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# Setting the Scene

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Royal Marsden Hospital and Institute of  
Cancer Research

# Genetic Abnormalities

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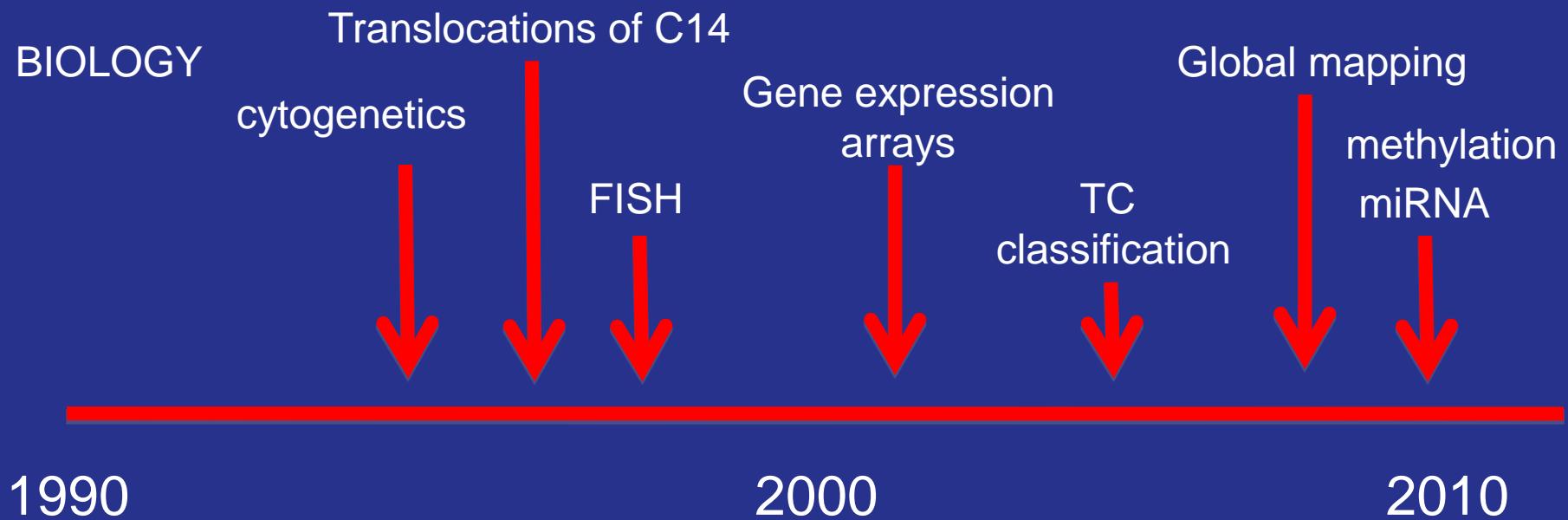
3 main areas:-

Biology

Prognosis

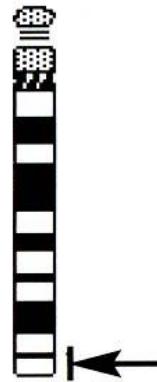
Directing therapy

# Driven by advances in technology



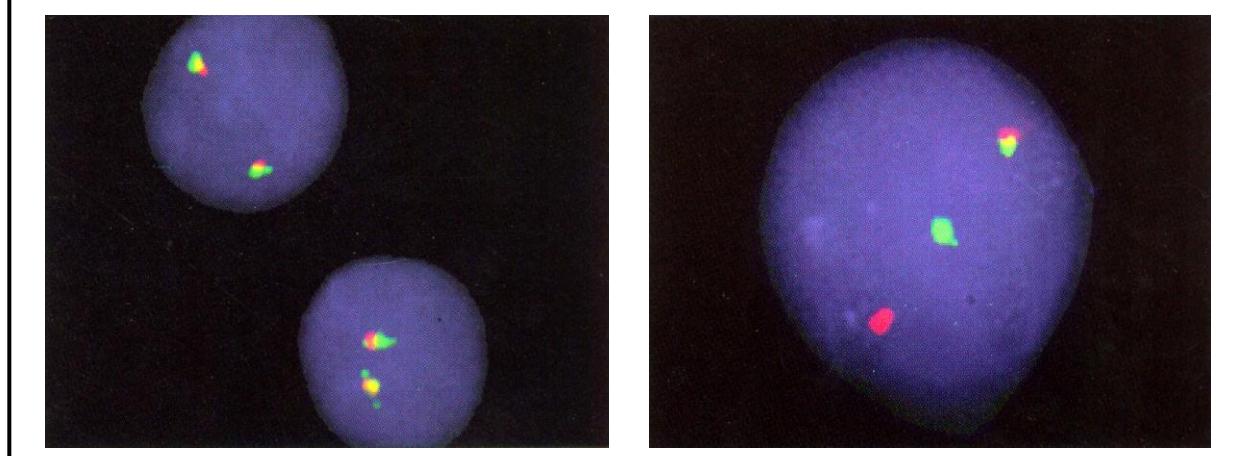
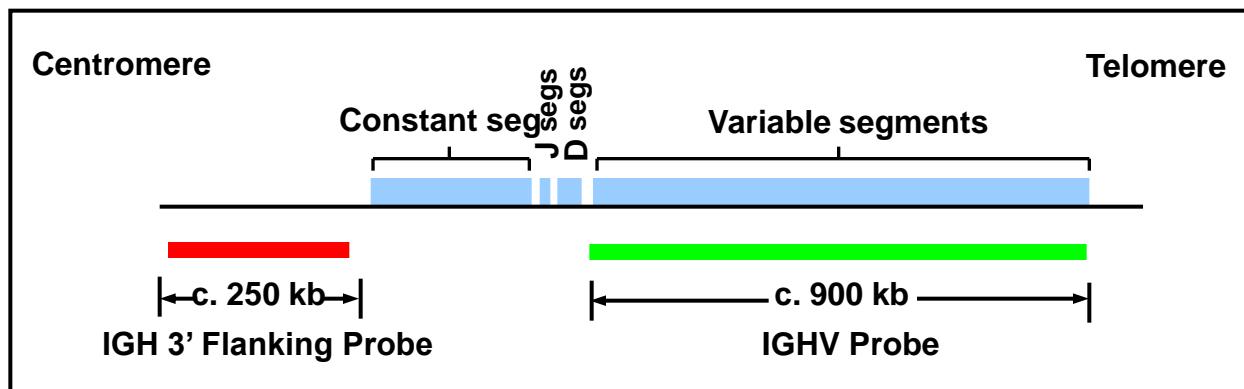
# Chromosome 14 FISH - translocation

14q32 region



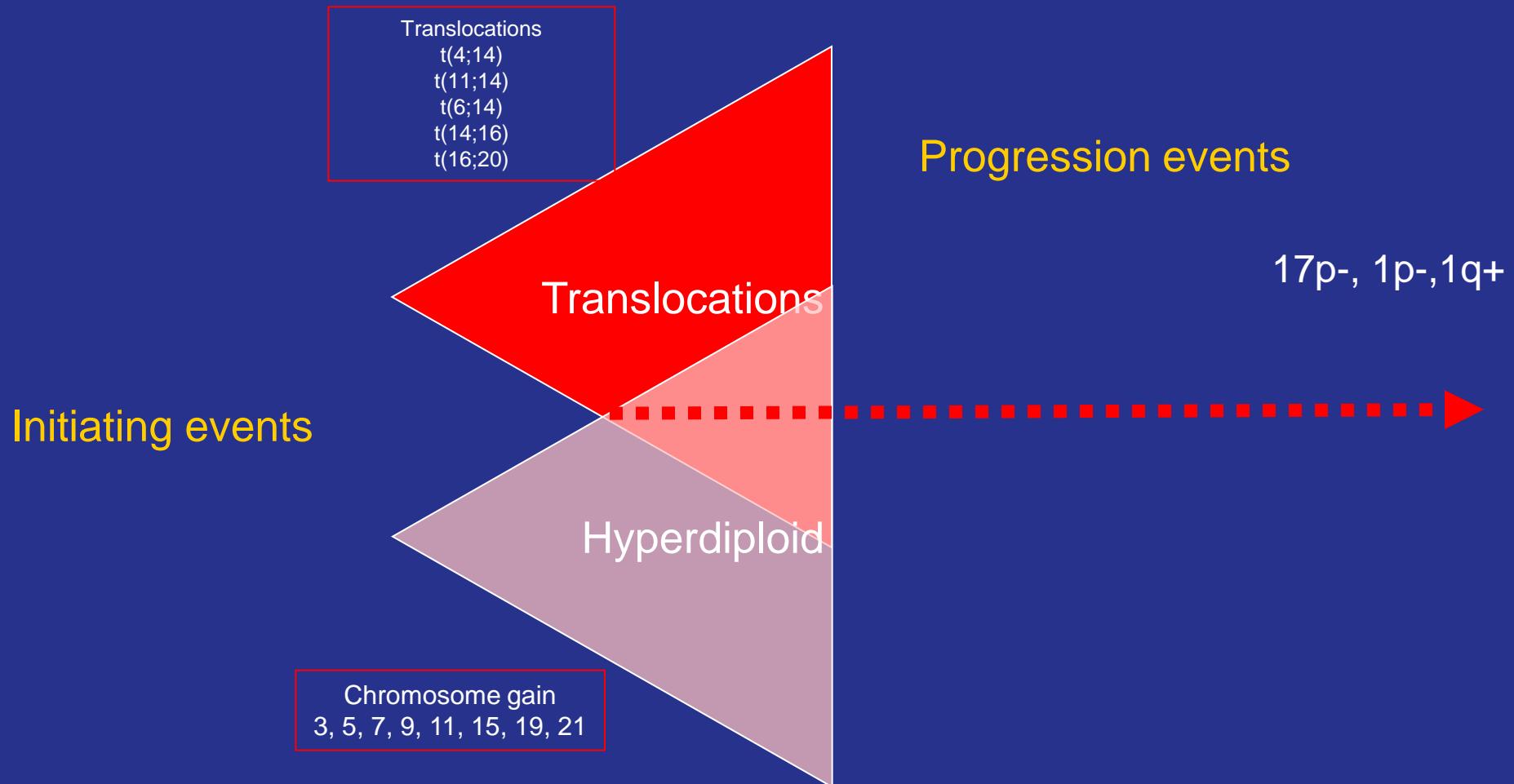
## Immunoglobulin heavy chain locus

Dual, Break Apart probe

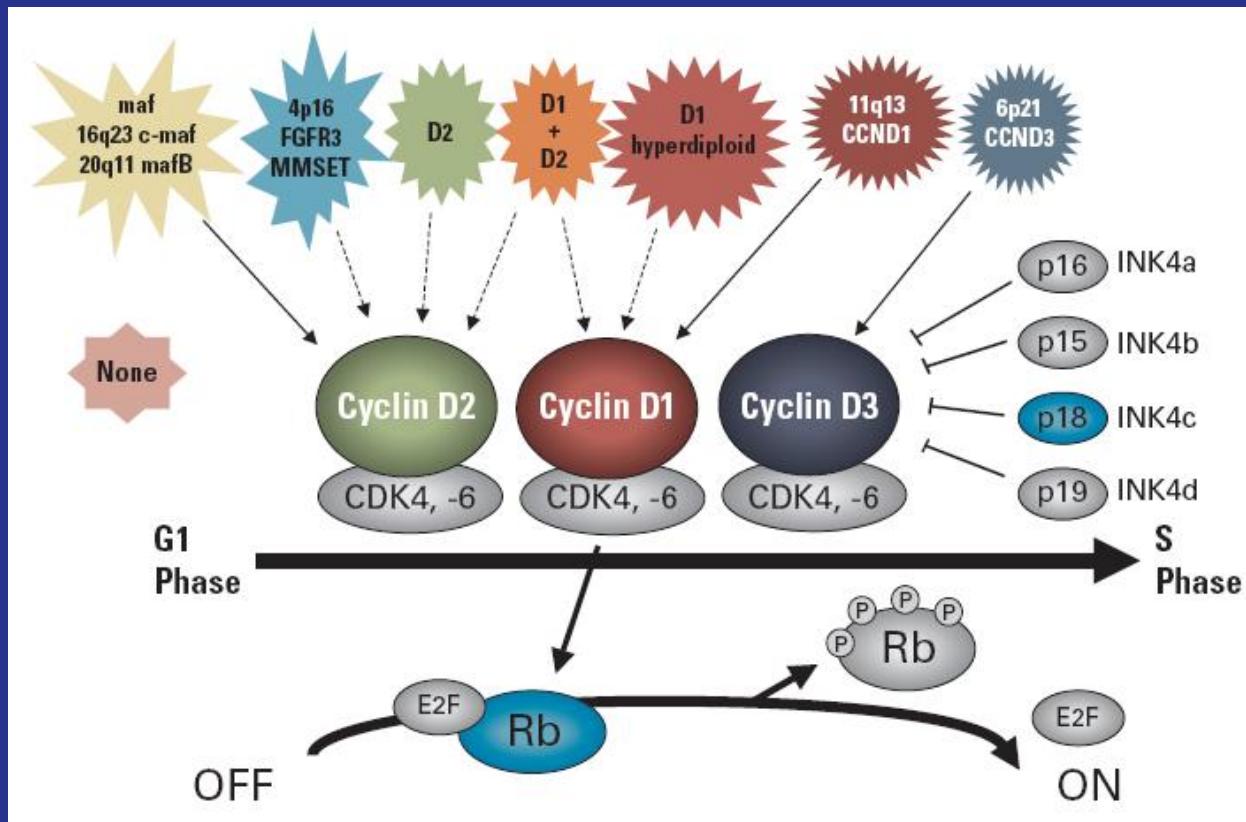


# Classification Based on Initiation Events

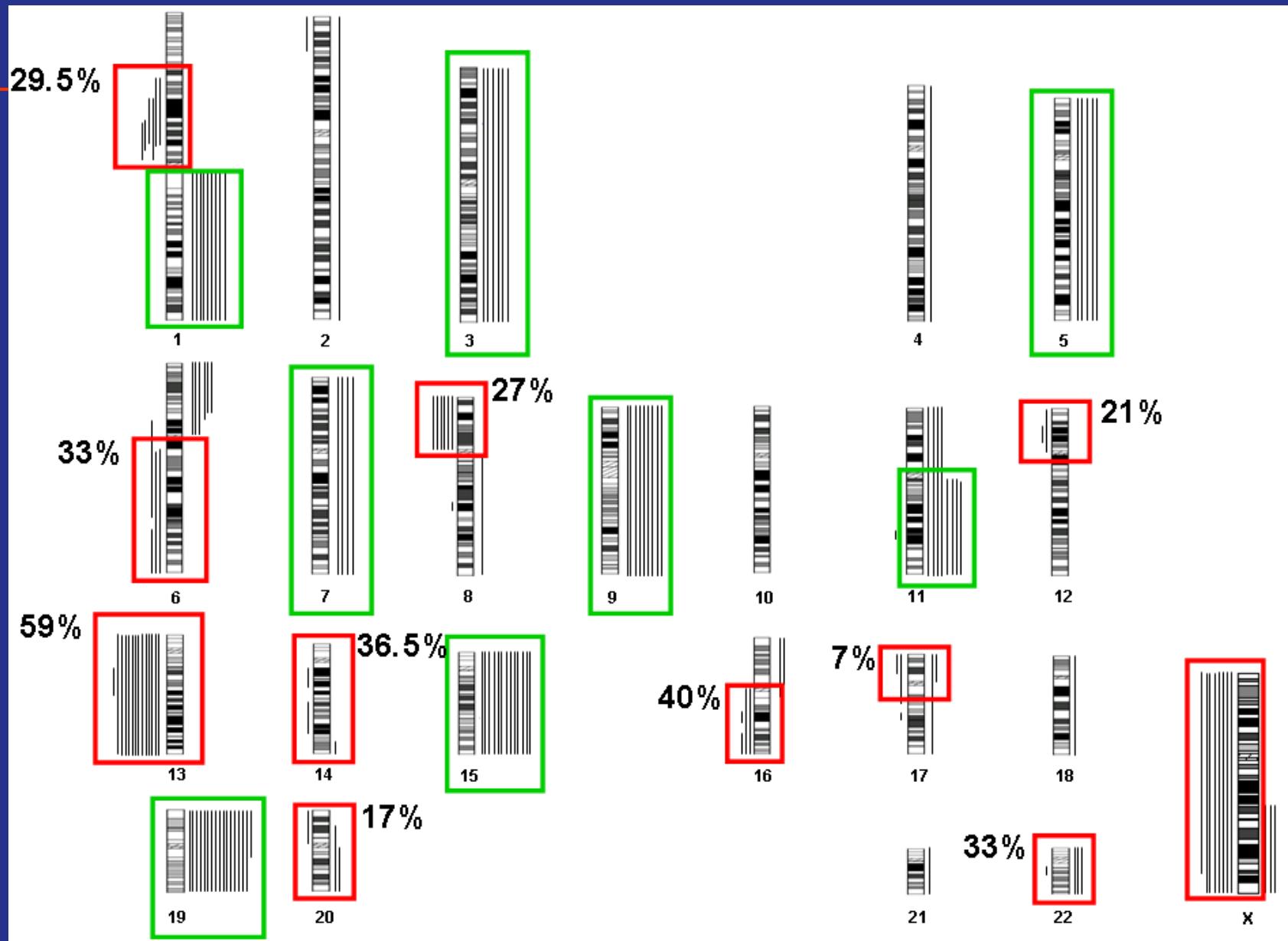
Myeloma divided into 2 subgroups: hyperdiploid and non-hyperdiploid



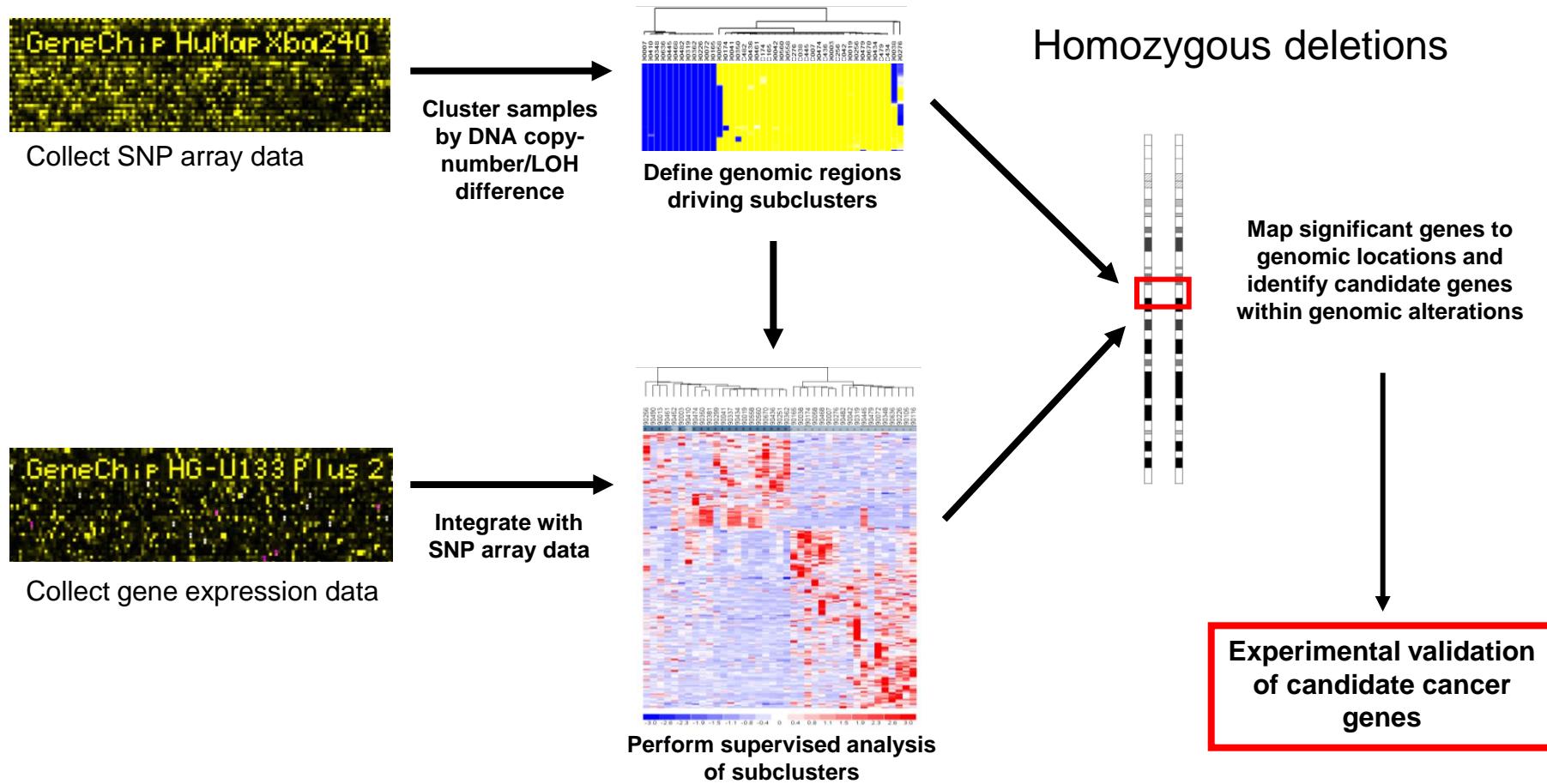
# TC Classification



# Copy Number Changes by SNP Array

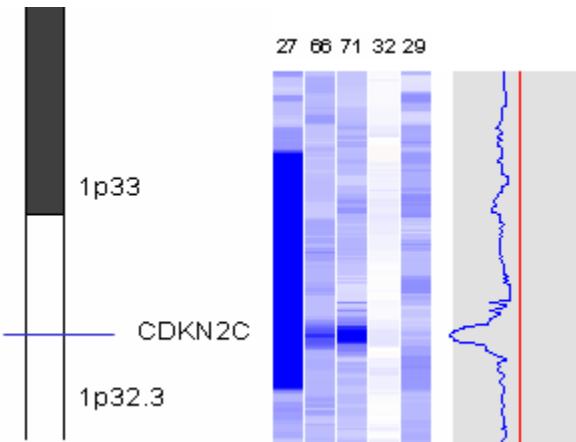


# Integration of SNP and Expression Data to Detect Tumour Suppressor genes

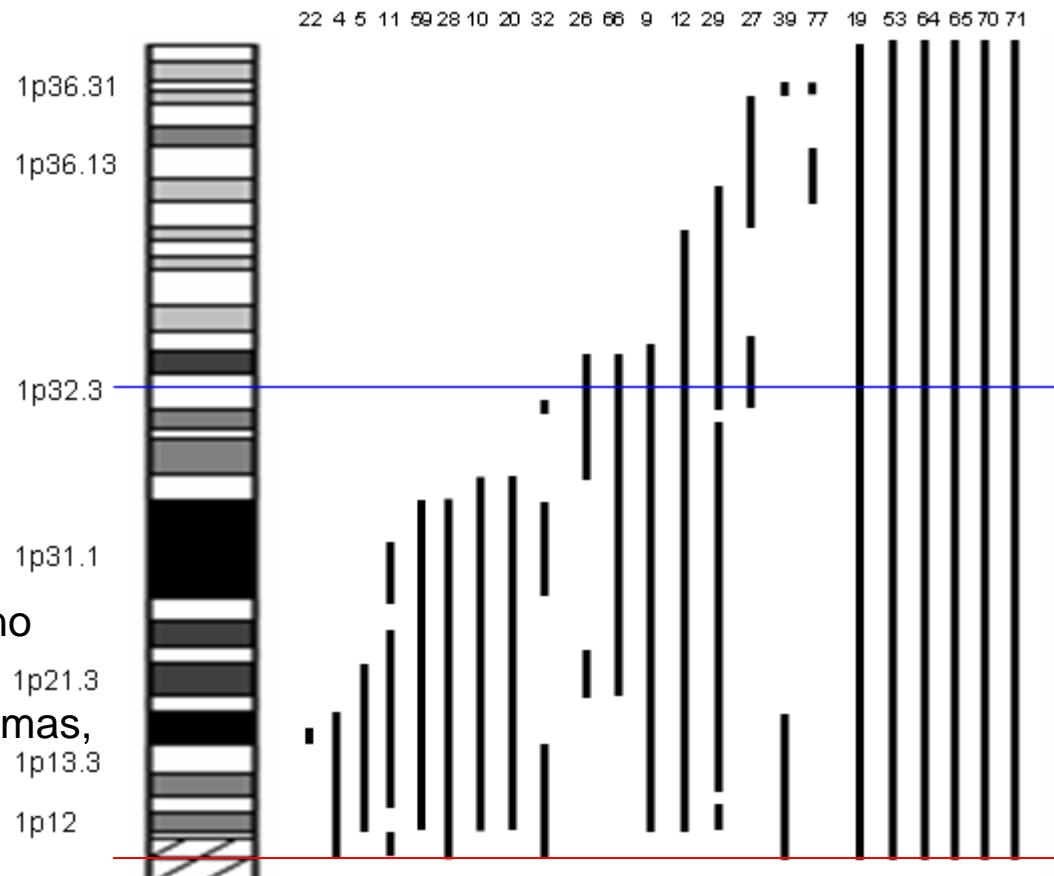


# Homozygous deletion of 1p – CDKN2C

a

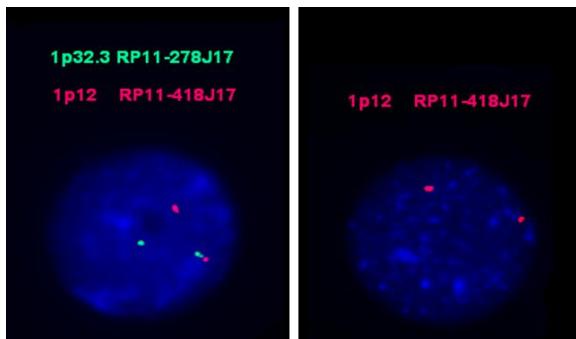
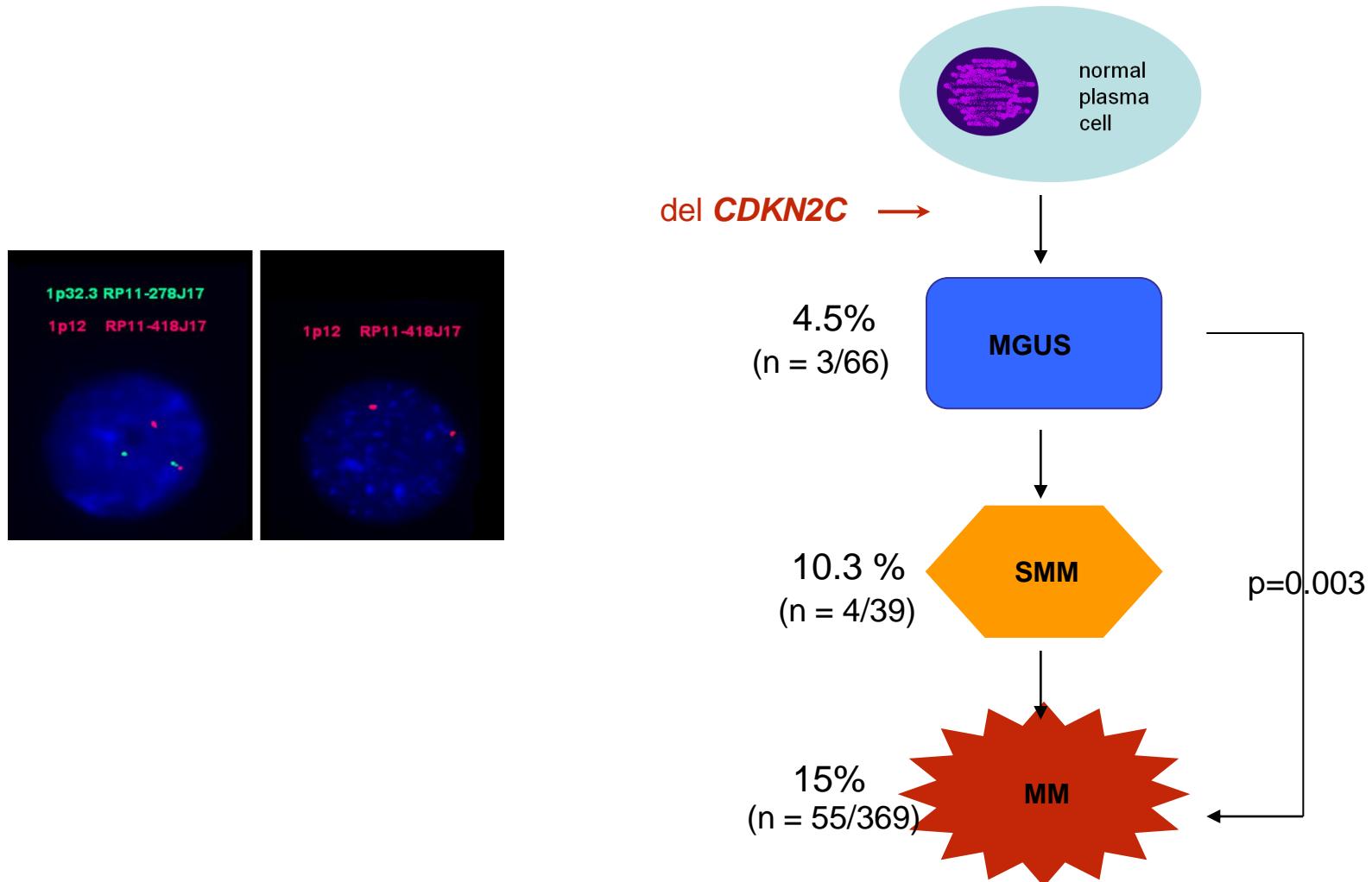


b

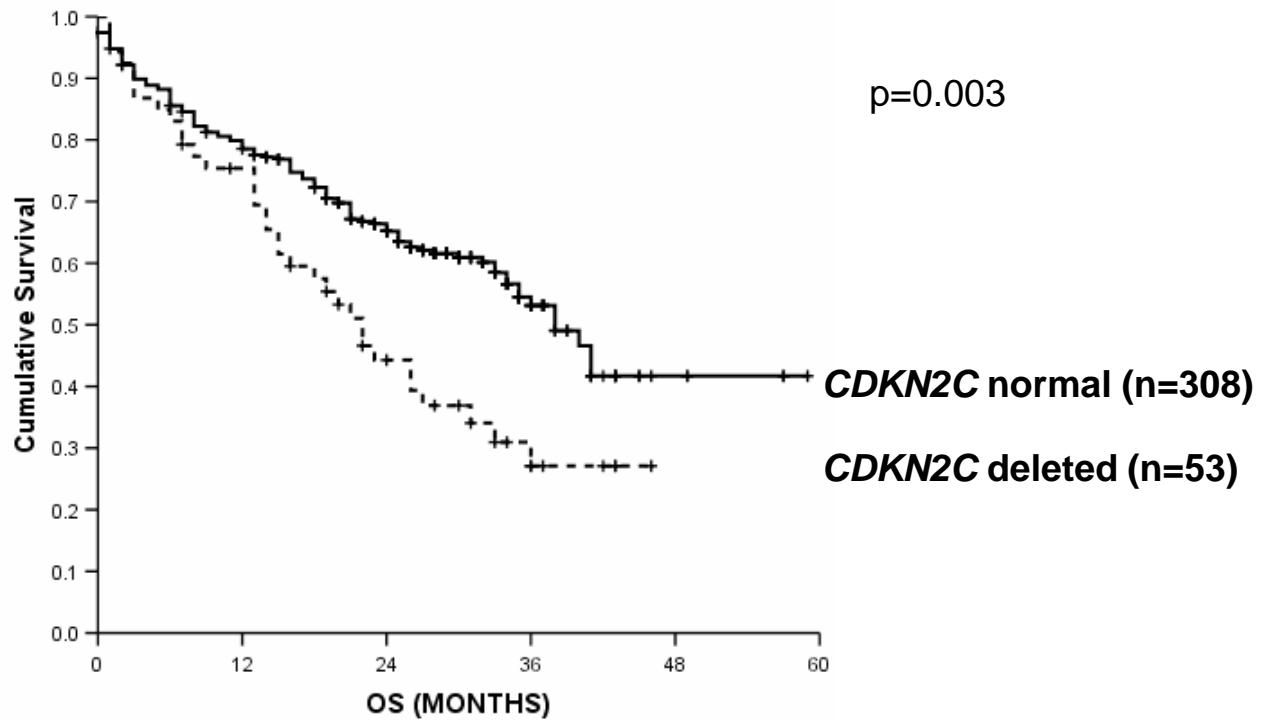


Identified a series of cases with homozygous deletion of 1p23.3 and no CDKN2C gene expression. These cases were proliferative myelomas, defined by an expression-based proliferation index, consistent with CDKN2Cs biological function as a cyclin-dependent kinase inhibitor (negative regulator of cell cycle progression).

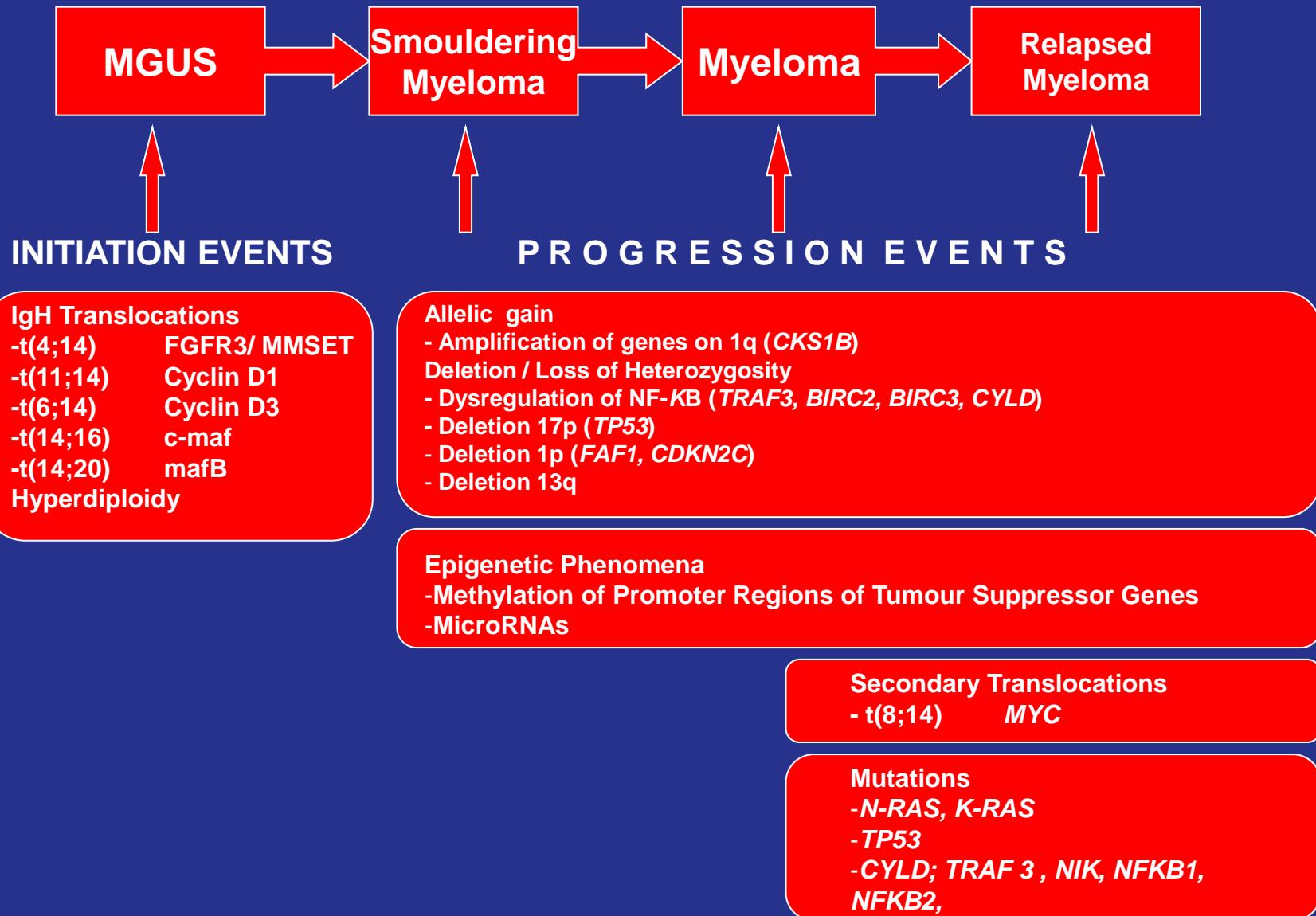
# CDKN2C: MGUS-SMM-Myeloma



# CDKN2C Prognostic significance

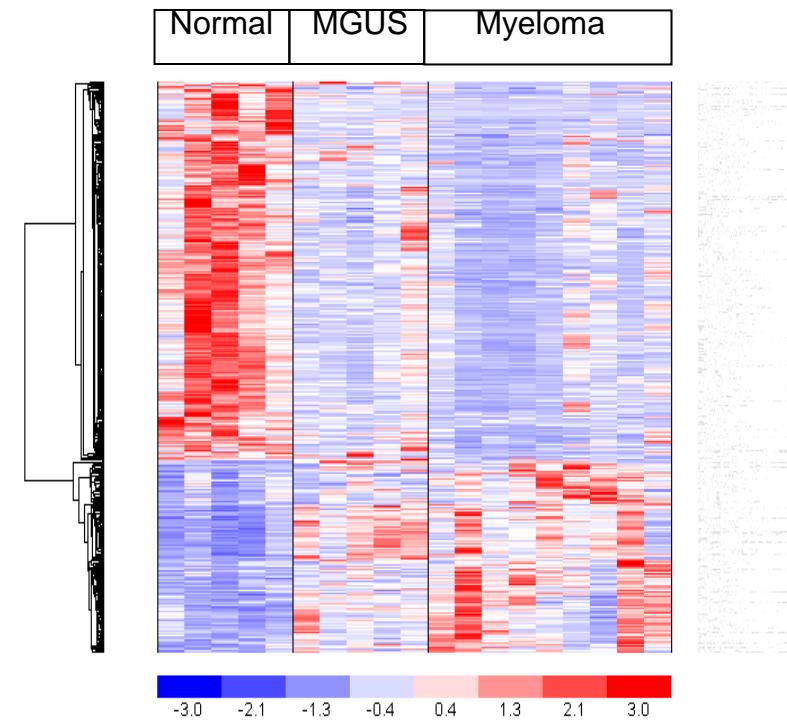


# The Multistep Progression Model of Myeloma

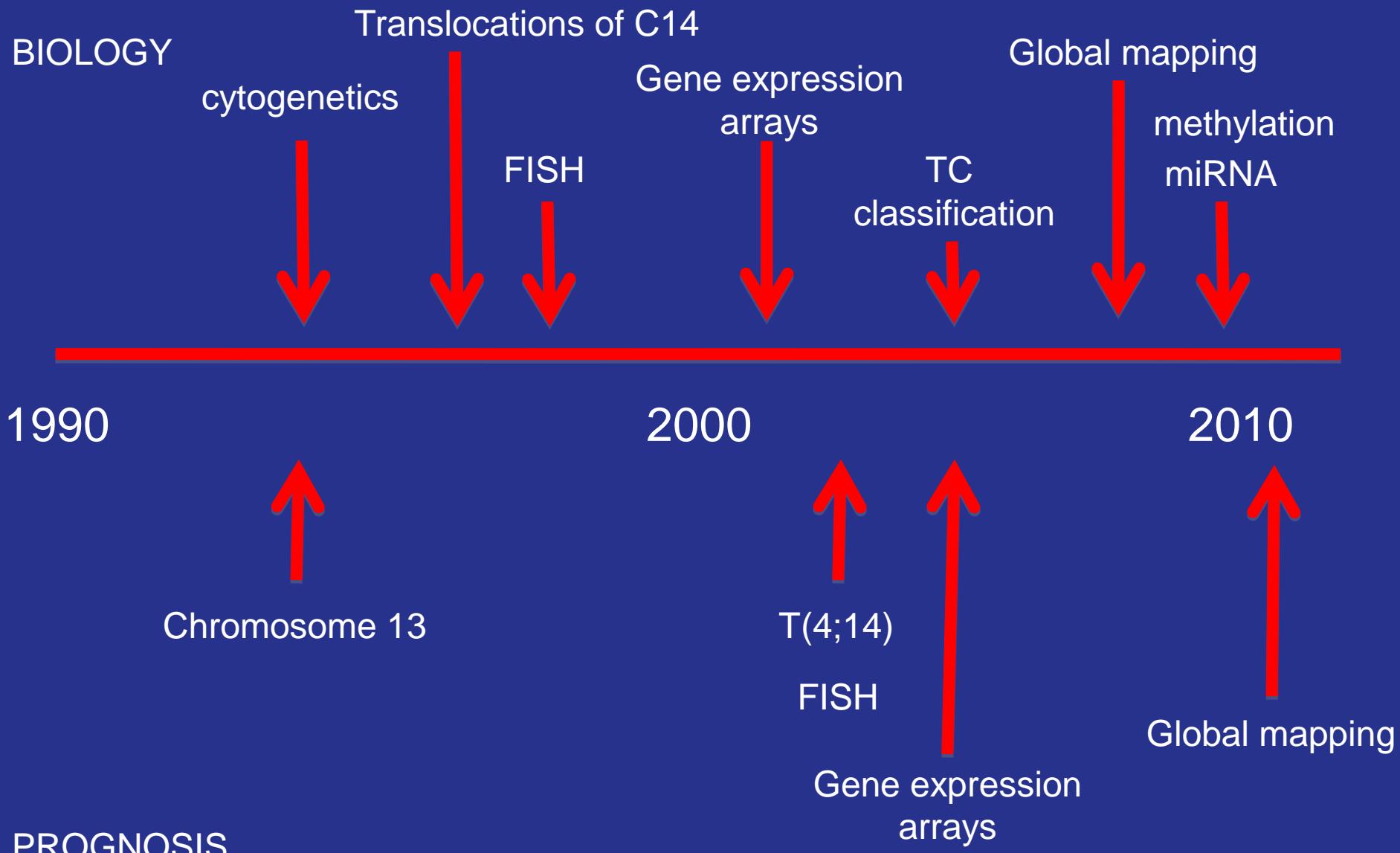


# Identification of new therapeutic targets

- Use technology to identify genetic target
- Number of criteria for a good drug target
  - Central to the disease process
    - Over expression results in the disease phenotype
    - Knockdown results in cell death
  - Important in patients
    - Prognostic significance
  - Druggable
    - Design a small molecule that can inhibit the targets expression or function

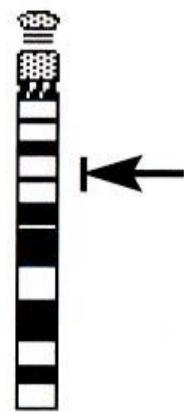


# Timelines

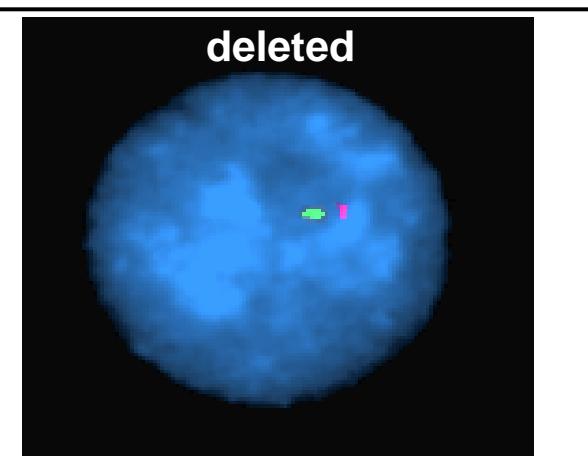
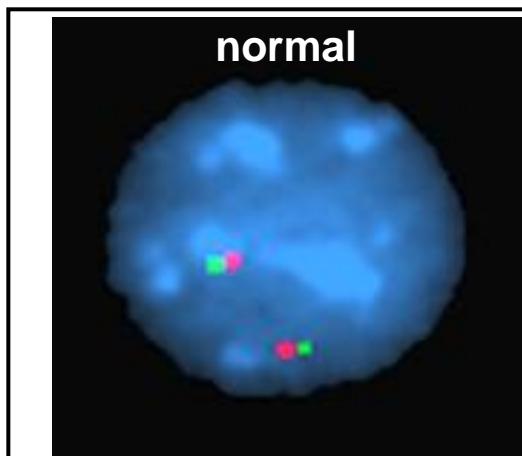
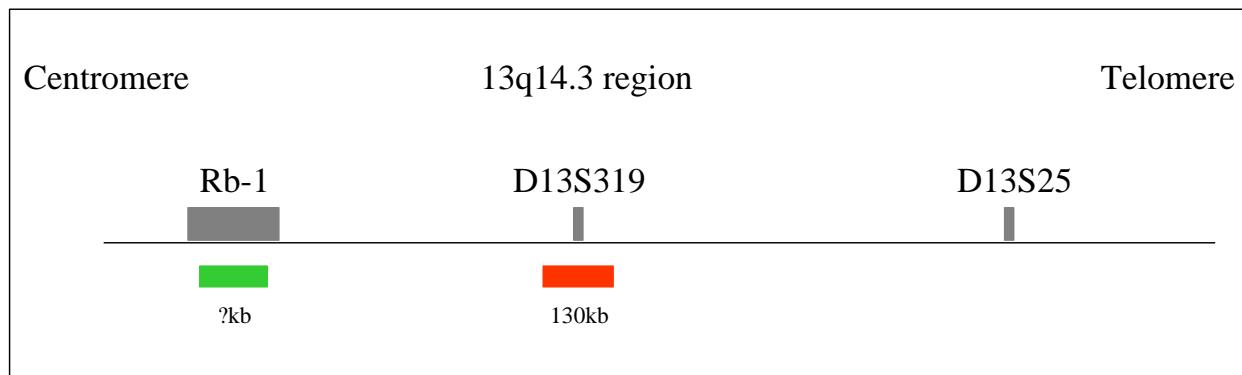


# Chromosome 13 FISH – copy number

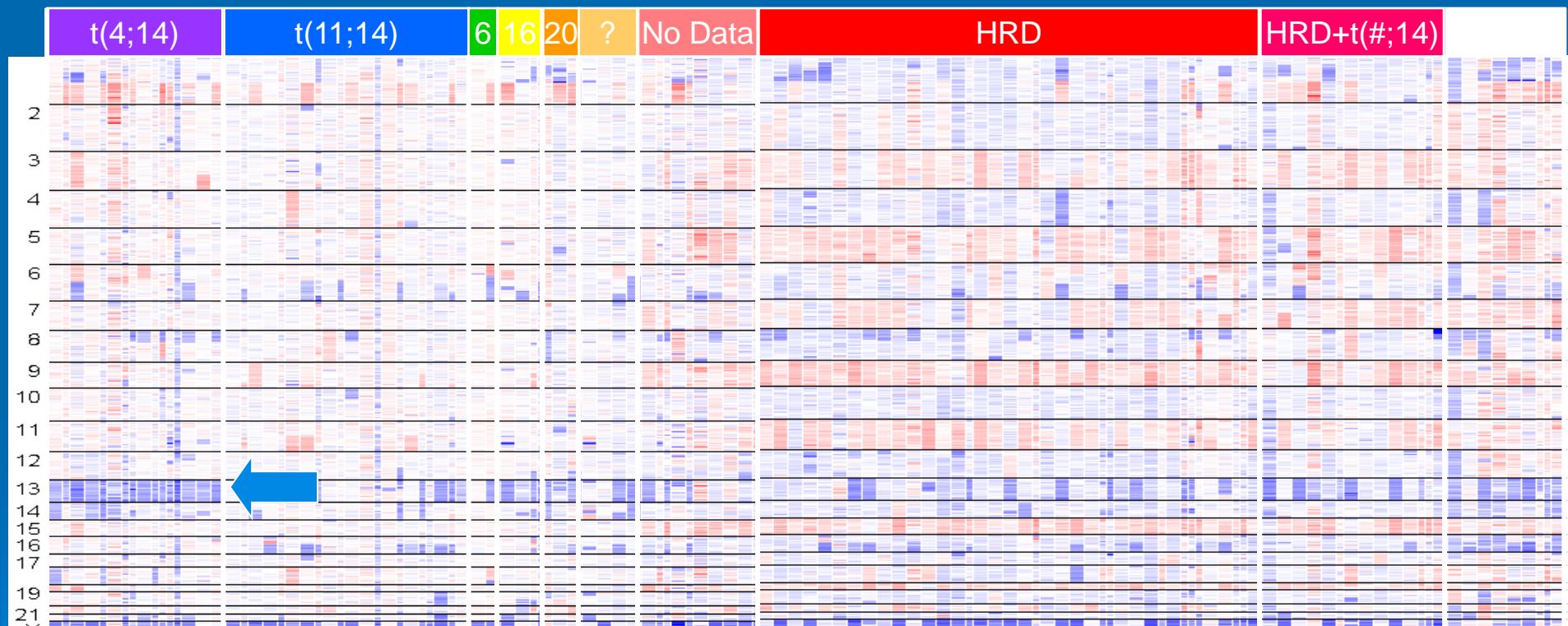
13q14 Region



Retinoblastoma locus and distal area

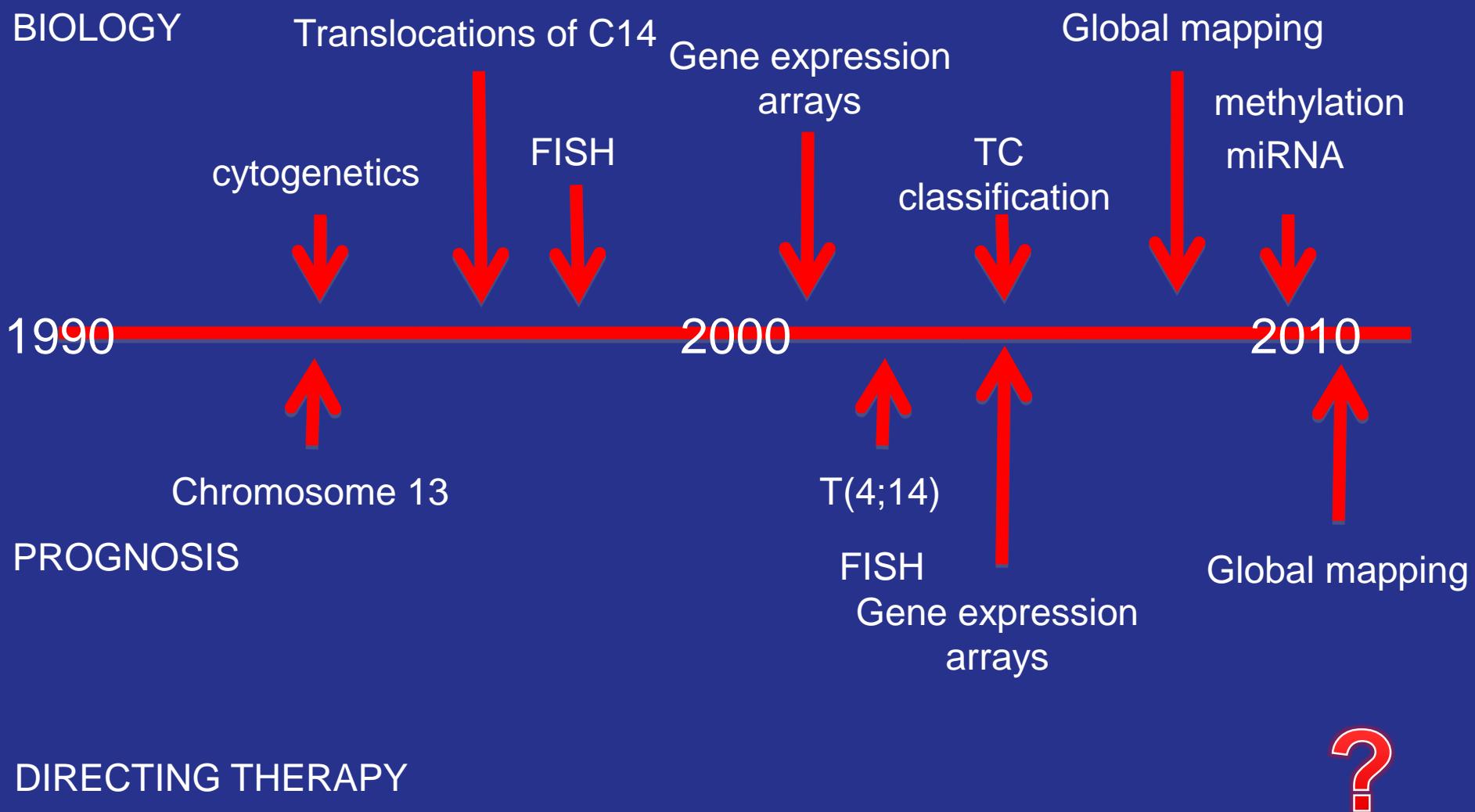


# Inter relationship of genetics



All t(4;14) have del(13)

# Timelines



# Outstanding Questions

Have we identified all of the important lesions and do we know what they mean?

How do we integrate all the information from all of the different techniques?

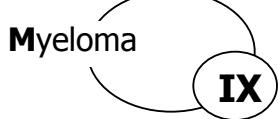
What does it mean to our patients.....

Can we identify any other new therapeutic targets?

Do we know which markers we should use to predict prognosis?

Should we be using genetic markers to lead our treatment decisions?

Can we translate the technology into cost effective routine practice?



# Acknowledgements

## MRC Myeloma IX

Trial Management Group - *Tony Child, Gareth Morgan, Graham Jackson, Sue Bell, Walter Gregory, Alex Szubert*

*Recruiting centres, patients and families*

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