

## THE UNIVERSITY of EDINBURGH

### Edinburgh Research Explorer

# Exploring new biomarkers in the tumour microenvironment of canine inflammatory mammary tumours

#### Citation for published version:

Raposo, TP, Pires, I, Prada, J, Queiroga, FL & Argyle, DJ 2016, 'Exploring new biomarkers in the tumour microenvironment of canine inflammatory mammary tumours' Veterinary and Comparative Oncology. DOI: 10.1111/vco.12209

#### Digital Object Identifier (DOI):

10.1111/vco.12209

#### Link: Link to publication record in Edinburgh Research Explorer

**Document Version:** Peer reviewed version

Published In: Veterinary and Comparative Oncology

#### General rights

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

#### Take down policy

The University of Édinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.



#### **Original Article**

Exploring new biomarkers in the tumour microenvironment of canine inflammatory mammary tumours '

Teresa Pereira Raposo<sup>a</sup>, Isabel Pires<sup>a</sup>, Justina Prada<sup>a</sup>, Felisbina Luísa Queiroga<sup>b\*</sup>, David John Argyle<sup>c</sup>

<sup>a</sup> Department of Veterinary Sciences, University of Trás-os-Montes and Alto Douro, Quinta de Prados, Vila Real, Portugal CECAV, Department of Veterinary Sciences, University of Trás-os-Montes and Alto Douro, Quinta de Prados, Vila Real, Portugal

<sup>b</sup> Department of Veterinary Sciences, University of Trás-os-Montes and Alto Douro, Quinta de Prados, Vila Real, Portugal; Centre for the Study of Animal Sciences, CECA-ICETA, University of Porto, Porto, Portugal; Centre for Research and Technology of Agro-Environment and Biological Sciences (CITAB), University of Trás-os-Montes and Alto Douro, Quinta de Prados, Vila Real, Portugal

<sup>c</sup> The Royal (Dick) School of Veterinary Studies and The Roslin Institute, University of Edinburgh, Easter Bush, Edinburgh EH25 9RG, United Kingdom

\* Corresponding author

Tel:

E-mail address: fqueirog@utad.pt (F.L.Queiroga)

Postal address: Department of Veterinary Sciences, University of Trás-os-Montes and Alto Douro, Quinta de Prados, 5000-801 Vila Real, Portugal

#### Abstract

Human inflammatory breast cancer (IBC) and Canine inflammatory mammary cancer (CIMC) are the most aggressive forms of mammary cancer. Current research aims to identify new therapeutic targets. Here, we investigated gene expression levels of biomarkers associated with the inflammatory microenvironment.

A total of 32 formalin-fixed paraffin-embedded samples of canine mammary carcinoma (CIMC=26; non-CIMC =6) were used and their cDNA subjected to quantitative PCR (qPCR) to establish gene expression levels for mediators commonly implicated in linking carcinogenesis with inflammation. Gene expression differences between CIMC and non-CIMC types were obtained for COX-2 (P=0.004), synuclein gamma (P=0.006), tribbles1 (P=0.025), VEGF (P=0.017) and CSF1R (P=0.045). Among these biomarkers correlations were found, particularly between SNCG and tribbles1 (r=0.512, P=0.001).

The efficient metastasis of CIMC is intimately linked to components in the tumour microenvironment. This study suggests that upregulation and correlation of SNCG and tribbles1 deserves to be further explored.

Keywords: inflammation, inflammatory breast cancer, canine inflammatory mammary carcinomas

#### Introduction

Inflammatory breast cancer (IBC) in humans and the corresponding canine disease, designated as canine inflammatory mammary carcinoma (CIMC), represent the most aggressive type of mammary cancer in both species with invariably short survival times after diagnosis.<sup>1-3</sup>

Inflammatory mammary carcinomas in companion animals were firstly described in dogs <sup>4</sup> and more recently in cats.<sup>5</sup> This highly metastatic type of breast cancer presents unique histopathological features and clinical signs, similar for both humans and canines. In face of these resemblances, the possibility of using CIMC as model of study for human IBC has been purposed by several authors.<sup>6-9</sup> In both species, the histological hallmark of inflammatory carcinomas is the formation of tumour emboli in dermal lymphatic vessels resulting in profuse oedema, due to the obstruction of lymph drainage.<sup>10,11</sup>

During the initiation step of carcinogenesis, malignant transformation is triggered by the accumulation of DNA mutations.<sup>12</sup> The inflammatory conditions may provide the necessary genetic instability to the activation of DNA damage leading to these initiating events of carcinogenesis.<sup>13,14</sup> Considering human IBC or CIMC as types of cancer with chronic inflammation, expression of diverse cytokines and inflammatory mediators has been explored in search for an explanation for the severe aggressiveness of the disease.

Dogs bearing CIMC have been shown to have increased IL-10 (interleukin-10) and IL-8 (interleukin-8) serum concentrations compared to dogs diagnosed with other malignant or benign mammary tumours.<sup>15</sup> In human patients with IBC, analysis of a cytokine prolife of monocytes from breast draining veins has shown that TNF- $\alpha$  (tumour necrosis factor alpha), IL-10 and IL-8 have significantly increased motility and invasion of IBC cancer cell lines *in vitro*.<sup>16</sup> These observations contribute to the growing body of evidence suggesting the value

of CIMC as a model for the corresponding human disease,<sup>6</sup> and also strengthen the concept of tumour-associated macrophages as determinant elements in the establishment of a tumour-favourable microenvironment.

For both species, the high aggressiveness and fatality of this disease comparatively to other breast cancer types, demands a wider range of therapeutic options and prognostic factors to help categorize patients and provide the better treatment. Due to the metastatic success of human IBC and CIMC, knowledge obtained for this cancer type could be applied to the prevention of other cancer types where an inflammatory microenvironment is present. Also, the discovery of new therapeutic targets may provide new opportunities for the treatment of this aggressive disease in both humans and canines.

Expression of COX-2 (cyclooxygenase 2) and VEGF (vascular endothelial growth factor) has been shown to have prognostic value for both IBC and CIMC.<sup>6,17</sup> Signalling of macrophage proliferation and differentiation occurs through the receptor of CSF-1 (macrophage colony stimulating factor 1), CSF1R.<sup>18</sup> The recruitment of blood monocytes into the tumour is governed mainly by the chemokine CCL2 (monocyte chemotactic protein 1) and its receptor CCR2.<sup>19</sup> Overall, the presence of a macrophage infiltrate in breast cancer has been shown to correlate with features of malignancy and a worse prognosis.<sup>20,21</sup>synuclein gamma, in its turn, has been investigated for a role in invasion *in vitro* and metastasis of breast cancer *in vivo* in a mouse model,<sup>22</sup> showing also a prognostic value.<sup>23</sup> Tribbles1 is governed by Snail and Twist, important transcription factors during the EMT (epithelial to mesenchymal transition),<sup>24</sup> when vimentin is expressed as a mesenchymal marker.

In this study, it was our aim to characterize the genetic expression of biomarkers known to be involved in several aspects of the tumour microenvironment of CIMC: angiogenesis (COX-2 and VEGF), macrophage infiltration (CCR2, CSF1R, CCL2), invasion and metastasis (synuclein gamma - SNCG) and epithelial to mesenchymal transition (Tribbles1, vimentin). Simultaneously, by investigating new tumour biomarkers in CIMC, we try to identify new therapeutic targets that could be used to increase our knowledge on this disease and improve overall survival times of canine patients with CIMC.

#### Materials and methods

#### Tumour samples

From the histopathology archives of INNO Laboratories, (Braga, Portugal) 26 formalin fixed paraffin embedded samples of canine inflammatory mammary tumours were obtained. These samples had been taken from of dogs by large incisional biopsy (n=26). Animals presented to consult with clinical signs of inflammatory mammary carcinoma (oedema, skin redness, pain, warmth) and by histopathologic analysis, the characteristic invasion of dermal lymphatic vessels by tumour emboli was confirmed. Samples were retrieved between the years of 2010 and 2012. Other non-inflammatory mammary tumours, classified histologically as tubulopapillary carcinomas (n=6), were obtained to compare against the CIMC tumour series. These tumour samples have been partially used in another study by our group, currently submitted for publication.

#### Histopathologic evaluation

All specimens had been fixed in 10% neutral buffered formalin for 2 to 7 days, and after macroscopic analysis, sections representative of the tumour lesions were dehydrated and embedded in paraffin. A 3µm thick section was processed for routine haematoxylin and eosin (HE) staining for diagnostic purposes. Tumours were independently evaluated by two veterinary pathologists (J.P. and I.P.) who then agreed on the established diagnoses, according to the criteria defined by World Health Organization (WHO) for the histological

classification of mammary tumours of domestic animals.<sup>25</sup> The histopathologic diagnosis stated the presence of dermal lymphatic invasion and through investigation of the medical records, clinical signs of CIMC were confirmed for a definite diagnosis. The clinicopathological characteristics observed included: ulceration, necrosis, lymph node metastasis, vascular mimicry, mitotic grade, tubular differentiation grade, nuclear grade and histological grade of malignancy. Vascular mimicry was determined by the presence of endothelial-like cells, following previously published criteria.<sup>26</sup> The number of mitosis was counted in 10 high-power fields and classified in 3 grades according to the recommended guidelines.<sup>11</sup> Tubular differentiation, nuclear grade and histological grade of malignancy were also evaluated according to the recent recommendations for CMT grading. <sup>11</sup> The anonymity of the patients was maintained throughout this study. Client consent for use of patient samples was obtained for all the cases.

#### RNA extraction and cDNA synthesis

The extraction of RNA from formalin-fixed paraffin-embedded tumour samples was carried out using PureLink FFPE Total RNA Isolation Kit (K1560-02, Invitrogen, Carslbad, CA, USA), according to the manufacturers recommendations. For this study, 26 formalin fixed paraffin embedded tumour samples of CIMC and 6 tubulopapillary carcinomas were analysed. Briefly, five 10µm tissue sections were dewaxed and lysed with proteinase K. The lysate was purified through binding and washing steps. Finally, the eluted RNA was digested with DNase I (Invitrogen, Carslbad, CA, USA) eliminate genomic DNA contamination. The RNA quantity and 260/280 ratios were verified on the spectrophotometer Nanodrop 1000 (ThermoScientific, Waltham, MA, USA) and integrity was checked by examining the presence of mRNA subunits after running a 5µL sample in a 2% agarose gel. The presence of clear bands, without a vertical smear indicated good integrity RNA.

Since most samples did not have mRNA integrity of the required quality, cDNA synthesis was carried out by an alternative method employing Single Primer Isothermal Amplification (SPIA) technology as recommended by the manufacturer of Ovation FFPE WTA System (3403, Nugen, Leek, Netherlands). The complete process of cDNA synthesis by SPIA consists in the generation of two strands of cDNA in two separate steps which are amplified by SPIA at the end of the process. Firstly, RNA demodification was carried out to eliminate the formation of secondary structure RNA, followed by the primer annealing and then the synthesis of hybrid cDNA strands.

For the purification of the cDNA obtained, the Agencourt RNAClean XP purification beads, supplied with the Ovation FFPE WTA system were applied and the purified DNA used in the final step of SPIA amplification. A step of cDNA purification followed using the Qiagen QIAquick PCR Purification Kit (28104, Qiagen, Limburg, Netherlands).

The quality of cDNA was verified as previously described, by performing amplification of reference genes (HPRT, GAPDH or RSP19) by standard polymerase chain reaction, using a *Taq* polymerase, before processing the samples for qPCR.

#### Quantitative Real Time PCR (qPCR)

Sequences of canine mRNA for the target genes were obtained from the Ensembl website (www.ensembl.org/Canis\_familiaris). Primers were designed using PrimerPlus online software (http://www.bioinformatics.nl/cgi-bin/primer3plus/primer3plus.cgi/) applying the optimal qPCR settings, and checked for the presence of hairpins, primer dimer formation at low entropy with the Oligo DT analyzer web tool (https://www.idtdna.com/calc/analyzer).

To assure the amplification of coding regions and not any remainder genomic cDNA, the location of at least one of the primers spanning exon-exon junctions was confirmed by using the online tool Primer-Blast (http://www.ncbi.nlm.nih.gov/tools/primer-blast/). The primer sequences and relevant parameters are listed on table 1.

In agreement with recommendations for good practices in qPCR experiments,<sup>27</sup> the geometric mean of RNA gene expression of three reference genes (GAPDH, RPL32, RSP19) was used to determine the relative expression of target genes.

The concentration of the primers used was optimized beforehand using serial dilutions of cDNA synthesized from mRNA obtained from REM 134 cells. For each sample three technical replicates were run and dissociation curves analysed individually to rule out the formation of non-specific PCR products, such as primer dimers and background amplification. The presence of a single peak at the known product melting temperature and the absence of any primer- dimers that might have generated a peak at a lower temperature was the criteria used to assess the purity of the PCR product.<sup>28</sup> Standard curves were produced from serial dilutions of samples to evaluate the PCR efficiency.

For the qPCR reaction, primers were diluted at concentrations of 100-300nM, according to previous optimization results, and cDNA was diluted 1:10. The components of a master mix were set according to the instructions of the manufacturers of SYBR green UDG (11733-046, Invitrogen, Carslbad, CA, USA). The qPCR thermal cycler (Agilent, MxPro 3005, USA) was programmed for : UDG incubation at  $50^{\circ}$ C for 2 mins, Taq activation at 95°C for 2 min; 45 cycles of 95°C for 15 seconds, 60°C for 30 seconds; and finally 95°C for 1 min, 60°C for 30 seconds, 95°C for 15 seconds and 25°C for 30 seconds. The extended 45 cycle program was set to determine low levels of transcript levels, registered from Ct=21 up till Ct=38. Data was analysed in the MxPro software (Agilent, USA). According to Schmittgen and Livak (2008),<sup>29</sup>the target gene expression relative to the reference gene was calculated by applying the following formula to the mean Ct values for each sample:  $2^{-Ct} = 2^{-Ct}$  (ref gene) - Ct(target gene) where Ct designates the cycle threshold at which the fluorescent light overcomes the

background noise and the result is expressed in arbitrary units. The geometric mean of the Ct values for the reference gene was considered.

#### Statistical analysis

To compare means of two groups with non-parametric distributions, Wilcoxon ranksum test was used. For the analysis of correlations between non-parametric distribution groups, a Kendal tau B statistical test was used. Analysis of associations with clinicopathological variables was performed by using Chi-Square Pearson statistical test. The statistical analysis was performed using the software SPSS v.17.0 (Statistical Package for the Social Sciences, IBM). To divide values of relative gene expression into low and high, the cut off value was applied by the median values of RGE for each group. The statistical significance value was considered to be P<0.05.

#### Results

#### *Tumour samples*

The tumours used in this study were obtained from a population of dogs of varied breeds (Table 2). In the group of inflammatory carcinomas, mongrels are the largest group represented (38.5%). The mean age of the animals from both groups was comparable (10.8 years old in both groups). The information on the status of lymph node metastasis was not available for 53.9% (n=14) of the cases of inflammatory carcinomas and 33.6% (n=2) of the non-inflammatory carcinomas group. All the tumour samples of inflammatory carcinomas had arisen as primary tumours. The histopathologic analysis of malignancy grade confirmed all these tumours had high histopathologic grade of malignancy (grade 3).

Relative gene expression of canine mammary Inflammatory versus non-inflammatory carcinomas

In the group of inflammatory carcinomas, relative gene expression expressed as mean $\pm$ SEM was 0.566 $\pm$ 0.018 for COX-2, 0.050 $\pm$ 0.016 for VEGF, 0.516 $\pm$ 0.321 for tribbles1, 0.138 $\pm$ 0.049 for synuclein gamma, 0.0168 $\pm$ 0.009 for CCR2, 0.010 $\pm$ 0.003 for CSF1R, 1.845 $\pm$ 0.578 for vimentin and 40.136 $\pm$ 9.517 for CCL2. In the tubulopapillary carcinomas group, expression for VEGF and CSF1R was positive in only one of the six cases, expression for COX-2, tribbles1, SNCG and CCR2 was negative in all cases, expression 17.967 $\pm$ 17.521 for vimentin, and 22.465 $\pm$ 4.727 for CCL2.

Relative gene expression (RGE) of COX-2, VEGF-A, SNCG, tribbles 1 and CSF1R was higher in inflammatory than in non-inflammatory carcinomas and these differences are statistically significant (Figure 1). The differences observed on the RGE values for the other biomarkers (CCL2, CCR2 and vimentin) were considered non-significant.

Regarding correlations between the RGE of biomarkers studied within the group of inflammatory carcinomas (Table 3), it is noteworthy a moderate and positive correlation between tribbles 1 and synuclein gamma (r=0.512, P=0.001), which might indicate co-expression in inflammatory carcinomas and suggests an interaction between the two proteins. Other weaker positive and statistically significant correlations were obtained between the RGE of VEGF-A and tribbles (r=0.396, P=0.008), VEGF-A and COX-2 (r=0.326, P=0.024), VEGF-A and SNCG (r=0.314, P=0.031) and CSF1R and tribbles 1 (r=0.310, P=0.042). A tendency was observed for a correlation between COX-2 and tribbles 1 (r=0.296, P=0.051) with borderline values of statistical significance.

#### Association between RGE grade and clinicopathological variables

Within the group of canine inflammatory carcinomas (N=26), the presence of associations with the clinicopathological variables studied and the relative gene expression

grade of COX-2, VEGF, tribbles1, SNCG, CCR2, CSF1R, vimentin and CCL2 was analysed by Pearson Chi-Square test.

Between CCR2 relative gene expression grade and the mitotic grade, a statistically significant association was observed (P=0.005). Most of the tumours classified with mitotic grade 3 (11/13) had high grade CCR2 relative gene expression and conversely, in the majority of tumours presenting mitotic grade 2 (moderate) a low grade of CCR2 relative gene expression was obtained. For the other biomarkers studied (CSF1R, COX-2, VEGF, CCL2, tribbles1, vimentin and SNCG) no statistically significant associations were obtained with clinicopathological variables in this study.

#### Discussion

In this retrospective study, a comparative approach was used to investigate the expression of genes that might serve as new biomarkers for canine mammary tumours, and in particular, inflammatory carcinomas. One of the main limitations of this study was the reduced tumour series size, including only 6 control samples, and limited biological material preserved in formalin and embedded in paraffin which we used to extract RNA. The reliability of the mRNA extracted from FFPE tissues has been corroborated by other authors <sup>30-32</sup> and was here verified by previous amplification of reference genes. To our best knowledge, the determination of gene expression levels of tribbles 1, CSF1R, CCL2, CCR2, synuclein gamma and vimentin constitutes a novelty in dog mammary tumours and therefore in inflammatory carcinomas.

COX-2 is an enzyme converting arachidonic acid into different prostaglandins that serves as an important inflammatory mediator.<sup>33</sup> The role of COX-2 in breast cancer carcinogenesis of both humans and dogs has been studied for its association with formation of

metastasis and angiogenesis <sup>34-36</sup> and a worse prognosis.<sup>37</sup> In our results COX-2 overexpression was verified in CIMC comparatively to non-CIMC tumours, contrary to results of COX-2 mRNA expression obtained by comparing a set of IBC with non-IBC samples. <sup>38</sup> By ELISA, COX-2 expression has been investigated in tissue homogenates of CIMC,<sup>7</sup> and higher levels of this enzyme were found relatively to malignant canine mammary tumours. In this study we also found a positive correlation between COX-2 and VEGF expression, which is in agreement with previous studies in humans <sup>34</sup> and dogs.<sup>35</sup>

Vascular endothelial growth factor (VEGF) is a biomarker of angiogenesis associated with poor outcome in IBC patients and overexpressed in CIMC relatively to non-CIMC tumours, as confirmed in our results. <sup>39,40</sup> Also, statistically significant correlations were obtained between VEGF and tribbles1 and between VEGF and synuclein gamma, both unreported until now in canine mammary tumours. However, since these are weak correlations, a study comprising an enlarged population would be necessary to achieve firm conclusions on these correlations.

Tribbles 1 is a gene of the pseudokinase family which has been identified as a myeloid oncogene involved in acute myeloid leukaemia,<sup>41</sup> although its role as a tumour suppressor gene has also been described for the same disease.<sup>42</sup> Tribbles 1 is an intervenient the regulation of mitosis and cell movements during morphogenesis, controlled by Snail and Twist, both involved in epithelial to mesenchymal transition (EMT).<sup>24</sup> However, this is not the preferred pathway for migration and metastasis in IBC, since downregulation of TGF $\beta$ <sup>43</sup> and a predominance of E-cadherin has been shown in these cases.

In our results, both tribbles 1 and synuclein gamma appear upregulated in CIMC cases and present a statistically significant correlation between them, although its meaning requires mechanistic studies to be fully understood. Although it is not likely that synuclein gamma and tribbles 1 are cooperating in the EMT process in IBC, both have been studied for the participation in steps of carcinogenesis. Tribbles 1 expression is not well studied in breast cancer yet, but it has been reported to be involved in a breast carcinogenesis mechanism by ephrin receptor B6 silencing, as a target of several miRNAs.<sup>44</sup> Tribbles 1 has also been described to be an independent predictor of prognosis in ovarian cancer in a study of primary tumour cultures derived from ascitic fluids.<sup>45</sup> Tribbles 1 is recognized as an essential factor for prostate carcinoma growth and survival in 3D culture environments, overexpressed in clinical samples of prostatic cancer.<sup>46</sup>

Synuclein gamma, also designated breast cancer specific gene 1, is a biomarker of poor prognosis in triple negative human breast cancer,<sup>23</sup> a characteristic of 30-40% of IBC cases.<sup>1</sup> Synuclein gamma is expressed in neoplastic mammary gland, but not in normal epithelial mammary glandular cells.<sup>47</sup> In vitro overexpression of synuclein gamma in the breast cancer cell line MDA-MBA-435 caused increased cell motility and invasiveness, which was confirmed in vivo, by injecting these cells in the mammary fat pads of nude mice, producing enhanced metastasis to the lymph nodes and increased tumour cell growth.<sup>22</sup> Later on, the involvement of synuclein gamma with ERK and Rho GTPases signalling was suggested to be responsible for the increased motility and migration observed in breast cancer cell lines in vitro.<sup>48</sup> In MDA-MB-231 mammary cancer cells, targeting synuclein gamma with siRNA has been shown to reduce proliferation and migration dowregulating phosphorylation of ERK and AKT, and also induce apoptosis by cell cycle arrest.<sup>49</sup> Moreover, in a colon cancer cell line it has been demonstrated that induced synuclein gamma overexpression increased cell migration, invasion and adhesion to endothelial cells.<sup>50</sup> The overexpression of synuclein gamma we observed in CIMC could be related with the prominent role of cell migration and invasion in this tumour type.

Increased RGE of CSF1R was observed in CIMC, similarly to a study of IBC analysing NF-κB related genes where CSF1R was found to be upregulated relatively to non-IBC

tumours.<sup>51</sup> A statistically significant correlation is also observed between tribbles1 and CSF1R relative gene expression, which could reflect tribbles1 involvement in macrophage migration <sup>52</sup> which is also partly governed by CSF-1 signalling.<sup>18</sup>

Overall, relative gene expression of COX-2, VEGF, tribbles1, SNCG and CSF1R was found to be increased in CIMC cases relatively to non-CIMC, which could be implicated in the pathogenesis of this disease, but could not be associated with prognosis nor metastasis due to limited population and follow up data.

Relatively to the associations found between CCR2 relative gene expression and the mitotic grade (P=0.005), no comparable reports have been found in the literature. However, experiments performed in a prostate carcinoma cell line indicated that inhibition of CCR2 has caused decreased proliferation and augmented apoptosis,<sup>53</sup> which relates to our results.

Due to the fact that all CIMC tumours had high histological grade of malignancy (grade 3) no significant associations were established with this clinicopathological variable.

Surprisingly, in our results no associations with clinicopathological variables were observed for COX-2 relative gene expression in CIMC, in agreement with observations for other malignant CMT,<sup>35</sup> but opposed to what has been verified in other reports <sup>7,54,55</sup> with observation of associations to tumour size and histological grade of malignancy.

Also for VEGF relative gene expression, no association with clinicopathological variables was registered here in agreement with some authors,<sup>35,56</sup> but contrary to other reports.<sup>57</sup> These disparate results from a comparative aspect demonstrate the need to continue investigating this neoplasia at clinical and molecular levels to better understand its pathophysiology.

#### Conclusions

With this work we aimed to contribute to the study of the tumour microenvironment of canine inflammatory mammary carcinomas. To the best of our knowledge this is the first report of elevated gene expression levels of synuclein gamma, tribbles 1 and CSF1R in CIMC versus other malignant canine mammary tumours. Moreover, significant correlations between these markers were found, in particular between synuclein gamma and tribbles 1, which might have a role in the aggressive behaviour of CIMC and possibly also in IBC. In IBC the role of tribbles1 and synuclein gamma expression has not been evaluated yet, and the possibility for their implication in the pathogenesis of this disease will require further research. The discovery of novel tumour biomarkers allows an enhanced knowledge on the biological behaviour of these aggressive mammary tumour type and suggests potential therapeutic targets.

#### **Conflict of interest statement**

None of the authors has any personal or financial relationships with other people or organizations that could inappropriately influence or bias this work

#### Acknowledgements

TPR is supported by a grant from the Foundation for Science and Technology, Ministry of Education and Science, Portugal (project no SFRH/BD/79158/2011, QREN – POPH funds). Results were present in part at the congress of the European Society of Veterinary Oncology in Vienna 22<sup>nd</sup> - 24<sup>th</sup> May 2014. The authors would like to thank INNO laboratory for kindly providing tumour samples used in this study.

#### Reference List

- 1. Yamauchi H, Woodward WA, Valero V, Alvarez RH, Lucci A, Buchholz TA, Iwamoto T, Krishnamurthy S, Yang W, Reuben JM, et al. Inflammatory breast cancer: what we know and what we need to learn. Oncologist. 2012;17(7):891-9.
- Queiroga FL, Raposo T, Carvalho MI, Prada J, Pires I. Canine mammary tumours as a model to study human breast cancer: most recent findings. In Vivo 2011 May;25(3):455-65.
- Marconato L, Romanelli G, Stefanello D, Giacoboni C, Bonfanti U, Bettini G, Finotello R, Verganti S, Valenti P, Ciaramella L, et al. Prognostic factors for dogs with mammary inflammatory carcinoma: 43 cases (2003-2008). J.Am.Vet.Med.Assoc. 2009 Oct 15;235(8):967-72.
- 4. Susaneck S, Allen T, Hoopes J, Withrow S, Macy D. Inflammatory mammary carcinoma in the dog. J Am An Hosp Assoc 1983;19:971-6.
- 5. Perez-Alenza MD, Jimenez A, Nieto AI, Pena L. First description of feline inflammatory mammary carcinoma: clinicopathological and immunohistochemical characteristics of three cases. Breast Cancer Res. 2004;6(4):R300-R307.
- 6. Vermeulen PB, van Golen KL, Dirix LY. Angiogenesis, lymphangiogenesis, growth pattern, and tumor emboli in inflammatory breast cancer: a review of the current knowledge. Cancer 2010 Jun 1;116(11 Suppl):2748-54.
- Queiroga FL, Perez-Alenza MD, Silvan G, Pena L, Lopes C, Illera JC. Cox-2 levels in canine mammary tumors, including inflammatory mammary carcinoma: clinicopathological features and prognostic significance. Anticancer Res. 2005 Nov;25(6B):4269-75.
- 8. Pena L, Perez-Alenza MD, Rodriguez-Bertos A, Nieto A. Canine inflammatory mammary carcinoma: histopathology, immunohistochemistry and clinical implications of 21 cases. Breast Cancer Res.Treat. 2003 Mar;78(2):141-8.
- 9. Perez Alenza MD, Tabanera E, Pena L. Inflammatory mammary carcinoma in dogs: 33 cases (1995-1999). J.Am.Vet.Med.Assoc. 2001 Oct 15;219(8):1110-4.
- Robertson FM, Bondy M, Yang W, Yamauchi H, Wiggins S, Kamrudin S, Krishnamurthy S, Le-Petross H, Bidaut L, Player AN, et al. Inflammatory breast cancer: the disease, the biology, the treatment. CA Cancer J.Clin. 2010 Nov;60(6):351-75.
- 11. Goldschmidt M, Pena L, Rasotto R, Zappulli V. Classification and grading of canine mammary tumors. Vet.Pathol. 2011 Jan;48(1):117-31.
- 12. Hanahan D, Weinberg RA. Hallmarks of cancer: the next generation. Cell 2011 Mar 4;144(5):646-74.
- Martin OA, Redon CE, Dickey JS, Nakamura AJ, Bonner WM. Para-inflammation mediates systemic DNA damage in response to tumor growth. Commun.Integr.Biol. 2011 Jan;4(1):78-81.
- 14. Colotta F, Allavena P, Sica A, Garlanda C, Mantovani A. Cancer-related inflammation, the seventh hallmark of cancer: links to genetic instability. Carcinogenesis 2009 Jul;30(7):1073-81.
- 15. de Andres PJ, Illera JC, Caceres S, Diez L, Perez-Alenza MD, Pena L. Increased levels of interleukins 8 and 10 as findings of canine inflammatory mammary cancer. Vet.Immunol.Immunopathol. 2013 Apr 15;152(3-4):245-51.
- 16. Mohamed MM, El-Ghonaimy EA, Nouh MA, Schneider RJ, Sloane BF, El-Shinawi M. Cytokines secreted by macrophages isolated from tumor microenvironment of

inflammatory breast cancer patients possess chemotactic properties. Int.J.Biochem.Cell Biol. 2014 Jan;46:138-47.

- 17. Clemente M, Sanchez-Archidona AR, Sardon D, Diez L, Martin-Ruiz A, Caceres S, Sassi F, Dolores Perez-Alenza M, Illera JC, Dunner S, et al. Different role of COX-2 and angiogenesis in canine inflammatory and non-inflammatory mammary cancer. Vet.J. 2013 Aug;197(2):427-32.
- Hume DA, MacDonald KP. Therapeutic applications of macrophage colonystimulating factor-1 (CSF-1) and antagonists of CSF-1 receptor (CSF-1R) signaling. Blood 2012 Feb 23;119(8):1810-20.
- Qian BZ, Li J, Zhang H, Kitamura T, Zhang J, Campion LR, Kaiser EA, Snyder LA, Pollard JW. CCL2 recruits inflammatory monocytes to facilitate breast-tumour metastasis. Nature 2011 Jul 14;475(7355):222-5.
- 20. Pollard JW. Macrophages define the invasive microenvironment in breast cancer. J Leukoc Biol 2008;84(3).
- 21. Leek RD, Lewis CE, Whitehouse R, Greenall M, Clarke J, Harris AL. Association of macrophage infiltration with angiogenesis and prognosis in invasive breast carcinoma. Cancer Res 1996;56(20).
- 22. Jia T, Liu YE, Liu J, Shi YE. Stimulation of breast cancer invasion and metastasis by synuclein gamma. Cancer Res. 1999 Feb 1;59(3):742-7.
- 23. Wu K, Huang S, Zhu M, Lu Y, Chen J, Wang Y, Lin Q, Shen W, Zhang S, Zhu J, et al. Expression of synuclein gamma indicates poor prognosis of triple-negative breast cancer. Med.Oncol. 2013;30(3):612.
- 24. Johnston LA. The trouble with tribbles. Curr.Biol. 2000 Jun 29;10(13):R502-R504.
- 25. Misdorp W, Else W, Hellmen E, Lipscomb T. Histological classification of mammary tumors of the dog and the cat. Washington: 1999.
- 26. Clemente M, Perez-Alenza MD, Illera JC, Pena L. Histological, immunohistological, and ultrastructural description of vasculogenic mimicry in canine mammary cancer. Vet.Pathol. 2010 Mar;47(2):265-74.
- 27. Vandesompele J, De PK, Pattyn F, Poppe B, Van RN, De PA, Speleman F. Accurate normalization of real-time quantitative RT-PCR data by geometric averaging of multiple internal control genes. Genome Biol. 2002 Jun 18;3(7):RESEARCH0034.
- 28. Ririe KM, Rasmussen RP, Wittwer CT. Product differentiation by analysis of DNA melting curves during the polymerase chain reaction. Anal.Biochem. 1997 Feb 15;245(2):154-60.
- 29. Schmittgen TD, Livak KJ. Analyzing real-time PCR data by the comparative C(T) method. Nat.Protoc. 2008;3(6):1101-8.
- Antica M, Paradzik M, Novak S, Dzebro S, Dominis M. Gene expression in formalinfixed paraffin-embedded lymph nodes. J Immunol.Methods 2010 Jul 31;359(1-2):42-6.
- 31. Fu P, Ibusuki M, Yamamoto Y, Yamamoto S, Fujiwara S, Murakami K, Zheng S, Iwase H. Quantitative determination of insulin-like growth factor 1 receptor mRNA in formalin-fixed paraffin-embedded tissues of invasive breast cancer. Breast Cancer 2012 Oct;19(4):321-8.
- 32. Kalmar A, Wichmann B, Galamb O, Spisak S, Toth K, Leiszter K, Tulassay Z, Molnar B. Gene expression analysis of normal and colorectal cancer tissue samples from fresh frozen and matched formalin-fixed, paraffin-embedded (FFPE) specimens after manual and automated RNA isolation. Methods 2013 Jan;59(1):S16-S19.
- 33. Simmons DL, Botting RM, Hla T. Cyclooxygenase isozymes: the biology of prostaglandin synthesis and inhibition. Pharmacol.Rev. 2004 Sep;56(3):387-437.

- 34. Kirkpatrick K, Ogunkolade W, Elkak A, Bustin S, Jenkins P, Ghilchik M, Mokbel K. The mRNA expression of cyclo-oxygenase-2 (COX-2) and vascular endothelial growth factor (VEGF) in human breast cancer. Curr.Med.Res.Opin. 2002;18(4):237-41.
- 35. Queiroga FL, Pires I, Parente M, Gregorio H, Lopes CS. COX-2 over-expression correlates with VEGF and tumour angiogenesis in canine mammary cancer. Vet.J 2011 Jul;189(1):77-82.
- 36. Xin X, Majumder M, Girish GV, Mohindra V, Maruyama T, Lala PK. Targeting COX-2 and EP4 to control tumor growth, angiogenesis, lymphangiogenesis and metastasis to the lungs and lymph nodes in a breast cancer model. Lab Invest 2012 Aug;92(8):1115-28.
- 37. Denkert C, Winzer KJ, Muller BM, Weichert W, Pest S, Kobel M, Kristiansen G, Reles A, Siegert A, Guski H, et al. Elevated expression of cyclooxygenase-2 is a negative prognostic factor for disease free survival and overall survival in patients with breast carcinoma. Cancer 2003 Jun 15;97(12):2978-87.
- 38. Van der Auwera I, Van Laere SJ, Van den Eynden GG, Benoy I, Van DP, Colpaert CG, Fox SB, Turley H, Harris AL, van Marck EA, et al. Increased angiogenesis and lymphangiogenesis in inflammatory versus noninflammatory breast cancer by real-time reverse transcriptase-PCR gene expression quantification. Clin.Cancer Res. 2004 Dec 1;10(23):7965-71.
- 39. Arias-Pulido H, Chaher N, Gong Y, Qualls C, Vargas J, Royce M. Tumor stromal vascular endothelial growth factor A is predictive of poor outcome in inflammatory breast cancer. BMC.Cancer 2012;12:298.
- 40. Millanta F, Caneschi V, Ressel L, Citi S, Poli A. Expression of vascular endothelial growth factor in canine inflammatory and non-inflammatory mammary carcinoma. J.Comp Pathol. 2010 Jan;142(1):36-42.
- 41. Yokoyama T, Nakamura T. Tribbles in disease: Signaling pathways important for cellular function and neoplastic transformation. Cancer Sci. 2011 Jun;102(6):1115-22.
- 42. Gilby DC, Sung HY, Winship PR, Goodeve AC, Reilly JT, Kiss-Toth E. Tribbles-1 and -2 are tumour suppressors, down-regulated in human acute myeloid leukaemia. Immunol.Lett. 2010 May 4;130(1-2):115-24.
- Bertucci F, Finetti P, Vermeulen P, Van DP, Dirix L, Birnbaum D, Viens P, van LS. Genomic profiling of inflammatory breast cancer: a review. Breast 2014 Oct;23(5):538-45.
- 44. Bhushan L, Kandpal RP. EphB6 receptor modulates micro RNA profile of breast carcinoma cells. PLoS.One. 2011;6(7):e22484.
- 45. Puiffe ML, Le PC, Filali-Mouhim A, Zietarska M, Ouellet V, Tonin PN, Chevrette M, Provencher DM, Mes-Masson AM. Characterization of ovarian cancer ascites on cell invasion, proliferation, spheroid formation, and gene expression in an in vitro model of epithelial ovarian cancer. Neoplasia. 2007 Oct;9(10):820-9.
- 46. Mashima T, Soma-Nagae T, Migita T, Kinoshita R, Iwamoto A, Yuasa T, Yonese J, Ishikawa Y, Seimiya H. TRIB1 supports prostate tumorigenesis and tumorpropagating cell survival by regulation of endoplasmic reticulum chaperone expression. Cancer Res. 2014 Sep 1;74(17):4888-97.
- 47. Ji H, Liu YE, Jia T, Wang M, Liu J, Xiao G, Joseph BK, Rosen C, Shi YE. Identification of a breast cancer-specific gene, BCSG1, by direct differential cDNA sequencing. Cancer Res. 1997 Feb 15;57(4):759-64.
- 48. Pan ZZ, Bruening W, Godwin AK. Involvement of RHO GTPases and ERK in synuclein-gamma enhanced cancer cell motility. Int.J Oncol. 2006 Nov;29(5):1201-5.

- 49. He J, Xie N, Yang J, Guan H, Chen W, Wu H, Yuan Z, Wang K, Li G, Sun J, et al. siRNA-Mediated Suppression of Synuclein gamma Inhibits MDA-MB-231 Cell Migration and Proliferation by Downregulating the Phosphorylation of AKT and ERK. J Breast Cancer 2014 Sep;17(3):200-6.
- 50. Ye Q, Huang F, Wang XY, Xu YM, Gong FS, Huang LJ, Yang CK, Zheng QH, Ying MG. Effects of gamma-synuclein on the tumorigenicity and metastasis of colon cancer SW1116 cells in vitro and in vivo. Oncol.Rep. 2013 Nov;30(5):2161-70.
- 51. Lerebours F, Vacher S, Andrieu C, Espie M, Marty M, Lidereau R, Bieche I. NFkappa B genes have a major role in inflammatory breast cancer. BMC.Cancer 2008;8:41.
- 52. Liu YH, Tan KA, Morrison IW, Lamb JR, Argyle DJ. Macrophage migration is controlled by Tribbles 1 through the interaction between C/EBPbeta and TNF-alpha. Vet.Immunol.Immunopathol. 2013 Sep 1;155(1-2):67-75.
- 53. Gao J, Wang A, Zhang M, Li H, Wang K, Han Y, Wang Z, Shi C, Wang W. RNAi targeting of CCR2 gene expression induces apoptosis and inhibits the proliferation, migration, and invasion of PC-3M cells. Oncol.Res. 2013;21(2):73-82.
- 54. Guimaraes MJ, Carvalho MI, Pires I, Prada J, Gil AG, Lopes C, Queiroga FL. Concurrent expression of cyclo-oxygenase-2 and epidermal growth factor receptor in canine malignant mammary tumours. J Comp Pathol. 2014 Jan;150(1):27-34.
- 55. Millanta F, Citi S, Della SD, Porciani M, Poli A. COX-2 expression in canine and feline invasive mammary carcinomas: correlation with clinicopathological features and prognostic molecular markers. Breast Cancer Res.Treat. 2006 Jul;98(1):115-20.
- 56. Millanta F, Silvestri G, Vaselli C, Citi S, Pisani G, Lorenzi D, Poli A. The role of vascular endothelial growth factor and its receptor Flk-1/KDR in promoting tumour angiogenesis in feline and canine mammary carcinomas: a preliminary study of autocrine and paracrine loops. Res.Vet.Sci. 2006 Dec;81(3):350-7.
- 57. Qiu CW, Lin DG, Wang JQ, Li CY, Deng GZ. Expression and significance of PTEN and VEGF in canine mammary gland tumours. Vet.Res.Commun. 2008 Aug;32(6):463-72.

qPCR primers	Sense	Sequence 5'-3'	Lenght (bp)	GC (%)	Melting temperature (°C)
COX 2	Forward	TATCAGGTAATTGATGGAGAGGTG	24	41.67	57.57
COX-2	Reverse	CAGCAAACTGCAGGTGTTCA	20	htGC (%)Melting temperature (°C) $41.67$ $57.57$ $50.00$ $59.26$ $42.90$ $54.50$ $40.90$ $53.40$ $50.00$ $56.6$ $50.00$ $57.88$ $45.45$ $59.22$ $47.37$ $55.05$ $55.00$ $59.41$ $61.11$ $59.19$ $37.5$ $57.67$ $50.00$ $56.74$ $50.00$ $58.24$ $55.00$ $59.97$ $55.00$ $59.97$ $55.00$ $59.97$ $55.00$ $59.97$ $55.00$ $59.97$ $55.00$ $59.97$ $55.00$ $60.39$ $55.00$ $60.67$ $55.00$ $60.67$ $55.00$ $60.04$ $50.00$ $55.9$	
CCL 2	Forward	TAAAAGAGTCACCAGCAGCAA	21	42.90	54.50
CCL2	Reverse	TTTAGGACGGTCTTGAAGATCA	Lenght (bp)     GC (%)     Melt temper (°C       `GATGGAGAGGTG     24     41.67     57.5       GCAGGTGTTCA     20     50.00     59.2       ACCAGCAGCAA     21     42.90     54.5       ICTTGAAGATCA     21     40.90     53.4       ICTTGAAGATCA     20     50.00     56.       ICGCCAAAATAC     20     50.00     57.8       GAACAAAGAGGA     22     45.45     59.2       GCAAGGAAGG     19     47.37     55.0       ACTACCTGCT     18     61.11     59.1       AACACCTTGCAG     24     37.5     57.6       GAAGTTCATGG     20     50.00     56.7       CTTGCAAGAGGA     20     55.00     59.6       CTTGCAAGAGGA     20     55.00     59.6  C	53.40	
CCP2	Forward	TCCTTCTCACCATCCCATTC	20	ght     GC       p)     (%)       4     41.67       0     50.00       1     42.90       1     40.90       0     50.00       2     45.45       9     47.37       0     55.00       2     50.00       2     50.00       2     50.00       0     50.00       0     50.00       0     50.00       0     55.00       0     55.00       0     55.00       0     55.00       0     55.00       0     55.00       0     55.00       0     55.00       0     55.00       0     55.00       0     55.00       0     55.00       0     50.00       0     50.00       0     50.00       0     50.00       0     50.00       0	56.6
CCK2	Reverse	Sequence 5'-3'Lenght (bp)GC (%)terTATCAGGTAATTGATGGAGAGGTG2441.67CAGCAAACTGCAGGTGTTCA2050.00TAAAAGAGTCACCAGCAGCAA2142.90TTTAGGACGGTCTTGAAGATCA2140.90TCCTTCTCACCATCCCATTC2050.00AGAAGGTCCCGCCAAAATAC2050.00AGAAGGTCCCGCCAAAATAC2050.00AGAAGGTCCCGCCAAAATAC2050.00AGAAGGTCCCGCCAAAATAC2050.00AGAAGGTCCCGCCAAAAGAGGA2245.45TTCTTGGATGCAAGGAAGGA1947.37GTGGTCACCAGCATCAACAC2055.00GTTGTTCTAGGTCCTCCTTTCG2250.00CATCGCCGACTACCTGCT1861.11TGTTTAATAGGAAACACCTTGCAG2437.5CGAAGTGGTGAAGTTCATGG2050.00GCGGGAGAAGTTGCAAGAGGA2055.00CGCTGGAGAAGCTGCCAAA2055.00CGTCGAAGGTGGAAAGCTGCCAAA2055.00CGTCGAAGGTGGAAGATGT2055.00CGTCGAAGGTGGAAGATGGG2060.00CATCGATCGCTGGGCATCAT2055.00CTGGTGCCGGATGAACTTCT2055.00CTGGTGCCGGATGAACTTCT2055.00CTGGTGCCGGATGAACTTCT2055.00CTGGTGCCGGATGAACTTCT2055.00CTTCCTCAAAAAGTCTGGG2050.00CTTCCTCAAAAAGTCTGGG2050.00CTTCCTCCAAAAAGTCTGGG2050.00	57.88		
CSE1D	Forward	AACAAGACCTGGACAAAGAGGA	22	ght     GC (%)       41.67       50.00       42.90       40.90       50.00       42.90       40.90       50.00       50.00       45.45       47.37       55.00       61.11       37.5       50.00       55.00       52.38	59.22
CSF1R Synuclein	Reverse	TTCTTGGATGCAAGGAAGG	19	47.37	55.05
Synuclein	Forward	GTGGTCACCAGCATCAACAC	20	55.00	59.41
gamma	Reverse	GTTGTTCTAGGTCCTCCTTTCG	22	50.00	58.41
gamma Reverse GTTGTTCT Tribbles Person TCTTTA TAC	CATCGCCGACTACCTGCT	18	61.11	59.19	
THOULES	Reverse	TGTTTAATAGGAAACACCTTGCAG	(bp)(%)(%)CGATGGAGAGGTG2441.6757.57GCAGGTGTTCA2050.0059.26ACCAGCAGCAA2142.9054.50ICTTGAAGATCA2140.9053.40CCATCCCATTC2050.0056.6CGCCAAAATAC2050.0057.88GGACAAAGAGGA2245.4559.22GCAAGGAAGG1947.3755.05AGCATCAACAC2055.0059.41GTCCTCCTTTCG2250.0058.41ACTACCTGCT1861.1159.19AACACCTTGCAG2437.557.67GAAGTTCATGG2050.0058.24TTGCAAGAGGA2055.0059.97AAGCTGCCAAA2055.0059.97AAGCTGCCAAA2055.0060.67GATGAAGATGG2055.0060.67GATGAACTTCT2055.0060.67GATGAACTTCT2055.0060.67GATGAACTTCT2055.0060.67GATGAACTTCT2055.0060.67GATGAACTTCT2055.0060.67GATGAACTTCT2055.0060.67GATGAACTTCT2055.0060.67GATGAACTTCT2055.0060.67GATGAACTCTGGG2050.0055.9TAGGGAGCAAG2152.3858.2	57.67	
VECEA	Forward	CGAAGTGGTGAAGTTCATGG	Lenght (bp)     GC (%)     ter       24     41.67     1       20     50.00     1       21     42.90     1       20     50.00     1       21     42.90     1       20     50.00     1       20     50.00     1       20     50.00     1       20     50.00     1       20     55.00     1       21     40.90     1       20     50.00     1       20     50.00     1       21     47.37     1       20     55.00     1       20     50.00     1       20     50.00     1       20     50.00     1       20     55.00     1       20     55.00     1       20     55.00     1       20     55.00     1       20     55.00     1       20     50.00     1 <tr< td=""><td>56.74</td></tr<>	56.74	
VEGFA	Reverse	GCAGGATGGCTTGAAGATGT		58.24	
Vimontin	Forward	CGGGAGAAGTTGCAAGAGGA	20	55.00	59.68
vimentiii	Reverse	TCCACTTTCCGCTCAAGGTC	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
CADDH	Forward	GCCTGGAGAAAGCTGCCAAA	20	55.00	61.18
GAPDH	Reverse	CGTCGAAGGTGGAAGAGTGG	20	60.00	60.39
DDI 22	Forward	CATCGATCGCTGGGCATCAT	20	55.00	60.67
KPL32	Reverse	CTGGTGCCGGATGAACTTCT	20	55.00	60.04
DCD10	Forward	CCTTCCTCAAAAAGTCTGGG	20	50.00	55.9
K3F19	Reverse	GTTCTCATCGTAGGGAGCAAG	21	52.38	58.2

Table 1 - Sequence and characteristics of qPCR primers used in this study.

Table 2 - Characteristic	es of the	population	studied
--------------------------	-----------	------------	---------

	Breed		Age		LN metastasis		Primary CIMC	
		n	%				n; %	%
Inflammatory carcinomas	Mongrel	10	38.5	Mean	10.8	Present	9; 34.6	100
(n=26)	Poodle	2	7.7	Minimum	6	Absent	3; 11.5	
	Cocker spaniel	4	15.4	Maximum	17	Unknown	14; 53.9	
	Labrador Retriever	1	3.9	≤10 years old	n=12; 46%			
	Golden retriever	2	7.7	>10 years old	n=14; 54%			
	Boxer	3	11.5					
	Bichon Frisé	1	3.9					
	Pekingese	1	3.9					
	German Shepherd	1	3.9					
	Great Dane	1	3.9					
Non- inflammatory carcinomas (n=6)	Mongrel	1	16.6	Mean	10.8	Present	3; 50	
	Husky	1	16.6	Minimum	6	Absent	1; 16.7	
	Setter Spaniel	1	16.6	Maximum	16	Unknown	2; 33.3	
	Boxer	1	16.6	≤10 years old	n=3; 50%			
	Poodle	1	16.6	>10 years old	n=3; 50%			
	Pekingese	1	16.6					

LN - lymph node; CIMC - inflammatory carcinoma

Kendall's tau b n=26	VEGF	Tribbles1	SNCG	CCR2	CSF1R	Vimentin	CCL2
COX-2	r=0.326 P=0.024	r=0.296 P=0.051	r=0.240 P=0.103	r=0.007 P=0.962	r=0.070 P=0.634	r=0.070 P=0.624	r=-0.127 P=0.373
VEGF	_	r=0.396 P=0.008	r=0.314 P=0.031	r=0.233 P=0.123	r=0.160 P=0.270	r=0.134 P=0.341	r=0.097 P=0.493
Tribbles1	-	_	r=0.512 P=0.001	r=0.071 P=0.654	r=0.310 P=0.042	r=0.279 P=0.590	r=0.100 P=0.500
SNCG	_	_	_	r=-0.033 P=0.829	r=0.253 P=0.088	r=0.119 P=0.407	r=-0.087 P=0.545
CCR2	-	_	-	-	r=0.055 P=0.719	r=0.124 P=0.408	r=-0.081 P=0.587
CSF1R	_	_	_	:_	_	r=0.177 P=0.218	r=-0.048 P=0.737
Vimentin	_	_	_	_	_	_	r=0.163 P=0.243

Table 3: Matrix of correlations for the biomarkers studied, obtained by the Kendall's tau b statistical test



