# Expression of CD44 in *Apc* and *Tcf* Mutant Mice Implies Regulation by the WNT Pathway

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Overexpression of cell surface glycoproteins of the CD44 family is an early event in the colorectal adenoma-carcinoma sequence. This suggests a link with disruption of APC tumor suppressor protein-mediated regulation of  $\beta$ -catenin/Tcf-4 signaling, which is crucial in initiating tumorigenesis. To explore this hypothesis, we analyzed CD44 expression in the intestinal mucosa of mice and humans with genetic defects in either APC or Tcf-4, leading to constitutive activation or blockade of the \(\beta\)-catenin/Tcf-4 pathway, respectively. We show that CD44 expression in the non-neoplastic intestinal mucosa of Apc mutant mice is confined to the crypt epithelium but that CD44 is strongly overexpressed in adenomas as well as in invasive carcinomas. This overexpression includes the standard part of the CD44 (CD44s) as well as variant exons (CD44v). Interestingly, deregulated CD44 expression is already present in aberrant crypt foci with dysplasia (ACFs), the earliest detectable lesions of colorectal neoplasia. Like ACFs of Apc-mutant mice, ACFs of familial adenomatous polyposis (FAP) patients also overexpress CD44. In sharp contrast, Tcf-4 mutant mice show a complete absence of CD44 in the epithelium of the small intestine. This loss of CD44 concurs with loss of stem cell characteristics, shared with adenoma cells. Our results indicate that CD44 expression is part of a genetic program controlled by the β-catenin/Tcf-4 signaling pathway and suggest a role for CD44 in the generation and turnover of epithelial cells. (Am J Pathol 1999, 154:515-523)

Colorectal cancer is common in the western world and represents the second leading cause of cancer-related

death.1 It evolves through a series of morphologically recognizable stages known as the adenoma-carcinoma sequence.<sup>2</sup> Although complex genetic alterations accumulate along this sequence, mutations involving components of the Wnt-Wingless signaling cascade appear to play a key role in the early transformation of colonic epithelium. Individuals who inherit adenomatous polyposis coli (APC) tumor suppressor gene mutations, familial adenomatous polyposis (FAP) patients, develop thousands of colorectal tumors, consistent with a gatekeeping role of the APC protein in colorectal tumorigenesis.<sup>3,4</sup> The APC protein has been observed to interact with  $\beta$ -catenin,<sup>2,5</sup> originally identified on the basis of its association with cadherin adhesion molecules but now recognized as an essential component of the Wnt-Wingless cascade.6 In this cascade,  $\beta$ -catenin functions as a transcriptional activator when complexed with members of the Tcf family of DNA-binding proteins.<sup>7,8</sup> In APC<sup>-/-</sup> colon carcinoma cell lines, transcriptionally active nuclear β-catenin/Tcf-4 complexes are constitutively present.9 Comparable complexes between  $\beta$ -catenin and Tcf/Lef proteins exist in APC+/+ colon carcinoma10 and melanoma11 cells as a result of dominant mutations affecting the amino terminus of  $\beta$ -catenin. Thus, mutation in either *APC* or in  $\beta$ -catenin can lead to constitutive nuclear complexes between coactivator  $\beta$ -catenin and Tcf-4 in intestinal epithelium. This will result in activated transcription of Tcf-4 target genes in such cells. Thus far, the Tcf-4 target genes relevant for the tumorigenesis process have not been identified.

CD44 is a family of cell-surface glycoproteins generated from a single gene by alternative splicing and differential glycosylation. <sup>12–15</sup> Members of the CD44 family have been implicated in a number of important biological processes, including lymphocyte homing, <sup>12,16,17</sup> hematopoiesis, <sup>18</sup> and tumor progression and metastasis. <sup>14,19–26</sup> In these processes, CD44 is believed to function as a cell adhesion receptor, linking extracellular matrix molecules, specifically hyaluronate, to the cell and the cytoskeleton. <sup>12,27–30</sup> Furthermore, CD44 isoforms

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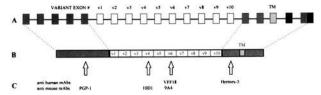


Figure 1. A: Schematic representation of the CD44 gene. Open boxes indicate exons that can be alternatively spliced. TM, transmembrane region. B and C: Schematic representation of the CD44 protein with localizations of the epitopes that are recognized by the anti-human monoclonal antibodies VFF18 and Hermes-3 and the anti-mouse antibodies PGP-1, 10D1, and 9A4. v1 to v10, domains encoded by variant exons.

decorated with heparan sulfate side chains have been shown to bind growth factors and can promote growth factor receptor-mediated signaling.  $^{31-34}$  Studies from our own and other laboratories have shown that CD44 glycoproteins, which are normally expressed only in the lower crypt epithelium of the intestinal mucosa, are overexpressed in colorectal cancer and may play a role in the generation and turnover of epithelial cells.  $^{25,35-41}$  CD44 overexpression is an early event in the colorectal adenoma-carcinoma sequence,  $^{25,37}$  suggesting that CD44 expression is, directly or indirectly, regulated by  $\beta$ -catenin/Tcf-4-mediated transcription. To explore the latter hypothesis, we analyzed CD44 expression in the normal

and neoplastic intestinal mucosa of mice and humans with genetic defects in either APC or Tcf-4.

#### Materials and Methods

## Apc and Tcf-4 Mutant Mice

Normal and neoplastic small-intestinal tissue from C57BL/6JIco-Apc+/Apc1638N mice (Apc+/-) and wildtype C57BL/6 (Apc+/+) control mice was obtained from the Department of Human Genetics, University of Leiden, Leiden, The Netherlands. The Apc+/Apc1638N mice are heterozygous for an Apc chain-terminating mutation in Apc codon 1638, although the expected truncated protein is not detectable by conventional Western analysis.<sup>42</sup> The mice were sacrificed between 6 and 12 month of age, after which the entire intestine was opened longitudinally and inspected for neoplastic lesions. Lesions with surrounding normal tissue were sampled for routine processing and fixed in formalin or Notox (Earth Safe Industries, Bellemead, NJ) and embedded in paraffin. Embryos of  $Tcf-4^{-/-}$  and  $Tcf-4^{+/-}$  mice<sup>43</sup> were obtained from the Department of Immunology, University Hospital,

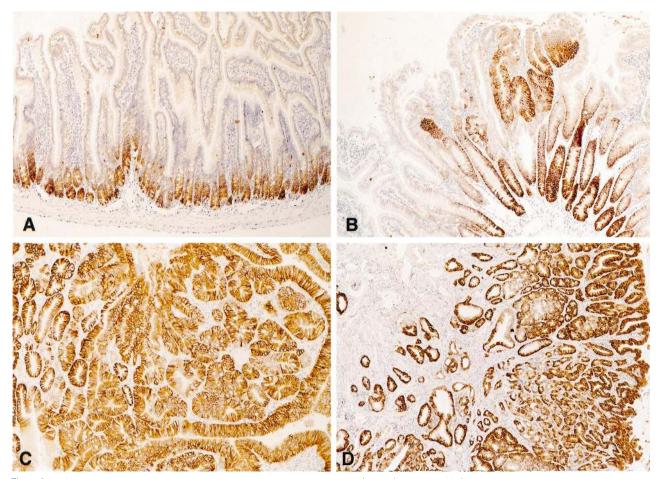


Figure 2. CD44 expression in the normal and neoplastic intestinal epithelium of the Apc $^+$ /Apc1638 mice. CD44v6 expression in non-neoplastic intestinal mucosa (A), in dysplastic ACF (B), in an adenomatous polyp (C), and in invasive carcinoma (D) of Apc $^+$ /Apc1638 mice.

Table 1. Summary of CD44 Expression in the Normal and Neoplastic Intestinal Mucosa of Mice and Humans with Genetic Defects in Either APC or Tcf-4

Model	Tissue		MAbs			
			CD44s	CD44v4	CD44v6	PCNA
Mouse						
Apc+/-	Small bowel	Crypt	++	-/+	++	~
		Villus	_	_	_	~
		ACF	+++	-/+	+++	~
		Adenoma	+++	+	+++	~
		Carcinoma	+++	+	+++	~
	Colon	Crypt base	++	-/+	++	~
		Crypt	_		_	~
Tcf-4 <sup>-/-</sup>	Small bowel	Crypt	_	~	_	_
		Villus	_	~	_	_
	Colon	Crypt base	++	~	++	~
		Crypt	_	~	_	~
Tcf <sup>+/-</sup>	Small bowel	Crypt	++	~	++	+++
		Villus	_	~	_	+
	Colon	Crypt base	++	~	++	~
		Crypt	_	~	_	~
Human		- 7   - 1				
FAP	Small bowel	Crypt	-/+	~	+	~
		Villus	_	~	_	~
	Colon	Crypt base	-/+	~	+	~
		Crypt		~	_	~
		ACF	+	~	+++	~

Staining intensity was scored as follows: -, negative; -/+, equivocal/very weak; +, weak; ++, moderate; +++, strong. ~, not tested.

Utrecht, The Netherlands, embedded in paraffin, and sectioned at 6  $\mu m$  thickness.

#### FAP Patients

Colon mucosa biopsies from a 38-year-old male and a 30-year-old female FAP patient, taken at routine colonoscopy, were obtained from the files of the Department of Pathology, Academic Medical Center, University of Amsterdam. The biopsies were embedded in paraffin, and  $6-\mu m$  sections were prepared.

## Monoclonal Antibodies (MAbs)

The MAbs used were Hermes-3 against an epitope on the constant part of the human CD44 molecule (CD44s), <sup>16</sup> VFF18 against human CD44v6, <sup>44</sup> PGP-1 against mouse CD44s (Pharmingen, San Diego, CA), 10D1 against mouse CD44v4, <sup>45</sup> 9A4 against mouse CD44v6, <sup>45</sup> and PCNA against proliferating cell nuclear antigen (PCNA; Dako, Glostrup, Denmark) (Figure 1).

## *Immunohistochemistry*

Detection of CD44 and PCNA in mouse and human paraffin-embedded tissue sections was performed as described previously,<sup>35</sup> with the following modifications. In brief, the sections were deparaffinated, rehydrated, and boiled in a citrate buffer (0.01 mol/L, pH 6, Merck 6448) for antigen retrieval. On mouse and human tissue, biotinylated rabbitanti-rat F(ab')<sub>2</sub> (Dako) and rabbit-anti-mouse F(ab')<sub>2</sub> (Dako) were used as secondary antibodies, respectively. For color development, 3,3-diaminobenzidine tetrachloride (DAB; Sigma, Bornem, Belgium) was used.

The immunohistochemical staining was scored semiquantitatively based on the staining intensity of positively stained tumor cells. The samples were scored as follows: -, negative; -/+, equivocal/very weak; +, weak; ++, moderate; +++, strong.

# Reverse Transcription Polymerase Chain Reaction and Southern Blot Analysis

RNA isolation and first-strand cDNA synthesis were performed as described previously.46 Polymerase chain reaction (PCR) was performed with 1.5 U of Tag DNA polymerase (Gibco BRL/Life Technologies, Gaithersburg, MD), 300 μmol/L dNTPs (Pharmacia Biotech, Uppsala, Sweden), and 2 mmol/L MgCl<sub>2</sub> in 1X PCR buffer (both Gibco BRL/Life Technologies). Primers used were M44CU (5'-CCCAGGTAGCTTCCTTAACCC-3') in combination with M44CD (5'-CGTAGAGAGGACCGTGAC-CGA-3'). PCR was started with a 5-minutes denaturation step at 95°C, after which amplification was performed at 35 cycles of denaturation at 95°C for 30 seconds, annealing at 55°C for 1 minute, and elongation at 72°C for 2 minutes. After a final elongation step for 10 minutes at 72°C, samples were cooled on ice. PCR products were resolved in 1.5% agarose/Tris-buffered ethanolamine gel and blotted on Hybond-N+ membranes (Amersham, Little Chalfont, UK).

To generate <sup>32</sup>P-labeled exon-specific probes, we used the plasmid pZeo SV mCD44v4-v10, containing the murine CD44 exon v4-v10 (a kind gift from Dr. M. Hofmann from the Institut für Genetics, Forschungszentrum, Karlsruhe, Germany). To generate a <sup>32</sup>P-labeled exon-v3 probe, we used DNA from normal mouse skin. For the generation of the CD44s probe we used the plasmid

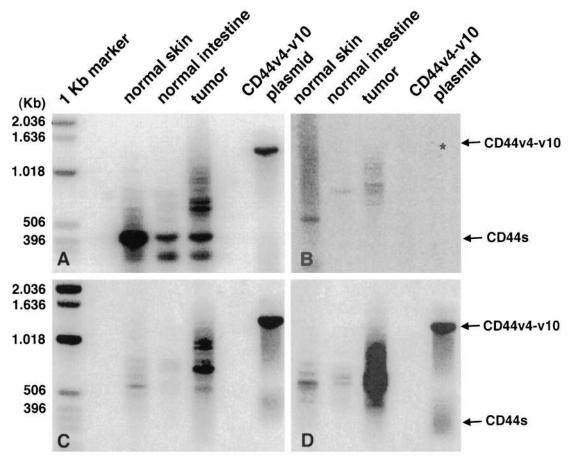


Figure 3. CD44 mRNA expression in normal and neoplastic intestine of Apc<sup>+</sup>/Apc1638 mice. RT-PCR amplification products were generated with 5' and 3' CD44s primers, from specimens of normal mouse skin, normal mouse small intestine, and mouse intestinal tumor of Apc<sup>+</sup>/Apc1638 mice, respectively. Amplification products were analyzed on Southern blot by hybridization with <sup>32</sup>P-labeled probes, specific for CD44s (A), CD44v3 (B), CD44v6 (C), and CD44v9 (D). \*CD44v4-v10 plasmid does not contain exon v3 and therefore does not hybridize with the <sup>32</sup>P-labeled exon v3 probe.

pZeo S mCD44st, containing the murine CD44 standard region. The PCR mixtures for the v3 and v9 exons contained 2 mmol/L MgCl2, 100  $\mu$ mol/L dATP, dTTP, and dGTP, and 13.2  $\mu$ mol/L dCTP. The mixtures for the v6 exon contained 1 mmol/L MgCl<sub>2</sub>, 200  $\mu$ mol/L dATP, dTTP, and dGTP, and 26.4  $\mu$ mol/L dCTP. The mixtures for the standard region contained 2 mmol/L MgCl<sub>2</sub>, 300  $\mu$ mol/L dATP, dTTP, and dGTP, and 39.6  $\mu$ mol/L dCTP. In addition, all PCR mixtures contained 0.22 MBq  $[\alpha^{-32}P]dCTP$ , 10 pmol of each oligonucleotide primer, and 1.5 U of Taq DNA polymerase. The primers used for v3 were MV3U (5' GTACGGAGTCAAATACCAAC3') and MV3D (5' TGGTACTGGAGATAAAATCT 3'), for v6 were MV6U (5' CTCCTAATAGTACAGCAGAA 3') and MV6D (5' AGTTGTCCCTTCTGTCACAT 3'), and for v9 were MV9U (5' CACAGAGTCATTCTAGAAC 3') and MV9D (5' TGCTAGATGGCAGAATAGAA 3'). Samples were amplified for 35 cycles in a PTC-100 (MJ Research, Watertown, CA). Each cycle consisted of denaturation at 95°C (for CD44s, v3, and v9) or at 96°C (for v6) for 30 seconds, annealing at 55°C (CD44s, v3, and v9) or 50°C (V6) for 1 minute, and extension at 72°C for 2 minutes (for CD44s, v3, and v9) or 1 minute (for V6), followed by a final elongation step for 10 minutes at 72°C. The PCR products resulted in <sup>32</sup>P-labeled exon-specific probes and

were used to hybridize the membranes according to standard procedures.

### Results

Expression of CD44 in the Normal and Neoplastic Intestinal Mucosa of Apc+/Apc1638N Mice

CD44 expression in the epithelium of the histologically normal small-intestinal mucosa of *Apc*<sup>+</sup>/*Apc*1638N (*Apc*<sup>+/-</sup>) mice and wild-type (*Apc*<sup>+/+</sup>) mice was identical and was restricted to the crypts (Figure 2A; Table 1). In these crypt areas, CD44 expression was localized to the basolateral membranes of the cells. Epitopes encoded by the constant (standard) part of the CD44 (CD44s) and by the alternatively spliced exons CD44v4 and v6 were expressed in a similar pattern. However, the intensity of staining differed; whereas the MAbs against CD44s and CD44v6 stained with high intensity, staining with the anti-CD44v4 MAb was weak (Table 1). In the lamina propria, CD44s, but not CD44v4 or CD44v6 expression, was observed on stromal cells, lymphocytes, and macrophages.

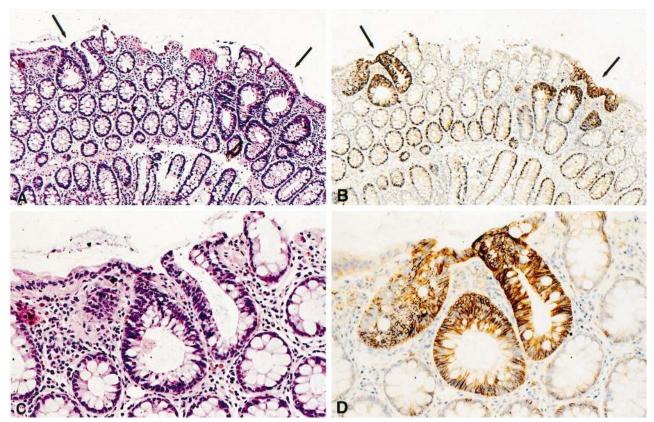


Figure 4. ACF with dysplasia in FAP patients overexpress CD44. Serial sections stained with either hematoxylin and eosin (A and C) or MAb VFF18 against human CD44v6 (B and D) in a dysplastic ACF in the colon of a FAP patient.

Intestinal tumors arising in Apc+/- mice invariably showed a strong homogeneous expression of CD44 (Figure 2, C and D; Table 1). This overexpression included CD44s as well as CD44v4- and v6-encoded epitopes and, importantly, was already observed in the earliest detectable neoplastic lesions, ie, in ACFs with dysplasia (Figure 2B). It remained present in fully developed adenomas (Figure 2C) and invasive carcinomas (Figure 2D). Analysis of CD44 mRNA in tumors versus normal mucosa by reverse transcription PCR and Southern blotting with exon-specific probes showed a preferential up-regulation of high molecular weight CD44 isoforms in tumor tissue (Figure 3).

# ACFs with Dysplasia in FAP Patients Overexpress CD44

Previous studies in human colorectal cancer have shown that CD44 overexpression is present in adenomas as well as in invasive carcinomas.<sup>25,35,37</sup> Based on our present observations in Apc-mutant mice, we explored whether dysplastic ACFs in familial adenomatous polyposis (FAP) patients also overexpress CD44. Indeed, a strong upregulation of CD44, including both CD44s- and CD44v6encoded epitopes, was observed in ACFs (Figure 4, B and D; Table 1). Hence, as in Apc+/- mice, in FAP patients, deregulation of CD44 expression is present in the earliest detectable neoplastic lesions of colorectal cancer.

# Tcf-4 Mutant Mice Lack CD44-Expressing Cells in the Epithelial Lining of the Small Intestine

The above data imply an intimate link between loss of Apc tumor suppressor-protein function and CD44 overexpression in the intestinal mucosa and suggest that CD44 expression is directly or indirectly controlled by β-catenin/Tcf-4 mediated transcription. To further explore this hypothesis, we studied the expression of CD44 in the intestinal mucosa of Tcf-4-/- mice. These mice have a striking small-intestinal phenotype with a selective loss of cycling intestinal crypt cells. As a result of tearing of the intestinal epithelial lining and fluid imbalance, this leads to perinatal death. 43 In Figure 5, this absence of cycling cells is illustrated by using the proliferation marker PCNA; at day E18, numerous proliferating cells were present in the intervillous epithelium of (Tcf-4+/+ and Tcf-4+/-) control mouse embryos (Figure 5A; Table 1). By contrast, the epithelium of the small intestine of the *Tcf-4*<sup>-/-</sup> embryos was devoid of proliferating cells (Figure 5B). Proliferation of cells in the lamina propria directly underneath the epithelium as well as in other organs (not shown) was not affected by the Tcf-4 disruption. In the  $(Tcf-4^{+/+})$  and  $Tcf-4^{+/-}$ ) control mice, CD44s (not shown) as well as CD44v6 expression (Figure 5C; Table 1) was readily detectable at the basolateral surfaces of the pseudostratified intervillous epithelium. In sharp contrast, the intestinal epithelium of Tcf-4<sup>-/-</sup> mice did not show any CD44 staining (Figure 5D). This lack of CD44 expression was specific for

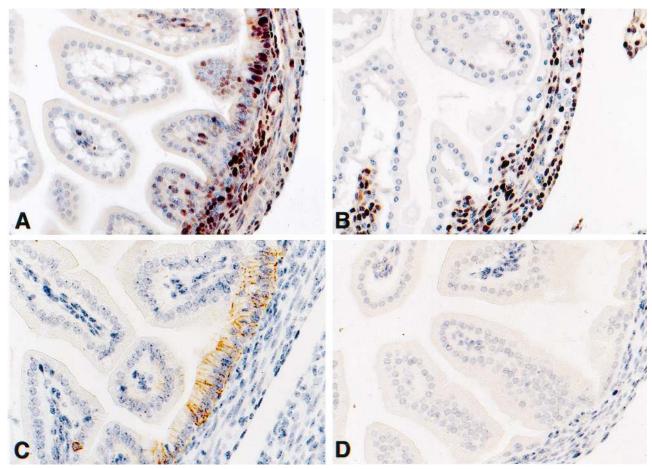


Figure 5. Tcf-4<sup>-/-</sup> mice lack CD44 expression in the epithelial lining of the small intestine. Staining with proliferation marker PCNA of small intestinal crypts and villi of a wild-type mouse (**B**) and CD44v6 staining of small intestinal crypts and villi of a wild-type mouse (**C**) and of a Tcf-4<sup>-/-</sup> mouse (**D**)

the epithelium of the small intestine, as  $Tcf-4^{-/-}$  and control mice showed identical expression of both CD44s and CD44v6 in all other tissues, including the lamina propria of the small and large intestine, the epithelia of the large intestine, stomach, and epidermis and in lymphoid organs (not shown).

#### Discussion

The development of colorectal cancer is initiated by mutations in either APC or in  $\beta$ -catenin leading to constitutively activated transcription of Tcf-4 target genes in intestinal epithelial cells.  $^{3-10}$  However, the Tcf-4 target genes that are instrumental in the tumorigenesis process have not been identified yet. Our current studies in mice and humans with genetic defects in either APC or Tcf-4 indicate that expression of CD44, a glycoprotein family involved in cell-matrix adhesion and growth factor presentation,  $^{12,31-34}$  is controlled by  $\beta$ -catenin/Tcf-4. Activation of  $\beta$ -catenin/Tcf-4 signaling, as present in intestinal tumors arising in Apc-mutant mice and FAP patients, is associated with CD44 overexpression. By contrast, blockade of  $\beta$ -catenin/Tcf-4 signaling by targeted disruption of Tcf-4 leads to a complete absence of CD44-

bearing cells from the epithelium of the mouse small intestine.

Previous studies have shown that CD44 is overexpressed in human colorectal tumors. 24,25,35-40 This aberrant expression of CD44 occurs at an early point along the adenoma-carcinoma sequence; CD44 overexpression was already observed in small (<1 cm) adenomas,<sup>25,37</sup> suggesting a possible causal relation with loss of function of the APC tumor suppressor protein. Our present study, for the first time, demonstrates that CD44 is also overexpressed in intestinal tumors arising in Apcmutant mice (Figures 2 and 3; Table 1). As in human colorectal cancer, this overexpression was present in adenomas as well as in invasive carcinomas and was accompanied by a deregulated splicing leading to a preferential overexpression of large CD44 isoforms containing variant exon sequences (Figure 3). Importantly, in both mice and humans, loss of APC function and deregulation of CD44 were closely linked, as CD44 overexpression was already present in the earliest detectable neoplastic lesions, ie, in ACFs with dysplasia (Figures 2 and 4; Table 1). In humans, these lesions contain APC but not K-ras mutations. 47 Similarly, the tumors of the Apc-mutant mice used in our current studies showed loss of the wild-type copy of the *Apc* gene but neither *K-*, *N-*, *H-ras*, nor *Tp53* mutations. <sup>48</sup> The precise mechanism by which the Wnt pathway regulates CD44 expression needs further exploration.  $\beta$ -catenin/Tcf-4 might directly interact with promoter/enhancer regions regulating CD44 transcription or, alternatively, involve intermediates, eg, c-Myc, a recently identified Tcf-4 target gene. <sup>49</sup>

We observed that Tcf-4 knockout mice lack CD44 expression on the epithelium of the small intestine (Figure 5). This loss of CD44 occurred in the context of a phenotype characterized by the absence of a proliferative stem cell compartment in the crypt regions between the villi (Figure 5). As a consequence, the epithelium was composed entirely of nondividing cells that lack CD44. Although CD44<sup>+</sup> and cycling (PCNA<sup>+</sup>) cells co-localize at the base of normal crypts, they represent overlapping but distinct cell compartments, indicating that CD44 expression is not directly linked to proliferation. 50 The TCF-4 -/- phenotype, including the loss of CD44, was unique for the small intestine; the crypt epithelium in other parts of the intestine was not affected by the mutation presumably as a result of redundancy with another member of the Tcf family that is expressed in the gut, albeit at lower levels, ie, Tcf-3.43 The observations in Tcf-4 mutant mice indicate that the genetic program controlled by Tcf-4 establishes the crypt stem cell compartment of the small intestine and suggest that CD44 expression is part of this program. According to this interpretation, overexpression of CD44, as present in colorectal cancer, reflects the persistence of stem cell characteristics by the tumor cells. Indeed, it has been proposed that tumorigenesis in Min-mice is initiated in the multipotent stem cell compartment in the intestinal crypt.51

Overexpression of CD44 glycoproteins in invasive human colorectal carcinomas is associated with the presence of (occult) metastases and with an unfavorable prognosis. 36,38,39,41 Although the mechanism(s) by which CD44 promotes colorectal tumorigenesis have not yet been defined, the following routes could be involved. First, CD44 is the principle cell-surface receptor for hyaluronan (HA), a ubiquitous glycosaminoglycan (GAG) component of the extracellular and pericellular matrices. 12,28 Interaction between CD44 and HA has been proposed to promote cell motility and, in some systems, enhances tumor growth and metastasis. 12,52 Second, in a recent study by Yu and colleagues, disruption of CD44 in metastatic mammary carcinoma cells was found to induce apoptosis, implying a role for CD44 in the regulation of programmed cell death. 53 CD44 overexpression may counteract apoptosis, leading to enhanced tumor growth and metastasis. Third, CD44 splice variants carrying exon v3 are decorated with heparan sulfate side chains and hence are heparan sulfate proteoglycans (HSPGs).31 HSPGs are believed to play an important regulatory role in cell growth and motility by binding growth factors and by presenting these factors to their high-affinity receptors. 54,55 Indeed, CD44-HSPG has been shown to bind fibroblast growth factor (FGF)-2,32 heparin-binding epidermal growth factor, 32 and hepatocyte growth factor/scatter factor (HGF/SF).33 The latter interaction is of great potential interest, as HGF/SF func-

tions as a growth and motility factor and promotes metastasis.56-58 We recently demonstrated that binding of HGF/SF to CD44-HSPG strongly enhances signaling through the c-Met receptor tyrosine kinase, 33 the highaffinity receptor for HGF/SF. This collaboration between CD44-HSPG and c-Met might be an important factor in tumorigenesis. By overexpressing CD44-HSPG tumor cells would acquire an increased sensitivity to HGF/SFmediated signals, leading to a growth advantage and promoting metastasis. This scenario is supported by the fact that c-Met and HGF/SF are overexpressed in conjunction with CD44 in several tumors, including colorectal cancer. 59-61 Except for binding of HGF/SF, crypt epithelial cells and tumor cells may also use CD44-HSPG to gather and present other heparin-binding growth factors. Interesting candidates are the ligands of the Wnt-Wingless pathway themselves, ie, the Wnt-like growth factors. In studies by Reichsman and co-workers, Wingless signaling was shown to be inhibited by removal of GAGs from cells,62 and recent studies by Binari et al63 and Haerry et al<sup>64</sup> have provided genetic evidence for a role of heparan sulfate in wingless signaling. It is tempting to speculate that binding of mesenchymally derived growth factors, including HGF/SF and WNT factors, to CD44 might contribute to the conversion of embryonic intestinal cells into crypt stem cells, which takes place during intestinal morphogenesis. 65,66

In conclusion, our data imply that CD44 expression in normal and malignant intestinal epithelium is regulated by the WNT pathway and suggest that CD44 expression is part of a genetic program controlled by the  $\beta$ -catenin/Tcf-4 signaling pathway and plays a role in the generation and turnover of epithelial cells.

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