Germline deletion and a somatic mutation of the PRKAR1A gene in a Carney complex-related pituitary adenoma

T Iwata*, T Tamanaha*, R Koezuka1, M Tochiya1, H Makino1, I Kishimoto1, N Mizusawa, S Ono, N Inoshita2, S Yamada3, A Shimatsu4 and K Yoshimoto

Department of Medical Pharmacology, Institute of Health Biosciences, The University of Tokushima Graduate School, Kuramoto-cho 3-18-15, Tokushima 770-8504, Japan, 1Department of Endocrinology and Metabolism, National Cerebral and Cardiovascular Center, Osaka, Japan, Departments of 2Pathology and 3Hypothalamic and Pituitary Surgery, Toranomon Hospital, Tokyo, Japan and 4Clinical Research Institute, National Hospital Organization Kyoto Medical Center, Kyoto, Japan

*(T Iwata and T Tamanaha contributed equally to this work)

Correspondence should be addressed to K Yoshimoto
Email yoshimoto@tokushima-u.ac.jp

Abstract

Objective: The objective was to assess involvement of loss of the PRKAR1A gene encoding a type 1α regulatory subunit of cAMP-dependent protein kinase A located on 17q24 in a Carney complex (CNC)-related pituitary adenoma.

Design: We investigated aberrations of the PRKAR1A gene in a CNC patient with a GH-producing pituitary adenoma, whose family has three other members with probable CNC.

Methods: A gene mutation was identified by a standard DNA sequencing method based on PCR. DNA copy number was measured to evaluate allelic loss on 17q24 by quantitative PCR. The breakpoints of deletion were determined by cloning a rearranged region in the deleted allele.

Results: A PRKAR1A mutation of c.751_758del8 (p.S251LfsX16) was found in genomic DNA obtained from a pituitary adenoma, but not leukocytes from the patient. Reduced DNA copy number at loci including the PRKAR1A gene on 17q24 was detected in both the tumor and leukocytes, suggesting a deletion at the loci at the germline level. The deletion size was determined to be ~0.5 Mb and this large deletion was also found in two other family members.

Conclusion: This is the first case showing a CNC-related pituitary adenoma with the combination of somatic mutation and a large inherited deletion of the PRKAR1A gene. Biallelic inactivation of PRKAR1A appears to be necessary for the development of CNC-related pituitary adenoma.

Introduction

The complex of ‘spotty-skin pigmentation, myxomas, endocrine overactivity, and schwannomas’ or Carney complex (CNC) (MIM 160980) is an autosomal dominant multiple neoplasia syndrome (1). CNC is an inherited predisposition to tumors associated with primary pigmented nodular adrenocortical disease (PPNAD), GH-and/or PRL-producing pituitary adenoma, myxomas of heart or skin, plexiformatous melanotic schwannoma, and breast ductal adenoma (2).

Previous studies have shown inactivating germline mutations in the PRKAR1A gene on 17q24, which may function as a tumor-suppressor gene, in patients with CNC (3, 4). The encoded protein is a type 1α regulatory subunit of cAMP-dependent protein kinase A (PKA). Inactivating germline mutations of this gene are found in ~70% of patients with CNC (2, 5). Salpea et al. (6) have recently reported that 17q24.2–24.3 deletions of varying size including the PRKAR1A gene led to haploinsufficiency
in 11 CNC patients without PRKAR1A mutations. Less commonly, the molecular pathogenesis of CNC is a variety of genetic changes on 2p16 (7).

Previous studies have shown that biallelic inactivation of PRKAR1A is needed for tumor development in the adrenal and other tissues (8, 9). In addition, biallelic, but not monoallelic, inactivation of Prkar1a in mouse pituitary gland leads to the development of a pituitary tumor (10) and several pituitary tumors in CNC patients have been shown to have bilallelic abnormalities of PRKAR1A (4, 11, 12). In this study, we examined the PRKAR1A locus in a Japanese family with CNC and found a large germline deletion of the locus and biallelic inactivation of PRKAR1A in a pituitary adenoma.

Subjects and methods
Case report

The proband was a young woman who presented with pituitary gigantism and pigmented spots on the face and lips. She had been tall during her childhood and reached a height of 183.5 cm. Incidental pituitary adenoma with a diameter of 15 mm was revealed by magnetic resonance imaging (MRI) upon investigating her head injury (Fig. 1A). She had increased serum levels of GH (11.0 μg/l) and IGF1 (590 μg/l), and the GH levels were not suppressed during oral glucose tolerance test. Serum levels of PRL and cortisol were within the normal range. She had undergone successful endoscopic transnasal adenomectomy at Toranomon Hospital, and the resected pituitary adenoma showed an unusual unique histological feature. The adenoma was composed of extremely enlarged eosinophilic cells harboring large nuclei with prominent nucleoli (Fig. 1B). Immunohistochemical study revealed that tumor cells were positive to an anti-GH antibody (A0570; Dako, Glostrup, Denmark) and negative to an antibody against type 1α regulatory subunit of PKA (#610610; BD Biosciences, San Jose, CA, USA) compared with adjacent normal cells (Fig. 1C and D).

Family history

Her family history was remarkable; her mother (II-2 in Fig. 1E) had been operated on for a right adrenal tumor due to Cushing’s syndrome at the age of 19 and her grandmother (I-2) for a cardiac tumor at the age of 48. Both mother and grandmother had been operated on for breast tumors, at ages of 52 and 68 respectively. An elder sister (III-1) underwent surgical operations for a gingival tumor at the age of two and eyelid tumors at ages of 13 and 16. One of the eyelid tumors was pathologically diagnosed as cutaneous myxoma. Spotty facial pigmentation was present.

This study was approved by ethics committees of Toranomon Hospital and the University of Tokushima. Individual informed consents for genomic analyses and case presentations were obtained from patients.
Gene mutation analysis

Gene mutation analysis for the **PRKAR1A** gene using PCR and sequencing was performed as described previously (13). Genomic DNA isolated from leukocytes and a frozen pituitary adenoma was subjected to PCR using TaKaRa Ex Taq Polymerase (TaKaRa, Shiga, Japan) with the **PRKAR1A** primer sets. PCR products were subjected to direct sequencing in sense and antisense directions.

DNA copy number analysis in a tumor and leukocytes

Relative DNA copy number at each locus on 17q24 was measured by quantitative PCR (qPCR) in a 7300 Real Time PCR System (Applied Biosystems) using THUNDERBIRD SYBR qPCR mix (Toyobo, Osaka, Japan) with each primer set shown in Supplementary Table, see section on supplementary data given at the end of this article. The specificity of the primer pairs was verified by dissociation curves and the quantitativity was confirmed by slopes in the standard samples for the target loci being between −3.6 and −3.2 and each R2 value being between 0.99 and 1. The DNA copy number was normalized using that of human TATA-binding protein (**TBP**) located on 6q27. Furthermore, DNA copy numbers of albumin (**ALB**) on 4q13.3 or telomerase reverse transcriptase (**TERT**) on 5p15.33 were confirmed to be almost equal among the samples.

Detection of deleted allele on 17q24 in the subjects

DNA encompassing the deletion junction on 17q24 was amplified from each subject’s leukocyte genomic DNA using TaKaRa Ex Taq Polymerase with the following primers: forward: 5'-GGGACCATCCTGGCCTAACAG-3' and reverse: 5'-GGACATCTGACCTACAAAACTGTGAGC-3'. Normal female DNA (Promega) and pBluescript II SK+ with a DNA fragment including the deletion junction were used as a negative control and a positive control, respectively. PCR using a primer set for the **TERT** gene as an internal control was also carried out.

Results

Somatic mutation and one-copy deletion of the **PRKAR1A** gene in a pituitary adenoma

We examined mutations of the **PRKAR1A** gene in genomic DNA from a pituitary adenoma and from leukocytes of a proband (III-2 in Fig. 1E) and her parents (II-1 and II-2), using direct sequencing of 11 overlapping PCR products with primer sets that cover the entire coding region and splicing junctions. Sequencing analysis showed no mutations in the **PRKAR1A** gene in leukocyte genomic DNA from all subjects, but a somatic mutation of c.751_758del8 (p.S251LfsX16) in exon 8 of the **PRKAR1A** gene in a pituitary adenoma (Fig. 2A). Intensities of WT sequence peaks were weaker than those of mutated allele in the tumor sample, suggesting that these sequence peaks might be derived from the normal allele of slightly contaminated normal tissue and the other allele might be lost at the germline level. To demonstrate the deletion at 17q24, DNA copy number of the **PRKAR1A** gene was measured by qPCR using five primer sets as shown in Fig. 2B (upper diagram). The DNA copy numbers of the **PRKAR1A** gene were reduced by almost half in leukocyte DNA.

![Figure 2](http://dx.doi.org/10.1530/EJE-14-0685)
Identification of the breakpoints on 17q24

To identify the range of deletion at 17q24 in the leukocyte genomic DNA, we measured DNA copy number at each locus in the vicinity of the PRKAR1A gene (Fig. 3A) and found that the deletion is in the vicinity of the LOC732538 gene to intron 1 in the FAM20A gene (data not shown). We designed sets of four primers in intron 1 of the FAM20A gene and in the vicinity of the LOC732538 gene (P1–P4 and p1–p4 in Fig. 3B and C) to detect DNA copy number in the loci. The qPCR analyses narrowed the breakpoints to a 1.3 kb region between P2 and P3 in intron 1 of the FAM20A gene (Fig. 3B) and to 14 kb between p2 and p3 surrounding the LOC732538 gene (Fig. 3C).

To identify the breakpoints, cloning of a region encompassing the deletion junction was attempted (Supplementary Fig. 1A, B, and C, see section on supplementary data given at the end of this article). The cloned DNA contained sequences of intron 1 of the FAM20A gene and the LOC732538 gene (data not shown). We found that the deletion is in the vicinity of the LOC732538 gene (Fig. 3B) and to 14 kb between p2 and p3 in the overlapping region and the deletion size in genomic DNA was ~0.5 Mb. The deletion size and the location were consistent with results obtained from comparative genomic hybridization (CGH) array analysis (Supplementary Fig. 1D and E), suggesting that each breakpoint should be located in the overlapping region and that the breakpoints were unavailable (Supplementary Materials and methods).

Discussion

The most common type of endocrine tumor in CNC is PPNAD, which was detected in 25–30% of patients (2). In this family, her mother developed bilateral adrenal tumors, while pathological findings of right resected tumors were unavailable. Although almost all CNC patients (75%) exhibit asymptomatic elevations in serum GH, IGF1, or PRL level, acromegaly with pituitary adenomas occurs in a smaller population of patients (~10%) (14). Gigantism is frequent in CNC; in addition to two adolescents with gigantism published in individual TERT

The estimated size of PCR products amplified from a WT allele and an allele with the deletion using a primer set (arrow) to detect the deletion (upper diagram). Representative electropherogram of PCR products for leukocyte DNA from the proband (III-2, P), her father (II-1, F), mother (II-2, M) and in the tumor (T). (C) Relative DNA copy number at loci in the vicinity of the LOC732538 gene compared with the TBP gene. Using the set of four primers (P1–P4) indicated in the upper diagram, relative DNA copy number at four positions in intron 1 of FAM20A was measured by qPCR in leukocytes from the proband (III-2, P), father (II-1, F), and mother (II-2, M) and in the tumor (T). (D) Identification of the large deletion on 17q24 in family members. The estimated size of PCR products amplified from a WT allele and an allele with the deletion using a primer set (arrow) to detect the deletion (upper diagram). Representative electropherogram of PCR products for leukocyte DNA from the proband (III-2, P), her father (II-1, F), mother (II-2, M), and sister (III-1, S). PCR using a primer set for the TERT gene on 5p15.33 as an internal control was also carried out. NC, no template control; C, control genomic DNA; PC, a plasmid including DNA encompassing a deletion junction. A full colour version of this figure is available via http://dx.doi.org/10.1530/EJE-14-0685.
In conclusion, we found somatic inactivating mutation in GH-producing adenoma in a family with a large inherited deletion of the PRKAR1A locus. This suggests that the complete loss of PRKAR1A might be necessary for the development of at least some pituitary adenomas in CNC.

**Supplementary data**
This is linked to the online version of the paper at http://dx.doi.org/10.1530/EJE-14-0685.

**Declaration of interest**
The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research reported.

**Funding**
This work was supported in part by a Grant-in-Aid for Scientific Research from the Ministry of Education, Culture, Sports, Science and Technology of Japan (grant number 24591365) and a grant from the Foundation for Growth Science.

**Acknowledgements**
The authors thank Dr S Adachi and Dr H Horikawa for their technical assistance in CGH array analysis and Dr A Hishida and Dr Y Ohata for their valuable discussion.

**References**


