

Cell cycle, oncogenes & tumor markers Potential diagnostic applications via TASNANO?

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TASNANO Athens 12´2005

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Mammary tumor cells (MaTu) in vitro



Marker: 5 µm

TASNANO Athens 12´2005 H. Breter, unpublished



Model of a eucaryotic cell





Model of the cell cycle





Mitosis





Control of eucaryotic cell proliferation

- Equilibrated balance between GFs and GIs
 - **GF** growth (proliferation) stimulating factor
 - GI growth (proliferation) inhibiting factor (e.g. MDGI, TGFß ...)

Apopotosis (programmed cell death)

For every cell there is a time to live and a time to die. There are two ways in which cells die:

- they are killed by injurious agents
- they are induced to commit suicide

depends on

... the balance between the withdrawal of positive signals (needed for continued survival) and the receipt of negative signals

Apoptosis and cancer

some viruses (EBV, HPV) associated with cancers use tricks to prevent apoptosis of the cells which they have transformed



Eucaryotic cell proliferation





Model of the plasma membrane of animal cells (fluid mosaic model)



according to LJ Kleinsmith & VM Kish (Harper Collins 1995: Principles Cell Molecular Biology)

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Signal transduction via cell surface receptors

signal transduction cascades

additional mechanisms but not shown <u>receptor-mediated endocytosis</u> (clathrin-coated pits)





e.g. unknown constituents of FCS

e.g. EGF, NGF, PDGF

e.g. TGFß(system)

e.g. TNF α , TNF β



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Endocrine regulation of cell growth



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insulin glucagon hcG prolactin



Paracrine regulation of cell growth or differentiation



e.g. FGF7 in breast FGF family (differentiation)

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Autocrine regulation of cell growth

e.g. interleukin 8 for ovarian cancer gastrin for colorectal cancer heparin-binding EGF-like growth factor for urothelial cells



Stevens & Lowe 2nd, p. 251



Contact-dependent regulation of cell growth

contact inhibition (not in tumor cells)

e.g. for corneal endothelial cells (after loss of contact TGFß2)

e.g. FAK (fokal adhesion kinase)



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Contact inhibition

cultured 3T3-cells

normal 3T3-cells



G. Steven Martin



Prolactin-induced activation of the synthesis of casein



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Lactating mammary gland

anti-MDGI antibodies Au15-pA

Cs – casein micelles



Breter & Erdmann (Cell Tissue Res 277:457-464)

marker: 1 µm

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Proliferation inhibition in the mammary gland



Erdmann & Breter (Cell Tissue Res 272:383-389)

Epipolarization

DIC



Proto-oncogenes, oncogenes, tumor supressors

Oncogene

- a modified gene that increases the malignancy of a tumor cell

- oncogenes, usually involved in early stages of cancer, increase the chance that a normal cell developes into a tumor cell

SIS (PGFB)	PDGF
ERB2	receptor for EGF
jun, fos	AP-1 (heterodimer; transcription factor)
SRC/RAF	fusion protein (kinase)
<u>Ras</u>	membrane-associated G-protein



Proto-oncogene

- a normal gene that can become a oncogene, either after mutation or increased expression
- often ivolved in signal transduction and execution of mitogenic signals, usually through its gene product
- upon activation, it (or its product) becomes a tumor inducing agent, an oncogene

Tumor suppressor gene (most prominent is p53; BRCA1 & BRCA2)

- a gene that reduces the probability that a cell in a multicellular organism will into a tumor cell
- a mutation or deletion of such a gene increases the probability of the formation of a tumor
- <u>tumor suppressors</u> have a dampening or repressive effect on the regulation of the cell cycle or promote apoptosis



Tumor markers

substances, usually proteins, that are produced by the body in responce to cancer growth or by the cancer tissue itself

e.g.	CEA	carcinoembryonic antigen							
	PSA	prostate specific antigen							

some tumor markers are specific for one type of cancer other are seen in several cancer types

many of these well-known markers are seen in non-cancerous conditions as well

GOAL: to be able to SCREEN for and DIAGNOSE cancer EARLY when it is in the most treatable conditions before it had a chance to grow and spread

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Importance of tumor marker detection for

- Screening
- Diagnosis
- Stage
- Prognosis
- Guide treatment
- Monitor treatment
- Determine recurrence



ELISA (EIA) for detection of proteins (enzyme linked immunosorbent assay)

ELISA is the most widely used immunnodiagnostic technique in many different clinical applications, including diagnosis of HIV, Hepatitis and others as well as hormones, tumor markers or the screening of blood banks etc.

The most commonly used format is the microplate ELISA commonly known as "micro-ELISA".

- first published in 1971
 - by Engvail & Perimann (Sweden)
 - by van Weemen & Schuurs (Netherlands)
- first commercial one in 1976
 - to detect Hepatitis B surface antigen



ELISA

microplate 8 x 12 matrix of 96 wells (each 1 cm high, 0.7 cm diameter) up to <u>70 µl per well</u>





next steps in case of positive results

- re-testing
- Western-blot



ELISA (EIA) principle

e.g. detection of anti-HIV antibodies



primary antibodies (patient serum)



enzyme-labeled secondary antibodies



chromogen/substrate

positive ELISA



negative ELISA





four enlarged wells

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Antibody Array Features by Spendlove Research Foundation



- chemiluminescent ELISA

-one spot equals one investigtion

- up to 24 assays/well

- quantitative

 customizable analysis sw (Windows)

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Cancer	<u>AF</u> <u> </u>	<u>CEA</u>	<u>CA 15-</u> <u>3</u>	<u>CA 19-</u> <u>9</u>	<u>CA</u> 125	<u>РS</u> А	<u>PSA</u> <u>F</u>	<u>PSA</u> <u>C</u>	P A P	<u>hT</u> <u>G</u>	<u>НС</u> <u>b</u>	<u>Fer</u>	<u>NS</u> <u>E</u>	<u>IL-</u> 2	<u>IL-</u> <u>6</u>	<u>В2</u> <u>М</u>	<u>A2</u> <u>M</u>	TOTA L
Lung																		7
Pancreas																		5
Kidney																		6
Breast																		4
Ovarian																		7
Cervical																		2
Uterine																		4
Testicular																		4
Prostate																		5
Liver																		5
Gastro																		3
Colorectal																		5
Bile Duct																		1
Thyroid																		2
Wilms Tumor		Sp	endlov	e Resea	arch FC	UND	ATION	1										2
Bladder																		1
Brain			CEA - Ferr -	carcino ei Ferritin	nbryonic	antiger	n											1
Larynx			PSA -	free prost	atic speci	fic anti	gen											1
Bur kitts Lymphoma			PSAF -	+ prostate + alpha(1)a free prost	specific a antichymo atic speci	antigen otrypsii ific anti	n comple aen	x										1
Neuroblastoma			A2M -	alpha 2 m	acroglob	ulin												2
Leukemia			B2M -	beta 2 mic	croglobuli	In												2
Multiple Myeloma																		3
Lymphoma																		1
TOTAL / Marker	5	8	5	7	9	1	2	1	2	2	10	6	4	2	4	5	1	74
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Immuno-PCR

chimera biotec GmbH

Biomedicinecentre Dortmund Emil-Figge-Str. 76a D-44227 Dortmund www.cimera-biotec.com

<u>LDN</u>

Labor Diagnostika Nord GmbH & Co KG Am Eichenhain 1 D-48531 Nordhorn www.ldn.de

M. Adler et al: Detection of femtogram amounts of biogenic amines using sel-assembled DANN-protein nanostructures

with specific antibody-DNA conjugates ...

up to 1000-fold improvement of the detection limits accessible in conventional microplate format