# **Chapter 3 Emerging Roles of TGF-β Co-receptors in Human Disease**

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**Abstract** TGF-β signaling is both regulated and mediated by signaling co-receptors. Several TGF- $\beta$  co-receptors have been identified including endoglin (CD105), the type III TGF-β receptor (TβRIII, betaglycan), neuropilin-1/2, syndecan-2, CD109, and LRP1. These co-receptors serve diverse functions including the regulation of ligand access to other TGF- $\beta$  receptors and receptor trafficking. The TGF- $\beta$  coreceptors can also signal directly. The TGF-β co-receptors are broadly expressed, have essential roles in embryonic development, and are frequently altered during disease progression. TGF-β co-receptors regulate cancer initiation and progression through effects on cell growth, migration, invasion, proliferation, and angiogenesis. In addition to their roles in cancer, these co-receptors are dysregulated during development, in vascular disease and fibrotic disorders. Collectively, the TGF-β coreceptors influence disease biology through complex mechanisms involving the regulation of growth factor-dependent and independent signaling events as well as through interactions with diverse scaffolding protein partners.

 **Keywords** Angiogenesis • Betaglycan • Cancer • Co-receptors • Development • Disease • Endoglin • Fibrosis • Neuropilin • Syndecan • TGF-β • TβRIII

# **3.1 Introduction**

 TGF-β signaling pathways have essential roles in multiple cellular processes includ-ing proliferation, differentiation, and apoptosis (Massague [1998](#page-26-0)). While canonical TGF-β signaling is mediated by the type I and type II TGF-β receptors, TGF-β

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signaling is both regulated and mediated by signaling co-receptors. Multiple TGF-β co-receptors have been identified including endoglin (CD105) (Cheifetz et al. [1992 \)](#page-21-0), the type III TGF-β receptor (TβRIII, betaglycan) (Andres et al. [1991](#page-19-0) ; Lopez-Casillas et al. [1991](#page-26-0); Wang et al. 1991), neuropilin-1/2 (Glinka and Prud'homme 2008), syndecan-2 (Chen et al. 2004b), CD109 (Finnson et al. 2006), and LRP1 (Cabello-Verrugio and Brandan [2007](#page-20-0)). These co-receptors serve diverse functions including the regulation of ligand access to other TGF-β receptors and receptor trafficking. The co-receptors can also signal directly. The TGF-β co-receptors are broadly expressed, have essential roles in embryonic development, and are fre-quently altered during disease progression (Maring et al. [2012](#page-26-0); Bernabeu et al. 2009; Staton et al. 2007; Li et al. 1999; Wild et al. 2012; Stenvers et al. 2003; Theocharis et al. [2010](#page-23-0); Gatza et al. 2010). Here we summarize the emerging roles of TGF-β co-receptors in human disease with a focus on endoglin, TβRIII, neuropilin-1/2, and syndecan-2.

# *3.1.1 Structural Features and Ligand Binding Properties of TGF-β Co-receptors*

 Structurally, endoglin, TβRIII, neuropilin-1/2, and syndecan-2 all have a large extracellular domain, a short, single-pass transmembrane region, and a short cytoplasmic domain (Essner et al. 2006; Gougos et al. 1992; Mythreye and Blobe 2009a; Lopez-Casillas et al. 1991; Wild et al. [2012](#page-30-0)). The extracellular domains of TβRIII and syndecan-2 are modified with glycosaminoglycan chains. The extracellular domains of all co-receptors interact with multiple ligand classes (see Table 3.1). Furthermore, these co-receptors all undergo ectodomain shedding, with proteolytic cleavage releasing their soluble extracellular domains from the cell surface. The soluble ectodomains have diverse functions including sequestering ligand to inhibit signaling, binding ligand to facilitate signaling in *trans* , and potentially functioning as ligands themselves (Essner et al. [2006](#page-22-0); Gatza et al. [2010](#page-23-0); Bernabeu et al. 2009; Wild et al. 2012).

### *3.1.2 TGF-β Co-receptor Function*

 Endoglin, which is expressed predominantly in proliferating vascular endothelial cells and smooth muscle cells, has a critical role in angiogenesis (Bourdeau et al. [1999 ;](#page-20-0) Fonsatti et al. [2003](#page-23-0) ). Endoglin null mice are embryonic lethal due to defects in vascular development (Li et al. [1999](#page-25-0)), while mutations of the endoglin gene, ENG, cause the autosomal dominant vascular disease, hereditary hemorrhagic telangiectasia (HHT; discussed in detail below) (McAllister et al. [1994 \)](#page-26-0). In endothelial cells, endoglin promotes proliferation through the endothelial-specific type I TGF- $\beta$ receptor ALK1 and the Smad 1/5/8 pathway, while inhibiting proliferation through

#### <span id="page-2-0"></span>3 TGF-β Co-receptors in Disease

| Co-receptor                | Ligand specificity   | References  |
|----------------------------|--|---|
| Endoglin                   | $TGF-\beta1,3$<br>ActivinA<br>BMP 2,7,9 and 10                                   | Bernabeu et al. $(2009)$ , Castonguay et al. $(2011)$ |
| $T\beta$ RIII (betaglycan) | TGF- $\beta$ 1, 2 and 3<br>Inhibin<br>BMP 2, 4, 7<br>$GDF-5$<br>FGF <sub>2</sub> | Gatza et al. $(2010)$                                 |
| Neuropilins 1/2            | $TGF-\beta1$<br>Sema3A, 3F<br><b>VEGF</b><br>HGF<br>FGF<br>PDGF<br>Shh           | Wild et al. (2012)                                    |
| Syndecan-2                 | $TGF-\beta1$<br>FGF<br>VEGF<br>PDGF  | Essner et al. $(2006)$ , Chen et al. $(2004b)$        |

**Table 3.1** Ligand specificity of TGF-β co-receptors

*BMP* bone morphogenetic protein, *FGF* fibroblast growth factor, *GDF* growth/differentiation factor, *HGF* hepatocyte growth factor, *PDGF* platelet-derived growth factor, *Shh* sonic hedgehog, *TGF-β* transforming growth factor-β, *VEGF* vascular endothelial growth factor

the canonical type I TGF- $\beta$  receptor ALK5 and the Smad2/3 pathway (Goumans et al. [2002 \)](#page-23-0). Endoglin has also been shown to participate in Erk (Lee and Blobe  $2007$ ), H-Ras (Santibanez et al.  $2010$ ), and PI3K/Akt signaling (Lee et al.  $2012$ ). Despite its predominant role in angiogenesis, Endoglin is also expressed in some non-endothelial cell types (see Cancer section below). However, the signaling pathways that endoglin utilizes in these cell types have not been well characterized.

 TβRIII is an important regulator of cell migration, invasion, growth, and angiogenesis (Gatza et al. [2010](#page-23-0) ). TβRIII null mice are embryonic lethal and exhibit liver and heart defects (Stenvers et al. [2003](#page-29-0)). TβRIII mediates ligand presentation, whereby ligand is transferred from TβRIII to TβRII to potentiate signaling (Lopez-Casillas et al. [1991](#page-26-0); Lopez-Casillas et al. [1993](#page-26-0); Wang et al. 1991). In addition to facilitating signaling through the canonical Smad pathways, TβRIII regulates NFκB (Criswell and Arteaga 2007; You et al. 2009), p38 (Santander and Brandan 2006), and Cdc42 signaling (Mythreye and Blobe [2009b](#page-26-0)).

Neuropilin-1/2 are vertebrate-specific proteins that are essential for the normal embryological development of the nervous and cardiovascular systems (Staton et al. [2007 \)](#page-29-0). Neuropilin-1/2 also regulate angiogenesis, with neuropilin-1 predominating in arterial endothelial cells and neuropilin-2 predominating in vein and lymphatic endothelial cells (Staton et al. [2007](#page-29-0)). Upon ligand binding, neuropilin-1/2 signal through the p38, Akt, focal adhesion kinase (FAK), and MAPK pathways to regulate numerous diverse processes including proliferation, survival, migration, adhesion, and vascular permeability (Wild et al. [2012](#page-30-0)).

 Syndecan-2 has roles in numerous processes including adhesion, cytoskeletal organization, vesicle transport, synaptic transmission, and axonal migration (Essner et al.  $2006$ ). This co-receptor regulates binding to the extracellular matrix (ECM) components laminin, collagen, and fibronectin and can also regulate actin dynamics and FAK (Essner et al. 2006).

### *3.1.3 Co-receptor Interacting Proteins*

 While their extracellular domains largely mediate ligand binding, the cytoplasmic domains of the TGF-β co-receptors interact with numerous scaffold proteins to regulate receptor trafficking and signaling. Interestingly, endoglin, TβRIII, neuropilin- 1/2, and syndecan-2 all interact with the PDZ domain-containing protein GIPC (GAIP-interacting protein C-terminus; also known as synectin or NIP) (Essner et al. 2006; Wang et al. 2006; Blobe et al. [2001](#page-20-0); Lee et al. [2008](#page-25-0); Cai and Reed 1999). In the case of neuropilin-1/2, this interaction is important for proper arterial branching morphogenesis and can promote the internalization of integrin to regulate cell adhe-sion to fibronectin (Chittenden et al. 2006; Valdembri et al. [2009](#page-30-0)). In contrast to integrin, both endoglin and TβRIII are stabilized on the cell surface through their interaction with GIPC (Blobe et al. 2001; Lee et al. [2008](#page-25-0)). In addition to GIPC, endoglin and TβRIII can associate with β-arrestin2, resulting in their internalization (Chen et al.  $2003$ ; Lee and Blobe  $2007$ ). Endoglin can also interact with zyxin (Conley et al. 2004) and zyxin-related protein 1 (Sanz-Rodriguez et al. 2004) to regulate cell adhesion, as well as with the cytosolic dynein light chain family member Tctex2β (Meng et al.  $2006$ ), which links endoglin with the microtubule-based transport machinery. Interestingly, the cytoplasmic domain of syndecan-2 has been shown to specifically associate with TβRIII, although the consequences of this interaction are unknown (Chen et al. [2004b](#page-21-0)). Syndecan-2 can also interact with the cell adhesion molecule fibronectin,  $\alpha$ 5β1 integrin, the PDZ domain proteins GIPC, CASK/LIN-2, synbindin, and syntenin, and the ERM family proteins ezrin, radixin, and moesin, with most of these interactions facilitating actin reorganization and cell-substrate adhesion (Essner et al. [2006](#page-22-0)).

### **3.2 TGF-β Co-receptors in Cancer**

In normal epithelial cells and in the early stages of tumorigenesis,  $TGF-β$  acts as a tumor suppressor by inhibiting growth and inducing apoptosis or differentiation, when appropriate (Elliott and Blobe 2005). However, during cancer progression, cancer cells lose this inhibitory growth response and respond instead with increased migration and invasion (Elliott and Blobe [2005](#page-22-0)). TGF- $\beta$  also functions to promote cancer progression by inhibiting the immune system and promoting angiogenesis (Elliott and Blobe [2005](#page-22-0)). Much like TGF- $\beta$  ligands, the co-receptors regulate both cancer initiation and progression. Below, we discuss the roles of the endoglin, TβRIII, neuropilin-1/2, and syndecan-2 in tumor initiation, progression and angiogenesis, as well as their influence on the tumor stroma.

#### *3.2.1 Cancer Initiation and Progression*

#### **3.2.1.1 Endoglin**

 Germline mutations in the ENG gene have been reported in patients with early onset Juvenile polyposis (JP), a disease that is associated with the development of gastrointestinal malignancies (Sweet et al. [2005](#page-29-0) ). However, a larger follow-up study failed to confirm this finding (Howe et al. [2007](#page-24-0)). While endoglin is primarily expressed on cells derived from the hemangioblast (i.e., endothelial and hematopoietic cells), there have been numerous reports of altered endoglin expression in cancer cells (see Table 3.2). While some studies suggest endoglin expression is increased in a variety of cancers, others have observed a decrease in endoglin expression. Collectively, these studies suggest that the role of endoglin in cancer initiation and progression may be context specific.

 Endoglin has been reported to have complex roles in TGF-β-mediated processes, including cancer cell adhesion, proliferation, and migration (Conley et al. 2004; Sanz-Rodriguez et al. 2004; Lakshman et al. 2011; Romero et al. [2010](#page-28-0)). In many cancers, endoglin appears to act as a suppressor of cancer progression. Overexpression of endoglin in prostate cancer cells decreases proliferation, invasion, and metastasis in vivo by influencing TGF- $\beta$  signaling (Lakshman et al. 2011). Similarly, overexpression of endoglin was reported to reduce the invasiveness and tumorigenicity of esophageal squamous cell carcinoma cells, although the effect of endoglin expression on TGF-β signaling was not examined (Wong et al. [2008 \)](#page-30-0). In a breast cancer metastasis model, endoglin overexpression was reported to block TGF-β-enhanced cell motility/invasion, resulting in reduced lung colonization (Henry et al. [2011 \)](#page-24-0). In contrast to these studies, endoglin expression has been reported to promote the anchorage-independent growth of Ewing sarcoma cells (Pardali et al. [2011](#page-27-0) ).

How might endoglin influence cancer progression? Endoglin is able to regulate the adhesion and migration of many cell types, in some cases by influencing  $TGF-\beta$ signaling (Sanz-Rodriguez et al. [2004](#page-28-0); Conley et al. 2004; Lee et al. [2008](#page-25-0); Lee and Blobe [2007](#page-25-0); Ray et al. [2010](#page-27-0); Guerrero-Esteo et al. [1999](#page-23-0)). While different cell types utilize different mechanisms to regulate adhesion and migration, insights into the function of endoglin in cancer may be derived from studies on non-tumorigenic cells. The cytosolic domain of endoglin likely plays a crucial role in endoglin's functions, as it mediates interactions with several proteins. Endoglin binds zyxin and zyxin-related protein 1, which are cytoskeleton-interacting proteins that local-ize to focal adhesions (Conley et al. [2004](#page-28-0); Sanz-Rodriguez et al. 2004). Therefore, endoglin may regulate the organization of the actin cytoskeleton and the adhesive properties of cancer cells by interacting with these two proteins. Like TβRIII, the

|                           | Increased  | Decreased               |  |
|---------------------------|--|-------------------------|--|
| Cancer type               | expression   | expression              | References   |
| <b>Bladder</b>            | Syndecan-2   |                         | Marzioni et al. (2009)   |
| <b>Breast</b>             | Neuropilin-1,<br>Neuropilin-2,<br>soluble Endoglin             | TβRIII,<br>Endoglin     | Ghosh et al. (2008), Yasuoka et al.<br>(2009), Staton et al. (2007),<br>Dong et al. (2007), Hempel<br>et al. $(2007)$ , Henry et al.<br>$(2011)$ , Calabro et al. $(2003)$ ,   |
| Colon                     | Neuropilin-1,<br>Neuropilin-2,<br>TβRIII, soluble<br>Endoglin, | Neuropilin-1            | Davidson et al. (2010), Li et al.<br>(2000), Takahashi et al. (2001)<br>Parikh et al. (2004), Grandclement<br>et al. $(2011)$ , Gray et al. $(2008)$ ,<br>Gatza et al. (2012), Takahashi<br>et al. (2001), Park et al. (2002), |
|                           | Syndecan-2   |                         | Ryu et al. (2009)  |
| Endometrial               | Endoglin   | $T\beta$ RIII           | Florio et al. $(2005)$   |
| Esophageal                |  | Endoglin,<br>Syndecan-2 | Wong et al. (2008), Huang et al.<br>(2009)   |
| Ewing sarcoma             | Endoglin   |                         | Pardali et al. (2011)  |
| <b>GI</b> Tract           | Neuropilin-1   | Neuropilin-2            | Hansel et al. (2004), Cohen et al.<br>(2001)   |
| Granulosa tumor           |  | TβRIII                  | Bilandzic et al. (2009)  |
| Kidney                    |  | $T\beta$ RIII           | Copland et al. (2003), Cooper et al.<br>(2010)   |
| Leukemia                  | Neuropilin-1,<br>TβRIII, soluble<br>Endoglin                   |                         | Younan et al. (2012), Klein et al.<br>(2001), Jelinek et al. (2003),<br>Calabro et al. (2003)  |
| Liver                     | Neuropilin-1   | TβRIII                  | Berge et al. $(2011)$ , Bae et al.<br>(2009)   |
| Melanoma                  | Neuropilin-1,<br>Neuropilin-2,<br>Endoglin,<br>Syndecan-2      |                         | Lacal et al. (2000), Rushing et al.<br>$(2012)$ , Pardali et al. $(2011)$ ,<br>Lee et al. $(2009)$   |
| Mesothelioma              | Syndecan-2   |                         | Gulyas and Hjerpe (2003)   |
| Multiple myeloma          |  | TβRIII                  | Lambert et al. (2011)  |
| Neuroblastoma             |  | $T\beta$ RIII           | Iolascon et al. $(2000)$   |
| Non-Hodgkin's<br>lymphoma | TβRIII   |                         | Woszczyk et al. (2004)   |
| Non-small cell lung       | Neuropilin-1,<br>Neuropilin-2,<br>soluble Endoglin             | $T\beta$ RIII           | Kawakami et al. (2002), Finger<br>et al. (2008), Kopczynska et al.<br>(2012)   |
| Osteosarcoma              | Neuropilin-2   | Syndecan-2              | Handa et al. (2000), Orosco et al.<br>(2007)   |
| Ovarian                   | Neuropilin-1,<br>Neuropilin-2,<br>soluble Endoglin             | TβRIII                  | Drenberg et al. (2009), Baba et al.<br>$(2007)$ , Bock et al. $(2011)$ ,<br>Hempel et al. $(2008)$   |

<span id="page-5-0"></span> **Table 3.2** Expression of TGF-β co-receptors in human cancers

(continued)

| Cancer type                          | Increased<br>expression  | Decreased<br>expression | References  |
|--------------------------------------|--|-------------------------|---|
| Pancreatic                           | Neuropilin-1,<br>Neuropilin-2,<br>Syndecan-2                                   | TβRIII                  | Parikh et al. (2004), Cohen et al.<br>(2002), Li et al. (2004), Gordon<br>et al. $(2008)$   |
| Prostate                             | Neuropilin-1,<br>Neuropilin-2,<br>Endoglin, soluble<br>Endoglin,<br>Syndecan-2 | TβRIII,<br>Endoglin     | Latil et al. (2000), Yacoub et al.<br>$(2009)$ , Turley et al. $(2007)$ ,<br>Lakshman et al. $(2011)$ ,<br>Kassouf et al. (2004), Shariat<br>et al. $(2008)$ , Popovic et al.<br>(2010) |
| Salivary adenoid<br>cystic carcinoma | Neuropilin-2   |                         | Cai et al. (2010)   |
| Squamous cell<br>carcinoma           |  | TβRIII.<br>Endoglin     | Wong et al. $(2008)$ , Meng et al.<br>(2011)  |
| Thyroid                              | Neuropilin-2   |                         | Finley et al. $(2004)$  |

**Table 3.2** (continued)

cytosolic domain of endoglin can associate with GIPC and β-arrestin 2 (Lee et al. [2008 ;](#page-25-0) Lee and Blobe [2007 ;](#page-25-0) Chen et al. [2003](#page-21-0) ). The interaction between endoglin and GIPC was recently shown to regulate TGF-β pathway signaling events, endothelial cell migration, and capillary tube formation via the recruitment of PI3K and Akt (Lee et al. 2012). β-arrestin 2, in contrast, mediates the internalization of endoglin, resulting in changes in Erk activation and localization as well as endothelial cell migration in a TGF-β-dependent manner (Lee and Blobe [2007 \)](#page-25-0). Whether similar pathways mediate endoglin function in cancer cells remains to be defined. In addition, the role of endoglin in mediating the effects of BMPs and Activin in the context of cancer progression has not been explored.

#### **3.2.1.2 TβRIII**

 While TβRIII mutations have not been reported in human cancers, a recent study demonstrated that myxoinflammatory fibroblastic sarcomas and hemosiderotic fibrolipomatous tumors contained a recurrent chromosome  $t(1:10)$  rearrangement, which involves the TGFBR3 gene (Antonescu et al. 2011), suggesting a potential role for TβRIII in the pathogenesis of these diseases. Additionally, the progressive loss of TβRIII has been documented in multiple cancers (see Table [3.2](#page-5-0)).

 Importantly, loss of TβRIII expression during cancer progression is associated with increasing cancer grade and stage and a poorer patient prognosis, supporting an important functional role for loss of TβRIII expression (Lambert et al. 2011; Dong et al. [2007](#page-29-0); Meng et al. 2011; Turley et al. 2007). In many of these cases, the loss of TβRIII leads to disrupted TGF-β signaling. Loss of TβRIII expression in human cancers can occur by multiple mechanisms including loss of heterozygosity (Dong et al. [2007](#page-29-0); Turley et al. 2007; Finger et al. 2008), gene silencing by promoter methylation (Turley et al. 2007; Cooper et al. 2010; Hempel et al. 2007), and the

negative regulation of TGFBR3 promoter by TGF-β or BMP ligands (Hempel et al. 2008; Gordon et al. [2009](#page-23-0)). As many cancers are associated with increased TGFligand production (Massague 2008), the downregulation of TβRIII expression by ligand is likely a common event. Indeed, the ability of TGF-β ligand to downregulate TβRIII expression has been documented in breast (Dong et al. 2007; Hempel et al. 2007), ovarian (Hempel et al. 2007), and non-small cell lung cancer cell lines (Finger et al.  $2008$ ).

 Consistent with its frequent loss of expression in a broad spectrum of human cancers, TβRIII has been demonstrated to inhibit both ligand-dependent and independent cancer initiation and cancer progression in preclinical models of these cancers. siRNA-mediated silencing of TβRIII expression in normal murine mammary gland cells (NMuMG) was sufficient to induce tumorigenicity in mice (Criswell and Arteaga [2007](#page-22-0)). In a reciprocal manner, restoring TβRIII expression decreased tumorigenicity in breast (Sun and Chen 1997; Bandyopadhyay et al. 2002a; Bandyopadhyay et al. [1999a](#page-20-0)), prostate (Turley et al. 2007), non-small cell lung cancer (Finger et al. [2008](#page-22-0)), and renal cell carcinoma models (Copland et al. [2003](#page-22-0)).

Mechanistically, TβRIII has been reported to influence different aspects of tumor biology in a context-dependent manner. Thus, in the context of breast cancer (Sun and Chen [1997](#page-29-0)), renal cell carcinoma (Copland et al. [2003](#page-22-0); Margulis et al. 2008), and multiple myeloma (Lambert et al. [2011](#page-25-0)), TβRIII inhibited proliferation by mediating TGF-β signaling, while in the context of renal cell carcinoma (Copland et al. [2003](#page-22-0); Margulis et al. [2008](#page-26-0)), TβRIII stimulated apoptosis. Most consistently, in the context of multiple myeloma (Lambert et al. [2011](#page-25-0) ) and cancers of the breast (Dong et al. 2007; Lee et al. 2010), pancreatic (Gordon et al. 2008), ovary (Hempel et al. 2008; Bilandzic et al. [2009](#page-20-0)) prostate (Turley et al. 2007), and lung (Finger et al. 2008), TβRIII inhibited cancer cell migration and invasion by attenuating TGF-β signaling.

 TβRIII inhibits migration and invasion through multiple mechanisms. In some contexts, TβRIII inhibits migration/invasion through the generation of soluble TβRIII, which is thought to bind and sequester free TGF-β ligand in the extracellular space, thereby inhibiting its pro-migratory effects (Bandyopadhyay et al. [2002a](#page-20-0); Bandyopadhyay et al. [2002b](#page-20-0); Bandyopadhyay et al. 2005; Bandyopadhyay et al. [1999b](#page-20-0); Dong et al. [2007](#page-22-0); Gordon et al. [2008](#page-23-0); Sun and Chen [1997](#page-29-0); Finger et al. 2008). TβRIII also inhibits migration and invasion through soluble TβRIIIindependent mechanisms, with the interaction between TβRIII and GIPC mediating the anti-migratory and anti-invasive effects of TβRIII in the context of breast cancer (Lee et al. [2010](#page-25-0)). Through its interaction with β-arrestin2, TβRIII can also negatively regulate the pro-migratory and pro-invasive transcription factor NFκB (Criswell and Arteaga  $2007$ ; You et al.  $2009$ ). Additionally, T $\beta$ RIII inhibits the intrinsic ability of epithelial cells to migrate through its interaction with β-arrestin2 (Mythreye and Blobe 2009b), with TβRIII mediating β-arrestin2-dependent constitutive activation of Cdc42 and alterations in the actin cytoskeleton (Mythreye and Blobe 2009b). Interestingly, these effects are also independent of TβRIII's role in ligand presentation (Mythreye and Blobe  $2009$ b). TβRIII also functions to inhibit TGF-β and BMP-mediated EMT and EMT-associated increases in migration and

invasion (Gordon et al.  $2008$ ; Gordon et al.  $2009$ ; Criswell and Arteaga  $2007$ ; Mythreye and Blobe [2009b](#page-26-0); Hempel et al.  $2007$ ). Finally, T $\beta$ RIII may influence cell migration and invasion by regulating cell adhesion. Indeed, TβRIII has been shown to influence the interaction between multiple myeloma cells and bone marrow stromal cells and to regulate the adhesive properties of ovarian cancer, breast cancer, and granulosa cell tumors (Lambert et al. [2011](#page-25-0); Mythreye et al. 2012; Bilandzic et al. [2009 \)](#page-20-0). Mechanistically, TβRIII affects focal adhesion dynamics by regulating the localization of  $\alpha$ 5 integrin (Mythreye et al. [2012](#page-27-0)).

 In contrast to most cancers, TβRIII expression is increased at the protein level in colon cancer, where TβRIII is associated with an inhibition of chemotherapyinduced apoptosis, increased TGF-β signaling, colony formation in soft agar, migration, and ligand-stimulated proliferation in vitro and tumorigenicity in vivo (Gatza et al. [2012 \)](#page-23-0). The reasons for the opposing effects of TβRIII on colon versus other cancers are currently unknown. However, as K-Ras is mutated in up to 50 % of colon cancer patients (Benhattar et al. [1993 \)](#page-20-0), crosstalk between K-Ras and the TGF-β pathway may be involved. Interestingly, increased TβRIII expression has also been observed in non-Hodgkin's lymphoma and B-cell chronic lymphocytic leukemia (Woszczyk et al. [2004](#page-30-0) ; Klein et al. [2001](#page-25-0) ; Jelinek et al. [2003](#page-24-0) ), although the effect of TβRIII on the biology of these cancers is unknown

#### **3.2.1.3 Neuropilin-1/2**

 As co-receptors for VEGF and semaphorin ligands, the neuropilins have important roles in regulating angiogenesis. However, the neuropilins are also expressed on cancer cells (see Table [3.2](#page-5-0)) and function as TGF- $\beta$  co-receptors in regulating the TGF- $\beta$  responsiveness of cancer cells (Staton et al. 2007; Mak et al. 2010; Grandclement et al. 2011). Like endoglin, neuropilin-1/2 has context-dependent effects in regulating cancer progression.

 Mechanistically, neuropilin-1/2 may promote cancer progression by activating latent TGF-β and enhancing signaling. This has been shown to occur in regulatory T-cells as well as breast cancer cells (Glinka and Prud'homme [2008 \)](#page-23-0). Furthermore, VEGF and neuropilin-1 have been shown to directly promote epithelialmesenchymal transition (EMT) in prostate cancer cells (Mak et al. 2010), and the knockdown of neuropilin-2 in colon cancer cells has also been associated with EMT (Grandclement et al. [2011](#page-23-0) ). As EMT can also be triggered by TGF-β, the neuropilins may also aid in TGF- $\beta$ -mediated EMT, although this has not yet been directly demonstrated

#### **3.2.1.4 Syndecan-2**

 While syndecan-2 does bind to TGF-β, it is currently unknown what roles this binding may play in cancer development and progression. However, altered syndecan-2 expression has been observed in several cancers (see Table [3.2 \)](#page-5-0), and syndecan-2 has

been shown to positively regulate cancer cell migration and invasion in a variety of cancer types (Choi et al. [2010](#page-21-0); Lee et al. [2009](#page-25-0); Orosco et al. [2007](#page-27-0); Ryu et al. 2009).

 Syndecan-2's role in colon cancer has been most thoroughly investigated. Increased mRNA and protein expression of syndecan-2 have been observed in human colon adenocarcinoma tissue samples in comparison with neighboring normal epithelium (Ryu et al. 2009). Additionally, high expression of syndecan-2 has been observed in colon cancer cell lines. This increased expression is associated with increased proliferation, migration, and invasion (Ryu et al. 2009; Park et al. 2002; Choi et al. [2010](#page-21-0)). Syndecan-2 regulates colon and fibrosarcoma cancer cell migration and invasion through Tiam1-dependent Rac activation (Park et al. 2005; Choi et al. [2010](#page-21-0)). Additionally, MMP7 activity and integrin  $\alpha$ 2 are upregulated upon syndecan-2 expression in colon cancer cells, which may influence adhesion, migration, and invasion (Ryu et al. 2009; Choi et al. [2010](#page-21-0)).

### *3.2.2 Cancer Stem Cells*

 In some cancers, a small percentage of tumor cells have been isolated that possess the unique capability of sustained self-renewal and differentiation (Grotenhuis et al. [2012 \)](#page-23-0). As such features are common to stem cells, these cells are referred to as cancer stem cells (CSCs) or tumor-initiating cells. CSCs are unique in that, unlike the majority of tumor cells, they are typically more chemoresistant and are more effective in generating xenografts in mouse models (Grotenhuis et al. [2012](#page-23-0)). CSCs are also capable of giving rise to non-CSC populations and thus can recapitulate the heterogeneity of the tumor from which they were isolated. Therefore, it has been suggested that CSCs can drive tumor initiation or recurrence. For a recent review on CSCs, please see Grotenhuis et al. [2012](#page-23-0).

 While endoglin, TβRIII, and the neuropilins have been shown to have roles primarily in TGF-β-mediated angiogenesis and/or cancer cell migration and invasion, a few reports have identified these co-receptors as CSC markers. In a cohort of matched primary/recurrent ovarian cancer specimens, along with the expression of several known markers of ovarian CSCs, endoglin was found to be significantly increased in persistent tumors compared to matched primary tumors (Steg et al. [2012 \)](#page-29-0). Additionally, endoglin-positive cells isolated from a rhabdoid meningioma surgical sample exhibited increased proliferation and had an increased ability to form single-cell tumor spheres in vitro compared to cells lacking endoglin expression (Hu et al.  $2012$ ). Interestingly, the endoglin-positive cells were found to have several cell surface markers in common with mesenchymal progenitor cells, which are multipotent and are the precursor cell type for several tissues including bone, muscle, and fat (Hu et al. [2012](#page-24-0); Houthuijzen et al. 2012).

 With regard to TβRIII, a lack of TβRIII expression has been associated with prostate CSCs. Sharifi et al. showed that prostate cancer cells lacking TβRIII expression had higher levels of the prostate CSC marker CD133 than tumor cells that were positive for TβRIII expression, suggesting that the loss of TβRIII may increase the population of stem-like cells (Sharifi et al. 2007).

 Notably, skin squamous cell carcinoma CSCs were found to lack endoglin expression; however, these cells did express high levels of neuropilin-1 (Beck et al. [2011 \)](#page-20-0). The expression of neuropilin-1 was shown to be critical for the ability of these CSCs to promote VEGF-stimulated tumor growth in a mouse model (Beck et al. [2011 \)](#page-20-0). Hamerlik et al. also detected neuropilin-1 expression on CSCs isolated from glioblastoma multiforme tumors (Hamerlik et al. [2012](#page-23-0) ). Here, neuropilin-1 was found to stabilize VEGFR2 expression, thereby enhancing the self-renewal capacity and viability of the CSCs (Hamerlik et al. [2012 \)](#page-23-0). While it is unknown what role TGF-β family ligands play in CSCs, the expression of these TGF-β co-receptors on CSCs provides one more mechanism by which co-receptors can regulate the pathogenesis of human cancers.

### *3.2.3 Cancer-Associated Angiogenesis*

#### **3.2.3.1 Endoglin**

 Endoglin is intricately involved in the process of angiogenesis, which is required to sustain primary tumor growth and metastasis (Folkman et al. 1989; Neri and Bicknell [2005](#page-27-0); Molema and Griffioen 1998). Endoglin expression is higher in nascent blood vessels, where it controls cell proliferation, migration, and capillary tube formation (Li et al. 1999; Fansatti et al. [2001](#page-22-0); Lebrin et al. 2004; Goumans et al. [2002](#page-23-0); Ma et al. [2000](#page-25-0); Cheifetz et al. [1992](#page-21-0); Li et al. 2000; Bourdeau et al. [1999 ;](#page-20-0) McAllister et al. [1994](#page-26-0) ). While endoglin is highly expressed during angiogenesis in multiple cancer types, its expression is typically absent on vessels in normal tissues (Fansatti et al.  $2001$ ). Because of its lack of expression in normal vasculature, endoglin has been extensively used as a marker for measuring microvessel density (MVD), which is inversely correlated with prognosis (Fansatti et al. 2001; Brewer et al. 2000; Saad et al. 2004; Wikstrom et al. [2002](#page-30-0); Kumar et al. 1999; Shariat et al. [2008](#page-28-0); Schimming and Marme 2001; Tanaka et al. 2001). Endoglin has emerged as a powerful marker of tumor-associated neovascularization, with antiendoglin antibodies being investigated to visualize tumors and their metastases (Fonsatti et al.  $2010$ ).

 The dependence of tumors on the pro-angiogenic functions of endoglin has also made it an attractive target for anti-tumor therapies (Dallas et al. [2008](#page-22-0)). Several in vivo studies have revealed endoglin to be an important therapeutic target. First, endoglin haploinsufficient mice were shown to have decreased lung tumor vascularization and growth compared to their endoglin  $+/+$  littermates (Duwel et al. 2007). This may be due to increased endothelial cell apoptosis, as endoglin was also shown to regulate eNOS levels and to prevent apoptosis in hypoxic endothelial cells (Duwel et al. [2007](#page-22-0)). Additionally, the suppression of tumor growth and metastasis and an increased survival rate have been observed using anti-endoglin antibodies alone or antibodies conjugated to immunotoxins or radiolabels in mice (Seon et al. [1997](#page-28-0); Matsuno et al. [1999](#page-29-0); Tabata et al. 1999; Tsujie et al. 2008; Takahashi et al. 2001;

Uneda et al. [2009](#page-29-0)). A phase I clinical trial using an anti-endoglin antibody (TRC105) in patients with advanced refractory cancers was recently reported, with the treatment is well tolerated, and resulting in disease control in nearly half of the patients (Rosen et al. 2008; Rosen et al. [2012](#page-28-0)) ([NCT00582985\)](http://www.clinicaltrials.gov/NCT00582985).

#### **3.2.3.2 TβRIII**

 Like endoglin, a few studies have implicated TβRIII in tumor-associated angiogenesis. In a xenograft mouse model of breast cancer, decreased tumor-associated angiogenesis was observed in mice injected with TβRIII-expressing cells vs. control cells (Dong et al. 2007). The administration of recombinant soluble TβRIII also decreased tumor vascularization in xenograft models of breast and prostate cancer (Bandyopadhyay et al. 2005; Bandyopadhyay et al. 2002a), and soluble TβRIII has been shown to inhibit the ability of human endothelial cells to form tubes in an in vitro Matrigel assay (Bandyopadhyay et al. 2002b). In contrast to these reports, SERPINE1, which is a known inhibitor of angiogenesis, was found to be downregulated in a gene array performed on prostate cancer cells lacking TβRIII expression (Sharifi et al.  $2007$ ). Taken together, these studies suggest an anti-angiogenic function for TβRIII.

#### **3.2.3.3 The Neuropilins**

 Most of the work regarding neuropilin-1/2 and tumor angiogenesis has focused on their role as VEGF co-receptors, and little attention has been given to their potential role in angiogenesis as TGF-β co-receptors. The neuropilins are, however, clearly involved in tumor-associated angiogenesis. In breast cancer specimens, increased neuropilin-1 expression was observed in both smooth muscle and endothelial cells within the areas of invasion (Stephenson et al. [2002](#page-29-0)). Additionally, non-small cell lung cancer patients whose tumors expressed both neuropilins had increased vessel counts compared to those patients that lacked co-expression (Kawakami et al. [2002 \)](#page-25-0). The neuropilin ligands Sema3A and Sema3F (class 3 semaphorins) may also regulate tumor angiogenesis as they have been shown to inhibit the pro-angiogenic effects of VEGF in endothelial cells (Staton et al. 2007; Wild et al. [2012](#page-30-0)). Both of these ligands were found to inhibit endothelial cell migration, proliferation, and tube formation (Narazaki and Tosato [2006](#page-27-0); Serini et al. [2003](#page-28-0)). As the interaction between neuropilin-1 and VEGF is important for tumor angiogenesis, several current strategies for anti-tumor therapy revolve around the inhibition of neuropilin-1, VEGF, both, or their interaction (Geretti and Klagsbrun [2007](#page-23-0); Pan et al. 2007; Jia et al. [2010](#page-24-0); Jia et al. [2006](#page-24-0); Soker et al. 1997; von Wronski et al. 2006). The role of the neuropilins in angiogenesis as it relates to their role as TGF-β co-receptors requires additional investigation.

#### **3.2.3.4 Syndecan-2**

 Very little is known regarding syndecan-2's role in tumor-associated angiogenesis. However, high syndecan-2 expression has been reported in the microvasculature of mouse gliomas (Fears et al. [2006](#page-22-0)), while downregulation of syndecan-2 resulted in decreased endothelial cell motility and a reduced formation of capillary tube-like structures (Fears et al.  $2006$ ). The ability of syndecan-2 to promote angiogenesis was found to be due to increased levels of soluble syndecan-2, which were increased during glioma progression (Fears et al. [2006](#page-22-0)).

### *3.2.4 TGF-β Co-receptors and Stromal Components*

#### **3.2.4.1 Endoglin**

Endoglin is weakly expressed in some stromal cell types (Rokhlin et al. 1995; Gougos et al. 1992). In a mouse model of prostate cancer progression, endoglin (+/−)-derived tumors lacked the typically observed infi ltration of cancer-associated fibroblasts (Romero et al.  $2011$ ). Therefore, endoglin may act to support the viability of CAFs in the tumor microenvironment by promoting neovascularization and growth. In a co-culture model of the prostate cancer cell line C4-2B and the bone marrow stromal cell line HS-27a, endoglin was significantly downregulated in the stromal cells only upon co-culture (O'Connor et al. [2007](#page-27-0)). This loss of endoglin resulted in attenuated TGF-β signaling and decreased stromal cell proliferation (O'Connor et al. [2007](#page-27-0) ). Thus the prostate cancer cells, upon interaction with bone marrow stromal cells, may alter stromal cell TGF-β signaling to promote the forma-tion of bone metastases (O'Connor et al. [2007](#page-27-0)).

#### **3.2.4.2 TβRIII**

Similar to cancer cells, the expression of  $T\beta RIII$  mRNA is significantly reduced in CAFs in oral squamous cell carcinoma (Meng et al. [2011](#page-26-0) ). As increased amounts of TGF-β ligand are present within the oral cancer microenvironment, ligand-induced downregulation of TβRIII expression was thought to be a potential mechanism for downregulation (Meng et al. 2011). TβRIII also has a potential role in exosomes, which are secreted vesicles that participate in intercellular communication (Webber et al. 2010). Exosomes can deliver protein, mRNA, or microRNAs to recipient cells. Interestingly, TGF- $\beta$  was recently shown to be expressed by prostate and breast cancer-derived exosomes (Webber et al.  $2010$ ). This exosomal TGF- $\beta$  was capable of promoting fibroblast–myofibroblast differentiation (Webber et al. [2010](#page-30-0)). The association of TGF-β with the exosomal membrane was linked with TβRIII expression, suggesting that TβRIII acts as a TGF-β anchor on cancer-associated exosomes (Webber et al.  $2010$ ).

#### **3.2.4.3 The Neuropilins**

Neuropilin-1 has been shown to promote the activation of fibroblasts to myofibroblasts, which are important regulators of cancer progression (De Wever and Mareel 2003). Decreasing neuropilin-1 expression in fibroblasts enhanced Smad1/5 signaling but reduced Smad2/3 signaling (Cao et al. 2010b). Mechanistically, an interaction between neuropilin-1 and endogenous TβRII was associated with decreased fibroblast proliferation and a reversion to a quiescent state (Cao et al.  $2010<sub>b</sub>$ ). In the immune system, neuropilin-1 is expressed by regulatory T cells and has been shown to activate latent TGF-β in this cell type (Glinka and Prud'homme [2008](#page-23-0) ). Indeed, T cells expressing neuropilin-1 could efficiently bind latent TGF- $\beta$ 1. However, this was not observed in cells lacking neuropilin-1 (Glinka and Prud'homme 2008). Similar results were observed in a breast cancer cell line, suggesting that this role of neuropilin-1 is common and may be important in cancer progression (Glinka and Prud'homme 2008).

### **3.3 TGF-β Co-receptors in Vascular Disease**

 As TGF-β plays a key role in physiological angiogenesis, it is not surprising that animal models and human studies have implicated TGF-β superfamily signaling in the initiation and progression of many vascular disorders. Due to the role of the coreceptors in regulating the TGF-β pathway, direct mutations or disruptions in their function have been tied to these disorders as well.

### *3.3.1 Endoglin*

 A critical role for endoglin in angiogenesis has come from studies of mice lacking this co-receptor. Endoglin-deficient mice die at midgestation (day 10.5) of angiogenic and cardiovascular defects (Sorensen et al. 2003). During development, endoglin-deficient mice lose structural, molecular, and functional distinctions between arteries and veins (Li et al. [1999](#page-25-0) ). Additionally, these mice fail to form mature blood vessels in the yolk sac (Li et al. [1999](#page-25-0) ). Such studies indicate that altered TGF-β signaling is the cause of the phenotypes observed in endoglin null mice and also establish a functional link between endoglin and the TGF-β pathway. Vasculogenesis in the endoglin null mice is normal, but angiogenesis and remodeling of the primary vascular plexus are impaired. The mice exhibit poor vascular smooth muscle cell (VSMC) development that results in dilation and rupture of the vascular channels. In the heterozygous mice, disease severity increases with age and can include the rupture of major vessels.

 Mutations in endoglin can also lead to the vascular disease hereditary hemorrhagic telangiectasia (HHT), or Rendu–Osler–Weber syndrome. HHT is a rare autosomal dominant disorder that is characterized by arteriovenous malformations or localized abnormal arteriovenous connections that affect both the microvasculature and large vessels. HHT patients typically manifest spontaneous epistaxis (nose bleeds), cutaneous telangiectases (small dilated blood vessels), and arteriovenous malformations in internal organs. Additional features include highly variable expression and variable, age-dependent penetrance. More than 150 mutations have been reported in endoglin including deletions, insertions, missense mutations, and splice site changes, all of which result in reduced levels of endoglin on the surface of endothelial cells (McAllister et al. 1994). Patients with HHT also have significantly lower amounts of endoglin in peripheral monocytes compared to normal individuals (Abdalla and Letarte  $2006$ ). Interestingly, most of the known mutations in endoglin are within exons  $1-12$ , which encode the extracellular domain, and very few mutations have been observed in exons 13 and 14, which encode the transmembrane and cytoplasmic domains. Many of these alterations result in deficient angiogenesis, i.e. the sprouting of new vessels from preexisting ones. One proposed explanation for the development of HHT is that mutations in endoglin result in misfolded proteins that are either incapable of heretodimerizing or are unable to reach the cell surface, both of which would account for the halpoinsufficiency that is observed in HHT1.

 Preeclampsia, a systemic, pregnancy-associated hypertensive disorder, has also been linked with endoglin. Preeclampsia appears to originate in the placenta and is characterized by endothelial cell dysfunction. As such, several authors have reported changes in the expression of placental anti-angiogenic factors in preeclamptic patients [reviewed in (Maynard and Karumanchi [2011](#page-26-0))]. Soluble endoglin has been found to be elevated in preeclampsia and has been proposed as a viable marker for this disorder as well. However, the molecular basis for preeclampsia and the exact role of soluble endoglin in this disorder remain unknown.

### *3.3.2 The Neuropilins*

 Neuropilin-1 mediates normal developmental angiogenesis, which has been observed in mouse and zebrafish models. Neuropilin-1 has also been shown to mediate pathological angiogenesis in tumors and retinal disease, particularly in the context of VEGF signaling, wherein neuropilin 1, which is highly expressed in the retinal endothelial cells, is upregulated by both VEGF and hypoxia to regulate a positive feedback mechanism in retinal neovascularization. As such, most of neuropilin- 1/2 functions in angiogenesis and vascular biology are related to its roles as a receptor for VEGF and as a co-receptor for VEGFR2 (Soker et al. [1997](#page-29-0)). Currently, much less is known about the ability of neuropilin-1 to regulate TGF-β's function in angiogenesis.

# *3.3.3 Syndecan-2*

 Syndecan-2 has been shown to regulate endothelial cell functions in vitro, including migration and cytoskeletal organization (Noguer et al. [2009](#page-27-0) ). These functions may in turn contribute to its roles in capillary tube formation. Studies in zebrafish have demonstrated specific roles for syndecan-2 in regulating sprouting during angiogenesis (Chen et al. 2004a). Notably, the role of syndecan-2 in regulating TGF- $\beta$  signaling in the context of endothelial biology has not been established and requires further exploration.

### **3.4 TGF-β Co-receptors and Developmental Defects**

### *3.4.1 Endoglin*

 Genes that are required for proper vascular development also often affect blood flow. In addition, genes that are expressed in the endocardial lining of the heart can affect cardiac development, as in the case for the TGF- $\beta$  co-receptors including endoglin, TβRIII, neuropilin-1, and syndecan-2. In addition to endoglin's wellstudied role in vascular development, endoglin knockout mice have revealed a role for endoglin in cardiovascular development. In endoglin null mice, the atrioventricular canal endocardium fails to undergo mesenchymal transformation and does not form cushions (Li et al. [1999 \)](#page-25-0). These heart valve formation defects may be due to a perturbation in TGF-β signaling. Interestingly, endoglin has also been detected in hematopoietic stem cells in adult bone marrow and in the AGM (aorta–gonal mesonephros) at E11.5 (Chen et al. [2002 \)](#page-21-0) as well as in fetal liver cells (Pimanda et al. [2008 \)](#page-27-0). In addition to cardiovascular defects, endoglin null mouse embryos also display anemia of the yolk sac, which was, until recently, assumed to be an indirect result of insufficient blood flow. However, recent evidence demonstrates that endoglin plays a direct role in hematopoiesis. Endoglin is expressed in the first hematopoietic progenitor cells during embryonic development where it has been shown to regulate TGF-β/BMP signaling during the initiation of hematopoiesis (Borges et al. 2012).

### *3.4.2 TβRIII*

 Similar to endoglin, the deletion of TβRIII in mice results in embryonic lethality due to failed coronary vessel development and palate fusion (Compton et al. 2007). TβRIII null mice exhibit significantly impaired coronary vasculogenesis, defects in the epicardium, and dysmorphic and distended vessels. Collectively, these phenotypes demonstrate a requirement for TβRIII during coronary vessel development, which is essential for embryonic viability (Compton et al. [2007](#page-21-0)). More recently, an analysis of E13.5 TβRIII null embryos revealed a lower rate of epicardial cell proliferation and decreased epicardial-derived cell invasion. This effect is mediated by the interaction of TβRIII's cytoplasmic domain with GIPC (Sanchez et al. 2011), with loss of responsiveness to TGF-β and FGF2, two important regulators of epicardial cell behavior (Sanchez et al.  $2011$ ). In addition to its role in proper heart development, TβRIII has also been shown to participate in cord formation, fetal Leydig cell development, and the establishment of fetal endocrine testis function. Collectively, the observations implicate TGF-β superfamily members as regulators of early fetal testis structure and function (Sarraj et al. [2010 \)](#page-28-0). TβRIII mRNA has a distinct expression pattern during gonadogenesis, where it is expressed at higher levels in developing testes compared to developing ovaries. TβRIII is predominantly expressed by Leydig cells within the fetal testis interstitium; however, at birth, expression is shifted to the seminiferous cords, suggesting possible roles for TβRIII in the gonadogenesis (Sarraj et al. [2007](#page-28-0) ). Interestingly, TβRIII can bind inhibin and can regulate ovarian and granulosa carcinogenesis through this interaction.

### *3.4.3 Neuropilin-1*

 Neuropilin-1 plays key roles in vascular biology. Neuropilin-1 mutant mouse embryos have impaired arterial differentiation, which appears to be independent of blood flow patterns (Jones et al.  $2008$ ). Neuropilin-1's role in arterial specification during vascular development is primarily due to its ability to regulate VEGF/ VEGFR2 function. The function of neuropilin-1 in development can be additionally regulated at the transcriptional level. As such, the Notch signaling pathway, which directs cell fate decisions during embryonic development, has been shown to regulate the neuropilin-1 promoter to alter cell responsiveness to several ligands including VEGF (Sorensen et al.  $2009$ ) and, potentially, TGF- $\beta$ .

 In addition to its roles in vascular development (see angiogenesis), neuropilin-1 plays pivotal roles in the development of the neuronal system as a receptor for members of the class-3 semaphorin family of axonal guidance factors [reviewed in (Geretti and Klagsbrun [2007](#page-23-0))]. Much less is known about its role in regulating TGF-β's role in developmental processes.

### *3.4.4 Syndecan-2*

 The role of syndecan-2 in development has been best studied in Xenopus embryos. Here, syndecan-2 has been shown to be a regulator of left–right development in the embryonic mesoderm (Kramer and Yost 2002). This function of syndecan-2 appears to be mediated via the functional interactions of its heparan sulfate glycosaminoglycan chains with the TGF-β superfamily cell–cell signaling molecule Vg1, which is known to regulate early left–right development. Syndecan-2 is expressed in the ectoderm and likely presents Vg1 to the migrating mesoderm in a unilateral manner, demonstrating that syndecan-2 can function in cell signaling by directly affecting neighboring cells or in a cell-autonomous manner. Additional mechanistic studies indicate that PKC $\gamma$  can phosphorylate syndecan-2 and that this phosphorylation event is required in the right-side ectodermal cells (Kramer et al. [2002](#page-25-0)). While studies in zebrafish have revealed a similar role for syndecan-2 in left–right development, knockdown experiments have also demonstrated a requirement for syndecan-2 in embryonic angiogenesis. During both zebrafish and mouse development, syndecan-2 is expressed in the mesenchymal cell layer surrounding the axial blood vessels, suggesting a potential role for this molecule in coordinating and organizing vascular development (Chen et al. [2004a](#page-21-0)). Syndecan 2 and VEGF are thought to act synergistically to facilitate angiogenesis.

### **3.5 TGF-β Co-receptors in Fibrosis**

Fibrosis, which is characterized by the fibroblast-mediated deposition of the ECM proteins collagen and fibronectin, can play roles in diverse pathological conditions including the autoimmune disease systemic sclerosis (SSc), wound healing (particularly after myocardial infarction), Crohn's disease, pulmonary hypertension, and diabetic nephropathy. Hepatic fibrosis can also set the stage for the development of cirrhosis and, in some cases, hepatocellular carcinoma (HCC). TGF-β is a key regu-lator of the fibrotic processes [reviewed in (Hawinkels and Ten Dijke [2011](#page-24-0))]. Not all of the TGF-β co-receptors have established roles in each of the pathological conditions associated with fibrosis; however, some common themes exist regarding the ability of the co-receptors to modulate  $TGF-<sub>6</sub>$  signaling during the fibrotic process.

### *3.5.1 Endoglin*

 Endoglin has been shown to be a negative regulator of TGF-β1 signaling in the intestinal fibroblast, where it modulates Smad3 phosphorylation, Smad binding element (SBE) promoter activity, connective tissue growth factor (CTGF) production, and collagen contraction (Burke et al. [2009](#page-20-0) ). Endoglin is also upregulated in patients suffering from fibrosis or scleroderma, where increased soluble endoglin levels are present as well (Wipff et al. [2008](#page-30-0); Coral-Alvarado et al. [2010](#page-22-0); Dharmapatni et al.  $2001$ ). Endoglin can both stimulate and inhibit TGF- $\beta$ -induced fibrosis, depending on the context. For instance, in human and rat cell line models using myoblasts and myofibroblasts, endoglin was shown to reduce cell responsiveness to TGF- $\beta$ , thereby reducing collagen production via an ERK-dependent mechanism (Rodriguez-Barbero et al. 2006). In addition, fibroblasts derived from patients with fibrosis or SSc have higher basal levels of CTGF and collagen relative to healthy individuals, and the overexpression of endoglin in control fibroblasts (from healthy

donors) was shown to block TGF-β-induced CTGF expression. Collectively, these studies suggest an inhibitory role for endoglin in fibrosis (Holmes et al. [2011](#page-24-0)). In constrast, endoglin has also been shown to positively regulate fibrosis, especially in the context of cardiac fibroblasts. Here, endoglin expression is upregulated by TGF-β and angiotensin II, and blocking this upregulation resulted in reduced collagen II expression (Shyu et al. 2010), reviewed in (Maring et al. 2012). Fibroblasts from patients suffering from Crohn's disease have also been shown to express high levels of endoglin. Future studies on how endoglin expression is regulated should shed more light on the dichotomous roles of this co-receptor in fibrosis.

### *3.5.2 TβRIII*

 Given the structural and functional similarities between endoglin and TβRIII, similar roles for these two co-receptors in fibrosis could be predicted. Consistent with this idea, soluble TβRIII has been shown to inhibit fibrous airway obliteration (Liu et al.  $2002$ ) and can prevent myocardial fibrosis in spontaneously hypertensive rats (Hermida et al. [2009](#page-24-0) ) via the sequestration of TGF-β. Like endoglin, TβRIII levels are elevated in patients with SSc, where TGF-β activity is enhanced (Holmes et al. 2011). Some evidence indicates that TβRIII expression is lost during fibroblast differentiation, suggesting that TβRIII may be required for suppressing lung fibrosis; however, the precise mechanism behind TβRIII's effects on fibroblastic differentiation remains to be elucidated (Ahn et al. 2010).

### *3.5.3 Neuropilin-1/2*

Neuropilin-1 has been implicated as a regulator of the fibrotic response, as it has been suggested to amplify TGF- $\beta$  and PDGF signaling in hepatic stellate cells (HSC) and in HCC. In two rat models of liver fibrosis, neuropilin-1 was found to be upregulated in activated HSCs, which exhibit the highly motile myofibroblast phenotype (Cao et al.  $2010a$ ). Neuropilin-1 overexpression has also been shown to increase cell motility and TGF-β-dependent collagen production (Cao et al. 2010a). While these studies reveal a role for neuropilin-1 in liver fibrosis as a modulator of multiple growth factor targets, additional in vivo fibrosis studies must be performed to clarify the exact effects of neuropilin-1 on TGF-β, PDGF, and VEGF signaling during this process.

### *3.5.4 Syndecan-2*

 Syndecan-2 levels are elevated in renal interstitial cells under diabetic conditions. In addition, syndecan-2 has been shown to modulate TGF-β's ability to increase matrix deposition in several cell lines, possibly via effecting TβRIII expression lev-els (Chen et al. [2004b](#page-21-0)). Whether syndecan-2's role in fibrosis is mediated via TβRIII or via a direct modulation of TGF-β signaling remains to be determined.

## <span id="page-19-0"></span>**3.6 Conclusions and Perspectives**

 The TGF-β signaling pathway has essential roles in many physiological processes including development, growth, differentiation, cell cycle regulation, cytokine and ECM production. Deregulation of these events results in a broad spectrum of human disease. The TGF-β co-receptors have diverse roles in regulating and mediating the TGF-β response. They may perform their actions through the regulation of signaling either in a cell autonomous or a non-cell autonomous manner through regulated ectodomain shedding, by localizing signaling in a spatio-temporal manner, or by orchestrating signaling with other growth factor receptors. Through a combination of these functions, the TGF- $\beta$  co-receptors play essential roles in regulating physiological and pathophysiological processes in a tissue- and context-dependent manner. While the current body of literature supports complex roles for the co-receptors in mediating TGF- $\beta$ 's effects, many questions remain in terms of how these receptors function under physiological circumstances and during disease progression. Additional complexity exists due to the ability of the TGF-β co-receptors to bind multiple ligands through their extracellular domains as well as other proteins through their cytoplasmic domains. Defining the precise nature and relationship of these interactions and their functional consequences remains a challenge, particularly in determining which interactions mediate the biological functions of individual co-receptors. Further refining the structural domains mediating these interactions and assessing the role of loss of function mutants in vitro and in vivo should provide further insight into TGF-β co-receptor function. Despite these challenges, additional studies regarding the roles and mechanisms of action of the TGF-β coreceptors in signaling, biology, and human disease should advance our ability to target the TGF-β signaling pathway and these co-receptors in human disease.

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