#### II Colorectal cancer

- > 85 % of cases are sporadic colorectal cancer
- $\sim 10 \%$  of cases are hereditary colorectal cancer

Hereditary Non Polyposis Colorectal Cancer (HNPCC)

Familial Adenomatous Polyposis (FAP)

# Hereditary Non Polyposis Colorectal Cancer (HNPCC)

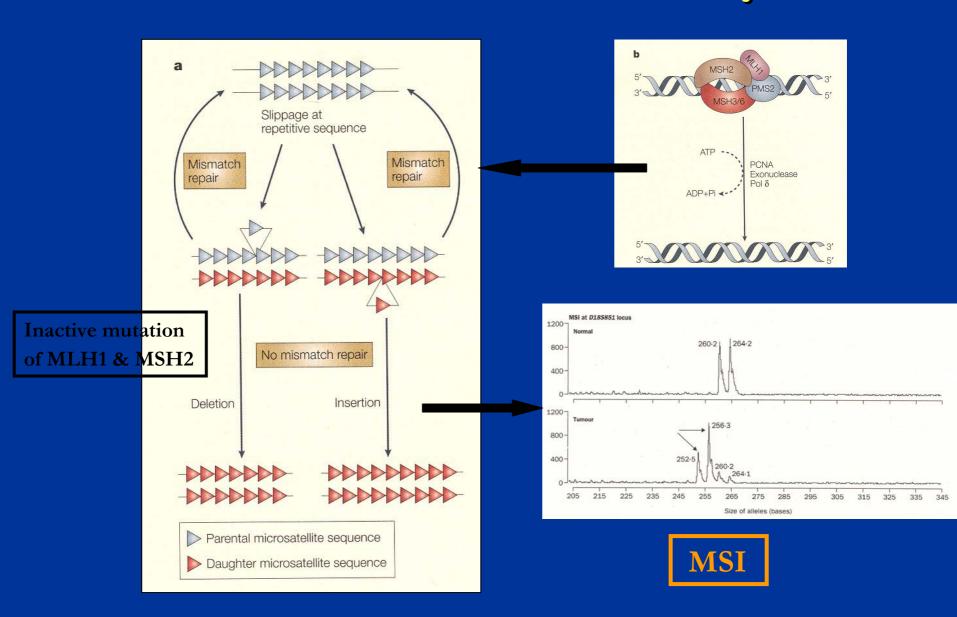
Microsatellite instability

#### **Microsatellites**

- short DNA segments widespread throughout the human genome
- tandem repetitions of a short nucleotidique sequence (1 to several bases in length)

....CATGCATGCATG<sub>n</sub>..... ....CACACACA<sub>n</sub>.....

## Microsatellites Instability



- Represent 2 to 6 % of all colorectal cancers
- Appears to be due to hereditary defects in DNA mismatch repair genes (mutations) (mainly hMSH<sub>2</sub> and hMLH<sub>1</sub>)
- Cancers arising in HNPCC are thus genetically unstable —— these tumors exhibit a "microsatellite mutation phenotype" or "microsatellite instability" (MSI)
- "MSI" is detectable in  $\sim 90$  % of colorectal cancers from HNPCC patients
  - in 10 to 15 % of sporadic colorectal cancers

Amsterdam clinical criteria for the search of "MSI":

- at least three family members with colorectal cancer, two of whom are first-degree relatives
- no polyposis demonstrated

Bethesda clinical criteria for the search of "MSI" (2003)

at least one individual should be less than 50 years of age at diagnosis

synchronous ou metachronous tumours or other types of carcinoma associated

diagnosis of colorectal cancer before 60 years of age and morphology suggestive of associated MSI

#### Morphological features

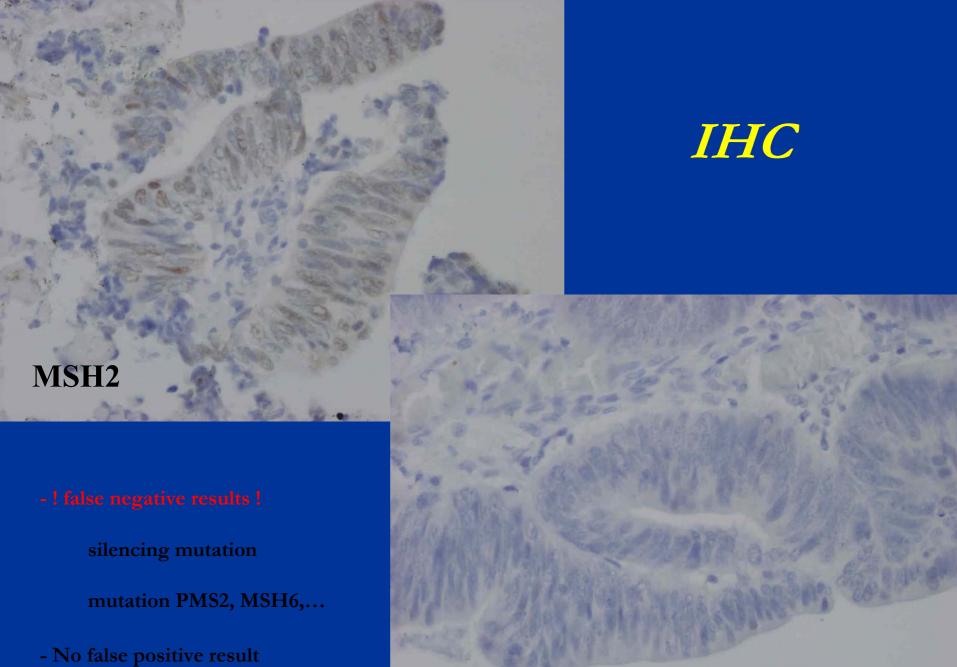
- Polypoid
- mucinous carcinoma
- necrotic
- poorly differentiated
- lymphoid infiltration ++

clinical aspects: HNPCC ≠ sporadic cancer

- proximal colonic segment
- increasing risk of synchronous and metachronous colonic tumours
- better prognosis

### diagnostic tools

- IHC: MLH1 and MSH2 (not for MSH6)
- PCR: MSI (5 µsatellites)
- Sequencing: MLH1 and MSH2



MLH1

#### **MSI**

#### National Cancer Institute recommendations (1)

- Use of five microsatellites: Bat 25

Bat 26

**D2S123** 

**D5S346** 

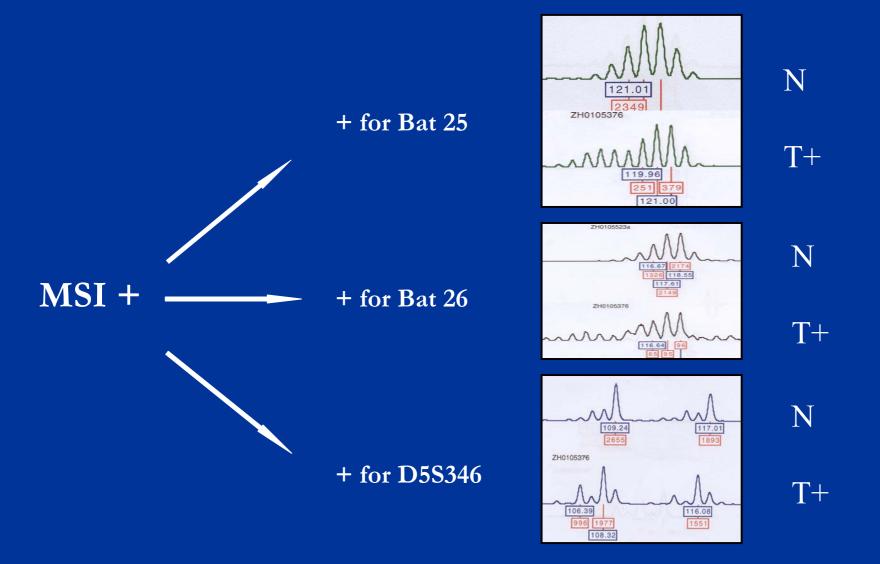
**D17S250** 

- The test is performed on tumoral tissue (paraffinembedded tissue)
- The tumoral profile is compared to normal tissue (blood or adjacent normal colonic mucosae)

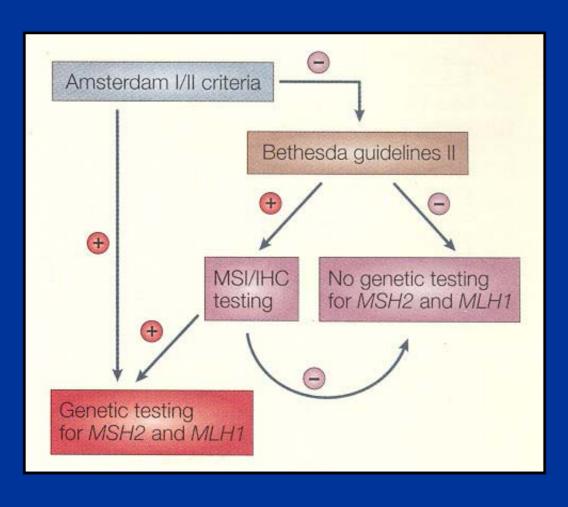
National Cancer Institute recommendations (2):

- MSI + if at least 3 microsatellites are unstable
- If MSI +  $\longrightarrow$  sequencing of both hMSH<sub>2</sub> and

hMLH<sub>1</sub> is required to confirm HNPCC.



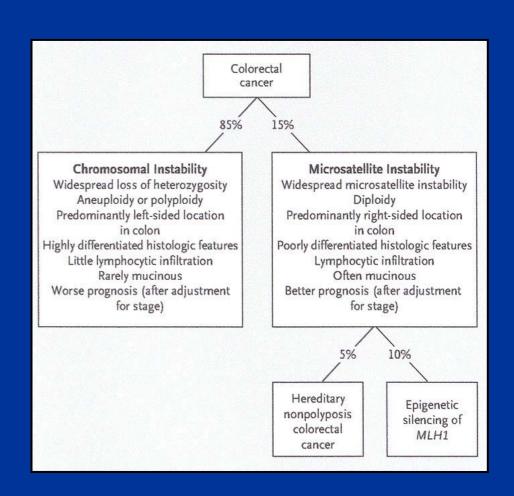
## HNPCC strategy for genetical testing



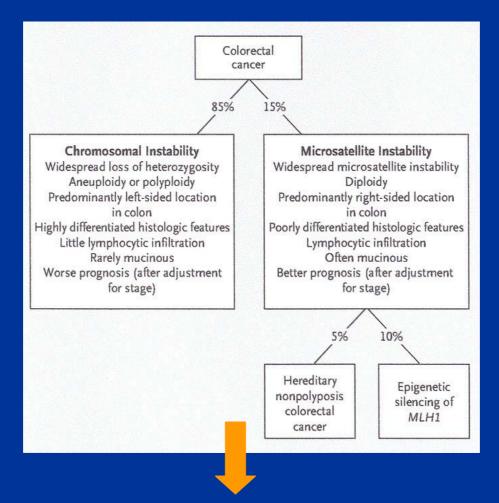
#### Colorectal cancer

- Chromosomal instability (LOH,...)
- Microsatellites instability

pronostic and predictive parameters



## Somatic colorectal cancer (1)



MSS vs MSI colo-rectal cancer:

Different clinical and morphological aspects

MSI status = predictive parameter?

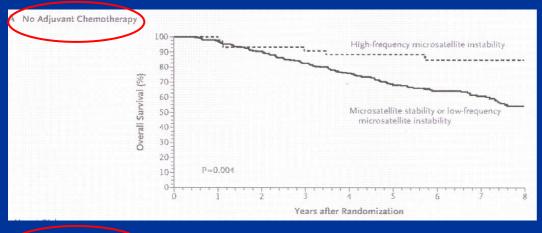
## Somatic colorectal cancer (2)

Tumor Microsatellite-Instability Status as a Predictor of Benefit from Fluorouracil-Based Adjuvant Chemotherapy for Colon Cancer

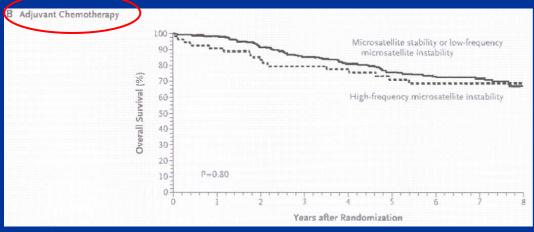
Ribic et al, NEJM 2003

- 570 patients stages II and III
- microsatellite instability analysis on paraffin embedded tissue (MSI vs MSS)
- question: adjuvant chemotherapy or not (5' FU)?

## Somatic colorectal cancer (3)



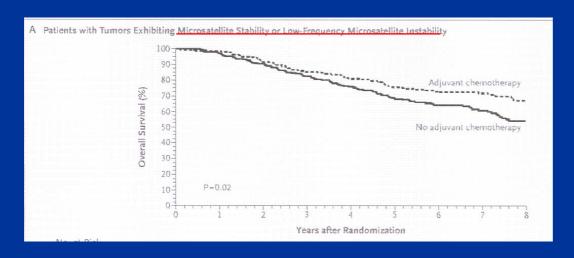
OS and DFS: MSI > MSS



OS and DFS: no ≠ MSI *vs* MSS

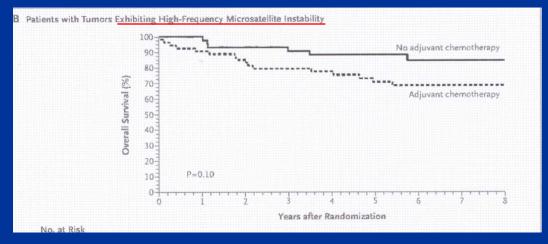
Wathever the histological grade and tumoral stage are!!

## Somatic colorectal cancer (4)



MSS:

5' FU / OS and EFS



MSI:

5' FU 📏 OS and EFS !!

Wathever the histological grade and tumoral stage are!!

## Somatic colorectal cancer (5)

other study

Fallik et al (Cancer Reseach, 2003)

 $MSI + and Bax mutation \rightarrow improved response to Irinotecan$ 



MSI analysis: are we going to perform it routinely in the near future?