

Role of β 1-Integrins in Epidermotropism of Malignant T Cells

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To better understand the molecular mechanisms of epidermotropism, we immunohistochemically analyzed the expression pattern of adhesion molecules belonging to the integrin and immunoglobulin superfamilies in cases of mycosis fungoides (MF) (n = 15), pleomorphic T cell lymphoma (n = 10), and high-grade T cell lymphoma (n = 7). The cutaneous T cell lymphomas (CTCLs) investigated were categorized into cases with or without epidermotropism. Focal neoexpression of ICAM-1 on keratinocytes was restricted to epidermotropic lymphomas. Both LFA-1 and LFA-3 were expressed on infiltrating cells in all cases investigated. In contrast, β 1-integrins showed differential expression, most prominent in the case of VLA-1 and VLA-6: These molecules were present on infiltrating cells in most cases with epidermotropic MF and absent in most other CTCLs. We conclude that the phenomenon of epidermotropism might involve different sets of adhesion molecules in different entities of CTCL, with VLA-1 being the most influential β 1-integrin in the case of MF. (Am J Pathol 1992, 141:855–860)

New perspectives in understanding tumor cell biology of cutaneous T cell lymphomas (CTCLs) emerged from the discovery of cell surface receptors, which play a central role in adhesive interactions of T cells with other cells as well as with the extracellular matrix.¹ These adhesion molecules regulate immune functions like adherence to vascular endothelial cells,^{2,3} migration of lymphocytes into extravascular tissue,⁴ T cell interaction with antigens and accessory cells,⁵ as well as nonrandom recirculation.⁶

Integrins⁷ are perhaps the most versatile of the adhesion molecule families. They are composed of heterodimers with a subfamily-specific unique β -chain and an individual α -chain. Up to now, five subfamilies have been distinguished by their β -subunits. Most important are the β 1-, β 2- and β 3-integrins. The β 1-integrin sub-

family⁸ includes cell receptors that bind to the extracellular matrix components fibronectin, collagen, and laminin. VLA-4 has a dual function as both matrix and cell receptor.⁹ LFA-1, a member of the β 2-integrins,¹⁰ interacts with ICAM-1^{11,12} and ICAM-2,¹³ both belonging to the immunoglobulins. Two other members of the immunoglobulins form the receptor–ligand pair LFA-3/CD2.^{14,15}

Cutaneous T cell lymphomas are lymphoproliferative malignancies mainly of CD4⁺ T cells.¹⁶ Most prominent in the histopathology of cutaneous lymphomas is the phenomenon of T cell epidermotropism. Lymphocytes aggregating within the epidermis, thus forming Pautrier's abscesses, are a characteristic finding in early mycosis fungoides (MF). Progression of the disease into tumor stage often results in a loss of epidermotropism and subsequent systemic dissemination of tumor cells.¹⁷

There is evidence that both the initial epidermotropism as well as the subsequent dissemination of T cells in CTCLs are caused by changes in the expression pattern of adhesion molecules: ICAM-1 can be expressed on a variety of cells, including keratinocytes. Its inducibility by inflammatory mediators is an important mechanism for the regulation of its interaction with LFA-1, resulting in a mononuclear cell infiltrate at the site of inflammation.¹⁸ In a similar way, during early stages of CTCL, T cells are present in an epidermis, exhibiting keratinocytes that express high levels of ICAM-1.¹⁹ In a case of Sézary's syndrome lacking epidermotropism, however, Nickoloff and co-workers found that ICAM-1 expression of keratinocytes was also missing.²⁰ The authors conclude that, because of this lack of ICAM-1 expression, malignant T cells are released from the epidermal compartment now causing systemic disease.

To further determine the role of adhesion molecules in the phenomenon of epidermotropism, we analyzed and compared the expression pattern of nine adhesion molecules on keratinocytes and the mononuclear infiltrate in cases of epidermotropic and nonepidermotropic CTCLs. We show that focal neoexpression of ICAM-1 is restricted to epidermotropic CTCLs. Infiltrating cells positive for

Accepted for publication April 14, 1992.

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VLA-1 and VLA-6 were a characteristic feature of epidermotropic MF.

Materials and Methods

Specimens

We investigated biopsy material from patients with MF (n = 15), pleomorphic T cell lymphoma (n = 10), and high-grade T cell lymphoma (n = 7) that were excised under local anesthesia before systemic or topical treatment. Informed consent was obtained. Biopsies were snap-frozen in 0.9% NaCl solution with liquid nitrogen and stored at -80°C in a freezer. Serial 6-µ thick frozen sections were cut from each block on a cryostat, air dried for 24 hours, and stored at -20°C until used.

Monoclonal Antibodies

The anti ICAM-1 monoclonal antibody (MAb) RR1/1,²¹ anti LFA-3 MAb TS2/9,²² and anti VLA-1 MAb TS2/7²³ were gifts from Dr. T. A. Springer (Boston). Anti VLA-β1 MAb A-1A5²⁴ and anti VLA-4 MAb B-5G10²⁵ were placed at our disposal by Dr. M. E. Hemler (Boston). R. Kantor (New York) provided us with the anti VLA-3 MAb J143.²⁶ 10G11²⁷ detecting VLA-2 and GoH3²⁸ directed against VLA-6 were gifts from Dr. von dem Borne (Amsterdam) and Dr. Sonnenberg (Amsterdam), respectively. Dr. Damsky (San Francisco) provided us with the anti VLA-5 mAb BIIG2.²⁹ Horseradish peroxidase conjugated rabbit anti-mouse antibodies and goat anti-rabbit antibodies were purchased from Dakopatts (Denmark) and Medac (Germany).

Indirect Immunoperoxidase Procedure

Immunohistochemical stainings were performed using a standard three-step immunoperoxidase technique.

Results

Focal Neoexpression of ICAM-1 on Keratinocytes Is Restricted to Epidermotropic Lymphomas

On keratinocytes, LFA-1, VLA-1, VLA-4 and VLA-5 were not detectable in either MF, pleomorphic T cell lymphoma, or high-grade T cell lymphoma (Table 1); LFA-3 was found to be expressed by keratinocytes located basally and in the stratum spinosum, whereas VLA-2 was restricted to basal keratinocytes. Thus, these two markers show the same distribution in these dermatoses as in normal skin. Compared with normal skin, keratinocytes in CTCLs exhibit focal neoexpression of ICAM-1 (Figure 1, Table 1). This neoexpression was restricted to cases of CTCL with epidermotropism. Expression of VLA-3 was found both on basal keratinocytes as well as in suprabasal layers. VLA-6 is the only adhesion molecule included in this study showing differential expression: As in normal skin, basal keratinocytes in pleomorphic and high-grade T cell lymphoma stain positively for this marker, whereas in MF VLA-6 expression is also detectable suprabasally. In MF, keratinocytes expressing ICAM-1, VLA-3, or VLA-6 were localized close to Pautrier's microabscesses.

Epidermotropism Is Most Frequent in MF

Analyzing the distribution pattern of the cellular infiltrate in the cases of CTCLs investigated, groups of cases with and without epidermotropism could be distinguished (Table 2). Epidermotropism was most frequent in MF, in which nine of 12 cases were classified as epidermotropic. In contrast, only two of 10 cases of pleomorphic T-cell lymphoma and two of seven cases of high-grade T-cell lymphoma showed pronounced epidermotropism.

Table 1. Expression of Adhesion Molecules on Keratinocytes in Mycosis Fungoides, Pleomorphic and High-grade T-cell Lymphoma in Comparison to Normal Human Skin

	MF	Pleo. TCL	High-grade TCL	Normal skin
LFA-1	Neg	Neg	Neg	Neg
LFA-3	Basal/spin	Basal/spin	Basal/spin	Basal/spin
ICAM-1	Focal*†	Focal*	Focal*	Neg
VLA-1	Neg	Neg	Neg	Neg
VLA-2	Basal	Basal	Basal	Basal
VLA-3	Basal/sb.†	Basal/sb.	Basal/sb.	Basal
VLA-4	Neg	Neg	Neg	Neg
VLA-5	Neg	Neg	Neg	Neg
VLA-6	Basal/sb.†	Basal	Basal	Basal

* Expression restricted to cases with epidermotropism.

† Cells expressing this marker were localized close to Pautrier's microabscesses.
 basal = basal layer; sb. = suprabasal layers; spin = stratum spinosum.

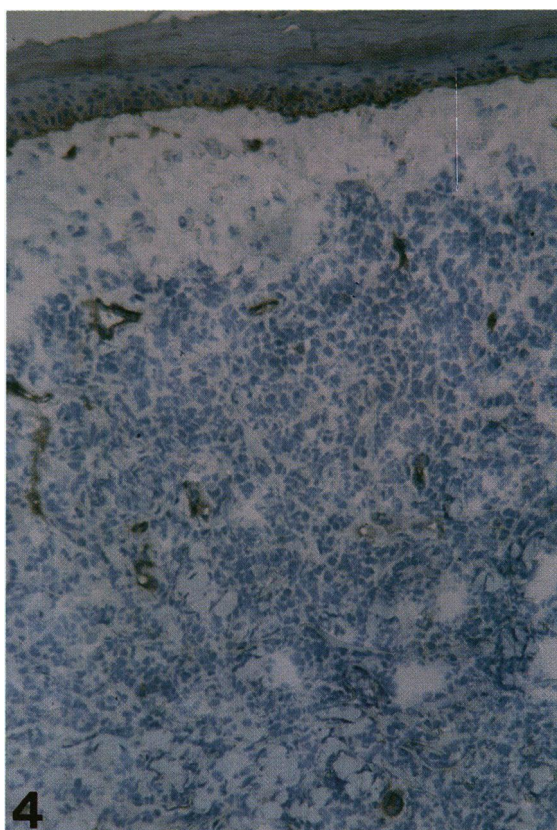
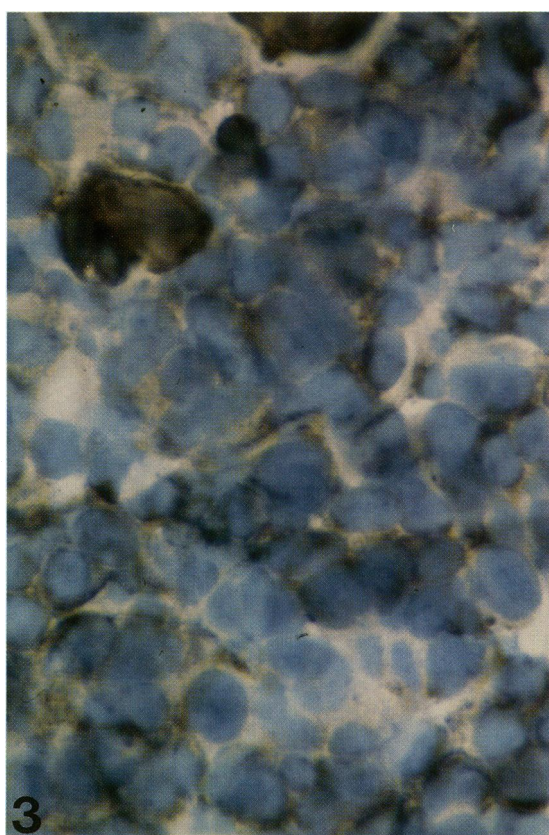
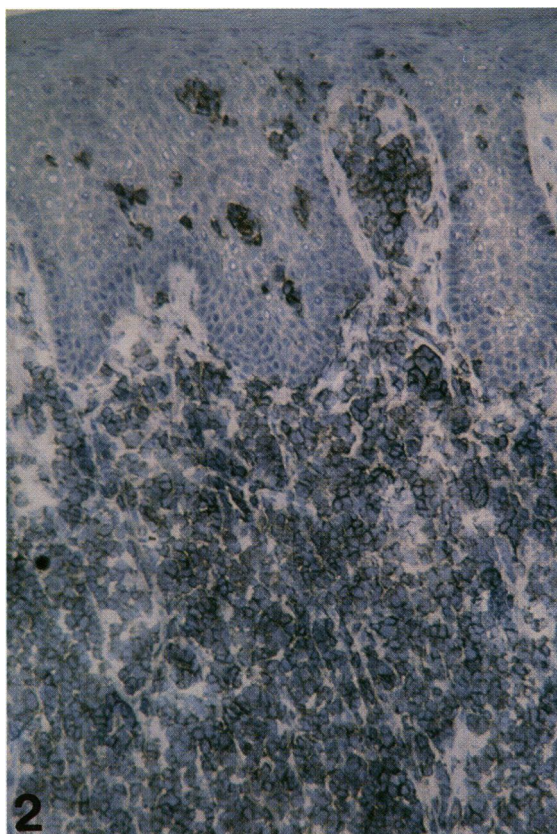
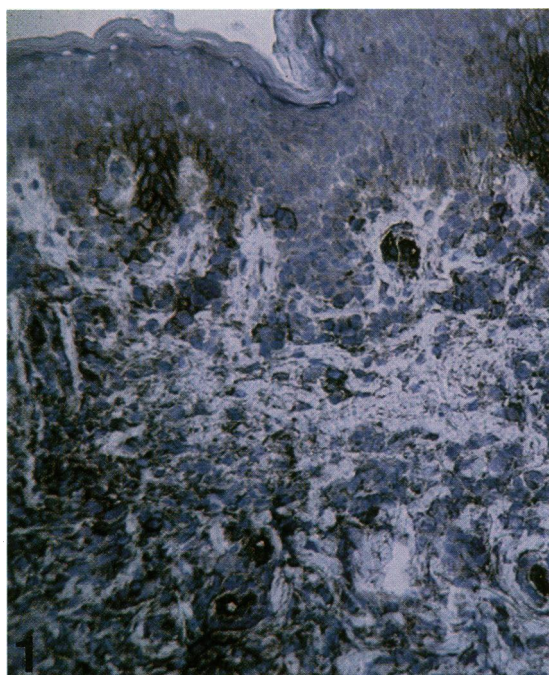


Figure 1. Cryostat section of a case with pleomorphic T-cell lymphoma. Immunoperoxidase staining for ICAM-1. Note the focal expression on keratinocytes. Original magnification $\times 200$.
Figure 2. Expression of LFA-1 in a case of high-grade T-cell lymphoma detected by immunoperoxidase staining. Original magnification $\times 200$.
Figure 3. Immunoperoxidase staining of the dermal infiltrate in a case of mycosis fungoides for VLA-1. Note the high number of VLA-1+ cells compared to Figure 4. Original magnification $\times 500$.
Figure 4. Cryostat section of a case with pleomorphic T-cell lymphoma. Immunoperoxidase staining for VLA-1. Original magnification $\times 200$.

Table 2. Expression of Adhesion Molecules on Infiltrating Cells in Cutaneous T-cell Lymphomas

		LFA-1	LFA-3	ICAM-1	VLA-1	VLA-2	VLA-3	VLA-4	VLA-5	VLA-6	
Mycosis fungoides	a)	e:	++++	++++	++	+++	-	-	+	++	+
		s:	++++	++++	++++	++	-	-	+++	+++	++
	b)	e:	0	0	0	0	0	0	0	0	0
		s:	++++	++++	+++	+	-	+	++	++	-
Pleomorphic T-cell lymphoma	a)	e:	+++	+++	++	-	-	-	++	++	-
		s:	+++	++++	++++	-	-	-	++	++	-
	b)	e:	0	0	0	0	0	0	0	0	0
		s:	+++	+++	++++	-	-	+	++	+	-
High-grade T-cell lymphoma	a)	e:	++++	++++	++++	-	-	-	+	-	
		s:	++++	++++	++++	-	-	-	++	++	-
	b)	e:	0	0	0	0	0	0	0	0	0
		s:	++++	+++	+++	-	-	-	+++	+++	-

e = epidermal; s = subepidermal; 0 = no infiltrate; - = no cells express marker; + = 1-25% express marker; ++ = 25-50% express marker; +++ = 50-75% express marker; ++++ = 75-100% express marker.

A representative case is listed for each of the entities investigated both with (a) and without epidermotropism (b).

The Cellular Infiltrate in CTCLs With and Without Epidermotropism Exhibits Similar Expression Patterns of Most Adhesion Molecules

No differences were observed for expression of most markers investigated in epidermotropic *versus* nonepidermotropic cases. Most infiltrating cells were positive for LFA-1 (Figure 2), LFA-3, and ICAM-1. VLA-2 was not detectable in any case. Expression of VLA-3 was restricted to the dermal infiltrate of few cases. VLA4⁺ and VLA5⁺ cells were found both in the dermal and epidermal infiltrate, but expression of these markers was less frequent compared with LFA-1, LFA-3, and ICAM-1. This pattern was similar in all three entities examined.

Intraepidermally Localized VLA-1⁺ Cells Are a Characteristic Feature of MF

In contrast to the other markers investigated, VLA-1 and VLA-6 were found to exhibit different expression patterns of adhesion molecules in the different entities examined. With a single exception, VLA-1⁺ cells were detected only in epidermotropic CTCLs. Expression was most frequent in MF (eight of nine cases) (Figure 3), the only entity exhibiting VLA-1⁺ cells in epidermal localization (7/9). In contrast, only three of seven cases with epidermotropic pleomorphic T cell lymphoma showed the presence of VLA-1⁺ cells; none of them were found within the epidermis (Figure 4). Expression of VLA-1 was absent in high-grade T cell lymphoma.

As for VLA-1, expression of VLA-6 was mostly restricted to epidermotropic CTCLs. Again, most of cases

with MF were found to exhibit VLA-6⁺ cells, whereas only two high-grade T cell lymphomas showed few cells expressing this marker.

Discussion

Adhesion molecules and their ligands with a multitude of interactions and various regulatory mechanisms provide an ideal means of organizing complex processes like differentiation of multicellular organisms³⁰ or coordination of activities of the immune system.¹ They are also known to be involved in cutaneous inflammation and malignancies.^{18,31}

Malignant T cells in CTCLs predominantly belong to the helper/inducer subset,³² also referred to as memory T cells.³³ Circulating memory T cells express increased levels LFA-1, LFA-3, VLA-4, VLA-5, and VLA-6.⁵ Expression of these molecules on memory T cells correlates with increased binding capacity,⁵ thus facilitating their binding to endothelium and emigration into the skin.^{2,34} These findings are reflected by our observation that LFA-1, LFA-3, VLA-4, and VLA-5 were readily detectable on infiltrating cells in all cases of CTCLs investigated.

If adhesion molecules were important for epidermotropism of T cells, one would expect increased expression or avidity of these markers on cells infiltrating the epidermis and a less pronounced expression or lower avidity on dermally located cells and in cases without epidermotropism. In all cases investigated here, we could not identify any adhesion molecule included in this study that would be expressed in all epidermotropic CTCLs and not in cases lacking epidermotropism. From this we conclude that epidermotropism can not be explained by differential expression of a single adhesion molecule.

Regulation of cellular adhesion is also possible through regulating the avidity of adhesion molecules rather than their quantitative expression. This takes place, for example, in the case of LFA-1 interaction with its counter receptor ICAM-1 and in LFA-3/CD2 interactions.¹ Thus, the unchanged expression pattern of a given adhesion molecule does not necessarily exclude this marker as possible cause for epidermotropism. Therefore, we cannot rule out a possible contribution of LFA-1 and LFA-3 to the phenomenon of epidermotropism despite their expression on the cellular infiltrate in both epidermotropic and nonepidermotropic CTCLs.

Although we cannot exclude adhesion molecules with unchanged expression patterns in epidermotropic versus nonepidermotropic CTCLs from the list of candidates with epidermotropic effects, we can do so for those markers that are absent in the infiltrate of epidermotropic CTCLs. The finding of epidermotropic CTCLs that were negative for most β 1-integrins studied suggests to us that these molecules are not essential for epidermotropism. It should, however, be noted that there are differences between MF, pleomorphic T cell lymphoma, and high-grade T cell lymphoma with regard to the percentage of epidermotropic cases staining negative for a given marker. This is particularly true for VLA-1, which is present in seven of nine cases with epidermotropic MF. One case of MF characterized by the presence of a $V\beta 8^+$ epidermotropic T cell clone³⁵ showed a particularly strong preference of VLA-1 expression on T cells located in the epidermis. In contrast, only three of seven epidermotropic pleomorphic T cell lymphomas and no high-grade lymphomas were VLA-1⁺. Therefore, it is possible that epidermotropism is regulated differently in different entities of CTCL.

Adhesion molecules are not necessarily the only factors contributing to the process of epidermotropism. In a mouse model, Shiohara and co-workers^{36,37} demonstrated the positive effect of keratinocyte-derived cytokines on epidermotropism. Monoclonal antibodies to LFA-1 were able to inhibit this phenomenon. These results suggest that LFA-1 interaction with its ligand ICAM-1 alone might mediate epidermotropism in the presence of certain chemoattractants. Our data on the exclusive expression of ICAM-1 on keratinocytes in epidermotropic CTCLs as well as the LFA-1⁺ phenotype on infiltrating cells are consistent with this hypothesis.

The postulated function of adhesion molecules in epidermotropism is a means of explaining generalization of a disease initially affecting only the skin. Loss of adhesion molecule expression could result in a release of malignant cells from the epidermal compartment. Medeiros and co-workers³⁸ observed that 90% of LFA-1-positive low-grade lymphomas turn LFA-1 negative during the course of disease. The authors were unable to correlate

LFA-1 expression and clinical course, however. The same effect could be caused not by a loss of adhesion molecule expression on infiltrating cells, but by a lack of resident cells to further express their ligands. Nickoloff and colleagues²⁰ described a patient with erythrodermic CTCL in whom epidermotropism was absent and suggested that this could be due most likely to a lack of keratinocytes to express ICAM-1. Our results support this finding in as much as we observed upregulation of ICAM-1 on keratinocytes in epidermotropic CTCLs at sites neighboring infiltrating T cells.

One reason for a loss of ICAM-1 expression on keratinocytes might be the emergence of T cells that do not produce inducers of ICAM-1-like interferon gamma.²⁰ It is interesting to speculate whether this postulated loss of production of certain cytokines might be associated with a loss of capability to express LFA-1. In this case, both components of the receptor-ligand pair LFA-1/ICAM-1 would contribute to a generalization of the disease due to a loss of epidermotropism of the malignant T cells.

In conclusion, our data are consistent with the hypothesis that LFA-1/ICAM-1 interaction alone might mediate epidermotropism in the context of appropriate epidermal chemoattractants. Several other adhesion molecules, namely LFA-3, and in the case of MF also VLA-1, might contribute to this phenomenon. Also, different sets of adhesion molecules might be used in different entities of CTCL. Because several adhesion molecules were not expressed on epidermotropic T cells in individual cases, they can be ruled out as major contributors to the phenomenon of epidermotropism. This is true for all β 1-integrins but VLA-1.

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