

Early diagnostic potential of APC hypermethylation in esophageal cancer

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Background: The hypermethylation of APC gene is observed in various cancers, including esophageal cancer (EC). However, the association between APC methylation and the initiation and progression of EC is poorly understood.

Purpose and methods: The current study systematically reviewed studies on abnormal methylation of APC in EC and quantitatively synthesized 18 studies by meta-analysis involving 1008 ECs, 570 Barrett's esophagus (BE), and 782 controls.

Results: Our results showed higher methylation of APC in EC (OR = 23.33, $P < 0.001$) and BE (OR = 9.34, $P < 0.001$) than in normal controls. Whereas APC methylation in EC was similar to that in BE ($P = 0.052$), it was not associated with tumor stage ($P = 0.204$). Additionally, APC methylation was not significantly associated with overall survival (OS) and relapse-free survival (RFS) in patients with EC. The performance of APC methylation for the detection of EC and BE achieved areas under the receiver operating characteristic curves of 0.94 and 0.88, respectively.

Conclusion: Our results imply that APC methylation detection is a potential diagnostic biomarker for EC and BE.

Keywords: esophageal cancer, Barrett's esophagus, methylation, APC

Introduction

Cancer poses a major public health burden after cardiovascular diseases, as its global incidence and mortality continue to increase.¹ Esophageal cancer (EC) is the leading cause of cancer death; about 16,940 new cases and 15,690 deaths were estimated in the 2017 US statistics.² Due to a lack of specific symptoms and preventive measures, many EC patients are diagnosed at an advanced stage. Multimodality therapy, consisting of surgery combined with chemotherapy, is the standard treatment for resectable advanced EC.³ In spite of improvements in surgery and chemotherapy, the prognosis for EC patients presenting with advanced stage disease is poor, with the most recent statistics showing 5-year survival rates $< 50\%$.⁴ EC arises from Barrett's esophagus (BE), which is metaplastic change of the normal squamous mucosa to specialized columnar epithelium. BE ultimately progresses to dysplasia (low-grade dysplasia to high-grade dysplasia) and subsequently to EC. Therefore, early diagnosis of EC and proper endoscopic therapies for BE are key strategies for improving the survival of EC patients.

The etiology of EC is multifactorial, including interactions between various environmental, epigenetic, and genetic changes involved in inflammation.⁵ The relevant environmental factors have been elucidated by several large-scale and well-designed epidemiological studies and include obesity, *Helicobacter pylori* infection, and tobacco

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smoking.^{6–8} Genetic changes such as single-nucleotide polymorphisms involved in multiple cellular pathways may be biomarkers of EC risk.^{9,10} Recent studies have identified the important role of DNA methylation in esophageal carcinogenesis.¹¹ DNA methylation is one of the important epigenetic modifications involved in the inactivation of numerous tumor suppressor genes (TSGs).¹² It is well established that hypermethylation of multiple TSGs in association with the dysfunction of cellular biological pathways characterize human cancers. Additionally, DNA methylation biomarkers are of clinical value for early cancer diagnosis.

Adenomatous polyposis coli (*APC*) is a classical TSG located on chromosomal band 5q21-q22.¹³ *APC* was initially uncovered through genetic linkage analysis in colorectal cancer (CRC).^{13,14} *APC* protein serves as a negative regulator of the Wnt/beta-catenin pathway.¹⁵ Loss of *APC* expression leads to the stabilization and nuclear accumulation of beta-catenin that could result in the activation of downstream target genes involved in the initiation of tumorigenesis.^{16,17} In the past decades, the downregulation of *APC* through promoter hypermethylation has frequently been observed in many cancers, including EC.^{18–21} However, the diagnostic strength and association of *APC* methylation with EC progression has been less consistent. The present study aimed at summarizing recent studies on aberrant methylation of *APC* in EC progression.

Materials and methods

Identification of relevant studies

All relevant studies were systematically searched from PubMed, Google Scholar, Web of Science, China National Knowledge Infrastructure, and Wanfang literature databases and updated until June 11, 2017. The search strategies for potential studies applied different combinations of the following terms: adenomatous polyposis coli, *APC*, methylation, esophagus cancer, and esophagus carcinomas.

In addition, a manual search was performed to seek potential studies in the references of retrieved publications. All eligible studies had to have measured *APC* methylation status in EC patients rather than cancer cell lines. Neither reviews nor abstracts were included in our analysis. Studies without detailed information on *APC* methylation were excluded.

Data extraction

For the eligible studies, we extracted the first author's name, year of publication, country of study subjects, methylation assessment methods, and frequency of gene methylation (Table S1). In addition, DNA methylation data of *APC* in

EC were obtained from The Cancer Genome Atlas (TCGA) online database (<https://cancergenome.nih.gov/>). The methylation status of 186 ECs was analyzed using the human methylation 450K array (HM450). More than 450,000 CpG sites in the human genome were included in the HM450 platform. A total of 20 CpG sites (cg08636638, cg19115695, cg27062904, cg07661636, cg00190738, cg16110711, cg16451027, cg27379240, cg11057897, cg07003745, cg04011030, cg16481008, cg18315896, cg01528425, cg08934600, cg18536802, cg26660754, cg08512345, cg25922032, and cg04226363) in the promoter region of *APC* were included (Figure S1). We also downloaded clinical stage, gender, age, overall survival (OS), and relapse-free survival (RFS) data of the EC patients (Table S1).

Statistical analysis

The Stata-12.0 software (StataCorp LP, College Station, TX, USA) was used to calculate the pooled odds ratios (ORs) and the corresponding 95% confidence intervals (CIs). The heterogeneity across studies was represented as the I^2 statistic with corresponding P -value.²² When there was remarkable heterogeneity ($I^2 > 50\%$, χ^2 test with $P < 0.05$) in the meta-analysis, a Dersimonian–Laird (D + L) model was applied to calculate the pooled OR; otherwise, a Mantel–Haenszel (M–H) model was used.²³ Besides, the potential source of heterogeneity was identified by meta-regression. For the pooled ORs of studies with unknown heterogeneity source, sensitivity analysis was applied to assess the robustness of the results. The sensitivity analysis estimated the stability of results by excluding single study to estimate the effect of the individual study on the overall pooled OR. Publication bias was estimated by Begg's and Egger's linear regression tests. Diagnostic meta-analyses were also performed. The pooled sensitivity, specificity, positive likelihood ratio (PLR), negative likelihood ratio (NLR), diagnostic OR (DOR), and their corresponding 95% CIs were calculated. Summary receiver operating characteristic (SROC) curves with the areas under the receiver operating characteristic curve (AUC) were then generated. Additionally, the failsafe number (N_{fs}) test was performed using the R software (version 3.3.0) to identify the robustness of our results when significant publication bias among the studies was observed. Cox regression models were used to calculate the adjusted hazard ratios to estimate the relationship between OS and RFS with other covariates (*APC* methylation level, clinical stage, age, and gender). The survival analysis was performed by SPSS. All P -values are two-sided, and a P -value of < 0.05 was deemed statistically significant.

Results

Study characteristics

In order to analyze the relationship between *APC* methylation and EC progression, we quantitatively synthesized 18 studies including 1008 ECs, 570 BEs, and 782 controls.^{18,19,24–39} A total of 260 studies were identified using the search strategy described earlier, and 204 studies were excluded after careful filtration, of which 38 were duplicates, 21 were without methylation data, 55 were abstracts or reviews, and 94 were irrelevant. Finally, 18 studies (17 published in English and in Chinese) were included in the meta-analysis. The basic characteristics of all the included studies are shown in Table 1, and the selection process is illustrated in Figure 1.

Association of APC methylation with EC progression

First, we performed a meta-analysis of 17 studies including 948 EC patients and 757 normal controls to ascertain if there were any *APC* methylation differences between the two groups. Considering the presence of significant heterogeneity across the studies ($I^2=68.3\%$, $P<0.01$, Table 2), a meta-regression was performed to assess the potential resource of heterogeneity. The results showed that the two studies from Japan might be responsible for the significant heterogeneity. Other parameters such as year of publication, methylation detection method, and normal controls contributed little to the heterogeneity (Table 3). Therefore, we compared the pooled ORs as well as the heterogeneity value before and after removal of these two studies. Our results showed a significant decrease in heterogeneity with exclusion of the two studies ($I^2=45.1\%$, $P=0.03$, Table 2). The pooled ORs therefore showed that *APC* methylation was associated with an increased risk of EC (OR = 23.33; range, 12.72–42.78; Table 2; Figure S2). The Begg's test showed an absence of publication bias ($P=0.175$; Figure 2A), whereas the Egger's test implied the presence of publication bias ($P<0.001$; Figure 2B). Therefore, we applied the N_{fs} test and sensitivity analysis to assess the efficacy of the meta-analysis. Both the N_{fs} test ($N_{fs0.05}=1127$ and $N_{fs0.01}=878$) and sensitivity analysis supported the robustness of our results (Table 4).

Second, a meta-analysis was performed on eight studies involving 377 EC and 482 BE patients. The difference in *APC* methylation level between the two groups was slight with no statistical significance (OR = 2.58; range, 0.99–6.70; Table 2; Figure S2). The D + L model was used to compute OR because of the presence of significant heterogeneity ($I^2=81.2\%$, $P<0.001$, Table 2). However, meta-regression failed to identify any potential resource of heterogeneity (Table 5). The Begg's

and Egger's tests for publication bias were not statistically significant ($P=0.174$ and 0.204 , respectively; Figure 2C and D).

Third, the association between methylated *APC* and progression of BE was analyzed in nine studies, including 442 BEs and 288 controls. The pooled OR was computed by the D + L model, as significant heterogeneity was observed ($I^2=76.5\%$, $P<0.001$, Table 2). Our results demonstrated that methylation of *APC* was associated with an increased risk for developing BE (OR = 9.34; range, 2.92–29.82). The pooled OR was not significantly transformed by the M–H model (Table 2), indicating that our results were robust. The sensitivity analysis also confirmed the stability and credibility of our results (Table 6). No potential source of heterogeneity was identified by meta-regression (Table 7). No publication bias was observed by Begg's test ($P=0.917$; Figure 2E) and Egger's test ($P=0.222$; Figure 2F).

Finally, in order to examine the association between *APC* methylation and the progression of EC, we quantitatively analyzed the association between *APC* methylation and tumor stage. A total of three studies including 76 patients classified as stage T1 or T2 and 164 patients classified as stage T3 or T4 were analyzed. Due to remarkable heterogeneity across the studies, a D + L model was applied and results showed no statistical significance (OR = 2.25; range, 0.64–7.87; Table 2; Figure S2). The results of Begg's ($P=0.734$) and Egger's ($P=0.686$) tests illustrated no publication bias among these three studies (Figure 2G and H).

The diagnostic accuracy of methylated APC for EC and BE

The diagnostic accuracy of methylated *APC* for EC was analyzed from 17 studies involving 948 EC patients and 757 controls. The summary specificity and sensitivity of methylated *APC* for distinguishing EC from controls were 0.96 (95% CI: 0.92–0.98) and 0.55 (95% CI: 0.39–0.69), respectively (Figure 3). The SROC based on the specificity and sensitivity is shown in Figure 3, and the AUC was 0.94 (95% CI: 0.91–0.95). The summary diagnostic OR was 30 (95% CI: 10–88). The PLR and NLR were 14.0 (95% CI: 5.9–32.8) and 0.47 (95% CI: 0.33–0.67), respectively. As indicated by the PLR, EC patients had a ~14 times higher chance of having methylated *APC* than normal controls. Also, as indicated by the NLR, normal controls had a twofold greater chance (the reciprocal of the value of NLR) of having unmethylated *APC* than EC patients. As shown in Figure 4, the Fagan plot analyses based on the PLR and NLR demonstrated that the probability of a patient being diagnosed with EC was,

Table 1 Main characteristics of studies included in the current analyses

First author (reference)	Year	Country	Normal source	Method	EC		BE		Control		T _{1/2}		T _{3/4}		Stage I/II		Stage III/IV		N+		N-	
					M+	Total	M+	Total	M+	Total	M+	Total	M+	Total	M+	Total	M+	Total	M+	Total	M+	Total
Moriichi et al ³³	2009	Japan	H	MSP	-	-	63	88	10	25	-	-	-	-	-	-	-	-	-	-	-	-
Kawakami et al ²⁴	2000	USA	H	qMSP	64	84	17	43	0	20	-	-	-	-	-	-	-	-	-	-	-	-
Eads et al ²⁵	2001	USA	A	qMSP	15	22	16	19	1	31	8	11	7	11	-	-	-	-	-	-	-	-
Brock et al ²⁶	2003	USA	A	MSP	27	41	-	-	3	41	-	-	-	-	-	-	-	-	-	-	-	-
Brock et al ²⁶	2003	USA	H	MSP	-	-	-	-	0	17	-	-	-	-	-	-	-	-	-	-	-	-
Sarbia et al ²⁷	2004	Germany	A	qMSP	39	50	-	-	1	50	-	-	-	-	-	-	-	-	-	-	-	-
Schulmann et al ²⁸	2005	USA	A	qMSP	54	77	75	92	9	64	-	-	-	-	-	-	-	-	-	-	-	-
Clement et al ²⁹	2006	Switzerland	H	MS-DBA	25	27	15	25	0	16	-	-	-	-	-	-	-	-	-	-	-	-
Guo et al ³⁰	2006	China	H	MSP	9	69	1	60	0	17	-	-	-	-	-	-	-	-	-	-	-	-
Ishii et al ³¹	2007	Japan	A	MSP	15	56	4	21	10	56	-	-	-	-	-	-	-	-	-	-	-	-
Ishii et al ³¹	2007	Japan	H	MSP	-	-	-	-	4	42	-	-	-	-	-	-	-	-	-	-	-	-
Kim et al ³²	2009	Korea	H	MSP	23	50	-	-	-	-	7	15	16	35	-	-	-	-	8	26	15	24
Zare et al ³⁴	2009	Iran	A	MSP	20	45	-	-	0	45	-	-	-	-	-	-	-	-	-	-	-	-
Wang et al ¹⁸	2009	USA	H	MSP	20	32	52	94	0	17	-	-	-	-	-	-	-	-	-	-	-	-
Li et al ³⁵	2011	China	A	MSP	6	47	-	-	2	47	-	-	-	-	-	-	-	-	-	-	-	-
Wang et al ³⁶	2011	China	A	MSP	34	76	-	-	5	76	1	16	33	60	3	35	31	41	31	48	3	28
Hoshimoto et al ³⁷	2015	USA	A	MSP	21	114	-	-	0	28	4	45	17	69	9	68	12	46	-	-	-	-
Fukui et al ³⁸	2016	Japan	H	MS-HRM	9	10	18	128	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Guilleret et al ¹⁹	2016	Switzerland	H	MLM	25	26	-	-	0	8	-	-	-	-	-	-	-	-	-	-	-	-
Lei et al ³⁹	2011	China	A	qMSP	99	182	-	-	18	182	-	-	-	-	-	-	-	-	-	-	-	-

Notes: A, autologous (control sample from the same patients); H, heterogeneous (control samples from other individuals); M+, positive for APC methylation; N+, positive for lymph node metastasis; N-, negative for lymph node metastasis. **Abbreviations:** BE, Barrett's esophagus; EC, esophageal cancer; MLM, methylation ligation-dependent macroarray; MSP, methylation-specific polymerase chain reaction; MD-DBA, methylation-sensitive dot-blot assay; MS-HRM, methylation-sensitive high-resolution melting; qMSP, quantitative methylation-specific polymerase chain reaction.

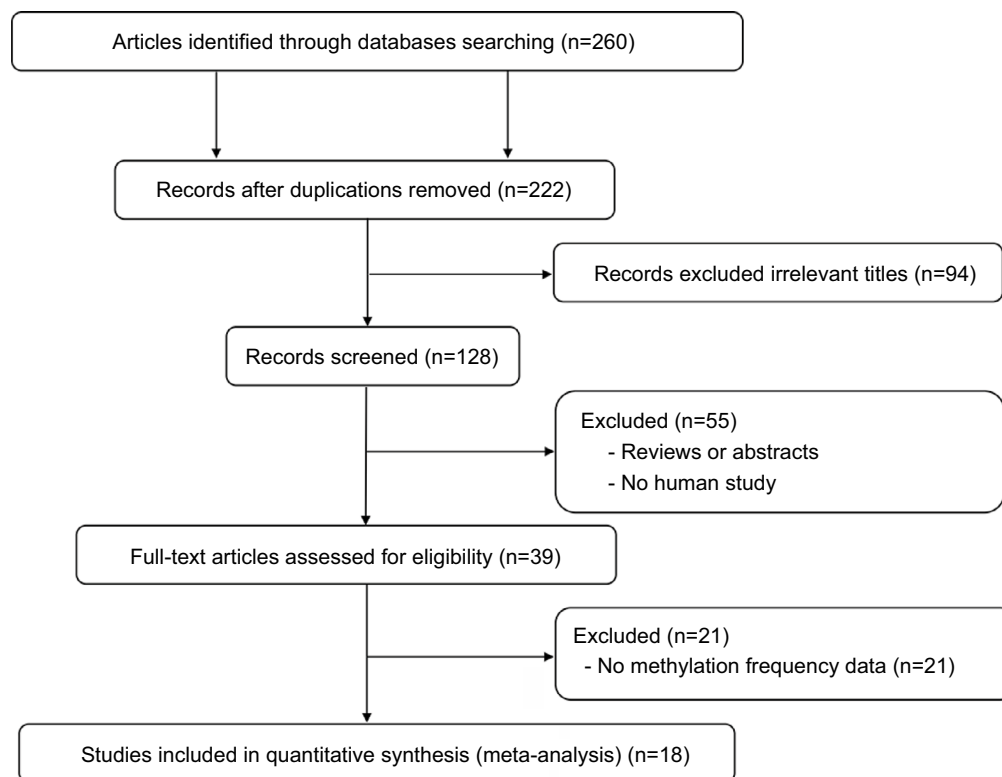


Figure 1 Flow diagram of the search strategy for this meta-analysis.

Table 2 Summary of pooled OR of APC methylation during the carcinogenesis of EC

Characteristics	N	M-H model			D + L model			Test of heterogeneity	
		OR	95% CI	P	OR	95% CI	P	I ²	P
EC vs control	17	12.95	9.57–17.52	<0.001	17.64	8.90–34.95	<0.001	68.30%	<0.001
EC vs control ^a	15	18.79	13.24–26.67	0.03	23.33	12.72–42.78	<0.001	45.10%	0.03
EC vs BE	8	1.91	1.36–2.70	<0.001	2.58	0.99–6.70	0.052	81.20%	<0.001
BE vs control	9	9.3	6.04–14.34	<0.001	9.34	2.92–29.83	<0.001	76.50%	<0.001
T _{3/4} vs T _{1/2}	4	2.56	1.35–4.89	0.04	2.25	0.64–7.87	0.204	63.90%	0.04

Note: ^aThe pooled OR of APC methylation was computed after removal of two studies from Japan, which might be responsible for the significant heterogeneity in EC vs control.

Abbreviations: BE, Barrett's esophagus; CI, confidence interval; EC, esophageal cancer; OR, odds ratio.

respectively, 82% and 93% following a positive methylated *APC* result, whereas the pretest probability of being diagnosed with EC was 25% and 50%, respectively. However, the probability of an exclusion diagnosis of EC was 14 and 32% following a negative methylated *APC* result. Besides, the Deek's funnel plot test indicated no publication bias across the studies included in the diagnostic analysis (Figure 5).

The diagnostic accuracy of *APC* methylation for BE was analyzed in nine studies involving 442 BEs and 288 controls. The pooled specificity and sensitivity were 0.96 (95% CI: 0.79–0.99) and 0.48 (95% CI: 0.22–0.74), respectively (Figure 3). The area under the SROC was 0.88 (95% CI: 0.85–0.91). The summary diagnostic OR was 24 (95% CI:

3–163). The PLR and NLR were 12.8 (95% CI: 2.2–74.7) and 0.54 (95% CI: 0.32–0.93), respectively. As indicated by the PLR, BE patients had a ~13 times higher chance of having methylated *APC* than normal controls. Similarly, as indicated by the NLR, normal controls had a 1.9-fold greater chance (the reciprocal of the value of NLR) of having unmethylated *APC* than BE patients. The Fagan plot analyses based on the PLR and NLR demonstrated that the probability of a patient being diagnosed with BE was, respectively, 81 and 93% following a positive methylated *APC* result, whereas the pretest probability of being diagnosed with BE was 25% and 50%, respectively (Figure 4). However, the probability of an exclusion diagnosis of BE was 15% and 35%, following a

Table 3 Meta-regression analysis of *APC* promoter methylation in EC vs control

Characteristics	Coefficient	P	95% CI	
			Lower	Upper
Year	-0.094	0.333	-0.296	0.107
Country				
China	-2.01	0.2	-5.25	1.231
Germany	0.865	0.641	-3.101	4.831
Japan	-3.507	0.039	-6.804	-0.208
Switzerland	1.455	0.449	-2.625	5.534
USA	-1.162	0.451	-4.434	2.109
Iran	Dropped			
Method				
MLM	-0.152	0.956	-5.979	5.675
MSP	-3.613	0.082	-7.75	0.523
qMSP	-2.399	0.241	-6.612	1.815
MS-DBA	Dropped			
Normal source				
Autologous	-0.894	0.303	-2.681	0.892
Heterogeneous	Dropped			

Abbreviations: CI, confidence interval; EC, esophageal cancer; MLM, methylation ligation-dependent macroarray; MSP, methylation-specific polymerase chain reaction; qMSP, quantitative methylation-specific polymerase chain reaction; MD-DBA, methylation-sensitive dot-blot assay; MS-HRM, methylation-sensitive high-resolution melting.

Table 4 Sensitivity analysis of *APC* methylation in EC vs control

Study omitted	Estimate	95% CI	
		Lower	Upper
Kawakami et al (2000) ²⁴	21.509	11.769	39.309
Eads et al (2001) ²⁵	21.959	11.784	40.922
Brock et al (2003) ²⁶	24.022	12.334	46.784
Brock et al (2003) ²⁶	22.514	12.103	41.883
Sarbia et al (2004) ²⁷	19.232	10.945	33.794
Schulmann et al (2005) ²⁸	26.945	13.249	54.801
Clement et al (2006) ²⁹	20.521	11.509	36.590
Guo et al (2006) ³⁰	24.966	13.317	46.804
Zare et al (2009) ³⁴	22.336	12.041	41.434
Wang et al (2009) ¹⁸	22.720	12.178	42.387
Li et al (2011) ³⁵	26.488	14.505	48.373
Wang et al (2011) ³⁶	27.021	13.588	53.736
Hoshimoto et al (2015) ³⁷	24.373	12.908	46.021
Guilleret et al (2016) ¹⁹	21.081	11.683	38.041
Lei et al (2011) ³⁹	28.045	13.984	56.244
Combined	23.328	12.722	42.776

Abbreviations: CI, confidence interval; EC, esophageal cancer.

negative methylated *APC* result. There was no publication bias observed by the Deek's funnel plot test (Figure 5).

Association between methylation of *APC* and prognosis of EC

In the current study, we analyzed 11 different probes located in the promoter region of *APC* including the transcription start site (chr 5:112043265-112043265) and CpG island (chr 5:112043080-112043917). The association between *APC*

Table 5 Meta-regression analysis of *APC* promoter methylation in EC vs BE

Characteristics	Coefficient	P	95% CI	
			Lower	Upper
Year	0.136	0.258	-0.126	0.398
Country				
China	0.060	0.981	-5.969	6.089
USA	-1.786	0.348	-6.220	2.647
Japan	-0.174	0.932	-5.180	4.832
Switzerland	Dropped			
Method				
MS-DBA	-1.887	0.389	-7.029	3.254
MSP	-3.221	0.110	-7.482	1.040
qMSP	-3.687	0.072	-7.851	0.477
MLM	Dropped			

Abbreviations: BE, Barrett's esophagus; CI, confidence interval; EC, esophageal cancer; MLM, methylation ligation-dependent macroarray; MSP, methylation-specific polymerase chain reaction; qMSP, quantitative methylation-specific polymerase chain reaction; MD-DBA, methylation-sensitive dot-blot assay; MS-HRM, methylation-sensitive high-resolution melting.

Table 6 Sensitivity analysis of *APC* methylation in BE vs control

Study omitted	Estimate	95% CI	
		Lower	Upper
Moriichi et al (2009) ³³	11.255	2.784	45.504
Kawakami et al (2000) ²⁴	8.518	2.476	29.298
Eads et al (2001) ²⁵	6.714	2.132	21.142
Schulmann et al (2005) ²⁸	7.686	2.184	27.048
Clement et al (2006) ²⁹	8.073	2.385	27.320
Guo et al (2006) ³⁰	11.250	3.360	37.672
Ishii et al (2007) ³¹	13.016	4.093	41.395
Ishii et al (2007) ³¹	11.698	3.243	42.193
Wang et al (2009) ¹⁸	8.126	2.395	27.565
Combined	9.339	2.923	29.834

Abbreviations: BE, Barrett's esophagus; CI, confidence interval.

Table 7 Meta-regression analysis of *APC* promoter methylation in BE vs control

Characteristics	Coefficient	P	95% CI	
			Lower	Upper
Year	-0.391	0.091	-0.866	0.084
Country				
China	-4.011	0.165	-10.572	2.550
Japan	-3.080	0.142	-7.761	1.601
USA	-0.068	0.970	-4.739	4.603
Switzerland	Dropped			
Method				
qMSP	-0.057	0.977	-4.928	4.814
MSP	-2.873	0.130	-5.322	0.424
MS-DBA	Dropped			

Abbreviations: BE, Barrett's esophagus; CI, confidence interval; MSP, methylation-specific polymerase chain reaction; qMSP, quantitative methylation-specific polymerase chain reaction; MD-DBA, methylation-sensitive dot-blot assay; MS-HRM, methylation-sensitive high-resolution melting.

methylation and RFS was analyzed using 144 EC patients from TCGA. Analysis of the relationship between *APC* methylation and OS was conducted using data from 186 patients.

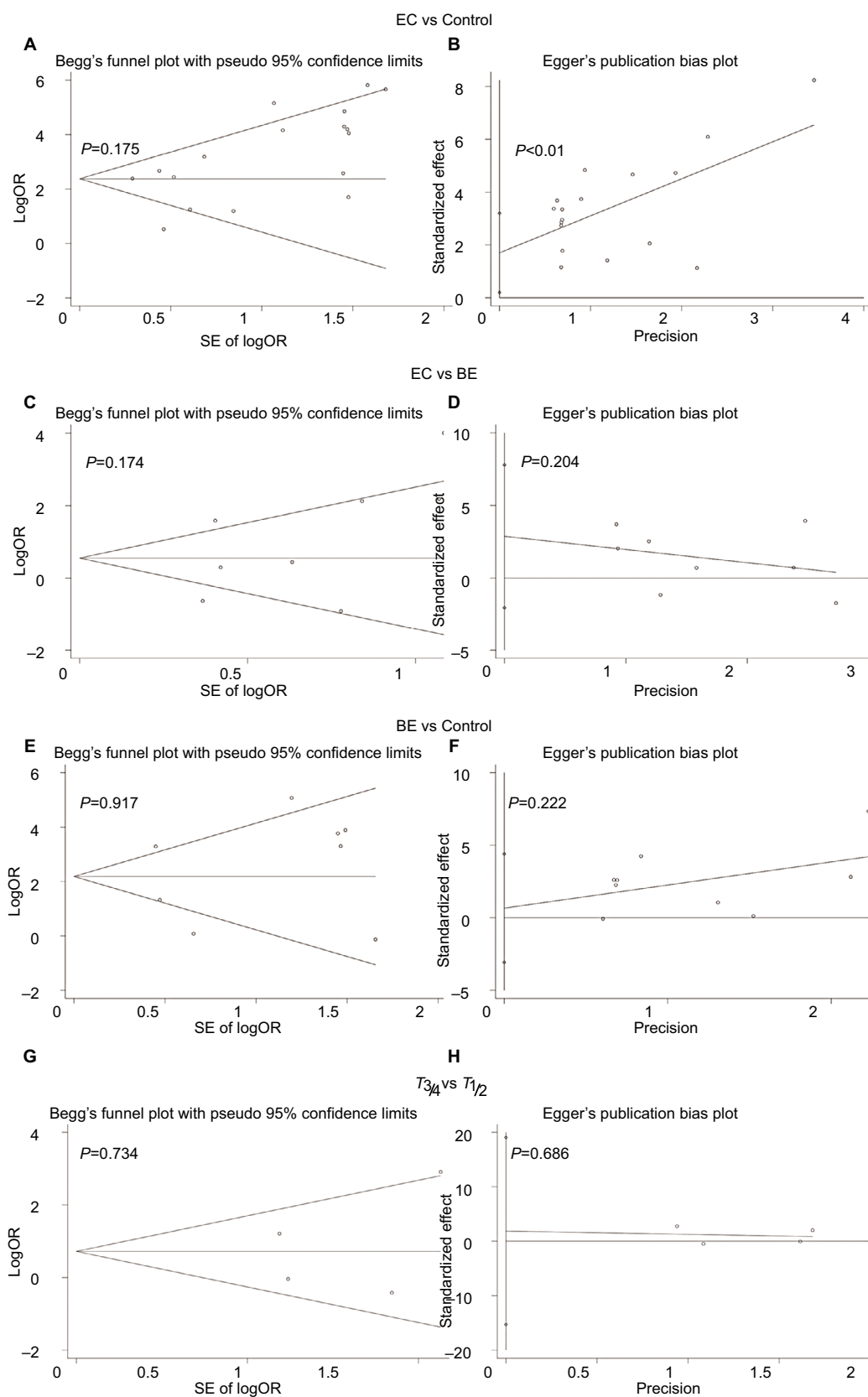


Figure 2 Begg's funnel and Egger's plots of publication bias for APC methylation during esophageal carcinogenesis.

Notes: (A and B) Cancer vs controls. (C and D) Cancer vs BE. (E and F) BE lesions vs control. (G and H) $T_{3/4}$ vs $T_{1/2}$.

Abbreviations: BE, Barrett's esophagus; EC, esophageal cancer; OR, odds ratio; SE, standard error.

Cox proportional-hazards regression models were applied to adjust multiple variables to estimate the OS and RFS. As we speculated, no statistically significant difference was found between *APC* methylation and the examined clinical parameters (Table 8).

Discussion

Esophageal carcinoma is thought to develop from BE following accumulation of genetic and epigenetic abnormalities leading to the activation of oncogenes and/or inactivation of TSGs.^{40–42} These aberrant genetic and epigenetic changes

result in the failure to maintain the equilibrium of multiple biological pathways. The Wnt/beta-catenin pathway is a main regulator of development through impacting the cell cycle at various points.⁴³ Dysfunction of the Wnt/beta-catenin pathway components underlies multiple growth-related pathologies and human cancers.⁴³ Genomic studies have identified various epigenetically silenced genes such as *SFRP5*, *SOX17*, *WIF1*, and *APC* involved in the Wnt/beta-catenin pathway.⁴³ The APC protein is the core constituent of the Wnt pathway that was first identified in CRC.⁴⁴ A direct correlation between *APC* methylation and loss of expression has been

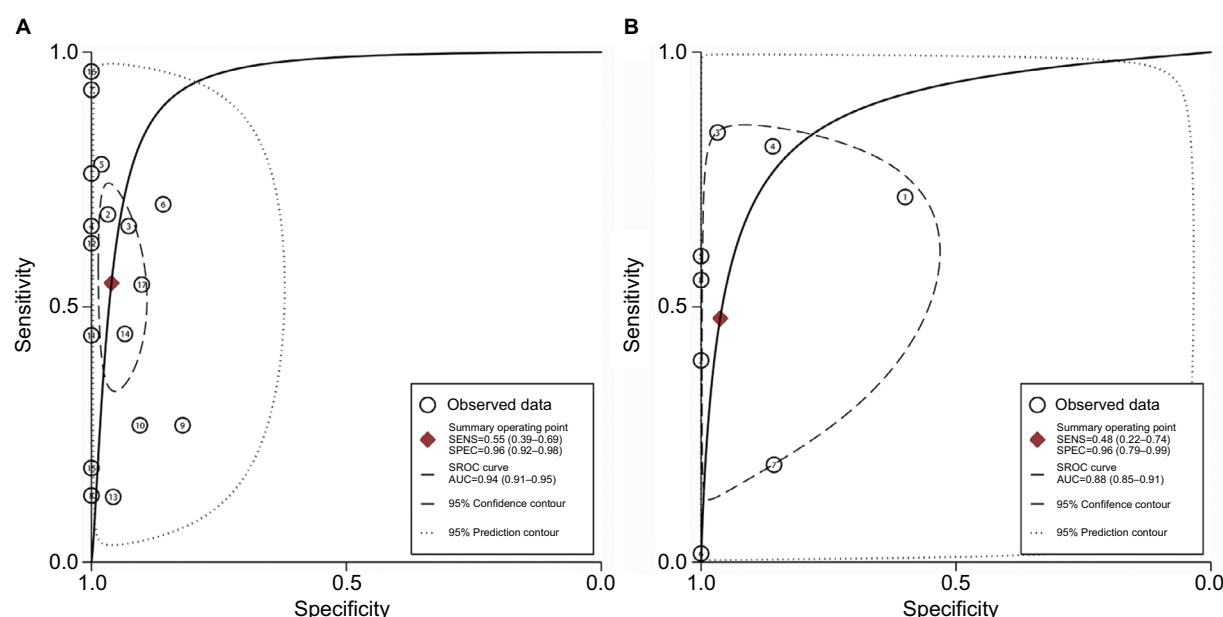


Figure 3 SROC plots of methylated *APC* for the diagnosis of EC and BE.

Notes: (A) Cancer vs control: specificity, 0.96 (95% CI: 0.92–0.98); sensitivity, 0.55 (95% CI: 0.39–0.69); AUC, 0.94 (95% CI: 0.91–0.95). (B) BE vs control: specificity, 0.96 (95% CI: 0.79–0.99); sensitivity, 0.48 (95% CI: 0.22–0.74); AUC, 0.88 (95% CI: 0.85–0.91).

Abbreviations: AUC, area under the receiver operating characteristic curve; BE, Barrett's esophagus; CI, confidence interval; EC, esophageal cancer; SROC, summary of receiver operating characteristic; SENS, sensitivity; SPEC, specificity.

Table 8 Survival analysis of 11 CpG island probes located in the promoter region of *APC* applying TCGA cohort

ID	RFS				OS			
	HR	95% CI		P	HR	95% CI		P
		Lower	Upper			Lower	Upper	
cg11057897	0.0111	0.000073	1.684989	0.079	0.101	0.004315	2.373252	0.16
cg04011030	0.000000498	3.71E-19	691,601.878	0.31	0.00876	1.47E-10	529,992.6672	0.6
cg16481008	1,900,000	7.62E-14	4.43E+25	0.53	3,380,000,000	0.000341	3.29935E+22	0.15
cg18315896	5.04E-18	1.94E-38	1410.265256	0.097	0.145	5.12E-14	3.89619E+11	0.89
cg01528425	2.54E-16	3.84E-36	18,725.35578	0.12	14,050.57	1.04E-09	1.87534E+17	0.54
cg08934600	38.87	8.27E-08	1,856,960,942	0.72	0.0167	1.38E-11	20,103,936.74	0.7
cg18536802	9608.5	5.82E-10	1.57E+17	0.55	27,382.19	0.000507	1.43E+12	0.26
cg26660754	9.43E-08	6.74E-17	129.948781	0.13	4229.44	0.000458	36,992,750,139	0.31
cg08512345	8.73E-27	1.48E-61	547,656,291.1	0.14	1.79E-08	4.69E-32	7.28E+15	0.52
cg25922032	6.64E-40	3.12E-85	1,424,872.33	0.09	4.29E-20	3.05E-49	5,826,722,563	0.19
cg04226363	2.83E-24	1.16E-56	801,341,200.2	0.15	4.09E-15	3.49E-35	456,874.5593	0.16

Abbreviations: CI, confidence interval; HR, hazard ratio; OS, overall survival; RFS, relapse-free survival.

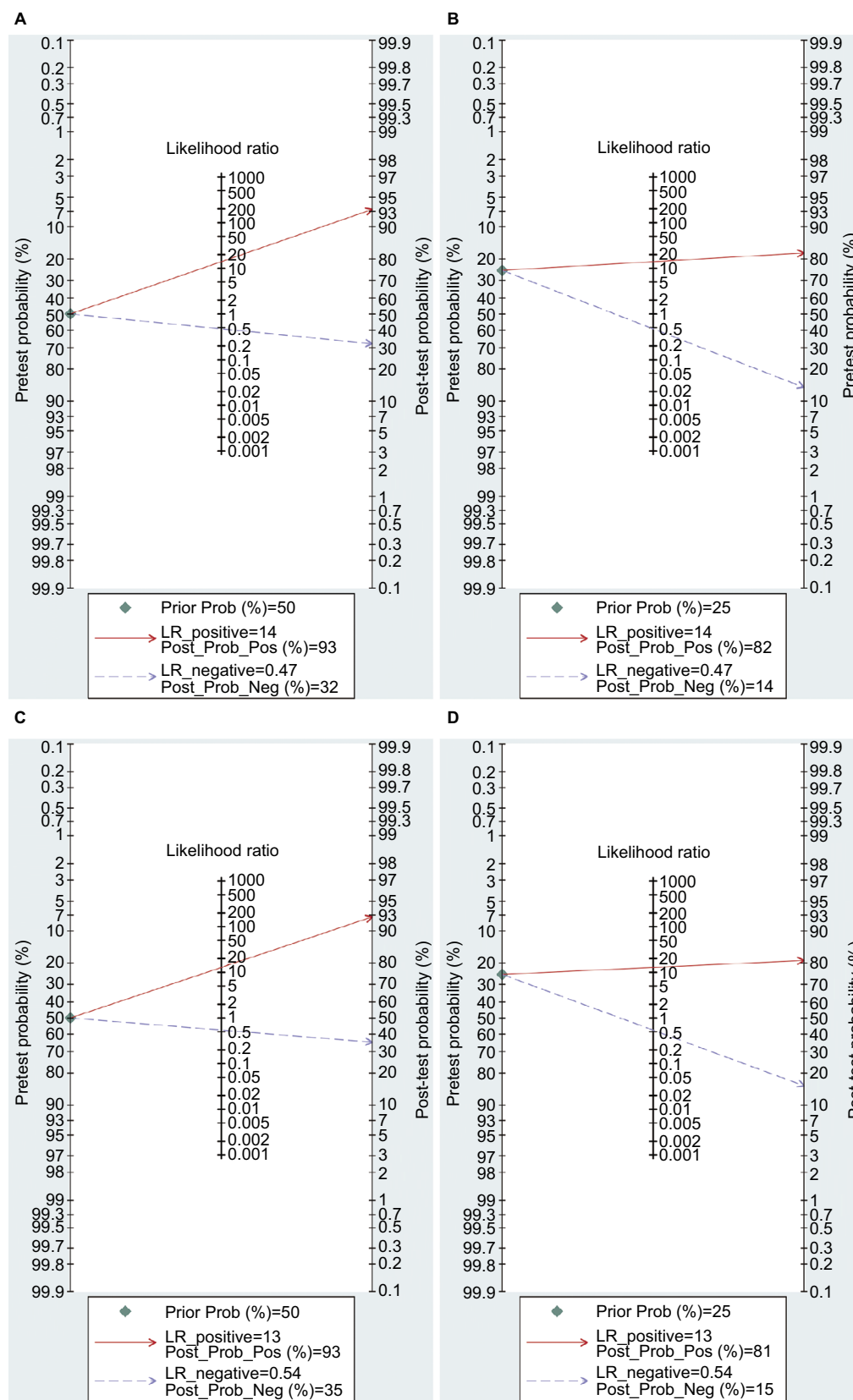


Figure 4 Fagan plot analysis to evaluate the clinical applicability of screening for methylated APC in EC diagnosis.

Notes: (A) The post-test probability of EC was 93% at a pretest probability of 50%. (B) The post-test probability of EC was 82% at a pretest probability of 25%. (C) The post-test probability of BE was 93% at a pretest probability of 50%. (D) The post-test probability of BE was 81% at a pretest probability of 25%.

Abbreviations: BE, Barrett's esophagus; EC, esophageal cancer; LR, likelihood ratio.

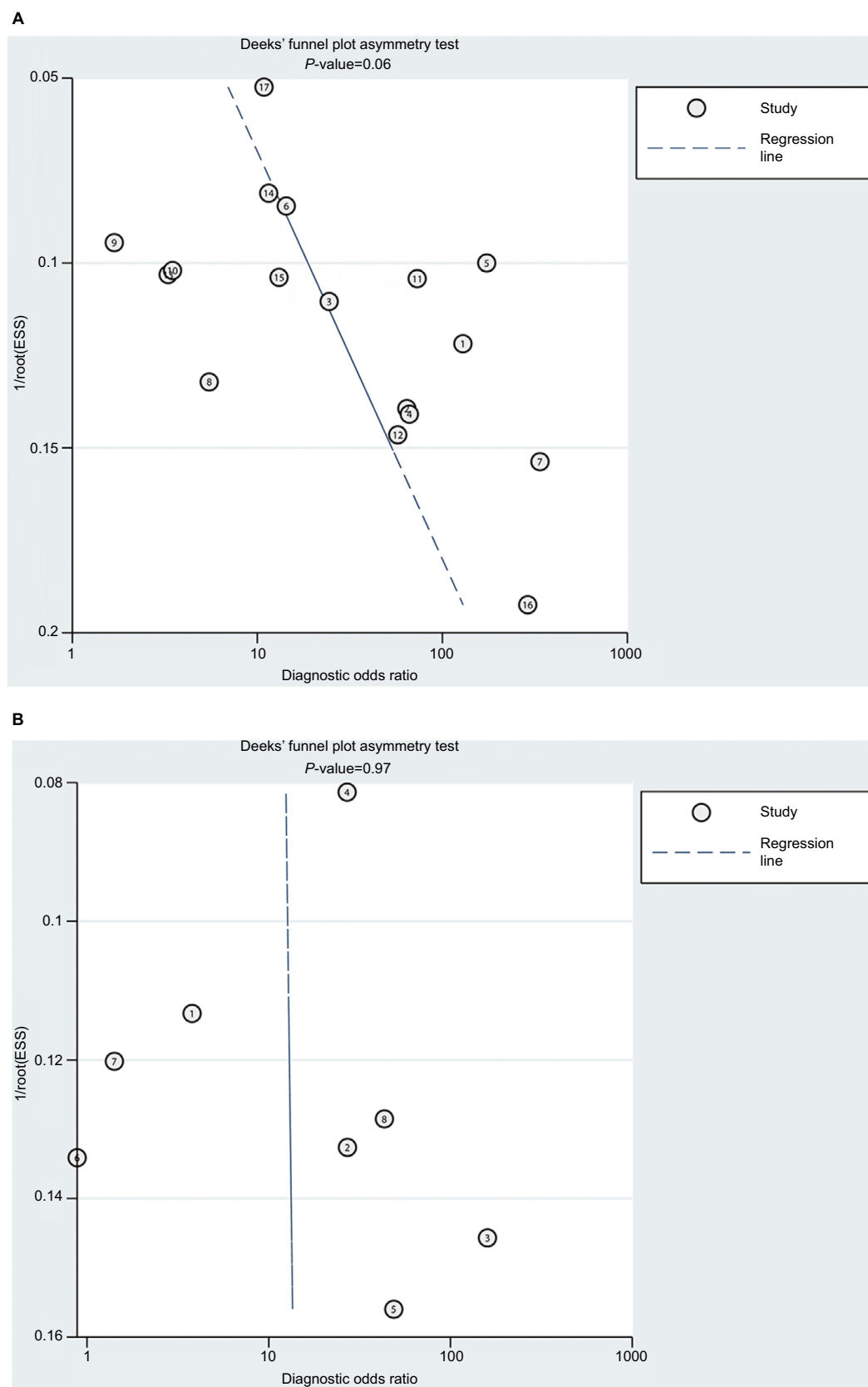


Figure 5 Deek's funnel plot test of publication bias across studies included in the diagnostic analysis.

Notes: (A) Cancer vs control. (B) BE vs control.

Abbreviations: BE, Barrett's esophagus; ESS, effective sample size.

observed in ~70–80% of CRC.^{44–46} As the third deadly malignancy of the digestive system, the effect of *APC* hypermethylation on the progression of EC remains inconsistent and inconclusive. The study by Kawakami et al²⁴ identified *APC* methylation in ~40% of BE and 80% of EC patients compared with normal controls. However, other study³⁰ reported that 3% of their patients with low-grade esophageal dysplasia harbored high frequency of *APC* methylation, with none observed in patients with high-grade dysplasia and healthy normal controls. Considering the distribution of subjects in the study by Guo et al³⁰ (39 patients with low-grade dysplasia and only nine patients with high-grade dysplasia), it is necessary to analyze the association between *APC* methylation and esophageal carcinogenesis using a large sample.

The current study systematically reviewed all relevant evidences and synthesized data from 18 studies inclusive of 1008 ECs, 570 BEs, and 782 normal controls using meta-analysis. The main finding of this study was the significant association between *APC* promoter methylation and increased risk of BE and EC. In particular, the *APC* methylation was 23 and 10 times more likely to predict EC and BE, respectively, although the effects came from heterogeneous sources. Whereas the frequency of *APC* hypermethylation was similar between EC and BE, and these results are consistent with previous studies.^{25,28} Besides, our analysis of tumor stage appears consistent with a previous study³² in terms of the slight effect of *APC* methylation on EC progression. These findings suggest that *APC* promoter hypermethylation is an early event in esophageal carcinogenesis.

Field cancerization was first proposed for oral cancer with the description of occult multifocal precancerous lesions in the epithelium of normal appearing oral mucosa.⁴⁷ These lesions can now be detected by molecular analyses for genetic or epigenetic alterations associated with tumorigenesis and could precede morphological tumor formation.⁴⁸ An emerging indication that alterations in epigenetic marks could be used as biomarkers (especially DNA methylation) was provided by analyses of hypermethylation of O-6-methylguanine-DNA methyltransferase (*MGMT*)⁴⁹ in gliomas and glutathione S-transferase pi 1 (*GSTP1*) in prostate cancer.⁵⁰ These hypermethylation events have been shown to be effective in the diagnosis of cancers. The detection of epigenetic alterations is therefore a promising auxiliary cancer diagnostic tool. *APC* promoter methylation seems an ideal cancer biomarker because previous study demonstrates this to be an early event in a number of different malignancies.⁵¹ However, the diagnostic power of *APC* hypermethylation in EC has been less investigated. Therefore, we performed a

pooled analysis of 18 studies, including 2360 samples. Our results showed that the pooled AUC of *APC* methylation in distinguishing EC from normal control was 0.94, with 96% specificity and 55% sensitivity, and the pooled AUC for differentiating BE from normal controls was 0.88, with 96% specificity and 48% sensitivity. Besides, we mapped Fagan plots to analyze the clinical utility of *APC* methylation as an auxiliary diagnostic biomarker of EC and BE. The Fagan plot indicated that the probability of EC or BE diagnosis was remarkably increased with the detection of significant *APC* hypermethylation frequency even in people with low risks of developing EC or BE based on other clinical parameters. These findings suggest that the hypermethylation of *APC* has a potential in the diagnosis of EC and BE.

Conclusion

The notable findings of the current study are the significant association between *APC* methylation and increased risk of EC and BE and its potential role as an early diagnostic biomarker of EC. However, further studies regarding the role of *APC* methylation in EC progression are required.

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Author contributions

BW, HS, XD, and CZ contributed to the conception, design, and final approval of the submitted version. BW, HS, YF, HJ, and CZ contributed to the meta-analysis, interpretation of data, and preparation of figures and tables. All authors are responsible for the content and writing of the paper. All the authors read and approved the final manuscript. All authors contributed toward data analysis, drafting and critically revising the paper and agree to be accountable for all aspects of the work.

Disclosure

The authors report no conflicts of interest in this work

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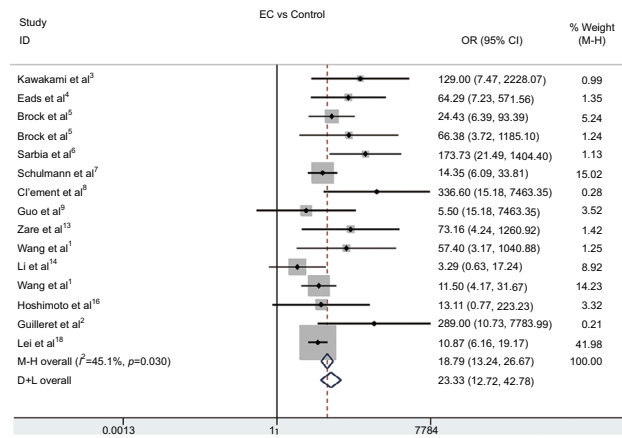
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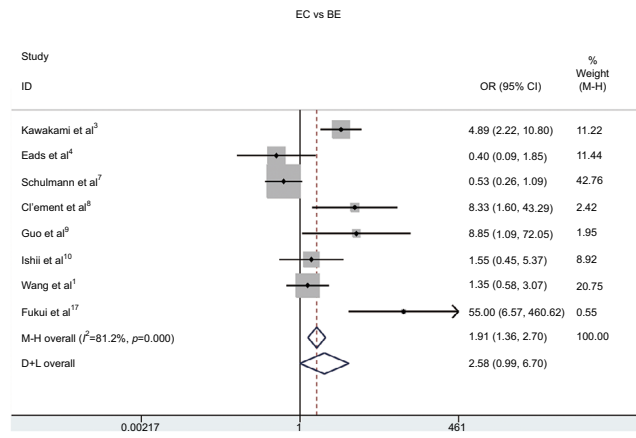
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Figure S1 All the CpG island probes located in the APC.

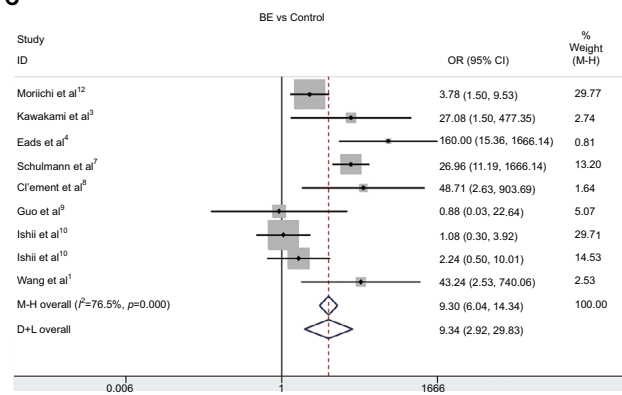
A



B



C



D

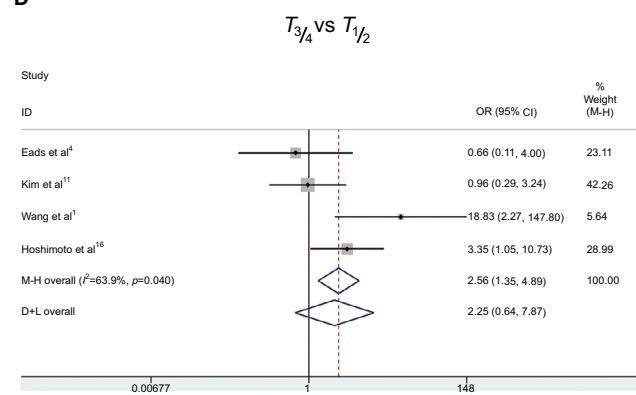


Figure S2 Pooled forest plot of APC methylation status during the carcinogenesis of EC.

Note: (A) Cancer vs. control: OR = 23.33; 95% CI, 12.72 – 42.78. (B) Cancer vs. BE: OR = 2.58; 95% CI, 0.99 – 6.70. (C) BE vs. control: OR = 9.34; 95% CI, 2.92 – 29.82. (D) $T_{3/4}$ vs. $T_{1/2}$: OR = 2.25; 95% CI, 0.64 – 7.87.

Abbreviations: BE, Barrett's esophagus; EC, esophageal cancer.

Table S1 Methylation data of APC and survival data of all EC patients from TCGA

TCGA	Site	RefGene	Chromosome	CG	CHG	CHH	CHH2	CHH3	CHH4	CHH5	CHH6	CHH7	CHH8	CHH9	CHH10	CHH11	CHH12	CHH13	CHH14	CHH15	CHH16	CHH17	CHH18	CHH19	CHH20	CHH21	CHH22	CHH23	CHH24	CHH25	CHH26	CHH27	CHH28	CHH29	CHH30	CHH31	CHH32	CHH33	CHH34	CHH35	CHH36	CHH37	CHH38	CHH39	CHH40	CHH41	CHH42	CHH43	CHH44	CHH45	CHH46	CHH47	CHH48	CHH49	CHH50	CHH51	CHH52	CHH53	CHH54	CHH55	CHH56	CHH57	CHH58	CHH59	CHH60	CHH61	CHH62	CHH63	CHH64	CHH65	CHH66	CHH67	CHH68	CHH69	CHH70	CHH71	CHH72	CHH73	CHH74	CHH75	CHH76	CHH77	CHH78	CHH79	CHH80	CHH81	CHH82	CHH83	CHH84	CHH85	CHH86	CHH87	CHH88	CHH89	CHH90	CHH91	CHH92	CHH93	CHH94	CHH95	CHH96	CHH97	CHH98	CHH99	CHH100	CHH101	CHH102	CHH103	CHH104	CHH105	CHH106	CHH107	CHH108	CHH109	CHH110	CHH111	CHH112	CHH113	CHH114	CHH115	CHH116	CHH117	CHH118	CHH119	CHH120	CHH121	CHH122	CHH123	CHH124	CHH125	CHH126	CHH127	CHH128	CHH129	CHH130	CHH131	CHH132	CHH133	CHH134	CHH135	CHH136	CHH137	CHH138	CHH139	CHH140	CHH141	CHH142	CHH143	CHH144	CHH145	CHH146	CHH147	CHH148	CHH149	CHH150	CHH151	CHH152	CHH153	CHH154	CHH155	CHH156	CHH157	CHH158	CHH159	CHH160	CHH161	CHH162	CHH163	CHH164	CHH165	CHH166	CHH167	CHH168	CHH169	CHH170	CHH171	CHH172	CHH173	CHH174	CHH175	CHH176	CHH177	CHH178	CHH179	CHH180	CHH181	CHH182	CHH183	CHH184	CHH185	CHH186	CHH187	CHH188	CHH189	CHH190	CHH191	CHH192	CHH193	CHH194	CHH195	CHH196	CHH197	CHH198	CHH199	CHH200	CHH201	CHH202	CHH203	CHH204	CHH205	CHH206	CHH207	CHH208	CHH209	CHH210	CHH211	CHH212	CHH213	CHH214	CHH215	CHH216	CHH217	CHH218	CHH219	CHH220	CHH221	CHH222	CHH223	CHH224	CHH225	CHH226	CHH227	CHH228	CHH229	CHH230	CHH231	CHH232	CHH233	CHH234	CHH235	CHH236	CHH237	CHH238	CHH239	CHH240	CHH241	CHH242	CHH243	CHH244	CHH245	CHH246	CHH247	CHH248	CHH249	CHH250	CHH251	CHH252	CHH253	CHH254	CHH255	CHH256	CHH257	CHH258	CHH259	CHH260	CHH261	CHH262	CHH263	CHH264	CHH265	CHH266	CHH267	CHH268	CHH269	CHH270	CHH271	CHH272	CHH273	CHH274	CHH275	CHH276	CHH277	CHH278	CHH279	CHH280	CHH281	CHH282	CHH283	CHH284	CHH285	CHH286	CHH287	CHH288	CHH289	CHH290	CHH291	CHH292	CHH293	CHH294	CHH295	CHH296	CHH297	CHH298	CHH299	CHH300	CHH301	CHH302	CHH303	CHH304	CHH305	CHH306	CHH307	CHH308	CHH309	CHH310	CHH311	CHH312	CHH313	CHH314	CHH315	CHH316	CHH317	CHH318	CHH319	CHH320	CHH321	CHH322	CHH323	CHH324	CHH325	CHH326	CHH327	CHH328	CHH329	CHH330	CHH331	CHH332	CHH333	CHH334	CHH335	CHH336	CHH337	CHH338	CHH339	CHH340	CHH341	CHH342	CHH343	CHH344	CHH345	CHH346	CHH347	CHH348	CHH349	CHH350	CHH351	CHH352	CHH353	CHH354	CHH355	CHH356	CHH357	CHH358	CHH359	CHH360	CHH361	CHH362	CHH363	CHH364	CHH365	CHH366	CHH367	CHH368	CHH369	CHH370	CHH371	CHH372	CHH373	CHH374	CHH375	CHH376	CHH377	CHH378	CHH379	CHH380	CHH381	CHH382	CHH383	CHH384	CHH385	CHH386	CHH387	CHH388	CHH389	CHH390	CHH391	CHH392	CHH393	CHH394	CHH395	CHH396	CHH397	CHH398	CHH399	CHH400	CHH401	CHH402	CHH403	CHH404	CHH405	CHH406	CHH407	CHH408	CHH409	CHH410	CHH411	CHH412	CHH413	CHH414	CHH415	CHH416	CHH417	CHH418	CHH419	CHH420	CHH421	CHH422	CHH423	CHH424	CHH425	CHH426	CHH427	CHH428	CHH429	CHH430	CHH431	CHH432	CHH433	CHH434	CHH435	CHH436	CHH437	CHH438	CHH439	CHH440	CHH441	CHH442	CHH443	CHH444	CHH445	CHH446	CHH447	CHH448	CHH449	CHH450	CHH451	CHH452	CHH453	CHH454	CHH455	CHH456	CHH457	CHH458	CHH459	CHH460	CHH461	CHH462	CHH463	CHH464	CHH465	CHH466	CHH467	CHH468	CHH469	CHH470	CHH471	CHH472	CHH473	CHH474	CHH475	CHH476	CHH477	CHH478	CHH479	CHH480	CHH481	CHH482	CHH483	CHH484	CHH485	CHH486	CHH487	CHH488	CHH489	CHH490	CHH491	CHH492	CHH493	CHH494	CHH495	CHH496	CHH497	CHH498	CHH499	CHH500	CHH501	CHH502	CHH503	CHH504	CHH505	CHH506	CHH507	CHH508	CHH509	CHH510	CHH511	CHH512	CHH513	CHH514	CHH515	CHH516	CHH517	CHH518	CHH519	CHH520	CHH521	CHH522	CHH523	CHH524	CHH525	CHH526	CHH527	CHH528	CHH529	CHH530	CHH531	CHH532	CHH533	CHH534	CHH535	CHH536	CHH537	CHH538	CHH539	CHH540	CHH541	CHH542	CHH543	CHH544	CHH545	CHH546	CHH547	CHH548	CHH549	CHH550	CHH551	CHH552	CHH553	CHH554	CHH555	CHH556	CHH557	CHH558	CHH559	CHH560	CHH561	CHH562	CHH563	CHH564	CHH565	CHH566	CHH567	CHH568	CHH569	CHH570	CHH571	CHH572	CHH573	CHH574	CHH575	CHH576	CHH577	CHH578	CHH579	CHH580	CHH581	CHH582	CHH583	CHH584	CHH585	CHH586	CHH587	CHH588	CHH589	CHH590	CHH591	CHH592	CHH593	CHH594	CHH595	CHH596	CHH597	CHH598	CHH599	CHH600	CHH601	CHH602	CHH603	CHH604	CHH605	CHH606	CHH607	CHH608	CHH609	CHH610	CHH611	CHH612	CHH613	CHH614	CHH615	CHH616	CHH617	CHH618	CHH619	CHH620	CHH621	CHH622	CHH623	CHH624	CHH625	CHH626	CHH627	CHH628	CHH629	CHH630	CHH631	CHH632	CHH633	CHH634	CHH635	CHH636	CHH637	CHH638	CHH639	CHH640	CHH641	CHH642	CHH643	CHH644	CHH645	CHH646	CHH647	CHH648	CHH649	CHH650	CHH651	CHH652	CHH653	CHH654	CHH655	CHH656	CHH657	CHH658	CHH659	CHH660	CHH661	CHH662	CHH663	CHH664	CHH665	CHH666	CHH667	CHH668	CHH669	CHH670	CHH671	CHH672	CHH673	CHH674	CHH675	CHH676	CHH677	CHH678	CHH679	CHH680	CHH681	CHH682	CHH683	CHH684	CHH685	CHH686	CHH687	CHH688	CHH689	CHH690	CHH691	CHH692	CHH693	CHH694	CHH695	CHH696	CHH697	CHH698	CHH699	CHH700	CHH701	CHH702	CHH703	CHH704	CHH705	CHH706	CHH707	CHH708	CHH709	CHH710	CHH711	CHH712	CHH713	CHH714	CHH715	CHH716	CHH717	CHH718	CHH719	CHH720	CHH721	CHH722	CHH723	CHH724	CHH725	CHH726	CHH727	CHH728	CHH729	CHH730	CHH731	CHH732	CHH733	CHH734	CHH735	CHH736	CHH737	CHH738	CHH739	CHH740	CHH741	CHH742	CHH743	CHH744	CHH745	CHH746	CHH747	CHH748	CHH749	CHH750	CHH751	CHH752	CHH753	CHH754	CHH755	CHH756	CHH757	CHH758	CHH759	CHH760	CHH761	CHH762	CHH763	CHH764	CHH765	CHH766	CHH767	CHH768	CHH769	CHH770	CHH771	CHH772	CHH773	CHH774	CHH775	CHH776	CHH777	CHH778	CHH779	CHH780	CHH781	CHH782	CHH783	CHH784	CHH785	CHH786	CHH787	CHH788	CHH789	CHH790	CHH791	CHH792	CHH793	CHH794	CHH795	CHH796	CHH797	CHH798	CHH799	CHH800	CHH801	CHH802	CHH803	CHH804	CHH805	CHH806	CHH807	CHH808	CHH809	CHH810	CHH811	CHH812	CHH813	CHH814	CHH815	CHH816	CHH817	CHH818	CHH819	CHH820	CHH821	CHH822	CHH823	CHH824	CHH825	CHH826	CHH827	CHH828	CHH829	CHH830	CHH831	CHH832	CHH833	CHH834	CHH835	CHH836	CHH837	CHH838	CHH839	CHH840	CHH841	CHH842	CHH843	CHH844	CHH845	CHH846	CHH847	CHH848	CHH849	CHH850	CHH851	CHH852	CHH853	CHH854	CHH855	CHH856	CHH857	CHH858	CHH859	CHH860	CHH861	CHH862	CHH863	CHH864	CHH865	CHH866	CHH867	CHH868	CHH869	CHH870	CHH871	CHH872	CHH873	CHH874	CHH875	CHH876	CHH877	CHH878	CHH879	CHH880	CHH881	CHH882	CHH883	CHH884	CHH885	CHH886	CHH887	CHH888	CHH889	CHH890	CHH891	CHH892	CHH893	CHH894	CHH895	CHH896	CHH897	CHH898	CHH899	CHH900	CHH901	CHH902	CHH903	CHH904	CHH905	CHH906	CHH907	CHH908	CHH909	CHH910	CHH911	CHH912	CHH913	CHH914	CHH915	CHH916	CHH917	CHH918	CHH919	CHH920	CHH921	CHH922	CHH923	CHH924	CHH925	CHH926	CHH927	CHH928	CHH929	CHH930	CHH931	CHH932	CHH933	CHH934	CHH935	CHH936	CHH937	CHH938	CHH939	CHH940	CHH941	CHH942	CHH943	CHH944	CHH945	CHH946	CHH947	CHH948	CHH949	CHH950	CHH951	CHH952	CHH953	CHH954	CHH955	CHH956	CHH957	CHH958	CHH959	CHH960	CHH961	CHH962	CHH963	CHH964	CHH965	CHH966	CHH967	CHH968	CHH969	CHH970	CHH971	CHH972	CHH973	CHH974	CHH975	CHH976	CHH977	CHH978	CHH979	CHH980	CHH981	CHH982	CHH983	CHH984	CHH985	CHH986	CHH987	CHH988	CHH989	CHH990	CHH991	CHH992	CHH993	CHH994	CHH995	CHH996	CHH997	CHH998	CHH999	CHH1000	CHH1001	CHH1002	CHH1003	CHH1004	CHH1005	CHH1006	CHH1007	CHH1008	CHH1009	CHH1010	CHH1011	CHH1012	CHH1013	CHH1014	CHH1015	CHH1016	CHH1017	CHH1018	CHH1019	CHH1020	CHH1021	CHH1022	CHH1023	CHH1024	CHH1025	CHH1026	CHH1027	CHH1028	CHH1029	CHH1030	CHH1031	CHH1032	CHH1033	CHH1034	CHH1035	CHH1036	CHH1037	CHH1038	CHH1039	CHH1040	CHH1041	CHH1042	CHH1043	CHH1044	CHH1045	CHH1046	CHH1047	CHH1048	CHH1049	CHH1050	CHH1051	CHH1052	CHH1053	CHH1054	CHH1055	CHH1056	CHH1057	CHH1058	CHH1059	CHH1060	CHH1061	CHH1062	CHH1063	CHH1064	CHH1065	CHH1066	CHH1067	CHH1068	CHH1069	CHH1070	CHH1071	CHH1072	CHH1073	CHH1074	CHH1075	CHH1076	CHH1077	CHH1078	CHH1079	CHH1080	CHH1081	CHH1082	CHH1083	CHH1084	CHH1085	CHH1086	CHH1087	CHH1088	CHH1089	CHH1090	CHH1091	CHH1092	CHH1093	CHH1094	CHH1095	CHH1096	CHH1097	CHH1098	CHH1099	CHH1100	CHH1101	CHH1102	CHH1103	CHH1104	CHH1105	CHH1106	CHH1107	CHH1108	CHH1109	CHH1110	CHH1111	CHH1112	CHH1113	CHH1114	CHH1115	CHH1116	CHH1117	CHH1118	CHH1119	CHH1120	CHH1121	CHH1122	CHH1123	CHH1124	CHH1125	CHH1126	CHH1127	CHH1128	CHH1129	CHH1130	CHH1131	CHH1132	CHH1133	CHH1134	CHH1135	CHH1136	CHH1137	CHH1138	CHH1139	CHH1140	CHH1141	CHH1142	CHH1143	CHH1144	CHH1145	CHH1146	CHH1147	CHH1148	CHH1149	CHH1150	CHH1151	CHH1152	CHH1153	CHH1154	CHH1155	CHH1156	CHH1157	CHH1158	CHH1159	CHH1160	CHH1161	CHH1162	CHH1163	CHH1164	CHH1165	CHH1166	CHH1167	CHH1168	CHH1169	CHH1170	CHH1171	CHH1172	CHH1173	CHH1174	CHH1175	CHH1176	CHH1177	CHH1178	CHH1179	CHH1180	CHH1181	CHH1182	CHH1183	CHH1184	CHH1185	CHH1186	CHH1187	CHH1188	CHH1189	CHH1190	CHH1191	CHH1192	CHH1193	CHH1194	CHH1195	CHH1196	CHH1197	CHH1198	CHH1199	CHH1200	CHH1201	CHH1202	CHH1203	CHH1204	CHH1205	CHH1206	CHH1207	CHH1208	CHH1209	CHH12
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Abbreviations: EC, esophageal cancer; TCGA, The Cancer Genome Atlas.

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