



BREAST CANCER; APOPTOSIS INHIBITORY PROTEIN SURVIVIN AND CASEIN KINASE 2

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Article received on:

08/09/2015

Accepted for publication:

15/10/2015

Received after proof reading:

00/00/0000

INTRODUCTION

The most prevalent cancer, among women is Breast cancer, causing death of over 508 000 women in 2011.¹ Tumor markers are significant in the breast cancer research because of their influence on the prognosis.²

CK2 is present in eukaryotic cells, having more than 100 substrates.³ CK2 is up-regulated in cancers.⁴ Is a ubiquitous serine / threonine kinase⁵ Its elevated expression in tumors makes it a candidate for molecular-targeted therapy.⁶

Apoptotic deregulation leads to pathology.⁷ Apoptotic inhibitory family (IAPs) target mainly caspase 3 and 7.⁸ The genetic evidence to classify IAPs as oncogenes is IAP gene amplification⁹ More efforts are needed to find strategies that

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ABSTRACT...: CK2 enzyme is up regulated in several cancers. It has many substrates including survivin which is up regulated in cancers. **Objectives:** To find out the correlation between expression of CK2 α and survivin and evaluate it as a prospective prognostic marker in pathogenesis of the breast cancer and to find if positive correlation between CK2 and survivin was associated with advancing disease. **Study Design:** Cross Sectional Analytical type of study. **Setting:** Department of Biochemistry & Molecular Biology, Army Medical College, Rawalpindi and Armed Forces Institute of Pathology, Rawalpindi. **Duration of study:** January 2013-December 2014. **Methods:** The research protocol was approved by Armed Forces Institute of Pathology Ethical Committee. Paraffin embedded tissue sections of diagnosed breast cancer, obtained from AFIP, were used. Immunohistochemistry was performed to determine nuclear and cytoplasm expression of survivin, and CK2 .Scoring done by three histopathologists, independently. **Results:** Total CK2 expression was high in invasive as compared to non-invasive cases ($p = 0.209$). Cytoplasm and nuclear localization of CK2 in invasive group was a little higher too ($p = 0.092$) and ($p=0.286$) respectively. Total survivin expression was high in invasive as compared to non-invasive cases ($p= 0.449$). Cytoplasm and nuclear localization of survivin in invasive group was higher as compared to noninvasive group with no significant difference ($p=0.472$) and ($p=0.367$) respectively. A positive and strong correlation was found in CK2 and survivin expression and localization in both non-invasive as well as invasive groups. **Conclusion:** CK2 and survivin correlation in cancers can be used in predicting the cancer phenotype and aggression at early stages.

Key words: CK2 α , survivin, Ca Breast, Immunohistochemistry

Article Citation: Sadiq S, Naveed AK, Jamal S, Sadia A. Breast cancer; apoptosis inhibitory protein survivin and casein kinase 2. Professional Med J 2015;22(12):1595-1600. DOI: 10.17957/TPMJ/15.3087

can target these proteins.¹⁰ The most convincing evidence for the IAP involvement in cancers is seen by IAP named survivin.⁸ Survivin (BIRC5), has high expression in cancers and is connected with poor outcome clinically.¹⁰ The smallest member of IAP family having a 16.5kDa protein weight consisting of 142-aminoacids, is encoded by gene on the human 17q25 chromosome.¹¹ Exists as a homodimer which is functional.¹² Is implicated in controlling cell survival and regulating mitosis in cancers.¹³ Survivin is a substrate of CK2.²²

MATERIAL AND METHODS

Paraffin embedded tissue sections of breast cancer (N=30) diagnosed by pathologist were selected, in Armed Forces Institute Of Pathology Rawalpindi Pakistan. All experiments were repeated twice.

MATERIALS AND CHEMICALS

The Case in Kinase II α , Antibody (C-18); at polyclonal, Ig G 200 μ g/ml from Santa Cruz, (cat#6479), was used, with 1:200 dilution, using Hela and the Jurkat cell lysate as positive control. Monoclonal Mouse Anti-Human Survivin Clone 12C4: Dako (Ref) M3624, 1:100, the Detection Kit: LSAB Kit/ HRP, Rb/ Mo/ Goat, (DAB+) system from (DAKO) (Ref:K0679). the Antibody Diluting Reagent Solution:(Ready to Use), from Invitrogen Ref NO 003218 (contains 0.1% Sodium Azide).

IMMUNOHISTOCHEMISTRY

Tissue sections from paraffin blocks, thickness 3-4 microns, kept at (40°C-45°C) in water bath, shifted to slides and kept in oven for 2 hrs at 56°C. Slides deparaffinized with absolute xylene, absolute alcohol, then 80% alcohol, then in 70% alcohol and finally dipped in the water. Antigen retrieval by treating with 10X EDTA + TRIS Antigen Retrieval Solution at 100°C in the electric decloaking chamber, for 25 minutes. Washed with distilled water, then Phosphate Buffer Solution, then blocked, using Peroxidase Blocking Solution, S2023 DAKO. Washed with PBS thrice. Incubated with Primary Antibody for one hour, washed with PBS, then secondary antibodies treatment for 15 minutes followed by washing. Slides were then treated with Streptavidin-HRP, 15 minutes, washed and DAB Chromogen was spread for 10 minutes. Washing with the distilled water, and counterstaining done with Haematoxylin, followed by washing thrice. Slides treated with the alcohol 90%, 80% and 70% and Xylene 90%, 80% and 70%. Mounted with DPX coated coverslips.

Scoring was done, by 3 histopathologists, independently and any divergence in results was amended, using the nearest readings.

CK2 scoring was: 0 = no stain, 1+ = weakly stained, 2+ = moderately stained, 3+ = strong staining. Nucleus and cytoplasm scoring was done, sum of both scores = total expression levels of CK2. Survivin scoring done as: the percentage of positive cells: 1. 1-10%, 2; 11-50%, 3. 51-80%, 4; >80% positive cells. Staining

intensity as 1, weak; 2, moderate, 3, intensive. The scores of positive cells and the scores of expression intensities were then multiplied to find the immunoreactive score (IRS), 0-2 = no stain; 3-4 = weak stain, 6-8 = moderate stain; 9-12 = strong staining.

STATISTICAL ANALYSIS

Data had been analyzed by using statistical software SPSS version 20. The analysis was carried out on CK2 nuclear, cytoplasm and total expression and survivin nuclear, cytoplasm and immunoreactive scores, in invasive and non-invasive groups separately. Descriptive statistics was calculated by using Mean \pm SD. Independent sample t-test was used to compare quantitative variables, in groups. Correlation analysis was performed to determine the association between survivin and CK2, in invasive and non-invasive groups separately. A p-value less than 0.05 (two-sided) was considered to be statistically significant.

RESULTS

Total thirty cases of diagnosed breast cancer (invasive ductal carcinoma) were included.

Per neural invasion was present in 20(66.7%) patients and absent in 10(33.3%) patients. Average Nottingham index mean score in the invasive cases was 6.0 \pm 1.16691, in noninvasive cases was 4.06 \pm 0.75011. Total CK2 expression was high in invasive as compared to non-invasive cases.

Cytoplasm localization of CK2 in invasive group was higher as compared to noninvasive group. Nuclear localization was also not statistically significant between the groups with higher in invasive cases than non-invasive. Total survivin expression was high in invasive in comparison to non-invasive cases. The difference was insignificant between the two groups. Cytoplasm localization of survivin in invasive group was higher as compared to noninvasive group. Nuclear localization of survivin was insignificantly different between the groups with higher in invasive cases than non-invasive (Table-I).

Characteristics	Groups	Mean \pm S.D	p-value
CK2Nuc	Non-Invasive	1.4 \pm 0.52	0.092
	Invasive	1.9 \pm 0.85	
CK2Cyto	Non-Invasive	0.80 \pm 0.63	0.286
	Invasive	0.95 \pm 0.83	
CK2Total	Non-Invasive	2.2 \pm 1.03	0.209
	Invasive	2.8 \pm 1.3	
survivin Cyto	Non-Invasive	6.6 \pm 3.5	0.472
	Invasive	7.7 \pm 3.9	
survivin Nuc	Non-Invasive	4.6 \pm 2.5	0.367
	Invasive	5.5 \pm 3.03	
survivin total	Non-Invasive	11.2 \pm 5.26	0.449
	Invasive	13.2 \pm 6.22	

Table-I. Mean Comparison of characteristics between groups

A positively strong correlation was found in CK2 expression and localization and survivin expression and localization in both non-invasive as well as invasive groups. In non-invasive cases, moderate correlation was seen between survivin and CK2 in nucleus. Very strong and positive correlation existed between total survivin and CK2 expression in nucleus, cytoplasm and total CK2 expression. Similarly very strongly positive correlation was found between total CK2 and total survivin including nuclear as well as cytoplasm

survivin level (Table-II.I).

In invasive cases, CK2 nuclear expression was strongly correlated with survivin expression in nucleus as well in cytoplasm. Strong correlation was also seen between CK2 total expression and survivin cytoplasm expression and between total survivin and CK2 levels (Table-II.II).

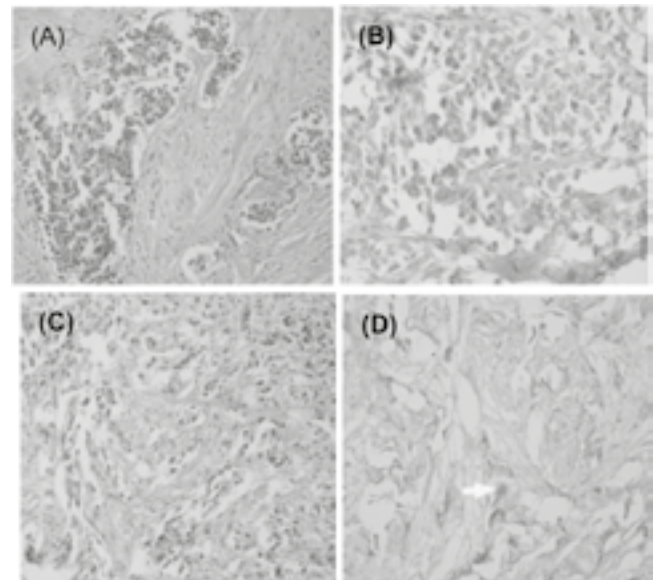


Figure. Photomicrograph of breast carcinoma tissue specimen. (A) Representative H&E (B) Immune staining of CK2 α showing +3 nuclear, 0 cytoplasm staining of CK2 α scores. (C) Representative H&E figure (D) Showing +8 nuclear and +12 cytoplasm staining of survivin antibody.

Characteristics		Survivin Nuc	Survivin Cyt	Survivin Total
CK2_Nuc	Pearson Correlation(r)	0.653*	0.601	0.825**
	P-value	0.041	0.066	0.003
CK2_Cyt	Pearson Correlation(r)	-	-	0.919**
	P-value	-	-	0.001
CK2_Total	Pearson Correlation(r)	0.875**	0.919**	0.727*
	P-value	0.001	0.001	0.017

Table-II.I. Correlation analysis in Non-invasive cases

Characteristics		Survivin Nuc	Survivin Cyt	Survivin Total
CK2_Nuc	Pearson Correlation(r)	0.570**	0.536*	0.620**
	P-value	0.009	0.015	0.004
CK2_Cyt	Pearson Correlation(r)	0.116	-	0.310
	P-value	0.628	-	0.184
CK2_Total	Pearson Correlation(r)	0.419	0.566**	0.565**
	P-value	0.066	0.009	0.009

Table-II.II. Correlation analysis in Invasive cases

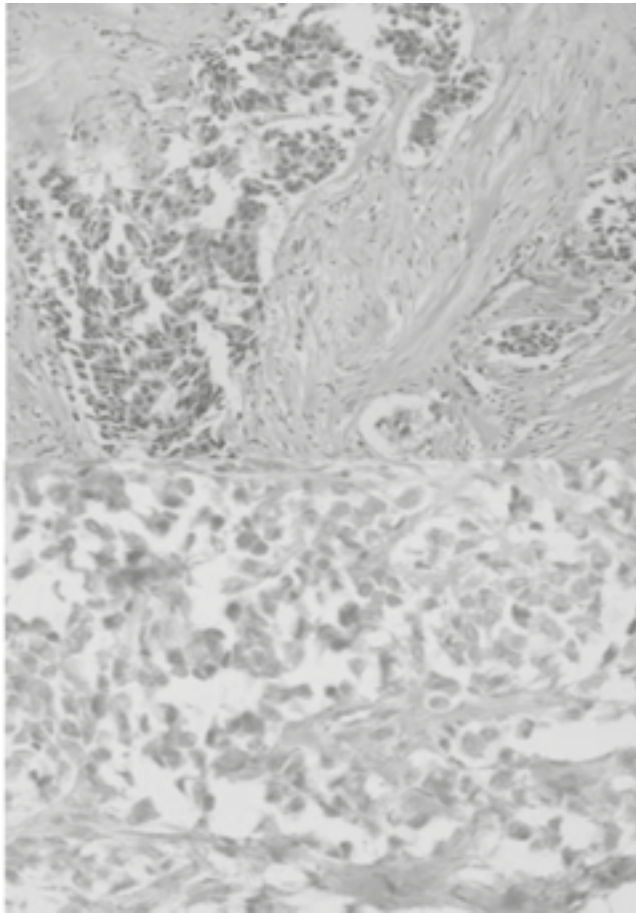


Fig-1. Represents H&E and weak cytoplasmic and strong nuclear staining for CK2 α

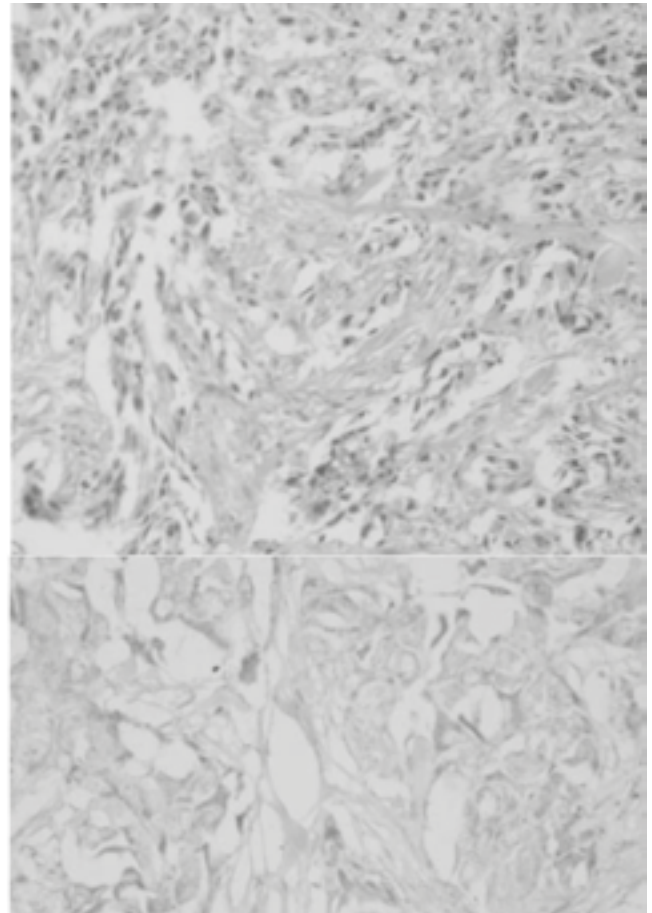


Fig-2. Showing H&E and strong survivin antibody staining

DISCUSSION

There is sufficient substantiation that CK2 is over expressed in the proliferative states. Experimental studies by Tawfic et al show that deregulated expression of a subunit of CK2 indicates oncogenic potential in cells so that in collaboration with some oncogenes it causes a reflective enhancement of tumor phenotype.¹⁴ CK2, is a known pleiotropic serine/threonine protein kinase¹⁵, participates in an array of cellular processes targeting more than 300 substrates¹⁶. CK2 expression is reported to be elevated in human cancers¹⁷, but how this up-regulation plays role in carcinogenesis is yet to be cleared¹⁸. It has been established that a large variety of different types of cancer cells depend on raised CK2 level for their continued existence¹⁹, keeping this in view, we investigated

the co-expression pattern evaluation of CK2 α and survivin in the breast cancer. We found a positive correlation of these proteins in breast cancerous tissues, when immunohistochemically stained.

Previously, many people have reported independent over expression of CK2 and survivin in breast cancer. Lu et al showed that survivin levels were raised in ErbB2-overexpressing cells in many breast cancer patient samples as well as in cell lines, showing resistance to Taxol drug induced apoptosis²⁰ It was demonstrated by Yde et al that CK2 inhibition by CK2 specific inhibitor, 2-dimethylamino-4,5,6,7-tetrabromobenzimidazole (DMAT), leads to caspase-mediated death of tumor cells in human breast carcinoma²¹ Tapia et al observed that TBB decreases Survivin Levels in breast and colorectal cancer cells, HT29 (US) colon cancer cells.

Comparable results were seen in human DLD-1 and SW-480 colorectal, and ZR-75 breast cancer and HEK-293T embryonic kidney cells suggesting that CK2 may be regulating the expression of survivin.²² Our work was in consistency with the previous work.

CK2 α over expression has been correlated with survivin expression previously.²³ CK2 modulates apoptotic activity via IAPs (apoptosis inhibitory proteins)²⁴ and it has been observed that CK2-mediated survivin up-regulation leads to enhanced cell survival and tumor genesis.²⁵ In prostate cancer cells CK2 inhibition study has also proved the link between CK2 expression and survivin as inhibiting CK2 also led to decrease of survivin.²⁶

ACKNOWLEDGEMENT

I acknowledge support from Commandant Armed Forces Institute of Pathology Major General Muhammad Ayyub and Head of Surgical Department, CMH Rawalpindi, Major General Maqbool Ahmed, Department of Histopathology, AFIP and Army Medical College, for the study.

CONCLUSION

There is a positive and moderate correlation between survivin and CK2 α in the pathogenesis of breast cancer. Combined expression of CK2 α and survivin can be used as biomarkers for predicting the cancer phenotype and aggressiveness.


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2	Dr. Abdul Khaliq Naveed	Supervision of research	
3	Dr. Shahid Jamal	Guidance in article weiting	
4	Dr. Aiza Sadia	Histopathological scoring & Supervision in IHC	
		Histopathological Scroing & imaging	