p53 Mutations in Nonastrocytic Human Brain Tumors

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Abstract

Genomic DNA from 51 primary human brain tumors was screened for the presence of mutations in the tumor suppressor gene, p53, using the polymerase chain reaction and single strand conformation polymorphism analysis, followed by direct DNA sequencing. Mutations leading to an amino acid change were found in 2 of 17 (12%) oligodendrogliomas and 2 of 19 (11%) medulloblastomas but none of 15 ependymomas. Sites of mutations were in exon 5 (codon 141), exon 6 (codon 193 and 213), and exon 7 (codon 246). In addition, there were silent mutations in exon 6 (codon 213) in one oligodendroglioma and in one ependymoma. This study points to the possible role of the p53 tumor suppressor gene in some central nervous system neoplasms of divergent histogenesis.

Introduction

As in other organ sites, both transforming and suppressor genes are involved in the pathogenesis of nervous system tumors (1, 2). Protooncogene activation by gene amplification has been identified in a variety of neural tumors, e.g., N-myc in neuroblastomas (3, 4), c-myc (5) and epidermal growth factor receptor gene (6, 7) in gliomas, and c-myc in medulloblastomas (8, 9). Information on the involvement of other transforming genes in the pathogenesis of human brain tumors is scarce; in particular, there is no evidence of ras mutations in CNS3 neoplasms (2). In contrast, there is increasing evidence that tumor suppressor genes play an important role in neurocarcinogenesis (2).

Loss of heterozygosity and chromosomal abnormalities have been observed in human brain tumors with variable histology. Thomas and Raffel (10) reported on the loss of heterozygosity in chromosomes 6q, 16q, and 17p in 22, 13, and 26% of primitive neuroectodermal tumors, respectively. A loss of heterozygosity was also found in chromosomes 13, 17, and 22 in 14, 22–50, and 19%, respectively, of astrocytic gliomas of various malignancy (11–13), but deletions on chromosome 10 appeared to be specific (97%) for glioblastomas (13). Translocation involving chromosomes 9, 17, and 22 and the loss of chromosomes 17 and 22 were observed in ependymomas (14, 15). Chromosomal abnormalities in chromosomes 1 and 7 and the loss of chromosome 17p also have been found in medulloblastomas (14, 16, 17). These cytogenetic data suggest that there may be several different tumor suppressor genes and that the loss or impaired function of any one, including the p53 gene, may constitute important genetic events in the development of human brain tumors. One of the most common genetic abnormalities in human brain tumors is the loss of heterozygosity for chromosome 17, i.e., the chromosome on which the p53 gene resides, but there are only limited data on p53 mutations in CNS neoplasms (18).

In the present study, we screened 51 primary nonastrocytic human brain tumors, i.e., oligodendrogliomas, ependymomas, and medulloblastomas, for mutations in exons 5 to 8 of the p53 gene. Genomic DNAs from frozen tissues of these tumors were amplified by PCR and analyzed for mutations using the SSCP assay (19). Mutations in positive samples were identified by direct sequencing of the PCR-amplified DNA.

Materials and Methods

Brain Tumor Samples. Primary brain tumor biopsies from 51 patients were collected during standard neurosurgical procedures, frozen in liquid nitrogen, and kept at -80°C until DNA extraction. These neoplasms comprised 17 oligodendrogliomas, 15 ependymomas, and 19 medulloblastomas. The age of patients ranged from 2 to 63 years (mean, 43 years) for oligodendrogliomas, 3 to 70 years (mean, 27 years) for ependymomas, and 10 months to 34 years (mean, 12 years) for medulloblastomas. Histopathological diagnosis and tumor grading were established according to the guidelines of the World Health Organization (20). Of 17 oligodendrogliomas, 8 were of grade II (isomorphic), and 9 were of grade III (anaplastic oligodendroglioma); of 15 ependymomas, 2 were of grade I (myxopapillary ependymoma of the cauda equina), 9 were of grade II, and 4 were of grade III (anaplastic ependymoma). All medulloblastomas were WHO grade IV.

After identification of tumor tissue on cryostat sections stained with hematoxylin and eosin, samples were homogenized and digested with RNase A, RNase T1, and proteinase K. DNA was then extracted by phenol and chloroform and precipitated with ethanol.

PCR-SSCP Analysis. For prescreening the samples for mutations in the p53 gene, PCR-SSCP analysis was performed according to a slight modification of the method of Orita et al. (19). Briefly, PCR was performed with 200 ng of genomic DNA, 2.5 pmol of each primer, 50 μM concentrations of deoxynucleoside triphosphates, 1 μCi of [α-32P]dCTP (Amersham; specific activity, 3000 Ci/mmol), 10 mM Tris (pH 8.8), 50 mM KCl, 1 mM MgCl2, and 0.5 unit Taq polymerase (Perkin-Elmer Cetus) in a final volume of 10 μl. After addition of 10 μl of mineral oil (Sigma), 35 cycles of denaturation (95°C) for 50 s, annealing (63°C for exons 5, 6, and 7; 58°C for exon 8) for 50 s, and extension (72°C) for 70 s were done using an automated DNA Thermal Cycler (Perkin-Elmer Cetus). Primer sequences were as follows: 5′-TTCTCTTTCTGTGCAATCTC (A), and 5′-ACCTGGGGACAC-CCGCGCTGT (B) for exon 5; 5′-AGAGGCCTGGTTGCGGCGGT (C) and 5′-AGTTGCAAAACGCACCTCAG (D) for exon 6; 5′-GTTTTGCTCTCTGGGTCG (E) and 5′-GTCAAGGGGACAGCGAAGGCT (F) for exon 7; 5′-TACTGCTATGTTGGAATATCTG (G) and 5′-AAGTGAACTGAGCCGCTA (H) for exon 8 (21, 22).

Primers A, D, E, and G were designed from the respective intron/exon border sequence and primers B, C, F, and H from intron sequences.

The reaction mixture (1.5 μl) was mixed with 2 μl of 0.1 M NaOH and 9 μl of sequencing stop solution (USB). Samples were heated at 95°C for 10 min, chilled on ice, and immediately loaded onto a 6% polyacrylamide nondenaturing gel containing 10% glycerol. Gels were run at 7 W for 13–15 h at room temperature. Gels were fixed in 10% frequency, submitted for publication.

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3 The abbreviations used are: CNS, central nervous system; PCR, polymerase chain reaction; SSCP, single strand conformation polymorphism.
acetic acid and dried at 80°C. Autoradiography was performed with an intensifying screen for 5–48 h and the patterns of single and double-stranded DNA were checked for differences. Positive controls consisted of samples with confirmed point mutations for each exon 5–8.

Direct Sequencing of PCR Products. PCR was performed with 1 μg of genomic DNA, 12.5 pmol of each primers, 200 μM concentrations of deoxynucleoside triphosphates, 10 mM Tris (pH 8.8), 50 mM KCl, 1 mM MgCl₂, and 2.5 units Taq polymerase in a total volume 100 μl. Thirty-five to 40 cycles of denaturation (95°C) for 1 min, annealing (63°C for exons 5, 6, and 7; 58°C for exon 8) for 1 min, and extension (72°C) for 1 min and 30 s were done. After amplification, 70 μl of the PCR reaction were electrophoresed on a 6% polyacrylamide gel. Gels were fixed with 10% acetic acid and 10% methanol, dried, and autoradiographed for 1–7 days. When mutations were detected, they were further confirmed by sequencing the opposite strand.

Results

SSCP analysis revealed 6 tumor samples suggestive of a mutation (Fig. 1). Sequence analysis showed single missense point mutations in 3 samples (Table 1): 2 oligodendrogliomas (grade II; 28-year-old female and a 32-year-old male patient); and 1 medulloblastoma (grade IV; 18-year-old female patient) at codons 141, 246, and 193, respectively. A deletion of the first base of codon 213 was identified in one of the medulloblastomas (grade IV; 8-year-old boy) (Table 1). Point mutations were present in exon 5–7, i.e., in highly conserved regions for which mutations have frequently been reported (18, 24). However, no clustering of mutations in specific codons was observed. Further, all point mutations were found in G or A. The spectrum of mutations which we observed in our panel of nonastrocytic brain tumors, mainly G to A transitions, is consistent with the reports of brain tumors studied by others (24, 25). In all cases but one, normal (wild type) bases were found together with mutated bases; in one oligodendroglioma (grade II, 32-year-old male patient), only the mutated base was detectable, presumably due to a loss of the normal allele. Typical DNA sequence autoradiographs are shown in Fig. 2.

A silent point mutation was found at codon 213 (CGA → CGG/Arg → Arg) in one oligodendroglioma (grade II; 2-year-old boy) and one ependymoma (grade III; 12-year-boy). This polymorphism in codon 213 has also been reported to be present in 2% of lymphoid malignancies (21), in 2.5% of glioblastomas,⁴ and in 11% of the Italian population.⁵

Discussion

The p53 gene encodes a M, 53,000 nuclear phosphoprotein which is considered to play an essential role in the regulation of cell proliferation (26). The wild-type p53 gene appears to act as a tumor suppressor gene whereas a mutant p53 gene can promote transformation by inactivation of the normal function of p53 in a dominant negative fashion (27, 28). Loss or impaired function of the p53 gene appears to play an important role in the development of a wide range of human neoplasms (18, 21, 24, 25, 29–31). Tumors frequently exhibit either a loss of both alleles of the p53 gene, the loss of one p53 allele with an associated point mutation, insertion or deletion of the remaining allele, or an inactivation of the p53 gene in one allele but a normal (wild-type) sequence in the remaining allele. The transforming activity resulting from a point mutation, insertion, or deletion in one p53 allele without the loss of remaining wild type is considered to be due to one of the following mechanisms: (a) the mutant p53 protein may compete with the wild type protein for interaction with target molecules and thus inhibit wild type function (32); (b) the mutant p53 protein may complex with the wild type protein to produce an inactive oligomeric complex (33, 34); (c) the mutant p53 protein affects the conformational phenotype of the wild type p53 protein thus inhibiting its normal function (35). Milner and Medcalf (35) tested 5 mutant p53 genes and found that 4 of them had a common, dominant effect on the phenotype of cotranslated wild type human p53, driving the latter into the mutant phenotypic form. Interestingly, the only exception was a mutant (p53-trp2**) previously identified as germ line mutation in patients with the cancer predisposing Li-Fraumeni syndrome (36, 37) and showed the lack of dominant negative effect. It might thus be concluded that most p53 point mutations could have dominant negative effects even in the presence of one remaining wild type allele.

The molecular mechanisms involved in the development of human gliomas are still poorly understood. Astrocytomas have been examined for the presence of p53 point mutations, particularly because a significant number of these neoplasms show a partial loss of the short arm of chromosome 17, i.e., the site of the p53 gene (18).⁴ Nigro et al. (18) reported that 4 of the 5
May be important for the development of ependymomas (14, 15). In our survey of 15 ependymomas, no mutations were found in p53.

These results demonstrate that p53 mutations occur in oligodendrogliomas, i.e., a clinically important type of nonastrocytic brain tumor in adults and in medulloblastomas, the most frequent malignant pediatric CNS neoplasm. The incidence of point mutations in oligodendrogliomas and medulloblastomas in this present study is similar to that reported in other types of human cancers, i.e., peripheral T-cell lymphoma (8%) (21) and B-cell chronic lymphocytic leukemia (15%) (21). However, the incidence of p53 mutations was greater in glioblastomas (40–80%) (18), i.e., an astrocytic glioma type considerably more malignant than ependymomas and oligodendrogliomas. This difference in frequency may thus reflect the extent to which gliomas progress from differentiated lesions to highly malignant tumors with frank anaplasia and poor clinical prognosis.

Acknowledgments

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References

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![Table 1 Missense mutations and a deletion in p53 gene in human nonastrocytic brain tumors](image)
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