

PTEN Dual Lipid- and Protein-Phosphatase Function in Tumor

Subjects: [Cell Biology](#)

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Phosphatase and tensin homolog deleted on chromosome ten (PTEN) is a multifunctional tumor suppressor with protein- and lipid-phosphatase activities. The inactivation of PTEN is commonly found in all human cancers and is correlated with tumor progression. PTEN-lipid-phosphatase activity has been well documented to dephosphorylate phosphatidylinositol-3, 4, 5-phosphate (PIP3), which hinders cell growth and survival by dampening the PI3K and AKT signaling activity. PTEN-protein-phosphatase activity dephosphorylates the different proteins and acts in various cell functions.

PTEN

PTEN lipid phosphatase

PTEN protein phosphatase

mutation

PTEN protein substrate

tumorigenesis

1. PTEN Dual Lipid and Protein Phosphatase

In 1984, scientists discovered that the loss of part or all of chromosome 10 was associated with brain, bladder, and prostate cancer [\[1\]\[2\]\[3\]](#). Conversely, the reintroduction of wild-type chromosome 10 into glioblastoma-cell lines reduced the ability of the tumor formation in nude mice [\[4\]](#), which suggested an important tumor-suppressor role for chromosome 10. Later, a chromosome loss-of-heterozygosity (LOH) analysis identified region 10q23 as the most common region of loss on chromosome 10 in prostate cancer [\[5\]](#), which suggested that this region contains a critical tumor-suppressor gene. Then, in 1997, several laboratories identified a putative tumor-suppressor gene at 10q23 that encodes a 403 amino acid protein with a protein-tyrosine-phosphatase domain and homology to chicken tensin and bovine auxilin, which was then named phosphatase and tensin homolog deleted on chromosome ten (PTEN) for phosphatase and tensin homolog deleted on chromosome 10 [\[6\]\[7\]\[8\]\[9\]](#). The PTEN protein contains five major domains: the N-terminal PIP2-binding domain (PBD), the catalytic domain of the phosphatase, the C2 domain, the C-tail domain, and the PDZ-binding domain (PDZ/BD); the C-terminal PDZ/BD domain can inter- act with other proteins [\[10\]\[11\]\[12\]](#) (**Figure 1A**). The PTEN phosphatase domain contains a signature CX5R motif that forms its catalytic pocket, which is also known as the P- loop. The cysteine at the base of this pocket allows the phosphatase to react with substrates. Moreover, later studies confirmed that PTEN not only specifically dephosphorylates protein substrates at tyrosine-, serine-, and threonine sites, but also dephosphorylates lipid phosphatidylinositol 3,4,5-trisphosphate [PtdIns(3,4,5)P3] to form phosphatidylinositol 4,5-bisphosphate [PtdIns(4,5)P2]. PTEN also contains a TI-loop that contributes to its lipid-phosphatase activity by determining the size of the catalytic pocket [\[10\]\[13\]](#).

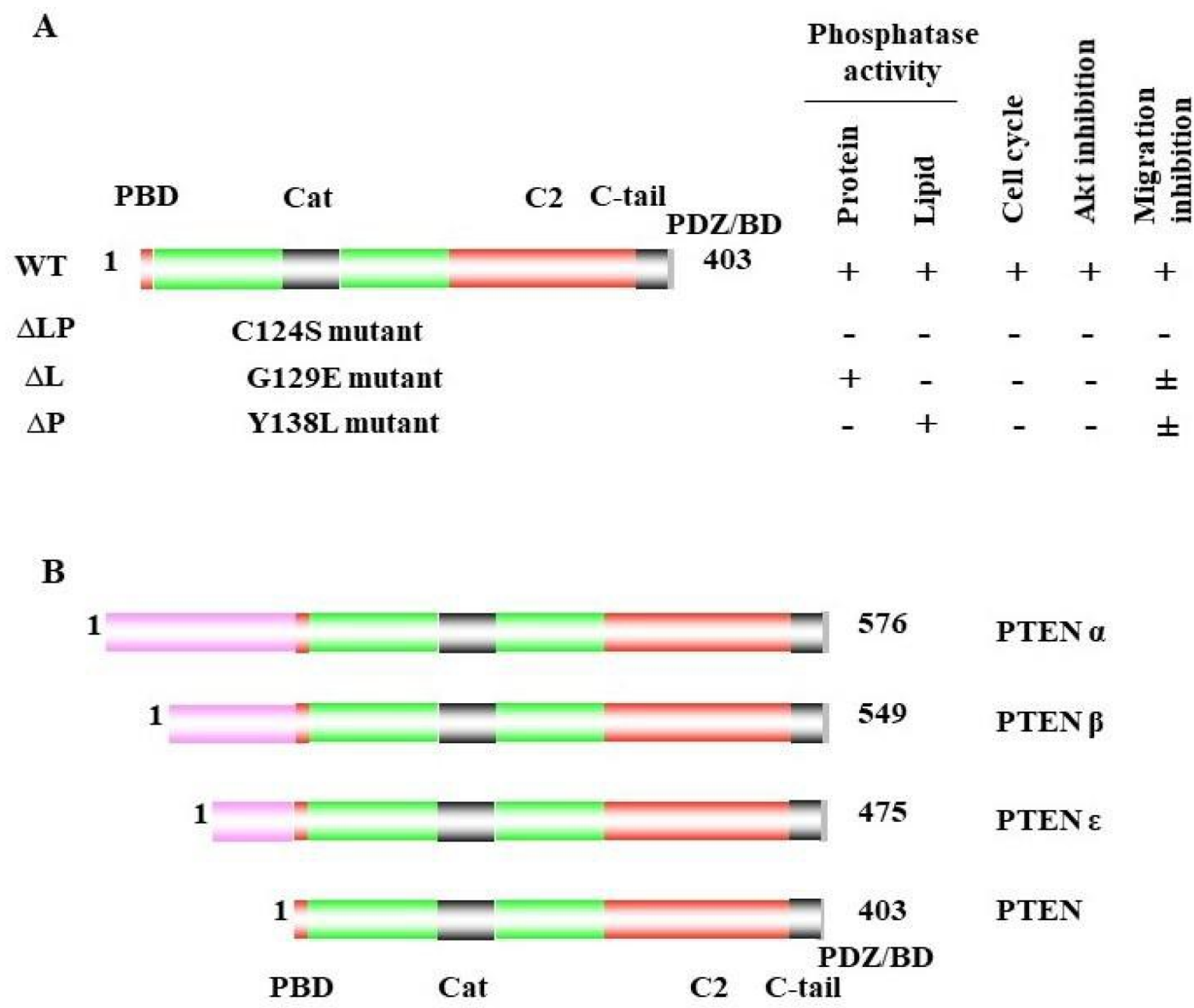


Figure 1. Schematic of the PTEN protein. **(A)** PTEN contains five functional domains: two key domains that are required for its tumor-suppressor function: the phosphatase (catalytic) domain (amino acids 14–189), with an active site included within the residues 123 and 130 (black), and the C2 (lipid-membrane-binding) domain (amino acids 190–350) (red); two binding domains that are the N-terminal PIP2-binding domain PBD (amino acids 1–14) and C-terminal PDZ-binding domain (grey; amino acids 401–403), which binds proteins containing PDZ domains; the carboxy-terminal region (amino acids 351–400), which contains PEST sequences and contributes to PTEN stability and activity, and is less well defined in the tumor-suppressor functions of PTEN. Wild-type PTEN with both lipid- and protein-phosphatase activity inhibits the cell cycle, AKT activity, and cell migration. The mutation at C124S (ΔLP) inactivates both PTEN lipid and protein phosphatase, which provokes the loss of the inhibition of cell-cycle arrest and AKT and cell migration. The G129E (ΔL) mutant loses only its lipid-phosphatase activity and can still inhibit cell migration. The mutation of Y138L is deficient in its protein phosphatase, which may lose the capacity to inhibit cell migration. **(B)** Three PTEN alternative translational isoforms, PTENα, PTENβ, and PTENε, which are produced from the same mRNA as canonical PTEN and are generated due to non-AUG translational initiation. Each has a longer N-terminal extension than the canonical PTEN protein.

PTEN protein is mainly found in the cytoplasm. However, the study of the crystal structure of PTEN suggested that its C2 domain helps it bind to phospholipid membranes [10]. SUMO1 modification at the K266 and K254 sites in the C2 domain promotes the cooperative binding of PTEN to the plasma membrane via electrostatic interactions, downregulating the PI3K/AKT pathway [14]. PTEN localized in the cytoplasmic membrane performs its lipid-phosphatase activity by converting PIP3 to PIP2. PTEN protein can also shuttle to the nucleus to maintain genomic stability. By physically associating with CENP-C (centromere proteins), which are an integral component of the kinetochore, PTEN regulates RAD51 expression, which reduces the incidence of spontaneous double-stranded breaks (DSBs) and plays a role in DNA repair [15]. Nuclear PTEN also exhibits its tumor-suppressive effect through G1-phase cell-cycle arrest by preventing cyclin D1 localization and decreasing the level of cyclin D1 [16], together with the effects of PTEN on p27Kip1, to suppress the cell cycle [17][18] (Figure 2).

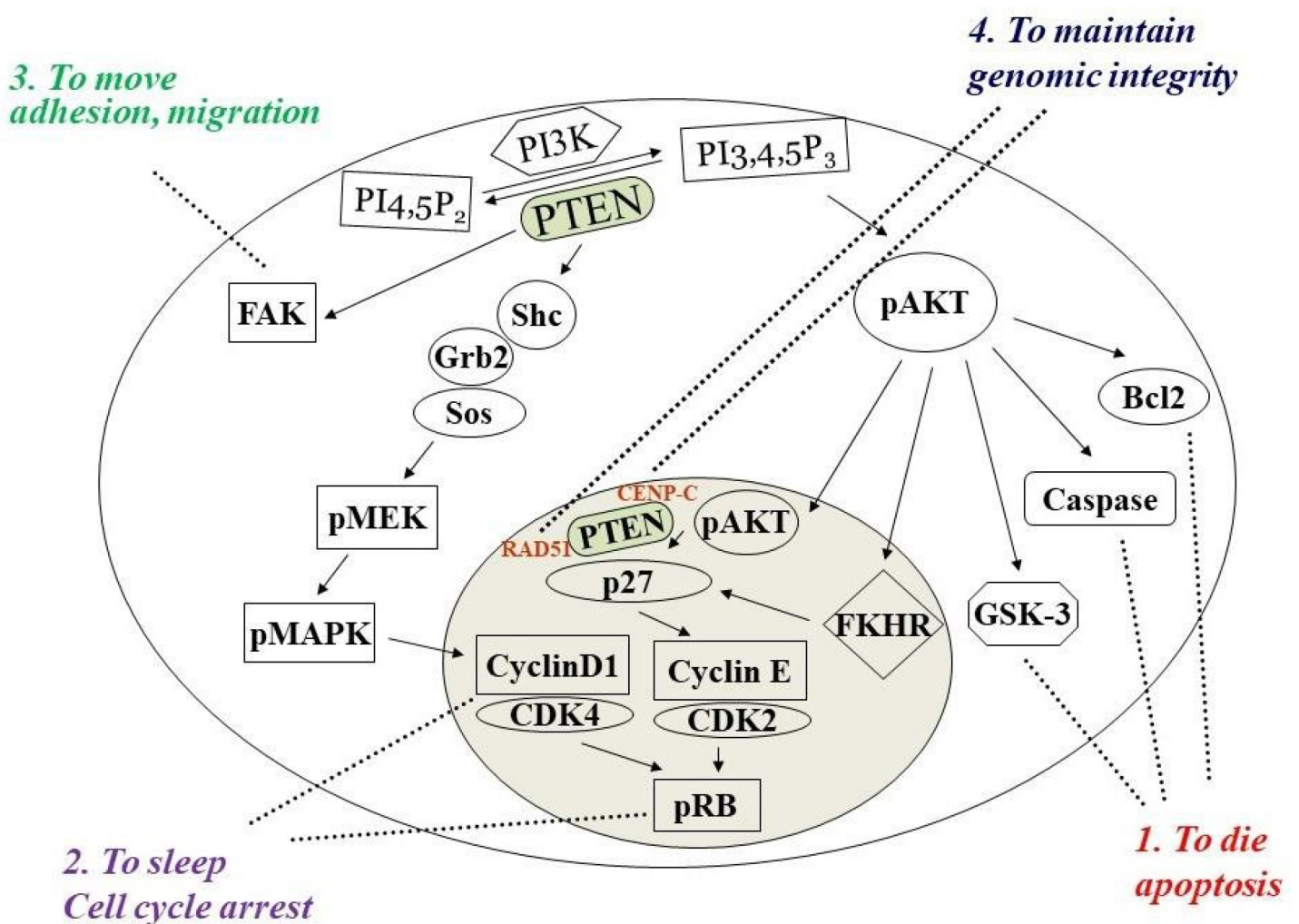


Figure 2. PTEN has four major cellular functions. By dephosphorylating PIP3 and negatively regulating the activation of AKT, PTEN can both prevent the activation of Bcl2 and GSK-3 and promote the activation of caspase, thereby inducing cell apoptosis (1), and against both the AKT and MAPK signaling pathways to promote cell-cycle arrest (2). The protein phosphatase dephosphorylates the FAK proteins to reduce cell adhesion, movement, and migration (3). It can also shuttle into the nucleus to maintain genomic integrity (4).

PTEN functions as a haploinsufficient tumor suppressor, where the protein produced after the deletion of one allele on chromosome 10 is insufficient for proper function [19] (Figure 3). The complete loss of PTEN will trigger senescence and often leads to early death in genetically engineered mice (GEM) [20]. Mammary epithelial cells from PTEN hypermorphic (Ptenhy/+) mice with 80% of the regular PTEN expression showed enhanced proliferation and increased resistance to apoptosis after ultraviolet irradiation [21].

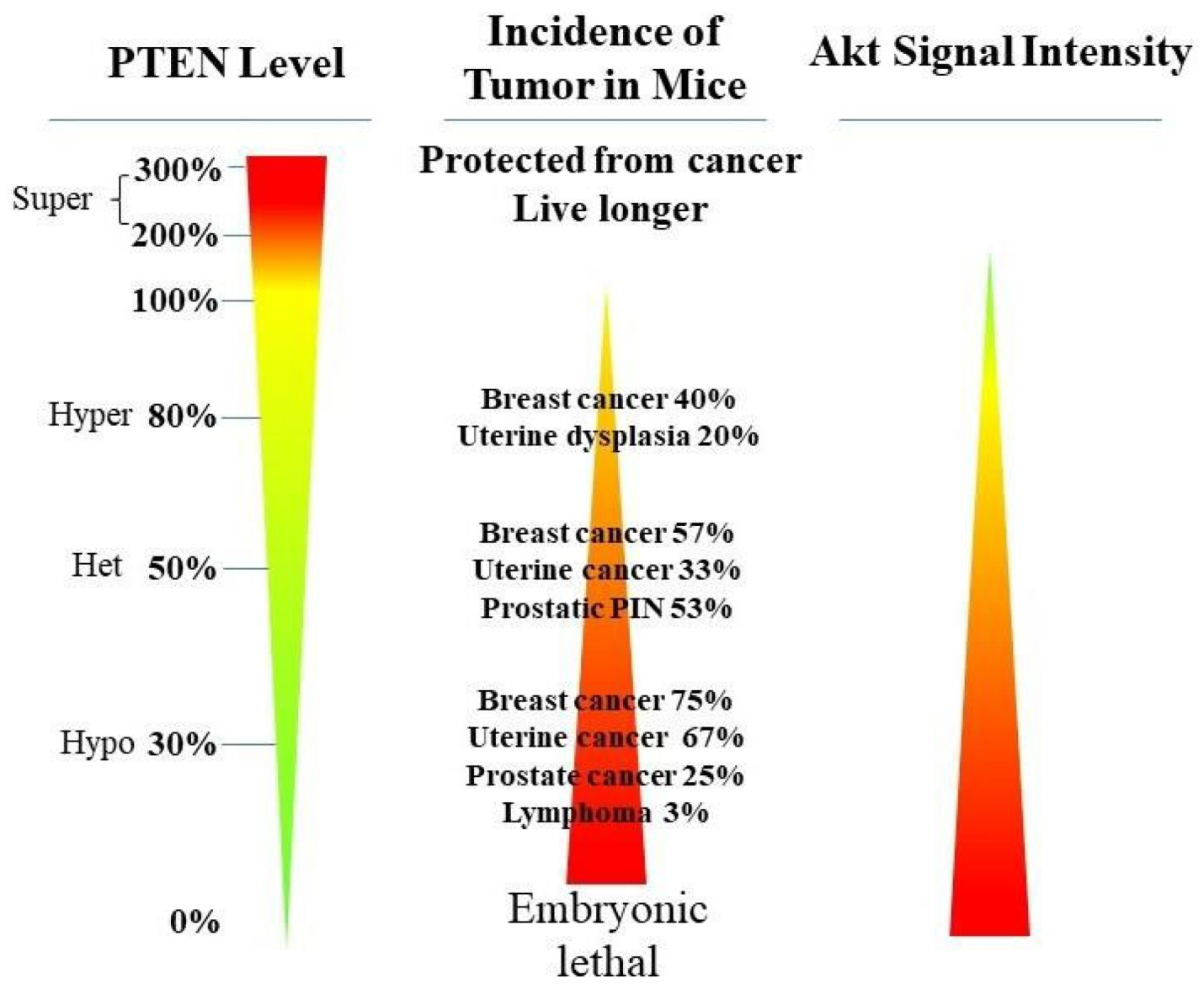
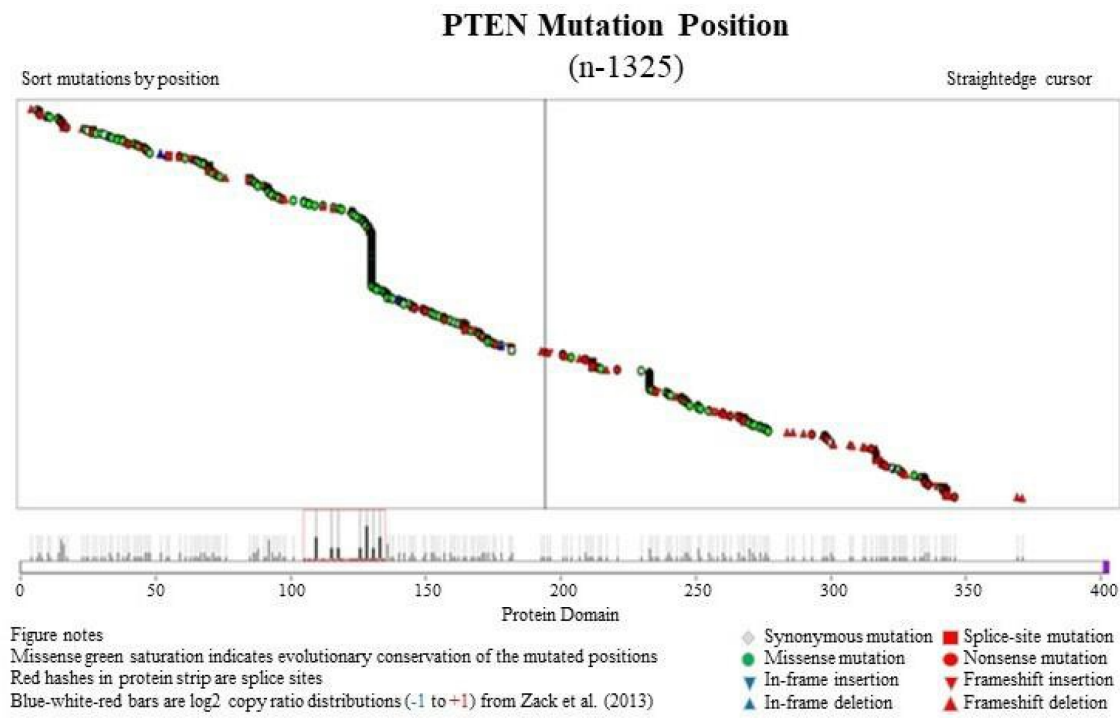


Figure 3. PTEN functions as a haploinsufficient tumor suppressor. PTEN loss correlates with the incidence of tumorigenesis and increased activity of AKT in a dose-dependent manner (the more loss of PTEN (left panel), the higher tumor incidence (middle panel) and AKT activity (right panel)). PTEN deficiency (0% of PTEN) leads to embryonic lethality and hyperactivated AKT, while the hypomorphic allelic loss of PTEN (Hypo 30%) revealed more increased cancer phenotypes than the heterozygous loss of a PTEN allele (Het 50%) and the hypermorphic allelic loss of PTEN (Hyper 80%, with small 20% reductions in PTEN doses) (the tumor incidence from high to low: Hypo 30% > Het 50% > Hyper 80%). In contrast, elevated PTEN (>100%) protects against tumorigenesis and promotes longevity in GEM models [20][21][22].

2. PTEN Inactivation in Cancer Progression

PTEN is one of the most highly mutated genes in human cancers. The dysfunction of PTEN by genetic mutation or epigenetic silencing contributes to most cancer development and progression (Figure 4, Table 1) [7][8][23]. It is often associated with high-grade and metastatic potential drug resistance [24][25] and poor patient prognosis [26][27][28]. The inactivation of PTEN is caused by various mechanisms, including genetic loss, point mutation, epigenetic regulation, and posttranslational modifications. Most alterations result in the loss of or reduction in PTEN protein.



12% of samples in all TCGA data (1325/10953) contained PTEN mutations

mutation site	function loss	% of total mutated samples
G129	lipid	0.9 (11/1203)
Y138	protein	0.2 (3/1203)
C124	protein & lipid	0.5 (6/1203)
R130	protein & lipid	11.4 (137/1203)

Figure 4. PTEN mutations cause PTEN inactivation and loss of the tumor-suppressive function. Most PTEN mutations in cancer (TCGA dataset) are found in its phosphatase domain, including G129, Y138, C124, and R130, which lose lipid or protein or both phosphatase activities.

Table 1. PTEN Lesions (Deletion and/or Mutation) in Sporadic Human Malignancies.

Site/Tissue	Tumor Type	Range	Average	Comment	Reference(s)
Brain	Glioblastoma	12–84%	29% (88/303)	Mostly LOH	[29][30]
Breast	Ductal carcinoma	11–55%	33% (415/1257)	Mostly LOH	[31][32][33]

Site/Tissue	Tumor Type	Range	Average	Comment	Reference(s)
Endometrium	Endometrioid carcinoma	19–82%	67% (352/529)	LOH and mutation	[34][35]
Prostate	Adenocarcinoma	12–63%	33% (88/267)	Mostly LOH	[36][37]
Ovary	Cystadenocarcinoma	9–61%	30% (33/112)	LOH and mutation	[38][39]
Skin	Melanoma	11–39%	30% (57/190)	Mostly LOH	[40][41]
Thyroid	Carcinoma (ATC)	10–41%	11% (21/196)	Mostly LOH	[42][43][44]

References

PTEN genetic loss is involved in various tumor types, such as glioblastoma, breast ductal carcinoma, endometrial carcinoma, prostate adenocarcinoma, ovary cystadenocarcinoma, melanoma, pancreatic adenocarcinoma, colorectal cancer, etc. (Table 1). In GEM mice, PTEN deficiency leads to embryonic lethality, and even a small reduction in the PTEN levels enhances the cancer incidence [20][21][45][46]. Contrarily, the systemic overexpression of PTEN in GEM models amplifies its tumor-suppressive function and protects against tumorigenesis [42], which suggests that the precise level of PTEN expression is a critical factor for the tumor-suppressor function, and that the reduction in PTEN activity is a driving mechanism for tumor progression. The pathologic characteristics that are associated with PTEN deletion in mice are phenocopied in a wide range of human tumors with loss-of-heterozygosity (LOH) mutations. In cancer, the PI3K/AKT/mTOR pathway has been identified as one of the critical molecular axes driving tumorigenesis [48][49][50][51]. The loss of PTEN activity has been reported to be responsible for many of the phenotypes of cancers, and it affects the development of 15–70% of human cancers [25][49][50] (Table 1).

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3.103. PDK89

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3.105. PDK91

3.106. PDK92

3.107. PDK93

3.108. PDK94

3.109. PDK95

3.110. PDK96

3.111. PDK97

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