Identification of Antigenic Site Within hsc 70 by Serum Autoantibody in Patients with Cancer-associated Retinopathy

Tadao Maeda¹⁾, M.D., Hiroshi Ohguro¹⁾, M.D., PhD., Akiko Maeda¹⁾, M.D., Kei-ichi Ogawa¹⁾, M.D. Takashi Nakagawa¹⁾, M.D., Itaru Hirai²⁾, M.D., and Noriyuki Sato²⁾, M.D.

 Department of Ophthalmology, Sapporo Medical University School of Medicine South 1, West 16, Chuo-ku, Sapporo, Hokkaido, 060-8543 Japan
 Department of Pathology, Sapporo Medical University School of Medicine South 1, West 17, Chuo-ku, Sapporo, Hokkaido, 060-8556 Japan

ABSTRACT

In our previous studies, both recoverin and heat shock cognate protein 70 (hsc 70) were found as autoantigens recognized by sera from four patients with cancer-associated retinopathy (CAR). In the present study on the molecular mechanism of antibody generation in CAR, we identified the antigenic site within hsc 70 by the patients' sera using deletion mutants of hsc 73. We expressed a series of deletion mutants of hsc 73 proteins and subjected then to western blot analysis. In western blot analysis, CAR patient's serum reacted with wild type hsp 70, but not with the C-terminal truncated mutants. This data demonstrated that the antigenic site was located within the C-terminus region of hsc 73 as identified by CAR patient's serum.

Key words: Autoantigen, Autoimmunity, Cancer-associated retinopathy, Heat shock protein

INTRODUCTION

Cancer-associated retinopathy (CAR) is an ocular manifestation of a paraneoplastic syndrome, characterized by sudden and progressive visual loss, ring scotoma, photopsia and impairment of dark adaptation¹⁾. Among the underlying primary cancers, small cell lung carcinoma has been reported most frequently²⁻¹⁵⁾. In most cases, CAR is diagnosed before an underlying

^{*}All correspondence should be addressed to Hiroshi Ohguro
Tel# 81-11-611-2111, Fax# 81-11-613-6575, e-mail ooguro@sapmed.ac.jp

primary cancer is diagnosed. Although the molecular pathophysiology of CAR is not yet fully understood, the findings on serum autoantibodies against retinal antigens suggest that autoimmune responses contribute to retinal degeneration^{1.7-15)}. In the previous studies, a high-titer of antibodies against a 23-kDa photoreceptor-specific calcium-binding regulatory protein called recoverin was detected in CAR patients 16-18). Functionally, recoverin is considered to play a major role in adaptation to dark and light processes by regulating rhodopsin phosphorylation in a calcium-dependent manner 19). Recently, recoverin was identified as existing in the cancer cells of CAR patients 20,21). Thus autoimmune reactions may be triggered by the host response to recoverin aberrantly expressed in tumor cells, and may mediate retinal degeneration. In addition, it was also reported that other retinal antigens including a 65-kDa protein, a 48-kDa protein¹⁻⁹⁾, a 50-kDa protein¹⁰⁾, enolase (a 46-kDa protein) 22), and neurofilaments (58-62-kDa, 145-kDa and 205-kDa proteins)⁸⁾ were recognized by CAR patients' sera, either by themselves or along with recoverin. Among these retinal antigens, recoverin alone or a combination of recoverin and 65-kDa protein have most frequently been detected in western blot analysis in previous studies. Most recently, our group identified the 65 kDa protein as heat shock cognate protein 70 (hsc 70) 23). These observations suggest that both anti-recoverin and anti-hsc70 antibodies are involved in the pathogenesis of CAR.

In this study, for further investigation of the molecular pathogenesis of CAR, especially the molecular mechanism of antibody generation toward hsc 70, we produced a series of deletion mutants of hsc 73 and performed epitope mapping by western blot analysis.

MATERIALS AND METHODS

The studies were performed in accordance with our institution's guidelines and the Declaration of Helsinki on Biomedical Research Involving Human Subjects and the protocols were approved by the institution's Committee for the Protection of Human Subjects.

Patients and serum

A 70 year-old woman (small cell carcinoma in lung) with cancer-associated retinopathy was studied²³⁾. Serum was separated from peripheral venous blood sample immediately after collection and the sample was stored at -80°C until use. Anti-bovine recoverin rabbit serum was prepared as previously described²³⁾.

Preparation of the series of hsc70 proteins

The series of deletion mutants of hsc 73 was produced as previously described $^{24)}$. Briefly, i.e., pET \triangle S, pET \triangle E, pET \triangle HL, pET \triangle HS, pETSBDce, pETSBDpe and pETHSC70 vector was double digested and inserted into pET21 vector (Novagen, Madison, WI USA).

The constructs were transformed into E. coli BL21(DE3). Bacterial transformants were grown at 37 °C. Recombinant deletion proteins were induced with 1 mM of isopropyl β -D-thiogalactopyranoside (IPTG) at 37 °C for 2 hrs. The IPTG-induced bacterial cell extract were used for western blot analysis.

Western blot

Western blot analysis was carried out as described previously²³⁾. Briefly, wild type hsc 73 and deletion mutants of hsc 73 were loaded on SDS-PAGE using a 12.5 % polyacrylamide gel, respectively. The proteins on the gel were electrotransferred to polyvinylidene difluoride (PVDF) membranes in 10 mM bistrispropane buffer, pH 8.4 and 10% methanol solution. After blocking nonspecific binding by 5 % skimmed milk in phosphate buffered saline (PBS), the membranes were probed successively with diluted serum and horse radish peroxidase (HRP)-labeled anti-human IgG (Funakoshi Co. Tokyo, Japan). Specific antigen/antibody binding was visualized by the ECL system (Amercharm).

RESULTS

In order to identify the antigenic site within hsc 70, deletion mutants of hsc 73 (Fig.1) were prepared and analyzed by western blot with sera of a

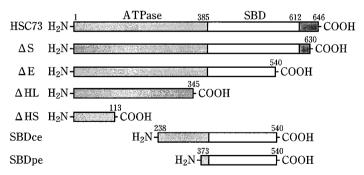


Fig. 1 The deletion constructs of hsc 73

These constructs encoding deleted recombinant hsc 73 proteins were produced by double digestions at certain endonuclease sites of human hsc 73 gene and insertion into pET21 expression vector. The deleted hsc 73 proteins and their retained amino acids were indicated.

CAR patient. As shown in Fig.2, western blot analysis revealed that the sera (1:500 dilution) of the patient with CAR reacted with wild type hsc 73, but not with C-terminal truncated mutants.

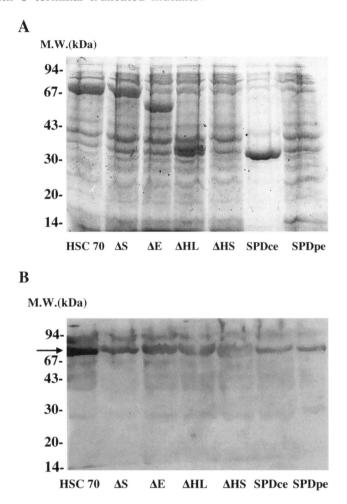


Fig. 2 A. SDS-PAGE and Western blot of a wild type hsc70 and deletion mutants of hsc73 Prepared wild type hsc70 and deletion mutants of hsc73 (75ng per each, see materials and methods) were mixed with the sample buffer (10 $\,\mu$ l) and loaded on an SDS-PAGE gel, respectively and stained with Coommassie-blue (A) and immunostained by sera from CAR patient (B). The protocol for immunoblotting is described in Materials and Methods. Only a wild type hsc 70 was probed by the patient's serum (indicated by arrow).

DISCUSSION

So far, more than forty cases of CAR have been reported, and in thirty of these, western blot analysis of the serum has been reported. Both the 23-kDa (recoverin) and the 65-kDa protein were frequently reported^{7,11,12,16,20)}. but other proteins including the 145-kDa/205-kDa⁷, 48-kDa^{1,9}, 50-kDa¹⁰. 62-kDa¹⁴⁾, 34-kDa¹⁵⁾ and 46-kDa²²⁾ proteins have also been recognized as immunoreactive bands on the western blots, but less frequently. Many authors agree that recoverin is a target antigen for the autoimmune response in CAR for the following reasons: 1) recoverin is a retina specific protein, 2) immunoreactivity toward recoverin is unique in CAR patients, and 3) recoverin is expressed in the cancer cells and the cell lines derived from the cancer cells of CAR patients^{20,21)}. On the other hand, no attention has been paid to the 65-kDa protein, since some authors have reported that such immunoreactivity was detected not only in CAR patients' sera but also in some cancer patients without CAR and in normal subjects at relatively low serum dilutions $(100-200 \text{ times})^{16,20)}$. Recently, our group reported that both recoverin and the 65-kDa protein were found as autoantigens in all of four patients with CAR, and the 65-kDa protein was identified as hsc 70²³.

Heat shock protein 70 (hsp 70) family proteins are synthesized in response to a variety of cellular stresses, and are also present in normal unstressed cells (hsc 70). Functionally, they play important roles as chaperons: 1) to assist in translocation into organelles, folding and rearrangement of proteins, 2) dissolution of protein aggregates, and 3) protein degradation²⁵⁻²⁹. Interestingly, elevated levels of hsps in peripheral blood mononuclear cells³²⁾ or serum autoantibodies against haps have been identified in patients with several autoimmune diseases, such as systemic lupus erythematosus (SLE). rheumatoid arthritis (RA) and viral diseases³¹⁻³³⁾. Thus, autoimmune response to hsc 70 in CAR may play a similar role in the pathophysiology of CAR to that in other autoimmune diseases. Taken together, we considered that autoimmune responses toward recoverin might be essentially required for photoreceptor degeneration, while responses toward hsc 70 might weaken hsp-mediated biological defense, which could assist anti-recoverin-mediated retinal degeneration. In fact, among the chaperon proteins mentioned above, the hsp 70 family is known to be one of the most important for protection against stress-induced denaturation.

In the present study, we prepared the series of deletion mutants of hsc 73, performed western blot analysis, and found that the antigenic site is located within the C-terminal region of the hsc 73. It was found that CAR

patients' sera immunoreacted with not only with 65-kDa retinal protein (hsc 70) but also a 65-kDa protein (hsc 70) from tumor specimen. In addition, recent studies suggested that hsp 70 proteins were located not only in cytosol, but also in membranes. If these were true refers specially to hsc 70 proteins location in membranes, we can reasonably speculate that an hsc 70-like molecule expressed on tumor cell surface may trigger autoimmune response. But, it still remains to be clarified as to whether the C-terminus of hsc 70 is expressed on the surface of tumor cells, and what roles hsc 70 antibodies plays in the pathogenesis of CAR. Therefore, further study will be required.

REFERENCES

- 1. Jacobson DM, Thirkill CE, Tipping SJ. A clinical triad to diagnose paraneoplastic retinopathy. Ann Neurol 1990, 28: 162–167.
- 2. Sawyer RA, Selhorse JB, Zimmerman LE. Blindness caused by photoreceptor degeneration as a remote effect of cancer. Am J Ophthalmol 1976, 90: 606-613.
- 3. Kornguth SE, Klein R, Appen R, Choate J. Occurrence of anti-retinal ganglion cell antibodies in patients with small cell cancer of the lung. Cancer 1982, 50: 1289-1293.
- 4. Keltner JL, Roth AM, Chang RS. Photoreceptor degeneration: Possible autoimmune disorder. Arch Ophthalmol 1983, 101: 564-569.
- 5. Buchanan TAS, Gardiner TA, Archer DB. An untrastructural study of retinal photoreceptor degeneration associated with bronchial cancer. Am J Ophtahlmol 1984, 97: 277–287.
- 6. Klingele TG, Burde RM, Rappazzo JA, Isserman MJ, Burgess D, Kantor O. Paraneoplastic retinopathy. J Clin Neuro Ophthalmol 1984, 4: 239-245.
- 7. Grunwald GB, Klein R, Simmonds MA, Kornguth SE. Autoimmune basis for visual paraneoplastic syndrome in patients with small-cell cancer. Lancet 1985. 1: 658-661.
- 8. Korngruth SE, Kalinke T, Grunwald GB, Schutta H, Dahl D. Antineurofilament antibodies in the sera of patients with small cell carcinoma of the lung and with visual paraneoplastic syndrome. Cancer Res 1986, 46: 2588-2595.
- 9. Thirkill CE, Roth AM, Keltner JL. Cancer-associated retinophathy. Arch Ophthalmol 1987, 105: 372-375.
- Crofts JW, Bachynski BN, Odel JG. Visual paraneoplastic syndrome associated with undifferentiated endometrial carcinoma. Can J Ophthalmol 1988, 23: 128-132.
- 11. Thirkill CE, FitzGerald P, Sergott RC, Roth AM, Tyler NK, Keltner

- JL. Cancer-associated retinopathy (CAR) with autoantibodies reacting with retinal optic nerve, cancer cells. N Engl J Med 1989, 321: 1589-1594.
- 12. Keltner JL, Thirkill CE, Tyler NK, and Roth AM. Management monitoring of cancer-associated retinopathy. Arch Ophthalmol 1992, 110: 48-53.
- 13. Thirkill CE, Keltner JL, Tyler NK, Roth AM. Antibody reactions with retina and cancer-associated antigens in 10 patients with cancer-associated retinopathy. Arch Ophthalmol 111: 1993, 931-937, 1993
- 14. Suzuki T, Obara Y, Sato Y, Saito G, Ichiwata T, Uchiyama T. Cancerassociated retinopathy with presumed vasculitis. Am J Ophthalmol 1996, 122: 125-127.
- 15. Ohkawa T, Kawashima H, Makino S, Shimizu Y, Shimizu H, Sekiguchi Y, Tsuchida S. Cancer-associated retinopathy in a patient with endometrial cancer. Am J Ophthalmol. 1996, 122: 740-742.
- 16. Polans AS, Bucczlko J, Crabb J, Palczewski K. A photoreceptor calciumbinding protein is recognized by autoantibodies obtained from patients with cancer-associated retinopathy. J Cell Biol 1991, 112: 981-989.
- 17. Thirkill CE, Tait RC, Tyler NK, Roth AM, Keltner JN. The cancer-associated retinopathy antigen is a recoverin-like protein. Invest Ophthalmol Vis Sci 1992, 33: 2768-2772.
- Adamus G, Guy J, Schmied JL, Arend A, Hargrave PA. Role of anti-recoverin autoantibodies in cancer-associated retinopathy. Invest Ophthalmol Vis Sci 1993, 34: 2626-2633.
- 19. Kawamura S. Rhodopsin phosphorylation as a mechanism of cyclic GMP phosphodiesterase regulation by S-modulin. Nature 1991, 362: 855-857.
- 20. Polans AS, Witkowska D, Haley TL, Amundson D, Baizer L, Adamus G. Recoverin, a photoreceptor-specific calcium-binding protein, is expressed by the tumor of a patient with cancer-associated retinopathy. Proc Natl Acad Sci USA 1995, 92: 9176-9180.
- 21. Yamaji Y, Matsubara S, Yamadori I, Sato M, Fujita T, Fujita J, Takahara J. Characterization of a small-cell-lung-carcinoma cell line from a patient with cancer-associated retinopathy. Int J Cancer 1996, 65: 671-676.
- 22. Adamus, G. Aptsiauri N. Guy J. Heckenlively J. Flannery J. Hargrave PA. The occurrence of serum autoantibodies against enolase in cancer-associated retinopathy. Clin Immunol Immunopathol 1996, 78: 120-129.
- 23. Ohguro H, Ogawa K, Nakagawa T. Recoverin and hsc 70 are found as autoantigens in patients with cancer-associated retinopathy. Invest Ophthalmol Vis Sci 1999, 40: 82-89.
- 24. Hirai I, Sato N, Qi W, Ohtani S, Torigoe T, Kikuchi K. Localization of pNT22 70 kDa heat shock cognate-like protein. Cell Struct Funct 1998,

- 23: 153-158.
- 25. Lindquist S, Craig EA. The heat shock proteins. Annu Rev Genet 1988, 22: 631-677.
- 26. Gething, M.-J., Sambrook, J. Protein folding in the cell. Nature 1992, 355: 33-45.
- 27. Hartl, F.U. molecular chaperones in cellular protein folding. Nature 1996, 381; 571-580.
- 28. Latchman DS. Heat shock proteins and human diseases. J R Coll Physicians Lond 1991, 25: 295-299.
- 29. Dhillion VB, McCallum S, Norton P, Twomey BM, Erkeller-Yuksel F, Lydyard P, Isenberg DA, Latchman DS. Differential heat shock protein overexpression and its clinical relevance in systemic lupus erythematosus. Ann Reum Dis 1993, 52: 436-442.
- 30. Minota S, Cameron B, Welch WJ, Winfield JB. Autoantibodies to the constitutive 73-kD member of the hsp70 family of heat shock proteins in systemic lupus erythematosus. J Exp Med 1988, 168: 1475-1480.
- 31. Minota S, Koyasu S, Yahara I, Weinfield JB. Autoantibodies to the heat shock protein Hsp90 in SLE. J Clin Invest 1988, 81: 106-109.
- 32. Jarjour W, Jeffries B, Davis J, Welch W, Miura T, Winfield JB. Auto-antibodies to human stress proteins. Artheritis Rheum 1991, 34: 1133-1138.
- 33. Mairesse N, Kahn MF, Appelboom T. Antibodies to the constitutive 73kDa heat shock protein: a new marker of mixed connective tissue disease. Am J Med 1993, 6: 595-600.