# Non-invasive detection of *LMP-1*, *LMP-2* (Epstein-Barr Latent membrane protein) load in the diagnosis of nasopharyngeal carcinoma in Vietnamese population based on nasopharyngeal brushing samples

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Abstract - In Vietnam, there have been reported to be highly incident cancer of nasopharynx. Epstein-Barr virus (EBV) have been considered to be mainly associated with nasopharyngeal carcinoma (NPC), in which EBV-encoded latent protein 1, 2 (LMP-1, LMP2) were found to be important factor target to NPC development. Thus, it is important to explore whether a non-invasive method could be applicable to screen and early diagnosis of NPC. In current study, NP (nasopharyngeal) and non-NP brushing samples were collected consecutively from participants when they underwent NP biopsy at Cho Ray Hospital, HCMC, Vietnam. PCR assay were used to detection of LMP-1, LMP-2 and T-test statistical analysis were used to analyze its diagnosis value. NP-brushing samples from NPC patients showed frequency of 45.00% and 60.00% for LMP-1 and LMP-2, respectively. Conversely, none of any cases of non-NP brushing samples were found to be positive to target both/individual genes. Virtually, in combination of both two genes, the frequency was increased to 66.67% as well as the PI value (PI  $\geq$  0.5). The p value < 0.05 (*LMP-1*: p = 0.037; *LMP-2*: p = 0.008; both: p = 0.004) was observed, that indicated the correlation of between the presence both LMP-1, LMP-2 and NPC. The specific value was 100.00% for each/both candidate genes. Moreover, a high odd ratio (OR) and relative risk (RR) were also calculated of each/both candidate genes. In the case of LMP-1, OR, RR were 25.6087 (95%CI = 01.3479 - 486.545, p = 0.0309), 14.4762(95%CI = 0.9085 - 230.672, p = 0.00585), respectively; in the

= 0.0358), respectively; both candidate genes, the OR and RR were 58.8000 (95%CI = 2.9081 - 1070.6992, p = 0.0076), 26.5714 (95%CI = 1.3193 - 320.7527, p = 0.0309), respectively. Due to those results, the detection of both *LMP-1* and *LMP-2* in NP brushing samples could be an effective supplement for NPC early diagnosis that being non-invasive and rapid, demonstrated great potential for screening the high-risk of NPC in Vietnamese population.

case of LMP-2, the OR, RR were 45.5882 (95%CI = 2.391 -

869.201, p = 0.0111), 19.0476.11 (95%CI = 1.2166 - 298.2256, p

*Keywords:* non-invasive, *LMP-1*, *LMP-2*, nasopharyngeal carcinoma, NP brushing sample, Vietnamese population.

## I. Introduction

Nasopharyngeal carcinoma has considered remarkably distinctive geographic and ethnic contribution, gravitating toward Southeast Asia, especially in China and Vietnam. In Vietnam, high prevalence of NPC cases was observed in reached to 4,931 cases (ASR = 5.4/100,000) and deaths was 2,885 cases (ASR = 3.3/100,000) (Globocan, 2012). Unfortunately, because of the ambiguous symptoms, such as hearing loss, nosebleeds, headache, etc. thus, most of NPC patients are only diagnosed when the tumor has reached an advanced stage [3, 7, 8]. Thus, the early diagnosis for NPC is essential in achieving a satisfactory therapy effect [10]. As NPC tumor, Epstein-Barr virus (EBV) infection, one of the high-risk factors leading to NPC, has been recognized to be strongly linked to NPC. EBV infection was shown to be early event and present in many copies and pre-invasive stage of NPC [6, 7, 9]. Therefore, the detection of genomic DNA of EBV may be highly predictive of NPC. Numerous studies have been performed have evaluated the presence of genomic DNA based on various methods, such as PCR, in situ hybridization, real-time PCR, etc. In which LMP-1 (Latent membrane protein-1), LMP-2 (Latent membrane protein-2) had proved that to be useful target oncogenes to screen NPC [7, 9]. As the function, LMP-1 (Latent membrane protein-1) encoded its latent membrane protein within function as a viral mimic of the TNFR family member, CD40, engaging a number of signaling pathways,

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such as NF-κB, JNK, p38 pathway, etc. that induce morphological and phenotypic alterations in epithelial cells [1, 7]. The function of *LMP*-2 is considered as playing important role in carcinogenesis by driving EBV into latency [1, 5]. In Vietnam, the study of combination of multiple genes in detection, especially in combination of *LMP-1*, *LMP-2* in detection, was still no research carried out in Vietnamese population. Therefore, the aim of the present study was to systematically evaluate the presence of those both *LMP-1* and *LMP-2* in Vietnamese nasopharyngeal brushing samples by PCR, for development of a non-invasive method for early diagnosis of NPC in Vietnamese population.

# п. Materials and methods

# A. Samples collection, DNA extraction

From June, 2015 to December, 2015, 20 nasopharyngeal bushing (nasopharyngeal swab) samples were retrieved from Cho Ray Hospital, Vietnam. All of those biopsies were collected from patients, which was obeyed to ethical approval for study human sample, and patients agreed with purpose of the study. All of samples were submitted to histopathological department to confirm NPC. Additionally, 10 nasopharyngeal swab samples were collected from healthy volunteers were used as negative controls.

DNA was extracted from clinical sample by means of an enzyme digestion using 700  $\mu$ l lysis buffer (NaCl 5M, Tris-HCl 1M, EDTA 0.5 M, SDS 10% and Proteinase K 1 mg/ml). The samples were incubated at 56°C overnight. Then, DNA obtained and purified by Phenol/Chloroform extraction and ethanol precipitation. The quality and purity of DNA extraction was measured by the proportion of A260/A280. Then, the DNA solution was stored at EDTA 0.5M, -20°C for further used.

# B. Detection of LMP-1, LMP-2

Viral DNA detection was carried out by PCR method for amplification of LMP-1 and LMP-2. The forward and reverse primer sequences for LMP-1 amplification were, respectively, 5'-CAGTCAGGCAAGCCTATG-3' and 5'-CTGCTTCCGGTGGAGATG-3' [4]. The forward and reverse primer sequences for LMP-2 amplification were 5'-AGCTGTAACTGTGGTTTCCATGAC-3 and GCCCCCTGGCGAAGAG-3', respectively [4]. For PCR assay, the amplification was done in a total volume of 15 µl, containing 1 µg DNA template. PCR reaction was subjected to initial at 95°C for 5 minutes, followed by 35 cycles at 95°C for 30 seconds, X°C for 30 seconds (Note: X = 65.5°C, 65.0°C for LMP-1 and LMP-2, respectively), 72°C for 30 seconds, and finally 72°C for 10 minutes. Each PCR product was directly loaded onto a 2.0% agarose gel, stained with Ethidium bromide, and directly visualized under UV illumination. Then, PCR product was sequenced to confirm target gene amplification.

# c. Statistical analysis

The statistical analysis was done by using the Medcalc® software. The frequencies of LMP-1 and LMP-2 were calculated and the Chi-squared test was used to compare the frequencies of categorical variables between groups. The differences of frequencies of LMP-1, LMP-2 among groups were considered statistically significant for  $p \le 0.05$ .

### D. Results and discussion

Due to unclear symptoms, nasopharyngeal cancer often presents in the last stage when first diagnosis. Therefore, there is a challenge for finding a simple and non-invasive methods access to NPC. In current study, nasopharyngeal brushing samples have been enrolled for the non-invasive diagnosis of NPC. According to Chang et al. (2003), Zhang et al. (2012), among a variety of non-invasive samples, such as serum, plasma, NPC swab, etc. NPC swab achieved the highest sensitivity and specificity in quantity and quality, since it gathers tumor cells by contacting the primary tumor directly, and other advantages such as eases of application and swiftness. Thus, these advantages make the NP swab extremely amenable for non-invasive method screening purposes.

In present study, PCR method was applied in evaluation of two target genes, LMP-1 and LMP-2 in NPC brushing samples and healthy samples (Table I). As the results, the frequency of LMP-1, LMP-2 detection were 45.00%, 60.00% in NP brushing samples, respectively, significantly, in healthy controls, total of healthy specimens were negative to LMP-1 and LMP-2. The PCR products were observed by electrophoresis in distinctly different sizes and easily identified. The LMP-1 forward and reverse primer yielded a PCR product of 106 bp, whereas the LMP-2 PCR was 69 bp (Fig. 1). Furthermore, PCR product was confirmed by DNA sequencing. The signal of peaks in PCR product sequencing was quite good for reading nucleotide (Data not shown). According to Blast results, LMP-1 and LMP-2 sequence were similar to Human Herpesvirus 4 (Epstein-Barr virus) sequence with accession number KT001103, within Total score = 150, Ident = 100% and E-value = 2e-33 (in the case of LMP-1) and Total score = 91.7, Ident = 100% and Evalue = 7e-16 (in the case of *LMP-2*). As shown in Table 1, Chi-squared test was applied to evaluate the correlation between target genes and NPC, calculated by Medcalc® software, it indicated that, in our study, the presence of LMP-2was strongly correlated nasopharyngeal carcinoma (*LMP-1*: p = 0.0087; *LMP-2*: p =0.0008). It was according to previous studies, suggested that the presence of EBV genomic, in this status, LMP-1 and LMP-2, had proved that to be useful target oncogenes to screen NPC [7, 9].

TABLE I. VALIDITY DATA FOR *LMP-1* AND *LMP-2* GENE DETECTION IN SAMPLE COLLECTION

	LMP-1		LMP-2	
	Positive	Negative	Positive	Negative
	n(%)	n(%)	n(%)	n(%)
Nasopharyngeal	9	12	12	8



Carcinoma (n = 31)	(45.00)	(55.00)	(60.00)	(40.00)
Healthy specimens (n =	0	10	0	10
10)	(0.00)	(100.00)	(0.00)	(100.00)
p value	0.0087		0.0008	

Additionally, the risk of nasopharyngeal cancer was also calculated via odds ratio (OR) and relative risk (RR) by analysis of detection of LMP-I, LMP-2 in samples. Results indicated that, in the case of LMP-I, OR = 25.6087 (95% CI = 1.3479 - 486.545, p=0.0309) and the RR = 14.4762 (95% CI = 0.9085 - 230.672, p=0.00585); in the case of LMP-2, OR = 45.5882 (95% CI = 2.391 - 869.201, p=0.0111) and RR = 19.0476.11 (95% CI = 1.2166 - 298.2256, p=0.0358). Therefore, it could be induced that the presence of LMP-I, LMP-2 were significant features of nasopharyngeal carcinoma, in Vietnamese population.

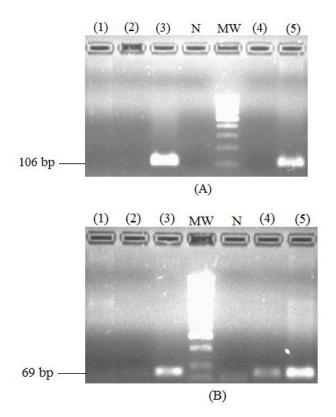


Figure 1. Agarose gel electrophoresis showing the present of (A) *LMP-1*, (B) *LMP-2*. *NW*: Molecular ladder (A) 100 bp, (B) 50 bp. (1) (2): Healthy samples; (3) (4) (5): Nasopharyngeal brushing samples.

In screening both two genes, pairwise combination of LMP-1 and LMP-2, it showed an advantage in specific detection of EBV in nasopharyngeal cancer in Vietnamese patients via PI (PCR index)  $\geq 0.5$ , which meant that at least one of LMP-1 or LMP-2 was detection, counting for 65.00% (Table II). It was higher than detection based on individual gene as 45.00% for LMP-1 and 60.00% for LMP-2. The p value = 0.0003 also showed the correlation between detection of at least one gene and NPC. It indicated the detection of combination of both genes leading to the sensitive appearance of LMP-1 and LMP-2 in nasopharyngeal brushing samples in which may be explained by the presence of EBV in NPC. Moreover, the

OR = 58.8000 (95%CI = 2.9081 - 1070.6992, p = 0.0076) and RR = 26.5714 (95%CI = 1.3193 - 320.7527, p = 0.0309) were calculated. Thus, the results of current study indicated that the detection of both LMP-1 and LMP-2 in NP brushing samples, especially in combination both genes, could be an effective supplement for NPC early diagnosis that being non-invasive and rapid, demonstrated great potential for screening the high-risk of NPC in Vietnamese population.

TABLE II. THE PI (PCR INDEX) OF LMP-1 AND LMP-2 GENE DETECTION IN SAMPLE COLLECTION

PI	n (%)
0 (none gene was detected)	7 (35.00)
0.5 (one gene was detected)	2 (10.00)
1.0 (both genes were detected)	11 (55.00)
≥ 0.5 (At least one gene detected)	13 (65.00)

# **III.Conclusion**

In summary, a non-invasive method was developed, which could be applied in detection of the LMP-1 and LMP-2 presence, based on nasopharyngeal brushing samples. In current study, the frequency of LMP-1 and LMP-2 presence were 45.00%, 60.00%, respectively. In healthy samples, no any sample was positive to LMP-1 or LMP-2. We demonstrated that, in two target genes combined, the frequency of at least one gene detected (PI  $\geq$  0.5) reached to 65.00%, and the OR, RR were 58.8000, 26.5714, respectively. Therefore, these finding suggested that, based on the detection of candidate genes in nasopharyngeal brushing samples, was easy to be handled for non-invasive screening method.

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