

# Epigenetics: What is it and how it effects our health?

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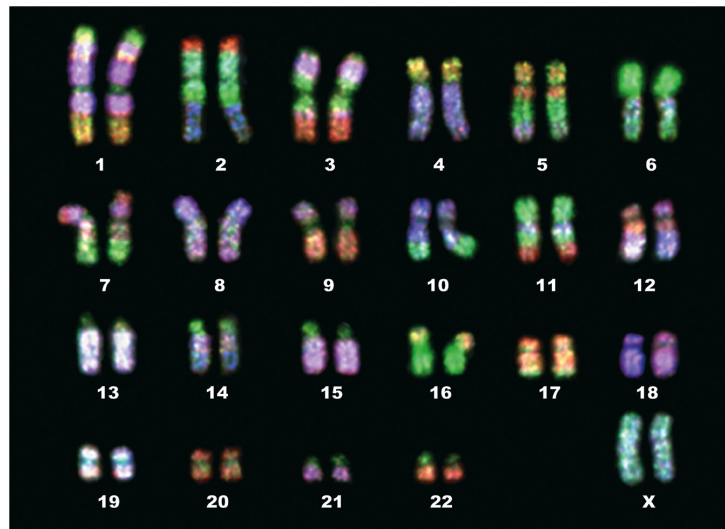
## Overview

- Basic Background
- Epigenetics in general
- Epigenetics in cancer
- Epigenetics in Lymphoma
- Clinical Trials targeting Epigenetic proteins in Lymphoma

## First, Some Basics

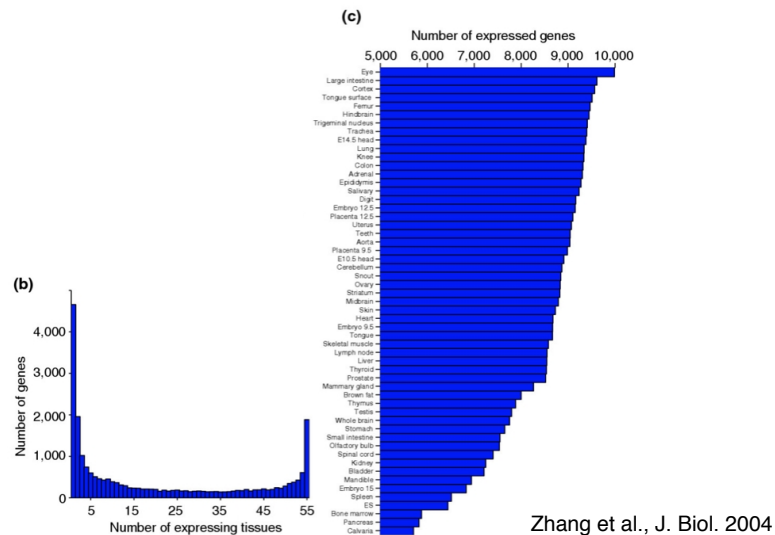
- DNA -> RNA -> Protein
- We have 23 sets of chromosomes, making 46 total.
- Most of the chromosomal DNA does not make DNA but much of it is not junk.
- Rather, much of the non-protein coding DNA regulates the expression of the protein-coding DNA.

Our DNA encodes all the proteins required for the  
>240 different cell types of our body



Spectral Karyotyping of Human Chromosomes

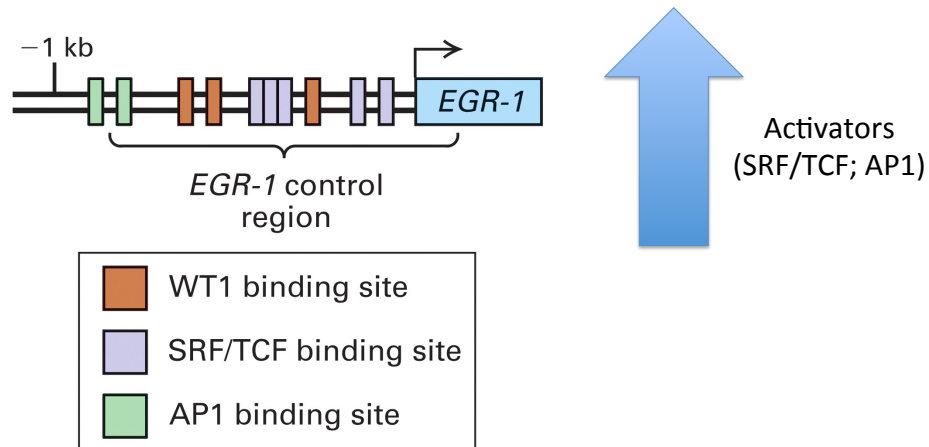
The ~20,000 genes encoding proteins are differentially expressed in each tissue and cell type, defining their function



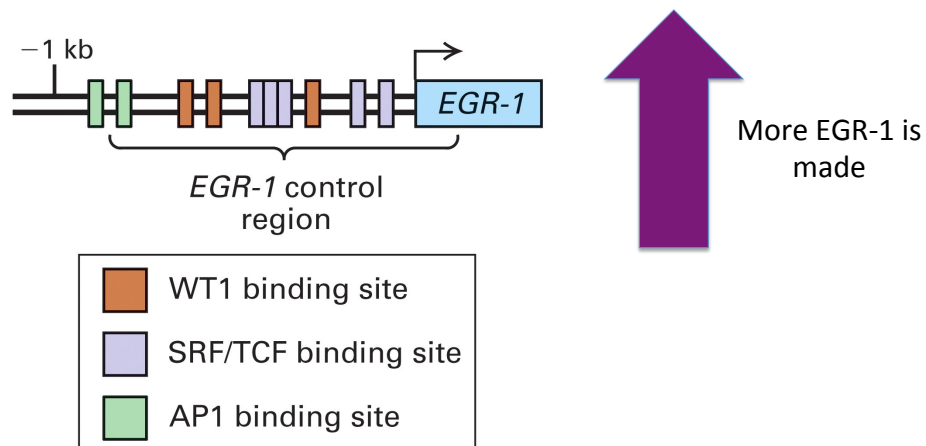
## Controlling the Combinatorial Code leading to differential gene expression

- Transcription Factors regulate the expression of genes
- Epigenetic marks regulate the accessibility of transcription factors to the DNA

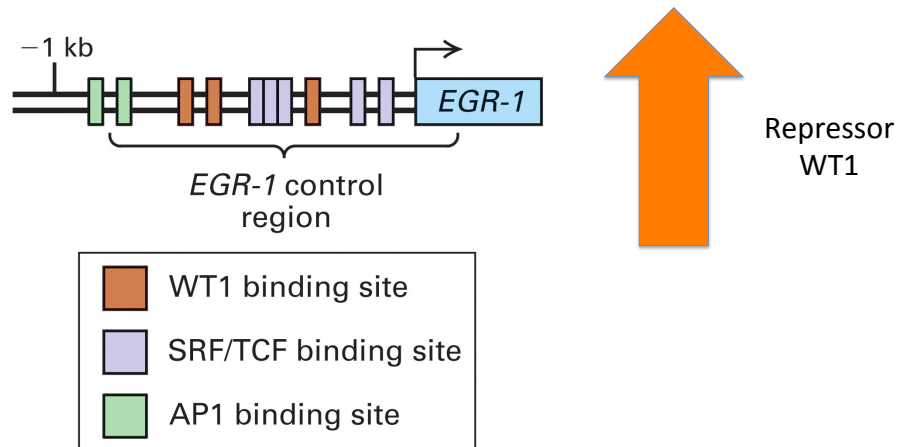
**Transcription factors work in a combinatorial fashion:** promoters have both transcription activator (e.g., SRF/TCF & AP1) and repressor (e.g., WT1) sites



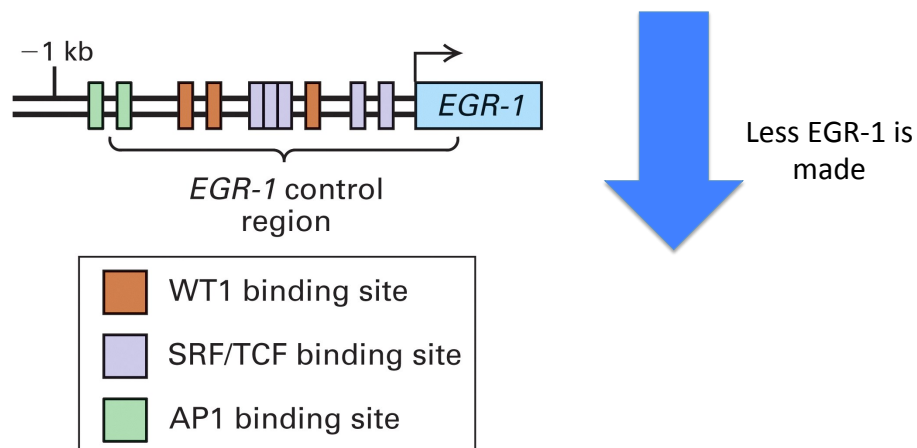
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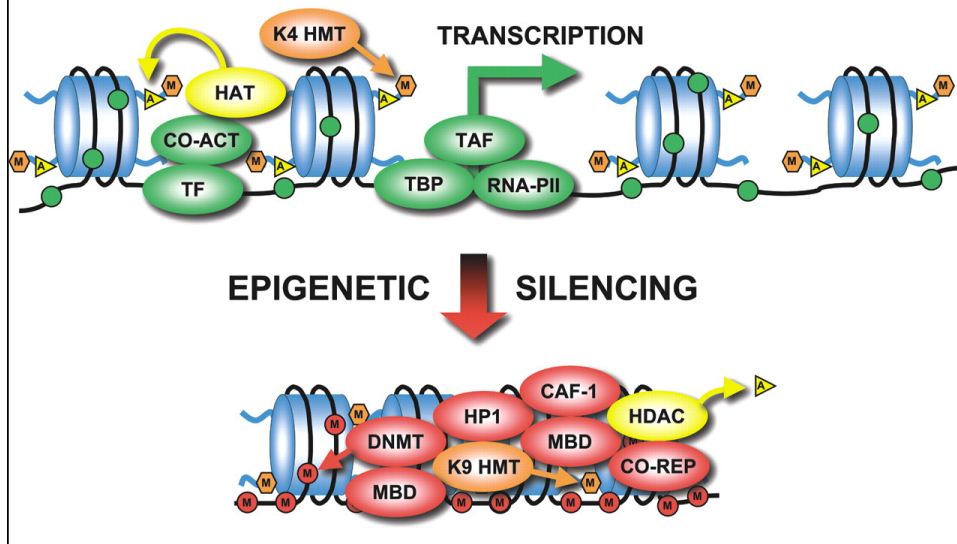
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Epigenetic modifications to genes controls the accessibility of transcription factor to the gene



*what is the epigenome?*



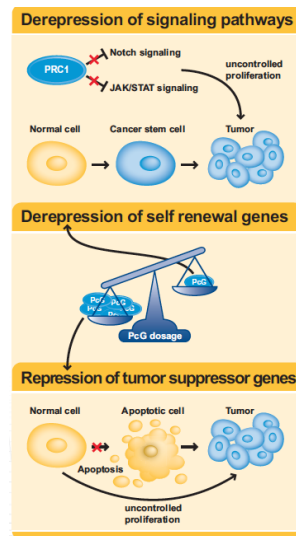
## Epigenetics in Cancer

- Example: Breast Cancer
- Breast Cancer Susceptibility genes BRCA1 & BRCA2
- If a woman has a family history of breast cancer, then one copy of BRCA1 or BRCA2 mutations are inherited
- Breast cancer arises when the second copy is either mutated or epigenetically silenced.

## Epigenetic proteins: a double edged sword

- Epigenetic proteins can be oncogenes (increased expression induces cancer)
- or tumor suppressors (lack of expression permits cancer development)
- Why? Because they regulate both tumor suppressors and oncogenes.

## Epigenetics in Cancer: Role of the Polycomb Complex

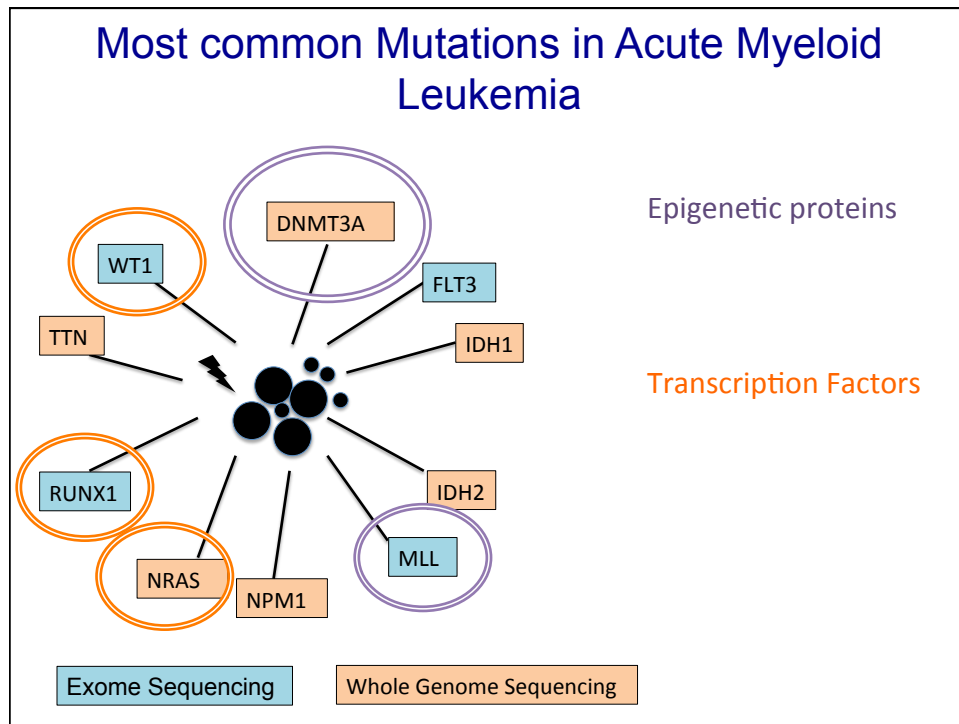


## Epigenome modulators are already in the Clinic: Azacitidine & Decitabine are used in Myelodysplastic Syndrome

CLINICAL TRIAL	YEAR	DRUG
CALGB -9221	2002	Azacitidine
D-007	2006	Decitabine
ICD03-180	2007	Decitabine
AZA-001	2009	Azacitidine
US Oncology	2009	Azacitidine
ADOPT	2009	Decitabine
EORTC 06011	2011	Decitabine

Patients treated with hypo-methylating drugs show

Higher complete remission (CR)  
Lower drug resistance  
Lower relapse rate.  
Low cytotoxicity



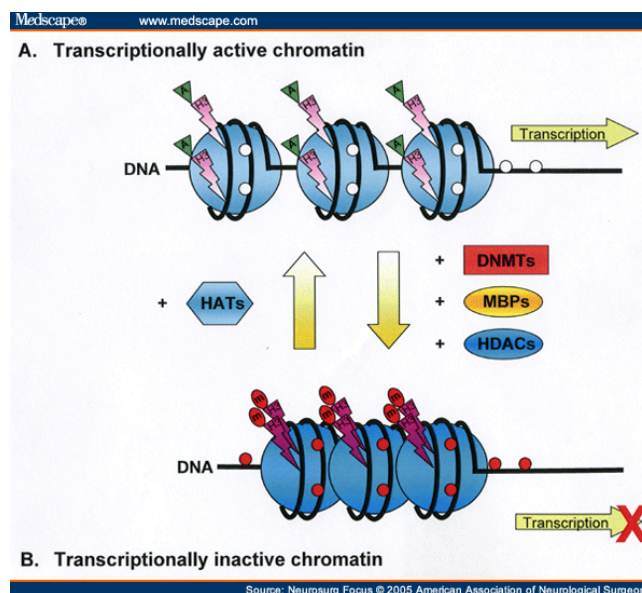
## Common Mutations in Lymphoma

- Many different mutations depending on the type of Lymphoma
- T Cell Acute Lymphocytic Leukemias T-ALL and ETP-ALL commonly have loss of function mutations (i.e., inactivating mutations) in epigenetic regulators
- Diffuse Large B Cell Lymphoma (DLBCL) commonly has activating mutations in EZH2 but inactivating mutations in MLL2 or MLL3

## T Cell Acute Lymphocytic Leukemias - 1

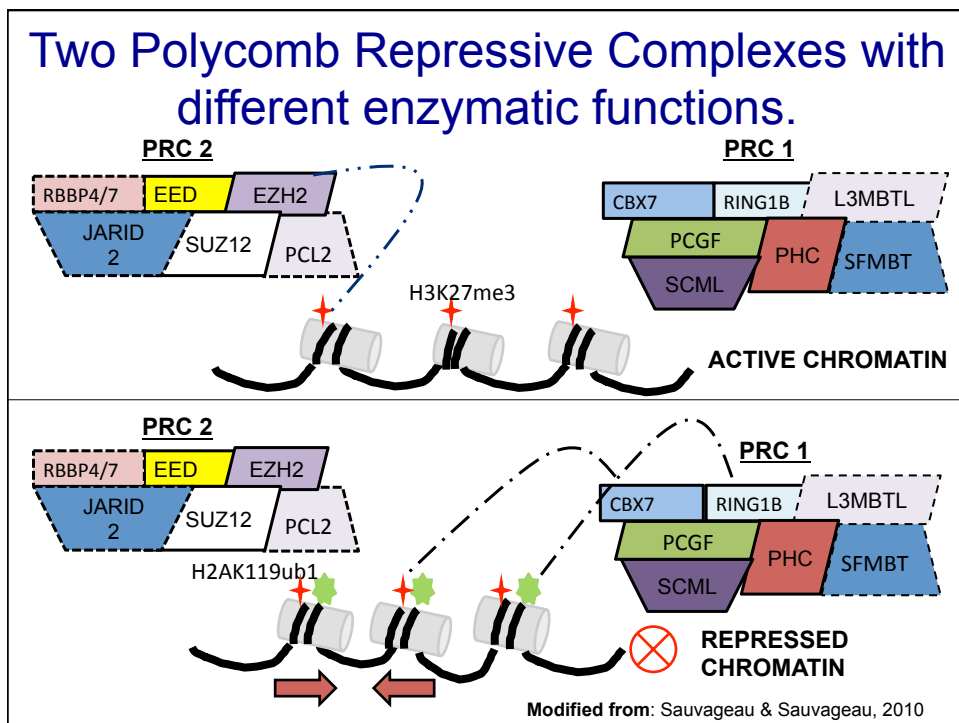
- Common Mutations in the DNA methyltransferase (DNMT3A) which modifies DNA directly, turning off gene expression.
- Thus, an inactivating mutation of DNMT3A will enable genes that are supposed to be **OFF** to be **ON**

## DNA Methylation turns off genes



## T Cell Acute Lymphocytic Leukemias - 21

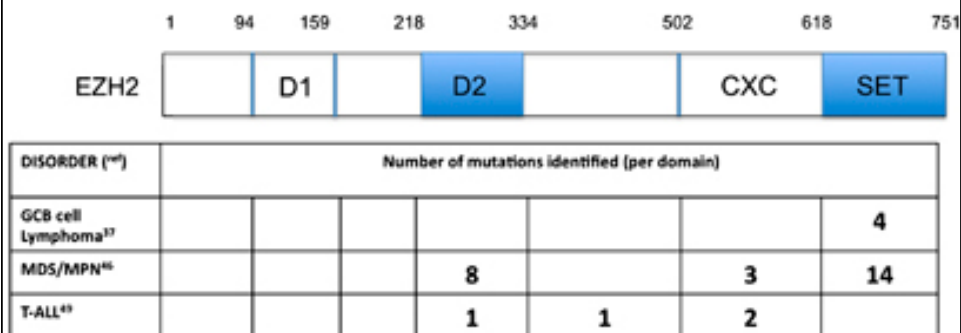
- Other common mutations are inactivating mutations in Histone Methylation genes which turn **OFF** gene expression
- These mutations are often in the PRC2 complex (EZH2, SUZ12, EED) or SETD2.



## Diffuse Large B Cell Lymphoma (DLBCL) & Follicular Lymphomas

- Most **DLBCL** patients have activating mutations in EZH2, meaning that the activity of EZH2 is very high and many genes are turned **OFF** that should be **ON**.
- Some patients have inactivating mutations in MLL2 or MLL3. These Epigenetic Proteins normally Turn genes **ON**. Thus, inactivating mutations leads to genes being **OFF** that should be **ON**.

## Mutations in EZH2



## Clinical Trials using Inhibitors of Epigenetic proteins

- At least 45 clinical trials have been performed using inhibitors of epigenetic proteins in cancer
- 4 clinical trials in lymphoma

## Clinical Trial using E7438, an inhibitor of EZH2

- ClinicalTrials.gov Identifier: NCT01897571
- Currently recruiting patients in France
- Sponsor is by the companies that developed the drug and testing it: Eisai Limited & Epizyme, Inc.
- Indication: Diffuse Large B Cell Lymphoma or Grade 3 follicular lymphomas
- Phase 1/2: Toxicity & Efficacy
- Establish the maximum tolerated dose, pharmacokinetics (how the drug is processed by the body)
- Is it efficacious at the maximum tolerated dose?

### Vidaza and Vorinostat in patients with relapsed or refractory DLBCL

- ClinicalTrials.gov Identifier: NCT01120834
- Phase 1/2: Toxicity & Efficacy
- VIDAZA demethylates DNA leading to the turning **ON** of genes (not specific)
- Vorinostat inhibits an enzyme (HDAC) that modifies DNA to turn **OFF** genes.
- Thus, Vorinostat will turn **ON** genes in a general fashion (not specific).
- Sponsored by Cornell (New York) and Celgene and Merck (companies that make the drugs)

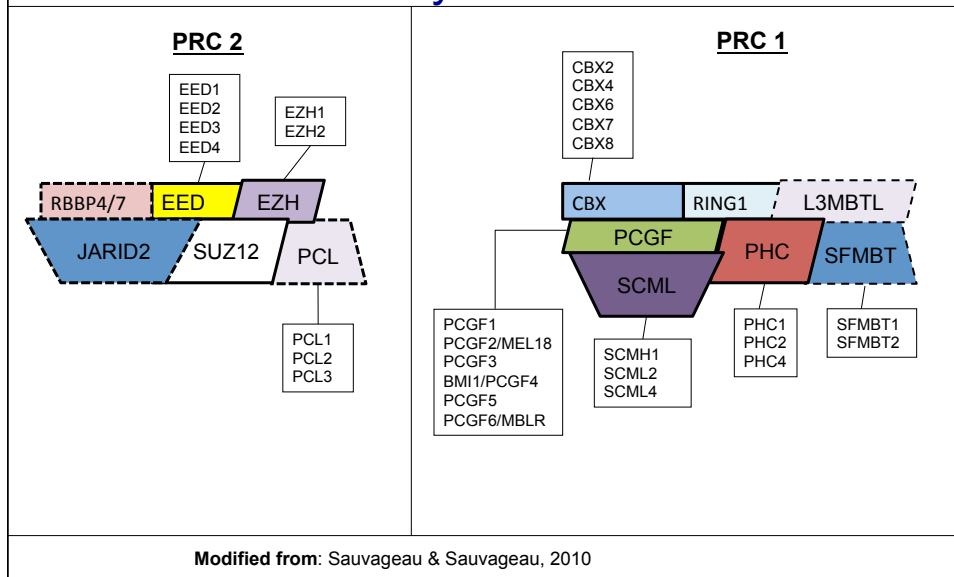
### Valproic Acid Treatment for refractory Non-Hodgkin Lymphoma, Hodgkin Lymphoma, CLL

- ClinicalTrials.gov Identifier: NCT01016990
- Valproic acid inhibits an enzyme (HDAC) that modifies DNA to turn **OFF** genes.
- Thus, Valproic acid will turn **ON** genes in a general fashion (not specific).
- Slowly recruiting in Puerto Rico

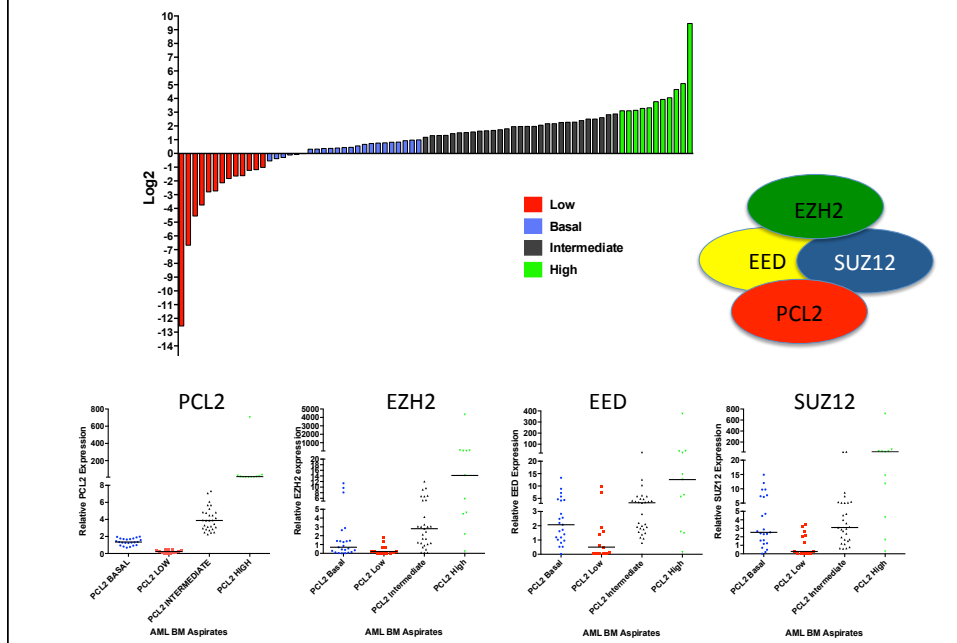
## VIDAZA with chemotherapy for children with ALL or AML

- ClinicalTrials.gov Identifier: NCT01861002
- Phase 1: Safety only
- VIDAZA demethylates DNA leading to the turning **ON** of genes (not specific)
- Sponsored by Therapeutic Advances in Childhood Leukemia Consortium, Children's Hospital in Los Angeles

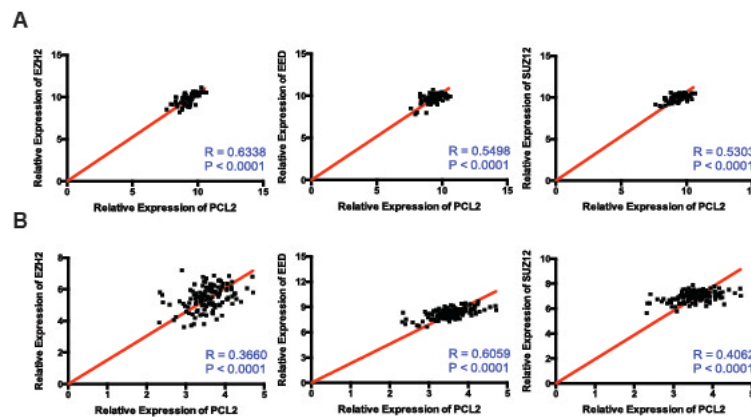
## Two Polycomb Repressive Complexes with different enzymatic functions.



## PCL2-PRC2 are misregulated in ~70% of the AML cases



## Most Lymphoma patients have over-expression of EZH2 and PCL2



These patients could be candidates for treatment with the EZH2 inhibitor or a new drug directed at PCL2.