

- **What were the major goals of the project?**

Specific Aim 1 (specified in proposal)	Timeline	Percent Completed
Major Task 1 Test the therapeutic efficacy of CTGF, CTSK, FN1, and LOXL2 inhibitors	Months	Cedars-Sinai Medical Center
Subtask 1 Amend approved IACUC protocol 5318 (Mouse Models of Tumor Microenvironment, PI: Orsulic) for local approval and send related material for DoD’s approval.	Upon award notice	100%
Subtask 2 Purchase FVB mice, drugs, and reagents; plan experiments.	1-2	70%
Subtask 3 Implant FVB mice with mouse ovarian cancer cells.	2-25	25%

<p>Subtask 4 Treat mice with CTGF, CTSK, FN1, and LOXL2 inhibitors Assess therapeutic efficacy:</p> <ol style="list-style-type: none"> 1. Tumor growth: tumor weight/volume, luciferase whole-animal imaging. 2. Tumor invasion and metastasis: dissection and immunohistochemistry. 3. Stromal differentiation: Masson's trichrome stain, qPCR and immunostaining for myofibroblast markers (α-SMA, fibronectin, COL11A1). 4. Chemotherapy diffusion: quantification of fluorescently-labeled dextran beads. 5. Tumor-infiltrating immune cells: flow cytometric analyses with antibody cocktail (CD3, CD4, CD8a, CD44, CD62L, CD25, Nkp46, F4/80, CD11b, Gr1, Ly6G, CD11c, and FoxP3). 6. Cancer stem cell content: flow cytometric analyses with CD133, CD44, CD24, and CD117. 7. Angiogenesis: CD31 and CD34. 8. Apoptosis, DNA damage: ApopTag, CC3 positivity, PARP cleavage, or histone H2AX phosphorylation. 9. Toxicity: histological analysis of liver, lung, and kidney injury 10. TGFβ signaling: immunodetection of phosphorylated Smad2/3. 	3-30	10%
<p>Subtask 5 Analyze data using statistical methods; replicate experiments if necessary, prepare and submit manuscripts.</p>	3-36	5%
<p>Milestone Achieved Verified therapeutic efficacy of CTGF, CTSK, FN1, and LOXL2 inhibitors.</p>	32	5%
Specific Aim 2 (specified in proposal)	Timeline	Site 1
<p>Major Task 1 Determine the effect of COL11A1 knockdown in human carcinoma-associated fibroblasts</p>	Months	Cedars-Sinai Medical Center
<p>Subtask 1 Amend approved IACUC protocol 5318 (Mouse Models of Tumor Microenvironment, PI: Orsulic) for local approval and send related material for DoD's approval.</p>	Upon award notice	100%
<p>Subtask 2 Knock out COL11A1 in human carcinoma-associated fibroblasts using CRISPR.</p>	1-3	10%
<p>Subtask 3 Co-culture COL11A1 knockout carcinoma-associated fibroblasts with</p>	3-12	10%

ovarian cancer cells under kidney capsule of nude mice; measure cell proliferation, cell death and other parameters.		
Subtask 4 Analyze data using statistical methods; replicate experiments if necessary.	12-18	10%
Milestone Achieved Verified whether COL11A1 in carcinoma-associated fibroblasts is essential for the tumor promoting effects in a paracrine manner.	18	10%
Major Task 2 Determine the potential of COL11A1 as a therapeutic target	Months	Cedars-Sinai Medical Center
Subtask 1 Amend approved IACUC protocol 5318 (Mouse Models of Tumor Microenvironment, PI: Orsulic) for local approval and send related material for DoD's approval.	Upon award notice	100%
Subtask 2 Purchase FVB mice, drugs and reagents; plan experiments.	1-2	50%
Subtask 3 Implant FVB mice with mouse ovarian cancer cells.	2-25	50%
Subtask 4 Treat mice with COL11A1 neutralizing antibody. Assess therapeutic efficacy as in Aim 1, Task 4.	3-30	50%
Subtask 5 Analyze data using statistical methods; replicate experiments if necessary; prepare and submit manuscripts.	3-36	10%
Milestone Achieved Verified whether COL11A1 is promising as a therapeutic target with high specificity for activated carcinoma-associated fibroblasts.	36	10%
Specific Aim 3 (specified in proposal)	Timeline	Site 1
Major Task 1 Assess the effect of differentiating carcinoma-associated fibroblasts into cartilage on tumor progression and chemosensitivity	Months	Cedars-Sinai Medical Center
Subtask 1 Amend approved IACUC protocol 5318 (Mouse Models of Tumor Microenvironment, PI: Orsulic) for local approval and send related material for DoD's approval.	Upon award notice	100%
Subtask 2 Purchase FVB mice, drugs and reagents; plan experiments.	1-2	30%
Subtask 3 Implant FVB mice with mouse ovarian cancer cells.	2-25	30%

Subtask 4 Treat mice with recombinant collagen II, rAAV-FLAG-Sox9, and dexamethasone. Assess therapeutic efficacy as in Aim 1, Task 4.	3-30	30%
Subtask 5 Analyze data using statistical methods; replicate experiments if necessary; prepare and submit manuscripts.	4-36	10%
Milestone Achieved Verified whether agents that induce terminal differentiation of activated carcinoma-associated fibroblasts are effective in attenuating tumor growth and increasing chemosensitivity.	36	10%

▪ **What was accomplished under these goals?**

1) major activities

Our activities focused on obtaining the required regulatory documents for work with human tissues and mouse models, planning experiments, purchasing reagents, and conducting experiments. Due to the premature departure of the postdoctoral fellow who conducted the preclinical tests in mice, we have not yet analyzed the majority of the tissues that have been collected from these experiments.

2) specific objectives

We have fully optimized the preclinical trial design in our immunocompetent mouse model of ovarian cancer. We also developed a rapid and efficient pipeline for the collection of ascites and tissues from tumors and major organs that may be affected by anti-fibrotic agents (liver, spleen, pancreas, diaphragm, kidney, lung, heart/aorta, lymph nodes, Peyer's patches, brain, ovary/oviduct/uterus and bone marrow) and processing for immunohistochemistry, immunofluorescence, and RNA analysis.

3) significant results or key outcomes, including major findings, developments, or conclusions

AIM 1. Improve therapeutic efficacy by targeting processes involved in CAF activation

1. Prioritization of therapeutic targets. We prioritized therapeutic targets that are likely to have high specificity for activated CAFs and minimal toxicity in normal tissues. The results of our *in silico* studies have been published with acknowledgment of the grant support (*Jia et al., Cancer Letters, 2016*). This study revealed that very few targets are truly CAF-specific and that thorough validation in human cancer and normal tissues will be necessary to identify the most effective targets. We are currently validating expression of our selected targets by immunohistochemistry and *in situ* hybridization in human primary, metastatic, and recurrent ovarian cancers as well as normal tissues (normal ovary, fallopian tube, lymph node, tonsil, and kidney).

2. Preclinical trial design. In order to optimize the preclinical protocol of cisplatin in combination with anti-fibrotic agents in our immunocompetent mouse model of ovarian cancer, we studied the efficacy of cisplatin in combination with the Rho-associated, coiled-coil containing protein kinase (ROCK) inhibitor Y-27632. Studies have shown that Y-27632: 1)

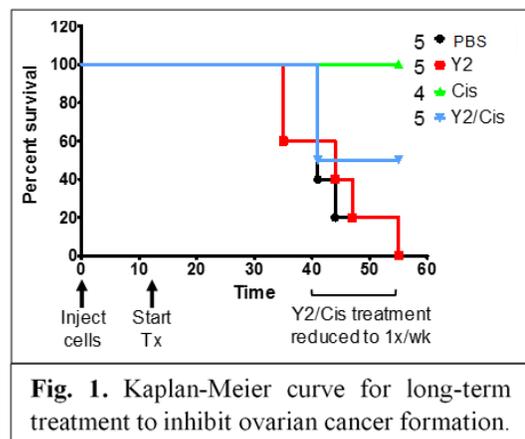
enhances the efficacy of cisplatin-induced toxicity in ovarian cancer cell lines *in vitro* [1, 2], yet reduces neurotoxicity in a mouse model of cisplatin-induced peripheral neuropathy [3]; 2) inhibits myofibroblast contraction in collagen contraction assays [4-9]; 3) prevents fibroblast proliferation in primary cancer cell culture (Georgetown method [10]); 4) reduces fibrosis in mouse models [11-14]; and 5) decreases cancer growth and metastasis in various cancer models [15-24] although these studies did not address whether the effects of Y-27632 were primarily due to changes in cancer cells or CAFs. During the course of our experiments, three groups working on mouse models of pancreatic cancer have published results demonstrating that ROCK inhibition delays cancer progression due to inactivation of CAFs [25-27]. Currently, several ROCK inhibitors are in clinical trials for vascular diseases (clinicaltrials.gov).

The goal of our study was to test the effects of ROCK inhibition with or without cisplatin using the following parameters:

1. tumor growth and ascites accumulation (survival endpoint)
2. alterations in the tumor microenvironment (fibrosis, stem cell enrichment, enrichment in specific immune cell types)
3. alterations in normal organs (liver, spleen, pancreas, diaphragm, kidney, lung, heart/aorta, lymph nodes, Peyer's patches, brain, ovary/oviduct/uterus and bone marrow)

Experiment 1. Short-term treatment to inhibit ovarian cancer formation (7 treatments, 26 days; 20 mice, 4 groups). The goal of this experiment was to assess the effect of short-term treatment on ovarian cancer progression before it reached the advanced stage. FVB mice were inoculated with 100 μ l of 5×10^5 syngeneic Br-Luc ovarian cancer cells by intraperitoneal (i.p.) injection. Twelve days after cancer cell injection, mice were randomized and treated i.p. with vehicle (PBS), Y-27632 (10 mg/kg), cisplatin (1 mg/kg), or a combination of Y-27632 (10 mg/kg) and cisplatin (1 mg/kg), in a total volume of 100 μ l, 3x/weekly over 26 days. The results showed no statistical difference in cancer onset between groups treated with vehicle or the ROCK inhibitor. There was also no statistical difference in cancer onset between groups treated with the ROCK inhibitor alone or with a combination of the ROCK inhibitor and cisplatin.

Experiment 2. Long-term treatment to inhibit ovarian cancer formation (18 treatments, 55 days; 19 mice, 4 groups). The goal of this experiment was to assess the effect of long-term treatment on ovarian cancer progression before it reached the advanced stage. FVB mice were inoculated with 100 μ l of 5×10^5 syngeneic Br-Luc ovarian cancer cells by i.p. injection. Twelve days after cancer cell injection, mice were randomized and treated i.p. with vehicle (PBS), Y-27632 (10 mg/kg), cisplatin (1 mg/kg), or a combination of Y-27632 (10 mg/kg) and cisplatin (1 mg/kg), in a total volume of 100 μ l, 3x/weekly over 55 days. The treatment schedule of the combination group was reduced to 1x/weekly after 4 weeks of treatment due to possible toxicity (mice displayed jumpiness). Kaplan-Meier survival curve is shown in Fig. 1.



Experiment 3. Treatment to reduce advanced-stage ovarian cancer (2-7 treatments; 2-7 days; 20 mice, 4 groups). The goal of this experiment was to assess the effect of treatment on advanced-stage ovarian cancer. FVB mice were inoculated with 100 μ l of 5×10^5 syngeneic Br-Luc ovarian cancer cells by i.p. injection. Mice with ascites (symptom of advanced-stage ovarian cancer) were treated i.p. with vehicle (PBS), Y-27632 (10 mg/kg), cisplatin (1 mg/kg), or a combination of Y-27632 (10 mg/kg) and cisplatin (1 mg/kg), in a total volume of 100 μ l. The experiment was terminated due to the early death of mice that did not receive cisplatin in their treatment.

Experiment 4. Pre-treatment with the ROCK inhibitor alone during cancer development and subsequent treatment with the ROCK inhibitor in combination with a low dose of cisplatin upon advanced-stage ovarian cancer development. (multiple treatments, 10 mice, 2 groups). The goals of this experiment were to assess the effect of long-term ROCK inhibition on the onset of advanced-stage cancer (accumulation of ascites) and to assess the effect of long-term pretreatment with the ROCK inhibitor on tumor burden reduction when advanced-stage ovarian cancer is treated with a low dose of cisplatin. FVB mice were inoculated with 100 μ l of 5×10^5 syngeneic Br-Luc ovarian cancer cells by i.p. injection. Two days after cancer cell inoculation, mice were treated with i.p. with vehicle (PBS) or Y-27632 (10 mg/kg) until they developed ascites (symptom of advanced-stage ovarian cancer). At that point, mice were treated i.p. with vehicle (PBS) + cisplatin (0.2 mg/kg) or Y-27632 (10 mg/kg) + cisplatin (0.2 mg/kg), in a total volume of 100 μ l. One mouse in the Y-27632 pretreatment group did not develop cancer by the end of the experiment. The results are shown in Fig. 2.

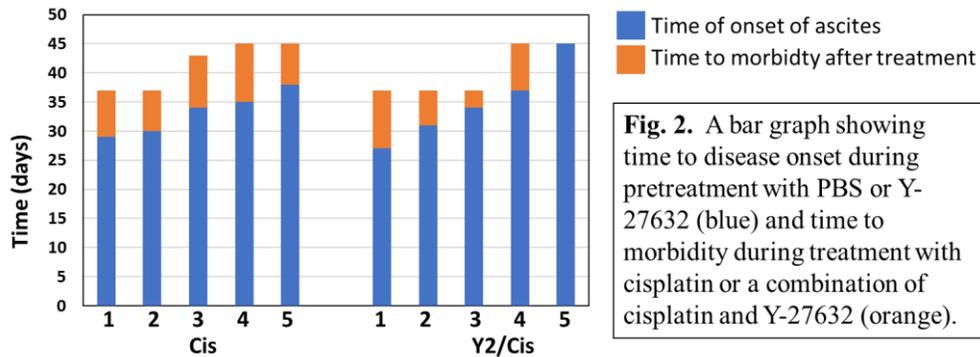


Fig. 2. A bar graph showing time to disease onset during pretreatment with PBS or Y-27632 (blue) and time to morbidity during treatment with cisplatin or a combination of cisplatin and Y-27632 (orange).

Aim 2. Increase specificity of targeting activated CAFs

Our analyses identified COL11A1 as the most specific target for activated CAFs. We hypothesized that targeting COL11A1 function will disable activated CAFs with a minimal effect on normal fibroblasts. We used two approaches to inactivate COL11A1.

1. Knockout of COL11A1 in CAFs. To test whether 781T CAFs support growth of ovarian cancer cells, human ovarian cancer cell line SKOV3-GFP was implanted subcutaneously alone or with 781T CAFs (10 mice, 5 mice per group, 2 flanks per mouse). SKOV3-GFP cells co-injected with 781T CAFs formed larger tumors (Fig. 3A) that also grew well when explanted in culture (Fig. 3B). Immunohistochemical analysis of the subcutaneous tumors showed abundant lymphocytic infiltrates associated with SKOV3-GFP cells co-injected with 781T CAFs but not with SKOV3-GFP cells injected alone (data not shown), indicating that CAFs are not only effective in supporting cancer cell growth but also play a role in the recruitment of other

components of the stromal microenvironment. Despite multiple efforts, we were unable to effectively knock down COL11A1 in 781T CAFs. We will continue to test different approaches to knocking down COL11A1 in 781T CAFs or in a different line of CAFs.

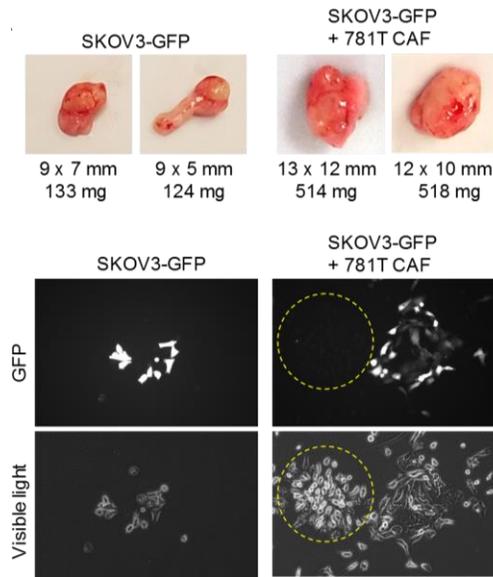


Fig. 3. CAFs support subcutaneous growth of SKOV3-GFP human ovarian cancer cells. A) Subcutaneous tumors isolated from mice 40 days after injection of 10,000 SKOV3-GFP cells with or without 20,000 781T CAFs. B) Tumor explants in culture imaged under GFP or visible light. Explants from SKOV3-GFP tumors grow poorly in culture, while explants from SKOV3-GFP + 781T CAF tumors grow well in culture and consist of both GFP-positive epithelial cells and GFP-negative fibroblasts (circled).

2. Neutralizing endogenous COL11A1 with a COL11A1-specific antibody. In an experiment with 10 mice treated with control IgG or COL11A1 antibody (2.3mg/ml, daily for 10 days), we did not see a statistically significant difference in tumor growth between the two groups of mice, indicating that this antibody (or this concentration) is not effective in inhibiting tumor growth (data not shown).

Aim 3. Induce activated CAF-to-cartilage differentiation.

We are attempting to drive activated CAFs into an evolutionary dead-end by inducing terminal cell differentiation. Bioengineers have observed that cartilage cells spontaneously de-differentiate into myofibroblasts upon growth on plastic, indicating that reverse differentiation should be possible. We identified that CAFs are poised for cartilage differentiation if inhibitory differentiation signals are disabled. To date, we have tested dexamethasone as a differentiation agent. We did not see a significant difference in tumor growth (data not shown). However, the collected tissues have yet to be analyzed for cartilage/bone formation markers to assess the level of differentiation.

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4) other achievements

Nothing to report.

a. What opportunities for training and professional development has the project provided?

Nothing to report.

b. How were the results disseminated to communities of interest?

Nothing to report.

c. What do you plan to do during the next reporting period to accomplish the goals?

For Aims 1 and 3, tumor and normal tissues (liver, spleen, pancreas, diaphragm, kidney, lung, heart/aorta, lymph nodes, Peyer's patches, brain, ovary/oviduct/uterus and bone marrow) have been collected from all experiments for immunohistochemical (formalin-fixed and OCT-frozen) and RNA (snap-frozen) analyses of markers of toxicity, fibrosis, stem cell enrichment, and enrichment in specific immune cell types. To understand the possible role of Y-27632 in increasing the accessibility of cisplatin, we will conduct thorough cell apoptosis evaluation in tumors and normal organs. These analyses are currently in process. The results of Y-27632 experiments will be validated and published. One or two additional anti-fibrotic agents (Aim 1) and differentiation agents (Aim 3) will be tested during the next reporting period.

For Aim 2, we will try different approaches to knocking down COL11A1 in CAFs to test the function of COL11A1 in the promotion of tumor growth by CAFs. We will also try different concentrations and routes of delivery for the COL11A1 antibody (10X concentration and direct intratumoral delivery into a localized subcutaneous tumor) to rule out the possibility that COL11A1 did not show an effect on tumor growth because of a low concentration and/or rapid degradation upon intraperitoneal delivery.

3. IMPACT:

a. What was the impact on the development of the principal discipline(s) of the project?

Nothing to report.

b. What was the impact on other disciplines?

Nothing to report.

c. What was the impact on technology transfer?

Nothing to report.

d. What was the impact on society beyond science and technology?

Nothing to report.

4. CHANGES/PROBLEMS:

a. Changes in approach and reasons for change. No

b. Actual or anticipated problems or delays and actions or plans to resolve them.

We successfully resolved an unanticipated challenge during the project period. We were pleased to learn that Dr. Dongyu Jia, a funded postdoctoral fellow on the project, was named to a faculty position in the University System of Georgia. We were, with careful planning and support from our Human Resources department, able to post and hire a highly skilled postdoctoral fellow with < 2 month delay. Dr. Marcela Haro worked with Dr. Orsulic and the Research Associate assigned to the project to assume the duties of the study. There was minimal disruption to the project.

c. Changes that had a significant impact on expenditures.

The changes detailed in section above had no significant impact on overall expenditures.

d. Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents. No

e. Significant changes in use or care of human subjects. No

f. Significant changes in use or care of vertebrate animals. No

g. Significant changes in use of biohazards and/or select agents. No

5. PRODUCTS:

Nothing to report.

a. Publications, conference papers, and presentations

i. Journal publications.

Jia D, Liu Z, Deng N, Tan TZ, Huang R Y-J, Taylor-Harding B, Cheon DJ, Lawrenson K, Wiedemeyer WR, Walts AE, Karlan BY, **Orsulic S.** A COL11A1-correlated pan-cancer gene signature of activated fibroblasts for the prioritization of therapeutic targets. Cancer Letters 2016; 382:203-214. (Published, acknowledged grant funding)

ii. Books or other non-periodical, one-time publications. N/A

iii. Other publications, conference papers, and presentations.

Invited talks (acknowledged grant funding)

Sandra Orsulic: Tumor Microenvironment. Molecular and Cellular Biology Wednesday Seminar Series, Baylor College of Medicine. Houston, TX. January 6, 2016.

Sandra Orsulic: Signatures of Stromal Activation in Cancer. Molecular Pathology Seminar Series. Johns Hopkins University School of Medicine. Baltimore, MD. November 16, 2016.

- b. **Website(s) or other Internet site(s).** N/A
- c. **Technologies or techniques.** N/A
- d. **Inventions, patent applications, and/or licenses.** N/A
- e. **Other Products.** N/A

6. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

a. What individuals have worked on the project?

Name:	Sandra Orsulic
Project Role:	PI
Nearest person month worked:	2.00
Contribution to Project:	Dr. Orsulic oversaw projects for all three specific aims, including experimental design, execution, and data analysis and interpretation. She wrote the manuscript (Jia et al, Cancer Letters, 2017) and prepared presentations as well as the progress report.

Name:	Beth Karlan
Project Role:	Collaborator
Nearest person month worked:	0.12
Contribution to Project:	Dr. Karlan advised on the translational aspects of the proposal and participated in experimental design.

Name:	Dongyu Jia, PhD
Project Role:	Postdoctoral Fellow
Nearest person month worked:	0.60
Contribution to Project:	Dr. Jia conducted all experiments that involved testing different combinations of treatments in the immunocompetent mouse model of ovarian cancer and assisted in data acquisition, analysis, and interpretation as well as in the writing of the published manuscript.

Name:	Marcela Haro, PhD
Project Role:	Postdoctoral Fellow
Nearest person month worked:	4.50
Contribution to Project:	Dr. Haro conducted all experiments that involved testing different combinations of treatments in the immunocompetent mouse model of ovarian cancer and assisted in data acquisition and analysis.

Name:	Barbie Taylor-Harding, PhD
Project Role:	Research Associate
Nearest person month worked:	3.60
Contribution to Project:	Dr. Taylor-Harding conducted all experiments that involved testing different combinations of treatments in the immunocompetent mouse model of ovarian cancer and assisted in data acquisition and analysis.

b. Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period? No

c. What other organizations were involved as partners? None

7. SPECIAL REPORTING REQUIREMENTS

a. COLLABORATIVE AWARDS: N/A

b. QUAD CHARTS: N/A

8. APPENDICES:

Reprint of the manuscript Jia et al, Cancer Letters, 2016



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Original Articles

A COL11A1-correlated pan-cancer gene signature of activated fibroblasts for the prioritization of therapeutic targets

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ABSTRACT

Although cancer-associated fibroblasts (CAFs) are viewed as a promising therapeutic target, the design of rational therapy has been hampered by two key obstacles. First, attempts to ablate CAFs have resulted in significant toxicity because currently used biomarkers cannot effectively distinguish activated CAFs from non-cancer associated fibroblasts and mesenchymal progenitor cells. Second, it is unclear whether CAFs in different organs have different molecular and functional properties that necessitate organ-specific therapeutic designs. Our analyses uncovered COL11A1 as a highly specific biomarker of activated CAFs. Using COL11A1 as a 'seed', we identified co-expressed genes in 13 types of primary carcinoma in The Cancer Genome Atlas. We demonstrated that a molecular signature of activated CAFs is conserved in epithelial cancers regardless of organ site and transforming events within cancer cells, suggesting that targeting fibroblast activation should be effective in multiple cancers. We prioritized several potential pan-cancer therapeutic targets that are likely to have high specificity for activated CAFs and minimal toxicity in normal tissues.

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Introduction

Under normal physiological conditions, collagen-rich fibroblasts maintain tissue architecture and serve as a barrier to epithelial cell migration. However, cancer cells have the ability to convert the surrounding fibroblasts into activated CAFs, which secrete specific collagens, growth factors, and enzymes that promote cancer growth, angiogenesis, invasion, and metastasis [1–3]. At the same time, these CAFs suppress anticancer immunity, confer drug resistance and/or limit the access of chemotherapies, anti-angiogenic therapies, and immunotherapies [1–3]. Although the exact mecha-

nisms by which activated CAFs contribute to such diverse aspects of cancer progression are unclear, it is thought that fibroblasts together with increased collagen deposition and altered extracellular matrix (ECM) remodeling serve as a rich depot of cancer-promoting growth factors, cytokines, and chemokines [1,2]. Additionally, altered levels of enzymes responsible for collagen cross-link formation, such as lysyl oxidase (LOX) [4], increase tissue stiffness and modify mechanotransduction resulting in the reorganization of loose connective tissue into tense linear tracks of fibers that serve as highways to promote chemotaxis of cancer cells [5,6].

Recognizing the crucial role of CAFs in most aspects of cancer progression, it has been proposed that rational anticancer therapy design should not only target the cancer cells but also the CAFs [7,8]. Unlike cancer cells, CAFs are genetically stable [9], which reduce the risk of therapy-induced clonal selection, resistance, and cancer recurrence. Furthermore, targeting CAFs could potentially affect multiple biochemical pathways to prevent cancer progression and recurrence. CAF-targeting therapeutic approaches in different experimental mouse cancer models have been shown to improve

Abbreviations: α SMA, α -smooth muscle actin; CAFs, cancer-associated fibroblasts; CSPG4, chondroitin sulfate proteoglycan 4; ECM, extracellular matrix; LOX, lysyl oxidase; EMT, epithelial–mesenchymal transition; FAP, fibroblast activation protein; PALLD, palladin; PDGFR α , platelet-derived growth factor receptor α ; PDPN, podoplanin; TGF β , transforming growth factor β ; TNC, tenascin-C; PRECOG, Prediction of Clinical Outcomes from Genomic Profiles.

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tumoral immune response, intratumoral drug delivery, and therapeutic efficacy [10–15]. These studies confirm the key role of CAFs in cancer progression and demonstrate their effectiveness as a therapeutic target. However, targeting CAFs in some cancer models actually promoted cancer progression. For example, depletion of α SMA+ stroma in a mouse pancreatic cancer model resulted in increased cancer aggressiveness, enhanced hypoxia and epithelial–mesenchymal transition (EMT), suppressed anticancer immunity, and reduced survival [16].

The contradictory results in different cancer models could be explained by different roles of CAFs in different cancer types, i.e. CAFs could be promoting breast cancer and inhibiting pancreatic cancer. Alternatively, in all cancer types CAFs prevent cancer progression until they receive activating signals from cancer cells and convert into ‘activated CAFs’, which in turn confer invasive and metastatic abilities upon cancer cells [7]. Therapies that target all CAFs are counterproductive and likely to result in the death of normal fibroblasts and significant toxicity. Preferential targeting of activated CAFs has been challenging because activated CAFs are poorly understood at the molecular level. During activation, CAFs exhibit phenotypic changes that partially overlap with myofibroblastic changes during wound healing, inflammation, and fibrosis, including secretion of specific ECM components, cytokines and growth factors [1,17]. Several markers have been used to distinguish activated from non-activated CAFs: α -smooth muscle actin (α SMA, encoded by gene ACTA2) [3], fibroblast activation protein (FAP) [12], podoplanin (PDPN) [18], palladin (PALLD) [19,20], tenascin-C (TNC) [21], platelet-derived growth factor receptor α (PDGFR α) [22,23], and chondroitin sulfate proteoglycan 4 (CSPG4) [24]. However, these markers are frequently expressed in other cells within the cancer stroma, such as vascular smooth muscle cells, pericytes, and mesenchymal stem cells. This lack of specificity could pose problems in therapeutic targeting and underscores the need to better understand the molecular characteristics of activated CAFs in order to develop more precise and less toxic targeted therapies.

COL11A1 encodes the α 1 chain of collagen XI, a minor fibrillar collagen expressed by chondrocytes and osteoblasts but not quiescent fibroblasts [25,26]. The absence of functional collagen XI leads to abnormally thickened cartilage and tendon fibrils, suggesting the role of collagen XI in maintaining proper fibril diameter [27,28]. Studies have demonstrated that COL11A1 mRNA is markedly elevated in cancers of the oral cavity/pharynx, head and neck, breast, lung, esophagus, stomach, pancreas, colon, and ovary, but not in matched normal tissues (reviewed in [25,26]). COL11A1 has been identified as part of gene signatures associated with adverse clinical outcomes including resistance to neoadjuvant therapy in breast cancer [29], time to recurrence in glioblastoma [30], poor survival in kidney cancer [31], and time to recurrence and overall survival in ovarian cancer [32,33]. *In situ* hybridization in ovarian cancer and immunohistochemistry in pancreatic cancer revealed that COL11A1 mRNA and pro-protein are primarily expressed in CAFs [25,32]. The restricted expression of COL11A1 in normal tissues and its enrichment in CAFs during cancer progression combined with its association with adverse clinical outcomes in multiple types of cancer support its candidacy as a specific marker of fibroblast activation in diverse cancers. Here, we explore the suitability of COL11A1 as a pan-cancer marker of activated CAFs and use it as a ‘seed’ to identify the transcription signature of activated CAFs in 13 epithelial cancer types. We show that the COL11A1-coexpressed gene set is highly conserved in these 13 cancer types, indicating that the fibroblast reaction to cancer cells is independent of the organ site-of-origin and of the transforming events within cancer cells. Finally, by combining drug target databases with cancer vs. normal tissue expression databases, we identify several potential therapeutic targets that should have high specificity for activated CAFs and minimal toxicity in normal tissues.

Materials and methods

Human tissues

Studies involving human tissue samples were approved by the Cedars-Sinai Institutional Review Board (IRB 15425). The samples included a tissue microarray from 42 patients with matched primary, metastatic, and recurrent ovarian cancer.

In situ hybridization

The RNA hybridization kit (RNAscope 2.0 FFPE Assay) and probes for COL11A1, the bacterial gene *dapB* (negative control), and the housekeeping gene *HPRT* (positive control), were from Advanced Cell Diagnostics, Inc. Formalin-fixed, paraffin-embedded tissue section slides were processed by the Cedars-Sinai Biobank and Translational Research Core following the protocol provided with the RNAscope In Situ Hybridization kit from Advanced Cell Diagnostics, Inc. The slides were counterstained with Mayer’s hematoxylin.

Immunohistochemistry

Immunohistochemical detection of α SMA was performed on formalin-fixed, paraffin-embedded tissue sections using the protocol provided with the pre-diluted asm-1 clone antibody from Leica Microsystems. Staining was done by the Cedars-Sinai Pathology Service on the Ventana Benchmark Ultra automated slide stainer. The staining was visualized using the Ventana OptiView DAB Detection System. The slides were counterstained with Mayer’s hematoxylin.

In vitro co-culture experiments

The ovarian cancer cell lines OVCAR3-GFP, KURAMOCHI-GFP and OVSAHO-GFP were maintained in RPMI-1640 (Corning) supplemented with 10% fetal bovine serum (FBS) and 1x penicillin/streptomycin (Corning). Cell line authenticity was confirmed by Laragen using the short tandem repeat (STR) method. The immortalized normal ovarian fibroblasts INOF-tdTomato cell lines [34] were maintained in a 1:1 ratio of MCDB 105 (Sigma-Aldrich) and Medium 199 (GIBCO) with 10% FBS, 50 U/ml penicillin and 50 μ g/ml streptomycin. Immortalized normal ovarian fibroblasts and ovarian cancer cells were co-cultured in 1% FBS supplemented media (1:1:2 ratio of MCDB 105, Medium 199 and RPMI-1640) using 6-well plates, either by directly plating ovarian cancer cells (10^5 cells/well) onto a 70% confluent layer of normal ovarian fibroblasts or onto a 0.4 μ m Transwell membrane. Media were replaced every 2 days. After 4 days of co-culture, GFP-labeled ovarian cancer cells and tdTomato-labeled fibroblasts were separated by FACS in PBS with 0.5% FBS. RNA extraction from fibroblasts and ovarian cancer cell lines was performed using the RNeasy Mini Kit (Qiagen) and reverse transcribed to cDNA using the Quantitect Reverse Transcription Kit (Qiagen). For qRT-PCR, 50 ng of cDNA was mixed with COL11A1 primers (Forward: 5’-GACTATCCCTCTTCAGAACTGTTAAC-3’; Reverse: 5’-CTTCTATCAAGTGGTTTCGTGGTIT-3’) and the iQ SYBR-Green Supermix (BioRad) and run on the CFX96 Real-Time System (BioRad). Data were analyzed using the $2^{-\Delta\Delta CT}$ method and normalized to INOF-tdTomato control to present the fold change ratios. All mRNA data were normalized to RPL32 expression (Forward: 5’-ACAAAGCATGCTGCCCATG-3’; Reverse: 5’-TTCCACGATGGCTTTGCGGTTC-3’). The statistical analyses were performed using GraphPad Prism (version 6.0; GraphPad Software). The unpaired t test was used for data analyses.

Public database portals and dataset analyses

Data from public portals were used as provided by individual portals without additional processing or normalization, unless otherwise indicated. Box plots of COL11A1 expression in normal tissues and cancers were generated using the Gene Expression across Normal and Tumor tissue (GENT) portal (medical-genome.kribb.re.kr/GENT) in which data from multiple datasets were processed and normalized as previously described [35]. COL11A1 expression level diagrams for inflammatory bowel disease, lung fibrosis, and cancers of the colon and lung were generated using the R2 MegaSampler public portal (hgserver1.amc.nl/cgi-bin/r2/main.cgi). A description of the methods used for data processing and normalization is available through the portal. Survival z-scores for individual genes and cancer types were obtained from the PREDiction of CLinical Outcomes from Genomic Profiles (PRECOG) portal (precog.stanford.edu). Methods for calculating PRECOG z-scores have been published [36]. Ranking of the COL11A1-correlated genes in 13 TCGA carcinoma types was determined using data from individual cancer datasets that were processed by cBio Portal (cbioportal.org) as previously described [37]. Kaplan–Meier survival plots and plots of COL11A1 expression in individual molecular subtypes of ovarian carcinoma were generated using the ovarian cancer microarray gene expression database CSIOVDB (csibio.nus.edu.sg/CSIOVDB/CSIOVDB.html), which has been previously described [38]. The dataset for fibroblast and ovarian epithelial cell co-culture was imported from the Gene Expression Omnibus (ncbi.nlm.nih.gov/geo). The Euclidean distance clustering analysis heatmap for the e-mtab-991 [39] and GSE40595 [40] datasets was generated using the public R2 GeneSet Clustering Analysis portal (hgserver1.amc.nl/cgi-bin/r2/main.cgi), which also describes methods that were used to process and normalize data from datasets included in the portal.

Results

COL11A1 is expressed in a subset of α SMA-positive CAFs and can be induced in normal fibroblasts by the presence of cancer cells

To determine if *COL11A1* expression is associated with fibroblast activation, we used α SMA as a marker of activated CAFs [3]. Comparison of α SMA immunohistochemistry and *COL11A1* *in situ* hybridization in a tissue microarray consisting of primary, metastatic and recurrent ovarian cancers from 42 patients showed that *COL11A1* is expressed in a subset of α SMA+ CAFs (Fig. 1A). Unlike α SMA, *COL11A1* was not expressed in blood vessels (red arrows) or in fibroblasts surrounding the cancer (blue arrows) (Fig. 1A).

In sections of metastatic ovarian cancer, we observed that *COL11A1*-positive cells are confined to the intratumoral and immediate peritumoral CAFs (Fig. 1B), suggesting that *COL11A1* expression may be induced by cues received from epithelial cancer cells. To test if cancer cells can induce *COL11A1* expression in fibroblasts, we co-cultured immortalized normal ovarian fibroblasts (INOFs) with three different ovarian cancer cell lines (OVSAHO, OVCAR3, and KURAMOCHI). *COL11A1* expression in INOFs was most strongly induced by direct co-culture with ovarian cancer cell lines although weak induction occurred by indirect co-culture on a Transwell membrane (Fig. 1C). The induction of *COL11A1* in fibroblasts in the presence of cancer cells was confirmed by analysis of the public expression dataset GSE52104 in which two types of

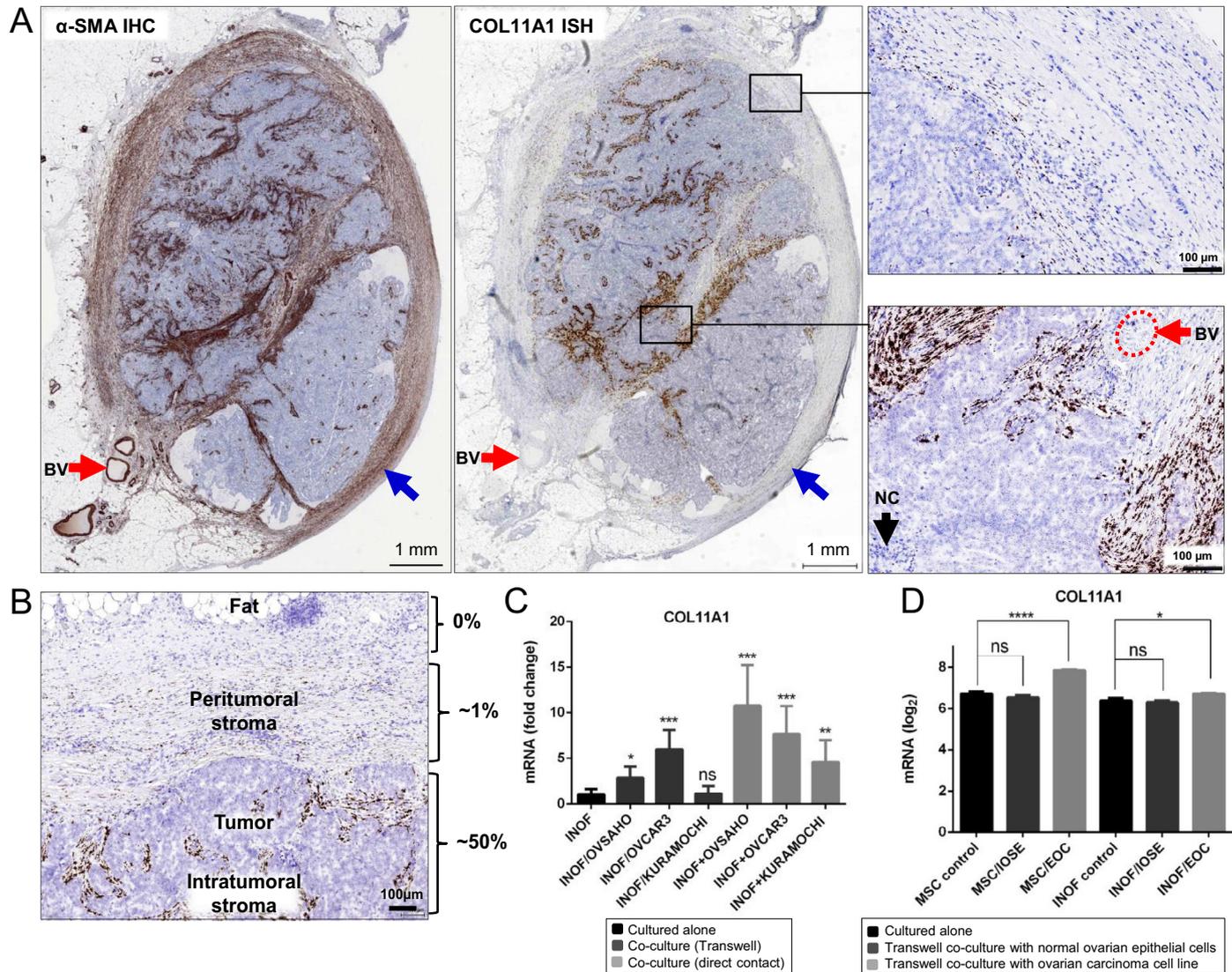


Fig. 1. *COL11A1* is expressed in CAFs. (A) Comparison of α SMA immunohistochemistry and *COL11A1* *in situ* hybridization in a metastatic ovarian cancer sample. Red arrows indicate blood vessels. Blue arrows indicate fibroblasts surrounding the tumor nodule. A high magnification of peritumoral and intratumoral regions in the black rectangles is shown in panels on the left. IHC, immunohistochemistry; ISH, *in situ* hybridization; BV, blood vessel; NC, necrosis. (B) Distribution of *in situ* hybridization *COL11A1*-positive CAFs in relation to cancer cells. The estimated percent of *COL11A1*-positive CAFs is shown on the right. The image is representative of metastatic and recurrent ovarian cancer samples, which typically express higher levels of *COL11A1* than primary ovarian cancers. (C) Quantitative RT-PCR levels of *COL11A1* in sorted (FACS) immortalized normal ovarian fibroblasts (INOFs) grown alone or co-cultured with ovarian cancer cell lines (OVSAHO, OVCAR3, KURAMOCHI) that were either separated from INOFs by a Transwell membrane or directly mixed with INOFs. Statistical analyses were performed between INOFs grown alone and INOFs co-cultured with ovarian cancer cells (* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; ns, not significant). Error bars indicate standard deviation. (D) Levels of *COL11A1* in the GSE52104 expression dataset in which mesenchymal stem cells (MSCs) or immortalized normal ovarian fibroblasts (INOFs) were either cultured alone or co-cultured with IOSE4 normal epithelial cells (IOSE) or HEYA8 epithelial ovarian cancer cells (EOC) using a Transwell membrane. Inverse- \log_2 values of the Robust Multi-array Average (RMA) scores from different *COL11A1* probes were averaged, then \log_2 -transformed. The data were extracted for statistical analyses using GraphPad Prism 6. Data are represented as the mean \pm SEM. Intergroup differences were assessed by the Student's *t*-test. * $p < 0.05$; **** $p < 0.0001$. (For interpretation of the references to color in this figure legend, the reader is referred to the web version of this article.)

presumptive cancer-associated fibroblast precursor cells, mesenchymal stem cells (MSCs) and immortalized normal ovarian fibroblasts (INOFs), were either cultured alone or co-cultured with normal ovarian surface epithelial cells (IOSE) or epithelial ovarian cancer cells (EOC) using a Transwell membrane [41]. *COL11A1* mRNA was statistically significantly upregulated when MSCs and INOFs were co-cultured with EOC but not IOSE (Fig. 1D), indicating that cancer cells have a greater capacity than normal cells to induce *COL11A1* expression in fibroblasts.

COL11A1 is associated with cancer progression and poor survival

COL11A1 mRNA expression has been associated with poor survival in ovarian cancer [32,33] and kidney cancer [31]. To elucidate the underlying biology that could result in poor survival, we investigated its expression in ovarian and colon cancers. Using a comprehensively annotated microarray database for 3431 human ovarian cancers [38], we show that increased expression of *COL11A1* mRNA is associated with overall survival and disease-free survival (Fig. 2A) as well as with clinical and molecular parameters such as increased cancer stage and grade and mesenchymal molecular subtype (Fig. 2B). The association of *COL11A1* expression with poor survival is unlikely to be a manifestation of the total amount of stromal fibroblasts because a general marker of fibroblasts, vimentin (*VIM*), is not associated with poor survival in the same cohort of ovarian cancer patients (Table S1). The association of *COL11A1* with

adverse outcomes is also not restricted to ovarian cancer. We show that in 1820 colon cancers [42], increased expression of *COL11A1* mRNA is associated with poor disease-specific and disease-free survival as well as with clinical and molecular parameters, such as increased cancer stage and microsatellite instability and CMS4 (mesenchymal) molecular subtype (Fig. S1A, B).

To systematically investigate an association between *COL11A1* mRNA expression and survival in various solid and liquid cancers, we plotted *COL11A1* z-score values as determined by the pan-cancer PREdiction of CLinical Outcomes from GeNomic Profiles (PRECOG) analysis of ~18000 cases in 166 cancer datasets [36]. In most epithelial cancers, *COL11A1* expression was associated with poor survival (Fig. 3A). Associations between expression of 43 collagen genes and survival z-scores in 12 common epithelial cancer types revealed that for the majority of collagens, increased expressions of mRNA were associated with poor survival, with *COL11A1* having the strongest association (Fig. 3B).

COL11A1 is among the most differentially expressed genes between cancers and corresponding benign tissues

In the Genotype-Tissue Expression (GTEx) project database [43], *COL11A1* mRNA is expressed at appreciable levels in transformed skin fibroblasts but not in non-transformed skin fibroblasts or other normal tissues (Fig. S2). Additional analyses of various expression datasets containing normal adult mouse and human tissues

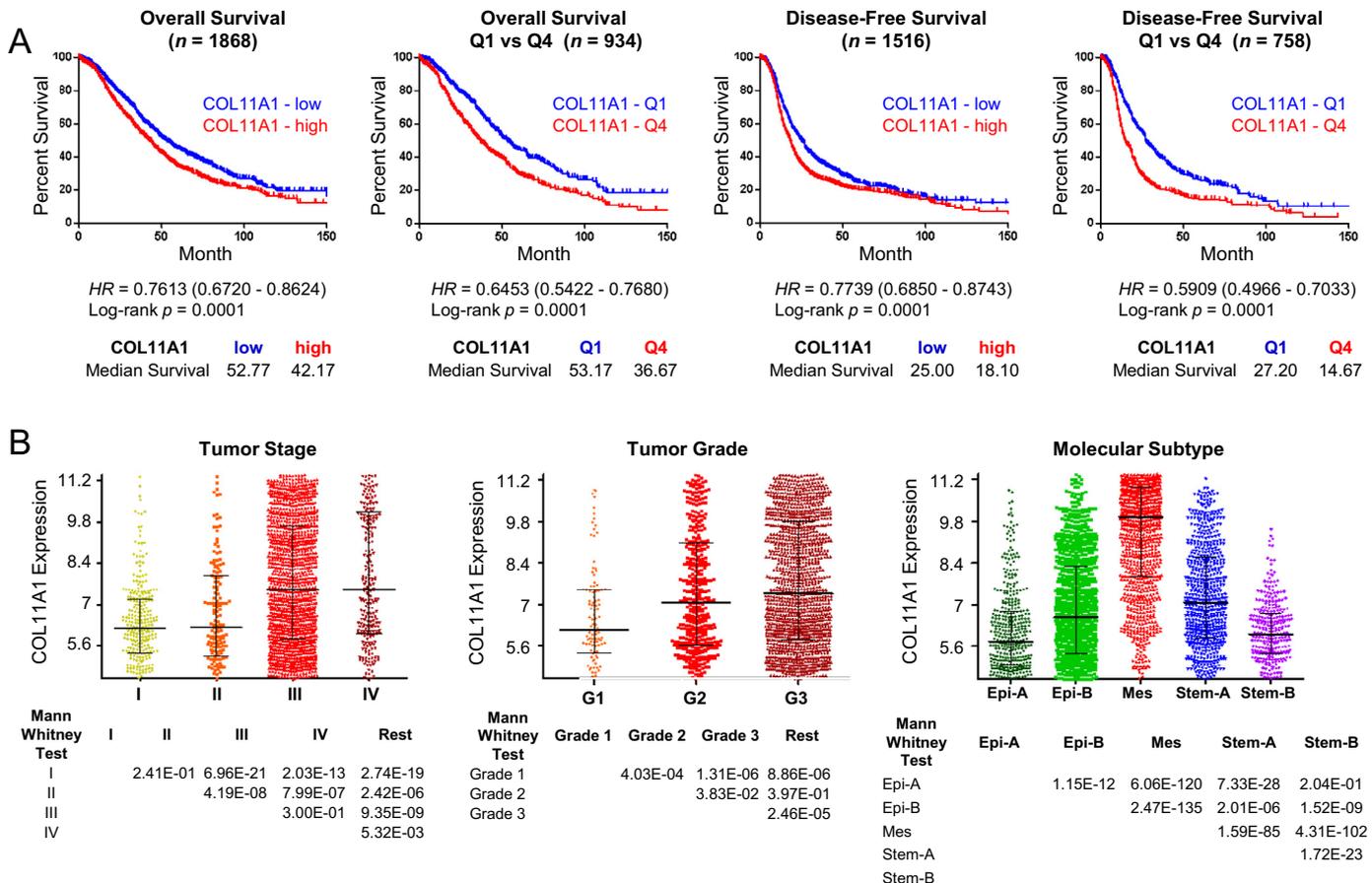
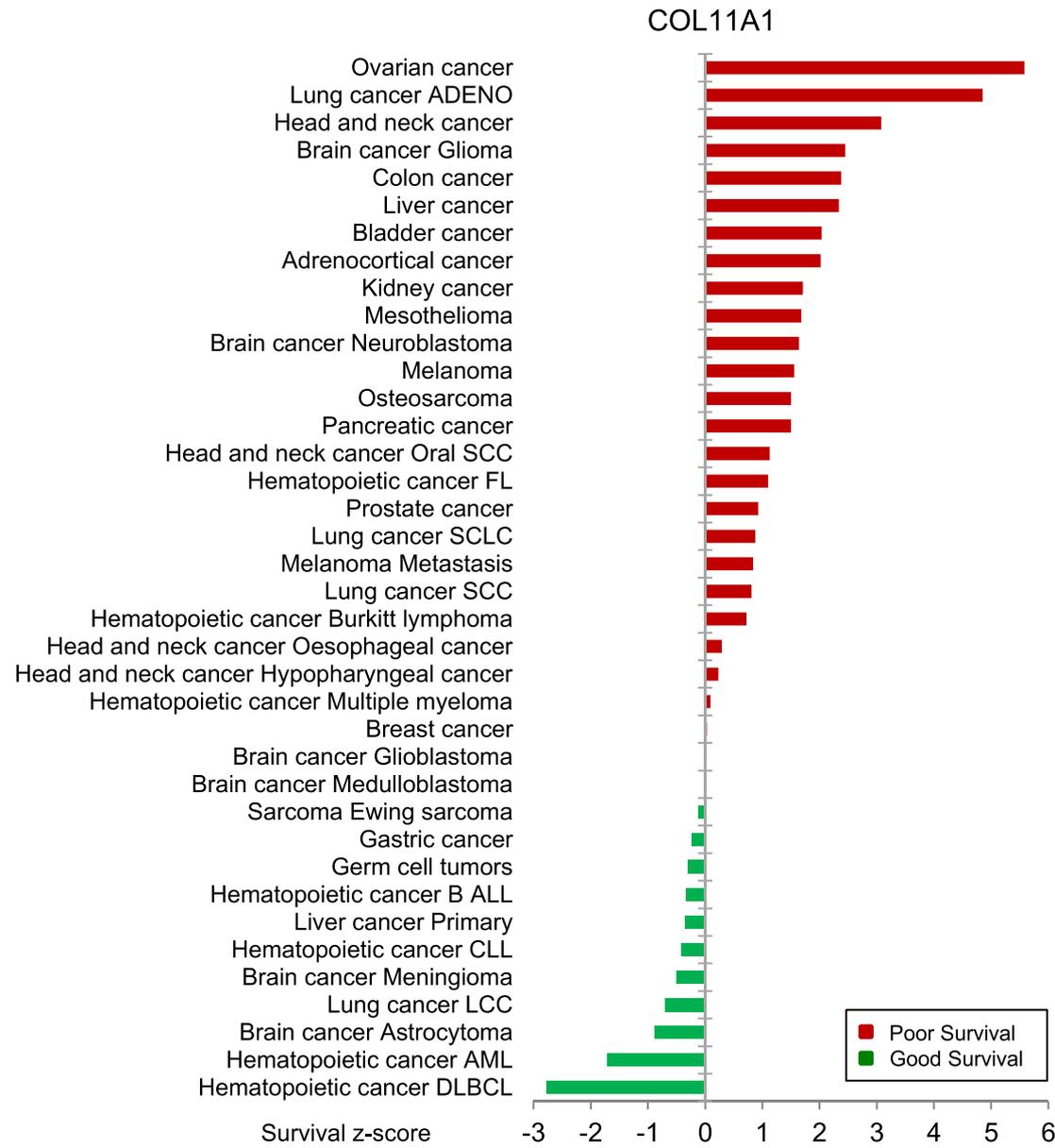


Fig. 2. *COL11A1* expression is associated with adverse clinical parameters. (A) Kaplan–Meier analyses of overall survival (left two panels) and disease-free survival (right two panels) based on *COL11A1* expression in ovarian carcinoma. Disease-free survival includes progression- and recurrence-free survival. Patients were stratified to *COL11A1*-high (red) or *COL11A1*-low (blue) based on the median expression of *COL11A1*, and to *COL11A1*-Q4 (highest 25% expression; red) or *COL11A1*-Q1 (lowest 25% expression; blue). (B) *COL11A1* expression profiles were stratified by FIGO stage (left), FIGO grade (middle), and molecular subtype (right). Data were obtained from the ovarian microarray gene expression database CSIOVDB (csbio.nus.edu.sg/CSIOVDB/CSIOVDB.html). HR, hazard ratio. (For interpretation of the references to color in this figure legend, the reader is referred to the web version of this article.)

A



B

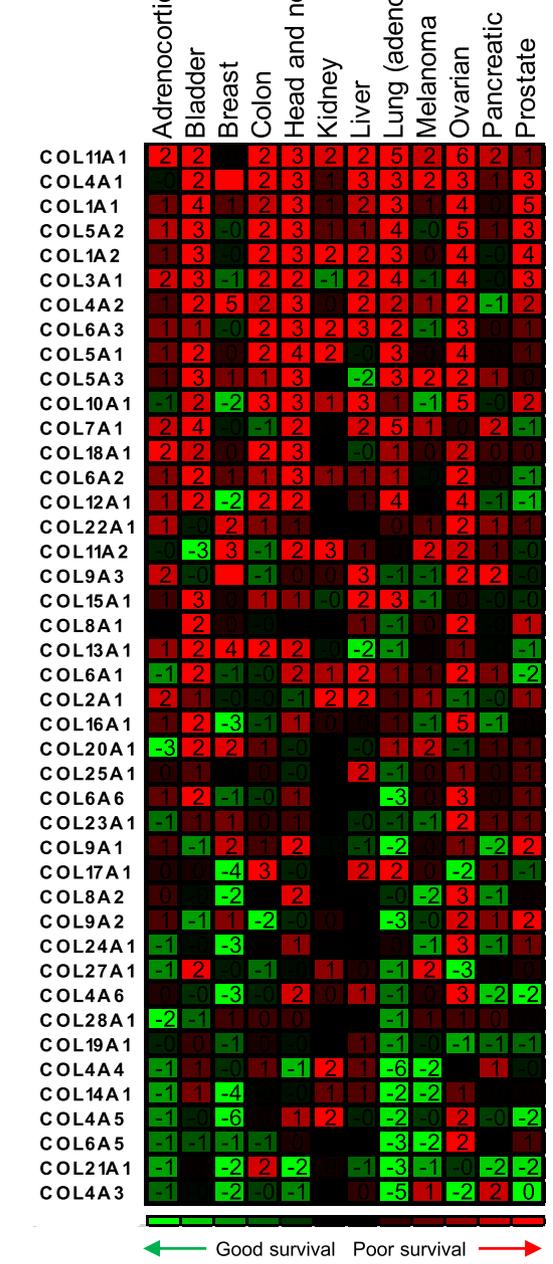


Fig. 3. COL11A1 expression in cancer is associated with poor survival in multiple cancer types. (A) Survival z-scores in different cancer types associated with expression of COL11A1 mRNA. (B) Survival z-scores associated with mRNA expression of different collagen genes. The data were obtained from the PREdiction of CLinical Outcomes from GeNomic Profiles (PRECOG) database (precog.stanford.edu).

revealed that *COL11A1* is expressed in cartilage and collagen-producing cells in the eye and brain, with negligible levels in most other tissues that have been profiled including mesenchymal stem cells in the bone marrow, muscle, and fat (data not shown).

Comparison of *COL11A1* expression in 17931 cancers and 3503 normal tissues (U133Plus2 platform) and 9258 cancers and 4087 normal tissues (U133A platform) using the Gene Expression across Normal and Tumor tissue (GENT) portal [35] revealed that *COL11A1* mRNA is elevated in most cancers in comparison to their corresponding normal tissues (Fig. 4A). In some cancers, *COL11A1* was ranked among the most statistically significant differentially expressed genes when cancer and its corresponding normal tissue were compared. For example, comparison of cancer and normal tissues in The Cancer Genome Atlas (TCGA) datasets for colon cancer and invasive breast cancer ranked *COL11A1* as the first and third most differentially expressed gene, respectively (Fig. S3).

As many collagens and collagen-remodeling genes are frequently upregulated in fibroblast activation associated with inflammation and fibrosis in the absence of cancer, use of these genes as therapeutic targets in cancer could be problematic. Analysis of expression profile datasets show that levels of *COL11A1* mRNA in inflamed colonic tissue from inflammatory bowel disease and fibrotic lung tissues are not significantly different from those in corresponding unaffected colon and lung and that *COL11A1* levels associated with colon inflammation and lung fibrosis are minimal and markedly different from those associated with colon and lung cancers (Fig. 4B). In contrast, levels of *ACTA2*, the gene encoding the prototypical marker of myofibroblast differentiation, α SMA, is expressed at similar levels in cancers and inflamed or fibrotic tissues (Fig. 4B).

A consistent set of genes is co-expressed with COL11A1 across different cancers

To better understand the biology of cancers with high levels of *COL11A1*, we identified genes that most closely correlate with *COL11A1* mRNA expression in 13 TCGA datasets representing different cancer types. Spearman's rank correlations between *COL11A1* and its co-expressed genes for each cancer type were calculated. The genes were then ranked based on the average correlation of each gene across the 13 cancer types. The top 195 correlated genes were selected based on an average correlation of >0.4 *COL11A1*-correlated genes were then ranked based on the average of the absolute correlation values (Table 1 and Table S2). The top 10% most highly correlated genes in each cancer type are highlighted in pink (Table 1). Notably, *COL11A1*-correlated genes with high average correlation scores also tended to be among the top 10% highest scored genes in each cancer type (indicated in pink in Table 1). In contrast, the top 10% *COL11A1*-anticorrelated genes were not conserved across these cancer types (Table S3). Some of the top ranked *COL11A1*-anticorrelated genes in individual cancer types were associated with normal functions of these organs suggesting that they may represent normal tissue or a noninvasive tumor component. For example, the ovarian cancer top 100 *COL11A1*-anticorrelated genes (Table S3) present in the GSE12172 ovarian cancer dataset were primarily expressed in ovarian tumors of low malignant potential (Fig. S4).

Pan-cancer COL11A1-correlated genes are induced in CAFs

Consistent with the induced expression of *COL11A1* in the *in vitro* co-culture model (Fig. 1D), the average expression of the pan-cancer *COL11A1*-correlated gene set was significantly induced in mesenchymal stem cells and normal ovarian fibroblasts co-cultured with ovarian cancer cells but not with normal ovarian epithelial cells (Fig. S5). Since epithelial cells were not profiled in this experiment, it is unknown if fibroblasts also induce expression of the pan-

cancer *COL11A1*-correlated genes in epithelial cells. This is relevant because several of the 195 pan-cancer *COL11A1*-correlated genes have been shown to play a role in EMT [42] and malignant cells undergoing EMT have been proposed as one possible source of CAFs [44]. To determine if the pan-cancer *COL11A1*-correlated gene set is preferentially expressed in cancer cells undergoing EMT or in host-derived fibroblasts, we used the e-mtab-991 public transcription profile dataset of primary patient-derived colon cancers and their patient-derived xenografts (PDX) in nude mice [39]. Presumably, in PDX samples, fast-proliferating human cancer cells continued to grow in mice while slow-proliferating human CAFs were lost and eventually replaced by mouse fibroblasts, which can be distinguished from human cells by species-specific gene probes [39]. GeneSet clustering analysis showed that most of the pan-cancer *COL11A1*-correlated genes had diminished levels in PDX samples in comparison to primary cancers (Fig. 5A), suggesting that the genes are enriched in the CAFs rather than in the cancer cells. However, it is also possible that the pan-cancer *COL11A1*-correlated genes are expressed in epithelial cells in primary colon tumors but become silenced upon adaptation of human cancer cells to the mouse microenvironment. Thus, we conducted GeneSet clustering analysis of the primary ovarian cancer dataset GSE40595 in which ovarian CAFs and epithelial cancer cells were isolated by laser-capture microdissection [40]. The pan-cancer *COL11A1*-correlated genes were preferentially expressed in CAFs in this dataset (Fig. 5B).

In addition to CAFs, immune cells are a major component of the tissue microenvironment. To exclude the possibility that the pan-cancer *COL11A1*-correlated gene set represents immune cells in the tumor microenvironment, we used the expression profile of 230 mouse hematopoietic cell types generated by the Immunological Genome Project (ImmGen) compendium [45]. In addition to hematopoietic cell lineages, the dataset contains expression profiles of skin fibroblasts and fibroblasts residing in the thymus, lymph nodes, and spleen. The pan-cancer *COL11A1*-correlated gene set was highly represented in fibroblasts but not in hematopoietic cell lineages (Fig. 5C).

CAF's have a different expression profile than normal fibroblasts. Moffitt and colleagues defined a 23-gene signature of 'normal stroma' and a 25-gene signature of 'activated stroma' [46] using non-negative matrix factorization for virtual microdissection of primary and metastatic pancreatic ductal cancer samples into cell subsets with prognostic and biologic relevance. None of the 23 (0%) 'normal stroma' genes in contrast to 18 of 25 (72%) 'activated stroma' genes were present in the *COL11A1*-correlated gene set, respectively (Fig. 5D), suggesting that the *COL11A1*-correlated gene set represents CAFs.

Biological processes associated with fibroblast activation in cancer

The remarkable uniformity of *COL11A1*-correlated genes across 13 different cancer types suggests involvement of these genes in common biological processes that are independent of the organ site and of the phenotypic and genetic diversity observed in individual cancer types. To gain insight into the biology of this conserved gene set, we conducted several analyses that identified overlap between the 195 pan-cancer *COL11A1*-correlated genes and genes in various datasets with characterized biological features. The Gene Ontology (GO) Biological Process (BP) analysis revealed that the pan-cancer *COL11A1*-correlated genes are primarily involved in extracellular matrix modification and collagen remodeling (Table S4). Additionally, we used SABiosciences array gene tables, which consist of literature-based curated molecular pathways where each pathway was represented by 84 genes. Analysis of gene overlap between the pan-cancer *COL11A1*-correlated gene set and genes representative of 67 different pathways in SABiosciences arrays showed the largest overlap for pathways associated with extracellular matrix,

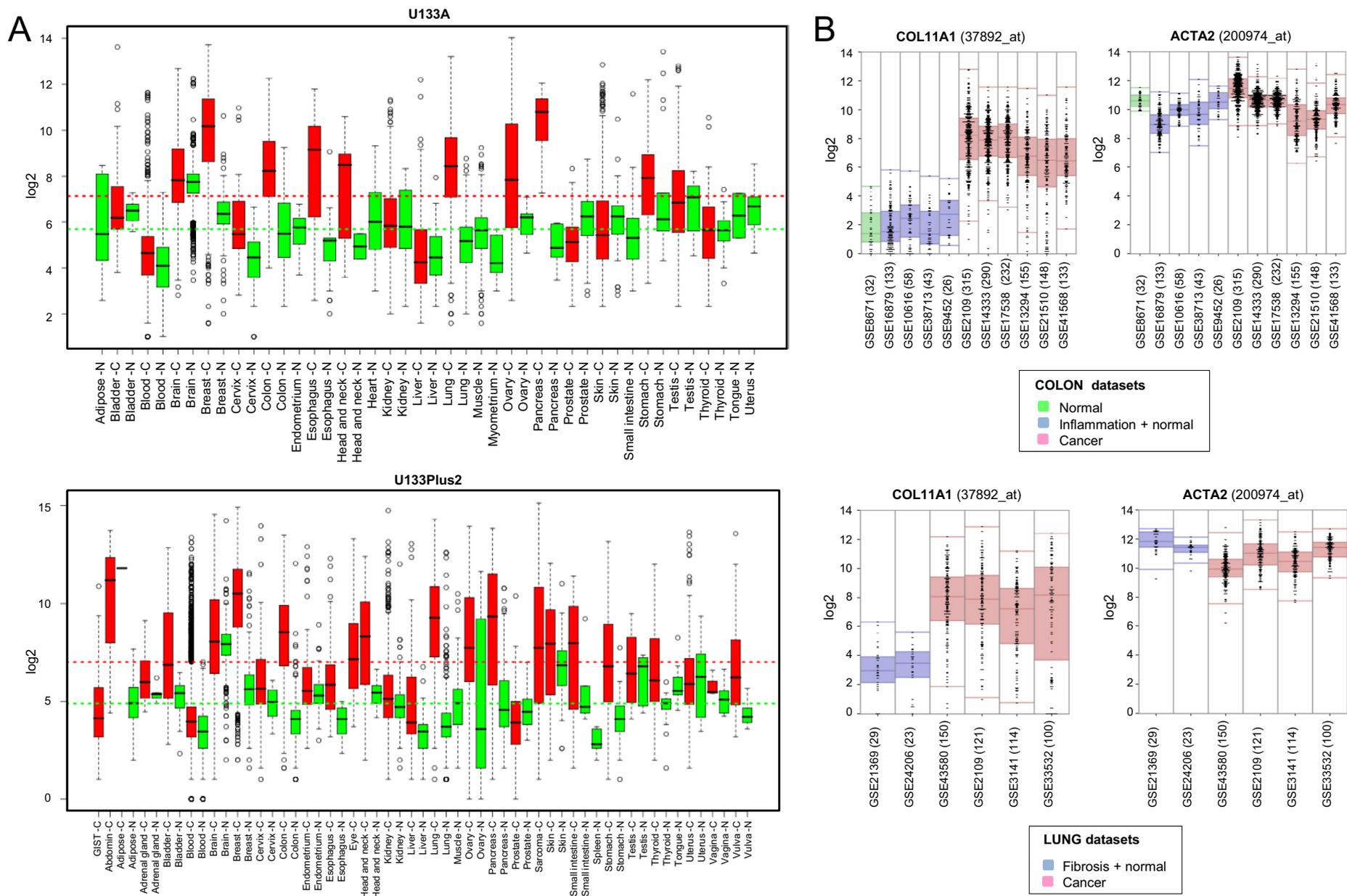


Fig. 4. Increased expression of *COL11A1* in cancer and low expression in normal tissues, inflammation and fibrosis. (A) Comparison of *COL11A1* mRNA expression in normal tissues and corresponding cancers. Box plots for two different platforms (U133Plus2 and U133A) were generated using datasets and software available through the Gene Expression across Normal and Tumor tissue (GENT) portal (medical-genome.kribb.re.kr/GENT). The y axis shows log₂ mRNA levels. Average expression levels in normal tissues and cancer tissues are indicated by vertical dotted green and red lines, respectively. (B) *COL11A1* and *ACTA2* mRNA expression in normal, inflammatory and fibrotic conditions in comparison to cancer. The graphs were generated using the public R2 MegaSampler software (hgserver1.1mc.ncl/cgi-bin/r2/main.cgi) for the processing and normalization of individual datasets imported from the Gene Expression Omnibus (u133p2, MAS5.0 platform). The number of samples in each GSE dataset is indicated in parentheses. (For interpretation of the references to color in this figure legend, the reader is referred to the web version of this article.)

Table 1 COL11A1-correlated genes (Spearman's rank correlation) across 13 different TCGA carcinoma types, each represented by >100 primary tumors from therapy-naive patients. Pink denotes the top 10% COL11A1-correlated genes in each individual carcinoma type. Rectangles denote genes frequently used as markers of activated CAFs.

Table with columns: Rank, Gene Symbol, Bladder, Breast, Colorectal, Cervical, Head and Neck, Kidney Clear Cell, Kidney Papillary, Lung Adeno, Lung Squamous, Ovarian, Prostate, Stomach, Thyroid, Average Correlation. The table is split into two sections: 'Pan-cancer COL11A1-correlated genes' and 'Continued'. It lists 100 genes with their respective Spearman's rank correlation values across 13 cancer types. Pink shading highlights the top 10% correlated genes in each cancer type. Rectangles highlight genes frequently used as markers of activated CAFs.

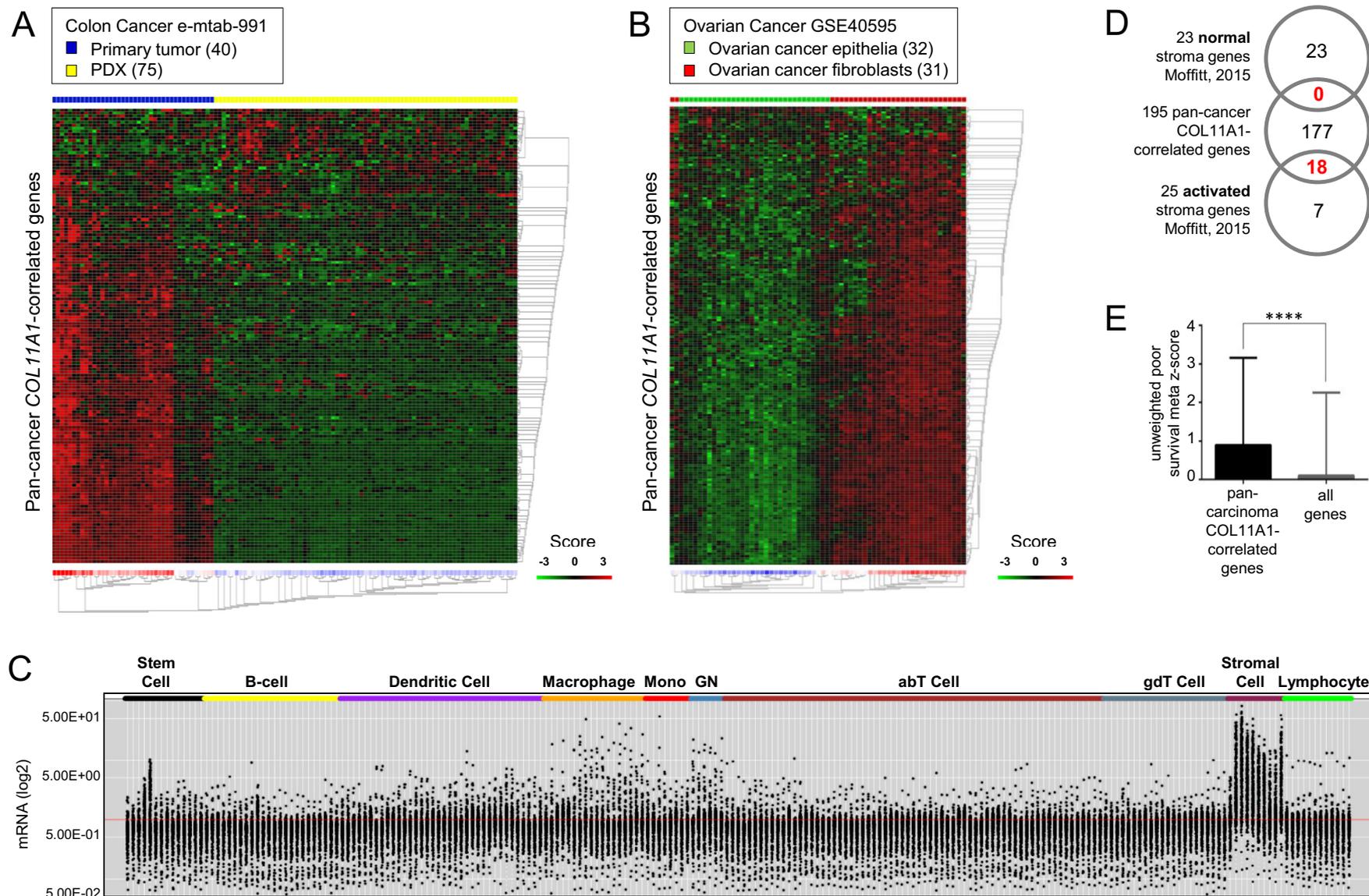


Fig. 5. The pan-cancer *COL11A1*-correlated gene set is expressed in CAFs and associated with poor patient survival in multiple cancer types. (A) GeneSet expression clustering analysis of 40 primary colon cancer samples and 75 patient-derived xenograft (PDX) samples in the e-mtab-991 dataset using the pan-cancer *COL11A1*-correlated genes. (B) GeneSet expression clustering analysis of laser-microdissected ovarian cancer epithelial cells (32 samples) and CAFs (31 samples) in high grade serous ovarian cancer in the GSE40595 dataset using the pan-cancer *COL11A1*-correlated genes. The Euclidean distance clustering analysis heatmaps in (A) and (B) were generated using the public R2 GeneSet Clustering Analysis tool (hgserver1.amc.nl/cgi-bin/r2/main.cgi). (C) Expression of the pan-cancer *COL11A1*-correlated genes mapped on the transcriptome of individual murine hematopoietic and stromal cell types in the ImmGene project (immgen.com). The plot was generated using MyGeneSet tool (rstats.immgen.org/MyGeneSet). Black dots represent mRNA levels (y axis) of 186 pan-cancer *COL11A1*-correlated genes (9 genes were not present in the database) across 230 individual cell types (X axis) grouped into 10 main groups. (D) Overlap of the 195 pan-cancer *COL11A1*-correlated genes with 23 'normal stroma' and 25 'activated stroma' genes defined by Moffitt et al. (E) Unweighted meta z-scores of 191 *COL11A1*-correlated genes (4 genes were not available in the PRECOG database) were compared with those of all genes (total 23,287 genes) in the PRECOG database using unpaired t test. The plot was generated using GraphPad Prism software version 6.0. Intergroup differences were assessed by the Student's t-test. Mean \pm SEM of pan-cancer *COL11A1*-correlated genes (0.8916 \pm 0.1641 N = 191); mean \pm SEM of all genes (0.09918 \pm 0.01416 N = 23287); ****p < 0.0001.

fibrosis, osteogenesis, wound healing, EMT, cardiovascular disease, and transforming growth factor β (TGF β) signaling (Table S5). *COL11A1*-correlated gene set enrichment analysis of chemical and genetic perturbations (CGP) showed the most significant overlap with genes up-regulated in association with cancer invasiveness, advanced stage, stromal cell stemness, and epithelial-mesenchymal transition (EMT) (Table S6). The uniformity of the *COL11A1*-correlated genes across different cancers might also indicate that these genes are regulated by a common mechanism. Ingenuity Pathway Analysis showed that transforming growth factor beta 1 (TGF β 1) is the most strongly associated upstream regulator of the pan-cancer *COL11A1*-correlated genes (Table S7).

COL11A1-correlated genes are associated with poor patient survival and represent potential therapeutic targets

To determine whether the pan-cancer *COL11A1*-correlated gene set is associated with patient survival in the ~18,000 cases of liquid and solid malignancies in the PRECOG dataset [36], we compared survival z-scores for the 195 pan-cancer *COL11A1*-correlated genes with the survival z-scores for all genes in the dataset. This analysis showed that expression of the pan-cancer *COL11A1*-correlated gene set is significantly associated with poor survival (Fig. 5E).

Expression profile analyses have identified a mesenchymal molecular subtype of cancer associated with poor survival in multiple cancers including ovarian [47], pancreatic [46], gastric [48] and colon [49]. In colon cancer, it has been shown that the mesenchymal molecular subtype, which constitutes approximately 23% of colon cancers, has no significant enrichment for targetable mutations or copy number changes in candidate driver genes [49]. Even if future research identifies targetable events in cancer cells of the mesenchymal subtype, it is predicted that enrichment in CAFs and excessive ECM deposition will reduce therapeutic efficacy by creating a physical barrier for drug transport. Thus, simultaneous targeting of CAFs and cancer cells may be necessary for chemotherapeutic accessibility.

To identify therapies that preferentially target activated CAFs and spare normal tissues, we combined drug target searches with expression profile datasets in cancers and normal tissues. Ingenuity Pathway Analysis and searches of the ClinicalTrials.gov (clinicaltrials.gov) and ChEMBL [50] (ebi.ac.uk/chembl) databases revealed that, of the 195 pan-cancer *COL11A1*-correlated genes, 16 are targets of drugs used in clinical trials (Table S8) and 30 are targets of bioactive compounds (Table S9).

To test whether any of the drug/bioactive compound target genes in Tables S8 and S9 are exclusively expressed in activated CAFs, we determined the expression levels of each gene in normal tissues in the GTEx database [43] and in normal vs. cancer tissues in the GENT database [35]. Additionally, to test whether selected genes were exclusively overexpressed in cancer tissues and not in non-cancer associated pathologies such as inflammation and fibrosis, we compared expression of these genes in normal tissues, inflamed/fibrotic tissues and cancer tissues of the colon and lung. Unlike *COL11A1*, which has restricted expression in normal tissues (Fig. S2) and is highly elevated in cancer vs. normal tissues (Fig. 4A) and in cancer vs. inflamed/fibrotic tissues (Fig. 4B) most of the target genes were expressed at high levels in at least one normal tissue and/or exhibited equivalent expression levels in cancers vs. normal tissues, and cancers vs. inflamed/fibrotic tissues. One example of this pattern of expression is *CTGF* (Figs. S6 and S7). However, *FN1*, *MMP13*, *MMP14*, *FAP*, *LOX* and *COL1A2* exhibited restricted expression in normal tissues and elevated expression in cancer vs. normal tissues. One example of this pattern of expression is *FAP* (Figs. S8 and S9). Among *FN1*, *MMP13*, *MMP14*, *FAP*, *LOX* and *COL1A2*, *FAP* was also differentially expressed between inflamed/fibrotic tissues and cancer tissues although this difference in expression was not as prominent as for *COL11A1* (compare Fig. S9B and Fig. 4B).

Discussion

Whereas in the past most therapeutic approaches have focused on the cancer cell and its genetic alterations, it is becoming apparent that the microenvironment plays an equally important role in cancer evolution. We now recognize that the cancer stroma not only serves as a scaffold for tissue organization and integrity but also provides key biomechanical and molecular signals that can affect various aspects of cancer growth and biology, including proliferation, survival, metabolism, stem cell fate, and response to chemotherapy [51,52]. As the genetically stable subpopulations of the cancer microenvironment are increasingly recognized as potentially effective therapeutic targets, a comprehensive definition of their molecular characteristics will be a prerequisite for the development of more precise and less toxic therapies. Currently, there are no reliable methods to distinguish activated CAFs from non-activated CAFs, which although frequently abundant within cancers do not necessarily contribute to adverse outcome. We identified *COL11A1* among the top differentially expressed genes in multiple cancer types when cancer tissues and their corresponding normal tissues were compared. We showed that an increase in *COL11A1* expression is associated with progression and poor survival in most cancer types. *COL11A1* is a particularly attractive therapeutic target because of its restricted expression in normal tissues and non-cancer conditions, such as inflammation and fibrosis.

The identification of a highly conserved set of genes associated with *COL11A1* expression in breast, lung, pancreas, stomach, urinary bladder, colon, thyroid, cervix, head and neck, thyroid, ovary, and prostate cancers was somewhat surprising in light of the genetic and phenotypic diversity among these cancer types. The conserved expression signature indicates that the reaction of stromal tissues to invading epithelial cancer cells may be similar regardless of the organ of origin or genetic alterations. This has significant implications for the development of pan-cancer therapeutic strategies. Our analysis of potential upstream regulators of the pan-cancer *COL11A1*-correlated genes revealed TGF β 1 as the most likely candidate. Dysregulation of TGF β signaling is recognized as the main driver of fibroblast activation and represents the most logical therapeutic target [53]. In immortalized normal ovary fibroblast cell culture, recombinant TGF β 1 has been shown to upregulate expression of *COL11A1* and several other *COL11A1*-correlated genes; this effect was abrogated by the TGF β receptor inhibitor A83-01 [32]. However, the pleiotropic nature of TGF β signaling carries the risk of adverse effects in patients [54]. In order to abrogate fibroblast activation without the negative effects of pan-TGF β therapy, it will be necessary to design therapies for more specific targets.

Sixteen of the 195 pan-cancer *COL11A1*-correlated genes are targets of drugs in clinical trials. These targets include CTGF, a matricellular protein involved in myofibroblast formation in cancer as a binding factor of fibronectin and a downstream mediator of TGF β . A clinical trial (clinicaltrials.gov; NCT02210559) is currently enrolling patients with unresectable pancreatic cancer to test a combination of conventional chemotherapy and FG-3019, the human monoclonal antibody that interferes with the action of CTGF. Our expression analyses, consistent with the published literature (reviewed in Ref. [55]), show that *CTGF* is expressed at similar levels in normal tissues and cancers and therefore unlikely to be a safe therapeutic target for cancer treatment. In contrast, targets such as *FN1*, *FAP*, *MMP13*, *LOX* and *COL2A1* are markedly increased in cancer/inflammation/fibrosis compared to normal tissues and are thus predicted to have a better safety profile than agents targeting CTGF. Our assessment is consistent with the published moderate and reversible toxicity of the FN1-targeting monoclonal antibody-cytokine fusion protein L19-IL2, which is in a phase I/II study for patients with solid cancers (clinicaltrials.gov; NCT01058538) [56,57]. Our expression analyses show that one of the targets of bioactive

compounds, FAP, has low expression in normal tissues and also lower expression in inflamed/fibrotic tissues than in cancer. Yet, this difference in expression may not be sufficient for specific targeting of activated CAFs as studies in mouse models have shown that depletion of the FAP+ stroma can induce toxicity due to expression of FAP in the mesenchymal cells of bone marrow, muscle and adipose tissue [58,59]. Future efforts to specifically target activated CAFs can be improved by designing novel therapies to target genes that exhibit restricted expression in nonmalignant tissues. When considering *COL11A1* as a cancer-specific biomarker and therapeutic target, it is important to note that several normal tissues express *COL11A1*. The potential side effects of *COL11A1* targeting can be predicted based on the phenotypes of mice and humans expressing mutant nonfunctional forms of *COL11A1*. A homozygous truncating mutation of *COL11A1* in mice results in poorly formed cartilage [60], while human *COL11A1* mutations are associated with articular hypermobility, dermal hyperelasticity and widespread tissue fragility [61]. Of note, these collagenopathies are associated with the absence of *COL11A1* function throughout development and are unlikely to manifest upon transient targeting of *COL11A1* in adults. Additionally, since *COL11A1* and many of the pan-cancer *COL11A1*-coexpressed genes have multiple tissue-specific mRNA splicing isoforms, it will be valuable for future targeting purposes to determine if any mRNA isoforms are specifically expressed in activated CAFs [62].

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Conflict of interest

The authors declare no conflict of interest.

Appendix: Supplementary material

Supplementary data to this article can be found online at doi:10.1016/j.canlet.2016.09.001.

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