

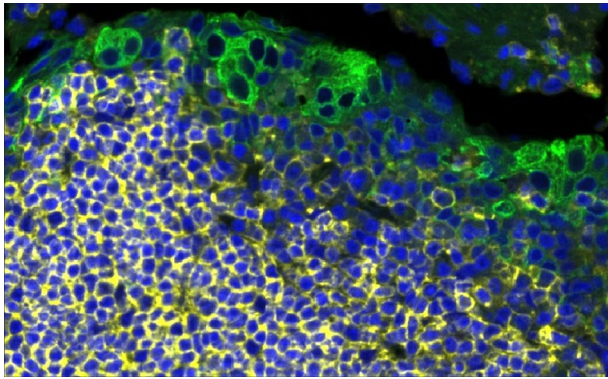


In focus in HCB

Douglas J. Taatjes¹ · Jürgen Roth²

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In this month's editorial, we will highlight three manuscripts describing (1) the selective targeting and endocytosis of three different plant lectins in human bladder cancer cell lines and patient-derived uroepithelial tumor tissue as possible vectors to deliver therapeutic agents; (2) changes in smooth muscle layers and myenteric plexus in the small bowel as adaptations to short bowel syndrome; and (3) the feasibility of using paraffin-embedded human biopsy samples initially subjected to synchrotron-based x-ray phase-contrast imaging for subsequent standard histological and histochemical evaluation. Also, we hope you take note of and peruse the accompanying Editorial in this issue which introduces the implementation by *Histochemistry and Cell Biology* of new guidelines for the use of Large Language Models (including ChatGPT).

Lectins for possible therapeutical targeting of urinary bladder carcinoma

Urinary bladder carcinoma can be treated by surgery combined with intravesicular instillation of mitomycin C or Bacillus Calmette–Guérin. Furthermore, lectins have been experimentally used for targeted drug delivery to urothelial tumors, since glycans of cell surface glycoproteins undergo compositional changes during bladder cancer development and progression (Neutsch et al. 2014; Plattner et al. 2008; Zupancic et al. 2014). Moreover, progression of bladder carcinoma to high-grade, invasive tumors has been shown to be associated with increased endocytic activity (Kreft et al. 2009; Lojk et al. 2018). In continuation of previous work in rats and mice (Zupancic et al. 2014), Resnik et al. (2023) performed lectin binding and endocytosis analyses in vitro using human bladder carcinoma cells and ex vivo on biopsy specimens. They employed fluorescent and gold-labeled Jacalin, *Datura stramonium*, and *Amaranthus caudatus* lectins to study (1) normal porcine urothelial cells, the low-grade human urothelial papilloma cell line RT4, and the high-grade urothelial cancer cell line T24, and (2) biopsy samples from normal human bladder, papilloma, noninvasive low-grade urothelial carcinoma, invasive low-grade urothelial carcinoma with invasion into the lamina propria, invasive high-grade urothelial carcinoma with invasion into the lamina propria, and invasive high-grade urothelial carcinoma with invasion into the muscularis propria. The lectin studies were complemented by immunofluorescence and immunogold labeling, as well as western blotting for uroplakin. For endocytosis experiments, fluorescein isothiocyanate (FITC)-conjugated lectins were combined with tetramethylrhodamine (TRITC)-labeled 3 kDa or 70 kDa dextran. Without particularizing the results of their highly detailed studies, the authors were able to show that discrimination between normal and cancer urothelial cells and between low- and high-grade cancer cells is possible by lectin binding, and that, as they had previously shown, macropinocytosis is the main endocytic pathway of the studied lectins in urothelial

✉ Douglas J. Taatjes
douglas.taatjes@med.uvm.edu

¹ Department of Pathology and Laboratory Medicine, Larner College of Medicine, University of Vermont, Burlington, VT 05405, USA

² University of Zurich, 8091 Zurich, Switzerland

cancer cells. They propose “that lectins should be used as targeting ligands for innovative drug delivery systems because of their enhanced uptake into cancer urothelial cells through macropinocytosis.”

Muscles and nerves in short bowel syndrome

Short bowel syndrome (SBS) is a malabsorptive condition typically resulting from massive surgical bowel resection of the small intestine, with the remaining portion of the gastrointestinal tract unable to functionally compensate for the missing section, resulting in malabsorption and maldigestion (Massironi et al. 2020). Since the remaining portions of the small intestine often exhibit dilatation, Khasanov et al. (2023) have now investigated whether this pathological response could be the result of alterations in smooth muscle layers and the gut enteric nervous system (ENS). To address this question, they performed quantitative immunohistochemistry, cytochemistry, and morphometric analyses on paraffin sections of segments of jejunum and ileum from experimental rats and human samples (the choice of jejunum and ileum segments allowed comparisons of bowel regions located orally and anally from the anastomosis). Sections were stained with antibodies against smooth muscle actin (to determine smooth muscle cell layers), nestin (a marker for neuronal plasticity), PGP9.5 (neuronal marker for human cells), and picosirius red to delineate collagen fibers. Images were acquired by both transmitted light and fluorescence microscopy, and subjected to various morphometric analyses. Their comprehensive results can be divided into those obtained with the rat tissues and those with the human samples. For the rat tissues, they found that, compared to sham-treated animals, animals subjected to short bowel resection displayed (1) increased thickness of both longitudinal and circular smooth muscle cell layers; (2) increased diameter of both sections from the small bowel; (3) increased muscle circumference due to increases in the numbers of smooth muscle cells; (4) increased amount of collagen in the area of the muscle circumference; (5) increased size of nuclei (measured by nuclear area), but decreased number of nuclei in a given area, indicating hypertrophy of the nuclei and muscle cells; (6) increased number of nestin-positive myenteric ganglia; (7) an increase in the total area of the myenteric ganglia; (8) higher ratio of samples with a greater amount of nestin-positive areas in the muscle layers; and (9) correlation of nestin positivity with muscle cell hypertrophy. They then sought to determine whether the accumulated rat experimental data correlated with tissue presentation in the human samples. Their results with the human samples showed (1) a significant increase in the number of neural stem cells in samples from SBS patients compared to control samples; (2) no difference in the proportion of neuronal cells in the

myenteric plexus in SBS samples as compared to control samples; and (3) an increase in the ratio of the proportion of stem cells to neurons in the myenteric plexus in samples from SBS patients compared to those from control samples. Overall, their results indicated that SBS is accompanied by smooth muscle hypertrophy, proliferation of collagen fibers in the smooth muscle layers, and ENS neuroplasticity. Moreover, the authors conclude that the intestinal ENS represented by the myenteric plexus is intimately connected to alterations in intestinal smooth muscle layers, resulting in intestinal adaptations to SBS.

All is feasible after FFPE

Formalin fixation followed by paraffin embedding (FFPE) not only is the gold standard for diagnostic histology performed on tissue sections, but also permits analytical immunohistochemistry and molecular analyses of extracted nucleic acids. Recent technical developments such as light sheet microscopy of optically cleared tissues (Almagro et al. 2021; Glaser et al. 2017), micro-computed tomography (Teplov et al. 2019), and X-ray phase-contrast imaging (X-PCI) (Borisova et al. 2021; Dejea et al. 2019; Walsh et al. 2021) have offered new possibilities for the 3D analysis of FFPE tissues by virtual slicing of the tissue blocks. Notably, X-PCI when combined with synchrotron offers high contrast for soft tissues (Grandl et al. 2013). However, X-ray irradiation of FFPE blocks may be harmful for subsequent analysis of molecular components in sections prepared from irradiated blocks. In their present investigation, Li and coworkers (Li et al. 2023) performed histological, immunohistochemical, and molecular analyses of sections prepared from FFPE blocks that were previously subjected to synchrotron-based X-PCI. They analyzed surgical specimens of human liver, lung, and kidney, and calculated the cumulative radiation dose, as well as the dose per scan at different magnifications ($1\times -5.8\ \mu\text{m}/\text{voxel}$, $4\times -1.625\ \mu\text{m}/\text{voxel}$ and $10\times -0.65\ \mu\text{m}/\text{voxel}$). Afterwards, tissue sections were stained by hematoxylin and eosin (H&E) and periodic acid–Schiff (PAS), immunohistochemistry was performed for PAX 8, CK7, CD10, and TFF1, genomic DNA integrity was determined, and EGFR mutational analysis was performed by droplet digital PCR. The authors demonstrated that synchrotron-based X-PCI is compatible with routine histochemistry and immunohistochemistry, as already shown for related techniques (Albers et al. 2021; Norvik et al. 2020; Pinkert-Leetsch et al. 2023; Saccomano et al. 2018). Their new data from DNA and RNA analyses indicate that synchrotron-based X-PCI does not impede DNA integrity, nor does it affect RNA sequence analysis. Of note, these results were obtained over a kGy range of radiation doses. Appropriately,

the authors conclude that it is feasible to perform X-PCI on blocks of FFPE human biopsies without impairing subsequent diverse analysis of sections.

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