



# COLORECTAL CANCER RISK ASSESSMENT USING MOLECULAR BIOLOGY TECHNIQUES

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## ABSTRACT

Colorectal cancer is a major health burden, despite advances in surgical treatment and chemotherapy, being the most common cancer and second leading cause of cancer death in both sexes in European Union. In colorectal cancer, various molecular biology techniques are extensively used to identify valuable biomarkers for predicting the clinical outcome and response to treatment. The aim of our study was to evaluate the role of different molecular biology methods in assessing colorectal cancer risk. We included in this study patients diagnosed with colorectal cancer (n=286) and healthy controls (n=190). All diagnoses were pathologically confirmed. Written consent for participation was obtained from all study subjects. DNA and mRNA were obtained from blood and tissue sample-sets. We investigated the risk of colorectal cancer by different techniques addressing multiple targets. ANKRD17 mRNA, VEGF +936 C/T and -634 G/C polymorphisms, mutations in codon 12 of the K-ras gene and Gly120Ala in p53 gene appear to be the most sensitive targets and may have a potential value as additional markers for the risk assessment and prognostic of colorectal cancer.

**KEYWORDS:** colorectal cancer, molecular targets, K-ras, p53

## INTRODUCTION

Over time, molecular biology outlined assumptions, theories, concepts (Pasarin, 2010; Petrescu-Mag, 2009), but it also had serious practical implications, especially in medicine (Kataria et al., 2010) and food industry (Mihociu et al., 2010).

Colorectal cancer is a major health burden (Chirila et al., 2011; Kinzler and Vogelstein, 1996), despite advances in surgical treatment and chemotherapy, being the most common cancer and second leading cause of cancer death in both sexes in European Union.

In colorectal cancer, various molecular biology techniques are extensively used to identify valuable biomarkers for predicting the clinical outcome and response to treatment (Srivastva et al., 2001; Douillard et al., 2000).

The aim of our study was to evaluate the role of different molecular biology methods in assessing colorectal cancer risk.

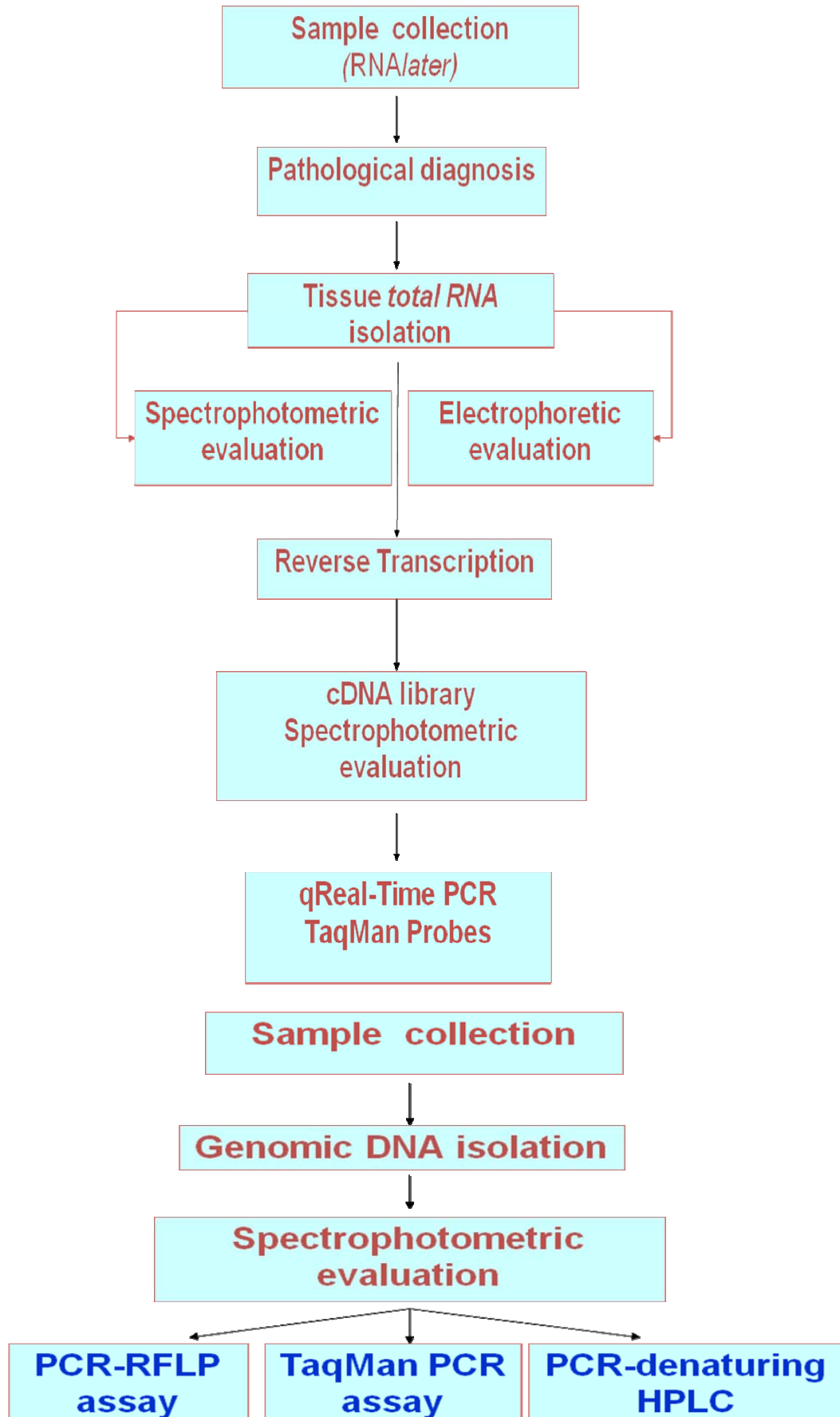
## MATERIALS AND METHODS

### *Subjects and samples*

We included in this study patients diagnosed with colorectal cancer (n=286) and healthy controls (n=190). All diagnoses were pathologically confirmed. Written consent for participation was obtained from all study subjects.

DNA and mRNA were obtained from blood and tissue sample-sets. We investigated the risk of colorectal cancer by different techniques addressing multiple targets:

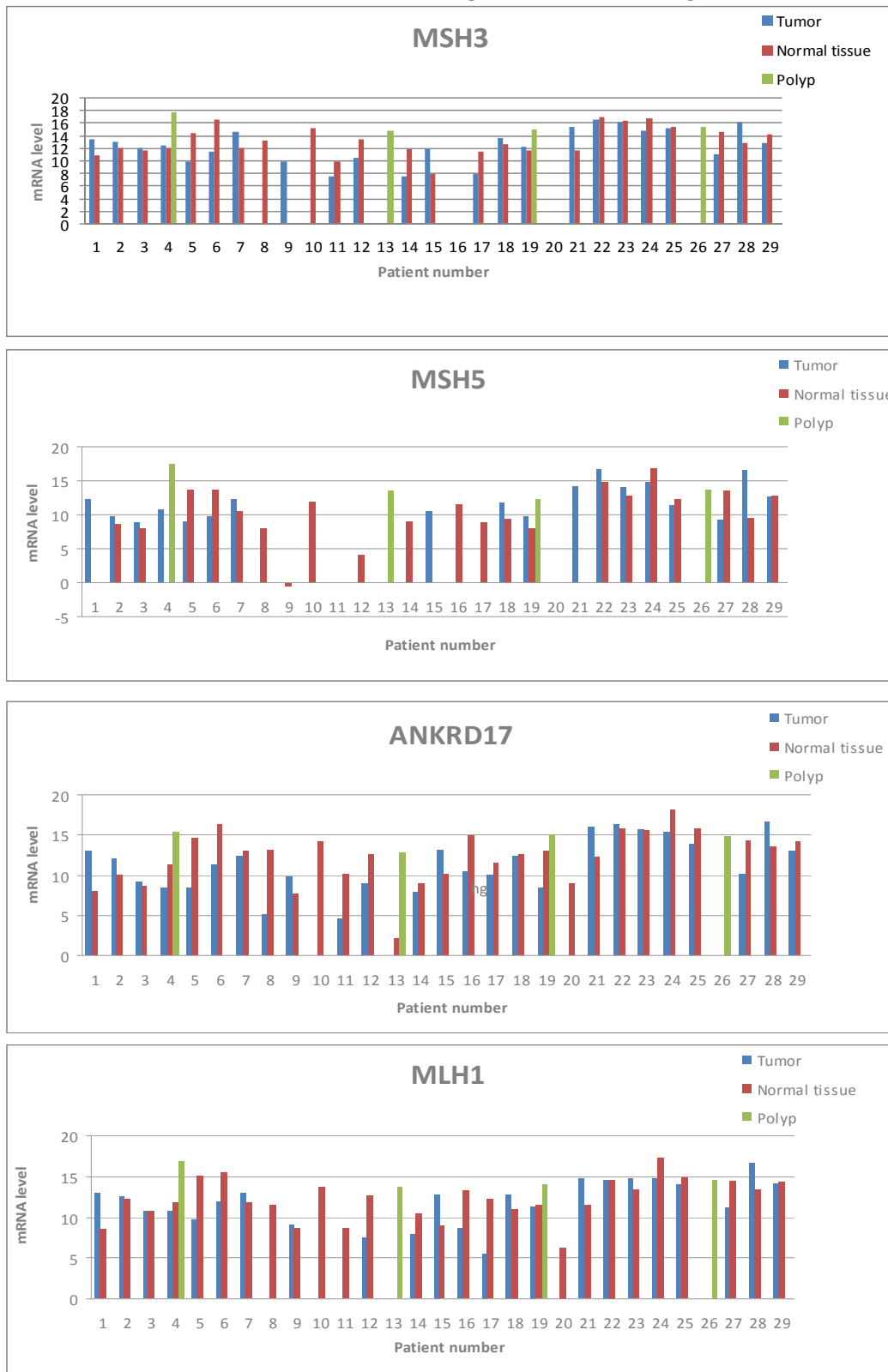
- i) Real-Time quantitative Reverse Transcription PCR (qRT-PCR) with TaqMan probes specific to measure MMR genes level transcripts;
- ii) PCR-RFLP method to identify K-ras and p53 mutations;
- iii) TaqMan PCR assay using predesigned TaqMan SNP Genotyping Assays to investigate p53 mutations and polymorphisms;
- iv) PCR/denaturing high-performance liquid chromatography assay to determine VEGF polymorphisms.



RESULTS AND DISCUSSIONS

qReal-Time PCR

MMRmRNA levels for the significant correlated genes

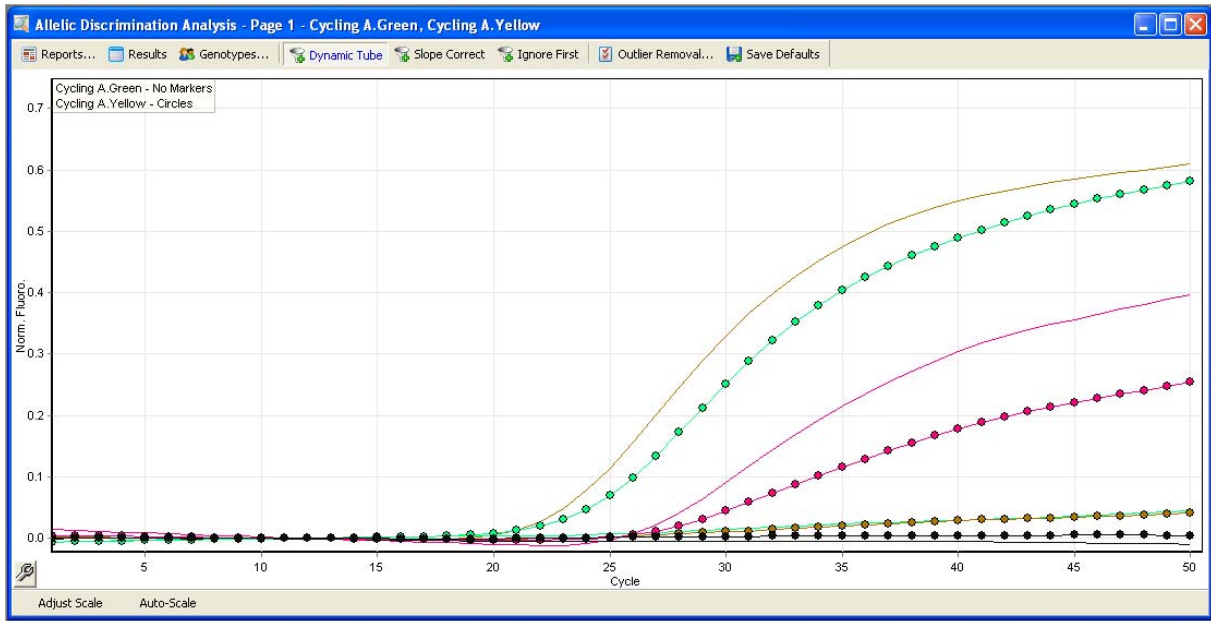


Biostatistics analysis of the gene expression pattern showed a strong correlation ( $P > 0.9$ ) for ANKRD17, MLH1, MSH3, MSH5. mRNA levels of MMR genes were lower in tumor samples when compared to normal tissue, ANKRD17 mRNA being the strongest associated gene.

**TaqMan PCR**

Genomic DNA was amplified using a TaqMan Pre-Designed SNP Genotyping Assay (Applied Biosystems, Foster City, CA), which contain primers and probes specific for each allelic variant.

We detected by TaqMan PCR a mutant phenotype in p53 gene for Gly120Ala polymorphism in 10% from cases, but not for Val217Met polymorphism.

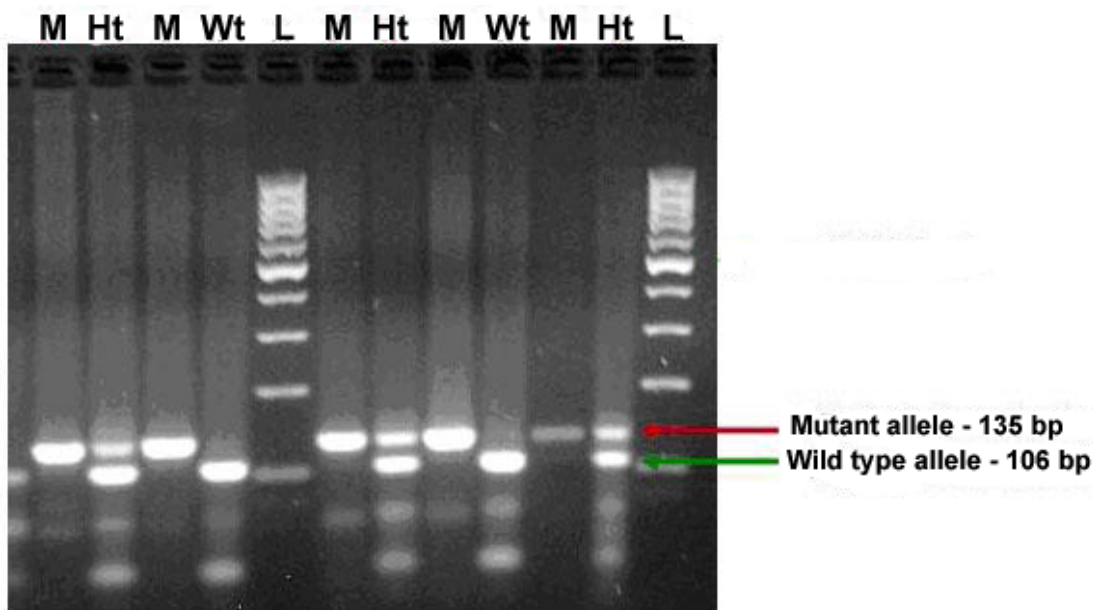


**PCR-RFLP**

The K-ras mutation rates in both codon 12 and 13 were evaluated by PCR-RFLP using restriction enzymes: Mva I (codon 12) and Hae III (codon 13).

The K-ras mutations rate in codon 12 was higher than controls, mainly for tumors on proximal colon. We not observed mutations in codon 13 of K-ras gene.

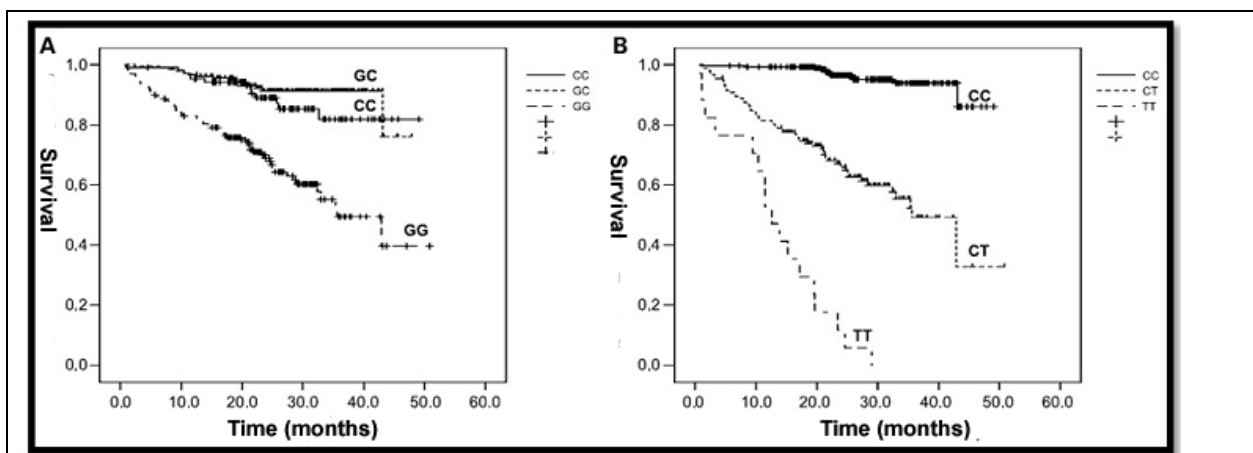
PCR-RFLP was performed by digestion of the PCR product using the restriction enzyme Mva I (K-ras mutation in codon 12). This enzyme cleaves only the wild-type but not the mutant alleles of K-ras (M-mutant homozygous, Ht-heterozygous, Wt-wild-type homozygous, L-ladder).



### PCR–denaturing HPLC

The carriers of -634 G/C and C/C showed a better survival than -634 G/G, whereas the +936 C/T or T/T

genotype was associated with a worse survival compared with the +936 C/C genotype.



### CONCLUSIONS

ANKRD17 mRNA, VEGF +936 C/T and -634 G/C polymorphisms, mutations in codon 12 of the K-ras gene and Gly120Ala in p53 gene appear to be the most sensitive targets and may have a potential value as additional markers for the risk assessment and prognostic of colorectal cancer.

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