

# *Dnmt1*<sup>N/+</sup> Reduces the Net Growth Rate and Multiplicity of Intestinal Adenomas in C57BL/6-Multiple Intestinal Neoplasia (*Min*)/+ Mice Independently of *p53* but Demonstrates Strong Synergy with the Modifier of *Min 1*<sup>AKR</sup> Resistance Allele<sup>1</sup>

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## ABSTRACT

Altered patterns of the 5-cytosine methylation of genomic DNA are associated with the development of a wide range of human cancers. We have studied the mechanisms and genetic pathways by which a targeted heterozygous deficiency in the murine 5-cytosine DNA methyltransferase gene (*Dnmt1*<sup>N/+</sup>) diminishes intestinal tumorigenesis in C57BL/6-multiple intestinal neoplasia (*Min*)/+ mice. We found that *Dnmt1*<sup>N/+</sup> retards the net growth rate of intestinal adenomas and reduces tumor multiplicity by approximately 50%. This tumor resistance affects the entire intestinal tract and is independent of the status of modifier of *Min 1* and *p53*, two loci that have been found to confer strong resistance to *Min*-induced neoplasia. Interestingly, *Dnmt1*<sup>N/+</sup> and modifier of *Min 1* resistance interact synergistically, together virtually eliminating tumor incidence. This finding may provide an insight into potential combinatorial therapeutic approaches for treating human colon cancer.

## INTRODUCTION

Altered patterns of 5-cytosine methylation at CpG islands located in the promoter region of genes are correlated with the development of a wide range of human cancers. These changes have been linked to both increases and decreases in the transcription of genes thought to be critically important for carcinogenesis. Examples of proto-oncogene activation, ostensibly via promoter hypomethylation, include *BCL-2* in B-cell leukemias (1), *MYC* and *epidermal growth factor receptor* in hepatocellular carcinomas (2, 3), *Ha-RAS* in lung cancer (4), and the biallelic expression of the imprinted *insulin-like growth factor 2* locus in Wilms' tumor (5). Alternatively, there are also numerous reports connecting gene promoter hypermethylation to the silencing of tumor suppressor genes.

Consistent with Knudson's "two-hit" hypothesis (6), such events can provide one or more inactivating hits in the development and progression of cancers. Examples include *RB* in retinoblastoma (7); *VHL* in renal carcinoma (8); *p15* in gliomas and leukemias (9); *BRCA1* in breast cancer (10); *E-CADHERIN* in hepatocellular carcinoma, breast cancer, and prostate cancer (11, 12); *GSTP1* in prostate, breast, and renal cancer (13, 14); and *p16*<sup>INK4a</sup> in virtually all human cancers studied (15, 16). It remains to be determined what upstream causes generate these changes in CpG-methylation status in tumor lineages.

One of the major human cancers in the United States is colorectal cancer, accounting for 130,000 new cases and more than 50,000 deaths each year (17). It is estimated that 50% of the Western population can expect to develop at least one colorectal tumor by the age of 70 (18). Molecular analyses of human colorectal cancers have identified a growing number of cancer-linked genes, the promoters of which are differentially hypermethylated in tumors, sometimes biallelically. This list includes *p15* (19), *p16*<sup>INK4a</sup> (16), *estrogen receptor*

(20), *MLH1* (21–23), *WT1* (24), and *APC*<sup>3</sup> (25) in primary tumors and *MUC2* (26) in colon cancer cell lines. *MLH1* appears to be a special target for this silencing mechanism because this locus may be mono-allelically or biallelically hypermethylated in more than 80% of the human colorectal cancers showing microsatellite instability (27).

An extremely useful tool for understanding the etiology of human cancers is a mutant mouse model. A model of intestinal cancer is the *Min* mouse, which carries a germ-line mutation in the *Apc* gene (note: *Min* is used as a genotypic abbreviation for *Apc*<sup>Min/+</sup> whenever strain genotypes are indicated, and *Min* is used generically for mice and tumors). On the B6 genetic background, this mutation predisposes heterozygous mice to the development of as many as 300 adenomas throughout the intestinal tract (28). *Apc* is the mouse homologue of *APC*, which has been found to be mutant in a majority of familial and sporadic human colon cancers (29). In an important study, Laird *et al.* (30) bred the *Min* mouse to animals carrying a targeted heterozygous deficiency in the *Dnmt1*<sup>S/+</sup> gene. *Dnmt1* catalyzes the transfer of methyl groups from *S*-adenosyl-*L*-methionine to carbon 5 of cytosine residues in 5'-CpG-3' dinucleotides. Maintenance methylation occurs post-DNA replication and uses the parental strand as a template, thus maintaining genomic methylation patterns (31). In the Laird *et al.* (30) study, (129/SvJ *Dnmt1*<sup>S/+</sup> × B6-*Min*/+) F1 progeny developed 60% fewer intestinal adenomas than F1 *Dnmt1*<sup>+/+</sup> *Min*/+ control animals. When global genomic methylation levels were further depressed by early administration of the pharmacological demethylating agent 5-Aza-dC, tumor incidence was reduced by a factor of nearly 60 (30).

How does a decrease in genomic methylation cause the suppression of *Min*-induced intestinal tumorigenesis? Two functions of methylation were initially considered: promotion of somatic mutagenesis by 5-methylcytosine and loss of genomic stability (30). The involvement of DNA methylation in promoting mutagenesis has been observed in bacteria, and in mammals, its importance is inferred from the low frequency of the CpG dinucleotide in the genome (32). In cancer, it has been proposed that methylated CpG residues are mutational hot spots for the generation of transition mutations caused by the deamination of 5-mC, possibly mediated by the actions of *Dnmt1*. Analysis of the mutational spectrum of the tumor suppressor *p53* has provided one piece of evidence for this hypothesis (33, 34). However, subsequent investigations by Chen *et al.* (35) demonstrated that hypomethylation enhanced, rather than decreased, the mutation rate at a mouse test locus. This finding is consistent with the hypothesis of Smith and Crocitto (36) that mammalian DNA methyltransferases can maintain genomic stability by preventing clastic mutagenesis. Furthermore, studies of human colon cancer cell lines by Lengauer *et al.* (37) indicate that genomic hypomethylation is likely to be associated with an increase in genomic instability. Jackson-Grusby and Jaenisch (38) also tested the effect of hypomethylation in *Min* mice fed a diet deficient in choline and methionine. *Min*-induced tumor multiplicity was reduced in mice fed the methyl group-restricted diet. Together,

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<sup>3</sup> The abbreviations used are: APC, adenomatous polyposis coli; B6, C57BL/6; *Mom1*, modifier of *Min 1*; *Min*, multiple intestinal neoplasia; BrdUrd, 5-bromodeoxyuridine; *Dnmt1*, maintenance 5-cytosine DNA methyltransferase gene; 5-Aza-dC, 5-Aza-2-deoxycytidine; PCNA, proliferating cell nuclear antigen; NSAID, nonsteroidal anti-inflammatory drug.

these studies support the hypothesis that the reduction in methylation levels, rather than the reduction in the levels of the enzyme, is the cause of intestinal tumor resistance.

To explore hypomethylation-mediated resistance to *Min*-induced tumorigenesis, we have used a mouse carrying the *N* mutant allele of *Dnmt1* (39) on an inbred B6 genetic background. The *N* allele of *Dnmt1* has a biochemical phenotype that is comparable to but slightly weaker than the *S* mutant allele of *Dnmt1* used by Laird *et al.* (30).<sup>4</sup> We have tested the hypothesis, first proposed by Balmain (40), that DNA methylation affects a growth regulatory gene, by examining the growth kinetics of intestinal tumors arising in B6-*Min Dnmt1*<sup>N/+</sup> mice. To test for independence between the effects of distinct resistance modifier loci, we have made genetic crosses to detect interactions between *Dnmt1*<sup>N/+</sup> and *Mom1* (40) or *p53*, two loci that confer a strong resistance to *Min*-induced neoplasia. Finally, we have assessed the potential effect of *Dnmt1*<sup>N/+</sup> on cellular indices of apoptosis, mitosis, and DNA synthesis in preneoplastic intestinal mucosa.

## MATERIALS AND METHODS

**Animal Care and Breeding.** Experimental mice were bred at the McArdle Laboratory for Cancer Research. Diets and husbandry were as described previously (28).

**Experimental Classes of Mice.** The B6-*Min* pedigree has been maintained by backcrossing B6-*Apc*<sup>Min/+</sup> males to B6 females ( $n > 40$ ). The B6-*Mom1*<sup>AKR</sup> congenic strain has been maintained as described (41). B6-*Dnmt1*<sup>N/+</sup> mice were obtained from The Jackson Laboratory (Bar Harbor, ME;  $n > 15$ ). The B6-*p53*<sup>-/-</sup> line originated from a (129/Sv × B6) F2 female founder that carried a targeted disruption of the *p53* gene (42). This founder was obtained from Larry Donehower (Division of Molecular Virology at Baylor University, Houston, TX). The congenic line was developed by backcrossing *p53*<sup>-/-</sup> females to B6 or B6-*Apc*<sup>Min/+</sup> males for a minimum of 10 generations.

Mice listed in Tables 1–5 and Figs. 1 and 2 were primarily generated from crosses between B6-*Apc*<sup>+/+</sup> *Dnmt1*<sup>N/+</sup> *Mom1*<sup>AKR/B6</sup> females × B6-*Apc*<sup>Min/+</sup> *Dnmt1*<sup>+/+</sup> *Mom1*<sup>AKR/B6</sup> males. Mice described in Table 6 were primarily generated from crosses between B6-*Apc*<sup>+/+</sup> *Dnmt1*<sup>N/+</sup> *p53*<sup>+/-</sup> females × B6-*Apc*<sup>Min/+</sup> *Dnmt1*<sup>+/+</sup> *p53*<sup>-/-</sup> males. Only male B6-*Min p53*<sup>-/-</sup> mice survived to 90 days of age, because *p53*<sup>-/-</sup> females are subject to several developmental abnormalities (43).<sup>5</sup>

**Intestinal Tumor Scoring and Sizing.** All mice were sacrificed by CO<sub>2</sub> asphyxiation. The entire intestinal tract was removed, prepared, and fixed as described previously (28). Tumors ( $\geq 0.4$  mm) were scored from postfixed tissues with a Nikon SMZ-U dissecting microscope at × 10 magnification. Tumor sizes were estimated by measuring the maximum diameter of tumors from the small intestine with a calibrated eyepiece reticle. All tumors were scored by a single observer (R. T. C.) who was blind to the genotype of the sample.

**Genotyping.** DNA was isolated from blood as described previously (44). The *Apc* and *p53* genotypes were determined as described previously (41, 45). The genotype at the *Mom1* locus was assigned on the basis of genotypes at the closely linked flanking markers *D4Mit54* and *D4Mit13*, as described previously (41). The genotype for the *Dnmt1 N* and *Dnmt1* wild-type alleles was determined by PCR analysis using oligonucleotide primers (exon 1-1, Nae 3', and PGKPr-1) flanking the pMT(N)neo targeting vector (39). The following primer sequences were provided by Rudi Jaenisch (Massachusetts Institute of Technology): exon 1-1, 5'-GGG CCA GTT GTG TGA CTT GG-3'; Nae 3', 5'-CTT GGG CCT GGA TCT TGG GGA TC-3'; and PGKPr-1, 5'-GGG AAC TTC CTG ACT AGG GG-3'. PCR was carried out as follows: each DNA sample (2  $\mu$ l) was amplified in a 25- $\mu$ l reaction containing 2  $\mu$ l of primer exon 1-1 (2  $\mu$ M), 1  $\mu$ l of primer Nae 3' (2  $\mu$ M), 1  $\mu$ l of primer PGKPr-1 (2  $\mu$ M), 1.5  $\mu$ l of MgCl<sub>2</sub> (25 mM, Promega), 2.5  $\mu$ l of 10× reaction buffer (Promega), 0.5  $\mu$ l of dNTPs (25 mM, Promega), 0.4  $\mu$ l of Taq polymerase (5 units/ $\mu$ l, Promega), and 14.1  $\mu$ l of doubly distilled water. Samples were amplified in a PTC-200 Peltier thermal cycler (MJ Research) under the following conditions: 1 cycle at 95°C for 4 min; 25 cycles at 95°C for 1 min, 54°C for 1 min, 72°C for 1 min; 1 cycle at 72°C for 3 min; and cooling to 4°C. Agarose gel (2.0%)

electrophoresis of the PCR products followed by ethidium bromide staining permits visualization of 334-bp wild-type and 472-bp *N* bands.

**Histology.** Tissue specimens analyzed by fixed positional analysis of intestinal crypts were isolated from the medial 4-cm section of the small intestine and the distal region of the large intestine. The intestine was cut longitudinally, rinsed in 1× PBS, fixed flat overnight in 10% formalin, washed, transferred to 70% ethanol, embedded in paraffin, and serially sectioned (5  $\mu$ m), with alternate sections stained with H&E. All animals were sacrificed at approximately the same time of day to reduce the influence of circadian variation in cellular proliferation and apoptosis.

**Morphological Analysis for Mitosis and Apoptosis.** Quantitative analysis of apoptosis and mitosis in the intestinal crypts of histologically normal mucosa was conducted using the static positional scoring method developed by Potten *et al.* (46, 47). Briefly, 100 complete half-crypt sections per mouse were analyzed from both the medial small intestine and the distal large intestine. Samples were scored with an Olympus BX-40 System microscope at × 600 magnification by one observer (R. T. C.) who was blind to the genotype. In this method, each intestinal crypt cell position is numbered and scored for either an apoptotic or mitotic event with morphological criteria. Scores were entered into the PC-Crypts program (provided by Dr. Potten) using a laptop computer. The PC-Crypts program yields crypt mitotic and apoptotic indices and the relative distribution of these events along the crypt.

**DNA Synthesis Analysis.** BrdUrd (Sigma B5002) at a dose of 400 mg/kg body weight was administered by i.p. injection 40 min prior to sacrifice. Paraffinized serial sections of formalin-fixed tissues prepared for morphological analysis (described above) were processed for BrdUrd incorporation as follows. Sections were dewaxed in xylene; rehydrated through serial ethanol solutions; washed in distilled water; protease digested; blocked for endogenous peroxidase, avidin, and biotin; and then incubated at room temperature with 1° BrdUrd monoclonal mouse IgG antibody (M0744, DAKO A/S, Glostrup, Denmark). After washing in 1× PBS, biotinylated 2° goat antimouse IgG antibody (Sigma B-8774) was applied, followed by a wash in 1× PBS. Samples were then treated with streptavidin peroxidase conjugate, stained with 3-amino-9-ethylcarbazole (AEC; Zymed, 00-2007) to visualize the BrdUrd antigen, and lightly counterstained with hematoxylin. Intestinal crypt cells were then scored for BrdUrd-positive staining, with the same scoring system as described above for morphological analysis.

**Statistics.** One-sided *P*s for tumor numbers and intestinal tumor sizes were determined by comparison of each test class with contemporaneous B6-*Min* control mice (often siblings) by use of the nonparametric Wilcoxon rank-sum test. One-sided *P*s for the fixed positional analysis of intestinal crypt apoptosis and proliferation were determined using Student's *t* test.

## RESULTS

***Dnmt1*<sup>N/+</sup> Controls the Size of *Min* Adenomas.** When measured at 100 days of age, adenomas from the small intestine of B6-*Min Dnmt1*<sup>N/+</sup> mice are significantly smaller than those from B6-*Min* siblings (see Table 1). In the *Dnmt1*<sup>N/+</sup> class, no tumors greater than 3.8 mm were observed, whereas 17 larger adenomas were found in a comparable group of B6-*Min* control mice. Moreover, only 1.1% of *Dnmt1*<sup>N/+</sup> tumors grew to a size of 3.0 mm, whereas 7.7% of *Min* control tumors reached this size (see Fig. 1). This effect on intestinal adenoma size is not attributable to a shift in the distribution of tumors (see Table 2) but is strongly associated

Table 1 *Dnmt1*<sup>N/+</sup> limits tumor size and acts synergistically with *Mom1*<sup>AKR</sup> *Dnmt1*<sup>N/+</sup> and *Mom1*<sup>AKR</sup> tumors were significantly smaller than controls

Tumor sizes were measured at 100 days of age and represent the largest average diameters of adenomas from the small intestine.  $n$  = number of mice per class; all small intestinal tumors from each mouse were measured. Tumor size represents mouse averages. *P*s are highly significant, comparing B6-*Min* with B6-*Min Dnmt1*<sup>N/+</sup> ( $P = 7.0 \times 10^{-7}$ ) or *Mom1*<sup>AKR</sup> ( $P = 2.3 \times 10^{-8}$ ) classes. Addition of *Dnmt1*<sup>N/+</sup> to *Mom1*<sup>AKR/B6</sup> reduces average maximum diameters (1.14–1.06 mm) by a degree that is close to significance ( $P = 0.06$ ), whereas the addition of *Dnmt1*<sup>N/+</sup> to *Mom1*<sup>AKR/AKR</sup> causes a reduction in adenoma size (1.14–0.75 mm) that is highly significant ( $P = 0.006$ ).

Class	$n$	Tumor size (mm)
B6- <i>Min</i>	35	1.56 ± 0.31
B6- <i>Min Dnmt1</i> <sup>N/+</sup>	22	1.19 ± 0.17
B6- <i>Min Mom1</i> <sup>AKR/B6</sup>	30	1.14 ± 0.22
B6- <i>Min Dnmt1</i> <sup>N/+</sup> <i>Mom1</i> <sup>AKR/B6</sup>	22	1.06 ± 0.38
B6- <i>Min Mom1</i> <sup>AKR/AKR</sup>	6	1.14 ± 0.30
B6- <i>Min Dnmt1</i> <sup>N/+</sup> <i>Mom1</i> <sup>AKR/AKR</sup>	11	0.75 ± 0.28

<sup>4</sup> R. Jaenisch, personal communication.

<sup>5</sup> R. Halberg, unpublished observations.

with inhibition of the net growth rate of individual adenomas (see Table 1 and Fig. 2). We restricted our analysis to adenomas of the small intestine because of low tumor multiplicities in the large intestine and the difficulty in accurately measuring the diameters of pedunculated colonic adenomas. However, it appears that *Dnmt1*<sup>N/+</sup> also restricts adenoma growth in the large intestine.

***Dnmt1*<sup>N/+</sup> Significantly Retards the Net Growth Rate of *Min* Adenomas.** To determine whether the reduction in the size of B6-*Min* *Dnmt1*<sup>N/+</sup> adenomas was caused by a slowing in the net tumor growth rate, the tumor sizes were scored at 70, 100, and 130 days (see Fig. 2). We found that B6-*Min* *Dnmt1*<sup>N/+</sup> and B6-*Min* control tumors were similar in size at 70 days of age but diverged soon after. Linear regression analysis of maximum tumor diameters demonstrated a 2.5-fold higher rate of increase in tumor diameters in *Min* control mice than in *Dnmt1*<sup>N/+</sup> carriers. Because it was difficult to obtain many B6-*Min* control mice that lived to 130 days, we used a 120-day time point for controls. At 120 days, tumors from control mice were significantly larger than adenomas obtained from B6-*Min* *Dnmt1*<sup>N/+</sup> mice measured at 130 days.

***Dnmt1*<sup>N/+</sup> and *Mom1*<sup>AKR</sup> Act Synergistically.** On the B6 genetic background, heterozygosity for the *N* allele of *Dnmt1* reduces *Min*-induced intestinal tumorigenesis by a factor of 2 (Table 3). A similar effect has been observed in congenic mice that are heterozygous for the *Mom1* AKR-derived region of distal chromosome 4 (44). To test for a genetic interaction between *Dnmt1*<sup>N/+</sup> and *Mom1*<sup>AKR</sup>, we scored intestinal tumors from mice resulting from crosses as described in "Materials and Methods." Heterozygosity for either the *N* allele of *Dnmt1* or the *Mom1*<sup>AKR</sup> resistance allele reduced tumor multiplicity by a factor of 2. *Mom1* had previously been shown to act in a semi-dominant fashion (44). Mice homozygous for *Mom1*<sup>AKR</sup> demonstrated a reduction in tumor multiplicity by a factor of 5, a phenotype similar to that observed in *Dnmt1*<sup>N/+</sup> *Mom1*<sup>AKR/B6</sup> double heterozygotes. A more striking effect was observed when *Mom1* was homozygous for the AKR resistance allele. *Dnmt1*<sup>N/+</sup> *Mom1*<sup>AKR/AKR</sup> mice developed fewer tumors by a factor of 44 (Table 3), with almost half exhibiting no intestinal tumors. Furthermore, the few adenomas observed tended to be very small (Table 1).

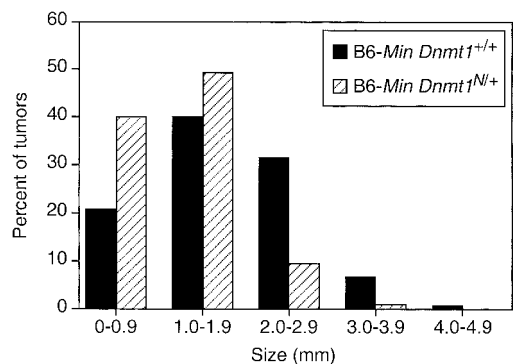


Fig. 1. The *Dnmt1*<sup>N/+</sup> class of *Min* tumors was deficient for larger adenomas in the small intestine. This histogram represents ~600 tumors pooled from each genotype. Size is the maximum diameter of adenomas.

Table 2 Effect of *Dnmt1*<sup>N/+</sup> and *Mom1*<sup>AKR</sup> on tumor distribution *Dnmt1*<sup>N/+</sup> influenced tumorigenesis throughout the intestinal tract

Representative 4-cm sections were scored from the small intestine, with the proximal section beginning at the pyloric junction and the most distal section taken next to the ileo-cecal junction. The entire colon was scored in this analysis. Tumor sizes were measured at 100 days of age and represent the largest average diameters. *n*, number of mice; SI, small intestine.

Class	<i>n</i>	Mean tumor count/mean tumor size (mm)			
		Proximal SI	Medial SI	Distal SI	Colon
B6- <i>Min</i>	36	5.0(2.26)	9.9/(1.69)	8.0/(1.80)	2.7/(3.95)
B6- <i>Min</i> <i>Dnmt1</i> <sup>N/+</sup>	23	1.7/(2.08)	3.7/(1.41)	3.8/(1.14)	1.8/(3.19)
B6- <i>Min</i> <i>Mom1</i> <sup>AKR/B6</sup>	29	2.8/(1.81)	5.8/(1.27)	3.7/(0.85)	1.0/(3.59)

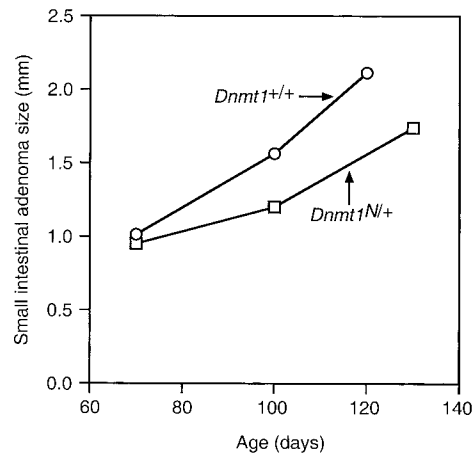


Fig. 2. *Dnmt1*<sup>N/+</sup> retarded the net tumor growth rate of *Min*-induced adenomas in the small intestine. Tumor sizes were plotted at 70, 100, and 130 days of age. Tumor sizes were not significantly different at 70 days, but became significantly different at 100 days and beyond. Because of early mortality of the B6-*Min* *Dnmt1*<sup>+/+</sup> class, size could be plotted only at 120 days, but this value was significantly greater than B6-*Min* *Dnmt1*<sup>N/+</sup> tumors measured at 130 days; *P* < 0.05. Tumor sizes represent per-mouse averages. The numbers of mice measured were as follows. 70 days: *Min* control, *n* = 5; *Dnmt1*<sup>N/+</sup>, *n* = 5. 100 days: *Min* control, *n* = 36; *Dnmt1*<sup>N/+</sup>, *n* = 23. 120 days: *Min* control, *n* = 13. 130 days: *Dnmt1*<sup>N/+</sup>, *n* = 17. *Min* controls measured at 110 days (1.95 mm; not indicated on graph) were also larger than *Dnmt1*<sup>N/+</sup> tumors measured at 130 days (1.70 mm).

Table 3 Synergy between *Dnmt1*<sup>N/+</sup> and *Mom1*<sup>AKR</sup> on tumor multiplicity *Dnmt1*<sup>N/+</sup> strongly reduced intestinal tumor multiplicity independently of *Mom1*

Crosses between B6-*Apc*<sup>+/+</sup> *Dnmt1*<sup>N/+</sup> *Mom1*<sup>AKR/B6</sup> females × B6-*Min* *Dnmt1*<sup>N/+</sup> *Mom1*<sup>AKR/B6</sup> males yielded six informative classes of *Min* offspring. Animals were sacrificed at 100 days of age, and their entire intestinal tracts were scored for adenomas. *P* < 0.05, comparing B6-*Min* control mice with all other classes. *P* < 0.05, comparing B6-*Min* *Dnmt1*<sup>N/+</sup> *Mom1*<sup>AKR/AKR</sup> class with all other classes.

	No. of tumors (mean ± SD)	
	<i>Dnmt1</i> <sup>N/+</sup>	<i>Dnmt1</i> <sup>+/+</sup>
<i>Mom1</i> <sup>B6/B6</sup>	41 ± 15	88 ± 30
<i>Mom1</i> <sup>AKR/B6</sup>	13 ± 9	44 ± 21
<i>Mom1</i> <sup>AKR/AKR</sup>	2 ± 2	16 ± 7

*Dnmt1*<sup>N/+</sup> and *Mom1*<sup>AKR</sup> also demonstrate additivity in reducing adenoma size (Table 1). Tumors from *Dnmt1*<sup>N/+</sup> *Mom1*<sup>AKR/B6</sup> mice (1.06 mm) are smaller than tumors from either *Dnmt1*<sup>N/+</sup> (1.19 mm) or *Mom1*<sup>AKR/B6</sup> (1.14 mm) by a degree that is significant for *Dnmt1*<sup>N/+</sup> alone (*P* = 0.004) and that is close to significant for *Mom1*<sup>AKR/B6</sup> alone (*P* = 0.06), whereas tumors from *Dnmt1*<sup>N/+</sup> *Mom1*<sup>AKR/AKR</sup> mice (0.75 mm) are strikingly smaller than adenomas obtained from *Mom1*<sup>AKR/AKR</sup> mice (1.14 mm; *P* = 0.006).

***Dnmt1*<sup>N/+</sup> Suppresses Tumorigenesis throughout the Intestinal Tract.** Recent studies by our group indicate that the B6 intestine consists of discrete subregions that are differentially susceptible to *Min*-induced tumorigenesis. Modifiers of *Min* can act differentially in various parts of the intestinal tract.<sup>6,7</sup> Furthermore, in several mouse models of intestinal cancer, such as genetic knockouts in the *Tgf-β* pathway, neoplasia is restricted to the large intestine (48). Here, we report that *Dnmt1*<sup>N/+</sup> provides tumor resistance in all regions of the intestine, with the strongest effect in the proximal half of the small intestine (see Table 2) and a more modest effect in the large intestine. By contrast, *Mom1*<sup>AKR</sup> exerts its strongest effect in both the distal half of the small intestine and the large intestine.

***Dnmt1* Deficiency Does Not Alter Apoptotic Indices in the Intestinal Crypt and May Help Restore Rates of Proliferation.** To define further the mode of action of *Dnmt1*<sup>N/+</sup>, we measured the

<sup>6</sup> A. Bilger, personal communication.

<sup>7</sup> R. Cormier, A. Bilger, A. Lillich, R. Halberg, K. Hong, K. Gould, N. Borenstein, E. Lander, and W. Dove. The *Mom1*<sup>AKR</sup> intestinal tumor resistance region consists of *pla2g2a* and a locus distal to *D4Mit64*, submitted for publication.

Table 4 Effect of Dnmt1<sup>N/+</sup> on mitotic and apoptotic indices Dnmt1<sup>N/+</sup> had no significant effect on apoptotic or mitotic indices in preneoplastic intestinal crypts but may act to normalize rates of mitosis

H&E sections were scored by morphological criteria for apoptosis and mitosis. Each sample group represents ~20,000 cells scored/class (from 10 animals) in each category. Indices represent averages of per-animal frequencies. All scoring was conducted by one investigator blind to the genotype of the sample.  $P < 0.05$  for mitotic indices comparing B7-Apc<sup>+/+</sup> and B6-Min classes. All other comparisons were not significantly different.

Class	Apoptotic index (mean ± SD)		Mitotic index (mean ± SD)	
	Small intestine	Colon	Small intestine	Colon
B6-Apc <sup>+/+</sup>	0.50 ± 0.38	0.38 ± 0.19	4.17 ± 1.6	1.39 ± 0.53
B6-Min	0.37 ± 0.25	0.18 ± 0.16	2.49 ± 0.52	1.05 ± 0.41
B6-Min Dnmt1 <sup>N/+</sup>	0.31 ± 0.14	0.22 ± 0.12	2.78 ± 0.46	1.28 ± 0.45

Table 5 Effect of Dnmt1<sup>N/+</sup> and Mom1<sup>AKR</sup> on BrdUrd labeling indices Dnmt1<sup>N/+</sup> and Mom1<sup>AKR</sup> reversed Min-induced depression of BrdUrd-labeling indices

Serial sections of intestinal crypts analyzed morphologically for apoptosis and mitosis were scored for incorporation of BrdUrd during S-phase of the cell cycle. Each class represents ~20,000 cells (from 10 animals of each genotype). Indices are the number of events (e.g., mitotic figures, apoptotic cells, BrdUrd-labeled cells) divided by the number of cells scored in the assay times 100 and represent averages of per-animal indices.  $P < 0.05$ , comparing B6-Min class with each modifier class. To eliminate potential batch variation in BrdUrd staining intensity, all samples were stained in one tray for an identical period of time. An age-matched B6-Apc<sup>+/+</sup> class was excluded from this analysis because it was not stained for BrdUrd in the same batch as the B6-Min samples.

Class	Labeling index (mean ± SD)	
	Small intestine	Colon
B6-Min	23.5 ± 3.8	9.1 ± 4.0
B6-Min Dnmt1 <sup>N/+</sup>	28.0 ± 2.6	10.5 ± 2.8
B6-Min Mom1 <sup>AKR/B6</sup>	28.3 ± 2.5	11.2 ± 3.6
B6-Min Dnmt1 <sup>N/+</sup> Mom1 <sup>AKR/B6</sup>	27.5 ± 2.8	10.7 ± 2.2
B6-Min Mom1 <sup>AKR/AKR</sup>	28.0 ± 2.5	11.8 ± 3.1
B6-Min Dnmt1 <sup>N/+</sup> Mom1 <sup>AKR/AKR</sup>	28.0 ± 2.5	9.7 ± 2.8

apoptotic, mitotic and BrdUrd labeling indices in histologically normal crypts of B6-Apc<sup>+/+</sup>, B6-Min, B6-Min Dnmt1<sup>N/+</sup>, and Min mice heterozygous or homozygous for the Mom1 AKR allele (Tables 4 and 5). Dnmt1<sup>N/+</sup> had no significant impact on the apoptotic index and, instead, appears to elevate the mitotic and BrdUrd labeling indices versus B6-Min controls. The difference is statistically significant only in the BrdUrd labeling indices ( $P < 0.05$ ); however, the Min mutation itself led to a significant systemic reduction in DNA synthesis compared with the marginal effects of both Dnmt1<sup>N/+</sup> and Mom1<sup>AKR</sup>. Notably, B6-Min control animals also had significantly reduced mitotic indices ( $P < 0.05$ ) compared with B6-Apc wild-type mice.

**Dnmt1<sup>N/+</sup>'s Tumor Resistance Does Not Require a Functional Allele of p53.** p53 has been found to be inactivated in more than 50% of all human cancers, including colorectal adenocarcinoma (49). One particular hypothesis predicts that the Dnmt<sup>N/+</sup> effect depends on p53 function, e.g., possibly via an apoptotic mechanism. To test for interaction between Dnmt1<sup>N/+</sup> and p53, we crossed Dnmt1<sup>N/+</sup> into a congenic B6-Min p53<sup>-/-</sup> line developed from a targeted knockout of p53 provided by L. Donehower (42). Nullizygosity for p53 enhances both the multiplicity and progression of B6-Min tumors (50). We have confirmed that complete loss of p53 function significantly increases Min-induced tumor multiplicity and may also significantly increase adenoma size in regions of the small intestine. However, in the absence of p53, Dnmt1<sup>N/+</sup> exerted a strong resistance to tumor incidence and continued to have a significant effect on adenoma size (Table 6). These effects were observed throughout the intestinal tract (data not shown).

## DISCUSSION

It is now well known that accumulated genetic and epigenetic alterations accompany neoplastic development in many human tissues. In the colon, changes in the expression of APC, p53, Ras, and β-Catenin, (and surely other genes) are observed during the progressive transformation of normal mucosal tissue to adenomas and even-

tually malignant carcinomas. In this study, we used the Dnmt1<sup>N/+</sup> mutant mouse to extend the important work of Laird *et al.* (30) by addressing some of the functional mechanisms and genetic pathways by which Dnmt1<sup>N/+</sup> provides resistance to Min-induced tumorigenesis. Use of the N knockout allele of Dnmt1 permits an assessment of the Dnmt1 heterozygous knockout phenotype on a homogeneous B6 background, alone and in combination with Mom1<sup>AKR</sup> and p53-deficiency, to determine their possible interactions.

We found that Dnmt1<sup>N/+</sup> slows the rate of growth of intestinal adenomas. Tumors from the small intestine of Min Dnmt1<sup>N/+</sup> animals and their Min control siblings were similar in size at 70 days of age, but their respective growth rates diverged significantly thereafter. This result is consistent with a model in which gene promoter hypermethylation may contribute to the epigenetic silencing of a locus that negatively regulates tumor growth. Reduction in global methylation levels by a germ-line deficiency in the maintenance 5-cytosine methylase (or by administration of 5-Aza-dC to neonates) could, therefore, attenuate such modulation of a negative tumor regulator.

An alternative mechanistic explanation might involve the hypothesized interaction between Dnmt1, PCNA, and p21<sup>WAF1</sup>. In a model proposed by Chuang *et al.* (51), Dnmt1 affects the cell cycle by competing with p21<sup>WAF1</sup> for PCNA binding sites, and Fournel *et al.* (52) have recently reported that down-regulation of human DNMT1 via antisense RNA induces p21<sup>WAF1</sup> protein activity in cultured human tumor cells. p21<sup>-/-</sup> mice do not spontaneously develop cancer (53), but sensitization via crosses to Min might be a means to test for interaction between deficiencies in Dnmt1 and p21 in tumorigenesis. Nullizygosity for p53, a key transactivator of p21 (54), does significantly enhance Min tumorigenesis, but Dnmt1<sup>N/+</sup> can still exert considerable tumor resistance in the absence of p53. This observation argues against the interaction of Dnmt1 with p21<sup>WAF1</sup> and PCNA as being involved in its effect on Min tumor formation.

The tumor resistance of Dnmt1<sup>N/+</sup> is also expressed independently of the resistance allele of Mom1. The combined quantitative resistance phenotypes of Dnmt1<sup>N/+</sup> and Mom1<sup>AKR/AKR</sup> are far more than additive, and each resistance modifier can act in the genetic absence of the other factor. Specifically, Dnmt1<sup>N/+</sup> does not require the secreted phospholipase encoded by Pla2g2a, a gene that is a strong candidate for at least one component of Mom1 (55) and that is defective in sensitive B6 mice. Regional differences in the resistance phenotypes of Dnmt1<sup>N/+</sup> and

Table 6 Dnmt1<sup>N/+</sup> suppresses Min intestinal tumorigenesis independently of p53 Dnmt1<sup>N/+</sup>'s tumor resistance did not require a functional allele of p53

B6-Apc<sup>+/+</sup> Dnmt1<sup>N/+</sup> p53<sup>+/-</sup> females were crossed to B6-Min Dnmt1<sup>N/+</sup> p53<sup>-/-</sup> males. Experimental mice were sacrificed at 90 days of age, and adenomas were scored and sized from the entire intestinal tract. Tumor sizes in this table represent the largest average diameter (mm) in the small intestine.  $P < 0.05$  for differences in mean intestinal tumor multiplicity and adenoma size. n, number of mice.

Class	n	No. of tumors (mean ± SD)			Tumor size (mm) small intestine
		Total	Colon	Small intestine	
B6-Min Dnmt1 <sup>N/+</sup> p53 <sup>-/-</sup>	42	165 ± 63	6.9 ± 4.5	1.51 ± 0.16	
B6-Min Dnmt1 <sup>N/+</sup> p53 <sup>+/-</sup>	35	93 ± 33	3.8 ± 3.6	1.15 ± 0.12	

*Mom1*<sup>AKR</sup> also support their action via independent pathways (Table 2). In the colon, *Dnmt1*<sup>N/+</sup> has a very modest effect on tumorigenesis, whereas mice overexpressing a wild-type *Pla2g2a*<sup>AKR</sup> transgene on the B6 background develop 3-fold fewer colon adenomas (55). Interestingly, the combination of *Mom1*<sup>AKR/AKR</sup> and *Dnmt1*<sup>N/+</sup> demonstrated a very strong synergy, virtually abrogating tumorigenesis, with half of these mice developing no tumors at all. *Mom1*<sup>AKR</sup> has previously been shown to retard net adenoma growth rate (44). Notably, the combination of *Mom1*<sup>AKR</sup> and *Dnmt1*<sup>N/+</sup> further reduced adenoma size significantly. Thus together, *Dnmt1*<sup>N/+</sup> and *Mom1*<sup>AKR/AKR</sup> significantly reduce both the growth rate and incidence of *Min*-induced tumors, suggesting the potential efficacy of combinatorial therapeutic protocols based on their distinct biochemical activities.

The preliminary result that *Dnmt1*<sup>N/+</sup> does not alter apoptotic indices in histologically normal intestinal mucosa of the *Min* mouse nominally distinguishes the biochemical mode of action of *Dnmt1*<sup>N/+</sup> from some other known classes of intestinal anticancer agents, such as the NSAIDs (56). The ability of NSAIDs to cause intestinal tumor regression has been linked to their effect on rates of apoptosis in both normal mucosa and in tumors (57). The finding that *Dnmt1*<sup>N/+</sup> and *Mom1*<sup>AKR</sup> may act to normalize rates of proliferation in non-tumor-bearing crypts requires further investigation. We observed that *Min* animals have reduced indices of mitosis and DNA synthesis in histologically normal crypts. This effect does not result from an increase in crypt length (data not shown). Both *Dnmt1*<sup>N/+</sup> and *Mom1*<sup>AKR</sup> appear to reverse partially this reduction in crypt cell proliferation, although the difference is significant only for the BrdUrd labeling index. Mahmoud *et al.* (57–59) have reported that *Min* significantly decreases the PCNA-labeling index and slows the migration rate of enterocytes in normal intestinal tissue. They have also reported that NSAIDs, such as sulindac, can restore both cellular proliferation and enterocyte migration rates to wild-type levels (58). Investigators in our laboratory have long observed that nonneoplastic crypts and villi surrounding *Min* adenomas are decidedly hyperplastic, but our current results and those of the Bertagnoli group indicate that this hyperplasia probably does not involve increased DNA synthesis rates. We are currently investigating whether *Dnmt1*<sup>N/+</sup> can modulate the maturation of migrating enterocytes within the intestinal crypt. A failure of *APC* mutant cells to differentiate properly has been observed previously in human familial adenomatous polyposis patients (60), an observation that correlates with the development of preneoplastic dysplastic lesions and adenomas. In addition, Wasan *et al.* (61) have proposed that familial adenomatous polyposis patients have a deficiency in intestinal crypt differentiation, specifically through the crypt cycle. Differential methylation has been shown to be connected to the differentiation of certain mammalian cell types (62, 63), and Bestor *et al.* (64) have shown that hypomethylation can revert the phenotype of transformed mouse cells by induction of terminal differentiation.

Very little is known about how heritable, tissue-specific methylation patterns are established during development (65), let alone how regulated methylation might help to maintain adult tissue homeostasis in the rapidly renewing intestine, where cellular production, differentiation, and death are tightly controlled. As suggested by our study of tumor growth kinetics, if promoter silencing of growth-regulatory loci is important for *Min* tumorigenesis, a key question to be addressed is whether these epigenetic events occur during or prior to the clonal expansion of initiated tumor cells. This change might arise by a random embryonic *de novo* methylase activity in the pluripotent long-lived intestinal stem cells, or, as recently reported by Ramchandani *et al.* (66) and Kanai *et al.* (67) as a result of a demethylase activity.

Observations from the Jaenisch laboratory and our laboratory support the view that most *Min* intestinal tumors arise very early. In the study of Laird *et al.* (30), prevention of tumorigenesis by administra-

tion of 5-Aza-dC was efficacious only when administered early, and Shoemaker *et al.* (68) demonstrated that tumor enhancement resulting from somatic mutagenesis was optimal prior to 14 days of age. An intriguing possibility is that in *Min* mice a distinct subset of intestinal stem cells might demonstrate what Toyota *et al.* (69) have referred to as a “CpG island methylator phenotype,” possibly formed *in utero*. Interestingly, De Marzo *et al.* (70) have recently reported that human adenomatous polyps demonstrate a striking heterogeneity in *Dnmt1* protein expression, and Eads *et al.* (71) have recently found that specific CpG island hypermethylation observed in colon cancer does not correlate with the temporal overexpression of *Dnmt1*.

In summary, we have found that a germ-line deficiency in maintenance 5-cytosine methylation slows *Min* intestinal adenoma growth rate and reduces tumor multiplicity in B6 mice while also demonstrating a strong synergy with the *Mom1*<sup>AKR</sup> resistance allele. These results are consistent with the selection in intestinal tumors for random differential methylation events, occurring either developmentally or in clonal tumor cell growth. Studies with the *Min* mouse should continue to reveal some of the underlying biology governing regulation of genomic methylation in intestinal cancer.

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