

1 **Title of the paper**

2 Origin and initiation mechanisms of neuroblastoma

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11

12 **Abstract**

13 Neuroblastoma is an embryonal malignancy that affects normal development of the adrenal  
14 medulla and paravertebral sympathetic ganglia in early childhood. Extensive studies have revealed  
15 the molecular characteristics of human neuroblastomas, including abnormalities at genome,  
16 epigenome, and transcriptome levels. However, neuroblastoma initiation mechanisms and even its  
17 origin are longstanding mysteries. In this review article, we summarize the current knowledge  
18 about normal development of putative neuroblastoma sources, namely sympathoadrenal lineage of  
19 neural crest cells and Schwann cell precursors that were recently identified as the source of  
20 adrenal chromaffin cells. A plausible origin of enigmatic stage 4S neuroblastoma is also discussed.  
21 With regards to the initiation mechanisms, we review genetic abnormalities in neuroblastomas and  
22 their possible association to initiation mechanisms. We also summarize evidences of  
23 neuroblastoma initiation observed in genetically engineered animal models, in which epigenetic  
24 alterations were involved, including transcriptomic up-regulation by N-Myc and down-regulation  
25 by polycomb repressive complex 2. Finally, several *in vitro* experimental methods are proposed

1 that hopefully will accelerate our comprehension of neuroblastoma initiation. Thus, this review  
2 summarizes the state-of-the-art knowledge about the mechanisms of neuroblastoma initiation,  
3 which is critical for developing new strategies to cure children with neuroblastoma.

4

#### 5 **Key words**

6 Neuroblastoma, Neural crest cells, Schwann cell precursors, Sympathoadrenal progenitors,  
7 MYCN

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#### 15 **Disclosure of potential conflicts of interest**

16 The authors declare no potential conflicts of interest.

17

## 1 **Introduction**

2 Although extensive studies have revealed genomic abnormalities and inter- and intratumoral  
3 heterogeneities in neuroblastomas, the mechanisms of its genesis are still largely unknown. Careful  
4 observation of spatiotemporal expression profiles and functions of the genes related to the normal  
5 development of putative neuroblastoma sources (i.e., adrenal chromaffin cells and sympathetic  
6 neurons), derived from the neural crest, is fundamental for understanding the initiation of  
7 neuroblastoma tumorigenesis. Sympathoadrenal lineage of the neural crest has been considered to be  
8 the plausible cellular origin of neuroblastomas, as summarized in a recent detailed review (Cheung  
9 and Dyer 2013). However, the normal development of adrenal chromaffin cells was recently revised  
10 by Furlan and colleagues (Furlan et al. 2017) and that study raised a penetrating question about the  
11 etiology of neuroblastoma. Meanwhile, proper experimental settings, such as *in vitro* cell culture or  
12 genetically engineered animal models, enable functional characterization of oncogenes or tumor  
13 suppressor genes in neuroblastoma, and thus provide a significant insight into the unknown  
14 mechanisms of neuroblastoma initiation.

15 In this review, we will summarize putative cellular origins of neuroblastoma. Possible mechanisms  
16 of neuroblastoma initiation and methodological approaches to functional characterization of the  
17 genes of interest will also be discussed.

18

## 19 **Inter- and intratumor heterogeneity in neuroblastoma**

20 Neuroblastoma can develop anywhere in the sympathetic nervous system, e.g., in the adrenal gland  
21 or in sympathetic ganglia, and it is characterized by significant intertumor heterogeneity. Recently  
22 published data from a large international patient cohort showed that neuroblastomas are frequently  
23 observed in the adrenal (47%,  $n = 3966/8369$ ) and abdominal/retroperitoneal regions (24%,  $n =$   
24  $1991/8369$ ), as well as observed in the neck (2.7%), thoracic (15%), pelvic (3%), and other regions  
25 (7.9%) (Vo et al. 2014). Notably, patients with adrenal tumors showed certain biological and clinical

1 features that indicated higher malignancy, including *MYCN* amplification (odds ratio: 2.09) and poor  
2 prognosis compared to individuals with non-adrenal tumors. An independent cohort also reported  
3 distinct genomic profiles and patient outcomes in tumors of different origins (Brisse et al. 2017).  
4 Distinct clinical features of the tumors developed in different sites may be explained by the  
5 differences in developmental programs of adrenal chromaffin cells and paravertebral sympathetic  
6 neurons (Huber 2015).

7 Two groups recently reported intratumor heterogeneity at the cellular and molecular levels in  
8 neuroblastoma (Boeva et al. 2017; van Groningen et al. 2017). There are different types of  
9 neuroblastoma cell lines: neuroblastic (N-type), non-neuronal Schwann cell-like (S-type), and  
10 morphologically intermediate (I-type) cells, which can be established in an ordinary  
11 serum-containing medium (Ciccarone et al. 1989). mRNA expression profiling of neuroblastoma  
12 cells from patient-derived fresh tumors cultured using serum-free neural stem cell medium showed  
13 that such cells were more related to primary tumors than classical cell lines (Bate-Eya et al. 2014).  
14 Furthermore, the same research group established those cell lines from the same patient (van  
15 Groningen et al. 2017). They revealed two types of cells within the same tumor, namely  
16 undifferentiated mesenchymal cells (MES-type) and committed adrenergic cells (ADRN-type),  
17 which showed divergent transcriptomic profiles and super-enhancer-associated transcription factor  
18 networks, whereas genetic abnormalities were identical in both types of cells. Importantly, MES and  
19 ADRN signature scores based on transcriptomic profiling demonstrated that MES-type cells were  
20 similar to human neural crest-derived cell lines, suggesting that MES-type cells are more primitive  
21 than ADRN-type cells. In a similar study, super-enhancers and core regulatory circuitries controlling  
22 transcriptional program across 25 classical neuroblastoma cell lines and human neural crest cell lines  
23 have been recently investigated (Boeva et al. 2017). As in the study by Groningen and colleagues,  
24 two distinct cell groups were also observed and one group, including GIMEN, SH-EP, and GICAN  
25 neuroblastoma cell lines, resembled human neural crest cell lines. Collectively, the presence of

1 neuroblastoma cells resembling neural crest cells (NCCs) implies that either NCCs are one of the  
2 neuroblastoma cellular sources or ADRN-type cells de-differentiate to MES-type cells, and such  
3 transformed cells may generate intratumor heterogeneity in a tumor mass. Considering these inter-  
4 and intratumor heterogeneities, the basic knowledge about the development of putative cells that give  
5 rise to neuroblastoma, i.e., sympathoadrenal lineage of NCCs and Schwann cell precursors (SCPs,  
6 discussed below), is a prerequisite for understanding the mechanisms of neuroblastoma initiation.

7

## 8 **Cellular sources of neuroblastoma**

### 9 *Development of sympathoadrenal lineage*

10 The neural crest is a transient cell population in vertebrates that gives rise to various cell  
11 populations. Its formation, namely the induction of neural crest and specification of derived cells, is  
12 regulated by a complexed gene regulatory network (Sauka-Spengler and Bronner-Fraser 2008). SoxE  
13 transcription factors are expressed during neural crest specification in pre-migratory, delaminating,  
14 and migrating NCCs, and regulate the differentiation of NCCs into sympathetic neurons,  
15 parasympathetic neurons, enteric neurons, sensory neurons, glial cells (Schwann cells and satellite  
16 glia), cartilage in the cranial region, and melanocytes (Sauka-Spengler and Bronner-Fraser 2008).  
17 NCCs undergo epithelial-to-mesenchymal transition and start migration to their destination. NCCs of  
18 the sympathoadrenal lineage migrate ventrolaterally toward the dorsal aorta. Once they reach the  
19 dorsal aorta, the sympathetic progenitors stay close to it, whereas adrenal chromaffin progenitors  
20 migrate further ventrally to associate with adrenal cortical cells that originate from the lateral plate  
21 mesoderm (Takahashi et al. 2013). This step-by-step migration is regulated by a cooperative function  
22 of extrinsic and intrinsic factors (described below and summarized in the left panel of Fig. 1).

23 Delaminated and migrating NCCs express the *Sox10* gene, a member of the SRY-related HMB-box  
24 family of transcription factors (Kim et al. 2003; Sauka-Spengler and Bronner-Fraser 2008). SOX10  
25 exerts multiple functions in neural crest derivatives, including sympathoadrenal and glial progenitors,

1 through the maintenance of the stem cell state (gliogenic and neurogenic potential) and glial lineage  
2 identity (Kim et al. 2003). Therefore, SOX10<sup>+</sup> migrating NCCs have a potential to differentiate into  
3 cells of sympathoadrenal and glial lineage. Expression patterns of SOX10 in sympathoadrenal and  
4 glial lineage cells become distinct when their lineages are specified. *Phox2b* gene expression starts  
5 right after migrating NCCs reach the dorsal aorta and determines the cells for sympathoadrenal  
6 lineage: these cells express both SOX10 and PHOX2B simultaneously at E10.5 mouse embryos  
7 (Callahan et al. 2008). However, PHOX2B<sup>+</sup> sympathoadrenal progenitors permanently lose SOX10  
8 expression after E11.5, although the latter persists in glial lineage, namely in the satellite glia in  
9 sympathetic ganglia (Callahan et al. 2008; Gonsalvez et al. 2013).

10 Bone morphogenic proteins (BMPs) are the major extrinsic factors secreted from the dorsal aorta  
11 that are essential for the generation of sympathoadrenal lineage (Schneider et al. 1999). Schneider  
12 and colleagues implanted Noggin-loaded agarose beads into the vicinity of notochord and dorsal  
13 aorta to directly inhibit secreted BMPs (BMP-4 and BMP-7), and this manipulation abolished the  
14 aggregation of sympathoadrenal progenitors (TH<sup>+</sup>/DBH<sup>+</sup>/CASH-1<sup>+</sup>/PHOX2A<sup>+</sup>/PHOX2B<sup>+</sup>) around  
15 the dorsal aorta. Thus, BMPs were suggested to act directly on the formation of sympathoadrenal  
16 progenitors around the dorsal aorta. Recently, Saito and colleagues used a dominant-negative type of  
17 the BMP receptor rather than Noggin to inhibit BMP signaling specifically in migrating NCCs, and  
18 this did not inhibit the migration of these cells to the dorsal aorta. Interestingly, the authors found  
19 that BMPs secreted from the dorsal aorta induced the expression of SDF1 (the chemokine stromal  
20 cell-derived factor-1) and NRG1 (Neuregulin 1) in the para-aortic mesenchyme, which directly  
21 regulate the migration of NCCs through CXCR4 (C-X-C motif chemokine receptor 4) and EGF  
22 receptors, respectively (Saito et al. 2012). The authors also focused on the late-occurring segregation  
23 of adrenal- and sympathetic progenitors. In contrast to the migration of NCCs, direct signaling of  
24 BMP-4 and BMP-7 was required for the segregation of adrenal progenitors, and then, NRG1  
25 functioned as an attractant for further migration of adrenal progenitors to the adrenal gland (Saito et

1 al. 2012). Therefore, BMPs are central extrinsic factors affecting both the migration of NCCs and  
2 segregation of adrenal- and sympathetic cell progenitors (Saito and Takahashi 2015; Takahashi et al.  
3 2013). However, this late-occurring segregation was recently revised by Furlan et al., as described in  
4 the following section. Therefore, Saito et al. observed either ventrally migrated suprarenal  
5 sympathetic progenitors or minor populations of adrenal progenitors.

6 Several intrinsic/transcription factors, including PHOX2B (Pattyn et al. 1997; Pattyn et al. 1999),  
7 ASCL1/MASH-1 (Guillemot et al. 1993), HAND2 (Howard et al. 2000), and GATA2/3 (Tsarovina et  
8 al. 2004), control the development of sympathoadrenal lineage. The expression patterns and roles of  
9 these transcription factors are well summarized in a review by Huber with a plausible conclusion that  
10 PHOX2B is the dominant regulator of sympathoadrenal lineage specification, whereas the  
11 contribution of ASCL1/MASH-1 and GATA3 is less significant (Huber 2006).

12

13 *Development of chromaffin cells in the adrenal medulla*

14 As described above, adrenal chromaffin cells and sympathetic ganglia are considered to share the  
15 same origin and step-by-step developmental mode. Numerous studies mostly based this conclusion  
16 on the observations of cell differentiation *in vitro* or *in vivo* (e.g., in knockout mice). However, as  
17 those studies did not use lineage tracing, whether the putative progenitors of adrenal chromaffin cells  
18 and sympathetic ganglia, namely sympathoadrenal lineage cells, indeed generate two distinct cell  
19 types has not been directly demonstrated. For example, the migration of adrenal chromaffin  
20 progenitors toward the adrenal gland has not been directly observed. In addition, the suprarenal  
21 sympathetic ganglion is considered to be derived from sympathoadrenal precursors, and it is still  
22 unknown how adrenal chromaffin cells and suprarenal sympathetic ganglion develop from the same  
23 set of cells, i.e. sympathoadrenal progenitors (Lumb and Schwarz 2015).

24 However, a recent study provided convincing evidence that the suprarenal ganglion, similar to other  
25 sympathetic ganglia, is generated by migrating NCCs, whereas adrenal chromaffin cells are derived

1 from SCPs migrating along the nerve to the adrenal (Furlan et al. 2017). The following facts were  
2 directly revealed (also summarized in the right panel of Fig. 1).

3 (1) The majority of TH<sup>+</sup> cells in the adrenal medulla at E17.5 originated from PLP1<sup>+</sup> glial  
4 precursors as was evidenced by lineage tracing in *Plp1<sup>CreERT2</sup>;R26R<sup>YFP</sup>* reporter mice at E11.5.

5 (2) When SOX10<sup>+</sup> cells were ablated by diphtheria toxin subunit A in *Sox10<sup>CreERT2</sup>;R26R<sup>DTA</sup>* mice  
6 at E11.5 and E12.5, TH<sup>+</sup> cells were significantly reduced in the adrenal medulla but not in the  
7 suprarenal sympathetic ganglion or sympathetic ganglion at E13.5 and E17.5. These results  
8 indicate that migrating SCPs (SOX10<sup>+</sup>/PLP1<sup>+</sup>) at E11.5 generate most of the adrenal  
9 chromaffin cells. Collectively, the authors concluded that approximately 80% of chromaffin  
10 cells in the adrenal medulla originated from the migrating SCPs.

11 (3) Next, Furlan and colleagues focused on the unique developmental mode of peripheral glial  
12 progenitors. In parasympathetic outflow, SOX10<sup>+</sup>/PHOX2B<sup>+</sup> SCPs migrate to the site of  
13 ganglion formation along their future preganglionic nerves and form parasympathetic ganglia  
14 (Espinosa-Medina et al. 2014; Kalcheim and Rohrer 2014). This preganglionic nerve-dependent  
15 migration was also observed in the adrenal chromaffin progenitors. When the authors ablated  
16 preganglionic sympathetic neurons in the spinal cord that innervated the adrenal gland, the  
17 majority of TH<sup>+</sup> cells were reduced in the adrenal medulla but not in the suprarenal  
18 sympathetic ganglion. This nerve-dependent migration was distinct from the free migration of  
19 NCCs such as sympathoadrenal progenitors.

20 (4) To characterize the program of SCP differentiation into adrenal chromaffin cells, the authors  
21 examined the role of ASCL1, a well-known transcription factor critical for chromaffin cell  
22 differentiation (Huber et al. 2002). *Ascl1* knockout and traced cells unusually maintained the  
23 expression of glial markers S100β and SOX10. These cells initiated the expression of PHOX2B  
24 but failed to acquire catecholaminergic state (SOX10<sup>-</sup>/PHOX2B<sup>+</sup>/TH<sup>-</sup>), demonstrating an  
25 important role of ASCL1 in the proper maturation of SCPs.

1 (5) To trace the differentiation of sympathoadrenal progenitors, the authors focused on the tyrosine  
2 kinase RET, an important regulator of sympathetic neuron development (Enomoto et al. 2001).  
3 After RET<sup>+</sup> cells were traced starting from E10.5 and then examined at E15.5, they were  
4 mostly observed in sympathetic neurons of the paravertebral and suprarenal ganglia, whereas a  
5 minor population (approximately 20%) was traced in the adrenal medulla, suggesting a small  
6 contribution of the sympathoadrenal progenitors in the formation of chromaffin cells in the  
7 adrenal medulla.

8 (6) A subset of TH<sup>+</sup> cells exhibited cholinergic properties (CHAT<sup>+</sup>) in the sympathetic and  
9 suprarenal sympathetic ganglia but not in the adrenal medulla.

10 (7) Finally, single-cell gene expression analysis of neural crest derivatives in the adrenal gland and  
11 suprarenal ganglion clearly revealed distinct gene expression patterns between these two tissues  
12 at E12.5 and E13.5. The authors also observed a cascade of pseudo differentiation from SCPs  
13 to chromaffin cells, and identified *Ascl1* and *Htr3a* as genes bridging this phenomenon.

14 Overall, the study by Furlan et al. provided fundamental knowledge to better understand the  
15 mechanisms of neuroblastoma biology, assuming that the findings in mice are indeed applicable to  
16 humans. Thus far, it has been presumed that sympathoadrenal progenitors are the source of  
17 neuroblastoma (Cheung and Dyer 2013). Given that neuroblastomas predominantly occur at the  
18 adrenal gland (approximately 50%), SCPs are considered to be one of the origins of neuroblastoma.  
19 Because primary neuroblastomas occur at the adrenal gland and paravertebral sympathetic ganglia,  
20 the cells of neuroblastoma origin are likely either sympathoadrenal progenitors or SCPs. Furthermore,  
21 the difference of the cell of origin might explain distinctly worse clinical presentations of adrenal  
22 neuroblastomas compared to those of non-adrenal ones, as mentioned above (Vo et al. 2014).

23

#### 24 *The origin of stage 4S neuroblastoma*

25 Stage 4S neuroblastoma is a unique and special type of neuroblastoma (D'Angio et al. 1971; Evans

1 et al. 1971). Patients with stage 4S neuroblastomas show clinical presentations similar to those of  
2 stage 1 and stage 2 neuroblastomas but have metastatic tumors restricted to the skin, the liver, or the  
3 bone marrow (Evans et al. 1971). Stage 4S neuroblastomas spontaneously regress with minimal or no  
4 treatment (D'Angio et al. 1971) and show different molecular transcriptome (Benard et al. 2008) and  
5 DNA methylome (Decock et al. 2016) signatures compared to those of stage 4 neuroblastomas. This  
6 unique neuroblastoma has been thought to be a metastatic tumor of genetically identical cells  
7 (Brodeur and Bagatell 2014). However, it is more likely a multifocal disease of NCCs (van Noesel  
8 2012). Dissemination sites of stage 4S neuroblastomas, namely the skin, the liver, and the bone  
9 marrow, are one of the destinations for migrating NCCs. Indeed, multipotent neural crest-derived  
10 cells, which can be isolated from the trunk skin, express neural crest stem cell marker p75 and  
11 SOX10, and represent glial or melanocyte lineages (Wong et al. 2006). Nagoshi and colleagues  
12 focused on the NCC marker *Mpz* (myelin protein zero; also known as P0) and used  
13 *P0-Cre/Floxed-EGFP* mice to trace migration of NCCs in the bone marrow and  
14 aorta-gonad-mesonephros region (Nagoshi et al. 2008). EGFP<sup>+</sup> cells were observed in the dorsal root  
15 ganglia, whisker follicles, and tibia bone marrow. In the latter tissue, EGFP<sup>+</sup> cells were detected  
16 along blood vessels near the inner surface of the bone cortex. Importantly, EGFP<sup>+</sup>/SOX10<sup>+</sup>/p75<sup>+</sup>  
17 NCCs invaded the dorsal aorta and were observed in the peripheral blood and fetal liver during  
18 embryonic stages, suggesting that NCCs migrate from the aorta-gonad-mesonephros region to the  
19 bone marrow through blood vessels (Nagoshi et al. 2008). Therefore, dissemination sites of stage 4S  
20 neuroblastoma and destinations of SOX10<sup>+</sup>/p75<sup>+</sup> NCCs coincide (Fig. 2). These observations  
21 support the hypothesis that stage 4S neuroblastoma is a multifocal cancer rather than a metastatic one,  
22 influencing migrating NCCs. As discussed earlier, there are at least two distinct neuroblastoma cells  
23 types, i.e., MES-type and ADRN-type. Therefore, investigating the “cell types” of stage 4S  
24 neuroblastoma at various locations may provide an insight into the genesis of stage 4S  
25 neuroblastoma. However, the etiology of this tumor and its unique ability to undergo “spontaneous

1 regression” remain largely enigmatic.

2

### 3 **Mechanisms of neuroblastoma initiation**

#### 4 *Genetic abnormalities in neuroblastoma*

5 Several recent genetic analyses by high-throughput sequencing technologies have revealed the  
6 landscape of genetic variation in human neuroblastoma. In 2013, genomic DNA samples of 240  
7 high-risk neuroblastomas have been sequenced, and it was found that recurrent somatic mutations in  
8 genes such as *ALK* (9.2%), *PTPN11* (2.9%), *ATRX* (2.5% and 7.1% focal deletions) were rare (less  
9 than 25% in total), whereas chromosomal alterations, such as *MYCN* amplification (32.1%), *17q* gain  
10 (80.4%), and *11q* loss (47.5%), were frequently observed in that cohort (around 90% in total) (Pugh  
11 et al. 2013). In 2015, two research groups reported recurrent genomic rearrangements affecting  
12 chromosomal regions close to the telomerase reverse transcriptase (*TERT*) gene locus that led to  
13 significant transcriptional up-regulation of *TERT* (Peifer et al. 2015; Valentijn et al. 2015).  
14 Importantly, *TERT* rearrangements were found only in high-risk neuroblastomas (Peifer et al.: 31%,  
15 12/39; Valentijn et al.: 23%, 17/75) in an almost mutually exclusive manner with *MYCN*  
16 amplifications and *ATRX* mutations. However, both groups also observed a set of neuroblastomas  
17 without any of those aberrations, which left open the question of how these tumors (around 30%)  
18 developed. With regard to the chromosomal alterations, a close association between *MYCN* and *let-7*  
19 microRNA family has been reported recently (Powers et al. 2016). Notably, in neuroblastomas with  
20 amplified *MYCN*, abundant *MYCN* mRNA works as a competing endogenous RNA to sponge *let-7*  
21 miRNAs, attenuating their tumor-suppressive functions. In addition, a genetic loss of *let-7* family  
22 members, including *let-7a2* and *let-7g*, was observed in chromosome *11q* and *3p*, respectively, where  
23 chromosomal losses were frequently observed in neuroblastomas without amplified *MYCN*.  
24 Therefore, Powers and colleagues concluded that *let-7* disruptions by multiple mechanisms are a  
25 common event in the majority of neuroblastomas.

1 Although chromosomal gains and losses affecting oncogenic and tumor suppressive genes  
2 definitely occur in neuroblastomas, as discussed above, whether these events initiated  
3 neuroblastomas is still largely unsolved. Few recurrent genetic alterations indicate that epigenetic  
4 abnormalities during normal development are likely involved in the initiation of neuroblastoma  
5 tumorigenesis, which then trigger genomic instabilities leading to the chromosomal alterations found  
6 in primary tumors at diagnosis.

7

#### 8 *Neuroblastoma initiation in animal models*

9 Neuroblastoma initiation can be reproduced using genetically engineered animal models.  
10 Th-MYCN mouse is the most widely used mouse model, in which rat tyrosine hydroxylase (*TH*)  
11 promoter drives human *MYCN* expression (Chesler and Weiss 2011; Weiss et al. 1997). Ectopic  
12 *MYCN* expression in sympathoadrenal lineage initiated neuroblastoma formation that mirrored  
13 clinico-pathological features of human neuroblastomas, including chromosomal changes (Hackett et  
14 al. 2003). In physiological settings, proliferating neuroblasts undergo either differentiation or  
15 apoptosis upon the withdrawal of nerve growth factor; however, ectopic *MYCN* expression around  
16 the perinatal stages altered this normal process and resulted in aberrant proliferation of these cells in  
17 Th-MYCN mice (Hansford et al. 2004). Although ectopic *MYCN* overexpression is unlikely to be the  
18 initial event in the development of neuroblastoma, it triggered the sequence of events leading to  
19 neuroblastoma in mice.

20 In 2008, four groups reported germline and somatic mutations in the *ALK* gene in neuroblastoma:  
21 point mutations, including R1275Q and F1174L, converged on ALK tyrosine kinase domain and  
22 resulted in constitutive activation of the protein (Chen et al. 2008; George et al. 2008;  
23 Janoueix-Lerosey et al. 2008; Mosse et al. 2008). Mutant ALK (F1174L), which was found only in  
24 sporadic neuroblastomas, exhibited transformative ability in transgenic mice (Berry et al. 2012;  
25 Heukamp et al. 2012). Importantly, mutant *ALK* (*F1174L*) driven by the rat *TH* promoter did not

1 trigger neuroblastoma in *ALK<sup>F1174L</sup>* transgenic mice, but it accelerated Th-MYCN-driven  
2 tumorigenesis (Berry et al. 2012). This was also observed in a zebrafish model, in which the  
3 dopamine- $\beta$ -hydroxylase promoter was used to express the mutant *ALK (F1174L)* (Zhu et al. 2012).  
4 In contrast, mutant *ALK (F1174L)* driven by the chicken  $\beta$ -actin promoter caused tumors in mice  
5 (Heukamp et al. 2012). More recently, Cazes and colleagues produced *Alk<sup>R1279Q</sup>* and *Alk<sup>F1178L</sup>*  
6 knock-in mouse models to assess the tumorigenic potential of ALK mutants (Cazes et al. 2014). Both  
7 *Alk* knock-in models promoted MYCN-driven neuroblastomas when the mice were crossed with  
8 MYCN transgenic mice; however, they never developed tumors by themselves, suggesting that  
9 activated *Alk* itself is not sufficient to induce neuroblastoma *in vivo*. Overall, these studies indicate  
10 that expression levels of mutant *ALK* are critical for triggering neuroblastoma *in vivo*.

11 LIN28B and its homolog LIN28A are RNA binding proteins that selectively block the processing of  
12 *pri-let-7* miRNAs (Viswanathan et al. 2008). Genomic amplifications and overexpression of *LIN28B*  
13 have been observed in most high-risk neuroblastomas (Molenaar et al. 2012). Suppression of *let-7*  
14 miRNAs production by excessive LIN28B results in the up-regulation of N-Myc (encoded by  
15 *MYCN*) protein levels. Importantly, ectopic expression of *LIN28B*, restricted to sympathoadrenal  
16 lineage, initiated neuroblastoma formation in transgenic mice, demonstrating oncogenic potential of  
17 *LIN28B* (Molenaar et al. 2012). Interestingly, ectopic LIN28B expression did not affect the  
18 proliferation of neuroblasts around the perinatal stages (up to postnatal day 20), suggesting that  
19 LIN28B-driven neuroblastoma requires additional signals or genetic abnormalities at late postnatal  
20 stages (Hennchen et al. 2015). Because the majority of neuroblastomas exhibit *LIN28B*  
21 overexpression without genomic aberrations, the upstream signaling proteins, such as epigenetic  
22 regulators, might trigger the cascade of *LIN28B*-driven neuroblastoma tumorigenesis.

23 These lines of evidence demonstrated oncogenic potentials of several genes; however, the nature of  
24 neuroblastoma initiation mechanisms and epigenetic abnormalities during embryonic development  
25 are still largely uncertain.

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## *Epigenetic abnormalities in early neuroblastoma tumorigenesis*

Recently, we reported the evidence of possible epigenetic abnormalities critical to the initial stage of neuroblastoma tumorigenesis (Tsubota et al. 2017). We investigated the earliest events of neuroblastoma tumorigenesis in Th-MYCN mice. Using the newly established sphere culture condition containing chick embryo extract, we were able to isolate sympathoadrenal progenitors from E13.5 embryos. Importantly, initiation of *MYCN* expression was confirmed at E13.5 in a small subset of PHOX2B<sup>+</sup> sympathoadrenal progenitors. Both wild-type (WT) and Th-MYCN cells formed primary spheres, but only Th-MYCN spheres were passageable, indicating that N-Myc<sup>+</sup> cells were enriched by long-term culture. We compared transcriptomes of E13.5 WT and Th-MYCN spheres and investigated gene sets contributing to transcriptomic differences between them. MYC target genes were up-regulated in Th-MYCN spheres as expected. Importantly, we found significant down-regulation of polycomb repressive complex 2 (PRC2) target genes, which were defined in embryonic stem (ES) cells (Ben-Porath et al. 2008). We observed chromosomal alterations in tumor tissues but not in E13.5 Th-MYCN spheres, as well as specific promoter-associated DNA methylations in E13.5 Th-MYCN spheres. However, the latter barely contributed to transcriptomic differences. These multiple omics analyses suggested that transcriptomic alterations regulated by N-Myc and PRC2 initiated neuroblastoma tumorigenesis in Th-MYCN mice (Fig. 3). In addition, chromatin immunoprecipitation sequencing for H3K27me3, a repressive histone mark modified by PRC2 (Margueron and Reinberg 2011), revealed an increase in H3K27me3 levels around the transcription start sites of PRC2 target genes in E13.5 Th-MYCN spheres, indicating that target genes were epigenetically suppressed by PRC2. Remarkably, as previously reported (Corvetta et al. 2013), we observed a physical interaction between N-Myc and PRC2 in E13.5 Th-MYCN spheres, implying that N-Myc recruits PRC2 at certain genomic loci to epigenetically suppress their target genes. Inhibition of the EZH2 protein, an essential component of PRC2 complex, by knockdown or a

1 histone methyltransferase inhibitor de-repressed PRC2 target genes, including cyclin-dependent  
2 kinase inhibitors (Mills 2010) and known PRC2 targets in neuroblastomas (Wang et al. 2012), and  
3 resulted in growth suppression of *in vitro* sphere and *in vivo* tumor formation in Th-MYCN mice.  
4 These results indicate that PRC2 is required for oncogenic potential of MYCN. Furthermore,  
5 dysregulation of *MYCN* signaling in sympathoadrenal progenitors, in which EZH2 is expressed  
6 during embryonic development, initiates neuroblastoma tumorigenesis (Fig. 3).

7 However, several issues remain uninvestigated. First, because our spheroid culture method  
8 selectively isolates neuroblastoma cells from tissues, the effects of the environment *in vivo* are not  
9 considered. Second, although we observed a downregulation of PRC2 targets in Th-MYCN spheres,  
10 whether these targets are actually downregulated in neuroblastoma cells *in vivo* is not clearly known.  
11 Third, although the array CGH analysis revealed no genomic alterations in E13.5 Th-MYCN spheres,  
12 whether subcutaneous tumors derived by injection of such cells acquire chromosomal changes  
13 remains unclear. Further investigation of these points will provide more convincing conclusions on  
14 the pathogenesis of neuroblastoma.

15

### 16 ***In vitro* culture studies**

17 To investigate neuroblastoma initiation mechanisms, genetic manipulations of the putative  
18 neuroblastoma source cells, such as SCPs and sympathoadrenal progenitors, are needed. Classical  
19 neuroblastoma cell lines cultured in serum-containing medium or newly established neuroblastoma  
20 cells generated with serum-free neural stem cell medium (Bate-Eya et al. 2014) are useful for general  
21 characterization of neuroblastoma and therapeutic target search. However, they are not appropriate  
22 for investigations of neuroblastoma initiation mechanisms. Therefore, genetically engineered animal  
23 models or *in vitro* cell culture approaches are utilized to study initial events directly. *In vitro* cell  
24 culture method is particularly useful because researchers can easily manipulate and analyze functions  
25 of the genes of interest. For example, putative sources of neuroblastoma, such as SCPs and

1 sympathoadrenal progenitors, can be directly isolated from embryonic mice. Another strategy is *in*  
2 *vitro* induction of these cells from NCCs or pluripotent stem cells, such as induced pluripotent stem  
3 (iPS) or ES cells. So far, only the induction of multipotent NCCs from ES cells using SOX10 and  
4 other factors was reported (Kim et al. 2014). However, efficient induction of SCPs or  
5 sympathoadrenal progenitors has not yet been achieved.

6 JoMa1 is a multipotent neural crest cell line expressing *Sox10* and *p75*, which is kept in  
7 immortalized and undifferentiated state by a tamoxifen-activated c-Myc transgene (Maurer et al.  
8 2007). It has been reported that *MYCN* and mutant *ALK (F1174L)* could transform JoMa1 cells,  
9 which could then cause neuroblastoma formation *in vivo* (Schulte et al. 2013). In addition, a new  
10 neuroblastoma model system based on NCCs isolated from E9.5 neural tube explants has been  
11 described recently (Olsen et al. 2017). The authors isolated migrating SOX10<sup>+</sup>/p75<sup>+</sup>/ASCL1<sup>+</sup> NCCs  
12 that were negative for the sympathoadrenal marker TH and PHOX2B. These cells were then  
13 ectopically transduced with *MYCN* and subsequently transplanted subcutaneously into WT mice to  
14 evaluate transformation potential of *MYCN*. Notably, these cells triggered the formation of poorly  
15 differentiated neuroblastoma, which exhibited gene expression profile and chromosomal alterations  
16 similar to those of human neuroblastomas.

17 As mentioned above, we also established spheroid culture method using chick embryo extract that  
18 can enrich PHOX2B<sup>+</sup> sympathoadrenal progenitors from the anlage of the adrenal medulla or  
19 sympathetic ganglia (Tsubota et al. 2017). Real cellular sources of neuroblastoma are still ambiguous:  
20 NCCs, SCPs, or sympathoadrenal progenitors can be the cells that give rise to neuroblastoma.  
21 However, the various methods outlined above can be utilized to study further the factors determining  
22 susceptibility to neuroblastoma transformation and oncogenic potentials of oncogenes or  
23 tumor-suppressors in neuroblastoma.

24

25 *Ideal model*

1 So far, most of the model systems are based on mouse or zebrafish, whereas a human model is  
2 lacking. Therefore, *in vitro* induction of adrenal chromaffin cells or sympathetic neurons from  
3 pluripotent stem cells, such as human ES or iPS cells, would be an ideal model to investigate  
4 mechanisms of neuroblastoma initiation. Paucity of somatic recurrent mutations implies that  
5 combinations of multiple risk factors, including reported (Tolbert et al. 2017) and unknown  
6 susceptible genes (polymorphisms), trigger epigenetic deregulations during normal development,  
7 leading to neuroblastoma initiation. Considering this situation, generation of iPS cells from normal  
8 cells (that harbor genetic risk factors) of human neuroblastoma patients and induction of SCPs or  
9 sympathoadrenal progenitors from these cells followed by final differentiation to adrenal chromaffin  
10 cells or sympathetic neurons may provide an opportunity to investigate genuine mechanisms of  
11 neuroblastoma initiation. Using the same approach for tissues from stage 4S neuroblastoma patients  
12 or survivors, we could also investigate the enigmatic mechanisms of spontaneous regression of stage  
13 4S neuroblastoma.

14

## 15 **Concluding remarks**

16 Although recent studies have described the development of putative cellular sources of  
17 neuroblastoma and suggested plausible mechanisms of neuroblastoma initiation, our understanding  
18 of neuroblastoma biology is still limited. Because neuroblastoma-like tumors have not been observed  
19 in other vertebrates, predisposing risks of neuroblastoma specifically evolved in *Homo sapiens* and  
20 closely related genomes during evolution. For example, the *MYCNOS* gene is conserved in the  
21 restricted taxonomic group that contains human and chimpanzee (Suenaga et al. 2014). Therefore, as  
22 mentioned in the last part, we may not experimentally reproduce the real initiation of neuroblastoma  
23 formation without using cells of human origin.

24 Neuroblastoma is becoming a curable tumor due to the recent progress in treatment strategies,  
25 including high-dose myeloablative chemotherapy with autologous hematopoietic stem cell

1 transplantation and immunotherapy (anti-GD2 antibody and cytokines) (Matthay et al. 2016).  
2 However, even after the completion of successive therapy, patients with neuroblastoma typically  
3 suffer from disease- and treatment-induced toxicities. Early detection or prediction of the disease  
4 followed by low-toxic therapies, including those with molecularly targeted drugs, is required to  
5 control the survival and quality of life of neuroblastoma patients. Owing to the paucity of our  
6 knowledge about the mechanisms of neuroblastoma initiation, there should be yet undiscovered  
7 alternative treatment strategies harnessing the etiology of neuroblastoma.  
8

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22

Figure 1

Early migration  
(Chemoattractant-dependent)

Late migration  
(Nerve-dependent)

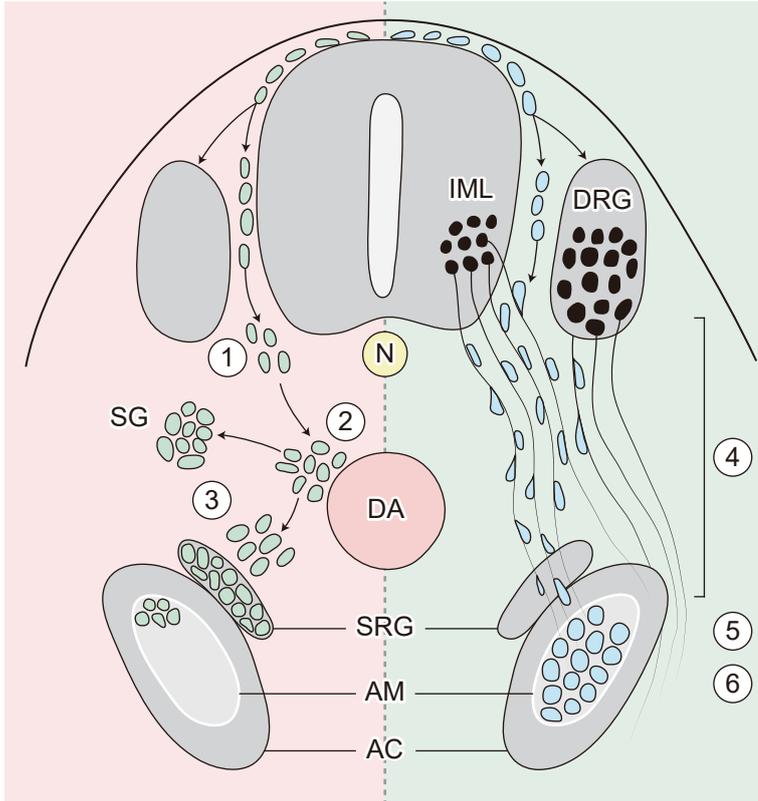


Figure 2

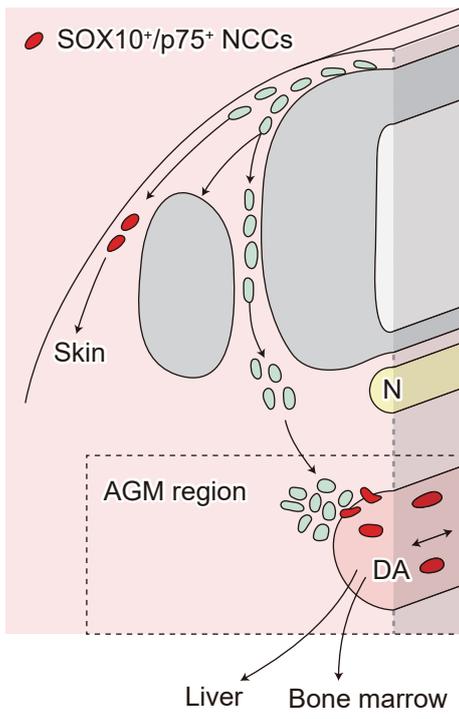
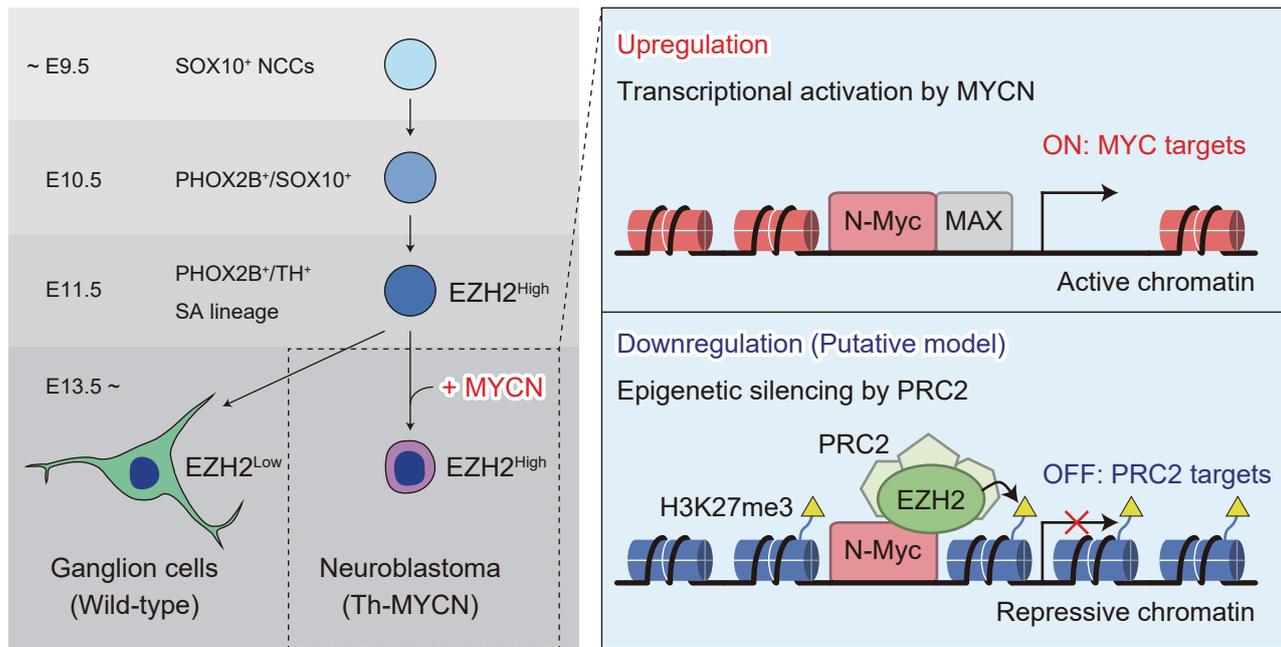


Figure 3



1 **Figure legends**

2 **Fig. 1** Distinct developmental modes of sympathoadrenal lineage and adrenal chromaffin cells.

3 (Left panel) Sympathoadrenal lineage is derived from early-migrating neural crest cells that migrate  
4 ventrolaterally and chemoattractant-dependently towards the dorsal aorta. (1) SOX10<sup>+</sup> neural crest  
5 cells are attracted by SDF1 and NRG1 secreted by the para-aortic mesenchyme through their receptors  
6 CXCR4 and EGFR, respectively. (2) Once SOX10<sup>+</sup> cells reach the vicinity of the dorsal aorta, they  
7 commit to sympathoadrenal lineage and start to express lineage-specifying transcription factor gene  
8 *Phox2b* following BMP signaling from the dorsal aorta. This state is transient and the cells  
9 simultaneously express both *Phox2b* and *Sox10* genes in mice at around E10.5. (3) These  
10 sympathoadrenal progenitors lose *Sox10* expression, become segregated, and migrate to either the  
11 anlage of paravertebral sympathetic ganglia or adrenal medulla/suprarenal sympathetic ganglia. BMPs  
12 from the dorsal aorta are critical for the migration of sympathoadrenal lineage. A small contribution of  
13 these cells in the formation of chromaffin cells in the AM. (Right panel) The majority of adrenal  
14 chromaffin cells are derived from late-migrating neural crest cells (termed Schwann cell precursors)  
15 that migrate along the preganglionic nerves of the intermediolateral cell column innervating the adrenal  
16 gland. (4) SOX10<sup>+</sup>/p75<sup>+</sup> Schwann cell precursors ventrolaterally migrate along the axons of  
17 preganglionic neurons in the intermediolateral cell column toward the anlage of the adrenal medulla.  
18 (5) Schwann cell precursors commit to adrenal chromaffin cells through a temporal bridging state,  
19 when they express genes specific for this state, including *Ascl1* and *Htr3a*. (6) These cells start to  
20 express lineage-specific genes, including *Phox2b* and *Th*, for further differentiation to adrenal  
21 chromaffin cells. Approximately 80% of the chromaffin cells in the AM is originated from Schwann  
22 cell precursors. AC, adrenal cortex; AM, Adrenal medulla; DA, dorsal aorta; DRG, dorsal root  
23 ganglion; IML, intermediolateral cell column; N, notochord; SG, sympathetic ganglion; SRG,  
24 suprarenal sympathetic ganglion.

25

1 **Fig. 2** Putative cellular sources of stage 4S neuroblastoma. Neural crest cells (NCCs) migrate  
2 dorsolaterally to become pigment cells in the skin, or migrate ventrolaterally toward the aorta-gonad-  
3 mesonephros (AGM) region to form sympathoadrenal lineage. A small population of these cells is  
4 known to invade the dorsal aorta and travel to the liver or the bone marrow. During embryonic  
5 development, SOX10<sup>+</sup>/p75<sup>+</sup> cells reside in these destinations, i.e. the skin, the liver and the bone  
6 marrow, where multiple tumors are observed in patients with stage 4S neuroblastomas. Malfunction  
7 of normal development in these cells might trigger tumorigenic events leading to the multifocal  
8 neuroblastoma formation. DA, dorsal aorta; N, notochord.

9

10 **Fig. 3** Tumor initiation triggered by MYCN and PRC2 in Th-MYCN mice. (Left panel) In wild-type  
11 mice, SOX10<sup>+</sup> neural crest cells (NCCs) commit to PHOX2B<sup>+</sup>/TH<sup>+</sup> sympathoadrenal (SA) lineage  
12 following the transient state when they express both PHOX2B and SOX10. From embryonic to  
13 postnatal stages, these cells differentiate to sympathetic ganglion cells and EZH2 expression becomes  
14 gradually down-regulated. In Th-MYCN mice, human MYCN expression, which is driven by rat *Th*  
15 promoter, starts in a small population of PHOX2B<sup>+</sup>/TH<sup>+</sup> sympathoadrenal progenitors no later than  
16 at E13.5. Forced expression of human *MYCN* initiates neuroblastoma formation in mice with high  
17 EZH2 expression levels. (Right panel) N-Myc (encoded by *MYCN*) expression alters transcriptome  
18 rather than genome or DNA-methylome. Up-regulation of genes including MYC targets is largely  
19 mediated by the transcriptional activity of N-Myc with a co-factor such as MAX. In contrast, down-  
20 regulation of genes, including polycomb repressive complex 2 (PRC2) targets, is probably mediated  
21 by a complex of N-Myc and PRC2 via epigenetic silencing by EZH2, catalyzing repressive tri-  
22 methylation mark of histone H3 at lysine 27 (H3K27me3).