



# MARKERS OF PROGRESSION RISK IN PATIENTS WITH SQUAMOUS CELL VULVAR CARCINOMA

Magdalena Kowalewska

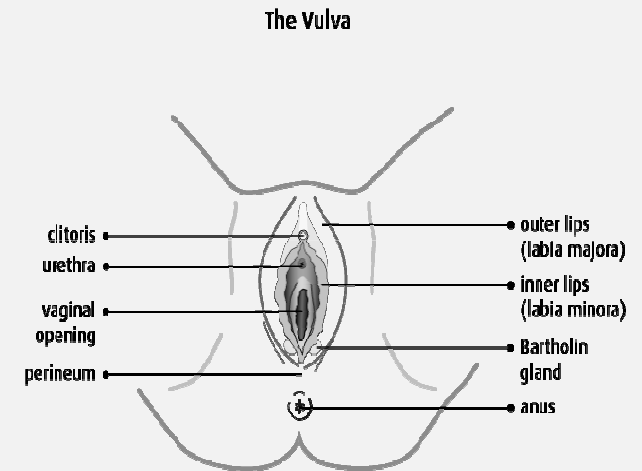
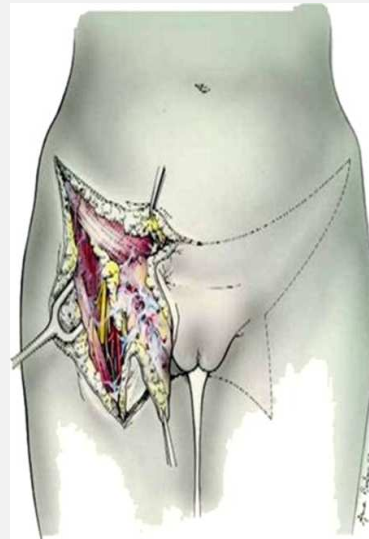
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# Vulvar Carcinoma

- Age-standardized incidence rate (ASR) - approx. 1 per 100,000
- 489 new cases and 315 VC-related deaths in Poland in 2015 (<http://onkologia.org.pl/>)
- The most common type - squamous cell carcinoma – 90% of patients
- VIN  
    ↓                      ↓  
    HSIL                  dVIN  
    HPV+ VC              HPV- VC



Canadian Cancer Society,  
<http://www.cancer.ca/en/cancer-information/cancer-type/vulvar/vulvar-cancer/>

- **Staging**
- **Margin size (AGO-CaRE-1, a large retrospective study)**
- **RTH**
- **Regional LN status – the only prognostic factor?**

## **Protein markers of VC progression**

- to identify protein markers of VC that are indicative of a tumor that is more likely to progress
  - proteins that are differentially expressed in tumors of VC patients that progressed during ~10 years of follow-up period (“**progVC**”) vs those who are disease-free at the time of last observation (“**d-fVC**”).

# Protein markers of VC progression

## Materials & Methods

### Patients

16 patients d-fVC

12 patients with progVC

14 control samples (normal vulvar tissue)

### Method

iTRAQ (Isobaric tag for relative and absolute quantitation)

# Results - iTRAQ

- 5510 proteins
- GO - VSCC vs control:

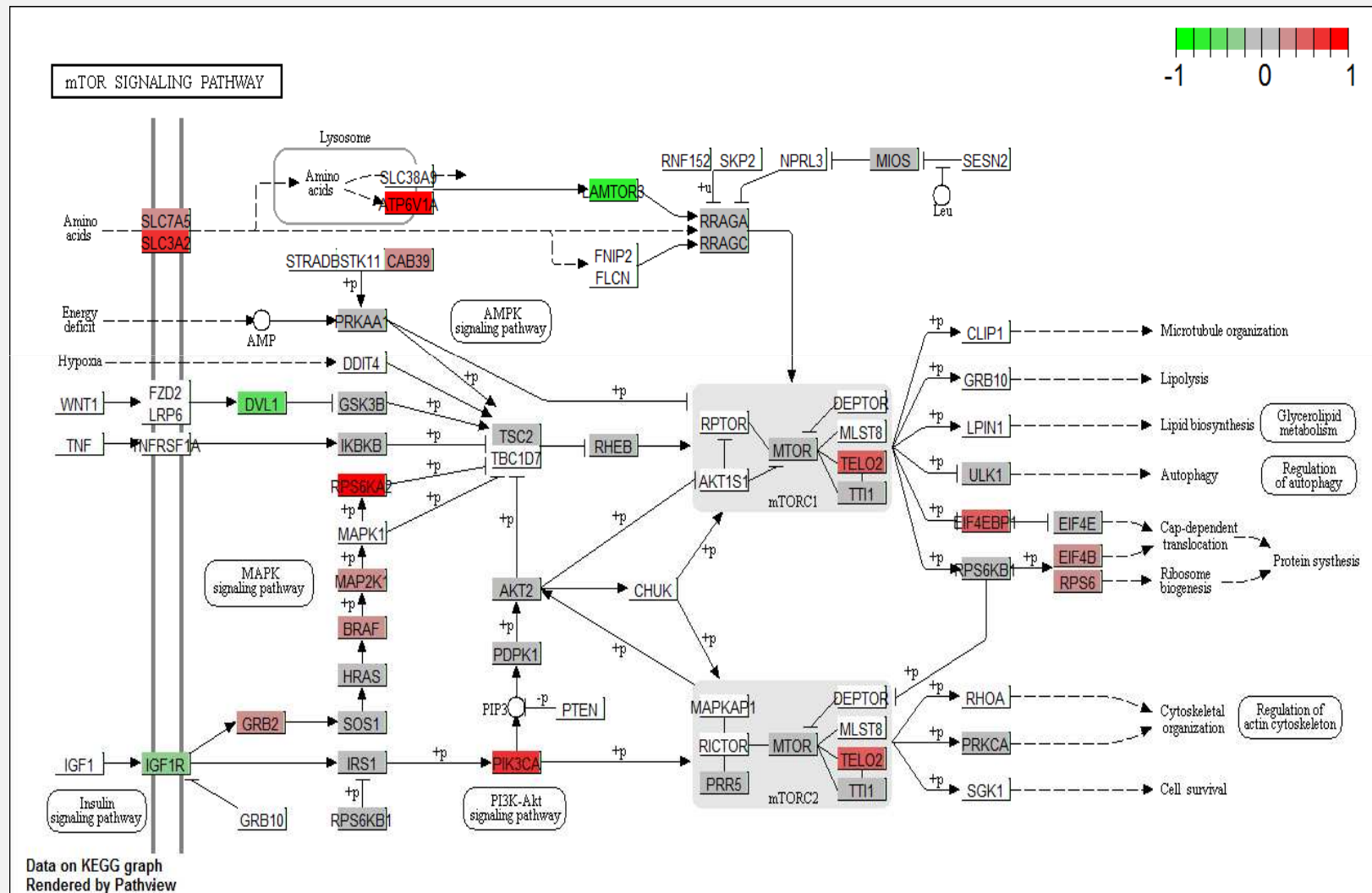
GO name	Terms	pvals	adjp	exp
GO:0051234	establishment of localization	0,000204	0,01510 8	199,2
GO:0048522	positive regulation of cellular process	0,000161	0,01350 2	157,3
GO:0007275	multicellular organism development	3,2E-06	0,00093 7	139,4
GO:0032502	developmental process	1,33E-05	0,00249 6	139,2
GO:0050896	response to stimulus	4,46E-07	0,00016 3	122,3
GO:1902578	single-organism localization	1,66E-08	1,75E-05 1	118,6
GO:0010646	regulation of cell communication	4,12E-05	0,00574 6	95,5
GO:0023051	regulation of signaling	8,8E-05	0,00937 7	94,3
GO:0016192	vesicle-mediated transport	0,000358	0,02310 1	91,8
GO:0050790	regulation of catalytic activity	0,000107	0,01025 0,01025	84,9
GO:0032879	regulation of localization	0,000529	0,02966 2	83,7
GO:0065008	regulation of biological quality	9,32E-06	0,00202 5	77,5

Abb

initially expressed  
value; Pa -

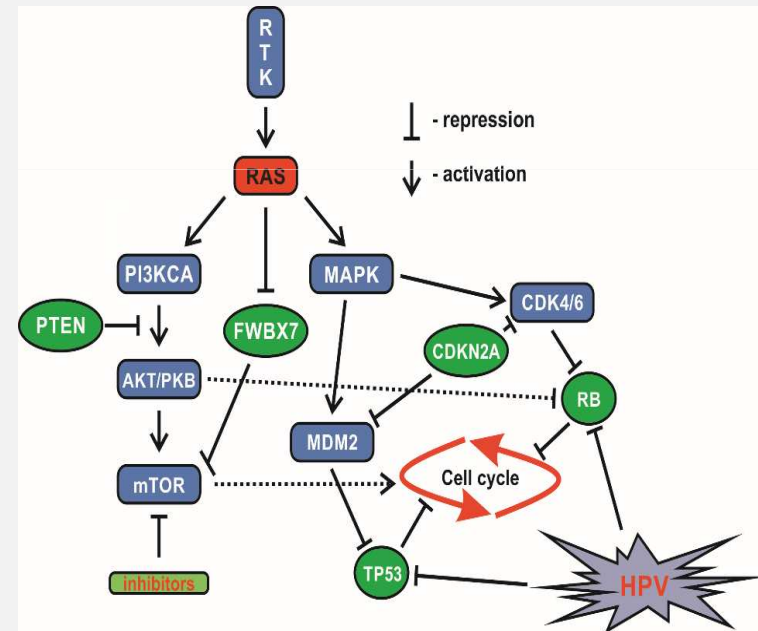
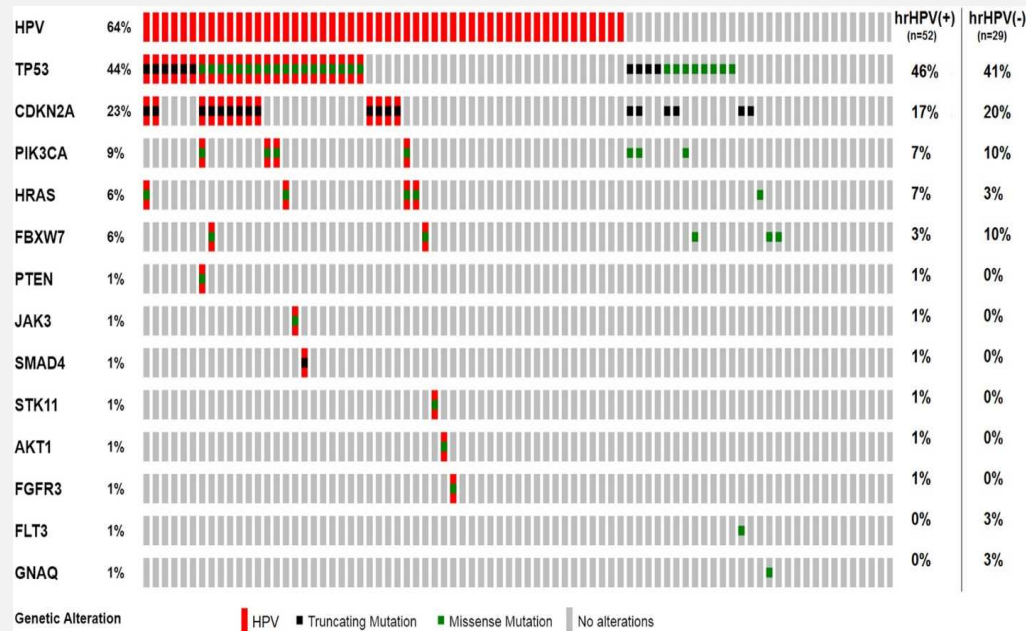
# Results

- 5510 proteins
- KEGG - VSCC vs control:



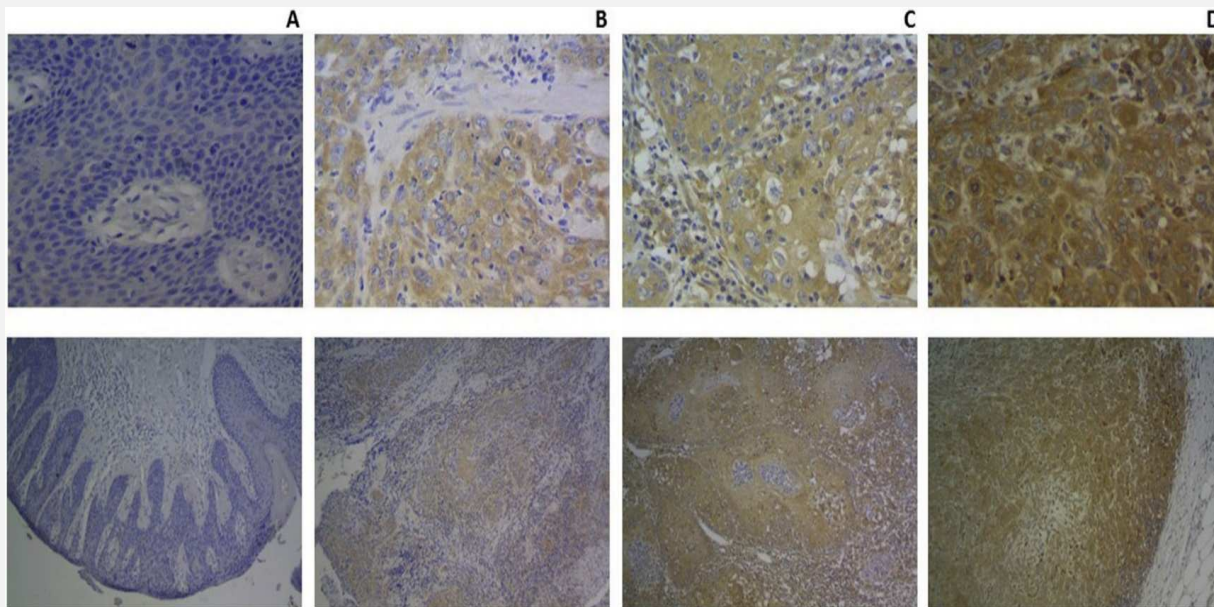
# Mutation profiling

- 83 VSCC
- 65% HPV(+) and 59% HPV(-): pathogenic mutations



# mTOR expression

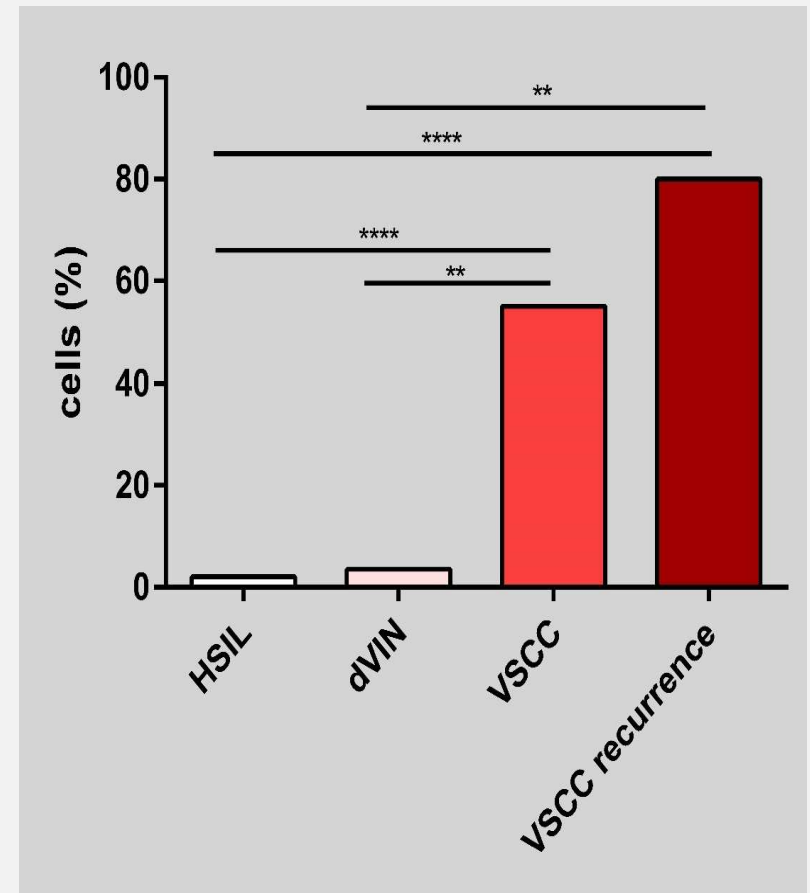
- IHC
- HSIL; dVIN; VSCC; recurrVC



HSIL  
recurrVC

d-FVC

progVC



**anti-mTOR rabbit mAb**  
(7C10, Cell signaling)

Zięba S et al., [Gynecol Oncol.](#) 2018;150:552-561.



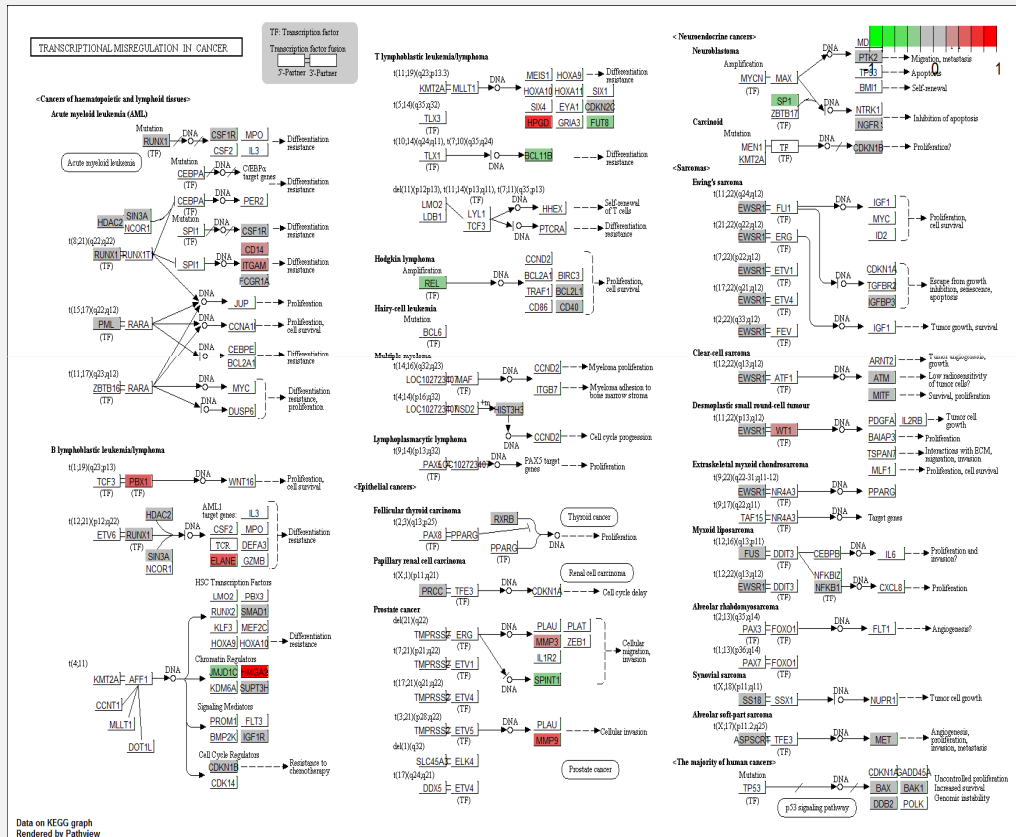
# Results - iTRAQ

- 5510 proteins
- GO - progVC vs d-fVC:

GO name	Term	P	Pa	exp
GO:190257 8	single-organism localization	4,14E-06	0,001234	121,5
GO:000225 2	immune effector process	0,000303	0,041061	54,7
GO:000960 5	response to external stimulus	0,00022	0,032709	52,5
GO:000268 4	positive regulation of immune system process	0,000326	0,041263	39,0
GO:000225 3	activation of immune response	0,000119	0,021648	26,6
GO:005087 8	regulation of body fluid levels	2,67E-10	5,03E-07	18,7
GO:000961 1	response to wounding	0,000212	0,032436	16,8
GO:000246 0	adaptive immune response based on somatic recombination of immune receptors built from immunoglobulin superfamily domains	7,43E-07	0,000301	8,8
GO:000244 9	lymphocyte mediated immunity	4,53E-07	0,000197	8,6
GO:000257 6	platelet degranulation	8,45E-07	0,000302	8,3
GO:001648 5	protein processing	9.66E-06	0.002486	8.2

# Results

- 5510 proteins
- KEGG - d-fVC vs progVC:



## High Mobility Group AT-Hook 2

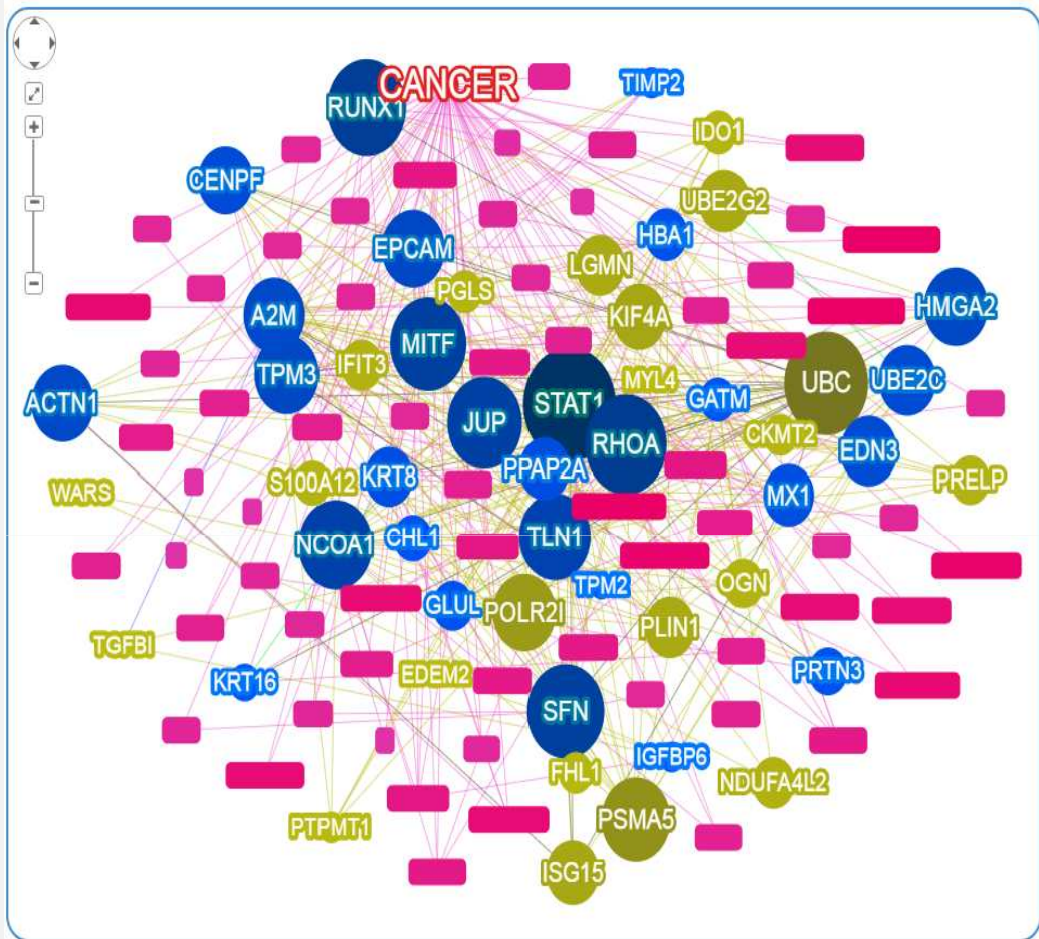
Tissue	Cancer staining	Protein expression of normal tissue	Tissue	Cancer staining	Protein expression of normal tissue
Breast cancer			Melanoma		
Carcinoid			Ovarian cancer		
Cervical cancer			Pancreatic cancer		
Colorectal cancer			Prostate cancer		
Endometrial cancer			Renal cancer		
Glioma			Skin cancer		
Head and neck cancer			Stomach cancer		
Liver cancer			Testis cancer		
Lung cancer			Thyroid cancer		
Lymphoma			Urothelial cancer		

<http://www.proteinatlas.org/>

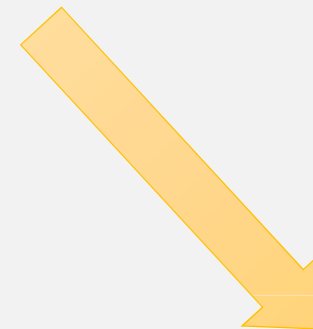
KEGG: Kyoto Encyclopedia of Genes and Genomes

HMGA2 expression pattern and TERT mutations in tumors of the vulva. Oncol Rep. 2015; 33:2675-80.

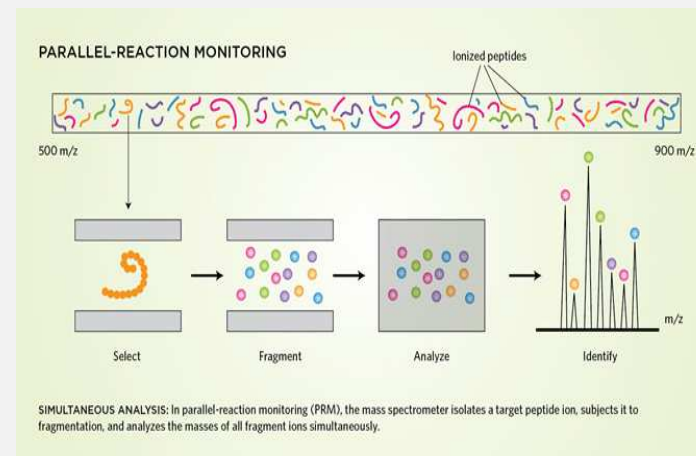
# Validation – 47 proteins



Phenolyzer: phenotype-based prioritization of candidate genes for human diseases. Nat Methods. 2015;12:841-3.

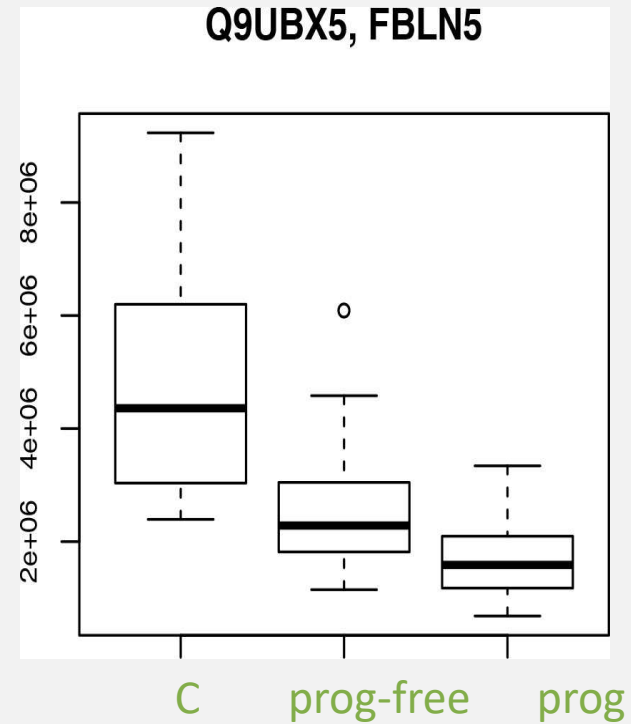
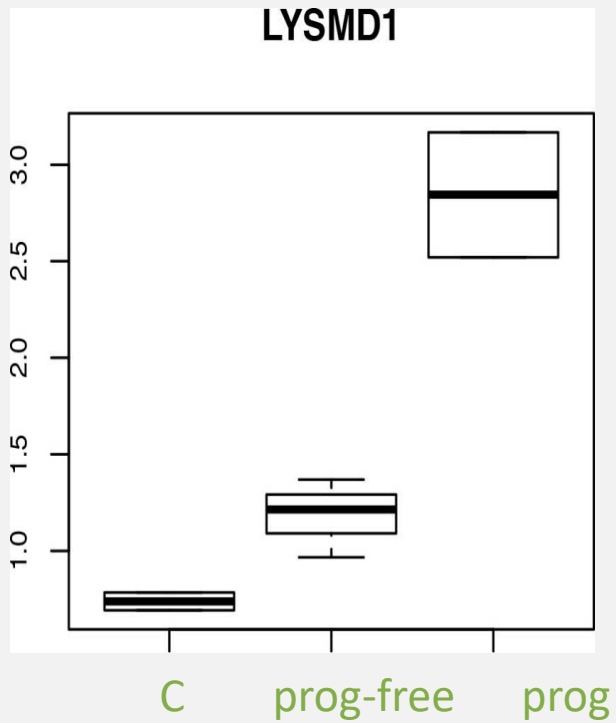


PRM



# PRM - validation

VIN → early VSCC → late VSCC →  
recurrence



# PRM - validation

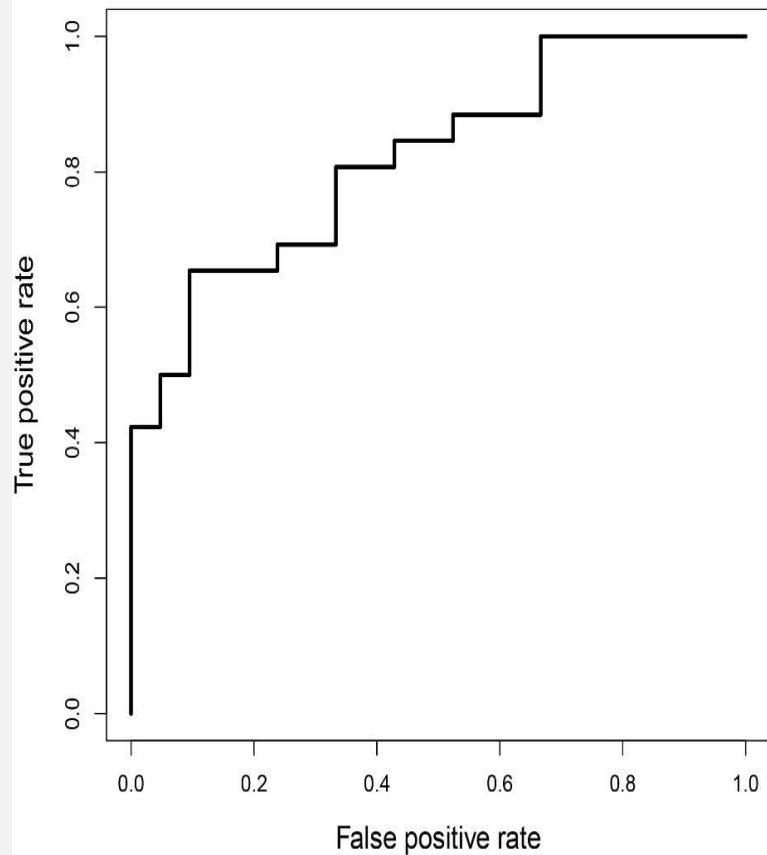
- 96 samples
- d-fVC; progVC; normal tissue; prosp;  
VIN

protein	pVal.wilcox	dfVSCC- progVSCC	AUC	pVal.wilcox	control- VSCC	AUC
HMGA 2	0,006	14,4	0,73	0,006	45,5	0,76
ANO1	0,007	3,4	0,73	ns	1,8	0,55
PRTN3	0,012	2,7	0,71	0,000	13,3	0,92
UBE2C	0,007	2,7	0,73	0,000	8,9	0,87
KRT18	0,022	2,5	0,70	0,000	8,2	0,91
S100A1 2	0,016	2,4	0,71	0,000	12,0	0,92
PTX3	0,036	2,3	0,68	ns	2,7	0,68
RUNX1	0,019	2,1	0,70	0,000	6,7	0,90
PADI2	0,019	1,9	0,70	0,000	3,7	0,88
ABI3BP	0,023	0,7	0,69	0,000	0,2	0,92
PRELP	0,016	0,7	0,71	0,000	0,3	0,93

# PRM - IHC

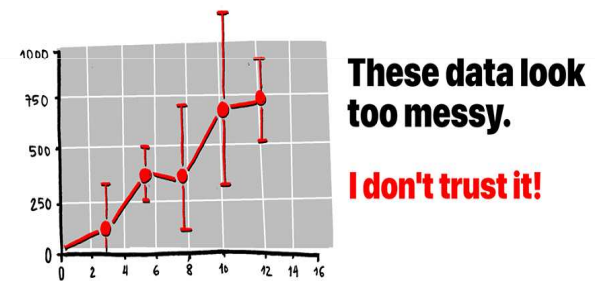
- 96 samples
- normal tissue; VIN; d-fVC; progVC; prosp

control - d-fVC+progVC, RUNX1+HMGA2+PADI2, auc=0.821



90 VSCC, 43 LN, 50  
VIN

→ visual assesment

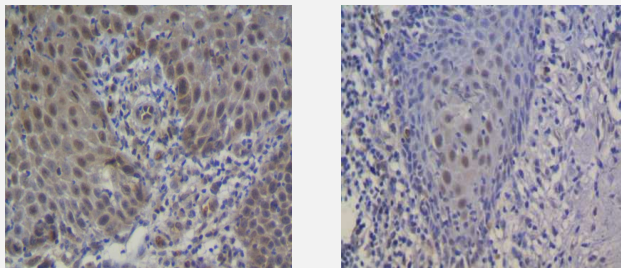
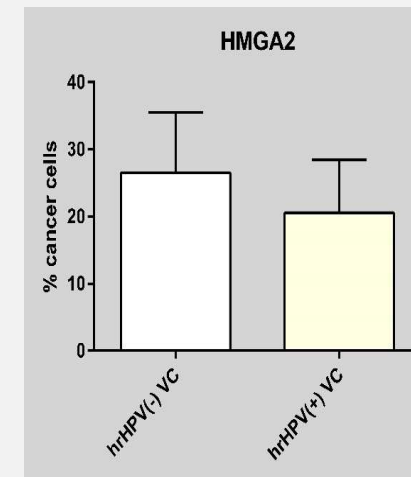
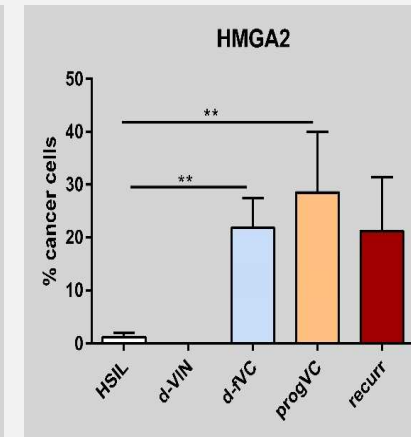
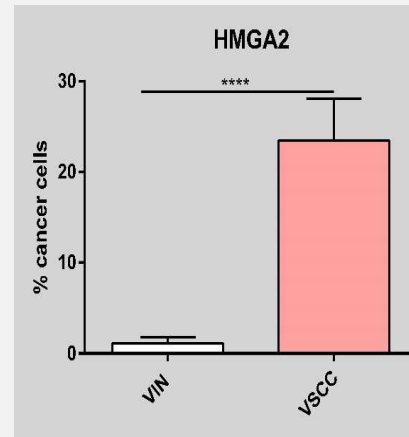
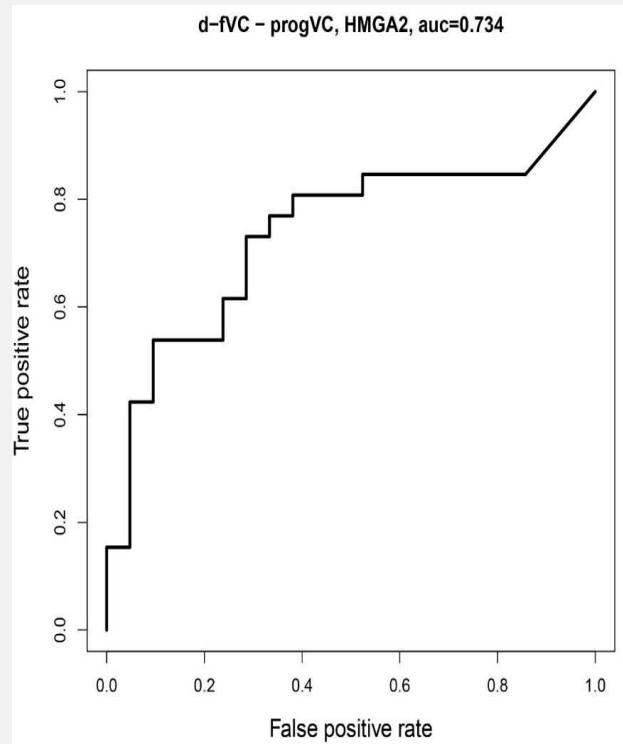


PEDROMICS

# PRM – HMGA2 validation by IHC

■ 96 IHC

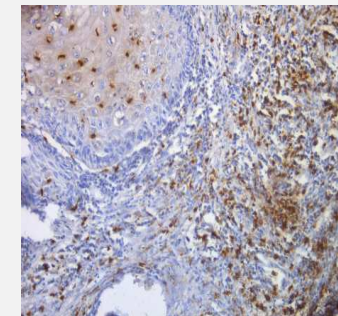
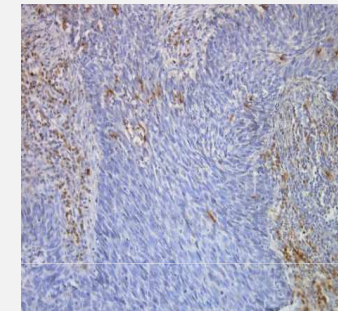
■ VIN; d-fVC; progVC;



anti-HMGA2 (GenWay Biotech, Inc)

# PRM – PRTN3 validation by IHC

protein	pVal.wilcox	dfVSCC- progVSCC	AUC	pVal.wilcox	control- VSCC	AUC
HMGA 2	0,006	14,4	0,73	0,006	45,5	0,76
<b>ANO1</b>	0,007	3,4	0,73	ns	1,8	0,55
PRTN3	0,012	2,7	0,71	0,000	13,3	0,92
UBE2C	0,007	2,7	0,73	0,000	8,9	0,87
KRT18	0,022	2,5	0,70	0,000	8,2	0,91
S100A1 2	0,016	2,4	0,71	0,000	12,0	0,92
PTX3	0,036	2,3	0,68	ns	2,7	0,68
RUNX1	0,019	2,1	0,70	0,000	6,7	0,90
PADI2	0,019	1,9	0,70	0,000	3,7	0,88
ABI3BP	0,023	0,7	0,69	0,000	0,2	0,92
PRELP	0,016	0,7	0,71	0,000	0,3	0,93



monoclonal anti-PR3  
(PR3-G2, ThermoFisher  
Scientific)



# Results - iTRAQ

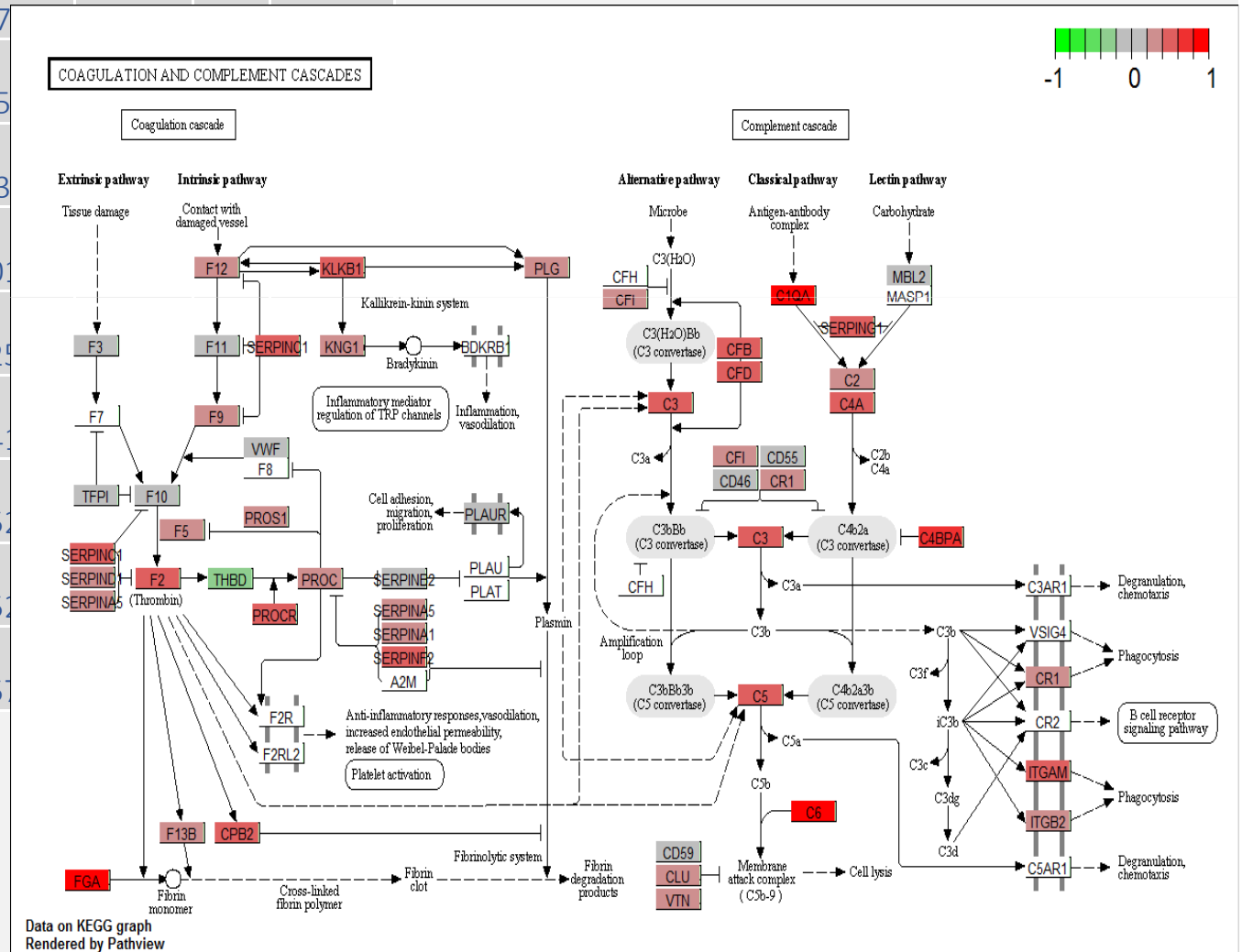
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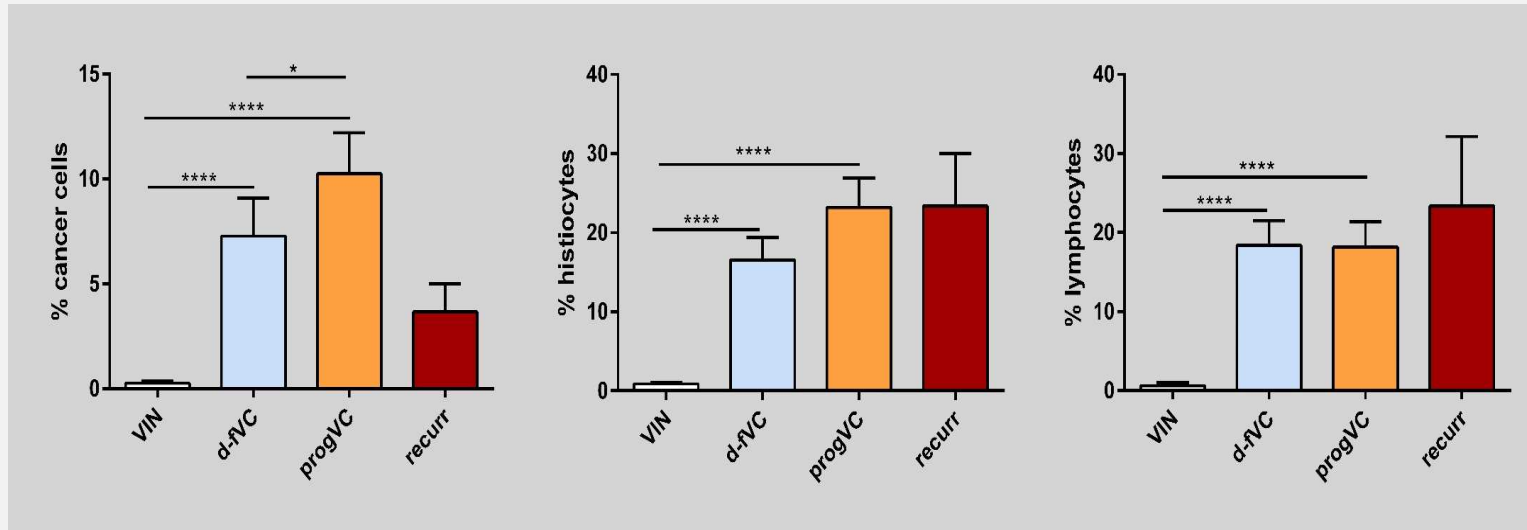
# Results - iTRAQ

names path	pvals	adjp	count	exp
Complement and coagulation cascades	4,97E-19	8,9E-17	31	5,22763
Staphylococcus aureus infection	5,67	0,00038		
Prion diseases	6,5			
Systemic lupus erythematosus	5,33			
PPAR signaling pathway	0,0			
Carbohydrate digestion and absorption	0,025			
Chagas disease (American trypanosomiasis)	0,04			
Vitamin B6 metabolism	0,052			
Mucin type O-Glycan biosynthesis	0,052			
Amoebiasis	0,052			

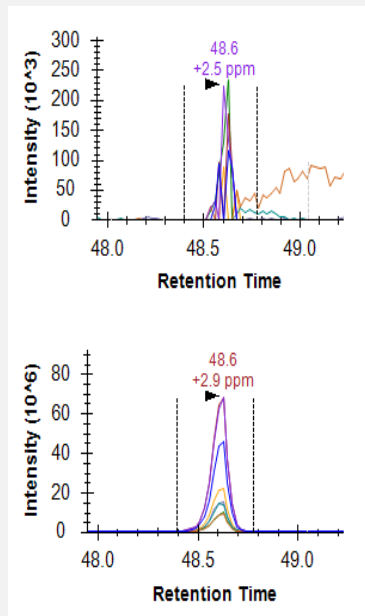
■ 5510 proteins  
 ■ KEGG - progVC vs d-fvc:



# PRM – PRTN3 validation by IHC & PRM

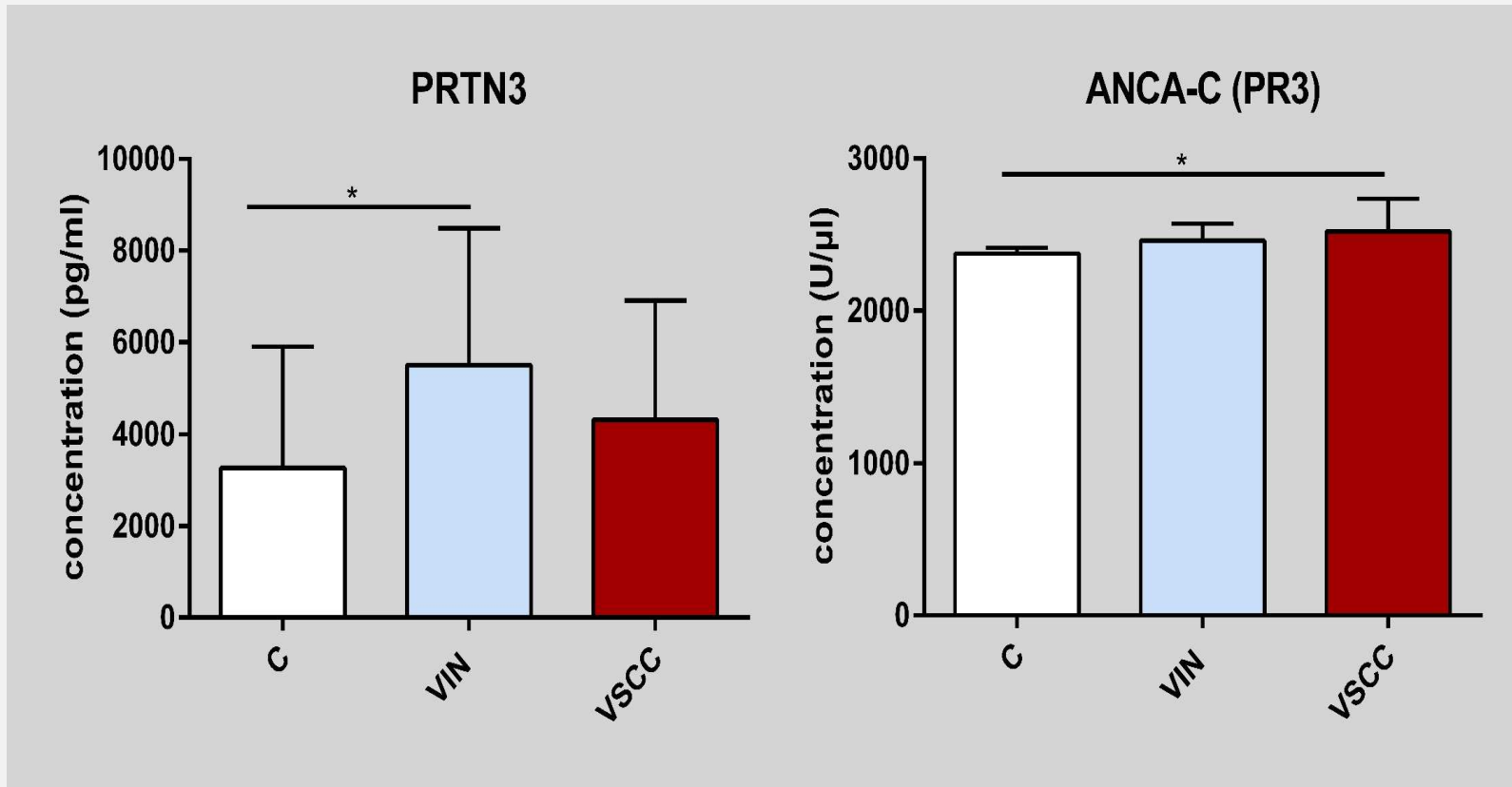


45 VIN  
 35 d-fVC  
 31  
 progVC  
 3  
 recurrVC



- 16 plasma samples
  - 3 peptides
- ↓
- Possible signal but in noise
  - Can't quantitate

# serum PRTN3 levels



# PRTN3

- serine protease
- enhances endothelial cell barrier function and thus vascular integrity
- during neutrophil transendothelial migration
- Granulomatosis With Polyangiitis and Vasculitis

## Wegener's Granulomatosis

**Oral cavity:** ulcerations throughout oral mucosa

**Eye**  
- pseudotumours  
- conjunctivitis

**Lungs**  
- cavities  
- bleeds  
- lung infiltrates

**Nose**  
- stuffiness  
- nosebleeds  
- saddle nose

**Skin**  
- nodules on the elbow  
- purpura

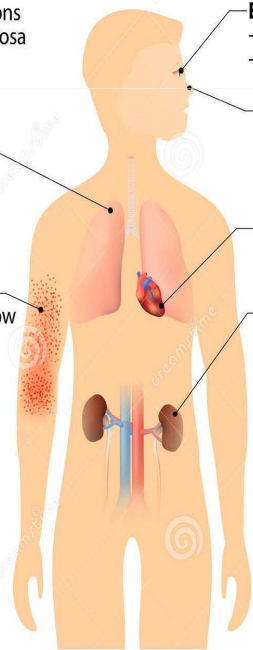
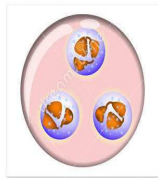
**Heart**  
- pericarditis

**Kidneys**  
- glomerulonephritis

**Granulomas and patchy necrosis in blood vessels**



**Positive anti-neutrophil cytoplasm test**



[Cancer Epidemiol Biomarkers Prev.](#) 2009 Feb;18(2):472-8. doi: 10.1158/1055-9965.EPI-08-0905. Epub 2009 Jan 20.

### **Staphylococcus aureus and squamous cell carcinoma of the skin.**

[Kullander J<sup>1</sup>](#), [Forslund O](#), [Dillner J](#).

[+ Author information](#)

[Eur J Obstet Gynecol Reprod Biol.](#) 2013 Nov;171(1):138-42. doi: 10.1016/j.ejogrb.2013.08.023. Epub 2013 Aug 19.

### **Can preoperative neutrophil:lymphocyte and platelet:lymphocyte ratios be used as predictive markers for lymph node metastasis in squamous cell carcinoma of the vulva?**

[Ertas IE<sup>1</sup>](#), [Gungorduk K](#), [Akman L](#), [Ozdemir A](#), [Terek MC](#), [Ozsaran A](#), [Sanci M](#), [Dikmen Y](#).

# Conclusions

- inflammation in VC progression
- clinical relevance:
  - personalising VC treatment



# Acknowledgements

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A. Wroblewska Holy Family Hospital, Warsaw

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