

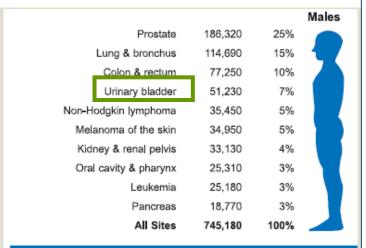
Developing and validating the use of microRNA biomarkers for risk stratification of Non Muscle Invasive bladder cancer (NMIBC) patients

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- Prostate cancer
- Bladder cancer
- Kidney cancer
- Testis cancer
- Soft tissue sarcomas
- Adrenal cancer

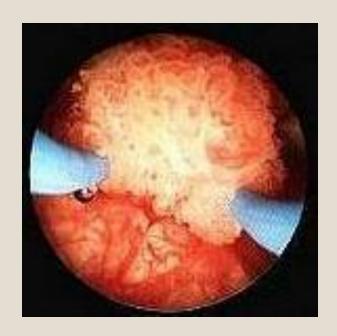
- Bladder cancer is the 4th most common cancer among males and accounts for 7% of all cancer cases
- Bladder cancer is the 8nd cause of cancer mortality among males and account for 3% of all cancer mortality cases among males

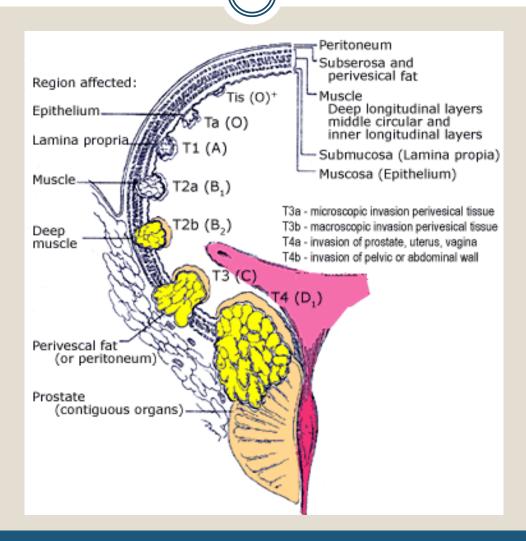


Estimated Deaths						
			Males			
Lung & bronchus	90,810	31%				
Prostate	28,660	10%				
Colon & rectum	24,260	8%				
Pancreas	17,500	6%				
Liver & intrahepatic bile duct	12,570	4%				
Leukemia	12,460	4%				
Esophagus	11,250	4%				
Urinary bladder	9,950	3%				
Non-Hodgkin lymphoma	9,790	3%				
Kidney & renal pelvis	8,100	3%				
All Sites	294,120	100%				

Mortality Rate of Cancer/100,000 males					
Disease	1990	2004	Change		
Prostate	38	25	-34%		
Lung	90	70	-22%		
Colon	30	21	-29%		
Larynx	3	2	-24%		
Stomach	8	5	-37%		
Bladder	8	7.6	-5%		
All	278	228	-18%		

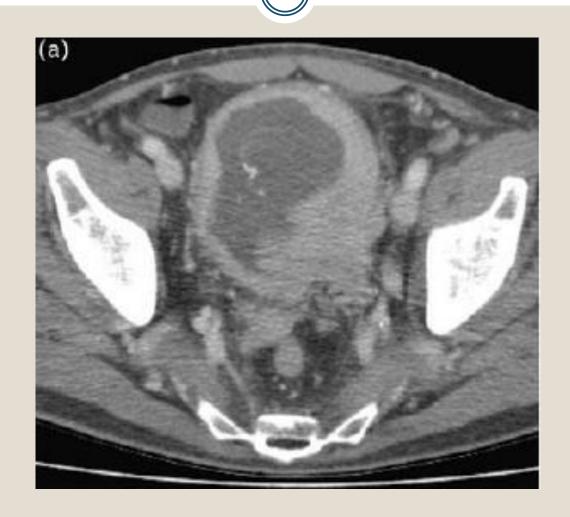






Staging				
Non muscle invasive Ta, T1, CIS 70%				
Non muscle invasive	T2-4	25%		
Metastatic M+ 5%				

Author	Year	#	% of positive LN			
			pT1	pT2	рТ3	Pt4
Goheneim	1997	1026	6	16	42	36
Leissner	2000	447	10	20	49	75
Stein	2001	1054	7	22	44	42
Madersbacher	2003	507	3	17	35	41



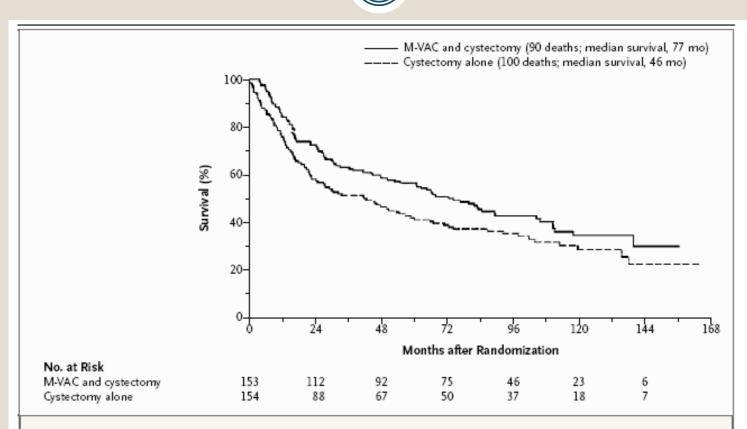
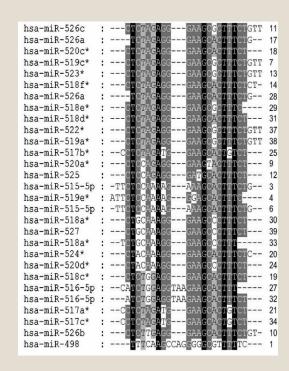


Figure 1. Survival among Patients Randomly Assigned to Receive Methotrexate, Vinblastine, Doxorubicin, and Cisplatin (M-VAC) Followed by Cystectomy or Cystectomy Alone, According to an Intention-to-Treat Analysis.



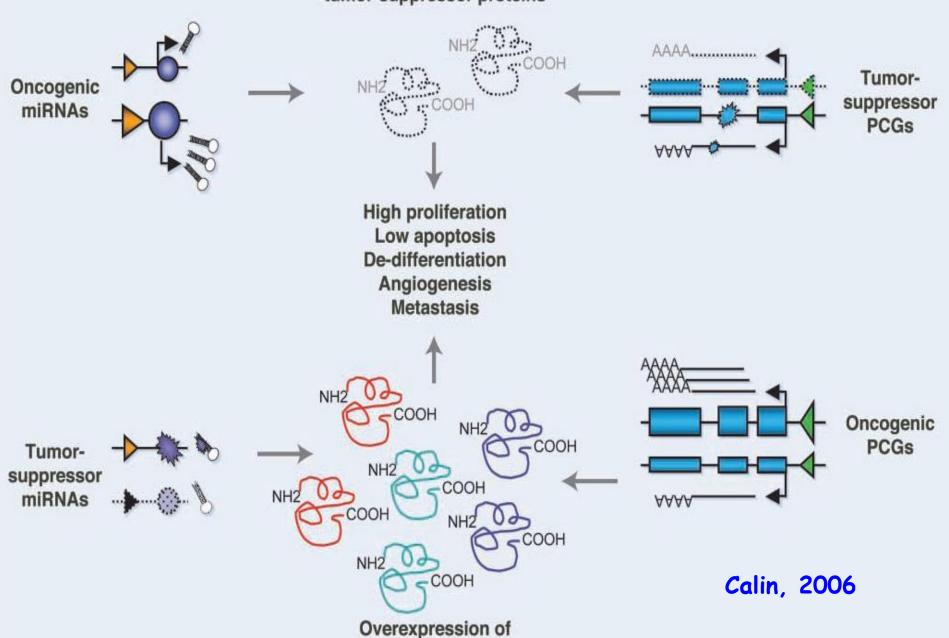
- Early diagnosis
- Better staging surgical/radiology
- Molecular markers
 - Progression
 - Death of disease
- Improve surgical and medical therapy

- MicroRNAs, a family of small non-coding regulatory RNAs (18-25 nucleotides)
- Specific overexpression or underexpression has been correlated with different tumor types



Micro-RNAs can act as tumor suppressors and oncogenes

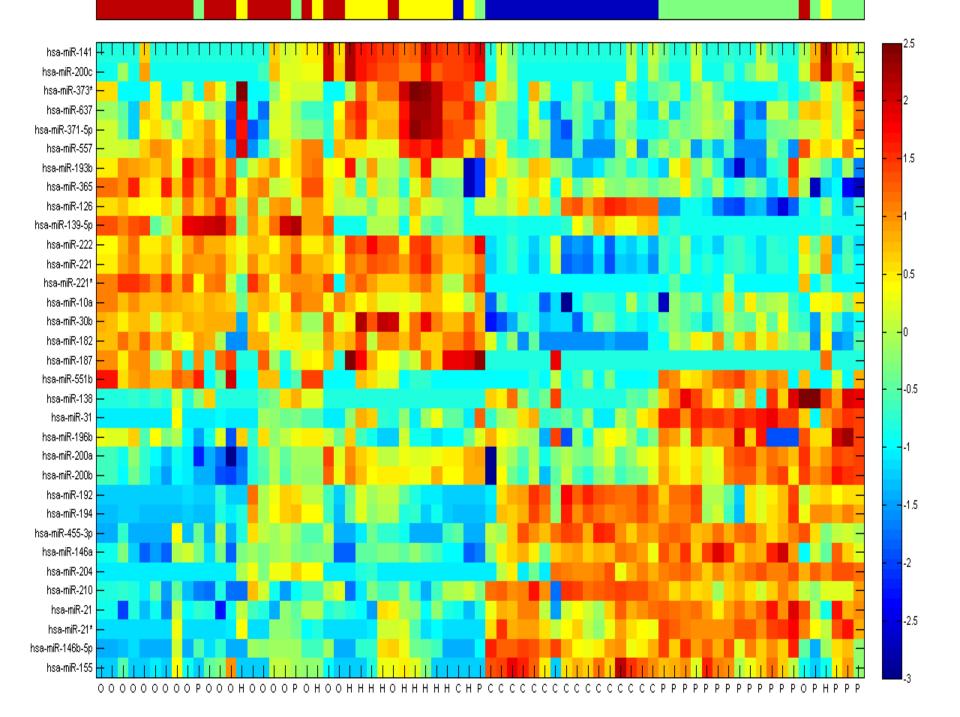
Down-regulation of tumor-suppressor proteins

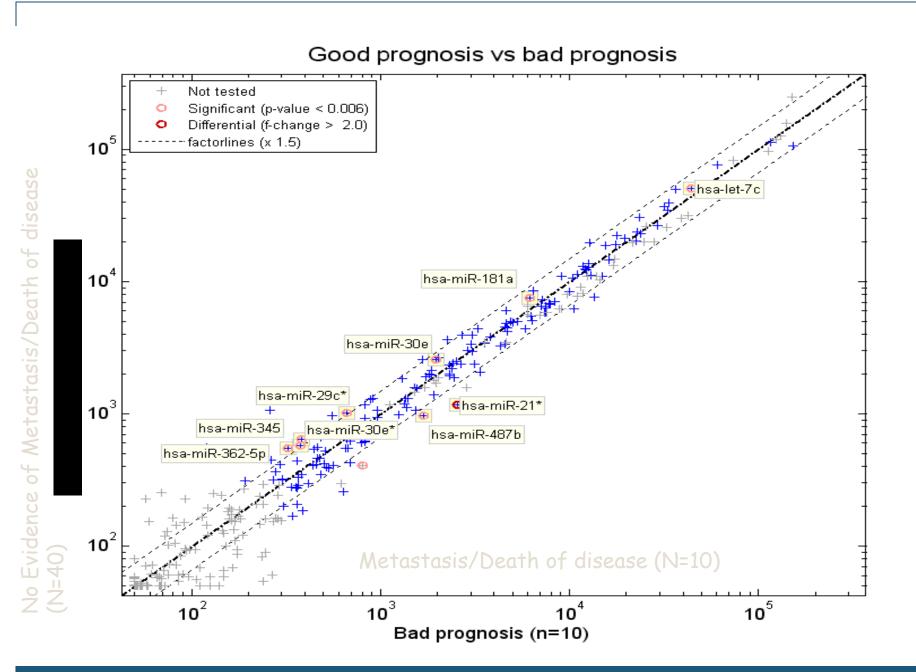


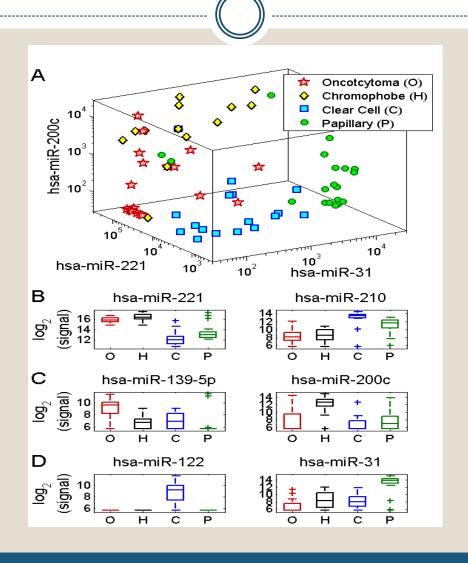
oncogenic proteins

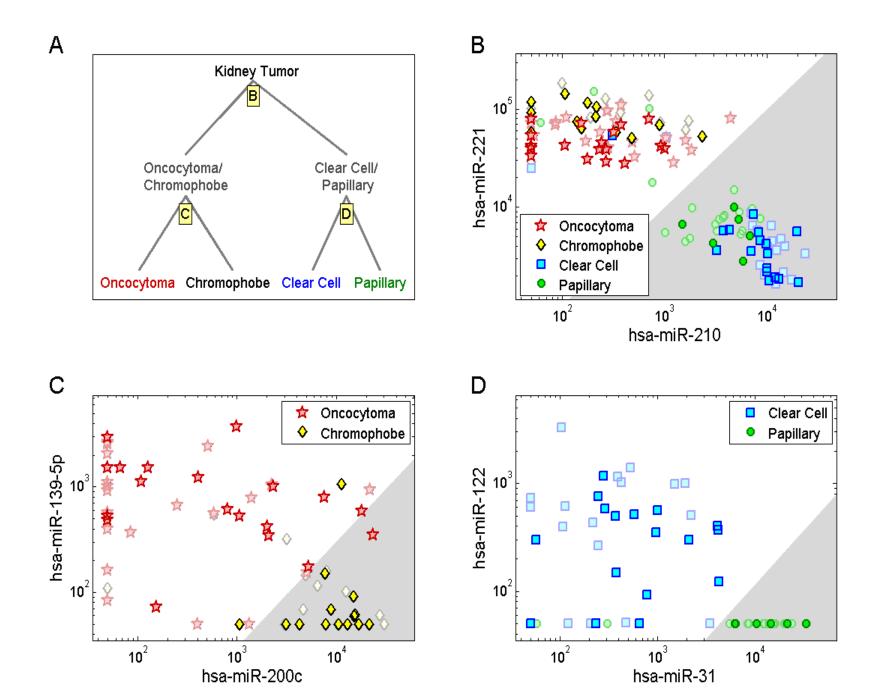
MicroRNA and renal cancer:

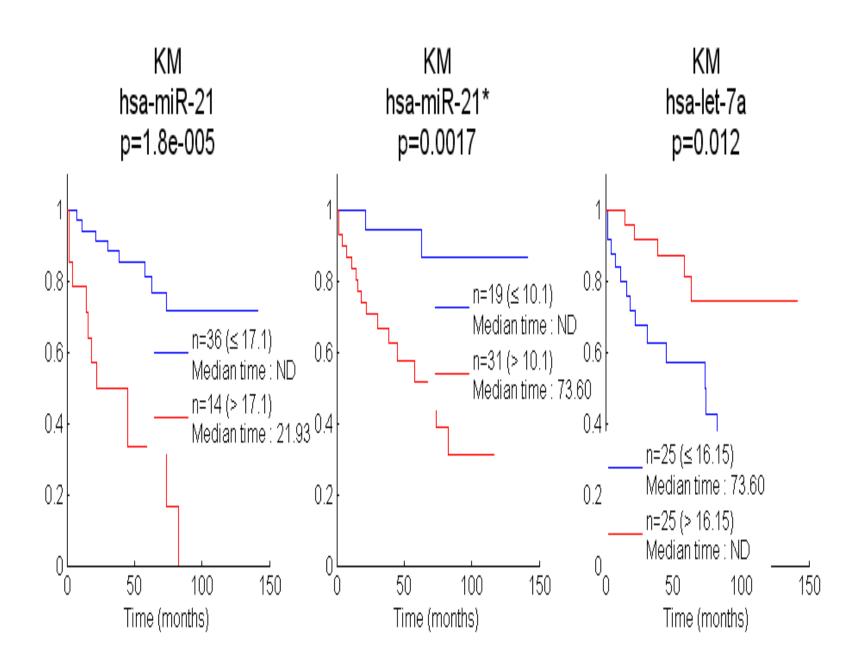
- Renal cell cancer subtypes
- Renal cell cancer
 - Conventional type
 - o pT2-4
 - End points
 - Metastasis progression
 - Death of disease



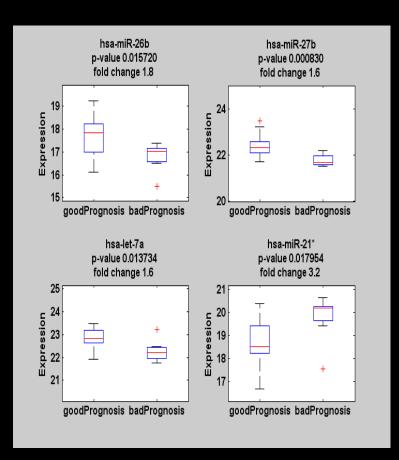


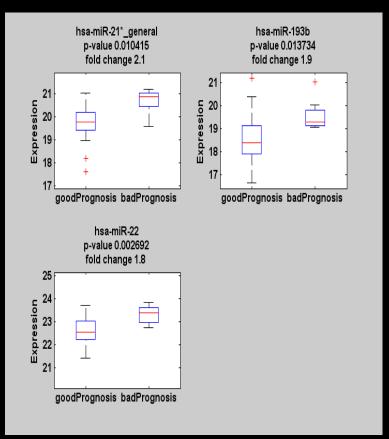






Expression of different miR in the 2 Clinical Categorizes (Mets/DOD vs. no)





MiR expression by prognosis using PCR

Up regulated in good Prognosis vs. bad Prognosis:

miR name	p-value	fold-change	median values
hsa-miR-26b	0.016	1.76 (+)	17.8
hsa-miR-27b	0.001	1.57 (+)	22.3
hsa-let-7a	0.014	1.55 (+)	22.8

Down regulated in good Prognosis vs. bad Prognosis:

miR name			
	p-value	change	median values
hsa-miR-21*	0.018	3.16 (-)	18.5
hsa-miR-193b	0.014	1.89 (-)	18.4
hsa-miR-22	0.003	1.81 (-)	22.5

Variable	Ь	se	P value
Stage - T2 vs T3	0.217	0.713	0.761
Maximal tumor size	0.209	0.098	0.034
hsa-miR-29c*	-1.055	0.417	0.011
hsa-miR-21*	0.915	0.406	0.024

Current study:

- Bladder cancer T1HG
 - Primary
 - Progression
- Pathology analysis
- Initial group
 - Progression/DOD 50
 - Cure/no progression 50
- Validation multicentric

Current study:

- Identify T1HG
- Datebase clinical and pathology variables
- Pathology blocks
- Isolation of micro-RNA
- Markers identification
- Validation