An F876L Mutation in Androgen Receptor Confers Genetic and Phenotypic Resistance to MDV3100 (Enzalutamide)

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ABSTRACT
Castration-resistant prostate cancer (CRPC) is the most aggressive, incurable form of prostate cancer. MDV3100 (enzalutamide), an antagonist of the androgen receptor (AR), was approved for clinical use in men with metastatic CRPC. Although this compound showed clinical efficacy, many initial responders later developed resistance. To uncover relevant resistant mechanisms, we developed a model of spontaneous resistance to MDV3100 in LNCaP prostate cancer cells. Detailed characterization revealed that emergence of an F876L mutation in AR correlated with blunted AR response to MDV3100 and sustained proliferation during treatment. Functional studies confirmed that ARF876L confers an antagonist-to-agonist switch that drives phenotypic resistance. Finally, treatment with distinct antiandrogens or cyclin-dependent kinase (CDK)4/6 inhibitors effectively antagonized ARF876L function. Together, these findings suggest that emergence of F876L may (i) serve as a novel biomarker for prediction of drug sensitivity, (ii) predict a "withdrawal" response to MDV3100, and (iii) be suitably targeted with other antiandrogens or CDK4/6 inhibitors.

SIGNIFICANCE: We uncovered an F876L agonist-switch mutation in AR that confers genetic and phenotypic resistance to the antiandrogen drug MDV3100. On the basis of this finding, we propose new therapeutic strategies to treat patients with prostate cancer presenting with this AR mutation.

Cancer Discov; 3(9); 1030–43. © 2013 AACR.

See related commentary by Nelson and Yegnasubramanian, p. 971.

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Note: Supplementary data for this article are available at Cancer Discovery Online (http://cancerdiscovery.aacrjournals.org/).

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doi: 10.1158/2159-8290.CD-13-0142
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Published OnlineFirst July 10, 2013; DOI: 10.1158/2159-8290.CD-13-0142
INTRODUCTION

Prostate cancer is one of the most commonly diagnosed cancers among men worldwide (1, 2). Although localized tumors are often successfully treated, distant metastases emerge in a significant fraction of patients (3, 4). Androgen-deprivation therapy is initially effective; however, almost invariably resistance emerges and results in a much more aggressive form of tumor referred to as castration-resistant prostate cancer (CRPC). CRPC is the second most common cause of cancer-related death in American men (5) and is currently incurable. A conserved feature of CRPC is the sustained activity of androgen receptor (AR)-signaling (6), by virtue of mechanisms including AR gene overexpression/amplification and AR gene mutations (3). These data have suggested that prostate cancer may largely remain dependent on AR signaling.

The continued reliance on AR signaling in CRPC has led to the development of CYP17 inhibitors (abiraterone) and improved antagonists that compete with androgens for binding to the ligand-binding pocket of AR. MDV3100 (enzalutamide) is a novel antiandrogen that was recently approved by the U.S. Food and Drug Administration for treatment of prostate cancer (CRPC). MDV3100 (enzalutamide) is a novel antiandrogen that was recently approved by the U.S. Food and Drug Administration for treatment of prostate cancer (CRPC). Although MDV3100 has shown significant efficacy in clinical trials, many patients who initially responded favorably develop resistance to this second-generation antiandrogen (7). The molecular mechanisms driving resistance, however, are currently unclear, and a deeper understanding is critical for the rational development of alternate therapeutics.

In vitro and in vivo experimental models of resistance serve as useful tools for expeditious discovery of mechanisms that allow drug escape, and for the evaluation of alternate therapies. We here present the derivation of a model of spontaneous resistance in LNCaP cells, which led to the identification of a novel F876L mutation in AR that potently drives genetic/phenotypic resistance to MDV3100. This mutation allows AR-F876L to use MDV3100 as an agonist and ultimately promotes an addiction phenotype in vivo. These data continue to support the notion that despite improved AR antagonists, prostate cancer cells remain dependent on AR signaling, and hence evolve specific mutations to overcome antiandrogen therapies. Because we further show that the F876L variant retains sensitivity to bicalutamide, combination therapy with structurally distinct antiandrogens either in parallel or in series together with androgen deprivation may provide an appealing therapeutic strategy for combating AR-mediated resistance mechanisms in the clinic. Furthermore, in addition to targeting the hypermutable AR ligand-binding domain, we show that targeting downstream or interactive effectors of AR signaling, such as cyclin-dependent kinases (CDK)4/6, provides an alternative strategy for overcoming resistance mechanisms when AR-directed therapies become ineffective.

RESULTS

Development and Characterization of a Model of Spontaneous Resistance to MDV3100

To facilitate the discovery of resistance mechanisms, we generated a model of spontaneous resistance in LNCaP cells. Although short-term culture of LNCaP cells with MDV3100 (<1.5 months) induced population-wide stasis [Fig. 1A, fetal calf serum (FCS) + MDV3100 relative to FCS], long-term culture with 1 μmol/L MDV3100 led to the emergence of resistant clones (Fig. 1B). After isolation and expansion, resistant clones that displayed similar growth properties as the control populations (C1–C3; Fig. 1B) were chosen for further characterization. Short-term (Fig. 1C) and long-term (Supplementary Fig. S1) proliferation assays confirmed the resistance phenotype. Specifically, four of seven resistant clones (#1, 15, 19, and 24; strongly resistant, green curves and font) displayed significantly higher resistance to MDV3100 than weakly resistant clones (#9, 10, and 14; red curves and font) or the control lines (C1–C3; brown curves and font; Fig. 1C). In contrast, strongly resistant clones displayed sensitivity to bicalutamide (Fig. 1C), cumulatively suggesting that the mechanism(s) of resistance in strongly resistant clones may be fine-tuned to specifically promote resistance to MDV3100.

To elucidate mechanism(s) of resistance, we first analyzed expression levels of AR, as its overexpression has previously been shown to promote resistance to castrate levels of androgens (6) and the antiandrogen bicalutamide (1). Here, we did not observe a significant change in AR expression (Fig. 1D), and global gene expression analysis of AR pathway activity showed a lack of significant modulation of the AR pathway at baseline (Fig. 1E, beige bars).

Strongly Resistant Clones Show Blunted AR Pathway Response to MDV3100

To further explore the molecular mechanisms that drive resistance, we conducted gene-expression microarray analysis on RNA derived from three controls and seven resistant clones treated with dimethyl sulfoxide (DMSO) or MDV3100 for 24 hours. Unbiased hierarchical clustering of the transcriptional effects in response to MDV3100 treatment revealed that the strongly resistant clones clearly segregated from the weakly resistant and control lines (Fig. 2A, left), supporting the phenotypic differences described earlier (Fig. 1C). Further interrogation of the data revealed four distinct gene expression patterns (labeled I–IV). Although pathway enrichment analysis (8) failed to reveal a significant enrichment of pathway signatures in classes I, II, and IV, a strong enrichment of genes involved in AR pathway activation was observed in class III (Fig. 2A, middle and right, and Supplementary Table S1). These data suggested that strongly resistant cell lines could at least maintain AR pathway activity despite continuous exposure to MDV3100. In keeping with this notion, clustering (Supplementary Fig. S2A), pathway enrichment analysis (Fig. 2B and Supplementary Fig. S2B), and quantitative PCR (qPCR) analysis of three AR target genes (Fig. 2C) confirmed that MDV3100 treatment downregulated AR pathway activity in control and weakly resistant lines but not in the strongly resistant clones.

The mechanism by which MDV3100 inhibits AR signaling has been attributed partially to its ability to hinder nuclear translocation of AR (9). We therefore determined whether localization of AR was altered in the resistant clones in...
In contrast to C1, where MDV3100 significantly reduced protein fractions from a control (C1) and strongly resistant response to MDV3100. To this end, cytoplasmic and nuclear one candidate, a recurrent F876L mutation in the sequence variants were identified and compared with sequences on nine of 10 lines described above. Expressed protein-coding MDV3100, we next conducted whole-transcriptome sequencing was conserved among all four strongly resistant clones and not was confirmed by Sanger sequencing (Supplementary Fig. S4).

The F876L mutation is localized to the ligand-binding domain of AR and is adjacent to the homozygous T877A mutation in LNCaP cells (Fig. 3B), a mutation previously shown to confer resistance to hydroxyflutamide (10–12). In all cases, the mutation was heterozygous with a mutant allelic mRNA frequency of approximately 40%, with the exception of clone #15, which presented the lowest frequency at 20% (Fig. 3B, right). The presence of the F876L mutation in genomic DNA was confirmed by Sanger sequencing (Supplementary Fig. S4).

Having shown that ARF876L spontaneously emerges in a majority of the MDV3100-resistant clones, we next aimed to assess whether ARF876L is also detectable in MDV3100-resistant tumors using an in vivo xenograft model (Fig. 3C). Strikingly, whole-transcriptome sequencing revealed that three of four resistant tumors harbored the F876L mutation (Fig. 3D), with frequencies ranging from 46% to 52% of the total AR transcript reads (Fig. 3E). Interestingly, there were two unique nucleotide substitutions observed promoting

**Figure 1.** Characterization of MDV3100-resistant clones derived from LNCaP cells. **A,** phase contrast images of LNCaP cells grown in RPMI media supplemented with 10% FCS (top left), 10% CSS (top right), 10% FCS + 1 μmol/L MDV3100 (bottom left), and 10% FCS + 1 μmol/L MDV3100 + 1 mmol/L R1881 (bottom right). Scale bar, 50 μm. **B,** schematic representation of the experimental paradigm applied (see main text for details). **C,** individual (left) and average (right) growth inhibition curves for the three controls (brown line) and seven resistant clones (green and red) treated with MDV3100 (top) and bicalutamide (bottom). Data presented as percentage of growth relative to DMSO treatment condition as measured by CellTiter-Glo assay. **D,** Western blot analysis of AR expression in control and resistant lines. β-Actin (β-Act) used as loading control. **E,** AR pathway activity scores for C1–C3 and seven resistant clones grown in 10% FCS at baseline (following drug withdrawal for 2 weeks; beige bars). Scores also calculated for C1–C3 treated with 10 μmol/L MDV3100 for 24 hours as reference (green bars). Genes upregulated by androgens were used for analysis.
F876L Mutation in AR Confers Resistance to MDV3100

AR F876L Confers an Antagonist-to-Agonist Switch for MDV3100

To assess the potential impact of the F876L mutation on MDV3100 response, we computationally modeled the binding of MDV3100 to the wild-type (WT) and mutant receptors. We found that in the docking modes of the agonistic state of WT AR, MDV3100 displayed only a weak interaction with F876 (Fig. 4A, left). However, in the presence of the F876L mutation, the benzamide motif of MDV3100 can extend into the access channel created by the smaller leucine residue. This would potentially prevent the compound from clashing with helix-12 of the AR ligand-binding domain in the agonistic mode (Fig. 4A, right). Thus, computational modeling suggested that F876L mutation in AR may abolish the agonistic activity of MDV3100 and could potentially allow agonist activity.

To functionally test the impact of the F876L mutation, we next assessed the transcriptional responses of the WT and AR F876L mutant tumor cells to MDV3100. We observed that the F876L mutation conferred resistance to MDV3100 and altered the transcriptional profile of AR target genes.

Figure 2. Resistant clones segregate based on AR pathway sensitivity to MDV3100. A, left, heatmap showing differential expression of genes in control (brown font), weakly resistant lines (red), and strongly resistant lines (green) upon treatment with 10 μmol/L MDV3100 for 24 hours. Probe sets with an average fold change of at least 2 (MDV vs. DMSO) for at least one sample set (controls, weakly resistant samples, and strongly resistant samples) are shown. Roman numerals listed on right represent broad classes of differentially expressed genes. Middle, table showing results from GO pathway enrichment analysis of genes from class III. Blue shade highlights significant enrichment of genes from the “AR activation” gene set. Right, zoomed image of class III showing relative location of AR-regulated genes (blue arrowheads) that add to significance score from pathway analysis. All data presented as log2 ratio of MDV versus DMSO treatment.

B, correlation between an AR gene signature in comparison with the top-ranked genes upon treatment with 10 μmol/L MDV3100 for 24 hours in controls (left), weakly resistant lines (middle), and strongly resistant lines (right). Green line represents level of pathway activity—stronger deviation from black diagonal represents greater inhibition of pathway activity by MDV3100 treatment.

C, qPCR analysis of expression of canonical AR target genes in 10 lines treated with DMSO or MDV3100 for 24 hours. Data are presented as percentage of expression in MDV3100-treated sample relative to DMSO (arbitrarily set at 100%). D, quantitation of nuclear to cytoplasmic ratio of endogenous AR expression in control (C1, brown) and resistant clone (#1, green) treated with DMSO, 10 μmol/L MDV3100 (MDV), or 0.1 nmol/L R1881 (R1881) for 24 hours. Western blot analysis data presented in Supplementary Fig. S3 was analyzed by ImageJ to determine ratios.
Figure 3. Whole-transcriptome sequencing analysis identifies a novel F876L mutation in AR in strongly resistant lines and xenograft tumors. A, top, unbiased hierarchical clustering of somatic mutations detected in controls (brown font), weakly resistant clones (red font), and strongly resistant clones (green font). Gray line represents lack of mutation; orange line represents single recurrent heterozygous mutation; red line represents recurrent homozygous mutation; green line represents recurrent mutation in AR, as indicated by green arrowhead. Bottom, schematic of human AR: NTD, N-terminal domain; DBD, DNA-binding domain; LBD, ligand-binding domain. Site of F876L mutation indicated by green line and green font. B, left, IGV plot showing heterozygous nature of F876L mutation in exon 8 of AR in strongly resistant clones (indicated by green arrowheads). F876L mutation is adjacent to a preexisting homozygous T877A mutation (orange shade) in LNCaP. Right, raw counts of WT (red shade) and mutant (Mut, green shade) AR alleles in strongly resistant clones. C, tumor growth kinetics of two vehicle-treated (red curves) and four MDV3100-treated (green curves) LNCaP tumors. D, IGV plot showing the relative position and frequency of nucleotide substitutions promoting F876L in MDV3100-resistant tumors. C1–C2, vehicle-treated tumors; R1–R4, MDV3100-resistant tumors. E, table summarizing data from IGV plot. Red shade represents tumors bearing WT AR, whereas green shade highlights tumors bearing F876L-mutant AR. F, bar graphs showing relative expression of AR target genes KLK3 and NKX3-1 in LNCaP tumors. Red bars, expression data from tumors expressing AR-WT; green bars, expression data from tumors harboring ARF876L.
F876L Mutation in AR Confers Resistance to MDV3100

**Figure 4.** F876L mutation functionally confers an antagonist-to-agonist switch. 

- **A**, comparison of the docking modes of MDV3100 in an inactivated state of WT AR (left) with a speculative model of MDV3100 bound to an activated state of mutant AR (right).

- **B**, bar graphs showing normalized AR reporter activity following transfection of 293T (top) and VCaP (bottom) cells with various AR expression constructs (AR WT, AR T877A, AR F876L, and AR F876L/T877A) and subsequent treatment with vehicle (Veh), 0.1 nmol/L R1881 (R), 10 μmol/L MDV3100 (MDV), 10 μmol/L bicalutamide (Bic), 10 μmol/L MDV3100 + 0.1 nmol/L R1881 (M/R), or 10 μmol/L bicalutamide + 0.1 nmol/L R1881 (B/R) for 24 hours. All data are normalized to Renilla luciferase (RLUC) expression. Data represent mean ± SEM; n = 3. *, P < 0.001 (Student t test).

- **C**, qPCR analysis of KLK3 expression in a control line (C1), weakly resistant clones (red font), and strongly resistant clones (green font) following treatment with vehicle (V), 0.1 nmol/L R1881, 0.1 nmol/L R1881 + 10 μmol/L MDV3100 (MDV), and 0.1 nmol/L R1881 + 10 μmol/L bicalutamide (Bic) in 10% CSS for 24 hours. TBP used to normalize expression. Data represent mean ± SEM; n = 3. **, P < 0.01; ***, P < 0.001 (Student t test).
AR, single mutants T877A, W741C, W741L, and F876L, and the double mutant F876L/T877A to the agonistic synthetic androgen R1881 and the antiandrogens bicalutamide and MDV3100 in transactivation reporter assays using HEK293T cells. The W741C/L mutant has previously been shown to confer an agonist switch, whereas the W741C/T877A and W741L/T877A mutations failed to show significant rescue of pathway activity (Fig. S5). Notably, the W741C/T877A line also showed significant growth in the presence of MDV3100 (Fig. S5), consistent with the rescue of pathway activity observed earlier (Fig. S5 and B).

To assess whether the T877A mutation is necessary for the resistance phenotype, LNCaP cells were engineered to stably express the single-mutant AR<sup>F876L</sup>. Consistent with the transactivation data (Fig. 4B and Supplementary Fig. S6), AR<sup>F876L</sup> conferred genetic and phenotypic resistance to MDV3100, suggesting that F876L—alone or in conjunction with T877A—is equally capable of conferring an agonist switch (Supplementary Fig. S12A and S12B).

**The Resistance-Conferring Role of AR<sup>F876L</sup> Is Broadly Applicable to Several Prostate Cancer Lines**

Given that the F876L mutation in AR can promote resistance to MDV3100 in PTEN-null LNCaP cells, we next questioned whether this mutation is sufficient to broadly confer resistance in prostate cancer lines of various genetic backgrounds. To this end, human VCaP (harboring TMPRSS2-ERG fusion and AR amplification) and murine Myc–CaP (overexpressing Myc) lines were transduced to stably express the mutant AR. Consistent with the resistance phenotype observed in LNCaP cells, both lines also presented partial resistance to MDV3100 (Fig. 5D and Supplementary Fig. S13), suggesting that F876L mutation in AR has the potential for conferring resistance to MDV3100 under various genetic contexts.

Taken together, our data implicate a direct role for AR<sup>F876L</sup>, AR<sup>F876L/T877A</sup>, and potentially constitutively active AR variants, such as W741C/T877A, as drivers of resistance to MDV3100. Although constitutively active variants may promiscuously promote resistance to various classes of antiandrogens, we show that F876L mutation in AR selectively promotes resistance to MDV3100.

**AR<sup>F876L</sup>-Bearing Cells Are Resistant to MDV3100 in the Castrate Setting In Vivo**

Having shown that the F876L mutation in AR confers an agonist switch for MDV3100 that can promote resistance, we next asked whether F876L-bearing cells become dependent on this switch for cellular growth under androgen-deprivation conditions, a dependence that has been observed in the clinic for other antiandrogens such as flutamide (15). Interestingly, although the switch did not drive proliferation of F876L-bearing clones in vitro (Supplementary Fig. S14), we observed a marked dependence on MDV3100 for growth in vivo when the F876L-bearing cells were implanted into castrated male mice (Fig. 5E). Although control (C1) tumors showed immediate stasis upon MDV3100 treatment, resistant tumors (clone #1) failed to grow until stimulated by MDV3100 (Fig. 5E). Specifically, after a prolonged period of stasis, 10 of 15 mice treated with MDV3100 developed rapidly growing tumors compared with two of 15 in the vehicle group.
F876L Mutation in AR Confers Resistance to MDV3100

**Figure 5.** Prostate cancer cells engineered to overexpress AR\(^{F876L/T877A}\) are genetically and phenotypically resistant to MDV3100. **A,** qPCR analysis of KLK3 (top) and NKX3-1 (bottom) expression in various engineered lines [vector controls (Vec); T877A; F876L/T877A, F876L; W741C/T877A, W741C]. All lines were pretreated with vehicle (−) or doxycycline (+) for 3 days before treatment with DMSO (left wells) or 10 \(\mu\)mol/L MDV3100 (M) in media supplemented with 10% CSS. All lines were pretreated with Dox for 3 days before treatment with DMSO or MDV3100 for 24 hours. F876L, F876L/T877A, W741C, W741C/T877A, β-Tubulin (β-Tub) and histone H3 (H3) were probed to validate purity of cytoplasmic and nuclear fractions respectively. **B,** colony formation assays of various engineered lines (Dox−/−) treated with DMSO, 1 \(\mu\)mol/L MDV3100 (MDV), or 1 \(\mu\)mol/L bicalutamide (Bic) for 3 to 4 weeks. Representative experiment from three independent experiments is shown. **C,** Western blot analysis of exogenous AR (HA) expression in cytoplasmic and nuclear fractions isolated from various engineered lines treated with DMSO (D) or 10 \(\mu\)mol/L MDV3100 (M) in media supplemented with 10% CSS. **D,** top, colony formation assays of Myc-CaP cells engineered to express AR T877A (left) or AR\(^{F876L/T877A}\) (right) treated with DMSO (left wells) or 10 \(\mu\)mol/L MDV3100 (right wells, MDV) for approximately 14 days. Bottom, quantitation of colony formation data by ImageJ. E, tumor volume measurements of control (C1; red) and resistant clone #1 (green), tumors treated with vehicle (Veh) or 30 mg/kg MDV3100 (MDV). Solid red and green arrows indicate the day daily administration of MDV3100 was initiated in control (C1) and clone #1 (#1) mice, respectively. Dashed green arrow highlights 2 consecutive days of treatment with MDV3100 before a drug holiday in 15 of 30 mice injected with clone #1 (#1; dark green). n = 7 to 8 tumors for all groups except clone #1 vehicle treated, n = 2. *P < 0.05; **P < 0.01 (Student t test).
(P = 0.0078; Fisher exact t test, two-tailed), whereas the tumor take rates of control cells (C1) were indistinguishable (9 of 15 vs. 10 of 15; Fig. 5F). Furthermore, resistant tumors continued to grow in the presence of MDV3100, in agreement with earlier in vitro observations (Fig. 1C), cumulatively suggesting that AR\textsuperscript{F876L}-bearing cells require MDV3100 for growth in vivo. No significant body weight loss was observed during the treatment period in all four groups (Supplementary Fig. S15A and S15B). Endpoint molecular analysis confirmed an agonist switch of MDV3100 associated with the F876L mutation in vivo as resistant tumors treated with MDV3100 showed modestly higher AR pathway activity, as shown by AR target gene expression, relative to vehicle-treated resistant tumors, and significantly higher activity relative to vehicle-treated control tumors (Fig. 5G). These data cumulatively highlight the dependence of F876L-bearing cells to MDV3100 for in vivo growth under androgen-deprivation conditions.

**Targeting CDK4/6 as a Therapeutic Strategy for Overcoming MDV3100 Resistance**

Having established that AR\textsuperscript{F876L} can promote resistance to MDV3100 under various genetic contexts in vitro and in vivo, we next aimed to develop rational strategies to antagonize the mutant allele. As an alternative to developing novel antiandrogens that continue to target the hypermutable ligand-binding pocket of AR (16), we aimed to identify therapeutic strategies that may be more sustainable in the clinic. To this end, we observed a significant enrichment for genes belonging to “cell cycle” and “E2F1 activation” gene sets in addition to “AR activation” in strongly resistant clones treated with MDV3100 (Fig. 2A), suggesting that these clones may potentially maintain proliferation under MDV3100-treatment conditions through continued expression of E2F1 target genes. This is an appealing hypothesis as androgen signaling, a critical regulator of G1–S transition, has been reported for flutamide (20), bicalutamide (21), and other nonsteroidal and steroidal antiandrogens (22–24). In contrast, F876L-bearing cells were capable of maintaining higher expression of DHFR and TK1 under MDV3100-treatment conditions relative to a control line (Fig. 6A). On the basis of these data, we reasoned that E2F1 activity may serve as a downstream effector of AR signaling, and as such, regulators of E2F1 function may serve as critical therapeutic nodes when AR-directed therapies become ineffective. In agreement with this hypothesis, we found that growth of strongly resistant clones (Fig. 6B) and LNCaP cells engineered to express AR\textsuperscript{F876L/T977A} (Fig. 6C) were as sensitive to CDK4/6 inhibitors LEE011 (18) and PD033299 as bicalutamide. Interestingly, response to CDK4/6 inhibition was not only limited to F876L-bearing cells, as androgen-independent 22Rv1 cells—a prostate cancer line expressing WT AR and capable of maintaining AR signaling and expression of DHFR and TK1 under MDV3100 treatment conditions (Fig. 6D)—also showed strong sensitivity to CDK4/6 inhibition (Fig. 6E). These data cumulatively suggest that targeting CDK4/6 function may serve as an effective strategy for treatment of multiple mechanisms of resistance to MDV3100 and likely androgen independence in general.

**DISCUSSION**

In this study, we functionally confirmed an agonist switch mutation (F876L) in AR that drives phenotypic resistance to MDV3100. Furthermore, we highlighted the therapeutic potential of targeting downstream effectors of AR signaling, such as CDK4/6, when AR-directed therapies become ineffective. Collectively, these data imply (i) that patients bearing a preexisting AR-F876L mutation might show clinical progression of the disease in response to MDV3100 treatment, (ii) that patients developing the F876L mutation upon MDV3100 treatment might benefit from drug withdrawal, and (iii) that all F876L-bearing patients (preexisting or acquired) might respond favorably to existing antiandrogens and CDK4/6 inhibitors (Fig. 7). Therefore, screening patients to identify this mutation will aid in predicting drug sensitivity and guide alternate clinical management strategies.

**F876L: Hotspot Mutation in AR in Response to MDV3100 Treatment**

The relatively quick emergence of the F876L mutation during in vitro selection (Fig. 3A and B) initially suggested that this mutation was likely preexisting at a low frequency. However, the fact that two independent nucleotide substitutions led to the F876L mutation during in vivo selection (Fig. 3D and E) implies that the mutation may have been acquired during treatment. Because LNCaP cells possess defects in the mismatch repair (MMR) mechanism, deficiencies found to also exist in a subset of prostate cancer (19), it is conceivable that they may more easily acquire this mutation (either with or without MDV3100 treatment). However, the fact that Balbas and colleagues (16) also reported the spontaneous emergence of F876L upon prolonged treatment of CWR22PC cells, a line that is believed to possess an intact MMR mechanism, suggests that F876L may truly be a hotspot mutation that may possess the capacity to confer resistance in prostate tumors irrespective of the MMR status.

**Agonist Switch Suggests a Treatment Withdrawal Effect for MDV3100**

In some patients that become refractory to antiandrogen therapy, discontinuation of treatment often leads to clinical improvement. This “antiandrogen withdrawal syndrome” has been reported for flutamide (20), bicalutamide (21), and other nonsteroidal and steroidal antiandrogens (22–24). In a subset of patients presenting “addiction” to antiandrogen therapy, mutations in AR that promote an agonist switch have been identified and considered to be one potential mechanism driving growth during treatment (15). In the current study, we also observed an “addiction” phenomenon as the growth of an F876L-bearing cell line (clone #1) became dependent on MDV3100 for growth in vivo (Fig. 5E). These parallels imply that refractory patients bearing the AR\textsuperscript{F876L} variant may, at least temporarily, benefit from withdrawal of MDV3100 in the clinic.
Alternative Therapeutic Strategies

The frequent emergence of an agonist switch as a resistance mechanism to antiandrogens necessitates that (i) more potent compounds with better therapeutic indices be developed, (ii) alternate methods to target AR be sought, or (iii) non-AR-targeting therapeutic strategies be explored. To address the first point, Clegg and colleagues (4) recently developed ARN-509, an antiandrogen that is more potent, has a higher therapeutic index, and has a longer half-life than MDV3100, all of which might translate to less-frequent resistance. Interestingly, two independent groups recently reported the spontaneous emergence of the F876L mutation in AR as an agonist switch specific for both MDV3100 and ARN-509 (16, 25). To overcome this mutation, Balbas and colleagues (16) coupled modeling with focused chemical screens to discover novel antiandrogens that effectively antagonized AR-WT and AR-F876L. Although too early to predict, if agonist switch conferring mutations develop to these novel compounds, then applying strategies that may be less amenable to resistance by mutations in the AR ligand-binding pocket should be explored. Strategies such as combining two antiandrogens (in combination or sequentially), blocking activation function 1 (AF1; ref. 26) or AF2 (26, 27) functions of AR, or development of compounds that destabilize/degrade AR or hinder AR nuclear translocation might be also considered. Finally, non-AR-targeting therapies may also serve as a viable strategy. To this end, we found that inhibiting CDK4/6 potently targeted both strongly resistant clones (Fig. 6B) and LNCaPs engineered to overexpress AR T877A and AR F876L/T877A (Fig. 6C), implying that targeting downstream effectors of AR signaling may serve as a viable strategy for overcoming this mutation-based resistance mechanism. Even more generally, inhibition of CDK4/6...
Figure 7. Schematic representation of the therapeutic strategies that can be applied to target AR<sup>F876L</sup>. Left, MDV3100 (brown circles) suppresses expression of E2F1 and canonical AR target genes upon binding to AR-WT (red ovals). Middle, AR<sup>F876L</sup> (green ovals) uses MDV3100 as an agonist and thus maintains expression of E2F1 and canonical AR target genes. Right, targeting CDK4/6 or AR with structurally distinct antiandrogens can hinder proliferation through suppression of E2F1 and canonical AR target genes, respectively. Length of gray arrow represents relative level of pathway activity. Red and blue circles represent CDK4/6 inhibitor and bicalutamide, respectively. EBS, E2F1-binding sites; ARE, androgen-responsive elements.

also targeted weakly resistant LNCaP clones (Fig. 6B) and MDV3100-resistant 22Rv1 cells (Fig. 6E)—prostate cancer lines lacking AR<sup>F876L</sup>—implying that this therapy may be applied to overcome multiple mechanisms of resistance to MDV3100 and androgen-independence in general. In support of our findings, several reports have suggested that retinoblastoma (RB) loss plays a critical role in prostate cancer development and resistance to AR-directed therapies (28). More relevantly, consistent with our findings, a recent study has reported the use of CDK4/6 inhibitors as an effective therapeutic to target early- and late-stage prostate cancer that is mechanistically dependent on RB (29). Because a significant fraction of CRPCs maintain functional RB, we speculate that inhibition of CDK4/6 may serve as a viable approach for treating resistance to AR-directed therapies in a large subset of patients.

**METHODS**

**Cell Culture**

LNCaP-FGC and PC3 cells were maintained in RPMI-1640 media with 10% FCS (HyClone) or 10% CSS (Omega; cat# fb-04) as indicated. 22Rv1 cells were maintained in RPMI-1640 media with 10% FCS. VCaP cells were maintained in Dulbecco’s Modified Eagle Medium (DMEM) with 10% FCS or 10% CSS. Myc-CaP cells were maintained in DMEM with 10% FCS. 293FT cells were maintained in DMEM supplemented with 10% FCS and 1 x Non-Essential Amino Acids (NEAA). All lines, except Myc-CaP cells, were obtained from the American Type Culture Collection and cells were tested and authenticated by single-nucleotide polymorphism fingerprinting. Myc-CaP cells were kindly provided by Dr. Charles Sawyers (Human Oncology and Pathogenesis Program, Memorial Sloan-Kettering Cancer Center, New York, NY) and were not further tested or authenticated.

**Generation of Spontaneous MDV3100-Resistant LNCaP Clones In Vitro**

Two million LNCaP cells were seeded into four 150-cm<sup>2</sup> tissue culture dishes in phenol red-free RPMI-1640 media supplemented with 10% FCS. The next day, DMSO and ethanol (control 1, C1), DMSO and 1.0 nmol/L R1881 (control 2, C2), 1 µmol/L MDV3100 + 1.0 nmol/L R1881 (control 3, C3), and 1 µmol/L MDV3100 were added to dishes 1 to 4, respectively. Cells were reseeded into 150-cm<sup>2</sup> dishes supplemented with the appropriate treatments once each week. Media and compound were replaced for dish 4 once every week. Once resistant clones emerged, media was aspirated from dish 4. Trypsin-soaked 3-mm sterile cloning discs (Scienceware; cat# 17-2.X) were used to overlay the resistant clones and following a 1- to 2-minute incubation, cloning discs were transferred to 24-well plates with phenol red-free RPMI-1640 media supplemented with 10% FCS and MDV3100. Cells from control dishes 1 to 3 were maintained until resistant clones were cryopreserved to maintain a constant culture time for control and experimental lines.

**Generation of Stable Transduced Lines**

Codon-optimized cDNAs encoding WT or mutant ARs were synthesized (DNA2.0) and subcloned into the pLKO-TREX-HA-Neo (Invitrogen). Lentiviruses were produced by transfecting 293FT cells with VSVG:deltaR8.9:cDNA constructs at a ratio of 1:2.5:1.25. Virus
F876L Mutation in AR Confers Resistance to MDV3100

was harvested 2 to 3 days after transfection, filtered, and used to infect LNCaP, MyC-CaP, and VCaP cell cultures in the presence of 8 μg/ml polybrene. Infected cells were maintained in neomycin for 3 weeks. In all cases, at least 1,000 independent clones were pooled to generate stable cell lines to avoid clonal variations. Stable cell lines infected with control vectors were generated in parallel for use as experimental controls.

**Microarray**

A total of 3 × 10⁵ cells were seeded in 6-well plates 2 to 3 days before treatment with DMSO or 10 μmol/L MDV3100 for 24 hours. Total RNA was isolated from cells using the Qiagen RNeasy Kit. RNA integrity and purity were assessed with the RNA 6000 Nano LabChip system on a Bioanalyzer 2100 (Agilent Technologies). Generation of labeled cDNA and hybridization to Affymetrix GeneChip Human Genome U133 Plus 2.0 Array (Affymetrix Inc.) was conducted using standard protocols as previously described (8).

**Expression Analysis**

Probe sets from the Affymetrix gene expression datasets were normalized using MAS with a trimmed-mean target of 150 and log₂-transformed. Probe sets were then filtered for inclusion only if their maximum value over different samples was at least 5. Ordinary least squares was conducted using 0 to 1 indicator variables as the covariates; one indicator was used to represent the baseline (untreated sample) of each clone, and three indicator variables represented treatment with MDV3100 for each of the classes of samples (control, weakly resistant clones, and strongly resistant clones). This regression was used to generate nominal P values and regression coefficients (i.e., fold changes). Individual probe sets were considered significantly differentially expressed if their fold change was 1.5 or more, with a nominal P < 0.05.

**Gene Set Enrichment Analysis**

GSEA was performed by calculating the AR gene signature (30) enrichment in the top-ranked genes following treatment of control, weakly resistant clones, and strongly resistant clones. This analysis was used to identify genes whose expression levels were differentially regulated by treatment with MDV3100 versus DMSO in spontaneous and engineered lines. GSEA was conducted using the SBS2.3 software. The following gene-specific primers (Invitrogen) were used: AR (Hs00171772_m1), AKLS (Hs02576345_m1), NKX3-1 (Hs00171834_m1), TBP (Hs01062125_m1), BPHR (Hs00758822_s1), and TK1 (Hs01062125_m1).

**In Vivo Tumorigenesis Assays**

Ten million LNCaP cells (C1, clone #1) mixed 1:1 with Matrigel were injected subcutaneously into the flanks of castrated 7- to 8-week-old male nu/nu mice. Tumor-bearing mice (tumor volume ≈ 150–300 mm³) were treated with vehicle or 30 mg/kg MDV3100 daily. Tumors were measured using calipers, and tumor volumes were calculated using length × width²/2. Data are expressed as mean ± SEM. All animal experiments were carried out in compliance with the Guidelines of the Novartis Biomedical Research Animal Care and Use Committee protocols and regulations.

**Statistical Analysis**

Results were reported as the mean ± SEM. A two-sided independent Student t test without equal variance assumption was conducted to analyze gene expression levels and endpoints of in vitro luciferase assays. For gene set enrichment analysis, P values shown are based on a two-tailed Fisher exact test comparing probe sets in the gene signature that pass significance to those that do not, versus the significance/insignificance of all other probe sets. For animal experiments, a two-tailed Fisher exact test was conducted to determine the significance in percentage of mice growing palpable tumors in each group.

**Accession Number**

Gene expression microarray data used to analyze differential gene expression upon treatment with MDV3100 versus DMSO in spontaneous and engineered lines has been deposited at the National Center for Biotechnology Information (NCBI) Gene Expression Omnibus with the accession numbers GSE44924 and GSE44927, respectively.

Additional experimental procedures are listed in the Supplementary Methods.
Disclosure of Potential Conflicts of Interest

M. Korpal has ownership interest (including patents) in Novartis Institutes for BioMedical Research. V.G. Cooke has ownership interest (including patents) in Novartis Institutes for BioMedical Research. T.M. Roberts has received a commercial research grant from Novartis and is a consultant/ advisory board member of the same. W.R. Sellers is employed as VP/Global Head of Oncology at Novartis and has ownership interest (including patents) in the same. P. Zhu has ownership interest (including patents) in Novartis. No potential conflicts of interest were disclosed by the other authors.

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Acknowledgments

The authors thank Dmitry Sonkin for assistance with generation of AR pathway activity scores, Ming-hong Hao and Greg Paris for help with computational modeling, Travis Stams and Christina Kirby for crystal structure analysis, and Heather A. Keane for ordering of key reagents. The authors also thank Nicholas Keen, Michael Schlabach, Dale Porter, Raymond Pagliarini, and Mario A. Blanco for critical reading of the article and helpful suggestions.

Grant Support

All studies were funded by Novartis Institutes for BioMedical Research. M. Korpal is a recipient of the presidential postdoctoral fellowship from Novartis Institutes for BioMedical Research.

Received April 1, 2013; revised July 9, 2013; accepted July 9, 2013; published OnlineFirst July 10, 2013.

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F876L Mutation in AR Confers Resistance to MDV3100

An F876L Mutation in Androgen Receptor Confers Genetic and Phenotypic Resistance to MDV3100 (Enzalutamide)

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