

Genetic Factors Affecting Colorectal Cancer Risk

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GENE 210

Agenda

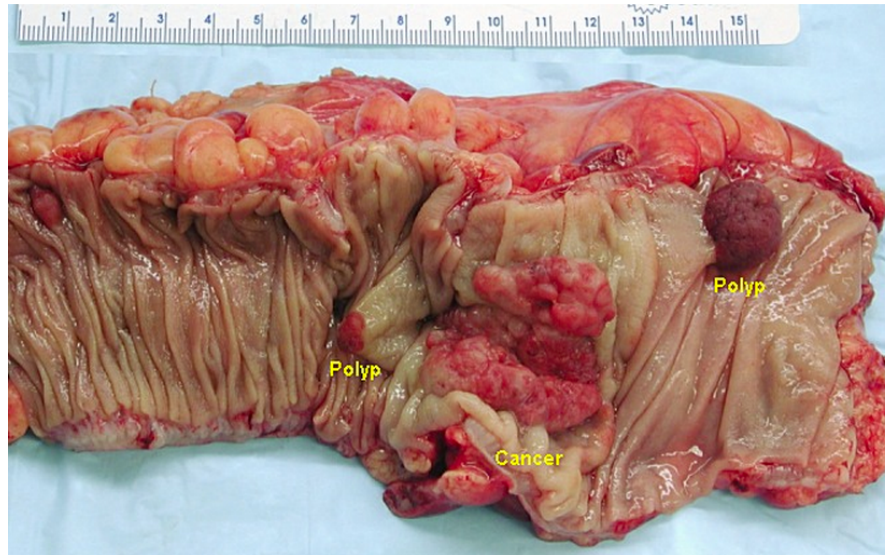
Colorectal cancer overview

SNPs/Genes associated with colorectal cancer risk

Conclusions

Colorectal Cancer Overview

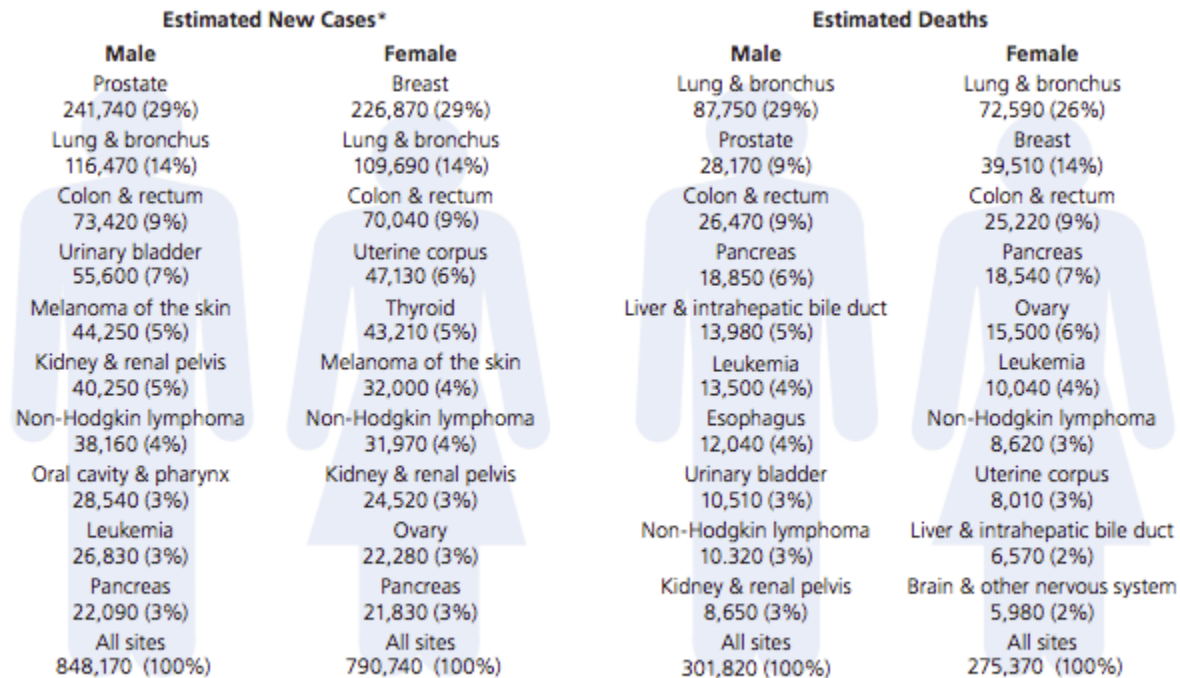
- Cancer primarily in the large intestine (colon) or the rectum (end of colon)
- 95% are colon adenocarcinomas
 - Rare: lymphoma, carcinoid, melanoma, sarcoma, gastrointestinal stromal tumors (GIST)



Colorectal Cancer Death Rate

3rd leading cause of cancer death in US!

Leading New Cancer Cases and Deaths – 2012 Estimates



*Excludes basal and squamous cell skin cancers and in situ carcinoma except urinary bladder.

Colorectal Cancer Ethnic Differences

2005-2009 U.S. Colorectal Cancer Incidence Rates

Race/Ethnicity	Male	Female
All Races	54.0 per 100,000 men	40.2 per 100,000 women
White	53.1 per 100,000 men	39.2 per 100,000 women
Black	66.9 per 100,000 men	50.3 per 100,000 women
Asian/Pacific Islander	44.9 per 100,000 men	34.2 per 100,000 women
American Indian/Alaska Native ^a	45.2 per 100,000 men	38.0 per 100,000 women
Hispanic ^b	45.2 per 100,000 men	31.5 per 100,000 women

2005-2009 U.S. Colorctal Cancer Death Rates

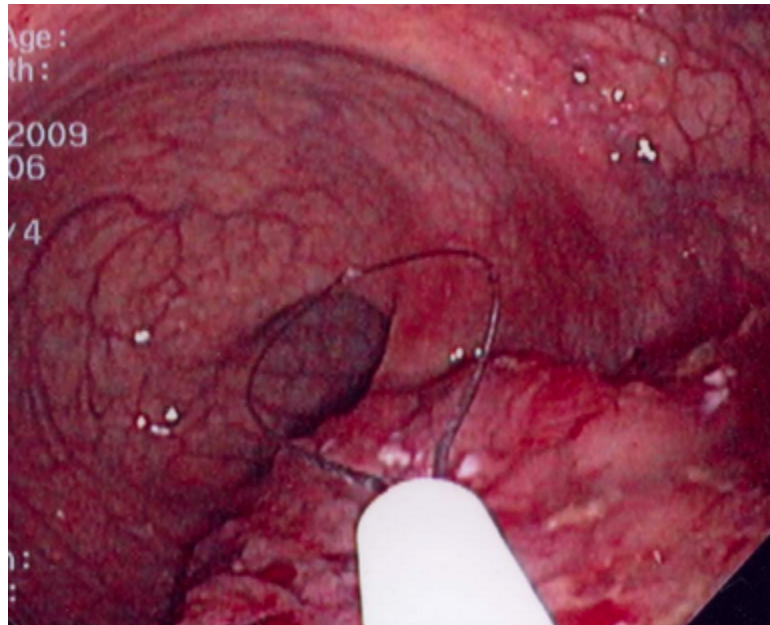
Race/Ethnicity	Male	Female
All Races	20.2 per 100,000 men	14.1 per 100,000 women
White	19.5 per 100,000 men	13.6 per 100,000 women
Black	29.8 per 100,000 men	19.8 per 100,000 women
Asian/Pacific Islander	13.1 per 100,000 men	9.6 per 100,000 women
American Indian/Alaska Native ^a	18.8 per 100,000 men	14.6 per 100,000 women
Hispanic ^b	15.3 per 100,000 men	10.2 per 100,000 women

Risk Factors

- Age > 60
- African or eastern European (Ashkenazi Jew) descent
- Diet high in red or processed meats
- Have cancer elsewhere in the body
- Have colorectal polyps
- Have inflammatory bowel disease (Crohn's disease or ulcerative colitis)
- Family history of colon cancer
- **Heritability ~ 35%**

Screening

- Colonoscopies recommended for age 50+
 - Remove polyps, check for cancer
- Lowered death rate from colon cancer
- Screening because of SNPs?



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Genes linked in CRC

Table 1. Main genetic abnormalities of CRC

[← Figure and tables Index](#) [Next table →](#)

Altered genes	Frequency	Normal function	Clinical significance
<i>APC</i>	70–80%	Tumor suppressor	Mutations linked to FAP and sporadic CRC
<i>DCC</i> (<i>SMAD2/4</i>)	~ 10%	Tumor suppressor	? Relation to advanced disease and poor prognosis. <i>SMAD4</i> is linked to juvenile polyposis syndrome
<i>Src</i>	~ 80%	Oncogene	Overexpression/mutations lead to Akt/PI3K pathway overactivation
<i>MSH2, MSH6</i> <i>MLH1</i> and other <i>MMRs</i>	~ 15% sporadic cases, >95% HNPCC	DNA MMR, microsatellite stability	Mutations linked to HNPCC (Lynch syndrome). Microsatellite unstable tumors (MSI) related to poor response to adjuvant CT but better prognosis
<i>TP53 (p53)</i>	~ 50–60%	Tumor suppressor	Mutations associated with poor prognosis
<i>KRAS</i>	~ 40–50%	Oncogene	Overexpressed mutations lead to resistance to EGFR mAbs
<i>BRAF</i>	~ 5–12%	Oncogene	Mutations lead to resistance to EGFR mAbs
<i>PTEN</i>	18–40%	Tumor suppressor	Loss of activity related to poor response to EGFR mAbs is linked to Cowden's syndrome

Abbreviations: *APC*, adenomatous polyposis coli; CRC, colorectal cancer; CT, chemotherapy; EGFR, epidermal growth factor receptor; FAP, familial adenomatous polyposis; HNPCC, hereditary non-polyposis colorectal carcinoma; mAbs, monoclonal antibodies; MMR, mismatch repair; MSI, microsatellite instability.

LOC727677: Rs6983267

- SNP on **chromosome 8q24**
- Many studies in Europeans, some studies in Asians (Chinese and Japanese)
 - Limited research on African Americans
- Increased risk for other cancers (prostate)
- **Odds ratio = 1.50** (95% CI: 1.29-1.75)
 - OR for (G;T) = 1.39 (CI:1.03-1.88)
 - OR for (G;G) = 1.68 (CI:1.21-2.33)
 - Allelic p -value of 2.57×10^{-7}

LOC727677 cont.

- Transcriptional enhancer for nearby MYC, which has role in other cancers
- G allele linked to increased binding of transcription factors in cancer signaling pathways
- Involved with formation of **polyps**

rs2273535 in the AURKA gene

- SNP on the AURKA gene on chromosome 20 (a serine/threonine kinase involved in mitotic chromosome segregation)
- Meta-analysis of three colorectal cancer studies showed an **increased risk in homozygotes (TT) (OR=1.50; 95% CI of 1.14-1.99)** for colorectal cancer (Caucasian population)
- Homozygotes have also been linked to increased risk of breast cancer (Caucasian & Chinese) and lower risk of lung cancer (Caucasian population)

Rs7903146 in the TCF7L2 Gene

- Transcription factor (TCF7L2) gene on chromosome 10 - originally linked to higher Type II diabetes risk [**rs7903146(C;T)** **rs7903146(T;T)**] for multiple ethnicities
- A study of over 13,000 individuals initially free of cancer and followed over 10+ years found that the **rs7903146(T)** allele was associated with increased risk of **colorectal cancer**
 - **Adjusted OR of 1.25 (CI:0.85-1.83) and 2.15 (CI:1.27-3.64) for the (C;T) and (T;T) genotypes, respectively** [Caucasians and African-Americans]
- TCF7L2 variation also was associated with lung cancer incidence in Caucasians but not African-Americans (however, smoking may be a confounder)

rs4779584 in the SCG4 and GREM1 genes

- rs4779584 in ch 15q13.3 region
- A study of 7000+ UK patients with colorectal cancer identified the **rs4779584** SNP that increases disease risk
- Inheriting the **rs4779584**(T) risk allele is estimated to increase overall risk odds by 1.26x (CI: 1.19-1.34, $p=4 \times 10^{-14}$)
 - OR for heterozygotes was 1.23x (CI:1.13-1.33), and OR for **rs4779584**(T;T) homozygotes, 1.70 (CI: 1.41-2.04)

SMAD7

- Most studies in Europeans, one in Chinese, one in African Americans
 - 23andme - N/A for all but Europeans
- TGF-beta signaling
 - Normally controls colorectal cell growth
 - Can promote survival, invasion, and metastasis of colorectal cancer cells
- More research needed

SMAD7 cont.

- rs4939827 - **decreased** risk for C allele
 - OR for (C;C) = 0.73 (CI: 0.66-0.8),
 - OR for (C;T) = 0.86 (CI: 0.79-0.92),
 - Overall p -value = 1×10^{-12}
- rs12953717 - **increased** risk for T allele
 - OR for (T;T) = 1.37 (CI: 1.25-1.5)
 - OR for (C;T) = 1.11 (CI: 1.03-1.2)
 - Overall p -value = 9×10^{-12}
- rs4464148 - **increased** risk for C allele
 - OR for (C;C) = 1.35 (CI: 1.2-1.51)
 - OR for (C;T) = 1.10 (CI: 1.09-1.21)
 - Overall p -value = 7×10^{-8}

LOC120376: rs3802842

- SNP in region of **chromosome 11q23**
- Many studies in Europeans, some studies in Asians (Chinese and Japanese)
 - Limited research on African Americans
- Unknown function
- C allele in study of 10,000 subjects was associated with increased risk
 - OR = 1.17, CI: 1.12-1.22, $p = 1.08 \times 10^{-12}$

Decreased risk

SNPS lowering the risk of developing **colorectal cancer** and also lowering the risk of its metastasis:

- rs2306536 in the **CHFR** gene
- rs1049174, representing a haplotype of the **KLRK1** gene
- rs1864010 in the **INSR** gene
- rs1801278 in the **IRS1** gene

Examples of Cancer Treatments Affected by Genetics

- **Irinotecan** (chemotherapy agent) - FDA approved genetic test designed to assess a SNP in the **UGT1A1** gene.
 - Drug dosage guidelines are different for different **rs34815109** genotypes.
- **rs396991** influences progression-free survival when using **cetuximab** to treat metastatic CRC
- K-ras Mutations and Benefit from Cetuximab in Advanced Colorectal Cancer

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Overview - SNPs & Genes associated with Colorectal Cancer

Major (strong evidence):

- rs6983267 in ch 8q24
- rs2273535 in ch 20 (AURKA gene)
- rs7903146 in ch 10 (TCF7L2 gene)
- rs4779584 in ch 15q13.3 (SCG4 & GREM1 genes)
- Multiple SNPs in the SMAD7 gene
- rs3802842 in ch 11q23

Minor (limited studies and/or weak associations):

- rs16892766 in the 8q23.3 chromosomal region
- rs10795668 in ch 10p14
- rs3802842 in ch 11q23.1
- rs9929218 in ch 16q22.1
- rs10411210 in ch 19q13.1
- rs961253 in ch 20p12.3
- rs1047972 in ch 20

Conclusions

- Many genes and SNPs have been linked to colorectal cancer risk
- Ethnic differences are present in colorectal cancer
- More research is needed on genetic associations, especially in high-risk populations such as African-Americans
- Early screening can be offered to patients with higher genetic risk
- Certain treatment efficacies dependent on patient's genotype

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