Recurrent activating mutations in *AHR* act as drivers of urinary tract

cancer

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Abstract

Bladder cancer is a common cancer with a high recurrence rate and with limited progress in
treatment and survival of patients with advanced stages of the disease. The tumorigenesis of
bladder cancer is still poorly understood, but identification of genetic contributors to its
development may provide leads for targeted therapeutic approaches. By an in-depth analysis
of whole-genome sequencing data of metastasized urinary tract cancer samples, we identified
a novel recurrent in-frame deletion of exons 8 and 9 in the aryl hydrocarbon receptor (*AHR*)
gene, encoding a ligand-activated transcription factor with context-specific physiological
functions. The deletion (AHR$^{\Delta e8-9}$) is highly specific to urinary tract cancer and occurs in 10.7%
of metastatic lesions. Additionally, a recurrent *AHR* hotspot point mutation and *AHR* gene
amplifications were identified indicating that alterations in the *AHR* gene are a key cancer
driver event for urinary tract cancer adding up to a prevalence of ~19% (40 out of 206).

The hotspot point mutation results in an amino acid change (AHR^{Q383H}) in the ligand-binding
domain of the protein and causes altered ligand affinities such as AHR^{Q383H} activation upon
incubation with the AhR antagonist CH-2233191. The in-frame deletion of exons 8 and 9
disrupt the ligand-binding domain and result in a constitutive nuclear localization of the protein
and ligand-independent transcriptional activation. The constitutive activation of the AhR
pathway by the hAHR$^{\Delta e8-9}$ mutant in mouse bladder organoids induces dedifferentiation and
enables anchorage independent growth. In conclusion, our results indicate that AhR is a key
proto-oncogene and cancer driver gene in urinary tract cancer and emphasize the potential of
the AhR pathway as a target for therapeutic interventions.

Introduction

Bladder cancer is the fourth most common cancer in men with a 5-year survival rate of about 77% (American Cancer Society 2020). Despite risk stratification, the recurrence rate of bladder cancer is high and requires ongoing monitoring and treatment, which makes it also the costliest malignancy out of all cancers (James and Gore 2013). With recent advances, the therapeutic options have been expanded to include immune checkpoint inhibitors and antibody-drug conjugates, while clinical studies for targeted drug approaches are ongoing (Lenis et al. 2020; Loriot et al. 2019). However, treatment and overall survival of cases with advanced stages of bladder cancer have not really improved in the last decades as compared to other cancers and there remains a need for identification of drivers of bladder cancer tumorigenesis to effectively target early-stage disease and reduce tumor progression (Berdik 2017; Abdollah et al. 2013).

Genomic analyses of bladder cancer of various stages and grades have shown that bladder cancer is a heterogeneous disease of which the high mutation burden is largely driven by activation of APOBEC mutagenesis (Lawson et al. 2020; Nakauma-González et al. 2021; Robertson et al. 2018). Molecular characterization revealed activating *FGFR3* alterations in ~16% of the samples, with a higher prevalence in non-muscle invasive bladder cancer (Cancer Genome Atlas Research Network 2014; Robertson et al. 2018). Furthermore, positive selection of mutated genes in the RTK-Ras-PI3K pathway (such as *FGFR3*, *PIK3CA*, and *ERBB2*), the p53-Rb pathway (such as *TP53*, *RB1*, and *ATM*), and genes involved in chromatin remodeling (*KDM6A* and *KMT2D)* were identified in biopsies of patients with bladder cancer (Lawson et al. 2020; Robertson et al. 2018).

A recent study identified a rare non-synonymous mutation (Q383H) in *AHR* as an APOBEC-associated hotspot mutation in bladder cancer, suggesting *AHR* as a potential driver of bladder cancer (Shi et al. 2020). AhR is a ligand activated transcription factor involved in the cellular response to toxic aromatic hydrocarbons as well as cell type and context-specific physiologic functions (Denison et al. 2011). Increased *AHR* expression and activity have been associated with poor prognosis and survival for multiple cancers such as breast, lung, and upper urinary tract cancers (Wang et al. 2020). However, the relevance and functional consequences of cancer-associated *AHR* mutations in bladder cancer are poorly understood.

Here, we describe the identification of recurrent *AHR* alterations in the pan-cancer whole-genome sequencing database of metastatic cancers from Hartwig Medical Foundation. Using state-of-the-art data analysis tools with improved functionality for detecting structural variants

we identified a recurrent in-frame deletion of exons 8 and 9 in *AHR*. Together with the Q383H

point mutation and *AHR* gene amplifications, the variants comprise ~19% of patients with

urinary tract cancer. We demonstrate that the recurrent mutations lead to activated AhR

signaling and have transformation potential in mouse bladder organoids and may thus drive

urothelial tumorigenesis.

Results

AHR is frequently mutated in urinary tract cancers.

To identify genetic factors involved in urinary tract cancers, we analyzed the Hartwig database,
which represents whole-genome sequencing data of solid metastatic tumors and normal tissue
of 4500 patients (Priestley et al. 2019). Utilizing improved structural variant detection
algorithms (Shale et al. 2020; Cameron et al. 2021), we detected a novel deletion spanning
exons 8 and 9 of the *AHR* gene (AHR$^{\Delta e8\text{-}9}$) in 22 (10.7%) out of the 206 urinary tract samples
(Fig. 1a, 1b). The AHR$^{\Delta e8\text{-}9}$ is identified in several urinary tract cancer subtypes, most of which
are in bladder cancer (12/22) and pyelum (7/22) (Supplementary table 1). In the complete pan-
cancer data set, the AHR$^{\Delta e8\text{-}9}$ mutant is identified in only three non-urinary tract samples, i.e.
two lung cancer samples with a strong smoking signature and in a melanoma sample with a
strong UV signature.
The identified exonic deletion was validated in RNA-sequencing data, which were available in
the Hartwig database for a subset of the samples (129 out of 206 urinary tract samples). RNA
sequencing read support for the *AHR* exon 7-10 splice junction is identified in all urinary tract
samples harboring AHR$^{\Delta e8\text{-}9}$ (n = 16; Supplementary table 1). RNA read support for the *AHR*
exon 7-10 splice junction also confirms the complete loss of exons 8 and 9 and the generation
of an in-frame transcript for six samples in which the genomic start position of the deletion is
located within the coding sequence of exon 8.

The deletion identified in *AHR* is relatively small (~ 3kb) with varying breakpoint locations per
sample, which complicates its detection and may explain why it has not been described in
previous studies (Robertson et al. 2018; ICGC/TCGA Pan-Cancer Analysis of Whole
Genomes Consortium 2020). The 3' breakpoint junctions of most of the deletions are
positioned in a narrow window of 30 bp between 2 Alu elements (AluYa5 and AluY) and
overlap with the 3' site of the AluYa5 element (Fig. 1a). The Alu elements are orientated in
opposite directions, contributing to a potential vulnerability of the DNA by ectopic invasion and
annealing of the repetitive sequences of the Alu elements, a mechanism proposed to induce
structural variation in cancer genes (Cook et al. 2020, 2013). Analysis of AHR$^{\Delta e8\text{-}9}$ in the RNA-
sequencing data of an independent dataset of urinary tract cancers from Weill Cornell
Medicine confirmed the presence of the 7-10 splice junction in 8% (2/24) of samples. One of
the bladder cancer samples with the detected splice junction was of primary origin out of 8
primary tumors in this dataset (Supplementary table 3).
A targeted analysis of additional mutational events in the *AHR* gene in the Hartwig database
resulted in the identification of gene amplifications and the Q383H point mutation (AHR^{Q383H}),
in 16 (7.8%) and 2 (1.0%) of the urinary tract cancer samples, respectively (Fig. 1a, 1b). For

the samples with the genomic amplifications (n = 13), the gene expression (as measured by
the median adjusted TPM value from the RNA-seq data) is more than doubled compared to
the non-amplified urinary tract cancer samples (n = 100) indicating that the gene amplification
does result in increased gene expression (Fig. 1c). No RNA sequencing data was available
for the 2 samples with the identified AHR^{Q383H} hotspot point mutation.

The AHR^{Q383H} point mutation was previously reported as an APOBEC-associated hotspot
mutation in bladder cancer based on the TCGA PanCancer Atlas data (Shi et al. 2020). We
explored this mutagenic event in the TCGA PanCancer Atlas studies using the cBioportal
interface to study the incidence of the mutation in other cancer types (Gao et al. 2013; Cerami
et al. 2012). The AHR^{Q383H} point mutation was found in 11 samples out of almost 11,000
samples in the database, which are mainly of primary tumor origin. The vast majority (8)
occurred in bladder urothelial carcinomas samples with the other three in hepatocellular
carcinoma, papillary renal cell carcinoma, and lung adenocarcinoma. Thus, like the AHR$^{\Delta e8-9}$
in urinary tract data of the Hartwig database, the AHR^{Q383H} mutant is also highly specific for
urinary tract cancer.

We observed that *AHR* alterations are depleted with *FGFR3* alterations and *PIK3CA* mutations
among the urinary tract cancer samples in the Hartwig database (Fig. 1e). The depletion of
FGFR3 alterations and *PIK3CA* mutations is most prominent for AHR$^{\Delta e8-9}$ although the
significance is impacted by low sample numbers (*FGFR3*: Odds ratio = 0.24 p = 0.21, *PIK3CA*:
Odds ratio = 0.30 p = 0.32). The tendency of mutual exclusivity with genes from the RTK-Ras-
PI3K pathway strengthens the idea of *AHR* as an independent driver and potential
convergence of AhR in this pathway. In addition, *AHR* alterations do not show depletion with
genes involved in chromatin remodeling or the tumor suppressors *TP53 and Rb1* (Fig. 1e,
Supplementary table 4).

The hAHR^{Q383H} mutation affects ligand binding affinity and specificity

AhR belongs to the family of heterodimeric transcriptional regulators that contains a
bHLH/PAS motif (basic Helix-Loop-Helix/PER-ARNT-SIM), two PAS domains of which the
PAS-B domain contains the ligand binding domain (LBD) and a glutamine rich C-terminal site
(Fig. 1f) (Larigot et al. 2018; Denison et al. 2011). Inactive AhR is part of a multiprotein complex
containing two HSP90 molecules, one p23 molecule, and a XAP2 molecule that is localized
in the cytoplasm (Fig. 1g). Upon ligand binding, AhR dissociates from the multiprotein complex
and translocates to the nucleus where it forms a heterodimer with ARNT (Seok et al. 2017).
Part of the bHLH domains of the AhR/ARNT complex bind to XREs (Xenobiotic Response
Elements) consensus sequences in the genome to activate the transcription of a network of

genes of phase I and II drug metabolizing enzymes such as CYP1A1 and CYP1B1 (Denison

et al. 2011).

The *AHR* point mutation (c.1149G>C) results in a glutamine to histidine substitution

(AHR^{Q383H}), replacing a polar uncharged side chain with an aromatic ring. The crystal structure

of the human and mouse AhR ligand-binding domain has not been described. However,

homology-based modeling of the mouse AhR indicates that the mouse ortholog Ahr^{Q377} is part

of the medial side of the mainly hydrophobic ligand binding cavity. It has been shown that the

Q377 residue can form hydrogen bonds with AhR ligands in the ligand-binding domain and

that introducing mutations that change this residue can affect ligand binding affinities (Xing et

al. 2012; Pandini et al. 2007; Bisson et al. 2009).

To examine if the Q383H amino acid substitution alters the ligand-binding domain of the

human AhR (hAHR) protein, we measured the transcriptional activity of hAHR^{Q383H} and

hAHR^{WT} in a luciferase reporter assay. The hAHR constructs were expressed in combination

with an XRE-luciferase reporter construct and the cells were subjected to different AhR

ligands. Both the hAHR^{WT} and hAHR^{Q383H} cell lines showed strong transcriptional activity with

AhR ligands TCDD and B[a]P (Fig. 2a). Stimulation with B[a]P resulted in a higher induction

of luciferase transcription for the hAHR^{Q383H} mutant than for the hAHR^{WT}, suggesting a

difference in ligand affinity between both variants. The AhR antagonist CH-223191 inhibits

TCDD binding to AhR and indeed the addition of CH-223191 to hAHR^{WT} reduced

transcriptional activation in the assay (Fig. 2a) (Kim et al. 2006; Zhao et al. 2010). Surprisingly,

incubation of hAHR^{Q383H} with CH-223191 resulted in transcriptional activation comparable to

TCDD and no obvious antagonism when tested in combination with TCDD or B[a]P (Fig. 2a).

To examine this altered ligand-binding specificity, we analyzed the protein localization of

hAHR^{Q383H} and hAHR^{WT} in RPE1 cells expressing the constructs. In the absence of a ligand,

both hAHR^{Q383H} and hAHR^{WT} proteins are mainly localized in the cytoplasm and both proteins

show nuclear localization upon incubation with TCDD or B[a]P (Fig. 2c, Supplementary fig. 1).

Incubation with the antagonist CH-223191 however resulted in a clear nuclear localization of

hAHR^{Q383H}, while the hAHR^{WT} remains localized in the cytoplasm (Fig. 2c). The difference in

responses between the hAHR^{Q383H} and hAHR^{WT} to the antagonist CH-223191 and seemingly

to B[a]P demonstrates distinctive ligand binding properties of the Q383H mutant, thereby

sensitizing cells to AhR pathway stimulation.

The hAHR$^{\Delta e8-9}$ mutant leads to constitutive AhR pathway activation

The deletions identified in the *AHR* gene result in the loss of exons 8 and 9. At the protein

level, this results in an in-frame protein coding sequence with the loss of 84 amino acids (p.

303-387), disrupting the PAS-B domain and the C-terminal part of the ligand-binding domain

of the protein. The HSP90 and XAP2 protein binding domains are predicted to be affected,

while the dimerization region of the protein likely remains intact (Fig. 1g).

To study the functional consequences of AHR$^{\Delta e8-9}$, we created transgenic hAHR$^{\Delta e8-9}$ RPE1

cells and mouse bladder organoids. In contrast with the expression of hAHR^{WT}, the hAHR$^{\Delta e8-9}$

is localized in the nucleus regardless of the presence or absence of a ligand (Fig. 2c).

Expression of the hAHR mutants in mouse bladder organoids confirmed aberrant ligand-

independent nuclear localization of the hAHR$^{\Delta e8-9}$ mutant (Fig. 2d). Together, these findings

show that disruption of the ligand-binding domain and PAS-B domain by loss of exons 8 and

9 causes constitutively nuclear localization of hAHR$^{\Delta e8-9}$.

We performed the XRE-luciferase reporter assay to examine whether hAHR$^{\Delta e8-9}$ can still

promote transcriptional activation. The transcriptional activation activity of hAHR$^{\Delta e8-9}$ was

similar for all the conditions, irrespective of the presence of AhR ligands. The addition of the

AhR antagonist CH-223191 also did not affect the transcriptional activation activity of hAHR$^{\Delta e8-9}$

(Fig. 2a). Increased concentrations of hAHR^{WT} and hAHR$^{\Delta e8-9}$ constructs in the transfections

resulting in increased expression levels, revealed that hAHR$^{\Delta e8-9}$ induces higher transcriptional

activity levels than hAHR^{WT} in untreated conditions (Fig. 2b).

To determine the consequences of the constitutively activated hAHR$^{\Delta e8-9}$ on the transcriptome

we performed RNA-sequencing on the mouse bladder organoids. The untreated organoids

expressing hAHR$^{\Delta e8-9}$ differentially expressed several genes compared to the untreated

organoids expressing hAHR^{WT}, including the AhR target genes *Cyp1a1, Cyp1b1, Ahrr, Gsta1,*

and *Tiparp* demonstrating activation of the canonical AhR pathway (Fig. 3a). The expression

pattern of up and down regulated genes is similar for hAHR$^{\Delta e8-9}$ in untreated and TCDD treated

conditions. The activation of the AhR target genes is also observed in the RNA-sequencing

data of the urinary tract cancer samples carrying the AHR$^{\Delta e8-9}$ mutation in the Hartwig

database (Fig. 1d). Upregulation of the canonical AhR target genes in the cancer samples

harboring AHR$^{\Delta e8-9}$ but not in the AhR amplified or AhR non-affected samples demonstrates

that the AhR pathway is constitutively activated in these samples.

The organoids expressing hAHR^{WT} treated with TCDD also show upregulation of the canonical

AhR target genes but do not show the same downregulated genes (Fig. 3a). This observation

indicates a different effect on the transcriptome between the constitutive active hAHR$^{\Delta e8-9}$ and

the 24 hours TCDD activated hAHR^{WT} condition. Moreover, the comparison of the expression

of the AhR target genes between organoids that express the hAHR mutants and the control

organoids indicates that overexpression of hAHR^{WT} and hAHR^{Q383H} without the addition of

exogenous ligand already results in modest pathway activation (Fig. 3b). These observations

are in line with the higher induction of luciferase transcription in the untreated condition for the

hAHR^{WT} and hAHR^{Q383H} constructs compared to the control in the luciferase assay (Fig. 2a).

We performed GO enrichment analysis on all differentially expressed genes in the mouse

organoid models to understand which pathways and processes are potentially affected by the

long-term activation of hAHR$^{\Delta e8-9}$. Most outstanding is the enrichment of downregulated genes

related to the extracellular matrix and cell periphery organization in the cellular component

domain (Fig. 3c, Supplementary table 5). The bladder is a stratified epithelium, with stem cells

that reside in the basal cell layer that support organ regeneration and renewal. Upon

differentiation, the stem cells give rise to intermediate cells and luminal umbrella cells that are

fully differentiated and form an impenetrable barrier. Mouse organoids expressing hAHR$^{\Delta e8-9}$

show downregulation of the differentiated luminal cell markers *Upk3a*, *Upk1a*, and *Krt18* and

upregulation of the basal proliferative markers *Krt6b, Wnt5a*, and *Krt1* when compared to

organoids expressing hAHR^{WT} (Fig. 3d) (Santos et al. 2019; Z. Yu et al. 2019; Guo et al. 2020).

Santos et al. showed that mouse bladder organoids enriched for undifferentiated basal cells

have a reduced diameter of the lumen and increased thickness of the epithelial layer when

compared to organoids composed of more differentiated intermediate and umbrella cells

(Santos et al. 2019). We observed a mixture of cystic and compact organoids in the mouse

bladder organoids expressing hAHR^{WT}, indicating the presence of both differentiated and

undifferentiated cell types. No cystic organoids were observed in the organoids expressing

hAHR$^{\Delta e8-9}$ indicating a less differentiated phenotype (Fig. 3e). To explore if hAHR$^{\Delta e8-9}$ not only

induces a stem cell phenotype but also contributes to oncogenic transformation, a soft agar

growth assay was performed. A higher number of colonies were counted for the organoids

expressing hAHR$^{\Delta e8-9}$ compared to the organoids expressing hAHR^{WT} or control organoids

demonstrating that hAHR$^{\Delta e8-9}$ confers anchorage-independent growth to bladder cells (Fig. 3f).

Together, these observations demonstrate that hAHR$^{\Delta e8-9}$ leads to constitutive activation of

the AhR pathway in mouse bladder organoids resulting in a transformation of cells towards a

less differentiated phenotype that is able to grow independent of anchorage to the extracellular

matrix.

Discussion

In this study, we discovered a novel recurrent deletion in the *AHR* gene with a high prevalence in urinary tract cancer samples. *AHR* is also affected by a hotspot mutation (Q383H) as well as copy number amplifications in this cancer type. With functional studies, we show that the *AHR* alterations activate the canonical AhR pathway and AhR signaling and thereby modulate transcriptional expression. In particular, hAHR^{Q383H} leads to more sensitized ligand-dependent activation while hAHR$^{\Delta e8-9}$ leads to ligand-independent constitutive activation of the AhR pathway thereby promoting bladder cells to adopt a transformed undifferentiated proliferative phenotype allowing anchorage-independent growth. This is in line with previous work showing that *AHR* overexpression can lead to malignant transformation of epithelial cells and the oncogenic potential of constitutively activated AhR in mice (Brooks and Eltom 2011; Andersson et al. 2002; Dantsuka et al. 2019).

The high prevalence of ~10% of the AHR$^{\Delta e8-9}$ in metastasized urinary tract cancers and the identification of the event in primary tumors, indicates a high positive selection pressure of this structural variant alteration and our findings suggests *AHR* as a prevalent novel driver event in urinary tract cancer. The incidence of the AHR^{Q383H} point mutation in our dataset is low although it is a clear hotspot mutation that is strongly enriched in urinary tract cancers of the TCGA dataset on cBioportal (Cerami et al. 2012; Gao et al. 2013). In contrast with hAHR$^{\Delta e8-9}$, the hAHR^{Q383H} depends on stimulation by ligands. We demonstrate that hAHR^{Q383H} leads to increased sensitivity which may also lead to overactivity of the AhR pathway in the urinary tract, thereby driving tumorigenesis. This likely also holds true for *AHR* amplifications since overexpression of hAHR^{wt} in different models shows a modest increase of AhR pathway activation compared to the controls. It is not yet known if the ligands that induce overactive AhR signaling in the *AHR* amplified and AHR^{Q383H} backgrounds are of environmental origin (like components in tobacco smoke) or have an endogenous source (like endogenous metabolites) (Denison and Nagy 2003). Surprisingly, we observed hAHR^{Q383H} activation upon treatment with the AhR antagonist CH-223191. This contrasts with a recent study that demonstrated reduced viability upon treatment with CH-223191 of the bladder cancer cell line KMBC2 harboring the AHR^{Q383H} mutation (Shi et al. 2020). A possible explanation for the apparent discrepancy in results may lie in the different types of experiments that were conducted and it also remains to be demonstrated if the reduced viability of the KMBC2 cell line after CH-223191 incubation is due to reduced or increased AhR pathway activity.

A variety of molecular signaling pathways have been linked previously to AhR-mediated tumor initiation, tumor promotion, and tumor progression whether or not in a cancer type-specific

background and/or driven by AhR agonists (Dietrich and Kaina 2010; Wang et al. 2020). This

includes the biotransformation of hydrocarbons by CYP enzymes to mutagenic intermediates

which can induce DNA adducts, cross-talk of AhR with other signaling pathways, and

interaction of AhR with other binding partners than ARNT to promote transcription of non-

canonical genes (Shimizu et al. 2000; Wilson, Joshi, and Elferink 2013; Vogel et al. 2011; Xie,

Peng, and Raufman 2012; Fritsche et al. 2007; Baker, Sakoff, and McCluskey 2020). The

underlying molecular signaling pathways driving the tumorigenesis of urinary tract cancers in

patients with activating mutations in *AHR* remains unclear. The tendency of mutual exclusivity

between *AHR* and *FGFR3,* and *AHR*$^{\Delta e8-9}$ *and PIK3CA* may indicate convergence on the same

pathway, although a fully independent parallel oncogenic pathway in bladder cancer driven by

AhR can not be excluded. Our results, nor information in literature, provides clues why AhR

activation is so specific for bladder cancer, so this will require further investigations. We

demonstrate that the mouse bladder organoids recapitulate AhR activating mechanisms and

thus provide a versatile tissue-specific *in vitro* model to further elucidate the underlying

oncogenic signaling pathways and mechanisms.

Patients that harbor AhR activating mutations could potentially benefit from AhR targeted

therapies (Kolluri, Jin, and Safe 2017). Here we show that the mode of action of AhR activation

differs between the different mutations, which implies that tailored therapies depending on the

underlying mutational event are required. Most classic AhR antagonists function by

interference with the ligand-binding domain, but this domain is not targetable for the AHR$^{\Delta e8-9}$

mutant as this domain is deleted. Therefore, functional screens to identify specific AHR$^{\Delta e8-9}$

targeting compounds or the identification of essential downstream activated processes could

be a next step towards the identification of novel treatment strategies for selected urinary tract

cancer patients in the context of precision medicine.

Material and Methods

Variant detection and driver likelihood status are based on the Hartwig database (Priestley et

al. 2019). Driver likelihood is introduced to select for a sample specific likelihood of each

gene based on the type of variant and taking the mutation load per sample into account. To

select for affected genes in the urinary tract cancer samples, the driver likelihood score is set

to > 0.8 and detected gene fusions with a high impact are included. Visualized are the genes

affected in more than 12.5% of the samples (top 12 genes). Mutually exclusivity is pairwise

calculated with Fisher Exact Test based on Odd Ratio cut-offs as described in Gao et al.

(Gao et al. 2013).

Gene constructs

An expression plasmid containing the *AHR* WT sequence was purchased from Origene

(RC209832). The Q383H point mutation was introduced with site-directed mutagenesis

protocol with forward primer cattgtaactcacagaccactaacagatg and reverse primer

gttagtggtctgtgagttacaatgatataatc. The AHR WT, AHR Q383H, and AHR DelExon sequences

were cloned in a lentiviral plasmid (Addgene #52961) and subsequently to pcDNA3.1 vector

with the In-fusion HD Eco-dry cloning (Takarabio) following manufacturer's protocol. Primers

for lentiviral plasmid are: forward N-flag

caggaccggttctaggatatcgccaccatggattacaaagacgatgacgataagaacagcagcagcgccaac, forward

caggaccggttctaggatatcgccaccatgaacagcagcagcgcc, reverse

ttgttgcgccggatcgcaggaatccactggatgtcaaatcag, reverse C-flag

ttgttgcgccggatcgcttatcgtcatcgtctttgtaatccaggaatccactggatgtcaaatcag, forward deletion

tggttgtgatgccaaagatgaggaaggaacagagca and reverse deletion gttccttcctcatctttggcatcacaaccaatagg.

Primers cloning of AhR sequences to pcDNA3.1 vector are forward

taccgagctcggatcatatcgccaccatgaacag and reverse gatatctgcagaattttacaggaatccactggatgtcaaat.

The luciferase reporter vector pGL3-XRE-Luc2 reporter vector was constructed with two

mutagenesis steps with an in-house pGL3-minP-Luc2 vector containing DNA binding

sequence "gggaggtacttggagcggc" with primers forward-1

gcgtgctagcccgggTTGCGTGACCctcgagatctgcgat, reverse-1

atcgcagatctcgagGGTCACGCAAcccgggctagcacgc, forward-2

aatcgataaggatccTTGCGTGACCgtcgaccgatgccct, reverse-2

agggcatcggtcgacGGTCACGCAAggatccttatcgatt.

 Cell culture

All cells were cultured in a humidified atmosphere at 37 °C under 5% CO_2 and 20% O_2.

Lentivirus particles containing AHR constructs were produced by transient calcium phosphate

transfection of HEK293T. Virus particles were concentrated with Lenti-X Concentrator

(Takarabio) according to the manufacturer's directions.

Mouse bladder organoids were a kind gift from dr. Hans Clevers and were cultured as

previously reported with minor adaptations (Mullenders et al. 2019). In short, mouse bladder

organoids were plated in droplets of ice-cold Matrigel (Corning). After the matrigel had

solidified, a complete mouse bladder medium was added consisting of Advanced DMEM/F-12

supplemented with HEPES, Glutamax, 1% penicillin, 1% streptomycin, Nicotinamide (10 mM),

N-Acetylcysteine (1.25 mM), FGF10 (100 ng/mL of Peprotech 100-26), FGF7 (25 ng/mL of

Peprotech 100-19), A83-01 (500 nM), B27 (ThermoFisher 17504001) and primocin

(Invivogen). Organoids were passaged weekly either through mechanical shearing with a

pulled Pasteur's pipet or by dissociation using TrypLE. To increase survival the medium was

supplemented with ROCK inhibitor (Y-27632, 10 µM) after passaging.

hTERT RPE1 and HEK293T cells were cultured in DMEM, 10% fetal bovine serum, 1%

penicillin, and 1% streptomycin. For virus transduction and range of volume of the virus was

added to hTERT RPE1 cells and the mouse bladder organoids to their growth medium

supplement with polybrene. hTERT RPE1 cells and the mouse bladder organoids were placed

on 10-15 µg/ml and 1 µg/ml puromycin selection, respectively.

Cells were incubated with 10 nM TCDD (LGC), 10 µM B[a]P (sigma), or 10 µM CH-223191

(Sanbio) or vehicle alone (DMSO) for 24 hours unless otherwise stated.

Immunofluorescence

RPE1 cells expressing hAHR mutants were plated on coverslips and incubated with TCDD,

B[a]P, CH-223191 or untreated (DMSO) for 4 or 24 hours. Cells were fixed in 4%

formaldehyde, permeabilized with 0.3% Triton X-100 in PBS, and blocked with 4% BSA in

PBS. AhR was stained with Anti-Aryl hydrocarbon Receptor antibody (Abcam ab190797) in

the blocking buffer. After incubation with the primary antibody, the cells were washed followed

by incubation with secondary antibody conjugated with Alexa fluor dyes. Subsequently, the

cells were washed, counterstained with DAPI, and mounted on microscope slides. Images

were taken with predefined settings on Zeiss LSM510 microscope and analyzed with

Fuij/imageJ. Ratios of AhR signal intensities were calculated by determining average grey

value intensities for each nucleus, based on dapi staining, and for each corresponding
cytoplasm, as 1µM band around each nucleus.

The first steps in the immunofluorescence procedure for the mouse bladder organoids are
different from the procedure described previously. First, dispase was added to a final
concentration of 1mg/ml to a warm medium and incubated for 30 min at 37°C to dissolve the
Matrigel. Organoids were harvested by gentle pipetting, collected in a tube, and washed with
cold Advanced DMEM/F12. The organoids were centrifuged, washed in PBS followed by
another centrifugation step. The resulting organoid pellet was resuspended in 100 µl PBS and
transferred to a Lab-Tek Chamber slide well. The organoids were fixed by the addition of 4%
formaldehyde followed by 1h incubation at RT. The organoids attached to the bottom of the
chamber slide were washed twice with PBS. Subsequently, the organoids were incubated in
the blocking buffer and the remaining immunofluorescence procedure was followed as
described for the RPE1 cells.

Luciferase reporter gene assay

HEK293T cells were cultured in a 24-wells plate and transiently transfected with pcDNA3.1
empty vector or pcDNA3.1 vector containing the expression cassette of hAHR^{WT}, hAHR^{Q383H},
or hAHR$^{\Delta e8-9}$ (10 ng), together with the pGL3-XRE-Luc2 reporter vector (1000 ng) and pRL-
CMV Renilla vector (2 ng). 24 hours after transfection, cells were treated with ligand TCDD
(50 nM) or B[a]P and/or antagonist CH223191 for approximately 24 hours. Luciferase activity
was measured with the Dual-Luciferase reporter assay system and normalized for Renilla
activity (Promega, Madison, WI). The results are averages of at least three independent
experiments assayed in duplicate ± SEM. Results are presented as change relative to the
empty vector in the untreated (DMSO) condition.

RNA-sequencing

The RNA from the transgenic mouse bladder organoids was isolated with Trizol
(ThermoFisher) according to the manufacturer's instructions. RNA-seq libraries were prepared
using TruSeq Stranded Total RNA Library Prep Kit (Illumina) according to the manufacturer's
protocol. RNA-seq libraries were pooled and sequenced on a NextSeq2000 (Illumina) in
1x50bp single end mode. RNA sequencing reads were aligned against mouse reference
genome GRCm38 using STAR and the number of reads mapping to genes was counted using
featureCounts all by using a custom in-house pipeline
(https://github.com/UMCUGenetics/RNASeq-NF). The Bioconductor package DESeq2 was
used to normalize raw read counts and to perform differential gene expression analysis with
apeglm shrinkage (Love, Huber, and Anders 2014; Zhu, Ibrahim, and Love 2019). The

analyses were performed with significant (P.adjust <0.05) and differentially expressed
(Log2FoldChange >2.5) genes with exception of luminal and basal marker analyses where
smaller differences were included (Log2FoldChange > 1.5). The Bioconductor package
clusterProfiler and Revigo were used for the GO enrichment analysis (G. Yu et al. 2012; Supek
et al. 2011).

Soft agar assay

For the soft agar assay, 3% agarose (REF 11388991001) was dissolved and autoclaved in
100 ml EBSS supplemented with HEPES. One volume of melted 3% agarose was mixed with
four volumes of Advanced DMEM F12 supplemented with HEPES, Glutamax, 1% penicillin,
and 1% streptomycin to obtain 0.6% solution. This mixture was added to 6-well plates (1.5
ml/well) in which the gels were allowed to solidify. Subsequently, Tryple was used to prepare
single-cell suspensions of the mouse bladder organoids. The cells were counted and for each
condition, 2.5 ml of cell suspension was prepared at a concentration of 1×10^{e4} cells/ml in
complete medium. The cell suspension was warmed to 37°C and subsequently mixed 1:1 with
a warm 0.6% agarose solution to get 0.5×10^{e4} cells/ml in 0.3% agarose solution. Per well 1.5
ml agarose/cell mixture was plated. Plates were allowed to settle at RT for 1h followed by 15
min at 4°C before being placed in a tissue culture incubator. The next day 300 µl of the medium
was added and the cells were refed every 2 - 4 days. After 3 weeks the cells were stained with
nitroblue tetrazolium chloride solution. Colonies were counted using ImageJ software.

Figures

Figure 1. *AHR* alterations in somatic metastatic urinary tract samples.
a. Schematic representation of *AHR* gene (ENST00000242057.4 - GRCh37) with a
magnification of the genomic region around exon 7 - 9 (Chr7:17372389-17378532). The point
mutation Q383H (c.1149G>C) is marked with an asterisk. The black bars in the lower part of
the figure represent the extent of the genomic deletions identified in the urinary tract cancer
samples. See supplementary table 2 for genomic positions of the deletions. **b.** Pie chart of the
number of detected *AHR* alterations: *AHR* amplification (Amp), AHR$^{\Delta e8\text{-}9}$, AHR^{Q383H} or non-
affected samples in the urinary tract samples of the Hartwig database. **c.** Boxplot of the
adjusted TPM values for AHR transcript. Asterisks indicate two samples that contain the
deletion (AHR$^{\Delta e8\text{-}9}$) but also have an amplification of the *AHR* gene. **d.** Boxplot of the adjusted
TPM values of AhR target genes. **e.** Visualization of top 12 affected genes per mutation type
in urinary tract cancer samples of the Hartwig database (Priestley et al. 2019). Gene names
are colored for oncogenes (red) and tumor suppressor genes (blue). **f.** Schematic illustration
of the AhR functional domains and the positions of AHR^{Q383H} and AHR$^{\Delta e8\text{-}9}$. The deletion
(AHR$^{\Delta e8\text{-}9}$) disrupts the PAS-B domain, ligand-binding domain (LBD), and XAP2 and HSP90

protein interaction domains. **g.** Canonical AhR signaling pathway. Created with BioRender.com.

Figure 2. Altered protein localization and mediated transcription activation of hAHR mutants. **a.** Luciferase reporter assay of HEK293T cells transfected with empty control, hAHR^{WT}, hAHR^{Q383H}, or hAHR$^{\Delta e8-9}$ vectors together with XRE-luciferase reporter construct. Assays were performed with different AhR ligands (TCDD and B[a]P) and AhR antagonist (CH-223191) conditions. Significance was calculated with Student's T-test for stimulated versus untreated condition per construct. * $p < 0.05$, ** $p < 0.01$. RLU = relative luciferase unit. **b.** Luciferase reporter assay of HEK293T cells transfected with increasing concentration of hAHR^{WT}, hAHR$^{\Delta e8-9}$, and empty control vectors. **c.** Immunofluorescence of RPE1 cells that express hAHR^{WT}, hAHR^{Q383H}, or hAHR$^{\Delta e8-9}$ that were incubated for 4 hours with TCDD or CH-223191. AhR was detected with immunofluorescence (red) and DNA with Dapi (blue). The boxplots present the AhR signal ratio of nuclear to cytoplasmic signal for all individual captured cells. **d.** Immunofluorescence of mouse bladder organoids that express hAHR^{WT}, hAHR^{Q383H}, or hAHR$^{\Delta e8-9}$ and were incubated for 24 hours with TCDD. AhR was detected with immunofluorescence (red) and DNA with Dapi (blue).

Figure 3: Transcriptome analysis of constitutively activated hAHR$^{\Delta e8-9}$ mutant. **a.** Rlog values of the 172 most differentially expressed genes between the hAHR^{WT} and hAHR$^{\Delta e8-9}$ expressing mouse bladder organoids in untreated and TCDD treated conditions. **b.** Boxplot of normalized counts of RNA reads of AhR target genes for the untreated mouse bladder organoids expressing hAHR mutants (n=4). **c.** GO enrichment analysis of hAHR$^{\Delta e8-9}$ mutant for the cellular component domain. **d.** Rlog values of basal and luminal cell layer makers for hAHR$^{\Delta e8-9}$ and hAHR^{WT} expressing mouse bladder organoids. **e.** Images of Dapi stained mouse bladder organoids expressing hAHR mutants. The lower panel shows the magnification of the boxed area. Scale bar 250 μm. **f.** Soft agar assay of mouse bladder organoids expressing hAHR mutants. Results are presented as the mean ± SD of triplicate samples.

Supplementary information

Supplementary table 1: Overview urinary tract cancer data HMF database

Supplementary table 2: Overview AHR$^{\Delta e8-9}$ breakpoint information

Supplementary table 3: AHR RNA-seq splice junction detection in urinary tract cancers of Weill Cornell Medicine

Supplementary table 4: Selected driver genes in urinary tract cancer samples based on Hartwig database.

Supplementary table 5: GO enrichment analysis details of mouse bladder organoids

expressing hAHR$^{\Delta e8\text{-}9}$

Supplementary figure 1: AHR protein localization after incubation with B[a]P or CH-223191.

Immunofluorescence of RPE1 cells that express hAHR^{WT}, hAHR^{Q383H}, or hAHR$^{\Delta e8\text{-}9}$ that were

incubated for 4 hours with B[a]P or with AhR antagonist CH-223191. AhR was detected with

immunofluorescence (red) and DNA with Dapi (blue). The boxplots present the AhR signal

ratio of nuclear to cytoplasmic signal for all individual captured cells.

Acknowledgments

We thank Utrecht Sequencing Facility for providing sequencing service and the UMC Utrecht

Bioinformatics Expertise Core for data analysis and data handling. Utrecht Sequencing Facility

is subsidized by the University Medical Center Utrecht, Hubrecht Institute, Utrecht University,

and The Netherlands X-omics Initiative (NWO project 184.034.019). The UMC Utrecht

Bioinformatics Expertise Core is subsidized by the University Medical Center Utrecht, Center

for Molecular Medicine. This publication and the underlying study have been made possible

partly based on the data that Hartwig Medical Foundation and the Center of Personalised

Cancer Treatment (CPCT) have made available to the study.

Author contributions

510   JMV, E. Kuijk, NB and EC designed and performed experiments including data analysis and

511   interpretation. AB, and E Kalkhoven designed and performed the luciferase assay

512   experiments. CS and PP conducted Hartwig database analysis. BMF provided Weill Cornell

513   Medicine data analysis. PP and EC conceived the original idea. EC and E Kuijk supervised

514   the project. JMV, E Kuijk, and EC wrote the manuscript with input from all authors.

Competing interests

516   The authors declare no competing interests.

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683  Figure 3

686 Supplementary Figure 1