

Reconstructing Human Cancer Progression From Private and Public Mutations

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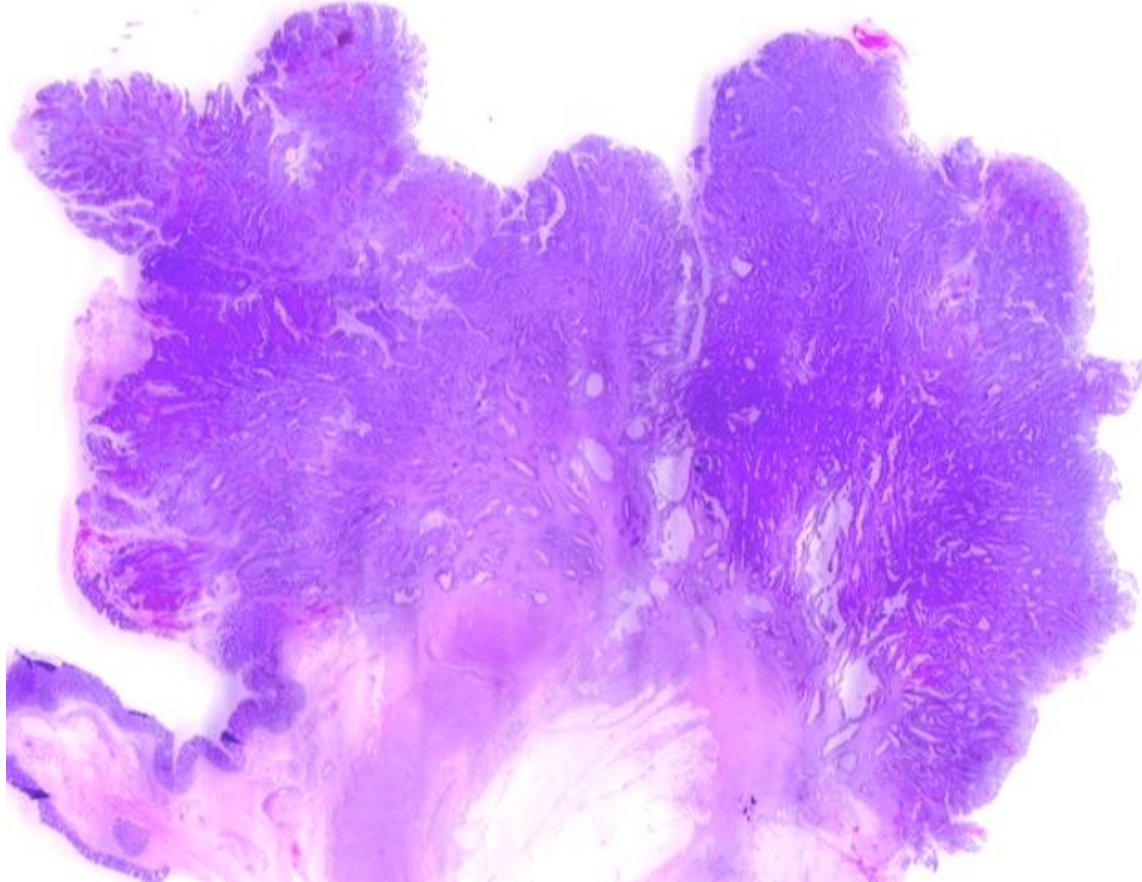
Model System: Human Colorectal Cancer

Specific Goal:

Understand Tumor “Initiation” (first few divisions after transformation)

Clinical Question:

Are Tumors “Born To Be Bad”?



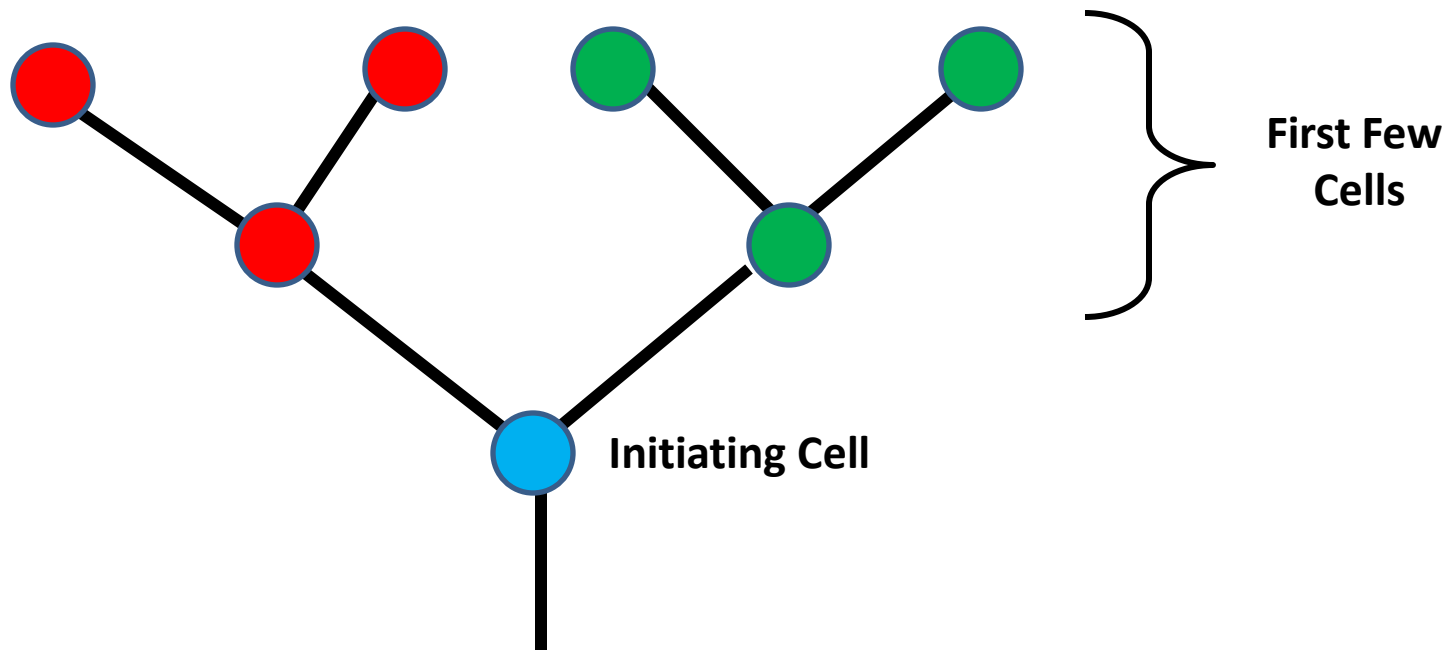
Are Human Tumors “Born To Be Bad”?

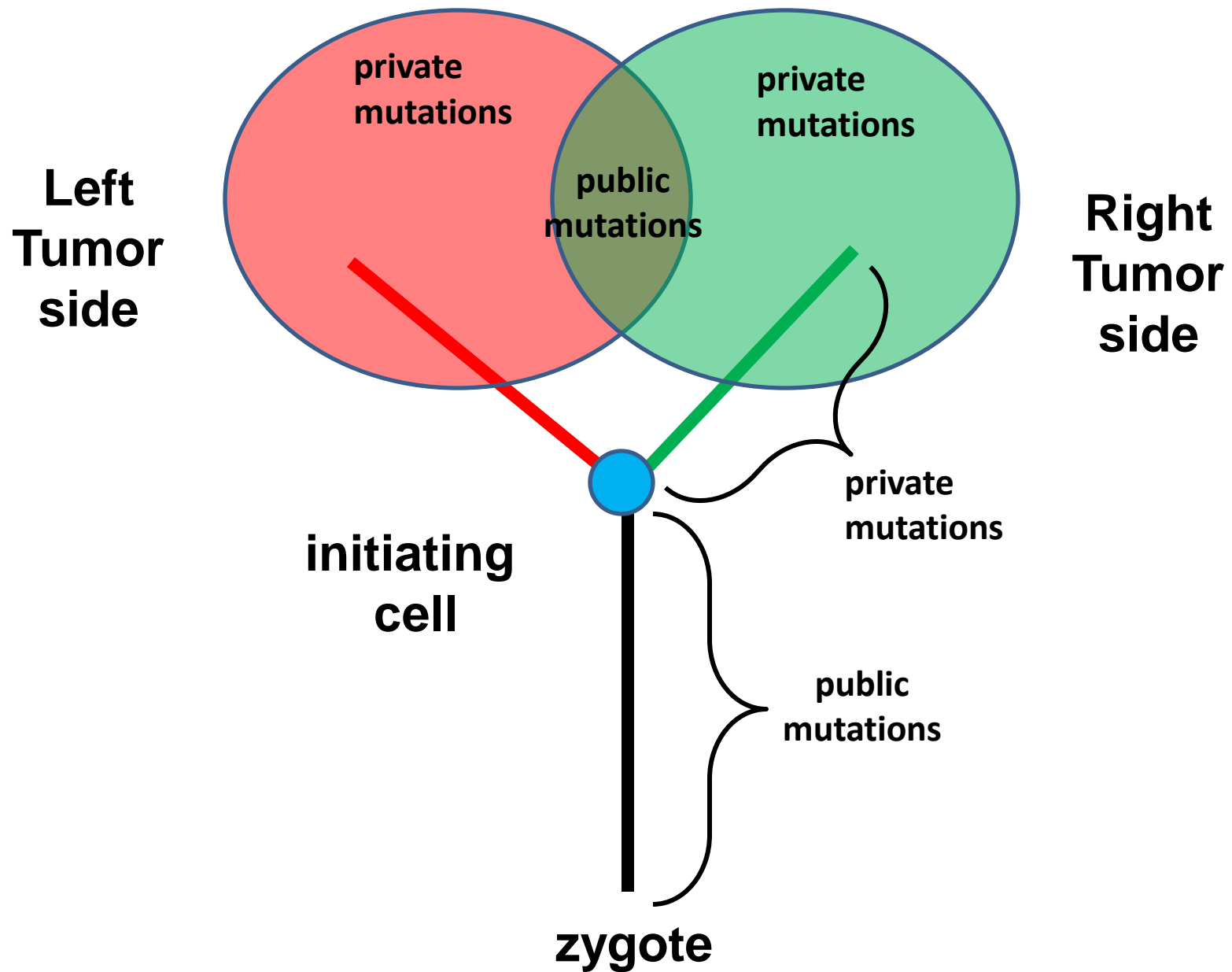
(Bernards,R.; Weinberg,R.A. A progression puzzle. Nature 2002, 418, 823)

Idea that the full malignant potential of a tumor is present at the time of initiation

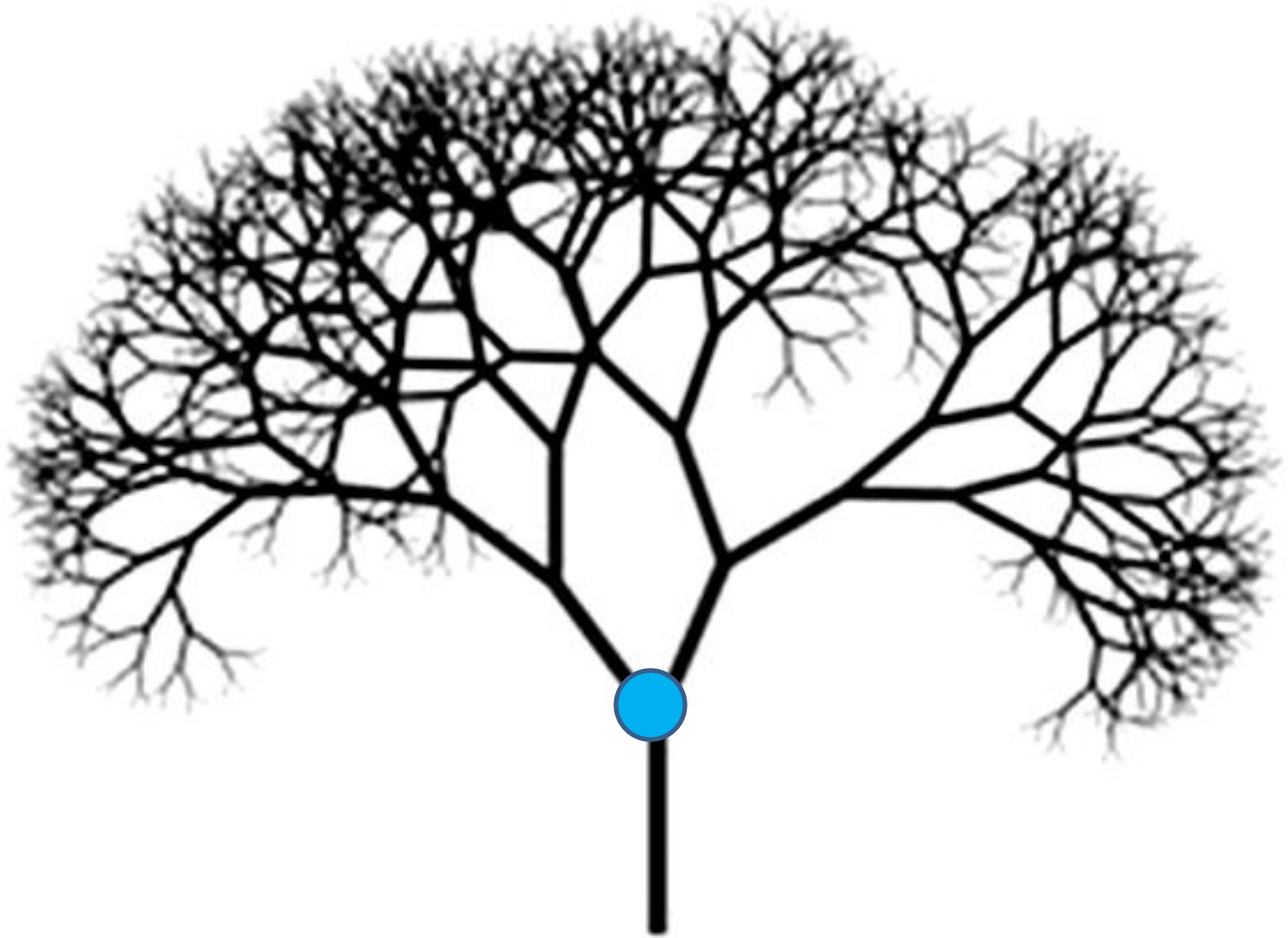
Experimental Strategy: (coalescence theory)

- 1) Define and Measure The First Few Tumor Cells (“Born”)
- 2) Define and Measure The Behaviors of The First Few Tumor Cells (“Bad”)

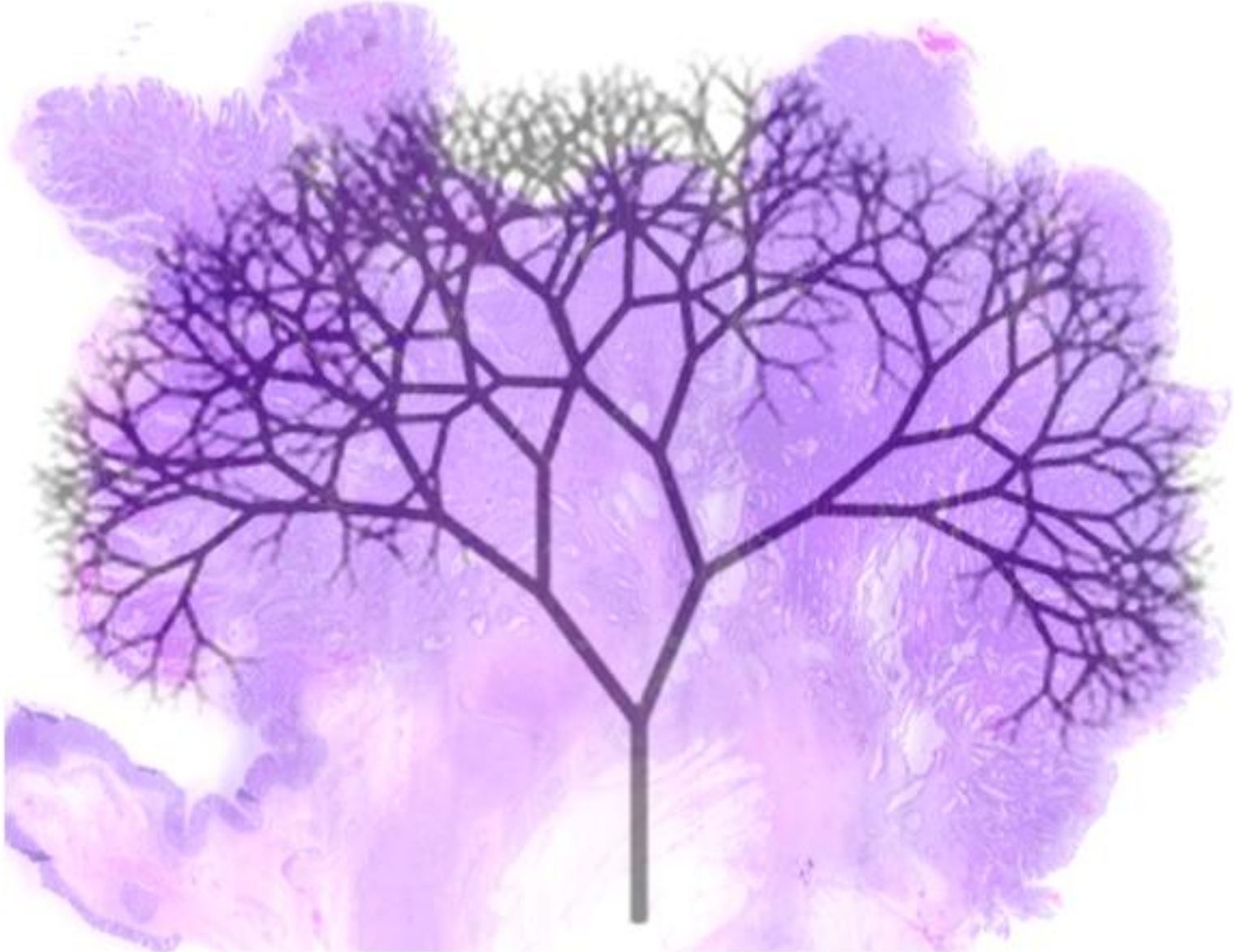




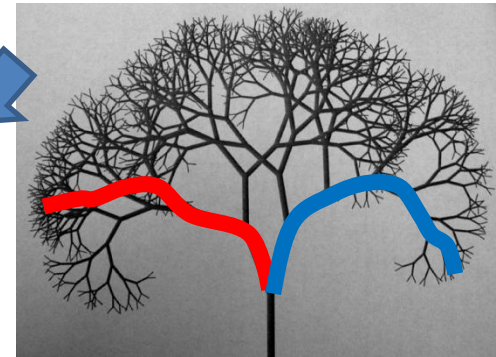
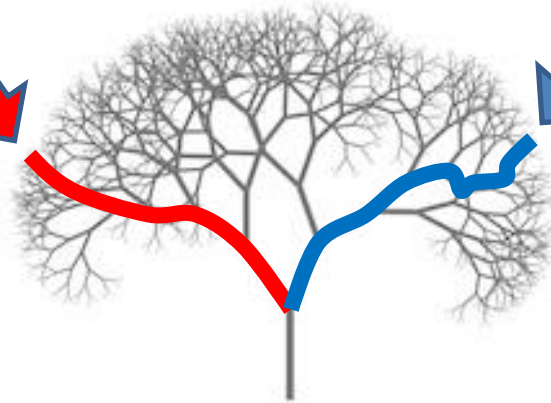
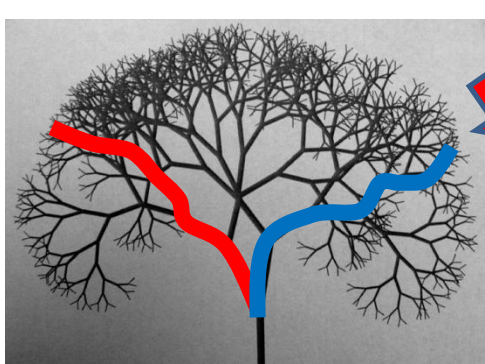
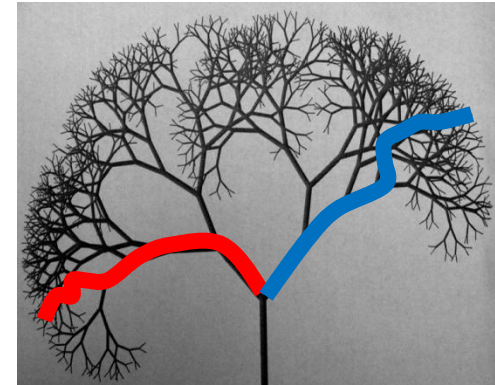
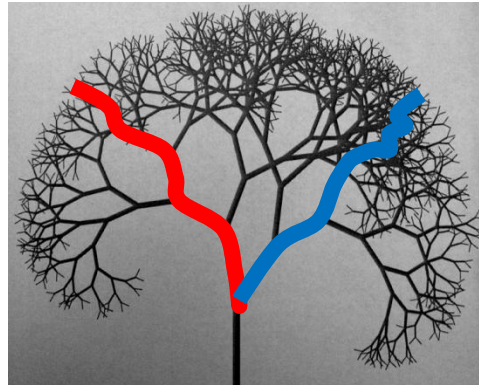
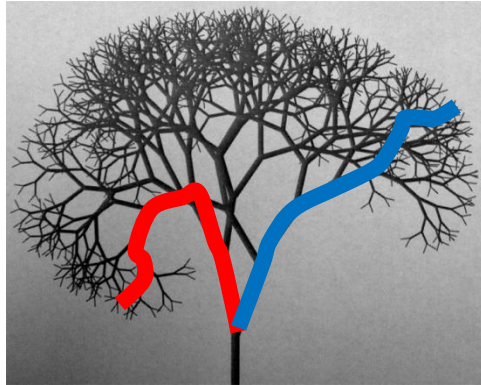
Complex Ancestral Somatic Cell Tumor Tree



Complex Ancestral Somatic Cell Tumor Tree



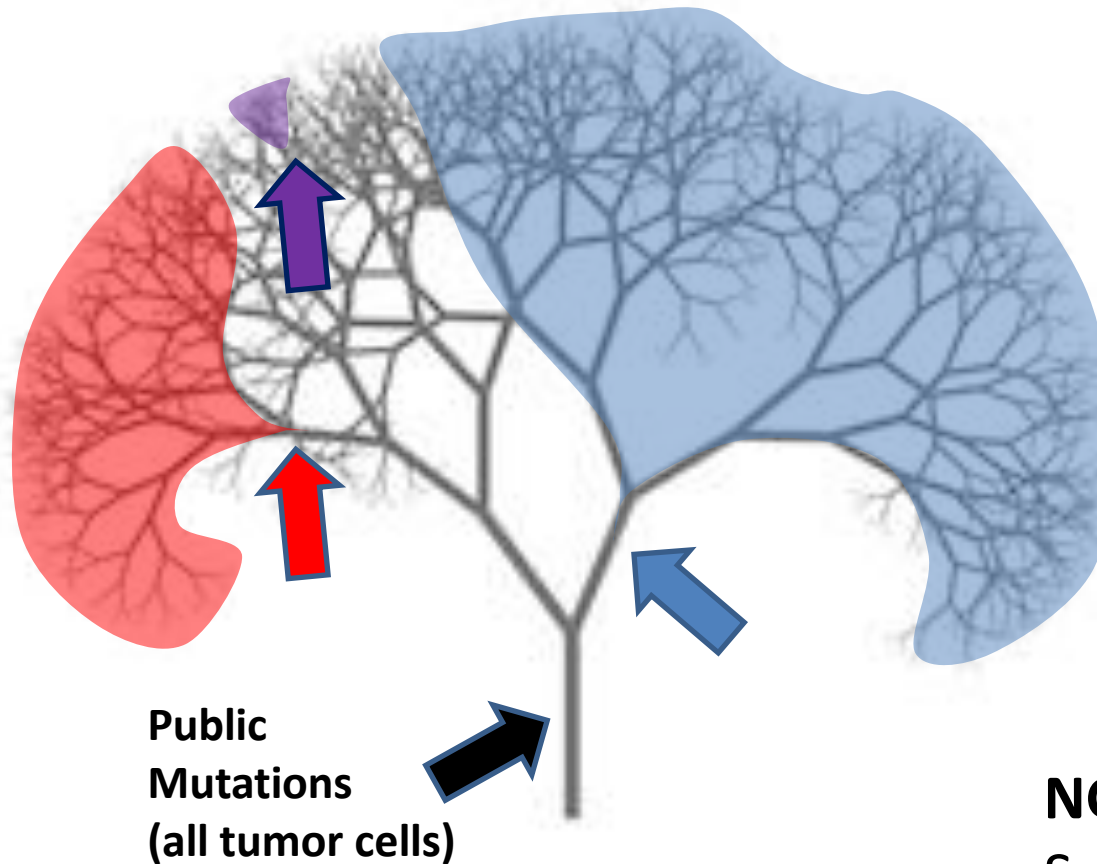
Many Possible Binary Trees: BUT Early Tree Structure Relatively Easy To “Measure”



Sampling From “Opposite” Tumor Sides Can Identify Early Private Mutations

Early Private Mutations:

- 1) Easy To Sample
- 2) Easy To Detect



simple exponential expansion

Public: 100% cells

Private:

Division 1: 50%

Division 2: 25%

Division 3: 12.5%

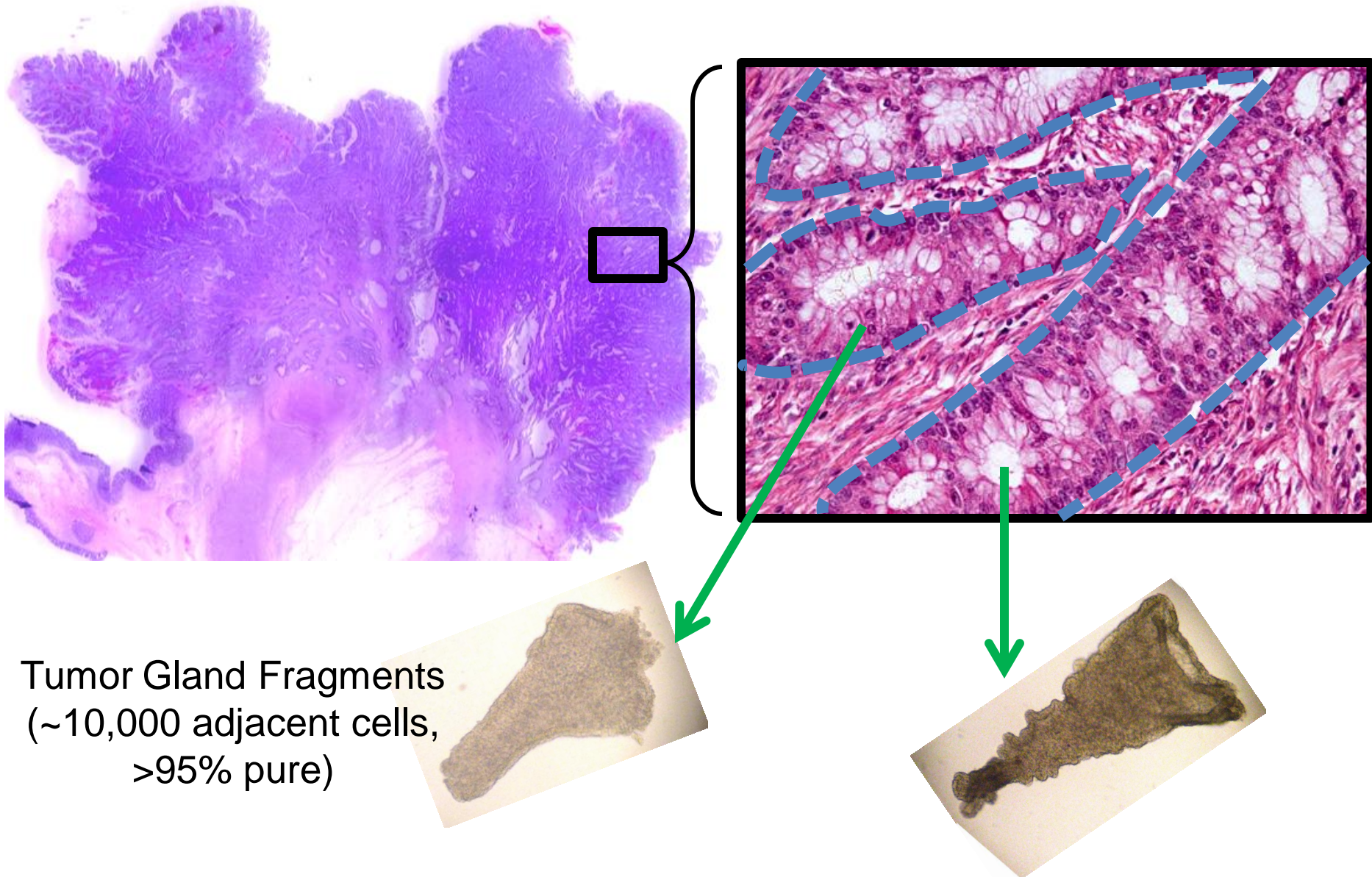
Division 4: 6.25%

Division 5: 3%

NGS Platforms:

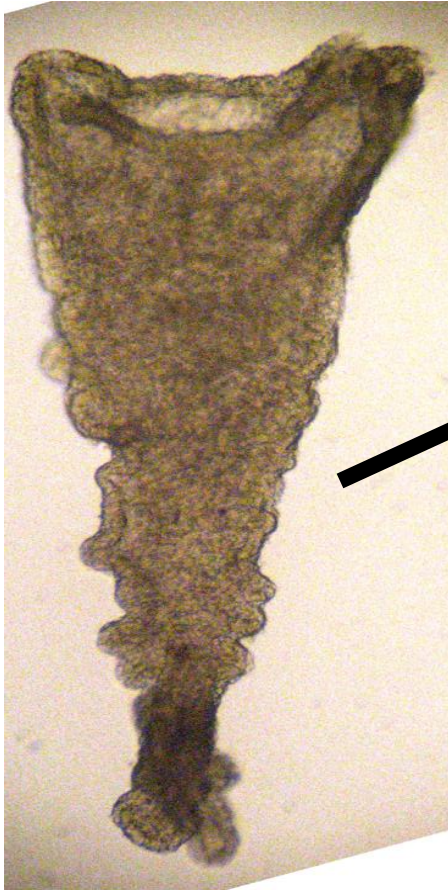
Sensitivity About 10%
Mutation Frequency

Colorectal Cancers Have Structure (Adenocarcinomas With Glands)



Single Tumor Gland/Fragment Analysis

microfuge tube



**~ 10,000 Adjacent
Tumor Cells**



1. Chromosome Copy Number Alterations (CNA, SNP-chips)
2. DNA Passenger Methylation Patterns (bisulfite sequencing)
3. Targeted Resequencing (AmpliSeq/IonTorrent)

Sampling Different Physical Scales

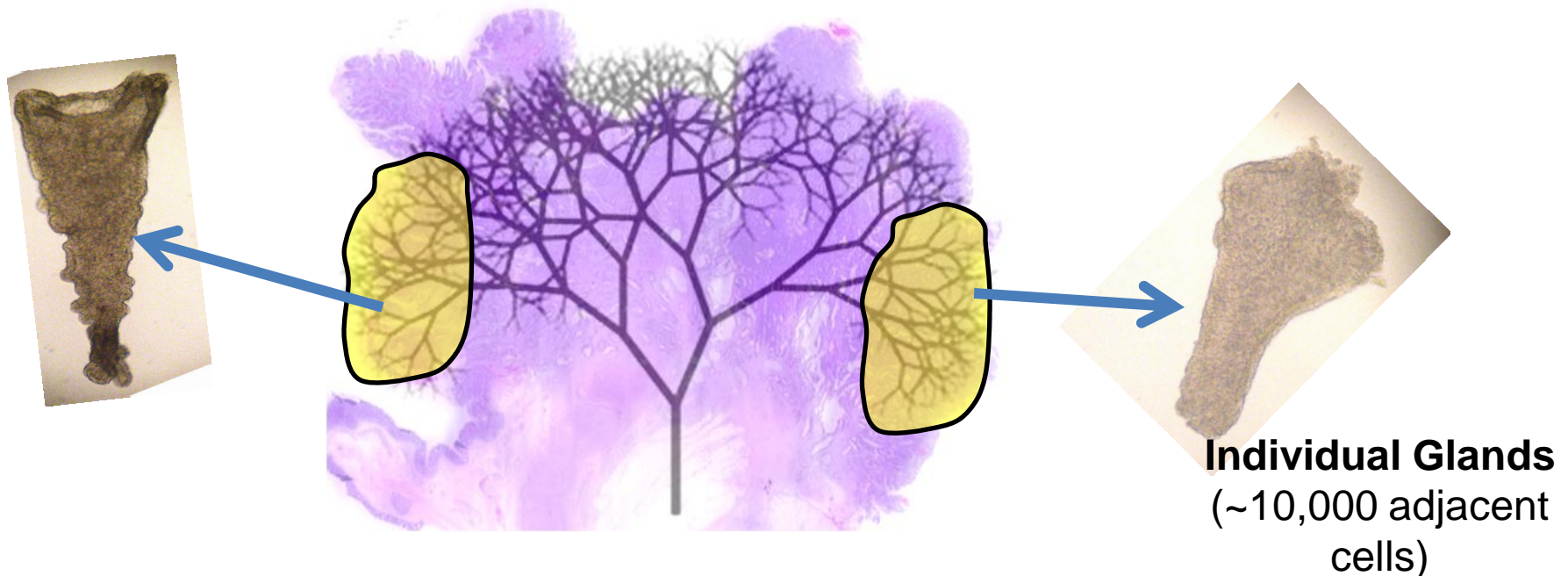
Whole Tumor (NGS, CNV (SNP-chips))

Tumor Half (NGS, CNV)

Individual Glands

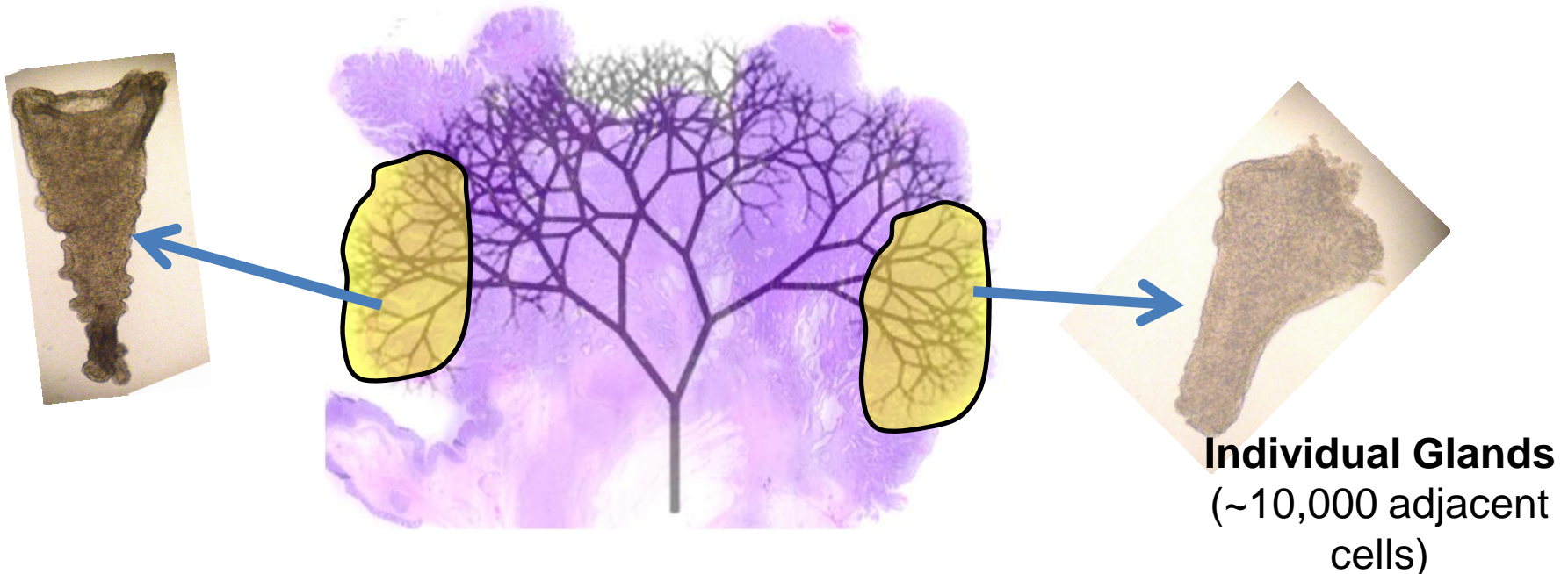
(targeted sequencing, CNV, DNA methylation)

Individual Cells (FISH)



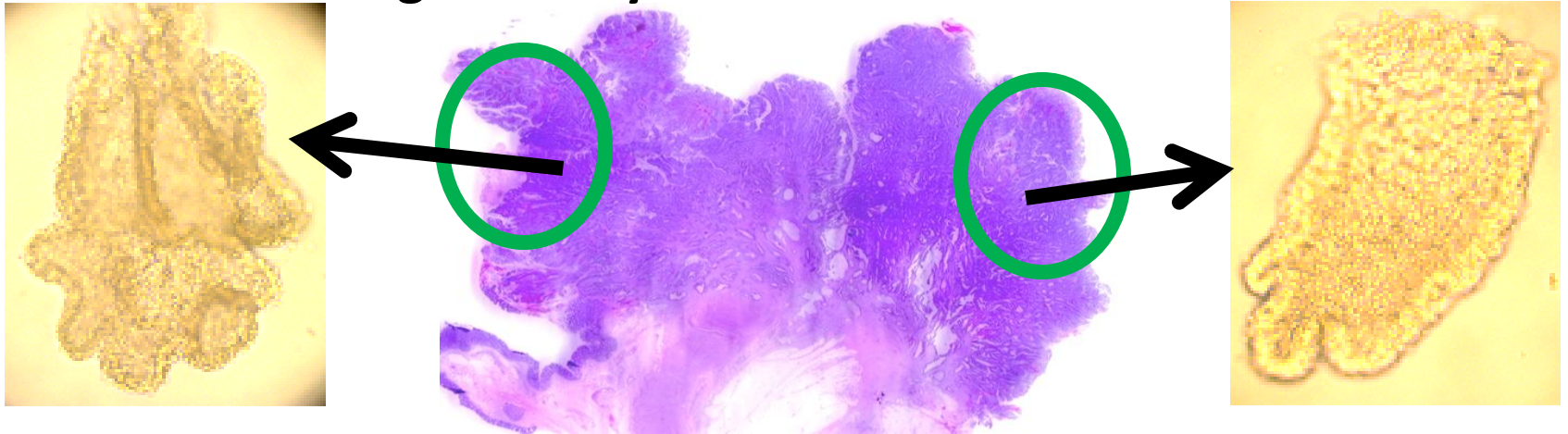
Relative Error and Mitotic Rates ("molecular clocks")

DNA base fidelity	$\sim 10^{-9}$ per base per division	} Stepwise Changes
DNA methylation	$\sim 10^{-5}$ per base per division	
Chromosome CNA	$\sim 10^{-2}$ to 10^{-4} per division	



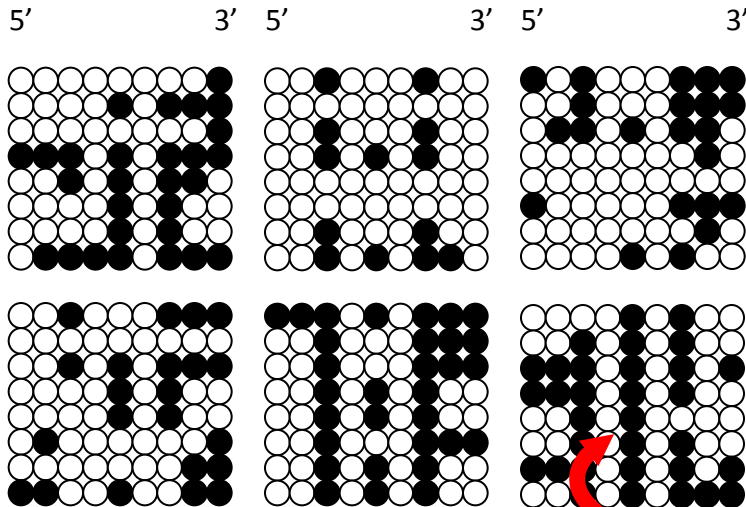
Experimental Strategy: Sample Multiple Tumor Glands

DNA Passenger Methylation Patterns



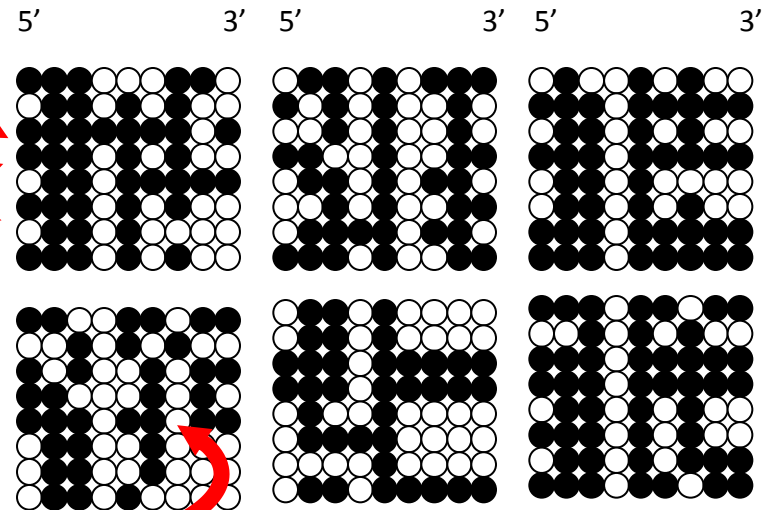
six cancer glands

left side



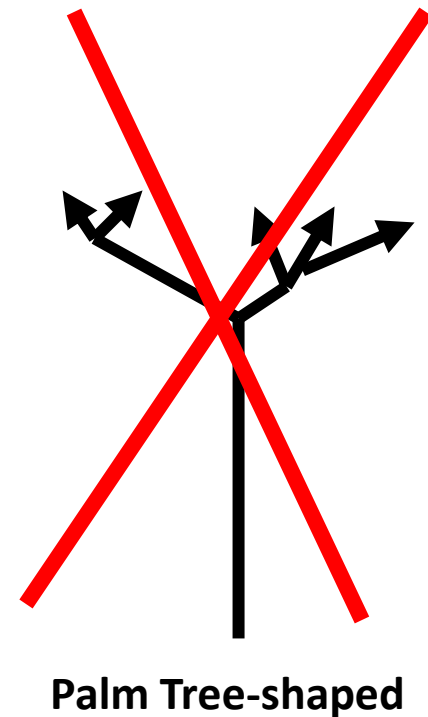
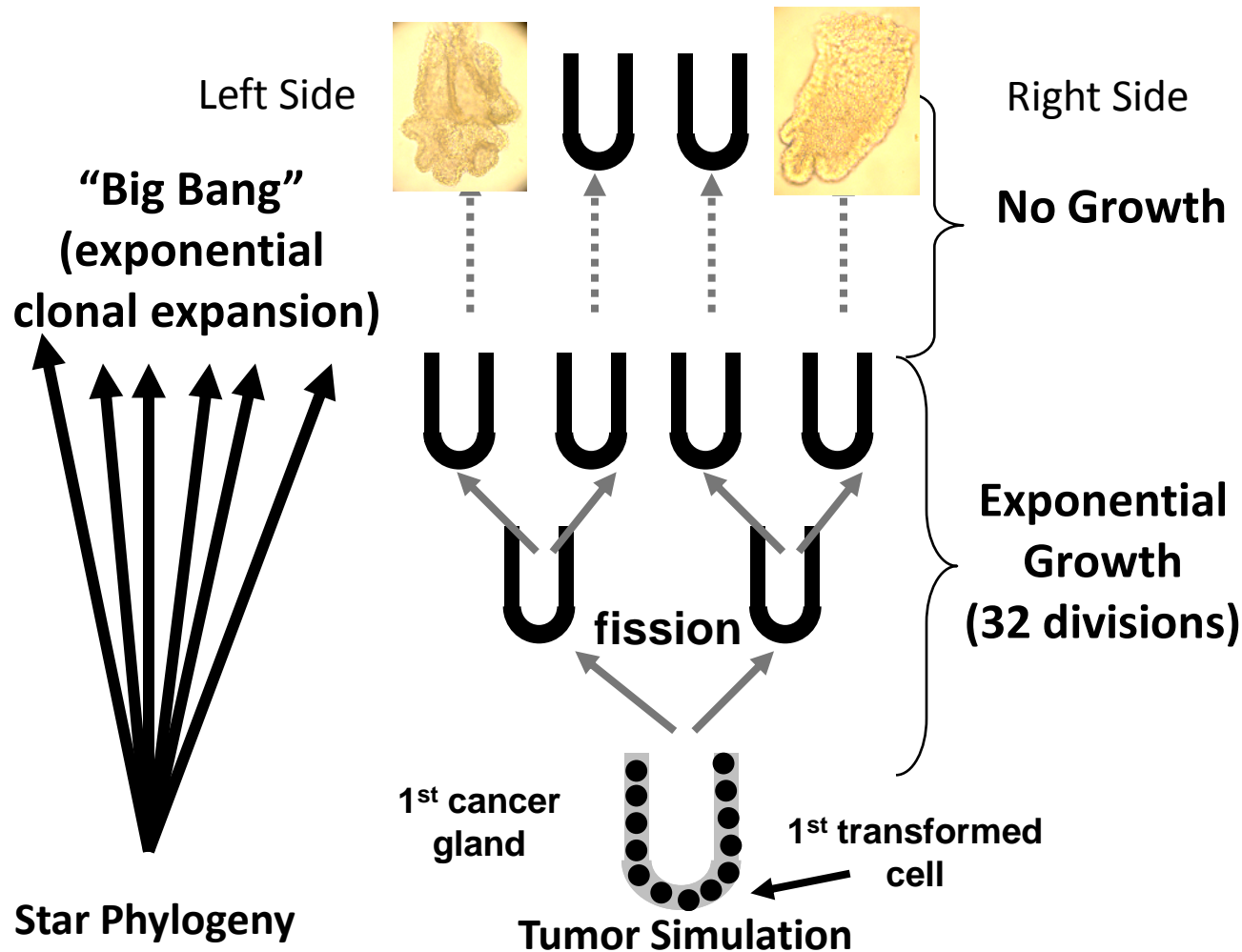
six cancer glands

right side

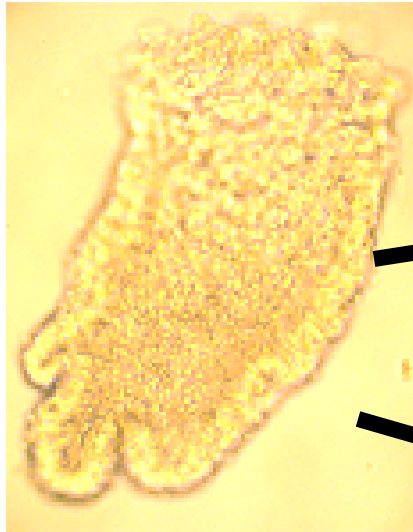


Passenger DNA Tumor Gland Methylation: More Consistent With A Star Phylogeny (single clonal expansion)

1. Gland Are “Old” or Diverse Populations (Stable)
2. Individual Glands Are Almost As Old or Diverse As Their Tumors
3. No Evidence of New or Old Parts (Equally Old or Young)

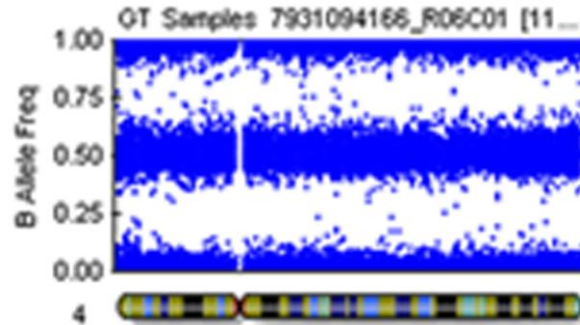


Chromosome CNAs (Chromosomal Instability (CIN))



Gland

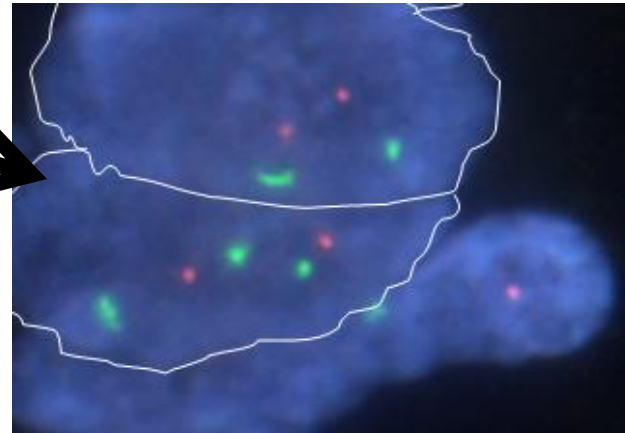
Examine Single Gland



SNP Microarray:

Average of gland = "Diploid"

Examine Single Cells



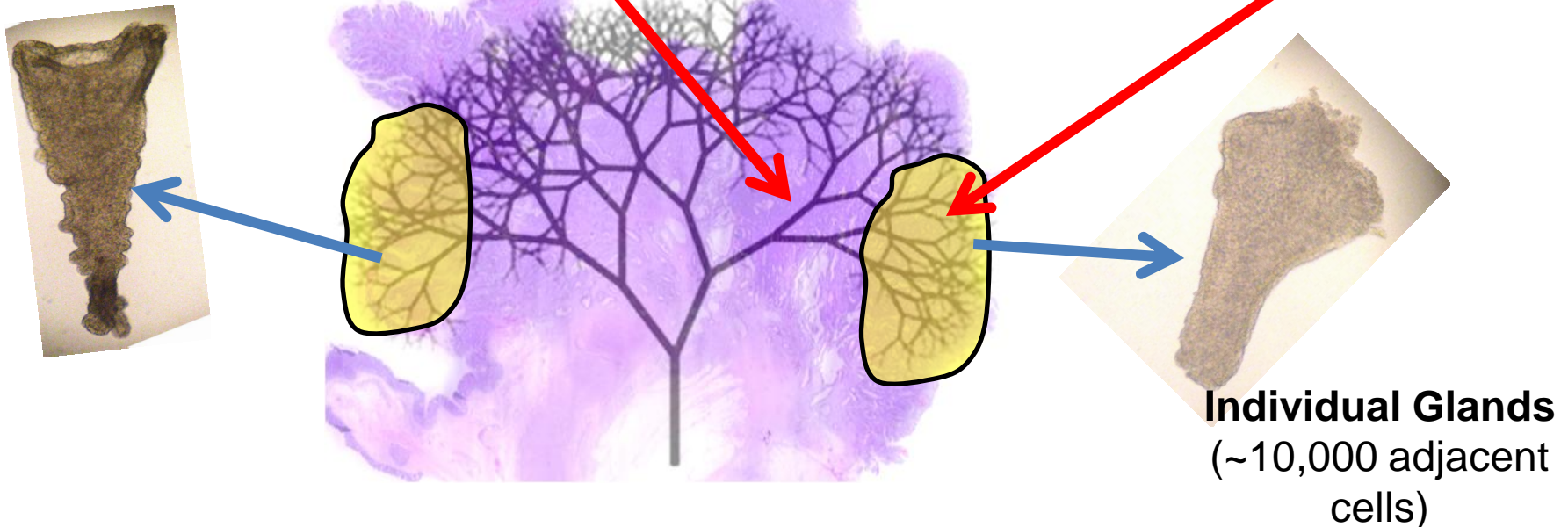
FISH: CIN PRESENT
(different ploidy)

Stepwise Chromosomal Changes:
Gains and Losses

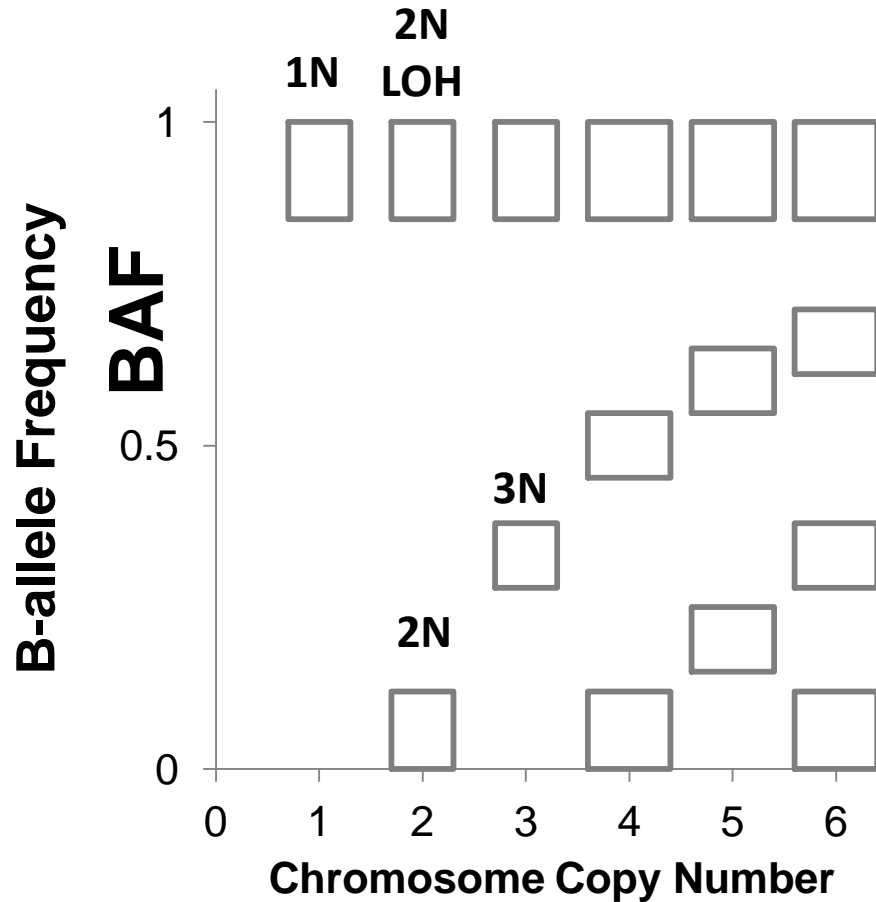
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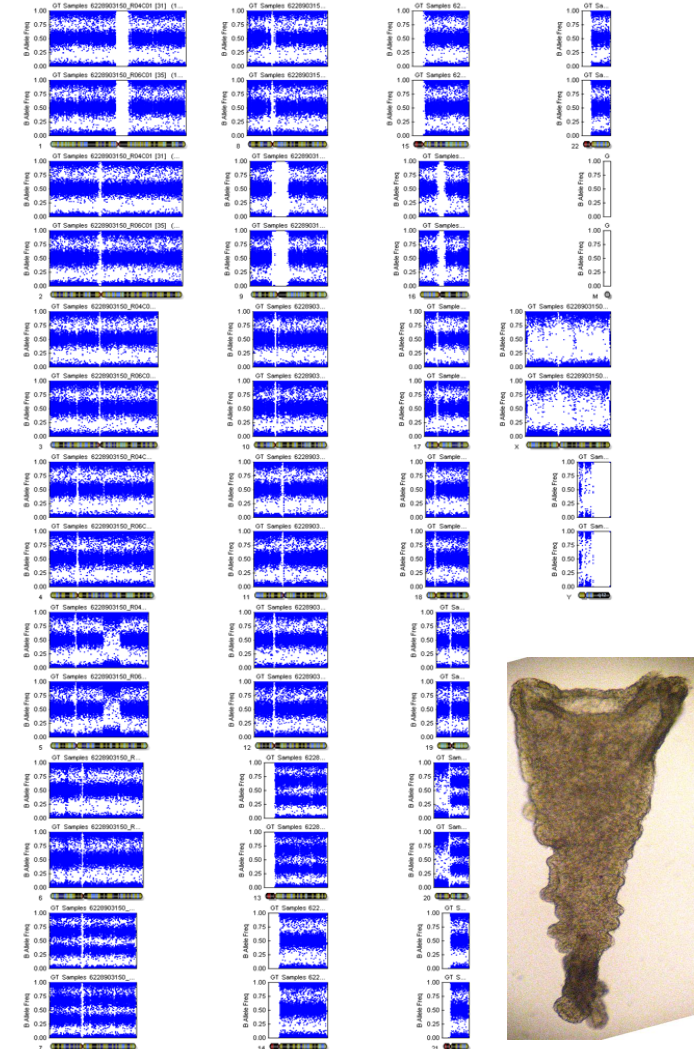
**Early CNAs Are More Detectable Than Later CNAs
With SNP microarrays**



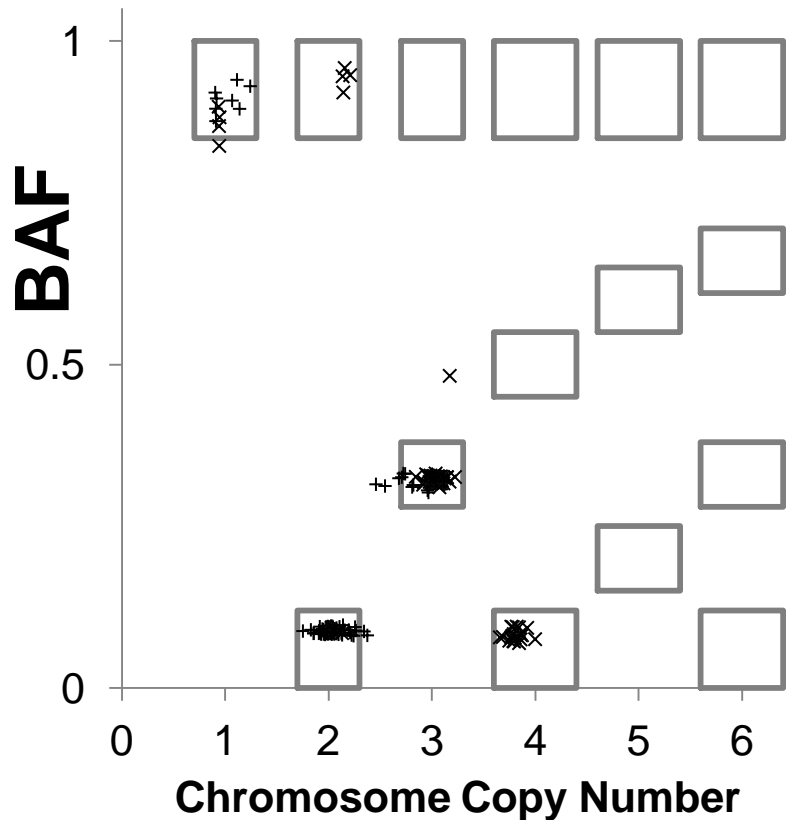
Visualizing Gland Chromosome Ploidy ("quantum normal values")



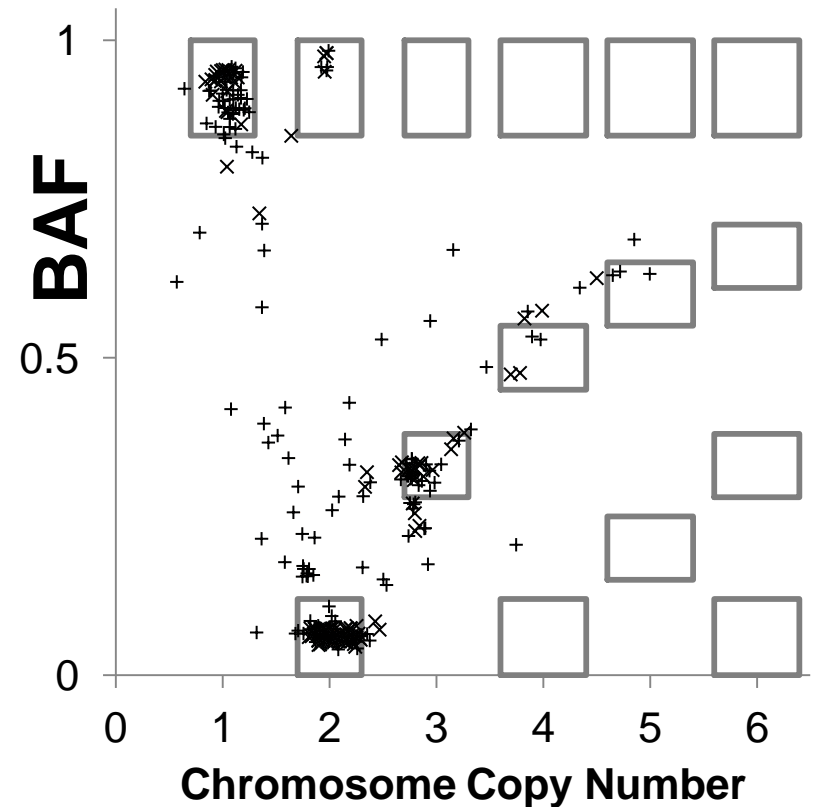
SNP microarrays



Despite “CIN” Most Gland Chromosome Fragments Are “Fixed” (near “quantum” or integer values)



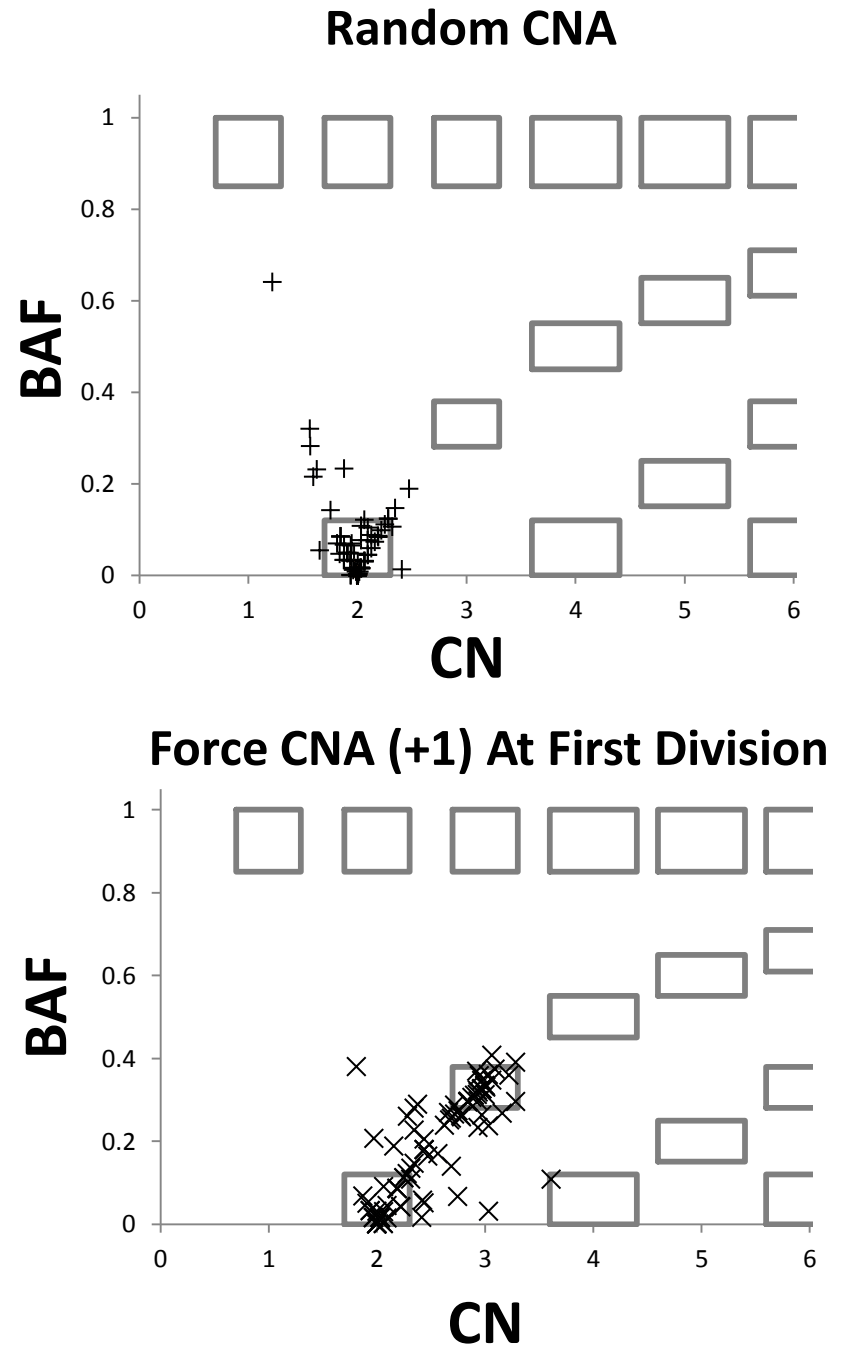
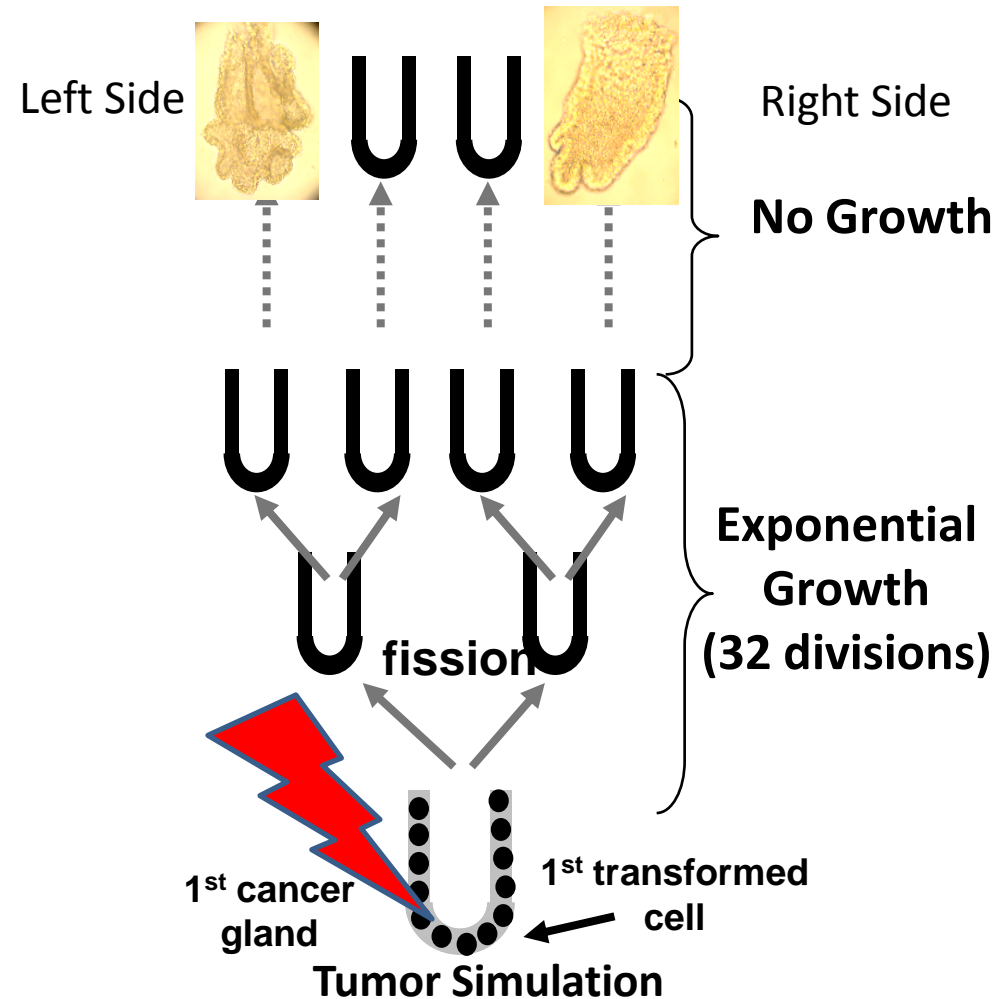
Adenoma
(8 glands)



Cancer
(8 glands)

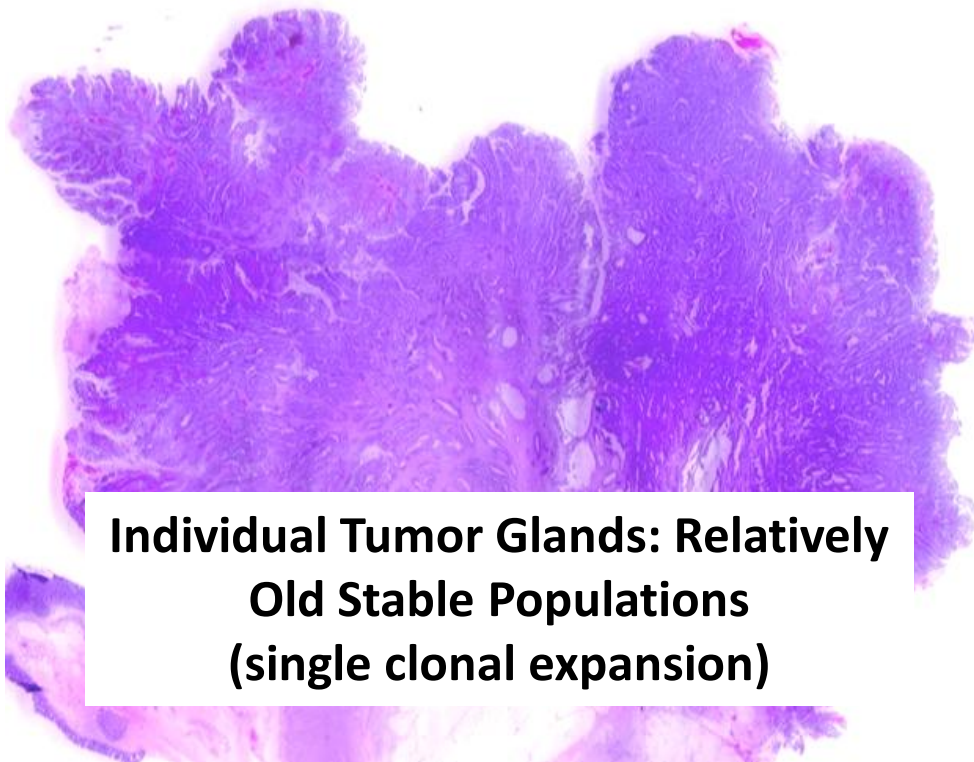
Tumor Simulations of CIN

Start: 2 chromosomes,
200 divisions



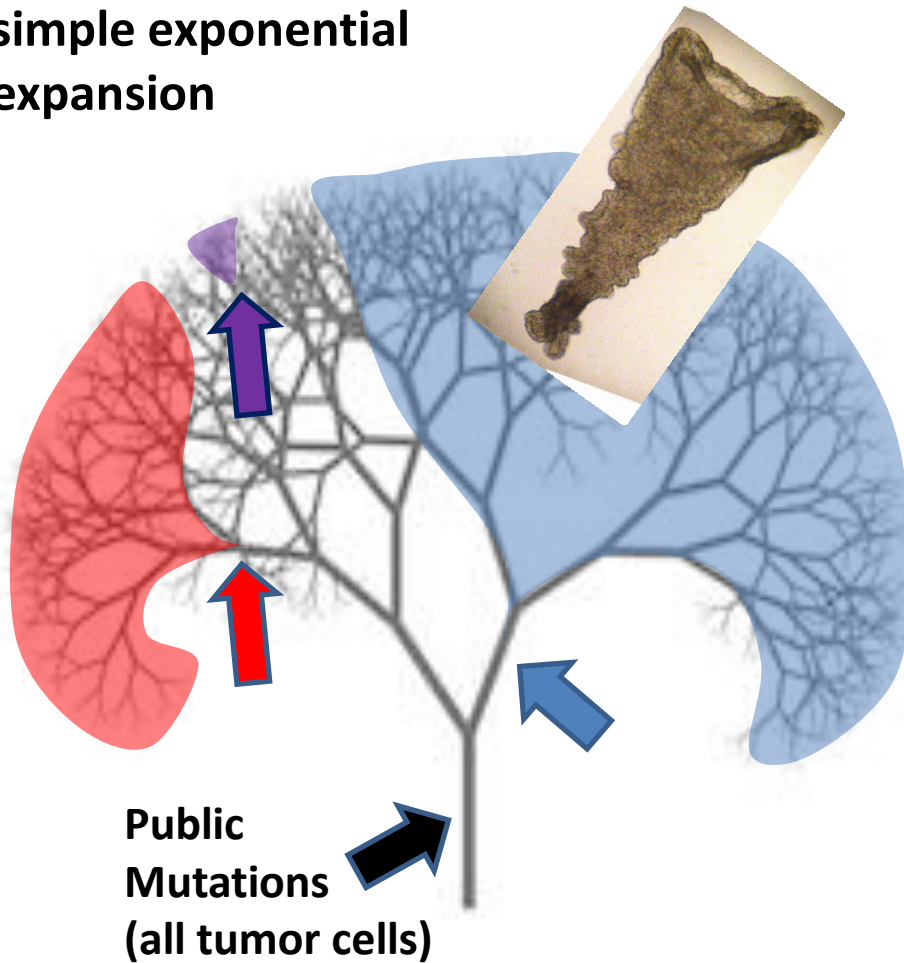
Summary of Tumor Gland Alterations

- 1) Passenger Methylation Patterns: Diverse
- 2) FISH Chromosome CNAs: Diverse
- 3) SNP Microarray: Many Average Gland CNAs Are “Quantum”



What About Point Mutations?

simple exponential
expansion



Whole Tumor

Public: 100% cells

Private:

Division 1: 50%

Division 2: 25%

Division 3: 12.5%

Division 4: 6.25%

Division 5: 3%

Single Gland

Public: 100% cells

Private:

Division 1: 100%

Division 2: 100%

Division 3: 100%

Division 4: 100%

Division 5: 100%??

Possible Gland Point Mutation Frequencies



1) Infinite Possible Values (0 to 100%)

----Genomic Instability

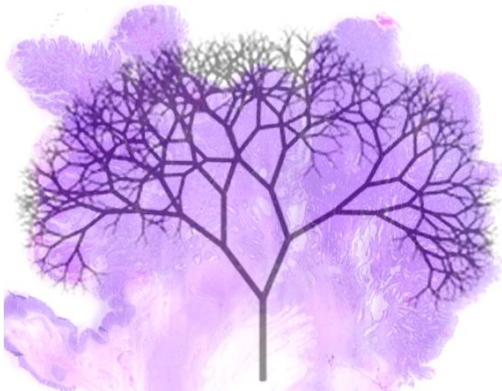
----Migration and Mixing

2) “Quantum” Values ($1N$, $2N$, $3N$)

**----Detectable Mutations Are Public
and Early Private Mutations**

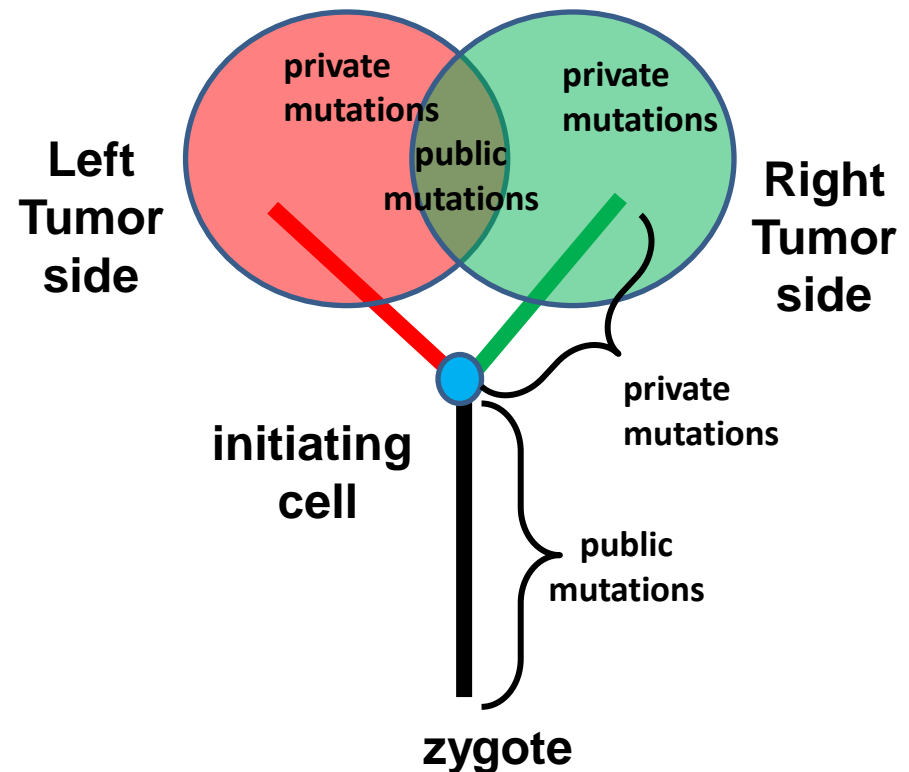
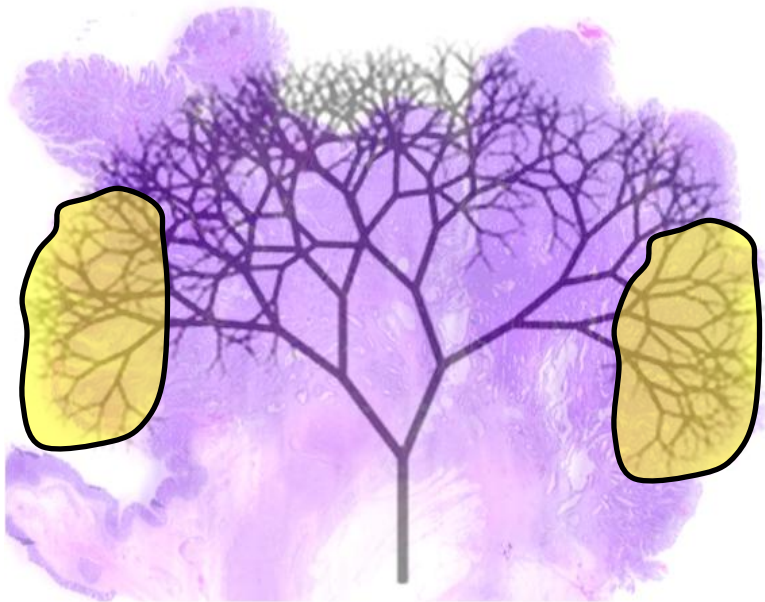
**----Individual Glands Are Old, Stable Populations
(fixation or lost)**

3) Something In Between

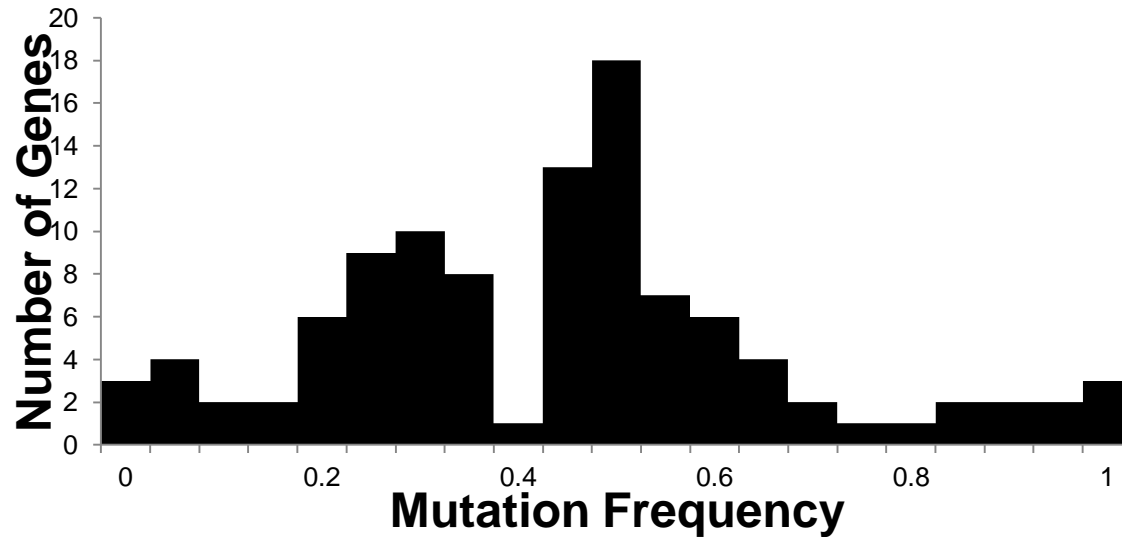


Experimental Approach

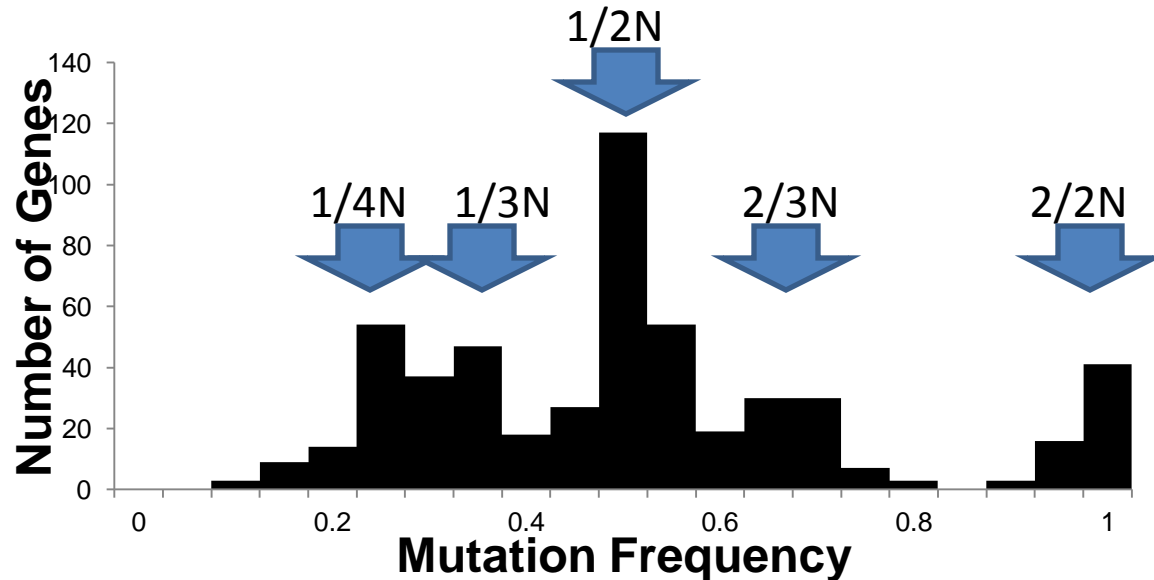
- 1) Bulk Sample Opposite Tumor Sides
- 2) NGS (Illumina, Exome Sequence, 50X)
- 3) Identify Public and Private Point Mutations (MuTec, Somatic Sniper)
- 4) Resequence Mutations In Bulk Sample and Individual Glands
(AmpliSeq, IonTorrent ~100X+ coverage)



Bulk Resequencing Data: Continuous Mutation Frequencies



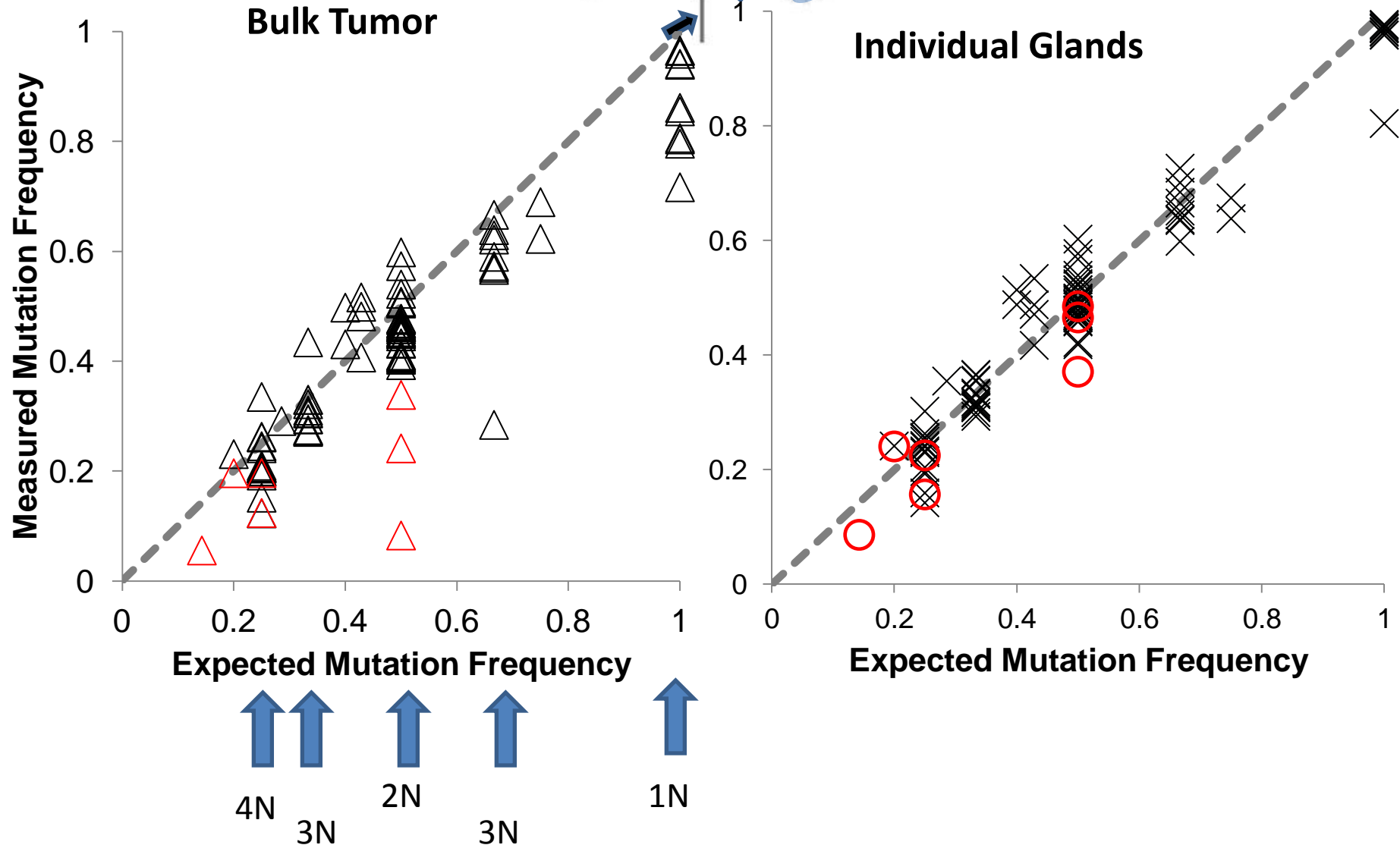
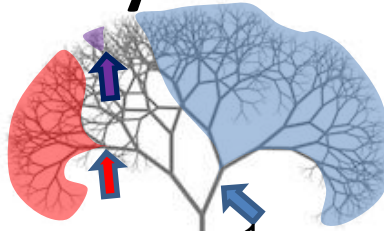
Gland Resequencing Data: “Quantum” Mutation Frequencies



Mutation Frequency With Respect To Ploidy

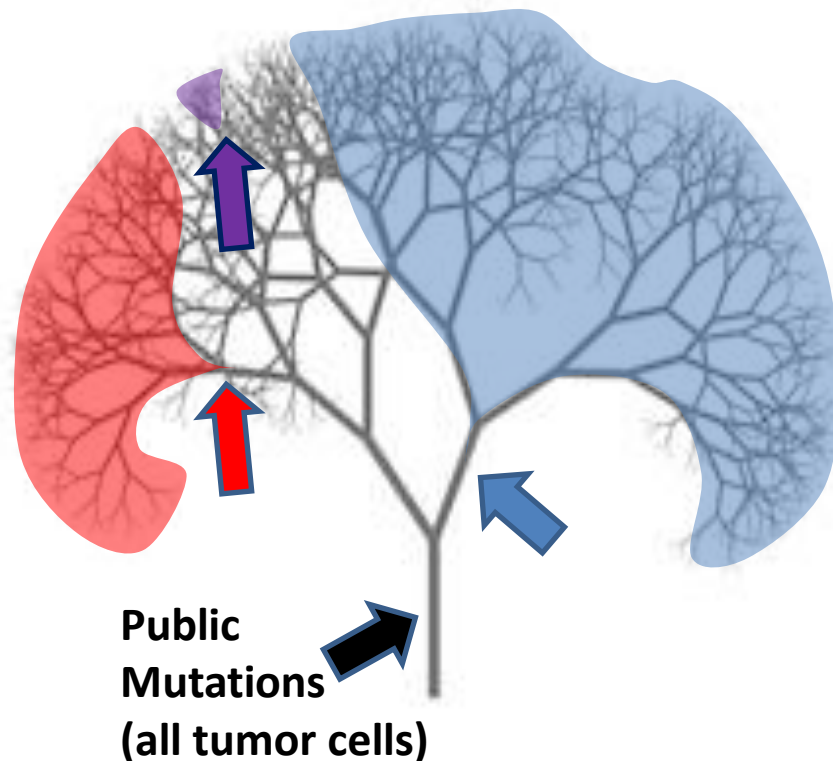
BLACK Symbols = Public Mutations

RED Symbols = Private Mutations



Summary of Tumor Gland Alterations

- 1) Passenger Methylation Patterns: Diverse
- 2) FISH Chromosome CNAs: Diverse
- 3) SNP Microarray: Many Average Gland CNAs Are “Quantum”
- 4) Mutation Resequencing: “Quantum” or “Fixed” Point Mutation Frequencies



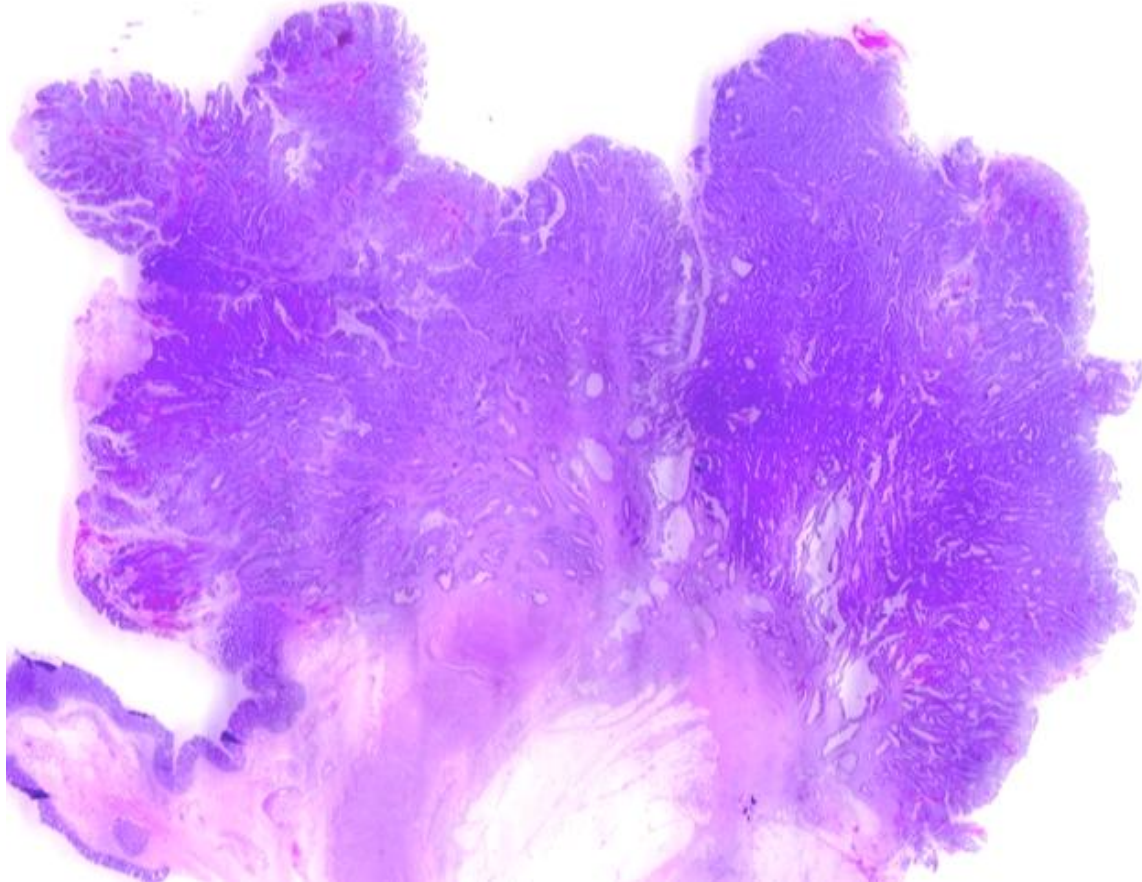
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Specific Goal:

Understand Tumor “Initiation” (first few divisions after transformation)

Clinical Question:

Are Tumors “Born To Be Bad”?



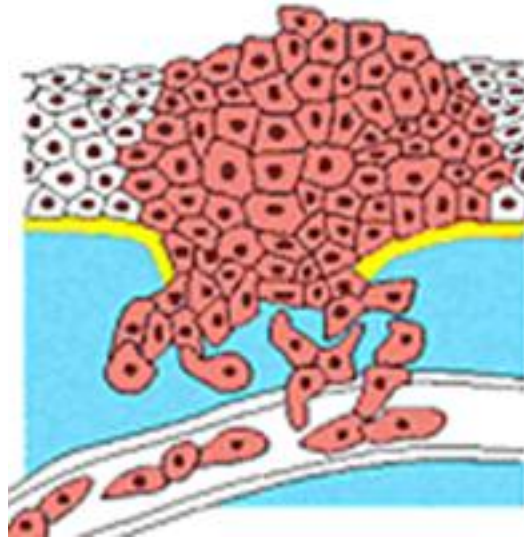
“Born To Be Bad”

What is “Bad” Clinically?: Death

How Do Tumors Kill?

- 1) Invasion**
- 2) Metastasis**

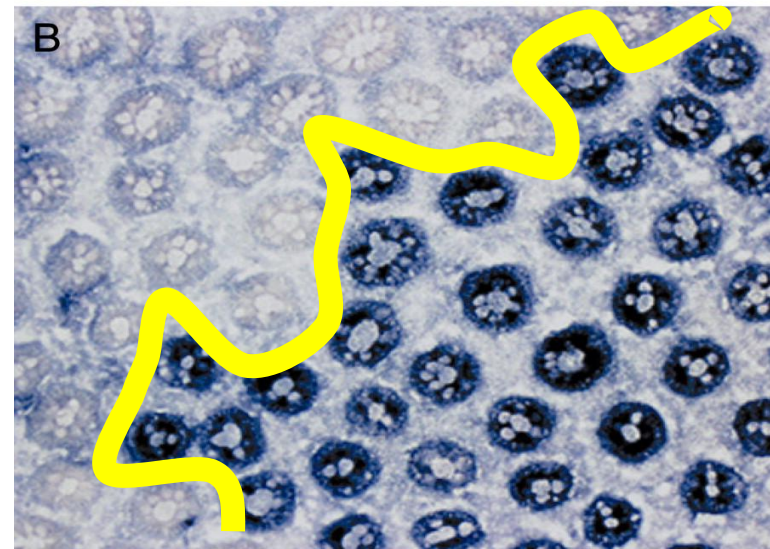
**Common Requirement of Invasion and Metastasis:
Abnormal Cell Mobility**



“Born To Be Good”

Cell Proliferation And Movement Is Normal But Cell Intermixing Is Abnormal

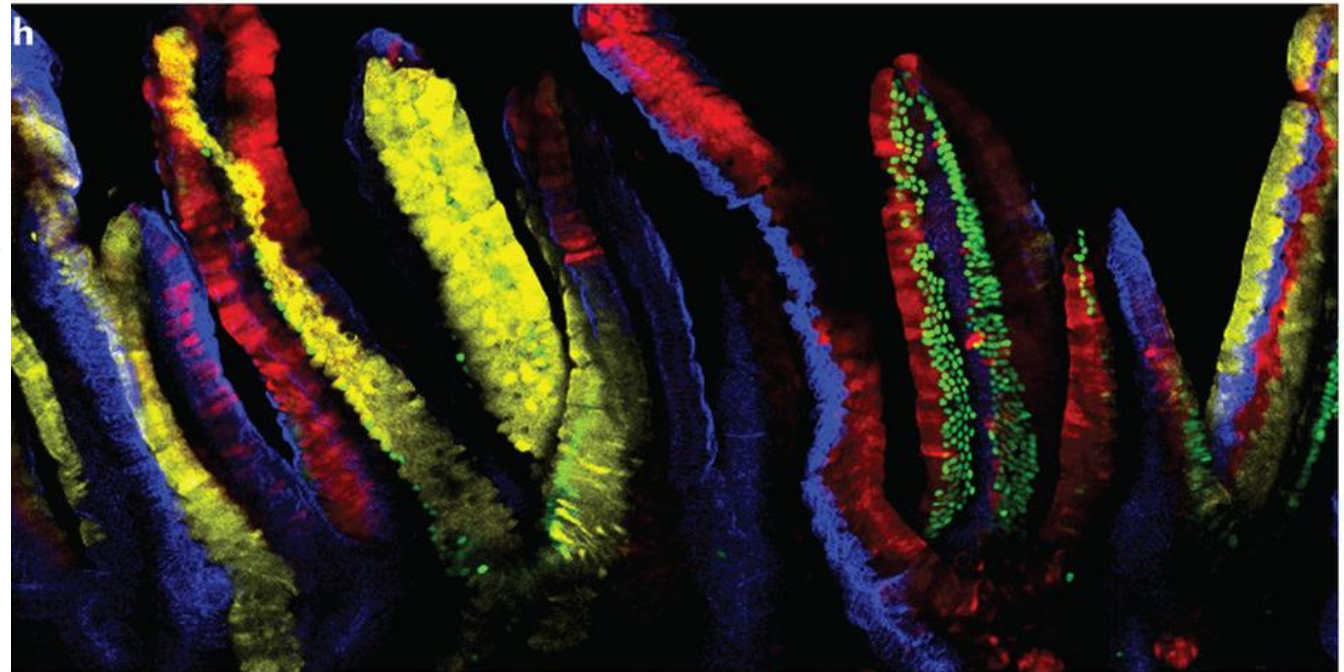
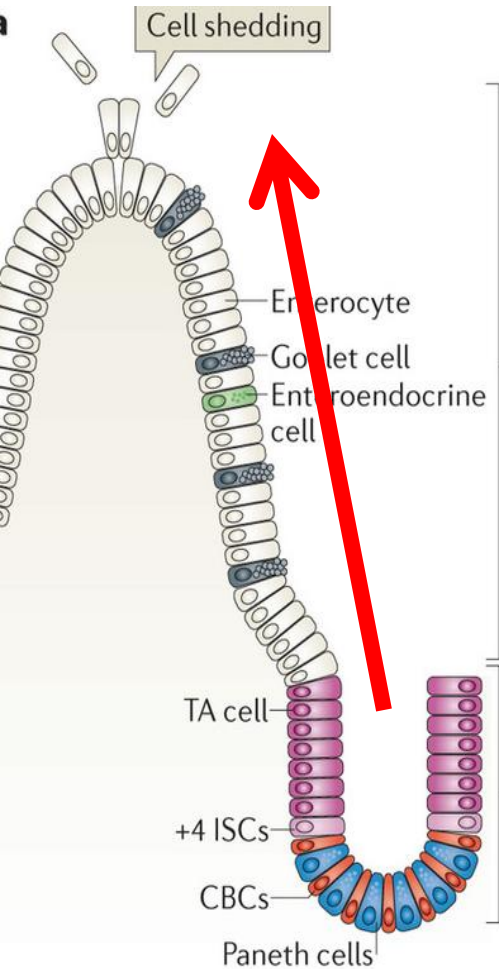
Development:
Clonal Patches



G6PDH expression: X-linked inactivation

“Born To Be Good”

Cell Proliferation And Movement Is Normal But Cell Intermixing Is Abnormal

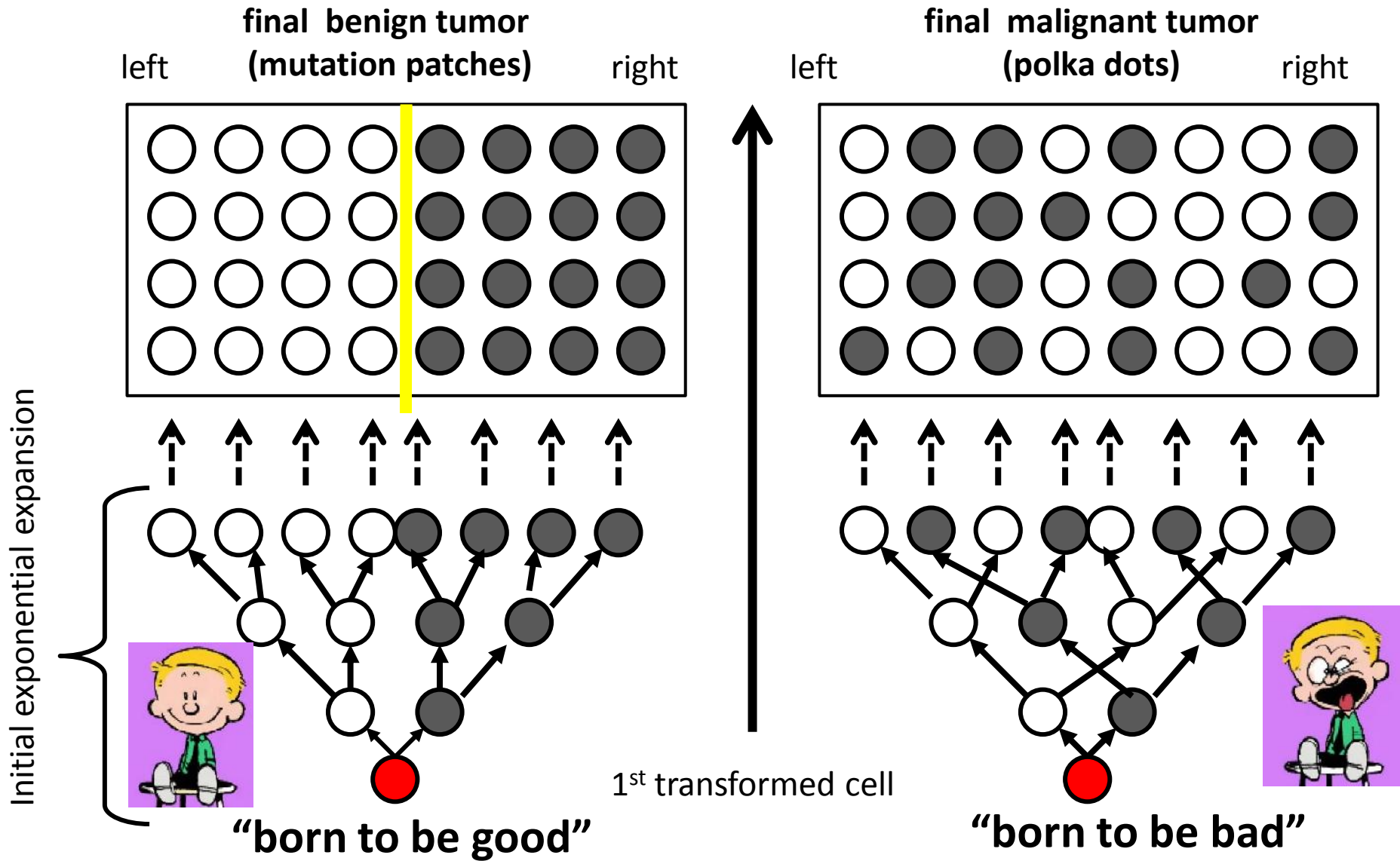


**Intestinal Crypts:
Cell Migration in Orderly Columns**

Born To Be Good/Bad



Effects of Early Cell Mixing



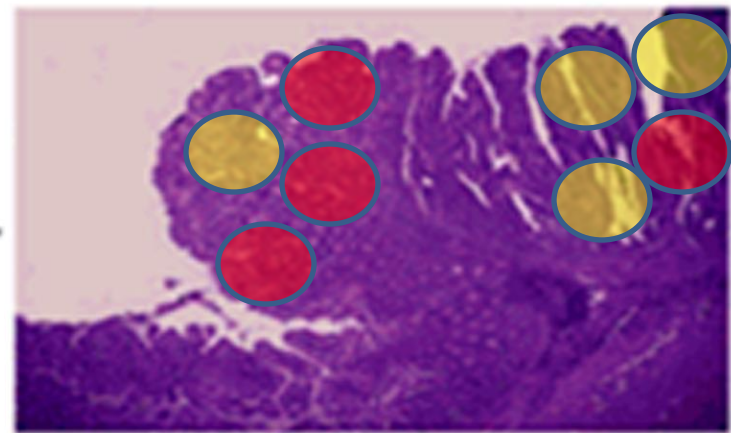
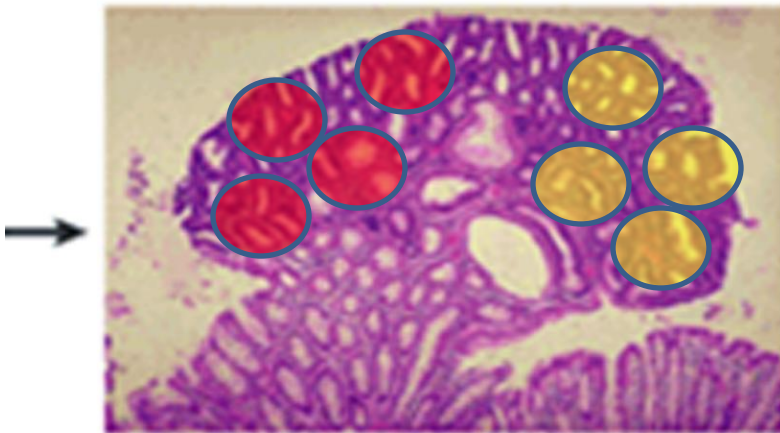
Colorectal Tumors

**Benign Adenomas
(born to be good?)**

**Cancers:
Invasive and Metastatic
(born to be bad?)**

Adenoma

Carcinoma



Mutation Patches

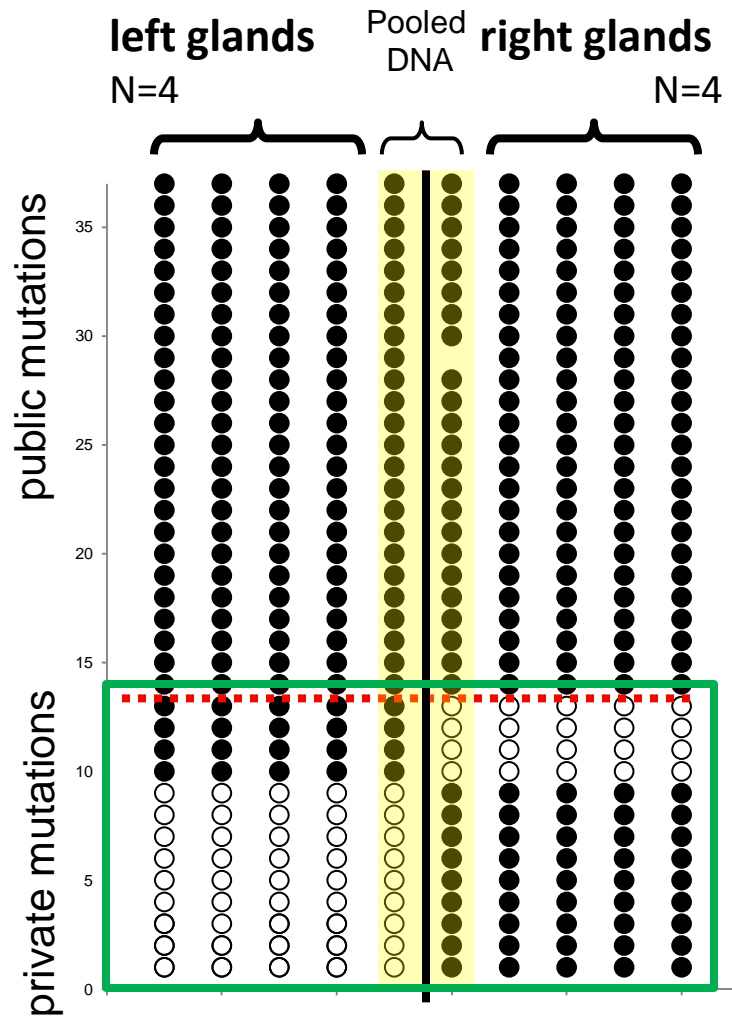
Mutation Polka Dots

Effects of Early Cell Mixing And Gland Mutation Fixation: “Identical” Glands On Opposite Tumor Sides



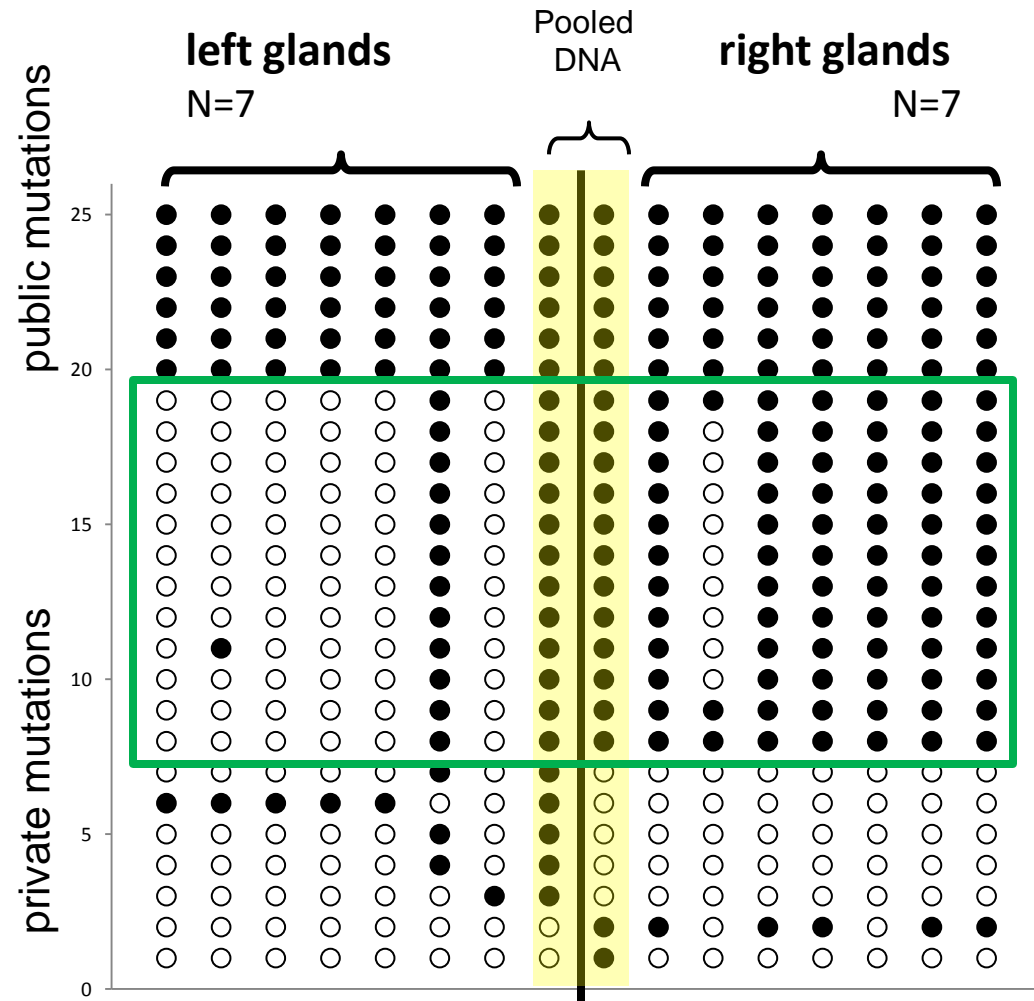
Point Mutations

ADENOMA



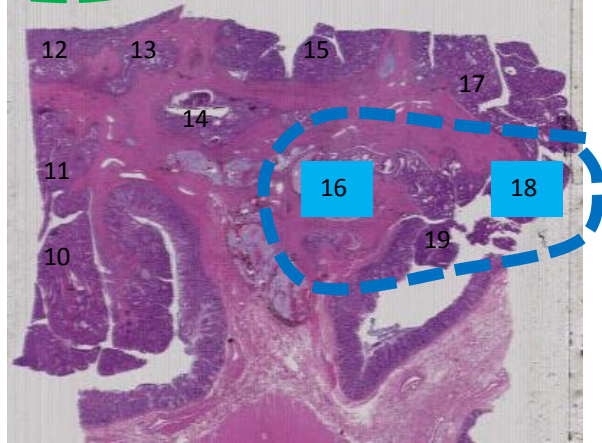
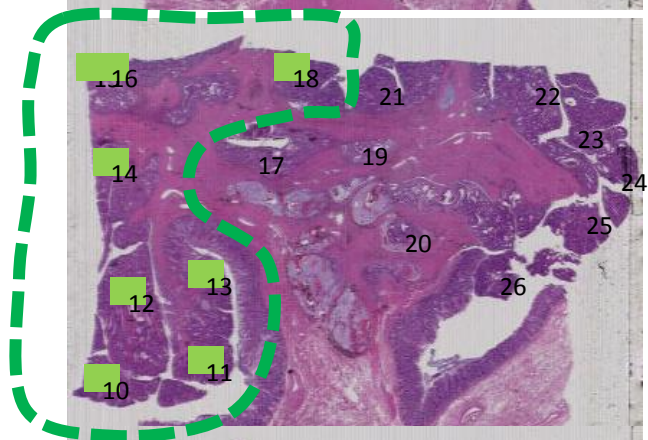
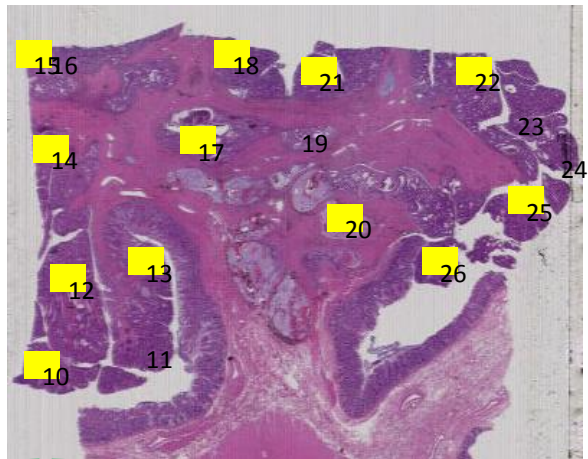
All Private Mutations
Side Specific

CARCINOMA



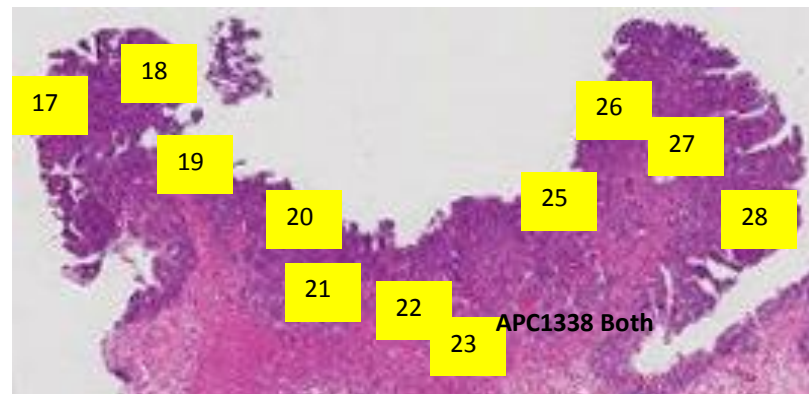
Some Private Mutations
Both Tumor Sides

Adenoma

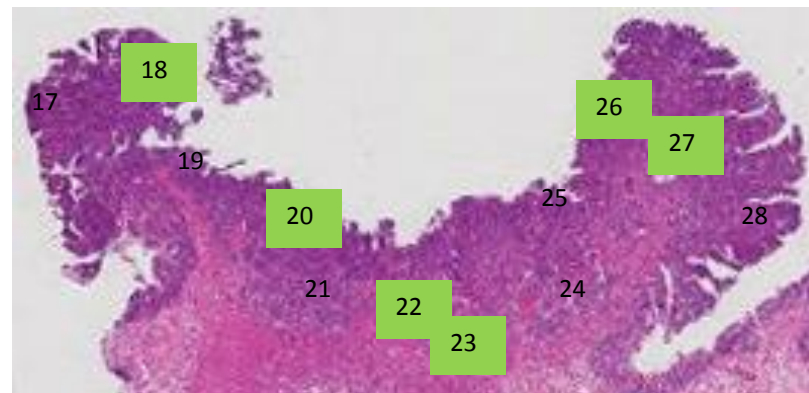


Microdissection Data

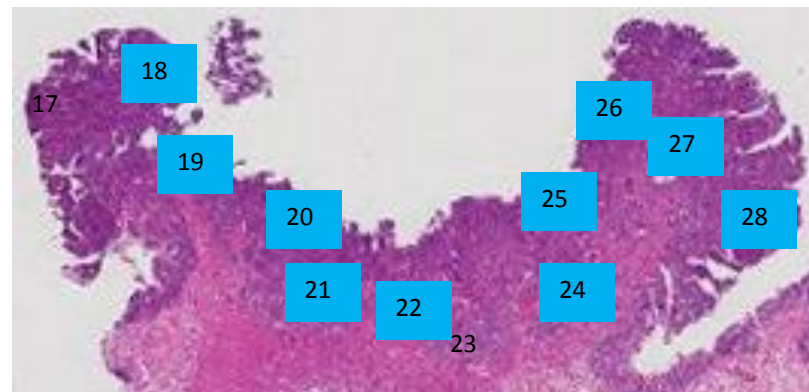
public
mutation



private
mutation

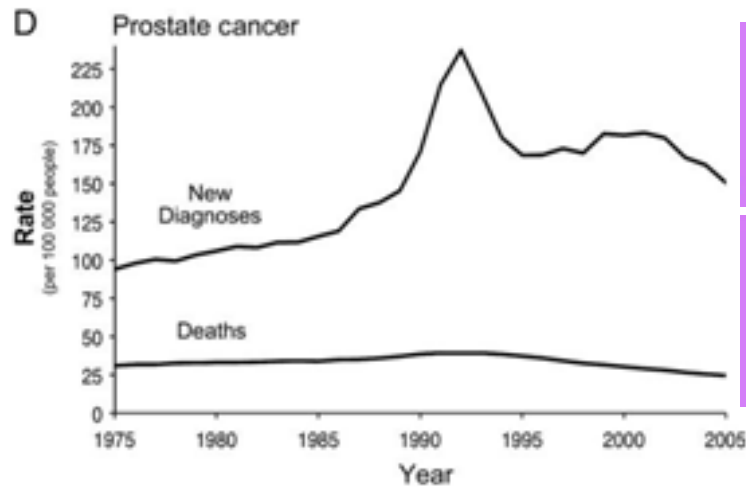


private
mutation

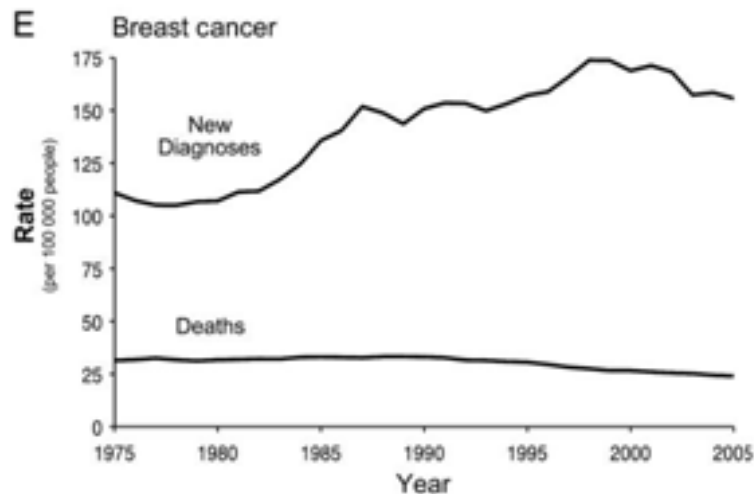


Cancer

Difficult To Predict The Lethality Of Small Human Tumors (lessons from screening)



**Many Small Detected “Cancers”
Likely Will Not Kill Their Hosts**



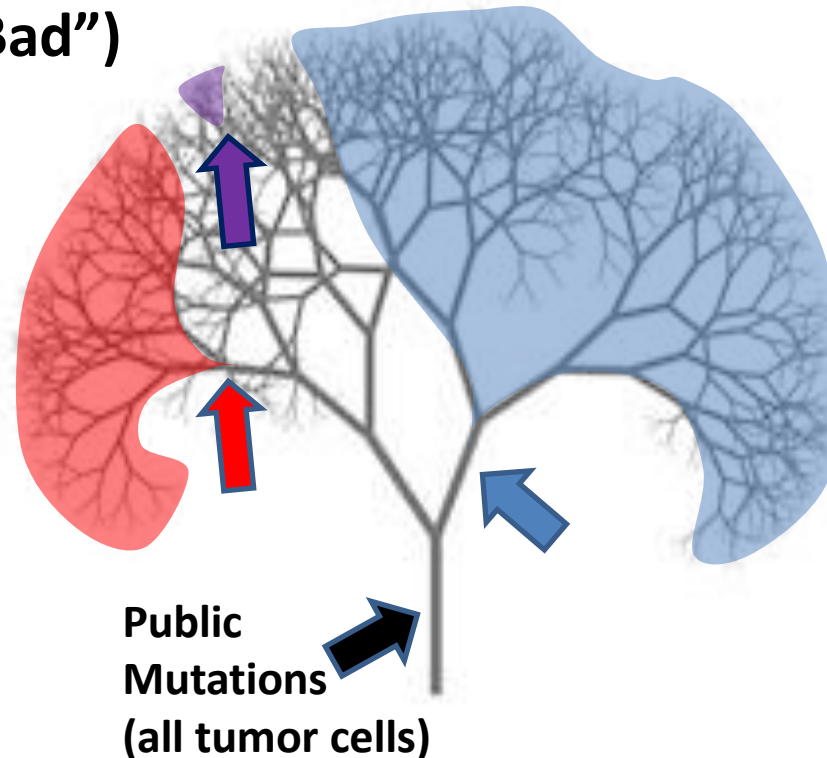
**Potential To Distinguish
Early Lesions
“Born To Be Bad”
From those
“Born To Be Good”**

Rate of new diagnoses and death in the Surveillance, Epidemiology, and End Results data from 1975 to 2005.

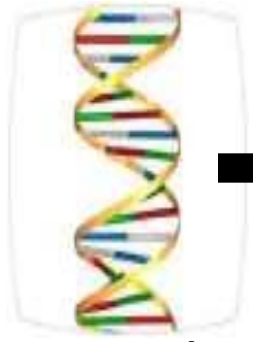
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- 2) FISH Chromosome CNAs: Diverse
- 3) SNP Microarray: Many Average Gland CNAs Are “Quantum”
- 4) Mutation Resequencing: “Quantum” or “Fixed” Point Mutation Frequencies
- 5) Mutation Location Informs Early Cell Mobility (“Born To Be Bad”)

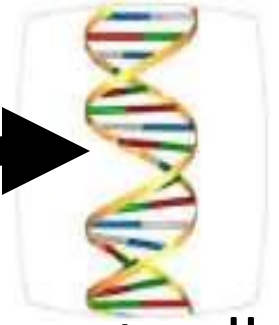
Single Clonal Expansion



Genomes Are “Historical” Documents (almost perfect copies of copies)



zygote
(start)



current cell
(end)

Acknowledgements

- Yasushi Yatabe
- Kyoung-Mee Kim
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- Aimee Kang
- Peter Calabrese
- Kim Siegmund
- Paul Marjoram
- Simon Tavare
- Cristina Curtis
- Andrea Sottoriva