

Research article

Study of Methylation Status in *TET2* Mutations in Iranian Breast Cancer Patient

Sohila Asoudeh Moghanloo¹, Mohammad Navaderi^{1*}

¹Department of Cellular and Molecular Biology, Ahar Branch, Islamic Azad University, Tabriz, Iran

*Corresponding author: Dr. Mohammad Navaderi, Department of Cellular and Molecular Biology, Ahar Branch, Islamic Azad University, Tabriz, Iran, Tel: +989122985220; Email: Navadermohammad@yahoo.com

Received: 12-15-2015

Accepted: 04-12-2016

Published: 04-26-2016

Copyright: © 2016 Mohammad

Abstract

TET2 enzymatic ally converts 5-methyl-cytosine to 5-hydroxymethyl-cytosine, possibly leading to loss of DNA methylation. Genetic mutations of TET2 gene were associated with leukemia, whereas TET1 down regulation has been shown to promote malignancy in breast cancer. To expand on this concept, we studied methylation status in TET2 gene in Breast Cancer (BC) samples. *TET2* Messene or nonsense mutations were detected in 53% (16/30) of patients. In contrast, only 1/30 patient had a mutation in *IDH1* or *IDH2*, and none of them had a mutation in *DNMT3A* in the sites most frequently mutated in Breast Cancer. Using bisulfate pyrosequencing, global methylation measured by the LINE-1 assay and DNA methylation levels of 10 promoter CpG islands frequently abnormal in myeloid leukemia were not different between *TET2* mutants and wild-type BC cases. This was also true for 9 out of 11 gene promoters reported by others as differentially methylated by *TET2* mutations. We found that two non-CpG island promoters, *AIM2* and *SP140*, were hyper ethylated in patients with mutant *TET2*. These were the only two gene promoters (out of 14,475 genes) previously found to be hyper ethylated in *TET2* mutant cases. However, total 5-methylcytosine levels in *TET2* mutant cases were significantly higher than *TET2* wild-type cases (median = 14.0% and 9.8%, respectively) ($p = 0.016$). Thus, *TET2* mutations affect global methylation in BC but most of the changes are likely to be outside gene promoters.

Keywords: TET2; DNA Methylation; Breast Cancer; Mutation; Promoter

Abbreviation

PCR: Polymerase Chain Reaction;

BC: Breast Cancer;

TET: Ten Eleven Translocation

Introduction

TET2 [ten-eleven translocation (TET) oncogene family member 2] is a tumor suppressor gene on chromosome 4q24 [1]. *TET2* mutations were first described in myeloproliferative neoplasms (MPN) [1-7]. As reported for *TET1* [8], *TET2* also converts 5-methyl-cytosine to 5-hydroxymethylcytosine [9] in embryonic stem cells, and thus mutations of *TET2* were proposed to contribute to leukemogenesis by altering epigenetic regulation of transcription through DNA methylation. Disrupting hematopoietic differentiation [10,11]. Furthermore, in mu-

rine models, *TET2* deficiency impairs hematopoietic differentiation with expansion of myeloid precursors [12,13]. The exact mechanism and the extent to which *TET2* mutations affect DNA methylation remain in question. In contrast, Figueroa et al. studied *TET2* mutant AMLs and identified a hyper methylation phenotype, including 129 differentially methylated regions [11]. These studies were conducted using microarray-based screening methods for DNA methylation analysis, which might have false positive and negative findings. To examine this issue in more detail, we used bisulfite pyrosequencing, which is one of the most reliable ways to analyze DNA methylation for in-

Patient	Nucleotide change	Amino acid change
MT1	c.1623C > T	Q255X
MT2	Del c.3022_3023 (CA); Ins 4636 (GCTCA)	H721FS; T1259FS
MT3	c.2820C > T; c.4559C > A	Q654X; W1233X
MT4	c.4500C > T; c.5850C > T	R1214W [†] ; Q1664X
MT5	c.6508C > T	T1883I
MT6	c.5163C > T	Q1435X [*]
MT7	Ins c.2617 (T); c.3869G > A; c.5469C > T	L586FS; W1003X; Q1537X [†]
MT8	c.4998C > T	H1380Y
MT9	Del c.3442 (A)	N861FS
MT10	Del c.5521_5524 (CAGA)	T1554FS [†]
MT11	c.4435G > T	G1192V
MT12	Ins c.2519 (G)	V553FS
MT13	c.6012G > T	V1718L [†] ; §
MT14	c.4753G > A	C1298Y
MT15	Del c.2653 (A)	N598FS
MT16	c.5109G > T	V1417F [*] ; †

* Biallelic/homozygous mutations;

† Previously reported;

§ Predicted to be tolerated.

Table 1. *TET2* mutation status

Comparison of DNA methylation levels between *TET2* mutant and wild-type cases.

Next, we performed bisulfite pyrosequencing to compare DNA methylation status between patients with mutant vs. wild-type *TET2* genes (Table 2). Bisulfite pyrosequencing is a highly quantitative and reliable method for methylation analysis of individual CpG sites. We compared *TET2* mutant to *TET2* wild-type cases to distinguish the effects of *TET2* on methylation from the effects of BC transformation. First, we studied DNA methylation levels of 10 promoter CpG islands frequently abnormal in MDS [15] since these genes are assumed to be most likely to show abnormal DNA methylation levels in their promoters when the DNA methylation machinery is altered.

Discussion

In this cohort of 30 BC patients, we found that missense or non-sense mutations of *TET2* were detected in 16 out of 30 (53%) patients. Mutations were found to be distributed broadly from exon 3 to exon 11. Furthermore, only 5 out of 21 mutations were the same as previously reported, confirming the marked heterogeneity in mutational status. Overall, in addition to the frequency of mutations, the characteristics of the mutations in this study are in good agreement with what has been reported so far. Missense mutations and frame shift mutations are mainly found in exon 3 of *TET2*, whereas point mutations are found in exons 4 to 11.

Although these analyses revealed that *TET2* does not have mutation "hot spot(s)" as seen for *IDH1/2* and *DNMT3A* in MDS, some locations in *TET2* were found to have high frequencies of mutations. We also confirmed that 21 of 30 BC patients had mutation at the R882 residue in *DNMT3A*. We could not find significant differences in overall and progression free survival between *TET2* mutant and wild-type cases in this cohort. However, correlation of *TET2* mutation and survival is still in question; reported by different studies as superior in MDS [19] and BC. Larger studies will be needed to confirm the effect of *TET2* mutations on survival.

Bisulfite pyrosequencing is one of the most reliable ways to analyze DNA methylation for individual genes, and we find that only two genes, *AIM2* and *SP140*, were hypermethylated in patients with mutant *TET2* compared with wild-type *TET2*. These genes are the only two genes found to be hypermethylated in a previous report that studied 14,475 genes [10]. Recently, *AIM2* was reported to have a putative role in reduction of cell proliferation by cell cycle arrest [20]; therefore, methylation of the promoter might provide a growth advantage to cancer cells.

Gene	CpG island	<i>TET2</i> mutant (n = 16)			<i>TET2</i> wild type (n = 14)			Normal peripheral blood (n = 5)			p value (<i>TET2</i> mutant vs. wild type)
		Median (%)	Min (%)	Max (%)	Median (%)	Min (%)	Max (%)	Median (%)	Min (%)	Max (%)	
ER (ESR1)	Y	3	1	36	5	0	23	4	1	5	0.69
NOR1 (OSCP1)	Y	2	0	24	2	0	18	3	1	4	0.73
p15 (CDKN2B)	Y	7	0	29	8	2	15	3	1	7	0.76
NPM2	Y	6	1	17	7	0	14	3	2	4	0.68
ECAD (CDH1)	Y	5	2	31	10	2	39	7	6	9	0.25
CDH13	Y	14	0	29	16	3	43	6	4	8	0.27
OLIG2	Y	10	3	37	14	4	35	6	3	8	0.32
PGRB	Y	28	6	46	16	5	54	6	1	11	0.04
PGRA	Y	15	0	40	12	1	34	5	2	6	0.71
RIL (PDLIM4)	Y	19	8	68	28	5	68	21	12	33	0.56
C9orf16	Y	5	1	34	4	0	14	16	0	27	0.72
PSMD6	N	44	18	80	41	0	81	51	48	58	0.42
LRR32	N	13	6	50	23	7	63	40	29	47	0.14
TMEM34	Y	22	2	42	13	1	68	16	8	22	0.33

Table 2. DNA methylation levels

Methylation of *SP140* might have an effect on differentiation to specific lineages. Overall, we find rare promoter methylation differences in *TET2* mutant cases, but hypermethylation of *AIM2* and *SP140* may be useful biomarkers of *TET2* mutations in BC.

TET2 mutation has been shown to lead to inefficient conversion of 5-methyl-cytosine to 5hydroxymethyl-cytosine. Consistent with this, we found that 5-methyl-cytosine levels of *TET2* mutant cases are higher than *TET2* wild-type cases. However, this does not seem to translate to increased promoter methylation, with *AIM2* and *SP140* being notable exceptions. While we did not study the whole genome to be completely confident of this fact, we did investigate the most frequently hypermethylated genes in MDS, and others studied genomewide methylation with similar findings (hypermethylation of only two out of 14,475 genes). We could not confirm hypomethylation in *TET2* mutant BC cases. Given the above, our findings suggest that the total methylation level increase in *TET2* mutant cases is mostly outside CpG islands and promoters examined so far.

There are several possible explanations for the findings in this study about the impact of *TET2* mutations on promoter methylation. First, different *TET2* mutations might affect DNA methylation in divergent ways; however, most of the mutations found in this report are predicted to negatively affect protein function. We found no difference in DNA methylation in patients with homozygous, biallelic or frame-shift mutations. To support this, the only two differentially methylated genes in this study, *AIM2* and *SP140*. It is also possible that the effect on promoter DNA methylation of *TET2* is not global but very restricted to a few genes such as *AIM2* and *SP140*. However, the TET1 protein has been found to be enriched at most CpG-rich sequences [23,24] and there is no mechanism to explain selectivity. Because the promoters of *AIM2* and *SP140* are not in CpG islands, the observed effect on DNA methylation could be secondary to other effects of *TET2* on gene expression. Indeed, TET1 protein has been found to affect gene expression independent of DNA methylation [23]. Altogether our data suggest that *TET2* mutations have effects on global DNA methylation, but we have not been able to detect major effects on promoter methylation (with the limitations previously discussed). It appears likely that *TET2* mutations affect DNA methylation in other regions such as gene bodies or intergenic areas. Larger and genome wide studies will be needed to confirm the precise relationship between *TET2* mutations and DNA methylation.

Conclusions

In conclusion, we have shown that epigenetic markers that *TET2* gene is one of them, are promising biomarkers for breast cancer. The results presented in this thesis do not unambiguously indicate that altered epigenetic regulation is responsible for the unique methylation pattern observed in samples from patients with Breast cancer. Further research is needed to fully

understand the biology of Breast cancer. This study highlights the potential for *TET2* methylation to be an informative prognostic biomarker for breast cancer survival and sets the scene for a more comprehensive investigation of the molecular basis of this phenomenon.

References

1. Delhommeau F, Dupont S, Della Valle V, James C, Trannoy S et al. Mutation in *TET2* in myeloid cancers. *N Engl J Med*. 2009, 360: 2289–2301.
2. Tefferi A, Levine RL, Lim KH, Abdel-Wahab O, Lasho TL et al. Frequent *TET2* mutations in systemic mastocytosis: clinical, KITD816V and FIP1L1-PDGFR α correlates. *Leukemia*. 2009, 23: 900-904.
3. Tefferi A, Lim KH, Abdel-Wahab O, Lasho TL, Patel J et al. Detection of mutant *TET2* in myeloid malignancies other than myeloproliferative neoplasms: CMML MDS, MDS/MPN and AML. *Leukemia*. 2009, 23: 1343-1345.
4. Langemeijer SM, Kuiper RP, Berends M, Knops R, Aslanyan MG et al. Acquired mutations in *TET2* are common in myelodysplastic syndromes. *Nat Genet*. 2009, 41: 838-842.
5. Jankowska AM, Szpurka H, Tiu RV, Makishima H, Afable M et al. Loss of heterozygosity 4q24 and *TET2* mutations associated with myelodysplastic/myeloproliferative neoplasms. *Blood*. 2009, 113: 6403-6410.
6. Abdel-Wahab O, Mullally A, Hedvat C, Garcia-Manero G, Patel J et al. Genetic characterization of *TET1*, *TET2* and *TET3* alterations in myeloid malignancies. *Blood*. 2009, 114: 144-147.
7. Kosmider O, Gelsi-Boyer V, Ciudad M, Racœur C, Jooste V, Vey N et al. Groupe Francophone des Myélodysplasies. *TET2* gene mutation is a frequent and adverse event in chronic myelomonocytic leukemia. *Haematologica*. 2009, 94: 1676-1681.
8. Tahiliani M, Koh KP, Shen Y, Pastor WA, Bandukwala H et al. Conversion of 5-methylcytosine to 5-hydroxymethylcytosine in mammalian DNA by MLL partner *TET1*. *Science*. 2009, 324: 930-935.
9. Ito S, D'Alessio AC, Taranova OV, Hong K, Sowers LC et al. Role of Tet proteins in 5mC to 5 hmC conversion, ES-cell self-renewal and inner cell mass specification. *Nature*. 2010, 466: 1129-1133.
10. Ko M, Huang Y, Jankowska AM, Pape UJ, Tahiliani M et al. Impaired hydroxylation of 5-methylcytosine in myeloid cancers with mutant *TET2*. *Nature*. 2010, 468: 839-843.
11. Figueroa ME, Abdel-Wahab O, Lu C, Ward PS, Patel J et al. Leukemic *IDH1* and *IDH2* mutations result in a hypermethyl-

- ation phenotype, disrupt TET2 function and impair hematopoietic differentiation. *Cancer Cell*. 2010, 18: 553-567.
12. Moran-Crusio K, Reavie L, Shih A, Abdel-Wahab O, Ndiaye-Lobry D et al. Tet2 loss leads to increased hematopoietic stem cell self-renewal and myeloid transformation. *Cancer Cell*. 2011, 20: 11-24.
13. Quivoron C, Couronné L, Della Valle V, Lopez CK, Plo I et al. TET2 inactivation results in pleiotropic hematopoietic abnormalities in mouse and is a recurrent event during human lymphomagenesis. *Cancer Cell*. 2011, 20: 25-38.
14. Greenberg P, Cox C, LeBeau MM, Fenau P, Morel P et al. International scoring system for evaluating prognosis in myelodysplastic syndromes. *Blood*. 1997, 89: 2079-2088.
15. Shen L, Kantarjian H, Guo Y, Lin E, Shan J et al. DNA methylation predicts survival and response to therapy in patients with myelodysplastic syndromes. *J Clin Oncol*. 2010, 28: 605-613.
16. Yoshida K, Sanada M, Kato M, Kawahata R, Matsubara A et al. A nonsense mutation of IDH1 in myelodysplastic syndromes and related disorders. *Leukemia*. 2011, 25: 184-186.
17. Grossmann V, Kohlmann A, Eder C, Haferlach C, Kern W, Cross NC et al. Molecular profiling of chronic myelomonocytic leukemia reveals diverse mutations in >80% of patients with TET2 and EZH2 being of high prognostic relevance. *Leukemia*. 2011, 25: 877-879.
18. Walter MJ, Ding L, Shen D, Shao J, Grillot M et al. Recurrent DNMT3A mutations in patients with myelodysplastic syndromes. *Leukemia*. 2011, 25:1153-1158.
19. Kosmider O, Gelsi-Boyer V, Cheok M, Grabar S, Della-Valle V et al. Groupe Francophone des Myélodysplasies. TET2 mutation is an independent favorable prognostic factor in myelodysplastic syndromes (MDSs). *Blood*. 2009, 114: 3285-3291.
20. Patsos G, Germann A, Gebert J, Dihlmann S. Restoration of absent in melanoma 2 (AIM2) induces G2/M cell cycle arrest and promotes invasion of colorectal cancer cells. *Int J Cancer*. 2010, 126: 1838-1849.
21. Zong RT, Das C, Tucker PW. Regulation of matrix attachment region-dependent, lymphocyte-restricted transcription through differential localization within promyelocytic leukemia nuclear bodies. *EMBO J*. 2000, 19: 4123-4133.
22. Di Bernardo MC, Crowther-Swanepoel D, Broderick P, Webb E, Sellick G et al. A genome-wide association study identifies six susceptibility loci for chronic lymphocytic leukemia. *Nat Genet*. 2008, 40: 1204-1210.
23. Williams K, Christensen J, Pedersen MT, Johansen JV, Rappsilber J et al. TET1 and hydroxymethylcytosine in transcription and DNA methylation fidelity. *Nature*. 2011, 473: 343-348.
24. Wu H, D'Alessio AC, Ito S, Xia K, Wang Z, Cui K et al. Dual functions of Tet1 in transcriptional regulation in mouse embryonic stem cells. *Nature*. 2011, 473: 389-393.
25. Kantarjian H, Oki Y, Garcia-Manero G, Huang X, O'Brien S et al. Results of a randomized study of 3 schedules of low-dose decitabine in higher-risk myelodysplastic syndrome and chronic myelomonocytic leukemia. *Blood*. 2007, 109: 52-57.
26. Ng PC, Henikoff S. Predicting the effects of amino acid substitutions on protein function. *Annu Rev Genomics Hum Genet*. 2006, 7: 61-80.
27. Kosmider O, Gelsi-Boyer V, Slama L, Dreyfus F, Beyne-Rauzy O et al. Mutations of IDH1 and IDH2 genes in early and accelerated phases of myelodysplastic syndromes and MDS/myeloproliferative neoplasms. *Leukemia*. 2010, 24:1094-1096.
28. Yan H, Parsons DW, Jin G, McLendon R, Rasheed BA et al. IDH1 and IDH2 mutations in gliomas. *N Engl J Med*. 2009, 360: 765-773.
29. Ley TJ, Ding L, Walter MJ, McLellan MD, Lamprecht T et al. DNMT3A mutations in acute myeloid leukemia. *N Engl J Med*. 2010, 363: 2424-2433.
30. Colella S, Shen L, Baggerly KA, Issa JP, Krahe R. Sensitive and quantitative universal Pyrosequencing methylation analysis of CpG sites. *Biotechniques*. 2003, 35: 146-150.
31. Song L, James SR, Kazim L, Karpf AR. Specific method for the determination of genomic DNA methylation by liquid chromatography-electrospray ionization tandem mass spectrometry. *Anal Chem*. 2005, 77: 504-510.
32. Mohamedali AM, Smith AE, Gaken J, Lea NC, Mian SA et al. Novel TET2 mutations associated with UPD4q24 in myelodysplastic syndrome. *J Clin Oncol*. 2009, 27: 4002-4006.