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**The influence of tumour microenvironment on breast cancer cells in
the context of changes within oestrogen receptor**

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Abstract

Breast cancer (BC) is one of the most common cancers among women worldwide. It can be divided into subtypes, where the most abundant are those which carry steroid hormone receptors (HR) for estrogen and/or progesterone. BC that lacks HR are one of the most aggressive with poor patients' outcome. Estrogen Receptor alpha is a 66kDa (ER α 66) ligand-activated transcription factor involved in cell proliferation and is encoded by the *ESR1* gene. ER is also one of the most valuable prognostic and predictive markers in breast cancer assessed by immunohistochemical staining (IHC). Previously our team investigated its amplification in order to assess the prognostic value of *ESR1* gene dosage. Results indicated that *ESR1* amplification may occur also in ER-negative patients and confers their poor prognosis. Because of this phenomenon we hypothesize, that high *ESR1* gene dosage may affect presence of other ER isoforms. ER α 36 (Estrogen Receptor alpha 36) is an alternatively spliced variant of ER α , which lacks both transcriptional activation domains, but retains its DNA-binding domain. It is described as an unfavorable factor when expressed in cancer cells. Cancer associated fibroblasts (CAFs) are the most abundant cell type in the tumor microenvironment (TME), they may be involved in disease progression pushing cancer cells towards aggressive phenotype. The role of ER α 36 in CAFs is totally unknown. The study aimed to discover the role of ER α 36 in the context of different methods used to assess *ESR1* gene dosage and the action of ER α 36 in the relation between tumor microenvironment and cancer cells.

For ER α 36 and ER α 66 gene expression analysis, 149 frozen primary tumor samples were used. The median age of the patients was 58 years (27–61 years). Informed consent was collected from all the participants who were included in the study. Twelve CAFs cultures were isolated from chemotherapy naïve BC patients and characterized for ER α 36 expression, four representative CAFs lines were analyzed. Conditioned media from CAFs cultures were used to assess the influence of CAFs on BC cells using Matrigel 3D assay.

Methods used to assess the *ESR1* gene expression detect different aberrations in its locus. The expression of ER α 36 and ER α 66 isoforms was related to patients' survival, but their effect was opposite—high ER α 66 levels conferred good prognosis, whereas high ER α 36 conferred a poor prognosis. High expression of ER α 36 isoform was an unfavorable prognostic factor in ER positive and ER negative BC patients. Breast cancer associated fibroblasts represent distinct subtypes, which might be characterized by ER α 36 expression. ER α 36-positive CAFs play an unfavorable role in ER negative BC cell line pushing them towards invasive phenotype.

Understanding the complicated dialogue between CAFs and breast cancer cells may open new ways for treatment and diagnosis.