TUMORIGENESIS

Establishing the origin of retinoblastoma

RB-depleted cone precursors and retinoblastoma cells depend on a similar signalling circuitry



Retinoblastoma is a childhood cancer of the retina that for decades has served as a model system for cancer studies. Retinoblastoma arises as a consequence of mutations in RB1, which encodes the retinoblastoma tumour-suppressor protein RB. Although RB is inactivated in many cancers, germline RB1 mutations predispose to retinoblastoma far more strongly than to any other type of cancer. Now, the teams led by David Cobrinik and Suresh Jhanwar have identified the cell type that gives rise to retinoblastoma, explaining why the retina is particularly reactive to mutations in RB1.

To investigate the cell of origin of retinoblastoma, the authors knocked down the expression of RB in different types of human embryonic retinal cells with *RB1*-directed

short hairpin RNAs (shRNAs). They then analysed the proliferation rate of these RB-depleted cells by co-staining for the proliferationassociated Ki67 marker and cell-type-specific markers. RB1 shRNAs abrogated RB expression in all of the retinal cell types, and after several weeks, Ki67 was induced only in cells that expressed photoreceptor markers, suggesting that only precursor cells destined to become cone photoreceptors proliferate in response to *RB1* loss. This cell type-specific response was confirmed in cell populations highly enriched in cone precursors. Because cone precursors are normally differentiating and postmitotic cells, this indicated that the cell of origin of retinoblastoma is not a stem cell.

The authors also analysed the features that retinoblastoma cells require to proliferate — which included high expression of cone lineage factors (thyroid hormone receptor $\beta 2$ (TR $\beta 2$) and retinoid X receptor- γ (RXR γ)) and of certain oncoproteins (MYCN and MDM2), as well as downregulation of the

cyclin-dependent kinase
inhibitor p27, probably mediated by the ubiquitin ligase
SKP2. All of these features were
also found to be required for cone
precursor proliferation, indicating
that RB-depleted cone precursors
and retinoblastoma cells depend on a
similar signalling circuitry.

In mice, retinal tumorigenesis requires loss of *Rb1* combined with loss of retinoblastoma-like 1 (*Rbl1*)

or loss of Rbl2, whereas in human retinoblastomas, RB1 mutations are mainly associated with loss of RBL2. The authors observed that maturing human cone precursors had abundant RBL2 and minimal RBL1 expression, whereas retinoblastoma cells had barely detectable RBL2 but high expression of RBL1. Interestingly, RBL1 was required for proliferation of RB-depleted cone precursos and retinoblastoma cells, in contrast to the tumour suppressor role of RBL1 in mice. After several months in culture, RB-depleted and RB/RBL2-depleted cone precursors formed aggregates that resembled retinoblastoma cells, and RB/RBL2-depleted cultures proliferated at a higher rate and for a longer period of time than those with RB depletion alone. When transplanted into immunodeficient mice, RB-depleted and RB/RBL2depleted cone precursors formed retinoblastoma-like tumours that resembled human retinoblastomas at the histological, structural and molecular cytogenetic levels.

These data suggest that cone precursors are the primary cell type responsible for the development of retinoblastoma and imply that cone precursor circuitry collaborates with *RB1* mutations to enable tumorigenesis. Establishing the circuitry of a cancer cell of origin may be of help in designing approaches for diagnosis and early detection.

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