

**V.R.Skoryk**

State institution  
“Dnipropetrovsk  
medical academy of the  
Ministry of Health of  
Ukraine”

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**DIAGNOSTIC AND PROGNOSTIC VALUE  
OF TUMORSPECIFIC MARKERS (*CD117*,  
*DOG1*, *CD34*, *PDGFR- $\alpha$* ), INDICATORS  
OF MUSCLE (*SMA*, *MSA*, *desmin*) AND FAT  
(*S100*) DIFFERENTIATION, EXPRESSION  
OF *Ki-67*, *p16*, *p21* IN GASTROINTESTINAL  
STROMAL TUMORS**

**ABSTRACT. Background.** Verification of gastrointestinal stromal tumors and determination of their malignancy potential remain still relevant. **Objective.** To identify relationships between clinical, histological and immunomorphological (*CD117*, *DOG1*, *CD34*, *PDGFR- $\alpha$* , *SMA*, *MSA*, *desmin*, *S100*, *Ki-67*, *p16*, *p21*) characteristics of gastrointestinal stromal tumors. **Methods.** Our study included 50 gastrointestinal stromal tumors, which were divided into subgroups according to clinical (localization), morphological (histological features, morphological variation, the number of mitosis) characteristics depending on the presence of the expression of above mentioned markers. Statistical analysis of data included nonparametric tests. **Results.** Expression of *CD117*, *DOG1*, *CD34*, *PDGFR- $\alpha$* , *SMA*, *desmin*, *p16*, *p21* was specified in 94%, 90%, 76%, 61,1%, 24%, 50%, 46,6%, and 47% of cases, respectively. *MSA*, *S100* positive tumors were revealed in 4% and 8% of all cases, and did not let us to divide them into subgroups. The one third of all cases had high expression of *Ki-67*. **Conclusion.** *Ki-67* is a useful marker for determination of malignancy potential of GIST and significantly correlated with the number of mitosis and cellularity. *Ki-67* expression is associated with the presence of *p16* staining, it indicates the possibility of using these markers to define malignancy potential of GIST. Markers (*CD117*, *DOG1*, *CD34*, *PDGFR $\alpha$* , *SMA*, *p21*) did not have prognostic value and were unrelated. There was relationship between the presence of *PDGFR $\alpha$*  staining and character of *CD117* expression. *CD117*, *DOG1* were highly sensitive markers, *CD34*, *PDGFR $\alpha$*  were useful markers during verification of GIST, but were less sensitive. Markers *SMA*, *desmin*, *MSA*, *S100* are important for the diagnostic process.

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✉ Val\_Y@ua.fm

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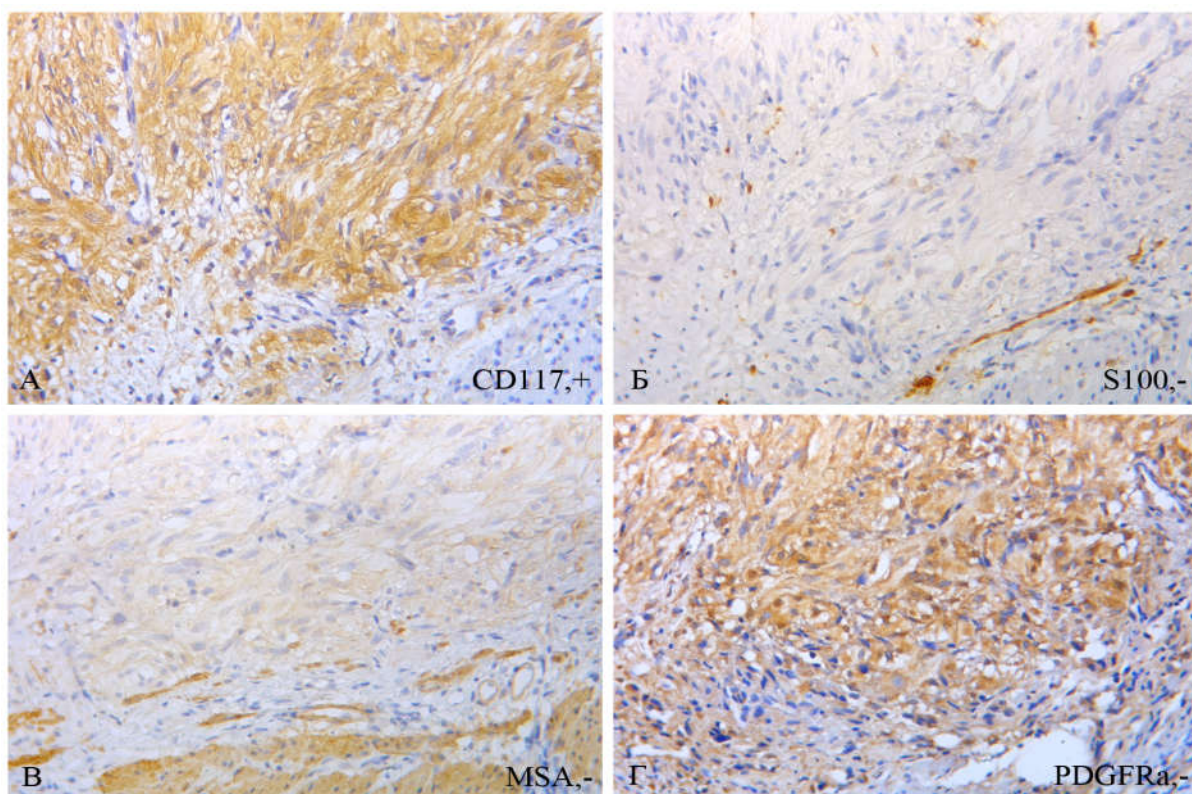


Fig. 1. Gastrointestinal stromal tumor. A. Cytoplasmic and membrane staining in tumor cells by CD117 marker. Б. Negative cytoplasmic and membrane reaction of tumor cells with S100 marker. B. Negative cytoplasmic and membrane reaction of tumor cells with MSA marker. Г. Cytoplasmic and membrane staining in tumor cells by PDGFR $\alpha$  marker. Immunohistochemical method, additional staining with Mayer's hematoxylin  $\times 400$ .

### References

1. Bosman FT, Carneiro F, Hruban RH, Theise ND, authors. WHO classification of tumours of the digestive system. 4th. Lyon: IARC Press; 2010. 417 p.
2. Dabbs DJ, author. Diagnostic immunohistochemistry. 4th ed. PA: Elsevier; 2013. 960 p.
3. Fletcher C.D.M., author. Diagnostic histopathology of tumors. 4th ed. PA: Elsevier; 2013. 1148 p.
4. Odze RD, Goldblum JR, Crawford JM, authors. Surgical pathology of the GI tract, liver, biliary tract, and pancreas. PA: Elsevier Health Sciences; 2004. 1067 p.
5. Jung SH, Suh KS, Kang DY, Kang DW, Kim YB, Kim ES. Expression of DOG1, PDGFR $\alpha$ , and p16 in gastrointestinal stromal tumors. Gut and liver. 2011;5(2):171-180. DOI: 10.5009/gnl.2011.5.2.171. PMID: 21814597.

6. Vij M, Agrawal V, Kumar A, Pandey R. Gastrointestinal stromal tumors: a clinicopathological and immunohistochemical study of 121 cases. *Indian Journal of Gastroenterology*. 2010;29(6):231-236. DOI: 10.4103/0970-9371.107505. PMID: 21221881.
7. Belev B, Brčić I, Prejac J, Golubić Z A, Vrbanec D, Božikov J, Razumović JJ. Role of Ki-67 as a prognostic factor in gastrointestinal stromal tumors. *World journal of gastroenterology*. 2013;19(4):523. DOI:10.3748/wjg.v19.i4.523. PMID: 23382631.
8. Miettinen M, Lasota J. Gastrointestinal stromal tumors: pathology and prognosis at different sites. *Semin Diagn Pathol*. 2006;23(2):70–8. PMID: 17193820.
9. Wada T, Tanabe S, Ishido K, Higuchi K, Sasaki T, Katada C, Mikami T. DOG1 is useful for diagnosis of KIT-negative gastrointestinal stromal tumor of stomach. *World journal of gastroenterology*. 2013;19(47):9133. DOI: 10.3748/wjg.v19.i47.9133. PMID: 24379641.
10. Ríos-Moreno MJ, Jaramillo S, Gallardo SP, Vallejo A, Mora M, García-Escudero GonzálezCámpora R. Gastrointestinal stromal tumors (GISTs): CD117, DOG-1 and PKC $\theta$  expression. *Pathology-Research and Practice*. 2012;208(2):74-81. DOI: 10.1016/j.prp.2011.11.006. PMID: 22197035.
11. Nielsen JS, McNagny KM. Novel functions of the CD34 family. *Journal of cell science*. 2008;121(22):3683-3692. DOI: 10.1242/jcs.037507. PMID: 18987355.
12. Terada T. Gastrointestinal stromal tumor of the digestive organs: a histopathologic study of 31 cases in a single Japanese institute. *International journal of clinical and experimental pathology*. 2010;3(2):162. PMID: 20126584.