

# Accelerating the Application of ER $\alpha$ Cofactor in the Therapy of Breast Cancer

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Breast cancer is the most frequently diagnosed cancer and the leading cause of cancer death among females, accounting for 23% of all cancers [1]. The relationship between estrogens and breast cancer has long been investigated, and the carcinogenic effects of estrogens seem to be mainly mediated by the stimulation of cellular proliferation through their receptor-mediated hormonal activity [2]. The Estrogen Receptor (ER) has two subtypes, ER $\alpha$  and ER $\beta$ , and it has been proven that ER $\alpha$  is the single most important target in breast cancer over the last 30 years. So blocking estrogen-ER $\alpha$  signal is desirable in endocrine therapy for breast cancer. And selective estrogen receptor modulators such as tamoxifen are well-established treatment modalities for ER-positive breast cancer. However, their effectiveness and ability in blocking ER activity in breast cancer can decrease with time, a phenomenon termed "hormone resistance" [3], which has become a major obstacle in the treatment of breast cancer [4]. Furthermore, the estrogenic effects of tamoxifen in other tissues and organs can increase the risk of endometrial cancer [5], thromboembolic events and stroke [6]. Hence, new therapeutic modalities are required to overcome endocrine resistance of breast cancers and its deleterious consequences.

The transcriptional activity of ER $\alpha$  is largely depended on the regulation of co-activators and co-repressors. In addition to the ability of regulating ER physiology, these cofactors also play an important role in estrogen-associated pathologies. And data implicating coactivator overexpression in human breast cancer pathogenesis have been steadily accumulating. Therefore, interfering with the interaction of the coactivators and ER $\alpha$  may lead to an appreciable antitumor activity, even in cases of endocrine resistance. Over the past 17 years, more than 20 coactivator molecules have been identified using biochemical approaches as well as yeast two-hybrid screens (Table 1), and most of the interactions are mediated by LXXLL motifs (L = leucine, X = any amino acid) of cofactors. It indicated that the synthesis of peptides containing LXXLL motifs may specifically disrupt the interactions of ER $\alpha$  and its cofactors. So many investigations were conducted in several laboratories to assess the validity of this view. Unfortunately, no peptides are used in clinical application for breast cancer therapy until now. The considerable challenge may include: 1) the peptides must inhibit the protein-protein interactions in the breast, yet retain the beneficial effects of ER $\alpha$  activity in the bone, brain and immune systems; 2) characteristics of such protein-peptide interactions are much more complex than the endogenous interactions they are planned to mimic [7]; 3) when folding during interaction process, most peptides exhibit a low specificity and selectively [8,9]. Although there are some obstacles, we believe that, if successful, this approach will provide a second class of pharmaceutical agents for the treatment of breast cancer. And we also believe that antagonizing the recruitment of cofactor is one way to antitumor, but not unique.

MicroRNAs, which are a class of non-coding RNA gene, have recently come to the fore of molecular research into underlying mechanisms of many diseases and cellular processes, in particular cancer [38,39]. Although there is a paucity of information about interactions between specific MicroRNAs and ER $\alpha$  cofactors in normal and malignant breast tissues, many MicroRNAs are predicted to target

cofactors of ER $\alpha$  [40]. In spite of the fact that a lot of experimental work must be done, MicroRNAs targeting ER $\alpha$  cofactor may be another class of pharmaceutical agents for the treatment of breast neoplasms.

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Cofactor	Full Name	Interaction with ER	References
AIB3	Amplified in breast cancer 3	Binds ER AF-2 through LXXLL motifs	[10]
ARNT	Aryl hydrocarbon receptor nuclear translocator	Binds ER $\alpha$ LBD	[11]
BRG-1	Brahma-related gene 1	Binds ER $\alpha$ AF-2 domain	[12]
BCAS2	Breast cancer amplified sequence 2	ND	[13]
CIP1	Clin-dependent kinase inhibitor 1A	ND	[14]
Ciz1	Cip-interacting zinc finger protein 1	Binds ER $\alpha$ DBD	[15]
E6-AP	E6-associated protein	Binds ER $\alpha$ AF-2	[16]
ERIAP	Estrogen Receptor Interacting and Activating Protein	Binds ER $\alpha$ LBD/AF-2	[17].
HER4	Proto-oncogene-like protein c-ErbB-4	Binds ER $\alpha$ AF-1 or AF-2	[18]
hMMS19		ND	[19]
ING1b	Inhibitor of growth family, member 1	ND	[20]
IRS-1	Insulin receptor substrate 1	Binds ER $\alpha$ AF-1 or DBD	[21]
LRP16	Leukemia related protein 16	Binds ER $\alpha$ AF-1	[22]
Menin	Multiple endocrine neoplasia type 1	Binds ER $\alpha$ AF-2	[23]
MICoA	MTA1-interacting coactivator	Binds ER $\alpha$ AF-2 through LXXLL motifs	[24]
MUC1	mucin 1, cell surface associated	Binds ER $\alpha$ DBD	[25]
Pak1	p21-activated kinase 1	Binds ER $\alpha$ AF-1 or AF-2	[26]
PELP1	proline-, glutamic acid-, and leucine-rich protein-1	Binds ER $\alpha$ AF-2 through LXXLL motifs	[27]
p68	p68 RNA helicase	Binds ER $\alpha$ AF-1	[28]
p300	Histone acetyltransferase p300	Binds ER $\alpha$ AF-2 through LXXLL motifs	[29]
SIRT1	sirtuin 1	ND	[30]
SRC1	Steroid receptor coactivator 1	Binds ER $\alpha$ AF-2 through LXXLL motifs	[31]
SRC-3	Steroid receptor coactivator-3	Binds ER $\alpha$ AF-2 through LXXLL motifs	[32]
SRA	Steroid receptor RNA activator	Binds ER $\alpha$ AF-1	[33]
TIF1	Transcriptional intermediary factor 1	Binds ER $\alpha$ AF2 domain	[34]
TIF2	Transcriptional intermediary factor 2	Binds ER $\alpha$ AF-2 through LXXLL motifs	[35]
TRAP220	Thyroid hormone receptor activating protein of 220 kDa	Binds ER AF-2 through LXXLL motifs	[36]
XBP-1	X-box binding Protein I	Binds ER $\alpha$ DBD	[37]

**Table 1:** Estrogen receptor cofactors.