Abstract

Translocation t(12;16)(q13;p11) is regarded as a diagnostic marker for myxoid liposarcoma. Cytogenetic data on round cell liposarcomas and combined myxoid and round cell tumors is scarce, and the genetic basis of progression of myxoid tumors to high grade, round cell lesions is unknown. We have accumulated six round cell tumors, four combined myxoid and round cell, and three myxoid liposarcomas for analysis. t(12;16)(q13;p11) was present in three round cell lesions and was detectable in all of the tumors by DNA analysis. In each tumor type, the CHOP gene in 12q13 was rearranged and fused to the TLS gene in 16p11. A variant TLS-CHOP RNA transcript was detected by polymerase chain reaction but did not correlate with clinicopathological data. No distinguishing cytogenetic or molecular markers for round cell or mixed lesions were found. The histogenetic and genetic relatedness of myxoid and round cell liposarcomas is apparent from these data.

Introduction

Round cell liposarcoma is a relatively uncommon subtype of liposarcoma that is regarded as a poorly differentiated variant of myxoid liposarcoma. There are differences in clinical behavior, with round cell liposarcomas being highly metastatic high grade tumors, whereas myxoid liposarcomas rarely metastasize and have a more favorable 5-year survival rate (1). Diagnosis and, hence, prognostic predictions can be complicated by lesions that contain admixed components of myxoid and round cell morphology. In fact, there exists a continuous morphological spectrum between pure myxoid and pure round cell lesions, and the latter are extremely rare, since extensive sampling almost always reveals small myxoid areas. Such mixed liposarcomas (i.e., combined myxoid and round cell) can recur in individual patients with an expanding round cell component and, hence, diminished prognosis. This raises interesting questions about clonal evolution, clonal expansion, and the genetic basis of phenotypic variation in liposarcomas. Three models can be considered: (a) that the tumors are clonal but differentiate to different extents in response to extrinsic factors; (b) that myxoid and round cell arise from unrelated progenitor cells; (c) that round cell clones expand as a result of accumulated gene mutations in myxoid cells.

A unique chromosome translocation t(12;16)(q13;p11) is the key genetic aberration in myxoid liposarcomas, resulting in the fusion (and transcriptional deregulation) of the TLS and CHOP genes (2). CHOP (also known as Gadd153) is a negative regulatory component of adipocyte differentiation (3, 4). Although t(12;16)(q13;p11) has been reported in mixed liposarcomas (5, 6), the cytogenetic data fails to clarify whether both cell types carry a t(12;16). In other studies, complex karyotypes without involvement of t(12;16) have been reported in round cell lesions (7, 8). In this study, we have subjected a series of round cell, mixed, and myxoid liposarcomas to cytogenetic and molecular genetic screening, the results of which provide evidence of the histogenetic and genetic relatedness of these tumor types.

Materials and Methods

Tumors. A series of 13 tumors was collected at St. Thomas’ Hospital, London. Extensive sampling for histological analysis was performed on each case to assess the relative proportions of myxoid and round cell areas. Lesions with a content of 5 to 80% round cell areas were classified as combined (mixed) liposarcomas. Karyotypes were determined from analysis of at least 20 G-banded metaphases.

Southern Analysis. DNA was extracted from tumors and control blood samples (9). Approximately 10 μg of each DNA was restriction endonuclease digested with 60 units HindIII at 37°C for 5 h and size separated in a 0.75% agarose gel in 0.5X TBE (90 mM Tris-Borate, pH 8.3/2 mM EDTA) at 2.5 V/cm for 18 h. Southern blotting and hybridization of a radiolabeled CHOP (Gadd153) cDNA probe (3) was carried out as described (10).

RT-PCR Analyses. Tumor RNA was extracted using a guanidinium isothiocyanate method (9). One μg of total RNA was reverse transcribed using Superscript reverse transcriptase (GIBCO-BRL) and poly-d(T) primer according to the supplied GIBCO-BRL protocol. The resulting cDNA was amplified using TLS-CHOP-specific primers, 5’-CAGAGCTCCCAAATCG-TCTTACGG-3’ and 5’-GAGAAGGCAATGACTCAGCTGCCG-3’, corresponding to nucleotides 331–353 and 960–983 of the TLS-CHOP sequence (2, 11). cDNA prepared from the lymphoblastoid cell line K562 and synovial sarcoma cell line CME-1 was included as a control. Amplification cycles were 94°C for 15 s, 62°C for 40 s, 72°C for 40 s (for 30 cycles), and final extension 1 cycle at 72°C for 5 min.

Results

We have analyzed a case series of 13 liposarcomas from 11 patients aged between 23 and 74 years. Most of the lesions arose at sites in the limbs. In two patients, metastases developed in the retroperitoneum, axilla, and mediastinum, and these were sampled for histological and molecular evaluation. The clinical and genetic data are summarized in Table 1. Three morphological variants were recognized, and these are illustrated in Fig. 1: predominantly myxoid (sometimes with focal hyaline cell areas), combined (mixed) round cell and myxoid components, and pure or predominantly round cell. In six lesions, the round cell component exceeded 80%, and abnormal karyotypes were derived for three of these cases (Table 2). In each case, a chromosome translocation t(12;16)(q13;p11) was present in 20 of 20 metaphases analyzed. Notably, case 9030 contained no detectable myxoid areas and carried a t(12;16)(q13;p11) as the sole chromosome aberration. This lesion (9030) and case 9391 were metastases of a primary tumor excised 5 years previously that showed the histogenetic features of combined myxoid and round cell liposarcoma with an approximately 30% round cell component. This represented a good example of tumor progression to higher grade histology (no cytogenetic data was obtained for the primary tumor).

3 The abbreviations used are: cDNA, complementary DNA; PCR, polymerase chain reaction, bp, base pair(s).
Table 1 Summary of liposarcoma data

<table>
<thead>
<tr>
<th>Case no.</th>
<th>Age/Sex</th>
<th>Source</th>
<th>Phenotype</th>
<th>t(12;16)(q13;p11)</th>
<th>Bands detected with CHOP probe</th>
<th>TLS-CHOP junction</th>
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<tr>
<td>10948</td>
<td>25/M</td>
<td>1°</td>
<td>Round (90%)</td>
<td>-</td>
<td>10/6.5</td>
<td>+</td>
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<tr>
<td>10473</td>
<td>2°</td>
<td>Round (80%)</td>
<td>+</td>
<td>10/6.7</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>9030</td>
<td>2°</td>
<td>Round (100%)</td>
<td>+</td>
<td>10/6.7</td>
<td>+</td>
<td></td>
</tr>
<tr>
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<td>2°</td>
<td>Round (95%)</td>
<td>+</td>
<td>10/6.7</td>
<td>+</td>
<td></td>
</tr>
<tr>
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<td>1°</td>
<td>Round (90%)</td>
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<td>9.7/9.2</td>
<td>+</td>
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<tr>
<td>9791</td>
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<td>1°</td>
<td>Round (90%)</td>
<td>ND</td>
<td>9.7/9.2</td>
<td>+</td>
</tr>
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<td>13583</td>
<td>48/M</td>
<td>1°</td>
<td>Mixed (50%)</td>
<td>ND</td>
<td>9.2/7.0</td>
<td>+</td>
</tr>
<tr>
<td>12144</td>
<td>48/M</td>
<td>1°</td>
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<td>ND</td>
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<td>Mixed (15%)</td>
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<td>1°</td>
<td>Mixed (5%)</td>
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<td>+</td>
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<tr>
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<td>Myxoid</td>
<td>ND</td>
<td>ND</td>
<td>+</td>
</tr>
</tbody>
</table>

* Samples from same patient are bracketed.

*1°, primary; 2°, metastasis.

*Proportion of round cells is expressed as a percentage of sectioned area.

*Based on Southern analysis of HindIII-cleaved DNA. DNA fragment sizes are estimated in kilobases.

*PCR assay (see also Fig. 2); ND, not determined.

Fig. 1. A spectrum of morphological types in liposarcomas characterized by t(12;16)(q13;p11). A, typically hypocellular myxoid liposarcoma. B, mixed (combined myxoid and round cell) liposarcoma. C, round cell liposarcoma (note the scattered lipoblasts).
shown to have round cell areas accounting for between 80 and 95% of the surface area examined. Molecular analyses subsequently confirmed the presence of t(12;16)(q13;p11) in three additional round cell liposarcomas. Reports of only three other cases are documented, and these had complex karyotypes without visible involvement of bands 12q13 and 16p11 (7, 8). These investigators concluded that round cell and myxoid lesions were not related cytogenetically. Our results contradict this conclusion.

Molecular dissection of the myxoid liposarcoma t(12;16)(q13;p11) translocation has shown that two genes, TLS and CHOP, are fused and transcribed as an aberrant chimeric RNA transcript (2). We have demonstrated that CHOP gene sequences on chromosome 12 are rearranged also in round cell and mixed liposarcomas and that the TLS-CHOP fusion transcript is present in these tumors. Similar to the Southern data of Aman et al. (13), we noted several abnormal DNA restriction fragment patterns resulting from the t(12;16) rearrangement in different tumors, but these patterns did not correlate with tumor type. No detectable amplification of CHOP sequences had occurred in these liposarcomas.

Specific analysis of a region across the TLS-CHOP junction showed that the fusion point between the two genes is invariant between myxoid liposarcoma, combined myxoid and round cell liposarcoma, and pure round cell liposarcoma. Panagopoulos et al. (11) have described variant fusion points in TLS in 12 liposarcomas. These were detected as 654-bp (Type 1) and 370-bp (Type 2) bands by RT-PCR across the TLS-CHOP junction. Some tumors contained both variants of the TLS-CHOP cDNA. Sequencing of the smaller band (actual length, 378 bp) showed that the break was located 275 bp upstream of the TLS breakpoint described in the original characterization of t(12;16); Ref. 2). Using a similar approach and identical primers for DNA amplification, we have identified an additional 13 tumors with this Type 2 variant 378-bp chimeric cDNA. None of the cases we examined contained the 654-bp cDNA. Together with the data of Panagopoulos et al. (11), it appears that the Type 2 variant results more frequently from the t(12;16) translocation than the Type 1 variant. We do not observe any correlation between the upstream fusion point in TLS and tumor phenotype or any other clinicopathological parameter.

In conclusion, myxoid and round cell liposarcomas share a key genetic defect, the fusion of truncated TLS and CHOP genes. The mechanism by which this chimeric gene induces cell transformation and determines tumor phenotype is unknown. Our results suggest the potential for both morphological variants to expand from the same progenitor cell with t(12;16)(q13;p11). We find no evidence that tumor progression from myxoid to round cell morphology results from CHOP gene amplification or secondary chromosome aberrations. We suggest that the plasticity of phenotype between myxoid and round cell liposarcoma is induced by extrinsic factors or by gene mutations undetected by cytogenetic analysis and unrelated to the translocation t(12;16)(q13;p11).

Acknowledgments

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References

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Translocation t(12;16)(q13;p11) in Myxoid Liposarcoma and Round Cell Liposarcoma: Molecular and Cytogenetic Analysis

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