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(54) METHODS FOR DETECTING, DIAGNOSING (51) Int. Cl.
AND TREATING HUMAN RENAL CELL (120 1/68 AND TREATING HUMAN RENAL CELL CI2O I/68 (2006.01)

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- (73) Assignee: **Board of Regents, The University of** 2003/0224040 A1* 12/2003 Baylin et al. 424/450 **Texas System**, Austin, TX (US) **CHER OF IN** ICATIONS
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- CARCINOMA (52) U.S. Cl. .. 435/6.1: 435/6.14 Field of Classification Search None
See application file for complete search history.

OTHER PUBLICATIONS

(*) Notice: Subject to any disclaimer, the term of this Gumz et al. (Clin. Cancer Res. Aug. 15, 2007, 13(16): 4740-4749). * patent is extended or adjusted under 35 P-SCAN (Peak quantification using Statistical Comparative P-SCAN (Peak quantification using Statistical Comparative Analy-

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US 2011/0294694 A1 Dec. 1, 2011 (57) ABSTRACT

O O O O O O COO COO COO COO COO COO RELATED RELATED RELATED EXPLORED EXPLORED EXPLORED SIS READILY OF THE RELATED SIS READILY OF THE RELATED (63) Continuation of application No. 10/938,973, filed on renal epithelial cells and renal cell carcinomas. Genes iden-
Sep. 10, 2004, now abandoned. tified by this analysis would be useful for diagnosis, prognos sis and development of targeted therapy for the prevention (60) Provisional application No. 60/539,838, filed on Jan. and treatment of conventional renal cell carcinoma. and treatment of conventional renal cell carcinoma.

3 Claims, 20 Drawing Sheets

FIG. 1A

FIG. 1B

FIG. 8

FIG. 20

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METHODS FOR DETECTING, DIAGNOSING AND TREATING HUMAN RENAL CELL **CARCINOMA**

CROSS-REFERENCE TO RELATED APPLICATION

This is a continuation application under 35 U.S.C. §120 of nonprovisional application U.S. Ser. No. 10/938,973, filed visional application U.S. Ser. No. 60/539,838, filed Jan. 28, 2004, now abandoned, and of provisional application U.S. Ser. No. 60/502,038, filed Sep. 10, 2003, now abandoned, the entirety of all of which are hereby incorporated by reference. Sep. 10, 2004, now abandoned, which claims benefit of pro- ¹⁰

BACKGROUND OF THE INVENTION

1. Field of the Invention

The present invention relates generally to the field of can cer research. More specifically, the present invention relates 20 to gene expression profiling for human renal cell carcinoma.

2. Description of the Related Art

Renal cell carcinoma (RCC) represents a major health issue. The American Cancer Society predicts 31.900 new cases will be diagnosed in the United States alone in the year 25 2003, with 11,900 people dying of the disease. When clini cally localized or even locally advanced, renal cell carcinoma can be surgically resected for cure using a variety of approaches. With metastatic progression, however, renal cell carcinoma is incurable, and existing systemic therapies are 30 largely ineffective in impacting disease response or patient survival. The lack of effective systemic therapy for metastatic renal cell carcinoma is, in part, due to a fundamental lack of understanding of the molecular events that result in cellular transformation, carcinogenesis, and progression in human 35 kidney.

The advent of gene array technology has allowed classifi cation of disease states at molecular level by examining changes in all mRNAS expressed in cells or tissues. Gene expression fingerprints representing large numbers of genes 40 may allow precise and accurate grouping of renal cell carci noma. Moreover, large scale gene expression analysis have the potential of identifying a number of differentially expressed genes in renal cell carcinoma compare to normal renal epithelial cells. These genes or markers may further be 45 tested for clinical utility in the diagnosis and treatment of renal cell carcinoma.

Thus, the identification of novel renal cell carcinoma mark ers to be used for detection, diagnosis and development of effective therapy against the disease remains a high priority. 50 The prior art is deficient in understanding the molecular differences between renal cell carcinoma and normal renal epifulfill carcinoma and normal renal renal renal renal renal renal epi the providing gene expression profiling for these two types of tissues. 55

SUMMARY OF THE INVENTION

The present invention identifies genes with a differential pattern of expression between different subtypes of renal cell 60 carcinomas (RCC) and normal renal epithelium. These genes and their products can be used to develop novel diagnostic and therapeutic markers for the treatment of renal cell carcinomas.

Genomic profiling of conventional renal cell carcinoma 65 tissues and patient-matched normal kidney tissue samples was carried out using stringent statistical analyses (ANOVA

with full Bonferroni corrections). Subtypes of renal cell car cinoma include stage I, II, III, and IV (reflecting differences in tumor size, lymph node and organ metastasis), stage I papil lary renal cell carcinoma, and benign oncocytoma. Hierarchi cal clustering of the expression data readily distinguished normal tissue from renal cell carcinomas. The identified genes were verified by real-time FCR and immunohis tochemical analyses.

Different subtypes of conventional renal cell carcinomas can be diagnosed either by drawing blood and identifying secreted gene products specific to renal cell carcinoma or by doing a biopsy of the tissue and then identify specific genes that are altered when renal cell carcinoma is present. An example of when this may be especially important is in dis tinguishing the deadly conventional renal cell carcinomas (account for 85% of all renal cell carcinomas) from renal oncocytoma (benign renal cell carcinoma) as well as identi fying the histologic subtypes of papillary and sarcomatoid renal cell carcinoma. Identification of specific genes will also help in determining which patients will have a good prognosis verses that of a poor prognosis. In addition, subsets of genes identified in the present invention can be developed as targets for therapies that could cure, prevent, or stabilize the disease. Thus, results from the present invention could be used for diagnosis, prognosis, and development of therapies to treat or prevent renal cell carcinoma.

In one embodiment, there are provided methods of detect ing conventional or clear cell renal cell carcinoma based on over-expression and/or down-regulation of a number of genes disclosed herein. In another embodiment, conventional or clear cell renal cell carcinoma is detected based on decreased expression of type III TGF- β receptor.

In yet another embodiment, there are provided methods of detecting stage I conventional or clear cell renal cell carci noma based on over-expression and/or down-regulation of a number of genes disclosed herein.

The present invention also provides methods of detecting stage II conventional or clear cell renal cell carcinoma based on over-expression and/or down-regulation of a number of genes disclosed herein.
The present invention also provides methods of detecting

papillary renal cell carcinoma or benign oncocytoma based on over-expression and/or down-regulation of a number of genes disclosed herein.

In another embodiment, there is provided a method of targeting conventional or clear cell renal cell carcinoma cells based on generating antibodies or Small molecules directed against a cell surface molecule over-expressed in conventional renal cell carcinoma cells.

In yet another embodiment, there is provided a method of treating conventional or clear cell renal cell carcinoma by replacing down-regulated tumor suppressor gene in conventional renal cell carcinoma.

Other and further aspects, features, and advantages of the present invention will be apparent from the following descrip tion of the presently preferred embodiments of the invention. These embodiments are given for the purpose of disclosure.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1A shows hierarchical clustering of genes expressed in normal renal cortex (12 patient tissue samples) verse stage I conventional renal cell carcinoma (6 patient tissue samples). Red indicates that a gene is highly expressed and green is indicative of low expression. Four hundred eighty eight genes were depicted in FIG. 1A. FIG. 1B shows hierarchical clus tering of genes expressed in normal renal cortex (12 patient

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tissue samples) verse stage II conventional renal cell carci noma (6 patient tissue samples). Red indicates that a gene is highly expressed and green is indicative of low expression. Six hundred twenty eight genes were depicted in FIG. 1B. FIG. 1C shows hierarchical clustering of genes selected from 5 a Venn analysis in which the chosen genes were expressed in common in both stage I and II at a 99% confidence level. One hundred eighty eight genes were depicted in FIG. 1C. C. cancer cells: N, normal cells; S1, stage 1: S2, stage 2.

FIG. 2 shows TGF- β 1 mRNA expression in stages I-IV 10 renal cell carcinoma as measured by real time PCR TGF-31 mRNA levels were up-regulated in all stages of renal cell carcinoma as compared to normal tissue counterparts.

FIG. 3 shows TGF- α mRNA expression in stages I-IV renal cell carcinoma as measured by real time PCR. TGF- α is mRNA levels were up-regulated in all stages of renal cell carcinoma as compared to normal tissue counterparts.

FIG. 4 shows adrenomedulin mRNA expression in stages I-IV renal cell carcinoma as measured by real time PCR. Adrenomedulin mRNA levels were up-regulated in all stages 20 of renal cell carcinoma as compared to normal tissue coun terparts.

FIG. 5 shows TGF-B2 mRNA expression in stages I-IV renal cell carcinoma as measured by real time PCR. TGF-β2 mRNA levels were not altered between normal and tumor 25 matched samples.

FIG. 6 shows TGF- β 3 mRNA expression in stages I-IV renal cell carcinoma as measured by real time PCR. TGF-33 mRNA levels were not altered between normal and tumor matched samples.

FIG. 7 shows tumor suppressor gene Wilms Tumor 1 (WT1) mRNA expression in stages I-IV renal cell carcinoma as measured by real time PCR. WT1 mRNA levels were down-regulated in all stages of renal cell carcinoma as com pared to normal tissue counterparts.

FIG. 8 shows von Hippel Lindau mRNA expression in stages I-IV renal cell carcinoma as measured by real time PCR. A small percentage of tumor tissues demonstrated attenuated von Hippel Lindau mRNA levels when compared to matched normal tissue

FIG. 9 shows calbindin mRNA expression in stages I-IV renal cell carcinoma as measured by real time PCR. Calbindin mRNA was completely lost in all stage I renal cell carcinoma. $p<0.05$ compared to matched control. *Stage I tumor: $0±0$; stage III tumor: 0.0009±0.0004; stage IV tumor: 45 0.003 ± 0.0004

FIG. 10 shows MUC1 mRNA expression in stages I-IV renal cell carcinoma as measured by real time PCR. MUC1 mRNA levels were down-regulated in all tumor tissues as early as stage I. * p < 0.05 compared to matched control.

FIGS. 11A-11B show stepwise loss of type III creceptor (TBR3) and type II TGF- β receptor (TBR2) mRNA expression during renal cell carcinogenesis and progression in patient tissue samples. FIG. 11A shows gene array data from 10 patients—five diagnosed with localized renal cell carci- 55 noma and five with metastatic disease. $+$ (P<0.05) indicates statistical difference for TBR3 mRNA levels as compared to normal tissue and $4 \cdot \cdot \cdot (P < 0.28)$ indicates statistical difference for TBR2 mRNA levels as compared to normal controls. Data are expressed as mean±s.e. FIG. 11B shows real-time RT- 60 PCR verification of TBR1, TBR2, and TBR3 mRNA levels of tissue samples described in FIG. 11A. Data are expressed as $means.d.$

FIG. 12 shows immunohistochemistry of patient tissue demonstrating loss of type III α receptor (TBR3) expression 65 (top row) in all tumors, loss of type II α receptor (TBR2) expression (middle row) in patients diagnosed with meta

static tumors, and no change in type I α receptor (TBR1) protein expression (bottom row).

FIG. 13 demonstrates down-regulation of TGF- β -regulated genes in human tumor tissues by real-time PCR. Genes known to be up-regulated by α are suppressed in tumor tissues. Down-regulation of collagen IV type 6, fibulin 5, and connective tissue growth factor (CTGF) mRNA in tumor tissues were compared to matched normal tissue controls. Values were normalized to 18 S mRNA. Each matching tumor value was compared to its respective normal control. The mean±s.d. was calculated for each sample group with n values of 10-15 matched samples.

FIGS. 14A-14B show tumor cell lines that lose type III α receptor (TBR3) and type I TGF- β receptor (TBR2) expression. FIG. 14A shows semi-quantitative RT-PCR measure ments of mRNA levels of TBR1, TBR2, and TBR3 for UMRC3, UMRC6 and normal renal epithelial (NRE) cells. FIG. 14B shows immunohistochemistry of protein expres sion for TBR1, TBR2, and TBR3 (\times 40 magnification).
FIGS. 15A-15B show loss of type III TGF-6 receptor

(TBR3) and type II α receptor (TBR2) expression in renal tumor cell lines correlate with loss of TGF- β -regulated growth inhibitory and transcriptional responses. FIG. 15A shows cell proliferation was inhibited as assessed by DNA content 3 days after α treatment. Percent of each respective untreated control was used for comparisons. Transient trans fection using 3TP/IX along with a renilla luciferase control demonstrates loss of responsiveness to 2 ng/ml TGF-31 with loss of TGF- β receptor expression (FIG. 15B). Firefly luciferase activity was normalized using the ratio of firefly luciferase/renilla luciferase. Data are expressed as mean±s.d. FIG. 16A demonstrates RT-PCR derived mRNA expres-

35 transfected with TBR2 and TBR3. FIG. 16B shows UMRC3 40 as compared to that of UMRC3 cells. FIG. $16C$ shows sion of type III α receptor (TBR3), type II α receptor (TBR2), and type I α receptor (TBR1) in UMRC3 cells and cells stably cells stably transfected with type II TGF- β receptor (UMRC3+TBR2) or type II and type III TGF- β receptor
(UMRC3+TBR2+TBR3) demonstrated attenuated cell proliferation following the administration of exogenous TGF- β 1 UMRC3 cells, UMRC3+TBR2 cells, and UMRC3+TBR2+ TBR3 stable cell lines transfected with 3TP/lux were treated with or without TGF- β and examined for luciferase activity. FIG. 16D shows real-time PCR measuring mRNA levels for collagen IV type 6 in UMRC3, UMRC3+TBR2 cells, and UMRC3+TBR2+TBR3 cells in the presence of 2ng/ml TGF β 1 for 24 h. FIG. 16E shows colony formation assay demonstrates that UMRC3+TBR2+TBR3 cells have completely lost anchorage-independent growth, while attenuated growth in UMRC3+TBR2 cells occurs as compared to that of UMRC3 cells. The number of colonies were stained and counted after 45 days of growth. Data are expressed as mean±s.d.

FIG. 17A shows growth inhibition after re-expressing human type III TGF- β receptor (TBR3) in UMRC3 cells. UMRC3 cells were stably transfected with TBR3 or infected using an adenoviral vector expressing TBR3. Cells were plated in culture dishes at 20,000 cells/well. Cell number was determined at the indicated times using a Coulter cell counter. FIG. 17B shows RT-PCR data demonstrating the mRNA expression levels of type I, II, or III TGF- β receptors (TBR1, TBR2, TBR3) in UMRC3 cells in the presence or absence of the adenoviral vector expressing TBR3. Unmodified UMRC3 cells only express TBR1.

FIG. 18 shows re-expression of human type II or III TGF- β receptors (TBR2 or TBR3) inhibits tumor growth in nude mice. One million UMRC3 cells stably transfected with human type II or type III TGF- β receptors were implanted $\mathcal{L}_{\mathcal{L}}$

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into nude mice ectopically and tumor growth was measured weekly. Tumor volume $(nm³)$ was calculated by widthx lengthxheightx0.5236.

FIG. 19 shows hierarchical clustering of genes expressed in normal renal cortex verse stage I papillary renal cell carci noma. Red indicates that a gene is highly expressed and green is indicative of low expression.

FIG. 20 shows hierarchical clustering of genes expressed in normal renal cortex verse benign oncocytoma. Red indi cates that a gene is highly expressed and green is indicative of 10 low expression.

FIG. 21 shows Venn analysis of gene distribution among stage I renal cell carcinoma (RCC), oncocytoma and stage I papillary renal cell carcinoma.

FIG. 22 shows Venn analysis of gene distribution among 15 stage II renal cell carcinoma (RCC), oncocytoma and stage I papillary renal cell carcinoma.

DETAILED DESCRIPTION OF THE INVENTION

High-throughput technologies for assaying gene expres sion, such as high-density oligonucleotide and cDNA microarrays, offer the potential to identify clinically relevant genes differentially expressed between normal and tumor cells. The present invention discloses a genome-wide exami 25 nation of differential gene expression between renal cell car cinomas (RCC) and normal renal epithelial cells.

Currently, there are no proven molecular markers useful clinically for the diagnosis, staging, or prognosis of sporadic renal cell carcinoma. The present invention detects genes that 30 have differential expression between renal cell carcinomas and normal renal epithelial cells. The known function of some of these genes may provide insight into the biology of renal cell carcinomas while others may prove to be useful as diag nostic or therapeutic markers against renal cell carcinomas. 35 Subtypes of renal cell carcinomas disclosed herein include stage I, II, III, and IV renal cell carcinomas (reflecting differ ences in tumor size, lymph node and organ metastasis), stage I papillary renal cell carcinoma, and benign oncocytoma.

The present invention provides methods of detecting con- 40 ventional renal cell carcinoma based on determining the expression level of a number of genes that are found to have 2-fold or higher differential expression levels between tumor and normal tissue. In general, biological samples (e.g. tissue samples, serum samples, urine samples, saliva samples, blood 45 samples or biopsy samples) are obtained from the individual to be tested and gene expression at RNA or protein level is compared to that in normal tissue. The normal tissue samples can be obtained from the same individual who is to be tested skill in the art that gene expression can be determined by DNA microarray and hierarchical cluster analysis, real-time PCR, RT-PCR, or northern analysis, whereas secreted gene products can be measured in blood samples by standard procedures. for renal cell carcinoma. It will be obvious to one of ordinary 50

In one embodiment, there is provided a method of detect ing conventional or clear cell renal cell carcinoma based on differential expression of one or more of the following genes or proteins: TGF- β 1, TGF- α , adrenomedulin, fibroblast growth factor 2 (FGF2), vascular epidermal growth factor 60 (VEGF), osteonectin, follistatin like-3, inhibin beta A, spon din 2, chemokine X cytokine receptor 4 (CXCR4), fibronec tin, neuropilin 1, frizzled homolog 1, insulin-like growth factor binding protein 3, laminin alpha 3, integrin beta 2. semaphorins 6A, semaphorins 5B, Semaphorins 3B. caspase 65 1, sprouty 1, CDH16, PCDH9, compliment component 1-beta, compliment component 1-alpha, compliment compo

nent 1-gamma, CD53, CDW52, CD163, CD14, CD37, CD24, RAP1, angiopoietin 2, cytokine knot secreted protein, MAPKKKK4, 4-hydroxyphenylpyruvate dioxygenase, pyru vate carboxykinase 2, 11-beta-hydroxysteroid dehydrogenase 2. GAS1, CDKN1, nucleolar protein 3, interferon induced protein 44, NR3C1, vitamin D receptor, hypothetical protein FLJ14957 (Affy#225817_at), metallothionein 2A, metallothionein-If gene, metallothionein 1H, secreted frizzled related protein 1, connective tissue growth factor, and epider mal growth factor.

In another embodiment, there is provided a method of detecting conventional renal cell carcinoma by examining the expression level of type III TGF- β receptor, wherein decreased expression of type III TGF-b receptor indicates the presence of renal cell carcinoma. In general, the expression level of type III TGF-B receptor can be determined at the mRNA or protein level.

The present invention also provides methods of detecting stage I conventional renal cell carcinoma, stage II conven tional renal cell carcinoma, stage I papillary renal cell carci noma, or benign oncocytoma based on over-expression or down-regulation of a number of genes identified in the present invention. The present invention discloses a number of genes that are up- or down-regulated specifically in these subtypes of renal cell carcinoma. Determining the expression levels of these genes would provide specific diagnosis for these different subtypes of renal cell carcinoma.

For example, stage I conventional renal cell carcinoma can
be detected based on (i) over-expression of one or more genes listed in Table 1, (ii) down-regulation of one or more genes listed in Table 2, or (iii) over-expression of one or more genes listed in Table 1 and down-regulation of one or more genes listed in Table 2. Similarly, stage II conventional renal cell carcinoma can be detected based on (i) over-expression of one or more genes listed in Table 3, (ii) down-regulation of one or more genes listed in Table 4, or (iii) over-expression of one or more genes listed in Table 3 and down-regulation of one or more genes listed in Table 4.

The present invention also discloses a number of genes that are up- or down-regulated in both stage I and stage II conven tional renal cell carcinoma (Tables 5 and 6 respectively). These genes would also provide diagnosis for stage I or stage II conventional renal cell carcinoma. Hence, stage I or stage II over-expression of one or more genes listed in Table 5, or (ii) down-regulation of one or more genes listed in Table 6.

In another embodiment, stage I papillary renal cell carci noma can be detected based on (i) over-expression of one or more genes listed in Table 8, (ii) down-regulation of one or more genes listed in Table 9, or (iii) over-expression of one or more genes listed in Table 8 and down-regulation of one or more genes listed in Table 9.

In yet another embodiment, benign oncocytoma can be detected based on (i) over-expression of one or more genes listed in Table 10, (ii) down-regulation of one or more genes listed in Table 11, or (iii) over-expression of one or more genes listed in Table 10 and down-regulation of one or more genes listed in Table 11.

In still yet another embodiment, there are provided meth ods of utilizing genes over-expressed on the cell surface of renal carcinoma tissue to develop antibodies or other small molecules for the purpose of specifically targeting the renal tumor cells. The present invention discloses a number of genes that are up-regulated in stage I renal cell carcinoma (RCC), stage II RCC tumor, stage I papillary RCC, and benign oncocytoma. Antibodies or Small molecules directed against proteins encoded by these genes can be linked with a

therapeutic drug to deliver drug to the tumor tissue, or be linked with dye, nanoparticle or other imaging agents for cancer imaging. Some of the novel genes identified herein for the first time include, but are not limited to, the following genes: calcitonin receptor-like (206331_at; 210815_s_at); 5 receptor (calcitonin) activity modifying protein 2 (RAMP2: 205779_at); endothelin receptor type B $(206701_x at)$; beta 2 integrin (202803_s_at); alpha 5 integrin (201389_at); chemokine X cytokine receptor 4 (CXCR4); fibronectin; neuropilin 1 (212298_at; 210510_s_at); CD24; CD14; Cd165; 10 CD53; Compliment Componenet 1-beta, 1-alpha, and protein; collagen Valpha2; tumor necrosis factor receptor superfamily, member 6; tumor necrosis factor receptor superfamily, member 5; tumor necrosis factor (ligand) Superfamily, 15 member 13b; tumor necrosis factor receptor superfamily, member 12A; and the FGF receptor.

In another embodiment, there is provided a method of treating conventional or clear cell renal cell carcinoma. The method involves replacing tumor suppressor genes (e.g., via 20) gene therapy) whose expression is down-regulated in tumor tissues or introducing a molecule that induces the down regulated gene to be re-expressed in the tumor. The present invention discloses a number of genes that are down-regu lated in stage I renal cell carcinoma (RCC), stage II RCC tumor, stage I papillary RCC, and benign oncocytoma. Some examples of down-regulated genes identified in stage I and/or II RCC tumors include, but are not limited to, CDKN1, secreted frizzled related protein 1, semaphoring 6D, semaphoring 3B, CDH16, TNF alpha, calbindin D28, defensin 30 beta1, beta-catenin interacting protein 1, GAS1, vitamin D receptor, Kruppel-like factor 15. This method of treatment can be combined with other therapies to provide combinato rial therapy. 25

The genes that are found to have altered expression in stage 35 I and stage II renal cell carcinoma would also be useful for determining patient prognosis. These genes or gene products (i.e., proteins) would have the unique characteristic of being altered in tumor verses normal samples in a subset of patients. For example, basic transcription element binding protein 1 is 40 down-regulated in 7 out of 12 renal cell carcinoma tumors. Other examples include CD164, decreased 5/12: Map kinase kinase kinase 7, increased 6/12: Endoglin, increased 7/12: SERPIN A1, increased 6/12: Metalloprotease 11 (MMP11), increased 7/12: Integrin 3 alpha, increased 4/12; carbonic 45 anhydrase II, decreased 7/12: protein tyrosine kinase 2. increased 4/12; fibroblast growth factor 11, increased 6/12: fibroblast growth factor 2, increased 7/12: VEGF B, increased $5/12$.

Moreover, the levels of change may be a useful determinant 50 of patient outcome and/or rationale for strategy of treatment course. An example of this is found for chemokine $(C - X - C)$ motif) ligand 14 (CXCL14, 222484_s at). Six patients with stage I and six patients with stage II renal cell carcinoma were analyzed by genomic profiling. A patient with stage I renal 55 cell carcinoma has CXCL14 mRNA expression levels of tively. This patient would be predicted to have a poor prognosis or poor response to therapy based upon this result along with other gene predictors. On the other hand, a patient with 60 stage II RCC has CXCL14 mRNA expression levels of 20435 and 18557 in his normal tissue and tumor tissue respectively. This patient would be predicted to have a good prognosis and good response to chemotherapy.

The following examples are given for illustrating various 65 embodiments of the invention and are not meant to limit the present invention in any fashion. One skilled in the art will

appreciate readily that the present invention is well adapted to carry out the objects and obtain the ends and advantages mentioned, as well as those objects, ends and advantages inherent herein. Changes therein and other uses which are encompassed within the spirit of the invention as defined by the scope of the claims will occur to those skilled in the art.

EXAMPLE 1

Tissue Banking

Renal tissue (normal and tumor) was transported to a sterile hood on ice and under sterile conditions. Tissue was dissected under the direction of a pathologist. The tissue was frozen in liquid nitrogen for isolation of RNA, DNA, and protein or processed to establish primary cell cultures. The tissue was fixed in formalin for immunohistochemistry and in situ hybridization and RNAlater (Ambion) for RNA isolation. Primary normal renal epithelial (NRE) cell cultures were established using standard collagenase/Dnase techniques to digest tissue and isolate single cells. NREs were easily iso lated and grew well in culture for up to 10 passages. These cells were further analyzed for homogeneity with regard to epithelial population using appropriate immunohistochemi cal markers such as Vimentin, cytokeratin, and megalin.

EXAMPLE 2

Genomic Gene Array and Microarray Data Analysis

Gene expression profiling was performed using Affyme trix HU95A oligonucleotide gene arrays (>12,600 genes) or HG-U133 A&B GeneChip® oligonucleotide microarrays (33,000+ probe sets). Total RNA (Trizol®, Ambion) was extracted from patient-matched normal renal cortex and tumor tissue from patients diagnosed with local disease con fined to the kidney. Alternatively, the investigators analyzed metastatic disease defined by lesions in lymph nodes, adrenal, or other organs. Data were analyzed by a combination of two-dimensional ANOVA, Affymetrix MAS5.0®, and hierarchical cluster analysis using Spotfire®. Procedure that were used to identify altered expression of large sets of genes, as well as other issues concerning microarray analyses can be found in a recent review article by Copland et al. (2003).

EXAMPLE 3

Real-Time PCR

Applied Biosystems' assays-by-design or assays-on-demand 20x assay mix of primers and TaqMan® MGB probes (FAM® dye-labeled) for all target genes and predeveloped 18S rRNA (VIC® dye-labeled probe) TaqMan® assay reagent for internal control were used for real-time PCR measurements. These assays were designed to span exon exon junctions so as not to detect genomic DNA and all primers and probes sequences were searched against the Cel era database to confirm specificity. Validation experiments were performed to test the efficiency of the target amplifica tion and the efficiency of the reference amplification. All absolute values of the slope of log input amount versus DC_r is less than 0.1.

Separate tubes (singleplex) for one-step RT-PCR was per formed with 50 ng RNA for both target genes and endogenous controls using TaqMan® one-step RT-PCR master mix reagent kit (Applied Biosystems). The cycling parameters for one-step RT-PCR were: reverse transcription 48° C. for 30

min, AmpliTaq® activation 95°C. for 10 min, denaturation 95° C. for 15 s, and annealing/extension 60° C. for 1 min (repeat 40 times) on ABI7000®. Duplicate C_T values were analyzed with Microsoft Excel® using the comparative $C_{\tau}(DDC_{\tau})$ method as described by the manufacturer (Applied Biosystems). The amount of target (2^{-DDCT}) was obtained by normalizing to an endogenous reference (18sm RNA) and relative to a calibrator (normal tissue).

EXAMPLE 4

Immunohistochemical Analyses of Protein Expression

For immunohistochemical analyses of type I TGF-B recep 15 tor (TBR1), type II TGF- β receptor (TBR2), and type Ill TGF-B receptor (TBR3) expression, patient-matched normal renal and tumor tissue samples were fixed in 10% neutral buffered formalin and embedded in paraffin blocks. Consecu tive sections were cut 5 um thick, deparaffinized, hydrated, 20 and immunostained using antibodies recognizing human TBR1, TBR2, and TBR3 (1:100; Santa Cruz Biotechnology). Biotinylated secondary antibody (1:600; Santa Cruz Biotechnology) was detected using avidin-biotin-peroxidase detec tion according to the manufacturer's instructions (Vectastatin 25) Elite ABC kit; Vector Lab). All slides were lightly counter stained with hematoxylin before dehydration and mounting.

For cell lines, cells were plated on glass coverslips in wells. Prior to the detection of TGF- β receptor expression as described above, cells were fixed onto the coverslips with 3% 30 formalin.

EXAMPLE 5

Gene Expression Profiling of Renal Cell Carcinoma

Gene expression profiling was performed using Affyme trix oligonucleotide gene arrays. RNA was extracted from patient-matched normal renal cortical and tumor tissues from patients diagnosed with localized and metastatic renal cell 40 carcinoma. Data were analyzed by a combination of two dimensional ANOVA, Affymetrix MAS5.0®, and hierarchical cluster analysis using Spotfire® (reviewed in Copland et al., 2003).

A primary goal of microarray analysis is to discover hidden 45 patterns of differential expression within a large data field. Normal renal cortical and primary tumor tissue with no metastasis were collected from patients diagnosed with local disease. Normal tissue, primary tumor, and metastatic tissue were also collected from patients diagnosed with metastatic 50 disease. Comparison of patient-matched normal and tumor tissue allowed for the discovery of changes in mRNA levels between normal and tumor tissue, as well as local and meta static disease.

Heatmaps with two-way dendograms depicting genes spe- 55 cifically altered in tumor tissue as compared to normal renal cortex are shown in FIG. 1. FIG. 1A shows hierarchical clustering of genes expressed in normal renal cortex verses stage I conventional renal cell carcinoma. FIG. 1B shows hierarchical clustering of genes expressed in normal renal 60 cortex verses stage II renal cell carcinoma. FIG. 1C shows hierarchical clustering of genes selected from a Venn analysis in which the chosen genes were expressed in common in both stage I and II at a 99% confidence level.

TGF- β 1, TGF- α and adrenomedulin mRNA levels were δ 5 up-regulated in all stages of renal cell carcinoma as compared to normal tissue counterparts (FIGS. 2-4), whereas TGF- β 2

and TGF-B3 mRNA levels were not altered between normal and tumor matched samples (FIGS. 5-6).

Tumor suppressor gene Wilms Tumor 1 (WT1) was down regulated in all stages of renal cell carcinoma (FIG. 7). A Small percentage of tumor tissues demonstrated attenuated von Hippel Lindau mRNA levels when compared to matched normal tissue (FIG. 8). Calbindin mRNA was completely lost (FIG.9) while MUC1 was greatly attenuated in stage I renal cell carcinoma (FIG. 10).

The present analysis identifies 278 genes that were up regulated in stage I renal cell carcinoma, whereas 380 genes were up-regulated in stage II renal cell carcinoma. Among these genes, 82 were up-regulated in both stages I and II renal cell carcinoma. One hundred fifty nine genes were down regulated in stage I renal cell carcinoma, whereas 195 genes were down-regulated in stage II RCC. Among these genes, 82 were down-regulated in both stage I and II renal cell carcinoma.

Genes over-expressed and down-regulated in stage I renal cell carcinoma are listed in Table 1 and Table 2 respectively. Genes over-expressed and down-regulated in stage I renal cell carcinoma are listed in Table 3 and Table 4 respectively. Genes over-expressed in both stage I and II renal cell carci noma are listed in Table 5. Genes down-regulated in both stage I and II renal cell carcinoma are listed in Table 6.

TABLE 1

30	Genes With Up-Regulated Expression In stage I Renal Cell Carcinoma				
	Genbank ID	Gene Symbol	Genbank ID	Gene Symbol	
	NM004356.1	CD81	NM004079.1	CTSS	
	NM002293.2	LAMC1	NM001784.1	CD97	
35	NM000980.1	RPL18A	AF151853.1	PREI3	
	AK002091.1	MGEA5	NM000491.2	C1QB	
	NM005721.2	ACTR3	BC000125.1	TGFB1	
	NM002668.1	PLP ₂	NM004520.1	KIF ₂	
	NM021038.1	MBNL	NM000321.1	RB1	
	AF070656.1	YME1L1	NM012262.2	HS2ST1	
40	NM021029.1	RPL36A	NM000560.1	CD53	
	NM002945.1	RPA1	NM005502.1	ABCA1	
	NM002480.1	PPP1R12A	AF285167.1	ABCA1	
	NM001349.1	DARS	BG170541	MET	
	NM005496.1	SMC4L1	NM021642.1	FCGR2A	
	AW163148	MARCKS	BE967532	KIAA0220	
	NM002356.4	MARCKS	NM006526.1	ZNF217	
45	M68956.1	MARCKS	NM000570.1	FCGR3B	
	AI589086	LAPTM5	N26005	PPP1R3C	
	NM006762.1	LAPTM5	NM006153.1	NCK1	
	NM014267.1	SMAP	NM001549.1	IFIT4	
	NM000235.1	LIPA	NM003141.1	SSA1	
	NM000176.1	NR3C1	NM014705.1	KIAA0716	
50	NM005737.2	ARL7	NM005197.1	CHES1	
	NM005737.2	ARL7	NM002907.1	RECOL	
	BC001051.1	ARL7	U43328.1	CRTL1	
	NM006169.1	NNMT	NM017925.1	FLJ20686	
	NM005862.1	STAG1	NM006773.2	DDX18	
	AI356412	LYN	U20350.1	CX3CR1	
55	NM002350.1	LYN	NM005761.1	PLXNC1	
	BG107456	TRIP-Br2	NM004834.1	MAP4K4	
	NM021913.1	AXL	NM021644.1	HNRPH3	
	NM002194.2	INPP1	NM006640.1	MSF	
	NM019058.1	RTP801	NM004180.1	TANK	
60	NM002110.1	HCK	AW148801	NAP1L1	
	NM030755.1	TXNDC	AB011118.1	KIAA0546	
	NM030984.1	TBXAS1	AU145005	SP3	
	NM014350.1	$GG2-1$	N80918	CG018	
	BC001312.1	P5	BF439472	ATP11A	
	U14990.1	RPS3	BE968801	RPL35A	
	D83043.1	HLA-B	AI985751	NAP1L1	
	AI888672	NAP1L1	AI735692	LST1	
65	BC002387.1	NAP1L1	AA995910	ALOX5	
	M60334.1	HLA-DRA	M12679.1	HUMMHCW1A	

 $35\,$

 11

TABLE 1-continued

 12 TABLE 2-continued

$\operatorname{TABLE}3$

$\operatorname{TABLE} 2$

13 TABLE 3-continued

14 TABLE 3-continued

$\operatorname{TABLE4}$

 $20\,$

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TABLE 4-continued

TABLE $5\,$

TABLE 6

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EXAMPLE 6

Loss of TGF-B Receptor Expression Demonstrated by Gene Array and Real-Time PCR in Renal Cell Carcinoma

Expression of type I TGF- β receptor (TBR1), type II TGF- β receptor (TBR2), and type III TGF- β receptor (TBR3) $\frac{30}{2}$ mRNA were compared in normal renal tissue, primary renal cell carcinoma without metastasis, primary lesions of meta static renal cell carcinoma, and metastatic lesions. A Sum mary of gene array analysis was presented as average signal intensities in FIG. 11A (mean±standard error). The signal intensity for TBR1 (cross-hatched bars) was relatively low, although TBR1 was scored as 'Present' in all samples. No significant changes in TBR1 expression were observed. TBR2 (gray bars) was abundantly expressed in normal epi- 40 thelium and in primary lesions of nonmetastatic renal cell carcinoma. TBR2 was significantly reduced in primary lesions with metastatic disease (P<0.028 by ANOVA). TBR2 was even more reduced in metastatic lesions. TBR3 expreswas even more reduced in metastatic lesions. TBR3 expres sion was high in normal epithelium, but was significantly ⁴⁵ reduced in each of the five primary tumors with nonmetastatic disease (black bars). TBR3 expression was also reduced in primary tumors with metastatic lesions and in metastatic lesions themselves. 50

These expression patterns were confirmed by real-time PCR (Tagman®) in the 10 patients used for gene array analysis. Means and standard errors for individual samples are shown in FIG. 11B. All data were normalized to 18S rRNA and calibrated to target abundance in the paired normal tis- 55 sues. TBR1 mRNA abundance did not change (cross-hatched bars), consistent with the gene chip data. TBR2 (gray bars) was not reduced in primary tumors without metastases, whereas TBR2 was significantly reduced in primary tumors with metastatic disease and in metastatic lesions. TBR3 was 60 reduced in all tumors (black bars).
The investigators have subsequently completed real-time

PCR analysis of TBR1, TBR2, and TBR3 expression in 16 primary tumors without metastases (plus paired normal epi thelium) and nine samples of primary tumors with metastatic 65 disease, paired metastatic lesions, and paired normal tissue. The data were consistent with those shown for the samples

analyzed in FIG. 11A. TBR3 expression was significantly reduced in all tumors; whereas TBR2 expression was reduced in only 1/16 primary tumors without metastatic lesions, but was reduced in primary tumors with metastatic lesions (8/9). These data show that loss of TBR3 is an early event in renal cell carcinoma, strongly suggesting that TBR3 plays a critical role in renal cell carcinoma carcinogenesis.

10 15 primary tumor is significantly associated with acquisition of The loss of TBR3 mRNA expression was also correlated with TNM scores (T, histological score; N, lymph node number, M, number of organ metastases) from patient samples (data not shown). TBR3 mRNA expression was suppressed in the earliest stage, stage I, and was found to be Suppressed in all tumor stages (I-IV). In addition, loss of TBR2 in the the metastatic phenotype and clinically manifests as meta static progression.

EXAMPLE 7

Attenuation of TGF-B-Mediated Signal Transduction in Human Renal Cell Carcinoma

Decreased type III TGF-B receptor (TBR3) mRNA expres sion in all tumors was associated with failure to detect TBR3 protein by immunohistochemistry (FIG. 12). Type I TGF- β receptor (TBR2) protein was detected in localized tumor (primary, no mets), but was not detectable in primary tumors with metastatic disease or in corresponding metastatic lesions. Type I TGF-B receptor (TBR1) protein was detected in normal tissue and in all tumor samples.

35 The investigators hypothesized that these losses seen in TGF-B receptor expression would manifest as an attenuation of TGF-B mediated signal transduction, and would signifi cantly alter the expression of TGF- β regulated genes. From the gene array data disclosed above, 13 known TGF-B/Smad regulated genes were down-regulated in renal cell carcinoma (Table 7). Using mRNA from 35 patient-matched samples, the investigators verified loss of expression of three of these genes by comparing matched normal and tumor tissue. Real time PCR was used to measure the expression of Collagen IV type 6, fibulin-5, and connective-tissue growth factor (CTGF). Collagen IV type 6 (gray bars) is an extracellular matrix protein that plays a critical role in the regulation of membrane integrity and cell signaling. Fibulin-5 is a recently discovered TGF- β -regulated gene, which has tumor suppressor activity. Fibulin-5 is an extracellular matrix protein that is believed to signal through interaction with integrins. CTGF is a secreted protein involved in angiogenesis, skeletogenesis, and wound healing. CTGF enhances $TGF- β 1 binding to$ TBR2, and CTGF and TGF- β collaborate to regulate the expression of extracellular matrix proteins during renal fibro sis. As summarized graphically in FIG. 13, all the evaluated TGF-B-regulated genes were down-regulated in early tumor stages, suggesting that renal cell carcinoma undergoes loss of $TGF-\beta$ responsiveness at an early stage. These data indicate that this loss of TGF- β sensitivity is due, primarily, to loss of type III TGF-B receptor (TBR3) in early tumor development and further loss of sensitivity in metastatic disease is medi ated through subsequent loss of type II TGF-B receptor (TBR2).

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Data were analysed by a combination of two-dimensional ANOVA, Affymetrix MAS5.0, and hierarchical cluster analy- 20 sis using Spotfire to identify genes that are down-regulated in local tumors versus that of normal renal cortex tissue.

EXAMPLE 8

TGF-B Receptor Expression in Renal Cell Carcinoma Cell Lines

Human renal cell carcinoma cell lines were identified that $\,$ $_{30}$ recapitulate the clinical observations of TGF- β receptor biology described above. UMRC6 cells were derived from a clinically localized human renal cell carcinoma (Grossman et al., 1985). As shown in FIG. 14A, UMRC6 cells express type II TGF- β receptor (TBR2) mRNA, but not type III TGF- β 35 receptor (TBR3). Immunohistochemical analysis (FIG. 14B) confirms the presence of TBR2 protein and the absence of TBR3 expression. UMRC3 cells were derived from the pri mary tumor of a patient with metastatic renal cell carcinoma. This highly aggressive cell line lacks detectable TBR2 and 40 TBR3 mRNA (FIG. 14A) and protein (FIG. 14B).

In addition to these relevant laboratory models, normal renal epithelial (NRE) tissue was harvested from nephrec tomy specimens and established as primary cultures (Trifillis, 1999). As shown in FIGS. $14A$ and $14B$, these primary cul- 45 tures of NRE expressed TBR3, TBR2, and TBR1 mRNA and protein in vitro. NRE cells can be grown in culture for 10 passages and were easily isolated and characterized. NRE cells were characterized for cytokeratin expression and tubule-specific gene expression, for example, megalin (data 50 not shown). Thus, there are relevant cell models in which TBR2 and TBR3 expression can be manipulated to examine the impact of TGF- β receptor biology on the carcinogenesis and progression of human renal cell carcinoma in vitro.

EXAMPLE 9

TGF-B Activity in Renal Cell Carcinoma Cell Lines

It is well known that $1 \text{Gf-}\beta 1$ inhibits cell proliferation in $\,$ 60 epithelial cells. The present example demonstrates the effects of TGF- β on renal tumor cell proliferation.

DNA content of cells was used as a measure of cell prolif eration. Cells were plated at 20,000 cells/well in 12-well streptomycin. The following day, media were exchanged with appropriate treatment added to the media. On day 3 of treat plates. Cells were grown in 10% FBS:DMEM:penicillin: 65

ment, cells were analyzed for DNA content using Hoechst reagent. DNA standard was used to correlate DNA content per well.

10 receptors, and were partially resistant to TGF-B1 (circles, As shown in FIG. $15A$ (squares), TGF- β 1 inhibited the proliferation of normal renal epithelial cells in culture. URMC3 cells expressed neither type II or type III TGF- β receptors and, not surprisingly, were resistant to the inhibi tory effects of TGF- β on cell proliferation (triangles, FIG. 15A). UMRC6 cells expressed type II but not type III TGF- β FIG. 15A).

15 from the PAI-1 promoter. This luciferase reporter construct $TGF- β transcriptional activity was also measured in the$ above cell models using transient transfection of the 3TP/lux reporter, which contains an AP-1/Smad3 response element demonstrates increased transcriptional activity in response to exogenous TGF-B-mediated signal transduction. 3TP/lux was transiently transfected along with SV/renilla luciferase (Promega) into cells using fugene (Roche) as the transfection agent. Cells were treated with or without TGF- β 1 24 h after transfection and luciferase activity (Promega Luciferase Assay system and Lumat luminometer) was determined 24h after TGF- β treatment. Firefly luciferase activity was normalized using the ratio of firefly luciferase/renilla luciferase. As shown in FIG. 15B, normal renal epithelial cells were highly responsive to 2 ng/ml (80 pM) of TGF- β 1. UMRC6 cells demonstrated significantly less luciferase activity in response to TGF- β 1, and UMRC3 cells were entirely unresponsive.

EXAMPLE 10

Recapitulation of TGF-B Signaling Through Reintroduction of TGF-b Receptor Expression into Renal Cell Carcinoma

To test whether reintroduction of $TGF- β receptor express$ sion would result in re-establishment of TGF- β signal transduction and reacquisition of TGF-B cellular sensitivity, UMRC3 cells were engineered to express stably either type II TGF- β receptor (+TBR2) alone or type II plus type III TGF- β receptor (+TBR2+TBR3).

Plasmid construction and transfection were described as follows. The complete coding sequences for human type II TGF- β receptor (TBR2) was cloned into the EcoRI/XbaI site of pcDNA3/FLAG. The expression vector was stably trans fected into UMRC3 cells using fugene as DNA carrier and genticin as selection antibiotic (Sigma, 1 mg/ml). Ten clones (UMRC3/TBR2) were selected and verified for TBR 2 mRNA and protein expression Such as Western analysis using the FLAG antibody (data not shown). From these cell clones, one was to be selected that had equivalent protein expression of TBR2 to that of normal renal epithelial (NRE) and UMRC6 cells.

55 PCR amplified from a plasmid expressing wild-type TBR3 in The type III TGF- β receptor (TBR3) coding sequence was pSV7d (a gift from Dr C-H Heldin). TBR3 was then cloned into the EcoRI site of pcDNA4/TO/myc-His® (InVitrogen) in the sense and antisense (negative control) orientation. The orientation and sequence of TBR3 was verified. The antisense TBR3 (As TBR3) vector was used as a control. TBR3/ pcDNA4/TO/myc-His and As TBR3/pcDNA4/TO/myc-His vectors were stably transfected into UMRC3/TBR2 cells. A clone was selected that demonstrated an equivalent expres sion of TBR3 mRNA to that of normal renal epithelial cells. As a control for UMRC3+TBR2 and UMRC3+TBR2+ TBR3, wild-type UMRC3 were stably transfected with both pcDNA/FLAG and pcDNA4/TO/myc-His vectors.

As shown in FIGS. 16A-16B, stable transfection of type II TGF- β receptor (TBR2) alone or type II plus type III TGF- β receptor (TBR2+TBR3) resulted in detectable levels of mRNA for each receptor on RT-PCR analysis. On examining the in vitro growth kinetics of these re-engineered cells, it was noted that reintroduction of TBR2 resulted in a twofold reduction in cell proliferation and reintroduction of both TBR2 and TBR3 resulted in a fourfold reduction in cell proliferation with the addition of exogenous TGF- β .

The investigators then examined TGF-p-mediated tran- 10 scriptional activity as a consequence of $TGF- β receptor re$ expression. As shown in FIG.16C, reintroduction of TBR2 partially restored transcriptional responsiveness, as evi denced by a 5.6-fold increase in 3TP/lux activity after addi tion of TGF-B1. Reintroduction of both TBR2 and TBR3 into 15 UMRC3 cells resulted in 17.5-fold increase in 3TP/lux activ ity after addition of $TGF-\beta1$.
To demonstrate reestablishment of $TGF-\beta$ -regulated gene

expression, collagen IV type 6 mRNA expression was examined by real-time PCR in these re-engineered cell lines in the presence of TGF-B1. As shown in FIG. 16D, reexpression of TBR2 in UMRC3 cells results in a sevenfold increase in collagen IV type 6 mRNA levels over that of UMRC3 con trols, while reintroduction of both TBR2 and TBR3 enhanced collagen IV type 6 mRNA expression 11-fold. These data are 25 consistent with a number of published reports that indicate expression of TBR3 is essential for full TGF- β responsiveness.

UMRC3 cells have been shown to be tumorigenic in athy-
mic nude mice (Grossman et al., 1985). Anchorage indepen- 30 dent growth in soft agar is a well-established in vitro correlate of in vivo tumorigenicity. Colonies formation in softagar was determined as follows. UMRC3 (pcDNA/FLAG and pcDNA4/TO/myc-His empty vectors), UMRC3+TBR2, or UMRC3+TBR2+TBR3 cells were plated at 1000 cells/60 35 mm dish in an agarose/FBS/media sandwich in the presence of 2 ng/ml TGF-B. No selection antibodies were added to the agarose media mixture. The cells were incubated for 45 days to insure that no colony formation would occur. Cells were then stained with 0.005% Crystal Violet, photographed, and 40 assessed for number and size of colonies.

As shown in FIG. 16E, UMRC3 cells demonstrated anchorage independent growth in Softagar. Reintroduction of TBR2 into UMRC3 cells significantly decreased the number and size of colonies that formed in soft agar. Reintroduction 45 of both TBR2 and TBR3 completely abrogated the ability of UMRC3 cells to form colonies in soft agar, even after 45 days in culture. These data demonstrate that reintroduction of TBR2 resensitizes UMRC3 cells to the effects of exogenous TGF-B through reacquisition of TGF-B signal transduction. 50 More interestingly, however, reintroduction of TBR3 in the presence of TBR2 into UMRC3 cells significantly enhanced TGF-B-regulated gene transcription, growth inhibition, and loss of anchorage-independent growth over that seen with reintroduction of TBR2 alone. These data clearly show that 55 renal cell carcinoma cells are TGF-B resistant. Loss of TBR3 expression occurs early and appears to be associated with a relatively less aggressive state that is partially $TGF-\beta$ responsive. Loss of TBR2 results in frank TGF- β resistance and is associated with acquisition of a more aggressive phenotype. 60

FIGS. 17-18 demonstrate that re-expression of type II or type Ill TGF- β receptor in the highly metastatic human renal cell carcinoma cell line UMRC3 inhibited cell proliferation in cell culture and tumor growth in a nude mouse model. The TGF-B receptors were either re-expressed in a stable vector 65 system or as an adenoviral vector. For clinical purposes, it would be envisioned to treat patients with an adenovirus

expressing one or both of the TGF-B receptors to block tumor growth or cause tumor regression.

EXAMPLE 11

Stepwise Sequential Loss of Type III and Type II TGF-B Receptor Expression in Renal Cell Carcinoma

With genomic profiling in human renal cell carcinoma, the data presented above demonstrated a stepwise sequential loss of type III and type II TGF- β receptor expression in association with renal cell carcinogenesis and progression. These findings were confirmed by both immunohistochemistry and real-time PCR in patient-matched tissue samples. This clini cal observation was brought to the laboratory to identify relevant in vitro models. Using these models, it was demon strated that loss of type III TGF- β receptor expression resulted in incremental desensitization to TGF-B and attenu ation of TGF-B signaling. Subsequent loss of type II TGF-B receptor resulted in complete loss of TGF- β sensitivity. With in vitro modulation of TGF- β receptor expression, it was demonstrated that reconstitution of the TGF- $\hat{\beta}$ signaling pathway resulted in significant growth inhibition and loss of the aggressive phenotype.

These experiments are unique in that clinically relevant observations, which are derived from the evaluation of gene expression in normal renal cortical tissue, localized renal cell carcinoma and metastatic renal cell carcinoma, were brought to the laboratory for validation and experimental manipula tion in relevant in vitro models. Other investigators have examined human renal cell carcinoma cell lines and identified alterations in the expression of TGF- β signaling pathway intermediaries, but those observations have not been vali dated in the clinical biology of renal cell carcinoma. To the investigators' knowledge, few studies have methodically examined the expression of all three TGF-Breceptors in patient samples at the protein and mRNA level in an effort to correlate TGF-B receptor expression to disease-specific states of renal cell carcinoma (i.e. localized versus metastatic tumor). A major strength of the present study is that the investigators recognized distinct disease states in renal cell carcinoma, associated them with specific alterations in the TGF- β signaling pathway, and then validated and manipulated the clinical observations in the laboratory.

Although the mechanisms are not well understood, it is clear that TGF-B regulates a large number of diverse biologi cal functions, including cell proliferation, differentiation, cell immune regulation, neuroprotection, and early embryonic development. In epithelial cells, the effect of TGF- β is generally to inhibit proliferation, promote cellular differentia tion, and regulate interactions with the extracellular matrix. As a direct consequence, aberrations in TGF- β signaling can have a dramatic impact on cellular processes that are critically associated with neoplastic and malignant transformation. Given the well-documented observation that the end result of $TGF-\beta$ signaling is largely growth inhibitory, it makes intuitive sense that cancer cell would develop mechanisms to escape TGF- β sensitivity. To date, these mechanisms have not been elucidated in human renal cell carcinoma.

Based on the data presented above, the investigators hypothesize that this escape from the growth-inhibitory effects of $TGF-\beta$ is mediated through the stepwise sequential loss of type III and type II TGF-β receptor expression. To the investigators' knowledge, no one has linked sequential loss of these two types of receptors to carcinogenesis and metastatic progression in oncology. This is the first time that stepwise loss of a single transduction pathway has been associated with important biologic sequelae in a human cancer.

Results presented in the present invention demonstrate that loss of type III TGF- β receptor expression is an early event in β renal cell carcinoma biology and that this loss has important sequelae with regard to renal cell carcinoma carcinogenesis and progression. All clinical samples of localized renal cell carcinoma demonstrated loss of type III TGF-B receptor, but had normal expression of type I and type II TGF- β receptors. 10 Replication of this clinical observation in in vitro models demonstrated significant loss of TGF-B sensitivity, manifest as a significant reduction in the growth inhibitory effects of TGF- β 1 and significantly reduced TGF- β -mediated transcription. Interestingly, cell lines derived from localized RCC retained type II TGF-3 receptor expression and therefore, still demonstrated sensitivity, albeit reduced, to TGF- β . Only with metastatic progression and loss of type II TGF- β receptor expression does the cell become completely resistant to the effects of TGF- β . The investigators hypothesize that this 20 retained, but attenuated, TGF-B signaling seen in local tumors must convey some as yet unrecognized biologic benefit for local tumors that is no longer required, and therefore dis carded, with metastatic progression. In fact, this loss of type II TGF- β receptor expression may be an absolute integral 25 component in the cascade of intracellular events that lead to the development of metastatic potential. In keeping with this hypothesis, it has been shown that loss of type I TGF-b receptor expression was one of 40 integral alterations of gene
expression to predict for poor prognosis of patients diagnosed $^{-30}$ with renal cell carcinoma.

In Summary, the above results demonstrate a clear link between loss of type III TGF- β receptor expression to a human disease state. Reduced type III TGF-B receptor (TBR3) expression has been reported in human breast tumor 35 cell lines, Suggesting that loss of TBR3 expression may be a more ubiquitous phenomena in carcinogenesis, rather than an isolated finding in human RCC biology. The fact that the investigators found down-regulation of TBR3 in every renal cell carcinoma specimen studied to date (35 patients) and that 40 re-expression of TBR3 (in the presence of re-expressed TBR2) completely abolish growth on soft agar suggests an important role for TBR3 in normal renal epithelial homeosta sis that must be abrogated for renal cell carcinogenesis and progression to occur. Little attention has been given to TBR3 45 in normal cell biology or the changes in expression that occur with carcinogenesis and progression. Observations from the present invention would suggest that TBR3 plays an impor tant functional role in signaling and that loss of expression is an important event in the acquisition of the tumorigenic and 50 metastatic phenotype

EXAMPLE 12

Genomic Profiling for Stage I Papillary Renal Cell Carcinoma and Benign Oncocytoma

FIG. 19 shows hierarchical clustering of genes over-ex pressed or down-regulated (with at least 2 fold differences) in stage I papillary renal cell carcinoma verses normal renal 60 cortex. Genes over-expressed and down-regulated in stage I papillary renal cell carcinoma are listed in Table 8 and Table 9 respectively. FIG. 20 shows hierarchical clustering of genes over-expressed or down-regulated (with at least 2 fold differ ences) in benign oncocytoma verses normal renal cortex. 65 Genes over-expressed and down-regulated in benign oncocy toma are listed in Table 10 and Table 11 respectively. FIG. 21

15 shows Venn analysis of gene distribution among stage I renal cell carcinoma (RCC), oncocytoma and stage I papillary renal cell carcinoma. Genes with at least 2-fold differences in expression were filtered at 95% confidence level (CL) in the following 3 t-tests: stage I RCC vs. normal; oncocytoma vs. normal; and stage I papillary renal cell carcinoma vs. normal. Six hundred twenty five genes were present only in stage I RCC (95% CL), 136 genes were present only in oncocytoma (95% CL), 344 genes were present only in stage I papillary renal cell carcinoma (95% CL), and 60 genes were common to stage I RCC, oncocytoma and stage I papillary renal cell carcinoma. FIG.22 shows Venn analysis of gene distribution among stage II renal cell carcinoma (RCC), oncocytoma and stage I papillary renal cell carcinoma. Genes with at least 2-fold differences in expression were filtered at 95% confi dence level (CL) in the following 3 t-tests: stage II RCC vs. normal; oncocytoma vs. normal; and stage I papillary renal cell carcinoma vs. normal. One thousand and five genes were present only in stage II RCC (95% CL), 152 genes were present only in oncocytoma (95% CL), 334 genes were present only in stage I papillary renal cell carcinoma (95% CL), and 43 genes were common to stage II RCC, oncocy toma and stage I papillary renal cell carcinoma.

TABLE 8

Genes With Up-Regulated Expression In stage I Papillary Renal Cell Carcinoma			
Genbank ID	Gene Symbol	Genbank ID	Gene Symbol
NM 003505	FZD1	AC004382	DKFZP434K046
AL035683	B4GALT5	NM_000248	MITF
R56118	N/A	NM_022154	SLC39A8
NM 014575	SCHIP1	AI436813	N/A
AI694320	ZNF533	AF007162	CRYAB
BC031322	N/A	NM_015392	NPDC1
BF346665	N/A	AL136585	DKFZp761A132
BC004283	LOC283639	AB040120	SLC39A8
AF302786	GNPTAG	NM_138473	SP ₁
AU121975	PAICS	AU144387	182-FIP
NM 016315	GULP1	NM 022763	FAD104
AL541302	SERPINE2	AI093231	APBB1IP
BG391217	$C9$ orf 80	NM_000235	LIPA
NM 000700	ANXA1	AI817079	EXOC7
N30188	N/A	NM 004385	CSPG ₂
NM 003651	CSDA	NM 024801	TARSH
AI830227	FLII	BF218922	CSPG ₂
U20350	CX3CR1	BF590263	CSPG2
NM 005692	ABCF2	NM 001233	CAV ₂
U34074	AKAP1	AB020690	PNMA ₂
AB056106	TARSH	AW188198	TNFAIP6
AU151483	CDH ₆	NM_007115	TNFAIP6
BC026260	TTC3	AI742838	DOCK11
AL133001	SULF2	AW117264	N/A
NM_003358	UGCG	AF016266	TNFRSF10B
NM_001282	AP2B1	NM_013952	PAX8
AF322067	RAB34	AA771779	ZFP90
NM_001540	HSPB1	W72333	FLJ21657
N58363	STATIP1	H23979	MOX ₂
AF072872	FZD1	BG542521	PPM2C
BF247552	SLC38A1	AF063591	MOX2
X69397	CD24	BF247383	BMPR ₂
BC000251	GSK3B	NM_005114	HS3ST1
BF691447	B4GALT5	BE466145	N/A
AB046817	SYTL2	BC005352	TNFAIP8
AF255647	DKFZP566N034	AC002045	
	N/A		LOC339047
BF344237		BC040558	D ₂ LIC
AW242720	LOC143381	U13699	CASP1
AA115485	MGC3222	NM 002718	PPP2R3A
NM 006588	SULT1C2	BF476502	MPPE1
NM 000546	TP53	BC034275	LOC253982
N92494	JWA	AF279145	ANTXR1
W74580	MGC3222	AV724216	NDRG4
AF131749	PSK-1	BG165613	N/A
AW026491	CCND2	NM 018205	LRRC20

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TABLE 8-continued

Genes With Up-Regulated Expression In stage I Papillary Renal Cell Carcinoma				
Genbank ID	Gene Symbol	Genbank ID	Gene Symbol	
NM_012410	PSK-1	NM 022083	$C1$ orf 24	
NM_002800	PSMB9	NM_006169	NNMT	
BF512748	JAK3	AF141347	TUBA3	
AA404269	PRICKLE1	NM 000064	C ₃	
M33376	AKR1C1	AV710838	BCDO ₂	
AF035321	DNM1	AI417917	EHD ₂	
NM 002862	PYGB	AI681260	LILRB1	
AF132000	DKFZP564K1964	NM 000389	CDKN1A	
L07950	HLA-C	AF288391	$C1$ orf 24	
AF114011	TNFSF13	NM 002627	PFKP	
BF674052	VMP1	NM 001975	ENO ₂	
AI922599	VIM	NM 030786	SYNCOILIN	
AF044773	BANF1	NM 006169	NNMT	
NM_015925	LISCH7	AI417917	EHD ₂	
NM 001684	ATP2B4	NM 006868	RAB31	
AI123348	CHST11	L03203	PMP22	
NM 001304	CPD	AF199015	VIL2	
NM 006762	LAPTM5	AI873273	SLC16A6	
NM 000211	ITGB2	NM 017821	RHBDL2	
AA995910	ALOX5	BF740152	MYO1F	
NM 018965	TREM2	AA954994	N/A	
AL353715	STMN3	AI458735	MGC26717	
BC019612	$C20$ orf 75	NM 003254	TIMP1	
AF086074	N/A	AI688631	N/A	
NM_005045	RELN	AK026037	N/A	
AI935123	C14orf78	BG327863	CD24	
AL550875	C7orf28B	NM 016008	D2LIC	
L27624	TFPI2	AI394438	LOC253981	
AL574096	TFPI2	AA947051	D2LIC	
AA005141	MET	AI819043	N/A	
D86983	D2S448	AI378044	UGCG	
AW439242	C6orf68	NM 024576	OGFRL1	
AB000221	CCL18	M76477	GM2A	
NM 002121	HLA-DPB1	NM 002214	ITGB8	
U17496	PSMB8	AI879381	ADCK2	
U05598	AKR1C1	NM 000152	GAA	
BF342851	D2S448	H15129	MEIS4	
BF311866	PTGFRN	L42024	HLA-C	
NM_001449	FHL1	NM 002178	IGFBP6	
AA954994	N/A	AI761561	HK2	
Y13710	CCL18	AA722799	DCBLD2	
BG170541	MET	NM 003255	TIMP2	
AB037813	DKFZp762K222	NM 000107	DDB2	
D28124	NBL1	AV699565	CTSC	
NM 021103	TMSB10	NM 000861	HRH1	
AI949772	N/A			

TABLE 9

26 TABLE 9-continued

	Genes With Down-Regulated Expression In stage I Papillary Renal Cell Carcinoma				
5	Genbank ID	Gene Symbol			
	NM_020632	ATP6V0A4	NM_001438	ESRRG	
	AI697028 AA897516	FLJ90165 PTGER4	AU146204 AA775681	ENPP6 FLJ23091	
	NM_024307	MGC4171	AI393205	$ACY-3$	
10	J02639	SERPINA5	AF017987	SFRP1	
	NM_000085	CLCNKB	NM_005951	MT1H	
	AA058832 BF059276	MGC33926 N/A	NM_005950 NM_021805	MT1G SIGIRR	
	BC043647	LOC284578	AA557324	CYP4X1	
	AL161958	THY1	BF528646	DKFZP564I1171	
15	AL121845	KIAA1847	AW340112	LOC401022	
	AY079172 AA928708	ATP6V0D2	R73554	IGFBP5 N/A	
	H71135	CYP8B1 ADH6	AI826437 AV720650	KIAA0888	
	NM 000102	CYP17A1	AA780067	HS3ST3B1	
	Z92546	SUSD2	NM_000640	IL13RA2	
20	AL558479 BC005314	THY1 ALDOB	AI806338 NM_003155	TBX3 STC1	
	NM_173591	FLJ90579	AA931562	N/A	
	BF510426	N/A	AI694325	N/A	
	AF331844	SOST	AF205940	EMCN	
	X77737 NM 004392	SLC4A1 DACH1	NM_001290 NM_016242	LDB2 EMCN	
25	BC001077	LOC87769	AW014927	CALB1	
	AA218868	THY1	AI758950	SLC26A7	
	BF478120 BC041158	RECOL5 CYP4A11	AK024256 BF726212	KIAA1573 ANK ₂	
	AI623321	MTP	AI985987	SCNN1G	
	AI796189	PAH	AW242408	UPP2	
30	NM_021161	KCNK10	NM 000860	HPGD	
	NM_000163 AL136880	GHR ESPN	BF447963 BF941499	KIAA0962 GPR116	
	NM_024426	WT1	AW242409	N/A	
	M61900	PTGDS	BF509031	ATP6V1G3	
	AW963951 AW340588	SIAT7C MAN1C1	NM_000934 BF248364	SERPINF2 AF15Q14	
35	AI263078	SLC23A3	AL534095	FLJ23091	
	BF130943	PPAPDC1	NM_004929	CALB1	
	AI732596 AA603467	N/A ZNF503	AI222435	N/A PODXL	
	R41565	N/A	NM_005397 AI090268	N/A	
	AI951185	NR2F1	AI300520	STC1	
40	NM_002609	PDGFRB	BC006236	MGC11324	
	NM_006984 BG413612	CLDN10 N/A	NM_024609 NM_002591	NES PCK1	
	D64137	CDKN1C	NM 005410	SEPP1	
	AK026344	PEPP2	AB020630	PPP1R16B	
45	AI670852 AI693153	PTPRB GABRB3	AF022375 NM_016246	VEGF DHRS10	
	NM_001393	ECM2	AA873542	SLC6A19	
	N93191	PR1	U95090	PRODH ₂	
	BC005090	AGMAT	D26054	FBP1	
	NM_000717 D38300	CA4 PTGER3	AI732994 NM_000151	MGC13034 G6PC	
50	AI650260	N/A	AK025651	PNAS-4	
	BC024226	IFRG15	AF161441	N/A	
	BC006294 NM 003039	DHRS10 SLC2A5	AF161454 NM_022129	APOM MAWBP	
	AI675836	SORCS1	AI733515	MGC52019	
55	NM_005276	GPD1	NM_001443	FABP1	
	NM 014298	QPRT	AI433463	MME	
	M10943 NM_005952	MT2A MT1X	AL049313 BF195998	N/A ALDOB	
	NM_002450	MT1X	NM_022829	SLC13A3	
	NM 002910	RENBP	NM_000035	ALDOB	
60	BF246115 AF078844	MT1F MT1F	NM_007287 NM_003399	MME XPNPEP2	
	AF170911	SLC23A1	NM_000196	HSD11B2	
	AF333388	MT1H	BF431313	N/A	
	NM_003500	ACOX2	NM_004844	SH3BP5	
	AA995925 NM_001218	N/A CA12	NM_003206 AI311917	TCF21 DPYS	
	BF432333	FLJ31196	AA843963	PRLR	
65	NM_001385	DPYS	NM_017753	PRG-3	
	NM_003052	SLC34A1	NM_006633	IQGAP2	

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TABLE 9-continued

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 $\operatorname{BACE2}$

29 TABLE 11-continued

The following references were cited herein:

Copland et al., Recent Prog. Horm. Res. 58:25-53 (2003). Copland et al., Oncogene 22:8053-62 (2003).

Grossman et al., J. Surg. Oncol. 28:237-244 (1985).

Trifillis, Exp. Nephrol. 7:353-359 (1999).

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What is claimed is:

1. A method of detecting a renal cell cancer comprising the steps of:

obtaining one or more biological samples comprising renal tissue or renal cells from an individual;

- determining an RNA gene expression level of secreted frizzled related protein 1; and
- performing statistical analysis on the expression level of said gene as compared to that expressed in normal biological samples comprising renal tissue or renal cells, wherein statistically down-regulated gene expression levels would indicate said individual has papillary or clear cell renal cell cancer.

2. The method of claim 1, wherein statistically down-regulated secreted frizzled related protein 1 gene expression levels would indicate said individual has papillary renal cell cancer.

3. The method of claim 1, wherein statistically down-regulated secreted frizzled related protein 1 gene expression levels would indicate said individual has clear cell renal cell cancer.

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