

Loss of ERbeta expression as a common step in estrogen-dependent tumor progression.

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Table 1: Relative expression of $ER\alpha$ and $ER\beta$ in breast tumor progression.

Studies	Tissues	Number	Methods	ERα SQ Ov.	ERβ SQ Ov.	Comments
Roger et al. (2001)	Normal NP-BBD P-BBD P-BBDWA CIS High grade CIS	118 18 37 13 25 35	IHC	+ ++ ++ ++ ++	+++ ++ ++ + +	ERβ + cells decrease during pre-invasive tumor progression
Iwao <i>et al.</i> (2000)	Normal Cancer	11 112	Real Time-PCR	++ 1	+++ ↓	Changes in ER β 1 and ER β 2 mRNA levels in breast cancer.
Park <i>et al</i> . (2003)	Normal BBT Breast Cancer Met. lymph node	89 11 85 10	ISH	/	++++ + + +	ERβ mRNA level decreases during tumor progression. High ERβ level associated with poor differentiation.
Skliris <i>et al.</i> (2003)	Normal PDCIS Invasive cancers Met. lymph node Recurrences	138 16 319 31 8	IHC	/	++++ +++ ++ + +	Reduced expression of ER β in invasive breast cancer. Loss of ER β may be a reversible process involving methylation.
Speirs <i>et al.</i> (1999)	Normal Cancer	23 60	RT-PCR	+ 1	++++	22% of normal breast expressing exclusively ERβ mRNA. 50% of breast tumors coexpressing ERα and ERβ.
Leygue <i>et al.</i> (1998)	Normal (adjacent tissues) Cancer	18 18 (7ER- /11ER+)	Multiplex RT-PCR	+ ++/+++	++ +	Increase in ER α and decrease in ER β during tumor progression.
Gustafsson <i>et al.</i> (2000)	Normal BBD Cancer	Total of 30 samples	RT-PCR Western- Blot, IHC	1	ţ	ERβ is the predominant form in normal mammary gland.

Table 2: Relative expression of $ER\alpha$ and $ER\beta$ in ovarian tumor progression

References	Tissues	Numb er	Methods	ERα SQ Ov.	ERβ SQ Ov.	Comments
Pujol <i>et al.</i> (1998)	Normal Cysts Borderline tumors Cancers	6 24 3 10	Competitive RT-PCR	+ + ++ ++	+++ +++ +	ERα/ERβ mRNA ratio increase during tumor progression
Brandenberger et al. (1998)	Normal Cancer	10 10	Northern Blot RT-PCR	++ ↑	++ + ↓	ERβ mRNA level decreases in cancer
Rutherford et al. (2000)	Normal Primary cancer Met cancer	9 8 8	RT-PCR Western Blot	++ ++ +++ 1	++ + + +	ERβ mRNA and protein levels decrease in ovarian cancer and metastases

Table 3: Relative expression of $ER\alpha$ and $ER\beta$ in prostate tumor progression

References	Tissues	Number	Methods	ERα SQ Ov.	ERβ SQ Ov.	Comments
Latil <i>et al</i> . (2001)	Normal Cancer	4 23	Real- Time RT-PCR	++ + to ++	+++ ↓	Decreased expression of ERβ mRNA in the hormone-resistant group
Pasquali <i>et al</i> . (2001a)	Normal Cancer	5 10	IHC	/	+++	ERβ protein expression decreases in cancer
Pasquali <i>et al.</i> (2001b)	Normal Cancer	6 5	RT-PCR Western blot	++	++ ↓	ERβ mRNA expression decreases in cancer
Horvath <i>et al</i> . (2001)	Normal Hyperplasia Cancer	5 157 159	IHC	/	+++ - or +	Loss of ERβ protein expression during tumor progression
Leav <i>et al</i> . (2001)	Dysplasia - moderate grade - high grade Carcinoma - grade III - grade IV/V Metastasis	Total of 50 samples	IHC RT-PCR	- -/+ -/+	+ - + -/+ +	Decrease in ERβ protein and mRNA expression in high grade dysplasia and carcinoma.
Fixemer <i>et al</i> . (2003)	HGPIN Adenocarcinoma Gleason grade: III IV V Metastatic	47 17 29 14 12	IHC mono- clonal antibody	/	+++ + + + + +	ERβ protein expression decreases during tumor progression. ERβ expression higher in Gleason grade IV than in in grade III and V

Table 4: Relative expression of ERα and ERβ in colon tumor progression

References	Tissues	Number	Methods	ERα SQ Ov.	ERβ SQ Ov.	Comments
Campbell- Thompson <i>et al</i> . (2001)	Normal cancer	26 26	RT-PCR Southern	+ + **	++++ +	$ER\beta1$ and $ER\beta2$ mRNA expressions decrease in cancer
Foley et al. (2000)	Normal Cancer	11 11	RT-PCR Western	+ +	++++	Decrease ERβ protein but not mRNA expression in cancer. Post-transcriptional mechanism?

The number of + indicates the ERs relative expression. The arrows indicate a decrease (\downarrow), an increase (\uparrow) or no variations in expression (\leftrightarrow) between normal and cancer tissues. SQ= semiquantitative, Ov= overall trends, BBD= Benign Breast Disease, NP-BBD= Non Proliferative BBD, P-BBD= Proliferative BBD, P-BBDWA= Proliferative BBD with atypia, BBT= Benign Breast Tumors, CIS= carcinoma *in situ*, HGPIN= High grade prostatic intraepithelial neoplasia, IHS= *in situ* hybridization, IHC= immunohistochemistry, Met= metastatic, RT-PCR= reverse transcription polymerase chain reaction

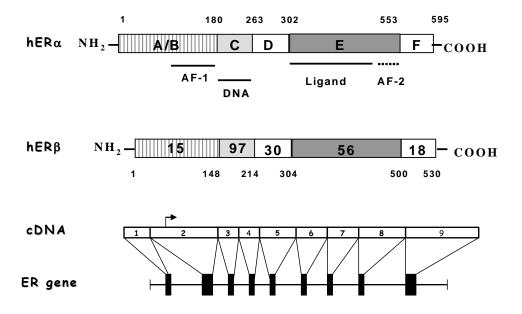


Figure 1 Schematic representation of the structure of human $ER\alpha$ and $ER\beta$ nuclear receptors. The A/B domain at the NH-2 terminal contains the ligand independent transcriptional-activation function AF-1, the C domain represents the DNA-binding-domain, D corresponds to the hinge region, E domain contains the hormone binding domain and the hormone-dependent transcriptional-activation function AF-2. Numbers outside each box refer to amino acid number whereas the number inside each box of $ER\beta$ refers to the percentage of amino acid identity. The arrow indicates the translation starting site in ER cDNA.

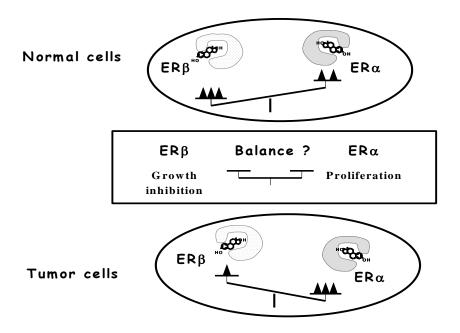


Figure 2 Schematic representation of ER α and ER β imbalance in estrogen dependent tumor progression

Hypothetical mechanism of antiproliferative effect of $E\,R\,\beta$ Indirect effect Direct effect on by modulation of gene transcription ERα action ERβ ERβ $E\,R\,\alpha$ ERE, AP-1, SP1 ERE, AP-1, SP1 Regulation of genes involved in apoptosis Inhibition of genes Inhibition of $ER\alpha$ involved in cell proliferation induced cell proliferation (cyclin D1) Induction of Inhibition of anti-apoptotic pro-apoptotic gene gene expression expression

Figure 3 Hypothetical mode of ER β action on cell proliferation pathways.