Frequent Expression of a Mutant Epidermal Growth Factor Receptor in Multiple Human Tumors

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Abstract

The epidermal growth factor receptor has received much interest as a target for various antineoplastic agents, but a complication is that many normal tissues also express this receptor. We have previously identified in human glioblastoma tumors an 801-bp in-frame deletion within the epidermal growth factor receptor gene that created a novel epitope at the junction. By using Western blot assays with a mutant-specific antibody as a rapid and sensitive means for detecting this alteration in primary human tumors, it was found that 57% (26 of 46) of high-grade and 86% (6 of 7) of low-grade glioblastoma tumors, but not normal brain, express this protein. This altered receptor was also present in 66% (4 of 6) of pediatric gliomas and 86% (6 of 7) of medulloblastomas. Overexpression of the receptor has also been noted frequently in breast, bladder, and ovarian tumors, and in various squamous carcinomas. Transfection studies on rodent fibroblasts have shown that overexpression of the EGFR receptor can result in the acquisition of the transformed phenotype. For these reasons this receptor has been thought to be an extremely attractive target for rationally designed therapeutics. It has been shown that monoclonal antibodies targeting this receptor in patients with glioblastoma (5). Antibody against the EGFRvIII. Antibody against the EGFRvIII was prepared as described previously (9). Briefly, the peptide used for immunization in single-letter code was LEEKKNYVVTDHC (Immuno-Dynamics, Inc., La Jolla, CA) where the underlined glycine is the novel amino acid created by the fusion of the two normally distant sequences, and the terminal cysteine was added for purposes of conjugation. This peptide was conjugated to keyhole limpet hemocyanin and used to immunize New Zealand White rabbits. Antibody was purified by affinity chromatography using the same peptide linked to CNBr-activated Sepharose 4B (Sigma Chemical Co., St. Louis, MO).

Western Blot Analysis of Tumor Lysates. Tumors were homogenized in PBS/TDS buffer (10 mM Na2HPO4, 150 mM NaCl, 1% Triton X-100, 0.5% sodium deoxycholate, 0.1% SDS, 0.2% sodium azide, and 0.004% sodium fluoride (pH 7.25)) containing 1 mM sodium orthovanadate. Protein concentrations were determined by the BioRad DC assay (BioRad, Richmond, CA). Lysates (50 or 150 μg as specified) were electrophoresed on 6% (0.75 mm) or 10% (1.0 mm) SDS-PAGE gels. Gels were transferred to nitrocellulose membranes (Schleicher & Schuell, Keene, NH) by using a standard protocol. Membranes were blocked in Blotto/TTBS [100 mM Tris (pH 7.5) 150 mM NaCl, and 0.1% Tween 20 containing 5% nonfat dry milk]. The blots were then incubated with 1 μg/ml of anti-EGFRvIII or monoclonal antibody against an intracellular epitope of the human EGFR receptor (Zymed, San Francisco, CA)

Materials and Methods

Tumors and Cells. All diagnoses were confirmed by histological analysis and specimens were trimmed to remove any normal tissue. RNA was obtained from tumor 256, a human glioblastoma maintained as a xenograft in athymic mice (11). H2C 20d2/c is derived from NIH-3T3 cells transfected with a cDNA encoding the EGFRvIII. This cell line expresses a level of the EGFRvIII equivalent to that found in glioblastoma tumors with amplification of the EGFRvIII rearrangement (12). Therefore this receptor is present in 16% of non-small cell carcinoma of the lung tumors (10). This study, in which we used Western blots with this antibody to detect this altered receptor in several types of human tumors. Using this method, we have found that the EGFRvIII is more prevalent in adult glial tumors than was previously thought and was also frequently detected in primary breast, ovarian, pediatric glioma, and medulloblastoma tumors.
Detection of EGFRvIII by Western Blot Analysis

Because Western blot analysis possesses several advantages it was chosen as the primary means for assessing the presence of the EGFRvIII. The only sample preparation required is tissue homogenization, unlike RNA isolation which requires several subsequent steps, and the EGFRvIII protein appears less labile than RNA. Western blots permit confirmation that the immunoreactive molecule is the proper size and also allow for quantitative comparisons. To demonstrate that the anti-EGFRvIII antibody specifically recognized this altered receptor, we performed Western blots with this antibody on lysates from the HC2 20d2/c cell line, which expresses ~2 × 10^6 mutant receptors per cell (Fig. 1A; Ref. 12). For comparison, lysates from A431 human epidermoid carcinoma cells, which express ~1 × 10^5 normal EGF receptors/cell, and normal human fibroblasts, which contain ~1 × 10^4 receptors/cell, were also analyzed. The anti-EGFRvIII antibody intensely labeled a series of bands from M_r ~100,000 to 140,000 in the HC2 20d2/c cell line. The predicted size for the EGFRvIII is M_r 104,000 but this receptor is probably glycosylated in vivo much like the normal EGF receptor. This antibody only faintly recognized the M_r 170,000 normal EGF receptor band in A431 cells and did not detect this band in normal human fibroblasts (Fig. 1A). In contrast, Western blots performed with an antibody that recognizes a carboxyl-terminal epitope of the EGF receptor (Fig. 1B) showed approximately the same amount of reactivity in A431 and HC2 20d2/c cells and was able to detect the receptor in the normal human fibroblasts. This demonstrated that the anti-EGFRvIII antibody almost exclusively recognized this altered receptor.

Identification of the EGFRvIII in Multiple Human Tumors

Brain Tumors. We found expression of the EGFRvIII at extremely high levels in ~17% of grades III and IV tumors, which correlates with the incidence of gene amplification for this mutant receptor (6, 8, 9). Most tumors, although, expressed a low to moderate level of a M_r ~100,000 band; the M_r 140,000 band was primarily found in those tumors expressing a high level of the EGFRvIII (Fig. 2A). The presence of nonglycosylated EGFRvIII at lower levels of...
expression may reflect a predominantly intracellular localization of this particular mutant (13). Overall, we detected an EGFRvIII-specific band in 56% (35 of 62) of these tumors. No reactivity was found in a normal brain specimen even when up to 150 μg of sample was loaded (Fig. 2A; data not shown). Although amplification of the EGF receptor gene is commonly found in adult grade III and IV tumors, it is infrequently found in grade II or pediatric gliomas. However, the EGFRvIII was found in 86% (6 of 7) of grade II and 66% (4 of 6) pediatric gliomas (Table 1), indicating that the presence of this protein could be found in these less aggressive tumors and was not associated with the factors that led to gene amplification. We also found the EGFRvIII in 86% (6 of 7) of pediatric medulloblastomas.

**Breast Tumors.** We examined 27 breast carcinomas (which were all infiltrating ductal carcinoma) for the presence of the EGFRvIII. By Western blotting, the mutant receptor was found in 21 of 27 (77.8%) breast carcinomas (Fig. 2B). This is similar to the incidence reported in a smaller number of tumors using RT-PCR, but substantially higher than what was detected by immunohistochemistry (27%; Ref. 12) indicating the level of sensitivity of Western blot analysis. As with normal brain, this band was not detected in up to 150 μg of normal breast tissue. To confirm that the \( M_r \) 100,000 band seen in Western blots was specific to the EGFRvIII, Western blots were performed in the presence and absence of the peptide that corresponded to the amino acid sequence at the fusion junction of the mutant receptor. As shown in Fig. 3A, the peptide abolished the binding of the anti-EGFRvIII antibody to the \( M_r \) 100,000 band in the two breast tumor samples examined. Additional confirmation was obtained by analyzing specimens for the presence of EGFRvIII-specific transcripts. RNA was isolated from frozen sections of two breast tumors that had low levels of EGFRvIII expression by Western blot analysis. RT-PCR was performed on the RNA by using oligonucleotides encoding amino acid sequences flanking the fusion junction. A 263-bp band corresponding to the mutant receptor could be detected in these specimens and in the positive control sample (Fig. 3B).

**Ovarian Tumors.** We found expression of the EGFRvIII in 24 of 32 (75%) ovarian carcinomas tested but not in normal ovary. Histological information was available on 24 tumors that showed that EGFRvIII was present at a high percentage in all grades (Table 1). Seven tumors had detectable levels of the \( M_r \) ~140,000 band (20.6%), whereas 18 expressed the \( M_r \) ~100,000 band. Tumors with the \( M_r \) 140,000 band also had the \( M_r \) 100,000 band except for one tumor that solely expressed the \( M_r \) 140,000 form (Fig. 2C, UPN7). Diffuse bands of \( M_r \) ~110,000–125,000 were visible in 12 of the tumors that were positive for EGFRvIII expression; these bands have been observed previously only in glioblastomas expressing very high levels of the EGFRvIII. The types of bands expressed did not appear to be associated with tumor grade. Expression of the EGFRvIII was also detected in five of eight ovarian carcinoma cell lines (data not shown).

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**Table 1 Expression of EGFRvIII in human tumors**

<table>
<thead>
<tr>
<th>Tumor</th>
<th>EGFRvIII expression in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Astrocytomas</td>
<td>56 (35/62)</td>
</tr>
<tr>
<td>Grade II</td>
<td>86 (67/77)</td>
</tr>
<tr>
<td>Grade III/IV</td>
<td>53 (29/55)</td>
</tr>
<tr>
<td>Medulloblastomas</td>
<td>86 (67/77)</td>
</tr>
<tr>
<td>Pediatric gliomas</td>
<td>66 (46/69)</td>
</tr>
<tr>
<td>Breast carcinomas (infiltrating ductal)</td>
<td>78 (21/27)</td>
</tr>
<tr>
<td>Ovarian carcinomas</td>
<td>75 (24/32)</td>
</tr>
<tr>
<td>Grade I</td>
<td>66 (23/35)</td>
</tr>
<tr>
<td>Grade II</td>
<td>78 (19/25)</td>
</tr>
<tr>
<td>Grade III</td>
<td>92 (11/12)</td>
</tr>
</tbody>
</table>

* Histopathologic grade was not available for all tumors.
and that expression of this receptor can enhance the tumorigenicity of the U87 glioma cell line (18).

Several therapeutic approaches now exist that can be developed to exploit the presence of this mutant receptor. Recent studies have shown the feasibility of at least two such avenues. Because the EGFRvIII is expressed on the cell surface in some tumors (9), it would be accessible to antibodies or other antireceptor reagents. Immunization of mice with HC2 20d2/c cells has resulted in the successful production of several high-affinity monoclonal antibodies against this receptor that can be internalized (19). Treatment of animals with Pseudomonas exotoxin-conjugated monoclonal antibodies can reduce the size of tumors expressing the EGFRvIII (20). Alternatively, because the presentation of peptides by MHC molecules does not depend on cellular localization, peptide vaccination may present another route. We have found that mice given injections of a peptide vaccine corresponding to the novel junction of EGFRvIII can prevent or induce the regression of existing tumors in immunocompetent mice given injections of HC2 20d2/c cells. The immune response generated was mainly mediated by CD8+ T lymphocytes.6

Including1 the data from this report, we have now demonstrated that the EGFRvIII is present in brain, breast, lung, and ovarian tumors. This variant is tumor specific because in previous work we analyzed the number of adult tissues that did not reveal the presence of the EGFRvIII is present in brain, breast, lung, and ovarian tumors. Given injections of HC2 20d2/c cells. The immune response generated was mainly mediated by CD8+T lymphocytes.6

References


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