

TIMELINE

Wnt signalling and its impact on development and cancer

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Abstract | The Wnt signalling pathway is an ancient system that has been highly conserved during evolution. It has a crucial role in the embryonic development of all animal species, in the regeneration of tissues in adult organisms and in many other processes. Mutations or deregulated expression of components of the Wnt pathway can induce disease, most importantly cancer. The first gene to be identified that encodes a Wnt signalling component, *Int1* (integration 1), was molecularly characterized from mouse tumour cells 25 years ago. In parallel, the homologous gene *Wingless* in *Drosophila melanogaster*, which produces developmental defects in embryos, was characterized. Since then, further components of the Wnt pathway have been identified and their epistatic relationships have been defined. This article is a Timeline of crucial discoveries about the components and functions of this essential pathway.

We know today that Wnt and a handful of other signalling systems (Notch, Hedgehog, TGF β (transforming growth factor- β)-BMP (bone morphogenetic protein) and receptor tyrosine kinases) are major molecular mechanisms that control embryonic development. These signalling systems operate beyond cell and tissue boundaries, but function as morphogens that are secreted from one cell or tissue type to activate surface receptors, signal transduction components and transcription factors in neighbouring cells or tissues, regulating processes such as cell proliferation, survival or differentiation. During development, the activity of such signalling systems is tightly regulated, whereas in cancer and other diseases they can escape this control. For example, a signalling component that functions transiently during development might become an oncogene when it undergoes a gain-of-function mutation. Alternatively, an inhibitor might suffer a loss-of-function mutation, lose its ability to regulate signalling and lose its functions as a tumour suppressor. Both types of change in Wnt signalling have been linked to cancer. Therefore, a great deal of effort is being invested worldwide in developing therapeutic agents that function by fine-tuning the Wnt pathway.

This article describes major milestones that have substantially contributed to our understanding of the Wnt signalling system. The history of Wnt research reads like a survey of disciplines and benchmarks in modern research, drawing together

developmental genetics, cell biology, cancer research, biochemistry and immunology. In addition, Wnt research has covered the spectrum of model organisms, including worms, flies, frogs, mice and humans ([Supplementary information S1](#) (table)), and therefore serves as an example of successful interdisciplinary research.

Early discoveries

In 1982, Roel Nusse and Harold Varmus, then working at the University of California, San Francisco, USA, reported that a tumour virus (mouse mammary tumour virus, MMTV) induced mammary gland tumours in mice by activating the expression of a hitherto unknown gene that they named *Int1* (integration 1)¹ (TIMELINE). A spontaneous loss-of-function mutation in the mouse, *swaying*, that lacked the anterior cerebellum (and was first described in 1967 (REF. 2)) was shown to be a mutant allele of *Int1* (REFS 3,4). A *Drosophila melanogaster* mutant lacking wings, *Wingless* (*Wg*), was described in 1973 (REF. 5), and this fly gene turned out to be the homologue of mammalian *Int1* (REFS 6,7). The *Wg* mutation also caused segmentation defects in *Drosophila* embryos, and a number of segment polarity gene mutations in *Drosophila* had already been produced and extensively characterized by Nüsslein-Volhard and Wieschaus^{8,9}. Subsequently, the developmental phenotypes were traced to mutations in components of the Wnt signalling system and the work on these

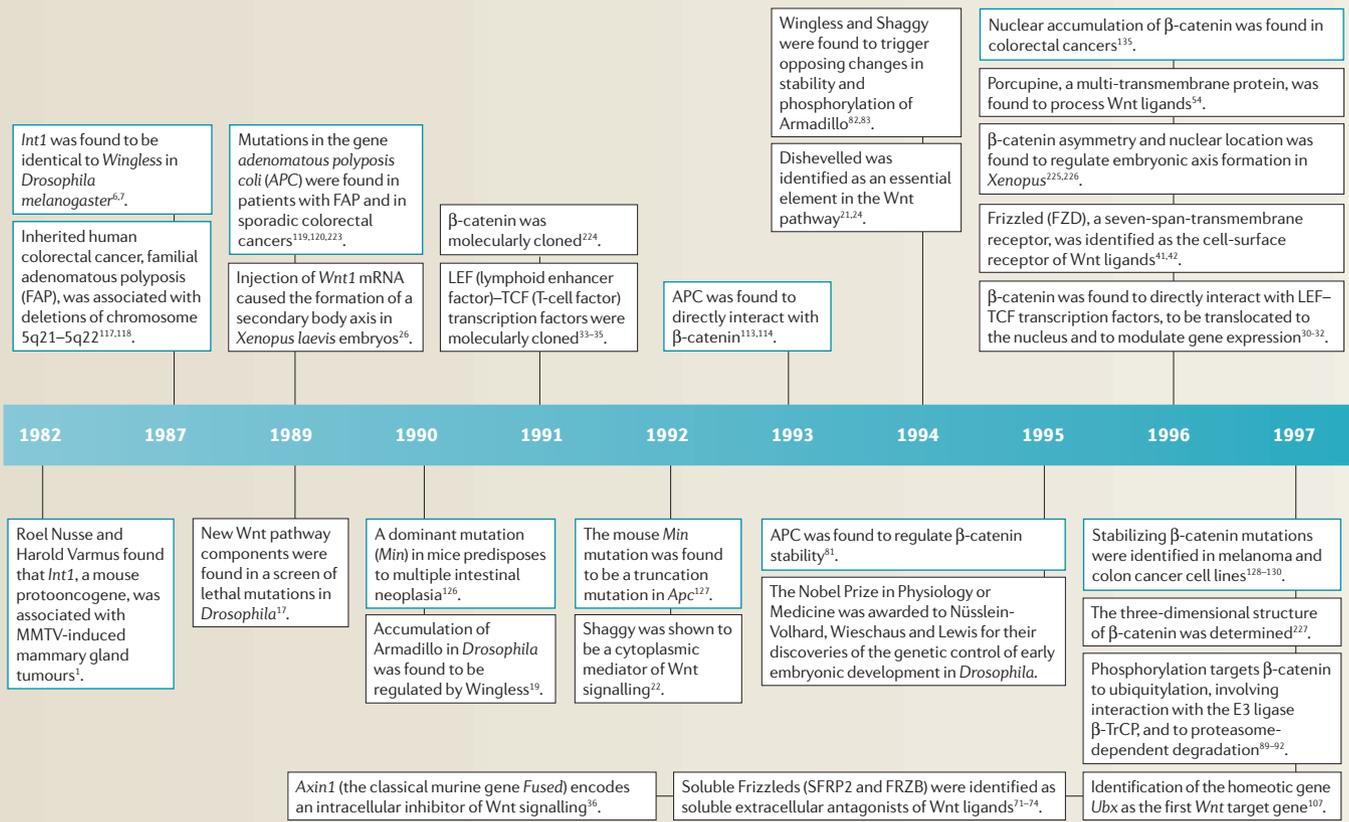
Drosophila mutants was awarded the Nobel Prize in Physiology or Medicine in 1995 (TIMELINE). Today, the term Wnt is therefore an amalgam of *Wg* and *Int1*¹⁰.

There had been some earlier work on Wnt signalling, in ‘precloning’ times, when the underlying pathways and mechanisms had not been identified. In the 1930s, viral insertion was discovered to promote mammary tumours in laboratory mice (see REF. 11 for an example). Even earlier, in a famous experiment conducted in 1924, Mangold and Spemann grafted dorsal lips of the blastopore from developing newt embryos onto the opposing side of the embryo, inducing a second body axis — a twin-headed embryo¹². The cause was the activity of the protein later termed Wnt in the transplanted tissue fragment¹³. This work was awarded the Nobel Prize in 1935. Moreover, in an experiment performed in 1902 by Morgan, the simple salt lithium chloride also induced double axes in frog embryos by activating the pathway later termed the Wnt signalling pathway^{14,15}.

The canonical Wnt signalling pathway

Following the discovery of *Int1*, for almost 10 years most successful research into the Wnt pathway was in the developmental field, before the link to human cancer was realized (see next section). Many of the genes in the Wnt pathway, which were first discovered to function transiently in development, turned out to act as oncogenes and tumour suppressors when deregulated in human cancer. Thus, several of the *Drosophila* mutants identified by Nüsslein-Volhard and Wieschaus’s genetic screen in the late 1970s and early 1980s^{8,9}, and in other screens (for example, that of Perrimon and collaborators^{16,17}), displayed defects in embryonic segmentation — that is, segment polarity defects — similar to *Wingless* mutants. These were caused by mutations in *armadillo* (β -catenin in vertebrates), *dishevelled* or *porcupine* genes, as shown by the groups of Wieschaus, Nusse, Perrimon and collaborators^{8,9,17–22}. Whereas wild-type embryos contained segments with alternating rows of spikes and naked belts, segments in mutants contained only spikes. By contrast, mutations such as *zeste white 3* (also known as *shaggy*; encodes glycogen synthase kinase 3 β) caused opposite phenotypes; that is, completely naked segments. Epistatic analysis of double mutants in the early 1990s demonstrated that these segment polarity genes function as components of a newly discovered signal transduction pathway, the canonical Wnt pathway^{19–25} (TIMELINE).

Timeline | Milestones in the 25 years since the discovery of the first Wnt gene



Blue boxes indicate discoveries of Wnt pathway components in cancer

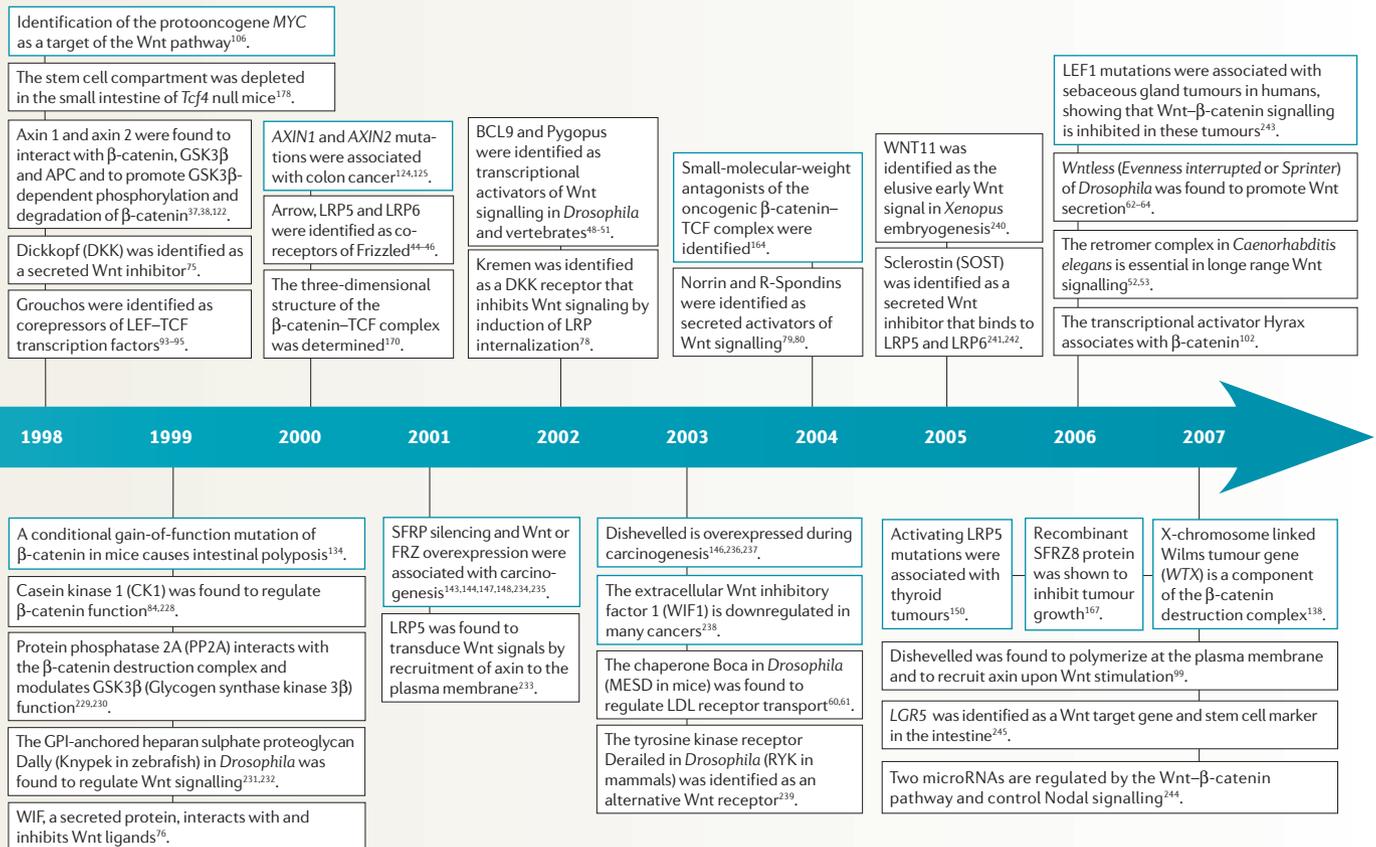
Axis duplication in frog embryos (the experimental model system of *Xenopus laevis* is used) turned out to be an easy assay to define and characterize components of the Wnt pathway. Injection of vertebrate *WNT1* mRNA into early *Xenopus* embryos resulted in duplications of the body axis and twin-headed embryos, as shown by McMahon and Moon²⁶ (TIMELINE). Axis duplication was also induced by injections of mRNA for dishevelled, β -catenin, dominant-negative *gsk3 β* or *lef1* (lymphoid enhancer factor 1)^{27–30} (TIMELINE). In addition, biochemical analyses by us and others demonstrated direct interactions between these components, and in particular demonstrated that β -catenin — a molecule that is already known to interact with the cell-adhesion molecule E-cadherin — translocates to the nucleus where it binds the transcription factors LEF1 and TCF (T-cell factor), thereby converting LEF1 into a transcriptional activator^{30–32}. This finding was crucial in understanding the mechanism by which cytoplasmic Wnt signals confer changes in gene expression in the nucleus. A further assay for determining Wnt–TCF transcriptional activity, the

TOPflash reporter assay, was developed by Clevers and collaborators and is now used worldwide³².

The history of TCF and LEF is interesting because the two factors had already been molecularly cloned by Grosschedl, Jones, Clevers and collaborators in 1991 before their connection to Wnt signalling was recognized. This again illustrates how different areas of research have merged^{33–35}. By contrast, negative regulators of the Wnt pathway, obtained by injections of *axin1* and *axin2* mRNAs into *Xenopus* embryos, produced a complete loss of the body axis^{36–38} (TIMELINE). Genetic analyses in mice confirmed that *Axin1* or β -catenin control axis formation^{36,39}. We should also mention that the *Axin1* mutation analysed by Costanini and collaborators³⁶ was the classical mouse mutant *Fused*, described in 1949 (REF. 40), which was subsequently recognized as a part of the Wnt pathway. The identification and characterization of another negative regulator of the Wnt pathway, the tumour suppressor gene *Apc* (adenomatous polyposis coli), is discussed in the next section. In summary, these findings demonstrated that

the basic mechanism and the components of Wnt signalling are conserved between invertebrates and vertebrates (Supplementary information S1 (table)). The conservation of the members of the Wnt pathway and their similar interactions in flies, frogs and mice also suggested that this pathway is relevant to human development and may have a role in human disease.

Since the mid 1990s, many more components of the Wnt signalling pathway have been discovered, in particular the Wnt cell surface receptors *Frizzled*^{41–43}, *LRP5* (LDL-receptor related protein 5) and *LRP6* (known as Arrow in *Drosophila*)^{44–46}. Once again, the combination of genetic analyses in *Drosophila* and biochemical work in *Xenopus* was the main contributor in identifying these two types of Wnt receptor (Supplementary information S1 (table)). The nuclear components *Legless* (known in vertebrates as B-cell lymphoma 9 (BCL9)) and *Pygopus* were identified by the laboratories of Basler, Bienz, Cadigan and others^{47–51} (TIMELINE). *Legless* and *Pygopus* are co-activators of β -catenin–TCF signalling in *Drosophila*; their role in vertebrates is still incompletely understood.



Particular progress has also been made in the identification of components of the secretory branch of the Wnt pathway that function in or are secreted from neighbouring cells. These include the action of the retromer complex in Wnt secretion^{52,53}, Porcupine in Wnt processing⁵⁴, palmitoylation and glycosylation of Wnt ligands⁵⁴⁻⁵⁶, lipoprotein particles^{57,58} and chaperones⁵⁹⁻⁶¹, the transmembrane protein *Wntless* (also known as *Evenness interrupted* or *Sprinter*)⁶²⁻⁶⁴ and the secreted heparan sulphate proteoglycans^{65,66} (reviewed in REFS 67-69). Palmitoylation of Wnt ligands is essential for their graded action in development^{58,70} (reviewed in REF 68).

The known components of the Wnt signalling pathway can be assembled as follows (FIG. 1): secreted Wnt proteins (there are 19 Wnt genes in the human genome) bind to Frizzled receptors and LRP5-LRP6 co-receptors in the plasma membrane. Several inhibitors of this interaction were identified at the end of the 1990s, including secreted Frizzled-related proteins (SFRPs), Dickkopfs (DKKs) and Wnt inhibitory factor 1 (*WIF1*), by the laboratories of

deRobertis, Niehrs and Nathans⁷¹⁻⁷⁶ (TIMELINE). For instance, *DKK1* antagonizes Wnt signalling during head formation in mice⁷⁷. An additional DKK-receptor, *Kremen*, was shown to inhibit the Wnt signalling pathway by internalization of LRP⁷⁸. Moreover, secreted proteins such as *Norrin* and R-Spondin were shown to be activators of the canonical Wnt pathway owing to their interaction with Frizzled-LRP receptors^{79,80}. In the mid 1990s, it was shown by the groups of Polakis, Nusse, Wieschaus and collaborators⁸¹⁻⁸³ that the control of β -catenin stability is crucial in Wnt signalling (TIMELINE). Therefore, in the absence of Wnt ligands (FIG. 1a), cytoplasmic β -catenin is recruited into a destruction complex, in which it interacts with APC and the axins, and is N-terminally phosphorylated by casein kinase 1 α (*CK1 α*) and GSK3 β ⁸⁴⁻⁸⁸ (TIMELINE). Following phosphorylation, β -catenin is targeted for proteasome-dependent degradation involving interaction with β -TrCP (β -transducin repeat-containing protein), a component of the E3 ubiquitin ligase complex⁸⁹⁻⁹² (TIMELINE). Therefore, in the non-activated

state, cytoplasmic β -catenin levels remain low and LEF and TCF in the nucleus interact with Grouchos to repress Wnt-specific target genes⁹³⁻⁹⁵ (TIMELINE). Mutations in genes that control β -catenin stability, such as those that encode members of the destruction complex (APC or axins), or β -catenin itself, have been associated with cancer progression (see next section).

In the presence of canonical Wnt ligands (FIG. 1b), LRP5-LRP6 is phosphorylated by CK1 γ and GSK3 β ^{96,97} (and possibly other protein kinases yet to be identified), and Dishevelled is recruited to the plasma membrane, where it interacts with Frizzled receptors and polymerizes with other Dishevelled molecules^{98,99}. Phosphorylation of LRP5 or LRP6 and the formation of the Dishevelled polymer, as well as internalization with *caveolin*¹⁰⁰, serve as mediators for the translocation of axin to the plasma membrane and inactivation of the destruction complex. The inactivation of the destruction complex allows the cytoplasmic stabilization and translocation of β -catenin to the nucleus. Many aspects of this current model for inactivation of the destruction

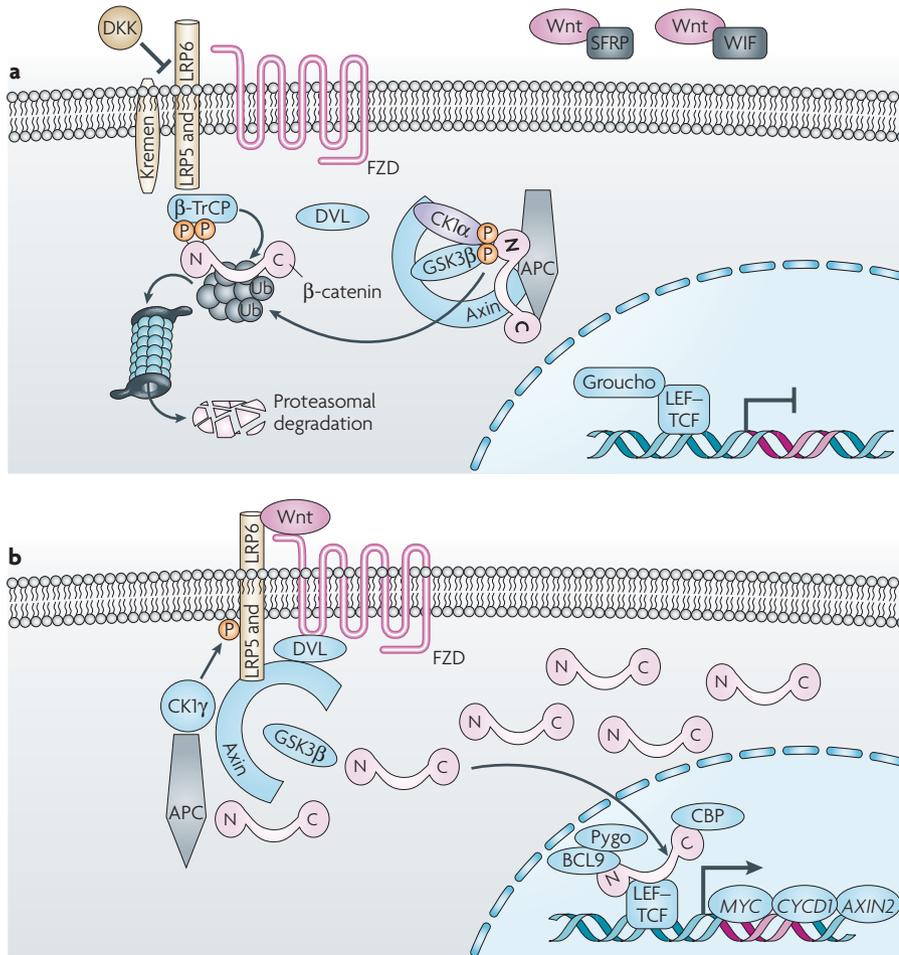


Figure 1 | The canonical Wnt–β-catenin pathway. a | In the absence of Wnt ligands, β-catenin is recruited into the destruction complex with APC (adenomatous polyposis coli) and the axins. Following N-terminal phosphorylation of β-catenin by the kinases CK1α (casein kinase 1α) and GSK3β (glycogen synthase kinase 3β), and subsequent ubiquitylation by β-TrCP (β-transducin repeat-containing protein, an E3 ubiquitin ligase), β-catenin is proteasomally degraded. Low cytoplasmic levels of β-catenin ensure transcriptional repression of Wnt target genes by recruitment of the corepressor Groucho to LEF (lymphoid enhancer factor)–TCF (T-cell factor) transcription factors. **b** | In the presence of Wnt ligands, LRP5 (LDL-related receptor protein 5) and LRP6 are phosphorylated by CK1γ and GSK3β, and Dishevelled (DVL) molecules are recruited to the plasma membrane to interact with Frizzled (FZD) receptors and other Dishevelled molecules. Interaction of axin with phosphorylated LRP5, LRP6 and the Dishevelled polymer leads to the inactivation of the destruction complex and subsequently to the stabilization of β-catenin and its translocation to the nucleus. In the nucleus, β-catenin forms a transcriptionally active complex with LEF and TCF transcription factors by displacing Grouchos and interacting with co-activators such as BCL9 (B-cell lymphoma 9), Pygopus (Pygo) and CBP (CREB binding protein). CYCD1, cyclin D1; DKK, Dickkopf; SFRP, secreted Frizzled-related protein; P, phosphorylation; Ub, ubiquitylation; WIF, Wnt inhibitory factor 1.

complex by the action of Wnt ligands need to be clarified further. In the nucleus, β-catenin forms a transcriptionally active complex with LEF and TCF transcription factors^{30–32} by displacing Grouchos and interacting with other co-activators such as BCL9, Pygopus, CBP (CREB-binding protein) or Hyrax^{47–51,101–105} (TIMELINE). CBP and Hyrax control gene expression through chromatin remodelling and by influencing RNA polymerase II.

The identification of the protooncogene *MYC* as a direct transcriptional target of Wnt–β-catenin signalling in 1998 shed light on the transforming activity of the Wnt pathway in cancer¹⁰⁶ (TIMELINE) (see next section). However, the first direct target gene of β-catenin–LEF — *Ultrabithorax* in *Drosophila* — was actually identified by Bienz¹⁰⁷ (TIMELINE). Further Wnt target genes have been discovered in the late 1990s and in the current decade. These include target

genes that function in cell differentiation (siamois and brachyury), signalling (*VEGF* (vascular endothelial growth factor), *FGF4* (fibroblast growth factor 4) and *FGF18*), proliferation (cyclin D1 and *MYC*), adhesion (E-cadherin and *NRCAM* (neuronal cell-adhesion molecule)) and many further genes that are components of the Wnt pathway itself, demonstrating that Wnt signalling can autoregulate its activity in a positive and negative manner (for example, Frizzleds, DKKs, LRP5, Axin 2, β-TrCP and LEF–TCF). For a frequently updated overview on the Wnt pathway and its target genes see [Roel Nusse's webpage](#).

Although the focus of this Timeline article is Wnt–β-catenin — that is, canonical Wnt signalling — it is important to note that some Wnt ligands and Frizzled receptors, and the Dishevelleds, are capable of activating a β-catenin-independent, non-canonical Wnt signalling cascade. The fact that Dishevelleds are involved in both canonical and non-canonical signalling was important for the realization that Frizzled relatives might be Wnt receptors¹⁰⁸. Examples of non-canonical Wnt signalling are the planar cell polarity (PCP) pathway and the Ca²⁺-dependent Wnt signalling pathway (for comprehensive reviews of non-canonical Wnt signalling see REFS 109, 110). Many functions of non-canonical Wnt signalling have been described. For example, signalling by the PCP pathway in *Drosophila* and *Xenopus* embryos results in polarization of cells and directed cell motility, which is referred to as convergent extension movement. The non-canonical Wnt signalling pathway will not be discussed further here. Mutations in components of non-canonical Wnt signalling in human cancer, that is oncogenes or tumour suppressor genes, have not been described. However, it is interesting to note that the non-canonical *Wnt5a* has transforming capacity in cell culture^{111,112}.

Canonical Wnt signalling in cancer

Until the end of 1993 there was no overlap between research on Wnt signalling and human cancer. Then, Vogelstein, Kinzler and Polakis reported an important biochemical interaction between the tumour suppressor APC and the Wnt pathway component β-catenin^{113,114} (FIG. 1; TIMELINE; [Supplementary information S1](#) (table)). Two types of repeat in APC are essential for interaction with β-catenin — three 15-amino-acid and seven 20-amino-acid repeats (FIG. 2a) that compete with the cell-adhesion molecule E-cadherin for β-catenin binding¹¹⁵.

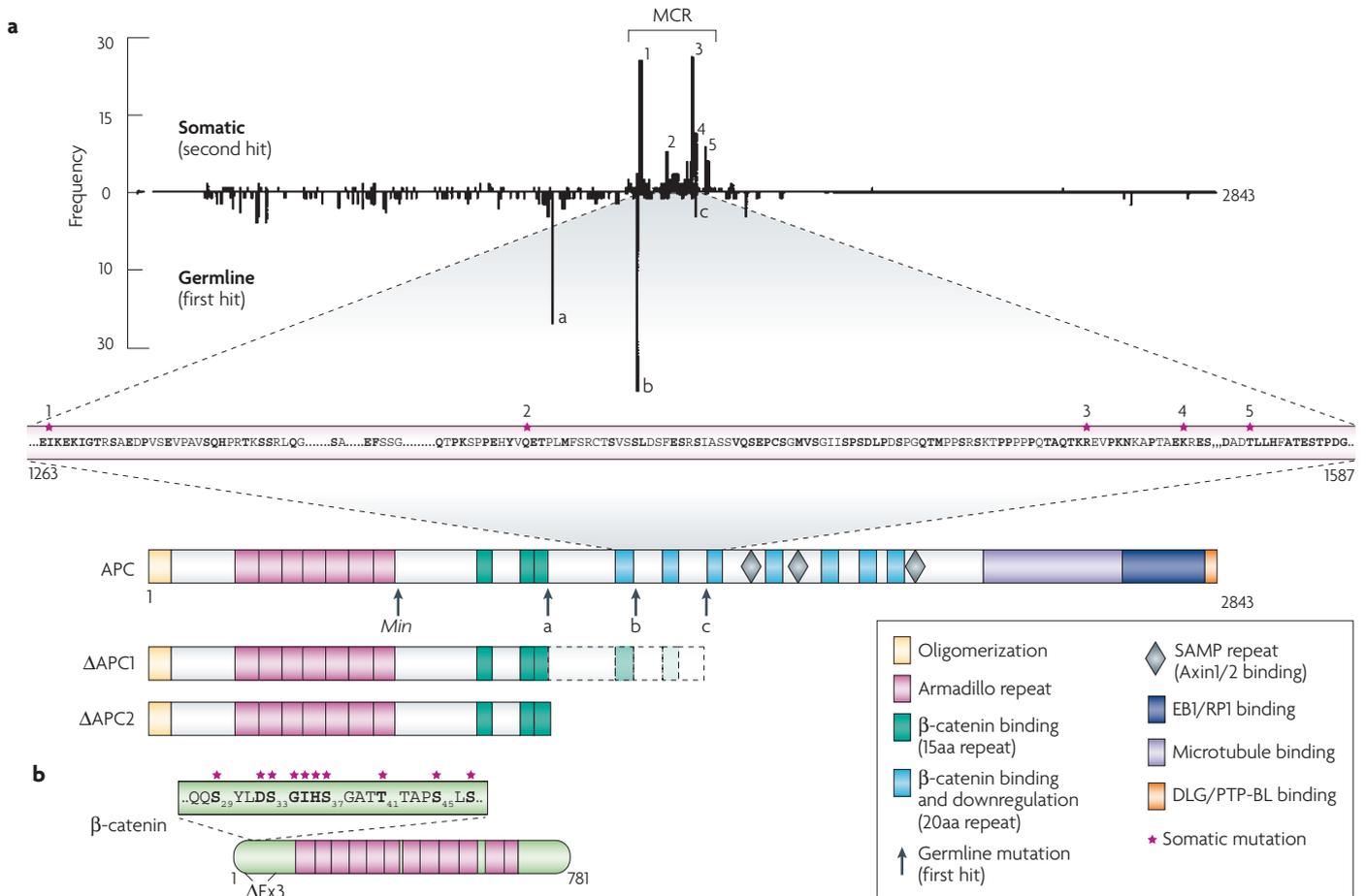


Figure 2 | Human APC and CTNNB1 mutations are associated with carcinogenesis. **a** | Histogram indicating the frequency of somatic and germline mutations within human APC (adenomatous polyposis coli). Germline mutations are distributed all over the APC gene, with two preferential mutation sites at codon 1061 (a) and codon 1309 (b), which produce truncated APC proteins (ΔAPC1 and ΔAPC2) that have been associated with familial adenomatous polyposis (FAP). Somatic mutations in the mutation cluster region (MCR) produce truncated APC proteins that have been observed in sporadic colorectal cancers. People carrying one mutation in APC typically acquire a second mutation during adolescence and are predisposed to benign colorectal cancers. First-hit mutations at codon 1061 (a) accompanied by somatic mutations in the MCR

(hot spots 1–5) produce truncated APC proteins (ΔAPC1) harbouring one or two 20-amino-acid repeats. Germline mutations at b or c that are followed by mutations in the MCR result in loss of the wild-type allele and produce a truncated APC protein (ΔAPC2). The Min mutation (nonsense mutation at codon 850) results in a stable truncated APC protein that predisposes to multiple intestinal neoplasia in mice. **b** | Somatic mutations and deletions (Δ) in the 5' sequence (exon 3) of human CTNNB1 (the gene that encodes β-catenin) that have been associated with human cancers. DLG, disc large; EB1/RP1, a family of microtubule-associated proteins; PTP-BL, protein tyrosine phosphatase BL. The data in the histogram in part a is adapted from REF. 121. The other data in part a is taken from REFS 155,219,220.

Adenomatous polyposis, a type of human colon cancer in which numerous polyps form in the epithelium of the large intestine, has been described since the mid eighteenth century, and its hereditary nature was recognized as early as 1900 (reviewed in REF. 116). The first clue to the molecular pathogenesis of colon cancer was the 1987 finding that the rare inherited disease, familial adenomatous polyposis (FAP), was associated with deletions of the specific chromosome region 5q21–22 (REFS 117,118) (TIMELINE). Patients with FAP develop hundreds to thousands of adenomatous polyps in the colon, and without surgical resection some of these polyps develop to malignant carcinomas. Only two

years later, truncating mutations in APC were characterized in both patients with FAP and in frequent sporadic colorectal cancers; the latter represent approximately 85% of human colorectal cancers^{119,120} (reviewed in REF. 116). A high frequency of APC mutations were frameshift, nonsense or splice-site mutations, which resulted in truncations of about 50% of the APC protein (reviewed in REF. 121) (FIG. 2a). However, single APC mutations are insufficient for the induction of adenomatous polyposis and a second mutation (or 'second hit') is always required: mutation of the second APC allele. Many APC mutations accumulate before the region that encodes the so-called SAMP repeats — regions that

mediate the interaction of APC with scaffold proteins of the β-catenin destruction complex, Axin 1 and Axin 2 (REFS 37,122) (TIMELINE). In accordance with this, an Apc mouse mutant with a truncation mutation after the region that encodes the first SAMP repeat did not develop tumours¹²³. AXIN1 and AXIN2 loss-of-function mutations have also been detected in rare cases of colorectal cancer^{124,125}. A nonsense mutation of Apc was also produced in an ENU (the mutagen ethylnitrosourea)-treated mouse: the Min (Multiple intestinal neoplasia) mouse, which develops adenomatous polyposis^{126,127} (TIMELINE). The Min mutant has since become an important animal model in cancer research.

Box 1 | Wnt signalling in human disease

Mutation and altered expression of components of the canonical Wnt pathway are linked to human diseases other than cancer (reviewed in REFS 141,218):

- Canonical Wnt signalling is involved in bone malformations. Osteoarthritis — a degenerative disorder of the joints — has been associated with augmented Wnt signalling: polymorphisms in *SFRP3* (secreted Frizzled-related protein 3), *LRP5* (LDL-receptor related protein 5) and *WISP1* (Wnt1-induced secreted protein 1), which is a direct Wnt target. Gain-of-function mutations in *LRP5* and loss of sclerostin, a secreted Wnt inhibitor, are known to affect the homeostatic balance of osteoblasts and osteoclasts after birth, which leads to high bone mass. Loss-of-function *LRP5* mutations lead to osteoporosis-pseudoglioma syndrome (OPPG), which is associated with low bone mass.
- Loss-of-function mutations of *LRP5* are not only linked to low bone mass but also to eye defects, such as familial exudative vitreoretinopathy (FEVR). Many cases of FEVR are linked to loss-of-function mutations in the Wnt receptor FZ4 (Frizzled 4).
- Loss-of-function mutations in *WNT3* cause tetra-amelia, the loss of all four limbs.
- Acute renal failure and polycystic kidneys are associated with gain-of-function mutations in *WNT4* and aberrant expression of the target gene *PKD1* (polycystic kidney disease 1).
- Wnt- β -catenin signalling is involved in cardiogenesis and cardiovascular diseases such as cardiac hypertrophy (increased *FZ2*), as well as in neurodevelopment and neurodegenerative diseases such as schizophrenia or Alzheimer disease (*WNT1* and *LRP6* are thought to be involved).

In a fraction of sporadic colorectal human cancers, gain-of-function mutations of *CTNNB1* (the β -catenin gene) have been discovered; their effects are to prevent phosphorylation, subsequent ubiquitylation, and proteasomal degradation of β -catenin. Initially, it was reported in a rather limited sampling that about 10% of sporadic colorectal cancers contain activating mutations in *CTNNB1* (REFS 128–130). More recent and far more extensive mutational surveys indicate that the frequency in sporadic colorectal cancers is actually closer to 1% (reviewed in REF. 131). Over 3,500 different human cancers were examined for the occurrence of *CTNNB1* mutations (colon cancer, melanoma, pilomatixoma (hair tumours), hepatocellular carcinoma, medulloblastoma, hepatoblastoma, gastrointestinal tumours, Wilms tumours¹³² and others), and in over 700 cases mutations were found that were predominantly centered in the N terminus of *CTNNB1* (REFS 121,133). The mutations in the N terminus either caused the deletion of an N-terminal fragment (encoded by exon 3), or altered the N-terminal phosphorylation sites Ser45, Thr41, Ser37, Ser33 or neighbouring residues¹²¹ (FIG. 2b). If exon 3 of *Ctnnb1* is deleted by a conditional mutation in mice, adenomatous polyposis or other cancers develop¹³⁴. Therefore, the tumour-causing mutations in *APC*, *AXIN1*, *AXIN2* and *CTNNB1* generally lead to inappropriate stabilization of β -catenin. Surplus β -catenin then translocates to the nucleus, interacts with the LEF and TCF transcription factors, and persistently transactivates genes associated with the

regulation of cell proliferation, such as *MYC* and cyclin D1 (REFS 30,32,106,135–137). Loss-of-function mutations also occur in *WTX* (X-chromosome-linked Wilms tumour; also known as *FAM123B*), which encodes a recently discovered component of the β -catenin destruction complex^{138,139}. Moreover, uncontrolled Wnt- β -catenin signalling that is associated with elevated β -catenin levels is also linked to aggressive fibromatosis and pulmonary fibrosis^{140,141}. In recent years, other mechanisms of activation of the canonical Wnt pathway in tumours have been discovered; for example, silencing of the genes that encode the inhibitory Wnt ligands SFRPs and DKKs by hypermethylation, or by overexpression of Wnt proteins (*WNT2B* for example), Frizzleds (*FZD10* for example) or Dishevelled^{142–149} (TIMELINE). Recently, activating *LRP5* mutations were discovered in thyroid tumours¹⁵⁰ (TIMELINE). Inappropriate mutation or deregulated expression of various genes of the Wnt pathway are also the cause of many other diseases that affect the cardiovascular, nervous, bone, kidney and other systems (BOX 1).

It is now widely accepted that multiple mutations are necessary for the development of human malignancy. In colon cancer, *APC* mutations represent early events in tumour progression (that is, they represent the 'gatekeeper'), but other mutations that affect *KRAS*, *SMAD2*, *SMAD4* and *TP53* follow (see the Kinzler–Vogelstein model of the adenoma–carcinoma sequence in colorectal cancer, reviewed in REFS 116,151–155). *KRAS* functions as a component of receptor tyrosine kinases, and *SMAD2* and *SMAD4*

are components of the TGF β signalling pathway. In a recent mouse tumour model, the double mutation of *Apc* and *Smad4* leads to activation of the expression of the chemokine *CCL9*, which recruits immature myeloid cells from the tumour stroma and promotes tumour progression¹⁵⁶. Mutations of components of the Hedgehog signalling pathway, such as loss of *Indian hedgehog*, also contribute to the progression of colorectal cancer¹⁵⁷. It therefore seems that it is the inappropriate activation of developmental signalling pathways that are responsible for and promote tumour progression.

Wnt therapeutics

Basic researchers and pharmaceutical and biotechnology companies have been interested in developing Wnt pathway inhibitors since inappropriate activation of the Wnt pathway was first linked to human cancer in the late 1990s (FIG. 3). It was also realized that a number of existing drugs and recently developed derivatives of non-steroidal anti-inflammatory drugs (NSAIDs; for example, aspirin, indomethacin, sulindac, celecoxib, rofecoxib and others), or vitamins (such as vitamin A and D derivatives) seem to target the Wnt pathway, directly or indirectly, for example by inhibiting the Wnt target enzyme cyclooxygenase 2 (COX2) or activating E-cadherin^{158–160} (reviewed in REFS 161,162). Some of the NSAIDs also seem to affect the level of β -catenin or its cellular distribution. These drugs were originally developed for the treatment of other diseases and are approved by the US Food and Drug Administration (FDA) and European Medicines Agency, as pain killers for example. NSAIDs can inhibit colorectal tumours in rats and have cancer-preventive properties in epidemiological studies. Celecoxib has been approved for the treatment of patients with FAP since 1999 (REF. 163). In 2004, a high-throughput screening method to search for low-molecular-weight antagonists that target the interaction between β -catenin and TCF4 was reported, and fungal derivatives were found that suppress the transcriptional activity of β -catenin¹⁶⁴ (TIMELINE). To our knowledge, these compounds have not yet entered clinical trials, and it is not clear whether their development has been carried further. The recent efforts of biotech companies and the pharmaceutical industry to develop effective inhibitors of the Wnt pathway for the treatment of patients with cancer and other diseases can be seen on their webpages, such as [The Genetics Company](#), [Nuvelo](#), [Avalon](#) and [Curis](#).

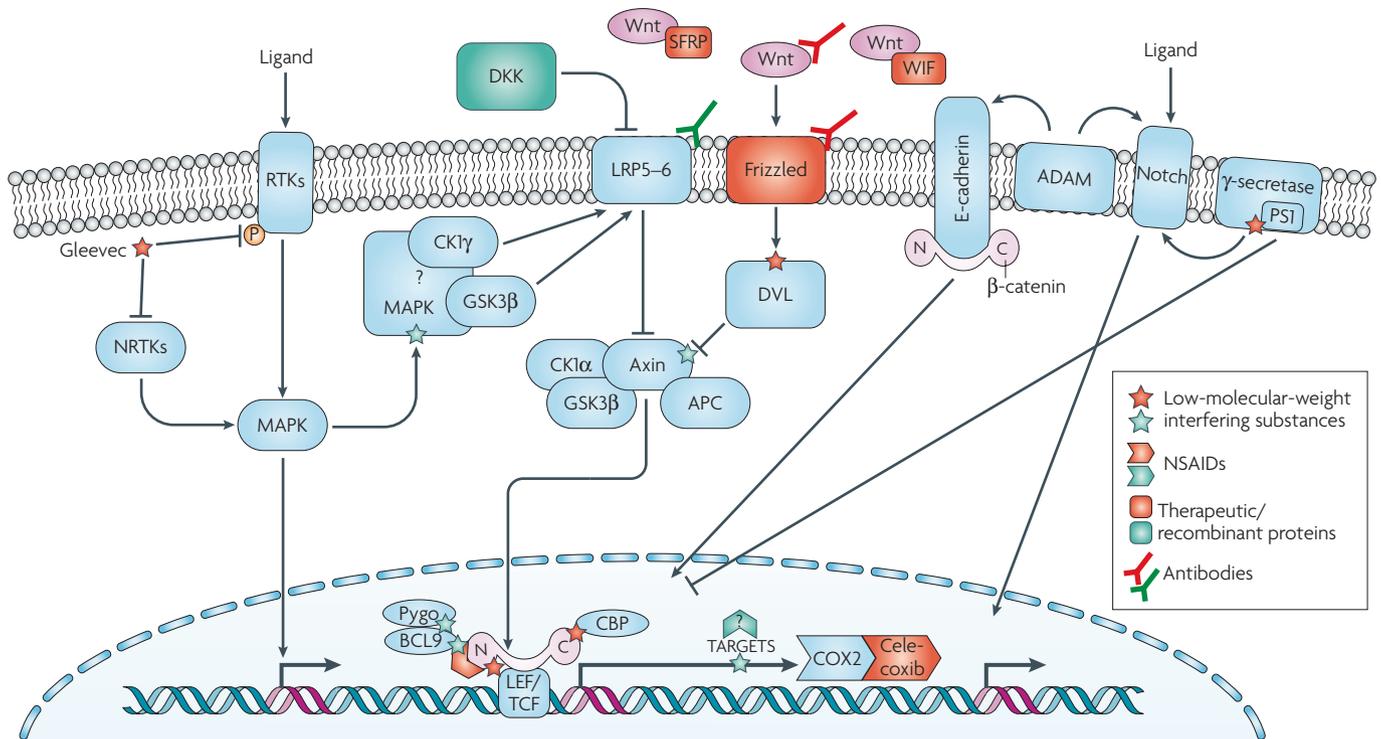


Figure 3 | Cancer therapeutics that target components of the canonical Wnt pathway. Schematic representation of canonical Wnt pathway components that are already used as targets (red) or are future targets (green) for cancer therapeutics in animals and humans. The non-steroidal anti-inflammatory drug (NSAID) celecoxib, which targets the Wnt target gene *COX2* (cyclooxygenase 2), is already approved for the treatment of patients with familial adenomatous polyposis (FAP)¹⁶³. New NSAIDs, therapeutic proteins, antibodies and low-molecular-weight products that interfere with aberrant activity of the canonical Wnt pathway are currently being developed or might be future candidates. Transcriptional co-activators of the Wnt pathway might also be future candidates for Wnt therapeutics. Tissue-specific Wnt target genes might allow the development of drugs that target specific types of Wnt-induced tumour. Imatinib mesylate (Gleevec),

a tyrosine kinase inhibitor and an approved therapeutic for chronic myeloid leukaemia (CML), shows promise for the treatment of Wnt-induced gastrointestinal tumours^{216,221}. Interference with members of other signalling pathways, which directly or indirectly control β -catenin stability (such as γ -secretase or ADAM, a disintegrin and metalloproteinase^{177,222}) might also provide therapeutics against disease. APC, adenomatous polyposis coli; BCL9, B-cell lymphoma 9; CBP, CREB-binding protein; CK1 α , casein kinase 1 α ; DKK, Dickkopf; DVL, Dishevelled; GSK3 β , glycogen synthase kinase 3 β ; LEF, lymphoid enhancer factor; LRP5, LDL-receptor related protein 5; MAPK, mitogen-activated protein kinase; NRTKs, non-receptor tyrosine kinases; SFRP, secreted Frizzled-related protein; TCF, T-cell factor; P, phosphorylation; PS1, presenilin 1; Pygo, Pygopus; RTKs, receptor tyrosine kinases; WIF, Wnt inhibitory factor 1.

Recently, antibody-based therapies have also been developed that target molecules of the Wnt pathway (such as Wnts or Frizzleds) that are overexpressed in disease^{165,166}. Moreover, therapeutic proteins such as SFRPs, which function as inhibitors of the Wnt pathway, are presently being developed and tested in preclinical tumour models¹⁶⁷ (FIG. 3). TCF- β -catenin-restrictive oncolytic viruses are also under development^{168,169} (reviewed in REF. 161).

X-ray structure analysis of many components of the Wnt pathway, such as β -catenin, axins, APC, TCFs, Dishevelled, BCL9 and their complexes should allow the future design and testing of low-molecular-weight substances that interfere with their activity, and many high-throughput screening programmes to discover such compounds are running or planned^{164,170–175} (FIG. 3; [Supplementary information S1](#) (table)). Low-molecular-weight compounds that

target transcriptional co-activators of the Wnt pathway such as BCL9, CBP, CREB, BRG1, Pygopus, Hyrax and components of the Mediator complex are also under scrutiny for potential therapeutic applications^{176,177} (reviewed in REFS 161, 162). However, it could take a while until such novel low-molecular-weight inhibitors and therapeutic proteins are in the clinic.

Wnt signalling and stem cells

Recent findings have demonstrated that the Wnt signalling pathway has an important role in the specification and maintenance of precursor cell and stem cell lineages in various tissues and organs. In 1998, the Clevers laboratory reported the amazing finding that the mutation of the β -catenin interaction partner *Tcf4* in mice resulted in the complete absence of the stem cell compartment in the small intestine¹⁷⁸ (TIMELINE). Further work has shown that canonical Wnt signalling cooperates

with BMP and Notch signalling in the intestinal stem cell niche to control stem cell self-renewal^{179–181}. Since then, Wnt signalling has been shown to have an important role in the stem cell compartments of various other tissues. We have shown that in the skin, loss-of-function mutation of *Cttnb1* prevents the generation of hair cell progenitors, but not epidermal progenitors in the stem cell niche of the follicular bulge¹⁸². This is in accordance with the finding that activating mutations of *Cttnb1* in the skin lead to an expansion of hair precursor cells and are associated with the formation of 'hair tumours': pilomatricomas and trichofolliculomas^{183,184}. In addition, Wnt- β -catenin signalling has been proposed to increase haematopoietic stem cell renewal^{158,185–187}. Here, Wnt signals also join forces with Notch signalling¹⁸⁸.

Wnt- β -catenin signalling also regulates precursor cell maintenance in the central and peripheral nervous system^{189,190}. For

example, the balance of neuronal progenitor cell proliferation and patterning is disturbed in the dorsal spinal cord of loss- and gain-of-function *Ctnnb1* mutant mice. We have shown that Wnt- β -catenin signalling in the dorsal spinal cord is dependent on BMP and controls the action of the essential basic helix-loop-helix transcription factor *OLIG3* in the domain 2 and 3 postmitotic neurons¹⁹⁰. Recently, Wnt- β -catenin signalling has also been shown to control self-renewal and differentiation of *Isllet1*-expressing precursor cells in neo- and postnatal hearts, which might be useful in the development of cell-based therapies for regenerative medicine^{191,192} (reviewed in REF. 193). Taken together, these data demonstrate that the Wnt pathway controls specification and maintenance of particular progenitor and stem cell lineages in various tissues and organs during development and in the adult. Recent results show that the Wnt pathway is involved not only in development and disease but also in regeneration and ageing processes^{194–199}.

The recently identified cancer stem cells share many characteristics with normal stem cells. These are the capacity for self-renewal and differentiation into specific cell types, as well as their dependence on a particular environment, the (cancer) stem cell niche (reviewed in REF. 200). A crucial role of Wnt- β -catenin signalling in cancer stem cells of the mammary gland and epidermis has been identified. It was shown that the frequency of CD29⁺CD24⁺ stem cells in the mammary gland increases by a factor of 6.4 following activation of *WNT1* (REF. 201). Malanchi *et al.* have identified a population of stem cells in early mouse epidermal tumours that are characterized by phenotypic and functional similarities to normal follicular bulge epidermal stem cells²⁰². In normal mouse skin, CD34⁺ follicular bulge stem cells account for approximately 1.8% of the keratinocytes. However, in cutaneous tumours derived by chemical (dimethylbenzanthracene (DMBA) and 12-*O*-tetradecanoylphorbol-13-acetate (TPA)) carcinogenesis or by overexpression of mutant Ras (HRAS-R12T59), a 9-fold increase of this CD34⁺ cell population was seen. The tumorigenic capacity of the CD34⁺ cells was over 100-fold greater than that of the unsorted cells, and the tumours resembled the architecture of the parental tumours, including the maintenance of a small population of the CD34⁺ cells. Remarkably, *Ctnnb1* deletion in DMBA-TPA or Ras-induced tumours by conditional mutagenesis resulted in

a complete regression of the tumours²⁰². These data demonstrate that Wnt- β -catenin signalling has an essential function in the maintenance of the mammary gland and skin cancer stem cells, and that the differentiation potential of β -catenin in cancer versus normal stem cells could be exploited for therapy.

It has also been shown that cytotoxic drugs or irradiation often kill tumour cells, whereas putative cancer stem cells are resistant (reviewed in REFS 203,204). It therefore needs to be determined whether the Wnt-inhibiting drugs that are presently being developed (see above) have a preference for targeting cancer stem cells in the different tumour types. It has also been shown that the Wnt- β -catenin pathway is activated further at late stages of tumour progression, for example in colon carcinoma formation and metastasis^{155,205}. Therefore, Wnt-inhibitory drugs might also interfere with metastasis formation and maintenance.

The next 25 years

In the past 25 years, many components and target genes of the Wnt signalling pathway have been identified. Clearly the future will lead to the identification of new partners — we will gain a better understanding of how components of the Wnt pathway function, and how they cooperate with the many other proteins in cells^{206–209}. We will also gain a better understanding of how the major signalling pathways interact during development and why mutations in their components lead to tumour progression and other diseases. A few specific unknown details that are likely to be resolved in the near future are, for example, the mechanism of action of *BCL9* and *PYGO* in vertebrate development and disease, the role of tyrosine phosphorylation of different Wnt components in these processes, the roles of activating serine/threonine kinases in the Wnt pathway and the actual mechanisms by which the Wnt pathway affects gene regulation and chromatin remodelling (reviewed in REF. 210).

Over 90% of colon cancers and a high percentage of other cancers (reviewed in REF. 211) originate from activating mutations in the Wnt pathway. Cell culture studies reveal that inhibition of the Wnt pathway (by WIF1 or β -catenin silencing, RNA interference targeting GSK3 β , Pygopus 2 antisense oligonucleotides or Vitamin D3, for example) can normalize cancer cells — that is, inhibit proliferation and induce differentiation^{159,212–214}. Therefore, it is likely that inhibiting the

Wnt pathway could make a great contribution to cures for cancer or other diseases. There will soon be a broad spectrum of tools to do this: therapeutic proteins (such as SFRPs and DKKs), nucleic-acid-based substances (vaccines, interfering viruses and small interfering RNAs for example) and many low-molecular-weight interfering substances of Wnt pathway components. Effective therapies might necessitate interfering with protein-protein interactions at crucial steps of the pathway, which is still a great challenge for present-day drug development²¹⁵. New protein kinases that activate the Wnt pathway have recently been discovered⁹⁶, and these hold great promise for the development of specific inhibitors of these enzymes. Last but not least, the combined use of inhibitors of different pathways will be examined, such as inhibitors of receptor tyrosine kinases and Notch, Hedgehog, or TGF- β inhibitors in combination with Wnt inhibitors. For example, tyrosine kinase inhibitors such as imatinib mesylate (Gleevec) and γ -secretase inhibitors perturb the Wnt signalling pathway (the Ras and the Notch pathways cooperate with the Wnt pathway in tumour formation)^{216,217} (FIG. 3), and these will be developed further. It might also be possible to interfere at the target gene level.

Recent studies suggest that so-called cancer stem cells, which represent only a minor fraction of tumour cells, might be solely responsible for the generation and maintenance of tumours. These cancer stem cells seem to share many characteristics with normal stem cells, including the capacity for self-renewal and differentiation (see above). Perhaps these have a similar role in tumours. This emerging concept provides exciting possibilities for both understanding tumour progression and possible therapeutic interference. Future research will therefore demonstrate how important the Wnt- β -catenin signalling pathway is for the self-renewal of cancer stem cells.

The past two decades have seen a number of cases in which processes that regulate embryonic development have been implicated in disease. The ancient Wnt signalling pathway controls many of the processes crucial for the growth, differentiation, and regulation of animal cells, so it is little wonder that mutations in its components have been linked to the deregulation of those processes in disease. Learning to manipulate this pathway through new low-molecular-weight substances or recombinant or therapeutic molecules is of great promise for therapy in the future.

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Acknowledgements

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DATABASES

Entrez Gene: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=gene>
[Apc](#) | [armadillo](#) | [\$\beta\$ -TrCP](#) | [caveolin](#) | [CBP](#) | [CCL9](#) | [CK1 \$\alpha\$](#) | [CTNNB1](#) | [dishevelled](#) | [DKK1](#) | [FAM123B](#) | [EGF4](#) | [EGF18](#) | [Frizzled](#) | [FZD10](#) | [Hyrax](#) | [Indian hedgehog](#) | [Int1](#) | [Islet1](#) | [KRAS](#) | [Kremen](#) | [lef1](#) | [Legless](#) | [LRP5](#) | [LRP6](#) | [MYC](#) | [Norrin](#) | [NRCAM](#) | [OLIG3](#) | [porcupine](#) | [Pygopus](#) | [SMAD2](#) | [SMAD4](#) | [TP53](#) | [Ultrabithorax](#) | [VEGF](#) | [WIF1](#) | [WNT1](#) | [WNT2B](#) | [Wnt5a](#) | [Wntless](#) | [zeste.white.3](#)
National Cancer Institute: http://www.cancer.gov/colon_cancer | [hepatocellular carcinoma](#) | [medulloblastoma](#) | [melanoma](#) | [thyroid tumours](#) | [Wilms tumours](#)

FURTHER INFORMATION

W. Birchmeier's homepage: http://www.mdc-berlin.de/en/research/research_teams/signal_transduction_invasion_and_metastasis_of_epithelial_cells/index.html
Avalon: <http://www.avalonrx.com/content.aspx?id=36>
Curis: <http://www.curis.com/pipeline.php>
Nuvelo: <http://www.nuvelo.com>
Roel Nusse's webpage: <http://www.stanford.edu/~musse/wntwindow.html>
The Genetics Company: <http://www.the-genetics.com/?menu=therapeutics&sub=wntinhibitors&doc=main>

SUPPLEMENTARY INFORMATION

See online article: [S1](#) (table)

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to tackle this disease. Raising awareness of this looming epidemic in Africa is the first step. If the international cancer community takes concerted action now, working in partnership with the African Health Ministries, another tragedy can be prevented. To establish cancer care programmes in African countries requires the integration of clinical and public-health systems so as to be truly comprehensive, and must bring together prevention, early detection and diagnosis, treatment, palliative care and the investment needed to deliver these services. This will require trained staff, equipment, relevant drugs and information systems, supported by broad and effective partnerships between local health-care delivery systems, research institutions, international organizations, non-governmental organizations (NGOs), national governments in developed and developing countries, and the pharmaceutical industry. The relevant organizations and individuals must be brought together to develop achievable and sustainable national cancer plans that are evidence-based, priority-driven and resource-appropriate for African countries.

Cancer burden

In 2002, 7.6 million people worldwide died of cancer. This was 13% of the global mortality burden and, perhaps surprisingly, more than the number of deaths from HIV/AIDS, TB and malaria combined (~5.6 million)³ (FIG. 1a).

The World Health Organization (WHO) has estimated that the global cancer burden will increase, according to current trends, from 10 million new cases per year in 2000 to 16 million in 2020. Remarkably, 70% of these cases will be in the developing world, rising from 5.2 million annually to 8.8 million by 2020, an increase of ~60%. Sub-Saharan Africa will account for >1 million of these cases by 2020 (REF. 4).

Although the AIDS epidemic has seen the relatively indolent tumour [Kaposi sarcoma](#) leap to the top of the cancer league tables for Uganda, Swaziland, Malawi and Zimbabwe, FIG. 2 shows the other prevalent tumour types, with [cervical](#) and [breast carcinoma](#) predominating in women and [prostate](#) and [liver cancer](#) in men⁵.

Cancer infrastructure in Africa

One of the levers used to promote investment in cancer control in developed countries was the international comparison of relative spend and infrastructure in neighbouring nations, the lobbyists using these

SCIENCE AND SOCIETY

The challenge of cancer control in Africa

Rebecca J. Lingwood, Peter Boyle, Alan Milburn, Twalib Ngoma, John Arbutnott, Ruth McCaffrey, Stewart H. Kerr and David J. Kerr

Abstract | While the world is focused on controlling the spread of diseases such as HIV and malaria in the developing world, another approaching epidemic has been largely overlooked. The World Health Organization predicts that there will be 16 million new cancer cases per year in 2020 and 70% of these will be in the developing world. Many of these cancers are preventable, or treatable when detected early enough. Establishing effective, affordable and workable cancer control plans in African countries is one step in the right direction toward limiting this epidemic.

In the developing world, one-third of cancers are potentially preventable and another third are treatable if detected early¹. However, in many developing countries, governments and institutions face a wide range of serious health problems and cancer is often not a priority in limited-resource settings. Currently, a cancer diagnosis in the developing world means a painful and distressing death in most cases. Although there is increasing awareness of the magnitude of the growing cancer problem in the

developing world, the challenges posed are substantial (BOX 1).

The world is focused on controlling the spread of HIV, tuberculosis (TB) and malaria, which are all acknowledged to be major killers in the developing world, and huge sums of money are currently available to help combat these diseases². Cancer is set to become the newest epidemic in the developing world, with the potential to claim a vast number of lives, but currently there is limited funding available