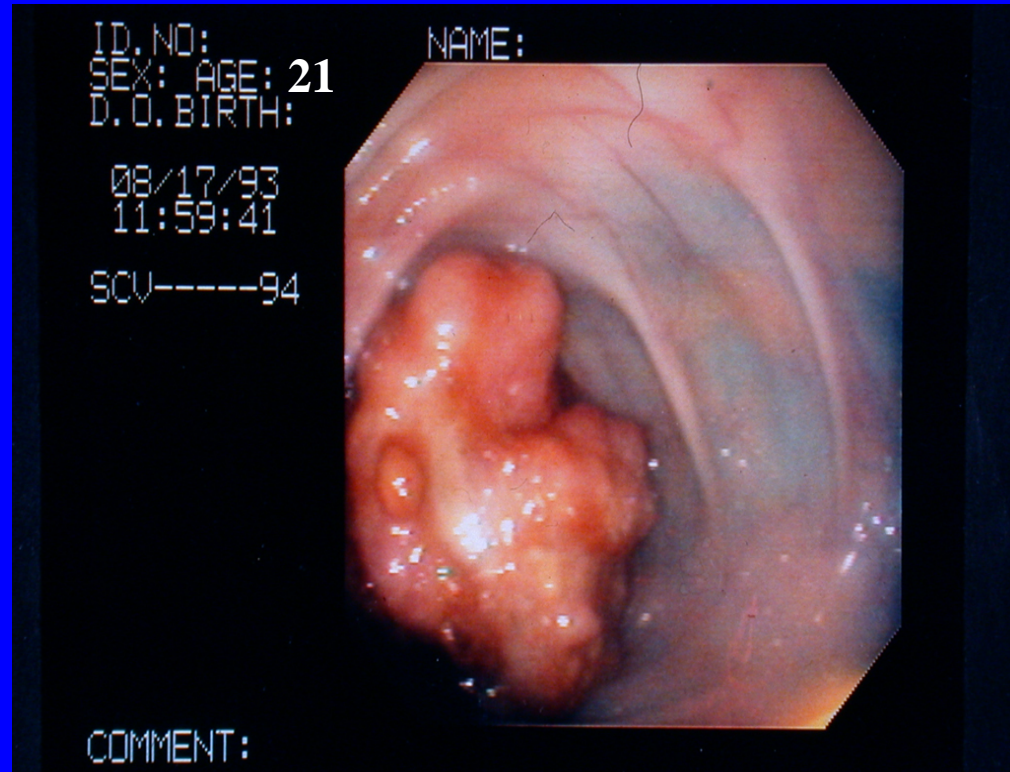
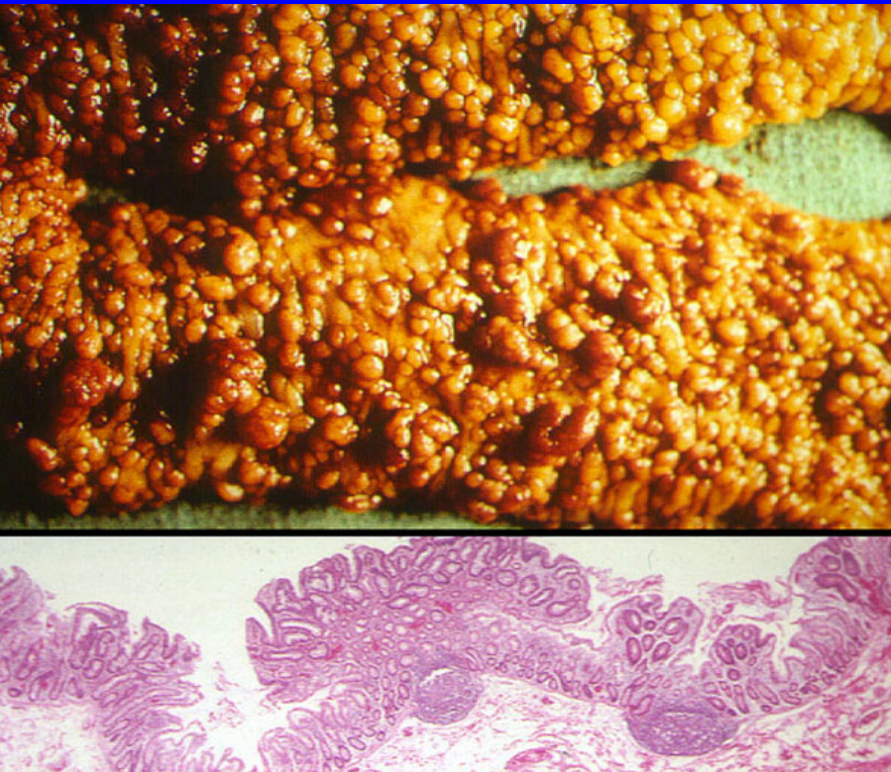


# Genotypic/Phenotypic Spectrum of Hereditary Colorectal Cancer



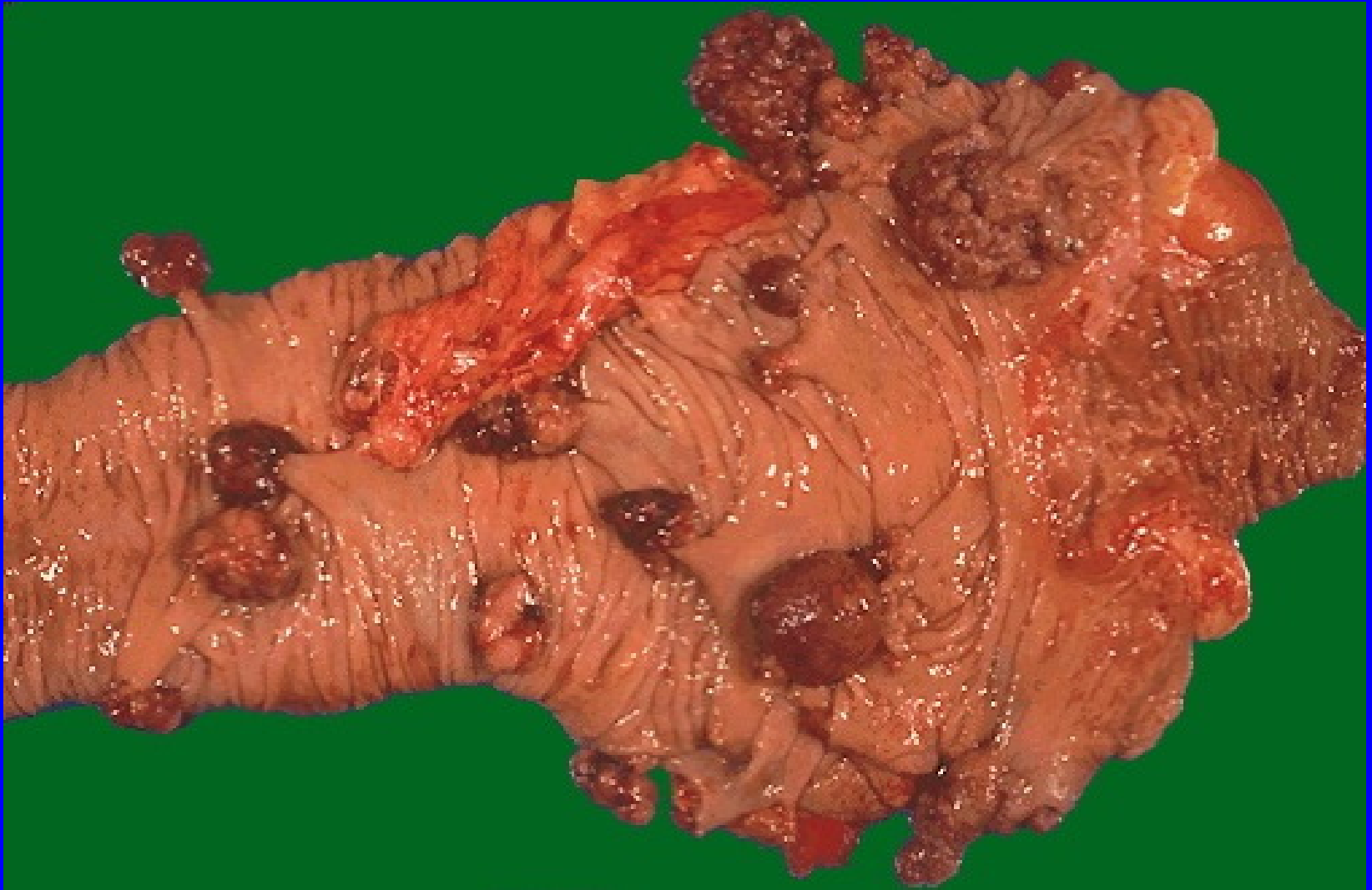
Familial Adenomatous Polyposis

Hereditary Nonpolyposis Colorectal Cancer

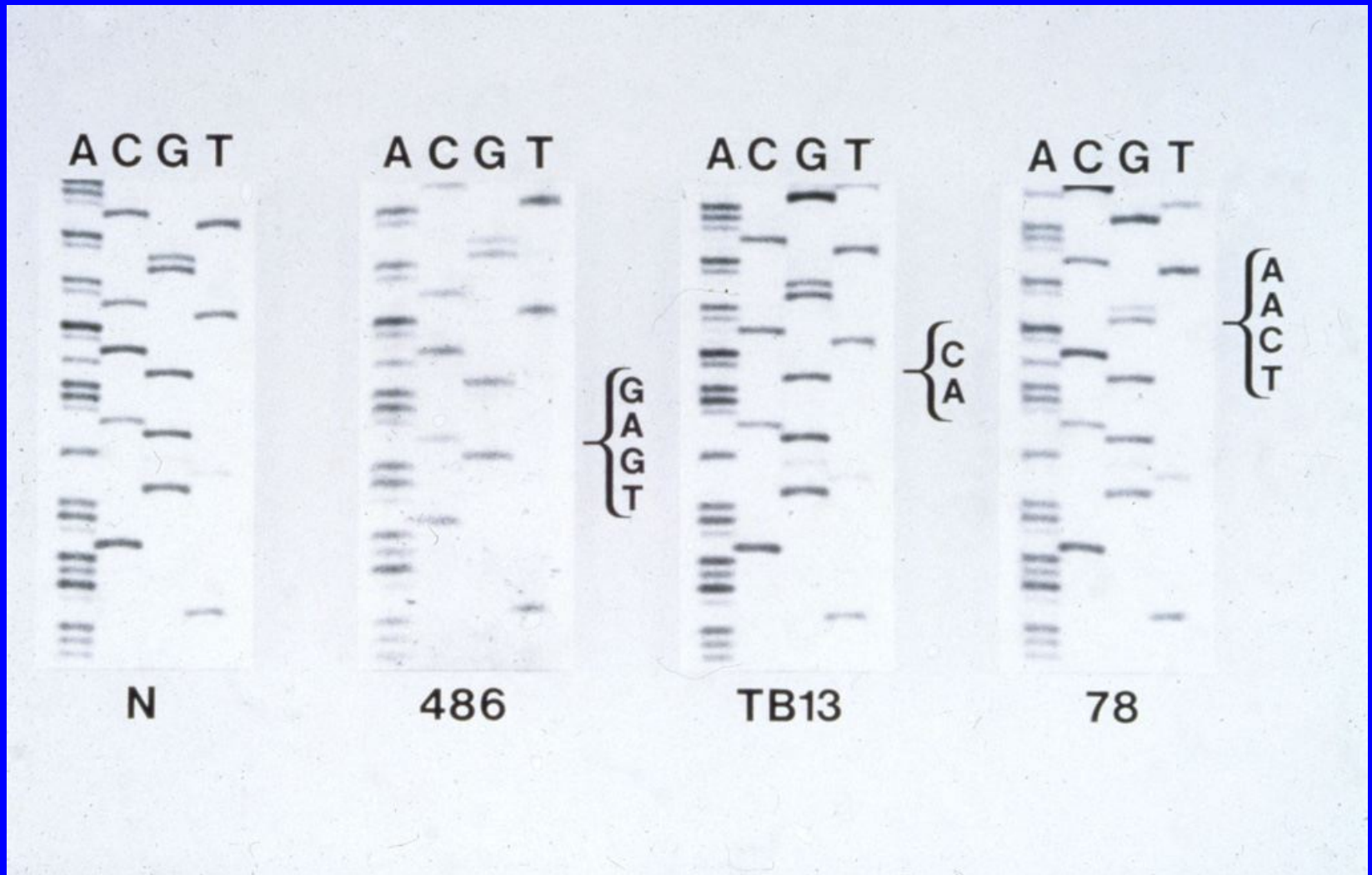
Autosomal Dominant  
Chromosomal Instability  
Germline APC Mutations

Autosomal Dominant  
Microsatellite Instability  
Germline MMR Mutations

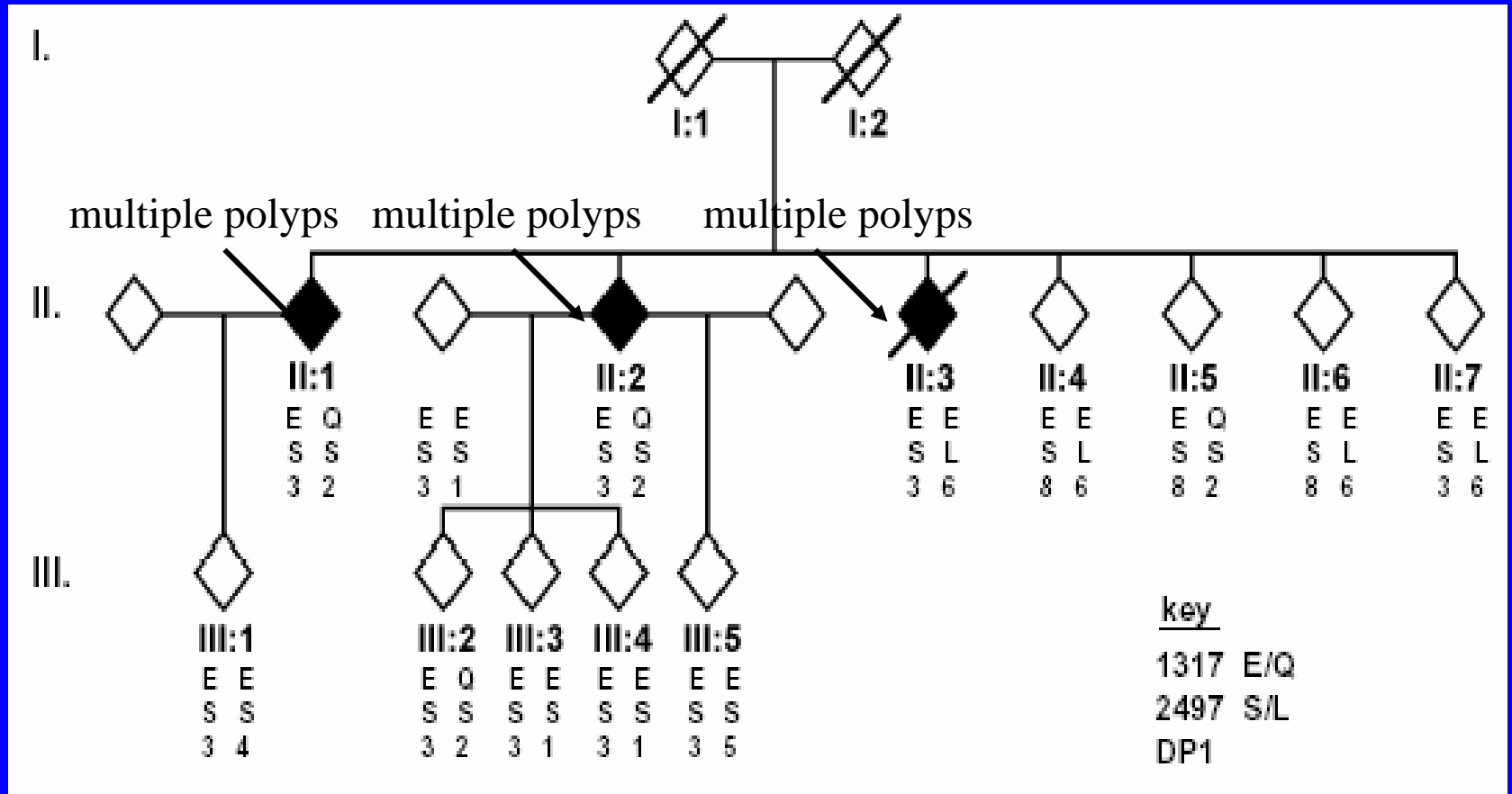
# Attenuated Polyposis



# APC Mutations in Colorectal Polyps and Cancers



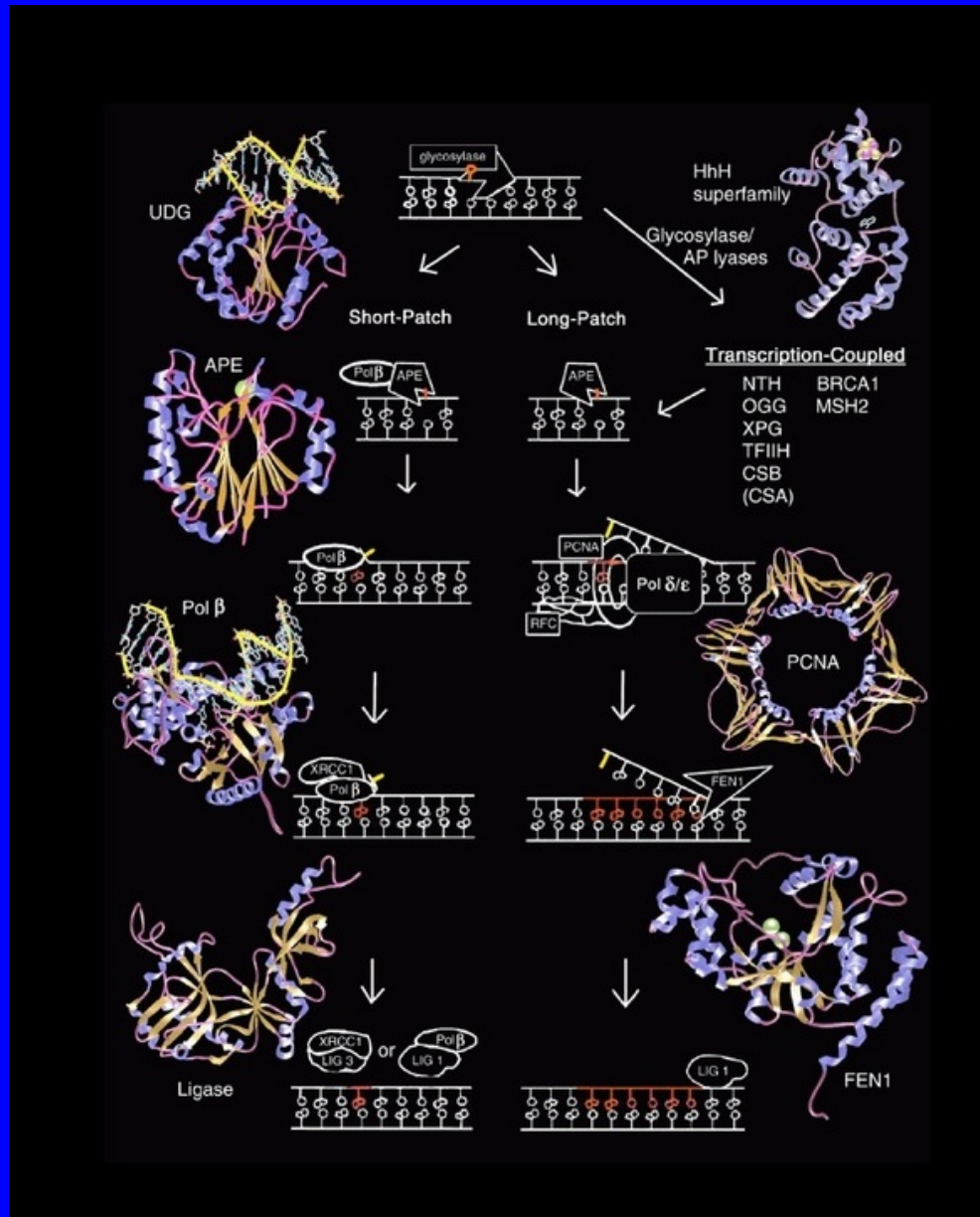
# Family N - Autosomal Recessive Colorectal Cancer?



Polyps and Tumors in Family N had APC G → A Transversions (that's rare!)



# Base Excision Repair



# Two Functionally Important MYH Mutations

tyrosine

Exon 7 (codon 165) ...GGGCTACTATT...

cysteine

Exon 7 (codon 165) ...GGGCTGCTATT...

glycine

Exon 13 (codon 382) ...ctcaGGTCTGC...

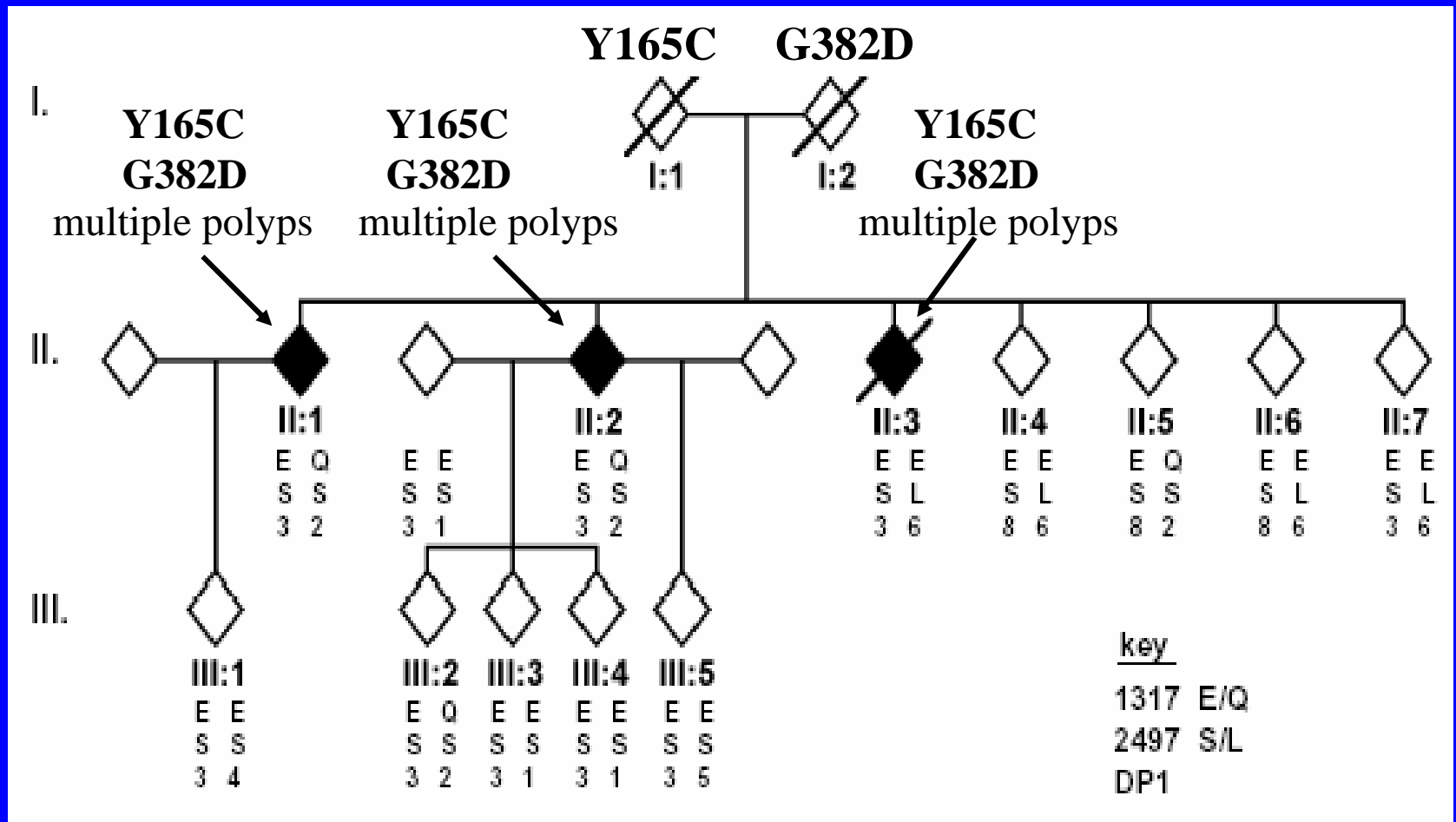
aspartic acid

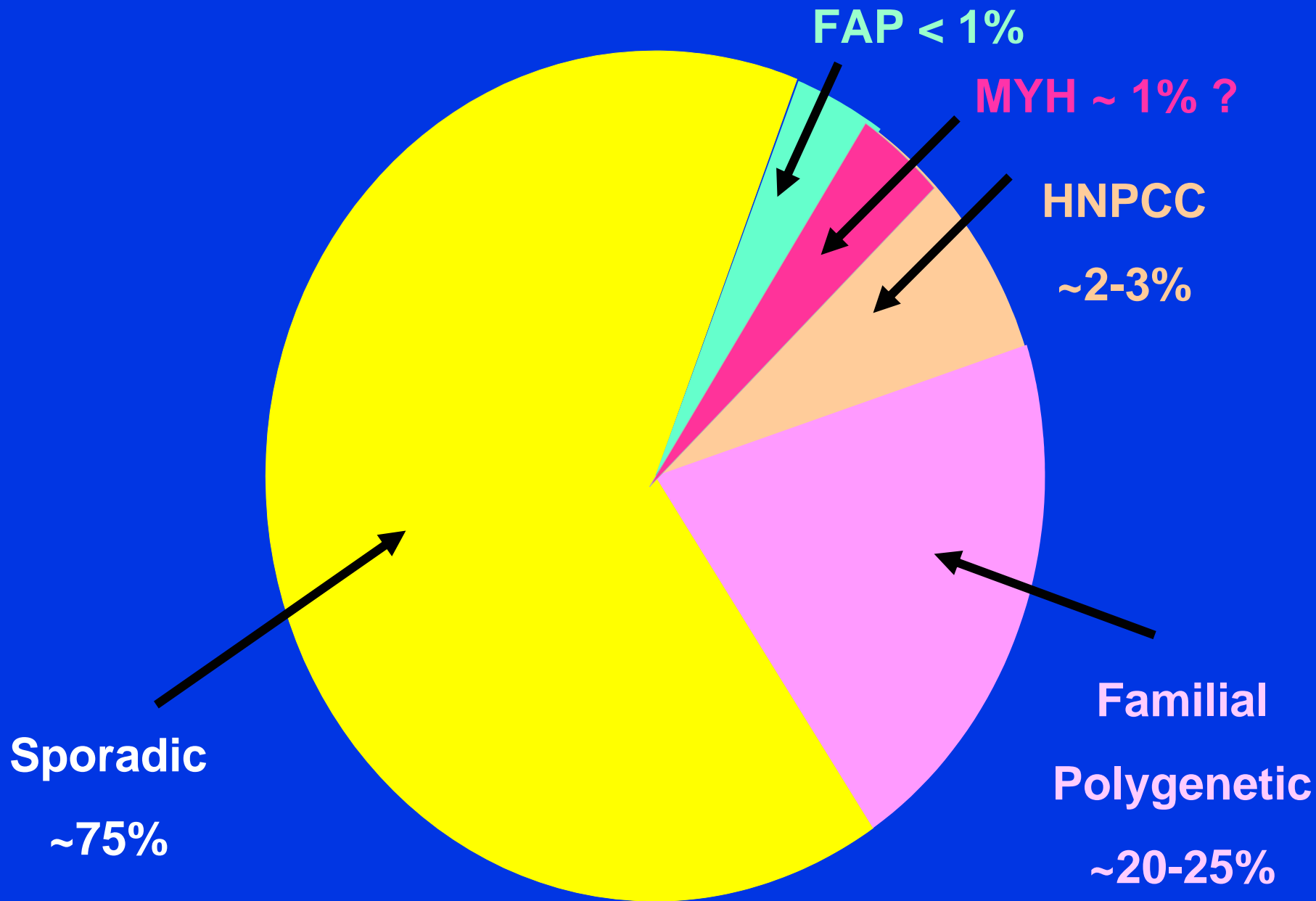
Exon 13 (codon 382)...ctcaGATCTGC...

**Frequency of each ~ 1/100 in Caucasians**

# MYH Associated Polyposis (MAP)

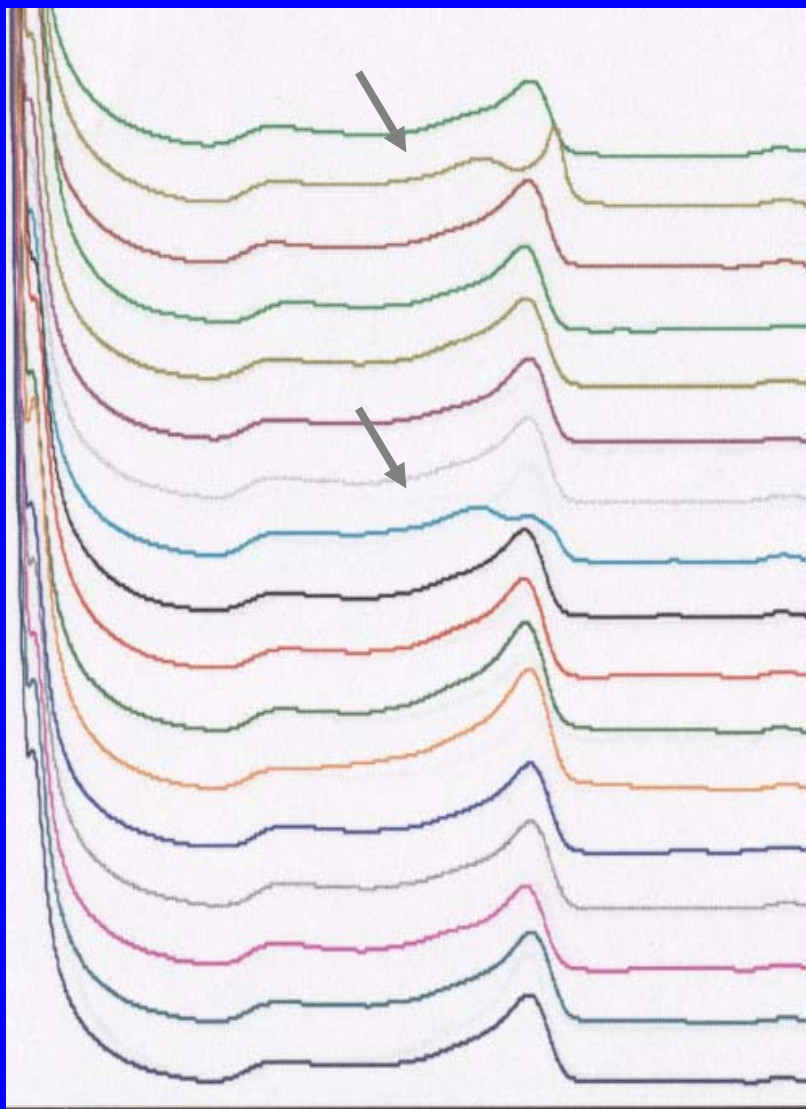
## Autosomal Recessive Colorectal Cancer



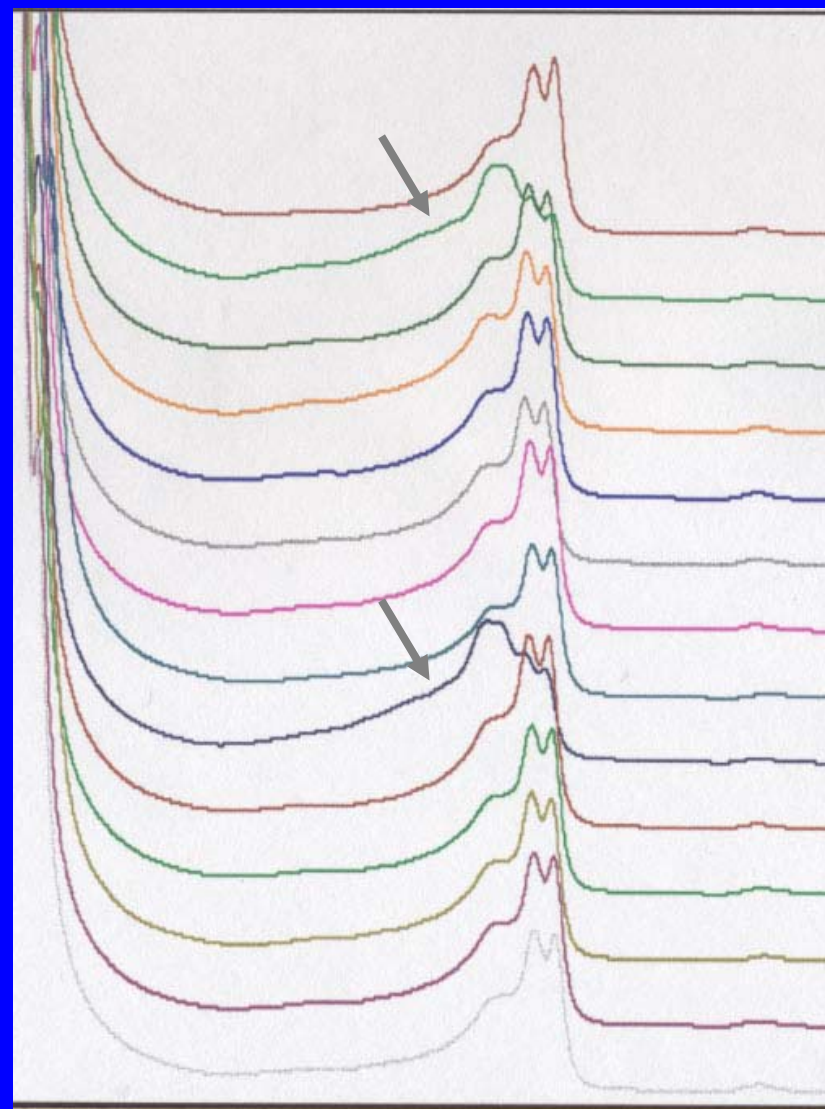




# Y165C Wave



# G382D Wave

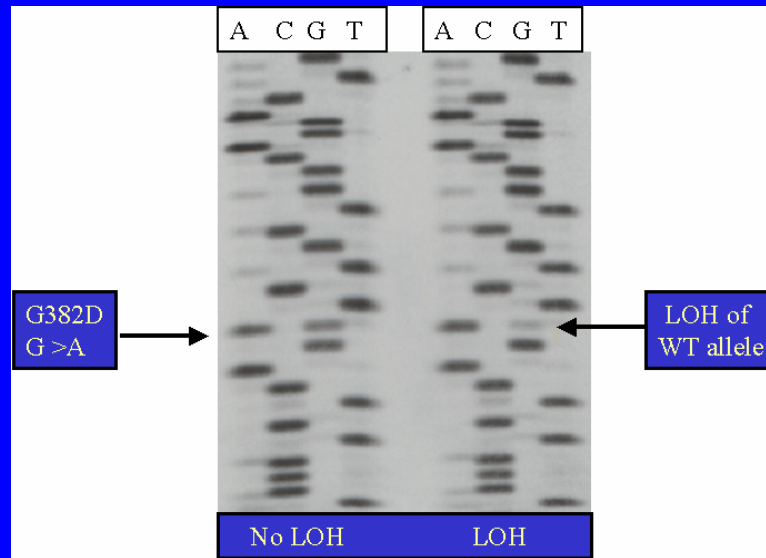


# Results

<b>Genotype</b>	<b>Cases N=1238</b>	<b>Controls N=1255</b>	<b>Odds Ratio (95% CI)</b>
<b>Total Carriers</b>	<b>41</b>	<b>21</b>	<b>2.0 (1.2-3.4)</b>
<b>Monoallelic Carriers</b>	<b>29</b>	<b>21</b>	<b>1.4 (0.8-2.5)</b>
<b>Y165C/- Hets</b>	<b>8</b>	<b>4</b>	<b>2.1 (0.6-6.8)</b>
<b>G382D/- Hets</b>	<b>21</b>	<b>17</b>	<b>1.3 (0.7-2.4)</b>
<b>Biallelic Carriers</b>	<b>12</b>	<b>0</b>	
<b>Y165C/Y165C Homos</b>	<b>2</b>	<b>0</b>	
<b>G382D/G382D Homos</b>	<b>4</b>	<b>0</b>	
<b>Y165C/- and G382D/-</b>	<b>3</b>	<b>0</b>	
<b>Y165C/- and Y90X/-</b>	<b>1</b>	<b>0</b>	
<b>Y165C/- and 891+3A-&gt;C/-</b>	<b>1</b>	<b>0</b>	
<b>G382D/- and 891+3A-&gt;C/-</b>	<b>1</b>	<b>0</b>	
<b>No Y165C or G382D mutation</b>	<b>1197</b>	<b>1234</b>	

## Other Findings

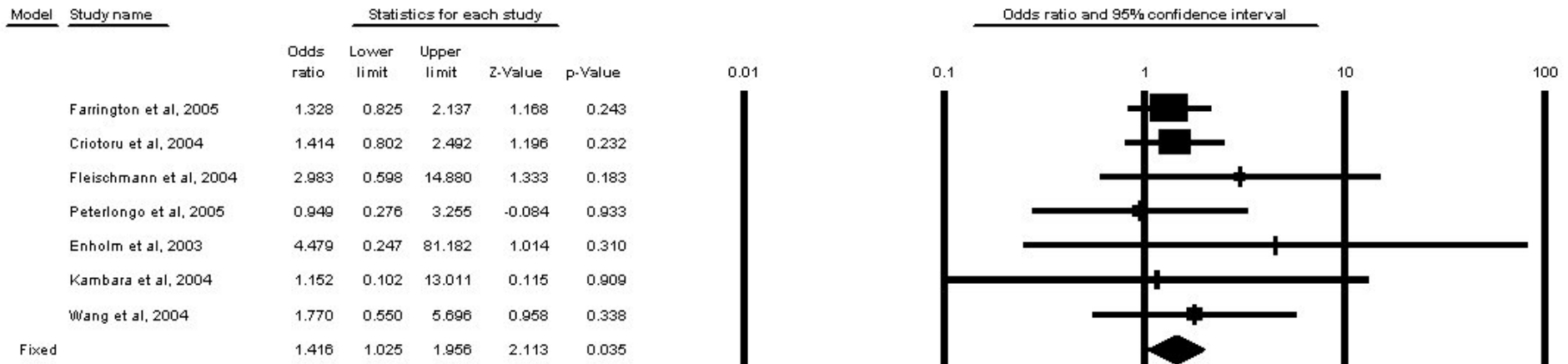
- **9/29 monoallelic carriers had multiple adenomas**
- **7/12 biallelic carriers had multiple adenomas**
  
- **1p loss of heterozygosity**
  - 47% tumors from monoallelic carriers**
  - 20% tumors from biallelic carriers**



- **Increased frequency of other cancers (lung and breast) in families of carriers**

# What about the Hets?

Study	Freq in cases* (%)	Freq in controls* (%)
Farrington et al., 2005	45/2205 (2.0%)	28/1822 (1.5%)
Croitoru et al., 2004	29/1226 (2.4%)	21/1255 (1.7%)
Fleischmann et al., 2004	6/356 (1.7%)	2/354 (0.6%)
Peterlongo et al., 2005	4/553 (0.7%)	7/918 (0.8%)
Enholm et al., 2003	5/1038 (0.5%)	0/424 (0.0%)
Kambara et al, 2004	2/92 (2.1%)	1/53 (1.9%)
Wang et al., 2004	10/442 (2.3%)	4/313 (1.3%)



Colorectal cancer in 300 untyped 1<sup>st</sup>-degree relatives of 39 Ontario probands with a MYH mutation

<b>Ascertainment of proband</b>	<b>Proband's MYH genotype</b>	<b>Observed colorectal cancer cases</b>	<b>Expected colorectal cancer cases*</b>	<b>Standardised incidence ratio</b>
'High' or 'intermediate' risk	Biallelic	10	2.0	5.0 (2.6-9.3)
	Monoallelic	5	1.0	5.2 (2.1-12.5)
'Low' risk	Biallelic	5	1.7	3.0 (1.2-7.3)
	Monoallelic	2	0.4	4.5 (1.1-18.1)

\*age and sex-specific incidences

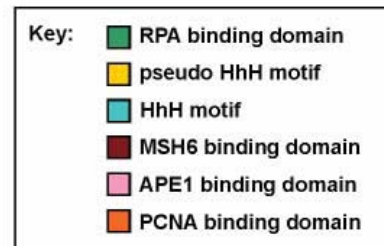
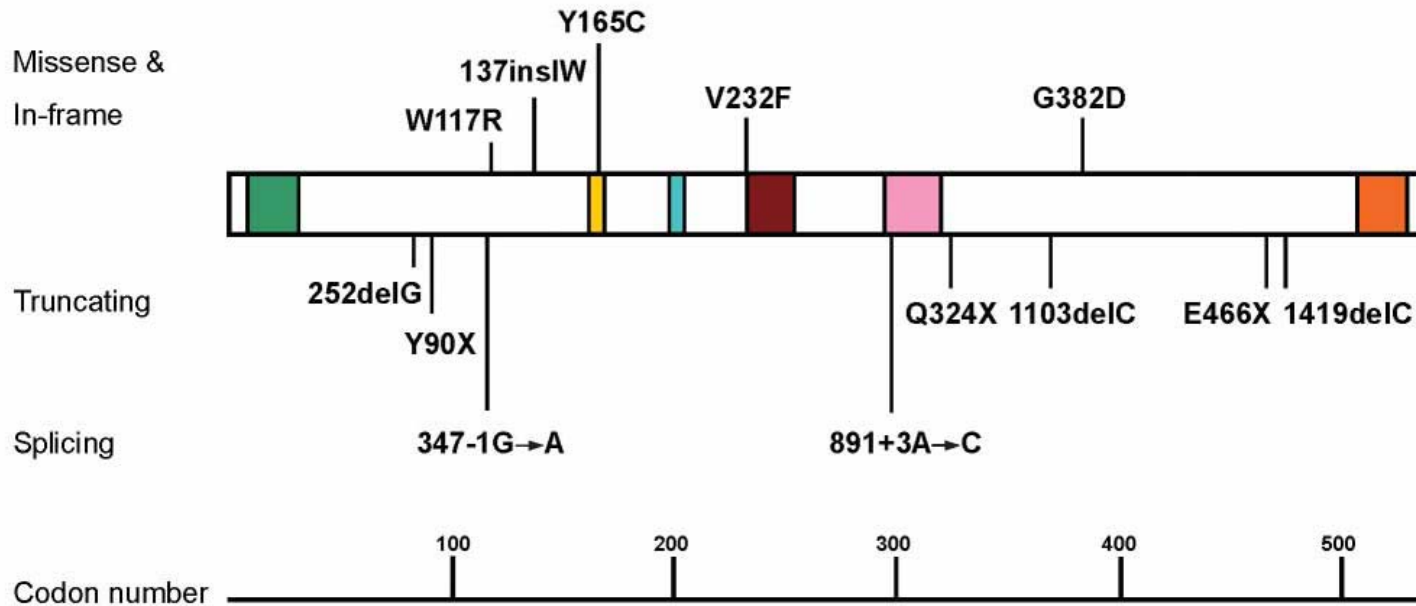
## Colorectal cancer risk in *MYH* carriers.

<b>Genotype</b>	<b>Hazard ratio (compared to population risk)*</b>	<b>Significance</b>	<b>Cumulative risk to age 70 years</b>
Monoallelic	2.9 (1.2-7.0)	P=0.02	8% (4%-19%)
Biallelic	53 (14-200)	P<0.0001	80% (35%-100%)

\* Estimated using modified segregation analysis, weighting for ascertainment & allowing for background familial aggregation



# More MYH Mutations !



# Colon CFR-wide Studies of MYH and Colorectal Cancer - Objectives

- 1) To measure the contribution of *MYH* mutations to CRC, using two **case-control** study populations;
  - A) population-based cases from: Ontario, Newfoundland, Australia, Seattle, compared with **population-based controls**, and
  - B) population-based cases from all CFRCCS sites: Ontario, Newfoundland, Australia, Seattle, Mayo clinic, Hawaii, and USC, compared with **sibling controls** of the same cases.
- 2) To determine the cumulative risk of developing CRC (**penetrance**), using kin of affected population-based cases from all CFRCCS registries.
- 3) To study **functional consequences** of effects of specific known and novel MYH mutations on BER.
- 4) To characterize **somatic molecular changes** (chromosome 1p loss of heterozygosity (LOH), APC gene mutations, and K-ras gene mutations) in CRCs from affected MYH mutation carriers.

# Colon CFR-wide MYH Genotyping

To December 2005

12 MYH mutations

2802 controls

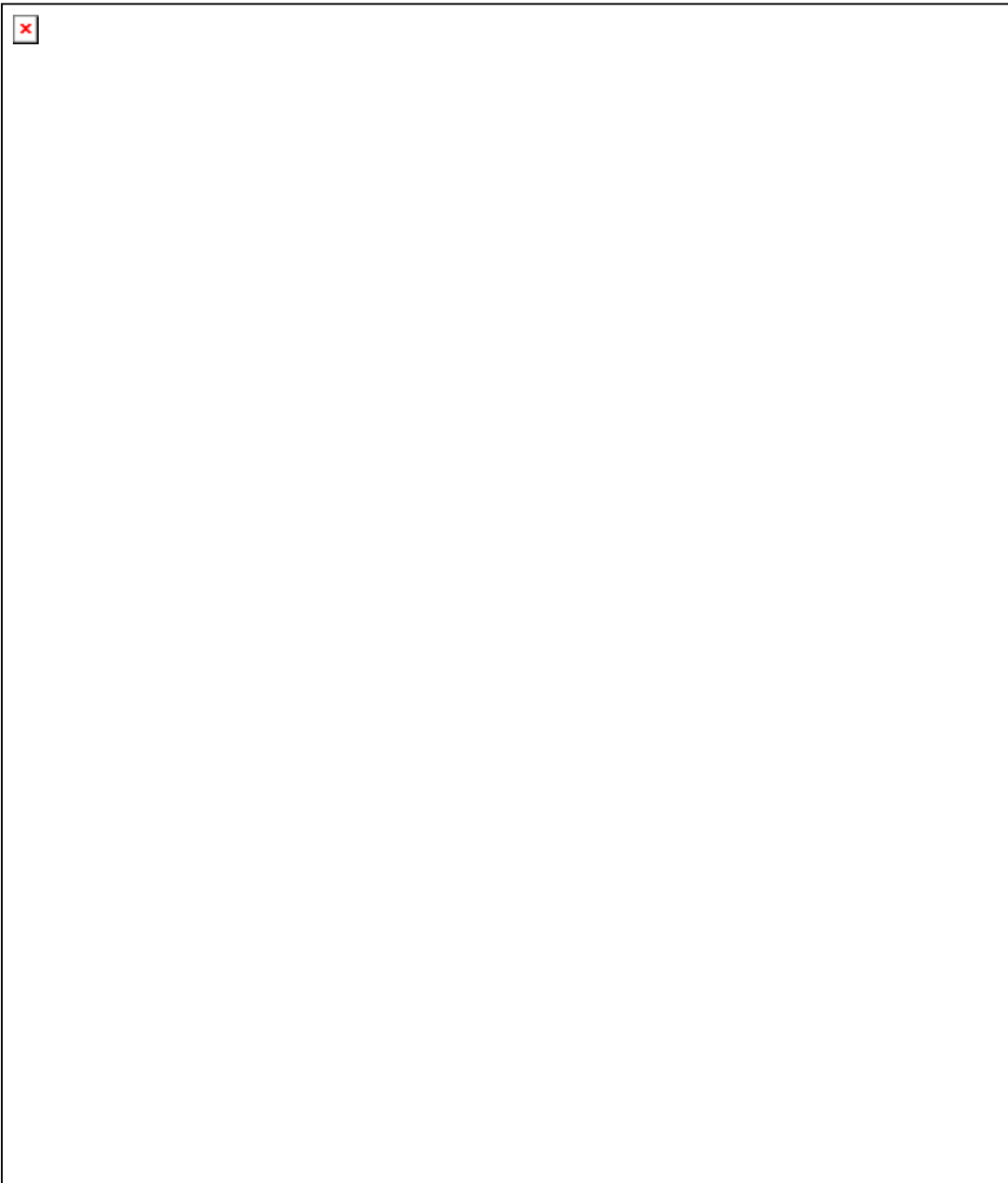
4169 cases

~ 98% successful genotypes

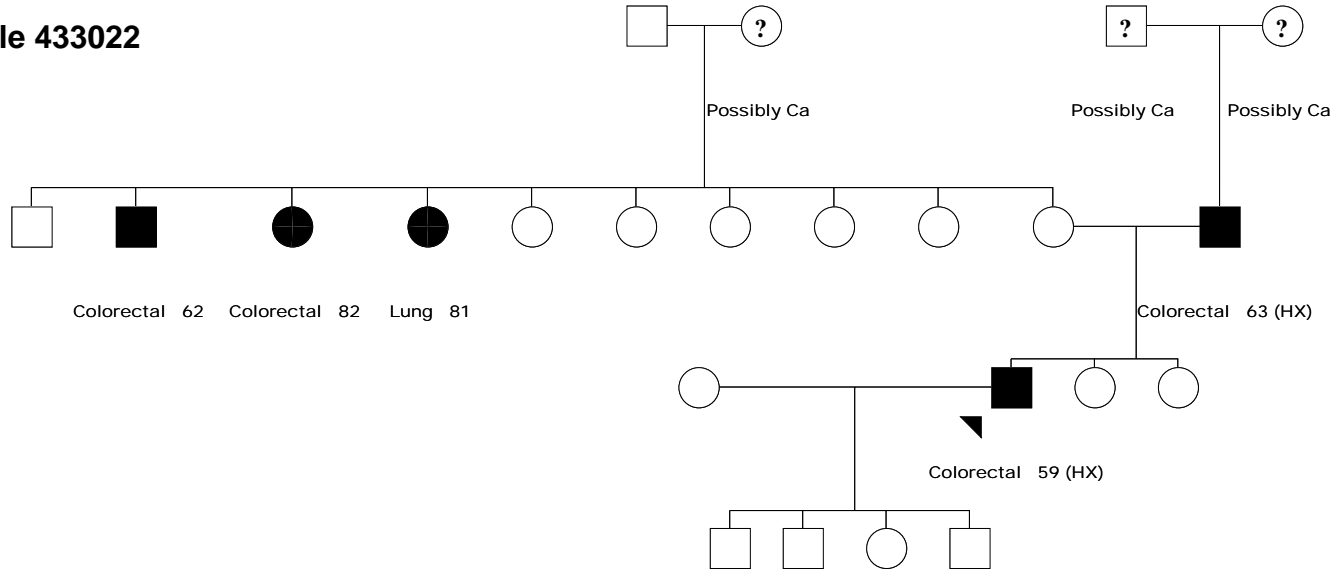
High Throughput  
MYH Genotyping  
(OFCCR)



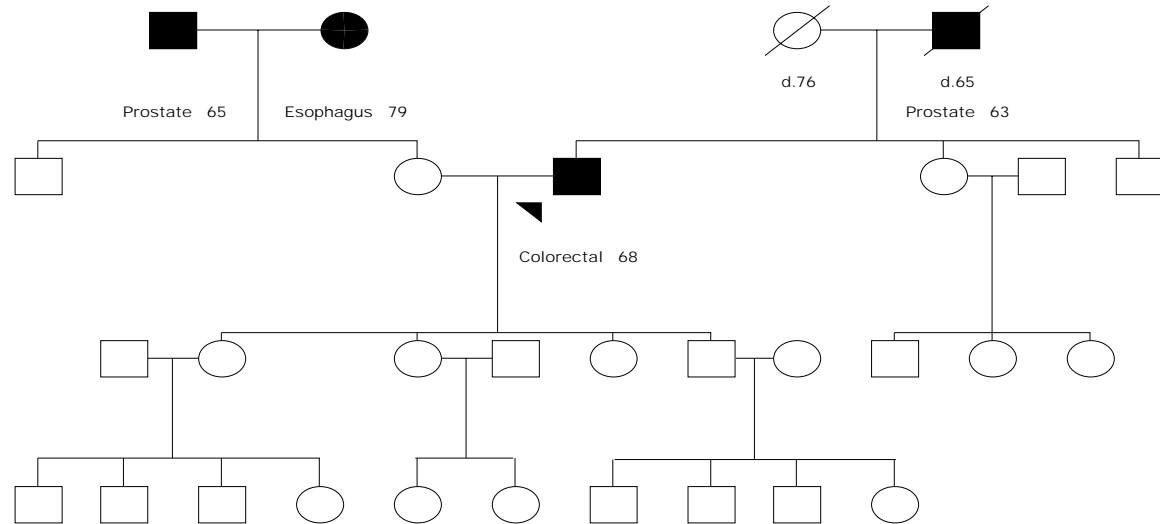
Seattle CFR



### Seattle 433022



### Seattle 429598

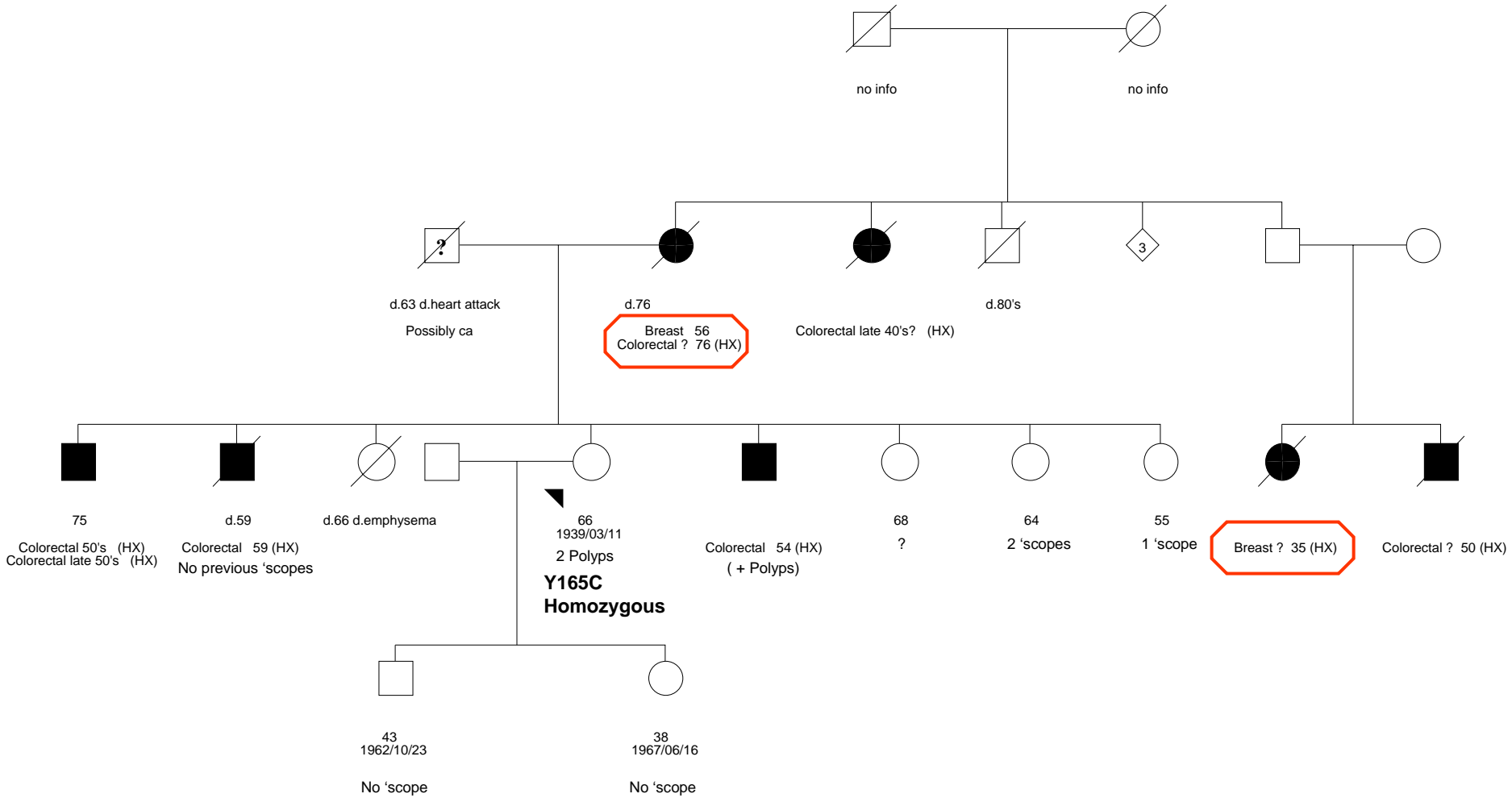




# Ontario CFR



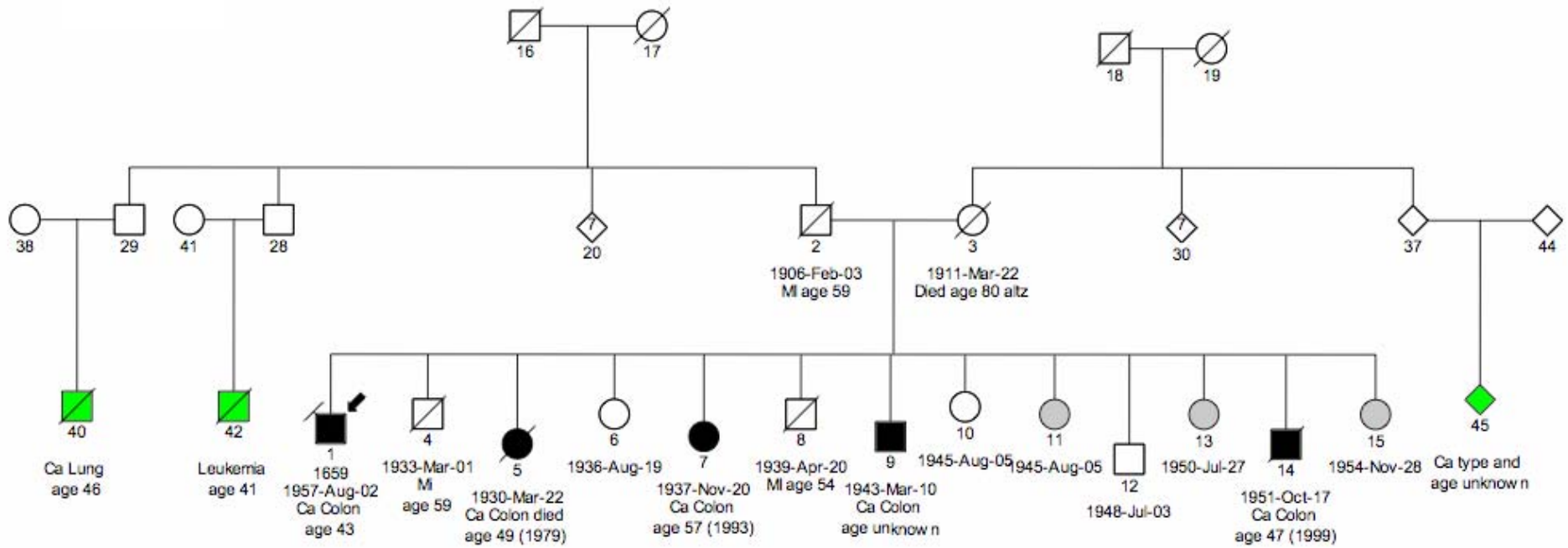
# Ontario 36020683 - Control



# Seattle CFR

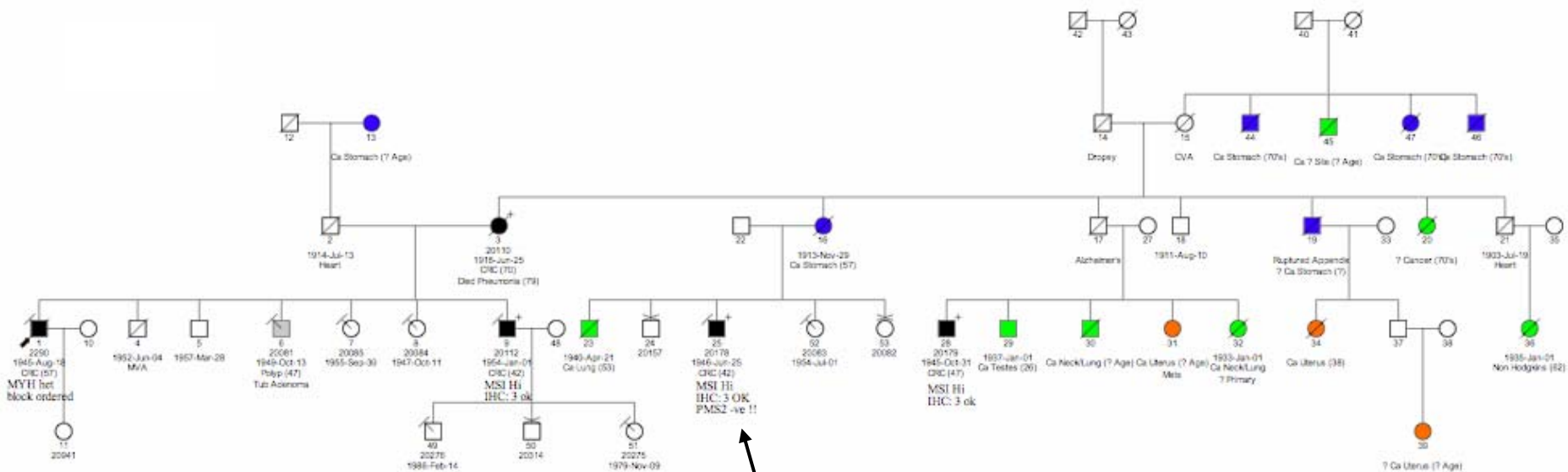


# Newfoundland 1659

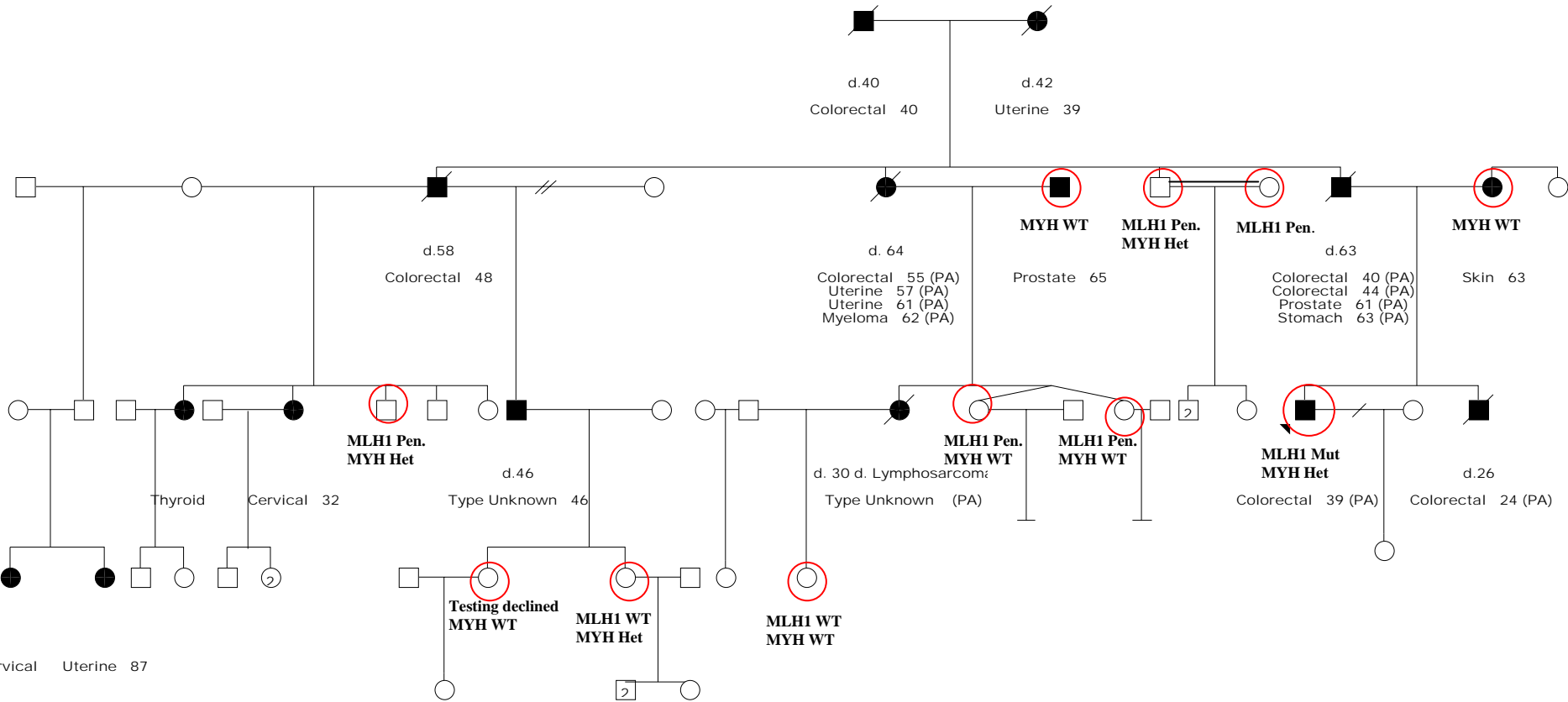


MYH G382D  
 homozygote

# Newfoundland 2290

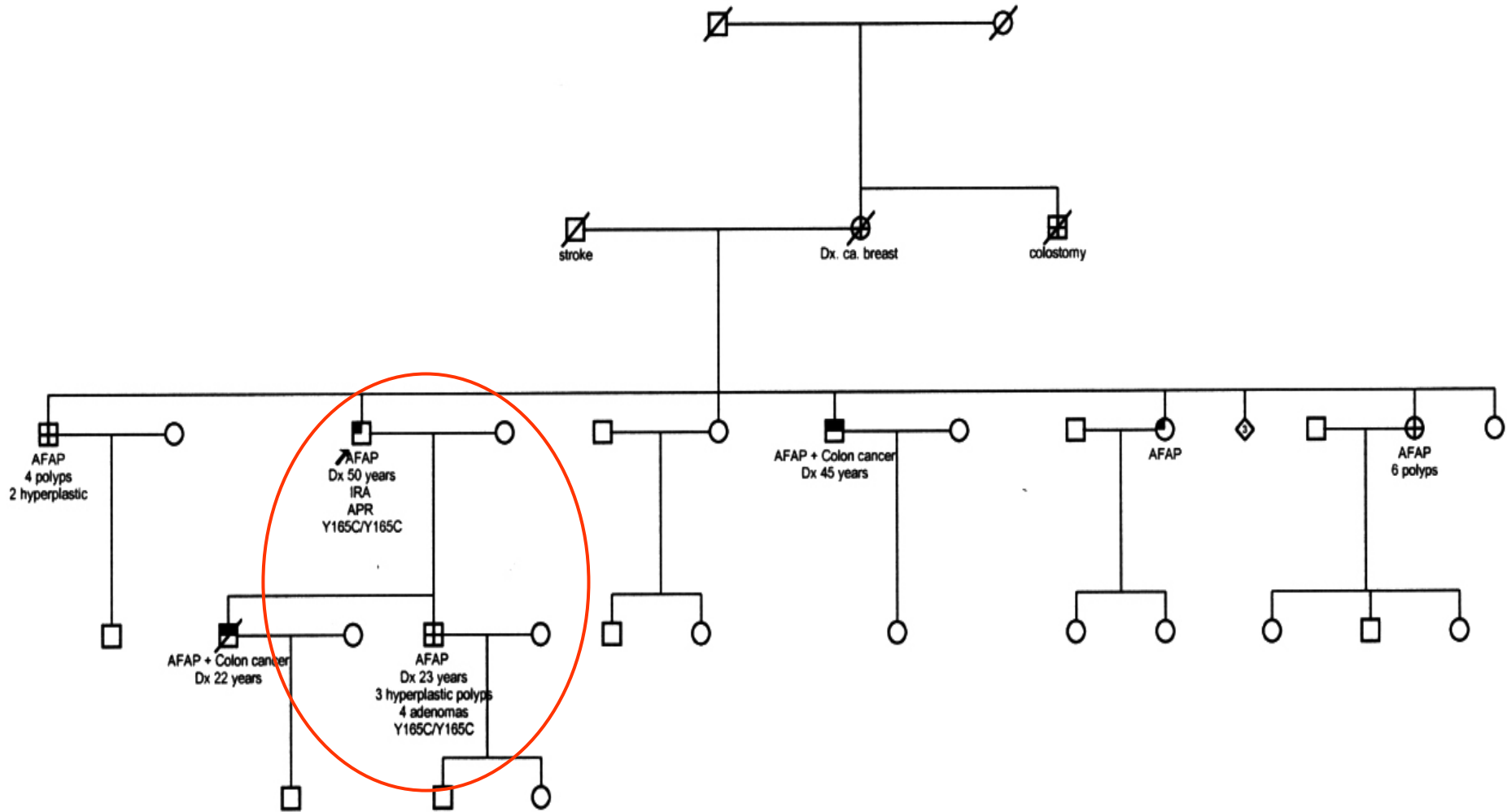


# HNPCC & MYH G382D





# How did it happen?



# Acknowledgements

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