

SOMATIC MUTATIONS AND CANCER

Lucio Luzzatto,

Scientific Director,

Istituto Toscano Tumori;

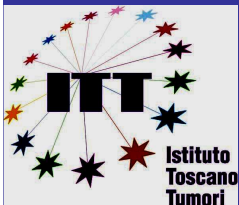
Honorary Professor of Hematology, University of Firenze

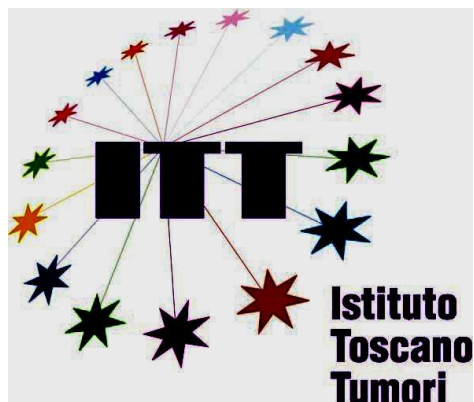
Florence, ITALY

Doctorate in Genetics Seminar Series,

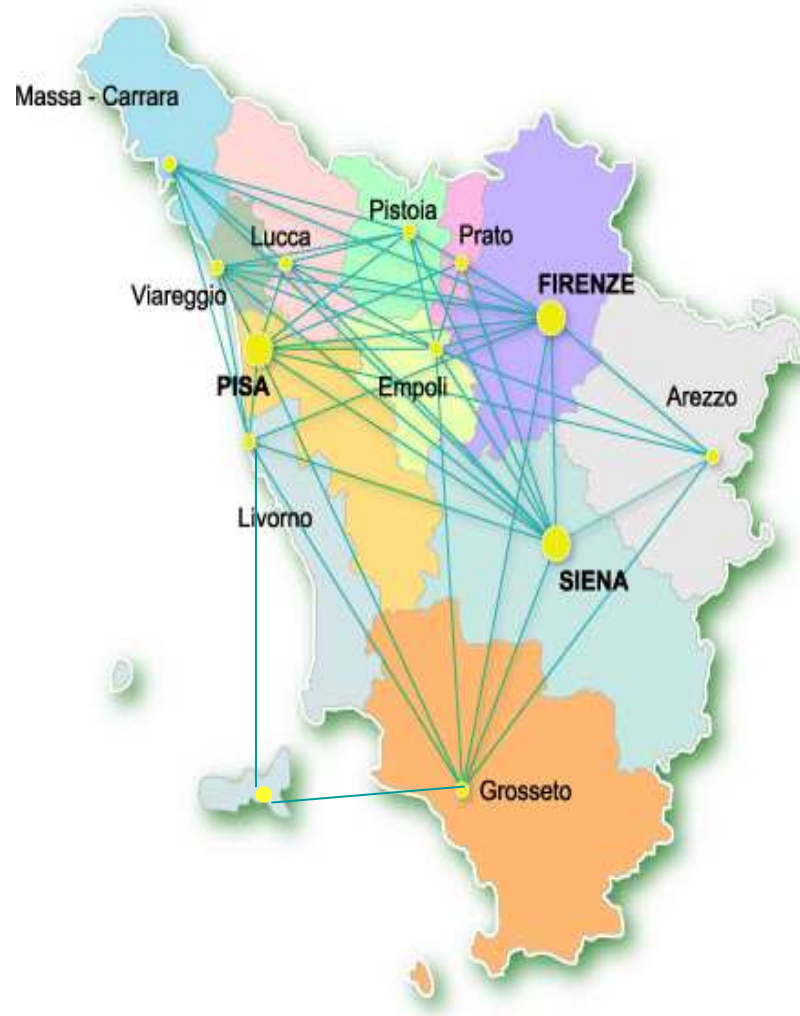
University of Siena

October 12, 2012

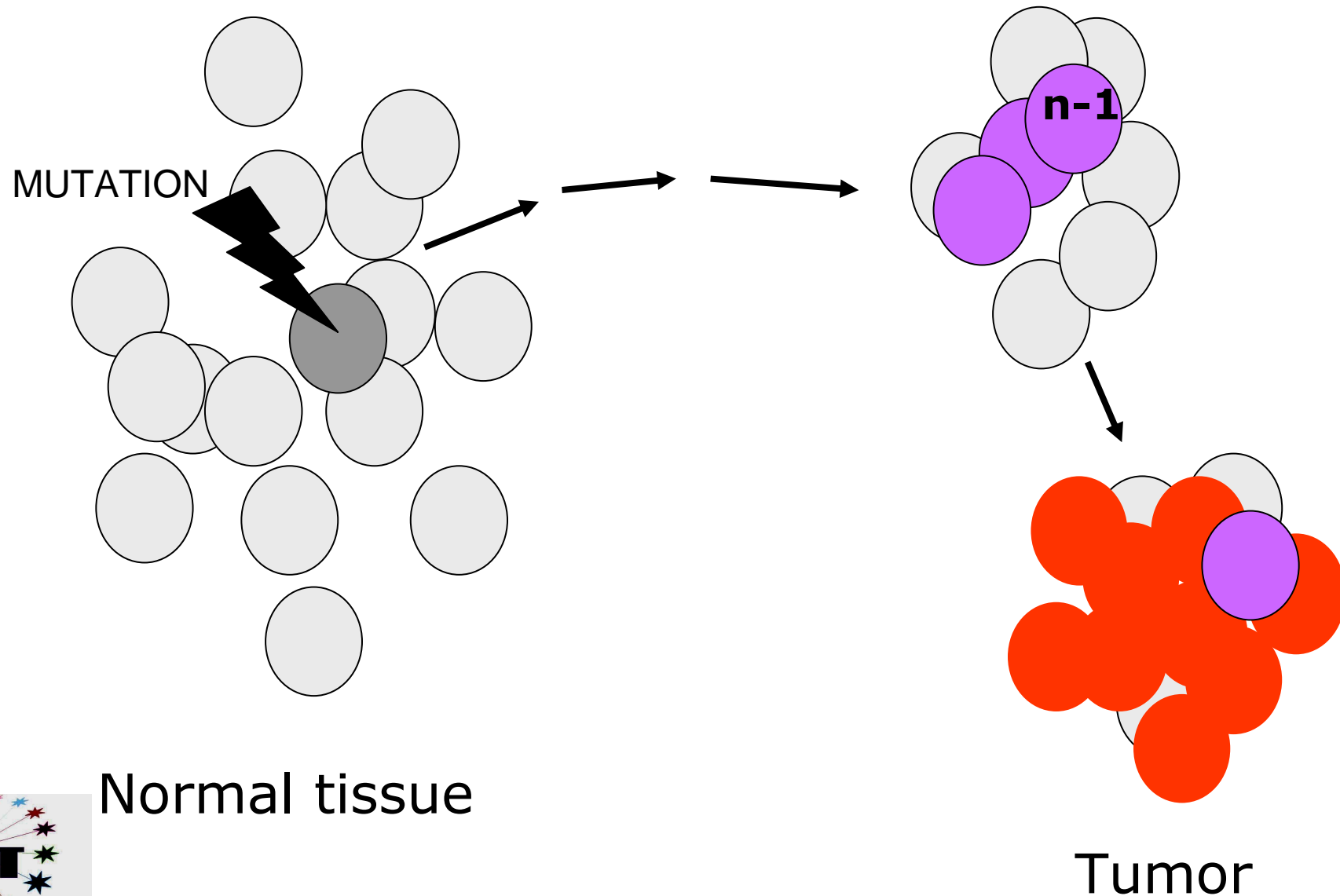




TO UNDERSTAND,
TO TREAT
TO PREVENT CANCER
AT BEST FOR ALL



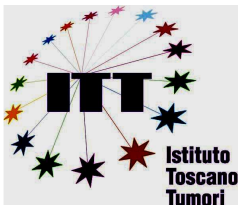
FORMATION OF A TUMOR RESULTS FROM SOMATIC MUTATIONS AND DARWINIAN SELECTION

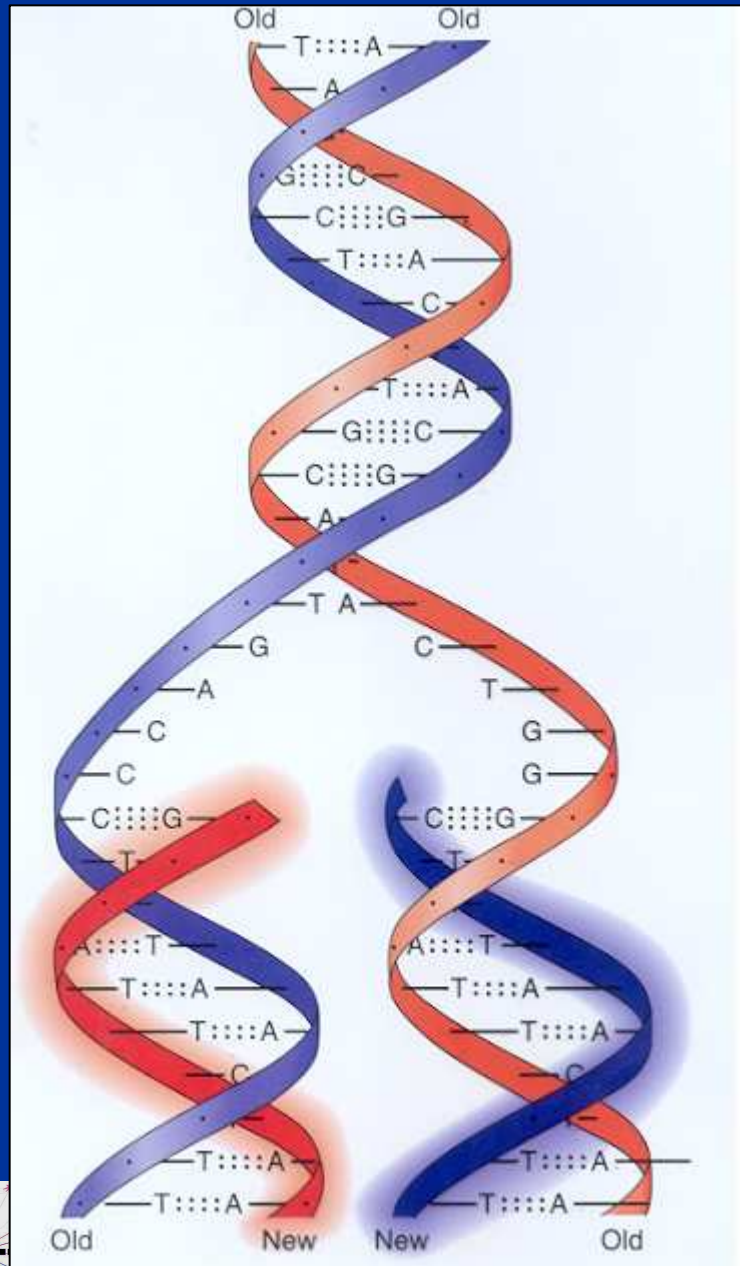




SOMATIC MUTATIONS IN CANCER: SYNOPSIS

1. No cancer without somatic mutations
2. The rate of mutation is important
3. Mutations are stochastic events

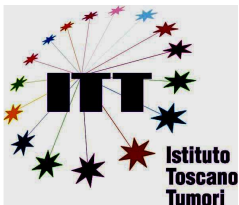




Rarely,
errors can take place
in the course
of DNA replication

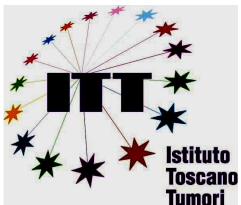
NUMEROLOGY OF SOMATIC MUTATIONS

- Estimated rate of somatic mutation in an individual gene: 2×10^{-7} /cell division
- Approximate number of cells in human body: 10^{14} (about 10^9 per G)
- Approximate number of 'deep' cell divisions to make an adult: 10^{15}
- Approximate number of genes in human genome: 24,000.
- Approximate number of expected somatic mutations accumulated in an adult: **5×10^{12}**

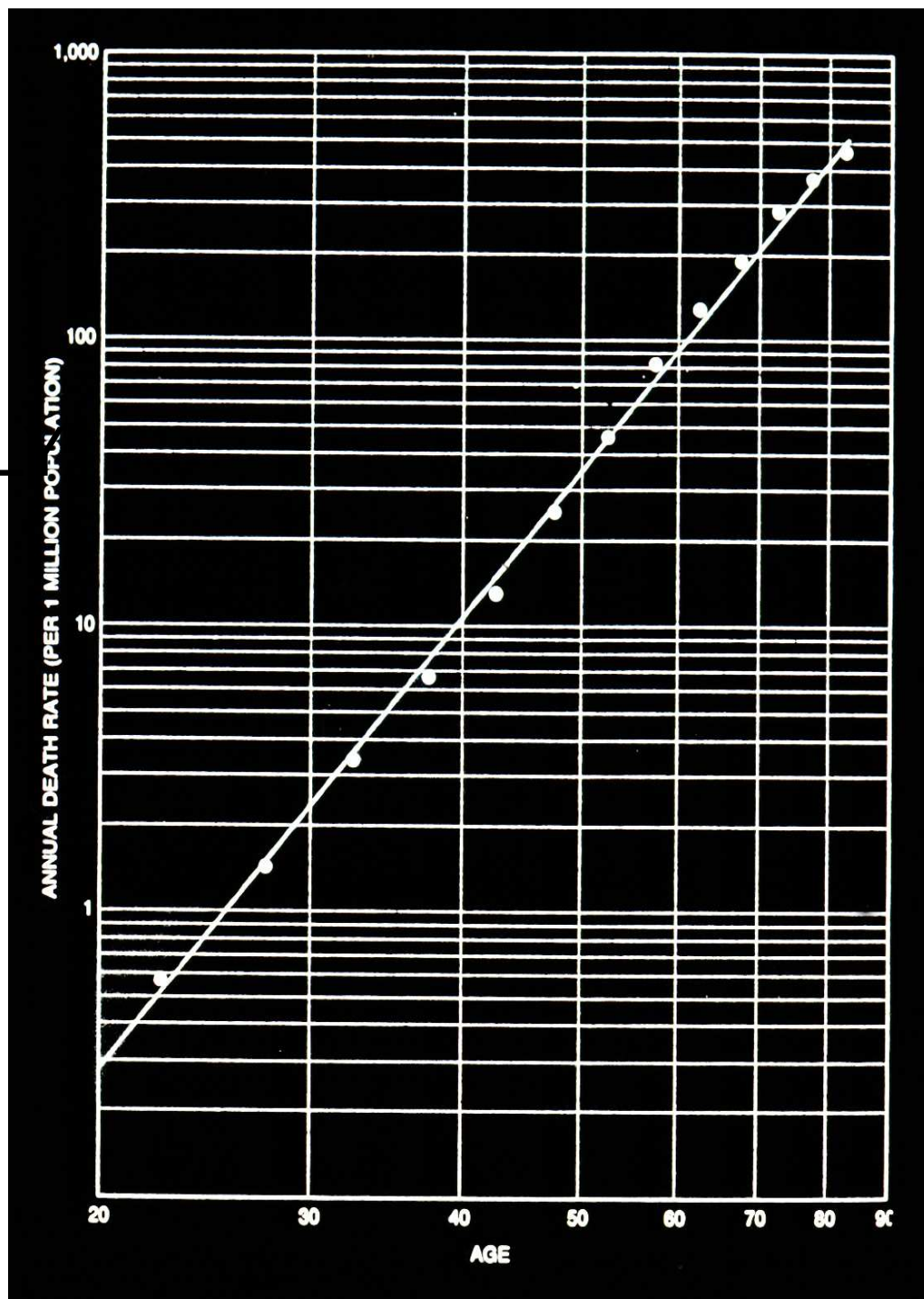


SOMATIC MUTATIONS IN CANCER

- How many mutations
- Which cells are mutated
- What causes mutations
- What kind of mutations
- What genes are mutated

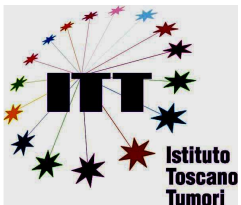


THE INCIDENCE OF CANCER DEPENDS STRONGLY ON AGE



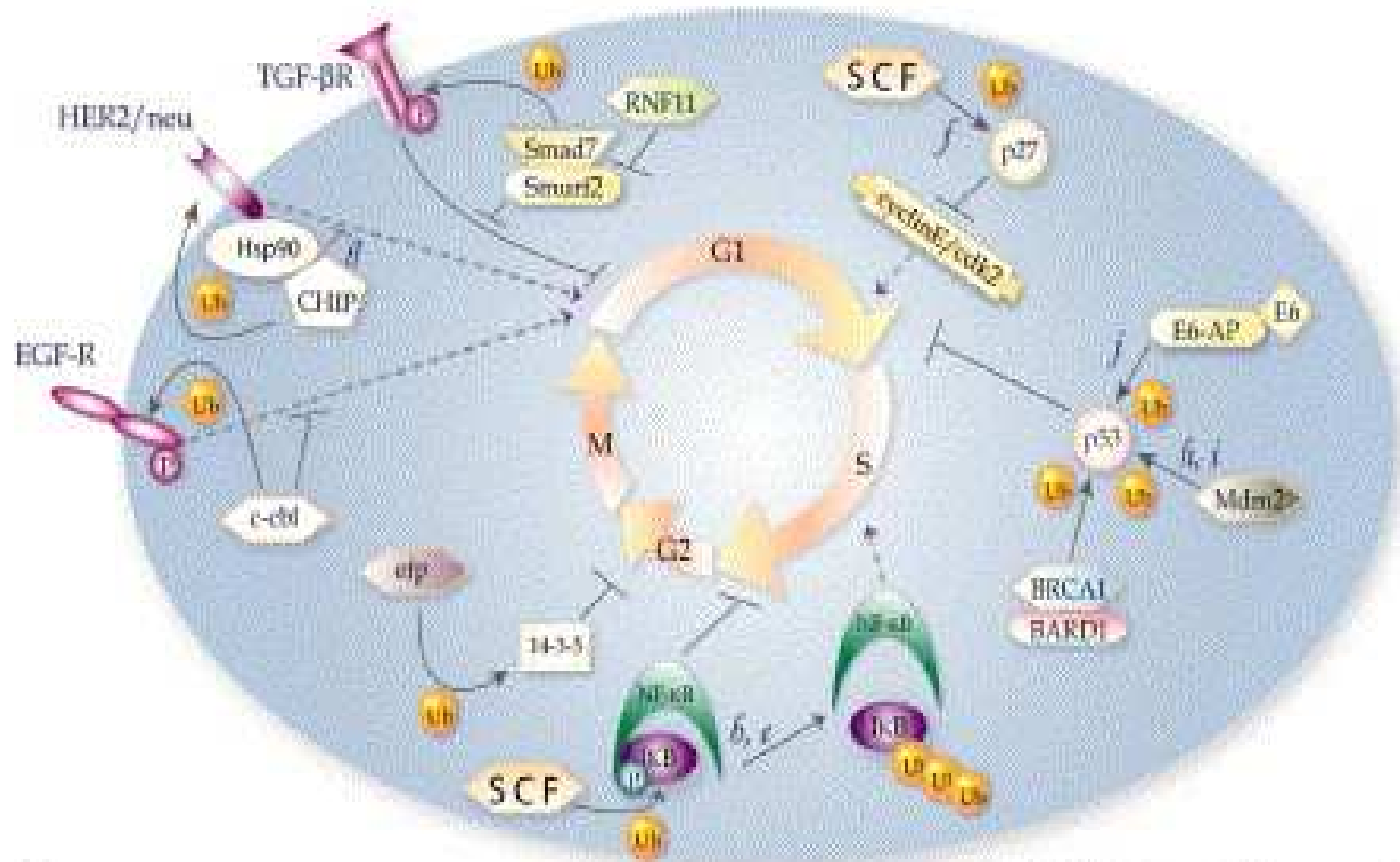
SOMATIC MUTATIONS IN CANCER

- How many mutations
- Which cells are mutated
- What genes are mutated
- What kind of mutations
- What causes mutations



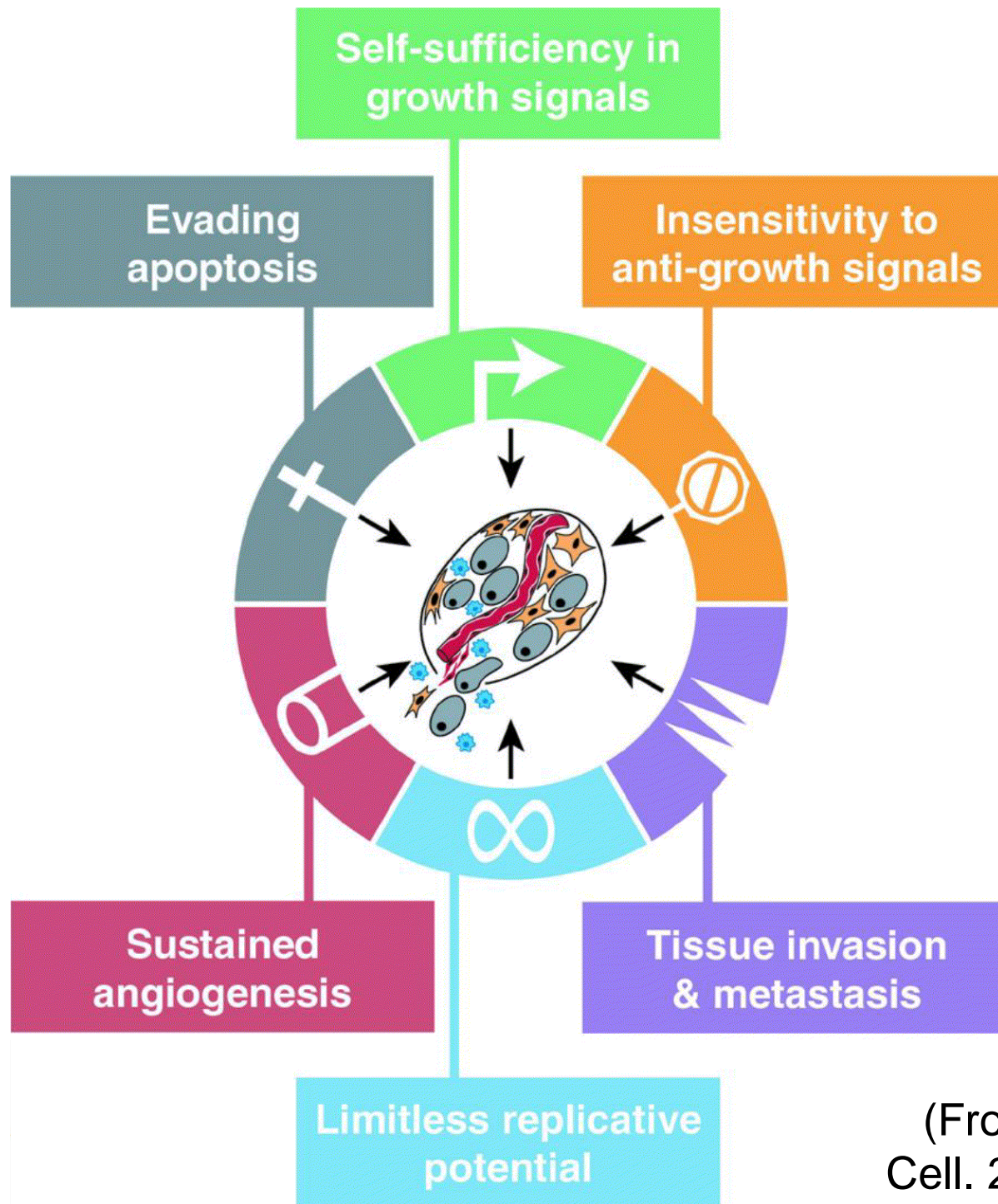
Growth regulatory signaling

Cell Cycle Checkpoints



Proteasome

DNA Repair/Apoptosis



(From [Hanahan D, Weinberg RA](#)
Cell. 2000 Jan 7;100(1):57-70.

ONCOGENE ADDICTION

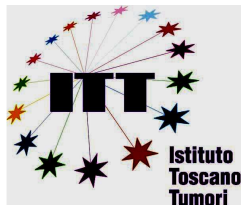
...The apparent dependency of some cancers on one or a few genes for the maintenance of the malignant phenotype

Bernard Weinstein

Clin Cancer Res **3**:2696,1997

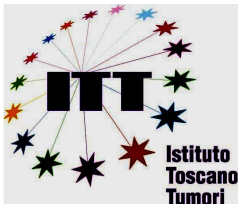
Science **297**:63,2002

Cancer Res **68**:3077,2008



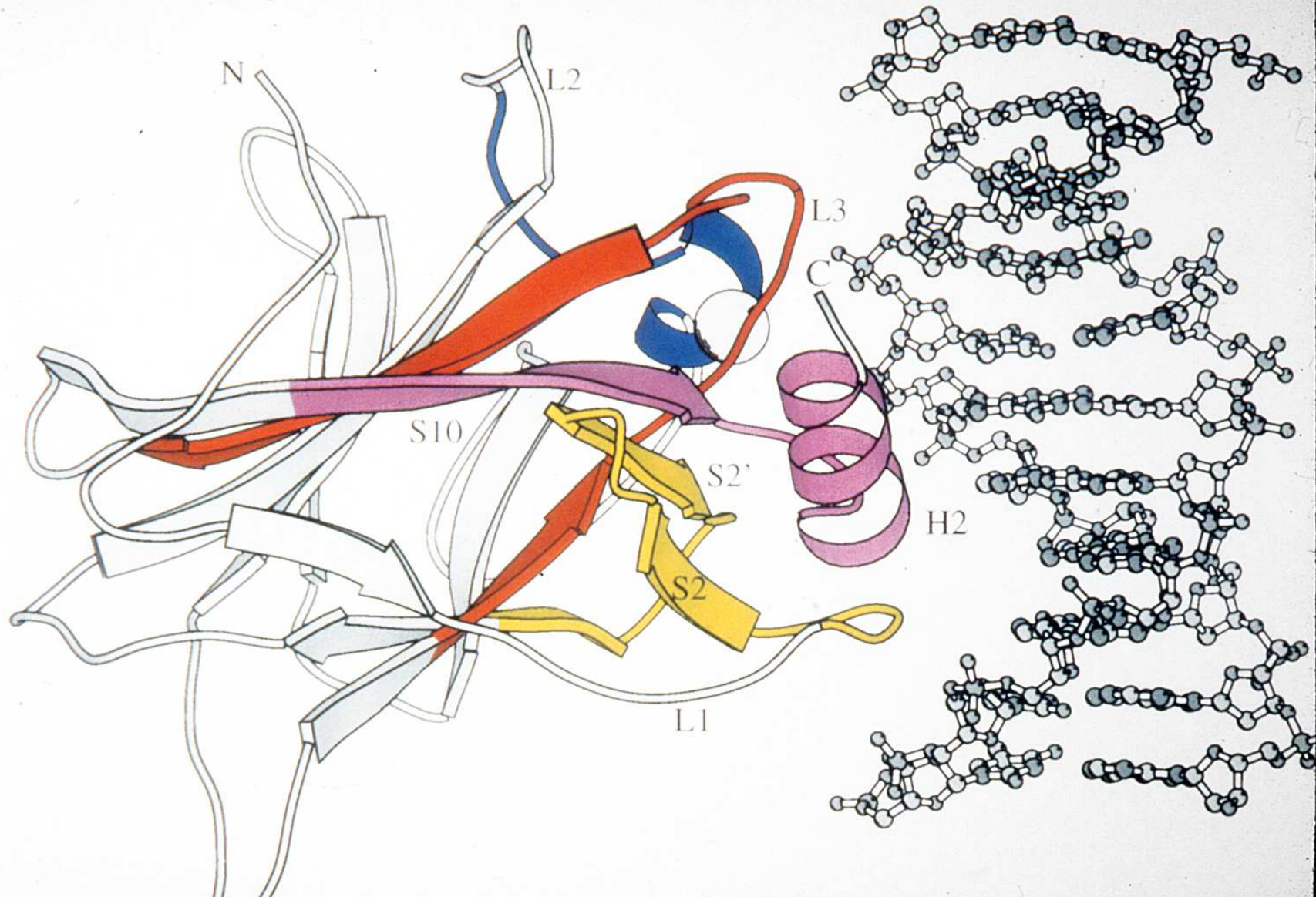
MODELS OF ONCOGENE ADDICTION

QuickTime™ and a
decompressor
are needed to see this picture.



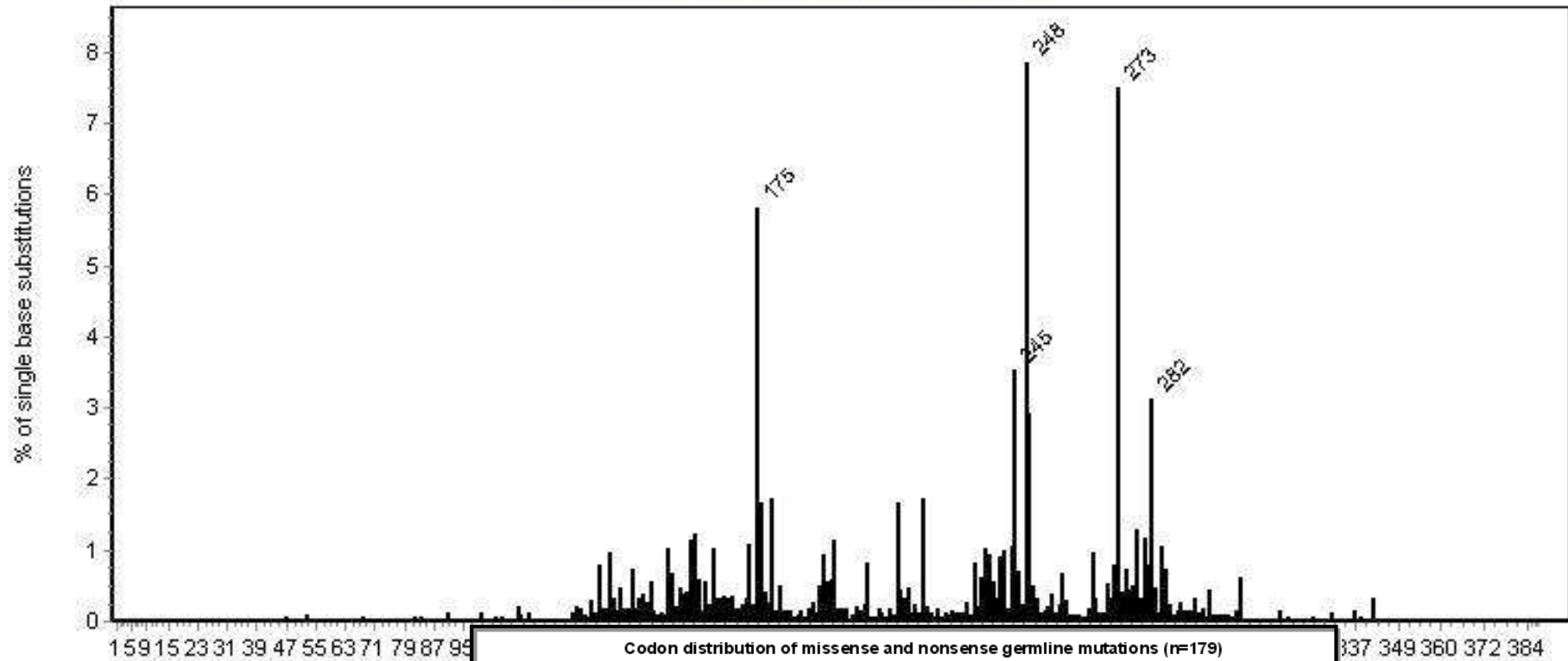
(From Torti & Trusolino *EMBO Mol Med* **3**:623,2011)

BINDING TO CERTAIN SPECIFIC DNA ELEMENTS IS CRUCIAL TO THE FUNCTIONS OF p53

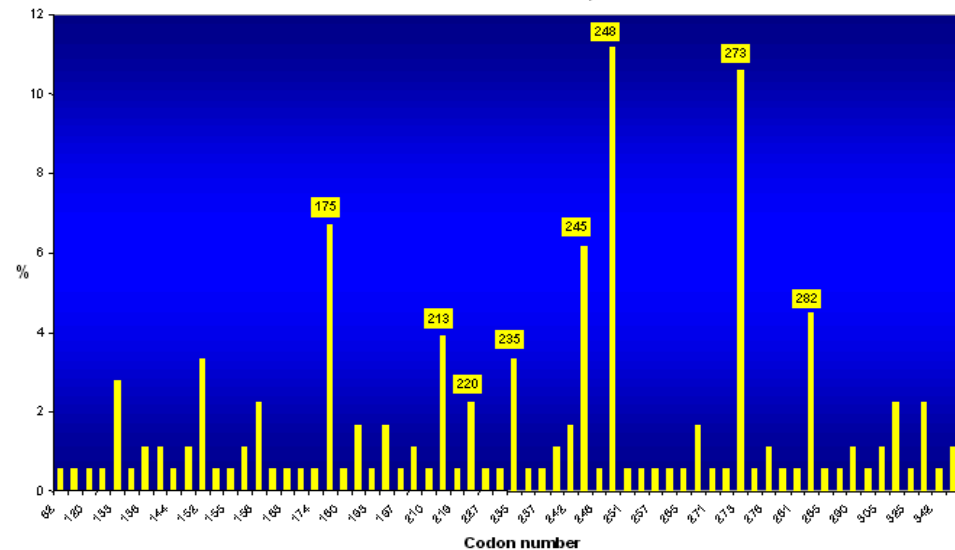




CODON DISTRIBUTION / 15624 single base substitutions



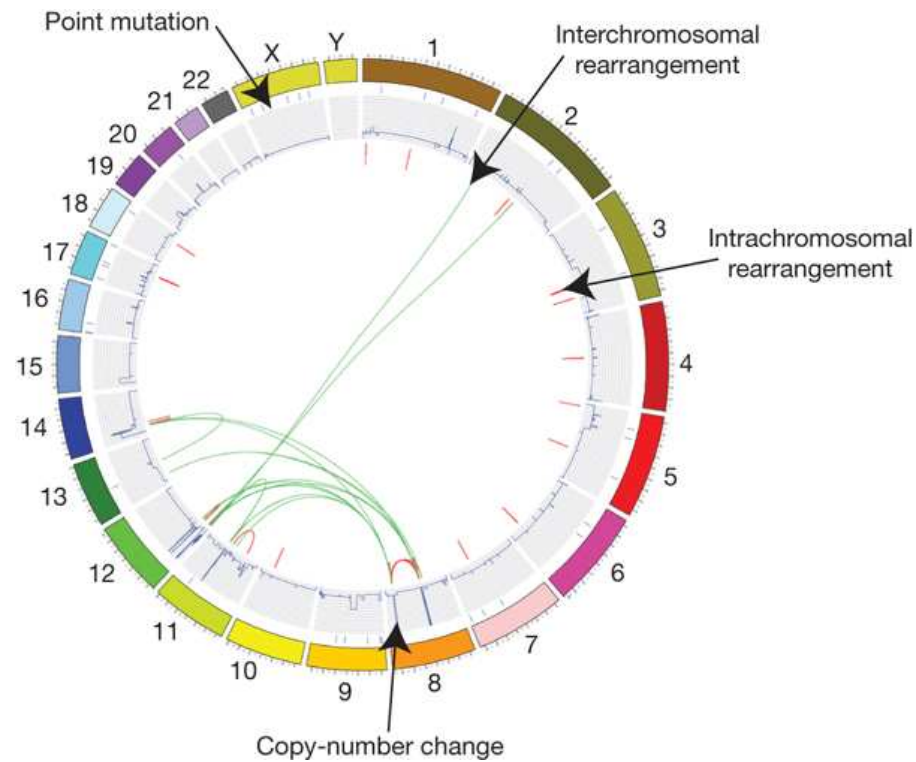
Codon distribution of missense and nonsense germline mutations (n=179)
IARC TP53 Database, R8



p53:
SOMATIC
MUTATIONS
versus
GERM-LINE
MUTATIONS



Figurative depiction of the landscape of somatic mutations present in a single cancer genome.



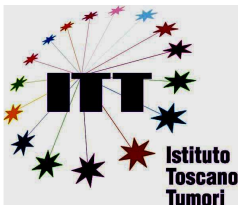
MR Stratton *et al.* *Nature* **458**, 719-724 (2009) doi:10.1038/nature07943

FEATURES OF HUMAN RETINOBLASTOMA ARE REMARKABLY CONSERVED

Original tumor

QuickTime™ and a
decompressor
are needed to see this picture.

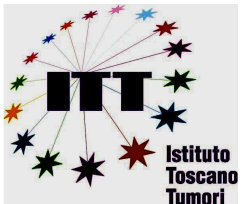
*Xenograft
from above*



(From Zhang *et al.*, *Nature*, 2012)

GENOMIC PROFILE OF RETINOBLASTOMA IN TWO INDIVIDUAL PATIENTS

QuickTime™ and a
decompressor
are needed to see this picture.

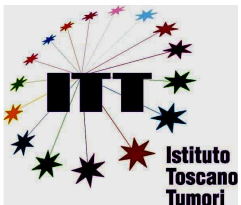


From Zhang *et al.*, *Nature*, 2012

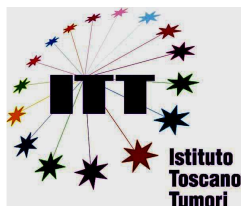
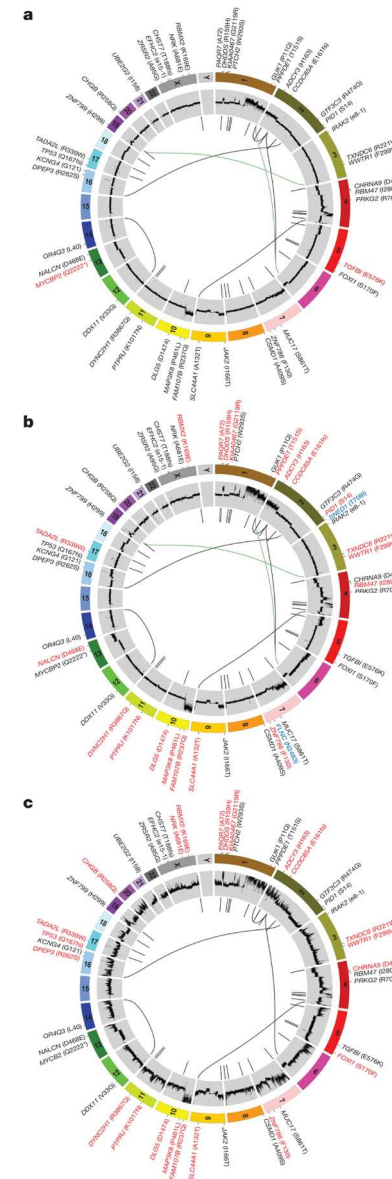
RETINOBLASTOMA HAS FEW MUTATIONS WHEN COMPARED TO OVARIAN CANCER

QuickTime™ and a
decompressor
are needed to see this picture.

From Zhang *et al.*, *Nature*, 2012

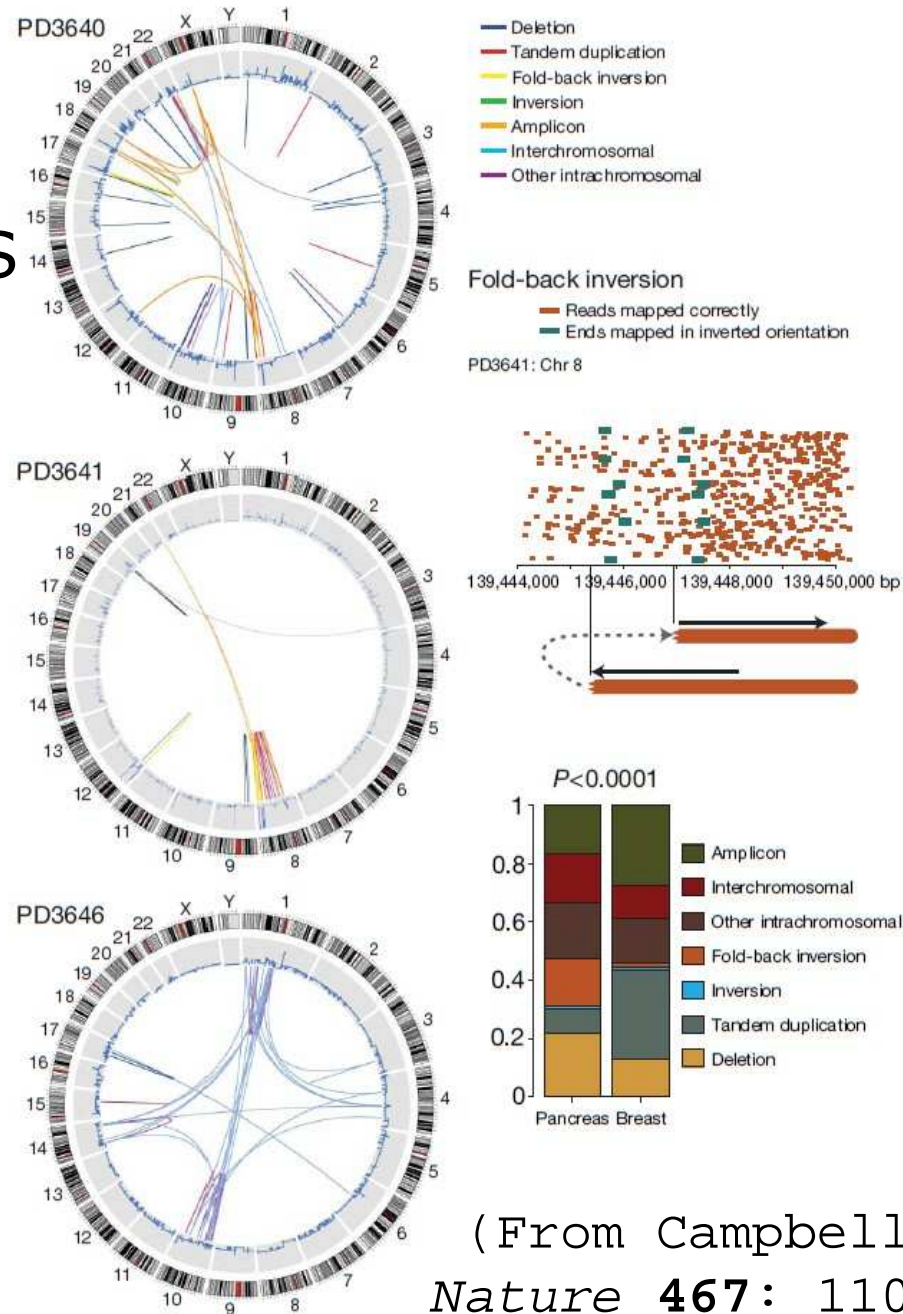


Circos plots for the primary tumor, metastasis, and xenograft genomes of a basal breast tumor



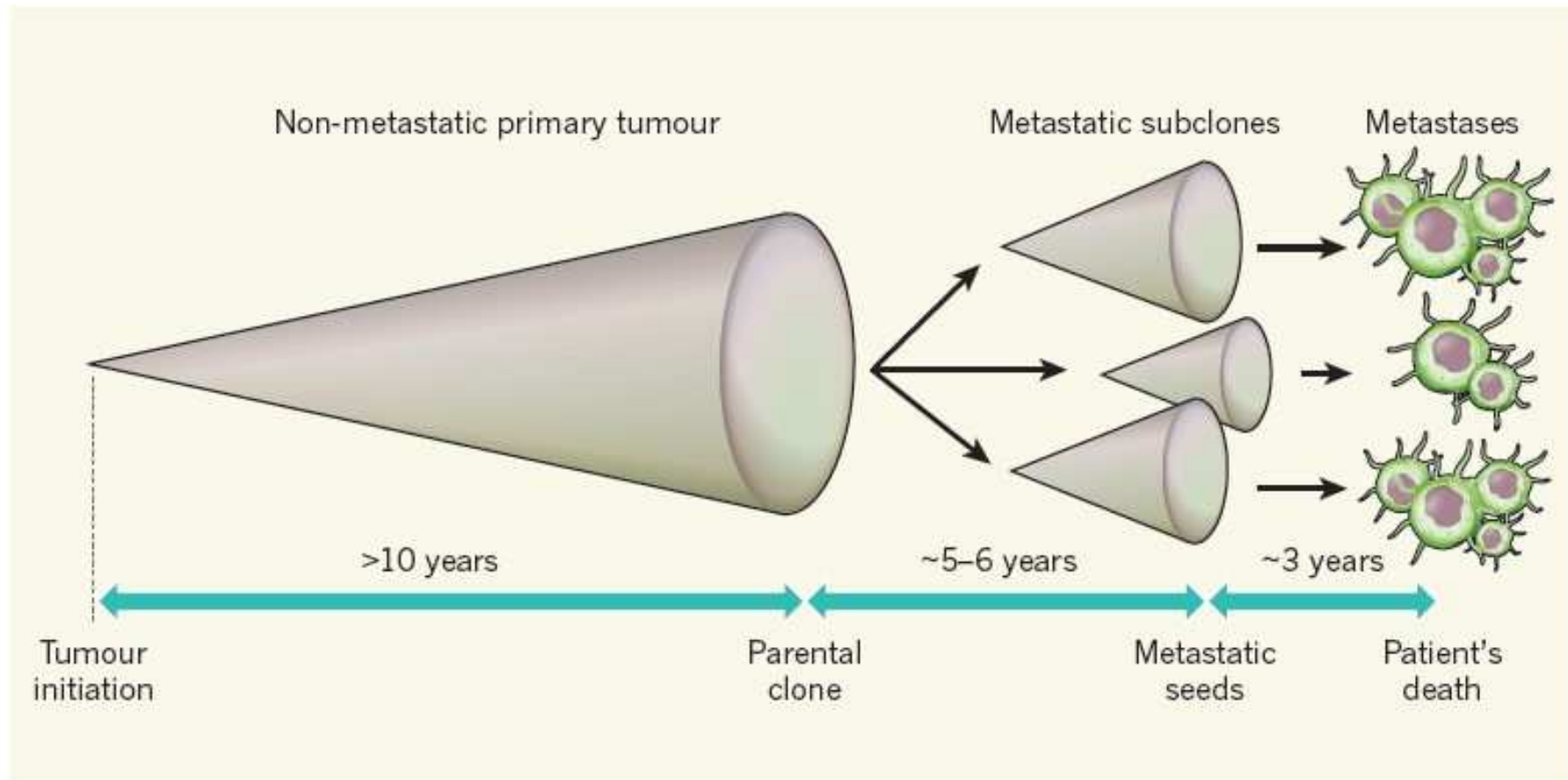
(From Ding et al.,
Nature **464**:999, 2010)

PATTERNS OF SOMATIC GENOMIC REARRANGEMENTS IN PANCREATIC CANCER



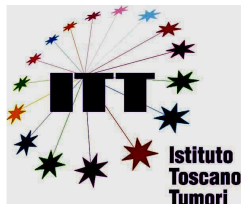
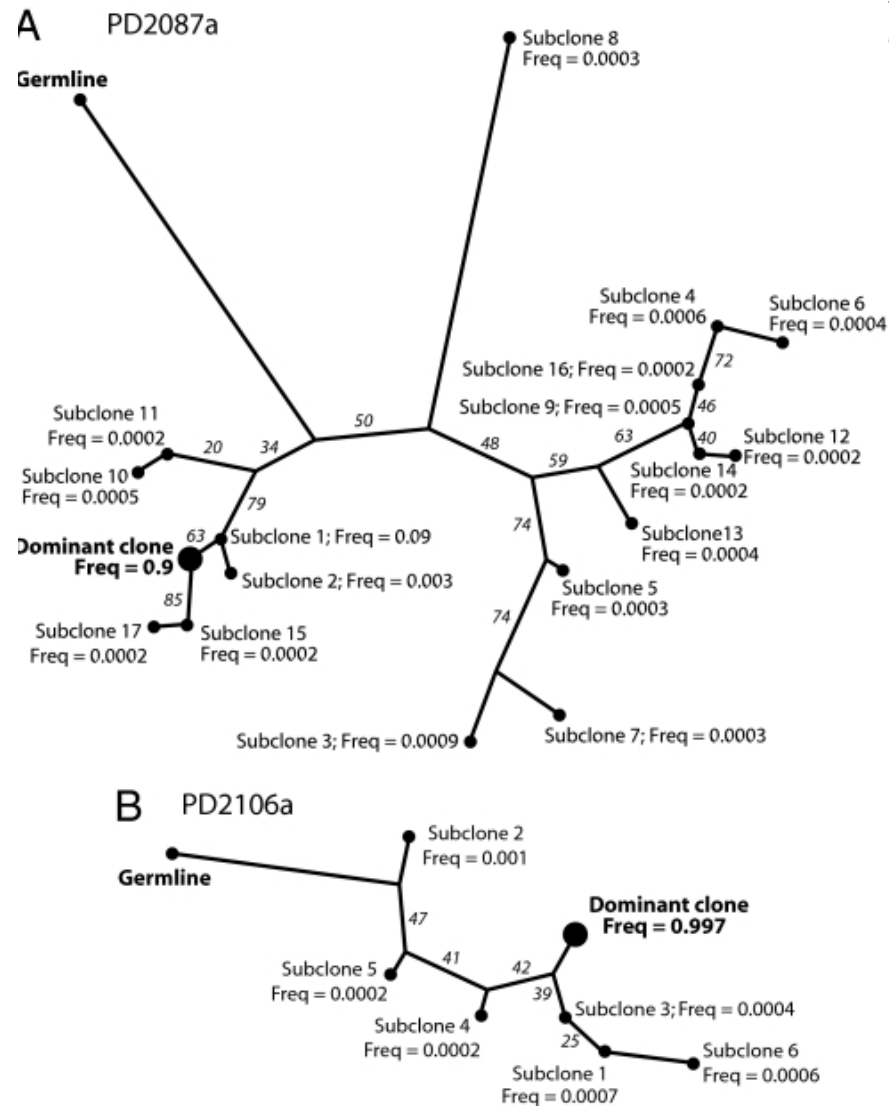
(From Campbell et al.,
Nature **467**: 1109, 2010)

TENTATIVE TIMELINE OF PANCREATIC CANCER



(From E G Luebeck
Nature **467**: 1055, 2010)

CLONAL EVOLUTION IN TWO PATIENTS WITH CLL DEMONSTRATED BY 'ULTRA-DEEP' SEQUENCING



Campbell et al., *Proc Natl Acad Sci U S A*. **105**:: 13081-13086, 2008

QuickTime™ and a
decompressor
are needed to see this picture.



(From Patel et al., NEJM 366:1079,2012)

COMPLEXITY OF SOMATIC MUTATIONS IN ACUTE MYELOID LEUKAEMIA

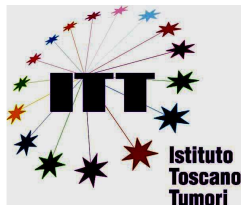
QuickTime™ and a
decompressor
are needed to see this picture.

(From Patel et al.,
NEJM 366:1079,2012)



CLONAL EVOLUTION FROM MDS TO AML

QuickTime™ and a
decompressor
are needed to see this picture.

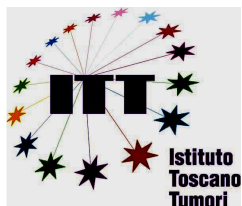


(From Walter et al., NEJM 366:1090,2012)

WNT AND *SHH* SUB-TYPES OF MEDULLOBLASTOMA ARE ANATOMICALLY DISTINCT

QuickTime™ and a
decompressor
are needed to see this picture.

QuickTime™ and a
decompressor
are needed to see this picture.

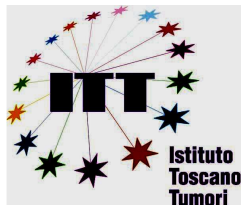


(From Gibson et al.,
Nature **468**:1095,2010)

QuickTime™ and a
decompressor
are needed to see this picture.

Other major initiatives accessible on line:

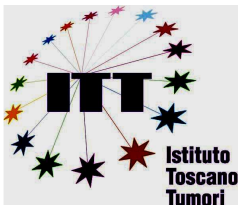
WELLCOME TRUST SANGER INSTITUTE CANCER GENOME PROJECT
<http://www.sanger.ac.uk/research/projects/cancergenome/>



NIH-NCI CANCER GENOME ANATOMY PROJECT
<http://cgap.nci.nih.gov/>

SOMATIC MUTATIONS IN CANCER

- How many mutations
- Which cells are mutated
- What genes are mutated
- What kind of mutations
- What causes mutations

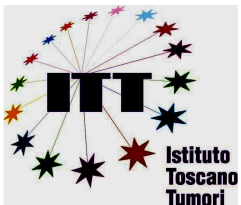


EPIGENETICS

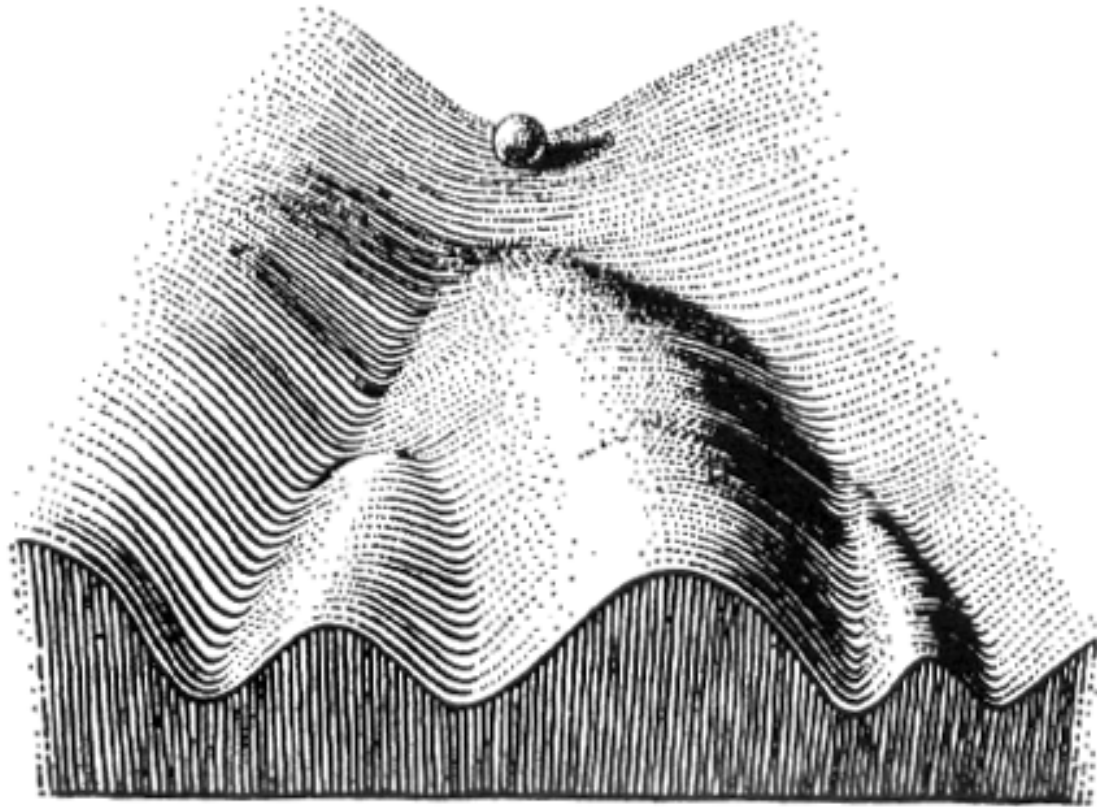
.... The switching on and off of genes during development, the segregation of gene activities following somatic cell division, and **the stable (somatic) inheritance of a given spectrum of gene activities in specific cells'**.....

.....possibly explained by 'changes in the pattern of DNA methylation'.

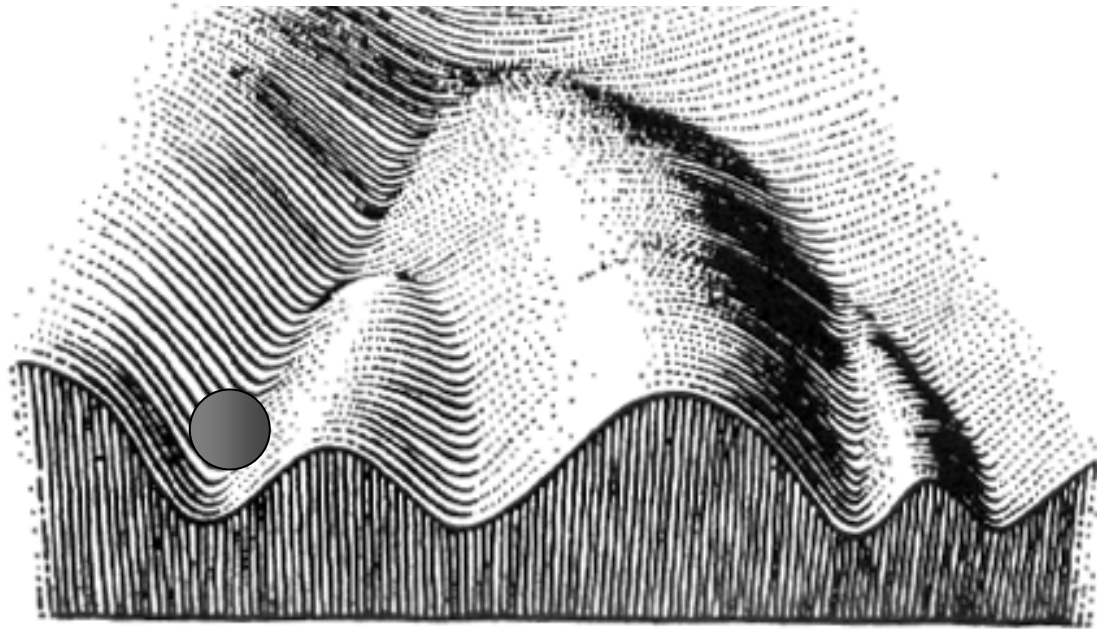
Robin Holliday 1989



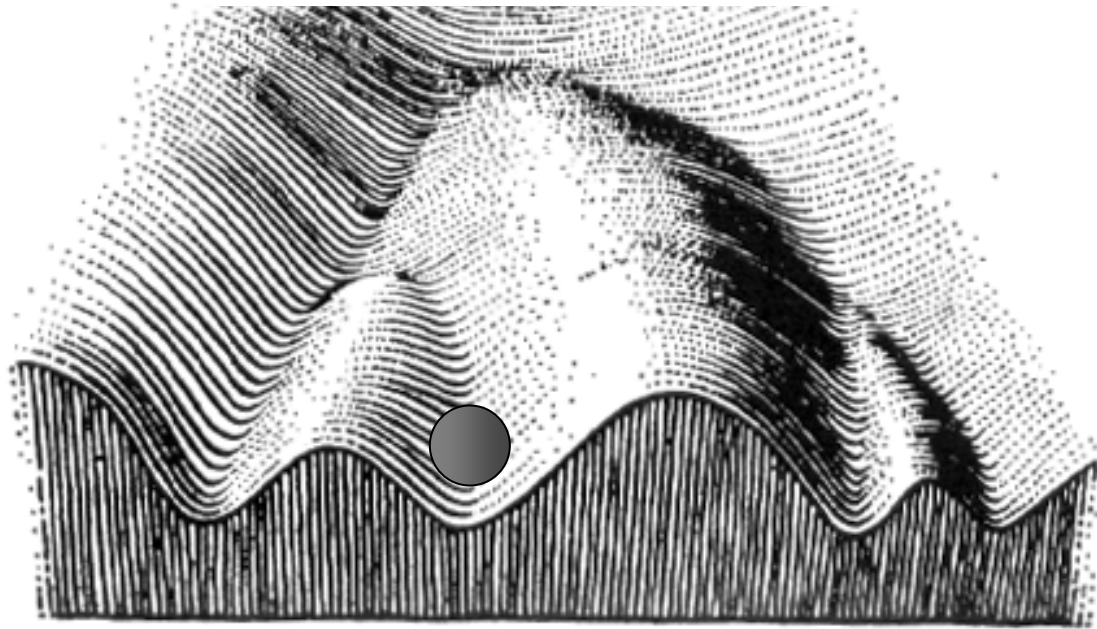
DEVELOPMENT and DIFFERENTIATION: *GOING DOWN DIFFERENT PATHWAYS*



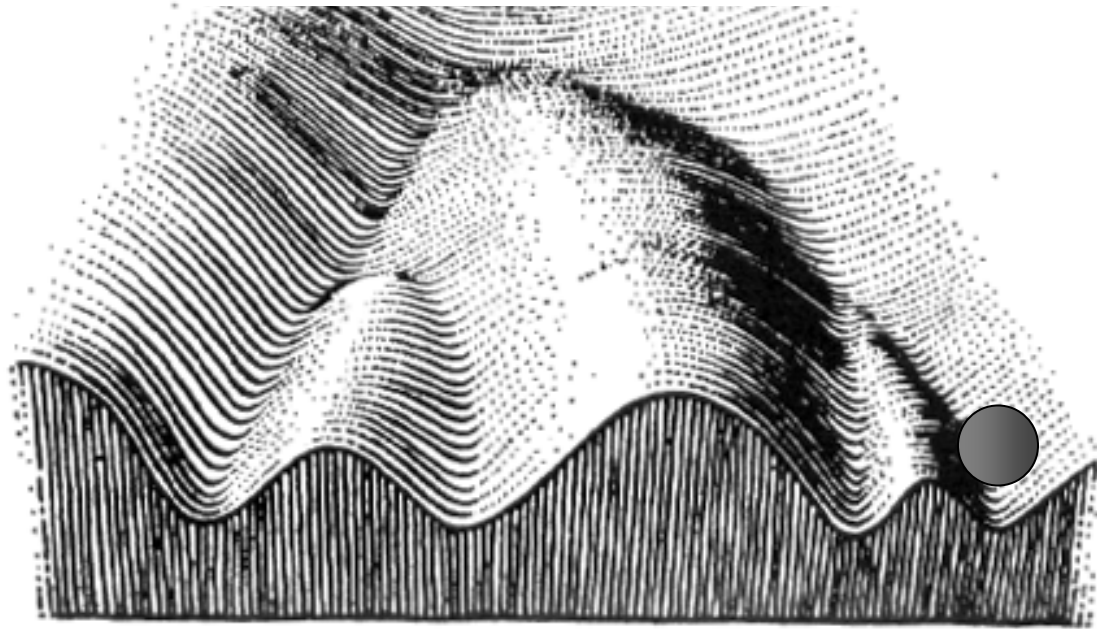
DEVELOPMENT and DIFFERENTIATION: *GOING DOWN DIFFERENT PATHWAYS*



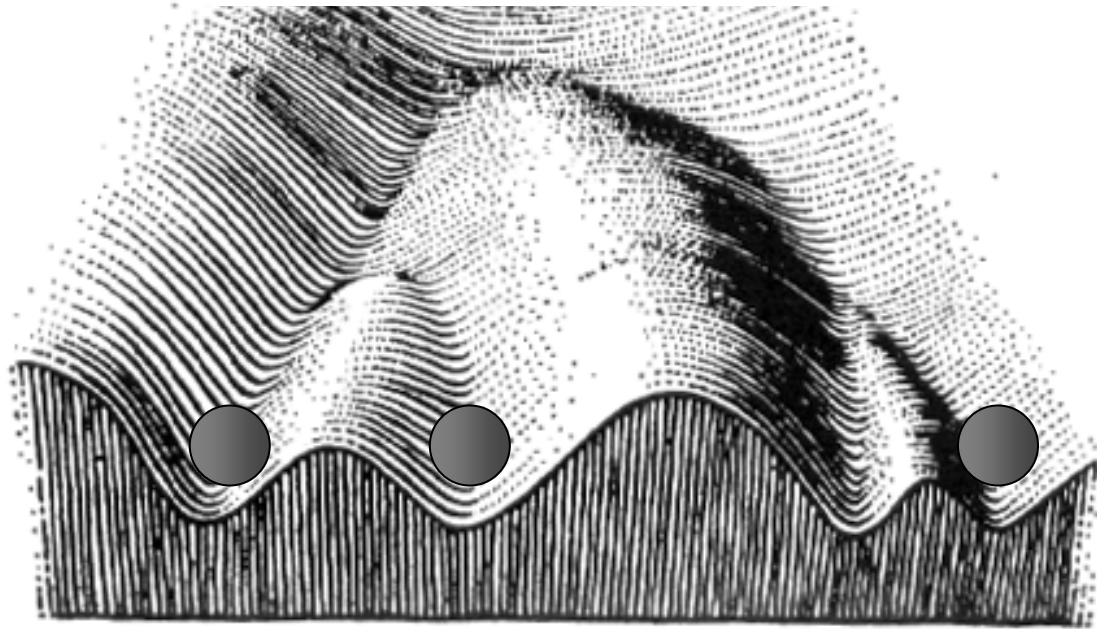
DEVELOPMENT and DIFFERENTIATION: *GOING DOWN DIFFERENT PATHWAYS*



DEVELOPMENT and DIFFERENTIATION: *GOING DOWN DIFFERENT PATHWAYS*



DEVELOPMENT and DIFFERENTIATION: *IS THE PROCESS REVERSIBLE?*



A MODEL OF HOW CHROMATIN CAN REGULATE GENE EXPRESSION

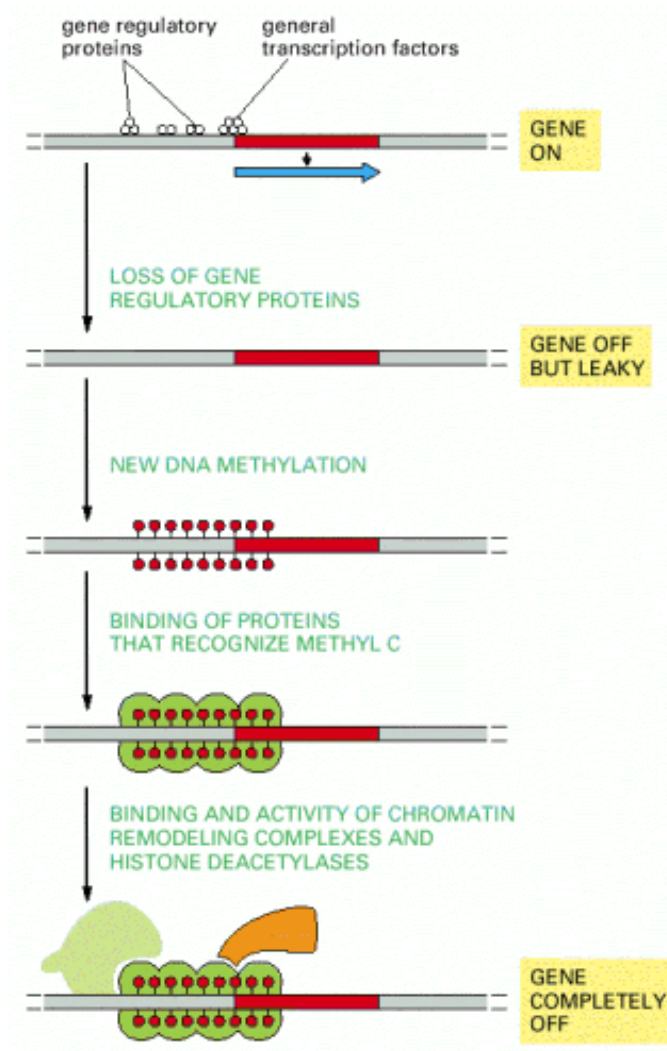
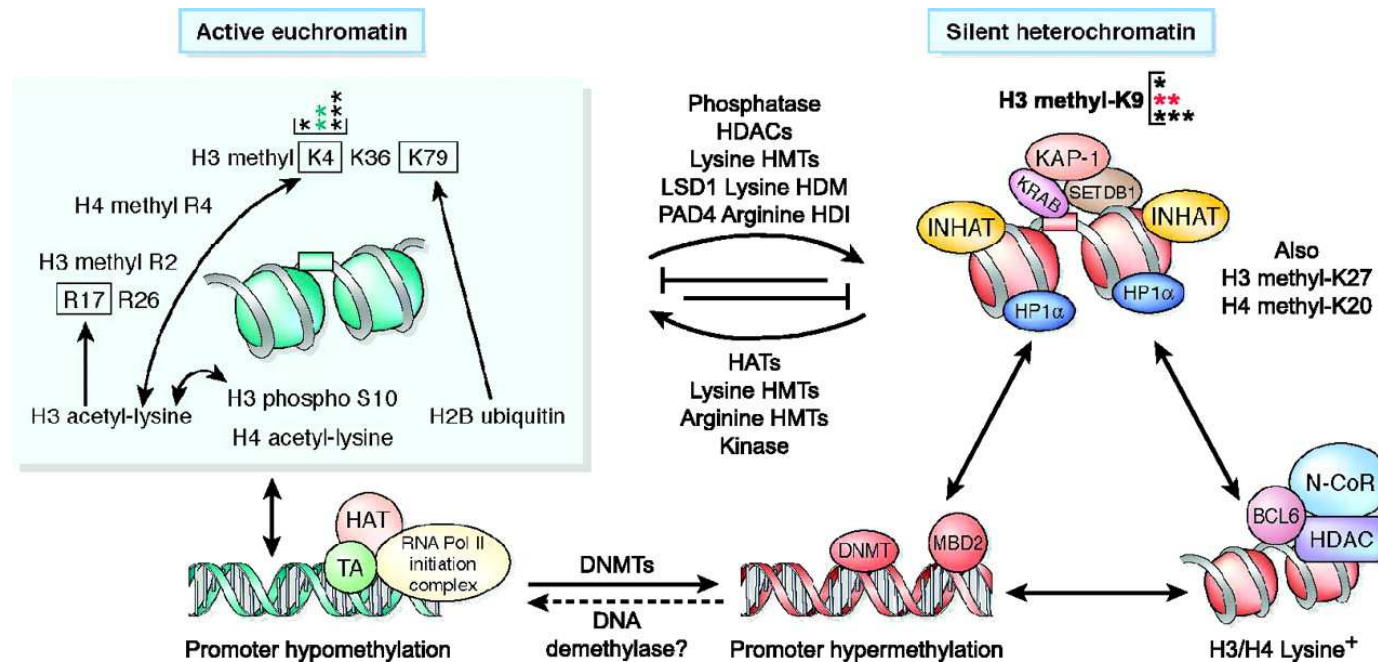
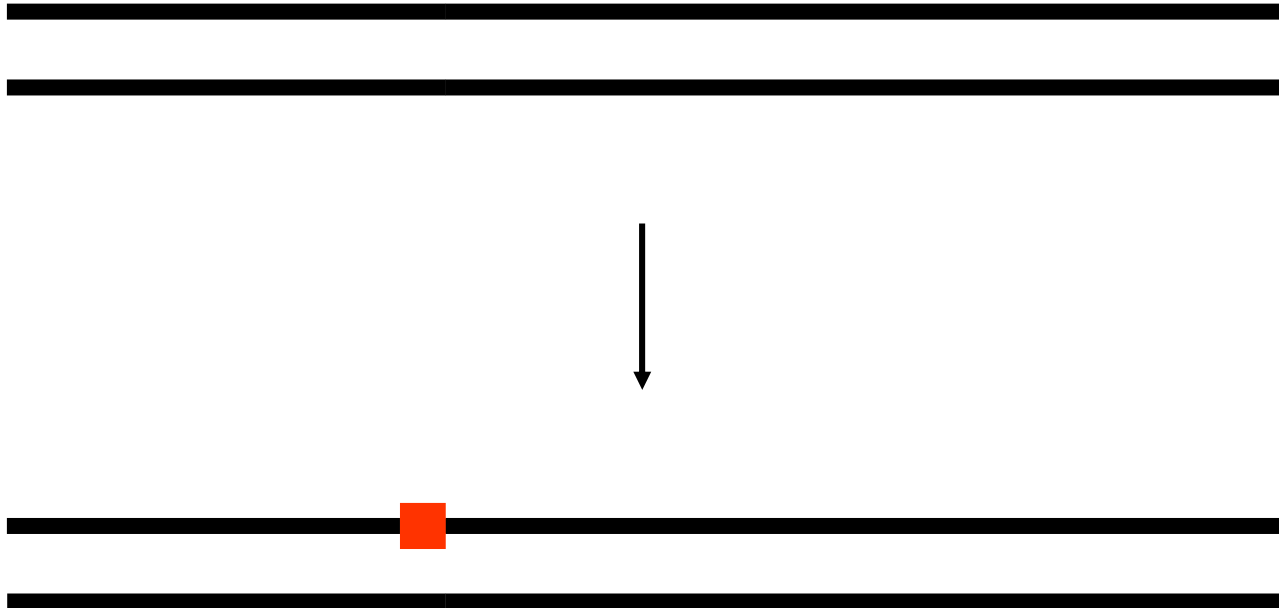


Figure 2. Schematic representation of epigenetics associated with active and silenced loci



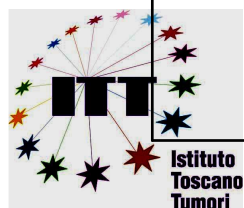
Zelent, A. et al. Mol Cancer Ther 2005;4:1810-1819

POINT MUTATION

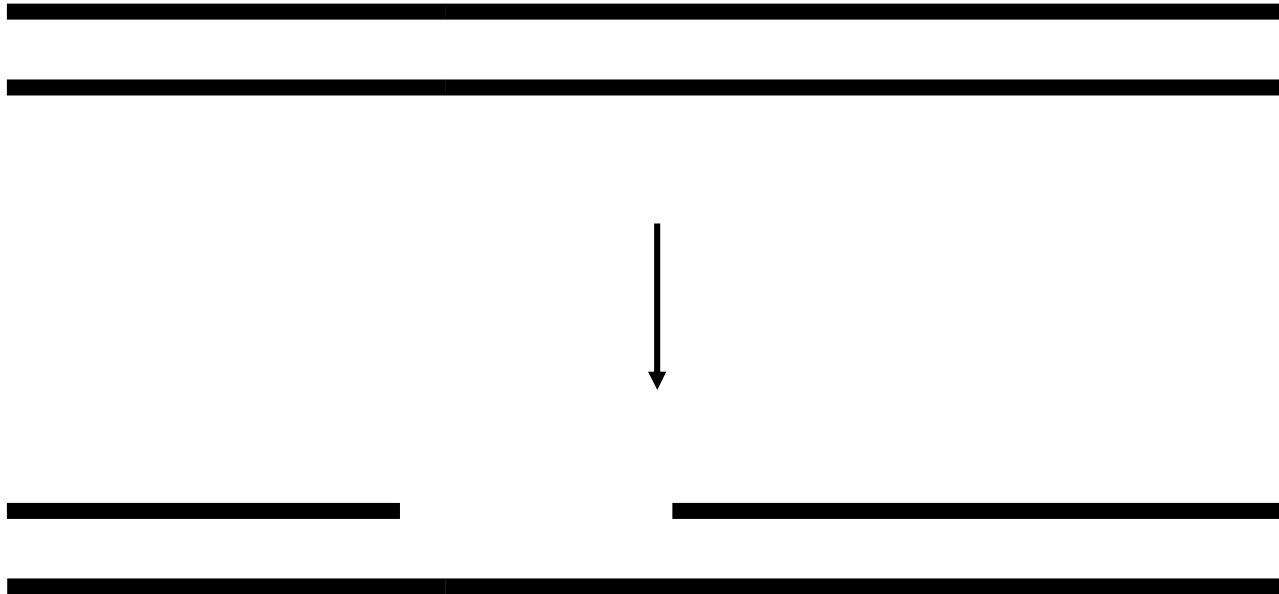


SOME SPECIFIC TYPES OF SOMATIC MUTATIONS FOUND IN TUMORS

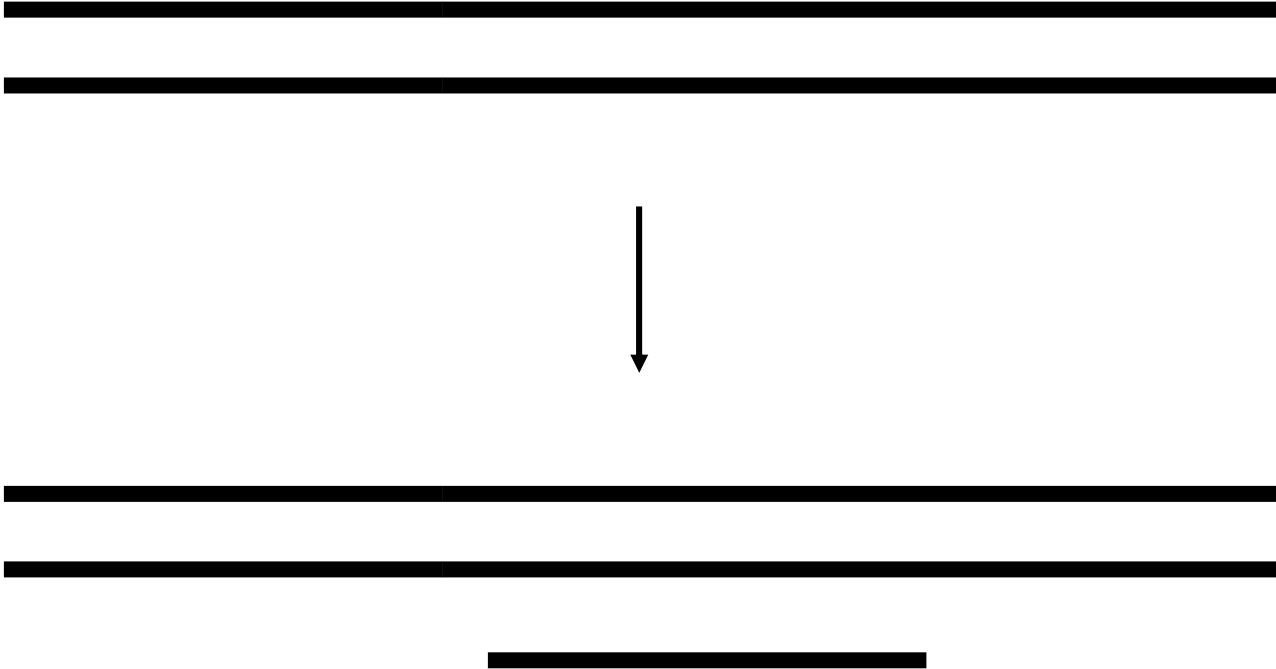
		COLON	BREAST	TOTAL
Substitutions at CG base pairs	CG to TA	413 (59.3)	289 (34.5)	702 (45.8)
	CG to GC	48 (6.9)	239 (28.5)	287 (18.7)
	CG to AT	93 (13.4)	148 (17.7)	241 (15.7)
Substitutions at TA base pairs	TA to CG	56 (8.0)	72 (8.6)	128 (8.3)
	TA to GC	51 (7.3)	35 (4.2)	86 (5.6)
	TA to AT	35 (5.0)	55 (6.6)	90 (5.9)
Substitutions at specific dinucleotides	5'-CpG-3'	309 (44.4)	139 (16.6)	448 (29.2)
	5'-TpC-3'	79 (11.4)	257 (30.7)	336 (21.9)
TOTAL		696	838	1534



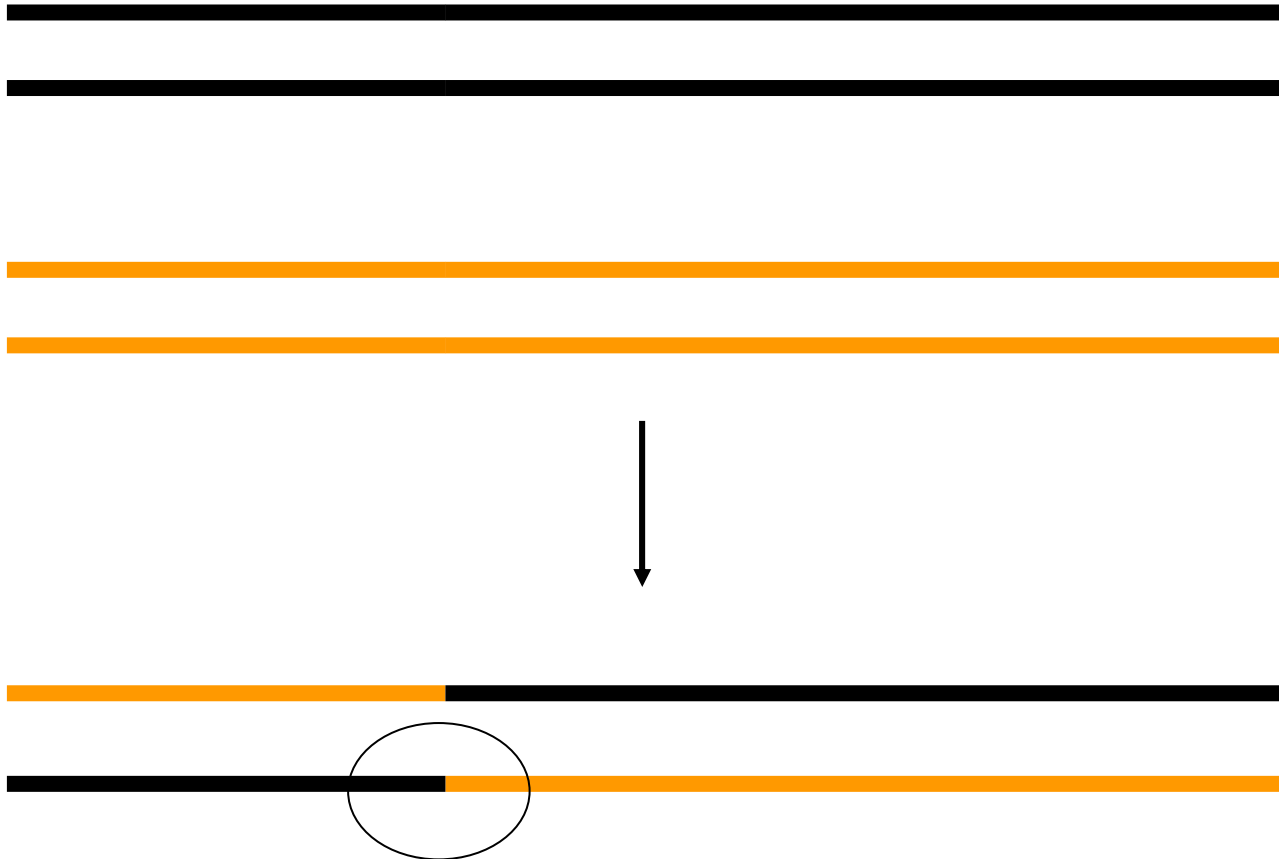
COPY LOSS



COPY GAIN

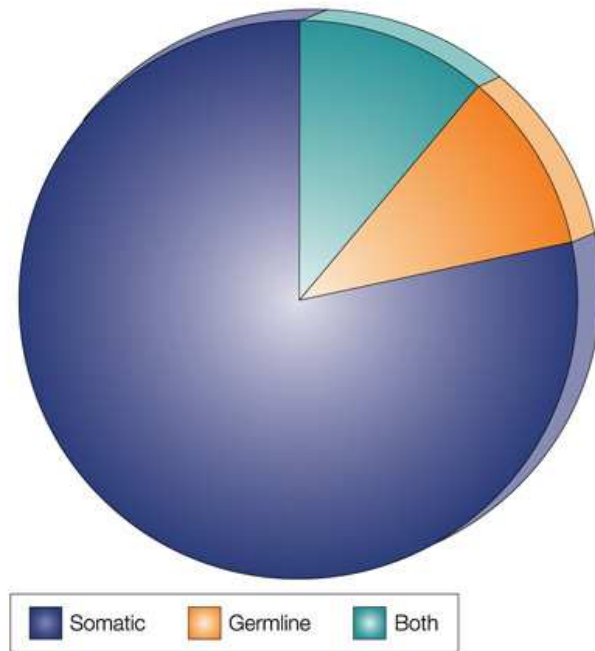


REECIPROCAL TRANSLOCATION

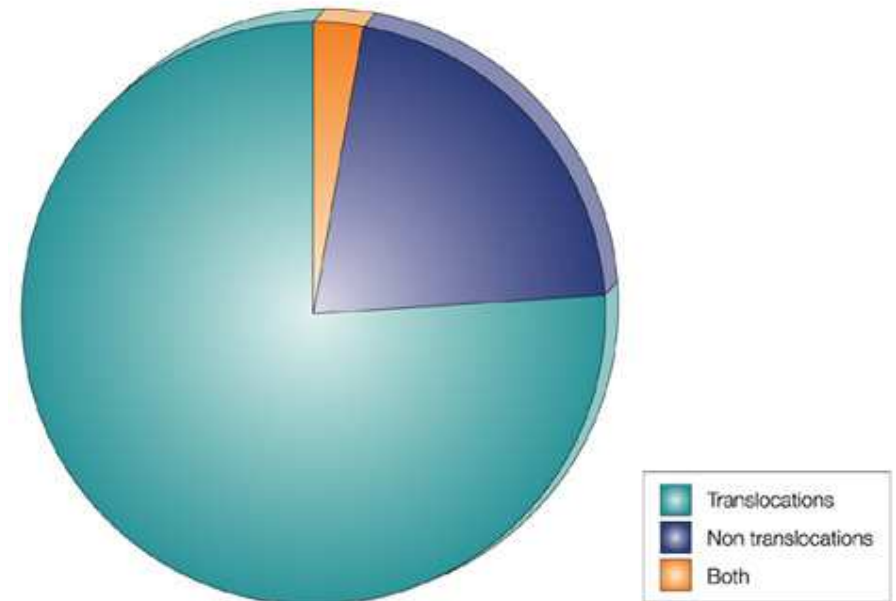


GENE FUSION

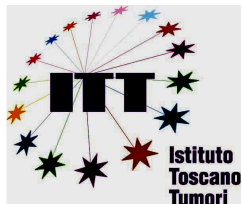
TYPES OF MUTATIONS IN HUMAN CANCER



Nature Reviews | Cancer



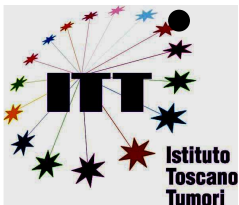
Nature Reviews | Cancer



(From Futreal et al., 2004)

FUSION GENES IN EPITHELIAL (and other) CANCERS

- RET-PTC1 *Papillary thyroid cancer*
- TMPRSS2-ERG *Prostate cancer*
- ETV6-NTRK3 *Breast cancer*
- ARID1A-MAST2 *Breast cancer*
- EML4-ALK *Adenocarcinoma of the lung*
- MYB-NFIB *Adenoid cystic carcinoma of salivary gland*
- KIAA1549-BRAF *Glioma*
- EWS-FLI1 *Ewing sarcoma*
- SYT-SSX2 *Synovial sarcoma*

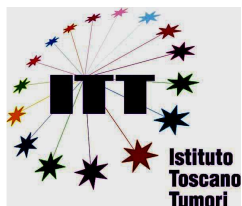


QuickTime™ and a
decompressor
are needed to see this picture.

QuickTime™ and a
decompressor
are needed to see this picture.

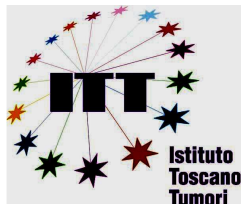
144:9,2011

QuickTime™ and a
decompressor
are needed to see this picture.



CHROMOTHRYPsis IN MEDULLOBLASTOMA IN LI-FRAUMENI PATIENTS

QuickTime™ and a
decompressor
are needed to see this picture.



(From Rausch et al., *Cell* **148**:59,2012)

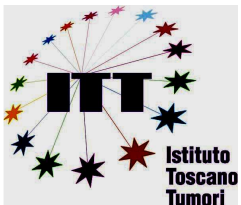
CORRELATION BETWEEN p53 STATUS AND CHROMOTRYPSIS IN MEDULLOBLASTOMA

Maximum number
of copy number state changes
per chromosome

QuickTime™ and a
decompressor
are needed to see this picture.

Maximum amplicon count per chromosome

(From Rausch et al., *Cell* **148**:59,2012)



CHROMOTHRIPSIS 2011-2012

Seminal paper by P J Stephens et al.,

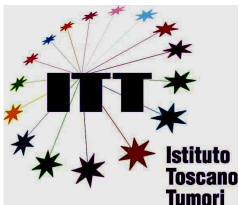
Cell **144**: 27–40 (January 7), 2011.

Coined term and reported occurrence
in several types of tumors, including:

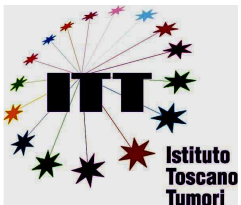
- Osteosarcoma (~25%)

Then, confirmatory papers:

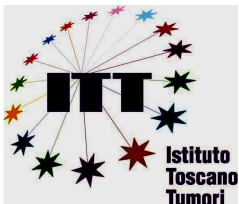
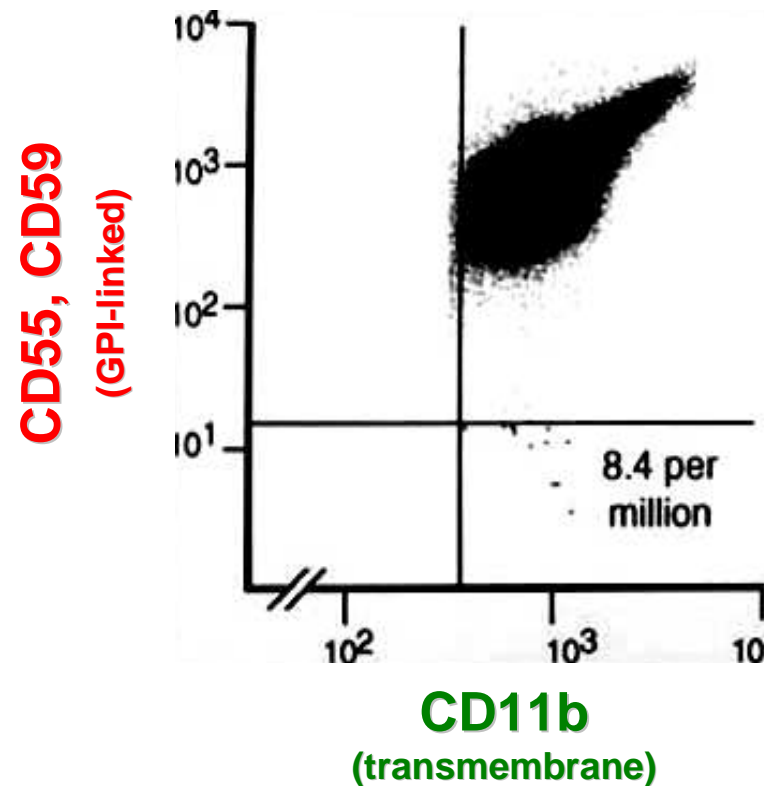
- Neuroblastoma 10
- Medulloblastoma 4
- Prostate 1
- Multiple myeloma (~1.3%)
- Colon common



*The intrinsic
rate of somatic mutation
of an individual may be a
determinant of the risk of
cancer*



*Rare GPI(–) granulocytes
can be found in a normal person*

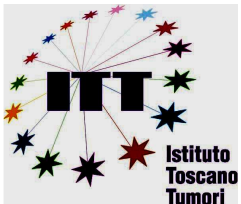


(Araten et al..*Proc Natl Acad Sci U S A.* **96**:5209,1999)



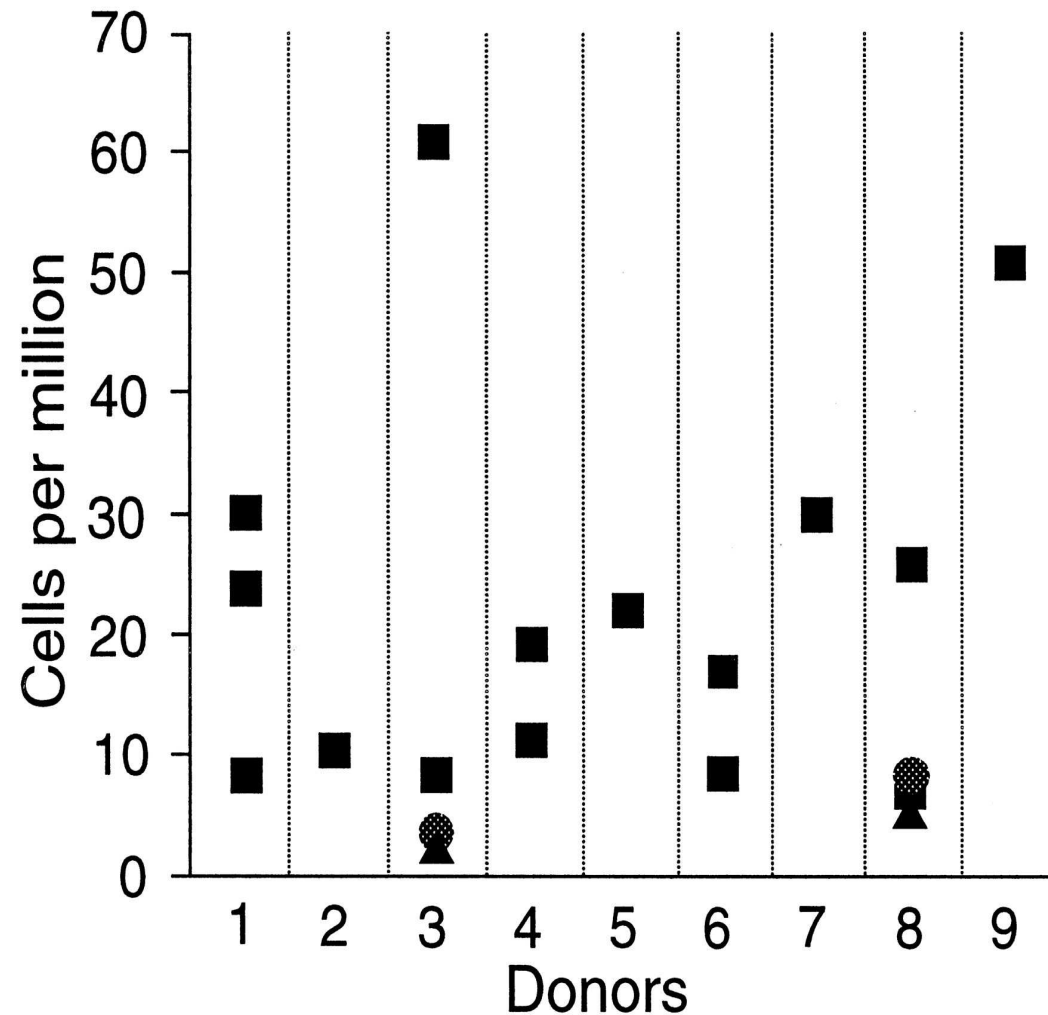
*Rare GPI(–) red cells are found in a normal person
and are susceptible to complement lysis*

QuickTime™ and a
decompressor
are needed to see this picture.

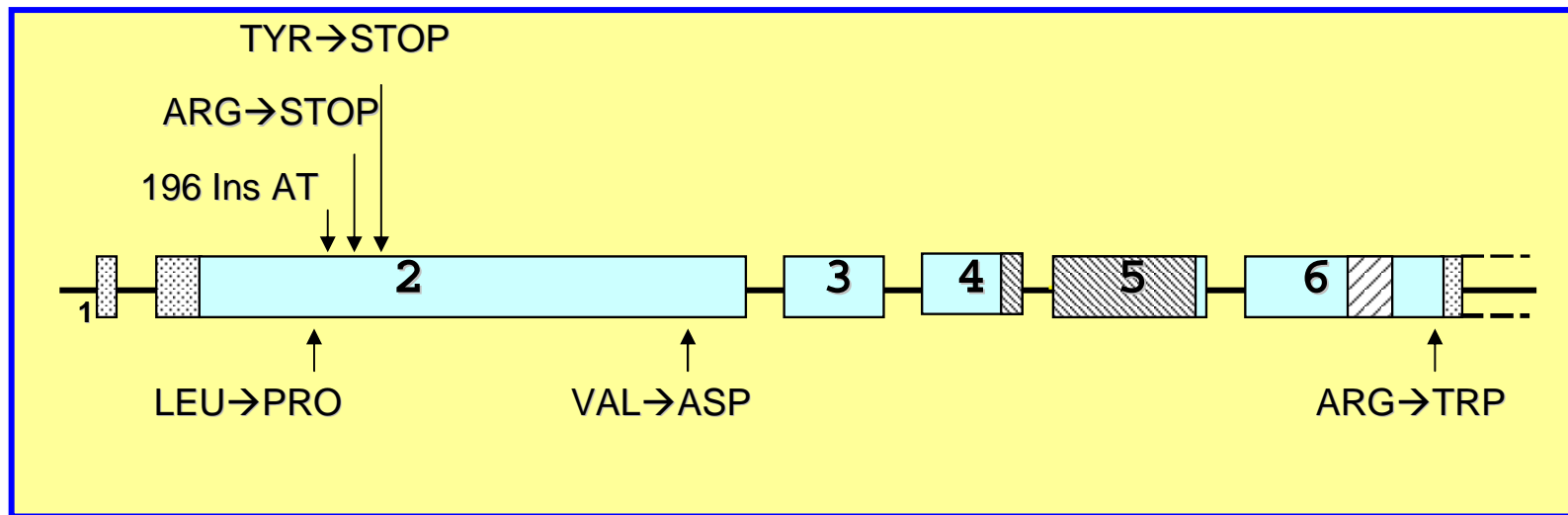


(Araten et al..*Proc Natl Acad Sci U S A.* 96:5209,1999)

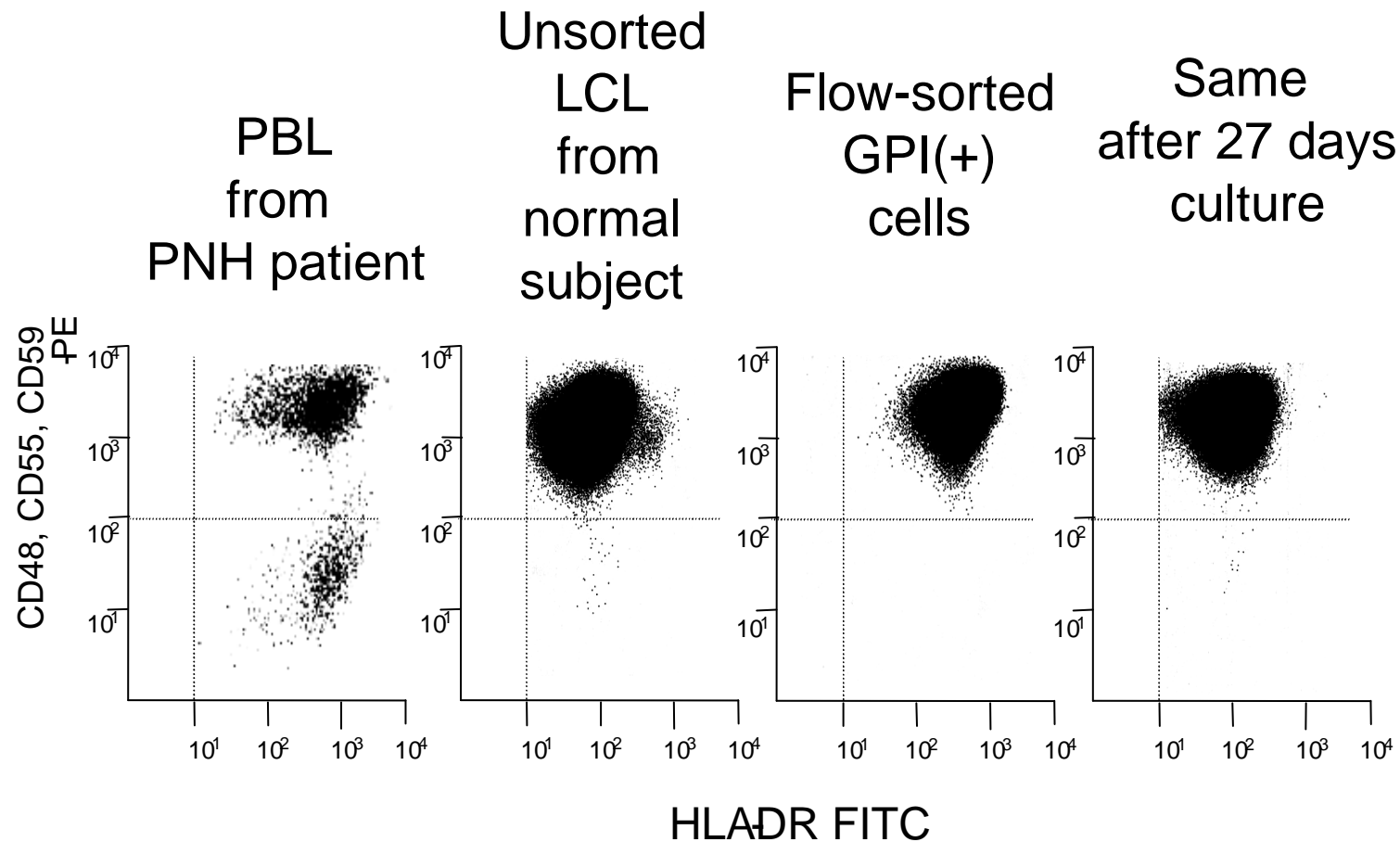
Rare GPI(-) granulocytes are present in most normal persons



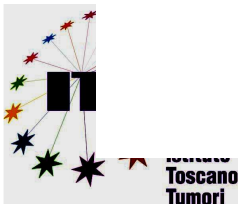
GPI(-) granulocytes from normal persons have PIG-A mutations



The Rate of Somatic Mutation Can Be Measured in Humans

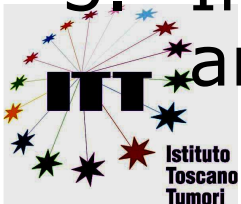


(Araten et al.. *Cancer Res.* 2005)



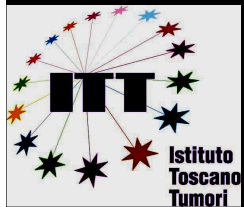
ADVANTAGES OF *PIG-A* AS A SENTINEL GENE

1. X-linked gene: therefore mutations are phenotypically expressed.
2. The *PIG-A* product is a subunit of an enzyme required for GPI synthesis: therefore mutations can be detected by testing for GPI-linked proteins.
3. GPI-linked proteins are ubiquitously expressed on the cell surface: therefore a variety of cells can be studied individually by flow cytometry.
4. In view of (2), amplification provides high sensitivity.
5. In view of (3), multiple proteins can be analyzed, thus avoiding artefacts

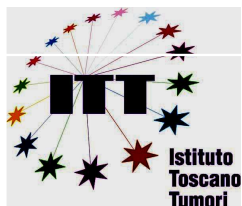
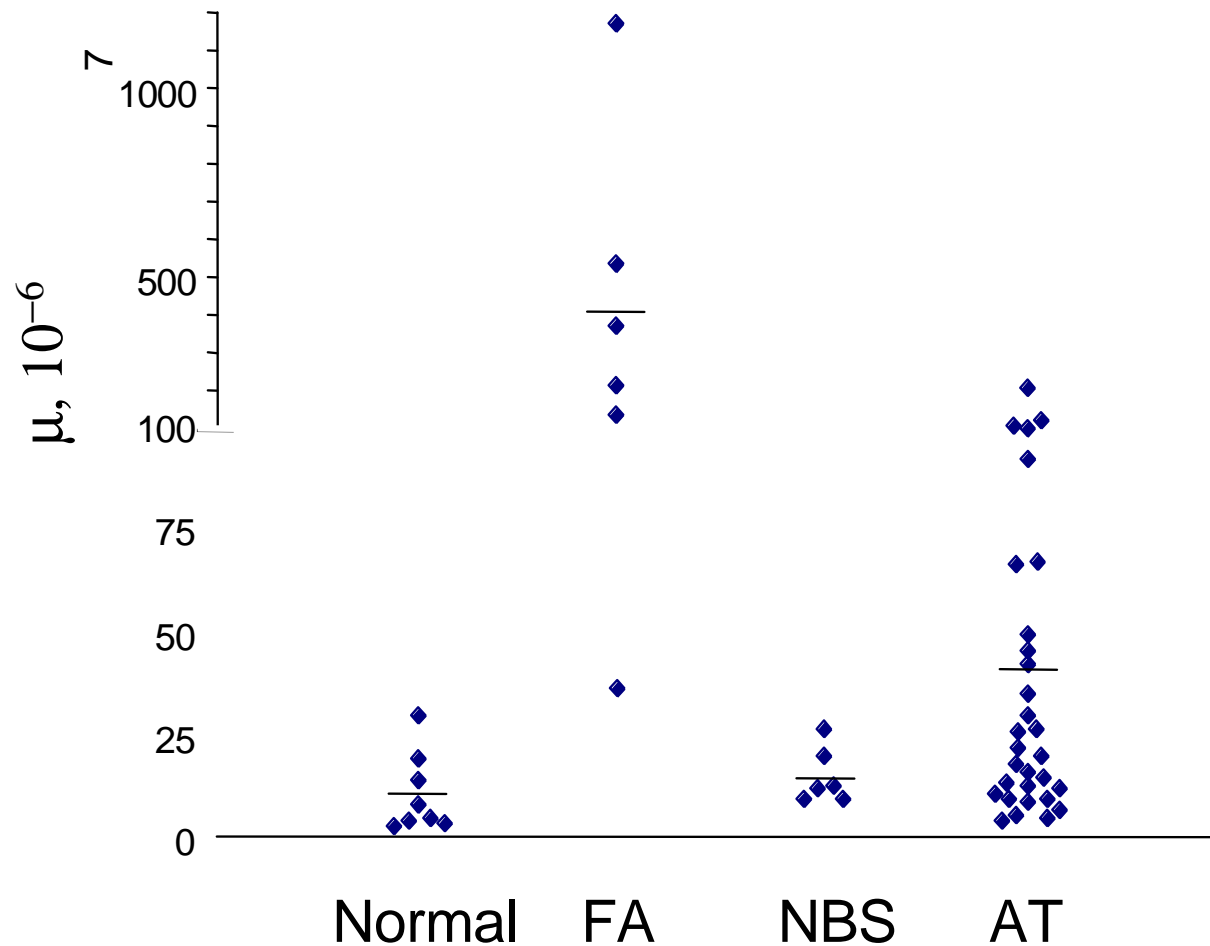


Biological correlates of μ

- Normal range
- Genetic determinants
- Environmental factors that affect μ
- Acquired changes in μ
- Risk of cancer
- Changes of μ in cancer



THE MUTATION RATE IS INCREASED IN CONDITIONS ASSOCIATED WITH INCREASED SUSCEPTIBILITY TO CANCER

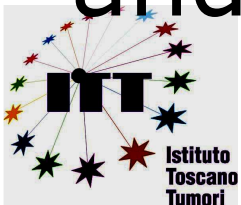


(Araten et al.. *Cancer Res.* 2005)

Personalized Cancer Medicine

What is it?

Optimizing the care
of each individual patient with cancer
in terms of the tumor
and in terms of the host



PCM - II

Optimizing the care of each individual patient with cancer

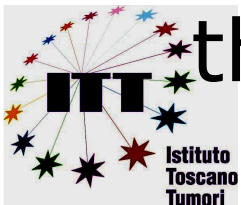
in terms of the tumor:

it means to make a full diagnosis at the molecular level

in terms of the host:

it means to identify factors that may affect the course of the tumor and/or

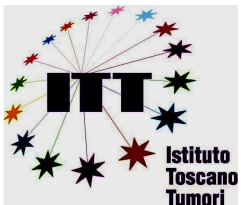
the response to therapy



PCM - III

Personalized medicine is very important:

It means to treat the patient as a whole person



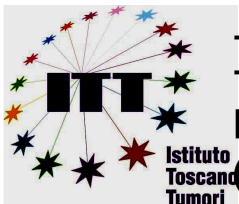
Anti-angiogenici
Anti-infiammatori
Immunomodulatori

Farmaci che agiscono
sul DNA e sulla mitosi
(*chemioterapici classici*)

Inibitori
di un *signal
transduction
pathway*
importante in
un certo
tumore
(p.es. *sunitinib*)

Interferenza
con molecola
iper-espressa
in un tumore
(p.es. *trastuzumab*)

Interferenza con molecole
mutate oncogeniche
(p.es. *imatinib, gefitinib*)

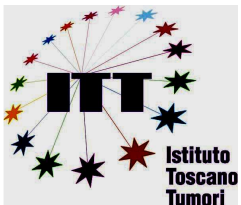


ABOUT THE CAUSES OF DISEASES

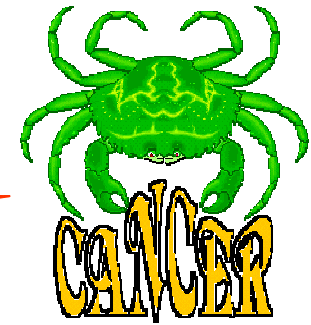
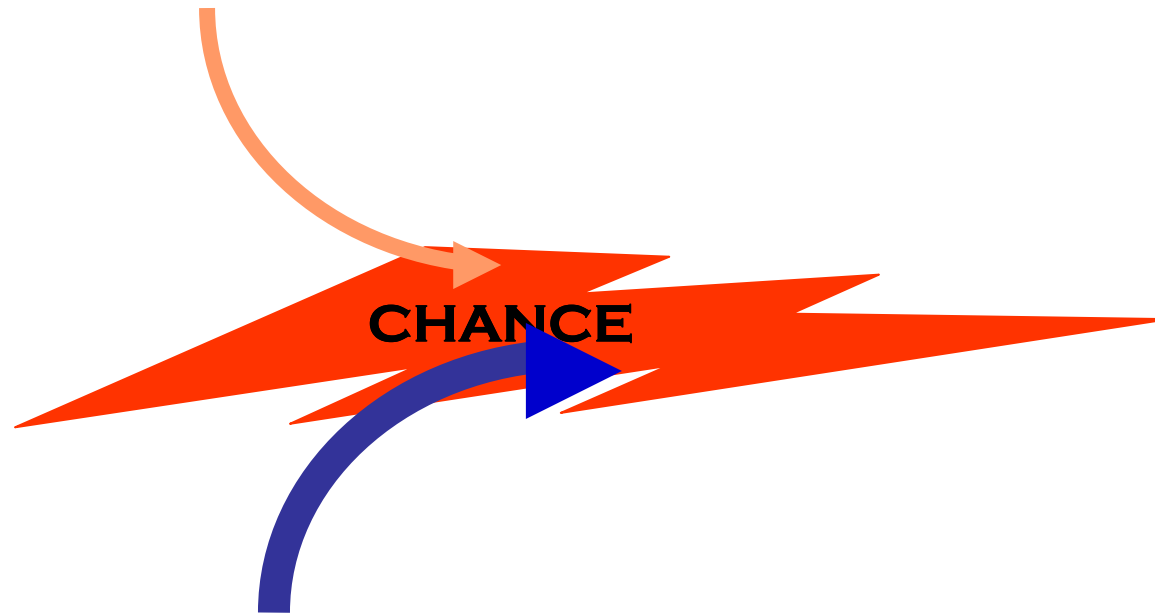
People prefer to be satisfied with a single causative factor....

[In fact], accidental factors and constitutional factors both play a role.... We refuse to posit any contrast in principle between the two sets of aetiological factors.... [that] regularly act jointly....

Sigmund Freud, 1912



INHERITANCE



ENVIRONMENT