**Case Report**

# PRAME immunoexpression in canine melanocytic tumors: a case series study

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## Abstract

Diffuse immunoexpression of Preferentially Expressed Antigen in Melanoma (PRAME) is an ancillary diagnostic tool for distinguishing human melanoma from melanocytic nevi. Canine melanocytic neoplasms are common in veterinary diagnostic practice; however, no established

immunohistochemical biomarkers of malignancy are currently available. This case series study aimed to investigate the immunoexpression of the anti-PRAME (EPR20330) antibody in canine melanocytic tumors. Two cutaneous melanocytomas and six melanomas from distinct anatomical sites (haired skin, oral cavity and feet) were submitted to immunohistochemistry protocol with anti-PRAME antibody (clone EPR20330, dilution 1:100, Abcam) overnight at 4°C. Nuclear immunolabeling was scored on a 5-point scale based on the percentage of positive tumor cells (0: none; 1: 1–25%; 2: 26–50%; 3: 51–75%; 4/diffuse: ≥76%). The two evaluated melanocytomas were PRAME-negative. All melanomas were PRAME-positive and diffuse nuclear immunolabeling was observed in 4/6 cases. To the best of our knowledge, this is the first study to demonstrate the immunohistochemical expression of the anti-PRAME antibody (clone EPR20330) in canine melanomas. Our preliminary findings, based on a limited sample size, suggest that PRAME may represent a promising ancillary diagnostic marker for these tumors, similar to its use in human samples. However, further studies with larger cohorts are needed to better characterize its labeling patterns in canine melanocytic neoplasms and to confirm its diagnostic value in veterinary pathology.

**Keywords**: Dogs, melanoma, diagnosis, immunohistochemistry.

## Introduction

Melanocytic neoplasms in dogs can occur at various anatomical sites, including the oral cavity, mucocutaneous junctions, skin, feet, and eyes (2,20). These tumors are relatively common, accounting for approximately 5% to 9% of all canine skin tumors, with malignant cutaneous melanomas being more common than benign melanocytomas (13,16). Oral malignant melanoma is the most common neoplasm of the canine oral cavity, whereas apparently benign melanocytic oral neoplasms—also referred to as histologically well-differentiated melanocytic neoplasms—occur less frequently (3,6).

In veterinary medicine, immunohistochemical analysis is widely employed as a diagnostic tool, especially for poorly differentiated or undifferentiated cases, and to provide valuable prognostic information. Despite several immunohistochemical melanocytic markers' availability, none reliably differentiate between benign and malignant lesions (19).

The Preferentially Expressed Antigen in Melanoma (PRAME) was first identified in 1997 as a tumor antigen recognized by autologous T cytolytic lymphocyte clones derived from a human patient with metastatic cutaneous melanoma (8). In the past eight years, several human studies have investigated the potential of PRAME immunoexpression as a useful ancillary tool for diagnosing primary and metastatic human melanoma (1,10,11,14,15).

Although not specific for melanocytic tumors (9), PRAME typically exhibits diffuse nuclear expression in most conventional human melanomas and focal or absent expression in melanocytic nevi (1). Therefore, our study aimed to investigate the immunohistochemical expression of this antigen in canine melanocytic tumors, serving as an initial exploratory analysis.

## Case description

This study was approved by the Ethics Committee on Animal Use (*Comissão de Ética no Uso de Animais* - CEUA) of the School of Veterinary Medicine and Animal Science of São Paulo State University (UNESP) (CEUA protocol 000.268/2024).

Formalin-fixed paraffin-embedded (FFPE) canine specimens, retrospectively selected from the archives of VetMol Laboratory (Botucatu, Brazil) and the Veterinary Pathology Service at the School of Veterinary Medicine and Animal Science, São Paulo State University (UNESP, Botucatu, Brazil) were analyzed. Cases with a prior diagnosis of melanoma were included, which were based on morphological criteria as described in the recent literature (17) and immunopositivity to Melan-A (clone A103, prediluted, Dako) and SOX10 (clone EP268, Cell Marque®), previously evaluated by one author (R.T.N.). For comparative purposes, melanocytomas were also included. Due to the

preliminary and exploratory nature of the study, a convenience sampling approach was adopted, including samples that were available and accessible at the time of analysis.

PRAME immunohistochemical staining was carried out on 4-µm sections obtained from the FFPE samples. The antigen retrieval was performed by humid heating (water bath at 95°C) for 20 minutes with a high pH Target Retrieval Solution (EnVision™ FLEX Target Retrieval Solution, Dako). Endogenous peroxidase activity was blocked with EnVision™ FLEX Peroxidase-Blocking Reagent (Agilent) for 5 minutes at room temperature. All the sections were incubated with the anti-PRAME antibody (clone EPR20330, dilution 1:100, Abcam) overnight at 4°C. After this, the slides were incubated with the linker (EnVision FLEX+ Mouse LINKER, Agilent®) for 20 minutes for amplification of the reaction and then incubated with the secondary HRP-conjugated antibody (EnVision FLEX/HRP, Agilent®) for 30 minutes. The reaction was revealed with a magenta chromogen (EnVision™ FLEX HRP Magenta Substrate Chromogen System, Agilent). The slides were counterstained with Harris hematoxylin and mounted with a polymer-based synthetic medium agent. A human sebaceous gland was used as a positive control, as cytoplasmic labeling of human sebaceous glands is a consistent nonspecific feature of this clone (EPR20330) (10). Keratinocytes and normal melanocytes of the same human non-neoplastic skin were used as negative control.

PRAME immunolabelling analysis was evaluated jointly by three authors (I.J.C., F.S.T., R.L.A.). The extension of the nuclear immunolabeling was evaluated on a 5-point scale according to Lezcano et al. (2018) (10). Grading was based on the percentage of stained tumor cells throughout the entire tumor (0 = absence of immunolabeling; 1 = 1% - 25% positive neoplastic cells; 2 = 26% - 50% positive neoplastic cells; 3 = 51% - 75% positive neoplastic cells; and 4/"diffuse" = 76% or more positive neoplastic cells). A descriptive analysis was performed by calculating the frequencies and percentages for the immunolabeling.

A total of eight non-metastatic tumors were included, comprising two melanocytomas from haired skin, and six melanomas, including one from the oral cavity, four from haired skin, and one from the feet. PRAME immunolabeling was absent in the two analyzed melanocytomas, as well as

in non-neoplastic epidermal melanocytes. All melanomas were positive for PRAME and most of them (4/6, 66.67%) exhibited diffuse nuclear immunolabeling (Fig. 1). The results of the immunohistochemical expression are summarized in Table 1.

## Discussion

PRAME is a cancer-testis antigen (CTA) expressed in different cancer cells, particularly in melanoma cells, with limited expression in normal tissues, mainly restricted to the testis, endometrium, ovary, and adrenal gland (9,10,22). Furthermore, PRAME acts as a dominant repressor of retinoic acid receptor signaling, a pathway involved in proliferation arrest, differentiation, and apoptosis (5). Therefore, PRAME plays a role not only in immunotherapy responses in human cancers, but also in antagonizing cellular processes that might result in growth or survival advantages to cancer cells (5,23).

Human pathology encompasses a broad classification of cutaneous melanocytic tumors, including not only benign *melanocytic nevi* and malignant *melanoma*s, but also tumors of intermediate or uncertain biological behavior. Although debated, the term *melanocytoma* in human pathology refers to tumors with increased cellularity and/or atypia and a low potential for neoplastic progression (4). In contrast, in dogs, the morphological diagnosis of cutaneous melanocytic tumors is restricted to *melanocytoma* for benign lesions and *melanoma* for malignant lesions (19). However, a subset of canine cutaneous melanocytic tumors exhibits morphologically ambiguous features, which frequently hampers classification as benign or malignant (17).

Several immunohistochemical markers are available and may be used individually or in combination, mainly employed to confirm melanocytic origin in poorly differentiated canine tumors, including Melan-A, PNL2, and MiTF, among others. Although Ki-67 may also aid in distinguishing between benign and malignant melanocytic neoplasms, it is important to note that the proliferative index provided by Ki-67 has prognostic value (18), and it is not a strict biomarker of malignancy.

131 The potential of PRAME as an immunohistochemical diagnostic biomarker was first explored
132 by Lezcano et al. (10), and multiple studies have demonstrated the utility of PRAME as an ancillary
133 tool for distinguishing unequivocal human cutaneous melanocytic nevi from unequivocal human
134 melanomas (12,14,15).

135 Diffuse nuclear PRAME immunolabeling is observed in most conventional (non-
136 desmoplastic) human melanomas, whereas most benign melanocytic nevi are negative or exhibit
137 focal immunolabeling (10). Although there is a strong association between diffuse PRAME
138 expression and human melanoma diagnosis, positive staining might also be observed in a few benign
139 melanocytic neoplasms and borderline melanocytic lesions (10,21). Therefore, PRAME cannot be
140 considered an absolute marker of malignancy for all cases. Instead, it has been proposed as a
141 diagnostic aid for human melanocytic lesion analysis, where diffuse PRAME immunolabeling
142 supports the diagnosis of melanoma when other criteria, such as clinical and histological features,
143 favor malignancy (10,12).

144 In our study, all melanoma cases were PRAME-positive, with most exhibiting diffuse nuclear
145 immunolabeling, similar to what has been described for human melanocytic lesions. These findings
146 suggest a difference in PRAME expression between the evaluated malignant and benign lesions and,
147 consequently, its potential role as an ancillary diagnostic marker.

148 In veterinary medicine, Hindriks et al. (7) recently presented an insightful investigation into the
149 mRNA expression of eight CTAs, including PRAME, in both canine melanoma and healthy tissues.
150 Their study not only demonstrated the potential of CTAs as immunotherapeutic targets in canine
151 melanomas but also revealed the possibility of exploring some of them as promising diagnostic
152 markers. While their results placed particular emphasis on the melanoma antigen gene (MAGE),
153 which was also assessed via immunohistochemistry, PRAME expression was also evaluated using
154 real-time PCR. In addition to their results, we would like to support the utility of PRAME in canine
155 melanoma diagnosis, in parallel to human pathology experience.

This study has limitations that should be acknowledged, particularly those inherent to its retrospective design. In addition, the small sample size, which mainly reflects the preliminary and exploratory nature of the study, limits the ability to establish definitive conclusions.

In conclusion, this case series study has demonstrated immunopositivity for the anti-PRAME antibody (EPR20330) in canine melanomas from distinct anatomical sites. Although the limited sample size precludes definitive conclusions, our findings suggest that PRAME may represent a promising ancillary diagnostic marker for these tumors, analogous to its application in human samples. However, further studies are needed to confirm its diagnostic utility; these studies should include larger cohorts, encompassing benign, malignant, metastatic, and diagnostically challenging melanocytic lesions, as well as the evaluation of PRAME expression in non-melanocytic tumors and validation of this protein in canine samples.

## Data Availability

All the original contributions presented in this study are included in the article. Further inquiries can be directed to the corresponding author.

## Author Contributions

**Isabeli Joaquim Contel:** Investigation, Data curation, Formal analysis, Visualization, Writing – original draft, Writing – review & editing. **Fwu Shing Teng:** Investigation, Data curation, Visualization, Writing – review & editing. **Rafael Torres Neto:** Investigation, Resources, Writing – review & editing. **Heitor Flavio Ferrari:** Investigation, Writing – review & editing. **Renee Laufer-Amorim:** Investigation, Resources, Writing – review & editing. **José Cândido Caldeira Xavier-Júnior:** Conceptualization, Supervision, Formal analysis, Resources, Writing – review & editing. All authors have read and approved the final version of the manuscript.

## Conflict of Interest

The authors declare no competing interests.

## Generative AI Use Statement

The authors did not use generative artificial intelligence tools or technologies in creating any part of this manuscript.

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## Tables

**Table 1.** Summary of the clinical data and PRAME immunohistochemical evaluation

| Case | Previous diagnosis | Anatomical location | PRAME (score)[a] |
|---|---|---|---|
| 1 | Amelanotic melanoma | Haired skin | 4 |
| 2 | Melanoma | Haired skin | 3 |
| 3 | Melanoma | Haired skin | 2 |
| 4 | Melanoma | Oral cavity | 4 |
| 5 | Amelanotic melanoma | Feet | 4 |
| 6 | Amelanotic melanoma | Haired skin | 4 |
| 7 | Melanocytoma | Haired skin | 0 |
| 8 | Melanocytoma | Haired skin | 0 |

[a] Score of extension of the PRAME immunolabeling (0 = absence of immunolabeling; 1 = 1% - 25% positive neoplastic cells; 2 = 26% - 50% positive neoplastic cells; 3 = 51% - 75% positive neoplastic cells; and 4 = 76% or more positive neoplastic cells).

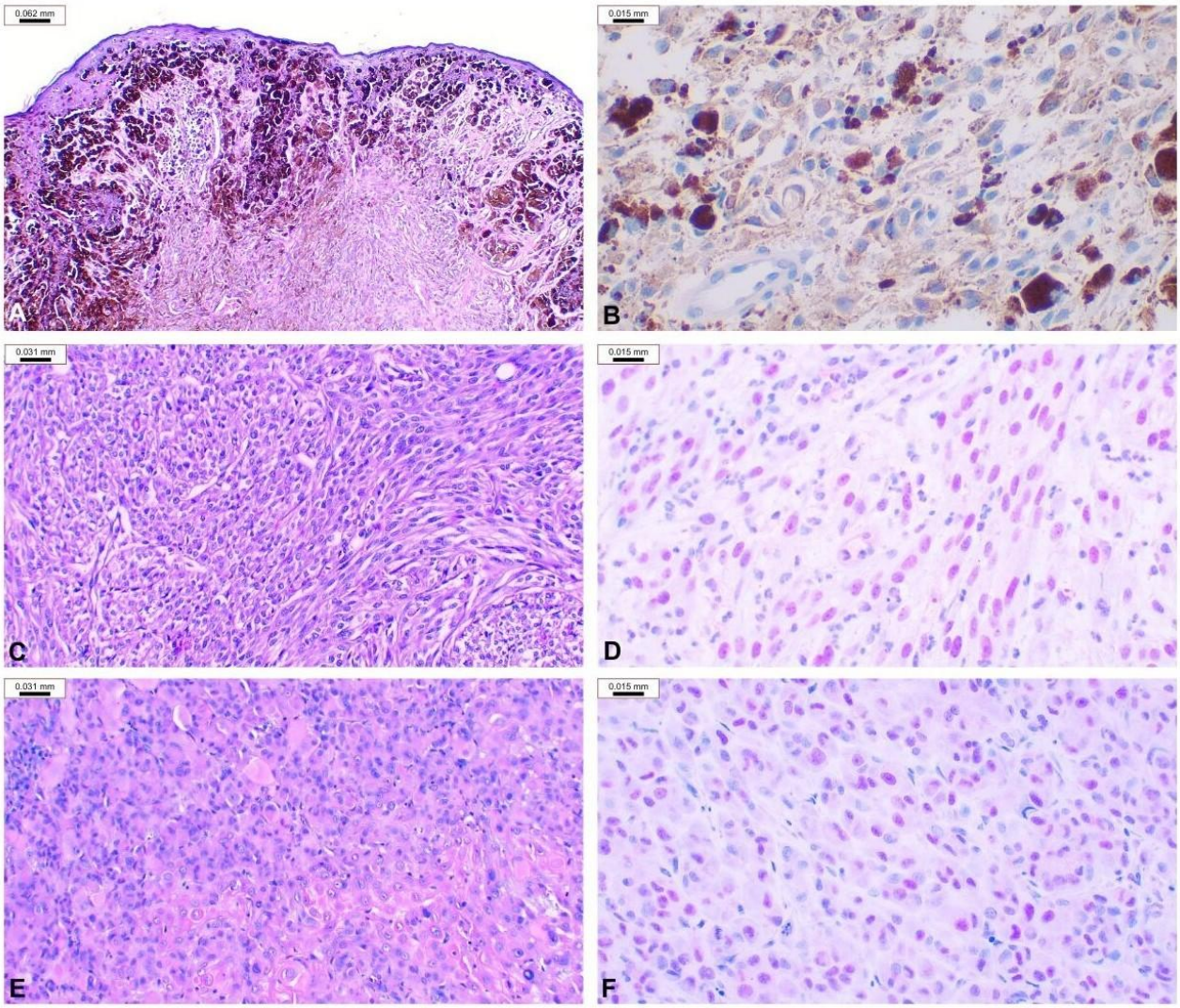


**Figure 1.** Histopathology and PRAME immunolabeling in canine melanocytic tumors. A) Skin, melanocytoma. Case 7. Hematoxylin and eosin, x100. B) Same case as in A. PRAME immunolabeling was not observed. Immunoperoxidase-Magenta, Hematoxylin counterstain, x400. C) Oral cavity, melanoma. Case 4. Hematoxylin and eosin, x200. D) Same case as in C. Diffuse strong nuclear PRAME immunoexpression. Immunoperoxidase-Magenta, Hematoxylin counterstain, x400. E) Skin, amelanotic melanoma. Case 6. Hematoxylin and eosin, x200. F) Same case as in E. Diffuse strong nuclear PRAME immunoexpression. Immunoperoxidase-Magenta, Hematoxylin counterstain, x400.