RAPID COMMUNICATION

Activation of Epstein-Barr Virus Replication in Hodgkin and Reed-Sternberg Cells

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Recent evidence has shown that Hodgkin’s disease (HD) is associated with Epstein-Barr virus (EBV) in a substantial number of cases and that in these cases EBV DNA is localized exclusively to Hodgkin and Reed-Sternberg (RS) cells. The virus genome is not silent in RS cells because two EBV latent gene products, latent membrane protein (LMP) and EB early region (EBER) transcripts, have recently been reported to be expressed in RS cells. However, little information is available about the possible activation of EBV replicative genes in HD. This prompted us to investigate HD biopsies from 96 patients for expression of replicative gene products. Cryostat sections were immunostained with monoclonal antibodies to protein BZLF1, which controls the switch between EBV latency and replication, and also to LMP. LMP was demonstrated in RS cells in 47 cases (49%). Three of the LMP-positive cases (6%), but none of the LMP-negative cases, expressed the BZLF1 protein. BZLF1 positivity was confined to rare RS cells. These three cases showed no detectable early virus capsid, or membrane antigens. Our findings show that activation of EBV immediate early genes occurs only infrequently in RS cells, indicating that control of viral latency is not severely impaired in HD patients.

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EBV-REPLICATION IN HODGKIN’S DISEASE

Fig 1. EBV gene and gene expression in RS cells of HD (A through C). (A) Alkaline phosphatase anti-alkaline phosphatase (APAAP) immunohistological staining on frozen tissue section using MoAb BZ1 against the EBV-encoded BZLF1 switch protein. This is a case of HD, mixed cellularity type. Rare RS cells show intense nuclear staining. The small lymphocytes are negative. (B) Same case, paraffin section immunostained with CS.14 MoAbs against EBV latent membrane protein. Strong membrane and cytoplasmic staining is restricted to RS cells. (C) The same case. In situ hybridization on paraffin sections using a 35S-labeled EBV DNA probe shows a strong signal over the nuclei of RS cells. (D) Positive control case of oral hairy leukoplakia from the tongue of an AIDS patient. Intense nuclear staining is seen in most keratinocyte nuclei of the upper epithelial layers whereas the basal layers are negative. Note characteristic negative intranuclear vacuoles in most positively stained nuclei. Cryostat section, APAAP method.

(DuPont) against virus capsid antigens (VCA), and 11D7 (H. Wolf) and anti-EBV induced membrane antigen (product no. 9245, DuPont) against membrane antigens (MA). Because expression of the immediate-early BZLF1 protein is a prerequisite for the synthesis of EA and by implication for VCA and MA, the latter were only investigated if BZ1 showed labeling of Hodgkin and RS cells.

Antibodies were applied to frozen sections fixed in acetone at room temperature for 10 minutes using standard immunoperoxidase or (for BZ1) alkaline phosphatase anti-alkaline phosphatase (APAAP) methods.37 Fresh-frozen oral hairy leukoplakia lesions from acquired immunodeficiency syndrome (AIDS) patients and frozen pellets of the EBV-positive cell line P3HR-1, both of which manifest productive EBV infection, served as positive controls, whereas tonsils or lymph nodes with chronic nonspecific inflammation were negative controls. Presence of endogenous peroxidase or alkaline phosphatase was evaluated using buffer instead of primary antibody.

EBV genomes were detected using ISH on sections of formalin-fixed and paraffin-embedded tissue as described previously.31 The probe (BamHI-W-internal repetitive fragment of EBV strain M-ABA) was labeled with 35S-dCTP by nick translation. Hybrids were detected by autoradiography. In all experiments a 35S-labeled cytomegalovirus probe was used on adjacent sections as a negative probe control. Positive controls included sections of oral hairy leukoplakia and acute infectious mononucleosis tonsils.31

RESULTS

LMP was detected in 47 of 96 cases (49%). The different subtypes of HD varied in their expression of LMP as described previously,13 with 96% of mixed cellularity, 34% of nodular sclerosis, and 10% of lymphocytic predominance containing LMP-positive RS cells. Labeling was restricted to the cytoplasm and cell membrane of Hodgkin and RS cells.

BZLF1 protein was detected in only 3 of 47 LMP-positive cases (6%) and in none of the LMP-negative cases. Two of the positive cases belonged to the mixed cellularity and one to the nodular sclerosis subtype. Labeling was localized to nuclei of a very few RS cells and was not seen in nuclei of the nontumor cell population. A BZ1-positive RS cell is shown in Fig 1A. Figure 1B and C illustrate LMP and EBV DNA in RS cells as detected by immunohistology and in situ hybridization, respectively (same case as Fig 1A). BZ1-staining was usually less intensive in RS cells than in
keratinocyte nuclei of oral hairy leukoplakia, where it was restricted to the upper epithelial layers in all cases (Fig 1D), and in P3HR-1 cells, in which 4% of cells were labeled (not illustrated).

The three BZL1-positive HD cases were subsequently immunostained with the MoAbs to EA, VCA, and MA, but these proteins were not detected in either RS cells or nontumor cells.

No specific staining was seen in the negative control tissues. Cross-reactivity with normal histiocytes resulting in weak to moderate cytoplasmic staining was observed with two commercially available MoAbs to VCA (DuPont, product no. 9246) and to MA (DuPont, product no. 9245), but not with the others.

**DISCUSSION**

EBV is a human herpesvirus that may follow either a latent or a productive (replicative) life cycle. Productive cycle gene expression is organized as a cascade of groups of genes. Expression of the immediate-early gene BZL1 of EBV appears to play a key role in initiating this lytic cascade. BZL1 is a gene regulatory molecule that may work partly by counteracting a cellular factor that represses viral gene expression, thereby switching on the productive cycle partly by counteracting a cellular factor that represses genes. Expression of the immediate-early gene BZL1 of weak to moderate cytoplasmic staining was observed with cycle gene expression is organized as a cascade of groups of restricted to the upper epithelial layers in all cases (Fig 1D), BZL1 is a gene regulatory molecule that may encode the diffuse component of the EA. EA-D is an essential component for the viral DNA polymerase activity.

In this study we have demonstrated that EBV-infected RS cells manifest a latent infection with strong expression of LMP, whereas replication-associated proteins are only rarely detected. The BZL1 protein could be demonstrated in rare RS cells in three of the LMP-positive cases (6%) but in none of the LMP-negative cases. Gene products such as early (EA) and late (VCA, MA) replication antigens could not be detected in BZL1-positive cases in our study. This suggests that further gene transcription is impaired, resulting in an abortive viral productive cycle. Alternatively, cells expressing late productive-cycle proteins may be so rare as to remain undetected even with the sensitive immunohistologic method used in this study.

In a recent immunohistologic study on EBV replication in lymphoma cells in tissue of AIDS-related non-Hodgkin’s lymphomas we found BZL1 protein expression in 6 of 10 EBV-positive cases. EA expression was found in four, but VCA and MA in only one of these cases. This suggests that disruption of EBV latency with induction of abortive replication is a regular feature of lymphomas developing in this group of severely immunocompromised patients. This is consistent with evidence that EBV latency is maintained under strict host control. Although HD patients have impaired cellular immunity, this is not as severe or as well defined as in patients with AIDS, organ transplantation, or with inherited immune deficiency, all of whom are at greatly increased risk of developing high-grade EBV-associated B-cell non-Hodgkin’s lymphomas.

The factors other than host immunity that may be important in maintaining EBV latency in HD has been suggested by recent experiments by Gradoville et al and by Holley-Guthrie et al. These workers have shown that the extent to which BZL1 protein can induce activation of EBV replicative genes depends on the phenotype (differentiation) of the infected cell. Gradoville et al showed that in some cell lines the virus is blocked at the stage of EA gene expression, whereas other cell lines may be induced by BZL1 protein and other transactivators to express late replication proteins and to produce virions. Therefore, phenotypic and differentiation-dependent host cell factors in RS cells may well be crucial in deciding the extent to which replication-associated genes are activated by BZL1. The nature (representative and as genotypic) of Hodgkin and RS cells is still controversial, some cases suggesting an origin from B cells and others from T cells. However, in most cases no definite lineage-specific markers are expressed. It is conceivable that the low permissiveness for EBV replication by RS cells, as demonstrated in this study, may be a consequence both of the relatively intact immunity in HD patients and of the particular phenotype (differentiation) of Hodgkin and RS cells.

Our finding, at the protein level, that activation of the EBV productive cycle may occasionally occur in infected RS cells finds support from two reports in the literature on the presence of small linear EBV DNA fragments in Southern blots of DNA extracted from HD biopsies. Such linear fragments, detected with a probe containing unique right terminal region sequences of EBV, are believed to signify the presence of whole or defective virions. They were identified by Katz et al in a case of HD developing in a patient with Crohn’s disease, and in one of seven EBV-positive HD cases studied by Anagnostopoulos et al. In both cases, however, the cellular source (RS cells v residual B cells) remained uncertain. Our study documents that BZL1 protein expression, when it occurs, is restricted to RS cells. Wu et al have reported finding abundant expression of EBER RNA transcripts in RS cells in most cases of EBV-positive HD. It has recently been suggested that EBERs may be regarded as specific markers of latent EBV infection, a proposal that is consistent with our failure to detect BZL1 expression in RS cells in the majority of cases of HD.

The clinical implications of our results are not clear. They suggest that the control of viral latency in HD is not severely impaired. This argues against the use of acyclovir in HD because this drug is only effective against the productive EBV cycle. However, it is possible that the partial activation of productive cycle genes seen in occasional HD cases may affect cell growth and such patients should be considered as candidates for antiviral therapy.

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