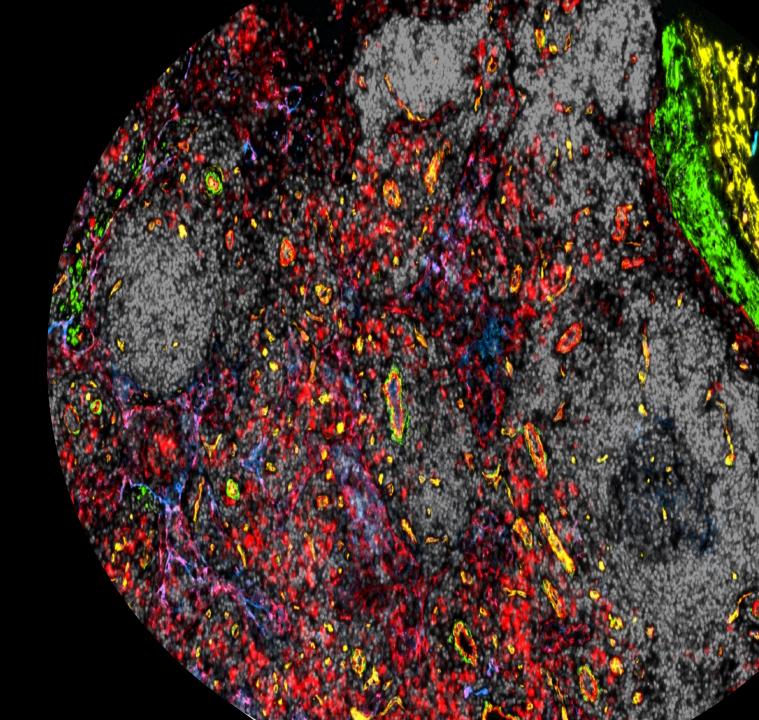
Cancer Biology I

Part-II

Fall semester 2024 Week 8



#### **AGENDA**

#### **Nov 5th: Cancer genomics- mutations**

Nov 11<sup>th</sup>: Cancer genomics-copy number alteration, heterogeneity, evolution *(recording)* 

Nov 18th: Cancer Epigenetics- chromatin 3D structure, cell plasticity

Nov 25<sup>th</sup>: – Major signaling pathways leading to cancer

Dec 2<sup>th</sup>: Cancer Therapies – chemo and targeted therapies

Dec 9<sup>th</sup>: Introduction to immunotherapies –

Dec 16th: Exam

(if it conflicts with another exam it is possible to do the exam on Dec 18th)

Dec 18<sup>th</sup>: discussion of exam questions and career development discussion towards a PhD or not...

#### **Exercise**

• Two TAs will help in the discussion of the paper

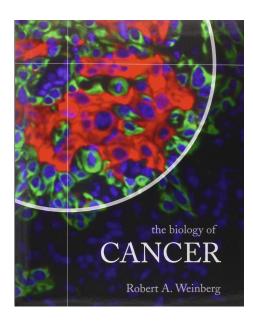
Marie Denise Rumpler Irmak Kaysudu

- Wednesday, Nov 20<sup>th</sup> and Wednesday, Dec 11:
- I will post two short-mock exam sessions with questions from the previous years

#### **Exam Information**

- Exam questions will be in English, but you're allowed to answer in French (if you do, please use capital letters)
- Day to be confirmed: Dec 16 or 18th, 2 4 PM (room will be communicated)
- ~10 open questions
  - 10 points for each question
  - 2 questions will be on the papers that you will read during the exercises
- The exam will count for 50% of your final grade

#### If you want to read on specific topics:

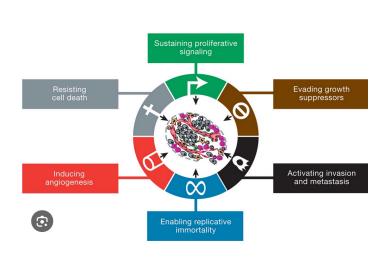


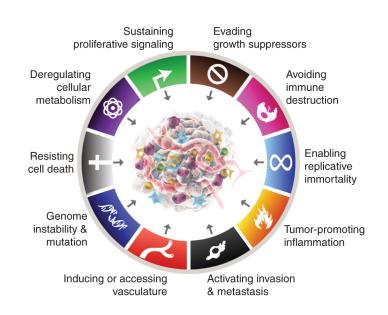
Some information if this book

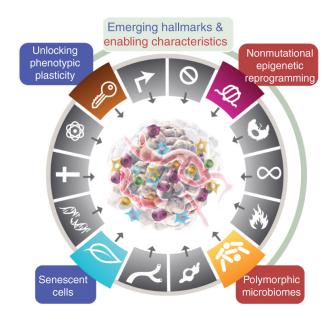
Send an email:

I can send you recent Reviews written by prominent cancer scientists in the fields

# Cancer is a complex disease that involves changes in many different biological aspects





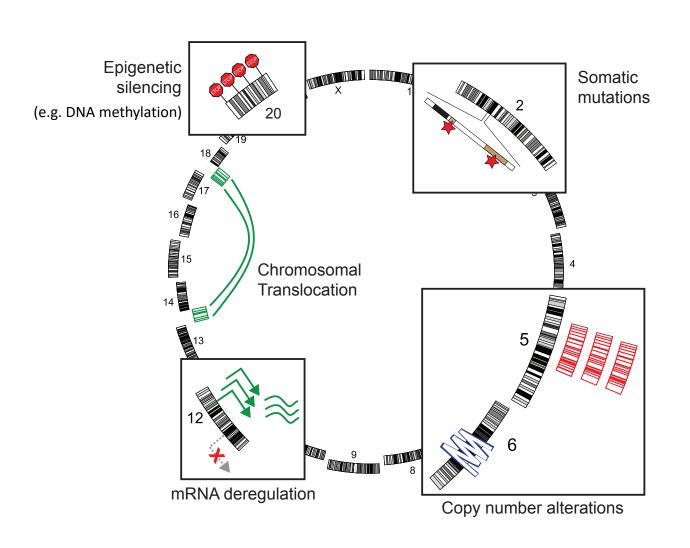


#### 1. Cancer is a disease of the genome

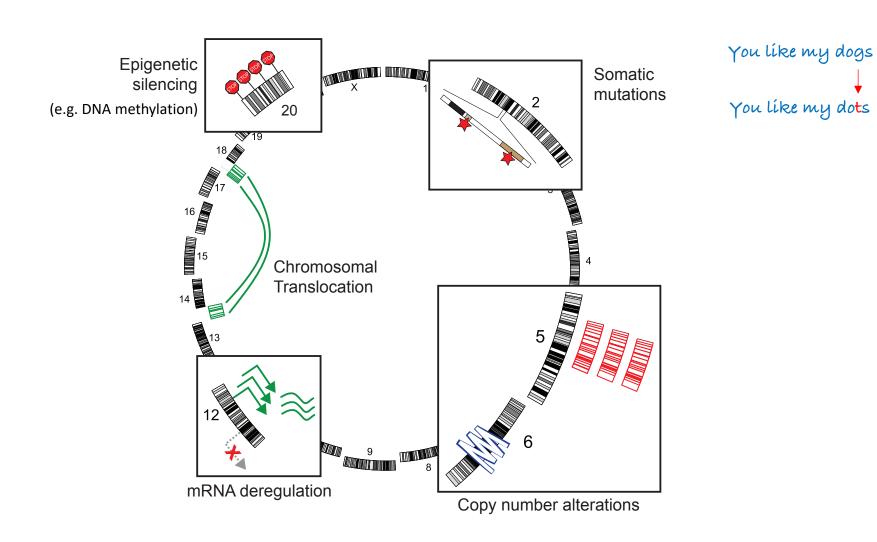


Cancer genomics: studies the acquisition of alterations in the genome (i.e. in our DNA) that can cause cancer development

#### Cancer Genomic Alterations

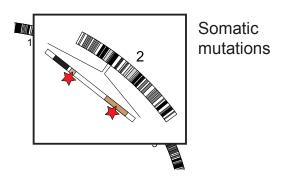


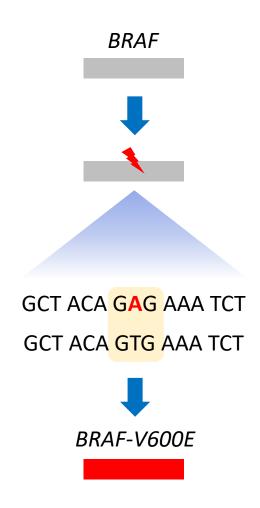
#### Cancer Genomic Alterations



#### Somatic Mutations

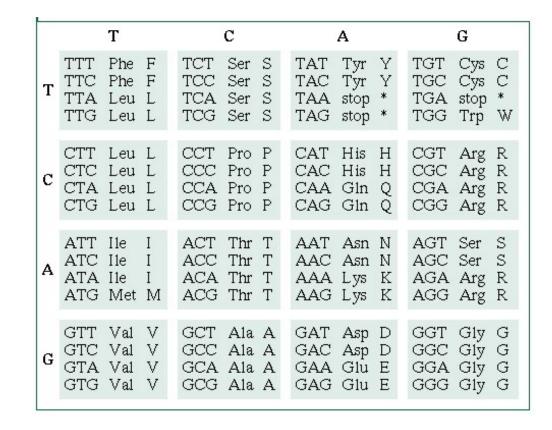
• Single nucleotide changes





#### Somatic Mutations

- Single nucleotide changes
  - Missense Mutations
    - GAG = Valine
    - GTG = Glutamate
  - Silent Mutations
    - TCT = Serine
    - TCC = Serine
  - Nonsense Mutations
    - TAC = Tyrosine
    - TAG = Stop Codon!



#### Somatic Mutations

- Frame-shift mutations: insertion or deletion that change the reading frame
- **Deletion:** deletion of 1 or more nucleotides

Insertion: Addition 1 or more extra-nucleotides

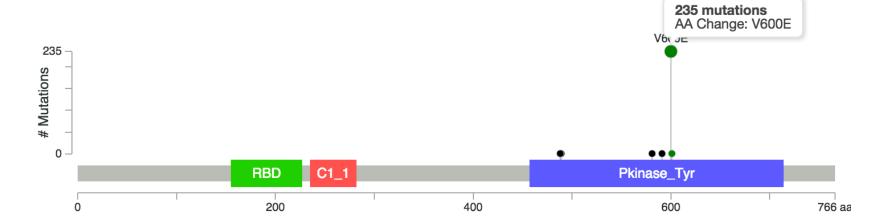
#### **HOTSPOT** mutations

(activating an oncogene)

#### **BRAF V600E mutations in Thyroid Carcinoma (399 patients)**

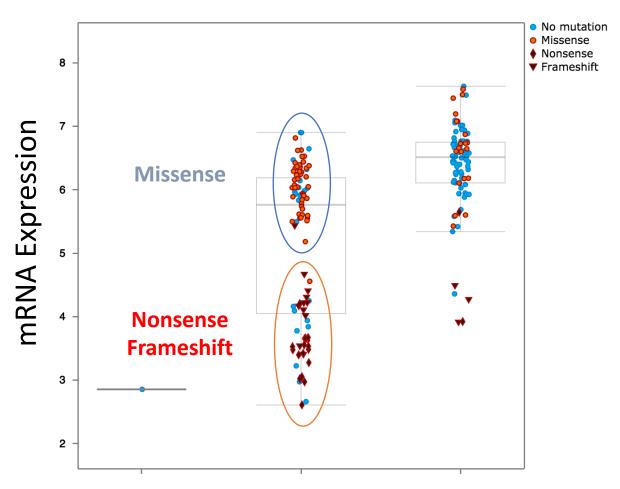
GTG = Valine (V)

**GAG** = Glutamate (E)



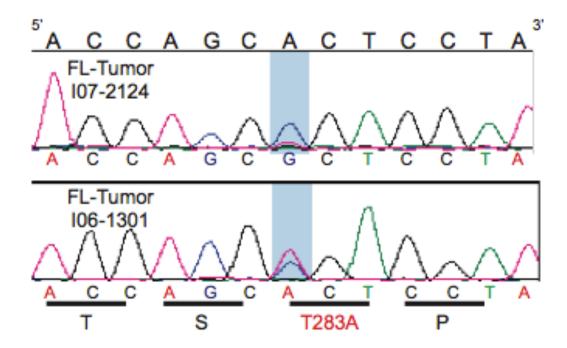
## Truncating Mutations (inactivating a tumor suppressor)

TP53 mutations in Colorectal cancer

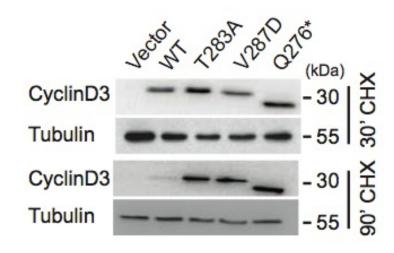


## Truncating Mutations (activating an oncogene)

In Lymphoma mutation in CyclinD3 occurs in ~10% of the cases







## Non-coding Mutations

## Highly Recurrent *TERT* Promoter Mutations in Human Melanoma

Franklin W. Huang,  $^{1,2,3}\star$  Eran Hodis,  $^{1,3,4}\star$  Mary Jue Xu,  $^{1,3,4}$  Gregory V. Kryukov,  $^1$  Lynda Chin,  $^{5,6}$  Levi A. Garraway  $^{1,2,3}\dagger$ 

TERT promoter

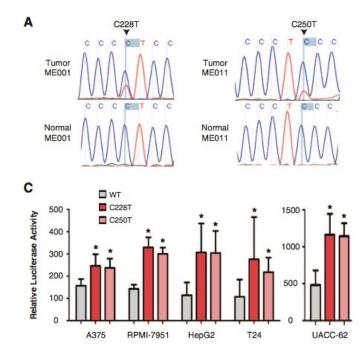
C228T

CCCCTTCCGGG

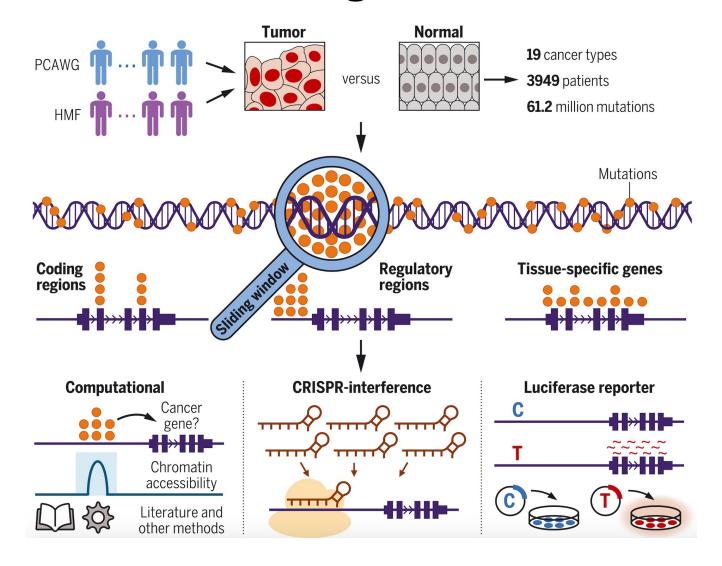
GGGGAAGGCCC



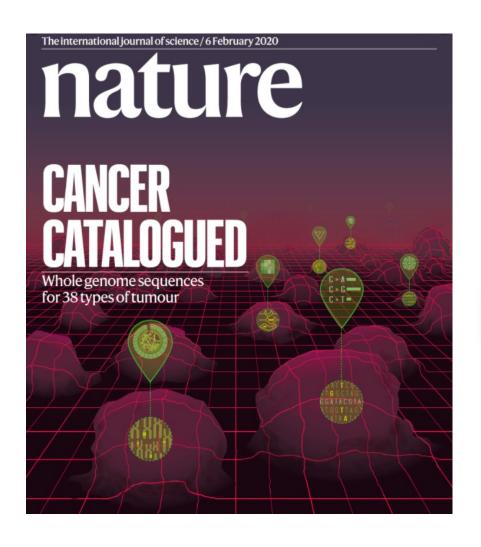
(Science, 2013)



#### Non-coding Mutations



## Pan-Cancer Analyses of Whole Genomes



Article | Open Access | Published: 05 February 2020

#### Analyses of non-coding somatic drivers in 2,658 cancer whole genomes

Esther Rheinbay, Morten Muhlig Nielsen, [...] PCAWG Consortium

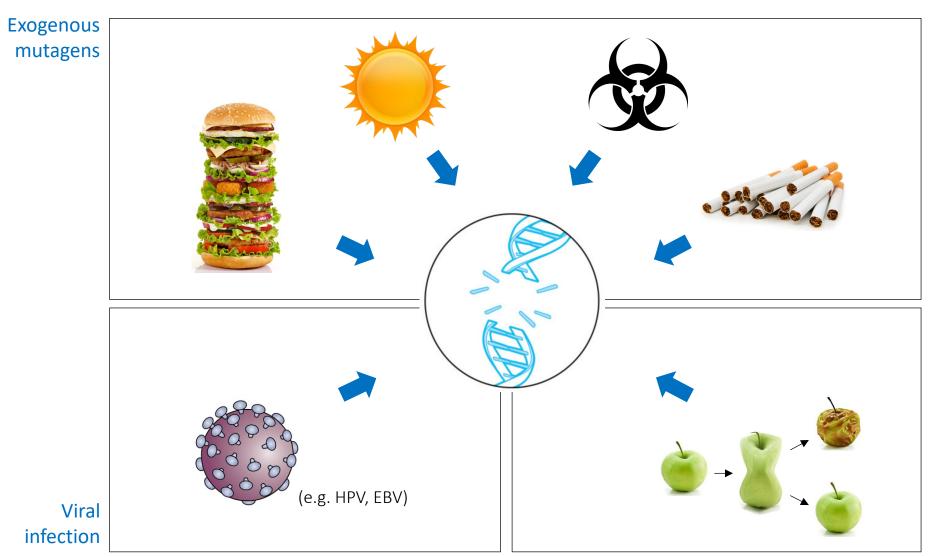
Nature 578, 102–111(2020) | Cite this article

#### Paucity of non-coding drivers in cancer

Why?

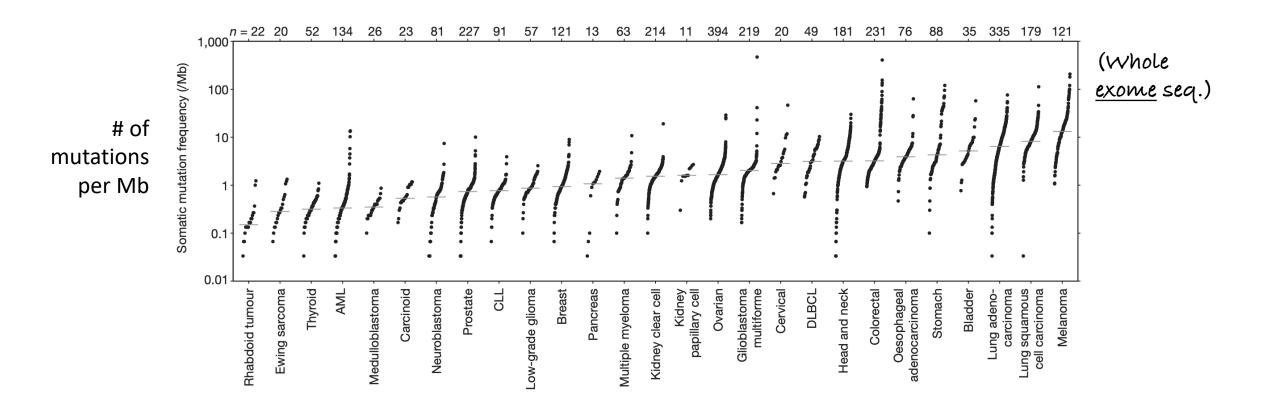
How do alteration emerge?

## How do *mutations* emerge?

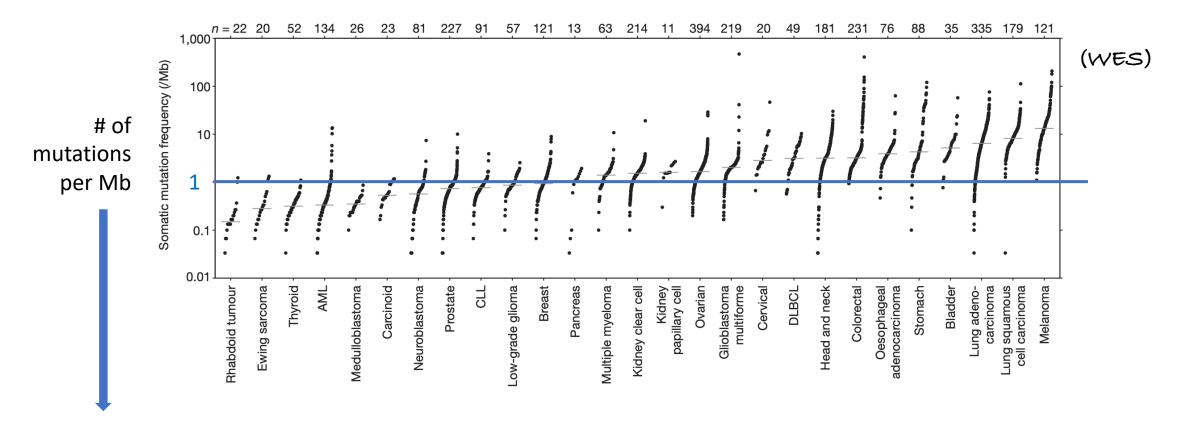


Unrepaired Replication Errors

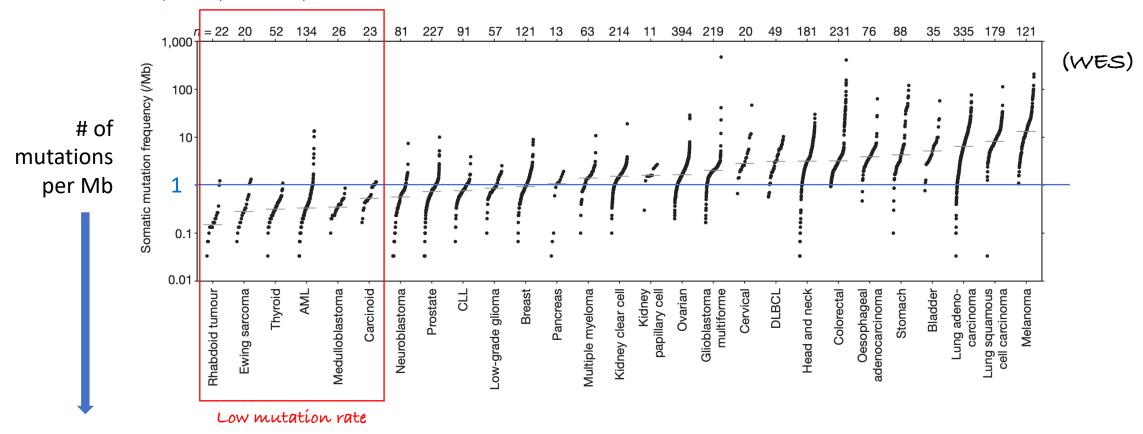
## What do you get after sequencing 1000 tumors?



## What do you get after sequencing 1000 tumors?

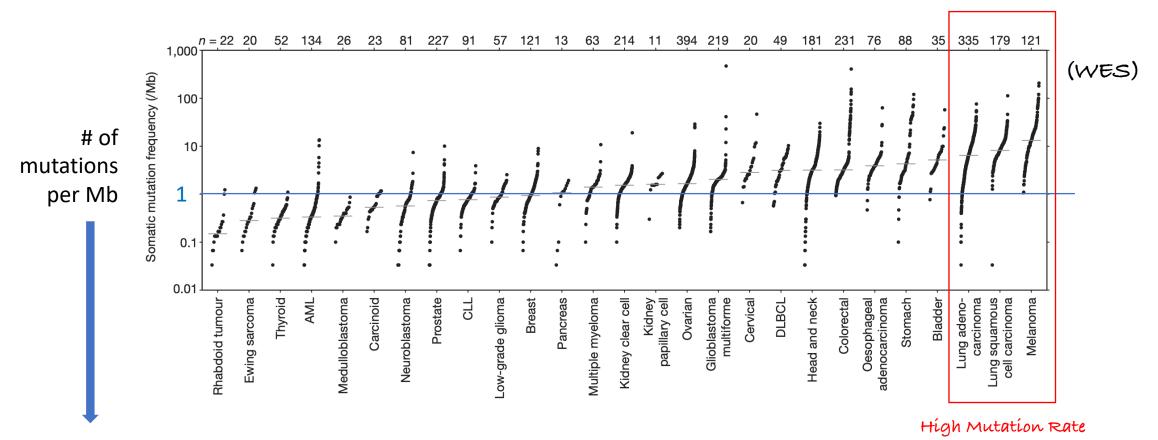


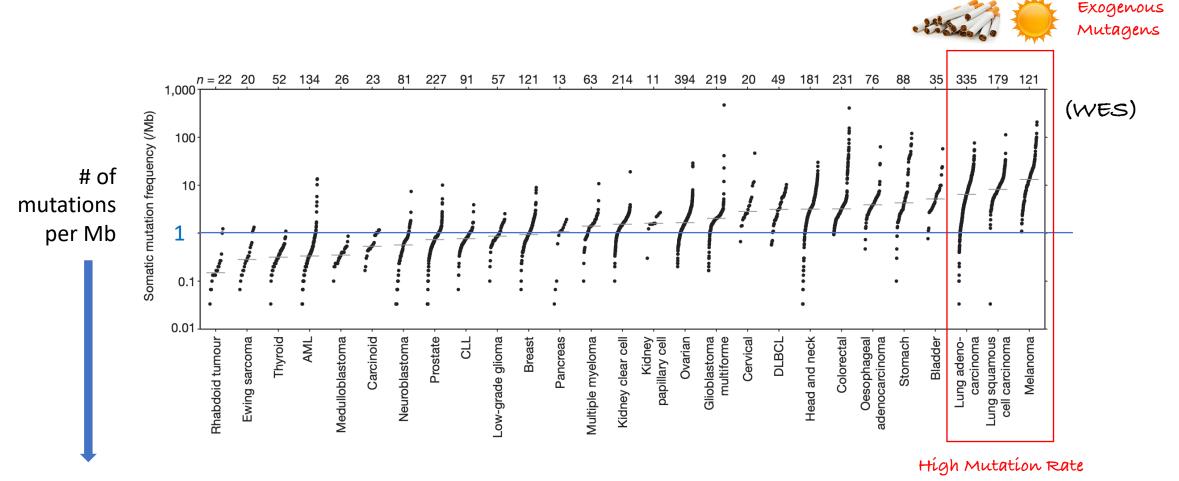


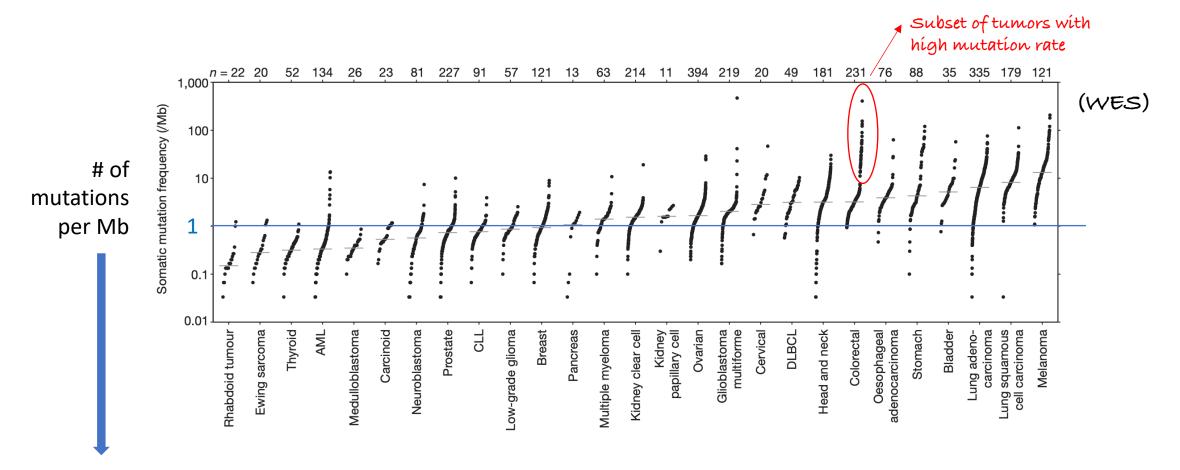


 $1 \rightarrow 1/Mb * 3000Mb ~ 3000 mutations$ 

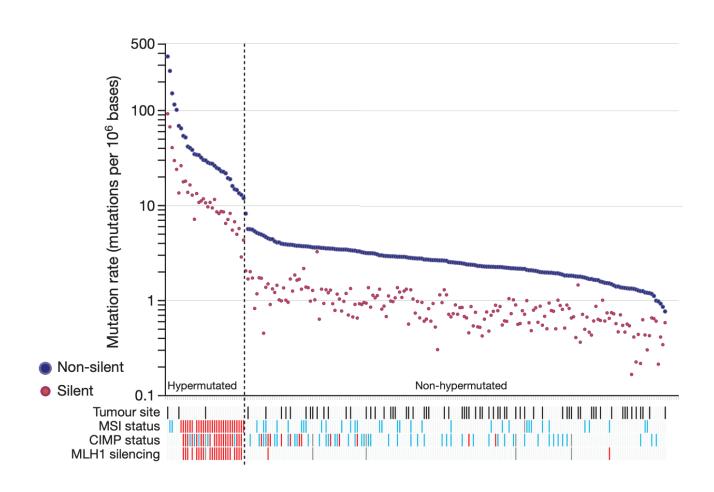
2% are coding sequences → ~60 mutations in gene sequences



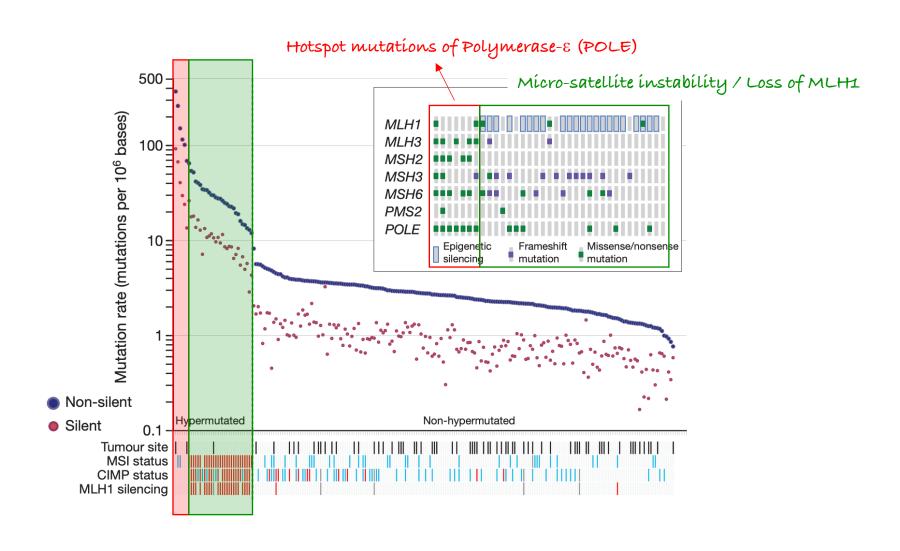




#### Heterogenous mutation rates in the same tumor type



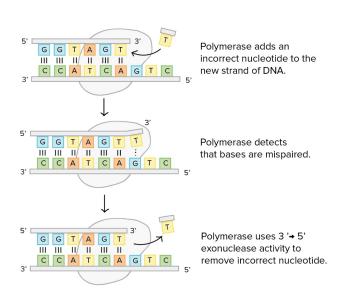
#### Heterogenous mutation rates in the same tumor type



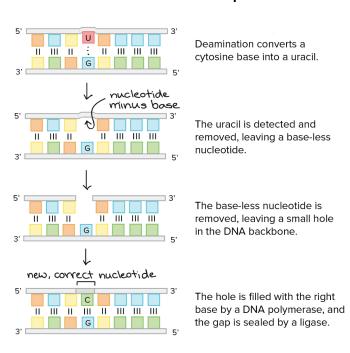
#### DNA repair defects



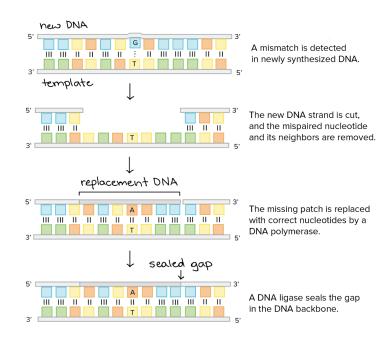
#### **Proofreading**



#### Base excision repair



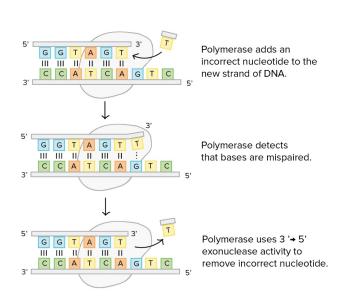
#### Mismatch repair



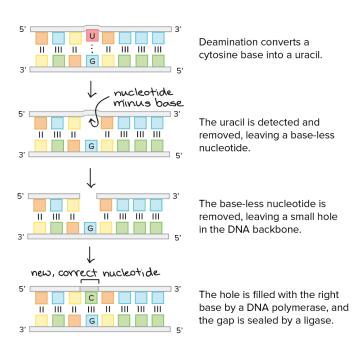
#### DNA repair defects



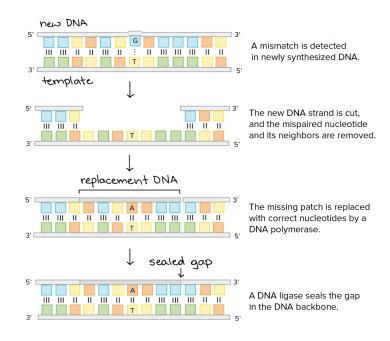
#### Proofreading



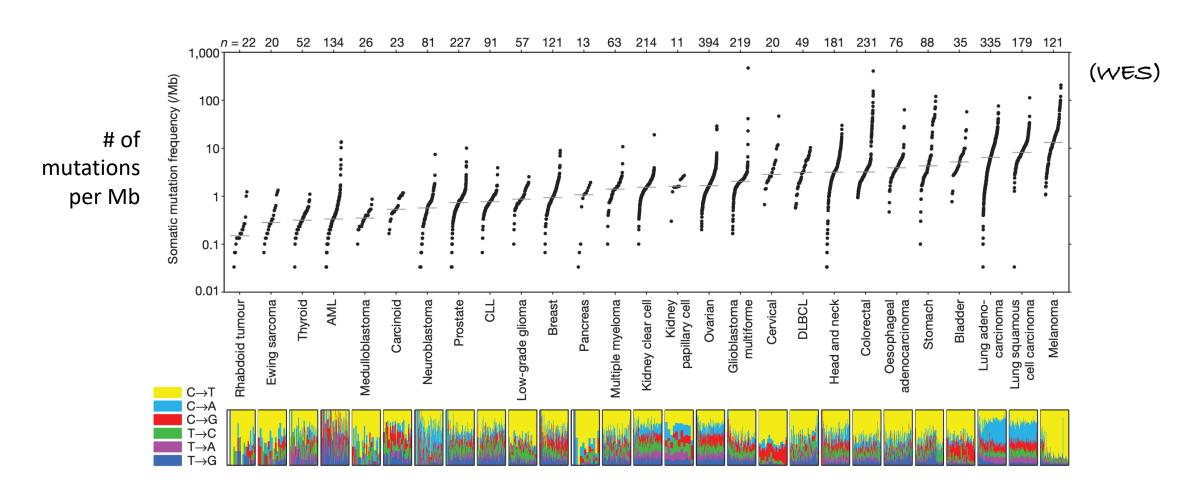
#### Base excision repair

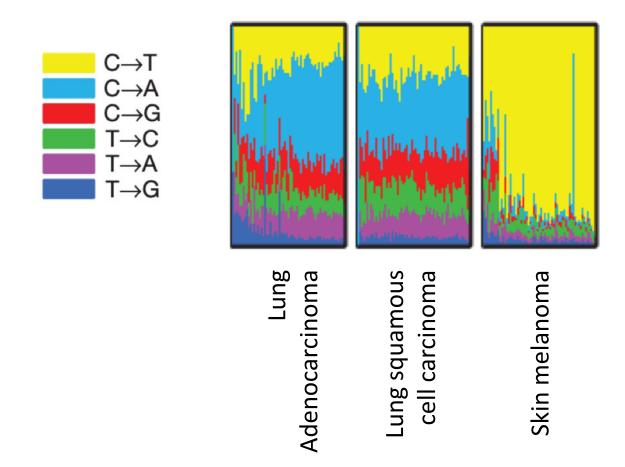


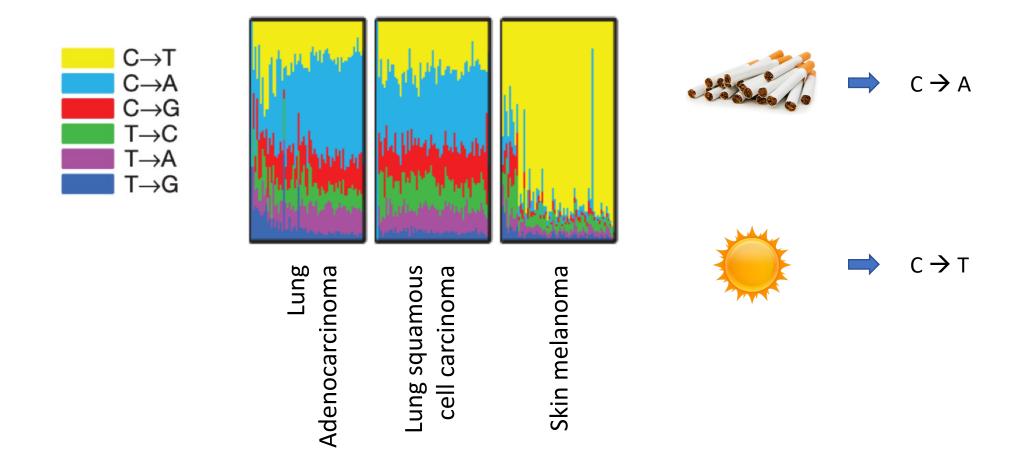
#### Mismatch repair

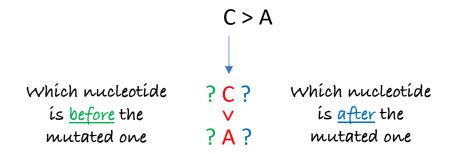


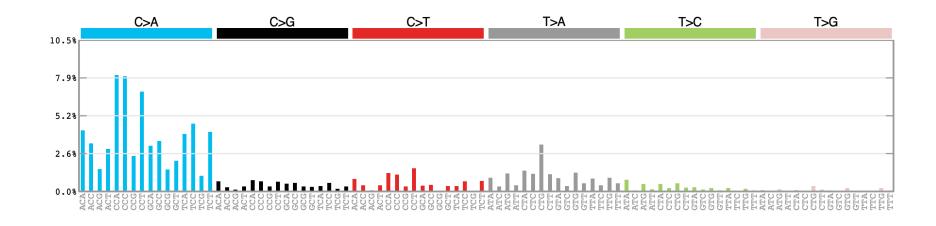
Mutations have different origins; can we trace them?











Spontaneous De-amination (defective base excision repair)

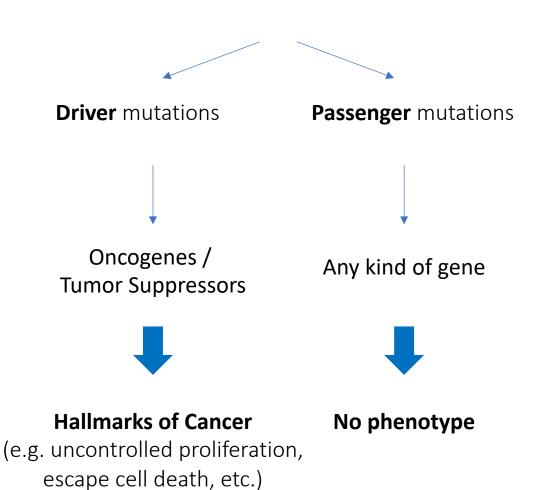


## Do all mutations provide a selective advantage?

i.e all mutations are bad and cause cancer?

#### Driver vs Passenger mutations

#### **Mutational Processes**

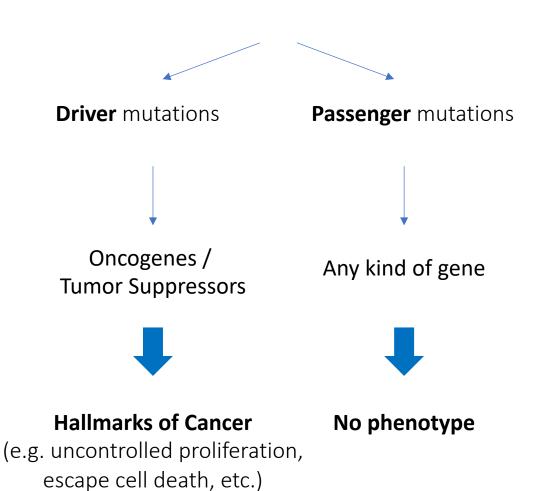




If you have a driver, usually you also have a passenger

### Driver vs Passenger mutations

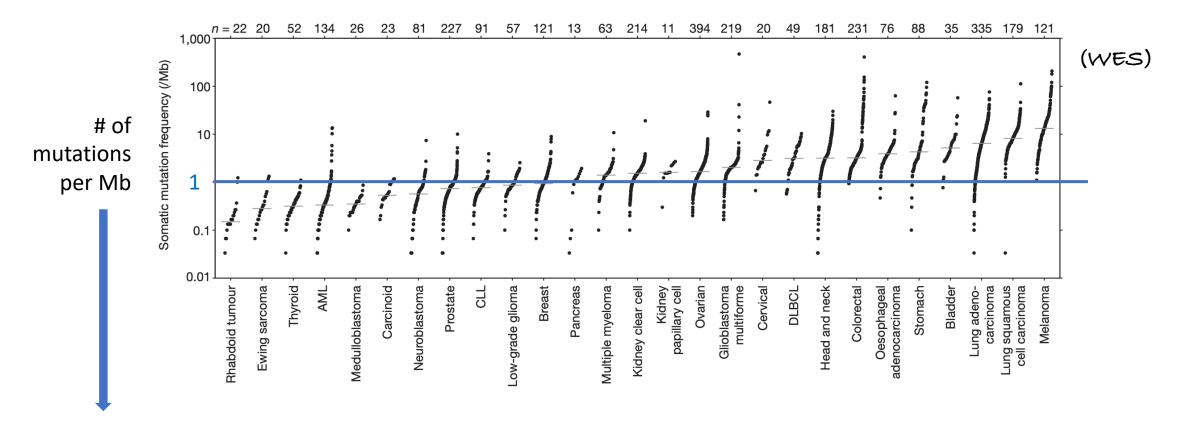
#### **Mutational Processes**





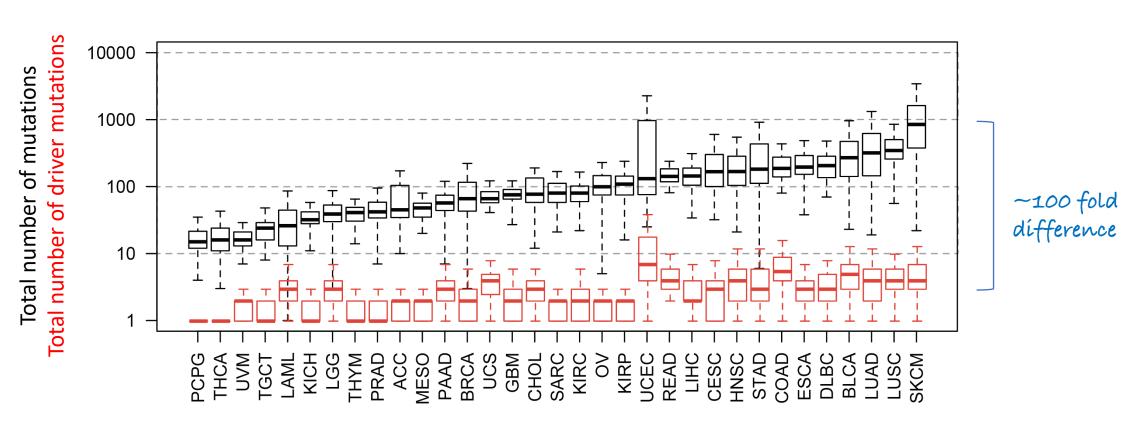
Often you have many more passengers than drivers!

# What do you get after sequencing 1000 tumors?



1 → 1/Mb \* 3000Mb ~ 3000 mutations 2% are coding sequences → ~60 mutations in gene sequences

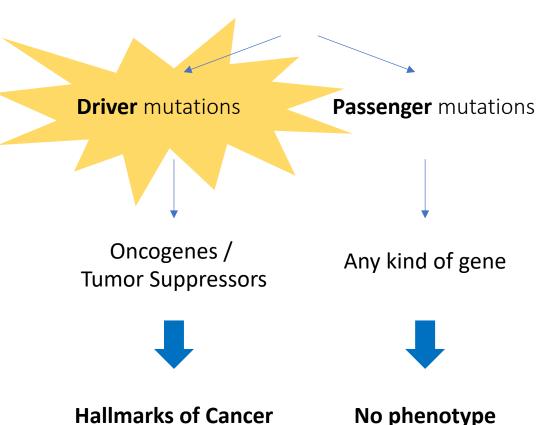
### Driver vs. passenger alterations



33 Tumor types, ~8,000 human tumors

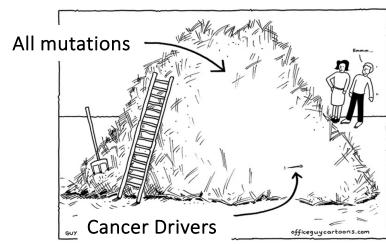
#### Driver vs Passenger mutations

#### **Mutational Processes**



(e.g. uncontrolled proliferation, escape cell death, etc.)

#### How do we identify cancer drivers?



"driver alterations" vs. "passenger alterations"

• "driver alterations" vs. "passenger alterations"

- Design an experiment to prove a given alteration can induce cancer
  - Cell lines / Mouse models / tumor organoids / etc.

• "driver alterations" vs. "passenger alterations"

- Design an experiment to prove a given alteration can induce cancer
  - Cell lines / Mouse models / tumor organoids / etc.

• However, it is unfeasible to test >10,000 mutations!

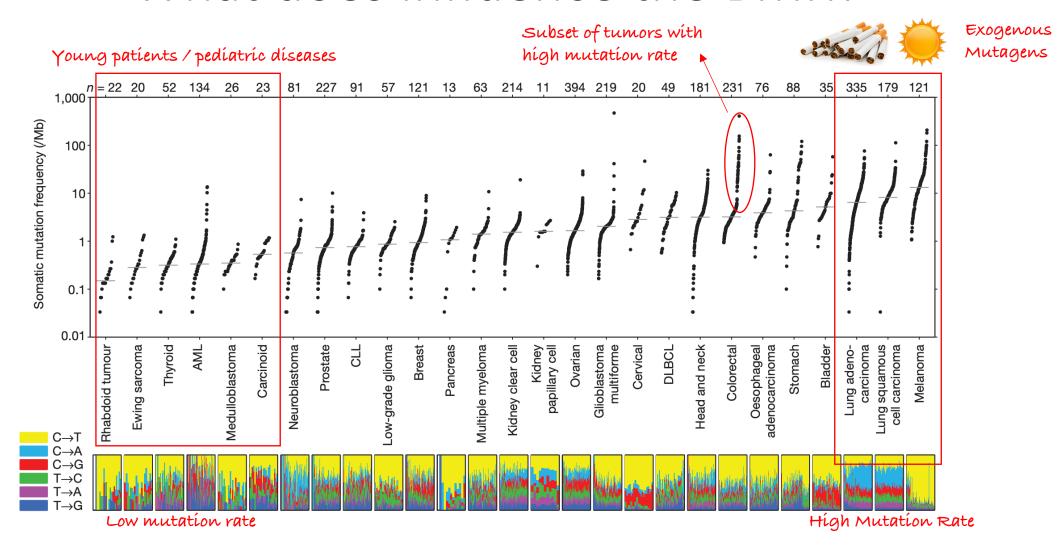
In the genomics era, we need strategies to prioritize

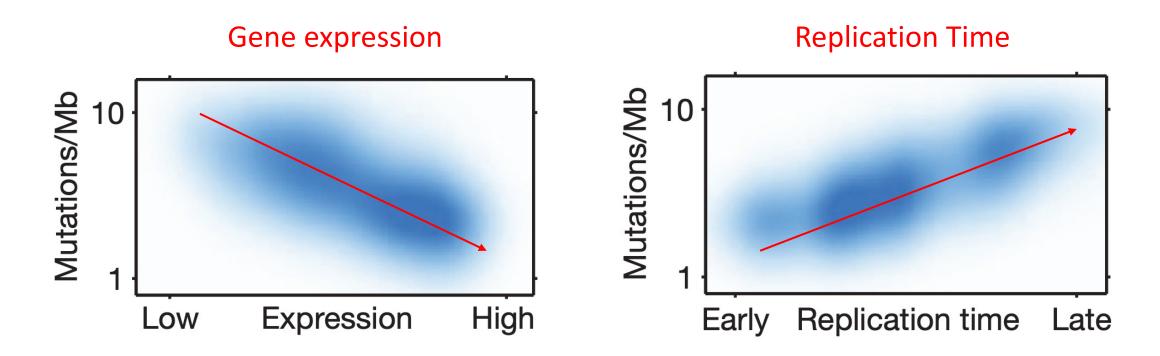
• "driver alterations" vs. "passenger alterations"

• Main idea: A cancer driver gene is a gene that is mutated more frequently than <u>expected</u> in a large tumor cohort

• "driver alterations" vs. "passenger alterations"

- Main idea: A cancer driver gene is a gene that is mutated more frequently than <u>expected</u> in a large tumor cohort
  - Count the number of mutations observed in each gene in the cohort
  - Determine the expected background mutation rate (BMR)
  - Estimate significance of observed vs. expected number of mutations





#### Sample specific features

- Tissue-type
- Impact of specific alterations

#### Underlying mutational processes

• (e.g. UV-light or tobacco consumption)

#### Regional genome properties:

- Gene expression
- Replication time
- Heterochromatin vs. euchromatin

#### Sample specific features

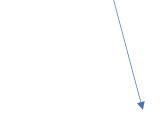
- Tissue-type
- Impact of specific alterations

#### Underlying mutational processes

• (e.g. UV-light or tobacco consumption)

#### Regional genome properties:

- Gene expression
- Replication time
- Heterochromatin vs. euchromatin



BMR often inferred from <u>silent</u> and <u>non-coding</u> mutations in regions categorized based on covariates

Review Article | Published: 10 August 2020

#### A compendium of mutational cancer driver genes

Francisco Martínez-Jiménez, Ferran Muiños, Inés Sentís, Jordi Deu-Pons, Iker Reyes-Salazar, Claudia Arnedo-Pac, Loris Mularoni, Oriol Pich, Jose Bonet, Hanna Kranas, Abel Gonzalez-Perez № & Nuria Lopez-Bigas ☑

Nature Reviews Cancer 20, 555–572(2020) | Cite this article

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What is the evidence of selection?

Review Article | Published: 10 August 2020

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#### **Evidence of selection:**

• Recurrence (it requires to estimate BMR)

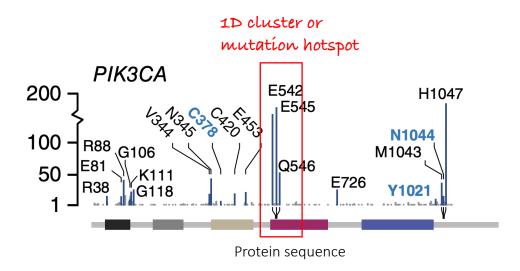
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- Recurrence ( it requires to estimate BMR )
- Distribution of mutations (1D and 3D clusters)



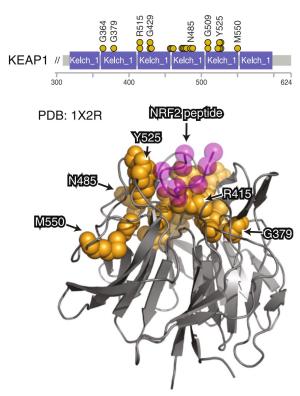
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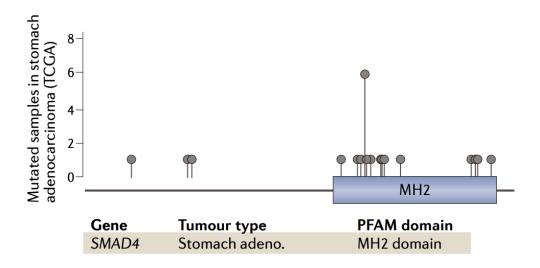
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- Recurrence (it requires to estimate BMR)
- Distribution of mutations (1D and 3D clusters)
- Mutations in functional domains



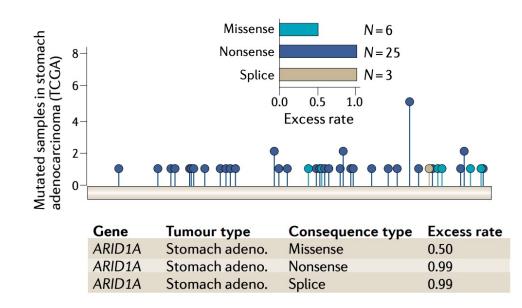
Review Article | Published: 10 August 2020

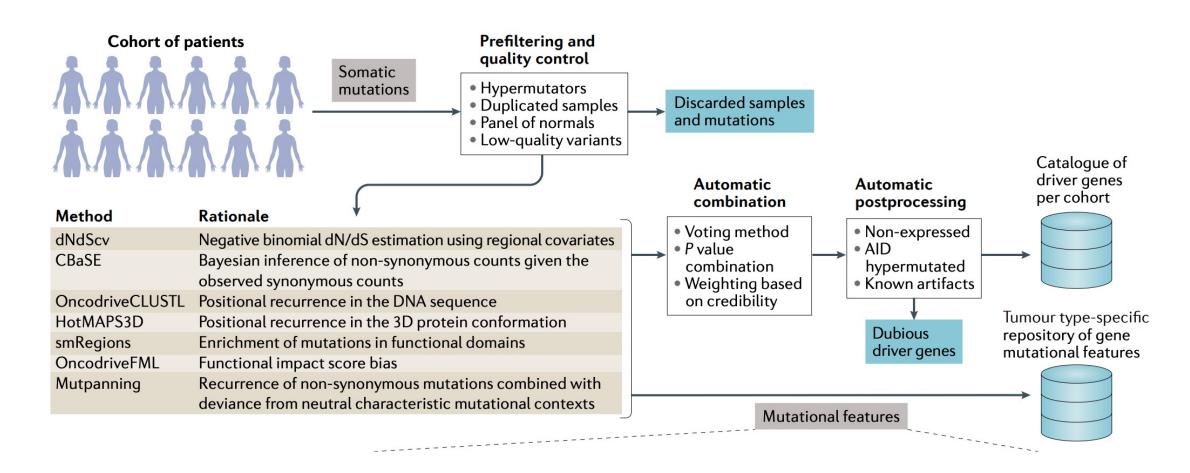
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- Recurrence (it requires to estimate BMR)
- Distribution of mutations (1D and 3D clusters)
- Mutations in functional domains
- Functional impact bias
  - (also evolutionary conservation)

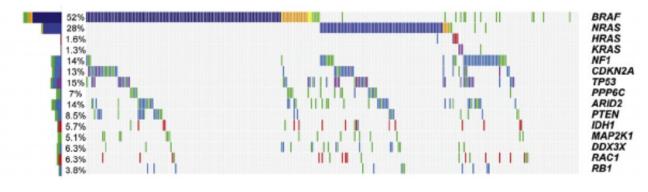




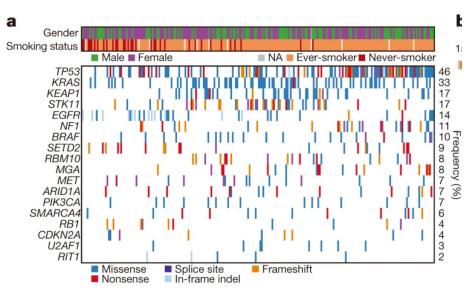
# What did we learn about cancer from all these mutation analyses?

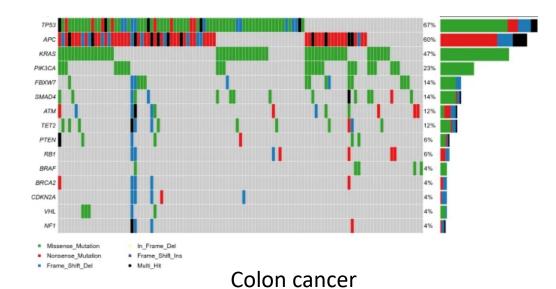
# Cancer heterogeneity between different tumor types

What are the most frequent mutated genes in each tissue?



Melanoma



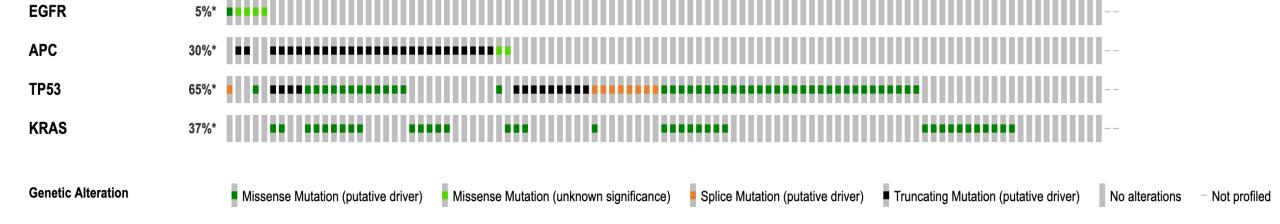


Lung cancer

# Cancer inter-patient heterogeneity

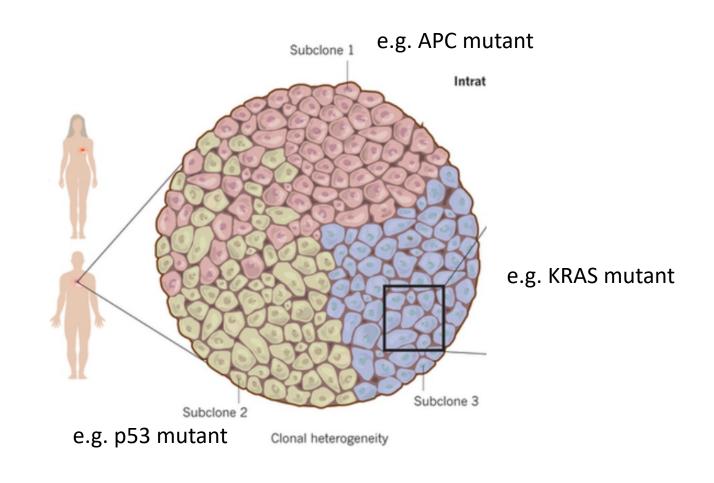
Same tumor: different mutation profile in each patient

103 patients colon cancer patient: each bar in this plot represents a patient

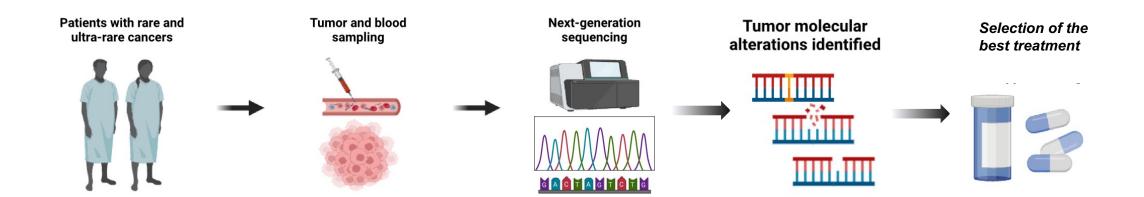


# Cancer intra tumor heterogeneity

The same patient in different areas of the tumor have different mutations



# Personalize oncology



What type of sequencing?

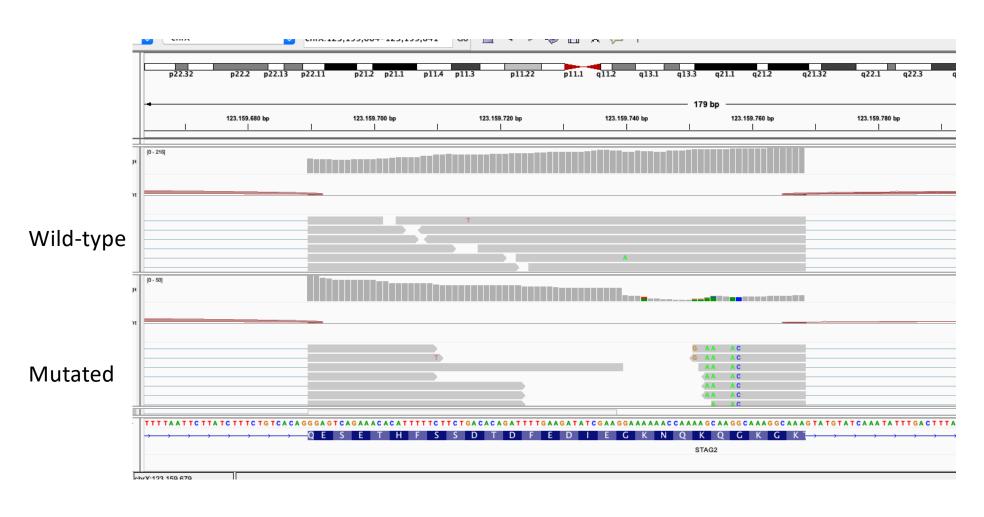
#### Cancer Genomics

- Sequencing the blood and tumor biopsy
- Targeted sequencing select a limited number of genes that will be sequenced (e.g. the most frequent mutated genes)
- Whole-exome sequencing sequence the coding genome
- Whole-genome sequencing- sequence coding and non-coding regions

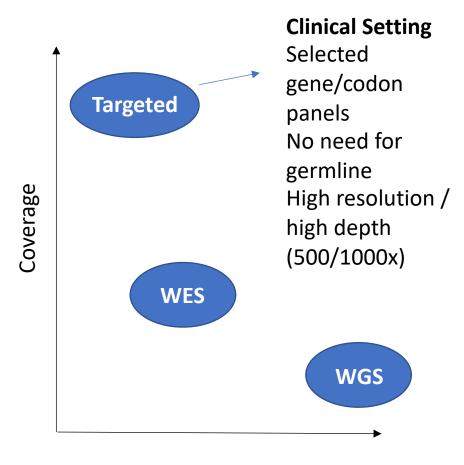
# Sequencing a tumor



# Coverage versus number of mutations

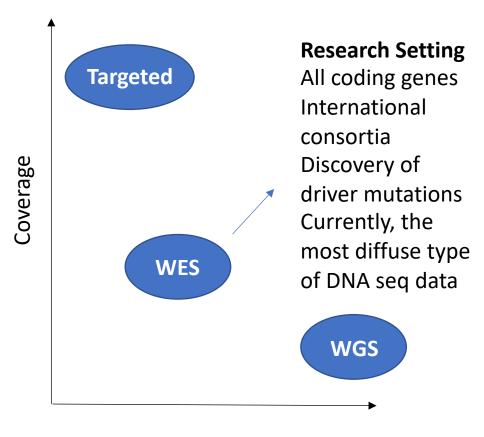


## Targeted Sequencing



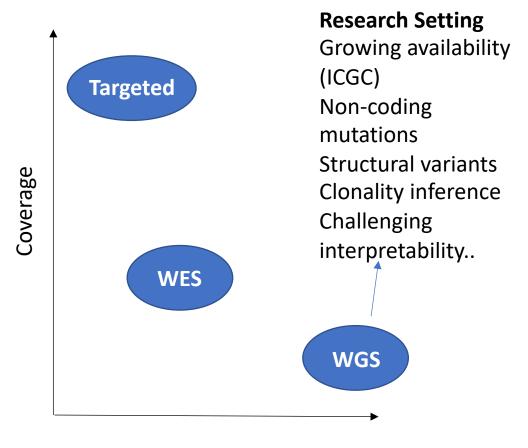
Number of mutations

## Whole Exome Sequencing



Number of mutations

# Whole genome sequencing



Number of mutations

## Personalize oncology

To characterize each tumor based on their genomic profile

To select the best therapeutic options

Clinic: Establish the molecular tumor board where data each patient is discuss and several parameters need to be taken in consideration

# Exercise

Exercise: 1.15h-2h30 Prepare the paper presentation 2.30h-3h30 presentation of the papers

https://www.nature.com/articles/s41586-020-1965-x

The pdf is in Moodle with a list of questions

Each group presents 1 figure, as it was organized in the previous exercise session.

Address some of the questions