

THE CANCER GENOME ATLAS



**TCGA Glioblastoma Pilot Project:  
Initial Report  
June 2008**

# THE CANCER GENOME ATLAS



NCI-NHGRI Partnership

## **Cancer Genomics: Ultimate Goal**

Create comprehensive public catalog  
of all genomic alterations present at significant frequency  
for all major cancer types

*NCAB Report Feb*

*2005*

### Genomic Alterations

*copy-number alterations*

*translocations*

*gene expression*

*coding mutations*

*methylation*

→ *Integrate*

# THE CANCER GENOME ATLAS



NCI-NHGRI Partnership

Launched, 4Q2006

## TCGA Pilot Project

Cancers:

- Glioblastoma multiforme
- Squamous cell lung cancer
- Ovarian cancer (serous cystadenomacarcinoma)

Goal:

- **Assemble** high-quality samples of each type
- **Characterize** tumor genome by various approaches
- **Rapidly share** data with scientific community
- **Compare and improve** technologies
- **Integrate and analyze** data to illuminate genetic basis of

cancers

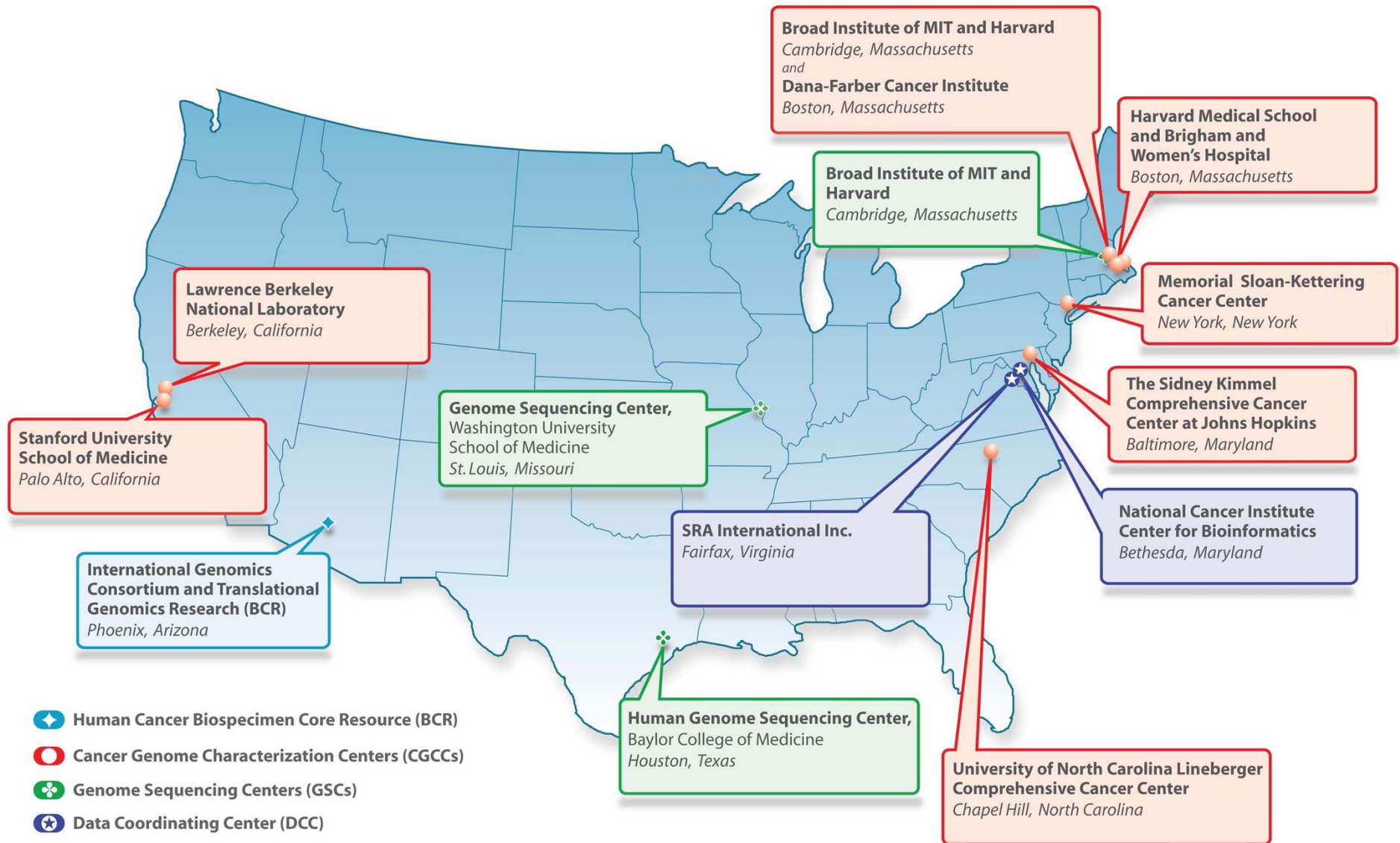
# THE CANCER GENOME ATLAS

## **Key questions posed at start of project**

1. Can samples of adequate quality and quantity be assembled?
2. Can high-quality, high-throughput data be generated with current platforms?
3. How sensitive, specific and comparable are current platforms?
4. How can diverse data sets be integrated -- and what can be learned from integration?
5. Can recurrent events be distinguished from random background noise?
6. Can we identify new genes associated with cancer types?
7. Can we identify new subtypes of cancer?
8. Does new knowledge suggest therapeutic implications?
9. Can a network project drive technology progress in cancer?

# TCGA Components

THE CANCER GENOME ATLAS



# GBM Samples: Strict Criteria

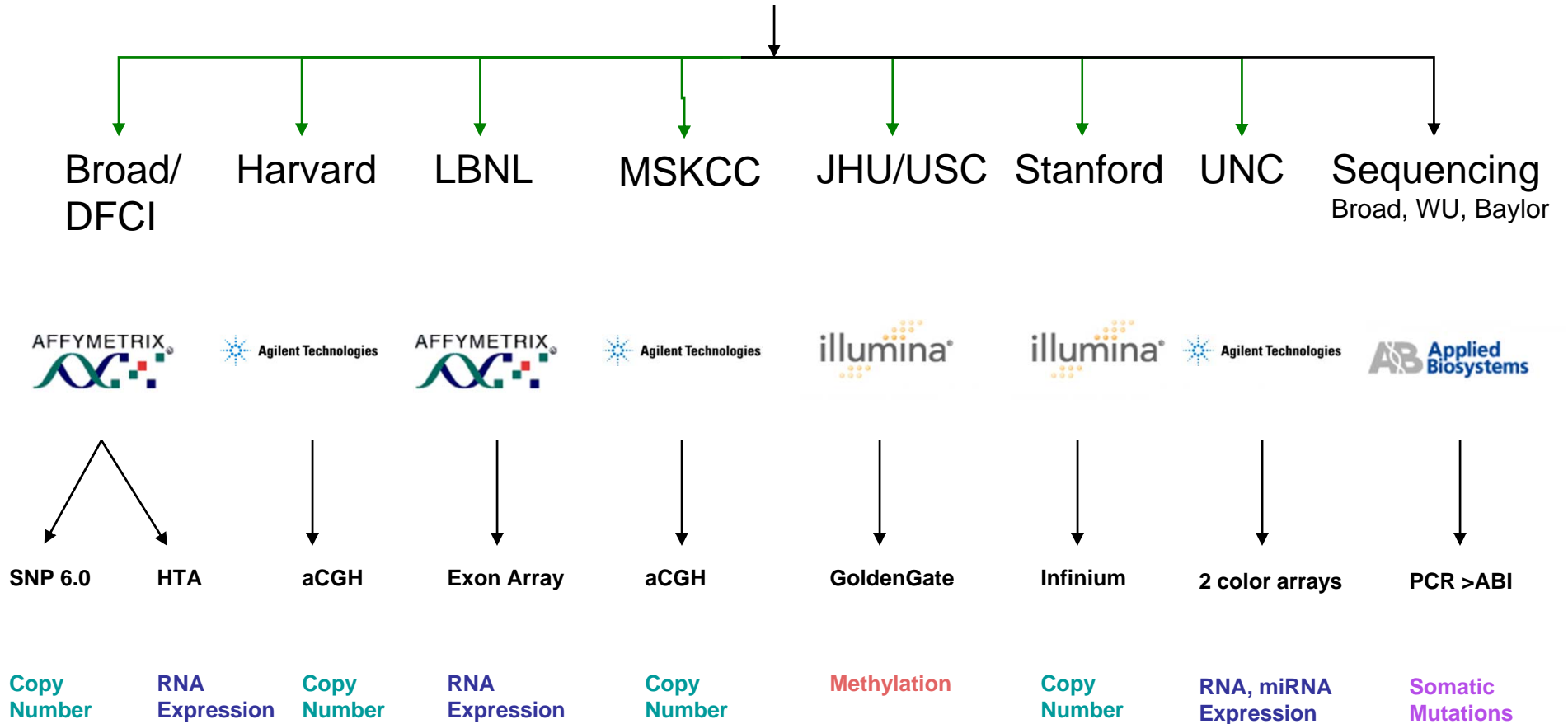
---

- (1) >80% tumor cell content
- (2) <40% necrosis
- (3) Matched normal DNA sample
- (4) Clinical annotation
- (5) Appropriate informed consent

Current collection > 200 high quality tumors

# TCGA GBM: Center Overview

Glioblastoma samples

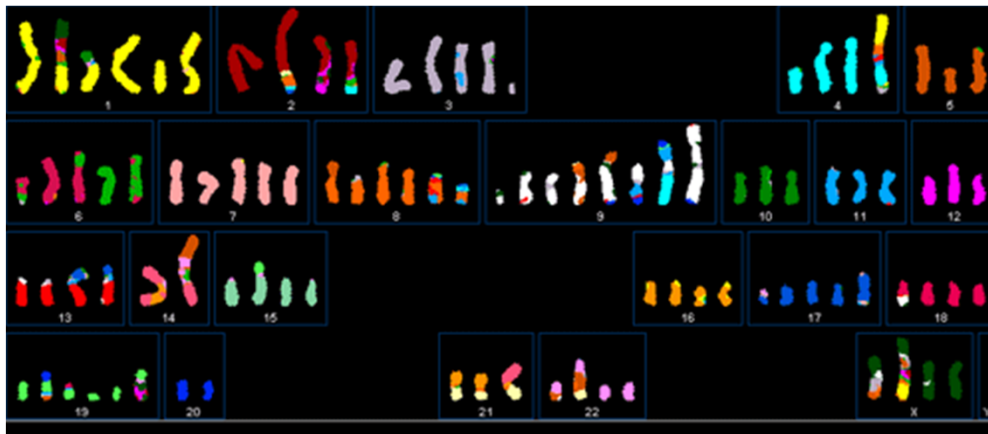
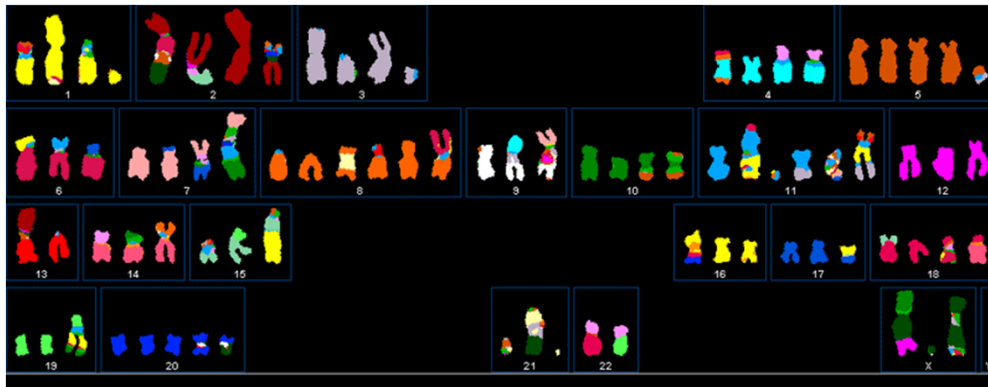


Cross-platform Data Integration, Comparison

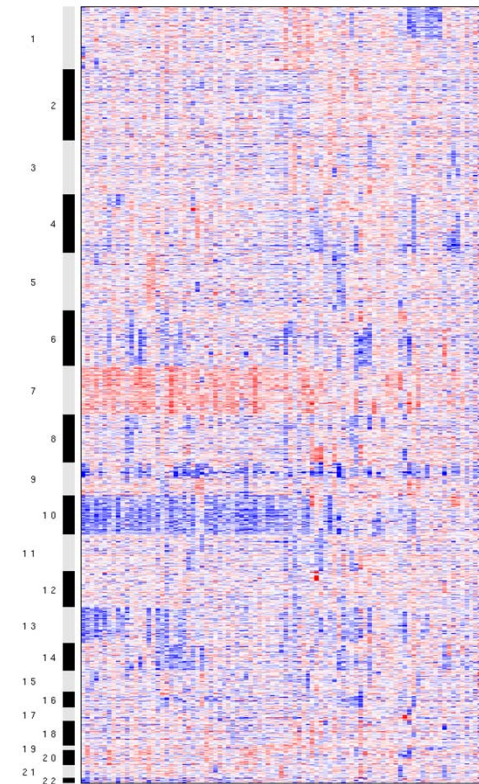
# Cancer genomes are complex

---

Individual cancer genomes



Integrate across many samples



New analytical methods needed



# THE CANCER GENOME ATLAS



## Presentations

Cameron Brennan

GBM and Genome Characterization

Stephen Baylin

The GBM Epigenome

Rick Wilson

Identifying mutations in GBM and

application of next gen sequencing technologies

Charles Perou

The Challenge of Integrative Analysis

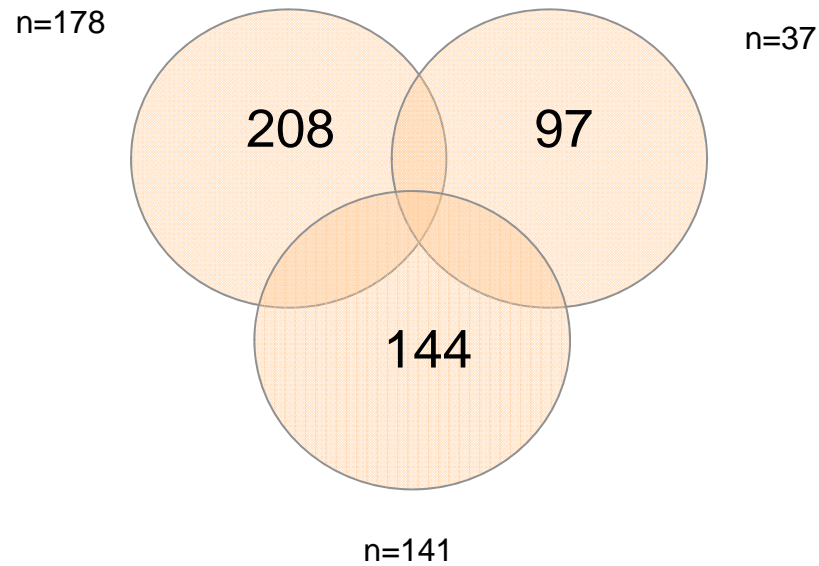
Eric Lander

Summary and Discussion

# Copy-number alterations: Discordance in initial studies

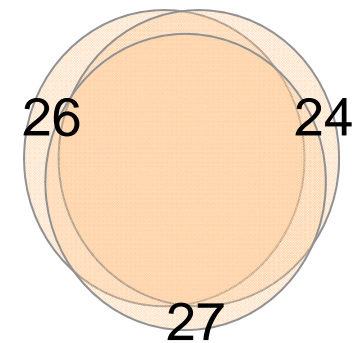
---

Event counting



*Little overlap in early studies  
Include only some known genes*

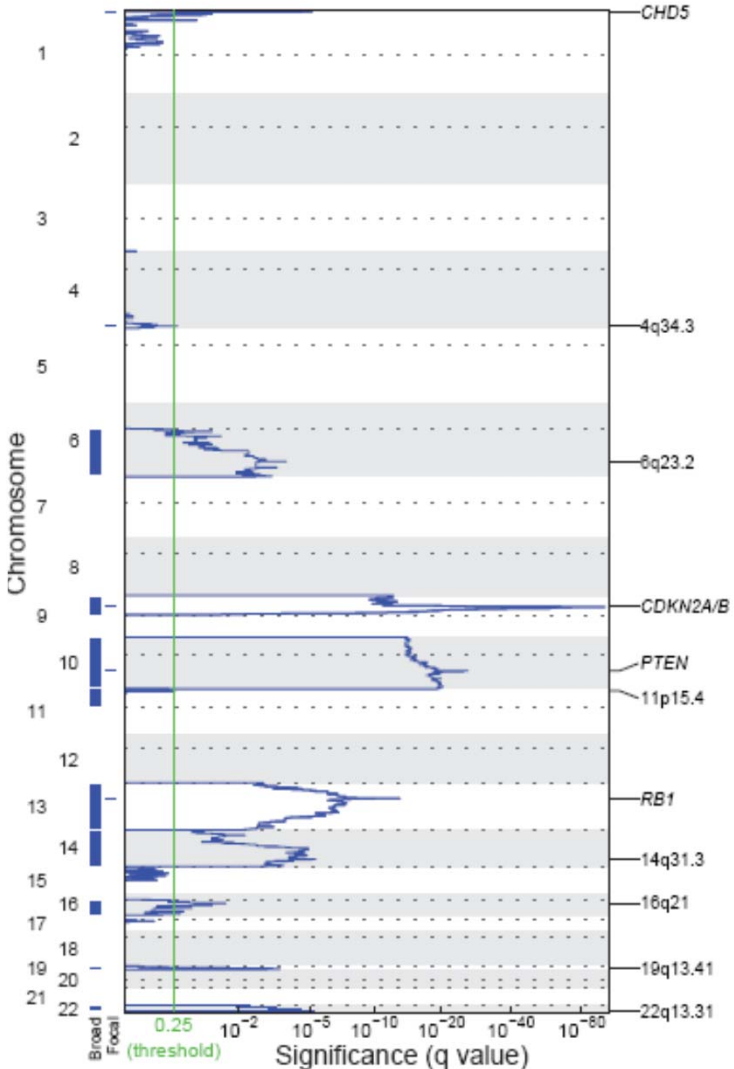
Statistical significance



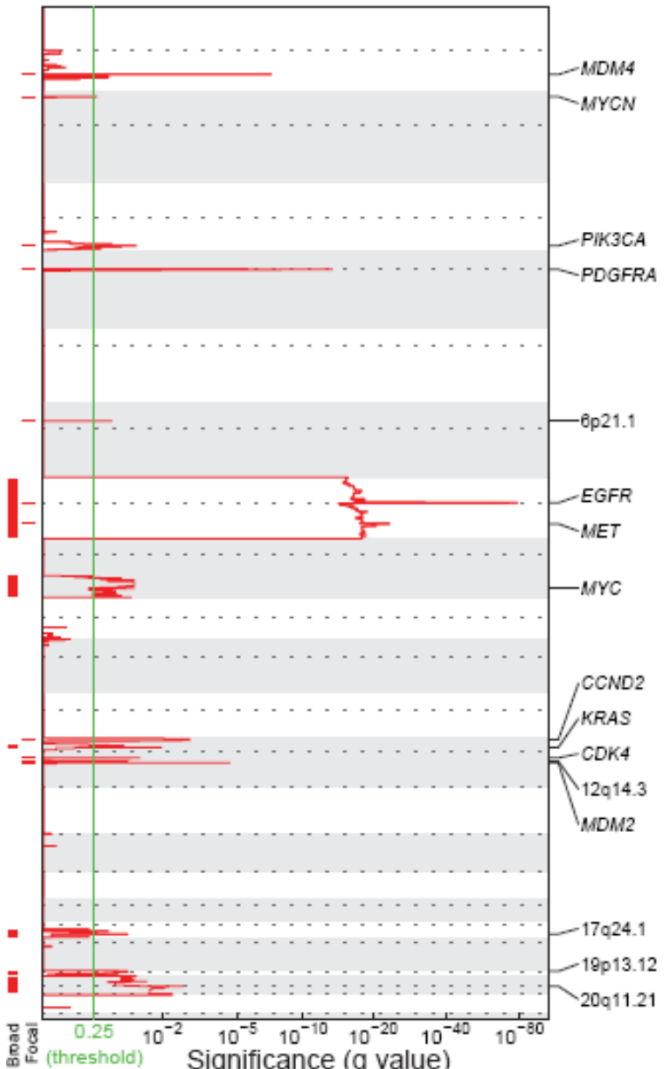
*Many fewer events  
Highly concordant  
Includes all known genes*

# Copy-number alterations: ~30 in GBM

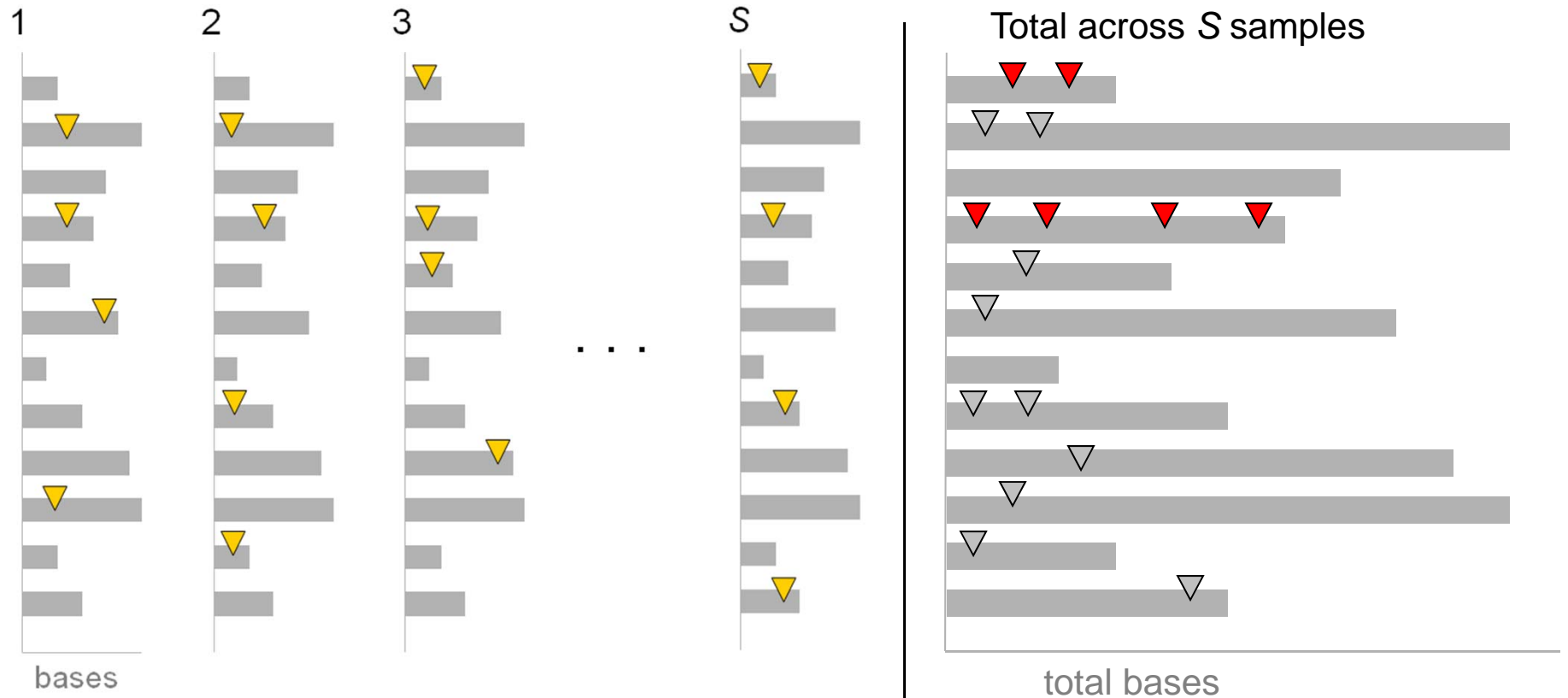
### Deletions



### Amplifications



# Coding mutations: Assessing statistical significance



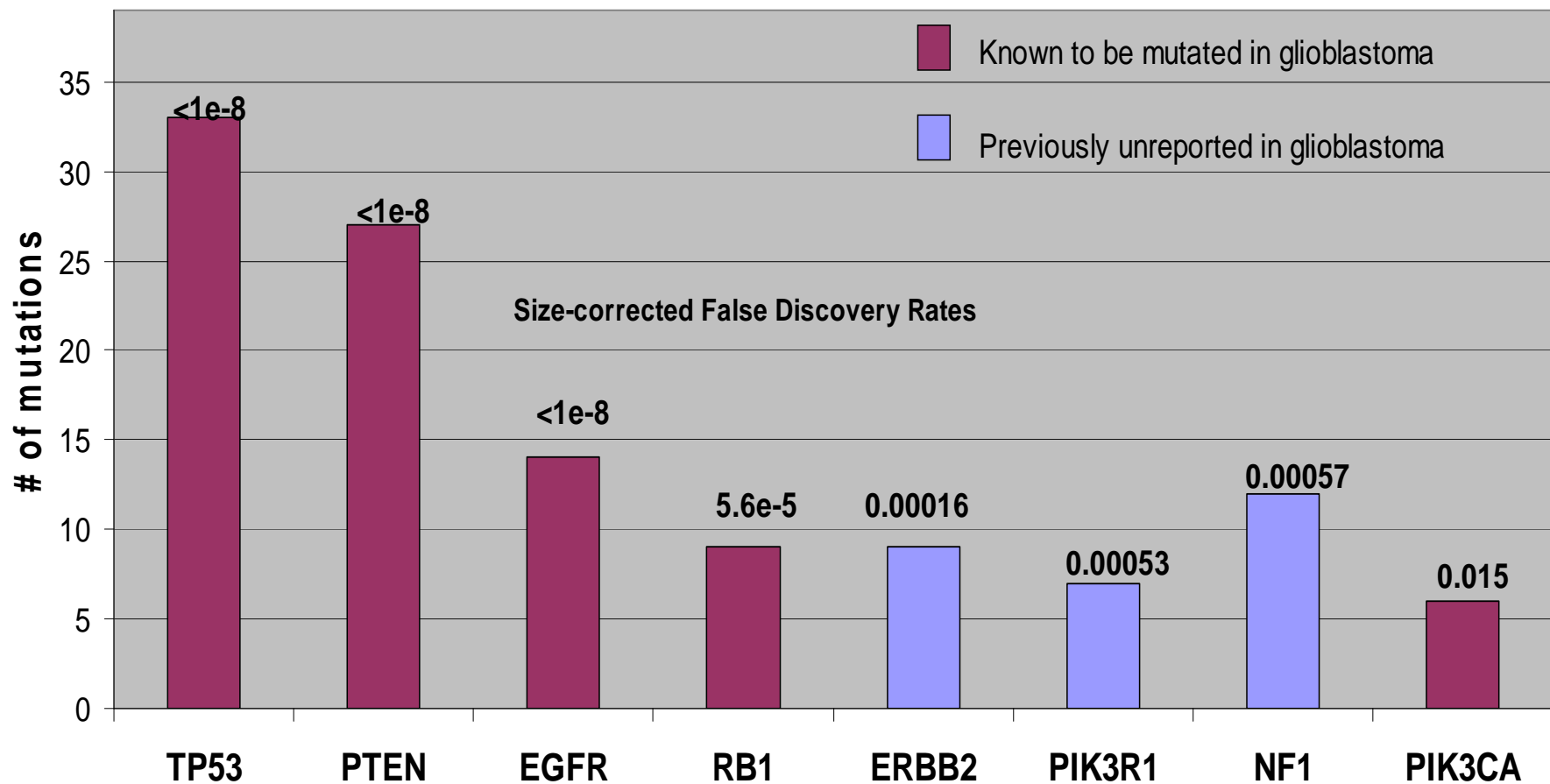
Random mutations:  $2 \times 10^{-6}$  per base  
0.3% per typical coding region

Cancer-related mutations: Aim to detect  
3-5% per typical coding region

# Significantly mutated genes in GBM

---

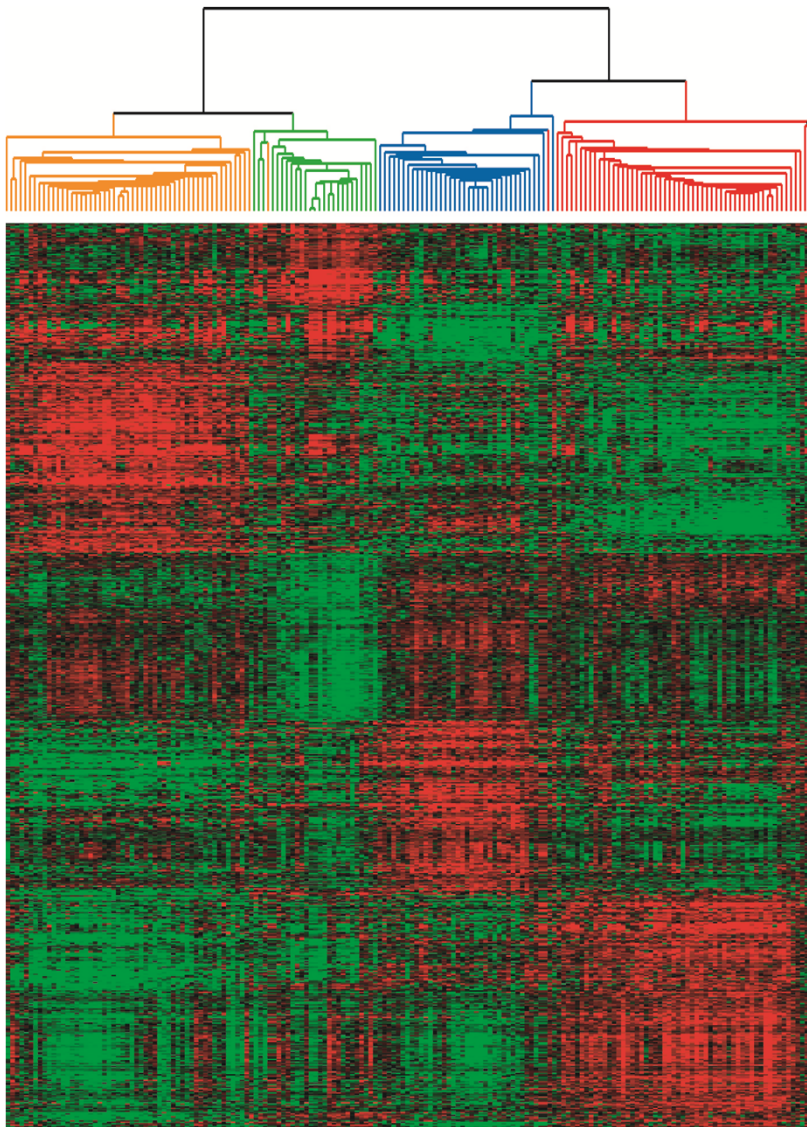
600 genes x 86 GBM (non-hypermuted)



# Integrated analysis defines four subtypes in GBM

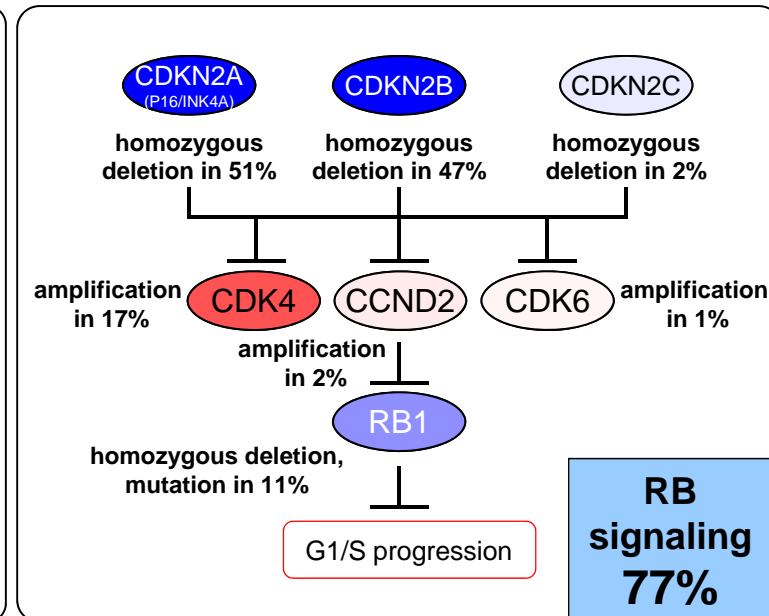
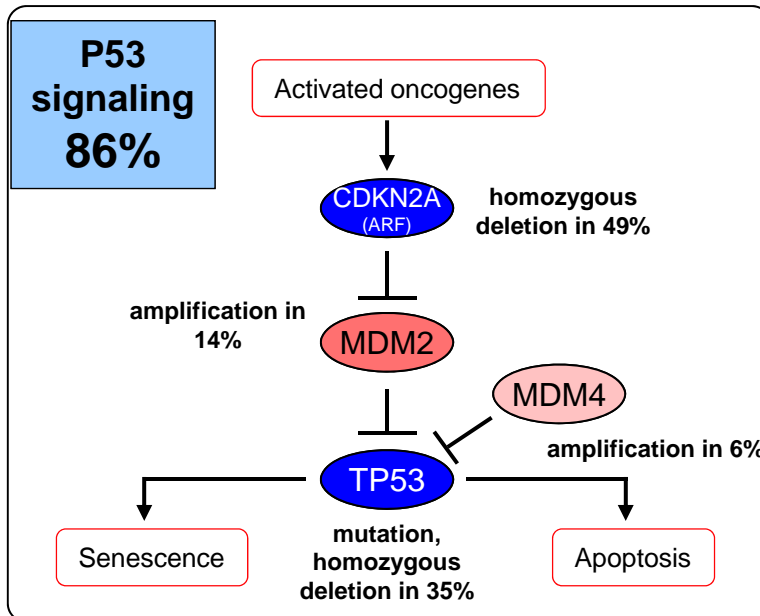
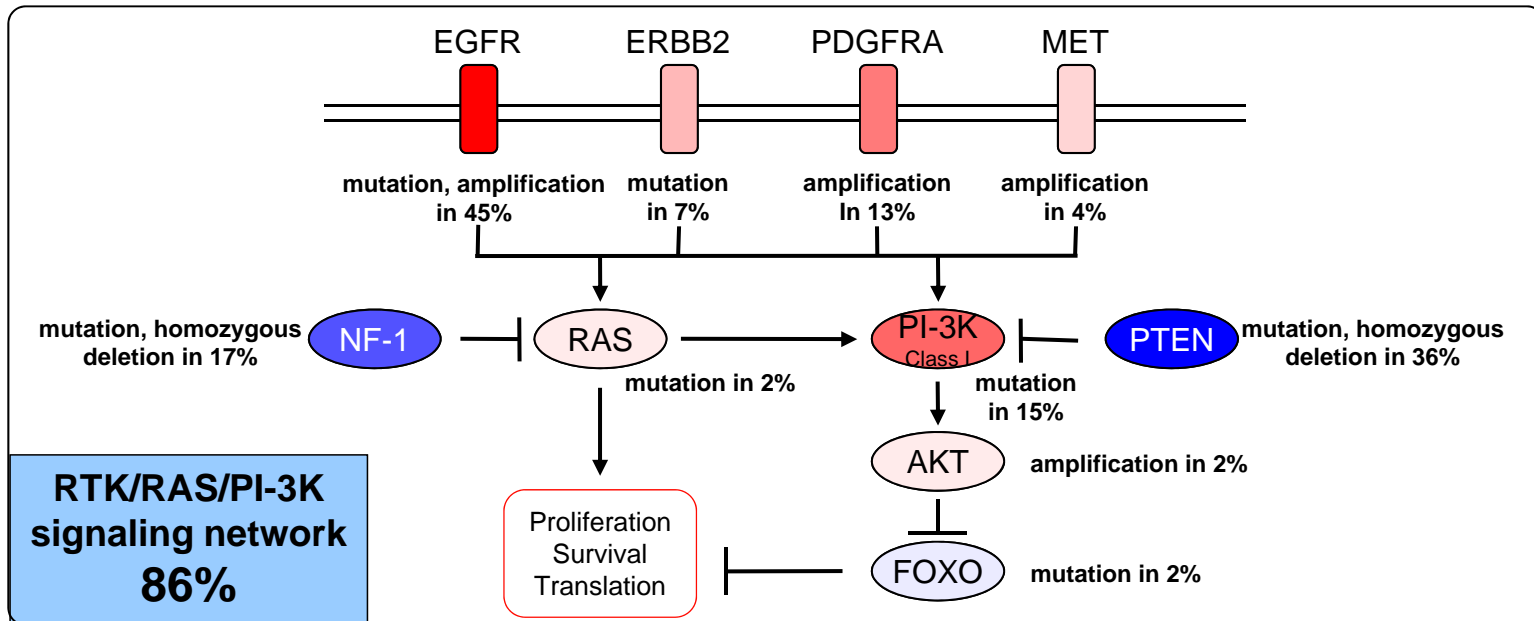
---

ProNeural    Normal-like    EGFR    Mesenchymal



- Copy-number alteration
- RNA Expression
- DNA sequencing
- Methylation

# Pathway Analysis in GBM



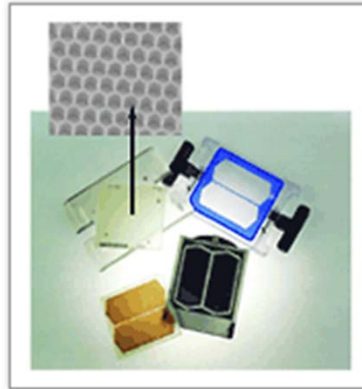
# Next-generation sequencing technology

---

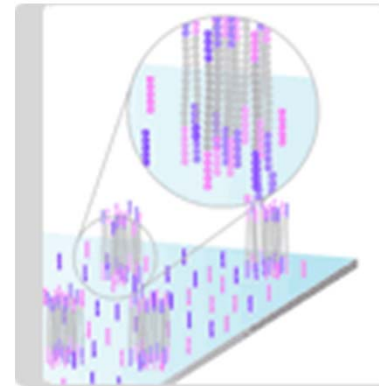
**ABI 3730XL**



**454**



**Solexa, ABI SOLiD**



**+  
others**

**Read length**     ~700 bp

~200bp

30+bp reads

**Read number**    ~100/run

400 K / run

~40 M / run

**Total bases**     70 K

400 Mb

8-12 Gb

*Costs decreasing rapidly*



# THE CANCER GENOME ATLAS



## **Key questions posed at start of project**

1. Can samples of adequate quality and quantity be assembled?
2. Can high-quality, high-throughput data be generated with current platforms?
3. How sensitive, specific and comparable are current platforms?
4. How can diverse data sets be integrated -- and what can be learned from integration?
5. Can recurrent events be distinguished from random background noise?
6. Can we identify new genes associated with cancer types?
7. Can we identify new subtypes of cancer?
8. Does new knowledge suggest therapeutic implications?
9. Can a network project drive technology progress in cancer?

