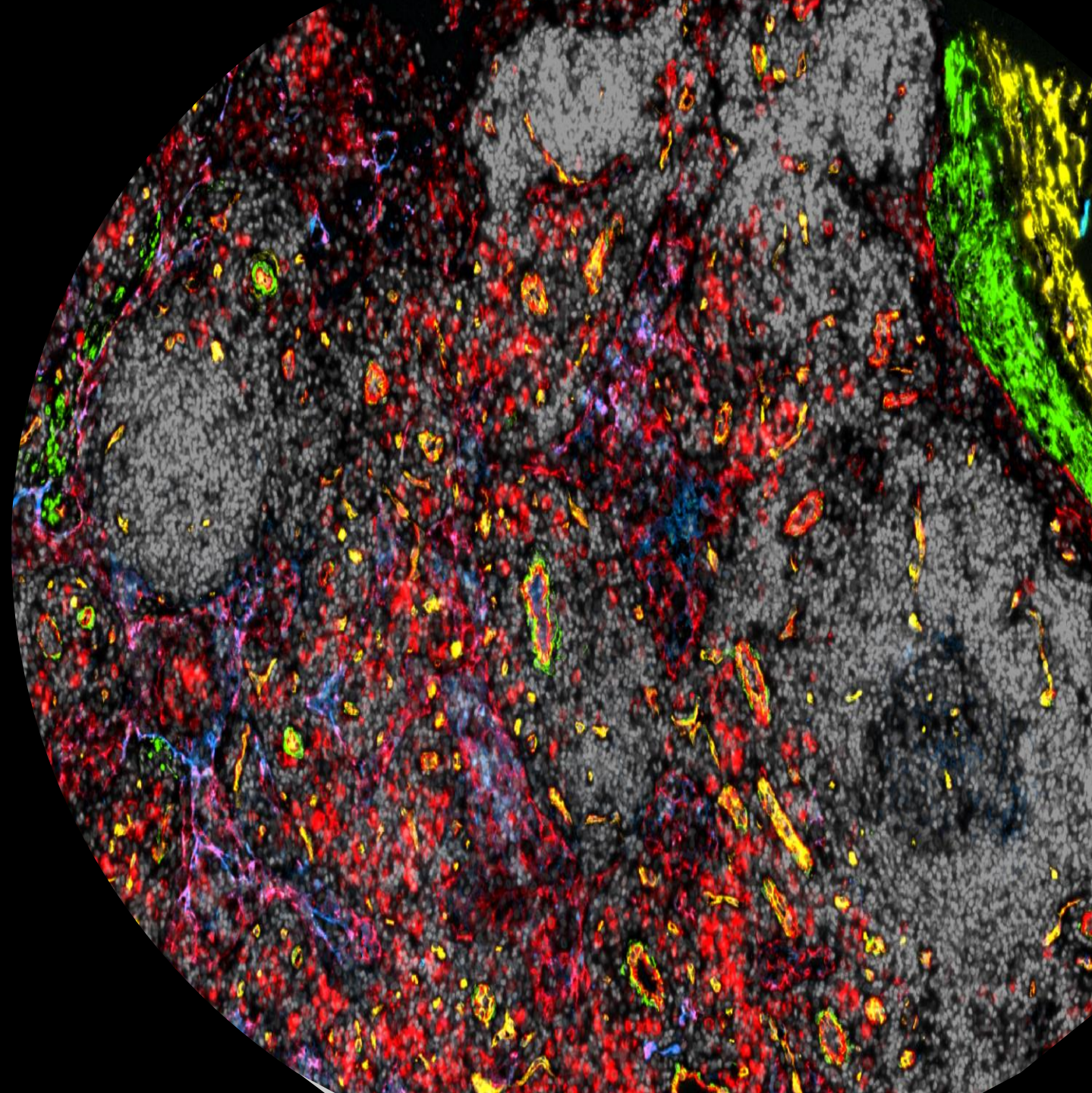


Cancer Biology I

Part-II

Week 11



Exam questions examples

Q1. Cancer can arise from genetic and epigenetic alterations. Which epigenetic alterations are commonly associated with cancer development and progression?

- 1. Propose an example (3 points),*
- 2. Briefly describe what epigenetic changes can be observed in the tumor (4 points)*
- 3. Describe which experimental method/s in the lab can be used to measure difference in epigenetic marks (3 points)*

Alteration in Histone marks, for example mutations or deletions of EZH2 or PRC2 complex or UTX alter H3K27me3 and induce gene silencing or over-expression.

ChIP seq analysis

Changes in DNA methylation can contribute to development of cancer influencing gene expression. Alteration of DNA methylation in CpG island impacts gene expression. It is possible to determine changes in DNA methylation by methylation array or bisulfite PCR

Exam questions examples

Q.2 What type of sequencing approach is ideal to identify known mutations in tumor biopsies? Please briefly described this method and mention the advantages and disadvantages compared to other sequencing approaches.

Targeted exon sequencing or sanger sequencing. By using these methods is possible to identify few but known mutations with high coverage. The disadvantage compare exon sequencing or whole genome sequencing is the number the mutations that is possible to detect. This is a pre-defined panel and will not possible to discover mutations in all genes or non-coding regions using this approach.

Q3. Alterations in P53 and MDM2 tend to be mutually exclusive, but they are concurrent with PTEN deletions, how can you explain this pattern?

P53 and MDM2 are in the same pathway and altered one gene in the pathway is sufficient, while PTEN is in a different pathway and can cooperate with loss of p53 or amplification of MDM2.

AGENDA

Nov 3rd: Cancer genomics- mutations

Nov 10th: Cancer genomics-copy number alterations, heterogeneity, tumor evolution

Nov 17th: Cancer Epigenetics- chromatin 3D structure, cell plasticity

Nov 24th: – Major signaling pathways leading to cancer

Dec 1st: Cancer Therapies – chemo and targeted therapies

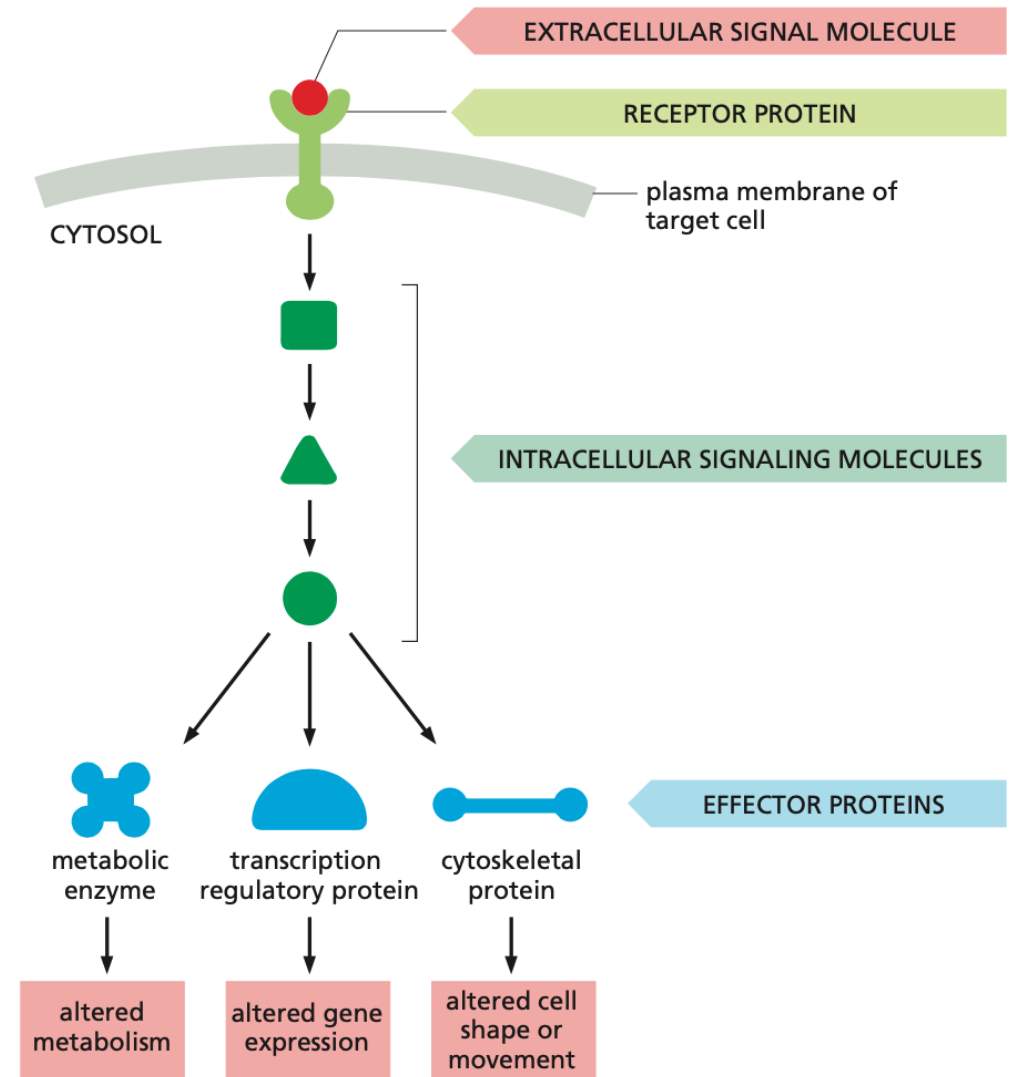
Dec 8th: Introduction to immunotherapies –

Dec 15th: discussion of unclear points and career development discussion towards a
PhD

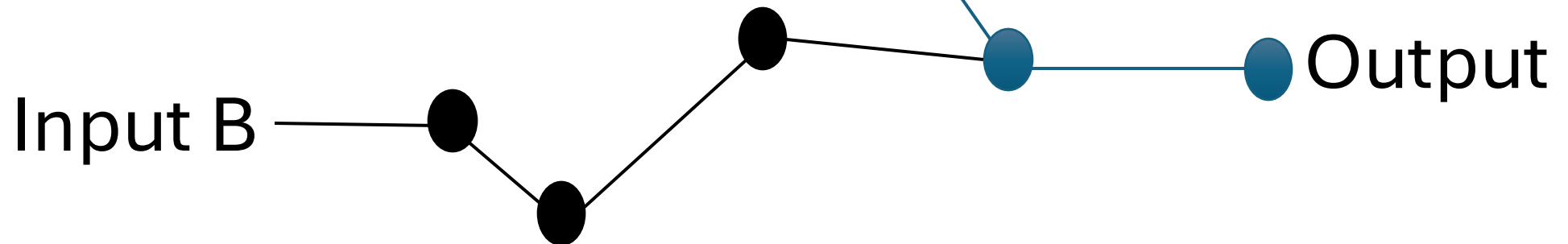
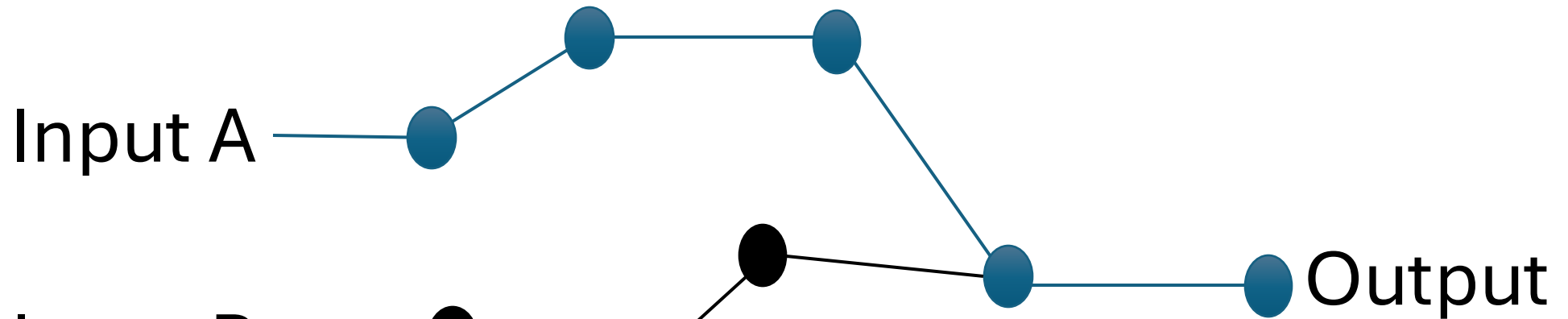
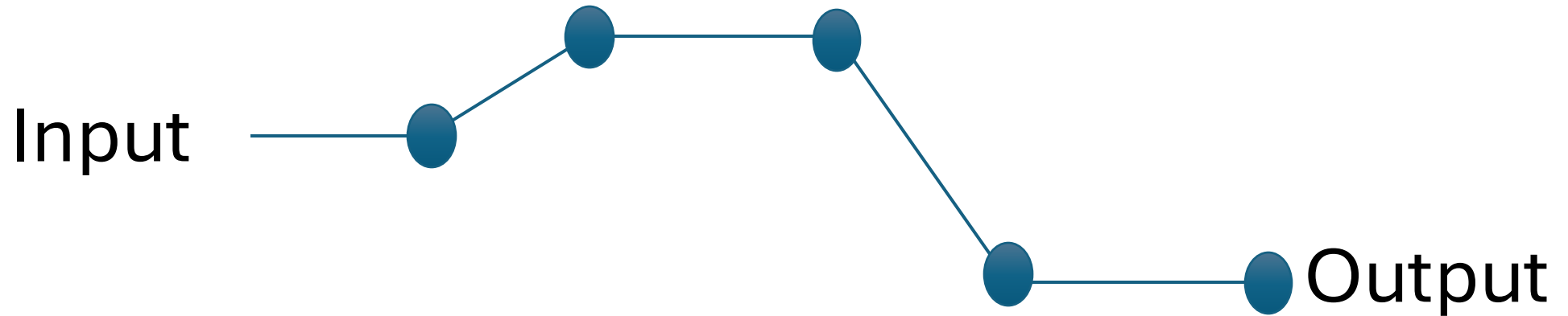
Dec 17th: Exam 2-4 PM (room to be decided)

What is a pathway?

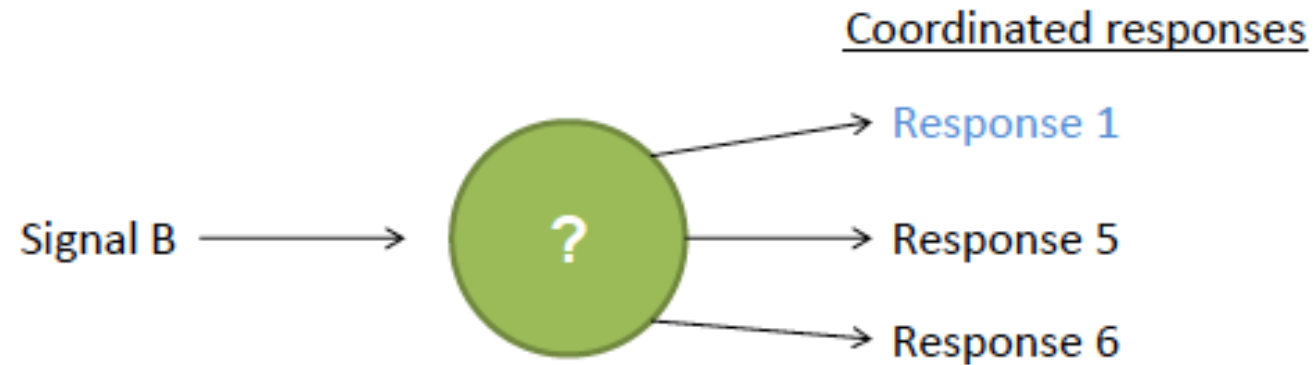
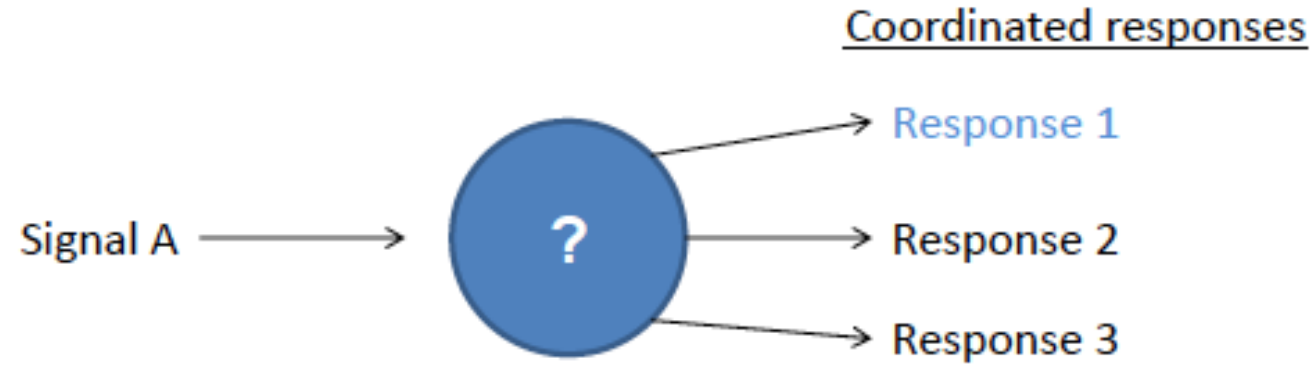
- A group of molecules that work together to coordinate a response
- The pathway works as a cascade of signals
- The first molecule of the pathway receives the input and starts a cascade of events that produces output (response)



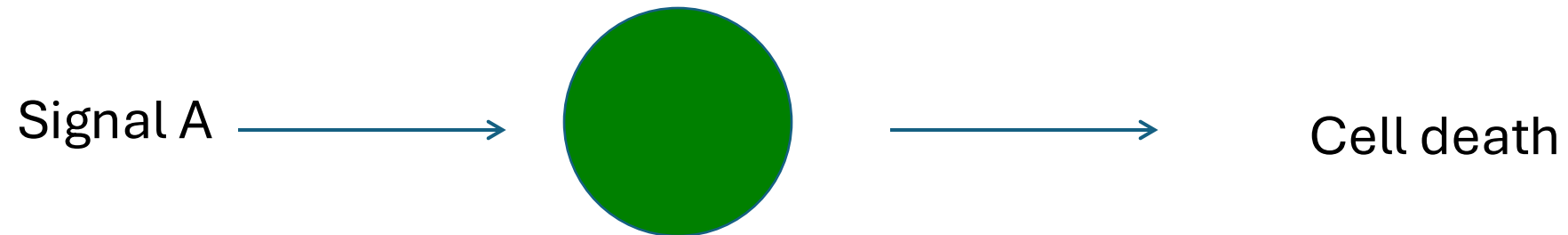
Input and Output are coordinated



Signal can coordinate multiple responses



Response can be context dependent

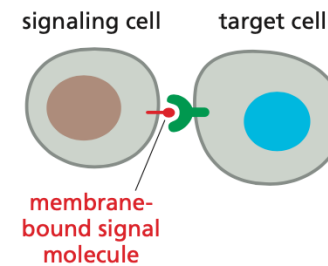


Difference in response can be linked to mutations in the pathway
and parallel signals

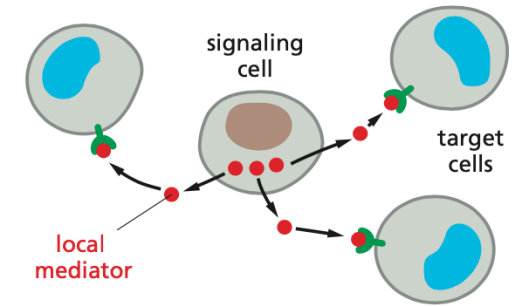
Where does the signal (=input) come from?

- **Receptor ligand signaling (contact-dependent)**
- **Paracrine signaling (local mediators)**
- **Autocrine signaling (self mediators)**
- **Endocrine signaling (long distances)**
- **Synaptic signaling (in neurons)**

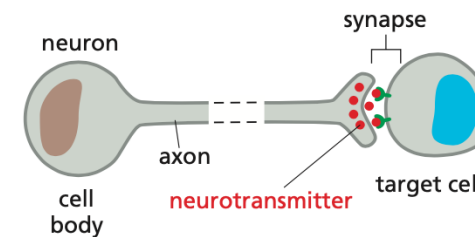
(A) CONTACT-DEPENDENT



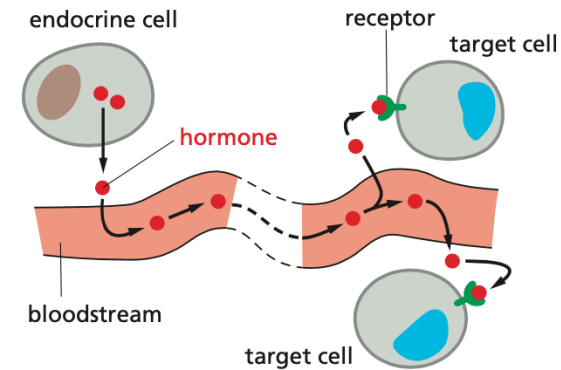
(B) PARACRINE



(C) SYNAPTIC

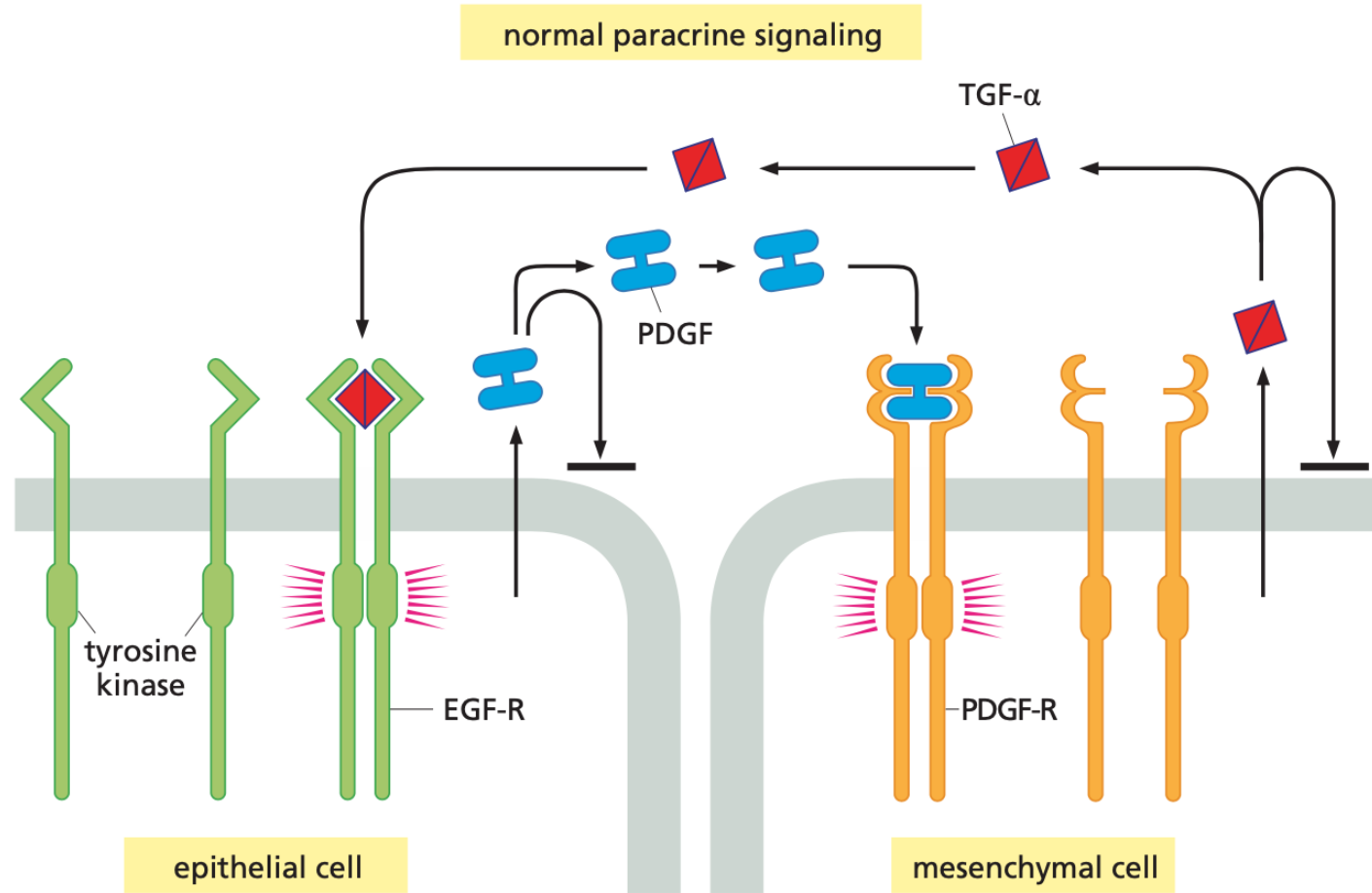


(D) ENDOCRINE



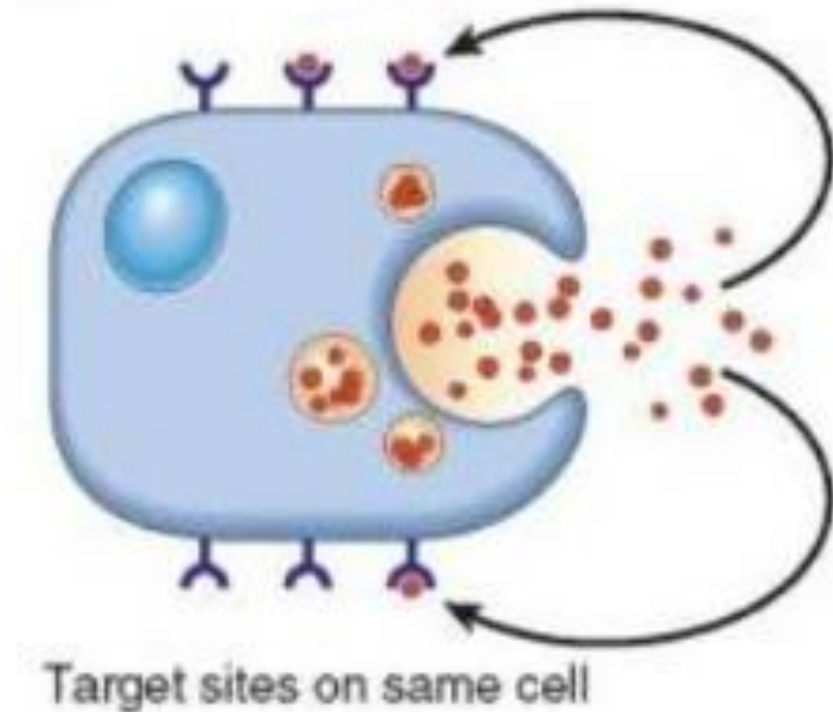
Paracrine signals

The signal molecule (e.g. interleukins, hormones) is produced by different cell types

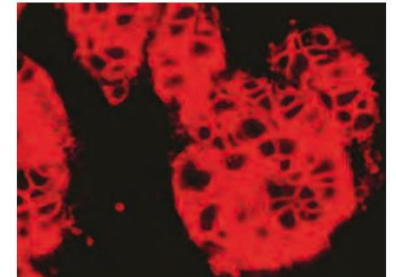


Autocrine signals

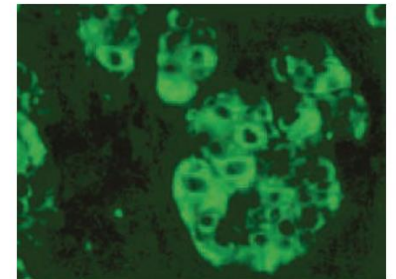
The signal molecule is produced by the same cells that received the signal



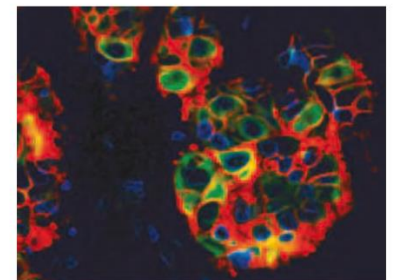
An example of autocrine signaling in successive sections of an invasive human breast carcinoma.



EGF-R



TGF- α



merged

Autocrine molecules

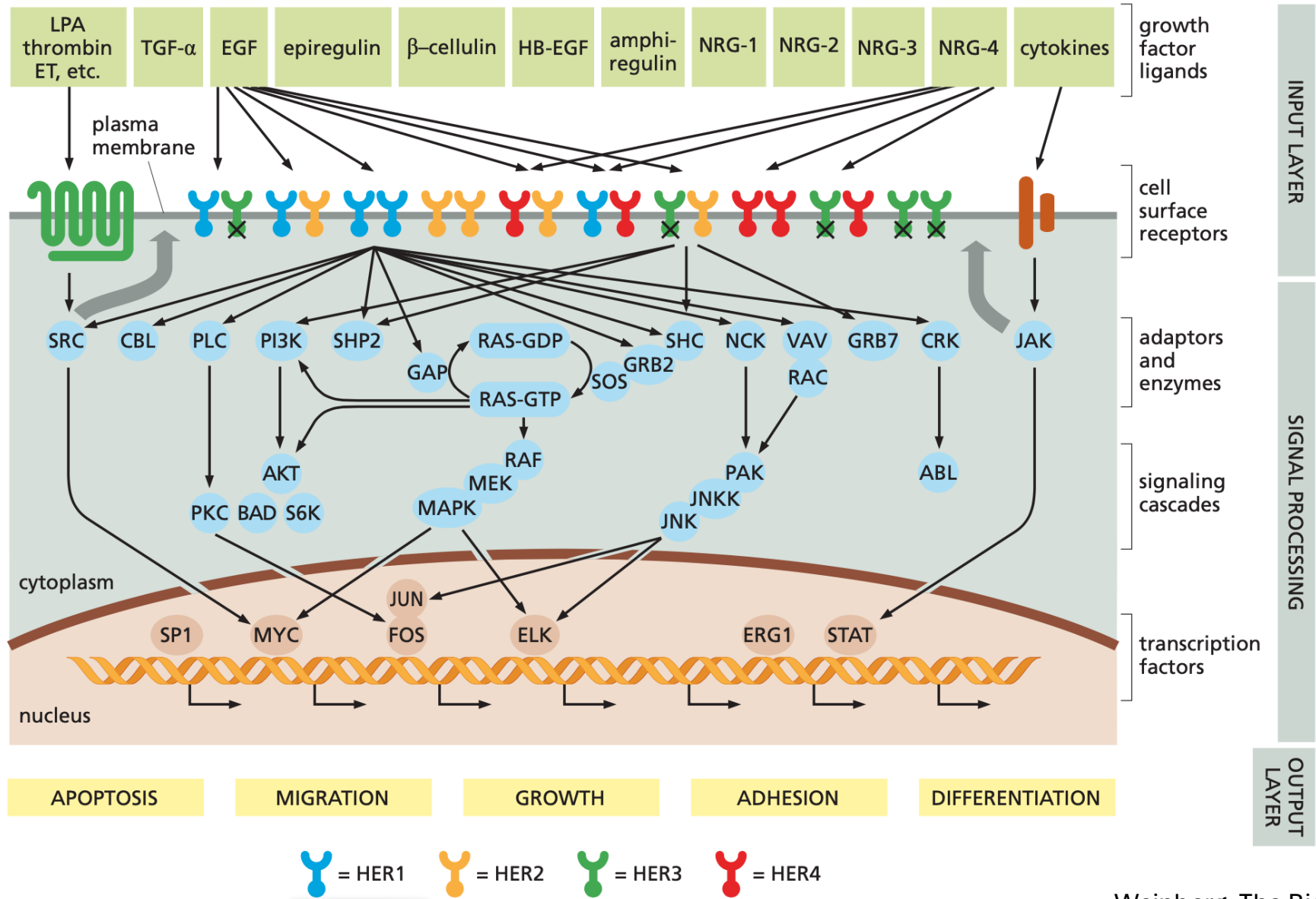
Table 5.3 Examples of human tumors making autocrine growth factors

Ligand	Receptor	Tumor type(s)
HGF	Met	miscellaneous endocrinal tumors, invasive breast and lung cancers, osteosarcoma
IGF-2	IGF-1R	colorectal
IL-6	IL-6R	myeloma, HNSCC
IL-8	IL-8R A	bladder cancer
NRG	ErbB2 ^a /ErbB3	ovarian carcinoma
PDGF-BB	PDGF-R α/β	osteosarcoma, glioma
PDGF-C	PDGF-R α/β	Ewing's sarcoma
PRL	PRL-R	breast carcinoma
SCF	Kit	Ewing's sarcoma, SCLC
VEGF-A	VEGF-R (Flt-1)	neuroblastoma, prostate cancer, Kaposi's sarcoma
TGF- α	EGF-R	squamous cell lung, breast and prostate adenocarcinoma, pancreatic, mesothelioma
GRP	GRP-R	small-cell lung cancer

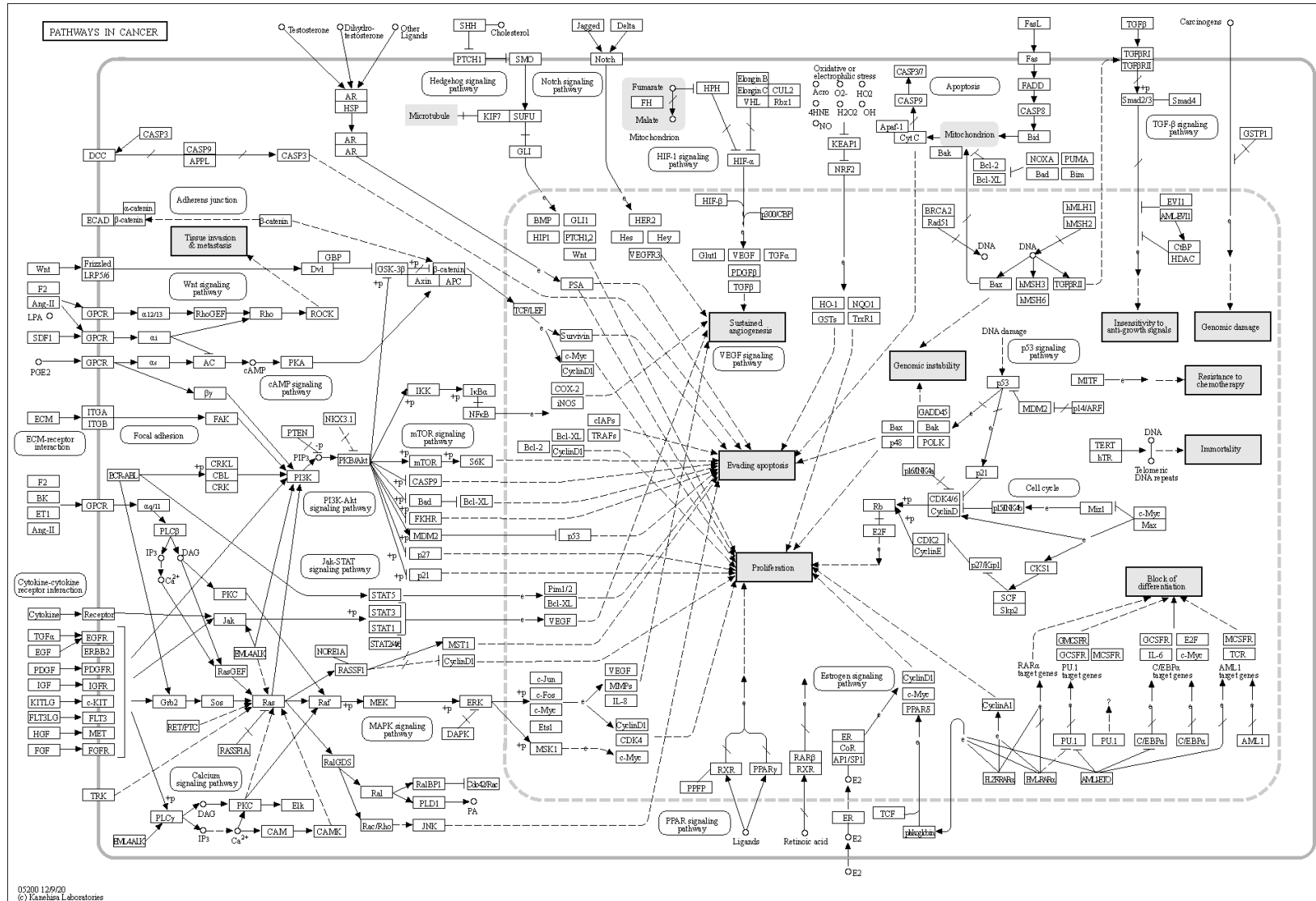
^aAlso known as HER2 or Neu receptor

One ligand can bind to multiple receptors

CANCER BIOLOGY / FREQUENTLY ALTERED PATHWAYS IN CANCER



Complex circuits



KEGGs is a database with a collection of the pathways

Major signaling pathways in cancer

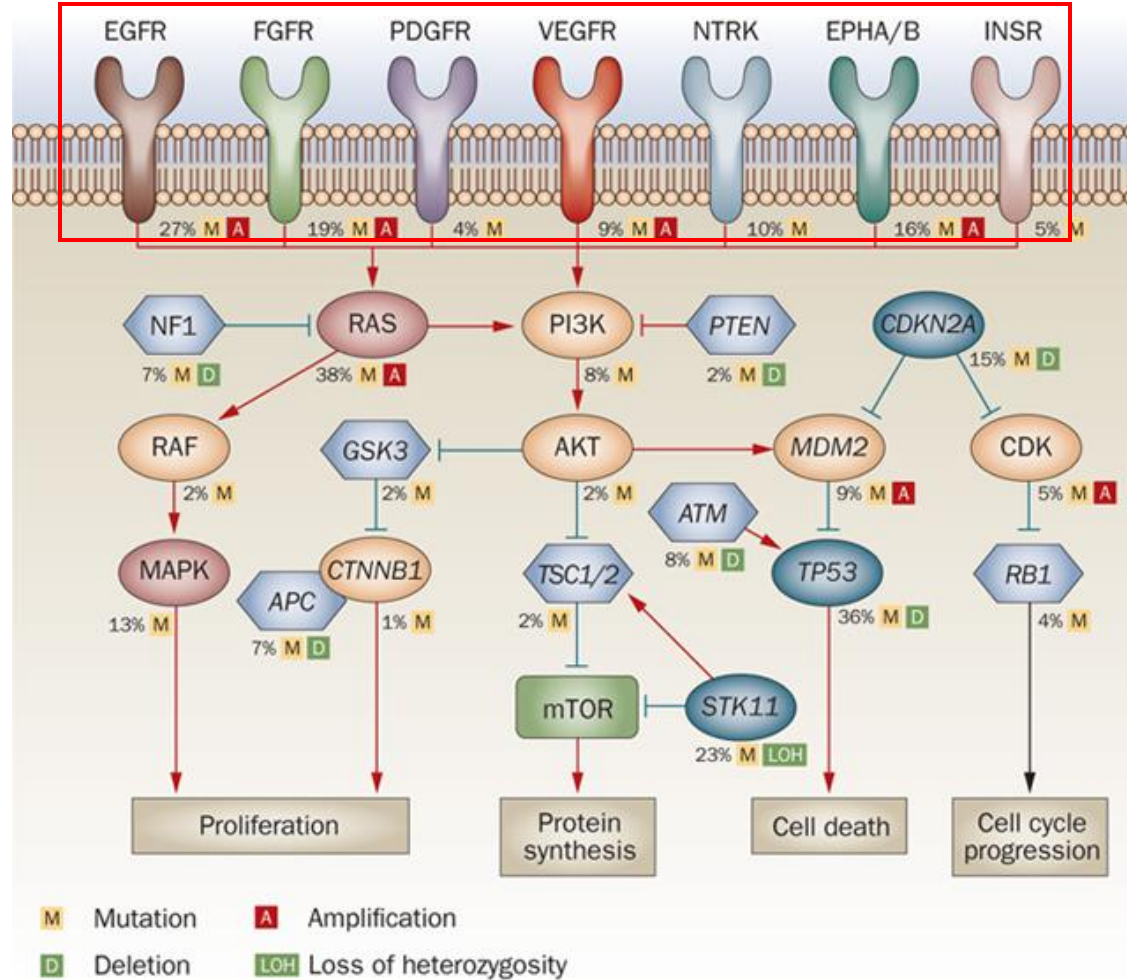
- *Cell Death Signaling*
- *Cell proliferation*
- *DNA repair*

- *Ras Signaling*
- *PIK3A - AKT Signaling*
- *Notch Signaling*
- *Hedgehog Signaling*
- *TGF- β Signaling*
- *WNT Signaling*

Why is it important that we understand this signaling?

Receptor Tyrosine Kinases

- Cell growth



Epidermal growth factor

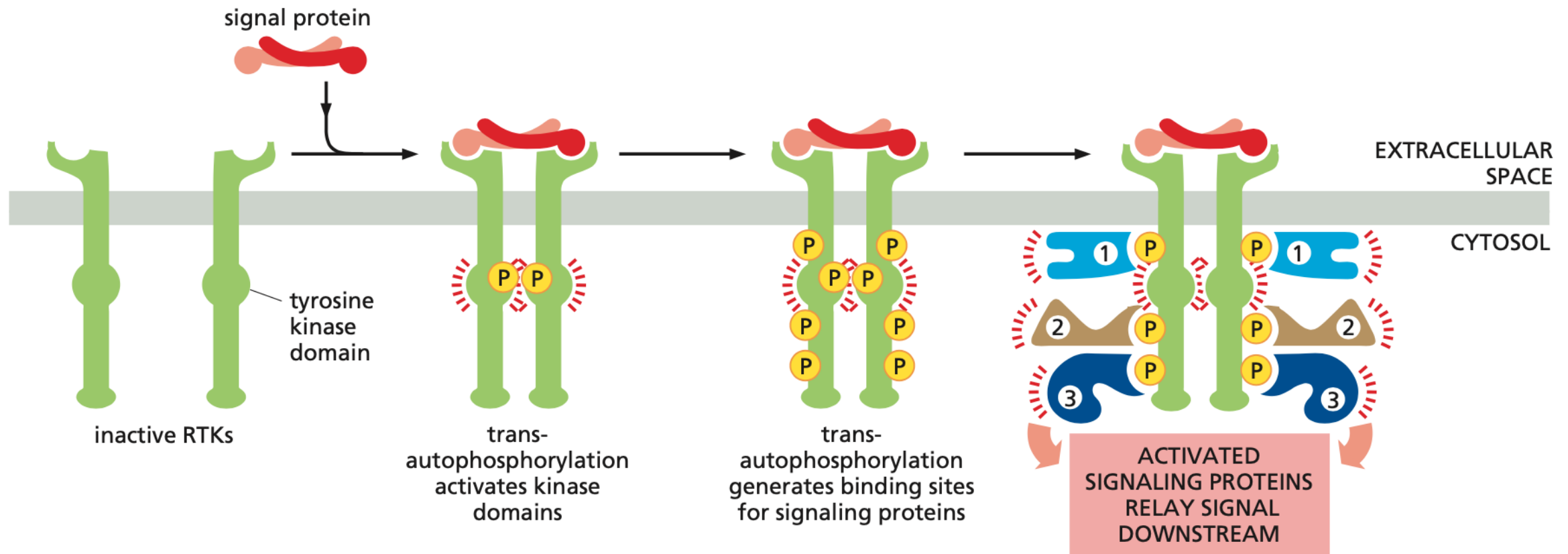
Fibroblast growth factor

Platelet-derived growth factor

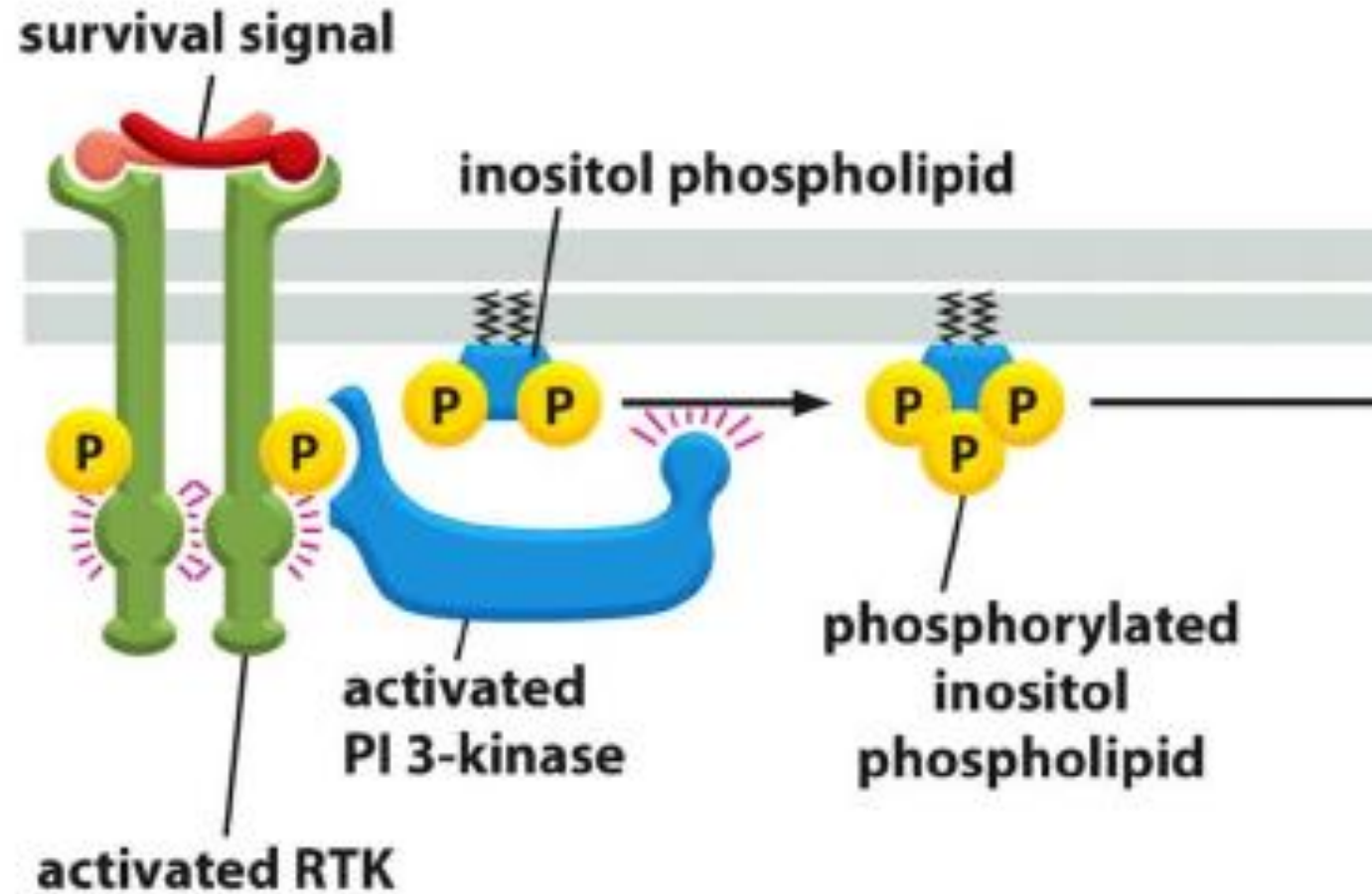
Vascular endothelial growth factor

Insulin growth factor

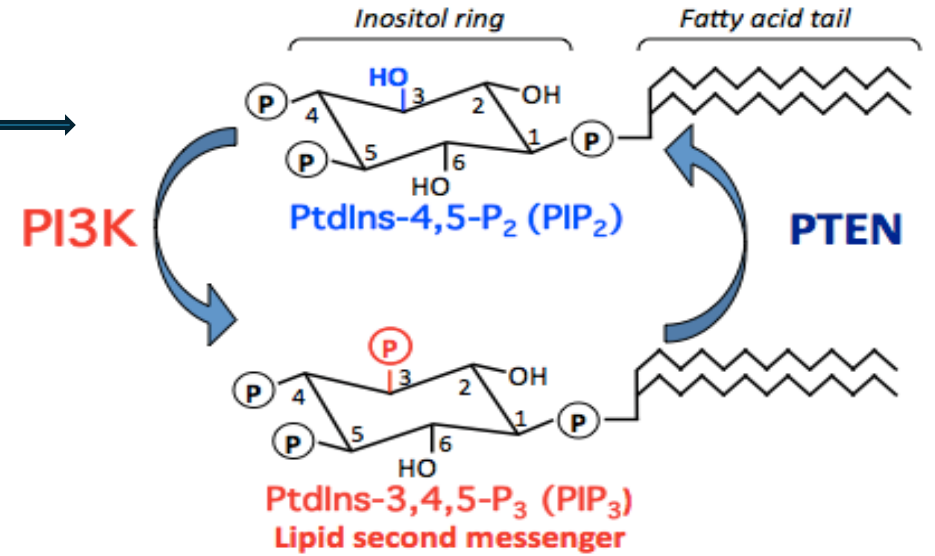
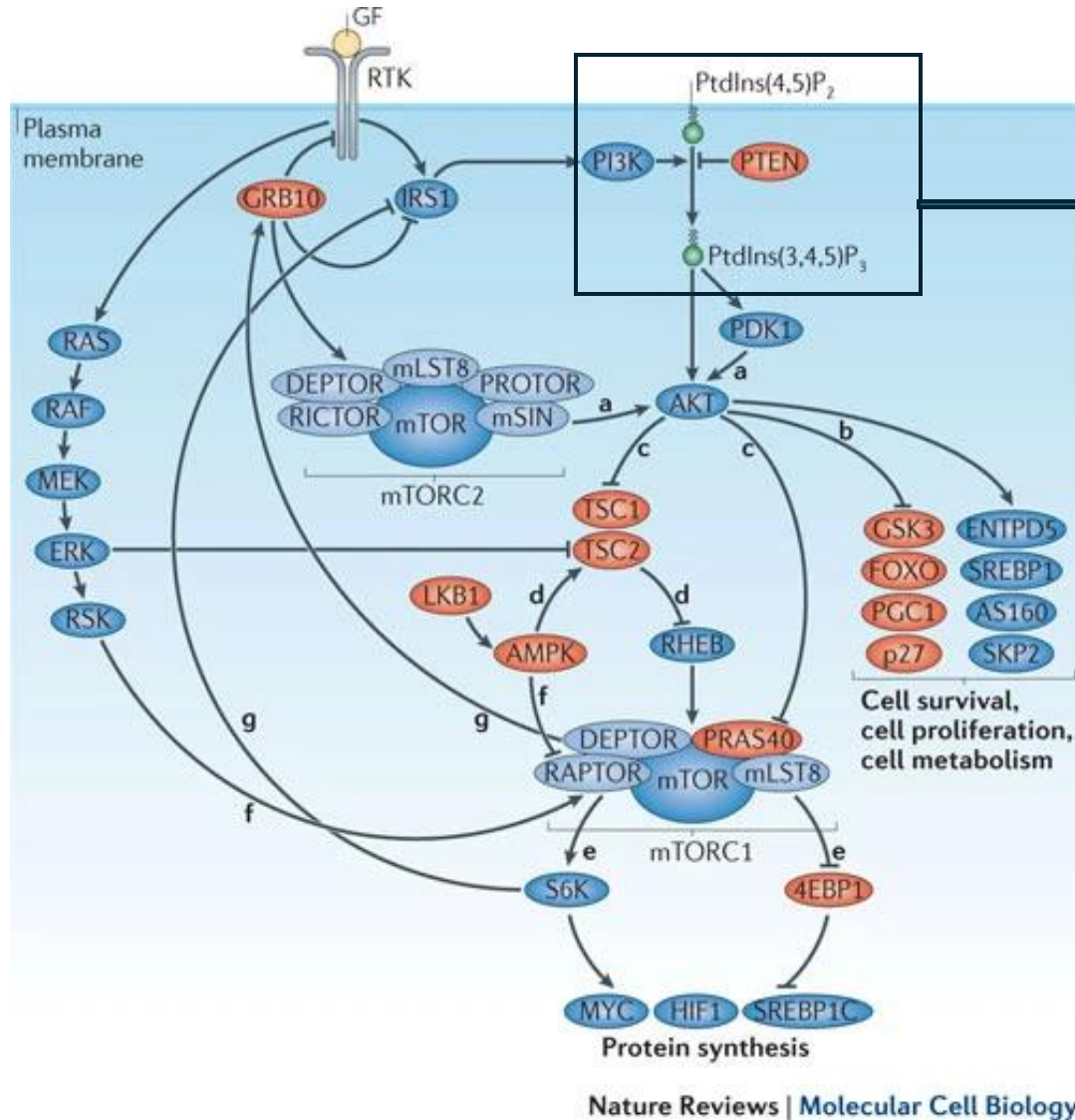
Receptor Tyrosine Kinases dimerization



Downstream RTK proteins: the case of PI3K-AKT signaling

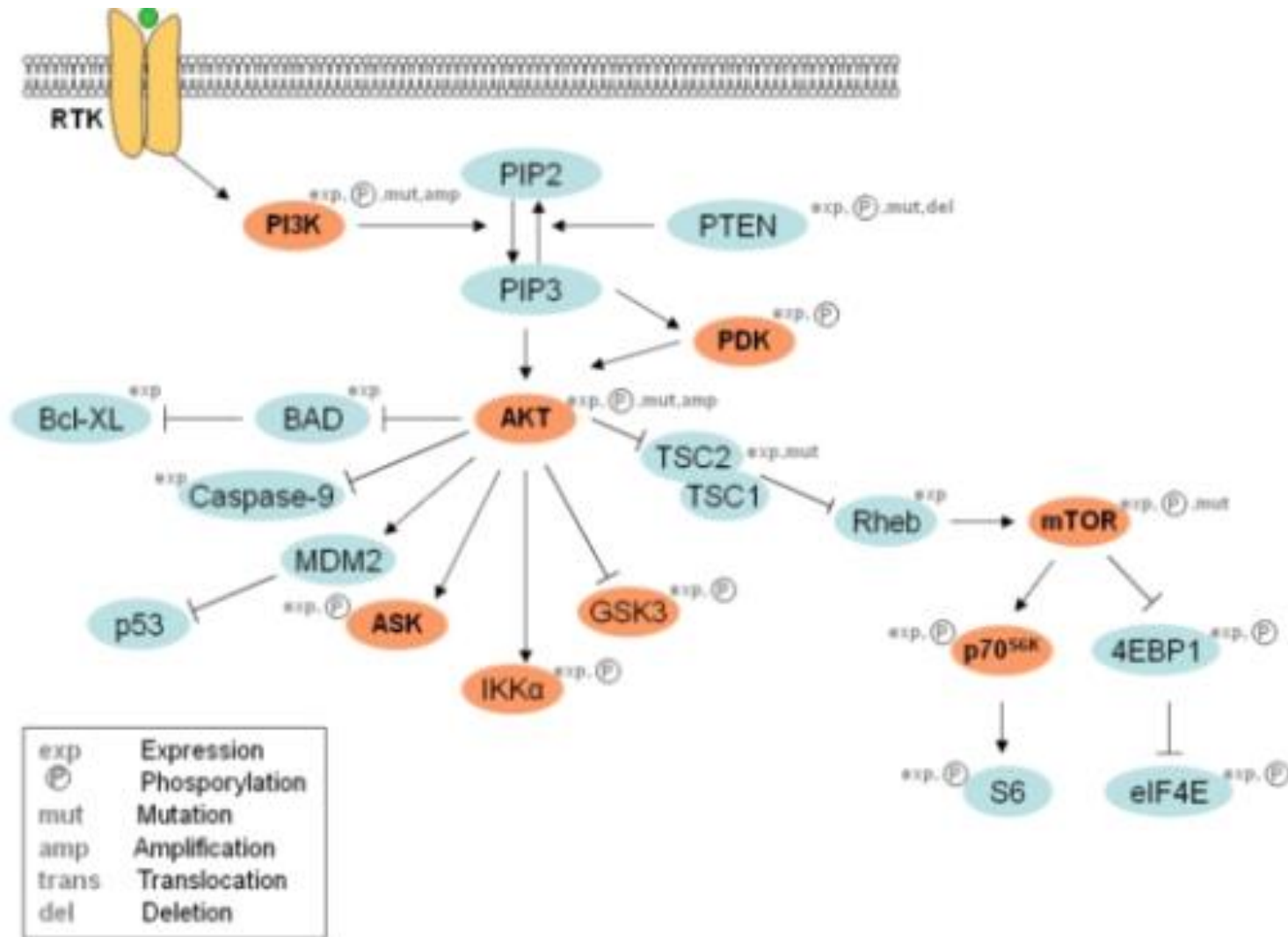


PI3K activity is controlled by PTEN

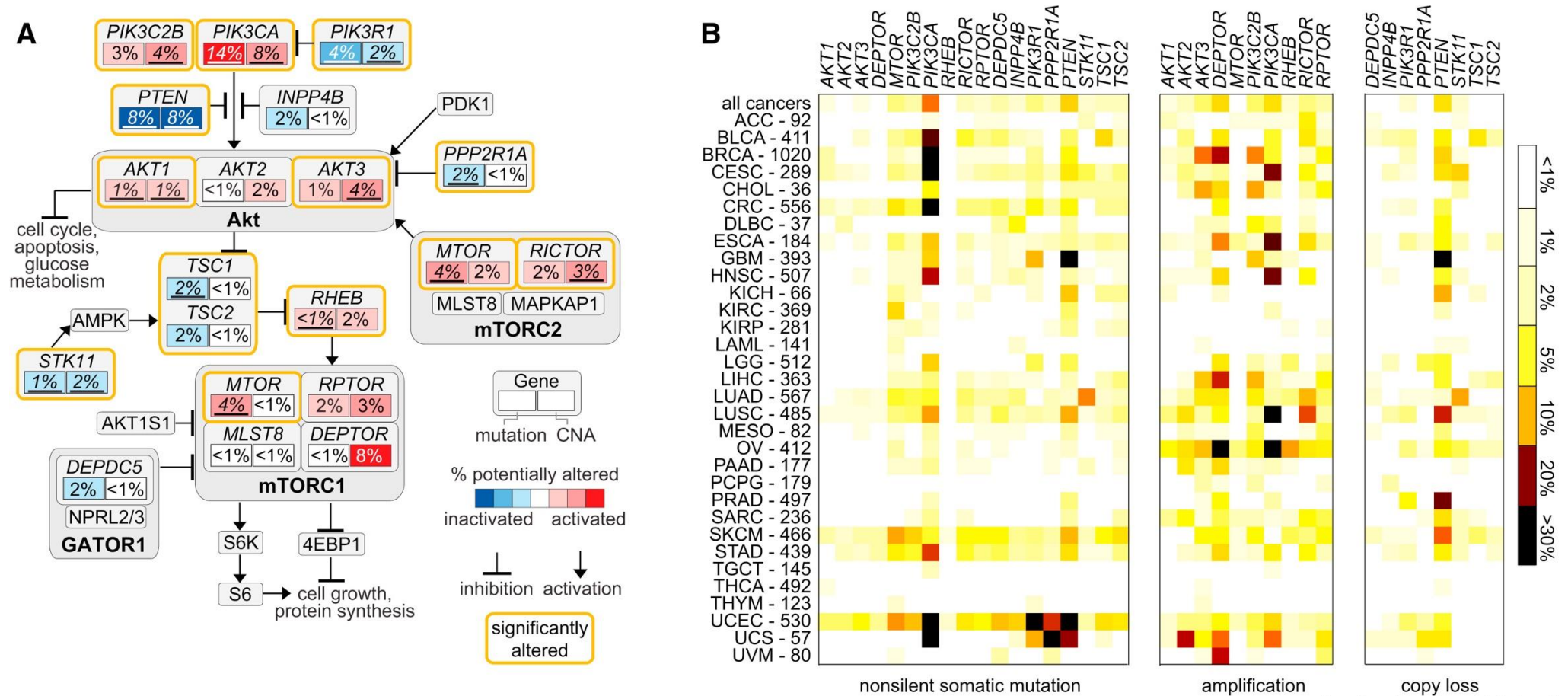


PTEN:
Phosphatase and tensin homolog

PI3-kinase activates Akt

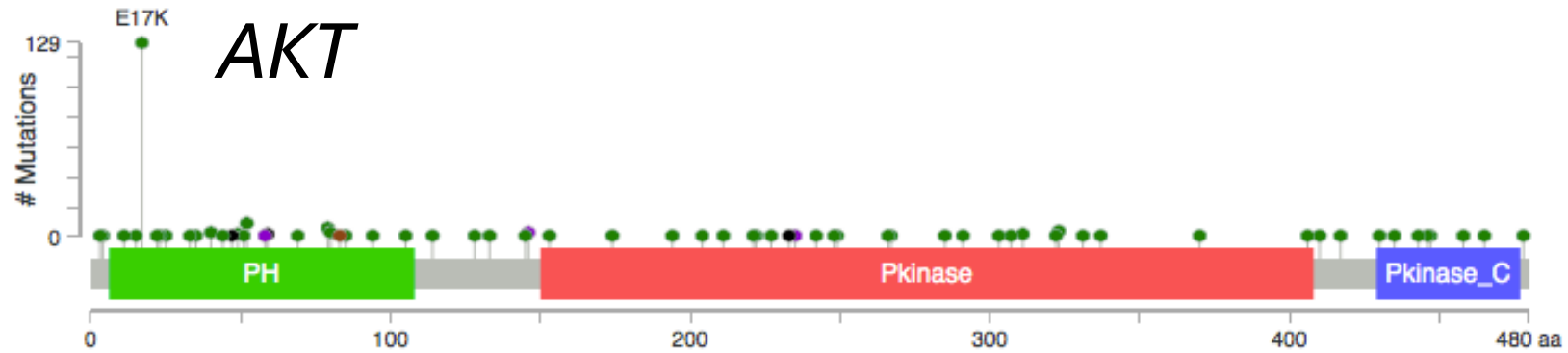
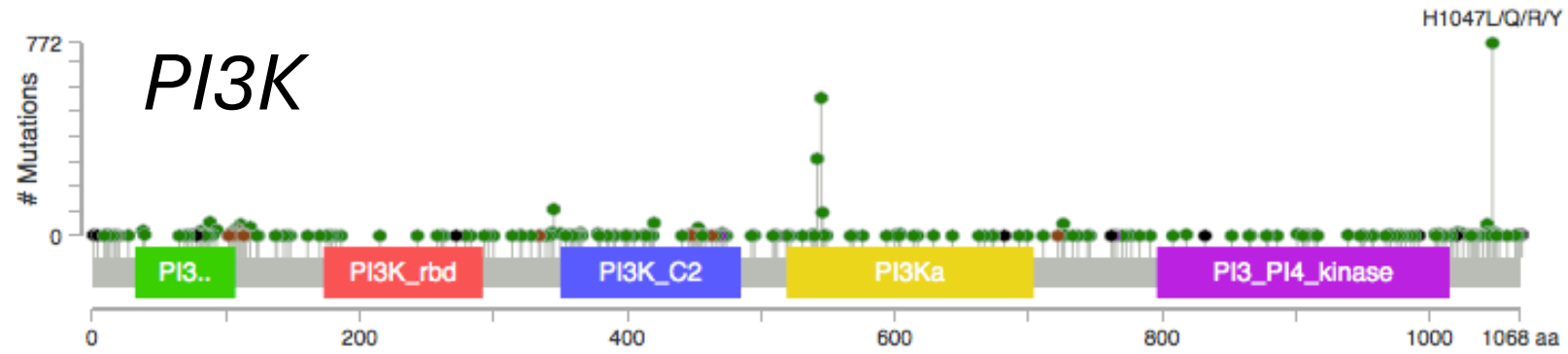


PI3K/Akt pathway is frequently altered across tumors

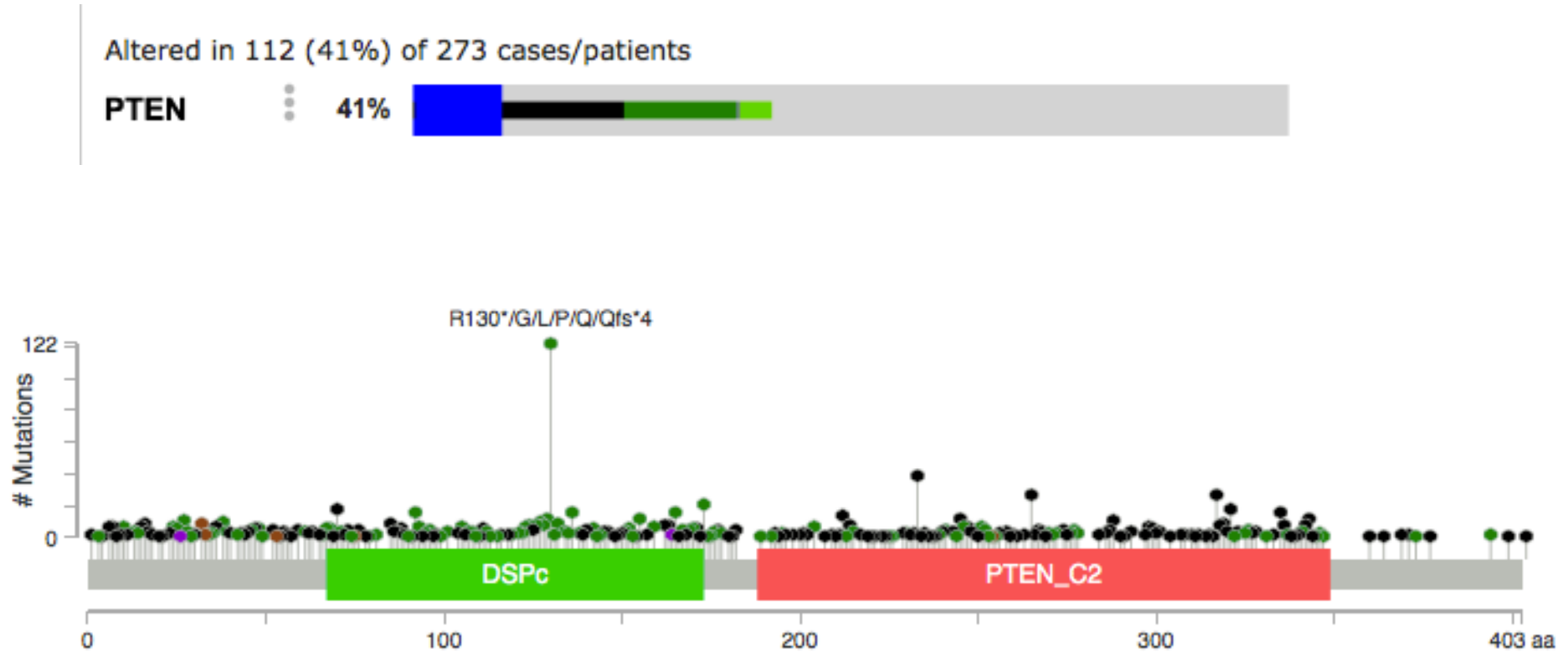


LAML, [Acute Myeloid Leukemia](#); ACC, [Adrenocortical carcinoma](#); BLCA, [Bladder Urothelial Carcinoma](#); LGG, Brain Lower Grade Glioma; BRCA, Breast [invasive carcinoma](#); CESC, Cervical squamous cell carcinoma and endocervical adenocarcinoma; CHOL, [Cholangiocarcinoma](#); CRC, [Colorectal adenocarcinoma](#) (combining COAD and READ projects); ESCA, [Esophageal carcinoma](#); GBM, [Glioblastoma multiforme](#); HNSC, [Head and Neck squamous cell carcinoma](#); KICH, Kidney Chromophobe; KIRC, Kidney renal [clear cell carcinoma](#); KIRP, Kidney [renal papillary cell carcinoma](#); LIHC, Liver hepatocellular carcinoma; LUAD, [Lung adenocarcinoma](#); LUSC, [Lung squamous cell carcinoma](#); DLBC, Lymphoid Neoplasm Diffuse Large B-cell Lymphoma; MESO, [Mesothelioma](#); OV, Ovarian [serous cystadenocarcinoma](#); PAAD, [Pancreatic adenocarcinoma](#); PCPG, [Pheochromocytoma](#) and Paraganglioma; PRAD, [Prostate adenocarcinoma](#); SARC, [Sarcoma](#); SKCM, Skin [Cutaneous Melanoma](#); STAD, [Stomach adenocarcinoma](#); TGCT, Testicular [Germ Cell Tumors](#); THYM, [Thymoma](#); THCA, [Thyroid carcinoma](#); UCS, Uterine [Carcinosarcoma](#); UCEC, Uterine Corpus [Endometrial Carcinoma](#).

Hot-spot mutations

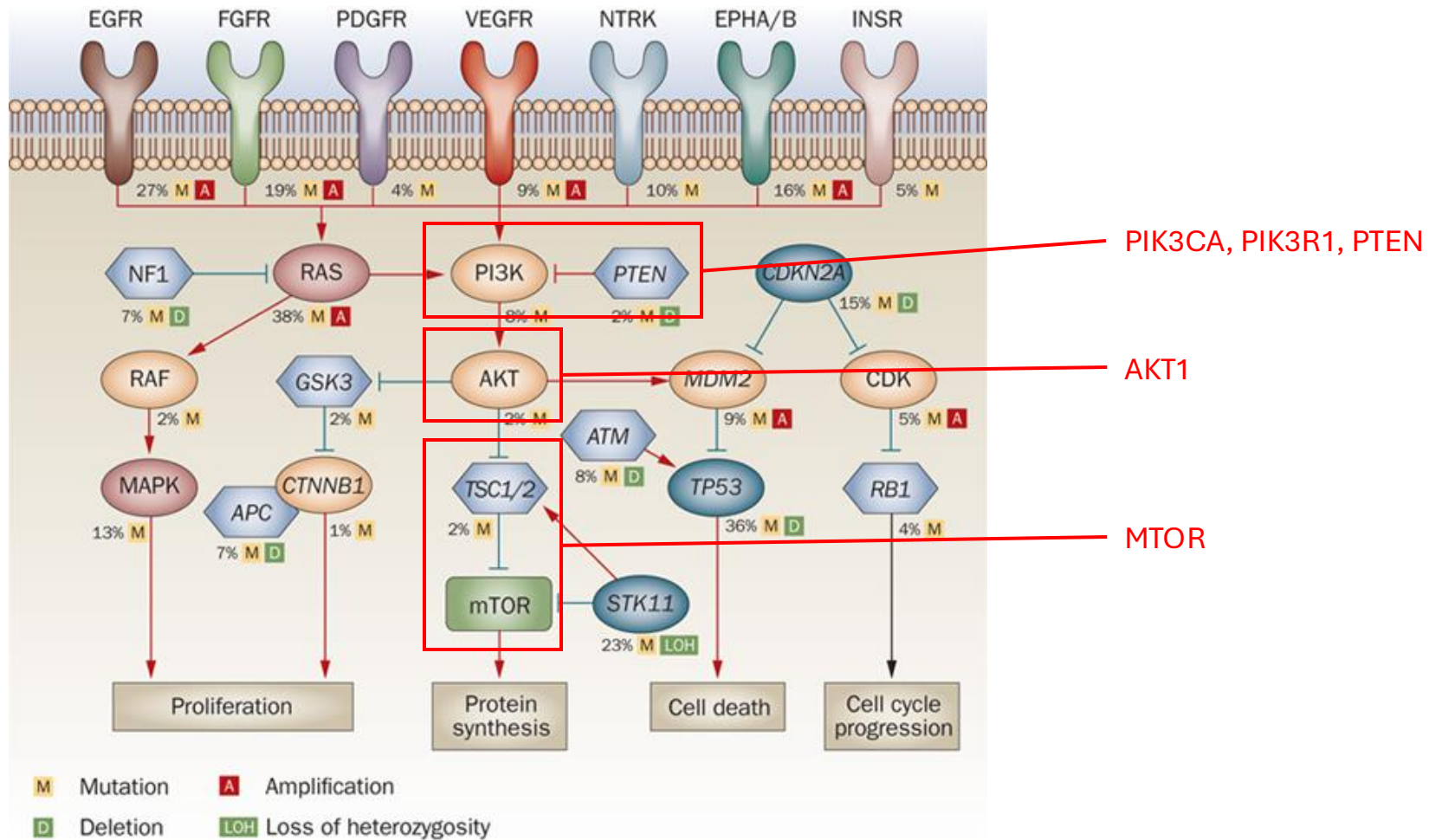


PTEN is deleted or mutated in several cancers

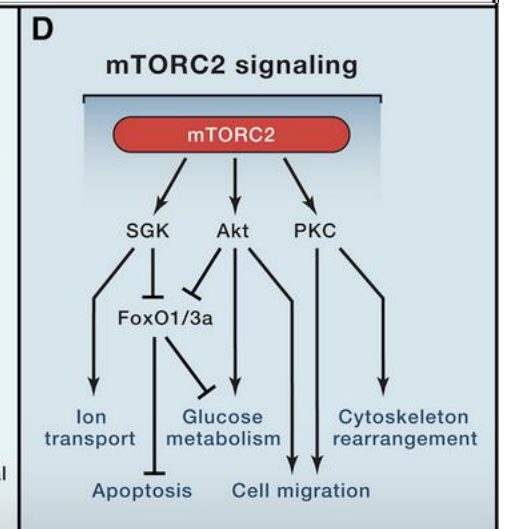
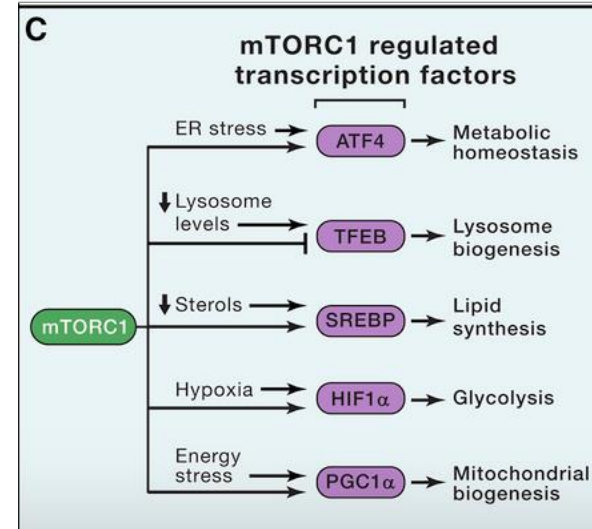
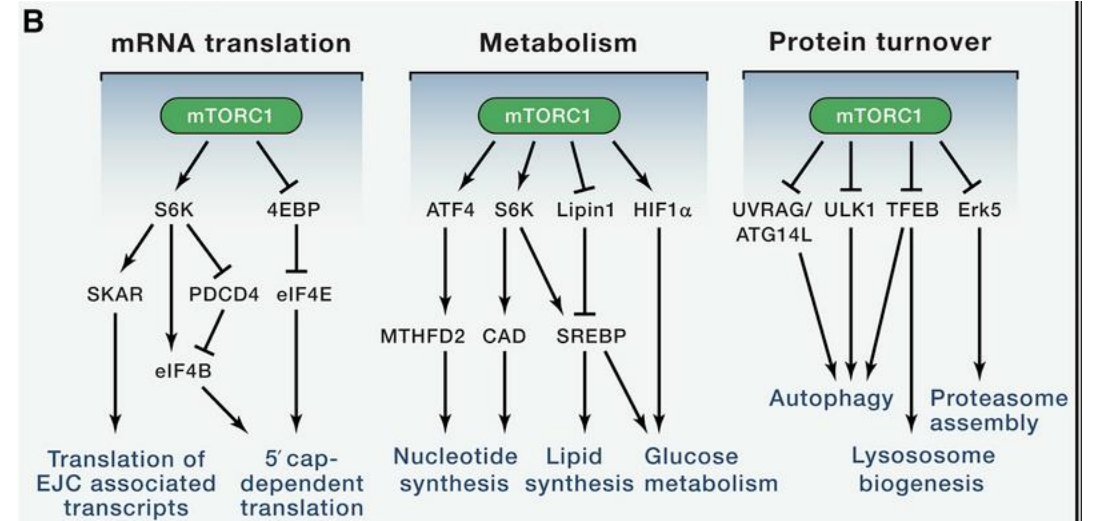
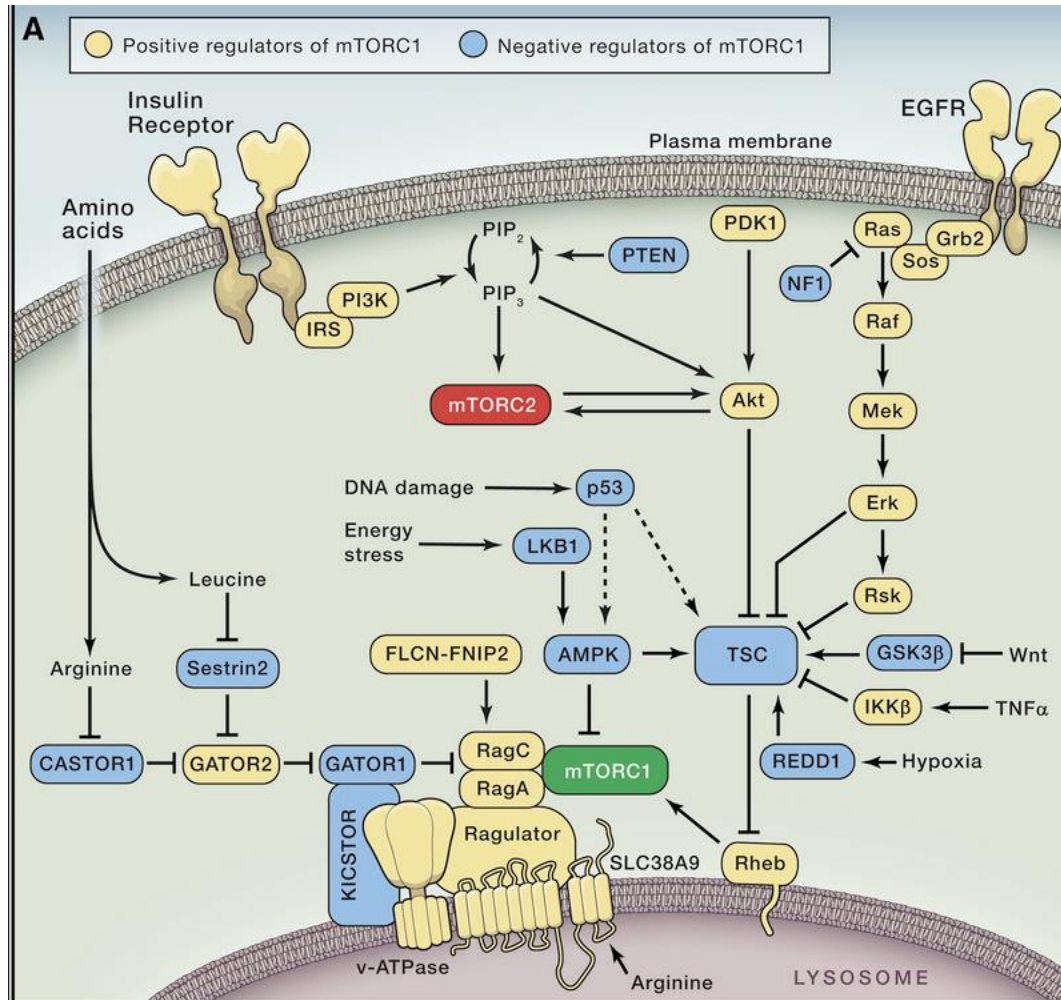


PI3K/Akt pathway

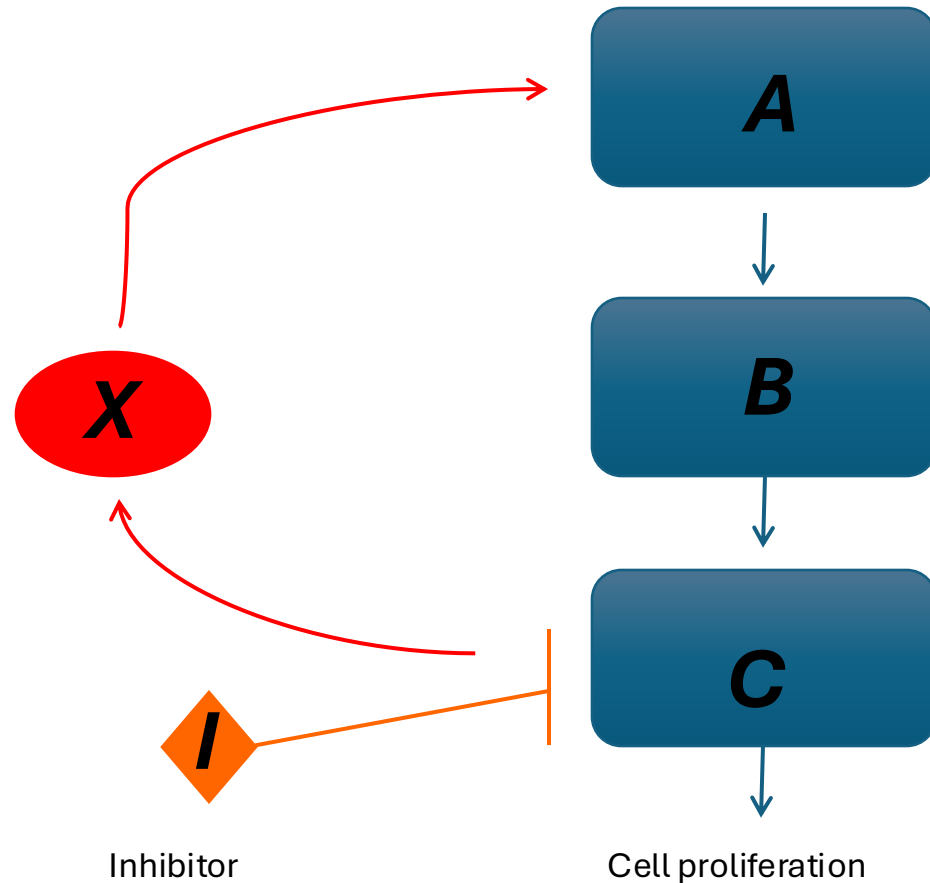
- Survival & Translation



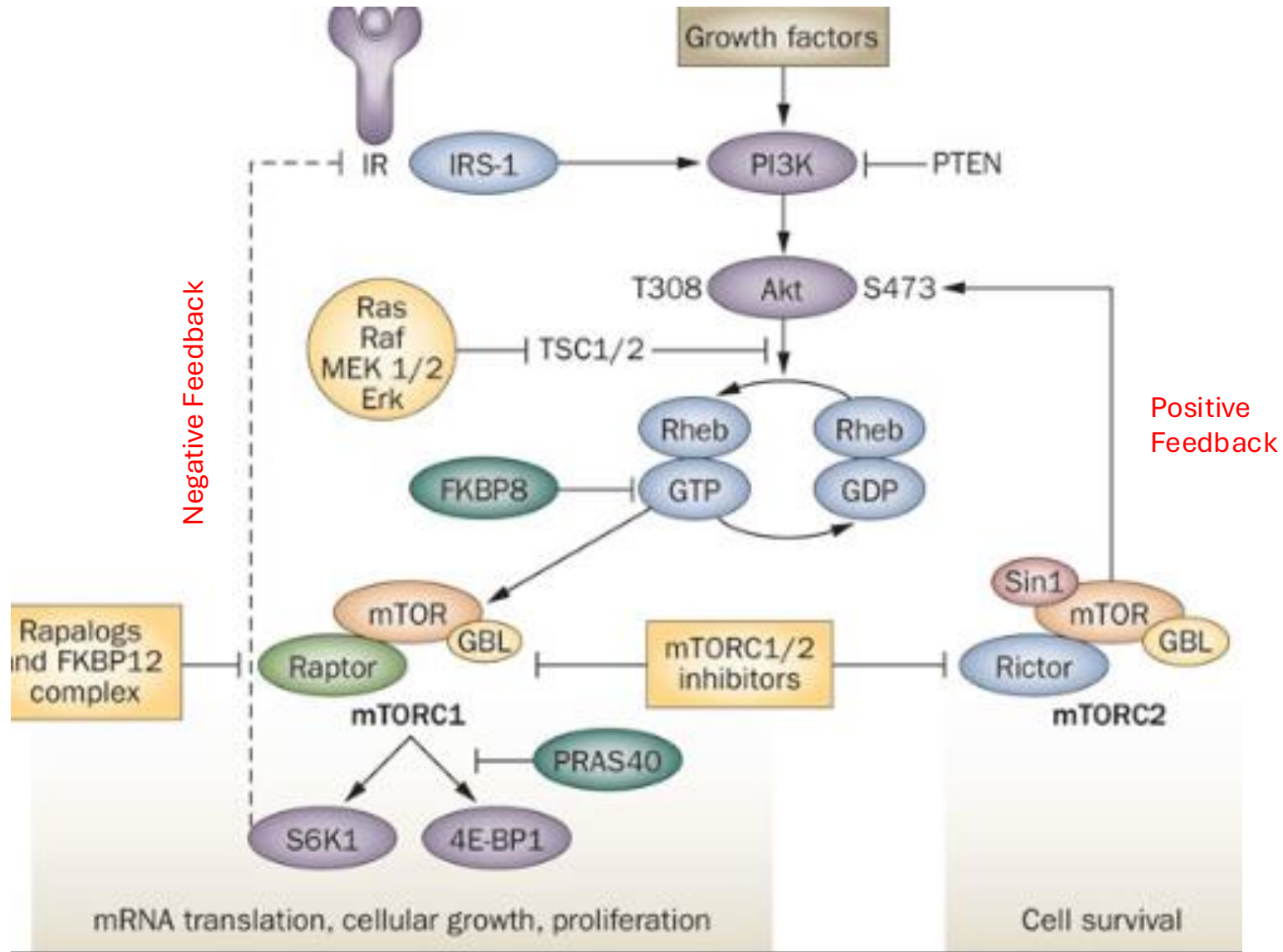
mTOR downstream of AKT



The pathway signal is not linear
but can be supported by feedback activations

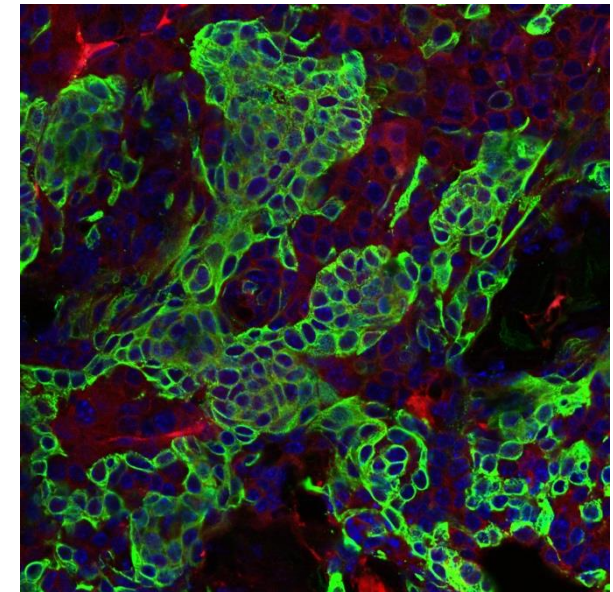
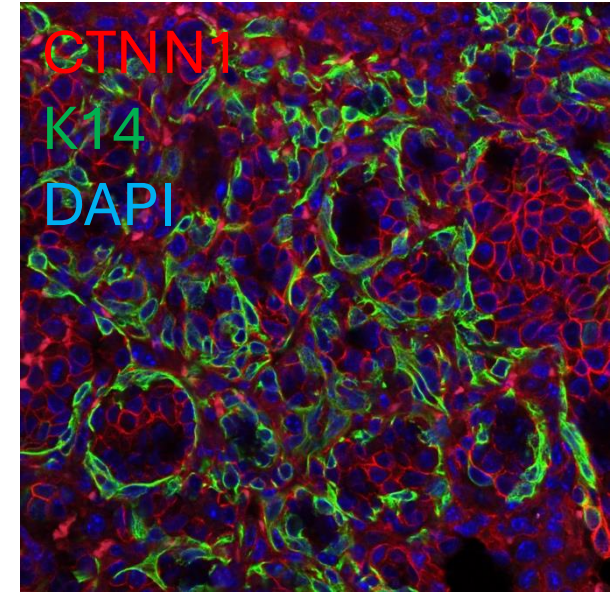


mTOR re-activates AKT

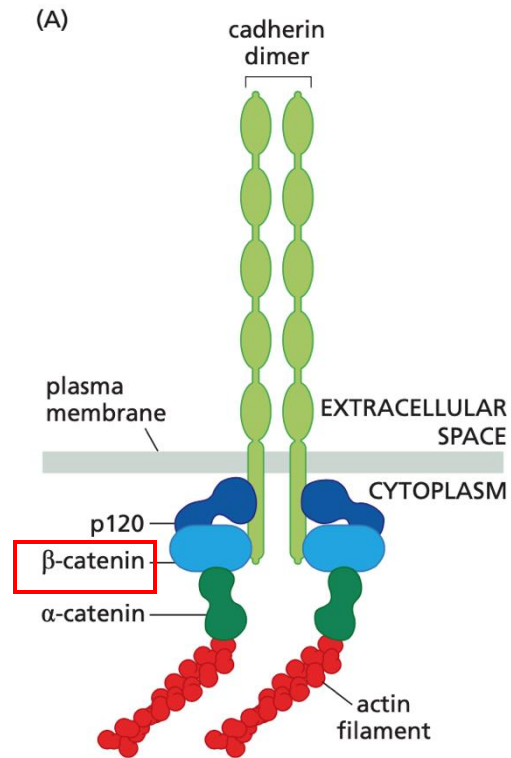


The Wnt pathway

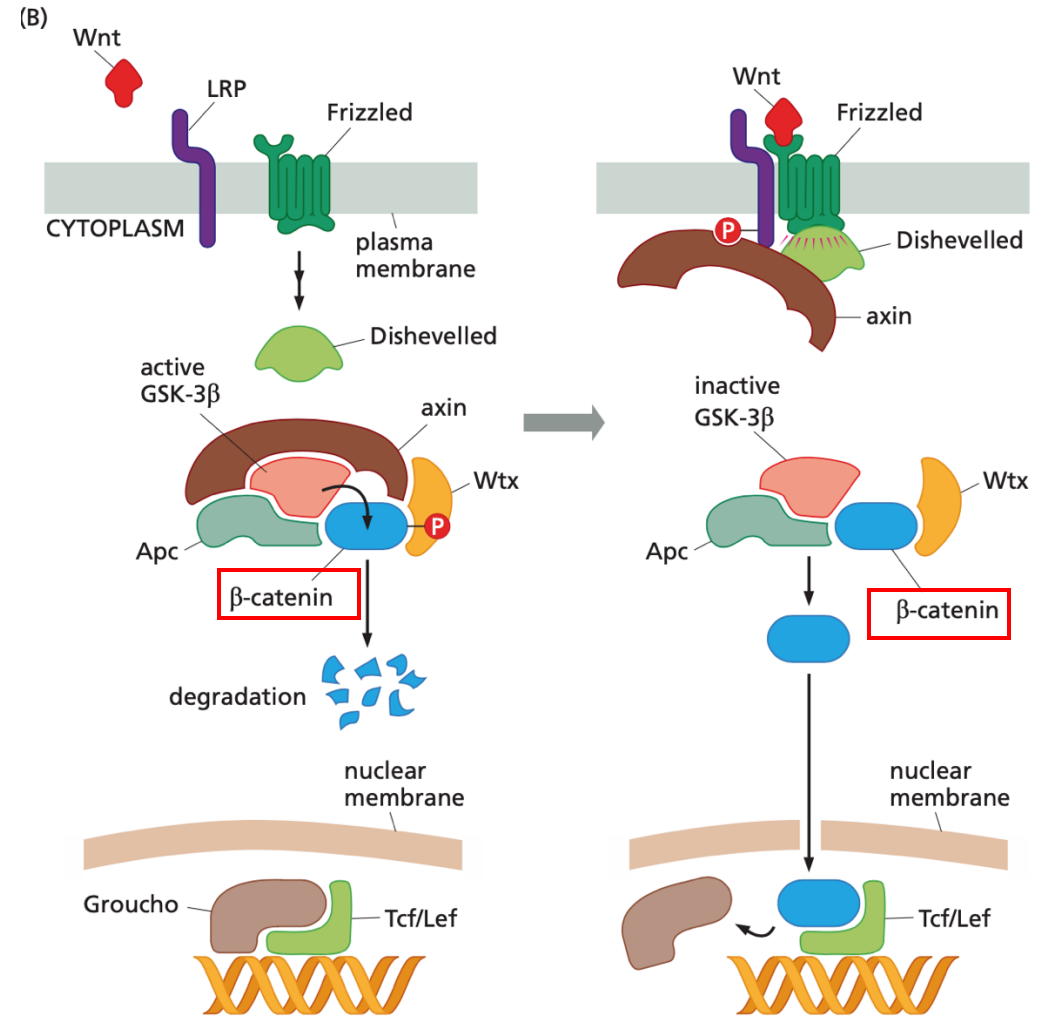
- Important during development (patterning decisions)
- 19 ligands (Wnt members)
- More than 15 receptors: Frizzled, LRP5, LRP6, RYK,...
- Canonical and non-canonical signaling.
- Roles in cancer:
 - Cancer stem cells: e.g. self-renewal, TERT expression.
 - Invasion and metastasis through EMT.



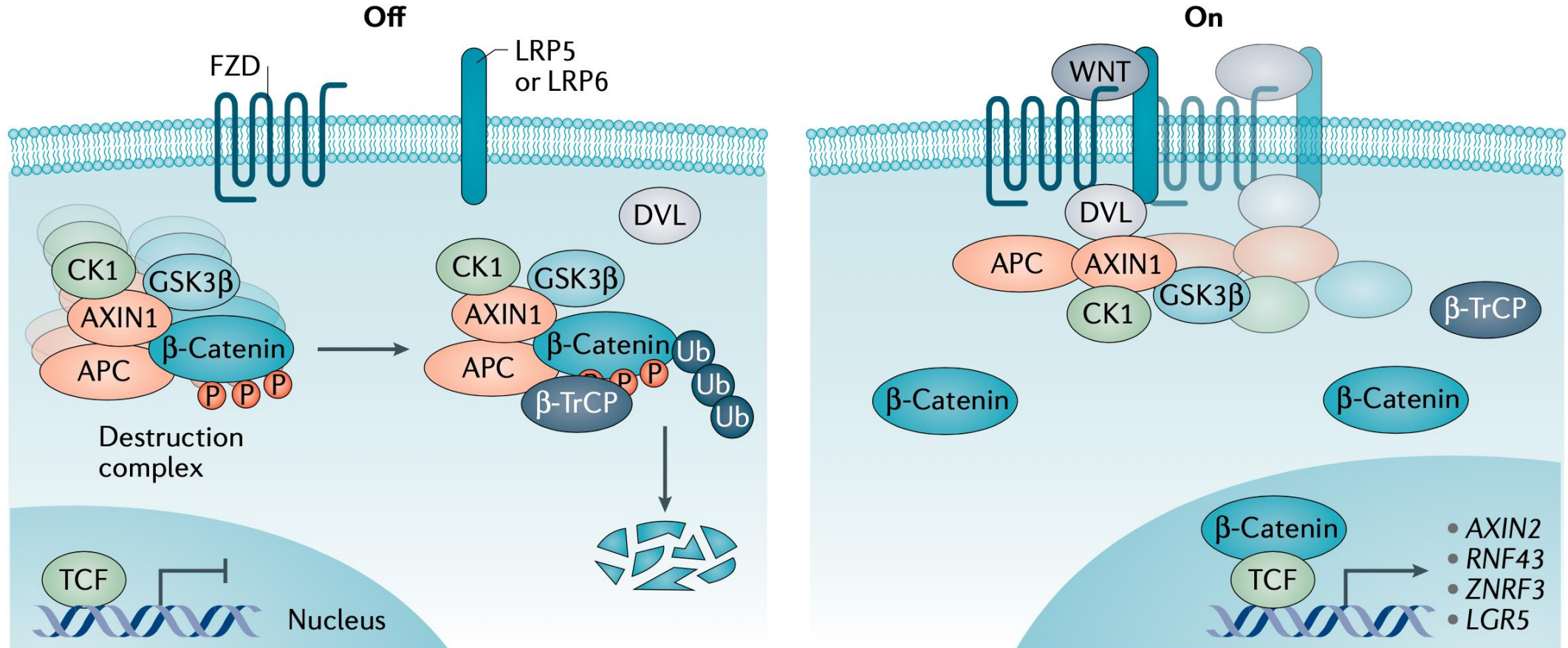
The Wnt pathway



Anchor between cells to form thigh tissue



Canonical Wnt signaling

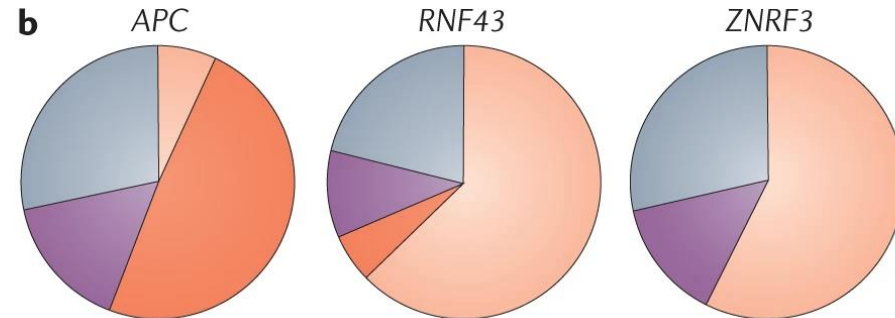


Alterations of the Wnt pathway in cancer

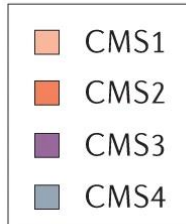
a

APC	Colorectal adenocarcinoma	66.55%
	Uterine corpus endometrial carcinoma	14.34%
	Skin cutaneous melanoma	14.25%
	Stomach adenocarcinoma	13.38%
	Bladder urothelial carcinoma	7.04%
RNF43	Uterine corpus endometrial carcinoma	15.28%
	Stomach adenocarcinoma	10.20%
	Colorectal adenocarcinoma	7.90%
	Pancreatic ductal adenocarcinoma	5.95%
ZNR3	Adenocortical carcinoma	20.43%
	Uterine corpus endometrial carcinoma	6.23%
	Skin cutaneous melanoma	5.35%
AXIN1	Liver hepatocellular carcinoma	7.77%
	Uterine corpus endometrial carcinoma	6.42%
AXIN2	Uterine corpus endometrial carcinoma	7.36%
	Colorectal adenocarcinoma	5.04%
CTNNB1	Liver hepatocellular carcinoma	25.47%
	Uterine corpus endometrial carcinoma	25.47%
	Adenocortical carcinoma	15.05%
	Skin cutaneous melanoma	6.68%
	Stomach adenocarcinoma	6.68%
	Colorectal adenocarcinoma	5.71%

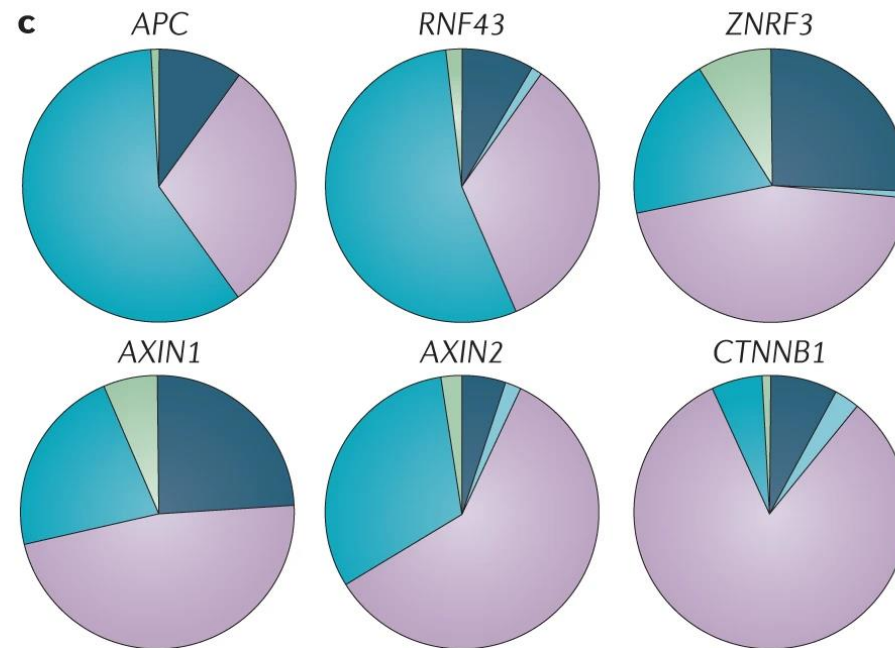
b



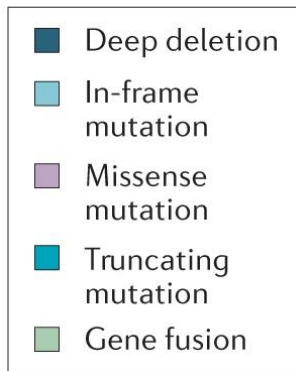
Consensus molecular subtypes of TCGA CRC samples



c



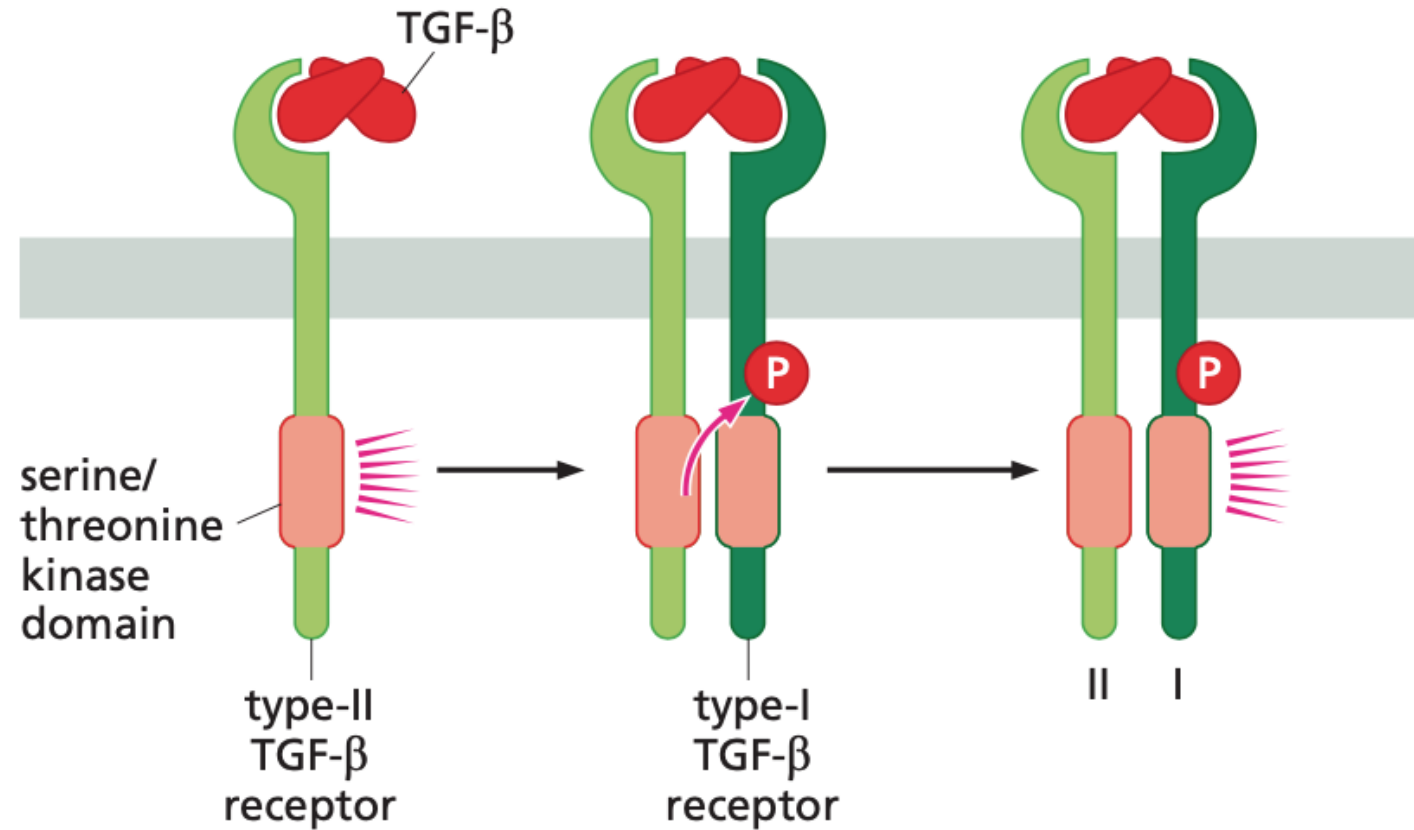
Distribution in all TCGA Pan-Cancer studies



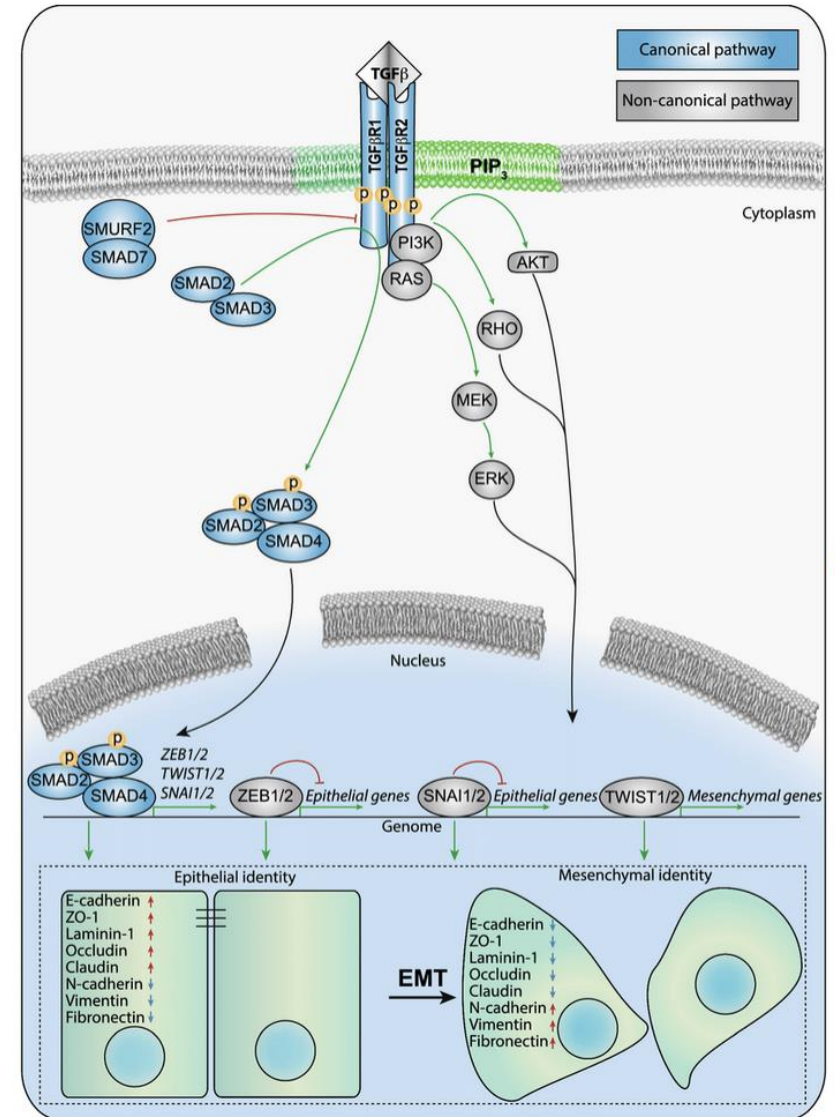
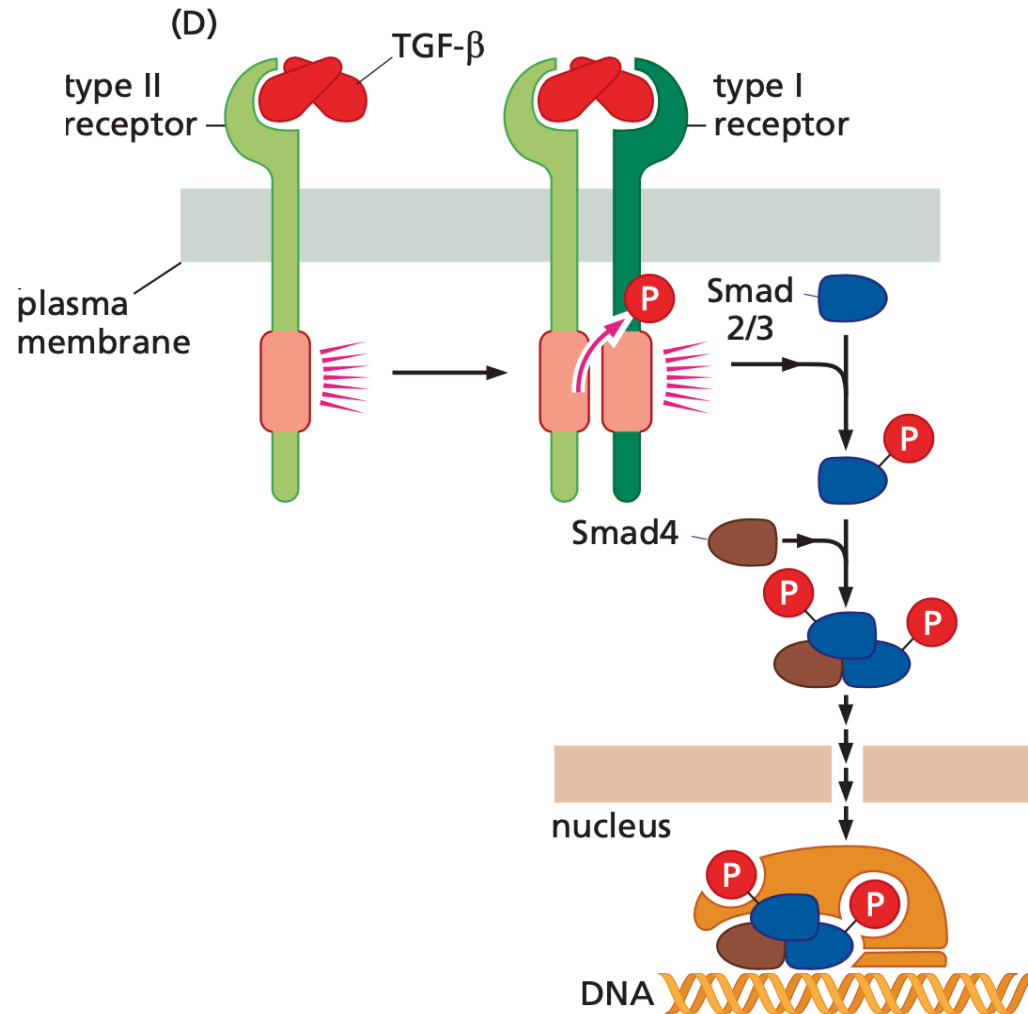
The TGF β pathway

- Controls: cell cycle, metastasis, invasion, angiogenesis, wound healing, cancer stem cells,...
- Cell- and context-dependent.
- Integrated in many other signaling pathways (Wnt, Notch, Ras, etc).
- Pleiotropic effects: **can exert cytostatic and tumor-suppressive effects in early stage tumors**, but can also **induce proliferation, invasion, and angiogenesis in advanced tumors**.

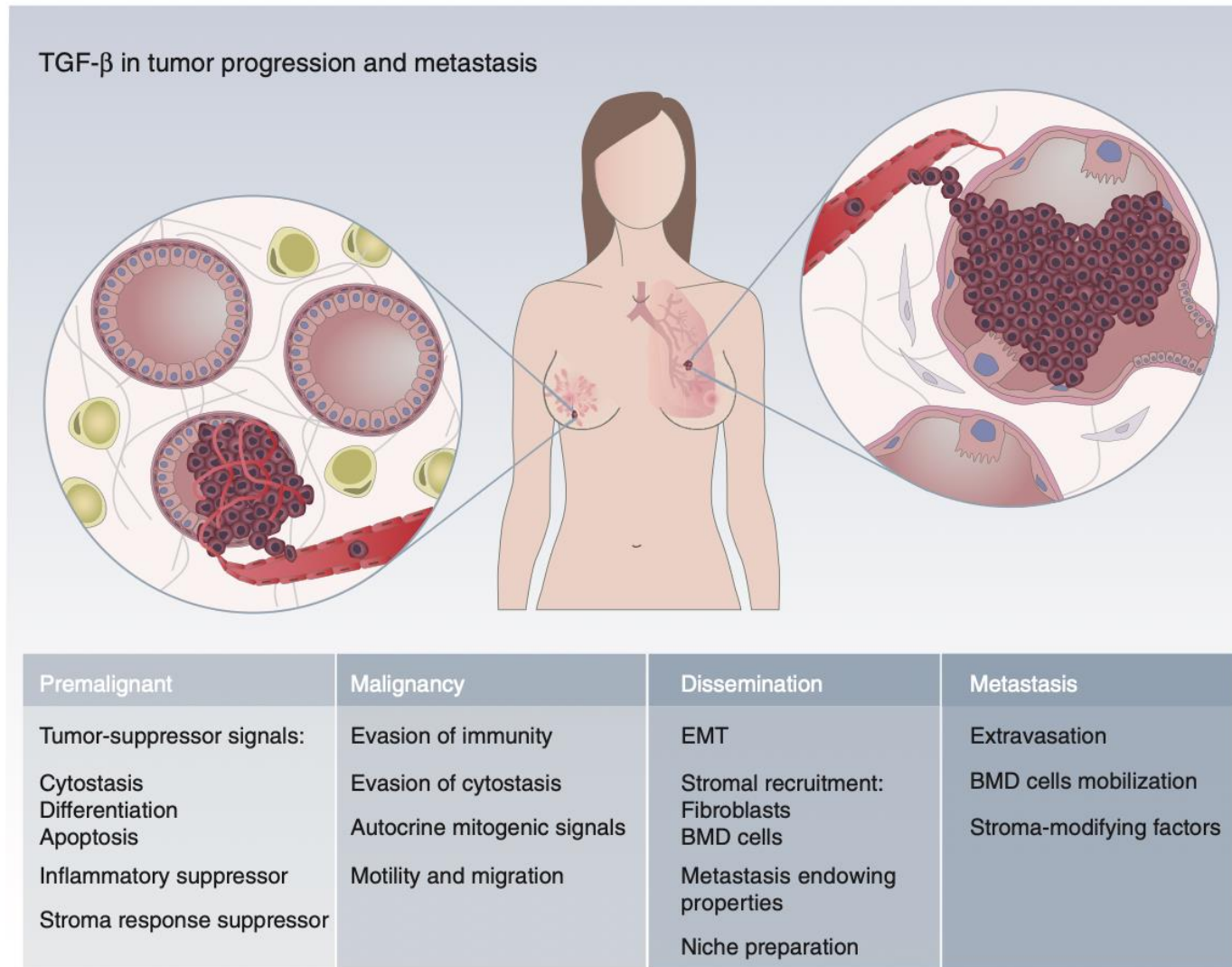
The TGF β pathway



The TGFβ pathway



A case of pleiotropism: The TGF β pathway

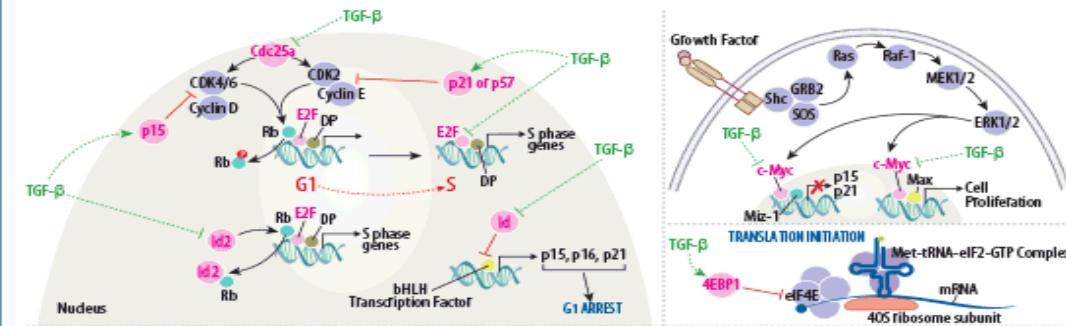


TGFβ target genes

Tumor-Suppressing Effects of TGF-β

Inhibits Cell Proliferation	Induces Apoptosis	Activates Autophagy	Inhibits Growth Factors in the Tumor Stroma	Inhibits Angiogenesis	Suppresses Inflammation
TGF-β Target Genes p15, p21, p57, 4EBP1	TGF-β Target Genes BAX, BIM, DAPK, Fas, GADD45β	TGF-β Target Genes ATG5, ATG7, Beclin 1/ATG6, DAPK		TGF-β Target Genes Thrombospondin	TGF-β Target Genes FoxP3
TGF-β Target Genes CDC25A, E2F-1, K1-3, c-Myc	TGF-β Target Genes Bcl-xL, Bcl-2		TGF-β Target Genes HGF, MSP, TGF-α		TGF-β Target Genes GATA-3, T-bet

Inhibits Cell Proliferation

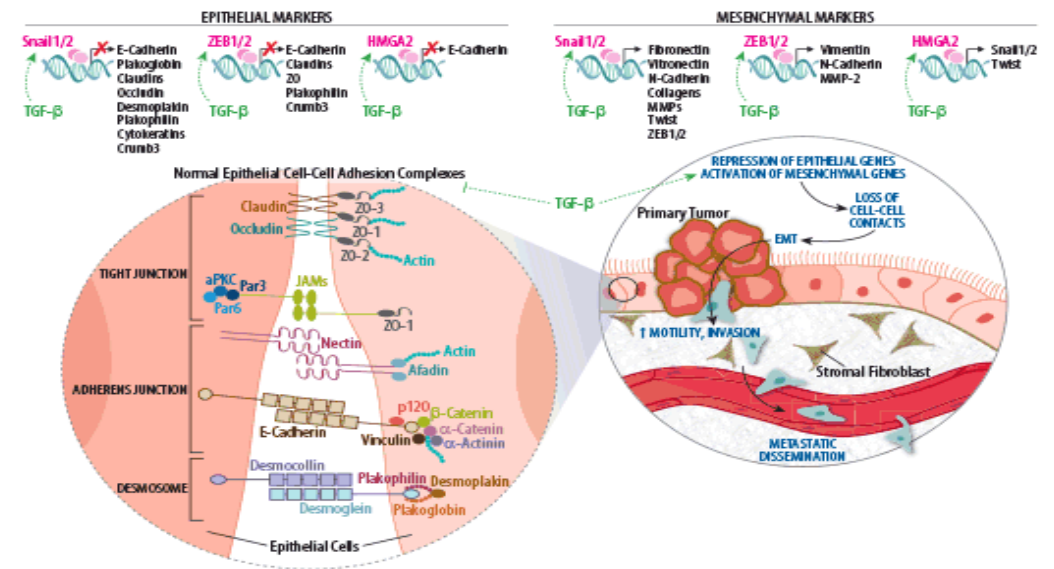


TGF-β inhibits cell proliferation by inducing the expression of 4EBP1 and the cyclin-dependent kinase (CDK) inhibitors, p15, p21, and p57. 4EBP1 binds to eukaryotic initiation factor 4E (eIF4E) and inhibits protein translation (bottom right panel), while p15, p21, and p57 prevent cell cycle progression by inhibiting the activities of CDK-cyclin complexes that are required for the G1/S transition (left panel). Additionally, TGF-β represses the expression of CDC25A phosphatase, which is also required for CDK-cyclin activation (left panel), and negatively regulates the expression of multiple other factors involved in driving cell cycle progression and cell proliferation, including the Id proteins (left panel), E2F (left panel), and c-Myc (top right panel).

Tumor-Promoting Effects of TGF-β

Promotes Cell Proliferation	Suppresses the Immune Response	Promotes Angiogenesis	Promotes Cancer Stem Cell Self-Renewal	Promotes the Epithelial-to-Mesenchymal Transition	Promotes Metastasis
TGF-β Target Genes PDGF-β	TGF-β Target Genes FoxP3	TGF-β Target Genes VEGF, MMP-2, MMP-9	TGF-β Target Genes LIF, SOX4	TGF-β Target Genes Snail1/2, ZEB1/2, HMGA2	TGF-β Target Genes HDM2, MMP-9
	TGF-β Target Genes Fas Ligand, GATA-3, Granzyme A/B, IFN-γ, MICA, NKG2D, Nkp30, Perforin, T-bet	TGF-β Target Genes TIMP			

Promotes the Epithelial-to-Mesenchymal Transition



TGF-β signaling in epithelial tumor cells promotes an epithelial-to-mesenchymal transition by inducing the expression of transcription factors, such as Snail1/2, ZEB1/2, and HMGA2, which repress the expression of epithelial cell adhesion proteins and induce the expression of mesenchymal proteins. These changes promote the loss of cell polarity and cell-cell contacts and lead to the acquisition of a migratory, invasive phenotype that may allow cancer cell dissemination.

The TGF β pathway: EMT (epithelia to mesenchymal transition)

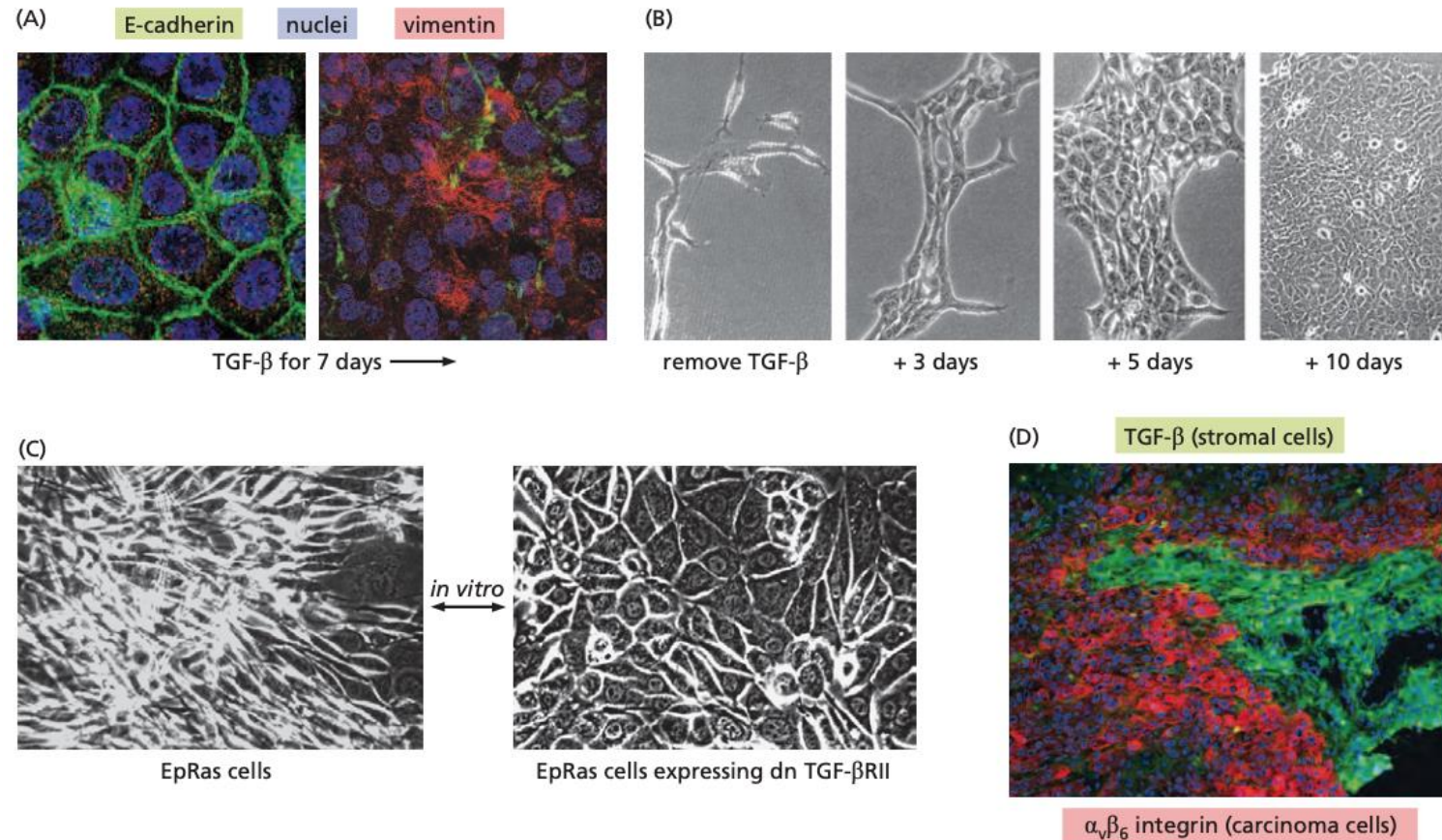


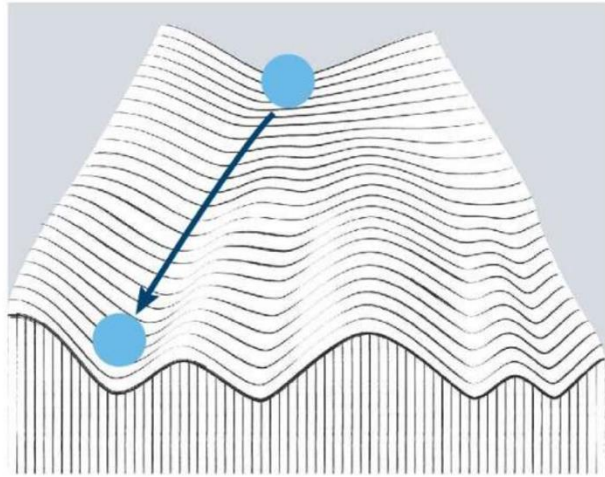
Figure 14.19 Control of the EMT by TGF- β and its effects on tumorigenic cells Immortalized mouse mammary epithelial cells

epithelial transition (MET). (C) Use of a dominant-negative (dn) type II TGF- β receptor (which effectively blocks autocrine TGF- β

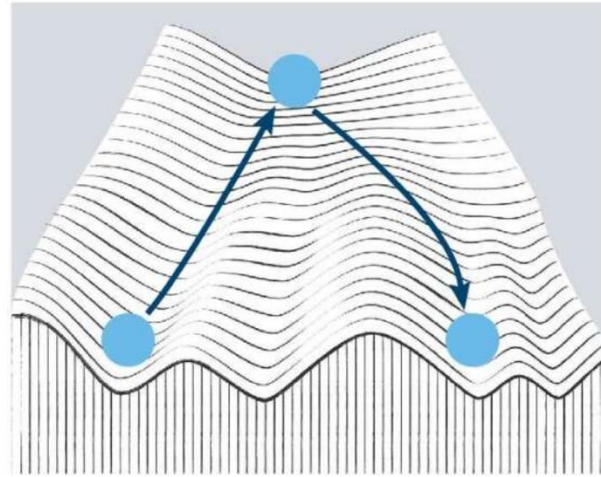
How do cancer cells acquire this plastic phenotype?

Epigenetic and transcriptional Regulation determines cell fate

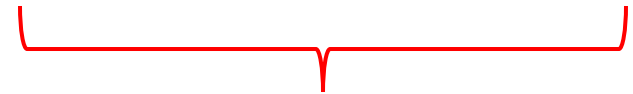
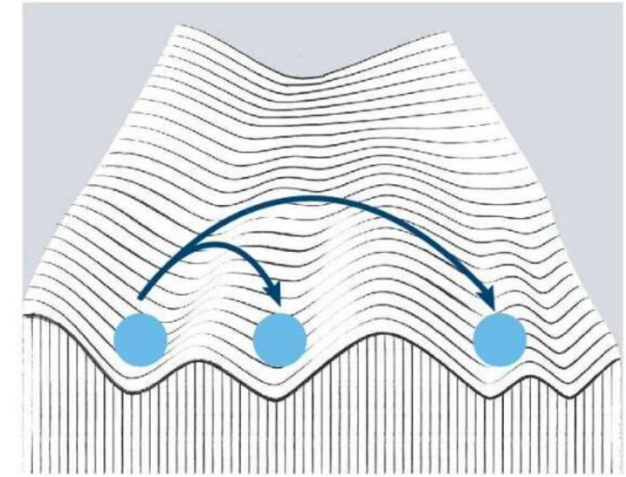
A. Normal development



B. Pluripotent reprogramming

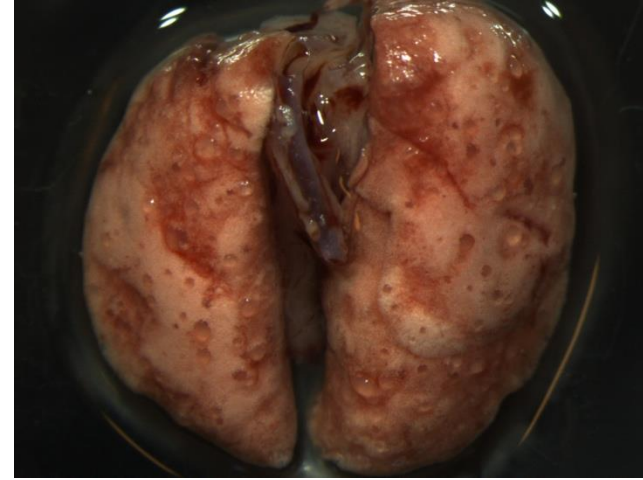
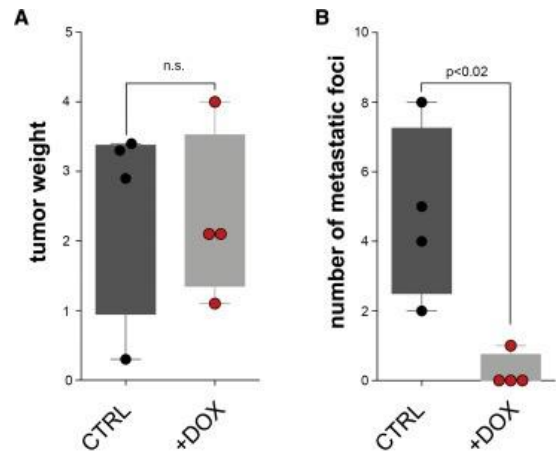


C. Direct Conversion

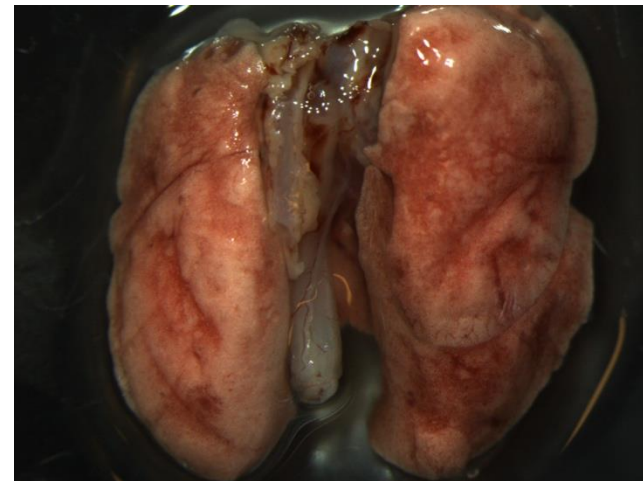
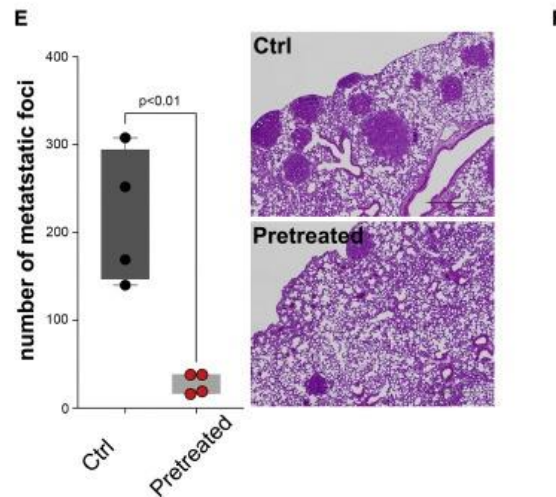


Cancer
EMT

The TGF β pathway



Vehicle pretreated

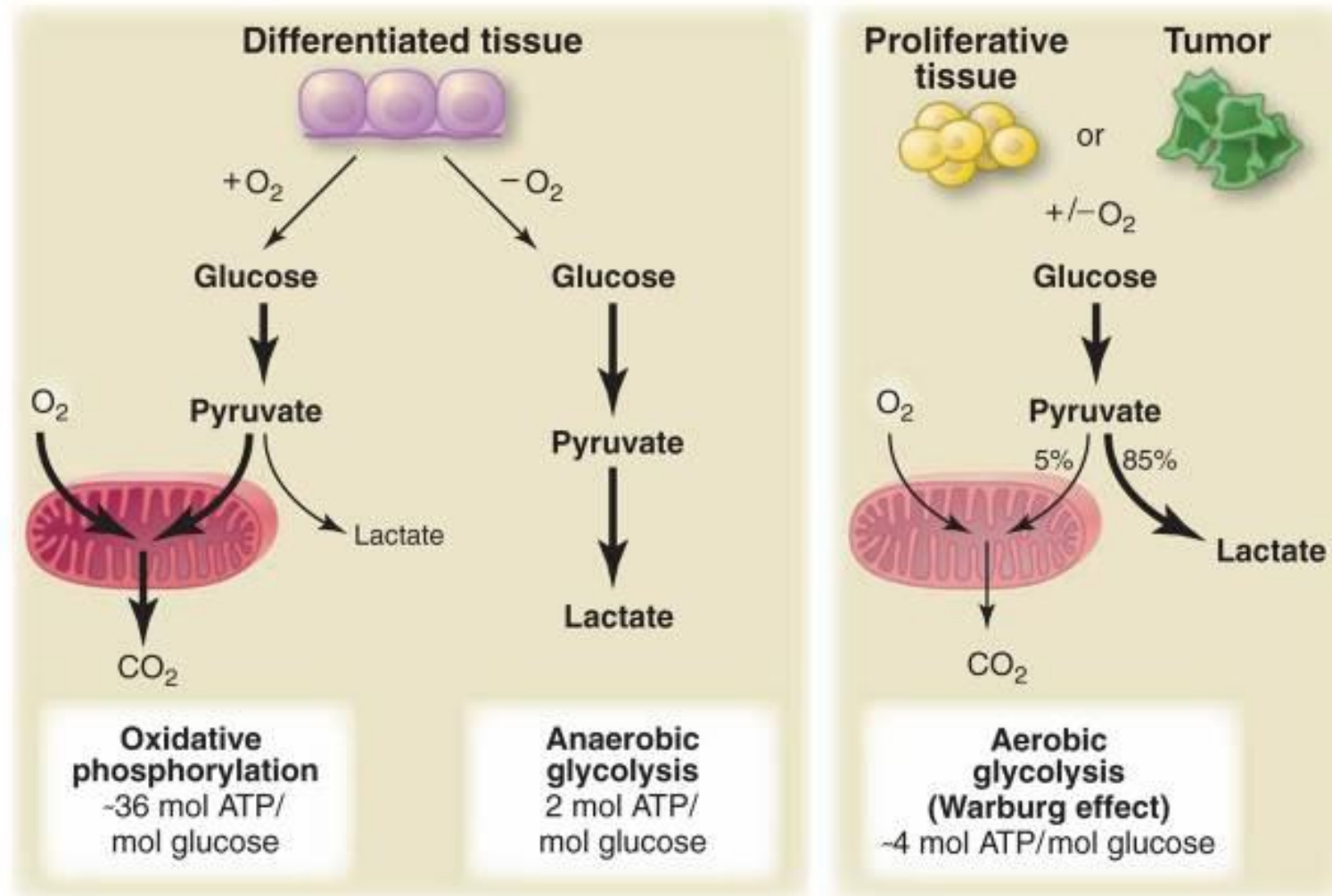


TGFBRi pretreated

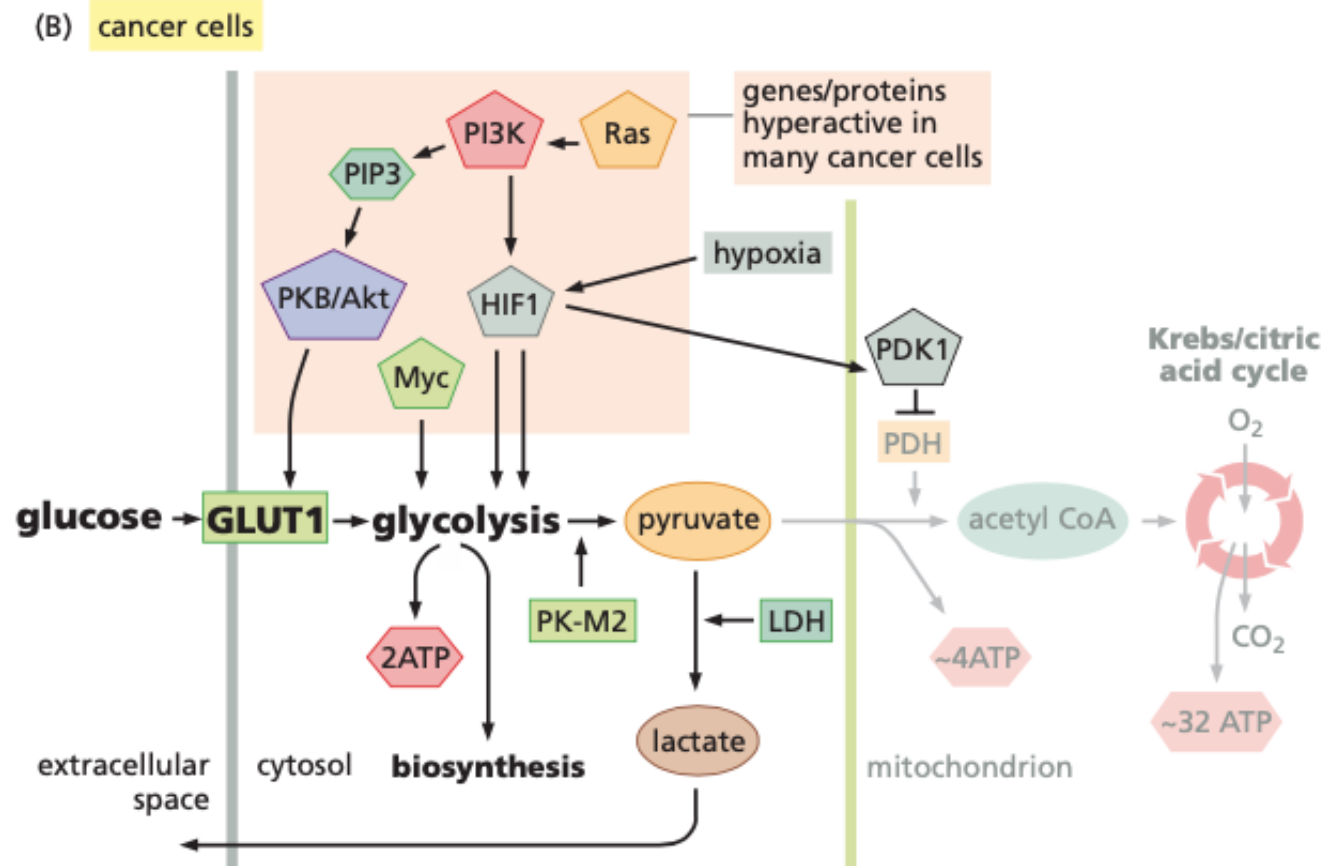
Metabolic alterations

- **Change the use of metabolites (associated with cancer cell proliferation)**
- **Synthesis of new metabolites (associated with mutation in some genes)**

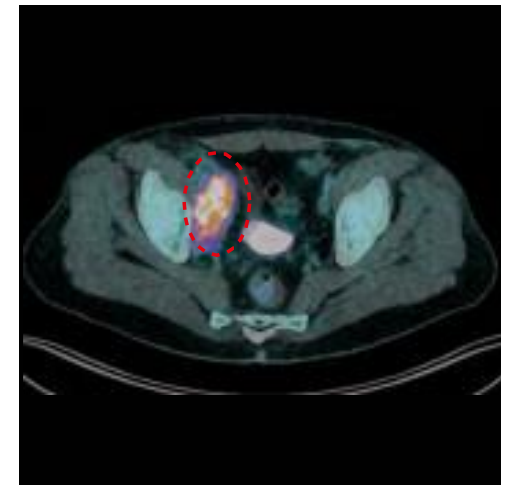
Metabolic alterations: The Warburg effect



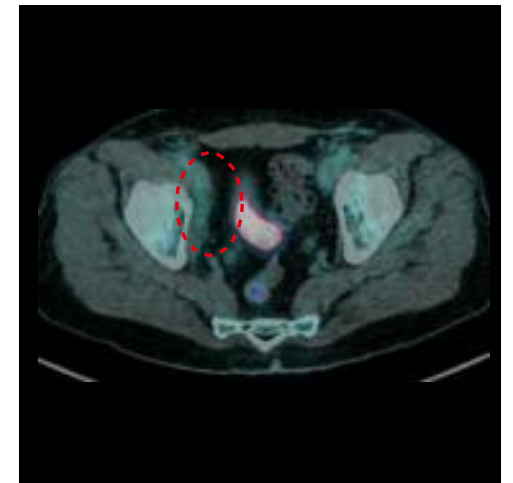
The Warburg effect



detection



after treatment



Production of new metabolites



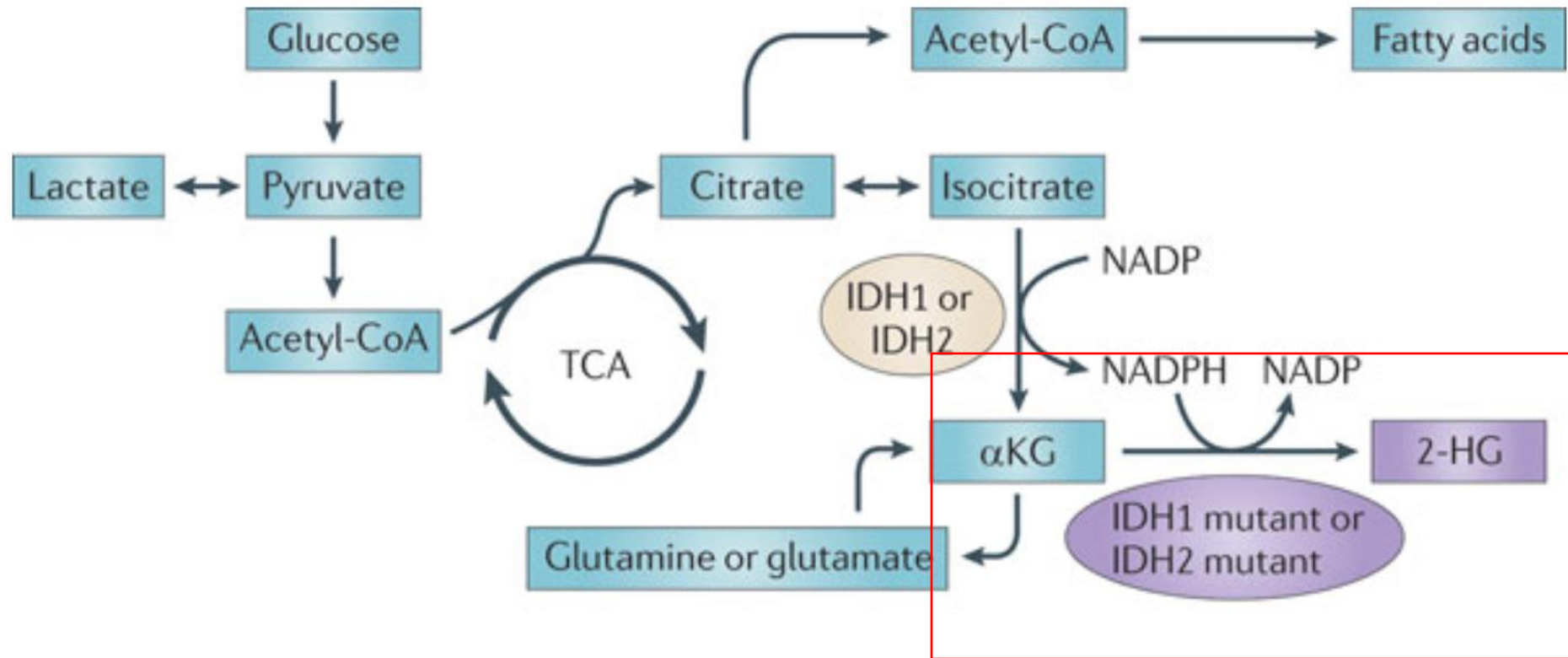
Associated with gene mutations

Mutation of IDH1 and IDH2 genes

*IDH1 **R132X** (predominant in glioma; arginine R at position 132 is replaced by another amino acid, giving a missense mutation)*

*IDH2 **R140X** (predominant in leukemia; arginine R at position 140 is replaced by another amino acid, giving a missense mutation)*

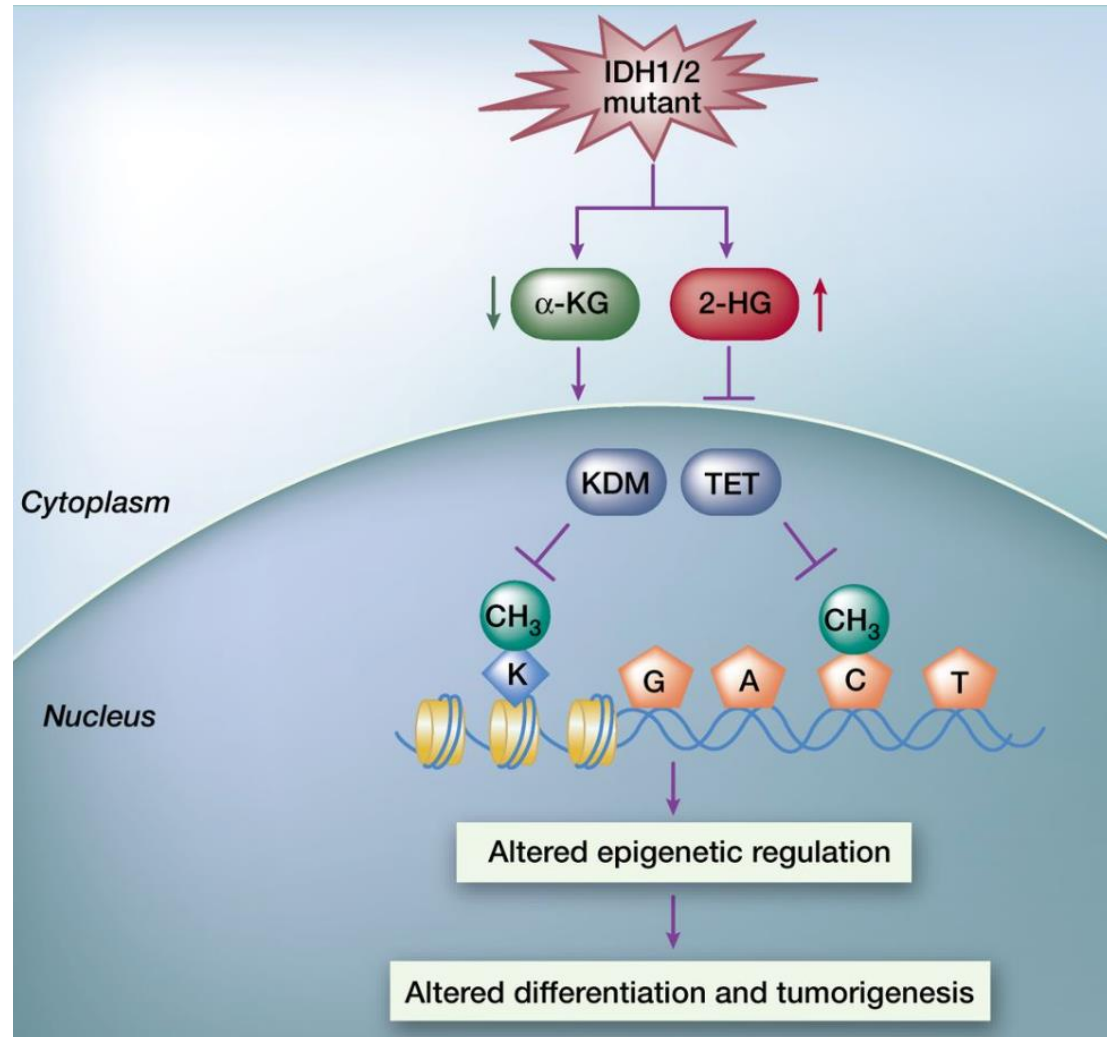
Production of new metabolites: 2-hydroxyglutarate (2-HG)



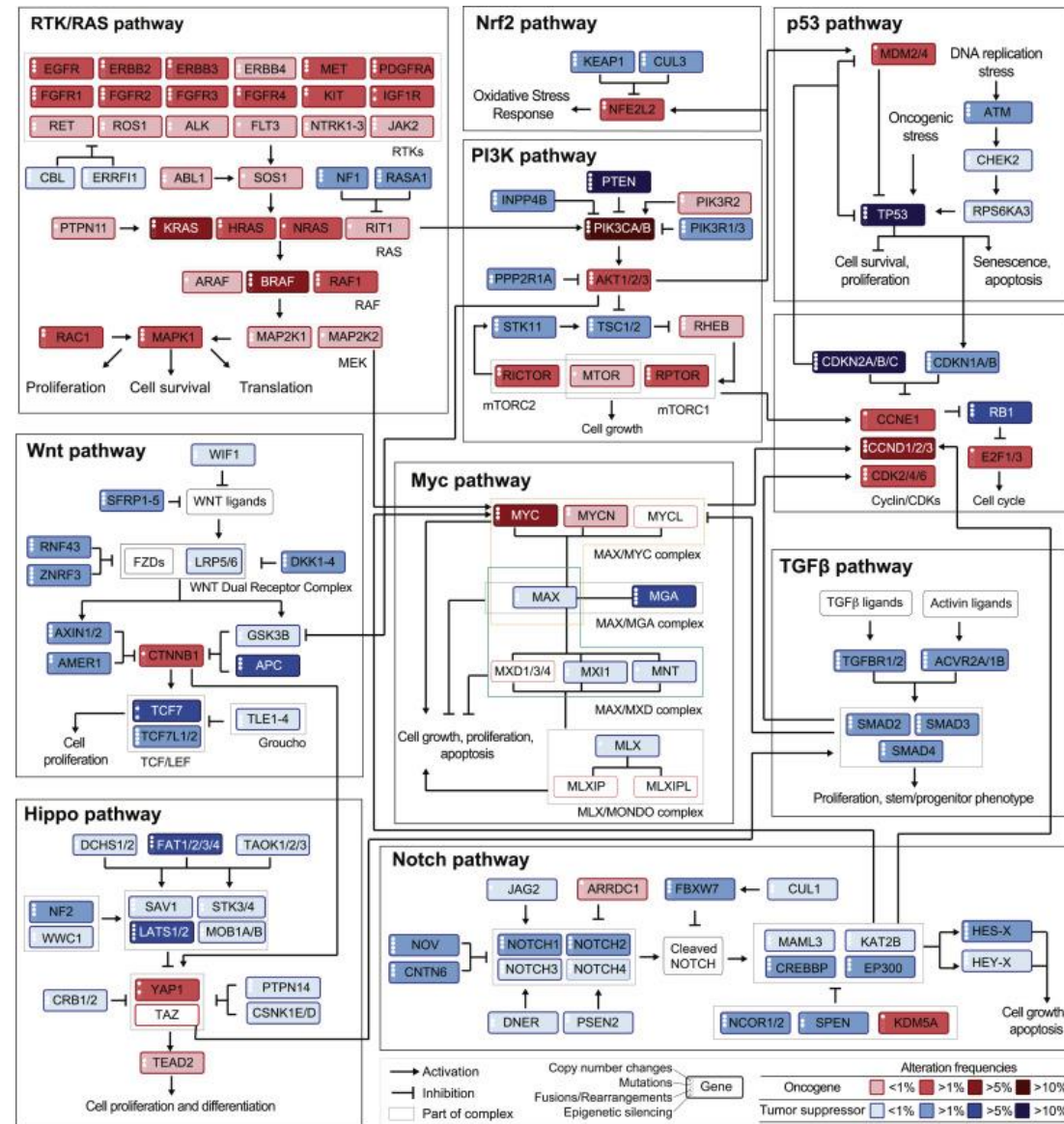
2-HG is a new metabolite that is exclusively present in cancer cells

What can this metabolite do in the cancer cells?

Production of new metabolites: 2-HG influences DNA methylation



Many pathways are interconnected (network)



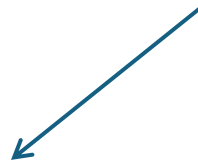
Multiple signals



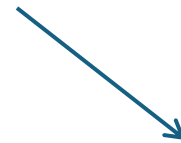
Converge
intracellular signaling



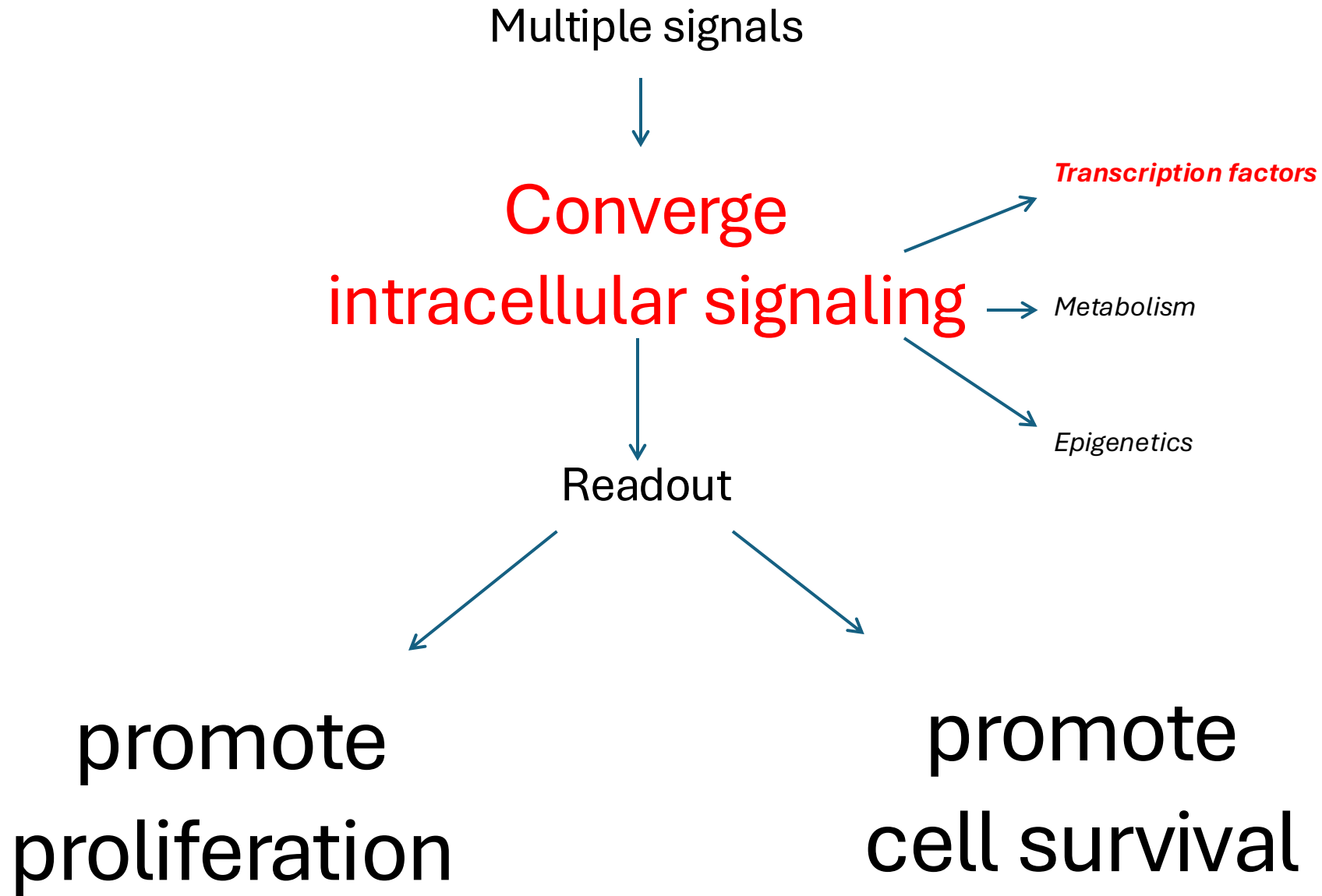
Readout



proliferation



cell survival



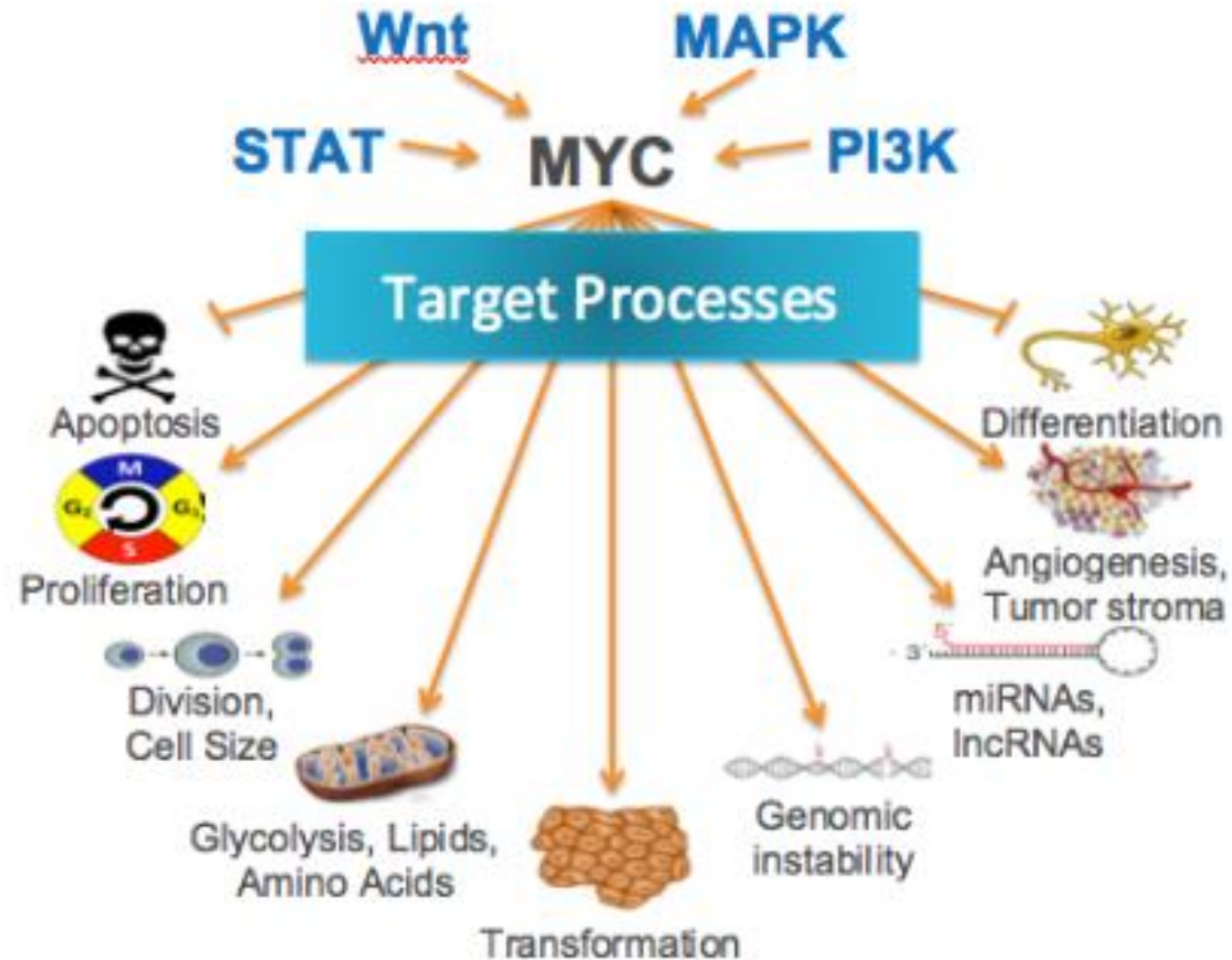
A master regulator: MYC

MYC family proteins include c-MYC, N-MYC, L-MYC

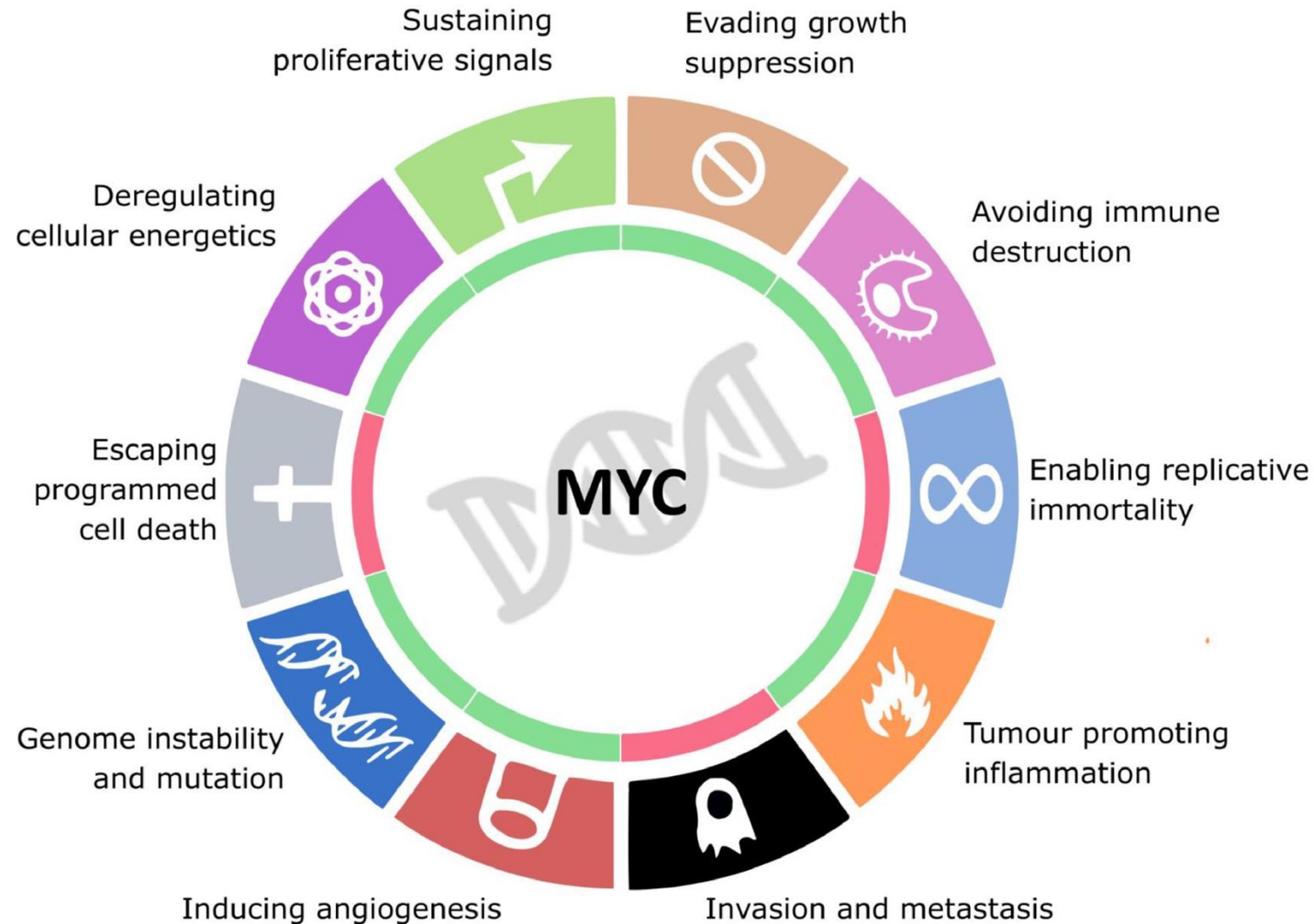
MYC is an helix/loop/helix protein leucine zipper protein

c-MYC is frequently amplified or overexpressed in multiple cancers

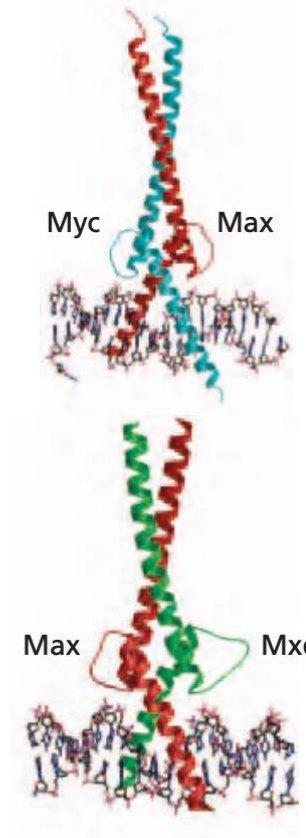
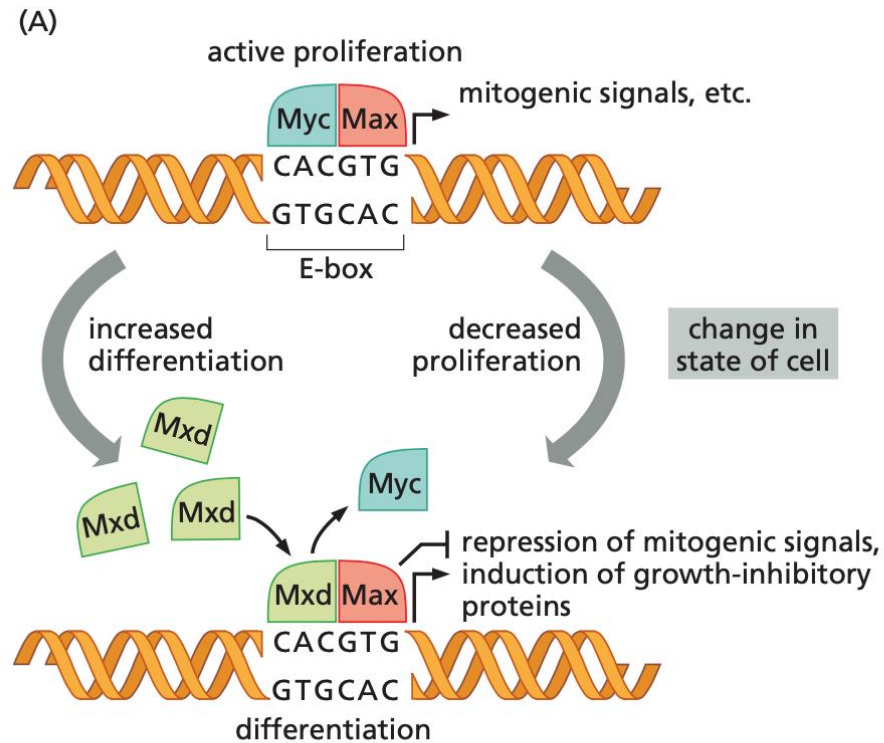
MYC is a transcription factor and potent oncogene



MYC regulates all the hallmarks of cancer



How does MYC control several biological processes?

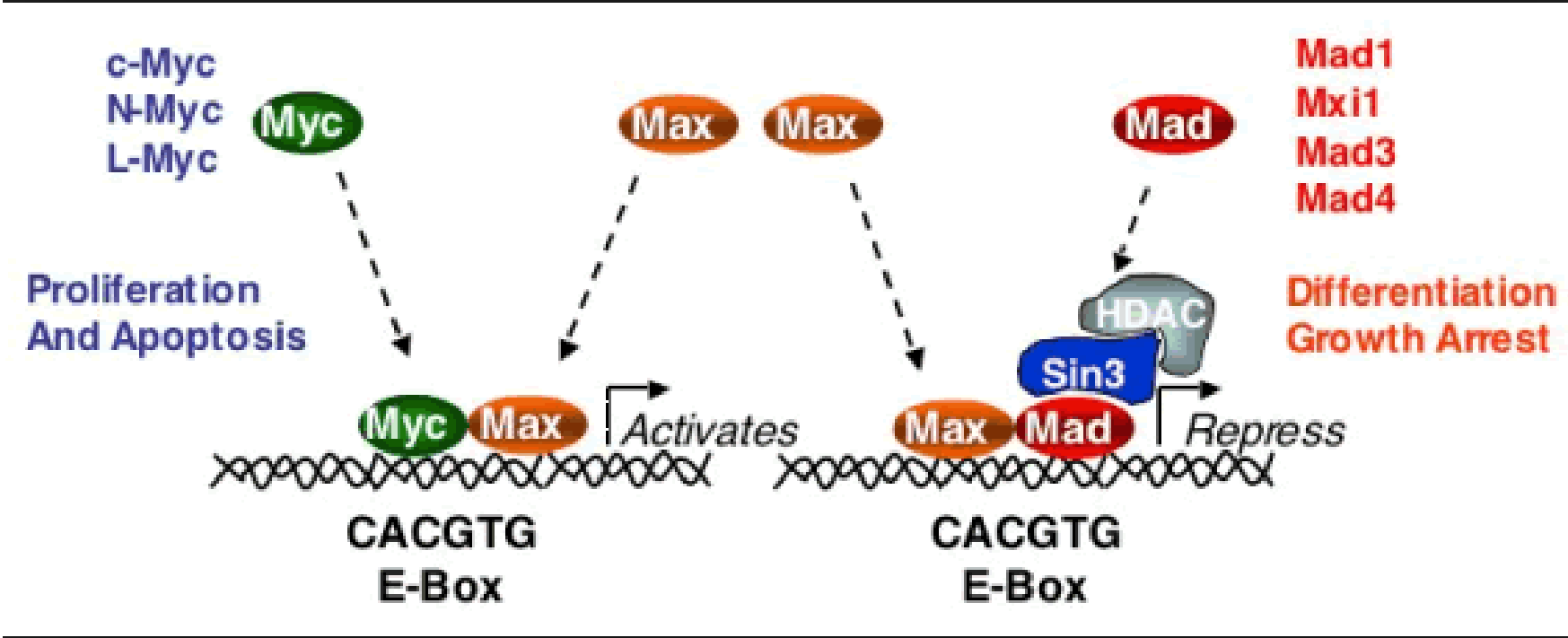


MYC forms dimer with MAX

MYC/MAX complex binds specific DNA sequence (E-BOX)

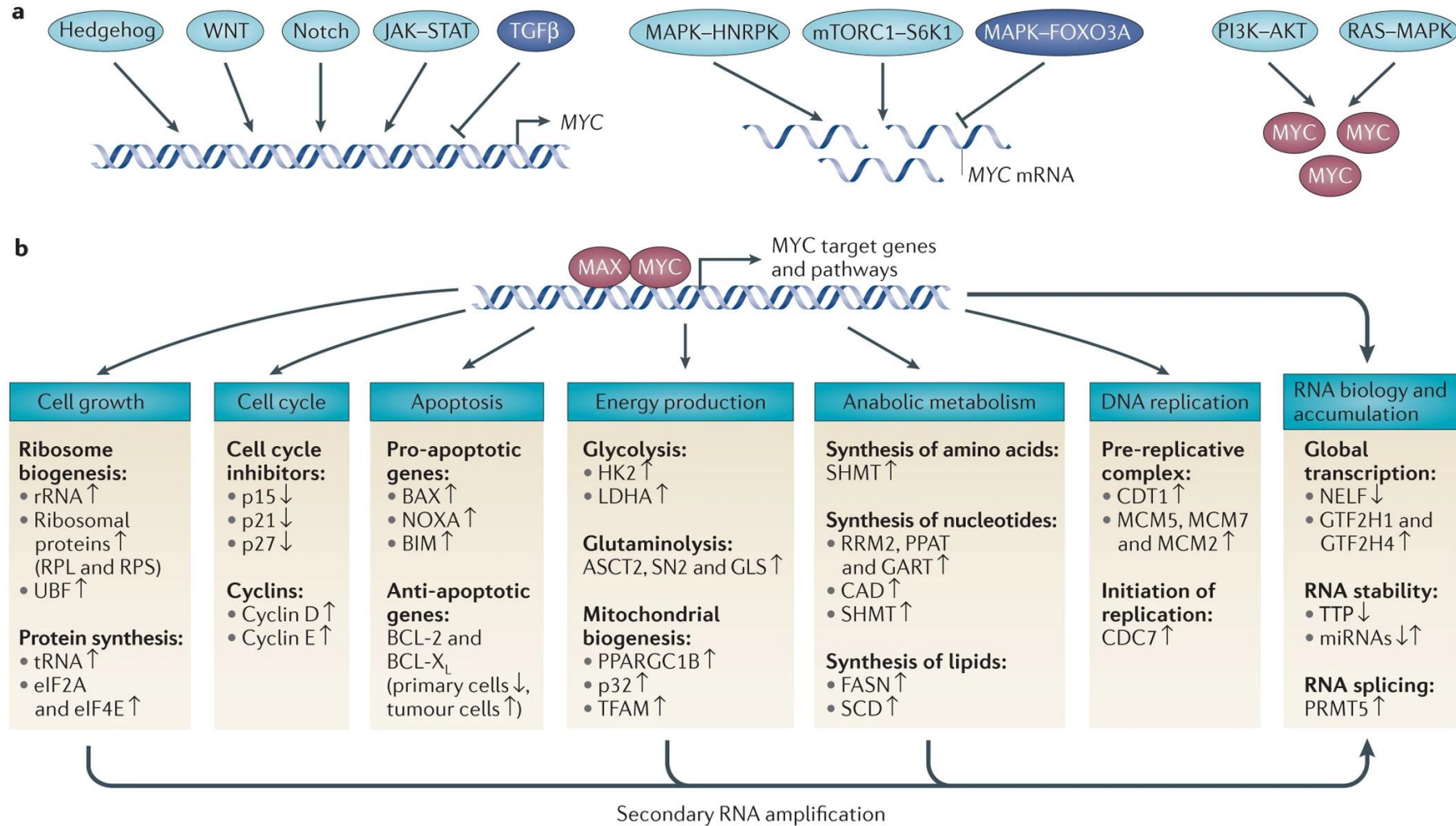
MYC activates the expression of many genes

MYC regulates gene expression



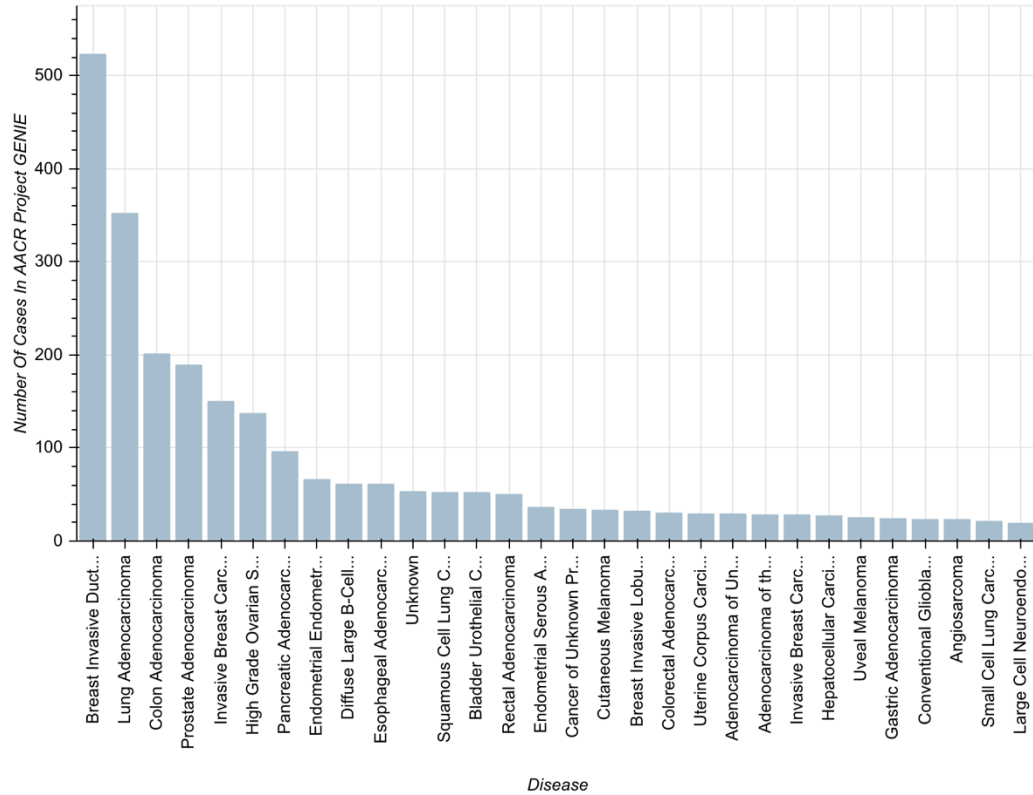
Antagonistic effects of Max partners

MYC targets

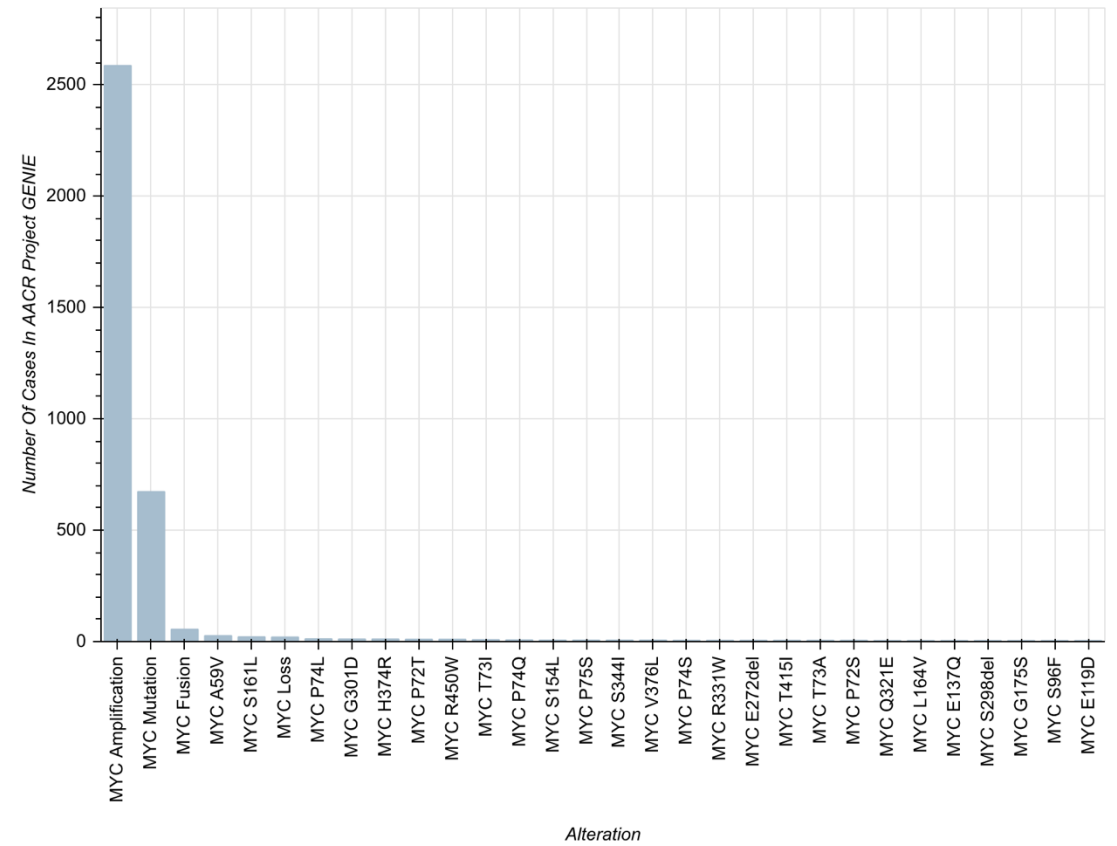


MYC alterations in cancer

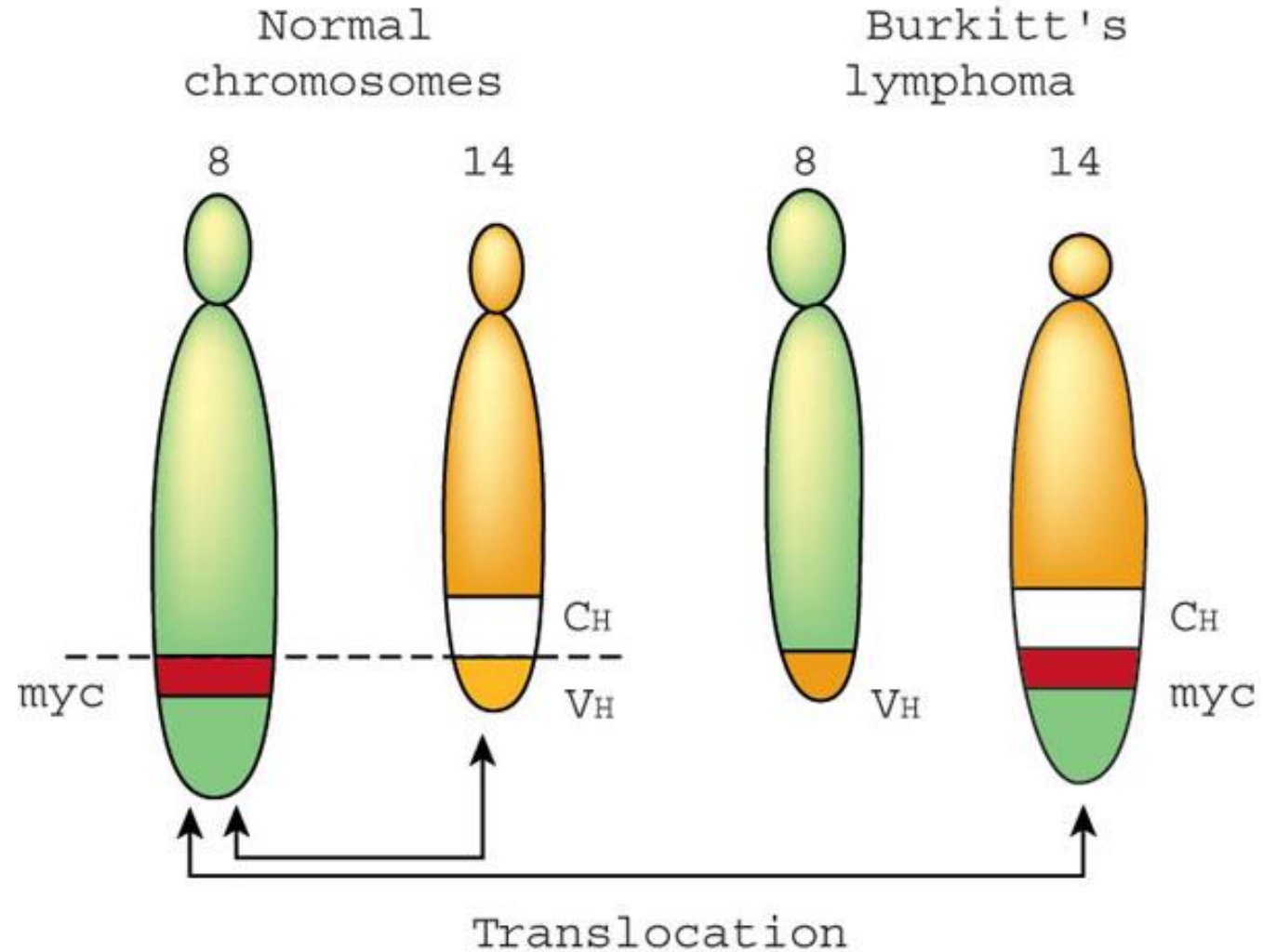
Myc alterations in different malignancies



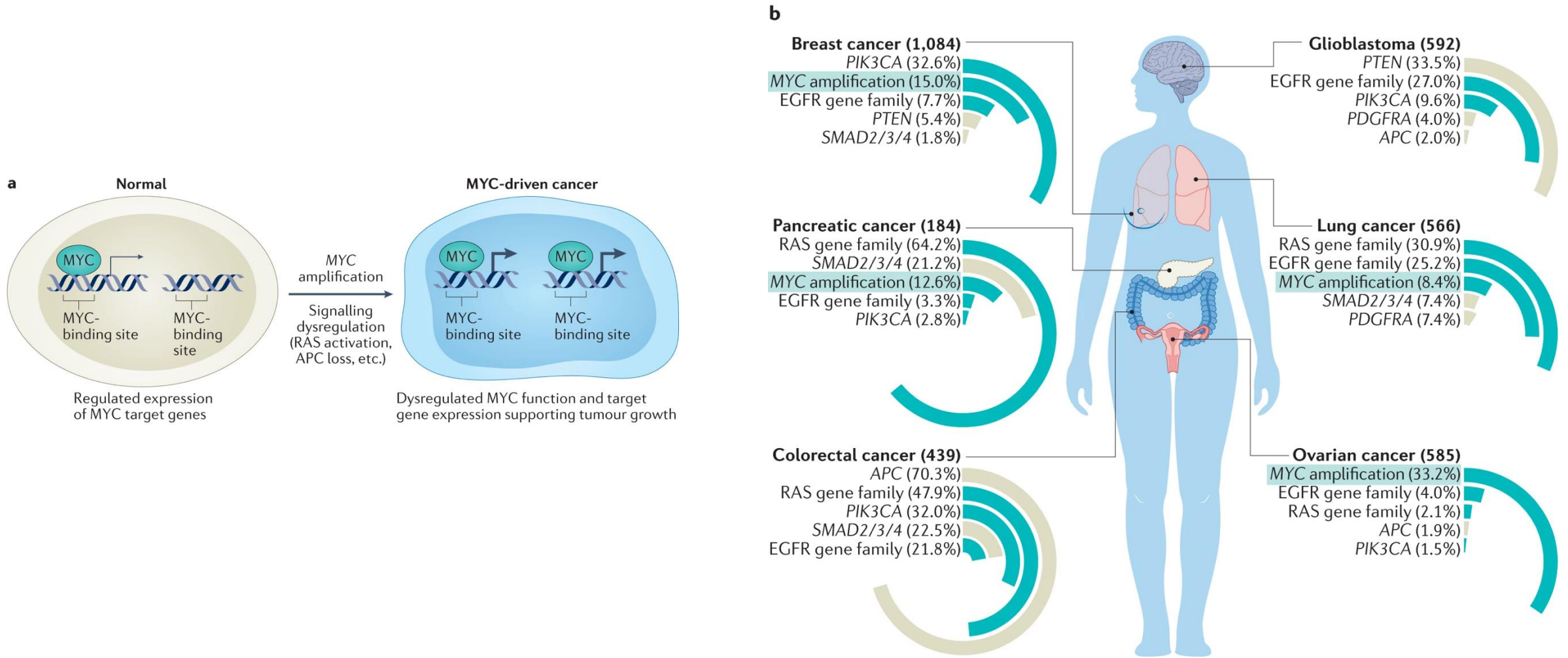
Most common Myc alterations



MYC translocation in Burkitt lymphoma



MYC amplification (copy number increase) in cancer



How can we analyze a pathway's activity?

Visualizing the signaling:

Reporter constructs

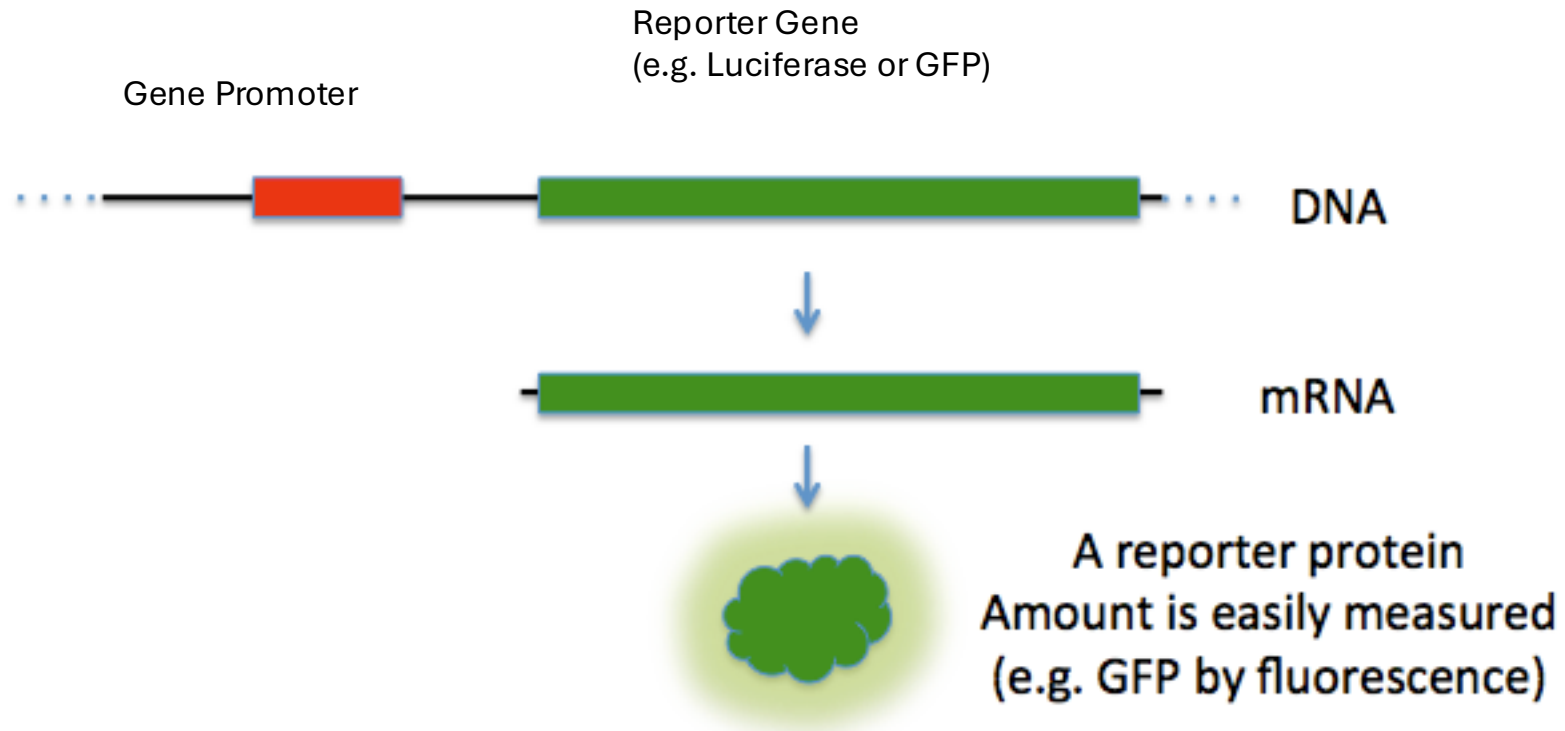
Protein-protein interactions (FRET)

Understand the signaling connection:

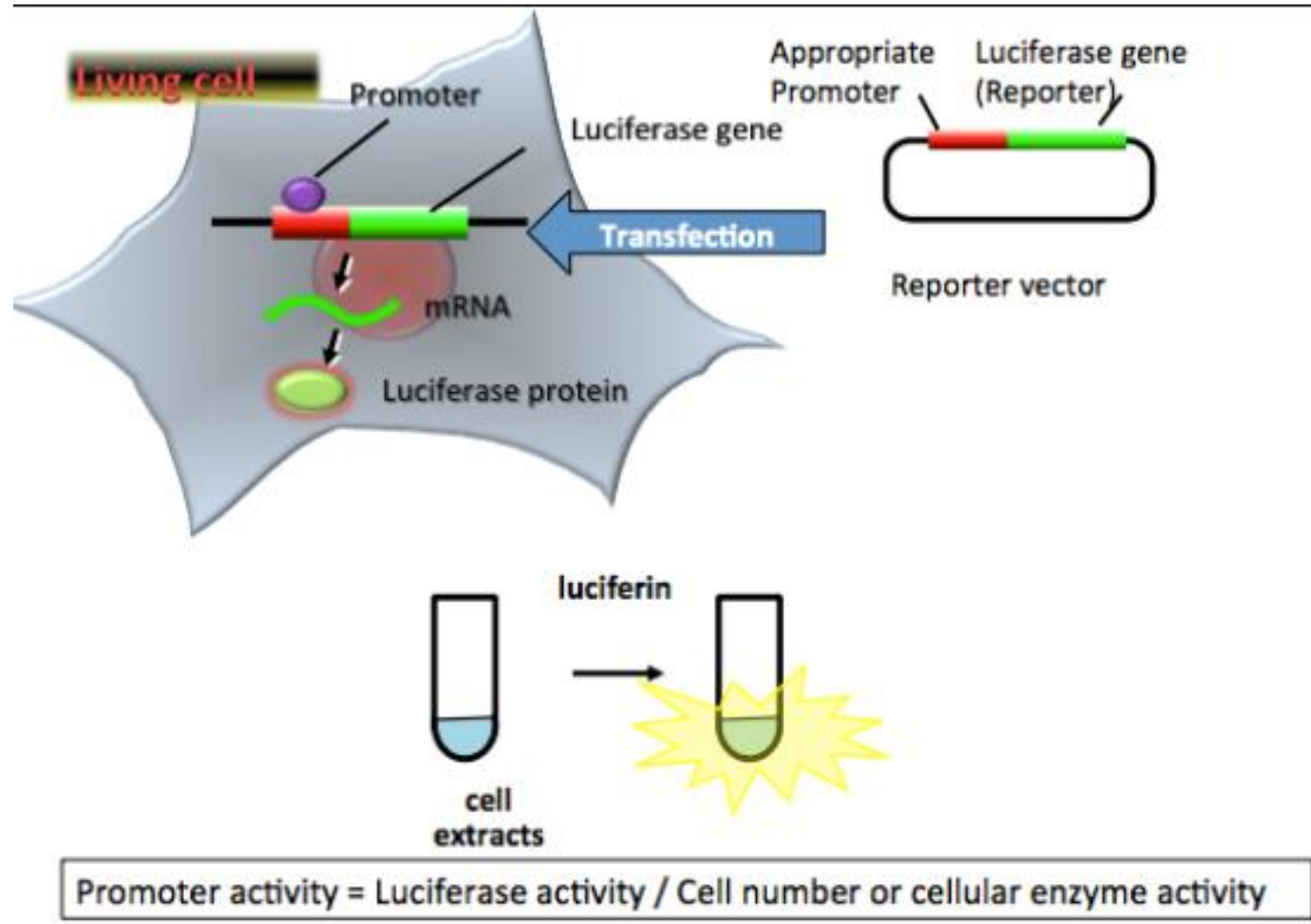
yeast two-hybrid screen/affinity purification/mass spectrometry

Reporter Construct

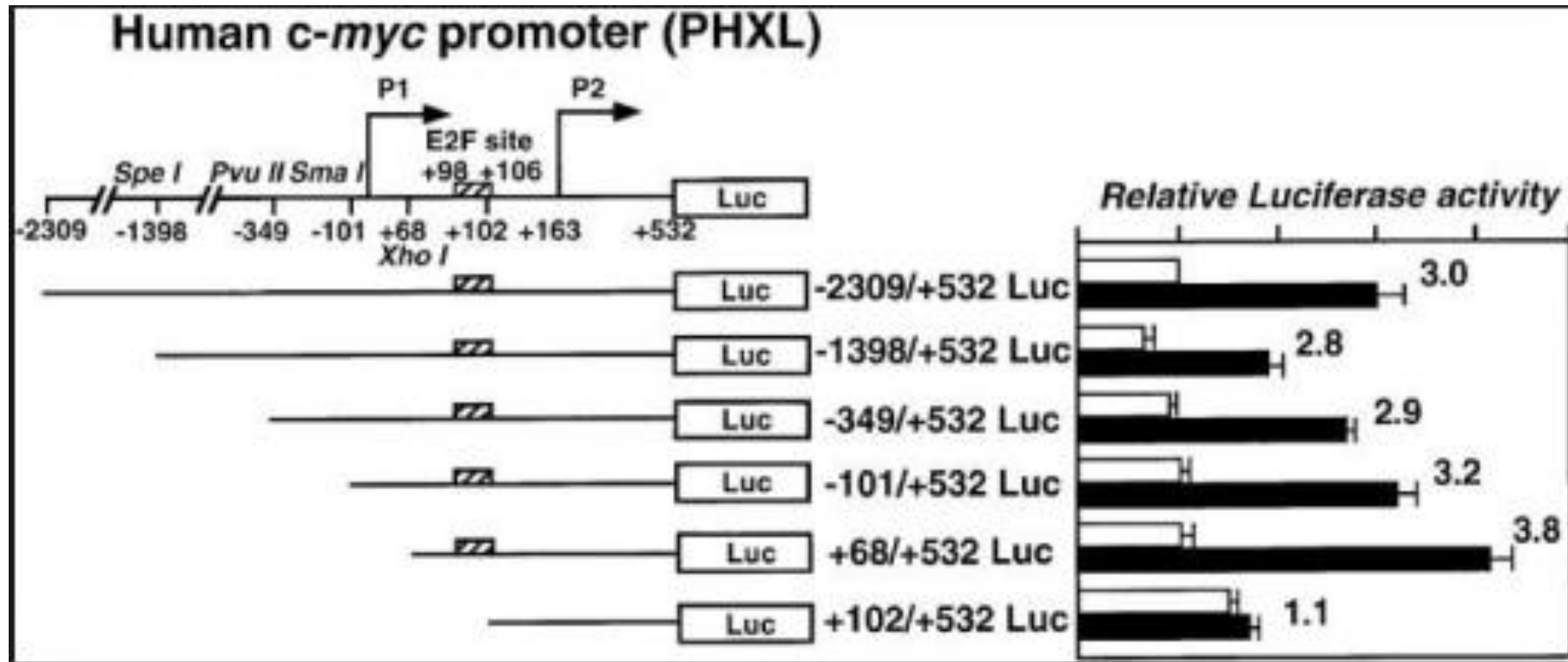
To understand if a transcription factor regulates the expression of specific genes



Reporter Construct

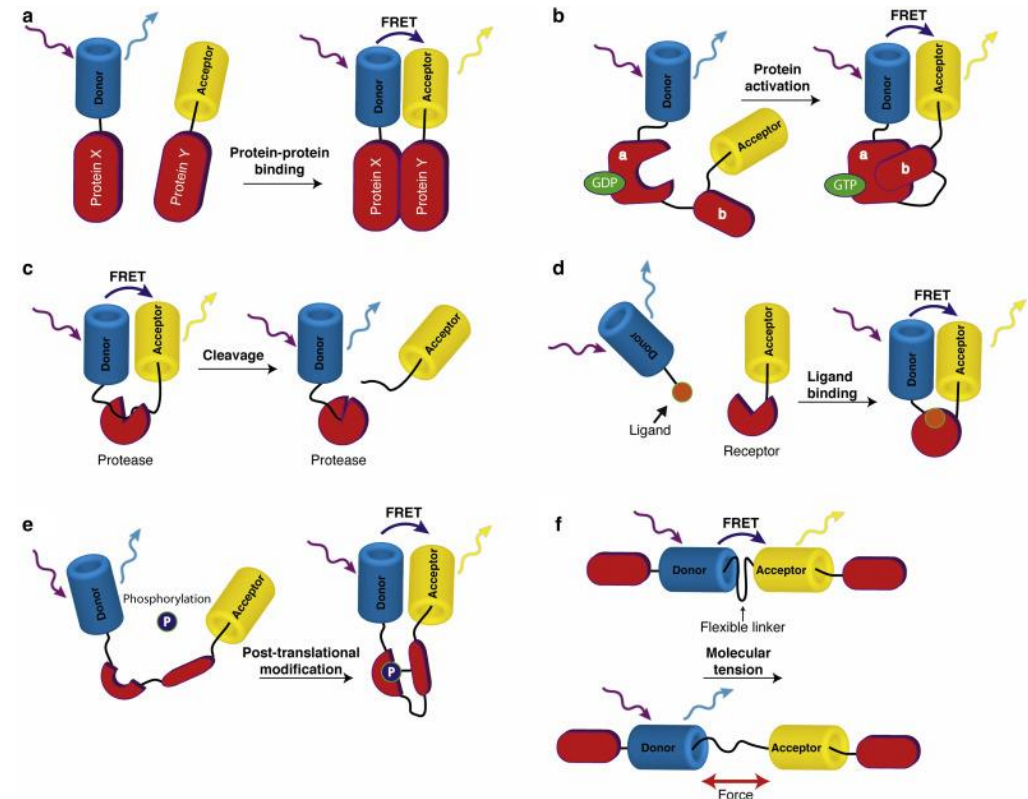
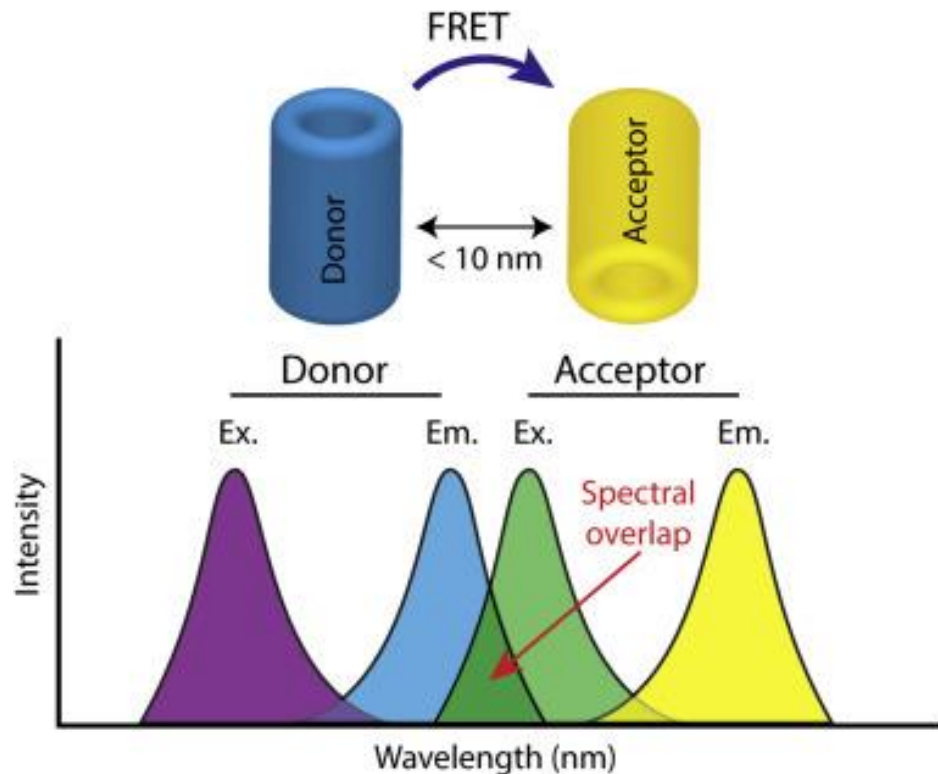


E2F regulates the expression of MYC

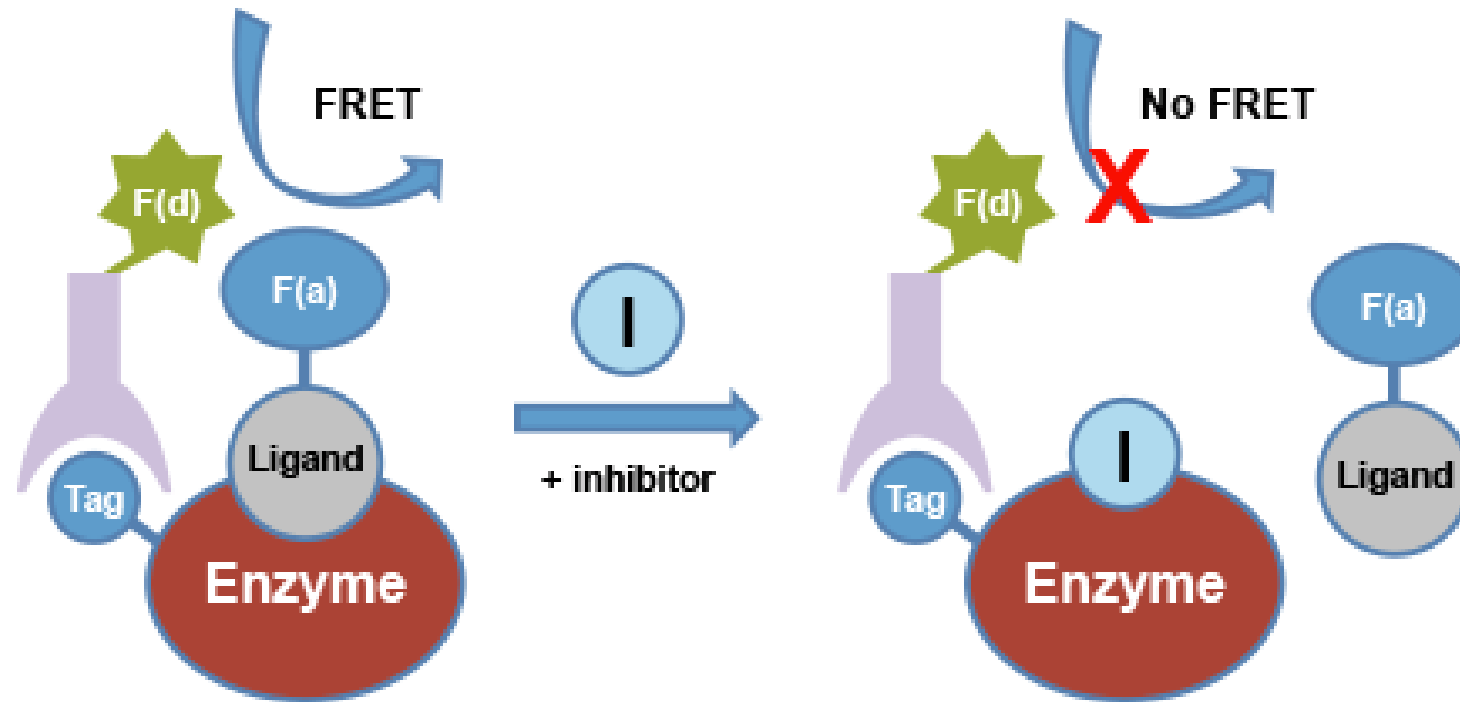


FRET (Förster Resonance Energy Transfer)

Used to study (in living cells): Protein-protein interactions
Ligand binding to a receptor
Molecular dimerization



FRET with specific inhibitors



How can we analyze the pathways activity?

Visualizing the signaling:

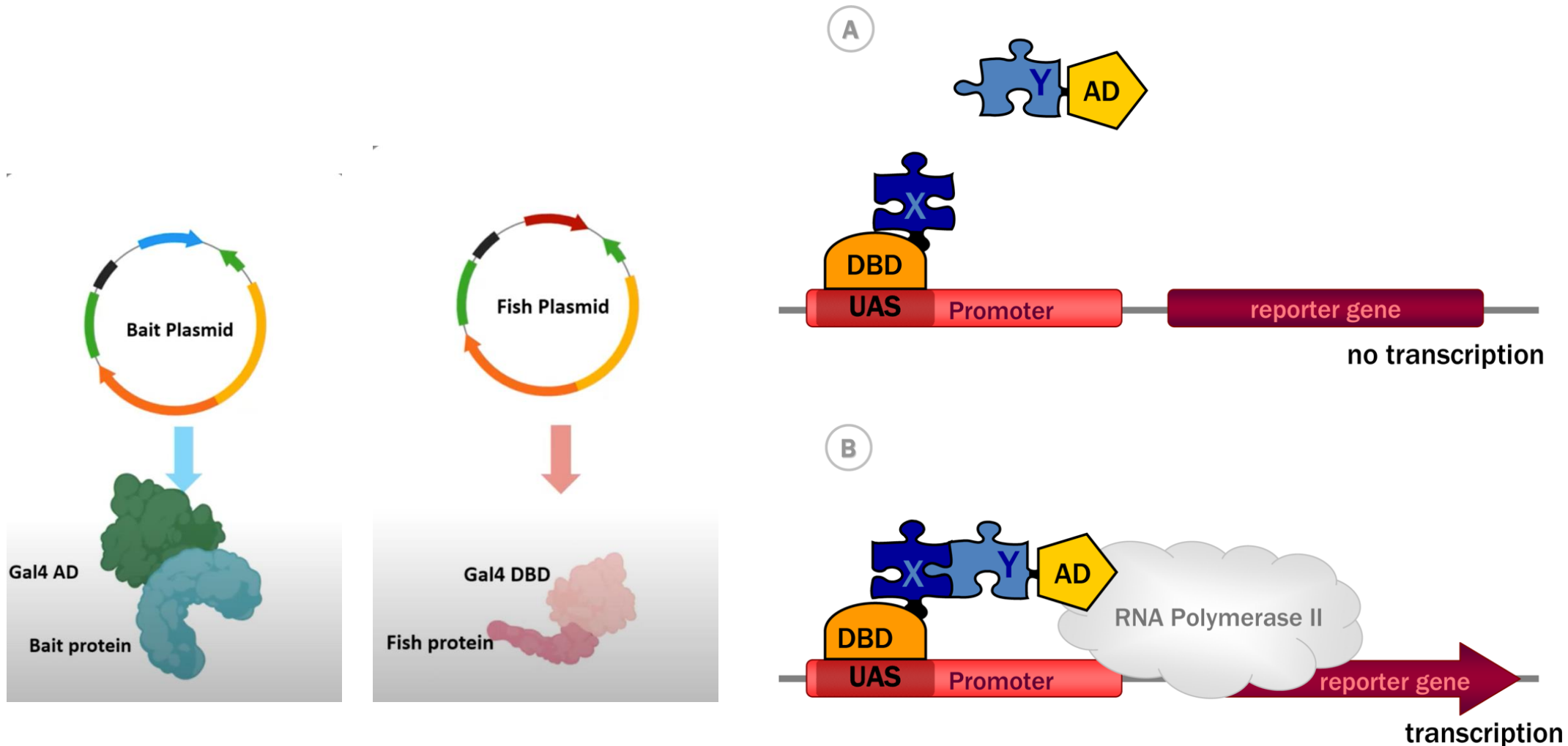
Reporter constructs

Protein-protein interactions (FRET)

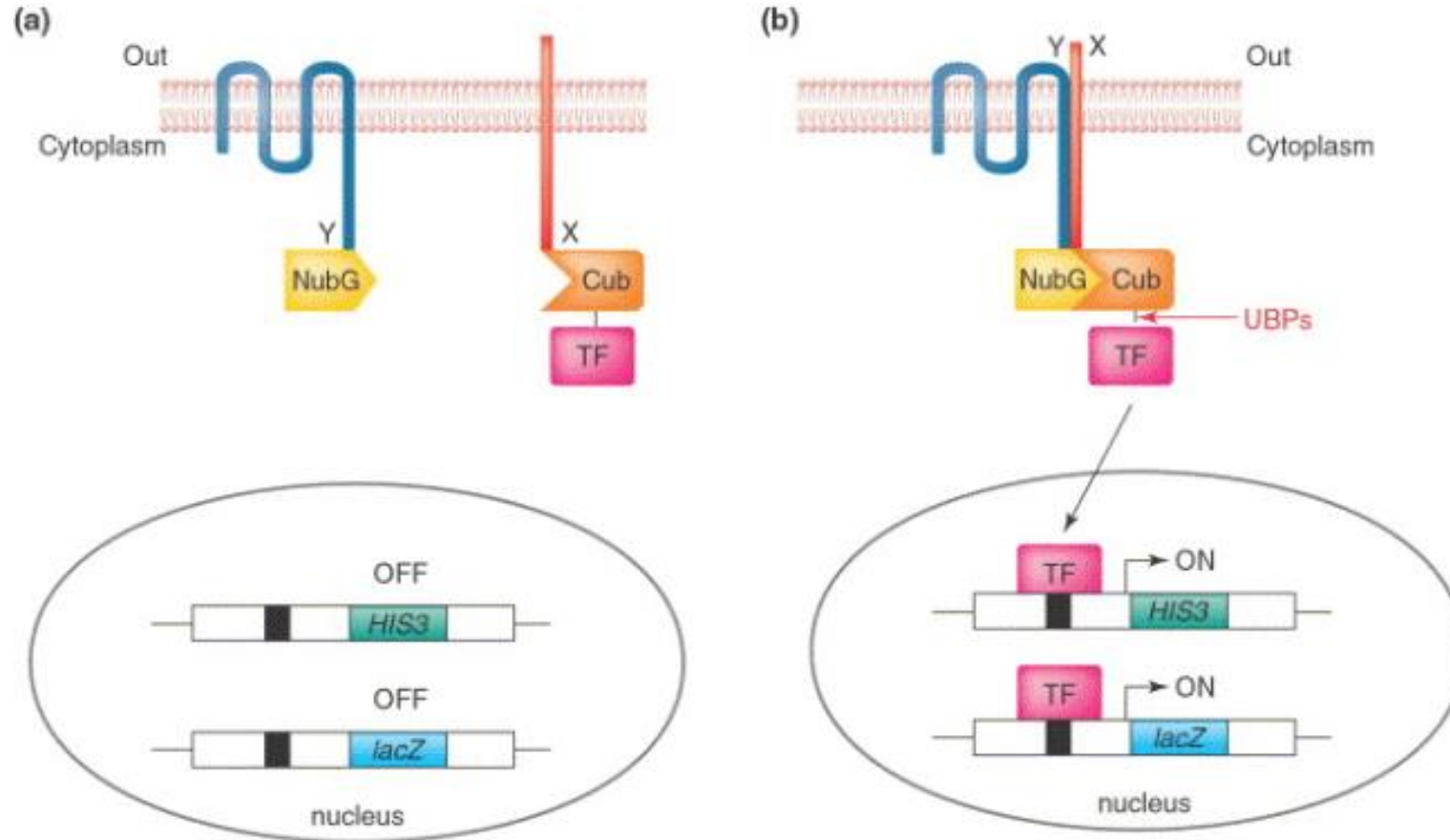
Understand the signaling connection:

yeast two hybrid screen/affinity purification/mass spectrometry

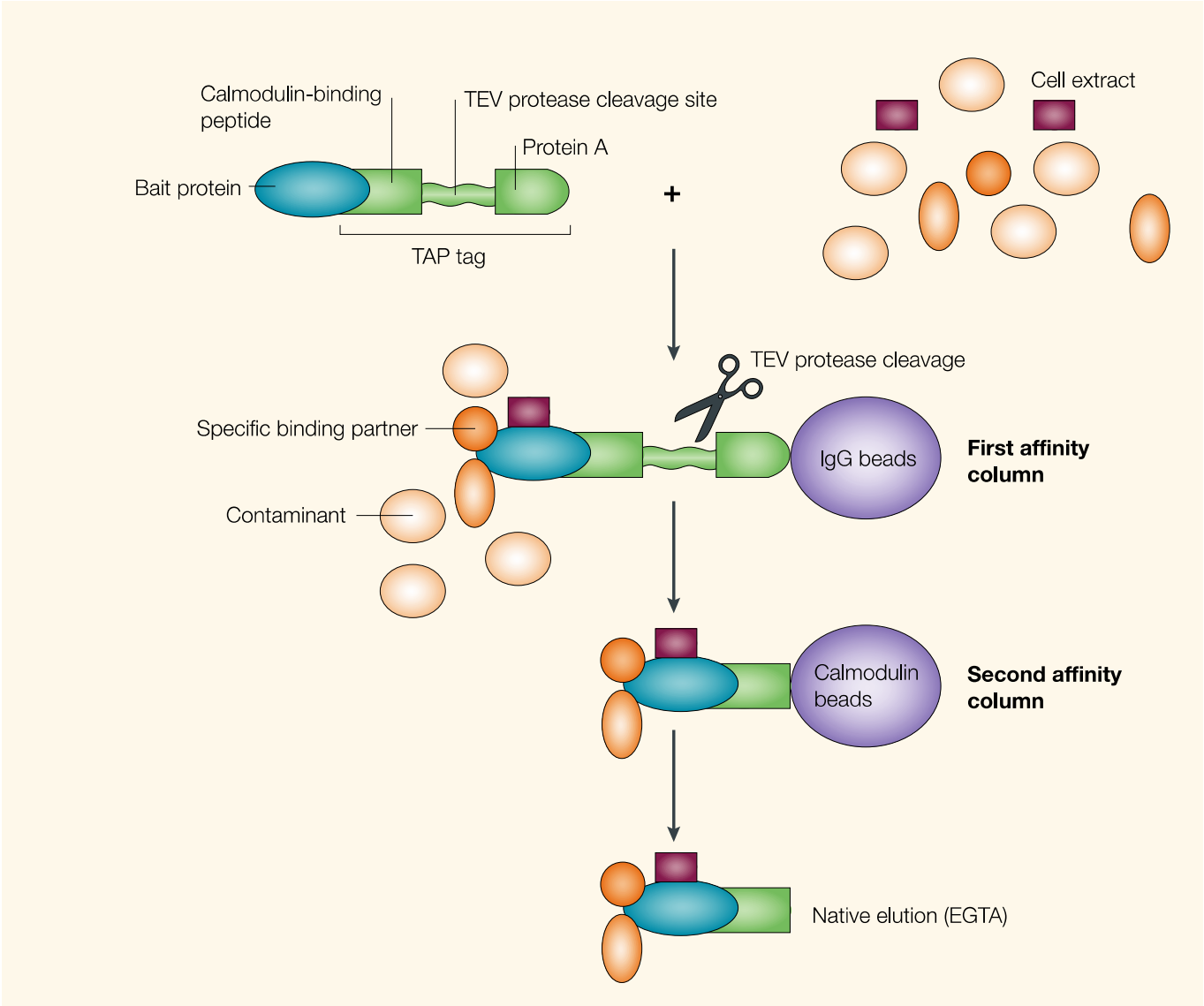
Yeast two hybrid screen (to discover protein-protein interactions)



Yeast two hybrid screen (transcription activation)



Protein-protein interaction by affinity purification



Frequently altered pathways in Cancer

<https://www.pnas.org/content/pnas/105/2/692.full.pdf>