The Search for Infectious Causes of Human Cancers: Where and Why?
Annual Global Cancer Incidence due to Infections

2 017 000 = 18.6% of total cancer incidence

- HPV 27.9%
- Helicobacter pylori 37.0%
- HBV + HCV 24.8%
- EBV 10.3%

This graph ignores:
- anal and perianal cancers (HPV)
- vulvar, vaginal and penile cancers (HPV)
- adult T cell leukemia
- Kaposi’s sarcomas and prim. effusion lymphomas
- cancers linked to parasitic infections

Modified from: Parkin et al. Global Cancer Statistics 2002

- 25% of cancers of the oral cavity
  68 600 (HPV)
  Cancer of the cervix
  493 000 (HPV)

- Hepatocellular carcinoma 80%
  500 900 (HBV, HCV)

- Gastric cancer 80%
  747 000 (Helicobacter pylori)

- Gastric cancer 10%
  93 400 (EBV)
- Nasopharyngeal carcinoma
  80 000 (EBV)
- Non-Hodgkin’s lymphoma 10%
  30 000 (EBV)
- Hodgkin’s lymphoma 30%
  18 700 (EBV)
Why has it been so difficult to identify infectious agents as cancer-inducing factors in humans?

- Because there is no human pathogenic infectious agent causing cancer as the acute consequence of infection;

- Infections linked to human cancers are common in human populations, most of them were present during the whole human evolution, and only a small proportion of infected individuals develops the respective cancer type;

- Except for rare germline mutations, (XLLP), cancers linked to infection commonly occur decades after primary infection.
Why has it been so difficult to identify infectious agents as cancer-inducing factors in humans?

II.

- Mutations in host cell genes, in part detectable as chromosomal translocations, or within the viral genome are mandatory for malignant conversion;

- Chemical (e.g. aflatoxin) and physical carcinogens (e.g. UV-light in EV) usually are mutagens. They facilitate the selection of specific mutations and frequently act synergistically with carcinogenic infectious agents;

- Some infectious agents act as indirect carcinogens, not persisting within the respective cancer cells (HIV, Helicobacter pylori, Schistosoma haematobium, Hepatitis C and B, Plasmodium falciparum?).
Epidemiology commonly provided the first hints for an involvement of infectious agents in specific human cancers

I. Geographic coincidence

Example:

Persisting hepatitis B virus infections and hepatocellular carcinoma (Payet et al., 1956):
Possible interaction between a viral and a chemical carcinogen
Epidemiology commonly provided the first hints for an involvement of infectious agents in specific human cancers

II. Geographic clustering of cases

- Burkitt’s lymphoma in equatorial Africa
- Nasopharyngeal carcinoma in South-East Asia
- Adult T-cell leukemia in the coastal regions of Southern Japan
- Bladder cancer in the Nile delta and along the Nile river
- Cholangiocarcinoma in South-East Thailand
Epidemiology commonly provided the first hints for an involvement of infectious agents in specific human cancers.

III. Dependence on sexual contacts

Cervical cancer and its precursor lesions

First observation by Rigoni-Stern in Verona, 1842

Precursor lesions precede cancer development by 10-20 years
Epidemiology commonly provided the first hints for an involvement of infectious agents in specific human cancers.

IV. Cancers arising under immunosuppression (HIV infection, organ transplantation) are suspected to be linked to infectious events:

- Kaposi’s sarcomas
- Merkel cell carcinomas
- squamous cell carcinomas of the skin
- cervical cancer
- common warts
Mechanisms by which infections contribute to human carcinogenesis:

- **Direct carcinogens**
  - Introduction of viral oncogenes into host cells
    - *(high risk HPV, EBV, HHV-8, HTLV-1)*
  - Modified viral oncogenes after integration into host cell DNA
    - *(Merkel cell polyomavirus)*
    - Modified host cell genes integrated into viral genomes act as oncogenes *(human endogenous retroviruses – HERV ?)*
  - Virus-induced immunosuppression activates other tumorviruses *(HIV-1 and HIV-2)*

- **Indirect carcinogens**
  - Chronic inflammation, induction of oxygen radicals
    - *(Hepatitis B and C, Helicobacter pylori, Parasites)*
  - Prevention of apoptosis *(some cutaneous HPV types)*
  - Induction of chromosomal instability and translocations
    - *(Adenoviruses, Herpesviruses, TT viruses ? Endogenous retroviruses?)*
Identification of infectious agents as causative factors of human cancers depended on:

- Molecular biology
- Seroepidemiology and epidemiology
- DNA sequencing
- Tumor induction in animals
- Cell transformation by specific subcomponents
Where is it worthwhile to search for an infectious etiology of human cancers not yet linked to infections?

I. Cancers occurring at increased frequency under immunosuppression

II. Cancers with reduced incidence under immunosuppression or not affected by immunosuppression

III. Cancer incidence influenced by infections

IV. Nutritional cancer risk factors possibly linked to infections
The most frequent cancers occurring after kidney transplantation

- Kaposi’s sarcoma
- Lip cancer
- Vulva cancer
- Penis cancer
- Non-Hodgkin’s lymphoma
- Salivary gland cancer
- Eye cancer
- Tongue cancer
- Thyroid cancer

Modified from: Vajdic et al. JAMA 295: 2823-2831, 2006
The most frequent cancers occurring after kidney transplantation

Modified from: Vajdic et al. JAMA 295: 2823-2831, 2006
Only 30-50% of vulvar and penile cancers are presently being linked to high risk HPV infections (mainly HPV 16).

The histological pattern differs between HPV-positive and negative cancers at these sites. In addition, the age distribution is also different.

Etiologic factors for the HPV-negative tumors are unknown.

It might be worthwhile to study the negative tumors for other HPV or polyomavirus sequences.
Cancers barely or not at all increased after kidney transplantation

Modified from: Vajdic et al. JAMA 295: 2823-2831, 2006
II. Cancers with reduced incidence under immunosuppression or not affected by immunosuppression

Example: **Mouse Mammary Tumor virus (MMTV)**

The MMTV 3’ LTR sequence encodes a superantigen orchestrating multiplication of T- and B-lymphocytes. This results in amplification of virus-producing cells capable to deliver the infection to the mammary gland (reviewed in Matsuzawa, 1995, Ross, 1998).

**Superantigen induction by MMTV leads to a clonal depletion of a subset of T-cells and immunotolerance**

*(Lobo-Yeo and Lamb, 1993, Abe et al., 1993 Le Bon et al. 1995)*

Additional immunosuppression prevents multiplication of superantigen-induced in B- and T-lymphocytes which would produce large quantities of MMTV-particles *(reduction of the viral load)*
Virus-producing T- and B-cells mediate transfer of MMTV to the mammary epithelial cells.

Infection of B-lymphocytes in Peyers’ patches.

Induction of superantigen, stimulation of virus-producing T- and B-cells.

Induction of immunotolerance by T-cell depletion.

MMTV particles ingested with milk.

Virus-producing T- and B-cells mediate transfer of MMTV to the mammary epithelial cells.

The viral load seems to determine the risk for mammary tumor development.
Immunosuppression does not increase the rate of human breast cancer.

Immunosuppression does not facilitate MMTV carcinogenesis but has a slight protective function. This corresponds to the effect of immunosuppression on human breast cancer.

The mechanism of no or even a slightly protective effect of immunosuppression in human mammary carcinogenesis is not understood: a parallel to the murine system?
A link between endogenous retrovirus activation and breast cancer?

Endogenous retroviral sequences account for ~8% of the human genome.

Some of the families entered the human germline >40 million to 800,000 years ago. Most of their open reading frames contain mutations and stop codons not permitting the expression of the respective proteins.

Specific members of one subfamily (HERV-K), distantly related to mouse mammary tumor virus are able to form complete, but non-infectious particles.
Retroviral particles produced in human germinal cell tumor lines are encoded by the HERV family HERV-K (HML-2).

HML-2 gag and env RNA transcripts are selectively packaged into these particles. They originate from the HML-2 provirus on chromosome 22q11.21.
(Ruprecht et al., J. Virol. 82: 10006-16, 2008)

Infectious HERV-K virus has been reconstituted from endogenous retrovirus Elements by correcting stop codons in open reading frames.
Dewannieux et al., Genome Res. 16: 1548-1556, 2006.
Lee and Bieniasz, PLOS Path. 3: e10, 2007

HERV-K(K102) expression becomes activated in AIDS patients
Laderoute et al. AIDS. 2007 Nov 30;21(18):2417-24
EBV infection activates endogenous retrovirus (HERV-K) and induces a superantigen:

*Hsiao et al.*

Epstein-Barr virus transactivates the HERV-K18 superantigen by docking to the human complement receptor 2 (CD21) on primary B cells.

*J. Immunol.* 177: 2056-60, 2006

*Meylan et al.*

Negative thymocyte selection to HERV-K18 superantigens in humans.


*Sutkowski et al.*

Epstein-Barr virus latent membrane protein LMP-2A is sufficient for transactivation of the human endogenous retrovirus HERV-K18 superantigen.


*Sutkowski et al.*

Epstein-Barr virus transactivates the human endogenous retrovirus HERV-K18 that encodes a superantigen.

zur Hausen, unpublished
EBV (P3HR-1 + TPA)

zur Hausen, unpublished
HERV.K
Human endogenous retrovirus K triggers an antigen-specific immune response in breast cancer patients.

Human endogenous retrovirus K (HML-2) elements in the plasma of people with lymphoma and breast cancer.

- Breast cancer patients, HIV-associated lymphomas, non-HIV-associated lymphomas, HIV-associated Hodgkin’s lymphomas reveal about 7-fold elevated concentrations of HERV-K (HML-2) RNA in the plasma in comparison to healthy controls.

- The titers in lymphoma patients in remission returned to control values.
In spite of a number of well known genetic modifications
in breast cancer cells, this tumor remains an interesting
candidate for further research into a possible infectious etiology.
III. Cancer incidence influenced by infections

Vaccinia virus scars

Early preparations of vaccinia virus for pox vaccination were obtained after scarifying the skin of calves and harvesting the skin crusts containing the vaccinia virus particles.

Childhood hematopoietic malignancies
Vaccinia virus infection induces amplification of persisting polyoma-type virus DNA

J.R. Schlehofer, M. Ehrbar, and H. zur Hausen:

Vaccinia virus, herpes simplex virus and carcinogens induce DNA amplification in a human cell line and support replication of a helper-dependent parvovirus.

Virology 152, 110-117, 1986

Simultaneous development of basaliomas in vaccinia vaccination scars about 20 years after vaccination

(PubMed identifies a larger number of additional cases until very recently)
Malignant tumors arising in vaccinia virus vaccination scars

- Basal cell carcinomas: 57%
- Malignant melanoma: 25%
- Squamous cell carcinoma: 11%
- Dermatofibrosarcoma protuberans: 3%
- Fibrosarcoma: 2%
- Malignant fibrous histiocytoma: 2%
- Dermatofibrosarcoma protuberans: 3%

Modified from Waibel et al. Int. J. Dermatol. 2006; 43: 685
Several interpretations of these results are possible:

- **Vaccinia virus infection of calf skin resulted in the activation of specific cattle viruses whose inoculation into humans represented a risk factor for subsequent local cancer development;**

- **Vaccinia virus infection of the human skin resulted in local activation of human potentially oncogenic viruses, increasing the risk for cancer development 20-60 years later;**

- **Early inflammatory reactions induced by this vaccination resulted in mutational events resulting in some cases in the simultaneous appearance of multifocal cancers.**

Others ??
A number of human pathogenic viruses (e.g. BK, JC, EBV, High risk HPV, adenoviruses) are non-permissive for animal cells, but induce carcinomas upon inoculation into animals.

III. Cancer incidence influenced by infections

Vaccinia virus scars

Early preparations of vaccinia virus for pox vaccination were obtained after scarifying the skin of calves and harvesting the skin crusts containing the vaccinia virus particles.

Childhood and other hematopoietic malignancies
Hematopoietic Malignancies

Leukemias, lymphomas, non-Hodgkin’s disease, Hodgkin’s disease, multiple myeloma:

- Specific chromosomal modifications have been noted in most of these malignancies. These modifications are not sufficient for malignant proliferations.

- A larger number of reports exist demonstrating regional clustering of cases.

- Risk and protective factors suggestive for an infectious aetiology have been identified for childhood leukemias and lymphomas.
Repeatedly reported **protective factors** for childhood leukemias:

<table>
<thead>
<tr>
<th>Risk factors for childhood leukemias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rare infections during the first year of life</td>
</tr>
<tr>
<td>High socioeconomic status</td>
</tr>
<tr>
<td>Prenatal chromosomal translocations</td>
</tr>
<tr>
<td>Agricultural occupation of parents</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Protective factors for childhood leukemias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple infections in early childhood</td>
</tr>
<tr>
<td>Underprivileged social status</td>
</tr>
<tr>
<td>Crowded household, many siblings</td>
</tr>
<tr>
<td>Inverse risk with birth order</td>
</tr>
</tbody>
</table>
The protective effect of infections during the first year of life has frequently been reported and is particularly striking. It resulted in hypotheses implying:

An insufficient maturation state of the immune system in case of low exposure to infections. Preceding chromosomal translocations as the first event, followed by delayed infection "with an unspecified agent" should increase the risk for leukemic conversion (M. Greaves, 2000).

Alternatively, sudden mixing of a population of low exposure to a putative leukemogenic agent (particularly in rural areas) with another population originating from urban areas previously highly exposed to the incriminated agent, could promote an epidemic of the relevant infection (L.J. Kinlen, 1995).
A protected environment should result in a high load and high multiplicities of infection, increasing the risk for infection of cells with replication-deficient virus.

Intermittent infections cause interferon induction.

Thus, frequent infections should lower the load of a persisting agent and reduce the risk for infection of cells with specific chromosomal translocations for replication deficient virus.
An interesting example exists in koala bears
(Tarlinton et al., 2005, 2006)

Koala bears recently acquired an endogenous retrovirus
closely related to gibbon ape leukemia virus

This virus is readily reactivated in vitro and in vivo.
Hematopoietic neoplasias in koalas are
closely related to the viral load.

Human genomes contain an endogenous retrovirus,
more distantly related to gibbon ape leukemia virus, also
containing three open reading frames
(gag, pro-pol, env) and both LTRs.
Polyoma-type viruses defective in the helicase region of Large T antigen may acquire supertransforming properties

Small, M.B., Gluzman, Y., and Ozer, H.L.
*Enhanced transformation of human fibroblasts by origin-defective simian virus 40.*

Roberge, C. and Bastin, M.
*Site-directed mutagenesis of the polyomavirus genome: replication-defective large T mutants with increased immortalization potential.*
*Virology* 1988; 162: 144-150.

Feng, H., Shuda, M., Chang, Y. and Moore, P.S.
*Clonal integration of polyomavirus in human Merkel cell carcinoma.*

High multiplicities of infection favour the production of defective viral genomes
## Synopsis of the Hypothesis

<table>
<thead>
<tr>
<th>Initial Stage</th>
<th>Result</th>
<th>Risk factor</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infection at low multiplicity</strong></td>
<td><strong>Low rate of virus production, almost no replication-deficient mutants</strong></td>
<td><strong>Specific chromosomal translocation acquired prior or post infection</strong></td>
<td><strong>No infection with replication-deficient mutant, no malignant transformation</strong></td>
</tr>
<tr>
<td><strong>Infection during immunosuppression</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infection when immune system is still immature (pre- or perinatal)</strong></td>
<td><strong>High rate of virus production incl. replication-deficient mutants</strong></td>
<td><strong>Specific chromosomal translocation acquired prior or post infection</strong></td>
<td><strong>Development of malignant proliferations when solely replication-deficient virus infects cell with specific chromosomal aberration (translocation)</strong></td>
</tr>
<tr>
<td><strong>Multiple almost simultaneous infections due to sudden immigration of infected persons into areas of mainly uninfected persons (Kinlen model)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Although known human cancer viruses (e.g. high risk HPV, HTLV-1, etc.) emerge as necessary factors for the respective tumor types which they cause, **none of these infections leads directly to cancer development.**

Thus far, no human tumorvirus has been identified that does not require modifications of host cell or viral nucleic acids prior to tumor formation.

Commonly these modifications affect cellular pathways engaged in the control of these persisting virus infections.

**For these reasons it is even worthwhile to analyze tumors with known hereditary components in their etiology (e.g. breast, colorectal cancers) for a possible etiological involvement of infectious components.**
Why are some non-enveloped viruses (Polyoma- and Papilloma-type viruses) particularly interesting as potential candidates in the etiology of further human malignancies?

- Members of these virus families are relatively heat-stable
- Polyomaviruses commonly transform cells which are non-permissive for viral replication.
- Polyomaviruses with mutations in the helicase part of Large T-antigen may gain super-transforming properties.
Polyomaviruses and papillomaviruses may survive in a protein environment temperatures of up to 80º C for 30 minutes or longer.

These temperatures are not reached in central portions of roasted meat cooked “medium” or “raw.”
Common and frequently cited interpretations are dietary factors

- N-nitroso compounds, heterocyclic amines and heterocyclic aromatic hydrocarbons, part of them requiring metabolic activation to convert into a carcinogenic form;

- Nitrosyl haem and nitroso thiols have been reported to be significantly increased in feces following a diet rich in red meat.

Yet, “white” meat, specifically the consumption of fried, grilled or smoked chicken, is considered as relatively “safe”. This in spite of the production of similarly high concentrations of heterocyclic aromatic hydrocarbons in the cooking process.


A potential role of infectious agents has thus far barely been considered
Why is a potential role of polyoma-type viruses in human cancers difficult to discover?

- They may represent zoonoses, and human cells would be non-permissive for virus replication;
- They are not discovered by conventional polyomavirus consensus primers
- They become integrated into various chromosomal sites, regularly in low (single?) copy numbers;
- Their T-antigen expression is low and barely detectable by immunological methods,
- The respective DNA may already have been present in human sequences published up to today, but not identified as foreign DNA.

My conclusion: Research on infectious causes of human cancers has a great potential for future surprises
| Hereditary gene modifications as risk factors for cancers caused by infections: |
|---|---|
| X-linked lymphoproliferative syndrome | Epstein-Barr virus |
| Epidermodysplasia verruciformis | Genus β papillomaviruses |
| Cervical cancer | Genus α high risk HPV |
The examples outlined here represent hypotheses.

In none of the discussed cases an infectious cause has been proven.

The intention of this lecture is to raise interest in these topics and to stimulate interest and novel studies in the potential role of infectious agents in some common human cancers.

Even when only part of these considerations turn out to be correct, this would have profound implications for future strategies on cancer prevention, early diagnosis and therapy.