



$\gamma$ -radiation at a dose rate of 90 cGy/min to a total dose of 2 Gy. Dosimetry was determined by using a Victoreen ionization chamber. Control plates were sham irradiated. Media were changed on alternate days. Cells were grown in the presence of epidermal growth factor for 6 days, and harvested at 10 days. For immunocytochemistry cultures were embedded in Tissue-Tek compound (Sakura Finetek, Torrance, CA), and frozen in a dry ice/ethanol bath. Blocks were stored frozen until time of sectioning.

**Immunofluorescence.** Cryosections (20  $\mu$ m) were cut at  $-30^{\circ}\text{C}$  onto gelatin-coated coverslips. Sections were fixed by using methanol/acetone (1:3) at  $-20^{\circ}\text{C}$  for 10 min or 4% paraformaldehyde for E-cadherin. Nonspecific sites were blocked by using the supernatant from a 0.5% casein/PBS (pH 7.4) solution for 1 h at room temperature (RT). Sections were incubated in primary antibody diluted in blocking buffer for 1 h at RT in a humidified chamber. Antibodies used were rat anti-mouse CD29 (Pharmingen) to integrin  $\beta$ 1 chain monoclonal antibody, rat anti-human CD49f monoclonal antibody (Pharmingen) to integrin  $\alpha$ 6 chain, and mouse monoclonal antibody to E-cadherin (BD Transduction Laboratories). Sections were washed in PBS containing 0.1% BSA, before incubating in secondary antibody conjugated to Alexa Fluor 488 (Molecular Probes) for 1 h at RT in a dark humidified chamber, washed, and counterstained with TO-PRO-3 iodide (Molecular Probes), before mounting with Vectasheild mounting medium (Vector Laboratories, Burlingame, CA).

**Image Acquisition, Processing, and Analysis.** Dual immunofluorescence confocal images were acquired by using a Zeiss LSM 410 inverted laser scanning confocal microscope equipped with an external argon/krypton laser. Confocal images were captured at 0.5- $\mu$ m intervals as 8-bit images by using a Zeiss Fluor  $\times$ 40 (1.3 numerical aperture) objective. Images were standardized by comparing only images stained with the same antibodies in the same experiment, captured with the same parameters at the same times, and scaled and displayed identically. Relative intensity of images was scaled by using SCILIMAGE (TNO Institute of Applied Physics, Delft, The Netherlands), which was used to define a standard sized region of the TO-PRO-3 iodide image (nuclei slice) without reference to the Alexa Fluor 488 images. Statistical significance of the mean fluorescence intensity for each region of interest ( $n = 20$  colonies) and standard error for each treatment group was determined by using the unpaired Student's  $t$  test (PRISM, GraphPad, San Diego). The displayed images were those closest to the mean intensity for the treatment group.

Segmentation of nuclei was used to determine acinar organization at the colony midsection (21). This model-based approach assumes that the projection of each nucleus is quadratic in the image space. Instead of grouping step and roof edges, the segmentation is initiated from a representation that corresponds to the zero crossings of the image. The zero crossing image is then filtered with geometrical and illumination constraints to form binarized clump of nuclei, which is then partitioned into several nuclei through a process that is called centroid transform.

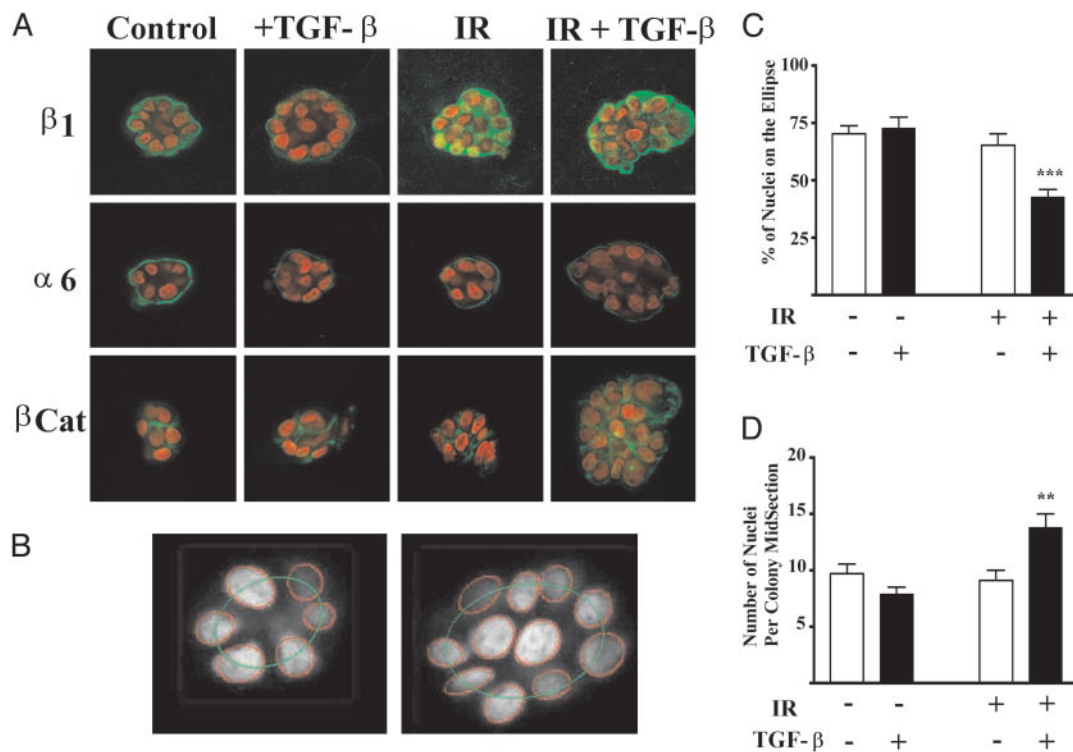
**Protein Extraction and Immunoblotting.** Cells in the 3D rBM assay were isolated by ice-cold PBS/EDTA (0.01 M sodium phosphate, pH 7.2, containing 138 mM sodium chloride and 5 mM EDTA) (18) and lysed in buffer as described (18). Equal amounts of protein lysates were run on reducing SDS/PAGE and then immunoblotted and detected by using a Pierce Super-Signal system (Pierce). Blots were also probed for  $\beta$ -actin to assess equal loading of protein. Exposed films were scanned and subjected to densitometric analysis for the determination of relative amount.

**Comparative Genomic Hybridization.** Array comparative genomic hybridization was performed at the University of California, San Francisco, Cancer Center as described (22). Briefly, 1  $\mu$ g each of test and reference genomic DNAs were fragmented by DPNII digestion, labeled by random priming with CY3- and CY5-dUTP (Amersham Pharmacia), respectively, coprecipitated with 80  $\mu$ g of human cot-1 DNA (Life Technologies), and resuspended in 20  $\mu$ l of hybridization buffer (50% formamide/10% dextran sulfate/2 $\times$  SSC/2% SDS/200 g of yeast tRNA). This mixture was denatured at  $75^{\circ}\text{C}$  for 10 min followed by 60 min at  $37^{\circ}\text{C}$ . Just before hybridization, array slides were processed following the manufacturer's recommendations (Surmodics, Eden Prairie, MN). A frameseal frame was placed around each array, hybridization mix was added, and the slide was placed in a plastic slide holder, prewarmed to  $37^{\circ}\text{C}$ , containing 200  $\mu$ l of wash buffer (50% formamide/2 $\times$  SSC) to prevent evaporation. Hybridization was carried out at  $37^{\circ}\text{C}$  for 48–72 h on a gently rocking platform. After hybridization, slides were immersed for 15 min at  $48^{\circ}\text{C}$  in wash buffer, followed by washes at  $48^{\circ}\text{C}$  in 2 $\times$  SSC, 0.1% SDS for 30 min, and 0.1 M sodium phosphate buffer containing 0.1% Nonidet P-40, pH 8.0, at RT for 10 min. Slides were then rinsed in 2 $\times$  SSC and dried by centrifugation.

## Results

**Progeny of Irradiated Cells Exhibit Perturbed Cell–ECM and Cell–Cell Adhesion.** To determine whether IR alters the ability of epithelial cells to functionally interact with the microenvironment, we used the 3D rBM assay of morphogenesis in a laminin-rich basement membrane where changes in tissue structure can be quantified (16). Single HMT-3522 S1 human mammary epithelial cells were cultured, with and without the addition of TGF- $\beta$ , and irradiated with a dose of 2 Gy, except where noted, 3–5 h after plating in Matrigel. Surviving cells,  $\approx$ 80% (not shown), formed multicellular colonies over 5–7 days and then underwent morphogenesis into hollow spheres that recapitulate mammary acini by day 10. Immunofluorescence of  $\beta$ 1 and  $\alpha$ 6 integrins and  $\beta$ -catenin at the colony mid-section were analyzed by using confocal microscopy (Fig. 1A). HMEC colonies express basolateral  $\beta$ 1-integrin and basal  $\alpha$ 6-integrin, which are critical for acinar organization (23). HMEC colonies arising from irradiated cells exhibited increased  $\beta$ 1-integrin immunoreactivity that was distributed throughout the cytoplasm (Fig. 1A). In contrast, the immunoreactivity of  $\alpha$ 6-integrin, which partners with  $\beta$ 4 integrin, was decreased in colonies generated from irradiated cells. A collagen IV-containing basement membrane was observed in all treatment groups, indicating that changes in integrin expression were not caused by the lack of appropriate ligand for this ECM receptor (not shown). Treatment with TGF- $\beta$  did not alter  $\beta$ 1 integrin localization but did reduce  $\alpha$ 6 integrin immunoreactivity further.  $\beta$ -catenin, which is involved in cell–cell adhesion via the cytoskeleton and E-cadherin, was localized to the lateral cell borders in colonies from nonirradiated cells.  $\beta$ -catenin immunoreactivity was decreased in colonies derived from irradiated cells.

**Disrupted Tissue-Specific Morphogenesis and the Irradiated Phenotype as Quantified by Image Analysis Reveal a Global HMEC Response.** The use of morphogenesis as a readout of cellular function requires systematic analysis of colony organization and protein localization to classify the degree of response. It is therefore desirable to conduct population studies and correlate features measured from images of cells with their treatment. The acinar-like organization of colonies was analyzed by using the relative nuclear position in confocal optical midsection as described in *Methods* (Fig. 1B–D). The degree of acinar organization around a central lumen was determined by fitting the nuclei to an ellipse (Fig. 1B). Acinar organization was significantly ( $P < 0.0001$ ) reduced in colonies arising from irradiated cells that were



**Fig. 1.** Perturbed protein localization and acinar organization as a function of TGF- $\beta$ , IR, and dual treatment. Colonies develop and organize in 3D rBM culture over the course of 10 days, during which time the cells are fed every other day. EGF, to stimulate proliferation, is removed at day 6, and the cells are harvested at day 10. (A) Representative images of colonies from control, TGF- $\beta$ , IR-, or dual-treated cultures. The image is representative of the mean intensity for each marker based on image analysis of 20 randomly chosen colonies. Immunostaining of  $\beta 1$  integrin,  $\alpha 6$  integrin, and  $\beta$ -catenin was detected by using secondary antibodies labeled with Alexa Fluor 488 (green). Nuclei are counterstained with TO-PRO<sup>R</sup>-3 iodide, shown in red. Note the loss of acinar organization in the irradiated colonies. (B) Acinar organization was measured by nuclear segmentation of the colony confocal midsection fit to an ellipse as shown for a control (Left) and dual-treated (Right) colony. (C) Acinar organization as a function of treatment group ( $n > 100$  colonies per treatment). Acinar organization was significantly ( $P < 0.0001$ ) decreased in colonies that arose from irradiated cells that were cultured in the presence of TGF- $\beta$ . (D) The number of nuclei per colony midsection as a function of treatment group. The number of nuclei was significantly ( $P < 0.001$ ) increased in colonies arising from irradiated cells treated with TGF- $\beta$ .

cultured with TGF- $\beta$ . The number of cells per midsection was also significantly increased ( $P < 0.001$ ) in irradiated, TGF $\beta$ -treated HMEC colonies in comparison to colonies from control cells or those exposed to single agents.

The assembly of cells into tissue-specific structures requires the interaction of different cell adhesion systems. E-cadherin is a crucial epithelial adhesion molecule that links cells via an homophilic extracellular domain and is anchored intracellularly to the cytoskeleton via dynamic interactions with the catenins (24). Low E-cadherin immunoreactivity in breast cancer is associated with poor prognosis (25), whereas restoration of E-cadherin reverts the invasive phenotype of cancer cells (26). We localized E-cadherin by using immunofluorescence, confocal microscopy and image analysis (Fig. 2). Colonies from irradiated cells cultured in the presence of TGF $\beta$  showed a significant ( $P < 0.0001$ ) loss of E-cadherin immunoreactivity compared with control cells. The unlikely possibility that the colonies surviving treatment were selected from a previously existing population was addressed by examining the distribution of individual colonies within each treatment group in comparison to control colonies. A representative analysis is shown for E-cadherin, indicating that the dual treated colonies form a distinct population (Fig. 2C). To determine whether the effect on cell interactions was sensitive to radiation dose, we performed a dose-response (Fig. 2D). E-cadherin immunoreactivity was significantly decreased in colonies arising from cells exposed to as little as 25 cGy, a dose that does not result in appreciable cell kill. To determine whether radiation exposure and TGF- $\beta$  treatment resulted in significant changes in the genomic sequence, we

performed comparative genomic hybridization as described in *Methods*. This analysis did not reveal any significant differences between the untreated and double-treated populations (data not shown), which supports the global population response revealed by quantitative image analysis.

There is an intricate relationship between cell-ECM and cell-cell adhesion in glandular tissues. To determine whether other cell-cell adhesion molecules also change, we measured connexin 43, a member of a family of proteins that assemble into gap junctions and modulate the transfer of molecules between cells. Breakdown of gap junctional complexes is induced by tumor promoters (27) and correlate with breast cancer metastatic potential (28, 29). Connexin 43 is also associated with the function and signaling of E-cadherin (30, 31). In S1 HMEC acinar colonies, connexin-43 was localized as distinct aggregates between cells. The number of connexin 43 foci per colony decreased after radiation exposure, regardless of TGF- $\beta$  exposure (Fig. 3). When normalized to the number of cells per colony, the frequency of connexin foci decreased  $>3$ -fold in the daughters of irradiated cells ( $2.0 \pm 0.46$ ,  $n = 8$ ) compared with those from unirradiated cells ( $6.9 \pm 1.1$ ,  $n = 18$ ).

**Decreased E-Cadherin and  $\beta$ -Catenin Localization Are Not a Function of Protein Abundance.** E-cadherin localization can be modified by the degree of association with the cytoskeleton via the catenins.  $\beta$ -catenin and E-cadherin partner to link cells and the cytoskeleton via the adherens junction (32). To test whether decreased immunolocalization was caused by a change in the compartmentalization of these adhesion molecules, sections were detergent





cadherin (26, 33), has profound consequences for breast cancer tumorigenesis, progression, and metastasis. The features of individual colonies measured by quantitative image analysis showed that these changes were present in the majority of the population, a finding inconsistent with the frequency of radiation-induced mutations and confirmed by the absence of measurable changes in the population genome. Thus epigenetic mechanisms initiated by irradiation of HMEC result in a malignant-like phenotype in progeny generations after IR exposure.

Intercellular and extracellular signals are critical to the suppression of neoplastic cellular behavior. Disruption of cell–cell interactions are implicated, if not required, in neoplastic progression (7, 8, 34). Radiation exposure alters the expression of many genes involved in tissue processes such as proteases, growth factors, cytokines, and adhesion proteins, which supports the view that carcinogenesis could compromise tissue integrity by altering the flow of information among cells (35, 36). Indeed, our recent experimental studies demonstrate that multicellular architecture can be dominant over genomic change in terms of malignant cellular behavior (18, 37, 38). In these studies, breast cancer cells treated with  $\beta$ 1 integrin function-blocking antibodies revert from disorganized colonies to organized acinar-like colonies that are characterized by restoration of cytoskeletal organization, cell–cell and cell–ECM interactions, and reduced tumorigenicity (18). Small molecule inhibitors can also be used to cooperatively block aberrant signaling and revert tumorigenic behavior (37, 38). These data, and others in hematopoietic cancers (39), suggest that cancer can be controlled by reestablishing appropriate contacts from the ECM and stroma via outside-in signaling.

Although radiation can acutely regulate E-cadherin and  $\alpha$ -catenin levels (40), as well as integrin expression (41), in our studies the phenotype is exhibited by the daughters of irradiated cells several generations after radiation exposure. The redistribution of  $\beta$ 1 integrin (Fig. 1) in daughters of irradiated cells was accompanied by increased protein determined by immunoblotting (Fig. 4). In contrast, even though TGF- $\beta$  treatment decreased E-cadherin and  $\beta$ -catenin protein levels (Fig. 4), localization of E-cadherin and  $\beta$ -catenin immunoreactivity was only affected in double-treated 3D rBM colonies (Fig. 2). Immunostaining can reveal protein access or conformation as well as protein abundance. Preliminary studies suggest that the cell–adhesion proteins of irradiated cells have altered cytoskeletal associations (A.C.E. and M.H.B.-H., unpublished data).

Based on studies in mouse mammary gland, we have proposed that the action of radiation as a carcinogen is augmented by its ability to compromise signaling from the stromal microenvironment (42). A functional test of this concept is provided by our experiments showing that tumorigenesis is increased 4-fold when unirradiated preneoplastic mammary epithelial cells are transplanted to an irradiated mammary stroma (9). One of the most rapid and sensitive responses in the irradiated tissue is the

activation of TGF- $\beta$  (43). TGF- $\beta$  has a paradoxical effect during carcinogenesis in that it suppresses tumorigenesis but promotes neoplastic progression (44–46). Overexpression of active TGF- $\beta$  can also induce an epithelial–mesenchymal phenotypic transition during progression *in vivo* (47). In culture, this phenotype is characterized by loss of E-cadherin, acquisition of mesenchymal cytoskeletal features, and increased cell motility and invasion (48). In our experiments, this effect of TGF- $\beta$  appears to be augmented by preirradiation of the cells. Similarly, the loss of E-cadherin after very low IR doses may further compromise this essential mediator of cell–cell adhesion in preneoplastic breast cells that already have less E-cadherin (49, 50), and could promote progression.

The loss of cell polarity and multicellular organization exhibited by the progeny of irradiated cells suggest that radiation exposure could promote malignant progression by pathways initially independent of mutational mechanisms. Consistent with this postulate is the observation that colonies from irradiated HMEC contain more cells, indicating that decreased cell–cell communication resulted in loss of contact inhibition and greater proliferation. The events leading to disrupted multicellular organization in the progeny of irradiated HMEC could also contribute to genomic instability. Radiation-induced genomic instability evidenced by increased frequency of mutation and cell death occurs in the progeny of irradiated bone marrow (51, 52) and epithelial cell culture (53). The disruption of cell contacts could permit abnormal cells to persist (54) or dysregulate genome stability functions. Inappropriate mammary expression of an activated metalloprotease in transgenic mice that disrupts cell–ECM interactions and cleaves E-cadherin leads to genomic instability (D. Radisky and M.J.B., unpublished data) and mammary tumors (55, 56).

Here we show that IR can promote phenotypic progression by affecting pathways that inhibit the ability of daughter cells to interact with each other and the microenvironment. Agents designed to protect irradiated tissue from disruption of cell–cell communication (57), or those that can reverse the irradiated phenotype, could provide a means of impeding its downstream carcinogenic potential.

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1. Mattsson, A., Ruden, B.-I., Wilking, N. & Rutqvist, L. E. (1993) *J. Natl. Cancer Inst.* **85**, 1679–1685.
2. Mauch, P. (1995) *Int. J. Radiat. Oncol. Biol. Phys.* **33**, 959–960.
3. Davis, F. G., Boice, J. D., Hrubec, Z. & Monson, R. R. (1989) *Cancer Res.* **49**, 6130–6136.
4. Tokunaga, M., Land, C. E., Yamamoto, T., Asano, M., Tokuoka, S., Ezaki, H. & Nishimori, I. (1987) *Radiat. Res.* **112**, 243–272.
5. Groszovsky, A. J. (1999) *Proc. Natl. Acad. Sci. USA* **96**, 5346–5347.
6. Trosko, J. E., Chang, C. C. & Madhukar, B. V. (1990) *Radiat. Res.* **123**, 241–251.
7. Barcellos-Hoff, M. H. (2001) *J. Mammary Gland Biol. Neoplasia* **6**, 213–221.
8. Bissell, M. J. & Radisky, D. (2001) *Nat. Rev. Cancer* **1**, 1–11.
9. Barcellos-Hoff, M. H. & Ravani, S. A. (2000) *Cancer Res.* **60**, 1254–1260.
10. Barcellos-Hoff, M. H. (1993) *Cancer Res.* **53**, 3880–3886.
11. Ehrhart, E. J., Carroll, A., Segarini, P., Tsang, M. L.-S. & Barcellos-Hoff, M. H. (1997) *FASEB J.* **11**, 991–1002.
12. Ewan, K. B., Henshall-Powell, R. L., Ravani, S. A., Pajares, M. J., Arteaga, C., Warters, R., Akhurst, R. J. & Barcellos-Hoff, M. H. (2002) *Cancer Res.* **62**, 5627–5631.
13. Pierce, G. B., Shikes, R. & Fink, L. M. (1978) *Cancer: A Problem of Developmental Biology* (Prentice-Hall, Englewood Cliffs, NJ).
14. Barcellos-Hoff, M. H., Aggeler, J., Ram, T. G. & Bissell, M. J. (1989) *Development (Cambridge, U.K.)* **105**, 223–235.
15. Bauer, G. (1996) *Histol. Histopathol.* **11**, 237–255.
16. Petersen, O. W., Ronnov-Jessen, L., Howlett, A. R. & Bissell, M. J. (1992) *Proc. Natl. Acad. Sci. USA* **89**, 9064–9068.
17. Gudjonsson, T., Ronnov-Jessen, L., Billadsen, R., Rank, F., Bissell, M. J. & Petersen, O. W. (2001) *J. Cell Sci.* **115**, 39–50.
18. Weaver, V. M., Petersen, O. W., Wang, F., Larabell, C. A., Briand, P., Damsky, C. & Bissell, M. J. (1997) *J. Cell Biol.* **137**, 231–245.
19. Parvin, B., Yang, Q., Fontenay, G. & Barcellos-Hoff, M. H. (2002) *IEEE Comput.* **35**, 65–71.
20. Briand, P., Nielsen, K. V., Madsen, M. W. & Petersen, O. W. (1996) *Cancer Res.* **56**, 2039–2044.
21. Cong, G. & Parvin, B. (2000) in *Proceedings of IEEE Conference on Computer Vision and Pattern Recognition, Los Alamitos, CA*, Vol. 1, pp. 458–463.

22. Hodgson, G., Hager, J. H., Volik, S., Hariono, S., Wernick, M., Moore, D., Nowak, N., Albertson, D. G., Pinkel, D., Collins, C., Hanahan, D. & Gray, J. W. (2001) *Nat. Genet.* **29**, 459–464.
23. Weaver, V. M., Lelievre, S., Lakins, J. N., Chrenek, M. A., Jones, J. C., Giancotti, F., Werb, Z. & Bissell, M. J. (2002) *Cancer Cell* **2**, 205–216.
24. Gumbiner, B. M. (2000) *J. Cell Biol.* **148**, 399–404.
25. Heimann, R., Lan, F., McBride, R. & Hellman, S. (2000) *Cancer Res.* **60**, 298–304.
26. Vleminckx, K., Vakaet, L. J., Mareel, M., Fiers, W. & van Roy, F. (1991) *Cell* **66**, 107–119.
27. Yotti, L. P., Trosko, J. E. & Chang, C. C. (1979) *Science* **206**, 1089–1091.
28. Nicolson, G. L., Dulski, K. M. & Trosko, J. E. (1988) *Proc. Natl. Acad. Sci. USA* **85**, 473–476.
29. Saunders, M. M., Seraj, M. J., Li, Z., SZhou, Z., Winter, C. R., Welch, D. R. & Donahue, H. J. (2001) *Cancer Res.* **61**, 1765–1767.
30. Jongen, W. M., Fitzgerald, D. J., Asamoto, M., Piccoli, C., Slaga, T. J., Gros, D., Takeichi, M. & Yamasaki, H. (1991) *J. Cell Biol.* **114**, 545–555.
31. Fujimoto, K., Nagafuchi, A., Tsukita, S., Kuraoka, A., Ohokuma, A. & Shibata, Y. (1997) *J. Cell Sci.* **110**, 311–322.
32. Conacci-Sorrell, M., Zhurinsky, J. & Ben-Ze'ev, A. (2002) *J. Clin. Invest.* **109**, 987–991.
33. Luo, J., Lubaroff, D. M. & Hendrix, M. J. (1999) *Cancer Res.* **59**, 3552–3556.
34. Tlsty, T. D. (2001) *Semin. Cancer Biol.* **11**, 97–104.
35. Rubin, H. (1985) *Cancer Res.* **45**, 2935–2942.
36. Trosko, J. E. (1998) *Environ. Health Perspect.* **106**, 331–339.
37. Wang, F., Weaver, V. M., Petersen, O. W., Larabell, C. A., Dedhar, S., Briand, P., Lupu, R. & Bissell, M. J. (1998) *Proc. Natl. Acad. Sci. USA* **95**, 14821–14826.
38. Wang, F., Hansen, R. K., Radisky, D., Yoneda, T., Barcellos-Hoff, M. H., Petersen, O. W., Turley, E. A. & Bissell, M. J. (2002) *J. Natl. Cancer Inst.* **94**, 1494–1503.
39. Bhatia, R., McGlave, P. B. & Verfaillie, C. M. (1995) *J. Clin. Invest.* **96**, 931–939.
40. Akimoto, T., Mitsuhashi, N., Saito, Y., Ebara, T. & Niibe, H. (1998) *Int. J. Radiat. Oncol. Biol. Phys.* **41**, 1171–1176.
41. Meineke, V., Gilbertz, K. P., Schilperoort, K., Cordes, N., Sandler, A., Moede, T. & van Beuningen, D. (2002) *Strahlentherapie Onkol.* **12**, 709–714.
42. Barcellos-Hoff, M. H. (1998) *J. Mammary Gland Biol. Neoplasia* **3**, 165–175.
43. Barcellos-Hoff, M. H., Derynck, R., Tsang, M. L.-S. & Weatherbee, J. A. (1994) *J. Clin. Invest.* **93**, 892–899.
44. Sieweke, M. H., Thompson, N. L., Sporn, M. B. & Bissell, M. J. (1990) *Science* **248**, 1656–1660.
45. Oft, M., Heider, K.-H. & Beug, H. (1998) *Curr. Biol.* **8**, 1243–1252.
46. Derynck, R., Ackhurst, R. J. & Balmain, A. (2001) *Nat. Genet.* **29**, 117–129.
47. Portella, G., Cumming, S. A., Liddell, J., Cui, W., Ireland, H., Akhurst, R. J. & Balmain, A. (1998) *Cell Growth Differ.* **9**, 393–404.
48. Janda, E., Lehmann, K., Killisch, I., Jechlinger, M., Herzig, M., Downward, J., Beug, H. & Grunert, S. (2002) *J. Cell Biol.* **156**, 299–314.
49. Vos, C. B., Cleton-Jansen, A. M., Berx, G., de Leeuw, W. J., ter Haar, N. T., van Roy, F., Cornelisse, C. J., Peterse, J. L. & van de Vijver, M. J. (1997) *Br. J. Cancer* **76**, 1131–1133.
50. Gupta, S. K., Douglas-Jones, A. G., Jasani, B., Morgan, J. M., Pignatelli, M. & Mansel, R. E. (1997) *Virchows Arch.* **430**, 23–28.
51. Kadhim, M. A., Macdonald, D. A., Goodhead, D. T., Lorimore, S. A., Marsden, S. J. & Wright, E. G. (1992) *Nature* **355**, 738–740.
52. Kadhim, M. A., Lorimore, S. A., Townsend, K. M., Goodhead, D. T., Buckle, V. J. & Wright, E. G. (1995) *Int. J. Radiat. Biol.* **67**, 287–293.
53. Mothersill, C., Kadhim, M. A., O'Reilly, S., Papworth, D., Marsden, S. J., Seymour, C. B. & Wright, E. G. (2000) *Int. J. Radiat. Biol.* **76**, 799–806.
54. Barcellos-Hoff, M. H. & Brooks, A. L. (2001) *Radiat. Res.* **156**, 618–627.
55. Lochter, A., Galosy, S., Muschler, J., Freedman, N., Werb, Z. & Bissell, M. J. (1997) *J. Cell Biol.* **139**, 1861–1872.
56. Sternlicht, M. D., Lochter, A., Sympon, C. J., Huey, B., Rougier, J. P., Gray, J. W., Pinkel, D., Bissell, M. J. & Werb, Z. (1999) *Cell* **98**, 137–146.
57. Trosko, J. E. & Ruch, R. (2002) *Curr. Drug Targets* **3**, 465–482.