

## Targeting FAK in human cancer: from finding to first clinical trials

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## 1. ABSTRACT

It is twenty years since Focal Adhesion Kinase (FAK) was found to be overexpressed in many types of human cancer. FAK plays an important role in adhesion, spreading, motility, invasion, metastasis, survival, angiogenesis, and recently has been found to play an important role as well in epithelial to mesenchymal transition (EMT), cancer stem cells and tumor microenvironment. FAK has kinase-dependent and kinase independent scaffolding, cytoplasmic and nuclear functions. Several years ago FAK was proposed as a potential therapeutic target; the first clinical trials were just reported, and they supported further studies of FAK as a promising therapeutic target. This review discusses the main functions of FAK in cancer, and specifically focuses on recent novel findings on the role of FAK in cancer stem cells, microenvironment, epithelial-to-mesenchymal transition, invasion, metastasis, and also highlight new approaches of targeting FAK and critically discuss challenges that lie ahead for its targeted therapeutics. The review provides a summary of translational approaches of FAK-targeted and combination therapies and outline perspectives and future directions of FAK research.

## 2. INTRODUCTION

Focal Adhesion Kinase (FAK) is a 125 kDa non-receptor tyrosine kinase (1) which plays a significant role in adhesion, survival, motility, metastasis, angiogenesis, lymphangiogenesis, cancer stem cell functions (2-4), tumor microenvironment (5) and epithelial to mesenchymal transition (EMT) (6-8). FAK is overexpressed in many types of solid and non-solid tumors (9-28) (Table 1) to mediate survival and other important functions (reviewed (29)). FAK was shown to be overexpressed in 66% of preinvasive breast ductal carcinoma *in situ*, DCIS before metastasis and tumor invasion (28), which indicates important FAK functions in the early stages of cancer. Although most studies found overexpression of FAK gene, protein or mRNA in tumors, not all studies showed correlation of FAK overexpression with the patient outcome, tumor stage or prognosis (Table 1). This shows that future detail study needs to be performed to understand differences of FAK expression and patient outcome with comparing methods analyzing FAK expression, controls on specificity of FAK antibodies, protocols for staining, pathologist's scoring methods, type and stage of tumors, patient cohorts, study mechanisms of FAK overexpression

**Table 1.** Overexpression of FAK in different types of cancer

Tumor type	FAK overexpression (Number of tumor samples analyzed)	Correlation of FAK overexpression with prognostic factors	References
Hepatocellular carcinoma	+ 50% (60)	+ Significant correlation with tumor size, serum AFP level. FAK was prognostic factor for disease free, overall survival	(9)
Non small cell lung cancer	+ 100% (60)	+ Positive correlation with higher disease stages	(10)
Small-cell lung carcinoma	+ 92% (85)	No correlation with SCLC disease stage	(11)
Breast cancer	+25%; +88%; +97* (629); (25) (119)	+ significant correlation with poor prognostic factors; NA;NA	(12); (16)‡; (28)
Pancreatic cancer	+ 48% (50)	Significant correlation with tumor size	(13)
Brain tumors	+ 77%; + 40.8% (13), (331)	NA***; + Significant correlation with WHO grade of malignancy	(14)†(15)
Sarcoma; Osteosarcoma	+ 100%; + (13); (16)	NA;NA	(16)‡;(17)
Ovarian cancer	+ 100% (26)	No significant correlation with grade or tumor stage	(18)
Cervical Cancer	+ 77%; +32%† (30); (31)	NA; NA	(19)† (20)
Colon cancer	+ 100%; +63%; +40% (17); (56); (80)	NA ; FAK higher in liver metastases compared with primary tumors; No correlation with tumor grade, stage, Ki-67 positivity or survival	(16)‡ ; (21); (22)
Neuroblastoma	+ 73% (70)	FAK staining significantly increased with stage IV with N-myc amplification	(23)
Thyroid cancer	+ 33% (27)	+ Correlation with invasiveness and metastasis	(24)
Prostate cancer	+ (25)	Increased FAK mRNA and protein with advanced stage in metastatic carcinoma	(25)
Head and neck	+ 62% 211	FAK expression correlated with nodal metastases, no correlation of FAK expression with DNA level	(26)
Hematopoietic Cancer; AML	+ 42% (60)	FAK expression correlated with high blast cell count, early death and shorter survival and poor prognosis	(27)

+ positive expression or correlation; \*FAK expression is higher in early stages preinvasive DCIS breast tumors than in atypical ductal hyperplasia or dysplasia (ADH) tumors; \*\*marks high level of FAK expression in tumors tumors (3 or 4 intensity and  $\geq 90\%$  positive cells by the score of immunohistochemistry staining). \*\*\*NA, not analyzed ; N, number; ‡ sarcoma, colon and breast cancer tumors were analyzed in the same report; †, not higher than in normal samples (66%); AML, acute myeloid leukemia

and activation in different types of tumors, and perform personalized approach to the patient population. Because of high percentage of FAK overexpression in different types of tumors, FAK was recently proposed as a therapeutic target (30).

The Timeline (Figure 1) shows the main twenty-year findings starting from the discovery of FAK and to the idea of using FAK as a potential therapeutic target (30) to the results of the first clinical trials (31). FAK was first discovered in 1992 by several different groups (1), (32), the next year human FAK was isolated (33-34) and later it was found in *Drosophila* (35-37) and other species. Once FAK was isolated in humans it was directly linked to cancer due to its high expression in primary tumors (Table 1) and overexpression in nearly all metastatic tumors, with no detectable FAK mRNA or protein in normal tissues (34).

In this review we discuss important functions of FAK in survival, metastasis, angiogenesis (5), and highlight its kinase-dependent and kinase-independent scaffolding functions (7),(38) . We will especially focus on recent studies revealing novel functions of FAK in cancer stem cell signaling and provide a critical overview of different approaches to FAK inhibition with pharmacological inhibitors, discuss the first clinical trial results, and finally

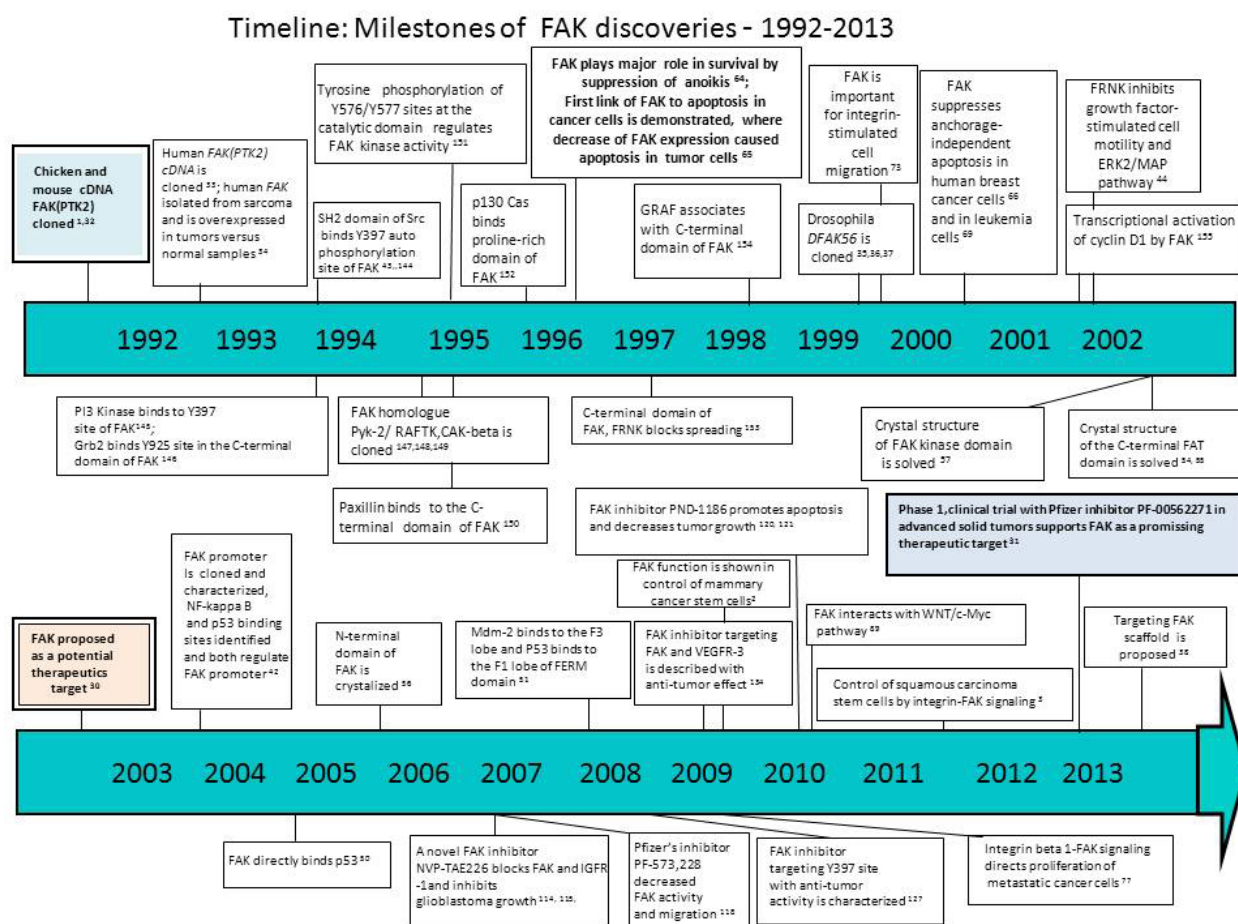
propose translational perspectives for future research on FAK biology and therapeutics development in cancer.

## 3. FAK STRUCTURE

The *FAK* (*PTK2*) gene coding sequence contains 34 exons (39) (Figure 2). There are several mechanisms of regulation of FAK expression and activation: on the genetic level through gene amplification(40, 41) ; on the level of RNA by alternative splicing(39), or by FAK mRNA up-regulation (34), (21), (42), (4); and on the translational and post-translational levels (phosphorylation (43), dephosphorylation (44), sumoylation (45), regulation by MicroRNA (46-48).

The FAK protein domains are shown in Figure 2. The FERM domain of FAK contains one nuclear export sequence (NES) and one nuclear localization sequence (NLS), and the FAK kinase domain contains another NES sequence close to the major FAK phosphorylation sites Y576/Y577(49), suggesting the regulation of FAK through nucleo-cytoplasmic shuttling and supporting nuclear functions of FAK (binding with p53 (50-51), and Mdm-2 (51) and other partners ) (reviewed (52-53).

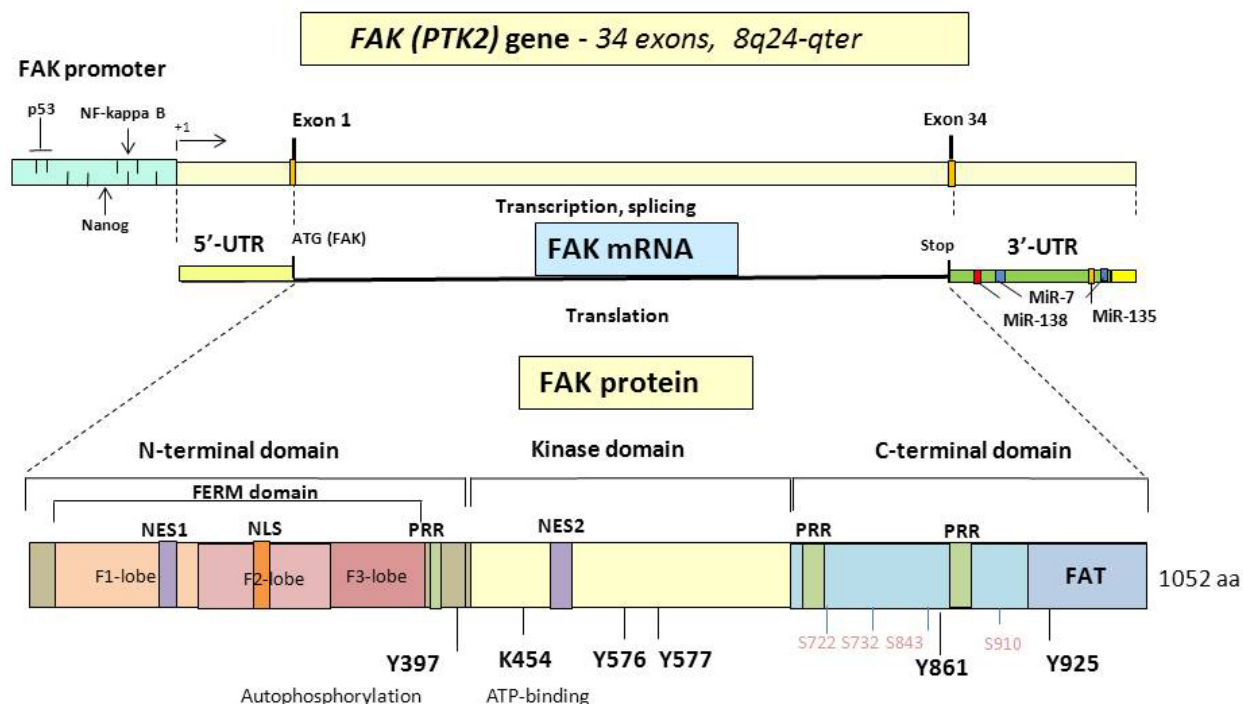
The crystal structures of the C-terminal FAT (54-55); N-terminal FERM (56) and kinase domain (57) of



**Figure 1.** Timeline. Milestones of FAK discoveries: 1992-2013. 1992- Chicken and mouse FAK(PTK2) cDNA is cloned (1),(32). 1993 -Human FAK cDNA is cloned (33); Human FAK is isolated from sarcoma and is overexpressed in tumors versus normal tissues (34). 1994-SH2 domain of Src binds to Y397 autophosphorylation site of FAK (43, 144); PI3Kinase binds Y397 site of FAK (145); Grb-2 binds C-terminal domain of FAK (146). 1995-FAK homologue Pyk-2/RAFTK, CAK-beta is cloned (147-149); Paxillin binds to the C-terminal domain of FAK (150); Tyrosine phosphorylation of Y576/Y577 sites at the catalytic domain of FAK regulates FAK kinase activity (151). 1996- p130 Cas binds proline-rich domain of FAK (152); FAK plays major role in survival by suppression of anoikis (64); The first link of FAK to apoptosis is demonstrated in cancer cells: Decrease of FAK expression caused apoptosis in tumor cells (65). 1997-C-terminal domain of FAK, FRNK blocks spreading (153). 1998 - GRAF associates with C-terminal domain of FAK (154). 1999-Drosophila DFAK56 is cloned (35-37); FAK is important for integrin-stimulated cell migration (73). 2000- FAK suppresses anchorage-independent apoptosis in human breast cancer cells (66) and in human leukemia cells (69). 2001- Transcriptional activation of cyclin D1 by FAK (155); FRNK inhibits growth-factor stimulated motility and ERK2/MAP pathway (44). 2002-Crystal structure of FAK kinase domain is solved (57); Crystal structure of the C-terminal FAT domain is solved (54-55). 2003 -FAK proposed as a potential therapeutics target (30). 2004- FAK promoter is cloned and characterized, containing NF-kappa B and p53 binding sites; both transcription factors regulate FAK (42). 2005-FAK directly binds p53(50). 2006-The N terminal domain of FAK is crystalized (56). 2007- FAK inhibitor NVP-TAE226 blocks FAK and IGFR-1 and inhibits glioblastoma growth (114-115); Pfizer's inhibitor PF-573228 decreases FAK activity and inhibited migration (118). 2008-Mdm-2 binds to F3 lobe and p53 binds to F1 lobe of FAK FERM domain (51); FAK inhibitor targeting Y397 site of FAK with anti-tumor activity of FAK is characterized (127). 2009-FAK inhibitor targeting FAK and VEGFR-3 is described with anti-tumor effect(134); FAK function is shown in the control of mammary cancer stem cells(2); Integrin beta 1-FAK signaling directs proliferation of metastatic cancer cells (77). 2010- FAK inhibitor PND-1186 promotes apoptosis and decreases tumor growth (120-121). FAK interacts with WNT/c-Myc pathway (89). 2011- Control of squamous carcinoma stem cells by integrin-FAK signaling (3). 2012-Phase-I clinical trial with Pfizer inhibitor PF-00562271 in advanced solid tumors supports FAK as a promising therapeutic target (31). 2013- Targeting scaffolding function of FAK is proposed (38). Bold font shows main findings in FAK therapeutics

FAK were solved (Timeline), which allowed to develop small molecules targeting FAK. Interaction of the F2 lobe

of the FERM domain and C-lobe of FAK kinase domain caused locked inactive conformation resulting in



**Figure 2.** Structure of Focal Adhesion Kinase genomic, RNA and protein structure. FAK gene has 34 exons. FAK promoter contains two p53, two NF-kappa B and four Nanog transcription factor binding sites. P53 inhibits and NF-kappa B and Nanog induce FAK promoter activity. 5-UTR, mRNA and 3-UTR (untranslated region) are shown. MiR-138, MiR-135 and MiR-7 bind to FAK 3-UTR and repress its expression. The N-terminal domain includes FERM domain (F1-F3 lobes). The N-terminal domain includes Y397- autophosphorylation tyrosine site; the Kinase domain includes Y576/577 tyrosines important for catalytic activity of FAK and the C-terminal domain of FAK has Y861 and Y925 tyrosine sites. Tyrosine phosphorylation sites are shown in black. The serine phosphorylation sites (S722, S732, S843, and S910) are shown in green. PRR, proline-rich domains are marked by green color. NES and NLS mark nuclear export and nuclear localization signals, respectively.

autoinhibition of FAK. Integrin or growth factor interactions cause the release of the linker containing autophosphorylation Y397 site, providing its activation and induction of downstream signaling (58). These structural studies provided a basis for developing of small molecule inhibitors targeting FAK.

The main FAK binding partners form FAK scaffold and have been discussed in many reviews (59-63), (Figure 3). FAK integrates signals from growth factor, integrin, vascular endothelial growth factor receptors (VEGFR) and activates PI-3Kinase, AKT, MAPK and other down-stream signaling, regulating intracellular functions.

#### 4. FAK FUNCTIONS IN CANCER

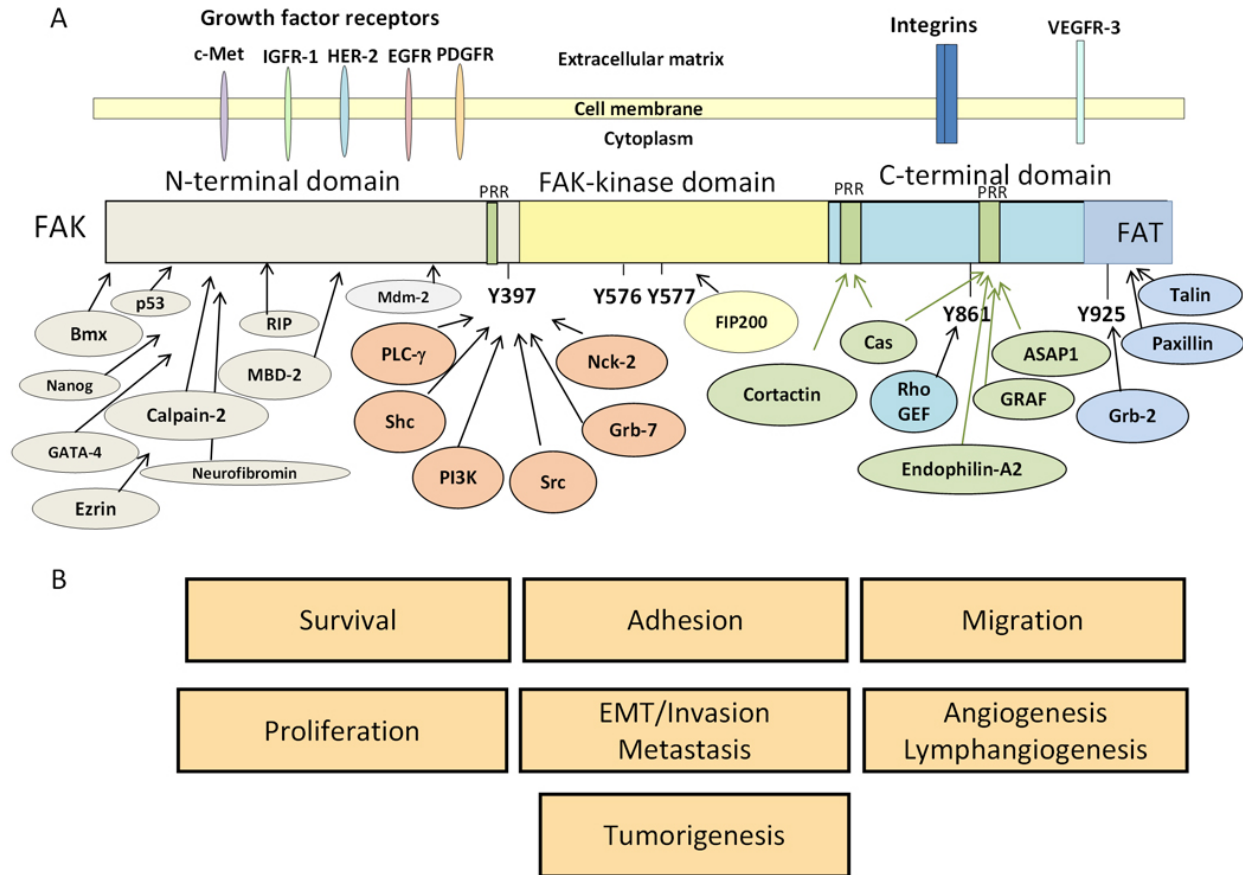
##### 4.1. Survival signaling

The first demonstration of a survival function for FAK was performed by Frisch *et al* (64), where expression of active FAK was shown to suppress anoikis in Madin Darbin canine kidney (MDCK) and immortalized keratinocyte HaCat epithelial cells. Then FAK was linked to apoptosis in cancer cells, where inhibition of FAK with anti-sense oligonucleotides or with dominant negative FAK (FAK-CD (FAK C-terminal domain)) caused loss of

adhesion and apoptosis in tumor cells (65-66). Down-regulation of FAK with FAK siRNA decreased MCF-7 breast cancer viability and inhibited tumor growth (67). FAK binding to the death domain kinase receptor interacting protein RIP was demonstrated, where FAK sequestered and inhibited the tumor-suppressing apoptotic function of RIP. (68) In addition, FAK was shown to interact with p53 and inhibit its apoptotic activity (50). Nuclear FAK regulated survival through its direct binding to Mdm-2, which promoted p53 ubiquitination and degradation(51). The anti-apoptotic function of FAK was demonstrated in HL-60 leukemia cells, where FAK activated the PI-3-Kinase/AKT pathway and induced functions of NF-kappa B and inhibitor of apoptosis proteins (IAPs) (69). In addition, recently inhibition of heat shock protein HSP90 was shown to decrease FAK phosphorylation and protein level, demonstrating novel heat shock-FAK-regulated survival pathway (70). Recently, connection of FAK signaling to autophagy was demonstrated, where absence of FAK accelerated autophagy and caused sequestration of active Src from focal adhesions in squamous cancer cells, which provided a new therapeutic opportunity for developing FAK and autophagy inhibitors (71).

##### 4.2. Motility, EMT, invasion and metastasis

FAK has been shown to be important for motility (44, 72-73). FAK-null embryos exhibited decreased cell



**Figure 3.** Multiple FAK binding proteins and FAK functions in cancer. A. Many proteins bind to FAK and form its scaffold. Several proteins with SH2 domains are shown that bind to the Y397 site of FAK by orange color. Different proteins bound to FAK domains are involved in motility, survival, angiogenesis signaling and other FAK-regulated signaling (B). FAK integrates signals from growth factor receptors, integrins and angiogenesis receptors to regulate adhesion, survival, migration, metastasis, invasion, lymphangiogenesis and angiogenesis. FAK pathways are linked with Src, PI3-Kinase and other multiple signaling pathways.

motility (74), and overexpression of FAK induced cell motility (73). The Src (75) and PI-3 Kinase (76) downstream signaling pathways have been shown to be important for FAK-mediated cell motility (reviewed (29, 59)).

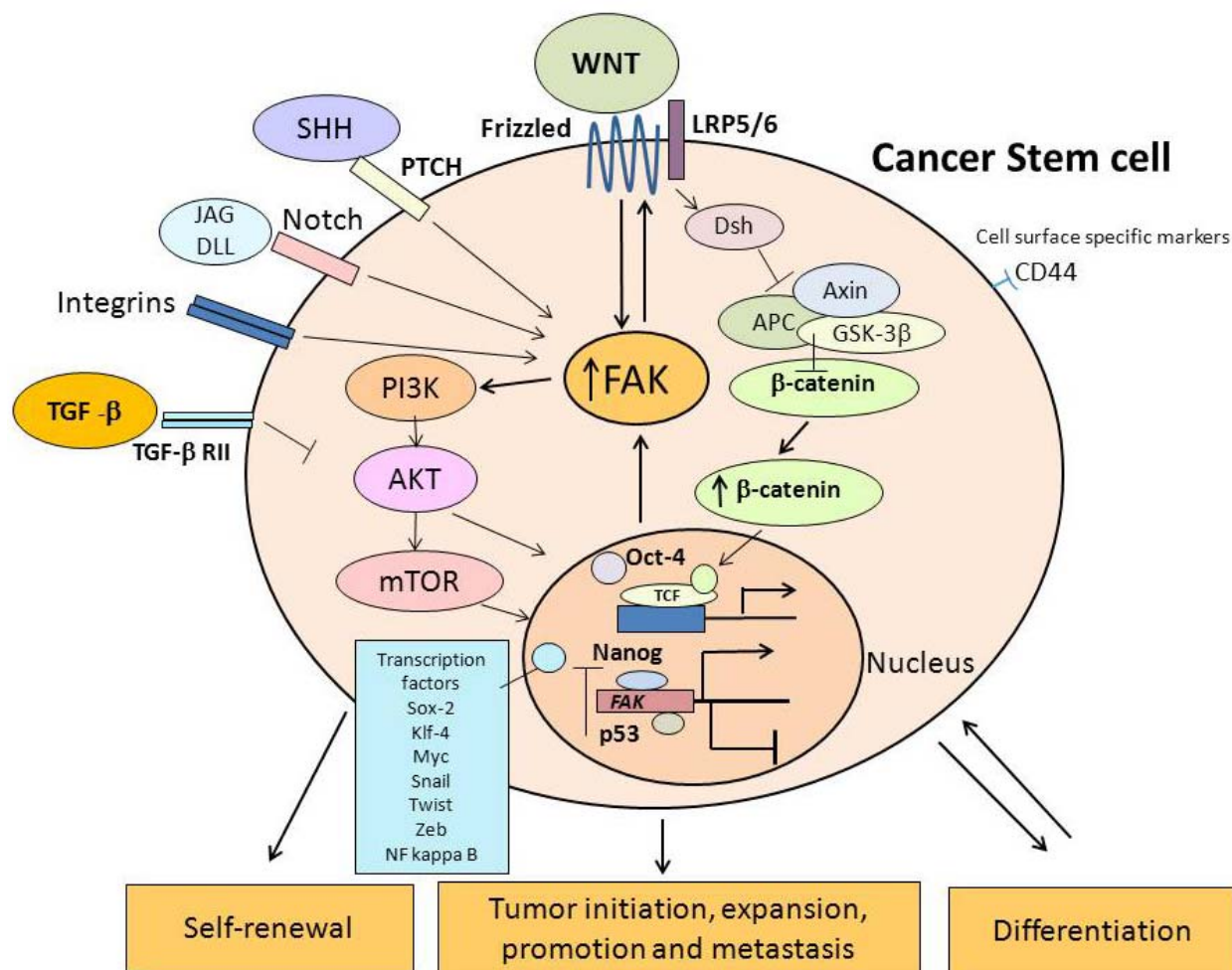
FAK was shown to mediate cell invasion and metastasis through promotion of epithelial-to-mesenchymal transition (EMT). Recent study of mechanism of mouse mammary carcinoma cells showed the importance of FAK activation to enable proliferation of micrometastatic cancer cells disseminated in the lungs (77). Recently the novel role and mechanisms of FAK role in EMT were reviewed (78-79). The phosphorylation of FAK was required for Src-induced down-regulation of E-cadherin in colon cancer cells (80), and inhibition of FAK activity reduced Src-mediated cell invasion and blocked metastasis (81), providing basis for targeting invasion and metastasis with FAK pharmacological inhibitors. TGF-beta 1-induced Slug regulated EMT and promoted cell migration of human squamous cell carcinoma, which was repressed by FAK inhibitor (82). FAK was shown to affect E-cadherin

expression by different mechanisms (reviewed (79)). Thus, FAK plays an important role in EMT, invasion and metastasis and the details of the down-stream molecular mechanisms of FAK-regulated EMT and E-cadherin mediated cell-cell adhesions or integrin-ECM mediated adhesions and their cross-talk and role in metastasis remain to be discovered (79).

#### 4.3. Angiogenesis and Lymphangiogenesis

FAK was shown to play an important role in tumor angiogenesis, which was demonstrated in several *in vivo* mouse models (reviewed (83)). FAK-knock-out mice displayed embryonic lethal phenotype with defects of vasculogenesis, but homologous Pyk-2 knock-out mice developed normally (84), which is important fact for designing FAK and Pyk-2 targeted therapy. Down-regulation of FAK in FRNK-expressing 4T1 breast carcinoma cells expressed less VEGF and formed decreased avascular tumors (85). The production of VEGF was controlled by Y925 FAK phosphorylation, facilitating Grb-2 binding and Ras-ERK pathway activation (85). The interaction of FAK and VEGFR-3 linked FAK to





**Figure 4.** FAK functions in cancer stem cells. Cancer stem cells are able to self-renew, differentiate/ redifferentiate, and promote tumor growth. FAK signaling is linked with WNT, TGF-beta, Integrin and Hedgehog pathways. Activation of WNT pathway causes activation of FAK and downstream PI3K, AKT and mTOR pathways. In reverse, FAK regulates WNT pathway. WNT binding to Frizzled and LRP5/6, activation of Dsh, blocking of the beta-catenin destruction APC-Axin-GSK-3 $\beta$  complex, nuclear translocation of beta-catenin, binding to TCF factors activates transcription of target genes. Sonic Hedgehog and Notch pathways activate FAK signaling. In the absence of inhibiting signals from TGF beta RII integrin-FAK-AKT pathways activate cancer stem cell functions. Cancer stem cells are regulated by many transcription factors (shown by blue color) and contain different cell surface specific markers (CD44 is shown). FAK transcription is up-regulated by transcription factor Nanog, which plays a significant role in cancer stem cell maintenance. The p53 transcription factor blocks FAK transcription, and blocks Nanog and inhibits cancer stem cell functions. Transcription factor Oct-4 up-regulates FAK.

lymphangiogenesis and also demonstrated its important role in tumorigenesis (86). These functions of FAK are connected to FAK functions in endothelial cells, and important for development of FAK-targeted therapeutics in tumors and tumor microenvironment.

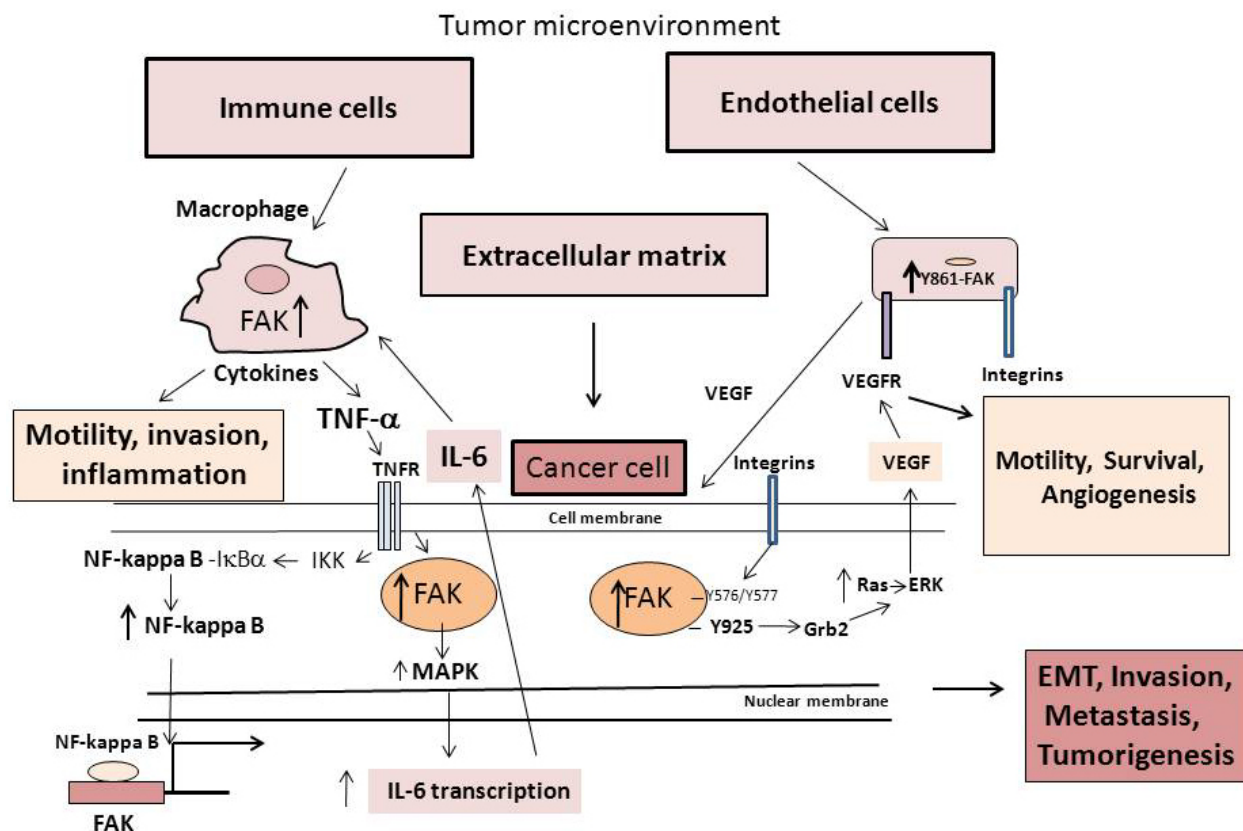
## 5. NOVEL FUNCTIONS OF FAK IN CANCER STEM CELLS

Cancer stem (or tumor-initiating) cells have the ability to self-renew, differentiate into lineage-specific cell types and promote tumorigenesis (Figure 4). Cancer stem cells can be resistant to many chemotherapy treatments (87), making these cells crucial for studies of the

mechanism of their functions and the development of therapies. Several key signal transduction pathways are involved in regulation and activation of cancer stem cell functions such as WNT, Notch, Hedgehog, TGF-beta, growth factor and integrins. Cancer stem cells contain different cell surface specific markers (CD44, CD133, CD34, etc) and are regulated by the transcription factors Sox-2, c-Myc, Oct-4, Klf-4, Twist, Snail, Nanog, etc. (88) (Figure 4).

### 5.1. FAK and cancer stem cell signaling pathways

Recently an important novel role of FAK in cancer stem cell functions was demonstrated by several groups (2-3, 77). FAK was shown to be linked with WNT



**Figure 5.** FAK and tumor microenvironment Cancer cells are surrounded by cancer cell niche or tumor microenvironment components, such as extracellular matrix, endothelial cells, blood vessels; and immune cells, playing a significant role in inflammation. FAK plays important role in motility and invasion of macrophages. Macrophages release cytokines that affect NF-kappa B and FAK signaling, inflammation and tumor growth. TNF alpha binds TNFR receptor, activates I kappa B kinase (IKK), which phosphorylates IκBα, causing its dissociation from NF-kappa B and activating NF-kappa B. Activated NF-kappa B translocates to the nucleus, binds FAK promoter and induces FAK transcription. FAK is required for TNF-alpha induced interleukin-6 transcription, MAPK activation and IL-6 increased transcription and production. Endothelial cells: VEGF production stimulates FAK activation and induces Src-dependent phosphorylation of Y861 FAK in endothelial cells, playing important role in motility, angiogenesis and survival of endothelial cells. In tumors integrin signals activate FAK Y397, Y576/Y577 and Y925 phosphorylation, which leads to binding of Grb-2, Ras/ERK pathway activation and secretion of VEGF, which induce endothelial cells function. Tumor microenvironment regulate cancer cell EMT, metastasis, invasion and tumorigenesis.

pathway (one of the main signaling pathways of cancer stem cells) and regulated intestinal regeneration and tumorigenesis (89). FAK was required down-stream of WNT/c-Myc signaling to induce AKT-mTOR signaling pathways and promote intestinal tumorigenesis in mice following Apc tumor-suppressor loss (89). Also, FAK regulated expression of WNT3a in human breast cancer cells, where down-regulation of FAK with siRNA caused decreased WNT3a transcription and increased WNT3a protein levels (90) (Figure 4). In addition, down-regulation of FAK with autophosphorylation inhibitor in colon cancer cells decreased transcription of *Frizzled* and *LRP5* and increased transcription of WNT pathway inhibitor, *Dickkopf-1* (*DKK1*), demonstrating that FAK also acts upstream of WNT pathway (91). The detail molecular mechanisms of FAK and WNT interaction and cross-signaling pathways in cancer stem cells need to be discovered in future.

Recently targeted deletion of FAK in mammary epithelium suppressed mammary tumorigenesis and demonstrated that FAK plays a significant role in the maintenance of mammary cancer stem cells (2). It was shown using mammary cancer stem cell markers: ALDH, aldehyde dehydrogenase; CD24, CD29 and CD61 that down-regulation of FAK reduced pool, self-renewal, stem sphere formation and migration of mammary cancer stem cells *in vitro* (2). Down-stream PI3Kinase/AKT signaling was found to be a major mediator of FAK signaling, regulating mammary cancer stem cells (92). In case of FAK deletion in mammary cancer stem cells Pyk-2 had compensatory function mediated by AKT (92). Recently, novel kinase-dependent and kinase-independent functions of FAK were defined in regulation of mammary stem and progenitor cells, where FAK kinase activity preferentially regulated proliferation and tumor sphere formation of luminal progenitors, while scaffolding function of FAK

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was required for regulation of the basal mammary stem cells (93). The mammary cancer stem cells required PI3K for maintenance, while normal mammary stem cells did not, which supports that FAK/PI3 kinase pathway can be used for specific targeting of cancer stem cells. Another report using FAK knock-in mice with mutation of prolines P878A/P881 (a binding site with endophilin A) demonstrated that the kinase-independent scaffolding function of FAK and its interaction with endophilin A2 were important for mammary cancer stem cell activities (self-renewal and tumorigenesis) (7). Disruption of FAK scaffolding function to mediate endophilin phosphorylation inhibited tumor growth and metastasis, and decreased markers of epithelial to mesenchymal transition.

Recently it was shown that the receptor tyrosine kinase Ephrin B2 (EphB2) stimulated glioblastoma-derived stem-like neurosphere invasion through interaction with FAK(94). FAK and PI3K-AKT pathways were required for migration of GBM stem-like neurospheres (94).

The proliferation of tumor-initiating stem cells of squamous carcinoma was controlled by interaction of integrin, FAK and TGF-beta receptor II signaling (3). TGF beta receptor and integrin, FAK signaling had an opposite effect on the self-renewal and tumor initiation functions of cancer stem cells, which explains the increased aggressiveness of TGF beta receptor II-deleted mice with activated FAK signaling (3).

Activated Sonic hedgehog (SHH) induced hepatoma cell migration and invasion and induced phosphorylation of FAK, activation of AKT signaling and caused activation of matrix metalloproteinases MMP-9 and MMP-2 (95).

Down-regulation of Notch pathway by silencing of Notch 1 expression caused decrease of FAK and downstream AKT phosphorylation in MDA-231 breast cancer cells, which decreased cell migration and invasion (96), demonstrating cross-talk of Notch and FAK signaling.

These reports show novel functions of FAK in cancer stem cells and cross-talk with main cancer stem cell signaling pathways, and also demonstrate that both functions of FAK, kinase-dependent and kinase-independent (scaffolding function) are critical for cancer stem cell functions and tumorigenesis.

### 5.2. FAK and cancer stem cell markers

Among transcription factors regulating cancer stem cell functions, Nanog was recently shown to induce FAK promoter activity(4) and increased Nanog protein expression caused increase of FAK expression and induced tumorigenesis (97). Both Nanog (98) and FAK (42) transcription are repressed by p53. It was shown that inactivation of p53 increased induced pluripotent stem cell generation (99-102), and p53 mutations and inactivation correlated with FAK overexpression in tumors (103). It will be interesting to study Nanog-FAK-p53 signaling in the regulation of cancer stem cell functioning and tumorigenesis. Another cancer stem cell marker and

transcription factor Oct-4 was shown to promote migration and invasion of glioblastoma cells and up-regulated FAK expression (104). Thus, all these recent data show novel roles of FAK in the regulation of cancer stem cell functions, cancer stem cell markers and tumorigenesis and this novel area needs to be explored in future, as critical for cancer cell biology and therapeutics.

## 6. FAK AND TUMOR MICROENVIRONMENT

Interactions and cross-talk of signaling between cancer cells and tumor microenvironment is important for understanding mechanisms of metastasis and tumorigenesis. FAK is connected with tumor microenvironment components such as immune cells, and endothelial cells to regulate cancer cell functions. The direct role of FAK in cancer cell microenvironment is not explored in detail, and we will focus only on few main findings.

### 6.1. FAK, cytokines and immune cells

Immune cells of the tumor microenvironment play an important role in the inflammation associated with tumorigenesis (reviewed (105)). Activated FAK is known to play an important role in macrophage motility and invasion (106). The tumor-promoting cytokine TNF-alpha can induce NF-kappa B, which can induce FAK transcription in cancer cells (42) (Figure 5). In another study TNF-alpha also caused catalytic activation of FAK, which was required for MAPK activation, induced IL6 transcription and protein secretion in different cancer cells (breast, neuroblastoma, lung carcinoma, PC3 prostate carcinoma (107). FAK activation was not required for TNF alpha-mediated NF-kappa B activation (107), while Y397-FAK phosphorylation, FAK kinase activity and prolines 712/713 region were required for MAPK activation, increased IL-6 transcription and production in a Src-independent manner (107). All these studies demonstrate different mechanisms between cytokines, NF-kappa B and FAK in different cancer cells, which can affect inflammation, motility and invasion functions.

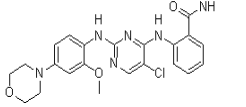
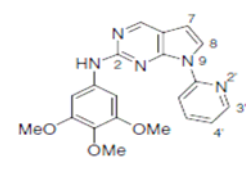
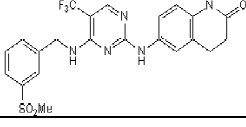
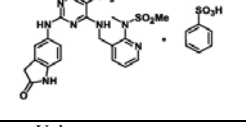
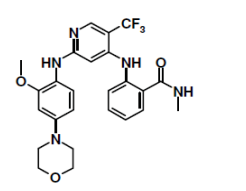
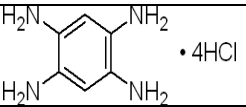
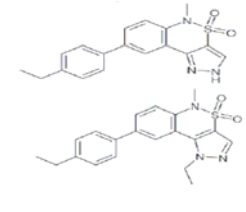
### 6.2. FAK and endothelial cells

The function of FAK in endothelial cell is connected with angiogenesis and lymphangiogenesis functions of FAK in cancer cells, discussed above. VEGF stimulates FAK tyrosine phosphorylation, increases focal adhesion formation (108) and induces Src-dependent phosphorylation of Y861 FAK (109) in endothelial cells. The direct role of FAK in endothelial cells to mediate angiogenesis was demonstrated when overexpression of FAK in endothelial cells promoted angiogenesis in transgenic mice model (5). Pyk-2 was able to compensate for FAK functions in angiogenesis in adult mice lacking endothelial FAK (110). Recently, the effect of FAK on angiogenesis was shown to be nonlinear, where homozygous deletion of endothelial FAK had inhibited angiogenesis (111), while FAK-heterozygous mice enhanced tumor angiogenesis associated with increase of phosphorylated AKT and Y861-FAK without Pyk-2 changes (112). This non-linear mechanism needs to be

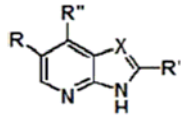
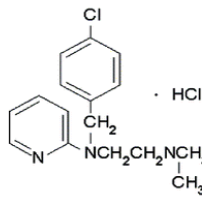
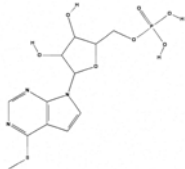
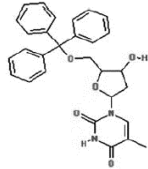
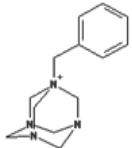


## Targeting FAK in cancer

**Table 2.** Pharmacological FAK inhibitors

Inhibitor	Chemical name	Structure	Company	Comment Reference
NVP-TAE226	2-((5-chloro-2-((2-methoxy-4-morpholinophenyl)amino)pyrimidin-4-yl)amino)-N-methylbenzamide		Novartis	Targets ATP-binding site region (115)
7H-pyrrolo[2,3-d]pyrimidines	Pyrrolopyrimidine		Novartis	Targets ATP-binding site region (116)
PF-573,228	6-(4-(3-(methylsulfonyl)benzylamino)-5-(trifluoromethyl)pyrimidin-2-ylamino)-3,4-dihydroquinolin-2(1H)-one		Pfizer	Targets ATP-binding site Region(118)
PF-562,271	N-Methyl-N-(3-([2-(2-oxo-2,3-dihydro-1H-indol-5-ylamino)-5-trifluoromethylpyrimidin-4-ylamino]-methyl)-pyridin-2-yl)-methanesulfonamide		Pfizer	Targets ATP-binding site, clinical trial inhibits FAK and Pyk-2 (119) Clinical trials results: (31)
PF-04554878 VS-6063	Unknown	Unknown	Pfizer Verastem	Second generation ATP-binding inhibitor with better PK profile (31)* ; in clinical trials
VS-4718	Unknown	Unknown	Verastem	Targets ATP-binding region; VS-4718 in clinical trial
VS-5095	Unknown	Unknown	Verastem	Targets ATP-binding region
PND-1186	2,4-diamino-pyridine-based scaffold		Poniard	Inhibits FAK kinase function, targets ATP binding site region (120),(121)
GSK-2256098	Unknown	Unknown	Glaxo Smith Kline	Inhibits FAK kinase; in clinical trials
Y15, FAK inhibitor 14	1,2,4,5-Benzenetetraamine tetrahydrochloride		Cure FAKtor Pharmaceuticals	Targets Y397 site (127), (129),(130)
Allosteric FAK inhibitors Compounds 1 and 2	Compound 1: 8-(4-Ethylphenyl)-5-methyl-5-methyl-1,5-dihydropyrazolo[4,3-c][2,1]benzothiazine 4,4-dioxide Compound 2: 1-Thyl-8-(4-ethylphenyl)-5-methyl-1,5-dihydropyrazolo[4,3-c][2,1]benzothiazine 4,4-dioxide		Takeda	Allosteric FAK inhibitor ATP-non competitive inhibitors (133)
Imidazo- and pyrrolo-pyridines	1H-Pyrrolo[2,3-b]- and 3H-Imidazo[4,5-b]-Pyridines		Merck Serono	Inhibitors induce DFG-loop conformation, bound to the hinge-region of FAK (117)

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C4	Chloropyramine hydrochloride		Cure FAKtor Pharmaceuticals	Targets FAK-VEGFR pathway interaction (134)
INT2-31	7H-Pyrrolo[2,3-d]pyrimidine, 4-(methylthio)-7-(5-O-phosphono-beta.-D-ribofuranosyl)		CureFAKtor Pharmaceuticals	Targets FAK and IGFR-1 interaction(135), (136)
M13	5'-O-Tritylthymidine		Cure FAKtor Pharmaceuticals	Targets FAK and Mdm-2 interaction (137)
R2	1-benzyl-15,3,5,7-tetraazatricyclo [3.3.1.1~3,7~]decane		Cure FAKtor Pharmaceuticals	Targets FAK and p53 interaction (138)

In bold font: FAK inhibitors, which went to clinical trials

studied in future and is important for developing future therapies.

Thus, FAK is an ideal therapeutic target, which affects not only tumor cells, but also tumor microenvironment and has a high potential for future therapeutics.

## 7. TARGETING FAK WITH INHIBITORS

The initial attempts to inhibit FAK signaling in cancer cells were first performed with antisense FAK oligonucleotides (65) and adenoviral dominant-negative FAK-CD or FRNK (66), then with FAK siRNA (67). Anti-sense FAK oligonucleotides, FAK-CD and FAK siRNA caused effective FAK down-regulation, decreased cancer cell viability, increased apoptosis and decreased tumorigenicity. Since these approaches have limitations for clinical research the first FAK small molecular pharmacological inhibitors were developed by several groups (Table 2). FAK small molecule inhibitors can be divided into two main groups: the first group includes inhibitors targeting enzymatic or kinase-dependent functions of FAK, such as inhibitors targeting the ATP-

binding site domain and allosteric inhibitors that target other sites of FAK yet still block kinase activity, and the second group includes inhibitors that target the scaffolding function of FAK (113). We will provide a critical overview of different therapeutic approaches with small molecule inhibitors to target main FAK functions in cancer cells and in microenvironment.

### 7.1. Enzymatic FAK inhibitors and first clinical trials

Most FAK inhibitors - NVP-TAE-226 (114-115), developed by Novartis (116) and pyrrolopyrimidines developed by Merck (117); PF-573,228 (118), PF-562,271 (119), PF-04554878, developed by Pfizer; PND-1186 (120-121) developed by Poniard; and GSK2256098, developed by Glaxo Smith Kline, VS-6063, VS-4718, VS-5095 from *Verastem* target the FAK kinase domain with the ATP-binding site to inhibit FAK kinase enzymatic activity. The advantage of this approach is that it blocks the FAK enzymatic activity with high efficiency.

NVP-TAE-226 effectively inhibited *in vitro* kinase activity of recombinant FAK with an IC<sub>50</sub> of 5.5 nM, caused apoptosis and decreased tumor growth in glioma and ovarian cancer xenograft models *in vivo*

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(114),(122). TAE226 not only caused tumor regression, but also affected tumor microenvironment, blocked production of VEGF and reduced microvessel density (122). TAE-226 also was shown to inhibit IGFR-1 at 120 nM (114). Since FAK and IGFR-1 were shown to interact and increase cancer cell survival (123), their dual targeting with TAE-226 inhibitor can be very effective. In fact, TAE226 inhibited pancreatic cell growth and also decreased phosphorylation of ERK and AKT (123). TAE226 also decreased 3D cell growth of human head and neck carcinoma cells (124).

Another inhibitor, PF-573,228 effectively blocked catalytic activity of recombinant FAK with  $IC_{50}$  = 4 nM (118). In different cancer cell lines this inhibitor decreased FAK phosphorylation at 30-100 nM. PF-573,228 did not induce apoptosis in prostate carcinoma PC3 cells and Fisher rat embryo REF52 and MDCK cells in contrast to FAK anti-sense oligonucleotides, which decreased FAK expression and caused apoptosis (125), but effectively decreased cancer cell migration (118), which indicates that non-cytotoxic FAK inhibitors can be developed to target FAK motility and metastasis in clinic.

Next Pfizer's inhibitor, PF-562,271 effectively inhibited *in vitro* FAK activity with  $IC_{50}$  = 1.5 nM, and also inhibited Pyk-2 kinase activity ( $IC_{50}$  = 13 nM) (119). Since Pyk-2 was shown to compensate for FAK functions in angiogenesis, metastasis and tumorigenicity in FAK-deficient cells (110), (92), dual-targeting of FAK and Pyk-2 is beneficial for effective therapy. PF-562,271 effectively decreased tumor growth in many xenograft models (119), and also it inhibited pancreatic tumor growth, invasion and metastasis in an orthotopic murine model (126). This inhibitor blocked not only tumor growth and proliferation, and also inhibited pancreatic tumor microenvironment components such as tumor associated fibroblasts and macrophages (126).

The PND-1186 FAK inhibitor very effectively inhibits FAK activity *in vitro* ( $IC_{50}$  equal to 1.5 nM) and 100 nM in cultured breast carcinoma cells (120). PND-118 decreased subcutaneous breast tumor growth *in vivo*, which correlated with tumor cell apoptosis and activation of caspase-3. Moreover, addition of this inhibitor to the drinking water of mice inhibited ovarian carcinoma tumor growth associated with inhibition of Y397-FAK (120). Oral delivery of PND-1186 FAK inhibitor decreased breast tumor growth and inhibited spontaneous metastasis to lungs in orthotopic breast carcinoma models (121). Tumors from animals treated with PND-1186 exhibited increased apoptosis compared to vehicle-treated animals. The advantage of this inhibitor is that it also effectively affected tumor microenvironment, reduced inflammatory cell infiltration in primary 4T1 mammary carcinoma tumors, and inhibited TNF alpha-stimulated IL-6 secretion from 4T1 cells in a dose-dependent manner (121).

Recently, the first FAK inhibitor, PF-562,271 was tested clinical Phase I trial (31) (Table 2, marked by bold). At the dose of 125 mg orally twice a day with food PF-562271 was tolerable, with a manageable safety profile.

99 patients with advanced malignancies were treated with FAK inhibitor PF-562,271, and after treatment 31 patients experienced stable disease (end of cycle 2 at approximately 6 weeks) and 15 of those patients remained stable for six more cycles. PF-562271 displayed time and dose-dependent nonlinear pharmacokinetics profile. This first clinical trial study supported FAK as a promising therapeutic target (31).

The second generation Pfizer's inhibitor PF-04554878 (acquired by Verastem and named VS-6063) had a better pharmacodynamics profile (31) and currently is in clinical trial (clinical trial # NCT01778803, <http://clinicaltrials.gov/>).

Verastem's inhibitors VS-4718 and VS-5095 also effectively target FAK kinase activity. VS-4718 inhibitor is currently in clinical trials in subjects with metastatic non-hematologic malignancies (phase I clinical trial # NCT01849744, <http://www.clinicaltrials.gov>).

The recently developed FAK inhibitor, GSK2256098 was also being tested in clinical trial (clinical trial #NCT NCT01138033 <http://clinicaltrials.gov/>) (Table 2, marked by bold). The future clinical studies will demonstrate the efficacy of this inhibitor.

Another approach is to target the FAK autophosphorylation site, which was reported recently with allosteric FAK inhibitor 14 or compound Y15 to block tumor growth (127-130). The inhibitor effectively inhibited FAK autophosphorylation activity at 25 nM-1  $\mu$ M, did not inhibit Pyk-2, EGFR, Src, IGFR-1 and other enzymes *in vitro* and decreased tumor growth *in vivo* at 30 mg/kg by intraperitoneal delivery or at 120 mg/kg by oral delivery using breast, pancreatic, neuroblastoma, glioblastoma and colon cancer xenograft mice models. The inhibitor caused apoptosis and decreased proliferation in xenograft tumors *in vivo*. The advantage of this approach is the high specificity of targeting Y397, the main autophosphorylation site of FAK. This inhibitor also decreased Y418-phosphorylation of down-stream Src in colon cancer cells (130), which can be also beneficial for development of future therapies. FAK has additional functions independent of its autophosphorylation activity or kinase activity (131), which is evident from the different phenotypes of FAK<sup>-/-</sup> cells and cells with deleted Y397 site (132) or with knock-in point mutation (lysine 454 to arginine) (131), which is important for future therapeutic design of the enzymatic inhibitors.

Takeda also developed non-ATP-competitive FAK allosteric inhibitors that efficiently decreased FAK functions (133) (Table 2). The Takeda identified tricyclic sulfonamides (compounds 1 and 2) that targeted a novel allosteric site in the C-lobe of the kinase domain, caused conformational changes of the kinase domain and induced disruption of ATP pocket formation and inhibition of FAK kinase activity with  $IC_{50}$  4.2 and 8.7  $\mu$ M, respectively (133). Both, compounds required pre-incubation of kinase with inhibitor to cause allosteric ATP-noncompetitive inhibition. Both allosteric inhibitors were highly selective

among 288 kinases, with only 10 kinases other than FAK inhibited by >50% and Pyk-2 inhibited by 25%. The compound 2 was more selective than compound 1, as it did not inhibit 10 kinases >50% and did not inhibit Pyk-2 at 10  $\mu$ M. This approach reveals novel allosteric and selective way of FAK inhibition. The *in vivo* studies in xenograft mice models need to demonstrate efficacy on these allosteric inhibitors.

### 7.2. Inhibitors targeting FAK scaffold

The novel approach of targeting of FAK scaffold with small molecule inhibitors was recently proposed and developed (38). Since FAK has so many binding partners such as Src, EGFR, Her-2, c-Met, PI-3K, disruption of these complexes is an additional therapeutic approach to disrupt signals that FAK integrates and effectively block FAK regulated functions. Since FAK blocks functions of tumor suppressor proteins, another approach is to disrupt FAK interaction with these proteins and reactivate their tumor-suppressor functions. The first approach to target the scaffolding function of FAK was performed by disrupting FAK and VEGFR-3(134) with C4, then disrupting FAK and IFGR1 interaction, FAK and c-Met with INT2-31 inhibitor (135-136); and then FAK and Mdm-2 interaction (137) with M13 inhibitor and recently FAK and p53 interaction with R2 inhibitor (138). These inhibitors effectively targeted the scaffolding function of FAK and inhibited cancer cell viability and tumor growth through disrupting angiogenesis, inhibition of AKT signaling or activating p53 signaling with activating down-stream targets of p53: p21, Bax and Mdm-2 (138). The inhibitors targeting FAK scaffolding function displayed efficacy at submicromolar and low micromolar doses *in vitro* and at 15-60 mg/kg *in vivo* in mice xenograft models. Since there are many other important scaffolding partners of FAK (Figure 2), disrupting FAK-protein interactions based on structural studies is a very perspective approach and will show the efficacy of this approach in future.

### 7.3. Combination therapy

A combination therapy approach should be employed to overcome resistance of cancer cells to chemotherapy and increase efficacy of drugs, since cancer cells have many survival signaling pathways, such as FAK, Src, AKT, MAPK, PI3K, EGFR/HER-2, c-Met and others, which provide survival signals. The combination therapy approach using inhibitors of FAK with other signaling pathways showed increased efficacy of single inhibitors. For example, the dual inhibition of FAK with dominant-negative FAK-CD and EGFR inhibitor, AG-1478 or Src inhibitor, PP2 demonstrated increased efficacy compared with FAK inhibition alone, caused increased cell detachment, inhibition of AKT and ERK1/2 and Src, increased apoptosis, caused caspase-3 and 8 cleavage in breast and colon cancer cells (139, 140). The combination of FAK inhibitor, TAE-226 and docetaxel significantly decreased ovarian tumor growth, and targeted tumor microenvironment, induced apoptosis of tumor-associated endothelial cells, reduced microvessel density and prolonged survival in tumor-bearing mice (122). TAE-226 also increased radiosensitivity of head and neck cancer

cells (124). The combination of PF-562,271 with sunitinib (SU11248) (an angiogenesis inhibitor) was very effective in decreasing tumor growth and inhibiting angiogenesis of human hepatocellular carcinoma in a rat xenograft model (141). The combination of PF-562,271 with gemcitabine decreased tumor-associated macrophages and fibroblasts compared with each agent alone, representing a novel approach in therapy by targeting the tumor microenvironment with FAK inhibitors (126). The combination of FAK inhibitor, Y15 with Src inhibitor PP2 inhibitor effectively decreased colon cancer viability, associated with decreased Y397-FAK and Y418-Src (130). In addition, recent study showed that Y15 inhibitor with sensitized colon cancer cells to 5-fluorouracil and oxaliplatin *in vitro* and to Y15 and 5-fluorouracil *in vivo* (130). A recent study of a combination of the FAK inhibitor Y15 with gemcitabine was more effective than each inhibitor alone in decreasing pancreatic cancer xenograft tumor growth in mice (129). Another FAK inhibitor, C4, was highly effective in combination with doxorubicin to inhibit breast cancer xenograft tumor growth and angiogenesis in mice (134). Recently, a combination of FAK inhibitor Y15 and temozolomide was very effective in blocking U87 glioblastoma xenograft tumor growth (142). The combination of inhibitor targeting FAK and VEGFR-3 interaction C4 sensitized tumors to doxorubicin in subcutaneous breast cancer xenograft model (134). The combination of inhibitor R2 disrupting interaction of FAK with p53 and activating p53 signaling sensitized cancer cells to doxorubicin and 5-fluorouracil (138). Verastem starts a Phase I clinical trial of VS6063 FAK inhibitor in combination with paclitaxel in patients with advanced ovarian cancer (clinical trial # NCT01778803, <http://clinicaltrials.gov/ct2/show/NCT01778803>). These studies show high potential of combination therapy, where FAK inhibitor sensitizes cancer cells to chemotherapy.

## 8. CLINICAL CHALLENGES

The challenges that lie ahead are to know which tumors types will be most sensitive to FAK inhibitors; which subset of patients will respond more effectively to this therapy. To design a clinical trial we should apply the personalized approach to patients and accrue patients based on their molecular profile, which is a challenge. The discovery of biomarkers associated with FAK overexpression is a challenge and represents a future translational perspective. The most important clinical challenge is to correlate the various molecular biomarkers with the patient outcome, which will help to design clinical trials and allow selection of patient cohort benefiting from FAK-targeting therapies.

Another question is can we use FAK inhibitor as a single agent? It is the most challenging task to solve, since FAK is connected with so many signaling pathways and has many binding partners, which activate FAK signaling, and thus the combination therapy approach is the most feasible to effectively treat cancer patients. In fact, dual FAK-Src as a promising therapeutic target was proposed recently (143). The question is can Pyk-2 play

compensatory role to provide cancer cell survival? In this case the dual targeting of these two kinases can be used and novel Pyk-2-specific inhibitors should be developed to enter clinical trials.

### 9. CONCLUSIONS, PERSPECTIVES AND FUTURE DIRECTIONS

Thus, FAK has kinase-dependent enzymatic functions and kinase-independent scaffolding functions. The novel nuclear functions of FAK and its mechanism remain to be understood and discovered. FAK has important roles in motility, invasion, metastasis, angiogenesis, and novel functions in cancer stem cells and tumor microenvironment signaling. There has been major progress during the past few years in pharmacological targeting of FAK, and the first Phase I trials have been very promising. But many questions remain to be answered. What are the detail mechanisms of FAK up-regulation in tumors at early stages of cancer? We need to analyze molecular and biochemical mechanisms of FAK overexpression and correlate it with the patient outcome in different types of tumors and to develop biomarkers associated with FAK overexpression. It will be interesting to study the cross-signaling between FAK, WNT, Sonic Hedgehog, Gli, and Notch, and to study other cancer stem cell transcription factors and markers, which regulate FAK expression in cancer stem cells. Since FAK inhibits cancer stem cells through kinase-dependent and independent functions, the dissection of these functions is very important for the future therapy design. New preclinical and clinical studies will reveal detail mechanisms of targeting FAK in cancer stem cells and the tumor microenvironment. New studies on FAK signaling in endothelial cells and immune cells and regulation of cancer stem cells will also illuminate mechanisms of tumorigenesis. Can FAK expression or other signaling proteins regulating FAK be used as a biomarker for predicting patient prognosis, metastasis or treatment outcome? We will reveal which type of tumors and patients will benefit from FAK therapy. Beyond this, detailed mechanisms of FAK inhibition with small molecules and in combination with chemotherapy will need to be understood. The detail mechanism of enzymatic, allosteric and scaffolding inhibitors remain to be discovered, their on-target and off-target mechanisms at different doses need to be discovered to explain recently discovered nonlinear effects of FAK inhibitors on angiogenesis (112). The future dose and regiment of FAK inhibitors, mechanism of combination therapy, pharmacodynamics and toxicology studies will be important to conduct in clinical trials. Targeting FAK scaffold together with FAK enzymatic inhibitors and dissecting their functions is a future translational perspective.

In conclusion, the past twenty years of FAK research answered many questions about FAK-binding partners, the structure of its major domains and mechanisms of survival signaling, and left many new questions about FAK biology to answer in the future. Given the central role of FAK in cancer functions further refinements and understanding of its signaling pathways will lead to novel cancer therapy approaches.

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**Abbreviations:** FAK, Focal Adhesion Kinase; MiR, micro RNA; FRNK, FAK related non kinase. FAT, focal adhesion targeting domain; GRAF, GAP for Rho associated with Grb-2, Growth factor receptor-bound protein 2; IGFR, insulin growth factor receptor; Mdm-2, Mouse double minute 2 homolog; NF kappa B, nuclear factor kappa B; Pyk-2, CAK-beta, RAFTK, non receptor tyrosine kinase homologue of FAK; Src, non receptor tyrosine kinase Src; VEGFR, vascular endothelial growth factor receptor. APC, adenomatous polyposis coli; DLL, Delta-like ligand; Dsh, disheveled protein; GSK 3β, glycogen synthase kinase-3 beta; JAG, Jagged jigsaw; RP5/6, low density lipoprotein receptor-related protein 5/6; mTOR, mammalian target of rapamycin; TCF/LEF, T-cell factor/lymphoid enhancer factor. ERK, extracellular signal related kinase; IKK, I kappa B kinase; IκBα, I kappa B alpha; NF-kappa B, nuclear factor kappa B; MAPK, mitogen activated protein kinase; TNF alpha, tumor necrosis factor alpha; TNFR, tumor necrosis factor receptor; VEGF, vascular endothelial growth factor.

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