Gilbert W. Beebe Symposium on 30 Years after the Chernobyl Accident: Current and Future Studies on Radiation Health Effects

Genetic Markers



Yuri E. Nikiforov, MD, PhD
Division of Molecular & Genomic Pathology
University of Pittsburgh Medical Center
Pittsburgh, USA

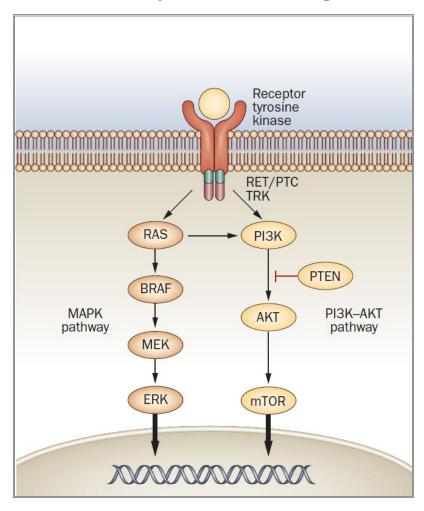


Outline

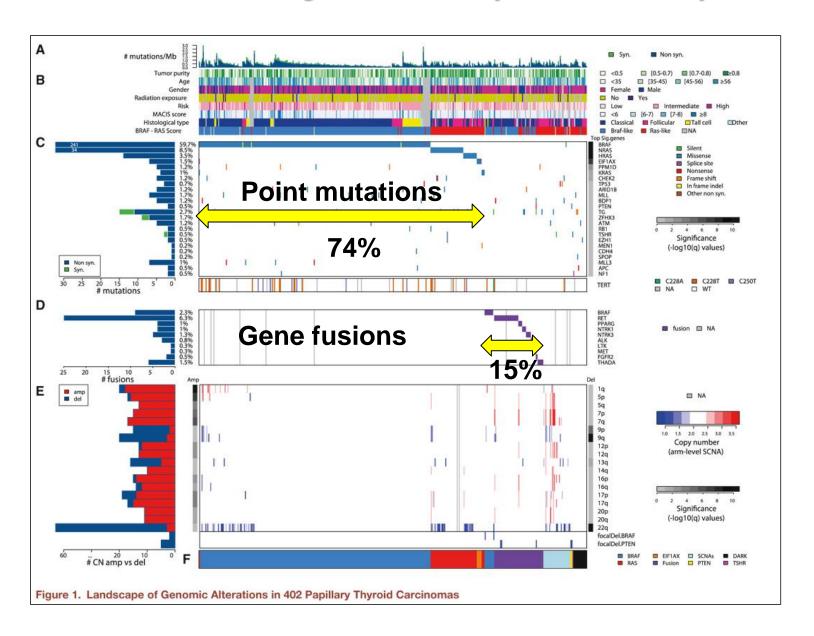
- Molecular landscape of sporadic PTC
- Evolution of understanding of genetics of post-Chernobyl PTC:
 - Early studies/single gene approaches
 - NGS/genome-wide analyses

Genetic Basis of Thyroid Cancer

Major pathways involved in Thyroid Cancer Development and Progression



TCGA study of PTC (Cell, 2014)



Genetic Alterations in Post-Chernobyl Thyroid Cancer

Lancet. 1994 Jul 23;344(8917):259.

Activated RET oncogene in thyroid cancers of children from areas contaminated by Chernobyl accident.

Ito T, Seyama T, Iwamoto KS, Mizuno T, Tronko ND, Komissarenko IV, Cherstovoy ED, Satow Y, Takeichi N, Dohi K, et al.

Table: RET oncogene activation in thyroid cancer in children from the contaminated area

Case	Age		Sex	Histology	Area	RET oncogene
	ATA*	ATS [†]				activation
1	3 yr	8 yr	F	PC	Minsk	·
2	2 mo	5 yr	F	PC	Kiev	
3	4 yr	8 yr	М	PC	Minsk	_
4	4 yr	10 yr	M	PC	Gomel	+
5	8 yr	14 yr	М	PC	Gomel	+ +
6	6 yr	12 yr	F	PC	Gomel	·
7	9 mo	7 yr	F	PC	Gomel	† -

PC=papillary carcinoma. *ATA=at the time of the accident. †ATS=at the time of surgery.

Genetic Alterations in Post-Chernobyl Thyroid Cancer

[CANCER RESEARCH 55, 5617-5620, December 1, 1995]

Oncogenic Rearrangements of the *RET* Proto-Oncogene in Papillary Thyroid Carcinomas from Children Exposed to the Chernobyl Nuclear Accident¹

Laura Fugazzola, Silvana Pilotti, Aldo Pinchera, Tatiana V. Vorontsova, Piera Mondellini, Italia Bongarzone, Angela Greco, Larisa Astakhova, Marta G. Butti, Eugene P. Demidchik, Furio Pacini, and Marco A. Pierotti²

Istituto di Endocrinologia, Universita' di Pisa, V.le del Tirreno 64, 56018 Tirrenia Pisa [L. F., A. P., F. P.]; Divisione di Anatomia Patologica e Citologia [S. P.] and Divisione di Oncologia Sperimentale A [P. M., I. B., A. G., M. G. B., M. A. P.], Istituto Nazionale Tumori, Via G. Venezian I, 20133 Milano, Italy; and Institute of Radiation Medicine [T. V. V., L. A.] and Oncology Center of Thyroid [E. P. D.], Minsk, Byelorussia

Oncogene. 1995 Dec 21;11(12):2459-67.

High prevalence of RET rearrangement in thyroid tumors of children from Belarus after the Chernobyl reactor accident.

Klugbauer S1, Lengfelder E, Demidchik EP, Rabes HM.

RET/PTC 8/12 (67%)

RET/PTC

4/6 (67%)

[CANCER RESEARCH 57, 1690-1694, May 1, 1997]

Distinct Pattern of *ret* Oncogene Rearrangements in Morphological Variants of Radiation-induced and Sporadic Thyroid Papillary Carcinomas in Children¹

Yuri E. Nikiforov, Jon M. Rowland, Kevin E. Bove, Hector Monforte-Munoz, and James A. Fagin²

Division of Endocrinology, University of Cincinnati College of Medicine, Cincinnati, Ohio 45267-0547 [Y. E. N., J. A. F.]; Department of Pathology, Childrens Hospital Los Angeles, California 90027 [J. M. R., H. M-M.]; and Department of Pathology, Childrens Hospital Medical Center, Cincinnati, Ohio 45229 [K. E. B.]

Table 3 Prevalence of ret rearrangements in radiation-induced and sporadic pediatric thyroid tumors

			TK positive		
	RET/PTC1	RET/PTC2	RET/PTC3	Novel RET/PTC?	Total RET/PTC
Radiation-induced	6 (16%)	1 (3%)	22 (58%) ^a	4 (10%)	33/38 (87%)
Sporadic	8 (47%) ^b	0	3 (18%)	1 (6%)	12/17 (71%)

 $^{^{}a}P = 0.01$ in comparison with the prevalence of et/PTC_{o} in sporadic tumors.

RET/PTC 33/38 (87%) 12/17 (71%)

^bP < 0.05 in comparison with the prevalence of *ret/PTC1* in radiation-induced tumors.

Genetic Alterations in Post-Chernobyl Thyroid Cancer

Vol. 6, 1093-1103, March 2000

Clinical Cancer Research 1093

Pattern of Radiation-induced *RET* and *NTRK1* Rearrangements in 191 Post-Chernobyl Papillary Thyroid Carcinomas: Biological, Phenotypic, and Clinical Implications¹

Hartmut M. Rabes,² Evgenij P. Demidchik, Juri D. Sidorow, Edmund Lengfelder, Claudia Beimfohr, Dieter Hoelzel, and Sabine Klugbauer

ELEI/RET is related to the solid variant of PTC, H4/RET more frequently to typical papillary structures. The genotype/phenotype evaluation of post-Chernobyl PTCs reveals a characteristic spectrum of gene rearrangements that lead to typical phenotypes with important biological and clinical

Table 3 Changes in the prevalence and type of RET and NTRK1 rearrangements in 191 PTCs of children after the Chernobyl reactor accident on April 26, 1986, as a function of the tumor latency period (interval between exposure and diagnosis/thyroidectomy)

_			ngement itive		ngement ative	P	ГС1	P	гс3	PTC	5,6,7,X	NT	TRK1
Latency period	Total	n	%	n	%	n	% ^a	n	% ^a	n	% ^a	n	% ^a
Total (7-11.7 years)	191	100	52.4	91	47.6	48	48.0	38	38.0	8	8.0	6	6.0
≤10 years	61	40^{b}	65.6	21 ^b	34.4	9c	22.5	24 ^c	60.0	5	12.5	2	5.0
>10 years	130	60 ^b	46.2	70 ^b	53.8	39°	65.0	14 ^c	23.3	3	5.0	4	6.7

^a Percentages from total number of rearrangement-positive PTCs in this latency group.

 $^{^{}b}P = 0.012.$

 $^{^{}c}P < 0.001$.



Oncogenic AKAP9-BRAF fusion is a novel mechanism of MAPK pathway activation in thyroid cancer

Raffaele Ciampi,¹ Jeffrey A. Knauf,² Roswitha Kerler,³ Manoj Gandhi,¹ Zhaowen Zhu,¹ Marina N. Nikiforova,¹ Hartmut M. Rabes,³ James A. Fagin,² and Yuri E. Nikiforov¹

¹Department of Pathology and Laboratory Medicine and ²Division of Endocrinology, University of Cincinnati College of Medicine, Cincinnati, Ohio, USA.

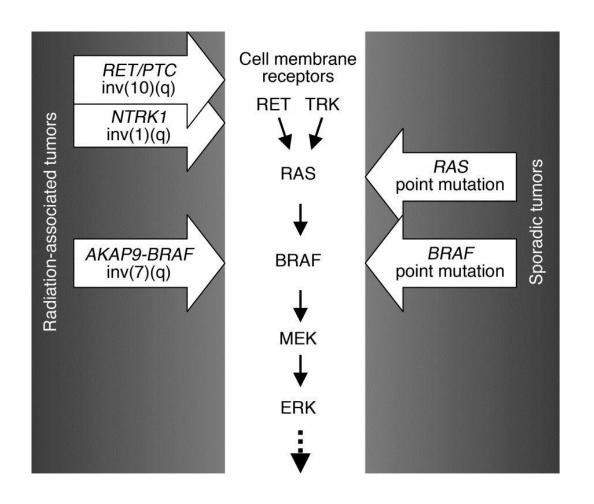
³Institute of Pathology, University of Munich, Munich, Germany.

Prevalence of *BRAF* alterations in papillary thyroid carcinomas

	n	Age at surgery	Age at exposure	AKAP9-BRAF	BRAFV600E
Early radiation–associated tumors (latency period 5–6 yr)	28	11.4 ± 3.6	5.0 ± 3.8	11% ^A	0 _B
Late radiation–associated tumors (latency period 9–12 yr)	64	16.0 ± 5.0	5.4 ± 5.1	0	16%
Sporadic tumors	102	40.0 ± 17.7	_	1%	37%

 $^{^{}A}P = 0.03$ compared with sporadic tumors and late radiation—associated tumors. $^{B}P < 0.0001$ compared with sporadic tumors; P = 0.03 compared with late radiation—associated tumors.

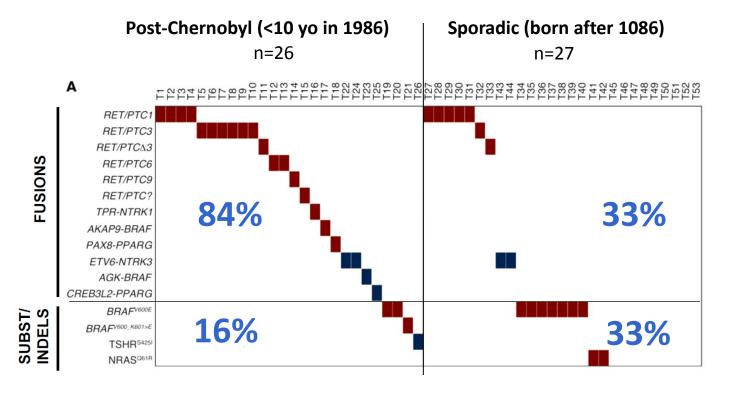
Mechanisms of Mutations in Radiation-Associated and Sporadic Thyroid Cancer



Identification of kinase fusion oncogenes in post-Chernobyl radiation-induced thyroid cancers

Julio C. Ricarte-Filho,¹ Sheng Li,²,³ Maria E.R. Garcia-Rendueles,¹ Cristina Montero-Conde,¹ Francesca Voza,¹ Jeffrey A. Knauf,¹,⁴ Adriana Heguy,¹ Agnes Viale,⁵ Tetyana Bogdanova,⁶ Geraldine A. Thomas,² Christopher E. Mason,²,³ and James A. Fagin¹,⁴

- Ukrainian patients from contaminated areas <10 yo in April 1986 or born after 1986
- Combination of candidate gene approach and RNA-Seq



Molecular Landscape and Dose Association of Thyroid Cancers in UkrAm Cohort

Institute of Endocrinology and Metabolism of AMS of Ukraine

Mykola Tronko Tetiana Bogdanova Liudmyla Zurnadzy Ilya Likhtarev

National Cancer Institute USA

Alina Brenner
Mark Little
Maureen Hatch
Andre Bouville
Vladimir Drozdovich
Kiyohiko Mabuchi
Stephen Chanock

Department of Pathology University of Pittsburgh USA

Yuri Nikiforov's lab

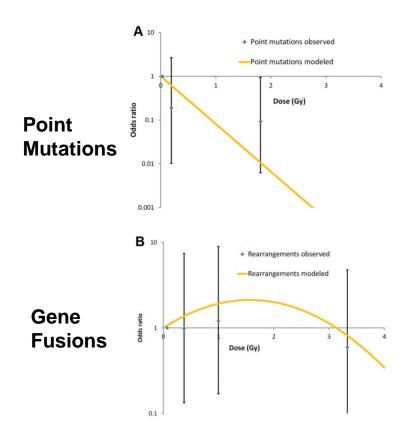
- Patients from the Ukrainian-American cohort study
- I-131 thyroid doses reconstructed (V. Drozdovich)
- 104 were PTCs diagnosed between 1998 and 2008, diagnosis confirmed by the International Pathology Panel
- Tissue samples collected via Chernobyl Tissue Bank (CTB)
- DNA or RNA isolated at IEM (Kyiv, Ukraine) or Imperial College (London, UK).
- ~70 PTC, 62 had both DNA and RNA available; did not include individuals exposed in utero
- Genetic analysis: candidate gene approach, Sanger and targeted NGS, RNA-Seq

RET/PTC and PAX8/PPARγ Chromosomal Rearrangements in Post-Chernobyl Thyroid Cancer and Their Association With Iodine-131 Radiation Dose and Other Characteristics

Rebecca J. Leeman-Neill, MD, PhD¹; Alina V. Brenner, MD, PhD, MPH²; Mark P. Little, MA, DPhil²; Tetiana I. Bogdanova, PhD³; Maureen Hatch, PhD²; Liudmyla Y. Zurnadzy, MD, PhD³; Kiyohiko Mabuchi, MD, DrPH²; Mykola D. Tronko, MD, PhD³; and Yuri E. Nikiforov, MD, PhD¹

Sanger sequencing for known mutations

Genetic Alteration	Mutation Frequency	¹³¹ I Dose, Mean (Gy)		
RET/PTC1	14 (22%)	1.04		
RET/PTC3	8 (13%)	1.54		
BRAF	9 (15%)	0.27		
RAS ^a	5 (8%)	0.20		
PAX8/PPARγ ^a	2 (3%)	0.62		
No known mutation	25 (40%)	1.97		
Total/overall	62 (100%)	1.27		



ETV6-NTRK3 Is a Common Chromosomal Rearrangement in Radiation-Associated Thyroid Cancer

Rebecca J. Leeman-Neill, MD, PhD¹; Lindsey M. Kelly, BS¹; Pengyuan Liu, PhD²; Alina V. Brenner, MD, PhD, MPH³; Mark P. Little, MA, DPhil³; Tetiana I. Bogdanova, MD, PhD⁴; Viktoria N. Evdokimova, PhD¹; Maureen Hatch, PhD³; Liudmyla Y. Zurnadzy, MD, PhD⁴; Marina N. Nikiforova, MD¹; Ning J. Yue, PhD⁵; Miao Zhang, PhD⁵; Kiyohiko Mabuchi, MD, DrPH³; Mykola D. Tronko, MD, PhD⁴; and Yuri E. Nikiforov, MD, PhD¹

- Sanger sequencing and limited RNA-Seq
- ETV6-NTRK3 fusions

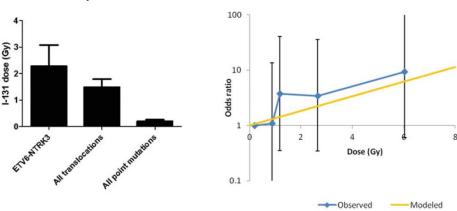
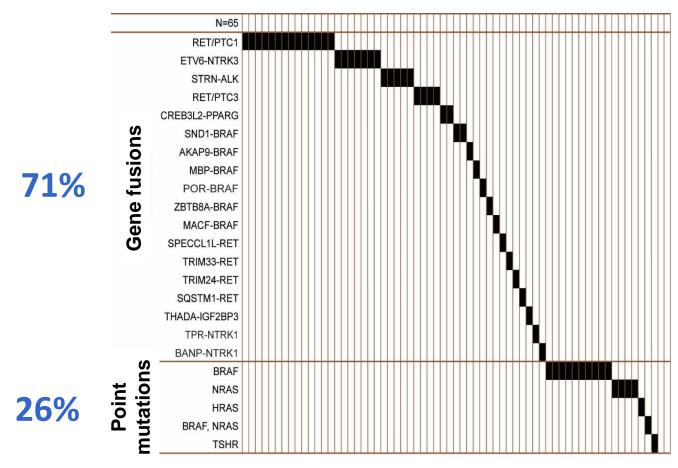


TABLE 2. Dose Response for Different Groups of Mutations in Post-Chernobyl Papillary Thyroid Cancer^a

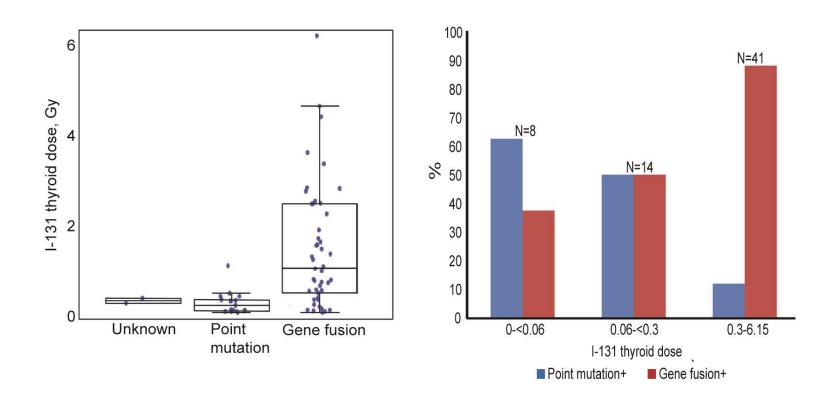
Genetic Alteration	Risk (95% CI), Gy ^{-1b}	Р
Assessment of trend ETV6-NTRK3 Assessment of heterogeneity: Log-linear dose response	0.30 (-0.09, 0.74)	.1263°
All translocations All point mutations: <i>BRAF</i> , <i>NRAS</i> , <i>HRAS</i>	0.09 (-0.24, 0.46) -3.29 (-6.06, -1.38)	<.0001 ^d

- Targeted NGS and whole-transcriptome sequencing (RNA-Seq)
- 63 out of 65 (97%) tumors with driver mutations



Genetic alteration		I-131 thyroid dose, Gy	Age at exposure, yr	Age at surgery, yr	Time since exposure, yr
	N (%)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Point mutation	17 (26.2)	0.2 (0.3)	10.9 (3.6)	28.4 (4.1)	17.6 (2.9)
BRAF*	11	0.2	10.9	28.0	17.1
RAS	5	0.2	11.0	29.0	18.8
TSHR	1	0.3	10.0	26.6	16.6
Gene fusion	46 (70.8)	1.4 (1.4)	7.1 (4.4)	23.5 (4.7)	16.3 (2.6)
ALK	5	2.0	6.2	23.2	17.0
BRAF	7	1.8	6.4	23.0	16.6
NTRK	9	1.5	8.4	24.1	15.7
RET	22	1.2	7.1	23.2	16.1
Other gene	3	1.6	7.4	25.3	17.9
Unknown	2 (3.1)	0.3 (0.1)	7.8 (7.6)	22.6 (10.2)	14.8 (2.6)
Total	65 (100)	1.1 (1.3)	8.1 (4.5)	24.7 (5.1)	16.6 (2.7)

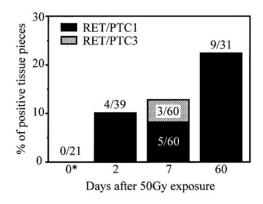
	Point mutation+	Gene fusion+		
Factor	N (%) or mean (SD)	N (%) or mean (SD)	OR^	95% CI
Sex				
Female	14 (82.4)	23 (50.0)	0.18	0 to 0.75
Male	3 (17.7)	23 (50.0)	1.00	Referent
P*			0.020	
Age at surgery, yr	28.4 (4.1)	23.5 (4.7)	0.74	0.59 to 0.89
P			< 0.001	
Oblast of residence in 1	986			
Zhytomyr	1 (5.9)	17 (37.0)	1.82	0.81 to Infinity
Kyiv	5 (29.4)	6 (13.0)	1.03	0 to 2.75
Chernihiv	11 (64.7)	23 (50.0) 1.00		Referent
P*			0.164	
I-131 thyroid dose, Gy				
0.009-0.059	5 (29.4)	3 (6.5)	1.00	Referent
0.060-0.299	7 (41.2)	7 (15.2)	1.30	0 to 3.47
0.300-6.154	5 (29.4)	36 (78.3)	2.09	1.07 to Infinity
P*			0.034	
I-131 thyroid dose, Gy	0.2 (0.3)	1.4 (1.4)	20.01#	2.57 to 653.02
P			< 0.001	



Experimental Induction of RET/PTC and ETV6/PTRK3 by Radiation in Thyroid Cells

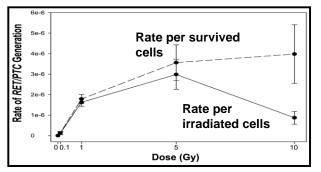
Mizuno et al. Oncogene (2000)

- Fetal human thyroid tissue xenografts in SKID mice
- X ray (50 Gy)

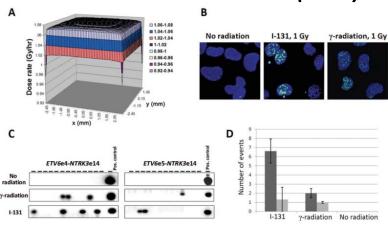


Caudill et al. JCEM (2005)

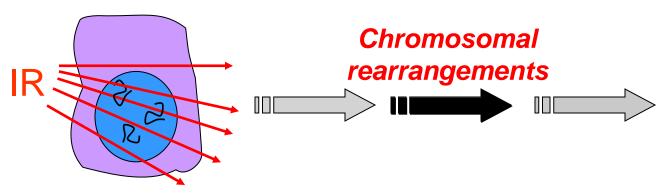
- HTori-3 human thyroid cells
- γ -radiation (0.1-10 Gy)

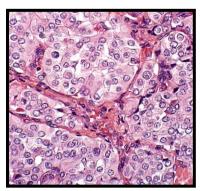


Leeman-Neill et al. Cancer (2014)



Radiation-Associated Carcinogenesis in Thyroid Cells





Papillary
Thyroid Cancer

DNA Damage

<u>1 Gy</u>

- ~1,000 SSBs
- ~30-40 DSBs
- ~3,000 base damages

Future Directions

- Mechanisms of chromosomal rearrangements after radiation exposure: direct, indirect?
- □ DNA repair mechanisms
- □ Role of genetic predisposition

Chromosomal rearrangements - a universal mechanism of radiation-associated cancer? Leukemias, breast cancer, sarcomas

Acknowledgements

Sir Dillwyn Williams James Fagin Marina Nikiforova

Kiev, Ukraine

Tetiana Bogdanova Mykola Tronko Liudmyla Zurnadzy Ilya Likhtarev

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Kiyohiko Mabuchi
Stephen Chanock



CHERNOBYL TISSUE BANK

Gerry Thomas

Munich, Germany
Hartmut Rabes
Roswitha Kerler

*Minsk, Belarus*Valentina Drozd
Mikhail Fridman

