

Cytogenetic alterations in prostate carcinomas



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Prostate cancer: epidemiology

www.krebsregister-saarland.de

Prozentuale Verteilung der Neuerkrankungen 1994-1995 in Saarland – Männer

Lokalisation

Bronchien 17,5%

Dick- und Mastdarm 13,9%

Prostata 13,1%

Magen 4,2%

Harnblase 3,6%

Nieren 3,3%

Maligne Lymphome 2,1%

Kehlkopf 1,9%

Speiseröhre 1,9%

0%

5%

Prozentuale Verteilung der Neuerkrankungen 2000-2002 in Saarland – Männer

Lokalisation

Prostata 22,4%

Lunge 17,7%

Dick- und Mastdarm 15,9%

Leukämien u. Lymphome 6,2%

Mund u. Rachen 4,8%

Harnblase 4,3%

Nieren u. Harnleiter 4,1%

Magen 4,0%

Bauchspeicheldrüse 2,5%

0%

5%

10%

15%

20%

25%

Lifetime risk ...

... of being diagnosed with prostate cancer

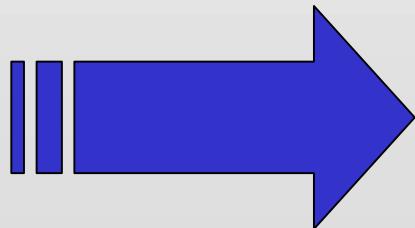
17.8%

... of dying from prostate cancer

3.0%

....

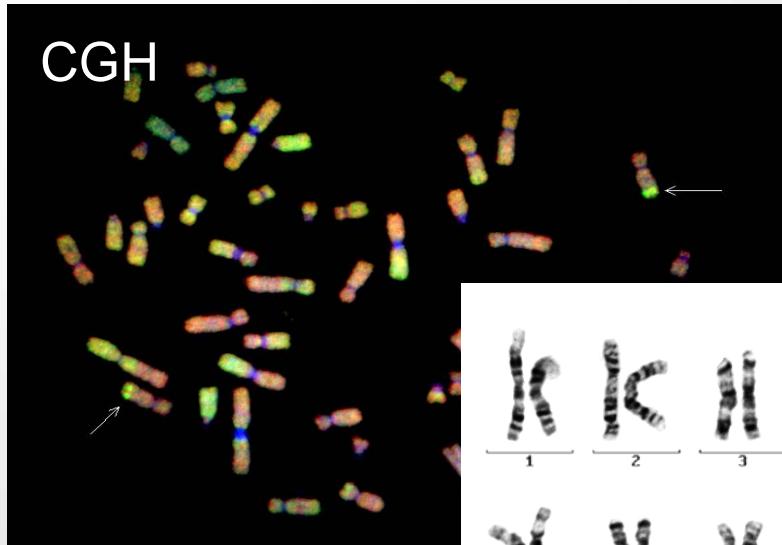
**reliable prognostic markers are
needed for individualized prostate
cancer management**



genetic risk assessment

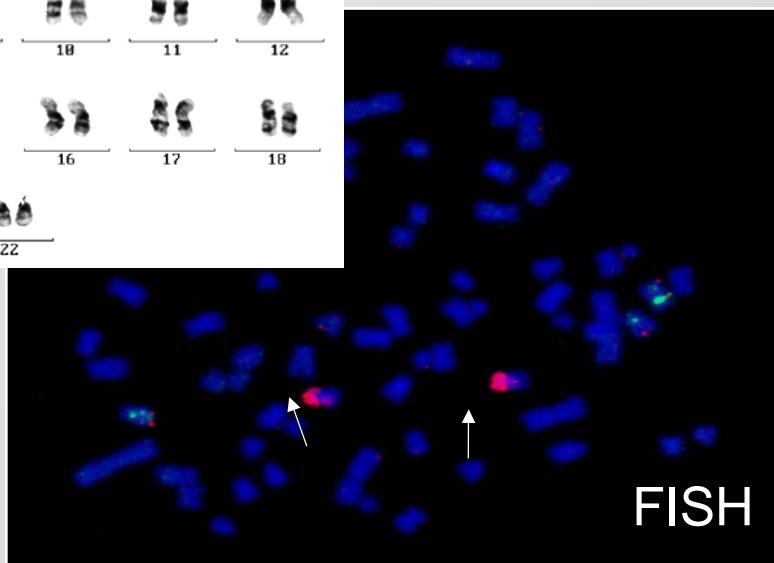
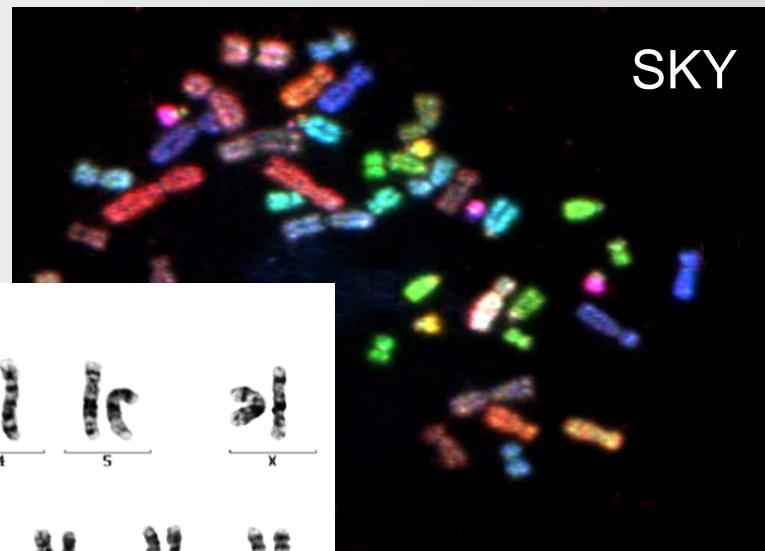
Cytogenetic techniques

CGH



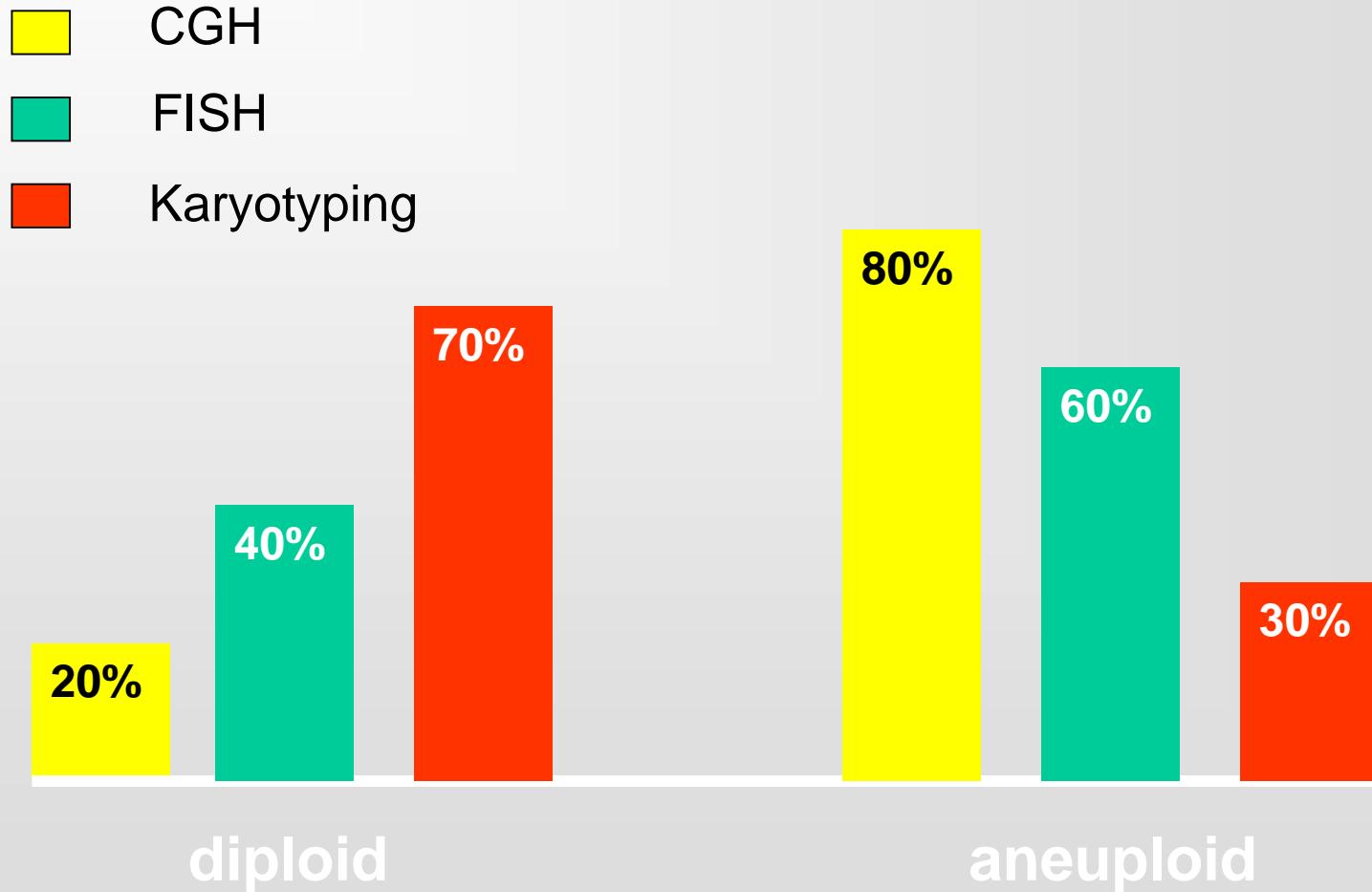
arrayCGH

SKY



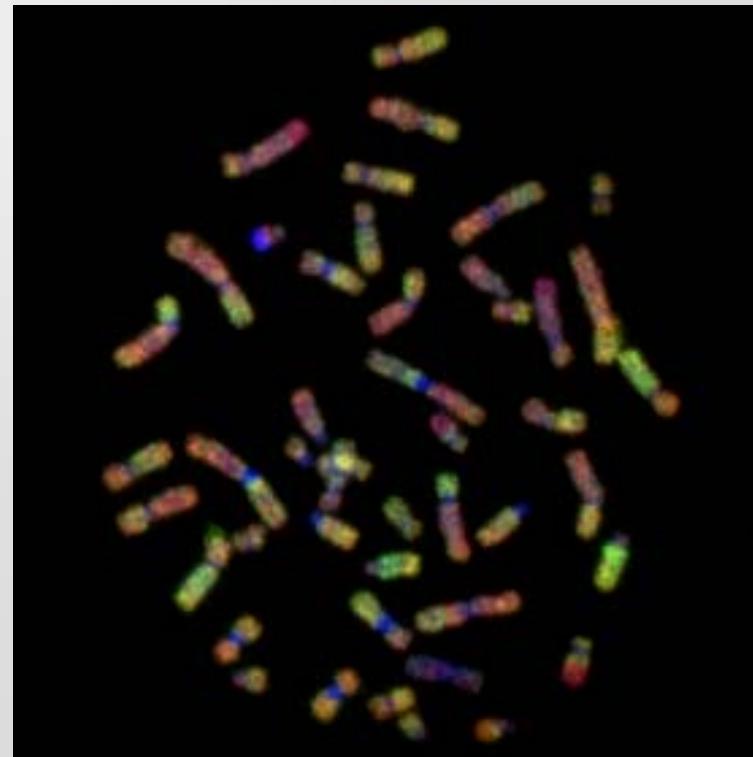
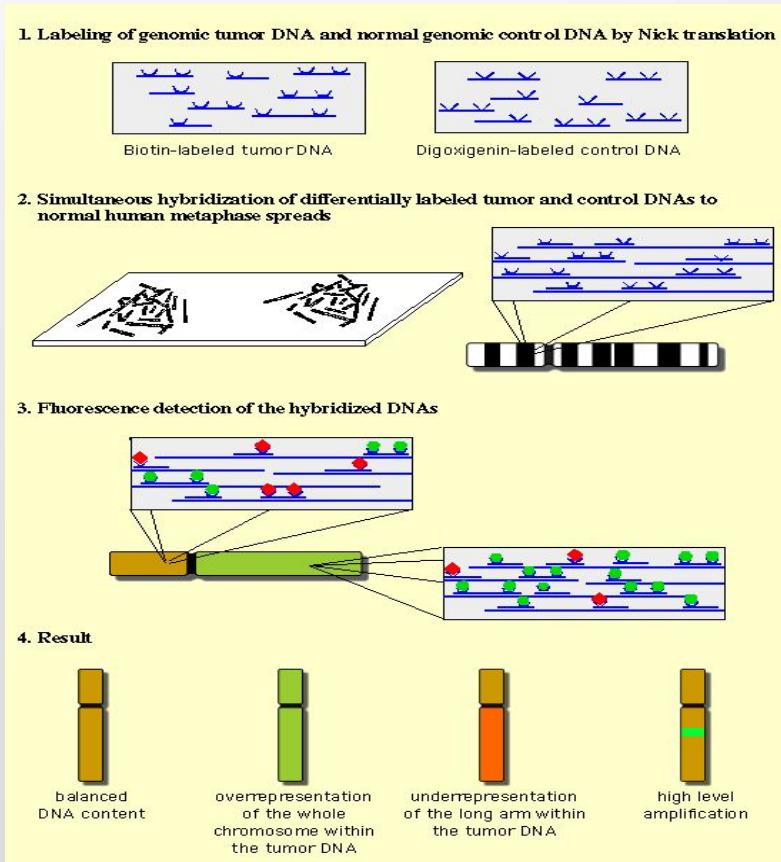
FISH

“Cytogenetic alterations” depend on methodology

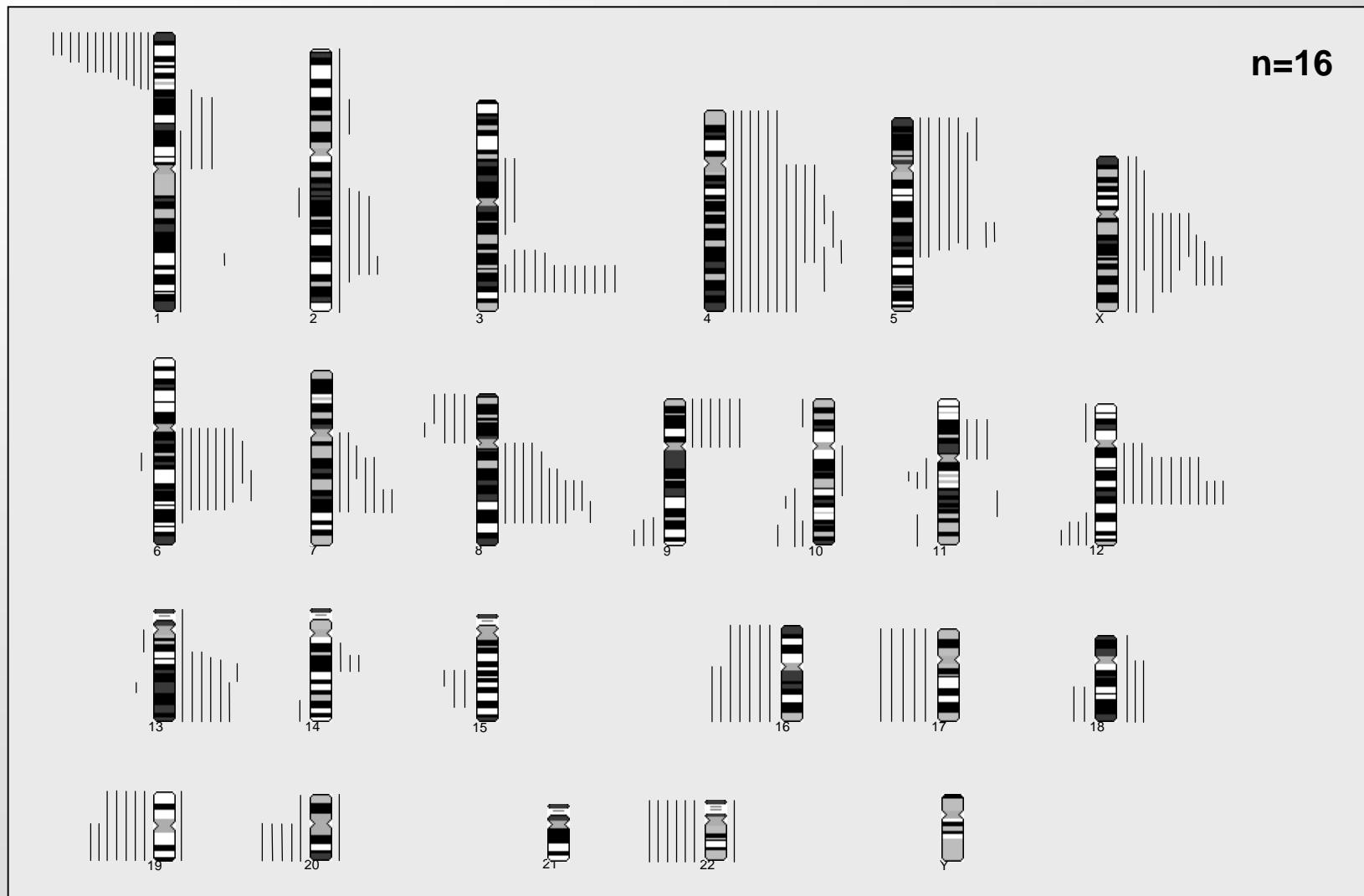


Comparative Genomic Hybridization (CGH)

*Method for detecting and assigning genomic imbalances
(resolution ~ 5Mb)*



CGH: prostate cancer



pT2b, Gleason 7

#70

losses: 3

gains: 0

pT2b, Gleason 7

#133

losses: 1

gains: 11

pT3b, Gleason 7

#47

losses: 3

gains: 2

pT3b, Gleason 7

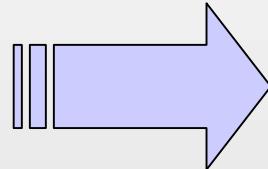
#169

losses: 4

gains: 11

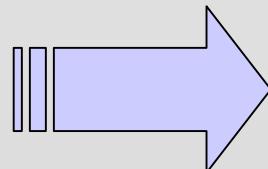
Major directions

Analysis of the complexity of genomic changes



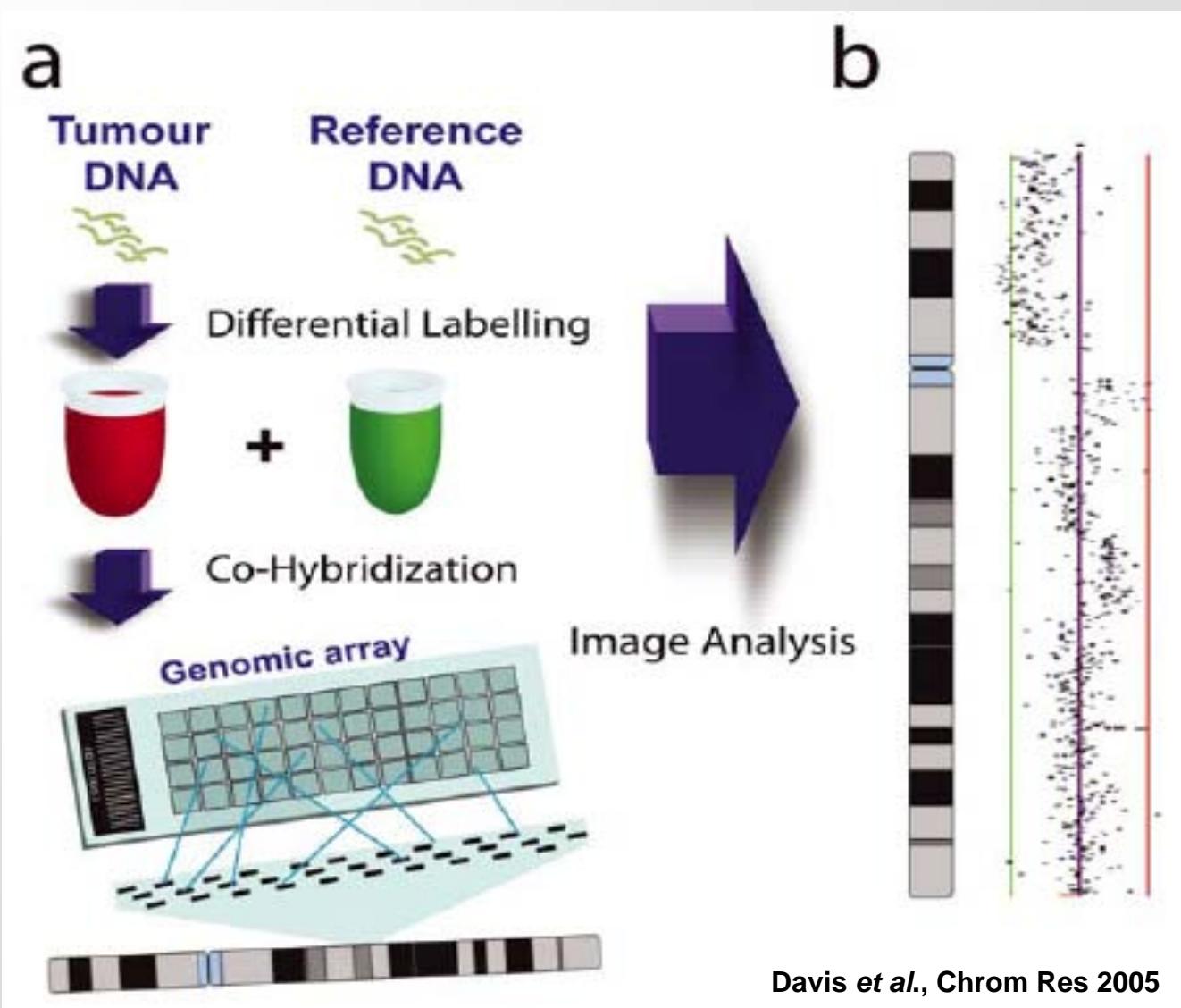
Genetic progression scores

Analysis of single locus-changes

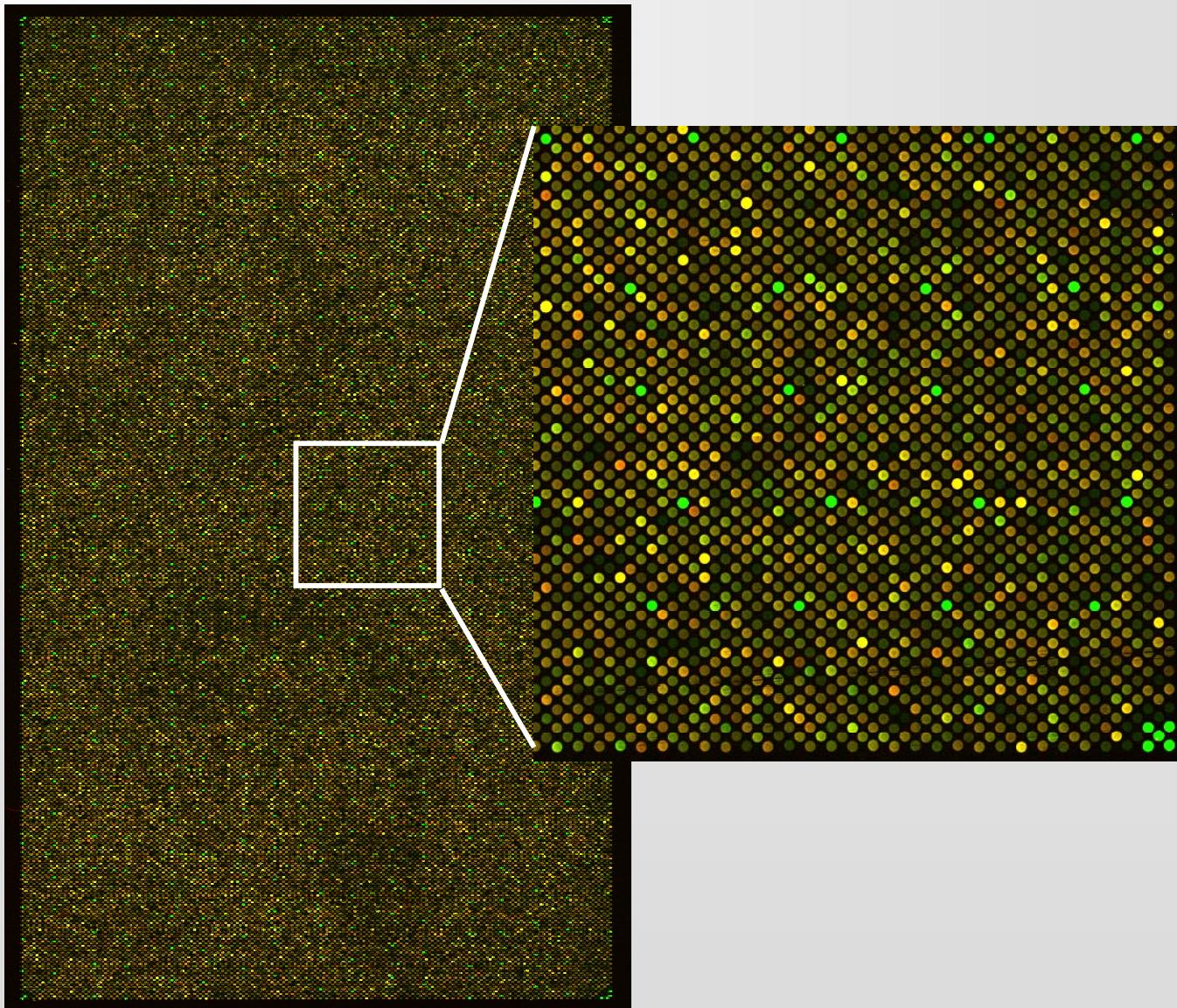


Search for novel target genes

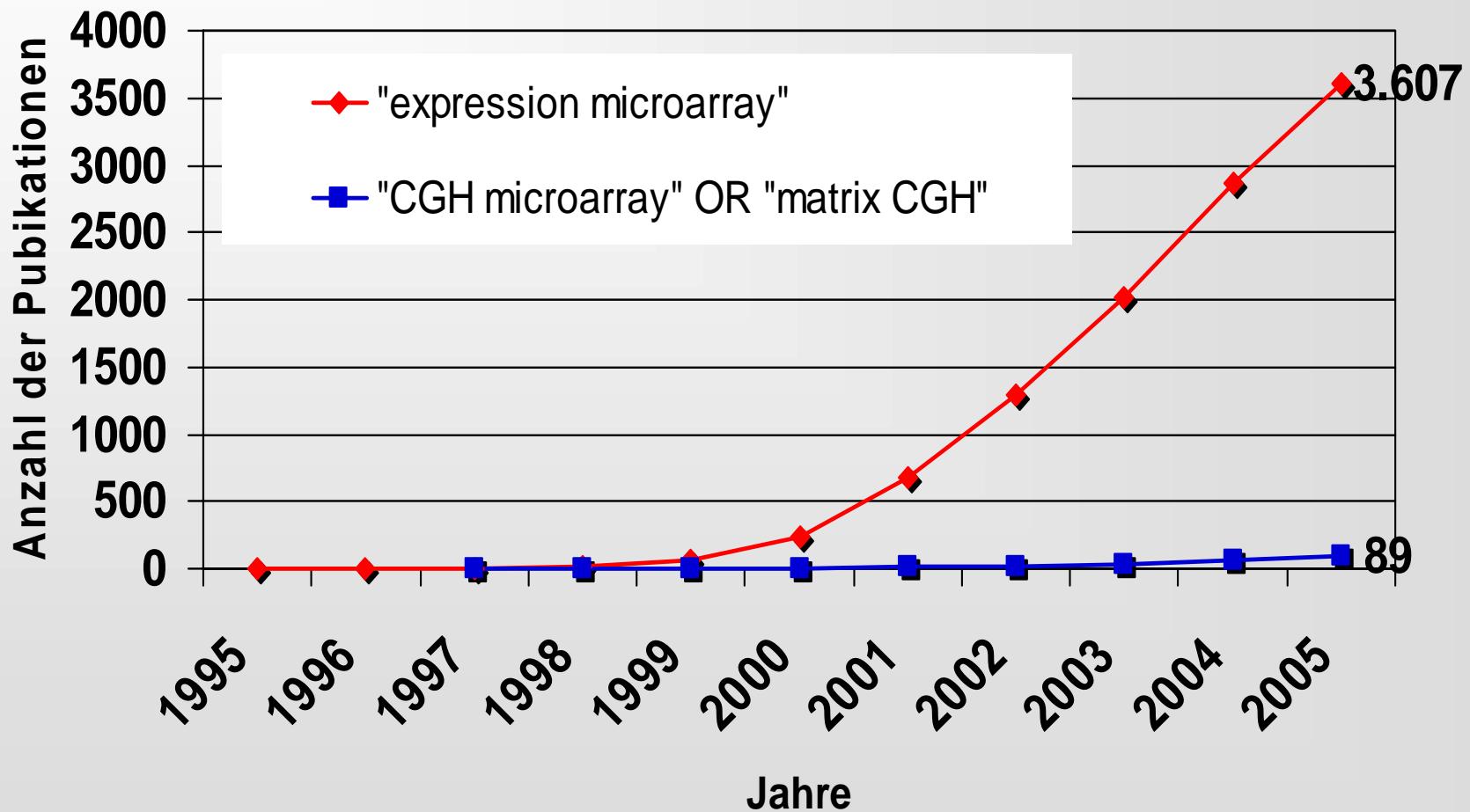
Microarray-based CGH



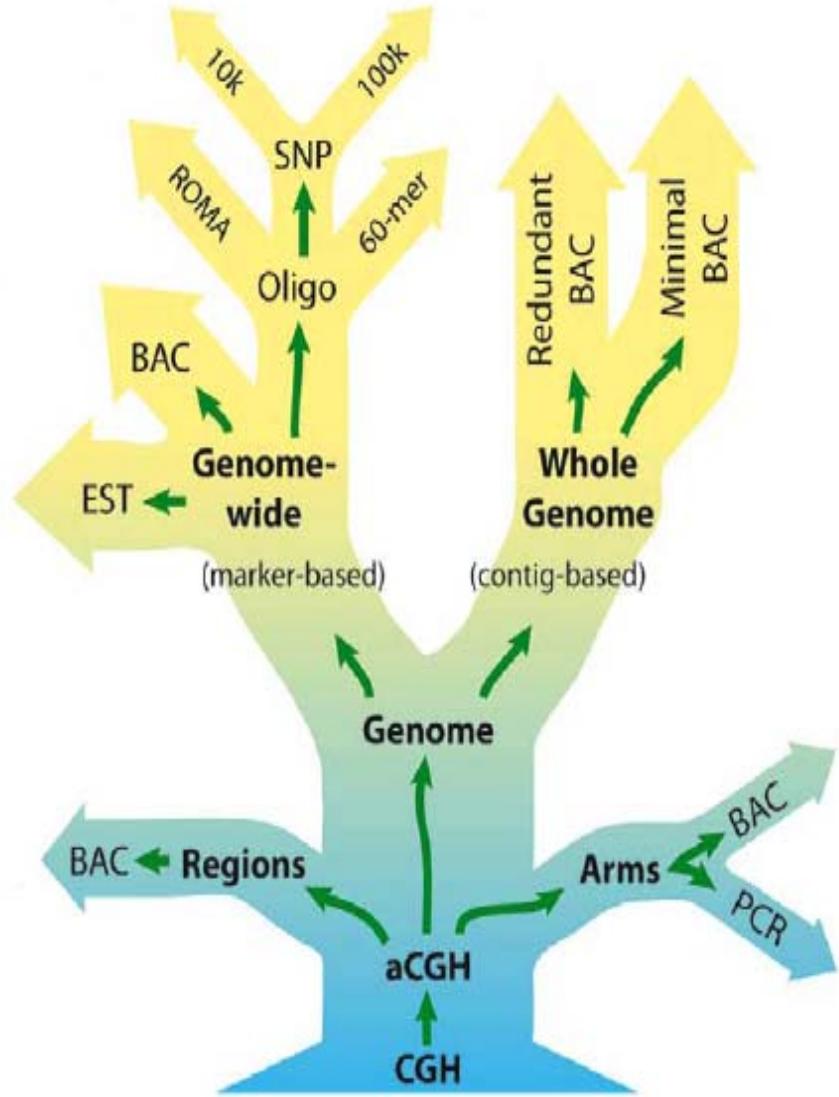
Microarray-based CGH



PubMed search



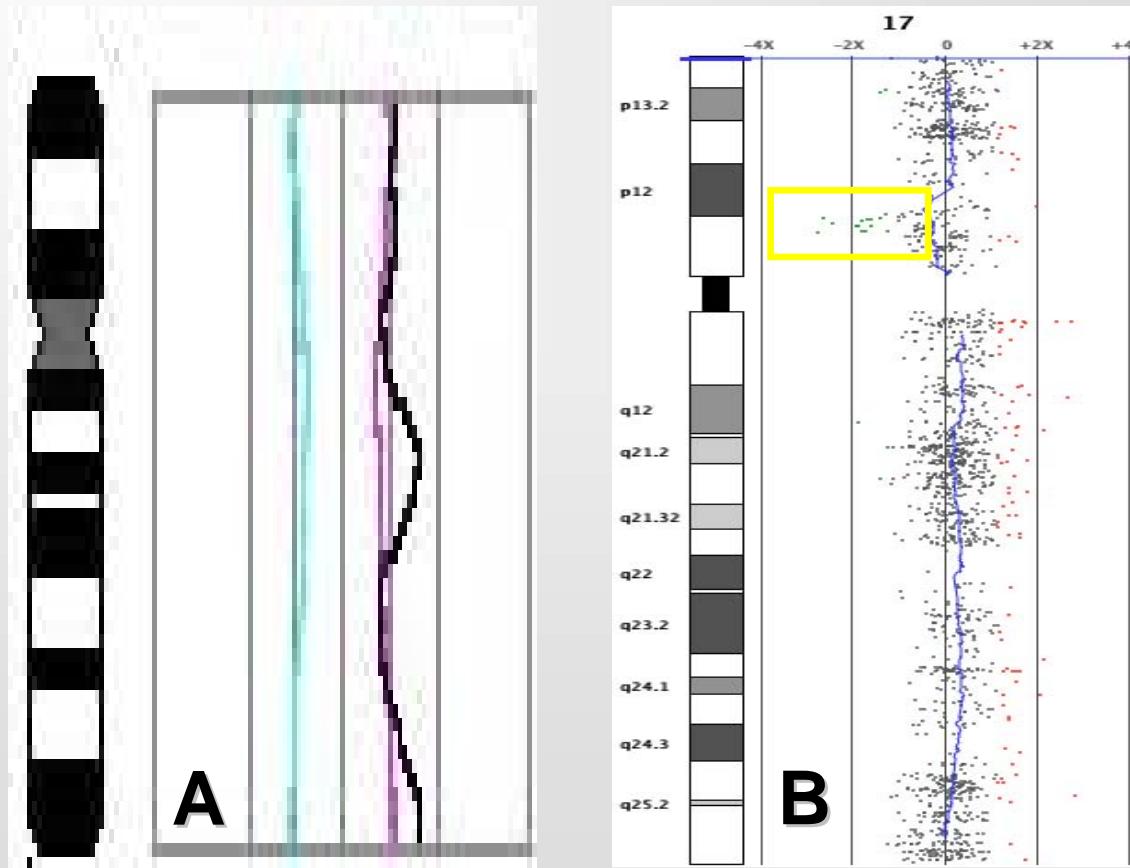
Evolutionary tree of array platforms



CGH vs. arrayCGH

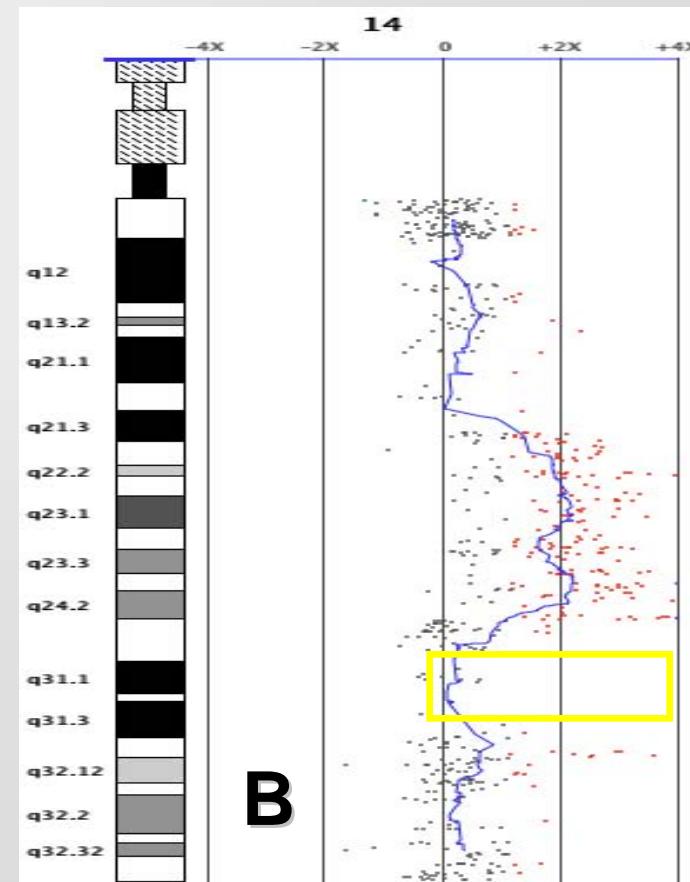
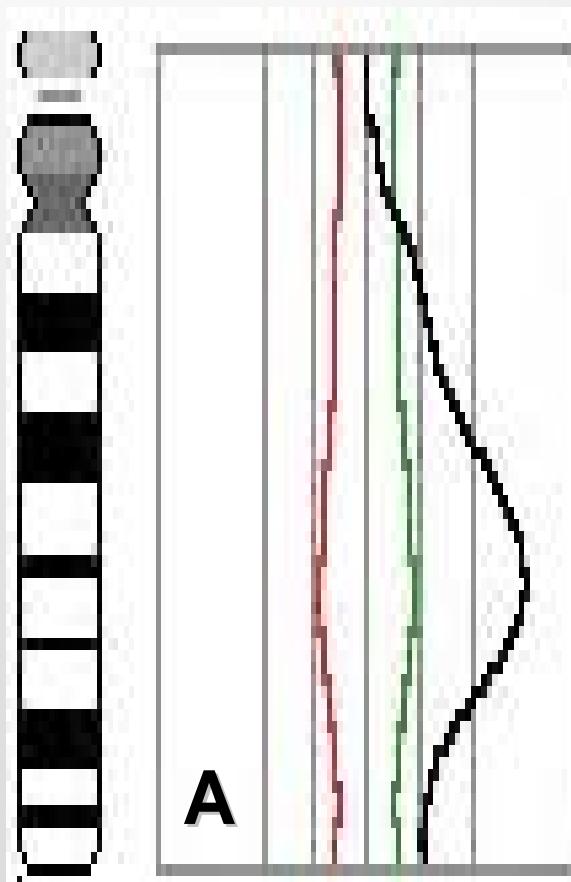
Cell line	no. found with both techniques	Chromosomal aberrations	
		found only in arrayCGH	found only in CGH
PC3	14	-1q, -3q, -5q, -12p, +12p, -17q	+7, +11q, +12q, -X
PC3-N	8	+1q, -1q, -9p, -13q, -17q	+2q, +7p, +9q, +14, +20q, -X
PC3-125L	8	-1q, -5q, +Xp	-4q, +7, +11q, +12q, -19q, +17q, +20
LNCaP	4	-1p, -2, +3p, -11q, -13q, -19q	-X
LNCaP-CN4-2	9	-1p, -10q, -11q, -19q	+1q, +5, -2q, +9p, +3q, -X
DU145	18	-9p, -11p, +12p, -17p	+2p, +7p, +10q, +11q, +12q, +15, +16q, -X, -Y
DU145 MN1	24	-1p, -9p, -11p, +12p, -12p, -14q, -17p, -19q	+1p, +2p, +5q, +10q, +12q, +15, +17, +19q, +20q, +21, -X
CRW22	6	-2p	+8q, +10q, +12, -13
CRW22 RV1	3	-2, -4q, -5q, -10p, +12, -13	

Detection of small deletions



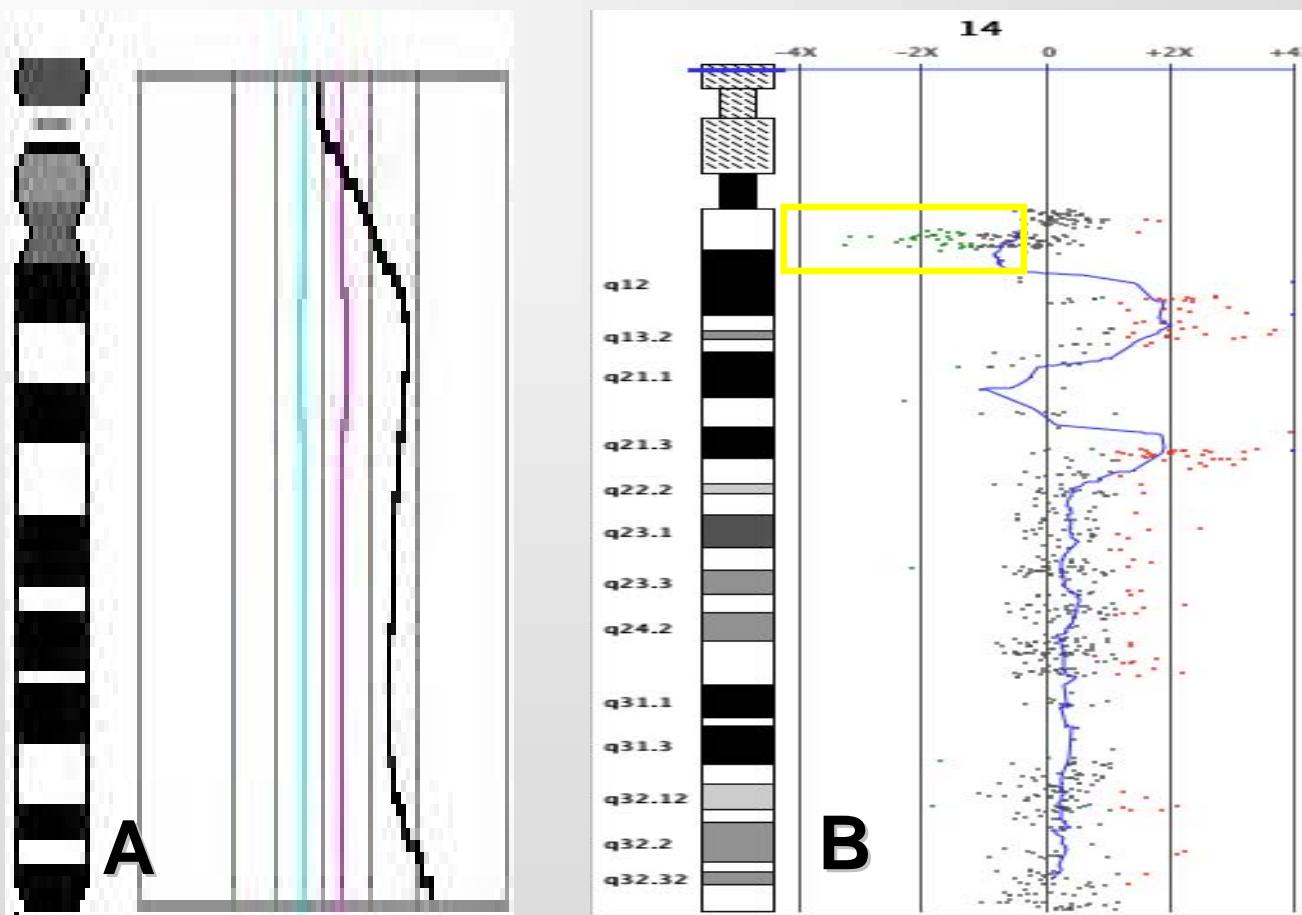
Chromosom 17, LNCaP-CN4-2

High-resolution mapping of amplifications



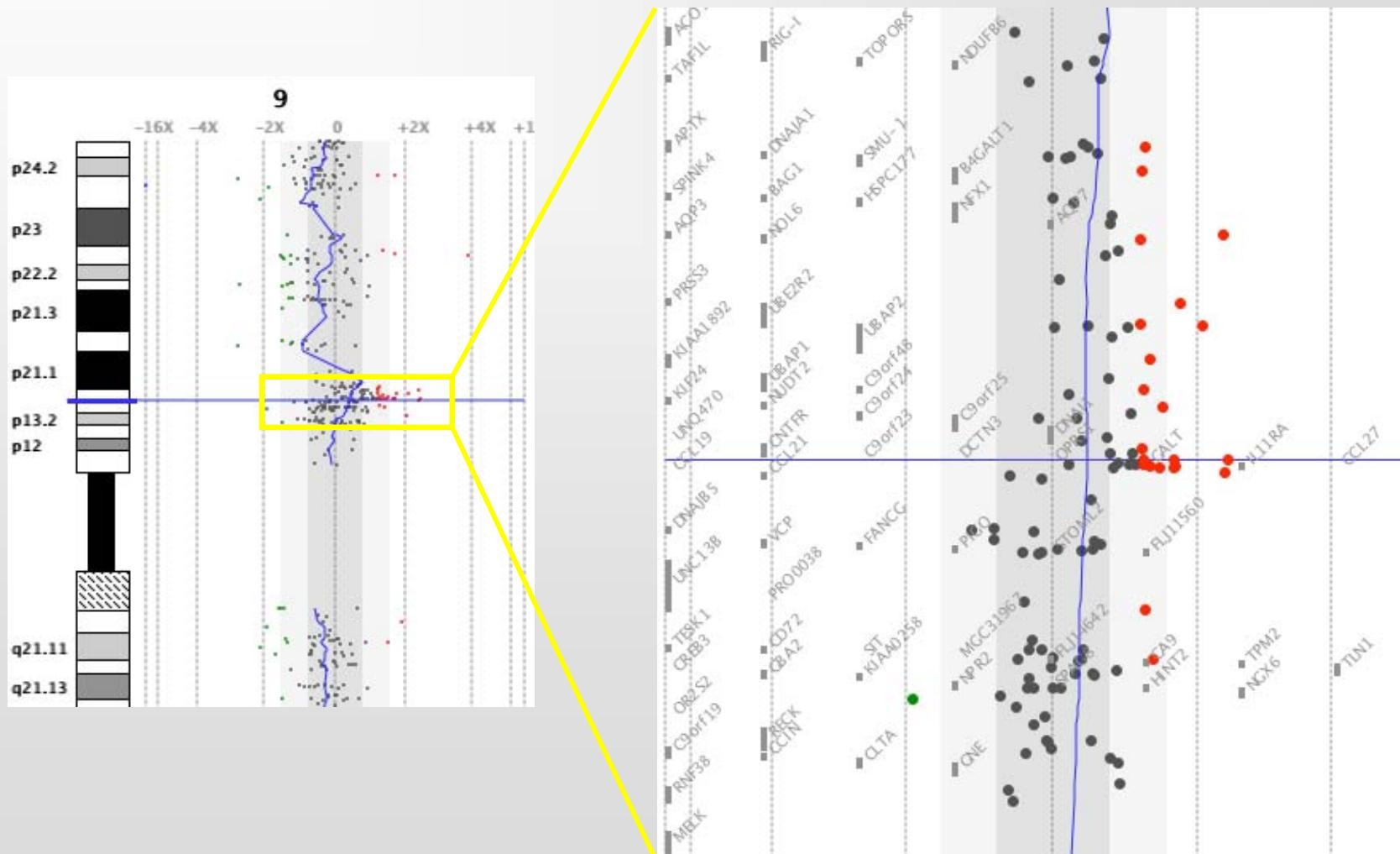
Chromosom 14, PC3

Detection of alterations in pericentromeric regions



Chromosom 14, DU145

Direct identification of amplified genes



Our expectations toward bioinformatics

Processing of the huge amount of raw data resulting in ...

- ✓ tumor subclassification
- ✓ biological predictors for the clinical course
- ✓ identification of pathogenetically relevant genes