

Role of mitogen-activated protein kinase phosphatases (MKPs) in cancer

Gen Sheng Wu

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Abstract The mitogen-activated protein kinase (MAPK) phosphatases (MKPs) are a family of dual-specificity protein phosphatases that dephosphorylate both phospho-threonine and phospho-tyrosine residues in MAP kinases, including the c-Jun N-terminal protein kinase (JNK)/stress-activated protein kinase (SAPK), the p38 MAPK, and the extracellular signal-related kinase (ERK). Since phosphorylation is required for the activation of MAP kinases, dephosphorylation by MKPs inhibits MAPK activity, thereby negatively regulating MAPK signaling. It is known that deregulation of MAPK signaling is the most common alteration in human cancers. Recent studies have suggested that MKPs play an important role not only in the development of cancers, but also in the response of cancer cells to chemotherapy. Thus, understanding the roles of MKPs in the development of cancer and their impact on chemotherapy can be exploited for therapeutic benefits for the treatment of human cancer.

Keywords Cancer · MKP · MAPKs

1 Introduction

Mitogen-activated protein kinases (MAPKs) are major signaling transduction molecules that play an important

role in regulating a variety of cellular responses, including cell proliferation, differentiation, and apoptosis. Mammalian MAPKs mainly consist of three subfamilies; the Jun N-terminal kinases (JNKs), the p38 kinases, and the extracellular signal-related kinases (ERKs) [1, 2]. MAPKs can be activated by diverse stimuli including growth factors and cellular/extracellular stresses. In response to stimuli, MAPKs are activated through the reversible phosphorylation of both threonine and tyrosine residues of the TXY motif in the catalytic domain by upstream dual-specificity kinases. These upstream kinases, namely MKK (MAP kinase kinase), include MKK1/2, MKK3/6, and MKK4/7, which are in turn activated by MAPK kinase kinases (MKKK or MEKK) [3–5]. Once activated, MAPKs phosphorylate a number of substrates and subsequently activate many signaling pathways, which lead to diverse outcomes including cell proliferation and apoptosis [4]. Since phosphorylation is required for the activation of MAPKs, it has become clear that dephosphorylation of MAPKs by members of the MAPK phosphatase (MKP) family plays a critical role in negatively regulating MAPK signaling transduction pathways. Recent studies have suggested that MKPs are involved in the development of cancer and have an important impact on the responses of cancer cells to chemotherapy. This review focuses on the role of MKPs in cancer development and discusses the progress that has been made for developing MKP inhibitors as novel anticancer agents.

2 MAPK phosphatases

The MAPK phosphatases are a family of dual-specificity protein phosphatases (DUSP) that can dephosphorylate both phospho-threonine and phospho-tyrosine residues,

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G. S. Wu (✉)
Program in Molecular Biology and Genetics,
Department of Pathology, Karmanos Cancer Institute,
Wayne State University School of Medicine,
Detroit, MI 48201, USA
e-mail: wug@karmanos.org

thus inactivating MAPK signaling [6]. To date, there are 11 members of MKPs identified [7]. They include MKP-1 (DUSP1), MKP-2 (DUSP4), MKP-3 (DUSP6), MKP-4 (DUSP9), MKP-5 (DUSP10), MKP-7 (DUSP16), MKP-X (DUSP7), PAC1 (DUSP2), hVH3 (DUSP5), M3/6 (DUSP8), and MK-STYX (DUSP24) [6–8]. These phosphatases structurally contain an N-terminal domain that displays homology to the catalytic domain of the Cdc25 phosphatase and a C-terminal domain that displays homology to the prototypic dual specificity protein phosphatase VH-1 of vaccinia virus [6–9]. Based on their subcellular localization, MKPs can be classified into three groups [6–8, 10]. The first group includes MKP-1, MKP-2, PAC1, and hVH3, whose expression is exclusively nuclear. The second group consists of MKP-3, MKP-4, and MKP-X, which are exclusively expressed in the cytoplasm. The third group includes MKP-5, MKP-7, and hVH5, which can be expressed in both the nucleus and cytoplasm. In addition, the MKPs can be divided into four groups based on their substrate specificity. The first group preferentially inactivates ERKs and includes MKP-3, MKP-X, and DUSP5/hVH3. The second group includes MKP-5, MKP-7, and hVH5/DUSP8, and selectively inactivates both JNK and p38. The third group includes MKP-1 and MKP-2, and can inactivate all three MAPKs including ERK, p38 and JNK. The last group includes PAC1 and MKP-4, and preferentially inactivates ERK and p38 although MKP-4 may be more potent towards ERK. It has been known that MKPs display restricted tissue distribution [8, 9]. For example, PAC1 is predominately expressed in hematopoietic cells [11] while MKP-4 is expressed in placenta, kidney and fetal liver [12]. Importantly, the nuclear MKPs including MKP-1, MKP-2, PAC1, and hVH3 can be induced by stimuli that also activate MAPKs, which suggests an important role of these MKPs in regulating MAPK signaling.

3 Role of MKPs in cancer development and progression

3.1 MKP-1 and cancer

MKP-1 is the first member of the MKP family that was identified as a MAPK phosphatase. MKP-1 was originally cloned as a growth factor inducible gene implicated in the G₀/G₁ transition [13, 14]. It has been shown that MKP-1 can be induced by stresses [15–19]. MKP-1 is able to inactivate all three major MAPKs including ERK, JNK, and p38 [16, 20–22]. Because JNK, p38, and ERK are capable of either inducing apoptosis or cell proliferation, MKP-1 is believed to be involved in regulating the cell cycle [23–26] and apoptosis [18, 19, 27–30].

Since MKP-1 is the most studied MKP, the role of MKPs in cancer stems from studies of MKP-1 expression

in the different stages of various cancer types. Although MKP-1 knockout mice are developmentally normal [31], a number of studies indicated that MKP-1 expression is altered in many cancer types including breast, lung, prostate, ovarian, pancreatic, liver, and gastric adenocarcinoma (Table 1). Furthermore, clinical studies showed that MKP-1 expression is correlated with cancer progression and may be useful for prognosis. For example, in human breast cancer, MKP-1 was found to be increased fivefold in malignant samples as compared to non-malignant samples [32]. Breast carcinomas expressed significantly high levels of MKP-1 even when poorly differentiated or in late stages of the disease [33]. In human lung cancer, MKP-1 expression was substantially higher in non-small cell lung cancer cells (NSCLC) than in small cell lung cancer cells [34]. NSCLC resection specimens showed high levels of MKP-1 as compared with normal lung [34]. Interestingly, high levels of MKP-1 expression independently predicted improved survival [34]. Therefore, MKP-1 can be used as a potential positive prognostic marker in NSCLC. In human ovarian cancer, the expression of MKP-1 protein was reduced in tissues from low malignant potential tumors and invasive ovarian carcinomas compared to normal ovaries and cystadenomas [35]. A moderate to strong expression of MKP-1 was detected in 57.6% of invasive ovarian carcinomas [35]. Since patients with carcinomas positive for MKP-1 had a median progression-free survival of 18.3 months compared to 40.6 months for patients with carcinomas negative for MKP-1, MKP-1 expression was a prognostic marker for shorter progression-free survival of patients with invasive ovarian carcinomas [35]. Another study showed that MKP-1 expression was down regulated in advanced epithelial ovarian cancer and its re-expression decreased its malignant potential [36]. In human prostate cancer, MKP-1 expression was lower in hormone-refractory prostate carcinomas as compared to benign prostate hyperplasia or untreated prostate carcinomas [37]. Benign prostate hyperplasia, normal prostate and high-grade pros-

Table 1 MKP family members that have been implicated in cancer development

Cancer types	MKPs	References
Breast cancer	MKP-1, MKP-2	[32, 33]
Lung cancer	MKP-1, MKP-3	[34, 49]
Ovarian cancer	MKP-1, PAC1, MKP-2	[35, 36, 50, 51]
Prostate cancer	MKP-1	[33, 37]
Pancreatic cancer	MKP-1, MKP-3	[38, 45, 46, 47]
Liver cancer	MKP-1, MKP-2	[39, 40]
Gastric cancer	MKP-1	[33, 41]
Bladder cancer	MKP-1	[33]
Leukemia	MKP-X	[52, 53]

tate intraepithelial neoplasia (PIN) expressed high levels of MKP-1 protein, and 92% of the prostate carcinomas showed almost complete loss of MKP-1 expression [37]. These data suggest that down-regulation of MKP-1 is an early event and could be important in the tumorigenesis of prostate cancer. In pancreatic cancer, MKP-1 mRNA and protein levels were increased, and down-regulation of MKP-1 expression resulted in decreased anchorage-dependent and -independent growth of pancreatic cancer cells and tumorigenicity in a nude mouse tumor model [38]. In human hepatocellular carcinoma, the expression of MKP-1 was decreased in tumor cells as compared to normal hepatocytes, and decreased MKP-1 expression significantly correlated with serum alpha-fetoprotein levels and tumor size [39]. Interestingly, the disease-free survival rates in MKP-1-negative and -positive patients were 0 and 31% at 5 years, respectively [39]. The survival rates after a surgical resection in MKP-1-negative and -positive patients were 18.2 and 65.5% at 5 years, respectively [39]. Consistent with the role of MKP-1 in liver cancer, in chemical hepatocarcinogenesis in rats, the mRNA levels of MKP-1 were increased in primary hepatomas but decreased in rat ascites hepatomas as compared with normal liver [40]. In addition, in gastric adenocarcinoma, MKP-1 overexpression was associated with the development of human gastric adenocarcinoma [41]. Furthermore, a study on 164 human epithelial tumors of diverse tissue origin by *in situ* hybridization and immunohistochemistry indicated that MKP-1 was overexpressed in the early phases of prostate, colon, and bladder carcinogenesis, with progressive loss of expression with higher histological grade and in metastases [33]. Taken together, these studies strongly suggest that MKP-1 plays a critical role in cancer development and may be a useful marker for predicting the survival of patients with cancers.

3.2 MKP-3 and cancer

MKP-3 is another member of the MKP family that has been implicated in the development of cancer. MKP-3 is a cytoplasmic MKP that can inactivate ERKs [42, 43]. MKP-3 can be constitutively expressed or be induced by growth factors [8]. It has been shown that inhibition of MKP-3 causes apoptosis in the mesenchyme in the chick limb [44]. Several studies indicated that MKP-3 is a candidate tumor suppressor gene (Table 1). In pancreatic cancer, MKP-3 was slightly up-regulated in primary pancreatic cancer and dysplastic/*in situ* carcinoma cells but down-regulated in invasive carcinoma, especially in the poorly differentiated type [45]. The expression of MKP-3 was lost exclusively in the invasive carcinoma cells as compared to pancreatic intraepithelial neoplasia. In pancreata with intraductal papillary-mucinous neoplasms, lacking MKP-3 expression

was observed in a relatively small fraction of intraductal adenoma/borderlines and intraductal carcinomas [46]. Most of the intraductal adenoma/borderline lesions with loss of MKP-3 harbored mutations of KRAS2 [46]. Loss of MKP-3 expression was associated exclusively with progression from pancreatic intraepithelial neoplasia to the invasive ductal carcinoma while it was potentially associated with initiation of intraductal papillary-mucinous neoplasms with mutated KRAS2 [46]. A further study showed that loss of MKP-3 expression in pancreatic cancer is partially due to hypermethylation of the expressional control region of MKP-3 in cultured human pancreatic cancer cells and in primary pancreatic cancer tissues because hypermethylation of the CpG islands in intron 1 was observed [47]. In nude mice injected with a MKP-3 inducible cell line that was transformed by Ha-ras, it was found that the treatment of mice with the tetracycline analog doxycycline resulted in a great delay in tumor emergence and growth as compared to untreated control group, indicating a role of MKP-3 in tumor suppression [48]. In addition to its role in pancreatic cancer, in human non-small-cell lung cancer, MKP-3 has been shown to be one of 6 genes whose expression is closely associated with relapse-free and overall survival [49]. Taken together, these studies suggest that MKP-3 plays an important role in cancer development in some cancers, particularly in pancreatic cancer.

3.3 Other MKP family members and cancer

In addition to MKP-1 and MKP-3, several other MKP family members that have been implicated in cancer development include PAC1, MKP-2, and MKP-X (Table 1). It has been shown that in ovarian carcinoma, the high levels of PAC1 mRNA predicted significantly worse overall survival as compared to low expression [50]. In chemical hepatocarcinogenesis in rats, MKP-2 was undetectable in normal liver but strongly expressed in hepatomas [40]. Furthermore, in human breast cancer, MKP-2 was increased 3-fold in malignant as compared to non-malignant samples [32]. MKP-2 was also down-regulated in serous carcinomas as compared with serous borderline tumors in ovarian cancers [51], which acts as a suppressor of stromal invasion. In addition, it has been reported that MKP-X was highly expressed in leukocytes obtained from acute myeloid leukemia (AML) patients [52]. High levels of MKP-X mRNA also were observed in bone marrow and peripheral leukocytes from AML and acute lymphoblastic leukemia (ALL) patients, whereas bone marrow from healthy individuals expressed very low levels of MKP-X [52, 53]. Together, these studies suggest that MKPs play an important role in cancer development and progression in a variety of cancers and could be therapeutic targets for cancer therapy.

4 MKPs and cancer therapy

An initial study on the effect of MKP-1 on UV-induced cell death showed that overexpression of MKP-1 reduces UV-induced JNK-mediated apoptosis in U937 human leukemia [27]. It is known that MKP-1 inhibits cell death induced by a number of agents including some anticancer drugs in different cancer cells. For example, overexpression of MKP-1 inhibits Fas ligand-induced apoptosis in human prostate DU145 cells [54]. It has been shown that the proteasome inhibitors Z-LLF-CHO and lactacystin inhibit MKP-1 expression by inactivating ERK activity in breast cancer cell lines A1N4-myc and MDA-MB-231 [55]. In A1N4-myc human mammary epithelial and BT-474 breast carcinoma cells, overexpression of MKP-1 decreased proteasome inhibitor-mediated apoptosis, and BT-474 cells stably expressing an MKP-1 small interfering RNA (siRNA) and MKP-1 knockout mouse embryonic fibroblasts underwent enhanced apoptosis compared with their respective controls [56]. The mechanism of MKP-1-mediated inhibition of apoptosis was associated with decreased phospho-JNK levels, whereas MKP-1 suppression or inactivation enhanced phospho-JNK [56]. Interestingly, anthracyclines repressed MKP-1 transcription, leading to enhanced proteasome inhibitor-mediated apoptosis [56]. Because proteasome inhibitors are promising new agents for the treatment of cancers, the role of MKP-1 in inhibiting proteasome inhibitor activity suggests that targeting MKP-1 could enhance proteasome inhibitor anticancer activity. In addition, several studies indicated that MKP-1 plays a critical role in cisplatin-induced cell death. It has been shown that overexpression of MKP-1 inhibits cisplatin-induced apoptosis in human embryonic kidney 293 cells [28]. Consistently, our study showed that overexpression of MKP-1 increased cell resistance to cisplatin in the human lung cancer cell H460 [19]. Furthermore, knockdown of MKP-1 by siRNA sensitized H460 cells to cisplatin-induced death [19, 30]. Importantly, tumors induced by H460 cells expressing MKP-1 siRNA grew slower in nude mice and were more susceptible to cisplatin than parental cells, leading to the impaired growth of the tumor in mice [30]. Because cisplatin is the first line chemotherapy for several types of tumors including lung and ovarian cancers, identification of negative impact of MKP-1 on cisplatin anticancer activity suggests that targeting MKP-1 could sensitize cancer cells to cisplatin. Recently, using MKP-1 knockout mouse embryonic fibroblasts, it has been shown that loss of MKP-1 enhances cell death in response to serum starvation, anisomycin and osmotic stress [29]. Furthermore, using a large-scale oligonucleotide screen of glucocorticoid-regulated genes, MKP-1 was found to be induced after glucocorticoid activation that plays a role in cell survival signaling pathways [57]. Because dexa-

methasone pretreatment of breast cancer cell lines inhibited chemotherapy-induced apoptosis in a glucocorticoid-dependent manner, glucocorticoid treatment alone or glucocorticoid treatment followed by chemotherapy increased MKP-1 steady-state protein levels. Inhibition of MKP-1 induction by MKP-1 siRNA reversed the anti-apoptotic effects of glucocorticoid treatment, and induction of MKP-1 correlated with the inhibition of ERK1/2 and JNK activity, whereas p38 activity was minimally affected [57]. Blocking dexamethasone-mediated MKP-1 induction using siRNA increased ERK1/2 and JNK phosphorylation and decreased cell survival [58]. Since the widespread clinical administration of dexamethasone before chemotherapy, understanding glucocorticoid-induced survival mechanisms via MKP-1 is essential for achieving optimal therapeutic responses in these cancer patients.

In addition to MKP-1, MKP-3 is another member of the MKP family that has been recently implicated in cancer therapy. Using gene expression profiling, Cui et al. [59] found that the expression of MKP-3 was correlated with response to the antiestrogen tamoxifen in both patients and *in vitro*-derived cell line models. They showed that overexpression of MKP-3 rendered estrogen- α -positive breast cancer cells resistant to the growth-inhibitory effects of tamoxifen and enhanced tamoxifen agonist activity in endometrial cells [59]. Furthermore, overexpression of MKP-3 was associated with lower levels of activated ERK1/2 phosphorylation in the presence of estrogen and estrogen deprivation and tamoxifen treatment decreased MKP-3 phosphatase activity [59]. Therefore, MKP-3 may represent a novel mechanism of tamoxifen resistance, which may be targeted for enhancing tamoxifen efficacy in the treatment of breast cancer.

5 Development of MKP inhibitors for cancer treatment

Since MKPs play an important role in cancer development, progression and the responses of cancer cells to chemotherapy, MKPs are emerging as attractive targets for cancer drug discovery. Using a high-content, fluorescence-based cellular assay and the National Cancer Institute's 1990 agent Diversity Set, Vogt et al. [60] identified ten compounds that significantly increased phospho-ERK cytosolic differences in intact cells. Three of the ten positive compounds inhibited MKP-3 *in vitro* without affecting VHR or PTP1B phosphatases [60]. The most potent inhibitor is NSC357756 that inhibited MKP-3 at IC₅₀ of <10 μ M [60]. Based on structural information of NSC357756, Lazo et al. synthesized the compound NU-126 that was able to inhibit MKP-1 activity with an IC₅₀ of ~ 50 μ M *in vitro* but not in cell culture [61]. In addition, Vogt et al. screened a chemical library that contains a 720-

compound collection of pure natural products and their derivatives and identified sanguinarine as a potent and selective inhibitor of MKP-1 [62]. Sanguinarine is a plant alkaloid with known antibiotic and antitumor activity but without knowing the primary cellular target. It has been shown that sanguinarine inhibits cellular MKP-1 with an IC₅₀ of 10 μ M and showed selectivity for MKP-1 over MKP-3. In a human tumor cell line with high MKP-1 levels, sanguinarine caused enhanced ERK and JNK phosphorylation [62]. A close congener of sanguinarine, chelerythrine, also inhibited MKP-1 *in vitro* and in whole cells, and activated ERK and JNK [62]. Thus, sanguinarine analogs may represent a new class of MKP-1 inhibitors. Although sanguinarine and NU-126 are able to inhibit MKP-1, lack of selectivity and poor cellular permeability limit their utilization as therapeutics. To identify potent, selective, and cell permeable MKP-1 inhibitors, Arnold et al. screened a large chemical library and identified several uracil quinoline compounds that are potent MKP-1 inhibitors. However, the roles of these compounds in inhibiting MKP-1 in cells have not been verified yet [63].

In addition, it has been shown that triptolide, a diterpenoid triepoxide, potently blocks MKP-1 induction by lipopolysaccharide in a dose-dependent manner [64]. Blockade of MKP-1 protein accumulation by triptolide was associated with a reciprocal increase in the levels of phosphorylated/active JNK and p38 [64], indicating that triptolide may be a potential MKP-1 inhibitor. Importantly, triptolide can induce cancer cell apoptosis [65]. Thus, it is possible that triptolide kills cancer cells in part through inactivating MKP-1. Recently, Aplidin[®], an antitumor agent that is in phase II clinical trials against various types of tumors, has been shown to down-regulate MKP-1, activate JNK, and induce apoptosis [66]. Furthermore, MKP-1 knockout embryonic fibroblasts were more sensitive than wild type cells to Aplidin[®] [66], which suggests that MKP-1 plays a role in Aplidin[®]-induced cell death. Because Aplidin[®] has been shown to kill cancer cells via several other mechanisms, down-regulation of MKP-1 may be only partially responsible for Aplidin[®] anticancer activity. Nevertheless, these studies suggest that MKP-1 inhibitors could be used as novel anticancer agents for cancer treatment.

Concluding remarks Accumulating evidence has provided a comprehensive picture of an important role of MKPs in cancer. On the one hand, these studies clearly indicate that the altered expression of MKPs has been detected in various types of cancers. Moreover, the levels of these MKPs are correlated with tumor prognosis. Most of these studies have been focused on MKP-1 because MKP-1 antibodies are available. However, the roles of other MKP family members in cancer are not studied at the protein

level, in part due to lack of reliable antibodies. Therefore, there is a need to develop good and reliable antibodies against other members of the MKP family that can be used for immuno-staining for clinical samples. On the other hand, although recent studies have identified several compounds that can inhibit MKP-1 activity, these compounds lack selectivity or demonstrate poor cellular permeability. Therefore, a major challenge is to identify MKP small molecule inhibitors that are potent, selective and cell permeable. It is conceivable that understanding the structure and biological functions of MKPs will help develop selective pharmacological inhibitors of MKPs that can be used as novel anticancer drugs for the treatment of human cancer.

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