

| Meet the Marker: HLA-DR

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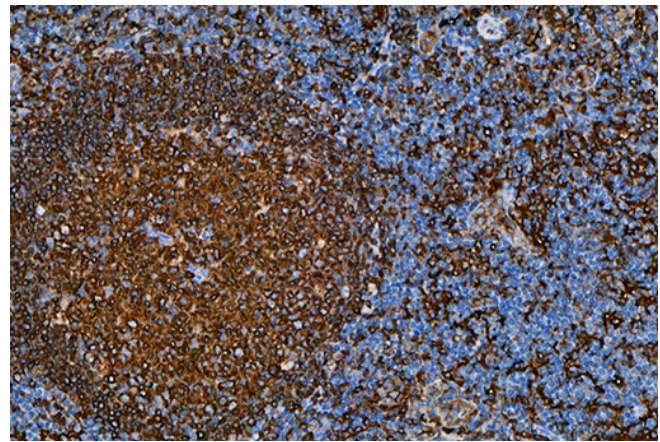
Gastrointestinal cancers are among the most common and serious types of cancer worldwide. Gastric adenocarcinoma is one of the most common diseases the world over.¹ Colorectal cancer (CRC) is in the top three most common types of cancer and is the third leading cause of cancer mortality.² Esophageal adenocarcinoma (EAC) tends to be aggressive with a generally poor prognosis, and rates of EAC have been increasing worldwide.⁴ Given the incidence and severity of such cancers, there is a need for markers to predict prognostic outcomes, and research has found that the marker HLA-DR can serve as both a positive and negative prognostic indicator for different types of gastrointestinal cancers, particularly CRC.⁴

HLA-DR (Human Leukocyte Antigen – DR isotype) is a major histocompatibility complex (MHC) class II antigen, critical for immune system activation and the coordination of adaptive immune responses.³ It is normally expressed on antigen-presenting cells, including monocytes, macrophages, dendritic cells, and B cells, but expression can be induced on epithelial cells and tumor cells in response to inflammatory conditions.^{1,2}

HLA-DR expression has been associated with a positive prognosis in colorectal cancer, gastric cancer, esophageal adenocarcinoma, and squamous cell carcinoma of the larynx.⁴ However, it is associated with a negative prognosis in other cancer types, such as glioma and esophageal squamous cell carcinoma.⁴ The exact reason behind this contrasting positive and negative prognostic function is the subject of ongoing research.

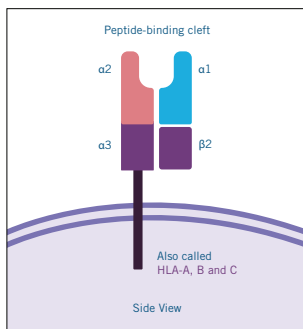
While the exact mechanism behind HLA-DR's prognostic potential is still not fully understood, HLA-DR's role in immune system responses seems to be key since immune recognition of tumors and the subsequent infiltration of tumors by immune cells is known to contribute to better survivability.^{2,5} For example, research has found that the HLA-DR antigen is necessary for the recognition of tumors by CD4+ T cells.^{2,6}

Stain and Illustrations

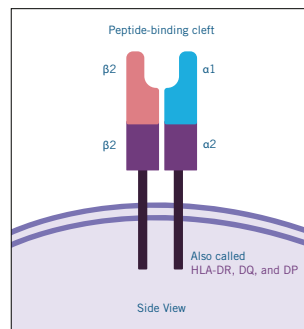


Tonsil stained with HLA-DR (TAL 1B5) antibody

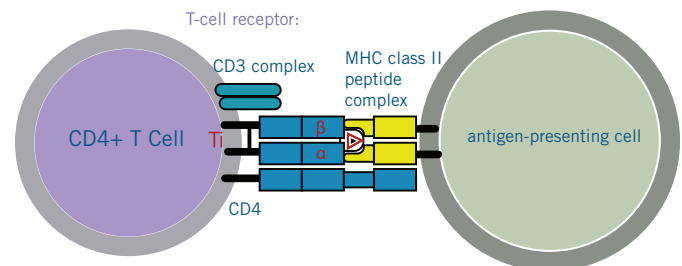
MHC Class I



CD8 binds the $\alpha 3$ domain of MHC class I



CD4 binds the $\beta 3$ domain of MHC class II



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