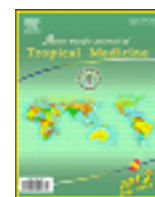




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Correlation between periostin and SNCG and esophageal cancer invasion, infiltration and apoptosis

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ABSTRACT

Objective: To investigate the correlation between periostin and SNCG and esophageal cancer invasion, infiltration and apoptosis. **Methods:** A total of 78 cases esophageal surgical resection specimens were collected, expression of periostin and SNCG in esophageal cancer were detected. Effect of periostin and SNCG in esophageal carcinoma invasion and infiltration was analyzed. **Results:** The upregulated rate of periostin had significant difference in esophageal cancer tissues (39.74%), adjacent tissues (17.86%) and normal tissues (0.00%); The positive expression rates of SNCG had significant difference in esophageal cancer tissues (61.54%), adjacent tissues (32.14%) and normal tissues (1.96%); The upregulated rate of periostin had a significant correlation with lymph node metastasis, adventitia invasion, TNM stage; The positive expression rates of SNCG had a significant correlation with differentiation degree, lymph node metastasis, adventitia invasion, TNM stage; Apoptosis index of the positive of expression of SNCG of esophageal cancer tissue (4.541 ± 2.267) was significantly lower than that of the negative expression (7.316 ± 2.582) ($P < 0.05$). **Conclusions:** SNCG may play an important role in invasion, infiltration and apoptosis of esophageal cancer and serve as target spots in the targeted therapy of esophageal cancer.

1. Introduction

Esophageal cancer is one of the common malignant tumors in the digestive system, there is high mortality of esophageal cancer in China, invasion and metastasis are the main causes of death in patients[1]. Esophageal invasion, infiltration and metastasis are the result of a complex process with multi-stage, multi-step and multiple genes. The study found the mRNA and protein expression of periostin in tumor tissue and normal tissue are significantly different, which has a close correlation with tumor occurrence, development and prognosis[2]. An

abnormal increase of SNCG expression has been found in digestive system neoplasms such as the gastric cancer, liver cancer and pancreatic cancer[3]. In this study, we collected specimens of 78 cases of esophageal surgical resection in our hospital from January 2010 to June 2012, and investigate the correlation between periostin and SNCG and esophageal cancer invasion, infiltration and apoptosis.

2. Materials and methods

2.1. General information

Specimens of 78 cases of esophageal cancer who underwent surgical resection were collected, including 45 males and 33 females, aged 42–81 years old, and the average age was 63.5 ± 2.1 ; Among them there were 10 cases with upper, 51 middle and 17 lower esophageal carcinoma; 21 cases with high differentiation cancers,

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40 cases with moderate differentiation cancers, 17 cases with low differentiation cancers. There were 37 cases in medullary type, 33 ulcer type and 8 sclerotic type; 41 cases without lymph node metastasis, 37 cases with lymph node metastasis; 21 cases without adventitia infiltration, 57 cases with adventitia infiltration. According to the TNM standards for esophageal cancer, 4 cases were in stage I, 35 cases in stage II A, 10 cases in stage IIB, 28 cases in stage III, 1 case in stage IV.

A total of 51 cases with normal tissue were obtained with the distance beyond 5 cm from the cancer tissue, 28 cases of adjacent tissues were obtained within the distance of 1.0–1.5 cm from the cancer tissue as control group. All patients had no treatment for the tumor before tissue specimens were obtained.

2.2. Methods

2.2.1. Periostin expression detection

All specimens were fixed in 10% formalin, embedded in paraffin, cut into sections with 4 μ m thickness. Full RNA was extracted from the esophageal cancer tissue and normal esophageal tissues, and the adjacent tissues and esophageal non-cancerous tissue, reverse transcribed into cDNA. Periostin were detected by RT-PCR, and the quantitative expression of periostin was detected by real-timePCR. C_t is the reaction cycles, corresponding to the exponential amplification of the middle portion of the PCR reaction, the average value were obtained of three reactions. $\Delta\Delta C_t = 2^{\exp(C_t \text{ tumor} - C_t \text{ normal})}$, T/N is $\Delta\Delta C_t$, which showed differences of periostin between cancer tissues and non-cancer tissues. T/N=4 is the critical value.

2.2.2. Immunohistochemical assay

SNCG expression of esophageal cancer tissues and normal esophageal tissues and cancer adjacent tissues were detected by immunohistochemical assay. SNCG expression was detected by concentrated SNCG monoclonal mouse anti-human antibody. The results were analyzed by double blind method. Five different visual fields were randomly selected for each slice under the optical microscope ($\times 400$), the percentage of positive cells in 100 tumor cells were calculated. The percentage of the staining intensity and positive cell can be used to evaluate the result of SNCG positive expression, that is, light yellow 1 point, brown 2 point, dark brown 3 points; Positive cells <5% 0 point, 5% to 25% 1 point, 26% to 50% 2 points, >50% 3 points. If the total score of staining intensity and positive cell <3, it was negative, ≥ 3 positive.

2.2.3. Tumor cell apoptosis by TUNEL

Apoptosis was detected by cell apoptosis detection kit,

all measure operation steps were carried out according to the manual of the kit. Sections were observed under the microscope of low magnification ($\times 100$), areas with good mark effect and evenly distributed positive cells were selected. Five different horizons were selected under high power field ($\times 400$), the percentage of positive cells in 100 tumor cells was calculated as an expression of apoptosis index (AI) of the esophageal cancer cell.

2.3. Statistical analysis

Data was analyzed with SPSS software, the result was expressed by mean \pm SD. Data were analyzed by *t* test, the enumeration data were compared with the χ^2 test. $P < 0.05$ was considered as statistical significance.

3. Results

Periostin T/N > 4 was up-regulated in tissues, 31 cases in esophageal carcinoma tissue (39.74%), 5 cases in adjacent tissues (17.86%), and no case in normal tissue (0.00%). The difference of the upregulated rate of periostin in various tissues was significant ($P < 0.05$).

There were 48 cases with positive SNCG expression in esophageal carcinoma tissue (61.54%), 9 cases in adjacent tissues (32.14%), and 1 case in normal tissue (1.96%). The difference was significant ($P < 0.05$).

The up-regulated expression of periostin had a significant correlation with lymph node metastasis, adventitia invasion and TNM stage ($P < 0.05$), but no significantly correlation with age, sex, tumor location and the degree of differentiation ($P > 0.05$) (Table 1).

SNCG positive expression had a significantly correlation with the degree of differentiation, lymph node metastasis, adventitia invasion and TNM stage ($P < 0.05$), but no significant correlation with age, sex and tumor location ($P > 0.05$) (Table 2).

4. Discussion

Malignant tumor does great harm to people's health. Invasion and infiltration are important markers of the tumor. It is a multi-step, multi-factor dynamic process with the complex interactions between extracellular matrix and host cell. The same as other malignancies, invasion and infiltration are the biological characteristics of esophageal cancer[4,5]. Interstitial specific genes play an important role in the regulation of tumor invasion and infiltration, the genes are expressed by interstitial cells. Molecules with different

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