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2	Co-localization of PTEN and E-cadherin in canine mammary hyperplasias, benign and	
3	malignant mammary tumours	
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6	Pietro Asproni ^{a,b} , Lorenzo Ressel ^c , Francesca Millanta ^a , Iacopo Vannozzi ^a and	Formattato: Non Evidenziato
7	Alessandro Poli ^a	
8		
9	^a Department of Veterinary Sciences, University of Pisa, Italy	
10	^b Institute of Research of Semiochemistry and Applied Ethology (IRSEA), Apt, France;	
11	^c Section of Veterinary Pathology, School of Veterinary Science, University of Liverpool, UK	
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19	Corresponding author: Alessandro Poli	
20	Dipartimento di Scienze Veterinarie	
21	Università di Pisa	
22	Viale delle Piagge, 2	
23	56124 Pisa (Italia)	
24	email: <u>alessandro.poli@unipi.it</u>	Codice campo modificato
25	Phone number +39 050 2216982	

Fifty- four canine mammary lesions (15 hyperplasias, 7 adenomas and 32 carcinomas) were submitted to immunohistochemical analysis for the evaluation of PTEN and E-cadherin co-expression. Subjects bearing mammary carcinomas were also submitted to a 2-year follow-up study to compare immunohistochemical results with overall survival All the hyperplastic samples stained positive for both markers, 100% of adenomas were positive for PTEN and 86% for E-cadherin, and 69% and 34% of carcinomas were positive for PTEN and E-cadherin, respectively. Statistical analysis showed a positive correlation between these two proteins both considering all (p <0.01) or malignant tumours (p <0.05). The female dogs bearing tumours positively-stained for both markers had a longer overall survival (p <0.05) and absence of lymphatics invasion (p <0.05). Simultaneous double immunofluorescence confirmed the co-localization of the two proteins in neoplastic cells. Results reported in this study confirm the tumor suppressor effect of these two molecules. Keywords: canine mammary hyperplasias, canine mammary tumours, E-cadherin, overall survival, PTEN.

51 Introduction

52 Phosphatase and tensin homolog deleted on chromosome 26 (PTEN) in canine species 53 is a tumor suppressor gene that negatively regulates neoplastic growth, survival and 54 invasiveness (Jiang et Liu, 2009). PTEN mutations are widely reported in literature and 55 commonly associated with several human malignancies, such as brain, breast and prostate 56 cancer (Tsutsui et al., 2005; Yashimoto et al., 2007; Endersby and Baker, 2008). In veterinary oncology, PTEN expression has been investigated in canine melanoma (Koenig et al., 2002), 57 osteosarcoma (Levine et al., 2002), hemangiosarcoma (Dickerson et al., 2005) and mammary 58 59 tumours (Ressel et al., 2009). As well as in human medicine, data reported in veterinary oncology suggest that PTEN mutation and loss are associated with tumor development and 60 61 growth.

62 E-cadherin is a member of the cadherin family involved in regulating intercellular 63 adhesion in epithelial tissues (Takeichi, 1991). Alterations and/or loss of E-cadherin expression is associated with tumor development and increase of metastatic potential in 64 humans (Hirohashi, 1998). Abnormal E-cadherin expression has been detected in several 65 human carcinomas, such as digestive tract (Debruyne et al., 1999), urogenital (Giroldi et al., 66 2000), lung (Bremnes et al., 2002) and cervical (Li et al., 2011) carcinomas. In canine 67 68 oncology, E-cadherin expression has been investigated in several cancers and particularly in 69 mammary tumours (Brunetti et al., 2003, Gama and Schmitt 2012; Yoshida et al., 2014). 70 These reports confirmed E-cadherin membranous immunolocalization as the normal 71 expression (Sarli et al., 2004), while cytoplasmic and nuclear location are linked to a 72 downregulation of its tumor suppressor role (Chetty and Serra, 2008).

Few reports have suggested the potential interaction between PTEN protein and Ecadherin in the regulation of the morphogenesis and the growth of healthy (Fournier *et al.*, 2009) and neoplastic (Li *et al.*, 2007) mammary cells. Data arising from these studies

76 proposed that E-cadherin is necessary for PTEN expression, promoting its accumulation 77 preventing its proteasome degradation (Li et al., 2007). However, other reports asserted that 78 PTEN is necessary for E-cadherin expression and cell-to-cell adhesion, and not vice versa 79 (Kotelevets et al. 2001; Kotelevets et al., 2005). In melanoma, it has been demonstrated that 80 PTEN inhibits the PI3K/AKT/mTOR pathway, thereby preventing the switch from E- to N-81 cadherin, a cadherin subtype associated with tumor progression (Hao et al., 2012). A recent review proposed a circular mechanism in which PTEN enhances E-cadherin expression and 82 E-cadherin restores PTEN protein levels thereby reducing tumor proliferation activity (Qiao 83 84 et al., 2008).

In order to shed lights on the potential relation between PTEN protein and E-cadherin in canine mammary dysplastic and neoplastic tissues the aim of our study is to explore the coexpression of the two proteins and the possible correlation between their expression patterns and the biological behavior of the tumours.

89

90 Materials and Methods

91 Samples

92 Thirty-nine female dogs (mean age = 9.7 years \pm 1.7 years; range = 4-14 years) 93 submitted to mastectomy at the Department of Veterinary Sciences of the University of Pisa 94 were included in this study. Surgical samples obtained by unilateral mastectomy were fixed in 95 10% neutral buffered formalin, routinely processed, and tissue sections stained with 96 haematoxylin and eosin. All nodules from excised mammary glands were examined and 97 lesions were classified accordingly to the World Health Organization Histological Classification of the Mammary tumours of the dog and the cat (Misdorp et al., 1999) and 98 99 tumours displaying multiple features were classified according to the most malignant histologic differentiation. The modified Elston and Ellis histologic grading of non-100

inflammatory canine mammary carcinomas (Peña *et al.*, 2013) was used to assess the
histological grade of the tumors. Furthermore, mitotic index and lymphatic vessel invasion
data of the malignant mammary tumours were also recorded._Mitotic index was performend
counting mitotic figures in 10 high magnification power fields.

In order to can compare immunohistochemical results with the overall survival data, subjects bearing mammary carcinomas (n=32) were submitted to a 2-year post_surgery follow-up examination. Clinical exams and tumour staging were performed 6, 12, 18, and 24 months after surgery. The presence of distant organ metastases and the recurrence of primary tumours were investigated by clinical and radiographic examinations. Dogs that died during this period were subjected to necropsy examination to confirm tumor-related death.

111

112 Immunohistochemistry

113 For immunohistochemistry (IHC) analysis, 4-µm-thick tissue sections were cut and 114 mounted on Superfrost Plus slides (Thermo Scientific, Menzel GmbH & Co., KG, 115 Braunshweig, Germany) and dried overnight at 37 °C. Sections were dewaxed in xylene, 116 passed through a graded series of alcohols, and rehydrated in deionized water. Antigens were 117 retrieved with a citrate buffer pH 6.0 in a microwave oven with a cycle of 4 minutes at 350 118 watts followed by a cycle of 15 minutes at 650 watts and then cooled at room temperature for 20 minutes. Endogenous peroxidases were blocked with Dako Real Peroxidase-Blocking 119 120 Solution (Dako, Glostrup, Denmark) for 10 minutes, than three washes with 0.05% Tween-121 Tris-buffered saline solution (TBST) at pH 7.6 were performed. Sections were incubated for 122 10 minutes with the Ultra-V-Block solution (prediluted, Thermo, Fremont, CA, USA) to 123 reduce nonspecific background. After three washes in TBST, sections were incubated for 1 124 hour at room temperature with the primary antibodies: anti-PTEN (mouse monoclonal, clone 125 A2B1, diluted 1:50, Santa Cruz Biotechnologies, Santa Cruz, CA, USA) and anti-E-cadherin

126 (rabbit polyclonal, diluted 1:300, Abcam, Cambridge, UK). At the end of the incubation 127 period 3 washes with TBST were performed and then sections were incubated with a 128 biotinylated anti-polyvalent secondary antibody (goat, prediluted, Thermo, Fremont, CA, 129 USA). After three washes with TBST, a straptavidin-peroxidase solution (prediluted, Thermo, 130 Fremont, CA, USA) was placed on the slides, followed by three washes in TBST. 131 Diaminobenzidine (Impact DAB, Vector Labs, Inc., Burlingame, CA, USA) was used with an 132 incubation of 10 minutes to develop the peroxidase reaction, and then a wash with deionized 133 water was performed. After a short-term counter-stain in hematoxylin, sections were 134 dehydrated through a graded series of alcohols, placed in xylene and mounted. Negative 135 controls were performed omitting the primary antibodies and replacing with non-immune 136 rabbit serum or replacing the primary monoclonal antibodies with a murine subclass matched 137 unrelated antibodies. As PTEN positive controls, canine renal glomeruli were used in each 138 experiment and vascular endothelium was used as an internal positive control in each slide as 139 previously described (Koenig et al., 2002). As E-cadherin positive controls, canine skin and 140 liver samples were used. Fifteen hyperplastic mammary gland samples were selected from the 141 archive of the Laboratory of Animal Pathology of the Department of Veterinary Sciences and 142 submitted to IHC as further positive controls.

143

144 Quantification of Immunolabeling

PTEN IHC staining was considered positive by the presence of distinct brown cytoplasmic or both nuclear and cytoplasmic staining. A modified semiquantitative scoring system (range 0–7; positivity \geq 3) was used, as previously described in human (Seow *et al.*, 2010) and feline (Maniscalco *et al.*, 2012) mammary tumors. For E-cadherin IHC evaluation, only samples presenting more than 75% positive cells with a membranous preserved pattern

was considered positive, while nuclear or cytoplasmic staining were not considered, as
previously reported (Sarli *et al.*, 2004).

152

153 Double indirect immunofluorescence

154 Dual immunofluorescent (IF) staining for PTEN and E-CAD was performed on 155 sections from malignant tumours selected on the basis of IHC results and designed as 156 PTEN+/E-cadherin+ or PTEN-/E-cadherin-. To investigate the potential co-localization of the 157 proteins, four micron formalin fixed paraffin embedded sections, incubated with anti-E-CAD 158 rabbit polyclonal AB and anti-rabbit Ab conjugated with DyLight549 (AbDSerotec - Dil. 159 1:200), which resulted in red fluorescence; and with mouse monoclonal anti-PTEN and anti-160 mouse Ab conjugated with DyLight488 (AbDSerotec - Dil 1:200) which resulted in green 161 fluorescence. Blue fluorescent DAPI nuclear counterstaining was also performed and slides were analyzsed using epi-fluorescent microscopy with appropriate filters for each stain. 162 163 Composite three channel images were obtained using ImageJ® software.

164

165 Statistical Analysis

Statistical analysis was performed using the statistical package SPSS Advanced Statistics 13.0 (SPSS Inc., Chicago, IL, USA). A chi-square test was used to investigate the significance of the relationship between PTEN protein and E-cadherin expression and between the two markers and individual tumors variables. Statistical significance was based on a 5% (0.05) significance level. Overall survival analysis was performed using the Kaplan-Meyer method, and the Tarone-Ware test was used to investigate the relationship between PTEN and E-cadherin expression and overall survival.

173

174 Results

175 General -findings

176 Seven of the 39 (18%) canine mammary tumors were diagnosed as adenomas and 32 (82%) as carcinomas. Of the 32 carcinomas, 12 (37.5%) were of complex type and 20 177 178 (62.,5%) of simple type. Of these latter, 8 (40%) were tubulopapillary, 10 (50%) solid and 2 179 (10%) anaplastic carcinomas. Twenty-four of the 32 (75%) carcinomas did not invade 180 lymphatic vessels at the time of the diagnosis, the remaining 8 (25%) presented lymphatic 181 invasion in the vessel around the tumor. The modified Elston and Ellis system allowed the 182 histological grading of the tumors: 13 of 32 (40.6%) were well differentiated carcinomas 183 (WDCs), 10 (31.3%) were moderately differentiated carcinomas (MDCs), and 9 (28.1%) were 184 poorly differentiated carcinomas (PDCs). Carcinomas mean mitotic index was 11.6 ± 9.2 185 mitosis/HPF (median = 8.5; range = 1-42). The mitotic rate according to histological grade 186 was 5.4±2.9 for WDCs, 8.8±3.5 for MDCs and 23.6±12.2 for PDCs, with significant 187 differences among WDCs and MDCs and PDCs (P<0.000). Of the 32 subjects bearing 188 mammary carcinoma, 11 (34.4%) died for the progression of the neoplastic disease before the 189 end of the follow-up period, whilst 21 (65.6%) were still alive.

190

191 Immunohistochemistry

192 IHC analysis revealed that in all the mammary hyperplasias the epithelial cells were 193 PTEN-positive and revealed a strong membranous E-cadherin staining. All the seven 194 adenomas (100%) and 22 of 32 carcinomas (68.8%) were PTEN-positive, while 6 of the 7 195 adenomas (85.7%) and 11 of 32 carcinomas (34.4%) has a membranous E-cadherin 196 expression. The chi-square test showed a significant difference in the E-cadherin expression 197 between benign and malignant tumours (p=0.013). The relationship between PTEN and E-198 cadherin expression and clinicopathologic factors is shown in Table 1. Statistical analysis 199 revealed that PTEN loss was related with a simple histotype (p=0.003), presence of lymphatic

200 vessels invasion (p=0.028) and a shorter overall survival time (p=0.004), while alteration of 201 E-cadherin expression was observed in simple malignant tumours (p=0.027). Thirteen of the 202 sixteen tumors with a mitotic index above the median had an altered E-cadherin expression, 203 but the difference was no statistically significant. All the six E-Cadherin- tumour with 204 lymphatic invasion had a similar expression in the lymphatic embolies, while of the two E-205 Cadherin+ ones one had a similar expression and the other a dowregulation of the expression. 206 All the eight tumour with lymphatic expression had a similar PTEN expression in embolies 207 (three PTEN+ and five PTEN-). Considering all the tumors, 17 of 39 samples were 208 simultaneously positive for PTEN and E-cadherin expression, 12 for PTEN only and 10 were 209 negative for both (Table 2). No E-cadherin positive and PTEN positive samples were 210 detected. When both benign and malignant tumours were considered the chi-square test 211 showed a significant positive correlation between PTEN and E-cadherin expression (p =212 0.001). Regarding -malignant mammary tumors, of the 32 samples 11 were positive for both 213 the two markers-, 11 were positive for PTEN only and 10 were negative both for PTEN and 214 E-cadherin expression. As showed in Table 3, there was a significant correlation between 215 PTEN protein and preserved E-cadherin expression even considering only malignant 216 mammary tissues (p = 0.006).

217 The tumour population was divided into three groups according to PTEN and E-218 cadherin immunohistochemical results: PTEN and E-cadherin positive (PTEN+/E-cad+), 219 PTEN positive and E-cadherin negative (PTEN+/E-cad-) and PTEN and E-cadherin negative 220 (PTEN-/E-cad-). Statistical analysis (Table 3) revealed a significant correlation between 221 PTEN-/E-cad- group and simple carcinoma type (p = 0.009) and with a poor prognosis 222 (p=0.017). PTEN-/E-cad- carcinomas had a higher mitotic index when compared with 223 PTEN+/E-cad+ tumours (p=0.05). When PTEN+/E-cadherin+ and 2 PTEN-/E-cadherin-224 tumours were submitted to PTEN/E-cadherin double immunofluorescence stain, the co-

localization of the two proteins within the PTEN+/E-cadherin+ tumours was demonstrated(Fig. 1).

227 Tarone-Ware test performed on overall survival data showed that PTEN-/E-cad- group 228 had a shorter survival period if compared to PTEN+/E-cad+ and PTEN+/E-cad- groups, but 229 these differences were not statistically significant. If -PTEN+/E-cad+ and PTEN+/E-cadgroups were unified, a significant difference between the survival of this unified group and 230 231 the survival of the PTEN-/E-cad- group was observed, as illustrated by the Kaplan Meier plot 232 (Fig. 2). The death for tumour related causes was also correlated to the histological grade: two 233 of the 13 subjects bearing a WDCs and two of the 10 subjects bearing a MDCs died during 234 the study period, while of the nine subjects bearing a PDCs 7 died during the follow-up 235 (p<0.000)

236

237 Discussion

238 The results of the study about PTEN protein expression in this study were similar to 239 those previously reported in human (Li et al., 1997; Bose et al., 2002) and veterinary (Kanae 240 et al., 2006; Qiu et al., 2008; Ressel et al., 2009) literature. PTEN protein expression was 241 positively correlated with clinico-pathological parameters commonly associated with a 242 favorable prognosis, such as a complex histotype, the absence of lymphatics invasion and a 243 longer overall survival, as previously reported for canine mammary tumours (Ressel et al., 244 2009). Regarding E-cadherin expression, in our study an altered expression was observed in 245 malignant tumours when compared with benign ones, and in simple carcinomas when compared with complex type. In previous studies, reduced membranous E-cadherin 246 247 expression was statistically correlated with lymphatic invasion, higher cellular proliferation 248 rate and reduced survival (Gama et al., 2008; Nowak et al., 2007; Restucci et al., 2007; 249 Torres et al., 2005). In contrast, other studies did not find an association between loss of preserved expression and proliferation or survival (Brunetti *et al.*, 2003; Brunetti *et al.*, 2005; De Matos *et al.*, 2007; Nowak *et al.*, 2008). The discrepancy between these and our data could be due to the reduced size of the sample investigated and the different scoring system, particularly considering that the system used in our study has an higher positive cut-off value, fact that lead to a low percentage of E-cadherin positive tumors.

255 The main aim of this study was to investigate the correlation between PTEN protein an 256 E-cadherin expression. Data emerging from our research showed a strong correlation between 257 PTEN and E-cadherin expression both considering all the canine mammary tumors or only 258 the malignant ones. These results enhanced the hypothesis that PTEN and E-cadherin 259 expression are associated, as previous suggested in human medicine (Fournier et al., 2009; Li 260 et al., 2007). Simultaneous double immunofluorescence for PTEN and E-cadherin identified a 261 co-localization of the two proteins within the same cell compartment in PTEN+/E-cadherin + 262 group. This finding further support the hypothesis of a protein-protein interaction. However, 263 the precise mechanisms responsible of this interaction have not been clearly unraveled. For 264 Fournier and colleagues (2009), cellular accumulation of PTEN is mediated by E-cadherin, 265 and this up-regoulation leads to the control or the arrest of acinar morphogenesis in mammary 266 epithelial cells. In another article Li et al. (2007) proposed that E-cadherin-mediated cell-to-267 cell adhesion is necessary to prevent PTEN proteasome degradation and to promote its 268 accumulation in human breast carcinoma cells. Other reports focused on PTEN influence on cellular junctions (Kotelevets et al. 2001; Kotelevets et al., 2005), suggested that PTEN 269 270 protein is essential for stabilizing cellular junctions, inhibiting the PI3K/AKT/mTOR pathway 271 and preventing the E- to N-cadherin switch, which is a common event in melanoma and 272 prostate cancer cells (Kotelevets et al. 2001). A recent report proposed that PTEN prevents 273 the Twist and Snail-mediated switch from E- to N-cadherin thereby inhibiting 274 PI3K/AKT/mTOR pathway (Hao et al., 2012). A recent review, investigating the influence of

the PI3K/AKT/mTOR pathway on metastatic processes, suggested a circular mechanism with
which PTEN promotes E-cadherin preservation and E-cadherin restores PTEN protein levels
limiting tumor metastatic and proliferation activity (Qiao *et al.*, 2008).

278 Analyzing our data, there was no sample simultaneously negative for PTEN and 279 positive for E-cadherin IHC expression, either in benign or in malignant mammary tumors. 280 Moreover, all the E-cadherin positive samples (6 adenomas and 11 carcinomas) were also 281 PTEN-positive. This finding may suggest that the loss or the reduction of PTEN expression 282 leads to E-cadherin down-regulation, supporting the hypothesis that PTEN is necessary for E-283 cadherin preserved expression in canine mammary tumors, and not vice versa, as proposed in 284 previous articles (Kotelevets et al. 2001; Kotelevets et al., 2005). A part of the tumours 285 investigated (1 adenoma and 11 carcinomas) were PTEN-positive and negative for E-cadherin 286 expression. However, it has been widely reported that PTEN protein can be phosphorylated in 287 different sites (Gericke et al., 2006; Torres and Pulido, 2001). The phosphorylation of PTEN 288 has been regarded as contributory to its stabilization (Torres and Pulido, 2001), but more 289 recent papers have associated phosphorylation with malignant changes (Roy et al., 2011; 290 Yang et al., 2013), or with the reduction of its biological effects (Torres et al., 2005). The 291 anti-PTEN antibody used in our study recognizes all PTEN forms, included phosphorylated 292 PTEN. Therefore, in some of our PTEN positive tumors PTEN activity could be impaired by 293 its phosphorylation, fact that could lead to the lack of PTEN-mediated E-cadherin 294 preservation. However, phospho-PTEN forms are numerous and not completely 295 characterized, so further investigations are needed to confirm this hypothesis.

Dividing the population in 3 groups based on IHC results, PTEN-/E-cad- subjects presented a poorer survival than PTEN+/E-cad+ and PTEN+/E-cad- dogs. This finding confirms tumor suppressive role of these two molecules, role that is enhanced by their simultaneous expression. The PTEN-/E-cad- group was also statistically correlated with

simple mammary carcinomas, a type of tumor commonly associated with a worse prognosis than complex type (Misdorp *et al.*, 1999). No statistically significant differences were observed between PTEN+/E-cad+ and PTEN+/E-cad- group when compared to clinicpathological features. However, mitotic activity was increased in PTEN+/E-cad- (55% of samples had a mitotic index higher than the median value) compared with PTEN+/E-cad+ group (only 27% of tumor exceeded the mitotic index median value).

The absence of statistically significant differences between PTEN+/E-cad+ and PTEN+/E-cad- group when compared to clinic-pathological features seems to suggest that PTEN may be the key molecule in this interaction, both for its maintenance and for tumor suppressive implications, but further studies are needed to confirm this preliminary finding. The fact that the group expressing only PTEN protein presented clinic-pathological features similar to the group expressing both PTEN and E-cadherin could suggest that E-cadherin could play a PTEN-dependent role in tumor suppression.

313 Statistical analysis on overall survival data showed a strong association between 314 PTEN expression and good prognosis, demonstrating its key-role in limiting tumor 315 aggressiveness. The same strong correlation was not observed for E-cadherin, even if only 316 2/11 E-cadherin-positive subjects died before the follow up period while 9/21 E-cadherin-317 negative dogs died before the 2 years. The simultaneous absence of PTEN expression and E-318 cadherin membranous expression was related to poor prognosis (p < 0.05) and to a shorter 319 survival period if compared to those of group positive for both markers or for PTEN only. 320 These last two groups had a similar survival trend, and the distribution between subjects that 321 survived or died was exactly the same. These results suggest once again that PTEN may play 322 a predominant role in tumor suppression. Our data seem to suggest that in canine mammary 323 tumors the main role in the maintenance of PTEN and E-cadherin interaction is played by the 324 PTEN protein, and that preserved E-cadherin expression is PTEN-dependent. These data

325	agree with those proposed by Kotevelets and colleagues (2001 and 2005), in which the	
326	importance of PTEN in preserving cell-to-cell adhesion molecules expression was	
327	highlighted. However, it is not to exclude that to certain extent, when preserved, E-cadherin	
328	could stabilize PTEN protein expression as previous reported, limiting PTEN degradation (Li	
329	et al., 2007) and thus promoting its accumulation (Fournier et al., 2009). This redundant	
330	mechanism has been proposed by a recent review focused on PI3K/AKT/mTOR pathway	
331	influence on metastatic process (Qiao et al., 2008).	
332	In conclusion, our study confirmed PTEN tumor suppressive role in canine mammary	
333	cancer and E-cadherin association with benign neoplastic parameters. The lack of_expression	
334	of these two markers was correlated with several malignant clinico-pathological features and	
335	with shorter overall survival. PTEN and E-cadherin expression were strongly associated, and	
336	these_interaction could be considered as an important tumor-suppressor mechanism in canine	
337	mammary tumors.	Commento [PA1]:
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340	Conflict of Interest Statement	
341	The authors declare no conflicts of interest.	
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557	Figure Legends	
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559	Figure 1. Dog, E-Cadherin and PTEN expression in mammary carcinomas. A-B) E-Cadherin	
560	+ and PTEN positive simple mammary carcinoma. Membranous expression of E-Cadherin in	
561	neoplastic epithelial cells (A) and cytoplasmic expression of PTEN (B). Formalin fixed	
562	sections labeled with antibodies against E-Cadherin and PTEN, haematoxylin counterstained.	
563	Bar = 50 mm. C-D) E-Cadherin – and PTEN – simple mammary carcinoma. Weak	(
564	cytoplasmic expression of E-Cadherin (C) and lack of PTEN expression in neoplastic	
565	epithelial cells (D), while some stromal cells were PTEN positive. Formalin fixed sections	
566	labeled with antibodies against E-Cadherin and PTEN, haematoxylin counterstained. Bar = 50	
567	mm.	
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Commento [PA2]: E-cadherin é rabbir olyclonal

569	Figure 2. Dog, PTEN-positive/E-Cadherin-positive mammary carcinoma. Double indirect
570	immunofluorescent stain of PTEN and E-cadherin. (A) PTEN stainoning is evident in the
571	green channel (scale bar=50 microns). (B) E-cadherin positivity is evident in the red channel
572	as intense strong membranous staining (scale bar=50 microns). (C) In the composite image,
573	PTEN staining is evident in the stomal cells and also in the majority of epithelial neoplastic
574	cells and co-localizes with E-cadherin stainining (inset). E-CAD stain is fain and not
575	continuous through the cell membrane (inset). Indirect immunofluorescence.

577 Figure <u>32</u>. Kaplan Mayer estimates of overall survival in PTEN+ and/or E-Cad+ tumors
578 group (green line) -and PTEN-/E-Cad- tumors group (blue line). P<0.05.