

## ANALYSIS OF FUNDAMENTAL RNA QUALITY FACTORS IN ARCHIVAL FORMALIN FIXED AND PARAFFIN EMBEDDED TISSUE

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## **RESEACH BACKGROUND**

The widespread adoption of transcriptional profiling of tumors has been limited by the inability to isolate high quality RNA from routine surgical specimens. Most research studies have relied on frozen tissue, which is not practical for most specimens in a routine clinical care environment. RNA can be isolated from formalin fixed, paraffin embedded (PFPE) tissue and utilized in RT-PCR based assays, however RNA quantity and quality are significant issues in assay development. FPPE tissue is anticipated to remain the specimen preservation means of choice for diagnostic histopathology, having been built on over a century fund of knowledge. Other approaches including candidate fixatives have been investigated, however nome meet the demands of clinical practice as a conomic universal fixative, nor do they provide the *reproducible artifact* of formalin fixation. Individual groups are working on expanding these applications, unfortunately little data exist comparing different fixation methodologies. Therefore, any data on the impact of tissue handling and processing on RNA aquantity and quality is of interest to those developing clinical assays based on RNA napsiysis.

The isolation of RNA from FFPE tissue was first reported in 1988 by Rupp et al, but quality metrics to quantify the quality of RNA isolated from FFPE tissue are limited. The quality of RNA obtained from FFPE tissue is widely variable. Methods of isolation no doubt impact quantity of RNA recovered, however quality within FFPE specimens dependent on pre-analytical conditions including warm ischemia time, and fixation conditions. Manuscripts routinely were described fixation and processing "per standard protocol" when in fact there is a lack of standardization of fixation and tissue processing protocols. The process of tissue handling and processing from patient to paraffin block is too frequently hidden behind a curtain from researchers, further limiting the appreciation of the importance of standardization of tissue handling. Namely, there are three major steps (warm ischemia, fixation and tissue processing) in transition from patient to paraffin block. (i) Warm ischemia, referred to the time of transfer from an operation room to pathology laboratory, may vary from minutes to hours. In most instances specimens are held at room temperature, however in some cases, or if long delays are anticipated, they may be refrigerated. Some specimens, more commonly small biopsies, are directly placed in fixative and transported to pathology. (ii) Within the pathology laboratory, optimally the specimen is dissected and sectioned into appropriate size for fixation and processing with minimal delay. However, the length of fixation can vary greatly, largely depended on specimen size and time of day of receipt of the specimen. (iii) Finally, the specimen is placed on a tissue processor, in which the specimen is serially dehydrated in graded alcohols. The length of this process routinely varies from 4 to 12 hours, however protocols that are either shorter or longer are regularly encountered. Finally, the tissue is surrounded in a mold with hot paraffin, to form a paraffin block, which can be cut with a microtome At this point, the specimen is a FFPE platform.

A few studies demonstrated that the over extended times of the fixation and embedding processing and storages of the embedded specimens are resulted in poor quality of RNA. However, the pre-analytical steps of tissue handling and processing have not been systematically studied for impact on the quality of RNA isolated. In this study, we dissect the warm ischemia time and its impact to RNA quality and quantity. In addition, we sought to define the points in the process of formalin fixation, and paraffin embedding that impacted the RNA quality.



Figure 1. A diagram of the pathway a tissue specimen takes from removal from patient to an archivit sinse block. After devinitazion of the speciment, there is a variable heigh for time before the specimen is placed in fixative. During this period, called "warm ischemia" the tissue lacks oxygen and anxiv nethablic pathways take over. The specimen undergoes some from of perparation before fixation, depending on the size and complexity of the specimen. The specimen fixes, optimally in 10 volumes of fixative for a duration suitable for complete penetation of the fixative (1 mm/h). After fixation, the pendit value is a strain the speciment of the speciment fixes, optimally in 10 volumes of the specime strain strained for complete penetation of the fixative (1 mm/h). After fixation, the pendit value is neutron to account on the specime strained the specime strained strained the pendit value is neutron to account of the specime strained strained strained the specime term of the specime strained strained

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enes are normalized to that of frozen kidney (C). Data are representative of three independe

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Studying the RNA profiling from FFPE tissue, we demonstrate that a middle region of

degradation mode not 5' to 3' directional

target gene could be a promising target for RNA analysis using real-time quantitative

RT-PCR. This data suggests that RNA within FFPE could be processed random

Figure 5. RNA quality profiles from different tissue processing times. The total RNA samples (200 ng) were analyzed on an RNA tabcling using the Agilent 1200 bioanalyzer, and present a gel-like image (A) and an electropherogram (B). Relative expressional signals of CD44 and GADPB geness are normalized to that of frozen kideny (C). Frozen mouse kideny tissue RNA was used as a positive control. Data are representative of three independent experiments, and are expressed as mean Data are representative of three independent experiments, and are expressed as mean. Representative histology data were presented as a H & E image (D).