



Correspondences

Somatic mutations of candidate tumor suppressor genes folliculin-interacting proteins *FNIP1* and *FNIP2* in gastric and colon cancers

To the Editor

Both *FNIP1* (folliculin-interacting pretein1) and *FNIP2* form a complex with folliculin (*FLCN*), which interacts with AMP-activated protein kinase (*AMPK*) and regulates energy metabolism in cells [1]. Germline mutations of the *FLCN* result in Birt-Hogg-Dubé syndrome, an inherited cancer syndrome characterized by increased risks for multiple tumors, indicating that *FLCN* may be a tumor suppressor gene (*TSG*) [2]. Mice deficient of *Fnip1* and/or *Fnip2* display tumors in several organs, suggesting their roles as *TSGs* [3].

Mutations in DNA mismatch repair genes such as *MLH1*, *MSH2* or *MSH6* result in defects in repairing errors in DNA repetitive sequences, producing microsatellite instability (*MSI*) phenotype mainly in colorectal (*CRC*), gastric (*GC*) and endometrial cancers [4]. Cancers with *MSI* can exhibit frameshift mutations at repeat sequences in the coding region, which may inactivate *TSGs* and contribute to tumorigenesis [4]. In the genome database, we observed that both *FNIP1* and *FNIP2* genes harbor coding sequence repeats that might inactivate these genes in *MSI* cancers.

In the present study, we analyzed one T7 (exon 10) and one A8 (exon 14) repeats in *FNIP1*, and one A7 (exon 11) in *FNIP2* coding sequences by polymerase chain reaction (*PCR*)-based single strand conformation polymorphism (*SSCP*) analysis. We studied 34 *GCs* with high *MSI* (*MSI-H*), 45 microsatellite stable (*MSS*) *GCs*, 100 *CRCs* with *MSI-H* and 45 *MSS* *CRCs*. In the cancer tissues, malignant cells and normal cells were selectively procured by microdissection [5]. Radioisotope ($[^{32}\text{P}]\text{dCTP}$) was incorporated into the *PCR* products, which were subsequently displayed in *SSCP* gels and analyzed with direct DNA sequencing [5].

We found *FNIP1* frameshift mutations in 6 (6%) *CRCs* and 2 (5.9%) *GCs* and *FNIP2* frameshift mutations in one *GC* (2.9%) (Table 1). DNA from their matched normal tissues did not show any evidence for mutation in Sanger sequencing, indicating the mutations had risen somatically. These mutations were either deletion or duplication of one base in nucleotide repeats that would result in frameshifts of amino acid translation. The mutations were detected in 9 cancers (9/134) with *MSI-H*, but not in those with *MSS* (0/90) ($P < 0.01$). Of the 100 *CRCs* with *MSI-H* analyzed, we further analyzed multi-regional areas in 16 *CRCs* (96 areas, 4–7 areas per case). Two of the 16 *CRCs* (12.5%) revealed different mutation status of the *FNIP1* c.2196delA deletion in the regional areas (1 wild and 5 mutant areas in one *CRC*, 1 wild and 4 mutant areas in the other *CRC*), indicating there was intratumoral heterogeneity (*ITH*) of the frameshift mutation. There was no *FNIP2* mutation *ITH* in the *CRCs*. We could not find any significant histological difference among the *ITH* regions.

The frameshift mutations identified in our study would translate premature stops in *FNIP1* and *FNIP2*. Subsequently, *TSG* functions of *FNIP1* and *FNIP2* might be inactivated by the mutations, which could play a role in cancer development [3]. In our data, *FNIP1* frameshift mutation is increased compared to *FNIP2* frameshift mutation, which is in agreement with the previous observation that *Fnip1*-deficient mice but not *Fnip2*-deficient mice displayed significant increase of tumor development [3]. We identified mutational *ITH* of *FNIP1* in *CRCs*, suggesting a possibility that loss of the *FNIP1* *TSG* may have regional heterogeneity that could be further selected and influence the clinical outcomes. However, it should be further confirmed in a larger cohort.

Table 1

Summary of *FNIP1* and *FNIP2* mutations in gastric and colorectal cancers.

Gene	Wild type	Mutation	MSI status of the mutation cases (n)	Incidence in <i>MSI-H</i> cancers (%)	Nucleotide change (predicted amino acid change)
<i>FNIP1</i>	A8	A7	<i>MSI-H</i> (6)	Colorectal: 6/100 (6.0)	c.2196delA (p.Lys732AsnfsX23)
		A9	<i>MSI-H</i> (2)	Gastric: 2/34 (5.9)	c.2196dupA (p.Pro733ThrfsX4)
<i>FNIP2</i>	A7	A6	<i>MSI-H</i> (1)	Gastric: 1/34 (2.9)	c.1301delA (p.Asn434ThrfsX14)

Declaration of Competing Interest

None to declare.

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References

- [1] M. Baba, S.B. Hong, N. Sharma, M.B. Warren, M.L. Nickerson, A. Iwamatsu, et al., Overexpression of kinesins mediates docetaxel resistance in breast cancer cells, *Proc Natl Acad Sci U S A* 103 (2006) 15552–15557.
- [2] M.L. Nickerson, M.B. Warren, J.R. Toro, V. Matrosova, G. Glenn, M.L. Turner, et al., Mutations in a novel gene lead to kidney tumors, lung wall defects, and benign tumors of the hair follicle in patients with the Birt-Hogg-Dubé syndrome, *Cancer Cell* 2 (2002) 157–164.
- [3] H. Hasumi, M. Baba, Y. Hasumi, M. Lang, Y. Huang, H.F. Oh, Folliculin-interacting proteins Fnip1 and Fnip2 play critical roles in kidney tumor suppression in

- cooperation with Flcn, *Proc Natl Acad Sci U S A* 112 (2015) E1624–1631.
- [4] K. Imai, H. Yamamoto, Carcinogenesis and microsatellite instability: the inter-relationship between genetics and epigenetics, *Carcinogenesis* 29 (2008) 673–680.
- [5] N.J. Yoo, H.R. Kim, Y.R. Kim, C.H. An, S.H. Lee, Somatic mutations of the KEAP1 gene in common solid cancers, *Histopathology* 60 (2012) 943–952.

Ha Yoon Mo, Hyun Ji Son, Eun Ji Choi, Nam Jin Yoo
Departments of Pathology, College of Medicine, The Catholic University of Korea, Seoul, South Korea

Chang Hyeok An*
Department of Surgery, College of Medicine, The Catholic University of Korea, Seoul, South Korea
E-mail address: achcolo@catholic.ac.kr.

Sug Hyung Lee**
Departments of Pathology, College of Medicine, The Catholic University of Korea, Seoul, South Korea
E-mail address: suhulee@catholic.ac.kr.

* Corresponding author at: Department of Surgery, College of Medicine, The Catholic University of Korea, 505 Banpo-dong, Socho-gu, Seoul 137-701, South Korea.

** Corresponding author: Department of Pathology, College of Medicine, The Catholic University of Korea, 505 Banpo-dong, Socho-gu, Seoul 137-701, South Korea.