# **CHAPTER**

# **ONE**

SPECIFICITY

# PRINCIPLES OF IMMUNOHISTOCHEMISTRY

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to varying levels of illumination should be known. In contrast to the eye (and to photographic emulsions), which responds logarithmically to illumination, the response of digital cameras is closer to linearity (Inoue, 1986).

Adequacy of the detection system for identifying a sought antigen is checked with a positive control. This is a section previously shown to contain the antigen, under identical conditions of immunohistochemistry. Selecting an adequate positive control can be difficult for antibodies to a new antigen; a negative immunostain of a tissue reported to contain the antigen cannot be fully interpreted and the distinction cannot be made between inactive antibody and inactive or absent antigen. In such a case, there is little choice but to immunostain other tissues reported to contain the antigen (at a range of antibody dilutions) or to return the antibody to the supplier.

#### **Enhancement Methods**

Diaminobenzidine reactivity can be enhanced by counterstaining with heavy metals such as osmium (Graham, 1966), colloidal gold followed by silver, and nickel or cobalt (Figs. 1.29 and 1.30). Repeat bridges, ie, with subsequent peroxidase—antiperoxidase, also enhance detectability (Vacca, 1975) (Fig. 1.31).

### **SPECIFICITY**

Nonspecific immunoreactivity represents deposition of reaction product at a site other than the location of the desired antigen. Such false positivity can arise either from antibody binding or from nonantibody-specific binding.

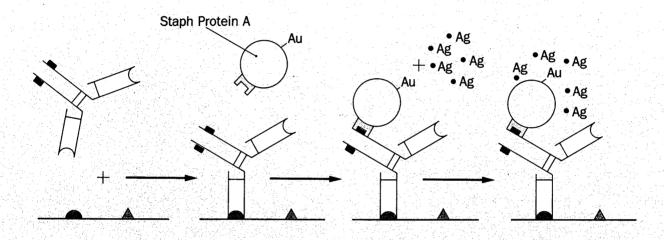


Figure 1.29. Silver-enhanced, gold-labeled Staph Protein A immunohistochemistry. The primary antibody must contain a Staph Protein A-binding site, to which the Protein A-gold complex

binds. Subsequent development of silver (Ag) deposits black reduced silver grains at the site of sought antigen A.

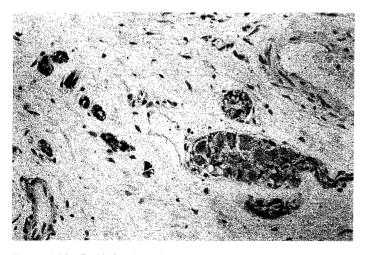
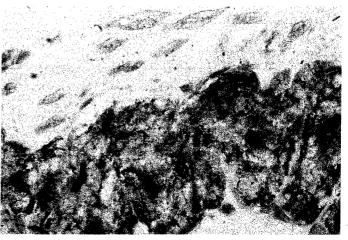


Figure 1.30. (Left) Section of colon reacted with anti-S-100 protein, followed by Staph Protein A complex and silver. Granules of reduced silver stain nerve sheath cells in Auerbach's plexus



black. (Right) Amplification of PAP staining. At higher magnification, the granular nature of the silver precipitate is seen. There is virtually no nonspecific binding.

# **Immunologic Nonspecificity**

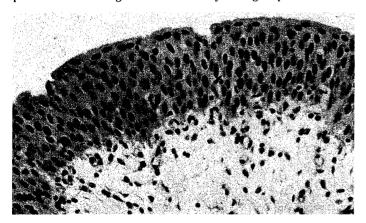
Here, immunologic nonspecific reaction refers to the successful immunohistochemical localization of an antigen which provides a false result. Sources of such false positivity include the following.

## Sequence Homology

Many molecules share partial amino acid identity, ie, gastrin/cholecystokinin, the intermediate filaments,  $\alpha_1$ -AT/ $\alpha_1$ -ACT, and S-100/calmodulin. Antibodies to the homologous sequence may localize both molecules. Unless the investigator is aware of both the partial potential antigenic identity of these two molecules and the specificity of the antibody to the common antigen determinant, she/he may falsely conclude that one molecule has been specifically localized. For example, localization of antineurofilament activity to nuclei could represent cross-reactivity with nuclear lamin, which is partially homologous with the intermediate cytoplasmic filaments (see Chapter 4) (Figs. 1.32 and 1.33).

### Similar Antigenicity

There need not be amino acid identity for there to be antigenic similarity. For example, Leu-7 monoclonal antibody binds any proteins containing a certain carbohydrate group of restricted



configuration, and some lupus antibodies bind to a phosphodiester epitope regardless of whether the epitope is on DNA or cardiolipin (Lafer, 1981).

## **Contaminating Antibodies**

The primary antibody preparation may contain various antibodies in addition to the one expected. If directed towards endogenous molecules, these are termed "autoantibodies." They may be present congenitally. Six percent of hybridomas from plasma cells of newborn mice produce autoantibodies, most frequently directed to such cytoskeletal proteins as tubulin and actin (Dighiero, 1985). Virtually all adult humans contain antibodies to the 200,000 kd neurofilament protein; these immunohistochemically localize to neurons at 1:50 dilutions (Stefansson, 1985). Apparently normal people have a 4% to 8% incidence of antivimentin and/or antikeratin antibodies.

Rabbits are known to have endogenous antikeratin antibody activity. That a polyclonal antiserum may be localizing an antigen other than the desired antigen was probably the explanation for reported immunostaining of epidermal cells and of proven squamous-cell carcinomas using a polyclonal antifactor VIII-related antibody (Wilson, *1984*) (Fig. 1.34).

False positivity owing to contaminating or autoantibodies can be corrected by purifying antibody preparations. When pure antigen is available, affinity chromatography can remove spe-

Figure 1.32. Nuclei of urothelium localizing antineurofilament antibody. One explanation is that the nuclear lamin proteins of these urothelial nuclei share a specific epitope with neurofilament protein. (DAB-PO; H-counterstained.)

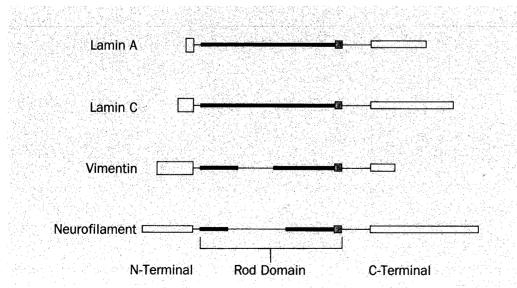


Figure 1.33. Schematic of areas of extensive amino acid homology between the nuclear-membrane-associated proteins lamin A and lamin C. The cytoskeletal filaments vimentin and neurofilament protein are indicated in red. These four proteins differ at the amino and carboxy terminals. (McKeon, 1986).

cific antibodies from a solution of multiple antibodies. When the specific antigen is unknown, the specific antibody cannot be isolated, but it can be concentrated using methods that isolate immunoglobulins, such as ammonium precipitation of immunoglobulins or separation with a Protein A column.

False positivity due to epitope identity cannot be corrected because successful antibody-antigen binding in these instances represents immunologic activity. Solutions of polyclonal antibodies containing multiple antigen-specific antibodies can be purified of antibodies that cross-react by affinity chromatography using the cross-reacting molecule as the immunoreactant. Only antibodies directed to unique epitopes will remain.

# Nonimmunologic Nonspecificity

Many sources of non-antibody-binding false positivity exist. Fc portions of whole immunoglobulins may bind receptors of Fc phagocytes and mast cells (True, 1981). Fc receptors are labile and readily inactivated by fixation. Complementbinding IgG molecules may localize to complement already present in tissue. (Buffa, 1979). Complement is also labile. Certain antibodies and gut endocrine cells have an electrostatically mediated affinity that can mimic antibody-antigen reactivity (Grube, 1980). Changes in the solution pH and salt concentration of reagents abolish this activity. Free aldehyde

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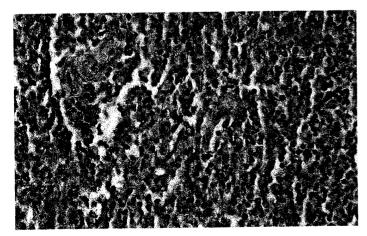


Figure 1.35. (Left) Section of spleen incubated with antikeratin antibody. Reaction product is seen associated with red cells and neutrophils, because endogenous peroxidase activity was not suppressed. (DAB-PO; H-counterstained.) (Right) After endoge-

groups from incompletely reacted fixatives may nonspecifically bind antibodies to tissue (Farr, 1981).

Neurohormonal peptides such as ACTH and vasoactive intestinal polypeptide have binding affinity for several reagents, including peroxidase-labeled immunoglobulin, Protein A, and streptavidin. Preincubation with excess ACTH(1-24) or use of poly-L-lysine in diluents will be corrective (Scopsi, 1986b).

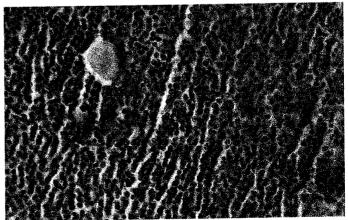
We have not suffered these sources of false positivity, which can be controlled for, in part, by using an irrelevant antibody as a positive control, and minimized with high dilutions of antibodies.

# **Endogenous Label Activity**

Peroxidase. Hemoproteins with an iron porphyrin prosthetic group have peroxidase activity, which is highly variable and affected by factors that can be readily controlled in immunoperoxidase staining. The peroxidase activity of peroxidases in epithelial cells (mammary gland and secretory endometrium), megakaryocytes, and mast cells, catalase in liver, cytochrome C, myoglobin, and hemoglobin is suppressible by routine fixation and dehydration of tissues (Fahimi, 1979; Escribano, 1987).

The peroxidase activity in red cells, neutrophils, eosinophils, basophils, and histiocytes can be suppressed by multiple techniques that destroy or inactivate enzymatic activity (True, 1981). (Fig. 1.35).

Figure 1.34. Number of cases of respective tumors immunostained with an anti-Factor VIII-related antigen antibody that also had anti-keratin activity. (From Wilson, 1984.)



nous peroxidase activity in an adjacent section of spleen is suppressed, red cells and neutrophils exhibit virtually no staining. (DAB-PO; H-counterstained.)

Alkaline Phosphatase. The alkaline phosphatase activity present most intensely in epithelia of bladder, renal tubules, and small bowel, placental trophoblasts, neutrophils, and mast cells is suppressible with techniques that differ with the type of alkaline phosphatase. Because these methods may not suppress all activity, peroxidase may be preferred (Ponder, 1981).

*Biotin.* Kidney, pancreas, and liver contain high concentrations of biotin, which may cause false localization of avidin-biotin complexes (Fig. 1.36). Preincubation with free avidin and biotin can block such binding (Wood, *1981*).

#### Label-Binding Activity

*Peroxidase.* Horseradish peroxidase has an affinity for cell membranes by two apparent mechanisms: a mannose-specific affinity and a calcium-dependent affinity for a cell-surface glycosyltransferase. These bindings are fixation-sensitive (Straus, 1987).

Nonimmunologic binding of peroxidase to the hepatitis B virus may also depend on affinity between the carbohydrate components of both substances (Omata, 1980). Furthermore, binding of cationic peroxidase conjugates to anionic sites in extracellular matrix is preventable by digestion of the negatively charged sites from the tissue or by neutralization of the positive charge of peroxidase (Pino, 1985).

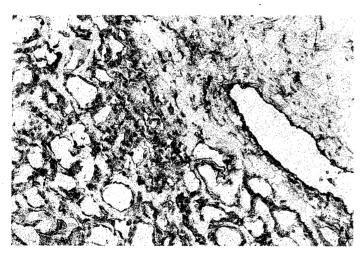
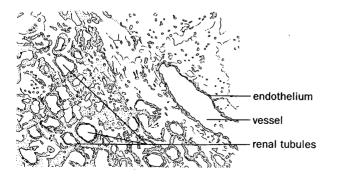


Figure 1.36. (Left) Frozen section of kidney immunoreacted with anti-HLA-DR exhibits staining of both endothelial cells and tubules. (DAB-PO; H-counterstained.) (Right) An adjacent control frozen section in which the primary antibody has been omitted



Avidin. Ionic binding of the basic residues of avidin to sulfate groups of heparin may give false localization of avidin—biotin complexes to mast cells (Fig. 11.37). Because this binding is dependent on a neutral environment, conducting the reaction in a high-pH environment will decrease or abolish such mast-cell granule binding.

Avidin also has an affinity for nuclei, which can be blocked with nonfat dry milk (Duhamel, 1985). Avidin furthermore exhibits affinity for immunoblotted proteins, suppressible with high-salt buffers (Clark, 1986).

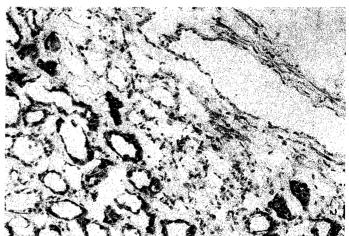
*Protein A.* Protein A may bind to tissue immunoglobulins that retain Protein A-binding activity. Thus, Protein A is a poor label for immune complex localization.

#### Miscellaneous

Other localizations are poorly understood, such as localization to the edge of tissues, to necrotic tissue, and to stroma (Figs. 1.38 and 1.39).

Endogenous pigment may be confused with label, particularly lipochromes or melanin with DAB. A chromogen of contrasting color may be used instead of DAB (Figs. 1.40 and 1.41). Futhermore, the negative control section will demonstrate the distribution of such endogenous pigment.

The determination of specificity of antibody binding is a



exhibits tubule staining. This negative control indicates that only the endothelial cells contained HLA-DR. The tubules stain because the endogenous biotin binds the avidin-biotin-peroxidase complex.

very important aspect of assessing the results of an immune reaction. The following criteria of specificity should be satisfied (Swaab, 1975; Petrusz, 1976; Swaab, 1977; Childs, 1983; Petrusz. 1983).

Preabsorption of the antibody with the antigen of interest should abolish immunoreactivity. This condition is insufficient because the immunogen may have contained impurities, the antigen may not fully neutralize antibody activity, or the antibody may cross-react with other molecules.

Substitution of non-immune-specific agents (ie, buffer or irrelevant antibody) for any of the immune reactions should abolish reactivity. This type of negative control will also identify nonimmunologic reactivity.

The immune reaction should not be sensitive to small changes in the physical-chemical environment of reaction (ie. changes in pH, salt concentration, temperature), duration of incubation steps, or type of embedding medium. This is a relative criterion, because antigens differ in their sensitivity to alterations in these conditions.

Antigenicity should be demonstrable by a different immunologic technique, such as an analysis of tissue homogenates by immunoassay.

Proof that a given molecule is present in a certain tissue ultimately rests on proof that the functional activity of that molecule is present.

One of the current limitations of immunohistochemistry as it is now practiced in diagnostic laboratories is the inability to satisfy all of these criteria of specificity. Therefore, labs must rely upon the suppliers of antibodies to supply only antibodies that are specific to the specified antigen or to supply data that detail nonspecific reactivity in the expected condi-

The consequence of not controlling for nonspecificity has been exemplified by the reported nonspecific binding of antip21 antibodies (Samowitz, 1987).

#### INTERPRETATION

Interpretation of an immunohistochemical stain takes into account the sources of false positivity and negativity discussed above. Good analysis of immunostains depends upon a final set of considerations.

#### **Site of Synthesis**

Localization of a substance to a given cell usually, but not always, indicates site of synthesis. For example, immunoreactive myoglobin can be localized to macrophages in the region of muscle necrosis (Eusebi, 1984). Localization at the electron microscopic level to endoplasmic reticulum is strongly suggestive of site of synthesis, once the observer is satisfied there has not been artifactual displacement of reaction product (Novikoff, 1972). Demonstration of uptake and incorporation of a radiolabeled amino acid into the substance by specific cell antigen, followed by release into the culture medium, is further important evidence.

#### **Stable Expression**

The assumption that cells of a certain histogenesis stably express certain antigens is not necessarily true. For example, the types of keratins synthesized depend upon the stage in the cell cycle (Franke, 1983). Furthermore, mesothelial cells decrease their synthesis of certain keratins and increase their synthesis of vimentin and of other keratins under conditions of rapid growth, or when grown in suspension, either in ascites or in culture (Connell, 1983; LaRocca, 1984).

#### **Homogeneity**

The assumption that all cells of a tumor produce the same amount of a given antigen is inaccurate. For example, 1% to 100% of cells in squamous carcinomas of the lung contain identifiable immunoreactive keratin (Ramaekers, 1985). Functional endocrine tumors are typically composed of a heterogeneous cell population, although usually only one hormone is produced in excess (Mukai, 1982).

#### **Nomenclature**

"Positivity" for, say, keratin implies that all cells contain keratin. As pointed out above, keratin distribution may be heterogeneous. Furthermore, "keratin" is not a single protein or epitope but is, instead, a family of over 19 intermediate filament proteins. Thus, failure to detect keratin does not denote the absence of keratin but denotes, instead, the absence of the epitope detectable by the particular detection system. Proof of absence or nondetectability requires multiple methods, with consideration for the limitations of all methods.

#### The Set of Cells is Known

Assumptions that the specificity of a given substance for a given set of cells is known are not necessarily accurate. Lysozyme,  $\alpha_1$ -antitrypsin, and  $\alpha_1$ -antichymotrypsin are often referred to as markers of macrophages. Yet, many epithelial cells synthesize these proteins (see Chapter 7). And Leu-7, described as an anti-NK killer lymphocyte antibody, also reacts with prostate duct cells (Rusthoven, 1985).

Even the significance of intermediate filament expression in histogenesis is uncertain. The assumptions that mesenchymal cells express vimentin and that epithelial cells express keratin are not always accurate. The spindle-cell component of some squamous carcinomas (Ellis, 1987), and "epithelial" cells of some thyroid (Henzen-Logmans, 1987), lung (Upton, 1986), and renal-cell carcinomas (Herman, 1983), may express vimentin. Furthermore, some subserosal stromal cells (Bolen, 1986) and various sarcomas, eg, synovial sarcomas (Miettinen, 1984), leiomyosarcomas (Miettenen, 1988), and rhabdomyosarcomas (Colindre, 1988), express keratin (Miettinen, 1984).

# Significance

A final question, yet unanswered, is whether tumor cells so morphologically undifferentiated as to be characterized only

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