Sybr Green Real-Time PCR is a Useful Method in Screening for High Risk Human Papilloma Virus Types 16 and 18 in Neoplastic Cervical Cancer

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ABSTRAK


Kata kunci: virus papiloma manusia, kanser servik, tindakbalas berantai polimerase-transcriptase berbalik, tindakbalas berantai polimerase-masa sebenar SyBrGreen

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ABSTRACT

Human papillomavirus (HPV) plays an important role in the pathogenesis of cervical cancer. HPV has been found in 99.7% of cervical cancers worldwide. In Malaysia, it is the second most common cancer among women in all major ethnic groups. The main purpose of this study was to establish the method of SyBrGreen Real-Time PCR and apply it for identification of multiple infections of the two high risk HPV subtypes. In this study, 57 positive samples for HPV 16 and HPV 18 were used to establish a simple and sensitive method to detect and identify HPV infection in the cervical neoplasia at different stages of the disease by using real-time ABICycler SyBrGreen 1 technology. The results showed 67 HPV genomes in 57 samples. HPV 16 genome was detected in 55/67 (82%) cases while HPV 18 was detected in 8/67 (12%) cases with 4 cases showing multiple infections of HPV 16 and HPV 18. HPV 16 was the most prevalent followed by HPV 18. Using SyBr Green Real-Time PCR techniques, the results showed that DNA melting curve for HPV 16 had a peak around 80.2°C and C_t value of 20 cycles whereas the DNA melting curve for HPV 18 around 79.2°C and C_t value of 22 cycles. In conclusion, a SyBr Green Real-Time PCR method has the potential for clinical usage in detection and identification of HPV infection in cervical neoplasia at different stages of the disease.

Key words: human papillomavirus, cervical cancer, Reverse Transcriptase-PCR, SyBr Green Real-Time PCR

INTRODUCTION

Cancer of the cervix is an important public health problem worldwide and is the second most common cancer among women (Woodman et al. 2007). In Malaysia, it is the second most common cancer among women in all major ethnic groups (Ministry of Health Malaysia 2003). Human papilloma virus (HPV) has been identified as the most important viral group associated with benign and malignant neoplasia in humans; HPV DNA is estimated to be present in over 99.7% of these cancers (Walboomers et al. 1999; Lockwood & Mcintyre 2009). Using real-time PCR method, Panu et al. (2002) and Bourgo et al. (2008) showed the presence of integrated HPV type 16 in cervical Intraepithelial neoplasia (CIN). Integration of viral genome into the nucleus has been proposed as the mechanism for activation, proliferation and progression from non-invasive lesions to cervical cancers (Mitsuo et al. 1999; Fan & Chen 2004; Lockwood & Mcintyre 2009). The Hybrid Capture (HC) assay, the current diagnostic test for the screening of cervical cancer, characterizes HPV infections as low or medium/high risk but fails to identify HPV infections by type (Sonnex 1998; Monica et al. 2002 & Seaman et al. 2010). Real time PCR is an efficient technique that objectively detects and quantifies DNA target sequence in a period of two or three hours, whereas classical PCR needs at least four hours to detect the same sequence without quantifying it (Bettini et al. 2008).

Recently, two vaccines were made available for protection of infection by some HPV types, Gardasil, marketed by Merck and Cervarix, marketed by GlaxoSmithKline (Moscicki 2008). Both protect against initial infection with HPV types 16 and 18, which cause most of the
HPV associated cancers. Gardasil also protects against HPV types 6 and 11, which cause 90% of genital warts (Asif et al. 2006; Kahn 2009; WHO 2009 & Schiller et al. 2010). The vaccines provide little benefit to women who have already been infected with HPV types 16 and 18, which include most sexually active females. The World Health Organization (WHO 2009) has clear guidelines on HPV vaccination which outlines appropriate, cost-effective strategies for using HPV vaccines in public sector programs.

Cervical cancer is caused by a virus; it can be prevented in two ways: (i) by preventing HPV infection by using a potential vaccine and (ii) by screening for the presence of cervical HPV infection and managing abnormal cytologies or pre-cancerous lesions before cancer develop. In Malaysia however, the lack of an adequate screening programme and awareness are the major factors contributing to the high incidence of cervical cancer. The main purpose of this study was to establish a simple and rapid technique to detect high risk HPV subtypes using SyBrGreen Real-Time PCR. This technique is advantageous since it eliminates the need for gel electrophoresis and ethidium bromide staining. The method of SyBr-Green Real-Time PCR can be used as a screening approach to controlling cervical cancer.

MATERIALS AND METHODS

Samples

Genomic DNA from 57 HPV positive samples for HPV 16 and HPV 18 identified from our Type Specific-PCR (TS-PCR) was used for this study. The samples include 37 CIN I, 12 CIN II, 15 CIN III and 3 squamous cell carcinoma (SCC). CaSki and HeLa cell lines were used as positive controls for HPV 16 and HPV 18, respectively. For negative control, blood DNA from normal women was chosen. DNA extraction was done using the QiAmp Tissue kit from QiAGEN (Germany).

Cell culture

The vial containing cell-lines was removed from the liquid nitrogen tank and was immediately thawed into a water bath at 37°C. The content of the vial was transferred into a centrifuge tube and 10 ml of growth medium were added. The tube was centrifuged at 1000 rpm for 10 minutes. Supernatant was removed and cells were resuspended in 5 ml of growth medium, later transferred to a culture flask and incubated in a 37°C CO₂ incubator. The medium was replaced the following day. Subculture was carried out by detaching cells using tripsin. One ml of trypsin-ethylenediaminetetraacetic acid (EDTA) solution (Flowlab) was added to the flask. The flasks were incubated in a CO₂ incubator for 5 minutes. The flask was then observed under the inverted microscope to check for the detachment of cells and was tapped gently to optimize cell detachment.

Real-Time PCR with SyBr Green

Genomic DNA from 57 positive samples for HPV 16 and HPV 18 were used to prepare a triplicate reaction for each sample using Real-Time PCR. Primers from TS-PCR (Walboomers et al. 1999) were used as a primer pair for HPV type 16 and 18 in the SyBr Green Real-Time PCR. Amplification reactions were performed with a volume of 12.5µl of 2X SyBrGreen PCR Master Mix (Applied Biosystems), a total of 300nM of reverse and forward primers and 20ng of sample DNA in a 25µl final volume. The protocol was set up at 95°C for 10 minutes to activate the Taq gold, 40 cycles at 95°C for 15 sec and 60°C for 15 sec, consecutively. Each reaction was accompanied...
by a No Template Control (NTC) in which the template DNA was replaced by water. Amplification was performed in a 248-well PCR plate covered with optical caps in the ABI 7700HT-SDS real-time instrument (Applied Biosystem).

RESULTS

Optimization of SyBr Green Reaction

From our results using SyBr Green Real Time PCR, NTC was used as a negative control; CaSki and HeLa DNA were used as a positive control for HPV 16 and HPV 18 respectively. Dissociation curve was generated to show the absence of non-specific amplification. The dissociation curve showed only a single peak at higher temperature and two peaks if primer-dimer occurred. According to Lamarcq et al. (2002), Cycle threshold (Ct) value was considered significant when it was at least four cycles lower than Ct value of the corresponding NTC. Another study by Szuhai et al. (2001), reported that a Ct value is significant when it was lower than 40 cycle’s number. Figure (1a) shows the amplification plot of HPV 16 with negative control NTC, Ct value at 20 cycles. Primer-dimer of NTC was observed with a Ct value at 25 cycles. The Ct value of HPV 16 was significant because the differences between HPV 16 and NTC were five cycles. Figure (1b) shows dissociation curve of HPV 16. Two peaks were observed at 80.7°C for melting temperature Tm of specific HPV 16 and at 74°C for a NTC. Figure (2a) shows the amplification plot of HPV 18 with NTC and Ct value for HPV 18 was 21 cycles. Primer-dimer of NTC was observed with a Ct value at 28 cycles. The Ct value of HPV 18 was significant because the differences between HPV 18 and NTC were seven cycles. Figure (2b) shows dissociation curve of HPV 18. Two peaks were observed at 79.3°C for melting temperature Tm of specific HPV 18 and at 70°C for a NTC.

Figure 1: (a) Amplification plot of HPV 16 with a Ct value at 20 cycles. No template control (NTC) was observed with a Ct value at 25 cycles. (b): Dissociation curve of melting temperature Tm for specific HPV 16. Two peaks were observed at 80.7°C for specific HPV 16 and 74°C for a NTC.
Figure 2: (a) Amplification plots of HPV 18 with C<sub>t</sub> value at 21 cycles, whereas C<sub>t</sub> value for NTC is at 28 cycles. The different cycle between HPV 18 and NTC was seven cycles. (b) Dissociation curve of HPV 18, melting temperature T<sub>m</sub> for HPV 18 was 79.3ºC while NTC have a lower T<sub>m</sub> at 70ºC. Gene-specific product of HPV 18 did not overlap with the NTC peak.

Figure 3: Dissociation plot of multiple infections of HPV 16 and 18, showing melting temperature of HPV 16 at 80.6ºC, and melting temperature T<sub>m</sub> of NTC at 74ºC. Whereas melting temperature T<sub>m</sub> of HPV 18 was 79.4 ºC and melting temperature T<sub>m</sub> of NTC was 70ºC.
Table 1: The C_t value and T_m for HPV 16 and HPV 18.

<table>
<thead>
<tr>
<th>HPV type</th>
<th>C_t value (cycle)</th>
<th>C_t NTC (cycle)</th>
<th>Δ C_t (cycle)</th>
<th>Melting temperature T_m (°C)</th>
<th>T_m NTC (°C)</th>
<th>Δ T_m (°C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV 16</td>
<td>20 ± 1</td>
<td>26 ± 1</td>
<td>6</td>
<td>80.7 ± 0.2</td>
<td>74 ± 0.2</td>
<td>6.7</td>
</tr>
<tr>
<td>HPV 18</td>
<td>22 ± 1</td>
<td>28 ± 1</td>
<td>6</td>
<td>79.3 ± 0.2</td>
<td>70 ± 0.2</td>
<td>9.3</td>
</tr>
</tbody>
</table>

Identification of multiple infections of HPV types

Results from our previous TS-PCR, showed six samples were positive for multiple infections by HPV 16 and HPV 18. Figure 3 showed a dissociation curve of HPV 16 and HPV 18. Four peaks were displayed; one peak for HPV 16, one peak for HPV 18 and two peaks for NTC. Melting temperature T_m for HPV 16 was 80.7°C and for NTC was 74°C, whereas for HPV 18, melting temperature T_m was 79.3°C and for NTC was 70°C. SyBr Green Real Time PCR method showed the T_m for HPV 16 and HPV 18 were different although the PCR products using TS-PCR for HPV 16 and HPV 18 produced a single band as a 100 bp. The dissociation curves using SyBr Green Real Time PCR method showed that the T_m for HPV 16 was 80.6°C whereas T_m for HPV 18 was 79.4°C. Studies by Szu- hai et al. (2001) and Kleinle et al. (2002) suggested the T_m of an amplification product is based on amplicon size and GC content; fragments of different length and G+C content can be distinguished by melting curve analysis. Our study found that the T_m of HPV 16 was higher than T_m of HPV 18.

Table 1 showed the C_t value of HPV 16 and HPV 18 were below 40 cycles and also differs from NTC by six cycles so that the C_t values were significant based on studies by Szu-hai et al. (2001) and Lamarcq et al. (2002). This table also showed the differences of T_m between specific product of HPV 16 and NTC were 6.7°C whereas the differences of T_m between specific product of HPV 18 and NTC were 9.3°C. Study by Kleine et al. (2002), suggested the T_m of the gene specific product differs from primer-dimers by at least 10°C, the peak of the gene-specific product did not overlap with the primer-dimer peak and thus the accuracy of the quantification was validated.

DISCUSSION

Amplification plot of HPV 16 and HPV 18

In this study, minimum primers for HPV 16 and 18 were 300:300nM for forward and reverse primers and DNA concentration at 100 ng. All graphs from Figure 1-3 showed C_t value for HPV 16 was 20±1 cycles and dissociation curve of HPV 16 with melting curve T_m was 80.7±0.2°C whereas melting curve T_m for NTC was 73.5±0.2°C. Amplification plot of HPV 18 showed presence of two curves with one specific for HPV 18 and another one for NTC. C_t value for HPV 18 was 21±1cycles and C_t value for NTC was 28±1 cycles. Table 1 showed the C_t value of HPV 16 and 18 were 20±1 and 21±1 cycles respectively. Studies by Szuhai et al. (2001) and Kleinle et al. (2002) suggested the T_m of the gene specific product differs from primer-dimers by at least 10°C.
dimers or NTC by at least 10°C, the peak of the gene-specific product did not overlap with the primer-dimer peak and thus the accuracy of the quantification was validated. However, this study found the differences of T_m for HPV 16 and HPV 18 were below 10°C, this phenomena happened because the amplicon size of HPV 16 and 18 were 100bp and the size of NTC range from 50-60bp. The close-up of amplicon size between specific product and NTC will affect the T_m. Although the amplicon size between specific products and NTC was very close, the graph shows gene-specific product of HPV 16 and HPV 18 did not overlap with the NTC peak so the accuracy of the qualification was validated.

Identification of multiple infections of HPV types

From our previous sequencing results of PCR products of E7 gene for HPV 16 (RID 1055387141-088795-2060) and HPV 18 (RID 1056435350-019738-16228) we observed that, GC content for HPV 16 was higher than the GC content of HPV 18, and the PCR product of HPV 16 had high T_m compared to T_m of HPV 18. The differences in melting temperature can be used as a method to identify and differentiate multiple infections between HPV16 and HPV 18. Kleinle et al. (2002) and Lamarcq et al. (2002) reported that multiple specific products can be separated from each other due to different T_m in most cases. This method is advantageous since it eliminates the need for gel electrophoresis. This finding shows, SyBr Green can be used to differentiate and identify HPV types. Table 1 shows a summary of the C_t values and T_m for HPV 16 and HPV 18. The C_t value of HPV 16 and HPV 18 were below 40 cycles and also differ from NTC by six cycles, indicating that the C_t values were significant. The findings were supported by studies by Szuhai et al. (2001) and

CONCLUSION

Using SyBr Green Real-Time PCR technique, minimum forward and reverse primers for each HPV type 16 and 18 were required. DNA concentration for each samples were fixed at 100ng. SyBr Green Real-Time PCR method has the advantage of it being able to be used directly to detect and identify the HPV types based on amplification plot and melting temperature graphs. This SyBr Green Real-Time PCR method has the potential to be used as a method for detection and identification of HPV types in CINs and cervical cancer patients in Malaysia. In addition it has the advantage of detecting multiple infections of HPVs which adds to its economic value.

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