

Targeting the Hippo Pathway to Improve Response to Chemotherapy

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Abstract

The Hippo pathway plays an essential role in tumorigenesis, stem-cell self-renewal and differentiation, organ size control, and many other biological processes. Currently, increasing studies also suggest that the components of the Hippo pathway are involved in the sensitivities of different cancer types to various chemotherapies. As a major approach for cancer treatments, chemotherapeutic therapies can sometimes effectively suppress tumor growth in cancer patients. However, a significant proportion of patients are either intrinsically resistant or later develop acquired resistance to primary chemotherapy, leading to disease relapse and patient mortality. The best way to conquer this resistance is through a better understanding of the molecular networks that are activated in cancer cells in response to drugs. Therefore, identification of signaling pathways and molecules involved in drug resistance is essential for successful treatment of cancers. Here, we will discuss the specific roles of the Hippo pathway in chemotherapy, potential applications for studying this network in response to drugs, and the future strategies to increase chemotherapy efficiency through targeting the Hippo pathway.

ABBREVIATIONS

AC	Adenylate cyclase
AMPK	5' AMP-activated protein kinase
BC	Breast cancer
CDK	Cyclin-dependent kinase
CSC	Cancer stem cell
ER	Estrogen receptor
Ex	Expanded
5-FU	5-Fluorouracil
GPCR	G protein-coupled receptor
HCC	Hepatocellular carcinoma
Hpo	Hippo
LIFR	Leukemia inhibitory factor receptor
LKB1	Liver kinase B1
Lats	Large tumor suppressor
Mats	Mob as tumor suppressor

MDR	Multi-drug resistance
MST1/2	Mammalian Ste-20 like kinase ½
NF2	Neurofibromatosis 2
NSCLC	Non-small cell lung cancer
PKA	Protein kinase A
PKB	Protein kinase B
PKC	Protein kinase C
RASSF1A	Ras-associated domain family member 1A
SMDs	Small molecular drugs
TEAD	Transcriptional enhancer associated domain
UPS	Ubiquitin proteasome system
VP	Verteporfin
YKI	Yorkie

8.1 INTRODUCTION

8.1.1 The Hippo Signaling Pathway

8.1.1.1 Canonical Core Cascade of the Hippo Pathway

The Hippo pathway, which was first identified in *Drosophila* and later in mammals [1], is a recently discovered signaling pathway that plays essential roles in both physiological and pathological processes, such as organ size control, tissue regeneration, stem-cell renewal and differentiation, and tumorigenesis [1–9]. The core components of the Hippo pathway were first identified in *Drosophila* (Fig. 8.1) with the development of a new technique called the mosaic genetic screen [10]. The first player of the Hippo pathway detected through this screening was the tumor suppressor and serine/threonine (S/T) kinase named *lats* (large tumor suppressor) or *wts* (Warts) [11,12]. Loss of *lats/wts* causes cell overproliferation and tissue overgrowth [11,12]. Using a similar genetic screen, the S/T kinase *Hpo* (Hippo) was identified with similar functions and as an upstream regulator of *lats/wts* [13–15]. At the same time, scaffold protein Sav (Salvador) was found to promote the functions of Hpo [13] and 2 years later, Mats (Mob as tumor suppressor) was identified as another scaffold protein interacting and potentiating the functions of *lats/Wts* [16,17]. All these proteins were found to work together as a size-control phosphorylation cascade to regulate the downstream effector Yki (Yorkie), which is a transcriptional co-activator [18,19] (Fig. 8.1).

With increasing studies later on, the Hippo pathway was identified and found to be well conserved in mammals. In the mammalian Hippo pathway (Fig. 8.1), the core components are as follows: kinases MST1/2 (Mammalian Ste-20-like kinase 1/2; homolog of *Drosophila* Hpo; MST will be used instead of MST1/2 in the following text) and LATS1/2 (homolog of *Drosophila* *lats/Warts*; LATS will be used for LATS1/2 in the following text), scaffold proteins WW45/Sav (homolog of Sav in *Drosophila*) and Mob1 (homolog of *Drosophila* Mats), as well as the transcriptional co-activators YAP (Yes-associated protein; homolog of *Drosophila* Yki) and its paralog TAZ (transcriptional co-activator with PDZ-binding motif) [6,20]. Similar to *Drosophila* Hippo signaling, the mammalian Hippo pathway functions through phosphorylation. When the Hippo pathway is activated in certain conditions such as increased cell–cell contact caused by high cell density, the upstream core component MST first gets phosphorylated and activated, which further phosphorylates and activates the downstream kinase

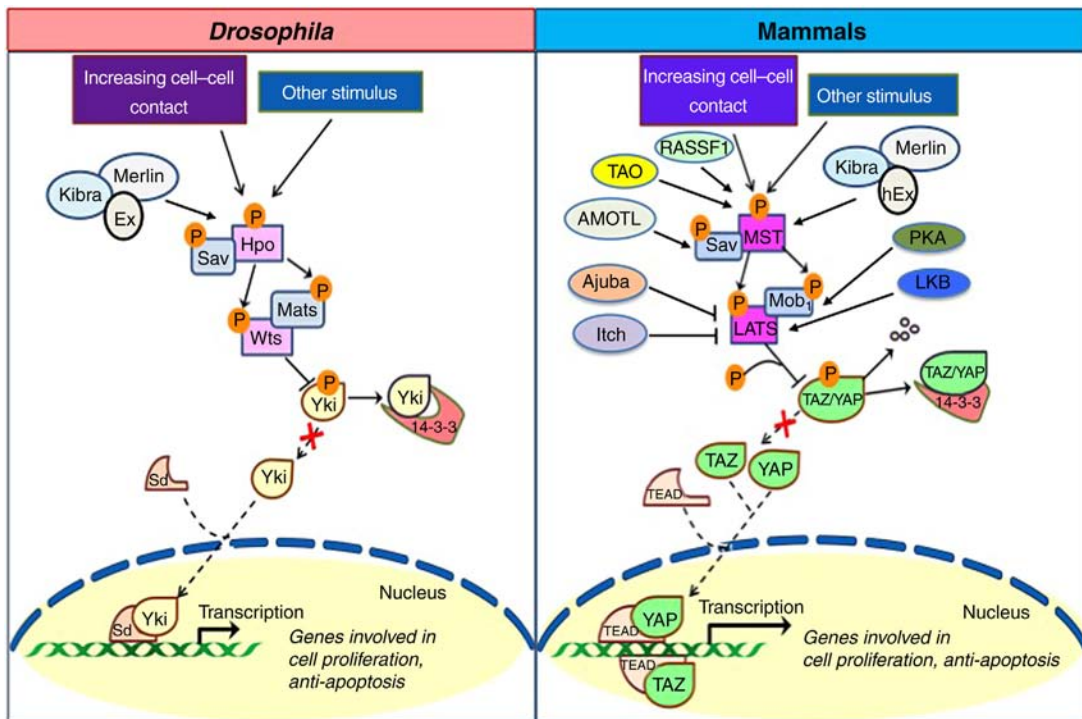


FIG. 8.1 Hippo pathway in *Drosophila* and mammals. Abbreviations: Ex, expanded; Sav, Salvador; Hpo, Hippo; Wts, Warts; Yki, Yorki; MST, mammalian Ste-20 like kinase; LATS, large tumor suppressor; hEx, human expanded; RASSF1, Ras-association domain family member 1; PKA, protein kinase A; LKB, liver kinase B.

LATS [1,6]. The phosphorylated LATS can inhibit the transactivating functions of YAP and TAZ through phosphorylation of specific S sites in the motif “HxH/R/KxxS/T” (H, histidine; R, arginine; K, lysine) on YAP and TAZ [21–23]. As a result, TAZ and YAP are anchored in the cytoplasm [21–23] and/or degraded [24,25], which interrupt their interactions with the transcription factor TEAD (transcriptional enhancer associate domain) family to block their roles in assisting the transcription of downstream target genes involved in cell-cycle progression, cell proliferation, and anti-apoptosis (Fig. 8.1) [21,23–27]. Therefore, dysregulation of the Hippo pathway is involved in tumorigenesis and metastasis [28–31], which mainly depend on cell proliferation and cell survival.

8.1.1.2 Upstream Regulators of the Hippo Pathway

With increasing studies on the Hippo pathway, many regulators of the Hippo pathway have been identified in addition to the core components. Studies on *Drosophila* determined that a protein complex consisting of the FERM domain proteins Merlin (NF2, neurofibromatosis 2) and Ex (Expanded) as well as Kibra (kidney and brain expressed protein) activate Hippo/MST [32–34]. A conserved association of Merlin and Kibra exists in human cells to trigger activation of the Hippo pathway via activation of MST [34] (Fig. 8.1). However, unlike Ex in *Drosophila*,

hEx (*human Expanded*), which is also named *FRDM6* and *Willin*, functions as a tumor suppressor gene (TSG) in both Hippo pathway-dependent and -independent mechanisms [35,36]. In addition to forming a complex with Kibra, Merlin is also shown to recruit MST and LATS to the plasma membrane to activate the pathway [37]. In addition, AMOTL2, which is a member of AMOT (angiomotin) family, functions as an adapter protein to interact with MST, LATS2, and YAP to promote the activation of LATS2 by MST [38]. Besides, the apicobasal polarity of epithelial cells also plays a role in the activation of the Hippo pathway through basolateral membrane-located protein Scribble, which is required for recruiting MST to the LATS-TAZ/YAP complex [39]. Furthermore, leukemia-inhibitory factor receptor inhibits YAP-promoted metastasis through Scribble involved Hippo pathway activation [40]. In addition, as a tumor suppressor, RASSF1A (Ras-association domain family member 1A) interacts with MST1 to induce apoptosis [41]. Further studies indicate that this protein can protect activated MST from dephosphorylation/inactivation to trigger the Hippo pathway [42,43]. Furthermore, the STE-20 family kinase TAO1, PKA (protein kinase A), and LKB1 (liver kinase B1) can activate the Hippo pathway through phosphorylation of MST and/or LATS (Fig. 8.1) [44–48].

In addition to the positive regulators, kinase Akt [also known as PKB (protein kinase B)] has been shown to inhibit the Hippo pathway through phosphorylation of MST [49,50]. In addition, the proteins of Ajuba Lim family can interact with and inhibit LATS activity to block the Hippo pathway [51–53]. Moreover, LATS can be specifically targeted by Itch ubiquitin ligase to be degraded through ubiquitin proteasome system [54], which also suppresses the activity of the Hippo pathway.

Besides, as a cell-surface glycoprotein and a marker for cancer stem cells (CSCs), CD44 is found to attenuate the activity of the Hippo pathway through association with Merlin in glioblastoma cells [55–57]. Further, CD44 can also directly activate YAP independent of the Hippo pathway [58]. In addition to CD44, several recent studies propose that some extracellular ligands can regulate the Hippo pathway through different G protein-coupled receptors (GPCRs) [2,59–61]. Moreover, a variety of stimuli (e.g., increasing cell density, DNA damage, energy stress, mechanotransduction, etc.) activate or inhibit the Hippo pathway [2,62–67].

8.1.2 Hippo Signaling in Human Cancer

The Hippo pathway is a tumor suppressor pathway. Dysregulation of the Hippo pathway is involved in tumorigenesis and metastasis [1,2,40]. Evidence of the involvement of the Hippo pathway in tumorigenesis comes from the mouse models with gene knockout of upstream components in the Hippo pathway. These mice develop variable types of tumors. For example, LATS1 knockout mice develop soft tissue sarcoma and ovarian carcinoma [68], whereas MST1/2 knockout mice exhibit several types of tumors including hepatocellular carcinoma (HCC) [69], which is the same as mice with YAP overexpression in livers [18]. Moreover, the core components in the Hippo pathway are clinically involved in diverse human cancers. For example, YAP and/or TAZ overexpressions are identified in tumor tissues from patients with breast cancer (BC) [31,70,71], non-small-cell lung cancer (NSCLC) [72,73], HCC [74], colorectal cancer [75,76], head and neck cancer [77,78], oral squamous cell carcinoma [79,80], ovarian cancer [81–85], prostate cancer [86], and so on. On the other hand, downregulation of LATS is detected in BC [87] and NSCLC [88,89].

8.2 HIPPO PATHWAY IN CHEMOTHERAPEUTIC DRUG RESISTANCE

Abnormal expression levels and dysfunctions of components in the Hippo pathway have been implicated in the resistance of cells to different chemotherapeutic drugs and we will discuss how each component of the core Hippo pathway is involved in chemoresistance during cancer treatment in the following text.

MST

MST1 and its homolog MST2 are located upstream of the core Hippo pathway to control the activity of this pathway (Fig. 8.1). Downregulation of MST causes resistance of prostate cancer cells to the DNA-damaging reagent cisplatin, whereas increasing levels of MST sensitize these cells to cisplatin [90]. However, how reduced MST contributes to cisplatin resistance is not clear. One possibility is that decreased MST may cause drug resistance by inactivating the Hippo pathway, which subsequently activates its downstream targets YAP and/or TAZ (see below).

LATS

As the core kinases in the Hippo pathway, *LATS1* and its homolog *LATS2* are well-known TSGs and loss of their functions is found in various human cancers [91]. We have previously shown that knockdown of *LATS1* by small interference RNAs can dramatically decrease the sensitivity of HeLa cervical cancer cells to Taxol, an antimicrotubule drug commonly used for treatment of breast and lung cancers [92]. In addition, *LATS1* has been identified as a gene causing Taxol resistance through a functional genomic screen using short-hairpin RNA (shRNA) library targeting TSGs in the lung cancer cell line A549 [93]. In addition, knockdown of *ITCH*, which is a ubiquitin ligase causing *LATS1* degradation [54], increases cell sensitivity to doxorubicin [94]. This suggests that *ITCH* may play a role in the chemosensitivity of cells through regulation of *LATS1*. However, the molecular mechanism of how *LATS1* is involved in chemoresistance remains unknown. Similar to *LATS1*, *LATS2* is found to be negatively regulated in leukemia and the low level of *LATS2* contributes to the resistance of leukemic cells to the DNA-damaging agents doxorubicin and etoposide (standard drugs for leukemia treatment) [95]. In addition, silencing of *LATS2* can upregulate the transcription of ER α (estrogen receptor alpha)-regulated genes, which may render patients with ER+ BC resistant to Tamoxifen and other ER antagonists [96]. In contrast to the above studies, by examination of *LATS2* mRNA levels in tissues from chemotherapy-treated patients, one study found that BC patients with low levels of *LATS2* mRNA are more sensitive to epirubicin plus cyclophosphamide (EC). A potential explanation for these conflicting findings is that EC treatment functions most effectively in cancer cells that are in S phase of replication. *LATS2* can inhibit CDK2 function, indirectly preventing cells from entering S phase and being targeted by EC efficiently [97]. These results suggest that a gene may function differently in response to different types of drugs. Therefore, it is necessary to consider the mechanisms of action for different drug treatments when studying the role of *LATS2* in chemotherapeutic drug resistance.

YAP

YAP was identified in 1994 as a protein interacting with Yes and Src tyrosine kinases [98]. Later studies indicated that YAP functions as a transcriptional co-activator and an oncoprotein by interacting with many transcription factors and initiating the expression of downstream oncogenic genes [27,28,99]. In 2007, YAP was identified as a major downstream component of the Hippo pathway. The regulation of YAP by LATS in the Hippo pathway determines its subcellular location, which further affects its oncogenic functions through transactivation of a variety of genes involved in anti-apoptosis and cell proliferation [21,22,24].

The expression of YAP is associated with resistance to various chemotherapeutic drugs confirmed in several studies. Upregulation of YAP causes resistance of mammary and ovarian cancer cells to the chemotherapeutic drugs Taxol and cisplatin [30,81,82,85]. Besides, YAP is found de-acetylated by SIRT1 and translocated into the nucleus in HCC during cisplatin treatment, which leads to cisplatin resistance in HCC [100]. YAP nuclear translocation induced by hypoxia in HCC also causes cells to become less sensitive to sorafenib, a first-line treatment drug for HCC [101]. HCC with high levels of YAP expression are also resistant to doxorubicin [102]. Besides, overexpression of YAP mediates the resistance of senescent cells to doxorubicin through upregulation of the anti-apoptotic protein survivin [103]. Additionally, high levels of nuclear-localized YAP has been found in colon cancer cells that are resistant to antimetabolite 5-fluorouracil as well as castration-resistant prostate tumor samples [104,105]. Moreover, YAP also mediates the resistance of BRAF mutant cancer cells to either BRAF inhibitor vemurafenib or MEK inhibitor trametinib through upregulation of the downstream anti-apoptotic protein BCL-XL [106]. However, YAP also transcriptionally upregulates RAS genes through TEAD in NF2-loss thyroid cancers and sensitizes cells to MEK inhibitor AZD6244 [107]. In addition, enhanced YAP is associated with the resistance of lung cancer cells to EGFR tyrosine kinase inhibitors through upregulation of the downstream target AXL and the activation of ERK [108]. Consistently, reduced levels of YAP in various cancer cells sensitize these cells to cisplatin and the EGFR inhibitors erlotinib and cetuximab [85,109,110].

The activation of YAP may play a critical role in the resistance of cancer cells to various therapeutic drugs. For example, we have recently demonstrated that in response to antitubulin drug treatments, activated CDK1 can negatively regulate YAP by directly phosphorylating YAP on five sites with an SP (S, Serine; P, Proline) motif. This phosphorylation can dramatically decrease the interaction between YAP and TEAD transcription factor and sensitize cancer cells to antimicrotubule drug treatments [111]. Therefore, the identification of the upstream regulators and downstream mediators of YAP during chemotherapeutic drug response may be critical to understanding how activation of YAP causes resistance to different drug treatments.

TAZ

TAZ was identified as a 14-3-3 binding protein in 2000 [112]. Further studies have indicated that TAZ is a paralog of YAP in mammals and regulated by the Hippo pathway [23]. Therefore, TAZ shares many functions with YAP. TAZ has been identified as an oncogene and is involved in the development and metastasis of various types of cancers [23,113]. High levels of TAZ are detected in basal-like BC cells and patient tissues [31,70,114].

Overexpression of TAZ causes resistance of mammary cells to Taxol, whereas knockdown of TAZ by shRNA in BC cells sensitizes these cells to Taxol [114]. Besides, we also found that TAZ can be directly phosphorylated by CDK1, which further causes TAZ degradation and therefore reverses TAZ-related cell resistance to antitubulin drugs [115]. Moreover, TAZ overexpression in Ras-transformed MCF10A-T1K cells increases multidrug resistance protein levels and results in cellular resistance to paclitaxel and doxorubicin [39]. Besides, TAZ is required for maintaining the properties of breast CSCs and causes resistance of these cells to Taxol and doxorubicin [31,39].

Our laboratory provided first evidence that overexpression of TAZ causes resistance of mammary cells to Taxol treatment by upregulating its downstream target genes, CTGF and Cyr61, through activation of transcription factor TEAD [114]. It has previously been shown that Cyr61 reduces chemosensitivity to Taxol by activating an integrin-MAPK pathway [116]. Therefore, it is possible that TAZ induces Taxol resistance through a novel TEAD-Cyr61/CTGF-integrin-MAPK pathway. However, it remains to be explored whether this pathway is also important in mediating TAZ-mediated resistance to other drugs.

8.3 TARGETING THE HIPPO PATHWAY FOR CANCER CHEMOTHERAPY

As stated above, dysregulation of the Hippo pathway plays important roles in the development and progression of a wide variety of human cancers and is critical for their response to chemotherapeutic drug treatments. Therefore, targeting the Hippo pathway will be a novel strategy for cancer therapy.

8.3.1 Drugs Targeting the Hippo Pathway

Currently, most of the drugs that target the Hippo pathway act by either activating the TSGs MST/LATS or inactivating the oncogenes YAP/TAZ directly or indirectly (Table 8.1 and Fig. 8.2).

8.3.1.1 MST and LATS Activation

Activation of MST or LATS can inhibit cancer cell growth by promoting the phosphorylation and inactivation of YAP and TAZ (Fig. 8.1). Although no drug has been developed so far to directly activate MST/LATS, many drugs have been used to indirectly activate MST/LATS by modulating its upstream signaling (Table 8.1; Fig. 8.2). For example, since F-actin has been shown to inhibit MST/LATS [117,118], inhibition of F-actin polymerization directly [Cytchalasin (Cyt D) and Latrunculin (Lat) A/B] or indirectly through inhibition of upstream regulators such as Rho (Botulinum toxin C3) and ROCK (Y27632 or HA1077) can activate the Hippo pathway by activating MST/LATS [60,119] (Fig. 8.2). In addition, statins and simvastatin can also activate LATS through Rho inhibition by suppressing HMG-CoA reductase activity in the mevalonate pathway [120,121]. Moreover, dobutamine or epinephrine, agonists of GPCRs (coupled with Gs), can also activate LATS and the Hippo pathway through activation of PKA, whereas QLT0267, an ILK inhibitor, reduces BC cell growth by activating MST [122,123] (Fig. 8.2).

TABLE 8.1 Drugs Targeting the Hippo Pathway

Target	Drugs	Working mechanism	References
AMPK (5' AMP-activated protein kinase)	Metformin, C19	Inhibiting YAP activity by activating AMPK	[62–64,134,135]
Cdk1	Taxol	Inhibiting YAP/TAZ activity by activating Cdk1	[111,115]
F-actin	Latrunculin A/B	Activating LATS through regulating F-actin polymerization	[117]
	Cytochalasin D	Activating LATS through regulating F-actin polymerization	[117,118]
GPCR	Dobutamine, epinephrine	Activating LATS by regulating its upstream regulator GPCR	[59,123]
HMG-CoA reductase, Rho	Statins, Simvastatin	Activating MST/LATS activity through Rho GTPases	[60]
		by inhibiting HMG-CoA in the mevalonate pathway	[120,121]
ILK	QLT0267	Activating MST by inhibiting ILK activity	[122]
MST	C19	Activating MST	[136]
PKA	Ibudilast, rolipram	Activating LATS by increasing PKA activity	[47,59,60]
PKC	Auranofin	Inhibiting YAP through AMOT by inhibiting PKC	[135]
Rho	Botulinum toxin C3	Activating LATS through inhibition of Rho GTP activity	[66,118]
ROCK	Y27632,HA1077	Activating LATS through inhibition of ROCK	[66,119]
Tankyrase	XAV939	Inhibiting YAP activity by activating its inhibitor angiomotin	[110]
YAP	Super-TDU	Peptides inhibiting YAP-TEAD interaction	[127]
	Cyclic peptides	Peptides disrupting YAP-TEAD interaction	[125,126]
	C108	Promoting YAP degradation	Guan Patent
	Flufenamic acid	Disrupting YAP-TEAD interacting	[124]
	Verteporfin	Disrupt YAP-TEAD interaction	[128–130]
TAZ	Rottlerin	TAZ inhibitor	[136]
VEGFR PDGFR	Pazopanib	Inhibit YAP/TAZ nuclear localization by inhibiting VEGFR and PDGFR	[142]
Yes	Dasatinib	Activating kinase activity of Yes (YAP/TAZ activator)	[143]

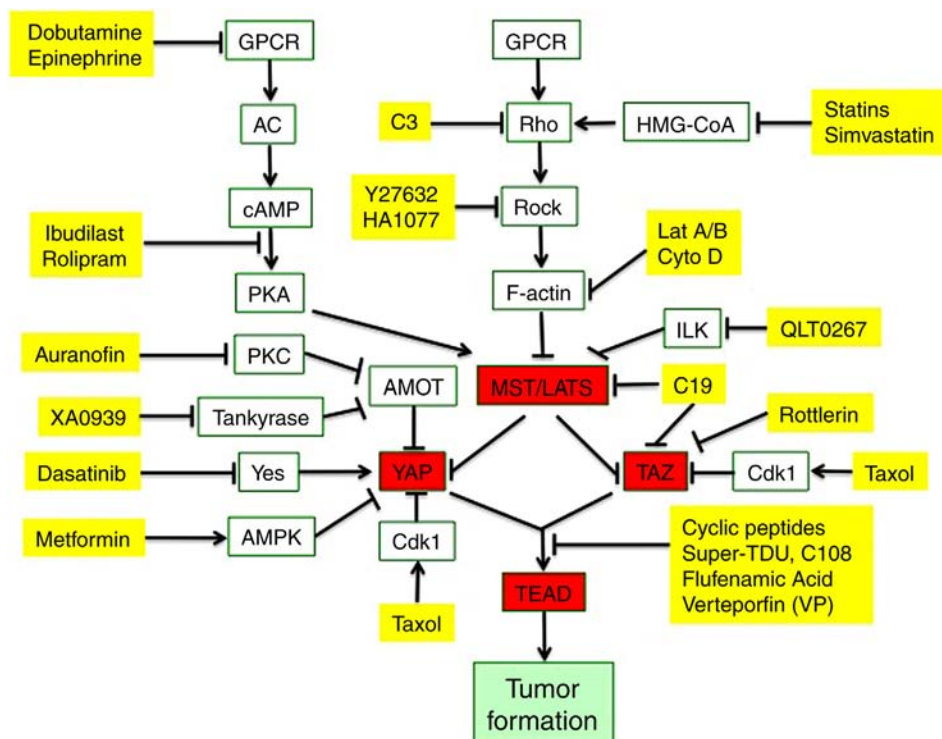


FIG. 8.2 Regulators of the Hippo pathway and relevant drugs targeting the Hippo pathway. Abbreviations: GPCR, G protein-coupled receptor; ILK, integrin-linked kinase; PKC, protein kinase C; AC, adenylylate cyclase; cAMP, cyclic adenosine monophosphate; AMPK, 5' AMP-activated protein kinase.

8.3.1.2 Inhibition of YAP/TAZ-TEAD Interaction

The YAP/TAZ oncogene is a major output of the Hippo pathway (Fig. 8.1). Since YAP/TAZ is a transcriptional co-activator with no enzymatic activity, directly inhibiting YAP/TAZ is challenging. However, it has been shown that YAP/TAZ causes tumorigenic phenotypes through interaction and activation of transcription factor TEAD [27]. Therefore, disruption of YAP/TAZ interaction with TEAD to inhibit YAP/TAZ tumorigenic function represents an attractive strategy to target the Hippo pathway for cancer therapy [124]. Based on the crystallographic structure of the YAP-TEAD4 complex and using a combination of engineering approaches, a series of cyclic peptide mimics have been designed and shown to be able to effectively block YAP-TEAD interaction [125,126]. In addition, a 48-mer peptide called “Super-TDU”, which is derived from the sequence of VGLL4 that is critical for inhibition of YAP, was also designed and found to specifically disrupt YAP-TEAD interaction [127]. Significantly, these peptides were shown to suppress tumor growth both *in vitro* in cell lines and *in vivo* in a xenograft mouse model. However, since the cost of manufacturing peptide-based compounds is high and peptide-based compounds can be quickly degraded *in vivo*, it is still challenging to administer these peptide drugs to cancer patients.

Small molecular drugs (SMDs) are easy to synthesize and relatively stable *in vivo*. Therefore, they are the cost-effective drugs commonly used for targeted therapies. Currently, Verteporfin (VP) is the only SMD that has been shown to directly disrupt the YAP–TEAD interaction. In a search for SMDs blocking YAP–TEAD interaction, Pan and colleagues used a YAP–TEAD transcriptional activating luciferase reporter to screen a library of 3300 FDA-approved SMDs. VP was identified from the screen [128]. VP can directly disrupt YAP–TEAD interaction *in vitro* and *in vivo* in a dose-dependent manner and inhibit YAP–TEAD transcriptional activation function. Most significantly, this and later studies showed that VP treatment dramatically suppressed the growth of various cancers caused by YAP overexpression in xenograft mouse models *in vivo* [128–130].

8.3.1.3 Targeting Proteins Regulating YAP/TAZ

(1) *Kinases*: Since direct targeting of YAP/TAZ is difficult, targeting the positive or negative regulators of YAP/TAZ becomes one of the important strategies targeting the Hippo pathway. Since kinases are druggable by SMDs, they are attractive targets for inhibiting YAP/TAZ activity. Recently, Yes proto-oncogene was found to be crucial for the formation of a transcriptional complex including YAP and β -catenin [131]. Interestingly, inhibition of Yes by Dasatinib can suppress cancer cell growth by inhibiting YAP–catenin complex function. In addition, 5' AMP-activated protein kinase (AMPK) has also been shown to phosphorylate YAP and inhibit its function under energy (e.g., glucose) deprivation. Metformin, a drug used for the treatment of diabetes, can suppress YAP through activation of AMPK [62–64]. Moreover, we have recently shown that antitubulin drugs such as Taxol can activate Cdk1, which subsequently phosphorylates and inactivates YAP/TAZ to induce cancer cell death [111,115]. In this case, studies on drugs modulating the activity of Cdk1 could also be used to identify drugs that regulate YAP/TAZ functions.

(2) *Proteins regulating YAP/TAZ nuclear localization and stability*: Since YAP/TAZ functions as a transcriptional co-activator in the nucleus, inhibition of their nuclear localization is another strategy for inhibiting YAP/TAZ function. The AMOT family of proteins has recently been shown to negatively regulate the oncogenic properties of YAP/TAZ by inhibiting its nuclear localization through direct protein–protein interactions [132–134]. Therefore, activation of AMOT could be another strategy to inhibit YAP/TAZ in cancer (Fig. 8.2). It has been recently reported that XA0939, an inhibitor of tankyrase that can cause AMOT degradation through E3 ligase RNF146, can inhibit YAP nuclear localization through AMOT [110]. On the other hand, atypical protein kinase C (PKC ι) can directly phosphorylate AMOT, whose phosphorylation inhibits YAP1 binding and increases YAP nuclear localization. Therefore, treatment of tumor cells with the PKC ι inhibitor Aurano-fin can decrease YAP nuclear localization and tumor growth *in vitro* and *in vivo* through activation of AMOT [135].

Another way to inhibit YAP/TAZ function is to induce YAP/TAZ protein degradation [136]. Recently, C19, a newly identified SMD, was shown to cause TAZ degradation by activation of GSK3 β , a negative regulator of TAZ [137,138]. In addition, in a screen for YAP/TAZ inhibitors, the SMD C108 was shown to inhibit YAP/TAZ by promoting their degradation (Guan Patent). The molecular mechanism underlying C108-induced YAP/TAZ degradation is unclear. However, it is suggested that C108 may be targeting the de-ubiquitinating enzymes critical for regulating YAP/TAZ protein stability [139].

8.3.2 Targeting Hippo Pathways to Improve Response to Chemotherapy

As discussed above, mounting evidence suggests that inactivation of the Hippo pathway by upregulating oncoproteins such as YAP/TAZ or downregulating TSGs such as LATS1/2 or MST1/2 may represent a major event leading to resistance of cancer cells to various chemotherapeutic drugs. Therefore, activation of the Hippo pathway by activating MST/LATS or inactivating YAP/TAZ may sensitize drug-resistant cancer cells to chemotherapeutic drug treatments. Since MST/LATS is not druggable, YAP and TAZ are the potential therapeutic targets to improve response to chemotherapy.

Many studies have shown that knockdown of YAP or TAZ genetically by RNA interference (RNAi) in various cancer cells leads to improved response to a wide variety of chemotherapeutic drugs including antitubulin drugs (Taxol, vinblastine, etc.), cisplatin, EGFR inhibitors (e.g., erlotinib, gefitinib, and cetuximab), c-Abl inhibitor (e.g., imatinib), and RAF and MEK inhibitors [106,108,114,140]. One good example of these findings is the manipulation of YAP in coping with RAF and MEK inhibitor drug resistance. Although RAF- and MEK-targeted therapy has been widely used for the treatment of melanoma and NSCLC, resistance to this therapy is a major obstacle for successful treatment. Through a genetic screen, YAP was identified as a gene-promoting resistance of cancer cells to RAF and MEK inhibitors [106]. Most significantly, knockdown of YAP by RNAi in drug-resistant melanoma, colon, and thyroid cells caused synthetically lethal with RAF/MEK inhibitor treatment, suggesting that inactivation of YAP is an attractive strategy to treat cancers resistant to RAF and MEK inhibitors.

Other studies demonstrate that targeting YAP/TAZ using SMDs may sensitize cancers to various chemotherapies. For example, the levels of YAP and TAZ are negatively correlated with the sensitivity of cancer cells to Taxol [111,114]. Most significantly, it has recently been shown that treatment of Taxol-resistant colon cancer cells with the YAP inhibitor VP reverses the resistance to Taxol [141]. In addition, combined treatment of BC cells with the YAP/TAZ inhibitors Dasatinib and pazopanib also sensitizes BC cells to both doxorubicin and Taxol [142]. Moreover, activation of YAP was found to be responsible for hypoxia-induced resistance of HCC to Sorafenib, a multikinase inhibitor [101]. Treatment of drug-resistant HCC cells with VP sensitizes these cells to Sorafenib treatment. Similarly, treatment of Sorafenib-resistant HCC cells with statins, which inactivate YAP through activation of the Hippo pathway (Fig. 8.2), overcomes Sorafenib resistance, leading to improved response to Sorafenib therapy [101].

Interestingly, a screen for genetic markers associated with sensitivity or resistance to SMDs revealed a combination of two FDA-approved SMDs, statins and Dasatinib, as an effective co-treatment strategy to potently inhibit YAP/TAZ in cancer cells [143]. Compared to single drug treatment, combined treatment of BC cells with these two drugs significantly sensitized cancer cells to Taxol treatment. Therefore, combined treatment of cancer cells with inhibitors targeting the Hippo pathway may result in better outcomes in the treatment of drug-resistant cancers.

8.4 CONCLUSION

In conclusion, dysregulation of the Hippo pathway plays important roles not only in tumorigenesis, but also in drug resistance. Newly published data strongly suggest that targeting the Hippo pathway is a novel and attractive strategy to improve the response of drug-resistant cancer cells to chemotherapy. Therefore, the development of more SMDs directly

targeting the core Hippo components will significantly enhance our ability to treat drug-resistant cancer patients in the future.

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