

The Phox2 pathway is differentially expressed in neuroblastoma tumors, but no mutations were found in the candidate tumor suppressor gene *PHOX2A*

ANNICA WILZÉN¹, STAFFAN NILSSON², ROSE-MARIE SJÖBERG¹,
PER KOGNER³, TOMMY MARTINSSON¹ and FRIDA ABEL^{1,2}

¹Department of Clinical Genetics, Gothenburg University, S-416 85 Gothenburg; ²Department of Mathematical Statistics, Chalmers University of Technology, S-412 96 Gothenburg; ³Childhood Cancer Research Unit, Karolinska Institutet, Astrid Lindgren Children's Hospital Q6:05, S-171 76 Stockholm, Sweden

Received September 4, 2008; Accepted October 22, 2008

DOI: 10.3892/ijo_00000196

Abstract. Neuroblastoma (NB), a tumor of the sympathetic nervous system, is the most common solid tumor in childhood. By microarray expression analysis (Affymetrix HU133A) important players in the noradrenalin biosynthesis pathway (*DBH*, *DDC*, *GATA2*, *GATA3*, *PHOX2A*, *PHOX2B*, *SLC6A2*, *SLC18A1* and *TH*) were found to be among the top ranked genes in showing lower expression in unfavorable NB tumor types as compared to favorable ones. By quantitative PCR with TaqMan, this result was significantly verified for all transcripts ($p < 0.05$, one-tailed) in a new set of 11 primary NB tumors (5 favorable vs. 6 unfavorable). *PHOX2A*, a downstream target of Phox2b, was found to be the sixth ranked gene from the microarray gene list. Since the *PHOX2A* gene is localized in a tumor suppressor candidate region at 11q, we screened this gene for mutations by DNA sequencing in 47 tumors of different stages. However, no critical changes were found that could support its role in tumor development or progression. Overall, the findings in this study either suggest that expression of this pathway could be a predictive differentiation marker of NB tumors, or our results could also imply that the noradrenalin biosynthesis pathway is involved in tumor pathogenesis.

Introduction

Neuroblastoma (NB) develops from the primitive sympathetic neuronal precursors and the tumor cells probably develop during the embryonic period. Most NB's are undifferentiated tumors and consist of immature neuroblasts. Tumors showing partial differentiation are named ganglioneuroblastoma and

the most differentiated state is ganglioneuroma. NB arise in the adrenal medulla (~50%), or elsewhere along the sympathetic ganglia in the chest, abdomen or in pelvis (1). Anatomic pathophysiology of NB is closely connected to the development of the sympathetic nervous system in infants, where the origin and migration of the neuroblasts during embryogenesis correlates to the sites of the primary tumors. The localization of the tumors seems to vary with age of onset, small children, i.e. those who are diagnosed before one year, frequently have tumors in thorax and pelvis, while older children develop tumors mainly in abdominal cavity.

NB shows a wide spectrum of biological behavior and there are various genetic features observed in the tumors. The most important showing a prognostic value are *MYCN* amplification and 1p-deletion (1,2). Other chromosomal abnormalities frequently observed in NB tumors are deletions of chromosomes 11q, 14q and 3p, and gain of 17q. Recent findings show that the prevalence of 11q deletions is similar to 1p deletions and associated with stage 4 disease (3). Guo and colleagues found 11q deletions at a frequency of 43% of tumor cases, which suggest it to be the most common deletion observed in NB tumors (4). Moreover, the 11q status has also been shown to enable the identification of patients with an increased risk for relapses (3). Deletion-mapping studies have defined a crucial region at 11q23.3-q24. However, this region was initially defined by only a few tumor specimens and most cases show large hemizygous deletions from 11q14 to 11qter (4-6). The different heterozygously deleted chromosomal regions in NB tumors (e.g. 1p, 11q, 3p) have long been suggested to harbour one or several tumor suppressor genes with mutations in the remaining allele. Several tumor suppressor candidates have been proposed during the years, but so far the *PHOX2B* gene located at 4p13 is the most trustworthy candidate with identified mutations, which are believed to play a role in NB pathogenesis (7-10). Phox2b is a homeobox transcription factor of the noradrenergic biosynthesis pathway, which controls parts of the neural developmental program as well as maintenance of noradrenergic cells (11,12). Phox2b is essential to induce expression of its homologue Phox2a (13,14), which is localized near the deletion breakpoint of several 11q-deleted NB tumor specimens (i.e. 11q13.4).

Correspondence to: Dr Frida Abel, Chalmers University of Technology, Institution of Mathematical Sciences, Department of Mathematical Statistics, S-412 96 Gothenburg, Sweden
E-mail: frida.abel@gu.se

Key words: noradrenergic, child, vesicular monoamine transporter 1

Phox2a and Phox2b are coexpressed in adult noradrenergic cells, and they are able to induce transcription of each other (12,15) and to auto-regulate their own expression (16). Together, these two highly conserved proteins control expression of downstream targets important for the noradrenergic phenotype.

In the current study, we performed a global microarray expression analysis (Affymetrix HU133A) on six primary NB tumors from a Swedish patient group. From the microarray top-ranked genes, nine transcripts belonging to the noradrenergic biosynthesis pathway were selected for further verification by real-time PCR in an expanded tumor set (n=18). The 6th ranked gene was the paired-homeobox 2a gene (*PHOX2A*). Due to its near connection to Phox2b and its location on 11q, we screened *PHOX2A* for inactivating mutations to investigate its potential role as a tumor suppressor in NB.

Materials and methods

Experimental design. Tumors were divided into two biologically based groups by the following criteria: favorable (F); NB patient with no evidence of disease (NED) with a primary tumor staged 1-3 with no *MYCN*-amplification (MNA), no 1p deletion (1pdel), and no 11q deletion (11qdel). Unfavorable (UF); NB patient with advanced stage of disease or dead of disease (DOD) with a primary tumor staged 4, or with a primary tumor staged 3 with *MYCN*-amplification and/or 1pdel and/or 11qdel (Table I).

Patients. A set of 56 primary NB tumors of different stages and one Wilms tumor was used in the study, six tumors were used for the microarray study and 18 tumors were used for the quantitative PCR (QPCR) expression analysis, of which five were included in both the microarray and QPCR expression analysis (Table I). A set of 47 tumors were included for DNA sequencing, of which eight samples were used in both QPCR expression and sequencing analysis and one sample was used in both microarray and sequencing analyses. The NB cell line SK-N-AS was employed as a calibrator control for the expression analysis. Tumor samples were obtained fresh-frozen at surgery from Swedish patients with diagnosed NB. The patients were staged according to the International Neuroblastoma Staging System criteria (17). MNA and 1pdel status of the tumor samples have been investigated in previous studies (18,19) using FISH analysis and PCR-based DNA polymorphism. Moreover, copy number variations of MNA, 1pdel and 11qdel have also been investigated by Affymetrix 250K SNP arrays (20).

RNA preparation and microarray analysis. Snap-frozen tumor material (30 mg) from 19 samples were homogenized by TissueLyser (Qiagen, Hilden, Germany) and total RNA was extracted using Totally RNA (Ambion, St. Austin, TX), according to the suppliers' protocols. The total RNA purity and integrity were evaluated by spectrophotometric analysis using the ND-1000 (Saveen Werner AB, Malmö, Sweden) and the Bioanalyzer 2100 (Agilent, Palo Alto, CA), respectively. All RNA samples showed an A_{260}/A_{280} nm ratio in the range of 1.9-2.1, and RNA Integrity Numbers (RIN) >7.0. A global

expression analysis was performed on six tumor samples; three favorable (14E6, 12E8 and 15E3) and three unfavorable (10R2, 15R3 and 16R4) NB tumors (Table I). The total RNA was labeled and hybridized to the Affymetrix oligo array U133A at the Swegene Microarray Resource Centre (MARC) in Lund. Swegene MARC provided expression raw data and expression evaluation. Normalization, clustering analysis and statistical analysis of expression data was done in collaboration with the Bioinformatics Core Facility in Gothenburg. Raw microarray data were processed, visualized and quality controlled using packages from Bioconductor. For all probe sets on the microarray, a two-side SE-corrected t-test on the set of six patients was performed to identify candidate genes with a significant differential expression pattern between NB patients with unfavorable vs. favorable outcome.

QPCR with TaqMan. Eighteen NB tumors, of which nine were classified as favorable and nine as unfavorable were used for real-time PCR expression analysis with TaqMan microfluid cards (MFC; Table I). The RNA samples were reverse transcribed using High-Capacity cDNA reverse transcription kit (Applied Biosystems, Foster City, USA). cDNA synthesis was performed in 20 μ l reactions containing 1 μ g RNA; 1X RT buffer; 4 mM dNTP mix; 1X RT random primers; 50 U reverse transcriptase and 20 U RNase inhibitor. Samples were reverse transcribed under following conditions: 25°C for 10 min, 37°C for 120 min and 85°C for 5 sec.

Inventoried TaqMan assays for nine genes in the Phox2 pathway, six endogenous controls and 82 other genes of interest were selected, and added to the MFC's chart. Cards holding 96 preloaded assays were ordered from Applied Biosystems. Real-time PCR was prepared by filling each reservoir with a mixture (in total 100 μ l) containing 1X TaqMan mastermix and 83 ng total RNA converted to cDNA. The 384-well cards were processed and run according to manufacturer's protocol using the ABI PRISM® 7900 HT Sequence Detection System (SDS v.2.2, Applied Biosystems). Amplification reactions were run in simplex. Thermal cycling was initiated with a 2 min incubation at 50°C, followed by a denaturation step of 10 min at 94.5°C and then by 40 cycles of 30 sec at 97°C and 1 min at 59.7°C.

QPCR - Quantification and normalization. Quantification was performed by the relative quantification method ($\Delta\Delta C_t$ method). In summary, threshold and baseline were set manually in SDS and C_t values were extracted. All samples were normalized to the geometric mean of three endogenous genes: *ADA*, *GAPDH*, *GUSB*. To adjust for discrepancy between runs, all samples were compared to a calibrator sample (SK-N-AS), which was loaded on each card. Fold changes and statistical comparison between groups (UF vs. F) was calculated using \log_2 (C_t) expression values from each sample. The significance of differential expression was calculated using a one-tailed t-test. The correlation of expression between transcripts in the Phox2-pathway was calculated by Pearson's correlation test within each group. The relation of expression values detected by microarray analysis vs. QPCR analysis was also calculated by Pearson's correlation. In order to quality check the data, box plots for each gene was plotted using \log_2 expression values and they was exploited

Table I. Clinical data of tumors used in this study.

No.	Case	Stage	Age	Outcome	NMA	1pdel	11qdel	Analysis	Group in expression analysis
1	18E8	1	9	NED	Neg	Neg	Neg	QPCR	F
2	14E6	1	13	NED	Neg	Neg	Neg	MA, PHOX2A seq	F
3	35R5	1	14	NED	Neg	Neg	Na	PHOX2A seq	
4	35R8	1	14	NED	Neg	Neg	Neg	QPCR	F
5	16E1	1	18	NED	Neg	Neg	Neg	PHOX2A seq	
6	15E6	1	22	NED	Neg	Neg	Na	PHOX2A seq	
7	14R4	1	32	NED	Neg	Neg	Neg	PHOX2A seq	
8	31R8	1	45	NED	Neg	Neg	Neg	QPCR	F
9	20R9	2	3	NED	Na	Na	Na	QPCR	F
10	33R7	2	3	NED	Neg	Neg	Na	QPCR	F
11	25R8	2	6	NED	Neg	Neg	Neg	PHOX2A seq	
12	23R4	2	9	NED	Neg	Neg	neg	QPCR, PHOX2A seq	F
13	35R2	2	48	NED	Neg	Neg	Neg	PHOX2A seq	
14	10E4	2	2	DOD	Neg	Neg	Neg	PHOX2A seq	
15	12E1	2	76	DOD	Pos	Neg	Pos	PHOX2A seq	
16	25R0	3	1	NED	Neg	Neg	Na	QPCR	F
17	12R4	3	2	NED	Neg	Pos	Neg	PHOX2A seq	
18	34R1	3	6	NED	Neg	Neg	Na	PHOX2A seq	
19	12E8	3	7	NED	Neg	Neg	Neg	MA, QPCR	F
20	15R8	3	9	NED	Neg	(Pos)	Na	PHOX2A seq	
21	15E3	3	12	NED	Gain	UB	Neg	MA, QPCR, PHOX2A seq	F
22	23R2	3	29	NED	Pos	Pos	Na	PHOX2A seq	
23	16R4	3	30	NED	Pos	Neg	Neg	MA, QPCR, PHOX2A seq	UF
24	23R0	3	43	NED	Neg	Neg	Na	PHOX2A seq	
25	19R6	3	8	DOD	Pos	Pos	Neg	QPCR, PHOX2A seq	UF
26	9R9	3	24	DOD	Neg	Pos	Pos	QPCR, PHOX2A seq	UF
27	13R1	3	37	DOD	Pos	Pos	Neg	PHOX2A seq	
28	13E6	3	48	DOD	Pos	Pos	Pos	PHOX2A seq	
29	10R8	3	83	DOD	Neg	(Pos)	Pos	PHOX2A seq	
30	10E6	4	11	NED	Pos	Pos	Neg	PHOX2A seq	
31	29R2	4	15	NED	Pos	Pos	Na	QPCR	UF
32	26R0	4	36	NED	Pos	UB	Pos	PHOX2A seq	
33	17R3	4	44	NED	Neg	Neg	Na	PHOX2A seq	
34	16E3	4	10	DOD	Pos	Pos	Neg	PHOX2A seq	
35	36R3	4	10	DOD	Neg	UB	Neg	PHOX2A seq	
36	10R2	4	15	DOD	Na	(Pos)	Neg	MA, QPCR, PHOX2A seq	UF
37	26R8	4	21	DOD	Pos	Pos	Na	QPCR	UF
38	13R0	4	27	DOD	Pos	Pos	Neg	QPCR, PHOX2A seq	UF
39	15R3	4	28	DOD	Neg	(Pos)	Na	MA, QPCR	UF
40	11R9	4	37	DOD	Neg	Neg	Pos	PHOX2A seq	
41	11E2	4	41	DOD	Neg	Neg	Neg	PHOX2A seq	
42	12R6	4	50	DOD	Pos	Pos	Neg	PHOX2A seq	
43	19R0	4	52	DOD	Neg	(Pos)	Na	PHOX2A seq	
44	34R9	4	53	DOD	Neg	Neg	Pos	PHOX2A seq	
45	3E2	4	58	DOD	Neg	Neg	Pos	PHOX2A seq	
46	17R2	4	80	DOD	Neg	Neg	Na	PHOX2A seq	
47	12E6	4	137	DOD	Pos	Neg	Na	QPCR, PHOX2A seq	UF
48	25R3	4M	10	NED	Neg	Neg	Neg	PHOX2A seq	
49	16E2	4S	0	NED	Neg	Neg	Neg	PHOX2A seq	

Table I. Continued.

No.	Case	Stage	Age	Outcome	NMA	1pdel	11qdel	Analysis	Group in expression analysis
50	12E5	4S	1	NED	Neg	Neg	Neg	<i>PHOX2A</i> seq	
51	13E7	4S	2	NED	Na	Na	Na	<i>PHOX2A</i> seq	
52	13R3	4S	3	NED	Neg	Neg	Na	<i>PHOX2A</i> seq	
53	10R4	4S	6	NED	Neg	Neg	Na	<i>PHOX2A</i> seq	
54	21R6	4S	10	NED	Neg	Neg	Na	<i>PHOX2A</i> seq	
55	12R7	4S	25	NED	Neg	Neg	Na	<i>PHOX2A</i> seq	
56	11E5	4S	0	DOD	Neg	Neg	Neg	<i>PHOX2A</i> seq	
57	19R3	Wilms	0	Na	Neg	Pos	Na	<i>PHOX2A</i> seq	

Stage, clinical stage of NB; Wilms, Wilms tumor; Age, months at diagnosis; NED, no evidence of disease; DOD, dead of disease; Na, not available; 1p-del, 1p-deletion; Pos, positive; Neg, negative; UB, unbalanced; gain, *MYCN* <4 times the ploidy; (Pos), Ambiguous results; MA, micro array; QPCR, quantitative PCR and *PHOX2A* seq, sequencing analysis of *PHOX2A*.

to identify outliers that could disturb the analysis and interpretation of the data.

DNA sequencing - sample preparation. DNA was enriched from 47 fresh-frozen tumor samples by the DNeasy kit from Qiagen (Table I). Throughout the PCR and sequencing steps, CEPH standard DNA (CEPH 1347-02, Applied Biosystems) was used as a positive control and water as a negative control.

DNA sequencing - primer design and PCR amplification. The genomic DNA sequence and the mRNA sequence (Accession number: NM_005169) of the *PHOX2A* gene were obtained from UCSC Genome Bioinformatics webpage (<http://genome.ucsc.edu>; Fig. 1). The primers, covering the promoter region (4 fragments) and exon 2, were designed using ExonPrimer (<http://ihg.gsf.de/ihg/ExonPrimer.html>), or PrimerExpress (Applied Biosystems). Primers covering exon 1 and exon 3 were adapted from Nakano *et al.* (21). Primer sequences are available on request. The PCR reactions were set up using the automated workstation Biomek® FX (Beckman Coulter, www.beckmancoulter.com) in 384-well reaction plates. Touch Down-PCR (TD-PCR) was carried out in 10 µl reactions containing 1X PCR buffer; 20 mM dNTP mix, 0.25 U Hot Star TaqPlus DNA polymerase (Qiagen), 5-10 µM primer (forward and reverse) and 25-50 ng genomic DNA. GC-rich fragments were run with 1X Q-solution (Qiagen) in the master mix. PCR amplifications for exon 1 and exon 3 were run according to Nakano *et al.* (21) and thermal profiles for the other five fragments are available on request. TD-PCR products were cleansed using magnetic beads (AMPure, Agencourt, Bioscience Corporation, Beverly, MA) in the automated workstation Biomek NX (Beckman Coulter) and eluted in dH₂O.

DNA sequencing - sequence PCR and data analysis. Sequence PCR, using BigDye® Terminator v 3.1 Cycle Sequence kit (Applied Biosystems), was carried out in 10 µl reactions containing 6 µl 1:3 diluted template (TD-PCR product), 0.25-2 µl BDT, 1X BDT buffer; and 1.6 µM primer (forward or reverse) and run according to standard procedures. The

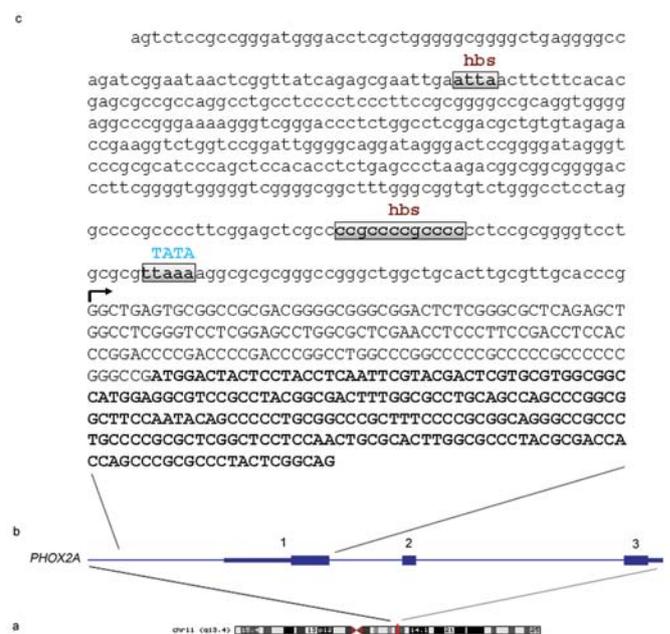


Figure 1. Schematic representation of the *PHOX2A* gene. (a) *PHOX2A* is located at chromosome band 11q13.4. (b) The gene contains three exons; exon 1 [389 base pairs (bp)], exon 2 (188 bp) and exon3 (1121 bp). (c) Regulatory sites in the promoter region of *PHOX2A* are the Homeobox Binding Sites (hbs) marked in red, TATA-box (blue) and the transcription start site marked by an arrow. The translated sequence is shown in bold.

thermal profile for GC-rich fragments (exon 1 and 3) was modified to an initial denaturation step at 94°C for 3 min, followed by 50 cycles of 96°C for 30 sec, 50°C for 10 sec and 60°C for 3 min. Sequence-PCR was performed using the same primers as in the previous TD-PCR amplifications, except for two fragments (one in the promoter and one in exon 2) in which special sequencing primers were used. The sequence-PCR products were cleansed using magnetic beads (CleanSeq, Agencourt) in the automated workstation Biomek NX (Beckman Coulter) and eluted in High Dye Formamide. The sequence reaction products were loaded on a 3730 DNA Analyzer (Applied Biosystems) and the results were analysed

Table II. Transcripts analyzed by QPCR with TaqMan.

Gene	Description	Location	Accession no.	Assay no.	Microarray		QPCR			
					Rank	Fold change	Ver _(6F+6UF)		Total _(8F+9UF)	
							Fold change	P-value	Fold change	P-value
<i>DBH</i>	GOI	9q34	NM_000787	Hs01089840_m1	18	10.8	15.0	0.004	11.8	0.0002
<i>DDC</i>	GOI	7p11	NM_000790	Hs00168031_m1	16	3.4	23.8	0.016	15.9	0.0024
<i>GATA2</i>	GOI	3q21.3	NM_032638	Hs00231119_m1	19	8.1	4.2	0.026	6.0	0.0014
<i>GATA3</i>	GOI	10p15	NM_001002295	Hs00231122_m1	50	5.8	6.2	0.002	5.7	0.0004
<i>PHOX2A</i>	GOI	11q13.4	NM_005169	Hs00605931_mH	6	4.2	26.3	0.022	11.0	0.0149
<i>PHOX2B</i>	GOI	4p12	NM_003924	Hs00243679_m1	178	3.9	17.6	0.004	8.5	0.0047
<i>SLC18A1</i>	GOI	8p21.3	NM_003053	Hs00161839_m1	3	6.8	25.0	0.013	24.1	0.0010
<i>SLC6A2</i>	GOI	16q12.2	NM_001043	Hs00426573_m1	7	4.1	540.3	0.001	201.1	0.0002
<i>TH</i>	GOI	11p15.5	NM_199292	Hs00165941_m1	31	4.9	10.6	0.013	7.6	0.0023
<i>GUSB</i>	End. control	7q11.21	NM_000181	Hs99999908_m1						
<i>ADA</i>	End. control	20q13.12	NM_000022	Hs00163553_m1						
<i>GAPDH</i>	End. control	12p13.31	NM_002046	Hs02786624_g1						

GOI, Gene of interest; End. control, endogenous control; location, chromosomal location; Assay no, TaqMan assay number according to Applied Biosystems (www.appliedbiosystems.com); rank, rank in gene-list sorted by statistical significance; Fold change, expression fold between biological groups (UF vs. F); P-value, one-tailed t-test assuming unequal variance; Ver (Verification), quantitative PCR results from the new tumor set (6 F vs. 6 UF) not used in the micro array study; total, quantitative PCR results from all tumor samples (8 F vs. 9 UF).

using the software programs Sequencing Analysis v. 5.2 and SeqScape v.2.5 (Applied Biosystems).

Results

Microarray analysis. The global microarray expression analysis (Affymetrix HU133A) containing ~33,000 genes, was performed on three favorable and three unfavorable NB tumors. Genes showing lower expression in unfavorable compared to favorable tumors with a fold change over two were ranked according to statistical significance (Table II), resulting in a list of 1084 probe-sets. Out of the 50 top-ranked genes found to show lower expression in unfavorable tumors, eight genes belonged to the noradrenergic biosynthesis pathway. The 178th ranked transcript was the paired-like homeobox 2b gene (*PHOX2B*), which has been found to be mutated in a few hereditary and sporadic NB cases (7-10).

QPCR verification. Nine genes belonging to the noradrenergic biosynthesis pathway were selected for further verification by real-time RT-PCR; *PHOX2A*, *PHOX2B*, *GATA2*, *GATA3*, *DDC*, *DBH*, *SLC6A2*, *SLC18A1* and *TH*. Six endogenous controls showing uniform expression on the microarray were also selected. Out of these, two transcripts (*PEX7* and *GK*) showed expression values beneath the detection limit and they were therefore excluded from the analysis. In order to check for the stability of the remaining four endogenous controls, M-values were calculated according to Vandesompele and colleagues (22). The control gene 18S which showed the highest M-value (M=2,59) was not uniformly expressed within the sample group and it was therefore excluded from the

analysis (data not shown). Thus, the relative expression of the genes were quantified and normalized to the geometric mean of *ADA*, *GAPDH* and *GUSB*. The distribution of expression values (log₂ values) for each transcript was visualized using box plots and identified case 25R0 (belonging to the favorable group) as an outlier for all transcripts (data not shown). This sample was therefore removed from the study, resulting in an analysis set of eight favorable versus nine unfavorable tumors (n=17).

All nine transcripts showed significant lower expression (p<0.05) in unfavorable vs. favorable NB tumors, both in the verification group and in the total analysis (Table II; Fig. 2). Gene expression values of all transcripts also correlated significantly within groups, except for *GATA2* and *GATA3* which only partially correlated to the others (data not shown). The correlation between microarray data and QPCR data was significant (Pearson's correlation = 0.6; Fig. 3).

***PHOX2A* mutation analysis.** From the microarray gene list the 6th ranked gene was found to be the paired-like homeobox 2a (*PHOX2A*). A mutation screening of all coding regions as well as the regulatory sites of the *PHOX2A* gene was performed by PCR-based sequencing analysis (Fig. 1). All sequence fragments of *PHOX2A* were quality checked and aligned to the reference sequence (Accession number: NM_005169 and 365 bp promoter sequence derived from the UCSC genome browser). Sequences were run both in forward and reverse direction and covered 100% of the coding regions in 90% of the samples. The remaining 10% showed an 80-99% coverage. In the promoter and the 5' UTR region there were coverage of 100% of the sequences in 83% of the samples

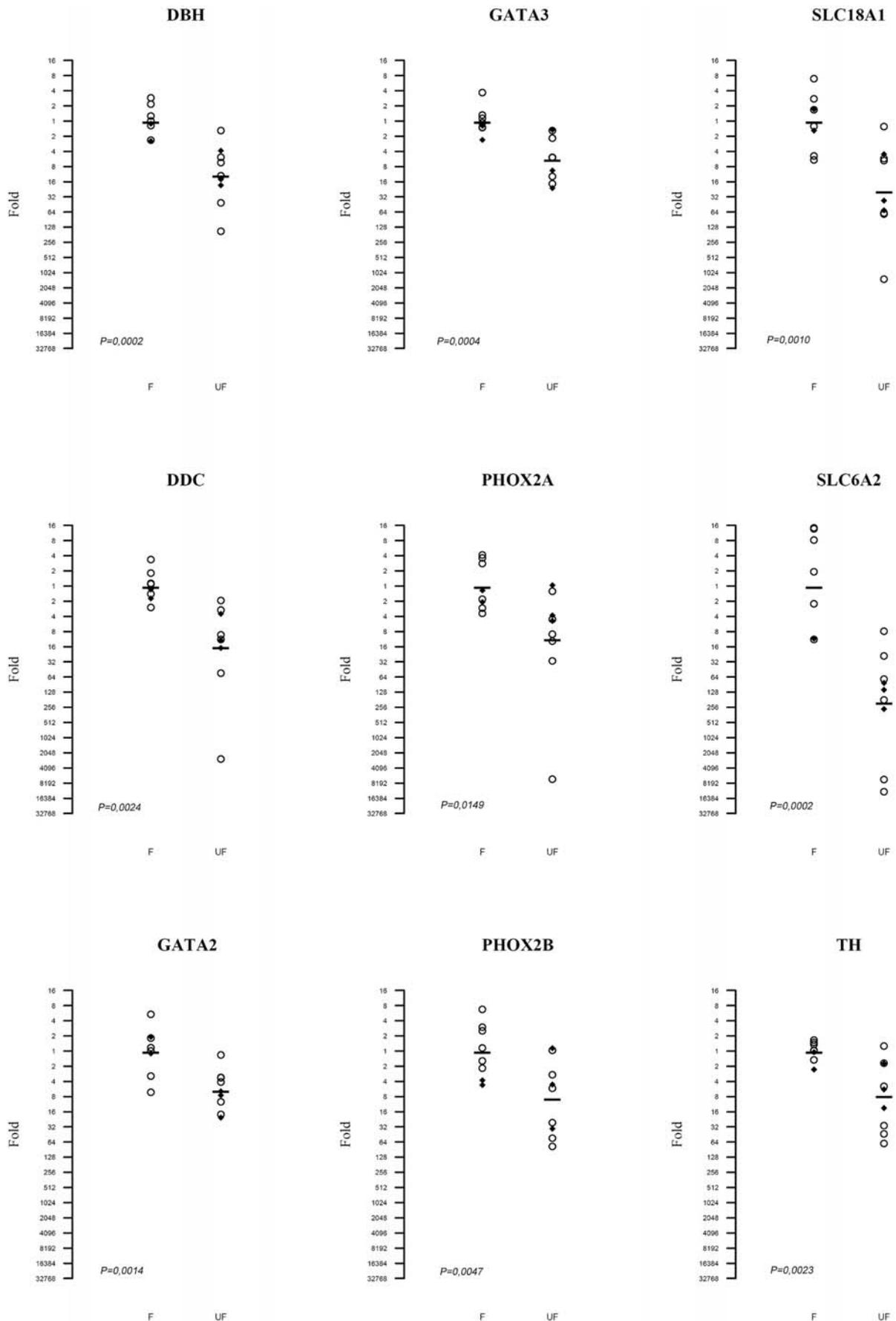


Figure 2. Scatter plots of the real-time PCR data from nine genes in the noradrenergic biosynthesis pathway. Expression values are presented as fold values from the mean of the favourable group (F). Expression values were normalized to the mean of three endogenous controls; ADA, GAPDH and GUSB. Filled square, cases used in the microarray analysis as well as in the real-time PCR study; open circle, cases used only in the real-time PCR analysis. Group: F, favourable tumor types; UF, unfavourable tumor types. P-values are calculated on the total data set (see Table II) by a two sample t-test on \log_2 (i.e. Ct) expression values, assuming unequal variance.

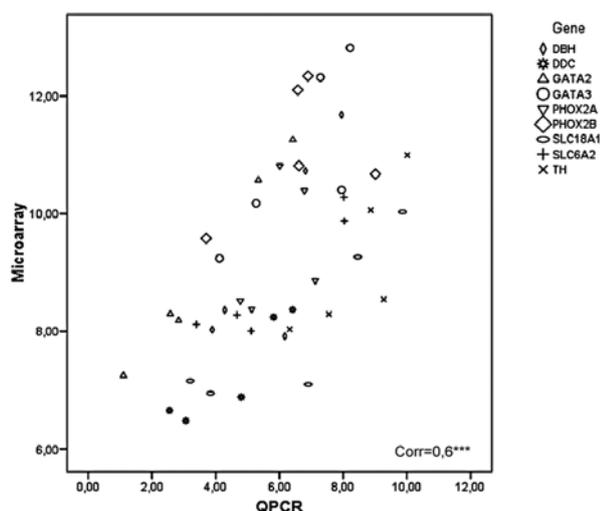


Figure 3. Correlation scatter plot between microarray and QPCR \log_2 expression values. Pearson's correlation = 0.6.

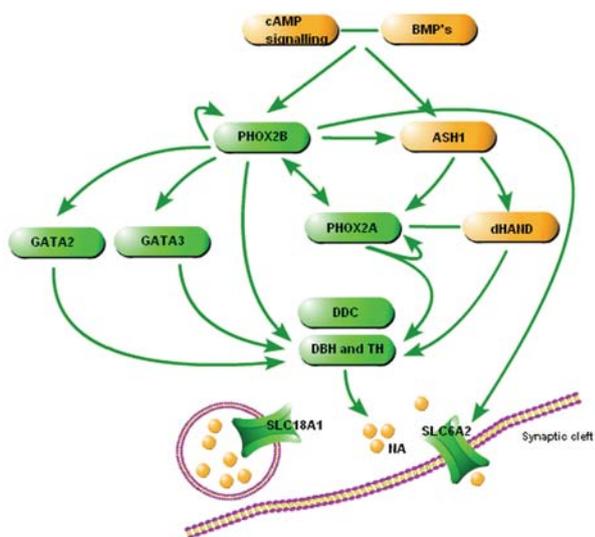


Figure 4. A simplified schematic representation of the noradrenalin biosynthesis pathway. Bone morphogenetic proteins (BMP's) induce expression of paired-like homeobox 2b (Phox2b) and ASCL1. cAMP signalling works synergistically with BMP's in promoting expression of these genes. ASCL1 and Phox2b are needed to induce expression of Phox2a. The two, highly conserved Phox2-proteins are involved in the expression of dopamine β hydroxylase (DBH) and tyrosine hydroxylase (TH), which together with dopamine decarboxylase (DDC) are involved in the final catalysis of dopamine to noradrenaline (NA). SLC6A2 participates in the re-uptake of neurotransmitter from and to the synaptic cleft, and SLC18A1 participates in the transport of monoamines across the vesicle membranes. Genes marked in green showed significantly lower expression in unfavorable tumor types in the present study.

and a 62-98% coverage in the remaining 17%. However, all important regulatory sites [two homeobox binding sites (hbs) and TATA-box, see Fig. 1] were covered in all samples in both directions. The sequencing of the *PHOX2A* gene revealed only one silent base-pair substitution in exon 1 (156 C>T, Leu52Leu), which was found in two cases (15E6, 25S8) and in the CEPH control.

Discussion

NB is one of the most frequent types of cancers among young children and the most common among infants. The tumor originates from an immature cell in the sympathetic ganglia, a branch of the autonomic peripheral nervous system characterized by the production of the neurotransmitter noradrenalin. Early actors in the noradrenalin biosynthesis pathway are bone morphogenetic proteins (BMPs), produced by the developing aorta (Fig. 4). One of the many important functions of these proteins is to induce expression of the basic Helix-loop-helix transcription factor achaete-scute complex-like 1 (ASCL1), which is essential for development of peripheral sympathetic and parasympathetic neurons (23,24). BMPs also induce expression of Phox2b, a homeobox transcription factor shown to be mutated in primary NB tumors (7-10). Although independently expressed, in sympathetic ganglia it seems like Phox2b is necessary for maintained expression of ASCL1 (12,15). Recent findings suggest that cAMP signalling works synergistically with BMPs in promoting expression of these genes (25) (Fig. 4). ASCL1 and Phox2b are essential to induce expression of the Phox2b homologue Phox2a (13,14). Both Phox2a and Phox2b are involved in the expression of dopamine β hydroxylase (DBH), which catalyze the conversion of dopamine to noradrenalin and tyrosine hydroxylase (TH), the rate-limiting enzyme in the biosynthesis of noradrenalin (26). The catecholeamine synthesis is also dependent on the dopa decarboxylase (DDC) enzyme that converts L-DOPA into dopamine. The genes encoding these three enzymes has previously been identified as the top-ranked classifiers in studies on NB (27-29). The function of the two Phox proteins differs in some aspects; while Phox2b is required for generation and maintenance of all noradrenergic cells (11,12), Phox2a seems to be more necessary for the brain noradrenergic centers (locus coeruleus), (16,30). Overexpression of Phox2a and Phox2b *in vivo* engenders additional noradrenergic neurons (31), while mice lacking *PHOX2B* die before birth with abnormal and reduced chromaffin cells in the adrenal medulla (32). Other downstream targets of ASCL1 and Phox2b, are the GATA binding protein 2/3 (GATA2 and GATA3) and dHAND, transcription factors involved in the noradrenergic pathway (12) (Fig. 4). Both GATA2 and GATA3 have previously been shown to discriminate between groups of NB tumors (28,29). Phox2b probably also controls expression of solute carrier family 6 (neurotransmitter transporter, noradrenalin, member 2; SLC6A2), which participates in the re-uptake of neurotransmitter from the synaptic cleft (16). Another important catecholeamine transporter in noradrenaline-producing chromaffin cells or neurons is SLC18A1 (also called VMAT1; vesicular monoamine transporter 1). The differential expression levels of its transcript have been discussed in previous studies concerning neuroblastoma (33), pheochromocytoma (34,35), as well as in gastrointestinal endocrine tumors (36). In a recent study, Revet and colleagues showed a connection of the Phox2-pathway to the Delta-Notch pathway via the homeobox transcription factor MSX1 (37). They found the MSX1 transcript to be down-regulated after induction of Phox2b expression and thus the role of MSX1 seems to be repression of neural differentiation. However, in

the current study we could not find any evidence for MSX1 up-regulation in unfavorable cases.

The evolutionary conserved Phox2 proteins (Phox2a and Phox2b) are the upstream key mediators of the noradrenalin biosynthesis and mutations in genes encoding them have been linked to several different syndromes. *PHOX2B* is a primary disease locus in congenital central hypoventilation syndrome (CCHS), a rare syndrome characterized by impaired autonomous breathing (38). Mutations in *PHOX2B* have also been found in patients with a complex combination of neural crest abnormalities, as well as in Hirschsprung disease (HSCR) which is characterized by absence of enteric ganglia. Several patients with CCHS and HSCR also suffer from NB (9,38,39). Moreover, both hereditary and sporadic cases of NB have been found to show mutations in the *PHOX2B* gene, although at low frequencies (7,8,10). Mutations in *PHOX2A* have been found in patients with congenital fibrosis of the extraocular muscles (CFEOM), a disorder that might result from maldevelopment of these nerve nuclei. In a study made by Nakano and colleagues, two splice-site mutations and one missense mutation were found (21). The fact that *PHOX2A* was the 6th most significant gene from the microarray gene list, that it is localized within the region often deleted in chromosome 11q and that it is directly regulated by Phox2b encouraged us to screen the coding and promoter region of *PHOX2A* by DNA sequencing. As can be visualized in Fig. 1, the promoter region contains several regulatory sites, including the Phox2b binding site, where mutations might affect the induction of *PHOX2A* expression (13). However, no alterations were found in the regulatory or coding parts of *PHOX2A* in this study.

The current study is based upon a gene list of differentially expressed genes from a microarray expression study (Affymetrix HU133A). Out of the genes found to show lower expression in unfavorable NB tumors, nine noradrenalin biosynthesis pathway actors (Fig. 4) were among the most significant transcripts (Table II). These results could be significantly verified in a second set of tumors by real-time PCR with TaqMan (Fig. 2). The interpretation of the lower expression of this pathway in unfavorable tumors can be discussed. This result could simply reflect the differentiation state in which high-risk tumors are more immature, also suggested by others (29). In that case, the present findings suggest the Phox2 pathway expression status to be an excellent marker for determination of the differentiation grade of NB tumors. On the other hand, the result could also reflect the importance of the deregulation of this pathway in tumor development. This suggestion is supported by the fact that *PHOX2B* is mutated in hereditary and in a few sporadic NB cases (7-10). Thus, one could speculate that a mutation in the *PHOX2B* gene is one of several ways to suppress this pathway in high-risk tumors.

In conclusion, a significant difference in expression of the noradrenalin biosynthesis pathway was found between high- and low-risk NB tumor types. This finding has been indicated by earlier studies (27-29), but the current study is the first to verify these results by a more robust technique in a separate patient material. In the current study, we screened the *PHOX2A* gene for mutations in primary sporadic NB tumors. However, no evidence for involvement in tumor development could be

found. One could speculate that the presence of global epigenetic differences between favorable and unfavorable NB tumors might be responsible for modulating expression of this critical pathway and others. The study of such epigenetic patterns on a wide genome scale is presently ongoing at our laboratory.

Acknowledgements

We would like to thank the Swegene Microarray Resource Centre in Lund for running the microarray expression analysis. Also, thanks to Genomics Core Facility resource unit at the University of Gothenburg for help and access to the ABI PRISM® 7900HT Sequence Detection System. This study was supported by grants from the Swedish Medical Council, the Children's Cancer Foundation, the King Gustav V Jubilee Clinic Cancer Research Foundation, the Assar Gabrielsson Foundation, the Wilhelm and Martina Lundgren Research Foundation and the Nilsson-Ehle Foundation. The study has been approved by the Ethics Committee at the Uppsala University.

References

1. Brodeur GM: Neuroblastoma: biological insights into a clinical enigma. *Nat Rev Cancer* 3: 203-216, 2003.
2. Brodeur GM, Sekhon G and Goldstein MN: Chromosomal aberrations in human neuroblastomas. *Cancer* 40: 2256-2263, 1977.
3. Spitz R, Hero B, Simon T and Berthold F: Loss in chromosome 11q identifies tumors with increased risk for metastatic relapses in localized and 4S neuroblastoma. *Clin Cancer Res* 12: 3368-3373, 2006.
4. Guo C, White PS, Weiss MJ, *et al.*: Allelic deletion at 11q23 is common in MYCN single copy neuroblastomas. *Oncogene* 18: 4948-4957, 1999.
5. Maris JM, Guo C, White PS, *et al.*: Allelic deletion at chromosome bands 11q14-23 is common in neuroblastoma. *Med Pediatr Oncol* 36: 24-27, 2001.
6. Mosse Y, Greshock J, King A, Khazi D, Weber BL and Maris JM: Identification and high-resolution mapping of a constitutional 11q deletion in an infant with multifocal neuroblastoma. *Lancet Oncol* 4: 769-771, 2003.
7. Krona C, Caren H, Sjöberg RM, *et al.*: Analysis of neuroblastoma tumour progression; loss of PHOX2B on 4p13 and 17q gain are early events in neuroblastoma tumourigenesis. *Int J Oncol* 32: 575-583, 2008.
8. Mosse YP, Laudenslager M, Khazi D, *et al.*: Germline PHOX2B mutation in hereditary neuroblastoma. *Am J Hum Genet* 75: 727-730, 2004.
9. Trochet D, Bourdeaut F, Janoueix-Lerosey I, *et al.*: Germline mutations of the paired-like homeobox 2B (PHOX2B) gene in neuroblastoma. *Am J Hum Genet* 74: 761-764, 2004.
10. van Limpt V, Schramm A, van Lakeman A, *et al.*: The Phox2B homeobox gene is mutated in sporadic neuroblastomas. *Oncogene* 23: 9280-9288, 2004.
11. Huber K, Karch N, Ernsberger U, Goridis C and Unsicker K: The role of Phox2B in chromaffin cell development. *Dev Biol* 279: 501-508, 2005.
12. Pattyn A, Goridis C and Brunet JF: Specification of the central noradrenergic phenotype by the homeobox gene Phox2b. *Mol Cell Neurosci* 15: 235-243, 2000.
13. Flora A, Lucchetti H, Benfante R, Goridis C, Clementi F and Fornasari D: Sp proteins and Phox2b regulate the expression of the human Phox2a gene. *J Neurosci* 21: 7037-7045, 2001.
14. Lo L, Tiveron MC and Anderson DJ: MASH1 activates expression of the paired homeodomain transcription factor Phox2a, and couples pan-neuronal and subtype-specific components of autonomic neuronal identity. *Development* 125: 609-620, 1998.
15. Brunet JF and Pattyn A: Phox2 genes - from patterning to connectivity. *Curr Opin Genet Dev* 12: 435-440, 2002.

16. Rychlik JL, Hsieh M, Eiden LE and Lewis EJ: Phox2 and dHAND transcription factors select shared and unique target genes in the noradrenergic cell type. *J Mol Neurosci* 27: 281-292, 2005.
17. Brodeur GM, Pritchard J, Berthold F, *et al*: Revisions of the international criteria for neuroblastoma diagnosis, staging, and response to treatment. *J Clin Oncol* 11: 1466-1477, 1993.
18. Martinsson T, Sjoberg RM, Hallstensson K, Nordling M, Hedborg F and Kogner P: Delimitation of a critical tumour suppressor region at distal 1p in neuroblastoma tumours. *Eur J Cancer* 33: 1997-2001, 1997.
19. Martinsson T, Sjoberg RM, Hedborg F and Kogner P: Deletion of chromosome 1p loci and microsatellite instability in neuroblastomas analyzed with short-tandem repeat polymorphisms. *Cancer Res* 55: 5681-5686, 1995.
20. Carén H, Erichsen J, Olsson L, *et al*: High-resolution array copy number analyses and MLPA for detection of deletion, gain, amplification and copy-neutral LOH in primary neuroblastoma tumors; Four cases of homozygous deletions of the CDKN2A gene. *BMC Genomics* 9: 353, 2008.
21. Nakano M, Yamada K, Fain J, *et al*: Homozygous mutations in ARIX(PHOX2A) result in congenital fibrosis of the extraocular muscles type 2. *Nat Genet* 29: 315-320, 2001.
22. Vandesompele J, De Preter K, Pattyn F, *et al*: Accurate normalization of real-time quantitative RT-PCR data by geometric averaging of multiple internal control genes. *Genome Biol* 3: Research0034, 2002.
23. Guillemot F and Joyner AL: Dynamic expression of the murine Achaete-Scute homologue Mash-1 in the developing nervous system. *Mech Dev* 42: 171-185, 1993.
24. Hirsch MR, Tiveron MC, Guillemot F, Brunet JF and Goridis C: Control of noradrenergic differentiation and Phox2a expression by MASH1 in the central and peripheral nervous system. *Development* 125: 599-608, 1998.
25. Chen S, Ji M, Paris M, Hullinger RL and Andrisani OM: The cAMP pathway regulates both transcription and activity of the paired homeobox transcription factor Phox2a required for development of neural crest-derived and central nervous system-derived catecholaminergic neurons. *J Biol Chem* 280: 41025-41036, 2005.
26. Anderson DJ, Carnahan JF, Michelsohn A and Patterson PH: Antibody markers identify a common progenitor to sympathetic neurons and chromaffin cells in vivo and reveal the timing of commitment to neuronal differentiation in the sympathoadrenal lineage. *J Neurosci* 11: 3507-3519, 1991.
27. Oberthuer A, Warnat P, Kahlert Y, *et al*: Classification of neuroblastoma patients by published gene-expression markers reveals a low sensitivity for unfavorable courses of MYCN non-amplified disease. *Cancer Lett* 250: 250-267, 2007.
28. Ohira M, Oba S, Nakamura Y, *et al*: Expression profiling using a tumor-specific cDNA microarray predicts the prognosis of intermediate risk neuroblastomas. *Cancer Cell* 7: 337-350, 2005.
29. Wang Q, Diskin S, Rappaport E, *et al*: Integrative genomics identifies distinct molecular classes of neuroblastoma and shows that multiple genes are targeted by regional alterations in DNA copy number. *Cancer Res* 66: 6050-6062, 2006.
30. Morin X, Cremer H, Hirsch MR, Kapur RP, Goridis C and Brunet JF: Defects in sensory and autonomic ganglia and absence of locus coeruleus in mice deficient for the homeobox gene Phox2a. *Neuron* 18: 411-423, 1997.
31. Stanke M, Junghans D, Geissen M, Goridis C, Ernsberger U and Rohrer H: The Phox2 homeodomain proteins are sufficient to promote the development of sympathetic neurons. *Development* 126: 4087-4094, 1999.
32. Pattyn A, Morin X, Cremer H, Goridis C and Brunet JF: The homeobox gene Phox2b is essential for the development of autonomic neural crest derivatives. *Nature* 399: 366-370, 1999.
33. De Preter K, Vandesompele J, Heimann P, *et al*: Human fetal neuroblast and neuroblastoma transcriptome analysis confirms neuroblast origin and highlights neuroblastoma candidate genes. *Genome Biol* 7: R84, 2006.
34. Huynh TT, Pacak K, Brouwers FM, *et al*: Different expression of catecholamine transporters in pheochromocytomas from patients with von Hippel-Lindau syndrome and multiple endocrine neoplasia type 2. *Eur J Endocrinol* 153: 551-563, 2005.
35. Kolby L, Bernhardt P, Johanson V, *et al*: Can quantification of VMAT and SSTR expression be helpful for planning radionuclide therapy of malignant pheochromocytomas? *Ann NY Acad Sci* 1073: 491-497, 2006.
36. Jakobsen AM, Andersson P, Saglik G, *et al*: Differential expression of vesicular monoamine transporter (VMAT) 1 and 2 in gastrointestinal endocrine tumours. *J Pathol* 195: 463-472, 2001.
37. Revet I, Huizenga G, Chan A, *et al*: The MSX1 homeobox transcription factor is a downstream target of PHOX2B and activates the Delta-Notch pathway in neuroblastoma. *Exp Cell Res* 314: 707-719, 2008.
38. Amiel J, Laudier B, Attie-Bitach T, *et al*: Polyalanine expansion and frameshift mutations of the paired-like homeobox gene PHOX2B in congenital central hypoventilation syndrome. *Nat Genet* 33: 459-461, 2003.
39. Weese-Mayer DE, Berry-Kravis EM, Zhou L, *et al*: Idiopathic congenital central hypoventilation syndrome: analysis of genes pertinent to early autonomic nervous system embryologic development and identification of mutations in PHOX2b. *Am J Med Genet A* 123: 267-278, 2003.