

The Biological Role of Extracellular Matrix in Ovarian Cancer Metastasis.

Miranda Ween (B.Sc. (Biomedical Science) (Hons))

For the Degree of Doctor of Philosophy

University of Adelaide

From the Research Centre for Reproductive Health, Robinson Institute, Discipline of
Obstetrics and Gynaecology, Faculty of Health Sciences, University of Adelaide.

October 2010

TABLE OF CONTENTS

TABLE OF FIGURES.....	vi
TABLE OF TABLES.....	ix
SUMMARY	x
DECLARATION.....	xiii
ACKNOWLEDGEMENTS.....	xiv
PUBLICATIONS ARISING DURING PHD CANDIDATURE	xvi
PRESENTATIONS AT SCIENTIFIC MEETINGS.....	xvii
ABBREVIATIONS.....	xix
CHAPTER 1 - GENERAL INTRODUCTION	1
1.1. BACKGROUND.....	1
1.1.1. Introduction to ovarian cancer	1
1.1.2. Ovarian cancer risk factors	7
1.2. DIAGNOSIS AND TREATMENT OF OVARIAN CANCER	11
1.2.1. Diagnostic and prognostic markers for ovarian cancer	11
1.2.2. Ovarian cancer metastasis	14
1.2.3. Treatment strategies.....	17
1.3. ROLE OF VERSICAN, HYALURONAN, AND CD44 IN CANCER.....	21
1.3.1. Hyaluronan.....	21
1.3.2. HA as a poor prognostic factor for cancer	23
1.3.3. CD44 – A key receptor for HA	26
1.3.4. The role of CD44 and its interactions with HA in cancer	29
1.3.5. Versican – An interacting partner of HA.....	30
1.3.6. The differing roles of the isoforms of versican	35
1.3.7. The role of G1 and G3 versican domains in cancer	36
1.3.8. Versican is associated with poor cancer patient outcome	41
1.3.9. Involvement of HA, CD44, and versican in the adhesion of ovarian cancer cells to peritoneal cells.....	42
1.3.10. Pericellular sheath formation is associated with cell migration.....	43
1.4. THERAPIES TARGETING HA, CD44, AND VERSICAN	44
1.4.1. Cancer therapies targeting the actions of HA.....	44
1.4.2. Cancer therapies targeting CD44	46

1.4.3.	Versican as a target for cancer therapies	48
	STATEMENT OF AIMS	52
CHAPTER 2 - IDENTIFICATION OF PROTEINS MODULATED IN OVARIAN CANCER – PERITONEAL CELL CO-CULTURE BY PROTEOMICS		
	56	
2.1.	INTRODUCTION.....	56
2.2.	MATERIALS AND METHODS.....	61
2.2.1.	Co-culture of ovarian cancer and peritoneal cells	61
2.2.2.	1D and 2D analysis	62
2.2.3.	Mass spectrometry	64
2.3.	RESULTS	65
2.3.1.	Direct co-culture of peritoneal cells and ovarian cancer cells produces an altered protein profile	65
2.3.2.	Identification of proteins altered in direct peritoneal-ovarian cancer cell co-culture	70
2.3.3.	One way co-culture of peritoneal cells and ovarian cancer cells	76
2.3.4.	Indirect co-culture of peritoneal and ovarian cancer cells produces and altered protein profile	79
2.3.5.	Identification of proteins altered in Opticell indirect peritoneal-ovarian cancer cell co-culture	83
2.3.6.	Annexin A2 and A6 are cleaved during peritoneal-ovarian cancer cell co-culture.	88
2.4.	DISCUSSION	92
2.4.1.	Fibronectin is cleaved in the direct co-culture of peritoneal ovarian cancer cells .	92
2.4.2.	The role of periostin in cancer	93
2.4.3.	PAI-1 is inactivated in peritoneal-ovarian cancer cell co-culture	95
2.4.4.	The role of keratins in cancer	99
2.4.5.	The role of TKT in cancer	105
2.4.6.	The role of annexin A2 in cancer	106
2.4.7.	The role of annexin A6 in cancer	109
2.4.8.	The role of eEF-2 in cancer	111
2.4.9.	The role of TGFBIp in cancer.....	112
2.4.10.	Protein regulation in peritoneal-ovarian cancer co-culture	114
CHAPTER 3 – TGFBIp INCREASES OVARIAN CANCER CELL MOTILITY, INVASIVENESS, AND ADHESION TO PERITONEAL CELLS		
	116	
3.1.	INTRODUCTION.....	116
3.2.	MATERIALS AND METHODS.....	121

3.2.1.	Co-culture of peritoneal and ovarian cancer cells	121
3.2.2.	MALDI-TOF/TOF and LC-ESI-IT mass spectrometry	121
3.2.3.	Western immunoblotting	122
3.2.4.	Immunohistochemistry	123
3.2.5.	Motility and invasion assays	124
3.2.6.	Adhesion assays	125
3.2.7.	Plasmin activity assay.....	126
3.2.8.	Statistical analysis	127
3.3.	RESULTS	128
3.3.1.	Expression of TGFBIp in ovarian cancer and peritoneal cells	128
3.3.2.	TGFBIp promotes ovarian cancer cell motility and invasion	133
3.3.3.	TGFBIp promotes ovarian cancer adhesion to peritoneal cells	137
3.3.4.	TGFBIp is processed in the ovarian cancer and peritoneal cell co-culture and in ascites of ovarian cancer patients	140
3.3.5.	TGFBIp processing is mediated by plasmin.....	146
3.3.6.	TGFBIp RGD peptide motif is not required to promote OVCAR-5 invasive properties.....	149
3.4.	DISCUSSION	152
CHAPTER 4 - THE ROLE OF VERSICAN, HA, AND CD44, IN OVARIAN CANCER		159
4.1.	INTRODUCTION.....	159
4.2.	MATERIALS AND METHODS.....	163
4.2.1.	Cell lines	163
4.2.2.	Immunohistochemistry.....	163
4.2.3.	Purification of versican	164
4.2.4.	Versican quantitation.....	166
4.2.5.	Quantitation of HA.....	167
4.2.6.	Motility and invasion assays	167
4.2.7.	Red blood cell exclusion assay	168
4.2.8.	Wound migration assays and time lapse photography	168
4.2.9.	Adhesion assays	169
4.2.10.	Statistical analysis	169
4.3.	RESULTS	170
4.3.1.	Expression of HA, CD44, and versican in ovarian tissue	170
4.3.2.	Serum HA levels in patients undergoing chemotherapy	178

4.3.4.	Versican induces pericellular matrix formation by ovarian cancer cells	182
4.3.5.	Versican promotes ovarian cancer cell motility and invasion	187
4.3.6.	Pericellular sheath formation in migrating ovarian cancer cells	189
4.3.7.	HA-oligos can block pericellular sheath formation and versican induced motility and invasion	192
4.3.8.	The role of versican and HA in ovarian cancer cell adhesion to peritoneal cells .	194
4.3.	DISCUSSION	198
CHAPTER 5 - GENERAL DISCUSSION.....		206
APPENDIX		219
PUBLICATIONS ARISING FROM THIS THESIS (ENTIRE ARTICLES)		248
REFERENCES		264

TABLE OF FIGURES

FIGURE 1.1. EPITHELIAL OVARIAN TUMOURS (H & E STAINING).....	5
FIGURE 1.2. TWO-PATHWAY CONCEPT OF OVARIAN CANCER DEVELOPMENT AND POTENTIAL GENES INVOLVED.....	6
FIGURE 1.3. MODEL OF OVARIAN CANCER METASTASIS.....	16
FIGURE 1.4. THE STRUCTURE OF HA DISACCHARIDES.	22
FIGURE 1.5. THE STRUCTURE OF CD44, THE HA CELL SURFACE RECEPTOR.	27
FIGURE 1.6. STRUCTURE OF CD44 VARIANTS.	28
FIGURE 1.7. SCHEMATIC OF THE STRUCTURE OF THE VERSICAN ISOFORMS.....	32
FIGURE 1.8. INTERACTION OF VERSICAN WITH OTHER MOLECULES.	33
FIGURE 1.9. ROLE OF VERSICAN AND ITS DOMAINS IN CANCER.	34
FIGURE 2.1. TYPES OF PROTEOMICS AND THEIR APPLICATIONS.....	60
FIGURE 2.2. CO-CULTURE OF LP-9 CELLS WITH OVCAR-5 CELLS INDUCES A MORPHOLOGICAL CHANGE IN THE CELLS.	67
FIGURE 2.3. CO-CULTURE OF LP-9 CELLS WITH OVCAR-5 CELLS PRODUCES AN ALTERED PROTEIN PROFILE.....	68
FIGURE 2.4. PDQUEST ANALYSIS OF THE PROTEOMIC PROFILE OF A MIX OF CM COLLECTED FROM LP-9 AND OVCAR-5 CELLS AND FROM LP-9 + OVCAR-5 DIRECT CO-CULTURE.	69
FIGURE 2.5. IDENTIFICATION OF UPREGULATED AND DOWNREGULATED PROTEINS DURING OVARIAN CANCER DIRECT INTERACTION WITH PERITONEAL CELLS.....	73
FIGURE 2.6. PROTEIN PROFILE OF OVCAR-5 AND SKOV-3 CELLS FOLLOWING TREATMENT WITH LP-9 CM.....	77
FIGURE 2.7. PROTEIN PROFILE OF LP-9 PERITONEAL CELLS FOLLOWING TREATMENT WITH OVCAR-5 OR SKOV-3 CM.	78
FIGURE 2.8. OPTICELL CO-CULTURE OF LP-9 CELLS WITH OVCAR-5 CELLS PRODUCES AN ALTERED PROTEIN PROFILE.	81
FIGURE 2.9. PDQUEST ANALYSIS OF THE PROTEOMIC PROFILE OF A MIX OF CM COLLECTED FROM LP-9 AND OVCAR-5 CELLS AND FROM LP-9 + OVCAR-5 OPTICELL INDIRECT CO-CULTURE.	82
FIGURE 2.10. IDENTIFICATION OF UPREGULATED AND DOWNREGULATED PROTEINS DURING OVARIAN CANCER INTERACTION WITH PERITONEAL CELLS THROUGH SHARED MEDIA IN THE OPTICELL SYSTEM.....	85
FIGURE 2.11. ANNEXIN A2 IS CLEAVED DURING OVCAR-5/LP-9 DIRECT CO-CULTURE.	89
FIGURE 2.12. ANNEXIN A6 IS CLEAVED DURING OVCAR-5 AND LP-9 DIRECT CO-CULTURE.....	90
FIGURE 2.13. PAI-1 IS CLEAVED DURING OVCAR-5 AND LP-9 DIRECT CO-CULTURE.	97
FIGURE 2.14. THE PLASMIN PRODUCTION PATHWAY IN HEALTHY HUMANS.....	98
FIGURE 3.1. THE STRUCTURE OF TGFBI.	120
FIGURE 3.2. EXPRESSION OF TGFBI IN OVARIAN CANCER CELLS AND LP-9 PERITONEAL CELLS.	129
FIGURE 3.3. TGFBI IMMUNOSTAINING OF OVARIAN AND OMENTAL TISSUES.....	130
FIGURE 3.4. TGFBI PROMOTES MOTILITY AND INVASION OF OVARIAN CANCER CELLS.	135

FIGURE 3.5. TGFBIP DECREASES OVARIAN CANCER CELL VIABILITY.....	136
FIGURE 3.6. TGFBIP PROMOTES ADHESION OF OVARIAN CANCER CELLS TO LP-9 PERITONEAL CELLS.....	139
FIGURE 3.7. REGULATION OF TGFBIP SECRETION BY LP-9 PERITONEAL AND OVARIAN CANCER CELLS.....	143
FIGURE 3.8. TGFBIP AMINO ACID CLEAVAGE SITES IN THE OVARIAN CANCER CO-CULTURE AND FOLLOWING PLASMIN TREATMENT.....	144
FIGURE 3.9. EXPRESSION OF TGFBIP IN PERITONEAL CELLS, CO-CULTURE, AND OVARIAN CANCER PATIENT ASCITES	145
FIGURE 3.10. TGFBIP PROCESSING DURING OVARIAN CANCER AND PERITONEAL CELL CO-CULTURE IS MEDIATED BY PLASMIN.....	148
FIGURE 3.11. THE EFFECTS OF TGFBIP ON OVARIAN CANCER CELL MOTILITY, INVASION, AND ADHESION IS INDEPENDENT OF THE INTEGRIN BINDING RGD MOTIF.....	151
FIGURE 4.1 PURIFICATION OF VERSICAN ISOFORM V1.....	165
FIGURE 4.2. IMMUNOSTAINING OF NORMAL, SEROUS BENIGN, SEROUS BORDERLINE, AND SEROUS MALIGNANT OVARIAN TISSUE.....	176
FIGURE 4.3. IMMUNOSTAINING OF PRIMARY OVARIAN TUMOUR AND MATCHING METASTASES.....	177
FIGURE 4.4. SERUM HA LEVELS DECREASE IN RESPONSE TO CHEMOTHERAPY TREATMENT....	181
FIGURE 4.5. VERSICAN PROMOTES THE FORMATION OF A PERICELLULAR MATRIX BY OVARIAN CANCER CELLS.....	184
FIGURE 4.6. PERICELLULAR SHEATH FORMATION BY OVARIAN CANCER CELLS IS ASSOCIATED WITH CD44 EXPRESSION.....	186
FIGURE 4.7. VERSICAN PROMOTES OVARIAN CANCER MOTILITY AND INVASION.....	188
FIGURE 4.8. VERSICAN PROMOTES OVARIAN CANCER CELL MOTILITY IN A WOUND MIGRATION ASSAY.....	190
FIGURE 4.9. VERSICAN PROMOTES FORMATION OF A POLARIZED PERICELLULAR SHEATH BY OVCAR-5 AND SKOV-3 CELLS.....	191
FIGURE 4.10. HA OLIGOSACCHARIDES BLOCK OVARIAN CANCER METASTATIC BEHAVIOUR....	193
FIGURE 4.11. ADHESION OF OVARIAN CANCER CELLS TO LP-9 PERITONEAL CELLS.....	196
FIGURE 4.12. HA OLIGOS CAN BLOCK HA INDUCED ADHESION TO LP-9 PERITONEAL CELLS.....	197
FIGURE 5.1. THE PROPOSED ROLE OF THE PLASMIN PATHWAY IN OVARIAN CANCER METASTASIS.....	215
FIGURE 5.2. THE EFFECTS OF TGFBIP ON THE METASTATIC STEPS INVOLVED IN OVARIAN CANCER AND THE INHIBITORY EFFECTS OF A NEUTRALISING TGFBIP ANTIBODY..	216
FIGURE 5.3. THE EFFECTS OF VERSICAN ON CD44 POSITIVE OVARIAN CANCER CELLS AND THE INHIBITORY EFFECT OF HA OLIGOS.....	217
FIGURE 5.4. PROPOSED MODEL OF HA, CD44, AND VERSICAN INTERACTIONS IN OVARIAN CANCER.....	218
FIGURE A.1. PEPTIDE FINGERPRINTING FOR FIBRONECTIN PRODUCED DURING PERITONEAL-OVARIAN CANCER CELL CO-CULTURE.....	223
FIGURE A.2. PEPTIDE FINGERPRINTING FOR PERIOSTIN PRODUCED DURING PERITONEAL-OVARIAN CANCER CELL CO-CULTURE.....	224
FIGURE A.3. PEPTIDE FINGERPRINTING FOR TGFBIP PRODUCED DURING PERITONEAL-OVARIAN CANCER CELL CO-CULTURE.....	226

FIGURE A.4. PEPTIDE FINGERPRINTING FOR PAI-1 PRODUCED DURING PERITONEAL-OVARIAN CANCER CELL CO-CULTURE.....	228
FIGURE A.5. PEPTIDE FINGERPRINTING FOR CK-1 PRODUCED DURING PERITONEAL-OVARIAN CANCER CELL CO-CULTURE.....	233
FIGURE A.6. PEPTIDE FINGERPRINTING FOR CK-10 PRODUCED DURING PERITONEAL-OVARIAN CANCER CELL CO-CULTURE.....	235
FIGURE A.7. PEPTIDE FINGERPRINTING FOR ANNEXIN A2 PRODUCED DURING PERITONEAL- OVARIAN CANCER CELL CO-CULTURE.	237
FIGURE A.8. PEPTIDE FINGERPRINTING FOR CK-9 PRODUCED DURING PERITONEAL-OVARIAN CANCER CELL CO-CULTURE.....	239
FIGURE A.9. PEPTIDE FINGERPRINTING FOR TRANSKETOLASE PRODUCED DURING PERITONEAL- OVARIAN CANCER CELL CO-CULTURE.	240
FIGURE A. 10. PEPTIDE FINGERPRINTING FOR CK-6C PRODUCED DURING PERITONEAL-OVARIAN CANCER CELL CO-CULTURE.....	241
FIGURE A. 11. PEPTIDE FINGERPRINTING FOR CK-16 PRODUCED DURING PERITONEAL-OVARIAN CANCER CELL CO-CULTURE.....	242
FIGURE A. 12. PEPTIDE FINGERPRINTING FOR CK-14 PRODUCED DURING PERITONEAL-OVARIAN CANCER CELL CO-CULTURE.....	243
FIGURE A. 13. PEPTIDE FINGERPRINTING FOR CK-5 PRODUCED DURING PERITONEAL-OVARIAN CANCER CELL CO-CULTURE.....	244
FIGURE A.14. PEPTIDE FINGERPRINTING FOR ANNEXIN A6 PRODUCED DURING PERITONEAL- OVARIAN CANCER CELL CO-CULTURE.	245
FIGURE A.15. PEPTIDE FINGERPRINTING FOR ELONGATION FACTOR-2 PRODUCED DURING PERITONEAL-OVARIAN CANCER CELL CO-CULTURE.....	246

TABLE OF TABLES

TABLE 1.1. HISTOLOGICAL TYPES AND SUBTYPES OF OVARIAN CANCER AND THEIR FREQUENCIES.	4
TABLE 1.2. SUMMARY OF VERSICAN'S EFFECTS ON CANCER CELLS.	39
TABLE 2.1. IDENTIFICATION OF PROTEINS UP OR DOWN REGULATED IN PERITONEAL-OVARIAN CANCER CELL DIRECT CO-CULTURE.	74
TABLE 2.2. IDENTIFICATION OF UPREGULATED PROTEINS DURING PERITONEAL-OVARIAN CANCER CELL DIRECT CO-CULTURE BY LC-ESI MASS SPECTROMETRY	75
TABLE 2.3. IDENTIFICATION OF UPREGULATED PROTEINS DURING PERITONEAL-OVARIAN CANCER CELL OPTICELL INDIRECT CO-CULTURE BY LC-ESI MASS SPECTROMETRY.....	86
TABLE 2.4. SUMMARY OF PROTEIN EXPRESSION AND PROCESSING DURING PERITONEAL-OVARIAN CANCER CELL CO-CULTURE.	91
TABLE 3.1. SUMMARY OF TGFBI IMMUNOSTAINING OF OVARIAN TISSUES.....	131
TABLE 3.2. SUMMARY OF TGFBI IMMUNOSTAINING OF OVARIAN AND OMENTAL TISSUES..	132
TABLE 3.3. LC-ESI-IT MASS SPECTROMETRY ANALYSIS OF TGFBI PROTEIN PROCESSING IN DIRECT CO-CULTURE SYSTEM.....	142
TABLE 4.1. INTENSITY OF CD44, HA, AND VERSICAN STAINING IN OVARIAN TUMOURS.....	172
TABLE 4.2. INTENSITY OF CD44, HA, AND VERSICAN STAINING IN OVARIAN TUMOURS BY STAGE.	173
TABLE 4.3. INTENSITY OF CD44, HA, AND VERSICAN STAINING IN OVARIAN PRIMARY TUMOURS AND MATCHING METASTASES.	174
TABLE 4.4. CHARACTERISTICS OF PATIENTS AND SERUM HA LEVELS.....	179

SUMMARY

Ovarian cancer metastasis is characterized by the shedding of malignant cells from the surface of the ovary and their implantation onto the peritoneal surface which lines the abdominal cavity. As the factors promoting this process are poorly understood, we investigated the ovarian cancer–peritoneal interaction by means of *in vitro* co-culture experiments with ovarian cancer (OVCAR-3, OVCAR-5, and SKOV-3) and peritoneal (LP-9) cells. In this system, we identified by mass spectrometry that levels of transforming growth factor β inducible protein (TGFB1p), periostin, fibronectin, plasminogen activator inhibitor-1, cytokeratins 1, 5, 6C, 9, 10, 14, and 16, transketolase, annexin A2, annexin A6, and elongation factor-2 were modulated as a result of direct contact between peritoneal and ovarian cancer cells or through interactions via shared media.

We went on to investigate the functional role of the extracellular matrix (ECM) protein, TGFB1p in ovarian cancer. Immunohistochemistry showed high TGFB1p levels in normal surface ovarian epithelial and peritoneal cells whilst in comparison, TGFB1p levels in primary serous ovarian carcinomas and matching metastatic implants were greatly reduced. In functional *in vitro* experiments, rTGFB1p significantly increased the motility and invasion of OVCAR-5 and SKOV-3 cells and significantly increased ovarian cancer cell (OVCAR-5, OVCAR-3 and SKOV-3) adhesion to peritoneal (LP-9) cells which was reversed by addition of a neutralizing TGFB1p antibody. We also demonstrated that the increases in OVCAR-5 cell adhesion, motility, and invasion, were independent of the Arg-Gly-Asp (RGD) motif in the C-terminal domain of TGFB1p. We conclude that TGFB1p expressed by peritoneal cells increases the metastatic potential of ovarian cancer cells. TGFB1p is therefore a potential novel therapeutic target against ovarian cancer.

Further investigation determined that secreted TGFBIp was processed at both the N- and C-terminal domains during ovarian cancer–peritoneal cell co-culture in the same amino acid range as that of TGFBIp cleaved by plasmin. Plasmin was found to be upregulated within 1 hr of co-culture and TGFBIp processing in the *in vitro* co-culture system could be blocked by a plasmin inhibitor, 6-aminocaproic acid (ϵ -ACA) and a broad spectrum protease inhibitor which inhibits plasmin but not matrix metalloproteinases (MMPs). Furthermore, the processing was not blocked by an MMP inhibitor, GM6001. We therefore conclude that TGFBIp is cleaved by plasmin and not an MMP during peritoneal-ovarian cancer co-culture.

In summary, these studies have shown, that when peritoneal cells are allowed to interact with ovarian cancer cells, whether by direct contact or by shared growth media which occurs at different steps of ovarian cancer metastasis, a proteolytic response is triggered.

We also investigated the expression of other ECM components in ovarian cancer; the proteoglycan versican, the polysaccharide hyaluronan (HA), and one of its receptors, CD44, in ovarian cancer tissues and their role in the metastatic behaviour of ovarian cancer cells. We found that a higher proportion of serous ovarian carcinoma had high stromal versican when compared with normal ovary and high stromal CD44 when compared with normal and benign serous tumours. Although high stromal versican was positively correlated with high stromal HA, stromal HA was not increased in serous ovarian carcinoma when compared with normal ovary or benign serous tumours.

We determined that the assembly of a HA-versican pericellular sheath around ovarian cancer cells could promote the motility of metastatic CD44 expressing OVCAR-5 and

SKOV-3 cells, but not by low-metastatic OVCAR-3 cells which lack CD44. The motility of OVCAR-5 and SKOV-3 cells was significantly increased in scratch wound and chemotaxis assays following treatment with recombinant versican. We demonstrated that small HA oligosaccharides (6-10) were able to significantly block formation of pericellular sheath, motility, and invasion of OVCAR-5 cells following treatment with versican. Treatment with exogenous HA increased ovarian cancer cell adhesion to peritoneal cells, and this increase was successfully blocked by the addition of HA oligosaccharides or treatment of the LP-9 monolayer with hyaluronidase. These novel findings indicate that the acquisition of a HA-versican pericellular sheath by ovarian cancer cells may aid their peritoneal dissemination and metastasis. Our results suggest that HA oligosaccharides may be effective at inhibiting the invasion of CD44 positive ovarian cancers and warrants further study as a potential therapy.

Overall, the studies in this thesis indicate a very strong role for the tumour microenvironment, and in particular the proteolysis of proteins in the tumour microenvironment. Further investigation will increase our understanding of the mechanisms and pathways involved in the proteolytic cascade which is triggered during ovarian cancer metastasis.

DECLARATION

I certify that this thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution to Miranda Ween and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent for this copy of my thesis, when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

I also give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library catalogue, the Australasian Digital Theses Program (ADTP) and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

Miranda Ween

October 2010

ACKNOWLEDGEMENTS

I have been fortunate enough to work in an environment full of generous people who have shared their time and expertise with me. I wish to acknowledge the following people in particular:

Professor Richard LeBaron (University of Texas at San Antonio, USA), for his donation of CHO K1, CHO V1 cells as well as his versican Vc Antibody.

Dr. Stephen Williams (Fox Chase Cancer Center, Philadelphia, USA), for his donation of OVCAR-5 cells.

Dr. Judith Clements (Queensland University of Technology, Brisbane, Australia), for her donation of OVCAR-3 and SKOV-3 cells.

Associate Professor Margaret Davy and Dr. Tom Dodd (Department of Gynaecological Oncology, Royal Adelaide Hospital), for providing ovarian tissue samples.

Mark Condina, Dr. Alex Collella, Chris Cusaro, Chris Bagley, and Dr. Peter Hoffmann, for performing the proteomic screening and mass spectrometry presented in chapters 2 and 3 and their unlimited patience in explaining the data to me.

Aleksandra Ochink, Shalini Jindal, and Helen Hughes (Dame Roma Mitchell Laboratory at the Hanson Institute, Adelaide), for their assistance in gathering of ovarian cancer tissues and formation of tissue micro-arrays used for all of the immunohistochemistry work in this thesis.

Ang Zhou, for happily teaching me his invasion model.

Kate Frewin, for scanning my numerous slides on the Nanozoomer with little notice.

Noor Lokman, for her enthusiasm and for performing the annexin A2 western and the plasmin assay.

Dr. Martin Oehler (Department of Gynaecological Oncology, Royal Adelaide Hospital), for collecting ovarian cancer samples from his patients and for his supervision of my

PhD. In particular I would like to thank the generous women of Adelaide who donated their tissue and serum for this project.

Professor Raymond Rodgers, for his expert advice, both scientific, and of university administrative processes throughout his supervision of my PhD.

Dr. Carmela Ricciardelli for her unending patience with me over the past 6 years as she taught me everything she knows both about science and work/life balance, for her unceasing enthusiasm for this project, and for her committed supervision of this PhD.

Finally, I thank my fellow PhD students, for their companionship and willingness to lend an ear when things weren't their best and their words of encouragement.

PUBLICATIONS ARISING DURING PHD CANDIDATURE

Ricciardelli C, Russell DL, Ween MP, Mayne K, Byers S, VR Marshall Tilley WD and Horsfall DJ. Formation of hyaluronan-and versican- rich pericellular matrix by prostate cancer cells promotes cell motility (J Biol Chem 2007)

Invited Review article - Ricciardelli C, Sakko AJ, Ween MP, Russell DL, Horsfall DJ. The biological role and regulation of versican levels in cancer. (Cancer Metastasis Rev 2009)

Invited Book chapter - Ricciardelli C, Sakko AJ, Ween MP, I Russell DL & Horsfall DJ. The proteoglycan versican: an important regulator of cell locomotion in development and disease. In "Cell Movement: New Research Trends". Nova Science Publishers, Inc. Hauppauge, NY. (Accepted 1st August 2008) Pub. Date: 2009 - 3rd Quarter, ISBN: 978-1-60692-570-6)

Ween MP, Hoffmann P, Rodgers RJ, Ricciardelli C and Oehler MK. Transforming growth factor beta-induced protein (TGFBIp) secreted by peritoneal mesothelial cells increases the metastatic potential of ovarian cancer cells (Accepted 12th of May 2010 for publication in the *International Journal of Cancer* Feb 2010).

Ween MP, Rodgers RJ, Oehler MK & Ricciardelli C. HA oligosaccharides inhibit pericellular matrix formation and ovarian cancer cell motility and invasion induced by the extracellular matrix protein versican. (In revision, *Clinical and Experimental Metastasis*).

Lokman N, Ween MP, Hoffmann P, Oehler MK & Ricciardelli C. Annexin A2 in ovarian cancer metastasis (In preparation).

PRESENTATIONS AT SCIENTIFIC MEETINGS

Reid K, Ween MP, Dodd T, Davy M, Rodgers R, Oehler MK & Ricciardelli C. Extracellular matrix proteins as prognostic markers for serous ovarian cancer. Australian Gynaecological Society meeting, Melbourne, VIC, May 2008.

Ween MP, Oehler MK, Rodgers RJ & Ricciardelli C. Formation of HA and versican rich pericellular matrix aids ovarian cancer motility. Australian Society for Medical Research, SA Meeting, Adelaide, South Australia, June 2008.

Ween MP, Oehler MK, Rodgers RJ & Ricciardelli C. Versican induces pericellular sheath formation and motility by ovarian cancer cells expressing CD44. Matrix Biology Society of Australia and New Zealand, Ettalong, NSW, October 2008.

Oehler MK, Ween MP, Hoffmann P, & Ricciardelli C. Proteomics of Ovarian Cancer Implantation. Australian and New Zealand Gynaecological Oncology group, Noosa, QLD April 2009 (Selected for oral presentation).

Ween MP, Hoffmann P, Rodgers RJ, Ricciardelli C, & Oehler MK. Transforming growth factor induced protein TGFBIp promotes ovarian cancer cell motility and adhesion to peritoneal cells Australian Society for Medical Research, SA Meeting, Adelaide, South Australia, June 2009 (Selected for oral presentation).

Ween MP, Hoffmann P, Rodgers RJ, Ricciardelli C, & Oehler MK. Transforming growth factor induced protein TGFBIp promotes ovarian cancer cell motility and adhesion to peritoneal cells. Society of Reproductive Biology, Adelaide, South Australia, August 2009.

Ween MP, Hoffmann P, Rodgers RJ, Ricciardelli C, & Oehler MK. Transforming growth factor induced protein TGFBIp promotes ovarian cancer cell motility and adhesion to

peritoneal cells. Matrix Biology Society of Australia and New Zealand, Barossa Valley, South Australia, October 2009 (Selected for oral presentation).

Ween MP, Hoffmann P, Rodgers RJ, Ricciardelli C, & Oehler MK. Transforming growth factor induced protein TGFBIp promotes ovarian cancer cell motility and adhesion to peritoneal cells. 5th International Conference on Tumour Microenvironment, Versailles, France, October 2009 (Selected for oral presentation).

Ween MP. The role of extracellular matrix proteins versican and TGFBIp in ovarian cancer metastasis. Invited speaker at the School of Biosciences at Cardiff University, Wales, October 2009.

ABBREVIATIONS

ACN	–	Acetonitrile
ADAMTS	–	Adamalysin with Thrombospondin type 1 Motifs
AR	–	Androgen Receptor
BK	–	Bradykinin
CA125	–	Cancer Antigen 125
CD44s	–	Standard CD44
CD44v	–	CD44 variants
ChABC	–	Chondroitinase ABC
CK-1	–	Cytokeratin-1/Keratin Type II Cytoskeletal 1
CK-5	–	Cytokeratin-5/Keratin Type II Cytoskeletal 5
CK-6C	–	Cytokeratin-6C/Keratin Type II Cytoskeletal 6C
CK-9	–	Cytokeratin-9/Keratin Type I Cytoskeletal 9
CK-10	–	Cytokeratin-10/Keratin Type I Cytoskeletal 10
CK-14	–	Cytokeratin-14/Keratin Type I Cytoskeletal 14
CK-16	–	Cytokeratin-16/Keratin Type I Cytoskeletal 16
CM	–	Conditioned Medium
CS	–	Chondroitin Sulphate
C-Terminal Domain	–	Carboxy Terminus Domain
DB	–	Dilution Buffer
DCIS	–	Ductal carcinoma <i>in situ</i>
ϵ -ACA	–	6-Aminocaproic Acid
ECL	–	Enhanced Chemiluminescence
ECM	–	Extracellular Matrix
EGF	–	Epidermal Growth Factor
EHS	–	Engelbreth-Holm-Swarm
ELISA	–	Enzyme Linked Immunosorbent Assay
EMI	–	Emilin and Multimerin
EPHX	–	Epoxide Hydrolase
ER	–	Oestrogen Receptor
FAS	–	Fasciclin
FIGO	–	International Federation of Gynaecologists and Obstetricians
GM6001	–	Galardin
H & E	–	Haematoxylin and Eosin
HA	–	Hyaluronan
HAase	–	Hyaluronidase
HER	–	Human Epidermal Growth Factor Receptor
HK	–	High Molecular Weight Kininogen
HMEC	–	Human Mammary Epithelial Cell
IPG	–	Immobilized pH Gradient
KO	–	Knockout

LC-ESI	–	Liquid Chromatography-Electrospray Ionisation
LMP	–	Low Malignant Potential
MALDI-TOF/TOF	–	Matrix Assistant Laser Desorption/Ionisation Time of Flight/Time of Flight
MMP	–	Matrix Metalloproteinase
MPNST	–	Malignant Peripheral Nerve Sheath Tumour
MS	–	Mass Spectrometry
N-Terminal Domain	–	Amino Terminus Domain
Oligo	–	Oligosaccharide
OSE	–	Normal Ovarian Surface Epithelial Cells
PAGE	–	Polyacrylamide Gel Electrophoresis
PAI-1	–	Plasminogen Activator Inhibitor-1
PBCA	–	Poly Butyl Cyanoacrylate
PBS	–	Phosphate Buffered Saline
PBS-T	–	Phosphate Buffered Saline with 0.05% Tween-20
PDGF	–	Platelet Derived Growth Factor
PEI	–	Polyethylenimine
PI	–	Broad Spectrum Protease Inhibitor
PR	–	Progesterone Receptor
RAAS	–	Renin Angiotensin Aldosterone System
RAH	–	Royal Adelaide Hospital
RGD	–	Arg-Gly-Asp
RT	–	Room Temperature
rTGFB1p	–	Recombinant TGFB1p
rV1	–	Recombinant Versican Isoform V1
SDS	–	Sodium Dodecyl Sulphate
SMCs	–	Smooth Muscle Cells
SNP	–	Single Nucleotide Polymorphism
TGF β	–	Transforming Growth Factor β
TGFB1p	–	Transforming Growth Factor Inducible Protein
TKT	–	Transketolase
tPA	–	Tissue Type Plasminogen Activator
uPA	–	Urokinase Type Plasminogen Activator
uPAR	–	Urokinase Plasminogen Activator Surface Receptor
VEGF	–	Vascular Endothelial Growth Factor