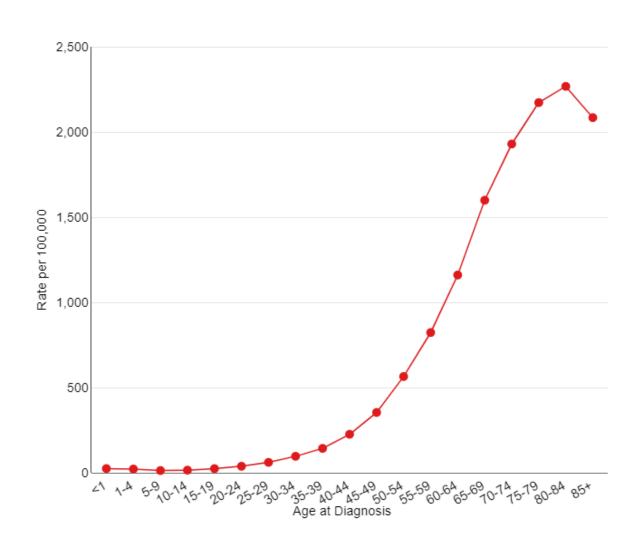
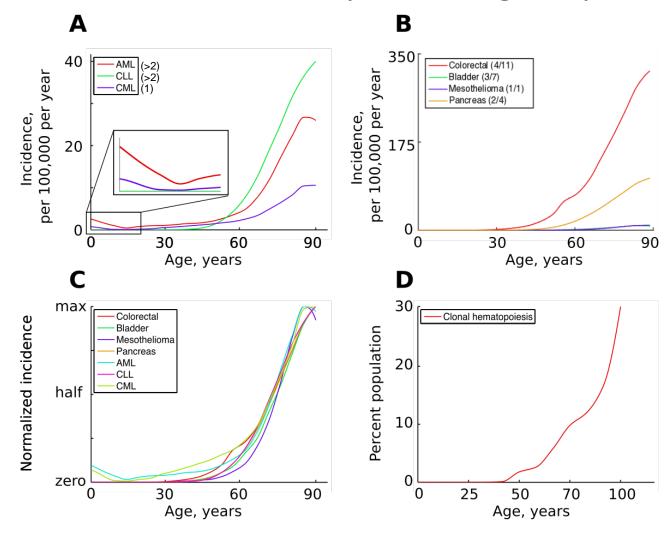


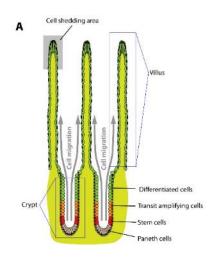
# 90% of cancers develop after the age of 50

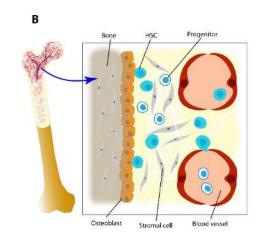


## WHY?

Cancers requiring different numbers of driver mutations and originating from vastly differently organized stem cell pools demonstrate very similar age-dependent incidence



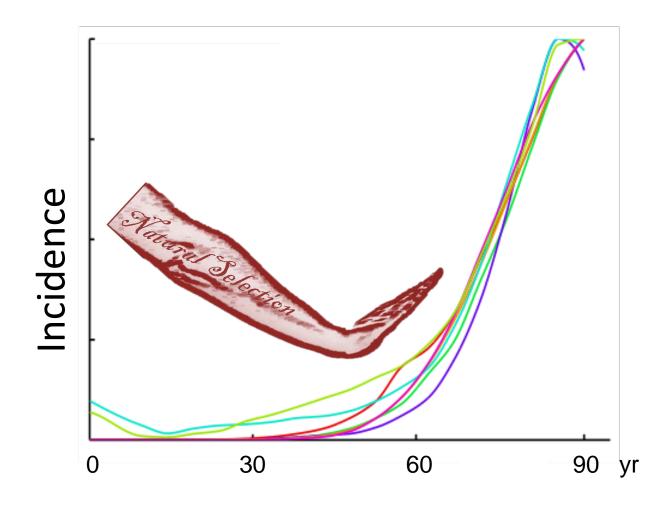




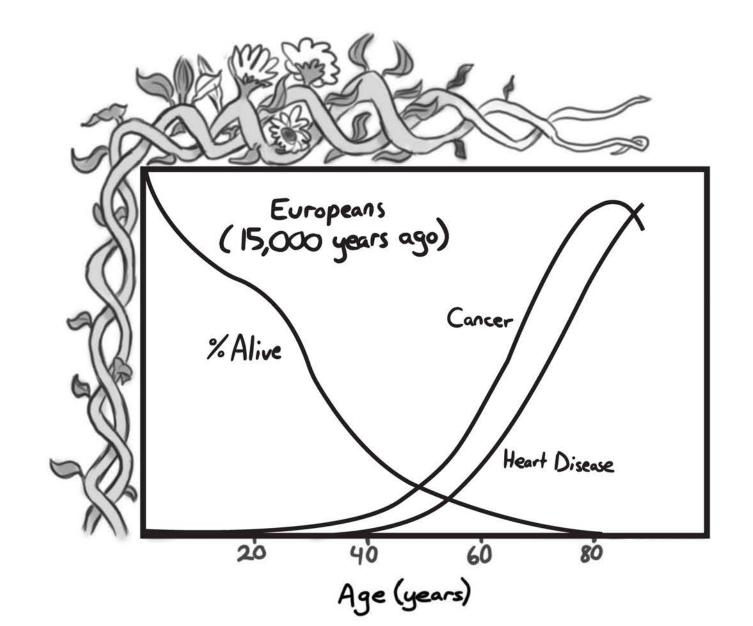


**Andrii Rozhok** 

Rozhok and DeGregori, eLife, 2019



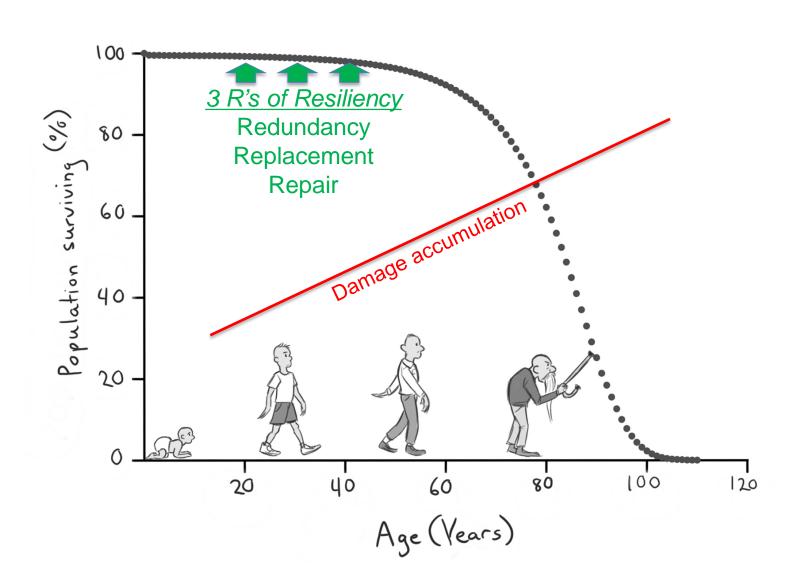
There is minimal selection against cancer (and other diseases of aging) beyond the age where most individuals would already be dead by other causes



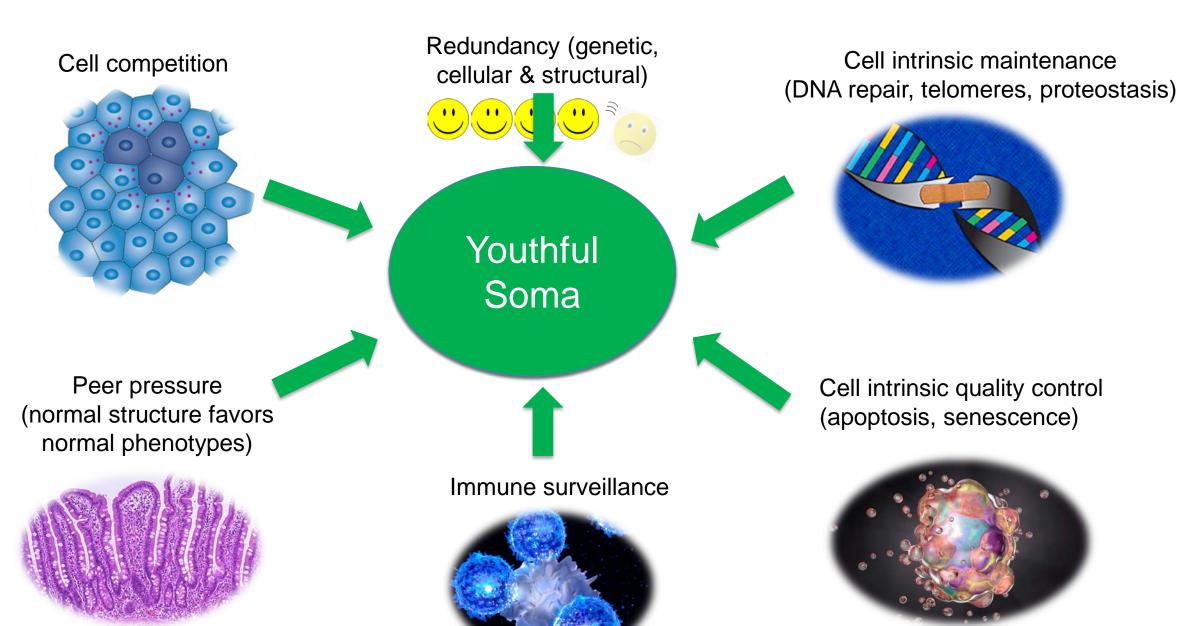
#### Aging theory:

- R. Fisher
- J. Haldane
- P. Medawar
- G. Williams
- W. Hamilton
- T. Kirkwood

## Life is not linear



### So how are tissues maintained?



Why does it matter?

#### Robustness



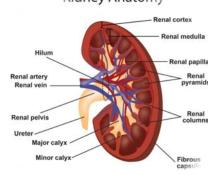






#### Tissue function

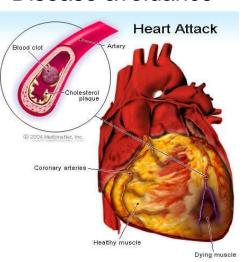






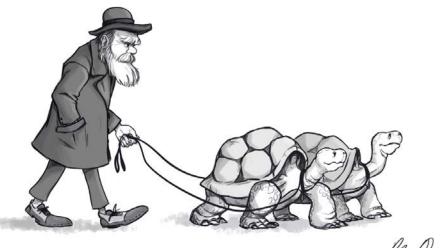


#### Disease avoidance

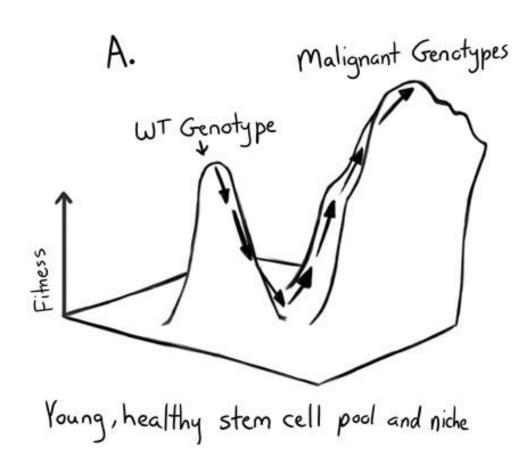


So what does the investment in tissue maintenance during youth, and the waning of this investment in old age, have to do with cancer?

## Adaptive Oncogenesis

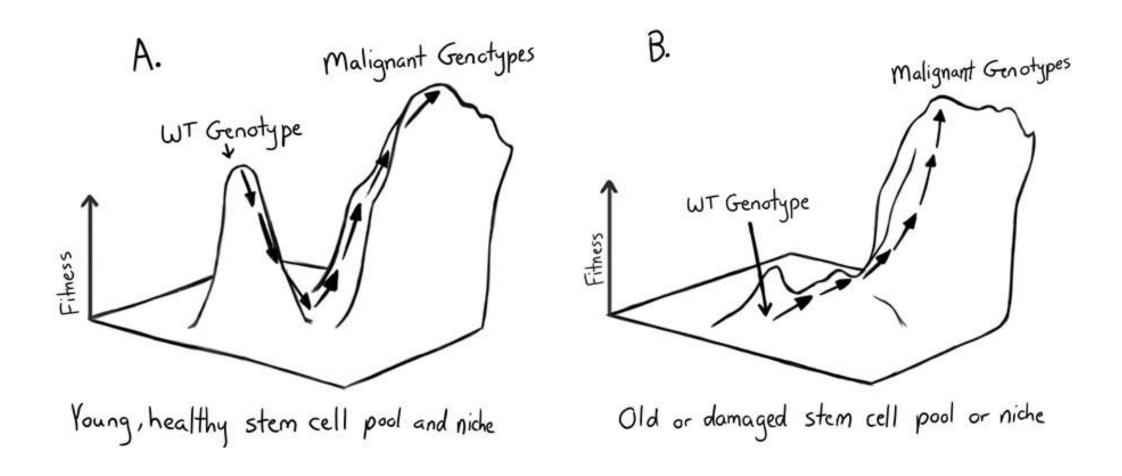


## High stem cell fitness opposes somatic evolution, and thus promotes the status quo.



X-Y plane: potential phenotypes (dependent on genotypes and epigenotypes)

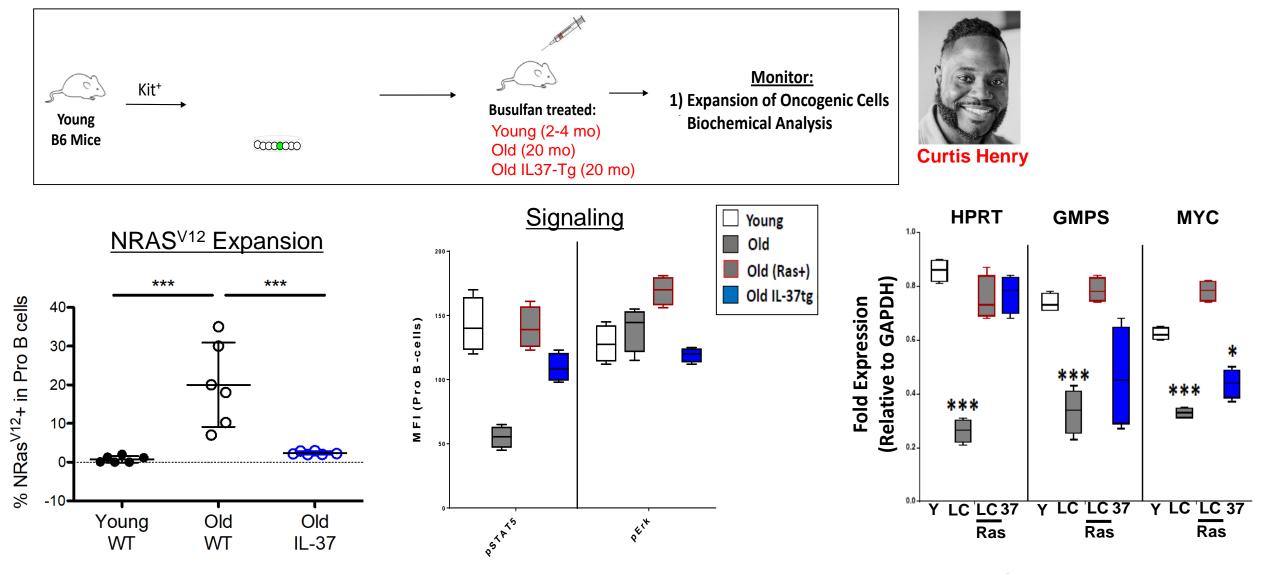
### Aging/damage alters the adaptive landscape



# But what is the evidence for differential selection for somatic mutations depending on context?

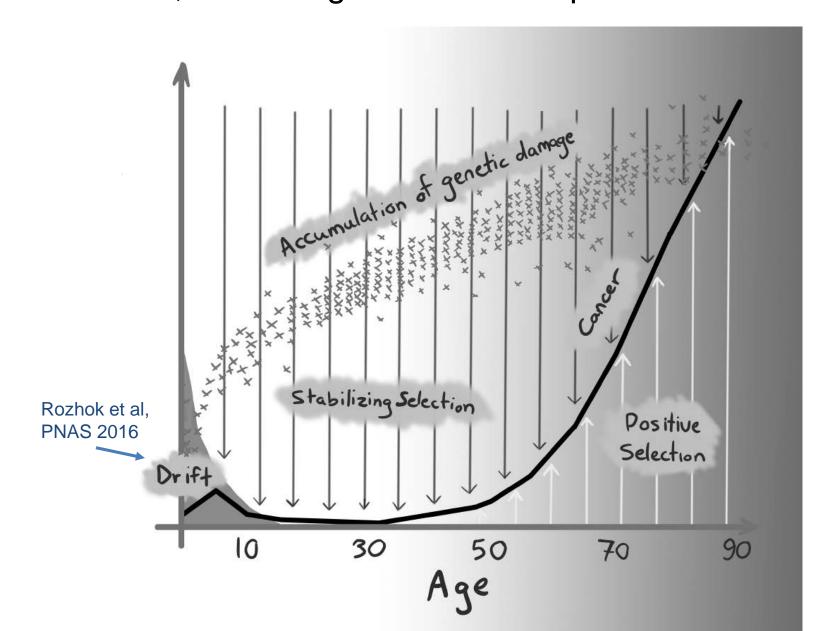


## Specific oncogenic events are selected for within aged hematopoietic contexts dependent on inflammation

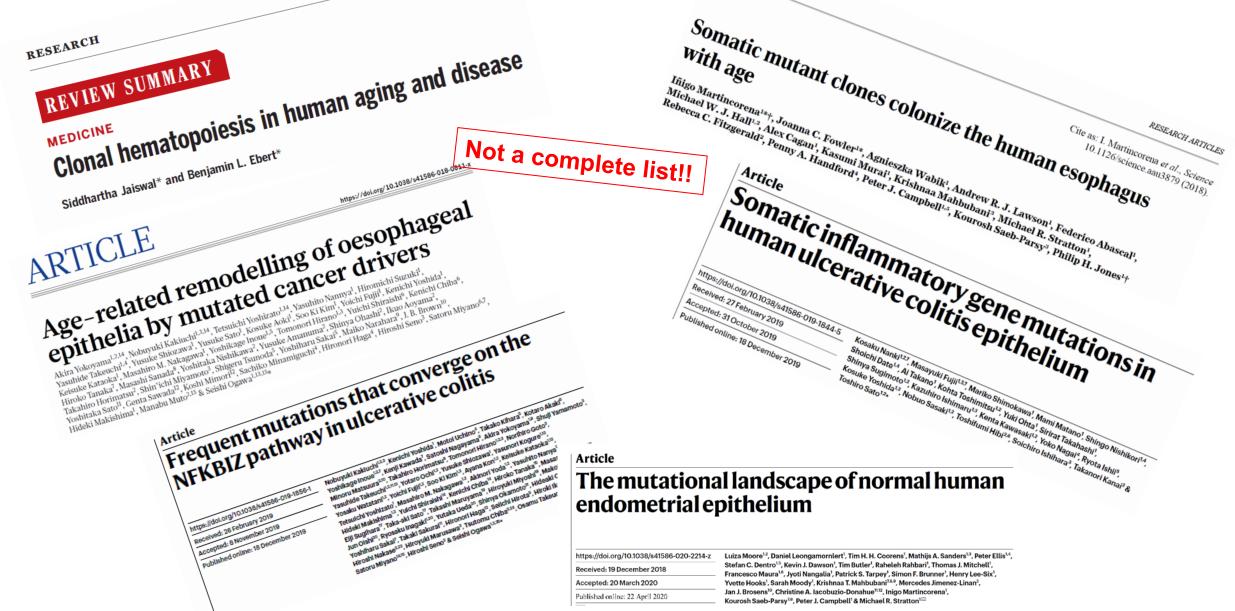


Henry et al, JCI 2015

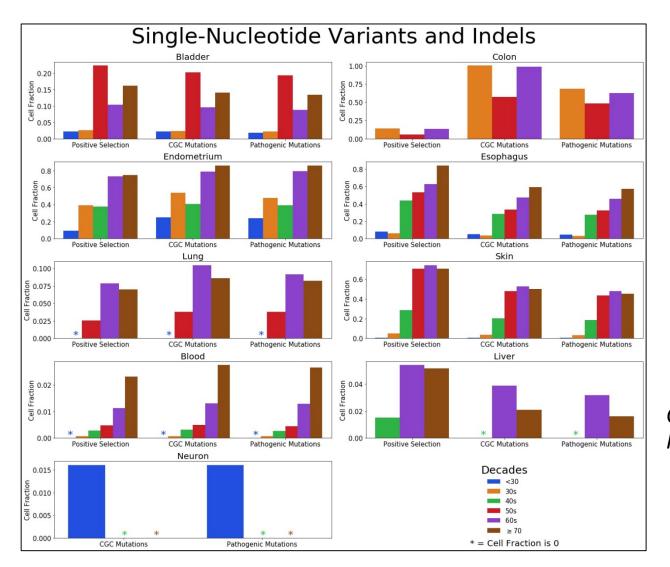
Model: Cancer incidence is shaped by the changing age-dependent balance of drift, stabilizing selection and positive selection



# Cells with Cancer-associated Mutations Overtake Our Tissues as We Age



# Cells with Cancer-associated Mutations Overtake Our Tissues as We Age

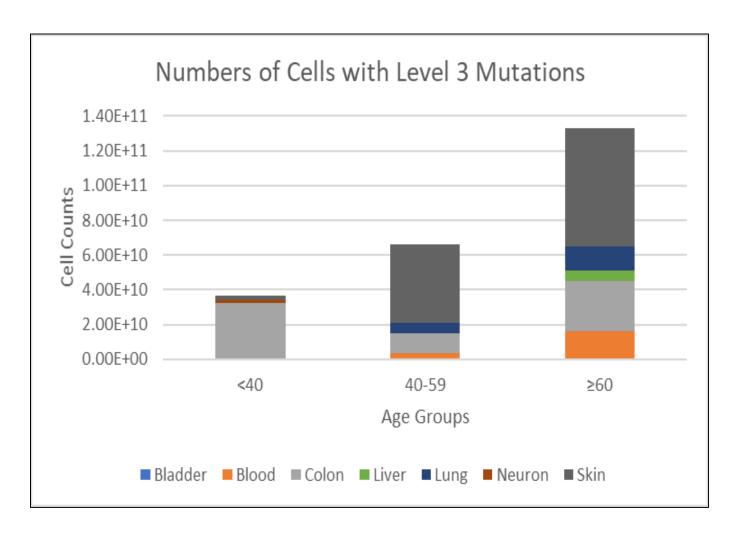


- Expansions with cancer-associated mutations become more prevalent with age.
- Kinetics differ for different tissues.

CGC = Cancer Gene Consensus Pathogenic – FATHMM algorithm

**Edward Evans** 

## Cells with Cancer-associated Mutations Overtake Our Tissues as We Age



- Most older and cancer-free individuals possess at least a 100 billion cells that harbor at least one oncogenic mutation
- And yet ~40% of us will develop cancer, which will almost always arise from a single oncogenically initiated cell
- What do the other 99,999,999,999 cells with "oncogenic" mutations do?

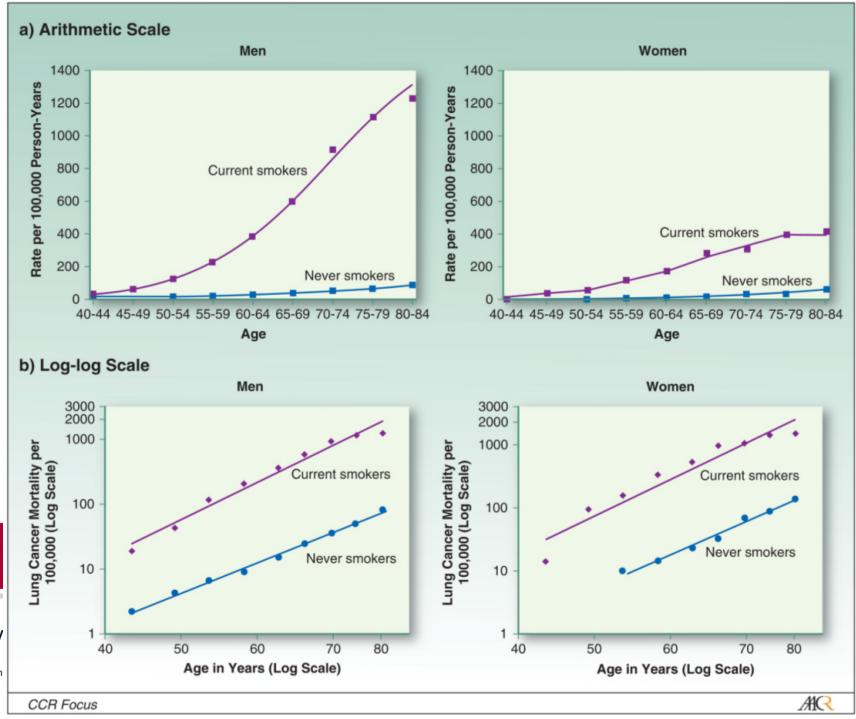
Whether you get lung cancer is largely determined by smoking.

When you get it is determined by your age.

#### **CCR FOCUS**

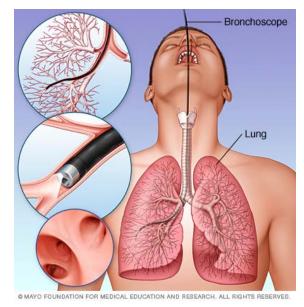
Lung Cancer in Never Smokers: Clinical Epidemiology and Environmental Risk Factors

Jonathan M. Samet, <sup>1</sup> Erika Avila-Tang, <sup>1</sup> Paolo Boffetta, <sup>2</sup> Lindsay M. Hannan Susan Olivo-Marston, <sup>4</sup> Michael J. Thun, <sup>3</sup> and Charles M. Rudin <sup>1</sup>



## How does smoking status influence oncogene-driven clonal expansions in the lung?

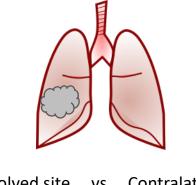
Smokers or former smokers with CT scan detected nodules.



Cancerous lesion

VS

Benign or no lesion





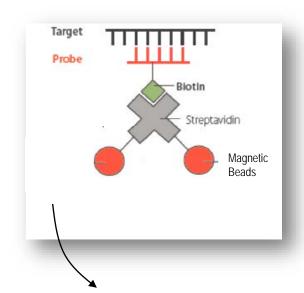
Involved site Contralateral

Involved site Contralateral



**Edward Evans** 

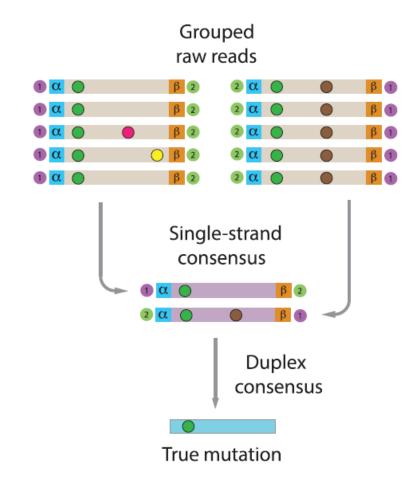
And York Miller Moumita Ghosh Dan Merrick Tullia Bruno

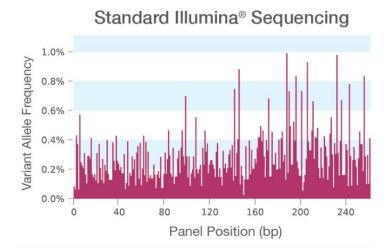


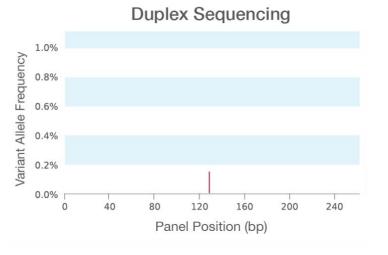
## **Duplex Sequencing**



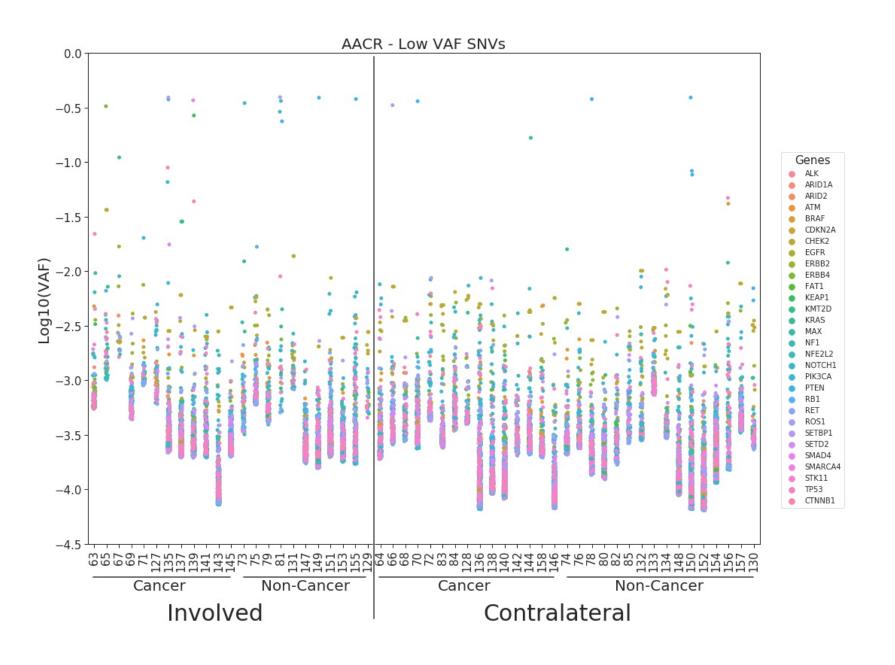
#### 2 consecutive captures + PCR



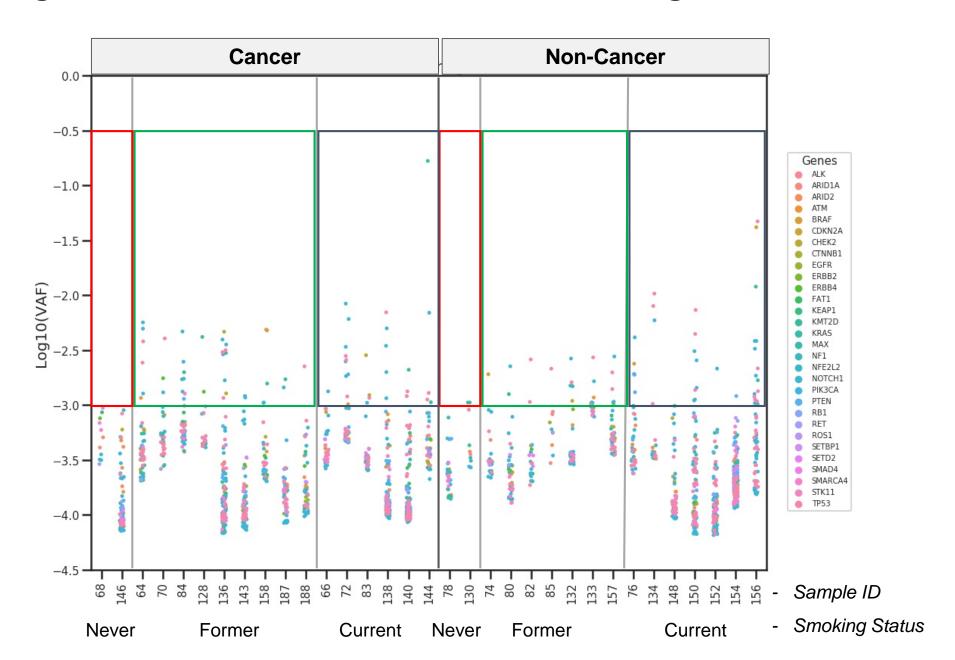


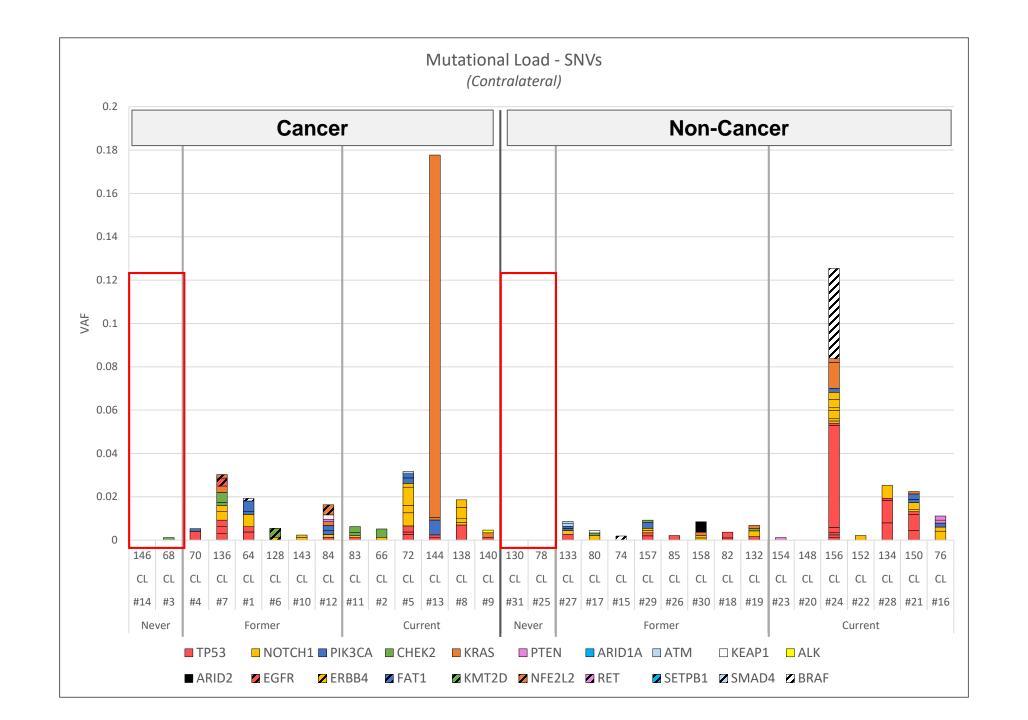


### Even a small fragment of lung tissue is riddled with mutations

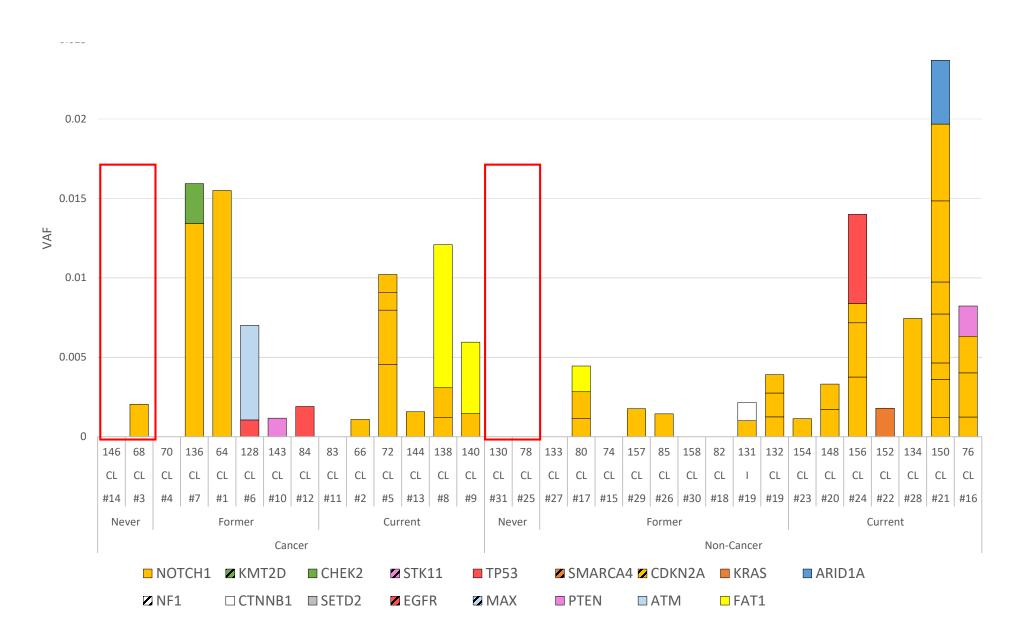


### Smoking status influences selection for oncogenic variants

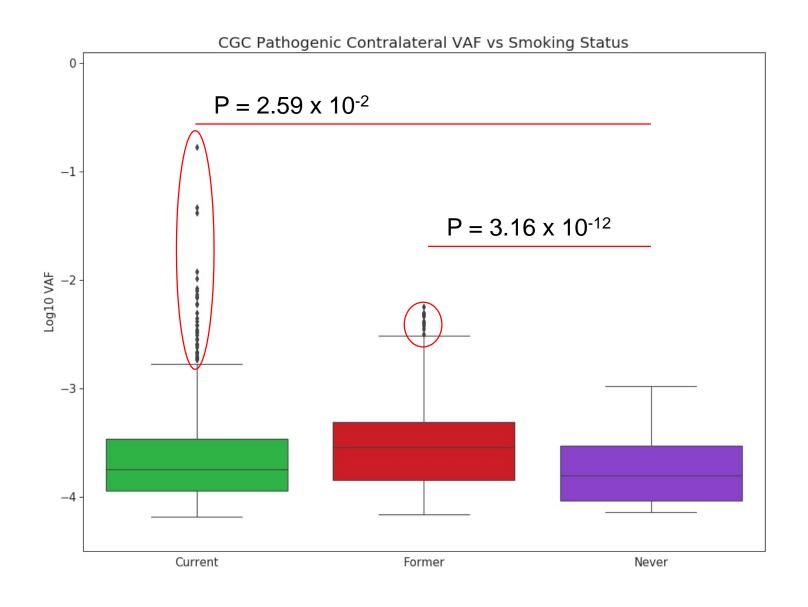




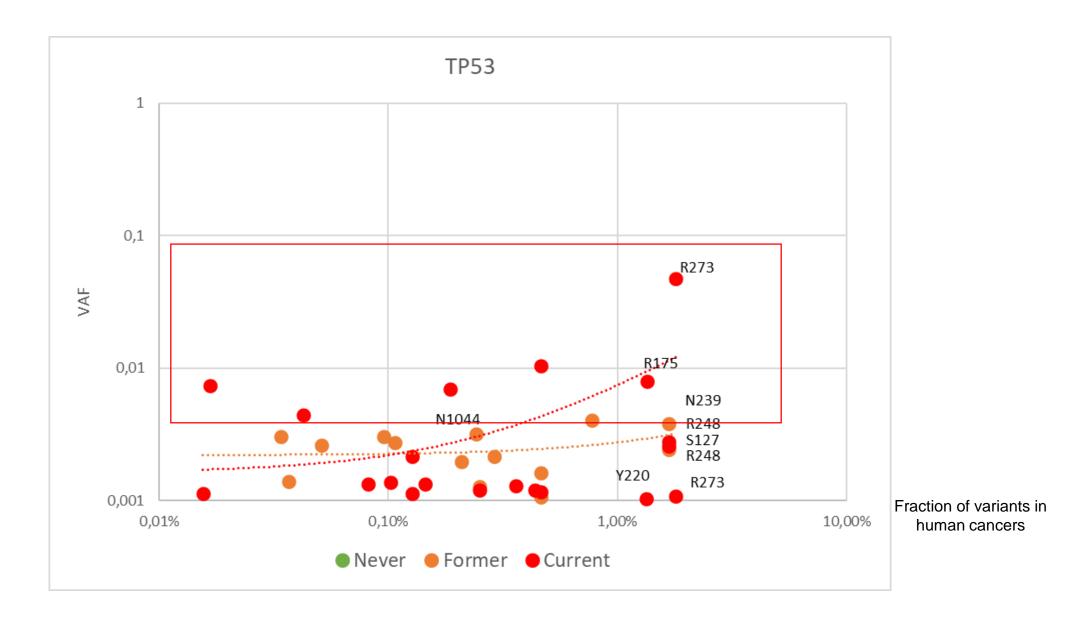
#### Smoking status influences selection for INDELs in tumor suppressor genes



### Smoking status influences selection for oncogenic variants



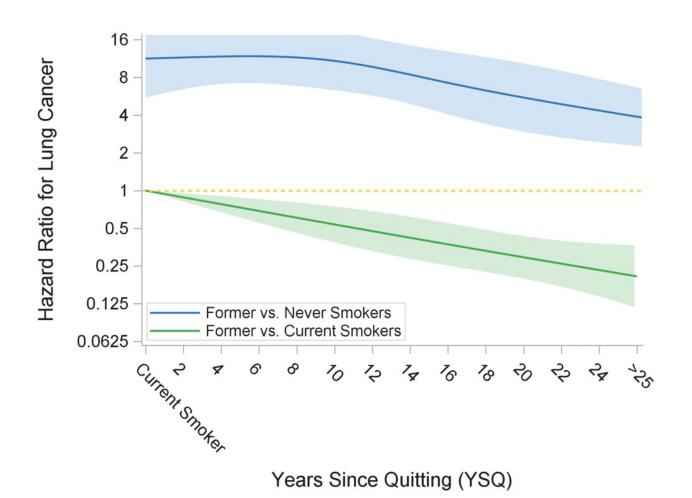
#### Does quitting smoking reduce selection for the most common mutations in TP53?



- Smoking promotes selection for oncogenic variants
- Quitting smoking may reverse selection for oncogenic variants

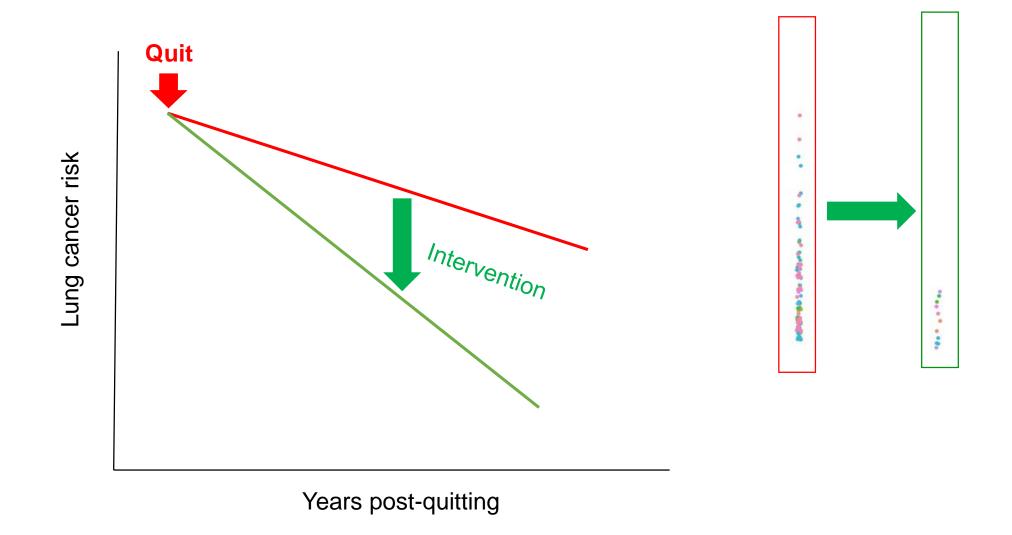
 Can we develop interventions that accelerate the restoration of more normal lung landscapes after quitting?

### The risk of lung cancer declines with time after quitting

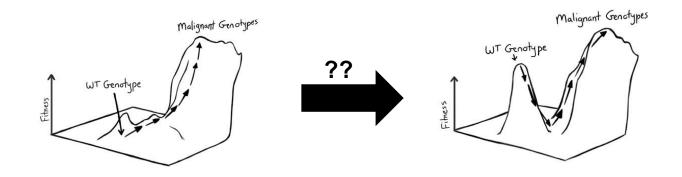




Goal: develop interventions to accelerate lung cancer risk post-quitting, and surrogate measures of improvement



## How about methods to restore more youthful landscapes?



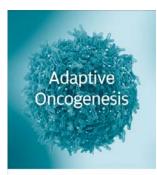
- ➤ Interventions that disfavor malignant evolution?
- ➤ Will these also improve tissue function and mitigate other diseases?
- > How can we track this restoration? Methods to assess adaptive landscapes?

Efforts to prevent and treat cancer should converge with similar efforts to prevent other aging-associated diseases



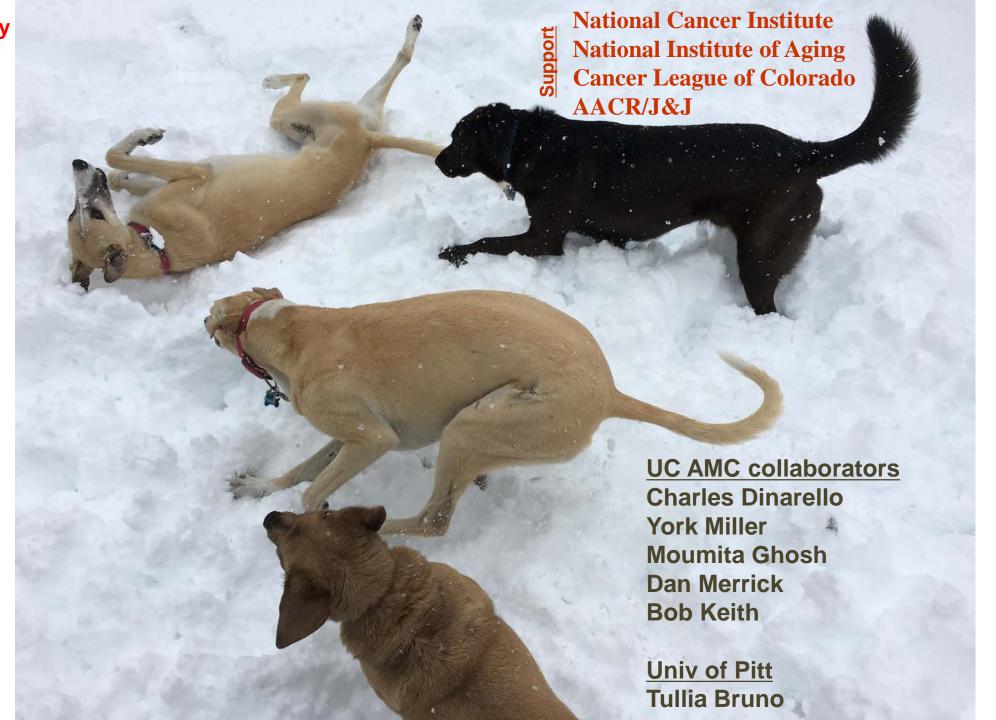
Vadym Zaberezhnyy
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Marco De Dominici
Edward Evans
Shi Biao Chia
Amy Briggs
Fabio Marongiu
Johannes Menzel
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A NEW UNDERSTANDING OF HOW CANCER EVOLVES INSIDE US

James DeGregori



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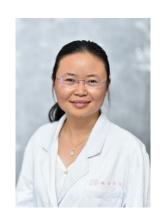
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