

From the DEPARTMENT OF LABORATORY MEDICINE
DIVISION OF PATHOLOGY
Karolinska Institutet, Stockholm, Sweden

**TARTRATE-RESISTANT ACID PHOSPHATASE/ACP5
AS A DRIVER OF CANCER:
DISSECTION OF ITS ONCOGENIC MECHANISMS AND
IDENTIFICATION OF SMALL MOLECULE INHIBITORS**

Anja Reithmeier, MSc



**Karolinska
Institutet**

Stockholm 2017

Published papers were reproduced with permission from the publisher.
Front cover: Graphical illustration of the content of the thesis © Anja Reithmeier, 2017
Published by Karolinska Institutet.
Printed by E-Print AB 2017
© Anja Reithmeier, 2017
ISBN 978-91-7676-833-4

Tartrate-resistant acid phosphatase/ACP5 as a driver of cancer:
Dissection of its oncogenic mechanisms and
identification of small molecule inhibitors

THESIS FOR DOCTORAL DEGREE (Ph.D.)

By

Anja Reithmeier, MSc

Principal Supervisor:

Prof. Göran Andersson
Karolinska Institutet
Department of Laboratory medicine
Division of Pathology

Co-supervisor:

Barbro Ek-Rylander, PhD
Karolinska Institutet
Department of Laboratory medicine
Division of Pathology

Opponent:

Prof. Maréne Landström
Umeå Universitet
Department of Medical Biosciences
Division of Pathology

Examination Board:

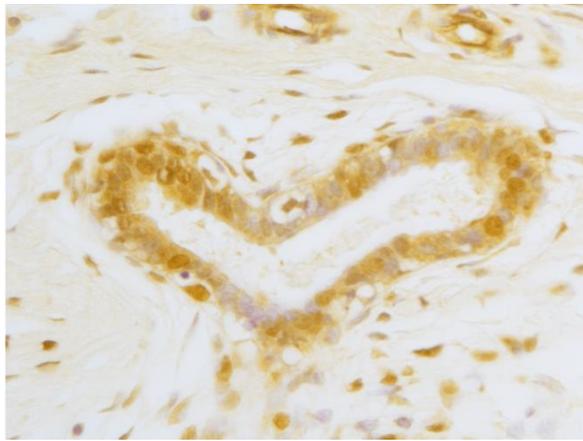
Associate Prof. Jonas Fuxe
Karolinska Institutet
Department of Microbiology, Tumor and
Cell Biology (MTC)

Associate Prof. Katalin Dobra
Karolinska Institutet
Department of Laboratory medicine
Division of Pathology

Associate Prof. Lars-Göran Mårtensson
Linköping Universitet
Department of Physics, Chemistry
and Biology (IFM)

The public defense of this thesis will take place on
Friday, the 15th of December, 9:30 a.m.
Karolinska University Hospital, Huddinge, SE-141 86 Stockholm
Visiting address: Hälsovägen, Flemingsberg
C1:87, C1 building 8th floor

To the commitment, support and unconditional love
of my family and friends.
To every person behind the disease.



Breast cancer tissue stained for TRAP

POPULAR SCIENCE ABSTRACT

HOW A BONE ENZYME HELPS CANCER CELLS TO SPREAD IN THE BODY

A bone enzyme that could reveal the risk for the spreading of cancer. Research has identified that the enzyme TRAP changes the program of cancer cells. This causes them to be more aggressive and potentially spread to other sites of the body (‘metastasis’). Using this knowledge, we could reduce the risk of death by inhibiting the cancer’s invasion of our body.

Cancer is an abnormal growth of cells - cells that have changed their genetic information and their way of communicating. Thereby, they gradually become aggressive by overcoming all safety checks in our body. When cancer cells start to spread in the body (‘metastasize’), a patient has a high risk of dying. According to statistics, only one out of ten patients wins the fight against the uncontrolled disease when diagnosed with metastases. Even though many cancers can be treated nowadays, one of the remaining big challenges of research is to understand why a cancer starts spreading.

TRAP makes cancer cells more aggressive

Research has recently made an important finding that could help us come one molecule closer to understanding why and how cancer cells can spread. The enzyme TRAP that is usually involved in rebuilding bone is also highly active in cancer cells that have metastasized - a fact that supports the assumption that the enzyme is most likely a helper for cancer cell spreading. Concomitantly, the main question for this doctoral thesis was: *‘What is TRAP doing in cancer cells and how can we inhibit it from doing so?’* - To address these questions, the scientists imitated the process seen in patients. They genetically modified cancer cells to produce high amounts of TRAP. These cells were then used in experimental studies to look at how they behave and how TRAP communicates within the cell.

The outcome was both interesting but also highly concerning. Cancer cells that have a specific form of TRAP that has high enzyme activity can both grow and move quicker but also pass barriers more easily. These phenomena are described as features of cancer cells, which are more aggressive, and increase their potential for spreading. *‘But how did the cells do that?’* - Therefore, the researchers looked at ‘proteomics data’, a method to catalog all proteins, protein changes and connections within the cells. These data showed that TRAP redirects the communication with other molecules in the cell in a manner, different from how cells without TRAP do. Interestingly, when this communication was blocked, certain features of the cancer cells normalized, *i.e.* the cells moved more slowly again.

Small molecule inhibitors to reprogram cancer cells

To be able to understand further, how the enzyme TRAP makes cancer cells more aggressive and moving, the scientists used small molecule inhibitors. These are drug-like compounds that can specifically shut down the activity of TRAP and thereby could reprogram the cells to become less aggressive again. Additionally to a previously reported inhibitor, the researchers

looked into a big library of chemical compounds and found several other candidates that could be used to inhibit TRAP. When cells with high TRAP activity were treated with these compounds, they also moved more slowly again.

Finding compounds that are specific for TRAP can be used to resolve the role of TRAP also in other diseases, such as diseases of the bone. Finally, this discovery can assist us in predicting, which cancers are at risk to spread and threaten a patient's life. Using small molecule inhibitors for TRAP has a potential use in the development of drugs that could eventually be applied in the treatment of patients with diseases involving TRAP.

ABSTRACT

Cancer patients diagnosed with metastasis have an increased risk of dying. To be able to predict and target tumors with an increased risk for spreading, underlying molecular events need to be better dissected and understood.

TRAP is a metalloenzyme existing in two isoforms - a precursor form (TRAP 5a) and a highly enzymatically active form (TRAP 5b). TRAP expression was detected in cancer cells of several primary and metastatic tumors and expression levels were raised with increasing malignancy. TRAP expression was further correlated to clinical parameters of aggressiveness such as reduced tumor- and metastasis-free survival. Underlying molecular processes remain unclear and only a limited amount of studies is addressing the respective role of the TRAP isoforms in cancer.

In this thesis, *two major milestones* were addressed tackling the role of TRAP (isoforms) in cancer cell metastasis. **(I)** Identification and characterization of previously reported and novel small molecule inhibitors of TRAP **(II)** Characterization of functional alterations and cellular mechanisms induced by TRAP perturbation.

The TRAP inhibitor 5-phenylnicotinic acid (5-PNA/CD13) was previously identified by fragment-based screening. In *Paper I*, 5-PNA was further characterized for its ability to inhibit the mammalian TRAP, its selectivity for TRAP and its cytotoxicity in a cellular model. TRAP-dependent migration was inhibited by 5-PNA, shown to be selective for the TRAP 5b isoform.

By small molecule screening of a library containing drug-like compounds in *Paper II*, several inhibitors for TRAP activity were found and selected based on a strict filtration strategy. Orthogonal validation, full-concentration responses and isoform selectivity were assessed for a selection of hit compounds. Six potential lead structures were characterized for molecular docking modes. The compound CBK289001 rendered valid as inhibiting TRAP-dependent migration in a cell system and initial structure-activity relationships were derived.

The aggressiveness of cancer cells with perturbations of TRAP expression was assessed by functional studies in *Paper III*. TRAP had a promotive effect on cancer cell elongation, proliferation, migration and invasion. Proteomics and Phospho-proteomics outlined changes in the cellular network associated with extracellular matrix modulation and cell adhesion, and a regulation of TGF β and CD44 signaling. A list of potential TRAP substrates was generated.

The role of TRAP 5b isoform in cancer cell aggressiveness and Cathepsin K (CtsK) in its generation and processing was investigated in *Paper IV*. TRAP 5b was significantly increased compared to TRAP 5a in cells overexpressing TRAP. Inhibition of CtsK, an enzyme shown to be able to cleave TRAP, resulted in an intermediate processed TRAP 5b form with similar activity and promotive effect on migration. CtsK colocalized highly with TRAP 5b and cleaving changed the subcellular localization of TRAP 5b.

In summary, the work presented in this thesis is contributing to the knowledge about the role of TRAP in cancer metastasis. Specifically, we were able to show a connection of TRAP 5b to metastasis-related cell functions and the involvement of TGF β /CD44 signaling. Possible starting points for the development of potent and TRAP-specific inhibitors are provided.

LIST OF SCIENTIFIC PAPERS

This thesis is based on the following peer-reviewed publications and manuscripts, referred to in the text by their roman numerals.

-
- I.** Michael Krumpel[#], **Anja Reithmeier[#]**, Teresa Senge, Toni Andreas Bäumler, Martin Frank, Per-Georg Nyholm, Barbro Ek-Rylander, Göran Andersson
The small chemical enzyme inhibitor 5-phenylnicotinic acid/CD13 inhibits cell migration and invasion of Tartrate-resistant acid phosphatase/ACP5-overexpressing MDA-MB-231 breast cancer cells
Experimental Cell Research (2015) 339:154–162
-
- II.** **Anja Reithmeier**, Thomas Lundbäck, Martin Haraldsson, Martin Frank, Barbro Ek-Rylander, Per-Georg Nyholm, Anna-Lena Gustavsson, Göran Andersson
Identification of novel inhibitors of Tartrate-resistant acid phosphatase (TRAP/ACP5) activity by small molecule screening
Manuscript
-
- III.** **Anja Reithmeier[#]**, Elena Panizza[#], Michael Krumpel, Lucas Orre, Rui M. Branca, Janne Lehtiö, Barbro Ek-Rylander, Göran Andersson
Tartrate-resistant acid phosphatase (TRAP/ACP5) promotes metastasis-related cell properties via the TGF β -pathway and CD44 in human breast cancer cells
BMC Cancer (2017) 17:650
-
- IV.** **Anja Reithmeier**, Tuomas Näreoja, Maria Norgård, Barbro Ek-Rylander, Göran Andersson
Tartrate-resistant acid phosphatase (TRAP/ACP5) activity promotes migration of MDA-MB-231 breast cancer cells independent of Cathepsin K processing
Manuscript
-
- [#] Equal contribution

Related articles published by the defendant, not included in the thesis.

Carian E. Boorsma, T. Anienke van der Veen, Kurnia S. S. Putri, Andreia de Almeida, Christina Draijer, Thais Mauad, Gyorgy Fejer, Corry-Anke Brandsma, Maarten van den Berge, Yohan Bossé, Don Sin, Ke Hao, **Anja Reithmeier**, Göran Andersson, Peter Olinga, Wim Timens, Angela Casini, Barbro N. Melgert

A potent Tartrate resistant acid phosphatase inhibitor to study the function of TRAP in alveolar macrophages

Scientific Reports (2017) 7:12570

CONTENTS

Popular Science Abstract	i
Abstract	iii
List of Scientific Papers	iv
List of Abbreviations	vii
I Preface	1
II Background	2
1 Cancer	2
1.1 Definition and Epidemiology	2
1.2 History	2
1.3 Cancer biology	3
2 Tartrate-resistant acid phosphatase/TRAP/ACP5	6
2.1 Classification.....	6
2.2 TRAP gene	6
2.3 TRAP protein	7
3 Cathepsin K/CtsK	11
3.1 Classification and Enzymatic activation	11
3.2 Pathological implications and Pharmacological targeting	12
3.3 TRAP and CtsK in bone remodeling.....	13
4 Osteopontin/OPN	13
4.1 Structure and Regulation.....	13
4.2 Functional implications of OPN	14
4.3 TRAP as an OPN phosphatase	15
5 Cluster of differentiation-44/CD44	15
5.1 Structure and Splicing.....	15
5.2 Receptor-ligand interactions and Signaling	17
5.3 Functional implications in cancer	17
6 Transforming growth factor β/TGFβ	18
6.1 Activation	18
6.2 Signaling.....	18
6.3 TGF β in tumor suppression and progression	20
6.4 TRIP-1, a bridge between TGF β and TRAP	21
7 Physiological and pathological implications of TRAP	21
7.1 Cell and tissue expression.....	21
7.2 TRAP isoform processing, Intracellular localization and Secretion	21
7.3 Proposed functions.....	22
7.4 TRAP pathology	23

8	TRAP inhibitors	26
8.1	Phytochemicals.....	26
8.2	Substrate mimics.....	26
8.3	Gold coordination compounds.....	26
8.4	Rational drug design: phosphonic acids.....	27
8.5	Fragment-based screening: lead structures.....	27
III	Present Investigation	28
1	Aims of the thesis	28
2	Considerations on the Methodology	30
2.1	Ethical considerations.....	30
2.2	Small molecules and Blocking antibodies.....	30
2.3	Enzyme preparations.....	31
2.4	Cell lines.....	32
2.5	Protein quantification and Localization studies.....	33
2.6	Enzyme activity measurements.....	34
2.7	Functional cell experiments.....	34
2.8	Phospho-proteomics and Proteomics analysis.....	36
2.9	Molecular docking studies.....	36
3	Results and Discussion	37
3.1	Can potent and specific TRAP inhibitors be identified and applied?.....	37
3.2	Does TRAP make cancer cells more aggressive and likely to metastasize?.....	39
3.3	How does TRAP change the cellular signaling network?.....	40
3.4	Is Cathepsin K involved in the proteolytic processing of TRAP 5b?.....	42
3.5	Is TRAP 5b isoform relevant for the development of the cellular phenotype observed in TRAP-overexpressing cells?.....	46
4	Conclusions	49
5	Future perspective	50
	Acknowledgements	51
	References	55
	Curriculum Vitae	71

LIST OF ABBREVIATIONS

1KBP	Crystal structure of the red kidney bean TRAP	MEPE	Matrix extracellular phosphoglycoprotein
1QFC	Crystal structure of the rat proteolytically cleaved TRAP	MET	Mesenchymal-to-epithelial transition
1QHW	Crystal structure of the rat uncleaved TRAP	MG	Malachite green
1UTE	Crystal structure of the phosphate-uteroferrin/pig TRAP complex	MITF	Microphthalmia-associated transcription factor
1WAR	Crystal structure of the human TRAP	MMP	Matrix metalloproteinase
5-PNA	5-phenylnicotinic acid /CD13	OPN	Osteopontin
ACP5	Tartrate-resistant acid phosphatase/ Acid phosphatase 5 gene	PAINS	PAN assay-interfering compounds
ALK	Activating-receptor-like kinase	PAP	Purple acid phosphatase
Asn	Asparagine	PI3K	Phosphatidylinositol-3 kinase
BSP	Bone sialoprotein	pNP	Para-nitrophenol
CD44	Cluster of differentiation-44	pNPP	Para-nitrophenylphosphate
CID	Compound identification number	PPA1	Serine/ threonine protein phosphatase 1
COPD	Chronic obstructive pulmonary disease	PPA2	Serine/ threonine protein phosphatase 2
CtsK	Cathepsin K	PU.1	PU-box binding protein
CtsL	Cathepsin L	PVDF	Polyvinylidene difluoride
Cys	Cysteine	RANKL	Receptor-activator of NFκB Ligand
DMP1	Dentin matrix protein 1	REOS	Rapid elimination of Swill
DMSO	Dimethylsulfoxide	RGD	Arginine-glycine-aspartic acid-recognition sequence
DSPP	Dentin sialophosphoprotein	sCD44	Standard isoform of CD44
ECM	Extracellular matrix	SDS-PAGE	Sodium Dodecyl Sulfate Polyacrylamide Gel Electrophoresis
eiF3	Eukaryotic translation initiator factor 3	Ser	Serine
EMT	Epithelial-to-mesenchymal transition	Sf9	Spodoptera frugiperda insect cells
ERM	Ezrin, Radixin, Moesin	SIBLING	Small integrin-binding ligand N-linked glycoprotein
ETA1	Early T-lymphocyte activation 1	SILAC	Stable isotope labeling by/with amino acids in cell culture
FAK	Focal adhesion kinase	SMAD	Mothers against decapentaplegic
GAG	Glycosaminoglycan	SPENCD	Spondyloenchondrodysplasia
HA	Hyaluronan/hyaluronic acid	SPP1	Secreted phosphoprotein 1
HAS	Hyaluronan synthase	TGFβ	Transforming growth factor β
HiREF	High Resolution Isoelectric focusing	TMT	Tandem Mass Tag
His	Histidine	TRAP	Tartrate-resistant acid phosphatase
HRE	Hemin response elements	TRIP-1	Transforming growth factor β receptor-interacting protein-1
IgG	Immunoglobulin G	Tyr	Tyrosine
LAP	latency-associated protein	TβR	Transforming growth factor β receptor
LCI	Live cell imaging	uPA	Urokinase-type plasminogen activator
LTBP	latent TGFβ-binding proteins	vCD44	Variant isoform of CD44
MAPK	Mitogen-activating protein kinase		

People all around us are being diagnosed with diseases, treated, cured - sometimes they die, sometimes they suffer. Every person around us is in either way affected - everybody knows somebody that knows somebody. One out of three individuals will eventually be diagnosed with cancer.

Cancer is an intimidating disease that intersects everybody's life at some point and it is often stigmatized with anticipations. People have lost family members to it; cancer leaves patients and their relatives generally with a feeling of lost influence and helplessness. It is not surprising that the first reactions after the diagnosis of cancer usually involve questions, such as *'What does that mean?'* or *'Can I be treated?'*

For a variety of diseases science has made such a great progress that going to the pharmacy, being treated in a medical facility, taking medication once a week, being able to continue a normal life, has become an expectation that cannot be taken for granted. Not always is there a golden standard of treatment. Not always is there a good prognosis to be cured or even to survive.

Only due to laborious effort, persistent, creative and devoted scientists and medical doctors, we have nowadays reached those crucial breakthroughs and acquired that necessary information allowing for a better understanding of the disease, for the identification of new treatment strategies and for providing the optimal care of every specific patient.

Nevertheless, we are still missing pivotal puzzle pieces and need further research to create majorly missing knowledge about mechanisms that often lead to a poor prognosis.

'Every field in medicine has had a moment in history that has been transforming. The moment, where the knowledge that was required to change the field became available.'

Dr. José Baselga, Memorial Sloan Kettering Cancer center

In Ken Burns CANCER: THE EMPEROR OF ALL MALADIES, a film by Barak Goodman.

This is where I see the framework of my thesis to set in - a seemingly little puzzle piece in the big picture - a puzzle piece that might for every now and then be underrated in its significance. In the end, this work is built upon the strong belief that creating basic knowledge about molecular mechanisms and treatment strategies eventually will result in the success of beating cancer - by providing just that one little puzzle piece that fits together in the big picture.

Inspired by Siddhartha Mukherjee's 2010 Pulitzer Prize-winning book, 'The Emperor of All Maladies: A Biography of Cancer.'

II BACKGROUND

1 Cancer

1.1 Definition and Epidemiology

Cancer is a generic term for a group of complex diseases, commonly also termed as malignant tumor or neoplasm. The disease is based on the abnormal development and growth of cells, leading to outgrowth and spreading into distant sites. Failed treatment or late detection of cancer will finally lead to general organ failure, ultimately resulting in the death of the patient.

Cancer is attributable for being one of the leading causes of deaths in the world with approximately 14.1 million new cases and 8.2 million deaths in 2012 [1]. The most common types are represented by cancers of the lung (1.82 million), breast (1.67 million), and colon (1.36 million), whereas the most common causes of cancer death are lung cancer (1.6 million deaths), liver cancer (745,000 deaths) and stomach cancer (723,000 deaths) [1]. Accounting for more than 3.7 million new cases and 1.9 million deaths each year, cancer represents the second most important cause of death and morbidity in Europe [2]. Importantly, 30-50% of cancer can be prevented through prevention programs and by early diagnosis [3].

1.2 History

Already 3000 years before Christ, cancer was for the first time described in an ancient Egyptian text book, elaborating on eight ulcers of the breast being removed by surgical procedures, however incurable [4]. Only from much later, though, we have proof that the disease was given a name – around 460–370 before Christ, Hippocrates, the “father of medicine”, described and created drawings of the disease he termed “*carcinosis/carcinoma*”. Hippocrates applied the latter naming, as the tumor reminded him of a crab, with veins stretched on all sides of the body of the tumor [4,5]. Only with the description of the cellular theory and the discovery of cellular pathology by Robert Virchow in the 19th century (“*omnis cellula e cellula*”) [6], diseases were no longer diagnosed merely based on symptoms but could be defined by anatomical changes. Finally, by the finding of the chemical structure of DNA in the 20th century, gene mutations and repair mechanisms of the cell, cancer scientists have understood that cancer is a disease that originates from modulations of our gene material [4]. These DNA changes can be caused by cancerogenic agents, such as physical (e.g. radiation), chemical (e.g. asbestos, components of tobacco smoke or dietary habits) and biological carcinogens (e.g. viruses and bacteria) [3]. Next to inherited and environmental factors as the reason for cancer-driving mutations, a recent study claimed that one third of cancer driver mutations would be due to unavoidable DNA replicative errors [7]. In light of this, early detection would claim an even bigger role in patient care.

Early treatment attempts mainly relied on the removal of the cancer, a strategy that has remained applicable until the current days of clinical practice. With the detection of X-rays and radioactive elements by Wilhelm Conrad Roentgen and Marie and Pierre Curie in the 19th century, radiation therapy was put in the spotlight of cancer treatment. Chemotherapy was invented in the course of World War II experiments, as several alkylating agents, such as

nitrogen mustard [8] proved to kill rapidly replicating cells via DNA damage allowing for the targeting of small cancer masses, unable to be surgically removed. For instance, aminopterin, a precursor of the nowadays commonly applied chemotherapeutic methotrexate, showed to induce remission in children with acute leukemia [9]. These findings provided the basis for novel and more directed chemo-guided strategies that are nowadays applied for a more patient-specific treatment. For example, several efforts have been funneled into the development of combination chemotherapy, drug delivery techniques, multi-resistance treatments and chemoprotective treatments. Given the increasingly better understanding of cancer biology, the latest strategies of cancer treatment include immunotherapeutics or targeted therapies, such as T-cell therapy, anti-cancer vaccines or antibody-mediated therapy [4].

1.3 Cancer biology

1.3.1 Tumor-Suppressor genes and Proto-Oncogenes

Cell growth is under physiological conditions highly regulated at the molecular level, and several regulatory machineries are involved in repairing dysregulated events. During cancer development, these machineries can be either rescinded or get dysfunctional, or even overridden by promotional forces. Accompanying the findings of genes, scientists introduced the terms of tumor-suppressor genes and proto-oncogenes in the 1970s. Tumor-suppressor genes and proto-oncogenes are genes encoding for proteins that are involved in the regulation of cell division that either lose their suppressor activity or promote the progression of cancer, when mutated [5]. They are defined as commonly belonging to either class of growth factors (I), growth factor receptors (II), signal transduction proteins (III), transcription factors (IV), pro- or anti-apoptotic proteins (V), cell cycle control proteins (VI) or DNA-repair proteins (VII). Whereas mutations of one allele of a gene were reported to be sufficient to change a proto-oncogene into an oncogene, mutations in both alleles were thought to be necessary to drive cancer in the case of a tumor-suppressor gene (*two-hit hypothesis*) [10]. Nevertheless, the current theory of a tumor evolving is manifested on a *sequential accumulation of mutations* in several genes, as suggested in the early 1990s for the development of colorectal cancer by Bert Vogelstein [11,12].

1.3.2 Cancer hallmarks: Invasion and Metastasis

In 2006, Hanahan and Weinberg have suggested a framework for the classification of capabilities of cancer during the transformation from a normal cell to a malignant one [13] – the “*hallmarks of cancer*”. These alterations of normal cell physiology represented by most types of cancers have been termed as (I) self-sufficiency in growth signals, (II) insensitivity to growth-inhibitory (antigrowth) signals, (III) evasion of programmed cell death (apoptosis), (IV) limitless replicative potential, (V) sustained angiogenesis, and (VI) tissue invasion and metastasis. Later, in 2011, these hallmarks have been updated and completed with a second generation of enabling and emerging hallmarks [14]. The additional hallmarks, (VII) genome instability and mutation, (VIII) tumor-promoting inflammation, (IX) avoiding immune destruction and (X) deregulation of cellular energetics were then added to the conceptual framework [14].

When cancer cells acquire respective traits allowing for *tissue invasion and metastasis*, most cancers ultimately render incurable and lead to the death of the patient. Specifically, most of the currently reported deaths of cancer are associated with the development of metastases, as current strategies of treatment are not able to completely abrogate or inhibit this process [3].

Similar principles with regard to the hallmarks of cancer have been earlier conceptualized with the description of the *stages of metastatic progression*. Here, Gupta and Massagué [15] described the different traits a cancer cell has to accommodate on its way to the metastatic site. A simplistic two-step description of these would be the (I) physical dissemination of the primary cancer cells to distant sites, and the (II) adaptation of these cells to the environment at the metastatic site. Several concepts important for cancer invasion and metastasis to overcome the obstacles barring metastasis have been addressed and are organized by a complex network of extracellular and intracellular signals and mechanisms. These include e.g. the concept of stem cells and dormancy, cellular heterogeneity of a tumor mass, the involvement of mechanisms to overcome intrinsic and extrinsic barriers (hypoxia, nutritional limitations, physical forces, anoikis and senescence programs), the recruitment of tumor-promoting mesenchyme and inflammatory cells, stromal crosstalk, the ‘angiogenic switch’ and homing of disseminated cancer cells and hematopoietic progenitor cells.

As relevant in relation to the research covered in this thesis, specific concepts are pointed out based on the summaries and interpretations of Hanahan and Gupta [14,15].

1.3.2.1 Epithelial-mesenchymal plasticity

Both during the initial step of dissemination, intravasation, and when reaching a potential metastatic site, cells undergo a transition between an epithelial and mesenchymal state. The initial epithelial-to-mesenchymal transition (EMT) is a program that resembles processes associated with embryonic morphogenesis and wound healing [16]. A set of transcription factors and effector proteins has been postulated as markers of EMT that are induced by cells exposed to either the tumoral or the stromal microenvironment. Amongst them, proteins associated to increased mobility, cell adhesion molecules and matrix-degrading enzymes are part of the signature in cells undergoing EMT [14]. Nevertheless, it has been postulated that the same cells need to either be in a temporal state of mesenchymal plasticity or undergo partial EMT (hybrid) to be able to colonize metastatic sites (**Figure 1**) [17].

1.3.2.2 Extracellular matrix modulation

Primary cells need to be able to get invasive to overcome barriers, such as the basement membrane, a dense network of glycoproteins and proteoglycans and endothelial cell structures or when they proceed through the adjacent matrix in the primary and metastatic site [14]. The matrix provides the tumor with a variety of growth factors and cytokines that, when extracted, can promote tumoral progression. Matrix proteases, such as urokinase-type plasminogen activator (uPA) and matrix metalloproteases (MMPs) can be either expressed by cancer cells or promoting stromal cells to assist in the degradation and modulation of the surrounding matrix [13] during *in situ* invasion or homing at the metastatic site. As several tumor types showed a tendency to metastasize to specific secondary sites (Paget’s “*seed-and-soil hypothesis*”, [18]), it was postulated that the cellular program of the metastasizing cells is either already adapted to the metastatic site or that soluble factors promote the homing/tropism and precondition of the metastatic niche. Here, e.g. premetastatic induction

of MMPs in distal sites was postulated to prepare a niche, more compliant with the needs of the metastatic cancer cells. Additionally, osteolytic lesions in breast metastasis to bone often involve a crosstalk between cancer cells and cells involved in bone remodeling, such as osteoclasts.

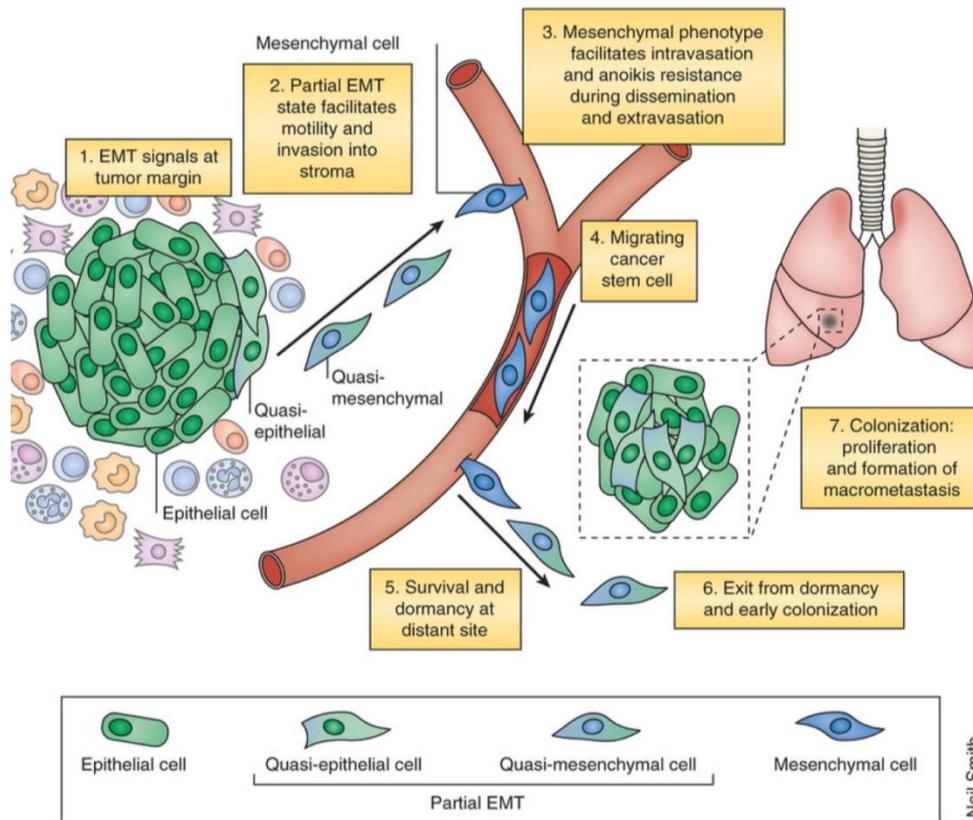


Figure 1 In response to EMT-promoting signals, a subpopulation of epithelial cells at the invasive edge of the tumor may lose epithelial traits. As these cells detach from the bulk of the tumor, they become less exposed to epithelial signals and acquire mesenchymal properties in the presence of EMT signals supplied by stromal cells. A fully mesenchymal phenotype facilitates invasion into surrounding tissues and intravasation into blood capillaries or draining lymphatic vessels. After arrival at a distant organ, the mesenchymal phenotype facilitates extravasation and invasion into the foreign tissue. Here, disseminated cells are exposed to signals different from those of the primary tumor, and the mesenchymal state may confer survival advantages to single cancer cells or alternatively may support long-term dormancy. When the appropriate contextual signals become available, disseminated cells may undergo MET and gradually reacquire epithelial properties. Epithelial signals are reinforced through autocrine and paracrine signals. This facilitates the outgrowth of macrometastases that are composed predominantly of epithelial cells.

Reprinted with permission from Tam WL, Weinberg RA. The epigenetics of epithelial-mesenchymal plasticity in cancer. *Nat. Med.* Nature Publishing Group; 2013;19:1438–49, Copyright © 2013

1.3.2.3 Remodeling of Cell adhesion complexes

Additionally to matrix modulation, tumor cells rebuild their set of adhesion molecules to adapt to the specific microenvironment and to overcome barriers. Commonly observed is the downregulation of the epithelial adhesion marker E-Cadherin that is also part of the EMT program. Other specific examples of commonly dysregulated cell adhesion molecules are integrins [13,19]. Integrins were observed to form uncommon α - and β -complexes and enable interaction of the tumoral cell with ligands specifically expressed at distinct target sites. Both during dissemination of the primary tumor and the colonization of micro-metastases, the cells need to adapt to the local environment or to a local supportive stroma. Additionally, the rearrangement of adhesive complexes assists in the rearrangement of the cellular cytoskeleton, important for example for cell motility.

2 Tartrate-resistant acid phosphatase/TRAP/ACP5

2.1 Classification

Tartrate-resistant acid phosphatase (TRAP) is an enzyme belonging to the subclass of acid phosphatases (**Figure 2**), hydrolyzing phosphate ester bonds and anhydrides in the presence of water and acidic conditions into alcohols and phosphates [20]. Emerging as the 5th band separated by electrophoresis on an acidic native acrylamide gel and as the only acid phosphatase in serum insensitive to tartrate, it subsequently was designated TRAP/ACP5 [21].

Enzymes of this subclass are characterized by a binuclear iron center, rendering a purple color and thus the alternative name purple acid phosphatases (PAPs) [20]. Among the phosphatases, also other enzymes with two metal ions in their active site exist, e.g. the serine/threonine protein phosphatase 1 (PP1) and 2A (PP2A), combining them under the term binuclear (metallo-) phosphatases. Next to the resistance to tartrate and the purple color, PAPs can also be distinguished from other acid phosphatases by their molecular weights and a high isoelectric point ($pI > 9$) [20,22].

EC 3.	Hydrolase
EC 3.1	Esterase
EC 3.1.3	Phosphatase
EC 3.1.3.2	Acid phosphatases

ACP5/ type 5 acid phosphatase/ Purple acid phosphatase/
Tartrate- resistant acid phosphatase

Figure 2 TRAP enzyme classification

PAPs were isolated from microbes [23–25], plants [26,27] and animals [28–30]. PAPs found in plants are predominantly displaying molecular weights of 110 kDa with two homodimeric 55 kDa subunits, whereas enzymes of the mammalian species are monomeric low molecular weights forms of around 35 kDa.

Mammalian PAPs (bovine spleen and pig uterine fluid/‘uteroferrin’) and TRAPs have been independently characterized for several decades, and therefore are referred to by multiple names. Only in the 1990s cDNA cloning, protein sequencing and immunological cross-reactivity provided evidence that TRAP and PAP is actually the same enzyme [31–34].

2.2 TRAP gene

2.2.1 Chromosomal location and gene structure

The human TRAP gene has been mapped on a region on Chromosome 19p (19p13.2-13.3) [32,35], whereas the murine TRAP gene is located on chromosome 9 [36], rat TRAP gene on chromosome 8 [37] and pig TRAP gene (uteroferrin) on chromosome 2 [38], encoding one single gene.

Mammalian TRAP genes have been cloned from mouse [36,39], human [32,39,40], rat [31] and pig [34]. The gene structure is overall highly conserved between species [34,41–43]; built up by 5 exons and the ATG-start-codon/translation initiation site at the beginning of exon 2, the promoter region is located on exon 1. Transcription gives rise to a ~1.5 kb mRNA with open reading frames of 975 bp in human macrophages [32] and 981 bp in the rat cDNA [31].

2.2.2 Promotor regions

Studies of the 5'-flanking region in the murine gene suggest the presence of tissue-specific promoters resulting in three different mRNA transcripts, differing only in the non-coding exon 1 sequence [43,44]. The human gene displays a similar genomic structure, with four transcripts, differing in the exon 1 sequence [43]. Little sequence conservation was however noted upstream of the proximal promotor in the mouse and human gene [44].

2.2.3 Transcriptional regulation

Within the human 5'-flanking region, several potential binding sites for transcription factors (e.g. PU.1, MTF) [20,45,46] have been identified, as well as two HRE (hemin response elements) motifs [47,48].

2.3 TRAP protein

2.3.1 Amino acid sequences

TRAP protein varies between 325, 327 and 340 amino acids when isolated and cloned from human macrophages, rat bone and pig uterus, respectively (**Figure 3 A**) [31,32,49]. In the rat protein a 21 amino acid signal sequence was identified resulting in a mature protein of 306 amino acids [50]. A signal sequence of 19 amino acids was predicted in human macrophages by von Heijne's rule [32]. Comparison of the amino acid sequences of isolations from different mammalian sources revealed a 81-94% of homology between species (**Figure 3 B**).

It needs to be noted that amino acid numbering is derived from the mature sequences (21 amino acid signal peptide subtracted) and deviates between the TRAPs crystallized from different species due to differences in the in- or exclusion of two additional N-terminal residues of the rat/pig [51,52] and the human [53] crystal structures.

2.3.1 Crystal structures

Earlier, crystal structures have been derived for the 55 kDa dimeric plant enzyme from red kidney beans in a resolution of 2.9 Å (Protein data bank code KBP) [54,55], followed by crystallization of mammalian TRAP in a phosphate-enzyme complex (1.55 Å; 1UTE) [51]. Furthermore crystal structures were generated for the proteolytically cleaved (2.7 Å; 1QFC) and uncleaved (2.2 Å; 1QHW) forms of TRAP from rat bone [52,56]. Finally, crystal structures for the human TRAP with and without the repression loop (2.2 Å; 1WAR; **Figure 4 A**) have been retained [53].

Comparing all structures, conservation of a bisymmetrical organization with a $\beta\alpha\beta\alpha\beta$ -motif in each domain has been resolved, connected via a disulphide bond at residues Cys 142 and Cys 200 [52,56]. In this motif, the catalytic domains with the dimetal centers are located at the C-terminal ends and the metals ions are positioned in an octahedral geometry [53]. Binuclear iron centers in mammalian TRAPs are comprised by a chromophoric (Fe^{3+}) and a divalent metal ion (Fe^{2+}), which are redox active and display a pink color with absorption at $\lambda_{\text{max}} \sim 515$ nm. Upon oxidation, the color shifts to purple ($\lambda_{\text{max}} \sim 550$ nm) and an inactive diferric (Fe^{3+} - Fe^{3+}) enzyme [57,58].

A flexible repression loop domain of 20 amino acids (1UTE, 1QHW, amino acid sequence 145-164) (1WAR amino acid sequence 143-163) is located close to the active site in an exposed region [51,56].

A CLUSTAL O(1.2.4) multiple sequence alignment

```

NP_999374.1 PIG      MDTWTVLLLIQASLVLPGAVGTRTNTFTAPTPIILRFVAVGDWGGVNPAPFHTAREMANAK 60
sp|P13686|PPA5_HUMAN MDMWTALLLIQALLLPSL-----ADGA--TPALRFVAVGDWGGVNPAPFHTAREMANAK 52
sp|Q05117|PPA5_MOUSE MDSWVLLGLQI IWLPLL-----THGTAPTPTLRFVAVGDWGGVNPAPFHTAREMANAK 54
1QHW_A RAT         MDTWMVLLGLQI ILLPLL-----AHCTAPASTLRFVAVGDWGGVNPAPFHTAREMANAK 54
** * .** * * : : : *****

NP_999374.1 PIG      AIATTVKTLGADFILSLGDNFYFTGVHDAKDKRFQETFEDVFSDPSLRNPVHVLGNHD 120
sp|P13686|PPA5_HUMAN EIARTVQILGADFILSLGDNFYFTGVQDINDKRFQETFEDVFSDRSLRKPWPVVLGNHD 112
sp|Q05117|PPA5_MOUSE EIARTVQTMGADFIMSLGDNFYFTGVHDASDKRFQETFEDVFSDRALRNPWPVVLGNHD 114
1QHW_A RAT         EIARTVQIMGADFIMSLGDNFYFTGVHDANDKRFQETFEDVFSDRALRNPWPVVLGNHD 114
** * : *****.* *****.* *****.* :* :* :*****

NP_999374.1 PIG      HLGNVSAQIAYSISKRWNFPSYYRLRFKIPRSNVSVAIFMLDVTVLCGNSDDFVSQQP 180
sp|P13686|PPA5_HUMAN HLGNVSAQIAYSISKRWNFPSFYRLHFKIPQTNVSVAI FMLDVTVLCGNSDDFLSQQP 172
sp|Q05117|PPA5_MOUSE HLGNVSAQIAYSISKRWNFPSYYRLRFKIPRTNITVAIFMLDVTMVLGNSDDFASQQP 174
1QHW_A RAT         HLGNVSAQIAYSISKRWNFPSYYRLRFKIPRSNITVAIFMLDVTMVLGNSDDFVSQQP 174
*****:***:* :* :* :***** *****

NP_999374.1 PIG      ERPRNLALARTQLAWIKKQLAAAKEDYVLVAGHYPVWSIAEHGPTHCLVKQLLPLLTTHK 240
sp|P13686|PPA5_HUMAN ERPRDVKLARTQLSWLKKQLAAAREDYVLVAGHYPVWSIAEHGPTHCLVKQLRPLLATYG 232
sp|Q05117|PPA5_MOUSE KMPRDLGVARTQLSWLKKQLAAAKEDYVLVAGHYPIWSIAEHGPTRCVLKLNLRPLLATYG 234
1QHW_A RAT         EMPRDLGVARTQLSWLKKQLAAAKEDYVLVAGHYPIWSIAEHGPTRCVLKLNLRPLLAAYG 234
: * : : *****.* *****.* *****.* *****.* *****.* * * * : :

NP_999374.1 PIG      VTAYLCGHDHNLQYLQDENGVLGVSAGNFMDPSSKHLRKPNGYLRFHFGAENSLGGF 300
sp|P13686|PPA5_HUMAN VTAYLCGHDHNLQYLQDENGVGIVLVSAGNFMDPSSKRHRQKVPNGYLRFHYGTEDSLGGF 292
sp|Q05117|PPA5_MOUSE VTAYLCGHDHNLQYLQDENGVGIVLVSAGNFMDPSSVRHRQKVPNGYLRFHYGSEDSLGGF 294
1QHW_A RAT         VTAYLCGHDHNLQYLQDENGVGIVLVSAGNFMDPSSVRHRQKVPNGYLRFHYGSEDSLGGF 294
*****.* :*****.* * *****.* :* :*****

NP_999374.1 PIG      AYVEITPKEMSVTYIEASGKSLFKTKLPRRARSEHQHRRR 340
sp|P13686|PPA5_HUMAN AYVEISSKEMTVTYIEASGKSLFKTRLPRRARP----- 325
sp|Q05117|PPA5_MOUSE THVEISPKEMTIIYVEASGKSLFKTSLPRRPR----- 327
1QHW_A RAT         TYVEIGSKEMSIYVEASGKSLFKTSLPRRPR----- 327
:*** ***: :* ***** * * *
    
```

B Percent Identity Matrix - created by Clustal2.1

%	NP_999374.1 PIG	sp P13686 PPA5 HUMAN	sp Q05117 PPA5 MOUSE	1QHW_A RAT
NP_999374.1 PIG		84.92	81.35	81.96
sp P13686 PPA5 HUMAN	84.92		85.54	85.85
sp Q05117 PPA5 MOUSE	81.35	85.54		93.88
1QHW_A RAT	81.96	85.85	93.88	

Figure 3 (A) Protein amino acid sequence alignment of pig TRAP, human TRAP, murine TRAP and rat TRAP 5a, respectively * = amino acid identity; : = amino acid change in one sequence; . = amino acid change in more than one sequence. Loop area is marked in bold. Sequences were derived from NCBI or Uniprot and numbering includes a predicted signaling sequence of 21 amino acids marked with a vertical line, respectively. **(B)** Percent of identity of different mammalian TRAP structures.

2.3.2 Post-translational modifications

2.3.2.1 Glycosylation

Mammalian TRAPs are glycoproteins containing up to two conserved surface exposed N-glycosylation motifs at Asn 97 and Asn 128 located in the N-terminal fragment of the two subunit form (represents Asn 95 and Asn 126 in human TRAP, **Figure 4 A**) [31]. Interestingly, these glycosylation sites were found to influence latency and catalytic properties of the recombinant monomeric TRAP, as mutations with a single oligosaccharide chain exhibited lower substrate affinity and catalytic activity [59]. Differences in molecular weights of the enzymes can be partially explained by differences in their glycosylation patterns.

2.3.2.2 TRAP isoforms

TRAP exists as two isoforms, which was identified first due to a differential electrophoresis profile of serum samples [60]. TRAP is transcribed as a monomeric proenzyme and activated by posttranslational cleavage [30,61].

The proteolytically cleaved two-subunit form TRAP 5b was isolated from rat and human bone [31,62], osteoclastomas [63] and human and bovine spleen [30,64]. After purification from bovine spleen homogenates, the single polypeptide as well as the heterogeneous subunits of the cleaved TRAP 5b form were compared [30]. Despite high homology in the protein, the monomeric proenzyme, also called TRAP 5a contains a flexible loop region, which is cleaved and released in the dimeric TRAP 5b isoform (**Figure 4 A**) [61]. Moreover, the TRAP 5a isoform displays several different biochemical characteristics compared to the TRAP 5b isoform. TRAP 5a contains sialic acid residues, which are not present in TRAP 5b [65,66]. The pH optimum for TRAP 5a is lower (pH ~5.2) than for TRAP 5b (pH ~5.8) as well as the specific activity of TRAP 5a, which is ~10X lower than that of TRAP 5b [60,65,67]. Substrate affinity is moreover lower in TRAP 5a, as K_m values are increased, when compared to TRAP 5b [30,68].

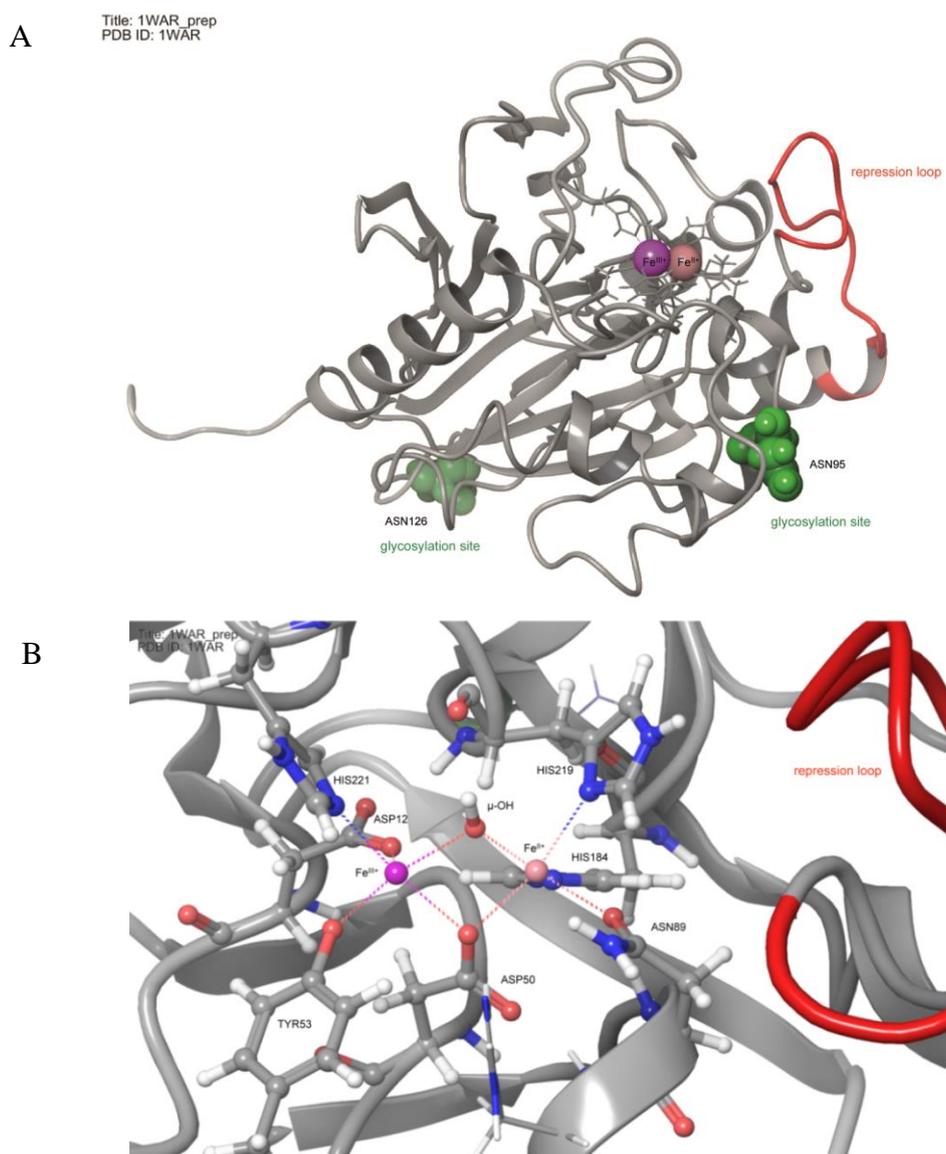


Figure 4 Recombinant human TRAP, (A) protein structure, resolution 2.2 Å, PDB ID 1WAR, (B) Active site, Graphics by Biognos AB, Martin Frank, 2015

2.3.2.3 Proteolytic cleavage

Orlando *et al.* were first in stating that cleavage of a five amino acid sequence in the loop region amino acid sequence 155-160 was suggested to be a process resulting in the two-subunit structures, subsequently performed and proven by digestion with the serine proteinases trypsin and chymotrypsin [30]. Nevertheless, trypsin as a physiological enzyme processing TRAP in tissues and body fluids was regarded unlikely [69]. Later, several other cleavage enzymes, amongst them cysteine proteases and MMPs were tested in their capacity to cleave the proenzyme, as physiologically expressed in the osteoclast microenvironment [61,68]. Enzyme activity, sequence analysis, measurements of substrate specificity and site-directed mutagenesis showed that cleavage with Cathepsin K and L, enzymes of the class of cysteine proteinases resulted in activation, comparable to the native bone enzyme. The amino acids Ser 145 and Asp 146 were pointed out to be important in the repressive function of the loop upon electrostatic interaction with amino acids Asn 91 and His 92 of the active site [69–71].

Altogether, proteolytical cleavage was proposed to function as a regulatory mechanism for the activation and degradation of the TRAP enzyme [61].

2.3.3 Enzymatic activity

2.3.3.1 Active site structure and Catalytic reaction

In reviews from 2012 and 2013 about the mechanisms employed by TRAPs, the configuration of the active site and an step-wise model of the catalytic mechanism of TRAP were suggested [72,73].

In the active site, next to the conditional presence of water ligands, the ferric iron (Fe^{3+}) is coordinated by a tyrosine (Tyr 55/Tyr 53), histidine (His 223/His 221) and an aspartate residue (Asp 14/Asp 12). The divalent metal iron (Fe^{2+}) is coordinated by two histidine residues (His 221/His 219, His 186/His 184) and an asparagine (Asn 91/Asn 89). Aspartate (Asp 52/Asp 50) is bridging the iron ions [51–53,55] (**Figure 4 B**).

(As previously noted, amino acid numbering in the respective studies deviates between the TRAPs crystallized from different species due to differences in the in- or exclusion of two additional N-terminal residues of the rat/pig [51,52] and the human [53] crystal structures.)

Catalyzation of the hydrolysis of a monophosphate ester bonds was described as follows [72,73]:

- I Substrate binding to the enzyme in a second coordination sphere, formation of a pre-catalytic complex
- II Substrate rearrangement, coordination to the divalent metal ion for the facilitation of a nucleophilic attack by $\mu\text{-OH}$ on the phosphorus atom of the substrate
- III Esterolysis of the substrate, free alcohol, phosphate remains bound
- IV Release of phosphate, regeneration of the resting state of the enzyme, reformation of the $\mu\text{-OH}$ bridge

2.3.3.2 Redox activation

TRAP is activated generally by mild reducing agents such as β -mercaptoethanol, ascorbate, glutathione, dithiothreitol and Fe^{2+} converting the redox active Fe^{3+} ion to a Fe^{2+} concomitant with a color change from purple to pink [28,62,74,75]. A low concentration of ascorbate in combination with Fe^{2+} reduces the TRAP enzyme optimally and increases the catalytic rate [62]. Strong reducing agents bleach the TRAP enzyme upon removal of the ferric ions irreversibly [63]. Oxidizing agents only inactivate the enzyme via conversion of the Fe^{2+} ion to a Fe^{3+} , for instance by treatment with hydrogen peroxide [76].

2.3.3.3 Substrates

In its reduced state, TRAP catalyzes the hydrolysis of various phosphate monoesters and anhydrides under acidic conditions [20]. In a study using recombinant and non-recombinant mammalian enzyme sources, TRAP exhibited high catalytic efficiency towards pyrophosphate and phosphotyrosine-containing peptides [77]. Phosphoserine and phosphothreonine-containing proteins, such as osteopontin and bone sialoprotein can moreover be dephosphorylated efficiently [78]. TRAP was suggested as an osteopontin phosphatase, given that it is colocalized with TRAP and that dephosphorylation of OPN has shown implications in adhesion and migration of osteoclasts and human choriocarcinoma cell lines [79–81]. Finally, dephosphorylation of focal adhesion kinase (FAK) autophosphorylation and global tyrosine dephosphorylation of FAK and Paxillin was shown in TRAP-overexpressing melanoma cells [82].

As TRAP has proven to exhibit relatively low substrate specificity, localization, activation by cleavage and a reducing and acidic environment of the enzyme can be suggested to stipulate the mechanism controlling its functional reach.

3 Cathepsin K/CtsK

3.1 Classification and Enzymatic activation

Cathepsin K (CtsK) is a lysosomal enzyme with high homology in its primary sequence to members of the papain cysteine protease superfamily including cathepsins S, L, and B [83]. The CtsK gene is localized on chromosome 1q21 in humans [84] and on chromosome 3 in mouse [85]. CtsK protein is produced as a catalytically inactive pre-pro-enzyme, containing a signal sequence of 15 amino acids followed by a pro-leader sequence of 99 amino acids and a 214 amino acid long catalytic domain [83]. The pro-enzyme displays a molecular weight of 37 kDa and enzymatic activity is increased upon conversion to a 27 kDa mature enzyme. The pro-peptide in the pro-enzymatic form is required for correct folding of the catalytic domain, redirection to the lysosome and for maintaining the enzyme inactive [86,87]. CtsK is activated by either an autocatalytic mechanism [88] or in an acidic environment [83]. Nevertheless, activation of its collagenolytic and elastinolytic activity was also inducible at a physiological pH through allosteric modification by sulfated glycoaminoglycans [89].

3.2 Pathological implications and Pharmacological targeting

CtsK degrades predominantly collagen type I, the major extracellular matrix protein of the bone, but was also shown to degrade other matrix proteins, such as osteonectin [83,90]. Initially, CtsK was assumed to have an exclusive role in bone resorption, as its abundant expression in comparison to other cysteine proteinases was specifically detected for osteoclasts (**Figure 5**) [91]. CtsK furthermore regulated the activation and intracellular localization of TRAP in osteoclasts [92] and colocalized with TRAP in resorptive compartments [68].

CtsK has been studied regarding its role in a variety of *pathological conditions* related to bone, where CtsK levels were perturbed. In particular, lack of CstK function was associated to the bone related condition osteopetrosis [93,94] and the autosomal recessive gene disorder pycnodysostosis [95]. Contrary to that, increased CtsK activity, mRNA or protein levels were later also reported in a variety of primary tumors and CtsK found to be overexpressed in invading cancer cells at metastatic sites, such as the bone [96–99].

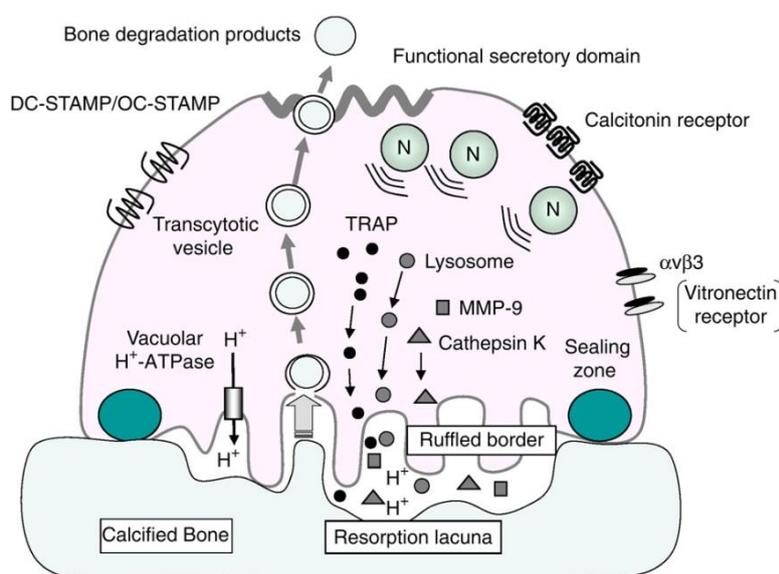


Figure 5 Bone-resorbing osteoclasts have multiple nuclei and a large number of vacuoles and lysosomes and form sealing zones. Vacuolar H^+ -ATPase localized in the ruffled border is involved in the transport of protons into the resorption lacunae, making it acidic. Enzymes such as cathepsin K, MMP9 and TRAP are secreted into the resorption lacuna to degrade bone matrix proteins. Matrix degradation products are endocytosed, packaged into transcytotic vesicles and secreted from the functional secretory domain. Osteoclasts express large numbers of receptors, which are e.g. involved in the cell–cell fusion of osteoclasts. Reprinted with permission from Takahashi N, Udagawa N, Suda T. Vitamin D endocrine system and osteoclasts. *Bonekey Rep.*, Springer Nature; 2014;3., Copyright © 2013

With regard to its involvement in matrix degradation in bone, CtsK has served as a target for *pharmacological inhibition* in postmenopausal osteoporosis therapy, a condition of pathologically increased bone resorption [100,101]. Several attempts have been made to develop clinically tested anti-resorptive drugs by targeting CtsK, to retain osteoclast differentiation and bone formation [101–104]. Given that CtsK was also overexpressed in invasive cancer cells, the assumption has been made that CtsK implements a similar matrix degradation function also in the development of metastatic lesions. Hence, CtsK inhibitors were applied in mouse studies, where they effected a reduction in tumor burden and local metastasis, osteolytic lesions, as well as extracortical tumor growth [105,106]. Metastatic bone

disease was furthermore diminished in female patients with breast cancer, when the CtsK inhibitor Odanacatib was tested in a double-blind, randomized, controlled trial [107].

3.3 TRAP and CtsK in bone remodeling.

Both TRAP and CtsK have been intensively studied regarding their involvement and processing in activated osteoclasts, resorbing bone. TRAP is, together with Cathepsin K, secreted during the bone-resorbing process into the sealed ruffled border area of the osteoclast and activated by conversion to TRAP 5b [68,92,108]. After degradation of the organic bone matrix by proteinases, TRAP 5b is, together with particles of the matrix, endocytosed by the osteoclast and transported in vesicles via the transcytotic route to the functional secretory domain for secretion into the extracellular space (**Figure 5**) [109].

4 Osteopontin/OPN

4.1 Structure and Regulation

Osteopontin is a secreted and intracellular protein of the class of small integrin-binding ligand N-linked glycoprotein (SIBLING) proteins. This family comprises five glycoprophosphoproteins, further including bone sialoprotein (BSP), dentin matrix protein 1 (DMP1), dentin sialophosphoprotein (DSPP) and matrix extracellular phosphoglycoprotein (MEPE). OPN is further denoted as secreted phosphoprotein 1 (SPP1), early T-lymphocyte activation 1 (ETA1) protein or bone sialoprotein 1 (BSP1) [110].

The *structure* of the OPN protein is defined by several highly conserved domains and functional motifs (**Figure 6**), such as the conserved arginine-glycine-aspartic acid-recognition (RGD) sequence, ELVTDFP and SVVYGLR sequences, a thrombin cleavage site and cleavage sites for MMPs, an aspartic acid rich sequence at its N-terminal, calcium binding sites and heparin binding domains at its C-terminal [111,112]. RGD, ELVTDFP and SVVYGLR motifs (available after cleavage with thrombin) enable binding and signaling via integrins [113]. An RGD-independent binding was shown for interaction with the CD44 receptor [114] (chapter II.5).

Regulation of OPN is highly complex, as the protein is subjected to extensive modification on the translational level and posttranslationally [115]. So far, three isoforms or splice variants have been identified, consisting of the full-length OPN-a, OPN-b lacking exon 5 and OPN-c lacking exon 4. Additionally, two further isoforms have been annotated. Isoform 4/d is lacking two alternate in-frame exons (missing protein sequence at location 95-116) and isoform 5 (missing protein sequence at location 59-72). Other splice variants have been mentioned, however, not yet been validated to a similar extent [116]. Additionally to the secreted version, alternative translation results in the generation of an intracellular form of OPN, a truncated version of the full-length protein lacking the signal sequence [117]. Further posttranslational modifications include e.g. cleavage, crosslinking mediated by transglutaminase, sialylation, phosphorylation, N- and O-glycosylation and sulfation, resulting in different functional forms (**Figure 6**) [118].

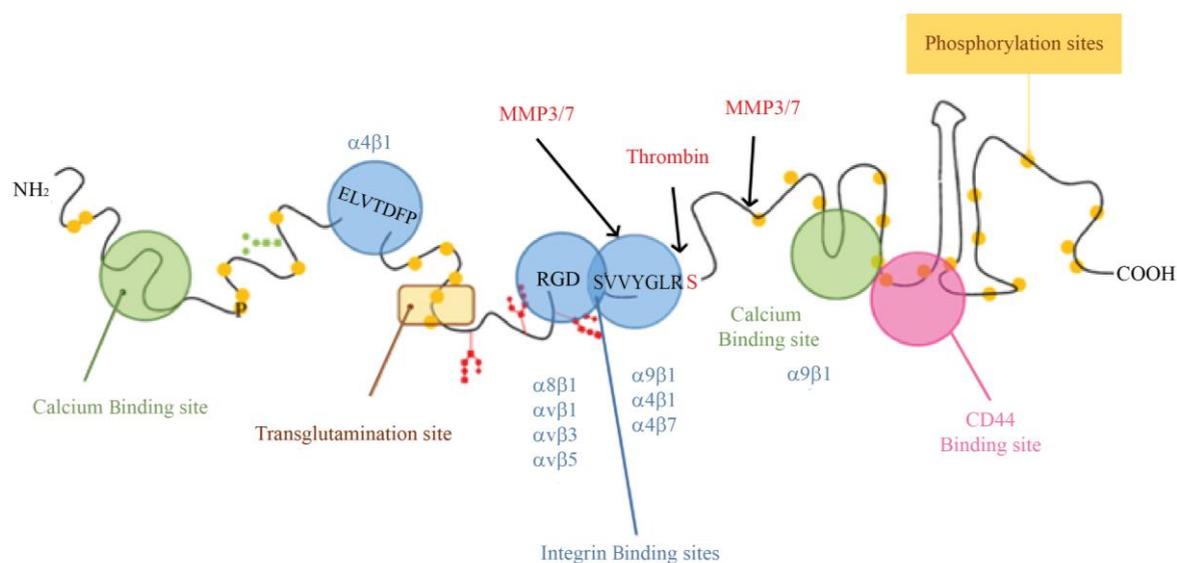


Figure 6 Main domains of OPN. The cartoon depicts the functional parts of OPN. OPN binds two different classes of receptors, integrins (in blue) and CD44 (in pink). It can also interact with calcium (green). The SVVYGLR sequence is usually masked in the full-length molecule, but it becomes available upon thrombin cleavage of OPN. OPN undergoes several posttranslational modifications including glycosylation (red and green sugars), phosphorylation (yellow dots), crosslinking mediated by transglutaminase and protease cleavage (thrombin and MMPs). Each of these modifications can alter OPN functions.

Modified with permission from Castello LM, Raineri D, Salmi L, Clemente N, Vaschetto R, Quaglia M, et al. Osteopontin at the Crossroads of Inflammation and Tumor Progression, *Mediators Inflamm. Hindawi*; Jul 9, 2017 p. 1–22, Copyright © 2017

4.2 Functional implications of OPN

Osteopontin is expressed in a variety of cell types, such as bone and immune cells, epithelial, stromal and endothelial cells and was found in various tissues and secreted fluids [112].

It has been associated to a variety of functions and conditions related to *bone remodeling* and *inflammatory responses*. For a brief introduction, several review articles were selected, presenting OPN's role in e.g. rheumatoid arthritis, systemic lupus erythematosus, osteoarthritis, inflammation in cancer and adipose tissue and bone homeostasis [112,119–124]. During inflammation, OPN is triggering several immune cells to maintain the immunological response by inducing cytokine secretion [112]. On a cellular level, OPN was reported to be involved in osteoclast, macrophage and endothelial cell migration [80,125–127], acting as coupling factor between cells and matrix. Based on the presence of crosslinking sites, it is also thought to be a stabilizing component of the bone matrix, produced by bone-building osteoblasts, as being able to crosslink to other components of the matrix, such as collagen type I [128].

Osteopontin has moreover attracted interest as a marker of *cancer* development due to strong correlation with advanced stage in many cancer types. Several tumors types showed overexpression of OPN [110,129,130], whereas most cancers expressed hypophosphorylated OPN [131]. Numerous reviews furthermore elaborated in detail about the differential involvement of OPN as a tumoral and stromal protein in cancer [110–112,118,128,132,133]. The clinical relevance of OPN has been addressed e.g. suggesting it as a serum marker monitoring malignant pleural mesothelioma [134] and attributing it prognostic significance in

limited-stage small cell lung cancer [135]. OPN has furthermore been reported to upregulate the expression of genes associated to EMT in aggressive breast cancer [136] and induced migration, invasion and EMT in endometrial carcinoma cells [137]. Splice variant OPN-c, the only variant that cannot form polymeric complexes, induced anchorage-independent growth in human breast cancer cells [138] and was repeatedly reported to be associated with cancer progression [116,139,140]. Further, OPN expression rescued MDA-MB-231 breast cancer cells from sensitivity to chemotherapeutic treatment and increased their proliferative potential [141]. OPN was also suggested to induce stem-cell like behavior in cancer cells [142,143]. Finally, cancer cells were shown to produce or stimulate stromal cells to produce osteoclast-stimulating factors, such as OPN in the metastatic environment of the bone to enable niching and bone destruction [144].

4.3 TRAP as an OPN phosphatase

TRAP was shown to be colocalized with the bone matrix protein osteopontin [145], and migration as well as adhesion of osteoclasts impaired upon dephosphorylation by TRAP [78,80]. Colocalization was further reported in macrophages and dendritic cells [146]. TRAP had the highest activity, when compared to bone alkaline phosphatase, as it was able to remove all phosphates of OPN [147]. This dephosphorylation further inhibited bone mineralization by OPN [147]. Low abundance of TRAP protein and activity caused by mutations in the *ACP5* gene in patients with SPENCD increased ratios of phosphorylated OPN, resulting in an autoimmune phenotype [148]. Similarly, increased levels of phosphorylated OPN were detected in rheumatoid arthritis synovia, when TRAP activity ratios were decreased [149]. OPN was altogether suggested to be a major target of TRAP, affecting its functionality by dephosphorylation [81].

5 Cluster of differentiation-44/CD44

5.1 Structure and Splicing

CD44 is a transmembrane glycoprotein, encoded by a single highly conserved gene. Nevertheless, CD44 proteins are a group of extremely heterogenic molecules, derived from extensive alternative splicing and proteolytical processing [150]. Furthermore, CD44 is extensively modified by phosphorylations, glycosylation, palmitoylations, sulfation and attachment of glycosaminoglycans (GAGs).

The CD44 gene contains 20 exons, whereas translation of exons 1-5 and 16-18 are constant in all isoforms, representing the standard isoform sCD44 [151]. Variant forms of CD44 (vCD44) include exons that respectively elongate the extracellular variable isoform insertion site (**Figure 7 A**) [152,153]. Variable splicing of the v exons is observed in epithelial cells, endothelial cells, and inflammatory monocytes and commonly associated to aggressiveness and stem cell properties in tumors [153,154]. The simplistic structure of the transmembrane molecule is constituted by an (I) amino-terminal ectodomain, (II) a variable stem structure, (III) a transmembrane domain and (IV) an intracellular cytoplasmic tail (**Figure 7 B**) [151].

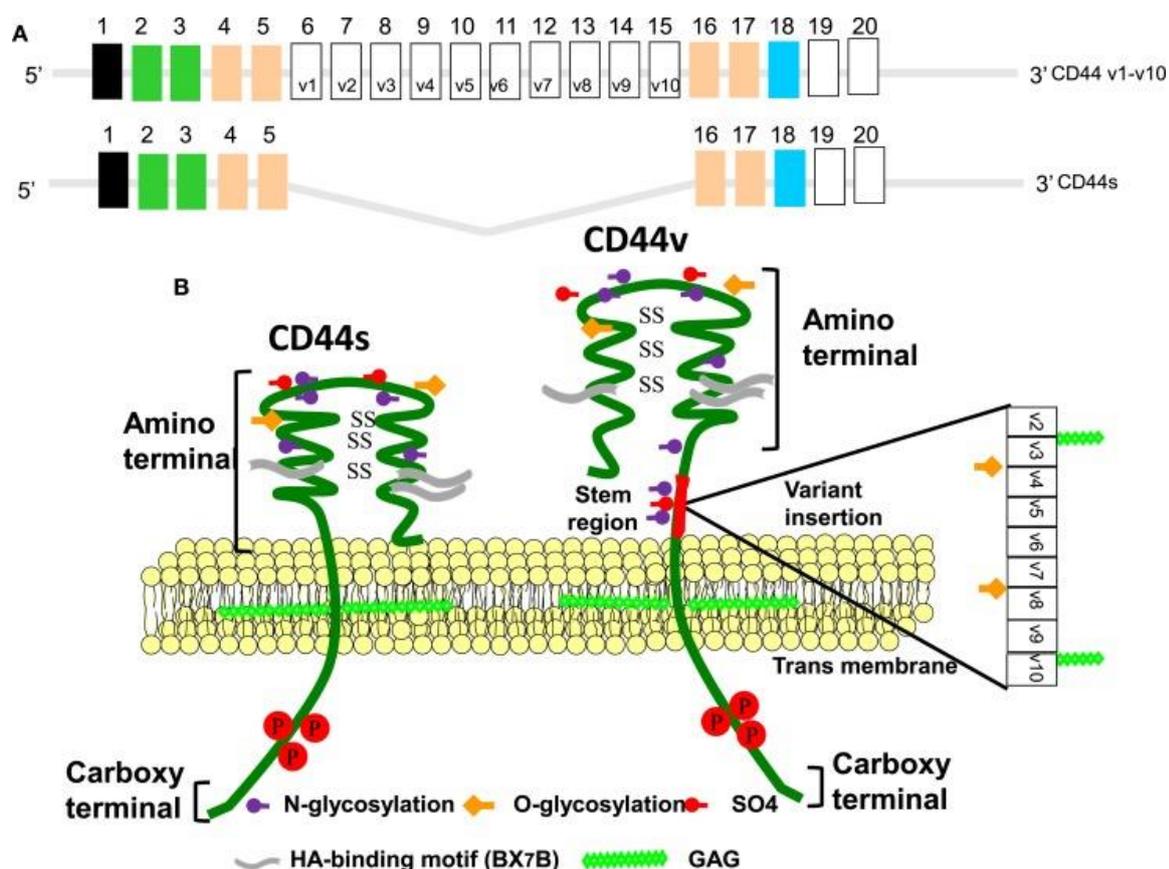


Figure 7 (A) Model structure of alternative splicing in CD44. CD44 pre-mRNA is encoded by 20 exons. CD44s form has a serine motif encoded in exon 5 that can initiate synthesis of a chondroitin sulfate or dermatan sulfate chain. Alternative splicing of CD44 predominantly involves variable insertion of 10 extra exons with combinations of exons 6–15 and spliced in v1–v10 into the stem region, of which v3 encodes a substitution site for a heparan sulfate chain. **(B)** Model structure of alternatively spliced CD44 proteins. CD44 is composed of an extracellular N-terminal domain, a stem region in the extracellular domain close to the transmembrane region, where the variant exon products (red/violet circles) are inserted, the transmembrane region, and the carboxyl terminal cytoplasmic tail. There are multiple sites for N-glycosylation (purple circles) and O-glycosylation (orange circles), and a sulfation domain. The N-terminal portion contains highly conserved disulfide bonds as well as 2 BX7B motifs, both of which are essential for HA binding. The C-terminal cytoplasmic tail contains several phosphorylation sites that regulate the interaction of CD44 with the cytoskeletal linker proteins, as well as with SRC kinases
 Reprinted with permission from Misra S, Hascall VC, Markwald RR, Ghatak S. Interactions between hyaluronan and its receptors (CD44, RHAMM) regulate the activities of inflammation and cancer. *Front. Immunol. Frontiers*; 2015, 17 Oct 2, p.201, Copyright: © 2015

Whereas the amino-terminal domain serves as a docking site of extracellular matrix (ECM) components, such as hyaluronan (HA), osteopontin, collagen, laminin and fibronectin, the variable stem structure contains putative cleavage sites for MMPs and other sheddases, and is smallest in sCD44. The transmembrane domain is assumed to assist in the association with adaptor proteins and cofactors, whereas the cytoplasmic tail contains motifs for the anchoring of cellular skeleton proteins such as ERM (Ezrin, Radixin, Moesin) proteins and Merlin [150]. Upon proteolytical cleavage in both extracellular and intracellular domain the extracellular stem region of CD44 can be released as a soluble molecule whereas the intracellular domain can act as a nuclear signaling mediator [150,155].

5.2 Receptor-ligand interactions and Signaling

CD44 can induce a variety of signaling cascades that can be clustered into several routes. CD44 can induce signaling (I) directly, (II) by acting as a coreceptor or (III) through accumulation and apposition of other proteins [152].

Several ligands have been proposed to bind to the ectodomain of CD44, inducing signaling. Hyaluronan (HA) is a cell surface-associated glycosaminoglycan (GAG) and is the major and best-characterized ligand to CD44 [155]. It is synthesized and secreted by HA synthetases (HAS) and subjected to cleavage by hyaluronidases. It is also a major component of the ECM. Hyaluronan can bind both sCD44 and vCD44 isoforms and thereby activate the cytoskeleton or MMPs [155]. Binding to CD44 can result in uptake of hyaluronan to regulate its bioavailability [150] and high expression levels of both ligand and receptor were suggested as prognostic markers [156].

Osteopontin is bound by both integrins and CD44 [114,127] (compare II.4). It was suggested that OPN/CD44 signaling is significantly involved in inflammatory processes and cell migration.

Localization of proteolytically active membrane-degrading proteases, such as MMPs to the cell surface is important during invasion and metastasis and can be mediated by CD44. Matrix-bound MMPs are protected from inhibitors and can additionally act on CD44 by proteolytical release of domains to induce signaling [155]. For instance, TGF β induced upregulation of membrane type 1-MMP and thereby released sCD44 via cleavage [157]

Furthermore, colocalization of CD44 with the TGF β receptor was shown to induce signaling and increase stability [158,159]. Moreover, complex formation with receptors of the Src-family, Rho-family and the ErbB and c-Met receptor has been reported [151].

Intracellularly CD44 can interact with the cytoskeleton via e.g. ERM proteins [150]. CD44 does not have an intrinsic kinase activity but induces signaling via accumulation of kinases and adaptor proteins.

5.3 Functional implications in cancer

CD44 has been suggested to be a cancer stem cell marker as it serves to integrate a wide variety of extracellular signals and signaling modes. It was shown to be functionally engaged in hematopoietic cell homing, matrix assembly, EMT and apoptosis and drug resistance in cancer cells [160]. It is also associated to cell migration and invasion, angiogenesis and suggested to function as a transcription factor [155]. Nevertheless, CD44 is implicated in functions inhibiting cancer progression [161]. This discrepancy is in part explained by the wide variability of CD44 proteins, the interaction factors and the stage of tumor progression, contribution to the complexity of CD44 involvement in cancer progression.

Specifically, in hepatocellular carcinoma, sCD44 is upregulated, correlated to poor prognosis and reduced disease-free and overall survival. Similarly, it rendered valid as an upstream regulator of TGF β -mediated EMT, as loss of sCD44 abrogated the TGF β -mediated expression of vimentin, elongated morphology and tumor invasiveness [162].

6 Transforming growth factor β /TGF β

6.1 Activation

The TGF β family is a group of proteins that are part of family of structurally related secreted cytokines [163–165]. TGF β ligands exist in three isoforms, TGF β 1, TGF β 2 and TGF β 3 that are highly homologous. The most abundant form, TGF β 1, is a protein of 390 amino acids, while TGF β 2 and TGF β 3 contain 412 amino acids [166]. Commonly secreted is an form of TGF β that is bound to the latency-associated protein (LAP) in an inactive complex. Association of latent TGF β -binding proteins (LTBP) with the LAP/TGF β complex assists in proper folding and secretion of the TGF β precursor protein and regulates its bioavailability through binding to the extracellular matrix (ECM) [167]. The latent complexes are activated by proteolytical cleavage and traction forces through e.g. integrins, proteases, such as MMPs and thrombospondin-1 [168,169] (**Figure 8**).

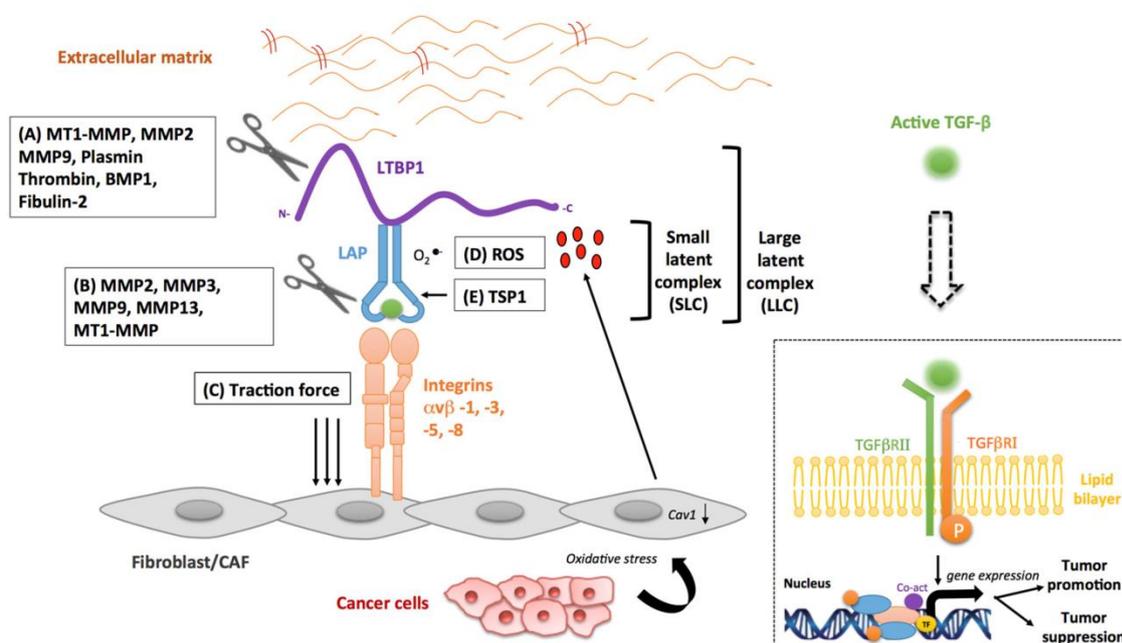


Figure 8 Stromal activators of TGF- β in the tumor microenvironment (A) MT1-MMP, MMP2 and MMP9, Plasmin, thrombin, BMP1 and fibulin-2 (B) MMP2, MMP3, MMP9 and MMP13 (C) Integrins $\alpha\beta$ (D) Reactive oxygen species/ROS and (E) Thrombospondin-1 (TSP-1). The mature (active) form of TGF- β can then bind to its cognate receptor and exert its tumor promoting and tumor suppressive properties. Dashed arrow indicates recruitment of the mature TGF- β protein to its cognate receptor.

Reprinted with permission from Costanza B, Umelo I, Bellier J, Castronovo V, Turtoi A. Stromal Modulators of TGF- β in Cancer. *J. Clin. Med.* Multidisciplinary Digital Publishing Institute; 2017;6:7. Copyright ©2017

6.2 Signaling

TGF β proteins bind to transmembrane serine/threonine kinases, the TGF β receptors (T β R). They are constituted of a class of seven type I (activating-receptor-like kinases/ ALKs) and five type II receptors. T β R II is a constitutively active receptor that can undergo autophosphorylation at Ser 213 and Ser 409, while Ser 416 phosphorylation has an inhibitory effect [170]. Ligand binding to T β R II allows for the formation of a hetero-oligomeric complex with a T β R I [168]. T β R II immediately transphosphorylates T β R I at its GS domain

(TTSGSGSG). Mutations in this motif can either lead to an impairment of the kinase activity or results in a partial activation [170]. Phosphorylation of T β RI then leads to the recruitment and phosphorylation of intracellular effector proteins, ultimately leading to the transcription of various target genes.

Intracellular signaling mediated through T β RI/II is regulated either via the canonical mothers against decapentaplegic (SMAD)- (Figure 9 A) or non-SMAD-mediated pathways (Figure 9 B) [165,170–173]. SMAD proteins are categorized in three classes: receptor-regulated SMADs (SMAD-1, -2, -3, -5, -8), a common mediator SMAD-4 and inhibitory SMAD-6 and SMAD-7 [166]. Upon phosphorylation by T β RI, SMAD-2- and SMAD-3 associate with SMAD-4 and mediate nuclear translocation. Non-SMAD-mediated pathways include the activation of mitogen-activating protein kinase (MAPK), TRAF6, TAK1, phosphatidylinositol-3 kinase (PI3K) and small GTPases such as Rho [166,174–179].

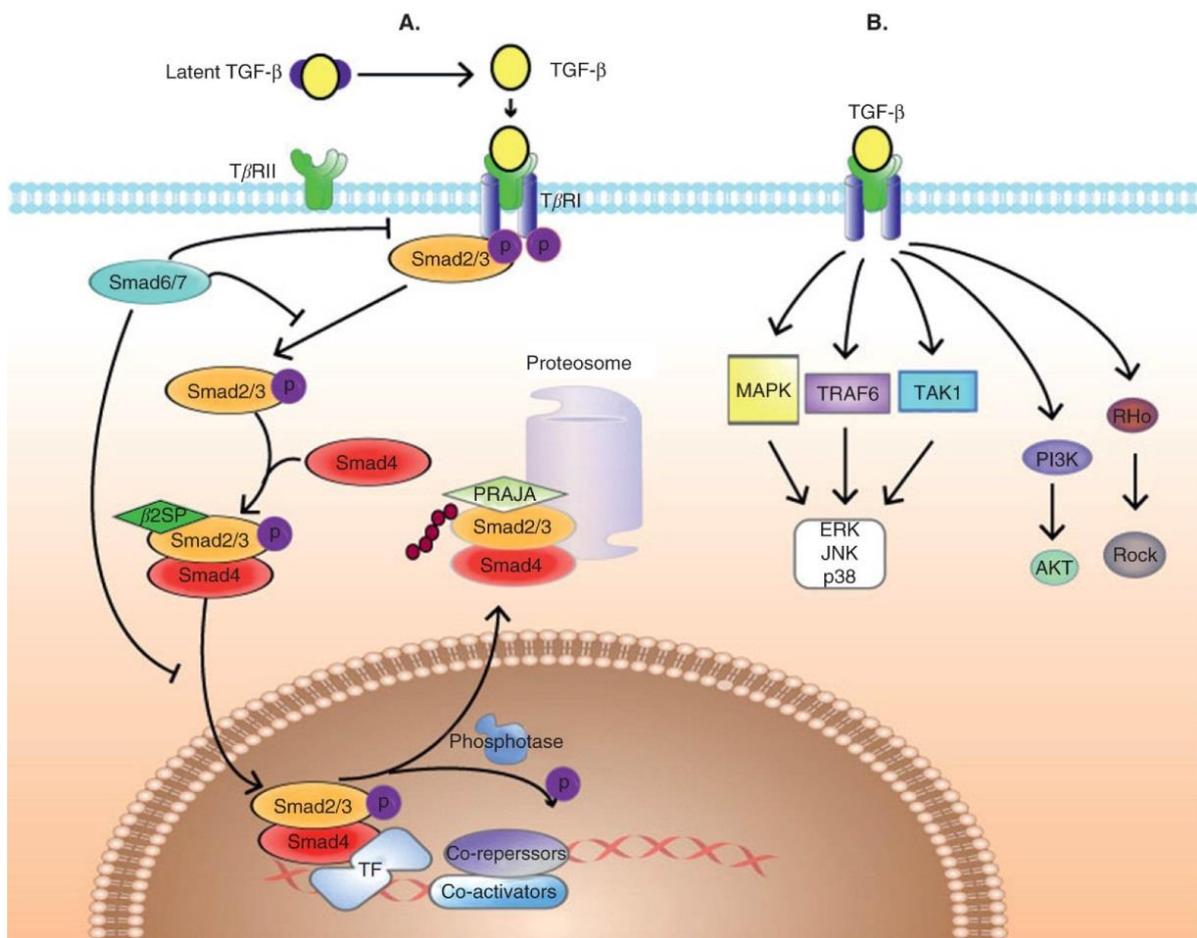


Figure 9 TGF- β signaling pathway (A) TGF- β ligands signal through distinct receptors and SMADs that are modulated by adaptor proteins, such as β 2-spectrin (β 2SP), and ubiquitinators. At all levels, SMAD modulation occurs through adaptor proteins as well as E3 ligases such as PRAJA and Smurfs, generating diverse and complex signals. (B) SMAD-independent signaling, including mitogen activated protein kinases (MAPKs), phosphoinositide 3' kinase (PI3K), TRAF6-TAK1-p38/JNK, Rho-Rock, among others. Such alternative signal transducers often regulate the SMAD pathway. TF: transcription factor
Reprinted with permission from Katz LH, Li Y, Chen J-S, Muñoz NM, Majumdar A, Chen J, et al. Targeting TGF- β signaling in cancer. *Expert Opin. Ther. Targets*. Taylor & Francis; 2013;17:743–60. Copyright ©2013

Interestingly, TGF β signaling was coupled to transactivation and interaction with other signaling receptors and pathways, such as CD44 or integrins.

For instance, T β RI was shown to contain a single cytoplasmic binding site for CD44 and binding of hyaluronan to CD44 stimulated the kinase activity of T β RI, which in turn increased SMAD-2/3 phosphorylation in metastatic breast cancer cells [158]. TGF β 1 moreover upregulated hyaluronan synthases (HAS) and promoted the expression of CD44 during EMT induction through HA/CD44 [180]. On the contrary, microarray analysis identified TGF β 2 as a downstream transcriptional target of CD44 signaling in the presence of hyaluronan in breast cancer cells [181]. Furthermore, TNF α stimulated the formation of the HA/CD44/moesin complex, which lead to an interaction and activation of SMAD-dependent T β R signaling, resulting in ECM production and cell motility in a fibrosis model [182]. Contradictory to that, CD44 stabilized and thereby inhibited T β RI signaling in normal dermal fibroblasts [159]. Finally, integrin signaling was shown to potentiate TGF β -dependent effects on EMT [183].

6.3 TGF β in tumor suppression and progression

TGF β proteins and signaling is an immensely studied field. Searching for publications in 2017 in the field of cancer involving either transforming growth factor or TGF in the title delivers hundreds of reports.

Generally, TGF β acts as a pleiotropic cytokine, though, has a bidirectional role during cancer progression. In early stages and normal tissues TGF β represses tumorigenesis, whereas it acts as an oncogene in late stages [164]. A plethora of effects and observations has been made and attributed to the TGF β proteins and signaling in the regulation of cancer development (**Figure 10**).

- Increased TGF β expression in tumor cells correlating with disease progression, tumor stage or survival [184–187]
- Development of treatment resistance [188,189]
- Angiogenesis [190–193]
- Immunosuppression [194–197]
- Master regulator of EMT [198–201]
- Autocrine regulation of its own signaling [202]

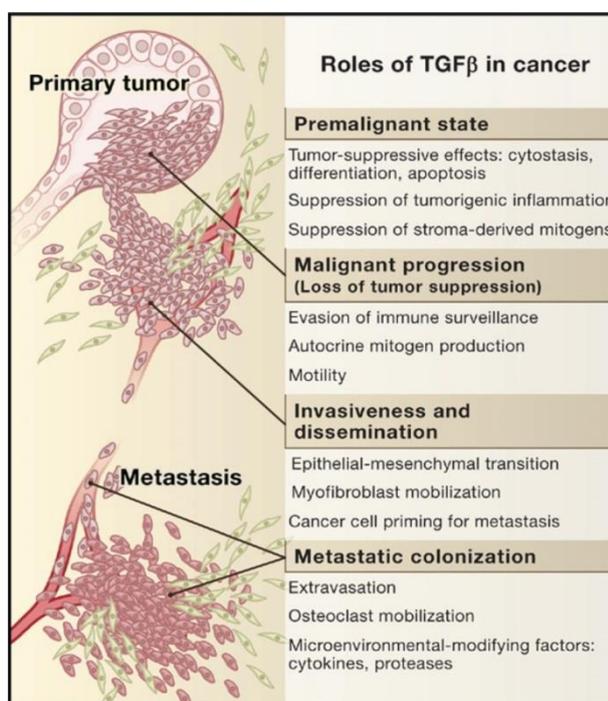


Figure 10 In normal and premalignant cells, TGF β enforces homeostasis and suppresses tumor progression directly through cell-autonomous tumor-suppressive effects (cytostasis, differentiation, apoptosis) or indirectly through effects on the stroma (suppression of inflammation and stroma-derived mitogens). However, when cancer cells lose TGF β tumor-suppressive responses, they can use TGF β to their advantage to initiate immune evasion, growth factor production, differentiation into an invasive phenotype, and metastatic dissemination or to establish and expand metastatic colonies.

Reprinted with permission from Massagué J. TGF β in Cancer. Cell. Cell Press; 2008, p. 215–30. Copyright ©2008

6.4 TRIP-1, a bridge between TGF β and TRAP

T β R-interacting protein-1 (TRIP-1) is an intracellular protein identified as a phosphorylation target of the T β RII kinase and as a functional component of eukaryotic translation initiator factor 3 (eIF3) multiprotein complex [203]. TRIP-1 was shown to negatively modulate TGF β -dependent functions, such as the induction of EMT and plasminogen activator inhibitor-1 expression [203,204]. Secreted into the ECM via exosomes, it was shown to increase matrix mineralization in bone upon binding to collagen type I [205].

TRAP was shown to interact intracellularly with TRIP-1 thereby activating T β RII and osteoblast differentiation through the SMAD-2/3 pathway at sites of prior bone resorption [24]. Furthermore, TRIP-1 knockdown abrogated osteoblast differentiation and proliferation [25]. Finally, TRAP 5a interaction with TRIP-1 has been demonstrated in mouse pre-adipocytes [26].

7 Physiological and pathological implications of TRAP

7.1 Cell and tissue expression

Upon search in the human protein atlas database, expression of RNA and protein is mainly found in bone marrow and the immune system, the lung and the kidney and urinary bladder (<https://www.proteinatlas.org/ENSG00000102575-ACP5/tissue>) [206]. TRAP mRNA expression has been found in e.g. the thymus, liver, small intestine, lymph nodes and the bone marrow [207]. Human epithelial cell expression has been detected in a variety of tissues, such as e.g. spleen, skin, lung, colon and ileum [207]. Apart from that expression was found in tissue-specific macrophages such as in adipose tissue [208], in the liver [209] and in the lung [210]. TRAP was also expressed during maturation of dendritic cells [207] and in bone-resorbing osteoclasts [211]. Moreover, TRAP expression was found in the nervous system of rats [212]. A detailed look into isoform selectivity in rat tissues revealed that monocytes in the spleen, thymus, liver and colon were majorly positive for TRAP 5b, whereas epithelial cells in colon, lung and kidney were positive for the monomeric TRAP 5a variant [213].

7.2 TRAP isoform processing, Intracellular localization and Secretion

In a mammalian cell line stably overexpressing TRAP, monomeric TRAP 5a is a precursor, distinctly separated early in the endoplasmatic reticulum of cells to either provide a pool for secretion or to be subjected to proteolytic processing for generation of the intracellular isoform TRAP 5b [214]. Concomitant with that, in macrophages and dendritic cells TRAP 5a gets secreted, whereas TRAP 5b retains intracellularly [66,215]. In osteoclasts, monomeric TRAP 5a is secreted via the secretory pathway and the ruffled border area into the resorption lacunas and gets cleaved extracellularly by cysteine proteases [68] (**Figure 11**). As TRAP is a lysosomal enzyme, supplied with a mannose-6-phosphate lysosomal targeting sequence, it was assumed that this sequence must presumably be cleaved or modified for TRAP to be secreted [20].

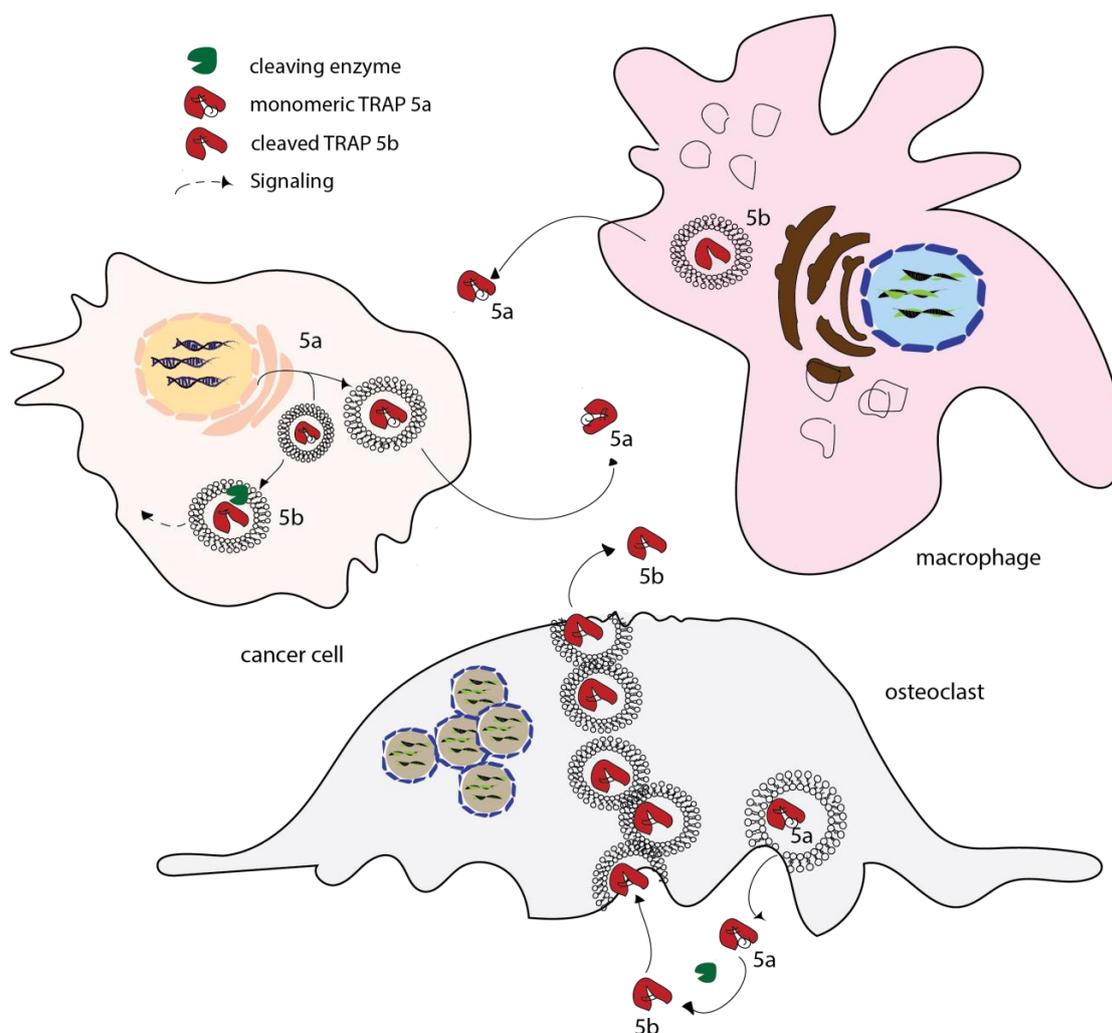


Figure 11 TRAP isoform location and processing in TRAP-overexpressing cancer cells, macrophages and osteoclast

7.3 Proposed functions

A particular function for TRAP has so far not been identified, nevertheless, TRAP was associated to a series of processes, both involved in physiological and pathological conditions:

Phosphorylation-independent:

- Generation of reactive oxygen species [216–219]
- Iron transport [220–222]
- Growth and differentiation factor [223–226]
- Regulation of immune responses [146,148,217,227]

Phosphorylation-dependent:

- Marker of osteoclast activity and bone resorption [211,228,229]
- Regulation of osteopontin phosphorylation and bioactivity [81,146]
- Osteoclast and epithelial cell migration [80,230]
- Proinvasion driver in cancer cells [82]
- Transport of lysosomal proteins [231,232]

7.4 TRAP pathology

7.4.1 Conditions associated to bone metabolism

TRAP 5b is highly expressed in osteoclasts and a marker of osteoclast activity [229]. Elevated levels of TRAP have been reported in Paget's disease, a chronic disorder associated with disorganized bone remodeling [233]. A uncoupling of bone formation and resorption is present in osteoporosis and elevated serum levels of TRAP were found in postmenopausal women with osteoporosis [234]. In osteolytic lesions of multiple myeloma, levels of TRAP 5b were furthermore found to be increased [235].

Additionally, mice lacking TRAP expression displayed disrupted endochondral ossification and mild osteopetrosis [228], whereas TRAP overexpression led to an increased bone turnover [236].

7.4.2 Macrophages and Inflammatory diseases

Macrophages extensively expressed TRAP compared to their monocytic precursors [32] and in an activated or inflammatory state [237]. TRAP expression in macrophages was associated with an enhanced capacity of bacterial killing [216,238]. Restricted expression of TRAP 5a in inflammatory macrophages lead to the suggestion of TRAP as a marker of chronic inflammation [237]. TRAP protein levels were increased, however, specific TRAP activity was decreased in rheumatoid arthritis, suggesting the involvement of TRAP 5a derived from inflammatory macrophages [239]. Next to rheumatoid arthritis, TRAP was also detected in other autoimmune diseases like e.g. the lysosomal storage disease Gaucher's disease [21,60,240]. Recently, in mouse models and patients diseased with chronic obstructive pulmonary disease (COPD) and asthma, higher expression and activity of TRAP was found, associated to expression in alveolar macrophages [241].

TRAP 5a overexpression was furthermore associated with hyperplastic obesity in mice and induced proliferation and differentiation of adipocyte precursor cells [242]. This could be possibly explained by findings on a molecular level that showed TRAP 5a binding to the membrane of pre-adipocyte mediating a colocalization with glycosaminoglycans (GAGs) and subsequent calveolae-mediated endocytosis [224]. TRAP secreted by macrophages in the subcutaneous adipose tissue suggested involvement of TRAP in lipid accumulation and adipose tissue inflammation [208].

7.4.3 Spondyloenchondrodysplasia (SPENCD)

SPENCD is regarded primarily as a skeletal disorder, recently associated with biallelic mutations in the human TRAP gene leading to a loss of protein or enzyme activity [148,243]. Additionally to the characteristic metaphyseal and vertebral bone lesions, patients displayed a variety of autoimmune phenotypes linked to the accumulation of phosphorylated osteopontin (OPN) in serum, urine and cells. Deregulation of OPN bioactivities as a result of impaired dephosphorylation by TRAP was connected to the activation of dendritic cells and an enhanced inflammatory cytokine signature [148]. Disturbed processing concomitant with accumulation of phosphorylated OPN was moreover detected in TRAP-deficient mice [244].

7.4.4 Cancer and Metastasis

7.4.4.1 Histochemical marker

Initially, among blood-derived cells, only reticuloendothelial cells of leukemic reticulo-endotheliosis (hairy cell leukemia) showed exclusive expression of acid phosphatase band 5, *i.e.* TRAP [240]. Soon after, restrictive expression of TRAP in hairy cell leukemia cells and absence in other hematopoietic cells was proven [245], suggesting the usefulness of TRAP as a marker enzyme for the detection of hairy cell leukemia. Later, TRAP could be isolated from spleen [64] and was identified by means of immunohistochemistry in lymphoid cells in the bone marrow [246] in cases of hairy cell leukemia. Nowadays, histological TRAP staining has been routinely used in diagnostics for hairy cell leukemia for more than four decades.

7.4.4.2 Serological marker in bone metastases

Bone metastases typically derive from several types of cancer increasing morbidity and prognosis, breast and prostate cancer representing about 80% thereof [247]. Clinical applicability of serum TRAP isoform 5b was widely suggested for the diagnosis of metabolic and pathological bone diseases, reflecting the extent of lytic bone metastasis and tumor burden. The development of specific TRAP 5b immunoassays highly promoted diagnosis of bone metastasis [248]. Specifically, TRAP 5b has been proposed as a serum marker in several studies addressing bone metastases in breast cancer [248–252], prostate cancer [253–255], multiple myeloma [235] and non-small cell lung cancer [256].

7.4.4.3 Cancer-associated inflammation and Cachexia

Macrophage expression of TRAP detected by immunohistochemistry in colon cancer was associated with improved outcome, increasing the 5-year survival rate and a risk-reduction in disease specific death [257]. Only specific macrophages were positive, when anti-CD68 staining was applied, however, expression could not be restricted to the M1/M2-classification.

Very recently, TRAP 5a was rendered a role as a chronic inflammatory marker and a possible prognostic marker for cancer cachexia in different types of cancer [258]. TRAP 5a activity to protein levels were elevated in cancer patients suffering from cachexia with its serum activity significantly correlated to a decreased patient survival.

7.4.4.4 Cancer cell expression and Clinical relevance

Several studies of the last decade found TRAP expression in cancer cells, redirecting the general assumption that serum levels of TRAP in cancer patients with bone metastases would primarily derive from an increase in osteoclastic resorption or macrophage expression.

In a study from 2006 assessing serum levels of cancer patients, Honig *et al.* [259] detected TRAP expression in breast patients regardless of the presence of bone metastases. To pursue in this direction, several cancer cell lines, primary cancer cells as well as cancer tissues were analyzed for TRAP mRNA and protein levels. Expression was found in breast, ovarian, cervical cancer and malignant melanoma, whereas benign sites were either low in or absent of TRAP protein [259]. Moreover, expression of TRAP was detected in cells cultured from pleural effusions and malignant ascites [259]. In parallel, TRAP activity and protein was identified in several commercially available breast cancer cell lines. In another study, protein

expression, evaluated by immunohistochemistry, was increased in human breast tumors with advancing malignancy [260].

Apart from expression, TRAP was also associated to clinically relevant parameters of cancer progression in patients and was assessed for its oncogenic potential in mouse models.

TRAP was initially identified as one of six proinvasion oncogenes during a genetic screen for invasion and metastasis drivers in *melanoma* [82]. As a functional and clinical validation to this finding, Scott *et al.* showed that TRAP (I) induced tumorigenicity and metastasis development in various mouse models (II) expression was increased when comparing benign to malignant and primary to metastatic tumors (III) reduced tumor- and metastasis-free survival in melanoma significantly. In *hepatocellular carcinoma*, increased expression of TRAP was found in tumor tissues when compared to adjacent tissue [261]. TRAP furthermore correlated to microvascular invasion, poor differentiation and higher tumor–node–metastasis (TNM) stage. It decreased overall survival and increased the incidence of metastasis in both patients and mouse models and served as a risk factor for disease recurrence [261]. Later on, in *gastric cancer*, TRAP was attributed a clinically relevant function as an independent risk factor for peritoneal dissemination and was associated with lymph node metastasis and shorter survival [262]. Expression was again shown to be significantly higher in cancer tissues than adjacent normal mucosa. TRAP was moreover upregulated in *lung adenocarcinoma* and high expression significantly related to lymph node status, TNM stage, and differentiation [263]. High TRAP expression served as an independent prognostic factor for overall survival.

Altogether, these studies support the clinical relevance of TRAP during cancer development and progression. They furthermore prove that tumor-derived TRAP is a relevant source contributing to elevated enzyme activity in serum.

7.4.4.5 TRAP isoforms in cancer

In cancer specimens, metastatic samples from patients with different kind of primary tumors, e.g. prostate, breast, lung and kidney displayed expression of both TRAP 5a and TRAP 5b isoforms. Interestingly, a novel TRAP 5a 42 kDa isoform restricted to metastatic cancer tissue was indicated. Monomeric isoform 5a was predominantly expressed by metastatic cancer cells, whereas the cleaved isoform TRAP 5b was expressed in tumor-associated macrophages and multinucleated giant cells in the tumor stroma [264].

8 TRAP inhibitors

Similarly to other phosphatases, TRAP can be inhibited by *fluoride and tetrahedral oxyanions* such as molybdate, tungstate, arsenate, vanadate and phosphate by binding into the active site [55,58,62,265–267]. However, such compounds are ineffective as selective inhibitors, often weak, toxic and lacking drug-like characteristics. In addition, they commonly affect other phosphatases as well.

Several attempts have been made to identify more selective and potent substances to inhibit the TRAP enzyme:

8.1 Phytochemicals

In an attempt to find anti-osteoporosis phytochemicals, terpenes and sterols from the fruits of *Prunus mume* were isolated and their effects on TRAP activity and osteoclast differentiation was investigated [268]. Nevertheless, none of the substances was able to minimize TRAP activity more than by 50%. Furthermore, flavonoids, such as phytoestrogens have been shown to reduce osteoclast precursor differentiation via acting on Receptor Activator of NFκB Ligand (RANKL), a stimulator of TRAP expression [269]. Following, these results were continued showing a reduction of TRAP activity in osteoclast-conditioned medium obtained by treatment with selected flavonoids, concordantly with a reduction in pit formation [270].

8.2 Substrate mimics

Several efforts have been funneled also into the design and optimization of substrate mimics of TRAP. TRAP was shown to dephosphorylate phosphotyrosine and related peptides [77,271]. Substrate derivatives were built based on modifications and structural optimizations of the latter peptides and replacement with more stable phosphotyrosyl analogues. The selected peptides displayed inhibitory constants in the μM range and docked into the active site [272]. Additionally, bone pit formation activity of osteoclasts was inhibited when treated with inorganic polyphosphates, associated with a potent inhibition of TRAP activity [273]. Here, the longer phosphate side chains affected the inhibition potency positively, without introducing any changes in cell number or differentiation.

8.3 Gold coordination compounds

Gold compounds have been applied in the past to treat medical conditions with inflammatory reactions, such as rheumatoid arthritis. Given that the reactive mechanism has never been understood and several side effects were observed, its application was discontinued in the clinics. Nevertheless, gold compounds rendered valuable as inhibitors of TRAP. Gold-chloride was reported as a potent non-competitive inhibitor by inhibiting the phosphorylation of OPN [274]. In contrary, the gold compounds aurothioglucose and aurothiomalate proved ineffective on TRAP activity [274]. Additionally to this study, we recently showed applicability of the gold coordination compound AubipyOMe on TRAP activity, as it was able to inhibit TRAP activity in macrophage lysates and lung tissue extracts. Furthermore the gold compound inhibited migration in macrophages stimulated to express TRAP by RANKL, without affecting unstimulated macrophages [241].

8.4 Rational drug design: phosphonic acids

Based on the scaffold of 1-naphthylmethyl phosphonic acids, synthesized as inhibitors of TRAP [275], more compounds were designed by computational modelling and rational drug design in follow-up studies [276,277]. This approach of finding inhibitory compounds is based on the strategy to predict appropriate derivatives of lead compounds followed by empirical testing and evaluation for bioactivity. Several derivatives were chemically produced with respect to their anticipated binding pattern, leading into a family of α -alkoxy-naphthylmethyl phosphonic acids tested to be active in the pig and plant TRAP enzyme [276]. A second generation of this family, *i.a.* acyl derivatives, furthermore proved valid as active inhibitors of TRAP, dependent on the acyl chain length, as predicted by high docking scores [277]. Here, α -alkoxy-naphthylmethyl phosphonic acids, predicted to display the highest binding affinities also rendered most potent, when tested on the recombinant enzymes.

8.5 Fragment-based screening: lead structures

Fragment-based screening was further applied in a study from Feder *et al.* [278], with the aim of finding lead structures from a library with drug-like characteristics that bind into the active site of TRAP. Screening approaches are a second approach commonly applied to identify potential small molecule inhibitors that enable structural optimization by modulations based on the leads structures. Three fragments were found, amongst them 5-phenylnicotinic acid (5-PNA), inhibiting the TRAP enzyme in the μM range and displaying favorable parameters and high ligand binding efficiencies applying crystallography and assessing docking modes. Despite similarities of the applied plant enzyme to the human enzyme, none of the lead structures were assessed for their functionality on the human TRAP or in their applicability in a cell based system.

III PRESENT INVESTIGATION

1 Aims of the thesis

Overarching aim:

These studies addressing the role of TRAP enzyme in the development of cancer were founded on two major milestones. We aimed (I) to identify and/or characterize novel and potent small molecule compounds inhibiting the activity of TRAP and (II) to dissect molecular mechanisms of TRAP action in cancer cells overexpressing TRAP.

Specific aims:

- To further characterize the inhibition potency and applicability of the small molecule inhibitor 5-PNA on the two TRAP isoforms and to test its functionality on the mammalian enzyme and in a cancer cell system
- To screen for potent small molecule inhibitors applicable to either or both TRAP isoform
- To specify functional effects of TRAP overexpression at a cellular level
- To outline signaling and network perturbations upon modulation of TRAP expression
- To identify possible TRAP substrates
- To evaluate the involvement of Cathepsin K in the generation of TRAP isoform 5b
- To dissect the role of TRAP isoforms 5a and 5b during cellular transformation

Research question

Can a potent and specific TRAP inhibitor be identified and applied?

Does TRAP make cancer cells more aggressive and likely to metastasize?

How does TRAP change the cellular signaling network?

Is CtsK involved in the proteolytic processing of TRAP 5b?

Is TRAP 5b isoform relevant for the development of the cellular phenotype?

Small molecule inhibitors

Oncogenic mechanism

Methodological Approach

Cellular cytotoxicity

Assay development

Small molecule library screening

Recombinant enzyme purifications

Enzyme activity assays

Molecular modelling/
Docking studies

Functional cell experiments in the TRAP-overexpressing and TRAP knockdown breast cancer cell line MDA-MB-231

Phospho-proteomics and Proteomics

Bioinformatic analysis

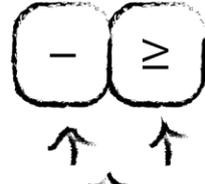
Enzyme activity assays
CtsK inhibition studies

Protein quantification and localization

Small molecule CtsK and TRAP inhibitors

Recombinant enzyme purifications

Paper



2 Considerations on the Methodology

2.1 Ethical considerations

In all studies included in this thesis, recombinant proteins or commercially available cell lines were applied. No animal studies or patient material was used. Therefore, ethical approval was not necessary and general guidelines for research ethics consulted.

2.2 Small molecules and Blocking antibodies

In the course of inhibition experiments and for delineation of the relative involvement of candidate molecules, small molecule inhibitors and blocking antibodies were applied. In control conditions, respective concentrations of DMSO solvent or IgG antibodies were applied.

2.2.1 **Small molecule libraries**

To screen for TRAP inhibitors we made use of a highly specialized and characterized library of small molecule compounds supplied by the Chemical Biology Consortium Sweden (CBCS, www.cbcs.se). This library is originally derived from the pharmaceutical industry (Biovitrum AB) and is consistently updated, expanded and filtered for small molecules free from unwanted characteristics such as promiscuity, compound interferences, aggregators, PAINS and REOS. All compounds display drug-like characteristics with respect to molecular weight, hydrogen bond accepting and donating groups, lipophilicity and polar surface area. For *Paper II*, we applied a primary screening set, consisting of both proprietary and commercially available compounds with chemical diversity. Original compound batches were stored in concentrations of 10 mM in DMSO and consistently tested for identity and purity. Compounds were further handled by subsequent dispensing.

2.2.1 **TRAP-inhibitor 5-PNA**

The small molecule inhibitor 5-phenylnicotinic acid (5-PNA/CD13) is a chemical compound of 200 Da and was initially found to be a TRAP inhibitor for red kidney bean TRAP with drug-like properties within an approach using fragment-based screening [278]. This inhibitor was shown to block TRAP activity of the plant and pig enzyme at K_{ic} values around $\sim 40 \mu\text{M}$. 5-PNA co-crystallized into the active site of the plant TRAP enzyme upon interaction with the iron residues assessed by X-ray structures and molecular modelling. In *Paper I*, we further characterized the applicability of 5-PNA and then used it as a specific inhibitor to target TRAP function in *Paper III*. Considerations regarding the use of 5-PNA have been addressed in the results and discussion of *Paper I* (chapter III. 3.1.1 and 3.1.2).

2.2.2 **Inhibitors and Blocking antibodies for T β R, TGF β 2 and CD44**

To target the involvement of selected candidates in *Paper III*, small molecules and blocking antibodies to inhibit respective effects of T β R, TGF β 2 and CD44 were applied. To target T β R, LY2109761 (Santa Cruz, CAS 700874-71-1, PUBCHEM CID 11655119) a selective dual inhibitor of TGF- β receptor type I/II (T β R I/II) activity was administered, proven to negatively affect the phosphorylation of SMAD-2. To normalize levels of TGF β 2, the blocking antibody AB-12-NA (R&D systems) was applied. Similarly, a CD44-blocking

antibody (Hermes-1, NBP2-22530, Novus Biologicals) was used to assess the relative effect of CD44. Antibodies detecting the phosphorylation sites, Ser 179, Ser 180 and Ser 183 in the intracellular portion of the CD44 receptor were not available.

2.2.3 Cathepsin K inhibitors

The highly potent and irreversible cysteine proteinase inhibitor E-64 has been used in earlier studies to dissect CtsK involvement, e.g. in the activation of TRAP in osteoclasts and cancer cells [92,214]. E-64 is a pan-cysteine proteinase inhibitor, as targeting also e.g. Papain, Cathepsin L and Cathepsin B [279]. Despite not being an optimal candidate for the use as a drug, E-64 is widely applied as a research tool for the characterization of cathepsins and to clock proteinase activity.

In *Paper IV*, we applied the small molecule Cathepsin K inhibitor Odanacatib (MK0822, Selleckem). Odanacatib was developed based on a structural modification of a previously tested compound and has rendered to be similarly effective but more selective against other Cathepsins [100,280,281]. Odanacatib is a reversible active site inhibitor [280] and discontinuation of treatment restored osteoclastic bone resorption and CtsK secretion [282]. Several attempts have made to assess the relevance of blocking Cathepsin K in diseases with high Cathepsin K levels and activity such as postmenopausal osteoporosis [100] and breast cancer with bone metastases [105–107]. Despite reduction of CtsK-associated bone fractures, the clinical phase III study with Odanacatib [283] was discontinued, as recurrent side effects, *i.e.* increased risk for stroke were observed.

2.3 Enzyme preparations

TRAP enzyme was purified from various sources, cleaved and applied in *Paper I, II* and *IV*.

2.3.1 Monomeric TRAP 5a purification

Recombinant human or rat TRAP was derived from conditioned medium from Baculovirus-infected *Spodoptera frugiperda* (Sf9) insect cell culture (obtained from GenScript USA. Inc.), concentrated, complemented with protease inhibitors and removed from any cell debris. Similarly, TRAP was extracted from conditioned medium of TRAP-overexpressing cancer cells. TRAP was purified by column separation within an ÄKTA purifierTM 10 FPLC system according to a protocol derived from several publications [214,266,284], described in detail in the Material and methods section of *Paper I*. Briefly, supernatants were loaded onto Sulphopropyl-Sepharose HiPrep SP FF16/10 columns and eluted on a linear gradient from 0.1 M to 0.5 M NaOAc, pH 6.5. Protein containing fractions were further applied onto a HiPrep Phenyl FF 16/10 column and TRAP eluted on a linear gradient from 50 mM NaOAc and 1.1 M ammonium sulphate towards 50 mM NaOAc, pH 5.0. The pooled fractions were then dialyzed against a buffer containing 0.1 M NaCl, 0.005% Triton X-100, 20 mM Tris-HCl pH 7.2 and loaded on a HiTRAP Heparin HP column followed by an additional elution on a linear gradient from 0.1 M NaCl towards 1 M NaCl. Fractions were pooled and frozen at -80 °C and used within a limited number of freeze-thaw cycles to inhibit spontaneous cleavage.

2.3.2 Generation of TRAP 5b by proteolytic cleavage

To obtain recombinant TRAP 5b, TRAP 5a purifications were incubated with human liver Cathepsin L for 2-3 h at 37 °C. The reactions were stopped on ice and by addition of protease inhibitors, such as cysteine proteinase inhibitor E-64. Complete cleavage was confirmed by Western Blotting and activity measurements. Aliquots were frozen and used within a limited number of freeze-thaw cycles to inhibit degradation and activity loss.

2.3.3 Purification of native cleaved TRAP 5b

Native TRAP 5b derived from bone tissue were used from previous isolations [266,285]. A comparison of the TRAP derived from bone with its recombinant counterpart, extracted from Sf9 cells was documented in a study from Ek-Rylander *et al.* [266].

2.4 Cell lines

Adams *et al.* [260] previously reported expression and activity of TRAP in human cancer cell lines and tissues. In their study three breast cancer cell lines (MCF-7, T47-D, MDA-MB-435) and mammary luminal epithelial cells Hb4a displayed TRAP enzyme activity and MDA-MB-435, the most tumorigenic of these line, has two-fold higher TRAP activity than the other cell lines. In a study from Honig *et al.* [259] MDA-MB-468, MCF-7, BT20 and HBL-100 breast cancer cell lines expressed TRAP. Increased TRAP expression was additionally assessed in 1205Lu and M619 melanoma cell lines [82] and SMMC7721 hepatocellular cell lines [261]. The invasive breast cancer cell line MDA-MB-231 was used in *Paper I-IV* as a model system to characterize the impact of levels of TRAP expression on several parameters in breast cancer cells. As this cell line expresses low levels of endogenous TRAP, it was surmised that cellular processing of TRAP was highly similar to the one in cells with high expression. Low expression levels assured that TRAP expression would only derive from the overexpression vector. This cell line has not been applied to studies assessing the effect of TRAP on cancer progression, and its use further provided a model to assess the effect of TRAP in late tumor progression.

2.4.1 TRAP-overexpressing MDA-MB-231 breast cancer cells

The TRAP-overexpressing cell line was previously generated by stable transfection with a plasmid containing the full rat sequence [214]. TRAP derived from different mammalian sources reveals high homology in amino acid sequences (**Figure 3B**) and identical biochemical properties [31,32,49,286]. Effects induced by overexpression of the rat sequence are thus comparable to a human TRAP overexpression. Zenger *et al.* [214] previously characterized the cell population overexpressing TRAP and described the biogenesis, processing and channeling of the TRAP isoforms within these cells. Within this study, however not published, clonal cell populations were generated, whereof several clones were picked and further characterized within *Paper III*. Four clones with either high or low TRAP enzyme activity or protein expression in cell lysate or in the medium were used. The highly TRAP-overexpressing clonal cell population TRAP3^{high} was mostly applied in *Paper I-IV* as a representative for TRAP overexpression studies.

2.4.2 TRAP knockdown in MDA-MB-231 breast cancer cells

The TRAP3^{high} cell population was furthermore used to create cell populations with a knockdown of TRAP, to directly study if effects are reversible. For this, MISSION® shRNA pLKO.1-puro Plasmid DNAs targeting rat TRAP were amplified in One Shot® TOP10 Chemically Competent *E. coli* after heat shock transformation, purified, controlled for sequence identity by restriction enzyme digestions. Several plasmids were then transfected into TRAP3^{high} cells together with scrambled shRNA and selected by culture in puromycin-containing medium. Knockdown efficiencies were assessed on RNA and protein level by qPCR and Western blotting, respectively.

2.5 Protein quantification and Localization studies

2.5.1 Antibodies

2.5.1.1 TRAP

As TRAP 5a and TRAP 5b molecules are exclusively distinguished by the presence or absence of a loop domain, present in TRAP 5a, respectively, it is not feasible to generate antibodies selectively detecting the TRAP 5b isoform, lacking the loop. Nevertheless, isoforms can be distinguished by combined application of an antibody detecting both TRAP isoforms and a loop-recognizing antibody selectively identifying monomeric TRAP 5a. Rabbit antibody sera against total TRAP or monomeric TRAP 5a were raised by immunization of New Zealand rabbits with either recombinant TRAP [266] or with the synthetic loop-peptide corresponding to amino acids 167–183 (DDFASQQPKMPRDLGVA) in the mouse TRAP sequence [213,266], respectively. High sequence homology allows for detection of TRAP derived from human, mouse and rat sources.

2.5.1.2 Others

Antibodies for β -Actin (mouse; Cat# 8224, Abcam), TGF β 2 (rabbit; Cat# 113670, Abcam) Integrin α 5 (rabbit, Cat# ab150361, Abcam), Integrin β 4 (mouse, Cat# ab29042, Abcam) and Cathepsin K (goat, Cat# ab77396) were purchased. A polyclonal antibody serum derived from New Zealand rabbits immunized with a peptide for Cathepsin K (C-KTHRKQYNNKVDE) as previously described [287].

2.5.2 Immunocytochemistry (ICC)

For protein quantification and (co-)localization studies, as well as to determine cell proliferation (chapter III.2.7.2) in *Paper III and IV*, ICC was performed. Cells were grown in glass 8-well chambers (Labtek II, 154534). Medium was respectively enriched with blocking antibodies or inhibiting compounds or deprived from serum. The cells were fixed and stained with fluorescently labeled antibodies or based on click-chemistry. Confocal images were acquired in the Nikon A1+ confocal laser microscope system and image batch analysis performed in the ImageJ or Nis Elements Advance research imaging software 4.1.0 (Nikon). Confocal microscopy allowed for the generation of optical sectioning and increased resolution. Dependent on the measurements, different settings were applied during image acquisition and image analysis, regarding laser intensities, thresholding or signal intensities.

2.5.3 Western blotting

In *Paper I-IV*, immunoblotting was applied to detect and quantify isoforms or precursor and mature forms of proteins. Briefly, lysates were prepared from cells that had conditionally undergone treatment. Cell pellets were lysed in RIPA buffer enriched with complete protease inhibitor cocktail and homogenized. Protein debris was removed by centrifugation and total protein content was determined. Respective conditioned media from cells prepared for lysis were separated from cell debris by centrifugation and immediately processed at 4 °C. Cell lysates and normalized volumes of corresponding medium were subjected to SDS-PAGE and transferred to PVDF membranes. Unspecific binding was blocked by 3% bovine serum albumin in PBS. Protein bands were detected by incubation with primary antibodies and infrared-labelled secondary antibodies, visualized in the Licor Odyssey Fc Imager system and quantified by densitometry with the Licor Image Studio software 3.1.4 (Licor Biosciences, Lincoln, NE, U.S.) upon normalization to β -Actin expression.

2.6 Enzyme activity measurements

2.6.1 pNPP assay

Lysates prepared in a mild extraction buffer (0.15 M KCl, 0.1% Triton X-100) and fractions derived from Fast protein liquid chromatography (FPLC) were analyzed for TRAP-specific activity. Simultaneously, recombinant enzyme batches were assayed. Here, measurement of the released pNP product, emitting at a wavelength of 405 nm was used as an indirect correlation to released phosphate/TRAP activity. Addition of tartrate and molybdate allowed for discrimination from related TRAPs. The assay was conducted at a pH optimum for TRAP 5b (pH 5.8) and conditionally enriched with sodium ascorbate and iron to reduce the irons in the active site of the enzyme ($\text{Fe}^{2+}/\text{Fe}^{3+}$) and thereby activate it. In *Paper II*, the assay was optimized to be adaptable to high-throughput format.

2.6.2 Malachite green

As an orthogonal assay, Malachite green was applied to complex with free phosphate derived from dephosphorylation of e.g. the experimental substrate ATP or the natural substrate osteopontin by TRAP in *Paper I and II*. As the malachite green assay is conducted in an acidic range, spontaneous phosphate release of pNPP contributed to high background levels and therefore excluded the use of pNPP as a substrate. This assay was besides using different substrates also measured at a different wavelength (630 nm), which allows for direct evaluation of assay interference, when compared to the pNPP assay, as performed in *Paper II*.

2.7 Functional cell experiments

Essential alterations in cell physiology that characterize cancer cells as malignant have been proposed as the hallmarks of cancer in 2000 and 2011 by Hanahan and Weinberg [13,14].

Common strategies to assess the 'behavior' and capabilities of malignant cell lines related to these hallmarks are e.g. to assess morphological changes, replication potential and the ability to migrate and invade. To identify functional capabilities of cells with TRAP overexpression, several methods were set up, optimized or incorporated as part of *Paper I-IV*.

2.7.1 Morphology

Morphological changes of cells are typical during dedifferentiation and in the course of progressing to a malignant state. Cancer cells often undergo (partial) epithelial-to-mesenchymal transition (EMT) [201], accompanied by a cellular elongation, comparable to the morphology of fibroblastic cells. MDA-MB-231 cells are of elongated morphology and *per se* already fibroblast-like, when kept in cell culture. By measuring length to width ratios by image analysis in randomly selected cells, changes in elongation of cells with overexpression or knockdown of TRAP were assessed.

2.7.2 Cell growth

To assess the role of TRAP overexpression on the replicative potential of cancer cells we applied several different assays. By measuring cell growth with trypan blue, staining for acidic components such as nucleic acid and polysaccharides [288], we assessed both the potential of increased cell division and DNA production. Toluidine blue quantities were measured by absorbance at 630 nm of the dissolved color. A colony formation assay was used to evaluate the potential of cells growing under anchorage-independent conditions, increased hypoxia and limited access to nutrition, such as during the colonization of a metastatic site. For visualization, the DNA-intercalating dye Crystal violet was applied and image analysis consulted for the assessment of colony sizes and numbers. A proliferation assay, measuring the number of cells, going into S-phase by incorporation of the nucleic acid analog EdU, allowed us to test for multiplication of DNA-material.

2.7.3 Migration and Invasion

During several steps of the metastatic cascade, cancer cells become motile and invade into surrounding tissue. These capabilities were addressed applying both wound migration and transwell migration and invasion assays. Wound migration assays were conducted under live cell imaging in cell culture conditions, where cellular movement was recorded as an images series for 30 h under conditional treatment. Cells were first allowed to form confluent layers and migration induced by removal of cells by scratching. Migration in serum-free medium reduced the contribution of proliferation. For Transwell migration assays, the underside of the inserts was coated with basement membrane and extracellular matrix proteins. A serum gradient was adjusted by seeding cells in serum-deficient medium and adding serum-containing medium in the lower well. Additional to the serum-gradient, it is likely that the coating attracts the cells both based on a chemo-gradient and allows direct contact through the membrane pores. For different proteins, specific times, when the assay was stopped were assessed and the amount of cells on the lower side of the insert quantified by Crystal violet stain dissolved and measured by absorbance at 600 nm.

To test invasion, basement membrane-precoated transwell inserts were applied and cells allowed to invade for a specific amount of time through the layer towards the lower site of the insert. The invaded cells were then detached and quantified by luminescence.

2.8 Phospho-proteomics and Proteomics analysis

Mass spectrometry-based proteomics and phospho-proteomics analyses were applied as part of a collaborative effort to investigate global changes of the protein and phosphoprotein network introduced by TRAP perturbation. A detailed elaboration on the method with respect to analytical depth and current protocol standards as well as interpretation of the results are discussed in *Paper III* and the doctoral thesis of Elena Panizza [289].

Briefly, proteins were extracted in a detergent solution aimed to extract a variety of proteins, including cellular and membrane proteins and the proteins were digested by trypsination. For multiplex analysis either SILAC or TMT labeling was consulted. In case of SILAC labeling, the cells were first cultured in medium containing stable heavy isotope or light isotope-labeled amino acids. For TMT labeling, peptide samples were incubated after digestion with TMT10plex reagents allowing for similar analysis of up to 10 samples. Phosphoproteins and proteins were pre-fractionated by High Resolution Isoelectric focusing (HiREF) to increase the analytical depth. To enrich for phosphorylation sites conditionally an ultra-acidic strip was applied. Peptides were pre-fractionated and analyzed in a LTQ Orbitrap Velos mass spectrometer. Computational methods, such as hierarchical clustering based on Euclidian distance, Gene ontology analysis (Gorilla) and network analysis (Cytoscape, STRING) were conducted to analyze and interpret the results for the formulation of biological hypotheses.

2.9 Molecular docking studies

In *Paper I and II*, molecular modelling of selected compounds was performed within collaboration with the company Biognos AB, Gothenburg. Receptor structures were prepared in a protein preparation wizard (Maestro, LeadIT), based on the mammalian crystal structures of human (1WAR) and rat TRAP (1QFC) [52,53]. The inhibitors were docked to assess putative binding modes into the active site of the TRAP molecule with the program Glide or FlexX. Poses were scored using HYDE.

Based on missing knowledge about co-crystallization of the molecules with the enzyme and limitedly defined crystal structures (2 Å and 2.7 Å, respectively), all binding modes described are *de novo* and putative. Nevertheless, binding into the active site suggests potential interaction points and modes of inhibitory action.

3 Results and Discussion

3.1 Can potent and specific TRAP inhibitors be identified and applied?

Protein phosphorylation plays a key role in a variety of physiological processes and deregulation can be coupled to pathological conditions. Orchestrating a variety of cellular functions via their activity to phosphorylate and dephosphorylate signaling mediators, both kinases and phosphatases represent interesting candidates for drug targeting.

Protein kinases have been the more popular drug targets, whereas phosphatases are underrepresented in the development of inhibitors and clinical trials. Phosphatases have been earlier categorized as undruggable targets as not fitting into the conventional “lock and key” model [290]. Nonetheless, advances in the development of phosphatase inhibitors have been made with the progression of knowledge about structural features, computational modelling programs or enhanced libraries [290].

Tartrate-resistant acid phosphatase (TRAP) is a ubiquitously expressed enzyme and cellular location is attributed to vesicular like structures, such as lysosomes. Furthermore, TRAP is an enzyme containing a redox-sensitive bimetal iron center in the active site and irons susceptible to reduction or oxidation affect TRAP’s activity [20]. In the conventional view, these characteristics make TRAP a challenging drug target, nevertheless, an attractive drug target, due to its involvement in the pathogenesis of diseases, such as osteoporosis and cancer. Finally yet importantly, limitations that would render inhibitors inapplicable in a clinical setting do not necessarily exclude the use of the compound to target functions in a cellular system.

3.1.1 Characterization and identification of TRAP inhibitors

Feder *et al.* identified 5-PNA next to two other compounds as a TRAP inhibitor by fragment-based lead discovery [278]. When these compounds were retested, 5-PNA was the only compound inhibiting recombinant human and rat TRAP in *Paper I*. K_{ic} values for the inhibition of TRAP could be reproduced from various sources and with the application of several possible substrates (~100 μ M). Importantly, 5-PNA inhibited TRAP 5b and TRAP 5b activity in lysate, selectively.

In TRAP-overexpressing MDA-MB-231 breast cancer cells, TRAP is early in the secretory pathway diverged to provide a pool of monomeric TRAP 5a destined for cleavage [214]. It could be excluded that the reduction of TRAP activity by 5-PNA derives from an inhibition of cleavage or modulated secretory pathway. Either of these possibilities would result in higher levels of the low active TRAP 5a at the expense of TRAP 5b. 5-PNA did not exert any of these effects, further assessing the specificity of 5-PNA on inhibition of TRAP activity (**Figure 12**).

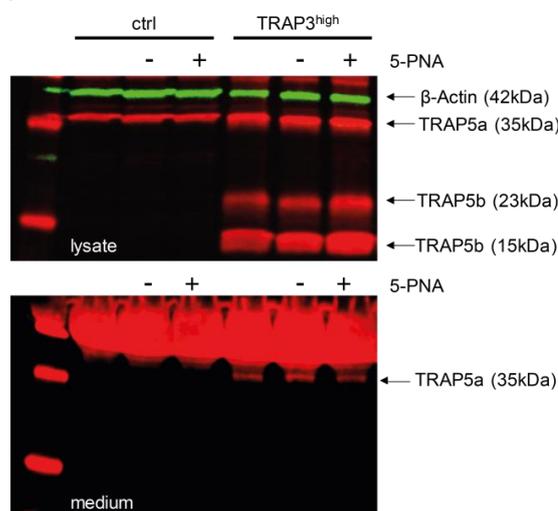


Figure 12 TRAP isoform expression in control and TRAP-overexpressing MDA-MB-231 cells under treatment with 200 μ M 5-PNA for 24 h.

Next to the characterization of 5-PNA, small molecule library screening was applied to identify additional compounds with a potential for TRAP enzyme inhibition (*Paper II*). In this approach, among several thousands of compounds, meticulously assessed for drug-like characteristics and promiscuous hitters, 22 compounds and thereof six cluster representatives were filtered for inhibition of TRAP 5a and 5b activity in a range of ~1-100 μM .

As 5-PNA rendered only potent for TRAP 5b and previous studies did not differentiate between the TRAP isoforms, our interest focused also on the identification of isoform-selective/unselective inhibitors. Additionally, the compounds were assessed for inhibition of the recombinant enzymes in either mixed-valent or oxidized state of the iron atoms in the active site. No previous study has addressed possible differences in inhibition dependent on the redox state of the active site. The majority of activity assays was performed under non-reducing conditions [63,241,270,273,278], which increases the likeliness that the enzyme was in the oxidized state. Additionally, in *Paper II*, all compounds had a higher potency of inhibiting TRAP 5b and the enzyme when the iron atoms were oxidized. In contrast, 5-PNA did show minimal preferences for inhibiting the TRAP 5b enzyme in the mixed-valent state (unpublished results).

Different modes of inhibition in different redox states could suggest a modulation of the active site dependent on redox state of the irons. Compounds can commonly render as unspecific inhibitors by oxidizing enzymes with redox-active sites. As all six cluster representatives displayed more potent inhibition on the oxidized enzyme, it is unlikely that they act via changing the redox activity of TRAP.

5-PNA (*Paper I*), and the six novel compounds identified in *Paper II*, were subjected to molecular docking studies to predict a possible binding mode to the active site of TRAP. 5-PNA, which was already proven to bind into the active site by X-ray crystallography, interacted with the iron atoms in a fashion similar to substrates (*Paper I*). In contrast to that, all six compounds in *Paper II* bound into the active site without any close interaction with the iron atoms.

3.1.2 Application of the TRAP inhibitors in a cellular system

The applicability of 5-PNA and the novel six TRAP inhibitors in a cell system was investigated by assessing their potential to block TRAP-dependent breast cancer cells characteristics. In *Paper I*, 5-PNA inhibited TRAP-dependent migration and invasion at 200 μM without inducing cytotoxicity up to mM concentrations. In *Paper III*, TRAP-dependent proliferation and increased expression of TGF β promoted by TRAP was further abrogated by 5-PNA.

Furthermore, RAW264.7 macrophages treated with receptor-activator of NF κ B ligand (RANKL), upregulate TRAP expression. When TRAP was inhibited with 200 μM 5-PNA in these cells, RANKL-stimulated migration was abrogated [241].

Amongst the six novel TRAP-inhibitors of *Paper II*, only the compound CBK289001 was able to inhibit TRAP-dependent migration of MDA-MB-231 cells, similarly to 5-PNA. The control cells were not affected and the cells did not show any obvious signs of cytotoxicity. Why only one compound inhibited migration in the cell system, whereas all six compounds inhibited TRAP *in silico* can currently not be explained by molecular docking studies but could eventually be resolved by molecular dynamic simulations.

3.1.3 Advantages and limitations of the TRAP inhibitors

Earlier, flavonoids reduced secreted TRAP activity and osteoclastic pit formation with $IC_{50} < 10 \mu M$, while maintaining cell viability [270]. Polyphosphates with long chain lengths inhibited TRAP phosphatase activity at $IC_{50} < 5 \mu M$. Nevertheless, concentrations of 1 mM were applied for the reduction of osteoclastic pit formation [273]. Finally, the gold coordination compound AubipyOMe inhibited both isoforms of TRAP at $IC_{50} < 2 \mu M$ and TRAP at $IC_{50} < 4 \mu M$, when applied to cells. When treating RANKL-stimulated RAW264.7 macrophages with 80 nM of the gold compound, migration was inhibited without exerting any cytotoxic effects up to mM concentrations [241].

Despite previously suggested inhibitors displaying higher potencies in K_{ic} and IC_{50} values, 5-PNA and CBK289001 are one of the first inhibitors effective in the inhibition of TRAP-dependent cancer cell functions. Furthermore, 5-PNA is a TRAP 5b selective inhibitor, whereas CBK289001 was able to inhibit both isoforms.

In spite of testing for and applying a library with drug-like characteristics in *Paper I and II*, the current results bear limitations.

5-PNA was tested for its activity on closely related phosphatases, such as PP2A and PP1 and cytotoxic effects up to high concentrations in the MDA-MB-231 cell line. It was further assessed for drug-like characteristics based on prediction analysis and binding shown by X-ray crystallography. On the other hand, CBK289001 was shown to be non-promiscuous and did not belong to classes of PAINS, REOS or aggregators, but has not yet been experimentally tested for promiscuity, cytotoxicity or binding. Thus, the TRAP-inhibitors need to be further assessed for unwanted interactions with other molecules and their cytostatic effects in a variety of cancer cell lines. Moreover, comparably high concentrations of the inhibitors were necessary to result in inhibition of the recombinant enzyme and in the abrogation of TRAP-dependent functions. The latter could be explained due to a 'non-optimized' structure, as e.g. 5-PNA is only a compound fragment. Limited cell permeability and delivery to the enzyme site or a less potent binding with active site residues could further be optimized by structural modifications. Further tests and chemical optimizations are therefore necessary to allow for the multifunctional application of 5-PNA as a potent and specific TRAP inhibitor. Last but not least, studies on structural analogs of CBK289001 and 5-PNA can help in the development and chemical optimization for more potent substances.

3.2 Does TRAP make cancer cells more aggressive and likely to metastasize?

A growing body of evidence has been accumulated in the recent years supporting the idea that TRAP 5b serum levels from bone lesions do not only derive from resorbing osteoclasts. Even that the knowledge about TRAP expressing tumors, *i.e.* leukemic tumors was not new [291], detection of TRAP expression in several cancer cell lines and primary cells underscored the involvement of TRAP in cancer cell function [259,260].

TRAP was associated to disease progression, as levels were high in metastatic lesions of the breast, ovary, skin, prostate, lung and kidneys [259,264]. Furthermore, expression of TRAP showed to be increased with progressive disease status [82,259–261]. Conclusively, several studies attributed TRAP expression a significant role in the development of the disease, as correlated to a variety of clinically relevant parameters and addressed in mouse models.

Specifically, TRAP was associated to a shortened patient survival, lymph node metastasis, peritoneal dissemination, TNM stage, probability of recurrence, tumor size and encapsulation, microvascular invasion and tumor differentiation in melanoma, hepatocellular carcinoma and gastric and lung cancer [82,261–263].

In vitro studies assessed the effects of TRAP expression on the cellular level. For instance, TRAP overexpression increased invasion of melanoma cells and downregulation reduced the potential to form colonies in soft agar [82]. In hepatocellular carcinoma cells, TRAP stimulated cell migration and invasion [261]. Similarly, overexpression of TRAP in metastatic breast cancer cells promoted proliferation, anchorage-independent growth, migration and invasion (*Paper III*). Cellular morphology was elongated, whereas TRAP overexpression resulted in cell rounding and spreading in previous studies [82,214]. Interestingly, morphology and migration were regulated level-dependently when comparing TRAP-overexpressing clones with different expression and activity levels, whereas proliferation and invasion were upregulated independent of the levels of TRAP protein and activity (*Paper III*). Migration was moreover selectively increased on extracellular matrix proteins osteopontin, fibronectin, collagen IV and laminin. Proliferation was furthermore increased compared to control cells after serum starvation. Unpublished results support a possible upregulation of the EMT-markers Snail and Vimentin. Abrogation of TRAP by small chemical inhibition or knockdown reversed the effects in *Paper I, II and III*.

In summary, cellular characteristics associated to metastasis were positively regulated in several cancer cells and can directly be associated to the data acquired from clinical studies. TRAP upregulation promotes a metastatic phenotype of cancer cells that could ultimately be coupled to increased spreading and infiltration.

3.3 How does TRAP change the cellular signaling network?

3.3.1 Signaling pathways affected by TRAP

Melanoma cells overexpressing TRAP were shown to express reduced levels of focal adhesion kinase (FAK) autophosphorylation at Tyr 397 and tyrosine phosphorylation of Paxillin at Tyr 118. These results could generally suggest an involvement of integrin signaling. Also in *Paper III*, downregulation of integrin $\beta 4$, integrin $\alpha 6$ and upregulation of integrin $\alpha 5$ upon TRAP upregulation could be observed by proteomics analysis and verified by immunoblotting (**Figure 13**, unpublished data).

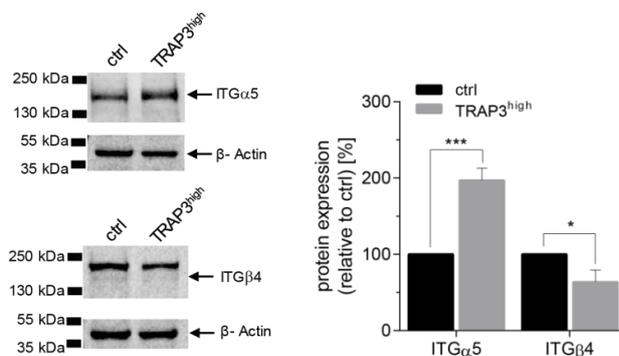


Figure 13 Integrin $\alpha 5$ (ITG $\alpha 5$) and $\beta 4$ (ITG $\beta 4$) expression in control and TRAP-overexpressing MDA-MB-231 breast cancer cells.

TRAP signaling independent of cancer cells was earlier associated with T β R-interacting protein-1 (TRIP-1). TRIP-1 is an intracellular protein that is phosphorylated by T β RII kinase [203]. Intracellular interaction of TRIP-1 with TRAP was activating T β RII and osteoblast differentiation through the SMAD-2/3 pathway at sites of prior bone resorption [24]. Independent of TRIP-1, *Paper III* could point out that TRAP overexpression is modulating TGF β signaling by upregulating TGF β 2 and T β RI, shown by (phospho-)proteomics analysis. CD44 phosphorylation in the intracellular domain was furthermore highly upregulated. CD44 has been related to TRAP via its substrate OPN, which is a ligand for CD44 [81,114]. Moreover, CD44 can with its intracellular domain interact with T β RI [158], thereby stimulating multiple signaling pathways mediating, e.g. migration. Indeed, blocking of TGF β 2 and T β RI/II activity was able to abrogate the promotive effect on migration in *Paper III*, whereas exclusive blocking of CD44 was not sufficient (**Figure 14**).

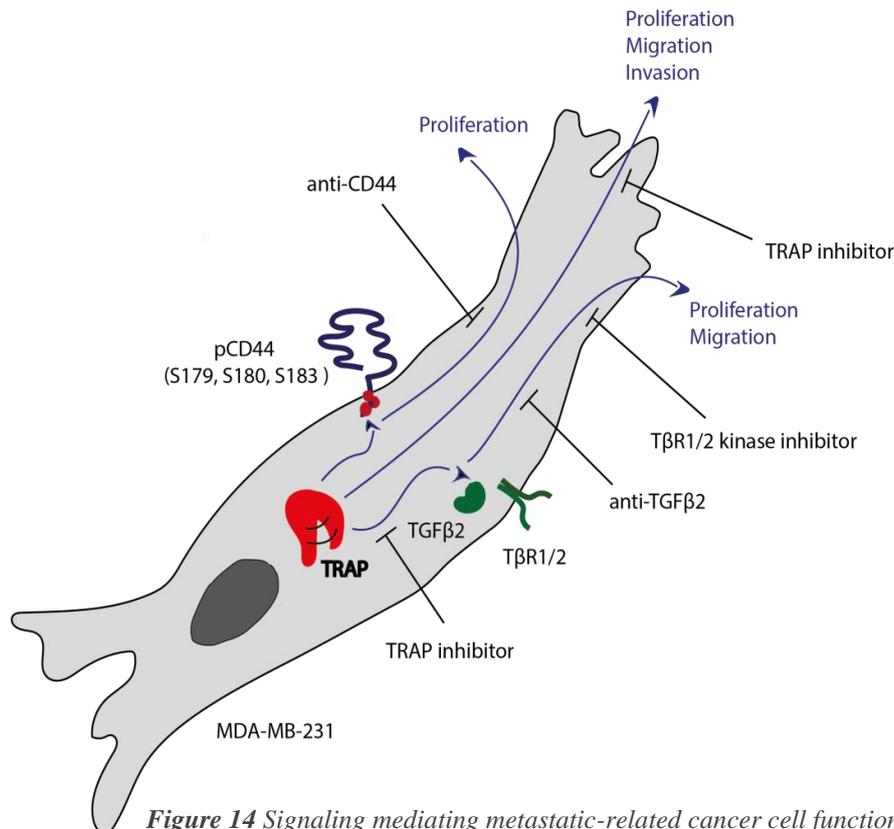


Figure 14 Signaling mediating metastatic-related cancer cell functions

Additionally, several proteins associated with extracellular matrix modulation and cell adhesion were regulated by TRAP overexpression/downregulation. These included proteins, such as β -Catenin-1, MMPs, collagens, laminin, lumican, vitronectin, thrombospondin 5, moesin (ERM family) and ROCK-1. Importantly, TRAP is already known to be involved in extracellular matrix regulation during bone remodeling.

Despite the fact that *Paper III* verified only a very limited amount of signaling mediators and connections, it provides a huge set of data, including relevant candidates that have either previously been connected to TRAP or with functions associated to TRAP. The reported network of proteins regulated upon TRAP perturbation, provides a starting point to further dissect molecular signaling sequences induced upon TRAP overexpression.

3.3.2 Possible substrates of TRAP in cancer cells?

Phospho-proteomics was used in *Paper III* to depict phosphorylation events modulated by TRAP perturbation. It needs to be noted that the applied method of phosphosite enrichment was based on high isoelectric focusing (HiREF) on an ultra-acidic strip. This results in enrichment, mainly detecting multiple phosphorylated peptides or peptides with several acidic residues. Furthermore, dephosphorylated peptides are generally low in abundance, limiting the detection level and spectrum of phosphopeptides (compare thesis of Elena Panizza, [289]), thereby possibly excluding significant and direct substrates of TRAP.

Nevertheless, the phosphorylation sites significantly regulated upon TRAP overexpression were associated with GO molecular functions, such as cell adhesion molecule binding, and cadherin binding. They were further allocated to the GO cell components nuclear part, cell junction, anchoring junction, adherens junction and cell-substrate junction. Despite including upregulated phosphoevents, these data corroborate a role of TRAP in cell adhesion and cytoskeletal modulation upon dephosphorylation of un-annotated substrates.

Interestingly, two serine phosphorylation sites of integrin $\beta 4$ (1448, 1451), three phosphorylation sites of plectin (S4253, 4476, 4254), a protein interlinking different elements of the cytoskeleton and two phosphorylation sites of ROCK1 (S1105, S1102) are candidates, associated with cell migration and cytoskeletal changes.

Similarly to tyrosine peptides being able to be dephosphorylated by TRAP, melanoma cells overexpressing TRAP displayed modulations in tyrosine phosphorylations [82].

Interestingly, despite osteopontin (OPN) being proposed as a main substrate for TRAP, it was not identified as a significantly downregulated phosphoevent. OPN is an acidic protein with an abundance of negatively charged amino acids [292]. Thus, it is unlikely that the previously mentioned detection limits of the phosphosite enrichment are solely responsible for OPN not being detected. Nevertheless, OPN was earlier shown to be a substrate present in the extracellular matrix for TRAP [78–81]. This could possibly explain why cellular levels were not changed, possibly due to differences in localization.

Localization differences have to be further considered with regard to phosphosubstrates, as TRAP is stored in vesicular compartments, e.g. making a direct interaction with substrates, such as PAX and FAK [82] unlikely. Earlier, TRAP was reported to be an enzyme with low substrate specificity and it was suggested that localization and posttranslational control would define its functional reach. This notion could be further supported by immunohistochemistry staining of monomeric and total TRAP from *Paper IV*, where a disturbance of TRAP cleavage resulted in relocalization within the cellular compartments. Also Zenger *et al.* showed earlier, that MDA-MB-231 cells overexpressing TRAP diverted TRAP to be cleaved early in the secretory pathway [214].

3.4 Is Cathepsin K involved in the proteolytic processing of TRAP 5b?

Previous studies applying *in silico* experiments, osteoclasts and Cathepsin knockout mice have led to the hypothesis of Cathepsin K (CtsK) being involved in processing of TRAP. Whereas cleavage by other unidentified enzymes was suggested to be necessary for further processing by Cathepsins, CtsK was hypothesized to mediate the final step of TRAP 5b processing.

Initially, several enzymes were tested for their ability to generate and cleave TRAP 5a to TRAP 5b *in silico* (chapter II.2.3.2.3). Amongst them, serine/threonine proteinases, MMPs and Cathepsins were tested [30,61,68]. Amino acid sequencing resolved that processing of both bone and CtsK-cleaved TRAP 5b was identical in N- and C-terminal sequences, whereas Cathepsin L (CtsL) cleavage removed fewer amino acids in the N-terminal site [68].

3.4.1 Codependent regulation of CtsK and TRAP

A variety of results stimulated the idea of a concerted regulation of CtsK and TRAP. Both molecules are co-expressed in the osteoclast microenvironment and several compartments of the osteoclast [68]. In the latter, CtsK was predominantly expressed amongst the cathepsins, whereas CtsL was expressed at much lower levels [68,91,109]. Furthermore, both CtsK and TRAP enzyme are involved in the bone degradation process by either degrading collagen type I or dephosphorylating non-collagenous bone matrix proteins, such as the phosphoproteins osteopontin or osteonectin, respectively. Absence of CtsK in knockout mice was further compensated by upregulation of TRAP activity and mRNA, suggesting a possible feedback loop [92]. In contrast, other reports supported a regulation by different mechanisms, as CtsK and TRAP were recruited to the resorption lacuna of activated osteoclasts in a sequential manner [108].

A variety of cancers display upregulation of CtsK [96–99], and CtsK levels were significantly increased when compared to CtsL [97]. Nevertheless, studies assessing a possible correlation of TRAP and CtsK levels in patients are lacking to date. In *Paper IV*, we could show that pre- and mature CstK was expressed in MDA-MB-231 cells. Unpublished results demonstrate further expression of both CtsK forms in other cancer cell lines (**Figure 15**).

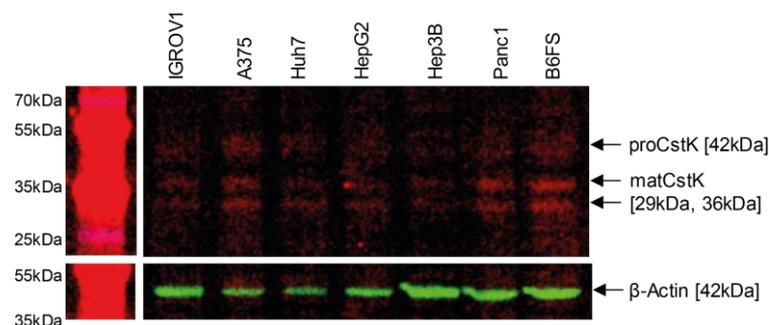


Figure 15 CtsK expression in cancer cell lines

A TRAP-dependent regulation of CtsK, reverse to what was denoted in osteoclasts could not be argued for, given that TRAP upregulation or inhibition by 5-PNA did not elicit any obvious changes in CtsK expression (unpublished data). Treatment with the CtsK inhibitor Odanacatib did neither increase the levels of total TRAP in the TRAP-overexpressing cells.

3.4.2 Mechanism of CtsK-dependent cleavage of TRAP

FPLC can be used to separate monomeric and differentially processed TRAP forms [68]. Commonly, three peaks can be observed, where the first peaks at lowest salt concentrations represents the monomeric TRAP 5a isoform (L1a, L1b) and two following peaks at higher salt concentrations represent differently cleaved versions of TRAP 5b. For instance, when cell lysates were applied, e.g. from osteoclasts or TRAP-overexpressing breast cancer cells,

several forms of cleaved TRAP were identified, such as an intermediate product (L2) and a fully cleaved (L3) TRAP 5b form (**Figure 16 A**, lysate -E-64) [92,214].

Importantly, this intermediate form (L2) was increased when cysteine proteinases were inhibited by E-64 in RAW264.7 cells [92] or TRAP-overexpressing breast cancer cells (**Figure 16 A**, lysate +E-64) [214]. Increased levels of the intermediate TRAP 5b form were further detected in bone lysates of CtsK knockout mice [92].

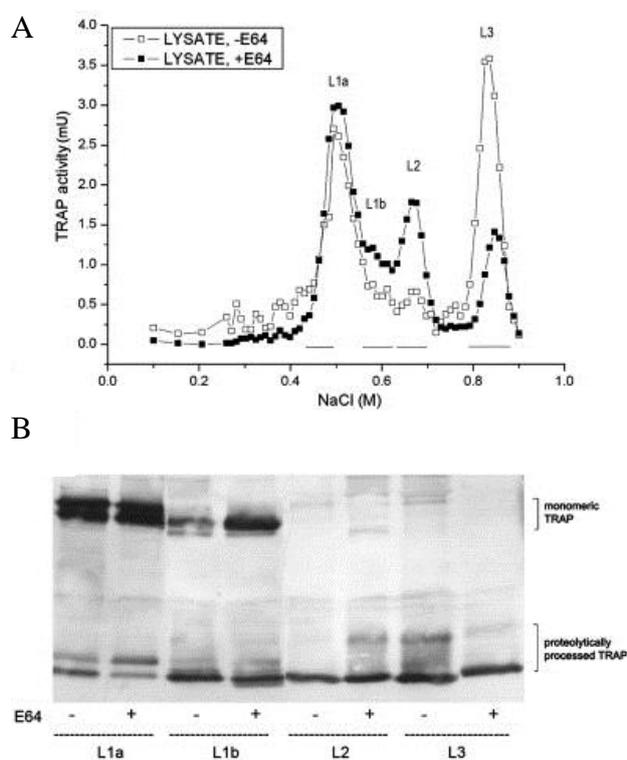


Figure 16 Effect of the cysteine proteinase inhibitor E-64 on proteolytic processing of TRAP expressed by MDA-C11 cells. (A) Elution pattern from FPLC Heparin chromatography of cellular TRAP expressed by MDA-C11 cells following treatment with E-64. Lysates containing equal amounts of protein were loaded onto the column for each group. Horizontal bars under the peaks highlight the fractions pooled for further analysis of the peaks. (B) Western blot analysis of eluted intracellular TRAP peaks of MDA-C11 before and after treatment with E-64. Reprinted with permission from Zenger S, Ek-Rylander B, Andersson G. Biogenesis of tartrate-resistant acid phosphatase isoforms 5a and 5b in stably transfected MDA-MB-231 breast cancer epithelial cells. *Biochim. Biophys. Acta - Mol. Cell Res.* Elsevier B.V.; 2010;1803:598–607. Copyright: ©2010

In **Paper IV** the involvement of CtsK could be pinpointed, by treating TRAP-overexpressing MDA-MB-231 cells with a CtsK-specific inhibitor. Even that it remains to be shown that Odanacatib treatment elicits a similar intermediate peak in the FPLC elution profile, it increased the 23 kDa specific band reminiscent to the blotting profile of the FPLC-purified intermediate TRAP 5b form in E-64 treated cells (**Figure 16 B**, L2 +E-64).

3.4.3 TRAP trafficking affected by CtsK cleavage

Interestingly, next to changes in TRAP processing intracellularly, a reduction in TRAP 5a protein secretion could be seen upon CtsK-specific inhibition in **Paper IV**. Similarly, CtsK deficient knockout mice were unable to secrete monomeric TRAP 5a [92].

The change in secretion in TRAP-overexpressing breast cancer cells was coherent with intracellular differences in TRAP localization. Changes in localization of TRAP have previously also been detected in osteoclasts of CtsK knockout mice [92]. Whereas hardly any colocalization was seen of total and monomeric TRAP 5a in wildtype mice, total and monomeric TRAP 5a was evenly distributed in CtsK knockout mice. This is similar to the TRAP-overexpressing cells that were treated with the CtsK-specific inhibitor Odanacatib (**Paper IV**). Monomeric TRAP 5a was generally retained in vesicular-like structures, whereas total TRAP (representing supposedly TRAP 5b) showed diffuse distribution. Here CtsK

inhibition only affected total TRAP staining, by reducing the diffuse distribution and inducing retention in vesicular-like structures, *i.e.* similar to the TRAP 5a –like pattern. This altogether suggests that CtsK enzymatic activity influence the localization of cleaved TRAP 5b in cells.

3.4.4 Other enzymes involved in TRAP cleavage

The presence of intermediate cleaved forms of TRAP 5b in a variety of conditions is suggesting a common mechanism of TRAP processing. Nevertheless, CtsK could not be exclusively claimed responsible for the complete cleavage of TRAP. This was for instance supported by the observation that cleaved TRAP 5b was still present in CtsK-deficient mice [92]. Also both Cathepsin K and L enzymes were earlier shown to similarly cleave TRAP in a two-step process *in vitro* [68], suggesting the possible involvement of several enzymes in the cleaving sequence. CtsL, present at low quantity in acidic vesicles, was then suggested to be responsible for the initial processing of TRAP. TRAP would then be further processed upon fusion with vesicles containing CtsK. Nevertheless, neither complete blocking of Cathepsins by E-64, nor selective blocking of CtsL was sufficient to inhibit full cleavage of TRAP in several cell types [214,293], ruling out that sequential processing by Cathepsins would be sufficient for full cleavage of TRAP. Other enzymes are potentially involved in complete cleavage of TRAP and remain to be identified.

3.4.5 Parameters affecting CtsK-dependent cleavage of TRAP

As isoform processing and secretion displays to be different in various cell types, further suggestions have been made regarding factors determining TRAP cleavage.

For instance, increasing levels of Cathepsins added to recombinant TRAP resulted in increasing levels of fully cleaved TRAP 5b concomitant with a reduction in intermediate TRAP 5b [68]. This led to the assumption that relative levels of CtsK and CtsK activity in the compartments could determine the efficiency of TRAP processing. High levels of CtsK are reported in osteoclasts, which associate with increased TRAP 5b levels in the resorption lacuna. Furthermore, we could show high percentage of colocalization and similarly high levels of TRAP 5b in TRAP-overexpressing cells. Coherently, after a recovery period of 24 h after treatment, the reduction in Odanacatib concentration (reversible CtsK inhibitor) resulted in a reversible effect on TRAP processing and secretion in *Paper IV*.

Finally, also other parameters could steer activation of TRAP by cleavage. As increased TRAP 5b ratios were predominantly seen in ‘TRAP-overexpressors’, such as osteoclasts, it is speculated that TRAP 5a cleavage mainly occurs in cells with high TRAP expression. As we could not detect any difference in mature CtsK ratios in the TRAP-overexpressing cells, the determining factor could lie in the initial processing of TRAP that might be regulated by TRAP levels.

Finally, the activation of TRAP is dependent on localization, as TRAP is mainly stored in vesicular structures. A site-dependent role for CtsK in TRAP processing was for instance also observed in bone tissue of mice [294].

3.5 Is TRAP 5b isoform relevant for the development of the cellular phenotype observed in TRAP-overexpressing cells?

The different TRAP isoforms have been proposed for their relevance in different diseases and functions (chapter II.7.3 and II.7.4). Posttranslational modifications, such as proteolytical cleavage, are highly regulated mechanisms to control the exertion of protein functions. When these processes are dysregulated, pathological conditions commonly appear.

With reference to the similarities in its function in osteoclasts, TRAP 5b was regarded as the isoform being more likely involved in conferring cancer cell features. Similar to the matrix degradation necessary for cellular invasion, enzymes are secreted by the osteoclasts to degrade the surrounding bone matrix. Here, TRAP was secreted and rapidly cleaved by extracellular enzymes to dephosphorylate non-mineralized phosphorylated bone matrix proteins, such as osteopontin or osteonectin [295]. Additionally, TRAP 5b was involved in the attachment and migration of osteoclasts on the phosphorylated bone matrix [78,80].

With the detection of TRAP expression in cancer cells [82,259–261], TRAP 5b levels suggested as serum markers of cancer patients with bone lesions, were no longer only attributable to increased activity of osteoclasts, but also likely to be derived from cancer cell populations.

3.5.1 Isoform expression in cancer cells

Most cancer-related studies commonly did not specify the respective expression and contribution of either isoform and only Zenger *et al.* reported about isoform differences in breast cancer [264]. When analyzing the distribution of TRAP isoforms, it was found that cancer cells mainly expressed TRAP 5a, whereas 5b was present in stromal cells. Also in a majority of cancer cell lines, mainly TRAP 5a expression was detected intracellularly (**Figure 17**).

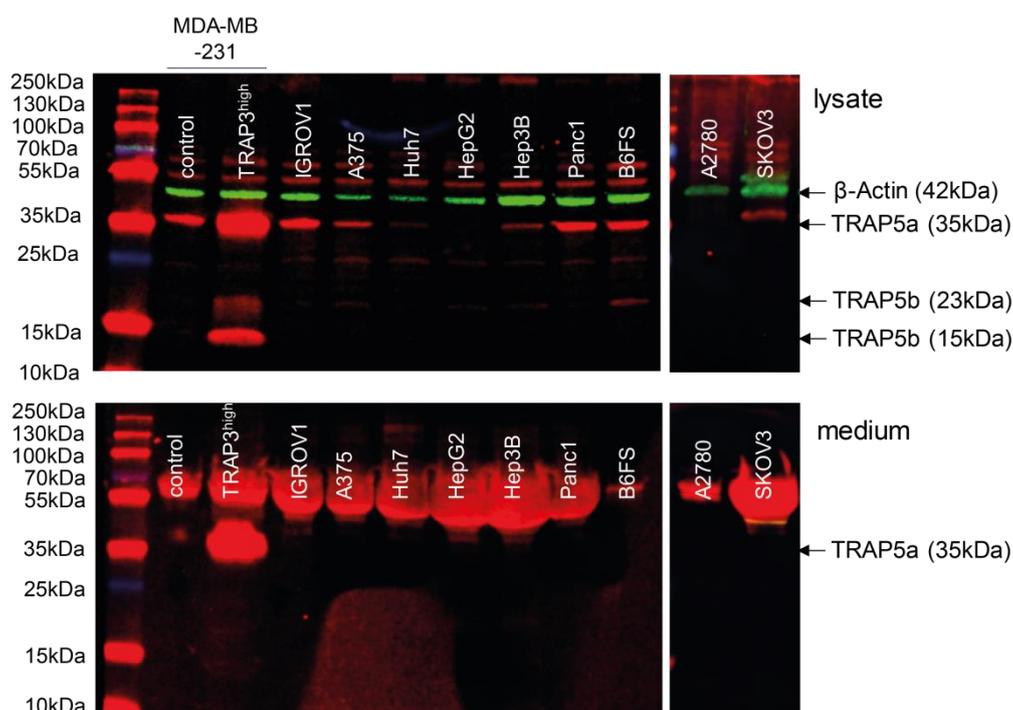


Figure 17 TRAP expression in lysate and medium of various cancer cell lines. Cell pellets and conditioned media were kindly provided by the groups of Prof. Mikael Björnstedt (IGROV1, A375, Huh7, HepG2, Hep3B, Panc1), Assoc.Prof. Katalin Dobra (B6FS) and Assoc.Prof. Maria Shoshan (A2780, SKOV3).

Contrary to these observations, the levels of TRAP 5b/5a were significantly increased in the TRAP-overexpressing cells used as a model system for this thesis (*Paper IV*). Importantly, the levels of TRAP 5a were not significantly changed within the parental and TRAP-overexpressing cells. Hence, TRAP 5b activity in TRAP-overexpressing cancer cells was hypothesized to be responsible for the promotion of aggressiveness. TRAP-overexpressing cells displayed cell characteristics commonly associated to metastasis that were less pronounced in the control cells (*Paper III*).

Given that most cell lines with TRAP expression do not process TRAP 5a in a similar manner as TRAP-overexpressing MDA-MB-231 cells, intracellular TRAP is thus likely to be cleaved under unknown but specific circumstances, as previously noted in chapter III.3.4.5.

3.5.2 Inhibition of TRAP 5b-activity

A limited amount of studies investigating the role of TRAP in cancer cells modulated the expression and activity of TRAP. Hereby strategies such as blocking antibodies, siRNA, shRNA-mediated knockdown or upregulation models were applied [82,230,261].

Importantly, we could expand these data in *Paper I and III* by inhibiting the activity of the TRAP 5b isoform with 5-PNA next to up- and downregulating the TRAP (and considerably the TRAP 5b) protein. Metastasis-related functions, such as proliferation, migration, invasion and overexpression of TGF β 2 could be normalized upon 5-PNA treatment. This normalization was associated to a reduced enzymatic activity intracellularly, where mostly TRAP 5b contributes to cellular activity.

Even that CBK289001, the compound identified as a TRAP-inhibitor in *Paper II*, inhibited both isoform activities under non-reducing conditions, TRAP 5b was favored when activated by reduction. Additionally, TRAP 5b was more potently inhibited than TRAP 5a under both conditions. CBK289001 abrogated TRAP-dependent migration, similarly to 5-PNA, level-dependently. These data altogether underscore that inhibition of TRAP 5b activity by two independent compounds is able to normalize the TRAP-dependent phenotype in cancer cells.

Initially, it was hypothesized that inhibition of TRAP processing by Odanacatib would increase TRAP 5a levels concordantly with reduced TRAP 5b levels. Nevertheless, CtsK inhibition was not sufficient to inhibit TRAP cleavage fully or reducing TRAP 5b/5a levels in *Paper IV*. In contrast, treatment of TRAP-overexpressing cells with Odanacatib increased the 23 kDa TRAP 5b, possibly attributable to an intermediate cleaved from of TRAP 5b. Importantly, the intermediate form of TRAP 5b did not elicit a reduced activity, as total TRAP activity in lysate was unchanged (*Paper IV*). Also in a previous publication, total TRAP activity, calculated by the sum of FPLC peak activity derived from intermediate and fully cleave TRAP 5b after E-64 treatment, was similar to the untreated condition [214]. Addition of CtsK to the intermediate cleaved TRAP 5b form was not able to further increase activity [214]. Related to indifferent changes in phosphatase activity, the difference in the intracellular TRAP 5b profile did not result in functional changes, such as modulation of migration (*Paper IV*).

Nevertheless, it should be noted that treatment with the CtsK inhibitor Odanacatib resulted in a differential localization of the intermediate TRAP 5b within the cell. This would consequently have a pivotal effect on subcellular substrates and signaling mediators available to TRAP activity. Finally yet importantly, migration was level-dependently regulated by

TRAP (*Paper III*). It can therefore not be excluded that despite similar activity and differential location of the intermediate TRAP 5b form, levels of the fully cleaved TRAP 5b remaining after CtsK inhibition are sufficient to promote migration. Neither can one exclude that other functions, such as growth and invasion would similarly be unaffected by changes in the cleavage pattern of TRAP.

3.5.3 Contribution of extracellular TRAP

TRAP is processed and secreted by a variety of cells (chapter II.7.1 and II.7.2). Importantly most cell types, such as TRAP-overexpressing MDA-MB-231 breast cancer cells (*Paper I, III and IV*) and macrophages secrete monomeric TRAP 5a, whereas the monomeric TRAP 5a secreted into the resorption lacuna by osteoclasts is rapidly processed to the cleaved TRAP 5b by osteoclast-derived CtsK (**Figure 5 and 11**). Most other cancer cells with TRAP expression were not reported or shown to secrete TRAP (**Figure 17**) [82,259–261]. As in the parental MDA-MB-231 breast cancer cells TRAP 5a was secreted, this alternative supply of TRAP can similarly be attributed to eliciting characteristics specific for TRAP-overexpressing cells.

TRAP 5a has so far mainly been reported to function as a growth and differentiation factor [242], which could disclose, why growth and proliferation was also promoted in TRAP overexpressing cells in *Paper III*. As binding to the surface of adipocytes and endocytosis was shown [224], it cannot be excluded that secreted TRAP 5a could act as an autocrine factor that stimulates proliferation/migration/invasion via a receptor-mediated signaling process. Currently, limited knowledge is present regarding possible receptors that TRAP can bind to, but attempts have been made to identify them [223]. Also, unpublished studies, performed by Christina Patlaka (personal communication), showed that TRAP 5a can bind to the surface of MDA-MB-231 cells.

Treatment with 5-PNA reduced proliferation, migration and invasion in TRAP-overexpressing cells (*Paper I and III*). This inhibitor is inefficient in inhibiting TRAP 5a activity, but can bind to both isoforms, shown by docking studies and crystallography [278]. Assuming that TRAP 5a exerts its role via binding, we cannot exclude that, despite inefficiency in inhibiting the activity of TRAP 5a, 5-PNA is also able to block surface-receptor binding and thereby inhibiting the possible TRAP 5a role.

Contradictory to a role of extracellular TRAP 5a, however, addition of TRAP 5a to the parental cells left migration unchanged (*Paper IV*). Concentrations of TRAP 5a were adapted to levels similar to the secreted levels in TRAP-overexpressing MDA-MB-231 cells. Additionally, the reduction in secreted TRAP upon treatment with Odanacatib failed to change, *i.a.* reduce the migration of TRAP-overexpressing cells.

In summary, it can be excluded that secreted TRAP 5a has an effect on TRAP-dependent migration. A possible autocrine signaling of TRAP 5a and its contribution to growth and proliferation or invasion in cancer cells remains to be investigated.

4 Conclusions

Can potential and specific TRAP inhibitors be identified and applied?

- 5-PNA is a small molecule inhibitor despite low sensitivity specific for TRAP 5b activity and applicable in a cellular system
- By small molecule screening, six potential candidates for TRAP 5a and TRAP 5b inhibition, and especially CBK289001, were outlined that can be further used to develop more potent inhibitors of TRAP

Does TRAP make cancer cells more aggressive and likely to metastasize?

- Overexpression of TRAP promotes metastasis-related cell properties in MDA-MB-231 breast cancer cells that can be reverted by TRAP inhibition or knockdown.

How does TRAP change the cellular signaling network?

- Overexpression of TRAP significantly increases levels of TGF β 2, T β RI and intracellular phosphorylation of CD44, attributable for increased migration and proliferation in MDA-MB-231 breast cancer cells.
- Overexpression of TRAP modulates Gene ontology terms “Cellular adhesion”, “Extracellular matrix modulation” and “Mitochondrial termination”
- Overexpression of TRAP downregulates a variety of phosphosites, representing possible candidates as TRAP substrates

Is Cathepsin K involved in the proteolytic processing of TRAP 5b?

- Cathepsin K is involved in proteolytical processing of TRAP 5b from an intermediate form to the fully cleaved form.
- The intermediate TRAP 5b form has most likely a different cellular localization of TRAP, similar activity and a promotive effect on cell migration.

Is TRAP 5b isoform relevant for the development of the cellular phenotype?

- TRAP 5b intracellular, but not TRAP 5a extracellular is responsible for increased migration in TRAP-overexpressing MDA-MB-231 breast cancer cells.

5 Future perspective

In the course of targeted cancer therapy, well-established prognosis and prediction markers are pivotal to enable patient-focused therapy.

In this thesis, a substantial contribution has been made to the knowledge of the role and mechanism of TRAP during cancer development. Further, promising candidates for the inhibition of TRAP activity have been identified and characterized.

Two compounds and structures with TRAP-inhibiting properties were provided. Both compounds inhibited TRAP activity and TRAP-dependent functions in the low micromolar range. By binding into the active site in different manners and displaying highly structural differences, they provide two independent fragments for structural optimizations as previously performed for the phosphonic acids [275–277]. Further experimental approaches are necessary to assess the selectivity and potency of the TRAP inhibitors, and to be able to extend its application to several (cancer) cell systems and *in vivo* models. In a next step, both analogs and the identified TRAP inhibitors can for example be tested in *ex vivo* cultured patient samples to assess their effect in a 3D-system.

Studies on the molecular mechanisms of TRAP are detrimentally necessary to further understand and assess the involvement of TRAP in the disease.

That TRAP might also have effects on other cancer cell hallmarks has been early noticed, when analyzing omics data and the phenotype of TRAP-overexpressing cancer cells. Specifically, TRAP seems to affect cancer cell metabolism and might play a role in cancer-associated inflammation. Specific interest lies in the identification of the detailed role of TRAP isoforms in the interplay of the cancer microenvironment. Furthermore, the data on TRAP role on invasion and metastasis can be supplemented by *in vivo* mouse models.

Molecular players identified by proteomic analysis revealed a strong connection and a possible context is reasonable to assess in a next step. The suggested involvement of TRIP-1 in the recruitment and activation of TGF β and CD44 signaling by TRAP could for instance be investigated in mechanistic studies.

Furthermore, TRAP expression in cancer patient material can be completed by assessing the distribution of the TRAP isoforms, with a specific focus on TRAP 5b in cancer cells. The identification of unknown enzymes in the activation process of TRAP could further provide a possible targeting strategy for the tackling of TRAP-expressing cancers.

Finally, TRAP has rendered an important and crucial target in the understanding of molecular changes introduced during cancer progression. Supported by a strong connection to earlier reported cancer-markers, it displays an interesting and potent candidate for research behind the goal of understanding cancer cell processes and patient-directed treatment.

ACKNOWLEDGEMENTS

My time performing doctoral studies at Karolinska Institutet and living in Sweden has been incredibly exciting, has left its marks and made me progress regarding both my scientific and personal development.

A great deal of this is due to the contribution and support from the people accompanying me.

‘Who knows where all the time goes, years just slip away.
 There’s so many things I haven't done today.
 But I'll always recall everyone that made my world better
 And though some may be gone
 It’s so hard to be sad, I’m so happy to be where you are.’

‘Right from the start’, Rip It Up, Thunder, 2017
Text: Luke Morley

My **main supervisor, Göran Andersson**. Already during my internship in his group, Göran spent a lot of time and energy in promoting me. He always took time to discuss, to help me improve or know how to move further - or plainly when I needed a good laugh about myself or my expressions. Göran included me in a lot of decisions and tasks, which I very much appreciate. Even that we sometimes had very different ways of approaching things it has always felt like we collaborate as a good team. I especially appreciate him encouraging me to participate in scientific life and go to all the great places I had the pleasure to be during my time as a graduate student - FEBS courses in Greece, UCAN meeting in Uppsala, KI Cancer meetings, a research stay in Umeå and at Scilife LCBKI, conferences in München and on Maui, Hawaii – places, where I always (re)gained motivation, interest and confirmation as to why I am working in this field. Apart from that, I would dare name him a very brave person taking the challenge to improve my Swedish by completely switching languages at work, at a time point, when even I sometimes did not know what I had just said.

My **Co-Supervisor, Barbro Ek-Rylander**. Barbro has always taken good care of me. She was my first go to when I didn’t know how to move further and always had a good advice on how to deal with challenges. Especially during my first time in the internship, she introduced me to the terms of working and living in Sweden. Apart from that she has helped me through my graduate studies by her guidance. She developed from being my experimental advisor and office mate to a critical but helpful mentor and back-up. Barbro always has a great eye on details, especially when I did not have it. We also had the pleasure to work together during organizing and teaching in the Tissue Biology course for undergraduate students.

Christina Patlaka. What would I have done without you? You were/are my mentor, helping senior in the lab, discussion partner, going out buddy, point for advice, my friend... We shared our ups and downs, though there was never a time where we didn't have each other's backs. I thank you for all your input- you have formed me to a great extent to whom I have become as a scientist, collaborator and person. Thank you for our Anchor-nights, for Greek dance, for the best-ever shared playlist, late night singing in the lab, insider-jokes and our time together- if on conferences or as friends. You are a heart of gold.

The members of my group.

Laia Mira Pascual and little **Roger**, for showing me what openness, determination, strong-will and taking-it-easy means. For that Spanish relaxation tea, the sneaky jokes and the seasoning you contributed to my every-day working life. **Tuomas Näreoja** for changing the group-dynamics, being such an entertaining and smart coworker and collaborator and for the best-ever beer chicken and chocolate-on-a-stick metaphor. **Maria Norgård**, for all the discussions about work and life in the office. For the methodological advice and help in the lab. For taking me to riding and creating such a lovely environment to work in. **Pernilla Lång**, for her patience and professional advice regarding experiments and equipment (especially during that nerve-wracking month working with the new confocal microscope). Other members and students that I had been working with: **Michael Krumpel**, **Shuvojit Moulik**, **Theresa Senge**, **Toni M. Bäuml**, **Eleni Damianidou** and **Melanie Weiss**.

My Collaborators

Elena Panizza, **Rui M. Mamede**, **Lukas M. Orre** and **Janne Lehtiö** from Scilife, for such a long and fruitful collaboration. Especially I have to point out Elena. We have been doing so very different things, but she was never hesitant to explain the same things to me all over, to dig into literature, question and reassure me. We have developed aside each other and I am really grateful I had the chance to work with her.

Thomas Lundbäck, **Martin Haraldsson** and **Anna-Lena Gustavsson** from the LCBKI/CBCS from Scilife. I especially want to thank Thomas. He spent a great deal of his (free-) time supervising me and has given me the chance to get to know working with assay optimization and small molecule screening. His background in both Academia and industry given, he introduced me to a totally new way of thinking and always openly criticized but also encouraged my way of working.

Per-Georg Nyholm and **Martin Frank** from Biognos AB, Göteborg, for the contribution to my papers and teaching me about the advantages and limitations of docking studies.

Barbro N. Melgert, **Anienke v. d. Teen** and **Angela Casini** from University of Groningen, Holland and Cardiff University, UK, for respecting my advice and contribution on the publication on gold inhibitors of TRAP. During her stay in our lab, Anienke showed herself as such a smart and gifted student and our paper was published due to a great deal of her hard work and translational skills.

My **former and current coworkers, researchers and friends** that went on that rollercoaster ride with me in the **Division of Pathology ROCKS!**

The very best ‘deals-with-everything’ **Mia Bjerke** – you are more than funny, efficient and proactive. Klein-aber-oho patient sample and experiment juggler **Magali Merrien**, for all that french charm. Sir French-Friday and language-imitator **Martin Lord**. Calligraphy artist and Selenium toxicicist **Rim Jawad**. German party-activist and proof-them-otherwise scientist **Antje Zickler**. The Kos-team **Tünde Szatmári** and **Ghazal Heidari Hamedani**. Carl-Olof ‘do-things different’- storyteller a.k.a **Loffe Hillerdahl**. My shoe-twillling **Joman Javadi**. Sock-and-suit model **Ashish Kumar Singh**. Red-party shirt **Raghuraman Chittoor Srinivasan**. The Indian team **Arun Selvam** and **Sougat Misra**. 24/7 CRISPR lab girl **Mihaela Zabulica**. The liver and placenta guys- **Francesco Ravaioli**, **Kristina Kannisto** and **Roberto Gramignoli**. Just-for-one-beer AI-bioinformatitian **Zurab Bzhalava**. **Sara Arroyo Mühr**, **Maria Hortlund**, **Adam Szulkin** and **Marita Wallenberg Lundgren**. **Annelie Mollbrink** – for the proud inheritance of your paper clips. Advisor for life and Erlenkönigin **Vicky Chatzakos**. And last but not least **Arja Kramsu** and **Gareth Morgan**.

The seniors and PIs, for their constructive criticism at seminars and for serving as role models. **Birgitta Sander**, **Birger Christensson**, **Mikael Björnstedt**, **Joakim Dillner**, **Katalin Dobra**, **Anders Hjerpe**, **Stephen Strom**, **Jaakko Patrakka**.

All friends that I got to know here in Stockholm. All your interest and respect for medical science just motivated me to do what I am doing and to become better.

‘Hold out your hand 'cos friends will be friends.

Right till the end.’

‘**Friends Will Be Friends**’, **A Kind of Magic**, **Queen, 1986**

Text: Freddie Mercury and John Deacon

The SIM girls and climbing bodies- **Martha-Lena Müller** and **Su Bächle** – thanks for your share in southern-German humor, **Joana Diaz** and **Julia Uhlmann**. My German Stockholm support and introducers to champagne: **Stina J. Hadelér-Hallberg**, **Janna (Fuchs) Björneskog** and **Madlen Petho**. **Michael** and **Sabrina Chrobok**, for standing at my side since the beginning, sharing my thoughts and for big-is-front excursions.

Especially I want to acknowledge **Agata Wasik**. Agata was the first person at Pathology to pick me up and introduce me to people in the division. She even helped me out during my fight with Swedish bureaucracy in a very generous way. She is a great mind in connecting people and thinking scientifically. She has developed from a mentor and helper in the lab to a critical discussion partner. But above all I honor her friendship, her little moments of roguishness and her just being there- being at a place the longest is not always the worst.

My partner-in-crime **Filip Mundt**. For skipping telling me the slight difference between ingenfara/ingenfära, nyckeln/nycklen and so forth- I am imprinted for swedish life. We have always had a nice way of combining party nights with science. Filip has been an inspiring discussion partner, gym-buddy and big brother over all the years. He is also fighting hard for his way in academic science and has always had an ear and advice for early scientist Anja.

My replacement family Arodin-Selenius. **Lisa** and **Markus** for taking me as their 4/5th kid. For the greatest Margaritas and Pina Coladas I have ever had. For sharing their ideas, love, food and scientific nerdiness. **Barbro** and **Håkan** Arodin for inviting me to every family tradition I could not spend at home.

When life takes you apart, love and affection will keep you together. **Growing-up Friends** from home are like stem and stromal cells, your anchoring receptors and extracellular matrix at once. Without them and all their support and commitment to me, I would not have pulled through. **Dagmar** and the Volti-girls, my school friends **Eva-Kathrin, Anne, Anke, Julia, Kathrin, Verena, Johanna, Carmen** and **Regine** – The show must go on!, my **BKF** boys and the metal crew **Centi, Stephan** a.k.a **Harry**, my defense-buddy **Stefan** a.k.a Grümmer, **Roli & Mathilde, Matscho** and **Jenny**.

Alan - you have unfortunately kept me waiting quite long for you, but you have rendered yourself indispensable lately. Thanks for your music, love and support and making me laugh until my stomach hurts (by e.g. trying to explain my research project in your irish slang).

I love my **family** and they will always come first. My parents have all my life fought hard, to make everything possible, to give me all the love, support and freedom to develop, to take my decisions and reach out as far as I wanted and could. My Mama **Sofie** and my Papa **Josef** a.k.a Seppi have always been close with advice, constructive criticism, support, reflection, reassurance and calming words. My sister **Verena**, my brother-in law **Stefan** and my brother **Julian** for being my safety harness, for letting me slip my guard for now and then and for your trust in me. In every decision I have made so far, any of them had a say - for sure. My **Klauser-Oma** Sofie and **Tante Wally** for your telephone and food-support and my **Reithi-Opa** Josef for sharing your past and your so-far-ahead-of-your-time thoughts so openly with me.

Thank you. Tack så mycket. Dank´sche.



The **funding agencies**, that have supplied me with the means to conduct my research and for travelling to scientific conferences. **Vetenskapsrådet** and **Cancerfonden**, Cancerfonden Travel grants, **EORTC-NCI-AACR** Travel grants and **Karolinska Institutes** Travel grants.



REFERENCES

1. Ferlay J, Soerjomataram I, Dikshit R, Eser S, Mathers C, Rebelo M, et al. Cancer incidence and mortality worldwide: Sources, methods and major patterns in GLOBOCAN 2012. *Int. J. Cancer*. 2015;136:E359–86.
2. World Health Organization RO for E. Cancer, Data and statistics [Internet]. World Health Organization; 2017 [cited 2017 Oct 23]. Available from: <http://www.euro.who.int/en/health-topics/noncommunicable-diseases/cancer/data-and-statistics>
3. World Health Organization. Cancer, Fact sheets [Internet]. WHO. World Health Organization; 2017 [cited 2017 Oct 23]. Available from: <http://www.who.int/mediacentre/factsheets/fs297/en/>
4. American Cancer society. The History of Cancer [Internet]. [cited 2017 Oct 23]. Available from: <https://www.cancer.org/cancer/cancer-basics/history-of-cancer.html>
5. Sudhakar A. History of Cancer, Ancient and Modern Treatment Methods. *J. Cancer Sci. Ther. NIH Public Access*; 2009;1:i–iv.
6. Schultz M. Rudolf Virchow. *Emerg. Infect. Dis. Centers for Disease Control and Prevention*; 2008;14:1480–1.
7. Tomasetti C, Li L, Vogelstein B. Stem cell divisions, somatic mutations, cancer etiology, and cancer prevention. *Science (80-.)*. 2017;355:1330–4.
8. Goodman LS, Wintrobe MM, Dameshek W, Goodman MJ, Gilman A, McLennan MT. Nitrogen mustard therapy. *J. Am. Med. Assoc. American Medical Association*; 1946;132:126.
9. Farber S, Diamond LK, Mercer RD, Sylvester RF, Wolff JA. Temporary Remissions in Acute Leukemia in Children Produced by Folic Acid Antagonist, 4-Aminopteroyl-Glutamic Acid (Aminopterin). *N. Engl. J. Med. Massachusetts Medical Society*; 1948;238:787–93.
10. Knudson AG. Mutation and Cancer: Statistical Study of Retinoblastoma. *Proc. Natl. Acad. Sci. National Academy of Sciences*; 1971;68:820–3.
11. Fearon ER, Vogelstein B. A genetic model for colorectal tumorigenesis. *Cell. Elsevier*; 1990. p. 759–67.
12. Vogelstein B, Kinzler KW. The multistep nature of cancer. *Trends Genet. Elsevier Current Trends*; 1993. p. 138–41.
13. Hanahan D, Weinberg RA. The Hallmarks of Cancer. *Cell. Cell Press*; 2000;100:57–70.
14. Hanahan D, Weinberg RA. Hallmarks of cancer: The next generation. *Cell. Cell Press*; 2011. p. 646–74.
15. Gupta GP, Massagué J. Cancer Metastasis: Building a Framework. *Cell. Cell Press*; 2006;127:679–95.
16. Seton-Rogers S. Epithelial-mesenchymal transition: Untangling EMT's functions. *Nat. Rev. Cancer. Nature Publishing Group*; 2016;16:1.
17. Jolly MK, Boareto M, Huang B, Jia D, Lu M, Ben-Jacob E, et al. Implications of the Hybrid Epithelial/Mesenchymal Phenotype in Metastasis. *Front. Oncol. Frontiers*; 2015;5:155.
18. Paget S. The distribution of secondary growths in cancer of the breast. *Lancet. Elsevier*; 1889;133:571–3.
19. Demetriou MC, Cress AE. Integrin clipping: a novel adhesion switch? *J. Cell. Biochem*. 2004;91:26–35.
20. Oddie GW, Schenk G, Angel NZ, Walsh N, Guddat LW, de Jersey J, et al. Structure, function, and regulation of tartrate-resistant acid phosphatase. *Bone*. 2000;27:575–84.
21. Lam KW, Li CY, Yam LT, Smith RS, Hacker B. Comparison of prostatic and nonprostatic acid phosphatase. *Ann. N. Y. Acad. Sci*. 1982;390:1–15.
22. Drexler HG, Gignac SM. Characterization and expression of tartrate-resistant acid phosphatase (TRAP) in hematopoietic cells. *Leukemia*. 1994;8:359–68.
23. Ingham E, Holland KT, Gowland G, Cunliffe WJ. Purification and partial characterization of an acid phosphatase (EC 3.1.3.2) produced by *Propionibacterium acnes*. *J. Gen. Microbiol*. 1980;118:59–65.
24. Kuo MH, Blumenthal HJ. Purification and properties of an acid phosphomonoesterase from *Neurospora crassa*. *Biochim. Biophys. Acta*. 1961;52:13–29.
25. Schenk G, Korsinczy MLJ, Hume DA, Hamilton S, DeJersey J. Purple acid phosphatases from bacteria: similarities to mammalian and plant enzymes. *Gene*. 2000;255:419–24.
26. Olczak M, Morawiecka B, Watorek W. Plant purple acid phosphatases - genes, structures and biological function. *Acta Biochim. Pol*. 2003;50:1245–56.
27. Schenk G, Guddat LW, Ge Y, Carrington LE, Hume DA, Hamilton S, et al. Identification of mammalian-like purple acid phosphatases in a wide range of plants. *Gene*. 2000;250:117–25.

28. Campbell HD, Dionysius DA, Keough DT, Wilson BE, de Jersey J, Zerner B. Iron-containing acid phosphatases: comparison of the enzymes from beef spleen and pig allantoinic fluid. *Biochem. Biophys. Res. Commun.* 1978;82:615–20.
29. Chen TT, Bazer FW, Cetorelli JJ, Pollard WE, Roberts RM. Purification and properties of a progesterone-induced basic glycoprotein from the uterine fluids of pigs. *J. Biol. Chem.* 1973;248:8560–6.
30. Orlando JL, Zirino T, Quirk BJ, Averill B a. Purification and properties of the native form of the purple acid phosphatase from bovine spleen. *Biochemistry.* 1993;32:8120–9.
31. Ek-Rylander B, Bill P, Norgård M, Nilsson S, Andersson G. Cloning, sequence, and developmental expression of a type 5, tartrate-resistant, acid phosphatase of rat bone. *J. Biol. Chem.* 1991;266:24684–9.
32. Lord DK, Cross NC, Bevilacqua MA, Rider SH, Gorman PA, Groves A V, et al. Type 5 acid phosphatase. Sequence, expression and chromosomal localization of a differentiation-associated protein of the human macrophage. *Eur. J. Biochem.* 1990;189:287–93.
33. Vincent JB, Averill B a. Sequence homology between purple acid phosphatases and phosphoprotein phosphatases. Are phosphoprotein phosphatases metalloproteins containing oxide-bridged dinuclear metal centers? *FEBS Lett.* 1990;263:265–8.
34. Vallet JL, Fahrenkrug SC. Structure of the Gene for Uteroferrin. *DNA Cell Biol.* 2000;19:689–96.
35. Leach RJ, Reus BE, Hundley JE, Johnson-Pais TL, Windle JJ. Confirmation of the assignment of the human tartrate-resistant acid phosphatase gene (ACP5) to chromosome 19. *Genomics.* 1994;19:180–1.
36. Grimes R, Reddy S V, Leach RJ, Scarcez T, Roodman GD, Sakaguchi AY, et al. Assignment of the mouse tartrate-resistant acid phosphatase gene (Acp5) to chromosome 9. *Genomics.* 1993;15:421–2.
37. Shimoyama M, De Pons J, Hayman GT, Laulederkind SJF, Liu W, Nigam R, et al. The Rat Genome Database 2015: Genomic, phenotypic and environmental variations and disease. *Nucleic Acids Res.* 2015;43:D743–50.
38. Leach RJ, Reus BE, Hundley JE, Johnson-Pais TL, Windle JJ. Confirmation of the assignment of the human tartrate-resistant acid phosphatase gene (ACP5) to chromosome 19. *Genomics.* 1994;19:180–1.
39. Cassady AI, King AG, Cross NC, Hume DA. Isolation and characterization of the genes encoding mouse and human type-5 acid phosphatase. *Gene.* 1993;130:201–7.
40. Fleckenstein E, Dirks W, Dehmel U, Drexler HG. Cloning and characterization of the human tartrate-resistant acid phosphatase (TRAP) gene. *Leukemia.* 1996;10:637–43.
41. Cassady A, Luchin A, Ostrowski M, Hume D. Regulation of the Murine TRACP Gene Promoter. *J. Bone Miner. Res.* 2003;18:1901–4.
42. Fleckenstein E, Drexler HG. Tartrate-resistant acid phosphatase: gene structure and function. *Leukemia.* 1997;11:10–3.
43. Walsh NC, Cahill M, Carninci P, Kawai J, Okazaki Y, Hayashizaki Y, et al. Multiple tissue-specific promoters control expression of the murine tartrate-resistant acid phosphatase gene. *Gene.* 2003;307:111–23.
44. Reddy SV, Kuzhandaivelu N, Acosta LG, Roodman GD. Characterization of the 5'-flanking region of the human tartrate-resistant acid phosphatase (TRAP) gene. *Bone.* 1995;16:587–93.
45. Lamp EC, Drexler HG. Biology of Tartrate-Resistant Acid Phosphatase. *Leuk. Lymphoma.* 2000;39:477–84.
46. Luchin A, Purdom G, Murphy K, Clark MY, Angel N, Cassady AI, et al. The microphthalmia transcription factor regulates expression of the tartrate-resistant acid phosphatase gene during terminal differentiation of osteoclasts. *J. Bone Miner. Res.* 2000;15:451–60.
47. Fleckenstein EC, Dirks WG, Drexler HG. The Human Tartrate-Resistant Acid Phosphatase (TRAP): Involvement of the Hemin Responsive Elements (HRE) in Transcriptional Regulation. *Leuk. Lymphoma.* Taylor & Francis; 2015;36:603–12.
48. Reddy S V, Alcantara O, Roodman GD, Boldt DH. Inhibition of tartrate-resistant acid phosphatase gene expression by hemin and protoporphyrin IX. Identification of a hemin-responsive inhibitor of transcription. *Blood.* 1996;88:2288–97.
49. Ling P, Roberts RM. Uteroferrin and intracellular tartrate-resistant acid phosphatases are the products of the same gene. *J. Biol. Chem.* 1993;268:6896–902.
50. Ek-Rylander B, Bergman T, Andersson G. Characterization of a tartrate-resistant acid phosphatase (ATPase) from rat bone: hydrodynamic properties and N-terminal amino acid sequence. *J. Bone Miner. Res.* 1991;6:365–73.
51. Guddat LW, McAlpine AS, Hume D, Hamilton S, de Jersey J, Martin JL. Crystal structure of mammalian purple acid phosphatase. *Structure.* 1999;7:757–67.

52. Uppenberg J, Lindqvist F, Svensson C, Ek-Rylander B, Andersson G. Crystal structure of a mammalian purple acid phosphatase. *J. Mol. Biol.* 1999;290:201–11.
53. Sträter N, Jasper B, Scholte M, Krebs B, Duff AP, Langley DB, et al. Crystal structures of recombinant human purple acid phosphatase with and without an inhibitory conformation of the repression loop. *J. Mol. Biol.* 2005;351:233–46.
54. Sträter N, Klabunde T, Tucker P, Witzel H, Krebs B. Crystal structure of a purple acid phosphatase containing a dinuclear Fe(III)-Zn(II) active site. *Science.* 1995;268:1489–92.
55. Klabunde T, Sträter N, Fröhlich R, Witzel H, Krebs B. Mechanism of Fe(III)-Zn(II) purple acid phosphatase based on crystal structures. *J. Mol. Biol.* 1996;259:737–48.
56. Lindqvist Y, Johansson E, Kaija H, Vihko P, Schneider G. Three-dimensional structure of a mammalian purple acid phosphatase at 2.2 Å resolution with a μ -(hydr)oxo bridged di-iron center. *J. Mol. Biol.* 1999;291:135–47.
57. Vincent JB, Crowder MW, Averill BA. Spectroscopic and kinetics studies of a high-salt-stabilized form of the purple acid phosphatase from bovine spleen. *Biochemistry. American Chemical Society;* 1991;30:3025–34.
58. Wang Z, Ming LJ, Que L, Vincent JB, Crowder MW, Averill BA. ¹H NMR and NOE studies of the purple acid phosphatases from porcine uterus and bovine spleen. *Biochemistry.* 1992;31:5263–8.
59. Wang Y, Norgård M, Andersson G. N-glycosylation influences the latency and catalytic properties of mammalian purple acid phosphatase. *Arch. Biochem. Biophys.* 2005;435:147–56.
60. Lam K-W, Li C-Y, Yam LT, Desnick RJ. Comparison of the tartrate-resistant acid phosphatase in gaucher's disease and leukemic reticuloendotheliosis. *Clin. Biochem.* 1981;14:177–81.
61. Ljusberg J, Ek-Rylander B, Andersson G. Tartrate-resistant purple acid phosphatase is synthesized as a latent proenzyme and activated by cysteine proteinases. *Biochem. J.* 1999;343 Pt 1:63–9.
62. Halleen J, Hentunen TA, Hellman J, Väänänen HK. Tartrate-resistant acid phosphatase from human bone: purification and development of an immunoassay. *J. Bone Miner. Res.* 1996;11:1444–52.
63. Hayman AR, Warburton MJ, Pringle JA, Coles B, Chambers TJ. Purification and characterization of a tartrate-resistant acid phosphatase from human osteoclastomas. *Biochem. J.* 1989;261:601–9.
64. Ketcham CM, Baumbach GA, Bazer FW, Roberts RM. The type 5, acid phosphatase from spleen of humans with hairy cell leukemia. Purification, properties, immunological characterization, and comparison with porcine uteroferrin. *J. Biol. Chem.* 1985;260:5768–76.
65. Kawaguchi T, Nakano T, Sasagawa K, Ohashi T, Miura T, Komoda T. Tartrate-resistant acid phosphatase 5a and 5b contain distinct sugar moieties. *Clin. Biochem. Elsevier;* 2008;41:1245–9.
66. Janckila AJ, Parthasarathy RN, Parthasarathy LK, Seelan RS, Hsueh Y-C, Rissanen J, et al. Properties and expression of human tartrate-resistant acid phosphatase isoform 5a by monocyte-derived cells. *J. Leukoc. Biol.* 2005;77:209–18.
67. Janckila AJ, Nakasato YR, Neustadt DH, Yam LT. Disease-Specific Expression of Tartrate-Resistant Acid Phosphatase Isoforms. *J. Bone Miner. Res.* 2003;18:1916–9.
68. Ljusberg J, Wang Y, Lång P, Norgård M, Dodds R, Hultenby K, et al. Proteolytic excision of a repressive loop domain in tartrate-resistant acid phosphatase by cathepsin K in osteoclasts. *J. Biol. Chem.* 2005;280:28370–81.
69. Funhoff EG, Klaassen CH, Samyn B, Van Beeumen J, Averill B a. The highly exposed loop region in mammalian purple acid phosphatase controls the catalytic activity. *Chembiochem.* 2001;2:355–63.
70. Funhoff EG, Ljusberg J, Wang Y, Andersson G, Averill BA. Mutational Analysis of the Interaction between Active Site Residues and the Loop Region in Mammalian Purple Acid Phosphatases. *Biochemistry. American Chemical Society;* 2001;40:11614–22.
71. Funhoff EG, Wang Y, Andersson G, Averill BA. Substrate positioning by His92 is important in catalysis by purple acid phosphatase. *FEBS J.* 2005;272:2968–77.
72. Schenk G, Mitić N, Gahan LR, Ollis DL, McGeary RP, Guddat LW. Binuclear metallohydrolases: Complex mechanistic strategies for a simple chemical reaction. *Acc. Chem. Res.* 2012;45:1593–603.
73. Schenk G, Mitić NŠ, Hanson GR, Comba P. Purple acid phosphatase: A journey into the function and mechanism of a colorful enzyme. *Coord. Chem. Rev. Elsevier;* 2013. p. 473–82.
74. Davis JC, Lin SS, Averill BA. Kinetic and optical spectroscopic studies on the purple acid phosphatase from beef spleen. *Biochemistry. American Chemical Society;* 1981;20:4062–7.

75. Schlosnagle DC, Sander EG, Bazer FW, Roberts RM. Requirement of an essential thiol group and ferric iron for the activity of the progesterone-induced porcine uterine purple phosphatase. *J. Biol. Chem.* 1976;251:4680–5.
76. Beck JL, Durack MC, Hamilton SE, de Jersey J. Irreversible inactivation of purple acid phosphatase by hydrogen peroxide and ascorbate. *J. Inorg. Biochem.* 1999;73:245–52.
77. Marshall K, Nash K, Haussman G, Cassady I, Hume D, de Jersey J, et al. Recombinant Human and Mouse Purple Acid Phosphatases: Expression and Characterization. *Arch. Biochem. Biophys.* 1997;345:230–6.
78. Ek-Rylander B, Flores M, Wendel M, Heinegard D, Andersson G. Dephosphorylation of osteopontin and bone sialoprotein by osteoclastic tartrate-resistant acid phosphatase. Modulation of osteoclast adhesion in vitro. *J. Biol. Chem.* 1994;269:14853–6.
79. Al-Shami R, Sorensen ES, Ek-Rylander B, Andersson G, Carson DD, Farach-Carson MC. Phosphorylated osteopontin promotes migration of human choriocarcinoma cells via a p70 S6 kinase-dependent pathway. *J. Cell. Biochem.* 2005;94:1218–33.
80. Ek-Rylander B, Andersson G. Osteoclast migration on phosphorylated osteopontin is regulated by endogenous tartrate-resistant acid phosphatase. *Exp. Cell Res. Elsevier B.V.*; 2010;316:443–51.
81. Andersson G, Ek-Rylander B, Hollberg K, Ljusberg-Sjölander J, Lång P, Norgård M, et al. TRACP as an Osteopontin Phosphatase. *J. Bone Miner. Res.* 2003;18:1912–5.
82. Scott KL, Nogueira C, Heffernan TP, van Doorn R, Dhakal S, Hanna JA, et al. Proinvasion Metastasis Drivers in Early-Stage Melanoma Are Oncogenes. *Cancer Cell.* 2011;20:92–103.
83. Bossard MJ, Tomaszek TA, Thompson SK, Amegadzie BY, Hanning CR, Jones C, et al. Proteolytic activity of human osteoclast cathepsin K: Expression, purification, activation, and substrate identification. *J. Biol. Chem. American Society for Biochemistry and Molecular Biology*; 1996;271:12517–24.
84. Gelb BD, Shi GP, Heller M, Weremowicz S, Morton C, Desnick RJ, et al. Structure and chromosomal assignment of the human cathepsin K gene. *Genomics.* 1997;41:258–62.
85. Rantakokko J, Kiviranta R, Eerola R, Aro HT, Vuorio E. Complete genomic structure of the mouse cathepsin K gene (*Ctsk*) and its localization next to the *Arnt* gene on mouse chromosome 3. *Matrix Biol.* 1999;18:155–61.
86. Billington CJ, Mason P, Magny M-C, Mort JS. The slow-binding inhibition of cathepsin K by its propeptide. *Biochem. Biophys. Res. Commun.* 2000;276:924–9.
87. Wiederanders B, Kaulmann G, Schilling K. Functions of Propeptide Parts in Cysteine Proteases. *Curr. Protein Pept. Sci.* 2003;4:309–26.
88. McQueney MS, Amegadzie BY, D'Alessio K, Hanning CR, McLaughlin MM, McNulty D, et al. Autocatalytic activation of human cathepsin K. *J. Biol. Chem.* 1997;272:13955–60.
89. Novinec M, Kovačič L, Lenarčič B, Baici A. Conformational flexibility and allosteric regulation of cathepsin K. *Biochem. J. Portland Press Limited*; 2010;429:379–89.
90. Kafienah el, Bro D, Buttle DJ, Croucher LJ, Hollander AP. Human cathepsin K cleaves native type I and II collagens at the N-terminal end of the triple helix. *Biochem. J. Portland Press Limited*; 1998;331:727–32.
91. Drake FH, Dodds RA, James IE, Connor JR, Debouck C, Richardson S, et al. Cathepsin K, but not cathepsins B, L, or S, is abundantly expressed in human osteoclasts. *J. Biol. Chem. American Society for Biochemistry and Molecular Biology*; 1996;271:12511–6.
92. Zenger S, Hollberg K, Ljusberg J, Norgård M, Ek-Rylander B, Kiviranta R, et al. Proteolytic processing and polarized secretion of tartrate-resistant acid phosphatase is altered in a subpopulation of metaphyseal osteoclasts in cathepsin K-deficient mice. *Bone.* 2007;41:820–32.
93. Saftig P, Hunziker E, Wehmeyer O, Jones S, Boyde A, Rommerskirch W, et al. Impaired osteoclastic bone resorption leads to osteopetrosis in cathepsin-K-deficient mice. *Proc. Natl. Acad. Sci. U. S. A. National Academy of Sciences*; 1998;95:13453–8.
94. Gowen M, Lazner F, Dodds R, Kapadia R, Feild J, Tavaría M, et al. Cathepsin K knockout mice develop osteopetrosis due to a deficit in matrix degradation but not demineralization. *J. Bone Miner. Res. John Wiley and Sons and The American Society for Bone and Mineral Research (ASBMR)*; 1999;14:1654–63.
95. Gelb BD, Shi GP, Chapman HA, Desnick RJ. Pycnodysostosis, a lysosomal disease caused by cathepsin K deficiency. *Science (80-)*. 1996;273:1236–8.
96. Verbovšek U, Van Noorden CJF, Lah TT. Complexity of cancer protease biology: Cathepsin K expression and function in cancer progression. *Semin. Cancer Biol. Academic Press*; 2015. p. 71–84.
97. Chen B, Platt MO. Multiplex zymography captures stage-specific activity profiles of cathepsins K, L, and S in human breast, lung, and cervical cancer. *J. Transl. Med. BioMed Central*; 2011;9:109.

98. Brubaker KD, Vessella RL, True LD, Thomas R, Corey E. Cathepsin K mRNA and protein expression in prostate cancer progression. *J. Bone Miner. Res. John Wiley and Sons and The American Society for Bone and Mineral Research (ASBMR)*; 2003;18:222–30.
99. Littlewood-Evans AJ, Bilbe G, Bowler WB, Farley D, Wlodarski B, Kokubo T, et al. The osteoclast-associated protease cathepsin K is expressed in human breast carcinoma. *Cancer Res.* 1997;57:5386–90.
100. Brömme D, Panwar P, Turan S. Cathepsin K osteoporosis trials, pycnodysostosis and mouse deficiency models: Commonalities and differences. *Expert Opin. Drug Discov.* 2016;11:457–72.
101. Mukherjee K, Chattopadhyay N. Pharmacological inhibition of cathepsin K: A promising novel approach for postmenopausal osteoporosis therapy. *Biochem. Pharmacol. Elsevier*; 2016. p. 10–9.
102. Palermo C, Joyce JA. Cysteine cathepsin proteases as pharmacological targets in cancer. *Trends Pharmacol. Sci.* 2008;29:22–8.
103. Brömme D, Lecaille F. Cathepsin K inhibitors for osteoporosis and potential off-target effects. *Expert Opin. Investig. Drugs. Taylor & Francis*; 2009;18:585–600.
104. Law S, Panwar P, Li J, Aguda AH, Jamroz A, Guido RVC, et al. A composite docking approach for the identification and characterization of ectosteric inhibitors of cathepsin K. Bogyo M, editor. *PLoS One. Public Library of Science*; 2017;12:e0186869.
105. Duong LTLT, Wesolowski GA, Leung P, Oballa R, Pickarski M. Efficacy of a Cathepsin K Inhibitor in a Preclinical Model for Prevention and Treatment of Breast Cancer Bone Metastasis. *Mol. Cancer Ther. American Association for Cancer Research*; 2014;13:2898–909.
106. Le Gall C, Bellahcene A, Bonnelye E, Gasser JA, Castronovo V, Green J, et al. A Cathepsin K Inhibitor Reduces Breast Cancer Induced Osteolysis and Skeletal Tumor Burden. *Cancer Res.* 2007;67:9894–902.
107. Jensen AB, Wynne C, Ramirez G, He W, Song Y, Berd Y, et al. The Cathepsin K Inhibitor Odanacatib Suppresses Bone Resorption in Women With Breast Cancer and Established Bone Metastases: Results of a 4-Week, Double-Blind, Randomized, Controlled Trial. *Clin. Breast Cancer. Elsevier*; 2010;10:452–8.
108. Hollberg K, Nordahl J, Hultenby K, Mengarelli-Widholm S, Andersson G, Reinholt FP. Polarization and secretion of cathepsin K precede tartrate-resistant acid phosphatase secretion to the ruffled border area during the activation of matrix-resorbing clasts. *J. Bone Miner. Metab. Springer-Verlag*; 2005;23:441–9.
109. Vääräniemi J, Halleen JM, Kaarlonen K, Ylipahkala H, Alatalo SL, Andersson G, et al. Intracellular machinery for matrix degradation in bone-resorbing osteoclasts. *J. Bone Miner. Res. John Wiley and Sons and The American Society for Bone and Mineral Research (ASBMR)*; 2004;19:1432–40.
110. Wei R, Wong JPC, Kwok HF. Osteopontin - a promising biomarker for cancer therapy. *J. Cancer.* 2017;8:2173–83.
111. Bandopadhyay M, Bulbule A, Butti R, Chakraborty G, Ghorpade P, Ghosh P, et al. Osteopontin as a therapeutic target for cancer. *Expert Opin. Ther. Targets. Taylor & Francis*; 2014;18:883–95.
112. Castello LM, Raineri D, Salmi L, Clemente N, Vaschetto R, Quaglia M, et al. Osteopontin at the Crossroads of Inflammation and Tumor Progression. *Mediators Inflamm. Hindawi*; Jul 9, 2017 p. 1–22.
113. Hu DD, Lin ECK, Kovach NL, Hoyer JR, Smith JW. A biochemical characterization of the binding of osteopontin to integrins alpha v beta 1 and alpha v beta 5. *J. Biol. Chem.* 1995;270:26232–8.
114. Weber GF, Ashkar S, Glimcher MJ, Cantor H. Receptor-Ligand Interaction Between CD44 and Osteopontin (Eta-1). *Science (80-.).* 1996;271:509–12.
115. Kazanekki CC, Uzwiak DJ, Denhardt DT. Control of osteopontin signaling and function by post-translational phosphorylation and protein folding. *J. Cell. Biochem.* 2007. p. 912–24.
116. Briones-Orta MA, Avendano-Vázquez SE, Aparicio-Bautista DI, Coombes JD, Weber GF, Syn WK. Osteopontin splice variants and polymorphisms in cancer progression and prognosis. *Biochim. Biophys. Acta - Rev. Cancer. Elsevier*; 2017. p. 93–108.
117. Shinohara ML, Kim H-J, Kim J-H, Garcia VA, Cantor H. Alternative translation of osteopontin generates intracellular and secreted isoforms that mediate distinct biological activities in dendritic cells. *Proc. Natl. Acad. Sci. U. S. A. National Academy of Sciences*; 2008;105:7235–9.
118. Kruger TE, Miller AH, Godwin AK, Wang J. Bone sialoprotein and osteopontin in bone metastasis of osteotropic cancers. *Crit. Rev. Oncol. Hematol. Elsevier*; 2014. p. 330–41.
119. De Fusco C, Messina A, Monda V, Viggiano E, Moscatelli F, Valenzano A, et al. Osteopontin: Relation between Adipose Tissue and Bone Homeostasis. *Stem Cells Int.* 2017;2017:1–6.
120. Kitagori K, Yoshifuji H. Osteopontin in systemic lupus erythematosus. *Japanese J. Clin. Immunol.* 2017;40:118–23.

121. Rittling SR, Singh R. Osteopontin in Immune-mediated Diseases. *J. Dent. Res.* 2015;94:1638–45.
122. Zhang F, Luo W, Li Y, Gao S, Lei G. Role of osteopontin in rheumatoid arthritis. *Rheumatol. Int.* 2015;35:589–95.
123. Cheng C, Gao S, Lei G. Association of osteopontin with osteoarthritis. *Rheumatol. Int.* 2014;34:1627–31.
124. McKee MD, Pedraza CE, Kaartinen MT. Osteopontin and wound healing in bone. *Cells. Tissues. Organs.* 2011;194:313–9.
125. Weber GF, Zawaideh S, Hikita S, Kumar V a, Cantor H, Ashkar S. Phosphorylation-dependent interaction of osteopontin with its receptors regulates macrophage migration and activation. *J. Leukoc. Biol.* 2002;72:752–61.
126. Senger DR, Ledbetter SR, Claffey KP, Papadopoulos-Sergiou a, Peruzzi C a, Detmar M. Stimulation of endothelial cell migration by vascular permeability factor/vascular endothelial growth factor through cooperative mechanisms involving the alphavbeta3 integrin, osteopontin, and thrombin. *Am. J. Pathol.* 1996;149:293–305.
127. Chellaiah M, Hruska K. The integrin alpha(v)beta(3) and CD44 regulate the actions of osteopontin on osteoclast motility. *Calcif. Tissue Int.* 2003;72:197–205.
128. Rodrigues LR, Teixeira J a, Schmitt FL, Paulsson M, Lindmark-Månsson H. The role of osteopontin in tumor progression and metastasis in breast cancer. *Cancer Epidemiol. Biomarkers Prev.* 2007;16:1087–97.
129. Brown LF, Papadopoulos-Sergiou a, Berse B, Manseau EJ, Tognazzi K, Perruzzi C a, et al. Osteopontin expression and distribution in human carcinomas. *Am. J. Pathol.* 1994;145:610–23.
130. Carlinfante G, Vassiliou D, Svensson O, Wendel M, Heinegård D, Andersson G. Differential expression of osteopontin and bone sialoprotein in bone metastasis of breast and prostate carcinoma. *Clin. Exp. Metastasis.* 2003;20:437–44.
131. Anborgh PH, Mutrie JC, Tuck AB, Chambers AF. Pre- and post-translational regulation of osteopontin in cancer. *J. Cell Commun. Signal. Springer Netherlands;* 2011. p. 111–22.
132. El-Tanani MK. Role of osteopontin in cellular signaling and metastatic phenotype. *Front. Biosci.* 2008;13:4276–84.
133. Shevde LA, Samant RS. Role of osteopontin in the pathophysiology of cancer. *Matrix Biol.* 2014;37:131–41.
134. Bonotti A, Simonini S, Pantani E, Giusti L, Donadio E, Mazzoni MR, et al. Serum mesothelin, osteopontin and vimentin: Useful markers for clinical monitoring of malignant pleural mesothelioma. *Int. J. Biol. Markers. Wichtig Publishing s.r.l.;* 2017;32:e126–31.
135. Liu F, Bai C, Guo Z, Liu F, Bai C, Guo Z, et al. The prognostic value of osteopontin in limited-stage small cell lung cancer patients and its mechanism. *Oncotarget. Impact Journals;* 2017;8:70084–96.
136. Li NY, Weber CE, Mi Z, Wai PY, Cuevas BD, Kuo PC. Osteopontin Up-Regulates Critical Epithelial-Mesenchymal Transition Transcription Factors to Induce an Aggressive Breast Cancer Phenotype. *J. Am. Coll. Surg.* 2013;217:17–26.
137. Li Y, Xie Y, Cui D, Ma Y, Sui L, Zhu C, et al. Osteopontin promotes invasion, migration and epithelial-mesenchymal transition of human endometrial carcinoma cell HEC-1A through AKT and ERK1/2 signaling. *Cell. Physiol. Biochem. Karger Publishers;* 2015;37:1503–12.
138. He B, Mirza M, Weber GF. An osteopontin splice variant induces anchorage independence in human breast cancer cells. *Oncogene. Nature Publishing Group;* 2006;25:2192–202.
139. Zduniak K, Agrawal A, Agrawal S, Hossain MM, Ziolkowski P, Weber GF. Osteopontin splice variants are differential predictors of breast cancer treatment responses. *BMC Cancer. BioMed Central;* 2016;16:441.
140. Hao C, Wang Z, Gu Y, Jiang WG, Cheng S. Prognostic Value of Osteopontin Splice Variant-c Expression in Breast Cancers: A Meta-Analysis. *Biomed Res. Int. Hindawi;* 2016;2016:1–8.
141. Yang L, Wei L, Zhao W, Wang X, Zheng G, Zheng M, et al. Down-regulation of osteopontin expression by RNA interference affects cell proliferation and chemotherapy sensitivity of breast cancer MDA-MB-231 cells. *Mol. Med. Rep. Spandidos Publications;* 2012;5:373–6.
142. Cao L, Fan X, Jing W, Liang Y, Chen R, Liu Y, et al. Osteopontin promotes a cancer stem cell-like phenotype in hepatocellular carcinoma cells via an integrin–NF- κ B–HIF-1 α pathway. *Oncotarget. Impact Journals;* 2015. p. 6627–40.
143. Pio GM, Xia Y, Piaseczny MM, Chu JE, Allan AL. Soluble bone-derived osteopontin promotes migration and stem-like behavior of breast cancer cells. Samant R, editor. *PLoS One. Public Library of Science;* 2017;12:e0177640.

144. Nakamura H, Hiraga T, Ninomiya T, Hosoya A, Fujisaki N, Yoneda T, et al. Involvement of cell-cell and cell-matrix interactions in bone destruction induced by metastatic MDA-MB-231 human breast cancer cells in nude mice. *J. Bone Miner. Metab.* 2008;26:642–7.
145. Flores ME, Norgård M, Heinegård D, Reinholt FP, Andersson G. RGD-directed attachment of isolated rat osteoclasts to osteopontin, bone sialoprotein, and fibronectin. *Exp. Cell Res.* 1992;201:526–30.
146. An J, Briggs TA, Dumax-Vorzet A, Alarcón-Riquelme ME, Belot A, Beresford M, et al. Tartrate-Resistant Acid Phosphatase Deficiency in the Predisposition to Systemic Lupus Erythematosus. *Arthritis Rheumatol.* (Hoboken, N.J.). 2016;
147. Halling Linder C, Ek-Rylander B, Krumpel M, Norgård M, Narisawa S, Millán JL, et al. Bone Alkaline Phosphatase and Tartrate-Resistant Acid Phosphatase: Potential Co-regulators of Bone Mineralization. *Calcif. Tissue Int.* Springer; 2017;101:92–101.
148. Lausch E, Janecke A, Bros M, Trojandt S, Alanay Y, De Laet C, et al. Genetic deficiency of tartrate-resistant acid phosphatase associated with skeletal dysplasia, cerebral calcifications and autoimmunity. *Nat. Genet.* 2011;43:132–7.
149. Luukkonen J, Pascual LM, Patlaka C, Lång P, Turunen S, Halleen J, et al. Increased amount of phosphorylated proinflammatory osteopontin in rheumatoid arthritis synovia is associated to decreased tartrate-resistant acid phosphatase 5B/5A ratio. Ria F, editor. *PLoS One.* 2017;12:e0182904.
150. Thorne RF. The role of the CD44 transmembrane and cytoplasmic domains in co-ordinating adhesive and signalling events. *J. Cell Sci.* The Company of Biologists Ltd; 2003;117:373–80.
151. Ponta H, Sherman L, Herrlich PA. CD44: from adhesion molecules to signalling regulators. *Nat. Rev. Mol. Cell Biol.* Nature Publishing Group; 2003;4:33–45.
152. Marhaba R, Zöller M. CD44 in cancer progression: Adhesion, migration and growth regulation. *J. Mol. Histol.* Kluwer Academic Publishers; 2004. p. 211–31.
153. Misra S, Hascall VC, Markwald RR, Ghatak S. Interactions between hyaluronan and its receptors (CD44, RHAMM) regulate the activities of inflammation and cancer. *Front. Immunol.* Frontiers; 2015. p. 201.
154. Prochazka L, Tesarik R, Turanek J. Regulation of alternative splicing of CD44 in cancer. *Cell. Signal.* 2014;26:2234–9.
155. Senbanjo LT, Chellaiah MA. CD44: A Multifunctional Cell Surface Adhesion Receptor Is a Regulator of Progression and Metastasis of Cancer Cells. *Front. Cell Dev. Biol.* Frontiers; 2017;5:18.
156. Cortes-Dericks L, Schmid RA. CD44 and its ligand hyaluronan as potential biomarkers in malignant pleural mesothelioma: evidence and perspectives. *Respir. Res.* BioMed Central; 2017;18:58.
157. Kuo Y-CC, Su C-HH, Liu C-YY, Chen T-HH, Chen C-PP, Wang H-SS. Transforming growth factor- β induces CD44 cleavage that promotes migration of MDA-MB-435s cells through the up-regulation of membrane type 1-matrix metalloproteinase. *Int. J. Cancer.* Wiley Subscription Services, Inc., A Wiley Company; 2009;124:2568–76.
158. Bourguignon LYW, Singleton PA, Zhu H, Zhou B. Hyaluronan promotes signaling interaction between CD44 and the transforming growth factor beta receptor I in metastatic breast tumor cells. *J. Biol. Chem.* 2002;277:39703–12.
159. Porsch H, Mehić M, Olofsson B, Heldin P, Heldin CH. Platelet-derived Growth Factor β -Receptor, Transforming Growth Factor β Type I Receptor, and CD44 Protein Modulate Each Other's Signaling and Stability. *J. Biol. Chem.* American Society for Biochemistry and Molecular Biology; 2014;289:19747–57.
160. Zöller M. CD44: can a cancer-initiating cell profit from an abundantly expressed molecule? *Nat. Rev. Cancer.* Nature Publishing Group; 2011;11:254–67.
161. Louderbough JJM V, Schroeder JJA, Naor D, Nedvetzki S, Golan I, Melnik L, et al. Understanding the Dual Nature of CD44 in Breast Cancer Progression. *Mol. Cancer Res.* American Association for Cancer Research; 2011;9:1573–86.
162. Mima K, Okabe H, Ishimoto T, Hayashi H, Nakagawa S, Kuroki H, et al. CD44s regulates the TGF β -mediated mesenchymal phenotype and is associated with poor prognosis in patients with hepatocellular carcinoma. *Cancer Res.* American Association for Cancer Research; 2012;72:3414–23.
163. Akhurst RJ, Derynck R. TGF- β signaling in cancer—a double-edged sword. *Trends Cell Biol.* 2001;11:S44–51.
164. Derynck R, Akhurst RJ, Balmain A. TGF- β signaling in tumor suppression and cancer progression. *Nat. Genet.* Nature Publishing Group; 2001;29:117–29.
165. de Caestecker MP. Role of Transforming Growth Factor- β Signaling in Cancer. *J. Natl. Cancer Inst.* 2000;92:1388–402.

166. Katz LH, Li Y, Chen J-S, Muñoz NM, Majumdar A, Chen J, et al. Targeting TGF- β signaling in cancer. *Expert Opin. Ther. Targets*. Taylor & Francis; 2013;17:743–60.
167. Robertson IB, Horiguchi M, Zilberberg L, Dabovic B, Hadjiolova K, Rifkin DB. Latent TGF- β -binding proteins. *Matrix Biol. NIH Public Access*; 2015;47:44–53.
168. Wrana JL, Attisano L, Wieser R, Ventura F, Massagué J. Mechanism of activation of the TGF-beta receptor. *Nature*. 1994. p. 341–7.
169. Khalil N. TGF- β : From latent to active. *Microbes Infect*. 1999;1:1255–63.
170. Huang F, Chen Y-G. Regulation of TGF- β receptor activity. *Cell Biosci*. 2012;2:9.
171. Massagué J. TGF β Signal Transduction. *Annu. Rev. Biochem*. 1998;67:753–91.
172. Morikawa M, Derynck R, Miyazono K. TGF- β and the TGF- β Family: Context-Dependent Roles in Cell and Tissue Physiology. *Cold Spring Harb. Perspect. Biol*. 2016;8:a021873-.
173. Mu Y, Gudey SK, Landström M. Non-Smad signaling pathways. *Cell Tissue Res*. Springer-Verlag; 2012. p. 11–20.
174. Yu L, Hébert MC, Zhang YE. TGF- β receptor-activated p38 MAP kinase mediates Smad-independent TGF-beta responses. *EMBO J*. EMBO Press; 2002;21:3749–59.
175. Dumont N, Bakin A V., Arteaga CL. Autocrine Transforming Growth Factor- Signaling Mediates Smad-independent Motility in Human Cancer Cells. *J. Biol. Chem*. 2003;278:3275–85.
176. Chin BY. Transforming Growth Factor beta 1 Rescues Serum Deprivation-induced Apoptosis via the Mitogen-activated Protein Kinase (MAPK) Pathway in Macrophages. *J. Biol. Chem*. 1999;274:11362–8.
177. Atfi A, Djelloul SH, Chastre E, Davis R, Gespach C. Evidence for a role of Rho-like GTPases and stress-activated protein kinase/c-Jun N-terminal kinase (SAPK/JNK) in transforming growth factor beta- mediated signaling. *J. Biol. Chem*. 1997;272:1429–32.
178. Bhowmick NA, Ghiassi M, Bakin A, Aakre M, Lundquist CA, Engel ME, et al. Transforming growth factor-beta1 mediates epithelial to mesenchymal transdifferentiation through a RhoA-dependent mechanism. *Mol. Biol. Cell*. American Society for Cell Biology; 2001;12:27–36.
179. Mu Y, Sundar R, Thakur N, Ekman M, Gudey SK, Yakymovych M, et al. TRAF6 ubiquitinates TGF β type I receptor to promote its cleavage and nuclear translocation in cancer. *Nat. Commun*. Nature Publishing Group; 2011;2:330.
180. Li L, Qi L, Liang Z, Song W, Liu Y, Wang Y, et al. Transforming growth factor- β 1 induces EMT by the transactivation of epidermal growth factor signaling through HA/CD44 in lung and breast cancer cells. *Int. J. Mol. Med*. 2015;36:113–22.
181. Ouhitit A, Madani S, Gupta I, Shanmuganathan S, Abdraboh ME, Al-Riyami H, et al. TGFbeta2: A novel target of CD44-promoted breast cancer invasion. *J. Cancer*. 2013;4:566–72.
182. Takahashi E, Nagano O, Ishimoto T, Yae T, Suzuki Y, Shinoda T, et al. Tumor necrosis factor-alpha regulates transforming growth factor-beta-dependent epithelial-mesenchymal transition by promoting hyaluronan-CD44-moesin interaction. *J. Biol. Chem*. 2010;285:4060–73.
183. Feldkoren B, Hutchinson R, Rapaport Y, Mahajan A, Margulis V. Integrin signaling potentiates transforming growth factor-beta 1 (TGF- β 1) dependent down-regulation of E-Cadherin expression – Important implications for epithelial to mesenchymal transition (EMT) in renal cell carcinoma. *Exp. Cell Res*. 2017;355:57–66.
184. MacCallum J, Bartlett JMS, Thompson AM, Keen JC, Dixon JM, Miller WR. Expression of transforming growth factor beta mRNA isoforms in human breast cancer. *Br. J. Cancer*. 1994;69:1006–9.
185. Walker RA, Dearing SJ. Transforming growth factor beta 1 in ductal carcinoma in situ and invasive carcinomas of the breast. *Eur. J. Cancer*. 1992;28:641–4.
186. Gorsch SM, Memoli VA, Stukel TA, Gold LI, Arrick BA. Immunohistochemical staining for transforming growth factor beta 1 associates with disease progression in human breast cancer. *Cancer Res*. 1992;52:6949–52.
187. Dave H, Trivedi S, Shah M, Shukla S. Transforming growth factor beta 2: a predictive marker for breast cancer. *Indian J. Exp. Biol*. 2011;49:879–87.
188. Pu H, Begemann DE, Kyprianou N. Aberrant TGF- β signaling drives castration-resistant prostate cancer in a male mouse model of prostate tumorigenesis. *Endocrinology*. 2017;158:1612–22.
189. Smith B, Bhowmick N. Role of EMT in Metastasis and Therapy Resistance. *J. Clin. Med. Multidisciplinary Digital Publishing Institute*; 2016;5:17.

190. Orlova V V, Liu Z, Goumans M-J, ten Dijke P. Controlling angiogenesis by two unique TGF- β type I receptor signaling pathways. *Histol. Histopathol.* 2011;26:1219–30.
191. van Meeteren LA, Goumans M-J, ten Dijke P. TGF- β receptor signaling pathways in angiogenesis; emerging targets for anti-angiogenesis therapy. *Curr. Pharm. Biotechnol.* 2011;12:2108–20.
192. Craven KE, Gore J, Wilson JL, Korc M. Angiogenic gene signature in human pancreatic cancer correlates with TGF-beta and inflammatory transcriptomes. *Oncotarget.* 2016;7:323–41.
193. Gore J, Imasuen-Williams IE, Conteh AM, Craven KE, Cheng M, Korc M. Combined targeting of TGF- β , EGFR and HER2 suppresses lymphangiogenesis and metastasis in a pancreatic cancer model. *Cancer Lett.* 2016;379:143–53.
194. Di Bari MG, Lutsiak MEC, Takai S, Mostböck S, Farsaci B, Tolouei Semnani R, et al. TGF- β modulates the functionality of tumor-infiltrating CD8 + T cells through effects on TCR signaling and Spred1 expression. *Cancer Immunol. Immunother.* 2009;58:1809–18.
195. Donkor MK, Sarkar A, Savage PA, Franklin RA, Johnson LK, Jungbluth AA, et al. T cell surveillance of oncogene-induced prostate cancer is impeded by T cell-derived TGF- β 1 cytokine. *Immunity.* 2011;35:123–34.
196. Deng B, Zhu JM, Wang Y, Liu TT, Ding YB, Xiao WM, et al. Intratumor Hypoxia Promotes Immune Tolerance by Inducing Regulatory T Cells via TGF- β 1 in Gastric Cancer. Gangopadhyay N, editor. *PLoS One.* 2013;8:e63777.
197. Nakamura S, Yaguchi T, Kawamura N, Kobayashi A, Sakurai T, Higuchi H, et al. TGF- β 1 in Tumor Microenvironments Induces Immunosuppression in the Tumors and Sentinel Lymph Nodes and Promotes Tumor Progression. *J. Immunother.* 2014;37:63–72.
198. Moustakas A, Heldin C-H. Mechanisms of TGF β -Induced Epithelial–Mesenchymal Transition. *J. Clin. Med. Multidisciplinary Digital Publishing Institute;* 2016;5:63.
199. Mirac Demirkan BH. Transforming Growth Factor Beta (TGF- β), Mesenchymal-Epithelial Transition (MET) and Breast Cancer Metastasis. *J. Oncopathology. Good Health Trading Limited;* 2014;2:77–89.
200. Miyazono K. Transforming growth factor-beta signaling in epithelial-mesenchymal transition and progression of cancer. *Proc. Jpn. Acad. Ser. B. Phys. Biol. Sci.* 2009;85:314–23.
201. Lamouille S, Xu J, Derynck R. Molecular mechanisms of epithelial-mesenchymal transition. *Natl. Rev. Mol. Cell Biol. NIH Public Access;* 2014;15:178–96.
202. Rodón L, González-Juncà A, Del Mar Inda M, Sala-Hojman A, Martínez-Sáez E, Seoane J. Active CREB1 promotes a malignant TGF β 2 autocrine loop in glioblastoma. *Cancer Discov.* 2014;4:1230–41.
203. Perez RE, Navarro A, Rezaiekhalthigh MH, Mabry SM, Ekekezie II. TRIP-1 regulates TGF-beta 1-induced epithelial-mesenchymal transition of human lung epithelial cell line A549. *Am. J. Physiol. Cell. Mol. Physiol.* 2011. p. L799–807.
204. Choy L, Derynck R. The type II transforming growth factor (TGF)-beta receptor-interacting protein TRIP-1 acts as a modulator of the TGF-beta response. *J. Biol. Chem.* 1998;273:31455–62.
205. Ramachandran A, Ravindran S, Huang C-C, George A. TGF beta receptor II interacting protein-1, an intracellular protein has an extracellular role as a modulator of matrix mineralization. *Sci. Rep.* 2016;6:37885.
206. Uhlén M, Björling E, Agaton C, Szgyarto CA-K, Amini B, Andersen E, et al. A Human Protein Atlas for Normal and Cancer Tissues Based on Antibody Proteomics. *Mol. Cell. Proteomics. American Society for Biochemistry and Molecular Biology;* 2005;4:1920–32.
207. Hayman AR, Macary P, Lehner PJ, Cox TM. Tartrate-resistant Acid Phosphatase (Acp 5): Identification in Diverse Human Tissues and Dendritic Cells. *J. Histochem. Cytochem.* 2001;49:675–83.
208. Lång P, Zakaroff-Girard A, Wåhlén K, Andersson J, Olsson T, Bambace C, et al. Expression and secretion of the novel adipokine tartrate-resistant acid phosphatase from adipose tissues of obese and lean women. *Int. J. Obes. (Lond). Macmillan Publishers Limited;* 2011;35:1502–10.
209. Yaziji H, Janckila AJ, Lear SC, Martin AW, Yam LT. Immunohistochemical detection of tartrate-resistant acid phosphatase in non-hematopoietic human tissues. *Am. J. Clin. Pathol.* 1995;104:397–402.
210. Efstratiadis T, Moss DW. Tartrate-resistant acid phosphatase in human alveolar macrophages. *Enzyme.* 1985;34:140–3.
211. Price CP, Kirwan A, Vader C, Minkin C. Bone acid phosphatase: tartrate-resistant acid phosphatase as a marker of osteoclast function. *Calcif. Tissue Int.* 1982;34:285–90.
212. Lång P, Schultzberg M, Andersson G. Expression and distribution of tartrate-resistant purple acid phosphatase in the rat nervous system. *J. Histochem. Cytochem.* 2001;49:379–96.

213. Lång P, Andersson G. Differential expression of monomeric and proteolytically processed forms of tartrate-resistant acid phosphatase in rat tissues. *Cell. Mol. Life Sci.* 2005;62:905–18.
214. Zenger S, Ek-Rylander B, Andersson G. Biogenesis of tartrate-resistant acid phosphatase isoforms 5a and 5b in stably transfected MDA-MB-231 breast cancer epithelial cells. *Biochim. Biophys. Acta - Mol. Cell Res.* Elsevier B.V.; 2010;1803:598–607.
215. Janckila AJ, Neustadt DH, Nakasato YR, Halleen JM, Hentunen T, Yam LT. Serum tartrate-resistant acid phosphatase isoforms in rheumatoid arthritis. *Clin. Chim. Acta.* 2002;320:49–58.
216. Räisänen SR, Alatalo SL, Ylipahkala H, Halleen JM, Cassidy AI, Hume DA, et al. Macrophages overexpressing tartrate-resistant acid phosphatase show altered profile of free radical production and enhanced capacity of bacterial killing. *Biochem. Biophys. Res. Commun.* 2005;331:120–6.
217. Räisänen SR, Halleen J, Parikka V, Väänänen HK. Tartrate-Resistant Acid Phosphatase Facilitates Hydroxyl Radical Formation and Colocalizes with Phagocytosed *Staphylococcus aureus* in Alveolar Macrophages. *Biochem. Biophys. Res. Commun.* 2001;288:142–50.
218. Halleen JM, Räisänen SR, Alatalo SL, Väänänen HK. Potential function for the ROS-generating activity of TRACP. *J. Bone Miner. Res.* 2003;18:1908–11.
219. Halleen JM, Räisänen S, Salo JJ, Reddy S V, Roodman GD, Hentunen TA, et al. Intracellular fragmentation of bone resorption products by reactive oxygen species generated by osteoclastic tartrate-resistant acid phosphatase. *J. Biol. Chem. American Society for Biochemistry and Molecular Biology*; 1999;274:22907–10.
220. Buhi WC, Ducsay CA, Bazer FW, Roberts RM. Iron transfer between the purple phosphatase uteroferrin and transferrin and its possible role in iron metabolism of the fetal pig. *J. Biol. Chem.* 1982;257:1712–23.
221. Ducsay CA, Buhi WC, Bazer FW, Roberts RM, Combs GE. Role of uteroferrin in placental iron transport: effect of maternal iron treatment on fetal iron and uteroferrin content and neonatal hemoglobin. *J. Anim. Sci.* 1984;59:1303–8.
222. Roberts RM, Raub TJ, Bazer FW. Role of uteroferrin in transplacental iron transport in the pig. *Fed. Proc.* 1986;45:2513–8.
223. Patlaka C, Mai HA, Lång P, Andersson G. The growth factor-like adipokine tartrate-resistant acid phosphatase 5a interacts with the rod G3 domain of adipocyte-produced nidogen-2. *Biochem. Biophys. Res. Commun.* 2014;454:446–52.
224. Patlaka C, Norgård M, Paulie S, Nordvall-Bodell A, Lång P, Andersson G. Caveolae-mediated endocytosis of the glucosaminoglycan-interacting adipokine tartrate resistant acid phosphatase 5a in adipocyte progenitor lineage cells. *Biochim. Biophys. Acta.* 2014;1843:495–507.
225. Bazer FW, Worthington-White D, Fliss MF, Gross S. Uteroferrin: a progesterone-induced hematopoietic growth factor of uterine origin. *Exp. Hematol.* 1991;19:910–5.
226. Sheu T-J, Schwarz EM, Martinez DA, O'Keefe RJ, Rosier RN, Zuscik MJ, et al. A phage display technique identifies a novel regulator of cell differentiation. *J. Biol. Chem. American Society for Biochemistry and Molecular Biology*; 2003;278:438–43.
227. Esfandiari E, Bailey M, Stokes CR, Cox TM, Evans MJ, Hayman AR. TRACP Influences Th1 pathways by affecting dendritic cell function. *J Bone Min. Res. John Wiley and Sons and The American Society for Bone and Mineral Research (ASBMR)*; 2006;21:1367–76.
228. Hayman AR, Jones SJ, Boyde A, Foster D, Colledge WH, Carlton MB, et al. Mice lacking tartrate-resistant acid phosphatase (Acp5) have disrupted endochondral ossification and mild osteopetrosis. *Development.* 1996;122:3151–62.
229. Halleen JM, Tiitinen SL, Ylipahkala H, Fagerlund KM, Väänänen HK. Tartrate-resistant acid phosphatase 5b (TRACP 5b) as a marker of bone resorption. *Clin. Lab.* 2006;52:499–509.
230. Simpson KJ, Selfors LM, Bui J, Reynolds A, Leake D, Khvorova A, et al. Identification of genes that regulate epithelial cell migration using an siRNA screening approach. *Nat Cell Biol.* 2008;10:1027–38.
231. Sun P, Sleat DE, Lecocq M, Hayman AR, Jadot M, Lobel P. Acid phosphatase 5 is responsible for removing the mannose 6-phosphate recognition marker from lysosomal proteins. *Proc. Natl. Acad. Sci. U. S. A. National Academy of Sciences*; 2008;105:16590–5.
232. Makrypidi G, Damme M, Muller-Loennies S, Trusch M, Schmidt B, Schluter H, et al. Mannose 6 Dephosphorylation of Lysosomal Proteins Mediated by Acid Phosphatases Acp2 and Acp5. *Mol. Cell. Biol. American Society for Microbiology (ASM)*; 2012;32:774–82.
233. Torres R, de la Piedra C, Rapado A. Clinical usefulness of serum tartrate-resistant acid phosphatase in Paget's disease of bone: correlation with other biochemical markers of bone remodelling. *Calcif. Tissue Int.* 1991;49:14–6.

234. de la Piedra C, Torres R, Rapado A, Diaz M, Castro N. Serum tartrate-resistant acid phosphatase and bone mineral content in postmenopausal osteoporosis. *Calcif. Tissue Int.* 1989;45:58–60.
235. Terpos E, de la Fuente J, Szydlo R, Hatjiharissi E, Viniou N, Meletis J, et al. Tartrate-resistant acid phosphatase isoform 5b: a novel serum marker for monitoring bone disease in multiple myeloma. *Int. J. Cancer.* 2003;106:455–7.
236. Angel NZ, Walsh N, Forwood MR, Ostrowski MC, Cassady a I, Hume D a. Transgenic mice overexpressing tartrate-resistant acid phosphatase exhibit an increased rate of bone turnover. *J. Bone Miner. Res.* 2000;15:103–10.
237. Janckila AJ, Slone SP, Lear SC, Martin A, Yam LT. Tartrate-resistant acid phosphatase as an immunohistochemical marker for inflammatory macrophages. *Am. J. Clin. Pathol.* 2007;127:556–66.
238. Bune AJ, Hayman AR, Evans MJ, Cox TM. Mice lacking tartrate-resistant acid phosphatase (Acp5) have disordered macrophage inflammatory responses and reduced clearance of the pathogen, *Staphylococcus aureus*. *Immunology.* Blackwell Science Ltd; 2001;102:103–13.
239. Takahashi K, Janckila AJ, Sun SZ, Lederer ED, Ray PC, Yam LT. Electrophoretic study of tartrate-resistant acid phosphatase isoforms in endstage renal disease and rheumatoid arthritis. *Clin. Chim. Acta.* 2000;301:147–58.
240. Li CY, Yam LT, Lam KW. Acid phosphatase isoenzyme in human leukocytes in normal and pathologic conditions. *J. Histochem. Cytochem.* 1970;18:473–81.
241. Boorsma CE, van der Veen TA, Putri KSS, de Almeida A, Draijer C, Mauad T, et al. A Potent Tartrate Resistant Acid Phosphatase Inhibitor to Study the Function of TRAP in Alveolar Macrophages. *Sci. Rep. Nature Publishing Group;* 2017;7:12570.
242. Lång P, van Harmelen V, Rydén M, Kaaman M, Parini P, Carneheim C, et al. Monomeric tartrate resistant acid phosphatase induces insulin sensitive obesity. *PLoS One. Public Library of Science;* 2008;3:e1713.
243. Briggs TA, Rice GI, Daly S, Urquhart J, Gornall H, Bader-Meunier B, et al. Tartrate-resistant acid phosphatase deficiency causes a bone dysplasia with autoimmunity and a type I interferon expression signature. *Nat. Genet. Europe PMC Funders;* 2011;43:127–31.
244. Suter a, Everts V, Boyde a, Jones SJ, Lüllmann-Rauch R, Hartmann D, et al. Overlapping functions of lysosomal acid phosphatase (LAP) and tartrate-resistant acid phosphatase (Acp5) revealed by doubly deficient mice. *Development.* 2001;128:4899–910.
245. Yam LT, Li CY, Lam KW. Tartrate-resistant acid phosphatase isoenzyme in the reticulum cells of leukemic reticuloendotheliosis. *N. Engl. J. Med.* 1971;284:357–60.
246. Grouls V. Diagnosis of hairy-cell leukaemia by tartrate-resistant acid phosphatase activity in paraffin-embedded tissue sections. *J. Clin. Pathol.* 1980;33:552–4.
247. Coleman RE. Metastatic bone disease: clinical features, pathophysiology and treatment strategies. *Cancer Treat. Rev.* 2001;27:165–76.
248. Chao T-Y, Yu J-C, Ku C-H, Chen MM, Lee S-H, Janckila AJ, et al. Tartrate-resistant acid phosphatase 5b is a useful serum marker for extensive bone metastasis in breast cancer patients. *Clin. Cancer Res.* 2005;11:544–50.
249. Wu Y-Y, Janckila AJ, Ku C-H, Yu C-P, Yu J-C, Lee S-H, et al. Serum tartrate-resistant acid phosphatase 5b activity as a prognostic marker of survival in breast cancer with bone metastasis. *BMC Cancer.* 2010;10:158.
250. Tauchert S, di Liberto A, Cordes T, Thill M, Salehin D, Friedrich M. Tartrate-resistant acid phosphatase (TRAP) as a serum marker for bone resorption in breast cancer patients with bone metastases. *Clin Exp Obs. Gynecol.* 2009;36:219–25.
251. Lyubimova N V., Pashkov M V., Tyulyandin SA, Gol'dberg VE, Kushlinskii NE. Tartrate-resistant acid phosphatase as a marker of bone metastases in patients with breast cancer and prostate cancer. *Bull. Exp. Biol. Med.* 2004;138:77–9.
252. Capeller B, Caffier H, Sütterlin MW, Dietl J. Evaluation of tartrate-resistant acid phosphatase (TRAP) 5b as serum marker of bone metastases in human breast cancer. *Anticancer Res.* 2003;23:1011–5.
253. Kamiya N, Suzuki H, Yano M, Endo T, Takano M, Komaru A, et al. Implications of serum bone turnover markers in prostate cancer patients with bone metastasis. *Urology.* 2010;75:1446–51.
254. Ozu C, Nakashima J, Horiguchi Y, Oya M, Ohigashi T, Murai M. Prediction of bone metastases by combination of tartrate-resistant acid phosphatase, alkaline phosphatase and prostate specific antigen in patients with prostate cancer. *Int. J. Urol.* 2008;15:419–22.
255. Hegele A, Wahl HG, Varga Z, Sevinc S, Koliva L, Schrader AJ, et al. Biochemical markers of bone turnover in patients with localized and metastasized prostate cancer. *BJU Int.* 2007;99:330–4.

256. Yao NS, Wu YY, Janckila AJ, Ku CH, Hsieh AT, Ho CL, et al. Serum tartrate-resistant acid phosphatase 5b (TRACP5b) activity as a biomarker for bone metastasis in non-small cell lung cancer patients. *Clin. Chim. Acta.* Elsevier B.V.; 2011;412:181–5.
257. How J, Brown JR, Saylor S, Rimm DL. Macrophage expression of tartrate-resistant acid phosphatase as a prognostic indicator in colon cancer. *Histochem. Cell Biol.* 2014;142:195–204.
258. Wu Y, Chao T, Liu H, Huang T, Chen J, Janckila A, et al. The correlation between a chronic inflammatory marker Tartrate-Resistant Acid Phosphatase 5a with cancer cachexia. 2015;20:325–31.
259. Honig A, Rieger L, Kapp M, Krockenberger M, Eck M, Dietl J, et al. Increased tartrate-resistant acid phosphatase (TRAP) expression in malignant breast, ovarian and melanoma tissue: an investigational study. *BMC Cancer.* 2006;6:199.
260. Adams LM, Warburton MJ, Hayman AR. Human breast cancer cell lines and tissues express tartrate-resistant acid phosphatase (TRAP). *Cell Biol. Int.* 2007;31:191–5.
261. Xia L, Huang W, Tian D, Chen Z, Zhang L, Li Y, et al. ACP5, a direct transcriptional target of FoxM1, promotes tumor metastasis and indicates poor prognosis in hepatocellular carcinoma. *Oncogene.* 2014;33:1395–406.
262. Kawamura M, Tanaka K, Toiyama Y, Okugawa Y, Okigami M, Yasuda H, et al. Clinical significance of tartrate-resistant acid phosphatase type-5 expression in human gastric cancer. *Anticancer Res.* 2014;34:3425–9.
263. Gao Y-L, Liu M-R, Yang S-X, Dong Y-J, Tan X-F. Prognostic significance of ACP5 expression in patients with lung adenocarcinoma. *Clin. Respir. J.* 2017;
264. Zenger S, He W, Ek-Rylander B, Vassiliou D, Wedin R, Bauer H, et al. Differential expression of tartrate-resistant acid phosphatase isoforms 5a and 5b by tumor and stromal cells in human metastatic bone disease. *Clin. Exp. Metastasis.* 2011;28:65–73.
265. Schenk G, Sa N, Gahan LR, Ollis DL, McGeary RP, Guddat LW. Binuclear Metallohydrolases : Complex. *Am. Chem. Soc.* 2012;45:1593–603.
266. Ek-Rylander B, Barkhem T, Ljusberg J, Ohman L, Andersson KK, Andersson G. Comparative studies of rat recombinant purple acid phosphatase and bone tartrate-resistant acid phosphatase. *Biochem. J.* 1997;321 (Pt 2):305–11.
267. Zaidi M, Moonga B, Moss DW, MacIntyre I. Inhibition of osteoclastic acid phosphatase abolishes bone resorption. *Biochem. Biophys. Res. Commun.* 1989;159:68–71.
268. Yan XT, Lee SH, Li W, Jang HD, Kim YH. Terpenes and sterols from the fruits of *Prunus mume* and their inhibitory effects on osteoclast differentiation by suppressing tartrate-resistant acid phosphatase activity. *Arch. Pharm. Res.* 2014;38:186–92.
269. Palacios VG, Robinson LJ, Borysenko CW, Lehmann T, Kalla SE, Blair HC. Negative regulation of RANKL-induced osteoclastic differentiation in RAW264.7 cells by estrogen and phytoestrogens. *J. Biol. Chem. American Society for Biochemistry and Molecular Biology;* 2005;280:13720–7.
270. Wu Y-W, Chen S-C, Lai W-FT, Chen Y-C, Tsai Y-H. Screening of flavonoids for effective osteoclastogenesis suppression. *Anal. Biochem.* 2013;433:48–55.
271. Nash K, Feldmuller M, de Jersey J, Alewood P HS. Continuous and discontinuous assays for phosphotyrosyl protein phosphatase activity using phosphotyrosyl peptide substrates. *Anal Biochem. Academic Press;* 1993;213:303–9.
272. Valizadeh M, Schenk G, Nash K, Oddie GW, Guddat LW, Hume D a., et al. Phosphotyrosyl peptides and analogues as substrates and inhibitors of purple acid phosphatases. *Arch. Biochem. Biophys.* 2004;424:154–62.
273. Harada K, Itoh H, Kawazoe Y, Miyazaki S, Doi K, Kubo T, et al. Polyphosphate-mediated inhibition of tartrate-resistant acid phosphatase and suppression of bone resorption of osteoclasts. Heymann D, editor. *PLoS One. Public Library of Science;* 2013;8:e78612.
274. Hayman AR, Cox TM. Tartrate-resistant acid phosphatase: A potential target for therapeutic gold. *Cell Biochem. Funct.* 2004;22:275–80.
275. Schwender CF, Beers S a., Malloy E a., Cinicola JJ, Wustrow DJ, Demarest KD, et al. Benzylphosphonic acid inhibitors of human prostatic acid phosphatase. *Bioorg. Med. Chem. Lett. Pergamon;* 1996;6:311–4.
276. McGeary RP, Vella P, Mak JYW, Guddat LW, Schenk G. Inhibition of purple acid phosphatase with alpha-alkoxynaphthylmethylphosphonic acids. *Bioorganic Med. Chem. Lett. Elsevier Ltd;* 2009;19:163–6.
277. Mohd-Pahmi SH, Hussein WM, Schenk G, McGeary RP. Synthesis, modelling and kinetic assays of potent inhibitors of purple acid phosphatase. *Bioorganic Med. Chem. Lett. Elsevier Ltd;* 2011;21:3092–4.

278. Feder D, Hussein WM, Clayton DJ, Kan MW, Schenk G, McGeary RP, et al. Identification of Purple Acid Phosphatase Inhibitors by Fragment-Based Screening: Promising New Leads for Osteoporosis Therapeutics. *Chem. Biol. Drug Des.* 2012;80:665–74.
279. Barrett AJ, Kembhavi AA, Brown MA, Kirschke H, Knight CG, Tamai M, et al. L-trans-Epoxy succinyl-leucylamido(4-guanidino)butane (E-64) and its analogues as inhibitors of cysteine proteinases including cathepsins B, H and L. *Biochem. J.* 1982;201:189–98.
280. Gauthier JY, Chauret N, Cromlish W, Desmarais S, Duong LT, Falgout J-P, et al. The discovery of odanacatib (MK-0822), a selective inhibitor of cathepsin K. *Bioorg. Med. Chem. Lett.* 2008;18:923–8.
281. Desmarais S, Massé F, Percival MD. Pharmacological inhibitors to identify roles of cathepsin K in cell-based studies: A comparison of available tools. *Biol. Chem.* 2009;390:941–8.
282. Zhuo Y, Gauthier JY, Black WC, Percival MD, Duong LT. Inhibition of bone resorption by the cathepsin K inhibitor odanacatib is fully reversible. *Bone.* 2014;67:269–80.
283. Bone HG, Dempster DW, Eisman JA, Greenspan SL, McClung MR, Nakamura T, et al. Odanacatib for the treatment of postmenopausal osteoporosis: development history and design and participant characteristics of LOFT, the Long-Term Odanacatib Fracture Trial. *Osteoporos. Int.* Springer London; 2014;26:699–712.
284. Igarashi Y, Lee MY, Matsuzaki S. Heparin column analysis of serum type 5 tartrate-resistant acid phosphatase isoforms. *J. Chromatogr. B Biomed. Sci. Appl.* 2001;757:269–76.
285. Andersson G, Ek-Rylander B, Hammarström L. Purification and characterization of a vanadate-sensitive nucleotide tri- and diphosphatase with acid pH optimum from rat bone. *Arch. Biochem. Biophys.* 1984;228:431–8.
286. Hayman a R, Dryden a J, Chambers TJ, Warburton MJ. Tartrate-resistant acid phosphatase from human osteoclastomas is translated as a single polypeptide. *Biochem. J.* 1991;277, Pt 3:631–4.
287. Kamiya T, Kobayashi Y, Kanaoka K, Nakashima T, Kato Y, Mizuno A, et al. Fluorescence microscopic demonstration of cathepsin K activity as the major lysosomal cysteine proteinase in osteoclasts. *J. Biochem.* 1998;123:752–9.
288. Sridharan G, Shankar A. Toluidine blue: A review of its chemistry and clinical utility. *J. Oral Maxillofac. Pathol.* Wolters Kluwer -- Medknow Publications; 2012;16:251.
289. Panizza E. Characterizing cancer cell signaling at the protein level : from targeted to proteome and phosphoproteome--wide analyses. *Inst för onkologi-patologi / Dept of Oncology-Pathology*; 2017.
290. Lazo JS, Sharlow ER. Drugging Undruggable Molecular Cancer Targets. *Annu. Rev. Pharmacol. Toxicol. Annual Reviews*; 2016;56:23–40.
291. Drexler HG, Gaedicke G, Minowada J. Occurrence of particular isoenzymes in fresh and cultured leukemia-lymphoma cells. I. Tartrate-resistant acid phosphatase isoenzyme. *Cancer.* 1986;57:1776–82.
292. Franzén A, Heinegård D. Isolation and characterization of two sialoproteins present only in bone calcified matrix. *Biochem. J.* 1985;232:715–24.
293. Wang Y, Andersson G. Expression and proteolytic processing of mammalian purple acid phosphatase in CHO-K1 cells. *Arch. Biochem. Biophys.* Academic Press; 2007;461:85–94.
294. Zenger S, Ek-Rylander B, Andersson G. Long bone osteoclasts display an augmented osteoclast phenotype compared to calvarial osteoclasts. *Biochem. Biophys. Res. Commun.* 2010;394:743–9.
295. Andersson G, Ek-Rylander B. The tartrate-resistant purple acid phosphatase of bone osteoclasts--a protein phosphatase with multivalent substrate specificity and regulation. *Acta Orthop. Scand. Suppl.* 1995;266:189–94.



Wir können alles sein.

Woher wir kommen, ist nicht wichtig,
wichtig ist, wohin wir gehen.
Wir müssen nichts verstecken,
wenn wir zu uns selbst stehen.
Und wir können alles sein.

Unsere eigenen Helden, unsere eigenen Freunde,
unser eigener Investor in unsere eigenen Träume.
Unsere eigenen Beschützer, unsere Schüler, unsere Lehrer,
unsere eigenen Vorbilder, unser Halt, unsere Verehrer.
Und wir können alles sein.

Querdenker, Quereinsteiger, Grenzgänger, Wegweiser,
Party People, große Kinder, Erfinder und Familiengründer,
Alles-Erdachte-möglich-Macher, Lebenslauf-Collagenbastler,
oder Master of Disaster an der Uni Kopenhagen.

--

Grenzen sind Phantome.

Gebaut von Angst. Bloß in Gedanken.
Wenn du einmal um dich siehst, stehen da nirgends Schranken.
Dein Weg ist frei, ganz bis zum Horizont, und bietet klare Sicht,
nur gehen musst du alleine. Das übernimmt keiner für dich.
Die beste Zeit ist immer jetzt.

Julia Engelmann, Poetry-Slam

CURRICULUM VITAE

Anja Reithmeier was born 1987 in Augsburg, Germany as the second child of three siblings to Sofie and Josef Reithmeier. She grew up in Feldheim, Bayern, Germany and finalized her A-grades at the Gymnasium Donauwörth in 2006. After graduation, she conducted a Voluntary Social Service year at the Bayerisches Rotes Kreuz, where she assisted with principle medical and nursing competencies in the Kreiskrankenhaus Erding, Bayern, Germany to gain practical insight in the field of medicine.

In 2008, the Technische Universität München accepted Anja for conducting her bachelor studies in biology. There, she acquired next to the basic knowledge in the biological and chemical field, practical experience in the labs and participated in mathematics, economics and business administration courses. After finishing the Bachelor of Science degree with a thesis focusing on electrophysiology to detect neuronal systems in the auditory midbrain of chicken in 2010, she was accepted to pursue her master studies at the Technische Universität München in biology, with focus on biomedical sciences. Having acquired necessary background and gained practical experiences in the field of pathology and medicine, she was funded by an Erasmus exchange program in 2011/12 to perform a practical laboratory project in the group of Prof. Göran Andersson, Division of Pathology, Department of Laboratory medicine, Karolinska Institutet, Sweden. After returning from Sweden, Anja finished here master of science degree *magna cum laude* with a thesis project on collagen IV in the development of pancreatic ductal adenocarcinoma in the group of Prof. Dr. Irene Esposito, Institut für Allgemeine Pathologie und Pathologische Anatomie, Technische Universität München in the end of 2012.

Anja returned to the Karolinska Institutet, Sweden in 2013 to perform her postgraduate studies in the group of Prof. Göran Andersson, where she was registered for PhD studies in August 2013. In her projects, she focused on the role of the metalloenzyme Tartrate-resistant acid phosphatase in the progression of cancer and the identification and characterization of small molecule inhibitors, e.g. by small molecule screening. During her time at the division of pathology, she acquired besides participation in relevant courses, deep experience in research and laboratory methodology, knowledge in the organization of teaching courses, skills in grant writing and competences in presentation strategies. She participated in several conferences and international meetings by presentation of posters and talks about her research and was able to acquire travel funding. Anja is defending her thesis with the title “*Tartrate-resistant acid phosphatase/ACP5 as a driver of cancer: Dissection of its oncogenic mechanisms and identification of small molecule inhibitors*” on December 15th in 2017 at the Karolinska University hospital, Huddinge.