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GRANT NUMBER DAMD17-97-1-7225

TITLE: Methylation of Select Tumor Suppressor Genes in Sporadic Breast Cancer

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REPORT DATE: July 1999

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012

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DTIC QUALITY INSPECTED 3

REPORT DOCUMENTATION PAGE			Form Approved OMB No. 0704-0188
Public reporting burden for this collection of informat gathering and maintaining the data needed, and com collection of information, including suggestions for re Davis Highway, Suite 1204, Arlington, VA 22202-4	pleting and reviewing the collection of info educing this burden, to Washington Heado	rmation. Send comments regarding uarters Services. Directorate for Info	this burden estimate or any other aspect of this prmation Operations and Reports 1215 Jefferson
1. AGENCY USE ONLY (Leave blank)	2. REPORT DATE July 1999	3. REPORT TYPE AND Annual (1 Jul 98 - 3	
4. TITLE AND SUBTITLE			5. FUNDING NUMBERS
Methylation of Select Tumor Suppressor Genes in Sporadic Breast Cancer			DAMD17-97-1-7225
6. AUTHOR(S)			
Magee, Kendra P., M.D.			
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)			8. PERFORMING ORGANIZATION REPORT NUMBER
Duke University Durham, North Carolina 27710			
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012			10. SPONSORING / MONITORING AGENCY REPORT NUMBER
11. SUPPLEMENTARY NOTES			
12a. DISTRIBUTION / AVAILABILITY S	TATEMENT		12b. DISTRIBUTION CODE
Approved for public release; distrib	ution unlimited		
 13. ABSTRACT (Maximum 200 words. The hereditary breast cance suppressor genes. It is thro developing the disease. An have been examined, BRCA made that these genes do no disease. There are, howeve function of a gene. A commassociated CpG island. In t mRNA in an unselected set specimens. Dr. Magee four specimens that had very low to determine if a correlation was found suggesting imply is not due to aberrant methy 14. SUBJECT TERMS Breast Cancer, BRCA1, BRCA2, E 	er susceptibility genes, B ugh their loss of function nong a relatively large n A1 and 2 mutations are w of play a significant role er, other mechanisms best mon one is loss of expres- this study, Dr. Magee mod of 101 primary breast c and that these levels varies w levels of one or the oth n existed between express ying that the low levels of ylation.	n that these genes co umber of non-heredi very rare. Therefore, in the more common sides mutations that of ssion due to hyperme easured the levels of ancers and normal bi- ed over a 20 fold rang- her gene, the methyla ssion and hypermethy- of BRCA1 and 2 fou	nfer a high-risk for tary breast cancers that the conclusion has been a sporadic forms of the can serve to inactivate the ethylation of the BRCA1 and BRCA2 reast epithelial ge after normalization. In ation status was examined ylation. No correlation
17. SECURITY CLASSIFICATION 18. OF REPORT Unclassified	SECURITY CLASSIFICATION OF THIS PAGE Unclassified	19. SECURITY CLASSIFIC OF ABSTRACT Unclassified	CATION 20. LIMITATION OF ABSTRACT Unlimited
NSN 7540-01-280-5500	<u> </u>	Standard Form Prescribed by A	298 (Rev. 2-89) USAPPC V1.00 NSI Std. Z39-18 298-102

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FOREWORD

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Kendes Mager Meine 7/28/99

Table of Contents

Introduction	5
Body	5
Key Research Accomplishments	8

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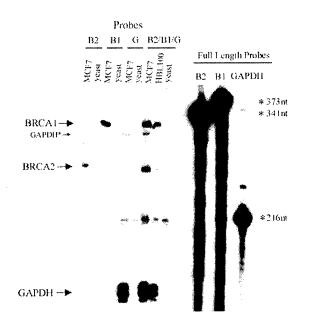
Introduction:

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It has already been clearly established that BRCA1 and BRCA2 mutations are exceedingly rare in sporadic breast cancers, and when present, they are almost invariably germ-line mutations occurring outside of a recognized cancer family syndrome. However, there are other mechanisms by which tumor suppressor genes can be inactivated. In particular, an increasingly recognized type of inactivation occurs via transcriptional silencing (frequently through hypermethylation of the promoter region). This proposal was designed to test whether expression of BRCA1 and/or 2 was diminished in primary breast cancers and whether this was related to hypermethylation.

Body:

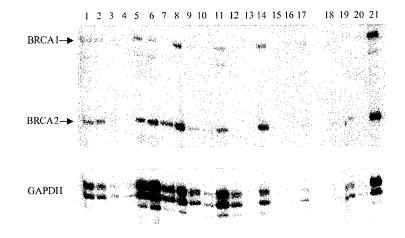
We have measured the expression (by Rnase protection assays) of both BRCA1 and BRCA2 in a series of 101 primary breast sporadic breast cancers and a series of normal breast epithelial specimens. Among these specimens were 86 invasive ductal cancers, 4 lobular invasive, 1 medullary, and 10 ductal carcinoma in-situ (DCIS). Specimens were examined for percent tumor content and, if greater than 50% of the tissue was composed of malignant cells, RNA was extracted from the tissues by the Trizol method. RNA was quantitated by spectrophotometry and hybridized to a mixture of ³²P end-labeled single stranded RNA probes specific for RBCA1, BRCA2, and GAPDH (for normalization). After hybridization, single-stranded regions were digested with RNase and the products were electrophoresed on 7% sequencing gels. The gels were dried and bands intensities were quantitated by phosphorimage analysis. This RNase protection assay approach allowed us to quantitate and normalize the levels of BRCA1 and 2 using a single aliquot of RNA and one lane of a sequencing gel. A test set of samples is shown below that validates band assignment as BRCA1, BRCA2, and GAPDH.



Full-length probes are 373, 341, and 216 nucleotides (BRCA1, BRCA2, and GAPDH respectively). Protected probes are indicated by arrows on the left. GAPDH reproducibly yielded an additional band (GAPDH*) both in the full length transcription product and protected products.

All samples (101 cancers and 4 normal breast epithelial preparations from reduction mammoplasties) that contained sufficient malignant cell content were hybridized as above using the three probes together. A representative gel is shown below.

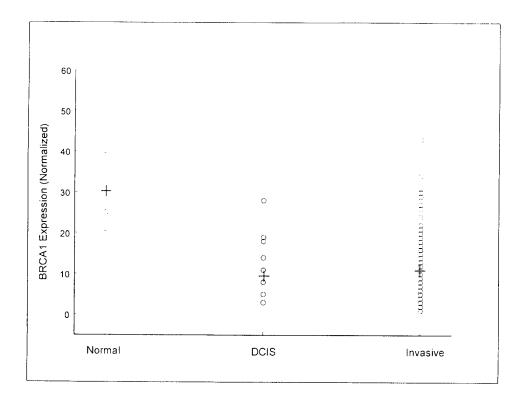
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Since our lab has previously found that both genes are cell cycle regulated genes that are induced late in G1, we expected that if one of these genes was transcriptionally silenced, it would show up in the ratio of expression between BRCA1 and 2. This approach should eliminate the variability in expression due to the proliferation state of the cancer. Of the 101 cancers analyzed in this manner, we found 5 specimens that had 5 fold (or greater) more BRCA2 transcript that BRCA1 (lane 7 above is one such example where BRCA1 expression was much lower than BRCA2 mRNA). None of the cancers reached this level in reverse, *i.e.*, had 5 fold more BRCA1 than 2.

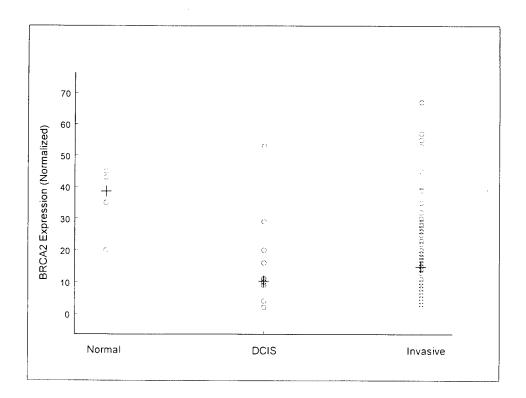
I specifically examined the CpG island upstream of the BRCA1 gene for methylation differences between cancers that had relatively high levels and those that had diminished relative levels of BRCA1. This was accomplished by methylation sensitive restriction digests (MspI vs. HpaII) followed by Southern blotting of the cut genomic DNA. There were no differences in the restriction pattern between high and low expressors indicating that methylation was likely not a factor in the differential expression observed.

An early report on BRCA1 expression suggested that expression was elevated in DCIS but reduced in invasive cancers. In our series, I observed no significant difference in the levels of BRCA1 or 2 between intraductal and invasive cancers. This is graphically represented on the scatter plots on the next page. The mean values for both BRCA1 and 2 were slightly lower in the DCIS compared to invasive cancers. The normal breast epithelial samples did have a slightly higher mean than either the DCIS or invasive samples. In collaboration with Gloria Broadwater (Cancer Center Biostatistics), I will have a complete report on the relationship between expression and clinico-pathologic variables. This will be completed in the next several weeks at which point I will begin preparing the manuscript for peer-reviewed publication. The manuscript will detail the above outlined data and include all relevant statistical analyses.



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Key Research Accomplishments

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- Developed an Rnase protection assay to simultaneously quantitate BRCA1 and BRCA2 expression from primary tissue specimens
- Measured the expression of BRCA1 and BRCA2 in 101 primary breast cancers and normalized expression to GAPDH
- □ Collected clinico-pathologic information associated with the breast cancer specimens
- □ In collaboration with a bio-statistician, examined correlations between BRCA1 and 2 expression and other parameters
- □ Examined the methylation status of cancers that underexpress BRCA1 in relation to those tumors that have "normal" levels of the mRNA
- □ Manuscript preparation of the above data is in progress