Pan-cancer tissue microarray analysis identifies Uroplakin 1b as a putative diagnostic marker

in surgical pathology

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Introduction and Objectives

Uroplakin 1B (Upk1b), is a 29.6 kDa protein encoded by the UPK1B gene located at 3q13.3q21. Upk1b is one out of 5 known uroplakin (Upk) protein particles that jointly form apical asymmetrical unit membrane (AUM) plaques which are thought to play an important role in stabilizing and strengthening epithelial cells that line the urinary bladder and thus enable the inner bladder membrane to stretch and prevent urothelial cells from rupturing during bladder distension. Studies and databases summarizing RNA expression of genes in different normal tissues have suggested that Upk1b expression occurs in a limited number of organs including urinary bladder, kidney, prostate, gallbladder, stomach, placenta, fallopian tube, uterine cervix, and tonsils. Only few studies addressed the role of Upk1b in cancer. It was the aim of this study to establish a catalogue of UPK1B expression in human normal and cancerous tissues.

Materials & Methods

To comprehensively Upk1b containing 15,182 samples from 127 different tumor types and subtypes and 608 samples of 76 different normal tissue types was analyzed by immunohistochemistry.

Immunostaining protocol and controls

 Antibody: clone MSVA-734M, MS validated antibodies, Mouse IgG, Dilution: 1:150



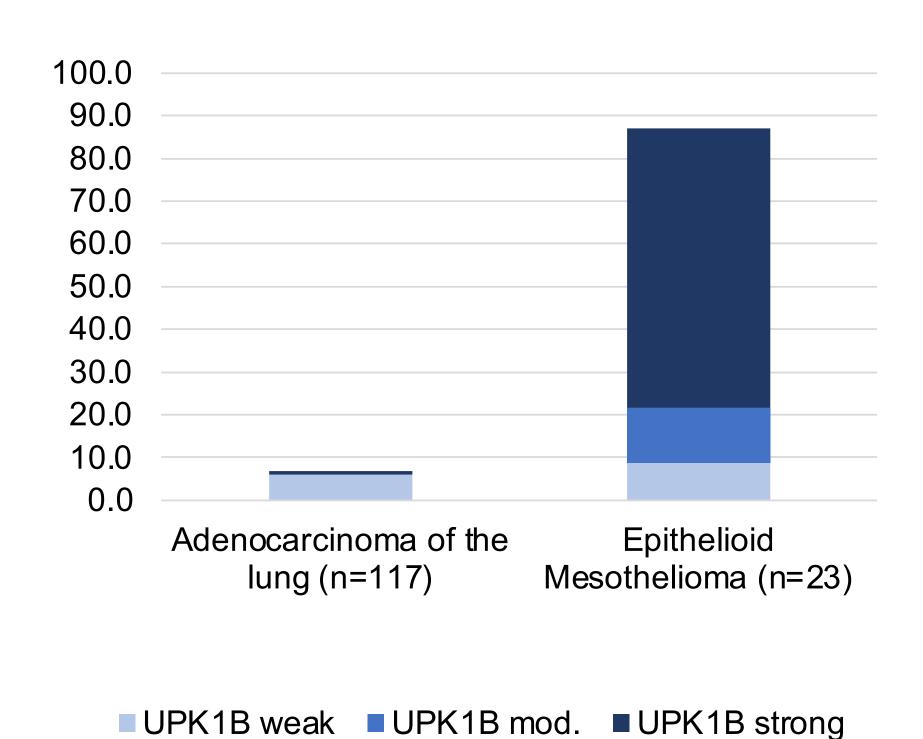
- Antigen retrieval: 5 min at 121°C (autoclave) in pH 7.8 buffer
- Controls:
- Positive: membranous cytoplasmic UPK1b immunostaining in the urothelium, limited to the top cell layers or present in all cell layers.
- Negative: UPK1b immunostaining should be absent in all cells of the colon mucosa.

UPK1b in normal tissues

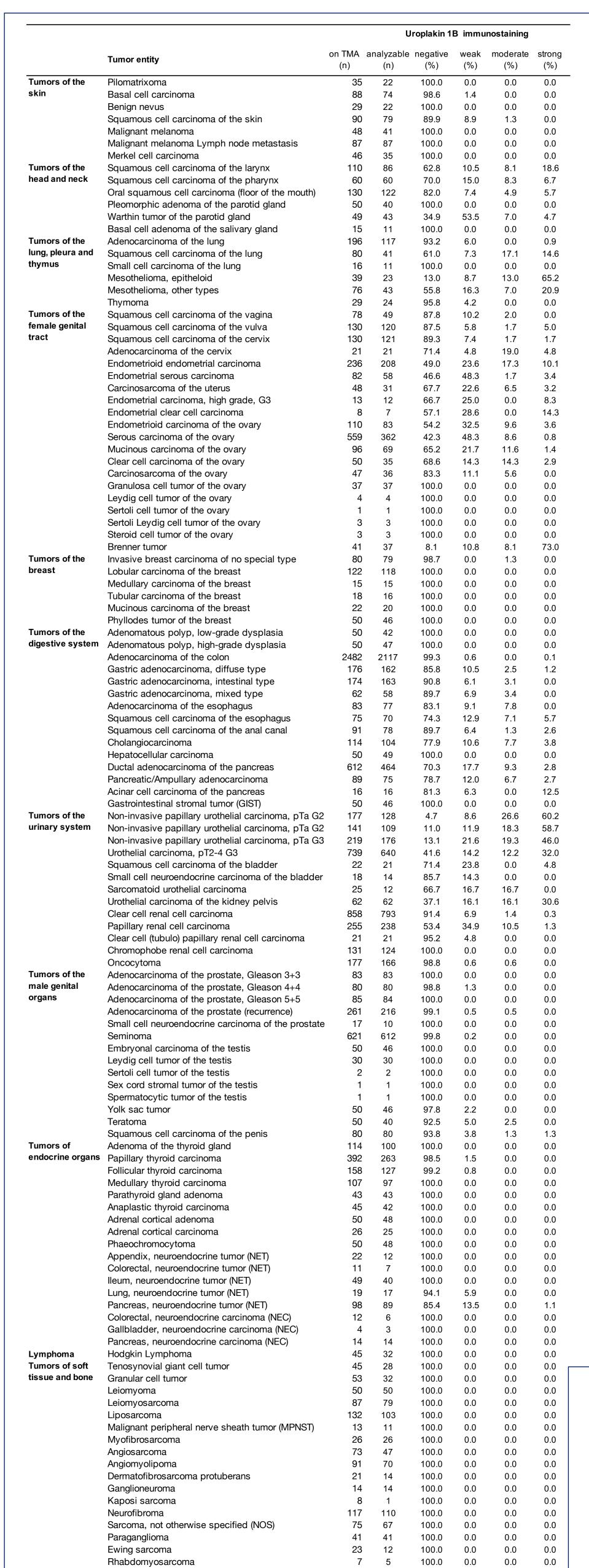
membranous and cytoplasmic UPK1b immuno-staining is seen in the urothelium (E). Upk1b was also regularly expressed in tonsil surface epithelium (A), tonsil crypt epithelium and in a fraction of cells in corpuscles of Hassall's in the thymus (D) as well as (faintly) other thymic epithelial cells. A moderate to strong Jpk1b positivity also occurred in a fraction of cells of the respiratory epithelium (H), amnion and chorion cells of the placenta (F), gallbladder epithelium, intrahepatic bile ducts, endometrial (L) glands, a fraction of intercalated ducts (I) and a fraction of pancreas, superficial epithelial cells (e.g. skin (B) and cervix (C)) and parietal cells of the stomach (G), the parietal layer of Bowman capsule in the kidney (K), and the superficial layer of anal transitional epithelium.

Useful for diagnosis of malignant mesothelioma

The striking difference in the Upk1b positivity rate between mesotheliomas containing an epithelioid tumor component (87%) and lung adenocarcinomas (7%) strongly suggests that addition of Upk1b might strengthen the diagnostic accuracy of currently applied panels of WT-1, Calretinin, D2-40, Ber-EP4, TTF-1, BAP-1 and Claudin-4 for the diagnosis of malignant mesothelioma.



RESULTS



100.0 0.0 0.0 0.0

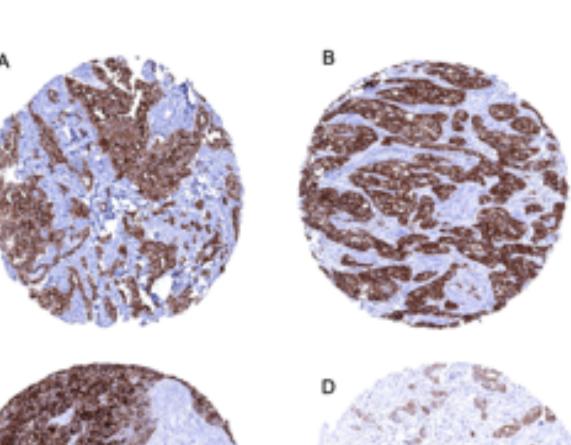
5 5 100.0 0.0 0.0 0.0

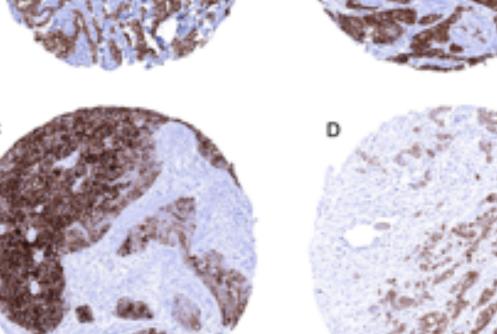
Schwannoma Synovial sarcoma

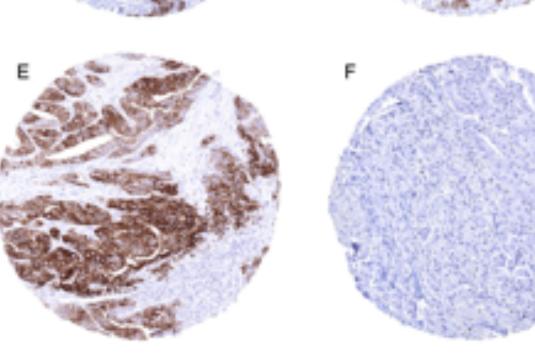
Rhabdoid tumo

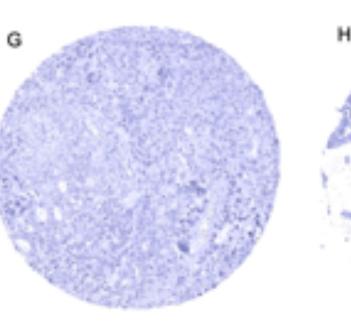
UPK1b in cancers

Table 1: List of all tumor samples analyzed for Uroplakin 1B.









moderate to strong Upk1b positivity in cases of epitheloid malignant mesothelioma (A), muscle-invasive urothelial carcinoma (B), squamous cell carcinoma of the larynx (C), ductal adenocarcinoma of the pancreas (D), and an esophageal adenocarcinoma (E). Upk1b staining is absent in adenocarcinomas of the lung (F), the prostate (Gleason 5+5=10; G), and of the colorectum (H). Positive staining for UPK1B was found in 61 (48%)

Upk1b immunostaining in cancer. The panels show a

different tumor types. At least one moderately positive tumor was seen in 50 (39%) tumor types, and 39 tumor types (31%) had at least one strongly positive tumor. Most frequent and strongest expression was found in urothelial neoplasms (58-95%), Brenner tumors of the ovary (92%), epithelioid mesothelioma (87%), serous carcinomas of the ovary (58%) and the endometrium (53%) as well as squamous cell carcinomas of various sites of origin (Table 1). UPK1B staining was rare in lung adenocarcinoma (6.8%) and largely absent in colorectal (0.7%) or prostatic adenocarcinoma (1.3%). In urothelial tumors cancer, low Upk1b expression was linked to high grade and invasive tumor growth (p<0.0001 each) as well as nodal metastasis (p=0.0006, Table 2).

Table 2: Uroplakin 1B expression and pathological features in urinary bladder cancer.

| | | | | Uroplakin 1B immunostaining | | | | |
|------------------------|-------------|---------------|------------|-----------------------------|--------------|--------------|--------------|---------|
| | | | n | negative (%) | weak (%) | moderate (%) | strong (%) | P |
| Urinary bladder cancer | Tumor stage | pTa G2 low | 128 | 4.7 | 8.6 | 26.6 | 60.2 | <0.0001 |
| | | pTa G2 high | 109 | 11.0 | 11.9 | 18.3 | 58.7 | |
| | | pTa G3 pT2 | 144 139 | 14.6 42.4 | 20.1 15.1 | 22.2 10.8 | 43.1 31.7 | |
| | | pT3 | 223 | 39.5 | 17.9 | 10.8 | 31.8 | |
| | | pT4 | 109 | 42.2 | 9.2 | 15.6 | 33.0 | |
| | Nodal stage | pN0 | 278 | 43.5 | 15.5 | 15.1 | 25.9 | 0.0006 |
| | | pN+ | 170 | 36.0 | 12.8 | 7.3 | 43.9 | |
| | | | | | | | | |

Conclusions

UPK1B analysis supports the differential diagnosis of malignant mesothelioma vs. adenocarcinoma of the lung, urothelial carcinoma vs. prostatic adenocarcinoma in the bladder, or pancreatico-biliary and gastro-esophageal vs. colorectal adenocarcinomas.