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MITF E318K's effect on melanoma risk independent of, but modified by, other risk factors

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Summary

A rare germline variant in the *MITF* (microphthalmia-associated transcription factor) gene, E318K, has been reported as associated with melanoma. We confirmed its independent association with melanoma (odds ratio (OR) 1.7, 95% Confidence Interval (CI) = 1.1, 2.7, $p = 0.03$); adjusted for age, sex, center, age*sex interaction, pigmentation characteristics, family history of melanoma and nevus density). In stratified analyses, carriage of *MITF* E318K was associated with melanoma more strongly in people with dark hair than fair hair (p for interaction, 0.03) and in those with no moles than some or many moles (p for interaction, <0.01). There was no evidence of interaction between *MC1R* “red hair variants” and *MITF* E318K. Moreover, risk of melanoma among carriers with “low risk” phenotypes was as great or greater than among those with “at risk” phenotypes with few exceptions.

Keywords

MITF; melanoma; risk factors; single nucleotide polymorphism; case control study

MITF, the microphthalmia-associated transcription factor, is critical for lineage commitment of undifferentiated, immature neural crest cells to mature, melanin-producing melanocytes (Goding, 2000). UV exposure to the epidermis promotes alpha-MSH release, which then binds to the melanocortin-1 receptor (*MC1R*), a transmembrane G-protein-coupled receptor located on the cell membrane of melanocytes. This binding culminates in the activation of the M-isoform of *MITF*, termed MITF-M, expressed in melanocytes through a cAMP-

mediated signaling pathway (Haq and Fisher, 2011; Fuse et al., 1996). The activation of *MITF*, in turn, induces the transcription of pigmentation-related genes, which produce eumelanin that protects cells from UV damage (Cheli et al., 2009). Other *MITF* functions may be based on the fact that several *MITF*-target genes regulate cell cycle and survival (Cheli et al., 2010), and *MITF* appears to protect against oxidative stress (Liu et al., 2009).

The E318K variant of *MITF* (rs149617956) is a functional and rare variant that is associated with melanoma risk. It is located in a small-ubiquitin-like modifier (SUMO) consensus site and the missense variant impairs the SUMOylation of *MITF*, leading to the binding of *MITF* and the transcriptional regulation of *MITF*'s target genes. In a large Australian case-control study of 2,059 melanoma cases and in a UK case-control study of 1,929 cases, the E318K variant conferred a 2.2-fold risk for developing melanoma (Yokoyama et al., 2011). Among a sample of 586 French melanoma patients, genetically enriched for melanoma and renal cell carcinoma, a 4.8-fold increased risk of melanoma was observed in *MITF* variant carriers (Bertolotto et al., 2011). An Italian study of 667 patients in a clinic setting found a 2.9-fold increased risk for melanoma, which was greater with nodular than with other histological types of melanoma (Ghiorzo et al., 2013). They also observed positive associations of the variant with personal or family history of renal cell or pancreatic cancer.

The prevalence of the *MITF* E318K minor allele variant among melanoma cases is low: 0.017 in Australia; 0.018 in the UK; 0.016 in France; and 0.009 in Italy (Yokoyama et al., 2011; Bertolotto et al., 2011; Ghiorzo et al., 2013). Our large international, multicenter melanoma case control study, GEM, was designed especially to identify the effects of rare genetic variants in melanoma (Begg and Berwick, 1997). A detailed description of the methods used in this study is available elsewhere (Begg et al., 2006). It was conducted in nine centers in four countries--Australia, Italy, Canada and the United States. Institutional review board approval was obtained from all centers. Written informed consent was obtained prior to interview.

In GEM, patients newly diagnosed with a second or higher order primary melanoma are cases, and individuals newly diagnosed with a first primary melanoma are controls; this design produces similar results to classic case-control studies, but with greater statistical power to detect effects of rare risk factors (Begg and Berwick, 1997). We assessed *MITF* E318K in 1,194 cases and 2,430 controls. It was genotyped by mass spectrometry with the MassArray iPLEX genotyping platform (Sequenom Inc, San Diego, CA). Quality control included use of internal negative controls, sequencing of selected samples to confirm specificity, and agreement between blinded duplicates (Orlow et al., 2012). All statistical tests were two-sided with $P < 0.05$ considered statistically significant. All data were analyzed using SAS 9.3 (Cary, NC). There were 97 carriers of the E318K variant, 44 (3.7%) among the 1,194 cases and 53 (2.2%) among the 2,430 controls. The minor allele frequency was 0.014 among all melanoma patients, similar to other studies noted above.

Presence of *MITF* E318K was significantly associated with risk for melanoma (OR 1.7, 95 % CI 1.1, 2.6, $p = 0.02$) in a logistic regression model adjusted for the design variables: age at diagnosis, sex, age*sex interaction, and recruitment center. This association is similar in strength to that observed in the Australian and UK studies described above. After further

adjustment for pigmentation characteristics, family history of melanoma, and nevus density, the OR remained as 1.7 (95% CI = 1.1, 2.7, $p = 0.03$).

Odds ratios for the association of *MITF* E318K with melanoma in categories of other melanoma risk factors (which have been shown to be associated with melanoma in this study (Begg et al., 2006) are shown in Table 1. Increased risk of melanoma with carriage of *MITF* E318K appeared to be strongest among those with traditionally low risk phenotypes: “nonblue” eyes, black/dark brown hair, absence of moles, absence of freckling in youth and absence of a family history of melanoma (Table 1) This effect modification, though, was significant only for mole count and hair color. However, although the interaction is significant, red hair color had an odds ratio of 3.1 (95% CI 0.9, 10.8), so this association needs further study. When evaluating the mole count in relationship to the *MITF* variant, it can be seen that our results are similar to those reported by Yokoyama et al. (2011), where there is a significant trend among single primary melanomas, our controls, for the association between mole count and the presence of the variant E318K in *MITF* ($p = 0.04$)

The well-established effects of *MC1R* variants on risk of melanoma are similar to those we have found for *MITF* E318K, in being independent of the classical melanoma risk factors. Sturm et al. (2013) suggest the potential for an interaction between *MC1R* “R” variants and the *MITF* variant. However, we have found no evidence of such (either as the traditional “R” variants – D84E, R151C, R160W and D294H – or as these four, including R142H plus stop variants and indels that result in frameshifts and premature stop codons—or as “any” *MC1R* variant) with the presence of the *MITF* variant E318K. We also evaluated the role of such an interaction on pigmentation of the melanoma (amelanotic or pigmented) and found no association. It is likely that both have extra-pigmentary effects that are independent, and stronger in people with dark hair than those with light hair (Demenais et al., 2010; Kanetsky et al., 2011; Egan et al., 2003; Ozolo et al., 2013; Cust et al., 2012). These similarities are consistent with the fact that both genes act in the pathway from UV exposure to eumelanin production. The complexities of this pathway’s role in melanomagenesis merit further investigation.

The modification of effects of *MC1R* “R” variants and *MITF* E318K within strata of classical melanoma risk factors suggests that these genetic variants may also be valuable in predicting risk of melanoma in people without classical risk factors and that this information could help in public health and clinical prevention strategies.

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References

- Begg CB, Berwick M. A note on the estimation of relative risks of rare genetic susceptibility markers. *Cancer Epidemiol Biomarkers Prev.* 1997; 6:99–103. [PubMed: 9037560]
- Begg CB, Hummer AJ, Mujumdar U, Armstrong BK, Krickler A, Marrett LD, Millikan RC, Gruber SB, Anton Culver H, Zanetti R, et al. A design for cancer case-control studies using only incident cases: experience with the GEM study of melanoma. *Int J Epidemiol.* 2006; 35:756–764. [PubMed: 16556646]
- Bertolotto C, Lesueur F, Giuliano S, Strub T, de Lichy M, Bille K, Dessen P, d’Hayer B, Mohamdi H, Remenieras A, et al. A SUMOylation-defective MITF germline mutation predisposes to melanoma and renal carcinoma. *Nature.* 2011; 480:94–98. [PubMed: 22012259]
- Cheli Y, Luciani F, Khaled M, Beuret L, Bille K, Gounon P, Ortonne J-P, Bertolotto C, Ballotti R. α MSH and cyclic AMP elevating agents control melanosome pH through a protein kinase A-independent mechanism. *J Biol Chem.* 2009; 284:18699–18706. [PubMed: 19389708]
- Cheli Y, Ohanna M, Ballotti R, Bertolotto C. Fifteen-year quest for microphthalmia-associated transcription factor target genes. *Pigment Cell Melanoma Res.* 2010; 23:2–40.
- Cust AE, Goumas C, Holland EA, Agha-Hamilton C, Aitken JF, Armstrong BK, Giles GG, Kefford RF, Schmid H, Hopper JL, et al. *MC1R* genotypes and risk of melanoma before age 40 years: a population-based case-control-family study. *Int J Cancer.* 2012; 131:E269–281. [PubMed: 22095472]
- Demenais F, Homandi H, Chaudru V, Goldstein AM, Newton Bishop JA, Bishop DT, Kanetsky PA, Hayward NK, Gillanders E, Elder DE, et al. Association of *MC1R* variants and host phenotypes with melanoma risk in *CDKN2A* mutation carriers: A GenoMEL study. *J Natl Cancer Inst.* 2010; 102(Supplement 4):6. [PubMed: 20023202]
- Egan DN, Berwick M, Roy P, et al. *MC1R* genotype modifies risk of melanoma in individuals of low-risk phenotype. *Proceedings of the American Association for Cancer Research Annual Meeting.* 2003; 44:127.
- Fuse N, Yasumoto K, Suzuki H, Takahashi K, Shibahara S. Identification of a melanocyte-type promoter of the microphthalmia-associated transcription factor gene. *Biochem Biophys Res Commun.* 1996; 219:702–707. [PubMed: 8645245]
- Ghiorzo P, Pastorino L, Queirolo P, Bruno W, Tibiletti MG, Nasti S, Andreotti V, Bressac-de Paillerets B, Bianchi Scarra G. Genoa Pancreatic Cancer Study Group. Prevalence of the E318K MITF germline mutation in Italian melanoma patients: associations with histological subtypes and family cancer history. *Pigment Cell Melanoma Res.* 2013; 23:259–262. [PubMed: 23167872]
- Goding CR. Melanocyte development and melanoma. *Forum (Genova).* 2000; 10:176–187. [PubMed: 11007928]
- Haq R, Fisher DE. Biological and Clinical Relevance of the Microphthalmia family of transcription factors in human cancer. *J Clin Oncol.* 2011; 29:3474–3482. [PubMed: 21670463]

- Kanetsky PA, Panossian S, Elder DE, et al. Does MC1R genotype convey information about melanoma risk beyond risk phenotypes? *Cancer*. 2011; 116:2416–2428. [PubMed: 20301115]
- Liu F, Fu Y, Meyskens FL Jr. Mitf regulates cellular response to reactive oxygen species through transcriptional regulation of APE-1/Ref1. *J Invest Dermatol*. 2009; 129:422–431. [PubMed: 18971960]
- Orlow I, Roy P, Reiner AS, et al. Vitamin D receptor polymorphisms in patients with cutaneous melanoma. *Int J Cancer*. 2012; 130:405–418. [PubMed: 21365644]
- Ozola A, Azarjana K, Donina S, Proboka G, Mandrika I, Petrovska R, Cema I, Heisele O, Engele L, Streinerte B, et al. Melanoma risk associated with *MC1R* gene variants in Latvia and the functional analysis of rare variants. *Cancer Genetics*. 2013; 206:81–91. [PubMed: 23522749]
- Yokoyama S, Woods SL, Boyle GM, et al. A novel recurrent mutation in MITF predisposes to familial and sporadic melanoma. *Nature*. 2011; 480:99–103. [PubMed: 22080950]

Significance

These relationships with melanoma risk factors suggest that *MITF* E318K is a genetic risk factor that may be valuable in predicting risk of melanoma in people without classic risk factors for melanoma such as fair hair and multiple nevi and that this information may help with public health and clinical prevention strategies.

Table 1
Odds ratios for the association of the *MITF* E318K variant with melanoma risk in strata of other melanoma risk factors.

Variables	Strata	Variant Status				P-value for interaction	
		Cases		Controls			
		Variant- N (%)	Variant+ N (%)	Variant- N (%)	Variant+ N (%)	Odds Ratio (95% CI) ¹ for melanoma associated with <i>MITF</i> variant	
MITF	All subjects	1150 (96.3)	44 (3.7)	2377 (97.8)	53 (2.2)	1.7 (1.1, 2.6)	NA
Eye color	Blue	532 (97.8)	12 (2.2)	987 (98.3)	17 (1.7)	1.2 (0.5, 2.6)	
	Other	618 (95.1)	32 (4.9)	1390 (97.5)	36 (2.5)	2.1 (1.2, 3.5)	0.25
Hair Color	Black/dark brown	291 (95.7)	13 (4.3)	754 (98.6)	11 (1.4)	3.8 (1.5, 9.6)	
	light brown/blond	727 (97.1)	22 (2.9)	1393 (97.6)	35 (2.4)	1.0 (0.6, 1.8)	
	red	127 (93.4)	9 (6.6)	207 (97.6)	5 (2.4)	3.1 (0.9, 10.8)	0.03
Skin color	Olive	92 (97.9)	2 (2.1)	320 (98.8)	4 (1.2)	1.9 (0.2, 14.2)	
	Fair	793 (96.4)	30 (3.6)	1597 (98.2)	30 (1.8)	2.2 (1.2, 3.8)	
	Very fair	263 (95.6)	12 (4.4)	450 (95.9)	19 (4.1)	0.9 (0.4, 2.0)	0.23
Moles	None	254 (94.4)	15 (5.6)	564 (99.1)	5 (0.9)	5.9 (1.9, 18.0)	
	Few	551 (97.0)	17 (3.0)	1207 (97.4)	32 (2.6)	1.1 (0.6, 2.1)	
	Moderate	233 (96.7)	8 (3.3)	359 (97.5)	9 (2.5)	1.5 (0.5, 4.5)	
	Many	75 (96.2)	3 (3.8)	114 (96.6)	4 (3.4)	1.2 (0.2, 7.0)	<0.01
Propensity to Burn	Low	575 (97.0)	18 (3.0)	1319 (98.2)	24 (2.8)	1.7 (0.9, 3.4)	
	High	548 (95.8)	24 (4.2)	1003 (97.3)	28 (2.7)	1.7 (0.9, 3.0)	0.97
Inability to Tan	No	602 (97.4)	16 (2.6)	1377 (98.3)	24 (1.7)	1.5 (0.8, 3.1)	
	Yes	521 (95.1)	27 (4.9)	945 (97.3)	26 (2.7)	1.9 (1.0, 3.5)	0.62
Freckling in youth	None	451 (95.4)	22 (4.6)	1018 (97.8)	23 (2.2)	2.3 (1.1, 4.5)	
	Some	673 (97.1)	20 (2.9)	1244 (97.9)	27 (2.1)	1.4 (0.7, 2.5)	0.22
Family History of Melanoma	None	875 (96.2)	35 (3.8)	2051 (98.0)	42 (2.0)	1.9 (1.2, 3.2)	
	Present	251 (96.9)	8 (3.1)	288 (96.3)	11 (3.7)	0.8 (0.3, 2.1)	0.11

Variables	Strata	Variant Status				Odds Ratio (95% CI) ¹ for melanoma associated with <i>MITF</i> variant	P-value for interaction
		Cases		Controls			
		Variant- N (%)	Variant+ N (%)	Variant- N (%)	Variant+ N (%)		
Personal History of NMSC	None	588 (96.5)	21 (3.5)	1814 (97.9)	38 (2.1)	1.5 (0.7, 3.1)	0.96
	Present	541 (96.1)	22 (3.9)	536 (97.3)	15 (2.7)	1.7 (0.9, 3.0)	
MCIR	No MCIR variant	146 (98.0)	3 (2.0)	363 (98.4)	6 (1.6)	1.09 (0.24, 4.99)	0.55
	Any MCIR variant	903 (96.1)	37 (3.9)	1770 (97.6)	44 (2.4)	1.65 (1.01, 2.69)	

¹Odds ratio and 95% CI adjusted for age, sex, center and age*sex interaction.