

Basic Oncology



Basic Applications, Tumor Markers, Genes

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I have no real or apparent conflict of interest with the information presented in this lecture

The Biology of Cancer

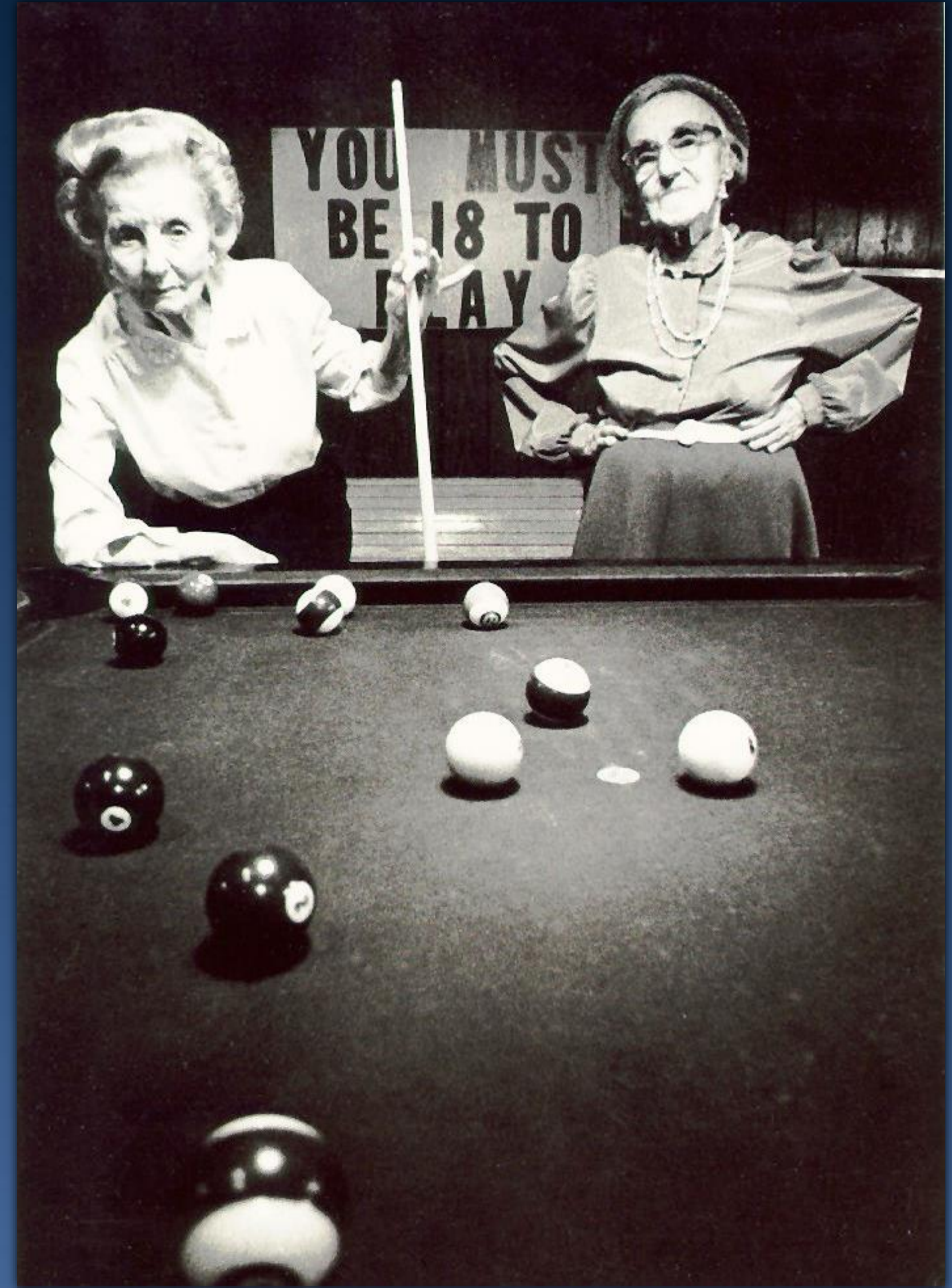


- Karyotypic abnormalities
 - Expression of cellular characteristics normally occurs under strict control
 - In malignancy, normal control is subverted or bypassed due to the action of a select group of genes ("oncogenes"), which regulate cellular activities
 - Loss of function of tumor suppressor genes ("anti-oncogenes") may be responsible for the development of certain tumors, such as retinoblastoma

Etiology



- Genetic Factors
- Radiation
- Tobacco
- Occupational exposure
- Medications
- Viruses
- Oncogenes and Antioncogenes
- **At least 80% of cancers in Americans are caused by living habits and environmental conditions!**



Genetic Factors



- For many common malignancies the incidence of cancer is higher among patients with a positive family history
 - As high as 25- to 30-fold in certain groups of patients with a familial history of breast cancer or bowel cancer
 - Inheritance patterns in these disorders are generally autosomal dominant, with varying penetrance. Half of the children of patients with these disorders will inherit the gene defect

Genetic Factors



- Preneoplastic syndromes (4 varieties)
 - **Hamartomatous syndromes (phakomatoses)**
 - Includes neurofibromatosis, vonHippel-Lindau syndrome, tuberous sclerosis, Cowden's syndrome, Peutz-Jeghers syndrome, and multiple exostosis syndrome
 - Benign lesions can undergo malignant transformation into sarcomas
 - May develop gliomas in the brain or optic nerve, meningiomas, acoustic neuromas, or pheochromocytomas

Genetic Factors



- Preneoplastic syndromes
 - **Genodermatoses**
 - Includes xeroderma pigmentosum, albinism, Werner's syndrome, epidermodysplasia verruciformis, dyskeratosis congenita, and polydysplastic epidermolysis bullosa
 - Rare autosomal recessive genetic disorders that involve skin

Genetic Factors



- Preneoplastic syndromes
 - Hereditary immune deficiency syndromes
 - Includes ataxia telangiectasia, Wiskott-Aldrich syndrome, late onset immune deficiency, and X-linked agammaglobulinemia
 - Increased incidence of neoplasia, most commonly lymphoproliferative malignancies

Genetic Factors



- Preneoplastic syndromes
 - Chromosome breakage disorders
 - Includes Bloom's syndrome and Fanconi's syndrome
 - Autosomal recessive inheritance of chromosomal instability and rearrangements of karyotypes; patients have an increased incidence of acute leukemia

Genetic Factors



- Li-Fraumeni Syndrome (or SBLA syndrome)
 - Autosomal dominant syndrome predisposing to a variety of malignancies, including soft tissue sarcomas, breast cancer, brain tumors, leukemias, lung cancer, and adrenocortical carcinomas

Genetic Factors

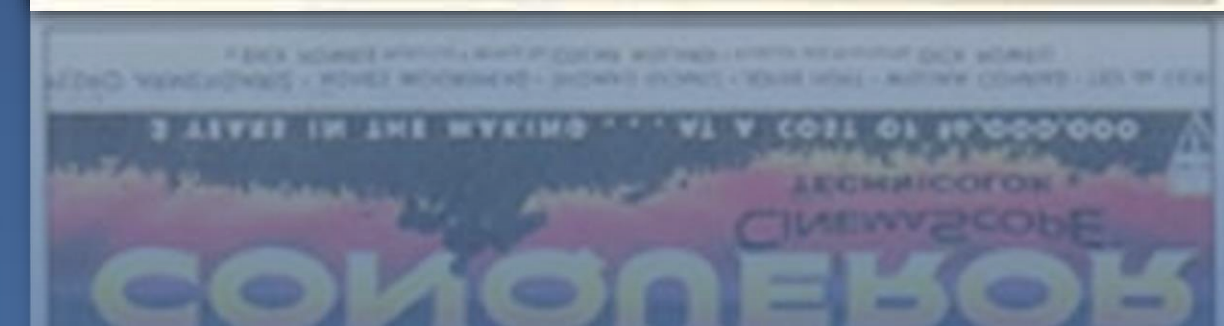
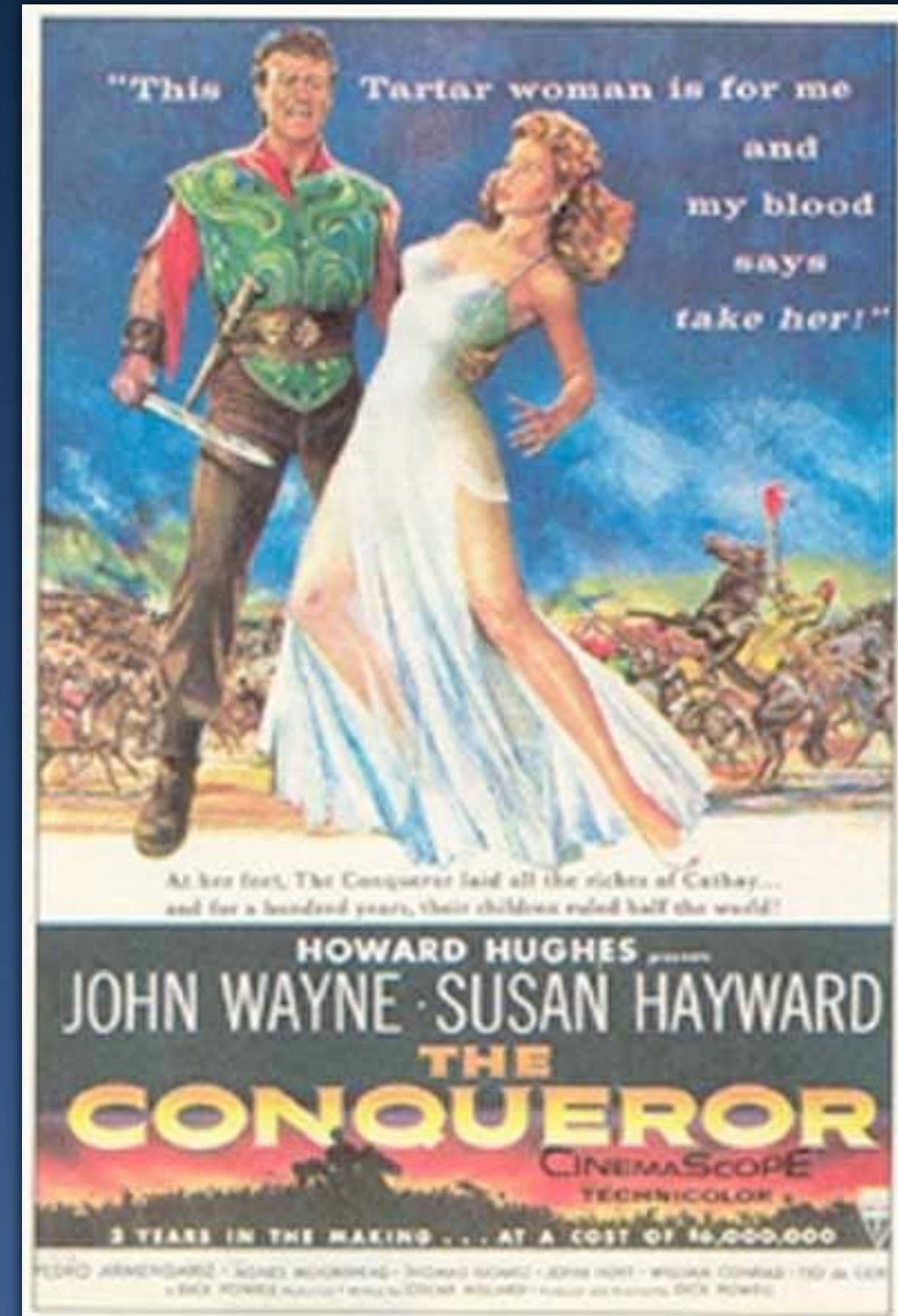


- Lynch Syndrome
 - Autosomal dominant disorder which predisposes to nonpolyposis carcinomas of the colorectum (Lynch I). Additionally, the association of colorectal cancer with carcinomas of the breast (Lynch II), endometrium, and ovary exists
 - Variations in DNA repair genes (*MLH1*, *MSH2*, *MSH6*, *PMS2*, or *EPCAM*) increase the risk of developing Lynch syndrome

Radiation



- Less than 3% of cancers result from exposure to radiation
- Exposure to the aerosol from radon daughters (uranium miners) increases the risk of malignancy in exposed tissues (lung). Radon daughters emit α -particles which can directly damage DNA. Individuals in ground-level dwellings are also at risk



Radiation



- Nearly all tissues are susceptible to tumor induction by radiation; most sensitive are the bone marrow, breast, and thyroid. The latent period is only 2-5 years for acute leukemia, and 5-10 years for solid tumors
- Higher incidence in those who have received radiation for neoplastic diseases and for ankylosing spondylitis, and of thyroid cancer in children irradiated for thymic enlargement

Radiation



- Solar radiation is the primary risk factor in skin cancer
- Occurs primarily on the parts of the body exposed to sunlight. Has a higher incidence in outdoor workers
- Patients with genetic diseases such as xeroderma pigmentosum and albinism are at high risk for developing skin cancer

Radiation



- The carcinogenic effect of solar irradiation is spectral range of 290 to 320 nm. This range of wavelengths correlates with the action spectrum for UV-induced damage to DNA
- Risk for melanoma is cumulative with continued sun exposure, and increases dramatically for those who have a history of 3 or more blistering sunburns

Tobacco

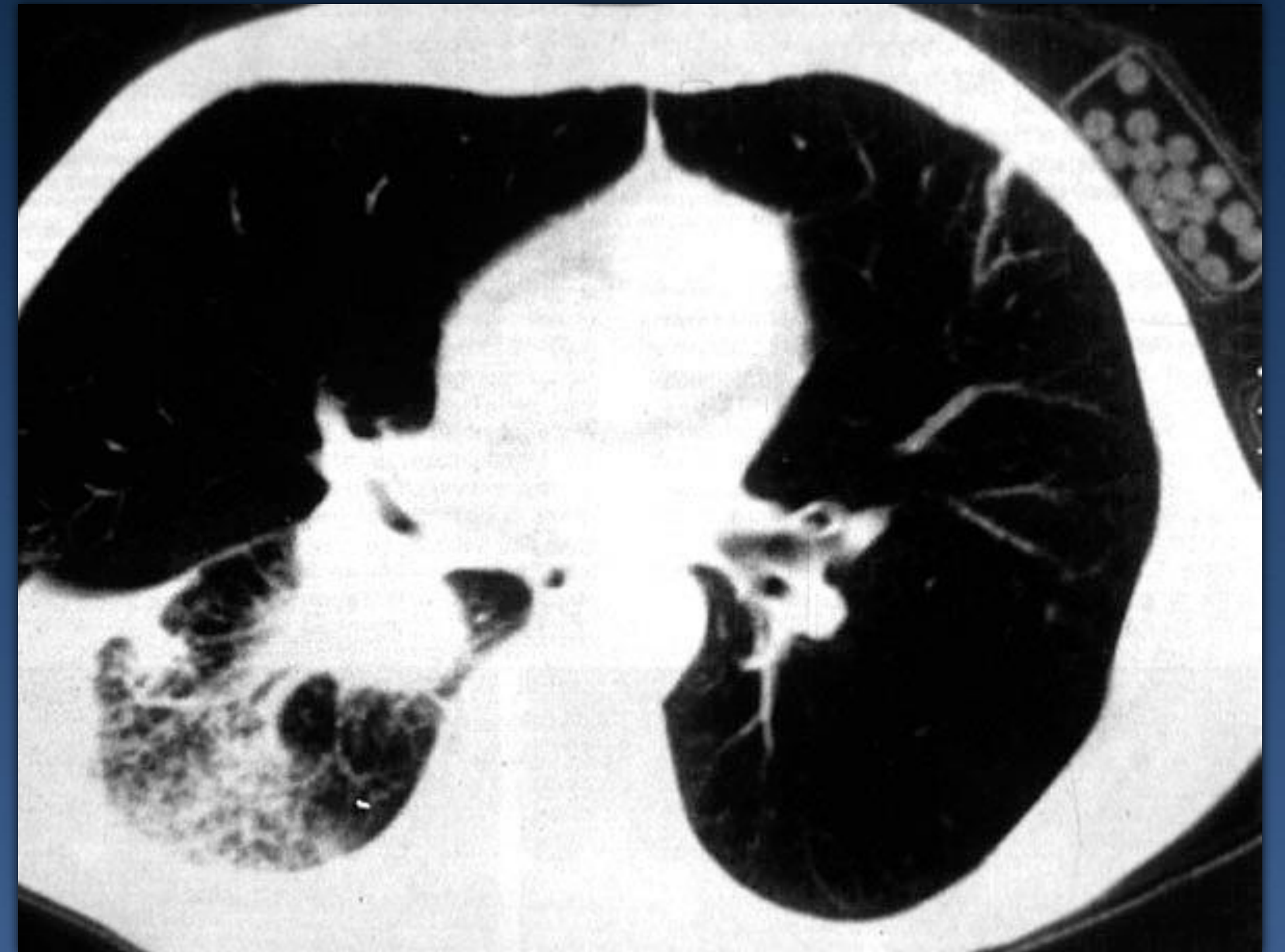


- Lung cancer incidence is 10 to 20 times higher in smokers than in nonsmokers
- Tobacco smoking is associated with cancer of the oral cavity, esophagus, kidney, bladder, and pancreas. Particulate matter known as *tar* contains polycyclic hydrocarbons, which have been shown experimentally to be contact carcinogens

Tobacco



- The metabolic activation of tobacco components such as the cyclic N-nitrosamines can produce carcinogens with the capacity to act upon the cells of internal organs
- Tobacco-related malignancies account for one-third of all male cancer deaths and for 10-20% of all female cancer deaths



Tobacco



- As a result of increased use of tobacco by women in the period since World War II, the incidence of lung cancer deaths in females has surpassed that of breast cancer
- Smoking cessation results in a gradual decrease in risk, so that after 10-15 years former smokers have nearly the same risk of lung cancer as nonsmokers



Occupational Exposure



<i>OCCUPATIONAL AGENT</i>	<i>RELATED CANCER</i>
Arsenic	lung, skin, liver
Asbestos	mesothelioma, lung
Benzene	leukemia
Benzidine	bladder
Chromium compounds	lung
Mustard gas	lung
Polycyclic hydrocarbons	lung, skin
Vinyl chloride	angiosarcoma of liver

Air Pollution



- Lung cancer incidence is increased by smoking and by certain industrial and occupational exposures (primarily related to coal tar and combustion by-products)
- Higher incidence of lung cancer in urban dwellers above and beyond industrial and occupational exposure

Medications



- Estrogens
 - DES associated with vaginal and cervical cancer in daughters who were exposed *in utero*
 - Estrogens increase the incidence of endometrial cancer. Risk is decreased by the additional use of progesterone and a decreased estrogen dose
 - Correlation between estrogen exposure and breast cancer development

Medications



- Chemotherapeutic agents
 - Alkylating agents cause an increased incidence of acute myelocytic leukemia, bladder cancer, and probably other malignancies
 - BRAF kinase inhibitors—keratoacanthomas, SCC of skin. Managed by local therapies; does not require discontinuation of therapy
- Androgens—risk of prostate cancer
- Immunosuppressives
 - Organ transplant patients treated with immunosuppressives, such as azathioprine and prednisone, have an increased incidence of large cell lymphoma as well as a variety of solid tumors

Medications



- As cancer preventatives
 - Calcium, nonsteroidal anti-inflammatory drugs (NSAIDs), and aspirin may reduce the risk for developing colon cancer
 - Celecoxib (Celebrex[®]) FDA approved for treatment of familial adenomatous polyposis
 - Vitamin D supplementation?
 - Emerging data sets regarding Vitamin D deficiency and levels of 25-hydroxy Vitamin D with increased risk of cancers of breast, colon and rectum, and other sites

Medications



- As cancer preventatives
 - Tamoxifen (Nolvadex[®]) effective in decreasing development of breast cancer in women at high risk
 - Raloxifene (Evista[®]) effective in decreasing second primary breast cancer; doesn't lower risk of developing *in situ* cancer



- Evidence strongly correlates the intake of fat with cancer at several sites, especially the breast and colon. No definitive reason, but postulated explanations include:
 - Increased adiposity=higher estrogen levels
 - Increased bile salt excretion which could alter gut flora and raise the production of carcinogenic substances



- Dietary substances are associated with cancers in the following sites:
 - Fat: breast and colon
 - High total caloric intake: breast, endometrium, prostate, colon, and gall bladder
 - Animal protein, particularly as red meats: breast, endometrium, and colon
 - Alcohol, particularly in smokers: mouth, pharynx, larynx, esophagus, and liver
 - Salt-cured, smoked, or charred foods: esophagus and stomach
 - Nitrate and nitrite additives: intestine



- No support for anticarcinogenic value of particular vitamins, minerals, or nutritional supplements in amounts greater than provided by a prudent diet
- Analogs of Vitamin A have been shown to work as differentiating agents in leukemia and to reduce the incidence of secondary malignancies of the head and neck
- Vitamin A analogs may also have a role in treatment of carcinomas of the cervix and vagina

Infectious Agents



- Human T cell Lymphotropic Virus type 1 (HTLV-1)
 - Retrovirus associated with T cell lymphoma, cutaneous T cell lymphoma (mycosis fungoides) and acute T cell leukemia
- Epstein-Barr virus (EBV)
 - Closely associated with African Burkitt's lymphoma and NPC

Infectious Agents



- Hepatitis B virus (HBV)
 - Strongly linked with the incidence of hepatocellular carcinoma
 - Contributing factors
 - Malaria
 - Malnutrition
 - Exposure to aflatoxin

Infectious Agents



- Hepatitis C virus (HCV)
 - Accounts for about one third of all cases of hepatocellular cancer in the US each year
 - Occurs almost exclusively in those with cirrhosis
- Herpes simplex virus (HSV)
 - There is a statistical correlation between HSV-2 viral infection, which is sexually transmitted, and the incidence of cervical cancer

Infectious Agents



- Human papilloma virus (HPV)
 - Strong correlation between HPV infection and cancers of the labia, vagina, cervix, penis, head/neck, and anus
 - Two vaccines on market - hope to decrease incidence of HPV-caused cancer at these sites
- *Helicobacter pylori*
 - Association with gastric carcinoma and low grade lymphoma
 - Antibiotic treatment in face of lymphoma has been associated with regression of malignancy!

Oncogenes



- Genetic material which, when altered, causes formation of cancer
- Definitions...
 - Protooncogene—a presumably normal gene which may be a target for carcinogenic agents. Not causative of cancer by itself in an inactive form
 - Oncogene—the active cancer gene; an “activated protooncogene”
 - Antioncogene—a gene which prevents the formation of a given malignancy. Also known as “tumor suppressor” gene

Oncogenes



<i>ONCOGENE</i>	<i>TUMOR ASSOCIATION</i>
<i>HER2</i>	Breast, ovarian, gastric
<i>RAF</i>	Gastric, thyroid, kidney, melanoma
<i>H-RAS</i>	Bladder
<i>K-RAS</i>	Lung, colon
<i>N-RAS</i>	Leukemia
<i>C-MYC</i>	Lymphoma, various carcinomas
<i>N-MYC</i>	Neuroblastoma
<i>L-MYC</i>	Small Cell Lung Cancer
<i>BCL-2</i>	Lymphoma

Oncogene Applications



Genomic oncogene detection strategies can help identify patients at risk for more aggressive cancer

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Oncogenes



Specific therapy exists for cancers with mutated genes...

<i>ONCOGENE</i>	<i>CANCER ASSOCIATION AND AGENT(S) USED</i>
<i>BRAF</i>	Melanoma (vemurafenib, dabrafenib)
<i>MEK</i>	Melanoma (trametinib)
<i>ALK</i>	NSCLC (crizotinib, ceritinib)
<i>BCR-ABL</i>	CML (imatinib, dasatinib, nilotinib)

Antioncogenes



- Genes that decrease the likelihood of developing a given malignancy
- Earliest example is the retinoblastoma (RB) gene. Normal cell growth and differentiation is not affected if one RB gene is inactivated; when both RB genes are inactivated, the risk of developing retinoblastoma increases dramatically