

RESSALVA

Atendendo solicitação do(a)
autor(a), o texto completo desta tese
será disponibilizado somente a partir
de 25/05/2021.

UNIVERSIDADE ESTADUAL PAULISTA – UNESP

CAMPUS DE JABOTICABAL

**EVALUATION OF ACETYLATED HISTONES 3 AND 4 AND HISTONE
DEACETYLASES 1, 2 AND 6 IN CUTANEOUS T-CELL LYMPHOMA
IN DOGS**

Oscar Rodrigo Sierra Matiz

Médico Veterinário

2019

UNIVERSIDADE ESTADUAL PAULISTA – UNESP

CAMPUS DE JABOTICABAL

**EVALUATION OF ACETYLATED HISTONES 3 AND 4 AND HISTONE
DEACETYLASES 1, 2 AND 6 IN CUTANEOUS T-CELL LYMPHOMA
IN DOGS**

Oscar Rodrigo Sierra Matiz

Orientadora: Prof. Dra. Mirela Tinucci Costa

Tese apresentada à Faculdade de Ciências Agrárias e Veterinárias – Unesp, Câmpus de Jaboticabal, como parte das exigências para obtenção do título de Doutor em Medicina Veterinária, área de Clínica Médica Veterinária.

2019

M433e Matiz, Oscar Rodrigo Sierra
Evaluation of acetylated histones 3 and 4 and histone deacetylases 1, 2 and 6 in cutaneous T-cell lymphoma in dogs / Oscar Rodrigo Sierra Matiz. -- Jaboticabal, 2019
81 p. : il., tabs.

Tese (doutorado) - Universidade Estadual Paulista (Unesp), Faculdade de Ciências Agrárias e Veterinárias, Jaboticabal
Orientadora: Mirela Tinucci Costa

1. Medicina veterinária. 2. Linfoma. 3. Epigenética. 4. Enzimas. 5. Western blotting. I. Título.

Sistema de geração automática de fichas catalográficas da Unesp. Biblioteca da Faculdade de Ciências Agrárias e Veterinárias, Jaboticabal. Dados fornecidos pelo autor(a).

Essa ficha não pode ser modificada.

CERTIFICADO DE APROVAÇÃO

TÍTULO DA TESE: EVALUATION OF ACETYLATED HISTONES 3 AND 4 AND HISTONE DEACETYLASES 1,2 AND 6 IN CUTANEOUS T-CELL LYMPHOMA IN DOGS

AUTOR: OSCAR RODRIGO SIERRA MATIZ

ORIENTADORA: MIRELA TINUCCI COSTA

Aprovado como parte das exigências para obtenção do Título de Doutor em MEDICINA VETERINÁRIA, área: Clínica Médica Veterinária pela Comissão Examinadora:

Profa. Dra. MIRELA TINUCCI COSTA
Departamento de Clínica e Cirurgia Veterinária / FCAV - UNESP - Jaboticabal

Profa. Dra. JULIETA RODINI ENGRACIA DE MORAES
Departamento de Patologia Veterinária / FCAV / UNESP - Jaboticabal

Prof. Dr. HENRIQUE CÉSAR SANTEJO SILVEIRA
Centro de Pesquisa em Oncologia Molecular. / Hospital de Câncer de Barretos/SP

Pesquisador Dr. FÉLIPE AUGUSTO RUIZ SUEIRO
Laboratório VetPat / Campinas/SP

Prof. Dr. PAULO CÉSAR JARK
UNICASTELO / Descalvado/SP

Jaboticabal, 25 de novembro de 2019

ABOUT THE AUTHOR

OSCAR RODRIGO SIERRA MATIZ –born in Bogotá, Colombia, on april the 15th of 1987, child of Antonio José Sierra Caviedes and Ruth Jesus Matiz Rodriguez. He studied Veterinary Medicine in La Salle University, Bogotá, Colombia and took his degree in December 2010 under the supervision of Dr. Oscar Javier Benavides. He worked as a resident of internal medicine at the Dover Veterinary Clinic in Bogotá, Colombia from 2011 to 2013. He performed international externships in the oncology department of *Madison-Wisconsin University*, under the supervision of Dr. David Vail in 2013, in the *Coral Springs Animal Hospital*, under supervision of Dr. Francisco Alvarez in 2014 and in *Purdue University*, under supervision of Dr. Michael O. Childress, in 2015. He started his Master of Science (MSc.) studies in 2014 in the Faculty of Agricultural and Veterinary Sciences under the Graduate Program of Veterinary Medicine, area of Veterinary Medical Clinics of the São Paulo State University – UNESP, Campus of Jaboticabal under the supervision of Profa. Dra. Sabryna Gouveia Calazans. In March 2016, he started his Doctoral studies (PhD.) under the same Graduation Program at the same institution under the supervision of Profa. Dra. Mirela Tinucci Costa. During his Postgraduate studies, he was elected as a monitor in the *lato sensu* Posgraduate course of Veterinary Oncology in the Bioethicus Institute, Botucatu, SP from 2014 to 2016 and later, from 2017 to 2018, in the 2nd Course of Oncologic and Reconstructive Veterinary Surgery at the São Paulo State University – UNESP, Campus of Jaboticabal. Since 2014 until now he is attending as a voluntary in the Veterinary Oncology Service (SOV) of the Veterinary Hospital “Governador Laudo Natel” and has published several articles and scientific abstracts in international and national journals and annals of congress, as well as has participated as an author in the oncology section of book chapters including “Oncologia em cães e gatos”, “Medicina Felina Essencial” and “Dia a Dia” (published in Portuguese). Sierra Matiz has been supported by the Coordination for the Improvement of Higher Education Personnel – CAPES Foundation during his Posgraduate studies at the UNESP – Campus of Jaboticabal.

“La vida no es lo que uno vivió, sino la que uno recuerda y cómo la recuerda para contarla”

Gabriel García Márquez

À memória de Antonio e Elkin, e aos meus anjos nesta terra Ruth e Sandra

A dedico

ACKNOWLEDGEMENTS

I do believe there is one God who has seen me with good eyes and a tender look. During these years I have been through difficult situations, but when I look back I can see myself being covered by his gentle and warm embrace. To Him, ***gracias!***

I am what I am because of my father and mother. My father Antonio left me in the middle of my doctoral course, and since he is not anymore in this earth, I remember his presence and advices day by day, and follow his good manners and behavior, trying to honor his name in my simple days. My mother Ruth is more than just my mum, she has become my best friend, my rock and my safe harbor. When I am with her I do not feel any pain or if I felt it, it would be rapidly diminished. I want to thank my father because I am a better person because of his teachings and example of life. And I want to thank my mother because she makes my life easier and happier, she is my best gift in this world, my mentor and angel in this earth. To them, ***gracias!***

My childhood partners and friends of life are my brother Elkin and my sister Sandra. Elkincito left us at the end of my masters studies and his absence has dug very deeply inside my heart. I want to thank him because first of all, he taught me how to see happiness in the simple details of life and second of all, his absence has brought the most difficult test to overcome. It is possible that we as a family needed to go through this almost unbeatable test to encourage ourselves in the most difficult moments, and he taught us this, to stay closer and to be stronger. My sister is my walking stick. Sandrita has been my example of love and support, not only for me but for her family. My nephews have a competent mother and I want to thank her because she is present at any moment, she is unconditional. To my brother and sister, ***gracias!***

My life in Brazil has been enjoyable and easy since I am surrounded by the right people. I want to thank Brazil for embracing me since the beginning of my life here and to my friends in this small and beauty town. Specially, I want to thank all my Brazilian friends Paulo, Denner, Juliana, Roana, Delvana, Celso, Nazilton and my Latin-American friends Jorge, Noelia, Nathalia, Brayan, Ricardo, Diego Rojas, Diego Rodriguez, Juan Diego, Juan Esteban, Estefania and Pablo. To my friends that stay

with me in the distance and that became my brothers in Colombia, Diego, Jose, John, Andrés Julian, Juan Camilo, Ricardo, Cindy, Carla and Andrea. To all of them, ***gracias!***

One person knows about all the effort I put in this study, she has been unconditional and more than my love, Natalia is my friend, scientific colleague and partner. I want to thank Natalia because I can rely on her, she has taught me to continue walking no matter what we face. To her, ***gracias!***

One door was opened when profa. Mirela accepted me as her student. This project was impossible to execute without her help and support. She is my mentor and example of teacher; her charisma inspires me. And my friends of lab, Igor and Isabela, who stay with me and together formed a team who overcame scientific obstacles. To all of them, ***gracias!***

I want to thank the oncology service of UNESP Jaboticabal, the great SOV, all of my colleagues have impacted with their teachings my knowledge of oncology and life, specially, Stella, Milena, Rafaela, Gabriel, Marla, Gabriela, Pedro, Thuanny and prof. Andrigo, who his support was fundamental to be at this stage. To all of them, ***gracias!***

And last but not least, to all the dogs and cats I found in this journey, they taught me how to be an oncologist and more important, a better veterinarian. To all of them,

This study was financed in part by the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brasil (CAPES) - Finance Code 001, ***gracias!***

SUMMARY

	Page
ETHICAL CERTIFICATION	iv
RESUMO	v
ABSTRACT	vi
LIST OF TABLES	vii
LIST OF FIGURES	viii
CHAPTER 1 – General considerations	1
1. Introduction.....	1
2. Literature review.....	2
2.1 Etiology and immunopathogenesis.....	4
2.2 Epidemiology	5
2.3 Clinical signs.....	6
2.4 Diagnosis.....	7
2.5 Treatment.....	8
2.6 Prognosis	10
2.7 Epigenetics	11
3. References	14
CHAPTER 2 - Clinical description and prognostic factors of high grade cutaneous T-cell lymphoma in dogs	20
1. Conflicts of interest.....	20

2. Sources of founding	20
3. Abstract.....	21
4. Introduction.....	21
5. Material and methods	23
5.1 Ethical statement	23
5. 2 Animals and tissue samples	23
5. 3 Immunohistochemical staining	23
5.4 Clinicopathological variables.....	23
5.5. Statistical analysis.....	24
6. Results.....	25
6.1 Prognostic factors.....	27
6.2 Multivariate analysis.....	28
7. Discussion.....	28
8. Conclusion.....	33
9. References	33
10. Tables and figures	38
CHAPTER 3 - Expression profile of acetylated histones 3 and 4 and histone deacetylase 1, 2 and 6 and their association in cutaneous T-cell lymphoma in dogs.....	46
1, Abstract	46
2. Introduction	47
3. Material and methods	49
3.1 Ethical statement	49

3.2 Animals and tissue samples	50
3.3. Western Blot.....	50
3.4 Immunohistochemical analysis.....	51
3.5 Evaluation of immunostaining and scoring system	52
3.6 Statistical analysis	54
4. Results	55
4.1 A histone profile exists in samples of CTCL in dogs	55
4.2 Expression of acetylated histones and HDAC enzymes in cutaneous lymphoma, inflammatory cells, normal lymphoid and epithelial cells.....	55
4.3 Level of acetylated histones and HDAC in samples of CTCL.....	58
4.4 Comparison of levels of acetylated histones and HDAC in cutaneous lymphoma, inflammatory cells, normal lymph node and epithelial cells.....	59
4.5 An aberrant modification pattern involved the immunoexpression of H3Ac, H4Ac with HDAC2 and distinguished two populations with different prognosis in dogs with CTCL.....	65
4.6 Dogs with high immunoexpression of H3Ac lived longer than dogs with low expression.....	68
5. Discussion.....	69
6. Conclusion.....	75
7. References	75

CERTIFICADO

Certificamos que o projeto de pesquisa intitulado "**Avaliação da acetilação e da expressão das enzimas HDAC1, HDAC2 e HDAC6 como mecanismo epigenético em linfoma cutâneo de cães**", protocolo nº 019049/17, sob a responsabilidade da Prof.^a Dr.^a Sabryna Gouveia Calazans, que envolve a produção, manutenção e/ou utilização de animais pertencentes ao Filo Chordata, subfilo Vertebrata (exceto o homem), para fins de pesquisa científica (ou ensino) - encontra-se de acordo com os preceitos da lei nº 11.794, de 08 de outubro de 2008, no decreto 6.899, de 15 de julho de 2009, e com as normas editadas pelo Conselho Nacional de Controle de Experimentação Animal (CONCEA), e foi aprovado pela COMISSÃO DE ÉTICA NO USO DE ANIMAIS (CEUA), da FACULDADE DE CIÊNCIAS AGRÁRIAS E VETERINÁRIAS, UNESP - CÂMPUS DE JABOTICABAL-SP, em reunião ordinária de 07 de dezembro de 2017.

Vigência do Projeto	12/12/2017 a 01/12/2019
Espécie / Linhagem	<i>Canis lúpus familiaris</i>
Nº de animais	32
Peso / Idade	Aleatório
Sexo	Ambos os sexos
Origem	Atendimento do Hospital Veterinário "Governador Laudo Natel" UNESP Jaboticabal

Jaboticabal, 07 de dezembro de 2017.


Prof. Dr. Everlton Cid Rigobelo
Vice Coordenador – CEUA

AValiação DAS HISTONAS ACETILADAS 3 E 4 E DAS HISTONAS DESACETILASES 1, 2 E 6 EM LINFOMA CUTÂNEO DE CÉLULAS T EM CÃES

RESUMO- O linfoma cutâneo constitui uma forma de linfoma extranodal que afeta inicialmente a pele e/ou anexos cutâneos e que pode apresentar um curso clínico agressivo, avançando a órgãos internos em estádios tardios. O principal imunofenótipo é de células T (LCCT) e representa a forma mais comumente diagnosticada. É esperado que os cães com LCCT desenvolvam resistência à quimioterapia em alguma etapa do tratamento, resultando em tempos curtos de sobrevida. Há uma necessidade por novos alvos de tratamento em cães com LCCT que consigam fornecer melhor expectativa de vida. Em humanos, medicações baseadas em mecanismos epigenéticos têm auxiliado no controle da doença sendo um alvo chave na procura de repostas clínicas mais duradoras em estádios avançados. Neste trabalho descreve-se, nos dois primeiros capítulos relatados, o LCCT e as particularidades descritas na literatura internacional que contrasta com os dados encontrados nesta instituição, assim como, o papel da epigenética na carcinogênese das neoplasias e o mecanismo de modificação de histonas como base para o tratamento. Mais especificamente, no segundo capítulo, foram analisados dados de 21 cães com linfoma cutâneo definido como LCCT de alto grau devido ao tamanho grande das células, à ausência de tropismo na epiderme, ao valor médio encontrado de Ki67 de 63,9% e ao tempo de sobrevida estimado de 31 dias. Características clínico-patológicas foram analisadas para a identificação de marcadores prognóstico, sendo definido as alterações decorrentes pelo linfoma vistas na radiografia como marcador prognóstico negativo independente depois da análise multivariada. No último capítulo relatado, amostras de LCCT foram avaliadas para conhecer o nível de histonas acetiladas (H3Ac e H4Ac) e de histonas deacetilases (HDAC) HDAC1, HDAC2 e HDAC6, as quais encontram-se envolvidas no mecanismo de modificação de histonas em LCCT de humanos. O objetivo desse estudo foi comparar amostras de LCCT com linfonodo normal, pele inflamada e pele normal de cães. Tanto as H3Ac e H4Ac como as HDAC1, HDAC2 e HDAC6 estiveram aumentadas em LCCT quando comparadas com pele normal, de igual maneira encontrou-se que o nível de H3Ac foi estatisticamente menor em linfoma que em linfonodo normal, e que um aumento aberrante de H4Ac e HDAC2 foi constatado em LCCT. Adicionalmente, evidenciou-se que a associação da imunoexpressão de H3Ac, H4Ac e HDAC2 classificou duas populações, as quais apresentaram tempos de sobrevida diferentes (48 dias Vs 22 dias, $p=0.06$), sugerindo assim um perfil de histonas existente em amostras de LCCT. Este estudo confirmou que o nível de histonas deacetilases em LCCT é maior que em tecidos saudáveis. Futuros estudos são necessários para corroborar nossos resultados e para que futuramente inibidores das HDAC possam ser utilizados em cães com LCCT.

Palavras-chave: acetilação, canino, epigenética, HDAC, linfoma extranodal, oncologia

EVALUATION OF ACETYLATED HISTONES 3 AND 4 AND HISTONE DESACETYLASE 1, 2 AND 6 IN CUTANEOUS T-CELL LYMPHOMA IN DOGS

ABSTRACT- Cutaneous lymphoma constitutes a form of extranodal lymphoma that affects initially the skin and/or adnexal structures and eventually presents an aggressive clinical behavior, causing internal organ infiltration in late-stage disease. The main immunophenotype is T-cell lymphoma (CTCL) and it represents the most common diagnosed type. It is expected that dogs with CTCL develop resistance to chemotherapy at any point during treatment, resulting in short survival times. A need for new therapeutic targets that improve survival expectation in dogs with CTCL is increasing. In humans, therapies based on epigenetic mechanisms helped to control the disease, since epigenetics became a main objective in the search for longer clinical responses in advance-stages. In the first two reported chapters, CTCL is described with particularities of international literature that contrast with data found in this institution, as well as, the role of epigenetics in the neoplasia carcinogenesis and the mechanism of histone modification as a base for treatment. More specifically, in the second chapter, 21 dogs with CTCL were defined as having high grade CTCL due to their large cell size, absence of epithelial tropism, mean value of Ki67 of 63,9% and estimated survival time of 31 days. Clinicopathological characteristics were analyzed for identifying prognostic markers, being the intrathoracic involvement caused by lymphoma seen on thoracic radiography an independent prognostic factor after multivariate analysis. In the last study, samples of CTCL were evaluated to know the level of acetylated histones (H3Ac and H4Ac) and histone deacetylase enzymes (HDAC) HDAC1, HDAC2 and HDAC6, which were involved in the epigenetic mechanism of histone modification in human CTCL. The objective of this study was to compare samples of CTCL in normal lymphnode, inflammatory cells in skin and normal epithelial cells. All markers (H3Ac, H4Ac, HDAC1, HDAC2 and HDAC6) were found to be higher in CTCL than in normal skin, furthermore, the level of H3Ac was statistically lower in CTCL than in normal lymphnode and an aberrant higher level of H4Ac and HDAC2 was confirmed in CTCL. Additionally, the association of the immunoeexpression of H3Ac, H4Ac and HDAC2 classified into two the population, having different survival times (48 days Vs 22 days, $p=0.06$), suggesting that a histone profile exists in the studied population. This study confirmed that the level of histone deacetylases in CTCL are higher than in normal tissues. Further studies are needed to confirm our results and to support new research in HDAC inhibitors in dogs with CTCL.

Keywords: acetylation, canine, epigenetic, extranodal lymphoma, HDAC, oncology

LIST OF TABLES

	Page
CHAPTER 2 - Clinical description and prognostic factors of high grade cutaneous T-cell lymphoma in dogs	
Table 1. Descriptive clinical information of 21 dogs with cutaneous T-cell lymphoma	38
Table 2. Statistically significant association of the most representative clinical variables with survival time	40
Table 3. Statistically significant association of clinical variables with median time to progression.....	40
CHAPTER 3 - Expression profile of acetylated histones 3 and 4 and histone deacetylase 1, 2 and 6 and their association in cutaneous T-cell lymphoma in dogs	
Table 1. Antibodies used in the immunohistochemistry technique for histone and histone deacetylase expression.....	53
Table 2. Results of ANOVA for the three groups (cutaneous lymphoma, dermatitis and normal skin) based on the level of proteins by Western Blot.....	60
Table 3. Results of exploratory factor analysis and Wilcoxon test. Factor1 presented statistical difference between subgroups A and B. Wilcoxon test.....	67

LIST OF FIGURES

	Page
CHAPTER 2 - Clinical description and prognostic factors of high grade cutaneous T-cell lymphoma in dogs	
Figure 1. Cutaneous and muco-cutaneous lesions in dogs with cutaneous T-cell lymphoma. (a) Multiple nodules of different sizes are evident on the lateral aspect of this dog, the nodules were also distributed on the other half part of the body. (b) Serpiginous and erythematous lesions in the ventral abdomen of this female dog. A large nodule is involving the muco-cutaneous region in the vulva.....	41
Figure 2. Cutaneous lesions of dogs diagnosed with cutaneous T-cell lymphoma. (a) A single nodule is observed on the cranial aspect of the superior lip in this dog (arrow). (b) Cutaneous arciform lesion observed as typical characteristic in dogs with cutaneous T-cell lymphoma.....	41
Figure 3. Photomicrography of a skin section from a dog with cutaneous T-cell lymphoma. (a) Diffuse infiltration of malignant lymphocytes expands from close to epidermis until dermis and subcutis (haematoxylin and eosin x5). (b) Intermediate to large rounded lymphocytes are evident in dermis compounding the diffuse pattern (haematoxylin and eosin, x40).	42
Figure 4. Photomicrography of a skin section from a dog with cutaneous T-cell lymphoma CD3+CD79a+. (a) Positive immunoreactivity for CD3 (CD3, x10). (b) Positive immunoreactivity for CD79a (CD79a, x10).	42
Figure 5. Photomicrography of a skin section immunostained with Ki67 from two different dogs with cutaneous T-cell lymphoma. Sheets of neoplastic cells expressed variedly positive reaction to Ki67; in this case (left) Ki67 had a value of 48%, (x40). Most of neoplastic cells are positive to Ki67 in this case (right); Ki67 value of 79%, (x40)	43

- Figure 6. Time to progression curve in dogs with cutaneous T-cell lymphoma based on thrombocytopenia. Dogs with thrombocytopenia (n=6) had shorter time to progression time (7 days) than dogs without thrombocytopenia (n=9) (21 days). $P=0.03$ 43
- Figure 7. Survival curve of dogs diagnosed with cutaneous T-cell lymphoma based on thrombocytopenia. Dogs with thrombocytopenia (n=8) had shorter survival time (22 days) than dogs without thrombocytopenia (n=11) (48 days). $P=0.02$44
- Figure 8. Survival curve of dogs diagnosed with cutaneous T-cell lymphoma according to thoracic involvement seen on radiography. Dogs with negative thoracic involvement (n=5) lived longer (52 days) than dogs with positive thoracic involvement seen on X-rays (n=13) (21 days). $P<0.0001$44
- Figure 9. Survival curve of dogs diagnosed with cutaneous T-cell lymphoma according to previous dermatologic disease. Dogs with history of presence of dermatologic disease (n=3) lived longer (119 days) than dogs with absence of dermatologic disease (n=14) (24 days). $P=0.04$45

CHAPTER 3 - Expression profile of acetylated histones 3 and 4 and histone desacetylase 1, 2 and 6 and their association in cutaneous T-cell lymphoma in dogs

- Figure 1. Comparative photomicrographies of histones H3Ac and H4Ac and histone deacetylases HDAC1, HDAC2 and HDAC6 in tissues of canine cutaneous T-cell lymphoma (CTCL) (left) and human tonsil as a positive control (right). Photomicrography representative of nuclear immunostaining of H3Ac (a) H4Ac (c), HDAC1 (e) and HDAC2 (g) in CTCL and in human tonsil (b, d, f, h, respectively). HDAC6 presented cytoplasmic immunolabeling in CTCL (i) and human tonsil (j). Mitotic figures of CTCL presented darker brown staining for H3Ac (a). Immunohistochemistry reaction (x40).....56
- Figure 2. Photomicrography of HDAC2 immunoexpression in a sample of cutaneous T-cell lymphoma. Positive immunoexpression is seen in almost all

- malignant lymphocytes, however a negative immunoexpression is seen in small lymphocytes (yellow arrows) (x40).....57
- Figure 3. Level of histones (H3Ac and H4Ac) and histone deacetylases HDAC1, HDAC2 and HDAC6 in samples of canine cutaneous T-cell lymphoma by Western Blot. A high level of H4Ac and low level of H3Ac were observed in both techniques. Among HDACs, none of them presented a statistically difference. Different letters mean statistical differences among antibody levels ($p < 0.05$).....58
- Figure 4. Immunoexpression of histones (H3Ac and H4Ac) and histone deacetylases HDAC1, HDAC2 and HDAC6 in samples of canine cutaneous T-cell lymphoma by immunohistochemistry. A different counting method was used for HDAC6 (right axis). Different letters mean statistical differences among antibody levels ($p < 0.05$).....59
- Figure 5. Western blots of levels (in columns) of histones H3Ac (a), H4Ac (b) and histone deacetylase HDAC1 (c), HDAC2 (d) and HDAC6 (e) in samples of cutaneous lymphoma (CL), lymph node (LN) and normal skin (NS). Representative images by immunohistochemistry illustrate the location and intensity of the same protein in the three different groups. Immunohistochemistry reaction (x40).....63
- Figure 6. Level of histones (H3Ac, H4Ac) and histone deacetylases HDAC1, HDAC2 and HDAC6 in terms of immunoexpression in groups cutaneous lymphoma (CL) and dermatitis (DR). Level of expression of H4Ac and HDAC2 are showed in score, whereas HDAC6 levels mean percentage of positive cells. Different letters mean statistical differences among antibody expression ($p < 0.05$).....64
- Figure 7. Illustration of the hierarchical cluster analysis based on the expression of histones H3Ac and H4Ac and histone deacetylases HDAC2 and HDAC6 in samples of dogs with cutaneous T-cell lymphoma. A clear differentiation between subgroups A and B is seen at the top of the hierarchical analysis with close to 12 units of linkage distance.....66

Figure 8. Biplot graph. Distribution of the variables and the subgroups A and B plotted after principal component analysis was performed. H3: H3Ac, H4: H4Ac, H2:HDAC2, H6: HDAC6.67

Figure 9. Time to progression and survival curves in dogs with cutaneous T-cell lymphoma based on subgroups A or B. A. Comparison of median time to progression in subgroup A (dotted line, n=10, median of 13 days) showed no significantly difference when compared to dogs of subgroup B (solid line, n=9, median of 8 days) (p=0.38). B. Comparison of median survival times in subgroup A (dotted line, n=13, median of 48 days) showed no significant difference when compared to dogs of subgroup B (solid line, n=11, median of 22 days) (p=0.06). Log Rank test.....68

Figure 10. Survival curve in dogs with cutaneous T-cell lymphoma based on the high or low expression of the acetylated histone 3 (H3K12Ac). Patients with high expression presented longer median of survival time (dotted line, n=9, median of 52 days) when compared to dogs with low expression (solid line, n=14, median of 23 days). This difference was statistical significant (p=0.035). Log Rank test.....69

CHAPTER 1 - General considerations

1. Introduction

The term lymphoma involves a group of diverse diseases that have a common cell of origin but differs among locations and several other aspects including tumor behavior, clinical manifestation, treatment approach and prognosis. In this regard, cutaneous lymphoma (CL) is considered a rare and incurable form of lymphoma that affects multiple species (Kuzel et al., 1991; Fontaine et al., 2009; Fontaine, Heimann and Day, 2011; Miller et al., 2015). In dogs, CL is characterized by the presence of variable cutaneous signs and challenging treatment that finally lead the patient to disease progression and poor prognosis (Fontaine et al., 2009; Rook, 2019). In Brazil, information about this disease is scarce; incidence seems to be higher and survival times shorter than the reported in international literature (Duarte et al., 2016).

Canine CL has been widely reported to respond to chemotherapy, therefore, different types of drugs have been used against this disease (Lemarie and Eddlestone, 1997; De Loremier, 2006; Risbon et al., 2006; Williams et al., 2006; Morges et al., 2014), but mean of survival time does not exceed 6 months according to a recent treatment review (Laprais and Olivry, 2017). In humans, the classical form of CL is called Mycosis Fungoides (MF) and this disease manifests as patches or plaques at initial steps and nodules or systemic dissemination in late stages (Olsen et al., 2007a). Despite the good prognosis of MF in humans, eventually cases of systemic involvement and multiple nodules develop in different areas of the body and systemic treatments based on chemotherapy are combined with a range of new drugs (Li et al., 2012). One type of drugs used in advanced MF are histone deacetylase (HDAC) inhibitors that are approved by the FDA since 2006 (Olsen et al., 2007b; Li et al., 2012). These kind of drugs promote response through histone acetylation that lead the cells to permit the transcription of suppressor genes, resulting in apoptosis and inhibition of tumor proliferation (Lane and Chabner, 2009; Khan and Thangue, 2012).

The use of HDAC inhibitors is rarely reported in veterinary medicine and it is unknown if a positive effect may be expected in advance stages of CL in dogs, as happens in humans. In order to answer this question, the objective of this research is to know if an acetylation profile exist in dogs with CL that can justify the use of HDAC inhibitors in prospective studies. Additionally, it was imperative to report the findings of a more aggressive CL that is evident in the veterinary hospital of the São Paulo State University, UNESP –Jaboticabal.

3. References

- Ahmed N, Heslop HE (2006) Viral lymphomagenesis. **Current Opinion in Hematology** 13:254 – 259.
- Auer RL (2011) The coming of age of microRNA for B cell lymphomas. **Histopathology** 58: 39-48.
- Bagot M, Nikolova M, Schirm-Chabanette F, Wechsler J, Boumsell L, Bensussan A (2001) Crosstalk between tumor T lymphocytes and reactive T lymphocytes in cutaneous T cell lymphomas. **Annals of the New York Academy of Science** 941:31-38.
- Baylin SB (2005) DNA methylation and gene silencing in cancer. **Nature Clinical Practice Oncology** 2: 4-11.
- Beale KM, Bolon B (1993) Canine cutaneous lymphosarcoma epitheliotropic and non-epitheliotropic, a retrospective study. In: Ihrke PJ, Mason IS, White SD (Eds.) **Advances in Veterinary Dermatology**. New York: PergamonPress, p. 273 – 284.
- Berlato D, Schrempp D, Van Den Steen N, Murphy S (2012) Radiotherapy in the management of localized mucocutaneous oral lymphoma in dogs: 14 cases. **Veterinary Comparative Oncology** 10:16–23.
- Biswas S, Mallikarjuna RC (2017) Epigenetics in cancer: Fundamentals and Beyond. **Pharmacology and Therapeutics** 173:118-134
- Chan CM, Frimberger AE, Moore AS (2018) Clinical outcome and prognosis of dogs with histopathological features consistent with epitheliotropic lymphoma: a retrospective study of 148 cases (2003–2015). **Veterinary Dermatology**, 29: 154-e59.
- Day MJ (1995) Immunophenotypic characterization of cutaneous lymphoid neoplasia in the dog and cat. **Journal of Comparative Pathology** 112: 79–96.
- De Bosschere H, Declercq J (2008) Cutaneous nonepitheliotropic B-cell lymphoma in a Golden retriever. **Vlaams Diergeneeskundig Tijdschrift** 77: 315-318.
- De Lorimier LP (2006) Updates on the management of canine epitheliotropic cutaneous T-cell lymphoma. **Veterinary Clinics of North America: Small Animal Practice** 36: 213 – 228.

Duarte A, Marques J, Soares Zahn F, Araujo Machado LH (2016) Clinical and laboratorial evaluation of dogs with cutaneous lymphoma treated with lomustine. **Brazilian Journal of Veterinary Research and Animal Science** 53: 39-47.

Duncan LM, Baran JL, Ferry JA (2011) Cutaneous Lymphomas. In: Ferry JA (Ed.) **Extranodal Lymphomas**. Boston: W.B. Saunders, p. 281-326.

Dupont C, Armant DR, Brenner CA (2009) Epigenetics: definition, mechanisms and clinical perspective. **Seminars in reproductive medicine** 27:351-357.

Fang C, Jian ZY, Shen XF, Wei XM, Yu GZ, Zeng XT (2015) Promoter Methylation of the Retinoic Acid Receptor Beta2 (RAR β 2) Is Associated with Increased Risk of Breast Cancer: A PRISMA Compliant Meta-Analysis. **PLoS One** 10: 1-14

Ferenczi K, Fuhlbrigge RC, Pinkus J, Pinkus GS, Kupper TS (2002) Increased CCR4 expression in cutaneous T cell lymphoma. **The Journal of Investigative Dermatology** 119:1405-1410.

Fontaine J, Bovens C, Bettenay S, Mueller RS (2009) Canine cutaneous epitheliotropic T-cell lymphoma: a review. **Veterinary Comparative Oncology** 7: 1-14.

Fontaine J, Heimann M, Day JM (2011) Cutaneous epitheliotropic T-cell lymphoma in the cat: A review of the literature and five new cases. **Veterinary dermatology** 22:454-61.

Fontaine J, Heimann M, Day MJ (2010) Canine cutaneous epitheliotropic T-cell lymphoma: a review of 30 cases. **Veterinary dermatology** 21: 267–275.

Fournel-Fleury C, Ponce F, Felman P, Blavier A, Bonnefont C, Chabanne L, Marchal T, Cadore JL, Goy-Thollot I, Ledieu D, Ghernati I, Magnol JP (2002) Canine T-cell lymphomas: a morphological, immunological, and clinical study of 46 new cases. **Veterinary Pathology** 39: 92 – 109.

Girardi M, Heald P., Wilson L (2004) The Pathogenesis of Mycosis Fungoides. **New England Journal of Medicine** 350:1978-1988.

Goldschmidt MH, Shofer FS (Eds.) (1992) **Skin tumors of the dog and cat**. 1st edition. Boston: Reed Educational and Professional Publishing Ltd., p. 252–264.

Heald PW, Yan SL, Edelson RL, Tigelaar R, Picker LJ (1993) Skin-selective lymphocyte homing mechanisms in the pathogenesis of leukemic cutaneous T-cell lymphoma. **The Journal of Investigative Dermatology** 101:222-226.

Holtermann N, Kiupel M, Kessler M, Teske E, Betz D, Hirschberger J (2016) Masitinib monotherapy in canine epitheliotropic lymphoma. **Veterinary Comparative Oncology** 14:127–135.

Hwang ST, Janik JE, Jaffe ES, Wilson EH (2008) Mycosis fungoides and Sezary syndrome. **Lancet** 371:945–57.

Hwang ST (2001) Mechanisms of T-cell homing to skin. **Advances in Dermatology** 17:211-241.

Iwamoto KS, Bennett LR, Norman A, Villalobos AE, Hutson CA (1992) Linoleate produces remission in canine mycosis fungoides. **Cancer Letters** 64:17–22.

Izykowska K, Przybylski GK (2011) Genetic alterations in Sezary syndrome. **Leukemia & Lymphoma** 52:745-753.

Jark P, Vargas-Hernández G, Anai LA, Tinucci-Costa M (2014) Epidemiological study of 60 cases of cutaneous lymphoma in dogs in São Paulo state, Brazil . In: 39TH WORLD SMALL ANIMAL VETERINARY ASSOCIATION CONGRESS. **Proceedings..** Cape Town: 2014. Available in: <<https://www.vin.com/apputil/content/defaultadv1.aspx?id=7054999&pid=12886>>

Kasinski AL, Slack FJ (2011) MicroRNAs en route to the clinic: Progress in validating and targeting microRNAs for cancer therapy. **Nature Reviews Cancer** 11: 849-864.

Khan O, La Thangue NB (2012) HDAC inhibitors in cancer biology: emerging mechanisms and clinical applications. **Immunology and Cell Biology** 90: 85-94.

Kim MS, Kwon HJ, Lee YM, Baek JH, Jang JE, Lee SW, Moon EJ, Kim HS, Lee SK, Chunk HY, KIM CY, Kim KW (2001) Histone deacetylases induce angiogenesis by negative regulation of tumor suppressor genes. **Nature Medicine** 7: 437–443.

Kullis M, Esteller M. (2010). DNA methylation and cancer. In: Herceg Z, Ushijima T (Eds.) **Epigenetics and cancer**. Amsterdam: Elsevier, p. 27-56.

Kuzel TM, Roenigk HH, Jr, Rosen ST (1991) Mycosis fungoides and the Sezary syndrome: a review of pathogenesis, diagnosis, and therapy. **Journal of Clinical Oncology** 9: 1298-1313.

Lane AA, Chabner BA (2009) Histone deacetylase inhibitors in cancer therapy. **Journal of Clinical Oncology** 27: 5459-68.

Laprais A, Olivry T (2017) Is CCNU (lomustine) valuable for treatment of cutaneous epitheliotropic lymphoma in dogs? A critically appraised topic. **BMC Veterinary Research** 13: 1-4.

Li G, Vowels BR, Benoit BM, Rook AH, Lessin SR (1996) “Failure to detect human T-lymphotropic virus type I (HTLV-I) proviral DNA in cell lines and tissues from patients with cutaneous T-cell lymphoma”. **Journal of Investigative Dermatology** 7: 308 – 313.

Li JY, Horwitz S, Moskowitz A, Myskowski PL, Pulitzer M, Querfeld C (2012) Management of cutaneous T cell lymphoma: new and emerging targets and treatment options. **Cancer Management and Research** 4:75-89.

Marquard L, Gjerdrum LM, Christensen IJ, Jensen PB; Sehested M; Ralfkiaer E (2008) Prognostic significance of the therapeutic targets histone deacetylase 1, 2, 6 and acetylated histone H4 in cutaneous T-cell lymphoma. **Histopathology** 53:267–277.

Miller CA., Durham AC, Schaffer PA, Ehrhart EJ, Powers BE, Duncan CG (2015) Classification and clinical features in 88 cases of equine cutaneous lymphoma. **Journal of Veterinary Diagnostic Investigation** 27:86–1.

Miller WH, Griffin CE, Campbell KL (2013) Muller & Kirk's small animal dermatology. 7th edition. Saint Louis: Elsevier, p. 938.

Moore P, Olivry T (1994) Cutaneous lymphomas in companion animals. **Clinics in Dermatology** 12:499-505.

Moore PF, Affolter VK, Graham PS, Hirt B (2009) Canine epitheliotropic cutaneous T-cell lymphoma: an investigation of T-cell receptor immunophenotype, lesion topography and molecular clonality. **Veterinary Dermatology** 20:569–576.

Moore PF, Olivry T, Naydan D (1994) Canine cutaneous epitheliotropic lymphoma (mycosis fungoides) is a proliferative disorder of CD8+ T cells. **American Journal of Pathology** 144:421–429.

Morges MA, Burton JH, Saba CF, Vail D, Burgess KE, Thamm DH (2014) Phase II evaluation of VDC-1101 in canine cutaneous T-cell lymphoma. **Journal of Veterinary Internal Medicine** 28:1569–1574.

Okano M, Bell DW, Haber DA, Li E (1999) DNA methyltransferases Dnmt3a and Dnmt3b are essential for de novo methylation and mammalian development. **Cell** 99: 247–257.

Olsen E, Vonderheid E, Pimpinelli N, Willemze R, Kim Y, Knobler R, Zackheim H, Duvic M, Estrach T, Lamberg S, Wood G, Dummer R, Ranki A, Burg G, Heald P, Pittelkow M, Bernengo M, Sterry W, Laroche L, Trautinger F, Whittaker S (2007a) Revisions to the staging and classification of mycosis fungoides and Sezary syndrome: a proposal of the International Society for Cutaneous Lymphomas (ISCL) and the cutaneous lymphoma task force of the European Organization of Research and Treatment of Cancer (EORTC). **Blood** 110:1713-1722.

Olsen EA, Kim YH, Kuzel TM, Pacheco TR, Foss FM, Parker S, Frankel SR, Chen C, Ricker JL, Arduino JM, Duvic M (2007b) Phase IIb multicenter trial of vorinostat in patients with persistent, progressive, or treatment refractory cutaneous T-cell lymphoma. **Journal of Clinical Oncology** 25:3109–3115.

Pancake BA, Zucker-Franklin D, Coutavas EE (1995) The cutaneous T cell lymphoma, mycosis fungoides, is a human T cell lymphotropic virus-associated disease. A study of 50 patients. **Journal of Clinical Investigation** 95:547 – 554 .

Papadavid E, Economidou J, Psarra A, Kapsimali B, Mantzana V, Anotniou C, Limas K, Stratigos A, Stavrianeas N, Avgerinou G, Katsambas A (2003) The relevance of peripheral blood T-helper 1 and 2 cytokine pattern in the evaluation of patients with mycosis fungoides and Sezary syndrome. **The British Journal of Dermatology** 148: 709-718.

Peng Y, Croce C (2016) The role of MicroRNAs in human cancer. **Signal Transduction and Targeted Therapy** 1: 1-9.

Reiss Y, Proudfoot AE, Power CA, Campbell JJ, Butcher EC (2001) CC chemokine receptor (CCR)4 and the CCR10 ligand cutaneous T cell-attracting chemokine (CTACK) in lymphocyte trafficking to inflamed skin. **The Journal of Experimental Medicine** 194:1541-1547.

Ren M, Pozzi S, Bistulfi G, Somenzi G, Rossetti S, Sacchi N (2005) Impaired retinoic acid (RA) signal leads to RARbeta2 epigenetic silencing and RA resistance. **Molecular Cell Biology** 25: 10591-10603.

Rook KA (2019) Canine and Feline Cutaneous Epitheliotropic Lymphoma and Cutaneous Lymphocytosis. **Veterinary Clinics of North America: Small Animal Practice**. 49:67-81.

Santoro D, Marsalla R, Hernandez J (2007) Investigation on the association between atopic dermatitis and the development of mycosis fungoides in dogs: a retrospective case-control study. **Veterinary Dermatology** 18:101 – 106.

Santoro D, Kubicek L, Lu B, Craft W, Conway J (2017) Total skin electron therapy as treatment for epitheliotropic lymphoma in a dog. **Veterinary Dermatology** 28: 246-265.

Sharma S, Kelly TK, Jones PA (2010) Epigenetics in cancer. **Carcinogenesis** 31:27–36.

Toh TB, Lim JJ, Chow EK (2017) Epigenetics in cancer stem cells. **Molecular Cancer** 16:29.

Trento E, Castilletti C, Ferraro C, Lesnoni LA, Parola I, Mussi A, Muscardin L, Bordignon V, D 'Agosto G, Amantea A, Mastroianni A, Ameglio F, Fluhr J, Cordiali-Fei P (2005) Human herpesvirus 8 infection in patients with cutaneous lymphoproliferative diseases. **Archives of Dermatology** 141:1235 – 1242.

Urvalek AM, Gudas LJ (2014) Retinoic acid and histone deacetylases regulate epigenetic changes in embryonic stem cells. **Journal of Biological Chemistry** 289: 19519-30.

Wang X, Qian DZ, Ren M, Kato Y, Wei Y, Zhang L , Fansler Z, Clark D, Nakanishi O, Pili R (2005) Epigenetic Modulation of Retinoic Acid Receptor β 2 by the Histone Deacetylase Inhibitor MS-275 in Human Renal Cell Carcinoma. **Clinical Cancer Research** 11: 3535-3542.

Willemze R (2003) Cutaneous T cell lymphoma. In: Bologna JL, Jorrizo JL, Rapini RP (Eds.) **Dermatology**. London: Mosby, p. 1921 – 1941.

Willemze R, Cerroni L, Kempf W, Berti E, Facchetti F, Swerdlow SH, Jaffe ES (2019) The 2018 update of the WHO-EORTC classification for primary cutaneous lymphomas. **Blood** 133:1703-1714.

Zain J, O'Connor OA (2010) Targeting histone deacetylases in the treatment of B- and T-cell malignancies. **Investigational new drugs** 28:S58–S78.

Zhao X, Tao J (2018) BRD4: epigenetic origin and target of CTCL. **Blood** 131:712-713.

2. Introduction

Cutaneous T-cell lymphoma (CTCL) constitute a type of extra-nodal lymphoma originated from malignant T-lymphocytes that exhibit tropism to the skin (Fontaine et al., 2009). In dogs, although rare, represents 3-7% of all lymphomas (Fournel-Fleury et al., 2002) and it is characterized by a highly variable clinical manifestation that include a generalized erythema with scaling and pruritus –known as exfoliative erythroderma- or patches, plaques and solitary or multiple nodules distributed throughout the superficial area of the body or even close to mucocutaneous junctions and in mucosa (Fontaine et al., 2009; Fontaine et al., 2010; Moore and Olivry, 1994). In contrast to the human counterpart, canine CTCL presents a more aggressive course and is considered to have a poor prognosis (Chan et al., 2018).

Two molecular features have been recognized as the main differences between canine and human CTCL: immunophenotype of T-cells and type of T-cell receptor (TCR) (Moore et al., 2009). Immunophenotype of T-cells in dogs with CTCL is characterized by a lack of CD4 expression (CD4-) and a positive expression of CD8 (CD8+). Eventually, a double CD4-CD8+ is also described (Moore et al., 2009). In humans, T-cells are commonly CD4+CD8- and only 10-15% of cases are CD4-CD8+ (Willemze et al., 2019). Furthermore, TCR $\gamma\delta$ in dogs with CTCL is recognized in 60% of cases of CTCL, while TCR $\alpha\beta$ constitutes the 40% remaining (Moore et al., 2009). In human the most described TCR phenotype is TCR $\alpha\beta$, while TCR $\gamma\delta$ characterizes a more atypical and less common form of CTCL (Willemze et al., 2019). Although these differences have been highlighted in several studies, it is still unknown whether they can explain the more aggressive behavior of CTCL in dogs. In the most recent and largest study of canine CTCL dogs lived a median of 8 months being treated with

different treatment modalities (Chan et al., 2018), and other authors have described a median of 6 months using only chemotherapy (Risbon et al., 2006; Williams et al., 2006; Laprais and Olivry, 2017).

Treatment of human CTCL is based on multiple modalities, early-stage lesions are treated with topical agents that include corticosteroids, nitrogen mustard, retinoids/rexinoids, Toll-like receptor agonist (imiquimod) and local modalities like phototherapy with psolaren plus ultraviolet A (PUVA), narrowband ultraviolet B (NB-UVB) and total electron beam irradiation (Hermann et al., 1995; Querfeld et al., 2005; Li et al., 2012). Emerging therapies were further developed in advanced-stage CTCL and immunotherapy including monoclonal antibodies and histone deacetylase inhibitors were added to conventional chemotherapy to provide longer responses and survival times in human CTCL (Kim et al., 2007; Olsen et al., 2007; Querfeld et al., 2009; Li et al., 2012). In veterinary, local therapies are not currently suggested because of limited proved efficacy and generalized disease at diagnosis (De Lorimier, 2006). Patients with solitary lesions performed surgically removal and advanced-stage disease are treated based on chemotherapy, retinoid and/or corticosteroids (Fontaine et al., 2009; Chan et al., 2018). Newer therapies are needed for advanced-stage CTCL in dogs.

Histone modifications are considered a crucial epigenetic mechanism that lead to alter gene transcription in cancer cells with no modification of the DNA sequence (Sharma et al., 2010). These modifications occur in only few residues of the histones tails and include acetylation, methylation, phosphorylation and ubiquitination (Fullgrabe et al., 2011). Among these modifications and in a global way, histone acetylation plays an important role in gene transcription, whereas histone deacetylation involves transcriptional repression or silencing (Khan and La Thangue, 2008). These processes are regulated by two enzymes, one that adds acetyl groups to histones called histone acetyl transferase (HAT) and the another one that removes them called histone deacetylase (HDAC). In human CTCL, emerging drugs like HDAC inhibitors are being used since 2008 when the first HDAC inhibitor –Vorinostat- was released as a therapy for advanced-stage CTCL (Marks and Breslow, 2007). Many different HDAC inhibitors have been used in clinical trials in CTCL (Khan and La Thangue, 2012), and although an exact mechanism of action is still unclear (Sardiu et al., 2014; Ding et al.,

2016), it is believed that benefit of these drugs are product of multiple roles of HDAC inhibitors in malignant cells including apoptosis presumably by reactivating silenced genes (Khan and La Thangue, 2012). By inhibiting deacetylation, cancer cells reverse transcriptional silencing of tumor suppressor genes like p53 and pRb resulting in inhibition of tumor growth (Khan and La Thangue, 2012; Lane and Chabner, 2009).

HDACs are overexpressed in several human malignancies (Chen et al., 2015), and some authors have demonstrated their high expression in multicentric lymphoma and CTCL (Marquard et al., 2008; Marqueard et al., 2009). CTCL presents a higher therapeutic response to HDAC inhibitors in advanced-stage CTCL, showing overall responses rates up to 46% (Lopez et al., 2018). In veterinary, dogs with CTCL finally died because of chemotherapy resistance and disease progression (Fontaine et al., 2009), and no other therapies are attempted in advanced-stage.

Due to dysregulation of H3Ac, H4Ac and HDAC1, HDAC2 and HDAC6 in human CTCL (Marquard et al., 2008) and the urgent search for new therapies in dogs with the same disease, we wanted to evaluate the protein level of HDAC and acetylated histones in samples of dogs diagnosed with CTCL and compare it to normal lymphoid tissue, inflammatory lymphocytes and healthy skin. With this research, we proposed to investigate one of the epigenetic mechanisms proved to be involved in human cutaneous lymphoma and make the first step in recognize histone deregulation in canine CTCL.

6. Conclusion

Based on these results, we conclude that a immunoexpression profile of H3Ac H4Ac and HDAC1, HDAC2 and HDAC6 exists in CTCL. We showed that these proteins were statistically higher in CTCL than in normal epithelial cells, demonstrating a different pattern in cancer. The pattern of expression was similar between inflammatory and tumor lymphocytes for all antibodies, except for HDAC6. An acetylation aberrant pattern was observed in CTCL by the demonstration of high levels of H4Ac. By contrast, a low H3Ac levels was a common characteristic in samples of CTCL and dogs expressing high levels of H3Ac presented better survival times. An association among the immunoexpression of HDAC2, H3Ac and H4Ac could define a population with worse survival, and the use of HDAC inhibitors should be considered in dogs with this disease, however, further studies are needed to confirm our results in order to stimulate the use of HDAC inhibitors drugs in canine CTCL.

7. References

Adams H, Fritzsche FR, Dirnhofer S, Kristiansen G, Tzankov A (2010) Class I histone deacetylases 1, 2 and 3 are highly expressed in classical Hodgkin's lymphoma. **Expert Opinion on Therapeutic Targets** 14:577–584.

Barlesi F, Giaccone G, Gallegos-Ruiz MI, Loundou A, Span SW, Lefesvre P, Kruyt FA, Rodriguez JA (2007) Global histone modifications predict prognosis of resected non small-cell lung cancer. **Journal of Clinical Oncology** 25:4358–4364.

Battaglia S, Maguire O, Thorne JL, Nornung LB, Doig CL, Liu S, Sucheston LE, Bianchi A, Khanim FL, Gommersall LM, Coulter HSO, Rakha S, Gidding I, O-Neil LP, Cooper CS, McCabe CJ, Bunce CM, Campbell MJ (2010) Elevated NCOR1 disrupts PPAR α / γ signaling in prostate cancer and forms a targetable epigenetic lesion. **Carcinogenesis** 31:1650- 1660.

Brusa G, Zuffa E, Mancini M, Benvenuti M, Calonghi N, Barbieri E, Santucci MA (2006) P210 Bcr-abl tyrosine kinase interaction with histone deacetylase 1 modifies histone H4 acetylation and chromatin structure of chronic myeloid leukaemia haematopoietic progenitors. **British Journal of Haematology** 132:359–369.

Chan CM, Frimberger AE, Moore AS (2018) Clinical outcome and prognosis of dogs with histopathological features consistent with epitheliotropic lymphoma: a retrospective study of 148 cases (2003–2015). **Veterinary Dermatology**, 29:154-e59.

Chen HP, Zhao YT, Zhao TC (2015) Histone deacetylases and mechanisms of regulation of gene expression. **Critical Reviews Oncogenics** 20:35-47.

Choi JH, Kwon HJ, Yoon BI, Kim JH, Han SU, Joo HJ, Kim DY (2001) Expression profile of histone deacetylase 1 in gastric cancer tissues. **Japanese Journal of Cancer Research** 92:1300–1304.

De Lorimier LP (2006) Updates on the management of canine epitheliotropic cutaneous T-cell lymphoma. **Veterinary Clinics of North America: Small Animal Practice** 36:213 – 228.

Ding H, Peterson KL, Correia C, Koh B, Schneider PA, Nowakowski GS, Kaufmann SH (2016) Histone deacetylase inhibitors interrupt HSP90 RASGRP1 and HSP90 CRAF interactions to upregulate BIM and circumvent drug resistance in lymphoma cells. **Leukemia** 31:1593-1602.

Edefonti V, Decarli A, Vecchia CL, Bosetti C, Randi G, Franceschi S, Dal Maso L, Ferraroni M (2008) Nutrient dietary patterns and the risk of breast and ovarian cancers. **International Journal of Cancer** 122:609-613.

Fang C, Jian ZY, Shen XF, Wei XM, Yu GZ, Zeng XT (2015) Promoter Methylation of the Retinoic Acid Receptor Beta2 (RAR β 2) Is Associated with Increased Risk of Breast Cancer: A PRISMA Compliant Meta-Analysis. **PLoS One** 10:1-14

Fontaine J, Bovens C, Bettenay S, Mueller RS (2009) Canine cutaneous epitheliotropic T-cell lymphoma: a review. **Veterinary Comparative Oncology** 7:1-14.

Fontaine J, Heimann M, Day MJ (2010) Canine cutaneous epitheliotropic T-cell lymphoma: a review of 30 cases. **Veterinary dermatology** 21:267–275

Fournel-Fleury C, Ponce F, Felman P, Blavier A, Bonnefont C, Chabanne L, Marchal T, Cadore JL, Goy-Thollot I, Ledieu D, Ghernati I, Magnol JP (2002) Canine T-cell lymphomas: a morphological, immunological, and clinical study of 46 new cases. **Veterinary Pathology** 39:92-109.

Fraga M, Ballestar E, Villar-Garea, Boix-Chornet M, Espada J, Schotta G, Bonaldi T, Haydon C, Ropero S, Petrie K, Iyer NG, Perez-Rosado A, Calvo E, Lopez JA, Cano A, Calazans MJ, Colomer D, Piris MA, Ahn N, Imhof A, Caldas C, Jenuwein T, Esteller M (2005) Loss of acetylation at Lys16 and trimethylation at Lys20 of histone H4 is a common hallmark of human cancer. **Nature Genetics** 37:391-400.

Füllgrabe J, Kavanagh E, Joseph B (2011) Histone onco-modifications. **Oncogene** 30:3391-3403.

Gloghini A, Buglio D, Khaskhely NM, Georgakis G, Orłowski RZ, Neelapu SS, Carbone A, Younes A (2009) Expression of histone deacetylases in lymphoma: implication for the development of selective inhibitors. **British journal of haematology** 147:515–525.

Hayashi A, Horiuchi A, Kikuchi N, Hayashi T, Fuseya C, Suzuki A, Konishi I, Shiozawa T (2010) Type-specific roles of histone deacetylase (HDAC) overexpression in ovarian carcinoma: HDAC1 enhances cell proliferation and HDAC3 stimulates cell migration with downregulation of E-cadherin. **International Journal of Cancer** 127:1332–1346.

Herrmann JJ, Roenigk HH Jr, Hurria A, Kuzel TM, Samuelson E, Rademaker AW, Rosen ST (1995) Treatment of mycosis fungoides with photochemotherapy (PUVA): long-term follow-up. **Journal of the American Academy of Dermatology** 33:234–242.

Ishihama K, Yamakawa M, Semba S, Takeda H, Kawata S, Kimura S, Kimura W (2007) Expression of HDAC1 and CBP / p300 in human colorectal carcinomas. **Journal of Clinical Pathology** 60:1205–1210.

Jenuwein T, Allis CD (2001) Translating the histone code. **Science** 293:1074–1080.

Khan O, La Thangue N (2008) Drug Insight: histone deacetylase inhibitor-based therapies for cutaneous T-cell lymphomas. **Nature Clinical Practice Oncology** 5:714-726.

Khan O, La Thangue NB (2012) HDAC inhibitors in cancer biology: emerging mechanisms and clinical applications. **Immunology & Cell Biology** 90:85-94.

Kim YH, Duvic M, Obitz E, Gniadecki R, Iversen L, Osterborg A, Whittaker S, Illidge TM, Schwarz T, Kaufmann R, Cooper K, Knudsen KM, Lisby S, Baadsgaard O, Knox SJ (2007) Clinical efficacy of zanolimumab (HuMax-CD4): two phase 2 studies in refractory cutaneous T-cell lymphoma. **Blood** 109:4655–4662.

Krusche CA, Wulfing P, Kersting C (2005) Histone deacetylase-1 and -3 protein expression in human breast cancer: a tissue microarray analysis. **Breast Cancer Research and Treatment** 90: 15–23.

Lane AA, Chabner BA (2009) Histone deacetylase inhibitors in cancer therapy. **Journal of Clinical Oncology** 27:5459-5468.

Laprais A, Olivry T (2017) Is CCNU (lomustine) valuable for treatment of cutaneous epitheliotropic lymphoma in dogs? A critically appraised topic. **BMC Veterinary Research** 13:1-4.

Lee SH, Yoo C, Im S, Jum JH, Choi HJ, Yoo J (2014) Expression of histone deacetylases in diffuse large B-cell lymphoma and its clinical significance. **International Journal of Medical Sciences** 11:994–1000.

Li JY, Horwitz S, Moskowitz A, Myskowski PL, Pullitzer M, Wuerfled C (2012) Management of cutaneous T cell lymphoma: new and emerging targets and treatment options. **Cancer Management and Research** 4:75-89.

Li Y, Seto E. HDACs and HDAC (2016) Inhibitors in Cancer Development and Therapy. **Cold Spring Harbor Perspectives in Medicine** 6:a026831.

Lopez AT, Bates S, Geskin L (2018) Current status of HDAC inhibitors in cutaneous T-cell lymphoma. **American Journal of Clinical Dermatology** 2018:19: 805.

Marks PA, Breslow R (2007) Dimethyl sulfoxide to vorinostat: development of this histone deacetylase inhibitor as an anticancer drug. **Nature Biotechnology** 25:84–90.

Marquard L, Gjerdrum LM, Christensen IJ, Jensen PB, Sehested M, Ralfkiaer E (2008) Prognostic significance of the therapeutic targets histone deacetylase 1, 2, 6 and acetylated histone H4 in cutaneous T-cell lymphoma. **Histopathology** 53: 267–277.

Marquard L, Poulsen CB, Gjerdrum LM, De Nully Brown P, Christensen IJ, Jensen PB, Sehested M, Johansen P, Ralfkiaer E (2009) Histone deacetylase 1, 2, 6 and acetylated histone H4 in B- and T-cell lymphomas. **Histopathology** 54: 688–698.

Min SK, Koh YH, Park Y, Kim HJ, Seo J, Park HR, Cho SJ, Kim IS (2012) Expression of HAT1 and HDAC1, 2, 3 in diffuse large B-cell lymphomas, peripheral T-cell lymphomas, and NK/T-cell lymphomas. **The Korean Journal of Pathology** 46: 142–150.

Mohamed MA, Greif PA, Diamond J, Sharaf O, Maxwell P, Montironi R, Young RA, Hamilton PW (2007) Epigenetic events, remodelling enzymes and their relationship to chromatin organization in prostatic intraepithelial neoplasia and prostatic adenocarcinoma. **BJU International** 99: 908–915.

Moore P, Olivry T (1994) Cutaneous lymphomas in companion animals. **Clinics in Dermatology** 12:499-505.

Moore PF, Affolter VK, Graham PS, Hirt B (2009) Canine epitheliotropic cutaneous T-cell lymphoma: an investigation of T-cell receptor immunophenotype, lesion topography and molecular clonality. **Veterinary Dermatology** 20:569–576.

Olsen EA, Kim YH, Kuzel TM, Pacheco TR, Foss FM, Parker S, Frankel SR, Chen C, Ricker JL, Arduino JM, Duvic M (2007) Phase IIb multicenter trial of vorinostat in patients with persistent, progressive, or treatment refractory cutaneous T-cell lymphoma. **Journal of Clinical Oncology** 25:3109–3115.

Querfeld C, Mehta N, Rosen ST, Guitart J, Rademaker A, GErami P, Kuzel TM (2009) Alemtuzumab for relapsed and refractory erythrodermic cutaneous T-cell lymphoma: a single institution experience from the Robert H. Lurie Comprehensive Cancer Center. **Leukemia & Lymphoma** 50:1969–1976.

Querfeld C, Rosen ST, Kuzel TM, Kirby KA, Roenigk HH Jr, Prinz BM, Guitart J (2005) Long-term follow-up of patients with early-stage cutaneous T-cell lymphoma who achieved complete remission with psoralen plus UV-A monotherapy. **Archives of Dermatology** 141:305–311.

Risbon RE, De Lorimier LP, Skorupski K, Burgess KE, Bergman PJ, Carreras J, Hahn K, Leblanc A, Turek M, Impellizeri J, Fred R, Wojcieszyn JW, Drobatz K, Clifford CA (2006) Response of canine cutaneous epitheliotropic lymphoma to lomustina (CCNU): a retrospective study of 46 cases (1999-2004). **Journal of Veterinary Internal Medicine** 20:1389–1397.

Ropero S, Esteller M (2007) The role of histone deacetylases (HDACs) in human cancer. **Molecular Oncology** 1:19-25.

Rosenwald A, Wright G, Chan WC, Connors JM, Campo E, Fisher RI, Gascoyne RD, Muller-Hermelink HK, Smeland EB, Giltnane JM, Hurt EM, Zhao H, Averett L, Tang L, Wilson WH, Jaffe ES, Simon R, Klausner RD, Powell J, Dufeey PL, Longo DL, Greiner TC, Weisenburger DD, Sanger WG, Dave BJ, Lynch JC, Vose J, Armitage JO, Montserrat E, Lopez-Guillermo A, Grogan TM, Miller TP, LeBlanc M, Ott G, Kvaloy S, Delabie J, Holte H, Krajci P, Stokke T, Staudt LM (2002) The use of molecular profiling to predict survival after chemotherapy for diffuse large-B-cell lymphoma. **The New England Journal of Medicine** 346:1937– 1947.

Sardiu ME, Smith KT, Groppe BD, Gilmore JM, Saraf A, Egidy R, Peak A, Seidel CW, Florens L, Workman JL, Washburn MP (2014) Suberoylanilide hydroxamic acid (SAHA)-induced dynamics of a human histone deacetylase protein interaction network. **Molecular & Cell Proteomics** 13:3114-3125.

Seligson DB, Horvath S, Shi T, Yu J, Grunstein M, Kurdistani SK (2005) Global histone modification patterns predict risk of prostate cancer recurrence. **Nature** 435:1262–1266.

Sharma S, Kelly TK, Jones PA (2010) Epigenetics in cancer. **Carcinogenesis** 31:27–36.

Song J, Noh JH, Lee JH, Eun JW, Ahn TM, Kim SY, Lee SH, Park WS, Yoo NJ, Lee JY, Nam SW (2005) Increased expression of histone deacetylase 2 is found in human gastric cancer. **APMIS** 113:264–268.

Strahl BD, Allis CD (2000) The language of covalent histone modifications. **Nature**; 403:41–45.

Urvalek AM, Gudas LJ (2014) Retinoic acid and histone deacetylases regulate epigenetic changes in embryonic stem cells. **Journal of Biological Chemistry** 289: 19519-30

Wang X, Qian DZ, Ren M, Kato Y, Wei Y, Zhang L , Fansler Z, Clark D, Nakanishi O, Pili R (2005) Epigenetic Modulation of Retinoic Acid Receptor β 2 by the Histone Deacetylase Inhibitor MS-275 in Human Renal Cell Carcinoma. **Clinical Cancer Research** 11:3535-3542.

Weichert W, Roske A, Gekeler V, Beckers T, Stephan C, Jung K, Fritzsche FR, Niesporek S, Denkert C, Dietel M, Kristiansen G (2008) Histone deacetylases 1, 2 and 3 are highly expressed in prostate cancer and HDAC2 expression is associated with shorter PSA relapse time after radical prostatectomy. **British Journal of Cancer** 98: 604–610.

Willemze R, Cerroni L, Kempf W, Berti E, Facchetti F, Swerdlow SH, Jaffe ES (2019) The 2018 update of the WHO-EORTC classification for primary cutaneous lymphomas. **Blood** 133:1703-1714.

Williams LE, Rassnick KM, Power HT, Lana SE, Morrison-Collister KE, Hansen K, Johnson JL (2006) CCNU in the treatment of canine epitheliotropic lymphoma. **Journal of Veterinary Internal Medicine** 20:136–143.

Wilson AJ, Byun DS, Popova N, Murray LB, L'Italien K, Sowa Y, Arango D, Velcich A, Augenlicht LH, Mariadason JM (2006) Histone deacetylase 3 (HDAC3) and other class I HDACs regulate colon cell maturation and p21 expression and are deregulated in human colon cancer. **The Journal of Biological Chemistry** 281: 13548–13558.

Withers SS, Skorupski KA, York D, Choi JW, Woolard KD, Laufer-Amorin R, Sparger EE, Rodriguez CO, McSorley SJ, Monjazeb AM, Murphy WJ, Canter RJ, Rebhun RB (2019) Association of macrophage and lymphocyte infiltration with outcome in canine osteosarcoma. **Veterinary Comparative Oncology** 17: 49– 60.

Wittenburg LA, Gustafson DL, Thamm DH (2010) Phase I pharmacokinetic and pharmacodynamic evaluation of combined valproic acid/doxorubicin treatment in dogs with spontaneous cancer. **Clinical Cancer of Research** 16:4832-4842.

Zhang K, Yau PM, Chandrasekhar B, New R, Kondrat R, Imai BS, Bradbury ME (2004) Differentiation between peptides containing acetylated or tri-methylated lysines by mass spectrometry: An application for determining lysine 9 acetylation and methylation of histone H3. **Proteomics** 4:1-10.

Zhang Z, Yamashita H, Toyama T, Sugiura H, Ando Y, Mita K, Hamaguchi M, Hara Y, Kobayashi S, Iwase H (2005) Quantitation of HDAC1 mRNA expression in invasive carcinoma of the breast. **Breast Cancer Research and Treatment** 94:11–16.

Zhen L, Gui-lan L, Ping Y, Jin H, Ya-li W. (2010). The expression of H3K9Ac, H3K14Ac, and H4K20TriMe in epithelial ovarian tumors and the clinical significance. **International Journal of Gynecological Cancer** 20:82–86.

Zhu P, Martin E, Mengwasser J, Schlag P, Janssen KP, Gottlicher M (2004) Induction of HDAC2 expression upon loss of APC in colorectal tumorigenesis. **Cancer Cell** 5:455–463.