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## Immunohistochemical staining of CD8 protein in tissue sections from patients with tumors --Manuscript Draft--

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Dear Editor,

Please find enclosed our manuscript entitled " *Immunohistochemical staining of CD8 protein in tissue sections from patients with tumors* " that we would like to be considered for publication in Journal of Visualized Experiments. This paper highlights a protocol for *Immunohistochemistry*. We consider of value publishing these data in Journal of Visualized Experiments, as they *can show the image of specific antigen located on tissue sections and can be used to determine the expression relative level of aimed protein or distribution of target cells*. The techniques presented in this paper and demonstrated in video format will be highly useful for researchers working in the field of *life sciences, such as tumor*.

*Shiqiang Zhang, Fang Juan Binyuan Yan, Haiyun Xiong, Fu Shi, Guolong Liao, Xiaofang Lu and Pang Jun* designed the procedures described in the manuscript. *Shiqiang Zhang and Fang Juan* performed the experiments and analyzed the data. Finally, *Shiqiang Zhang , Fang Juan and Jun Wang* wrote the manuscript.

During the preparation and submission of this manuscript, we have been kindly assisted by *Rachel Service*.

Thank you for your consideration of this manuscript. We look forward to hearing from you.

Sincerely yours,

*Shiqiang Zhang and Jun Pang*

**TITLE:**

**Immunohistochemical Staining of CD8 Protein in Tissue Sections from Patients with Tumors**

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**KEYWORDS:**

immunohistochemistry, CD8+ TILs, tumor immunotherapy, protein, antigen, antibody

**SUMMARY:**

The present study presents a protocol for immunohistochemistry (IHC) that can image specific antigens located on tissue sections and determine the relative expression level of a target protein or the distribution of target cells.

**ABSTRACT:**

Immunohistochemistry (IHC) is one of the most useful detection techniques in scientific research and clinical practice. IHC can give researchers a direct view of a target protein or target cells through bi-colored images of histological tissue sections from patients. Cell nuclei are stained with hematoxylin and target proteins are stained via the chromogenic reaction of 3,3',4,4'-Biphenyltetramine tetrahydrochloride (DAB) in classic IHC, which can show both the relative expression level of a target protein and its location within the tissue. The principle utilized in IHC is the specific binding between an antigen and an antibody, which partially guarantees the

accuracy of the results. IHC is also widely used to study cell subsets because it can show the exact location of target cell subsets in organs or tissues. This can help us understand their effects and functional mechanisms. Clinical data suggest that T-cell surface glycoprotein CD8 (CD8)+ tumor-infiltrating lymphocytes (TILs) could serve as an indication of the effectiveness of anti-programmed cell death 1 (PD-1) / programmed cell death ligand 1 (PD-L1) therapy in patients with tumors; therefore, IHC staining of CD8 protein to evaluate the CD8+ TILs in tissue sections becomes very important. IHC has several advantages. Samples are more accessible and last for a long time in storage. The reagents and equipment have been commercialized for years. However, there are also limitations. Lymphocyte infiltration into tumors is a dynamic process, and the results of IHC only reflect the infiltration at one specific time point, and not the dynamic changes over time. This disadvantage partly inhibits its clinical application in tumor immunotherapy, which mostly depends on T cell infiltration into the tumor microenvironment.

## **INTRODUCTION:**

The presence of tumor-infiltrating lymphocytes (TILs) is considered to be associated with better clinical outcomes in different kinds of cancer<sup>1-5</sup>. T-cell surface glycoprotein CD8 (CD8)+ TILs are the most important effectors to prevent tumor development among all TILs<sup>6-8</sup>. The application of IHC can be used to help researchers and/or pathologists accurately observe the CD8+ TILs of individual patients. Assessment of CD8+ TILs can help to determine the prognosis for patients. In addition, CD8+ TIL evaluation can be one of the indicators for tumor immunotherapy<sup>9</sup>.

IHC is the most commonly used detection method to evaluate specific proteins in patients' organs or tissues, especially human tumor tissues, both qualitatively and quantitatively<sup>10,11</sup>. IHC is widely used in pathological diagnosis. Specimen collection and storage for IHC are relatively easy. For example, there is little time limitation on the use of a sample as long as tissues are infiltrated with paraffin wax. The forms of antigen are well preserved. Thus, it is possible to handle many tissue samples at the same time. The experimental conditions can be controlled to avoid human interference. However, there are still some limitations of IHC in terms of sensitivity and background reduction.

## **PROTOCOL:**

The Ethical Committee of the Seventh Affiliated Hospital, Sun Yat-sen University approved all experimental methods used in the study.

### **1. Preparation of the sample**

1.1. Immerse the fresh human tumor tissue (within 30 min after resection; cut into 2 cm x 2 cm x 0.3 cm) in 10% formalin for 24 h (at least 2 h). The volume of formalin should be at least ten times greater than that of the tissue.

1.2. Set the program of the tissue processor as follows: 70% ethanol for 60 min, 80% ethanol for 60 min, 2x 95% ethanol for 60 min, 95% ethanol for 70 min, 2x 100% ethanol for 70 min, 2x xylene for 40 min, 5x paraffin wax for 40 min.

1.3. Immerse the paraffin-infiltrated sample with liquid wax in a mold. Cover with an embedding box. Cool the wax to immobilize the sample by putting it on an ice table (–2 °C to –8 °C). Make sure to locate the sample at the center of the mold.

1.4. Use a microtome to cut the wax block into 4 µm sections. Float the sections on the surface of a 55 °C water bath and mount sections on adhesive microscope slides with a positive charge. Bake the slides for at least 60 min at 65 °C to dry the slides, which can help the sections to better adhere to the slides.

1.5. Coat the tissue block with paraffin wax to protect the surface antigen if the samples are not to be handled immediately.

## **2. De-paraffinization and rehydration**

2.1. Bake slides at 60 °C for 30 min. Wipe off the melted wax using a paper towel without touching the sections.

NOTE: The representative slides were selected upon review of hematoxylin and eosin-stained slides, which had tumor and tumor-adjacent stroma and more TILs.

2.2. Immerse slides in xylene for 30 min to remove as much extra wax as possible.

2.3. Transfer slides through liquid based on the order below to remove all the wax in the sections and rehydrate them: 2x xylene for 10 min, 2x 100% ethanol for 5 min, 90% ethanol for 5 min, 80% ethanol for 5 min, 70% ethanol for 5 min, and deionized water for 5 min.

## **3. Antigen retrieval**

3.1. In a pressure cooker, boil the tissue slides in 10 mM citrate buffer (pH 6.0) for antigen retrieval at 120 °C for 5 min or at 100 °C for 30 min. Do not open the pressure cooker before the temperature drops to 70 °C by water rinsing, otherwise the tissue sections may fall off.

3.2. Cool the slides in a water bath at room temperature for 60 min, rinse slides with phosphate-buffered saline (PBS, pH 7.5) for 5 min, and then repeat the rinsing with PBS twice.

NOTE: The container should be placed on a shaking table when rinsing the slides.

## **4. Staining**

4.1. Wipe off the liquid on the slides without touching the tissue sections. Draw a circle to surround the tissue using a hydrophobic pen to create a hydrophobic boundary.

4.2. Add 100 µL of 3% hydrogen peroxide onto the circle to fully cover the tissue section. Incubate

the slides at room temperature for 15 min, rinse slides with PBS for 5 min, and repeat twice.

4.3. Add 100  $\mu$ L of blocking buffer onto the circle to fully cover the tissue section. Incubate the slides at room temperature for 15 min, rinse slides with PBS for 5 min, and then repeat twice.

4.4. Dilute the primary CD8 protein antibody with Antibody Diluent at a ratio of 1:100. Add 100  $\mu$ L of the diluted antibody onto the circle to fully cover the tissue section. Incubate the slides in a moist chamber at 4 °C overnight (about 12 h).

4.5. Rewarm the slides at room temperature for 30 min, rinse slides with PBS for 5 min, and then repeat twice.

4.6. Dilute the secondary antibody with PBS at a ratio of 1:500. Place 100  $\mu$ L of the diluted antibody onto the circle to fully cover the tissue section. Incubate the slides at room temperature for 60 min, rinse slides with PBS for 5 min, and then repeat twice.

4.7. Dissolve the DAB particles according to the manufacturer's instructions. Mix well before use. Add 100  $\mu$ L of DAB solution onto the circle to fully cover the tissue section. Color development will take 1 min. The slides can be placed on white paper for better color observation.

4.8. Rinse the slides with ddH<sub>2</sub>O immediately after color development. Accurate time control can reduce background staining.

4.9. Immerse the slides in hematoxylin for 60 s, rinse the slides with running water for 1–2 min, and then immerse the slides in 1% hydrochloric-alcohol solution for 1 s.

4.10. Rinse the slides with running water for 1–2 min, immerse the slides in 0.037 M ammonium hydroxide 6x–8x, and then rinse the slides with running water for 1–2 min.

NOTE: All incubation steps should be carried out in a moist chamber. Make sure that the liquid is well enclosed by the hydrophobic boundary, or the tissue section may dry out.

## **5. Dehydration and mounting sections**

5.1. Wash slides in the following order to dehydrate the tissue sections: 80% ethanol for 5 min, 90% ethanol for 5 min, 2x 100% ethanol for 5 min, and 2x xylene for 10 min.

5.2. Add one drop of environmentally friendly resin to cover the section. Mount the section with a cover slip. Make sure no bubbles are trapped. Dry the slides in the air and then view them under a microscope.

## **REPRESENTATIVE RESULTS:**

Successful immunohistochemical staining shows the CD8+ TILs in the tumor sections (bladder cancer). CD8 protein expression (the surface marker of CD8+ TILs) are defined and quantified

using the brown signal in the image (**Figure 1**); the blue signal represents the cell nucleus. Meanwhile, the location of CD8+ TILs can be determined by observing the distribution of both the brown and blue signals (**Figure 2**). **Figure 3** and **Figure 4** depict oral cancer tissues used as 'positive' and 'negative' controls, respectively, in our experiments

#### **FIGURE LEGENDS:**

**Figure 1. CD8+ TILs are well infiltrated into the tumor.** Normal tissue cannot be observed in this image; most CD8+ T cells are in the tumor area. An arrow indicates CD8+ T cells. 100x magnification.

**Figure 2. CD8+ TILs are distributed mainly at the interface of the tumor and tumor-adjacent stroma.** There are few CD8+ T cells in the tumor area. 200x magnification.

**Figure 3. Negative control (Oral cancer tissue).** There are no CD8+ T cells in this tissue.

**Figure 4. Positive control (Oral cancer tissue).** Many CD8+ T cells are infiltrated into the tumor.

#### **DISCUSSION:**

The presence of CD8+ TILs has been reported in different kind of tumors<sup>6-8</sup>. The retrieval of the antigen denatures the CD8 protein and exposes the antigen epitope. Binding of the anti-CD8 antibody and subsequent horseradish peroxidase-labeled secondary antibody are quite effective and the color development is well established. The results of CD8 IHC can help to provide a direct view of CD8+ TILs in the tumor microenvironment, as shown in **Figure 1** and **Figure 2**.

To better display the results of IHC in sections, the materials and steps could be more effective. The primary antibody is the key factor for the success of the whole experiment. The specificity of the primary antibody can determine the outcome. There will be a high background if the primary antibody binds to other proteins non-specifically. The species origin of the primary antibody is also important. The antibodies cannot be generated in the same species as the samples, or the secondary antibody will bind to both the primary antigen and non-targeted sample proteins, causing a high background. The primary antibody concentration and the primary antibody incubation time with tissues should be individualized for a specific protein. During the entire operation, the slices should not be dried; otherwise, there will be non-specific staining. Furthermore, negative and positive control samples are needed to validate the results.

IHC has several advantages compared to other detection methods. Samples are more accessible and last long in storage. The reagents and equipment have been commercialized for years, which lowers the cost. Information on the expression and location can be presented at the same time to help describe features of individual patients. However, there are also limitations. Lymphocyte infiltration into tumors is a dynamic process, because the infiltration, expansion, and apoptosis of immune cells can influence the equilibrium of the body. The results of IHC only reflect the infiltration at one specific time point, and not the dynamic changes over time. This disadvantage partly inhibits its clinical application in tumor immunotherapy, which mostly depends on T cell infiltration into tumor microenvironment.

**ACKNOWLEDGMENTS:**

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**DISCLOSURES:**

The authors have nothing to disclose.

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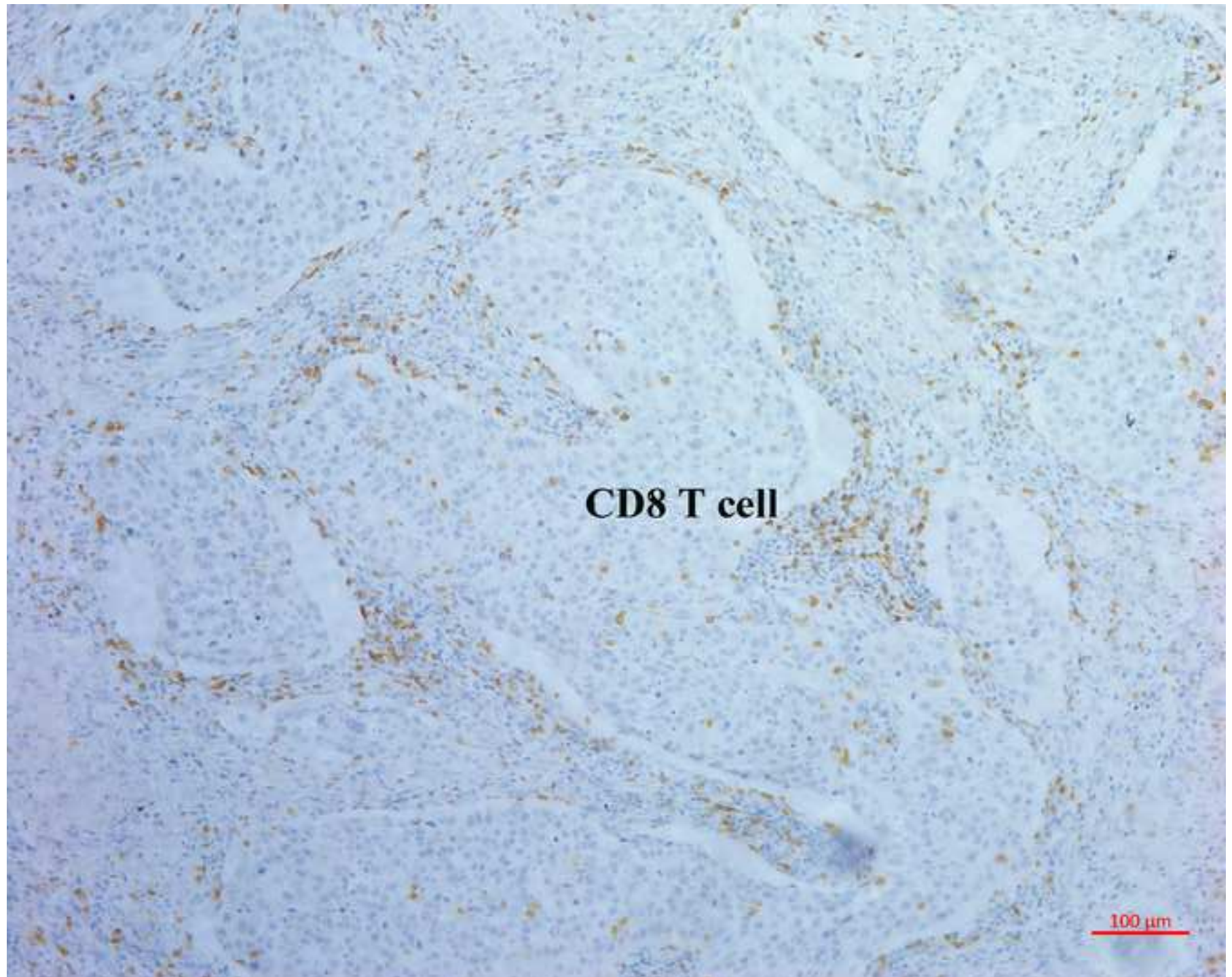




Figure 2

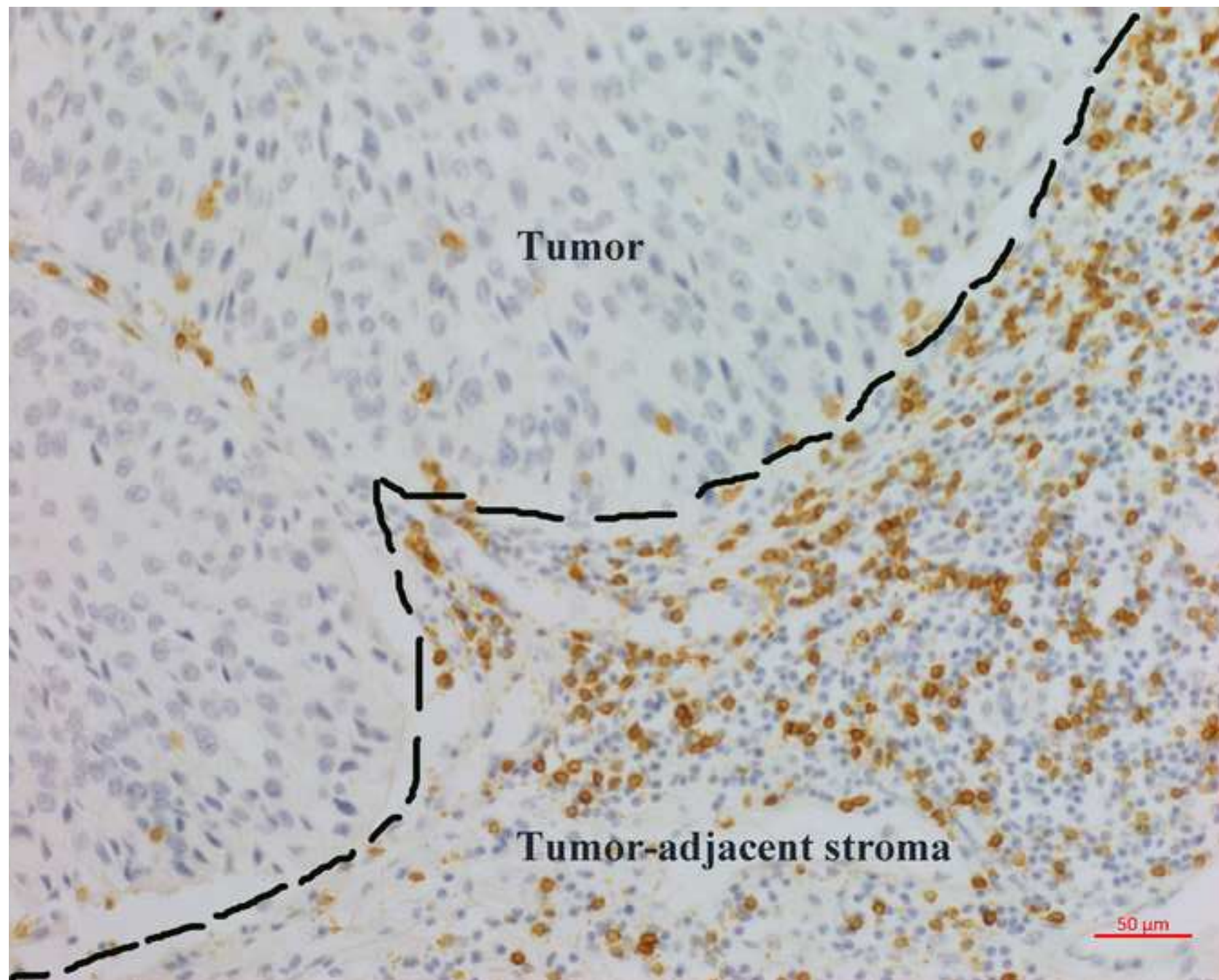




Figure 3

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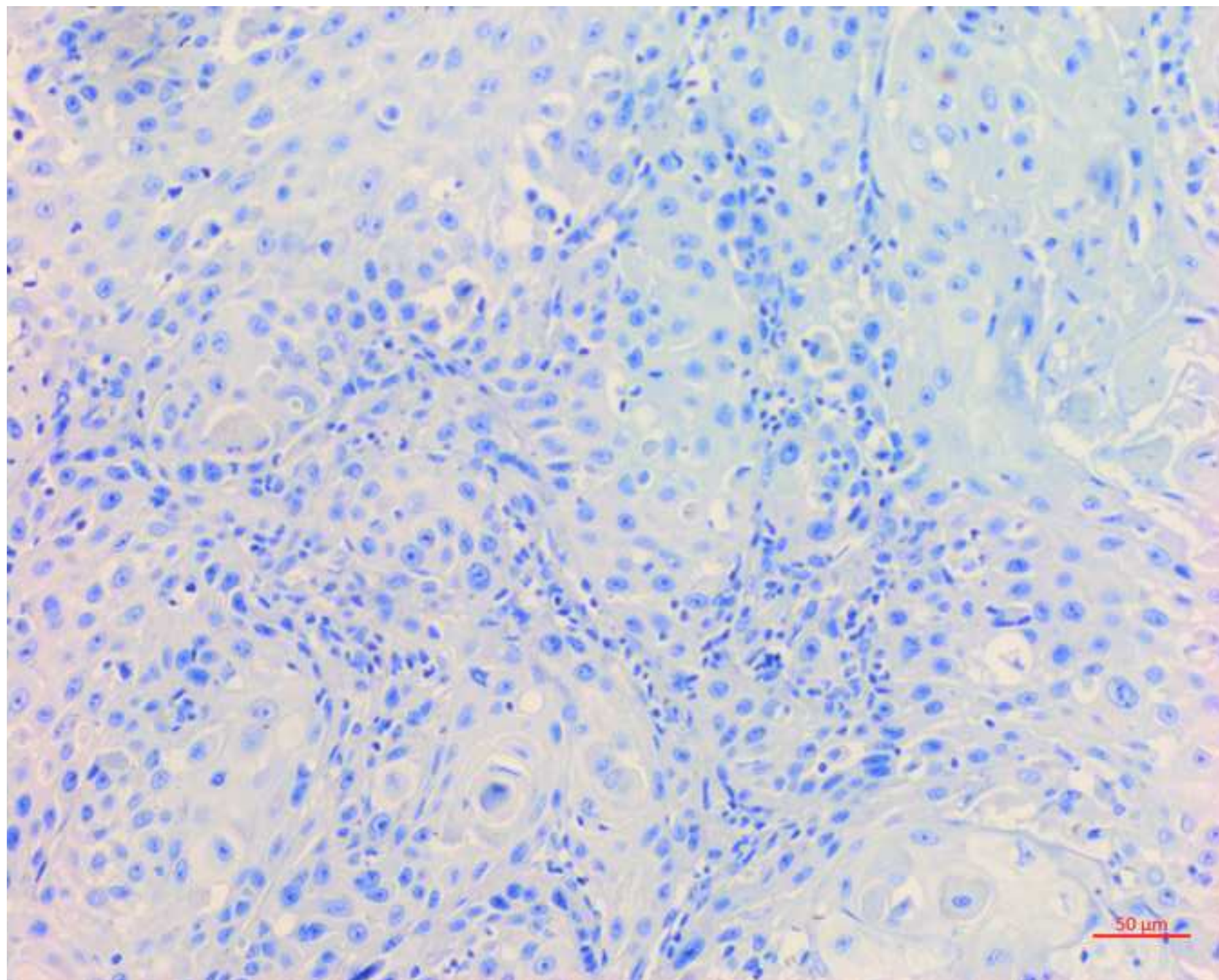
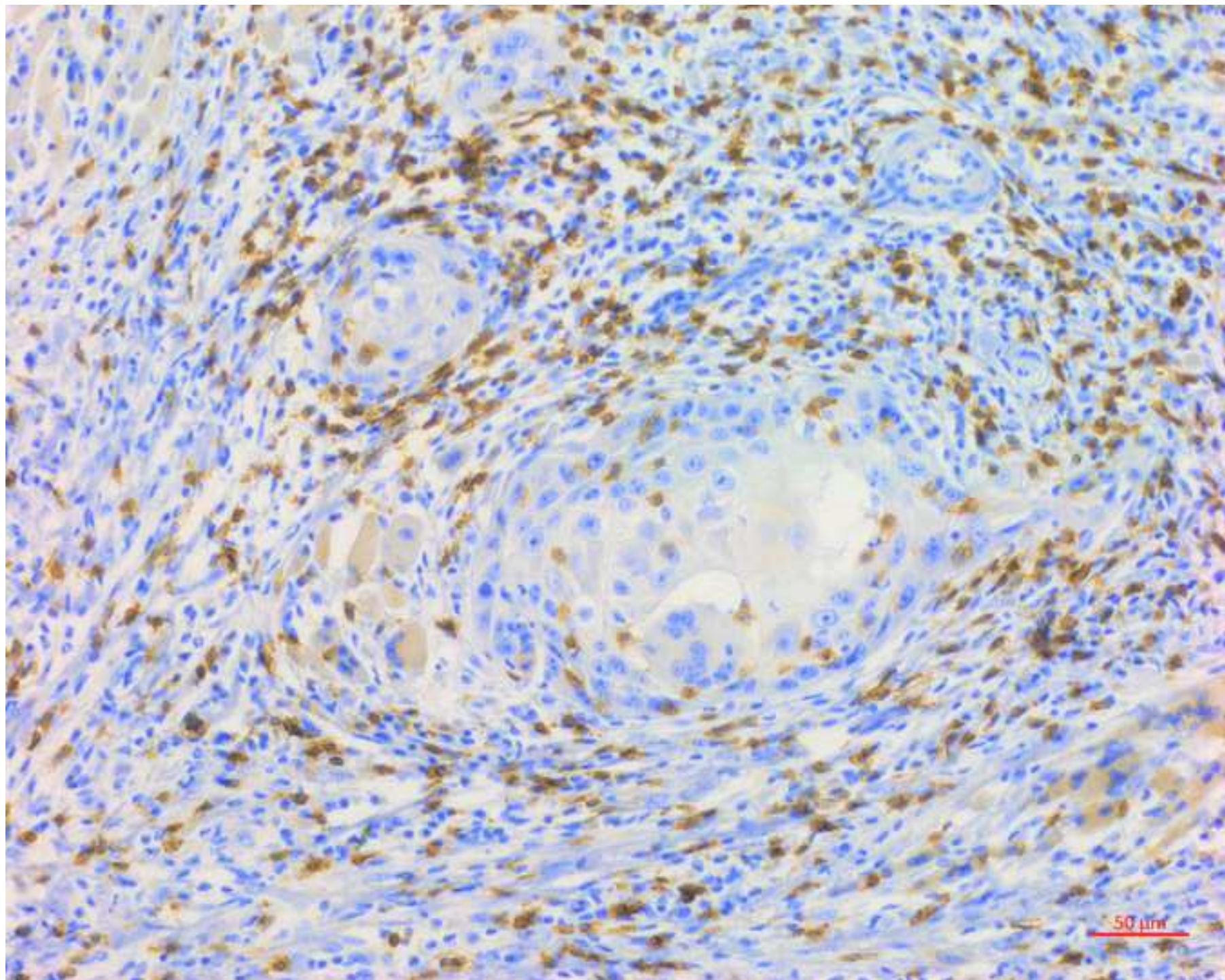




Figure 4

[Click here to access/download;Figure;Figure 4-Positive control-CD8+ 20X1-1.tif](#)



<b>Name of Material/ Equipment</b>	<b>Company</b>	<b>Catalog Number</b>
Ammonium hydroxide	Guangzhou Chemical Reagent Factory	1336-21-6
Antibody Diluent, Background Reducing Blocking buffer	DAKO Serotec	S302281 BUF029
CD8, Rabbit Monoclonal Antibody	Thermo Scientific	RM-9116-S
Citrate buffer	MXB Biotechnologies	MVS-0066
DAB	MXB Biotechnologies	DAB-0031
Ethanol	Guangzhou Chemical Reagent Factory	
Formalin	Xiuwei Commerce	XW-RS-019
Goat anti-Rabbit IgG (H+L) Cross Adsorbed Secondary Antibody, HRP conjugate	Thermo Scientific	31462
Hematoxylin	Xiuwei Commerce	XW-RS-001
Hydrochloric	Guangzhou Chemical Reagent Factory	7647-01-0
Hydrogen peroxide	Guangzhou Chemical Reagent Factory	7722-84-1
Paraffin	Leica	39601006
Phosphate-buffered saline(PBS)	MXB Biotechnologies	PBS-0060
Pressure cooker	Supor	
Resin	Xiuwei Commerce	XW-RS-005
Tissue processor	Leica	TP1020
Xylene	Guangzhou Chemical Reagent Factory	1330-20-7

**Comments/Description**

Antigen retrieval buffer, pH 6.0

pH 7.5





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Dear Phillip,

The following is the document that addresses each of the editorial comments individually with the revised manuscript. We haven't finished the professional proofreading service because of the limited time. If there are still contents that need to be revised and improved, please contact us immediately.

Best,

Shiqiang

**Editorial comments:**

1. The manuscript as a whole is still unclear in many places; please proofread further (and consider using a professional proofreading service).

This process probably needs another two weeks.

2. Please include an ethics statement before the numbered protocol steps indicating that the protocol follows the guidelines of your institution's human research ethics committee.

The Ethical Committee of the Seventh Affiliated Hospital, Sun Yat-sen University approved all experimental methods in the study.

3. Protocol: What are the 'Focus' sections? JoVE guidelines do not allow these; they should be 'NOTE's or numbered protocol steps.  
Have revised.

4. 1.1: Where does the tumor tissue come from here? How fresh should it be? Around how large?

The tumor tissues come from patients who had tumor resection. The tumor is considered as fresh specimen fixed in **10% formalin** within half an hour after resected from human body. The fixed tissue is 2\*2\*0.3cm.

5. 1.3: Please include the tissue processor in the Table of Materials

Leica TP1020 Semi-enclosed Benchtop Tissue Processor

6. 1.4: What is the fridge temperature?

The temperature is -2~-8°C.

7. 1.7: How exactly are slides coated? How much paraffin?

In this place we used the wrong word "slides", it should be tissue wax block. It was done by putting the cutting side of the wax block in liquid paraffin twice.

8. 2.1: How exactly is melted wax wiped away?

Wipe off melted wax on the slides with a paper towel without touching the sections if there is melted wax on the slides which can be wiped off after baking.

9. 3.1: So are slides boiled in a pressure cooker? It's not mentioned in the Table of Materials. How is the cooker cooled and for around how long?

Yes, slides are boiled in a pressure cooker. The cooker is cooled by water rinsing, which takes about 10 min.

10. 3.2: Repeat what twice?

Have revised.

11. Results: These are still vague, and important concerns raised by the reviewers have not been addressed. In particular:

a) Please explain what the blue samples are, and please explain the distribution of the signals more thoroughly.

The blue signal stands cell nucleus . We have annotated the image

b) Please explain more thoroughly how these results arise from the given protocol.

c) Please include and explain your positive and negative controls.

Have done.

d) Please include and explain additional types of tumors you have done this staining on.

We had done oral cancer tissues and used them as positive and negative controls..

12. Figures 1 and 2: Please explain what type of tumors these are. Please also more explicitly (e.g., with additional labeling and borders drawn in) point out important features of these figures (e.g., the exact boundaries of the tumors and tumor-adjacent stroma). Please do this for any new Figures included as well.

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Have revised.

**Editorial comments:**

1. The manuscript still requires editing by a fluent English speaker. If you require more time for this, please let me know; I can revise the due date.

The manuscript is edited by Elixigen.

2. Results: Please explain Figures 3 and 4 here, in particular how exactly they are 'negative' and 'positive' controls; i.e., how did you know beforehand the presence or lack of presence of TIL cells in these tissues?

Figure 3 and 4 are oral cancer tissues. At first, we used tonsil tissues as positive control, and replaced anti-human CD8 antibody with PBS as negative control. We found tissues of Figure 3 and 4 can be 'negative' and 'positive' controls in our later experiments.

3. Figure 2: You mention an interface of tumor and tumor-adjacent stroma in the legend, but have only labeled the tumor in the Figure. Please either clearly indicate where the tumor-adjacent stroma is or revise the legend.

We have labeled the tumor and tumor-adjacent stroma in the Figure 2.