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Basic Study

SFRP4 expression correlates with epithelial mesenchymal transition-linked genes and poor overall survival in colon cancer patients

Landry E Nfonsam, Jana Jandova, Hunter C Jecius, Pamela N Omesiete, Valentine N Nfonsam

ORCID number: Landry Nfonsam (0000-0002-5715-2545); Jana Jandova (0000-0002-9100-9574); Hunter Jecius (0000-0002-6415-1436); Pamela N Omesiete (0000-0001-6824-1853); Valentine N Nfonsam (0000-0002-1213-8053).

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Landry E Nfonsam, Department of Genetics, Children's Hospital of Eastern Ontario, Ottawa, Ontario K1H 8L1, Canada

Jana Jandova, Hunter C Jecius, Pamela N Omesiete, Valentine N Nfonsam, Department of Surgery, University of Arizona, Tucson, AZ 85724, United States

Corresponding author: Valentine N Nfonsam, MD, Associate Professor, Department of Surgery, University of Arizona, 1501 N Campbell Avenue, Tucson, AZ 85724, United States. vnfonsam@surgery.arizona.edu

Abstract

BACKGROUND

Colon cancer is among the most commonly diagnosed cancers in the United States with an estimated 97220 new cases expected by the end of 2018. It affects 1.2 million people around the world and is responsible for about 0.6 million deaths every year. Despite decline in overall incidence and mortality over the past 30 years, there continues to be an alarming rise in early-onset colon cancer cases (< 50 years). Patients are often diagnosed at late stages of the disease and tend to have poor survival. We previously showed that the *WNT* "gatekeeper" gene, secreted frizzled-related protein 4 (*SFRP4*), is over-expressed in early-onset colon cancer. *SFRP4* is speculated to play an essential role in cancer by inhibiting the epithelial mesenchymal transition (EMT).

AIM

To investigate the correlation between *SFRP4* expression and EMT-linked genes in colon cancer and how it affects patient survival.

METHODS

SFRP4 expression relative to that of EMT-linked genes and survival analysis were performed using the University of California Santa Cruz Cancer Browser interface.

RESULTS

SFRP4 was found to be co-expressed with the EMT-linked markers *CDH2*, *FN1*, *VIM*, *Twist1*, *Twist2*, *SNAI1*, *SNAI2*, *ZEB1*, *ZEB2*, *POSTN*, *MMP2*, *MMP7*, *MMP9*, and *COL1A1*. *SFRP4* expression negatively correlated with the EMT-linked suppressors *CLDN4*, *CLDN7*, *TJP3*, *MUC1*, and *CDH1*. The expression of *SFRP4* and the EMT-linked markers was higher in mesenchymal-like samples compared to epithelial-like samples which potentially implicates *SFRP4*-EMT

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mechanism in colon cancer. Additionally, patients overexpressing *SFRP4* presented with poor overall survival ($P = 0.0293$).

CONCLUSION

Considering the implication of *SFRP4* in early-onset colon cancer, particularly in the context of EMT, tumor metastasis, and invasion, and the effect of increased expression on colon cancer patient survival, *SFRP4* might be a potential biomarker for early-onset colon cancer that could be targeted for diagnosis and/or disease therapy.

Key words: Secreted frizzled-related protein 4; Epithelial mesenchymal transition; Colon cancer; Survival

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Core tip: We have previously shown that secreted frizzled-related protein 4 (*SFRP4*) is over-expressed in colon cancer, especially in patients younger than 50 years. As these early-onset colon cancers tend to be more aggressive and negatively affecting patients' survival, we sought to evaluate whether *SFRP4* is co-expressed with epithelial-mesenchymal transition-linked genes that play key roles in cancer progression. Our results using a large colon adenocarcinoma-The Cancer Genome Atlas cohort revealed that *SFRP4* is over-expressed in colon cancer patients together with epithelial-mesenchymal transition-linked genes. Moreover, colon cancer patients with high expression levels of *SFRP4* showed significantly poorer survival relative to colon cancer patients with lower *SFRP4* expression.

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INTRODUCTION

Colon cancer is an important contributor to worldwide cancer morbidity and mortality, affecting an estimated 1.2 million individuals and responsible for 0.6 million deaths every year^[1]. In the United States, colon cancer is among the most commonly diagnosed cancer with an estimated 97220 new cases expected by the end of 2018 and an overall life time risk of about 4.49% for men and 4.15% for women^[2,3]. Despite the decline in overall incidence and mortality of colon cancer over the past 30 years^[4], there continues to be an alarming rise in the number of early-onset colon cancer cases in individuals younger than 50 years^[5]. Using the Surveillance Epidemiology and End Results Program Cancer Registries database, we previously demonstrated that this rise is most significant within the age group 40-44^[6]. About 70%-80% of early-onset colon cancer cases are sporadic, and these patients have aggressive features, are often diagnosed at a more advanced stage, and tend to have poor survival^[5-11].

In 2016, we showed that the secreted frizzled-related protein 4 (*SFRP4*) gene was uniquely over-expressed in early-onset colon cancer patients^[12]. This is a protein coding gene and a member of the *SFRP* family. The cysteine-rich domain of *SFRP4* is homologous to the putative *WNT*-binding site of frizzled proteins, making *SFRP4*, like other *SFRPs*, a modulator of *WNT* signaling^[13,14]. As a *WNT* inhibitor, *SFRP4* prevents cell growth and proliferation and has been implicated in Pyle disease^[15]. *SFRP4* is expressed in mouse embryonic mesenchyme, cardiovascular system, and musculoskeletal system^[16]. Reports show that *SFRP4* plays an essential role in ovarian cancer pathogenesis by inhibiting epithelial-mesenchymal transition (EMT) and cell migration, while promoting cell adhesion^[13].

Although EMT is a typical process in embryonic development, heart valve formation, and other developmental processes, its role in promoting cancer metastasis is well documented^[17,18]. EMT provides a molecular environment that allows epithelial cells to lose polarity and cell-to-cell adhesion and gain migratory and invasive

properties to become mesenchymal cells^[17,18]. The relationship between *SFRP4* and EMT-linked genes in colon cancer pathogenesis and the implication of *SFRP4* overexpression in patient survival has not been investigated previously. In this study, we demonstrate a correlation between *SFRP4* gene expression and the expression of some key EMT-linked genes in colon cancer and show that the overexpression of *SFRP4* associates with poor survival in colon cancer patients.

MATERIALS AND METHODS

Ethics statement

This study does not involve human subjects. It utilizes the publicly available de-identified colon adenocarcinoma (COAD) data set from The Cancer Genome Atlas (TCGA).

TCGA program

A landmark cancer genomics program molecularly characterized over 20000 primary cancer and matched normal samples spanning 33 cancer types. TCGA was formed in 2005 when the U.S. National Cancer and National Human Genome Research Institutes teamed together to support the launch of the project to map comprehensively various cancer genomic changes (<https://www.cancer.gov/about-nci/organization/ccg/research/structural-genomics/tcga/history/timeline>). This joint effort brought together researchers from diverse disciplines and multiple institutions. Over the next dozen years, TCGA generated over 2.5 petabytes of genomic, epigenomic, transcriptomic, and proteomic data. The data, which has already led to improvements in our ability to diagnose, treat, and prevent cancer, will remain publicly available for anyone in the research community to use (<https://www.cancer.gov/about-nci/organization/ccg/research/structural-genomics/tcga>).

As of March 2019, the TCGA data portal contains 365463 pieces of genomic and clinical data for 45 projects; 68 primary sites; 33549 cases; 22872 genes, and 3142246 mutations. The TCGA-COAD project contains 461 cases including two primary sites, colon and rectosigmoid junction, and the following disease types: Adenomas and adenocarcinomas, complex epithelial neoplasms; cystic, mucinous, and serous neoplasms, epithelial neoplasms, and no other specified carcinomas.

Data set

A total of 286 of 462 “Primary Tumor” samples from TCGA-COAD cohort was used in this study for gene expression and Kaplan-Meier survival analyses^[19]. Table 1 summarizes the gender, age, and tumor stage of samples.

Gene expression

SFRP4 gene expression relative to the EMT genes, Fibronectin (*FN1*), Vimentin (*VIM*), Zinc Finger E-Box Binding Homeobox 1 (*ZEB1*), *ZEB2*, Twist Family BHLH Transcription Factor 1 (*Twist1*), *Twist2*, Snail Family Transcriptional Repressor 1 (*SNAI1*), *SNAI2*, N-cadherin (*CDH2*), Claudin 4 (*CLDN4*), *CLDN7*, Tight Junction Protein 3 (*TJP3*), Mucin 1 (*MUC1*), and E-Cadherin (*CDH1*), was performed using the TCGA-COAD dataset as previously described^[20]. Pearson’s and Spearman’s rank coefficients and two-dimensional correlation scatter plots were generated using the University of California Santa Cruz Cancer Browser Interface (<https://xena.brower.net>)^[21].

Survival analysis

The TCGA-COAD “Primary tumor” dataset was used to perform and visualize Kaplan-Meier overall survival analysis using the University of California Santa Cruz Xena Browser for cancer genomics ([https://xenabrowser.net/datapages/?Cohort=TCGA%20Colon%20Cancer%20\(COAD\)](https://xenabrowser.net/datapages/?Cohort=TCGA%20Colon%20Cancer%20(COAD)))^[22,23]. *P* values were obtained using the Kaplan-Meier Estimator.

RESULTS

Co-expression of *SFRP4* with EMT genes

The role of *SFRP4* in epithelial-mesenchymal transition was investigated in colon cancer by comparing its expression to that of some key EMT-linked genes using 286 colon cancer patients. We observed co-expression and a positive correlation by Pearson’s and Spearman’s rank coefficient analysis of *SFRP4* with the EMT markers *CDH2*, *FN1*, *VIM*, *ZEB1*, *ZEB2*, *Twist1*, *Twist2*, *SNAI1*, *SNAI2*, Periostin (*POSTN*), Matrix Metalloproteinase 2 (*MMP2*), *MMP9*, *MMP7*, and Collagen 1 (*COL1A1*) (Figure 1 and Figure 2). A higher expression of *SFRP4* and the EMT-linked markers was

Table 1 Gender, age and tumor stage of The Cancer Genome Atlas-colon adenocarcinoma dataset used for analysis

	Percentage
Gender	
Female	46.8
Male	52.4
Age of initial diagnosis	
Average	66.9 ± 13
Minimum	31
maximum	90
Tumor stage	
Stage I	16.2
Stage IA	0.2
Stage II	6.5
Stage IIA	29.9
Stage IIB	2.2
Stage IIC	0.2
Stage III	4.3
Stage IIIA	1.7
Stage IIIB	12.8
Stage IIIC	8.9
Stage IV	10.0
Stage IVA	3.7
Stage IVB	0.4
Not reported	2.4
Discrepant	0.6

observed in samples that were more mesenchymal than epithelial. A negative correlation was observed between *SFRP4* and *CLDN4*, *CLDN7*, *TJP3*, *MUC1*, and *CDH1* (Figure 1 and Figure 3). Based on the Pearson's and Spearman's rank coefficients, *SFRP4* shows the strongest correlation with *CDH2* followed by *MMP2*, and the least correlation with *CLDN7* (Figure 2 and Figure 3). These data suggest a role for *SFRP4* in the EMT molecular pathway.

Colon cancer patients over-expressing *SFRP4* have poor overall survival

We analyzed the effect of *SFRP4* overexpression on colon cancer patient survival. Our data showed that colon cancer patients with higher *SFRP4* expression (≥ 8.661) had poor overall survival compared to patients with lower *SFRP4* expression (< 8.661) (Figure 4A). A similar trend was observed when patient cohort was divided into three groups. Patients with intermediate levels of *SFRP4* expression (7.467-10.05) showed survival curve that was between that of patients with higher (≥ 10.05) and lower (< 7.467) expression (Figure 4B). These data demonstrate that *SFRP4* has an impact on colon cancer patient survival.

DISCUSSION

Very little is known about the role of *SFRP4* in cancer pathogenesis, let alone its mechanism of action. Most of the speculations on *SFRP4* mechanism appear to focus on its role as a *WNT* signaling modulator, through which it suppresses epithelial mesenchymal transition, a mechanism that is implicated in cancer metastasis and invasion^[13,17,18]. In ovarian cancer, *SFRP4* regulates metastasis by inhibiting EMT-linked genes, cell proliferation, and migration, while promoting apoptosis and upregulating cell adhesion molecules such as *CDH1*^[13,24]. A Study by Muley *et al*^[25] showed that *SFRP4* can restrict ovarian serous cystadenocarcinoma growth in mice by interfering with endothelial cell function, suggesting *SFRP4* as a potent angiogenesis inhibitor. While these observations indicate that *SFRP4* represses cancer pathogenesis, this is in contrast to our previous observation of *SFRP4* upregulation in early-onset colon cancer^[12] or its strong correlation with epithelial mesenchymal-linked genes

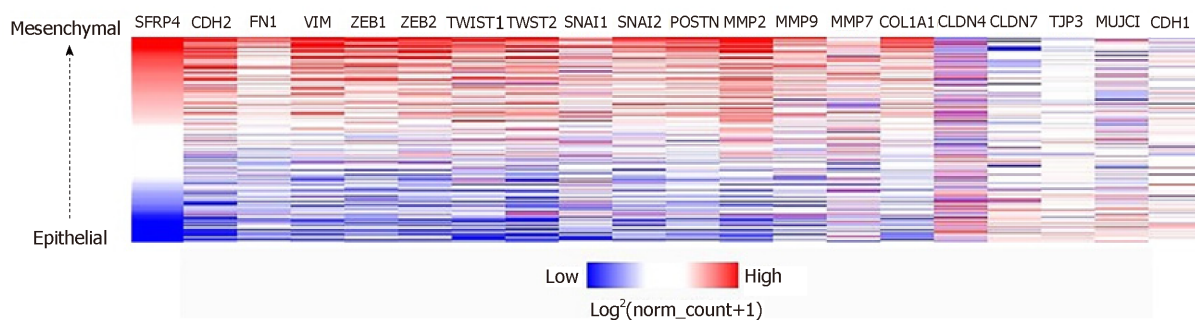


Figure 1 *SFRP4* co-expresses with epithelial mesenchymal transition-linked genes in colon cancer. *SFRP4* and the epithelial mesenchymal transition-linked genes have higher expression in samples that are more mesenchymal (red) compared to the more epithelial samples with lower expression (blue).

observed in this study.

Our previous report on the overexpression of *SFRP4* in early-onset colon cancer informed us of the potential role of *SFRP4* in colon cancer particularly with respect to age of onset^[12]. Our data showed that *SFRP4* co-expresses and correlates positively with the EMT-linked genes *CDH2*, *FN1*, *VIM*, *SNAI1*, *SNAI2*, *ZEB1*, *ZEB2*, *TWIST1*, *POSTN*, *COL1A1*, *MMP2*, *MMP7*, and *MMP9*, many of which promote epithelial mesenchymal transition by repressing proteins that maintain tissue integrity such as *CDH1*^[26,27]. Some of the hallmarks of EMT are cell separation and invasion, characterized by loss of cell-cell adhesion and gain of migratory and invasive properties^[18]. Given the role of *SFRP4* as an EMT inhibitor, overexpression in early-onset colon cancer might be a response mechanism to serve as a check on EMT in the wake of increase expression of EMT genes.

However, overexpression of *SFRP4* may not always correlate with EMT suppression. There is accumulating evidence that *SFRP* family proteins may also have oncogenic potential in certain cancer types^[28,29]. While the binding and sequestering of WNT ligand by *SFRPs* inhibit WNT signaling^[30-33], binding may also allow *SFRPs* to act as carriers for WNT proteins in a diffusion gradient, thus expanding the range and activity of WNT signaling. This has been reported in *Xenopus* where *SFRP3* and *Crescent* were shown potentially to activate canonical WNT signaling by promoting the diffusion of *WNT8* and *WNT11*^[34]. There have also been reports on the dimerization of the N-terminal cysteine-rich domain of *SFRPs* and Frizzled proteins, hence suggesting *SFRPs* direct activation of WNT signaling by mimicking the WNT ligand^[35-37]. Additionally, it has been suggested that by antagonizing each other, the *SFRPs* indirectly activate WNT signaling, as seen in rat renal organogenesis where *SFRP2* was reported to inhibit *SFRP1* activities^[38]. Also, studies have shown that WNT regulation could be concentration dependent with low *SFRP* concentrations activating WNT signaling and high concentrations inhibiting it^[39].

Consistent with the concept of *SFRPs* functioning as oncogenes, *SFRP1* has been reported to be over-expressed in basal-like breast cancers and implicated in brain-specific metastases, while *SFRP2* induces mammary tumor formation in canines by blocking apoptosis^[40,41]. Both *SFRP1* and *SFRP2* promote cellular invasion, proliferation, and *in vivo* tumor growth in renal cancer^[42,43], and *SFRP1* in gastric cancer. *SFRP2* enhances *WNT3A* signaling in HEK293 and HSG cells^[44] and activates WNT signaling through direct interaction with *FZ4/7* in the mouse^[45]. Interestingly, overexpression of *SFRP4* has also been observed in stomach cancer where it associates with poor patient outcomes and interacts strongly with EMT-linked genes in gliomas^[29]. Taken together, these observations suggest that besides being a WNT signaling inhibitor, the *SFRP* family members, including *SFRP4*, also have oncogenic potentials, and their mechanism of action might be context dependent or cancer type dependent.

Consistent with the important role *MMP2* plays in the breakdown of the extracellular matrix and the EMT process, particularly in cell invasion and metastasis, *SFRP4* expression was strongly correlated with *MMP2*. In addition to *CDH1*, *SFRP4* was negatively correlated with many other cell adhesion molecules. Given the role these genes play as gatekeepers of EMT and metastasis, it follows that *SFRP4* is upregulated with EMT following downregulation of cell-adhesion molecules. Overexpression of *SFRP4* is also consistent with overexpression of other EMT regulators we previously reported in early-onset colon cancer, such as cartilage oligomeric matrix protein, (*COMP*) which catalyzes collagen fibrillation to maintain the extracellular matrix^[20,46].

Overexpression of *SFRP4* in colon cancer patients resulted in poor survival that

SEFP4	Correlation		Pearson's rho		spearman's rank rho	
SEFP4	CDH2					
CDH2	0.8026		MMP2			
	0.8163					
MMP2	0.8021	0.8076	FN1			
	0.7988	0.8035				
FN1	0.7146	0.8015	0.777	VIM		
	0.7187	0.8074	0.7519			
VIM	0.7622	0.8362	0.8807	0.8317	ZEB1	
	0.7895	0.8331	0.8739	0.8247		
ZEB1	0.7562	0.7523	0.8281	0.7173	0.8460	COL1A1
	0.7973	0.7603	0.8141	0.7104	0.8408	
COL1A1	0.7538	0.8285	0.895	0.853	0.8803	TWIST2
	0.7561	0.8341	0.9005	0.8247	0.8785	
TWIST2	0.7413	0.7682	0.85	0.7302	0.8369	POSTN
	0.7442	0.7598	0.8526	0.7241	0.8394	
POSTN	0.739	0.8153	0.8273	0.8568	0.8664	ZEB2
	0.7471	0.8172	0.8090	0.8262	0.8547	
ZEB2	0.7366	0.7687	0.8691	0.7834	0.935	TWIST1
	0.7590	0.7582	0.8505	0.7639	0.9254	
TWIST1	0.72	0.7096	0.8154	0.7044	0.7759	SNAI2
	0.7310	0.7235	0.8390	0.6864	0.7960	
SNAI2	0.679	0.7365	0.8617	0.789	0.8766	MMP9
	0.6929	0.7391	0.8448	0.7699	0.8704	
MMP9	0.5666	0.6136	0.6497	0.6447	0.762	SNAI1
	0.5888	0.6082	0.6331	0.6459	0.7477	
SNAI1	0.4772	0.5145	0.5125	0.5788	0.5581	MMP7
	0.4580	0.5088	0.5150	0.5456	0.5598	
MMP7	0.2874	0.2491	0.3141	0.2258	0.2487	
	0.2734	0.2576	0.2955	0.2227	0.2503	
				0.1967	0.2592	
				0.1979	0.2800	
				0.2852	0.2301	
				0.2658	0.2372	
				0.1966	0.1830	
				0.2716	0.2747	
				0.2507	0.2417	
				0.1672	0.1103	
				0.1574	0.1891	

Figure 2 Epithelial mesenchymal transition-linked genes with positive correlation with *SFRP4* expression.

correlated with the survival analysis observed for colon cancer patients overexpressing *COMP*^[20]. Given the implication of *WNT* signaling in many developmental and disease pathways^[47-49] and the knowledge that *SFRP4* inhibits *WNT* signaling, it is possible that early deaths might be due to secondary complications following overexpression of *SFRP4*, which interferes with the normal functions of neighboring healthy cells. However, it is also possible that early deaths are due primarily to disease independent of *SFRP4*, whose overexpression might only be a consequence of the disease.

Although high *SFRP* expression in colon cancer was observed in this study, others have suggested that *SFRP4* expression in tumor may be contributed by the stroma fraction. This was documented in studies by Vincent *et al*^[29] where a strong correlation between *SFRP4* and the stroma was observed in 14 cancer types, including colorectal. Nevertheless, considering that the stroma constitutes an integral part of the tumor microenvironment, its expression of *SFRP4* will undoubtedly constitute an important disease mechanism for potential targeted therapy.

In summary, we had previous shown that *SFRP4* was over-expressed in early-onset colon cancer^[12] and report here *SFRP4* expression was correlated with EMT-linked genes. These findings highlight *SFRP4* as an important contributor to the pathogenesis of colon cancer, particularly early-onset colon cancer, and therefore as a potential biomarker for the early diagnosis of colon cancer. Considering that *SFRP4* modulates *WNT* signaling during cell proliferation, migration, and EMT, which are all hallmarks of cancer pathogenesis. Overexpression of *SFRP4* in early-onset colon cancer and co-expression with EMT-linked genes provide an important first step towards understanding its molecular mechanism in young patients, particularly in the context of cancer metastasis and cell invasion.

SFRP4	CDRRELATION				Pearson's rho	spearman's rank rho
SFRP4	CLDN4					
CLDN4	-0.1272					
	-0.1440					
		CLDN7				
CLDN7	-0.3534	-0.3426				
	-0.3379	-0.2413				
			TJP3			
TJP3	-0.2552	-0.3358	-0.4023			
	-0.2936	-0.1841	-0.3500			
				MUC1		
MUC1	-0.1979	-0.0902	0.3505	-0.2712		
	-0.1929	-0.1368	-0.3597	-0.3729		
					CDH1	
CDH1	-0.0639	0.3877	0.0044	0.3488	0.2404	
	-0.0379	-0.3219	-0.1341	0.1588	-0.2733	

Figure 3 Epithelial mesenchymal transition-linked genes with negative correlation *SFRP4* express.

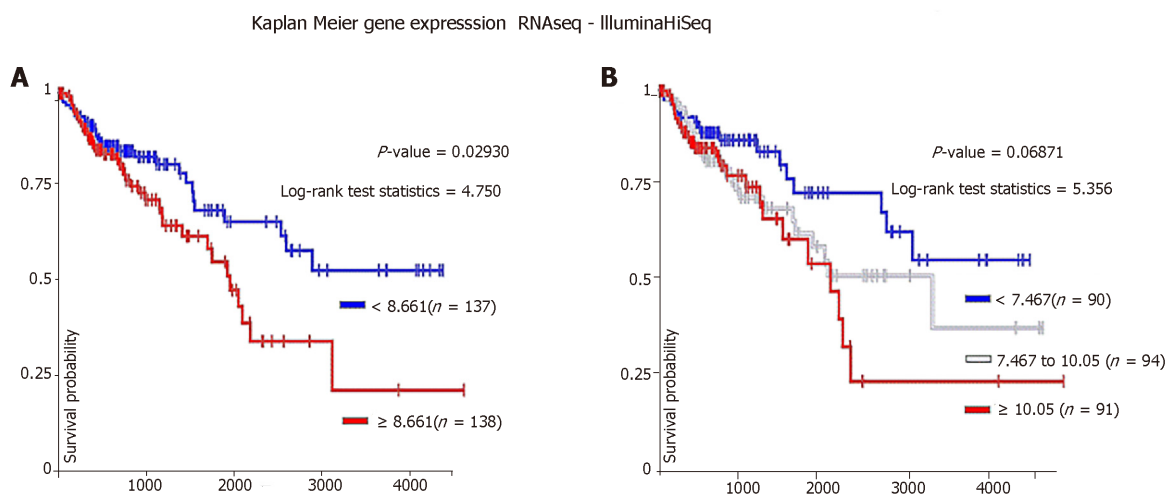


Figure 4 Overall survival of colon cancer patients with low, intermediate or high *SFRP4* expression. A: Patients expressing higher levels of *SFRP4* (red line) had poor survival compared to those expressing lower *SFRP4* levels (blue line); (B) When a three group analysis was performed, patients with higher *SFRP4* expression (red line) presented with poor overall survival compared to patients with intermediate (white lines) or low expression (blue line).

ARTICLE HIGHLIGHTS

Research background

Colon cancer affects 1.2 million people around the world and causes about 0.6 million deaths annually. Although the overall incidence and mortality is decreasing, there has been an alarming increase in early-onset cases (< 50 years). These younger patients are often diagnosed at late stages with more aggressive tumors and tend to have poorer survival.

Research motivation

We previously showed that secreted frizzled-related protein 4 (*SFRP4*), speculated to play an essential role in cancer by inhibiting epithelial mesenchymal transition (EMT), is over-expressed in younger patients.

Research objectives

The aim of our study was to investigate whether there is a correlation between *SFRP4* expression and EMT-linked genes in colon cancer and whether *SFRP4* over-expression affects patient survival using a larger cohort of patients.

Research methods

Correlation between *SFRP4* expression and EMT-linked genes along with survival analysis were performed using the University of California Santa Cruz Cancer browser interface using publicly available The Cancer Genome Atlas-colon adenocarcinoma cohort of colon cancer cases.

Research results

SFRP4 is co-expressed with EMT-linked markers, such as *CDH2*, *FN1*, *VIM*, *TWIST1*, *TWIST2*,

SNAI1, *SNAI2*, *ZEB1*, *ZEB2*, *POSTN*, *MMP2*, *MMP7*, *MMP9*, and *COL1A1*, in colon cancer patients. *SFRP4* expression negatively correlated with the EMT-linked suppressors *CLDN4*, *CLDN7*, *TJP3*, *MUC1*, and *CDH1*. Mesenchymal-like samples showed higher expression of *SFRP4* and EMT-linked markers relative to epithelial-like samples. This implicates *SFRP4* in colon cancer EMT mechanism. Additionally, patients with colon tumors over-expressing *SFRP4* presented with significantly poorer overall survival.

Research conclusions

Results of this study suggest a potential role of *SFRP4* in colon cancer aggressiveness, disease progression, and poorer patient survival. Although the role of *SFRPs* including *SFRP4* as *WNT* signaling inhibitors is well documented in the literature, data presented in this manuscript suggest that the *SFRP* family proteins might also activate *WNT* signaling and promote cell proliferation, therefore demonstrating its oncogenic potential and suggesting its mechanism of action might be context dependent.

Research perspectives

More extensive and detailed mechanistic *in vitro* and *in vivo* studies will have to be performed to confirm these initial observations in colon cancer patients.

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REFERENCES

- 1 Ferlay J, Shin HR, Bray F, Forman D, Mathers C, Parkin DM. Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008. *Int J Cancer* 2010; **127**: 2893-2917 [PMID: 21351269 DOI: 10.1002/ijc.25516]
- 2 Siegel RL, Miller KD, Jemal A. Cancer statistics, 2018. *CA Cancer J Clin* 2018; **68**: 7-30 [PMID: 29313949 DOI: 10.3322/caac.21442]
- 3 American Cancer Society. Key Statistics for Colorectal Cancer 2018. Available from: <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>
- 4 Siegel RL, Miller KD, Jemal A. Cancer statistics, 2016. *CA Cancer J Clin* 2016; **66**: 7-30 [PMID: 26742998 DOI: 10.3322/caac.21332]
- 5 Kirzin S, Marisa L, Guimbaud R, De Reynies A, Legrain M, Laurent-Puig P, Cordelier P, Pradère B, Bonnet D, Meggetto F, Portier G, Brousset P, Selves J. Sporadic early-onset colorectal cancer is a specific sub-type of cancer: a morphological, molecular and genetics study. *PLoS One* 2014; **9**: e103159 [PMID: 25083765 DOI: 10.1371/journal.pone.0103159]
- 6 Davis DM, Marcet JE, Frattini JC, Prather AD, Mateka JJ, Nfonsam VN. Is it time to lower the recommended screening age for colorectal cancer? *J Am Coll Surg* 2011; **213**: 352-361 [PMID: 21737316 DOI: 10.1016/j.jamcollsurg.2011.04.033]
- 7 Bacani J, Zwingerman R, Di Nicola N, Spencer S, Wegrynowski T, Mitchell K, Hay K, Redston M, Holowaty E, Huntsman D, Pollett A, Riddell R, Gallinger S. Tumor microsatellite instability in early onset gastric cancer. *J Mol Diagn* 2005; **7**: 465-477 [PMID: 16237216 DOI: 10.1016/S1525-1578(10)60577-6]
- 8 Chang DT, Pai RK, Rybicki LA, Dimairo MA, Limaye M, Jayachandran P, Koong AC, Kunz PA, Fisher GA, Ford JM, Welton M, Shelton A, Ma L, Arber DA, Pai RK. Clinicopathologic and molecular features of sporadic early-onset colorectal adenocarcinoma: an adenocarcinoma with frequent signet ring cell differentiation, rectal and sigmoid involvement, and adverse morphologic features. *Mod Pathol* 2012; **25**: 1128-1139 [PMID: 22481281 DOI: 10.1038/modpathol.2012.61]
- 9 Giraldez MD, Balaguer F, Bujanda L, Cuatrecasas M, Muñoz J, Alonso-Espinaco V, Larzabal M, Petit A, Gonzalo V, Ocaña T, Moreira L, Enríquez-Navascués JM, Boland CR, Goel A, Castells A, Castellvi-Bel S. MSH6 and MUTYH deficiency is a frequent event in early-onset colorectal cancer. *Clin Cancer Res* 2010; **16**: 5402-5413 [PMID: 20924129 DOI: 10.1158/1078-0432.CCR-10-1491]
- 10 Myers EA, Feingold DL, Forde KA, Arnell T, Jang JH, Whelan RL. Colorectal cancer in patients under 50 years of age: a retrospective analysis of two institutions' experience. *World J Gastroenterol* 2013; **19**: 5651-5657 [PMID: 24039357 DOI: 10.3748/wjg.v19.i34.5651]
- 11 Zahir MN, Azhar EM, Rafiq S, Ghias K, Shabbir-Moosajee M. Clinical features and outcome of sporadic colorectal carcinoma in young patients: a cross-sectional analysis from a developing country. *ISRN Oncol* 2014; **2014**: 461570 [PMID: 25006505 DOI: 10.1155/2014/461570]
- 12 Jandova J, Xu W, Nfonsam V. Sporadic early-onset colon cancer expresses unique molecular features. *J Surg Res* 2016; **204**: 251-260 [PMID: 27451894 DOI: 10.1016/j.jss.2016.04.068]
- 13 Ford CE, Jary E, Ma SS, Nixdorf S, Heinzelmann-Schwarz VA, Ward RL. The Wnt gatekeeper SFRP4 modulates EMT, cell migration and downstream Wnt signalling in serous ovarian cancer cells. *PLoS One* 2013; **8**: e54362 [PMID: 23326605 DOI: 10.1371/journal.pone.0054362]
- 14 Kawano Y, Kypta R. Secreted antagonists of the Wnt signalling pathway. *J Cell Sci* 2003; **116**: 2627-2634 [PMID: 12775774 DOI: 10.1242/jcs.00623]
- 15 Kiper POS, Saito H, Gori F, Unger S, Hesse E, Yamana K, Kiviranta R, Solban N, Liu J, Brommage R, Boduroglu K, Bonafé L, Campos-Xavier B, Dikoglu E, Eastell R, Gossiel F, Harshman K, Nishimura G, Girisha KM, Stevenson BJ, Takita H, Rivolta C, Superti-Furga A, Baron R. Cortical-Bone Fragility--Insights from sFRP4 Deficiency in Pyle's Disease. *N Engl J Med* 2016; **374**: 2553-2562 [PMID: 27355534 DOI: 10.1056/NEJMoa1509342]
- 16 Finger JH, Smith CM, Hayamizu TF, McCright IJ, Xu J, Law M, Shaw DR, Baldarelli RM, Beal JS, Blodgett O, Campbell JW, Corbani LE, Lewis JR, Forthofer KL, Frost PJ, Giannatto SC, Hutchins LN, Miers DB, Motenko H, Stone KR, Eppig JT, Kadin JA, Richardson JE, Ringwald M. The mouse Gene Expression Database (GXD): 2017 update. *Nucleic Acids Res* 2017; **45**: D730-D736 [PMID: 27899677]

- DOI: [10.1093/nar/gkw1073](https://doi.org/10.1093/nar/gkw1073)]
- 17 **Chaffer CL**, Weinberg RA. A perspective on cancer cell metastasis. *Science* 2011; **331**: 1559-1564 [PMID: [21436443](https://pubmed.ncbi.nlm.nih.gov/21436443/) DOI: [10.1126/science.1203543](https://doi.org/10.1126/science.1203543)]
 - 18 **Hay ED**. An overview of epithelio-mesenchymal transformation. *Acta Anat (Basel)* 1995; **154**: 8-20 [PMID: [8714286](https://pubmed.ncbi.nlm.nih.gov/8714286/) DOI: [10.1159/000147748](https://doi.org/10.1159/000147748)]
 - 19 **Tomczak K**, Czerwińska P, Wiznerowicz M. The Cancer Genome Atlas (TCGA): an immeasurable source of knowledge. *Contemp Oncol (Pozn)* 2015; **19**: A68-A77 [PMID: [25691825](https://pubmed.ncbi.nlm.nih.gov/25691825/) DOI: [10.5114/wo.2014.47136](https://doi.org/10.5114/wo.2014.47136)]
 - 20 **Nfonsam VN**, Nfonsam LE, Chen D, Omesiete PN, Cruz A, Runyan RB, Jandova J. COMP Gene Coexpresses With EMT Genes and Is Associated With Poor Survival in Colon Cancer Patients. *J Surg Res* 2019; **233**: 297-303 [PMID: [30502262](https://pubmed.ncbi.nlm.nih.gov/30502262/) DOI: [10.1016/j.jss.2018.08.021](https://doi.org/10.1016/j.jss.2018.08.021)]
 - 21 **Sanborn JZ**, Benz SC, Craft B, Szeto C, Kober KM, Meyer L, Vaske CJ, Goldman M, Smith KE, Kuhn RM, Karolchik D, Kent WJ, Stuart JM, Haussler D, Zhu J. The UCSC Cancer Genomics Browser: update 2011. *Nucleic Acids Res* 2011; **39**: D951-D959 [PMID: [21059681](https://pubmed.ncbi.nlm.nih.gov/21059681/) DOI: [10.1093/nar/gkq1113](https://doi.org/10.1093/nar/gkq1113)]
 - 22 **Cancer Genome Atlas Research Network**; Weinstein JN, Collisson EA, Mills GB, Shaw KR, Ozenberger BA, Ellrott K, Shmulevich I, Sander C, Stuart JM. The Cancer Genome Atlas Pan-Cancer analysis project. *Nat Genet* 2013; **45**: 1113-1120 [PMID: [24071849](https://pubmed.ncbi.nlm.nih.gov/24071849/) DOI: [10.1038/ng.2764](https://doi.org/10.1038/ng.2764)]
 - 23 **Goldman M**, Craft B, Kamath A, Brooks AN, Zhu J, Haussler D. he UCSC Xena Platform for cancer genomics data visualization and interpretation. 2018 Preprint. Available from: [bioRxiv:326470](https://doi.org/bioRxiv.326470) [DOI: [10.1101/326470](https://doi.org/10.1101/326470)]
 - 24 **Maganga R**, Giles N, Adcroft K, Unni A, Keeney D, Wood F, Fear M, Dharmarajan A. Secreted Frizzled related protein-4 (sFRP4) promotes epidermal differentiation and apoptosis. *Biochem Biophys Res Commun* 2008; **377**: 606-611 [PMID: [18938133](https://pubmed.ncbi.nlm.nih.gov/18938133/) DOI: [10.1016/j.bbrc.2008.10.050](https://doi.org/10.1016/j.bbrc.2008.10.050)]
 - 25 **Muley A**, Majumder S, Kolluru GK, Parkinson S, Viola H, Hool L, Arfuso F, Ganss R, Dharmarajan A, Chatterjee S. Secreted frizzled-related protein 4: an angiogenesis inhibitor. *Am J Pathol* 2010; **176**: 1505-1516 [PMID: [20056841](https://pubmed.ncbi.nlm.nih.gov/20056841/) DOI: [10.2353/ajpath.2010.090465](https://doi.org/10.2353/ajpath.2010.090465)]
 - 26 **Eastham AM**, Spencer H, Soncin F, Ritson S, Merry CL, Stern PL, Ward CM. Epithelial-mesenchymal transition events during human embryonic stem cell differentiation. *Cancer Res* 2007; **67**: 11254-11262 [PMID: [18056451](https://pubmed.ncbi.nlm.nih.gov/18056451/) DOI: [10.1158/0008-5472.CAN-07-2253](https://doi.org/10.1158/0008-5472.CAN-07-2253)]
 - 27 **Guarino M**, Rubino B, Ballabio G. The role of epithelial-mesenchymal transition in cancer pathology. *Pathology* 2007; **39**: 305-318 [PMID: [17558857](https://pubmed.ncbi.nlm.nih.gov/17558857/) DOI: [10.1080/00313020701329914](https://doi.org/10.1080/00313020701329914)]
 - 28 **Vincent KM**, Postovit LM. Matricellular proteins in cancer: a focus on secreted Frizzled-related proteins. *J Cell Commun Signal* 2018; **12**: 103-112 [PMID: [28589318](https://pubmed.ncbi.nlm.nih.gov/28589318/) DOI: [10.1007/s12079-017-0398-2](https://doi.org/10.1007/s12079-017-0398-2)]
 - 29 **Vincent KM**, Postovit LM. A pan-cancer analysis of secreted Frizzled-related proteins: re-examining their proposed tumour suppressive function. *Sci Rep* 2017; **7**: 42719 [PMID: [28218291](https://pubmed.ncbi.nlm.nih.gov/28218291/) DOI: [10.1038/srep42719](https://doi.org/10.1038/srep42719)]
 - 30 **Finch PW**, He X, Kelley MJ, Uren A, Schaudies RP, Popescu NC, Rudikoff S, Aaronson SA, Varmus HE, Rubin JS. Purification and molecular cloning of a secreted, Frizzled-related antagonist of Wnt action. *Proc Natl Acad Sci U S A* 1997; **94**: 6770-6775 [PMID: [9192640](https://pubmed.ncbi.nlm.nih.gov/9192640/) DOI: [10.1073/pnas.94.13.6770](https://doi.org/10.1073/pnas.94.13.6770)]
 - 31 **Leyns L**, Bouwmeester T, Kim SH, Piccolo S, De Robertis EM. Frzb-1 is a secreted antagonist of Wnt signaling expressed in the Spemann organizer. *Cell* 1997; **88**: 747-756 [PMID: [9118218](https://pubmed.ncbi.nlm.nih.gov/9118218/) DOI: [10.1016/S0092-8674\(00\)81921-2](https://doi.org/10.1016/S0092-8674(00)81921-2)]
 - 32 **Lin K**, Wang S, Julius MA, Kitajewski J, Moos M, Luyten FP. The cysteine-rich frizzled domain of Frzb-1 is required and sufficient for modulation of Wnt signaling. *Proc Natl Acad Sci U S A* 1997; **94**: 11196-11200 [PMID: [9326585](https://pubmed.ncbi.nlm.nih.gov/9326585/) DOI: [10.1073/pnas.94.21.11196](https://doi.org/10.1073/pnas.94.21.11196)]
 - 33 **Wang S**, Krinks M, Lin K, Luyten FP, Moos M. Frzb, a secreted protein expressed in the Spemann organizer, binds and inhibits Wnt-8. *Cell* 1997; **88**: 757-766 [PMID: [9118219](https://pubmed.ncbi.nlm.nih.gov/9118219/) DOI: [10.1016/S0092-8674\(00\)81922-4](https://doi.org/10.1016/S0092-8674(00)81922-4)]
 - 34 **Mii Y**, Taira M. Secreted Frizzled-related proteins enhance the diffusion of Wnt ligands and expand their signalling range. *Development* 2009; **136**: 4083-4088 [PMID: [19906850](https://pubmed.ncbi.nlm.nih.gov/19906850/) DOI: [10.1242/dev.032524](https://doi.org/10.1242/dev.032524)]
 - 35 **Bafico A**, Gazit A, Pramila T, Finch PW, Yaniv A, Aaronson SA. Interaction of frizzled related protein (FRP) with Wnt ligands and the frizzled receptor suggests alternative mechanisms for FRP inhibition of Wnt signaling. *J Biol Chem* 1999; **274**: 16180-16187 [PMID: [10347172](https://pubmed.ncbi.nlm.nih.gov/10347172/) DOI: [10.1074/jbc.274.23.16180](https://doi.org/10.1074/jbc.274.23.16180)]
 - 36 **Dann CE**, Hsieh JC, Rattner A, Sharma D, Nathans J, Leahy DJ. Insights into Wnt binding and signalling from the structures of two Frizzled cysteine-rich domains. *Nature* 2001; **412**: 86-90 [PMID: [11452312](https://pubmed.ncbi.nlm.nih.gov/11452312/) DOI: [10.1038/35083601](https://doi.org/10.1038/35083601)]
 - 37 **Rodriguez J**, Esteve P, Weinl C, Ruiz JM, Fermin Y, Trousse F, Dwivedy A, Holt C, Bovolenta P. SFRP1 regulates the growth of retinal ganglion cell axons through the Fz2 receptor. *Nat Neurosci* 2005; **8**: 1301-1309 [PMID: [16172602](https://pubmed.ncbi.nlm.nih.gov/16172602/) DOI: [10.1038/nn1547](https://doi.org/10.1038/nn1547)]
 - 38 **Yoshino K**, Rubin JS, Higinbotham KG, Uren A, Anest V, Plisov SY, Perantoni AO. Secreted Frizzled-related proteins can regulate metanephric development. *Mech Dev* 2001; **102**: 45-55 [PMID: [11287180](https://pubmed.ncbi.nlm.nih.gov/11287180/) DOI: [10.1016/S0925-4773\(01\)00282-9](https://doi.org/10.1016/S0925-4773(01)00282-9)]
 - 39 **Bhat RA**, Stauffer B, Komm BS, Bodine PV. Structure-function analysis of secreted frizzled-related protein-1 for its Wnt antagonist function. *J Cell Biochem* 2007; **102**: 1519-1528 [PMID: [17471511](https://pubmed.ncbi.nlm.nih.gov/17471511/) DOI: [10.1002/jcb.21372](https://doi.org/10.1002/jcb.21372)]
 - 40 **Lee JL**, Lin CT, Chueh LL, Chang CJ. Autocrine/paracrine secreted Frizzled-related protein 2 induces cellular resistance to apoptosis: a possible mechanism of mammary tumorigenesis. *J Biol Chem* 2004; **279**: 14602-14609 [PMID: [14709558](https://pubmed.ncbi.nlm.nih.gov/14709558/) DOI: [10.1074/jbc.M309008200](https://doi.org/10.1074/jbc.M309008200)]
 - 41 **Smid M**, Wang Y, Zhang Y, Sieuwerts AM, Yu J, Klijn JG, Foekens JA, Martens JW. Subtypes of breast cancer show preferential site of relapse. *Cancer Res* 2008; **68**: 3108-3114 [PMID: [18451135](https://pubmed.ncbi.nlm.nih.gov/18451135/) DOI: [10.1158/0008-5472.CAN-07-5644](https://doi.org/10.1158/0008-5472.CAN-07-5644)]
 - 42 **Saini S**, Liu J, Yamamura S, Majid S, Kawakami K, Hirata H, Dahiya R. Functional significance of secreted Frizzled-related protein 1 in metastatic renal cell carcinomas. *Cancer Res* 2009; **69**: 6815-6822 [PMID: [19723665](https://pubmed.ncbi.nlm.nih.gov/19723665/) DOI: [10.1158/0008-5472.CAN-09-1254](https://doi.org/10.1158/0008-5472.CAN-09-1254)]
 - 43 **Yamamura S**, Kawakami K, Hirata H, Ueno K, Saini S, Majid S, Dahiya R. Oncogenic functions of secreted Frizzled-related protein 2 in human renal cancer. *Mol Cancer Ther* 2010; **9**: 1680-1687 [PMID: [20501806](https://pubmed.ncbi.nlm.nih.gov/20501806/) DOI: [10.1158/1535-7163.MCT-10-0012](https://doi.org/10.1158/1535-7163.MCT-10-0012)]
 - 44 **von Marschall Z**, Fisher LW. Secreted Frizzled-related protein-2 (sFRP2) augments canonical Wnt3a-induced signaling. *Biochem Biophys Res Commun* 2010; **400**: 299-304 [PMID: [20723538](https://pubmed.ncbi.nlm.nih.gov/20723538/) DOI: [10.1016/j.bbrc.2010.08.043](https://doi.org/10.1016/j.bbrc.2010.08.043)]
 - 45 **Kress E**, Rezza A, Nadjar J, Samarut J, Plateroti M. The frizzled-related sFRP2 gene is a target of thyroid

- hormone receptor alpha1 and activates beta-catenin signaling in mouse intestine. *J Biol Chem* 2009; **284**: 1234-1241 [PMID: [19001373](#) DOI: [10.1074/jbc.M806548200](#)]
- 46 **Halász K**, Kassner A, Mörgelin M, Heinegård D. COMP acts as a catalyst in collagen fibrillogenesis. *J Biol Chem* 2007; **282**: 31166-31173 [PMID: [17716974](#) DOI: [10.1074/jbc.M705735200](#)]
- 47 **Clevers H**, Nusse R. Wnt/ β -catenin signaling and disease. *Cell* 2012; **149**: 1192-1205 [PMID: [22682243](#) DOI: [10.1016/j.cell.2012.05.012](#)]
- 48 **Steinhart Z**, Angers S. Wnt signaling in development and tissue homeostasis. *Development* 2018; 145 [PMID: [29884654](#) DOI: [10.1242/dev.146589](#)]
- 49 **Yang Y**. Wnt signaling in development and disease. *Cell Biosci* 2012; **2**: 14 [PMID: [22520685](#) DOI: [10.1186/2045-3701-2-14](#)]



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