Detection of human papillomavirus type 16 DNA in carcinomas of the palatine tonsil

G Niedobitek, S Pitteroff, H Herbst, P Shepherd, T Finn, I Anagnostopoulos, H Stein

Abstract

Twenty eight tonsil carcinomas of various histological types were investigated for the presence of Epstein-Barr virus (EBV), cytomegalovirus (CMV), and human papillomavirus (HPV) types 6, 11, and 16 by in situ hybridisation using highly stringent procedures. In six cases an autoradiographic signal was obtained in the tumour cell nuclei with the HPV type 16 specific probe. No signal was obtained with any of the other probes. Immunohistochemical investigations with mouse monoclonal antibodies directed against the L1 protein of HPV type and a rabbit antiserum that detects common protein determinants of HPV gave negative results, thus indicating latent infection. Furthermore, a series of tonsils from controls with comparable age distribution was negative by both in situ hybridisation and immunohistology. These results indicate a possible role for HPV 16 in the aetiology of a proportion of tonsillar carcinomas.

A possible aetiological role for DNA tumour viruses has been postulated for several carcinomas. In particular, human papillomaviruses (HPV) have been associated with a variety of squamous cell carcinomas, such as cervical, anal, and laryngeal carcinomas.1-5 The Epstein-Barr virus (EBV) has been implicated in the pathogenesis of undifferentiated nasopharyngeal carcinoma.6 Tumours from other sites with similar morphological features (so-called lymphoepithelioma-like carcinomas) have also been shown to harbour EBV-DNA occasionally.7-9

Carcinoma of the palatine tonsil is the second most common malignant tumour of the upper respiratory tract, with tobacco and alcohol abuse being the most common risk factors.10,11 An association between undifferentiated tonsillar carcinomas and EBV has been reported in a study using in situ hybridisation and, more recently, serological anti-EBV antibody patterns, characteristic of undifferentiated nasopharyngeal carcinomas, have also been described in patients with lymphoepithelioma-like tonsillar carcinomas.12,13 In an in situ hybridisation study investigating epithelial malignancies from various sites for the presence of EBV DNA, we therefore included 28 tonsillar carcinomas. As all of these cases were negative with EBV-specific probes (G Niedobitek, unpublished observations) we extended our study to other DNA tumour viruses and report here the results obtained with HPV specific DNA probes.

Methods

Formalin fixed, paraffin wax embedded biopsy specimens of 28 tonsillar carcinomas were studied. Sixteen (57%) patients were male and 12 (43%) were female. The age of the patients ranged from 43 to 85 years, with a median of 66 years (table). The women were older than the men, the median ages being 70 years and 59 years respectively. Tobacco smoking or alcohol abuse, or both, were risk factors for most of the patients (table). The tumours were graded according to WHO criteria.10 Two carcinomas were well differentiated, 12 moderately differentiated, and 11 poorly differentiated squamous cell carcinomas. One case was an in situ carcinoma and two were lymphoepithelioma-like carcinomas with morphological similarities with undifferentiated carcinomas of nasopharyngeal type (table). Frozen tissue for DNA extraction was available from one case.

A series of 30 tonsils surgically removed because of chronic inflammation served as controls. The male to female ratio of this group was one, the age ranged from 47 years to 80 years (median 60 years). The median age of male and female patients was 55 years and 61 years, respectively.

PLASMIDS AND PROBES

Plasmids harbouring HPV6b, HPV11, and HPV16 DNA were a gift from Dr H zur Hausen, Heidelberg.15-17 The plasmids pBa-W, containing the 3·1 kilobase pair BamHI-W internal repetitive fragment of EBV strain M-ABA, and pM961-20, harbouring the 6·4 kilobase pair HindIII/Sall fragment of the terminal region of the EBV genome, were kindly provided by Dr GW Bornkamm, Freiburg.18 The plasmid pCMS018 (human cytomegalovirus, CMV, strain AD169 EcoRI-J fragment subcloned into pACYC184), was a kind gift from Dr B Fleckenstein, Erlangen, and served as a probe in negative control experiments.19 Total plasmid DNA was labelled with 35S-dCTP (New England Nuclear, Dreieich, West Germany; specific activity 1200 Ci/mmol) by nick translation to a specific activity of 3·5 × 106 dpm/μg.20
HPV 16 in tonsillar carcinoma

Age, sex, and risk factors of patients with tonsillar carcinoma, and in situ hybridisation results

<table>
<thead>
<tr>
<th>Case No</th>
<th>Age</th>
<th>Sex</th>
<th>Risk factors</th>
<th>Diagnosis</th>
<th>In situ hybridisation</th>
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<td>1</td>
<td>43</td>
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<tr>
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</tr>
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<td>28</td>
<td>85</td>
<td>F</td>
<td>None</td>
<td>SCC, moderately differentiated</td>
<td>Negative</td>
</tr>
</tbody>
</table>

SCC: squamous cell carcinoma.

IN SITU HYBRIDISATION

In situ hybridisation was performed as described previously.21 22 In brief, rehydrated paraffin wax sections were pretreated with 0.2 N HCl for 10 minutes at room temperature, 0.1% Triton X-100 for one and a half minutes at room temperature, and 0.1 M/mg/ml pronase (Boehringer, Mannheim, West Germany) for 30 minutes at 37°C, followed by acetylation with 0.1 M triethanolamine (pH 8.0)/0.25% acetic anhydride for 10 minutes at room temperature. Slides were washed in 2 x SSC (0.3 M sodium chloride/0.03 M sodium citrate, pH 7.6) between the incubation steps. Slides were then dehydrated through graded ethanol and 25 µl hybridisation mixture (50% deionised formamide/2 x SSC/10% dextran sulphate/0.1 mg/ml herring sperm DNA/20 to 40 ng/ml of labelled probe) were applied. Probe and tissue DNA were denatured simultaneously by heating the slides to 90°C for three minutes. Subsequently, slides were incubated at 37°C for 12 hours (21°C below melting point), followed by washing in several changes of 50% formamide/0.1 x SSC at 37°C (about melting point) for four hours and rinsing in 0.1 x SSC for 30 minutes at room temperature. The hybridisation mixture and all washing solutions contained 10 mM dithiothreitol. The slides were then dehydrated through graded ethanol and dipped into Ilford-G5 emulsion. After exposure times of three to 10 days slides were developed with Kodak Rapid Fixer, followed by counterstaining with haematoxylin and eosin.

SOUTHERN BLOT HYBRIDISATION

DNA was extracted from frozen tissue, digested with BamHI or EcoRI restriction enzymes, separated by electrophoresis in a 0.8% agarose gel, and transferred to nylon mem-

brane filters. Total HPV 16 plasmid DNA was labelled with 3'-dCTP (New England Nuclear, specific activity 3000 Ci/mmol) by random primer extension. Hybridisation and washing was performed as previously described.23 Placenta DNA provided the negative control.

IMMUNOHISTOLOGY

Four monoclonal antibodies specific for the L1 capsid protein of HPV 16, 8C4, 3D1, 5A4, and 1D6 were used in this study.24 Undiluted cell supernatants were applied to sections. A polyclonal anti-bovine papillomavirus antisera (Dakopatts, Glostrup, Denmark) was also used in a 1 in 1600 dilution. Paraffin wax sections were dewaxed and rehydrated. The immunoperoxidase phosphatase anti-alkaline phosphatase (APAAP) method was used as described previously.25 26

Results

In situ hybridisation to the HPV 16 specific probe resulted in an accumulation of grains over tumour cell nuclei in six tonsillar carcinomas while hybridisation to the HPV 6, HPV 11, EBV, or CMV specific probes gave negative results (fig 1A–B) (table). Five of the positive cases were poorly differentiated carcinomas and one was of intermediate differentiation. The labelling intensity of tumour cells was fairly homogenous. Adjacent non-neoplastic squamous epithelium was available in five cases. This was negative in all instances on hybridisation to the HPV specific probes. In one case epithelial cells of an in situ carcinoma in the vicinity of the invasive carcinoma were also positive for HPV 16. Thirty tonsils with chronic inflammatory disease investigated for control purposes were negative with all probes.

Frozen tissue from one carcinoma positive
for HPV 16 by in situ hybridisation was available for DNA extraction and Southern blotting. Hybridisation of BamHI digested DNA to the HPV 16 specific probe resulted in one band of 7.2 kilobase pairs while hybridisation to EcoRI digested DNA produced a major band of about 7 kilobase pairs and two additional bands of 0.8 and 2.5 kilobase pairs, respectively (fig 2).

Immunohistological staining with four HPV type 16 specific monoclonal antibodies and a polyclonal antiserum directed against viral capsid proteins did not result in any specific staining, while in simultaneous control experiments all four monoclonal antibodies strongly stained nuclei of a cervical intraepithelial neoplasia harbouring HPV 16 DNA, as determined by in situ hybridisation. The monoclonal antibodies did not react with condylomas harbouring HPV type 6 (data not shown). The antiserum produced a weak staining of superficial cells in condylomata acuminata (data not shown). Furthermore, 30 non-neoplastic tonsils were investigated for the expression of common determinants of HPV capsid proteins using a polyclonal antiserum, and of HPV 16 L1 protein group-specific viral capsid antigens, with negative results in all cases.

Discussion
Carcinoma of the palatine tonsil is a common neoplasm usually associated with risk factors such as alcohol or tobacco abuse. Some DNA viruses have also been implicated as cofactors in the pathogenesis of this malignancy. Some reports have linked undifferentiated and lymphoepithelio-mat-like carcinomas of this site with EBV infection. In a study investigating a total of 115 epithelial tumours from various sites by in situ hybridisation, however (G Niedobitek, unpublished observations) we have shown that 28 tonsillar carcinomas of all histological types were negative with two different EBV specific probes.

HPV 16 DNA was found in the tumour cell populations of six of these 28 carcinomas: five were poorly and one was moderately differentiated, while all of two highly differentiated carcinomas and one in situ carcinoma did not show any autoradiographic signals with any of the probes. Our results confirm the findings of a report showing the presence of HPV 16 DNA in two of seven tonsillar carcinomas. These results, however, were obtained by dot blot hybridisation only and the number of tonsillar carcinomas investigated was comparatively small. Therefore, our results are, to the best of our knowledge, the first demonstration of HPV type 16 DNA in the tumour cell population of tonsillar carcinomas.

The specificity of our in situ hybridisation results was confirmed by Southern blot hybridisation of DNA from one carcinoma. The enzymes chosen for digestion of DNA were those used in the study describing the cloning of HPV 16 DNA, and the pattern of bands obtained is characteristic for this virus. Though we could not assert the presence of HPV 16 in the other five cases by Southern blot hybridisation due to the lack of frozen tissue in view of the highly stringent hybridisation and washing conditions of our protocol it seems unlikely that the autoradiographic signal obtained in these cases with the HPV 16-specific probe is due to cross hybridisation with an HPV 16-related DNA. Cross hybridisation with any other viral nucleic acid can also be regraded as unlikely, as hybridisation to HPV 6, HPV 11, EBV, and CMV specific probes yielded negative results.

Immunohistochemical investigations with four monoclonal antibodies directed against the L1 capsid protein of HPV 16 and an antiserum recognising a common determinant of HPV capsid proteins did not produce any staining of tumour cell nuclei in any of the carcinomas harbouring HPV 16 DNA. As these proteins are expressed only in replicative infection, these results do not contradict our hybridisation data but rather point to a latent infection of tumor cells.

Interestingly, five of the patients with HPV 16 positive carcinomas were female and only one was male. The number of positive carcinomas, however, is certainly too small to draw any conclusions from this observation. This finding may also only reflect the slightly different age distribution as the male patients were, on average, younger than the female patients (table).
In four out of the six patients with HPV 16 positive tonsillar carcinomas alcohol and tobacco abuse were anamnestically identified risk factors; in one case alcohol and tobacco abuse was denied, and in another case no information was available. Thus there was one case with no other known risk factor than HPV 16 infection. It has been suggested that HPV 16 is involved in the pathogenesis of squamous cell carcinomas from various sites. In particular, the presence of HPV 16 DNA has been confirmed in most carcinomas from the uterine cervix. The clinical importance of this finding, however, has been questioned recently by epidemiological studies. To preclude the possibility that the presence of HPV 16 DNA in the tonsillar carcinomas is merely circumstantial, a series of non-neoplastic tonsils from patients with similar age distribution was investigated for the presence of viral DNA and viral proteins. The fact that none of these cases displayed evidence of HPV infection by any of the methods used points to a possible co-carcinogenic role for this virus for a proportion of tonsillar carcinomas, possibly acting synergistically with other risk factors such as excessive alcohol and tobacco consumption.

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