

CAGE法を用いた子宮体癌におけるリンパ節転移予測マーカーの同定

Identification of molecular markers associated with lymph node metastasis in uterine endometrial cancer



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Purpose: Lymphadenectomy is recommended in endometrial cancer (EM Ca) treatment; however, it increases the risk of complications such as lymphedema. Given that lymph node metastases (LN+) are rare in low-risk groups, discrimination between LN+/LN- status before lymphadenectomy would be highly valuable, but no effective methods have been developed

to date. In this study, we examine the assessment of gene expression profiles in primary tumor as a diagnostic tool minimizing lymphadenectomy. Experimental design: Fifteen EM Ca tissues (5 LN+ and 10 LN-) diagnosed as endometrioid adenocarcinoma Grade 1 with less than one-half muscle invasion were subjected to cap analysis of gene expression (CAGE) and subsequent computational screening. The resulting biomarker candidates

were examined by quantitative reverse transcription PCR (qRT-PCR) in 115 EM Ca. In addition, their expression levels were validated using fluorescent in situ hybridization (FISH) and immunostaining.

Results: Genome-wide screening based on CAGE and targeted examination based on gRT-PCR revealed a significant association of gene X and gene Y isoforms expressed through a novel promoter, with LN+/LN- status in a low-risk group. Gene X and gene Y isoform were highly expressed in LN-(p <0.001) and LN+ (p <0.05) respectively. The difference in their expression levels was effective in discriminating between LN+/LN- status (AUC = 0.929). Conclusion: Our study identified two genes, gene X and the novel gene Y isoform, as biomarkers for assessing LN+/LN- status using EM Ca tissue only. These biomarkers may be used as a diagnostic tool to support clinical decisions that minimize irrelevant lymphadenectomy without increasing

recurrence risk. Background & Purpose **Uterine Cancer** Uterine cancer arises from the endometrium. Uterine cancer is the most common gynecological cancer in developed world. incidence 15,000 / year mortality 1,000 /year ✓ The primary treatment is surgery. hysterectomy + salpingo-oophorectomy + lymphadenectomy removal of the removal of both removal of the 80%_I 120% Low & Intermediate risk group High risk group Lymph node metastasis Negative Positive 8% 8% 72% Lymphadnectomy not to be required Lymphadnectomy to be required Invasion Physical Our purpose of surgery burden

Lymphedema

Activity limitation

Diminishing job

opportunities

Cost burden for

Risk of unemployment

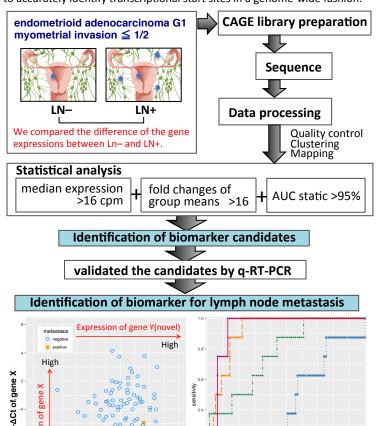
medical treatment

Economic burden

The objective of this study is to establish biomarkers in order to distinguish lymph node metastatic state before surgery.

It will be realized to improve patient's QOI by avoiding irrelevant lymphadenectomy.

CAGE is a novel approach for identifying gene expression profiling. CAGE differs from other major gene expression analysis techniques in its capability to accurately identify transcriptional start sites in a genome-wide fashion.



We found that expressions of gene X and novel isoform of gene Y were significantly associated with LN+/- states. The discrimination power of combination marker is further substantial as AUC 0.922. So we believed this combination marker was more effective discrimination of lymph node metastatic states.

gene X - SUDS3 AUC = 0.904
gene Y(novel) - SUDS3 AUC = 0.766
gene Y(known) - SUDS3 AUC = 0.539

Conclusion

deterioration of postoperative QOL

Lengthening the

time of a surgery

Longer hospital stay

Loss of purpose in life

Change in her body

Mental burden

more bleeding

Larger incision

 Our study identified the two genes, gene X and the novel isoform of gene Y, as potential biomarkers to distinguish LN-/+ state.

–ΔCt of gene Y(novel)

√ Their combination marker shows more effective discrimination of LN-/+ states.