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A study of multiple *Felis catus* Papillomavirus types (FcaPV-1, 2, 3, 4) in cat skin lesion in Italy by q-PCR

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Keywords:	feline, papillomavirus, skin, viral plaque, in situ Bowenoid carcinoma, squamous cell carcinoma, actinic keratosis, q-PCR
Abstract:	<p>Abstract Objective: Aim of the study is to investigate by q-PCR the presence of Papillomavirus in feline viral plaques (VP), Bowenoid in situ carcinoma (BISC), squamous cell carcinoma (SCC), and actinic keratosis (AK). Methods: Twenty-nine cases with previously established diagnosis of feline VP, BISC, invasive SCC, and AK were selected from a dermatopathological database. A critical re-evaluation of diagnosis was performed by defining clear criteria toward carcinomatous vs non carcinomatous, in situ vs invasive (if carcinomatous) and viral vs actinic. Cases were evaluated for p16 immunolocalisation. The presence of the target viral genes for FcaPV-1, 2, 3 and 4 was determined by q-PCR. Data generated Cq values, which represent a normalized measure of DNA viral quantity. Samples with a positive Cq values were submitted to sequence analysis. Results: 4 VPs, 19 BISCs 4 SCCs and 1 AK were included. By Cq analysis we found that all VPs were positive for FcaPV-1 or FcaPV-2; and 8 BISCs for FcaPV-1, 2, 4. FcaPV-2 was the most prevalent among the group of VPs and BISCs. Conclusion and relevance: Using Cq method we report the first evidence of FcaPV-1, 2 and 4 in Italy, FcaPV-2 was the most frequently detected. To a lesser extent also FcaPV-1 and FcaPV-4 has been detected in our examined samples while FcaPV-3 was never associated to viral induced lesions by Cq investigation. Compared to conventional PCR the Cq method has the advantage to establish a possible role of the virus in the outcome of infection.</p>

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2 **cat skin lesion in Italy by q-PCR.**

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17

18 **Key words:** feline papillomavirus, skin, viral plaque, *in situ* Bowenoid
19 carcinoma, squamous cell carcinoma, actinic keratosis, q-PCR

20 **Abstract**

21 **Objective:** Aim of the study is to investigate by q-PCR the presence of
22 Papillomavirus in feline viral plaques (VP), Bowenoid *in situ* carcinoma (BISC),
23 squamous cell carcinoma (SCC), and actinic keratosis (AK).

24 **Methods:** Twenty-nine cases with previously established diagnosis of feline VP,
25 BISC, invasive SCC, and AK were selected from a dermatopathological
26 database. A critical re-evaluation of diagnosis was performed by defining clear
27 criteria toward carcinomatous vs non carcinomatous, in situ vs invasive (if
28 carcinomatous) and viral vs actinic. Cases were evaluated for p16
29 immunolocalisation. The presence of the target viral genes for FcaPV-1, 2, 3
30 and 4 was determined by q-PCR. Data generated $\Delta\Delta Cq$ values, which
31 represent a normalized measure of DNA viral quantity. Samples with a positive
32 $\Delta\Delta Cq$ values were submitted to sequence analysis.

33 **Results:** 4 VPs, 19 BISCs 4 SCCs and 1 AK were included. By $\Delta\Delta Cq$ analysis
34 we found that all VPs were positive for FcaPV-1 or FcaPV-2; and 8 BISCs for
35 FcaPV-1, 2, 4. FcaPV-2 was the most prevalent among the group of VPs and
36 BISCs.

37 **Conclusion and relevance:** Using $\Delta\Delta Cq$ method we report the first evidence of
38 FcaPV-1, 2 and 4 in Italy, FcaPV-2 was the most frequently detected. To a
39 lesser extent also FcaPV-1 and FcaPV-4 has been detected in our examined
40 samples while FcaPV-3 was never associated to viral induced lesions by $\Delta\Delta Cq$
41 investigation. Compared to conventional PCR the $\Delta\Delta Cq$ method has the
42 advantage to establish a possible role of the virus in the outcome of infection.

43

44 Introduction

45 Detection of Feline papillomaviruses (FcaPVs) from feline cutaneous
46 lesions has been reported worldwide^{1,2} and these viruses are considered liable
47 of causing several feline skin conditions.¹⁻⁵ These include a wide spectrum of
48 proliferative skin lesions ranging from non-neoplastic viral plaques (VP) to pre-
49 neoplastic Bowenoid *in situ* carcinoma (BISC), and invasive squamous cell
50 carcinoma (SSC).⁶ A progression from non neoplastic viral induced lesions to
51 overt neoplasia has also been documented to occur.⁷ Four FcaPV types
52 (FcaPV-1 to FcaPV-4) have been so far described in cats, having different
53 anatomical distribution and presentation.^{1,8-11} The most frequent FcaPV
54 (FcaPV-2, belonging to *Dyothetapapillomavirus* genus) was isolated from a
55 cutaneous pigmented plaque,¹² and later related to cutaneous SCC.¹³⁻¹⁵
56 FcaPV-2 seems to play a role in a high proportion of nasal planum squamous
57 cell carcinomas and, animals with tumours associated to papillomaviral
58 aetiology with p16 upregulation, show increased survival compared with those
59 attributable to UV radiation.¹⁶ The relevance of FcaPV-2 in the pathogenesis of
60 both premalignant and malignant lesions has been recently investigated by
61 concurrently assessing number of DNA viral copies and viral gene expression.⁵⁻
62 ⁷ However, the effective role of FcaPV-2 in the development of malignant
63 lesions is still a debated question, especially in view of recent results indicating

64 a high FcaPV-2 prevalence in healthy domestic cats.^{7,17} The role of other feline
65 PV types, namely FcaPV-1, 3, and 4, remains obscure. FcaPV-1, belongs to the
66 *Lambdapapillomavirus* genus and has been rescued from a hyperkeratotic
67 cutaneous lesion in a Persian cat by Tachezy et al.⁹ In the same year another
68 FcaPV was also identified in a shorthair domestic cat with papillomatosis.¹¹
69 More recently the virus was detected in multiple small sessile raised lesions on
70 the ventral surface of the tongue in two 13-year-old domestic cats.¹⁸ FcaPV-3 is
71 a *Taupapillomavirus*, isolated for the first time from a cutaneous in situ
72 carcinoma.³ Recently FcaPV-3 has been detected from a BISC with a novel
73 histological feature and a benign clinical behaviour.¹⁹ The same
74 histopathological changes were observed in a feline basal cell carcinoma, from
75 which DNA sequences of a novel PV closely related to FcaPV-3 were detected
76 by the authors.⁴ FcaPV-4 belongs to genus *Taupapillomavirus*, and has been
77 detected in oral cavity following a severe gengivitis.¹⁰ Pathogenicity of FcaPV-1
78 and FcaPV-4 is still unclear and these viruses are rarely detected in oral
79 inflammatory as well as neoplastic lesions. Therefore, an active role of FcaPV-1
80 and FcaPV-4 in carcinogenesis is still debated.

81 Based on literature, it emerges that most cases of FcaPVs infection have been
82 documented in domestic felids from New Zealand, North and South America
83 and, to a lesser extent from Europe. This might just reflect the active research

84 done in these countries without any epidemiological meaning. In Europe PVs
85 infections have been reported in Switzerland in nine cases,^{12,20} in one case in
86 Germany ²¹ and in one case in Italy.²² Here we assess by a combination of
87 histology, immunohistochemistry and q-PCR the concurrent presence of
88 FcaPV-1, 2, 3 and 4 viral DNA and p16 immunostaining in 29 feline lesions
89 collected in Italy including non neoplastic and preneoplastic, viral and non viral
90 induced skin lesions namely: VP, BISC, invasive SSC and actinic keratosis
91 (AK). Two methods were applied to analyse the viral load data: absolute
92 quantification (AQ) and relative quantification (RQ). The AQ was applied to
93 determine the viral copy number per μg of DNA; however, by this method wide
94 range of values can be obtained without a cut-off value that would allow to
95 discriminate FcaPVs presence as innocent bystander or as responsible of viral
96 lesion. To address this problem we approached the RQ by $\Delta\Delta\text{Cq}$ calculation. ²³
97 This method measures viral genome presence by relating the obtained values
98 of each of the 4 FcaPVs in each lesion classified as VP or BISC to those of
99 SCC and AK.

100 **Materials and methods**

101 *Biopsies*

102 Feline skin biopsies have been identified from dermatopathological databases

103 and 29 cases with a diagnosis of VP, BISC, invasive SCC and AK were
104 selected. The retrieved formalin fixed cases were routinely processed for
105 histopathology and 4 µm thick paraffin embedded tissues sections were stained
106 with haematoxylin and eosin (HE). Before inclusion in the study, the selected
107 samples were subjected to critical re-evaluation of diagnosis by defining clear
108 distinctive criteria, such as carcinomatous vs non carcinomatous, in situ vs
109 invasive (if carcinomatous), and viral vs actinic. The established criteria were
110 defined as described in the scientific literature and are summarized in table
111 1.^{14,20,24} Data from signalment and lesion distribution, when available, were
112 included.

113 *P16 immunohistochemistry*

114 Cases were evaluated for the detection of p16 by immunohistochemistry
115 employing an ABC system (Vector Laboratories, Burlingame, USA). Antigen
116 unmasking was carried out at 120°C for 3 min in a pressure cooker with a TRIS-
117 EDTA buffer (1,2 g/L Tris, 0,36 g/L EDTA, pH 9.0). Sections were pre-treated
118 for 10 min with 1% H₂O₂ in 0.1 M phosphate buffered saline (PBS), pH 7.4 to
119 quench endogenous peroxidase activity, and blocked for 30 min at room
120 temperature (rt) in PBS with a 2% normal horse serum (PK-7200, Vector
121 Laboratories, Burlingame, USA) and 0.05% TritonX-100. Sections were then
122 incubated overnight at 4°C with a 1:100 diluted monoclonal primary antibody

123 p16-INK4a (mouse monoclonal IgG, BiorByt, San Francisco, USA). After
124 washing in PBS, an incubation with a secondary universal biotinylated anti-
125 mouse/rabbit antibody (PK-7200, Vector Laboratories, Burlingame, USA) was
126 performed for 1h at rt. Staining was visualized with a diaminobenzidine (SK-
127 4105, Vector Laboratories, Burlingame, USA) solution under a light microscope
128 (Eclipse 80i, Nikon Tokyo, Japan).

129 *Sampling material for q-PCR*

130 Three 10 µm thick sections from the selected samples were cut with a
131 microtome, place onto slides and left unfixed. These slides were observed
132 under an optic microscope. Tissue that was not relevant for the study was
133 scraped off and the remaining tissue directly collected in a DNase free 1,5 ml
134 tube. To prevent carryover of contaminating DNA the microtome overlay was
135 covered with a new piece of adhesive tape and a new blade was used for each
136 sample.

137 *DNA extraction*

138 DNA extraction was performed using DNeasy Blood and Tissue kit (Qiagen,
139 Hilden, Germany) following manufacturer's instruction and applying a
140 preliminary removal of paraffin by extraction with xylene. DNAs were eluted in
141 30 µl, and each sample concentration was quantified using the Qubit

142 spectrophotometer (ThermoFisher Scientific, Waltham, USA), DNA samples
143 were stored at -20°C until analysis.

144 *q-PCR*

145 The extracted DNAs were amplified using four specific set of primers amplifying
146 a portion of the four types of FcaPVs L1 gene so far identified in the feline
147 species (Table 2). To normalize the amount of DNA used for each sample so to
148 achieve a correct quantification of viral copy number, a q-PCR under the same
149 condition as for FcaPV but with a specific set of primers was run in parallel for
150 the reference gene albumin (ALB).²⁵ The number of copy of the target viral
151 gene, measured as Cq value, generates a ΔCq value when compared to the
152 corresponding Cq value of the reference gene. Moreover, a $\Delta\Delta Cq$ value was
153 calculated comparing the ΔCq value of the sample of interest to the mean ΔCq
154 value obtained from the SCC and AK group, considered as the negative control
155 group. The $\Delta\Delta Cq$ value represents a normalized measure of DNA viral quantity
156 and was calculated using REST software.²⁶ In this work, a RQ using the $2^{-\Delta\Delta Cq}$
157 method²³ was adapted to estimate in each sample the fold change of FcaPV-1,
158 2, 3 and 4 target viral gene copies relative to the albumin reference gene.
159 Melting curve analysis was performed in conjunction with each four specific
160 FcaPV amplification protocol to determine if non specific products were

161 amplified during reaction. The specificity of the melting curve was compared to
162 melting curves values obtained from a plasmid (pFcaPV) containing amplicon of
163 the four FcaPVs spanning the real-time products. The plasmid was generated
164 by inserting the four FcaPVs gene segments into pMA-T vector using GeneArt
165 technology (Thermo Fisher Scientific, Waltham, USA). Serial dilutions of
166 pFcaPV plasmid ranging from 10^6 to 10^2 copies/5 μ l were used to calculate the
167 efficiency of q-PCR for each FcaPV set of primers and compared to the
168 efficiency calculated on five points of a 2-fold serial dilution of a quantified DNA
169 template for ALB gene. The efficiency of each q-PCR assay was similar and
170 ranging from 91% to 98% (average 94,6%). The lesions identified by
171 histological classification as SCC-AK were presumed to serve as the negative
172 control group and each sample belonging to this group was also individually
173 tested by $\Delta\Delta Cq$ analysis for each FcaPV type. Samples that had eventually
174 scored a positive $\Delta\Delta Cq$ value were excluded. In addition, the viral copy
175 number/ μ l of input DNA for each FcaPV type in each sample tested was
176 calculated (AQ). The assays were performed in Rotorgene thermocycler
177 (Corbett Research, Sydney, Australia) using SSCO SYBR Green master mix
178 (Biorad, Hercules, USA) and 5 μ l of extracted DNA. All samples were tested in
179 duplicate and the results were calculated using the mean Cq values. Samples
180 positive for only one replica were considered as negative. All samples with a

181 positive $\Delta\Delta Cq$ values were submitted to sequence analysis (BMR genomics,
182 Padova, Italy).

183 **Results**

184 Histologically all VPs were recognized for areas of focal epidermal
185 dysplasia with koilocytes and keratinocytes with cytoplasm enlarged by blue-
186 greyish material. Regarding BISC diagnosis, the presence of koilocytes or
187 koilocyte-like cells pointed to the viral origin in 17/20 cases while in the
188 remaining 3 cases diagnosis was formulated by other morphological details
189 listed in Table 1. SCC and AK showed the morphological alterations listed in
190 Table 1. Among the 20 BISCs cases 5 VPs were also detected in the
191 adjacent skin by histology and in other 5, sites of penetration of keratinocytes
192 through the basement membrane into the dermis were observed indicative of
193 progression toward SCC.

194 Clinical reports for each of the 29 cases fulfilling the established
195 histological criteria were recorded. Breed, age, gender and anatomical
196 distribution are summarised in Table 3. Twenty-five subjects were shorthair
197 domestic cats, two persian and two main coons. Mean age at presentation
198 varied between 6 and 20 years (median 11,6), 14 out of 29 were female and
199 15 were male. A total of 4 VPs, 20 BISCs, 4 SCCs and 1 AK were detected.

200 Lesions were observed in densely haired skin regions in 9 cats (dorsum,
201 flank, and shoulder), in areas non-exposed to sunlight in 1 cat (groin) and in
202 hypotrichotic and solar exposed skin in 18 cats (ears, nose, eyelids, temporal
203 region). All cases of SCC were observed in sun-exposed areas. Clinically
204 VPs were few millimeters wide, alone or grouped, slightly raised, pigmented
205 and non-pruritic lesions; BISCs were clinically larger than VPs, usually more
206 than 1 cm of diameter, multifocally coalescing, raised and often verrucous,
207 crusted and hyperpigmented. In SCC, erosive and ulcerative crusted lesions
208 were clinically detected. In the only case in which AK was diagnosed,
209 erythema, scales and crust were seen (Figure 1a, b, c).

210 P16 was immunolocalized in all VPs epidermis and in the epidermis and
211 follicular wall of the BISCs. No signal or only faint staining was detected in
212 the SCC and AK lesion. Immunoreactivity was either nuclear and
213 cytoplasmic; in VPs and BISCs the signal was strong while in the SCCs
214 immunoreactivity was faint and therefore considered as no significant
215 (Figure 1d).

216 By q-PCR we were able to detect the albumin reference gene in 28 out of 29
217 DNA samples. Only one sample classified as BISC was not suitable to
218 molecular analysis and therefore it was excluded from further analysis.

219 By AQ, the presence of FcaPVs has been detected in low copies in almost all
220 cases (Table 4). By RQ ($\Delta\Delta Cq$ method) a reduced number of samples was
221 linked to viral lesions. In details, FcaPVs positive $\Delta\Delta Cq$ values were detected
222 in all VPs (4/4) and in 8/19 BISCs (Table 3). VPs were positive to FcaPV-2 in
223 three samples and to FcaPV-1 in one sample. BISCs were positive to FcaPV-
224 2 in three samples, FcaPV-4 and FcaPV-1 in one sample each. Interestingly,
225 as never reported before, in BISCs lesion we found three cases of double
226 infection. In two of those, FcaPV-1 and 2 were detected simultaneously and
227 in one case FcaPV-2 was present along with FcaPV-4 (Table 3).

228 In all cases with a positive $\Delta\Delta Cq$ value, the viral load was always greater
229 than 10^2 copies / μg DNA (FcaVP-1: min 167 – max 310 Standard Error (SE):
230 33,0; FcaPV-2: min 100 – max 1150 SE: 163,9; FcaPV-4 min 391 – max
231 3700 SE: 1654,5) (Table 4). Sequence analysis confirmed the FcaPV types
232 as indicated by q-PCR $\Delta\Delta Cq$ analysis.

233 Discussion

234 In this retrospective study, we detected the concurrent presence of different
235 types of PVs, namely of FcaPV-1, 2 and 4 in feline VPs and BISCs by $\Delta\Delta Cq$
236 method using specific primers. To the best of our knowledge only the
237 concurrent presence of FcaPV-2 and 3 have been reported from one BISC

238 and one VP.^{3,22} However differently from previous reports, here we report the
239 presence of FcaPV-1 and FcaPV-4, alone or in association to FcaPV-2.

240 A limitation when performing PCR-based studies on PVs infection is
241 that the viral DNA is often detected and cannot be directly linked to an
242 effective role of virus in pathogenesis and therefore it is not possible to fully
243 establish whether the presence of a viral genome is uneventful (subclinical
244 lesion). In particular, FcaPV-2 has been recently detected in a number of skin
245 swabs from healthy cats, making difficult to discern whether PVs are causing
246 cancer or are merely an “innocent bystander”.⁷ The hypothesis that the
247 presence of high viral loads likely represents an infectious state of PV is
248 supported by Thomson et al.⁷ who recently showed that the finding of high
249 copy numbers of FcaPV-2 DNA within a lesion suggests that the detected
250 virus may be responsible for it. In fact, while high viral copy numbers were
251 associated with E6/E7 gene expression, no gene expression was detected in
252 association of low copy numbers, an indication of an incidental finding.

253 For the above-mentioned reasons, for this study we used a q-PCR
254 protocol applying a $\Delta\Delta Cq$ method to investigate if and which FcaPVs have
255 induced the lesion in cats. In this sense the obtained results are partially in
256 line with the scientific literature which indicates so far that FcaPV-2 is the

major PV type implicated in skin preneoplastic and neoplastic lesions in cats.⁷ Since the genome organization and the role of viral proteins within the replication cycle are considered similar even between different genera belonging to the *Papillomaviridae* family we assumed that a similar link is maintained for feline PVs other than FcaPV-2. Importantly we reported positive $\Delta\Delta Cq$ values for FcaPV-1 and 4; two FcaPV types rarely reported.^{9–11,18}

A comparison between our data with those obtained from other studies is difficult for two reasons: i) type of PCR primers used (specific vs consensus); ii) type of PCR used (conventional vs quantitative). A general prevalence ranging from 24 to 100% of FcaPV-2 both BISCs and VPs has been reported.^{7,8,27,28} In our study, by using specific primers in a q-PCR analysis applying RQ method, we obtained a prevalence for FcaPV-2 in BISCs of 31,6% (6/19) and for all FcaPV types of 42,10% (8/19).

Failure to demonstrate PV DNA in every BISC have been previously explained through a carcinogenesis model in which papillomaviruses cause transformation but are only for a short period present within the lesion.²⁹ Surprisingly, cases in which koilocytes were detected did not show any $\Delta\Delta Cq$ positive value; this result is likely due to: i) the detection of koilocytes in very focal lesions that

could have been no more present when additional serial paraffin sections were prepared for DNA extraction and PCR analysis; ii) the presence of a PCR undetectable PV variant.

Low viral copies for all PV types have been detected in almost all cases, however the $\Delta\Delta Cq$ analysis was necessary to associate the FcaPVs as biological agent potentially causing the lesions. $\Delta\Delta Cq$ positive values for the different PV types were detected in all VPs and in 42% of BISCs. Noteworthy, mean $\Delta\Delta Cq$ of positive samples differed among PV types being 62.5, 189.1 and 3083.5 for FcaPV-1, FcaPV-2 and FcaPV-4 respectively. Studies considering a larger panel of cases might be necessary to establish a further $\Delta\Delta Cq$ cut off value.

Here we document the presence of FcaPV-2 with high prevalence in both VPs and BISCs while we rescued FcaPV-1 and FcaPV-4 less frequently; these last two PVs are rarely described as playing an active role in skin and oral mucosa lesions in cats.^{9,10,18,30} None of the lesions was associated to FcaPV-3 when adopting $\Delta\Delta Cq$ method, confirming the rare occurrence of this FcaPV type also in Italy.

Either cytoplasmic or nuclear p16 signals were detected in all cases where cytopathic effects were found (VP, BISC) while p16 immunolocalisation was

present with faint and mainly cytoplasmic signal in cases of SCCs and no p16-immunoreactivity was found in the case of AK. Despite the difficulties of interpretation when the signal was faint, these results are in line with what already documented previously. About half of the SCC studied by Thomson et al.⁷ were negative to p16 immunostaining. A strong association between FcaPV-2 E6/E7 gene expression and p16 immunostaining have been recently found in feline SCC with 18 of 20 (90%) E6/E7-positive SCCs being also positive for p16 compared to 13 of 40 (33%) E6/E7-negative SCCs.⁷ E6/7 gene expression investigation has not been carried out in our study but our results might reflect this correlation.

Conclusion

$\Delta\Delta Cq$ analysis has proved to be necessary to associate the FcaPVs as biological agent potentially causing the lesions. Based on this method the presence of FcaPV-2 is confirmed to be the most representative FcaPV in feline skin lesions referable to diagnosis of VP and BISC in Italy. To a lesser extent also FcaPV-1 and FcaPV-4 has been detected in our examined samples.

312

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417 LEGEND

418 Figure 1. Multiple symmetrical raised, hyperpigmented and crusted plaques
419 on the face of a cat with Bowenoid in situ carcinoma (a). Histopathology from
420 a viral plaque in a cat. Focal epidermal hyperplasia, absence of follicular wall
421 involvement, evident viral cytopathic effects (koilocytes) (bar=50µm) (b);

422 Histopathology from a Bowenoid in situ carcinoma in a cat. Epidermal and
423 follicular dysplasia with upward in situ keratinocyte proliferation and a few
424 koilocytes (bar=50 μ m) (c); p16 immunohistochemistry, groups of
425 keratinocytes show nuclear and cytoplasmic positivity (ABC system, bar=100
426 μ m) (d).

427

1 **Papillomavirus induced skin lesions in cats from Italy.**

2 **A study of multiple *Felis catus* Papillomavirus types (FcaPV-1, 2, 3, 4) in**
3 **cat skin lesion in Italy by q-PCR.**

4

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18

19 **Key words:** feline papillomavirus, skin, viral plaque, *in situ* Bowenoid
20 carcinoma, squamous cell carcinoma, actinic keratosis, q-PCR

21 **Abstract**

22 **Objective:** Aim of the study is to investigate by q-PCR the presence of **PV**
23 **Papillomavirus** in feline viral plaques (VP), Bowenoid *in situ* carcinoma (BISC),
24 squamous cell carcinoma (SCC), and actinic keratosis (AK).

25 **Methods:** Twenty-nine cases with previously established diagnosis of feline VP,
26 BISC, invasive SCC, and AK were selected from a dermatopathological
27 database. A critical re-evaluation of diagnosis was performed by defining clear
28 criteria toward carcinomatous vs non carcinomatous, *in situ* vs invasive (if
29 carcinomatous) and viral vs actinic. Cases were evaluated for p16
30 immunolocalisation. The presence of the target viral genes for FcaPV-1, 2, 3
31 and 4 was determined by q-PCR. Data generated $\Delta\Delta Cq$ values, which
32 represent a normalized measure of DNA viral quantity. Samples with a positive
33 $\Delta\Delta Cq$ values were submitted to sequence analysis.

34 **Results:** 4 VPs, 19 BISCs 4 SCCs and 1 AK were included. **By $\Delta\Delta Cq$ analysis**
35 **we found that all VPs were positive for FcaPV-1 or FcaPV-2; and 8 BISCs for**

36 FcaPV-1, 2, 4. The $\Delta\Delta\text{Cq}$ detected 3 out of 4 types of FcaPVs. $\Delta\Delta\text{Cq}$ detected
37 FcaPV-1 in 1 VP and 3 BISCs, FcaPV-2 in 3 VPs and 6 BISCs, FcaPV-4 in 2
38 BISCs. FcaPV-2 was the most prevalent among the group of VPs and BISCs.

39 **Conclusion and relevance:** Using $\Delta\Delta\text{Cq}$ method we report the first evidence of
40 FcaPV-1, 2 and 4 in Italy, FcaPV-2 was the most frequently detected. To a
41 lesser extent also FcaPV-1 and FcaPV-4 has been detected in our examined
42 samples while FcaPV-3 was never associated to viral induced lesions by $\Delta\Delta\text{Cq}$
43 investigation. Compared to conventional PCR the $\Delta\Delta\text{Cq}$ method has the
44 advantage to allow establish a possible role of the virus in the outcome of
45 infection.

46

47 Introduction

48 Detection of Feline papillomaviruses (FcaPVs) from feline cutaneous
49 lesions has been reported worldwide^{1,2} and these viruses are considered liable
50 of causing several feline skin conditions.¹⁻⁵ These include a wide spectrum of
51 proliferative skin lesions ranging from non-neoplastic viral plaques (VP) to pre-
52 neoplastic Bowenoid *in situ* carcinoma (BISC), and ~~to sarcoid and~~ invasive
53 squamous cell carcinoma (SSC).⁶ A progression from non neoplastic viral
54 induced lesions to overt neoplasia has also been documented to occur.⁷ Four
55 FcaPV types (FcaPV-1 to FcaPV-4) have been so far described in cats, having
56 different anatomical distribution and presentation.^{1,8-11} The most frequent
57 FcaPV (FcaPV-2, belonging to *Dyothetapapillomavirus* genus) was isolated
58 from a cutaneous pigmented plaque,¹² and later related to cutaneous SCC.¹³⁻¹⁵
59 FcaPV-2 seems to play a role in a high proportion of nasal planum squamous
60 cell carcinomas and, animals with tumours associated to papillomaviral
61 aetiology with p16 upregulation, show increased survival compared with those
62 attributable to UV radiation.¹⁶ The relevance of FcaPV-2 in the pathogenesis of
63 both premalignant and malignant lesions has been recently investigated by
64 concurrently assessing number of DNA viral copies and viral gene expression.⁵⁻
65 ⁷ However, the effective role of FcaPV-2 in the development of malignant
66 lesions is still a debated question, especially in view of recent results indicating

67 a high FcaPV-2 prevalence in healthy domestic cats.^{7,17} The role of other feline
68 PV types, namely FcaPV-1, 3, and 4, remains obscure. FcaPV-1, belongs to the
69 *Lambdapapillomavirus* genus and has been rescued from a hyperkeratotic
70 cutaneous lesion in a Persian cat by Tachezy et al.⁹ In the same year another
71 FcaPV was also identified in a shorthair domestic cat with papillomatosis.¹¹
72 More recently the virus was detected in multiple small sessile raised lesions on
73 the ventral surface of the tongue in two 13-year-old domestic cats.¹⁸ FcaPV-3 is
74 a *Taupapillomavirus*, isolated for the first time from a cutaneous in situ
75 carcinoma.³ Recently FcaPV-3 has been detected from a BISC with a novel
76 histological feature and a benign clinical behaviour.¹⁹ The same
77 histopathological **cell** changes were observed in a feline basal cell carcinoma,
78 from which DNA sequences of a novel PV closely related to FcaPV-3 were
79 detected by the authors.⁴ FcaPV-4 belongs to genus *Taupapillomavirus*, and
80 has been detected in oral cavity following a severe gingivitis.¹⁰ Pathogenicity of
81 FcaPV-1 and FcaPV-4 is still unclear and these viruses are rarely detected in
82 oral inflammatory as well as neoplastic lesions. Therefore, an active role of
83 FcaPV-1 and FcaPV-4 in carcinogenesis is still debated.

84 Based on literature, it emerges that most cases of FcaPVs infection have been
85 documented in domestic felids from New Zealand, North and South America
86 and, to a lesser extent from Europe. This might just reflect the active research

87 done in these countries without any epidemiological meaning. In Europe PVs
88 infections have been reported in Switzerland in **only** nine cases,^{12,20} in one case
89 in Germany ²¹ and in **another one** case in Italy.²² **Here we assess by a**
90 **combination of histology, immunohistochemistry and q-PCR the concurrent**
91 **presence of FcaPV-1, 2, 3 and 4 viral DNA and p16 immunostaining in 29 feline**
92 **lesions collected in Italy including non neoplastic and preneoplastic, viral and**
93 **non viral induced skin lesions namely: VP, BISC, invasive SSC and actinic**
94 **keratosis (AK). Two methods were applied to analyse the viral load data:**
95 **absolute quantification (AQ) and relative quantification (RQ). The AQ was**
96 **applied to determine the viral copy number per μ g of DNA; however, by this**
97 **method wide range of values can be obtained without a cut-off value that would**
98 **allow to discriminate FcaPVs presence as innocent bystander or as responsible**
99 **of viral lesion. To address this problem we approached the RQ by $\Delta\Delta Cq$**
100 **calculation.** ²³ **This method measures viral genome presence by relating the**
101 **obtained values of each of the 4 FcaPVs in each lesion classified as VP or**
102 **BISC to those of SCC and AK.**

103 **Materials and methods**

104 *Biopsies*

105 Feline skin biopsies have been identified from dermatopathological databases

106 and 29 cases with a diagnosis of VP, BISC, invasive SCC and AK were
107 selected. The retrieved formalin fixed cases were routinely processed for
108 histopathology and 4 µm thick paraffin embedded tissues sections were stained
109 with haematoxylin and eosin (HE). Before inclusion in the study, the selected
110 samples were subjected to critical re-evaluation of diagnosis by defining clear
111 distinctive criteria, such as carcinomatous vs non carcinomatous, in situ vs
112 invasive (if carcinomatous), and viral vs actinic. The established criteria were
113 defined as described in the scientific literature and are summarized in table
114 1.^{14,20,24} Data from signalment and lesion distribution, when available, were
115 included.

116 *P16 immunohistochemistry*

117 Cases were evaluated for the detection of p16 by immunohistochemistry
118 employing an ABC system (Vector Laboratories, Burlingame, USA). Antigen
119 unmasking was carried out at 120°C for 3 min in a pressure cooker with a TRIS-
120 EDTA buffer (1,2 g/L Tris; 0,36 g/L EDTA; pH 9.0). Sections were pre-treated
121 for 10 min with 1% H₂O₂ in 0.1 M phosphate buffered saline (PBS), pH 7.4 10
122 min to quench endogenous peroxidase activity, and blocked for 30 min at room
123 temperature (rt) in PBS with a 2% normal horse serum (PK-7200, Vector
124 Laboratories, Burlingame, USA) and 0.05% TritonX-100. Sections were then
125 incubated overnight at 4°C with a 1:100 diluted monoclonal primary antibody

126 p16-INK4a (mouse monoclonal IgG, BiorByt, San Francisco, USA). After
127 washing in PBS, an incubation with a secondary universal biotinylated anti-
128 mouse/rabbit antibody (PK-7200, Vector Laboratories, Burlingame, USA) was
129 performed for 1h at rt. Staining was visualized with a diaminobenzidine (SK-
130 4105, Vector Laboratories, Burlingame, USA) solution under a light microscope
131 (Eclipse 80i, Nikon Tokyo, Japan).

132 *Sampling material for q-PCR*

133 Three 10 µm thick sections from the selected samples were cut with a
134 microtome, place onto slides and left unfixed. These slides were observed
135 under an optic microscope. Tissue that was not relevant for the study was
136 scraped off and the remaining tissue directly collected in a DNase free 1,5 ml
137 tube. To prevent carryover of contaminating DNA the microtome overlay was
138 covered with a new piece of adhesive tape and a new blade was used for each
139 sample. and the microtome overlay covered with a new piece of adhesive tape.

140 *DNA extraction*

141 DNA extraction was performed using DNeasy Blood and Tissue kit (Qiagen,
142 Hilden, Germany) following manufacturer's instruction and applying a
143 preliminary removal of paraffin by extraction with xylene. DNAs were eluted in
144 30 µl, and each sample concentration was quantified using the Qubit Nanodrop

145 spectrophotometer (ThermoFisher Scientific, Waltham, USA), DNA samples
146 were stored at -20°C until analysis.

147 *q-PCR*

148 The extracted DNAs were amplified using four specific set of primers amplifying
149 a portion of the four types of FcaPVs L1 gene so far identified in the feline
150 species (Table 2). To normalize the amount of DNA used for each sample so to
151 achieve a correct quantification of viral copy number, a q-PCR under the same
152 condition as for FcaPV but with a specific set of primers was run in parallel for
153 the reference gene albumin (ALB).²⁵ The number of copy of the target viral
154 gene, measured as Cq value, generates a ΔCq value when compared to the
155 corresponding Cq value of the reference gene. Moreover, a $\Delta\Delta Cq$ value was
156 calculated comparing the ΔCq value of the sample of interest to the mean ΔCq
157 value obtained from the SCC and AK group, considered as the negative control
158 group. The $\Delta\Delta Cq$ value represents a normalized measure of DNA viral quantity
159 and was calculated using REST software.²⁶ In this work, a RQ using the $2^{-\Delta\Delta Cq}$
160 method²³ was adapted to estimate in each sample the fold change of FcaPV-1,
161 2, 3 and 4 target viral gene copies relative to the albumin reference gene.
162 Melting curve analysis was performed in conjunction with each four specific
163 FcaPV amplification protocol to determine if non specific products were

164 amplified during reaction. The specificity of the melting curve was compared to
165 melting curves values obtained from a plasmid (pFcaPV) containing amplicon of
166 the four FcaPVs spanning the real-time products. The plasmid was generated
167 by inserting the four FcaPVs gene segments into pMA-T vector using GeneArt
168 technology (Thermo Fisher Scientific, Waltham, USA). Serial dilutions of
169 pFcaPV plasmid ranging from 10^6 to 10^2 copies/5 μ l were used to calculate the
170 efficiency of q-PCR for each FcaPV set of primers and compared to the
171 efficiency calculated on five points of a 2-fold serial dilution of a quantified DNA
172 template for ALB gene. The efficiency of each q-PCR assay was similar and
173 ranging from 91% to 98% (average 94,6%). The lesions identified by
174 histological classification as SCC-AK were presumed to serve as the negative
175 control group and each sample belonging to this group was also individually
176 tested by $\Delta\Delta Cq$ analysis for each FcaPV type. Samples that had eventually
177 scored a positive $\Delta\Delta Cq$ value were excluded. In addition, the viral copy
178 number/ μ l of input DNA for each FcaPV type in each sample tested was
179 calculated (AQ). The assays were performed in Rotorgene thermocycler
180 (Corbett Research, Sydney, Australia) using SSCO sybr green master mix
181 (Biorad, Hercules, USA) and 5 μ l of extracted DNA. All samples were tested in
182 duplicate and the results were calculated using the mean Cq values. Samples
183 positive for only one replica were considered as negative. All samples with a

184 positive $\Delta\Delta Cq$ values were submitted to sequence analysis (BMR genomics,
185 Padova, Italy).

186 Results

187 Histologically all VPs were recognized for areas of focal epidermal
188 dysplasia with koilocytes and keratinocytes with cytoplasm enlarged by blue-
189 greyish material. Regarding BISC diagnosis, the presence of koilocytes or
190 koilocyte-like cells pointed to the viral origin in 17/20 cases while in the
191 remaining 3 cases diagnosis was formulated by other morphological details
192 listed in Table 1. ~~were used to formulate the diagnosis.~~ SCC and AK showed
193 the morphological alterations listed in Table 1. Among the 20 BISCs cases 5
194 VPs were also detected in the adjacent skin by histology and in other 5, sites
195 of penetration of keratinocytes through the basement membrane into the
196 dermis were observed indicative of progression toward SCC.

197 Clinical reports for each of the 29 cases fulfilling the established
198 histological criteria were recorded. Breed, age, gender and anatomical
199 distribution are summarised in Table 3. Twenty-five subjects were shorthair
200 domestic cats, two persian and two main coons. Mean age at presentation
201 varied between 6 and 20 years (median 11,6), 14 out of 29 were female and
202 15 were male. A total of 4 VPs, 20 BISCs, 4 SCCs and 1 AK were detected.

203 Lesions were observed in densely haired skin regions in 9 cats (dorsum,
204 flank, and shoulder), in areas non-exposed to sunlight in 1 cat (groin) and in
205 hypotrichotic and solar exposed skin in 18 cats (ears, nose, eyelids, temporal
206 region). All cases of SCC were observed in sun-exposed areas. Clinically
207 VPs were few millimeters wide, **unique alone** or grouped, slightly raised,
208 pigmented and non-pruritic lesions; BISCs were clinically larger than VPs,
209 usually more than 1 cm of diameter, multifocally coalescing, raised and often
210 verrucous, crusted and hyperpigmented. In SCC, erosive and ulcerative
211 crusted lesions were clinically detected. In the only case in which AK was
212 diagnosed, erythema, scales and crust were seen (Figure 1a, b, c).

213 P16 was immunolocalized in all VPs epidermis and in the epidermis and
214 follicular wall of the BISCs. No signal or only faint staining was detected in
215 the SCC and AK lesion. Immunoreactivity was either nuclear and
216 cytoplasmic; in VPs and BISCs the signal was strong while in the SCCs
217 immunoreactivity was faint and therefore considered as no significant
218 (Figure 1d).

219 By q-PCR we were able to detect the albumin reference gene in 28 out of 29
220 DNA samples. Only one sample classified as BISC was not suitable to
221 molecular analysis and therefore it was excluded from further analysis.

222 By AQ, the presence of FcaPVs has been detected in low copies in almost all
223 cases (Table 4). By RQ ($\Delta\Delta Cq$ method) a reduced number of samples was
224 linked to viral lesions. In details, FcaPVs positive $\Delta\Delta Cq$ values were detected
225 in all VPs (4/4) and in 8/19 BISCs (Table 3). VPs were positive to FcaPV-2 in
226 three samples and to FcaPV-1 in one sample. BISCs were positive to FcaPV-
227 2 in three samples, FcaPV-4 and FcaPV-1 in one sample each. Interestingly,
228 as never reported before, in BISCs lesion we found three cases of double
229 infection. In two of those, FcaPV-1 and 2 were detected simultaneously and
230 in one case FcaPV-2 was present along with FcaPV-4 (table 3).

231 ~~The presence of FcaPVs has been detected in low copies in almost all cases~~
232 ~~(Table 4). By $\Delta\Delta Cq$ analysis a reduced number of cases was identified:~~
233 ~~FcaPVs positive $\Delta\Delta Cq$ value were detected in all VPs (4/4) and in 8/19~~
234 ~~BISCs (table 3). The PV type most frequently detected was FcaPV-2 that~~
235 ~~was the unique PV in 3 out of 4 VPs and in 3 BISCs; in 2 BISCs FcaPV-2~~
236 ~~was associated to FcaPV-1, and in 1 case FcaPV-2 was associated to~~
237 ~~FcaPV-4. FcaPV-1 was the other detected unique PV type in 1 VP and 1~~
238 ~~BISC, while FcaPV-4 was the unique PV type in only 1 BISC (Table 3).~~

239 In all cases with a positive $\Delta\Delta Cq$ value, the viral load was always greater
240 than 10^2 copies / μ g DNA (FcaVP-1: min 167 – max 310 Standard Error (SE):

241 33,0; FcaPV-2: min 100 – max 1150 SE: 163,9; FcaPV-4 min 391 – max
242 3700 SE: 1654,5) (Table 4). Sequence analysis confirmed the FcaPV types
243 as indicated by q-PCR $\Delta\Delta Cq$ analysis. Number of $\Delta\Delta Cq$ FcaPV1-4 positive
244 samples for each type of lesion are summarized and showed in
245 supplementary material.

246 Discussion

247 In this retrospective study, we detected the concurrent presence, we
248 investigated the presence of different types of PVs, namely of FcaPV-1, 2,
249 and 4 in feline VPs and BISCs by $\Delta\Delta Cq$ method using specific primers. To
250 the best of our knowledge only the concurrent presence of FcaPV-2 and 3
251 have been reported from one BISC and one VP.^{3,22}

252 . The data obtained on concurrent presence of more than one PV type
253 is not unexpected since multiple PVs infection has been previously detected
254 in single skin samples from cats; FcaPV-2 and FcaPV-3 have been
255 concurrently detected in a feline BISC by Munday et al and from a viral
256 plaque by Alberti et al. However differently from previous reports, here we
257 report the presence of FcaPV-1 and FcaPV-4, alone or in association to
258 FcaPV-2.

259 A limitation when performing PCR-based studies on PVs infection is
260 that the viral DNA is often detected and cannot be directly linked to an
261 effective role of virus in pathogenesis and therefore it is not possible to fully
262 establish whether the presence of a viral genome is uneventful (subclinical
263 lesion). In particular, FcaPV-2 has been recently detected in a number of skin
264 swabs from healthy cats, making difficult to discern whether PVs are causing
265 cancer or are merely an “innocent bystander”.⁷ The hypothesis that the
266 presence of high viral loads likely represents an infectious state of PV is
267 supported by Thomson et al.⁷ who recently showed that the finding of high
268 copy numbers of FcaPV-2 DNA within a lesion suggests that the detected
269 virus may be responsible for it. In fact, while high viral copy numbers were
270 associated with E6/E7 gene expression, no gene expression was detected in
271 association of low copy numbers, an indication of an incidental finding.

272 For the above-mentioned reasons, for this study we used a q-PCR
273 protocol applying a $\Delta\Delta Cq$ method to investigate if and which FcaPVs have
274 induced the lesion in cats. In this sense the obtained results are partially in
275 line with the scientific literature which indicates so far that FcaPV-2 is the
276 major PV type implicated in skin preneoplastic and neoplastic lesions in
277 cats.⁷ Since the genome organization and the role of viral proteins within the
278 replication cycle are considered similar even between different genera

279 belonging to the *Papillomaviridae* family we assumed that a similar link is
280 maintained for feline PVs other than FcaPV-2. Importantly we reported
281 positive $\Delta\Delta Cq$ values for FcaPV-1 and 4; two FcaPV types rarely reported.^{9–}
282 ^{11,18} It is noteworthy the observation that also FcaPV-1 and FcaPV-4 showed
283 positive $\Delta\Delta Cq$ values however no data are available on these two types for
284 comparison.

285 A comparison between our data with those obtained from other studies
286 is difficult for two reasons: i) type of PCR primers used (specific vs
287 consensus); ii) type of PCR used (conventional vs quantitative). A general
288 prevalence ranging from 24 to 100% of FcaPV-2 both BISCs and VPs has
289 been reported.^{7,8,27,28} The rate of PV detection by $\Delta\Delta Cq$ analysis was in
290 agreement with previous studies which reported a prevalence ranging from
291 24 to 61% . Moreover, using $\Delta\Delta Cq$ might have lowered the prevalence. In
292 our study, by using specific primers in a q-PCR analysis applying RQ
293 method, we obtained a prevalence for FcaPV-2 in BISCs of 31,6% (6/19) and
294 for all FcaPV types of 42,10% (8/19).

295 Failure to demonstrate PV DNA in every BISC have been previously explained
296 through a carcinogenesis model in which papillomaviruses cause transformation
297 but are only for a short period present within the lesion.²⁹ Surprisingly, cases in

298 which koilocytes were detected did not show any $\Delta\Delta Cq$ positive value; this
299 result is likely due to: i) the detection of koilocytes in very focal lesions that
300 could have been no more present when additional serial paraffin sections were
301 prepared for DNA extraction and PCR analysis; ii) the presence of a PCR
302 undetectable PV variant.

303 Low viral copies for all PV types have been detected in almost all cases,
304 however the $\Delta\Delta Cq$ analysis was necessary to associate the FcaPVs as
305 biological agent potentially causing the lesions. $\Delta\Delta Cq$ positive values for the
306 different PV types were detected in all VPs and in 42% of BISCs. Low viral
307 copies number was also detected from the SCC-AK group resulting in a not
308 detectable $\Delta\Delta Cq$. Noteworthy, mean $\Delta\Delta Cq$ of positive samples differed
309 among PV types being 62.5, 189.1 and 3083.5 for FcaPV-1, FcaPV-2 and
310 FcaPV-4 respectively. Studies considering a larger panel of cases might be
311 necessary to establish a further $\Delta\Delta Cq$ cut off value.

312 Here we document the presence of FcaPV-2 with high prevalence in both
313 VPs and BISCs while we rescued FcaPV-1 and FcaPV-4 less frequently;
314 these last two PVs are rarely described as playing an active role in skin and
315 oral mucosa lesions in cats.^{9,10,18,30} None of the lesions was associated to

316 FcaPV-3 when adopting $\Delta\Delta\text{Cq}$ method, confirming the rare occurrence of this
317 FcaPV type also in Italy.

318 Either cytoplasmic or nuclear p16 signals were detected in all cases where
319 cytopathic effects were found (VP, BISC) while p16 immunolocalisation was
320 present with faint and mainly cytoplasmic signal in cases of SCCs and no p16-
321 immunoreactivity was found in the case of AK. Despite the difficulties of
322 interpretation when the signal was faint, these results are in line with what
323 already documented previously. About half of the SCC studied by Thomson et
324 al.⁷ were negative to p16 immunostaining. A strong association between
325 FcaPV-2 E6/E7 gene expression and p16 immunostaining have been recently
326 found in feline SCC with 18 of 20 (90%) E6/E7-positive SCCs being also
327 positive for p16 compared to 13 of 40 (33%) E6/E7-negative SCCs.⁷ E6/7 gene
328 expression investigation has not been carried out in our study but our results
329 might reflect this correlation.

330 **Conclusion**

331 $\Delta\Delta\text{Cq}$ analysis has proved to be necessary to associate the FcaPVs as
332 biological agent potentially causing the lesions. Based on this method the
333 presence of FcaPV-2 is confirmed to be the most representative FcaPV in
334 feline skin lesions referable to diagnosis of VP and BISC in Italy. To a lesser

335 extent also FcaPV-1 and FcaPV-4 has been detected in our examined
336 samples. while FcaPV3 was never detected.

337

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440
441
442 LEGEND

443 Figure 1. Multiple symmetrical raised, hyperpigmented and crusted plaques
444 on the face of a cat with Bowenoid in situ carcinoma (a). Histopathology from

445 a viral plaque in a cat. Focal epidermal hyperplasia, absence of follicular wall
446 involvement, evident viral cytopathic effects (koilocytes) (bar=50µm) (b);
447 Histopathology from a Bowenoid in situ carcinoma in a cat. Epidermal and
448 follicular dysplasia with upward in situ keratinocyte proliferation and a few
449 koilocytes (bar=50µm) (c); p16 immunohistochemistry, groups of
450 keratinocytes show nuclear and cytoplasmic positivity (ABC system, bar=100
451 µm) (d).

452

Table 1. Histological criteria for the diagnosis of VP VP, BISC, SCC and AK.

Type of lesion	Histopathological criteria
VP	Focal epidermal hyperplasia, koilocytes, clear cells, giant keratoyalin granules, cytoplasm enlarged by blue-greish fibrillar material, hyperpigmentation;
BISC	Epidermal and follicular dysplasia with upward in situ keratinocyte proliferation, loss of nuclear polarity, windblown nuclei, koilocytes, mitosis;
SCC	Epidermal dysplasia and atypia with downword keratinocyte proliferation, keratonocyte invasion to the dermis through the basal lamina, mitosis;
AK	Epidermal dysplasia and atipia with upward in situ keratinocyte proliferation, squamotisation, apoptosis

Legend: VP viral plaque; BISC Bowenoid *in situ* carcinoma; SCC squamous cell carcinoma; AK actinic keratosis

Table 2. Primers nucleotide sequences

Oligonucleotide name	Nucleotide sequence (5'-3')	5' Nucleotide position	Reference sequence accession number
FcaPV1-F	AGGATGGTGACATGGTGGAT	7143	AF480454
FcaPV1-R	TTTGCACTGTGTGTCTGCAA	7246	
FcaPV2-F	TACACGCGGTACCAATTTCA	7191	EU796884
FcaPV2-R	AGAGTGACCACGCACACTTG	7331	
FcaPV3-F	AAGATTGGTATGGCGTTTGC	5960	JX972168
FcaPV3-R	TTTGCCTTTCATCTGCTGTG	6105	
FcaPV4-F	ATGCAAATGGCCAGACTTTC	6356	KF147892
FcaPV4-R	AAAAATGGCGGCAGTACAAC	6453	
Fel Alb F	GATGGCTGATTGCTGTGAGA	3706	NC_018726.2 GPC_000001738
Fel Alb-R	CCCAGGAACCTCTGTTCATT	3855	

1

Table 3.
Signalment, lesion distribution, p16 immunolocalisation and FcaPV type assessed by $\Delta\Delta Cq$ analysis in cats with of VP, BISC, SCC and AK diagnosis

Case N°	Diagnosis	Breed	Years	Gender	Lesion distribution	p16	FcaPV type	$2^{-\Delta\Delta Cq}$
1	VP	DSH	10	M	Flank	+	2	119
2	VP	persian	15	F	Groin	+	2	53
3	VP	DSH	9	M	Nose	+	1	72
4	VP	main coon	10	F	Nose	+	2	271
5	BISC	DSH	10	F	Flank	+	-	5836
6	BISC	main coon	6	M	Shoulder	+	4	
7	BISC	DSH	13	M	Nose	+	-	
8	BISC	DSH	13	F	Nose	+	1	
9	BISC	DSH	9	F	Temporal	+	-	49
10	BISC	DSH	20	F	Dorsal	+	ND	
11	BISC	DSH	15	M	Temporal	+	2-4	
12	BISC	DSH	15	M	Nose	+	-	
13	BISC	DSH	16	F	Shoulder	+	-	172
14	BISC	DSH	12	M	Ear	+	-	
15	BISC	DSH	12	M	Dorsum	+	2	
16	BISC	DSH	8	F	Temporal	+	1-2	
17	BISC	DSH	10	F	Temporal	+	-	58-167
18	BISC	persian	15	M	Eyelid	+	2	
19	BISC	DSH	10	F	Ear	+	-	
20	BISC	DSH	7	F	Flank	+	-	
21	BISC	DSH	10	M	Nose	+	2	159
22	BISC	DSH	15	M	Shoulder	+	-	
23	BISC	DSH	12	M	Nose	+	1-2	
24	BISC	DSH	10	M	Flank	+	-	
25	SCC	DSH	9	F	Ear	+-	-	
26	SCC	DSH	8	M	Nose	+-	-	
27	SCC	DSH	15	F	Ear	+-	-	
28	SCC	DSH	10	M	Eyelid	+-	-	
29	AK	DSH	11	F	Ear	+-	-	

2

3 Legend: VP viral plaque, BISC Bowenoid *in situ* carcinoma, SCC squamous cell carcinoma, AK actinic
4 keratosis, DSH domestic shorthair, ND non determined.

5 $2^{-\Delta\Delta Cq}$ indicates the fold expression change of FcaPV normalised to Albumin.

6

Table 4. Absolute viral load quantification expressed as viral copy number/ μ g of input DNA

Cases	Type of lesion	FcaPV-1	FcaPV-2	FcaPV-3	FcaPV-4
1	VP	10	<u>153</u>	10	20
2	VP		<u>100</u>		6
3	VP	<u>167</u>	33	23	28
4	VP		<u>1130</u>		
5	BISC	30	48		
6	BISC	18	55	26	<u>3700</u>
7	BISC	13	2		4
8	BISC	<u>201</u>			
9	BISC	42	12		
10	BISC		15		
11	BISC	87	<u>1150</u>	59	<u>391</u>
12	BISC		10		
13	BISC	33	55	28	120
14	BISC				
15	BISC	14	<u>436</u>		
16	BISC	<u>176</u>	<u>210</u>	13	
17	BISC		18		
18	BISC		<u>1120</u>	79	45
19	BISC	3			
20	BISC	33	10		
21	BISC	6	<u>193</u>		
22	BISC				
23	BISC	<u>310</u>	<u>1140</u>	18	26
24	BISC				
25	SSC		6	2	
26	SSC	12	10		17
27	SSC	20	15	7	23
28	SSC	10	5	14	14
29	AK	12	18		
Mean viral load		63	247.7	2.4	366.2
Mean viral load of $\Delta\Delta Cq$ positive samples		213.5	625.8		2045.5
Standard error of $\Delta\Delta Cq$ positive samples		33	163.9		1654.5

Bold and underlined numbers indicate $\Delta\Delta Cq$ positive samples.

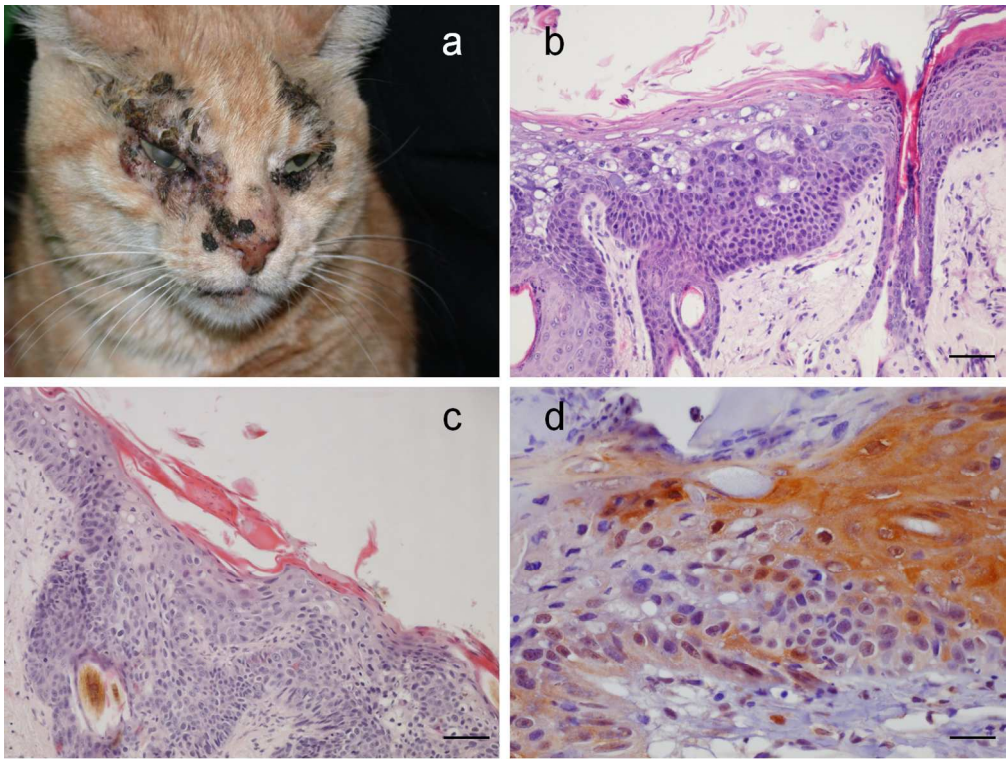


Figure 1

136x103mm (300 x 300 DPI)

review