

Research Letter

Mutation-free expression of *c-Kit* proto-oncogene in primary adenocarcinoma of uterine cervixWan-Ru Chao ^{a, b}, Chi-Kuan Chen ^c, Lih-Min Han ^d, Chih-Ping Han ^{b, e, *}^a Institute of Medicine, Chung-Shan Medical University, Taichung, Taiwan^b Department of Pathology, Chung-Shan Medical University and Chung Shan Medical University Hospital, Taichung, Taiwan^c Department of Pathology, Laboratory Medicine and Department of Medicine, MacKay Memorial Hospital and Mackay Medical College, Taipei, Taiwan^d Postgraduate Year Program, Chung-Shan Medical University and Chung-Shan Medical University Hospital, Taichung, Taiwan^e Department of Obstetrics and Gynecology, Clinical Trial Center, Chung Shan Medical University Hospital, Taichung, Taiwan

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Dear Editor,

Imatinib, a small compound that selectively inhibits the activity of a limited number of receptor tyrosine kinases, is currently considered the standard therapy in advanced inoperable forms of gastrointestinal stromal tumors (GISTs) [1]. Despite the importance of anti-*c-KIT* therapeutics, very few studies have characterized the *c-Kit* oncogene in adenocarcinoma of the uterine cervix (adenoca Ut Cx) and the response to imatinib has not yet been explored, either [2]. Those findings prompted us to investigate *c-KIT* overexpression and activation as well as the underlying molecular mechanisms in adenoca Ut Cx, in order to identify possible novel treatment options for this kind of tumor.

In this study, tissue microarrays (TMAs) were constructed using a total of 48 formalin-fixed, paraffin-embedded specimens of adenoca Ut Cx. The stem cell factor (SCF) and *c-KIT* protein expressions were detected by immunohistochemistry (IHC), applying previously mentioned monoclonal mouse anti-SCF and polyclonal rabbit antihuman *c-KIT* [3]. The *c-Kit* gene mutations within Exon-2, -8, -9, -11, -13, and -17 were analyzed by seminested polymerase chain reaction (PCR) and direct

sequencing. The forward and reverse oligonucleotide primers were listed elsewhere [4]. Sequence products were analyzed on an ABI Prism 310 Genetic Analyzer (Applied Biosystems, Foster City, CA, USA).

Inoue et al [2] reported that neither *c-KIT* receptor nor SCF ligand were expressed in four (0%), while Went et al [4] demonstrated *c-KIT* over-expression in one case out of three (33%) of the adenoca Ut Cx. Our observations showed that only one (2.08%) out of the 48 tested cases was *c-KIT* positive, whereas, the remaining 47 cases were *c-KIT* negative. This *c-KIT* positive case exhibited an intense but focal staining pattern (Figure 1). Fortunately, there was enough extra tissue material from the only *c-KIT*-positive case for a broad spectrum of other ancillary tests. Subsequently, a negative SCF IHC and absence of *c-Kit* gene mutations were also identified.

Of this selected case of *c-KIT* positive adenoca Ut Cx, the SCF/*c-KIT* loop activation and *c-Kit* gene activating mutations, which are specifically characteristic of GISTs, were not detected. Even though the precise mechanism of *c-KIT* over-expression is not yet fully understood, we suggest that the *c-KIT* signaling may have been activated by other mechanisms, such as a variety of cell regulatory proteins implicated in gene expression, cross-reactivity with an unknown epitope, or epigenetic means.

In conclusion, owing to the limited case number, especially as there was only one *c-KIT* positive case, the occurrence of this single *c-KIT* positive case might not be representative of a larger population. The low frequency of expression suggests that imatinib may have a limited value in the management of patients with *c-KIT* positive primary adenoca Ut Cx.

* Corresponding author. Department of Pathology, Chung-Shan Medical University and Chung Shan Medical University Hospital, No. 110, Sec. 1, Jianguo N. Rd., Taichung City 40201, Taiwan.

E-mail address: hanhaly@gmail.com (C.-P. Han).

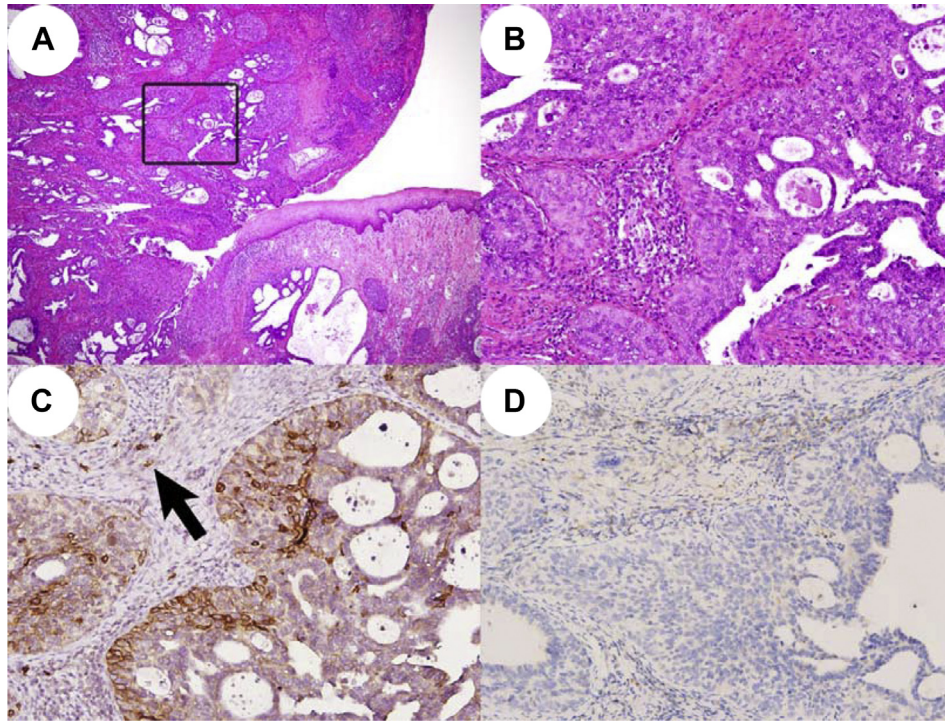


Figure 1. Histologic features of adenocarcinoma of the uterine cervix [hematoxylin and eosin stain (H&E)] stained sections; case code No. 1-1 typically show (A) moderately differentiated adenocarcinoma, characterized by irregular haphazard arrangement of glands and solid nests with cribriform growth pattern. Additionally, there is no apparent desmoplastic stromal reaction. (H&E stain, $\times 40$); (B) a higher magnification view of the area within the square in A illustrating atypical glandular epithelium with eosinophilic cytoplasm and vacuolated nuclei. Dispersed mitoses and apoptotic bodies can be readily found. (H and E stain, $\times 200$); (C) IHC showing that focal tumor cells with significant cytoplasmic staining and accentuation of membranous c-KIT positivity. The arrow head indicates the mast cells used as an internal positive control. (c-KIT stain, $\times 200$); (D) IHC showing the tumor cells with negative expression of SCF. (SCF stain, $\times 200$). IHC = immunohistochemistry; SCF = stem cell factor.

Conflicts of interest

The authors have no conflicts of interest relevant to this article.

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