

# HMGA1和HMGA2蛋白在食管鳞癌中表达的相关性及其临床病理意义

闫艳琴, 刘红涛, 冯天平, 赵景志, 李晟磊

闫艳琴, 河南省郑州市骨科医院普内科 河南省郑州市 450001  
刘红涛, 郑州大学生物工程系细胞生物学研究室 河南省郑州市 450001

冯天平, 赵景志, 河南省军区医院病理科 河南省郑州市 450001  
李晟磊, 郑州大学第一附属医院病理科 河南省肿瘤病理重点实验室 河南省郑州市 450052

闫艳琴, 主治医师, 主要从事消化系统肿瘤的研究。

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作者贡献分布: 此课题李晟磊设计; 研究过程由闫艳琴, 冯天平, 赵景志及刘红涛操作完成; 研究所用新试剂及分析工具由李晟磊提供; 数据分析由刘红涛与李晟磊完成; 本论文写作由闫艳琴, 刘红涛, 冯天平, 赵景志及李晟磊完成。

通讯作者: 李晟磊, 副主任医师, 450052, 河南省郑州市大学路40号, 郑州大学第一附属医院病理科, 河南省肿瘤病理重点实验室。lsbljys@126.com

电话: 0371-66658175 传真: 0371-66658175

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## Clinical pathological significance of HMGA1 and HMGA2 protein expression in esophageal squamous cell carcinoma

Yan-Qin Yan, Hong-Tao Liu, Tian-Ping Feng,  
Jing-Zhi Zhao, Sheng-Lei Li

Yan-Qin Yan, Department of Internal Medicine, Zhengzhou Orthopedics Hospital, Zhengzhou 450001, Henan Province, China  
Hong-Tao Liu, Laboratory of Cell Biology, Department of Bioengineering, Zhengzhou University, Zhengzhou 450001, Henan Province, China

Tian-Ping Feng, Jing-Zhi Zhao, Department of Pathology, the Military Region in Henan, Zhengzhou 450051, Henan Province, China

Sheng-Lei Li, Department of Pathology, the First Affiliated Hospital of Zhengzhou University; Henan Key Laboratory of Tumor Pathology, Zhengzhou 450052, Henan Province, China  
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Correspondence to: Sheng-Lei Li, Department of Pathology, the First Affiliated Hospital of Zhengzhou University; Henan Key Laboratory of Tumor Pathology, 40 Daxue Road, Zhengzhou 450052, Henan Province, China. lsbljys@126.com

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## Abstract

**AIM:** To explore the relationship of the protein expression of high mobility group protein AT-hook 1 (HMGA1) and HMGA2 with the devel-

opment, progression, invasion and metastasis of esophageal squamous cell carcinoma.

**METHODS:** Sixty-two patients with esophageal squamous cell carcinoma treated at Anyang Tumor Hospital from February 2006 to March 2006 were included in this study. Immunohistochemistry was used to detect the protein expression of HMGA1 and HMGA2 in 62 esophageal squamous cell carcinoma specimens, 31 tumor adjacent atypical hyperplastic epithelial specimens, and 62 normal esophageal epithelial specimens.

**RESULTS:** The expression of HMGA1 protein was closely correlated with tumor grade, infiltration, lymphatic metastasis and TNM grade in esophageal squamous cell carcinoma ( $\chi^2 = 6.649, 6.175, 5.921$  and  $11.341$ , respectively; all  $P < 0.05$ ). The positive rates of HMGA1 protein expression in normal esophageal epithelium, tumor-adjacent atypical hyperplastic epithelium and carcinoma were  $8.1\%$  ( $5/62$ ),  $58.1\%$  ( $18/31$ ) and  $69.4\%$  ( $43/62$ ), respectively, with a significant difference among the three groups ( $\chi^2 = 51.429, P < 0.01$ ). The expression of HMGA2 protein was closely correlated with lymphatic metastasis and TNM grade in esophageal squamous cell carcinoma ( $\chi^2 = 8.276$  and  $17.851$ , respectively; both  $P < 0.05$ ). The positive rates of HMGA2 protein expression in normal esophageal epithelium, tumor-adjacent atypical hyperplastic epithelium and carcinoma were  $71.0\%$  ( $44/62$ ),  $48.4\%$  ( $15/31$ ) and  $4.8\%$  ( $3/62$ ), respectively, with a significant difference among the three groups ( $\chi^2 = 57.621, P < 0.01$ ). There is a positive correlation between the protein expression of HMGA1 and HMGA2 ( $\gamma_p = 0.346, P = 0.006$ ).

**CONCLUSION:** HMGA1 and HMGA2 play an important role in the carcinogenesis, infiltration and metastasis of esophageal carcinoma. Combined detection of HMGA1 and HMGA2 expression may be used as a molecular parameter for early diagnosis and prognostic evaluation of esophageal squamous cell carcinoma.

**Key Words:** High mobility group protein AT-hook 1;

## ■背景资料

HMGA家族包括HMGA1及HMGA2两大类蛋白,二者均参与了细胞生长,分化和转化等过程,他们有结构转录因子的功能,同时还参与了多条途径的靶基因启动因子结构的激活,并参与了多种人体的不同细胞的分化进程。

## ■同行评议者

纪小龙,教授,武警总医院纳米医学研究所

## ■研究前沿

目前,关于HMGA1、HMGA2基因与食管癌浸润、转移的关系及HMGA1、HMGA2表达相关性的研究,迄今国内外均未见报道.关于HMGA1及HMGA2与恶性肿瘤关系的研究已成为热点.

High mobility group protein AT-hook 2; Esophageal squamous cell carcinoma; Immunohistochemistry; Invasion and metastasis

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## 摘要

**目的:** 探讨HMGA1及HMGA2的表达与食管癌发生、发展及浸润、转移的关系.

**方法:** 62例食管癌手术切除标本于2006-02-26/03-16取自食管癌高发区河南省安阳市肿瘤医院.应用免疫组织化学SP法检测62例食管鳞癌组织,31例癌旁不典型增生组织及62例正常食管黏膜组织中RECK及MMP-9蛋白的表达.

**结果:** 食管鳞癌组织中HMGA1蛋白表达与癌的组织学分级、浸润深度、淋巴结转移及TNM分期均密切相关( $\chi^2 = 6.649, 6.175, 5.921, 11.341$ , 均 $P < 0.05$ );在食管鳞癌癌变过程中HMGA1蛋白在正常黏膜组织、癌旁不典型增生组织及癌组织中的表达率依次增高,分别为8.1%(5/62)、58.1%(18/31)、69.4%(43/62),组间比较有明显差异( $\chi^2 = 51.429, P < 0.01$ );HMGA2蛋白表达与癌的淋巴结转移及TNM分期密切相关( $\chi^2 = 8.276, 17.851$ , 均 $P < 0.05$ );HMGA2蛋白在正常黏膜组织、癌旁不典型增生组织及癌组织中的表达率依次增高,分别为71.0%(44/62)、48.4%(15/31)、4.8%(3/62),组间比较有明显差异( $\chi^2 = 57.621, P < 0.01$ ),HMGA1及HMGA2的表达呈正相关关系( $\gamma_p = 0.346, P = 0.006$ ).

**结论:** HMGA1及HMGA2蛋白在食管鳞癌组织中表达显著下降,并与食管鳞癌生物学行为关系密切,提示HMGA1及HMGA2低表达与食管鳞癌的发生、发展有关, HMGA1及HMGA2可作为食管鳞癌早期诊断和判断预后的辅助指标.

**关键词:** 高迁移率族蛋白A1; 高迁移率族蛋白A2; 食管鳞癌; 免疫组织化学; 浸润转移

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<http://www.wjgnet.com/1009-3079/18/2869.asp>

## 0 引言

高迁移率族蛋白(high mobility group protein,

HMG)起初是在牛胸腺细胞内被发现的,是细胞核内的一种强水溶性的,在聚丙烯酰胺凝胶电泳过程中表现出很高迁移率的一类小分子蛋白质. HMGA是其家族成员之一,其又可分为HMGA1及HMGA2两个家族成员.研究表明HMGA家族成员,尤其是HMGA1及HMGA2均参与了多种肿瘤有关基因的转录调控<sup>[1-3]</sup>,与乳腺癌、皮肤癌及卵巢癌等多种恶性癌变的发生密切相关<sup>[4-6]</sup>.有关HMGA1及HMGA2与食管癌浸润转移的关系及二者表达相关性的研究,迄今国内外均未见报道.我们采用了免疫组织化学SP法系统地检测了HMGA1及HMGA2基因在62例食管鳞癌组织、31例癌旁不典型增生组织及62例正常食管黏膜组织的表达,探讨HMGA1及HMGA2在食管癌演变过程中的作用,以期寻找食管癌早期诊断和判断预后的分子指标.

## 1 材料和方法

**1.1 材料** 62例食管癌手术切除标本于2006-02-26/03-16取自食管癌高发区河南省安阳市肿瘤医院,所有病例术前均无化疗、放疗及免疫治疗史.其中男36例,女26例,年龄38-75(平均60.6±9.5)岁.全部病理组织学证实均为鳞状细胞癌.其中组织学分级Ⅰ级15例,Ⅱ级25例,Ⅲ级22例;伴淋巴结转移者20例,无淋巴结转移者42例.浸润深度分两组,浸达浅层者(包括黏膜层、黏膜下层及浅肌层)7例,浸达深者(包括深肌层及纤维膜).全部样本分别在癌灶、癌旁3 cm以内及远端正常黏膜组织3处取材,经40 g/L多聚甲醛液固定,常规脱水,石蜡包埋,连续切片,切片厚度4-6 μm,分别用于HE和免疫组织化学染色.兔抗入HMGA1多克隆抗体及鼠抗人HMGA2单克隆抗体均购自英国Abcam公司产品,SP免疫组织化学试剂盒购自北京中杉金桥生物技术开发公司.

## 1.2 方法

**1.2.1 免疫组织化学染色:** 采用SP法, HMGA1及HMGA2单抗稀释,稀释倍数分别为1:200和1:230, DAB显色,苏木素复染.染色步骤严格按说明书进行,以PBS液代替一抗作为阴性对照,阳性对照为已知的HMGA1及HMGA2阳性的乳腺癌组织切片.

**1.2.2 结果判定:** HMGA1及HMGA2蛋白阳性信号均呈棕黄色颗粒样物质,主要位于细胞核内.高倍镜下随机选取5个视野(每个视野观察细胞数不少于200个),按阳性细胞所占百分比及着色深浅进行结果判定<sup>[7,8]</sup>. (1)按阳性细胞数占同类细胞数的百分比, <30%为1分, 30%-70%为2分,

表 1 HMGA1及HMGA2在食管鳞癌组织、非典型增生及正常黏膜组织中的表达

	HMGA1						HMGA2				
	<i>n</i>	-( <i>n</i> )	+( <i>n</i> )	阳性率(%)	$\chi^2$ 值	<i>P</i> 值	-( <i>n</i> )	+( <i>n</i> )	阳性率(%)	$\chi^2$ 值	<i>P</i> 值
正常黏膜上皮组织	62	57	5	8.1	51.429	0.000	59	3	4.8	57.621	0.000
非典型增生组织	31	13	18	58.1			16	15	48.4		
鳞癌组织	62	19	43	69.4			18	44	71.0		

表 2 HMGA1及HMGA2蛋白表达与食管鳞癌临床生物学行为的关系

病理特征	HMGA1				HMGA2		
	<i>n</i>	阳性表达 <i>n</i> (%)	$\chi^2$ 值	<i>P</i> 值	阳性表达 <i>n</i> (%)	$\chi^2$ 值	<i>P</i> 值
组织学分级							
I	15	7(46.7)	6.649	0.036	11(73.3)	0.181	0.914
II	25	17(68.0)			17(68.0)		
III	22	19(86.4)			16(72.7)		
浸润深度							
浅层	7	2(28.6)	6.175	0.013	4(57.1)	0.732	0.392
深层	55	41(74.5)			40(72.7)		
淋巴结转移							
无	42	25(59.5)	5.921	0.015	25(54.2)	8.276	0.004
有	20	18(90.0)			19(85.7)		
TNM分期							
I、II	26	12(46.2)	11.341	0.001	11(42.3)	17.851	0.000
III、IV	36	31(86.1)			33(91.7)		

## ■创新盘点

本文首次采用免疫组织化学方法联合检测了食管癌高发区河南安阳的食管癌患者手术切除的癌组织、癌旁不典型增生组织及正常食管黏膜组织中HMGA1及HMGA2蛋白的表达情况。

>70%为3分; (2)按切片中细胞着色深浅评分: 0分, 细胞无显色; 1分, 浅黄色; 2分, 棕黄色; 3分, 棕褐色。取(1)(2)两项评分的乘积作为总积分, 0-1分为阴性(-), >1分为阳性(++)。

**统计学处理** 应用SPSS13.0统计学软件, 采用 $\chi^2$ 检验。检验水准 $\alpha = 0.05$ 。

## 2 结果

**2.1 HMGA1蛋白在食管鳞癌组织中的表达及其与临床生物学行为的关系** HMGA1蛋白阳性表达主要位于肿瘤细胞的胞核中, 呈浅黄色至深黄色颗粒(图1)。在食管鳞癌癌变过程中HMGA1蛋白表达在正常黏膜组织、癌旁不典型增生组织及癌组织中的表达率依次增高, 分别为8.1%(5/62)、58.1%(18/31)、69.4%(43/62), 组间比较有明显差异( $\chi^2 = 51.429$ ,  $P < 0.01$ , 表1)。HMGA1蛋白表达与食管鳞癌组织学分级、浸润深度、淋巴结转移及TNM分期均有关( $\chi^2 = 6.649, 6.175, 5.921$ 及 $11.341$ , 均 $P < 0.05$ , 表2)。

**2.2 HMGA2蛋白在食管鳞癌中的表达及其与临床生物学行为的关系** HMGA2蛋白阳性着色定位于细胞核, 呈棕黄色或深黄色颗粒(图2)。在食管鳞

癌癌变过程中HMGA2蛋白在正常黏膜组织、癌旁不典型增生组织及癌组织中的表达率依次升高, 分别为71.0%(44/62)、48.4%(15/31)、4.8%(3/62), 组间比较有明显差异( $\chi^2 = 57.621$ ,  $P < 0.01$ , 表1)。HMGA2蛋白表达与食管鳞癌组织的组织学分级及浸润深度无关, 组间比较差异无统计学意义( $\chi^2 = 0.181, 0.732$ , 均 $P > 0.05$ ), HMGA2蛋白阳性表达率与癌组织的淋巴结转移及TNM分期密切相关( $\chi^2 = 8.276$ 及 $17.851$ ; 均 $P < 0.05$ , 表2)。

**2.3 HMGA1及HMGA2在食管鳞癌组织中表达的相关性分析** 在62例食管鳞癌组织中, HMGA1阳性表达43例中, 其HMGA2蛋白表达阳性占35例, 而HMGA1表达阴性的29病例中, 其HMGA2蛋白表达阴性的占10例。HMGA1及HMGA2蛋白在食管鳞癌组织中的表达呈正相关关系( $\gamma_p = 0.346$ ,  $P = 0.006$ , 表3)。

## 3 讨论

HMG是一种染色体相关蛋白, 广泛存在于真核细胞内, 通常以其相对分子质量的大小、DNA结合的特异性及序列不同被研究者分为3个家

## ■应用要点

HMGA1及HMGA2可能共同参与了食管鳞癌浸润转移的过程,在食管鳞癌发生发展过程中可能起协同作用.联合检测HMGA1及HMGA2蛋白的表达有利于进一步地了解食管癌的生物学行为,为食管鳞癌的早期诊断和治疗提供新的途径.

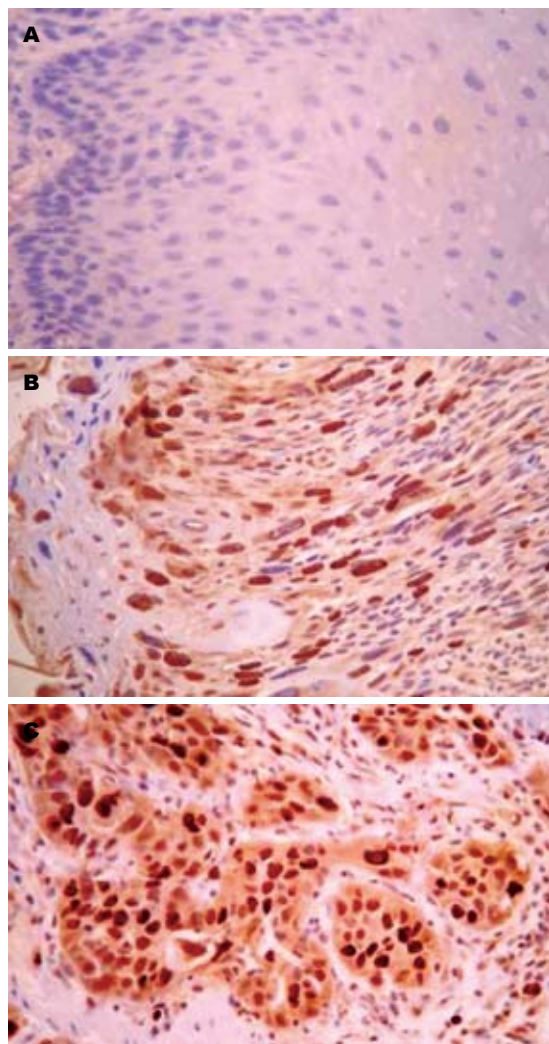


图1 HMGA1的表达(SP×200). A: 正常黏膜; B: 癌旁组织; C: 癌组织.

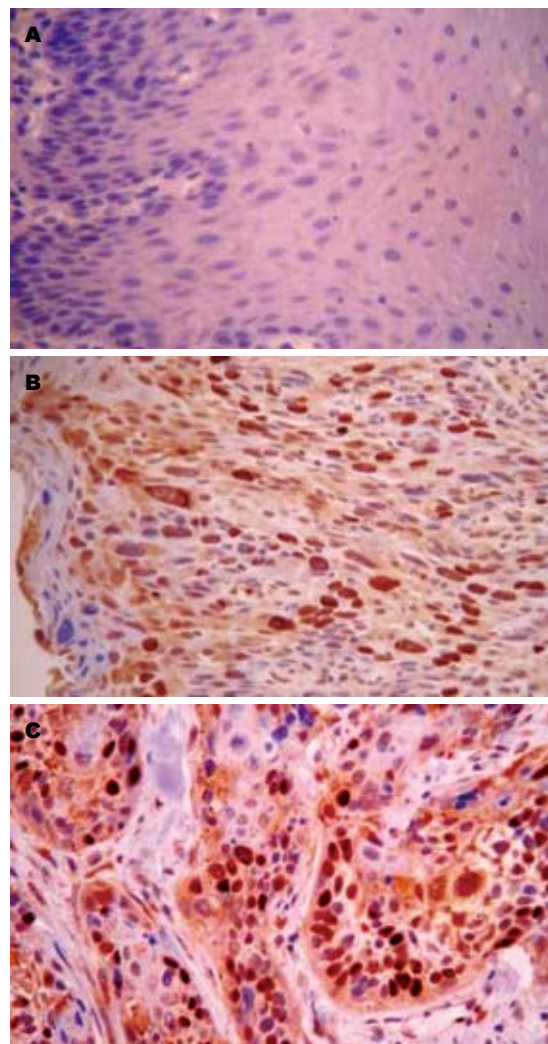


图2 HMGA2的表达(SP×200). A: 正常黏膜; B: 癌旁组织; C: 癌组织.

表3 HMGA1及HMGA2在食管鳞癌组织中表达的相关性分析

HMGA1	n	HMGA2(n)		$\gamma_p$ 值	P值
		+	-		
+	43	35	8	0.346	0.006
-	19	9	10		

族成员,包括HMGB、HMGN及HMGA,其中HMGA与恶性肿瘤的关系十分密切. HMGA家族包括HMGA1及HMGA2两大类蛋白,二者均参与了包括细胞生长,分化和转化等过程,有结构转录因子的功能,同时还参与了多条途径的靶基因启动因子结构的激活并参与多种人体的不同细胞的分化进程.可诱导肿瘤细胞的生长和迁移,参与肿瘤细胞的演变过程<sup>[9-13]</sup>. HMGA1是一种相对分子质量大约为10 000 Da,位于6p21,有4个转录外显子及4个增

强区域; HMGA2位于12q14-15,有5个外显子<sup>[14-16]</sup>. HMGA1与HMGA2蛋白序列基本相似,相对分子质量大小相差无几,其特征性结构3个碱性的八肽DNA结合基序和1个酸性的C末端几乎完全相同.这3个DNA结合基序都能与DNA分子小沟内的A-T丰富区优先结合,因而被称为A-T hooks. A-T hooks的核心结构能诱导DNA分子空间结构发生变化如弯曲、拉直等,从而发挥调节基因转录的作用<sup>[17,18]</sup>. 通常情况下, HMGA主要存在于胚胎发育期及处于快速增殖的细胞内,而在分化成熟的组织内几乎没有表达,近期的研究结果显示HMGA可能与恶性肿瘤的复发、侵袭、转移及预后关系密切<sup>[1-3]</sup>. 目前的研究还发现HMGA参与了许多基因转录的调节,例如HMGA1与P53家族转录因子寡聚化区域直接发生作用,阻止正常寡聚化及DNA结合,进一步抑制其转录及抑癌活性,并抑制凋亡.许多生物、环境和转录因子可诱导HMGA1基因的表

达, 如TPA、FGF、转化TGF- $\alpha$ 、缺氧以及转录因子AP-1、c-Myc。有趣的是这其中许多刺激因子也可诱导HMGA2基因的表达, 其5'端启动/增强区域较HMGA1基因有更为简单的结构, 就HMGA2基因来说, PI3K、Ras/MAP激酶和缺氧刺激信号传导通路则是更强的刺激物。这都充分说明了HMGA与肿瘤的进展、转移及凋亡过程密切相关<sup>[19-21]</sup>。

本研究结果显示, HMGA1及HMGA2在食管鳞癌组织中的表达远高于其在相对应的癌旁不典型增生组织及正常食管黏膜内, 说明HMGA1及HMGA2高表达的食管鳞癌具有更强的侵袭能力。HMGA1与食管鳞癌的组织学分级、TNM分期、浸润深度及有无淋巴结转移密切相关, HMGA2与TNM分期及有无淋巴结转移密切相关, 提示二者可能共同参与了食管鳞癌浸润转移的过程。HMGA1及HMGA2蛋白表达呈正相关关系, 提示了二者在食管鳞癌发生发展过程中可能起到了协同作用。联合检测HMGA1及HMGA2蛋白的表达有利于我们进一步地了解食管癌的生物行为, 为食管鳞癌的早期诊断和治疗提供一个新的途径。

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#### ■同行评价

本研究有一定得参考价值, 但学术价值一般。