Aberrant L1 Cell Adhesion Molecule (L1CAM) Affects Tumor Behavior and Chemosensitivity in Anaplastic Thyroid Carcinoma

Koon Soon Kim1†, Jeong-Ki Min2,3†, Zhelong Liang4, Kyungmin Lee2,3, Jung Uee Lee5, Kwang-Hee Bae6, Min Hee Lee1, Seong Eun Lee1, Min Jeong Ryu1, Soung Jung Kim1, Yong Kyoungh Kim1, Min Jeong Choi1, Young Suk Jo1, Jin Man Kim4*, Minho Shong1*

Authors’ Affiliations: 1Research Center for Endocrinology and Metabolic Diseases, Division of Endocrinology, Department of Internal Medicine, Chungnam National University School of Medicine, Daejeon 301-721, South Korea; 2Immunotherapy Research Center, Korea Research Institute of Bioscience and Biotechnology, Daejeon 305-806, South Korea; 3Department of Biomolecular Science, University of Science & Technology, Daejeon 305-806, South Korea; 4Cancer Research Institute and Infection Signaling Network Research Center, Department of Pathology, Chungnam National University School of Medicine, Daejeon 301-747, South Korea; 5Department of Pathology, Daejeon St. Mary’s Hospital, The Catholic University of Korea, Daejeon, 301-723, South Korea; 6Medical Proteomics Research Center, Korea Research Institute of Bioscience & Biotechnology, Daejeon, 305-806, South Korea.

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†These authors equally contributed to this study.

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Statement of translational relevance

Anaplastic thyroid carcinoma (ATC) is a highly invasive human cancer that is unresponsive to conventional therapies and has a high mortality rate. Thus, it is important to identify the molecular targets that determine the highly aggressive nature of ATC. Here, we report that tumors from ATC patients have aberrant L1 cell adhesion molecule (L1CAM) expression in the invasive area of the tumor. L1CAM plays an important role in the tumor progression of ATC by enhancing cell proliferation, migration, invasion and chemoresistance. In addition, we show knockdown of L1CAM expression reduces ATC tumor growth in nude mice. We propose that L1CAM plays a critical role in ATC tumorigenesis and chemosensitivity and it may be a promising therapeutic target in patients with ATC.
Abstract

Purpose: Anaplastic thyroid carcinoma (ATC) is one of the most invasive human cancers and has a poor prognosis. Molecular target of ATC that determine its highly aggressive nature of ATC remain unidentified. This study investigated L1CAM expression and its role in tumorigenesis of ATC.

Experimental Design: Expression of L1CAM in thyroid cancer was evaluated by immunohistochemical analyses of tumor samples from patients with thyroid cancer. We investigated the role of L1CAM in proliferation, migration, invasion, and chemoresistance using shRNA knockdown experiments in human ATC cell lines. Finally, we evaluated the role of L1CAM on tumorigenesis using ATC xenograft assay in a nude mouse model.

Results: L1CAM expression was not detectable in normal follicular epithelial cells of the thyroid or in differentiated thyroid carcinoma. In contrast, analysis of ATC samples showed specifically higher expression of L1CAM in the invasive area of the tumor. Specific knockdown of L1CAM in the ATC cell lines, FRO and 8505C, caused a significant decrease in the proliferative, migratory, and invasive capabilities of the cells. Suppression of L1CAM expression in ATC cell lines increased chemosensitivity to gemcitabine or paclitaxel. Finally, in an ATC xenograft model, depletion of L1CAM markedly reduced tumor growth and increased the survival of tumor-bearing mice.

Conclusions: We report that L1CAM is highly expressed in the samples taken from ATC patients. L1CAM plays an important role in determining tumor behavior and chemosensitivity in cell lines derived from ATCs. Therefore, we suggest that L1CAM may be an important therapeutic target in ATC patients.
Introduction

Anaplastic thyroid carcinoma (ATC) is the most aggressive and invasive type of human thyroid cancer with a median survival of 4-6 months. Recent studies have demonstrated that the accumulation of multiple genetic mutations in various genes, such as RAS (1), BRAF (2), TP53 (3), β-catenin (4), PTEN (5), and PIK3CA (6), contribute to ATC tumorigenesis. However, the molecular targets of these genetic events in determining the clinical phenotype and therapeutic potential have not been fully addressed.

L1CAM is a member of the immunoglobulin superfamily of cell adhesion molecules (7). It is expressed in developing neuronal cells, renal epithelial cells, hematopoietic cells, endothelial cells, and intestinal crypt cells (8-10). However, the physiological function of L1CAM in these cells remains unclear. Recent clinical observations have shown that L1CAM expression correlates with tumor progression and metastasis in ovarian carcinoma (11) and colorectal carcinoma (12). The mechanistic involvement of L1CAM in tumor progression was partially explained through the heterophilic interaction between L1CAM and integrins (13, 14). In addition, an association between fibroblast growth factor and L1CAM function was also demonstrated (15). Taken together, these observations suggest L1CAM may play a role in tumor progression in a subset of human cancers.

In this study, we first investigated the expression pattern of L1CAM to determine its potential role in ATC tumorigenesis. We show that L1CAM is highly expressed in ATC cells, but not in nodular hyperplasia or papillary thyroid carcinoma (PTC) cells. Therefore, we evaluated the function of L1CAM in proliferation, migration, and invasion assays as well as in the determination of chemoresistance of ATC cell lines. We report that suppression of endogenous L1CAM levels in ATC cell lines decreases cell proliferation, migration, and invasion and also increases chemosensitivity. In addition, stable depletion of L1CAM markedly suppressed tumor growth in nude mice bearing ATC xenografts. Based on the data from these experiments, L1CAM may play an important role in the aggressive features of ATC and may serve as a potential target for ATC therapies.
Materials and Methods

Patients and tissue specimens

We retrospectively selected 9 ATC, 10 nodular hyperplasia, and 200 papillary thyroid carcinoma (PTC) patients who underwent thyroid surgery from January 1998 to December 2008 at the Center for Endocrine Surgery, Chungnam National University Hospital (Daejeon, South Korea). All tumor tissues were reviewed by an experienced pathologist using World Health Organization recommendations on histopathological typing. All protocols were approved by the Chungnam National University School of Medicine Institutional Review Board.

Cell culture

The human anaplastic thyroid carcinoma cell lines FRO (a kind gift from Dr. James A. Fagin, Memorial Sloan-Kettering Cancer Center, New York, USA) and 8505C (DSMZ, Braunschweig, Germany) were cultured in RPMI 1640 (Invitrogen) with 10% FBS (Hyclone). The human PTC cell lines BCPAP (a kind gift from Dr. Massimo Santoro, Università di Napoli Federico II, Naples, Italy) and TPC-1 (a kind gift from Dr. Masahide Takahashi, Nagoya University, Nagoya, Japan) were maintained in DMEM (Invitrogen) with 5% FBS. The cell lines FRO, 8505C, and BCPAP harbor a BRAFV600E mutation and TPC-1 cell line has RET/PTC1 rearrangement (16). Primary cultured PTC cells (PCPTC) and primary cultured follicular cells (PCFC) were maintained in 6H5 media consisting of Coon’s modified Ham’s media/F-12 supplemented with 5% FBS, 1 mIU/mL thyrotropin, 10 µg/mL insulin, 5 µg/mL apo-transferrin, 10 nmol/L hydrocortisone, 10 µg/L somatostatin, and 10 µg/L glycyl-histidyl-lysine acetate. SK-OV3 human ovary adenocarcinoma cells were grown in McCoy’s 5A (Invitrogen) with 10% FBS. All cells were maintained in 5% CO₂, 95% relative humidity at 37°C.

Immunohistochemistry

Immunohistochemical analysis of L1CAM was performed using the EnVision-HRP detection system (DakoCytomation) and purified A10-A3, a murine monoclonal antibody against L1CAM (17). All procedures were performed at room temperature except for incubation of tissue sections with A10-A3,
which was performed at 4°C. Briefly, 4-µm thick sections were cut from tumor tissue blocks, mounted on slides, and dried for 1-2 hours at 56°C. The sections were deparaffinized in xylene and rehydrated in graded alcohol. After antigen retrieval in a pressure cooker with target retrieval solution (DakoCytomation s1699) at full power for 4 minutes, tissue sections were treated with 3% hydrogen peroxide for 10 minutes to block endogenous peroxidases. Sections were incubated overnight with A10-A3 (80 ng/mL) diluted with the background reducing diluent (DakoCytomation s3022) in a humid chamber at 4°C. Slides were then incubated with the EnVision reagent for 30 minutes followed by diaminobenzidine chromogen for 5 minutes, counterstained with Mayer’s hematoxylin, and mounted. Mouse IgG1 excluding the primary antibody was used as a negative control, and peripheral nerve bundles present in sections served as an internal positive control. Specimens were considered immune-positive for L1CAM when greater than 5% of the tumor cells had clear evidence of L1CAM immunostaining as described previously (18).

Assessment of immunohistochemical staining
L1CAM expression was semi-quantitatively assessed using the immunoreactive scoring (IRS) system. The IRS was based on both the intensity (scored on a 0 to 3 scale, where 0 = no staining, 1 = weak staining, 2 = moderate staining, and 3 = strong staining) and the extent of staining (percentage of positive tumor cells). The staining extent was scored on a 0 to 1 scale, where 0 = no staining, 0.1 = 1–9%, 0.5 = 10–49%, and 1 = 50–100%. A final semi-quantitative H score, ranging from 0 to 3, was obtained by multiplying both scores.

L1CAM targeting with shRNA
Knockdown of L1CAM was achieved by lentiviral vector-mediated shRNA interference using Mission shRNA system (Sigma-Aldrich). To select a functional shRNA vector against L1CAM in ATC cell lines, four different L1CAM-targeting shRNA vectors and one non-targeting control shRNA vector with scrambled shRNA (5’-CCTAAGGTTAAGTCGCCCTCGCTCGAGCGAGGGCGACTTA...
ACCTTAGG-3’) were introduced into HEK293T cells with packaging vectors using Lipofectamine
(Invitrogen) according to the manufacturer’s instructions. After 12 hours, the virus generated in the
supernatants of these cells was added to 8505C and FRO cells with 5 µg/mL polybrene. After 24
hours, the media was removed and replaced with fresh media containing 1.2 µg/mL puromycin.
Puromycin-resistant clones of these were selected after culture for 1 week in the presence of
puromycin. To confirm knockdown of L1CAM, the four different shRNA clones were evaluated by
RT-PCR and immunoblotting. From these, we selected a highly functional L1CAM-targeting shRNA
(5’-GCCAATGCCTACATCTACGTTCTCGAGAACGTAGATGTAGGCATTGGC-3’) and used it
for all further experiments. Three different clones expressing the functional L1CAM-targeting shRNA
were used in the same experiment.

Cell proliferation, migration, invasion and survival assays

Cells (1.0 × 10^5 cells/mL) were seeded in 6-well plates in 2 mL of media containing 2% FBS. After
72 hours, viable cells were counted in a cell counter (Innovatis AG). Migration and invasion were
measured using the Transwell system (Corning Costar) with 6.5-mm diameter polycarbonate filters
(8-µm pore size). Briefly, the lower surface of the filter was coated with 10 µg gelatin for the
migration assay and the upper surface was coated with 25 µg reconstituted basement membrane
substance (Matrigel; BD Biosciences) for the invasion assay. Fresh RPMI 1640 media containing 3%
FBS was placed in the lower wells. Cells were incubated for 24 hours in RPMI 1640 media containing
1% FBS, trypsinized, and suspended at a final concentration of 1.0 × 10^6 cells/mL in media containing
1% FBS. Next, 100 µL of the cell suspension was loaded into each of the upper wells and the chamber
was incubated at 37°C for 6 hours (migration) or 18 hours (invasion). Cells were fixed and stained
with hematoxylin and eosin. Non-migrating cells on the upper surface of the filter were removed by
wiping with a cotton swab. Chemotaxis was quantified by counting the cells that migrated to the
lower side of the filter with an optical microscope (using 200 × magnification). Eight random fields
were counted for each assay. For survival assays, cells were seeded in 6-well plates in 2 mL RPMI
1640 containing 5% FBS and incubated overnight prior to addition of gemcitabine (1.0 µg/mL) or
paclitaxel (50 nmol/L). After 48 hours, cell viability was assessed by trypan blue exclusion. Counts were performed on triplicate wells.

Western blot analysis

Cell lysates or immunoprecipitates from cells were subjected to SDS-PAGE and the proteins were transferred to polyvinylidene fluoride (PVDF) membranes (Chemicon). The membranes were incubated with primary antibodies as indicated followed by horseradish peroxidase (HRP)-conjugated secondary antibodies (Santa Cruz Biotechnology). The immunoreactive bands were visualized using a chemiluminescent substrate (GE Life Sciences).

ATC xenograft assay in a nude mouse model

Nude mice (6 weeks old) were purchased from Charles River Laboratories. Mice were housed under specific pathogen-free conditions and were used in accordance with the guidelines of the Animal Care Committee at the Korea Research Institute of Bioscience and Biotechnology. L1CAM-targeting shRNA- or control shRNA expressing FRO cells (1.0 × 10^7) were injected subcutaneously into the right flank of each mouse (n = 6 per treatment group). Tumor growth was monitored at 3- to 7-day intervals by measuring the length and width of the tumor with a caliper and calculating tumor volume using the following formula: Volume=0.523Lw^2 (L = length, w = width). The percentage of surviving mice was determined by monitoring tumor growth-related events (tumor size, >2,000 mm^3) for 30 days.

Statistical analyses

Comparisons of average means were performed with Mann-Whitney U test. Survival was plotted against time after injection (Kaplan-Meier survival curve) and compared by a log-rank test analysis. All reported p-values were two sided and analyses were performed using SPSS Versions 18.0 for Windows.
Results

**L1CAM is highly expressed in anaplastic thyroid carcinoma**

We first examined L1CAM expression in specimens from patients with well-differentiated PTC and nodular hyperplasia. Immunohistochemical analysis using the L1CAM monoclonal antibody A10-A3 (17) was performed. Our results show that well-differentiated PTC and nodular hyperplasia do not express L1CAM (Fig. 1A). However, all cases (six females and three males) of ATC tumor samples exhibited significant L1CAM expression, albeit with varying levels, as shown in Table 1. Of these ATC samples, seven (Cases 1 through 7) showed relatively strong L1CAM expression compared with Cases 8 and 9. We analyzed the correlation between L1CAM expression and clinicopathological factors that could affect tumor aggressiveness in ATC patients. Eight of these patients were more than 60 years of age and had a large tumor diameter. In addition, their tumors had metastasized into adjacent organs or tissues including muscle, trachea, jugular vein, esophagus, or recurrent laryngeal nerve. Distant metastases were also observed in bone (Case 1) and lung (Cases 2 and 9). Case 8 had a relatively small sized (2.5 cm) tumor mass with minimal tumor invasion. L1CAM expression in samples from these nine patients was assessed semi-quantitatively using the immunoreactive scoring (IRS) system. The IRS is based on both the intensity and extent of staining, as described in the Materials and Methods. The calculated L1CAM expression score was greater than 1.5 in Cases 1 through 7 and 0.3 or less in Cases 8 and 9 (Table 1). These data indicate that the level of L1CAM expression varies among ATC cases and thus may not be associated with apparent tumor invasion and metastasis.

Interestingly, analyses of L1CAM expression patterns indicated that L1CAM is abundantly expressed in the invasive area (Supplementary Fig. 1). In Cases 1 through 3, moderate and high L1CAM expression was observed in the invasive islands (red arrowhead) of ATCs and L1CAM was also found at the invasive fronts (black arrowhead) in Cases 7 and 8 (Supplementary Fig. 1). Four representative images are shown in Fig. 1B. Case 1 showed strong membranous L1CAM expression compared to normal follicular structures in the same area and highly expressed L1CAM was also observed at ATC area compared to papillary structure in Case 2. Strong L1CAM expression was
displayed in Case 3 which had a spindle cell-like ATC throughout the section and a round shaped ATC with L1CAM expression was noted at the invasive area in Case 4. Interestingly, Case 4 had a small-sized (0.8 cm) PTC with underlying Hashimoto’s thyroiditis at the initial presentation and underwent lobectomy. At this time, the tumor did not express L1CAM, but 2 years later there was a recurrence and the patient was diagnosed as ATC with observed L1CAM expression (Supplementary Fig. 2).

Previously, it was reported that 67% (18/27) of ATCs expressed cyclin D1 (19) and 55% (12/22) expressed mutant p53 (20). Although cyclin D1 and p53 expression was diffusely or focally observed in six of the tested ATC samples, there was no correlation with the degree of L1CAM expression (Supplementary Fig. 3 and Table 1). L1CAM was also found to be highly expressed in the ATC cell lines FRO and 8505C, but not in primary cultured follicular cells or the differentiated thyroid cancer cell lines PCPTC, TPC1, or BCPAP (Supplementary Fig. 4), suggesting that L1CAM expression is a specific marker of ATC tumors.

Taken together, these data suggest that although the overall L1CAM expression in ATC is variable and heterogeneous, it is highly expressed in invasive areas of the tumors.

**L1CAM plays a crucial role in proliferation, motility, and invasion in ATC cell lines**

To investigate whether L1CAM plays an important role in cellular activities of ATC, we first generated cell clones with stable knockdown of L1CAM. Specific depletion of L1CAM was accomplished by lentiviral-mediated transduction and expression of sequence-specific shRNA (Fig. 2A) and the effect on ATC cell proliferation was analyzed. As shown in Fig. 2B, suppression of L1CAM resulted in a significant decrease in the growth rate of FRO cells at 48 hours (15 ± 3.4%) and 72 hours (19.2 ± 2.4%) \( (p < 0.01) \). In Fig. 2C, depletion of L1CAM caused a significant decrease in the growth rate of 8505C cells at 48 hours (43.7 ± 8.3%) and 72 hours (46 ± 3.7%) \( (p < 0.01) \).

L1CAM has been shown to be necessary for motility and invasiveness of several types of tumors (21, 22). Therefore, we determined the effect of L1CAM on the motility and invasiveness of ATC cell lines using the Transwell system (Corning Costar). Stable L1CAM knockdown FRO cells displayed markedly decreased migration (54 ± 9.5%) and invasion (53 ± 17%) compared with control cells (Fig. 2D).
L1CAM knockdown 8505C cells also exhibited significantly diminished migration (47 ± 4%) and invasion (63 ± 12.8%) compared with control cells (Fig. 3B and D; \( p < 0.01 \)), implying the expression of L1CAM is important for both motility and invasion in thyroid tumors.

**L1CAM expression is associated with chemoresistance in ATC**

Recently, Voigt et al. reported that single exposure of certain chemotherapeutic drugs, including paclitaxel, gemcitabine, and vinorelbine, caused relative antitumor activity in ATC cell lines as compared with cisplatin and doxorubicin (23). However, combination therapy of these drugs did not show significant synergistic antitumor activity. This suggests that chemoresistance in ATC might be a result of the limited effectiveness of combination therapies. Interestingly, enhanced L1CAM expression conferred protection from apoptosis as well as chemoresistance in ovarian carcinoma cells (24). Therefore, we examined whether lack of L1CAM expression might contribute to the chemosensitivity of cells after treatment with gemcitabine or paclitaxel. As shown in Fig. 4A, depletion of L1CAM in FRO cells significantly increased cell death after treatment with gemcitabine (40 ± 6.8%) or paclitaxel (36 ± 4.2%) compared to control cells (\( p < 0.01 \)). In Fig. 4B, suppression of L1CAM in 8505C cells had a similar effect on apoptosis after gemcitabine (36 ± 3%) or paclitaxel (43 ± 6.9%) treatment (\( p < 0.01 \)). These data further support the hypothesis that L1CAM expression correlates with responsiveness to drug therapy in tumor cells.

**L1CAM promotes tumor growth in an ATC xenograft model**

Lastly, we evaluated the effect of L1CAM on tumorigenesis *in vivo*. L1CAM-depleted ATC cells were injected into the right flank of nude mice and tumor formation was monitored. As shown in Fig. 5A and B, a significant delay in tumor growth was observed in mouse xenografts with the L1CAM-depleted cells compared with xenografts of cells transfected with control shRNA. At 19 days after injection, the average tumor volume in mice injected with control shRNA cells was 1,806.1 ± 71 mm³ compared with 731.3 ± 114 mm³ in mice injected with L1CAM shRNA cells. Thus, a remarkable decrease in tumor volume of 60% was achieved (\( p < 0.01 \)). The survival advantage conferred by
L1CAM depletion was statistically significant when compared with the control group ($p < 0.01$ versus control shRNA group; Fig. 5C). These results clearly suggest that L1CAM has a strong potential to promote the growth and tumorigenicity of ATC.

**Discussion**

Thyroid carcinomas are the most common cancer of the endocrine system. Although the majority of thyroid tumors are well-differentiated papillary and follicular thyroid carcinomas with a relatively good long-term prognosis, ATCs are usually fatal. There is a debate regarding the origin of ATC and whether they originate *de novo* or from preexisting differentiated carcinoma (20). More importantly, the paucity of specific molecular markers that are useful for diagnosis or therapeutic targets restricts the effective management of ATC. The adhesion molecule L1CAM is highly expressed in a subset of human cancers and was reported to participate in tumor progression (25). The present study demonstrated aberrant L1CAM expression at the infiltrative areas of ATC, whereas L1CAM expression was not detected in nodular hyperplasia and PTC tumors (Fig. 1A and Supplementary Fig. 1). Consistently, strong L1CAM expression was also detected in ATC cell lines but not in normal thyroid follicular cells or well-differentiated thyroid carcinoma cell lines (Supplementary Fig. 4). These data suggest that detectable L1CAM expression is specific to ATC tumors and cell lines, not to thyroid cells in general.

It has been estimated that approximately 10% of colorectal cancer patients and 40% of extra-hepatic cholangiocarcinoma patients have positive L1CAM expression (12, 17, 26). In addition, L1CAM was expressed in 46% of clear-cell renal cell carcinomas and in 28% of papillary renal cell carcinomas (27). In contrast to the relatively low prevalence of L1CAM expression in these cancers, we found that all tested ATC tumors had aberrant L1CAM expression. To evaluate the role of L1CAM, we performed experiments with L1CAM knocked down *in vitro* and *in vivo*. Stable depletion of L1CAM in ATC cell lines significantly reduced the invasive phenotype of the cells. In nude mice with L1CAM-depleted ATC xenografts, we observed distinctive antitumor effects. Interestingly, we found that stable L1CAM knockdown ATC cells had greater sensitivity to gemcitabine or paclitaxel.
treatment than control ATC cells. These results imply that L1CAM expression is important for tumor
progression and the chemoresistance mechanism of ATC.

Although ATC may appear de novo in most cases, it can also develop from pre-existing, well-
differentiated thyroid tumors. In fact, previous studies reported transition zones from differentiated
thyroid carcinoma to ATC in the same tumor tissue as well as tiny foci of differentiated thyroid
carcinoma within ATC (28, 29). We also observed these transition zones in Case 2, which exhibited
moderate L1CAM expression in ATC areas compared to focal L1CAM expression in adjacent
papillary structure (Supplementary Fig. 1). In one particular case, the initial diagnosis was PTC
without L1CAM expression but 2 years later, the recurred mass was diagnosed as ATC with observed
L1CAM expression (Supplementary Fig. 2). Although we do not provide direct evidence that L1CAM
is responsible for transformation of PTC to ATC, these results suggest that aberrant L1CAM
expression may appear during ATC transformation.

The location of L1CAM in the cellular membrane makes it a possible diagnostic marker or
therapeutic target in patients with ATC. An antibody targeted to L1CAM was recently reported to
reduce cell proliferation in nude mice seeded with ovarian carcinoma cells (30, 31). Moreover, soluble
L1CAM was associated with angiogenesis through its interaction with integrins and was discovered in
the serum and ascites of ovarian carcinoma patients (11, 32). These results provide evidence that local
recurrence or distant metastasis could be controlled in L1CAM-expressing ATC animal model.
L1CAM-targeted therapy may be possible for inoperable or recurrent ATC patients when combined
with concurrent chemotherapy and radiation therapy.

In conclusion, we demonstrate that L1CAM is highly expressed in ATC tumors and plays an
important role in the aggressiveness of ATC by enhancing proliferation, migration, invasion, and
chemoresistance in vitro. Additionally, L1CAM-depleted ATC xenografted nude mice show marked
suppression of tumor growth and prolonged survival. Our results support combined targeted therapy
of L1CAM with chemotherapy as a new treatment modality for ATC tumors.
References


Figure Legends

**Figure 1.** L1CAM is highly expressed in anaplastic thyroid carcinoma (ATC). A and B, immunohistochemical staining of L1CAM in nodular hyperplasia, papillary thyroid carcinoma (PTC), and ATC (Original magnification: ×200).

**Figure 2.** L1CAM is closely associated with proliferation of ATC. A, FRO or 8505C cells were stably transfected with L1CAM shRNA as described in Materials and Methods. The expression of LICAM was determined by Western blot analysis. B and C, stable transfectants were seeded in 6-well plates at a density of $2.0 \times 10^5$ cells/well in 2 mL RPMI 1640 media containing 2% FBS. Viable cells were counted after incubation for 48 hours or 72 hours. Three independent experiments were performed in duplicate. Data are expressed as mean ± SD; **p < 0.01, with respect to CTL shRNA.

**Figure 3.** Depletion of L1CAM abrogates the motility and invasiveness of ATC cells. Migration (A and B) and invasion (C and D) assays were performed as described in Materials and Methods. Three independent experiments were performed in duplicate. Data are expressed as mean ± SD; **p < 0.01 versus CTL shRNA.

**Figure 4.** Knockdown of L1CAM increases chemosensitivity of ATC cells. A and B, stable transfectants were seeded in 6-well plates at a density of $2.0 \times 10^5$ cells/well in 2 mL media containing 5% FBS. After overnight incubation, the cells were treated with gemcitabine (1 μg/mL) or paclitaxel (50 nmol/L) for 48 hours. Cell viability was determined by trypan blue exclusion. Three independent experiments were performed in duplicate. Data are expressed as mean ± SD; **p < 0.01, compared with CTL shRNA.

**Figure 5.** Suppression of L1CAM markedly reduces tumor growth and increases survival of tumor-bearing mice in an ATC xenograft model. A and B, FRO cells transfected with control shRNA or
L1CAM shRNA were inoculated into the right flank of 7-week-old nude mice. Tumor growth was monitored on the indicated days. Results represent mean tumor volume ± SD for 6 animals; ** $p < 0.01$ versus CTL shRNA group. C, analysis of survival rate. The percentage of surviving mice was determined by monitoring tumor growth-related events (tumor size, > 2,000 mm$^3$) for 30 days.
Figure 1

A

Nodular hyperplasia

PTC

B

Case 1 (ATC)

Case 2 (ATC)

Case 3 (ATC)

Case 4 (ATC)
Figure 2

A. Western blot analysis showing reduced L1CAM expression in L1CAM shRNA compared to control (CTL) shRNA in FRO and 8505C cell lines.

B. Bar graph showing the total cell number (x 10^5) for FRO cells treated with CTL shRNA and L1CAM shRNA at 48h and 72h. The data indicates a significant increase in cell number for L1CAM shRNA compared to CTL shRNA at both time points.

C. Bar graph showing the total cell number (x 10^5) for 8505C cells treated with CTL shRNA and L1CAM shRNA at 48h and 72h. The data indicates a significant increase in cell number for L1CAM shRNA compared to CTL shRNA at both time points.
Figure 3

**A.** FRO cell migration of L1CAM shRNA and CTL shRNA.

**B.** 8505C cell migration of L1CAM shRNA and CTL shRNA.

**C.** FRO cell invasion of L1CAM shRNA and CTL shRNA.

**D.** 8505C cell invasion of L1CAM shRNA and CTL shRNA.

*Note: The graph shows a significant difference (p < 0.01, **) in migration and invasion between the L1CAM shRNA and CTL shRNA groups for both FRO and 8505C cells.*
Figure 4

A  
FRO  
CTL shRNA □ L1CAM shRNA  
Survival (%)  
Gemcitabine (1 µg/mL)  
Paclitaxel (50 nmol/L)  
**  

B  
8505C  
CTL shRNA □ L1CAM shRNA  
Survival (%)  
Gemcitabine (1 µg/mL)  
Paclitaxel (50 nmol/L)  
**
Figure 5

A

CTL shRNA

L1CAM shRNA

B

Tumor volume (mm$^3$) vs. Days after injection

C

Survival rate (%) vs. Days after injection

**
Table 1. Clinicopathological features of the L1CAM positive ATC patients.

<table>
<thead>
<tr>
<th>Case</th>
<th>Age/Sex</th>
<th>Tumor type</th>
<th>L1CAM expression score</th>
<th>Maximal tumor size</th>
<th>Tumor site</th>
<th>Tumor invasion</th>
<th>TNM staging</th>
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<tbody>
<tr>
<td>1</td>
<td>73/F</td>
<td>ATC</td>
<td>1.5</td>
<td>8</td>
<td>Rt.</td>
<td>Carotid sheath, RLN</td>
<td>T4aN1M1</td>
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<tr>
<td>2</td>
<td>78/M</td>
<td>ATC</td>
<td>1.5</td>
<td>6</td>
<td>Rt.&amp;Lt.</td>
<td>Tr, Ca, Eso, Ly</td>
<td>T4aN1bM1</td>
</tr>
<tr>
<td>3</td>
<td>80/M</td>
<td>ATC</td>
<td>3</td>
<td>6.5</td>
<td>Lt.</td>
<td>Eso, Lt. Jug. v, Ca, Ex</td>
<td>T4aN1bM0</td>
</tr>
<tr>
<td>4</td>
<td>79/M</td>
<td>ATC</td>
<td>3</td>
<td>5</td>
<td>Lt.</td>
<td>Ca, Ex, Ly, Muscle</td>
<td>T4aN1bM0</td>
</tr>
<tr>
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<td>10</td>
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<td>T4aN1M0</td>
</tr>
<tr>
<td>6</td>
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<td>Tr, Eso, Muscle</td>
<td>T4aN1M0</td>
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<tr>
<td>7</td>
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<td>ATC</td>
<td>0.1</td>
<td>10</td>
<td>Rt.&amp;Lt.</td>
<td>Muscle, Tr</td>
<td>T4aN1M1</td>
</tr>
</tbody>
</table>

Aberrant L1 Cell Adhesion Molecule (L1CAM) Affects Tumor Behavior and Chemosensitivity in Anaplastic Thyroid Carcinoma

Koon Soon Kim, Jeong-Ki Min, Zhelong Liang, et al.

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