RESEARCH COMMUNICATION

Diagnostic Utility of p63 (Ab-1) and (Ab-4) Tumor Markers in the Squamous Cell Carcinomas of Head and Neck

Nauman Rauf Khan1*, Amna Nauman Khan1, Saira Bashir2, Ayyaz Ali Khan3, Bilquis A Suleman4, Saima Chaudhry3

Abstract

P63 is a gene product required in cell cycle regulation which plays vital roles in tumor differentiation. Aims of the present study were to assess the frequency, pattern, sensitivity and specificity of two p63 protein clones P63 4A4 and P63 4A4+Y4A3 in squamous cell carcinomas (SCCs). Thirty cases of head and neck region SCC diagnosed on the basis of H&E staining were examined along with 60 cases of head and neck region biopsies other than squamous cell carcinoma, negative on H&E staining, were taken as control. Immunostaining was performed on slides according to the Thermo Scientific UltraVision LP detection System. P63 4A4+Y4A3 clone is more sensitive 96.6% in comparison to 86% in P63 4A4 with having greater NPV of 98.3%. The results signify the importance of P63 4A4+Y4A3 marker over the old markers and may be used as a confirmatory marker of squamous cell carcinoma.

Keywords: Squamous cell carcinoma - immunostaining - p 63 - head and neck cancer - genotoxic stress - oligomerization

Introduction

Researchers agree on the fact that early diagnosis of the pre-cancerous lesion is important for the improvement of the survival rates (Pitiphat et al., 2002). Routine H&E staining and biopsy are the basic modalities in the diagnosis, and the gold standard for diagnosis remains the biopsy (Gath & Brakenhoff, 1999). However, H&E staining has limitation especially where morphological clues are limited or less helpful. Multiple research modalities have come forward for more accurate results, early diagnosis and determination of the stages of carcinoma. Among them one of the latest and accurate modality has been reported to be the Immunoassaying, Immunohistochemistry staining of cells or tissue sections (Coindre, 2003).

A good tumor marker must fulfill the criteria of sensitivity, specificity and clinical effectiveness (Andrea and Anette, 2001). So far no serological and biological tumor marker has yet been established for the SCC of the head and neck region (Andrea & Anette, 2001).

The p53 tumor suppressor gene is one of the most frequently mutated genes in human cancers. p53 is a sequence-specific transcription factor and plays a critical role in activating the expression of genes involved in cell cycle arrest or apoptosis under conditions of genotoxic stress. For over two decades, p53 was thought to be the only gene of its kind in the vertebrate genomes. This strong conviction, which was widely accepted in the p53 field, has now been proven to be incorrect. Two genes, referred to as p63 and p73, have been found to encode proteins that share a significant amino-acid identity in the transactivation domain (Yang et al., 1998), the DNA binding domain, and the oligomerization domain with p53 (Levrero et al., 1999).

In normal tissues, p63 was reported to be immunohistochemically detectable in basal cells of all squamous epithelia (including epidermis and hair follicles), in basal cells of urothelium, and in basal cells of prostate pithelium (Foschini et al., 2004). Squamous cell carcinomas of the skin, lung, oesophagus, and nasopharyngeal carcinoma has shown to express high levels of Np63, an important isoforms liberated by a mutated p63 gene (Chen et al., 2003). Np63 isoforms potentially suppress transactivation of p53 target genes such as p21 which induces apoptosis (Sayan et al., 2007). Furthermore, the truncated isotype p63 is detectable in most squamous cell carcinomas (including undifferentiated nasopharyngeal carcinomas) of various primary sites. The p63 over expression in these tumours is apparently due to an amplification of the p63 gene. Over-expression of p63 splice variants or isoforms is observed in many squamous carcinomas suggesting that p63 may act as an oncogene, making p63 a useful marker for the squamous carcinomas.

1Sharif Medical & Dental College, 2Department of Pathology, CMH Lahore Medical College, 3Department of Oral Health Sciences, Shaikh Zayed Post Graduate Medical Complex, 4UHead Department of Histopathology, University of Lahore, Lhr  *For correspondence: drnrkhan@gmail.com
Two of P 63 protein clones P63 4A4 and P63 4A4+Y4A3 were used in this study in order to assess their frequency, pattern, sensitivity and specificity. The purpose of this study was to estimate the usefulness and the diagnostic yield of the p 63 markers in the squamous cell carcinomas of head and neck.

Materials and Methods

The study comprised of 90 patients, 30 cases of squamous cell carcinoma and the remaining 60 cases were control benign biopsies both from the head and neck region. It was done at Shaik Zayed Medical Complex, department of Histopathology, on the formalin fixed, specimens of the above mentioned population. The female to male ratio was 1:1.65. The mean age of the participants was 44 ± 19.047 (SD), with age ranging from 3 years to 80 years. The SCC group was a primary sample (previously untreated), with female to male ratio of 1: 4, age averaging of 55 ± 11 (SD) and ranging from 30 -75 years. The ages in this group were further divided into 2 sub-groups, equal to or less than 65 years and greater than 65 years. Study was conducted over a period of nine months i.e., from the 1st December, 2008 to 30th August, 2009.

The total 180 slides were made i.e., 2 slides out of each specimen for the two different markers. The SCC group was receiving surgical treatment with curative intensions and were previously assessed through routine H&E staining, whereas, the case control group was from the patient undergoing routine oral surgeries. Informed consent was taken prior to all the surgeries.

Recorded data was coded and entered using SPSS statistical package version 16.0. Numerical data like the age of the patients was reported as mean and standard deviation. Range was also given along with the minimum and maximum values. However it was later on distributed in a following group: equal to or greater than 65 and below 65.

Score of each stain was determined against the different types of tissues used by applying the following criteria:
- If microscopic field has the stained cells equal to 10% or less, they were considered (–ve).
- More than 10% but less than or equal to 30% were considered single positive (+ve).
- More than 30% but less than or equal to 50% were considered double positive (++ve).
- Above 50% were considered to be triple positive (+++ve).

Nominal data like the status of case, gender, site of tissue and result of each stain was reported as frequency and percentages. Chi-square Test was used to test the association between age, gender, site of the tissue, size of the tissue and the grading of the tumor. For all analysis, p value of 0.05 or less was considered significant. Fisher exact test was applied to determine correlation between the grading of tumour and the score of the different stains. 2 x 2 tables were applied to determine the sensitivity and specificity of the three markers.

Results

30 cases were of squamous cell carcinoma and 60 controls, both from the head and neck region. The female to male ratio among SCC cases was 1: 4. The mean age among the cases was 55 ± 11 (SD), with minimum age of 30years and a maximum age of 75 years. The ages among the cases was further divided into 2 sub-groups, equal to or less than 65 years and greater than 65 years.

The scoring of each marker among both cases and control are given among the following tables. In case of both p 63 (Ab-1) and p63 (Ab-4) there is a nuclear pattern of expression, staining the basal and parabasal nucleus only. In the normal mucosal epithelium, the staining of the basal layer is stronger as compared to parabasal layer. In the suprabasal layer it is seen to be rare and very faint. Commutatively total staining is seen to be less than 10% of the total cells.

However, in SCCs different staining pattern has been observed for both the markers. It has been seen that the pattern of expression differs with the grading of the neoplasm for each marker. In case of well differentiated neoplasm the staining pattern is similar to that of the normal mucosa with positive cell comprising of 10-30% of the total cells. In moderately differentiated SCCs staining has been more intense involving the suprabasal layers and the pattern is more diffuse. In poorly differentiated SCCs, usually stained cells are greater than 50% of the total cells. P 63 (Ab-4) has shown stronger staining of the keratin pearls but is insignificant. The positive and negative scores of P 63 (Ab-4) are given in the Table1.

The positive and negative score of P63 Clone 4A4 +Y4A3 (Ab-4) is given in the Table2.

The sensitivity and specificity of each marker was determined using the above data through 2x2 tables and is given below:-

<table>
<thead>
<tr>
<th>Status of enrolment</th>
<th>P 63 (4A4)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ve+</td>
<td>Ve-</td>
</tr>
<tr>
<td>Cases</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Control</td>
<td>2</td>
<td>58</td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
<td>64</td>
</tr>
</tbody>
</table>

Table 1. Positive and Negative Score of P63 Clone 4A4 (Ab-1)

<table>
<thead>
<tr>
<th>Status of enrolment</th>
<th>P 63 (4A4+Y4A3)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ve+</td>
<td>Ve-</td>
</tr>
<tr>
<td>Cases</td>
<td>29</td>
<td>1</td>
</tr>
<tr>
<td>Control</td>
<td>2</td>
<td>58</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>59</td>
</tr>
</tbody>
</table>

Table 2. Positive and Negative Score of P63 Clone 4A4 +Y4A3

Sensitivity and specificity of p 63 4A4. (Ab-1)

Sensitivity = A / (A+C) = 86.6%
Specificity = D / (B+D) = 96.6%
Ve+ predictive value (PPV) = A / (A+B) = 92.8%
Ve- predictive value (NPV) = D / (C+D) = 93.5%

Sensitivity and specificity of p 63 4A4+Y4A3. (Ab-4)

Sensitivity = 96.6%
Specificity = 96.6%
PPV = 93.5%
Discussion

A large number of immuno-histochemical markers have been examined in the squamous cell carcinomas of head and neck but their sensitivity and specificity values have always been controversial (Rassam et al., 1995; Strong et al., 1995; Buffa et al., 2004). The present study was conducted to evaluate the sensitivity and specificity of two immuno-markers used for diagnosing Squamous cell carcinomas of the head and neck, taking H&E as a gold standard.

In both clones of p63 the stained nucleus were confined to the basal layer and were less evident at the parabasal layer. Our study’s findings were concordant with other investigations (Jimenez et al., 1995; Di Como et al., 2002; Muzio & Santarelli, 2005) but few studies stressed upon the expression of p63 in both the basal and parabasal layers with gradual decrease in the strength and with no expression in the superficial epithelial layer (Faridoni-laurens et al., 2001; Choi et al., 2002; Chen et al., 2003). However, our study was in contradiction to that of Karin Nylander et al who reported that p63 staining was predominantly in suprabasal layer (Nylander et al., 2000). This difference can be due to the usage of different clone of p63 antibody in that study. In their study they used 4A4 pan-p63 MAb whereas we used 4A4 and p63 4A4+Y4A3.

In our study, we evaluated any association between the score of the stain, the gender of the patient and the size of the tissue and it was seen to be insignificant which is in consistent with the two studies conducted by L.L. Muzio et al showing no relationship of the number of positively stained cells with that of the age, sex and size of the tissue (Muzio & Santarelli, 2005; Muzio et al., 2007). Our study displayed that there was a statically significant association between the percentage of positive cells to that of the grading of neoplasms. The more the grading of the tumor, more strongly was the expression of all markers, which is coherent with the two investigations, however these two investigations also correlated with the perineural infiltration, metastasis and survival rates (Muzio & Santarelli, 2005; Muzio et al., 2007). These factors were not seen in our study as our research was done on the incisional biopsies from the primary sites brought to the lab for routine investigation and did not include any clinical data of nodal involvement. Also the sample removed did not include the entire tissue so the perineural infiltration interpretation could not be made accurately. Furthermore, these studies were over a time span of ten years in comparison to our which was only nine months, therefore, the survival rates assessment could not be accurately. Furthermore, these studies were over a time span of ten years in comparison to our which was only nine months, therefore, the survival rates assessment could not be accurately. Furthermore, these studies were over a time span of ten years in comparison to our which was only nine months, therefore, the survival rates assessment could not be accurately. Furthermore, these studies were over a time span of ten years in comparison to our which was only nine months, therefore, the survival rates assessment could not be accurately. Furthermore, these studies were over a time span of ten years in comparison to our which was only nine months, therefore, the survival rates assessment could not be accurately. Furthermore, these studies were over a time span of ten years in comparison to our which was only nine months, therefore, the survival rates assessment could not be accurately. Furthermore, these studies were over a time span of ten years in comparison to our which was only nine months, therefore, the survival rates assessment could not be accurately. Furthermore, these studies were over a time span of ten years in comparison to our which was only nine months, therefore, the survival rates assessment could not be accurately. Furthermore, these studies were over a time span of ten years in comparison to our which was only nine months, therefore, the survival rates assessment could not be accurately. Furtherm
range with significant value of 96.6%. These differences can be attributed to the different technical errors which each system may face during the staining procedures (Moksaluk, 2002).

In case of p63 4A4+Y4A3, sensitivity of 96.6%, specificity 96.6%, PPV 93.5% and NPV of 98.3% was seen. Interestingly, no study to our knowledge has been conducted on the Squamous cell carcinomas of head and neck, though work has been done on the prostate cancer and has proven to be as a significant marker (p < 0.05) (Kristiansen et al., 2008), lung cancer with sensitivity of 82% and specificity of 100% (Kargi et al., 2007) and in Basal cell carcinoma with positivity in 76% only (Bircan et al., 2006). We conclude that this clone has been studied for the first time on the head and neck SCC and has been seen to have 96.6% of both sensitivity and specificity.

Furthermore, in the present study, as in other investigations, a positive association between the p63 (4A4, 4A4+Y4A3) expression and the grade of neoplasm differentiation was noticed, supporting the use of p63 (4A4, 4A4+Y4A3) as an additional marker for diagnostic use in H&N SCC. Also if both these markers are used in combination can aid in early detection and proper diagnosis.

In conclusion:
• p63 gene plays important role in the normal cellular and carcinogenic proliferation.
• p 63 4A4 and p63 4A4+Y4A3 markers were seen to be significant in both sensitivity and specificity and can be used for a confirmatory diagnosis of the squamous cell carcinomas.

Acknowledgements

This study was funded by HEC (higher education commission) Pakistan.

References