

MALATTIE GENETICHE

GENICHE

**MONOFATTORIALI
(Mendeliane)**

Autosomiche

Dominanti
Recessive

X linked

Dominanti
Recessive

TRASMISSIONE ATIPICA

Mitocondriale

Mutazioni dinamiche

Imprinting

Modello “two hits”

MULTIFATTORIALI

CROMOSOMICHE

DI NUMERO

Poliploidie

Aneupoliploidie

DI STRUTTURA

Delezioni

Inserzioni

Duplicazioni

Traslocazioni

Organizzazione del Genoma Umano

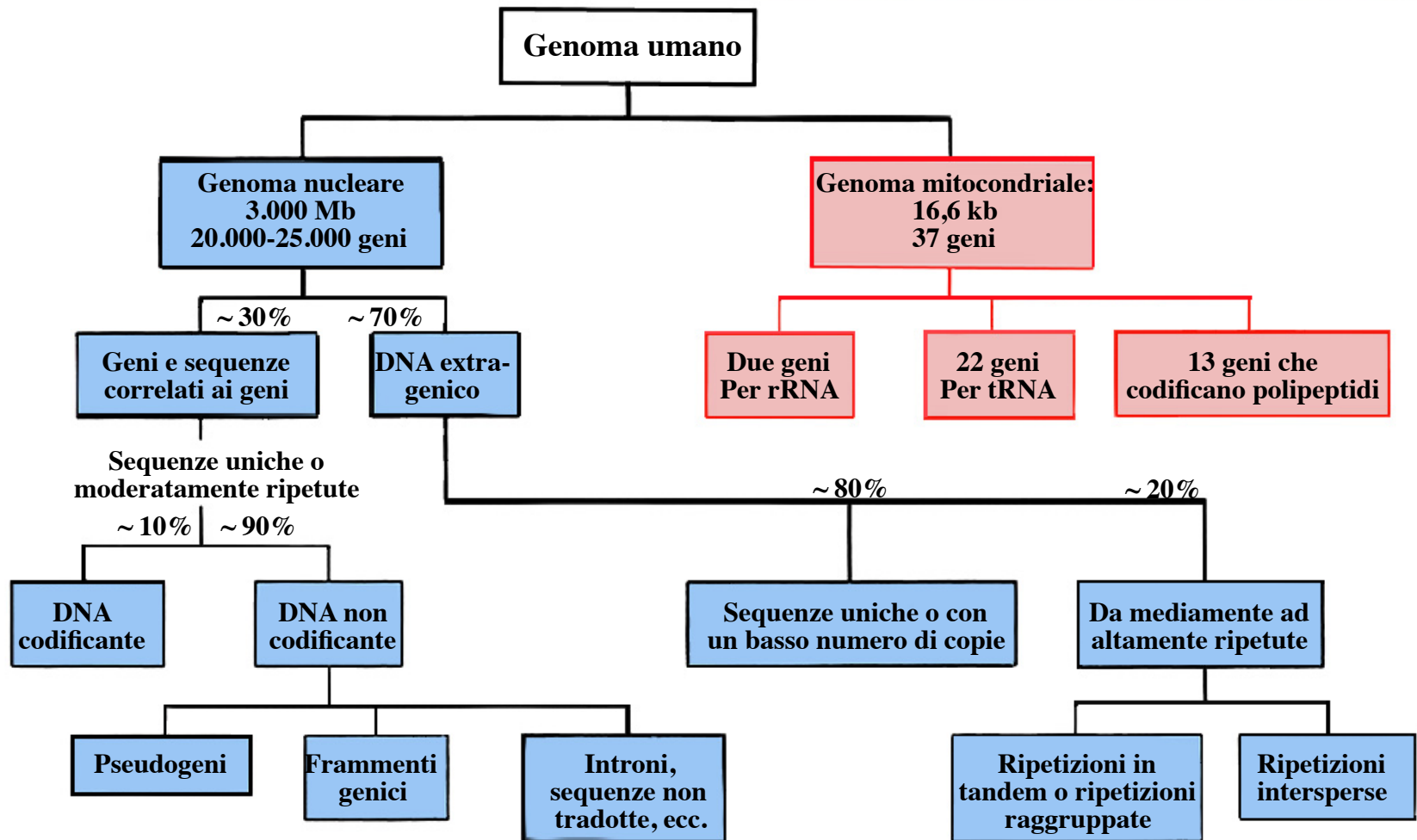
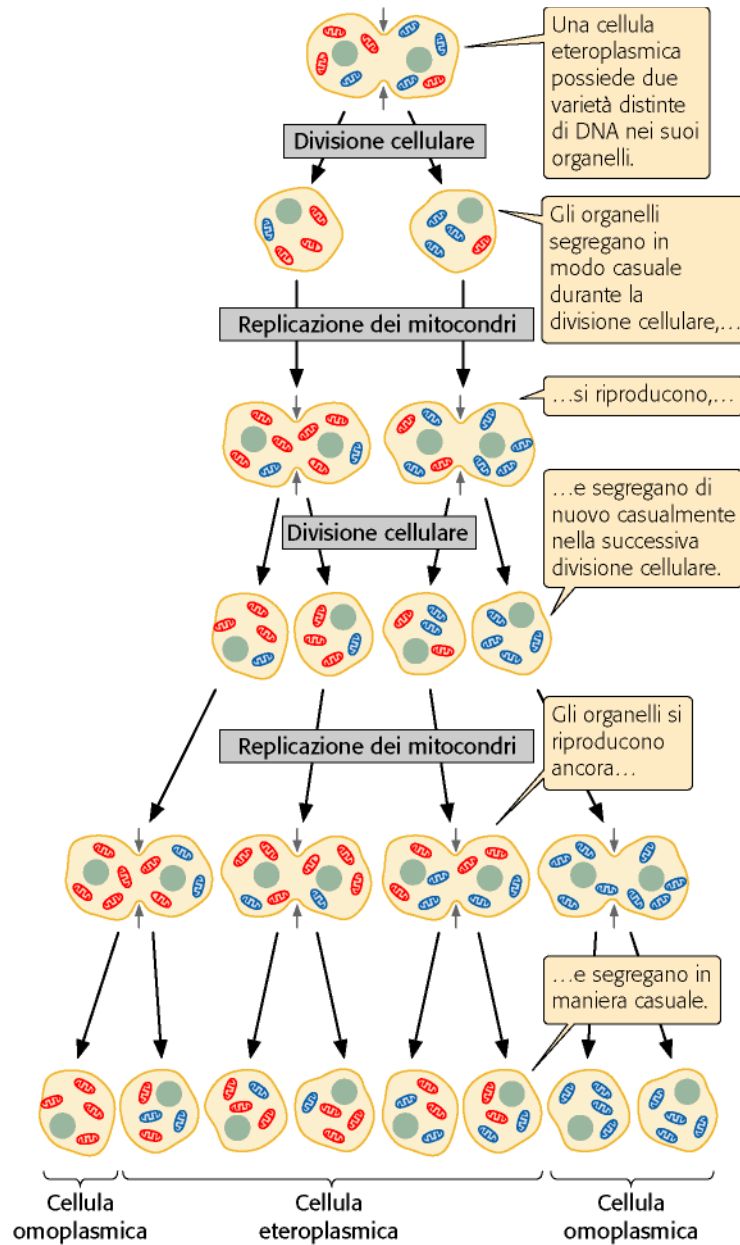


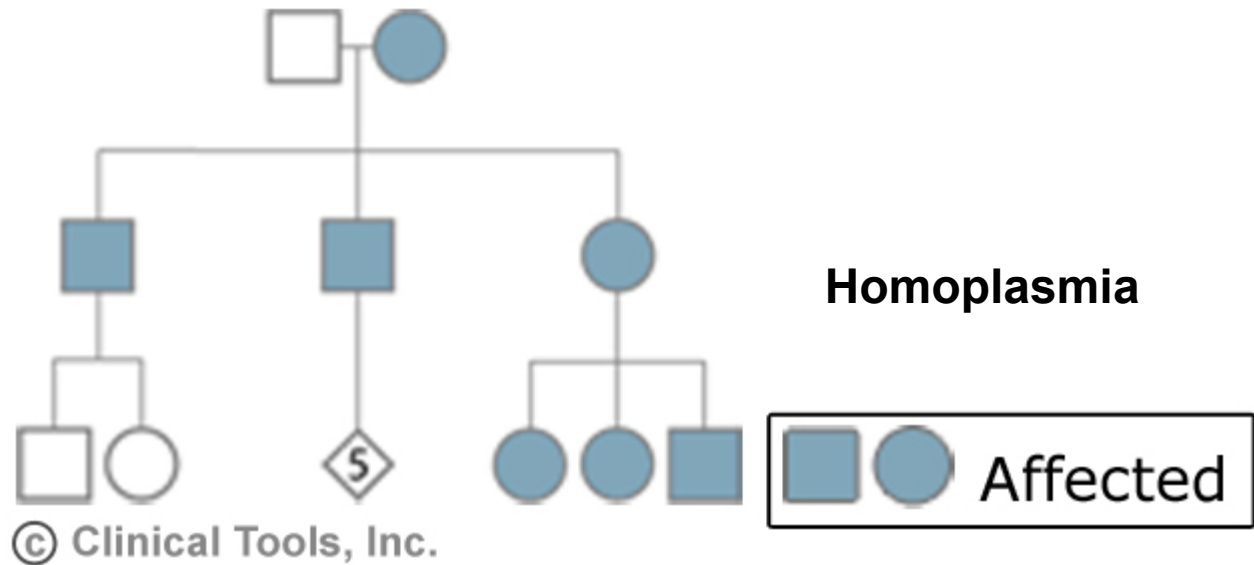
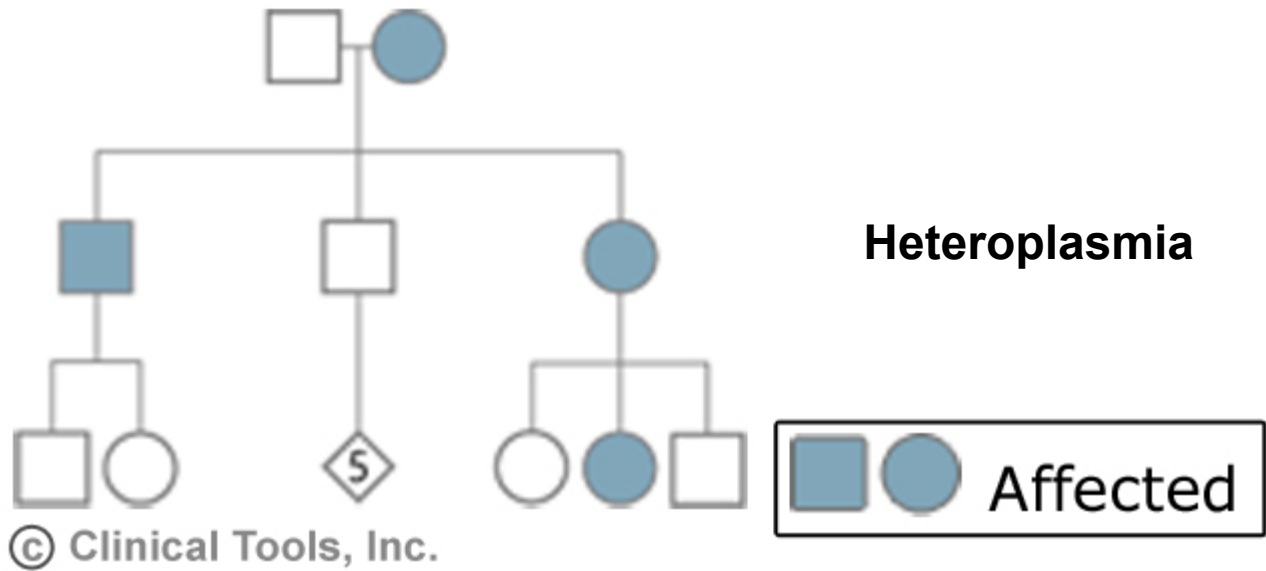
Tabella 7.1: Il genoma nucleare e il genoma mitocondriale nell'uomo

	Genoma nucleare	Genoma mitocondriale
Dimensione	3.300 Mb	16,6 kb
N° di molecole di DNA differenti	23 o 24 (nelle cellule XX o XY rispettivamente), tutte lineari	Una molecola di DNA circolare
N° totale di molecole di DNA per cellula	23 nelle cellule aploidi; 46 nelle cellule diploidi	Numerose migliaia
Proteine associate	Diverse classi di istoni e proteine non istoniche	Per lo più senza proteine
N° di geni	~ 20.000-25.000	37
Densità genica	~ 1/100 kb	1/0,45 kb
DNA ripetitivo	Un'ampia frazione, si veda la <i>Figura 7.1</i>	Pochissimo
Trascrizione	La maggioranza dei geni viene trascritta individualmente	Vengono trascritti più geni uno di seguito all'altro
Introni	Si trovano nella maggior parte dei geni	Assenti
% di DNA codificante	~ 3%	~ 93%
Utilizzazione dei codoni	Si veda la <i>Figura 1.22</i>	Si veda la <i>Figura 1.22</i>
Ricombinazione	Almeno una volta per ciascuna coppia di omologhi alla meiosi	Nessuna
Eredità	Mendeliana per le sequenze sull'X e sugli autosomi; patrilineare per le sequenze sull'Y	Esclusivamente matrilineare

Codice genetico**Universale****Universale variato a 4 codoni****Segregazione****Mitosi e meiosi****Distribuzione casuale****Tasso mutazione****10 volte maggiore**



Conclusion: Gran parte delle cellule è eteroplasmica, anche se, casualmente, alcune possono ricevere un solo tipo di organello (per esempio tutti gli organelli normali o tutti mutanti).



EREDITARIETA' MITOCONDRIALE

Mutazioni nel DNA mitocondriale (mtDNA)

Maschi e femmine sono affetti

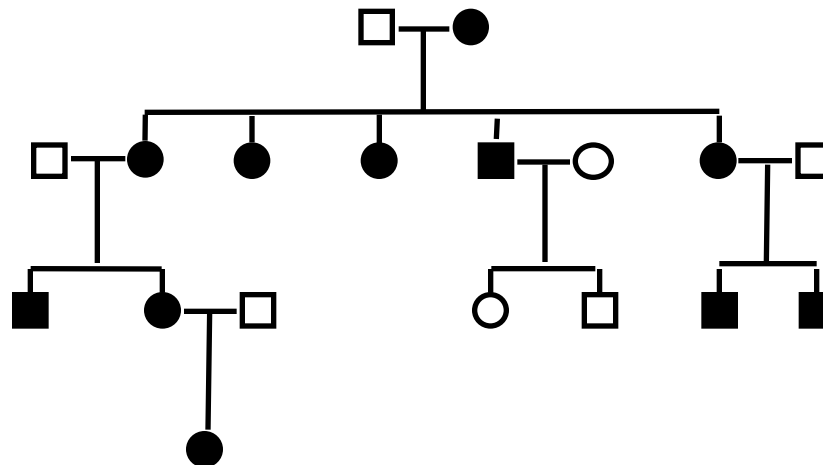
Femmine trasmettono la malattia (i maschi non la trasmettono)

Variabilità nell'espressione dovuta alla quantità di mtDNA mutato

OMOPLASMIA (molecole wild type o mutate di mtDNA tutte uguali)

ETEROPLASMIA (popolazione mista di mtDNA normale e mutato)

EFFETTO SOGLIA: effetto delle mutazioni del mtDNA è determinato dalla relativa proporzione wild type / mutato in un determinato tessuto



Esclusione allelica: imprinting

AA

XX

Entrambi gli alleli (geni autosomici)
sono attivi (quasi tutti i loci)

Solo un allele (geni X-linked)
è attivo (quasi tutti i loci)

ESCLUSIONE ALLELICA: casuale

Inattivazione dell' X

Meccanismi sconosciuti

Non casuale:
GENOMIC IMPRINTING (origine parentale)
Può essere anche tessuto specifico

OSSERVAZIONI → IMPRINTING

Osservazioni sperimentali.

Embrioni di topo ottenuti per fusione di pronuclei di origine materna o paterno (diploidia uniparentale) non si sviluppano.

Osservazioni naturali.

Diploidia uniparentale paterna: Non sviluppa l'embrione e l'epitelio trofoblastico può trasformarsi in coriocarcinoma.

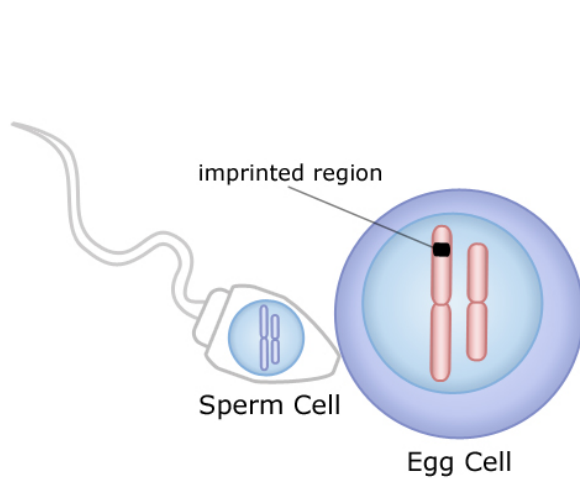
Diploidia uniparentale materna: Massa disorganizzata di tessuti embrionali ("**teratoma ovarico**") senza presenza di annessi extra-embryonari.

Fenotipi di aborti umani triploidi sono diversi se il contributo diploide è materno o paterno.

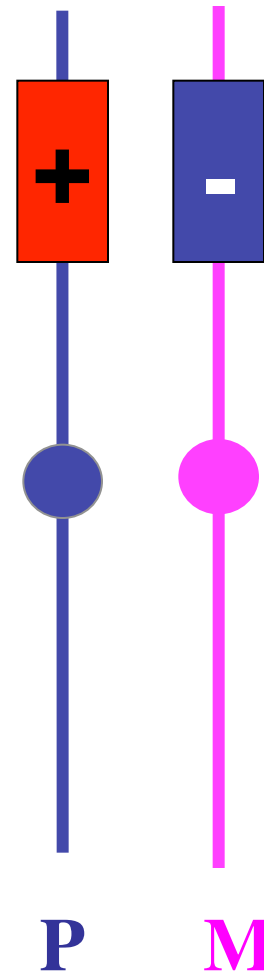
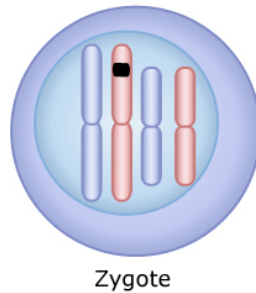
Alcuni caratteri autosomici dominanti si manifestano solo quando ereditati dal padre o dalla madre.

IMPRINTING GENOMICO

Origine parentale dei cromosomi: effetto sull'espressione dei geni

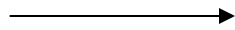


One area of the larger maternally derived chromosome is imprinted so it is turned off in the zygote. Only gene(s) in the corresponding region of the paternally inherited chromosome are active.



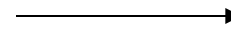
Fecondazione

Gameti

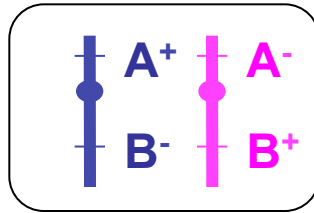
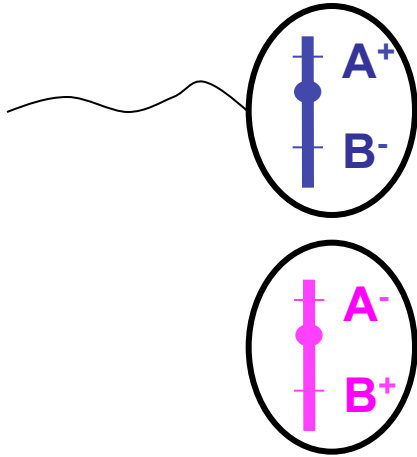


Zigote
Cellule somatiche

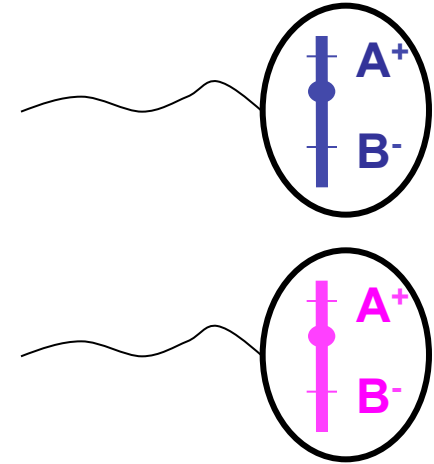
Gametogenesi



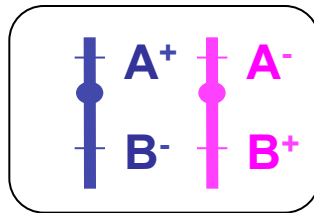
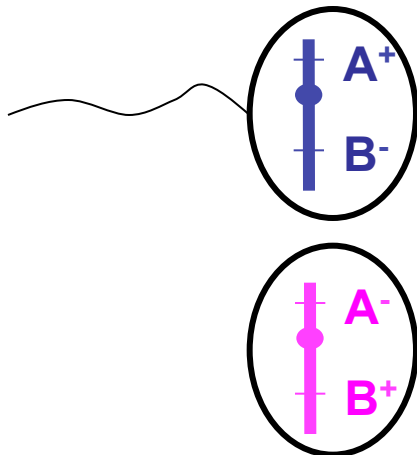
Gameti



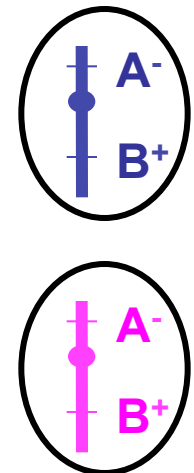
Maschio



*Rimozione vecchio e
definizione nuovo imprinting*

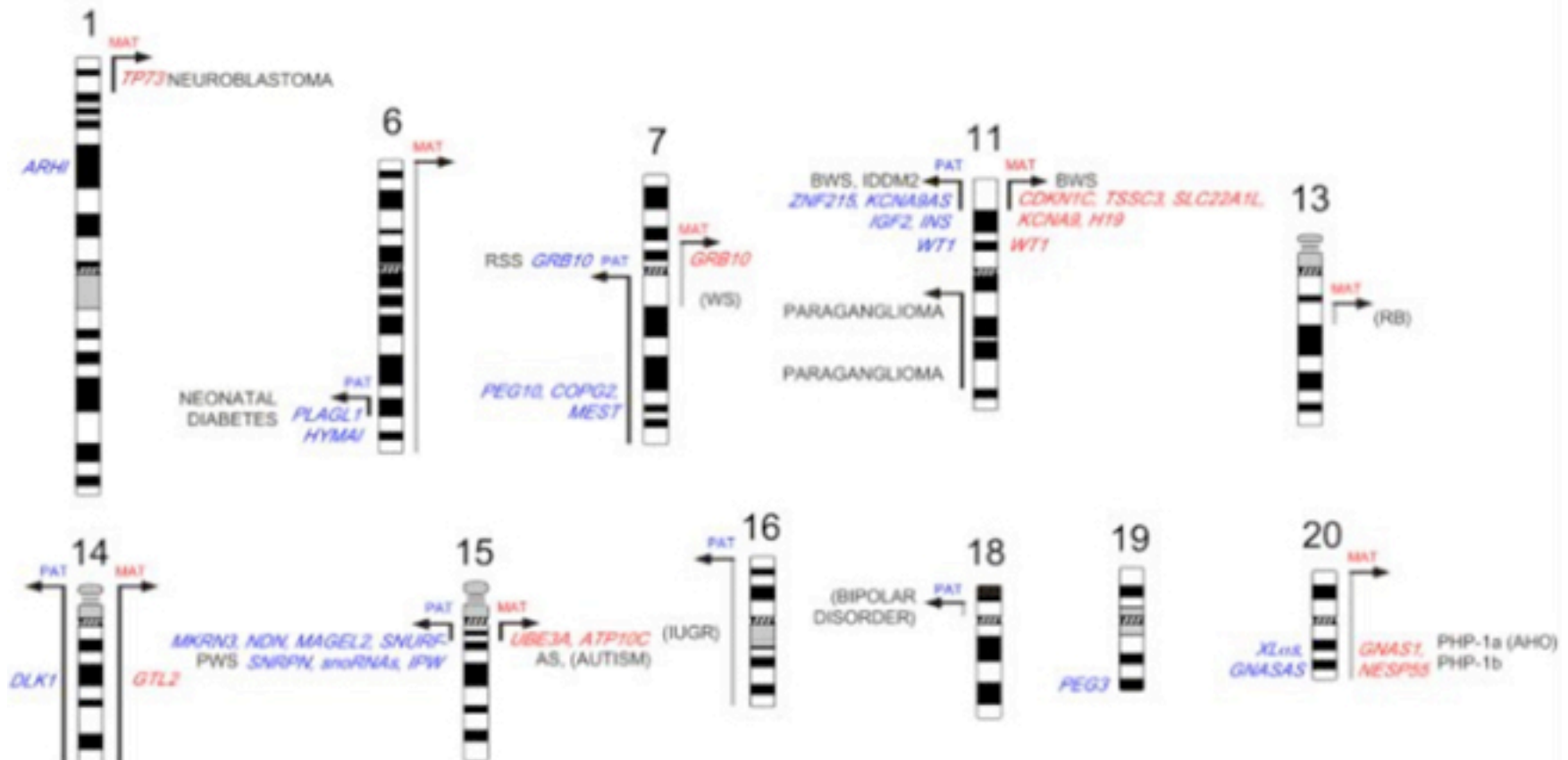


Femmina



Human imprinting map

<http://greallyoffice.aecom.yu.edu/>



RSS: Russell-Silver syndrome
 WS: Williams syndrome
 BWS: Beckwith-Wiedemann syndrome
 IDDM: Insulin-dependent diabetes mellitus
 RB: Retinoblastoma
 PWS: Prader-Willi syndrome
 AS: Angelman syndrome
 IUGR: Intrauterine growth retardation
 PHP: Pseudohypoparathyroidism

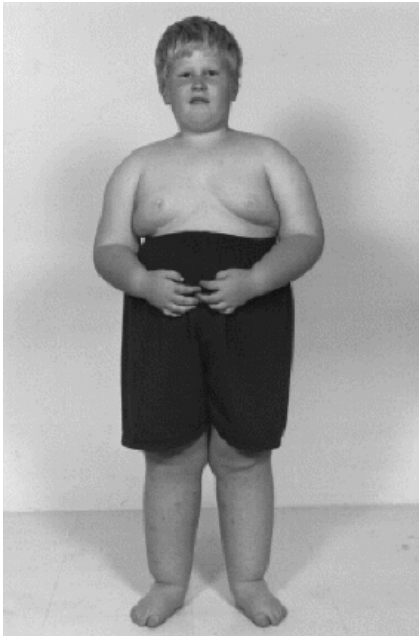
| Imprinted phenotypic effect clear

| Possible imprinted phenotypic effect

PAT ← Evidence for paternally expressed gene(s)

MAT → Evidence for maternally expressed gene(s)

Prader-Willi syndrome



Obesità
Ritardo mentale
Problemi linguaggio
Mani e piedi piccoli
Ipogonadismo

Angelman syndrome (Happy Puppet)

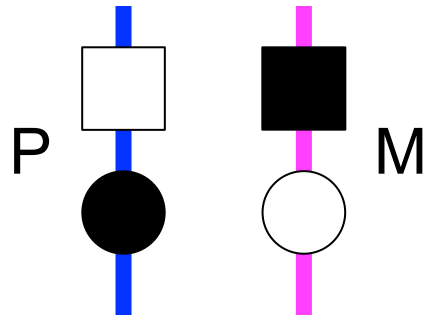


Grave ritardo mentale
Assenza della parola
Lingua protrudente
Atassia e movimenti stereotipati
Crisi epilettiche

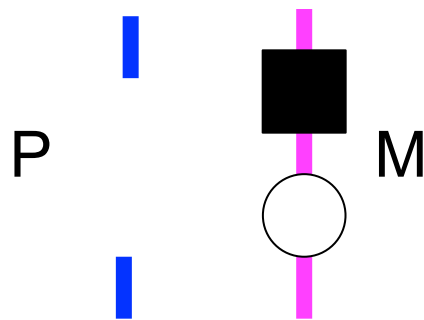
Entrambe le malattie possono essere dovute a:

1. Delezione dell'intera regione cromosomica **15q11-13** (paterna nella PWS, materna nella AS);
2. Disomia uniparentale (UPD) (materna nella PWS, paterna nella AS);
3. Errore di imprinting
4. Solo per la sindrome di Angelman: mutazione nella copia materna del gene AS

Cause di Prader-Willi/Angelman: **delezione**

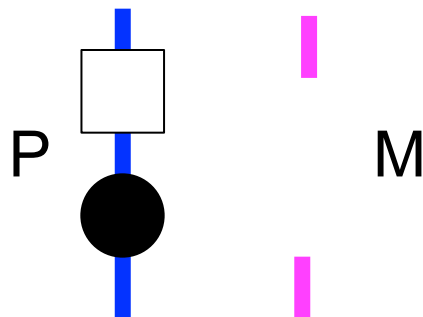


Pattern di espressione normale: espresse (simbolo bianco) le regione PWS (quadrato) del cromosoma paterno e AS (cerchio) del cromosoma materno



Delezione sul cromosoma paterno

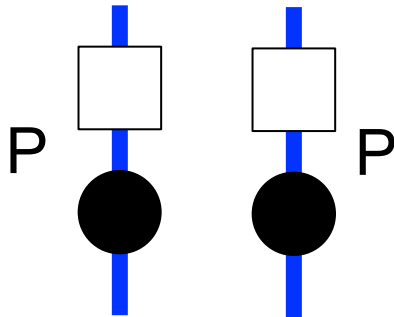
Sindrome di Prader-Willi: manca espressione della regione PWS



Delezione sul cromosoma materno

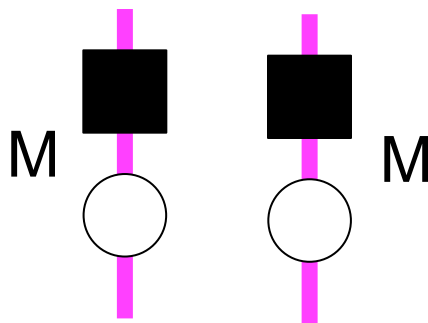
Sindrome di Angelman: manca espressione della regione AS

Cause di Prader-Willi/Angelman: **disomia uniparentale (UPD)**



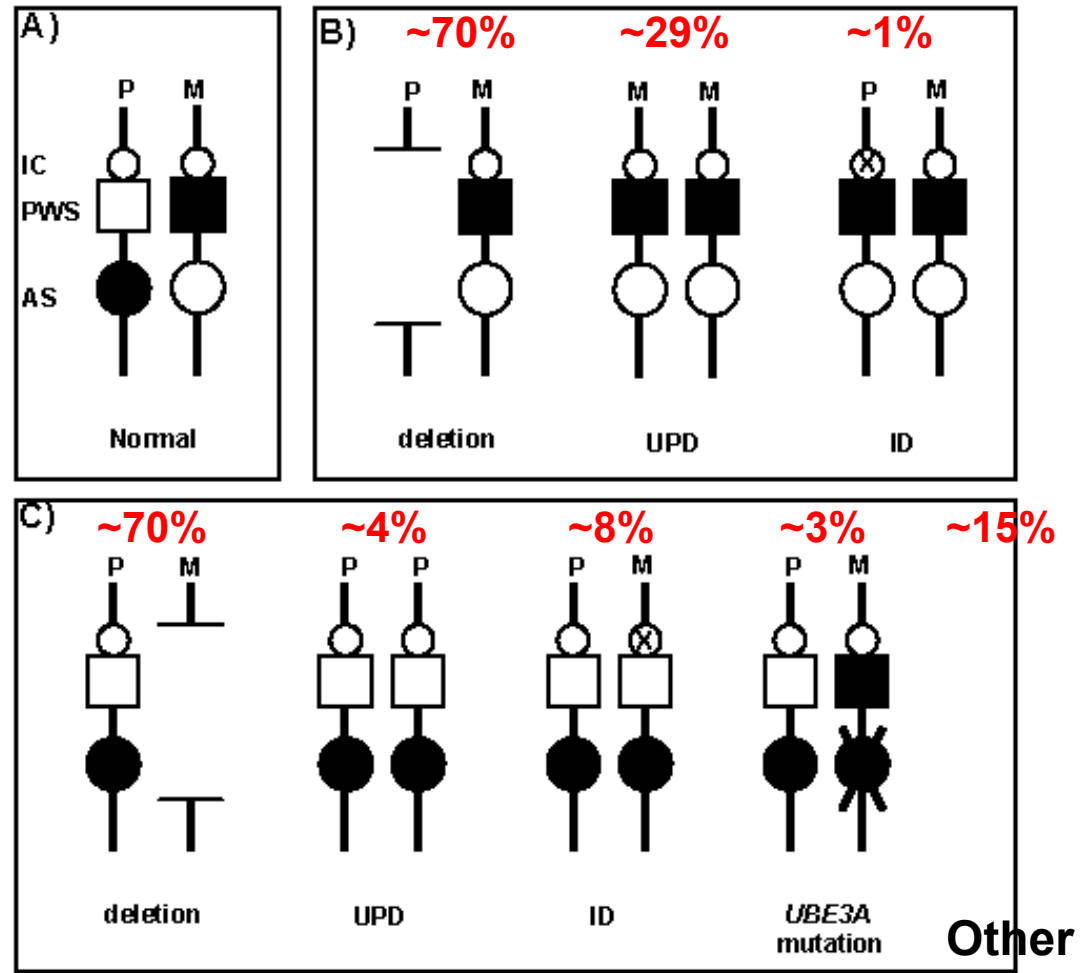
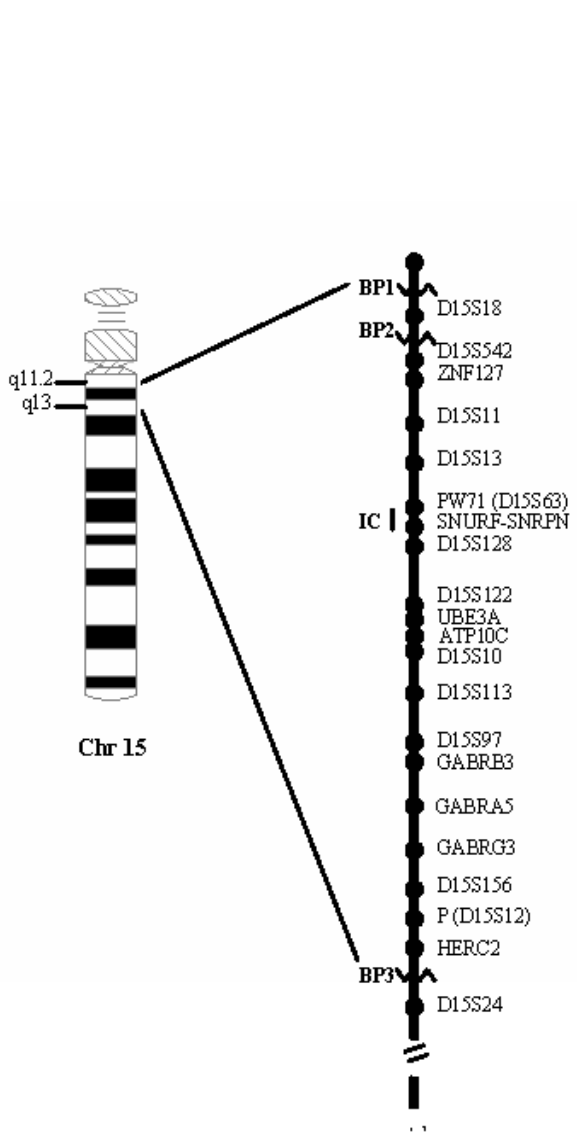
UPD paterna

Sindrome di Angelman: assenza espressione regione AS



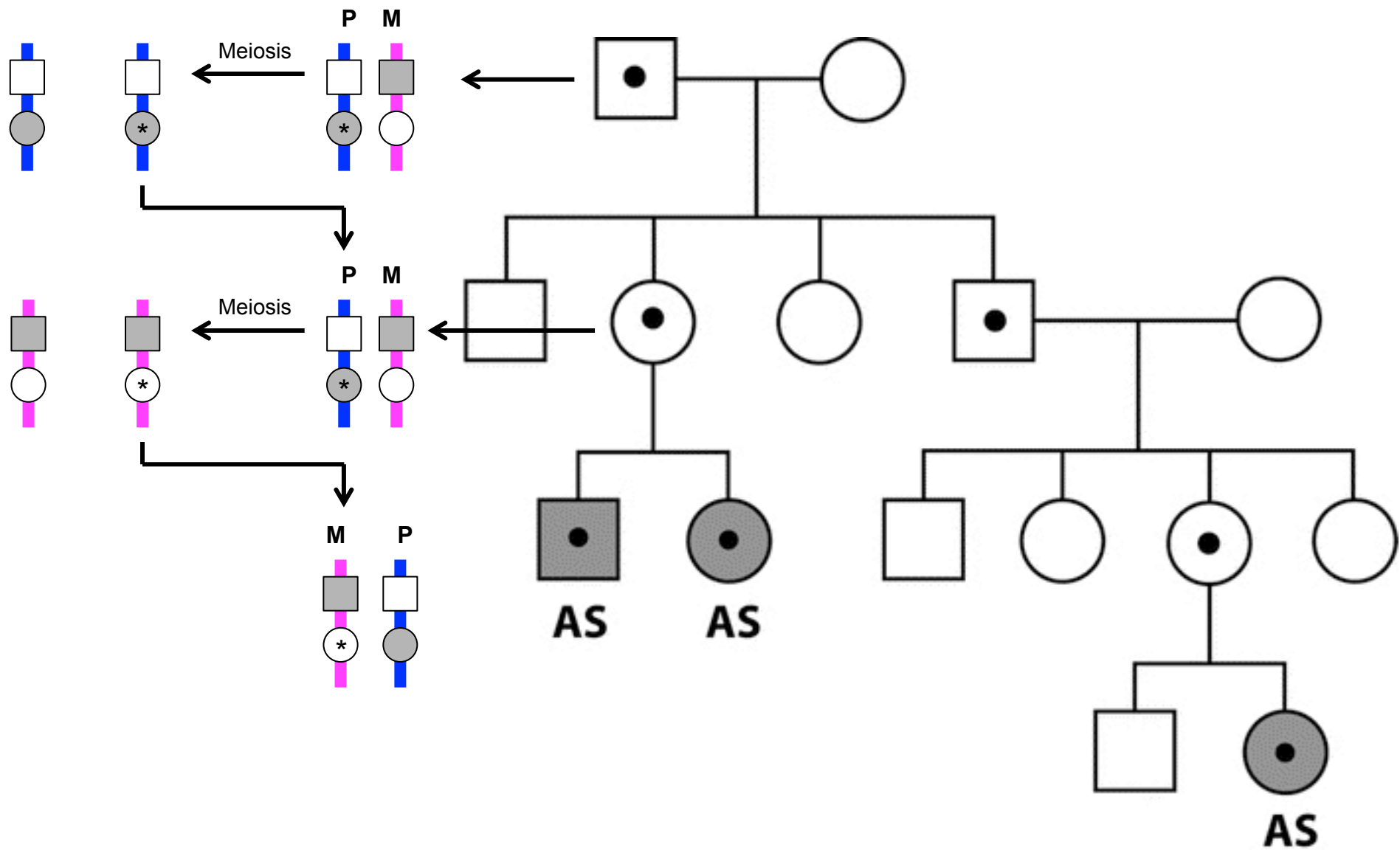
UPD materna

Sindrome di Prader-Willi: assenza espressione regione PWS



B) PWS
C) AS

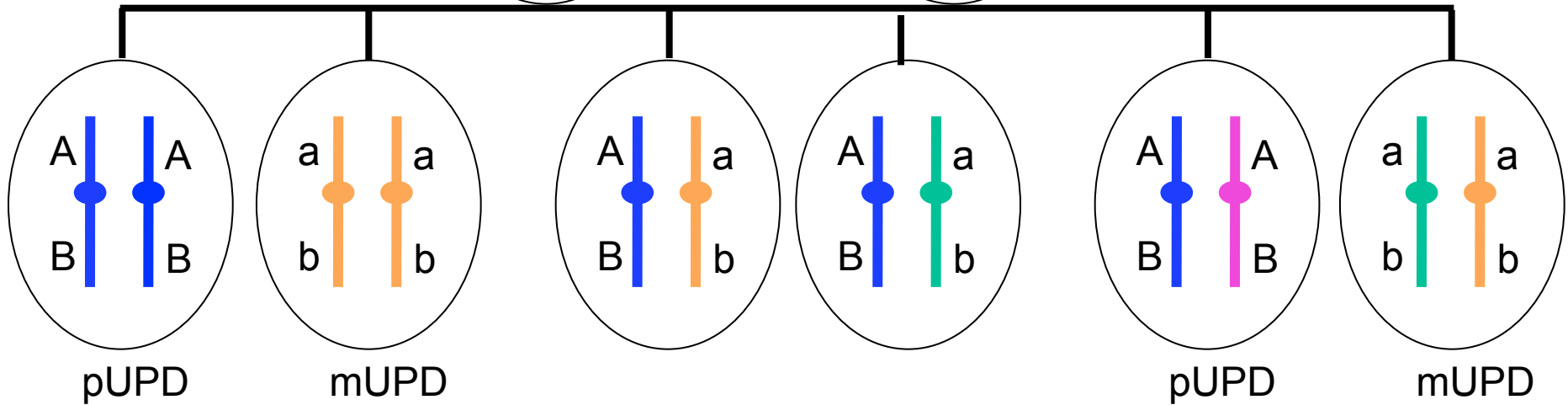
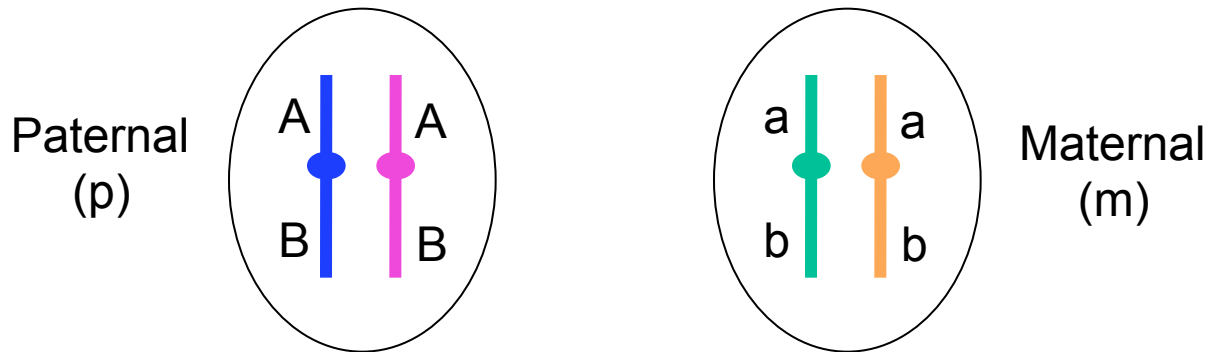
ID: imprinting defect
IC: Imprinting center



● = *UBE3A* mutation or IC deletion carrier
 ■● = Angelman syndrome

Uniparental disomy (UPD): definition

- Correct chromosome number
- Both homologs of a specific chromosome (or chromosomal segment) are inherited from the same parent

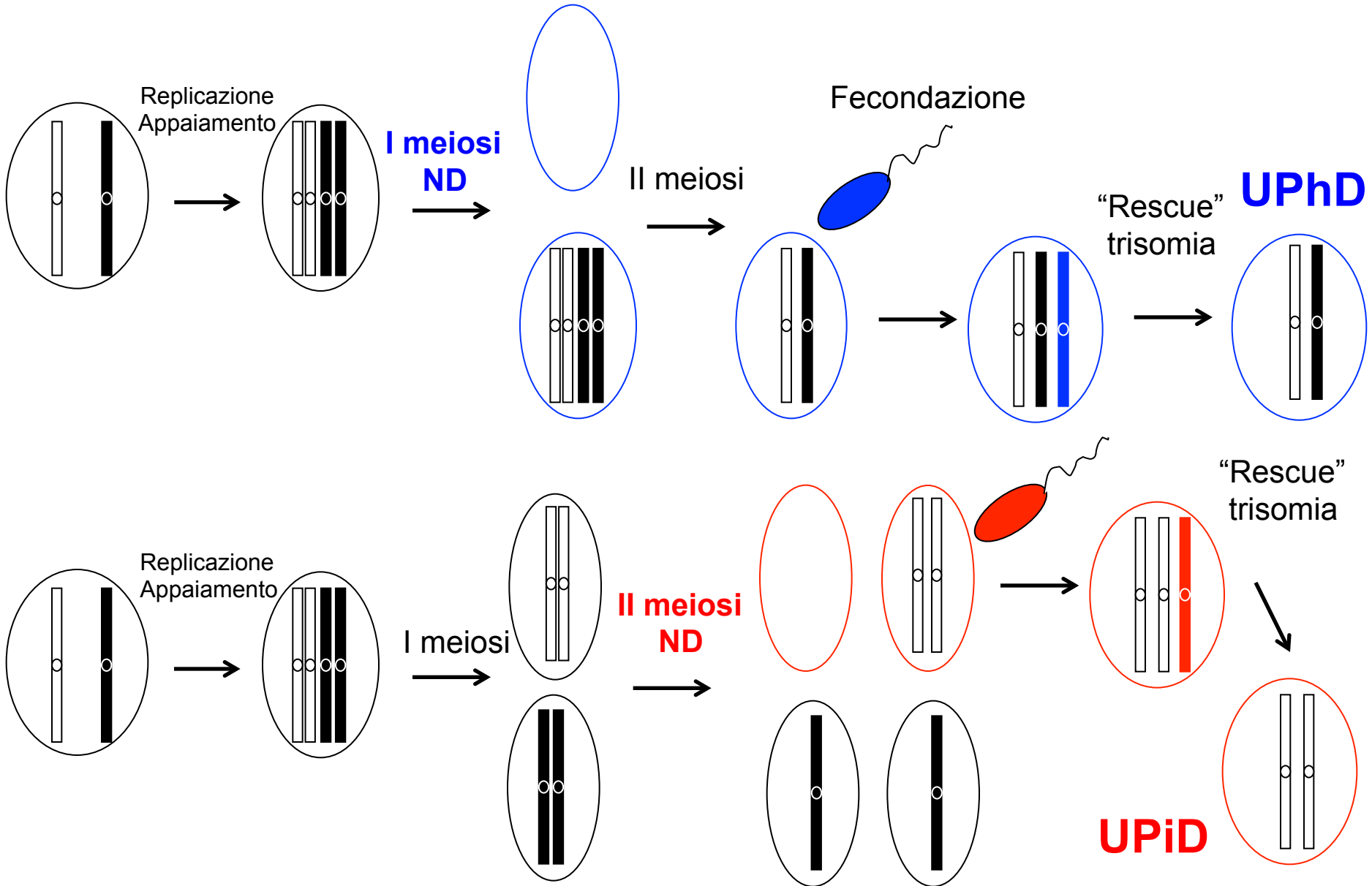


UPiD – **Isodisomy**
Identical chromosomes

Normal

UPhD – **Heterodisomy**
Non identical chromosomes

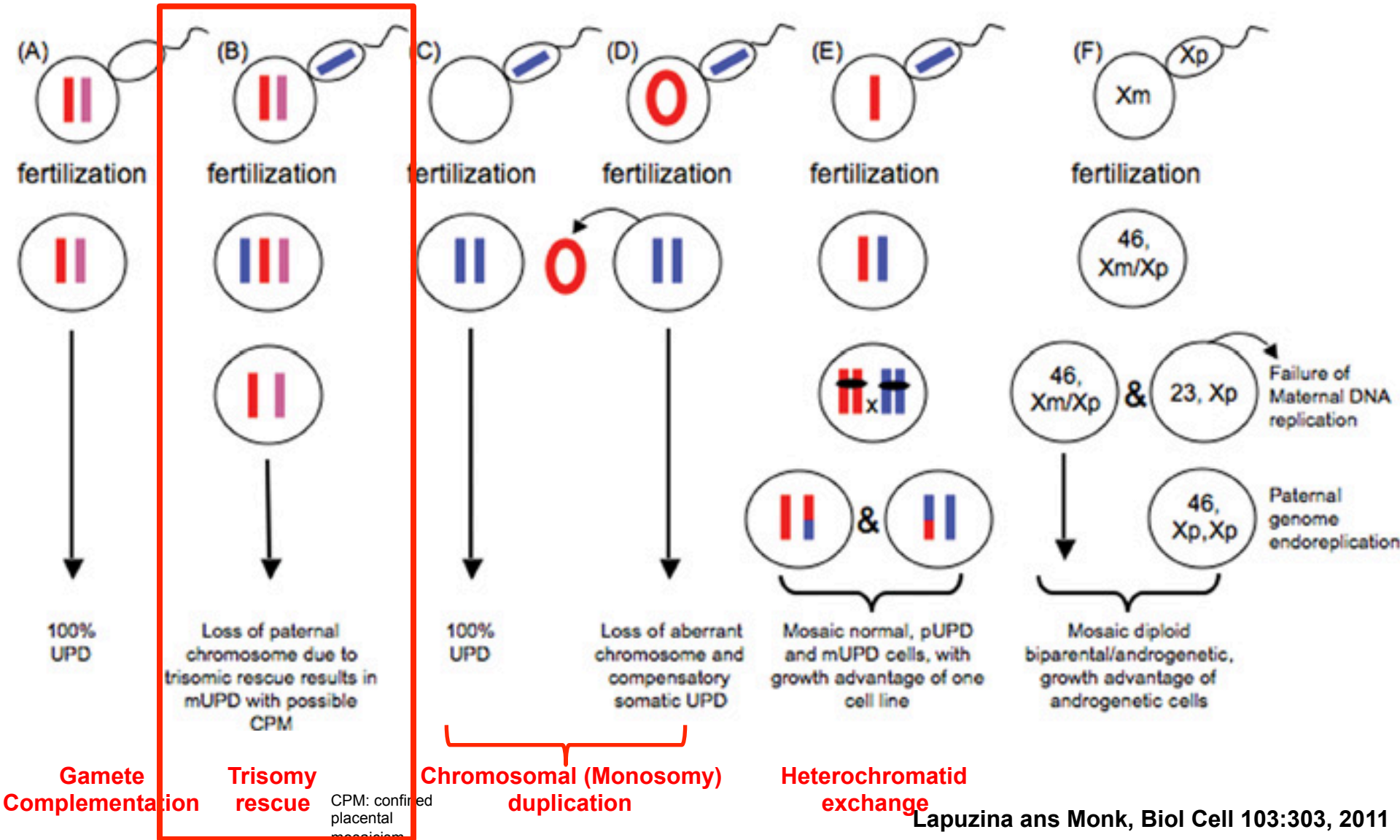
Cause UPD: non disgiunzione in meiosi e “rescue della trisomia”



Uniparental disomy (UPD): causes

Fertilization between aneuploidy gametes

Mitotic events

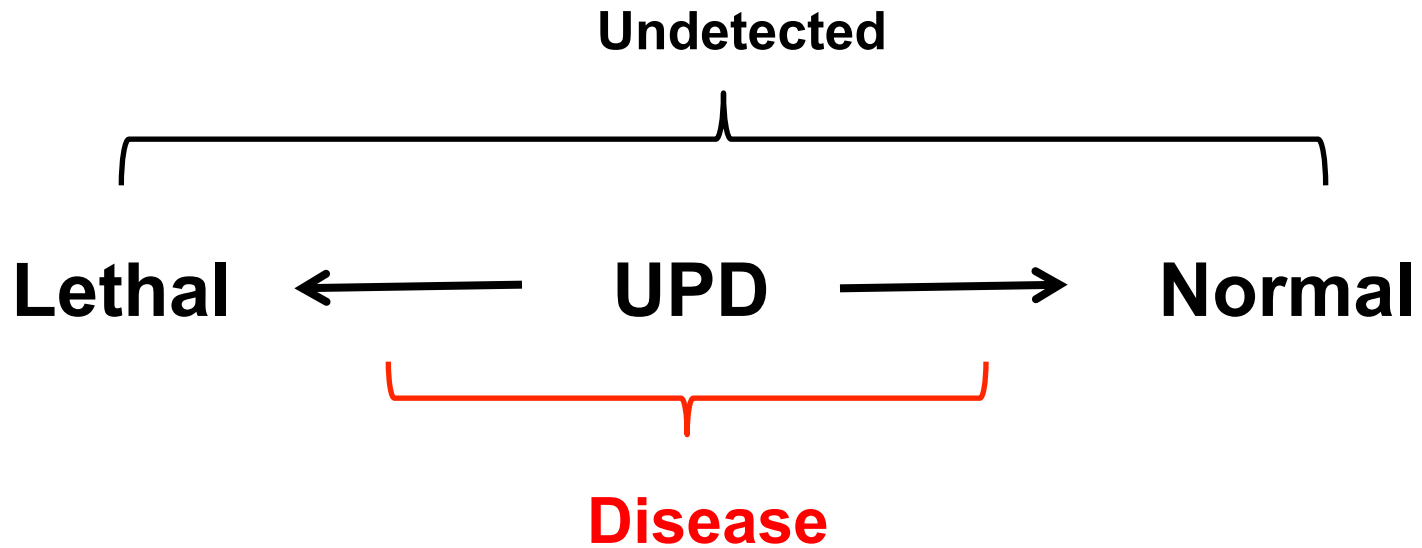


Uniparental disomy (UPD): causes

Errors in meiosis and mitosis

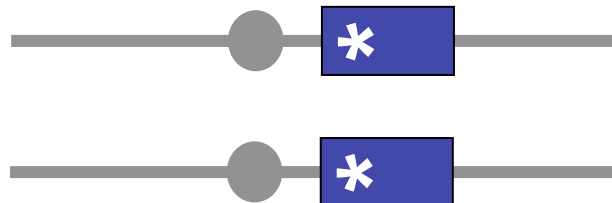
- **Trisomic rescue.** Chromosome loss in trisomy to generate a disomic foetus (1/3 of cases). This is the most common mechanism for UPD.
- **Gamete complementation.** Fertilization of gametes, both abnormal, one disomic and the other nullisomic. One parent has contributed both homologs to the zygote and the other parent has contributed none.
- **Chromosomal duplication.** Fertilization of a normal with a nullisomic gamete and duplication of the chromosome, always leading to isodisomy. Or rare mitotic attempt to correct aneuploidy with loss of an aberrant homologue of a chromosome pair (pseudodiploid) and chromosomal duplication
- **Heterochromatid exchange.** Somatic recombination leading to segmental regions of isodisomy between the point of recombination and the telomere in the daughter cells
- **Gene conversion.** Small (330-1000 bp) isolated regions of isodisomy

Uniparental disomy (UPD): consequences



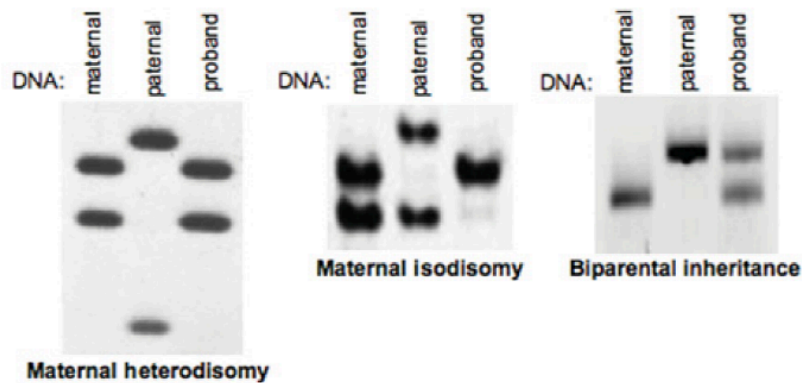
Altered imprinted gene dosage (iso- and hetero-disomy)

Unmasking mutant (*)recessive mutations (isodisomy)



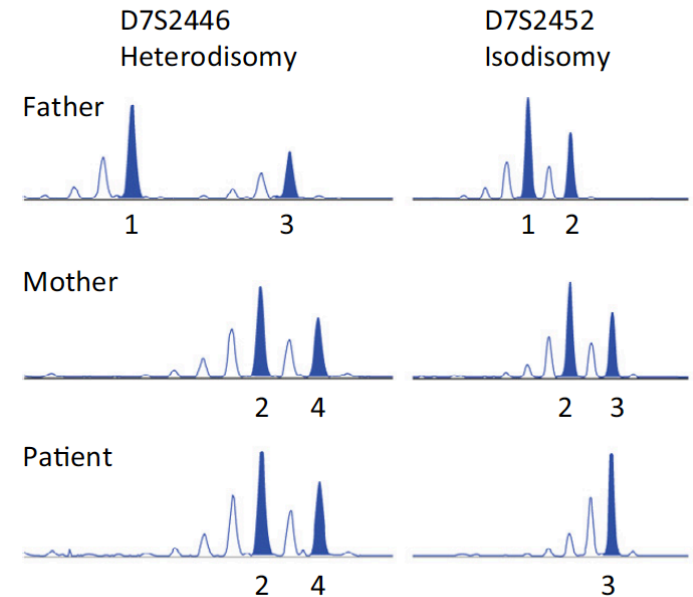
Uniparental disomy (UPD): identification

marker genotyping



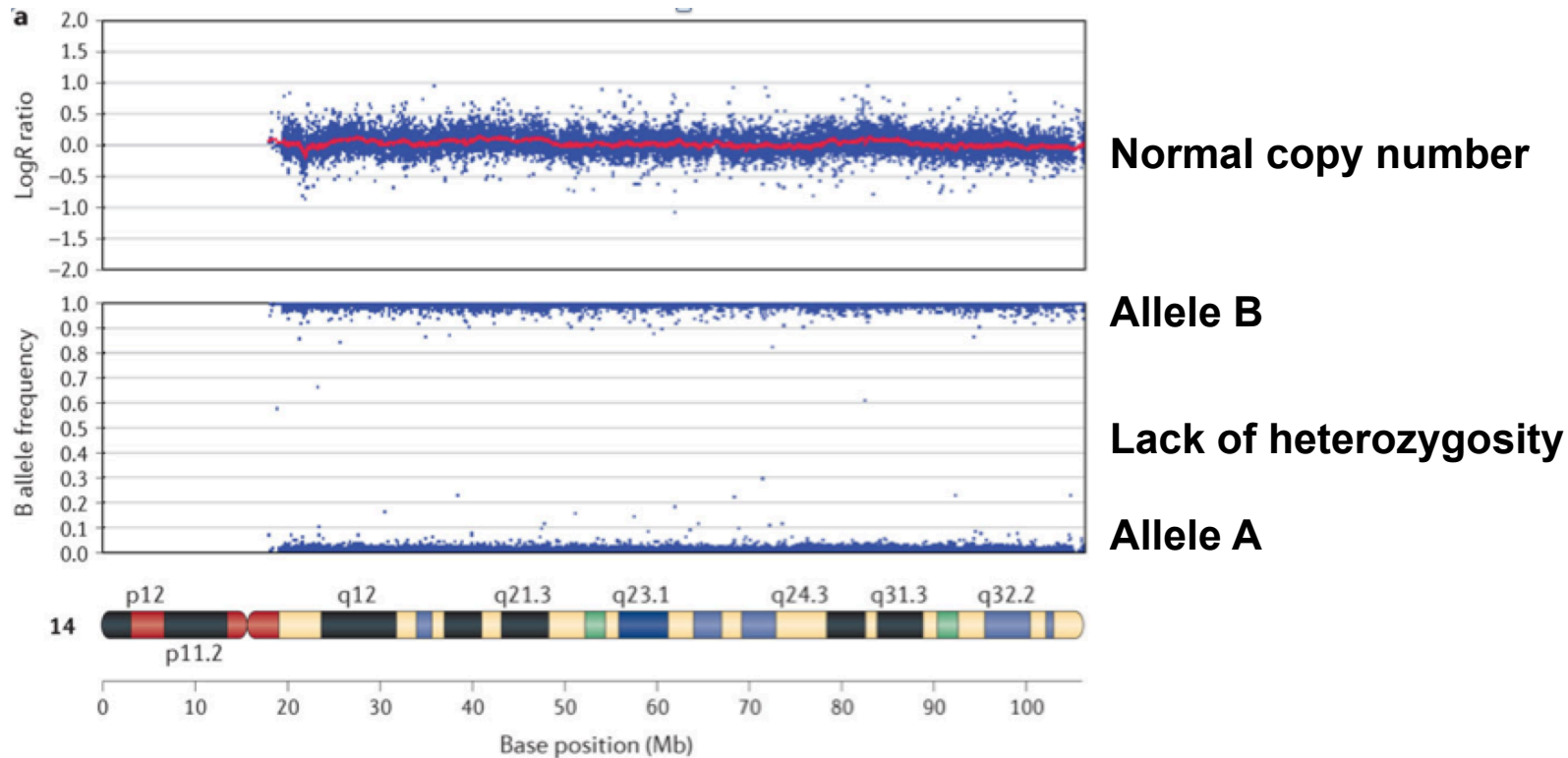
Tetranucleotide repeats

(I) UPD(7)mat: Hetero- and isodisomy



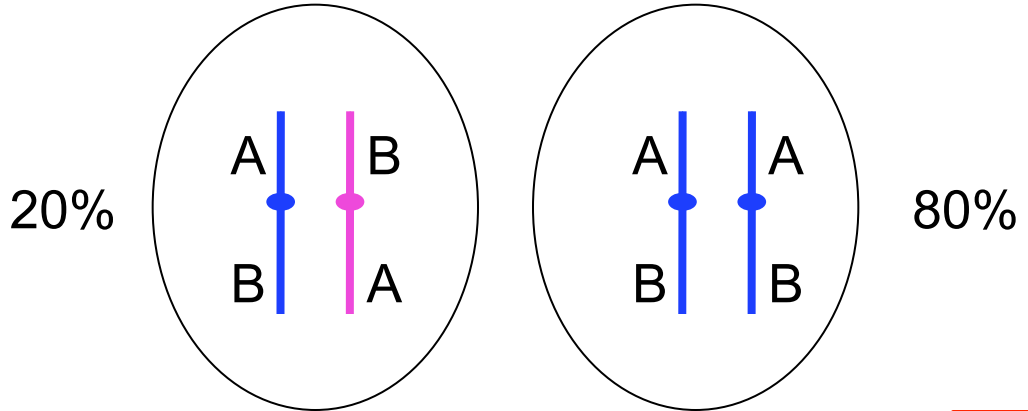
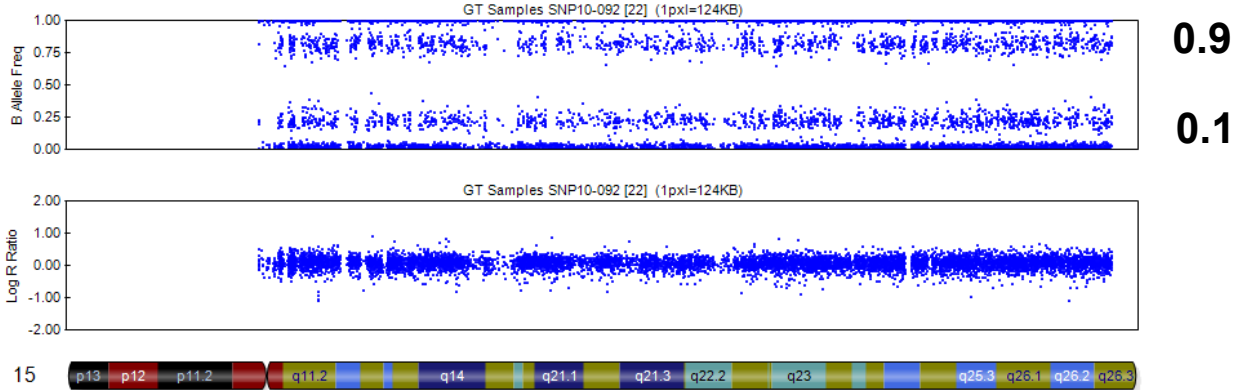
Dinucleotide repeats

Uniparental disomy (UPD): identification SNP array



**Identification of only isodisomy
Unless parents' DNA is available for comparison**

Uniparental disomy (UPD): detection of mosaicism



BAF Locus 1 $1/2 \times 0.2 = 0.1$

BAF Locus 2 $1/2 \times 0.2 = 0.1$

$0/2 \times 0.8 = 0$

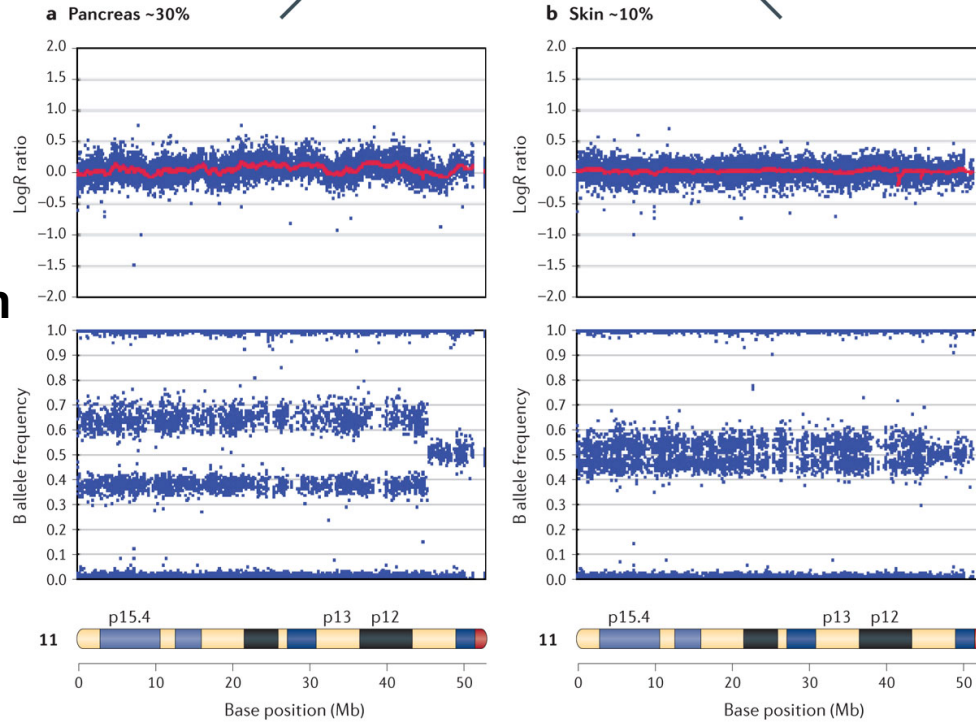
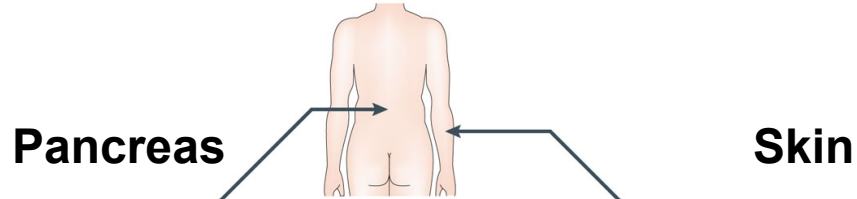
$2/2 \times 0.8 = 0.8$

$0.1 > 0$

$0.9 < 1$

Total

Segmental uniparental disomy (UPD)

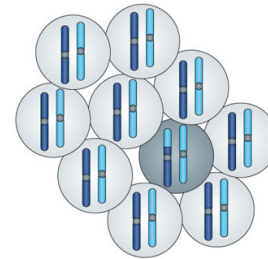
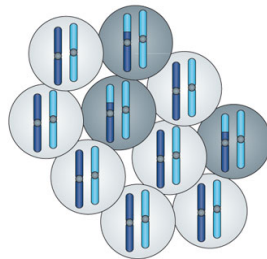


30% mosaicism

0.65

0.35

10% mosaicism

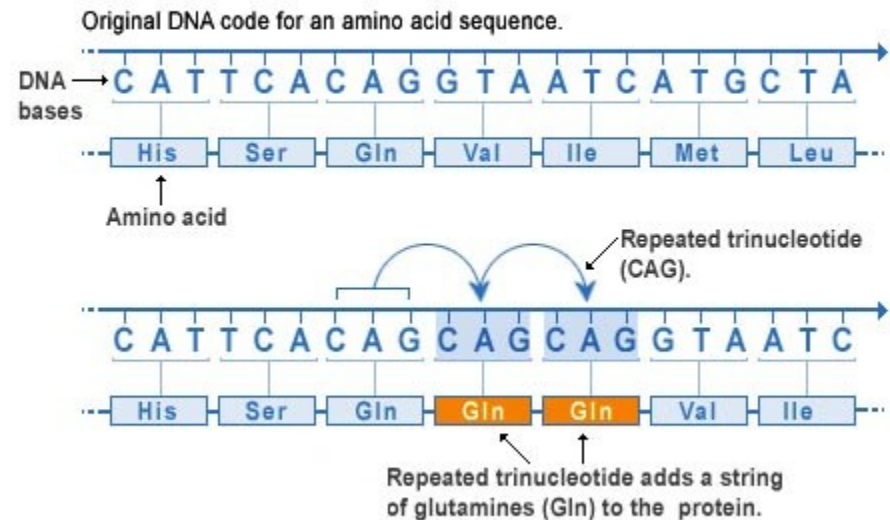


Dynamic mutations

STABLE MUTATIONS
from generation to generation

All affected members of a family
share the identical inherited mutation

Repeat expansion mutation



Unstable expanding repeats
(DYNAMIC MUTATIONS)

Microsatellite: 1-6 nt

Unstable - dynamic mutations

Type: Usually trinucleotide, but even 4 (x1), 5 (X2), 6 (x2) or 12 (x1) nt, repeat expansion. It becomes a mutation when the number of triplets is greater than in a normal gene (threshold)

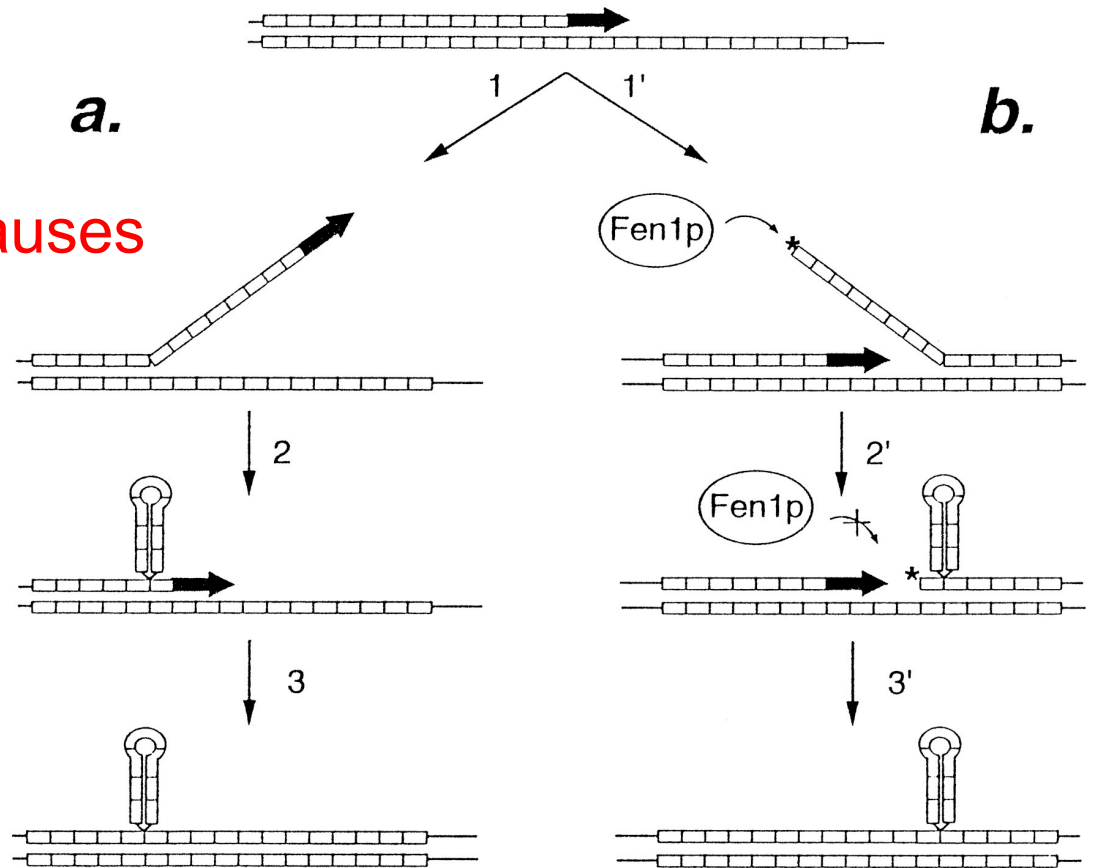
Instability: Beyond the threshold the number of triplets in the disease gene continues to increase (from 20-30 to 3000-5000) as the gene is transmitted

Consequences on gene function: the growing triplet tract alters gene expression and/or function: faulty protein, splicing defects, suppression of expression, defective antisense regulation

Consequences on phenotype: Severe neuromuscular and neurodegenerative disorders

Causes of expansion

DNA metabolic processes, such as replication, repair, recombination



Replication associated causes

a) Replication slippage
(small expansion)

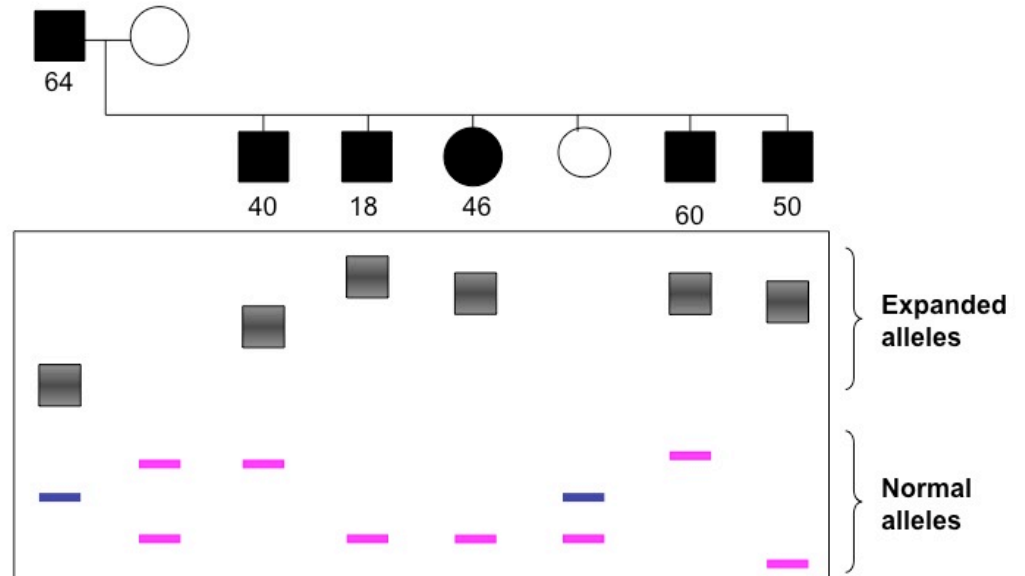
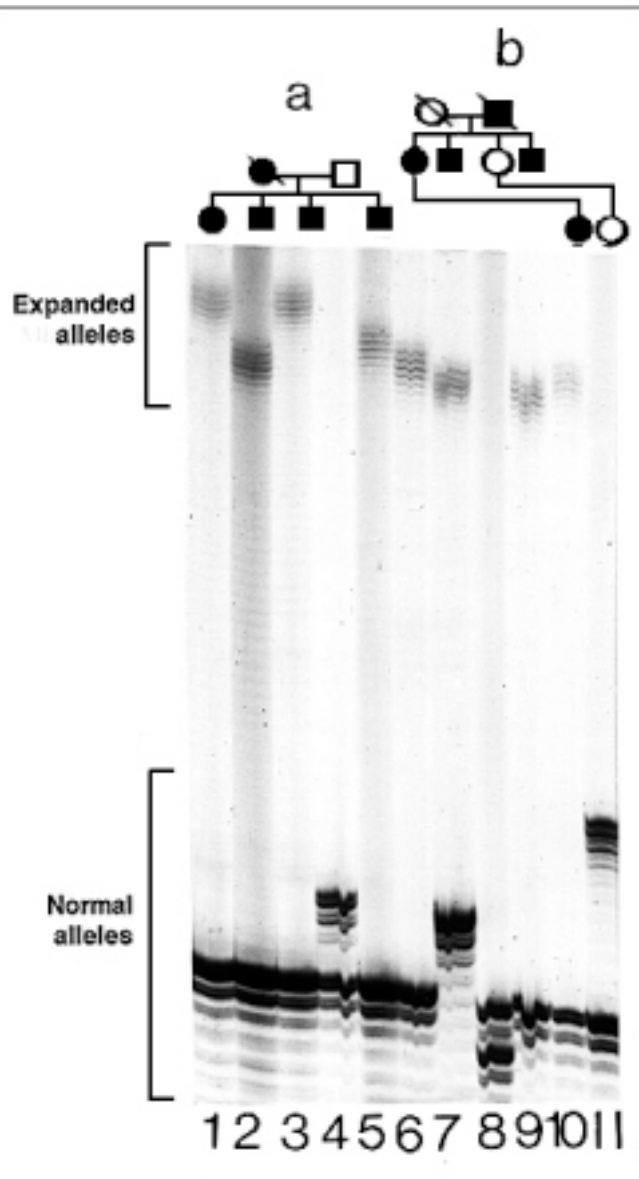
b) Hairpin formation on
Okazaki fragments
(large expansion)

FEN1: endonuclease that removes 5' overhanging "flaps" of Okazaki fragments of the lagging strand

Expansion and anticipation

Severity and age of onset correlate with repeat number that tend to expand through generations

Heterogeneity of repeat length associated with somatic expansion



Classification and pathogenic mechanisms

Class A: Outside coding regions. Large expansion in introns, 5' - and 3' -UTR, promoter regions

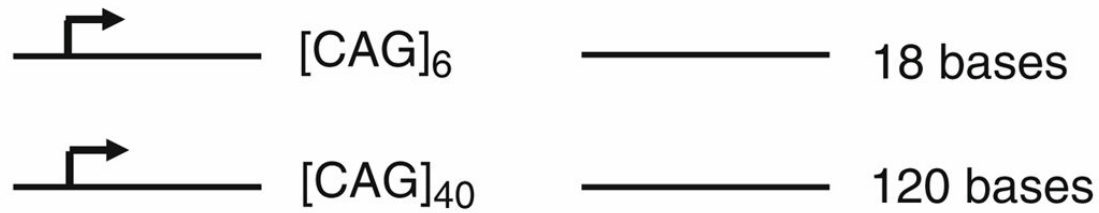
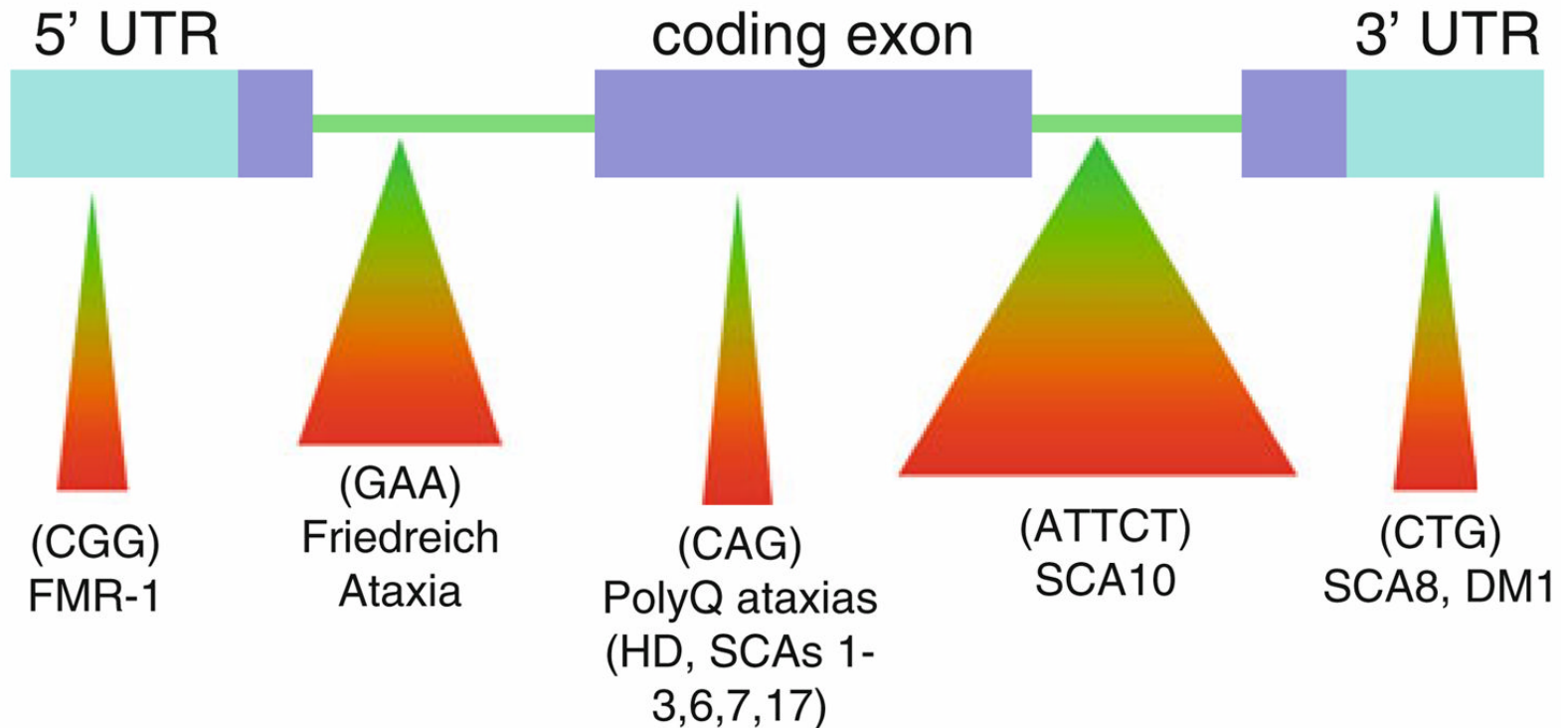
- Fragile X syndrome
- Myotonic dystrophy
- Friedreich ataxia

Class B: Limited expansion of the instable CAG triplet in coding regions (polyGlutamine/Q)

- Huntington's disease
- Spinocerebellar ataxia (different forms)
- Kennedy disease

Class C: limited expansion of relatively stable imperfect (less dynamic) triplets GCN (polyAlanine/A)

- Congenital central hypoventilation syndrome, or Ondine's curse

a**b**

Spinocerebellar ataxia (SCA)

Myotonic dystrophy (MD)

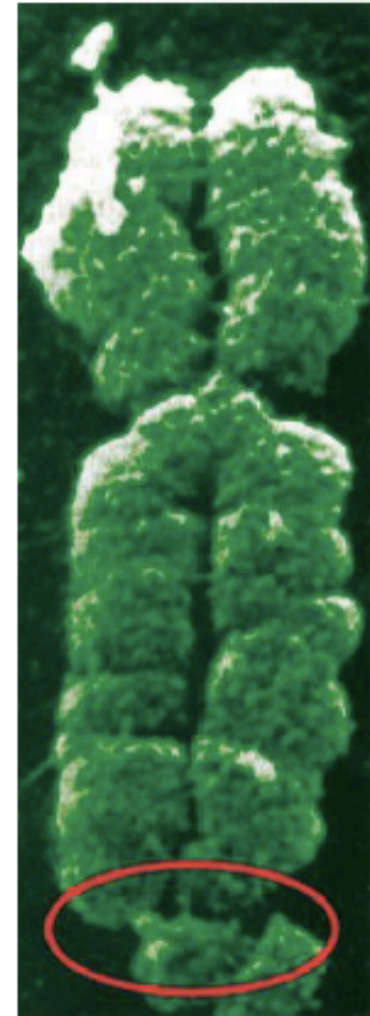
Fragile X mental retardation (FMR)

Polyglutamine diseases (PolyQ)

Fragile X Syndrome

- **Fragile X Syndrome (FXS)** is caused by expansion of CGG repeats in the *FMR1* gene. It is the leading cause of hereditary mental retardation
- Fragile X carriers may be at risk for fragile X-associated tremor/ataxia syndrome (FXTAS), a form of age-related cognitive and motor dysfunction, or primary ovarian insufficiency (FXPOI), a cause of premature menopause.
- FXS and other *FMR1* disorders impact an estimated 1.5 million individuals in the US, and affect a broad range of populations and ages.
- New therapies and targeted drugs for treating FXS are in development.

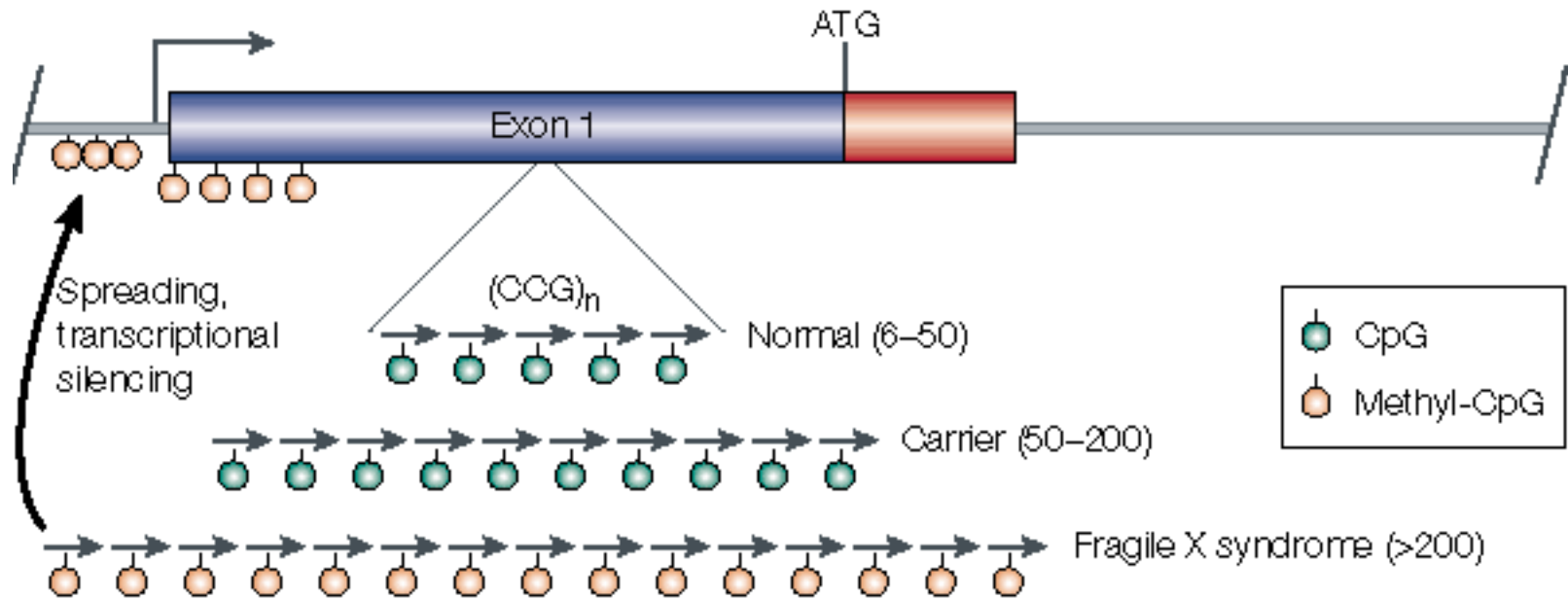
FMR1
gene



Xq27.3

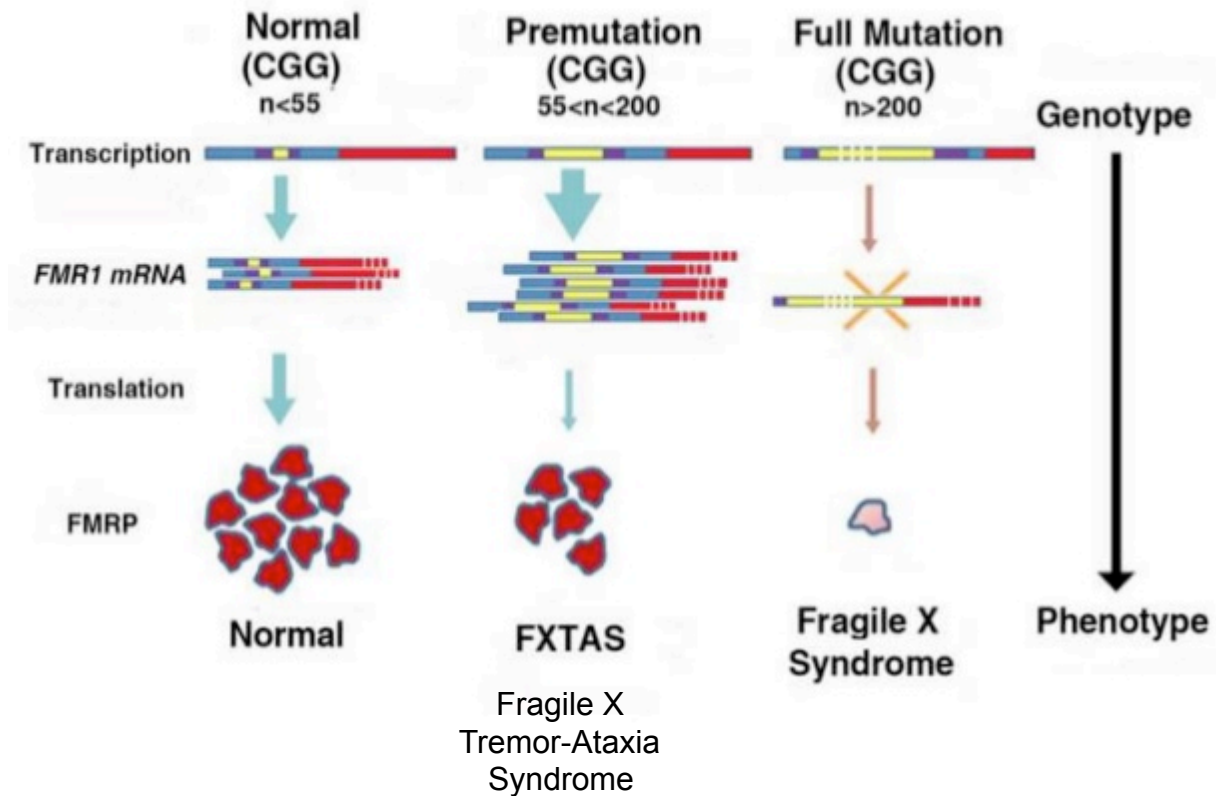
Fragile X syndrome: gene FMR1

FMR1 gene (Xq27.3)

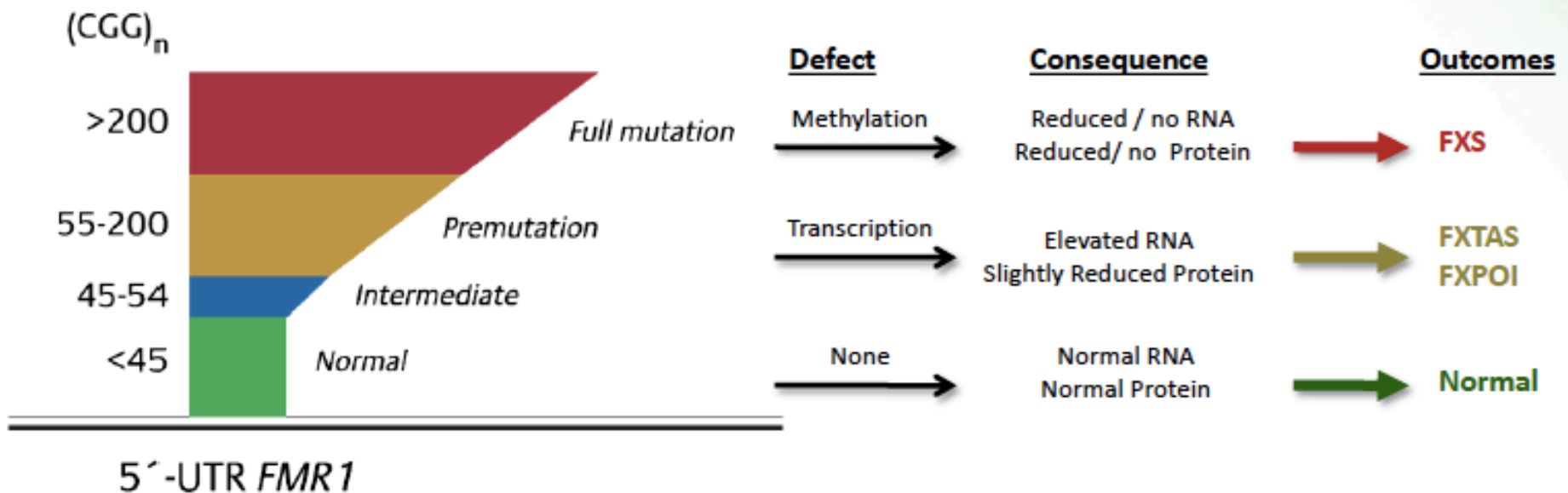


Model of reduction of the FMR-1 protein leading to Fragile X syndrome

FMR1 GENE



Fragile X Molecular Analyses



Expansion of CGG repeats and methylation status of the *FMR1* gene are used to study FXS and related disorders. PCR and Southern blot are the techniques applied

CGGGGGCGGG

FMR1 Reverse Primer

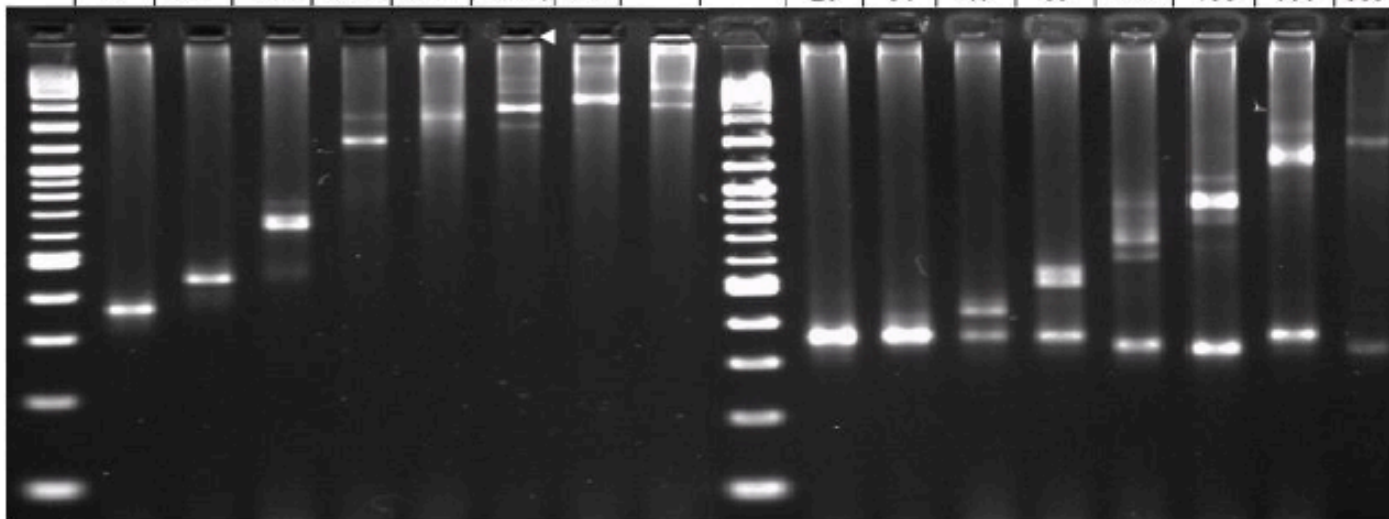


FMR1
Forward
Primer

Amplification of grater than 1000 CGG repeats

Male Samples							
NA07174	CD00014	NA06891	NA06852	NA06897	NA07862	NA04025	NA09145
30	56	118	>200 (~360 AGE)	477	501- 550 (700, >1000)	645	Full (800/ 825)

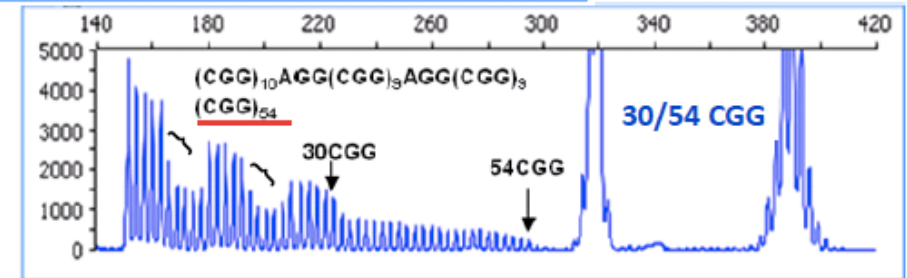
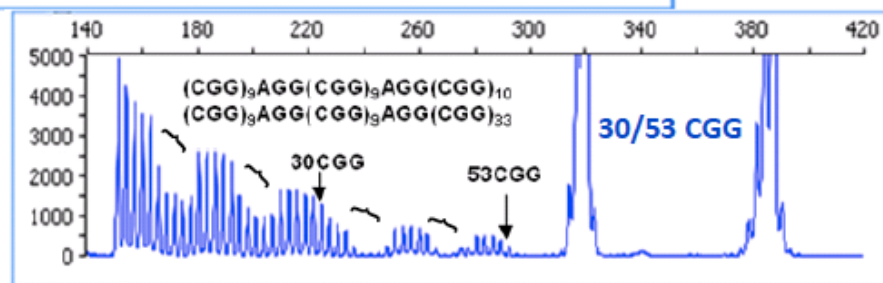
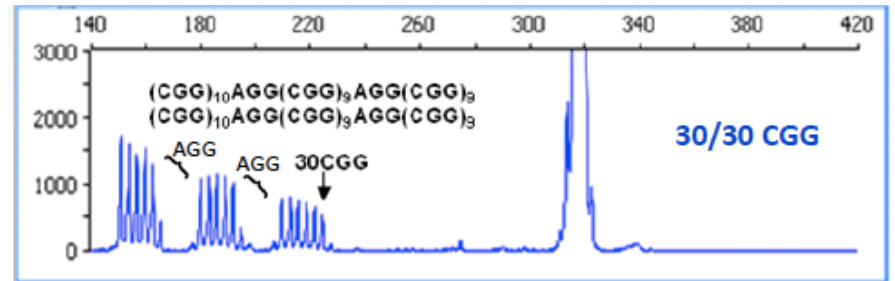
Female Samples							
NA07538	NA07541	NA13664	NA20240	NA06896	NA20239	NA07537	NA05847
29/ 29	29/ 31	28/ 49	30/ 80	23/95- 140	20/ 183- 193	28/ 336	21/ 650



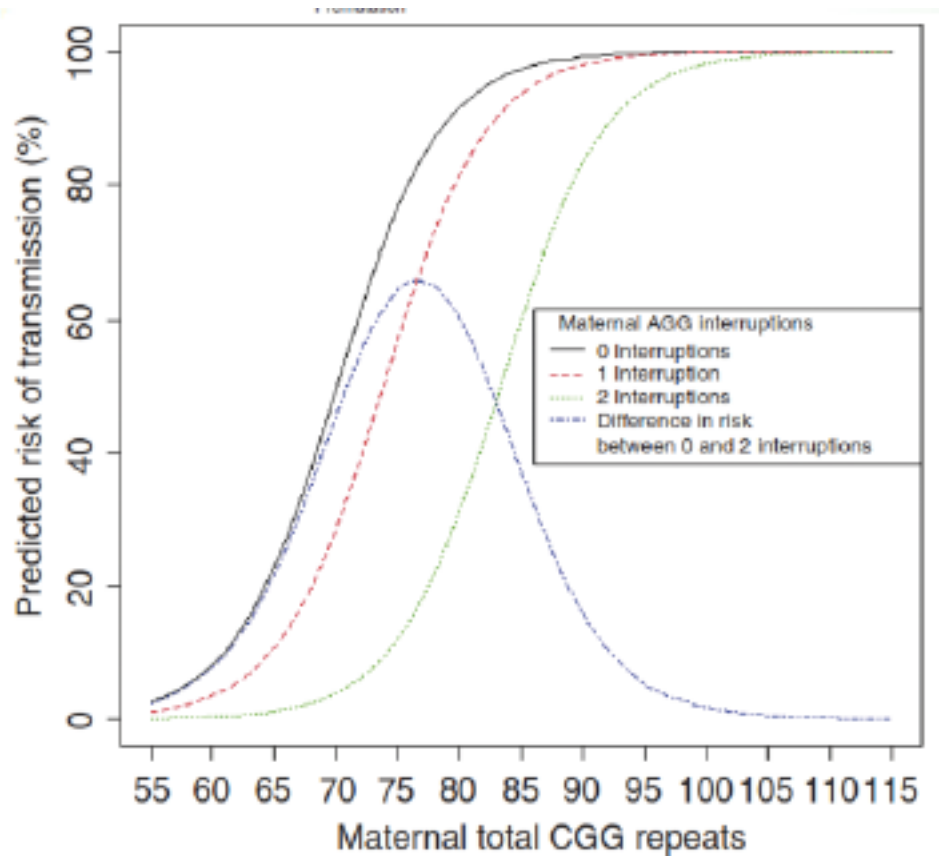
AmplideX[™]FMR1



Detection of AGG interruptions



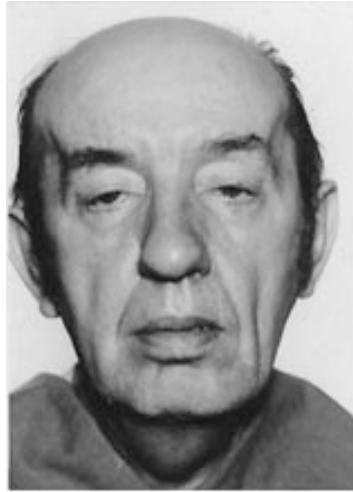
CGG interruptions within the maternal FMR1 gene reduce the risk of offspring with fragile X syndrome



Risk of expansion to full mutation for 75 CGG repeats:

- 0 AGG = 77%
- 2 AGG = 12%

Anticipation phenotype in three-generation families with **dystrophic myotonia (DM1)**



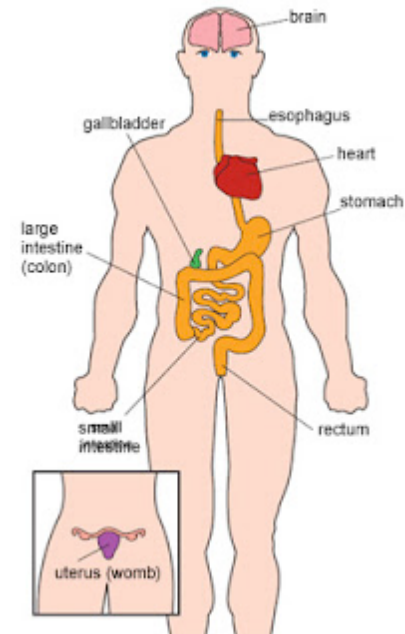
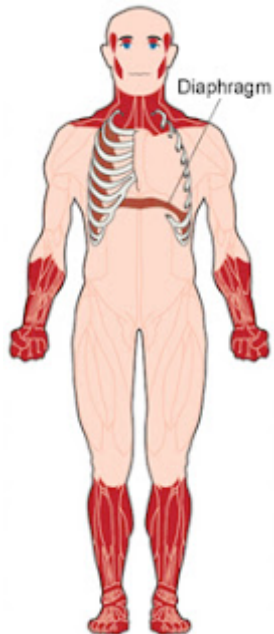
A Myotonia since age 50



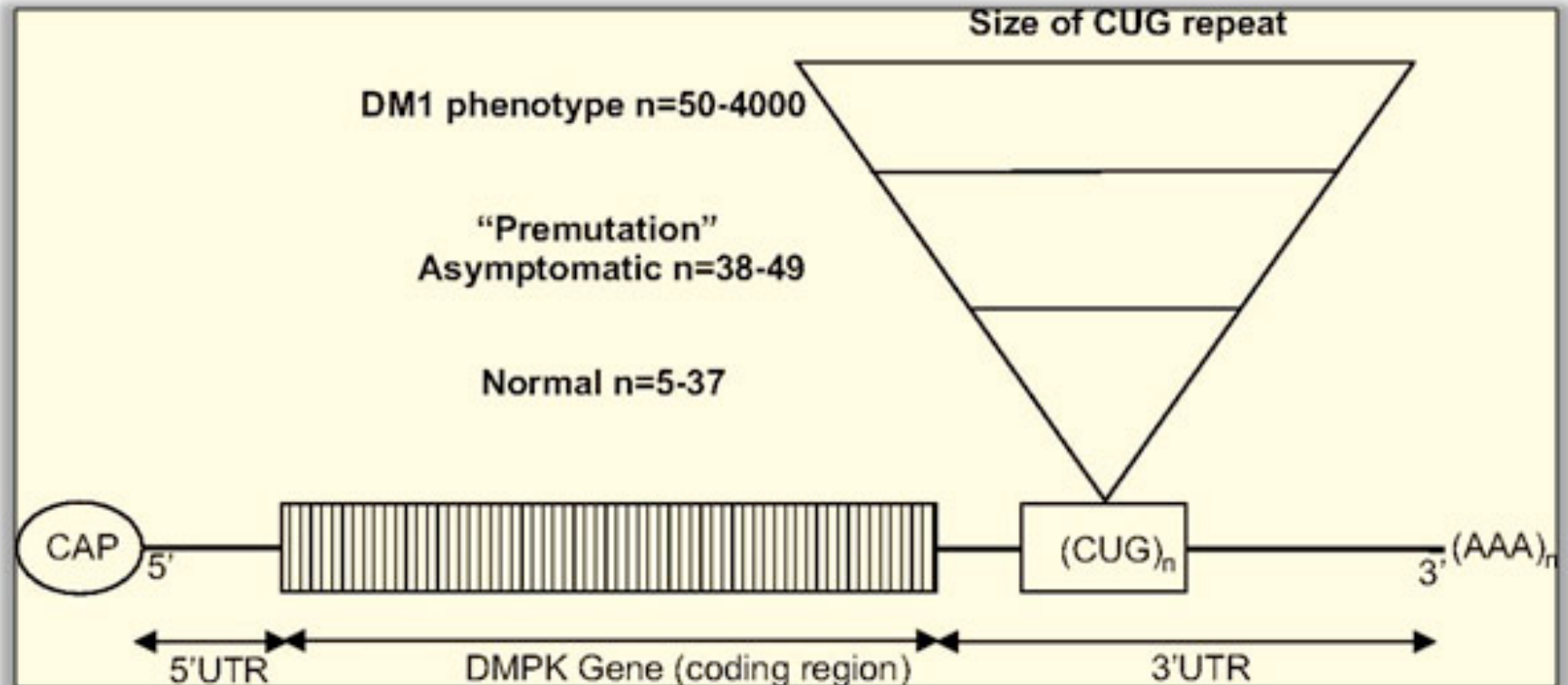
B Myotonia since late teens



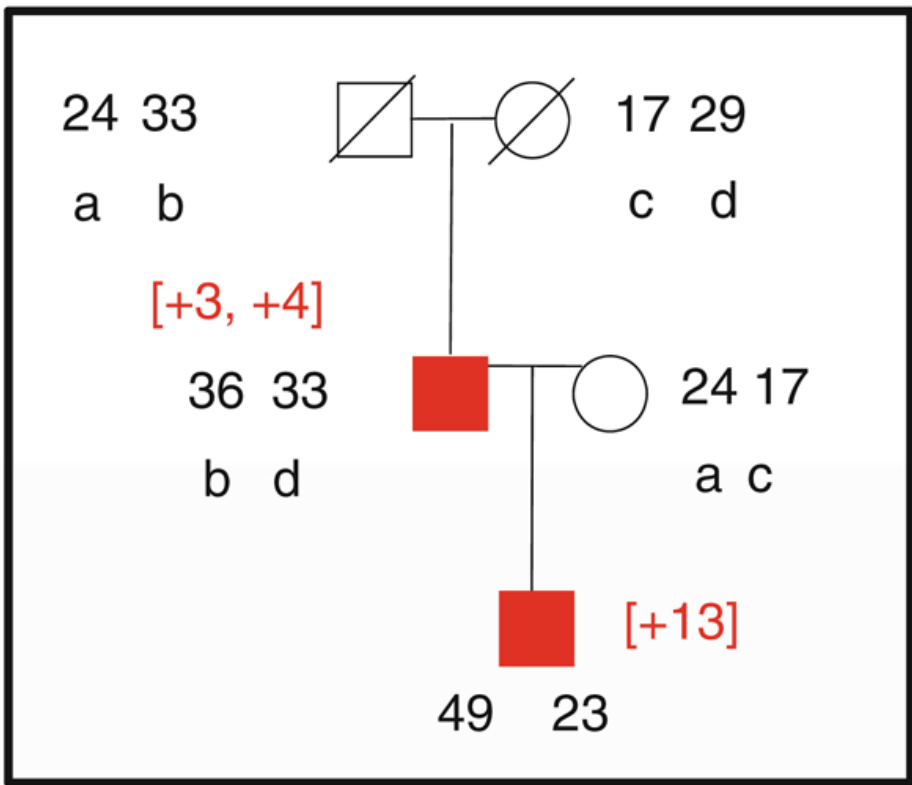
C Congenital myotonic dystrophy



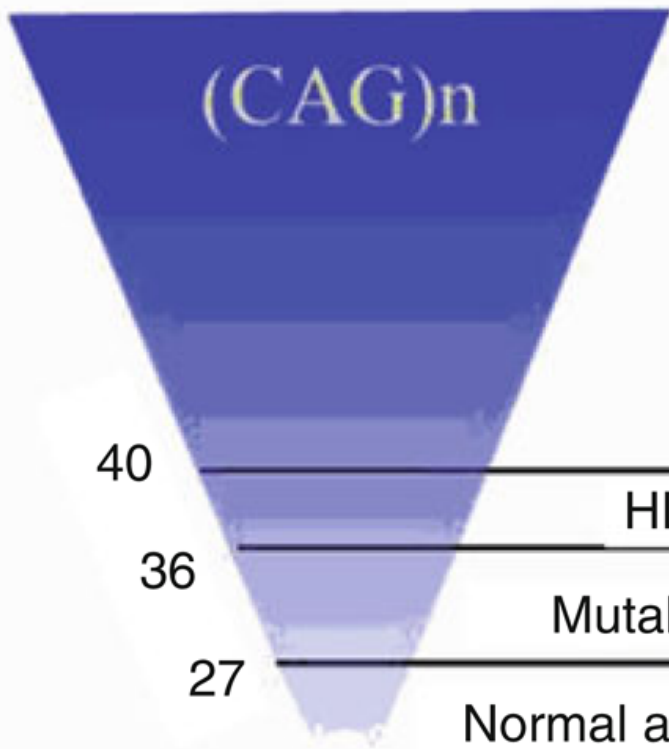
Dystrophic myotonia (DM1): DMPK gene



Neurodegenerative disorder producing motor, cognitive and psychiatric symptoms (PolyQ).



Huntington's Disease



HD Allele (>40)

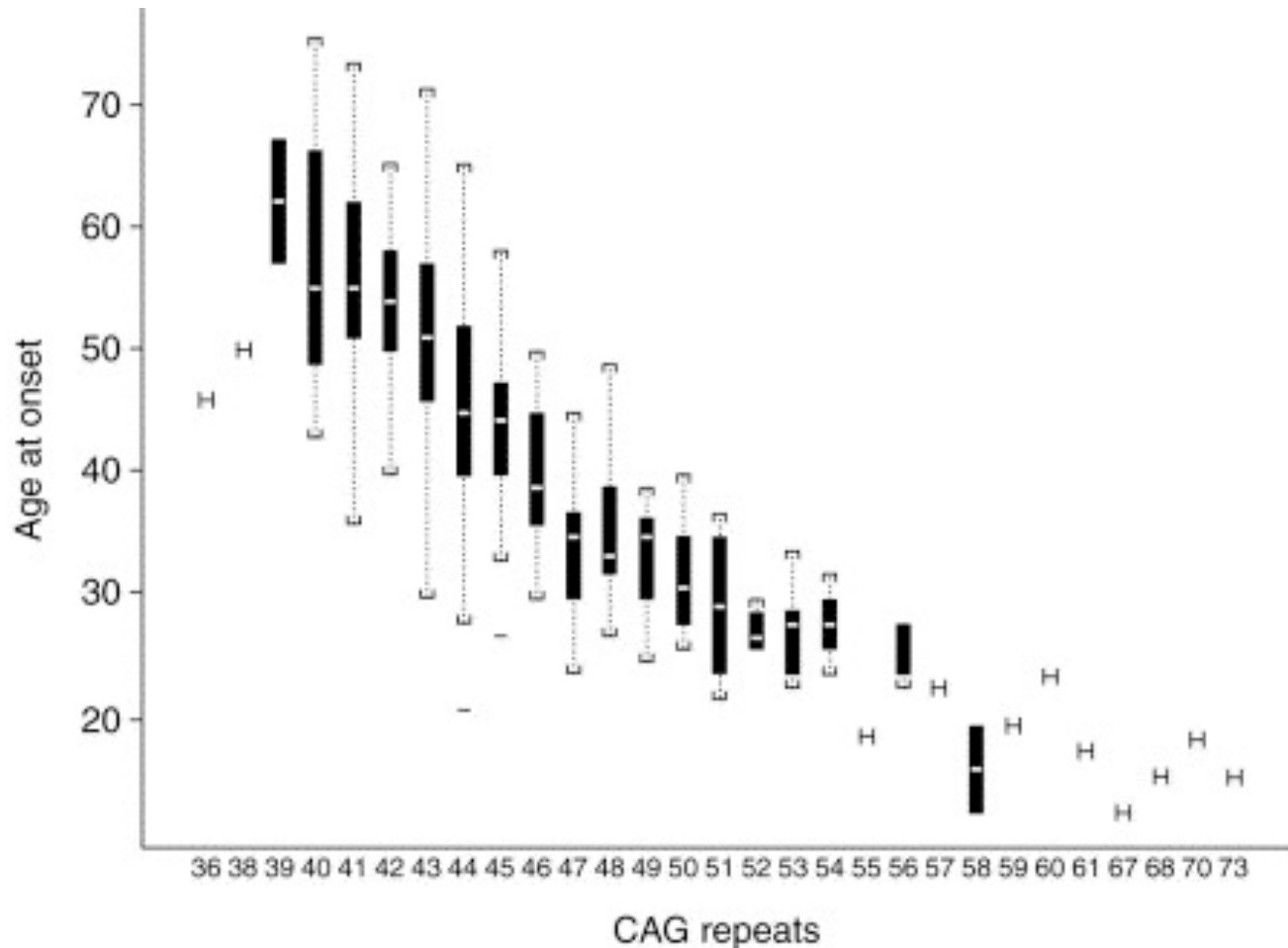
HD Allele with reduced penetrance (36-39)

Mutable normal allele (27-35)

Normal allele (<26)



Relationship between CAG repeat number and age of onset of disease



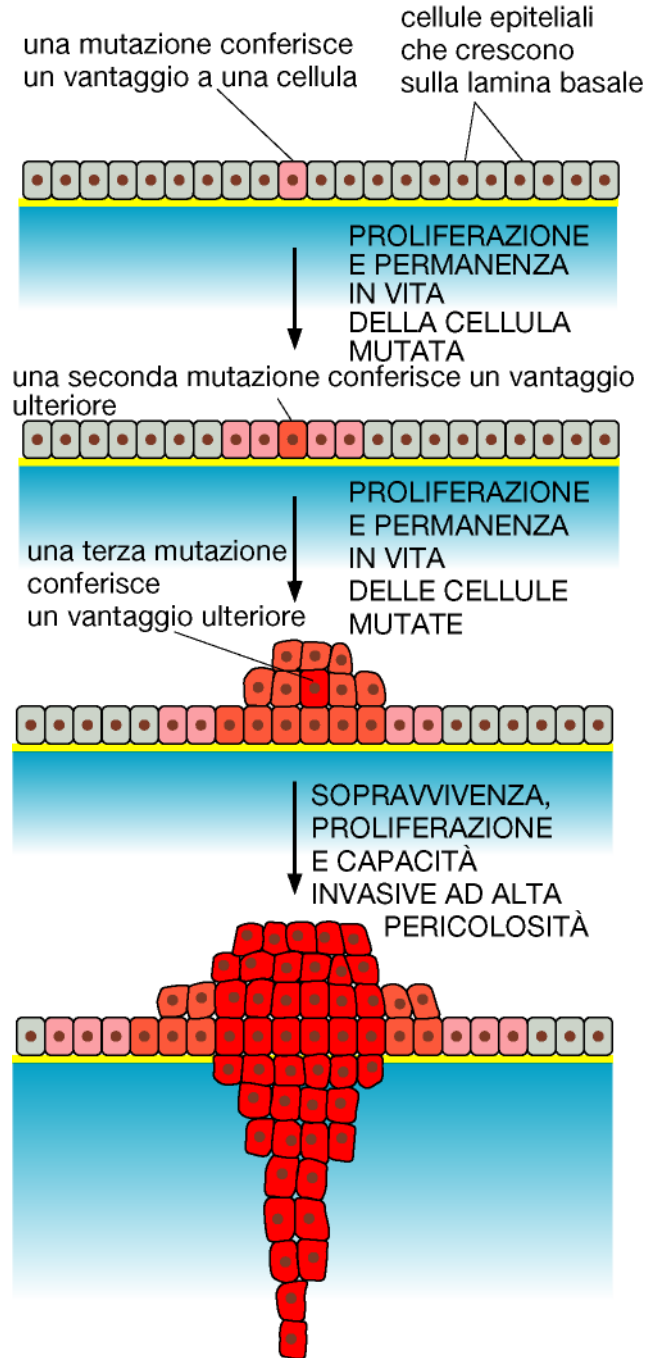
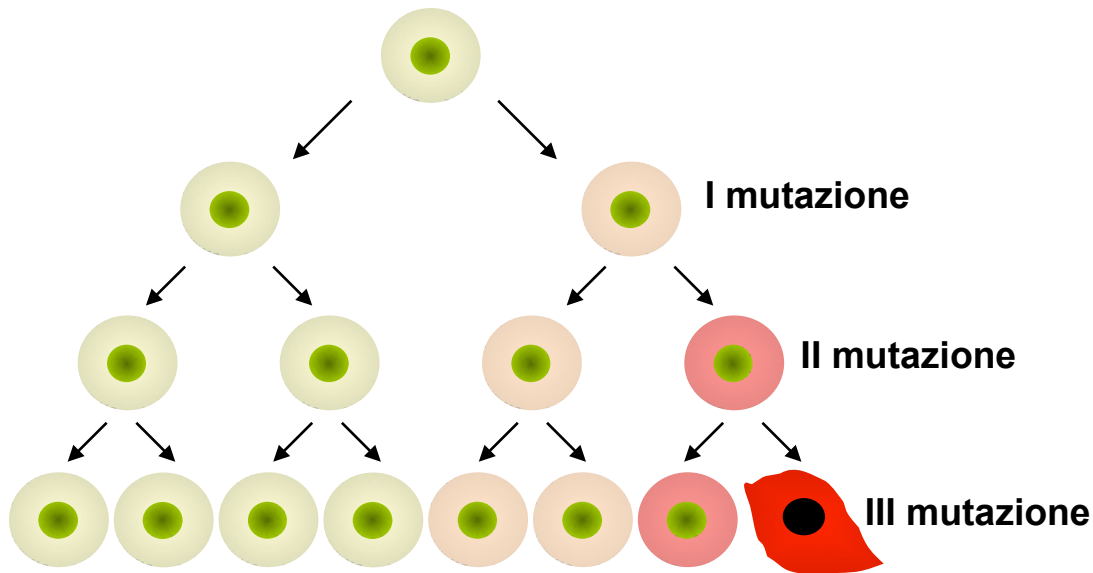
CANCRO: Malattia genetica

- **Geni con diverse funzioni**
 - Controllo del ciclo cellulare
 - Inibizione da contatto
 - Controllo dell'apoptosi
 - Riparazione del DNA
- **Mutazioni con diversi effetti**
 - Acquisizione di funzione (“gain of function”)
 - Perdita di funzione (“loss of function”)
 - Effetto dominante negativo
 - Anomalie cromosomiche
 - Amplificazione genica

EVOLUZIONE CLONALE:

Accumulo di **mutazioni multiple sequenziali**

di una singola cellula e della sua progenie



How cancer varies over space and time: strategies

Tumor sampling for sequencing

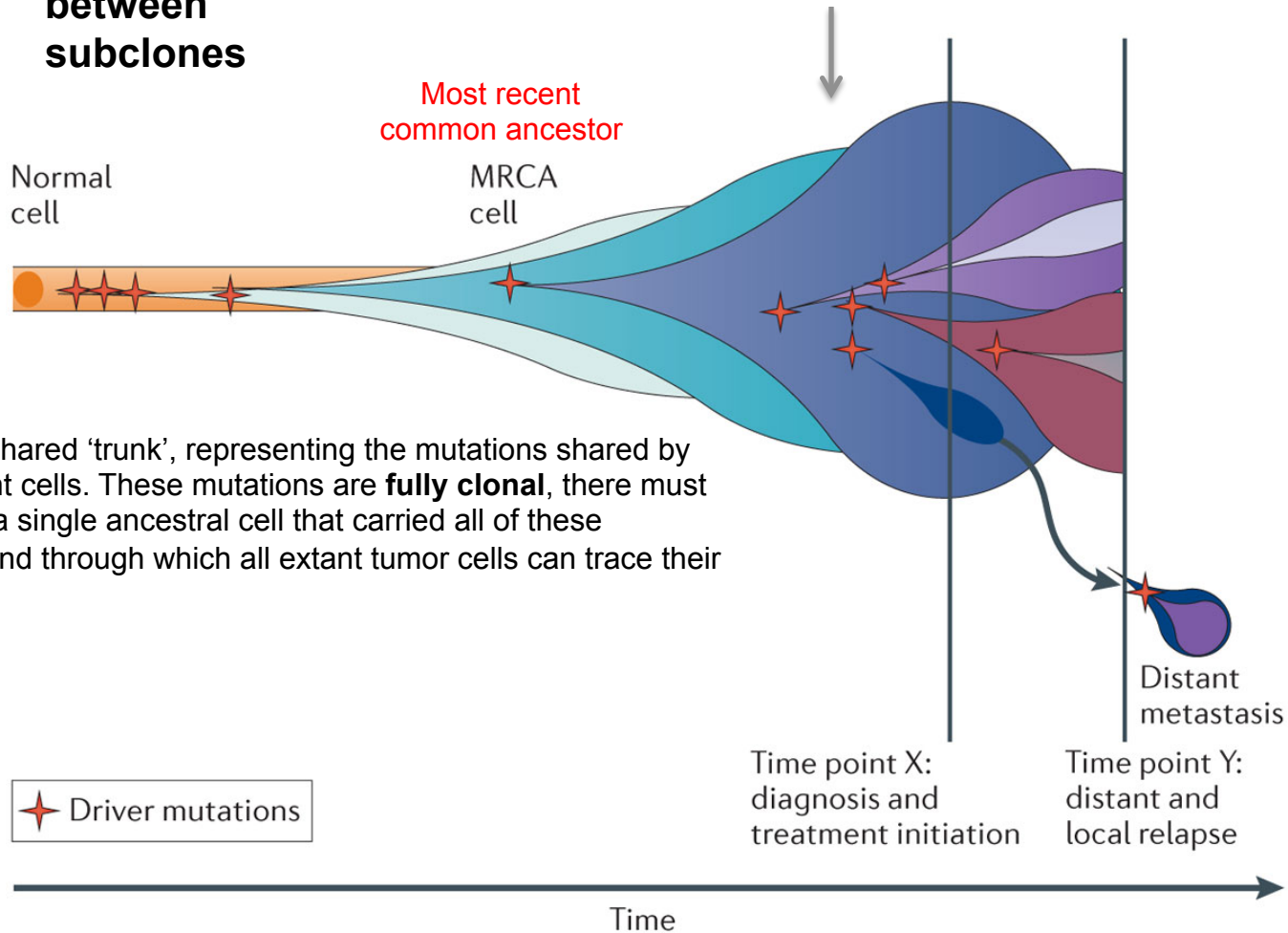
- Single-cell
- Biopsy specimen (mixed population of cells)

Geographical sampling: multiple samples from an individual cancer obtained at a single point of time

Longitudinal sampling: comparison of samples at different different time points, such as diagnosis, relapse, metastasis

Competition between subclones

Incomplete clonal expansion:
mutations occurring after MRCA are subclonal.



There is a shared 'trunk', representing the mutations shared by all malignant cells. These mutations are **fully clonal**, there must have been a single ancestral cell that carried all of these mutations and through which all extant tumor cells can trace their lineage.

Geni di suscettibilità al Cancro

- 1. Oncogeni (proto-oncogeni)**
- 2. Geni oncosoppressori**
- 3. Geni di risposta al danno al DNA**

ONCOGENI

Stimolano la divisione cellulare

ATTIVAZIONE di oncogeni: “gain of function”
(eccessivamente o non propriamente attivi)

Effetto DOMINANTE: Mutazioni attivanti

Tumori ereditari (molto rari)

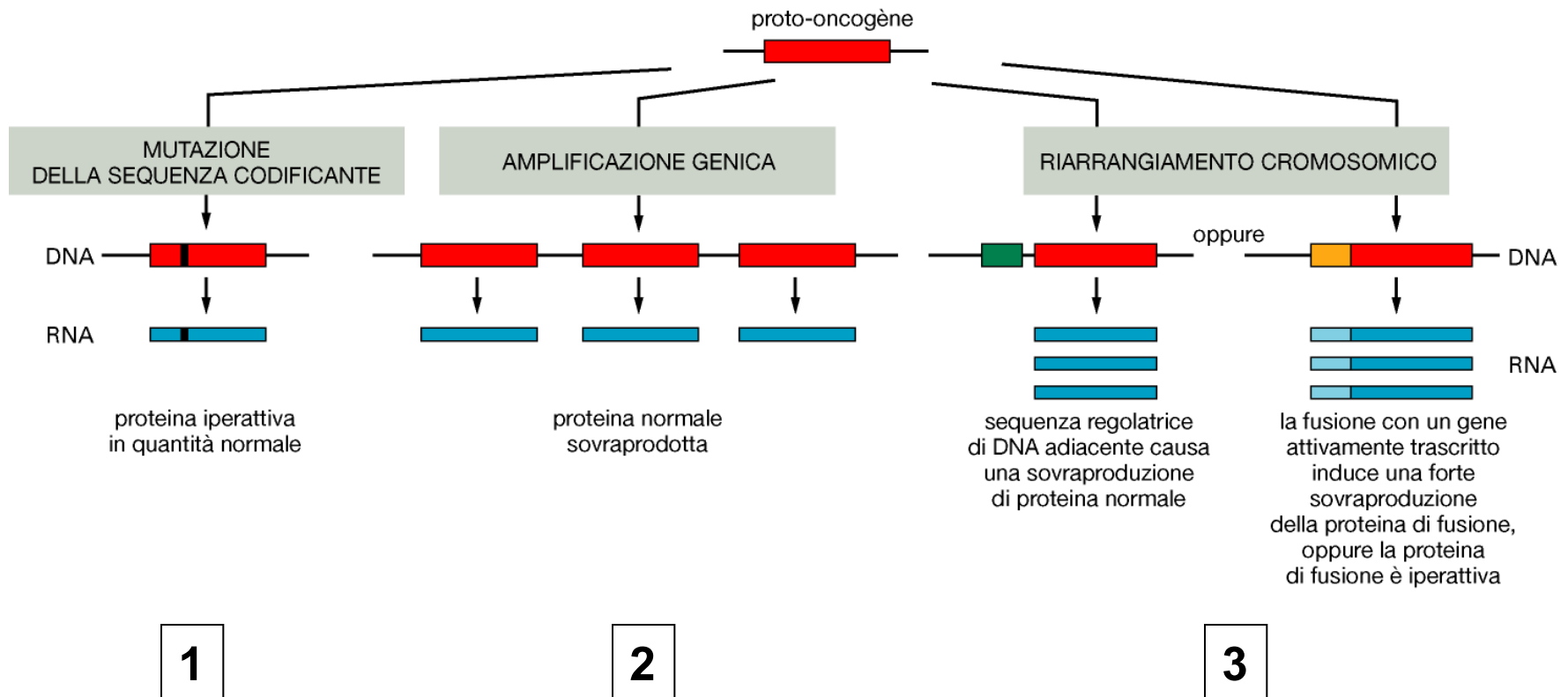
Tumori sporadici (più frequente)

Activation of oncogenes in hereditary syndromes

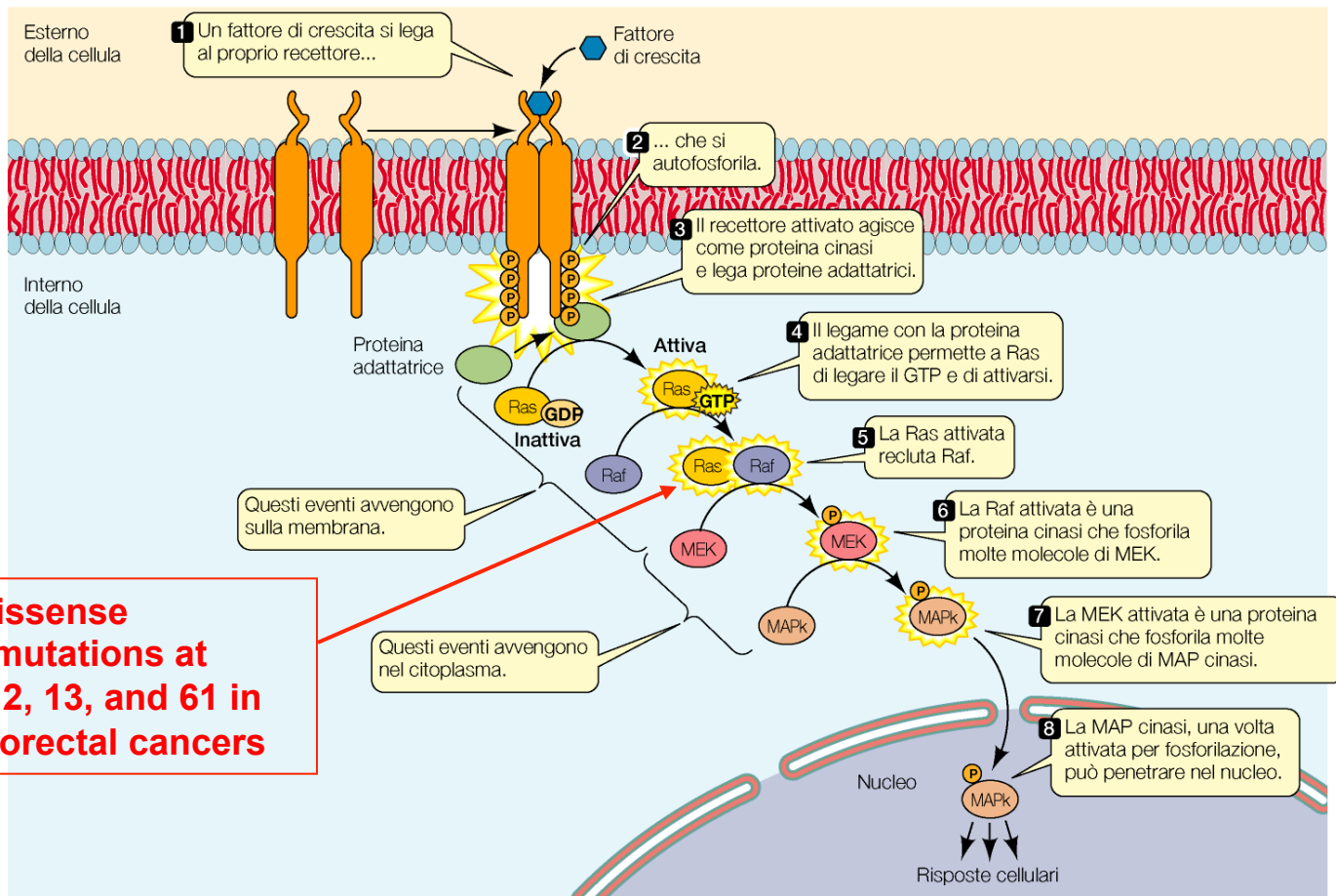
Syndrome	Hereditary papillary renal carcinoma (HPCR)
Inheritance	Autosomal dominant
Primary tumor	Renal-cell cancer
Associated cancers and other traits	No
Gene	MET (Activacted oncogene)
Chromosomal localization	7q31
Proposed function of gene product	Transmenbrane tyrosine kinase receptor for hepatocyte growth factor
Clonality	Trisomy (duplication of chromosome 7 bearing the activacted MET gene)

Meccanismi di attivazione di proto-oncogeni

Difetti qualitativi o quantitativi



1) Mutazione nella sequenza codificante attivazione costitutiva di Ras mediante mutazioni missense



Somatic missense activating mutations at positions 12, 13, and 61 in 30-40% colorectal cancers

2) Amplificazione genica

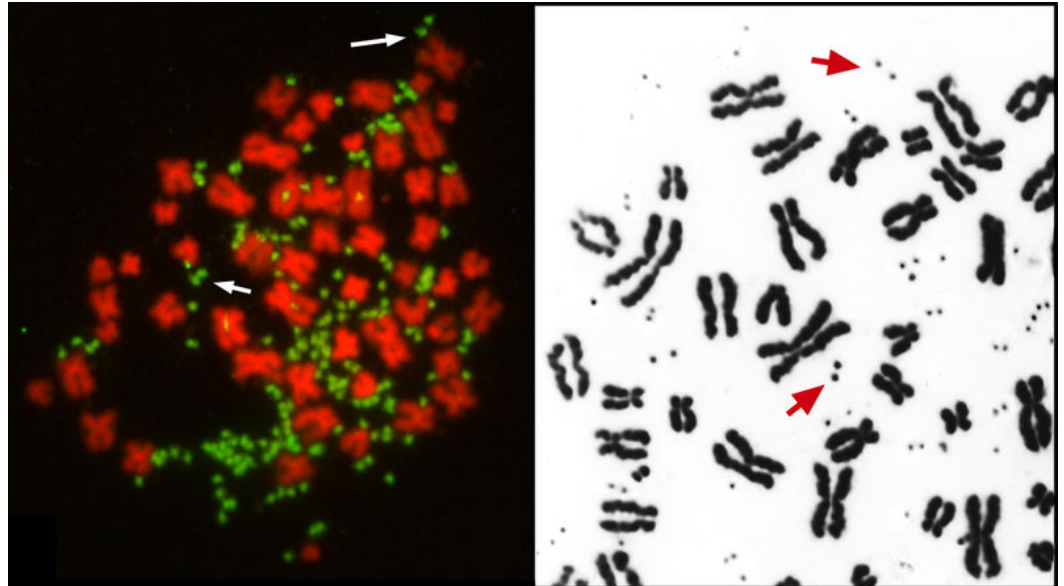
Amplificazione di un frammento di DNA centinaia di volte che, molto probabilmente, contiene geni che favoriscono la progressione del tumore. Si osserva in numerosi tumori.

- **Homogeneously Staining Regions (HSRs)**

Segmento di DNA amplificato molte volte all'interno di un cromosoma normale

- **Double minutes**

Piccoli corpi di DNA extracromosomico circolare che si replicano nel nucleo prima della divisione cellulare



3) Riarrangiamenti cromosomici: traslocazioni

Neoplasm	Chromosomal translocation	% of cases	Proto-Oncogene affected
Burkitt lymphoma	t(8;14)(q24;q32)	0.80	MYC
	t(8;22)(q24;q11)	0.15	
	t(2;8)(q11;q24)	0.05	
Chronic myelogenous leukemia	t(9;22)(q34;q11)	0.90-0.95	ABL-BCR
Acute lymphocytic leukemia	t(9;22)(q34;q11)	0.10-0.15	BCR-ABL
Acute Lymphoblastic leukemia	t(1;19)(q23;p13)		PRL homeobox gene
Acute promyelocytic leukemia	t(15;17)(q22;q11)		PML-RARA
Chronic lymphocytic leukemia	t(11;14)(q13;q32)	0.10-0.30	BCL-1
Follicular lymphoma	t(14;18)(q32;q21)		BCL-2

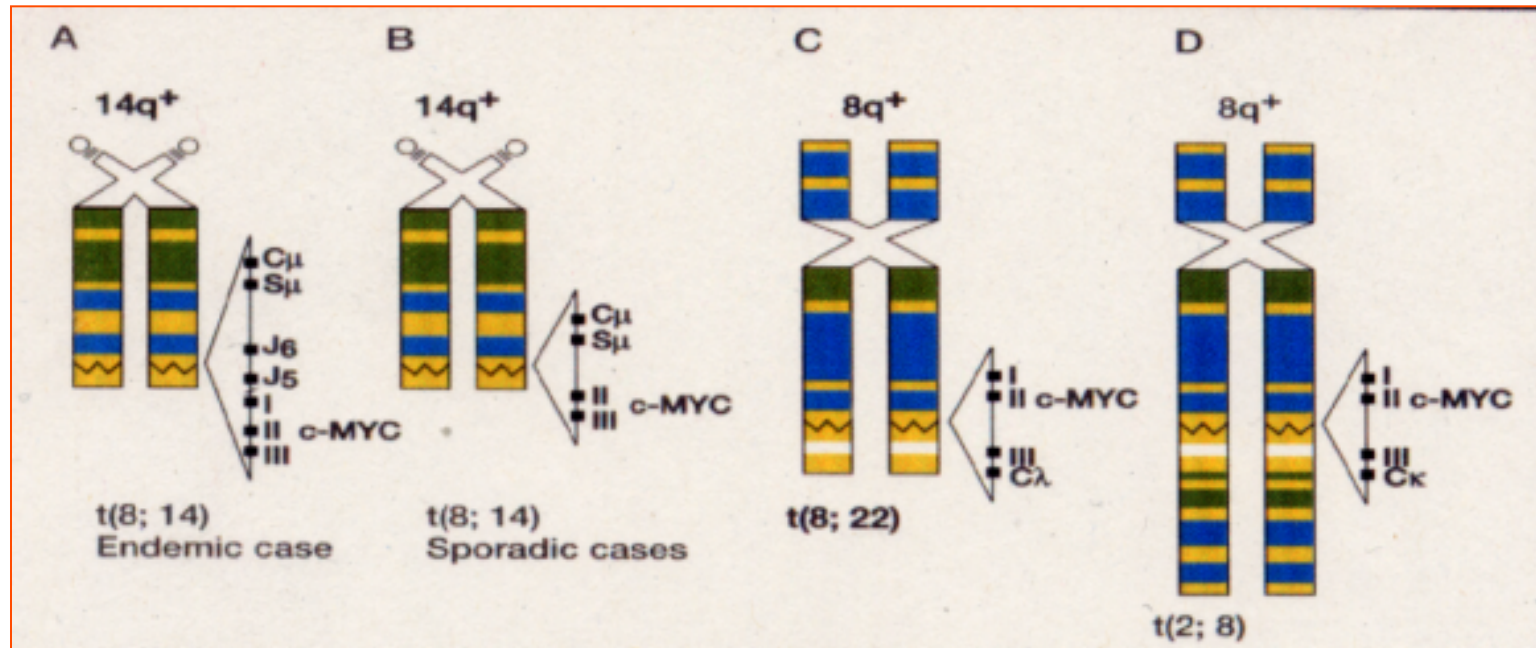
Linfoma di Burkitt

esempio di traslocazione in una regione attiva trascrizionalmente

IGH
14q32

IGL
22q11

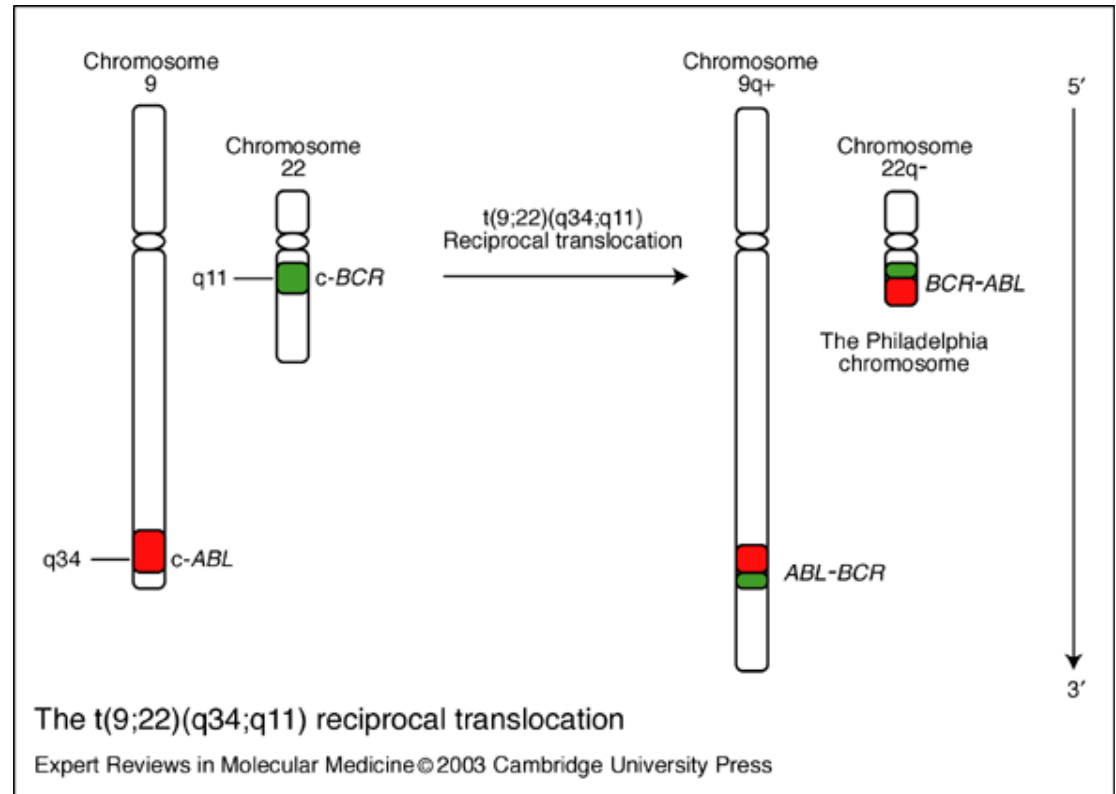
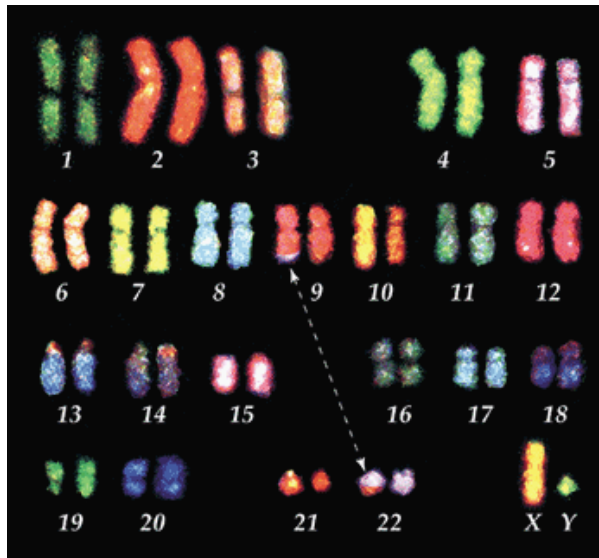
IGK
2p12



MYC traslocato in loci Ig che producono anticorpi e che sono attivamente espressi in cellule B

LEUCEMIA MIELOIDE CRONICA (CML)

Esempio di traslocazione cromosomica che genera un nuovo gene (gain of function)

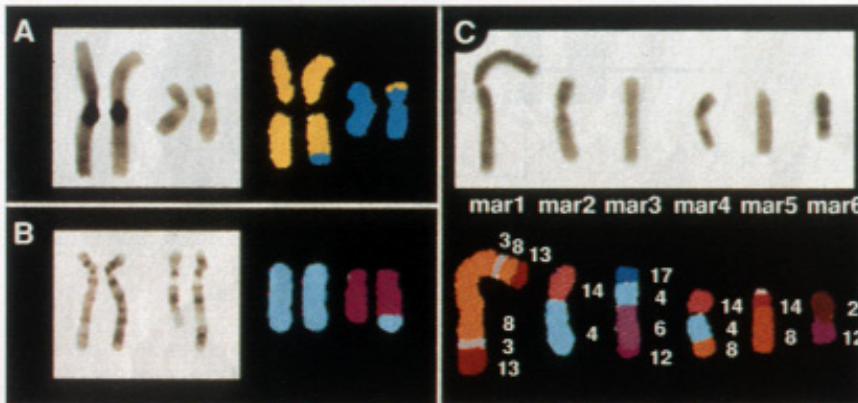


BRC-ABL proteina di fusione con attività chinasi costitutiva

SPECTRAL KARYOTYPING

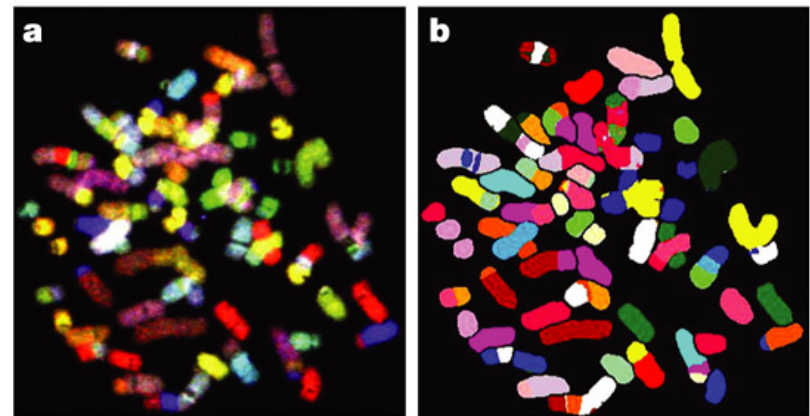


Normal Human Chromosomes



Chromosomes from Human Cancers

Spectral karyotyping:
utilizzo di sonde marcate
con coloranti diversi per
ciascun cromosoma



Riarrangamenti cromosomici cancro-specifici

Cancer genome anatomy project (CGAP)
>40000 alterazioni cromosomiche

Mitelman Database of Chromosome Aberrations in Cancer

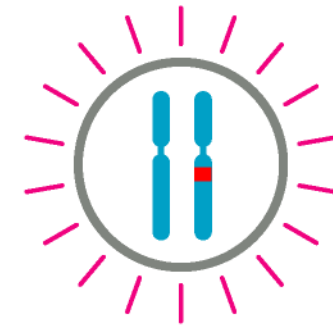
<http://cgap.nci.nih.gov/Chromosomes/Mitelman>

ONCOGENI

(A) mutazione ad acquisto di funzione con iperattivazione



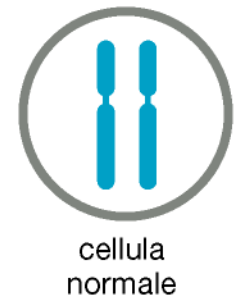
un unico evento di mutazione
nel proto-oncogene
lo trasforma in oncogene



sopravvivenza
e proliferazione
eccessive

la mutazione attivatoria conferisce
all'**oncogene** la facoltà
di sopravvivere e proliferare

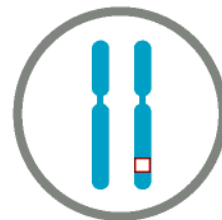
(B) mutazione a perdita di funzione con disattivazione



un evento mutageno



disattiva una copia
del gene
oncosoppressore

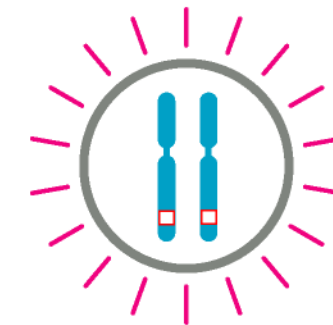


nessun effetto
della mutazione
a carico di una sola copia

un secondo evento
mutageno



disattiva la seconda
copia del gene
oncosoppressore



sopravvivenza
e proliferazione
eccessive

due mutazioni disattivanti azzerano
la funzione svolta dal gene
oncosoppressore, e riducono il controllo
sulla sopravvivenza e proliferazione cellulare

GENI ONCOSOPPRESSORI

Geni oncosoppressori

Controllano la proliferazione cellulare

INATTIVAZIONE di geni oncosoppressori: perdita di funzione

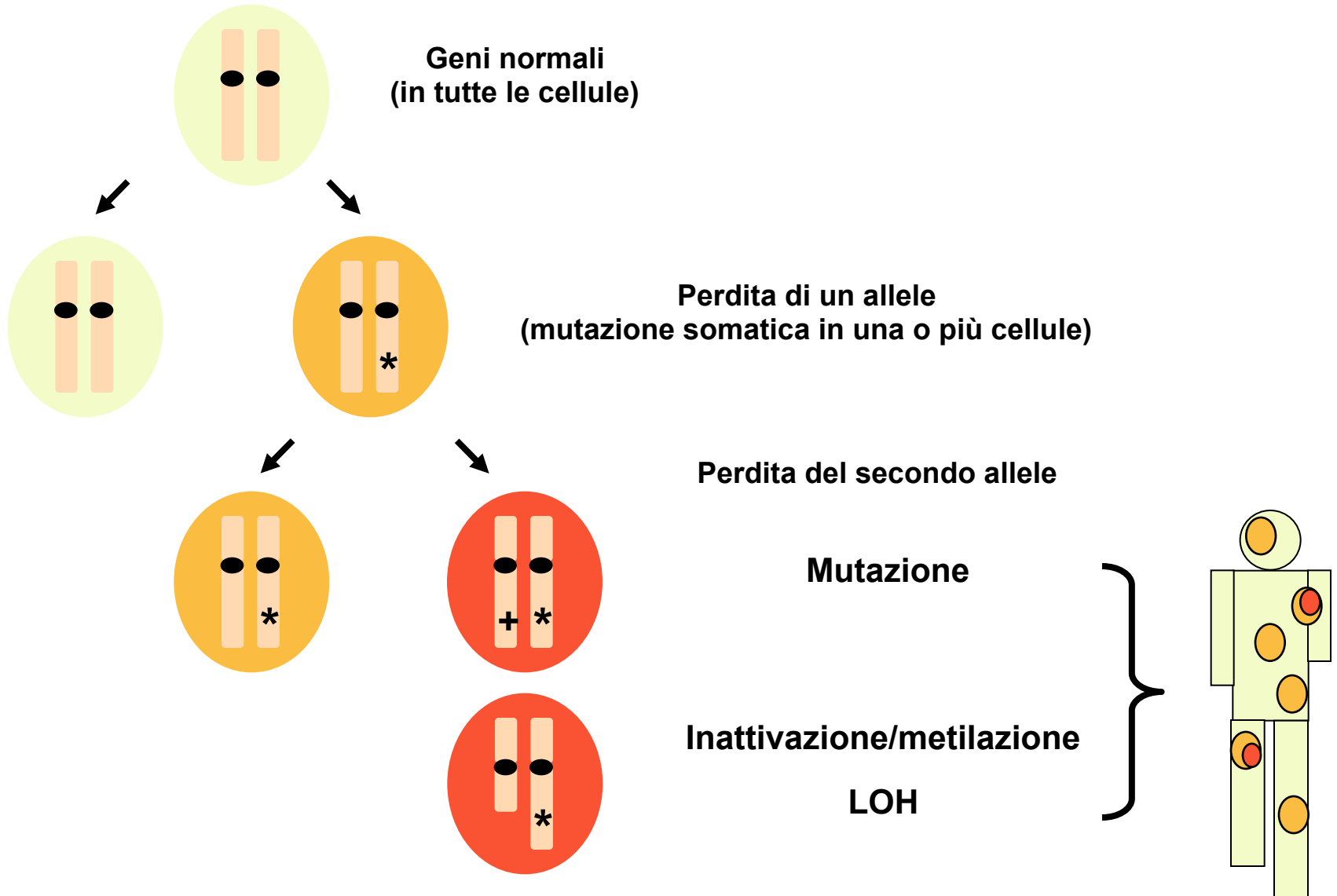
Effetto RECESSIVO: entrambi gli alleli sono inattivati

IPOTESI “TWO-HITS”
Tumori ereditari e sporadici

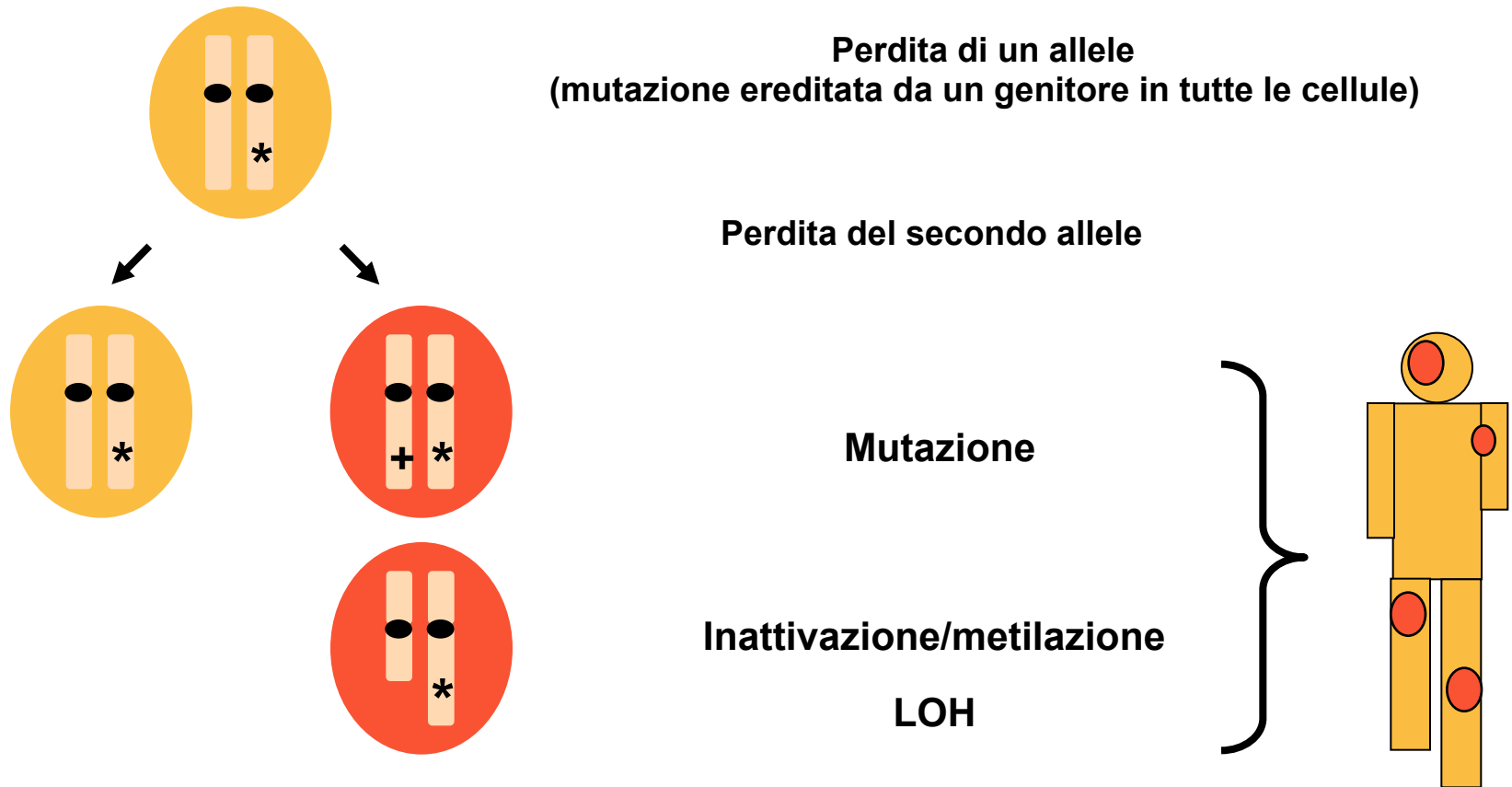
Tumori sporadici
2 mutazioni somatiche

Tumori ereditari
1 mutazione germinale + 1 mutazione somatica

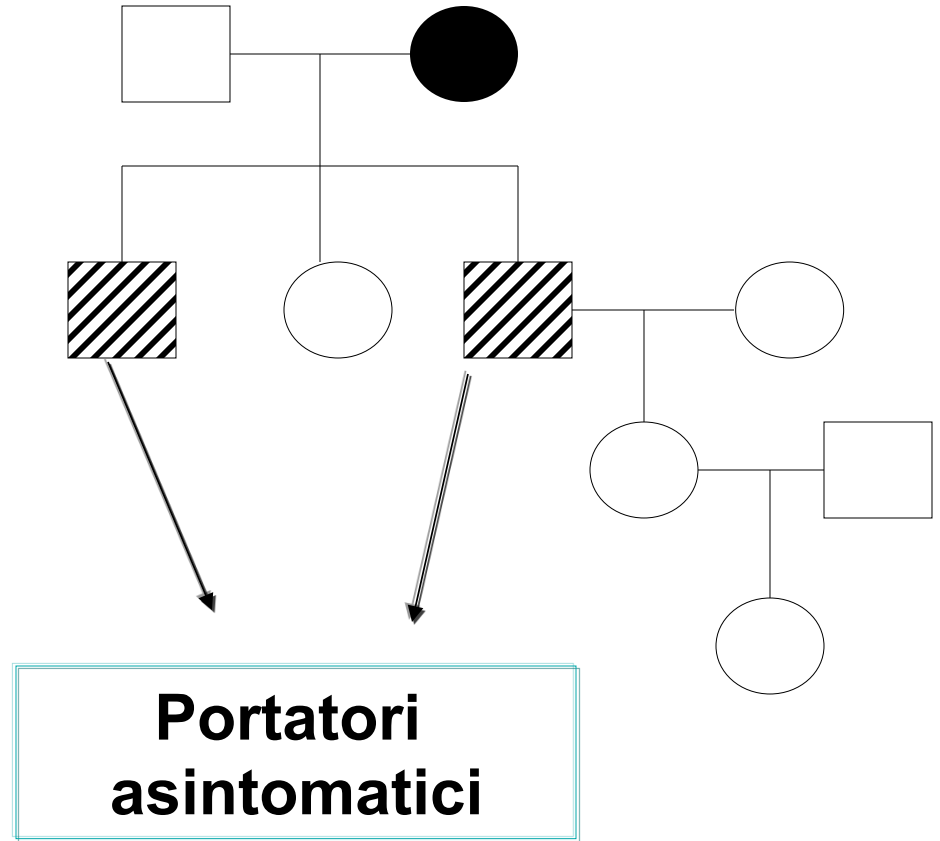
TUMORE SPORADICO: 2 Mutazioni somatiche



TUMORE EREDITARIO: Mutazione germinale + mutazione somatica



Ciò che viene ereditato è la PREDISPOSIZIONE



Tumori ereditari (5%): potenziali indicatori

- **Casi multipli nella famiglia in più generazioni (parenti di primo grado)**
- **Specifici tipi di tumore nello stesso individuo o in membri diversi della famiglia**
- **Riconoscimento di una sindrome con predisposizione a tumori**
- **Esordio ad un'età più giovane rispetto ai tumori sporadici**
- **Diagnosi di tumore con nota componente ereditaria (retinoblastoma, tumore midollare della tiroide, feocromocitoma)**
- **Mutazione identificata in gene-tumore in un membro della famiglia**

Consulenza genetica

Identificare famiglie e individui a rischio
Test molecolari di screening di mutazioni
Prevenire tumore e fornire terapie adeguate
Diagnosi prenatale

Geni Oncosoppressori implicati in Tumori Ereditari

Gene	Malattia
APC	FAP (Familial Adenomatous Polyposis)
VHL	Sindrome di Von Hippel-Lindau
WT1	Tumore di Wilms Ereditario
RB1	Retinoblastoma Ereditario
NF1	Neurofibromatosi 1
NF2	Neurofibromatosi 2
p53	Sindrome di Li Fraumeni
P16/CDK4	Melanoma Ereditario
PTCH	Nevoid Basal Cell carcinoma syndrome
MEN1	MEN (Multiple Endocrine Neoplasia) tipo 1
BRCA1 BRCA2	Carcinoma Ereditario Mammella/Ovaio

RETINOBLASTOMA (MIM 180200)



Raro tumore embrionario della retina

Autosomico dominante

1/15-18.000 nati

3% dei tumori in età pediatrica

Insorgenza: nei primi 3 anni, difficilmente dopo i 7 anni

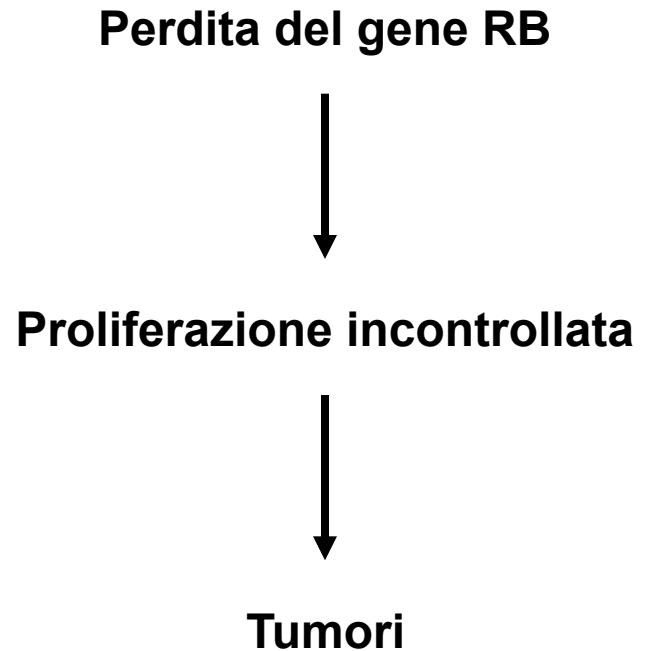
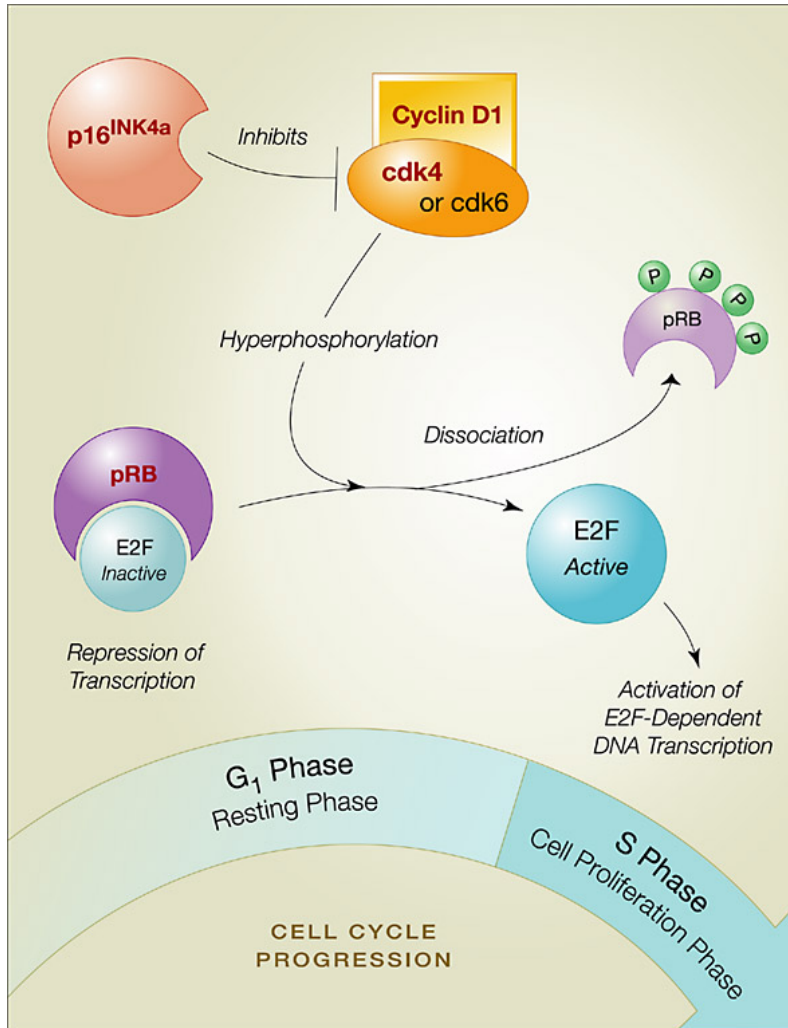
Sporadico/Ereditario

Unilaterale/Bilaterale

Unifocale/Multifocale

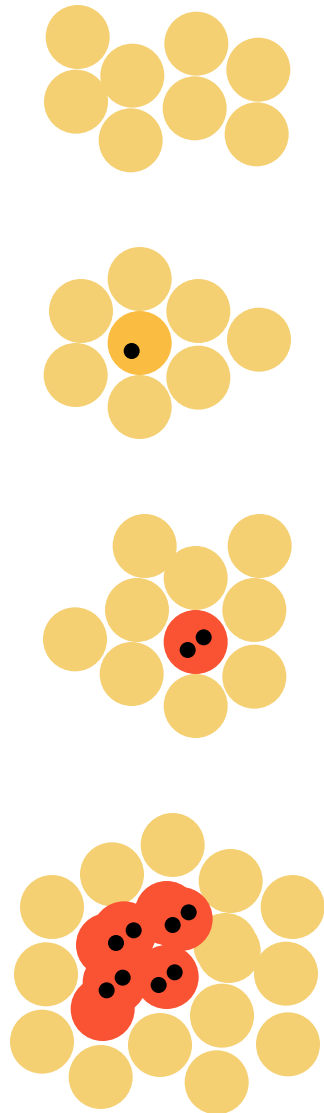
Mutazioni in RB1 (oncosoppressore)

PATHWAY RB1: controllo del ciclo cellulare



RETINOBLASTOMA SPORADICO

R
E
T
I
N
A

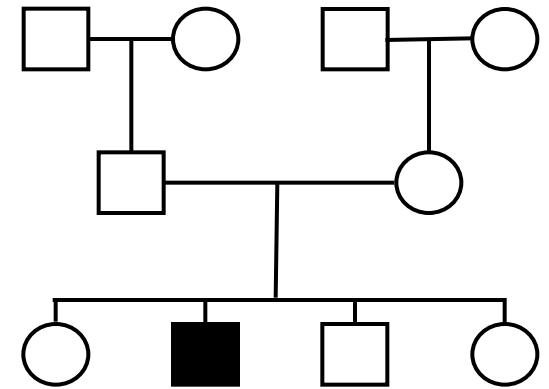


Gene normale

I mutazione somatica

II mutazione somatica

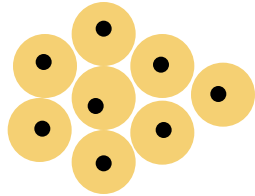
Tumore unilaterale
unifocale
Insorgenza tardiva
(24-30 mesi)



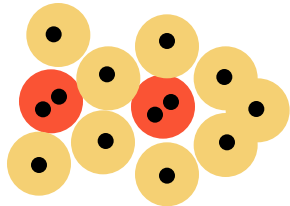
NON rischio 2° tumore
NON rischi da terapia radiante
NON trasmissione ereditaria

RETINOBLASTOMA EREDITARIO

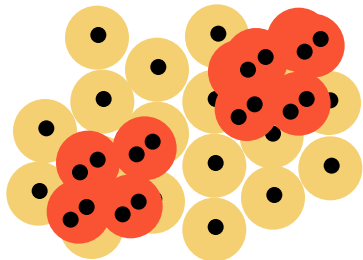
R
E
T
I
N
A



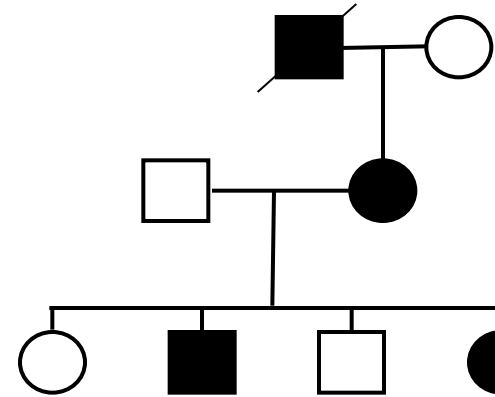
Mutazione germinale
tutte le cellule



Mutazione
somatica



Tumore bilaterale
(Unilaterale > bilaterale)
Multifocale
Insorgenza precoce
(<12 mesi, anche in utero)

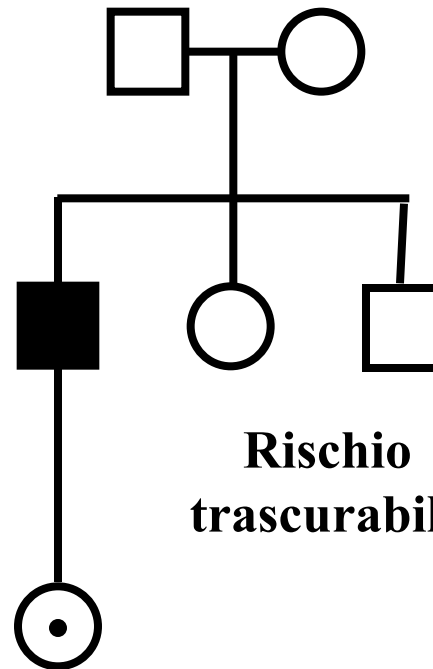
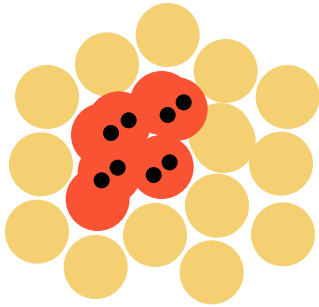


Rischio 2° tumore (RR=400)
(osteosarcoma, fibrosarcoma, melanoma)

Rischi da terapia radiante
Trasmissione ereditaria
Autosomica dominante

RETINOBLASTOMA SPORADICO

60%

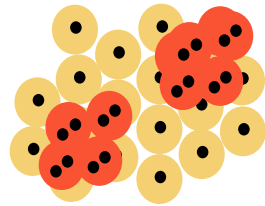


Rischio
trascurabile

1/100

RETINOBLASTOMA EREDITARIO (40%)

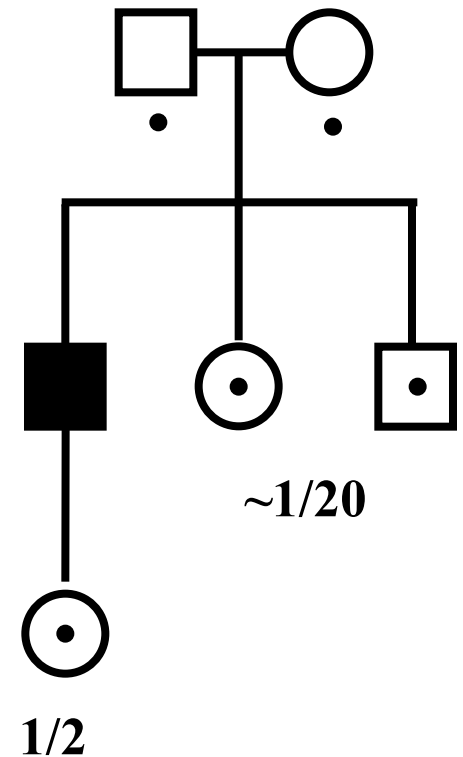
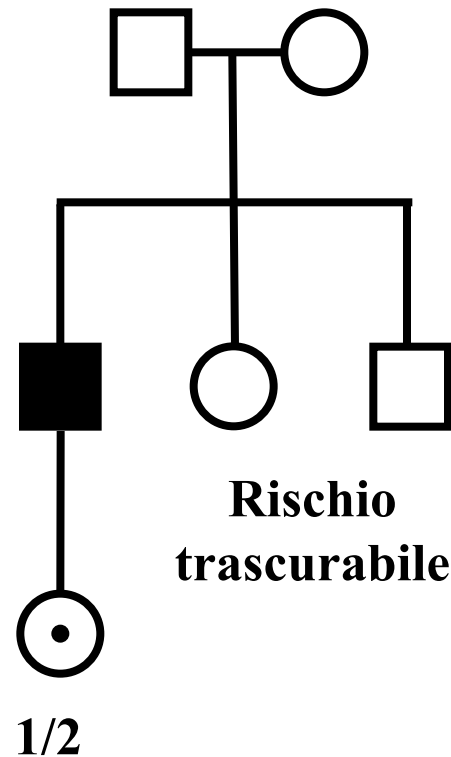
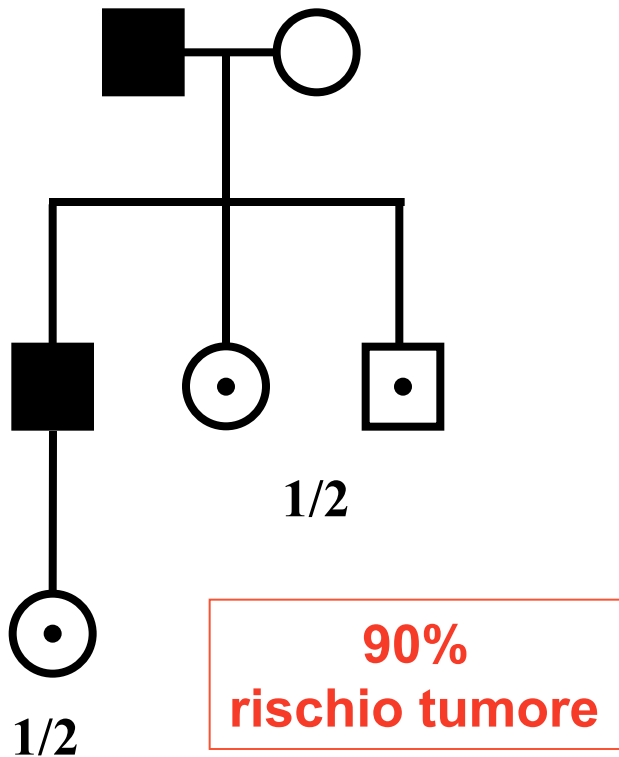
Mutazione germinale
nei genitori (10-15%)



Mutazione germinale
assente nei genitori (85-90%)

“de novo”
(90-95%)

Mosaicismo
germinale
(5-10%)

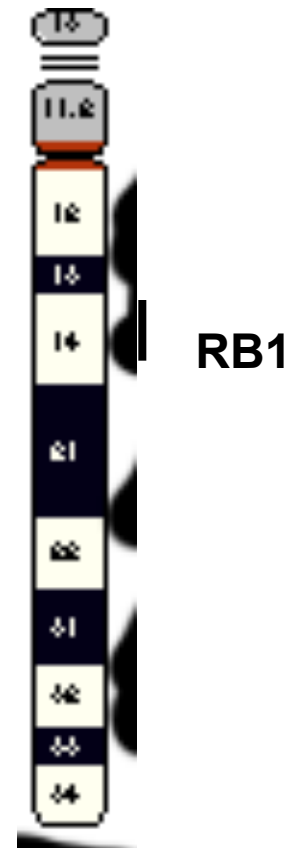


Mutazioni nel gene RB1

Anomalie cromosomiche (15%)
(delezioni, inserzioni, duplicazioni, traslocazioni)

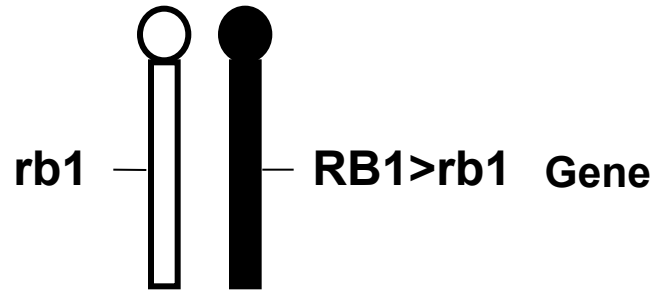
**Piccole delezioni, inserzioni, mutazioni
complesse (15%)**

Sostituzioni nucleotidiche (70%)
(mutazioni missense, nonsense, frameshift,
promotore)

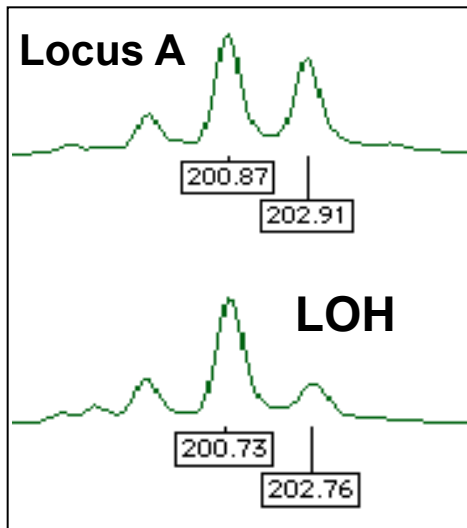


13q14

LOH: loss of heterozygosity

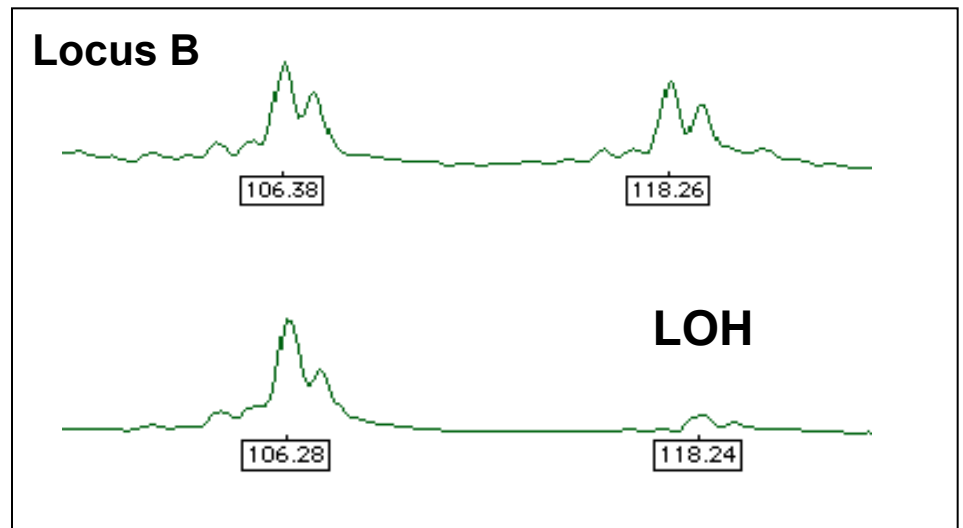


Sangue
periferico

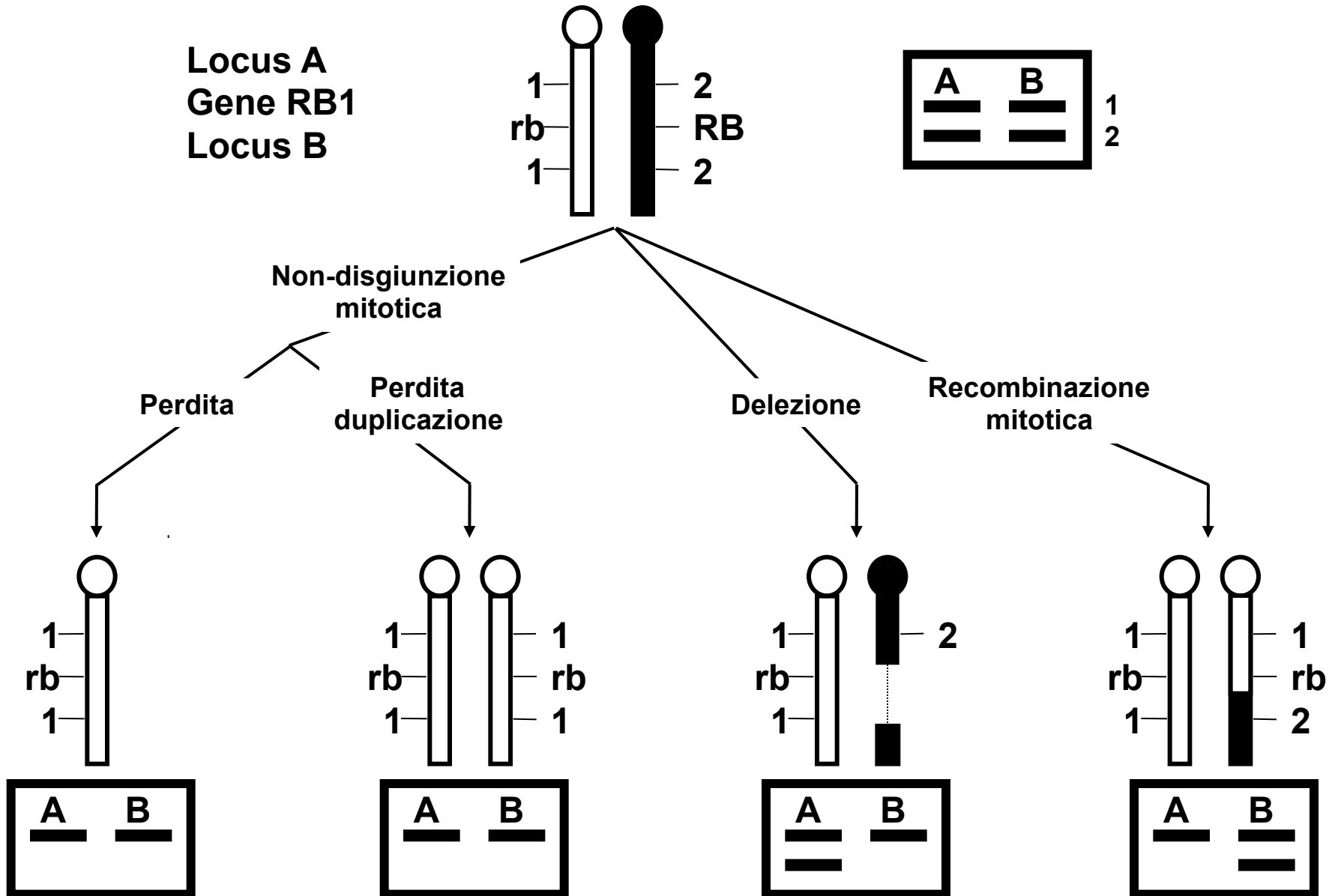


Tessuto
tumorale

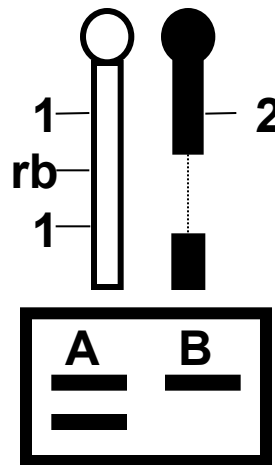
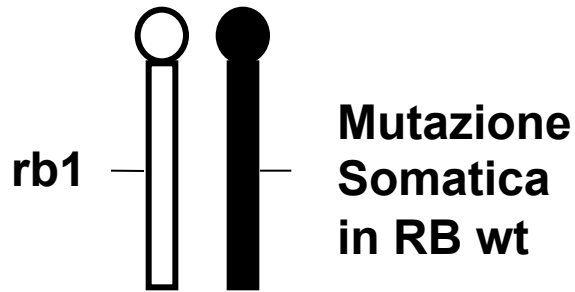
Locus B



Meccanismi implicati nella LOH

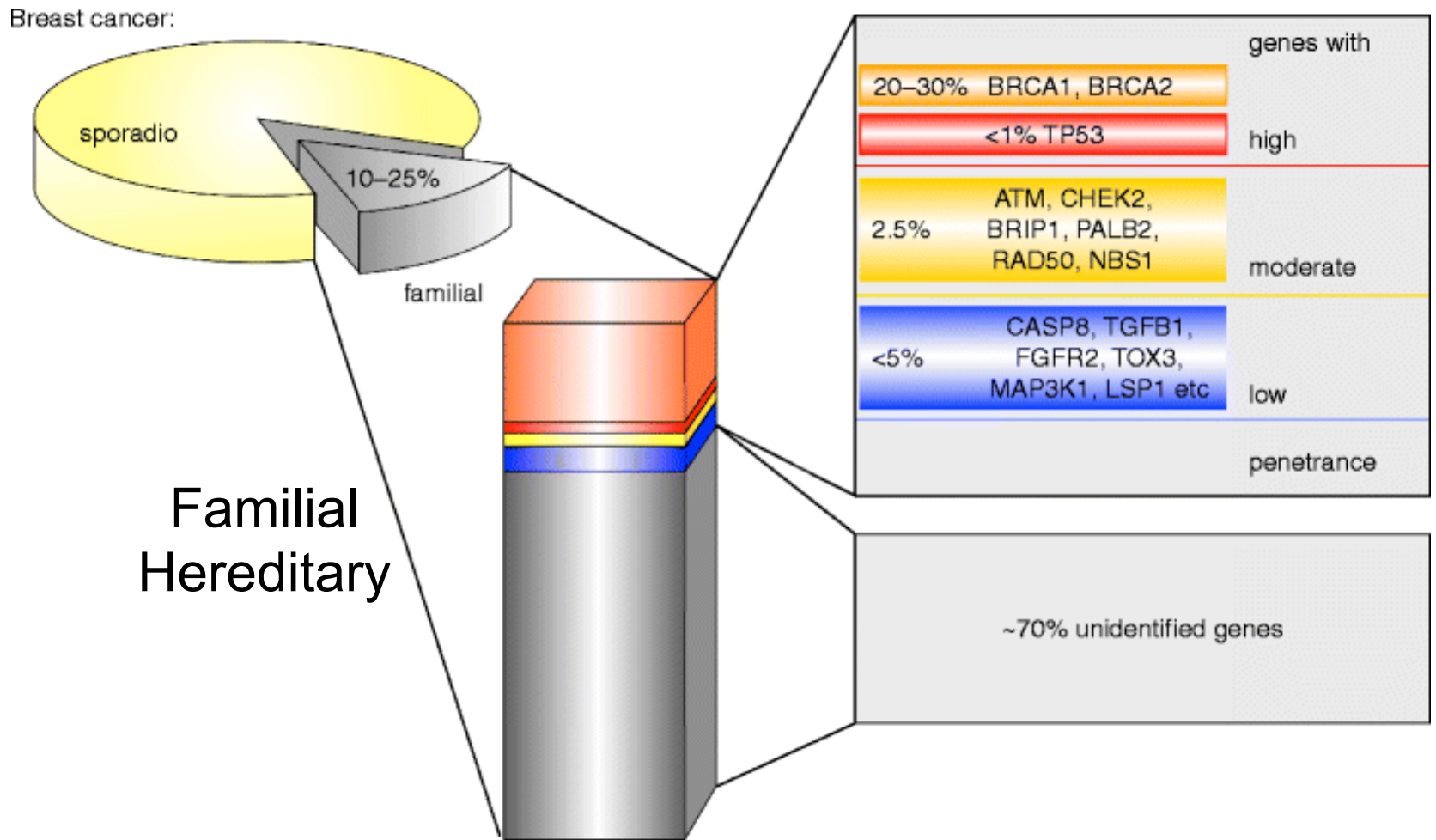


Meccanismi perdita di funzione implicati nel secondo "hit"



Delezione regione o altri meccanismi che comportano LOH e alterazione di RB wt

Breast cancer: susceptibility genes



Risk of Malignancy in Individuals with a Germline BRCA1 or BRCA2-Pathogenic Variant.

Cancer Type	General Population Risk	Risk for Malignancy ¹	
		<i>BRCA1</i>	<i>BRCA2</i>
Breast	12%	46%-87%	38%-84%
Second primary breast	2% within 5 years	21.1% within 10 yrs	10.8% within 10 yrs
		83% by age 70	62% by age 70
Ovarian	1%-2%	39%-63%	16.5%-27%
Male breast	0,10%	1,20%	Up to 8.9%
Prostate	6% through age 69	8.6% by age 65	15% by age 65
			20% lifetime
Pancreatic	0,50%	1%-3%	2%-7%
Melanoma	1,60%		Elevated Risk

Quando si sospetta forma ereditaria: ricerca mutazioni in BRCA1 e BRCA2

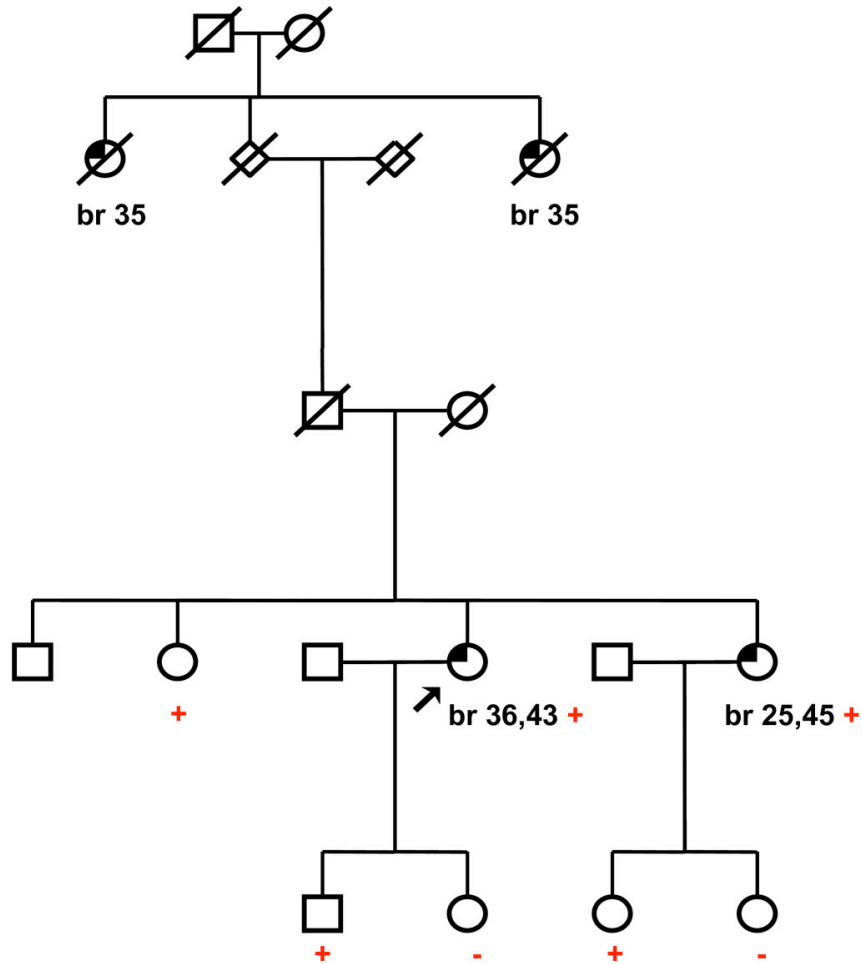
- 2 parenti di I grado affette da CM <50 anni;
- 3 parenti di I o II grado affette da CM indipendentemente dall'età alla diagnosi;
- 1 parente affetta da CM e >1 affetta da CO (relazione di parentela di I o II grado);
- 1 caso di CM bilaterale, indipendentemente da età;
- 2 parenti di I o di II grado affette da CO, indipendentemente da età;
- 1 caso di CM e CO sincroni o metacroni;
- 1 casi di CM maschile;
- 1 caso di CM femminile < 36 anni;
- 1 caso di CM femminile triplo-negativo e/o istotipo midollare < 50 anni.

CM: tumore mammella; CO: tumore ovarico

**Tumore della mammella:
rischio (nelle femmine) di contrarre il tumore**

Popolazione generale	1/12
Sorella con diagnosi a 65-70 anni	1/8
Sorella con diagnosi a 40 anni	1/4
Due consanguinei di I grado ammalati prima dei 40 anni	1/3

Componente genetica



Ricerca mutazioni: probanda

1) Identificazione mutazione (+)

- Possibile estensione a familiari

2) Nessuna alterazione

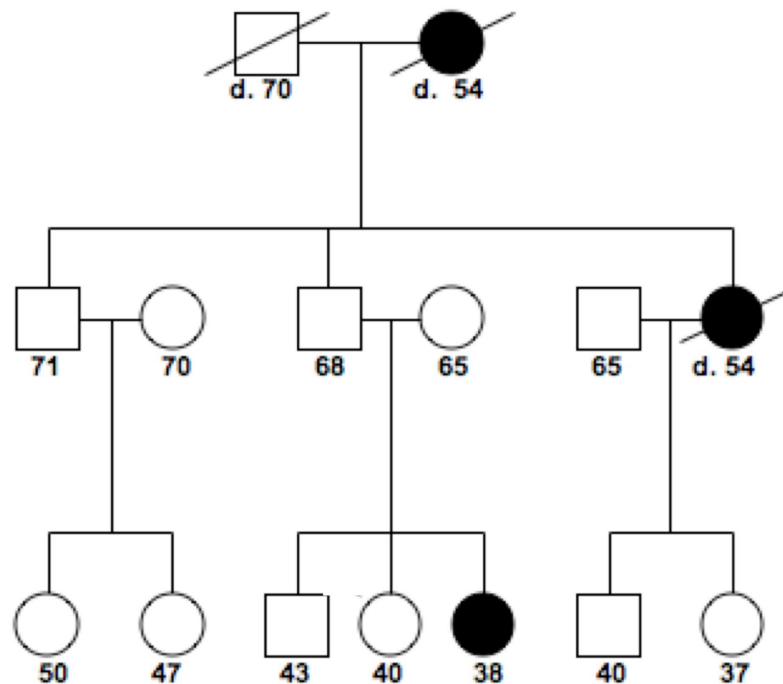
TEST NON INFORMATIVO: non consente di escludere la presenza di mutazioni.

- Mutazione di BRCA1 e BRCA2 in regioni non analizzate;
- Mutazioni in altri geni associati a suscettibilità;
- Aggregazione familiare dovuta al caso o a origine multifattoriale;

3) Identificazione di varianti di significato incerto

Indicate the genotype in the members of the family (breast cancer) only when it is certain

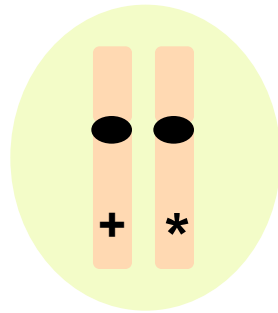
A = wt
a = mutated



Geni di Risposta al danno del DNA

- Riparano i danni al DNA
- Il cancro è causato da mutazioni inattivanti in entrambi gli alleli (considerati un sottogruppo di geni oncosoppressori)
- La perdita della loro funzione determina l'accumulo di mutazioni in altri geni cruciali

TUMORE EREDITARIO: 2 mutazioni germinali



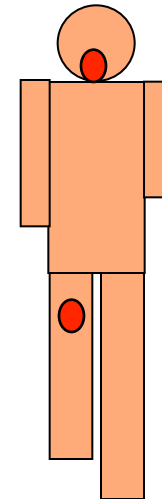
Integrità del genoma
Riparazione del DNA

Mutazioni in entrambi gli alleli
(in tutte le cellule)



Evoluzione clonale
(una o più cellule)

Gene	Malattia	Tipo di tumore
ATM	Atassia- Teleangiectasia	Linfomi
XPA, C,D,F	Xeroderma Pigmentosum	Tumori pelle
BLM	Bloom Syndrome	Tumori solidi
FANC A-T	Anemia di Fanconi	Leucemia, tumori solidi testa/collo



Heterogeneity in mutational spectrum

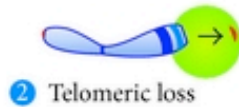
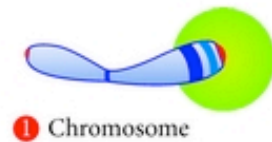
(somatic mutations in sporadic cancers)

In addition to point and chromosomal alterations, there are more complex mutational events:

- **Breakage-fusion-bridge cycles:** pancreatic cancers:
- **Balanced chains of somatic rearrangements:** prostate cancers:
- **Chromothripsis:** sarcomas and medulloblastoma
- **Kataegis:** breast cancers

Breakage-fusion-bridge (BFB) cycle

Developmental of deletions and amplifications



Dicentric chromosomes



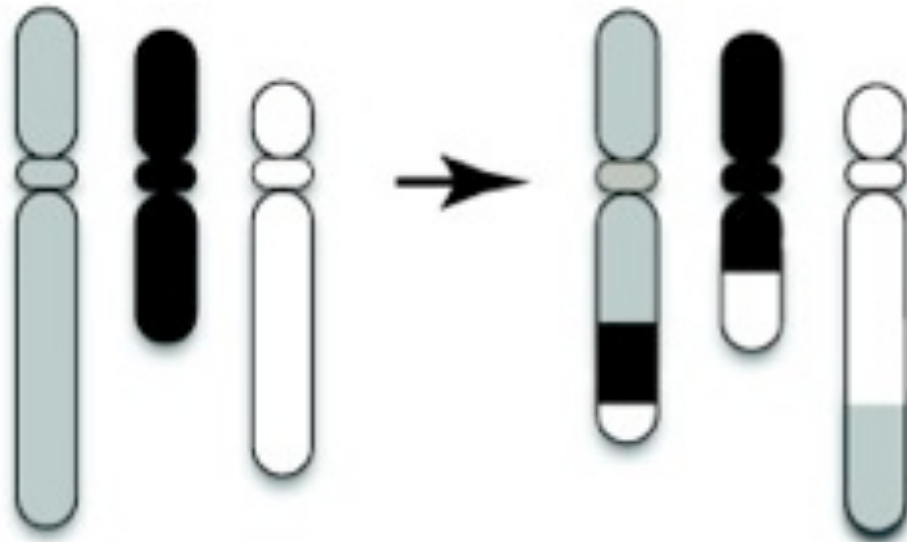
Process repeated until telomere is restored



Break from being pulled to opposite directions

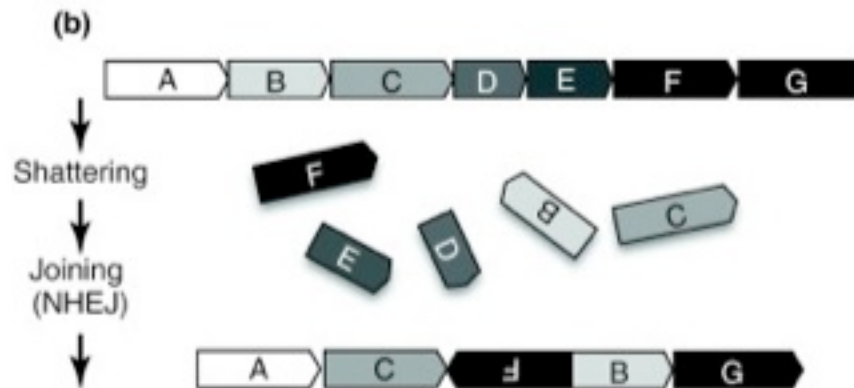
Balanced chains of somatically acquired genomic rearrangements

Up to ten genomic regions involved in a mutual exchange of DNA segments without copy number loss



Chromothripsis (2-3% of cancers) catastrophic mutational process

A single event that causes genome shattering and reassembly, resulting in a characteristic pattern of oscillating copy number and up to several hundred genomic rearrangements localized to one or a few chromosomes.



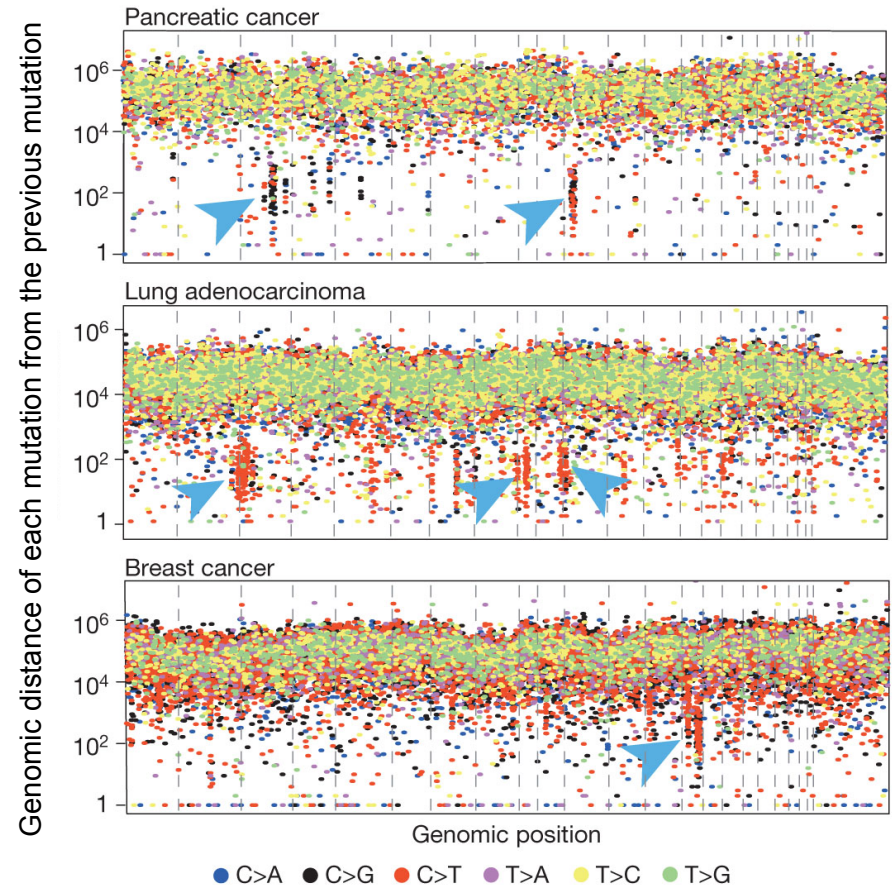
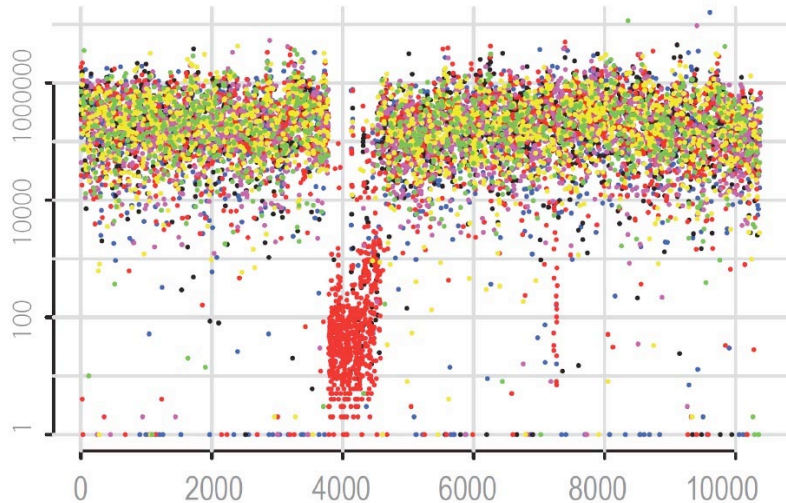
High rate in
Sarcomas

Medulloblastomas
AML

} in the presence of TP53 mutants

Kataegis (thunderstorm)

- Foci of localized substitution hypermutation (from few to several thousand)
- Often colocalization with somatic rearrangements (breaks have a role but are not sufficient in initiating the process)
- Almost C to T and/or C>G substitution in the context of a TpC dinucleotide
- Different genomic region in different cancers



Signatures of mutational processes in human cancer

Alexandrov et al. Nature 500, 415–421, 2013

4,938,362 mutations

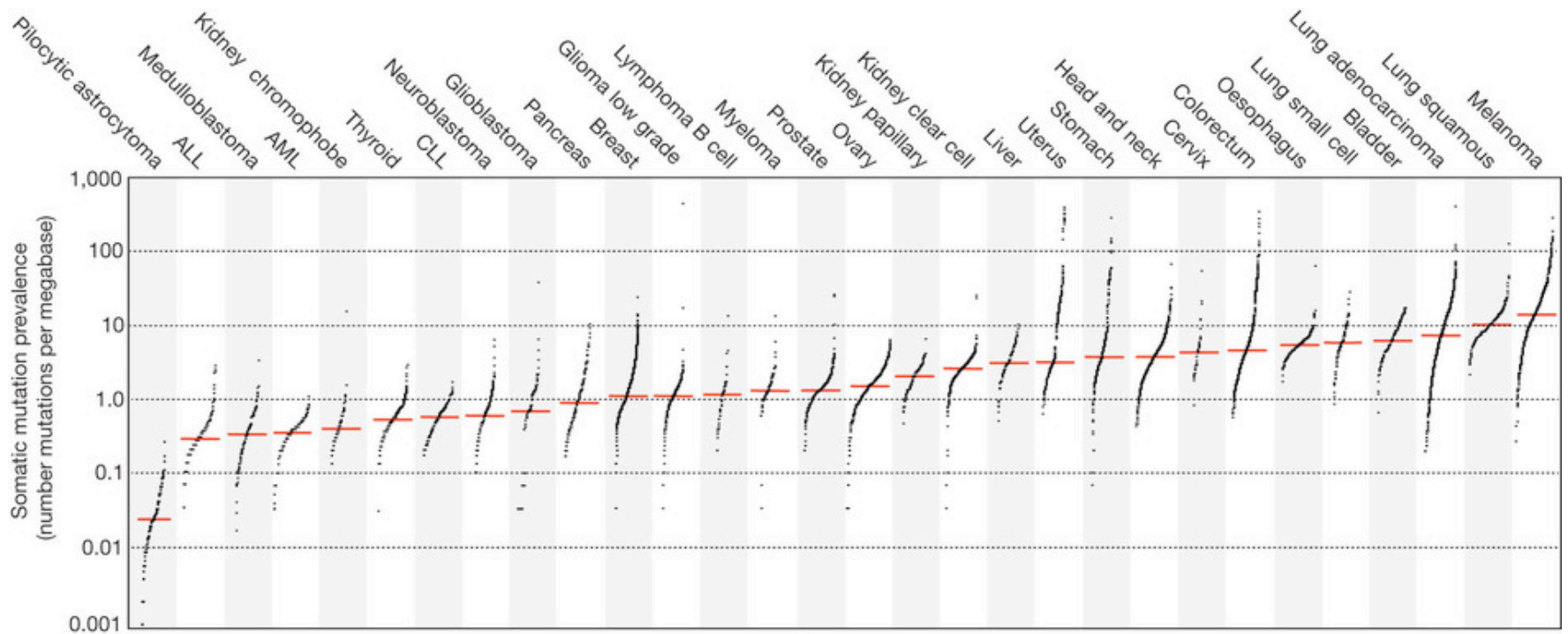
from 7,042 cancers

>20 distinct mutational signatures extracted

Mutational signature

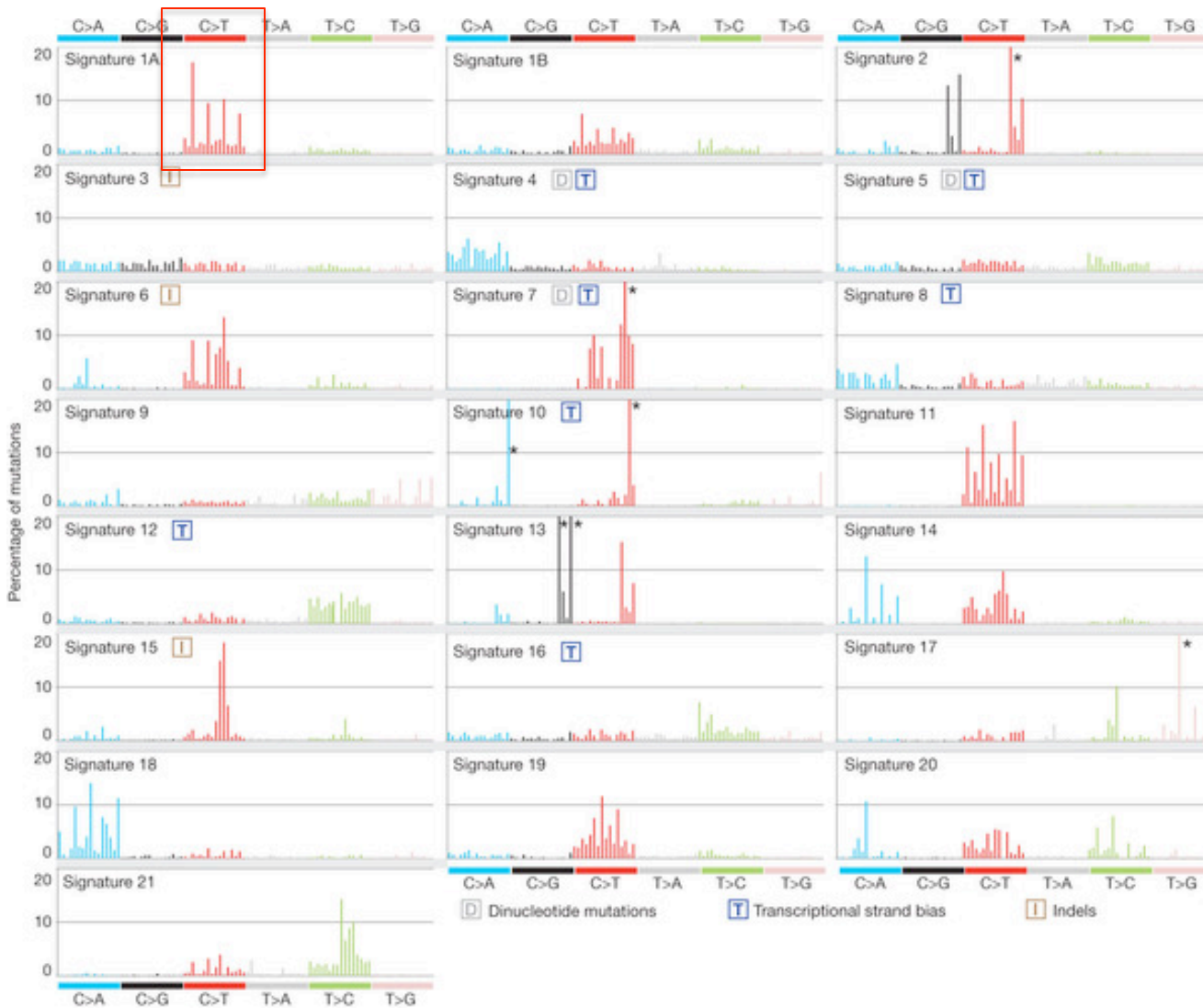
Patterns of mutations that are characteristic of a type of cancer

Number of mutations in different tumor samples

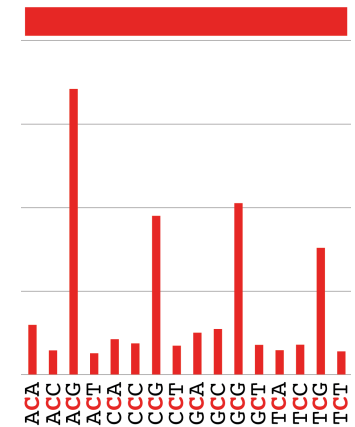


Mutational signatures

Six classes of base substitutions referred to by pyrimidine



C > T



C>T mutations
in a CpG context
Spontaneous
deamination of
methylated cytosines

Mutational signature displayed using a 96 substitution classification defined by the substitution class (six: C>A, C>G, C>T, T>A, T>C and T>G) and the sequence context immediately 3' and 5' to the mutated base.

Signature in different cancers

2, 13: APOBEC Cytidine deaminase

3: DSB repair

6: mismatch repair

