



Transforming growth factor alpha and mouse models of human breast cancer

Robin C Humphreys^{*1} and Lothar Hennighausen¹

¹National Institutes of Health, National Institute of Digestive, Diabetes and Kidney Disease, Laboratory of Genetics and Physiology, Building 8, Room 111, Bethesda, Maryland, MD 20892, USA

Transforming growth factor alpha (TGF α) is a principal molecule in the normal and neoplastic development of the mammary gland. Binding of TGF α to the epidermal growth factor receptor (EGFR), activates the EGFRs' endogenous tyrosine kinase activity and stimulates growth of the epithelium in the virgin and pregnant mouse mammary gland. TGF α expression can be detected in breast cancer cells *in vivo* and *in vitro* and overexpression can elicit partial transformation or immortalized human and rodent mammary epithelial cells. Despite evidence implicating TGF α in the development of mammary neoplasia, the actual mechanism of TGF α -induced transformation is unclear. Transgenic mouse models targeting heterologous TGF α to the mammary gland have established TGF α overexpression can induce hyperproliferation, hyperplasia and occasional carcinoma. These transgenic studies demonstrated a facilitating, proliferative role for TGF α in the development of neoplasia and implicated several oncogenes that can cooperate with TGF α to transform the mammary epithelium. From studies of EGFR signaling pathways, inhibitory and modulating agents such as anti-EGFR antibodies and specific kinases inhibitors have been used to block the action of this pathway and prevent the development of TGF α -induced neoplasia and tumor formation. Studies in Stat5a knockout mice have established that the JAK2/Stat5a pathway can facilitate the survival of the mammary epithelium and can impact the progression of TGF α -mandated mammary tumorigenesis. Together these experiments indicate that TGF α and the EGFR signaling pathway are potentially amenable to therapies for treatment of human breast disease. *Oncogene* (2000) 19, 1085–1091.

Keywords: TGF alpha; mammary gland; transformation; cancer; mouse models; transgenic

Introduction

Development and progression of breast cancer, like many other types of human cancer, is dependent on the progressive corruption and alteration of normal signaling pathways. Signaling mechanisms that transmit growth signals are a predominant target for carcinogenic and oncogenic alterations as they often confer a growth advantage to the pre-neoplastic cell. One of the primary growth factor receptors

involved in normal and neoplastic development of the mammary gland is the EGFR and its extended family of related receptors and peptide ligands (Table 1). EGFR and the ligand TGF α , have expression levels altered in the development of cancer in numerous issues. The related family of ligands that bind to these receptors; EGF, heregulin, amphiregulin, and cripto also display alterations in their expression and activity within the pre-neoplastic and transformed cell (for a review see (Dickson and Lippman, 1995; Gullick *et al.*, 1999; Schroeder and Lee, 1997)). Despite the well characterized role of the EGFR and TGF α in normal mammary growth signaling, in transformation of mammary epithelial cells *in vitro* and *in vivo* and their elevated expression in some breast cancers, the specific alterations of the EGFR signaling mechanism that lead to TGF α -initiated neoplasia are poorly understood. In an attempt to elucidate these alterations, several transgenic mouse models have been generated to explore the role of TGF α and EGFR in mammary neoplasia. This review will focus on TGF α and its role in transformation of the mammary gland. In addition, it will examine those studies that have attempted to identify the mechanisms of TGF α action in the mammary gland and those molecules that are capable of cooperatively interacting with TGF α to promote tumorigenesis.

TGF α and EGFR expression coincides with normal proliferation in vivo

TGF α is structurally and functionally similar to EGF; the peptides share a 42% identity and can elicit the same biological effects in cultured mammary epithelial cells and explants (Daniel and Silberstein, 1985; Salomon *et al.*, 1987; Vonderhaar, 1987). TGF α is often co-expressed with the EGFR and binding to the receptor activates the EGFRs' endogenous tyrosine kinase activity. Mammary epithelial cell lines can be stimulated to proliferate by TGF α (Smith *et al.*, 1989; Zajchowski and Sager, 1991) and it can act as an autocrine growth factor in normal and immortalized human mammary epithelial cells. TGF α autocrine and proliferative activity can be blocked in these cells by an anti-EGFR antibody (Bates *et al.*, 1990; Kenney *et al.*, 1993).

In normal mammary gland development, TGF α and EGF transcripts can be detected in the ductal and lobuloalveolar stages. The virgin mouse mammary gland expresses TGF α in the proliferative cap cells and the stromal fibroblasts around the neck of the terminal endbud, whereas EGF expression is localized

*Correspondence: RC Humphreys

Table 1

<i>Ligand</i>	<i>Receptor</i>
<i>EGF-Like</i>	
EGF	EGFR
TGF α	EGFR
Amphiregulin	EGFR
Epiregulin	EGFR ErbB-4
Betacellulin	EGFR ErbB-3 ErbB-4
Heparin binding-EGF	EGFR ErbB-3 ErbB-4
<i>Heregulin/neuregulins</i>	
Heregulin-1 (α and β)	ErbB-3 ErbB-4
Heregulin-2 (α and β)	ErbB-3 ErbB-4
Heregulin-3	?
Heregulin-4	ErbB-4
Glial growth factor	?
<i>Cripto</i>	
Cripto-1	? unique receptor and erbB4
Cripto-3	?

to the luminal ductal epithelium (Snedeker *et al.*, 1991). In the absence of ovarian steroids, exogenous TGF α and EGF can stimulate ductal growth of the mouse mammary epithelium suggesting that they can act independently of secondary signals (Snedeker *et al.*, 1991). EGF and TGF α mRNA is present in pregnant and lactating rat and human mammary glands and increases 2–3-fold over virgin levels at pregnancy (Liscia *et al.*, 1990). The EGFR is required for ductal development (Wiesen *et al.*, 1999) and can be detected in both the stromal and epithelial components of the virgin mammary gland (Coleman *et al.*, 1988). In the pregnant gland, a rapid increase is observed during midpregnancy precisely at the time of extensive cellular proliferation (Édery *et al.*, 1985). After pregnancy, the levels of EGFR decrease significantly. The coincident expression of TGF α and its receptor with the proliferative phases of mammary epithelial growth and TGF α s' direct mitogenic effect on epithelium *in vitro* and *in vivo* confirms the functional role for this signaling dyad in the development and proliferation of the mammary epithelium.

TGF α expression is associated with human breast cancer

TGF α is expressed and mitotically active in numerous breast cancer cell lines and has been directly implicated as a modulator of transformation *in vivo* (Borellini and Oka, 1989; Daniel and Silberstein, 1985; de Jong *et al.*, 1998a; Salomon *et al.*, 1984; Valverius *et al.*, 1989). In fact, the discovery of TGF α was based on its ability to transform retrovirally-infected cultured fibroblasts (Todaro *et al.*, 1980; de Larco and Todaro, 1978). Expression of TGF α has been identified in pleural effusions from normal mammary gland (Arteaga *et al.*, 1988), in invasive ductal carcinoma (Pilichowska *et al.*, 1997) and correlates with increased neo-angiogenesis (de Jong *et al.*, 1998b) in breast tumors. Carcinomas of the breast that have higher level expression of TGF α also express high levels of EGFR, implicating a functional role for the TGF α /EGFR autocrine loop in tumors (Umekita *et al.*, 1992). The correlation between levels of EGFR expression and neoplastic transformation *in vivo* is controversial (Gullick and Srinivasan, 1998). Robert-

son and colleagues demonstrated that 40–60% of neoplasias examined in one study displayed normal levels of EGFR expression (Robertson *et al.*, 1996). Only a small proportion of breast cancers has elevated levels of EGFR (Slamon *et al.*, 1987), or amplification of EGFR (Peters and Wolff, 1983). This data implies that alterations in EGFR ligands may be more influential on the activity of the EGFR than changes in the levels of receptor expression itself. Alternatively, the formation of heterodimers between EGFR and the other erbB family members may play a role in effecting differential activities in tumorigenesis of the breast.

TGF α can modulate cellular transformation in breast cancer cell lines. In the immortalized human breast cancer cell line, MCF-7, TGF α transfected cells that expressed EGFR were stimulated to grow in a colony forming assay (Ciardiello *et al.*, 1990). In a parallel study with fully transformed MCF-7 cells that lacked EGFR, TGF α transfection did not effect a positive growth advantage (Clarke *et al.*, 1989). Overexpression of TGF α in the immortalized mouse mammary cell line, NOG-8, generated anchorage independent growth but colonies failed to form tumors in nude mice (Shankar *et al.*, 1989). Therefore, expression of TGF α is associated with the ability to stimulate growth, while overexpression is allied with partial transformation *in vitro* and correlated with appearance of carcinomas *in vivo*.

TGF α transgenic mouse models of breast cancer

Mouse models have been developed to study the role of TGF α in the transformation and development of the mammary gland. Several promoters have been utilized to target TGF α both non-specifically and specifically to the mammary gland. These mouse models have established the importance of TGF α in the early stages of neoplastic development of the mammary gland.

Initial studies demonstrating the neoplasia-promoting activity of TGF α were described in mice expressing human TGF α under the control of the zinc-inducible metallothionein (MT) promoter (Jhappan *et al.*, 1990). Despite the fact that expression of the transgene was low in the mammary gland and was generally not inducible, these mice displayed increased cellular proliferation and delayed epithelial penetration of the stromal fatpad during ductal development. In a second parallel study, using the MT promoter directing the expression of rat TGF α , Sandgren and colleagues noticed that mice that had passed through multiple pregnancies developed hyperplastic nodules and dysplasia of the mammary epithelium (Sandgren *et al.*, 1990). Only one mouse developed a secretory adenocarcinoma. These studies demonstrated that there was an association between the *in vivo* expression of TGF α and the development of mammary hyperplasia.

A study directing TGF α expression specifically to the mammary gland with the mouse mammary tumor virus (MMTV) promoter demonstrated unequivocally the growth and neoplasia promoting activity of TGF α (Matsui *et al.*, 1990). Precocious alveolar development, hyperproliferation and hyperplasias were apparent in the mature virgin mouse. The alveolar hyperplasia was present in glands from mature virgin mice, but not in

immature virgin mice, suggesting a requirement for secondary inputs from systemic hormones for any TGF α -dependent hyperplasia to occur. Hyperplastic alveolar nodules and cysts were prominent in the multiparous animal and increased in hyperplastic and dysplastic character with the number of pregnancies. One multiparous mouse developed adenocarcinomas although none were metastatic. A second study was performed with the MMTV-TGF α mice that studied in greater detail the generation of hyperplasia and tumors (Halter *et al.*, 1992). At one year, 65% of multiparous and 45% of virgin mice displayed hyperplasia. By 16 months, 40% of the multiparous and 30% of the virgin mice and mice had generated tumors. These studies demonstrated that TGF α could stimulate the proliferation of the mammary epithelium and generate proliferative late pregnancy mammary gland phenotypes in early pregnant animals. In addition, the hyperplasia, dysplasia and frank carcinoma observed with this mouse model suggested that there was a multistage nature to the progression of TGF α -initiated transformation.

A more dramatic mammary phenotype was achieved by targeting rat TGF α exclusively to the mammary gland with the WAP-TGF α transgenic mouse (Sandgren *et al.*, 1995). This transgenic model achieved high level TGF α expression during pregnancy and lactation and displayed similar proliferative mammary gland phenotypes as described in the MT and MMTV transgenic models but with an increased incidence

and decreased latency of tumors. In addition, the process of involution, in which the gland absorbs and reorganizes a significant portion of its epithelial structure, was delayed in these mice as it was in the original MT mice (Sandgren *et al.*, 1990). Latency of tumor appearance was decreased in comparison to the MMTV-TGF α model, but still required several rounds of pregnancy for initial tumor development. A majority of the tumors were well-differentiated glandular adenomas or carcinomas (53%) and fibroadenomas (35%) and retained the glandular characteristics of late pregnant mammary epithelium. The appearance of multiple types of tumor and the retention of normal glandular morphologies suggested that these different types were stages of TGF α -dependent tumor progression. Interestingly, the levels of cyclinD1 were elevated in the WAP-TGF α transgenic glands. The targeted overexpression of this cell cycle regulatory molecule is known to effect mammary transformation (Wang *et al.*, 1994) and is in a chromosomal region frequently rearranged in human breast cancer (Dickson *et al.*, 1995; Gillett *et al.*, 1994, 1996, 1999). This indicates that cyclinD1 may be a cooperative factor in the development of TGF α induced mammary carcinogenesis. The delay in involution was suggested as a mechanism for promoting transformation of the mammary gland as it provided an expanded population of proliferative epithelial cells that could be predisposed to transformation. This seminal paper demonstrated TGF α could transform the mammary

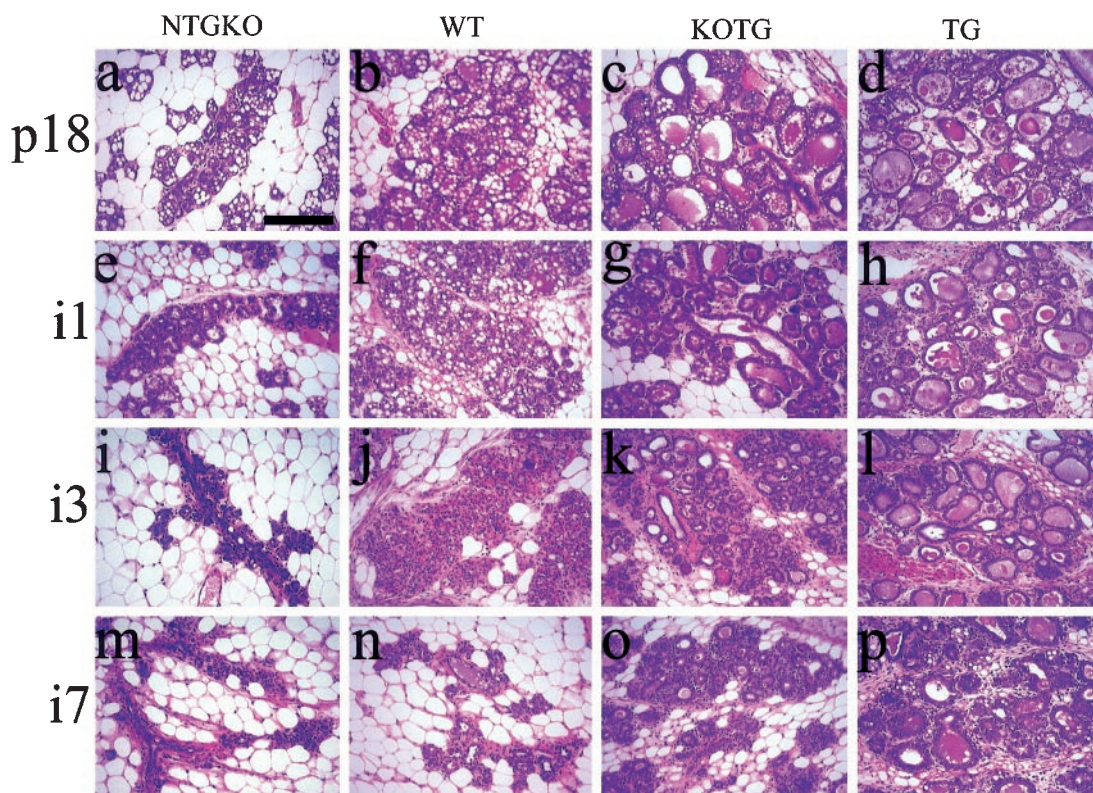


Figure 1 Involution is enhanced in the absence of Stat5a. Hemotoxylin and eosin staining of inguinal mammary glands from Stat5a null non-transgenic (NTGKO), wildtype (WT), Stat5a null TGF α transgenic (KOTG) and TGF α transgenic (TG) mice at 18 days of pregnancy (p18/a–d), days 1 (i1/e–h), 3 (i3/i–l) and 7 (i7/m–p) of involution. Samples were collected from mice in or immediately after their first pregnancy. Compare epithelial condensation at day 3 and 7 of involution in the wildtype (i–j) versus the KOTG (i–k) and TG (i–l). Magnification is defined by the bar in a =200 μ m. Reproduced with permission (Humphreys and Hennighausen, 1999)

epithelium and suggested a possible mechanism for neoplastic development. The observation that TGF α could cause a delay in involution was supported by results from a separate study with MT-TGF α mice (Smith *et al.*, 1995). An increase in DNA synthesis in lactation was accompanied by a significant decrease in apoptotic cells after 2 days of involution. Involution was also affected in a mouse model utilizing WAP-TGF α and the Stat5a knockout mouse (Humphreys and Hennighausen, 1999). In the absence of Stat5a, apoptosis levels rose in the mammary gland during pregnancy and involution. This increase in apoptosis enhanced involution of the WAP-TGF α gland (Figure 1) and increased the latency of WAP-TGF α -induced tumors. This result demonstrated the WAP-TGF α -induced delay in involution and tumor formation, could be abrogated by a downstream signaling molecule that regulates cell death in the mammary epithelium.

Subsequent studies examined the role that oncogenes may play in acting cooperatively with TGF α to promote mammary transformation. The oncogene *c-myc* is overexpressed in 25–30% of breast cancer (Bonilla *et al.*, 1988; Callahan and Campbell, 1989; Mariani-Costantini *et al.*, 1988, 1989; Morse *et al.*,

1988) and in rodent mammary epithelial cell lines transfected with *myc*, TGF α could cooperate to support a transformed phenotype (Telang *et al.*, 1990). Mice that overexpressed both *c-myc* and TGF α in the mammary gland had an increased tumor incidence and decreased tumor latency when compared to *c-myc* transgenics (Amundadottir *et al.*, 1995). A second paper utilizing the same bitransgenic mice demonstrated that the synergism between these two proteins was due to a cooperative growth stimulus and inhibition of *c-myc*-induced apoptosis by TGF α (Amundadottir *et al.*, 1996). Apoptotic tumors were present exclusively in mice that expressed only *c-myc*. In cell lines derived from these tumors, exogenous TGF α could inhibit apoptosis. These data again implicated TGF α as a survival factor in the mammary epithelium. Interestingly, tumor cells from the mammary glands of these bitransgenic mice could only become apoptotic when exposed to a specific inhibitor of the EGFR kinase pathway. This result suggested that an intact TGF α /EGFR autocrine loop was required to mediate the survival effects of TGF α .

Interaction between TGF α and the proto-oncogene *neu* was examined in bitransgenic mice expressing both

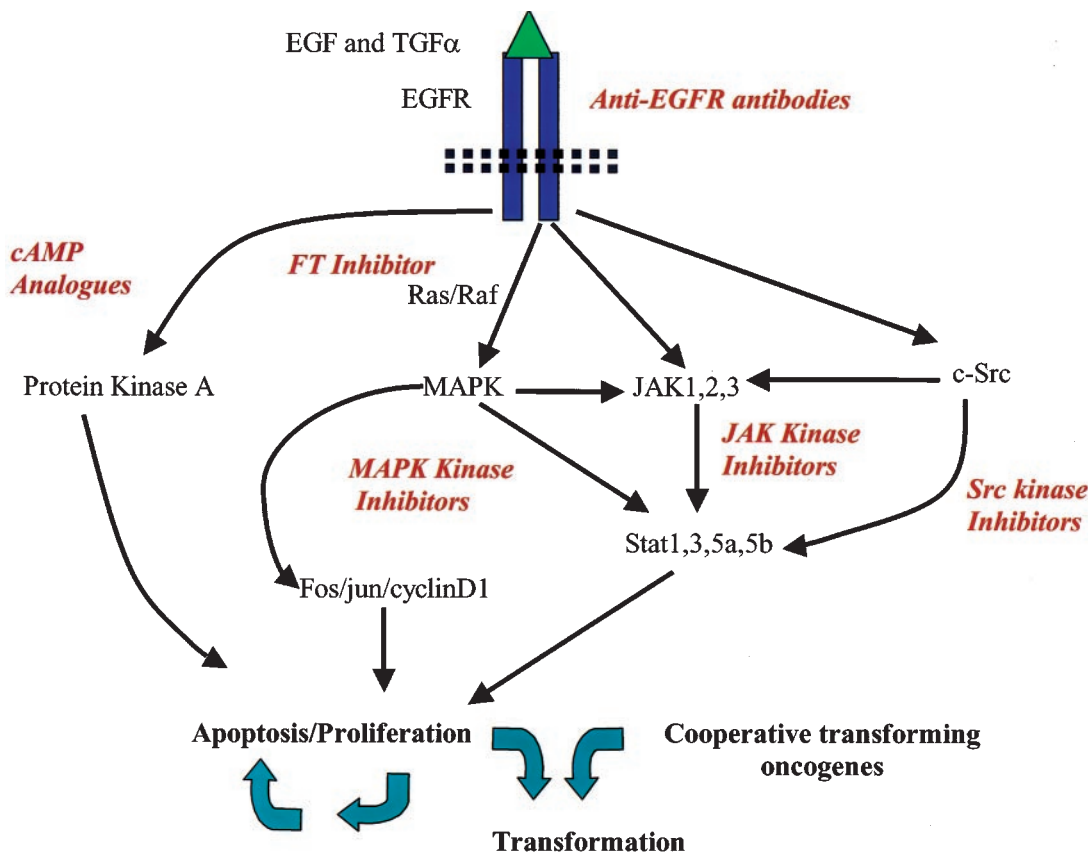


Figure 2 Model of the TGF α /EGF signal transduction pathway and EGFR signaling inhibitors that affect EGFR-mediated transformation. EGF and TGF α binding to the EGFR stimulate the activation of the endogenous receptor tyrosine kinase. The membrane-bound EGFR kinase activates one of several intracellular signal transduction pathways including the protein kinase A, Ras/Raf/MAPK, *c-src* and Jak/Stat pathways. Direct or indirect phosphorylation and activation of one or more of the Stat proteins, 1, 3, 5a, and 5b can be achieved through several of these mechanisms. The activating kinase, attributes of the targeted Stat and phosphorylated residue can elicit distinct functional consequences for the cell. Multiple intercellular pathways can lead to activation of the Stats and other nuclear factors like *myc* and cyclinD1. Each of these pathways can be blocked by specific inhibitors (shown in red Italics). The proliferative stimulus provided by TGF α and EGF in cooperation with transforming oncogenes can lead to cellular transformation. Consequently, a clear understanding of the mechanisms involved and the use of multifocal inhibitors of signaling intermediaries is critical for effectual inhibition of EGFR signal transduction. Some alternative and intermediary intercellular signaling molecules have been omitted for clarity

genes under the control of the MMTV promoter (Muller *et al.*, 1996). The *neu* proto-oncogene is a member of the EGFR family and although it does not bind to TGF α or EGF, it can form heterodimers with the EGFR and it is often found overexpressed and amplified in human breast cancers (Slamon *et al.*, 1987). Tumor latency was decreased in the bitransgenic mice, compared to the TGF α and *neu*, mono-transgenic lines. At 150 days 95% of the bitransgenic mice had mammary tumors vs 6% and 35% for the TGF α and *neu* mice, respectively. Bitransgenic tumors were multifocal whereas mono-transgenic lines generated focal tumors and contained activated *neu*. This paper suggested a novel mechanism for TGF α cooperativity involving the transactivation of *neu* through the EGFR. Treatment of MMTV-TGF α mice with the tumor promoter 7, 12 dimethyl benzanthracene demonstrated that TGF α could accelerate tumor formation and the authors suggested that TGF α could act as a tumor promoter (Coffey *et al.*, 1994).

These studies on the mechanism of TGF α -mediated tumorigenesis and cooperativity in the mammary gland demonstrate that the overexpression of TGF α gives the preneoplastic mammary epithelium a proliferative advantage but in and of itself is not a transforming event. Secondary events, like the activation of proto-oncogenes, can significantly increase the efficiency with which TGF α can transform the mammary epithelium. Importantly, these studies support the theory that TGF α 's influence on the regulation of apoptosis in the mammary gland is a possible mechanism of promoting survival of the neoplastic cell.

Disruption of TGF α signaling and potential therapies for breast cancer

The EGFR is required for mammary gland ductal development (Wiesen *et al.*, 1999; Xie *et al.*, 1997) and, as described previously, is aberrantly expressed in 40% of human breast cancers and occasionally overexpressed in those tumors with poor prognosis. This receptor can interact with several distinct ligands (Table 1) and activates different intracellular and nuclear signaling pathways (Figure 2). Substrates for this type 1 receptor tyrosine kinase are numerous and demonstrate the influence of EGFR on the regulation of cellular growth. Importantly, it is clear that this receptor plays a central role in the development and progression of human breast cancer. Therefore, insight into EGFR signal transduction and the mechanism of substrate selection and activation are critical to understanding the development of breast cancer. The EGFR and its interaction with TGF α has been and continues to be a target for potential anti-cancer therapies that aim to regulate its activity and signaling mechanisms.

A recent study demonstrated that inhibition of the signal from EGFR to its intracellular signaling molecules is critical in blocking tumor progression. Treatment of MMTV-TGF α transgenic mice with a farnesyl transferase inhibitor, which blocks Ras function, demonstrated a significant regression of mammary tumors (Norgaard *et al.*, 1999). This inhibitory effect was ineffectual after tumor accelera-

tion from multipregnancy or after treatment with the carcinogen DMBA supporting the theory that that EGFR signaling is important in the initial stage of neoplastic development. The EGFR can activate the intracellular tyrosine kinases Jak1 and the transcription factors Stat1, 3 and 5b in response to growth signaling from EGF (Leonard and O'Shea, 1998). Recent data has demonstrated that growth hormone activated Ras/Raf/MAPK pathway can directly activate the normally cytokine-activated pathway of Stat5a (Pircher *et al.*, 1999) and EGF can phosphorylate Stat5a through *c-src* (Olayioye *et al.*, 1999). Stat5a, a prolactin-activated transcription factor, has an established role in the development and differentiation of the lactation-competent mammary gland (Liu *et al.*, 1987) but is also associated with signaling in tumor cells (Hayakawa *et al.*, 1998; Richer *et al.*, 1998; Yu *et al.*, 1997; Zhang *et al.*, 1996). Stat5a-null mice interbred with WAP-TGF α transgenic mice revealed inhibition of TGF α -dependent MAPK activation and TGF α -dependent apoptosis inhibition after deletion of Stat5a. The increase in apoptosis permitted a more complete epithelial regression to occur at involution (Figure 1). A more complete regression deleted a significant number of potentially neoplastic cells and this impacted WAP-TGF α driven tumorigenesis. Stat5a null/WAP TGF α transgenic mice had an increase in tumor latency when compared to the WAP-TGF α transgenic. These mice displayed an increase in apoptosis before and during involution. These data suggested Stat5a was acting as a survival factor for the mammary epithelium by blocking the onset of apoptosis. Theoretically, the absence of Stat5a permitted apoptosis to occur and thereby diminished the pool of potential neoplastic cells that could become transformed (Humphreys and Hennighausen, 1999).

A novel mechanism of inhibition of TGF α activity was demonstrated recently in human mammary epithelial cells with an anti-metalloproteinase. Metalloproteinases are extracellular enzymes that cleave components of the extracellular matrix including the EGFR ligands; TGF α and EGF. This cleavage event releases them from the cell surface rendering the growth factor into an active form. These metalloproteinase inhibitors prevented TGF α release from the cell surface, blocked cell migration and decreased proliferation. Additionally, the metalloproteinase inhibitors reduced the growth of EGF-dependent tumor cell lines and could synergize with anti-EGFR antibodies (Dong *et al.*, 1999).

Therapies for inhibiting the action of EGFR and indirectly the action of TGF α , to block tumorigenesis are being explored. Current research into the action of molecules that may have a role in regulating the TGF α signaling pathway like EGFR-specific monoclonal antibodies (Ciardiello *et al.*, 1999), protein kinase A inhibitors, a combination of antibodies and chemotherapeutic agents (Bianco *et al.*, 1997; Ciardiello *et al.*, 1996; Ciardiello and Tortora, 1998), anti-estrogens like taxol, raloxifen, alone or in combination with antibodies like the humanized monoclonal antibody to *neu*; Herceptin (Brenner and Adams, 1999; Hanna *et al.*, 1999; Robertson, 1998; Ross and Fletcher, 1998), provide some promising results for future treatment of breast cancer.

Conclusions

Transgenic mouse model studies have given us insight into possible mechanism of TGF α -initiated breast cancer. Overexpression of TGF α may be an early prognostic factor in the initiation of this disease and in cooperation with secondary transforming events can lead to carcinoma. Importantly, the role of TGF α in the inhibition of apoptosis during normal development could lead to a critical understanding of the role this growth factor plays in normal and neoplastic development in the mammary gland. This growth factor pathway appears to be able to promote growth in the initial phase of neoplastic transformation although it

References

- Amundadottir LT, Johnson MD, Merlino G, Smith GH and Dickson RB. (1995). *Cell Growth Differ.*, **6**, 737–748.
- Amundadottir LT, Nass SJ, Berchem GJ, Johnson MD and Dickson RB. (1996). *Oncogene*, **13**, 757–765.
- Arteaga CL, Hanauske AR, Clark GM, Osborne CK, Hazarika P, Pardue RL, Tio F and Von Hoff DD. (1988). *Cancer Res.*, **48**, 5023–5028.
- Bates SE, Valverius EM, Ennis BW, Bronzert DA, Sheridan JP, Stampfer MR, Mendelsohn J, Lippman ME and Dickson RB. (1990). *Endocrinology*, **126**, 596–607.
- Bianco C, Tortora G, Baldassarre G, Caputo R, Fontanini G, Chine S, Bianco AR and Ciardiello F. (1997). *Clin. Cancer Res.*, **3**, 439–448.
- Bonilla M, Ramirez M, Lopez-Cueto J and Gariglio P. (1988). *J. Natl. Cancer Inst.*, **80**, 665–671.
- Borellini F and Oka T. (1989). *Environ. Health Perspect.* **80**, 85–99.
- Brenner TL and Adams VR. (1999). *J. Am. Pharm. Assoc. (Wash)*, **39**, 236–238.
- Callahan R and Campbell G. (1989). *J. Natl. Cancer Inst.*, **81**, 1780–1786.
- Ciardiello F, Bianco R, Damiano V, De Lorenzo S, Pepe S, De Placido S, Fan Z, Mendelsohn J, Bianco AR and Tortora G. (1999). *Clin. Cancer Res.*, **5**, 909–916.
- Ciardiello F, Damiano V, Bianco R, Bianco C, Fontanini G, De Laurentiis M, De Placido S, Mendelsohn J, Bianco AR and Tortora G. (1996). *J. Natl. Cancer Inst.*, **88**, 1770–1776.
- Ciardiello F, McGeady ML, Kim N, Basolo F, Hynes N, Langton BC, Yokozaki H, Saeki T, Elliott JW, Masui H and *et al.* (1990). *Cell Growth Differ.*, **1**, 407–420.
- Ciardiello F and Tortora G. (1998). *Clin. Cancer Res.*, **4**, 821–828.
- Clarke R, Brunner N, Katz D, Glanz P, Dickson RB, Lippman ME and Kern FG. (1989). *Mol. Endocrinol.*, **3**, 372–380.
- Coffey Jr, RJ, Meise KS, Matsui Y, Hogan BL, Dempsey PJ and Halter SA. (1994). *Cancer Res.*, **54**, 1678–1683.
- Coleman S, Silberstein GB and Daniel CW. (1988). *Dev. Biol.*, **127**, 304–315.
- Daniel CW and Silberstein GB. (1985). *The Mammary Gland: Development, Regulation and Function*, Vol 1. Neville MC and Daniel CW. (eds). Plenum Publishing: New York, pp. 3–36.
- de Jong JS, van Diest PJ, van der Valk P and Baak JP. (1998a). *J. Pathol.*, **184**, 44–52.
- de Jong JS, van Diest PJ, van der Valk P and Baak JP. (1998b). *J. Pathol.*, **184**, 53–57.
- de Larco JE and Todaro GJ. (1978). *Proc. Natl. Acad. Sci. USA*, **75**, 4001–4005.
- Dickson C, Fantl V, Gillett C, Brookes S, Bartek J, Smith R, Fisher C, Barnes D and Peters G. (1995). *Cancer Lett*, **90**, 43–50.
- Dickson RB and Lippman ME. (1995). *Endocr. Rev.*, **16**, 559–589.
- Dong J, Opreko LK, Dempsey PJ, Lauffenburger DA, Coffey RJ and Wiley HS. (1999). *Proc. Natl. Acad. Sci. USA*, **96**, 6235–6240.
- Ederly M, Pang K, Larson L, Colosi T and Nandi S. (1985). *Endocrinology*, **117**, 405–411.
- Gillett C, Fantl V, Smith R, Fisher C, Bartek J, Dickson C, Barnes D and Peters G. (1994). *Cancer Res.*, **54**, 1812–1817.
- Gillett C, Smith P, Gregory W, Richards M, Millis R, Peters G and Barnes D. (1996). *Int. J. Cancer*, **69**, 92–99.
- Gillett CE, Smith P, Peters G, Lu X and Barnes DM. (1999). *J. Pathol.*, **187**, 200–206.
- Gullick WJ, Bianco C, Normanno N, Martinez-Lacaci I, De Santis M, Ebert AD and Salomon DS. (1999). *Women Cancer*, **1**, 29–57.
- Gullick WJ and Srinivasan R. (1998). *Breast Cancer Res. Treat.*, **52**, 43–53.
- Guy CT, Webster MA, Schaller M, Parsons TJ, Cardiff RD and Muller WJ. (1992). *Proc. Natl. Acad. Sci. USA*, **89**, 10578–10582.
- Halter SA, Dempsey P, Matsui Y, Stokes MK, Graves-Deal R, Hogan BL and Coffey RJ. (1992). *Am. J. Pathol.*, **140**, 1131–1146.
- Hanna W, Kahn HJ and Trudeau M. (1999). *Mod. Pathol.*, **12**, 827–834.
- Hayakawa F, Towatari M, Iida H, Wakao H, Kiyoi H, Naoe T and Saito H. (1998). *Br. J. Haematol.*, **101**, 521–528.
- Humphreys RC and Hennighausen L. (1999). *Cell Growth Differ.*, **10**, 685–694.
- Jhappan C, Stahle C, Harkins RN, Fausto N, Smith GH and Merlino GT. (1990). *Cell*, **61**, 1137–1146.
- Kenney NJ, Saeki T, Gottardis M, Kim N, Garcia-Morales P, Martin MB, Normanno N, Ciardiello F, Day A, Cutler ML and *et al.* (1993). *J. Cell Physiol.*, **156**, 497–514.
- Leonard WJ and O'Shea JJ. (1998). *Annu. Rev. Immunol.*, **16**, 293–322.
- Liscia DS, Merlo G, Ciardiello F, Kim N, Smith GH, Callahan R and Salomon DS. (1990). *Dev. Biol.*, **140**, 123–131.
- Liu SC, Sanfilippo B, Perroteau I, Derynck R, Salomon DS and Kidwell WR. (1987). *Mol. Endocrinol.*, **1**, 683–692.
- Mariani-Costantini R, Escot C, Theillet C, Gentile A, Merlo G, Lidereau R and Callahan R. (1988). *Cancer Res.*, **48**, 199–205.
- Mariani-Costantini R, Merlo G and Frati L. (1989). *Tumori*, **75**, 311–320.
- Matsui Y, Halter SA, Holt JT, Hogan BL and Coffey RJ. (1990). *Cell*, **61**, 1147–1155.
- Morse B, Rotherg PG, South VJ, Spandorfer JM and Astrin SM. (1988). *Nature*, **333**, 87–90.

- Muller WJ, Arteaga CL, Muthuswamy SK, Siegel PM, Webster MA, Cardiff RD, Meise KS, Li F, Halter SA and Coffey RJ. (1996). *Mol. Cell. Biol.*, **16**, 5726–5736.
- Norgaard P, Law B, Joseph H, Page DL, Shyr Y, Mays D, Pietenpol JA, Kohl NE, Oliff A, Coffey Jr, RJ., Poulsen HS and Moses HL. (1999). *Clin. Cancer Res.*, **5**, 35–42.
- Olayioye MA, Beuvink I, Horsch K, Daly JM and Hynes NE. (1999). *J. Biol. Chem.*, **274**, 17209–17218.
- Peters GN and Wolff M. (1983). *Cancer*, **52**, 680–686.
- Pilichowska M, Kimura N, Fujiwara H and Nagura H. (1997). *Mod. Pathol.*, **10**, 969–975.
- Pircher TJ, Petersen H, Gustafsson JA and Haldosen LA. (1999). *Mol. Endocrinol.*, **13**, 555–565.
- Richer JK, Lange CA, Manning NG, Owen G, Powell R and Horwitz KB. (1998). *J. Biol. Chem.*, **273**, 31317–31326.
- Robertson D. (1998). *Nat. Biotechnol.*, **16**, 615.
- Robertson KW, Reeves JR, Smith G, Keith WN, Ozanne BW, Cooke TG and Stanton PD. (1996). *Cancer Res.*, **56**, 3823–3830.
- Ross JS and Fletcher JA. (1998). *Oncologist*, **3**, 237–252.
- Salomon DS, Perroteau I, Kidwell WR, Tam J and Derynck R. (1987). *J. Cell Physiol.*, **130**, 397–409.
- Salomon DS, Zwiebel JA, Bano M, Losonczy I, Fehnel P and Kidwell WR. (1984). *Cancer Res.*, **44**, 4069–4077.
- Sandgren EP, Luetke NC, Palmiter RD, Brinster RL and Lee DC. (1990). *Cell*, **61**, 1121–1135.
- Sandgren EP, Schroeder JA, Qui TH, Palmiter RD, Brinster RL and Lee DC. (1995). *Cancer Res.*, **55**, 3915–3927.
- Schroeder JA and Lee DC. (1997). *J. Mammary Gland Biol., Neoplasia*, **2**, 119–130.
- Shankar V, Ciardiello F, Kim N, Derynck R, Liscia DS, Merlo G, Langton BC, Sheer D, Callahan R, Bassin RH *et al.* (1989). *Mol. Carcinog.*, **2**, 1–11.
- Siegel PM, Ryan ED, Cardiff RD and Muller WJ. (1999). *EMBO J.*, **18**, 2149–2164.
- Slamon DJ, Clark GM, Wong SG, Levin WJ, Ullrich A and McGuire WL. (1987). *Science*, **235**, 177–182.
- Smith GH, Sharp R, Kordon EC, Jhappan C and Merlino G. (1995). *Am. J. Pathol.*, **147**, 1081–1096.
- Smith JA, Barraclough R, Fernig DG and Rudland PS. (1989). *J. Cell Physiol.*, **141**, 362–370.
- Snedeker SM, Brown CF and DiAugustine RP. (1991). *Proc. Natl. Acad. Sci. USA*, **88**, 276–280.
- Telang NT, Osborne MP, Sweterlitsch LA and Narayanan R. (1990). *Cell Regul.*, **1**, 863–872.
- Todaro GJ, Callahan R, Rapp UR and De Larco JE. (1980). *Proc. R. Soc. Lond. B. Biol. Sci.*, **210**, 367–385.
- Umekita Y, Enokizono N, Sagara Y, Kuriwaki K, Takasaki T, Yoshida A and Yoshida H. (1992). *Virchows Arch. A. Pathol. Anat. Histopathol.*, **420**, 345–351.
- Valverius EM, Bates SE, Stampfer MR, Clark R, McCormick F, Salomon DS, Lippman ME and Dickson RB. (1989). *Mol. Endocrinol.*, **3**, 203–214.
- Vonderhaar BK. (1987). *J. Cell. Physiol.*, **132**, 581–584.
- Wang TC, Cardiff RD, Zukerberg L, Lees E, Arnold A and Schmidt EV. (1994). *Nature*, **369**, 669–671.
- Wiesen JF, Young P, Werb Z and Cunha GR. (1999). *Development*, **126**, 335–344.
- Xie W, Paterson AJ, Chin E, Nabell LM and Kudlow JE. (1997). *Mol. Endocrinol.*, **11**, 1766–1781.
- Yu CL, Jove R and Burakoff SJ. (1997). *J. Immunol.*, **159**, 5206–5210.
- Zaichowski DA and Sager R. (1991). *Mol. Endocrinol.*, **5**, 1613–1623.
- Zhang Q, Nowak I, Vonderheid EC, Rook AH, Kadin ME, Nowell PC, Shaw LM and Wasik MA. (1996). *Proc. Natl. Acad. Sci. USA*, **93**, 9148–9153.