EBV persistence in gastric cancer cases conventionally classified as EBER-ISH negative

MARIA CHIARA SICILIANO^{1,†}, SALVATORE TORNAMBÈ ^{1,†}, GABRIELE CEVENINI ², ESTER SORRENTINO ¹, MASSIMO GRANAI ³, GIULIO GIOVANNONI ¹, DANIELE MARRELLI ⁴, IVANO BIVIANO ⁵, FRANCO ROVIELLO ⁴, HIRONORI YOSHIYAMA ⁶, LORENZO LEONCINI ¹*, STEFANO LAZZI ¹, LUCIA MUNDO ^{1,7}.

Abstract

The Epstein-Barr virus (EBV) causes various B-cell lymphomas and epithelial malignancies, including gastric cancer (GC) at frequencies ranging from 5-10% in adenocarcinomas (ADK) to 80% in GC with lymphoid stroma (GCLS). Using high-sensitivity methods, we recently detected EBV traces in a large cohort of EBV-negative B-cell lymphomas, suggesting a hit-and-run mechanism. Here, we used routine and higher-sensitivity methods [droplet digital PCR (ddPCR) for EBV segments on microdissected tumour cells and RNAscope for EBNA1 mRNA] to assess EBV infection in a cohort of 40 GCs (28 ADK and 12 GCSL). ddPCR documented the presence of EBV nucleic acids in rare tumour cells of several cases conventionally classified as EBV-negative (ADK, 8/26; GCSL, 6/7). Similarly, RNAscope confirmed EBNA1 expression in rare tumour cells (ADK, 4/26; GCSL, 3/7). Finally, since EBV induces epigenetically changes that are heritable and retained after complete loss of the virus from the host cell, we studied the methylation pattern of EBV-specifically methylated genes (Timp2, Eya1) as a mark of previous EBV infection. Cases with EBV traces showed a considerable level of methylation in Timp2 and Eya1 genes that was similar to that observed in EBER-ISH positive cases and greater than cases not featuring any EBV traces. These findings suggest that: a) EBV may contribute to gastric pathogenesis more widely than currently acknowledged and b) indicate the methylation changes as a mechanistic framework for how EBV can act in a hit-andrun manner. Finally, we found that the viral state was of prognostic significance at univariate and multivariate analysis.

¹Section of Pathology, Department of Medical Biotechnology, University of Siena, Siena, Italy

²Department of Medical Biotechnology, University of Siena, Siena, Italy

³Institut für Pathologie und Neuropathologie Abt. Allgemeine und Molekulare Pathologie und Pathologische Anatomie University of Tubingen, German

⁴Department of Human Pathology and Oncology, Surgical Oncology, Siena University, Siena

⁵ Gastroenterology Unit, A.O.U.S. Policlinico S. Maria alle Scotte, Siena, Italy

⁶Department of Microbiology, Faculty of Medicine, Shimane University, Shimane, Japan

⁷Health Research Institute, University of Limerick, V94 T9PX Limerick, Ireland †Equally contributed

^{*}Correspondence: Professor Lorenzo Leoncini, Department of Medical Biotechnology, University of Siena, Siena, Italy; e-mail: lorenzo.leoncini@unisi.it