

## Virus expression EGF and transferrin receptors in human papillomas \*

J. Viac<sup>1</sup>, Y. Chardonnet<sup>1</sup>, V. Bouvard<sup>1</sup>, J. Leval<sup>2</sup>, A. Morgon<sup>3</sup>, and J. Thivolet<sup>1</sup>

<sup>1</sup> INSERM U209, CNRS UA 601, Hôpital Edouard Herriot, Pavillon R, 69437 Lyon Cedex 03, France

<sup>2</sup> Clinique ORL, Hôpital La Croix Rousse, 69317 Lyon Cedex 04, France

<sup>3</sup> Clinique ORL, Hôpital E. Herriot, Pavillon U, 69437 Lyon Cedex 03, France

**Summary.** Thirty five non regressing cutaneous and mucosal human papillomas were studied for the expression of EGF and transferrin receptors by indirect immunofluorescence on frozen sections. The lesions were also examined for the presence of human papillomavirus (HPV) DNA by in situ-hybridization with biotinylated probes and viral capsid antigen. The mapping of EGF and transferrin receptors was modified in cutaneous lesions with drastic viral cytopathic effects and was enhanced in mucosal lesions mainly in laryngeal papillomas, which are poor virus producers. The greatest increase in EGF and transferrin receptor reactivity was observed in the group of mucosal lesions in which viral DNA was more frequently detected than viral antigen. This suggests that viral DNA may play a role in basal cell stimulation. Moreover some of these lesions with dense inflammatory reactions showed DR antigen expression by epithelial cells. Our findings indicate that epithelial cell activation in papillomas might be modulated by other factors than HPV such as mediators of the local immune response.

**Key words:** Papillomas – Papillomavirus – EGF receptors – Transferrin receptors

### Introduction

Human papillomas are epithelial proliferations induced by a wide range of HPV types. Nearly 40 different types have so far been identified (McCance 1986) some associated with benign pa-

pillomas and others found in lesions which may undergo malignant conversion (Zur Hausen 1977; Orth et al. 1980; Gissmann 1984; Pfister 1984). Type specific cytopathic effects have been described among lesions with high or low virus production, such as plantar warts type 1 and mucosal papillomas infected either with benign types 6 and 11 or with oncogenic types 16 and 18, respectively.

In our previous investigations most of non regressing cutaneous and mucosal papillomas showed a moderate local cellular immune response with a mild infiltration and disappearance of Langerhans cells from the epithelium (Chardonnet et al. 1983; Chardonnet et al. 1986). However, an intense inflammatory reaction with DR expression by epithelial cells was observed in some mucosal lesions (Viac et al. 1987), suggesting an enhanced cell activation. In the commonly accepted hypothesis, the basal layer cells are target for virus infection leading to the proliferation and to papilloma formation.

EGF and transferrin receptors are known to be associated with proliferating cells. They play an important role by mediating mitogenesis (Carpenter and Cohen 1979; Carpenter and Zendegeui 1986) and cellular iron uptake (Hemmaplardh and Morgan 1974) respectively. Moreover a sequence homology between the cytoplasmic portion of EGF receptor and v-erb-B transforming oncogene (Downward et al. 1984) has been found emphasizing the potential role of the EGF receptors in the control of normal and abnormal cell differentiation. To date nothing has been published on the incidence of HPV components on EGF and transferrin receptors of epithelial cells. Our study was aimed at determining if the virus expression and DR antigen in epithelial cells in papillomas were related to cell activation through EGF and transferrin receptors.

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Offprint requests to: J. Viac at the above address

## Material and methods

Thirty five non regressing cutaneous and mucosal papillomas from various sites (Table 1) were taken from 31 patients aged from 2 years to 72 years. They were removed by surgery, immediately frozen in liquid nitrogen and stored at  $-20^{\circ}\text{C}$ .

Four  $\mu\text{m}$  adjacent frozen sections were prepared on slides coated with histostik (Brigati et al. 1983), air dried and fixed 10 min in cold acetone for immunofluorescence or 3 min in methanol:acetic acid (3:1) for in situ hybridization.

Monoclonal antibodies directed against specific antigens were used: EGF-R1 (Oncor) specific for EGF receptors, OKT9 (Ortho Pharmaceuticals, Raritan, NJ, USA) specific for transferrin receptors, BL2 (Immunotech) specific for monomorphic HLA-DR antigen.

Viral antigen was detected with a human papillomavirus antiserum raised in rabbit against SDS-dissociated purified virus, which recognizes HPV genus specific (common) antigen (Jenson et al. 1980).

A biotin streptavidin system (Amersham) was used with EGF-R1 and OKT9 monoclonal antibodies which require a high sensitivity. Sections were incubated with the appropriate diluted monoclonal antibody at room temperature for 45 min. After washing in PBS, sections were subsequently incubated for 45 min with a biotinylated goat antimouse immunoglobulin (1/50 dilution) and the fluorescein streptavidin (1/40 dilution). Viral antigen was detected by a standard technique of indirect immunofluorescence as previously reported (Chardonnet et al. 1983).

The specificity of the immunofluorescent tests was shown by the absence of staining in sections incubated with PBS or PBS containing 0.5% bovine serum albumin instead of primary antibody. After mounting in polyvinyl alcohol, slides were examined under a fluorescence microscope.

In situ hybridization with biotinylated probes was assessed with the method described by Beckmann et al. (1985), with minor modifications (Bouvard et al. 1986). Cloned DNA type 1a provided by G. Orth (Paris) was used to prepare biotinylated DNA probes. The DNA plasmid was nick translated using biotinylated deoxyuridine triphosphate, biotin-11-dUTP (BRL). The DNA of sections was denatured in boiling PBS for 30 s. The hybridizations were performed in conditions of low stringency with 20% formamide with an equivalent  $T_m$  of  $-33^{\circ}\text{C}$ . The mixtures containing the biotinylated probes were denatured in a boiling water bath for 10 min. After 16 h incubation at  $42^{\circ}\text{C}$  the DNA-DNA hybrids were visualized using immunocy-

tochemical reactions. The hybrids were detected as brown precipitates in infected nuclei from various papilloma lesions with sequential treatments with avidin D, biotinylated rabbit goat antiIgG and avidin-biotinylated peroxidase complex (Vector Laboratories). Adjacent papilloma sections acted as negative controls in the absence of HPV DNA probe or when the pBR322 DNA probe was used. Normal skin and clinically non HPV related pathological specimens were negative with HPV DNA probes.

## Results

These are summarized in Table 1. In normal tissues, EGF receptors were detected on the cell margins of viable layers of the epidermis, basal cells were more intensely stained than upper cell layers (Fig. 1). Transferrin receptors were barely detectable in the basal cell layer and to a variable degree in the spinous layers (Fig. 2). Both staining patterns were similar to those previously reported for human epidermis (Nanney et al. 1984; Green et al. 1985; Soyer et al. 1986). DR antigen was expressed only by Langerhans cells through the epithelium.

In cutaneous warts, the mapping of EGF receptors was reduced; only cells from the germinative layers were positive (Fig. 3). Transferrin receptors were expressed in basal layer cells of plantar warts (Fig. 4) and unevenly detected in the upper layer cells; they were decreased in hand warts. DR antigen was expressed both by infiltrating cells of the dermis and the rare Langerhans cells in the epithelium of plantar and hand warts as previously shown (Chardonnet et al. 1986).

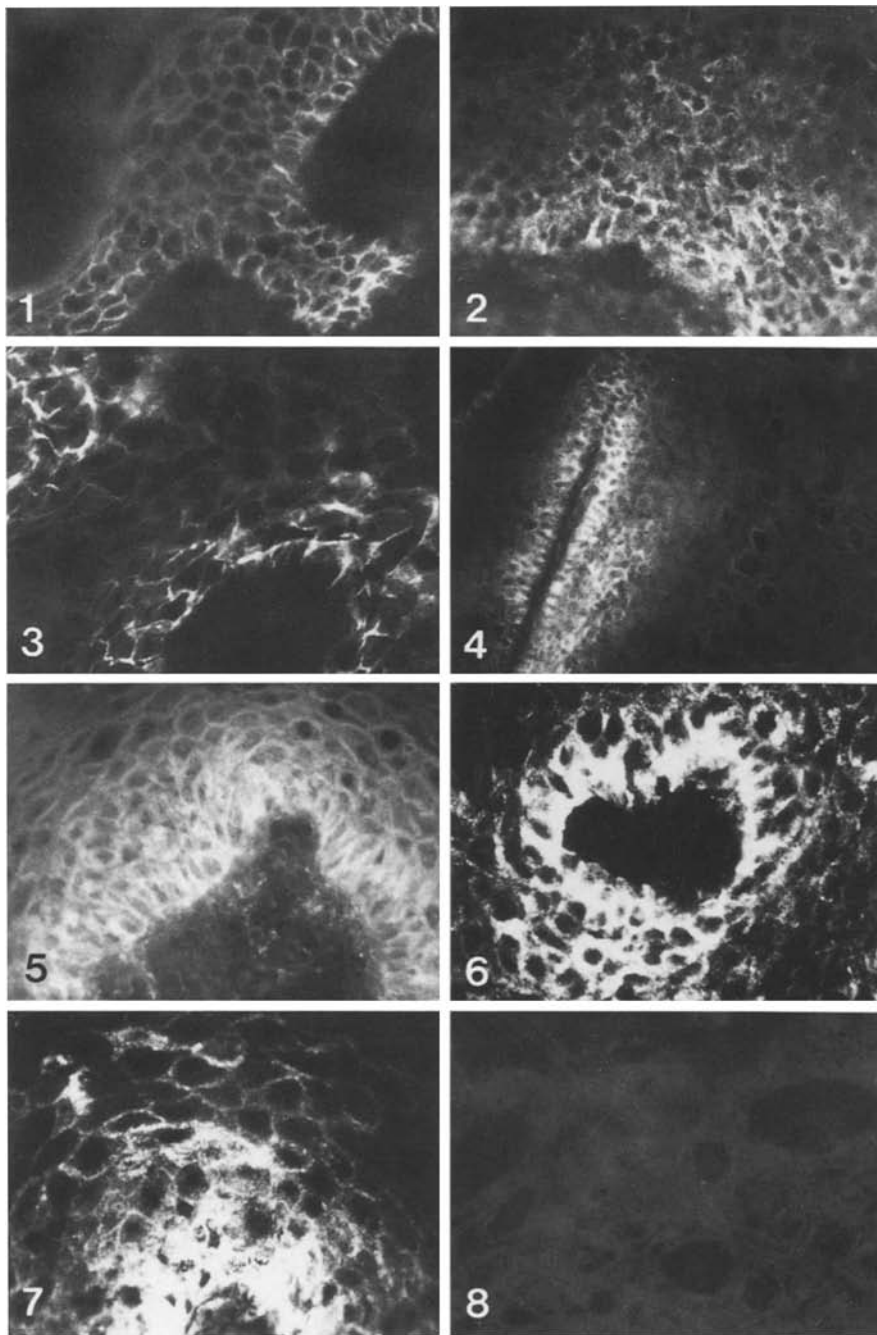
In contrast, the reactivity pattern (intensity and distribution) of both EGF and transferrin receptors was enhanced in mucosal lesion epithelia (condyloma acuminata and laryngeal papillomas) (Figs. 5 and 6). Strong staining was associated with laryngeal papillomas with a dense infiltrate. Moreover, in 4 of 14 cases epithelial cells of these lesions expressed DR antigen strongly, the labelling was cytoplasmic in basal cells and intercellular in the upper layers (Fig. 7). In presence of non related antibody or of PBS, control sections were negative (Fig. 8).

The direct effect of HPV in these lesions was shown by the presence of virus capsid antigen and viral DNA. The HPV antiserum detected the common viral antigen of any papilloma lesions. Capsid antigen was present in large amounts in upper layer cells of most plantar warts (Fig. 9) whereas in mucosal lesions such as in laryngeal papillomas few isolated cells from intermediate layers were positive (Fig. 10). In most papillomas, viral DNA was visualized as brown precipitate in a larger number of nuclei than viral antigen (Figs. 11 and 12). In

**Table 1.** Expression of EGF and transferrin receptors, DR antigen and HPV components in human papillomas

Tissue	Receptors of		DR in Epithelial cells	HPV	
	EGF	Transferrin		Antigen	DNA
Plantar warts	↘ 9/9	↗ 9/9	0/9	6/9	4/4
Hand warts	↘ 8/8	↘ 8/8	0/8	2/8	5/5
Condyloma acuminata	↗ 4/4	↗ 3/3	0/4	0/4	4/4
Juvenile LP	↗ 6/9	↗ 6/9	1/9	1/9	5/8
Adult LP	↗ 3/5	↗ 3/5	3/5	1/5	4/4
Normal epithelia	5/5	5/5	0/5	0/5	0/5

LP = Laryngeal papilloma: ↗ increased or ↘ decreased intensity and distribution of immunofluorescence on epithelial cells



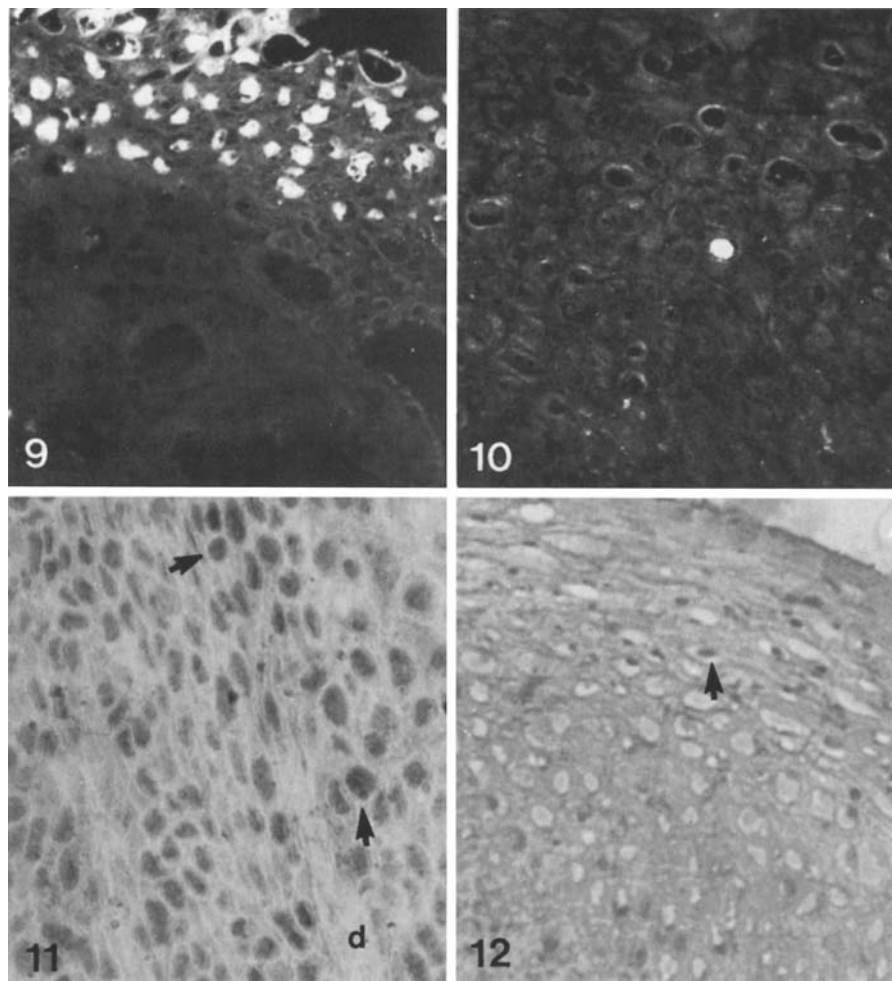
**Figs. 1, 2.** Immunofluorescent staining of normal human epidermis with EGF-R1 (1) and OKT9 (2) monoclonal antibodies: EGF and transferrin receptors are mainly located on basal layer keratinocytes.  $\times 250$

**Figs. 3-8.** Mapping of EGF and transferrin receptors in cutaneous and mucosal papillomas. 3 EGF receptors on hand warts.  $\times 250$ . 4 Transferrin receptors on plantar warts.  $\times 250$ . Only germinative layers are intensely stained. 5 EGF receptors in laryngeal papillomas.  $\times 250$ . 6 Transferrin receptors in laryngeal papillomas.  $\times 250$ . Note the increased expression of EGF and transferrin receptors in cells of germinative and inner layers of the epithelium. 7 DR expression by epithelial cells in a laryngeal papilloma with a dense infiltrate.  $\times 250$ . 8 Control papilloma section stained only with fluorescein conjugate.  $\times 250$

non stringent conditions, the HPV type 1 DNA probe hybridized sequences of any HPV type present in lesions. On the contrary, only plantar warts infected with HPV type 1 reacted with HPV type 1 DNA probe under stringent conditions with an equivalent  $T_m$  of  $-12^\circ\text{C}$ . In cutaneous lesions viral DNA was detected in granular layer cells and in mucosal lesions only foci of cells exhibited viral DNA in upper cell layers. Occasionally basal or parabasal cells were positive. Viral DNA was

found in lesions lacking of virus capsid antigen. Three out of 7 juvenile laryngeal papillomas were negative both for viral antigen and viral DNA; there was no major difference between their receptor mappings and the other specimens.

Skin lesions with severe cytopathic effects and large amounts of viral antigen and DNA showed the lowest intensity of EGF receptors and an abnormal expression of transferrin receptors in upper layer cells of plantar warts. Conversely, in mucosal



**Figs. 9, 10.** Immunofluorescent staining of specific common viral antigen. **9** Large number of positive nuclei in upper layer cells of a plantar wart.  $\times 250$ . **10** An isolated positive nuclei in a laryngeal papilloma

**Figs. 11, 12.** Detection of viral DNA by in situ hybridization with biotinylated probes and immunoperoxidase. **11** Hand wart  $\times 170$ . **12** Condyloma acuminata.  $\times 170$ . *d*=dermis  $\nearrow$  positive nuclei

lesions with minor amounts of viral antigen and DNA, the highest reactivity of both EGF and transferrin receptors was observed.

### Discussion

An enhanced proliferation of epidermal cells is a typical feature of papillomas. The increased expression of some epithelial antigens is suggestive of an epithelial cell activation induced by viral infection. The staining patterns of EGF and transferrin receptors in papilloma lesions were modified in intensity and distribution according to their clinical type and their viral expression.

The use of a biotin streptavidin system allowed the detection of variations in the expression of EGF and transferrin receptors on frozen sections of human papillomas. The most drastic alterations of EGF and transferrin receptors have been observed in lesions with an intense cytopathic effect as previously observed with other antigens (Viac et al. 1985). Similarly, we have found that HPV infection induced modifications of epithelial cell

antigens such as keratins, involucrin, desmosome related antigen, B2 microglobulin.

The loss of EGF receptors and the unexpected reactivity of transferrin receptors in the upper layer cells of plantar warts suggests that these receptors are abnormally regulated under viral infection. The presence of transferrin receptors in plantar warts which are more vigorous producers of virus than hand warts may indicate that infected cells are in a metabolically active state, as suggested for other tissues (Walker and Day 1986). Their location in upper layer cells of plantar warts, may have significance other than that related to proliferation.

Conversely mucosal lesions which are poor virus producers exhibited an increased expression of both EGF and transferrin receptors. In most cases in our series, their mapping showed similar and correlative distribution. This suggests that the cycling of the transferrin receptors might be regulated by EGF as previously reported (Davis and Czech 1986). It remains to be determined whether the immunologically active EGF receptors possess

binding capacity (Nanney et al. 1984) as reported in condyloma acuminata and in other skin tumors (Bauknecht et al. 1985). Their relation with v-erb-B transforming oncogene remains to be elucidated in papillomas which tend to malignant conversion or to recur.

The intense local immune response with high densities infiltrating DR positive cells and presence of epithelial cells expressing DR antigen (Viac et al. 1987) might influence the expression of EGF and transferrin receptors in some papillomas. It has already been described that in some disease processes of the skin with a hyperimmune state, activated T lymphocytes produce quantities of  $\gamma$ -interferon sufficient to induce DR antigen by epithelial cells (Volc-Platzer et al. 1984). Our findings favor the hypothesis that DR expression in papillomas occur as a consequence of epithelial cell activation through EGF and transferrin receptors. However some other unknown factors are probably implied in such a process since only mucosal papillomas exhibited DR antigen. As HPV DNA was detected in a large proportion of lesions (9/9 in cutaneous warts and 13/16 in mucosal warts) the virus production might be related to variations in the receptor distribution among different papillomas. The presence of viral DNA in some parabasal cells might explain cell activation in laryngeal papillomas, whereas the virus particles or antigen could restrict this phenomenon in cutaneous warts.

In conclusion, an enhanced expression of EGF and transferrin receptors were signs of cellular stimulation, mainly in lesions in which epithelial cells expressed DR antigen. It remains to be determined whether this may contribute to restriction of virus infection and persistence of the lesion. It is possible that the nature of the local immune response is one factor in epithelial cell activation. This hypothesis is currently under investigation in other skin diseases.

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