

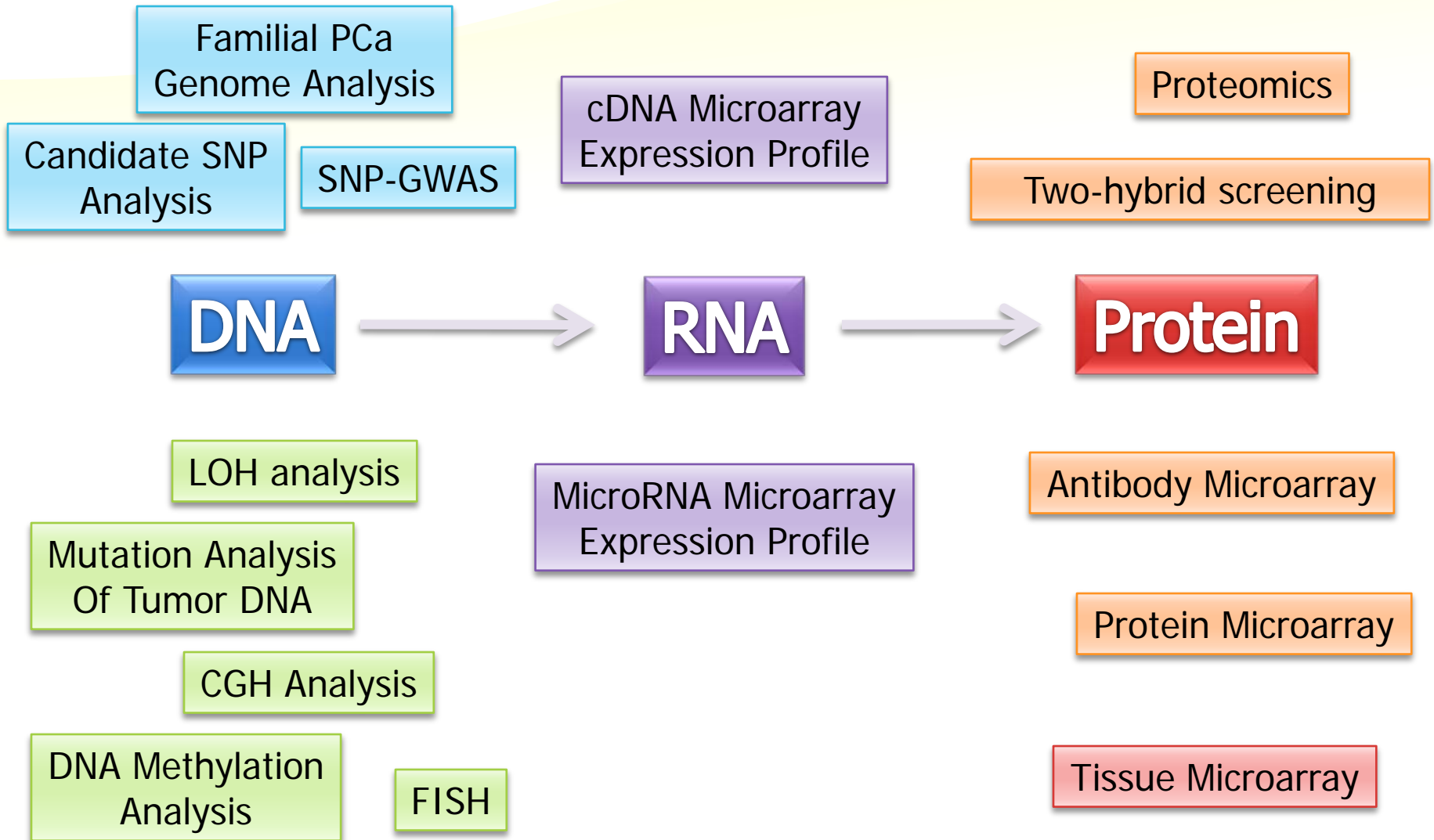
Genomics & Epigenomics in Prostate Cancer:

**Toward the Identification of
New Candidate Molecular Targets**

Tomonori Habuchi , M.D.

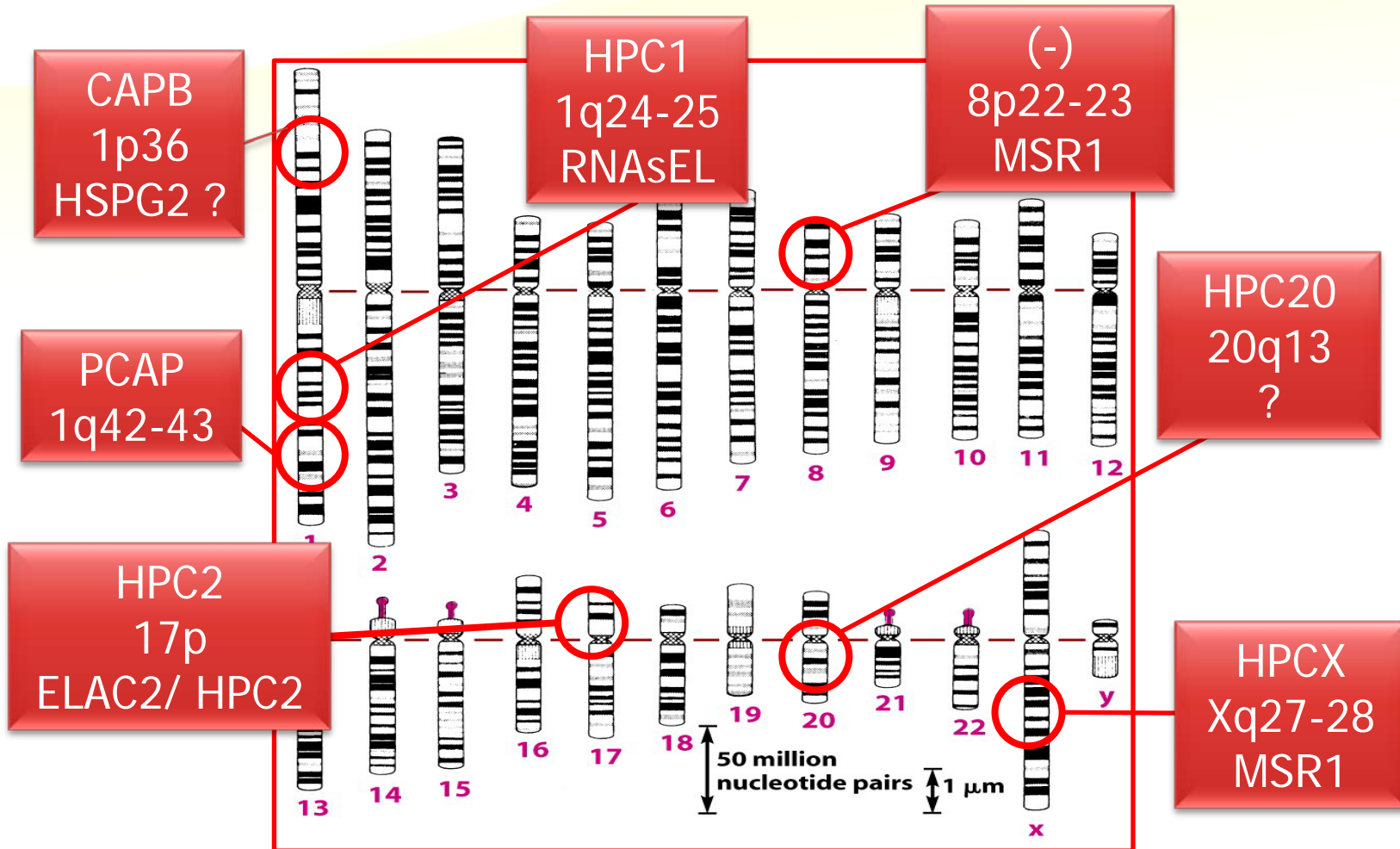
Department of Urology
Akita University Graduate School of Medicine

Identification of Genetic, Epigenetic and Biological Alterations in Cancer Cells and Patients



Candidate Prostate Cancer Genes and Chromosomal Loci

- from Familial/Hereditary Prostate Cancer -



Candidate Prostate Cancer Genes *from Familial/Hereditary Prostate Cancer*

Promising, but these cases cover only 3 – 5% of all prostate cancer patients

Genome-Wide Association Study



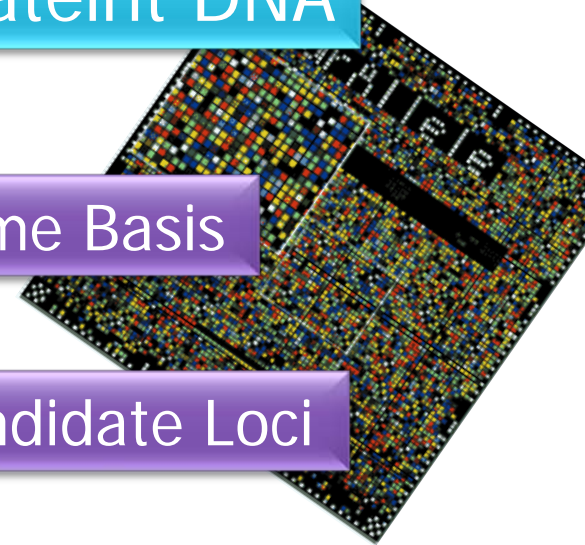
Pateint DNA



Non-Pateint DNA

SNP Genotyping on a Whole-Genome Basis

Compare SNP-Genotype and Extract Candidate Loci



Genetic Polymorphisms

DNA sequence is 99.9 % identical among individuals.
0.1 % DNA sequence variation causes inter-individual remarkable differences.

SNP (Single Nucleotide Polymorphism)

No. = 3-10 million



Genome-Wide Association Study



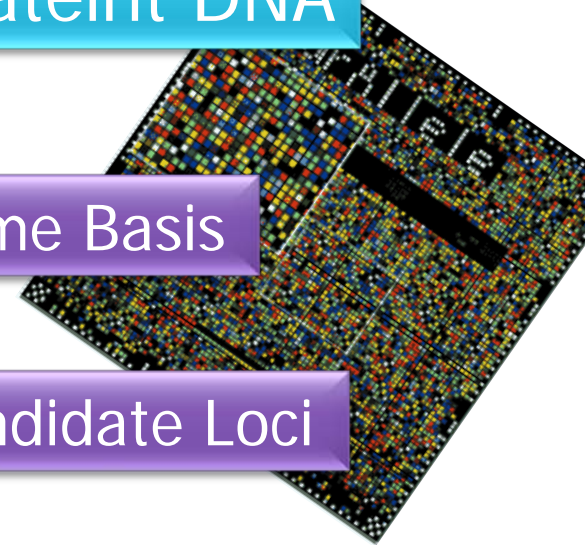
Patient DNA



Non-Patient DNA

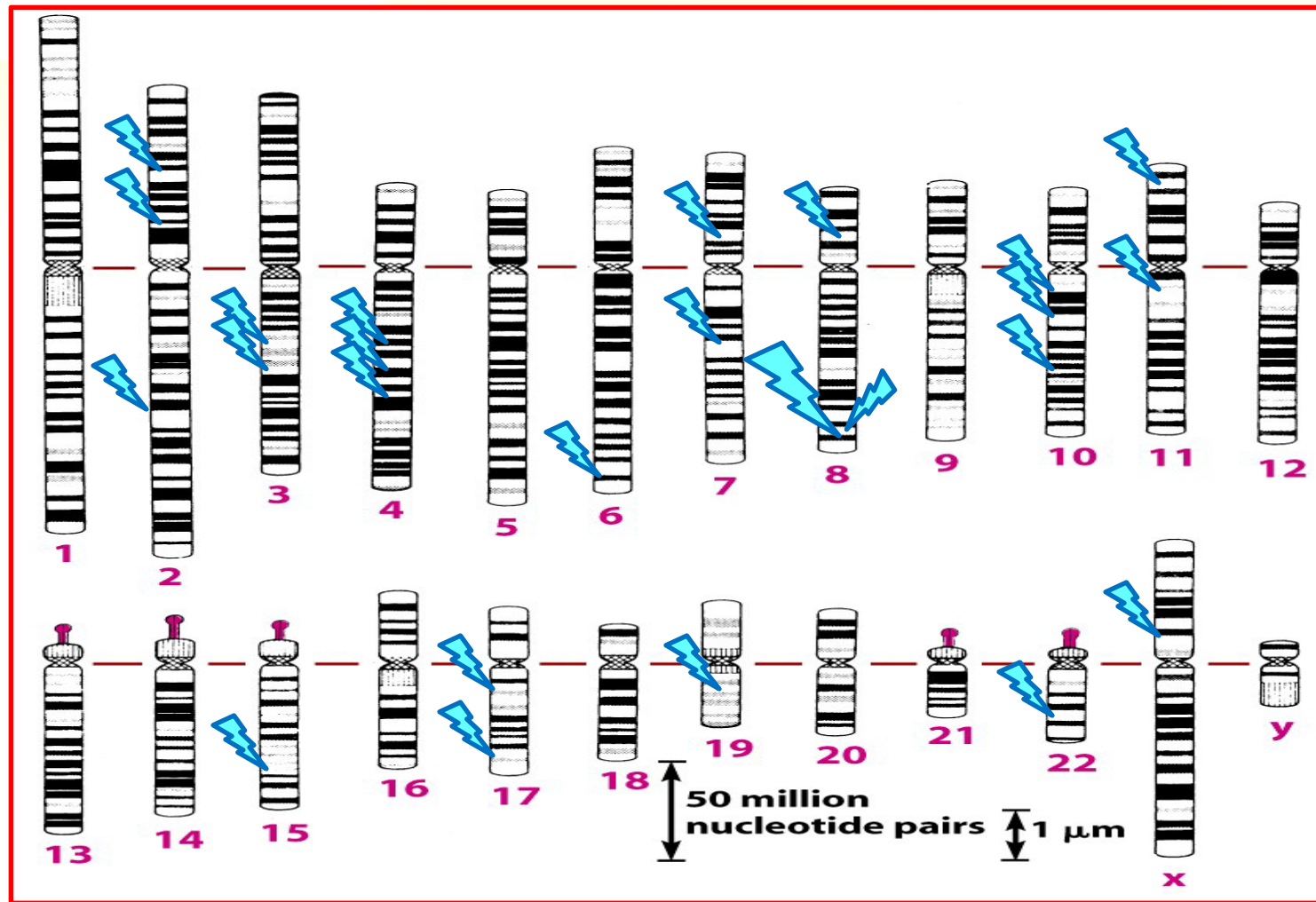
SNP Genotyping on a Whole-Genome Basis

Compare SNP-Genotype and Extract Candidate Loci



Candidate Prostate Cancer Genes and Chromosomal Loci

- from Genome-Wide Association Study (GWAS) -



Candidate Prostate Cancer Loci *from* Genome-Wide Association Studies

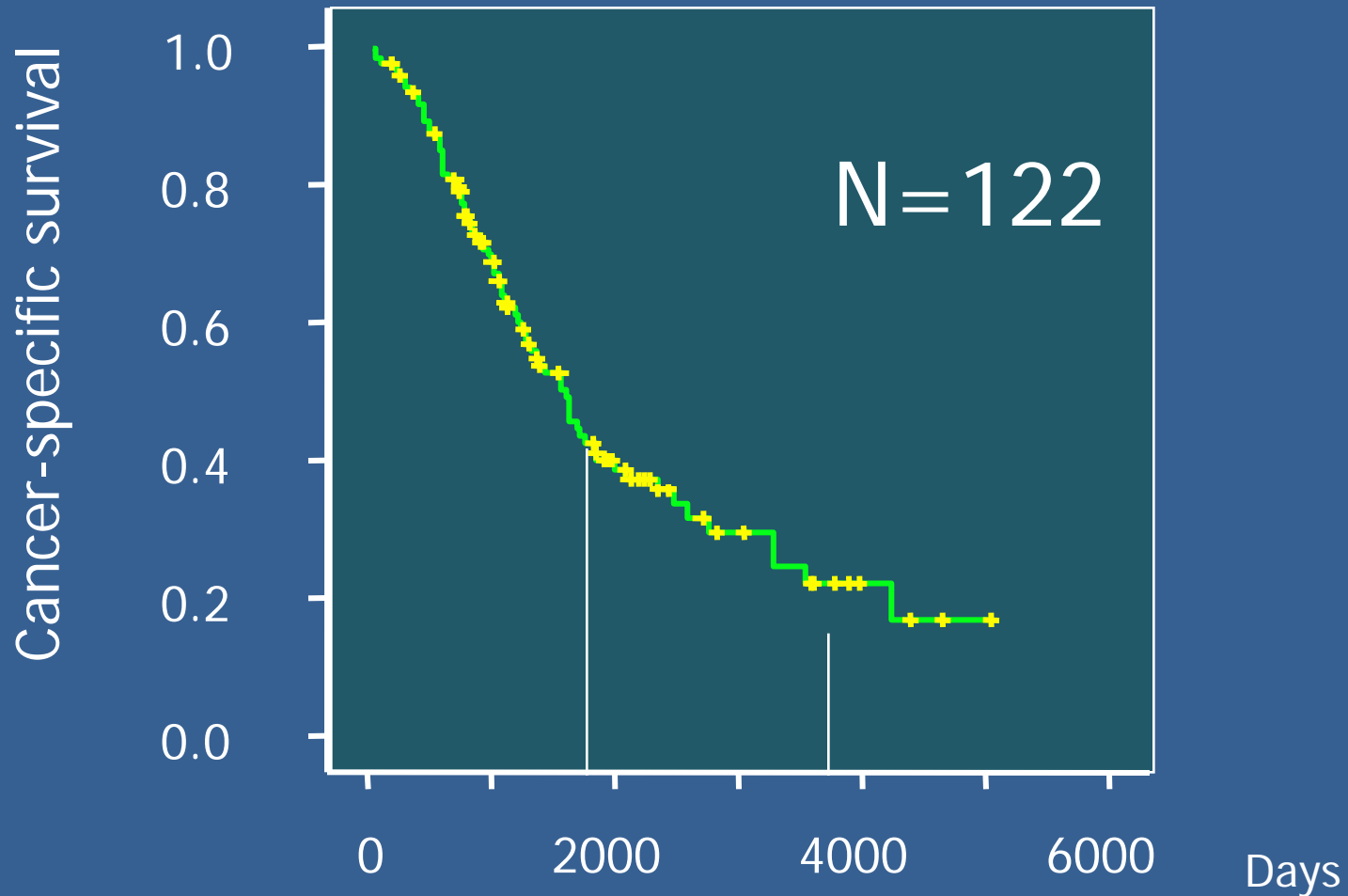
Promising, but most candidate loci are associated with a higher risk below 1.3.

May be time consuming and difficult to apply the findings to the clinical settings.

DNA Polymorphism Analysis to Identify Candidate Genes for Prostate Cancer Progression



Cancer Specific Survival in 122 Metastatic Prostate Cancer (D2) Patients



Background

- The prognosis of metastatic prostate cancer significantly differs among individuals.
- While various clinical and biochemical prognostic factors have been suggested, host genetic factors may also affect the progression and response to the treatments.
- Genetic polymorphisms may be good prognostic predictors of metastatic prostate cancer patients.

Materials and Methods

- 122 prostate cancer patients with bone metastasis at the diagnosis
Metastasis confirmed by Bone Scan and/or CT
Median age=73, Median follow-up=1167 days
- 13 polymorphisms of the genes related to the steroid hormone synthesis and growth factors were genotyped.
PCR-RFLP for SNPs, or
GeneScan for repeat polymorphisms

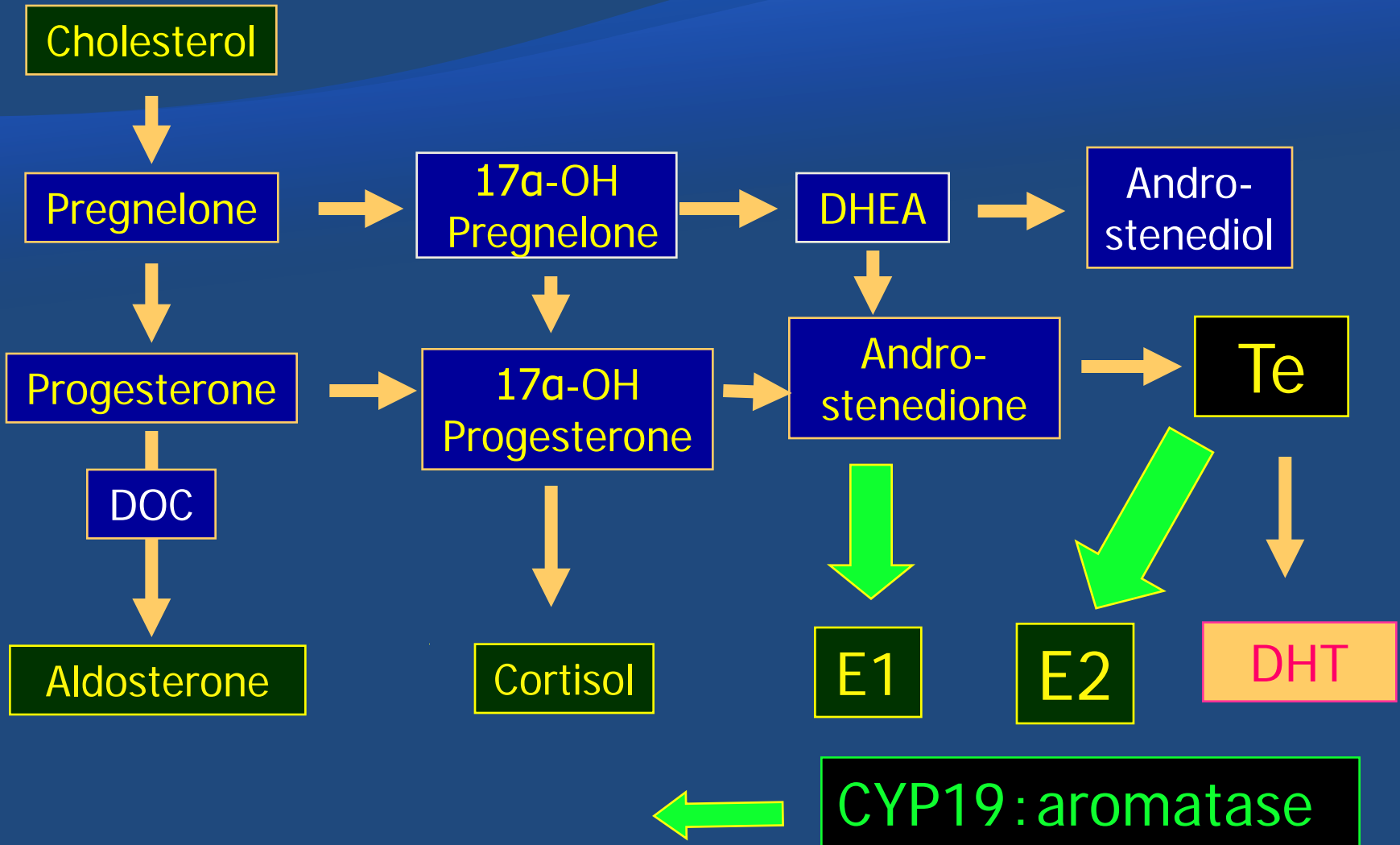
13 Polymorphisms Analyzed

Gene	Name	Type		Site
VDR	Vitamin D receptor	SNP	<i>BsmI</i>	3' UTR
CYP17		SNP	T-34C	promoter
SRD5A2	5-alpha reductase	SNP	V89L	exon 1
CYP11A1	Side chain cleavage	repeat	(TTTTA)n	promoter
AR	Androgen receptor	repeat	(CAG)n	exon 1
CYP19	Aromatase	repeat	(TTTA)n	intron 4
CCND1	Cyclin D1	SNP	A870G	exon 4
TGF- β 1		SNP	T29C	exon 1
IGF-I	Insulin-like growth factor	repeat	(CT)n	promoter
IFGBP3	IGF binding protein	SNP	A-202C	promoter
PSA	Prostate-specific antigen	SNP	A-158G	promoter
EGF	Epidermal growth factor	SNP	G61A	exon 1
Her2/neu	ErbB-2 (HER2)	SNP	I655V	I655V

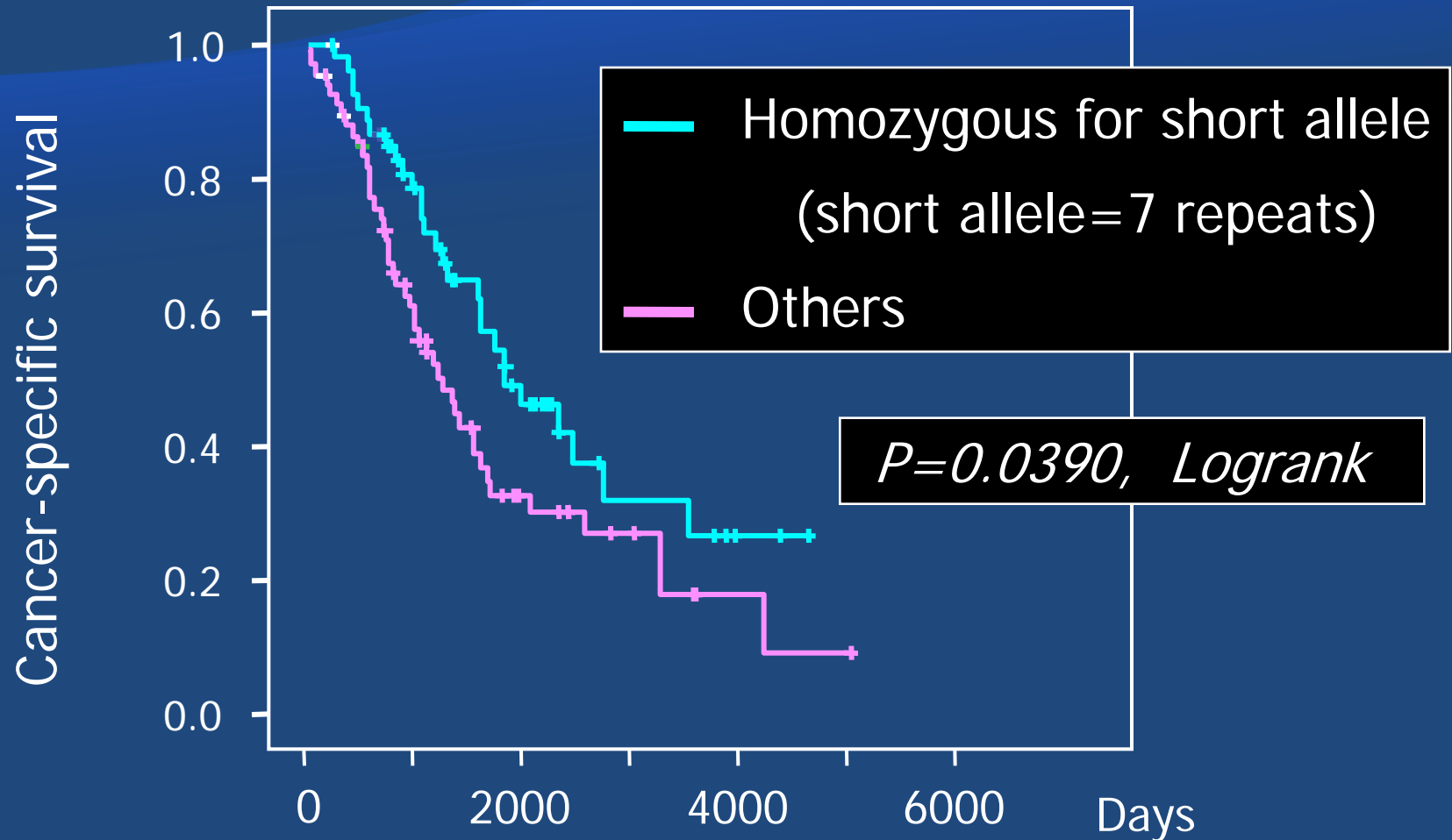
Polymorphisms with the Significant Results

Gene	Type	Site	Category	
VDR	SNP	<i>BsmI</i>	3' UTR	bb vs bB/BB
CYP17	SNP	T-34C	promoter	TT vs TC/CC
SRD5A2	SNP	V89L	exon 1	VV vs VL/LL
CYP11A1	repeat	(TTTTA) _n	promoter	4 rpts vs no
AR	repeat	(CAG) _n	exon 1	24 / + vs <24 rpts
TGF-β1	SNP	T29C	exon1	TT vs. TC/CC
CYP19	repeat	(TTTA) _n	intron 4	7 rpts vs. others
CCND1	SNP	A870G	exon 4	AA vs AG/GG
IFGBP3	SNP	A-202C	promoter	AA vs AC/CC
IGF-I	repeat	(CA) _n	promoter	=>19 rpts vs. no
PSA	SNP	A-158G	promoter	GG vs GA/AA
EGF	SNP		exon	GG vs GA/AA
Her2/neu	SNP	I655V	I655V	II vs IV/VV

Steroid Hormone Synthetic Pathway and CYP19



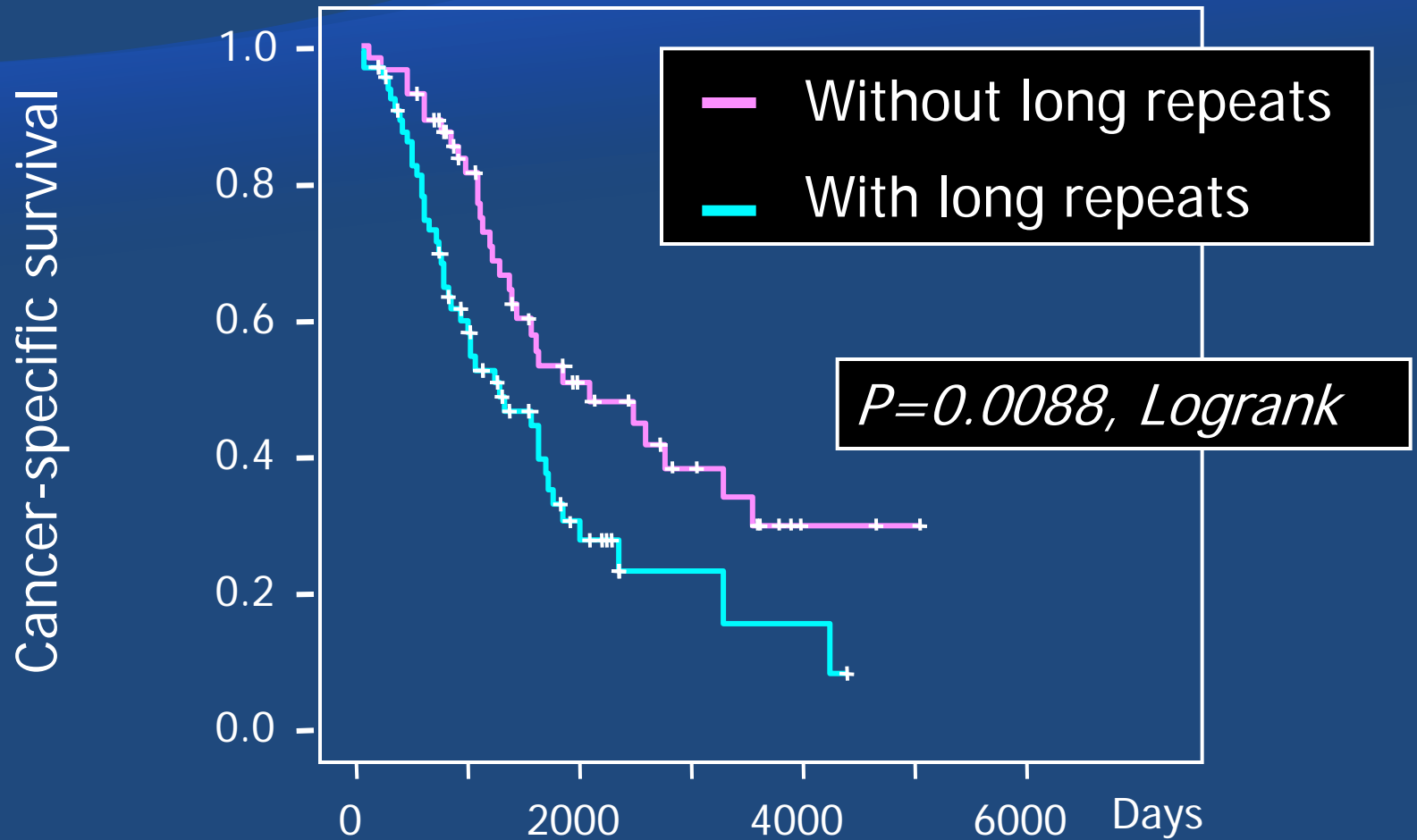
Cancer-Specific Survival and CYP19 Polymorphism



Insulin-like Growth Factor -I and Prostate Cancer

- Potent mitogen
- Anti-apoptotic and survival factor in
androgen-deprived conditions
- IGFBP-2, -3, -4, and -5 block IGF-1 action
- The high serum IGF-1 level and
the high IGF-1/ IGFBP-3 ratio are risk factors
for prostate cancer

Cancer-Specific Survival and IGF-1 Polymorphism



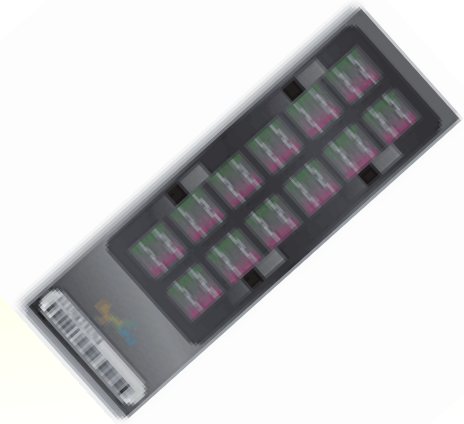
long repeats = 19 repeats or more

Patients

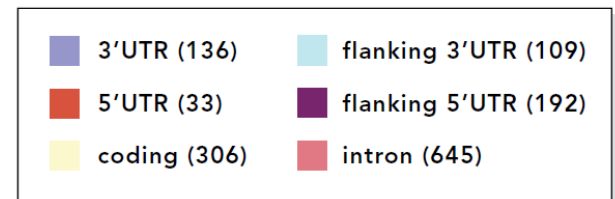
- ◆ Patients: 188 PCa patients with bone metastasis at initial diagnosis

	Mean \pm SD	Median
Age (yr)	69.4 \pm 8.8	70 (45 - 89)
PSA (ng/ml)	1083 \pm 1970	317 (0.2 - 12490)
HGB (g/dl)	13.3 \pm 2.0	13.5 (6.2 - 17.4)
ALP (IU/ml)	654 \pm 896	308 (7 - 5870)
LDH (IU/ml)	299 \pm 183	238 (133 - 1276)
Gleason score	(%)	
7<	15 (8.0)	
7-8	72 (38.3)	
>8	188 (53.7)	

Genotyping



- ◆ Cancer SNP panel (Illumina®)
 - ◆ 408 cancer-related genes
 - ◆ 1421 SNPs selected from “NCI SNP500 Cancer Database”



Mean SNPs/gene	3.5
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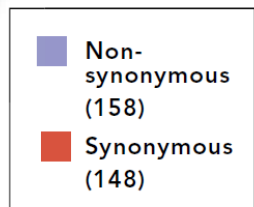
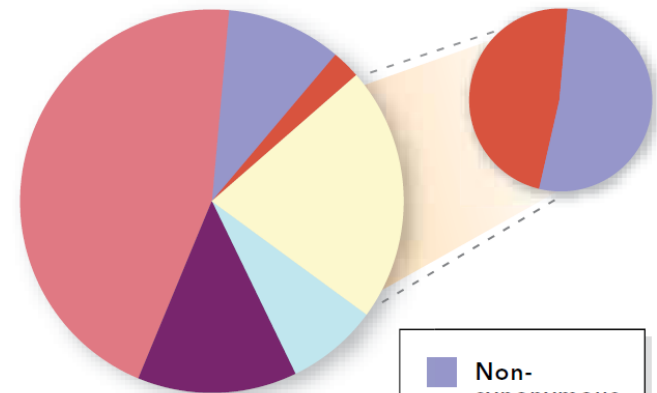
Median SNPs/gene	3.0
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Minimum SNPs/gene	1
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Maximum SNPs/gene	23
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Total genes	408
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Total SNPs	1421
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Statistical Analyses

- ◆ **SNP screening**: Comparing cancer-specific survival (CSS) using dominant, recessive and additive models for each variant allele
- ◆ **Validation of candidate SNPs**: Developing a prognostic scoring index to classify high-risk and low-risk groups (a leave-one-out cross validation)
- ◆ **Multivariate analysis**: Using variables
 - ◆ Risk group, PSA, HGB, ALP, LDH, Gleason score

Results

SNP screening

- ◆ 14 SNPs in 6 genes were identified to have statistically significant association with the cancer-specific survival with cut-off level of 30% false discovery rate.

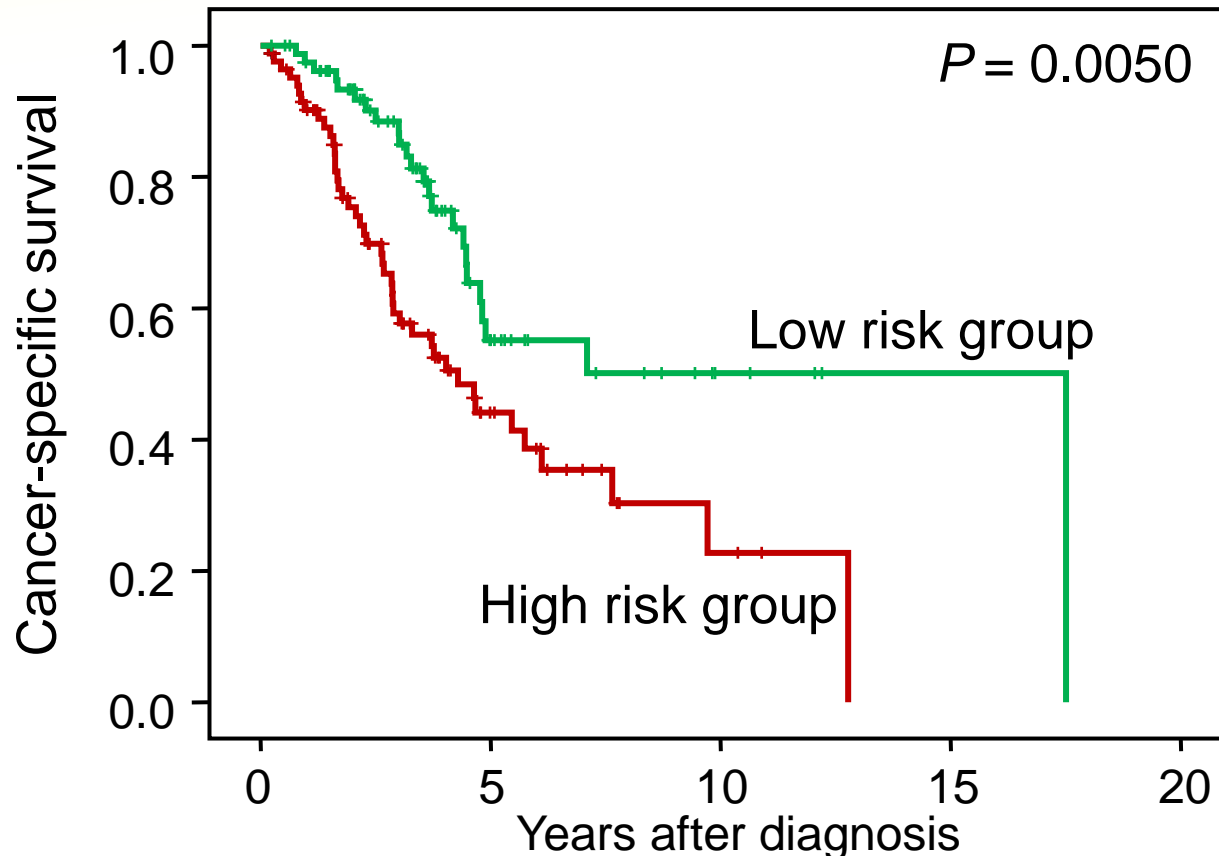
2q (PSM1, CASP8)
5q (XRCC4, IL13)
10p (GATA3)
12q (IGF1)

Highly Ranked SNPs

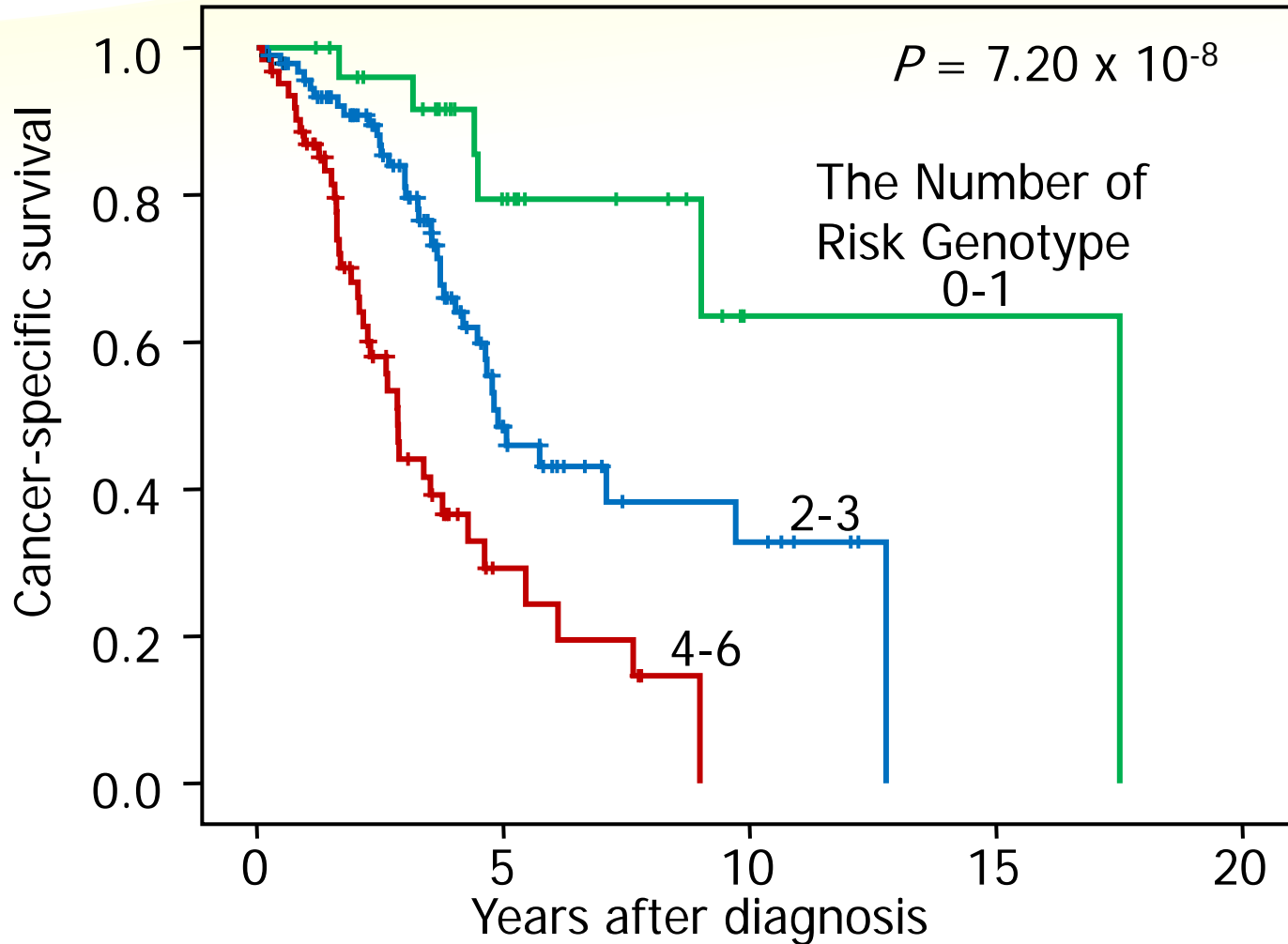
Ranking SNP	Chromosome	Gene	Function
rs2891980	5q14	XRCC4	DNA repair
rs1805377			
rs256550	2q31	PMS1	DNA mismatch repair
rs256552			
rs256564			
rs256563			
rs256567			
rs1295686	5q31	IL13	Cytokine
rs20541			
rs2162679	12q22-24	IGF1	Growth factor
rs570730	10p14	GATA3	Transcription factor
rs10752126			
rs569421			
rs2293554	2q33	CASP8	Apoptosis

Validation of candidate SNPs

- Patients were categorized into low and high risk group by a leave-one-out cross validation method for validating the SNPs



CSS of Patients Categorized According to the Number of Risk Genotype



Results

	Univariate analysis		Multivariate analysis	
	HR (95% CI)	<i>P</i>	HR (95% CI)	<i>P</i>
Age (≥70 vs <70)	1.32	0.224	-	-
PSA (≥315 vs <315)	1.41	0.139	-	-
HGB (≤13.5 vs <13.5)	1.13	0.617	-	-
ALP (≥350 vs <350)	2.88	2.17 E-5	2.52	5.55 E-4
LDH (≥500 vs <500)	2.69	1.39 E-3	1.74	0.0897
GS (≥9 vs <9)	2.38	2.47 E-4	1.23	5.78 E-3
# of Risk Genotype (4-6 vs 0-3)	3.22	4.67 E-5	3.23	1.63 E-4

Summary

- ◆ 14 SNPs in 6 genes were identified to have statistically significant association with the CSS.
- ◆ The predicting model using the SNPs showed a statistically significant cross-validated accuracy in predicting high- and low-risk groups on the CSS.
- ◆ The model may be promising for accurately predicting the outcome and optimizing the individualized treatment in metastatic PCa patients.

*Toward the Identification of
New Candidate Molecular Targets for
Prostate Cancer Progression*

**High-fat Diet Associated Prostate Cancer
Progression and Candidate Genes**



The association between obesity and prostate cancer is complex and uncertain.....

Freedland SJ and Platz EA: Epidemiologic Reviews 2007

Obesity and Prostate Cancer: Making Sense out of Apparently Conflicting Data

By reviewing 22 prospective studies and 3 recent large studies, it is suggested that

“Obesity may reduce the risk of nonaggressive disease while it may promote aggressive disease.”

Obesity and Prostate Cancer Progression

Impact of Obesity on Biochemical Control After Radical Prostatectomy for Clinically Localized Prostate Cancer: A Report by the Shared Equal Access Regional Cancer Hospital Database Study Group

Stephen J. Freedland, William J. Aronson, Christopher J. Kane, Joseph C. Presti Jr, Christopher L. Amling, David Elashoff, and Martha K. Terris

JCO 2004

BMI = 35 or more : An independent risk factor for PSA recurrence

170cm, 101Kg

Pathologic Variables and Recurrence Rates As Related to Obesity and Race in Men With Prostate Cancer Undergoing Radical Prostatectomy

Christopher L. Amling, Robert H. Riffenburgh, Leon Sun, Judd W. Moul, Raymond S. Lance, Leo Kusuda, Wade J. Sexton, Douglas W. Soderdahl, Timothy F. Donahue, John P. Foley, Andrew K. Chung, and David G. McLeod

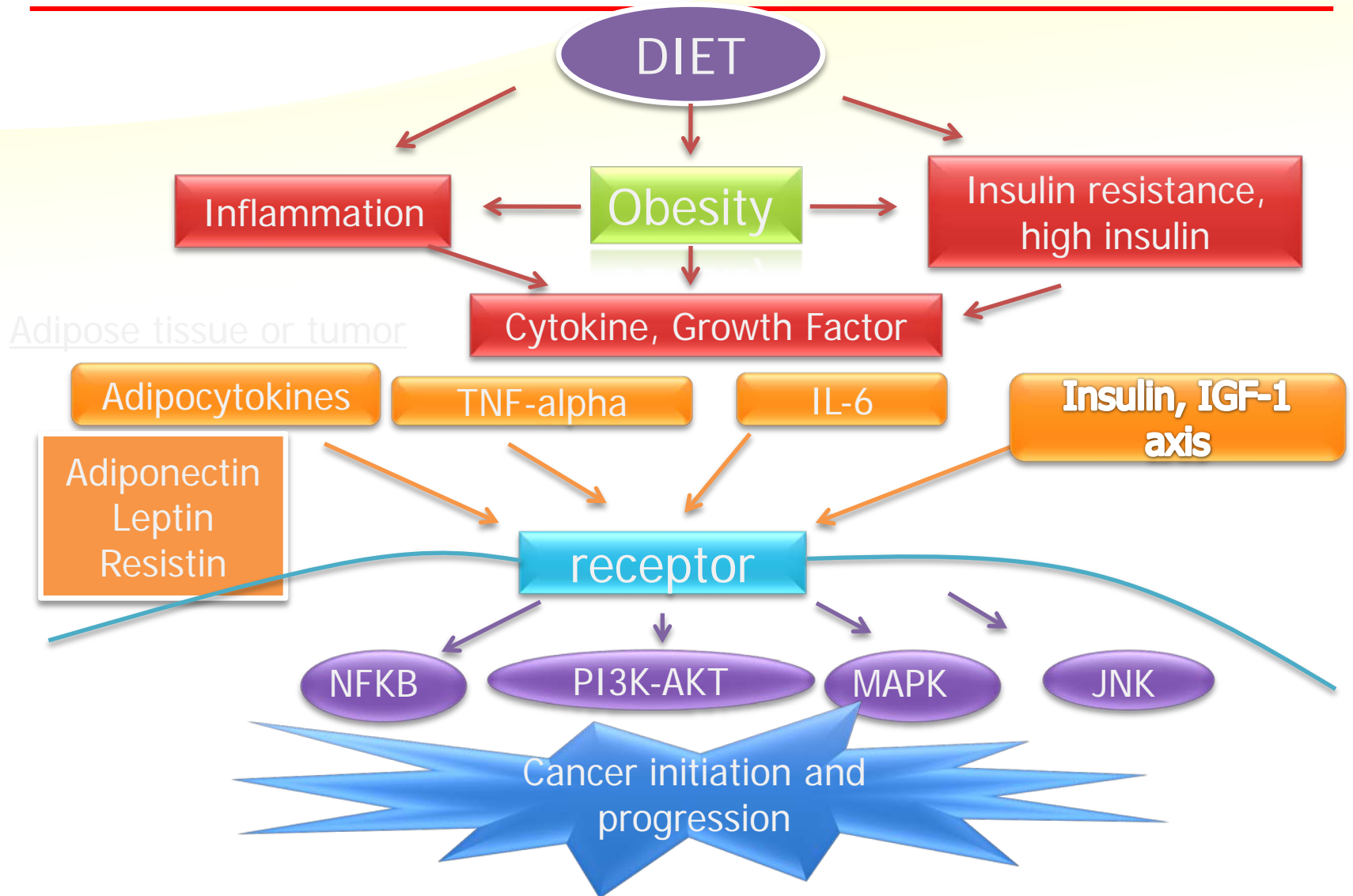
JCO 2004

BMI = 30 or more : An independent risk factor for PSA recurrence

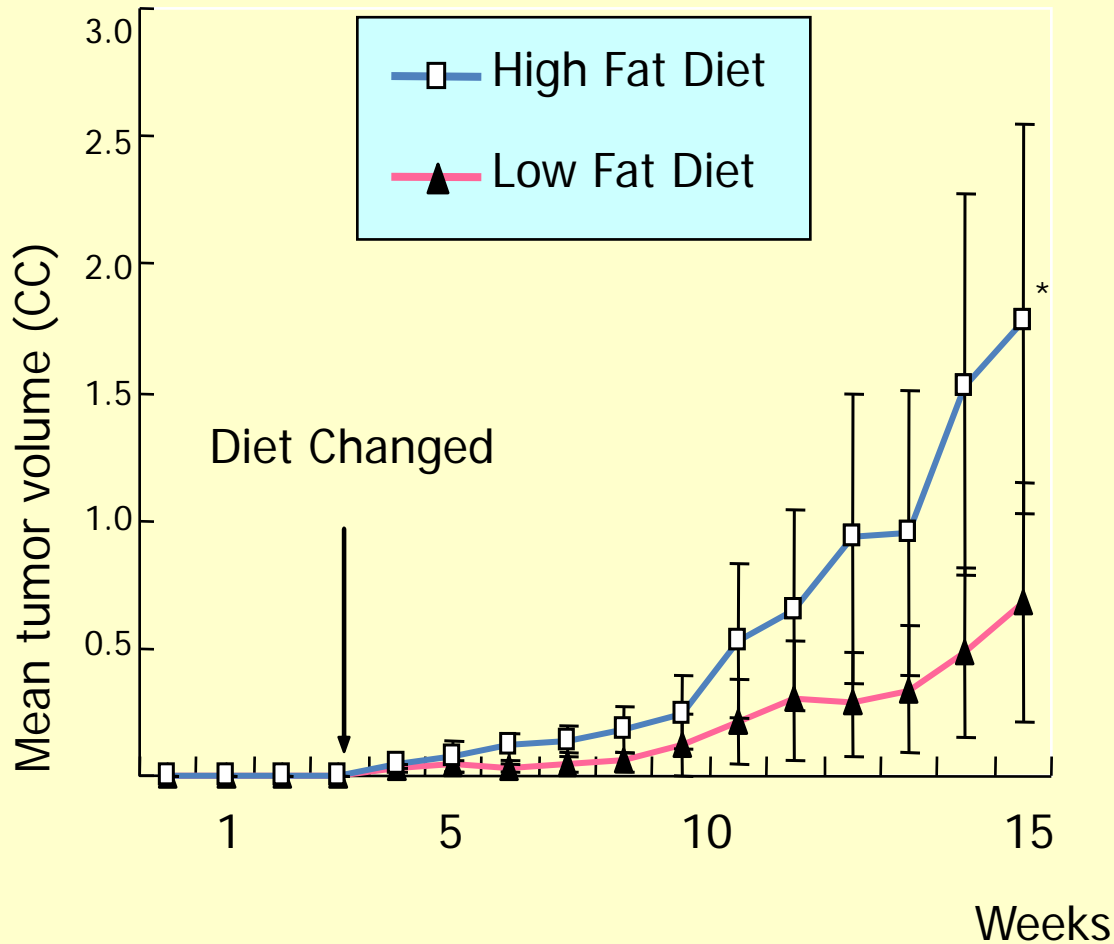
170cm, 87Kg



Cytokines and Growth Factors Affecting Diet Induced Carcinogenesis



LNCaP Xenograft Growth under High Fat and Low Fat Diet



High Fat Diet



Low Fat Diet

Representative 9 Genes with More than 2 fold Increase in mRNA Levels by High Fat Diet

Symbol	Name	Fold Increase
<i>MAT1A</i>	Methionine Adenosyltransferase I, alpha	7.36
<i>SLC5A6</i>	Sodium-dependent Vitamin Transporter	4.67
<i>HYOU</i>	Hypoxia Up-regulated 1	4.63
<i>MMP16</i>	Matrix Metalloproteinase 16	4.46
<i>Fn14</i>	TNF Receptor Superfamily, member 12A	3.98
<i>WISP1</i>	WNT1 inducible Signaling Pathway Protein 1	3.80
<i>JTB</i>	Jumping Translocation Breakpoint	3.66
<i>IGF-IR</i>	Insulin-like Growth Factor 1 Receptor	3.43
<i>PMP22</i>	Peripheral Myelin Protein 22	2.52

64 genes were identified by two independent microarray experiments

The TWEAK-Fn14 signaling pathway

Fn14:

Fibroblast Growth Factor Inducible-14

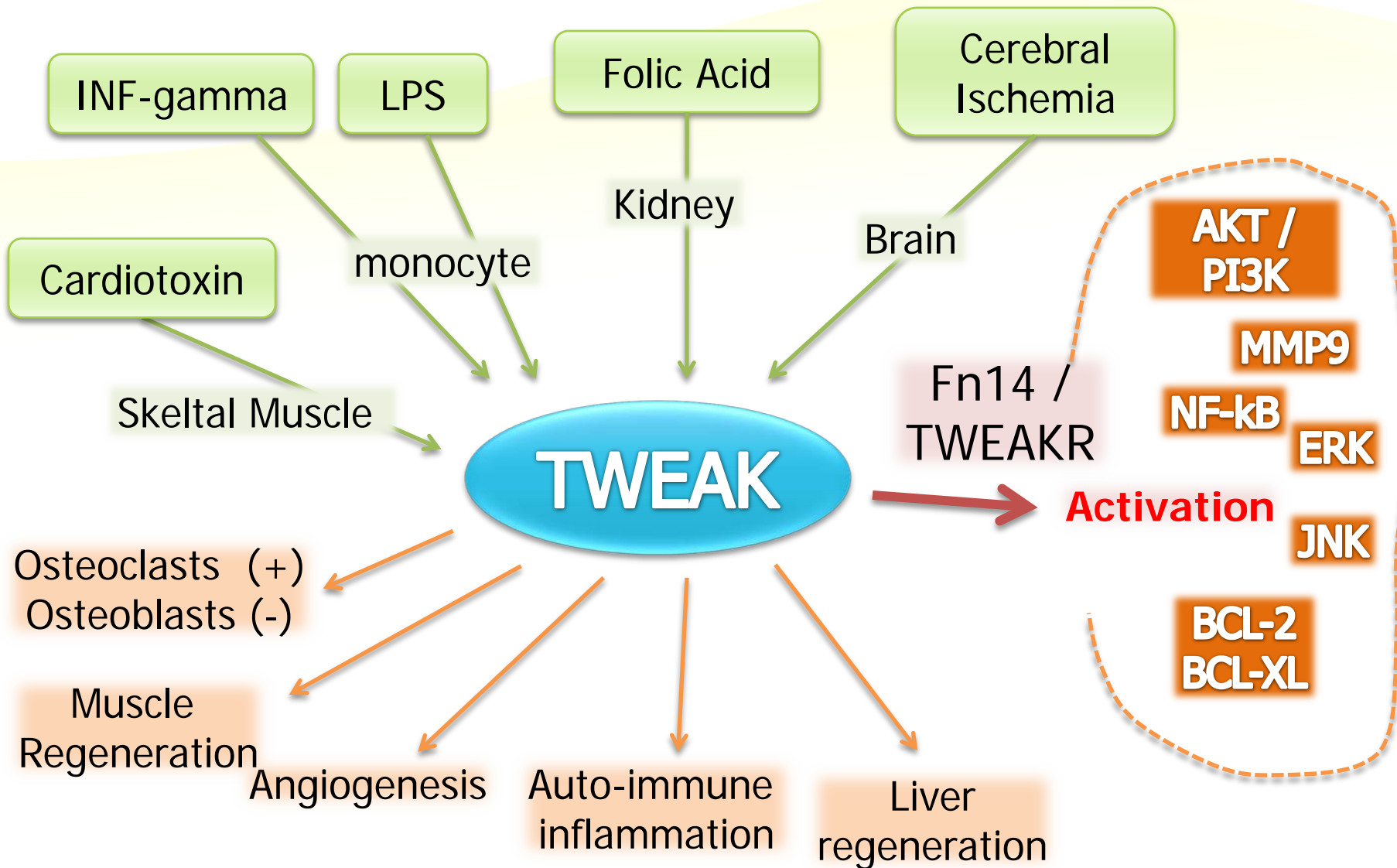
TWEAK receptor (TWEAKR)/**Fn14**, is a TNF receptor superfamily member

TWEAK :

Tumor necrosis factor-like *weak* inducer of apoptosis

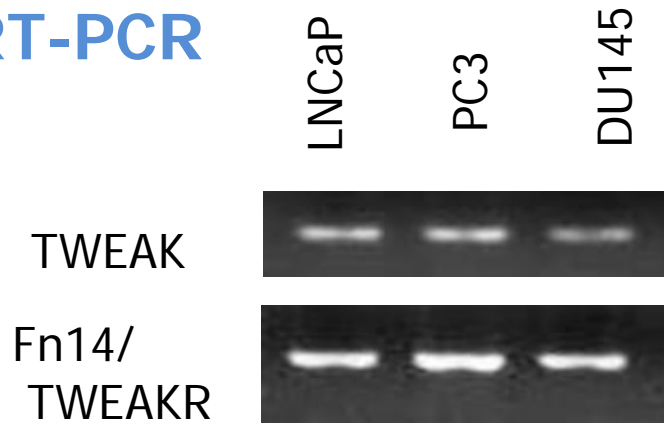
A member of the TNF ligand superfamily

TWEAK: not just a weak inducer of apoptosis

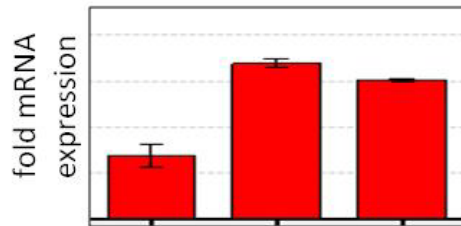


Expression of TWEAK and Fn14/TWEAKR in Prostate Cancer Cell Lines

RT-PCR

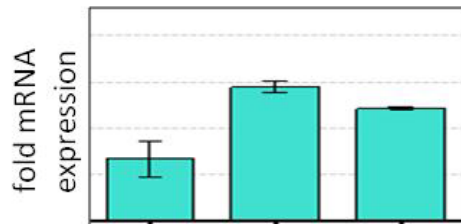


TWEAK mRNA

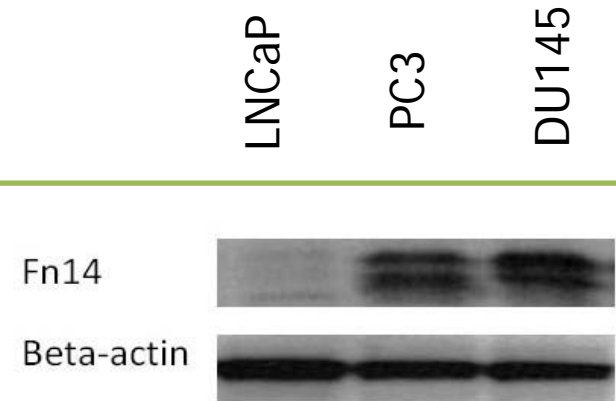


B

Fn14 mRNA



Fn14 Protein

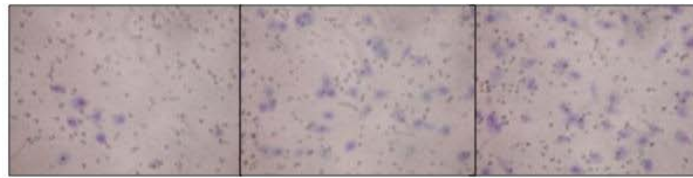


The TWEAK-Fn14 system regulates invasive capacity in PC-3 and DU145 cells

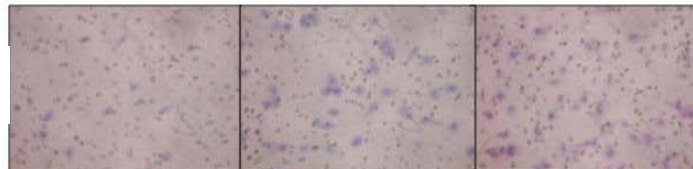
Matrigel invasion assay

A

PC-3

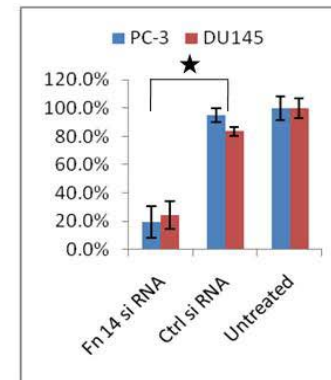


DU145



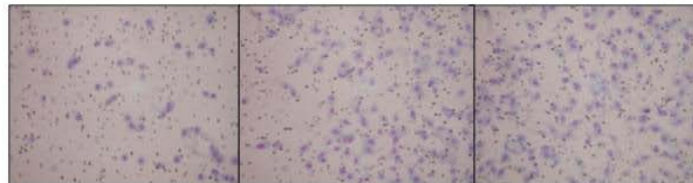
Fn14 siRNA Ctrl siRNA Untreated

B

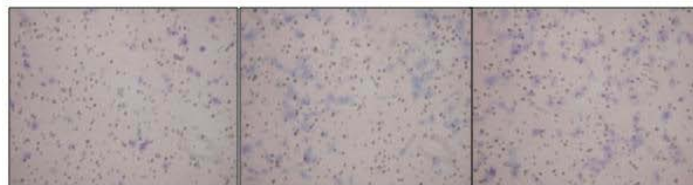


C

PC-3

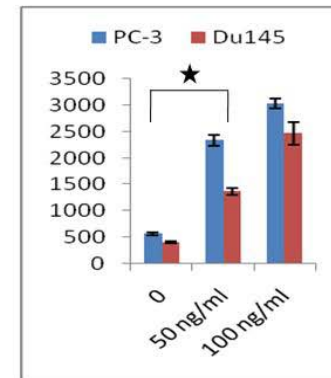


DU145

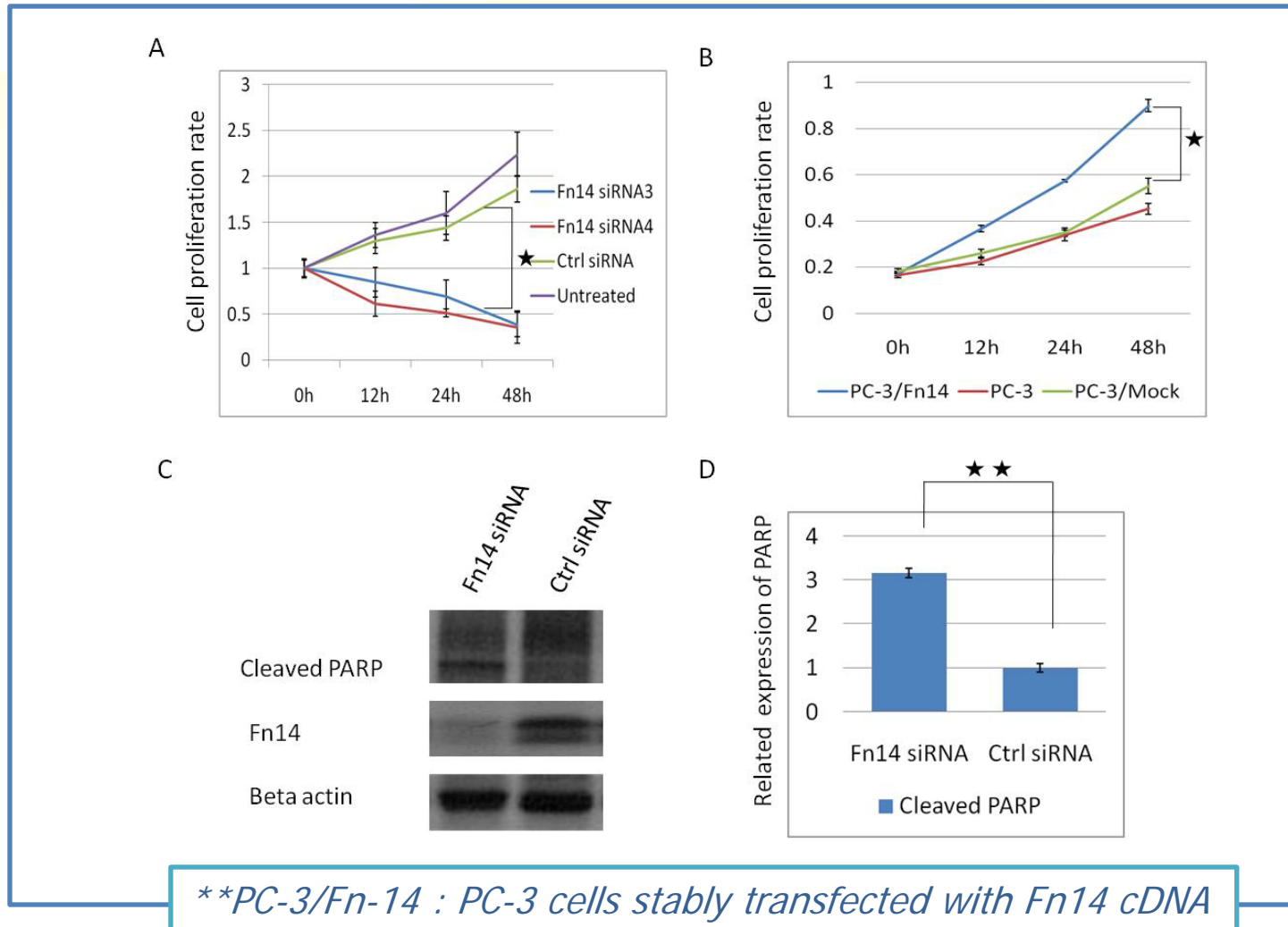


rTWEAK 0 50 100 ng/ml

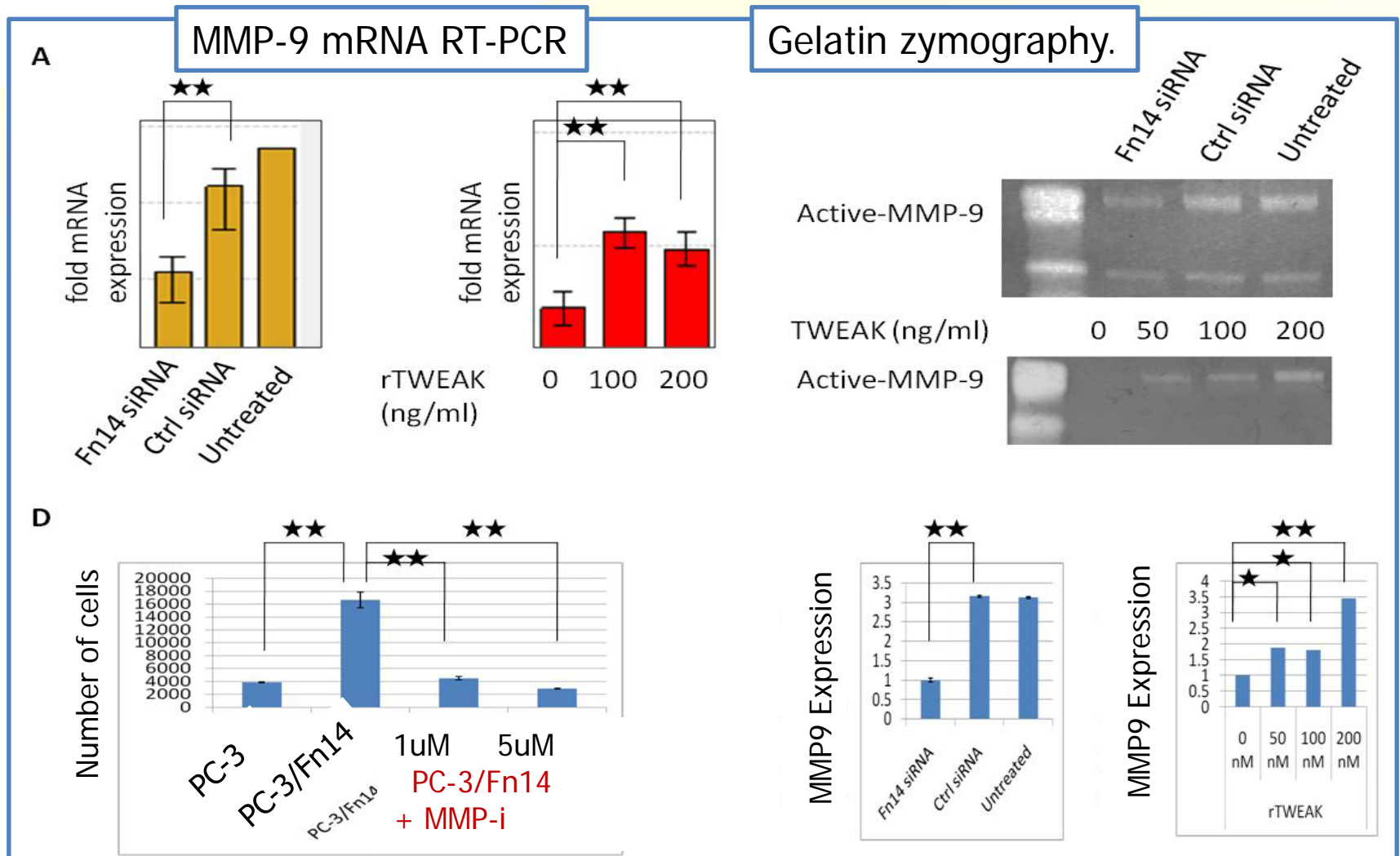
D



The Effect of Fn14 on Proliferation and Apoptosis in PC-3 cells

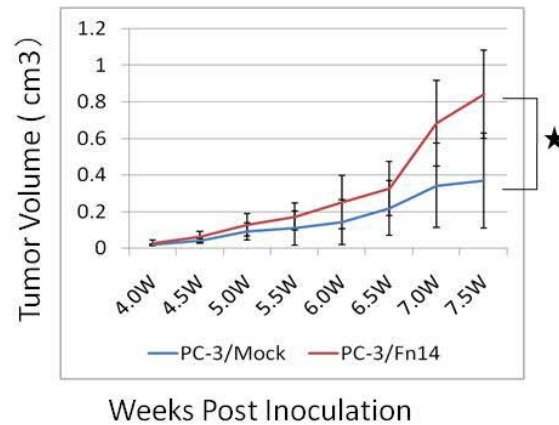


Modulation of Invasive Capacity by the TWEAK-Fn14 system through MMP-9 Activation

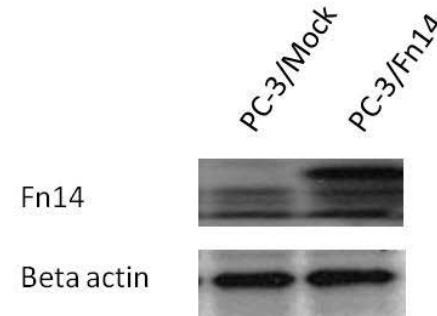


PC-3 and PC-3/Fn14 Xenograft Tumor Progression and MMP9 Expression *in vivo* Model

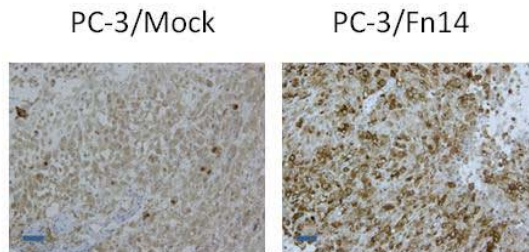
A



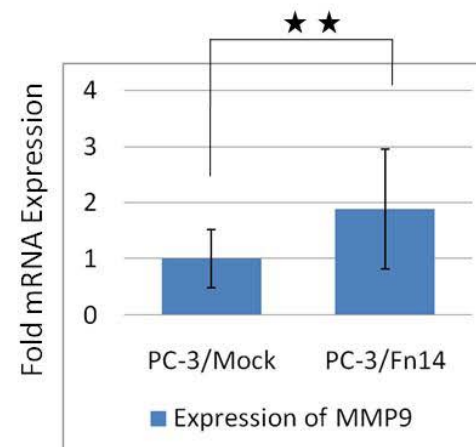
B



C

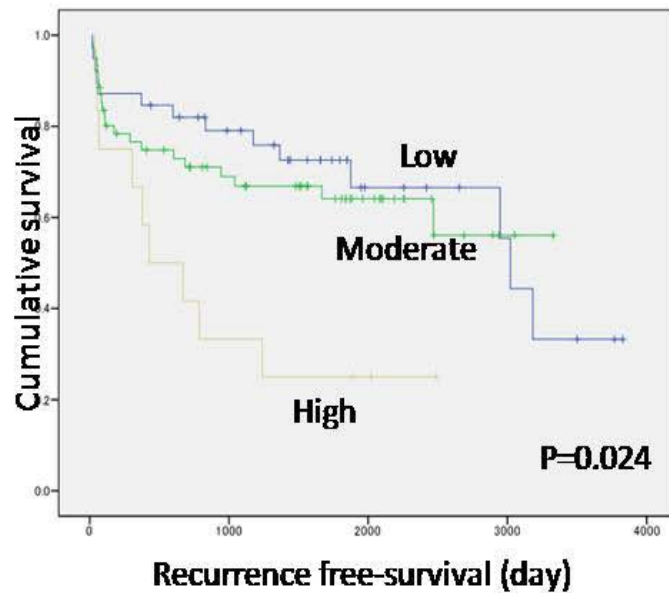


D

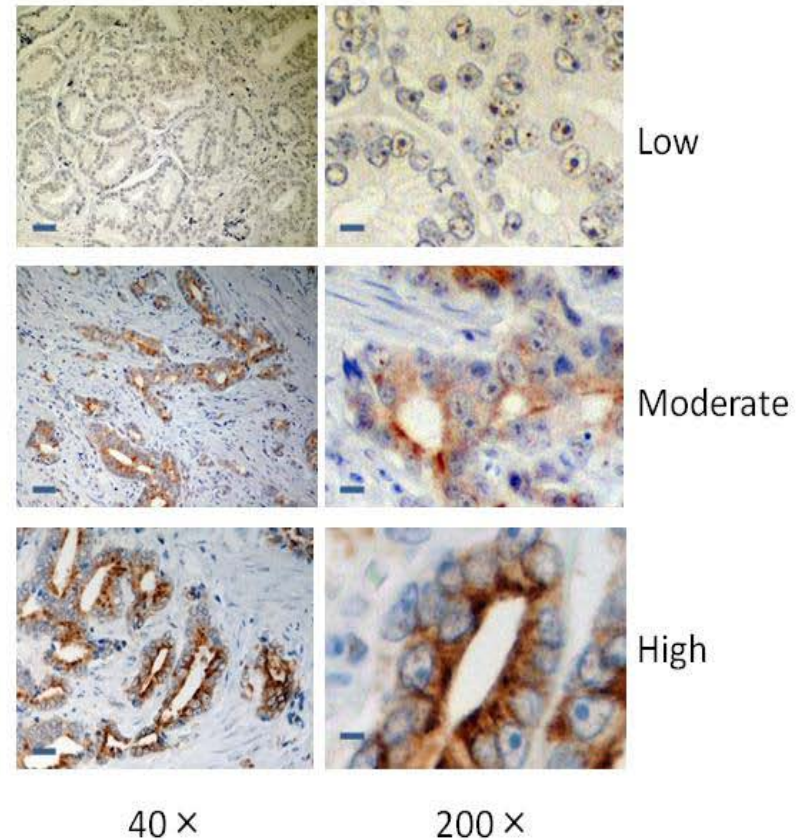


High Expression of Fn14/TWEAKR and Poor Outcome after Radical Prostatectomy

A



B



Conclusion

- 1) Both Fn14 and TWEAK were expressed in prostate cancer cells.
- 2) Fn14 expression was enhanced by TWEAK.
- 3) The TWEAK-Fn14 system enhanced the proliferation and tumor invasiveness of PCa cells
- 4) The TWEAK-Fn14 system enhanced invasiveness partly through MMP9 activation.
- 5) The high expression of Fn14 correlated with a poor patient outcome after radical prostatectomy.
- 6) The TWEAK-Fn14 system may be a potential target of prostate cancer therapy.
- 7) The relation between high fat diet and Fn14 activation in the progression of PCa remains to be elucidated.

Identification of New Candidate Molecular Targets

Familial PCa
Genome Analysis

Candidate SNP
Analysis

SNP-GWAS

cDNA Microarray
Expression Profile

Proteomics

Two-hybrid screening

DNA

RNA

Protein

LOH analysis

Mutation Analysis
Of Tumor DNA

CGH Analysis

DNA Methylation
Analysis

FISH

MicroRNA Microarray
Expression Profile

Animal Models

Clinical Models

Antibody Microarray

Protein Microarray

Tissue Microarray

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Hiroyoshi Suzuki

Fn14 /TWEAKR and the TWEAK-Fn14 System

