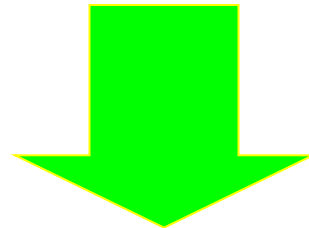


Inflammatory Bowel Disease Neoplasia

Mary P. Bronner, MD
Division Chief of Anatomic Pathology
University of Utah

Neoplastic Progression in Chronic Inflammatory GI Dz

Inflammation

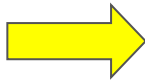


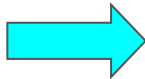



Dysplasia



Carcinoma

Chronic Inflammatory GI Disease & Cancer

- Barrett's Esoph  Esoph CA
- HP Gastritis  Gastric CA
- Hepatitis B & C  HCC
- Ch Pancreatitis  Panc CA
- UC and Crohn's  Intestinal CA

Ulcerative Colitis: A Paradigm



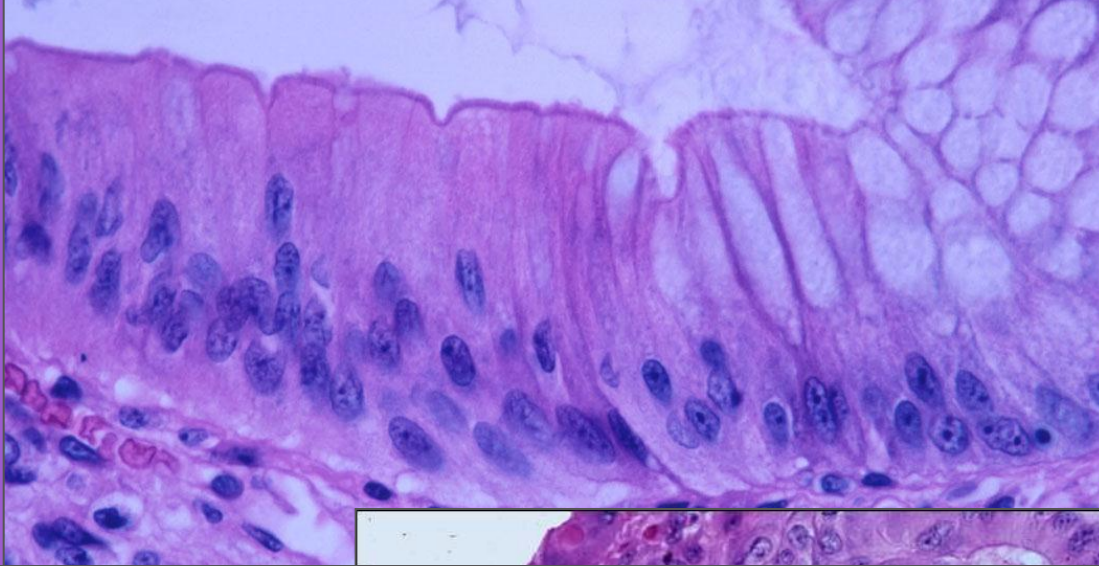
Managing Cancer Risk in UC

- Ignore it
- “Prophylactic” colectomy
- Colonoscopic surveillance for dysplasia / early carcinoma

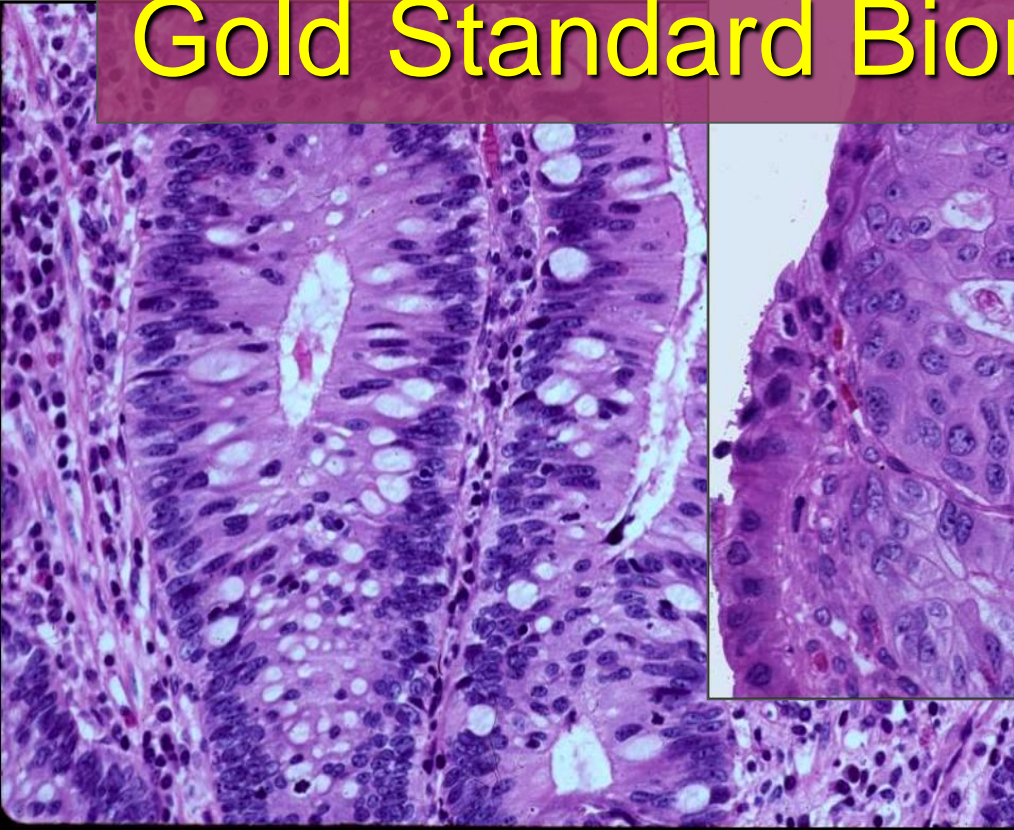
Optimal Colonic Biomarker

- Pancolonic distribution
- Predate incurable cancer
- Objective
- Sensitive, Specific, ↑PPV, ↑NPV





Gold Standard Biomarker: Dysplasia



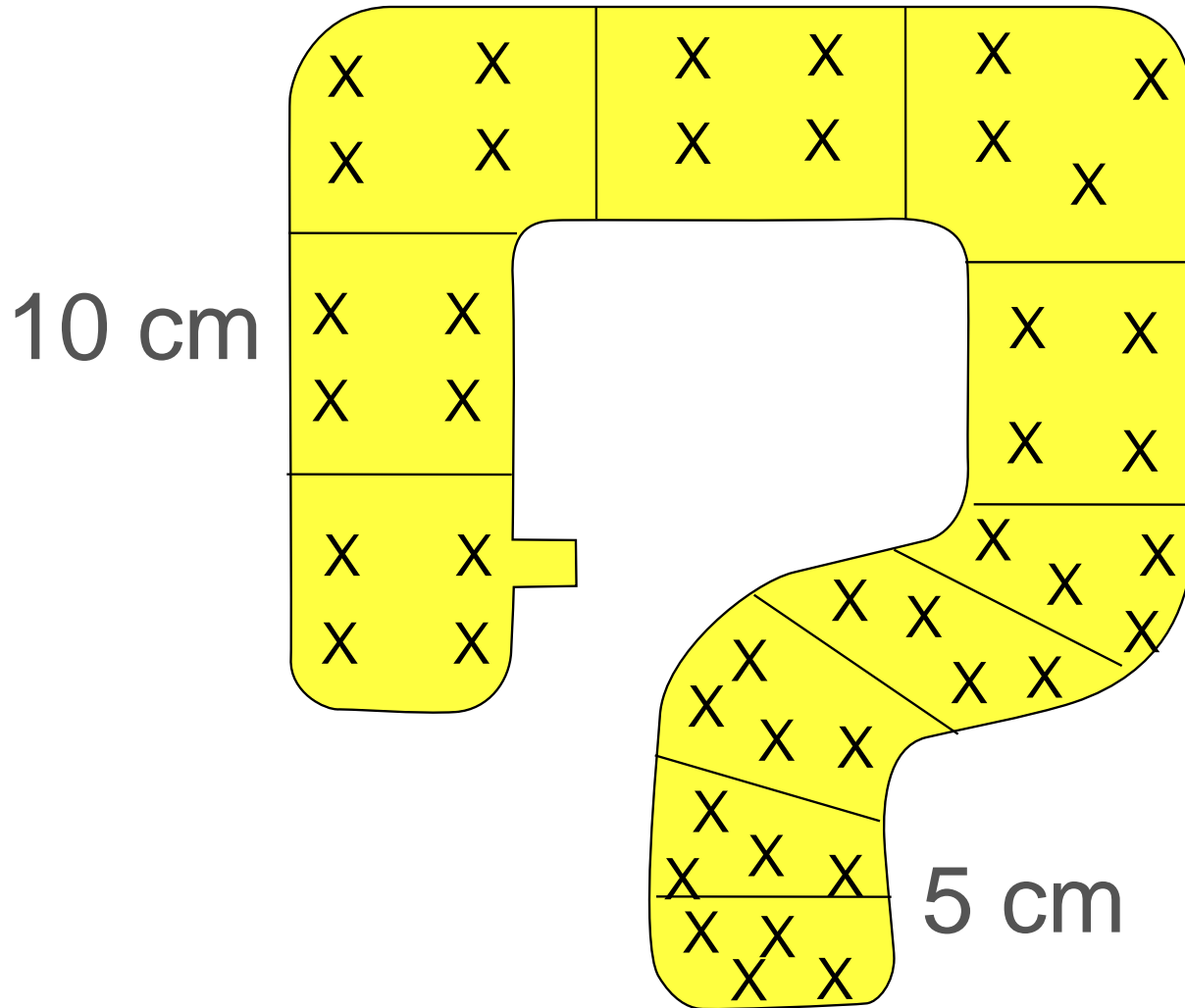
Dysplasia: Problems

- Sampling
- Distinction from reactive change
- Observer variation
- Natural history incompletely understood

Adequate Bx Sampling

	Histology	
	Dysplasia	Cancer
No. Bx's for 90% confidence	33	34
No. Bx's for 95% confidence	56	64

UC Surveillance Protocol



Rectosigmoid Predominance of Ulcerative Colitis Cancer

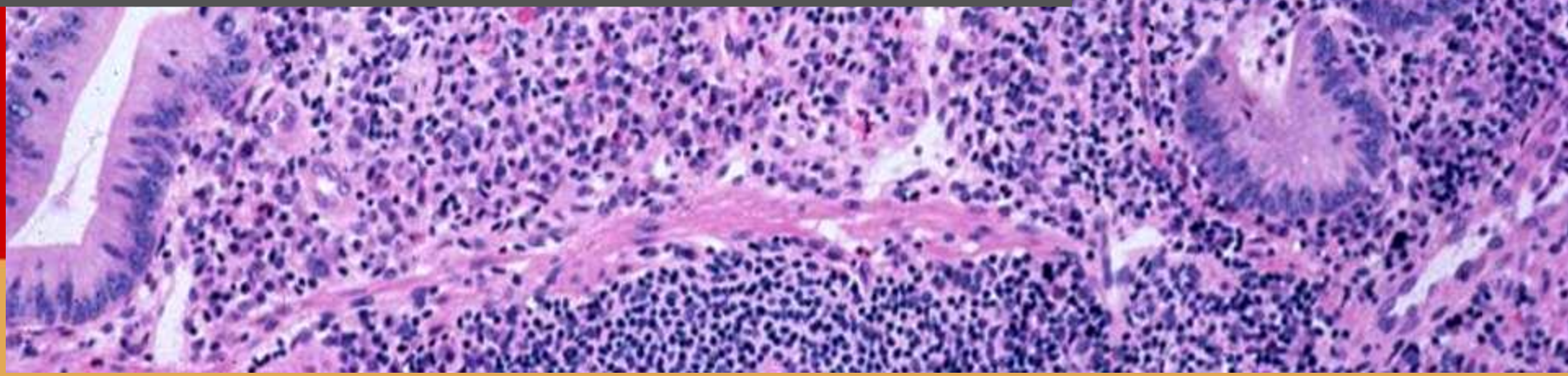
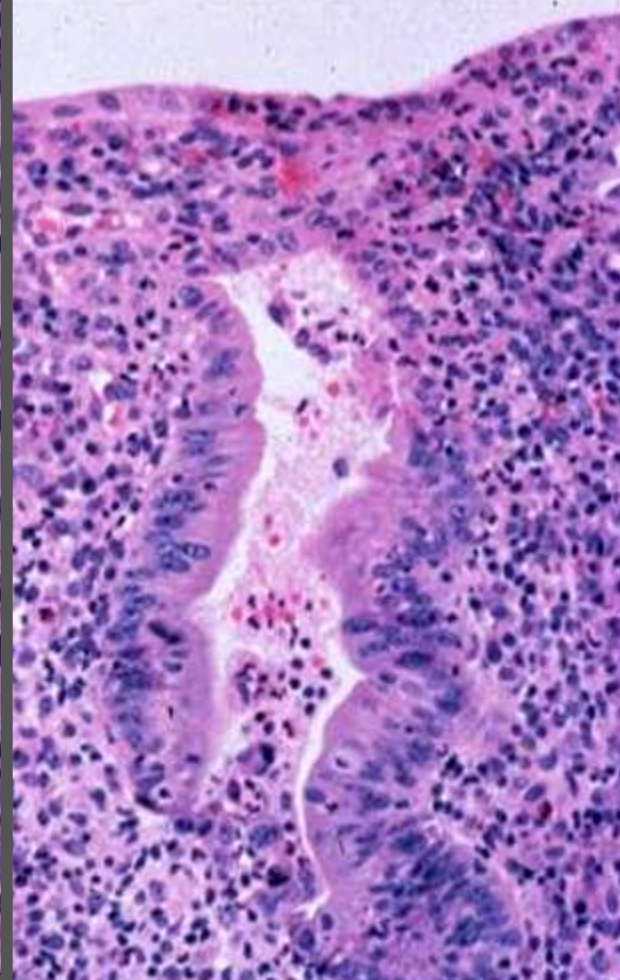
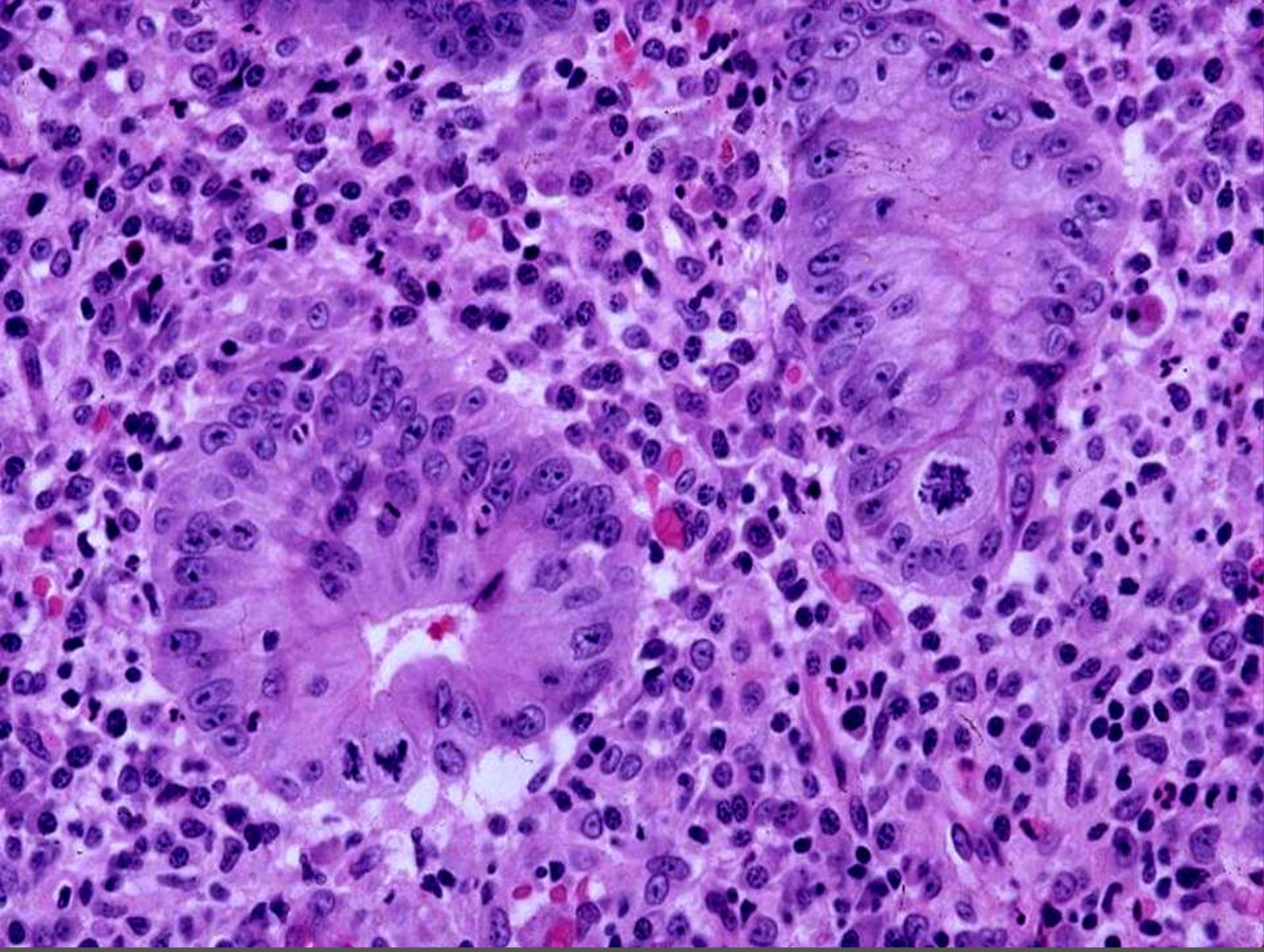
Location of Colorectal Carcinoma

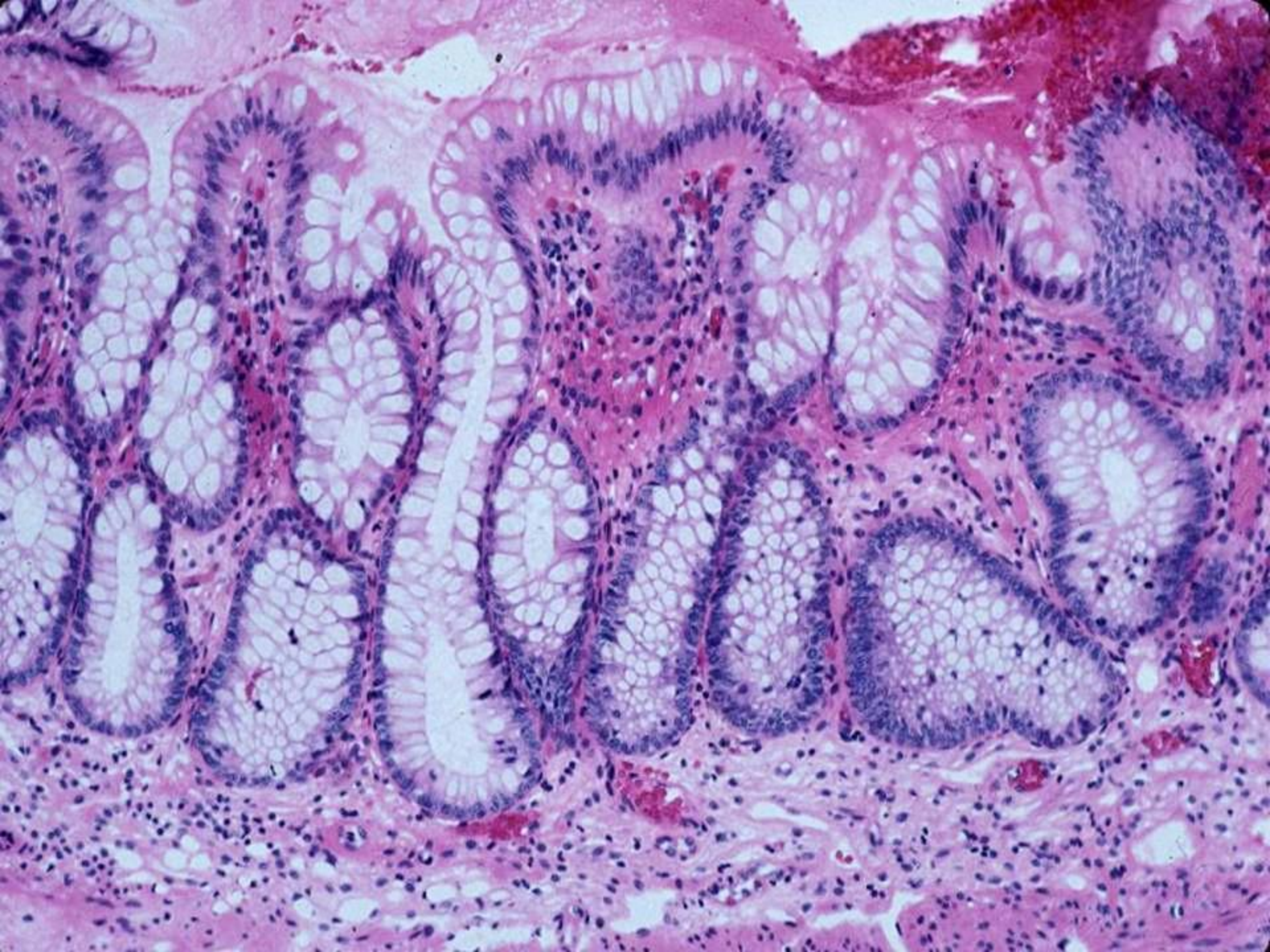
RS	D	T	A/C
52%	12%	21%	15%

Choi PM. *Gastroenterology* 1993;104:666 Summary of 5 Studies

Dysplasia: Problems

- Sampling
- Distinction from reactive change
- Observer variation
- Natural history incompletely understood





Dysplasia: Problems

- Sampling
- Distinction from reactive change
- Observer variation
- Natural history incompletely understood

Outcome of 40 UC LGD Patients

- 78% no progression, avg f/u 5y (1-13 y)
- 22% HGD, avg f/u 1.5 y (1-3 y)
- ≥ 3 LGD biopsies: 9x \uparrow progression risk
- 2 non-compliant patients developed
Dukes' A cancer

Brentnall, Bronner, et al. Prospective study of progression of LGD in UC.
Inflamm Bowel Dis 18:2240-6, 2012.

**Dysplastic Field:
Limited**



Better Biomarkers of
Cancer Risk Greatly
Needed!



Chromosomal Instability?

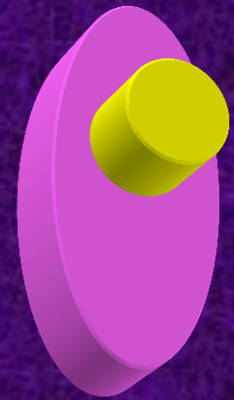
- FCM Aneuploidy - Detects gross chromosomal instability
- CGH - Detects clonal gains and losses of chromosomal regions
- FISH - Detects clonal and *non-clonal* chromosomal abnormalities

Biopsy Sampling: Flow Cytometry

	Dysplasia	Cancer
No. Bx for 90% confidence	20	8
No. Bx for 95% confidence	30	14

TOGETHER WE REACH

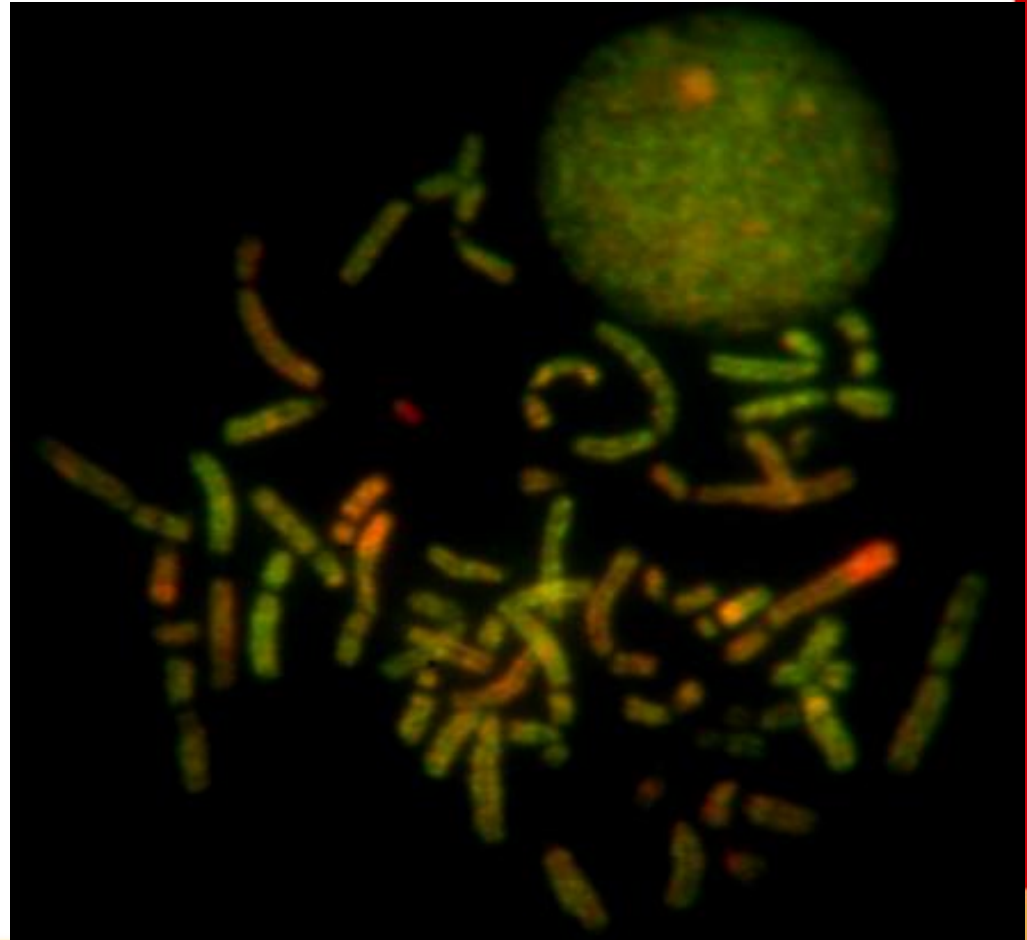
**Morphologic
+ DNA Ploidy
Neoplastic Field:
Larger**



Metaphase Comparative Genomic Hybridization in UC

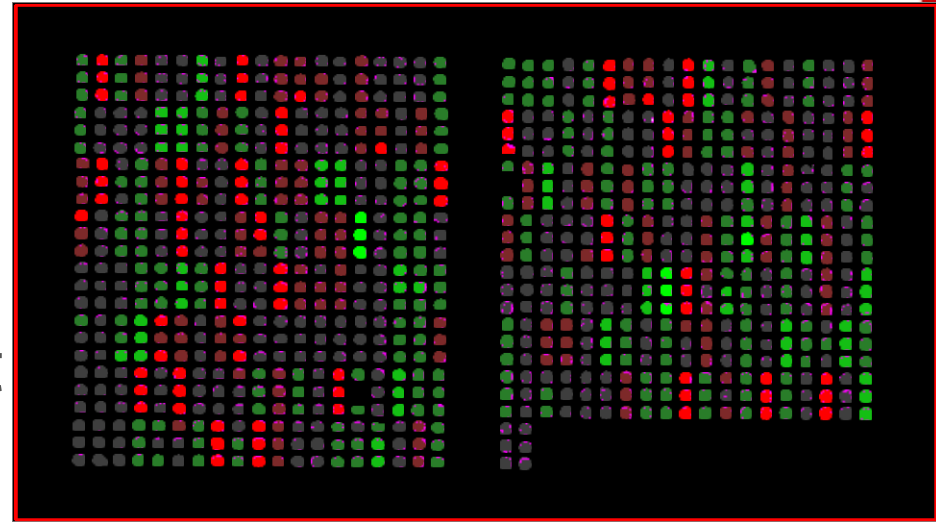
39% (15/38) of diploid bx's near dysplasia or cancer showed CGH detectable alterations

Performed in collaboration with F. Waldman, UCSF



Array-based Comparative Genomic Hybridization (CGH)

- Chromosomes replaced by ordered array of targets
- Karyotyping of metaphase spreads not necessary
- Greatly increased resolution



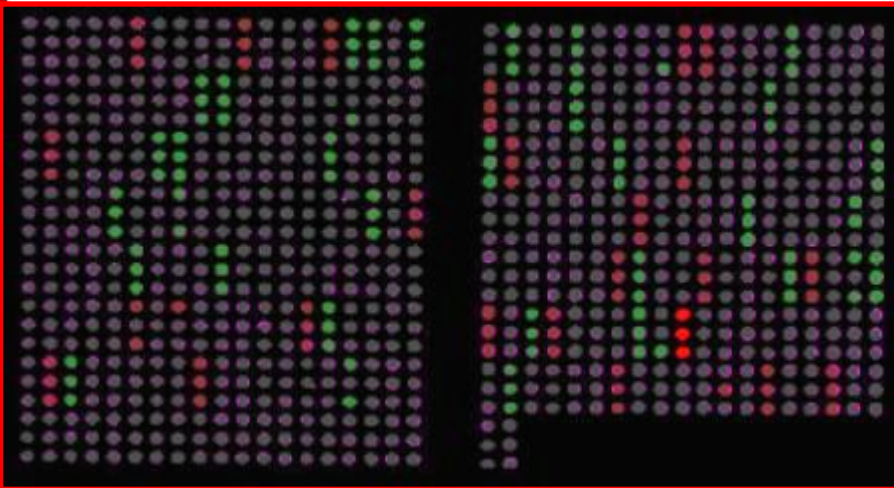
CH

TOGETHER

Array CGH in UC

- 100% (9/9) UC-progressors
extensive chromosomal gains and
losses
- FISH and PCR targets identified

Ulcerative Colitis A-CGH



● PROGRESSORS

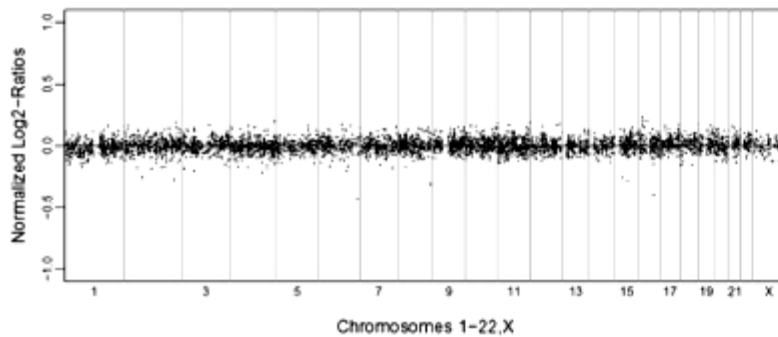
● NON-PROGRESSORS

Gain
Loss

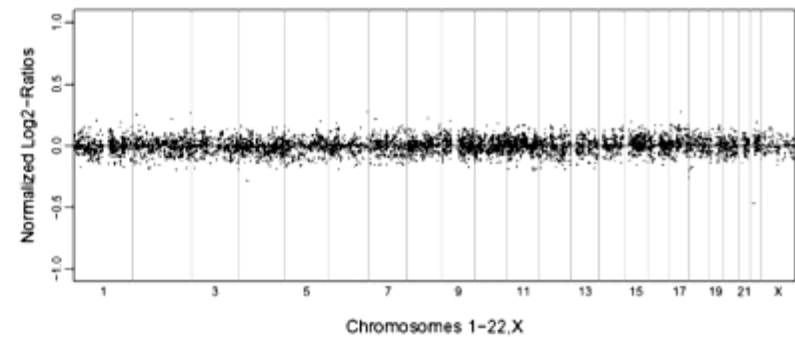
TOGETHER

BAC CGH Whole Genome Log2-Ratio Plots of All Chromosomes

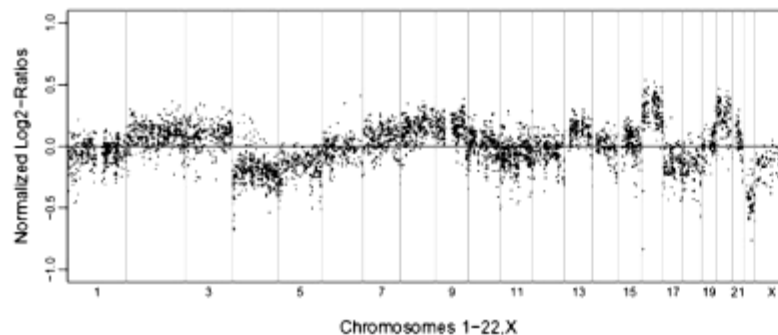
A Normal Non-UC Control



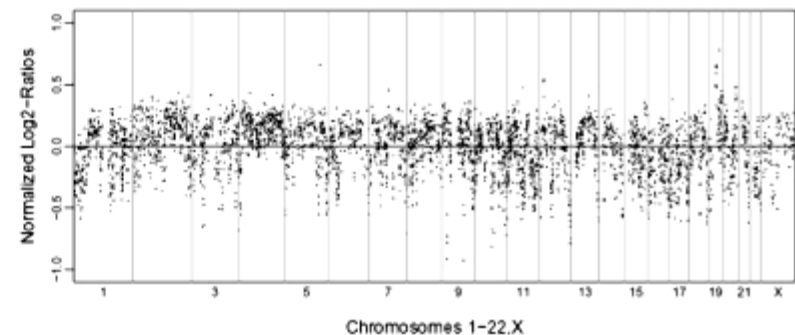
B UC Non-progressor



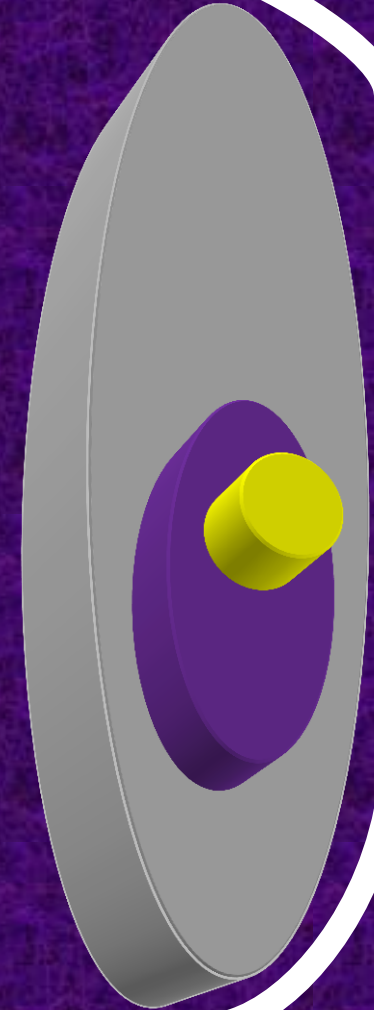
C UC Progressor



D UC Progressor



Morphology
+ DNA Ploidy
+ CGH
Neoplastic Field:
Larger Still



Non-Clonal Change in UC: Wider Field?

- DNA Flow & CGH detect clonally expanded abnormalities only
- Larger fields of *non-clonal* instability?
Detectable in negative biopsies, even from rectum?
- Assessed by Fluorescence In Situ Hybridization (FISH)?

UC FISH

Hypothesis:

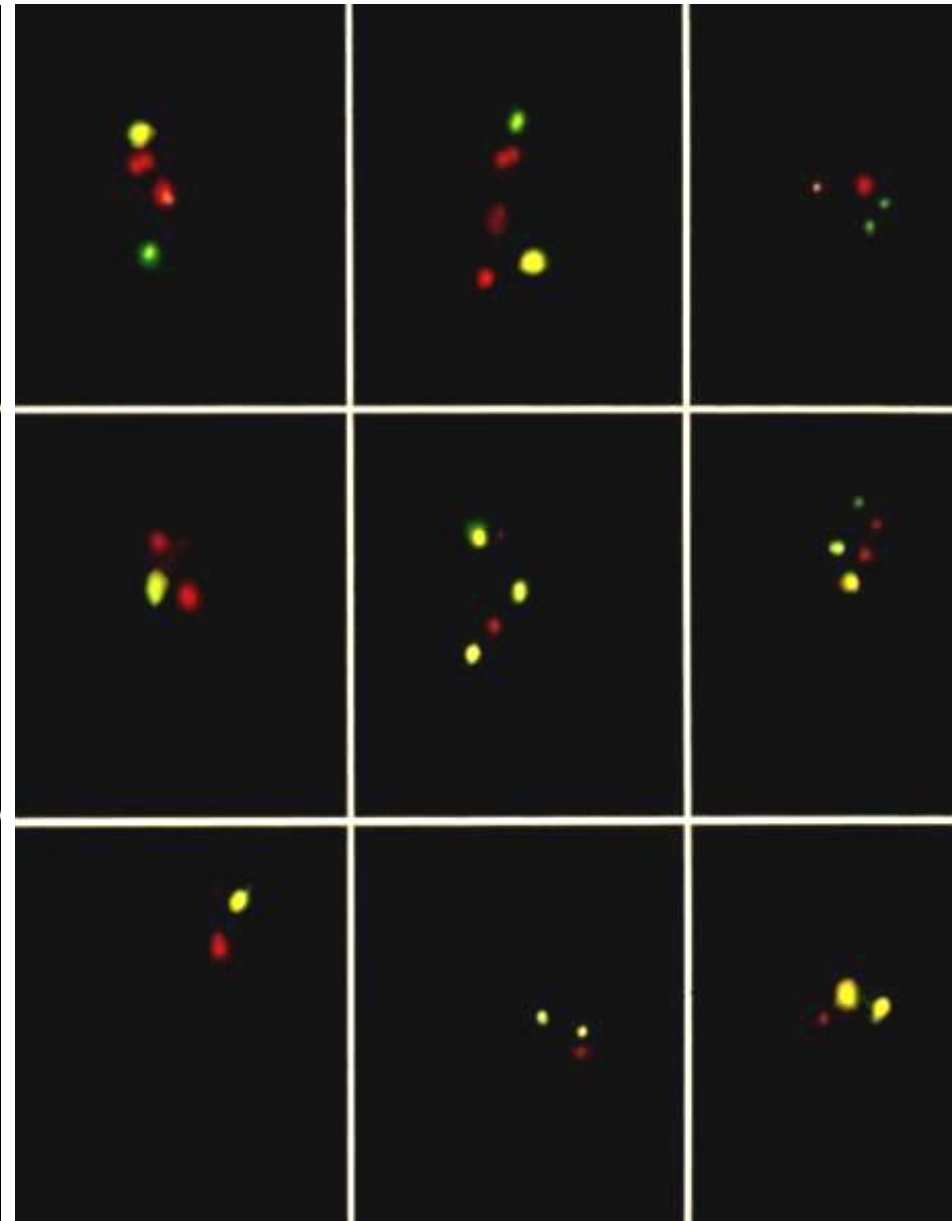
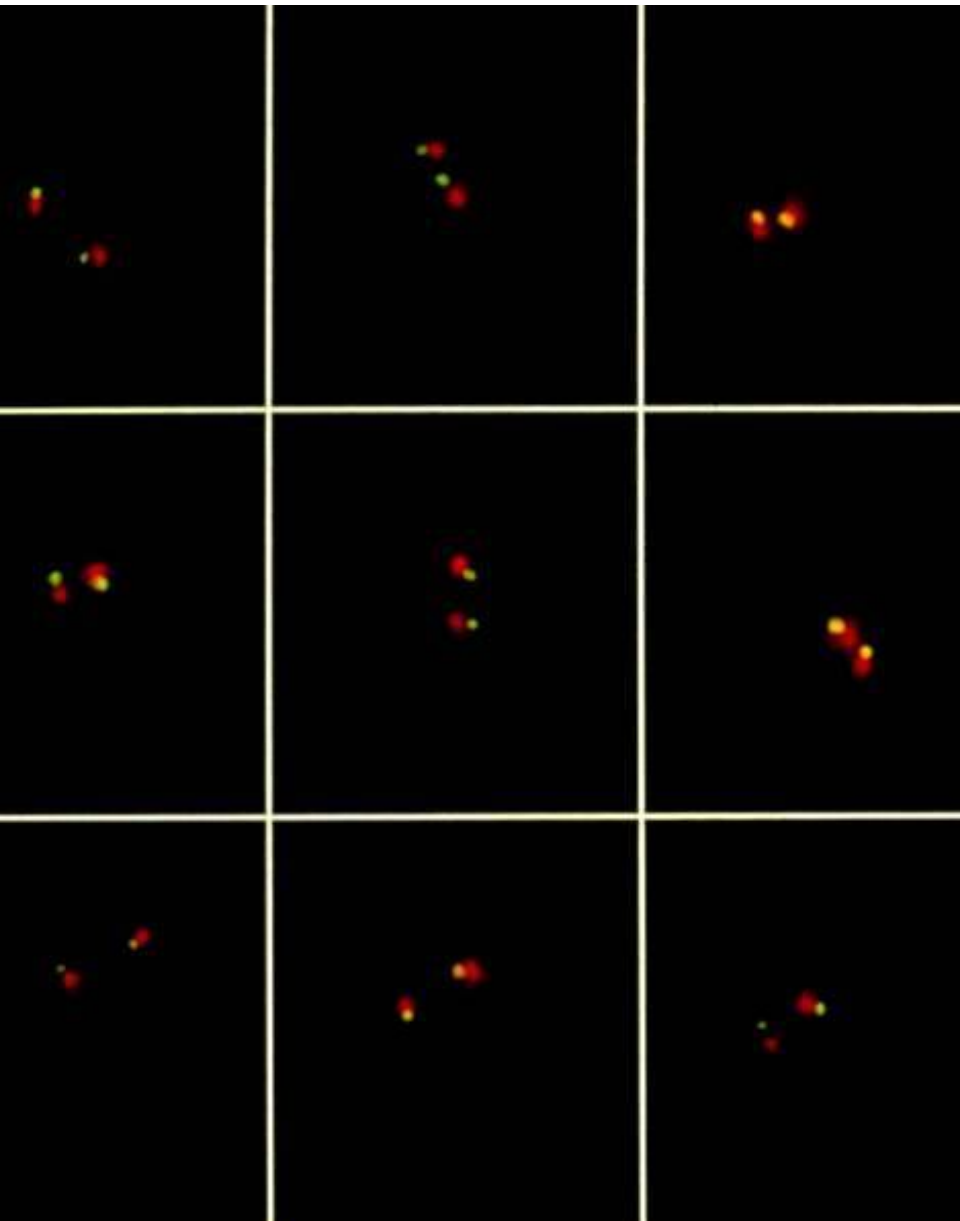
UC progressors differ from
UC non-progressors using non-clonal
genomic instability biomarkers on
single negative rectal biopsies

FISH

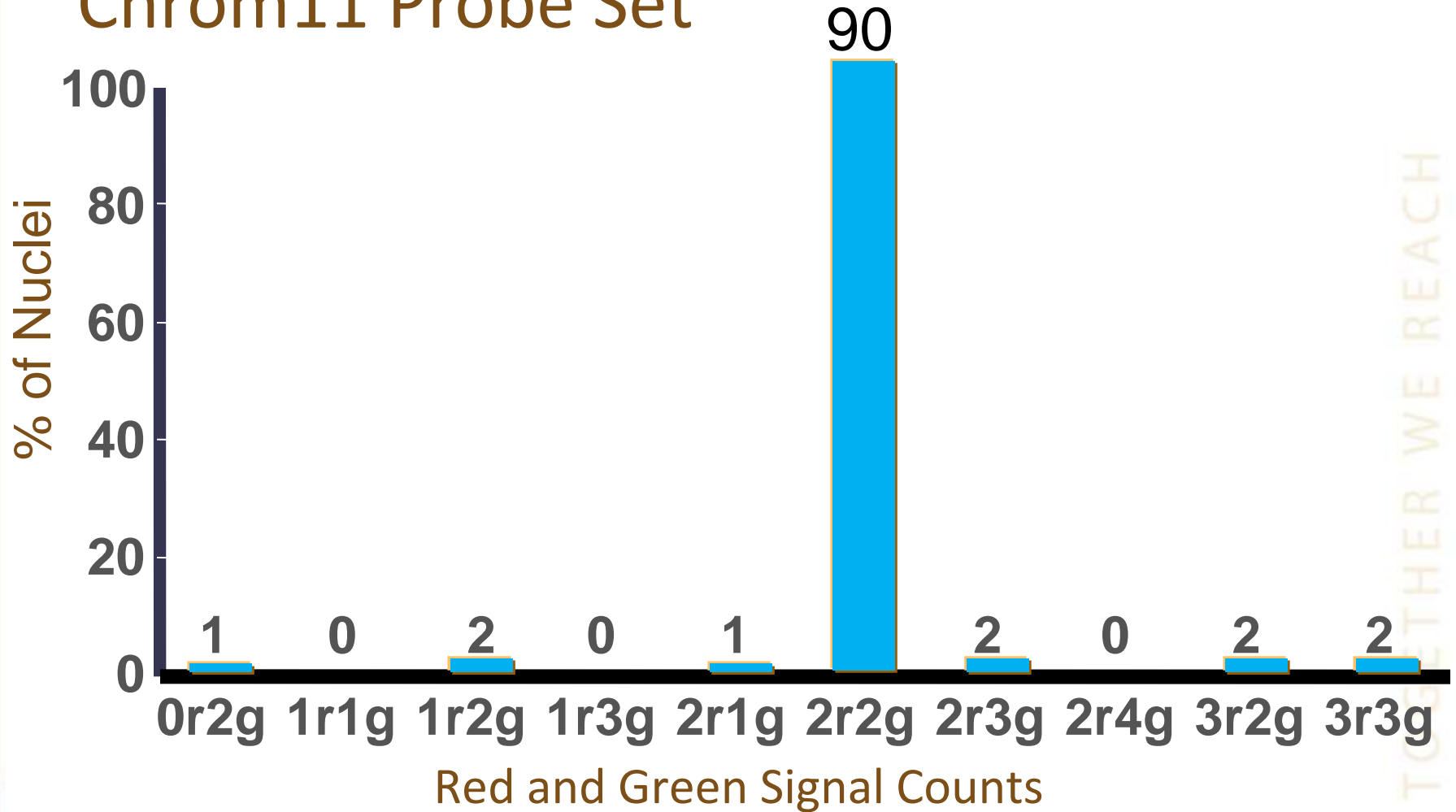
- Interphase nuclear suspensions placed on glass slide
- Locus specific probes (Chrom 8, 11, 17, 18) & centromeres (green and red)
- Red and green FISH spots counted per 100 nuclei

Normal Cells

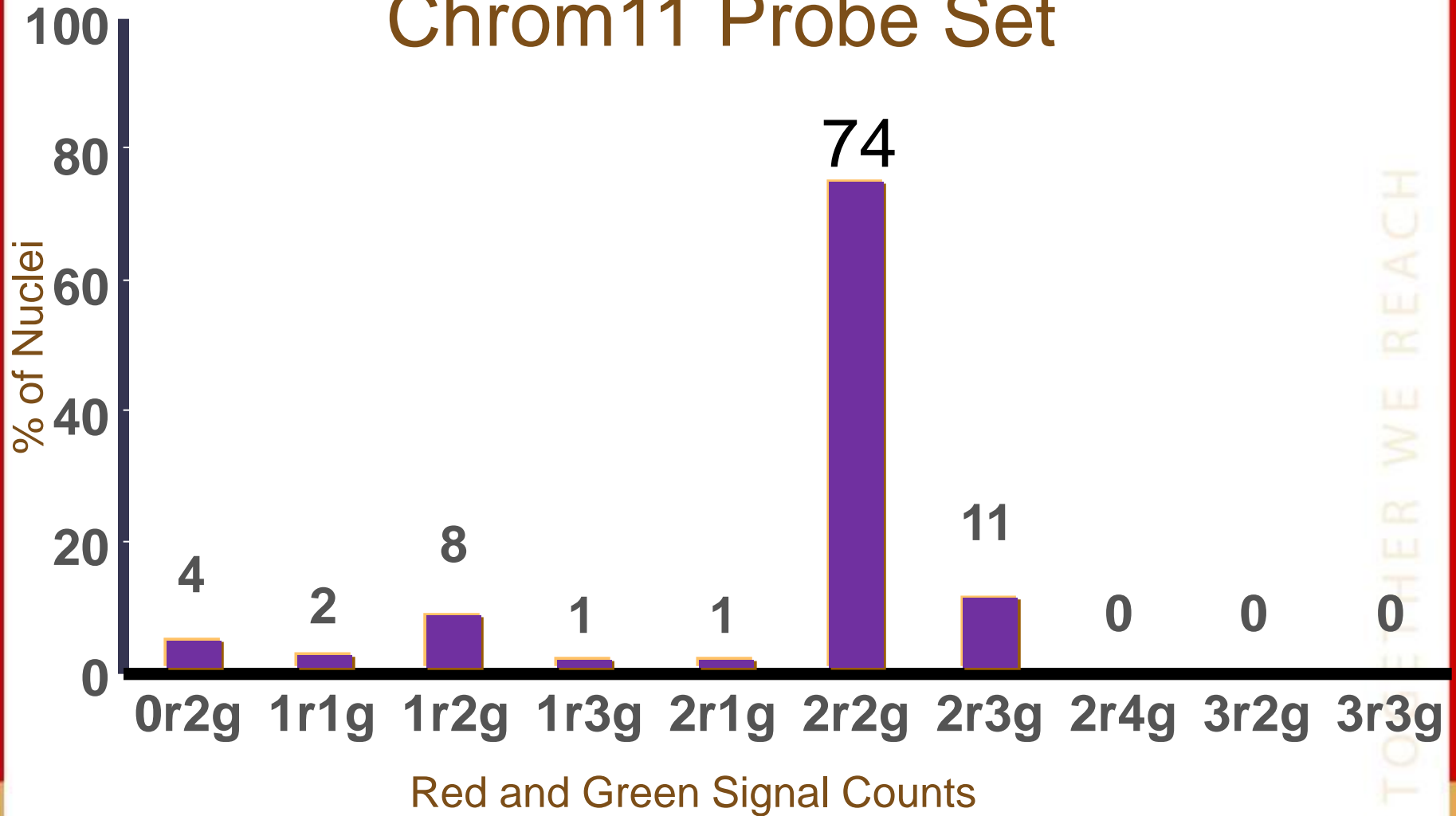
Abnormal Cells



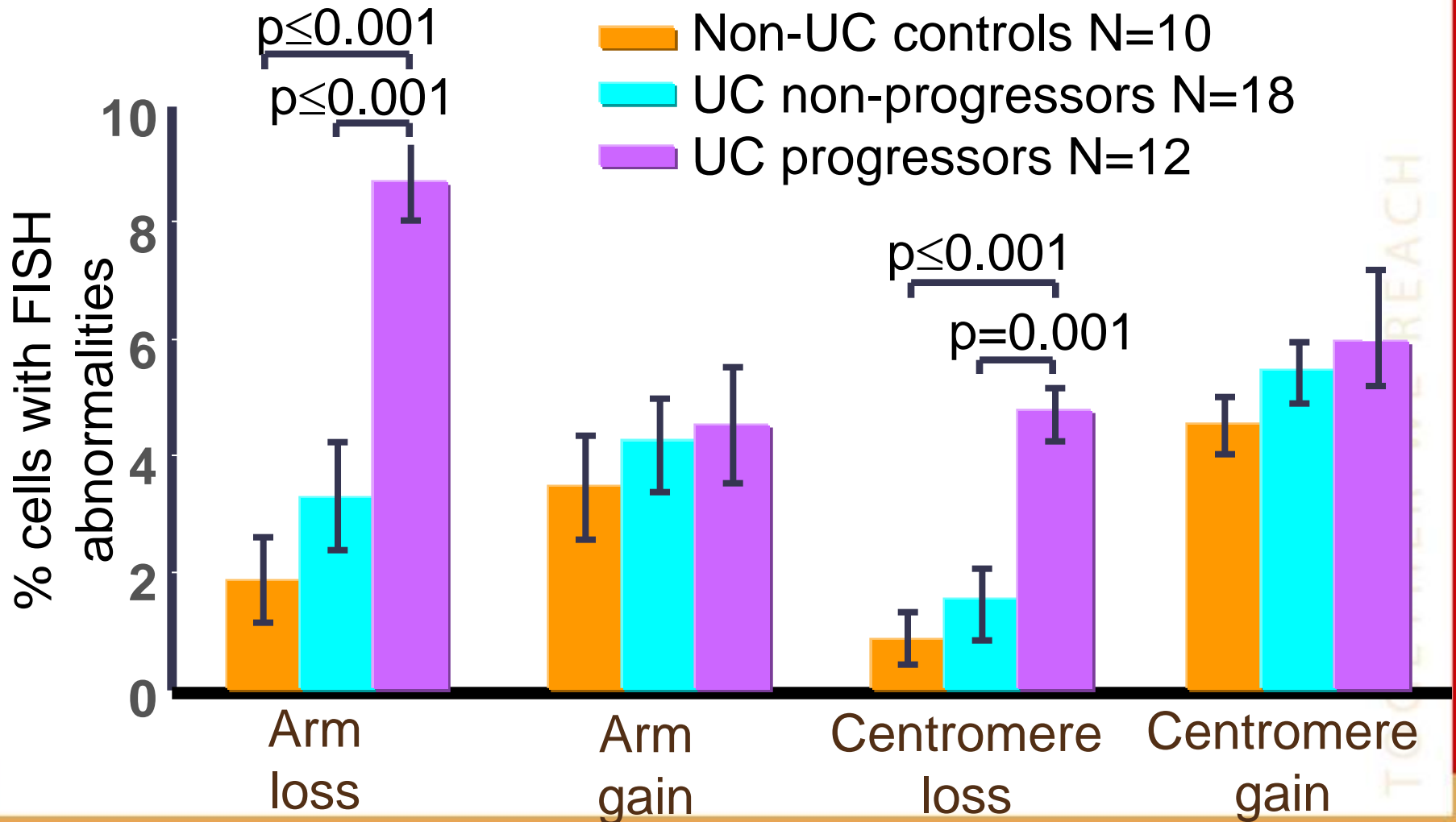
Control Normal Colon FISH Chrom11 Probe Set



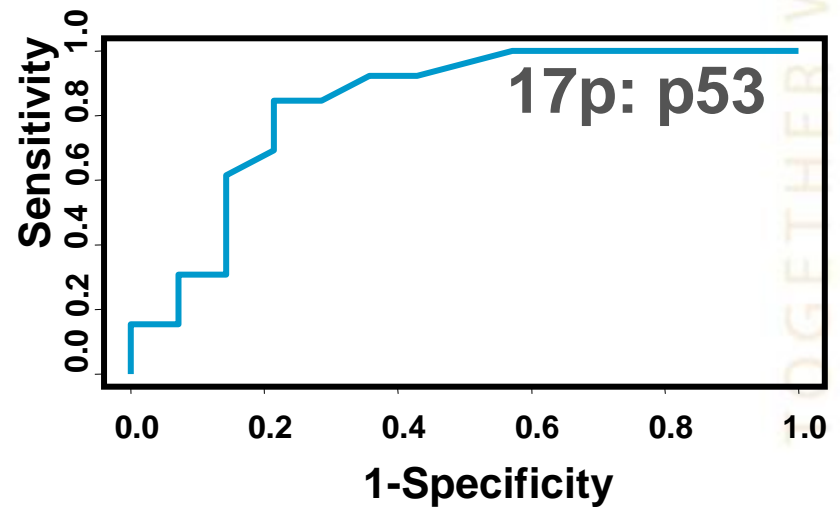
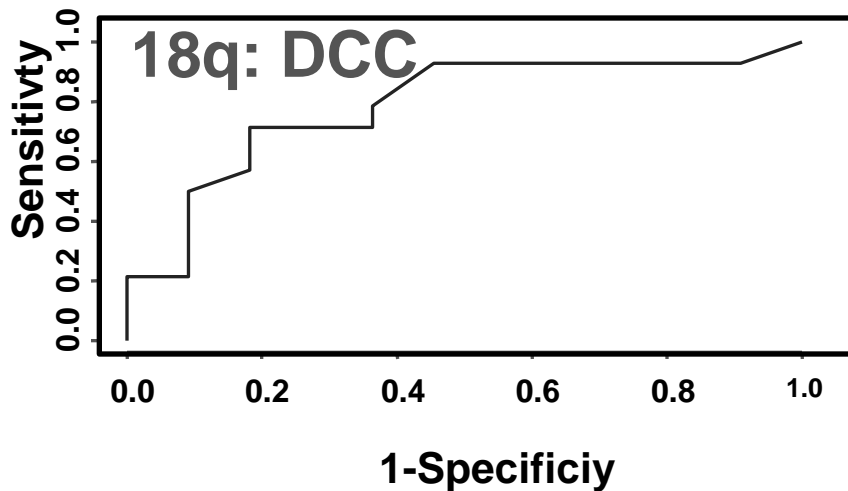
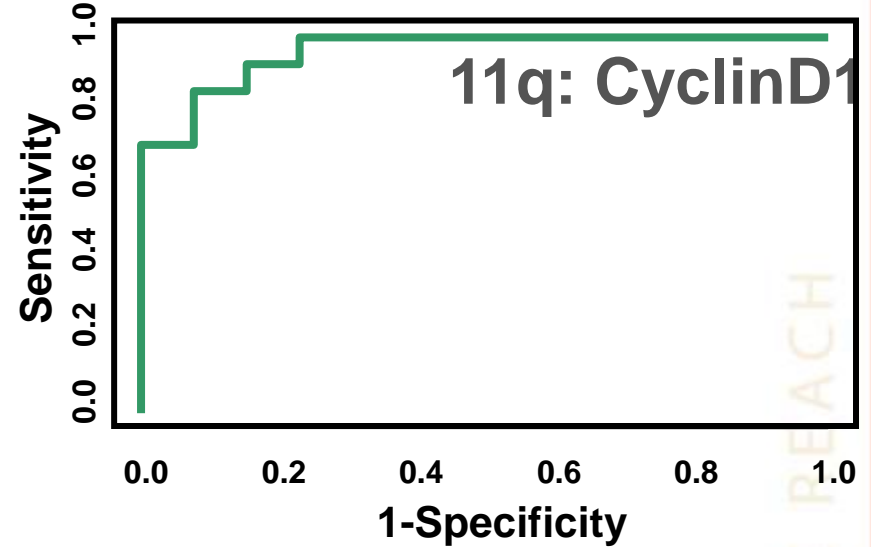
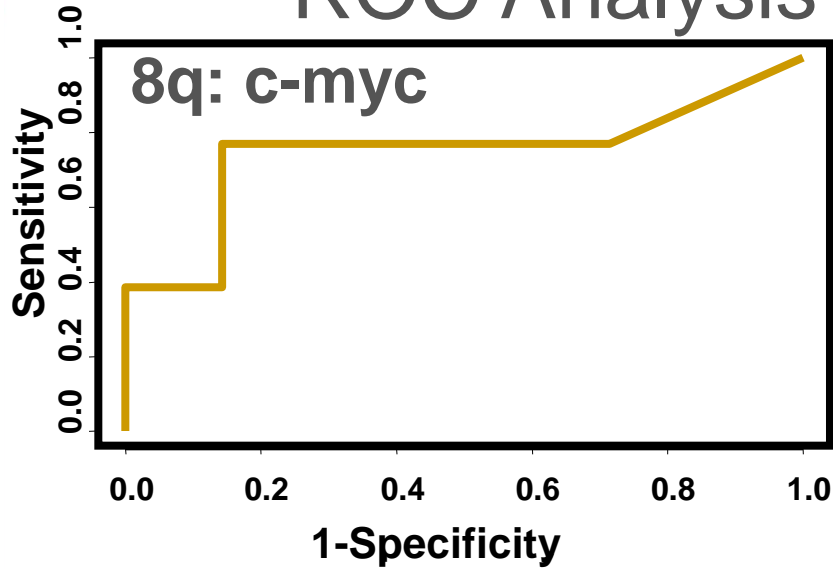
Diploid Neg Rectal Bx UC Progressor Chrom11 Probe Set



FISH in Ulcerative Colitis

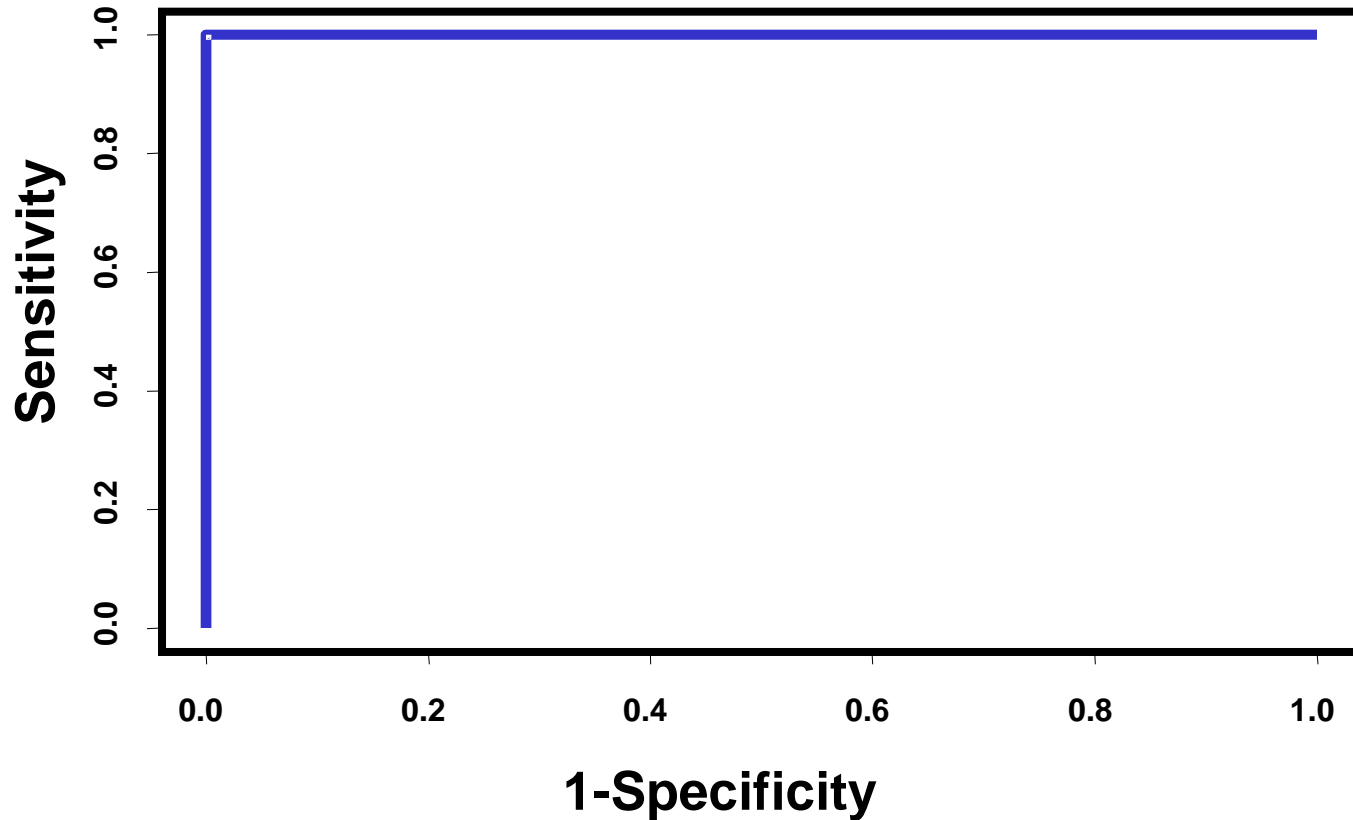


ROC Analysis of FISH Biomarkers



ROC Analysis of FISH Biomarkers

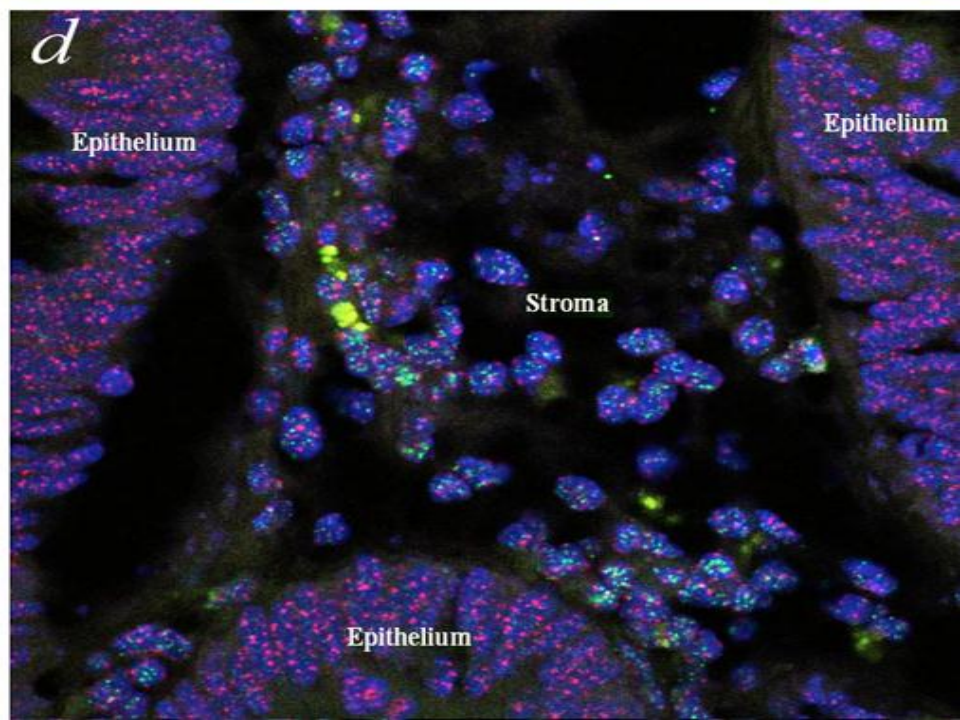
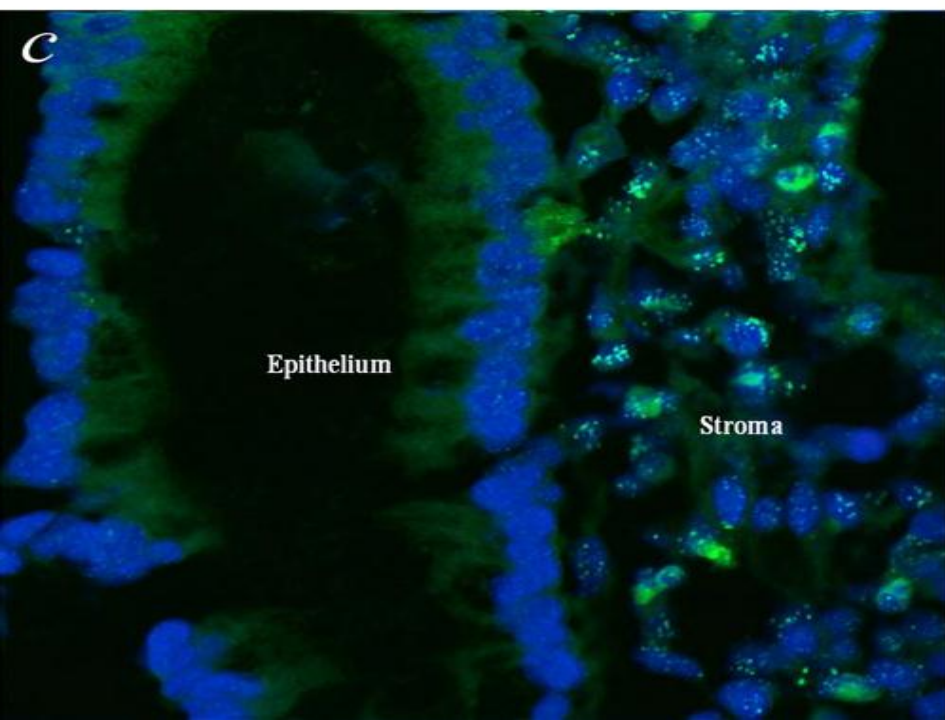
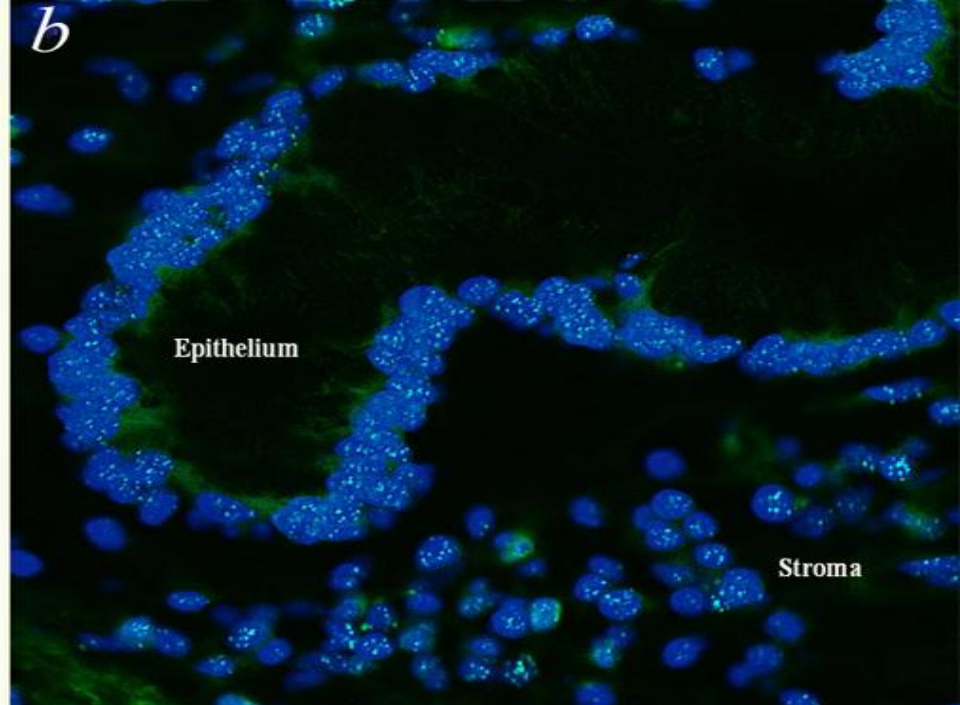
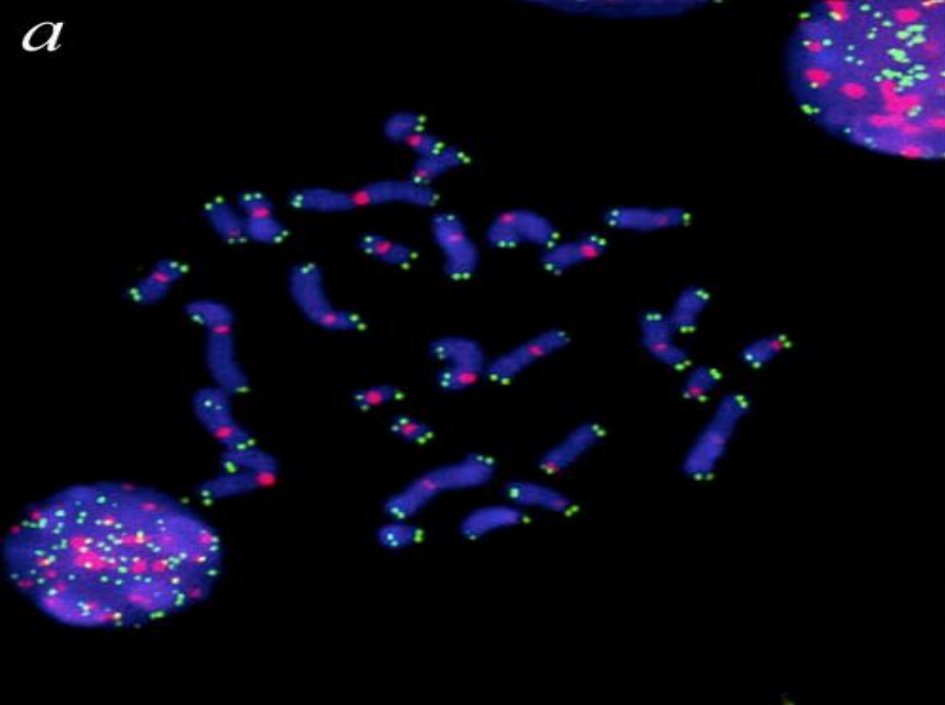
All 4 chromosomes combined



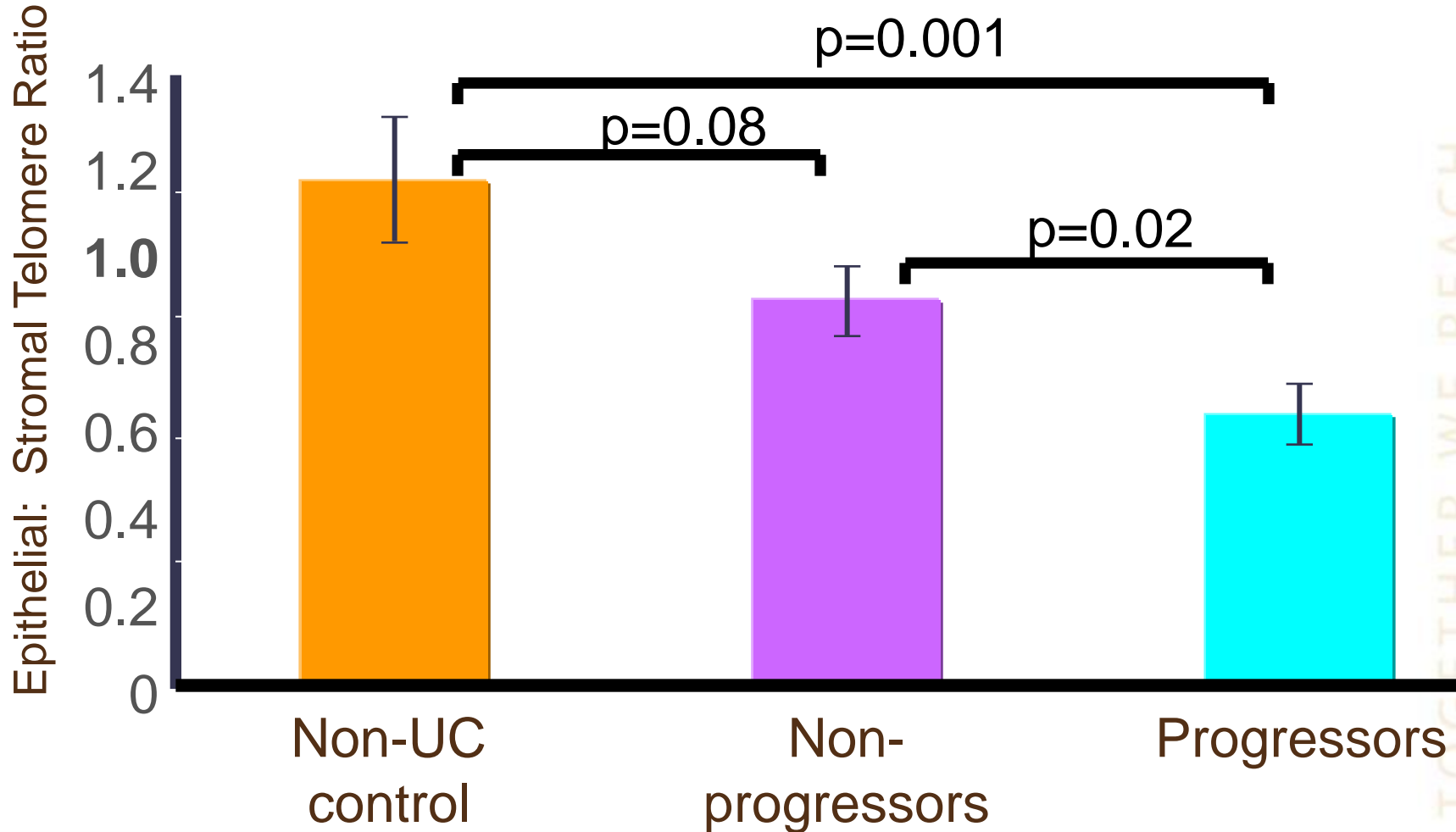
Consequences of Shortened Telomeres

- Sticky chromosomal ends
- Bridge-breakage-fusion cycles
- Chromosomal arm losses/gains
and dicentrics

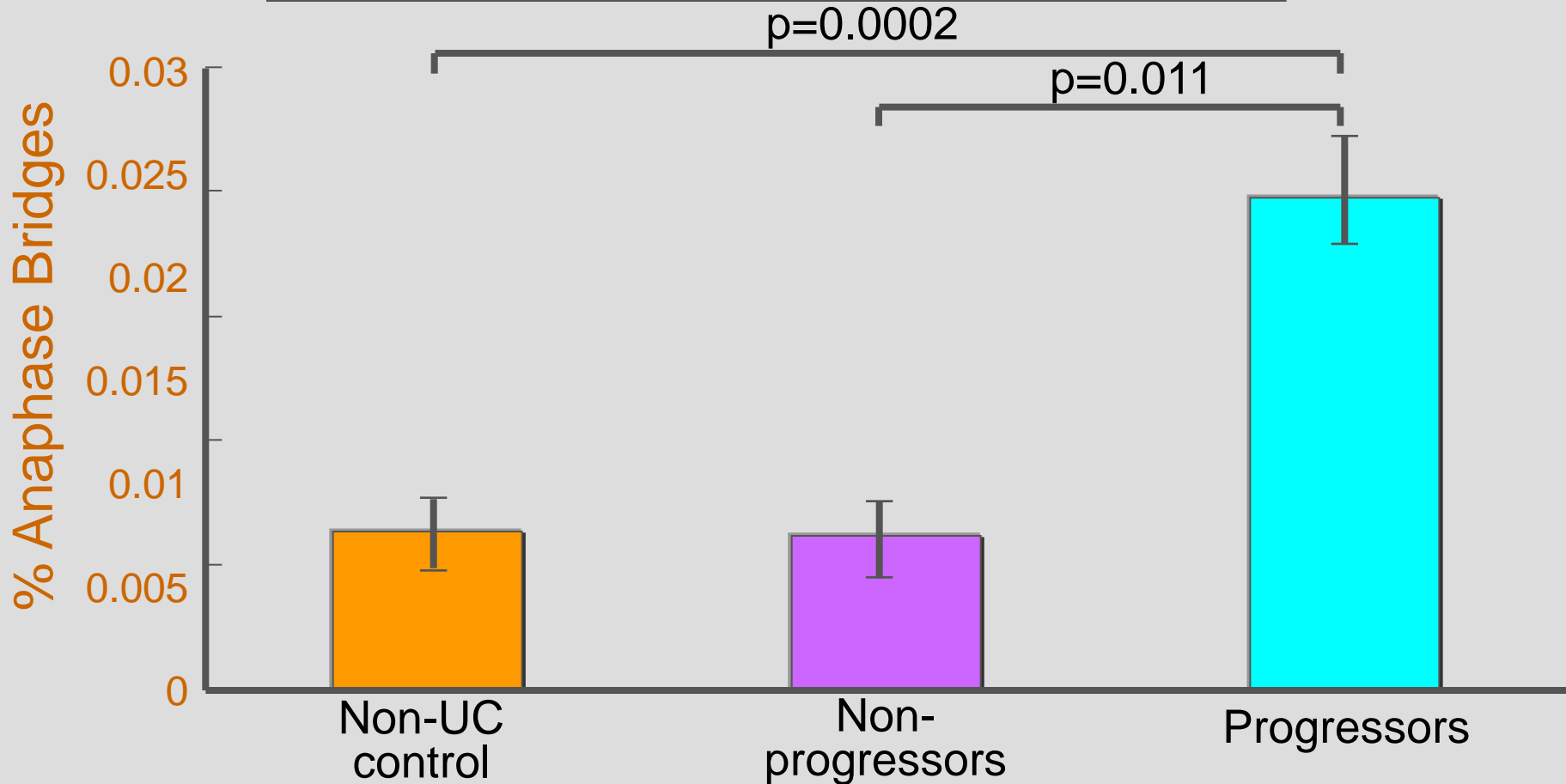
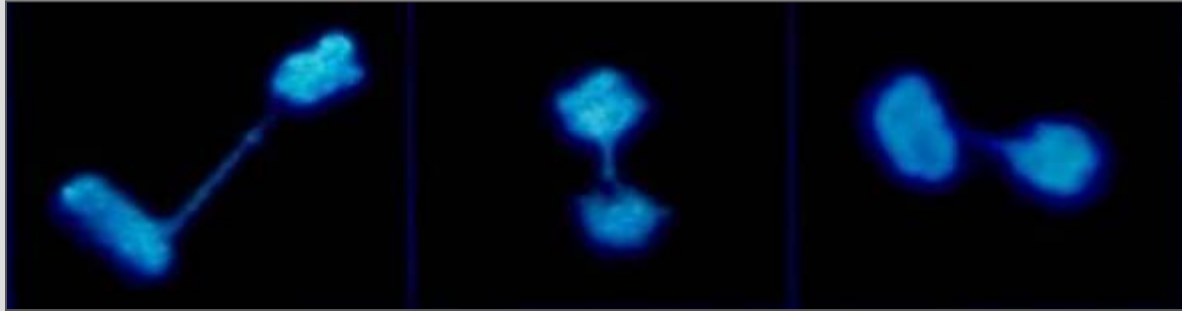
Studied by peptide nucleic acid (PNA)
probe ISH or RT PCR



Telomere Shortening in UC



Anaphase Bridges in UC



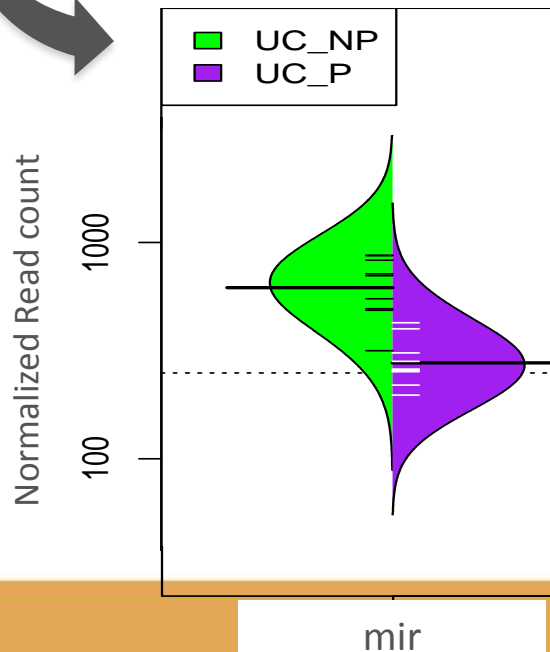
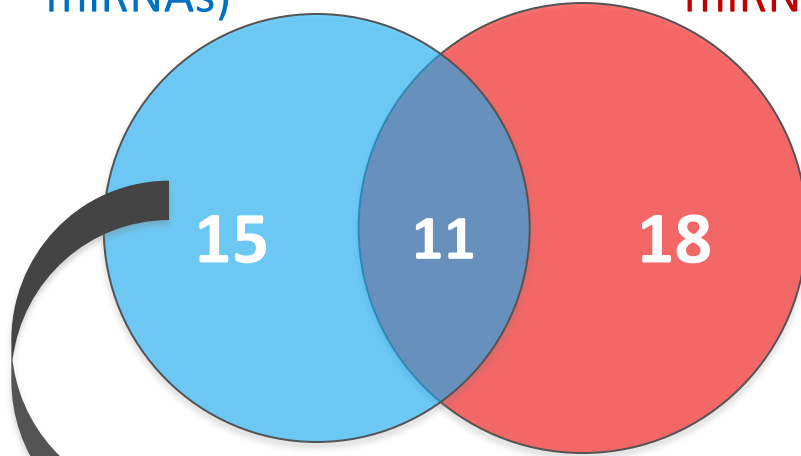
NGS miRNA bioclassifier of UC patients at increased risk of colon cancer

- Why miRNAs?
 - Small size (~21nt) more stable, less ribonuclease degradation
 - Readily detectable in FFPE and stained slides
 - Important roles in immune regulation

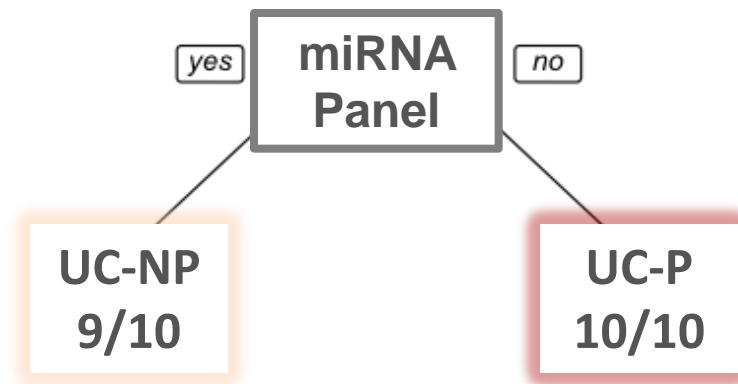
miRNAs misregulation in UC-P, UC-NP

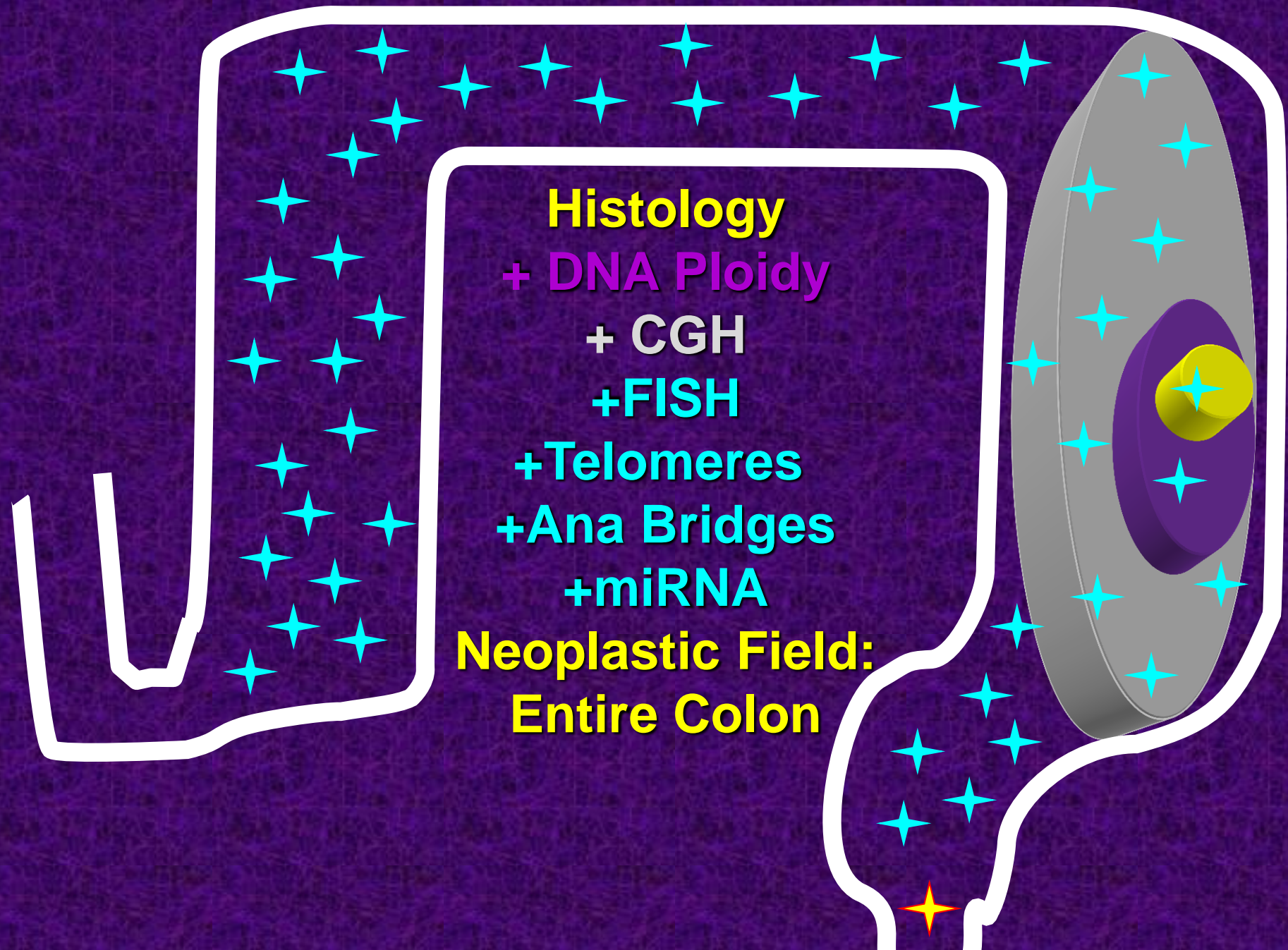
UC-NP vs. nl (26 miRNAs)

UC-P vs. nl (29 miRNAs)



- Linear discriminant analysis to predict UC-P vs. UC-NP
- Robust candidate panel selected for RT-PCR & additional cohort validation





Histology
+ DNA Ploidy
+ CGH
+FISH
+Telomeres
+Ana Bridges
+miRNA
Neoplastic Field:
Entire Colon



UC Polypoid Dysplasia

You're dalmied if you
do, and dalmied if
you don't

Teri Brentnall, MD



TOGETHER WE REACH

Dysplasia in UC vs Adenoma

- No clinical features
- No endoscopic features
- No pathologic features
- No molecular tests

HOWEVER

- If the lesion can be demonstrably completely removed endoscopically
- Has only Low-Grade Dysplasia
- There is no other dysplasia on adequate sampling
- Then, careful follow-up may be considered

UC Dysplasia Management

Continue Surveillance with
adequate sampling:

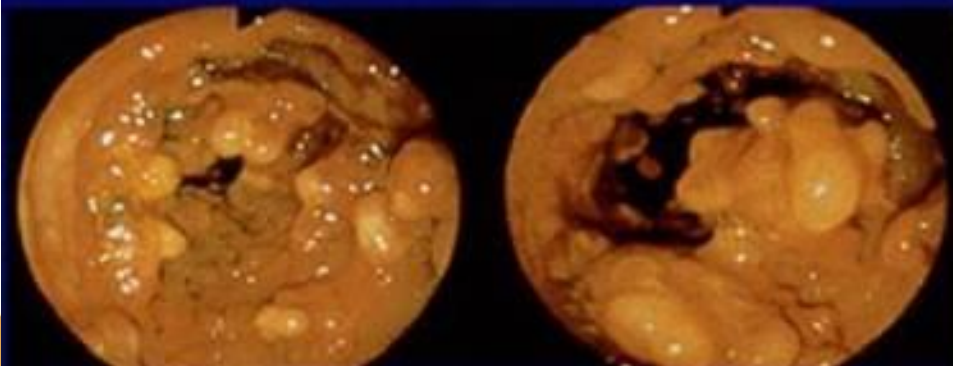
- Single site LGD while in surveillance
- Indefinite of negative for dysplasia

UC Dysplasia Management

Consider Colectomy:

- Multiple LGD sites
- LGD on more than one endoscopy
- LGD at initial colonoscopy
- Excessive inflammatory polyps

Inflammatory Polyps



UC Dysplasia Management

Colectomy Indicated:

- HGD
- Endoscopically unresectable dysplastic lesion

Conclusions

- Molecular alterations are widespread in UC, CD, CP, HP, HCV
- Single non-dysplastic bx alterations show promise for reducing sampling error
- Paradigm for cancer in chronic inflammatory disease

Further Work:

- Reproducibility
- Longitudinal analyses
- Prospective validation
- High throughput
- Reduced numbers of markers
- Mechanism: *why progressors?*

Thanks To My Colleagues:

Bonnie Shadrach

Teri Brentnall

Peter Rabinovitch

Ru Chen

David Crispin

Rosana Risques

Jacintha O'Sullivan

Noah Welker

Keith Lai

Danielle Elsberry

Ryan O'Connell

June Round

John Valentine

