



Glioblastoma, the disease

Lynda Chin, MD

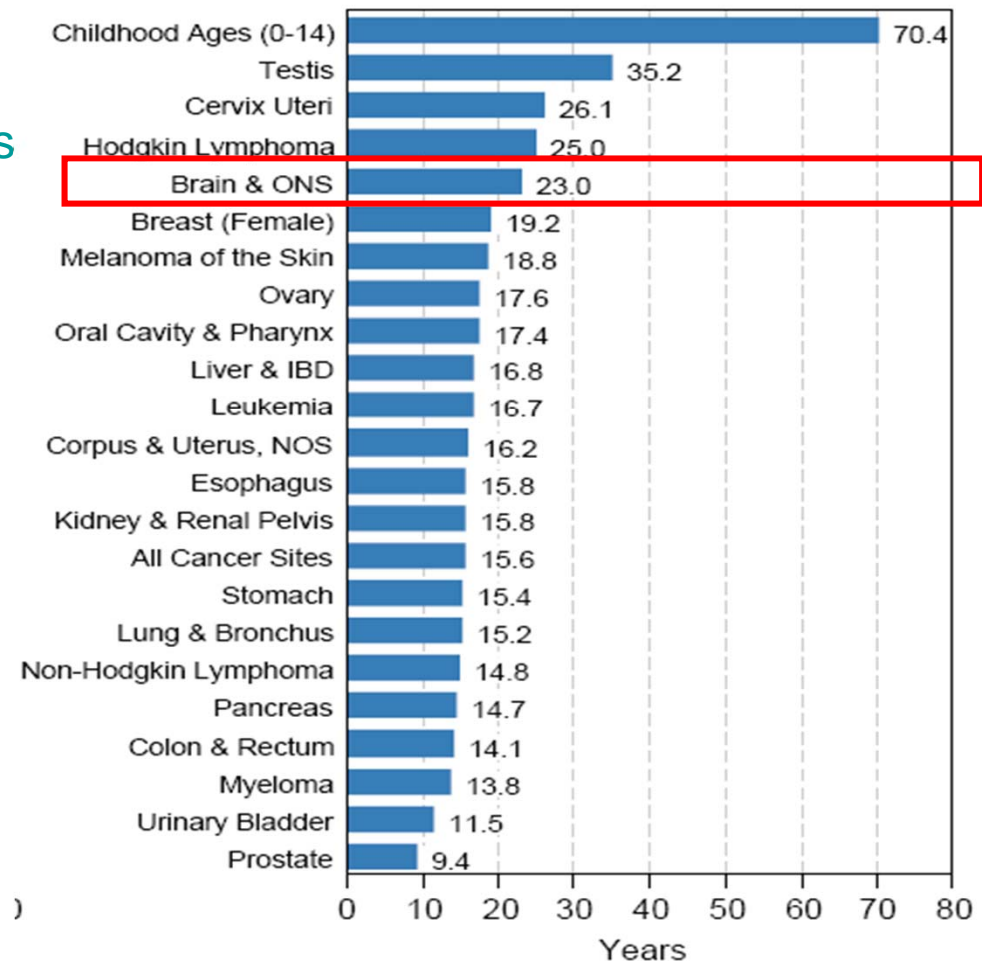
Dana-Farber Cancer Institute

Harvard Medical School

Glioma: scope of the problem

- Primary brain tumors
 - 7 per 100,000 worldwide
- Most common is gliomas:
 - astrocytoma, oligodendrogliomas or mixed
- WHO grade IV = glioblastoma
 - Median survival: 9 to 12 months
 - 2-years survival: 4-15%
- In US:
 - 17,000 new cases per year,
 - 12,000 deaths per year
- Disproportionate life years loss
 - ~2% of all primary tumors,
 - 7% of years of life lost from cancers before age 70

Average Years of Life Lost Per Person Dying of Cancer All Races, Both Sexes, 2003



Statistics still hold, 15 years later....

THE CANCER GENOME ATLAS



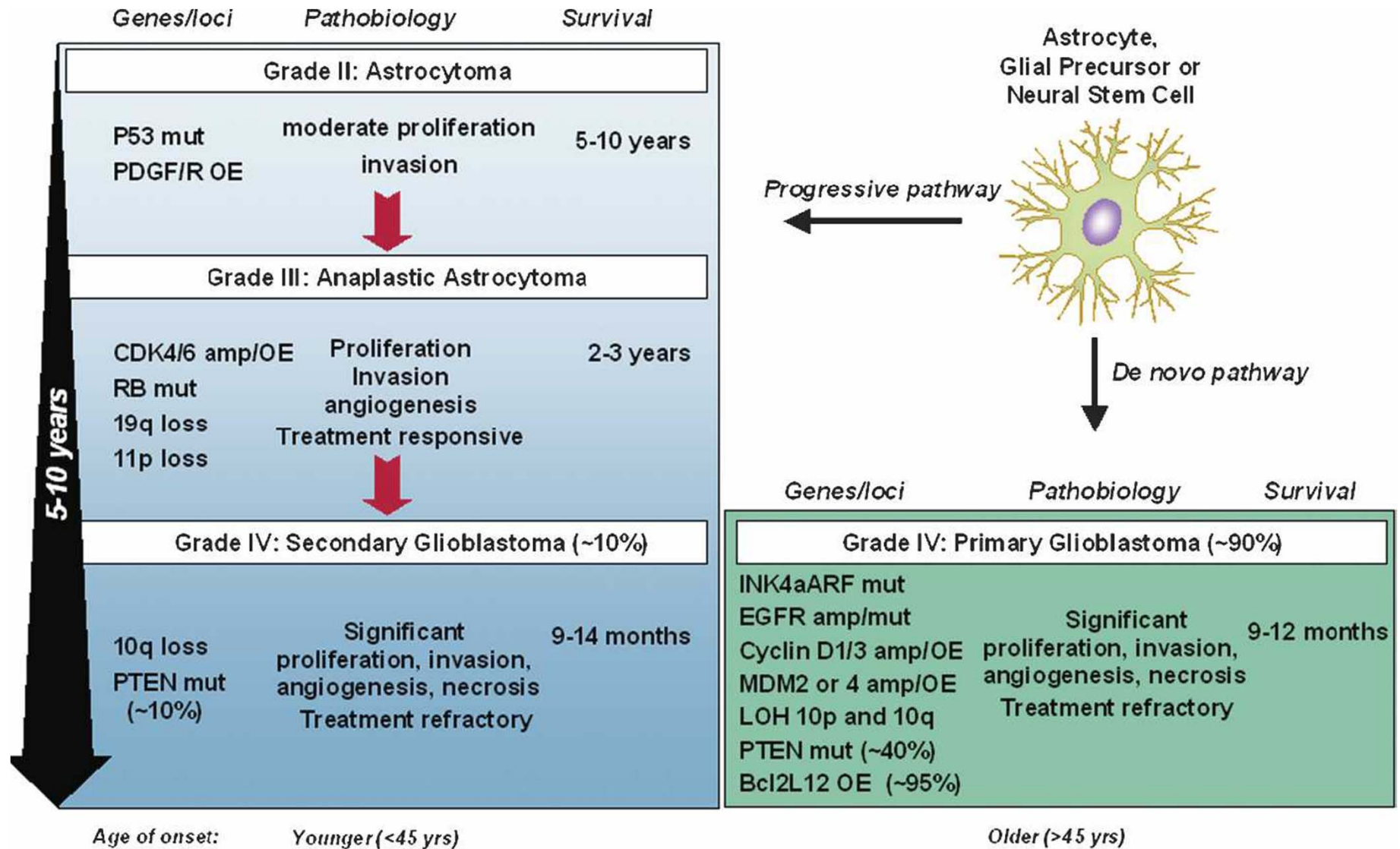
Class	Characteristics	Median Survival (Months)	2-Year Survival (%)
I	AA <50 yr, normal mental status	58.6	76
II	AA >50 yr, KPS 70-100, >3 mo time to first symptom	37.4	68
III	AA GBM <50 yr, abnormal mental status <50 yr, KPS 90-100	17.9	35
IV	AA GBM GBM ≥50 yr, ≤3 mo time from first symptom <50 yr, KPS <90 KPS 70-100, >partial resection, “work” neurological functional status	11.1	15
V	GBM GBM ≥50 yr, KPS 70-100, ≥partial resection, “home” or “hospital” neurological function status >50 yr, KPS 70-100 biopsy only, received >54.4Gy; or ≥50 yr, KPS <70, normal mental status	8.9	6
VI	GBM ≥50 yr, KPS 70-100 biopsy only, received ≤54.4Gy; or ≥50 yr, KPS <70, abnormal mental status	4.6	4

RTOG Recursive Partitioning Analysis of Prognostic Factor
by Curran WJ Jr. et al. *J Natl Cancer Inst.* **1993**; 85:704-710.

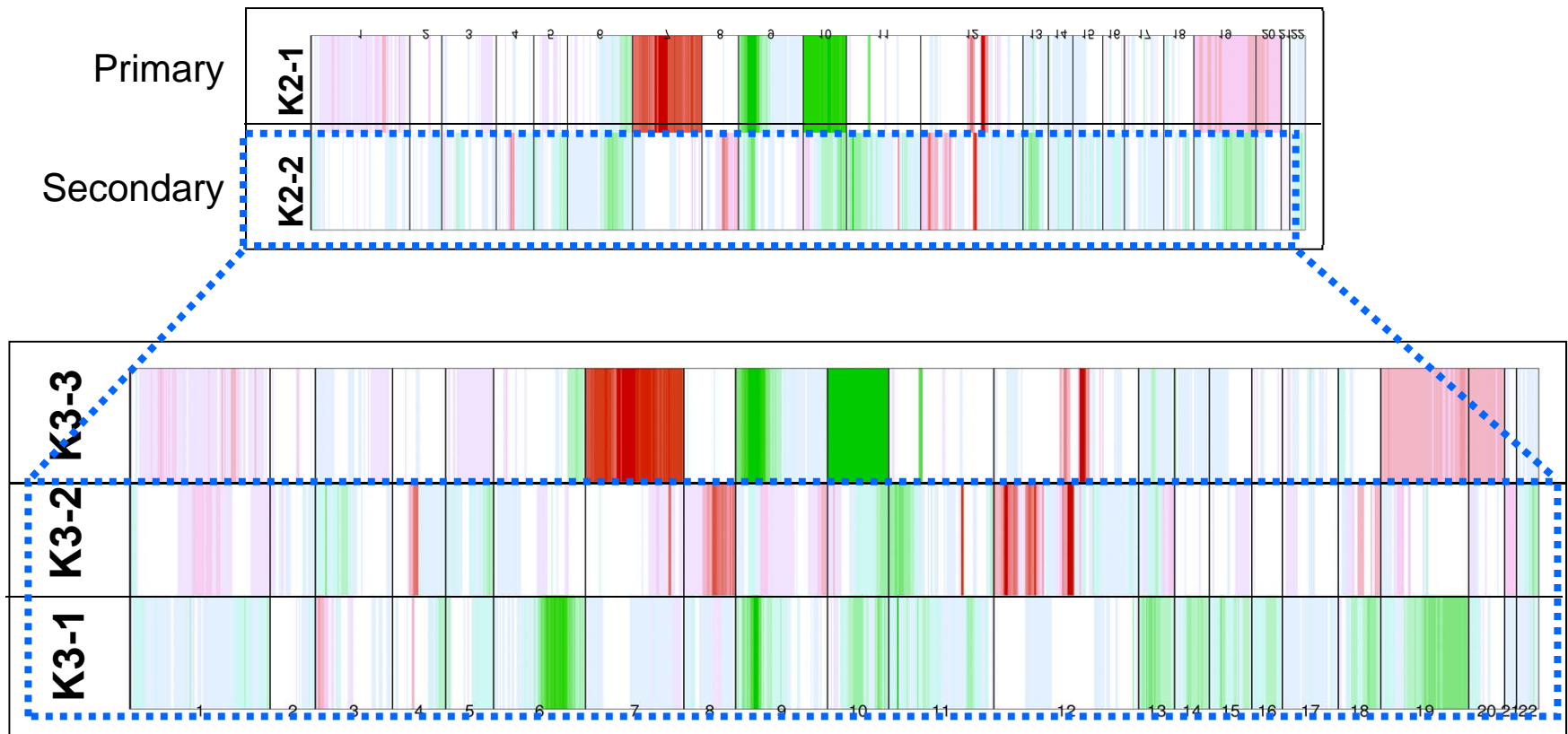
GBM: two paths to a common endpoint



Furnari et al G&D 2007



Genomes of Primary and Secondary GBM



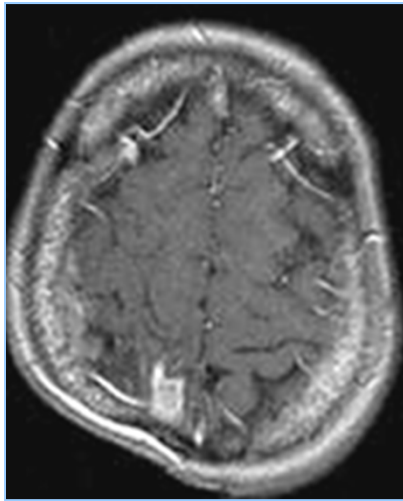
- Subclass of primary GBM has not been defined on the genomic level
- Secondary GBM can be stratified into two distinct subclasses, with different Time-To-Progression

EGFR, a signature oncogene

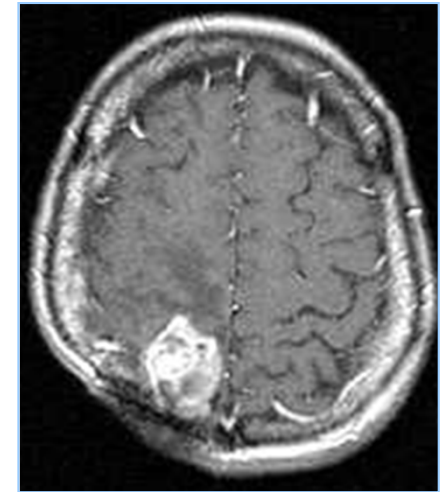


- Amplified in ~43% of GBM
- 20-30% with EGFRvIII (exon 2-7 deletion):
 - constitutively active receptor
 - *Sugawa et al PNAS 1990*
- 14% oncogenic missense mutations in the extracellular domain of EGFR in glioblastoma
 - *Mellinghoff et al., PLoS Med., 2006*
- *Rational target of TKI against EGFR?*

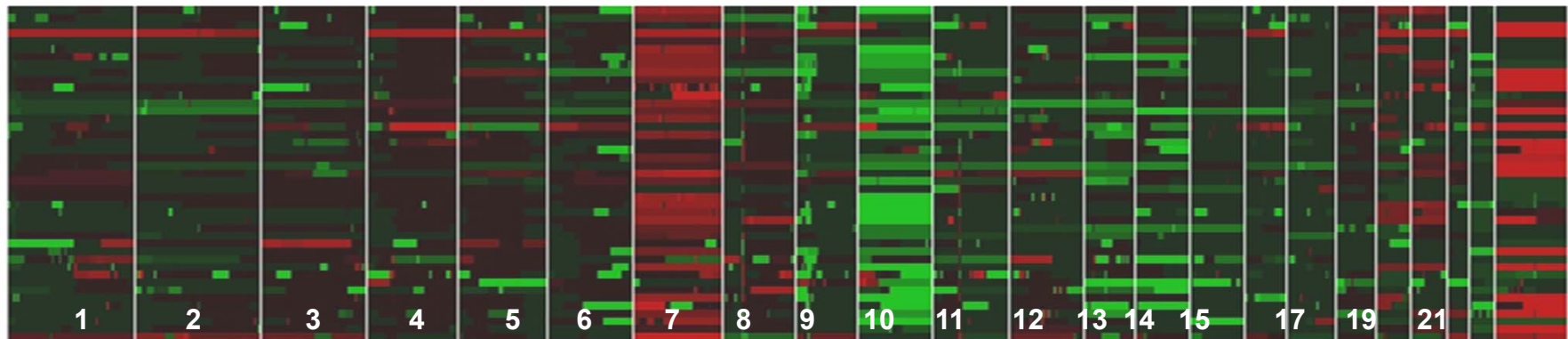
Lack of EGFR TKI efficacy



Iressa x 2 months



EGFR



CDKN2A

PTEN

Molecular determinants of therapeutic responses

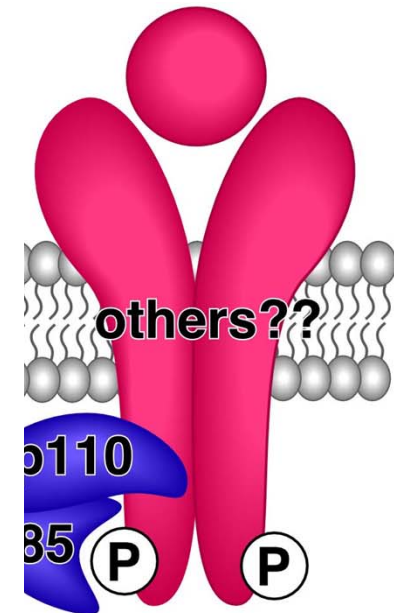
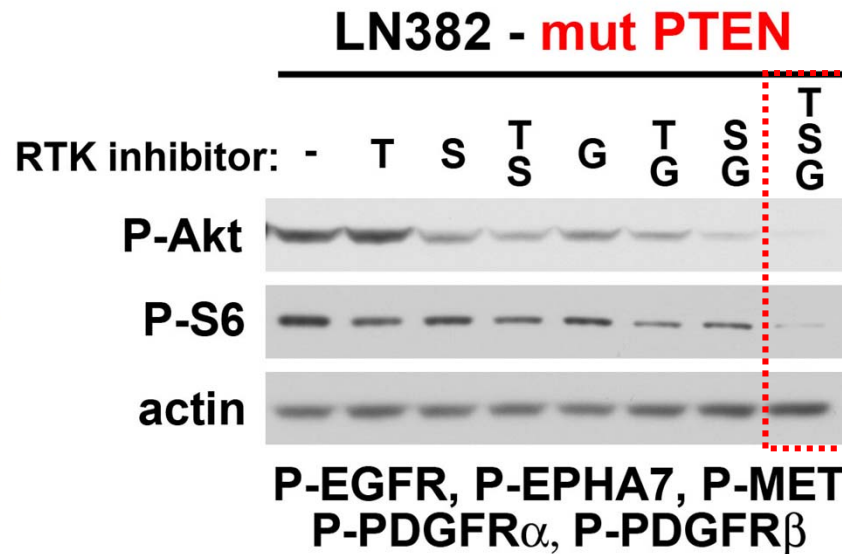
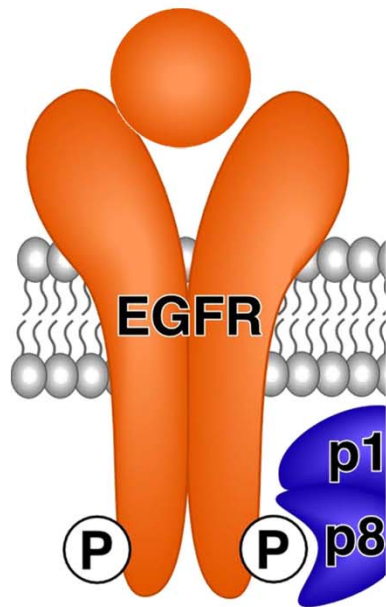


Table 3. Biomarkers of response to EGFR kinase inhibitors

UCLA dataset		Responders (n=7)	Non-Responders (n=19)	P Value	Odds Ratio	95% C.I.
	EGFRvIII expression	83% (6/7)	32% (6/19)	0.03	13	1.3-133
	PTEN expression	100% (7/7)	32% (6/19)	0.005	NC*	NC*
→	EGFRvIII/PTEN coexpression***	83% (6/7)	11% (2/19)	<0.001	51	3.9-669
UCSF dataset *		Responders (n=8)	Non-Responders (n=25)	P Value	Odds Ratio	95% C.I.
	EGFRvIII expression	87.5% (7/8)	44% (11/25)	0.05	8.9	0.95-84
	PTEN expression	62.5% (5/8)	16% (4/25)	0.02	8.8	1.5-52
→	EGFRvIII/PTEN coexpression****	62.5% (5/8)	4% (1/25)	0.001	40	3.4-468

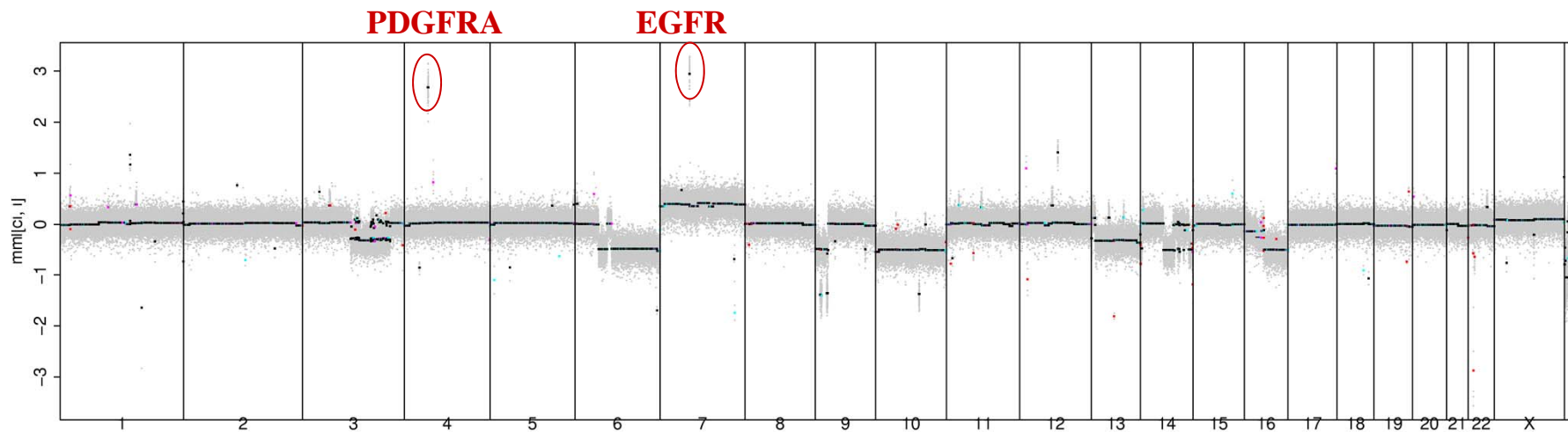
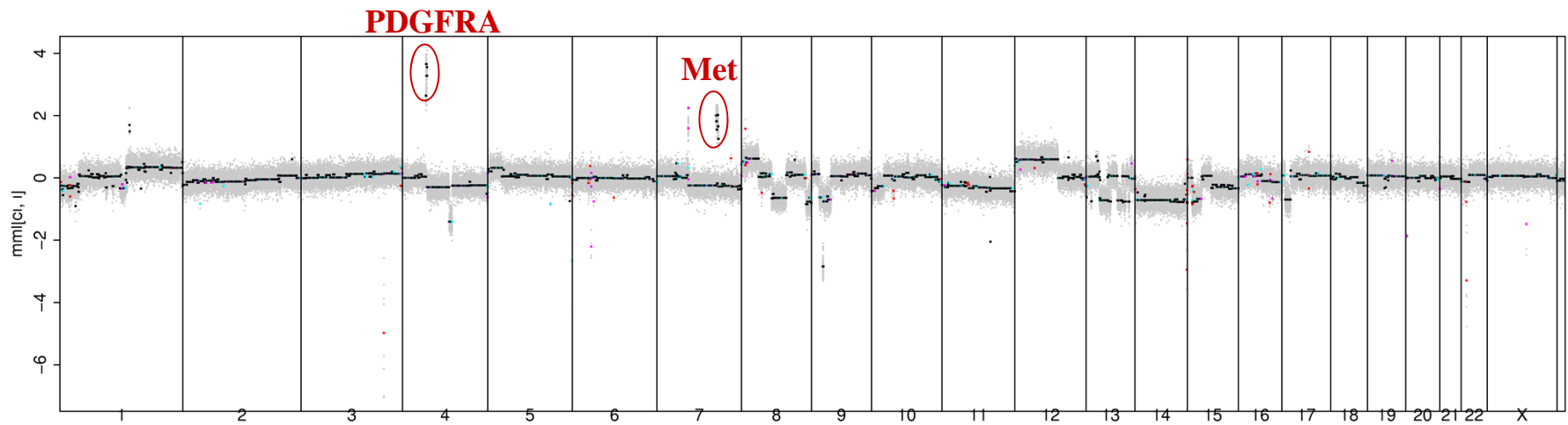
- PTEN status dictates response to EGFR tyrosinase kinase inhibitor in GBM with EGFRvIII mutation
- However, responses are not durable...

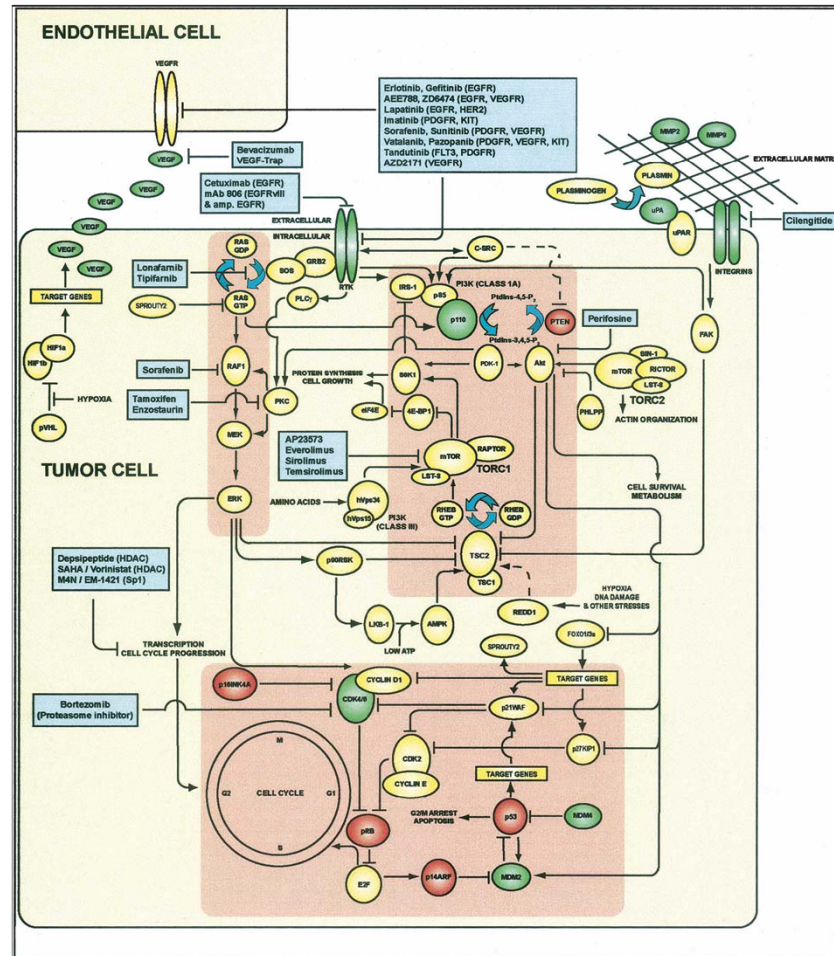
Co-activated RTKs in GBM



- Converge to sustain the activation of PI3K pathway
- A new therapeutic strategy
 - simultaneous inhibition of co-activated RTKs

Co-amplification of RTK in GBM





Deregulation of complex signaling network, not linear pathway, driven by underlying genetic and epigenetic alterations

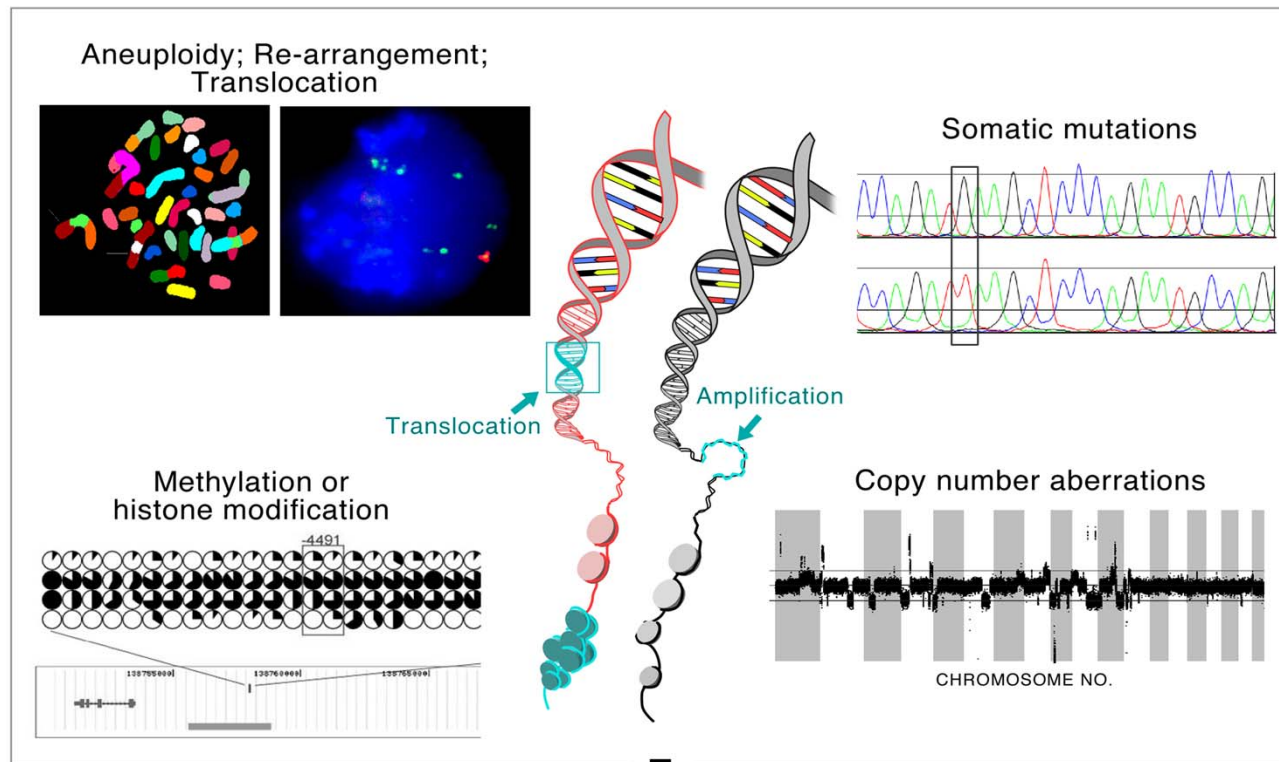
Cancer is a disease of the genes

THE CANCER GENOME ATLAS



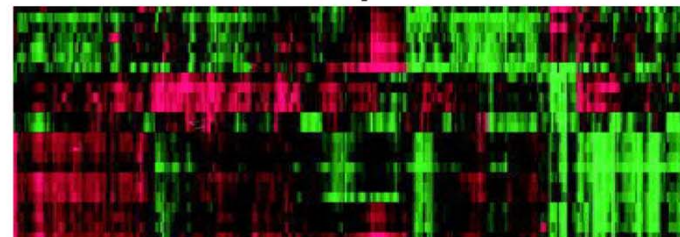
Genomic and Epigenomic Alterations

Chin and Gray, *Nature*, in press



Altered expression

- Coding messenger RNA
- Non-coding micro RNA



- Level of expression
- Shift in patterns of splicing variants
- Aberrant transcripts e.g. fusion transcripts

The Cancer Genes Atlas (TCGA)

THE CANCER GENOME ATLAS



- To define the atlas of genomic and epigenomic alterations in GBM, lung and ovarian cancers
- To identify genomic subtypes that can stratify patients for therapies
- To discover predictive or prognostic biomarkers
- To identify rational targets (and combination thereof) for therapeutic intervention
- To improve survival of patients

Update from TCGA

THE CANCER GENOME ATLAS



- Generation of multi-dimensional genomic data on clinically annotated GBM and matched normals
- Preliminary integrative analyses of 165 samples
- Disease Working Group to interface with biology and clinical experts
- Reports:
 - Cameron Brennan (MSKCC): Copy number and translocation
 - Joe Gray (LBNL): RNA expression and methylation profiles
 - Rick Wilson (Wash U): Targeted re-sequencing of Phase I genes