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WWOX and p53 Dysregulation Synergize to Drive the Development of Osteosarcoma

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Abstract

Osteosarcoma is a highly metastatic form of bone cancer in adolescents and young adults that is resistant to existing treatments. Development of an effective therapy has been hindered by very limited understanding of the mechanisms of osteosarcomagenesis. Here, we used genetically engineered mice to investigate the effects of deleting the tumor suppressor *Wwox* selectively in either osteoblast progenitors or mature osteoblasts. Mice with conditional deletion of *Wwox* in preosteoblasts ($Wwox^{\Delta osx1}$) displayed a severe inhibition of osteogenesis accompanied by p53 upregulation, effects that were not observed in mice lacking *Wwox* in mature osteoblasts. Deletion of *p53* in $Wwox^{\Delta osx1}$ mice rescued the osteogenic defect. In addition, the $Wwox;p53^{\Delta osx1}$ double knockout mice developed poorly differentiated osteosarcomas that resemble human osteosarcoma in histology, location, metastatic behavior, and gene expression. Strikingly, the development of osteosarcomas in these mice was greatly accelerated compared with mice lacking p53 only. In contrast, combined WWOX and p53 inactivation in mature osteoblasts did not accelerate osteosarcomagenesis compared with p53 inactivation alone. These findings provide evidence that a WWOX–p53 network regulates normal bone formation and that disruption of this network in osteoprogenitors results in accelerated osteosarcoma. The $Wwox;p53^{\Delta osx1}$ double knockout establishes a new osteosarcoma model with significant advancement over existing models. *Cancer Res; 76(20); 6107–17. ©2016 AACR.*

Introduction

Osteosarcoma is the most common malignant bone tumor in adults and children (1, 2). Sporadic human osteosarcoma is characterized by complex chromosomal rearrangements, deletions, and amplifications, suggesting that genomic instability is a hallmark of the tumor. Osteosarcoma is highly aggressive and is associated with poor clinical outcomes, as it frequently metastasizes to the lungs. Patients with an autosomal recessive mutation of p53 (Li–Fraumeni syndrome) have a significantly higher incidence of osteosarcoma, and somatic mutation of p53 is frequently reported in sporadic osteosarcoma (3, 4). Importantly, restricted deletion of p53 in osteoblast progenitors results in the development of osteosarcoma with 60% penetrance in the *Col3.6-Cre* mouse model (5) and 100% penetrance in osterix (*Osx1*)-Cre^{+} conditional knockout mice (6, 7).

Because osteosarcoma is characterized by high genomic complexity, it is useful to focus on the discovery of genes involved in the initiation and early progression of osteosarcoma (8). Our recent work uncovered the role of the *WWOX* gene in osteosarcoma and bone homeostasis (9, 10). WWOX expression is altered by deletions or translocations in many cancer types, suggesting it acts as a tumor suppressor (11, 12). Restoration of WWOX in many cancer cell lines, including osteosarcoma cells, suppresses tumorigenicity (13). Conversely, $Wwox^{-/-}$ mice develop lesions resembling osteosarcoma (14). Intriguingly, WWOX expression appears to be inversely associated with expression of RUNX2, the master regulator of osteoblastogenesis (10) and potential oncogene in osteosarcoma and other metastatic cancers (15, 16).

To better elucidate the role of WWOX in osteoblast biology and in osteosarcoma, we generated two conditional knockout mouse models in which WWOX is ablated specifically in either preosteoblasts ($Wwox^{\Delta Osx1}$) or fully mature osteoblasts ($Wwox^{\Delta Oc}$). Analysis of these mice revealed that WWOX is critical for normal osteoblast differentiation and that its co-inactivation together with that of p53 in preosteoblasts accelerates osteosarcoma formation.

Materials and Methods

Generation of *Wwox* conditional knockout mice and *Wwox–p53* double knockout mice

The generation of *Wwox* conditional knockout mice in osteoblast lineage cells was performed by crossing *Wwoxfl/fl* mice with

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Note: Supplementary data for this article are available at Cancer Research Online (http://cancerres.aacrjournals.org/).

J.B. Lian and R.I. Aqeilan acted as co-directors of the study.

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Osx1-Cre for deletion in mesenchymal progenitors committed to the bone formation (17), or with osteocalcin (*Oc*)-Cre mice for deletion in mature osteoblasts and osteocytes (18, 19). Double-knockout (DKO) mice (*Wwox/p53*$^{\Delta Osx1}$[DKO$^{\Delta Osx1}$] or *Wwox/p53*$^{\Delta Oc}$[DKO$^{\Delta Oc}$]) were generated by crossing single *Wwox* knockout mice with *p53fl/fl* mice (20). All experiments involving mice were approved by the Hebrew University Institutional Animal Care and Use Committee.

Histology and immunohistochemistry on human osteosarcoma samples

Tissues were fixed in 10% neutral buffered formalin and then paraffin embedded, sectioned, and stained with hematoxylin and eosin or with the desired antibody. All pathology was performed blinded to the sample genotype. Tumor specimen origin and pathological characteristics, immunohistochemistry procedure, and evaluation criteria were previously described (21, 22). The immunoreactivity of WWOX was evaluated for the percentage of positive cells and intensity of reactivity at high magnification. The intensity was evaluated as follows; 0 (no staining of any nuclear and cytoplasm at high magnification); 1, weak (only visible at high magnification); 2, moderate (easily visible at low magnification); and 3, strong (strongly positive at low magnification). The total score was obtained by multiplying the proportion and intensity scores, which ranged from 0 to 9. For further analysis, a cut-off point was established to separate the groups in terms of protein expression into a low expression group (staining patterns with total scores $\leq$4.5) and a high expression group (staining patterns with total scores >4.5).

Statistical analysis

Results of *in vitro* and *in vivo* experiments were expressed as mean $\pm$ SD or SE. Student *t* test was used to compare values of test and control samples. $P < 0.05$ indicates significant difference.

RNA isolation, RT-qPCR, and RNA-seq

Primers used for qPCR analysis are available in Supplementary Table (Supplementary Table S1).

Detailed material and methods are presented in Supplementary information.

Results

Wwox ablation in osteoblast lineage cells results in delayed bone formation

Systemic *Wwox*-null mice exhibit postnatal lethality, precluding studies of *Wwox* deletion effects in adult bony tissues (14). However, prior to their death at 2 to 3 weeks, preosteosarcoma lesions were identified in the limbs of these mice, and their bones showed severe osteopenia (9). To address the precise role of WWOX in bone and osteosarcoma development, we generated two murine conditional *Wwox* knockout models. In the first, mice bearing floxed alleles of *Wwox* (19) were crossed to mice expressing Cre recombinase downstream of the *Osterix* (*Osx1*) promoter (*Osx1-Cre*$^{+}$), which is expressed in osteo-chondro mesenchymal progenitor cells (17), generating *Wwox*$^{\Delta Osx1}$ mice. In the second model (*Wwox*$^{\Delta Oc}$), *Wwox* ablation was driven by the *Osteocalcin* promoter (*Oc-Cre*$^{+}$), which is robustly expressed in fully mature osteoblasts (18). Hereafter, the models are referred to together as *Wwox*$^{\Delta OB}$ when describing findings that are identical in both lines of mice. *Wwox*$^{\Delta OB}$ mice were viable, fertile, and appeared grossly normal, with the exception of a slight growth delay in *Osx1-Cre*$^{+}$ animals compared with *Osx-Cre*$^{-}$ animals, although this difference diminished as the mice aged.

To validate *Wwox*$^{\Delta OB}$ mouse models, we assessed *Wwox* levels by qPCR and immunoblot analyses in femurs (endochondral bone) and calvariae (membranous bone; Fig. 1A and D). *Wwox* levels were efficiently reduced in *Wwox*$^{\Delta OB}$ mice compared with control mice or liver extracts. To determine whether *Wwox* ablation had an effect on homeostasis of long bones, microcomputed tomography (μCT) analysis was performed. Consistent with previous observations in *Wwox*-null mice (9), μCT imaging revealed a significant reduction in formation of trabecular bone with the number of trabeculae significantly decreased by 40% and trabecular spacing significantly increased by 33% in *Wwox*$^{\Delta Osx1}$ mice femurs at 1-month when compared with CTRL (*Osx1-Cre*-negative; Fig. 1B) and HET (*Osx1-Cre*$^{+}$*;Wwox*$^{fl/+}$) femurs (Supplementary Fig. S1A and S1B). After this period of rapid growth, the increase in trabecular spacing was maintained at 3 and 8 months of age, suggesting a striking delay in trabecular bone growth. Of note, HET mice had a similar phenotype as in CTRL mice, suggesting that the phenotype observed is not due to *Osx1* expression but to the actual inactivation of *Wwox*. In *Wwox*$^{\Delta Oc}$ mice, μCT analysis showed no phenotype at 1 month, though by 3 months trabecular numbers were decreased and trabecular spacing increased in *Wwox*$^{\Delta Oc}$ mice (Fig. 1E and Supplementary Fig. S1D), indicating impaired bone formation in this mouse model as well. Indeed, qPCR analysis of whole femurs from 1-month-old *Wwox*$^{\Delta Osx1}$ and 3-month-old *Wwox*$^{\Delta Oc}$ mice revealed decreased expression of bone formation markers (Supplementary Fig. S1C and S1E) in *Wwox*$^{\Delta OB}$ compared with controls.

To further confirm the reduced bone mass in our results, we performed quantification of serum P1NP levels as a surrogate marker of bone formation. As shown in Supplementary Fig. S1F, P1NP levels were significantly reduced in 1 month of *Wwox*$^{\Delta Osx1}$ mice relative to control. The same trend was observed in older *Wwox*$^{\Delta Osx1}$ mice, though to a lesser extent. Consistent with μCT analysis, *Wwox*$^{\Delta OC}$ mice display reduced P1NP levels in 3-month-old mice (Supplementary Fig. S1F). In agreement with previous observations in *Wwox*-null mice (9), WWOX ablation in osteoblasts did not affect osteoclast activity as assessed by serum CTX levels (Supplementary Fig. S1G).

We next determined whether the impairment in bone formation is due to a cell-autonomous defect in osteoblast differentiation. Real-time PCR of *ex vivo* calvariae cultures harvested at days 0, 7, 14, and 27 of differentiation revealed a significant down-regulation of both early (*Runx2, Osx, ColIa1)* and late (*Oc*) osteogenesis markers (Supplementary Fig. S2A and S2B) and decreased activity of ALP as well as absence of Alizarin Red staining, markers of differentiation and mineral deposition, respectively (Fig. 1C and F). Our findings suggest that *Wwox* inactivation in osteoblasts is sufficient to negatively regulate the mineralization process. While ablation of WWOX in osteoblast lineage cells resulted in reduced bone mass due to impaired differentiation similar to that observed in *Wwox*-null mice, we did not observe osteosarcoma formation in *Wwox*$^{\Delta OB}$ mice.

Defects in differentiation of Wwox-deficient osteoprogenitors are partially rescued by p53 deletion

To uncover the possible mechanism(s) leading to both impaired bone formation and lack of osteosarcoma formation by inactivation of WWOX, we considered key factors that are involved in

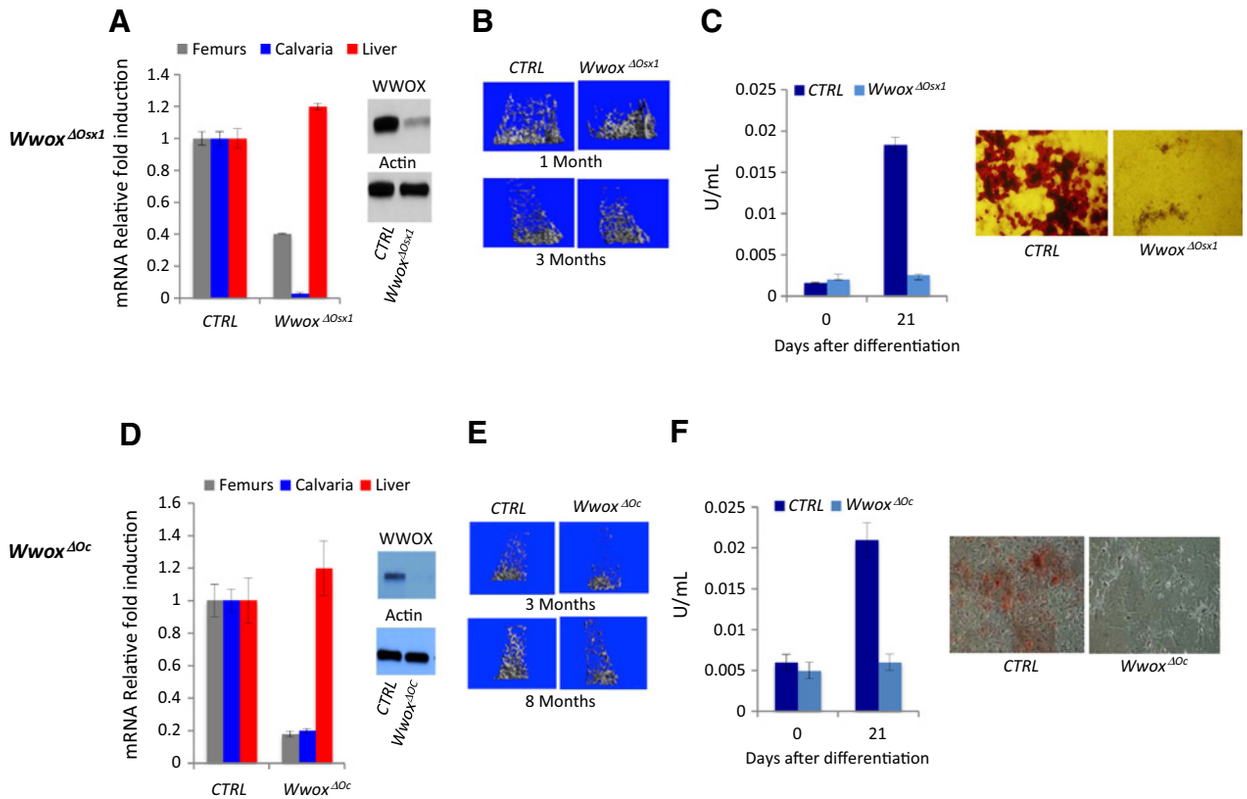

Figure 1.

Characterization of *Wwox*$^{\Delta OB}$ conditional knockout mice. **A,** *Wwox* expression in femurs of CTRL and *Wwox*$^{\Delta Osx1}$ mice as assessed by qPCR on femur, calvaria, and liver (left). Right, immunoblot analysis of calvaria isolated from these mice. **B,** μCT three-dimensional images of control and *Wwox*$^{\Delta Osx1}$ mice at 1 and 3 months of age. Representative image of femur metaphysis region at 1 month shows less trabecular bone in *Wwox*^{Osx1} mice. Quantitation of all μCT is shown in Supplementary Fig. S1A. **C,** alkaline phosphatase activity detects mature osteoblasts (left) and Alizarin Red staining (right) on *Wwox*$^{\Delta Osx1}$ and CTRL calvarial osteoblasts after 21 days in osteogenic media. **D,** depletion of *Wwox* in bone, and no effect in liver levels in *Wwox*$^{\Delta Oc}$mice. **E,** significant decrease in trabecular number and connectivity density and a decrease in trabecular spacing at 3 months of *Wwox*$^{\Delta Oc}$ mice. Complete analysis is presented in Supplementary Fig. S1. **F,** inhibition of osteoblast differentiation in the *Wwox*$^{\Delta Oc}$ mouse model.

regulation of both processes. One candidate is p53, which is considered a negative regulator of osteoblastogenesis (5) and is mutated in the majority of osteosarcomas (23). We first determined the levels of p53 and its target genes, during differentiation in control and *Wwox*$^{\Delta OB}$ calvarial osteoblasts. We found that differentiation dramatically downregulated both *Trp53* and *Cdkn1a* mRNA levels in control cells, consistent with the known role of p53 in inhibiting osteoblast differentiation (5). In sharp contrast, osteoblasts isolated from *Wwox*$^{\Delta Osx1}$ mice displayed significantly higher activity of p53 upon differentiation relative to those from control mice (Fig. 2A). At 21 days after differentiation, *Wwox*$^{\Delta Osx1}$ calvarial osteoblasts and femurs displayed increased expression of *Trp53*, *Cdkn1a*, *Bax*, and *Puma* levels compared with control cells (Fig. 2B). Intriguingly, osteoblasts isolated from *Wwox*$^{\Delta Oc}$ did not exhibit activation of p53 (Fig. 2B). These data suggest that *Wwox* deficiency in osteoprogenitors, but not in mature osteoblasts, activates p53, likely leading to inhibition of osteoblast differentiation.

These results prompted us to examine whether deleting p53 in *Wwox*$^{\Delta Osx1}$ cells would rescue their differentiation defect. To this end, we bred *Wwox*$^{\Delta Osx1}$with *p53fl/fl* mice to generate mice lacking both WWOX and p53 (*DKO*$^{\Delta Osx1}$) specifically in committed osteoblasts (*Wwox;p53*$^{\Delta Osx1}$). Calvariae osteoblasts isolated from newborn pups of control, *Wwox*$^{\Delta Osx1}$and DKO mice were induced to differentiate and osteogenic parameters were measured. We found that DKO preosteoblasts expressed differentiation markers at levels similar to control cells (Fig. 2C), were stained by Alizarin Red (Fig. 2D), and displayed increased ALP activity upon differentiation (Fig. 2E) when compared with *Wwox*$^{\Delta Osx1}$ preosteoblasts.

We next determined the effect of *Wwox* ablation on differentiation of p53-negative osteoblasts. Bone marrow–mesenchymal stem cells (BMSC) were isolated from *p53*$^{\Delta Osx1}$and DKO mice and were induced to differentiate. BMSCs from DKO mice showed a general decrease of both early and late osteogenic markers after 7 days (early) or 21 days (late) of differentiation (Fig. 2F) and less pronounced staining with Alizarin Red (Fig. 2H). This is in contrast to the complete ablation of osteogenesis markers observed in differentiated BMSCs from the *Wwox*$^{\Delta Osx1}$ mice, likely due to the absence of negative regulation by p53.

Wwox deletion in *p53*$^{\Delta Oc}$BMSCs led to a striking increase in *Runx2* expression relative to *p53*$^{\Delta Oc}$BMSCs, promoting commitment of mesenchymal stem cells to osteogenesis, and accompanied by markers of accelerated differentiation (Fig. 2G and I).

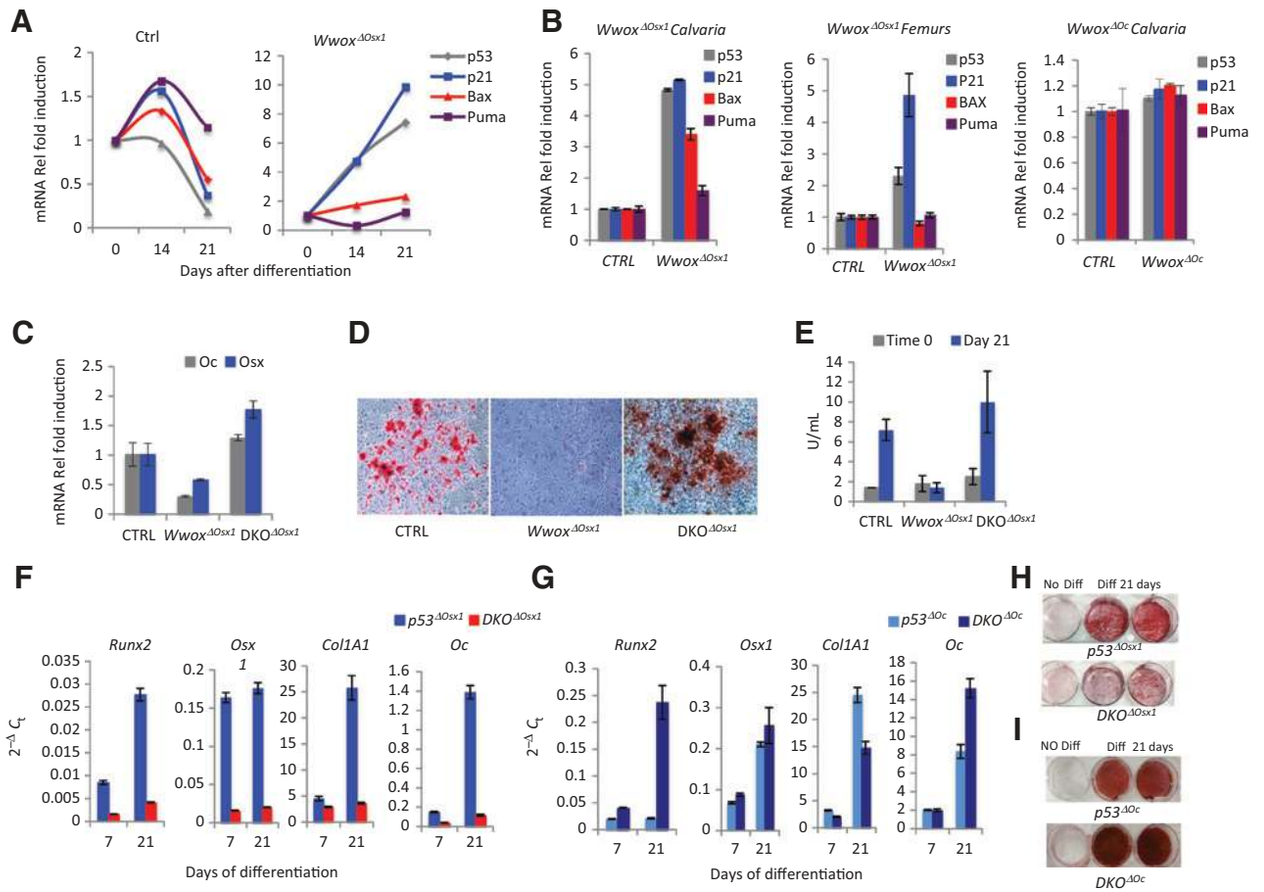

Figure 2.

Defects in differentiation of *Wwox*-deficient calvarial osteoblasts are partially rescued by p53 deletion. **A,** qPCR analysis on osteoblasts from $Wwox^{\Delta Osx1}$ calvaria showing upregulation of cell proliferation and apoptosis regulators *Trp53, Cdkn1a (p21), Bax*, and *Puma* mRNA levels during differentiation (days 0, 14, and 21). **B,** relative quantification of p53 and its target genes in control and $Wwox^{\Delta OB}$ calvarial osteoblasts at 21 days after differentiation (left and right) and in 1-month-old $Wwox^{\Delta Osx1}$ femur bones (middle). **C,** qPCR analysis of the *Osx1* and *Oc* levels in control, $Wwox^{\Delta Osx1}$, and *Wwox/*$p53^{\Delta Osx1}$ ($DKO^{\Delta Osx1}$) calvariae at 21 days of differentiation. **D** and **E,** $Wwox^{\Delta Osx1}$ phenotype rescue by p53 deletion—Alizarin Red Staining of cells in **C** at day 21 and ALP activity in DKO cells are comparable with CTRL osteoblasts. **F** and **G,** bone marrow–derived $p53^{\Delta Osx1}$ BMSCs sustain, while DKO depletion inhibits osteogenesis. BMSCs were isolated from bone marrow of $p53^{\Delta Osx1}$ and $DKO^{\Delta Osx1}$ (**F**) and $p53^{\Delta Oc}$ and $DKO^{\Delta Oc}$ (**G**) mice and induced to differentiate in osteogenic media. qPCR analysis of RNA extracted after 7 and 21 days of differentiation for osteoblast markers. **H,** BMSCs from $DKO^{\Delta Osx1}$ mice show a reduced ability to form mineralized matrix than $p53^{\Delta Osx1}$ cells as assessed by Alizarin Red staining at 21 days from differentiation. **I,** $DKO^{\Delta Oc}$ BMSCs induced to differentiate show stronger osteogenic abilities than $p53^{\Delta Oc}$ cells.

These results indicate that unlike the effect of the DKO earlier in development, combined WWOX and p53 ablation late in osteoblast development does not affect osteogenesis. Taken together, we conclude that *Wwox* loss in early osteoprogenitors is associated with upregulation of p53, leading to impaired differentiation. These results suggest that WWOX and p53 coregulate bone formation.

Combined inactivation of WWOX and p53 in committed osteoblasts accelerates osteosarcomagenesis

Inactivation of the p53 pathway is known to be a central event in osteosarcoma formation (3, 4) and loss of p53 in developing osteoblasts in the *Osx1-Cre*$^{+}$;$p53^{fl/fl}$($p53^{\Delta Osx1}$) mouse model results in osteosarcoma with complete penetrance at ~12 months of age (6, 7). The effects of p53-conditional deletion in mature osteoblasts on osteosarcoma formation are unknown. Because WWOX and p53 appear to coregulate osteogenesis, we investigated whether they also function coordinately in suppressing tumor formation by assessing osteosarcoma formation in mice lacking both WWOX and p53 under *Osx1*- or *Oc*- promoters. Mice were monitored closely and osteosarcomas were detected primarily by palpation. In addition, a group of mice underwent μPET scans (Supplementary Fig. S3) to detect early tumor formation. We found that combined inactivation of *Wwox* and *p53* using *Osx1-Cre* accelerates osteosarcoma formation. $DKO^{\Delta Osx1}$ mice exhibited complete tumor penetrance starting at 4 months, while $p53^{\Delta Osx1}$ mice developed osteosarcoma 4 to 6 months later (Fig. 3A). There was a 93.7% penetrance of osteosarcoma development in *Osx1Cre*$^{+}$;$Wwox^{fl/+}p53^{fl/fl}$mice, 75% in *Osx1Cre*$^{+}$;$Wwox^{fl/fl}p53^{fl/+}$mice, and 63.6% in $p53^{\Delta Osx1}$mice (Supplementary Table S2). We analyzed a total of 11 $p53^{\Delta Osx1}$mice, 23 *DKOs*, 16 *Osx1-Cre*$^{+}$$Wwox^{fl/+}p53^{fl/fl}$, 9 *Osx1-Cre*$^{+}$$Wwox^{fl/fl}p53^{fl/+}$, and 6 *Osx1-Cre*$^{+}$$Wwox^{fl/+}p53^{fl/+}$ mice (Supplementary Table S2). Histological evaluation of these tumors revealed osteosarcoma of osteoblastic

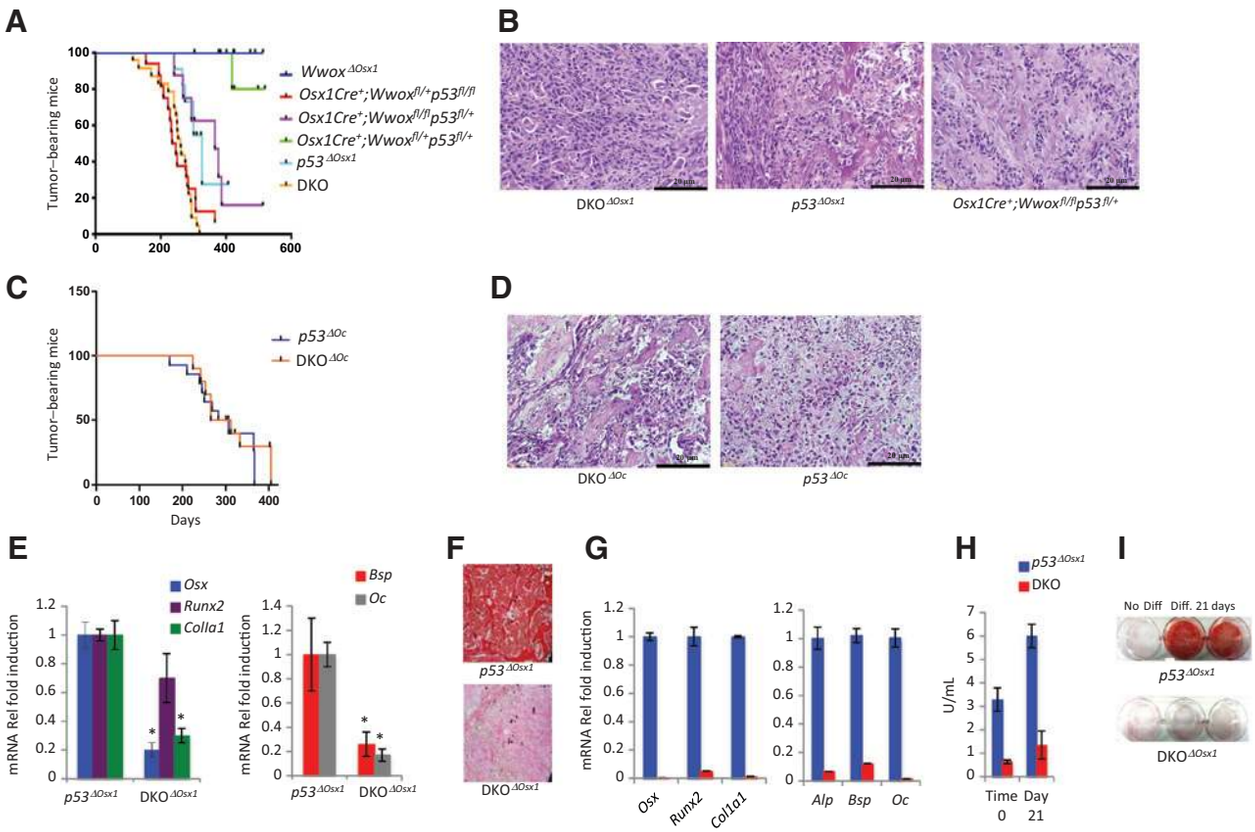

Figure 3.

Osx1-Cre-dependent deletion of *Wwox* results in the acceleration of osteosarcoma formation. **A,** Kaplan–Meier survival plots for the indicated genotypes. **B,** histological sections of the tumors derived from $DKO^{\Delta Osx1}$ mice. Areas of pale staining represent bone tissues. **C,** Kaplan–Meier survival plots for $DKO^{\Delta Oc}$ and $p53^{\Delta Oc}$ mice. **D,** H&E staining of $DKO^{\Delta Oc}$ and $p53^{\Delta Oc}$ tumors. **E,** qPCR on $DKO^{\Delta Osx1}$ ($n = 7$) and $p53^{\Delta Osx1}$ ($n = 5$) tumors. Osteogenesis makers were downregulated in $DKO^{\Delta Osx1}$ tumors when compared with $p53^{\Delta Osx1}$ tumors. **F,** Sirius-Red staining shows low collagen content in $DKO^{\Delta Osx1}$ tumors relative to $p53^{\Delta Osx1}$ tumors. **G–I,** primary cell lines from $DKO^{\Delta Osx1}$ tumors show an inability to undergo osteogenic differentiation as assessed by qPCR (**G**) for markers of mature osteoblasts: ALP activity (**H**) and Alizarin Red staining (**I**) at day 0 and after 21 days of differentiation.

origin of grade III/IV with variability in the appearance of bone tissues (Fig. 3B). Osteosarcoma often spread with extra osseous extension from the site of origin into the muscle and soft tissue. The tumor bone was osteoid of woven bone formed by the tumor cells. The most frequent sites of tumors in the osteosarcoma-bearing mice were the ribs and vertebrae (51%), followed by hind leg and hip (22%), and the jaw (20%; Supplementary Fig. S4).

Interestingly, there was no significant difference between the development of osteosarcoma in the DKO and *Osx1Cre*$^{+}$;*Wwoxfl/+*;*p53fl/fl* (referred to as HET). These results led us to question whether the other allele of *Wwox* was lost in the tumors. To this end, we examined the expression of WWOX in these tumors by immunohistochemistry. We found that WWOX expression in HET tumors is lost in more than 70% of the specimens examined, suggesting loss of heterozygosity (LOH), a hallmark of tumor suppressor genes. Additionally, WWOX expression was lost in ~40% of $p53^{\Delta Osx1}$ tumors analyzed, suggesting that *Wwox* inactivation can occur as a result of p53 loss (Supplementary Fig. S5A). Representative images of *Wwox* immunostaining and levels in different tumors and cells are shown in Supplementary Fig. S5.

Importantly, cells derived from $DKO^{\Delta Osx1}$ show a more aggressive proliferation rate when compared with $p53^{\Delta Osx1}$ or *Wwox* HET cells, which display intact WWOX expression (Supplementary Figs. S5C and S6). Metastases were detected in 20% of $DKO^{\Delta Osx1}$ and HET while in 12% of $p53^{\Delta Osx1}$ mice. Together, these data indicate that combined inactivation of tumor suppressors WWOX and p53 in osteoprogenitors accelerates osteosarcomagenesis.

In contrast to this combinatorial effect of the double knockout in preosteoblasts, the development and progression of osteosarcoma in mice lacking both WWOX and p53 in mature osteoblasts ($DKO^{\Delta Oc}$; *Oc-Cre*$^{+}$;*Wwox*$^{fl/fl}$*p53*$^{fl/fl}$) was not significantly different from single p53 knockout mice ($p53^{\Delta Oc}$; Fig. 3C and D and Supplementary Table S3). In mice of both these genotypes, osteosarcoma was highly aggressive (stage III/IV), metastatic, and invasive with penetrance of ~80% (Supplementary Table S3). We conclude that the combined activities of WWOX and p53 in early osteoprogenitors exert critical regulation to prevent their transformation into osteosarcoma.

Differentiation status of tumors and cells derived from $DKO^{\Delta Osx1}$ mice

High-grade osteosarcoma cells have reduced expression of bone markers, suggesting that they are undifferentiated and aggressive tumor cells (24). To examine the relationship between

accelerated osteosarcoma formation and reduced differentiation of preosteoblasts, we compared osteogenic differentiation of tumor cells in $p53^{\Delta Osx1}$ and $DKO^{\Delta Osx1}$ mice. Levels of late osteogenic marker mRNAs in $DKO^{\Delta Osx1}$ tumors were dramatically downregulated relative to $p53^{\Delta Osx1}$ tumors (Fig. 3E). Furthermore, weak Sirius-Red staining of tumor tissues confirmed a significant reduction in levels of collagen, a marker of differentiation, in the majority (70%) of $DKO^{\Delta Osx1}$ tumors (Fig. 3F). In contrast, most (66%) $p53^{\Delta Osx1}$ osteosarcoma strongly stained with Sirius-Red. Moreover, $DKO^{\Delta Osx1}$ tumor–derived cells failed to differentiate (Fig. 3G) or to form mineralized bone (Fig. 3H and I) when compared with $p53^{\Delta Osx1}$-derived tumor cells. Consistent with the hypothesized function of p53 as a negative regulator of osteoblast differentiation (5), high levels of osteoblast markers were found in $p53^{\Delta Osx1}$ tumor cells, while $DKO^{\Delta Osx1}$ tumor cells exhibited poor differentiation. Restoring WWOX expression in $DKO^{\Delta Osx1}$ tumor cells improved, at least in part, their ability to differentiate and mineralize (Supplementary Fig. S7). These results support the concept that coinactivation of WWOX and p53 accelerates osteosarcoma formation by increasing proliferation and compromising osteoblast differentiation.

Transcriptomic analysis reveals mouse and human osteosarcoma share genetic abnormalities

We performed RNA sequencing to assess and compare genetic dysregulation in DKO and $p53^{\Delta Osx1}$ tumors. The large group of genes altered in DKO osteosarcoma is enriched for genes involved in DNA damage response (DDR), cell adhesion, and cell motility pathways (Supplementary Table S4). We compared the results of the DKO RNA-sequencing with our previous human osteosarcoma Affymetrix analysis (Fig. 4A; ref. 25). The comparison revealed 171 genes that are similarly altered in human and mouse

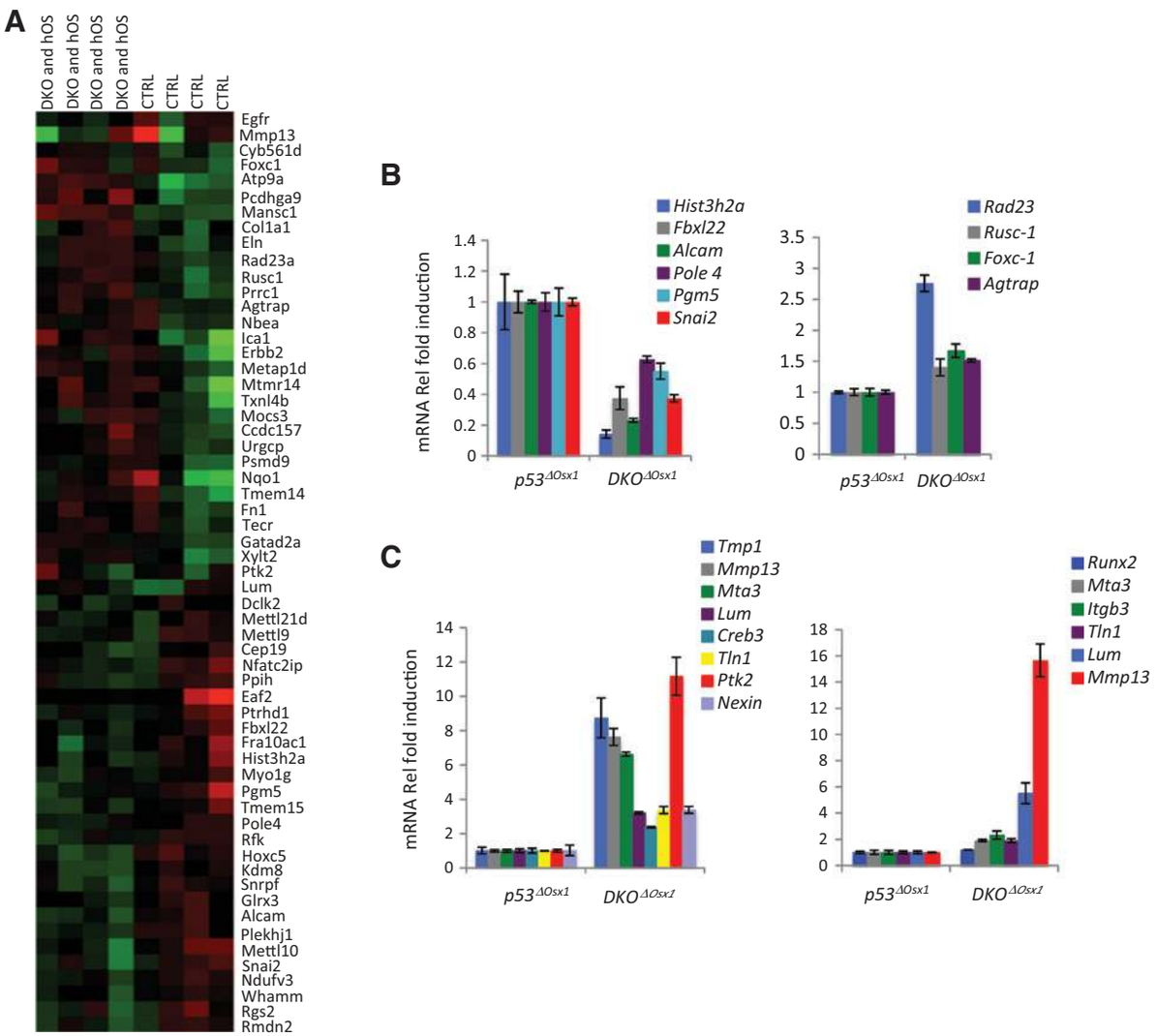

Figure 4.

Transcriptomic analysis of $p53^{\Delta Osx1}$ and $DKO^{\Delta Osx1}$ tumors. **A,** heat map generated from RNA-sequencing analysis shows the genes that are commonly altered in both $DKO^{\Delta Osx1}$ tumors and human osteosarcoma samples compared with control bones. **B,** validation by qPCR of several downregulated (left) and upregulated genes (right) in DKO tumors and hosteosarcoma. **C,** upregulation of RUNX2 target genes in $DKO^{\Delta Osx1}$ vs. $p53^{\Delta Osx1}$ tumors (left) and tumor cell lines (right) as assessed by qPCR.

osteosarcoma. Subsets of these genes related to cancer and osteogenesis were validated by qPCR (Fig. 4B). Functional clustering of these genes using DAVID Annotation revealed that many are involved in the regulation of cell metabolism (*POLE4*, *PGM5*, *PDK2*), cell adhesion (*ALCAM*, *FN1*, *ITGAE*), apoptosis (*SNAI2*, *EAF2*, *DAP3*), cell cycle (*AGTRAP*, *DCTN1*, *TXNL4B*), DNA damage (*RAD23*, *FANCb*, and *FBXO31*), and bone development (*FOXC1*, *GLI1*, *FHL2*), among others (Supplementary Table S5). These data further confirm that our murine osteosarcoma model recapitulates human osteosarcoma.

Increased RUNX2 activity in tumors and cells derived from DKO$^{\Delta Osx1}$ mice

Several genes that emerged from the RNA-sequencing analysis are targets of RUNX2, including *ALCAM*, *RAD23*, *AGTRAP*, and *NFATC21p* (15, 26). We previously demonstrated that WWOX protein physically interacts with RUNX2 and can inhibit its transactivation activity in normal osteoblasts (9). Moreover, van der Deen M and colleagues have shown that several genes involved in cell adhesion and motility in osteosarcoma cells are direct targets of RUNX2 (15). As shown in Fig. 4C, we found that tumor-related RUNX2 target genes are significantly overexpressed in DKO$^{\Delta Osx1}$ tumors and cells compared with $p53^{\Delta Osx1}$. These findings indicate that *Wwox* inactivation is accompanied by upregulation of RUNX2 activity that is involved in tumor proliferation and invasion, which may render the tumors more aggressive.

DDR is impaired in DKO$^{\Delta Osx1}$ tumor cells

One of the main obstacles in the treatment of osteosarcoma is chemoresistance, likely due to a failure of DDR activation and impairment of the p53 pathway. Our transcriptomic analysis revealed altered expression of genes involved in DDR, so we set to examine the response to osteosarcoma-relevant drugs such as doxorubicin and cisplatin in DKO$^{\Delta Osx1}$ versus $p53^{\Delta Osx1}$ tumor cells. We found that DKO$^{\Delta Osx1}$ tumor cells are more resistant to chemotherapy drugs relative to $p53^{\Delta Osx1}$cells (Fig. 5A), consistent with previous observations that WWOX loss is associated with increased resistance to cisplatin (27).

Recently, it was demonstrated that WWOX loss is associated with impaired DDR upon induction of double strand breaks (DSB; ref. 28). Therefore, we addressed whether DDR efficiency is affected in osteosarcoma cells isolated from DKO$^{\Delta Osx1}$ or $p53^{\Delta Osx1}$ mice. We examined cells for the presence of γH2AX foci, an early marker of DSBs (29), at different time points after treatment with neocarzinostatin (NCS), a well-characterized inducer of DSBs (30). Using immunofluorescence, we observed that DKO$^{\Delta Osx1}$ cells display elevated levels of spontaneous γH2AX foci formation (Fig. 5B and C). Moreover, upon induction of DSBs, DKO$^{\Delta Osx1}$ cells exhibited a transient delay in the formation of γH2AX foci at early time points following NCS. The persistence of γH2AX is also an indicator of failed DNA repair. At 24 to 48 hours after NCS treatment, DKO cells exhibited sustained γH2AX foci, in contrast to $p53^{\Delta Osx1}$cells (Fig. 5B and C). These results indicate that combined p53 and *Wwox* inactivation is associated with impaired DDR.

To validate our results in a different system and better understand the role of WWOX in DDR, we examined DNA DSBs in WWOX-depleted MC3T3 cells, an immortalized preosteoblasts, by performing a comet assay upon gamma radiation (Fig. 5D and E). We measured the tail moment of individual cells, which provides an indirect measurement of DNA DSBs. As expected, depletion of WWOX was associated with increased DSBs after induction of DNA damage (Fig. 5D and E). These results suggest that *WWOX* depletion enhances genomic instability upon DNA damage.

Because osteosarcoma cells are known to display a complex karyotype, we next performed karyotype analysis of mouse cells from tumors. Twenty metaphases of each cell type were examined, revealing a higher number of spontaneous chromosomal breaks in DKO$^{\Delta Osx1}$ or HET cells (6 breaks per cell out of 20 cells; 6/20) compared with $p53^{\Delta Osx1}$cells (3/20; Supplementary Table S6), further suggesting that WWOX loss is associated with genomic instability.

Loss of WWOX in human osteosarcoma is associated with inactivation of p53 and impaired DDR

To investigate the relevance of a p53/WWOX association in human osteosarcoma, immunohistochemistry for WWOX was performed on 57 human osteosarcoma cases with known p53 status (21). Twenty cases harbored p53 mutations, while the rest were p53 wt (21). A panel of representative images of the staining is shown in Fig. 6A. A striking proportion (24/37) of p53 wt cases displayed positive WWOX immunostaining (total scores >4.5), while almost all (17/20) p53 mutant cases exhibit little or no WWOX expression (total scores $\leq$4.5; Fig. 6B). A cluster ($n = 13$) of p53 wt/WWOX negative cases was also evident. Statistically significant differences were found when comparing WWOX immunohistochemical scoring values between p53 wt (average score = 4.7) and p53 mutant samples (average score = 1.75; Fig. 6C). These data show that tumors with intact p53 (negative staining) tend to be positive for WWOX expression, while most cases we examined with inactivated p53 (positive staining) also have inactivated or greatly reduced WWOX expression. Analysis of DDR markers in relation to WWOX expression in human osteosarcoma reveals a clear trend of impaired DDR in WWOX-negative cases and vice versa (Fig. 6D). Together with our observations in mouse models, these data suggest that coinactivation of WWOX and p53 is a common event in osteosarcoma.

Discussion

In this study, we have established the role of WWOX in osteogenesis and as a suppressor of osteosarcoma development. Inactivation of *Wwox* in osteprogenitor cells in *Wwox*$^{\Delta Osx1}$ mice activated p53, resulting in defective osteoblast differentiation and decreased tumor formation. Significantly, the combined loss of WWOX and p53 in mouse preosteoblasts, but not mature osteoblasts, accelerated osteosarcoma formation and progression. Our findings indicate that WWOX loss in early osteoblast differentiation is associated with impaired DDR, which could cooperate with enhanced RUNX2 activity to cause aggressive high-grade osteosarcoma formation. These findings represent the first *in vivo* evidence that WWOX loss alters osteoprogenitor phenotype and directly contributes to osteosarcoma formation.

Based on our previous observations of *Wwox* null mice, it became apparent that WWOX has crucial role in bone homeostasis because its loss leads to osteopenia (9). In this new model, WWOX is absent from early and late stages of osteoblast lineage cells, and hence the phenotype is stronger (9). In the new conditional KO models, where WWOX is specifically depleted in

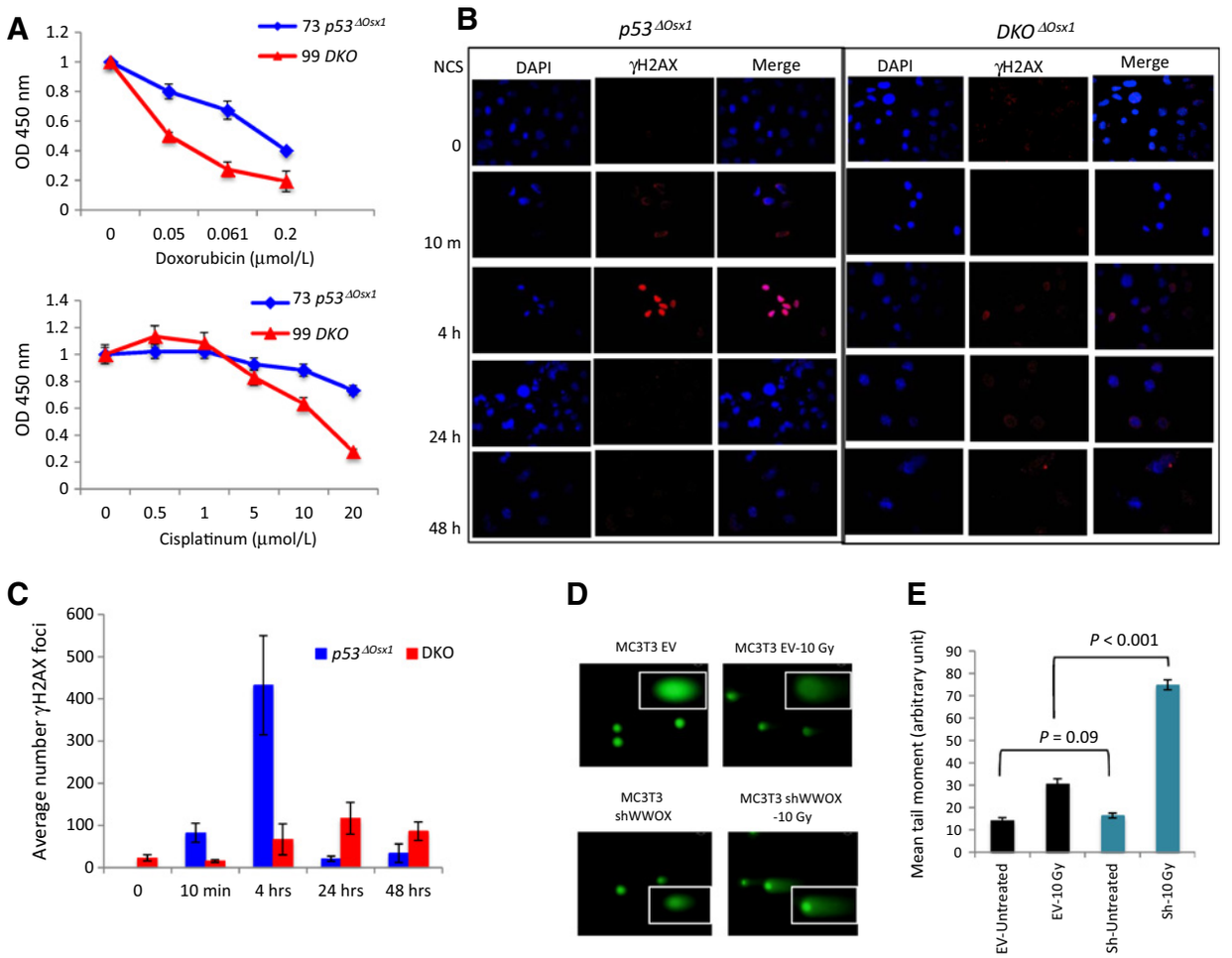

Figure 5.
DKO$^{\Delta Osx1}$ tumor cells are more resistant to chemotherapy and display an impaired DDR. **A,** after 48 hours of treatment with increased concentration of doxorubicin and cisplatinum, DKO tumor cells present higher resistance than *p53*$^{\Delta Osx1}$ cells to the drugs as assessed by XTT assay. **B,** immunofluorescence on DKO and *p53*$^{\Delta Osx1}$ tumor cell lines using anti γH2AX antibody and DAPI at different times after NCS treatment. **C,** quantification of γH2AX staining from **B**. **D,** comet assay. Control- (MC3T3 EV) and WWOX-depleted MC3T3 (MC3T3-shWWOX) cells were irradiated or not at 10 Gy. Labeled DNA was visualized under a fluorescence microscope using ×60 magnification. Representative images are shown. **E,** quantification of the comet assay in **D**. Bars show the comet tail as measured using ImageJ 1.47g software.

a particular population, we detected a transient reduction in bone mass and impaired osteoblast differentiation that was compensated with age (Fig. 2; Supplementary Figs. S1 and S2). Additionally, stromal cells in the conditional KO models do express WWOX, which could contribute to the subtle observed phenotype. Should WWOX be conditionally eliminated in the mesenchymal stem cell compartment, using for example Prx1-Cre, it may result in a more profound effect that possibly resemble the full phenotype as observed in the null model. Importantly, our findings have established a role for WWOX in supporting osteoblast differentiation and that its loss in osteosarcoma cells promotes a highly tumorigenic phenotype.

Reduction or absence of WWOX is a common event in human osteosarcoma (10, 31). To better characterize the function of WWOX in osteogenesis, we studied the contribution of WWOX ablation in specific stages of osteoblasts maturation. These studies revealed that inactivation of WWOX in osteoprogenitors promotes p53 checkpoint signaling, inhibiting proper osteoblast differentiation, as well as tumor formation. Experiments in which expression of both WWOX and p53 is ablated in osteoprogenitors revealed that these genetic lesions can synergize to enhance osteosarcoma development. In these double knockout mice, osteoblast differentiation is resumed to a certain level and tumors emerge with aggressive traits resembling human osteosarcoma.

The mechanism by which WWOX expression modulates p53 levels is unknown. Physical and functional interactions between WWOX and p53 have previously been reported to promote mitochondrial apoptosis (32, 33). Additionally, WWOX loss might render the genome less stable, which could lead to p53 activation (28, 34). Subsequent genomic instability caused by WWOX loss, and likely other tumor suppressor genes, could lead to mutation(s) in p53 and emergence of osteosarcoma. Osteosarcoma penetrance data reveal synergy between *Trp53* and *Wwox:* while osteosarcoma penetrance in

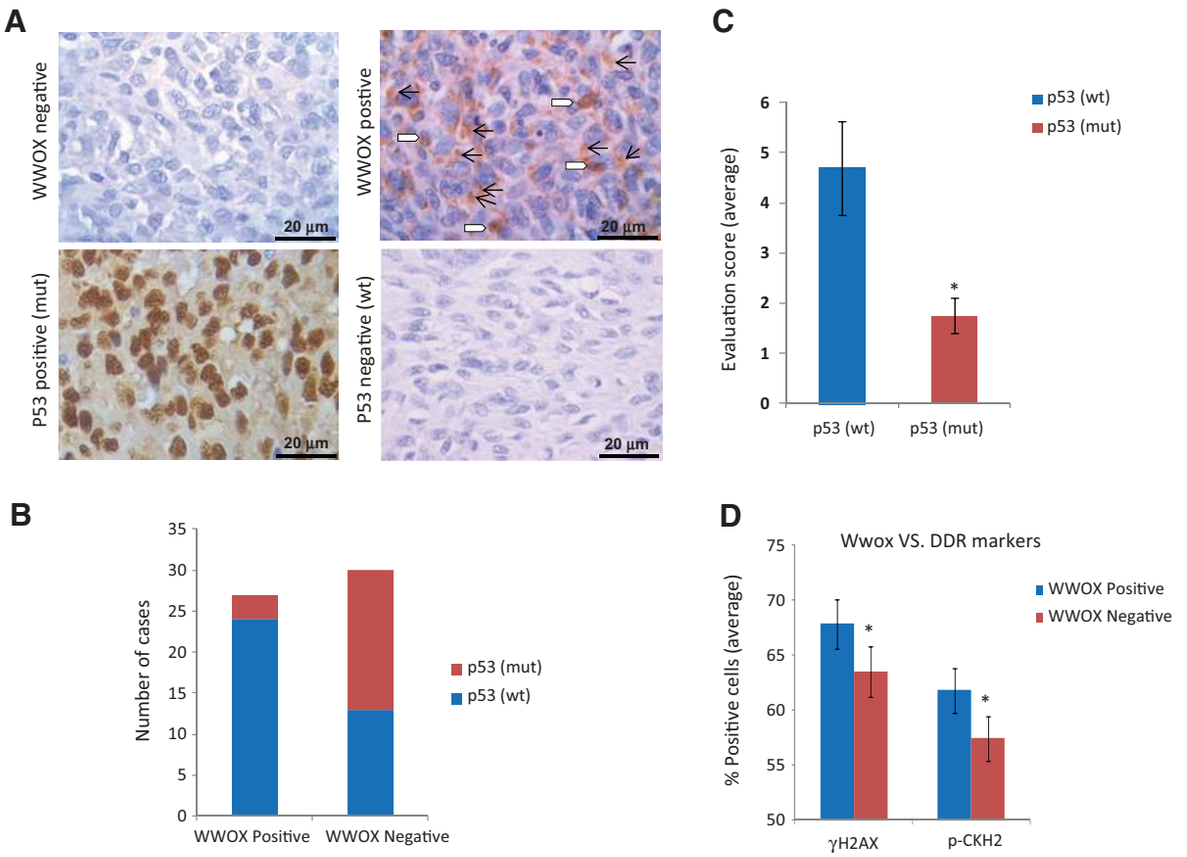

Figure 6.
Loss of WWOX associates with inactivation of p53 and impaired DDR in human osteosarcoma. **A,** representative pictures of WWOX and p53 immunostaining in 53 wt or mutated p53 hosteosarcoma. Scale bars, 20 μm. Arrows and arrowheads depict cytoplasmic and nuclear WWOX immunopositivity, respectively. **B,** quantitative representation of WWOX expression related to p53 status in hosteosarcoma cases. **C,** statistically significant comparison of WWOX immunohistochemical scoring values between p53 wt (average score = 4.7) and p53 mut samples (average score = 1.75). *, $P < 0.05$. **D,** analysis of DDR markers, γH2AX and p-Chk2, in relation to WWOX expression in human osteosarcomas showing a clear trend of impaired DDR in WWOX negative cases and vice versa.

$p53^{\Delta Osx1}$mice is 63%, in *Wwox;*$p53^{\Delta Osx1}$mice it is almost 100%, highlighting the significance of a WWOX-p53 coregulatory pathway in normal cells that is dysregulated in tumor cells. Our results differ from previous reports, perhaps due to differences in genetic backgrounds (24). Intriguingly, when comparing $p53^{\Delta Osx1}$mice and *Osx1Cre*$^{+}$;*Wwox* $^{fl/fl}$;$p53^{fl/+}$, we observed similar pattern of survival (Fig. 3A) though higher penetrance (Supplementary Table S2), suggesting that WWOX loss might promote p53 LOH and appearance of more aggressive tumors. Loss of WWOX was also observed in *Osx1-Cre*$^{+}$;*Wwox* $^{fl/+}$;$p53^{fl/fl}$ osteosarcoma, suggesting its LOH. These findings underscore that functional loss of WWOX promotes tumor development directly from early-stage osteoblast lineage cells.

Interestingly, our data indicate that WWOX deletion in mature osteoblasts using *Oc-Cre* does not activate the p53 checkpoint, though it results in reduced osteoblast differentiation, suggesting that other factors play important roles in this context. Although osteocalcin-expressing osteoblasts are thought to be noncycling, they do form tumors upon *p53* and *Rb1* deletion (35). Our report is the first showing that deletion of p53 in mature osteoblasts ($p53^{\Delta oc}$) is associated with high-grade osteosarcoma. This is not surprising in light of recent evidence that structural and functional impairment of p53 is probably the most common pathological event in osteosarcoma (3, 4).

The exact cell of origin for osteosarcoma remains to be definitively identified. Our $DKO^{\Delta Osx1}$ and $DKO^{\Delta Oc}$ mouse models support the hypothesis that osteosarcoma arises from a committed osteoblastic lineage cell rather than from completely undifferentiated mesenchymal stem cells. This is in line with data from other experimental models that favor an osteoblast population as the cell of origin (24, 36, 37). Nevertheless, osteosarcoma is a heterogeneous disease with a very complex karyotype, suggesting that different genotypic and cellular anomalies could contribute to this variability.

The osteosarcoma formed in *Wwox*/$p53^{\Delta Osx1}$ ($DKO^{\Delta Osx1}$) mice shares several key features with human osteosarcoma as compared with a $p53^{\Delta Osx1}$mouse model. First, the murine tumors in *Wwox*/$p53^{\Delta Osx1}$ mice are more aggressive and are characterized by a highly proliferative and poorly differentiated state, reduced osteocalcin levels, and collagen deposition. Second, several differentially expressed genes identified in tumors of $DKO^{\Delta Osx1}$ mice have also been well documented in human osteosarcoma,

including genes involved in DNA damage, cell metabolism, and cell adhesion. Of particular interest, many RUNX2 target genes involved in cell migration, adhesion, and proliferation are upregulated upon WWOX loss in human osteosarcoma (26). Proteomic studies recently showed that RUNX2 forms functional complexes with several proteins to mount an integrated response to DNA damage (38). Our results lead us to speculate that WWOX has differential effects on RUNX2 binding at promoters of selected genes. Similarly, previous work has suggested that the absence of normal regulation of RUNX2 in osteoblasts converts RUNX2 from a differentiation and tumor suppressor factor to one that promotes tumor growth and metastasis. Lengner and colleagues showed that Mdm2-null osteoblast progenitor cells deleted for Mdm2 have elevated p53 activity and reduced proliferation (5), while p53-null osteoprogenitor cells have increased proliferation, increased expression of RUNX2 and increased osteoblast maturation. In this context, our findings reveal that both WWOX and p53 loss are associated with increased RUNX2 activity, increased proliferation, and increased tumorigenic potential.

Third, WWOX loss is associated with genomic instability and complex karyotype in human osteosarcoma. We have shown recently that loss of WWOX is associated with impaired DDR (28, 34), which could contribute to aggressive osteosarcoma development. Considering that genomic analysis has revealed profound genomic instability and heterogeneity among human osteosarcoma patients, with nearly universal *TP53* somatic structural variations (3, 4), our findings suggest that DKO$^{\Delta Osx1}$ mouse is a useful tool to study human osteosarcoma. Aberrations in *TP53* were suggested to reflect preexisting, p53 deficiency-independent genomic instability in osteosarcoma (3). Whether WWOX loss could facilitate this genomic instability *in vivo* has yet to be determined. Moreover, the tumors in DKO$^{\Delta Osx1}$ mice have impaired DNA repair and loss of p53 effector function suggests they will be difficult to eliminate with chemotherapy, and indeed, our analysis demonstrates that DKO$^{\Delta Osx1}$ cells display increased chemoresistance.

Lastly, we found a significant correlation between WWOX expression and p53 status in human osteosarcoma specimens. In fact, the majority of human tumors that display a nonfunctional mutated form of p53 showed little or no immunostaining for WWOX, suggesting that WWOX inactivation together with p53 mutation is a common event in human osteosarcoma, probably rendering it more aggressive.

To conclude, we report here a potent tumor suppressor role of WWOX in osteosarcoma development *in vivo*, resulting from a mechanism that couples WWOX loss-of-function to p53 activity. Due to the strong similarity between murine osteosarcoma in the *p53/Wwox* knockout model and human osteosarcoma, this model provides a valuable platform for addressing the molecular genetics of osteosarcoma and developing novel therapeutic strategies.

Disclosure of Potential Conflicts of Interest

No potential conflicts of interest were disclosed.

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