

New mechanistic insight of Wnt5a inhibition involving ROR1

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Abstract:

Wnt5a is one of the most extensively studied proteins of the Wnt family and is known to play an important role in cellular motility and proliferation. Wnt5a is a ligand of the receptor tyrosine kinase-like orphan receptor 1 (ROR1), an onco-embryonic protein expressed on chronic lymphocytic leukemia (CLL) B cells, and on a variety of solid tumors, but not on normal adult tissues. This mini-review summarizes recent results regarding the inhibition of effects of Wnt5a signaling by targeting ROR1.

Keywords: Wnt5a, ROR1, Cancer, Cell growth, Migration

In humans, Wnt family proteins consist of 19 members that have important roles in the regulation of diverse processes including cell proliferation, survival, migration and metastasis¹⁻³. Three Wnt signaling pathways have been characterized⁴⁻⁶;

(i) canonical Wnt pathway: Also known as the Wnt/ β -catenin pathway, which causes an accumulation of β -catenin in the cytoplasm and its eventual translocation into the nucleus to act as a transcriptional coactivator of transcription factors that belong to the TCF/LEF (T-cell factor/lymphoid enhancing factor) family.

(ii) noncanonical planar cell polarity (PCP) pathway: The PCP pathway is activated via the binding of Wnt to a Frizzled (FZD) receptor. The receptor then recruits Dishevelled (Dsh), which forms a complex with Dishevelled-associated activator of morphogenesis 1 (DAAM1) that activates the small G-protein Rho through a guanine exchange factor.

(iii) noncanonical Wnt/calcium pathway: This pathway regulates calcium release from the endoplasmic reticulum (ER), in order to control intracellular calcium levels. Upon ligand binding, the activated Frizzled (FZD) receptor directly interacts with and stimulates Dishevelled (Dsh), as well as

trimeric G-protein, which can lead to the activation of Phospholipase C (PLC), that in turn cleaves the plasma membrane component PIP2 (Phosphatidylinositol 4,5-bisphosphate) into DAG (diacylglycerol) and IP3 (Inositol trisphosphate). When IP3 binds its receptor on the ER, calcium is released. Increased concentrations of calcium and DAG can activate Cdc42 (Cell division control protein 42 homolog) through PKC (Protein kinase C).

Wnt signaling pathways are potential therapeutic targets in cancer⁶. Wnt5a, one of the members of the Wnt family, has been shown to have a crucial role in cellular proliferation and motility^{7,8}. Altered expression of Wnt5a is significantly related to poor clinical outcome in chronic lymphocytic leukemia (CLL), ovarian and gastric cancer⁹⁻¹¹. Fukuda *et al.* showed that Wnt5a is a ligand of receptor tyrosine kinase-like orphan receptor 1 (ROR1)¹².

ROR1 is a transmembrane protein, comprised of an extracellular domain consisting of an immunoglobulin-like motif, a cysteine-rich frizzled domain, a kringle domain, a cytoplasmic tyrosine kinase domain, two serine/threonine-rich domains and a proline-rich domain¹³. This protein is expressed during embryogenesis, playing a key role in skeletal and neural organogenesis. ROR1 expression attenuates

during fetal development, and with a few exceptions¹⁴, is not expressed in normal post-partum tissues¹². As a receptor for Wnt5a, ROR1 can induce non-canonical signaling to promote such oncogenic activities. ROR1 is expressed on CLL B cells, as well as on several solid tumors¹⁵⁻¹⁸, and its expression is associated with markers of epithelial-mesenchymal transition (EMT), cancer-cell motility/invasiveness, metastatic disease, and poor prognosis^{19,20}.

Recent studies described that Wnt5a induces cellular motility and proliferation by enhancing hetero-oligomerization of ROR1 with ROR2, which then recruits guanine nucleotide exchange factors (GEFs) that in turn activate downstream GTPases RhoA and Rac1 in chronic lymphocytic leukemia (CLL) cells²¹. The extracellular kringle domain of ROR1 is important for ROR1/ROR2 hetero-oligomerization and the cysteine-rich domain or intracellular proline-rich domain is necessary for Wnt5a-induced recruitment of GEFs to ROR1/ROR2. Treatment with the humanized anti-ROR1 monoclonal antibody Cirmtuzumab (UC-961) can block such effects and inhibit engraftment of MEC1

cells expressing ROR1, as well as ROR1×TCL1 leukemia cells and ovarian cancer cells^{21,22}.

Moreover, pre-clinical studies have shown that UC-961 has a potential specificity and safety²³. In this study, Choi *et al.* performed a Good Laboratory Practice-compliant human tissue cross-reactivity study using UC-961, and identified ROR1 in pancreatic cancer cells, but not in normal postpartum tissues, including the pancreas or adipose tissue. The authors also conducted rodent and primate studies to assess for off-target or non ROR1-specific activity, and found UC-961 was well tolerated and no adverse effects were observed. They also performed studies in cynomolgus monkeys using UC-961, and observed no changes in body weight, clinical chemistry values, or hematologic parameters, including absolute numbers of T or B cells.

Collectively, these results indicate that UC-961 may have important applications in the treatment of patients with CLL, in addition to the treatment of patients with solid-tumor malignancies that express ROR1.

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