



Correlation between important genes of mTOR pathway (*PI3K* and *KIT*) in Iranian women with sporadic breast cancer

Maryam Rahimi¹, Farkhondeh Behjati¹, Nazanin Taheri¹, Shadi Hosseini¹, Hamid Reza Khorram Khorshid¹, Fatemeh Aghakhani Moghaddam¹, Masoud Karimlou², Saghar Ghasemi¹, Niloofer Bazazzadegan¹, Fereidoon Sirati³, Elahe Keyhani*¹

Received: 16 Jan 2018

Published: 31 Dec 2018

Abstract

Background: *PI3K/Akt/mTOR* pathway is a crucial pathway in the angiogenesis, tumour growth and cell differentiation of several cancers. The *PI3K* and *KIT* genes are key genes of this pathway. Previous studies have reported the importance of these genes in the development of gastrointestinal carcinoma, leukaemia, and melanomas. The role of mutations and overexpression of *PI3K* and *KIT* genes in breast cancer has been previously proved. This study investigates the correlation between *PI3K* and *KIT* gene mutations in sporadic breast cancer.

Methods: Multiplex Ligation-dependent Probe Amplification (MLPA) technique was used to determine the Copy Number Variation (CNV) of *PI3K* and *KIT* genes in 34 breast cancer tumours and PCR-sequencing was used to detect the mutation in *PI3K* exons 9 and 20.

Results: Our results reported that 27% of patients had CNV of the *KIT* gene; whereas, 20% and 17.5% of patients, had mutation and CNV in the *PI3K* gene, respectively. We did not find a significant correlation between the mutations of *PI3K* and *KIT* genes.

Conclusion: About two-tenth of the patients revealed CNV and lesser than two-tenth indicated mutation in the *PI3K* gene, whereas one-third of the patients demonstrated CNV in the *KIT* gene. Thus, administration of the *PI3K* and *KIT* gene inhibitor drugs might be proposed to suppress breast cancer in patients with mutation and CNV of each of these individual genes.

Keywords: mTOR pathway, *PI3K* gene, *KIT* gene, Breast Cancer

Conflicts of Interest: None declared

Funding: None

*This work has been published under CC BY-NC-SA 1.0 license.

Copyright© Iran University of Medical Sciences

Cite this article as: Rahimi M, Behjati F, Taheri N, Hosseini Sh, Khorram Khorshid HR, Aghakhani Moghaddam F, Karimlou M, Ghasemi S, Bazazzadegan N, Sirati F, Keyhani E. Correlation between important genes of mTOR pathway (*PI3K* and *KIT*) in Iranian women with sporadic breast cancer. *Med J Islam Repub Iran.* 2018 (31 Dec);32:135. <https://doi.org/10.14196/mjiri.32.135>

Introduction

The majority of genes that undergo mutation in human cancers play a direct role in the cell cycle, and most of them participate in signal transduction. *PI3K/Akt/mTOR* pathway forms one of the most crucial signal transduction pathways in cancer development (1). This pathway is crucial in the cell processes such as cell survival, growth, division, and angiogenesis. *PI3K* and *KIT* genes are essen-

tial to initiate this pathway, although these genes are active in other pathways (2, 3). For this reason, cancers such as breast cancer probably could be suppressed through inhibiting these genes. (4).

Previous studies have reported that mutations and overexpression of *PIK3CA* gene are essential in the ovarian, endometrial, thyroid, nasopharyngeal and colorectal cancers (5-8).

Corresponding author: Dr Elahe Keyhani, ekeyhani1058@gmail.com

1. Genetics Research Center, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran
2. Department of Epidemiology and Biostatistics, Tehran Medical Branch, Islamic Azad University, Tehran, Iran
3. Cancer Institute, Department of surgery- Tehran University of Medical Sciences, Tehran, Iran

↑What is “already known” in this topic:

mTOR pathway genes is a key pathway for development of several cancers. There are some drugs for suppressing the mentioned oncogenes and their proteins to treat cancer.

→What this article adds:

There is a relationship between mutation and CNV of mTOR pathway genes in breast cancer but no significant correlation found between these genes.

Alternatively, several studies have reported that mutations and overexpression of *KIT* gene can develop malignancies such as gastrointestinal carcinoma, leukaemia, and melanomas (9-14).

The Copy Number Variation (CNV) of *PIK3CA* and *KIT* genes accelerate cancer development and determines the prognosis and sensitivity to the anticancer drugs (15-16).

Oncogenic mutations, in particular, exons 9 and 20, and increased CNV in the *PI3K* pathway generally activate the phosphatidylinositol-4, 5-bisphosphate 3-kinase-catalytic subunit alpha (*PIK3CA*) mutation, which has been identified in several breast cancer subtypes. *PIK3CA* exons 9 and 20 are coding p110 α domains and tyrosine kinase domain respectively. The G>A mutation in E542K and A>G mutation in H1047R are common mutations in exons 9 and 20 (2, 17, 18).

Furthermore, *KIT* genes is a kind of receptor tyrosine kinase performing in cell signal transduction. The stem cell factor (SCF) is bound to *KIT* and activated it. Phosphorylation cascade activation is followed by activation of various transcription factors (3). CNV and overexpression of the *KIT* gene are crucial in developing breast malignant tumours (19).

Further research is required to study the suppression of the malignant tumours such as breast cancer by using drugs which inhibit *PI3K* and *KIT* genes such as imatinib and sunitinib.

In this study, we investigated the CNV of *KIT* and *PIK3CA* genes, mutation of *PIK3CA* exons 9 and 20, and the relation between them in sporadic breast cancer.

Methods

Patients

50 tissue samples of breast cancer were selected with the following criteria: female, primary, sporadic, no history of treatment regardless of age or histopathological sub-type from Mehrad Hospital (Tehran, Iran). All samples were collected from the tumour regions and DNA was extracted from them. The quality and quantity of DNAs were assessed by agarose gel electrophoresis and NanoDrop ND 2000 spectrophotometer. They were analysed for mutations in *PI3K* gene, 40 for CNV of *PI3K* and 44 for CNV of *KIT* gene. Informed consent was obtained from all individual participants included in the study. This study has had the approval of the ethics committee of "University of Social Welfare and Rehabilitation Sciences".

MLPA

We analysed CNV of *PI3K* and *KIT* gene using P173-A2 and P354-A2 kits (MRC-Holand) in 40 and 44 patients with sporadic breast cancer, respectively.

Table 1. Primer Sequences of 9 and 20 exons

| Exon | Sequence(5'→3') | Product Size | Annealing temperature |
|------|---|--------------|-----------------------|
| 9 | Forward: GGCTAACTTCAGCAGTTACTATTCTGTGAC | 616 | 58 |
| | Reverse :GAAAAAGCATTTAATGTGCCAACTACC | | |
| 20 | Forward: TCATTTGCTCCAACTGACCA | 388 | 60 |
| | Reverse: GGTCTTTGCCTGCTGAGAGT | | |

We used these kits to investigate CNV of the *KIT* gene and exons 2, 7 and 19 of the *PI3K* gene. Briefly, the DNA extracted from the dissected tumours and normal control samples were pre-heated to 98°C, and then the salt solution and probe mix were added to the DNA. After the ligation of annealed nucleotides, the target genes were amplified using polymerase chain reaction (PCR). PCR products were separated on an ABI3730-XL capillary sequencer (Applied Biosystems, Foster City, CA, USA). *PI3K* and *KIT* copy numbers were analysed using Coffalyser (ver. 140721.1958). The cut-off values between 0.7 and 1.3 were considered normal. Results below 0.7 or between 1.3 and 2 were interpreted as deletion and low-level amplification of gene, respectively; and values over 2 were referred to as high-level amplification.

PCR-Sequencing

Primers for exons 9 and 20 of *PI3K* gene were designed by primer 3 and UCSC genome browser (CinnaGen-Iran). Self-dimers, heterodimers and the melting temperature of the primers were checked by OligoAnalyzer (Table 1). DNA was amplified by the PCR technique for 50 samples followed by mutation analysis by direct DNA sequencing. The sequencing results were analysed using codon code aligner and Gene Runner software.

Statistical analysis

Data were analysed using SPSS 19.0 statistical package. Fisher's exact tests were used to analyse the association between the increase in copy number and mutations of *PI3K* gene, and CNV of *KIT*. A *p*-value less than 0.05 was considered as statistically significant.

Results

MLPA

MLPA analysis was performed successfully in all tumour samples using SALSA P354-A2 and P173-A2 kits. The increasing copy number of *PI3K* gene was observed in 4 of the 40 patients, whereas that of the *KIT* gene observed in 12 of the 44 patients.

PCR-Sequencing

Mutation in exons 9 and 20 of *PI3K* gene was detected in 20% of the patients. Two patients showed G>A mutation in E542K and nine with A>G mutation in H1047R (Table 2 and Fig. 1). Other cases were normal.

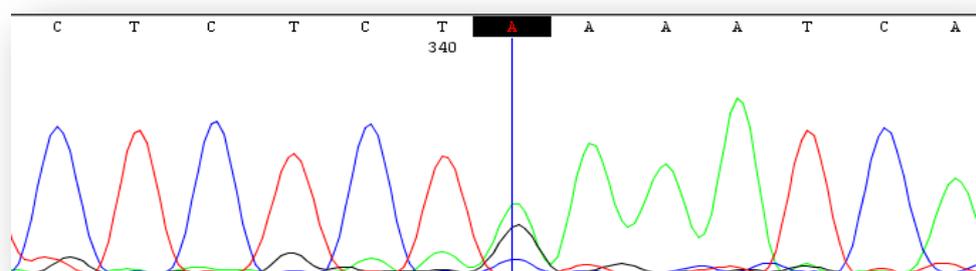
The present study indicates that the increase in copy number and hot spot mutations in *PI3K* gene are not significantly correlated with an increase in the copy number of the *KIT* gene (Table 3).

Table 2. The results of sequencing of 9 and 20 exons of *PI3K* gene

| Case | Mutation | Nucleotide change |
|------|---------------|-------------------|
| 1 | H1047R c:3140 | A>G |
| 2 | H1047R c:3140 | A>G |
| 3 | E542K c:1624 | G>A |
| 4 | E542K c:1624 | G>A |
| 5 | H1047R c:3140 | A>G |
| 6 | H1047R c:3140 | A>G |
| 7 | H1047R c:3140 | A>G |
| 8 | H1047R c:3140 | A>G |
| 9 | H1047R c:3140 | A>G |
| 10 | H1047R c:3140 | A>G |
| 11 | H1047R c:3140 | A>G |

Table 3. Comparisons between CNV of *KIT*, *PI3K*, and 9 and 20 exons of *PI3K* gene

| | | <i>KIT</i> | <i>PI3k</i> -CNV | <i>PI3K</i> -9 and 20 exons |
|-----------------------------|---------------------|------------|------------------|-----------------------------|
| <i>KIT</i> | Pearson Correlation | | 0.107 | 0.069 |
| | p-value | | 0.547 | 0.656 |
| | N | | 34 | 44 |
| <i>PI3k</i> -CNV | Pearson Correlation | 0.107 | | 0.238 |
| | p-value | 0.547 | | 0.145 |
| | N | 34 | | 39 |
| <i>PI3K</i> -9 and 20 exons | Pearson Correlation | 0.069 | 0.238 | |
| | p-value | 0.656 | 0.145 | |
| | N | 44 | 39 | |

**Fig. 1.** *PI3K* gene mutation (E542K c: 1624 G>A) in the breast cancer tissues

Discussion

This is the first study in Iranian population which focused on the relationship between *PI3K* and *KIT* genes for *PI3K*/Akt/mTOR pathway. Although *KIT* and *PI3K* genes are activated and participate in several common pathways, we did not observe any significant correlation between them; one of the possible reasons might be the activation of the *PI3K* and *KIT* genes separately by other pathways and genes.

In this study, two-tenth of the patients reported mutations in exons 9 and 20, lesser than two-tenth patients revealed an increased copy number in the *PI3K* gene.

PI3K gene could be crucial in cancer development, with an increased risk of developing breast cancer. Administering tyrosine kinase inhibitor drugs could suppress breast cancer.

In previous studies, the expression level of this gene and CNV was different. This can be related to the genetic diversity of the population (18, 20).

Our investigation, like other studies, showed mutations of G>A in E542K and A>G in H1047R are the most prevalent mutations in *PI3K* gene in patients with sporadic breast cancer.

Similar to our study, other studies such as findings of Ian J. Majewski, reported that 23% patients with breast cancer had a mutation in the *PI3K* gene or the study of SibylleLoibl that 21.4% patients had a mutation in this gene (2, 22). Alternatively, we confirmed results of Irina Palimarul and Mohammad Firoozinia (18, 23).

Our findings revealed that almost one-third of the patients have increased copy number gene in *KIT*; we investigated CNV of *KIT* gene using MLPA (P354-A2 kit, personal communication with MRC Holland). This kit was initially designed and routinely used for piebaldism disease. Since the *KIT* gene is crucial in the key pathways such as angiogenesis, tumour growth and cell differentiation, we used it to investigate the CNV of *KIT* gene in patients with sporadic breast cancer. We confirmed the results of previous studies that have reported maximum mutation of the *KIT* gene in breast cancer, unlike other cancers, is an increase in CNV.

In most cases, increase in CNV could be lead to gene overexpression.

Alternatively, in correlation to other studies, reported overexpression of the *KIT* gene as a crucial factor in de-

veloping breast cancer, and no correlation between an increase in the copy number and overexpression of the *KIT* gene (19, 24-29).

We presume that other mechanisms are also involved. These include epigenetic variation and translational, post-transcriptional and protein degradation regulations causing gene overexpression without altering these genes; however, the small sample size could also contribute to this discordance.

In the present study, *KIT* and *PI3K* genes revealed an increase in the copy number in sporadic breast cancer. Alternatively, several genes that can change the structure and function of a protein are essential for administering tyrosine kinase inhibitor drugs, in particular for gastrointestinal tumours, as they are resistant to these drugs (30). Therefore, although no significant correlation between these genes was established, each gene on its own can probably be used for targeted therapy with tyrosine kinase inhibitors.

Tyrosine kinase inhibitors are essential drugs, which have been successfully administered in various cancers such as gastrointestinal cancer and leukaemia (31, 32); however, further studies are warranted to verify these initial findings.

Conclusion

CNV of *PI3K* gene was seen in 20% of 34 cases with sporadic breast cancer, while mutation in the same gene in less than 20%. In 30% of cases CNV of *KIT* gene was evident and no correlation was detected between *PI3K* and *KIT* CNVs. Since these are two important genes in development cancer, maybe one or both could be used as target in tyrosine kinase inhibitor drugs in sporadic breast cancer.

Conflict of interest

All authors declare that they have no conflict of interests.

References

- Sever R, Brugge S. Signal Transduction in Cancer. Cold Spring Harbor Laboratory Press. 2017;5(4):a006098.
- Okkenhaug K. Signaling by the phosphoinositide 3-kinase family in immune cells. *Annu Rev Immunol*. 2013;31:675-704.
- Miettinen M, Lasota J. *KIT* (CD117): A Review on Expression in Normal and Neoplastic Tissues, and Mutations and Their Clinicopathologic Correlation. *Appl Immunohistochem Mol Morphol*. 2005; 13:205-220.
- Shimizu K, Oku N. Cancer anti-angiogenic therapy. *Biol Pharm Bull*. 2004;27:599-605.
- Samuels Y, Wang Z, Bardelli A, Silliman N, Ptak J, Szabo S, et al. High frequency of mutations of the *PIK3CA* gene in human cancers. *Science*. 2004;304(5670):554.
- Shayesteh L, Lu Y, Kuo WL, Baldocchi R, Godfrey T, Collins C, et al. *PIK3CA* is implicated as an oncogene in ovarian cancer. *Nature Gene*. 1999;21(1):99-102.
- Or YYY, Hui ABU, To KF, Lam CNY, Lo KU. *PIK3CA* mutations in nasopharyngeal carcinoma. *Int J Cancer*. 2006;118(4):1065-1067.
- García-Rostán G1, Costa AM, Pereira-Castro I, Salvatore G, Hernandez R, Hermsem MJ, Herrero A, et al. Mutation of the *PIK3CA* gene in anaplastic thyroid cancer. *Cancer Res*. 2005;65(22):10199-10207.
- Tuveson D, Willis N, Jacks T, Giri J, Singer S. ST1571 inactivation of the gastrointestinal stromal tumor c-KIT oncoprotein: biological and clinical implications. *Oncogene*. 2001;20:5054-58.
- Orsenigo M, Birch S, Riva C, Conca E, Bertulli R, Dileo P, et al. Fluorescence in situ hybridization analysis and immunophenotyping of c-Kit/PDGFRα and Bcl-2 expression in gastrointestinal stromal tumors. *Anal Quant CytolHistol*. 2010;32(4):225-33.
- Antonescu C, Romeo S, Zhang L, Nafa K, Hornick J, Nielsen G, et al. Dedifferentiation in Gastrointestinal Stromal Tumor to an Anaplastic *KIT* Negative Phenotype – a Diagnostic Pitfall. Morphologic and Molecular Characterization of 8 Cases Occurring either de-novo or after Imatinib Therapy. *Am J Surg Pathol*. 2013;37(3):385-392.
- Malaise M, Steinbach D, Corbacioglu S. Clinical implications of c-Kit mutations in acute myelogenous leukemia. Find out how to access preview-only content. *Curr Hematol Malignan Reports*. 2009;4(2): 77-82.
- Renneville A, Roumier C, Biggio V, Nibourel O, Boissel N, Fenaux P, et al. Cooperating gene mutations in acute myeloid leukemia: a review of the literature. *Leukemia*. 2008;22:915-931.
- Beadling C, Jacobson-Dunlop E, Hodi FS, Le C, Warrick A, Patterson J, et al. *KIT* gene mutations and copy number in melanoma subtypes. *Clin Cancer Res*. 2008;14(21):6821-8.
- Hirsch FR, Varella-Garcia M, Bunn PA Jr, Di Maria MV, Veve R, Bremmes RM, et al. Epidermal growth factor receptor in nonsmall-cell lung carcinomas: correlation between gene copy number and protein expression and impact on prognosis. *J Clin Oncol*. 2003; 21(20):3798-807.
- Heinrich MC, Blanke CD, Druker BJ, Corless CL. Inhibition of *KIT* tyrosine kinase activity: a novel molecular approach to the treatment of *KIT*-positive malignancies. *J Clin Oncol*. 2002;20:1692-1703.
- Arsenic R, Lehmann A, Budczies J, Koch I, Prinzler J, Kleine-Tebbe A, et al. Analysis of *PIK3CA* mutations in breast cancer subtypes. *Appl Immunohistochem Mole Morphol*. 2014;22(1):50-56.
- Firoozinia M, Zareian Jahromi M, Zorofchian Moghadamtousi S, Nikzad S, Abdul Kadir H. *PIK3CA* gene amplification and *PI3K p110α* protein expression in breast carcinoma. *Int J Med Sci*. 2014; 11(6):620.
- Liu J, Liu X, Feng X, Liu J, Lv S, Zhang W, et al. C-kit overexpression correlates with *KIT* gene copy numbers increases in phyllodes tumors of the breast. *Breast Cancer Res Treat*. 2014;149(2):395-401.
- Gonzalez-Angulo AM, Chen H, Karuturi MS, Chavez-MacGregor M, Tsavachidis S, Meric-Bernstam F. Frequency of mesenchymal-epithelial transition factor gene (*MET*) and the catalytic subunit of phosphoinositide-3-kinase (*PIK3CA*) copy number elevation and correlation with outcome in patients with early-stage breast cancer. *Cancer*. 2013;119(1):7-15.
- Loibl S, Minckwitz G, Schneeweiss A, Paepke S, Lehmann A, Rezai M, et al. *PIK3CA* mutations are associated with lower rates of pathologic complete response to anti-human epidermal growth factor receptor 2 (*HER2*) therapy in primary *HER2*-overexpressing breast cancer. *J Clin Oncol*. 2014;32(29):3212-3220.
- Majewski IJ, Nuciforo P, Mittempergher L, Bosma AJ, Eidtmann H, Holmes E, et al. *PIK3CA* mutations are associated with decreased benefit to neoadjuvant human epidermal growth factor receptor 2-targeted therapies in breast cancer. *J Clin Oncol*. 2015;33(12):1334-1339.
- Palamaru I, Brüggemann A, Wium-Andersen MK, Nexø E, Sorensen BS. Expression of *PIK3CA*, *PTEN* mRNA and *PIK3CA* mutations in primary breast cancer: association with lymph node metastases. *Springerplus*. 2013;2(1):464.
- Lee JY, Park K, Lim SH, Kim HS, Yoo KH. Mutational profiling of brain metastasis from breast cancer: matched pair analysis of targeted sequencing between brain metastasis and primary breast cancer. *Oncotarget*. 2015;6(41):43731-42.
- Gilbert JA, Goetz MP, Reynolds CA, Ingle JN, Giordano KF. Molecular analysis of metaplastic breast carcinoma high *EGFR* copy number via aeusomy. *Mol Cancer Ther*. 2008;7(4):944-951.
- Kondo-Pafiti A, Arkadopoulos N, Gennatas C, Michalaki V, Frangou-Phlegmonous M. Expression of c-kit in common benign and malignant breast lesions. *Tumori*. 2010;96(6):978-984.
- Johansson I, Aaltonen EK, Ebbesson A, Grabau D, Wigerup C, Hedenfalk I. Increased Gene Copy Number of *KIT* and *VEGFR2* at4q12 in Primary Breast Cancer is Related to an Aggressive Phenotype and Impaired Prognosis. *Gene Chromosomes Cancer*. 2012; 51:375-383.
- Jansson S, Grabau D, Falck A, Aaltonen K. The Three Receptor Tyrosine Kinases c-KIT, *VEGFR2*, and *PDGFRα*, Closely Spaced at 4q12, Show Increased Protein Expression in Triple-Negative Breast Cancer. *Plos One*. 2014;9(7):102176.

29. Zhu Y, Wang Y, Guan B, Rao Q, Wang J, Ma H, et al. C-kit and PDGFRA gene mutations in triple negative breast cancer. *Int J ClinExpPathol.* 2014;7(7):4280-4285.
30. Antonescu C, Romeo S, Zhang L, Nafa K, Hornick J, Nielsen G, et al. Dedifferentiation in Gastrointestinal Stromal Tumor to an Anaplastic KIT Negative Phenotype – a Diagnostic Pitfall. Morphologic and Molecular Characterization of 8 Cases Occurring either de-novo or after Imatinib Therapy. *Am J SurgPathol.* 2013; 37(3):385–392.
31. Poveda A, GarcíadelMuro X, Lopez@Guerrero J, Martínez V, Romero I, Valverde C, et al. GEIS 2013 guidelines for gastrointestinal sarcomas (GIST). *Cancer Chemother Pharmacol.* 2014;74:883–898.
32. Heinrich MC, Blanke CD, Druker BJ, Corless CL. Inhibition of KIT tyrosine kinase activity: a novel molecular approach to the treatment of KIT-positive malignancies. *J Clin Oncol.* 2002;20:1692–1703.