Epidermal *ROCK2*-induces AKT1/GSK3β/β-catenin, NFκB and dermal tenascin-C; but enhanced differentiation and p53/p21 inhibit papilloma

Siti F Masre,[1,4] Nicola Rath[2], Michael F. Olson[3] and David A Greenhalgh.[1,5]

[1]Section of Dermatology and Molecular Carcinogenesis, School of Medicine, Dentistry and Nursing, College of Medical, Veterinary and Life Sciences, Glasgow University G31 2ER.

[2] Molecular and Cellular Biology Laboratory, Cancer Research UK, Beatson Institute for Cancer Research, Garscube Estate, Glasgow G61 1BD, UK.

[3] Canada Research Chair in Molecular Cell Biology, Department of Chemistry and Biology Ryerson University Ryerson MaRS Research Facility MaRS Discovery District, West Tower 661 University Avenue Toronto, Ontario, CANADA. M5G 1M1

[4] Current address Centre of Health and Applied Sciences, Faculty of Health Sciences, National University of Malaysia, 50300 Kuala Lumpur, Malaysia

[5]Corresponding Author David A. Greenhalgh, PhD
Section of Dermatology and Molecular Carcinogenesis
david.greenhalgh@glasgow.ac.uk
https://orcid.org/0000-0002-6737-2744

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Summary: Inducible ROCK2 elicits epidermal hyperplasia via AKT1/GSK3β/β-catenin and elevated NF-κB; however, despite MypT-associated rigidity and tenascin C^{+ve} dermal fibroblasts, compensatory p53/p21 and accelerated differentiation appear to inhibit papillomatogenesis.

ABSTRACT

ROCK2 roles in epidermal differentiation and carcinogenesis have been investigated in mice expressing an RU486-inducible, 4HT-activated ROCK2 transgene (*K14.creP/lslROCK^{er}*). RU486/4HT-mediated ROCK^{er} activation induced epidermal hyperplasia similar to cutaneous oncogenic *ras^{Ha}* (*HK1.ras*); however ROCK^{er} did not elicit papillomas. Instead, anomalous basal-layer ROCK^{er} expression corrupted normal ROCK2 roles underlying epidermal rigidity/stiffness and barrier maintanance, resulting in premature keratin K1, loricrin and filaggrin expression. Also, hyperproliferative/stress-associated keratin K6 was reduced; possibly reflecting altered ROCK2 roles in epidermal rigidity and keratinocyte flexibility/migration during wound healing. Consistent with increased proliferation, *K14.creP/lslROCK^{er}* hyperplasia displayed supra-basal-to-basal increases in activated p-AKT1, inactivated p-GSK3β^{ser9} and membranous/nuclear β-catenin expression together with weak NFκB, which were absent in equivalent *HK1.ras* hyperplasia. Furthermore, ROCK^{er}-mediated increases in epidermal rigidity via p-MypT inactivation/elevated MLC, coupled to anomalous β-catenin expression, induced tenascin C-positive dermal fibroblasts. Alongside an altered ECM, these latent tenascin C-positive dermal fibroblasts may become putative pre-cancer associated fibroblasts (pre-CAFs) and establish a susceptibility that subsequently contributes to tumour progression. However, anomalous differentiation was also accompanied by an immediate increase in basal-layer p53/p21 expression; suggesting that whilst ROCK2/AKT1/β-catenin activation increased keratinocyte proliferation resulting in hyperplasia, compensatory p53/p21 and accelerated differentiation helped inhibit papillomatogenesis.

INTRODUCTION

ROCK2, a major effector of cytoskeletal architecture, regulates cellular flexibility/tension to maintain tissue rigidity and cellular motility in response to wounding or disease (1-4). This is achieved through regulation of actomyosin contraction via phosphorylation of myosin regulatory light chains (p-MLC) and the myosin-binding subunit of the MLC phosphatase (p-Mypt1) that subsequently interface with numerous signalling pathways (3,4). In skin this mechano-signalling system is an essential component that contributes to keratinocyte proliferation and differentiation to maintain epidermal homeostasis and barrier function (5-7). ROCK family members are also required for epidermal formation (7) and together with appropriate intermediate filament expression (8), influence keratinocyte proliferation, and differentiation in terms of rigidity and flexibility. For instance, deregulation of ROCK2-mediated actomyosin-mediated cellular tension in cutaneous keratinocytes leads to collagen deposition and increased skin rigidity (6). Increased matrix density subsequently changes integrin clustering, alters focal adhesions and establishes a mechano-transduction feedback loop that influences keratinocyte proliferation via FAK-mediated, α6/β4 integrin signalling (9,10). In turn, altered focal adhesion signalling through FAK/AKT activation downregulate GSK3β to increase β-catenin expression; with corresponding consequences for epidermal proliferation, differentiation and disease (1-4,6). In determination of keratinocyte motility/flexibility, ROCK1 and ROCK2 have separate roles in regulation of focal adhesion turnover (5,9) whilst in wounding, ROCK2 expression effects the migrating edge of full thickness wounds and overexpression accelerates healing (2).

In human carcinogenesis, failures in ROCK2 signalling resulting in increased actomyosin-mediated cellular tension and collagen deposition gives a rigid ECM (3,6) that provides a matrix permissive for tumour progression (11,12). In response to increased tissue stiffness,

additional anomalous Rho-ROCK/β-catenin signalling has paracrine effects on specific dermal cells that remodel novel collagen fibres or alter expression of specific ECM molecules (13-15). These modifications then provide the highways for invasion that are exploited by ROCK-modified cells possessing inherent changes to their actomyosin cytoskeleton resulting in the mechano-transduction abilities necessary to change cell shape and alter motility (1,3,6,12-15). Thus, given the lack of successful anti-ras therapies, in being downstream of ras signalling (3,4), the Rho kinase family have become attractive targets for potential therapy (16,17).

In transgenic mice, epidermal expression of inducible ROCK2 [*K14.ROCK*^{er}] enhanced malignant conversion following two-stage DMBA/TPA chemical carcinogenesis manifest by increased tissue rigidity (6). Similarly, *ROCK*^{er} activation co-operated with epidermal ras^{Ha} activation [*HK1.ras*] to induce malignant conversion via p53 loss, increased p-Mypt1 and tenascin C overexpression, which altered the ECM to facilitate invasion (18). *HK1.ras/K14.ROCK*^{er} mice also identified ROCK^{er}-associated synergism with NF-κB and AKT1 overexpression in late-stage papillomatogenesis that aided conversion to malignancy; together with p21-associated inhibition of early malignant progression (18). Indeed, malignancy depended on continued ROCK^{er}/p-AKT1/NF-κB activation, as 4HT-cessation caused tumour regression via intense p21 [not p53] expression that identified an antagonism between *p21* and endogenous ROCK2, which also targeted AKT1/NF-κB activation (18-20). Nonetheless, despite ROCK2 being an effector of ras^{Ha} signalling, and a potent regulator of AKT/GSK3β/β-catenin/FAK axis etc, ROCK^{er} expression alone failed to exhibit papillomas (6, 18).

Therefore, to investigate potential mechanism(s) that inhibited ROCK^{er}-mediated papillomatogenesis, ROCK2, p53, p21, AKT/GSK3β/β-catenin and NF-κB status were assessed, together with tenascin C, and results contrasted to hyperplasia produced in *HK1.ras* mice; a model that produces wound-dependent papillomas with 100 % penetrance (21). Three

themes responded to mechanical stress induced by ROCK^{er} expression in *K14.creP/lslROCK^{er}* hyperplasia. Two underlie inhibition of papillomatogenesis involving changes in differentiation marker expression [Keratins K1, K6α, loricrin, filaggrin] that highlight a premature/accelerated commitment to differentiation and alter keratinocyte flexibility/motility; and responses to deregulated AKT/GSK3β/β-catenin axis that induce compensatory p53/p21 expression to inhibit papillomatogenesis. The third found appearance of dermal, tenascin C-positive fibroblasts that maybe precursors of subsequent cancer-associated fibroblast populations [pre-CAFs] (13,14); suggesting *ROCK^{er}*-altered dermal ECM established at an early stage may persist to provide a latent oncogenic susceptibility that subsequently contributes to malignant conversion.

MATERIALS AND METHODS

Transgenic genotypes and induction of phenotypes.

CAGG-lsl-ROCK^{ER} mice express a 4HT-inducible ROCK2/estrogen receptor fusion transgene such that following cre activity, ROCK^{er} is expressed from a ubiquitous *CAGG* promoter (22). To achieve epidermal-specific ROCK^{er} expression, *CAGG-lsl-ROCK^{er}* were crossed to mice expressing a keratin K14-driven cre fusion protein [*K14.creP* (23,24)], where following topical treatment with RU486, bi-genic *K14.creP/lslROCK^{er}* cohorts expressed ROCK^{er} protein in all epidermal layers and hair follicles. Mice expressing epidermal activated ras^{Ha} from a modified keratin-K1 promoter [*HK1.ras*] have been reported previously (21). Genotypes were identified by PCR employing primers:

lslROCK^{er}: 1 fwd 5-CGACCACTACCAGCAGAACA-3; 2 rev:5-GACGAACCAACTGCACTTCA-3
K14creP: fwd 5-TCATTTGGAACGCCCACT; rev: 5-GATCCGAATAACTACCTGTTTTG-3
HK1.ras fwd: 5-GGATCCGATGACAGAATACAAGC-3; rev:5-ATCGATCAGGACAGCACACTTGCA-3

Epidermal-specific ROCK^{er} expression was achieved by topical treatment of *K14.creP/lslROCK^{er}* skin with 2.5ug RU486/3x15ul ethanol/week for 3 weeks [mefipristone, Sigma, Gillingham, UK], with controls receiving ethanol alone. ROCK^{er} activation via the modified oestrogen receptor HBD [mERTM], which binds the non-physiological ligand, 4-hydroxytamoxifen [4HT;Sigma], was achieved by thrice weekly treatments of 330ug 4-HT/15ul ethanol delivered to the dorsal ear skin and back [1mg/mouse]. Control mice received vehicle alone. Each cohort comprised 10 male and 3 vehicle controls in repeat experiments, maintained for 12, 20 and 30 weeks to assess papillomatogenesis. The ROCK:ER fusion protein, in which the ROCK2 kinase domain has been inserted between GFP and the hormone-binding domain of a mutated estrogen receptor [ER] has been used previously to conditionally-activate ROCK signalling (25) [Figure 1]. In the absence of an estrogen-like ligand such as tamoxifen, kinase activity is undetectable, while ligand stimulation results in the

phosphorylation of genuine ROCK substrates including regulatory myosin light chains [MLC], the myosin-binding subunit of the myosin phosphatase complex [MYPT1] and the LIM kinases LIMK1 and LIMK2. The absence of activity without ligand stimulation and conditional activation by tamoxifen allows for precise control of the timing, duration and localization of ROCK activation in cells and tissues (25). One caveat that should be acknowledged is that, although the ROCK:ER fusion protein has been validated against previously characterized ROCK substrates, the possibility exists that additional substrates might also be phosphorylated. All experiments adhered to UK regulations; PPL60/4318 licenced to DAG.

Histology, immunofluorescence/immunohistochemistry and western analysis

Skin biopsies were fixed in buffered formalin [24hrs @ 4^{o}C] for H&E staining or snap-frozen in liquid nitrogen and stored [-70°C]. For differentiation analysis via double-label immunofluorescence, following antigen retrieval [5 mins. boil/10mM sodium citrate], paraffin sections were incubated overnight [4^{o}C] with: rabbit anti-K1, anti-K6, anti-loricrin, anti-filaggrin [diluted 1:100 (Covance, Richmond, CA)] employing guinea-pig anti-K14 antibodies [1:400 (Fitzgerald, Acton, MA)] to delineate epidermis; and visualized by biotinylated-goat anti-guinea pig/Streptavidin-Texas Red [1:100/1:400) (Vector Labs)] or FITC-labeled anti-rabbit IgG [diluted 1:100; (Jackson Labs West Grove, PA)]. Sections were analysed by immunofluorescence for expression of: p-AKT1 [1:100; (abcam #81283 Cambridge, UK; Santa Cruz p-AKT1/2/3 sc-7985-R)]; β-catenin [1:50 (abcam; 1:100 sc#1496-R)]. For BrdU labelling, mice were injected IP with 125 mg/kg 5-bromo-4-deoxyuridine [Sigma] 2 hours prior to biopsy. Following antigen retrieval, BrdU-labelled cells were identified by overnight incubation [4^{0}C] with FITC-conjugated anti-BrdU [1:5, (Becton Dickinson)]. Positive cells

were counted form 3 separate areas 5 of different mice per cohort and mitotic index expressed as BrdU-labelled cells per mm of basement membrane.

For immunohistochemical analysis, following antigen retrieval, paraffin sections were incubated overnight [4^0C] with: rabbit anti-p53 1:50; sc#6243 Santa Cruz, Autogen Bioclear, Wiltshire, UK) and confirmed by abcam (#131442 @1/50); anti-$p21^{WAF}$ (1:50; sc#397; confirmed by Proteintech #10355-1-AP (1:250); anti-ROCK2 (1:100; sc#5561), β-catenin (1:150;sc#1496-R), confirmed by abcam (1/50;#32572); anti-p-GSK3β (1:50;sc#11757); rabbit anti-phospho-$Mypt1^{Thr696}$ (1:50; Millipore AbS45, Watford, UK); rabbit anti-tenascin C (1:50; Sigma #T2551); rabbit anti-NF-κB p65 (1:600; abcam #16502); total GSK3β (1:200, abcam #32391); and rabbit anti-GFP (1:50; Clonetech, Takara Bio Europe, Saint-Germain-en-Laye, France) followed by HRP-conjugated goat anti-rabbit (1:100; Vector) and visualised by DAB+ staining (Dako, Amersham Biosciences, Little Chalfont, UK). Photomicrographs employed Axiovision image capture software [Zeiss Microscopes, Cambridge, UK]. Quantitative analysis of the images [averaged from 6 separate areas] was performed using ImageJ software [ImageJ version 1.46r; National Institute of Health, Bethesda. USA] and statistical analysis employed one-way anova with post-hoc testing using SPSS software [version 22.0, IBM Corporation]. For quantitation of dermal tenascin C^{+ve} cells, counts were averaged from 10 micrographs, taken from analysis of 3 separate animals per 12 weeks cohort, and compared to untreated or RU486-alone controls and RU486/4HT-treated *HK1.ras* mice. Results are expressed as numbers of positive cells per 0.25mm skin and anova statistical analysis.

For western analysis, primary keratinocytes were isolated from newborn epidermis and seeded at 5 x 10^6/60mm dish and cultured in fibroblast conditioned, DMEM/10% chelated FCS/0.05mM Ca^{2+} (26) for 4 days, with/without $5x10^{-9}$M RU486; or 4HT (1nM; Sigma); then maintained in low [0.05mM] calcium or high [0.12mM] calcium media with/without 4HT

(1nM) for three days. Cell lysates were prepared in lysis buffer [1% SDS/50mM Tris pH7.5] containing Protease inhibitor P-8340 [1:100;Sigma] and for keratin westerns, following centrifugation, pellets were re-suspended in keratin extraction buffer [10mM Na-phosphate pH8.0/2mM $MgCl_2$/1mM EDTA/2mM DTT] homogenized and centrifuged [13,000 rpm/10mins]. Supernatants were added to 200ul 2x SDS gel-loading buffer [100mM Tris pH6.8/4% SDS/10% glycerol/200mM DTT/0.1% bromophenol blue] homogenized and stored at -20^0C. Protein concentration was determined by bicinchoninic assay [Sigma] and proteins separated by 10% SDS-page electrophoresis and western blot analysis performed employing antibodies to: rabbit anti-K1, anti-K6 [1:1000 in 12% BSA-PBS]; anti-ROCK1/2 (Millipore 07-1458), anti-p-MLC2 (p-Ser^{19}), and anti-tMLC [1:500; Cell Signalling Technology] and expression detected by Alexa-Fluor 680 (Thermo-Fisher Scientific) secondary antibody and infrared imaging (Li-Cor Odyssey). Quantitative image analysis employed ImageJ software [ImageJ version 1.46r; National Institute of Health, Bethesda. USA] and statistical analysis employed one-way anova [version 22.0, IBM Corporation].

RESULTS

ROCK^{er} activation induces epidermal hyperplasia without papillomatogenesis

RU486/4HT-treated *K14.creP/lslROCK^{er}* mice, expressing 4HT-activated ROCK^{er} from a cre-responsive CAGG promoter, displayed epidermal hyperplasia but lacked papillomas. ROCK^{er} expression in *K14.creP/lslROCK^{er}* epidermis and cultured keratinocytes was confirmed PCR and western analysis (Figure 1A, B and C); whilst phosphorylation of myosin light chain protein (p-MLC) confirmed 4HT-mediated ROCK^{er} activation in proliferative (low Ca^{2+}) and differentiating (high Ca^{2+} conditions (Figure 1C). *In vivo*, despite thrice-weekly 4HT treatments over 12, 20 or 30 weeks (n=10/cohort), no overt papillomas appeared (Figure 2A) and RU486/4HT-treated *K14.creP/lslROCK^{er}* mice exhibited ear thickening with mild keratosis by weeks 8-10; which regressed if 4HT was withheld. Histological analysis of RU486/4HT-treated *K14.creP/lslROCK^{er}* mice revealed mild epidermal hyperplasia compared to normal RU486-treated control skin (Figure 2B-D), consistent with GFP-tag expression (Figure 2E and F), that confirmed ROCK^{er} expression, being absent in untreated controls (Figure 2G). ROCK2 protein analysis revealed elevated ROCK2/ROCK^{er} expression in hyperplastic RU486/4HT-treated *K14.creP/lslROCK^{er}* and normal RU486-treated *K14.creP/lslROCK^{er}* (Figure 2H and I); whilst endogenous ROCK2 expression in wild type controls appeared mainly suprabasal (Figure 2J) consistent with roles in epidermal rigidity and barrier maintenance.

Differentiation marker expression implies inhibitory accelerated/premature differentiation.

Given ROCK is an effector of ras signalling (3), yet failed to elicit papillomas, effects of ROCK^{er} expression on keratinocyte differentiation were investigated (Figure 3) and results contrasted to hyperplasia induced by ras^{Ha} activation (21). *In vitro,* western analysis showed

activated ROCK^{er} elicited anomalous expression of differentiation marker keratin K1 in proliferating keratinocytes cultured in low calcium (Figure 3: left panel 1: L vs L+). Furthermore, hyperproliferative, wound associated keratin K6α, normally highly expressed in low calcium keratinocytes, was abnormally low in RU486/4HT-treated bi-genic *K14.creP/lslROCK^{er}* keratinocytes (Figure 3, L vs L+) returning to normality in differentiated high Ca^{2+} media (Figure 3, H vs H+). Quantitation of expression levels [Supp. Data: Figure S1] confirmed significant increases in K1 expression (L+; *p<0.01) in *K14.cre/lslROCK^{er}* vs. *lslROCK^{er}* keratinocytes cultured in proliferative low calcium conditions, compared to normal cells suggesting an altered, early differentiation; in addition the novel, unique decrease in K6α expression (L+; **p<0.01) also suggests either an early differentiation response or may reflect ROCK2 roles on K6α in these culture conditions that mimic mechanisms associated with wounding.

In vivo, immune fluorescence analysis of K1 and K6α expression (Figure 3 left panel: K1 A-D; K6 E-H] were investigated alongside late-stage differentiation markers filaggrin and loricrin (Figure 3 right panel: filaggrin A-D; loricrin E-H) employing keratin K14 to delineate the epidermis. RU486/4HT-treated *K14.creP/lslROCK^{er}* hyperplasia shows keratin K1 expression was mainly supra-basal (Figure 3 left panel: A and B), however the normally smooth transition from proliferative basal to post-mitotic, supra-basal keratinocyte was not ordered; with numerous K1^{+ve} cells appearing in the expanded (K14^{+ve}) basal-layers. This ragged transition from proliferative to differentiating keratinocytes contrasted with the ordered differentiation observed in either normal, RU486-treated *K14.cre/lslROCK^{er}* controls or *HK1.ras*-activated hyperplasia (Figure 3 left panel: C and D). Of note, normally keratin K6α expression is restricted to hair follicles becoming strongly expressed under stressed or hyperproliferative (wound) conditions; however RU486/4HT-treated *K14.creP/lslROCK^{er}* hyperplasia displayed reduced, patchy K6α expression (Figure 3 left panel: E and F) often localised to troughs of

papillomatous (folded/convoluted) hyperplasia, which possibly reflect the altered epidermal rigidity/flexibility. In contrast, normal RU486-treated *K14.cre/lslROCK^{er}* epidermis exhibited K6α in hair follicles; whilst RU486/4HT–treated *HK1.ras* hyperplasia expressed strong, uniform K6α (Figure 3 left panel: G and H).

Further consistent with anomalous modification of ROCK2 roles in differentiation, 4HT-treated/RU486-*K14.cre/lslROCK^{er}* epidermis displayed elevated/premature expression of late–stage markers loricrin and filaggrin. ROCK^{er} activation resulted in persistent, elevated filaggrin expression; with premature staining appearing in supra-basal layers of increasing hyperplasia compared to controls (Figure 3: right panel A, D vs C). However, as *HK1.ras* hyperplasia increased, filaggrin expression reduced (Figure 3: right panel D). Similarly, ROCK^{er} activation increased premature, supra-basal loricrin expression (Figure 3: right panel E and F); whereas *HK1.ras* hyperplasia exhibited loricrin expression confined to granular layers similar to normal (Figure 3: right panel G and H). This elevated, premature filaggrin/loricrin expression would thus contribute to the increased epidermal rigidity observed in ROCK^{er} mice and strengthen roles for ROCK2 in maintaining barrier function.

ROCK^{er} hyperplasia displays elevated basal-layer β-catenin, GSK3β inactivation and AKT1 activation.

Previous analysis of ROCK-activated epidermis revealed increased β-catenin expression associated with AKT-mediated GSK3β inactivation (6) thus given the lack of ROCK^{er}-mediated papillomatogenesis and increased differentiation responses, the β-catenin/GSK3β/AKT signalling axis was investigated and again cell/tissue localisation contrasted to *HK1.ras*-induced hyperplasia. Analysis of β-catenin expression in 4HT/RU486-treated *K14.creP/lslROCK^{er}* epidermis demonstrated increased expression in areas of 4HT-treated vs. untreated skin (Figure 4A-C). Over time, increasing ROCK^{er}-mediated hyperplasia

displayed elevated, membranous β-catenin expression in both basal and supra-basal epidermis (Figure 4C) with detectable cytoplasmic/nuclear expression in basal layer keratinocytes (Figure 4D). In contrast, 4HT/RU486-treated *HK1.ras* retained a mainly membranous β-catenin profile in supra-basal keratinocytes (Figure 4E). Quantitation (via image J analysis) of treated vs untreated areas (Figure 4A and B) show a significant difference in expression levels (# $p<0.0001$; supplemental data: Figure S2); a result repeated in equivalent immunohistochemical analysis (supplemental data: Figure S3). In comparison to *HK1.ras* hyperplasia, β-catenin expression in 4HT/RU486-treated *K14.creP/lslROCK^{er}* epidermis was again significantly increased (**$p<0.0001$); with suprabasal β-catenin expression in *HK1.ras* remaining similar to supra-basal, membranous β-catenin levels of normal epidermis.

Similarly, early 4HT/RU486-treated *K14.creP/lslROCK^{er}* epidermis (4wks) shows elevated p-GSK3β expression in *4HT*-treated vs. untreated ear skin (Figure 4G) which was maintained in older hyperplastic skin (12wks; Figure 4H) where elevated p-GSK3β parallels β-catenin expression in both proliferative basal and differentiated supra-basal layers (Figure 4I vs 4D). 4HT/RU486-treated *HK1.ras* hyperplasia (4wks) displays a less intense, diffuse p-GSK3β profile that with time and increasing papillomatous hyperplasia (8-10wks) showed reduced basal-layer and increasingly supra-basal p-GSK3β expression; which again parallels β-catenin expression in *HK1.ras* hyperplasia (Figure 4J vs 4E). Image quantitation (supplemental data: Figure S4) of 4HT/RU486-treated *K14.creP/lslROCK^{er}* ears demonstrated elevated p-GSK3β expression in the upper treated dorsal skin vs. lower untreated inner skin (Figure 4G) (#$p<0.05$ RU/tam ROCK vs no tam ROCK) and was maintained over time compared to levels in *HK1.ras* epidermis at 4wks (*$p<0.001$) and 8wks (**$p<0.001$).

Analysis of p-AKT1 shows that *ROCK^{er}*-activation increased expression in 4HT/RU486-treated basal layers compared to normal RU486-treated *K14.creP/lslROCK^{er}* which possessed

only sporadic, supra-basal p-AKT1^{+ve} keratinocytes (Figure 4L and M vs. N). Normal, neonatal epidermis (~24hrs) with a naturally hyperplastic epidermis also exhibited elevated p-AKT1, but expression was restricted to supra-basal layers (Figure 4O). Older (12wks) 4HT/RU486-treated *K14.creP/lslROCK^{er}* epidermis retained elevated interfollicular p-AKT1, which paralleled β-catenin/p-GSK3β expression, suggesting ROCK^{er} established a return to a more juvenile epidermal context, possibly as a consequence of β-catenin expression (27); although here p-AKT1 exhibited supra-basal expression also (Figure 4P); possibly due to compensatory p53/p21 expression (see below), which helped inhibit papillomatogenesis. In contrast, 4HT/RU486-treated *HK1.ras* hyperplasia expressed lower, supra-basal p-AKT1 (Figure 4Q) that with time reduced further to give a sporadic, supra-basal p-AKT1 expression similar to normal interfollicular epidermis (Figure 4N); suggesting AKT1 activation becomes causal later in ras–driven carcinogenesis. Image quantitation (supplemental data: Figure S5) shows 4HT/RU486-treated *K14.creP/lslROCK^{er}* skins expressed significant increases in p-AKT1 levels compared to untreated areas ($p<0.0001$); including comparison to increased, suprabasal p-AKT1 expression exhibited by neonatal epidermis ($p<0.001$). Over time elevated suprabasal p-AKT1 expression was maintained in 4HT/RU486-treated *K14.creP/lslROCK^{er}* epidermis compared to the low, sporadic levels observed in equivalent *HK1.ras* hyperplasia ($p<0.0001$).

Elevated p-Mypt1 suggests changes in actomyosin-mediated contractility whilst cell-specific tenascin-C highlights alterations in dermal ECM.

Previously ROCK^{er} activity altered ROCK2 signalling and increased phosphorylation of myosin-binding subunit of MLC phosphatase complex 1 (Mypt1) to inactivate MLC-phosphatase activity; increase actomyosin-mediated cellular tension; collagen deposition in the dermal ECM and overall skin rigidity (6). Thus to both confirm ROCK^{er} activity and indirectly the resultant epidermal rigidity, p-Mypt1 levels were investigated (Figure 5) alongside

tenascin-C expression, an important ECM protein associated with tumour progression and ROCK signalling (15, 28) that also reflects changes in ECM. In 4HT-treated *K14.creP/lslROCK^{er}* hyperplasia, ROCK^{er} expression increased expression of phosphorylated Mypt1 (p-Mypt1; Figure 5A and B), consistent with increased tissue rigidity (6); whereas control, RU486-treated *K14.creP/lslROCK^{er}* epidermis exhibited little detectable p-Mypt1 (Figure 5D; *p<0.001 A and B vs D). *HK1.ras* hyperplasia also expressed low p-Mypt1 levels, confined to supra-basal layers (Figure 5C; **p<0.001 A and B vs C), and given this weak p-Mypt1 yet uniform K6α (Figure 3), support the idea that ROCK^{er}/p-Mypt1-mediated changes in keratinocyte motility/contractility via altered actinomyosin-mediated mechano-transduction contributed to the reduced, sporadic K6α profile.

Tenascin-C analysis (Figures 5F-I) investigated whether early, pre-neoplastic stages exhibited changes in ECM (15, 28) that predispose to neoplasia, becoming causal later in malignant conversion/progression/tissue invasion; as observed in ROCK^{er}/ras^{Ha} carcinogenesis (18). RU486-4HT-treated *K14.creP/lslROCK^{er}* hyperplasia (Figure 5F) shows little epidermal tenascin-C but dermis exhibited numerous tenascin C^{+ve} cells, absent in normal or RU486-treated *K14.creP/lslROCK^{er}* dermis (Figure 5G) and fewer in *HK1.ras* hyperplasia (Figure 5H). *ROCK^{er}*-associated dermal tenascin C^{+ve} cells also exhibited a diffuse peri-cellular halo suggesting expression in the local ECM; whereas in *HK1.ras* dermis, tenascin C^{+ve} cells exhibited a sharp, membranous expression (Figures 5F-H). Quantitation of dermal tenascin C^{+ve} cell numbers (Figure 5I) demonstrated *K14.creP/lslROCK^{er}* possessed approx. three-fold increase in tenascin C^{+ve} cell numbers (19.43^{+}/-2.21) (as did 4HT treated *K14.ROCK^{er}* (18.40^{+}/-1.43) (6,18); compared to *HK1.ras*-induced hyperplasia (7.09^{+}/-1.43; p<0.05); with a five fold increase (p<0.01) over normal, RU486-treated *K14.creP/lslROCK^{er}* (3.6^{+}/-0.55) or RU486-4HT-treated wild type skin (3.45^{+}/-0.47). This tenascin-C expression may link ROCK^{er}/β-

catenin-associated increased collagen deposition (6) to effects of anomalous epidermal β-catenin expression on specific dermal fibroblast populations (14); and also suggests that once laid down by tenascin C^{+ve} cells, resultant ECM-associated changes coupled to tissue rigidity persists to aid/predispose to subsequent tumour progression (12).

$ROCK^{er}$ hyperplasia displays increased p53/p21 expression responses that inhibit papillomatogenesis and limit NF-κB expression.

Given these potent data on the AKT/GSK3β/β-catenin axis and the changes in ECM, the lack of papillomatogenesis compared to *HK1.ras* activation was unclear. Previously $ROCK^{er}$ cooperation with *HK1.ras* activation induced malignant conversion via p53 loss in papillomas and p21 loss following malignant conversion; where inhibition of early-stage malignant progression was also associated with a p21 antagonism to p-AKT1- and $ROCK^{er}$-associated NF-κβ expression (18). Therefore, p53, p21 and NF-κB status were assessed in *K14.creP/lslROCK^{er}* hyperplasia and contrasted to *HK1.ras* mice (Figure 6).

Hyperplastic, RU486-4HT-treated *K14.creP/lslROCK^{er}* shows elevated p53 expression appeared in both basal and supra-basal layers by 5-6 weeks (Figures 6A and B); whereas equivalent *HK1.ras* hyperplasia displays only sporadic p53 (Figure 6C)(**$p<0.001$; A and B vs C), as elevated p53 appears in overt papillomas to inhibit conversion (24). Untreated *K14.creP/lslROCK^{er}* epidermis also displays sporadic p53 as specific keratinocytes complete the cell cycle (Figure 6D) (*$p<0.001$; A and B vs D). Similarly serial sections from RU486/4HT-treated *K14.creP/lslROCK^{er}* demonstrated high p21 expression in all layers (Figures 6E and F); unlike *HK1.ras* hyperplasia which lacks p21 again until overt papillomas form (Figure 6G))(**$p<0.001$; E and F vs G). Untreated, normal *K14.creP/lslROCK^{er}* epidermis possessed occasional weak, basal and supra-basal p21 expression as cells commit to differentiation (Figure 6H) (*$p<0.001$; E and F vs H). Keratinocyte proliferation rates were

assessed (Supplemental Figure S1) and expressed as BrdU-labelled cells per mm of basement membrane. Consistent with p53/p21 observations, 4HT-treated *K14.creP/lslROCK^{er}* hyperplasia gave a mitotic index ($12.1^{+}/_{-}2.6$) approximately double that of normal epidermis ($3.7^{+}/_{-}1.2$) but less than *HK1.ras* epidermis ($20.2^{+}/_{-}6.1$); hence a milder hyperplasia.

Analysis of NF-κB in treated *K14.creP/lslROCK^{er}* compared to *HK1.ras* hyperplasia (Figures 6I-L) shows the beginnings of increased NF-κB expression in all layers compared to untreated *K14.creP/lslROCK^{er}* ep (Figure 6I-K) (*$p<0.05$; I and J vs K) or RU486/4HT-treated *HK1.ras* hyperplasia (Figure 6l (**$p<0.05$; I and J vs L) which was similar to normal epidermis. Thus, in this pre-neoplastic context, p21/p53 responses coupled to increased/premature differentiation counter effects of AKT1/β-catenin signalling and/or ROCK^{er}-associated NF-κB expression, to help inhibit ROCK^{er}-mediated papillomatogenesis.

DISCUSSION

Inducible, ROCK2-mediated deregulation of the actinomyosin cytoskeleton in cutaneous keratinocytes resulted in epidermal hyperplasia with an altered differentiation profile, together with changes in dermal fibroblasts indicative of an altered ECM. Hyperplasia resulting from increased keratinocyte proliferation is consistent with *ROCK*/*Rho* family members being downstream effectors of ras signalling (3), and activation of AKT/GSK3β/β-catenin axis; which also contributed to a rigid skin (6). Here ROCK^{er}/β-catenin-associated increases in dermal collagen deposition establishes a mechano-transduction feedback loop via FAK/AKT-mediated, α6/β4 integrin signalling, that maintains hyperplasia and rigidity to lay down foundations for subsequent carcinogenesis (6,9-15, 27, 28). However in this pre-neoplastic context, unlike *HK1.ras* activation, responses to ROCK^{er}-activated basal layer p-AKT1 and nuclear/membranous β-catenin immediately induced p53/p21 expression that limited keratinocyte proliferation and accelerated differentiation that, together with minimised NFκB expression, inhibited papillomatogenesis.

These ROCK^{er}-specific, premature/accelerated differentiation responses, echo (and may subvert) normal ROCK2 roles in epidermal homeostasis. In sync with appropriate intermediate filament (IF) expression, these roles are essential for embryonic epidermal barrier formation and to maintain tensile strength of differentiated epidermal layers in adult skin (7,8). Thus, normal epidermis shows ROCK2 expression in differentiated, supra-basal layers increases following induction of keratinocyte differentiation *in vitro*, together with targets p-MLC/p-Myp (Figures 1,2 and 5) (5,9) consistent with a co-ordinated response between the IF and actinomyosin cytoskeleton networks as keratinocytes commit to differentiate (7,8). Hence, anomalous ROCK^{er} activation and p-MLC/p-MypT expression in proliferative basal keratinocytes gave a resultant hyperplasia exhibiting an altered differentiation milieu (keratin

K1, loricrin and filaggrin); while changes in epidermal flexibility/keratinocyte motility may alter expression of hyperproliferative/stress keratins e.g. K6α, that likely reflect roles in wounding (below). As *K14.creP/lslROCK^{er}* mice exhibited anomalous K1 in keratinocytes cultured in low Ca^{2+} and premature increased keratin K1 expression *in vivo,* with a ragged appearance to the K1/K14 border; it suggests basal-layer ROCK^{er} activation induced a premature commitment to differentiate, an idea also supported by increased/premature filaggrin and loricrin expression (Figure 3). The confused nature of the differentiation marker milieu may centre on anomalous ROCK^{er}-activated p-AKT1 activation in basal layer keratinocytes (below); alongside β-catenin-mediated alteration of e.g. integrin signalling and focal adhesion turnover (6,9,11,29). Alternate signalling in *HK1.ras* hyperplasia support this idea, given the ordered nature of the K1/K14 border as keratinocytes committed to differentiate, and that reduced filaggrin/loricrin was paralleled by diminishing and increasingly supra-basal p-AKT1/β-catenin expression (Figure 4).

Furthermore in *K14.creP/lslROCK^{er}* epidermis, accelerated/premature expression of IF molecules that contribute to ROCK^{er}/p-Mypt1-mediated changes in epidermal rigidity (6), may in turn inhibit papilloma formation. Previously, increased differentiation responses enforced by expression of K1 (or K10) inhibited ras-driven carcinogenesis (30,31). Moreover, cessation of 4HT-treatment in *HK1.ras/K14.ROCK^{er}* carcinogenesis that demonstrated loss of *ROCK^{er}* expression reduced tumour size also proceeded via a mechanism of increased K1-associated, differentiation (18). Moreover, it may be that premature K1 expression reflects epidermal responses to *ROCK^{er}*-mediated p-AKT activation in basal layer keratinocytes. In normal adult epidermis, interfollicular p-AKT1 expression was sporadic and suprabasal, whereas in neonatal epidermis p-AKT1 expression is uniform and co-localised with supra-basal K1 (Figure 4). This feature maybe geared to counter potential threats to early barrier maintenance from e.g. p53-mediated apoptosis whilst p53 completes DNA scrutiny in the naturally hyperproliferative

basal-layer keratinocytes; and thus AKT1 gives time for keratinocytes to commit to terminal differentiation not apoptosis (24,32). Hence, ROCK^{er}-mediated basal-layer p-AKT1 in adults signalled a premature commitment to differentiation manifest by increased, ragged K1 expression that helps inhibit papillomatogenesis; whereas *HK1.ras* hyperplasia exhibits sporadic, supra-basal p-AKT1; and K1 expression is delayed, yet ordered.

Another aspect of epidermal differentiation unique to *K14.creP/lslROCK^{er}* hyperplasia, was the lack of keratin K6α expression, a hair follicle marker associated with hyperproliferative, stressed or wound conditions (8,33,34). Treated *K14.creP/lslROCK^{er}* epidermis exhibited reduced/patchy K6α expression, often localised to troughs of papillomatous (folded/convoluted) hyperplasia, compared to the uniform strong expression typified by *HK1.ras* hyperplasia prior to papilloma formation. *In vitro,* strong K6α expression observed in normal, proliferative keratinocytes, was virtually absent in RU486/4HT-treated *K14.creP/lslROCK^{er}* keratinocytes (Figure 3). These observations may reflect ROCK2 roles in epidermal rigidity/flexibility and those that regulate motility/flexibility at the cellular level following wounding. Both ROCK1 and ROCK 2 are necessary for migratory responses in wounding, consistent with the finding that epidermal ROCK^{er} expression accelerates healing of cutaneous full thickness wounds (2,4,35). Thus, ROCK^{er}-activated/p-MLC/p-Mypt1-regulated changes coupled to premature expression of K1/loricrin/filaggrin (above) that increase epidermal rigidity, may combine to reduce K6α in attempts to maintain tissue flexibility. If correct, this idea partly explains the localisation of K6α expression in troughs of folded/papillomatous hyperplasia and is an idea supported by full-thickness wounding of K6α/β knockout mice that also display increased K1/K10 co-expression to increase tissue rigidity to counter cell fragility in a wounded skin (33,34).

Further, at the cellular level reduced K6α expression (and partner keratin K16 (36)) may represent an intermediate state of rigidity/flexibility geared to help initiate keratinocyte

proliferation early in wound healing (33). This would facilitate subsequent ROCK-associated keratinocyte migration (2,34,36); as suggested by analysis of cell migration observed at wound margins in K6α/β knockout mice that demonstrates F-actin expression at the leading edge (34), indicative of the localised ROCK1/2 roles in cell motility (2-4). These data highlight the balance between stress/wound-associated K6α/β/K16 (35,36) IFs and the ROCK-associated actinomyosin cytoskeleton in the cellular/tissue flexibility/motility necessary to maintain migration vs rigidity for epidermal homeostasis in wounding (2); where deregulation of this balance may facilitate the increased motility/rigidity observed in skin cancer (6,12,15,18).

Indeed, as evidenced from *in vitro* interfollicular stem cell lineage studies (37), it may be that ROCK2 has a pivotal role in regulating the balance between proliferation and differentiation to maintain epidermal homeostasis, as suggested in the wound response [above]. This *in vitro* study [and reports referenced therein], shows that ROCK signalling is essential to stem cell population decisions to proliferate and maintain either a confluent, quiescent colony or an expanding one. In this model, as human stem cell keratinocytes cultured on feeder layers establish colonies that approach local confluence, ROCK2 kinase activities were instrumental in the decision to switch from an expansion phase, where proliferation dominates over differentiation, to one of balance where keratinocyte proliferation replaces only those cells committed to differentiation (37). Furthermore, in scratch assays that mimic wounding, ROCK2 signalling was also essential to reverse this decision and change from the balanced mode and return to the expanding phase (37). These data would be consistent with roles observed in cell migration (2,4,33-36) and with the findings in this transgenic skin model regarding anomalous, inducible basal layer $ROCK^{er}$ expression that clearly disturbs the respective balanced vs expansion proliferation modes. That this leads to an overall hyperplasia which also exhibits premature differentiation marker expression, further reflects the importance of ROCK2 signalling in the commitment to proliferate (37), differentiate (5) and

the responses geared to enhanced wounding/cell migration (2) or threats to maintenance of the paramount barrier function (12).

Thus, a surprising finding in this ROCK^{er} model was the lack of spontaneous papillomatogenesis and this highlights the ability of tissues to inhibit early-stage carcinogenesis, particularly in skin evolved to constantly cope with environmental carcinogens. The data outlined above suggest an epidermis employs differentiation-specific responses to ROCK^{er}-mediated p-AKT1/GSK3β/β-catenin deregulation to inhibit papilloma. In addition this axis appears to induced an immediate, elevated p53/p21 expression; a response absent in *HK1.ras* hyperplasia destined to produce papillomas. In this instance anomalous ROCK^{er}-mediated β-catenin/Wnt signalling may be a major facet that induced p53, as previously β-catenin knockout blocked ROCK^{er} phenotypes (6). Such compensatory p53 expression was observed previously in this model, alongside p-AKT-induced p21 expression (18, 24); whilst in colon carcinogenesis APC^{null}-mediated nuclear β-catenin induced transcriptionally active p53 (38-40). Further, ROCK signalling in focal adhesion turnover (9) shows FAK expression supresses Rho activity and ROCK2 compensates for FAK loss (10). Thus, it is noteworthy that FAK deletion also demonstrates p53-mediated induction of p21 (41) as observed for ROCK (19); that also links to β-catenin, as FAK overexpression is a necessary downstream event of APC/β-catenin/WNT signalling (29, 42), which presumably circumvents compensatory p53/p21 inhibition (24,29,39-42).

Here, p53/p21 expression in *K14.creP/lslROCK^{er}* hyperplasia successfully counters threats from membranous/nuclear β-catenin/p-AKT1 expression via a reduced proliferation rate; elevated p53-mediated protection against additional mutations and increased p21-associated differentiation responses (42); yet avoids excessive p53/p21 induced apoptosis due to continued p-AKT1/p53 antagonism that maintains the paramount barrier function (above)

(25,32). Indeed older 4HT/RU486-treated *K14.creP/lslROCK^{er}* epidermis retained the elevated, interfollicular p-AKT1 observed in neonates, suggesting ROCK^{er} established a more juvenile epidermal context that initially paralleled β-catenin/p-GSK3β expression (27). However, with time, p-AKT1 expression became increasingly supra-basal; possibly as a consequence of p21 expression; now inhibiting the potential for p-AKT1-associated papillomatogenesis. Accordingly, *HK1.ras* hyperplasia displayed a sporadic, supra-basal p-AKT1 expression profile paralleled by increasingly supra-basal β-catenin expression; suggesting that in ras-driven papillomatogenesis AKT1 appears causal at later stages (ms in prep).

Another major pathway previously implicated in *HK1.ras*/*K14.ROCK^{er}* carcinogenesis involved canonical *NF-κB* signalling (20,43-46) and linked ROCK^{er}-associated NF-κB expression with the latter stages of malignant conversion and progression (18,20). *NF-κB* signalling has a long association with effecting inflammatory responses; yet transcriptional roles also regulate proliferation, apoptosis and cell migration (43). In *K14.creP/lslROCK^{er}* hyperplasia, initial cross-talk between *ROCK^{er}* and *NF-κB* signalling would contribute to increased proliferation (18); but increasing p21 (18,19) and p53 (18,44) apparently reduced NF-κB expression to weak, yet detectable levels. In this instance, p21 rather than p53 maybe the significant facet of ROCK^{er}-specific NF-κB inhibition (19,45), as previously *HK1.ras*/*K14.ROCK^{er}* carcinogenesis identified a distinct antagonism between p21 and NF-κB; as regressing tumours following 4HT-cessation displayed intense, basal-layer p21 which restricted/returned NF-κB (and p-AKT1) to the supra-basal expression profile observed in papillomas (18). A result also consistent with liver carcinogenesis, where NEMO, a major NF-kB regulator, requires p21 loss for NEMO-driven tumour progression (45,46); and *HK1.ras*/*K14.ROCK^{er}* carcinogenesis where p21 loss allows ROCK^{er}–mediated NF-κB to

combine with unregulated p-AKT1 to achieve malignancy. These data strengthen links between ROCK^{er}/NF-κB and also indirectly link NF-κβ signalling to stromal remodelling that predisposes to tumour progression via expression of ECM molecules, such as tenascin C (47).

An altered stromal ECM is an essential factor for carcinogenesis, aiding tumour cell survival and providing the permissive environment for cellular invasion and tenascin C is one of the most relevant molecules mediating changes to the dermal ECM, reflecting both tumour aggression and metastatic potential (28). Tenascin C overexpression is already associated with activated Rho/Rock and MAP Kinase signalling (15,18), with links to NF-κβ roles in inflammation and deregulated apoptosis (47), that may protect initiating cancer stem cells leading to tumour relapse (48). Thus, in *K14.creP/lslROCK^{er}* mice altered mechano-signalling via epidermal MLC/Mypt1 phosphorylation; coupled to ROCK^{er}/β-catenin-associated deposition of collagen/fibrin, increases dermal ECM rigidity and one consequence apparently manifests as intense tenascin C expression in a specific sub-population of dermal fibroblasts. Moreover, these tenascin C^{+ve} cells maybe precursors of cancer-associated fibroblasts (CAFs)(13), a sub-population of stromal cells that aid the invasion process by aligning collagen fibres to provide highways within the ECM for invading SCC cells (13,28,49). Indeed a predisposed, promoting role for such (pre-CAF) dermal cells is supported by the observation that in RDEB patients susceptible to SCC following injury (12), a population of wound-associated myofibroblasts alters the rigidity of the dermal microenvironment via a mechanism of increased integrin/FAK/AKT signalling similar to that observed in ROCK^{er} mice (6,12).

CAFs share many similarities with such myofibroblasts and are thought to arise from healthy dermal cells subverted by the new microenvironment conditions (13,28,49), such as those laid down in a ROCK^{er} dermis. Further, CAFs form anomalous adhesion junctions with invading

SCC cells that triggers β-catenin recruitment and vinculin/α-catenin-dependent adhesion, establishing a feedback loop to increase rigidity of the tumour microenvironment that aids invasion (50). However, the mechanism by which normal fibroblasts evolve into CAFS is unclear; mainly due to the heterogeneity within the tumour microenvironment (13,28,49). Thus, it is noteworthy that anomalous, epidermal-specific β-catenin expression effects specific populations of dermal fibroblasts (14) and this suggests $ROCK^{er}$-mediated β-catenin expression may begin their evolution into a pre-CAF phenotype. Nonetheless, whilst fully evolved CAFs are essential for tissue invasion, providing an invasive highway from re-aligned collagen fibres and helping to maintain cancer stem cells (48,51) such $tenascin^{+ve}$ (pre-CAF?) dermal fibroblasts appear unable to influence papillomatogenesis, in the absence of tumour promotion (6,12).

Collectively these data show that the cellular potential to achieve even a benign tumour depends upon specific genetic mutations pitted against inherent abilities within the cell/tissue microenvironment that resist the modified oncogenic circuitry. In *K14.creP/lslROCK^{er}* epidermis, papillomatogenesis awaits permissive events such as a constitutive promotion role currently under investigation; whereas a potent initiator such as *HK1.ras* expression or chemically-induced ras^{Ha} activation achieves papilloma and circumvents these p53/p21 responses creating a context where $ROCK^{er}$ drives tumour progression and invasion.

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LEGENDS

Figure 1: Schematic of K14.creP/lslROCK^{er} system and conformation of ROCK^{er} activation. (A) K14 promoter drives expression of a cre recombinase-progesterone ligand binding domain (PLB) fusion protein (*K14.creP*) and following RU486 treatment, CREP ablates a *loxP*-flanked stop cassette to express ROCK^{er} from the CAGG promoter (*CAGGS-lslROCK^{er}*). (B) PCR analysis of RU486-treated *K14.creP/lslROCK^{er}* skin identifies *K14.creP* (~600bp; lanes 1-3); primers 1/2 (arrows) identify the ablated stop codon band at ~500bp and full-length product (~ 575bp) in untreated epidermis and non-epidermal tissue (lanes 1 and 2), untreated (lane 3*) or *CAGGS-lslROCK2^{er}* alone DNA (ethanol/lane 4*; RU486/lane 5). (C) *Conformation of ROCK^{er} activation*. Primary *K14creP.lslROCK^{er}* keratinocytes cultured in RU486 under proliferative low (L: 0.05mM) or differentiating (H: 0.12mM) calcium concentrations, with or without 1nM 4HT (L+; H+) show ROCK^{er} increases following 4HT-treatment. ROCK2 activity determined by phospho-MLC expression, increases on induction of differentiation and increases further following additional 4HT-mediated ROCK^{er} activation. Total MLC served as a loading control.

Figure 2: Conformation of ROCK^{er} expression in *K14.creP/lslROCK^{er}* phenotypes.
(A) 4HT/RU486-treated *K14.creP/lslROCK^{er}* mice (20wks) exhibit mild keratosis but despite thrice-weekly treatments (up to 6 months), no papillomas appear. (B) 4HT/RU486-treated *K14.creP/lslROCK^{er}* mice exhibit mild epidermal hyperplasia (12wks) compared to (C) normal RU486-alone control skin (20wks) that (D) increases over time (20wks) but remains hyperplastic. (E-G) GFP-tag analysis of *K14.creP/lslROCK^{er}* skin confirmed ROCK^{er} expression in (E) hyperplastic 4HT/RU486-treated and (F) normal RU486-alone skin, was absent in (G) untreated controls. (H-J) Analysis of ROCK2/ROCK^{er} protein levels shows (H) hyperplastic *K14.creP/lslROCK^{er}* epidermis exhibits elevated expression following

4HT/RU486 alongside (I) RU486-alone controls; compared to lower, suprabasal expression in (J) normal epidermis (*bars: B approx.80µm; C-J approx.40µm;E and H approx. 30µm).*

Figure 3: Analysis of differentiation marker expression.

Western analysis of Keratin K1/K6α expression: Primary *K14creP.lslROCK^{er}* or control *lslcagROCK^{er}* keratinocytes are cultured in low or high calcium media ((L= 0.05mM; H= 0.12mM) containing RU486 (5nM) with/without 4HT (1nM; L+/H+). ROCK^{er} activation induces anomalous K1 expression in low calcium medium, which was absent in untreated or 4HT–treated *lslROCK^{er}* controls (L+ versus L); with elevated K1 expression in high calcium similar to normal 4HT–treated *lslROCK^{er}* controls keratinocytes. ROCK^{er} activation also down-regulates K6α in hyperproliferative, low calcium *K14creP.lslROCK^{er}* keratinocytes (L+) compared to normal4HT–treated *lslROCK^{er}* controls. Total MLC served as a loading control. Expression level quantitation is given in Supplemental data: Figure S1.

Left Panel: Immunefluorescence analysis of Keratin K1 (A-D) and K6α (E-H) expression (green), counterstained for K14 (red) to delineate epidermis/dermis. (A and B) 4HT/RU486-treated *K14.cre/lsl.ROCK^{er}* hyperplasia display a ragged/disordered, supra-basal K1 profile, as proliferative K14^{+ve}-basal layer cells differentiate and transit into supra-basal keratinocytes. (C) None-4HT/ RU486-treated control *K14.cre/lsl.ROCK^{er}* epidermis displays normal, supra-basal K1; whilst (D) *HK1.ras* hyperplasia exhibits an ordered K1 pattern at the K1/K14 transition border. (E) 4HT/RU486-treated *K14.cre/lsl.ROCK^{er}* and (F) *K14.ROCK^{er}* hyperplasia display patchy K6α expression compared to (G) normal epidermis with K6α restricted to hair follicles. (H) *HK1.ras* hyperplasia exhibits strong, uniform K6α (*bars: E G and H, approx.120µm; A, D and F: approx.70-80µm; B and C: approx.40µm*).

Right Panel: Filaggrin (A-D) and loricrin (E-H) expression in 4HT/RU486-treated *K14.cre/lsl.ROCK^{er}*. (A and B) Elevated filaggrin expression increases with increasing

hyperplasia (12 and 30wks); showing (B) premature filaggrin detectable below the granular layer compared to (C) granular layer filaggrin in normal epidermis. (D) *HK1.ras* displays reduced filaggrin as hyperplasia increases. (E and F) Loricrin expression in treated *K14.cre/lsl.ROCK^{er}* hyperplasia (@ 12 and 30wks) shows increased, premature expression becomes detectable in supra-basal layers. (G) Untreated *K14.cre/lsl.ROCK^{er}* epidermis exhibits granular loricrin expression; whilst (H) *HK1.ras* hyperplasia expresses reduced, granular loricrin. (*Bars: approx.70-80µm)*

Figure 4: Analysis of β-catenin, p-GSK3β and p-AKT1 expression.

(A and B) β-catenin expression in *K14.creP/lslROCK^{er}* epidermis (4-6wks) at the junction between RU486 alone (left) and 4HT/RU486-treatment (right) shows expression increases in 4HT-treated areas (B: double-label vs K14 (red) counterstain). (C) Older 4HT/RU486-treated *K14.creP/lslROCK^{er}* hyperplasia (10wks) shows elevated β-catenin in basal and supra-basal layer keratinocytes. (D) Higher magnification of *K14.creP/lslROCK^{er}* epidermis (10wks) shows detectable cytoplasmic/nuclear β-catenin expression in basal layer keratinocytes compared to (E) *HK1.ras* hyperplasia (8wks) which exhibits less membranous basal-layer β-catenin expression [green] with infrequent nuclear expression (For quantitation and immunohistochemical analysis, see supplemental data Figure S2 and S3). (G) p-GSK3β expression in (upper) 4HT-treated vs (lower) untreated *K14.creP/lslROCK^{er}* ear skin shows stronger expression in 4HT-treated epidermis becoming stronger and more uniform with time in (H) older (12wks) 4HT/RU486-treated *K14.creP/lslROCK^{er}* hyperplasia. Higher magnification (I) shows 4HT/RU486-treated *K14.creP/lslROCK^{er}* hyperplasia maintains elevated p-GSK3β expression in both basal and suprabasal layers; whereas (J) *HK1.ras* hyperplasia displays less p-GSK3β that weakens in basal layers by 8wks and becomes increasingly supra-basal; again in parallel to β-catenin. (For quantitation see supplemental

Figure S4). (L and M) p-AKT1 analysis in 4HT/RU486-treated *K14.creP/lslROCK^{er}* epidermis (4wks) shows elevated basal-layer expression compared to (N) sporadic, supra-basal p-AKT expression in normal adult skin; yet similar to (O) normal neonatal skin (24hrs) that exhibits uniform, supra-basal p-AKT1. (P) Older (12wks) 4HT/RU486-treated *K14.creP/lslROCK^{er}* epidermis retains elevated p-AKT1, but with areas of supra-basal expression; similar to neonates. (Q) *HK1.ras* hyperplasia (4-5wks) displays supra-basal and increasingly sporadic areas of p-AKT1 (For quantitation: see supplemental Figure S5) (Bars: G,H, and J *approx. 120µm;* A, C, P and N *approx. 80µm;* B, E, I, O and Q *approx. 50µm;* Q, D, L and M *approx. 30µm*).

Figure 5: Analysis of p-Mypt1 and tenascin-C expression in *K14.creP/lslROCK^{er}*

(A) 4HT/RU486-treated *K14.creP/lslROCK^{er}* epidermis at (12wks) shows ROCK^{er}-activated p-Mypt1 expression in all layers is (B) maintained over time (24wks) compared to (C) equivalent 4HT/RU486-treated *HK1.ras* hyperplasia (**p< 0.001; A and B vs C) or (D) control RU486-treated *K14.creP/lslROCK^{er}* epidermis (*p< 0.001; A and B vs D). (F) 4HT/RU486-treated *K14.creP/lslROCK^{er}* skin shows little epidermal tenascin-C expression but numerous tenascin-C^{+ve} cells appear in reticular/papillary dermis, with a halo of diffuse ECM expression. (G) RU486-alone treated *K14.creP/lslROCK^{er}* dermis exhibits sporadic tenascin-C^{+ve} cells, whilst (H) *HK1.ras* dermis exhibits fewer tenascin-C^{+ve} cells that lack diffuse, ECM expression. (I) Quantitation of dermal tenascin-C^{+ve} cells (per 250*µm* skin; averaged from 30 micrographs)): 4HT/RU486-treated *K14.creP/lslROCK^{er}* (19.43^{+}/-2.21); *K14.ROCK^{er}* (18.40^{+}/-1.43); *HK1.ras*-induced hyperplasia (7.09^{+}/-1.43); RU486-alone treated *K14.creP/lslROCK^{er}* (3.6^{+}/-0.55); non-transgenic control skin (3.45^{+}/-0.47) (*bars: F approx. 160µm; H approx. 140µm; E approx.100µm; A and B approx.75µm; C,D and G approx.50µm).*

Figure 6: Analysis of p53, p21 and NF-κB expression in *K14.creP/lslROCK^{er}* and *HK1.ras* hyperplasia. (A) 4HT/RU486-treated *K14.creP/lslROCK^{er}* epidermis (6wks) **s**hows elevated p53 expression in basal layer keratinocyte cytoplasm/nuclei, becoming (B) expressed in all layers (12wks). In comparison (C) *HK1.ras* hyperplasia (6wks) displays weak p53 in sporadic keratinocytes (**p< 0.001; A and B vs C); whist (D) untreated *K14.creP/lslROCK^{er}* epidermis displays little detectable p53 (**p< 0.001; A and B vs D). (E and F) 4HT/RU486-treated *K14.creP/lslROCK^{er}* epidermis (6wks) exhibits elevated basal-layer p21 in nuclei and cytoplasm, becoming uniform in all layers by 12 weeks. (G) *HK1.ras* hyperplasia (6wks) exhibits occasional, supra-basal p21 expression (**p<0.001; E&F vs G); similar to (H) RU486 alone-treated *K14.creP/lslROCK^{er}* epidermis (*p<0.001; E&F vs H). (I and J) 4HT/RU486-treated epidermis shows low yet detectable NF-κB expression (12wks) in basal-layer keratinocytes compared to (K) 4HT/RU486-treated *HK1.ras* hyperplasia (**p<0.05; I and J vs K) or (L) normal RU486-treated *K14.creP/lslROCK^{er}* epidermis that express little detectable NF-κB (*p<0.05; I & J vs L) (*bars:* D *and H approx. 90-100µm; A and E: 80-90µm; B, C K and L approx. 70-75µm; I and J: approx. approx.50-60µm; G: approx. 30µm).*

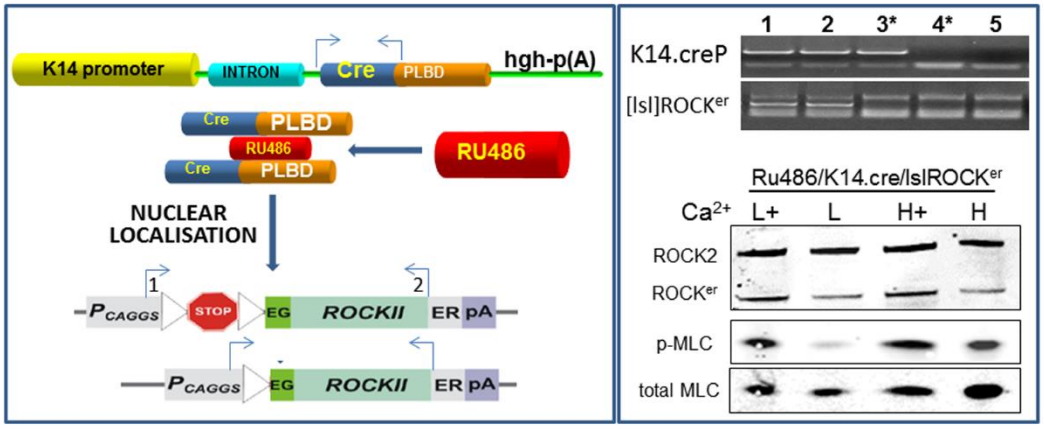


Figure 1

Figure 2

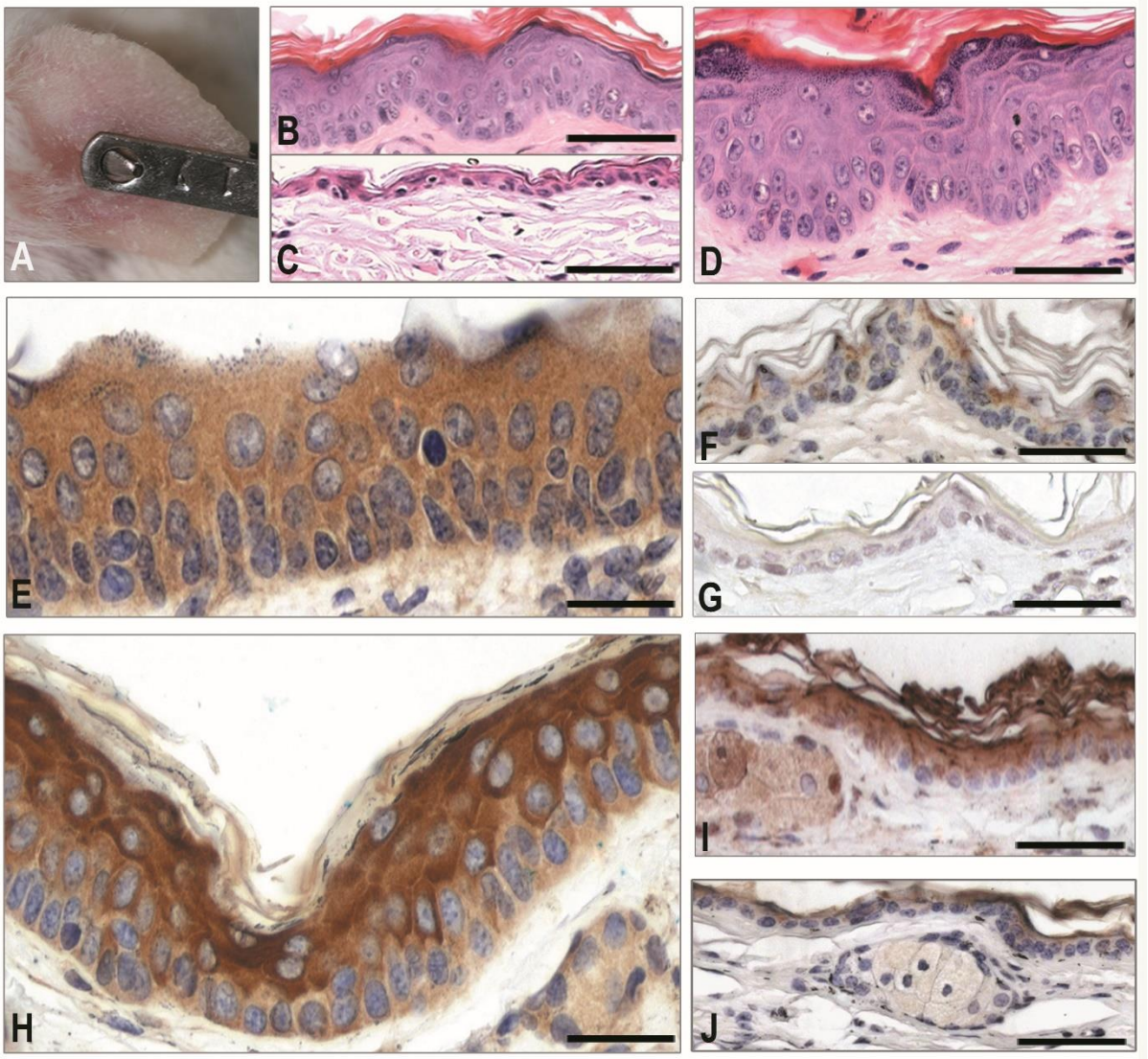
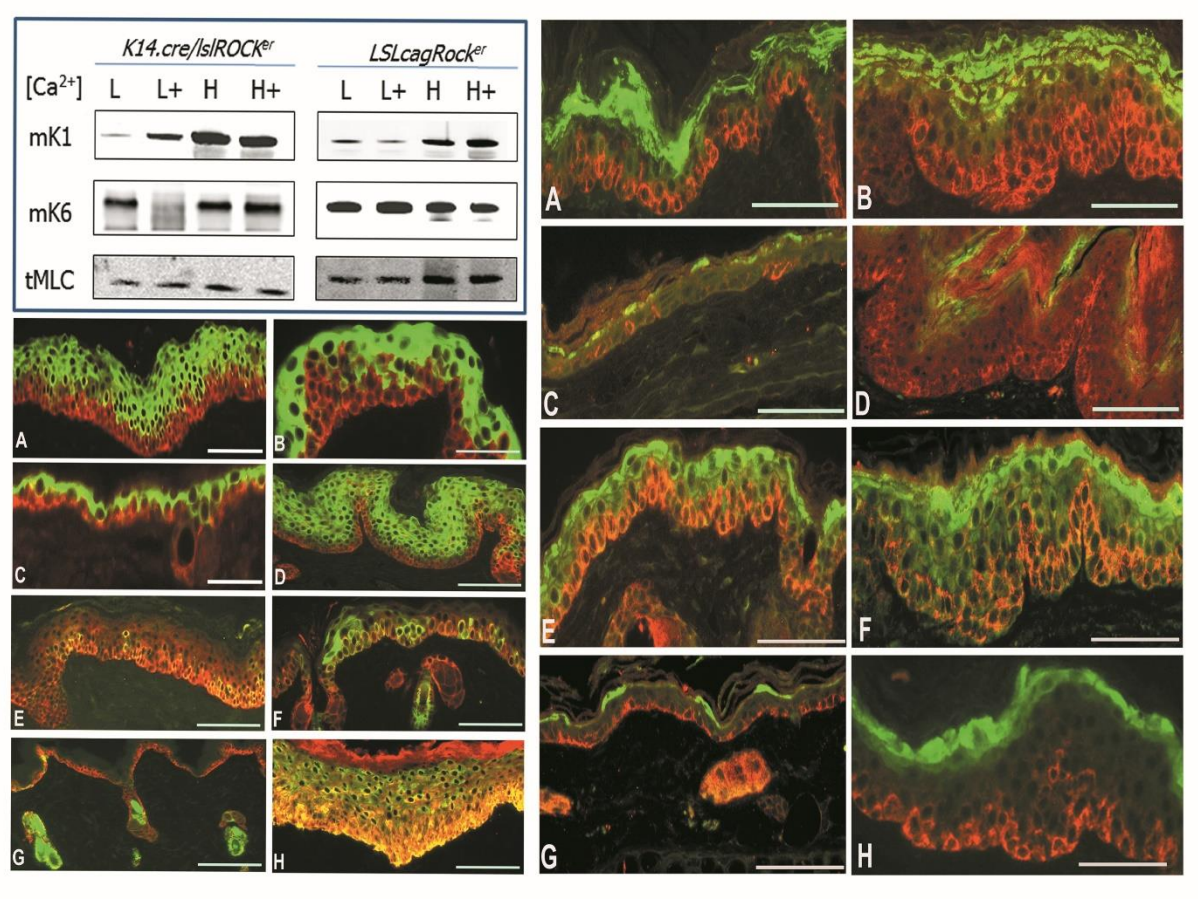


Figure 3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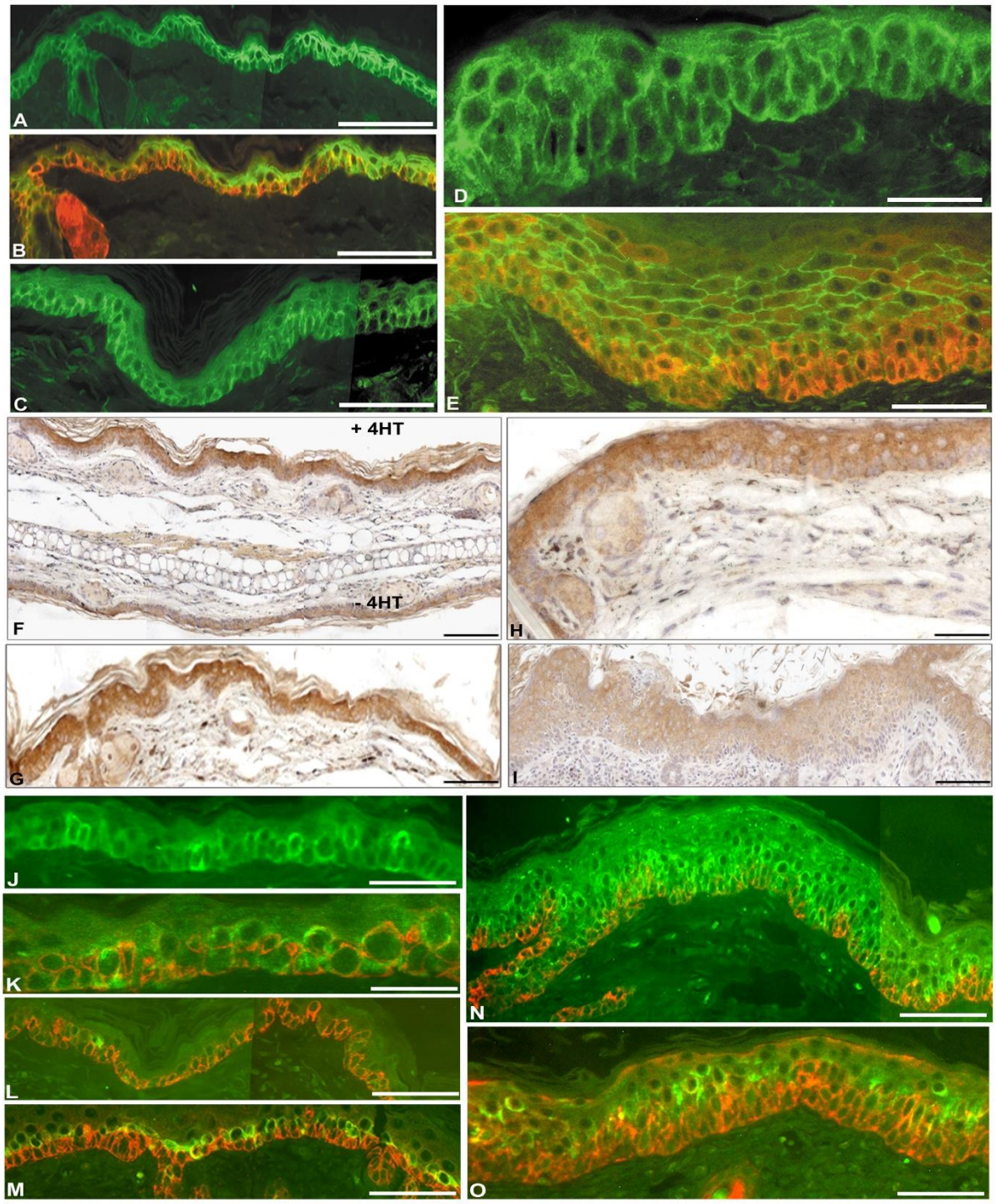

Figure 4

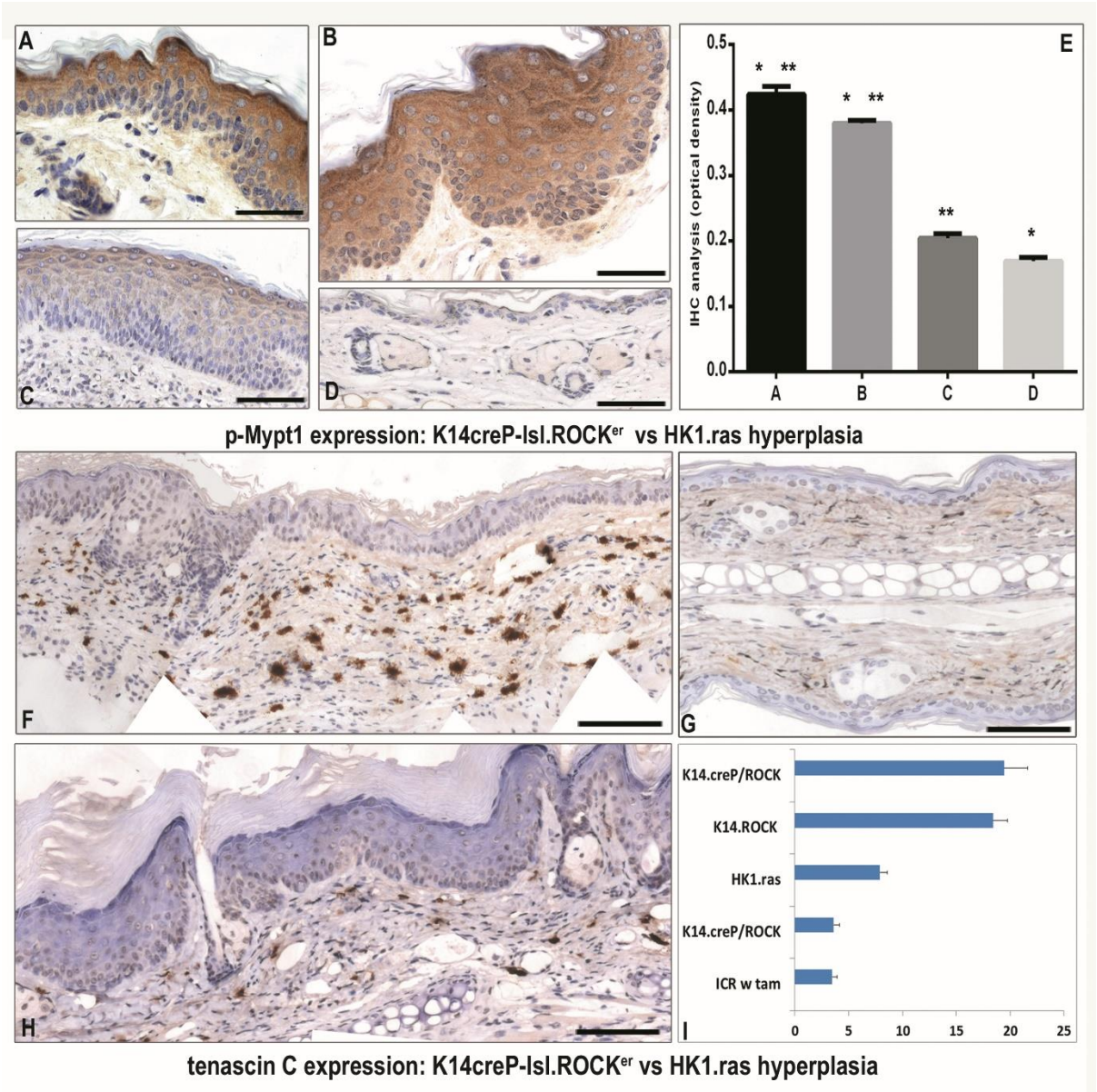
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Figure 5

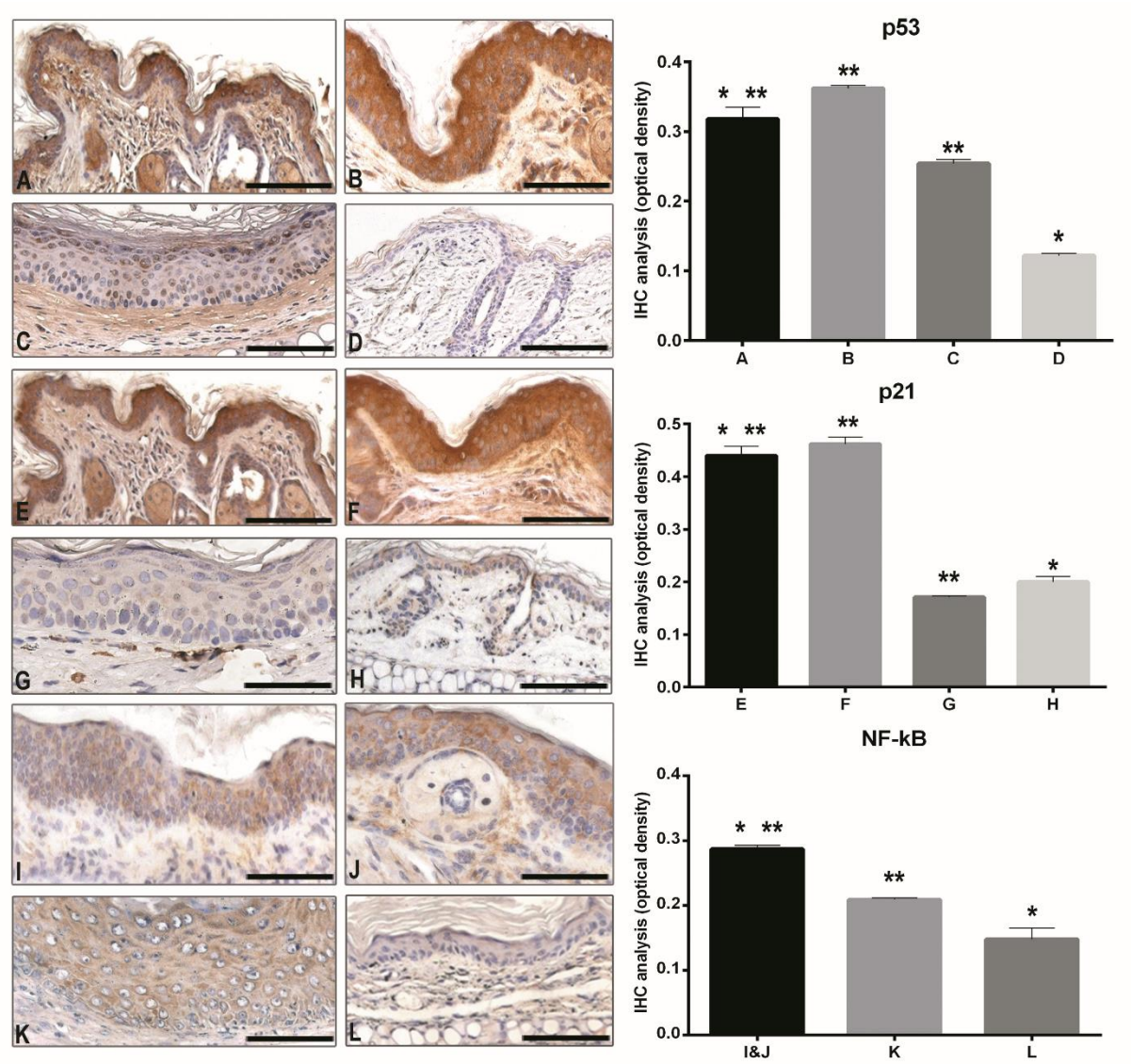
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Figure 6