
LFS – Always primed for cancer?



LFS UK 2016

Supporting families, promoting research, building community

Conway Hall, London - June 18

www.tp53.org.uk [facebook/GTP53](https://facebook.com/GTP53) info@tp53.org.uk

The logo features a central circular emblem with a DNA double helix border and the text "George Pantziarka TP53 Trust". To the right of the main text is a silhouette of the United Kingdom.



Background

- The George Pantziarka TP53 Trust (www.tp53.org.uk) – was founded following the death of my son in April 2011
- Scientist working with the Anticancer Fund (www.anticancerfund.org) – primarily looking at drug repurposing in oncology
- Have also published two scientific papers on LFS – and this talk is based on that work



July 28 1993 – April 25 2011



What is TP53?



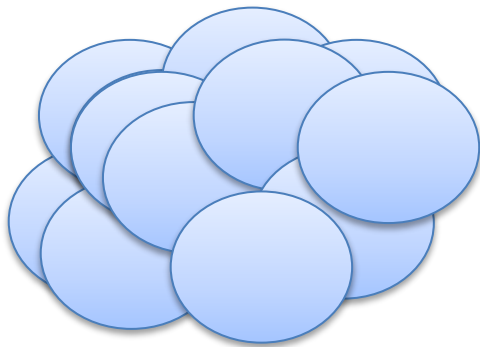
U.S. NATIONAL LIBRARY OF MEDICINE

The guardian of the genome

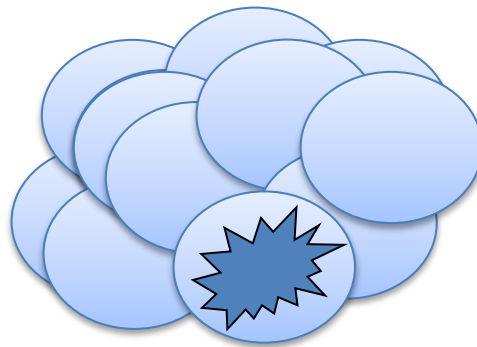


Genetics
Home
Reference

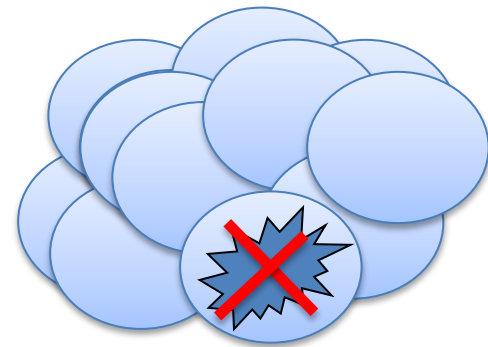
The *TP53* gene provides instructions for making a protein called tumor protein p53 (or p53). This protein acts as a tumor suppressor, which means that it regulates cell division by keeping cells from growing and dividing too fast or in an uncontrolled way.



Healthy cells



A cell suffers
DNA damage....



p53 kicks in and
zaps damaged
cell....

(Most) People with Li Fraumeni Syndrome have a mutated TP53 gene – they have no natural anti-cancer defences... Lifetime risk of cancer is around 90%.



But...

More than just a
tumour suppressor

Chronic inflammation
and oxidative stress

Immune Dysregulation

Angiogenesis

TP53

Metabolic
Reprogramming

Tissue-specific factors

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Primed for cancer: Li Fraumeni Syndrome and the pre-cancerous niche

Pan Pantziarka

The George Pantziarka TP53 Trust, London KT1 2JP, UK
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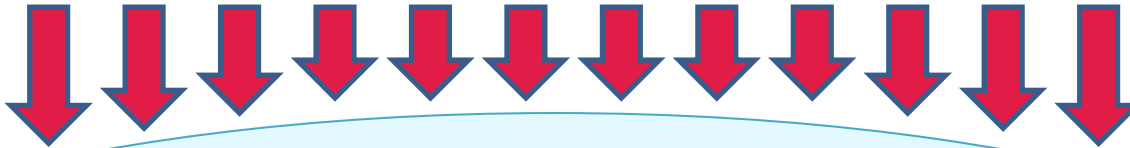


The pre-cancerous niche

Mutated p53

Before cancer has even started...

Pre-cancerous niche



Chronic inflammation

Oxidative Stress

Angiogenesis

Immune
Dysregulation

Metabolic
Reprogramming

Tissue-specific Factors

In the wider population chronic inflammation is associated with cancer incidence.



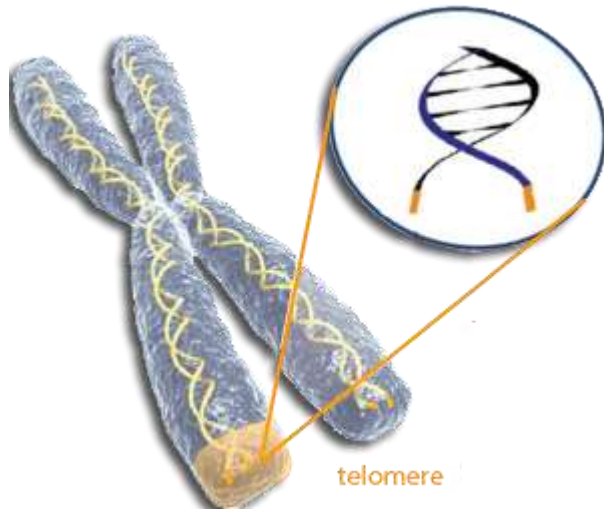
Evidence?

What do we know from people with LFS *before* they get cancer?

- People with LFS have higher background levels of oxidative stress compared to family members without a TP53 mutation
- Cells from people with LFS secrete a higher amount of a chemical called VEGF – a key driver of angiogenesis
- A key marker for ‘reverse Warburg’ cellular metabolism is reduced cav-1 levels this finding has been confirmed in people with LFS compared to non-affected family members
- An analysis of breast cancer in women with LFS found that 84% of invasive tumours were hormone responsive, with a majority of these also being positive for Her2/neu, this is higher than for a comparable non-LFS population (driven by p53/PGE2)



And



Telomeres cap the ends of chromosomes – when they go you get DNA damage

- Telomere length in blood cells of people with TP53 mutations is **shorter** than that of non-TP53 individuals
- For people with LFS the **shorter** their telomeres the **earlier** they get cancer
- **Chromosome instability** is a common trait of fibroblast cells from Li-Fraumeni families
- This means we have pockets of **abnormal** cells in patients with LFS before they get cancer

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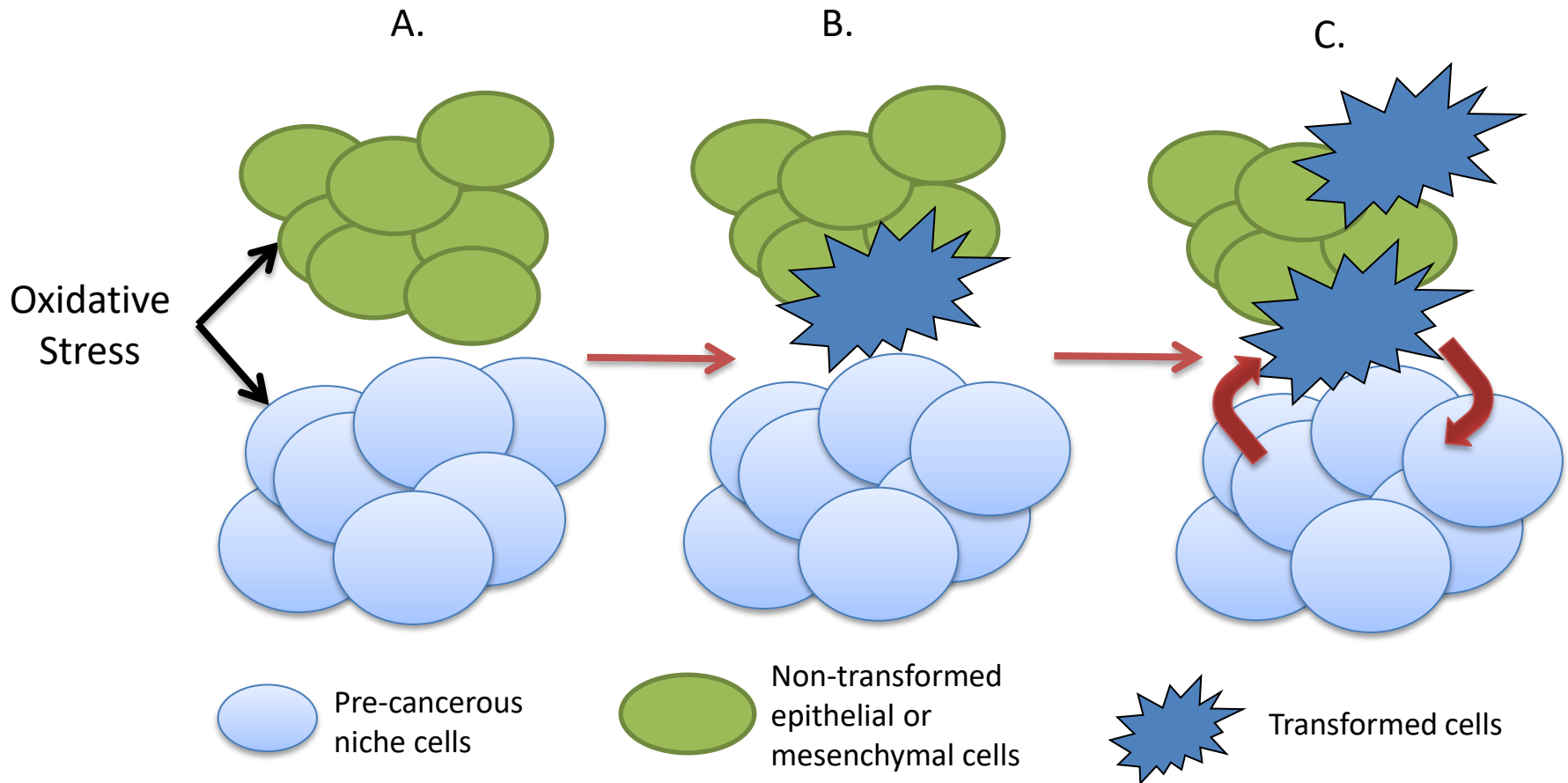
Primed for cancer: Li Fraumeni Syndrome and the pre-cancerous niche

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What does this mean?



(A). Cells heterozygous for TP53 and with shortened telomeres undergo telomere attrition in response to oxidative stress. (B). Telomere crisis may lead to loss of heterozygosity and malignant transformation. (C). Malignant cells in contact with chronically inflamed pre-cancerous niches proliferate and initiate tumour growth



Conclusions?

- TP53 has multiple additional effects over and above classical tumour suppressor functions
- People with LFS have high levels of oxidative stress, shorter telomere lengths etc – even when they don't have cancer
- Mutated p53 is associated with the formation of pre-cancerous niches – places in the body that are supportive of cancer
- Once cancer is initiated then it can take off because of the supportive niche...



But..



Is it all bad news?

- Gene therapy is a long way off – no current way to permanently fix mutated TP53
- Early days in drugs to tackle the tumour suppressor action of p53
- But we do have drugs that can tackle some of the drivers of the pre-cancerous niche...
 - Metformin...
 - Aspirin...
 - Anti-inflammatories...

This may be a way to *decrease* the risk of cancer developing in people with LFS



Where next?

- More research needed to confirm the ‘pre-cancerous niche’ idea
- Animal studies to test different drugs for reducing cancer incidence in LFS
- Need to consider life-style and other factors...
 - Diet
 - Stress-reduction
 - Exercise



Questions?

Thanks for your time...

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