



Targeting post-translational modifications of histones for cancer therapy

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Abstract

Post-translational modifications (PTMs) on histones including acetylation, methylation, phosphorylation, citrullination, ubiquitination, ADP ribosylation, and sumoylation, play important roles in different biological events including chromatin dynamics, DNA replication, and transcriptional regulation. Aberrant histones PTMs leads to abnormal gene expression and uncontrolled cell proliferation, followed by development of cancers. Therefore, targeting the enzymes required for specific histone PTMs holds a lot of potential for cancer treatment. In this review article, we retrospect the latest studies in the regulations of acetylation, methylation, and phosphorylation of histones. We also summarize inhibitors/drugs that target these modifications for cancer treatment.

Key words: Histone, post-translational modification, acetylation, methylation, phosphorylation, cancer.

Introduction

The term “epigenome” has been attracting a lot of attention recently. It represents various heritable post-translational modifications (PTMs) on histone proteins or DNA without altering DNA coding sequence (1). These modifications transiently or permanently respond to internal or external stimuli to provide developmental cues. A well-known PTM on DNA is methylation while histones have been reported to undergo methylation, acetylation, phosphorylation, citrullination, ubiquitination, ADP ribosylation and sumoylation (2). Different cues integrate together to direct stem cells to differentiate into various cell types. Dysregulation of this process in development can dictate defects that eventually lead to the susceptibility to diseases. Therefore, PTMs are potential pharmacological targets in many diseases including cancers (3,4). DNA methylation and the other PTMs on histones are major epigenetic features of chromatin by altering nucleosomal organization, and result in gene activation or repression (5). In this review article, we focus on the latest studies in the regulations of acetylation, methylation, and phosphorylation of histones, and also summarize inhibitors/drugs that target these modifications for cancer treatment.

Acetylation/de-acetylation of histones in cancers

Currently, one of the most extensively studied PTMs is histone acetylation (2,6), which adds an acetyl group to the terminal of lysine residues within the tail domain of the core histones. This neutralizes the positive charge of the histones, and results in the relaxation of the chro-

matin. The relaxed chromatins are more accessible to the transcriptional machinery (6). In particular, acetylated histones provide a binding platform for bromo-domain containing proteins to regulate transcriptional activity. Thus, histone acetylation facilitates the maintenance of euchromatin structure and controls transcriptional activation (7). In contrast, histone deacetylation removes acetyl groups from the acetylated histones and leads to an inactive chromatin environment. In general, histone acetyl transferases (HATs) account for the function of transcription co-activators, whereas histone deacetylases (HDACs) act as transcriptional co-repressors (2). The dysfunction of HATs and the increase of HDAC activity are suggested as epigenetic abnormalities in cancers. It has been shown that the dysfunction of tumor suppressor genes is a critical step for carcinogenesis and cancer progression. Notably, epigenetic modulators, such as HDACs, have been suggested to play important roles to suppress the expression of tumor suppressor genes. In addition, through the use of the high-affinity acetyl-lysine antibodies pull down method that couples to the mass spectrometry (MS) detection techniques, almost 2000 acetylated proteins that comprise around 3,600 acetylation sites was identified in the cell (8). The term “acetylome” is therefore created to describe all acetylated sites on a set of acetylated proteins in a cell. These acetylated proteins not only include histone proteins, but also many transcription factors (9). The acetylation status in the cells is tightly regulated by the activities of HATs and HDACs. In normal physiological conditions, the acetylation of histones and transcription factors are precisely regulated. Such homeostasis is regulated by protein activity, concentration, and the re-

cruitment of HATs and HDACs and is essential for gene regulation of normal cellular functions. In addition, it has been shown that differential recruitment of HATs and HDACs also regulates the acetylation homeostasis, and has been linked to various neurodegenerative disorders and cancerous diseases. In the process of tumor formation, the acetylation machinery is impaired and the acetylation status in cells becomes deacetylation, thus resulting in dysregulation of proliferation, differentiation and apoptosis and, further transforming the cells into a malignant state and the initiation and progression of cancer (10).

The enzymes, HATs and HDACs, regulate the acetylation of histones to modulate gene expression. It has been shown that the balance between HATs and HDACs is dysregulated in many types of cancer. Currently, HDACs are classified into four groups namely class I (HDACs 1-3, and HDAC8), class II (HDACs 4-7, HDACs 9-10), class III (sirtuins) and class IV (HDAC11). HDAC inhibitors have been demonstrated to exert anticancer activity by promoting acetylation of both histones and non-histone protein substrates. Administration of HDAC inhibitors to cancerous cells results in cell cycle arrest, DNA repairs inhibition, and the induction of cell apoptosis.

Tumor suppressor genes negatively regulate the initiation and progression of cancers. HDACs, the histone acetylation erasers, have been shown to silence the tumor suppressor genes. During the initiation phase of cancer, HDACs play roles in silencing the expression of genes that control cell cycle and differentiation. The elevated HDAC activity has been observed in promyelocytic leukemia (11), non-Hodgkin lymphoma (12), colon cancer and gastric cancer (13).

HDACs and cancer cell proliferation

Dysregulation of genes that negatively regulate cell proliferation is a hallmark of carcinogenesis. HDACs participate in the regulation of cell proliferation through repressing the expression of selective inhibitors, such as p21 and p27, of cyclin dependent kinase (CDK). Notably, HDAC1-null mouse embryos and ES cells showed increased levels of p21 and p27 that are correlated with a decreased level of cell proliferation (14). It has been demonstrated that HDACs cooperate with SP1 to repress p21 and enhances proliferation of mouse embryonic fibroblasts (14,15). In addition, HDAC4 also cooperates with Sp1/Sp3 to repress p21 expression in colon cancer cells (16) and in glioblastoma cells (17). Moreover, silenced HDAC4 upregulates the expression of p21 and thus inhibits human glioblastoma cell growth *in vitro* and *in vivo* (17). Furthermore, the expression levels of HDACs, such as HDAC1 (18-20), HDAC2 and HDAC3 (21) are highly upregulated in prostate cancer.

HDACs and cancer cell differentiation

Dysregulated cancer cell proliferation is usually accompanied by the loss of differentiation capacity. HDACs have been demonstrated to play important roles in the regulation of histone acetylation, thus affecting the expression of differentiation-related genes. In addition, Mucins are a family of proteins that are highly gly-

cosylated. Of note, Mucin2 (MUC2) is the most abundant gastrointestinal secreted form that is involved in gastrointestinal cell differentiation. Decreased MUC2 expression is observed in both pancreatic and colorectal cancers. MUC2-null mice have been demonstrated to develop adenocarcinoma (22). In particular, H3-K9 and H3-K27 acetylation has been reported to be enhanced in MUC2 promoter region to activate the expression of MUC2. Trichostatin A (TSA), a HDAC inhibitor, has been shown to induce MUC2 mRNA and protein expression in the pancreatic cancer cells that lack MUC2 expression (23). Furthermore, treatment of colon cancer cells with sodium butyrate, another HDAC inhibitor, has also been demonstrated to induce MUC2 mRNA and protein expression through enhancing the acetylation of H3 (24). In addition, the increased acetylation of histone H3 and H4 at the MUC2 promoter and up-regulation of MUC2 mRNA were also observed upon sodium butyrate treatment (25).

HDACs and the regulation of cancer cell apoptosis

In addition to cell proliferation and differentiation, HDACs also play a role to suppress apoptosis in cancer cells. For example, HDAC2 reduce apoptosis of pancreatic cancer cells (26). Furthermore, knockdown of HDAC2 in pancreatic cancer cells accelerates the processing of caspase 8 and increases apoptosis. Additionally, co-treatment of valproic acid (VPA) in HDAC2 suppressing pancreatic cells further enhances apoptosis of them (26). Interestingly, knockdown of HDAC2 upregulates the expression of NOXA gene, which is pro-apoptotic and can sensitize pancreatic cancer cells to etoposide-induced apoptosis, suggesting that HDAC2 can silence NOXA in pancreatic cancer cells (27). Similarly, knockdown of HDAC1 also enhances apoptosis in osteosarcoma cells (28), whereas knockdown of HDAC2 induces apoptosis in HeLa cells (12). In particular, synergistic treatment of two HDAC inhibitors, VPA and CI-994, can lead to the stabilization of histone acetylation and the restoration of caspase-8 in small cell lung carcinomas cells (29). Notably, treatment of medulloblastoma cells with HDAC inhibitor, MS-275, induces caspase-8 activity and increases apoptosis. This coincides with the increased acetylation levels of histone H3 and H4 at the promoter of TRAIL receptor 1 and increased levels of TRAIL receptor 1 gene and protein (30). In lung cancer cells, silence of HDAC2 induces cellular apoptosis through the activation of p53 and Bax activation and the suppression of Bcl2. In contrast, overexpression of HDAC2 inhibits p53 expression and Bax, as well as increases the expression of Bcl2, thus let the transformed cells overcoming the apoptotic signal (31). Moreover, treatment with another HDAC inhibitor, suberanilohydroxamic acid (SAHA; also named as vorinostat), also sensitizes breast cancer cells and induce the activation of caspase 8, caspase 3, Bid and PARP cleavage concomitantly, as well as the enhanced expression of Bax and TRAIL receptor 1 (32). *In vivo*, treatment of the breast cancer cells in nude mice with SAHA induce the expression of Bax, Bim, NOXA, p21, DR4, DR5, tissue inhibitor of metalloproteinase-1 (TIMP-1) and TIMP-2 (33). HDAC5 is required for the maintenance of heterochromatin and the refractory

to apoptosis of human cancer cells. In contrast, loss of HDAC5 induced heterochromatin de-condensation and enhanced sensitivity of DNA mutation agents, thus resulting in cancer cell apoptosis (34). Currently, it is clear that HDAC1, HDAC2 and HDAC5 are involved in the attenuated apoptosis during carcinogenesis.

Cancer progression and the roles of HDACs

In addition to the initiation of cancer, HDACs also regulate the genes implicated in the progression of cancer. Decreased histone acetylation has been suggested to be involved in tumorigenesis, tumor invasion and metastasis (35). Furthermore, the status of acetylation and deacetylation of the transcription factor HIF1 α regulate angiogenesis and cellular metabolism in carcinogenesis. The acetylation and deacetylation at different lysine residues in HIF1 α protein result in different biological effects. Acetylation at the N-terminus (Lys-10, 11, 12, 19, 21) and at the oxygen-dependent degradation domain (Lys-532) can promote HIF1 α protein degradation and inhibition of downstream HIF1 activity (36). In particular, HDAC4 can deacetylate the N-terminal of HIF1 α and increases the stability, transcriptional activity of HIF1 α and thus the expression of a subset of HIF1 α downstream target genes, including VEGF- α , lactate dehydrogenase A, and GLUT1 (36). Furthermore, such deacetylation directs the cells towards transformation. Notably, glycolytic genes, such as phosphoglycerate kinase 1 and pyruvate kinase M2 and glucose transporters GLUT1 and GLUT3, are also the downstream targets of HIF1 α and are upregulated in cancer cells (37-39). Therefore, HDACs regulate the metabolic changes in cancer cells through the deacetylation machinery to meet the demand of extra energy requirement of cancer cells.

HDAC inhibitors

HDACs have attracted a lot of attention as anti-cancer therapeutic targets. It has been suggested that HDACs are involved in tumorigenesis (40,41). HDACs negatively regulate the gene expression of cell cycle inhibitors, differentiation factors, and pro-apoptotic factors. Notably, HDACs also up-regulate the expression of genes associated with angiogenesis, cell invasion and migration. In the previous sections, we have shown that HDACs are involved in the regulation of cancer initiation and progression. Therefore, HDAC inhibition may show promising antitumor effects on various types of cancer. Specifically, HDAC inhibitors could exert their anti-cancer effects through inducing cell cycle arrest, apoptosis, and differentiation (40,41). In addition, the specific HDAC inhibitors should be designed to avoid in targeting all of the HDACs. Due to different chemical structures and mechanisms of inhibition, seven categories of HDAC inhibitors have been reported, including short chain fatty acids, cyclic peptides, benzamides, hydroxamine-acid-derived compounds, electrophilic ketones, miscellaneous compounds and sirtuin inhibitors. Inhibitors for class I, II, IV of HDACs have a common metal binding domain that functions to block Zn²⁺ chelation at the active site (42). In particular, zinc-dependent HDAC inhibitors are ineffective against class III HDACs (sirtuin) (43). The mechanisms of action

and the biological consequences of Class III HDAC inhibitors remain unclear (44-46). Furthermore, sirtuin inhibitors were shown to be ineffective in human cells (47). Nevertheless, specific inhibitors against sirtuin I (SEN96) (48) and sirtuin 2 (compound 6J) (49) are currently in clinical trials. Zinc-dependent HDAC inhibitors have been developed as anticancer drugs, and two sirtuin inhibitors have been approved for cancer treatment (50). Specifically, inhibition of HDAC results in cell cycle arrest at G1 phase and upregulation of p21 in a p53-independent manner (51) through increase of histones H3 and H4 acetylation at the p21 promoter (52). In addition, HDAC inhibitors, such as butyrate and TSA, exert the anti-cancer effects by stabilizing p21 mRNA (52), repressing cyclins A, D, and activating p16 and p27 in cell cycle arrest (53,54). Interestingly, TSA has also been reported to induce microRNA-7 expression, leading to suppression of epidermal growth factor receptor (EGFR) expression in an HDAC-independent manner in lapatinib-treated breast cancer cells (55). Furthermore, treatments of HDAC inhibitors have been shown to activate the expression of pro-apoptotic genes and/or to reduce the expression of anti-apoptotic genes (56). Comparing with other epigenetic drugs, the potency is the major advantage of HDAC inhibitors, due to that most of their effective doses are in nano- and micro-molar range (57,58). It has also been shown that HDAC inhibitors also inhibit angiogenesis and increase the host immune system in cancer patients (56,59,60). Therefore, HDAC inhibitors can be used with other different drugs in cancer therapies. Notably, HDAC inhibitors can function synergistically with different chemotherapeutic agents and biologic polypeptides. For example, pretreatment with the HDAC inhibitor, vorinostat, enhances the drug effects of topoisomerase II inhibitors (61). In addition, HDAC inhibitors are also combined with DNA demethylating agents to reactivate the silenced tumor suppression genes. As a proof of principle, decitabine was combined with HDAC inhibitors (such as phenyl butyrate or VPA) to treat the patients with acute myeloid leukemia (AML) or myelodysplastic syndrome (MDS). The results have been shown more tolerable and promising efficacy in three Phase I/II trials (62-64). Notably, another promising strategy is the use of HDAC inhibitors with tyrosine kinase inhibitors in cancers that are characterized with overexpressed anti-apoptotic genes. For example, vorinostat, LBH-589, LAQ-824 and romidepsin have been demonstrated there synergistic effects with imatinib for pro-apoptotic activity in the treatment of both imatinib-sensitive and imatinib-resistant leukemic cells (65-67).

HAT inhibitors

HAT is responsible for the reaction of histone acetylation, which transfers the acetyl group of acetyl coenzyme A (acetyl-CoA) to the ϵ -amino group of lysine (68,69). HATs have been classified into two groups, type-A and B, based on sequence divergence of the HAT domain and intracellular localization. Type A HATs are nuclear localized HATs that acetylate histones and other chromatin-associated proteins. Interestingly, although Type B HATs are localized in both nuclear and cytoplasm, it is responsible that acetylating the newly

synthesized histones in the cytoplasm promotes their nuclear localization (70,71). Type A HATs consist of three families: GNATs, P300/CBP, and MYST. Type B HAT consist only the histone acetyltransferase-1 (HAT1/KAT1) (69,72). Little sequence similarity and no homology domain have been shown in the type A HAT families, but the acetyl-CoA binding domain is highly conserved in all HATs (73).

Due to the specific catalytic activity of HATs relying on association, HAT inhibitors are therefore mainly the acetyl-CoA-related derivatives, conjugates. Currently, HAT inhibitors are classified into synthetic peptide CoA-based, natural product or small molecule. Notably, the synthetic HAT inhibitors were identified from the finding that polyamine-CoA conjugates can inhibit HAT activity *in vitro* (74). Most of the synthetic bi-substrate HAT inhibitors mimic the complex of acetyl CoA-lysine intermediate and exert the inhibitory effects. The major disadvantage for this class of HAT inhibitors is their high degree of cellular impermeability. Furthermore, most of the HAT inhibitors from natural products also have the same disadvantage. The best characterized of HAT inhibitors from natural products is Curcumin, which is isolated from the rhizome. It has been demonstrated that Curcumin is effective in the prevention and treatment of many types of cancer, such as colorectal, breast, cervical kidney, lung, prostate, ovarian and liver cancers (75,76).

The third class of HAT inhibitors is a number of small molecules to deal with permeability. These inhibitors include butyrolactone 3 (MB-3), quinoline and isothiazolone and their derivatives. Isothiazolone has been shown to inhibit the cell proliferation of human ovarian and colon cancer cell lines (77). The derivatives of isothiazolone also showed inhibitory effects on the enzyme activities of HAT. Using HATs as drug targets is complicated due to the fact that most HATs are the component of large protein complexes (78), which may increase the variability of HATs. It has been shown that the protein complexes have been shown to reduce the HAT activity from certain loci (79). In addition, the protein complexes facilitate the different enzymatic activity required for different cellular functions. Based on these findings, making HAT inhibitors with cell permeability will facilitate the drug development for cancer treatment.

Methylation/de-methylation of histones in cancers

The dynamical activities of lysine methyltransferases (KMTs) and demethylases (KDMs) control the methylation status of lysine residues on histone proteins, which modulate chromatin structure to regulate different cellular functions, including transcription, replication and repair (80). The specificity and degree of methylation at lysine residues rely on particular KMTs and KDMs. The first site-specific histone KMT, SUV39H1 (KMT1A), which contains a conserved enzymatic SET domain, has been identified in 2000 (81). The SET domain, a 130 amino acid with catalytic activity towards lysine residues of histones, was initially found to be conserved in Su(var)3-9, E(z) (enhancer of zeste) and trithorax (82). By homology alignments with the SET domain, dozens of KMTs have further identified

(83). In addition to SET domain-containing KMTs, another class of KMTs without SET domain, such as KMT4 (also known as Dot1p in yeast and Dot1L in human), has also been clarified (84,85). Although these two classes of KMTs do not possess conserved catalytic domains, both of them utilize S-adenosyl-L-methionine (SAM) as the methyl group donor for lysine methylation on histones (83,86). The presence of histone KDMs was first identified from a part of the C-terminal binding protein 1 (CtBP1) corepressor complex as LSD1/KDM1A, which contains a flavin adenine dinucleotide (FAD)-dependent amine oxidase domain that demethylates H3K4me2 and H3K4me1 and modulates gene expression (87,88). Additionally, another type of histone KDMs, such as KDM2A/B, which utilizes the Jumonji (JmjC) domain to catalyze demethylation through the oxidation of methyl groups, is dependent on α -ketoglutarate, molecular oxygen, and Fe(II) (89-91). However, the aforementioned KDM1 and KDM2, as well as KDM3 can't demethylate trimethylated lysine until the discovery of KDM4A-KDM4D (also known as JMJD2A-JMJD2D), which are capable of demethylating histone H3K9me3/H3K9me2, H3K36me3/H3K36me2, and H1.4K26me3/H1.4K26me2, but are unable to remove H3K9me1 or H3K36me1 (92-96). These studies demonstrate the specificity of KMTs and KDMs for both the site and degree of methylation.

The site and the degree of methylation on lysine residues are important in generation of open or closed chromatin. For instance, histones H3K4me3, H3K36me2/3, H3K79me2/3, and H4K20me1 correlate with active states of open chromatin; in contrast, H3K9me3, H3K27me3, and H4K20me3 marks are associated with closed heterochromatin (97,98). The above histone 'marks' provide a particular surface for recognition by 'reader' proteins. For example, the basal transcription factor TFIID directly recognizes and binds to the H3K4me3 mark via the plant homeodomain (PHD) finger of TAF3, leading to activation of transcription (99). In contrast, a heterochromatic adaptor HP1 recognizes H3K9me3 mark through its chromo domain, thereby generating the closed supra-nucleosomal chromatin structure and silencing transcription (100). Accumulated evidences demonstrate that lysine methylation of histones play important roles in cancer progression. Alterations of histone KMTs and KDMs, such as overexpression, downregulation, mistargeting, mutations and gene fusions caused by chromosomal translocations, result in aberrant modification marks and structures of chromatin, leading to deregulation of cancer-specific gene expressions, uncontrolled cell proliferation, and genome instability, in different types of cancers (101). For example, KMT5A (also known as PR-SET7 and SET8) directly interacts with PCNA and mono-methylates histone H4K20 to regulate S phase progression during the cell cycle (102,103). The amounts of KMT5A and histone H4K20me1 increase with cell cycle progression, reach to the highest levels during G2/M and early G1 phase (104), subsequently, followed by marked degradation of KMT5A via PCNA-coupled CRL4 (CDT2) ubiquitination during S-phase (105). KMT5A and H4K20 methylation are tightly regulated in replication fork to prevent aberrant re-replication and maintain fork stability during DNA replication (106,107). His-

tone H4K20me1 can be further di- and tri-methylated by Suv4-20h1/2(107). Histone H4K20me2 is required for recruiting 53BP1 at sites of DNA damage to initiate DNA repair process (108). We also find a crosstalk of histone H4K20 methylation and H4Y72 phosphorylation in regulation of the above processes (109). Histone H4K20me3 and Suv4-20h enzyme coupled with HP1 are focally enriched at pericentric heterochromatin in higher order chromatin structure (110). In addition, KMT5A interacts with TWIST, a master regulator of epithelial–mesenchymal transition (EMT), to activate the transcription of N-cadherin gene and repress that of E-cadherin gene via its mono-methylation activity towards H4K20, thereby promoting EMT and enhancing the invasive potential of breast cancer cells both *in vitro* and *in vivo*. Importantly, the expression of KMT5A is clinically positive-correlated with expressions of N-cadherin and TWIST expression, as well as metastasis, but negative-correlated with E-cadherin expression in human breast carcinoma, suggesting KMT5A as a potential therapeutic target of breast cancer via suppressing metastatic properties (111).

DOT1L (as known as KMT4) specifically methylates histone H3K79 at various degree including mono-, di- and tri-methylation (85,112). Although DOT1L does not possess a common SET domain, its catalytic domain shows structural similarity with that of classic non-histone methyltransferases (113), such as catechol O-methyltransferase COMPT (114). Mistargeting of DOT1L by association with different MLL fusion proteins, such as MLL-AF4, MLL-AF9, MLL-AF10, and MLL-ENL caused by translocation, leading to their abnormal expressions have been demonstrated in leukemias (115,116). Additionally, the activity of DOT1L is required for maintaining the MLL-AF6-driven oncogenic gene-expression program in accordance with high levels of histone H3K79me2 in hematologic malignancy. Conditional knockout of *Dot1l* results in suppressing the MLL-AF6-mediated leukemogenesis in a mouse model (117).

Polycomb group (PcG) proteins serve as the regulators to control the process through histone modifications (118,119). PcG proteins comprise of two polycomb repressor complexes (PRCs), PRC1 and PRC2. The PRC2 complex consists of EZH2, SUZ12, EED, and RBAP48, in which EZH2 is a catalytic subunit with histone methyltransferase activity that tri-methylates lysine 27 of histone H3 (H3K27me3). Previous studies have demonstrated that EZH2 is overexpressed in a wide variety of cancerous tissue types, such as prostate, breast (119-121), and brain (122-125) cancers. Its roles in maintenance of stemness and neuron regeneration have been illustrated (126-129). In addition, accumulating evidences have demonstrated that EZH2 is critical in drug resistance and overexpressed in cancer stem cells (also named as tumor initiating cells, TICs). For instance, high expression of EZH2 is associated with tumor aggressiveness and poor prognosis in patients with esophageal squamous cell carcinoma treated with definitive chemoradiotherapy (130). Overexpression of EZH2 contributes to the acquired cisplatin resistance in ovarian cancer cells (131). Overexpression of EZH2 and chemotherapy have been shown to enrich stem cell-like side populations in ovarian cancer (132), breast cancer

(133), and prostate cancer (134). In contrast, decreased expression of EZH2 shows favorable outcome to tamoxifen, an antagonist of the estrogen receptor in advanced breast cancer (135,136). Knockdown of EZH2 by RNAi re-sensitizes drug-resistant ovarian cancer cells to cisplatin (131), reverses the drug resistance to 5-Fu in human hepatic multidrug-resistant cancer cells (137), and decreases MDR1 expression and sensitizes multidrug-resistant hepatocellular carcinoma cells to chemotherapy (138).

Histone KMT inhibitors

Due to the roles of KMTs/KDMs in cancers, several inhibitors against some of these molecules have been developed. The aminonucleoside inhibitors, such as EPZ004777, have been used for targeting DOT1L catalytic activity by competition with SAM for binding to its active site. The compound EPZ004777 selectively decreases the global levels of H3K79 methylation and kills mixed lineage leukemia cells bearing the MLL gene translocation(139,140). Although it has been reported that activation of Wnt-targeted genes also depends on H3K79 methylation, recently, treating human colon adenocarcinoma-derived cell lines by inhibiting DOT1L with EPZ004777 does not affect the canonical Wnt signaling pathway and H3K79 methylation is not increased in clinical human colon carcinoma samples comparing with that in normal colon tissue, suggesting that DOT1L might be not a favorable therapeutic target in colon cancer (141). Another advanced DOT1L inhibitor, EPZ-5676, has been designed and synthesized as a SAM-competitor, which induces conformational changes in the active site, and possesses attractive selectivity and a slow off-rate with the most potent effects on inhibition of H3K79 methylation and MLL-fusion target gene expression, leading to effective cell killing for acute leukemia (142). It demonstrates biexponential pharmacokinetics following intravenous administration, but has low oral bioavailability in animal models including mouse, rat and dog (143). EPZ-5676 is also effective in AML with partial tandem duplication (PTD), MLL-PTD (144). Moreover, the synergistic anti-proliferative activity of EPZ-5676 has been observed in combination with cytarabine and daunorubicin in MLL-rearranged leukemia cells (145). Recently, EPZ-5676 has been applied to a phase I clinical trial in the adult and pediatric patients with MLL-rearranged AML (<http://clinicaltrials.gov>).

A series of small molecules, such as GSK126 (146), EI1 (147), UNC-1999 (148), and E7438 (EPZ-6438) (149), have been developed for inhibition of the catalytic activity of EZH2 and thereby decreasing global tri-methylation at histone H3K27. These inhibitors are selectively against EZH2 over other KMTs and function by competition with SAM. The turnover rates of H3K27me3 are low, thus prolong treatment of EZH2 inhibitors is required for its efficacy in non-Hodgkin's lymphoma without altering H3K27me1 (150). EZH2 is normally expressed in the germinal center (GC) B cells and decreases to turn on genes required for B cells differentiation. Around 1800 EZH2-targeted genes in GC B cells are identified. Accordingly, knockdown of EZH2 in diffuse large B-cell lymphoma (DLBCL) cells leads

to acute cell cycle arrest at the G1/S transition and up-regulation of its tumor suppressor target genes. These results suggest the critical roles of EZH2 involved in regulation of a specific epigenetic program in normal GC B cells, and aberration of the epigenetic program may contribute to their malignant transformation into DLBCLs (151). Somatic mutations of EZH2 frequently occur in B cell lymphomas. Conditional expression of mutant EZH2 in mice promotes hyperplasia and lymphomagenesis via abnormal suppression of genes required in B-cell differentiation. The discovery provides the potential therapeutic strategy by targeting EZH2 in DLBCLs (152). EZH2 inhibitors have effective anti-tumor activity in different animal models including GCB-DLBCL xenograft models (146,149,150,152) and SMARCB1-deletion driven rhabdoid tumor models (153). The clinical trials of EZH2 inhibitors, including E7438 (EPZ-6438), CPI-1205, and GSK2816126, are in progress for different types of lymphomas (<http://clinicaltrials.gov>). The anti-tumors activity of other histone KMT inhibitors, such as A-366 against EHMT1 (154), BIX-01294 against EHMT2 (155-157), AZ505 and LLY-507 against SMYD2 (158,159), have also documented in preclinical stage.

Histone KDM inhibitors

Human KDMs for histones consist of two distinct enzyme classes: FAD-dependent amine oxidase type demethylase, such as LSD1/KDM1A (87,88), and the JmjC-domain containing demethylases, such as KDM2A/B (89-91). Tranylcypromine (TCP) is an irreversible inhibitor of KDM1A via covalently binding to the FAD co-factor that resides at the base of the active site (160). The cellular effects of the KDM1A inhibitors on induction of histone H3K4 methylation and anti-proliferative activity are demonstrated as well (161). Afterward, a variety of TCP analogs have been generated by substituting the phenyl group of TCP with functional groups ranging from fluoro- and bromo-additions (162,163). TCP analogs, trans-N-[1-(2,3-dihydro-1,4-benzodioxin-6-yl)ethyl]-2-phenylcyclopropan-1-amine (Compound A) and trans-N-[(2-methoxypyridin-3-yl)methyl]-2-phenylcyclopropan-1-amine (Compound B, also known as Oryzon), effectively inhibit KDM1A-mediated responses in the nanomolar range and show similar phenotypes of Kdm1a knockdown in both murine and primary human AML cells bearing the MLL gene translocations exhibiting MLL translocations (164). Two irreversible, TCP-derived KDM1A inhibitors, ORY-1001 (165) and GSK2879552 (165,166), are currently being applied to clinical trials in patients with AML or small cell lung cancer (<http://clinicaltrials.gov>).

Another type of KDM1A inhibitors is reversible, such as GSK690 and N'-(1-phenylethylidene)-benzohydrazides (167,168). The most potent inhibitor, SP2509, attenuates the interaction between LSD1 and the corepressor CoREST, enhances the permissive H3K4me3 mark on the target gene promoters, and increases the levels of p21, p27 and CCAAT/enhancer binding protein alpha, leading to suppressing cell growth in AML cells. Combinational treatment with SP2509 and panobinostat, a pan-HDAC inhibitor, synergistically kills AML cells and also improves the survival in a human AML

cell-inoculated mouse model (169). In addition, low molecular weight amidoximes, such as bis-guanidines, bis-biguanides, and their urea- and thiourea isosteres, have been identified as KDM1A inhibitors by structure-based virtual screening. These amidoximes potently inhibit LSD1/ KDM1A and induce the re-expression of aberrantly silenced tumor suppressor genes in tumor cells (170). However, the potentials of these novel reversible KDM1A inhibitors in pre-clinical development need to be further explored and evaluated.

The other KDM members containing the JmjC domain utilize 2-oxoglutarate (2-OG; α -ketoglutarate) as a co-factor. Several inhibitors of JmjC domain-containing KDMs have been designed by interfering with the association between KDMs and 2-OG (171). For instance, GSK-J1 is the first selective and potent H3K27-specific demethylase inhibitor from high throughput screening. GSK-J1 mimics 2-OG binding by a propanoic acid moiety, and also chelates the Fe²⁺ on active site by a pyridyl-pyrimidine biaryl, thereby inducing conformational change of this catalytic divalent cation in the active site to suppress the activity of KDMs. A cell-permeable derivative of GSK-J1 is synthesized by esterification of its polar carboxylate group and named as GSK-J4 (172). The effects of GSK-J4 on tumor suppression have been observed in T-ALL leukemia cells (173).

Phosphorylation of histones in cancers

Mitogen- and stress-activated kinase 1/2 (MSK1/2) elicits histone H3 phosphorylation at S10 (H3S10p) and S28 (H3S28p) (174), in which H3S10p contributes to EGF-stimulated neoplastic cell transformation (175). The MAP kinase cascades are key regulators in the phosphorylation of H3S10 and activation of immediate early (IE) response genes upon different stimuli, including growth factors, cytokines, and stress. Increased H3S10p induces the expression of the IE response genes, including proto-oncogenes c-fos and c-jun, in cancer progression (176). Activating mutations in K-Ras elevates the Ras-MAPK pathway and results in the MSK1-mediated H3S10p in neoplastic transformation of pancreatic cancer cells (177). The transcription byproducts, R loops, constitute a threat to genome integrity and are tightly linked to H3S10p for chromatin condensation (178,179). In addition to acetylation and methylation of histones, gene transcription is also regulated through phosphorylation of histone H2B at S33 by TAF1 (180) and histone H3 at T11 by PRK1 (181). Moreover, tyrosine phosphorylation of histones has also been identified in recent years. WSTF, a transcription factor, has intrinsic tyrosine kinase activity toward Y142 of histone H2AX to maintain S139 phosphorylation and IR-induced foci formation, which is crucial for regulation of the DNA damage response (182). Rad53-associated Y99 phosphorylation of histone H3 is also critical for efficient ubiquitination and degradation in the regulation of histone levels (183). JAK2 phosphorylates histone H3-Y41 and prevents HP1 α binding to chromatin (184). WEE1 has been identified as the tyrosine kinase towards Y37 on histone H2B, and histone H2B-Y37 phosphorylation suppresses expression of replication-dependent core histone genes via excluding binding of the transcriptional coactivator NPAT and RNA poly-

merase II, and recruiting the histone chaperone HIRA (185). Recently, we have demonstrated that EGFR can translocate into the nucleus to phosphorylate histone H4 at Y72 and results in enhancing the recruitment of histone KMTs to facilitating its K20 methylation and consequently promotes DNA synthesis and repair (109). The evidence supports that non-canonical nuclear EGFR works as a modifier of nuclear proteins, such as PCNA (186), RNA helicase A (187), PNPase (188), and histone H4 (109), and thus regulates the relative cellular functions. Disruption of the interaction between EGFR and the associated nuclear proteins leads to suppress cell growth of prostate cancer (189) and breast cancer (109,190).

Kinase inhibitors

Based on the previous documents, several kinases have been known to possess kinase activity toward histones, such as MSK1 (174,177), JAK2 (184), WEE1 (185), and EGFR (109). Inhibition of MSK1 activity by addition of its inhibitor, H89, or by knockdown of MSK1 with specific short hairpin RNAs (shRNAs) specifically abrogates cell proliferation in response to estrogens or progestins in breast cancer cells (191). Recently, to inhibition of MSK1 by the same approach significantly reduces latent membrane protein 1 (LMP1)-promoted cell proliferation, and induces cell cycle arrest at G0/G1 phase. Knockdown of MSK1 attenuates the LMP1-promoted anchorage-independent cell growth in nasopharyngeal carcinoma cells (192). Because of the off-target effects of MSK inhibitor H89, another more specific MSK1 inhibitor, SB-747651A, has been developed with an IC₅₀ value of 11 nM. Cellular study reveals that SB-747651A inhibits production of the anti-inflammatory cytokine IL-10 (193). Treatment with SB-747651A dramatically diminishes invasiveness of aggressive oral squamous cell carcinoma (194).

Somatic mutations of JAK2 such as JAK2-V617F, a recurring gain-of-function mutation, are correlative to development of myeloproliferative disorders (MPD). Small-molecule inhibitors of JAK2 kinase can be classified into two types: JAK2-selective (Class I) and non-JAK2 selective (Class II). The JAK2-selective inhibitors, including INCB018424, XL019, and G101348, and non-JAK2 selective inhibitors, such as MK-0457 (VX680), CEP-701 (Lestaurtinib), and AT9283, have been employed in clinical trials in patients with MPD, acute lymphoblastic leukemia (ALL), and CML (195). The type II inhibitor of JAK2, CHZ868, stabilizes JAK2 protein in an inactive conformation. CHZ868 potently inhibits the growth of CRLF2-rearranged human B-ALL cells, disrupts JAK2 signaling, and improves survival in B-ALL cells-inoculated mice. Combinational treatment with CHZ868 and dexamethasone synergistically induces apoptotic response in JAK2-dependent B-ALLs comparing to CHZ868 alone (196). These findings support the therapeutic strategy for the patients with JAK2-dependent leukemias and other disorders by targeting JAK2 kinase.

WEE1 kinase is a key G2-M checkpoint regulator, which phosphorylates CDC2 at Y15, leading to inactivation of the CDC2/cyclin B complex and induction of cell cycle arrest at G2/M. Inhibition of WEE1 by

either small molecule inhibitors or shRNAs results in premature entry into mitosis and consequently inducing cell death via mitotic catastrophe or apoptosis (197). A series of WEE1 inhibitors have been synthesized, including PD0166285 (198,199) and MK-1775 (also named as AZD1775) (200-208). In addition to the small compound inhibitors, a microRNA, miR-381, has been identified as a novel intrinsic WEE1 inhibitor, which up-regulates CDC2 activity to sensitize renal cancer cells to 5-FU by induction of mitotic catastrophe and apoptosis (209). MK-1775 (AZD1775) has been employed in clinical trials in patients with wide types of cancers including lung cancer, ovarian cancer, fallopian tube cancer, peritoneal cancer, cervical cancer, glioblastoma, pancreatic cancer, head and neck cancer, and AML (<http://clinicaltrials.gov>).

Overexpression of EGFR have been observed in different types of cancers, including ovarian cancer (210), breast cancer (211-215), lung cancer (216-219), colorectal cancer (220). Several tyrosine kinase inhibitors (TKIs) against EGFR are currently used in clinical treatment of cancers, such as Erlotinib (Tarceva) (221), Gefitinib (Iressa) (222), Erbitux (Cetuximab) (223) and Tykerb (Lapatinib), which is a dual TKI to EGFR and HER2 (224). Lapatinib promotes the sensitivity to proteasome inhibitors via inducing NF-kappaB activation in triple-negative breast cancer cells (225). However, drug resistance to these clinical used TKIs sometimes occurs. The worse event-free survival rate of lapatinib in breast cancer may partly attribute to the elevation of EGFR through the downregulation of microRNA-7, subsequently leading to overexpression of cyclooxygenase-2 independent of EGFR kinase activity (226). Moreover, the specific monoclonal antibody against EGFR, such as Panitumumab, has also been developed for target therapy in cancer (227).

Conclusion

We described the machinery to maintain the homeostasis of PTMs on histones by specific enzymes, such as HATs/HDACs, KMTs/KDMs, and kinases, within cells. Abnormal activation of these enzymes frequently occurs in different types of cancers. Several inhibitors/drugs have been developed for specifically suppressing the overexpressed enzymatic activity in pre-clinical or clinical treatment of cancers (summarized in Table 1). Targets validation for personalized medication, and the specificity, biostability, and reactivity of the inhibitors/drugs are critical for the outcome of cancer patients after treatments. Importantly, drug resistance is another difficult issue needed to be solved. Compensation with activating alternative signal pathways has been uncovered in cells with drug resistance. Therefore, combinational treatments with different inhibitors/drugs might overcome the difficult problems. To sum up, understanding the detail molecular mechanisms of specific inhibitors/drugs and their resistance will benefit to improve the therapeutic strategy for better clinical outcome of cancer patients.

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Table 1. The candidate targets and inhibitors of histone PTMs in oncology.

	Targets	Inhibitors
HATs	p300/CBP	Curcumin
	p300/CBP	Quinoline
	PCAF and p300/CBP	Isothiazolone
	GCN5	Butyrolactone 3 (MB-3)
HDACs	pan-HDACs	LBH-589
		LAQ-824
		Vorinostat (SAHA: suberanilohydroxamic acid)
		Panobinostat
	class I and II HDACs	Trichostatin A (TSA)
	class I HDAC	Valproic acid (VPA)
	HDACs 1, 2 and 7	CI-994
	HDAC1 and HDCA2	Sodium butyrate
KMTs	DOT1L/KMT4	romidepsin
		SEN96
	EZH2	sirtuin I
		sirtuin 2
		Compound 6J
		EPZ004777
		EPZ-5676
		GSK126
		GSK2816126
		EI1
UNC-1999		
KDMs	LSD1/KDM1A	E7438 (EPZ-6438)
		CPI-1205
	EHMT1	A-366
	EHMT2	BIX-01294
	SMYD2	AZ505
		LLY-507
KDMs	LSD1/KDM1A	Tranlycypromine (TCP)
		Compound A (trans-N-[1-(2,3-dihydro-1,4-benzodioxin-6-yl)ethyl]-2-phenylcyclopropan-1-amine)
		Compound B (Oryzon)
		ORY-1001
		GSK2879552
		GSK690
		N'-(1-phenylethylidene)-benzohydrazides
		SP2509
		Bis-guanidines
		Bis-biguanides
JmjC domain-containing KDMs	GSK-J1	
	GSK-J4	
Histone kinases	MSK1	H89
		SB-747651A
	JAK2	INCB018424
		XL019
		G101348
		MK-0457 (VX680)
		CEP-701 (Lestaurtinib)
		AT9283
		CHZ868
		PD0166285
WEE1	MK-1775 (AZD1775)	
EGFR	miR-381	
	Erlotinib (Tarceva)	
	Gefitinib (Iressa)	
	Panitumumab	

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Other articles in this theme issue include references (228-239).

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