

Clinical assessment of MUC1 protein expression in FFPE tissue: Development and validation of an immunohistochemistry assay as a predictive assay for response to MUC1 vaccines

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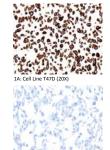
Introduction

Mucin-1 (MUC1, epithelial membrane antigen, EMA) is a trans membrane glycoprotein that is expressed on the apical membrane of epithelial cells of many tissues including breast, prostate. lung, pancreas, stomach, ovaries, intestines, and kidneys. In tumor cells, MUC1 is often overexpressed and aberrantly glycosylated, revealing new epitopes that trigger a cytotoxic T-cell response (Ramlau et al., 2008, Quiox et al., 2011, Sinn et al., 2013). Several approaches are currently being pursued for targeting MUC1 in cancer therapy, mainly focused on vaccines targeting MUC1 antigens. We have developed an immunohistochemistry (IHC) assay to measure MUC1 protein expression in FFPE tissues, and thereby enable evaluation of MUC1 expression as a potential biomarker for MUC1-targeted therapies.

Materials and Methods

IHC assays were developed using the Ventana Benchmark. The MUC1 antibody was obtained from Ventana Medical Systems. The assay was validated using the recommended protocol supplied by the vendor using a combination of cell line pellets and formalin-fixed paraffinembedded (FEPF) human tissue specimens purchased from ILSbio and BioServe. A breast cancer tissue array containing 16 matched adjacent normal and tumor tissue was purchased from BioChain Institute. Tumor positive specimens were scored based on expression of MUC1 in at least 25% of tumor cells (Quiox et. al., 2011). In addition, distribution of staining (apical membranous, cytoplasmic and combination staining patterns) was noted.

Figure 1: Specificity of MUC1 antibody staining



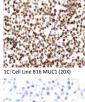
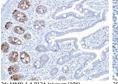
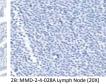
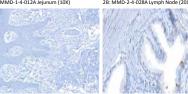


Figure 1 shows positive and negative control MUC1 staining in cell lines. Panel 1A is the breast cancer cell line T47D, and Panel 1B is control normal humar mammary epithelial cell line HMEC. Panel 1C is the genetically engineered mouse B16 cell line over-expressing MUC1, and Panel 1D is the parental cell line. The specificity of the MUC1 IHC assay is apparent by the robust staining of the T47D and B16 MUC1 cells but not the normal breast epithelial cell line or the B16 parental line.

Figure 2: Expression of MUC1 in normal tissues







Several normal FFPE tissues

were evaluated for MUC1 expression. As shown in Figure 2. we did not observe staining of MUC1 in lymph node, skin, prostate and jejunum except for the crypts in the jejunum.

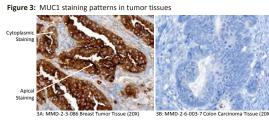


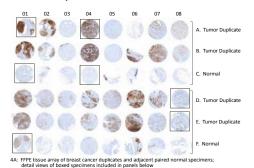
Figure 3 demonstrates positive and negative MUC1 staining in breast carcinoma tissue (Panel 3B), respectively Note that we observed different types of staining patterns in MUC1 positive tissues . which included apical, cytoplasmic, membranous or combinations: apical and cytoplasmic staining are both apparent in Panel 3A.

Table 1: MUC1 IHC data from 36 FEPF tissues

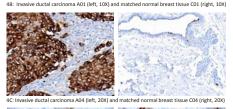
	Sample ID	Site	Pathology	Combined Result	Localization of Signal
1	MMD-2-5-001	Thyroid	Tumor	Negative	None
	MMD-2-2-068	Lung	Papillary adenocarcinoma	Positive	Apical, Cytoplasmic, Membranous
	MMD-2-6-008	Tumor of unknown origin	Squamous Cell Carcinoma	Positive	Cytoplasmic, Membranous (Weak)
	MMD-2-4-038	Tumor of unknown origin	Spindle Cell Neoplasm	Negative	None
	MMD-2-2-049	Lung	Adenocarcinoma, mixed type - acinar-papillary and solid adenocarcinoma structures, moderately differentiated	Positive	Cytoplasmic, Membranous
	MMD-2-2-050	Lung	Adenocarcinoma, mixed type - acinar-papillary, moderately differentiated	Positive	Cytoplasmic, Membranous
	MMD-2-2-051	Lung	Adenocarcinoma, mixed type - acinar-papillary (including micropapillary)	Positive	Cytoplasmic, Membranous
	MMD-2-2-052	Lung	Adenocarcinoma, mixed type - acinar-papillary, moderately differentiated	Positive	Cytoplasmic, Membranous
	MMD-2-2-053	Lung	Huge metastasis from primary adenocarcinoma in the lymph nodes	Positive	Cytoplasmic, Membranous
10	MMD-2-2-054	Lung	Adenocarcinoma, mixed type - acinar-papillary (including macro and micropapillary)	Positive	Apical, Cytoplasmic, Membranous
11	MMD-2-2-055	Lung	Adenocarcinoma, mixed type - acinar-papillary (including micropapillary)	Positive	Cytoplasmic, Membranous
	MMD-2-2-056	Lung	Massive infiltration from lung cancer -adenocarcinoma with papillary structures	Positive	Cytoplasmic, Membranous
	MMD-2-2-057	Lung	Adenocarcinoma, mixed type - acinar-papillary with infiltration of the bronchial wall	Positive	Cytoplasmic, Membranous
	MMD-2-2-048	Lung	adenocarcinoma, acinar-papillary type	Positive	Cytoplasmic, Membranous
	MMD-2-3-056	Uterus	Endometrioid adenocarcinoma	Positive	Cytoplasmic, Membranous
	MMD-2-3-066	Ovary	Ovarian Cancer	Positive	Apical, Cytoplasmic, Membranous
	MMD-2-3-076	Breast	Tumor	Positive	Cytoplasmic, Membranous
	MMD-2-3-077D	Breast	Tumor	Positive	Cytoplasmic, Membranous
	MMD-2-3-075	Ovary	Metastatic adenocarcinoma from breast primary	Positive	Cytoplasmic, Membranous
	MMD-2-3-078	Breast	Tumor	Positive	Apical, Cytoplasmic, Membranous
	MMD-2-3-086	Breast	Infiltrating Ductal Carcinoma	Positive	Apical, Cytoplasmic, Membranous
	MMD-2-6-003-1	Breast	Carcinoma	Positive	Cytoplasmic
	MMD-2-6-003-2	Breast	Carcinoma	Positive	Cytoplasmic
	MMD-2-6-003-3	Breast	Carcinoma	Positive	Cytoplasmic and Membranous
	MMD-2-6-003-4	Kidney	Normal	Positive	Cytoplasmic
	MMD-2-6-003-5	Liver	Carcinoma	Negative	None
	MMD-2-6-003-6	Ovary	Carcinoma	Positive	Cytoplasmic
	MMD-2-6-003-7	Colon	Carcinoma	Negative	None
	MMD-2-6-003-8	Colon	Carcinoma	Positive	Cytoplasmic
	MMD-2-6-003-9	Colon	GIST	N/A-Tissue exhausted	None
	MMD-2-6-003-10	Lung	Carcinoma	Positive	Cytoplasmic
	MMD-2-6-003-11	Lung	Carcinoma	Positive	Cytoplasmic
33	MMD-2-6-003-12	Prostate	Carcinoma	Negative	None
34	MMD-2-6-003-13	Tumor of unknown origin	Squamous Cell Carcinoma	Positive	Cytoplasmic
35	MMD-2-6-003-14	Thyroid	Carcinoma	Negative	None
36	MMD-2-6-003-15	Prostate	Normal	Negative	None

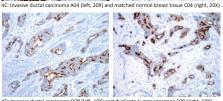
Table 1 summarizes the MUC1 IHC data from 36 FFPF tissues (both normal and tumor) from lung, ovary, breast, colon kidney, liver, thyroid and prostate. 27/36 specimens were scored positive for MUC1 staining. Negative staining was reported in thyroid, liver, colon and prostate tumor tissues.

Figure 4: Evaluation of MUC1 staining in a set of matched breast cancer and adjacent normal tissues









An FFPF tissue array of 16 matched tumor and adjacent normal tissue specimens were evaluated for MUC1 expression. Figure 4 shows stained array (Panel 4A) as well as various detail views of the expression pattern of MUC1 (Panels 4B-4E). A summary of all the data from the array is presented in **Table 2**. MUC1 positive staining was observed in 13/16 tumor specimens with majority having no staining in the matched normal tissue. Interestingly, one of the tumor tissues exhibited distinct apical staining pattern that was unique in this set of 16 breast cancer tissues (Panels 4D). In a few instances, we also observed MUC1 staining in normal tissues (Panel 4E).

Ramlau, R. et al. 2008. J Thorac Oncol. 3(7):735-44 Quoix, F. et al. 2011. Lancet Oncol. 12(12):1125-33. Table 2: MUC1 IHC data from matched breast cancer and adjacent normal tissues

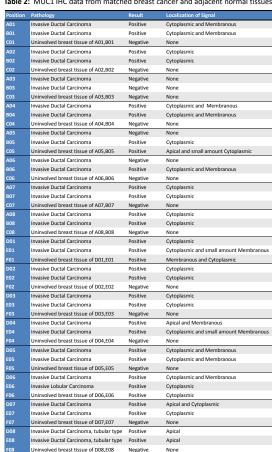
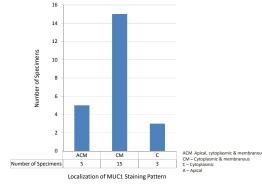
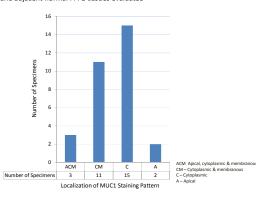


Figure 5: Graphical representation of MUC1 staining patterns





5B: Frequency of staining patterns in 16 duplicate matched breast cancer and adjacent normal FFPE tissues evaluated



A summary of the MUC1 staining patterns observed for the FFPE tissues is

We have developed a robust assay for MUC1 that clearly distinguishes MUC1 expression in normal versus tumor tissue, as well as demonstrates distinct MUC1 expression patterns in a variety of tumor tissues. We are currently using this assay to explore the utility of MUC1 protein expression as a biomarker for ONT-10, a novel

