## 厚生労働科学研究費補助金

## 第3次対がん総合戦略研究事業

消化器がん個別化医療におけるファンクショナルゲノミクス、 プロテオミクス、メタボロミクスの臨床応用と治療体制の確立

平成 19-21 年度 総合研究報告書

主任研究者 門田 守人 平成 22 (2010) 年 4 月

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#### 厚生労働科学研究費補助金 (第3次対がん総合戦略研究事業) 総合研究報告書

消化器がん個別化医療におけるファンクショナルゲノミクス、プロテオミクス、 メタボロミクスの臨床応用と治療体制の確立 研究分担者 門田守人 大阪大学・副学長

#### 研究要旨

我々は基盤研究(A)の補助により、個別化医療の確立に向け、消化器がんの網羅的遺伝子発現解析手法を用いたファンクショナルゲノミクスによる生物学的特性の解明を進めてきた。今後は、遺伝子のみならず、タンパク、代謝産物を対象としたプロテオミクス、メタボロミクス技術も応用し、これまでの基礎研究成果を臨床応用するため、大規模症例を対象とした prospective な検証による evidence を示す必要がある。そこで、本3次がんの事業では、個別化医療実用化のための体制整備と臨床応用を目的として、臨床チップやバイオマーカーによる予後予測臨床試験を計画した。

#### A. 研究目的

2007年度に実施されるがん対策基本法で は、患者本人の意向を尊重した適切な医療 体制の整備を基本理念とし、革新的技術を 応用したがん研究の推進と成果の臨床応用 が重要な課題として挙げられている。医療 資源と患者の利益という観点より、 evidence に基づいた治療の標準化は個別化 とのダイナミックな循環によって進められ るべきである。個別化医療に必要なのはま ず個性の診断で、分子生物学的な特徴をあ らゆるサンプルソースを用いて体系的に捉 えることが有効である。そこで、本3次が んの事業では、消化器がんの大規模症例を 対象に、がん組織の遺伝子・タンパク発現 プロファイルによる転移・再発の予測診断 系の構築と、がん患者の末梢血からメタボ ローム解析によるバイオマーカーを探索し、 prospective な検証によって分子個別診断 の evidence を示すとともに、その成果を臨 床応用化することを目的とする。

#### B. 研究方法

大阪大学の基幹関連施設による消化器がん大規模症例の集積コンソーシアムにより、登録・集積された症例を対象に、遺伝子発現はヒト全遺伝子搭載DNAチップ(44K)を用いて、またタンパク発現は従来の二次元電気泳動法に比べ、感度・汎用性の高いMALDI-TOF/MSと安定同位体標識試薬NBS(2-nitrobenzenesulfenyl)法を組合せ、定量性の高いプロテオミクス手法を確立し、それぞれの発現プロファイルを取得する。

がんの転移・再発に関わる遺伝子、タンパクを絞り込むと同時に予測診断系を構築する。またパスウェイネットワーク解析で転移・再発に中心的な役割を果たす思われる遺伝子を選択的に搭載した安価で再現性の高い臨床チップを開発し、その信頼性を多数症例の検体による validation study で検証する。

さらに、より簡便性を図るため、がん患者の末梢血から超高感度・超高分解能のフーリエ変換質量分析とハイスループット・スクリーニング法(HTS)を用いてメタボライトを同時一斉分析し、メタボライトバイオマーカーを探索する。

#### (倫理面への配慮)

本研究ではゲノムは扱わないが、3省合同の「ゲノムに関する指針」に準じた情報管理を行い、大阪大学の倫理規定に従って、 患者の同意が得られたサンプルを使用した。

#### C. 研究結果

症例集積コンソーシアムにより約 4500 例の消化器がん組織と臨床情報が集積された。大腸がん 500 例、肝臓がん 200 例、胃がん170 例、食道がん 100 例の遺伝子発現プロファイルを取得した。大腸がんでは根治切除後の異時性再発予測が 79%、肝臓がんでは根治切除後の残肝早期再発予測が 78%、胃がんでは根治切除後の腹膜再発予測が75%、食道がんでは生検材料よりリンパ節転移予測が70%可能な遺伝子群の同定と予測判別式を構築した。臨床ベースで適用を

図り、大腸がんに対する臨床チップ(第 4 世代)を新規に開発・作成し、独立した根治切除後 stage II, III 300 例の検証試験で、DFS が有意に異なる 2 群 (予後良好群、予後不良群) に判別することが可能となり、その診断能が検証された。

プロテオミクスででは、大腸がん 24 例、 肝臓がん 12 例を NBS 解析し、大腸がんで特 異的に発現する新規 22 種類のタンパクお よび肝転移に関与する 12 種類のタンパク、 また肝臓がんで特異的に発現する 64 種類 のタンパクを同定した。 さらに大腸がんの 病勢を反映する 3 種の血清中タンパクをし、 独立した 250 例の血清サンプルでその診断 能を検証した。同定遺伝子発現は RT-PCR 法 で、タンパク発現はウェスタンブロット法 でそれぞれデータの信頼性を実証した。

メタボロミクスでは大腸がん83例、胃がん45例、膵がん40例の血清分析で、それぞれ6種、10種、8種の特異的なメタボライトを同定し、大腸がんの200例の検証試験では、血清存在診断で特異度97%、感度74%の高い正診率が得られた。

#### D. 考察

それぞれの OMIC 技術によって同定された 分子は、他の assay 法での発現 verificationでも相同性の高いデータが得られていることから、それぞれがんの存在・病勢診断マーカー、さらには治療標的となることが期待される。今後は遺伝子となることが期待される。今後は遺伝子イネットワーク解析することで、より中心な役割を果たす分子の絞り込みと、candidateを適正に搭載した臨床型の DNAチップを用いた正確な予測診断系が期待される。また血清レベルでもメタボライトマーカーによる早期大腸がんリスクを評価する可能性が示され、OMICS 技術の臨床応用が期待された。

#### E. 結論

本研究では、がんの遺伝子・タンパクの両

者から得られた基礎的研究の成果と、がん 患者の末梢血のメタボローム解析によって 得られた特異的メタボライト発現パターン の結果を、臨床研究デザインに合わせ prospective に解析することで、トランス レーショナルリサーチとして十分な evidence が得られることが期待され、臨床 応用化の基盤が整えられてきた。

#### F. 研究発表

(研究の刊行に関する一覧表に記載)

#### G. 知的財産権の出願·登録状況

(予定を含む。)

- 1.特許取得 特になし
- 2.実用新案登録 特になし
- 3.その他 特になし

## 厚生労働科学研究費補助金 (第3次対がん総合戦略研究事業) 総合研究報告書

消化器がん個別化医療におけるファンクショナルゲノミクス、プロテオミクス、 メタボロミクスの臨床応用と治療体制の確立 研究分担者 松原謙一 株式会社DNAチップ研究所

#### 研究要旨

消化器がん個別化医療におけるファンクショナルゲノミクスの確立

#### A. 研究目的

大腸がんを対象に用い、ファンクショ ナルゲノミクスを基に実用化に向けた研 究開発を行う。

#### B. 研究方法

切除大腸がん試料からRNAを抽出し発現プロファイルを解析することにより術後の個別化予後予測を可能とする。今回は多数試料の解析を追加して昨年までの成果確認を行う一方、より実用に適する方法論を開発する

#### (倫理面への配慮)

大阪大学生命研究倫理委員会の承認済

#### C. 研究結果

昨年度に行った大腸がん stageII 手 術試料に 160 試料を追加し、RNA 解析成果 に基づく予後予測が適正に行われること を確認。 さらにチップ基板を安価にした 製品を使っても成果の劣らないことを確 認した。

#### D. 考察

本解析を進めることにより、がん切除 患者の予後予測が個人レベルで行えるこ とが証明された。解析用チップのより安 価な実用製品も検証済みとなり、内容・ 技術共に実用に適するレベルに達した。 これにより、今後大規模実地テストに進 む準備が整った。

#### E. 結論

1. 消化器癌の内、大腸がんを選び、その切除試料のRNAを多数解析しプロファイルの特徴から、少なくとも Stage II の

患者に対して実用レベルで個人の予後予 測判別を行い得ることを確認した。

- 2. このシステムはロバストであり、300 例にさらに 160 例新たな試料を加えても確実な判別のできることを示した。
- 3. また、解析技法について、実用に適する新たなチップ基板の検討を行い、これも順調に推移した。
- 4. これによって大規模実地テストに進むことができる状況に達したと考えている。

#### F. 研究発表

(研究の刊行に関する一覧表に記載)

#### G. 知的財産権の出願・登録状況

(予定を含む。)

- 1.特許取得
- (準備中)
- 2.実用新案登録
  - 特になし
- 3.その他
  - 特になし

#### 厚生労働科学研究費補助金 (第3次対がん総合戦略研究事業)

#### 分担研究報告書

#### NBS 法による大腸癌組織の蛋白質発現解析

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#### 研究要旨

大腸癌組織のプロテオーム解析により同定された新規の大腸癌関連蛋白質のうち、ELISA 測定系が構築できた 20 種類について、大腸癌患者および健常者血漿中の蛋白質 濃度を測定し、血中マーカーとしての利用可能性を評価した。その結果、3 種類の蛋白質(Protein X, Protein Y, Protein Z)について、癌患者群と健常者群の間で有意な差が認められた。そこで、これら3つのマーカーについて、血中濃度と癌の進行度との関連性、術前・術後における血中濃度変化、マーカー閾値の設定と病態別陽性率などについて、さらに詳細な解析を行った。

これらの詳細解析の結果をまとめると、Protein X と Protein Y については存在診断マーカー、Protein Z については病勢マーカーとしての特徴をそれぞれ有しており、これら3種類の大腸癌関連蛋白質はいずれも臨床マーカーとして応用できる可能性があることがわかった。特に Protein Z については、既存の病勢マーカーである CEA, CA19-9 と組み合わせることで、患者補足率を大きく相補する可能性が示された。

#### A. 研究目的

新規大腸癌関連蛋白質を同定し、バイオマーカー(診断、予後予測、治療ターゲットなど)への応用を目的とする。

#### B. 研究方法

ELISA (Enzyme-Linked ImmunoSorbent Assay)による血中濃度測定によって癌患者群(105 症例)と健常者群(100 名)間で統計学的有意差(p<0.05)が認められた3種類(Protein X, Protein Y, Protein Z)の癌関連蛋白質について、①癌の進行度(Tumor Stage)と血中濃度の関係性②術前・術後における血中濃度変化 ③癌の病態別でのマーカー陽性率、について詳細解析を行った。

Protein Z については病勢マーカーとしての特徴を示していたことから、CEA および CA19-9 に対する相補的マーカーとしての有用性を検討した。

なお、本研究では既存の癌マーカー値(CEA、CA19-9、SCC抗原、CA125、CA15-3及びPSA)が全て正常範囲である者を健常人として定義して各解析を行った。また、術前・術後での血中濃度の比較においては、手術後の根治度がA(CureA)であった患者の血漿サンプルを解析対象とした。

#### (倫理面への配慮)

大阪大学医学部の倫理規定に従って患者の 同意が得られたサンプルを使用した。

#### C. 研究結果

各検体における血中濃度と癌の進行度との関係について調べると、Protein Z の血中濃度はTumor stageの進行に伴って増加する傾向を示していたのに対して、Protein X とProtein Y についてはそのような傾向を示していなかった。また、術前・術後における血中濃度比較では、3 種類全ての癌関連蛋白質について、術後に濃度が有意(p<0.05)に減少していることが確認された。

次に、各癌関連蛋白質のマーカーとしての 関値設定を、ROC 曲線を利用して行った。 この値を用いて癌の病態別(locoregional stage (stage 0-II)、 metastatic stage (stage III-IV))でのマーカー陽性率について調べた ところ、Protein X と ProteinY については比 較的早期ステージである Locoregional stage 患者群での陽性率が高いのに対して、 Protein Z については metastatic stage 患者群 での陽性率が高かった。

特に ProteinZ については、既存の大腸癌マーカーである CEA, CA19-9 と併用することにより、CEA, CA19-9 を単独で使用した場合と比較して陽性率の十分な上積み効果が認められた。

#### D. 考察

Protein Z については、血中濃度は CEA と同様に Tumor stage の進行に伴って増加する傾向を示していた。また、術前術後の比較においても Cure A 患者のほとんどにおいて、その値が減少していた。これらの性質は、

CEA のような病勢マーカーに特徴的なものであり、Protein Z もまた病勢マーカーであることを強く示唆する結果である。

また、Protein Zの既存マーカー(CEA および CA19-9)に対する相補的マーカーとしての 有用性を検討すると、Protein Zを組み合わせた場合の上積み効果が十分あることが分かった。つまり、Protein Zを CEA や CA19-9と組み合わせて用いることにより、術後の経過観察を、より多くの患者に対して行える可能性が示された。

その一方、Protein X と Protein Y については、Tumor stage が進行するに伴って濃度が増加する傾向を示していなかった。病勢別での陽性率について調べてみると、Metastatic stage の患者の陽性率は低く、むしろLocoregional stage の患者での陽性率の方が高いほどであった。以上のことから、Protein X と Protein Y は存在診断に有利な特徴を備えていると思われる。

#### E. 結論

我々は今回、20種類の大腸癌マーカー候補 蛋白質の ELISA 解析により、3種類の癌関 連蛋白質の血漿濃度が大腸癌の罹患と関連 性があることを初めて実証した。更に、 Protein Z に関しては病勢マーカーとしての 特徴、Protein X, Protein Y は存在診断マーカ ーとしての特徴を呈していることが分かっ た。特に、Protein Z に関しては CEA、CA19-9 に対する相補的病勢マーカーとしての応用 の可能性も示唆された。

#### F. 研究発表

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#### G. 知的財産権の出願・登録状況

(予定を含む。)

- 1.特許取得
  - 現在、特許申請準備中(2件)
- 2. 実用新案登録

特になし

3.その他

特になし

## 厚生労働科学研究費補助金(第3次対がん総合戦略研究事業) 総合研究報告書

消化器がん個別化医療におけるファンクショナルゲノミクス、プロテオミクス、 メタボロミクスの臨床応用と治療体制の確立

研究分担者 山崎泰代 Phenomenome Discoveries Inc.(PDI)

#### 研究要旨

消化器がん患者の末梢血からメタボローム解析によりバイオマーカーを探索し、臨床 応用を目的として大規模症例を対象とした評価試験を行った。

#### A. 研究目的

消化器がん患者の末梢血からメタボローム解析によりバイオマーカーを探索し、臨床応用化することを目的とする。

#### B. 研究方法

がん患者の末梢血から、PDI 独自のフーリエ変換イオンサイクロトロン共鳴質量分析計を用いたメタボロミクス技術を用いて、独自のデータ解析を行い、メタボライトバイオマーカーを探索した。

さらに、多検体分析が可能なスクリーニング法を開発し、独立検体を用いて、バイオマーカーとしての臨床評価を行った。

#### (倫理面への配慮)

大阪大学の倫理規定に従って被験者の同意が得られた検体を使用した。

#### C. 研究結果

大腸がんに特異的に発現する新規メタボライトマーカーの検証試験では、計81例の血清をブラインドで分析したところ、特異度97%、感度80%の正診率が得られた。また、同一患者の手術後の検体でも、バイオマーカーレベルは改善しなかった。

膵がんの研究では、計90例の末梢血のメタボローム解析により、膵がん関連メタボライト群を発見した。続いてスクリーニング法を開発し、独立回収した351例の血清をブラインドで分析したところ、特異度95%、感度70%の正診率が得られた。

#### D. 考察

大腸がんに特異的な新規メタボライトマーカーは、手術前後の患者のその発現レベルに改善がみられないことから、腫瘍除去によっても、代謝システムの欠乏が元に戻らないことを示している。これは、臨床的に検出される腫瘍の発生以前に、このシス

テムの欠乏が先行していることを示唆し、 早期に大腸がんのリスクを評価する新規の 方法である可能性がある。

膵がんは早期発見が難しいが、今回の膵がんの研究により、血清レベルでもメタボライトバイオマーカーによるがんのリスクを評価できる可能性が示され、今後の臨床応用が期待される。

#### E. 結論

本研究では、がん患者の末梢血を用いたメタボローム解析により、がん特異的メタボライトマーカーを発見した。さらにハイスループット・スクリーニング法を確立し、メタボライトバイオマーカーとして有用なスクリーニング法となることが期待される。

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G. 知的財産権の出願·登録状況

(予定を含む。)

- 1.特許取得 特になし
- 2.実用新案登録 特になし
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# Molecular mapping of human hepatocellular carcinoma provides deeper biological insight from genomic data

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#### ABSTRACT

DNA microarray analysis of human cancer has resulted in considerable accumulation of global gene profiles. However, extraction and understanding the underlying biology of cancer progression remains a significant challenge. This study applied a novel integrative computational and analytical approach to this challenge in human hepatocellular carcinoma (HCC) with the aim of identifying potential molecular markers or novel therapeutic targets. We analysed 100 HCC tissue samples by human 30 K DNA microarray. The gene expression data were uploaded into the network analysis tool, and the biological networks were displayed graphically. We identified several activated 'hotspot' regions harbouring a concentration of upregulated genes. Several 'hotspot' regions revealed integrin and Akt/NF- $\kappa$ B signalling. We identified key members linked to these signalling pathways including osteopontin (SPP1), glypican-3 (GPC3), annexin 2 (ANXA2), S100A10 and vimentin (VIM). Our integrative approach should significantly enhance the power of microarray data in identifying novel potential targets in human cancer.

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#### 1. Introduction

Investigation of various cancers at the molecular level is well underway through functional approaches including DNA microarray technology that can simultaneously detect the expression levels of tens of thousands of genes. The resulting wealth of data has been analysed with a variety of clustering, partitioning and pattern-matching algorithms in the quest to generate molecular signatures for several human malignant tumours with respect to their stage, prognostic outcome and response to therapy.

Notwithstanding the obvious power of the genomic data generated, these molecular analyses have not yielded the ex-

pected advances in our understanding of the mechanisms of cancer development, or the identification of critical genomic and molecular aberrations that would improve the precision of diagnosis or serve as therapeutic targets. This is mainly due to the overwhelming diversity of genome-wide interactions and gene-expression patterns, which limit effective learning from experimental data alone. Network analysis technologies are currently addressing this problem by mapping the gene expression data into relevant networks based on known mammalian biology, derived from basic and clinical research. To this end, our group has combined microarray analysis with a computational tool to obtain further biological insights into the regulatory networks of differentially expressed genes and

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the corresponding canonical pathways related to the progression of cancer. We applied this integrative approach to human hepatocellular carcinoma (HCC), the fifth most common malignancy worldwide. 1,2 Despite the remarkable improvements in diagnosis and patient management, the outcome for patients with HCC remains grave, mainly due to the advanced tumour stage accelerated by intrahepatic tumour spread and frequent tumour recurrence.3 Hepatocarcinogenesis is a multistep process involving somatic mutations, loss of tumour suppressor genes and possibly the activation or overexpression of certain oncogenes.4 These events lead to changes in the expression of numerous genes, and comparison of gene expression patterns between HCC and normal liver tissue is a popular method for characterising tumour properties and identifying novel target genes for possible therapy. However, this method has not proven to be sufficiently definitive in identifying genetic determinants of specific HCC regulatory pathways. New approaches are urgently needed to better understand the underlying mechanisms of hepatocarcinogenesis, and to develop new therapeutic approaches targeted to HCC-specific molecular abnormalities. By highlighting several activated regions in the genome (known as 'hotspot' regions<sup>5,6</sup>) involved in regulating the progression of HCC, we have identified significantly upregulated genes linked to these 'hotspot' pathways as potential key molecules.

Our integrative analysis revealed two 'hotspot' canonical pathways (integrin and Akt/NF-kB signalling pathways) and identified five potential key genes that were upregulated in the majority of HCC tumours. We further investigated two of these potential key molecules, ANXA2 and S100A10, which were upregulated at the protein and mRNA levels in most HCC samples. Importantly, because it is proteins that function in networks controlling critical cellular events, 7 it is reasonable to speculate that coexpression of ANXA2 and S100A10 at the protein level might have an impact on hepatocarcinogenesis through the activated 'hotspot' pathway.

#### 2. Materials and methods

#### 2.1. Tissue samples

Samples from 100 HCC tissues and seven normal livers without virus infection were obtained with informed consent from patients who underwent hepatic resection at Osaka University Hospital from 1997 to 2003. Tissue specimens (approximately 5 mm³) for RNA isolation were stored at ~80 °C until use. All tissue specimens were submitted for routine pathological evaluation and confirmation of diagnosis. The histopathological characterisation of HCC was based on the Classification of the Liver Cancer Study Group of Japan. Table 1 lists the clinicopathological features of the 100 cases of HCC.

#### 2.2. Extraction and quality assessment of RNA

Total RNA was purified from tissue samples using TRIzol reagent (Invitrogen, San Diego, CA) as described by the manufacturer. The integrity of RNA was assessed on an Agilent 2100 Bioanalyzer and RNA 6000 LabChip kits (Yokokawa Ana-

Table 1 – Clinicopathological characteristics of 100 patients with HCC

Clinicopathological features         n           Age         Median         66           Range         47–81           Gender         19           Male         81           Female         19           Virus         19           HBV         21           HCV         40           Both         28           None         11           Child-Turcotte-Pugh stage         77           A         77           B         23           C         0           Liver cirrhosis         77           Present         42           Absent         58           AFP         <200 ng/mg           < 200 ng/mg         29           PIVKA-II         <50mAU/ml         64           Tumour size         <5.0 cm         24           < 5.0 cm         24         24           Edmonson grading         1-2         43           1-2         43         3-4           Histologic type of tumour         Well differentiated         4           Moderately differentiated         4         4           Present         22	patients with HCC	
Median       66         Range       47–81         Gender       81         Male       81         Female       19         Virus       19         HBV       21         HCV       40         Both       28         None       11         Child-Turcotte-Pugh stage       7         A       77         B       23         C       0         Liver cirrhosis       7         Present       42         Absent       58         AFP       <200 ng/mg       29         PIVKA-II       36         <50mAU/ml       36         >50mAU/ml       36         *50mAU/ml       36         *50mau       36         *50mau       46         *50mAU/ml       43         *4       57         Histologic type of tumour       **         Well differentiated       4         Moderately differentiated       4         Moderately differentiated       4         Moderately differentiated       5         Vascular invasion       5 <t< th=""><th>Clinicopathological features</th><th>n</th></t<>	Clinicopathological features	n
Median       66         Range       47–81         Gender       81         Male       81         Female       19         Virus       19         HBV       21         HCV       40         Both       28         None       11         Child-Turcotte-Pugh stage       7         A       77         B       23         C       0         Liver cirrhosis       7         Present       42         Absent       58         AFP       <200 ng/mg	Age	
Gender       Male       81         Female       19         Virus       1         HBV       21         HCV       40         Both       28         None       11         Child-Turcotte-Pugh stage       77         A       77         B       23         C       0         Liver cirrhosis       76         Present       42         Absent       58         AFP       220         <200 ng/ml		66
Male       81         Female       19         Virus       19         HBV       21         HCV       40         Both       28         None       11         Child-Turcotte-Pugh stage       77         B       23         C       0         Liver cirrhosis       75         Present       42         Absent       58         AFP       42         < Absent	Range	47-81
Female       19         Virus       32         HBV       40         Both       28         None       11         Child-Turcotte-Pugh stage       77         A       77         B       23         C       0         Liver cirrhosis       1         Present       42         Absent       58         AFP       42         <200 ng/ml	Gender	
Virus       HBV       40         Both       28         None       11         Child-Turcotte-Pugh stage       7         A       77         B       23         C       0         Liver cirrhosis       22         Present       42         Absent       58         AFP       200 ng/ml         <200 ng/ml	Male	81
HBV HCV 40 Both 28 None 111 Child-Turcotte-Pugh stage A 77 B 23 C 00 Liver cirrhosis Present 42 Absent 87 AFP <200 ng/ml 71 ≥200 ng/mg 29 PIVKA-II <50mAU/ml 36 ≥50mAU/ml 36 ≥50. cm 24 Edmonson grading 1-2 43 3-4 57 Histologic type of tumour Well differentiated 41 Moderately differentiated 41 Moderately differentiated 41 Absent 41 Absent 95 Vascular invasion Present 22 Absent 95 Uscular invasion Present 21 II 23 II 22 III 20 III 20 III 20 IVA 55 CLIP score 0 56 1 25 CLIP score 0 56 1 25 CLIP score 0 56 1 25 CLIP score 0 56 Il 35 CLIP score 0 6 6 0 0 IIS score 0 78 IIS score 0 78 IIS score 0 79 IIS score 1 79 III 46 II 46 III 46 II	Female	19
HCV #60th 228 None 11 Child-Turcotte-Pugh stage	Virus	
Both       28         None       11         Child-Turcotte-Pugh stage       77         B       23         C       0         Liver cirrhosis       Present       42         Absent       58         AFP       42         <200 ng/mg	HBV	21
None Child-Turcotte-Pugh stage A A A B B C C C C C C C C C C C C C C C	HCV	40
Child-Turcotte-Pugh stage       77         B       23         C       0         Liver cirrhosis       7         Present       42         Absent       58         AFP       -         <200 ng/mg	Both	28
A 77 B 23 C 0 0 1		11
B C C O O  Liver cirrhosis Present 42 Absent 58 AFP  <200 ng/mg 71 ≥200 ng/mg 29 PIVKA-II  <50mAU/ml 36 ≥50mAU/ml 36 ≥50mC 76 ≥5.0 cm 76 ≥5.0 cm 22 Edmonson grading 1-2 43 3-4 57 Histologic type of tumour Well differentiated 44 Moderately differentiated 41 Poorly differentiated 41 Absent 59 Intrahepatic metastasis Present 41 Absent 78 Pathological stage I 23 II 55 CLIP score 0 56 1 35 CLIP score 0 56 1 35 CLIP score 0 56 1 35 2 88 3 0 4 11 5 0 6 0 JIS score 0 18 1 46 2 2 66 3 99 4 1 1		
C Liver cirrhosis Present 42 Absent 58 AFP  <200 ng/ml 71 ≥200 ng/mg 29 PIVKA-II <somau 0="" 1="" 1-2="" 18="" 1<="" 2="" 20="" 22="" 23="" 24="" 26="" 3="" 3-4="" 35="" 36="" 4="" 41="" 43="" 44="" 46="" 5="" 55="" 56="" 57="" 6="" 76="" 78="" 88="" 9="" <5.0="" absent="" clip="" cm="" differentiated="" edmonson="" grading="" histologic="" i="" ii="" iii="" iis="" intrahepatic="" invasion="" iva="" metastasis="" ml="" moderately="" of="" pathological="" present="" score="" size="" stage="" td="" tumour="" type="" vascular="" well="" ≥5.0="" ≥somau=""><td></td><td></td></somau>		
Liver cirrhosis   Present		
Present       42         Absent       58         AFP       38         <200 ng/ml		0
ABsent AFP  <200 ng/ml 71 ≥200 ng/mg 29 PIVKA-II  <50mAU/ml 36 ≥50mAU/ml 36 ≥50mAU/ml 64 Tumour size  <5.0 cm 76 ≥5.0 cm 76 ≥5.0 cm 24 Edmonson grading 1-2 43 3-4 57 Histologic type of tumour Well differentiated 41 Moderately differentiated 41 Poorly differentiated 41 Absent 59 Intrahepatic metastasis Present 22 Absent 78 Pathological stage  I 23 II 52 III 23 II 52 III 23 II 52 III 52 III 52 III 52 III 50 IVA 55 CLIP score  0 56 1 35 2 88 3 0 4 11 5 0 6 0 IJIS score  0 18 1 46 2 26 3 9 4 4 1		
AFP  <200 ng/ml		
<200 ng/mg		58
≥ 200 ng/mg   29		
PIVKA-II  <50mAU/ml  ⇒50mAU/ml  64  Tumour size  <5.0 cm  ≥5.0 cm  Edmonson grading  1-2  3-4  57  Histologic type of tumour  Well differentiated  Moderately differentiated  Foorly differentiated  Poorly differentiated  Fresent  Absent  Present  Absent  Present  22  Absent  Pathological stage  I 23  II 23  II 23  II 22  III 23  CLIP score  0 56  1 35  2 88  3 0  4 15  6 0  7 15  6 0  7 15  7		
<50mAU/ml		29
≥50mAU/ml       64         Tumour size       76         ≥5.0 cm       24         Edmonson grading       3-4         1-2       43         3-4       57         Histologic type of tumour       4         Well differentiated       4         Moderately differentiated       41         Poorly differentiated       55         Vascular invasion       59         Intrahepatic metastasis       78         Present       22         Absent       78         Pathological stage       1         II       20         IVA       5         CLIP score       0         0       56         1       35         2       8         3       0         4       1         5       0         6       0         JIS score       0         0       18         1       46         2       26         3       9         4       1         15       0         6       0         JIS score       0 <td></td> <td></td>		
Tumour size       <5.0 cm		
<5.0 cm	•	64
≥5.0 cm       24         Edmonson grading       43         1-2       43         3-4       57         Histologic type of tumour       Fresent         Well differentiated       4         Moderately differentiated       41         Poorly differentiated       55         Vascular invasion       78         Present       41         Absent       59         Intrahepatic metastasis       78         Pathological stage       1         II       22         Absent       5         Pathological stage       1         III       20         IVA       5         CLIP score       56         1       35         2       8         3       0         4       1         5       0         6       0         1S score       0         0       18         1       46         2       26         3       9         4       1         5       0         1       4         6       0 <td></td> <td>70</td>		70
Edmonson grading       43         1-2       43         3-4       57         Histologic type of tumour       ***         Well differentiated       4         Moderately differentiated       41         Poorly differentiated       55         Vascular invasion       ***         Present       41         Absent       59         Intrahepatic metastasis       ***         Present       22         Absent       78         Pathological stage       ***         I       23         II       52         III       20         IVA       5         CLIP score       ***         0       56         1       35         2       8         3       0         4       1         5       0         6       0         1S score       0         0       18         1       46         2       26         3       9         4       1		
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3-4       57         Histologic type of tumour       4         Well differentiated       41         Moderately differentiated       55         Vascular invasion		42
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Vascular invasion         Present       41         Absent       59         Intrahepatic metastasis       22         Absent       78         Pathological stage       23         II       52         III       20         IVA       5         CLIP score       56         1       35         2       8         3       0         4       1         5       0         6       0         JIS score       0         0       18         1       46         2       26         3       9         4       1		
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Intrahepatic metastasis  Present 22 Absent 78  Pathological stage  I 23 II 52 III 52 III 20 IVA 5  CLIP score  0 56 1 35 2 8 3 0 4 11 5 0 6 00  JIS score  0 18 1 46 2 26 3 9 4		
Present     22       Absent     78       Pathological stage     1       I     23       II     52       III     20       IVA     5       CLIP score     56       1     35       2     8       3     0       4     1       5     0       6     0       JIS score     0       0     18       1     46       2     26       3     9       4     1		
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IVA       5         CLIP score       56         1       35         2       8         3       0         4       1         5       0         6       0         JIS score       0         0       18         1       46         2       26         3       9         4       1	II	52
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5 0 0 0 JIS score	3	0
6 0  JIS score  0 18  1 46  2 26  3 9  4 1		
JIS score  0 18 1 46 2 26 3 9 4 1		
0 18 1 46 2 26 3 9 4 1		0
1 46 2 26 3 9 4 1		
2 26 3 9 4 1		
3 4 1		
4		
5 0		
	5	0

CLIP score; The cancer of Liver Italian Program score. JIS score; The Japan Integrated Staging score.

lytical Systems, Tokyo, Japan). Only high-quality RNA with intact 18s and 28s RNA was used for subsequent analysis. Seven RNA extractions from different normal liver tissue were mixed as the control reference.

#### Preparation of fluorescently labelled aRNA targets and hybridisation

Extracted RNA samples were amplified with T7 RNA polymerase using the Amino Allyl MessageAmp™ aRNA kit (Ambion, Austin, TM) according to the protocol provided by the manufacturer. The quality of each Amino Allyl-aRNA sample was checked on the Agilent 2100 Bioanalyzer. Five micrograms of control and experimental aRNA samples were labelled with Cy3 and Cy5, respectively, mixed and hybridised on an oligonucleotide microarray covering 30,336 human probes (Ace-Gene Human 30K; DNA Chip Research Inc. and Hitachi Software Engineering Co., Yokohama, Japan). The experimental protocol is available at http://www.dna-chip.co.jp/thesis/AceGeneProtocol.pdf. The microarrays were scanned on a ScanArray 4000 (GSI Lumonics, Billerica, MA).

#### 2.4. Analysis of microarray data

Signal values were calculated using DNASIS Array Software (Hitachi Software Inc., Tokyo). Following background subtraction, data with low signal intensities were excluded from additional investigation. In each sample, the Cy5/Cy3 ratio values were log-transformed. Then, global equalisation to remove a deviation of the signal intensity between whole Cy3- and Cy5-fluorescence was performed by subtracting the median of all log(Cy5/Cy3) values from each log(Cy5/Cy3) value. Genes with missing values in more than 20% of samples were excluded from further analysis; a total of 16,923 genes out of 30,336 were available for analysis.

#### 2.5. Gene network analysis

We further analysed the signature genes of HCC by Ingenuity Pathways Analysis (Ingenuity systems, Mountain View, CA; http://www.ingenuity.com), a web-delivered application that enables biologists to discover, visualise and explore relevant networks significant to their experimental results, such as gene expression array datasets. The application makes use of the Ingenuity Pathways Knowledge Base (IPKB), which contains large amounts of individually modelled relationships between gene objects (e.g., genes, mRNAs and proteins) to dynamically generate significant biological networks and pathways. The submitted genes that are mapped to the corresponding gene objects in the IPKB are called 'focus genes'.

The focus genes are used as the starting point for generating biological networks. To start building a network, the Ingenuity software queries the IPKB for interactions between focus genes and all the other genes stored in the IPKB, and then generates a set of networks with a maximum network size of 35 genes. A p value for each network is calculated according to the fit of the user's set of significant genes. This is accomplished by comparing the number of focus genes that participate in a given network relative to the total number of occurrences of those genes in all networks stored in the IPKB. The score of a network is displayed as the negative log of the p value, indicating the probability that a collection of genes equal to or greater than the number in a network could be achieved by chance alone.

#### 2.6. Selection of candidate genes expressed in HCC

To identify molecular pathways that may be activated or suppressed in HCC, we used a network knowledge-base approach, Ingenuity Pathway Analysis Software, to analyse genome-wide transcriptional responses in the context of known functional interrelationships amongst proteins, small molecules and phenotypes. The post-normalised genes (16,923 genes) either up- or down-regulated in the microarray data, were uploaded into the IPKB as a tab-delimited text file of GenBank accession numbers. These biological networks comprising 5936 genes are displayed graphically as nodes (genes/ gene products) and edges (the biological relationships between the nodes). The nodes are displayed using various shapes that represent the functional class of the gene product. The colour green reflects downregulation of gene expression, and red represents upregulation of gene expression with the significance of that regulation represented by colour intensity. Edges are displayed with various labels that describe the nature of the relationship between the nodes. In this way, simultaneous survey and evaluation of the subnetwork regions enabled us to identify several activated canonical pathways in HCC. We highlighted new molecules linked to the 'hotspot' canonical pathways.

#### 2.7. Real-time quantitative RT-PCR analysis

Total RNA (1  $\mu$ g) was used for reverse transcription, and complementary DNA (cDNA) was generated using the Reverse Transcription System (Promega, Madison, WI) as described previously. Quantification of mRNA expression of the candidate genes listed in Table 2 was performed using a real-time thermal cycler, the LightCycler and detection system (Roche Diagnostics, Mannheim, Germany). For detection of the amplification products, LightCycler-DNA master SYBR green I (Boehringer

CDS ID	Gene symbol	Description	Average of Cy5/Cy3
NM_000582	SPP1	Secreted phosphoprotein 1 (osteopontin)	4.69
NM_004484	GPC3	Glypican 3	4.23
NM_004039	ANXA2	Annexin 2	2.86
M38591	S100A10	Cellular ligand of annexin 2	1.97
NM_003380	MIV	Vimentin	1.82

Mannheim, Mannheim, Germany) was used as described previously. Briefly, a 20  $\mu l$  reaction volume containing 2  $\mu l$  of cDNA and 0.2  $\mu mol/l$  of each primer was applied to a glass capillary. The primer sequences, PCR cycle conditions and annealing temperatures are listed in Supplementary Table 1. Quantitative analysis of mRNA was performed using LightCycler analysis software (Roche Diagnostics). The relative expression level of the candidate gene was computed with respect to the internal standard GAPDH mRNA to normalise for variations in the amount of input cDNA. The level of expression of the candidate gene was provided by the ratio, in which each normalised gene value in tissue samples was divided by GAPDH mRNA in the same control reference used in the microarray assay. We compared the ratio of candidate genes between samples randomly selected out of 100 HCC samples.

#### 2.8. Immunohistochemical staining

Formalin-fixed, paraffin-embedded samples were cut into 5 μm sections, and these were deparaffinised in xylene and rehydrated through a graded series of ethanol. Immunohistochemical staining was performed using a Vectastain ABC peroxidase kit (Vector Labs, Burlingame, CA) as described previously. 10 Briefly, the sections were treated for antigen retrieval in 0.01 M sodium citrate buffer (pH 6.0) for 40 min at 95 °C, followed by incubation in methanol containing 0.3% hydrogen peroxide at room temperature for 20 min to block endogenous peroxidase. After blocking endogenous biotin, the sections were incubated with normal protein-block serum solution at room temperature for 20 min, to block non-specific staining, and then incubated overnight at 4 °C with anti-ANXA2 (mouse monoclonal IgG, diluted 1:500, Abcam Inc.), anti-S100A10 (mouse monoclonal IgG, diluted 1:400, Swant Inc.) and anti-GPC3 (mouse monoclonal IgG, University of Toronto, Jorge Filmus et al. 11) as primary antibodies. After washing three times for 5 min in phosphate buffered saline (PBS), sections were incubated with a biotin-conjugated secondary antibody (horse anti-mouse for ANXA2, S100A10 and GPC3) at room temperature for 20 min and finally incubated with peroxidase-conjugated streptavidin at room temperature for 20 min. The peroxidase reaction was then developed with 3,3'-diaminobenzidine tetrachloride (Wako Pure Chemical Industries, Osaka, Japan). Finally, the sections were counterstained with Mayer's haematoxylin. For negative controls, sections were treated the same way except they were incubated with non-immunised rabbit IgG or Tris-buffered saline instead of the primary antibody. Immunohistochemical staining was assessed by two investigators independently, without the knowledge of the corresponding clinicopathological data.

#### 2.9. Statistical analysis

Pearson's correlation coefficient,  $\chi^2$  test, t-test and Kaplan-Meier plot were analysed using StatView (Version 5.0) software (Abacus Concepts, Berkeley, CA). p values less than 0.05 were considered statistically significant. Hierarchical cluster analysis (HCA) was performed with Euclidean distance coefficient as a similarity coefficient and the unweighted pair group method using arithmetic averages (UPGMA) as the clustering algorithm, using GeneMaths (Version 2.0) software.

#### 3. Results

## 3.1. Microarray analysis of gene expression changes in HCC tumours

Gene expression profiling of primary HCC tumours from 100 patients was examined by DNA microarray. We calculated the mean expression levels of each gene across all HCC samples, and, as a preliminary analysis, identified the top 2% of candidate genes displaying at least a 1.5-fold increase in expression. These highly upregulated genes included  $\alpha$ -fetoprotein (AFP; data not shown), a common prognostic marker for HCC (fold change = 1.56), and GPC3, recently identified as a novel tumour marker of HCC (fold change = 4.23; fourth highest upregulation).

## 3.2. Identification of biologically relevant networks and potential key genes highly expressed in HCC tumours

In our global network comprising 5936 genes (Supplementary Fig. 1), we highlighted integrin and Akt/NF-kB signalling as two 'hotspot' pathways that comprised a concentration of upregulated genes. The integrin signalling pathway shown in Fig. 1A (gene subnetworks listed in Supplementary Table 2) was identified as significantly activated in HCC and contained 11 upregulated genes, flagging this pathway as a key regulator in HCC tumourigenesis. This fits with the role of integrin signalling in promoting cell proliferation and cell motility.12 Furthermore, SPP1 and GPC3 were identified as potential key genes (upregulated with >1.5-fold change), with links to integrin signalling. Similarly, we identified the activation of the Akt/NF-kB pathway shown in Fig. 1B in HCC tumours (gene subnetworks listed in Supplementary Table 3). This signalling pathway contained 12 upregulated genes and plays key roles in many cell processes relevant to tumourigenesis including cell survival and apoptosis.13 Amongst the genes linked to Akt/NF-kB signalling and that had >1.5-fold change were ANXA2, S100A10 and VIM. Network analysis revealed a link between Akt/NF-kB signalling and both ANXA2 and S100A10 through interactions with β-actin (ACTB) and E-cadherin (CDH1). These candidate genes are listed in Table 2.

## 3.3. Quantitative RT-PCR validation of several selected genes

To validate the microarray data, we performed quantitative RT-PCR for candidate genes in 20 samples randomly selected out of the 100 HCC tissues. We compared gene expression levels generated from quantitative RT-PCR with those from microarray analysis by Pearson's correlation coefficients for each candidate gene and StatView Software (Fig. 2). Each of the five genes analysed showed significant correlation confirming the results obtained by DNA microarray.

## 3.4. Immunohistochemical study of glypican 3, Annexin 2 and S100A10 in patient samples

Of the five genes overexpressed in HCC tumours by RT-PCR, immunohistochemical staining for GPC3 was performed on 10 samples of HCC and surrounding non-cancerous tissues

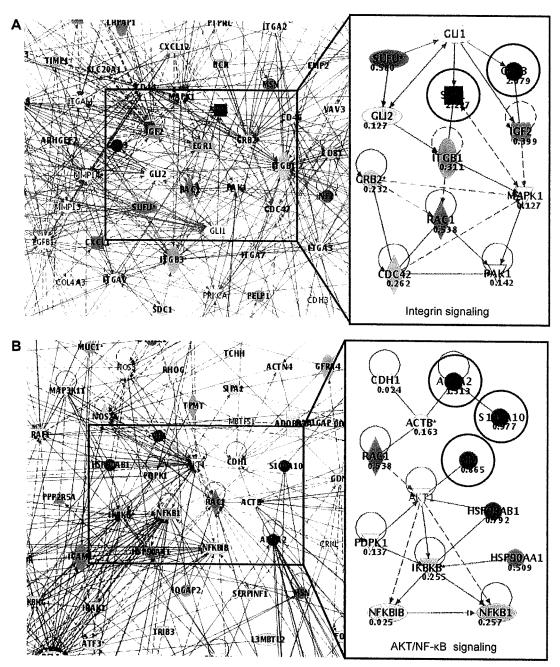


Fig. 1 – (A) The integrated method of DNA microarray and Ingenuity Pathway Analysis produced a network with 'hotspot' regions harbouring concentrations of upregulated genes. These genes included ITGB1 (integrin, beta 1), RAC1 (ras-related C3 botulinum toxin substrate 1), GRB2 (growth factor receptor-bound protein 2), CDC42 (cell division cycle 42), PAK1 (p21/Cdc42/Rac1-activated kinase 1) and MAPK1, which are all associated with integrin signalling. SPP1, GPC3, GLI1, GLI2, SUFU (suppressor of fused homolog) and IGF2 are also linked to this pathway. The circled genes, SPP1 and GPC3, were selected as candidate genes. The numerical value of each gene represents the median of all log(Cy5/Cy3) values. (B) The integrative method showed a second network including a 'hotspot' region. This region contained AKT1 (v-akt murine thymoma viral oncogene homolog 1), PDPK1 (3-phosphoinositide-dependent protein kinase-1), NFKBIB (nuclear factor of kappa light polypeptide gene enhancer in B-cells inhibitor, beta), NFKB1 (nuclear factor of kappa light polypeptide gene enhancer in B-cells 1), IKBKB (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase beta), HSP90AA1 (heat shock protein 90 kDa alpha, class B member 1), which are all associated with the Akt/NF-kB signalling pathway. ANXA2, S100A10, ACTB, CDH1 and VIM are also linked to this pathway. The circled genes, ANXA2, S100A10 and VIM, were selected as candidate genes. The numerical value of each gene represents the average of all log(Cy5/Cy3) values.

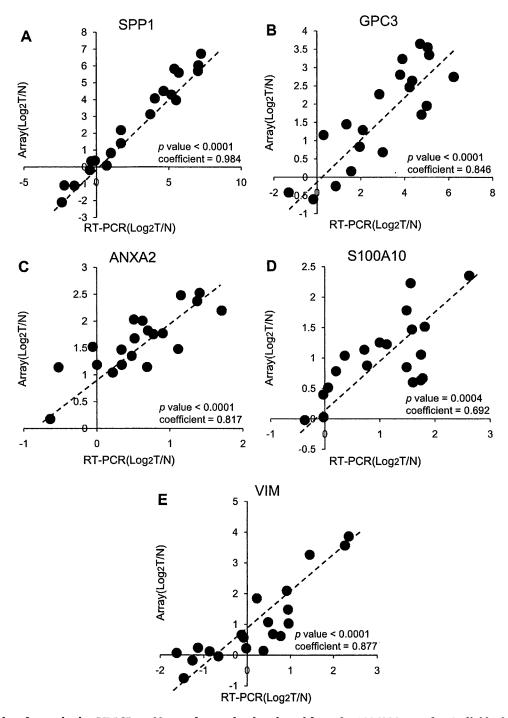


Fig. 2 – Results of quantitative RT-PCR on 20 samples randomly selected from the 100 HCC samples. Individual mRNA levels were normalised to GAPDH and expressed relative to those in a mixture of seven normal livers for SPP1, GPC3, ANXA2, S100A10 and VIM. We compared gene expression levels generated from quantitative RT-PCR with those from microarray analysis and used Pearson's correlation analysis for each candidate gene using StatView Software. (A), (B), (C), (D) and (E) show the correlation of SPP1, GPC3, ANXA2, S100A10 and VIM, respectively.

(Fig. 3A and B). GPC3 expression was observed in 7 of 10 cases of moderately or poorly differentiated HCC. As published previously, <sup>11</sup> staining of GPC3 was observed in a coarsely granular pattern near the cell membrane (2/7) and dispersed evenly in the cytoplasm (5/7). GPC3 expression

was undetectable in all non-neoplastic tissues with diffuse hepatitis changes.

Immunohistochemical staining of ANXA2 and S100A10 was then performed on 20 paraffin-embedded samples of HCC and surrounding non-cancerous tissues. The  $Ca^{2+}$ -