LETTER TO THE EDITOR

BJC

British Journal of Cancer (2013) 108, 2623 | doi: 10.1038/bjc.2013.195

Merkel cell polyomavirus and non-small cell lung cancer

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Sir,

We congratulate Hashida *et al* (2013) on an interesting report that Merkel cell polyomavirus (MCV) is present in ~18% of non-small cell lung carcinoma (NSCLC). An important clarification is needed; however, we have not yet discovered a naturally occurring mutation in the MCV large T retinoblastoma-binding motif (LFCDE). We engineered the sequence that the authors refer to as Appendix206 (JN038578) to have a lysine substitution mutation (LFCDK) to serve as a negative control for the wild-type appendix-derived LT deposited as JN038579, which possesses a wild-type LXCXE motif. Post-submission editing at NCBI obfuscated the description of JN038578, leading to the confusion described in this paper. Thus, all but one of the MCV sequences Hashida *et al* (2013) report are consistent with wild-type virus and do not have the tumour-specific mutations we described that eliminate MCV LT helicase activity (Shuda *et al*, 2008). The authors do describe one virus (AC43) with a terminally truncated LT consistent with a tumour-derived mutation. Together with its high viral copy number, this case represents a particularly intriguing tumor that deserves careful follow-up, such as Southern blotting for clonality and histopathological characterization with reliable biomarkers for NSCLC to investigate a potential MCV contribution to its tumorigenesis.

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Published online 4 June 2013