

National Cancer Advisory Board

Understanding Telomere Biology Through Studies of Dyskeratosis Congenita

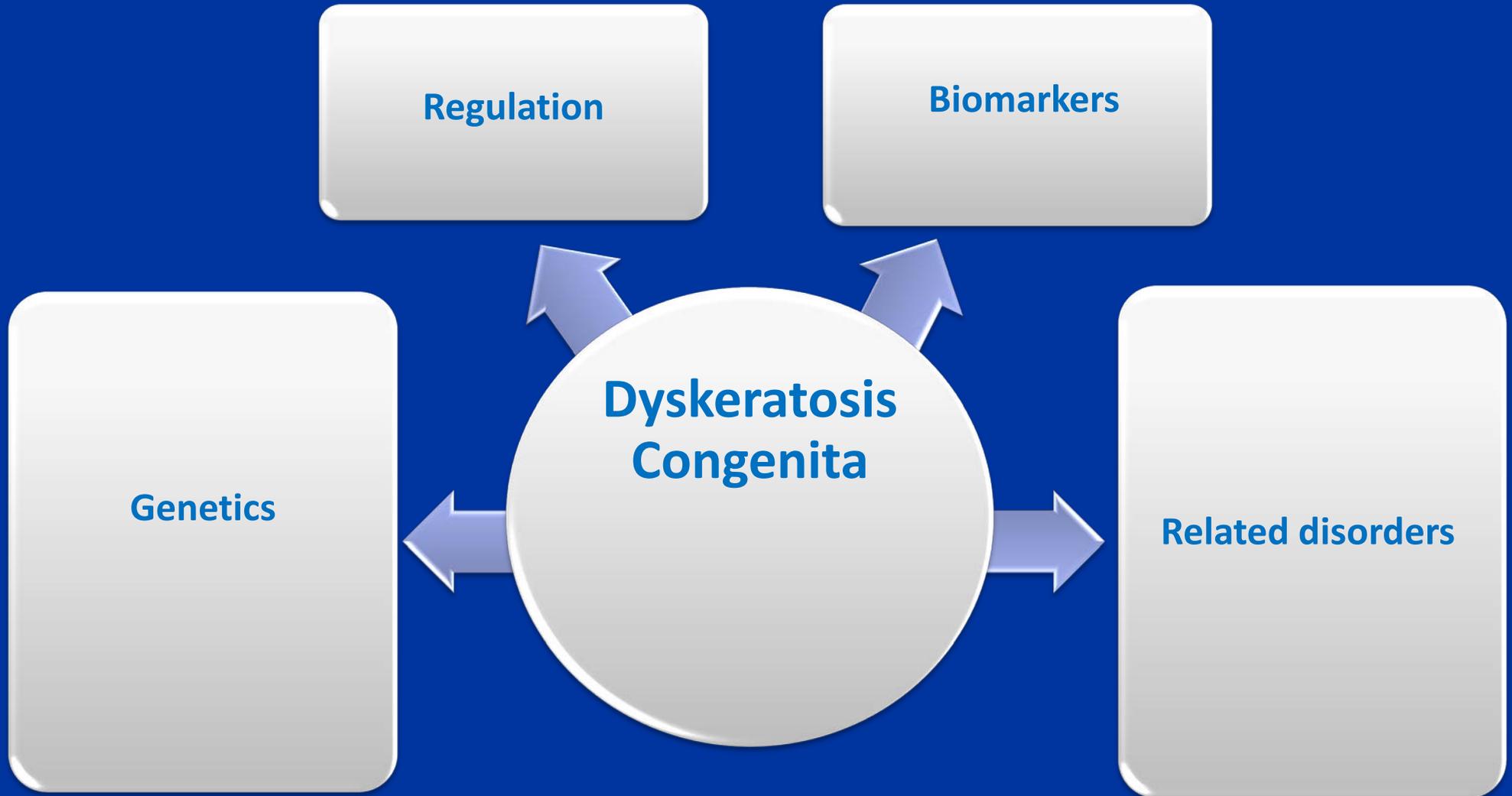
Sharon A. Savage, M.D., F.A.A.P.

Clinical Genetics Branch
Division of Cancer Epidemiology and Genetics

December 7, 2010

Dyskeratosis congenita:

a highly informative model of telomere biology and cancer predisposition



Telomeres Preserve Chromosomal Integrity

- Long nucleotide (TTAGGG)_n repeats at chromosome ends
- Many proteins regulate telomere length and stabilize structure
- Shorten with each cell division
- Erosion causes genetic instability, cell crisis and cell death
- Cancer cells survive despite critically short telomeres and chromosomal instability

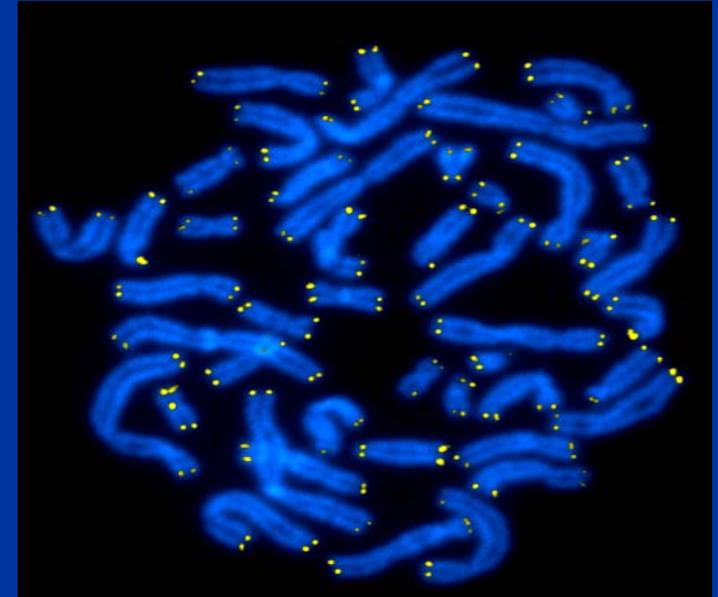


Photo: Dr. Peter Lansdorp

Evolutionary Conservation of Telomere Biology Genes

- *Hypothesis:* Genetic variation in telomere biology genes is limited because of their critical roles in genomic stability
- Population genetic study showed that these genes are highly conserved between ethnic groups and species

Dyskeratosis Congenita: a disorder of telomere biology

Nail Dystrophy



Oral Leukoplakia



Skin Pigmentation



In addition to the triad...

Bone Marrow Failure

Pulmonary Fibrosis

Head and Neck Cancer

Anogenital Cancer

Leukemia

Liver Fibrosis

Dental Disease

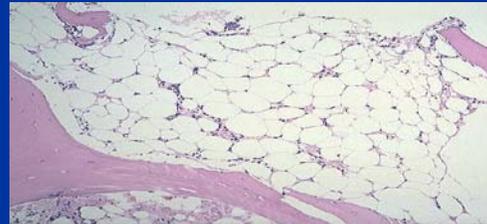
Hyperhidrosis

Esophageal Stenosis

Urethral Stenosis

Cerebellar Hypoplasia

Tear duct stenosis



Microcephaly

Osteoporosis

Avascular Necrosis

Developmental Delay

Early Gray Hair

Hair Loss

Abnormally short telomeres are the unifying feature

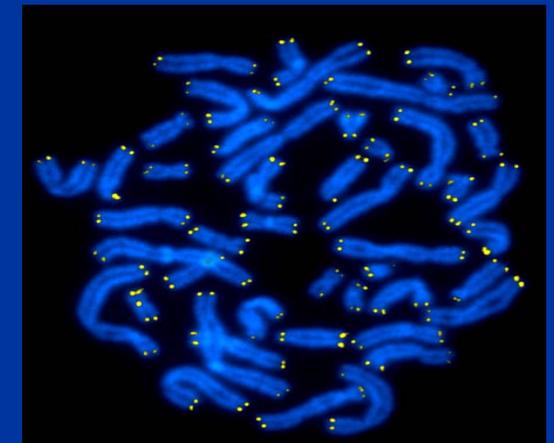
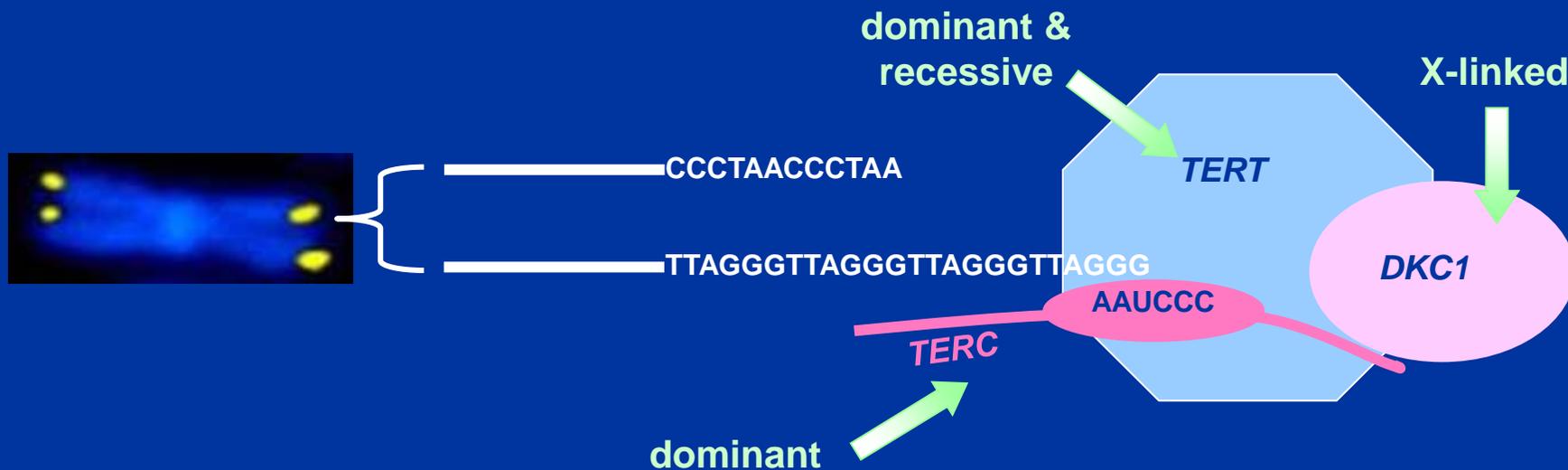


Photo: Dr. Peter Lansdorp

Traditional diagnosis: Diagnostic Triad or 1 of the triad, + BMF + 2 other findings, Vulliamy et al, *Blood*, 2006, 107(7):2680-5

Dyskeratosis Congenita Genetics: The Telomere Connection (c. 2006)



These mutations result in short telomeres, but only ~40% of patients have a mutation in one of these genes.

► *What is the NCI IBMFS Cohort and Who is Eligible*

Etiologic Investigation of Cancer Susceptibility in Inherited Bone Marrow Failure Syndromes (IBMFS)

- Systematic evaluation of affected individuals and their families in North America
 - Fanconi Anemia
 - **Dyskeratosis Congenita (DC)**
 - Diamond-Blackfan Anemia
 - Shwachman-Diamond Syndrome
 - And others
- Opened in January 2002
- <http://marrowfailure.cancer.gov>
- Principal Investigator: Blanche P. Alter, MD, MPH
- Staff Clinician: Neelam Giri, MD
- DC: Sharon Savage, MD

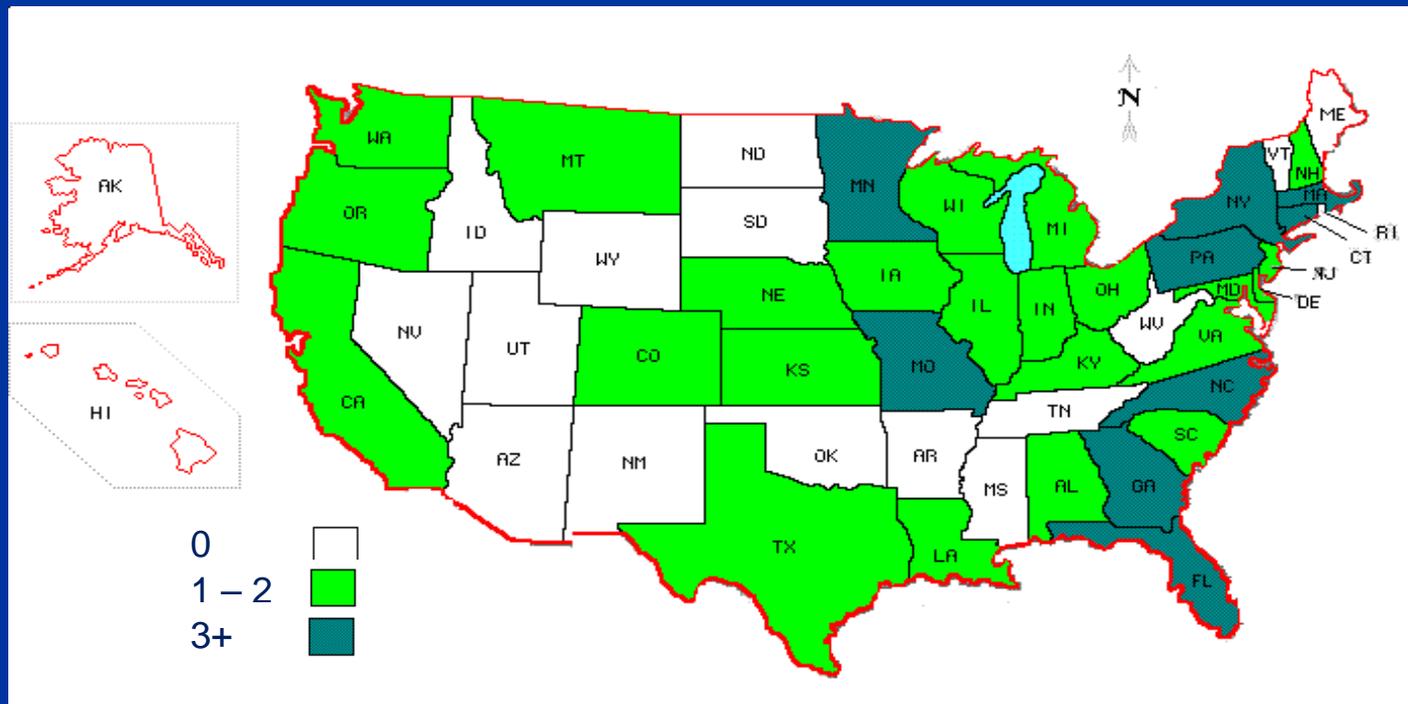
IBMFS Study: Levels of Participation

- Epidemiology Questionnaires
 - Family history
 - Individual history
- Medical Record Review
- Evaluation at the NIH Clinical Center
 - IBMFS Team
 - Genetic Counseling
 - Subspecialists
 - Biospecimens



Dyskeratosis Congenita Families

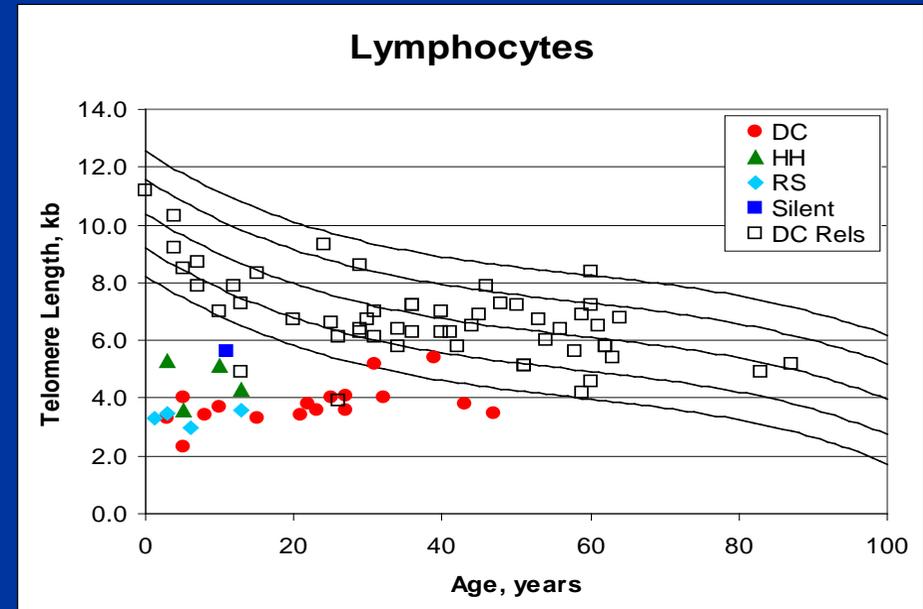
NCI Cohort	# Families	# Affected Individuals	# Healthy Relatives
Clinic	35	46	86
Field	11	24	101



Development of the First (and only) Diagnostic Test for DC

- Varied clinical presentations
- Signs and symptoms often progress with age
- <50% have an identifiable mutation
- Telomeres are very short for their age

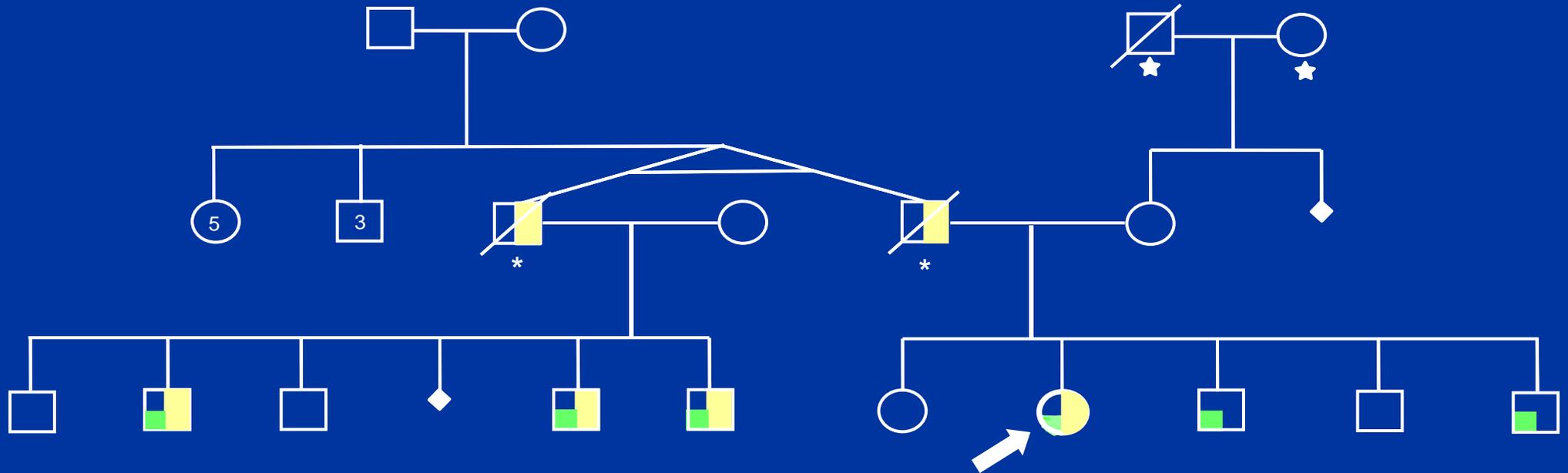
DC vs. healthy relatives



DC vs. other IBMFS	Sensitivity	Specificity
If 4/6 leukocyte subsets <1 st percentile	92%	98%

Genome-Wide Linkage Screen in DC

Heterogeneous, autosomal dominant, *DKC1*, *TERC*, and *TERT* normal



Clinical DC

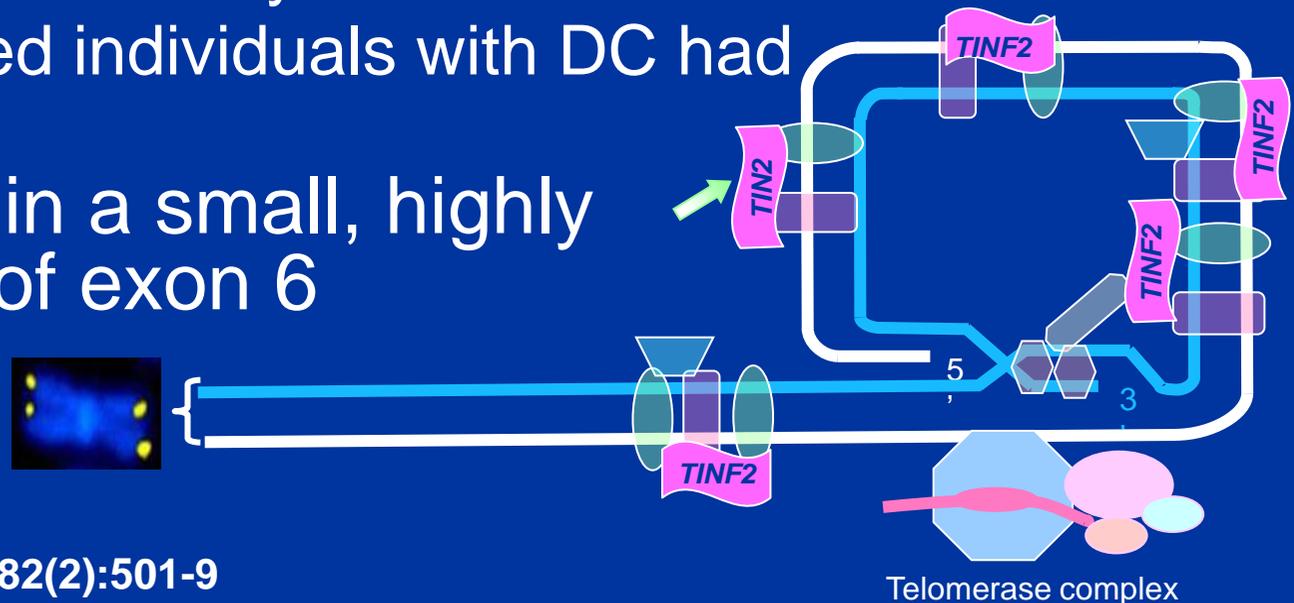
Telomere length in WBC subsets <1st %ile

◆ Spontaneous abortion

* Telomere length unknown

TINF2 mutations cause DC

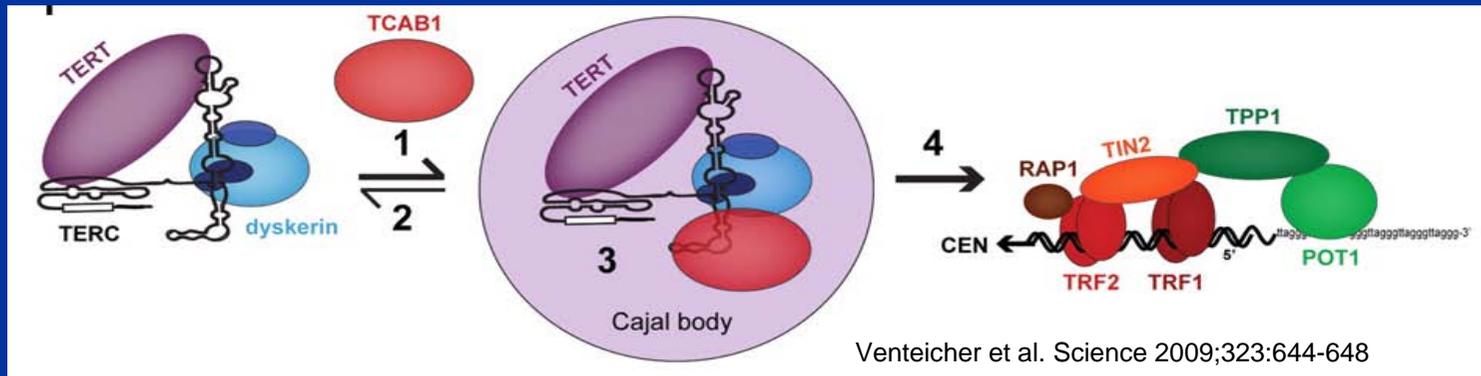
- Evidence for linkage at 14q11.2 led to the identification of mutations in *TINF2*, a component of the shelterin telomere protection complex
 - Mutations present only in those with telomeres <1st percentile
 - No mutations in 298 healthy controls
 - Additional unrelated individuals with DC had mutations
- Mutations located in a small, highly conserved region of exon 6



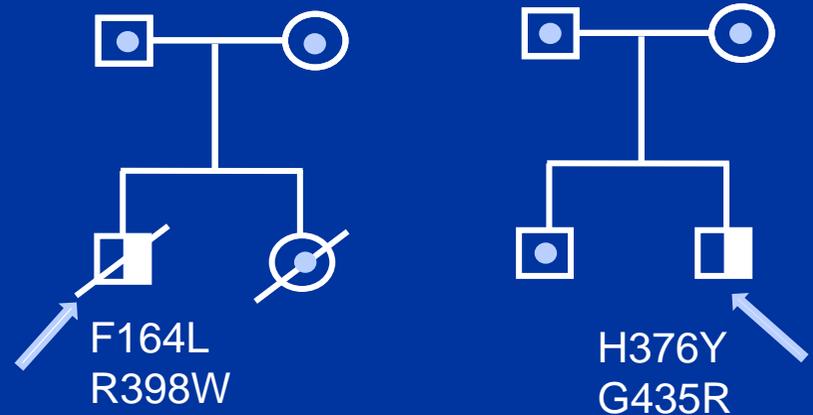
Sequence Analysis of the Shelterin Telomere Protection Complex

- *TERF1*, *TERF2*, *POT1*, *TERF2IP*, and *ACD* sequenced in 9 patients with DC, and 7 DC-like
- Variants in patients were compared to 380 control subjects
- Mutations in these genes do not appear to be a common cause of dyskeratosis congenita.

TCAB1 in Dyskeratosis Congenita



- Cajal body: sites of mRNA & rRNA processing in the nucleus
- *TCAB1* is located in Cajal bodies and is required for telomerase trafficking
- Mutations in *TCAB1* cause DC
 - 2 of 9 families studied have autosomal recessive mutations

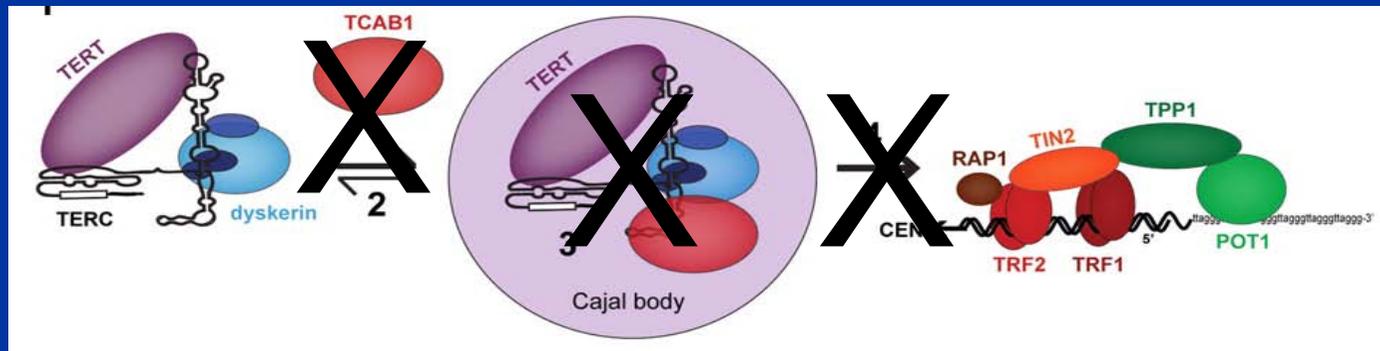
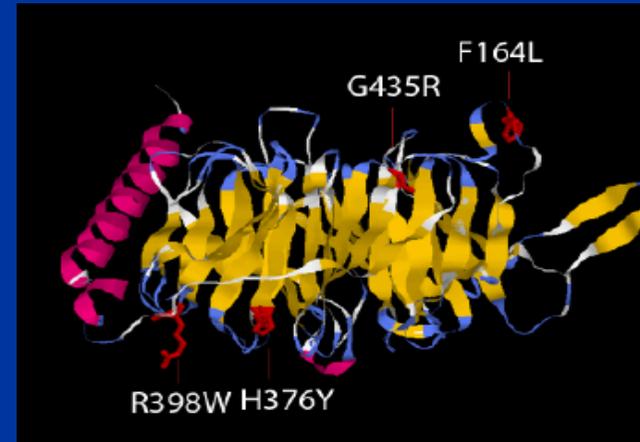


● Heterozygous carrier

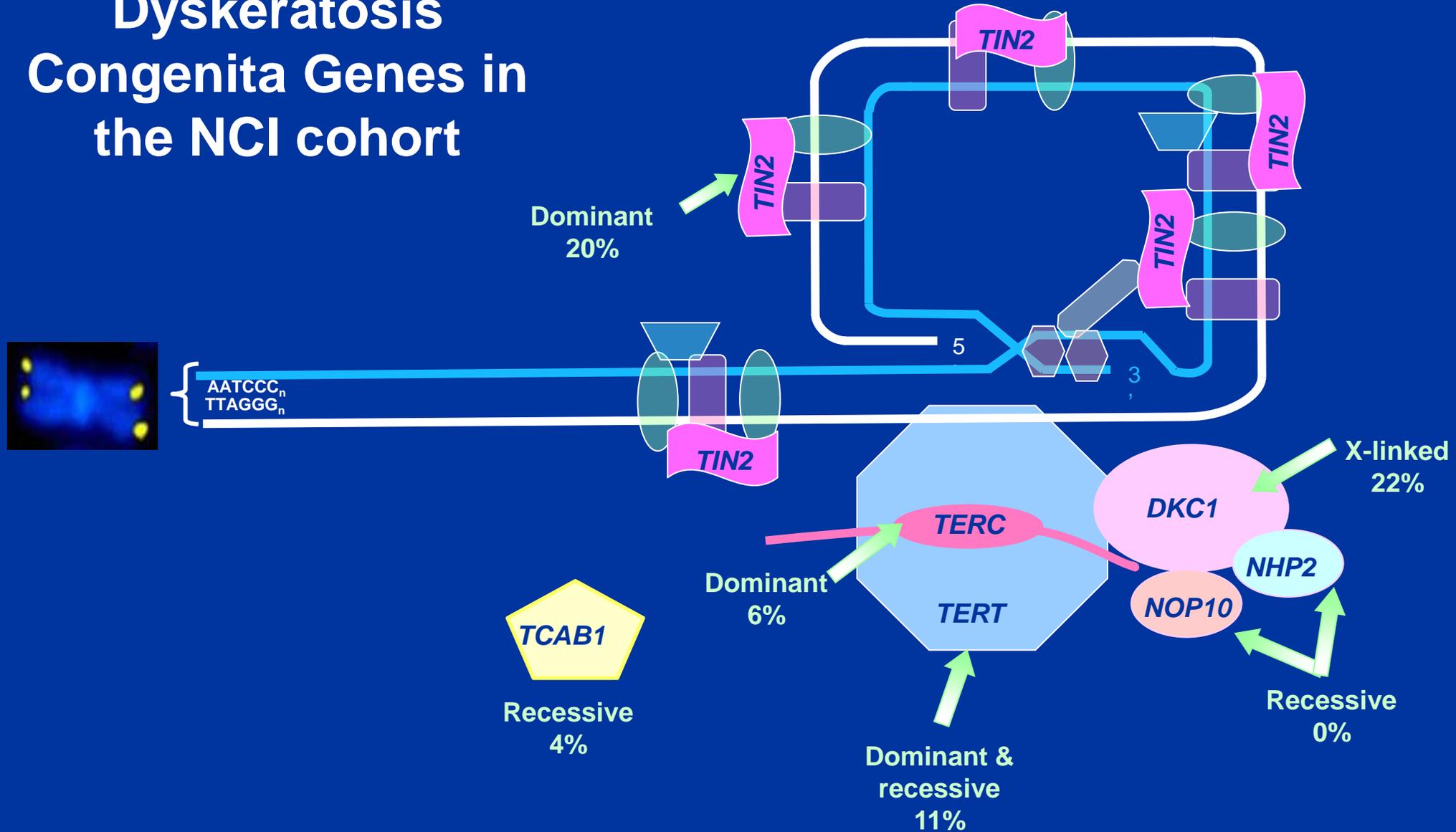
■ Affected with DC

DC-associated *TCAB1* Mutations Result in Defective Telomerase Trafficking

- Occur in conserved loop residues
- Reduce *TCAB1* levels in Cajal bodies
- Prevents localization of the telomerase enzyme complex (*TERT*, *TERC*, *DKC1*) to Cajal bodies



Dyskeratosis Congenita Genes in the NCI cohort



~ 1/3 of our families do not have a mutation in one of these genes



Refining the Phenotype of DC

- Detailed clinical characterization at the NIH Clinical Center

- Dental
- ENT
- Ophthalmology
- Radiology
- Psychiatry
- Pulmonology
- And others



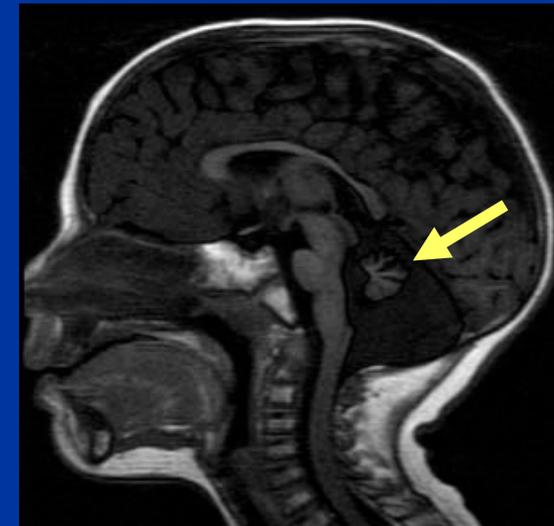
Atkinson et al, Oral Dis
2008;14(5):419-27.



Tear duct present Tear duct absent

Tsilou et al, Ophthalmology.
2010;117(3):615-22

Unpublished data on MRI findings in the brain: John Butman, MD, Clinical Center, NIH, Neelam Giri, MD, Clinical Genetics Branch, DCEG, NCI



Major Contributions from NCI's Dyskeratosis Congenita Study

- **Developed the diagnostic test**
 - Telomere length
- **Discovered 2 of the 7 causative genes**
 - *TINF2* : The first component of the shelterin telomere protection complex associated with any disease
 - *TCAB1*: The first study showing that telomerase mislocalization can cause disease
- **Quantified cancer risk**
- **Refined the extent of medical complications**
- **Helped families create a support group: DC Outreach**
- **Created basis for population-based studies of the contribution of aberrations in telomere biology to cancer risk**

Telomere biology disorders overlap clinically and genetically

**Dyskeratosis
Congenita**

*DKC1, TCAB1,
TERC, TERT, TINF2,
NOP10, NHP2*

**Aplastic
Anemia**

**Pulmonary
Fibrosis**

Germline *TERT* or *TERC*
mutations in 5-10%

Leukemia

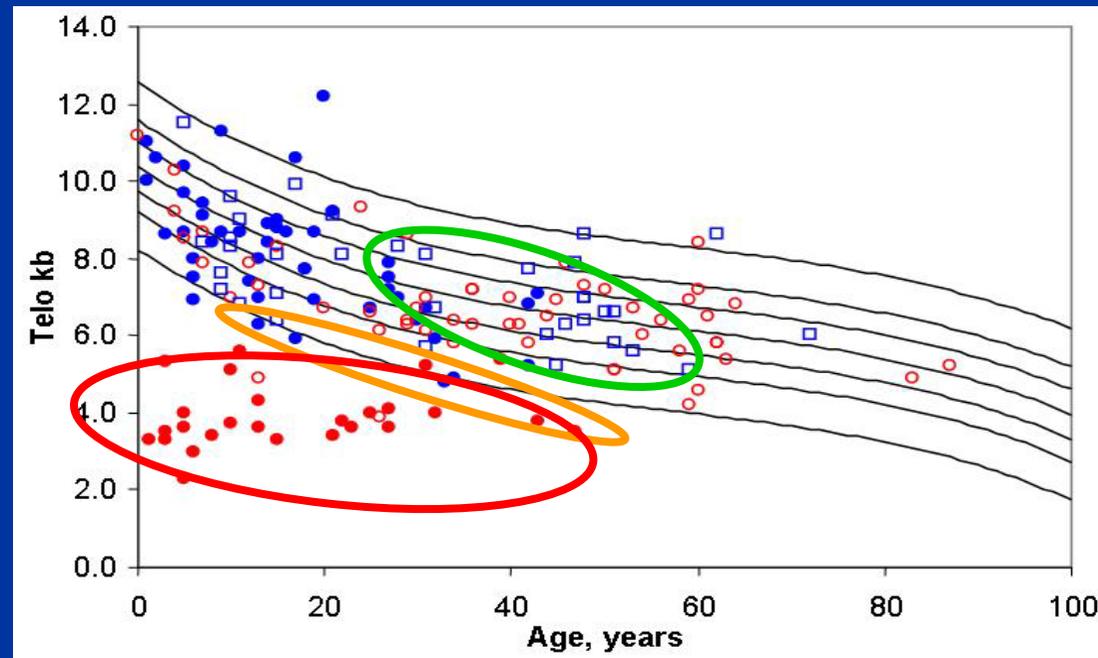
**Liver
Fibrosis**

The clinical spectrum is growing.
Signs & symptoms of DC develop at variable rates.

The Telomere Length Continuum

Normal range

- Marker of common disease risk
- Statistically significant differences



VERY short,
<1st%

Dyskeratosis
Congenita

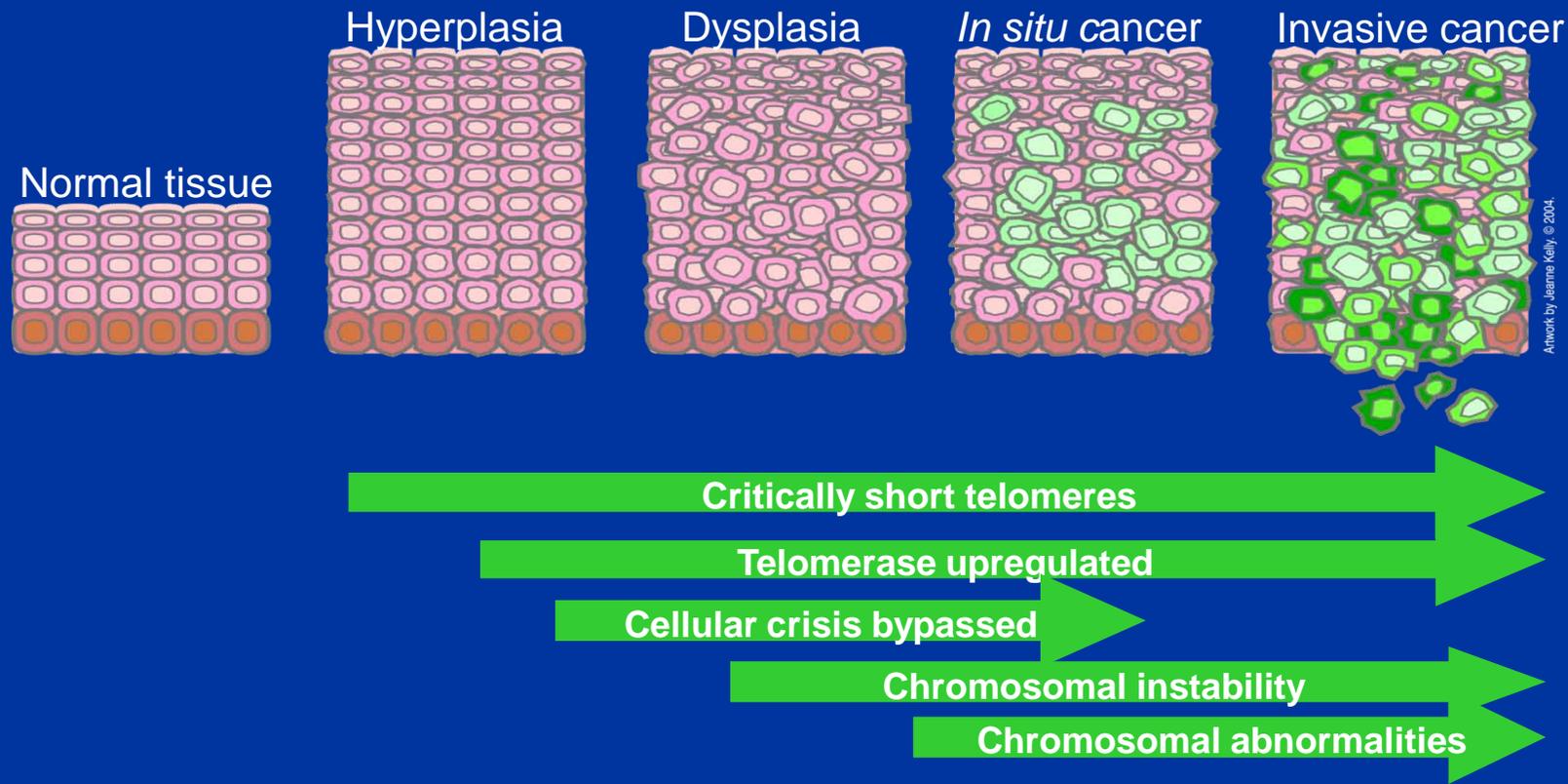
- Rare, highly penetrant disease causing mutations

Short, <10th%

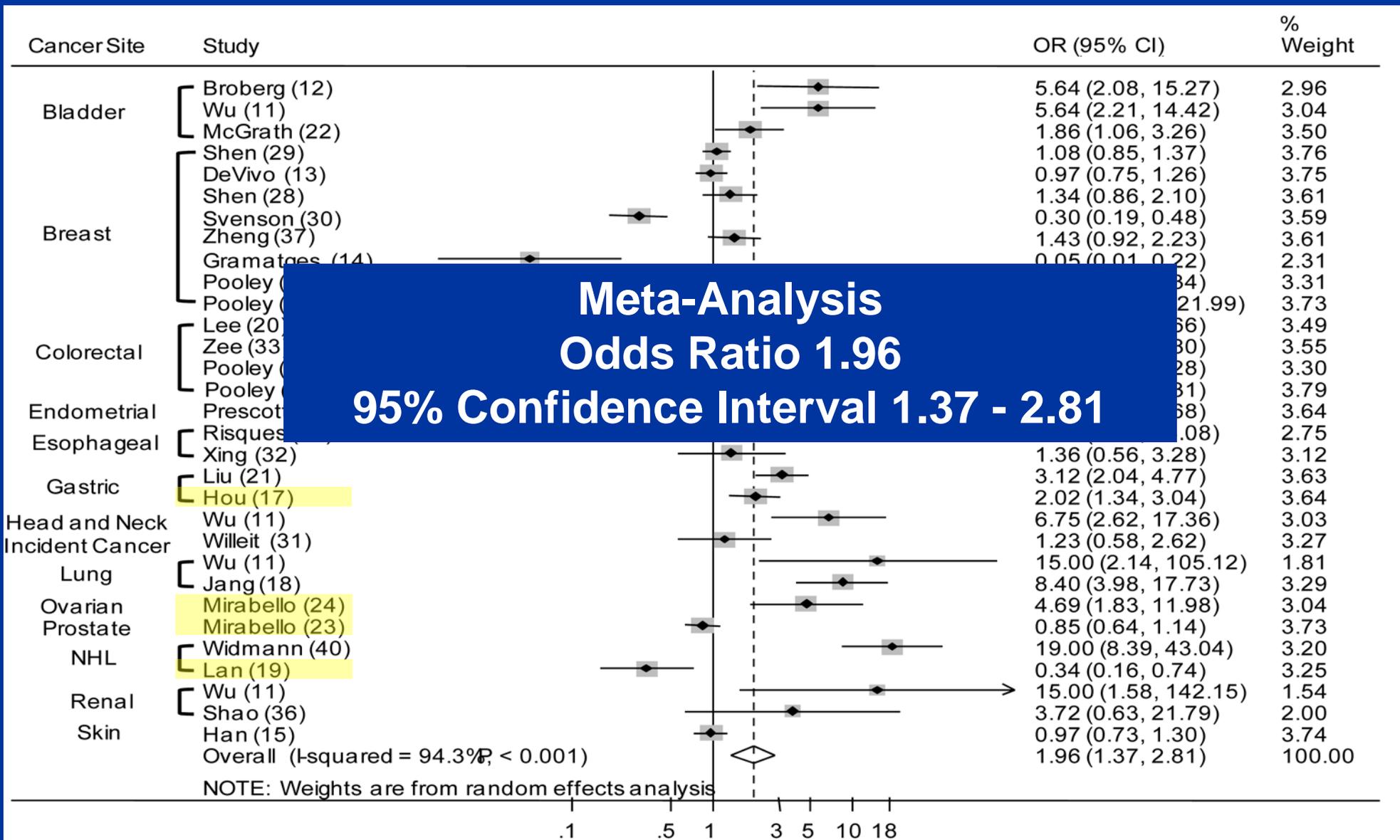
- Aplastic anemia, leukemia, pulmonary fibrosis
- Mutations in *TERT*, *TERC*

Telomere Length and Cancer Risk in the General Population

- Individuals in the general population with shorter germline telomeres may have increased cancer risk because of telomere dysregulation



Surrogate Tissue Telomere Length and Cancer Risk



Dyskeratosis congenita:

a highly informative model of telomere biology and cancer predisposition

Regulation

- Chromosomal stability
- Epigenetics



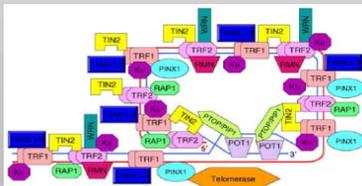
Biomarkers

- Short telomeres and increased cancer risk in populations



Genetics

- Rare mutations cause DC
- *DKC1*, *TERC*, *TERT*, *NHP2*, *NOP10*, *TINF2*, *TCAB1*
- Common variants contribute to cancer in the general population (GWAS)

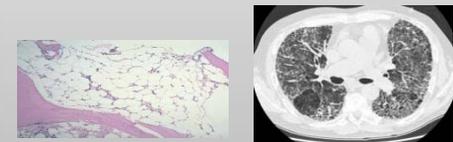


Dyskeratosis Congenita



Related disorders

- Wide phenotypic spectrum, short telomeres, mutations in *TERT* or *TERC*
- Aplastic anemia, leukemia, pulmonary fibrosis, liver disease



Acknowledgements & Collaborators

- **Patients & Families**
 - www.dcoutreach.com



- **NCI's IBMFS study team**
 - Blanche Alter, MD, MPH
 - Neelam Giri, MD
 - Lisa Leathwood, RN
 - Laura Harney, RN
 - Ann Carr, CGC
- **NCI, DCEG, Clinical Genetics Branch**
 - Lisa Mirabello, PhD
 - Shahinaz Gadalla MD, PhD
 - Ingrid Wentzensen, MD
 - Mark H. Greene, MD
 - June Peters, CGC

- **Genomics**
 - Exome sequencing and gene discovery: CGF and LMT
 - Copy number variants: P. NCI, CCR
- **Telomere Length Flow-FISH**
 - P. Lansdorp, University of British Columbia
 - G. Baerlocher, University Bern, Switzerland
- **Outcomes after hematopoietic stem cell transplantation**
 - J. Tolar, University of Minnesota
 - National Marrow Donor Program
- **Consequences of telomere dysfunction in induced pluripotent stem cells**
 - S. Artandi: Stanford University
 - G. Daley: Harvard Medical School
- **function**
 - A. Bertuch: Baylor College of Medicine
 - R. Calado, N. Young: NHLBI
 - P. Lansdorp: University of British Columbia
- **function**
 - D. Ruggiero: University of California, San Francisco
 - J. Wong: University of British Columbia
- **function**
 - S. Artandi: Stanford University