

Normalization and analysis of cDNA microarrays using within-array replications applied to neuroblastoma cell response to a cytokine

Jianqing Fan[†], Paul Tam[‡], George Vande Woude[§], and Yi Ren^{*†1}

[†]Department of Operation Research and Financial Engineering, Princeton University, Princeton, NJ 08544; [‡]Department of Surgery, University of Hong Kong, Hong Kong, China; and [§]Laboratory of Molecular Oncology, Van Andel Research Institute, 333 Bostwick Avenue NE, Grand Rapids, MI 49503

Communicated by Peter J. Bickel, University of California, Berkeley, CA, December 5, 2003 (received for review August 11, 2003)

The quantitative comparison of two or more microarrays can reveal, for example, the distinct patterns of gene expression that define different cellular phenotypes or the genes that are induced in the cellular response to certain stimulations. Normalization of the measured intensities is a prerequisite of such comparisons. However, a fundamental problem in cDNA microarray analysis is the lack of a common standard to compare the expression levels of different samples. Several normalization protocols have been proposed to overcome the variabilities inherent in this technology. We have developed a normalization procedure based on within-array replications via a semilinear in-slide model, which adjusts objectively experimental variations without making critical biological assumptions. The significant analysis of gene expressions is based on a weighted *t* statistic, which accounts for the heteroscedasticity of the observed log ratios of expressions, and a balanced sign permutation test. We illustrated the use of the techniques in a comparison of the expression profiles of neuroblastoma cells that were stimulated with a growth factor, macrophage migration inhibitory factor (MIF). The analysis of expression changes at mRNA levels showed that ≈ 99 genes were up-regulated and 24 were reduced significantly ($P < 0.001$) in MIF-stimulated neuroblastoma cells. The regulated genes included several oncogenes, growth-related genes, tumor metastatic genes, and immuno-related genes. The findings provide clues as to the molecular mechanisms of MIF-mediated tumor progression and supply therapeutic targets for neuroblastoma treatment.

DNA microarrays measure the expression of thousands of genes in a single hybridization experiment by using oligonucleotide or cDNA probes. Although the technique has been widely used for monitoring mRNA expression in many areas of biomedical research (1), large experimental variations pose challenges to the analysis of the resulting data. Issues about normalization, the analysis of gene effects, and experimental designs have been systematically addressed (2–13). Yet, there are still a number of important problems in these areas that need to be studied.

The normalization of microarray data is required because of the variations in experimental conditions such as the efficiency of dye incorporation, concentration of DNA on arrays, amount of mRNA, variability in reverse transcription, washing process, and batch variation, among others. Proper normalization is critical for revealing relevant biological results. Yet, the normalization methods (3–6) require certain critical biological or statistical assumptions. For example, a popular method of global normalization (5) assumes that there is no print-tip block effect and no intensity effect. Without such an assumption, the global normalization method is statistically biased. But such an assumption is not valid for many situations, as documented in refs. 3, 4, and 6. The “lowess” method in ref. 3 significantly relaxes the above assumption, but it is assumed that the average expression levels of up- and down-regulated genes at each intensity level are about the same in each print-tip block. Tseng *et al.* (4) relax this assumption to only a subset of more conservative genes based on

a rank invariant selection method. Such a biological assumption is not always granted, especially when cells are treated with some reagents (14). In an attempt to relax further the above biological assumption, Huang *et al.* (6) introduce a semilinear model to account for the intensity effect and use data from other arrays to obtain an aggregated estimate. The method is expected to work well when the gene effect is the same across arrays and the number of arrays is large. All of the above biological and statistical assumptions can be removed by using within-array replications. We develop a method to estimate the intensity and print-tip effects by aggregating information from the replications. This process allows us to estimate the intensity effect and print-tip effect without the above biological assumptions, which is particularly useful in situations in which cells are treated. After removing the effects of intensity and print-tip blocks, one can further apply the global normalization method to reduce the dye effect.

Various statistical methods (3, 4, 9, 10) have been introduced to assess the gene effect, but they have not accounted for the impact of heteroscedasticity: the expression ratios that are associated with high intensity tend to be more stably measured. In addition, experimental errors vary across arrays (see Fig. 6). We assess such a degree of heteroscedasticity and use a weighted *t* statistic to evaluate the effects of genes. Our analysis shows that this method yields statistically significant and biologically meaningful results.

The techniques were applied to the cDNA microarrays of neuroblastoma cells stimulated by a growth factor, macrophage migration inhibitory factor (MIF). Neuroblastoma is the second most common pediatric solid cancer and is responsible for $\approx 15\%$ of all childhood cancer deaths (15). The clinical hallmark of neuroblastoma is marked heterogeneity, with the likelihood of tumor progression varying widely according to the stage, age at diagnosis, and anatomical site. MIF has emerged to play a central role in the control of the host inflammatory and immune responses. In addition to MIF's potent effects on the immune system, several reports have linked it to fundamental processes that control cell proliferation, cell survival, angiogenesis, and tumor progression (16). Recently, the overexpression of MIF was found in several human cancers (17, 18). However, the precise role of MIF in tumorigenesis remains unclear. Understanding the genes that are affected by MIF in neuroblastoma may provide approaches to screening and identifying molecular targets for the treatment of patients.

Materials and Methods

Neuroblastoma Cell Line Culture and Stimulation Assay. This study investigated human neuroblastoma cell line SK-N-AS. Cells were

Abbreviations: MIF, macrophage migration inhibitory factor; CV, coefficient of variation; FDR, false discovery rate.

[†]To whom correspondence should be addressed. E-mail: yren@hkucc.hku.hk.

© 2004 by The National Academy of Sciences of the USA

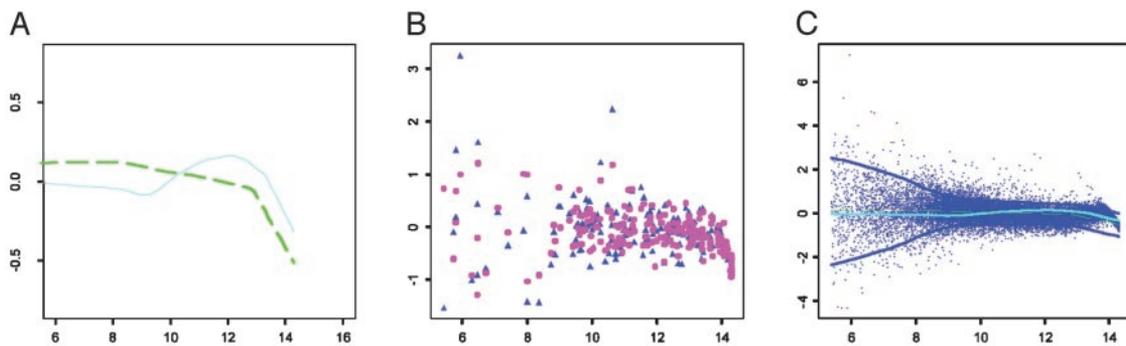


Fig. 3. (A) The intensity effects f estimated based on the data in Fig. 1 (cyan curve) and estimated by the method in ref. 3 (green curve). (B) The unnormalized (blue) and normalized (pink) ratios for the genes with replications vs. their intensities. (C) Normalized log ratios (vs. their intensities) with intensity and print-tip effect removed for a given array, along with the lowest estimate of SDs (blue curves); two other curves are reproduced from A.

For identifiability, the parameters β , γ , and f all have mean zero. Because gene effects μ_g are completely unknown, any gene without replication provides no information about the print-tip and the intensity effects. However, those genes with replications provide relevant information. Let $\hat{\beta}_r$, $\hat{\gamma}_c$ and \hat{f} be the estimated parameters (to be detailed below) from genes with replications. Then, for each gene without replication, the normalized log ratio is

$$\hat{M}_g = M_g - \hat{\beta}_r - \hat{\gamma}_c - \hat{f}(A_g). \quad [2]$$

According to model 1, this is the observed log ratio after taking out the effects of print-tip and intensity.

The semilinear in-slide model 1 is similar to those used in refs. 3 and 6. In ref. 3, for each print-tip (so that parameters β and γ can be set to zero), model 1 is fitted. To be able to identify the intensity effect, Dudoit *et al.* (3) implicitly made an important biological assumption: the average of μ_g is zero for those genes with A_g that are approximately the same. In an effort to remove this biological assumption, Huang *et al.* (6) aggregated information from other arrays. However, the gene effects are assumed to be the same across arrays.

The parameters in the semilinear in-slide model can be estimated by the following Gauss-Seidel or back-fitting algorithm (19, 20). For genes with replication in an array, we iterate the following steps:

- Initialize the print-tip and intensity effects as zero.
- Given an estimate of the print-tip and intensity effects, the gene effect can be estimated by

$$\hat{\mu}_g = I^{-1} \sum_{i=1}^I [M_{gi} - \hat{\beta}_b - \hat{\gamma}_c - \hat{f}(A_{gi})].$$

- Given the gene and intensity effects, the parameters β and γ can be estimated by ordinary least squares.
- Given the gene and print-tip effects, the intensity effect can be estimated by lowess (21) or more generally local linear fit (20), by smoothing the partial residuals $\{M_{gj} - \hat{\beta}_b - \hat{\gamma}_c - \hat{\mu}_g\}$ on intensities $\{A_{gj}\}$.
- Iterate the last three steps until convergence.

In our implementation, it took us only a couple of iterations to get the algorithm to converge. Statistically, when the number of replicated genes is large, the print-tip and intensity effect can be estimated with good accuracy. However, as expected, the gene effects can be accurately assessed only when the number of replicated arrays is sufficiently large.

Fig. 3 depicts the normalization for one of the arrays. Presented in Fig. 3A are the intensity effects that are estimated by

our method (green curve) and the lowess method (3) (cyan curve).^{||}

Global Normalization. After removing the effects of the print-tip block and intensity, we normalize each slide so that its median log ratio is zero. This eliminates the biases of conventional global normalization without removing those effects. This is equivalent to adding an intercept term in 1.

Estimation of In-Slide Variability. The ratios of expressions for genes with low intensity tend to have a large variability (Fig. 3C). Further, the intensities for the same gene can also vary substantially across experiments (see Fig. 6A). Therefore, the simple average of the gene effects across arrays is not an efficient method. The presence of heteroscedasticity also makes it difficult to compute P values. The degree of heteroscedasticity should be estimated and its impact should be removed in the analysis of the gene effect.

For each array, let \hat{M}_g be the normalized log ratio for gene g in the pool of 15,266 candidate gene sets. We model the heteroscedasticity with the following model

$$\hat{M}_g = \mu(A_g) + \sigma(A_g)\varepsilon. \quad [3]$$

The function μ can be estimated by the lowess method (3, 19), resulting in an estimate $\hat{\mu}$. Let $r_g = (\hat{M}_g - \hat{\mu}(A_g))^2$ be the squared residuals. An application of the lowess method to smooth the pairs $\{(A_g, r_g)\}$ results in an estimate of the function $\hat{\sigma}^2$ (Fig. 3C). This method is statistically efficient (22). Thus, for each gene, in addition to the normalized ratio \hat{M}_g , we obtained a weight $s_g = \hat{\sigma}(A_g)$, which indicates the reliability of the measured log ratio M_g in an array.

To examine the effect of the weight, we use the quantile-quantile plot to determine the normality of unstandardized log ratios \hat{M}_g and standardized log ratios $(\hat{M}_g - \hat{\mu}(A_g))/\hat{\sigma}(A_g)$ for an array. Fig. 4A shows that log ratios are not normally distributed because of the heteroscedasticity, yet the standardization mitigates this effect (Fig. 4B).

Analysis of Treatment Effects. After normalization, a commonly used method to evaluate treatment effects is the two-sample t statistic (3) or its variants (6, 9, 10). For each gene g , in the presence of heteroscedasticity s_{gj} in slide j , we applied the weighted least-squares technique with weights s_{gj}^{-2} to the problem:

^{||}For simplicity of presentation, we applied the normalization method (3) to the whole data set instead of to each of 32 print-tip blocks as suggested in ref. 3.

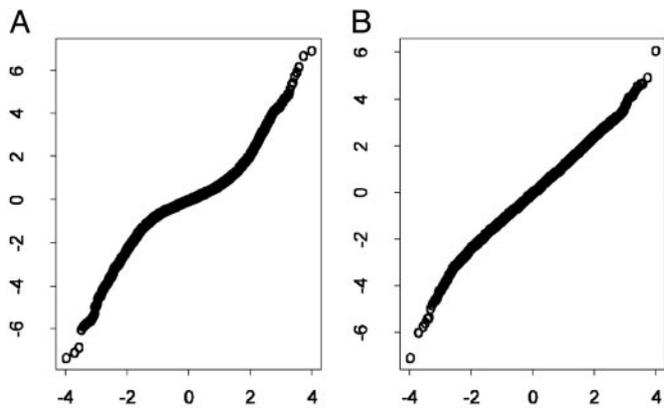


Fig. 4. Quantile-quantile plot for log ratios \hat{A}_g (A) and standardized log ratios $(\hat{A}_g - \hat{\mu}(M_g)) / \hat{\sigma}(M_g)$ (B). The standardization is effective as the quantile-quantile plot appears more linear. The x axes are the quantiles of the standard normal distribution, and y axes are the quantiles of log ratios.

$$m_{gj} = \mu_g + \varepsilon_{gj}, \quad \varepsilon_{gj} \sim N(0, s_{gj}^2 \sigma_g^2),$$

where m_{gj} is the log ratio (after normalization) for gene g at the j th array. This results in an estimated ratio

$$\bar{m}_g = \frac{\sum_{j=1}^J s_{gj}^{-2} m_{gj}}{\sum_{j=1}^J s_{gj}^{-2}}$$

and weighted t statistic

$$t_g = \bar{m}_g / (\text{SE}_g + s_0) \quad [4]$$

where $\text{SE}_g = \hat{\sigma}_g / \sqrt{\sum_{j=1}^J s_{gj}^{-2}}$ with weighted sample SD $\hat{\sigma}_g^2 = (J - 1)^{-1} \sum_{j=1}^J s_{gj}^{-2} (m_{gj} - \bar{m}_g)^2$. The constant s_0 is used here to guard against the zero denominator (9). When $s_g = 1$, the weighted t statistic reduces to the classical t statistic.

We applied both weighted and ordinary t tests to examine the effect of MIF treatment on genes. Fig. 5 depicts the results with $\alpha = 0.001$. Table 1 summarizes the results. The weighted t test has a better ability to assess the effect of genes. In fact, the weighted t statistic is, in general, larger than the ordinary t statistic (Fig. 5C) and hence identifies more significant genes (Table 1) with smaller P values.

Balanced Sign Permutation and P Values. Instead of using the two-sample permutation idea (9), to keep the correlation structure among genes and heteroscedasticity within each array, we used a balanced sign permutation. For example, after reverting the treatment and control in slides 4, 5, and 6 as the control and treatment (multiplying their log ratios by -1), there is no treatment effect among six arrays. From such a reversion, 15,266 t test or weighted t test statistics were obtained. There are 20 examples of such a balanced sign permutation. The pool of these $20 \times 15,226$ test statistics forms an estimate of the null distribution of the test statistics (23). Hence, the P values were obtained.

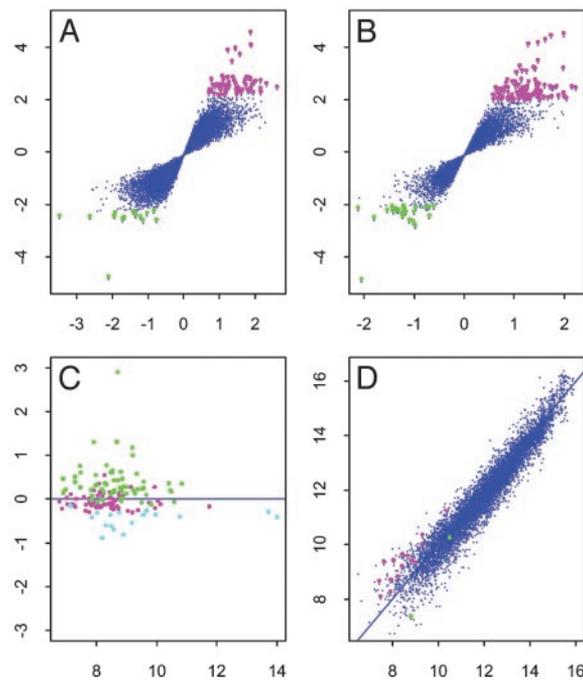


Fig. 5. The gene effect is studied by using the ordinary t test (A) and the weighted t test (B). The test statistics are plotted against their average log ratios. Genes with P values < 0.001 are marked with magenta (up-regulated) and green (down-regulated). (C) Average log intensity versus log₂(weighted t stat/ordinary t stat) for the genes with P values < 0.001 by one of the t tests. Magenta, cyan, and green spots are the genes identified by both methods, ordinary t test only, and weighted t test, respectively. (D) The average of log intensities with MIF treatment versus those without MIF treatment. Up-regulated and down-regulated genes, identified by the weighted t test, are indicated by magenta and green, respectively.

We applied the multiple comparison techniques of refs. 23 and 24 to select significant genes and obtained unsatisfactory results. This result was because the effects of genes are corrected. In addition, with the number of genes in an order of 15,000, the multiple comparison method requires calculating tail probability in an order of 10^{-6} , which cannot be accurately estimated. Following ref. 9, instead of controlling the false discovery rate (FDR), we estimate it. For a weighted t statistic, with $\alpha = 0.001$, we would expect to have 15.3 false positive genes. Hence, the FDR of the weighted t statistic is $\approx 12.4\%$ (see Table 1). The choice of $\alpha = 0.001$ for our presentation is based on the consideration of FDR and the number of significant genes.

Global Changes in Gene Expression in Response to MIF. MIF induces biological effects in target cells by changing the expression of a subset of genes. RNA was isolated from neuroblastoma cell line SK-N-AS that was treated with MIF for 24 h. The number of genes with significant changes in expression in response to MIF is shown in Table 1. A total of 99 (0.65%) genes were up-regulated and 24 (0.16%) were reduced ($P < 0.001$) in MIF-

Table 1. No. of genes that are up-regulated or down-regulated after MIF treatment

Methods	$\alpha = 5\%$		$\alpha = 1\%$		$\alpha = 0.5\%$		$\alpha = 0.1\%$		$\alpha = 0.05\%$		$\alpha = 0.01\%$		$\alpha = 0.005\%$		$\alpha = 0.001\%$									
	Up	Down	FDR, %	Up	Down	FDR, %	Up	Down	FDR, %	Up	Down	FDR, %	Up	Down	FDR, %	Up	Down	FDR, %						
t test	842	823	45.9	279	200	31.9	174	90	28.9	62	16	19.6	49	9	13.2	12	1	11.7	6	1	10.7	5	1	2.5
Weighted t test	963	546	50.1	338	131	32.1	234	73	24.9	99	24	12.4	62	11	10.5	13	1	10.9	13	1	5.4	5	1	2.5

Table 2. Selected genes regulated by MIF

Gene ID	Description	Fold change	P value
H20743	Cell division cycle 34	4.33	0.0000
N36994	Krupel-subfamily C2H2-type zinc finger protein	3.66	0.0001
AA456325	Tumor differentially expressed 1	2.70	0.0001
AA452119	Toll-related protein	2.26	0.0002
AA677388	Inter- α -trypsin inhibitor heavy chain	2.41	0.0002
AA669272	Casein kinase 1	3.91	0.0002
AA027266	Transglutaminase	2.43	0.0003
AA464711	Complement component 3A receptor 1	-3.19	0.0004
AA884709	Cytochrome P450	2.80	0.0004
AA418008	Growth factor independent 1	2.33	0.0004
AA132964	IL-22 receptor	2.35	0.0004
AA083478	Tripartite motif-containing 22	-2.59	0.0006
H50323	Fatty acid synthase	3.07	0.0007
H68555	Collagen, type IV	-2.60	0.0007
T94611	NKG2 type II integral membrane protein	2.80	0.0008
R16195	HNK-1 sulfotransferase	-1.63	0.0008
AA457474	Receptor activity modifying protein 2	1.95	0.0009
AA416782	Orthopedia (<i>Drosophila</i>) homolog	2.13	0.0009
AA857413	Ribosomal protein S27	2.04	0.0010
T90841	Activating transcription factor 5	2.22	0.0010

stimulated neuroblastoma cells. Genes that displayed increased or decreased expression included a number of structural genes, genes involved in cell proliferation, cell cycle regulation, transcription factors, and known growth factor receptors and immune-related genes (Table 2). Furthermore, activating transcription factor 5 (25) and HNK-1 sulfotransferase (26) have been reported to play roles in controlling the development of the nervous system. In addition, a group of genes are known to be tumor related, such as krupel-subfamily C2H2-type zinc finger protein (27), tumor differentially expressed 1 (28), inter- α -trypsin inhibitor heavy chain (29), fatty acid synthase (30), and ribosomal protein S27 (31). Cell division cycle 34, tumor differentially expressed 1, and casein kinase 1-encoded proteins (32) are also reported to be involved in cell proliferation. Finally, type IV collagen and inter- α -trypsin inhibitor heavy chain may be associated with tumor metastasis. Hagedorn *et al.* (33) and Krecicki *et al.* (34) suggested that loss of type IV collagen is an absolute indication for tumor metastasis. Our previous study showed that MIF could trigger neuroblastoma cell migration (data not shown), and the current data revealed that type IV collagen can be down-regulated by MIF (Table 2), suggesting that MIF enhances tumor cell migration probably by decreasing type IV collagen. In summary, we used a global gene expression strategy to identify genes that are affected by MIF in neuroblastoma. These genes represent good candidates for future analysis.

Discussion

Normalization is important for cDNA microarray data analysis. It reduces the effects of blocks, intensity, and slides. Global normalization is a popular method used in microarray analysis. However, because of the block and intensity effects, such a method can suffer from substantial biases, making it hard to

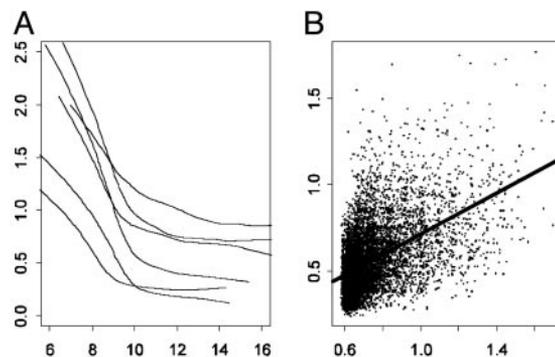


Fig. 6. (A) Estimated SD curves $\hat{\sigma}$ in model 3, as a function of log intensities for six experiments. (B) The average of predicted SDs versus the SE for each gene. The correlation is ≈ 0.51 .

reveal the biological effect of treatments. Several useful ideas have already been introduced to overcome the drawback (3, 4, 6). They are very powerful when their biological assumptions are granted.

The semilinear in-slide model is a powerful approach for removing the intensity and block effects. It requires virtually no biological assumptions and does not assume the identical gene effects across arrays. When the latter is imposed, the statistical efficiency in estimating the intensity effect and print-tip block effect can be improved somewhat by aggregating information on estimating the gene effects from other arrays. The effects of intensity and block can be efficiently removed when the number of clones with replications is large within an array. With the number of genes in the order of tens of thousands in an array, it is not difficult to print hundreds of replicated clones. With such an order of replicated genes, the intensity and block effects can be very effectively removed. After the removal, the global normalization can be carried out to remove the slide effect.

It is evident (Fig. 6) that expression ratios are heteroscedastic within and across arrays. When the intensity is large, the variability of the ratios gets small. Even in the region (e.g., $A \geq 10$) where it tends to be constant in each array, the variability still varies across different arrays (Fig. 6A). The measurement errors across arrays need to be standardized. Thus, a weighted version of the t statistic such as 4 is needed to obtain a correct P value and efficiently test whether there is any treatment effect.

Because of the large number of genes to be analyzed, the traditional multiple comparison techniques in statistics need to be applied carefully. This poses challenges to the control of FDR. First, the treatment effects on mRNA expressions can be correlated. Second, with the number of multiple comparisons in the order of tens of thousands, the probability calculation largely depends on the model assumption. Robustness to the model assumption is a critical issue, and one should try to estimate the FDR. Significance analysis of microarrays (9) is a powerful approach. However, it does not take care of the correlation and heteroscedastic structure within and across arrays. The balanced sign permutation overcomes this drawback and provides a useful method for computing the P value.

This research was supported by National Institutes of Health Grant R01-HL69720, National Science Foundation Grant DMS-0355179, Research Grants Council Grant CUHK 400903/03P from Hong Kong SAR, and a grant from the Committee on Research and Conference of the University of Hong Kong.

1. Brown, P. O. & Botstein, D. (1999) *Nat. Genet.* **21**, Suppl. 1, 33–37.
2. Lee, M. T., Kuo, F. C., Whitmore, G. A. & Sklar, J. (2000) *Proc. Natl. Acad. Sci. USA* **18**, 9834–9839.

3. Dudoit, Y., Yang, Y. H., Callow, M. J. & Speed, T. P. (2002) *Stat. Sinica* **12**, 111–139.
4. Tseng, G. C., Oh, M. K., Rohlin, L., Liao, J. C. & Wong, W. H. (2001) *Nucleic Acids Res.* **29**, 2549–2557.

5. Kroll, T. C. & Wölfel, S. (2002) *Nucleic Acids Res.* **30**, 1–6.
6. Huang, J., Kuo, H. C., Koroleva, I., Zhang, C. H. & Soares, M. B. (2003) *Technical Report 321* (Department of Statistics, University of Iowa, Iowa City).
7. Kerr, J. K., Martin, M. & Churchill, G. A. (2000) *J. Comput. Biol.* **7**, 819–837.
8. Zhang, H. P., Yu, C.-Y. & Singer, B. (2003) *Proc. Natl. Acad. Sci. USA* **100**, 4168–4172.
9. Tusher, V. G., Tibshirani, R. & Chu, G. (2001) *Proc. Natl. Acad. Sci. USA* **98**, 5116–5121.
10. Lönnstedt, I. & Speed, T. (2002) *Stat. Sinica* **12**, 31–46.
11. Newton, M. A., Kendzioriski, C. M., Richmond, C. S., Blantner, F. R. & Tsui, K. W. (2001) *J. Comput. Biol.* **8**, 37–52.
12. Tibshirani, R., Hastie, T., Narasimhan, B. & Chu, G. (2002) *Proc. Natl. Acad. Sci. USA* **99**, 6567–6572.
13. Smyth, G. K., Yang, Y. H. & Speed, T. (2002) in *Functional Genomics: Methods and Protocols*, eds. Brownstein, M. J. B. & Khodursky, A. B. (Humana, Clifton, NJ), pp. 111–136.
14. Grolleau, A., Bowman, J., Pradet-Balade, B., Puravs, E., Hanash, S., Garcia-Sanz, J. A. & Beretta, L. (2002) *J. Biol. Chem.* **277**, 22175–22184.
15. Maris, J. M. & Matthay, K. K. (1999) *J. Clin. Oncol.* **17**, 2264–2279.
16. Mitchell, R. A. & Bucala, R. (2000) *Semin. Cancer Biol.* **10**, 359–366.
17. Kamimura, A., Kamachi, M., Nishihira, J., Ogura, S., Isobe, H., Dosaka-Akita, H., Ogata, A., Shindoh, M., Ohbuchi, T. & Kawakami, Y. (2000) *Cancer* **89**, 334–341.
18. Ren, Y., Tsui, H. T., Poon, R. T. P., Ng, I. O., Li, Z., Chen, Y., Jiang, G., Lau, C., Yu, W. C., Bacher, M. & Fan, S. T. (2003) *Int. J. Cancer* **107**, 22–29.
19. Hastie, T. J. & Tibshirani, R. (1990) *Generalized Additive Models* (Chapman & Hall, London).
20. Fan, J. & Gijbels, I. (1996) *Local Polynomial Modelling and Its Applications* (Chapman & Hall, London).
21. Cleveland, W. S. (1979) *J. Am. Stat. Assoc.* **74**, 829–836.
22. Fan, J. & Yao, Q. (1998) *Biometrika* **85**, 645–660.
23. Reiner, A., Yekutieli, D. & Benjamini, Y. (2003) *Bioinformatics* **19**, 368–375.
24. Benjamini, Y. & Hochberg, Y. (1995) *J. R. Stat. Soc. B*, **57**, 289–300.
25. Herdegen, T. & Leah, J. D. (1998) *Brain Res. Rev.* **28**, 370–490.
26. Kunemund, V., Jungalwala, F. B., Fischer, G., Chou, D. K., Keilhauer, G. & Schachner, M. (1988) *J. Cell Biol.* **106**, 213–223.
27. Wu, L. C. (2002) *Gene Exp.* **10**, 137–152.
28. Bossolasco, M., Lebel, M., Lemieux, N. & Mes-Masson, A. M. (1999) *Mol. Carcinog.* **26**, 189–200.
29. Bourguignon, J., Borghi, H., Sesboue, R., Diarra-Mehrpour, M., Bernaudin, J. F., Metayer, J., Martin, J. P. & Thiberville, L. (1999) *J. Histochem. Cytochem.* **47**, 1625–1632.
30. De Schrijver, E., Brusselmans, K., Heyns, W., Verhoeven, G. & Swinnen, J. V. (2003) *Cancer Res.* **63**, 3799–3804.
31. Wong, J. M., Mafune, K., Yow, H., Rivers, E. N., Ravikumar, T. S., Steele, G. D., Jr. & Chen, L. B. (1993) *Cancer Res.* **53**, 1916–1920.
32. Gross, S. D., Simerly, C., Schatten, G. & Anderson, R. A. (1997) *J. Cell Sci.* **110**, 3083–3090.
33. Hagedorn, H. G., Tubel, J., Wiest, I., Schleicher, E. D. & Nerlich, A. G. (1998) *Anticancer Res.* **18**, 201–207.
34. Krecicki, T., Zaleska-Krecicka, M., Jelen, M., Szkudlarek, T. & Horobiowska, M. (2001) *Clin. Otolaryngol.* **26**, 469–472.