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Hormone Action in the Mammary Gland

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A woman's breast cancer risk is affected by her reproductive history. The hormonal milieu also influences the course of the disease. The female reproductive hormones, estrogens, progesterone, and prolactin, have a major impact on breast cancer and control postnatal mammary gland development. Analysis of hormone receptor mutant mouse strains combined with tissue recombination techniques and proteomics revealed that sequential activation of hormone signaling in the mammary epithelium is required for progression of morphogenesis. Hormones impinge on a subset of luminal mammary epithelial cells (MECs) that express hormone receptors and act as sensor cells translating and amplifying systemic signals into local stimuli. Proliferation is induced by paracrine mechanisms mediated by distinct factors at different stages. Tissue and stage specificity of hormonal signaling is achieved at the molecular level by different chromatin contexts and differential recruitment of coactivators and corepressors.

Breast cancer is the most frequent cancer in women and the second leading cause of cancer deaths among women. To better understand the genetic alterations responsible for breast cancer, it is critical to first understand the mechanisms regulating normal mammary gland development. Increased interest in the field has led to the identification of a large number of genes important for mammary gland development (reviewed in Tanos and Brisken 2008).

A woman's risk for breast cancer is linked to her reproductive history and with her lifetime hormonal exposure; hormones also influence the course of the disease. The same hormones that affect breast carcinogenesis control postnatal mammary gland development. The

mouse mammary gland has been instrumental in providing new insights into the mechanisms by which hormones act in the mammary gland.

A number of features make the mouse mammary gland a particularly attractive experimental system. Being the only organ that undergoes most of its development postnatally, it is particularly suited for studying developmental processes; it is readily amenable to experimental manipulation and can be easily accessed as it localizes to the underside of the ventral skin. Furthermore, mammary gland tissue is abundant; there are 5 pairs of mammary glands in mice, and cells can be isolated in large numbers. The versatile tools of mouse genetics can be combined with powerful tissue recombination

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techniques to generate chimeric glands, as we will illustrate in this article.

DEVELOPMENT OF THE MOUSE MAMMARY GLAND

Two major phases can be distinguished in mammary gland development: hormone-independent up to puberty, and hormone-dependent thereafter.

Hormone-Independent Mammary Gland Development

The mammary gland develops from a thickening in the ventral skin during embryogenesis (see Wysolmerski in this issue) that grows into a rudimentary ductal tree by birth. Until puberty, the mammary gland grows isometrically to the rest of the body. Although hormone receptors are expressed before puberty (Stumpf et al. 1980; Hovey et al. 2001; Grimm et al. 2002) and the fetus is exposed to high levels of maternal and placental hormones, it is generally held that the female mammary gland develops up to puberty in a hormone-independent fashion because no overt mammary gland phenotype is observed before puberty in a variety of hormone receptor deficient animals (see the following discussion). Elegant work with androgen receptor mutant mice revealed that males of certain strains do not have nipples, because during embryogenesis, testosterone secreted by the maturing testes induces apoptosis of the epithelial bud by activation of androgen receptor signaling in the mammary stroma (Durnberger and Kratochwil 1980). Perinatal exposure to exogenous hormones or endocrine disruptors, i.e., substances that can activate and/or inhibit hormonal signaling, can result in subsequent aberrant development (Bern et al. 1983, 1987), suggesting that even when hormone receptors are not physiologically required, their untimely activation can perturb development.

Hormone-Dependent Mammary Gland Development

Hormone-dependent mammary gland development occurs after puberty and results in ductal elongation; recurrent estrous cycles in

adulthood trigger side branching; pregnancy enhances side branching and induces alveologenesis with lactational differentiation followed by involution at weaning (Briskin 2002). In the late fifties, a series of experiments defined the minimal hormonal requirements for mammary gland development in mice (Nandi 1958) and rats (Lyons 1958). Endocrine ablation was achieved by surgically removing the major sources of reproductive hormones from mature females, the ovaries, which secrete estrogens and progesterone, the pituitary gland, a major source of growth hormone (GH) and prolactin (Prl), and for some experiments the adrenal glands, which release cortisol and precursors of sex steroids (see Fig. 1). Hormone replacement in hormone-deprived animals established that additive and sequential treatment with 17- β -estradiol, progesterone, and prolactin in conjunction with cortisol and GH can recapitulate mammary gland development.

MECHANISMS OF IN VIVO HORMONE ACTION

Systemic versus Local Effects

Hormones act on multiple organs and affect each other's synthesis and secretion. Estrogens, for instance, control the reproductive tract and the gonads as well as the skeletal system and the cardiovascular system (Stampfer et al. 1991; McDonnell and Norris 1997; Couse and Korach 1999). They also act on the pituitary gland to stimulate prolactin synthesis and secretion (Fig. 1) (Scully et al. 1997). Prolactin controls the luteal body and hence progesterone synthesis in mice (Bachelot and Binart 2007), and induces transcription of ER α in different tissues (Frasor and Gibori 2003). Because of such interactions it is impossible to discern in physiological settings to what extent the effects of a given hormonal stimulus on the mammary gland are a result of direct hormone action on this tissue or secondary to stimulation of other organs. Through gene targeting in the mouse germ line, mice were generated that are unresponsive to individual reproductive hormones, because they lack the cognate receptors. All

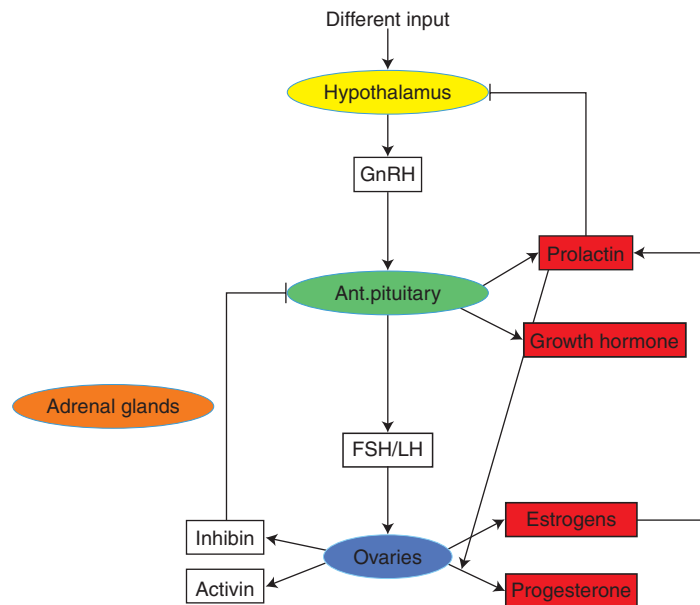


Figure 1. Scheme of female endocrine system. Different endocrine glands secreting mammotropic hormones are shown in ovals, hormones in boxes, highlighted in red are mammotropic hormones.

the receptor-deficient mouse strains are viable but have reproductive abnormalities; ER α , ER β , PR, and PrlR deficient are sterile for different reasons (Lydon et al. 1995; Ormandy et al. 1997; Dupont et al. 2000; Antal et al. 2008), whereas GHR $^{-/-}$ mice have delayed sexual maturation (Zhou et al. 1997).

Estrogens

In ER α $^{-/-}$ females, mammary gland development is indistinguishable from that of wild-type (wt) littermates until the age of puberty, thereafter no development occurs as assessed by whole mount stereomicroscopy and histology. For the former, mammary glands are cleared of fat, stained, and visualized at 5- to 120-fold magnification. The entire gland, about 1–3 cm³ in size can be examined up to a resolution that corresponds to several cell diameters. Histological analyses complement morphology at cellular resolution.

The ER α is expressed both in the mammary epithelium and the mammary stroma (Daniel et al. 1987). To assess the role of epithelial intrinsic ER α signaling in the context of wt stroma in

a wt host, inguinal mammary fat pads of 3-week-old wt females were cleared of endogenous epithelium and engrafted on one side with ER α $^{-/-}$ epithelium and contralaterally with wt epithelium (Mallepell et al. 2006). When wt epithelium is grafted into such “cleared fat pads,” it grows to fill the entire fat pad and behaves like endogenous epithelium (DeOme et al. 1959). Within a few weeks, the graft grows to fill the fat pad through dichotomous branching; cell proliferation concentrates at the tip of the ducts that enlarge to spoonlike shapes called terminal end buds (TEBs) (Daniel and Silberstein 1987). In contrast, ER α $^{-/-}$ mammary epithelium grafted contralaterally and hence exposed to the same hormonal milieu, fails to grow at all. During pregnancy, the wt grafts display side branching and alveoli bud off all over the ductal tree whereas the ER α mutant epithelium remains a rudiment (Mallepell et al. 2006). This indicates that epithelial ER α signaling is required for ductal elongation and, directly or indirectly, for subsequent side branching and alveogenesis.

To assess the role of stromal ER α signaling, ER α $^{-/-}$ fat pads were grafted onto the abdominal muscle wall of wt hosts, and a piece of wt



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epithelium was inserted into them, thereby generating mice that specifically lack ER α in the fat pad of one of their mammary glands. In these chimeric glands, grafted wt epithelium grows out normally and shows alveolar differentiation whereas endogenous mutant epithelium coexisting in the same fat pad remains rudimentary (Mallepell et al. 2006). Thus, the presence of the stromal ER α is not required for mammary gland development.

ER β -/- females show some delay in side branching, which may be attributable to irregular estrous cycles related to perturbed ovarian function in these mutants that results in decreased progesterone secretion (Antal et al. 2008). Hence the physiological role of ER β in the mammary epithelium and the mammary stroma, where it has been reported to be more highly and widely expressed than the ER α (Cheng et al. 2004), remains unclear. GPR30, a G-protein coupled receptor, has been implicated in mediating rapid nongenomic estrogen signaling in different cellular systems, including breast cancer cell lines (reviewed in Prossnitz et al. 2007); when deleted from the mouse germ line, no abnormalities in the reproductive system were found (Otto et al. 2009).

Progesterone

Like ER α , PR is expressed in both epithelial and stromal compartments in the mouse mammary gland (Haslam and Shyamala 1981; Haslam 1989). PR-/- epithelial grafts grow out normally when grafted to cleared fat pads of wt hosts but fail to side branch and do not form alveoli, indicating that epithelial intrinsic progesterone receptor signaling is required for side branching and alveologenesis. Deletion of PR in the stroma did not affect mammary gland development as assessed by whole mount microscopy (Lydon et al. 1995; Briskin et al. 1998). PRs are composed of two proteins that are expressed from a single gene as a result of transcription from two alternative promoters (Kastner et al. 1990) both of which are expressed in the mouse mammary gland (Aupperlee et al. 2005). Characterization of the mutant strains lacking one or the other form revealed that PR-B is uniquely required for

mammary gland development (Mulac-Jericevic et al. 2000, 2003).

Prolactin and Others

Grafting experiments with PrLR-/- epithelium showed that ductal outgrowth and side branching can occur in the absence of epithelial PrLR signaling (Briskin et al. 1999). However, the PrL signaling pathway is required for alveologenesis and differentiation of MECs into milk producing cells during late pregnancy. Morphological hallmarks of secretory differentiation such as fat droplets and "granular" cytoplasm are absent. Expression of specific differentiation markers such as the milk proteins β -casein and whey acidic proteins (WAP) mRNA is lost in PrLR-/- epithelium and STAT5a phosphorylation is undetectable (Briskin et al. 1999; Gallego et al. 2001). Wt epithelium grafted into PrLR-/- stroma developed normally (Ormandy et al. 2003).

GHR-/- mammary epithelium develops and differentiates normally when grafted to cleared fat pads indicating that epithelial GHR signaling is not limiting for mammary gland development (Gallego et al. 2001). It was suggested that GH acts on the mammary stroma because injections of GH resulted in STAT5a phosphorylation and STAT5a/b heterodimer formation to a comparable extent in intact mammary glands and cleared fat pads; however, it cannot be excluded that effects of the hormone on other organs may be involved as well. GH induces the production of IGFs in the liver, and IGF signaling is important for mammary gland development. Similarly, GH injection was shown to elicit Stat5 phosphorylation in myoepithelial cells as detected by immunohistochemistry (LeBaron et al. 2007). For a more extensive review of GH and PrL lactogenic functions see (Trott et al. 2008).

Taken together, a picture emerges in which estrogens, progesterone, and prolactin act sequentially on the mammary epithelium in synergy with corticosteroids to orchestrate mammary gland development in the presence of GH acting possibly via stromal and epithelial GHRs (Fig. 2). During puberty, estrogen levels increase first to set the stage for progesterone,

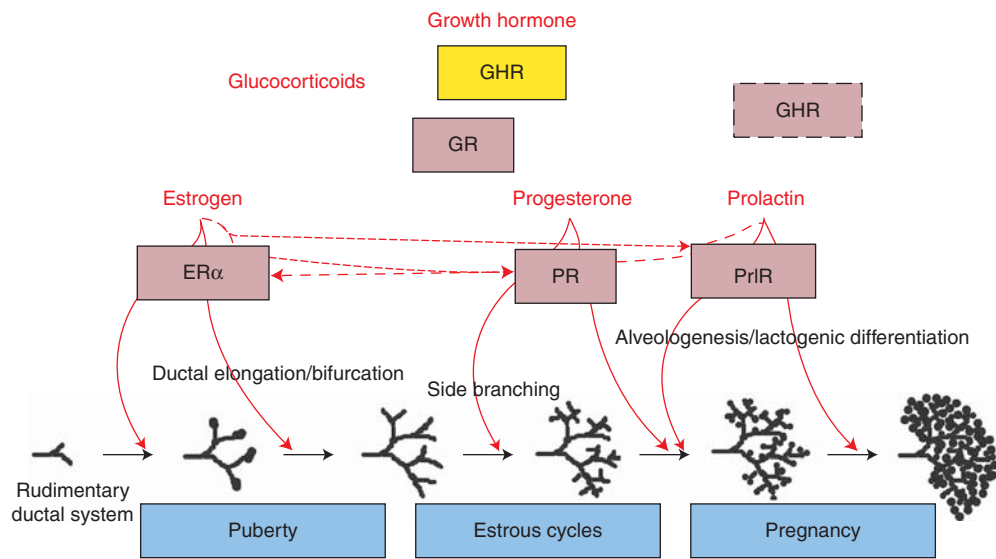


Figure 2. Control of mammary gland development by hormones. Different stages of mammary gland development are depicted. All hormone receptors are required in the mammary epithelium (pink boxes) with the exception of the GHR that is required in the stroma (yellow box) but also signals in the epithelium (dotted pink box). Red arrows indicate when different hormones are limiting with growth hormone and glucocorticoids being required throughout mammary gland development. Dotted arrows illustrate hormonal regulation of HR expression.

by inducing the expression of the PR (Haslam and Shyamala 1979). This so-called “estrogen priming” occurs in most progesterone target tissues. Cyclic secretion of progesterone is established as the mouse attains sexual maturity and this coincides with the ducts reaching the edges of the fat pad by dichotomous branching. Once side branches are established by midpregnancy, further alveologenesis requires epithelial prolactin signaling (Briskin 2002). This sequential action ensures that the distinct morphological steps occur in an orderly manner; in this way, all of the ducts are established before alveoli bud and they find adequate space to unfold and to be drained efficiently.

This sequential alignment defined by the stages at which particular hormone receptors are limiting should not detract from the fact that at any given time all hormones are present albeit at different concentrations in the blood and/or locally and that they interact with each other at multiple levels. As examples, prolactin is only limiting for alveologenesis, yet, it may synergize with estrogens and progesterone

at different levels during the preceding stages of ductal outgrowth and side branching. Prolactin and progesterone may enhance ductal outgrowth by inducing ER α expression. Furthermore, targeted gene deletion in the germ line may mask physiologic functions of a given gene product as mutant tissues may have time during development to compensate for the loss of a particular gene product. Plasticity may result in compensation, and it is conceivable that if a hormone receptor was efficiently abrogated at a later stage, different and/or more severe phenotypes would be discerned.

The endocrine glands determine the hormonal milieu and are strictly controlled by the hypothalamo-pituitary axis, which in turn reacts to feed back from the periphery (see Fig. 1). In addition to the main players, which are limiting, a number of additional systemic factors are likely to be involved in fine-tuning the system such as vitamin D (Zinser et al. 2002; Zinser and Welsh 2004) and thyroid hormones. In recent years it has become apparent



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that adipose tissue, in particular visceral, is actively secreting adipokines and cytokines such as leptin, adiponectin, and TNF α , which have important implications for metabolic syndromes (Antuna-Puente et al. 2008). Evidence has accumulated that some of these factors may affect breast carcinogenesis by altering the tumor microenvironment; in the mouse, adiponectin haploinsufficiency promotes MMTV-PyVT induced mammary tumors in different genetic backgrounds (Lam et al. 2009). The physiologic role of the mammary fat pad as an endocrine gland, the role of the factors it secretes, and the mechanisms through which they affect mammary gland development have not been explored. Intriguingly, mice lacking leptin (Lep^{ob}/Lep^{ob}) or the leptin receptor (Lepr^{db}/Lepr^{db}) have a rudimentary, atrophic ductal tree at 1 or 2 yr of age (Hu et al. 2002). The mammary epithelium itself secretes PTHrP, important for nipple development (Kobayashi et al. 2005) and prolactin that enhances mammary epithelial cell proliferation during lactation (Naylor et al. 2003). Finally, data from humans indicate that local concentrations of 17- β -estradiol and its metabolites reflect not only serum estrogen levels but also local production resulting from conversion of C19 steroids such as androstendione and testosterone into estrogens by aromatase expressed within the gland (Santen et al. 2009 and references therein) highlighting that many other factors impinge on hormone signaling.

Intercellular Signaling (Paracrine Mechanisms)

How does activation of hormone receptors by their respective ligands elicit proliferation and morphogenesis? A closer look at the mammary epithelium reveals that it consists of two cell compartments, luminal and basal. Luminal cells are connected by tight junctions and form a single layer of polarized epithelium around the ductal lumen. The basal compartment comprises all the cells that do not touch the lumen; these include progenitors and myoepithelial cells, which are contractile, form a meshwork around the luminal cells, and play

a role in milk ejection during lactation. About a third of the luminal epithelial cells express ER α and PR (Fig. 3), and expression largely overlaps, at least in human breast epithelial cells (Clarke et al. 1997).

Across species, most proliferation occurs in steroid receptor negative cells in the adult mammary epithelium with only a few ER α positive cells incorporating labeled nucleotides (Clarke et al. 1997; Russo et al. 1999; Seagroves et al. 2000; Grimm et al. 2002). Because the ER α protein is rapidly degraded by the proteasome upon transactivation (Reid et al. 2003), it was proposed that ER α expression is down modulated in cells that have entered the cell cycle as a consequence of estrogen stimulation (Cheng et al. 2004). When ER α -/- MECs were mixed with wt MECs in vitro and this mixture was subsequently used to reconstitute cleared fat pads, it was demonstrated that in the presence of surrounding wt MECs, ER α -/- MECs proliferate extensively and contribute to all cellular compartments in the mammary gland, that is, body and cap cells of TEBs and myoepithelial and luminal cells of the mature ducts. These data indicate that estrogens can elicit proliferation by a paracrine mechanism and that ER α -/- cells can actively proliferate in response to estrogens (Mallepell et al. 2006). The same is the case for progesterone, as PR-/- MECs form side branches and alveoli in the context of chimeric epithelia with wt MECs (Briskin et al. 1998). Depending on the developmental stage and the predominant hormonal stimulus, the scenarios at the cellular level are different.

During puberty, estrogens are the major mitogenic stimulus and signal via ER α . In sexually mature females, estrogens elicit little proliferation but are permissive for the strongly mitogenic effects of progesterone. Experiments with amphiregulin-/- mammary epithelia grafted into cleared wt fat pads, revealed that amphiregulin is an essential mediator of estrogen-induced proliferation during puberty. Amphiregulin is the only EGF family member whose transcription is strongly induced by 17- β -estradiol in the peripubertal mammary gland (Ciarloni et al. 2007). Amphiregulin is a membrane-anchored protein that can be

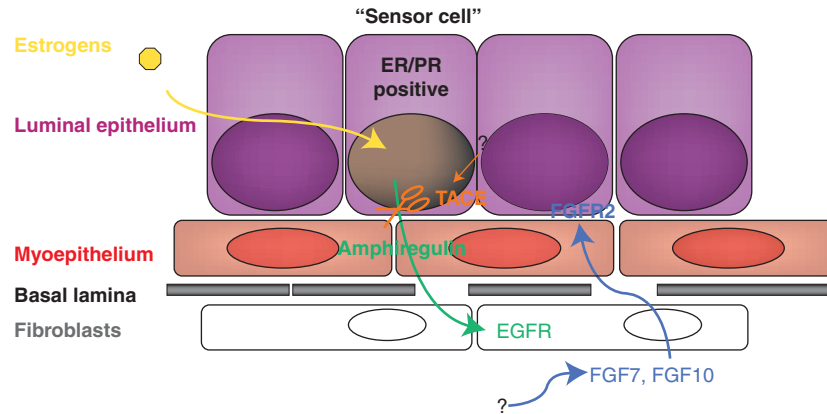


Figure 3. Local control of mammary gland development by estrogens. For explanations see text. As cell proliferation in response to estrogens increases at ductal tips the basal lamina becomes discontinuous until it eventually disappears right around the cap cells of the growing TEBs.

cleaved and released by ADAM17/TACE (Sunnarborg et al. 2002). Consistent with amphiregulin being released and thereby activated by TACE, *in vivo* ablation of ADAM17 from the epithelium blocks ductal outgrowth mimicking both amphiregulin and ER α ^{-/-} phenotypes (Sternlicht et al. 2005). Amphiregulin binds to and activates the epidermal growth factor receptor (EGFR), which is expressed in the stromal compartment during ductal elongation (Schroeder and Lee 1998). Recombination experiments with EGFR^{-/-} tissue showed that stromal EGFR expression is required for ductal outgrowth whereas epithelial deletion does not interfere with ductal development (Wiesen et al. 1999). Initially, this epithelial-stromal crosstalk may not be efficient as the amphiregulin secreted by ER α positive luminal cells needs to be transported through the myoepithelial layer and the basal lamina before it can dock to its cognate receptor on a stromal fibroblast. However, as hormonal stimulation persists, proliferation increases substantially at the tips of the ducts and they enlarge to form spoon-shaped structures called terminal end buds (TEBs). The bulk of cells within these structures are called body cells. The outer cell layer of the TEBs is continuous with the myoepithelium of the subtending mature duct and consists of cap cells, which lack intercellular adhesion. Around the TEB the

basal lamina is disrupted and the outer epithelial cells, the highly proliferative cap cells are in direct contact with stromal cells.

The question arises as to the identity of the mitogenic signal that makes MECs proliferate. Very attractive candidates are FGF7 and 10. Messenger RNA expression of both factors is induced in the mammary fat pad following estrogen stimulation, and it is conceivable that induction of their mRNAs is mediated by the EGFR in the stroma in response to amphiregulin. Their cognate receptor, FGFR2, is required in the epithelial compartment for ductal elongation (Lu et al. 2008). When FGFR2 was deleted at later stages through recurrent activation of the MMTV-cre in response to progesterone stimulation during side branching, the mutant MECs persisted, indicating that FGFR2 is specifically required for estrogen-induced proliferation.

In case of progesterone and prolactin, the local signaling circuitry is less well understood. Wnt-4 is required in the mammary epithelium for side branching (Briskin et al. 2002) and the TNF family member RANKL was identified as a progesterone target gene. Based on the observation that RANKL protein localizes to PR positive cells, which occur next to BrdU incorporating cells, it was proposed that RANKL is a paracrine mediator of progesterone-induced

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proliferation (Mulac-Jericevic et al. 2003). Consistent with this scenario, functional data show that ectopic expression of RANKL using a MMTV transgene results in side branching in the absence of pregnancy (Fernandez-Valdivia et al. 2009).

IGF-2 has been implicated as an important mediator of PrIR signaling upstream of cyclin D1 mediating prolactin effects (Briskin et al. 2002; Hovey et al. 2003). TGF β signaling has been implicated as a growth inhibitory signal in mammary gland development acting through Wnt5a and important in both estrogen and progesterone induced morphogenesis (Roarty and Serra 2007 and references therein). An overview of the factors that have been implicated in mammary gland development is shown in Figure 4.

The paracrine mode of action ensures that the behavior of different cells is coordinated; this is important as epithelial cell proliferation in a glandular organ such as the breast results in morphogenesis with new ducts and alveoli being formed. Furthermore, in this way the hormonal signals in nano or picomolar ranges are amplified, a scenario that is reiterated clearly at the molecular level by the use of transcriptional coactivators as discussed later.

Molecular Mechanisms of Differential Hormone Action

How can the steroid hormones elicit completely different effects in different tissues and developmental contexts? Identification of new players in nuclear receptor (NR) signaling has shed new light on the molecular underpinnings in recent years.

Structural Features of Estrogen and Progesterone Receptors

The chemical signals of estrogen and progesterone are transduced by their specific intracellular steroid receptors (SRs). SRs are functionally composed of three main domains: a hormone-independent activation function 1 (AF1 domain), a DNA-binding function (DBD domain), and hormone-dependent activation function 2 (AF2 domain) (Fig. 5) (Mangelsdorf et al. 1995). The estrogen receptor α (ER α) gene, which produces a protein of 595 amino acid residues with a molecular mass of 66 kDa, is composed of six structural subdomains corresponding to the three functional regions described above (Evans 1988; Bourguet et al. 2000; Klinge 2000; Nagy and Schwabe 2004).

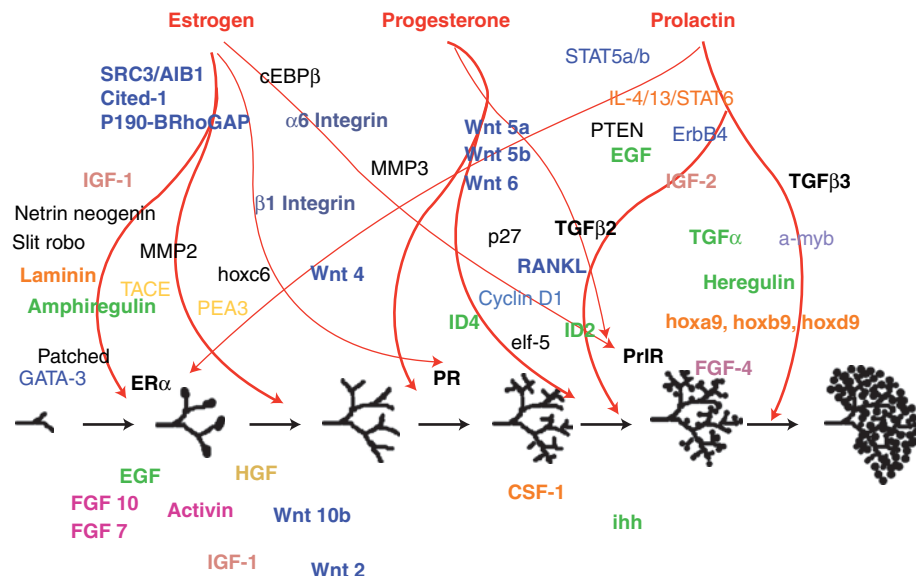


Figure 4. Factors involved in mammary gland development. Work of many laboratories led to the identification of many genes important in mammary gland development that are summarized in the scheme.

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employed to suppress gene expression. These regulatory molecules provide the ability to fine-tune our genes and activate them in functional combinations. Recently, we have come to realize that coactivators are the likely “master regulators” of our genome, capable of coordinately activating subgroups of genes that are required for specific physiologic processes such as reproduction, growth, inflammation, or metabolism (O'Malley 2007). DNA-binding transcription factors, such as NRs, bind nearby to genes and mark them for activation or repression, functions subsequently affected by the recruitment of the coregulators. The coregulators exist and function in large multiprotein complexes that are recruited by NRs to target genes in an ordered sequence to provide the many enzyme capacities required for modifying histones and other coactivational proteins for transcription (Fig. 6). Subreactions of transcription mediated by coactivator complexes include chromatin modification and remodeling, initiation of transcription, elongation of RNA chains, mRNA splicing, and even, degradation of the activated NR-coregulator complexes and termination of the transcriptional response (Lonard and O'Malley 2007). Surprisingly, recent reports show that coactivators even can influence cellular reactions outside the nucleus such as mRNA translation, mitochondrial function, and cell motility.

When considering the plethora of functions that NRs play in tissues, it is not surprising that a relatively large number of coregulators appear to be involved in human breast cancer. The cellular concentrations of coactivators and corepressors are critical to their functional potential. A high concentration of a coactivator will lead to an amplified signal within a downstream transcription factor action pathway, as well as a much faster response to environmental signals. However, available data suggest that the key to understanding the true diversity of coregulator functions lies in first understanding the surprisingly extensive “posttranslational coding” that has been discovered to exist in the coregulator proteins (Han et al. 2009). Such posttranslational modifications (PTMs) include but are not limited to phosphorylation, methylation,

ubiquitination, SUMOylation and acetylation. In the case of coregulators, it has been observed that a combination of such modifications can lead to multiple functionally distinct activities for the same primary sequence protein. A “differentially coded” coactivator is now predisposed to form different multimeric coactivator complexes, and, thereby, is directed to interact with distinct genes and to perform different compartmental functions in a cell. For example, over 40 separate modifications of the SRC-3 coactivator have been determined to date. In total, this plethora of PTMs creates an enormous combinatorial “potential” of $(2)^{40}$ for SRC-3. This vast PTM “potential complexity” likely is never fully used in cells of an animal. Nevertheless, it can be speculated that every single PTM on a protein results in a modified molecule with “some” altered function. Thus, it is an inescapable conclusion that multiple combinations of PTMs can bestow a huge array of distinct and diverse functions to any one coregulator protein.

Together with SRC-1 and SRC-2 (GRIP1/TIF2), SRC-3 (AIB1/ACTR/RAC3/pCIP/TRAM1) completes the structurally related p160 family of coactivator proteins, whose carboxy-terminal domains mediate interactions with histone acetyltransferases and the coregulators CBP and p300, whereas the amino-terminal basic helix-loop-helix/PAS-containing domains interact with additional co-coregulators such as CoCoA (coiled-coil coactivator, GAC63 (Grip1-associated coactivator 63 and CARM1 (Coactivator-associated arginine methyltransferase 1. SRC-3 activation and interactions with co-coregulators are initiated by posttranslational phosphorylations, whereby different combinations of site-specific phosphorylations provide interaction specificity for different co-coregulators and transcription factors.

Regulation of Coregulator Concentration and Activity

Ubiquitinylation is another posttranslational modification that is essential for the regulation of SRC-3 by cellular signaling. It was recently demonstrated that transcriptional activation

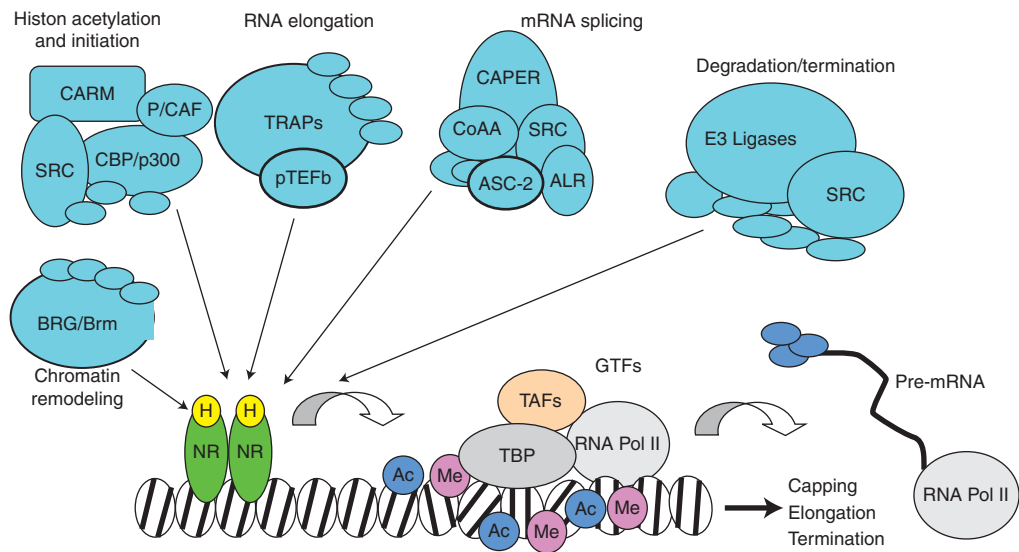


Figure 6. Nuclear Receptor (NR) dependent transcription, RNA splicing, and termination. NR regulated transcription begins by translocation of a hormone activated nuclear receptor dimer to hormone binding sequences in DNA near target genes. The receptor then must recruit, in sequence, a series of protein complexes that carry out all of the subreactions of DNA transcription: BRG/Brm complex regulates chromatin (nucleosome) remodeling; SRC/CARM/pCAF/CBP covalently modifies nucleosomes through mainly acetylation; TRAPs/pTEFb allows elongation of RNA polymerase on the gene; CAPER/CoAA/ASC-2/SRC/ALR provides splicing regulation; and E3 ligases bound to SRCs lead to degradations of the activated receptor and also the coregulators at the site of gene expression (after a short period of function). The General Transcription Factors (GTFs; TBP/TAFs) allow RNA polymerase to functionally transcribe the gene. Capping, elongation, termination are general aspects of RNA synthesis that result in the production of pre-mRNAs.

and turnover of SRC-3 are events controlled by phosphorylation-dependent mono-ubiquitinylation, which first super-activates the molecule for specific gene transcriptional enhancement. Ultimately, however, the transition from mono-ubiquitinylation to long-chain polyubiquitinylation leads to SRC-3 degradation. Because the course of polyubiquitinylation is processive during the transcriptional activation of transcription factors, this “phosphorylation-dependent ubiquitinylation” functions as a “transcriptional time clock” to first provide activation, and then to ultimately limit the lifetime of the PTM-activated coactivator (Lonard and O’Malley 2008b). SRC-3 also is regulated by a posttranslational modification that influences its structural association dynamics with other co-coactivators. Peptidyl-prolyl isomerase 1 (Pin1) catalyzes the cis/trans isomerization of proline residues adjacent to phosphorylated

serine/threonine-P bonds to induce conformational changes in the SRC-3 protein and enhance the interactions between SRC-3 and other coactivators such as CBP/p300. In contrast, CARM1 methylates SRC-3 and dissociates it from its active coactivator complex.

Importantly, a recent study demonstrated that a previously undiscovered isoform of SRC-3 that lacks the amino-terminal nuclear localization signal is produced from the SRC-3 (NCoA3) gene. This cytoplasmic isoform, is phosphorylated and activated by the PAK-1 (p21 activated kinase) oncogenic kinase. When activated, this isoform, which lacks a nuclear translocation signal, functions at the cell membrane by interdigitating between the EGF receptor and FAK (focal adhesion kinase, the main motility kinase of cells). In this way, it acts as an adaptor to allow transduction of the signal for motility and invasion from the

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EGFR (and Her2) receptor to the FAK enzyme. It is an impressive example of a nuclear coactivator gene integrating nuclear growth gene responses (by full-length SRC-3) with a membrane growth signal (by the shorter isoform) for an important cellular response. This collaboration has great pathologic impact in that the combination of SRC-3 gene overexpression and EGFR (Her2) overexpression is a deadly combination in human breast cancer, leading to early tamoxifen resistance and rapid progression of the disease (Long et al. 2010).

The oncogenic potential for coactivators is now generally accepted. Coactivators designed as “master regulators” for cell growth coordinately regulate the expressions of many genes that must be in play simultaneously for effective growth. SRC-3/AIB1 is over expressed in 40%–65% of human breast cancers and is amplified in up to 10% of breast cancers; its cellular and in vivo oncogenic activities have been demonstrated in multiple labs. Tumorigenic activity of SRC-3 is substantiated by studies in transgenic mice that overexpress SRC-3 and develop spontaneous malignant mammary tumors (Xu et al. 2009). In contrast, SRC-3 knockout mice are resistant to chemical carcinogen-induced and viral-induced mammary tumorigenesis. SRC-3^{-/-} mice also show resistance to induced prostate cancer progression. All of these results are consistent with the idea that SRC-3 is a potentially powerful oncogene. In the lymphatic system, however, SRC-3 can act paradoxically as a tumor suppressor because B-cell lymphomas develop in gene-deleted mice. These two faces of SRC-3 highlight the fact that SRC-3 is a versatile protein, allowing the cell to decide between proliferation or growth suppression in a cell and signal context-dependent manner. Although the majority of studies have been directed toward SRC-3, SRC-1 and SRC-2 are not without relevance to cancer. SRC-1 has been shown to be necessary for tumor metastasis in mice and has been suggested as a reliable marker for disease recurrence in human breast cancer. The combination of overexpression of SRC-3 and Her2 is deadly, producing early tamoxifen resistance and rapid progression to death for patients

(Osborne et al. 2003). SRC-3, SRC-1, and other coactivator proteins/genes are now being used as markers for breast cancer prognosis and estimates of recurrence of disease after treatment (Redmond et al. 2009).

CONCLUDING REMARKS

Powerful FACS sorting approaches and a growing repertoire of markers for different cell populations within the mammary gland now allow the research community to explore the hitherto hidden organization of cells within different compartments of the mammary gland. Ever more powerful imaging techniques are used to unravel interactions with immune cells when not so long ago these were a black box. Major challenge remain in the manipulation of selective stromal components with first steps made with new Cre lines (Trimboli et al. 2008), and in understanding how the findings in the mouse model can be extrapolated to human beings. Our appreciation of how mammary gland and breast cancer development are orchestrated by systemic hormones promises to continue to evolve quickly.

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REFERENCES

- Antal MC, Krust A, Chambon P, Mark M. 2008. Sterility and absence of histopathological defects in nonreproductive organs of a mouse ERbeta-null mutant. *Proc Natl Acad Sci* **105**: 2433–2438.
- Antuna-Puente B, Fève B, Fellahi S, Bastard JP. 2008. Adipokines: The missing link between insulin resistance and obesity. *Diabetes Metab* **34**: 2–11.
- Aupperlee MD, Smith KT, Kariagina A, Haslam SZ. 2005. Progesterone receptor isoforms A and B: Temporal and spatial differences in expression during murine mammary gland development. *Endocrinology* **146**: 3577–3588.
- Bachelot A, Binart N. 2007. Reproductive role of prolactin. *Reproduction* **133**: 361–369.
- Bern HA, Mills KT, Jones A. 1983. Critical period for neonatal estrogen exposure in occurrence of mammary gland abnormalities in adult mice. *Proc Soc Exp Biol Med* **172**: 239–242.



- Bern HA, Edery M, Mills KT, Kohrman AF, Mori T, Larson L. 1987. Long-term alterations in histology and steroid receptor levels of the genital tract and mammary gland following neonatal exposure of female BALB/cCrgl mice to various doses of diethylstilbestrol. *Cancer Res* **47**: 4165–4172.
- Bourguet W, Germain P, Gronemeyer H. 2000. Nuclear receptor ligand-binding domains: Three-dimensional structures, molecular interactions and pharmacological implications. *Trends in Pharmacological Sciences* **21**: 381–388.
- Brisken C. 2002. Hormonal control of alveolar development and its implications for breast carcinogenesis. *J Mammary Gland Biol Neoplasia* **7**: 39–48.
- Brisken C, Ayyannan A, Nguyen C, Heineman A, Reinhardt E, Tan J, Dey SK, Dotto GP, Weinberg RA. 2002. IGF-2 is a mediator of prolactin-induced morphogenesis in the breast. *Dev Cell* **3**: 877–887.
- Brisken C, Kaur S, Chavarria TE, Binart N, Sutherland RL, Weinberg RA, Kelly PA, Ormandy CJ. 1999. Prolactin controls mammary gland development via direct and indirect mechanisms. *Dev Biol* **210**: 96–106.
- Brisken C, Park S, Vass T, Lydon JP, O'Malley BW, Weinberg RA. 1998. A paracrine role for the epithelial progesterone receptor in mammary gland development. *Proc Natl Acad Sci U S A* **95**: 5076–5081.
- Cheng G, Weihua Z, Warner M, Gustafsson JA. 2004. Estrogen receptors ER α and ER β in proliferation in the rodent mammary gland. *Proc Natl Acad Sci* **101**: 3739–3746.
- Ciarloni L, Mallepell S, Brisken C. 2007. Amphiregulin is an essential mediator of estrogen receptor α function in mammary gland development. *Proc Natl Acad Sci* **104**: 5455–5460.
- Clarke RB, Howell A, Potten CS, Anderson E. 1997. Dissociation between steroid receptor expression and cell proliferation in the human breast. *Cancer Res* **57**: 4987–4991.
- Couse JF, Korach KS. 1999. Estrogen receptor null mice: What have we learned and where will they lead us? *Endocr Rev* **20**: 358–417.
- Conneely OM, Mulac-Jericevic B, Lydon JP. 2003. Progesterone-dependent regulation of female reproductive activity by two distinct progesterone receptor isoforms. *Steroids* **68**: 771–778.
- Daniel CW, Silberstein GB, Strickland P. 1987. Direct action of 17 β -estradiol on mouse mammary ducts analyzed by sustained release implants and steroid autoradiography. *Cancer Res* **47**: 6052–6057.
- Daniel CW, Silberstein GB. 1987. Developmental biology of the mammary gland. in *The mammary gland* (ed. M.C.a.D.C.W. Neville), pp. 3–36. Plenum Press, New York.
- DeOme KB, Faulkin LJ Jr, Bern HA, Blair PB. 1959. Development of mammary tumors from hyperplastic alveolar nodules transplanted into gland-free mammary fat pads of female C3H mice. *Cancer Res* **19**: 515–520.
- Dupont S, Krust A, Gansmuller A, Dierich A, Chambon P, Mark M. 2000. Effect of single and compound knockouts of estrogen receptors α (ER α) and β (ER β) on mouse reproductive phenotypes. *Development* **127**: 4277–4291.
- Durnberger H, Kratochwil K. 1980. Specificity of tissue interaction and origin of mesenchymal cells in the androgen response of the embryonic mammary gland. *Cell* **19**: 465–471.
- Evans RM. 1988. The steroid and thyroid hormone receptor superfamily. *Science* **240**: 889–895.
- Fernandez-Valdivia R, Mukherjee A, Ying Y, Li J, Paquet M, DeMayo FJ, Lydon JP. 2009. The RANKL signaling axis is sufficient to elicit ductal side-branching and alveologenesis in the mammary gland of the virgin mouse. *Dev Biol* **328**: 127–139.
- Frasor J, Gibori G. 2003. Prolactin regulation of estrogen receptor expression. *Trends Endocrinol Metab* **14**: 118–123.
- Gallego MI, Binart N, Robinson GW, Okagaki R, Coschigano KT, Perry J, Kopchick JJ, Oka T, Kelly PA, Hennighausen L. 2001. Prolactin, growth hormone, and epidermal growth factor activate Stat5 in different compartments of mammary tissue and exert different and overlapping developmental effects. *Dev Biol* **229**: 163–175.
- Grimm SL, Seagroves TN, Kabotyanski EB, Hovey RC, Vonderhaar BK, Lydon JP, Miyoshi K, Hennighausen L, Ormandy CJ, Lee AV, et al. 2002. Disruption of steroid and prolactin receptor patterning in the mammary gland correlates with a block in lobuloalveolar development. *Mol Endocrinol* **16**: 2675–2691.
- Han SJ, Lonard DM, O'Malley BW. 2009. Multi-modulation of nuclear receptor coactivators through posttranslational modifications. *Trends Endocrinol Metab* **1**: 8–15.
- Haslam SZ. 1989. The ontogeny of mouse mammary gland responsiveness to ovarian steroid hormones. *Endocrinology* **125**: 2766–2772.
- Haslam SZ, Shyamala G. 1979. Effect of oestradiol on progesterone receptors in normal mammary glands and its relationship with lactation. *Biochem J* **182**: 127–131.
- Haslam SZ, Shyamala G. 1981. Relative distribution of estrogen and progesterone receptors among the epithelial, adipose, and connective tissue components of the normal mammary gland. *Endocrinology* **108**: 825–830.
- Hovey RC, Harris J, Hadsell DL, Lee AV, Ormandy CJ, Vonderhaar BK. 2003. Local insulin-like growth factor-II mediates prolactin-induced mammary gland development. *Mol Endocrinol* **17**: 460–471.
- Hovey RC, Trott JF, Ginsburg E, Goldhar A, Sasaki MM, Fountain SJ, Sundararajan K, Vonderhaar BK. 2001. Transcriptional and spatiotemporal regulation of prolactin receptor mRNA and cooperativity with progesterone receptor function during ductal branch growth in the mammary gland. *Dev Dyn* **222**: 192–205.
- Hu X, Juneja SC, Maihle NJ, Cleary MP. 2002. Leptin—a growth factor in normal and malignant breast cells and for normal mammary gland development. *J Natl Cancer Inst* **94**: 1704–1711.
- Kastner P, Krust A, Turcotte B, Stropp U, Tora L, Gronemeyer H, Chambon P. 1990. Two distinct estrogen-regulated promoters generate transcripts encoding the two functionally different human progesterone receptor forms A and B. *Embo J* **9**: 1603–1614.
- Klinge CM. 2000. Estrogen receptor interaction with co-activators and co-repressors [small star, filled]. *Steroids* **65**: 227–251.



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- Kobayashi T, Kronenberg HM, Foley J. 2005. Reduced expression of the PTH/PTHrP receptor during development of the mammary gland influences the function of the nipple during lactation. *Dev Dyn* **233**: 794–803.
- Lam JB, Chow KH, Xu A, Lam KS, Liu J, Wong NS, Moon RT, Shepherd PR, Cooper GJ, Wang Y. 2009. Adiponectin haploinsufficiency promotes mammary tumor development in MMTV-PyVT mice by modulation of phosphatase and tensin homolog activities. *PLoS One* **4**: e4968.
- LeBaron MJ, Ahonen TJ, Nevalainen MT, Rui H. 2007. In vivo response-based identification of direct hormone target cell populations using high-density tissue arrays. *Endocrinology* **148**: 989–1008.
- Lonard DM, O'Malley BW. 2007. Nuclear receptor coregulators: judges, juries, and executioners of cellular regulation. *Mol Cell* **27**: 691–700.
- Lonard DM, O'Malley BW. 2008a. Gene transcription: Two worlds merged. *Nature* **452**: 946–947.
- Lonard DM, O'Malley BW. 2008b. SRC-3 transcription-coupled activation, degradation, and the ubiquitin clock: Is there enough coactivator to go around in cells? *Sci Signal* **1**: e16.
- Lu P, Ewald AJ, Martin GR, Werb Z. 2008. Genetic mosaic analysis reveals FGF receptor 2 function in terminal end buds during mammary gland branching morphogenesis. *Dev Biol* **321**: 77–87.
- Lydon J, De MF, Funk C, Mani S, Hughes A, Montgomery CJ, Shyamala G, Conneely O, O'Malley B. 1995. Mice lacking progesterone receptor exhibit pleiotropic reproductive abnormalities. *Genes Dev* **9**: 2266–2278.
- Lyons WR. 1958. Hormonal synergism in mammary growth. *Proc R Soc Lond Ser B* **149**: 303–325.
- Mallepell S, Krust A, Chambon P, Briskin C. 2006. Paracrine signaling through the epithelial estrogen receptor α is required for proliferation and morphogenesis in the mammary gland. *Proc Natl Acad Sci* **103**: 2196–2201.
- Mangelsdorf DJ, Thummel C, Beato M, Herrlich P, Schutz G, Umesono K, Blumberg B, Kastner P, Mark M, Chambon P, et al. 1995. The nuclear receptor superfamily: The second decade. *Cell* **83**: 835–839.
- McDonnell DP, Norris JD. 1997. Analysis of the molecular pharmacology of estrogen receptor agonists and antagonists provides insights into the mechanism of action of estrogen in bone. *Osteoporos Int* **7**: S29–S34.
- McKenna NJ, Xu J, Nawaz Z, Tsai SY, Tsai MJ, O'Malley BW. 1999. Nuclear receptor coactivators: multiple enzymes, multiple complexes, multiple functions. *J Steroid Biochem Mol Biol* **69**: 3–12.
- Mulac-Jericevic B, Lydon JP, DeMayo FJ, Conneely OM. 2003. Defective mammary gland morphogenesis in mice lacking the progesterone receptor B isoform. *Proc Natl Acad Sci U S A* **100**: 9744–9749.
- Mulac-Jericevic B, Mullinax RA, DeMayo FJ, Lydon JP, Conneely OM. 2000. Subgroup of reproductive functions of progesterone mediated by progesterone receptor-B isoform. *Science* **289**: 1751–1754.
- Nagy L, Schwabe JWR. 2004. Mechanism of the nuclear receptor molecular switch. *Trends in Biochem Sci* **29**: 317–324.
- Nandi S. 1958. Endocrine control of mammary-gland development in the C3H/He Crgl mouse. *J Natl Cancer Inst* **21**: 1039–1063.
- Naylor MJ, Lockfefer JA, Horseman ND, Ormandy CJ. 2003. Prolactin regulates mammary epithelial cell proliferation via autocrine/paracrine mechanism. *Endocrine* **20**: 111–114.
- O'Malley BW, Qin J, Lanz RB. 2008. Cracking the coregulator codes. *Curr Opin Cell Biol* **20**: 310–315.
- Oñate SA, Tsai SY, Tsai MJ, O'Malley BW. 1995. Sequence and characterization of a coactivator for the steroid hormone receptor superfamily. *Science* **270**: 1354–1357.
- Ormandy CJ, Camus A, Barra J, Damotte D, Lucas B, Buteau H, Edery M, Brousse N, Babinet C, Binart N, et al. 1997. Null mutation of the prolactin receptor gene produces multiple reproductive defects in the mouse. *Genes Dev* **11**: 167–178.
- Ormandy CJ, Naylor M, Harris J, Robertson F, Horseman ND, Lindeman GJ, Visvader J, Kelly PA. 2003. Investigation of the transcriptional changes underlying functional defects in the mammary glands of prolactin receptor knockout mice. *Recent Prog Horm Res* **58**: 297–323.
- Osborne CK, Bardou V, Hopp TA, Chamness GC, Hilsenbeck SG, Fuqua SA, Wong J, Allred DC, Clark GM, Schiff R. 2003. Role of the estrogen receptor coactivator AIB1 (SRC-3) and HER-2/neu in tamoxifen resistance in breast cancer. *J Natl Cancer Inst* **95**: 353–361.
- Otto C, Fuchs I, Kauselmann G, Kern H, Zevnik B, Andreasen P, Schwarz G, Altmann H, Klewer M, Schoor M, et al. 2009. GPR30 does not mediate estrogenic responses in reproductive organs in mice. *Biol Reprod* **80**: 34–41.
- Pike ACW. 2006. Lessons learnt from structural studies of the oestrogen receptor. *Best Practice Res Clin Endocrinol Metab* **20**: 1–14.
- Prossnitz ER, Arterburn JB, Sklar LA. 2007. GPR30: A G protein-coupled receptor for estrogen. *Mol Cell Endocrinol* **265–266**: 138–142.
- Redmond AM, Bane FT, Stafford AT, McIlroy M, Dillon MF, Crotty TB, Hill AD, Young LS. 2009. Coassociation of estrogen receptor and p160 proteins predicts resistance to endocrine treatment; SRC-1 is an independent predictor of breast cancer recurrence. *Clin Cancer Res* **15**: 2098–2106.
- Reid G, Hubner MR, Metivier R, Brand H, Denger S, Manu D, Beaudouin J, Ellenberg J, Gannon E. 2003. Cyclic, proteasome-mediated turnover of unliganded and liganded ER α on responsive promoters is an integral feature of estrogen signaling. *Mol Cell* **11**: 695–707.
- Roarty K, Serra R. 2007. Wnt5a is required for proper mammary gland development and TGF- β -mediated inhibition of ductal growth. *Development* **134**: 3929–3939.
- Russo J, Ao X, Grill C, Russo IH. 1999. Pattern of distribution of cells positive for estrogen receptor alpha and progesterone receptor in relation to proliferating cells in the mammary gland [In Process Citation]. *Breast Cancer Res Treat* **53**: 217–227.
- Santen RJ, Brodie H, Simpson ER, Siiteri PK, Brodie A. 2009. History of aromatase: Saga of an important biological mediator and therapeutic target. *Endocr Rev* **30**: 343–375.



- Schroeder JA, Lee DC. 1998. Dynamic expression and activation of ERBB receptors in the developing mouse mammary gland. *Cell Growth Differ* **9**: 451–464.
- Scully KM, Gleiberman AS, Lindzey J, Lubahn DB, Korach KS, Rosenfeld MG. 1997. Role of estrogen receptor- α in the anterior pituitary gland. *Mol Endocrinol* **11**: 674–681.
- Seagroves TN, Lydon JP, Hovey RC, Vonderhaar BK, Rosen JM. 2000. C/EBP β (CCAAT/enhancer binding protein) controls cell fate determination during mammary gland development. *Mol Endocrinol* **14**: 359–368.
- Stampfer MJ, Colditz GA, Willett WC, Manson JE, Rosner B, Speizer FE, Hennekens CH. 1991. Postmenopausal estrogen therapy and cardiovascular disease. Ten-year follow-up from the nurses' health study. *N Engl J Med* **325**: 756–762.
- Sternlicht MD, Sunnarborg SW, Kouros-Mehr H, Yu Y, Lee DC, Werb Z. 2005. Mammary ductal morphogenesis requires paracrine activation of stromal EGFR via ADAM17-dependent shedding of epithelial amphiregulin. *Development* **132**: 3923–3933.
- Stumpf WE, Narbaitz R, Sar M. 1980. Estrogen receptors in the fetal mouse. *J Steroid Biochem* **12**: 55–64.
- Sunnarborg SW, Hinkle CL, Stevenson M, Russell WE, Raska CS, Peschon JJ, Castner BJ, Gerhart MJ, Paxton RJ, Black RA, et al. 2002. Tumor necrosis factor- α converting enzyme (TACE) regulates epidermal growth factor receptor ligand availability. *J Biol Chem* **277**: 12838–12845.
- Tanos T, Briskin C. 2008. What signals operate in the mammary niche? *Breast Dis* **29**: 69–82.
- Trimboli AJ, Fukino K, de Bruin A, Wei G, Shen L, Tanner SM, Creasap N, Rosol TJ, Robinson ML, Eng C, et al. 2008. Direct evidence for epithelial-mesenchymal transitions in breast cancer. *Cancer Res* **68**: 937–945.
- Trott JE, Vonderhaar BK, Hovey RC. 2008. Historical perspectives of prolactin and growth hormone as mammo-gens, lactogens and galactagogues—agog for the future! *J Mammary Gland Biol Neoplasia* **13**: 3–11.
- Wiesen J, Young P, Werb Z, Cunha G. 1999. Signaling through the stromal epidermal growth factor receptor is necessary for mammary ductal development. *Development* **126**: 335–344.
- Xu J, Wu RC, O'Malley BW. 2009. Normal and cancer-related functions of the p160 steroid receptor co-activator (SRC) family. *Nat Rev Cancer* **9**: 615–630.
- Zhou Y, Xu BC, Maheshwari HG, He L, Reed M, Lozykowski M, Okada S, Cataldo L, Coschigamo K, Wagner TE, et al. 1997. A mammalian model for Laron syndrome produced by targeted disruption of the mouse growth hormone receptor/binding protein gene (the Laron mouse). *Proc Natl Acad Sci* **94**: 13215–13220.
- Zinser G, Packman K, Welsh J. 2002. Vitamin D(3) receptor ablation alters mammary gland morphogenesis. *Development* **129**: 3067–3076.
- Zinser GM, Welsh J. 2004. Accelerated mammary gland development during pregnancy and delayed postlactational involution in vitamin D3 receptor null mice. *Mol Endocrinol* **18**: 2208–2223.