

The dysregulation of Cyclin Dependent Kinase Regulators Role in SV40 Related renal cell carcinoma

Abstract:

The purpose of this study was to explore the possible involvement of SV40 polyomavirus in the development of renal cell carcinoma (RCC) in patients from the province of Al-Najaf. The study analyzed 75 paraffin-embedded block tissues of RCC, collected from archives of AL-Sader Medical City, and some private histopathology laboratories in Najaf governorate. The patients included 45 males and 30 females, aged between 22 and 70 years. The study used advanced scientific techniques, including Polymerase Chain Reaction (PCR) and immunohistochemistry (IHC), to detect the presence of SV40 and evaluate the expression state of Cyclin-Dependent Kinase Regulators (KAP or cyclin-dependent kinase inhibitor 3 (CDKN3) & Cyclin E1 markers). Hematoxylin and Eosin staining was used for diagnosing RCC. The study found that RCC is associated with the dysregulation of Cyclin-Dependent Kinase regulators (CDK), caused by the SV40 polyomavirus. The results of the IHC analysis showed an increased positive percentage for KAP or CDKN3 marker and a decreased positive percentage of Cyclin E1 marker. Additionally, the clear cell type was found to be the most common, accounting for 56% of the cases, while grade I was the most prevalent, representing 41.3% of the cases. Tumor stage type I was found to be higher, with 25 cases. PCR detected the presence of SV40 in 20 cases, accounting for 26.7% of the total cases studied. The study concluded that the Simian Virus 40 (SV40), particularly its Large T Antigen (Tag), affects CDK regulators and disrupts the delicate equilibrium of cell cycle regulation systems. Therefore, the study suggests a possible link between the development of renal cell carcinoma and the SV40 polyomavirus. The study recommends routine testing for the detection of RCC using PCR and IHC methods.

Key words: SV40, Renal cell carcinoma, Immunohistochemistry, PCR

Introduction:

Polyomaviruses (PyV) is recognized as a small, non-enveloped, double-stranded deoxyribonucleic acid, icosahedral symmetry with 5 kbp genomes, belonging to *polyomaviridae* family. The term polyomavirus (PyV) comes from Greek origin, where poly- indicatenumeros and -oma which denote tumors, was belong to *Papovaviridae* family, an abbreviationsuggestedvia Melnick,as well asgainedvia combining the names of the following virusesrepresented by'*Papilloma*', '*Polyoma*', and '*Vacuolating*' (Dalianis and Hirsch, 2013).

The detection of Simian virus 40 SV40, was reported within 1960 when millions of populations in Africa, Europe, Canada, Asiaand North and South America were

inoculated from both inactivated and a live polio-vaccines, initiate to be infected by Simian virus 40 (Butel, 2012).

SV40 genome is circular ds DNA, which encodes for 6 proteins: three structural proteins (including VP-1; VP-2 and VP-3, which are structural proteins allow genetic material to be accumulated in SV40 virion (Kawano *et al.*, 2015), 2 proteins important for the life cycle, that induce replication of SV40, gene-expression, in addition to entry of S phase and DNA synthesis, by this means inducing cycle development (large "T" antigen plus small "t" antigen oncoproteins) (Qi *et al.*, 2011) and 2 small proteins of unidentified function (the agnoprotein, which rule the perinuclear localization of "VP-1" throughout virion construction, after that induce assemblage of virion (Saribas *et al.*, 2018), and 17kT, which participate the majority of amino acid sequence with N terminal domain of T-ag, encourage progression of cell cycle in existence of t-Ag, as well as tumorigenic formation (Comerford *et al.*, 2012).

Simian virus 40 return to Polyomaviridae, genus Betapolyomavirus, which is strongly correlated to other types of polyomaviruses including JCPyV and BKPyV (Calvignac-Spencer *et al.*, 2016). SV40 be capable of transmitted by diverse ways like sexual course and faecal-oral ways that are accountable for horizontal virus infection in peoples (Vanchiere *et al.*, 2005).

The infection of cell beginning by attachment capsid of SV40 to the cell surface by binding among VP-1, cell surface receptor ganglioside GM1 and the major histocompatibility complex class-I (MHC-I), which function as coreceptors and allow viral DNA to be contained within the SV40 virion, which is formed by 360 VP 1 molecules, comprising 72 pentamers (Kawano *et al.*, 2015).

This virus in nature infects specific species of Asian macaques, especially rhesus monkey. Sequences of SV40 were detected in samples of urine and stool as well as in both children and adults, this representing that the sexual and oro-fecal ways of spread that possible to accountable for horizontal SV40 infection in individuals (Academies, 2003; Vanchiere *et al.*, 2005).

On the other hand, the liberation of SV40 with no exhibit a cytopathic effect (CPE) found in particular types of cells, for instance human epithelial, fibroblasts, mesothelial and embryonic renal cell which points that kidney tissue can function as reservoir for SV40 in humans (Cacciotti *et al.*, 2001).

Expression of both T-Ag and t-Ag can cause elevated cell transformation professionally. In reality, T-ag prohibit the actions of numerous diverse cellular factors concerned in differentiation, cell growth and the cell cycle, for instance p130, p300 and p400. As well as, T-Ag and t-Ag was prohibiting the activity of pRb and p53. These interconnections are obligatory so as to accomplish complete cell transformation in human (Khalil *et al.*, 2008).

The oncogenic role of polyomavirus was formerly related with a wide array of tumor types for instance malignant pleural mesothelioma (MPM) and bone (Than *et al.*, 2016), brain (Wanget *et al.*, 2017), lung (Ramael and Nagels, 1999), thyroid (Vivaldi *et al.*, 2003), pituitary (Woloschak *et al.*, 1995), and urothelial (Loghavi and Bose, 2011) tumors, pleomorphic adenomas of parotid glands (Martinelli *et al.*, 2002), ependymomas choroid and plexus tumors in youth (Bergsage *et al.*, 1992). Additionally, footprints from DNA of SV40 have been reported in breast (Hachana *et al.*, 2009) and colon carcinoma (Campello *et al.*, 2010).

Also, T-ag of SV40 possibly causes transformation by stimulating mutations to the genome of cellular or numerical/structural variation of chromosomes, like gaps, breaks, ring and dicentric chromosomes, chromatid exchanges, translocations, duplications and deletions (Tognon *et al.*, 1996). The major function of t-Ag in transformation is to link both

subunits, catalytic (36 kDa) and regulatory (63 kDa) of protein phosphatase 2A (PP2A), in-activating role (Garcea and Imperiale, 2003).

Grading Renal Cell Carcinoma:

Patients distributing according grading of The World Health Organization (WHO)/International Society of Urological Pathology.

Table 1: The world health organization/International society of urological pathology grading system for clear cell and papillary renal carcinoma (WHO/ISUP, 2021)

Grade 1	Tumour cell nucleoli absent or inconspicuous and basophilic at 400× magnification
Grade 2	Tumour cell nucleoli conspicuous and eosinophilic at 400× magnification and visible but not prominent at 100× magnification
Grade 3	Tumour cell nucleoli conspicuous and eosinophilic at 100× magnification
Grade 4	Tumours showing extreme nuclear pleomorphism, tumour giant cells and/or the presence of any proportion of tumour showing sarcomatoid and/or rhabdoid dedifferentiation

Method:

This present study was planned as cross-section study to detect SV40 with renal cell carcinoma and includes 75 (45 males and 30 females, whose ages ranged from 22 to 70 years) paraffin impeding block tissues of renal cell carcinoma from archives of AL-Sader Medical City and some archives of private histopathology laboratories in Najaf governorate. The data are from January 2016 to the December of the same year by using Polymers Chain Reaction for detection of DNA SV40 and immunohistochemistry technique for detect expression state of Cyclin Dependent Kinase Regulators (KAP or cyclin-dependent kinase inhibitor 3 (CDKN3) & Cyclin E1 markers), using Hematoxylin and Eosin stain for diagnosis of RCC.

Result:

Increased positive percentage for KAP or CDKN3 marker and decreased positive percentage of Cyclin E1 marker were seen in the results of the Immunohistochemistry technique (IHC). As well, found that clear cell type was higher with **42 (56%)**, grade I was higher with 31 (41.3%) and tumor stage type I was higher (25). The positive results by PCR techniques in RCC patient showed that 20 (26.7 % out of 75 cases) of block tissues.

-1-Clinicopathological analysis:

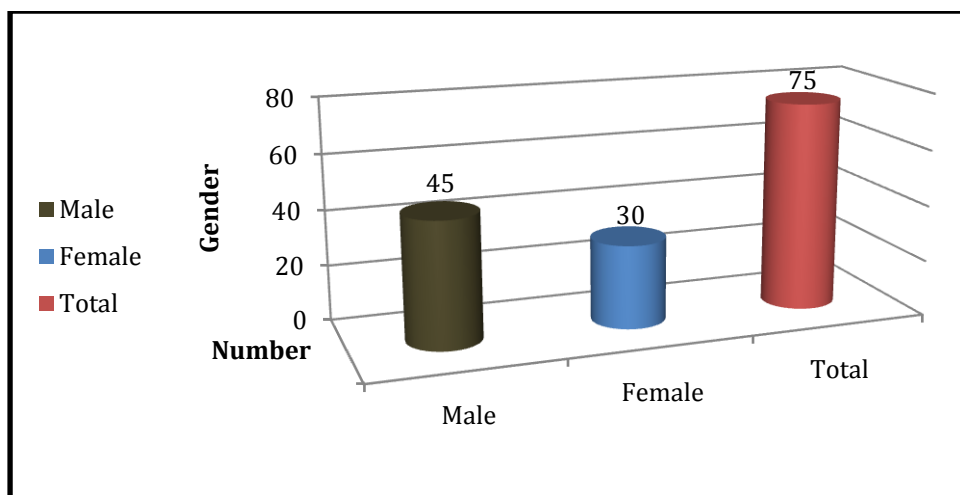


Fig 1: Distribution of RCC Patients according to Gender

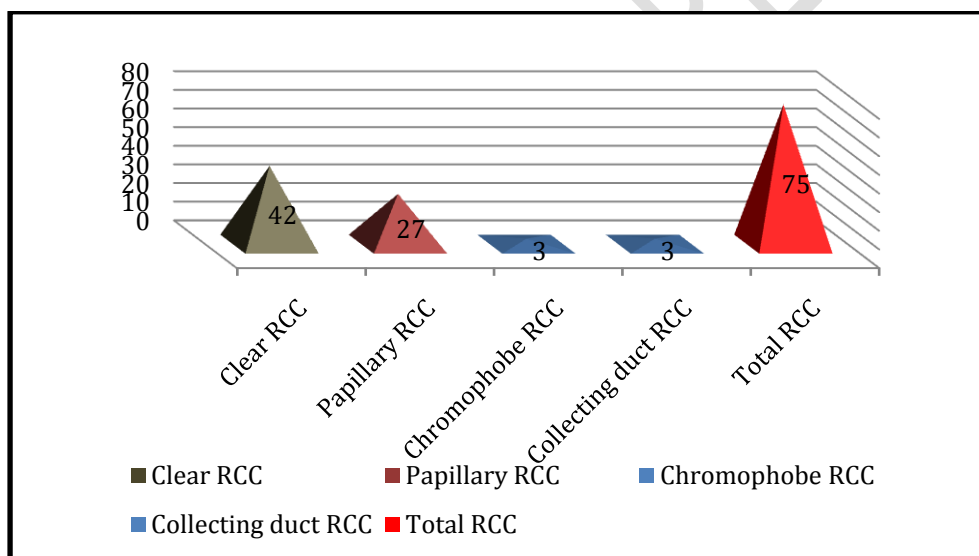


Fig 2: Distribution of RCC Patients according to histological types.

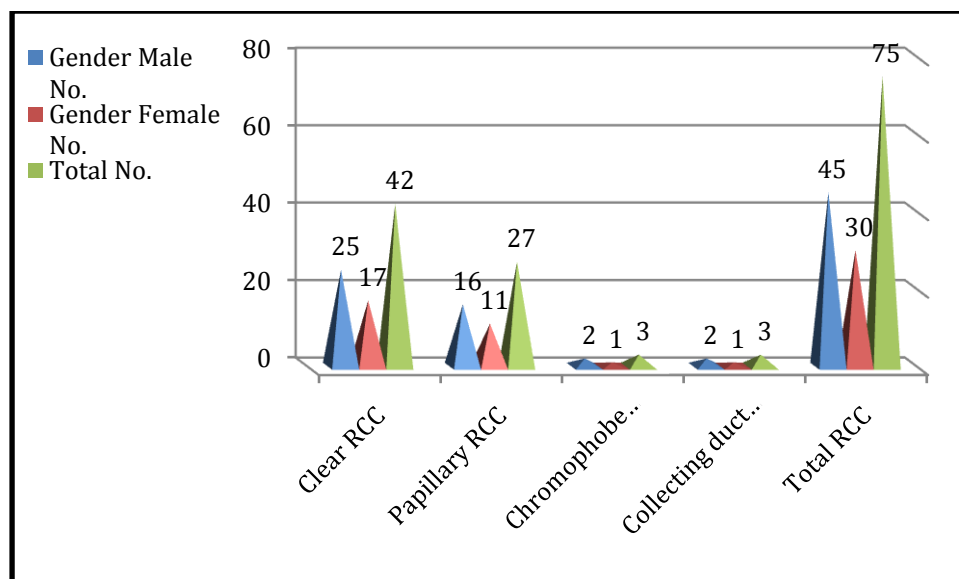


Fig 3: Distribution of RCC patients according to their Histopathological types and Gender

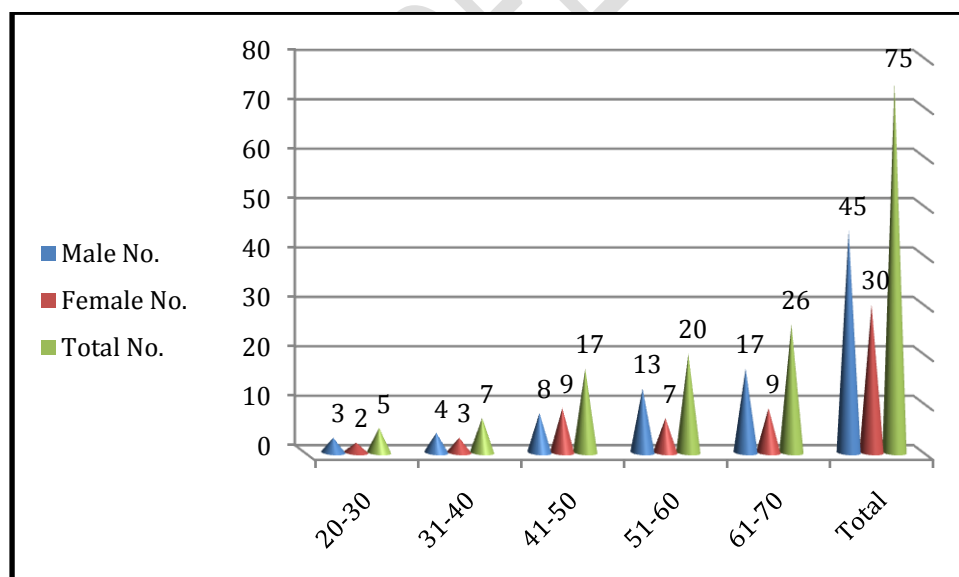


Fig 4: Distribution of RCC patients according to their Gender and Age

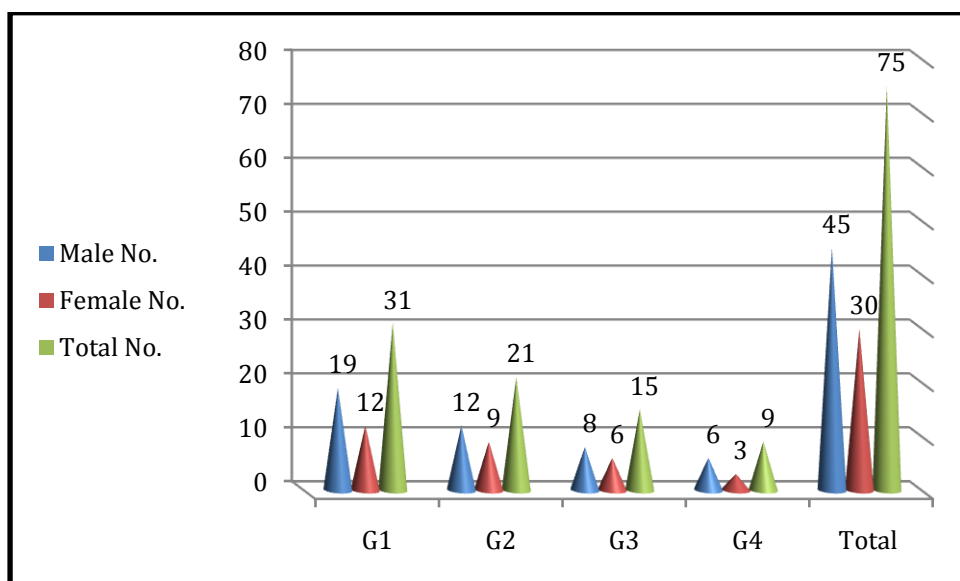


Fig 5: Distribution of RCC patients according to their Gender and Grading Systems

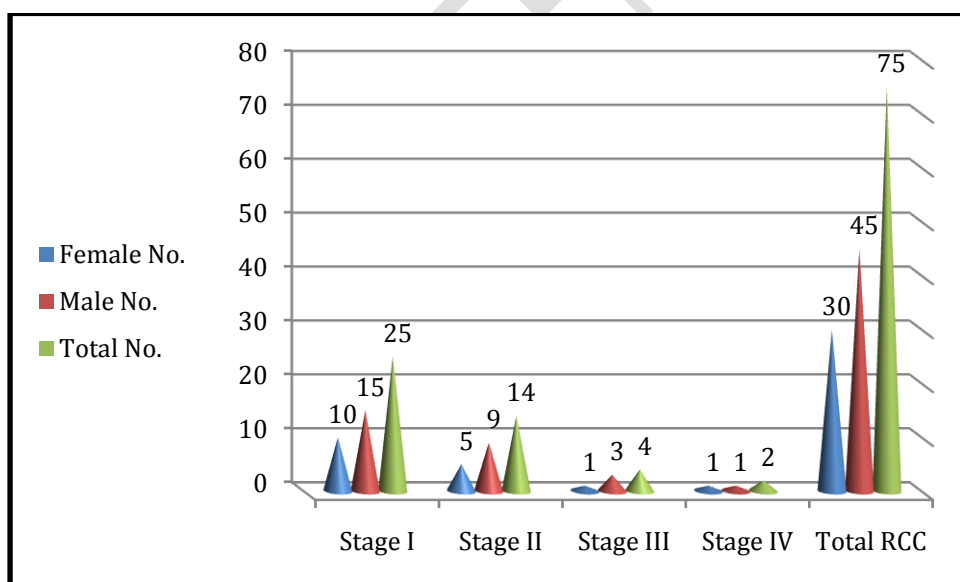


Fig 6: Distribution of RCC patients according to their Gender and Pathological Tumor Stage

-2- Immunohistochemical Analysis (Cyclin E1 & CDKN3)

In the this study, the results of IHC by utilizing EnVisionTMFLEX stain revealed a brownish discoloration of nucleus or nucleoplasm for Cyclin E1 whereas in CDKN3 was staining the cytosol or cytoplasm, as showed in figures (7&8&9).

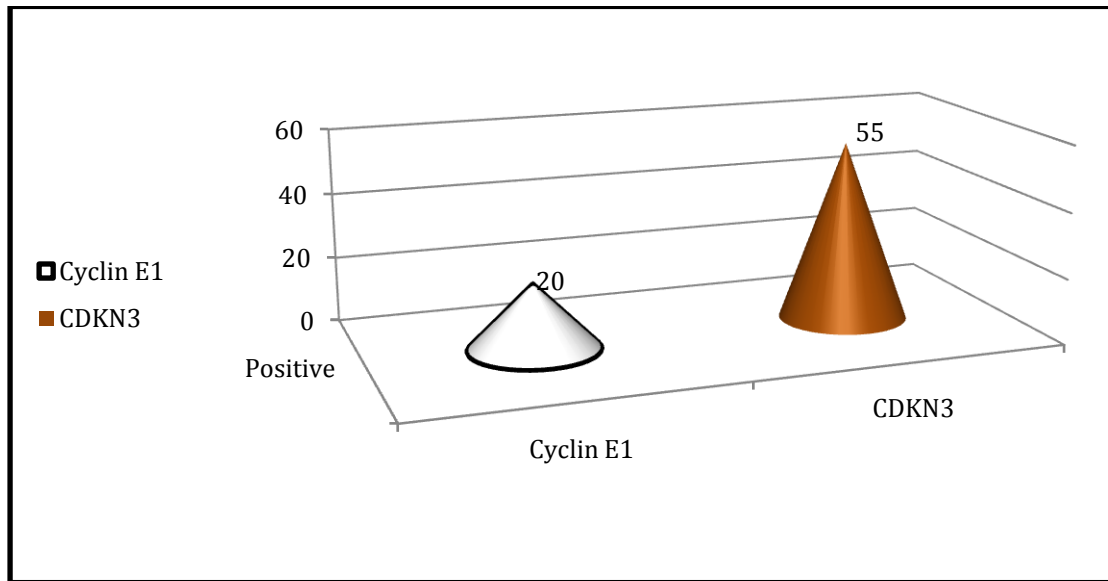


Fig 7: Circulation of Cyclin E1 and CDKN3 by using IHC.

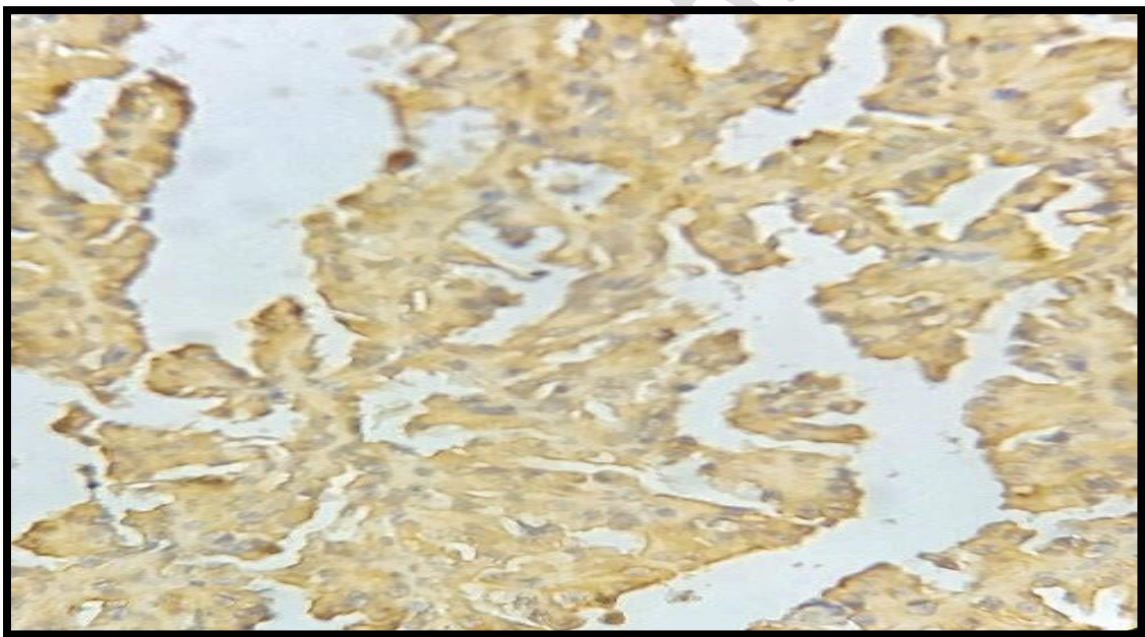


Fig8: Negative cyclin E1 stain of papillary type of RCC patients

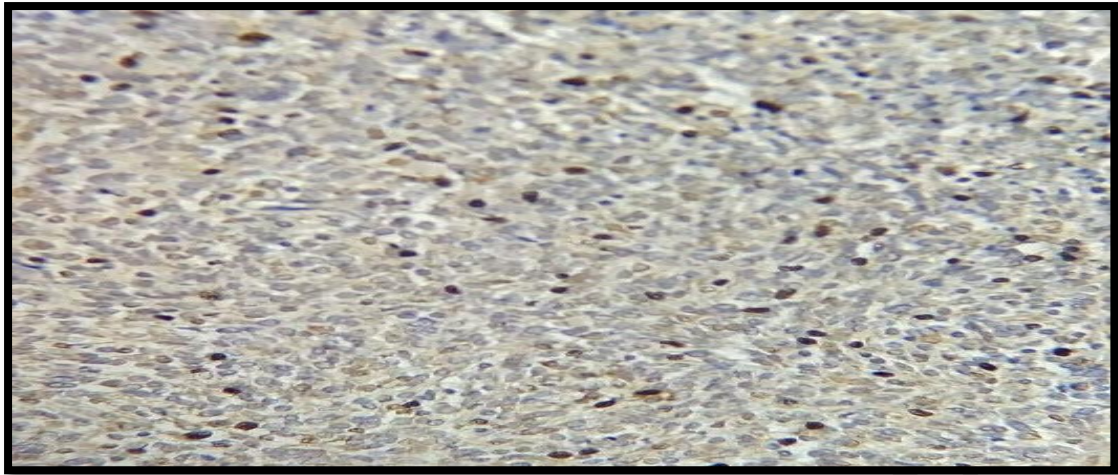


Fig9: Sarcomatoid carcinoma positive strong cyclinE1 stain score 2 (10 X40)

Discussion:

In this study, the existence of SV40 in blocked tissue taken from 75 patients suffering from RCC, it uses molecular technique involving PCR technique for detection of SV40 DNA united with immunohistochemistry technique (IHC) which are significant to verify the existence of Simian virus 40.

Simian virus 40 (SV40) define as a monkey virus which by accident entered to man, in 1955-1963 years, throughout polluted polio-virus vaccines that found the transforming and oncogenicity actions of T-Ag and t-Ag of this virus, which provoked examination of SV40 in humans' cancer. Generally, it is thought that contamination of polio vaccines was considered the major cause of infection with SV40 in humans, nearly all researches have defined exposure of SV40 founded on vaccination (Engels *et al.*, 2003).

Most studies demonstrate that the kidney can function as a reservoir for SV40 in individuals. The sequence of this virus was reported in renal tissue and cells of urine sediments suffering from RCC (Li *et al.*, 2002) like Garcea and Imperiale, (2003) who found that SV40 causes infection in renal cells somewhere might possibly reactivate by immunosuppression. Also, Vanchiere *et al.*, (2005) reported that discovery of SV40 in renal tissue of human which indicates that kidney represented a position of viral latency, similar to in the usual simian host.

Bofill-Mas *et al.*, (2000) does not discover SV40 sequences in any tissue of RCC combine in diverse geographic regions of Europe and South Africa, while other types of polyomavirus's sequences were detected from the majority of these tissues. In contrast to Manfredi *et al.*, (2005) who have failed to discover the sequences of SV40 in these tumors.

In molecular technique involving PCR, it was found that only 20 of 75 paraffin-embedded block tissue yielded SV40 for the reason that only extremely little amounts of these tissue block were offered for investigation, it was inspiring that DNA of SV40

recognized from 75 renal block tissue. The likelihood of occasional laboratory pollution of tissue block was excluded due to genetic material (DNA) linked with cancer and DNA of SV40 from laboratory progeny diverge sequences both within the viral regulatory area and at the carboxy terminus of T-Ag (Stewart *et al.*, 1998).

Some reports have lacking proof that SV40 was causation significant in the progression of human cancer but, Butel and Lednický, (1999) reported that the presence of the DNA of SV40 will suggest that the opportunity of these virus in the genesis of some RCC in human.

Bergsage *et al.* (1992) have revealed that negative SV40 outcome in renal tumor possibly because of utilize of few technical approaches. Also similarly, Leithner *et al.*, (2002) and Priftakis *et al.*, (2002) have recorded that never detected the sequences of SV40 in both Austria and Turkey, as in Sweden. While the predominance of SV40 DNA that are revealed in these cancers was diverse country for instance in Germany and Hungary (Heinsöhn *et al.*, 2009).

Various reports recorded by Lopez-Rios *et al.*, (2004) showing that positive sequences of SV40 DNA by PCR technique as well as Mayallet *et al.*, (2003) and Aoe *et al.*, (2006) reported that negative results by using quantitative PCR assay.

In general Iraq is considered as one of various countries in the Middle East regions that have special exciting to renal cell carcinoma and which regarded as the second mainly frequent urological malignancy (Ibrahim, 2013). As a result, it is found the elevated proportion of males than females have in agreement with many studies finished by Vikram *et al.*, (2016) and Mahasin *et al.*, (2018).

Renal cell carcinoma is the majority frequent malignancy of kidney, as well as can be classified into five types including ccRCC, pRCC, chRCC, cd RCC and unclassified types. It is found in the presented study the most frequent type was clear cell RCC (42 of 75) which concordance with reports accomplished by Aiman *et al.*, (2013) and Mahasin *et al.*, (2018).

By using TNM classification of malignant tumors of RCC rely on the American Joint Committee on Cancer (AJCC), Stafford *et al.*, (2008) recorded that males' patients have higher stage tumors while females' patients have lower stage cancers, this is in concordance with our study. When in examination of the Fuhrman nuclear grade, Mukhopadhyay *et al.*, (2015) have discovered higher frequency of Grade 1 and lower frequency of Grade 3 and Grade 4.

The most common age group in their study is 61-70 years followed by 51-60 years. These results are in conformity with numerous reports such as Noroozina *et al.*, (2014) Khafaja *et al.*, (2015) and Hassan *et al.*, (2017) while unlikeness with Latif *et al.*, (2011) and Takure *et al.*, (2013).

In immunohistochemical technique, the immunohistochemical indicators are significant in identifying RCC patients that are investigated by the EnVision System, this is agreement with the report done by Lai *et al.*, (2017) who have recorded that a elevated expression of CDKN3 in renal tissues whilst Bisteau *et al.*, (2014) have found that tough expression of cyclin E1 which is related with poor prognosis of patients.

Also, Brousset *et al.*, (2005) have unsuccessful to discover Tag of SV40 in these tumors by using immunohistochemistry technique with a extremely sensitive technique in spite of actuality that recorded in experienced tissues have DNA sequences of SV40.

The results of analysis of DNA SV40 polyomavirus by PCR in patient with RCC as; the total number of positive results of PCR is 20 (26.7%) whilst the negative results of PCR are 55 (73.3%).

Conclusion:

Renal cell carcinoma (RCC) is a complex and heterogeneous disease that is associated with a dysregulation of cyclin-dependent kinase (CDK) regulators. The CDK regulators play a crucial role in the regulation of the cell cycle, and any dysregulation can lead to the uncontrolled proliferation of cancer cells. Recent studies show that the Simian virus 40 (SV40) is responsible for the dysregulation of CDK regulators in RCC. SV40 has been identified as a potential oncogenic virus in humans, and its association with RCC has been established. The dysregulation of CDK regulators in RCC associated with SV40 is a complex molecular pathway that involves the interaction between the viral proteins and host cell pathways. The findings of this study have expanded our knowledge of the condition. It has been suggested that the creation of tailored treatments meant to counteract SV40-related RCC by reestablishing the equilibrium of cell cycle regulation is possible. These treatments could target the CDK regulators and the mechanisms by which the virus interacts with the host cell pathways, thus leading to the restoration of normal cellular function. In conclusion, this study has shed light on the complex molecular pathways involved in the etiology of RCC associated with SV40. The findings have opened the door for the creation of targeted treatments meant to restore the equilibrium of cell cycle regulation and counteract the dysregulation caused by the virus. This has the potential to significantly improve the prognosis of patients with SV40-related RCC.

References:

- Sweet BH, Hilleman MR: The vacuolating virus, SV 40. Proc Soc Exp Biol Med 105:420-427, 1960.
- Fanning E, Knippers R: Structure and function of simian virus 40 large tumor antigen. Annu Rev Biochem 61:55-85, 1992.
- Pipas JM: Common and unique features of T antigens encoded by the polyomavirus group. J Virol 66:3979-3985, 1992.

- Academies IoMotN: Immunization Safety Review: SV40 Contamination of Polio Vaccine and Cancer. Washington, DC, The National Academies Press, 2003.
- Calvignac-Spencer S, Feltkamp MCW, Daugherty MD, Moens U, Ramqvist T, [John E. Ehlers B](#) . Polyomaviridae Study Group of the International Committee on Taxonomy of Viruses, A taxonomy update for the family Polyomaviridae. Arch Virol. (2016) 161:1739–50.
- Qi F, Carbone M, Yang H, Gaudino G. Simian virus 40 transformation, malignant mesothelioma and brain tumors. Expert Rev Respir Med. (2011) 5:683–97.
- Comerford SA, Schultz N, Hinnant EA, Klapproth S, Hammer RE. Comparative analysis of SV40 17kT and LT function in vivo demonstrates that LT's C-terminus reprograms hepatic gene expression and is necessary for tumorigenesis in the liver. Oncogenesis. (2012) 1:e28.
- Saribas AS, Coric P, Bouaziz S, Safak M. Expression of novel proteins by polyomaviruses and recent advances in the structural and functional features of agnoprotein of JC virus, BK virus, and simian virus 40. J Cell Physiol. (2018) 234:8295–315.
- Kawano M, Doi K, Fukuda H, Kita Y, Imai K, Inoue T, et al. SV40 VP1 major capsid protein in its self-assembled form allows VP1 pentamers to coat various types of artificial beads in vitro regardless of their sizes and shapes. Biotechnol Rep. (2015) 5:105–11.
- Cacciotti P, Libener R, Betta P, Martini F, Porta C, Procopio A, et al. SV40 replication in human mesothelial cells induces HGF/Met receptor activation: a model for viral-related carcinogenesis of human malignant mesothelioma. Proc Natl Acad Sci USA. (2001) 98:12032–7.
- Khalili K, Sariyer IK, Safak M. Small tumor antigen of polyomaviruses: role in viral life cycle and cell transformation. J Cell Physiol. (2008) 215:309–19.
- Thanh TD, ThoNV, LamNS, DungNH, Tabata C, Nakano Y. Simian virus 40 may be associated with developing malignant pleural mesothelioma. Oncol Lett. (2016) 11:2051–6.
- Wang Z, Hao Y, Zhang C, Wang Z, Liu X, Li G, et al. The landscape of viral expression reveals clinically relevant viruses with potential capability of promoting malignancy in lower-grade glioma. Clin Cancer Res. (2017) 23:2177–85.
- Ramael M, Nagels J. Re. SV40-like DNA sequences in pleural mesothelioma, bronchopulmonary carcinoma and non-malignant pulmonary disease. J Pathol. (1999) 189:628–9.
- Vivaldi A, Pacini F, Martini F, Iaccheri L, Pezzetti F, Elisei R, et al. Simian virus 40-like sequences from early and late regions in human thyroid tumors of different histotypes. J Clin Endocrinol Metab. (2003) 88:892–9.

- Woloschak M, Yu A, Post KD. Detection of polyomaviral DNA sequences in normal and adenomatous human pituitary tissues using the polymerase chain reaction. *Cancer*. (1995) 76:490–6.
- Loghavi S, Bose S. Polyomavirus infection and urothelial carcinoma. *DiagnCytopathol*. (2011) 39:531–5.
- Martinelli M, Martini F, Rinaldi E, Caramanico L, Magri E, Grandi E, et al. Simian virus 40 sequences and expression of the viral large T antigen 12ncoproteins in human pleomorphic adenomas of parotid glands. *Am J Pathol*. (2002) 161:1127–33.
- Bergsagel DJ, Finegold MJ, Butel JS, Kupsky WJ, Garcea RL. DNA sequences similar to those of simian virus 40 in ependymomas and choroid plexus tumors of childhood. *N Engl J Med*. (1992) 326:988–93.
- Hachana M, Trimeche M, Ziadi S, Amara K, Korbi S. Evidence for a role of the Simian virus 40 in human breast carcinomas. *Breast Cancer Res Treat*. (2009) 113:43–58.
- Campello C, ComarM, ZanottaN, Minicozzi A, Rodella L, Poli A. Detection of SV40 in colon cancer: a molecular case-control study fromnortheast Italy. *J Med Virol*. (2010) 82:1197–200.
- Tognon M, Casalone R, Martini F, De Mattei M, Granata P, Minelli E, Arcuri C, Collini P, Bocchini V: Large T antigen coding sequences of two DNA tumor viruses, BK and SV40, and nonrandom chromosome changes in two glioblastoma cell lines. *Cancer Genet Cytogenet*1996, 90:17-23.
- Garcea RL, Imperiale MJ: Simian virus 40 infection of humans. *J Virol* 2003, 77:5039-5045.
- Vanchiere JA, White ZS, Butel JS: Detection of BK virus and simian virus 40 in the urine of healthy children. *J Med Virol* 2005, 75:447-454.
- Garcea RL, Imperiale MJ: Simian virus 40 infection of humans. *J Virol* 2003, 77:5039-5045.
- Vanchiere JA, White ZS, Butel JS: Detection of BK virus and simian virus 40 in the urine of healthy children. *J Med Virol* 2005,75:447-454.
- Li RM, Branton MH, Tanawattanacharoen S, Falk RA, Jennette JC, Kopp JB: Molecular identification of SV40 infection in human subjects and possible association with kidney **disease**. *J Am Soc Nephrol* 2002, **13**:2320-2330.
- Manfredi JJ, Dong J, Liu WJ, Resnick-Silverman L, Qiao R, Chahinian P, Saric M, Gibbs AR, Phillips JI, Murray J, Axten CW, Nolan RP, Aaronson SA: Evidence against a role for SV40 in human mesothelioma. *Cancer Res* 2005, 65:2602-2609.
- Bofill-Mas S, Pina S, Girones R. Documenting the epidemiologic patterns of polyomaviruses in human populations by studying their presence in urban sewage. *Appl Environ Microbiol* 2000; 66:238–45.

-Li RM, Mannon RB, Kleiner D, et al. BK virus and SV40 co-infection in polyomavirus nephropathy. *Transplantation* 2002; 74:1497–504.

- Lopez-Rios F, Illei PB, Rusch V, Ladanyi M. Evidence against a role for SV40 infection in human mesotheliomas and high risk of falsepositive PCR results owing to presence of SV40 sequences in common laboratory plasmids. *Lancet* 2004; 364:1157–66.

-Stewart AR, Lednicky JA, Butel JS. Sequence analyses of human tumor– associated SV40 DNAs and SV40 viral isolates from monkeys and humans. *J Neurovirol* 1998; 4:182–93.

- Butel JS, Lednicky JA. Cell and molecular biology of simian virus 40: implications for human infections and disease. *J Natl Cancer Inst* 1999;91: 119–34.

- Butel J and Lednicky J. (1999). *J. Natl. Cancer Inst.*, 91, 119–134.

Butel JS. Polyomavirus SV40: Model Infectious Agent of Cancer. In: Robertson ES, editor. *Cancer Associated Viruses*. Boston, MA: Springer, 2012:377-417.

- Engels EA, Katki HA, Nielsen NM, Winther JF, Hjalgrim H, Gjerris F, Rosenberg PS and Frisch M. (2003). *J. Natl. Cancer Inst.*, 95, 532–539.

- Bergsagel DJ, Finegold MJ, Butel JS, Kupsky WJ, Garcea RL. DNA sequences similar to those of simian virus SV40 in ependymomas and choroid plexus tumors of childhood. *New Engl J Med* 1992; 326:988–93.

-Vanchiere JA, White ZS, Butel JS. Detection of BK virus and simian virus 40 in the urine of healthy children. *J Med Virol.* (2005) 75:447–54.

- Leithner A, Weinhaeusel A, Windhager R, Schlegl R, Waldner P, Lang S, et al. Absence of SV40 in Austrian tumors correlates with low incidence of mesotheliomas. *Cancer Biol Ther.* (2002)

- Priftakis P, Bogdanovic G, Hjerpe A, Dalianis T. Presence of simian virus 40 (SV40) is not frequent in Swedish malignant mesotheliomas. *Anticancer Res.* (2002) 22:1357–60.

- Heinsohn S, SzendroiM, Bielack S, Stadt UZ, Kabisch H. Evaluation of SV40 in osteosarcoma and healthy population: a Hungarian-German study. *Oncol Rep.* (2009) 21:289–97.

- Minor P, Pipkin PA, Cutler K, Dunn G. Natural infection and transmission of SV40. *Virology.* (2003) 314:403–9.

-Mayall F, Barratt K, Shanks J. The detection of Simian virus 40 in mesotheliomas from New Zealand and England using real time FRET probe PCR protocols. *J Clin Pathol* 2003; 56:728–30.

- Aoe K, Hiraki A, Murakami T, Toyooka S, Shivapurkar N, Gazdar AF, Sueoka N, Taguchi K, Kamei T, Takeyama H, Sugi K, Kishimoto T. Infrequent existence of simian virus 40 large T antigen DNA in malignant mesothelioma in Japan. *Cancer Sci* 2006; 97:292–5.
- Brousset P, Sabatier J, Galateau-Salle F. SV40 infection in human cancers. *Ann Oncol* 2005; 16:1212–13.
- Ibrahim, A.K. (2013). Trends of adult primary malignant renal tumors over 6 years. *Pak. J. Med. Sci.*, 29:1385.
- Mahasin, S.Z., Aloudah, N., Al-Surimi, K. and Alkhateeb, S.S. (2018). Epidemiology profile of renal cell carcinoma: A 10-year patients' experience at King Abdulaziz Medical City, National Guard Health Affairs, Saudi Arabia. *Urol. Ann.*, 10(1):59-64.
- Vikram, N., Bhavna, G., Ashneet, W., Neena, S. and Vineeta, M. (2016). Histomorphological Spectrum of Nephrectomy Specimens- A Tertiary Care Centre Experience. *Nat. J. Lab. Med.*, 5(2): 51-54.
- Stafford, H. S., Saltzstein, S. L., Shimasaki, S., Sanders, C., Downs, T. M. and Sadler, G. R. (2008). Racial/ethnic and gender disparities in renal cell carcinoma incidence and survival. *J. Urol.*, 179: 1704-8.
- Mukhopadhyay, S.G., Mukherjee, K. and Manna, A.(2015). Renal Tumours in Adults with Correlation between Fuhrman Grading and Proliferative Marker. *Iran J. Pathol.*, 10(4): 281-9.
- Noroozinia, F., Fahmideh, A.N., Yekta, Z., Rouhrazi, H. and Rasmi, Y. (2014). Expression of CD44 and P53 in Renal Cell Carcinoma: Association with Tumor Subtypes. *Saudi J. Kidney Dis. Transpl.*, 25(1): 79-84.
- Latif.F., Mubarak. M. and Kazi, J.I. (2011). Histopathological characteristics of adult renal tumours: A preliminary report. *J. Pak. Med. Assoc.*, 61:224- 8.
- Khafaja, S., Kourie, H.R., Matar, D., Sader- Ghorra, C. and Kattan, J. (2015). Kidney cancer in Lebanon: A specific histological distribution. *Asian Pac. J. Cancer Prev.*, 16: 363- 5.
- Hassan, A. M., Qasim, B. J. and Musa, Z. A. (2017). Immunohistochemical Expression of Aldehyde Dehydrogenase 1 (ALDH1) in Renal Cell Carcinomas. *Iraqi J. Med. Sci.*, 15(2): 206-213.
- Takure, A.O., Shittu, O.B., Adebayo, S.A., Okolo, C.A. and Sotunmbi P.T. (2013). Renal cell carcinoma in Ibadan: A 5- year clinicopathologic review. *Afr. J. Med. Med. Sci.*, 42:239- 43.

-Lai, M.W., Chen, T.C., Pang, S.T. and Yeh, C.T. (2012). Overexpression of cyclin-dependent kinase-associated protein phosphatase enhances cell proliferation in renal cancer cells. *Urol. Oncol. Elsevier.*, 30(6):871-878.

-Bisteau, X., Caldez, M.J. and Kaldis, P. (2014). The complex relationship between liver cancer and the cell cycle: A story of multiple regulations. *Cancers (Basel)*, 6(1):79–111.

-Aiman, A., Singh, K. and Yasir, M. (2013). Histopathological spectrum of lesions in nephrectomy specimens: a five-year experience in a tertiary care hospital. *J. Sci. Soci.*, 40:148-154.

Kawano M, Doi K, Fukuda H, Kita Y, Imai K, Inoue T, et al.. SV40 VP1 major capsid protein in its self-assembled form allows VP1 pentamers to coat various types of artificial beads *in vitro* regardless of their sizes and shapes. *Biotechnol Rep.* (2015) 5:105–11. 10.1016/j.btre.2014.12.008