



Are EWSR1-NFATc2-positive sarcomas really Ewing sarcomas?

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Recently, Charville et al. [1] reported that *EWSR1*-rearranged fusion proteins mediate the expression of the paired-box transcription factor *PAX7* in Ewing sarcoma. Based on an analysis of a published gene expression microarray dataset (accession code GSE60740), they state having identified *PAX7* to be significantly overexpressed in Ewing sarcoma in comparison to *CIC-DUX4*-positive round cell sarcomas [1]. In that microarray analysis they compared *CIC-DUX4*-positive sarcomas with *EWSR1-NFATc2*-positive sarcomas, assuming that *EWSR1-NFATc2*-positive sarcomas belong to the family of Ewing sarcomas [1], which are typically characterized by *EWSR1-ETS* fusion oncogenes [2]. Accordingly, Charville et al. [1] summarized in a schematic *EWSR1-FLI1*-, *EWSR1-ERG*-, and *EWSR1-NFATc2*-positive sarcomas as “Ewing sarcoma,” referring to Szuhai et al. (2009) [3], and did not take into account more recent reports in the literature that *EWSR1-NFATc2*-positive

sarcomas may constitute an own entity [2]. Comparison of the dataset (GSE60740) used by Charville et al. to a published transcriptome reference dataset of genetically defined *EWSR1-ETS*-positive Ewing sarcomas (GSE34620) [4] and 13 other malignancies that may constitute morphological mimics [5] shows that *EWSR1-NFATc2*-positive sarcomas do not cluster with any other analyzed tumor entity including *EWSR1-ETS*-positive Ewing sarcoma (Fig. 1a).

Furthermore, Charville et al. noted that (in addition to *PAX7*) the genes *FOXG1*, *NR5A2*, *SOX5*, *VDR*, and *TFAP2* were highly overexpressed in *EWSR1-NFATc2*-positive sarcomas as compared to *CIC-DUX4*-positive sarcomas [1]. Interestingly, all these genes are similarly lowly expressed in *EWSR1-ETS*-positive Ewing sarcomas and *CIC-DUX4*-positive sarcomas (Fig. 1b). Collectively, these analyses strongly suggest that *EWSR1-NFATc2*-positive sarcomas constitute a tumor entity distinct from Ewing sarcoma [5]. Hence, the correctness of extrapolation from *EWSR1-NFATc2*-positive sarcomas to Ewing sarcoma remains to be substantiated.

Based on their disputable extrapolation from *EWSR1-NFATc2*-positive sarcomas to Ewing sarcomas, Charville et al. [1] performed immunohistochemical analyses of tissue samples, which were “diagnosed as Ewing sarcoma using a combination of morphologic, immunohistochemical, and molecular features.” For the majority of cases (102/103), which were all “*PAX7*-positive” by immunohistochemistry, no details or references were provided on how the diagnosis of Ewing sarcoma was molecularly confirmed. Only for one sample, which was classified as “*PAX7*-negative,” details were provided, but the diagnosis of Ewing sarcoma could not be molecularly confirmed [1]. The authors conclude from this sample set that “immunohistochemical detection of anti-*PAX7* immunohistochemistry is a sensitive marker for Ewing sarcoma” [1]. Yet, it remains unclear whether the sensitivity of *PAX7* is superior to that of the established Ewing sarcoma marker *CD99* [6]. In their transcriptome analysis of *EWSR1-NFATc2*-positive sarcomas, Charville et al. noted that *CD99* was not significantly overexpressed

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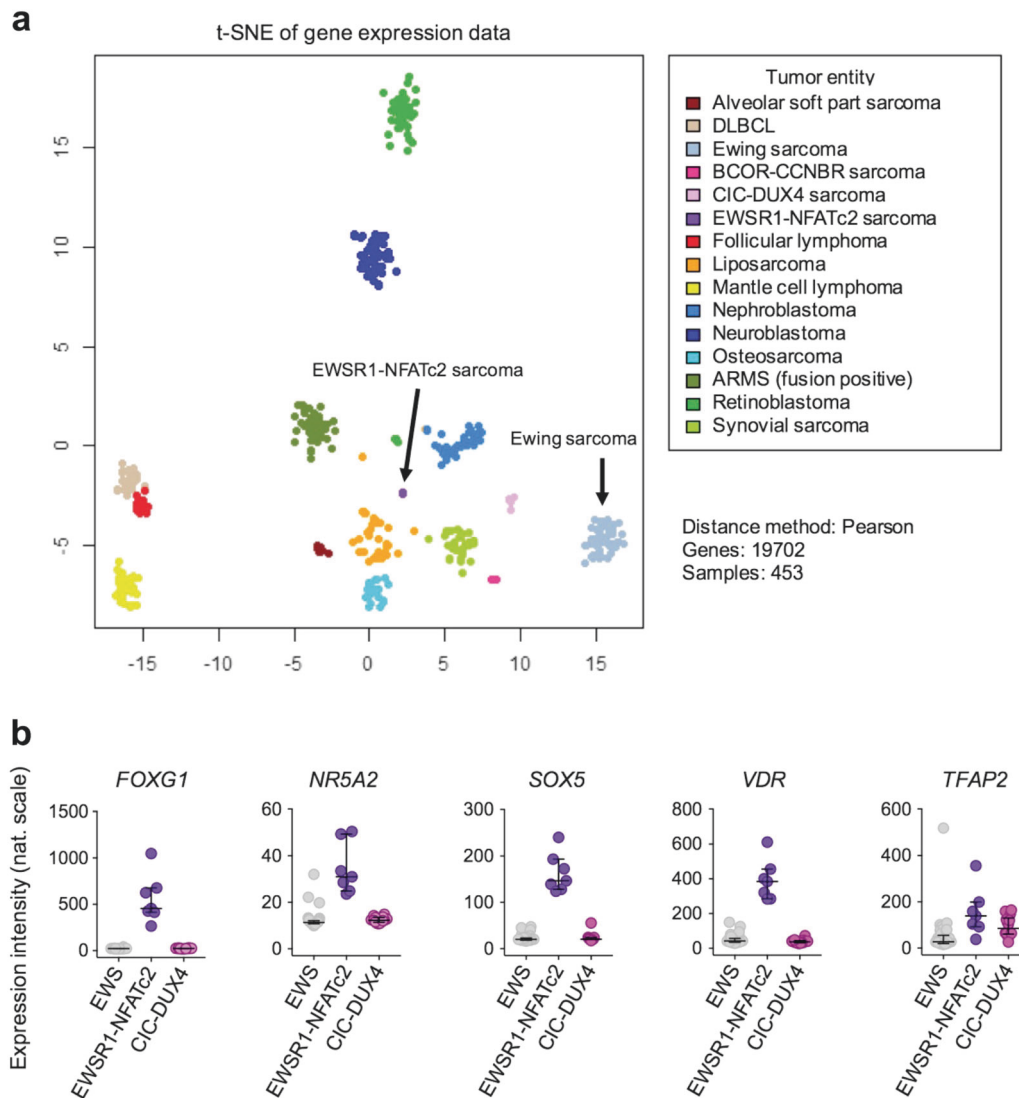


Fig. 1 *EWSR1-NFATc2*-positive sarcomas exhibit highly divergent transcriptomes from *EWSR1-ETS*-positive Ewing sarcomas. **a** t-SNE cluster analysis of Ewing sarcoma (*EWSR1-ETS*-positive) and other morphological mimics. All gene expression data were generated on Affymetrix HG-U133-Plus2.0 microarrays and simultaneously normalized using RMA and brainarray CDF [5], yielding one optimized probe-set per gene [13]. Gene expression data were filtered for a minimum tumor purity of 40% as determined by the ESTIMATE algorithm [14]. Principal component analysis (PCA) using all genes

represented on this microarray platform was done and visualized with the Rtsne Bioconductor package in R¹⁵. DLBCL diffuse large B-cell lymphoma, ARMS alveolar rhabdomyosarcoma. **b** Comparison of gene expression levels of *FOXG1*, *NR5A2*, *SOX5*, *VDR*, and *TFAP2* in *EWSR1-ETS*-positive Ewing sarcomas (EWS), *EWSR1-NFATc2*-positive sarcomas, and *CIC-DUX4*-positive sarcomas (GSE34620 and GSE60740). Data are presented as dot plots. Horizontal bars indicate median expression levels. Whiskers indicate the interquartile range

compared to *CIC-DUX4*-positive sarcomas [1], supporting the concept that *EWSR1-NFATc2*-positive sarcomas are distinct from Ewing sarcoma, which typically shows high and uniform CD99 expression [6]. The proposed utility of *PAX7* as a marker for Ewing sarcoma might be diminished given its limited specificity: In a previous report Charville et al. showed very high expression of *PAX7* in morphological mimics such as embryonal, alveolar, and pleomorphic rhabdomyosarcomas, as well as synovial sarcomas [7], and in the current report they provide first evidence for its high expression in *EWSR1-NFATc2*-positive sarcomas [1].

Though *PAX7* has been shown to be highly expressed in morphological mimics not positive for *EWSR1*-regarrangements such as rhabdomyosarcoma and synovial sarcoma [7], Charville et al. explain the high expression of *PAX7* in “Ewing sarcoma” by *EWSR1-FLI1* binding to a GGAA-microsatellite sequence located 20 kb telomeric to the *PAX7* gene [1], which shows epigenetic characteristics of an active enhancer element in published ChIP-Seq data [8].

However, binding of *EWSR1-FLI1* to this DNA sequence, *EWSR1-FLI1*-dependent enhancer activity, and a true interaction of this potential enhancer with the *PAX7*

promoter were not confirmed experimentally. Yet, Charville et al. deduce from their approach that “these analyses provide evidence that a *cis* regulatory mechanism of EWSR1-FLI1 binding and enhancer activation leads to expression of PAX7 in Ewing sarcoma” [1]. In the corresponding figure, two additional and more proximal EWSR1-FLI1-bound DNA elements are shown (the first mapping to another GGAA microsatellite, the second to a canonical ETS-like binding motif) with EWSR1-FLI1-dependent epigenetic characteristics of active enhancers, which were not further investigated or discussed by the authors [1]. Given that there are thousands of such EWSR1-FLI1-bound GGAA microsatellites in the vicinity of genes in Ewing sarcoma tumors [8, 9], it appears questionable to conclude that any EWSR1-FLI1-bound enhancer actually represents the *cis* regulatory element controlling the expression of a certain nearby gene. Previous reports showed that such EWSR1-FLI1-bound GGAA microsatellites can loop to and accordingly regulate genes located in great distances (more than 300 kb) [8]. Thus, the potential enhancer reported by Charville et al. could control the expression of any gene in *cis* or *trans*. Taking into account that GGAA microsatellites underlie substantial germline variability and that the enhancer activity of EWSR1-ETS-bound GGAA microsatellites strongly depends on the number of consecutive GGAA-repeats [10–12], it seems improbable that a highly polymorphic enhancer-like DNA element should lead to a uniformly high expression of PAX7 in Ewing sarcoma as reported by Charville et al. [1]. Nevertheless, the authors conclude that EWSR1 fusion proteins are required for PAX7 expression in Ewing sarcoma by this mechanism. Given that ChIP-Seq analyses of Charville et al. are restricted to EWSR1-FLI1 [1], that there is as yet no convincing evidence that EWSR1-NFATc2 can bind to GGAA microsatellites as well, and that immunohistochemical analysis of PAX7 on *EWSR1-NFATc2*-positive sarcomas has not been performed, this conclusion is critical.

We deduce from the report of Charville et al. that particular care must be taken when analyzing published “omics”-data before conclusions may be drawn.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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