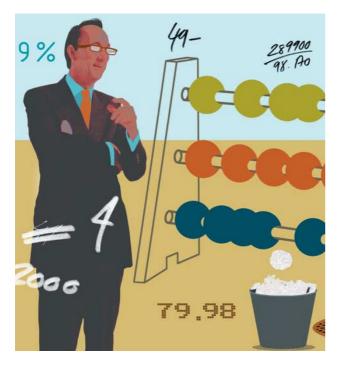
APOPTOSIS

Profit and loss



Suppression of apoptosis is central to the evolution of cancer and the *BCL2* family of pro- and anti-apoptotic genes is a key mediator in this process. BIM is a pro-apoptotic family member and a crucial antagonist of BCL2 survival function. As BCL2 is an oncoprotein, BIM might well be a tumour suppressor — in theory, loss of BIM function is equal to a gain in BCL2 function.

Suzanne Cory and colleagues now show that this is the case in the mouse B-lymphocyte lineage; but, unexpectedly, Bim acts as a tumour suppressor only in mature B cells. The authors investigated how disruption of the Bim gene affected tumour development in lymphomaprone, B-cell-targeted (Eµ)-Myc mice. Loss of Bim - even one allele - markedly accelerated tumour onset and all the early neoplasms were acute leukaemias of surface IgM-positive B cells. By contrast, earlier results from this lab had demonstrated that the combination of transgenic Bcl2 and Myc in the same system induces lymphomas

derived from immature lymphomyeloid progenitor cells.

Pertinently, before tumour onset, Bim loss changed the composition of the B-lymphoid compartment. Eµ-*Myc* transgenic mice have far more B-lymphoid cells than wild-type animals and pre-B cells predominate. By contrast, mature B cells hold sway in Eµ-Myc Bimdeficient animals. The authors speculate that the preferential increase in B cells is indicative of a crucial role for Bim in mediating Myc-induced apoptosis in mature B-cells. In the pre-B cells, Bim might be less influential because Myc also activates other pro-apoptotic proteins.

Why do Myc and Bim cooperate in B-cell leukaemia development? The authors found that Bim protein levels were increased in cells expressing the $E\mu$ -*Myc* transgene, especially in mature B cells, and that inactivation of even one *Bim* allele protected the cells against apoptosis. They conclude that Bim mediates Mycinduced apoptosis in B-lymphoid cells, although no evidence was

TARGETED THERAPIES

Layers of necessity

Chronic myeloid leukaemia (CML) and B-cell acute lymphoblastic leukaemia (B-ALL) are both caused by the *BCR–ABL1* oncogene. However, although the ABL tyrosine-kinase inhibitor imatinib (Glivec) is efficacious in chronic-phase CML, it has little effect in BCR–ABL1-positive B-ALL. Yiguo Hu *et al.* now show that this is because B-ALL — unlike CML — also relies on activation of SRC kinases for its development, and that a combination of imatinib and a SRC-kinase inhibitor is effective in this disease.

BCR–ABL1 activates SRC kinases in myeloid cells, from which CML is derived, and Hu *et al.* showed that it also activates SRC kinases in pre-Blymphoid cells, from which B-ALL is derived. There are eight SRC kinases expressed in haematopoietic cells, but only three — Lyn, Fgr and Hck — were more prominently activated in Bcr–Abl1induced B-ALL mouse cells, when compared with normal peripheral-blood leukocytes from control mice.

So, are LYN, FGR and HCK involved in leukaemogenesis by BCR-ABL1? The authors had previously developed two mouse models, involving the manipulation of Bcr-Abl1-transduced bone marrow such that mice develop either CML or B-ALL. Triple knockout of Lyn, Fgr and Hck in these two mouse models showed that these Src kinases are required for development of B-ALL, but not CML. Knocking out only one or two of the three Src kinases showed that a combination of two Src kinases, but not all three, was required for induction of B-ALL by Bcr-Abl1. So, Lyn, Fgr and Hck must have overlapping or partially redundant functions in the Bcr-Abl1 signalling pathway in mouse B-lymphoid cells.

The authors then tested whether an inhibitor of Src kinases would be effective alone or in combination with imatinib to treat B-ALL. The SRC kinase inhibitor CGP76030 selectively inhibited Lyn, Fgr and Hck in Bcr-Abl1-positive B-cell or B-ALL mouse cell lines and also inhibited growth and survival of these cells. Mice treated for Bcr-Abl1-induced B-ALL with imatinib or CGP76030 alone showed increased survival, and treatment with both drugs in combination was even more effective. Inhibition of Bcr-Abl1 by imatinib and inhibition of SRC kinases by CGP76030 in leukaemia cells isolated from these mice was confirmed. By contrast, CGP76030 did not improve survival of mice with Bcr-Abl1-induced CML compared with treatment with imatinib alone.

Further understanding of the signalling pathways involved in the transition between chronic and acute phases of leukaemia will help the development of effective combination therapies.

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O References and links

ORIGINAL RESEARCH PAPER Hu, Y. et al. Requirement of Src kinases Lyn, Hck and Fgr for *BCR–ABL1*-induced B-lymphoblastic leukemia but not chronic myeloid leukemia. *Nature Genet.* **36**, 453–461 (2004) WEB SITE

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