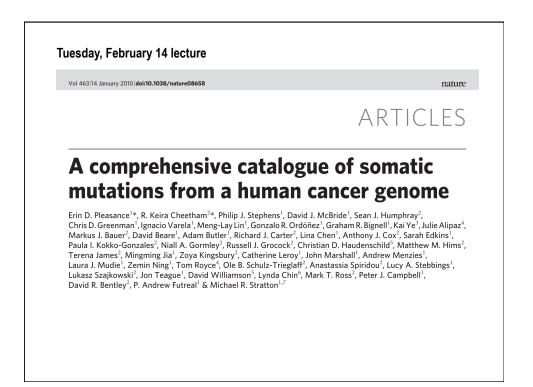
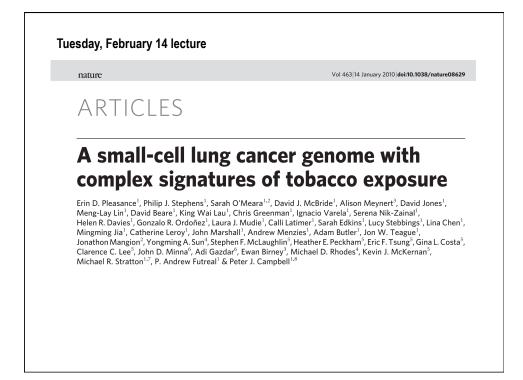
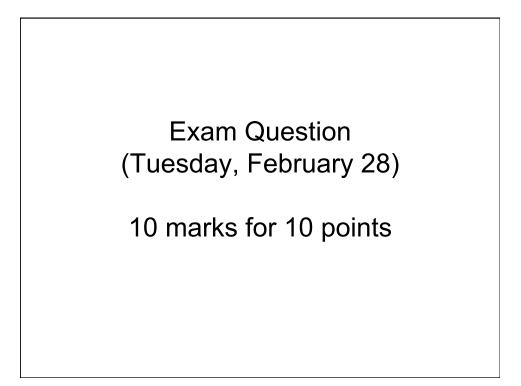
Genetics-multistep tumorigenesis genomic integrity & cancer

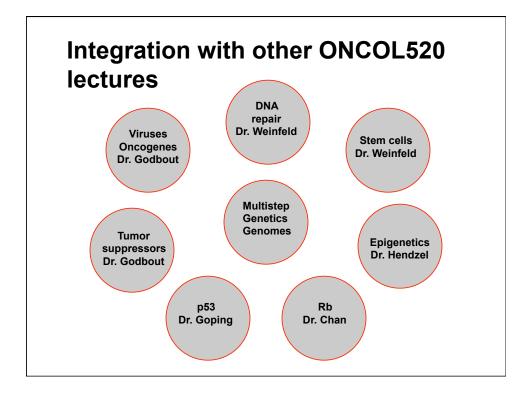
Sections 11.1-11.8 from Weinberg's 'the biology of Cancer'

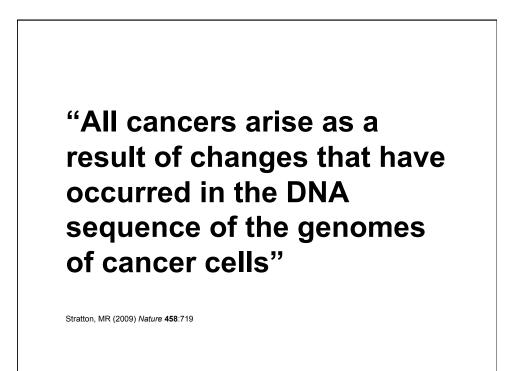
Cancer genetics and genomics Selected publications (more of a journal club format)

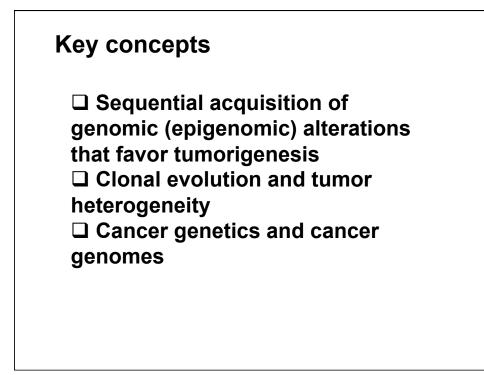


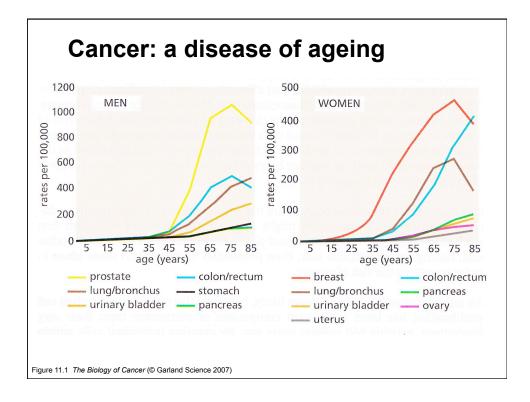


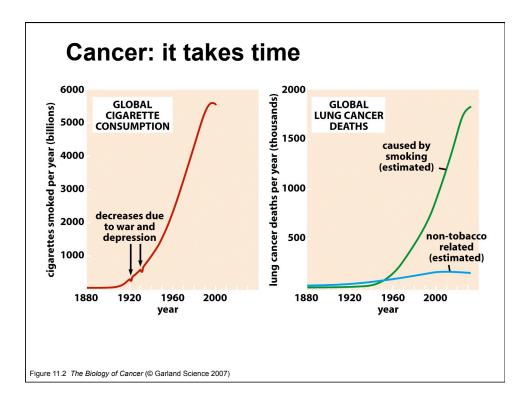


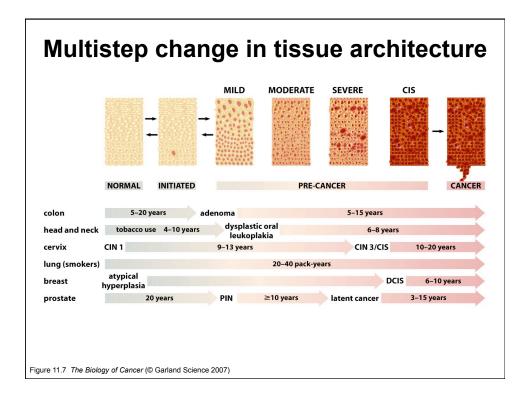


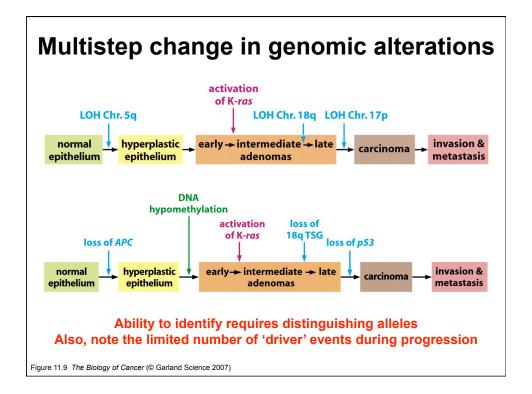


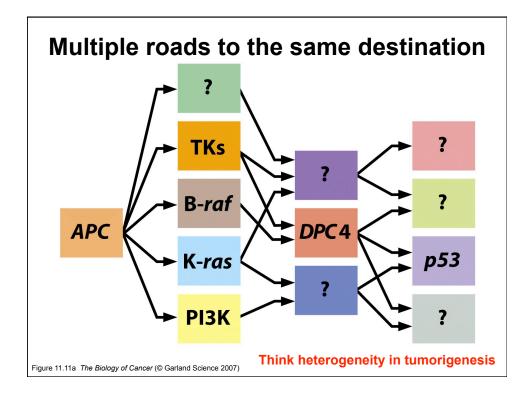


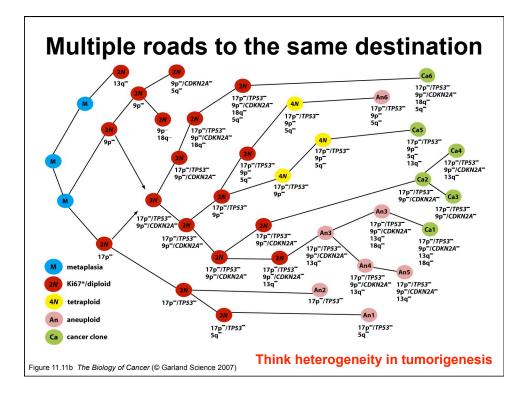


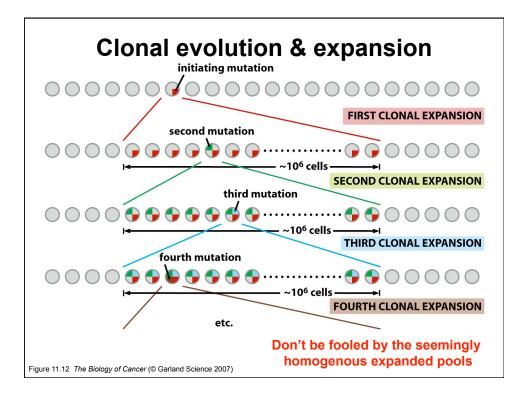


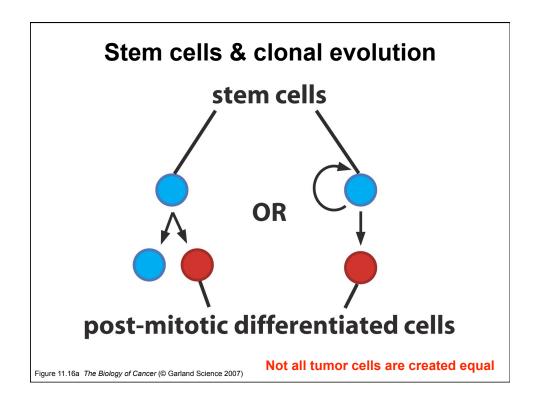


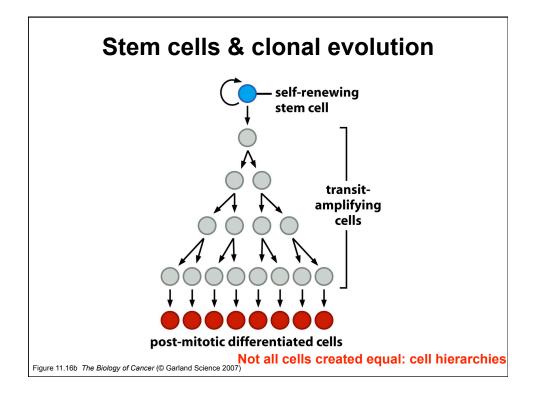


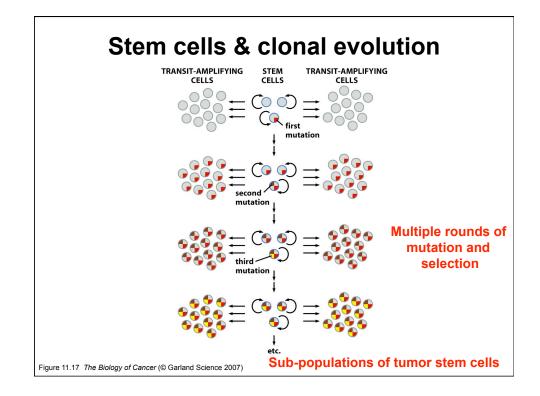


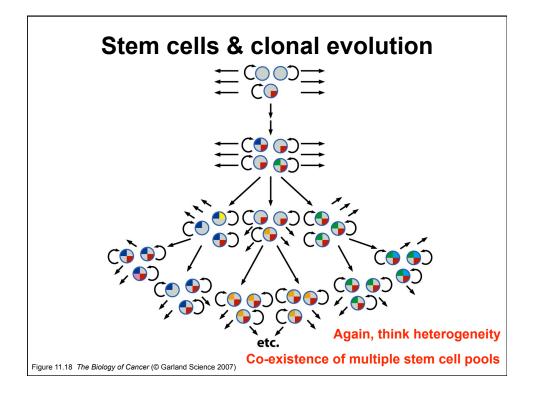


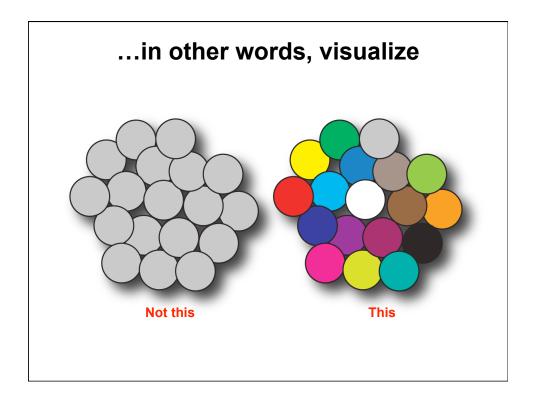


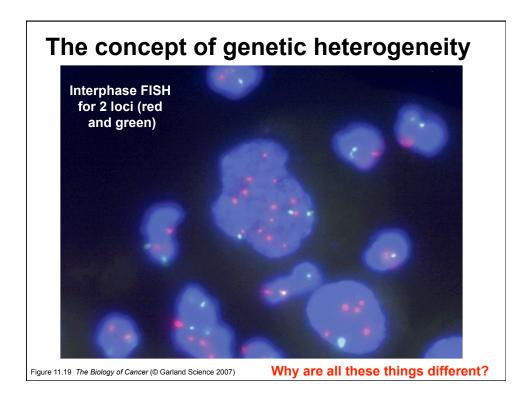


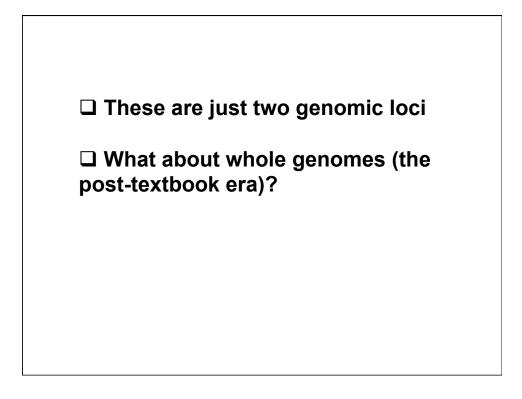




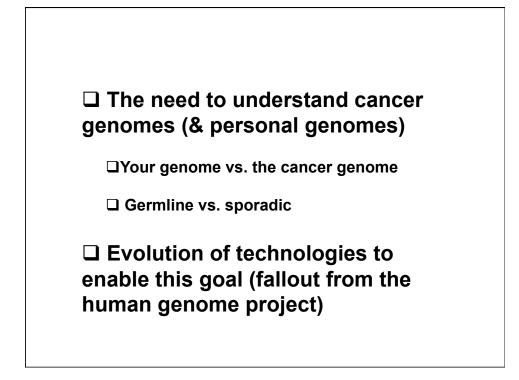


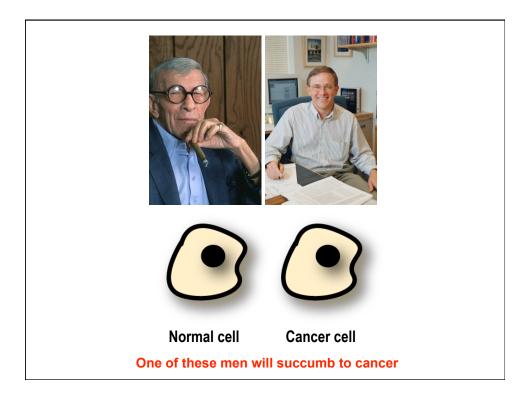


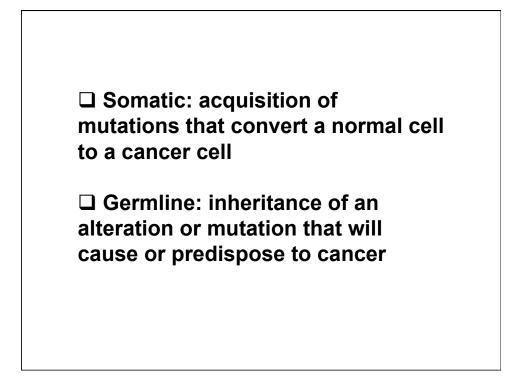


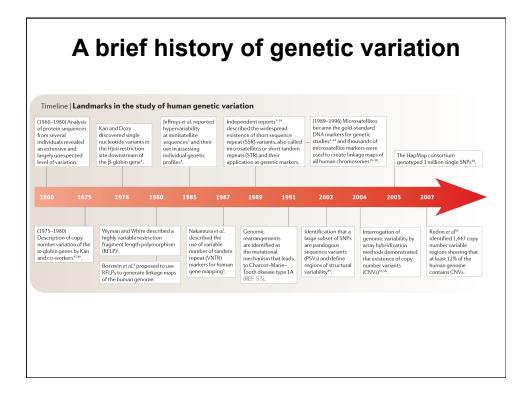


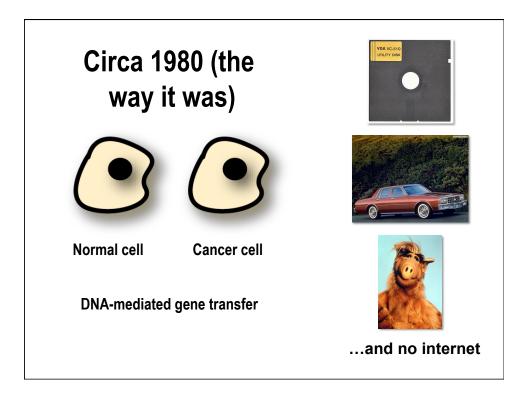


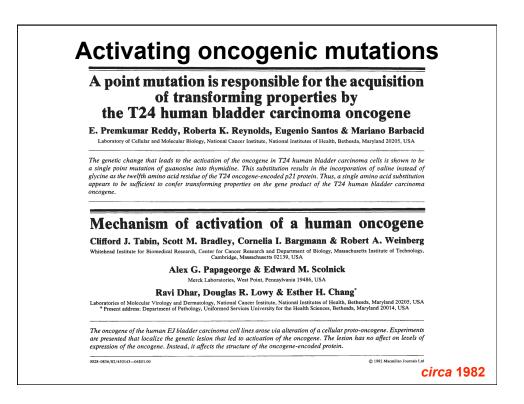


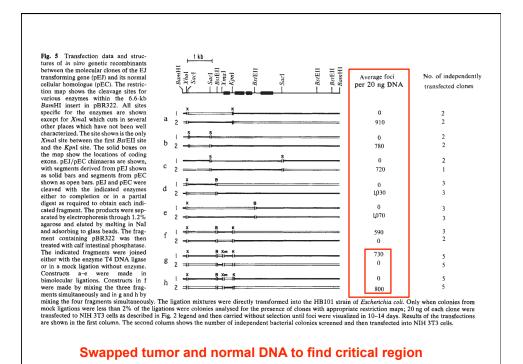


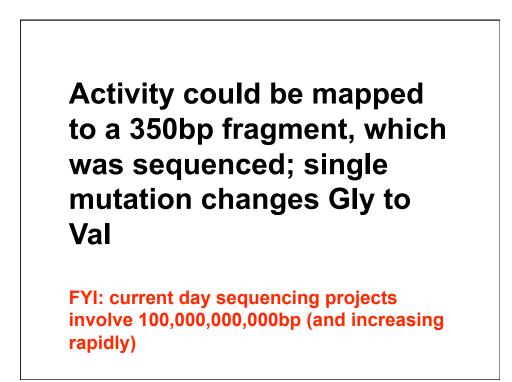


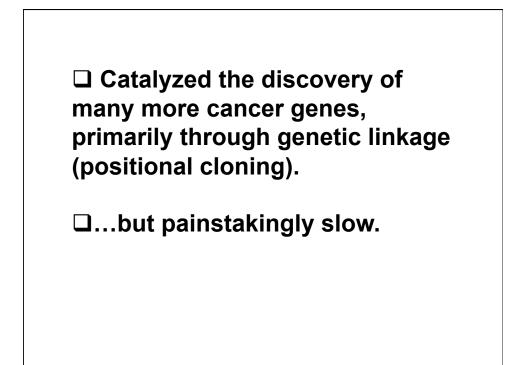








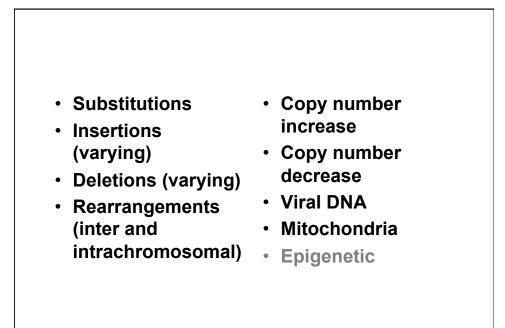




Gene	Syndrome	Location	Principal function	Principal malignancies
RB1	familial retinoblastoma; dominant	13q14	transcriptional/ cell cycle regulator	retinoblastoma
P16 ^{INK4a}	familial melanoma: dominant	9p21	CDK inhibitor	melanoma
CDK4	familial melanoma; dominant	12q13	CDK	melanoma
P53	Li-Fraumeni: dominant	17p13.1	transcription factor	sarcomas, breast cancer
APC	familial adenomatous	5g21	growth factor	colorectal cancer
	polyposis; dominant		signalling	
CDH1	hereditary diffuse gastric cancer; dominant	16q22.1	cell-to-cell adhesion	diffuse gastric cancer
LKB1	Peutz-Jeghers; dominant	19p13.3	serine threonine kinase	gastrointestinal cancer
PTEN	Cowden syndrome; juvenile	10q23.3	phosphatase,	breast cancer, gastrointestinal
	polyposis coli; dominant		cytoskeletal protein?	cancer
SMAD4	juvenile polyposis coli; dominant	18q21.2	growth factor signalling	gastrointestinal cancer
MEN1	multiple endocrine neoplasia type 1; dominant	11q13		endocrine
RET	multiple endocrine neoplasia type 2; dominant	10q11.2	receptor tyrosine kinase	endocrine
MET	Hereditary papillary renal cancer: dominant	7q31	receptor tyrosine kinase	papillary renal cancer
KIT	familial gastrointestinal	4q12	receptor tyrosine	gastrointestinal cancer
<i>M</i> ¹	stromal tumours: dominant	-rq i a	kinase	(stromal)
PTCH	basal cell nevus syndrome; dominant	9q22.3	membrane receptor	basal cell (skin)
NF1	neurofibromatosis type 1;	17q11.2	GTPase-activating	neurofibrosarcomas
NF2	dominant neurofibromatosis type 2;	22q12.2	protein cytoskeletal protein?	central nervous system
	dominant			tumours
VHL	von Hippel-Lindau dominant	3p25	protein maturation? RNA elongation?	renal clear cell carcinomas, pheochromocytomas
WT1	Wilms tumour: dominant	11p13	transcription factor	nephroblastoma
BLM	Bloom syndrome; recessive	15a26.1	dsDNA repair?	leukaemia, lymphoma
FANCA; FANCC; others	Fanconi anaemia; recessive	16q24.3; 9q22.3; ?		leukaemia
XPB; XPD others	xeroderma pigmentosum; recessive	2q21; 19q13; ?	helicases, nucleotide excision repair	basal cell and squamous cell carcinomas
ATM	ataxia telangiectasia; recessive	11q22.3	serine-threonine protein kinase	
NBS1	Nijmegen breakage syndrome; recessive	8q21	transcription factor? dsDNA repair?	lymphoma
BRCA1	familial breast/ovarian cancer; dominant	17q21	transcription factor? dsDNA repair	breast, ovarian cancer
BRCA2	familial breast/ovarian cancer; dominant	13q12	dsDNA repair transcription factor? dsDNA repair	breast, ovarian cancer
MLH1; MSH2 PMS1; PMS2; MSH6	hereditary non-polyposis colorectal cancer; dominant	3p21; 2p16; 2q32; 7p22; 2p16		colorectal, endometrial cancer

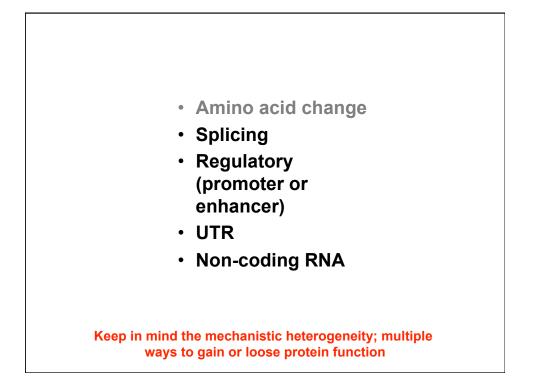
All of these are associated with some obvious change to the gene and usually the encoded protein

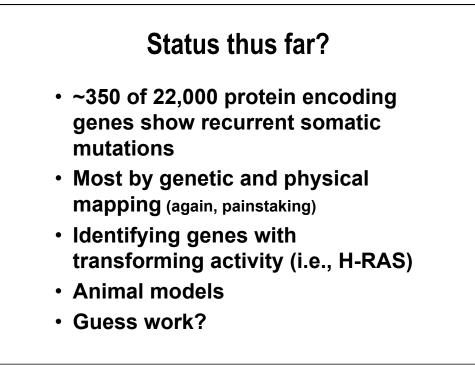
...what can these include?

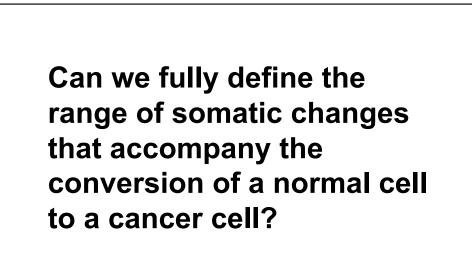


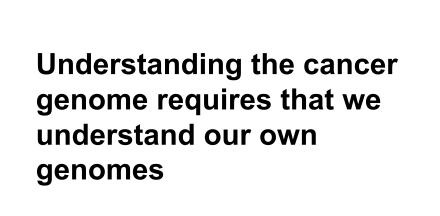
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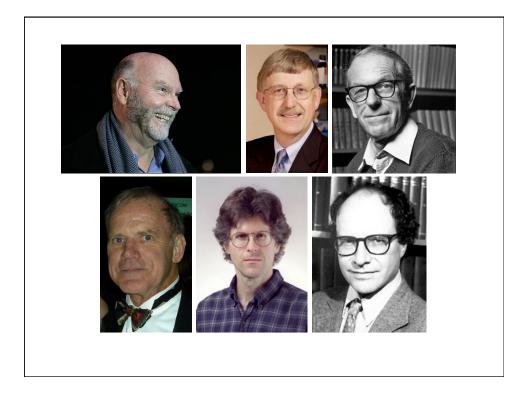
...but not always. What are some other possibilities?











Human genome timeline

1985



Interested in affect of radiation on mutation (Department of Energy)





Early 1990s With sequencing still slow and expensive, the genome project adopts a 'map-first, sequence-later' strategy. In the early 1990s, two Parisian laboratories, the Centre d'Etude du Polymorphisme Humain and Généthon, have an intergar lote in mapping — underlining the project's international character. The labs' driving forces are Daniel Cohen (top) and Jean Weissenbach. Later, the genome project constructs a higher-resolution map that is used to sequence and assemble

Officially launched

the human genome.

Human genome timeline



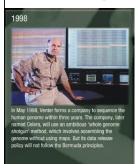
Collins takes over





partners in the genome project agree to formalize the conditions of data access, including release of sequence data into public databases within 24 hours. These came to be known as the 'Bermuda principles'.

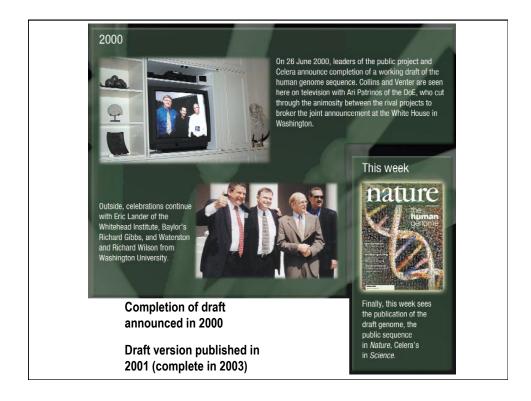
Human genome timeline



Venter enters the picture (\$\$\$\$)







13 years and \$437 million later, we have a 'complete' genome sequence

\$3 billion allocated to various genome projects over this time

"Exploiting this variation has huge implications for cancer research, treatment, and prevention"