

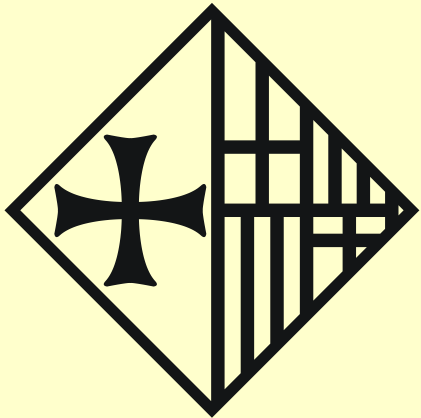
37th ESMO Congress - Vienna, Austria
September 29, 2012

Diagnosis and Management issues in Ovarian Cancer

New Insights into Ovarian Cancer Pathology

Jaime Prat, M.D., Ph.D., F.R.C.Path.

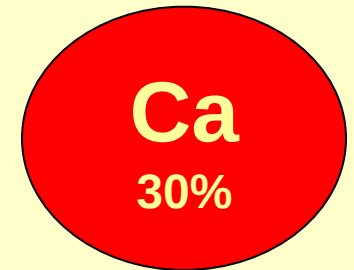
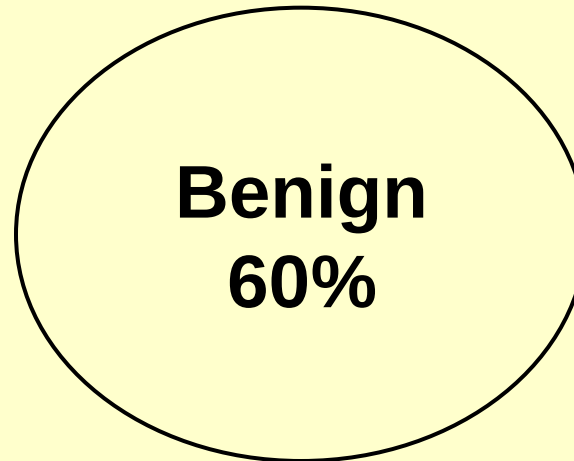
Hospital de la Santa Creu i Sant Pau
Autonomous University of Barcelona, Spain



Ovarian Epithelial Tumors

WHO 1999 and 2003

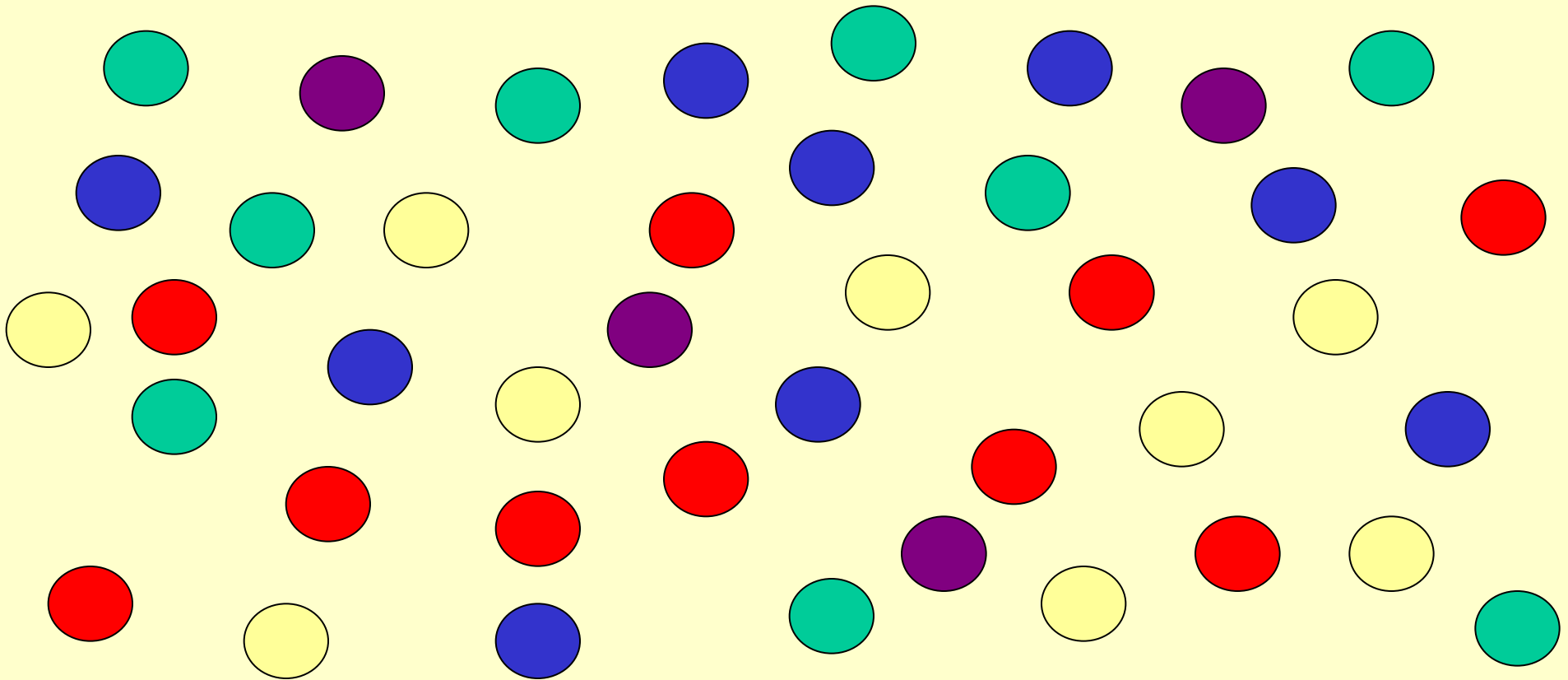
Serous
Mucinous
Endometrioid
Clear cell
Transitional
Squamous
Mixed
Undifferentiated



EPITHELIAL OVARIAN TUMORS

A heterogeneous group

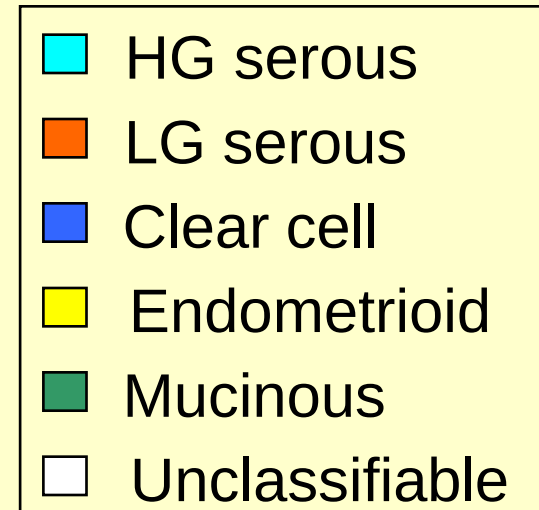
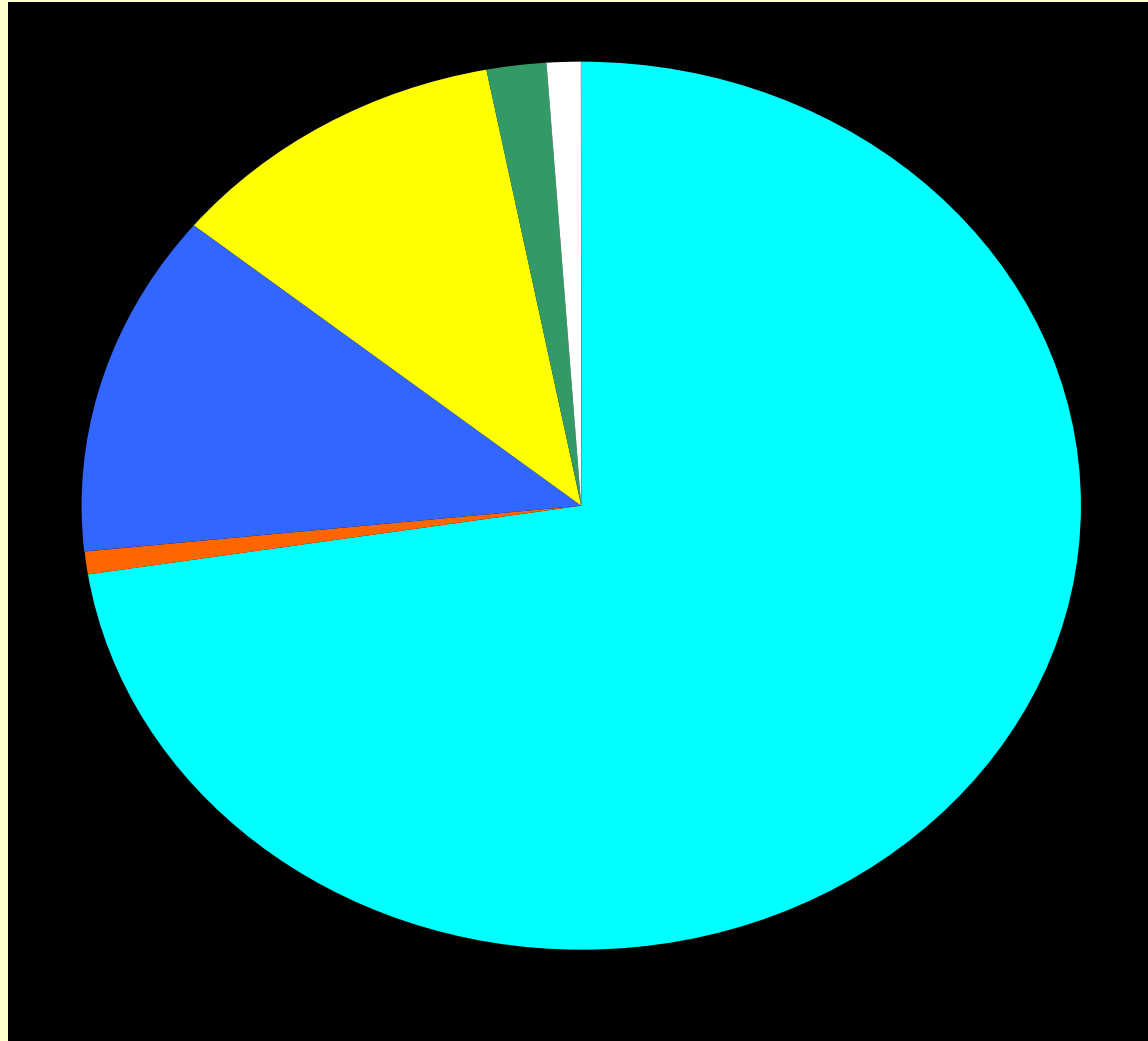
Histologic type, Precursor lesions, Genetic alterations ...



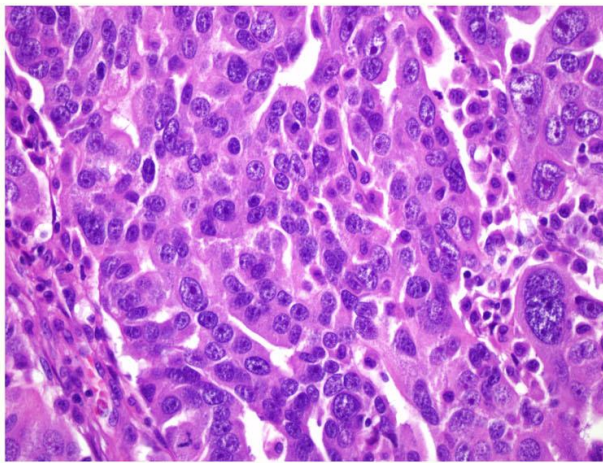
Histologic Subtypes of Ovarian Carcinomas

- Serous – high grade
- Serous – low grade
- Clear cell
- Endometrioid
- Mucinous

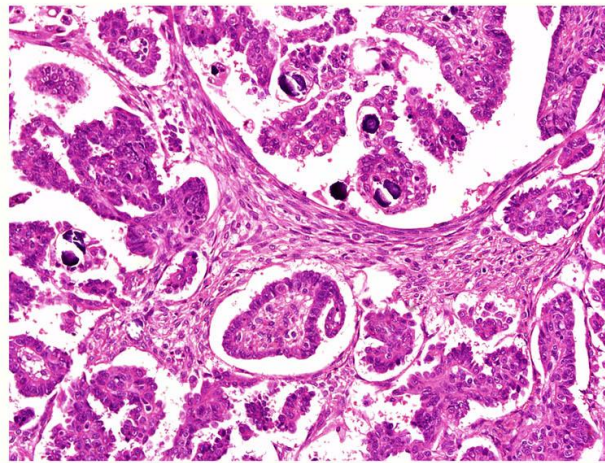
New classification: Frequency



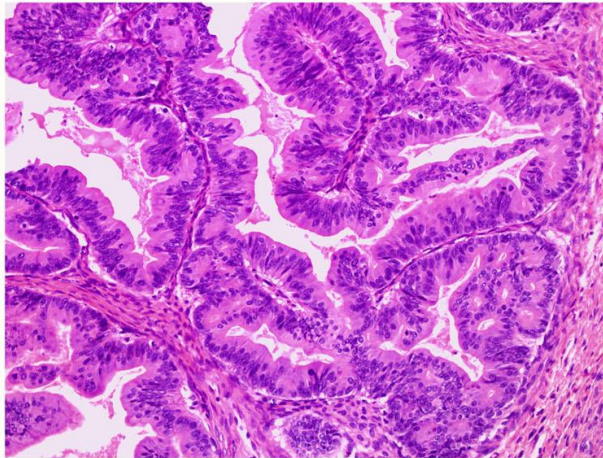
HGC



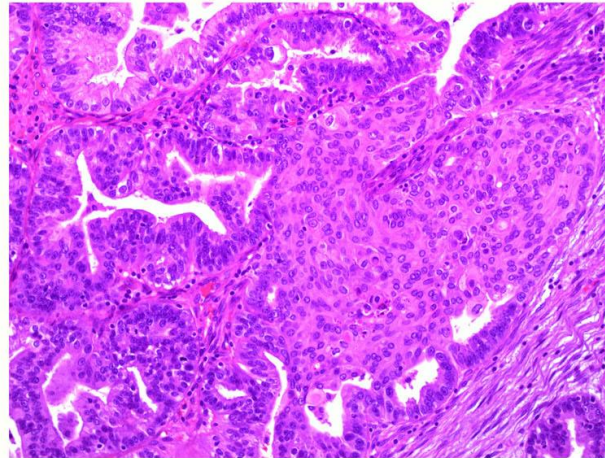
LGSC



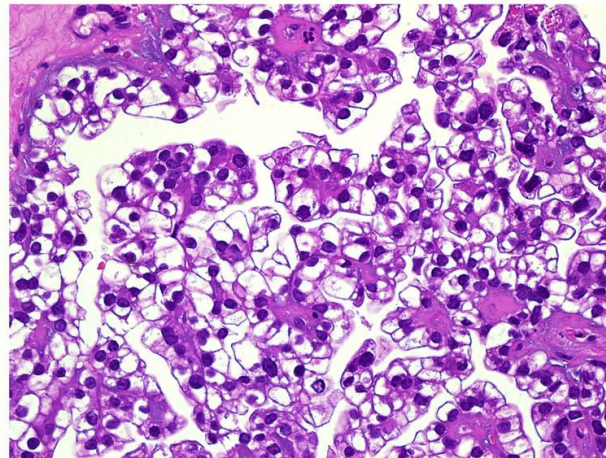
MC



EC



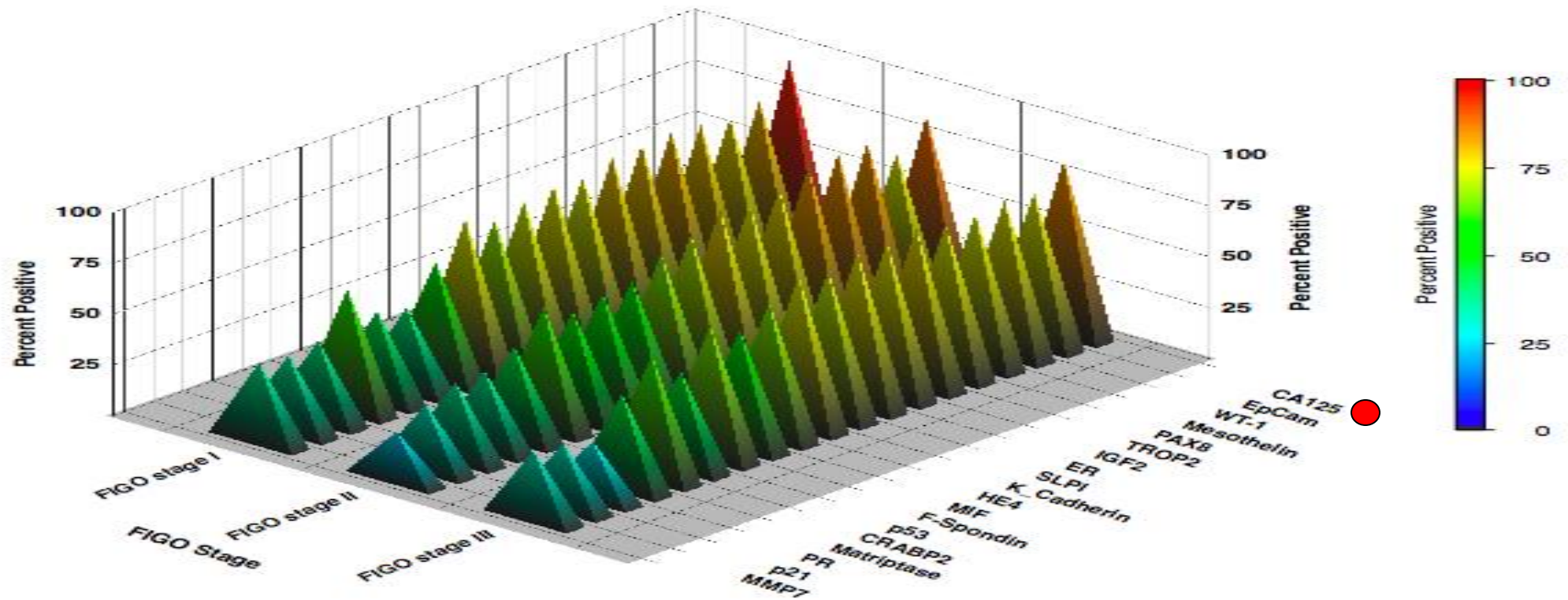
CCC



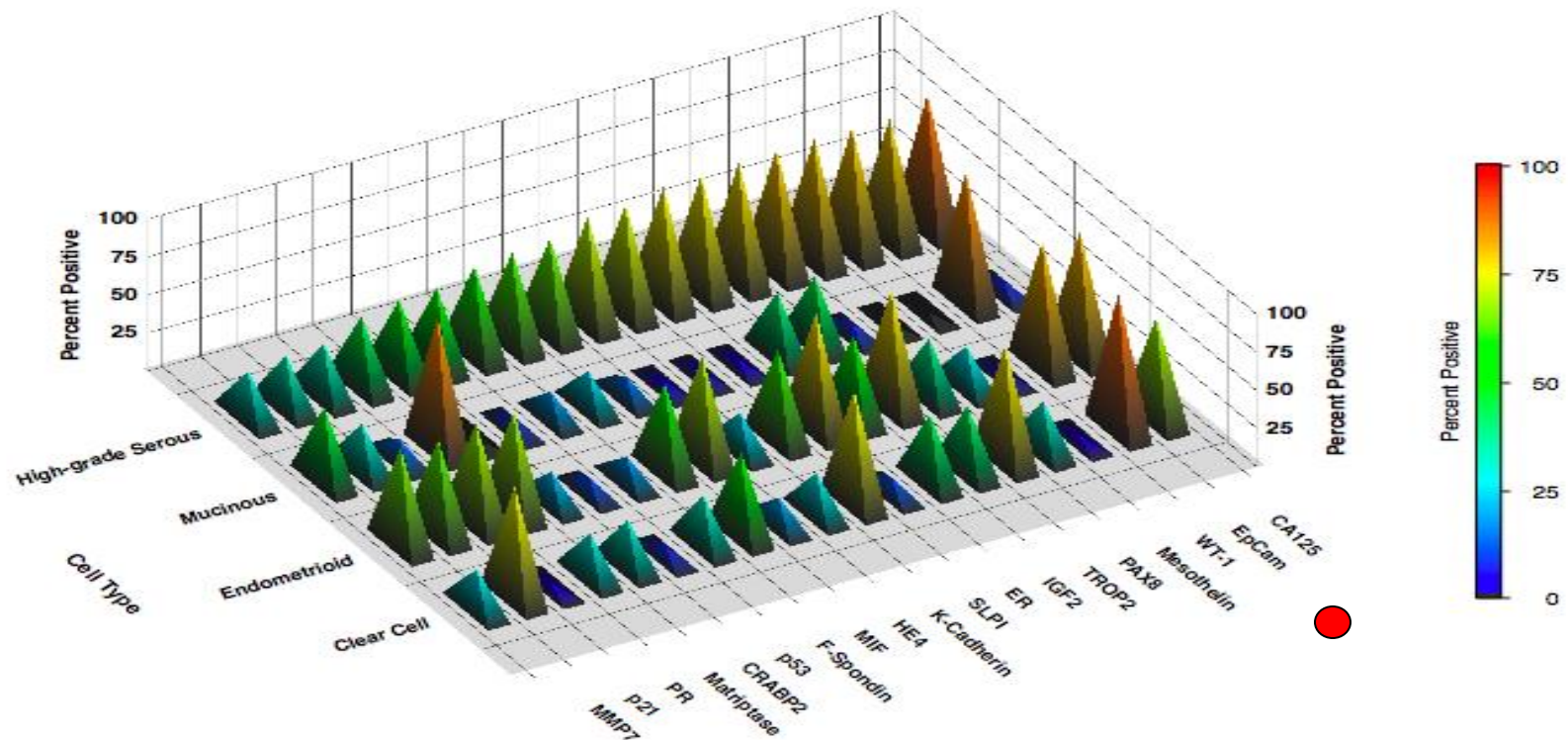
These subtypes differ from each other with respect to:

1. Risk factors and precursor lesions
2. Patterns of spread
3. Molecular genetic alterations
4. Response to chemotherapy
5. Outcome

High-grade Serous Cancers



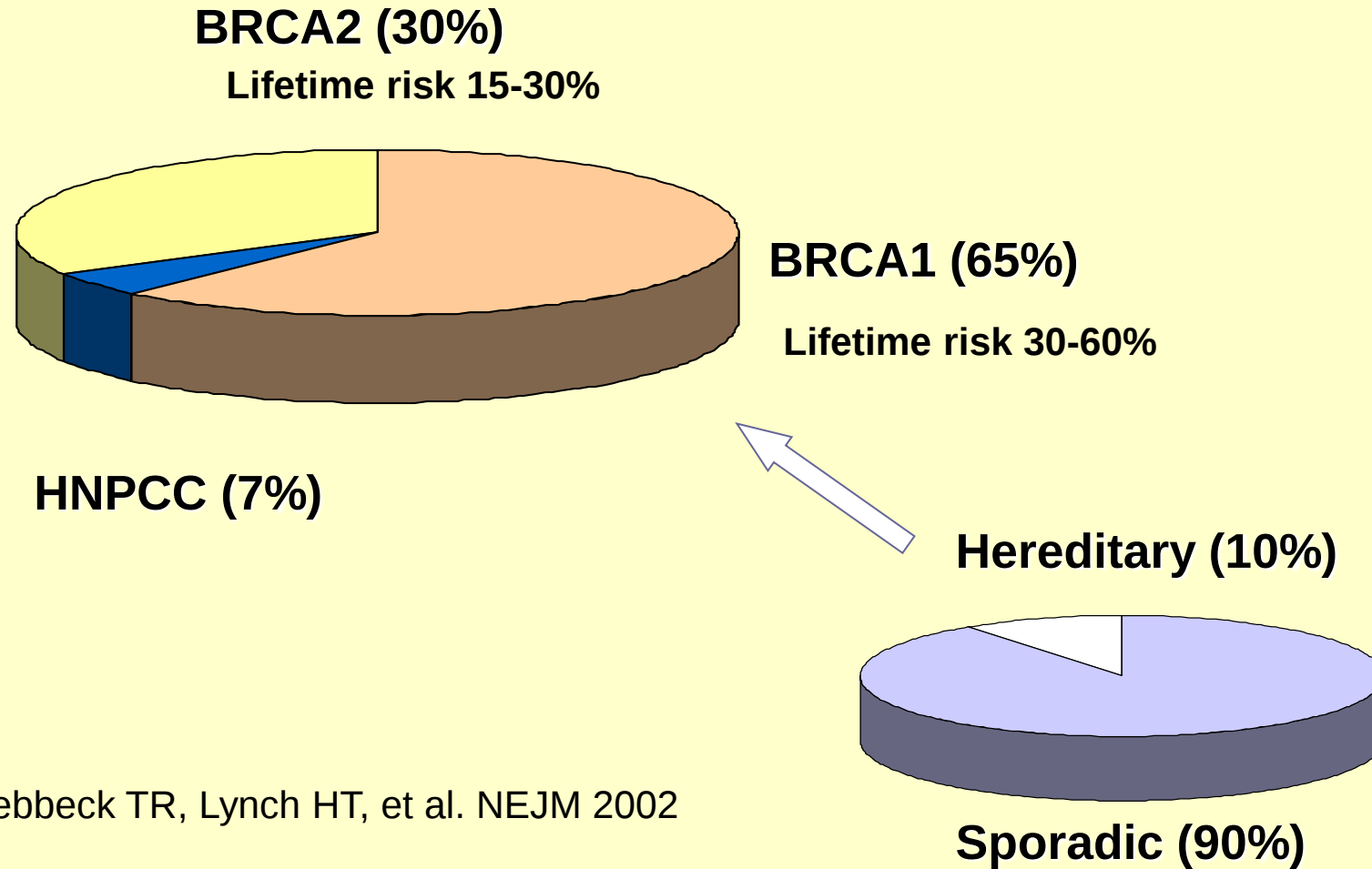
Biomarker profiles across subtypes



Köbel M et al.
PLoS Med 2008; 5:e232

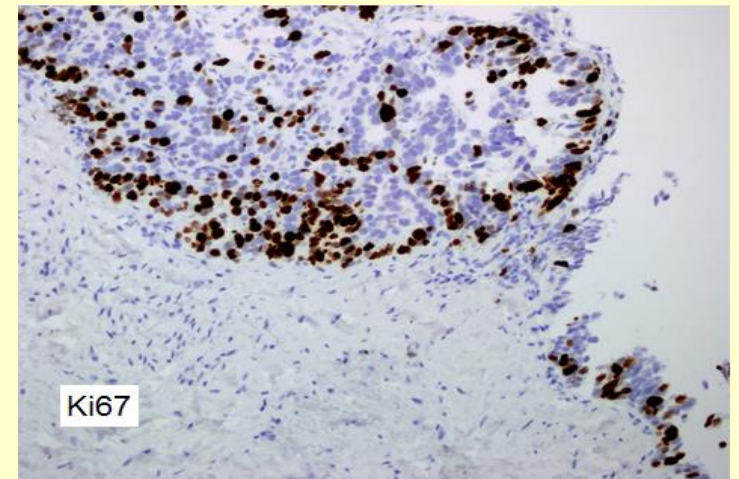
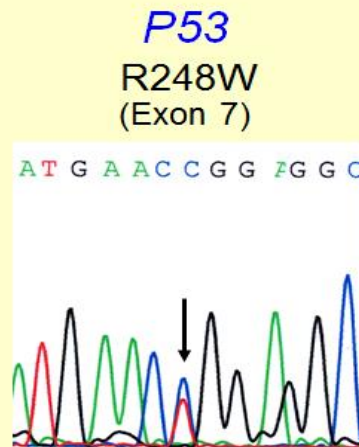
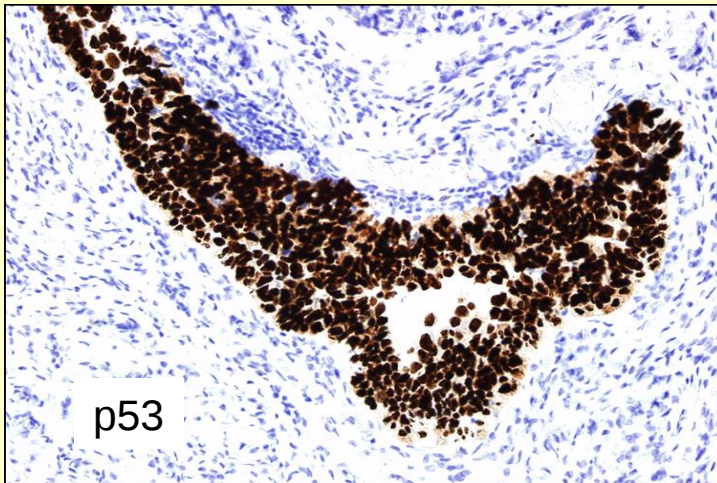
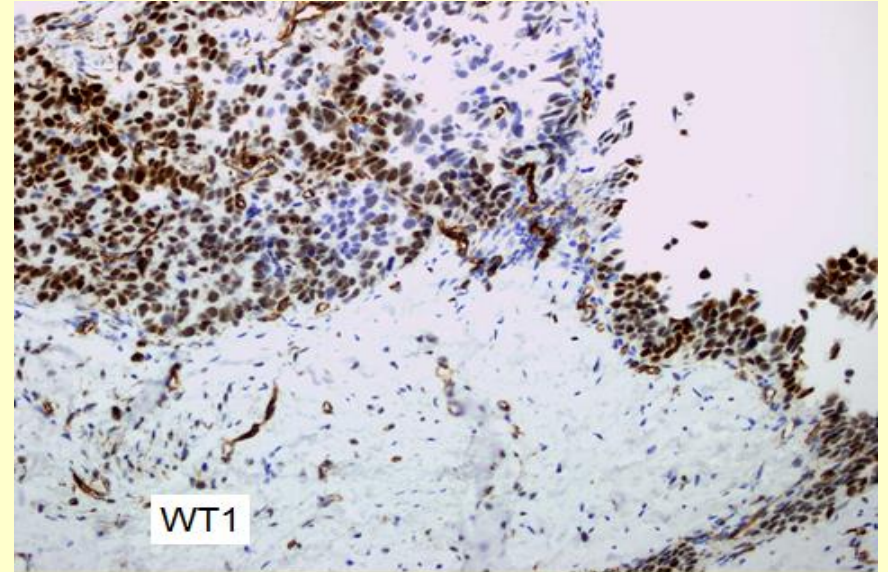
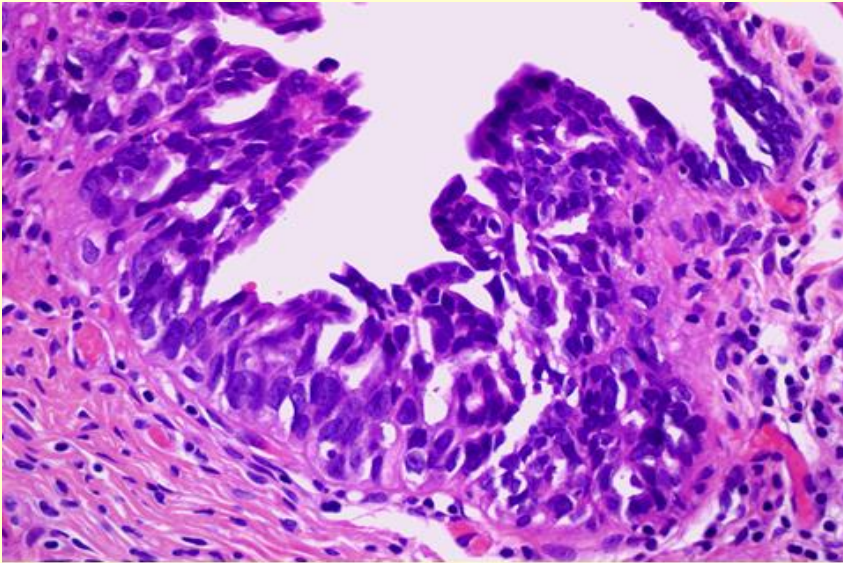
Serous Carcinoma

HEREDITARY SUSCEPTIBILITY TO OVARIAN CANCER

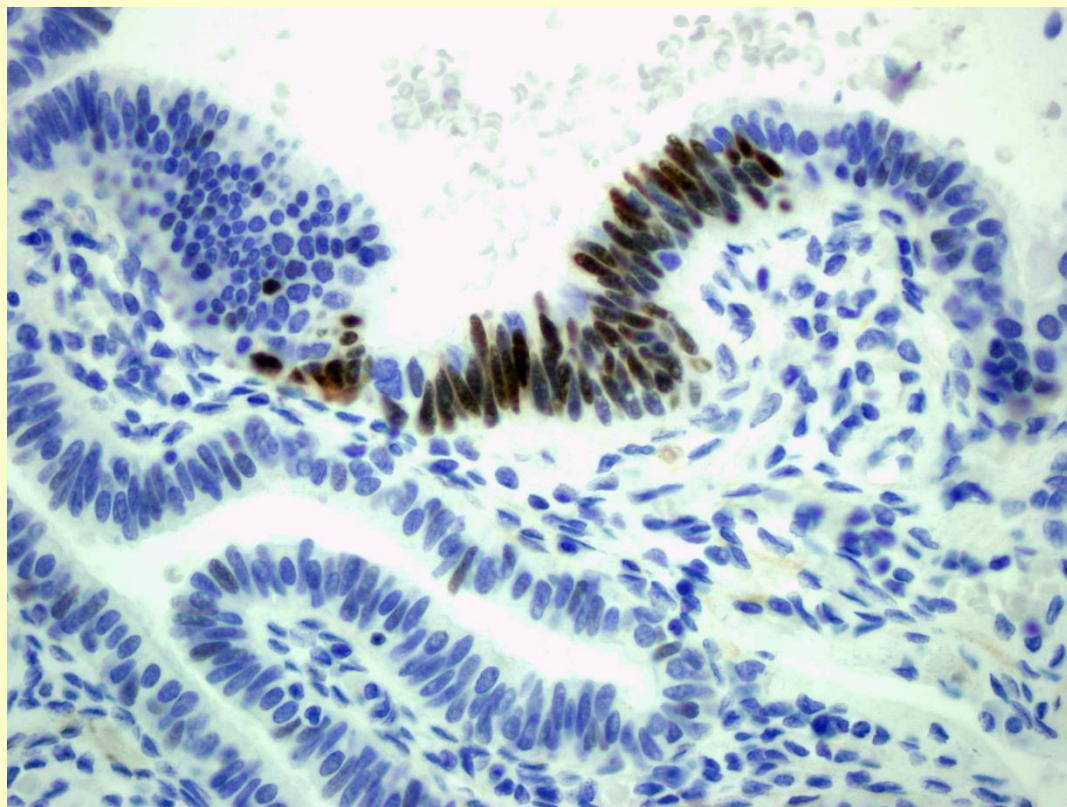
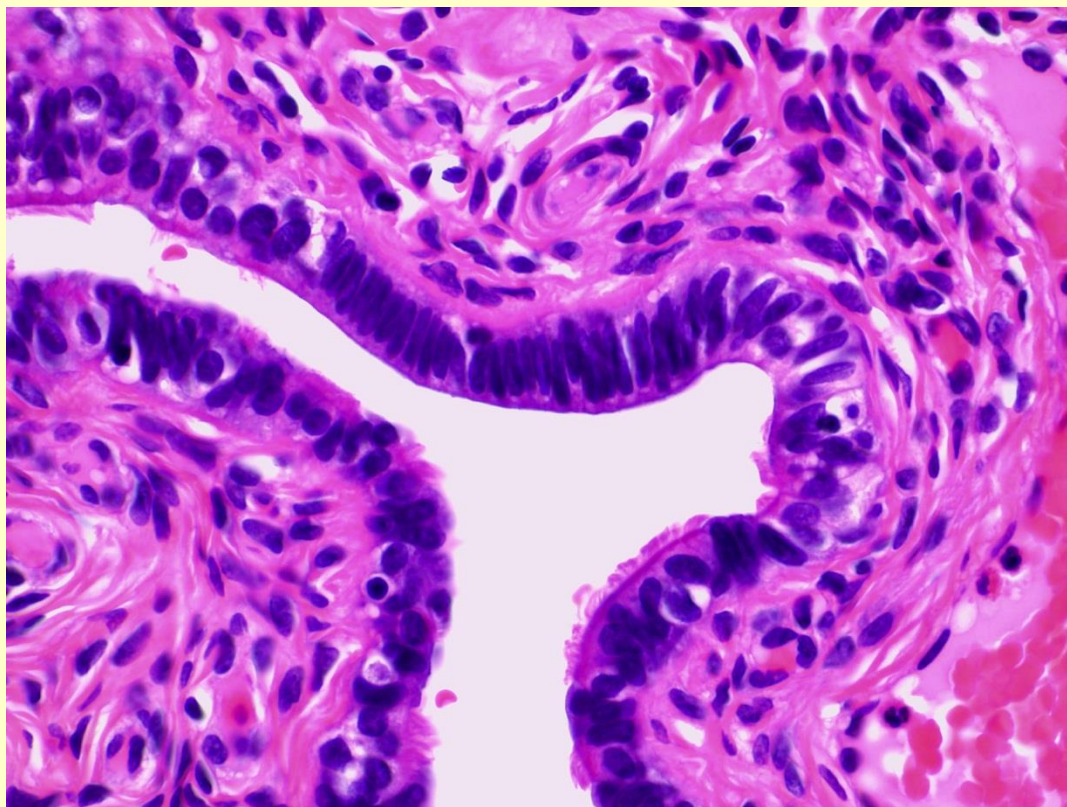


Rebbeck TR, Lynch HT, et al. NEJM 2002

Serous “Intraepithelial” Carcinoma STIC

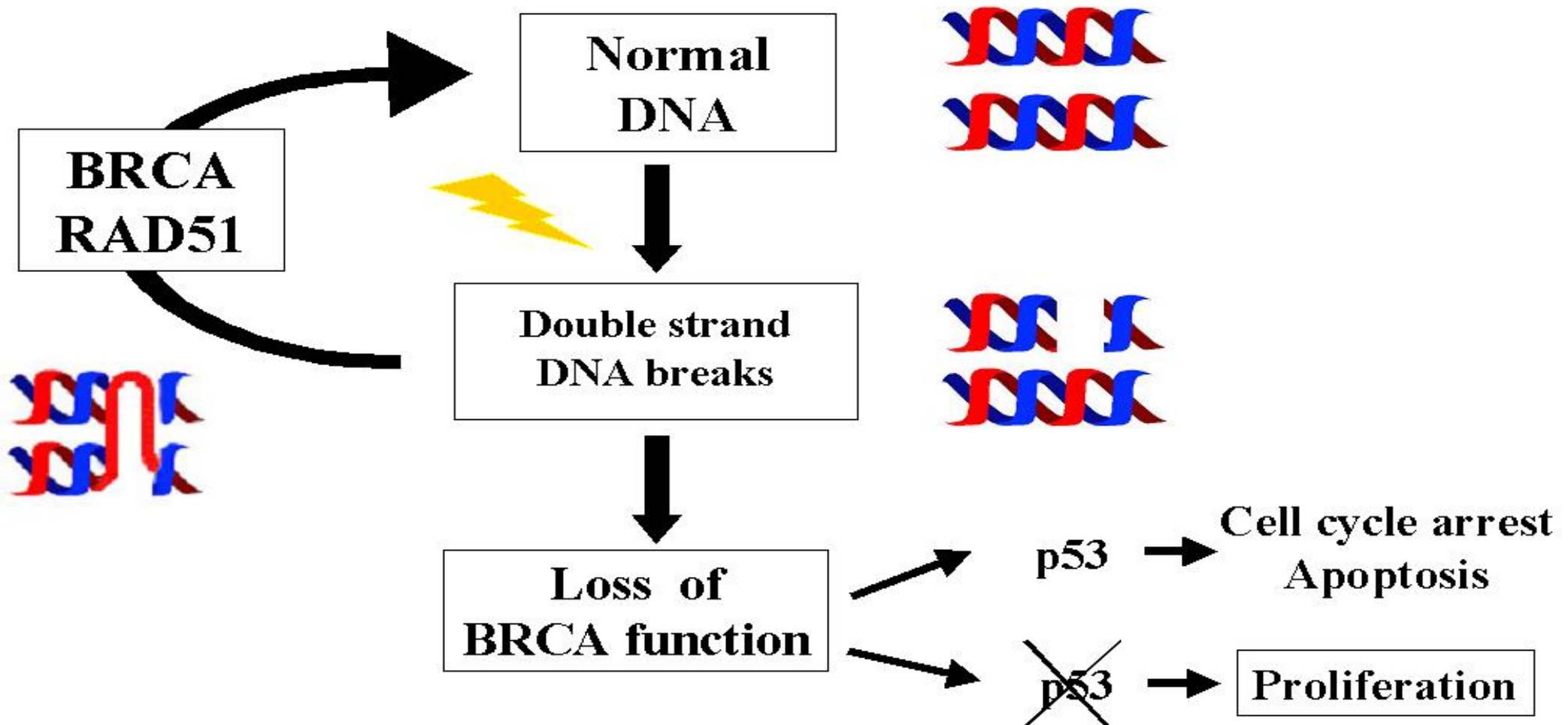


How about less than STIC?



P53 Signature

BRCA function



BRCA Promotes P53 Signature to TIC

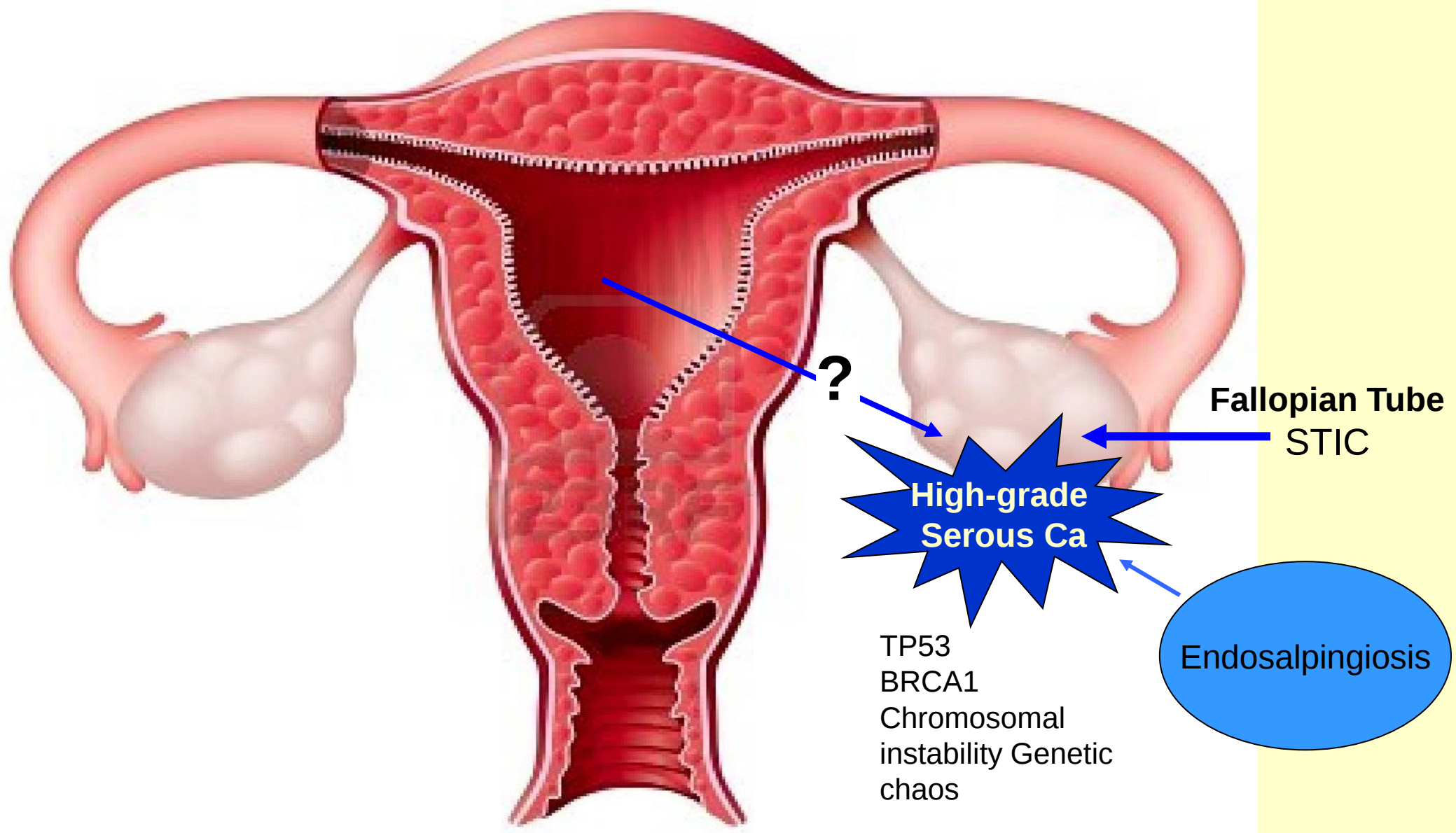


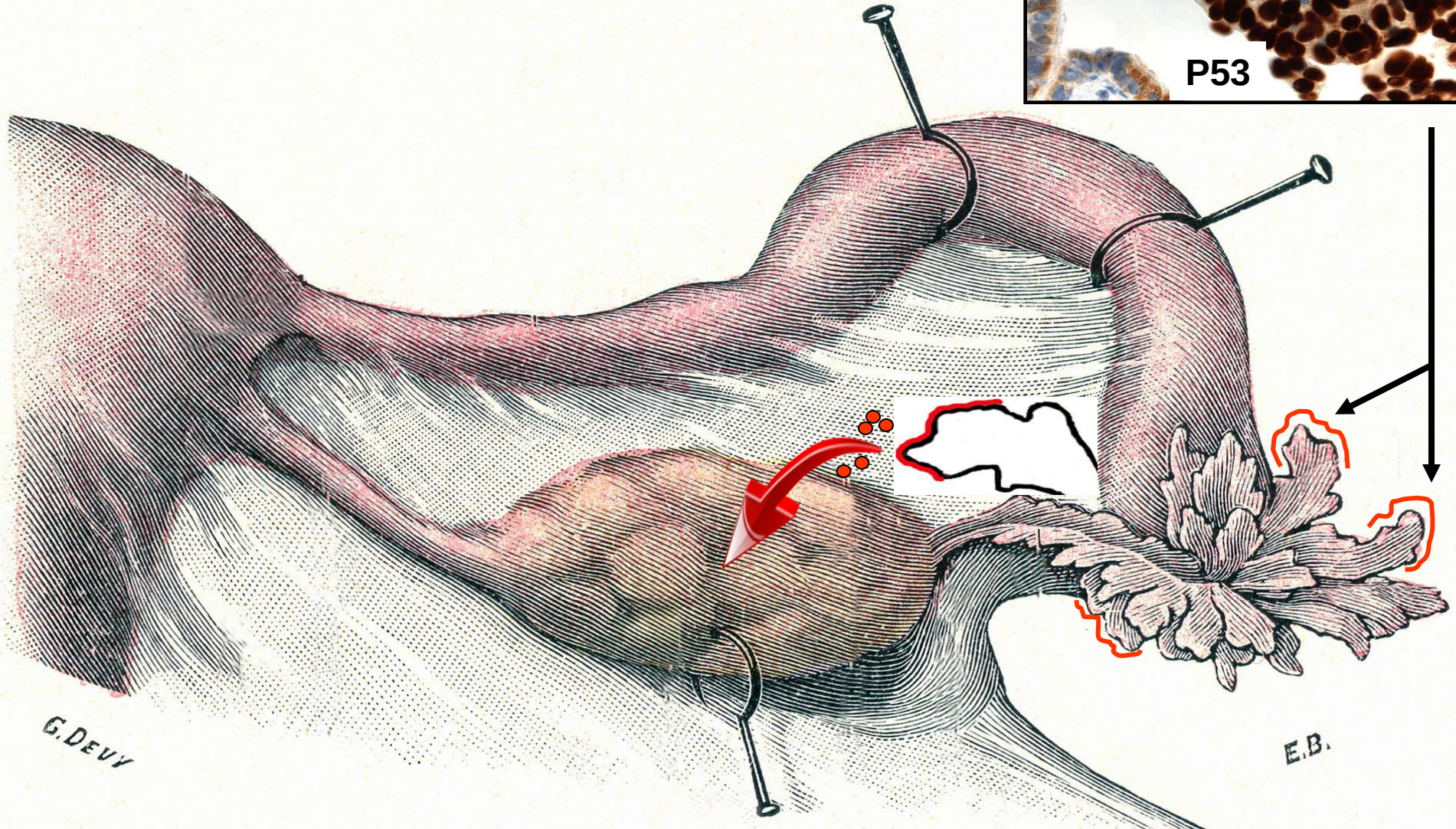
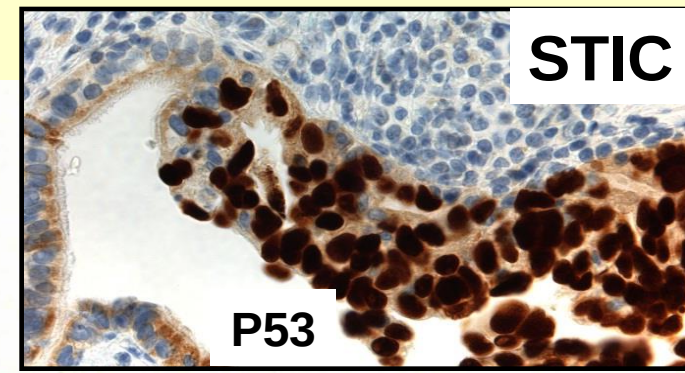
Hereditary : BRCA1 mutation constitutive



Sporadic : BRCA1 methylation/mutation new event

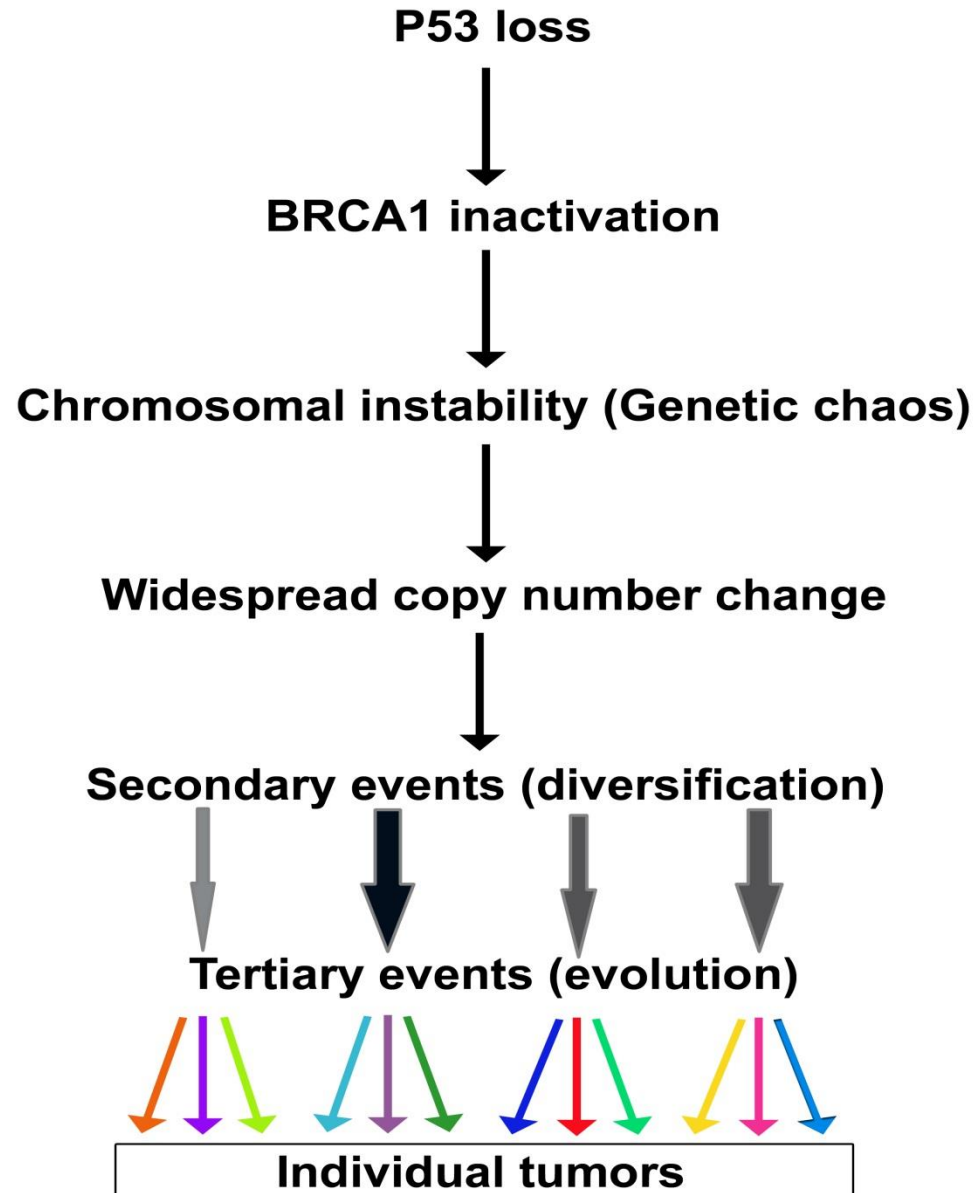
Classification of Gyn Cancers based on Origin and Mutations



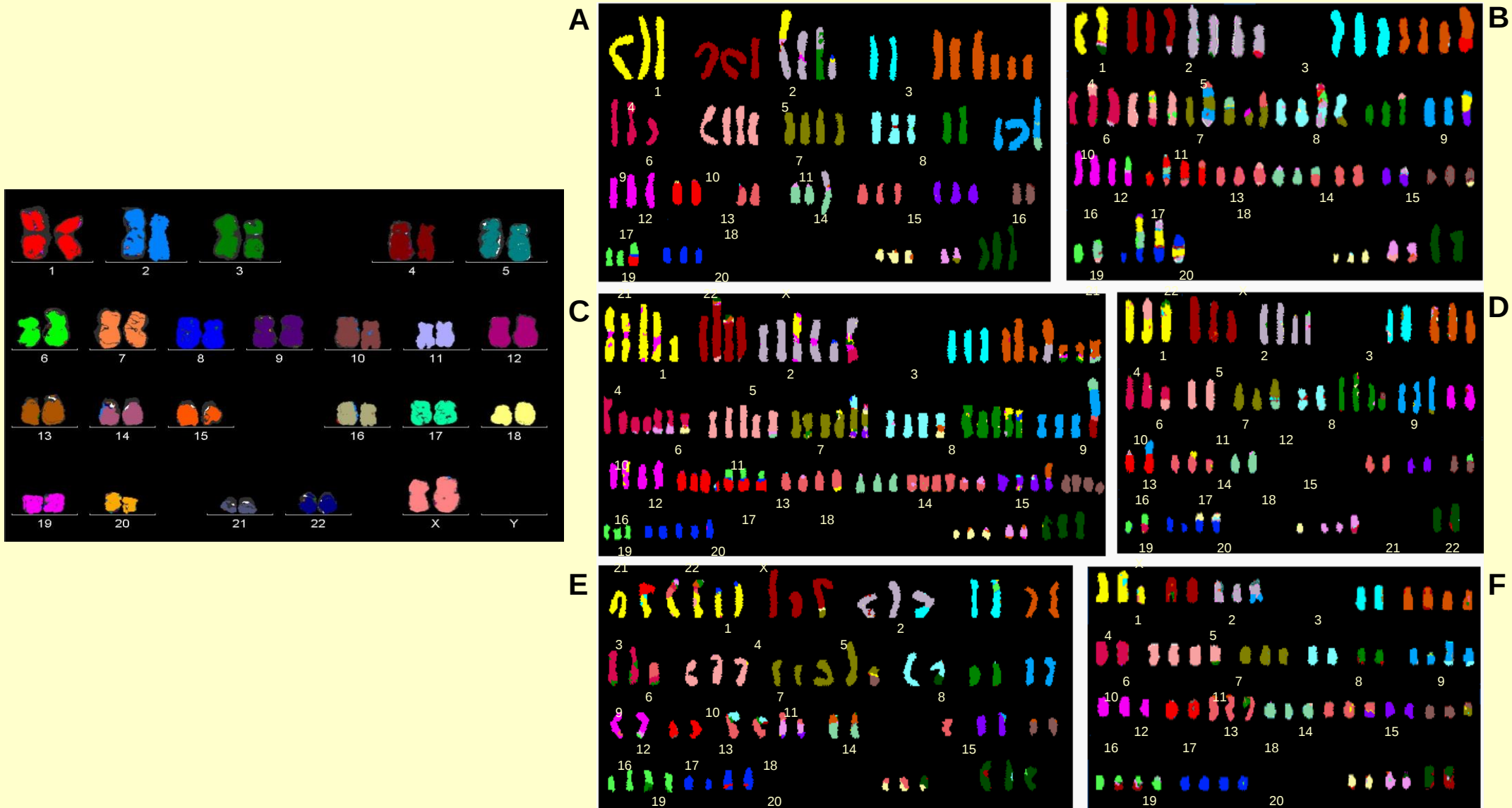


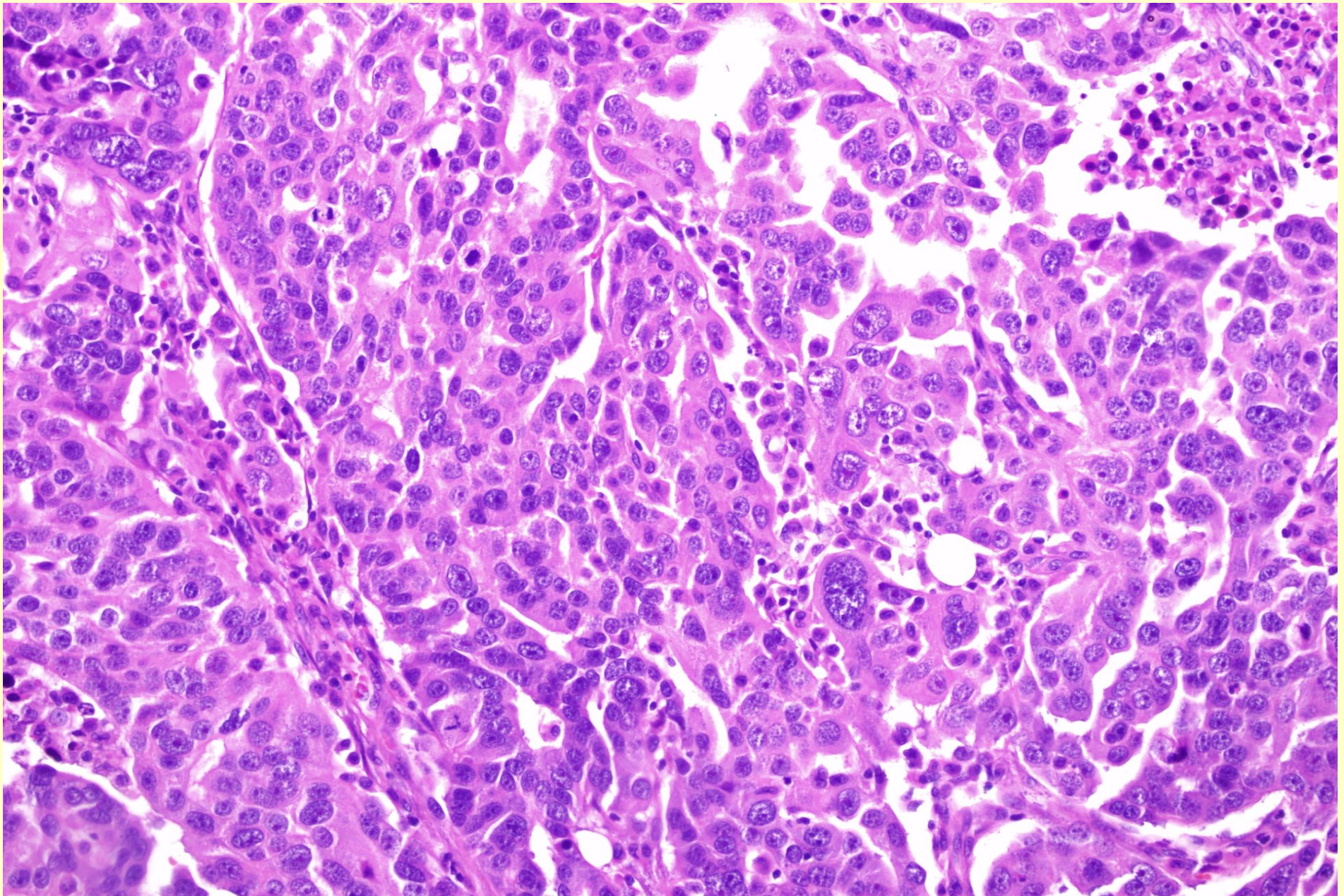
High Grade Serous Carcinoma

HGSC – Pathogenetic Model

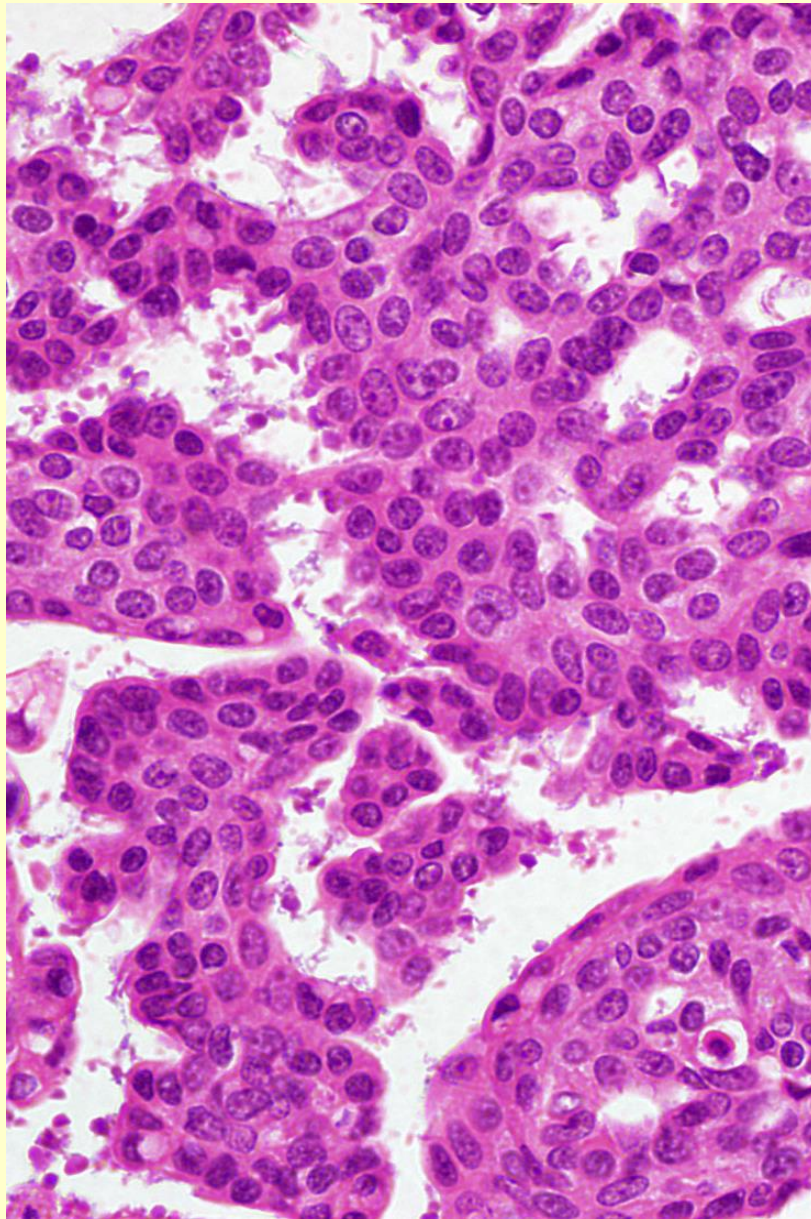


Chromosomes from six ovarian cancers showing: chromosomal instability

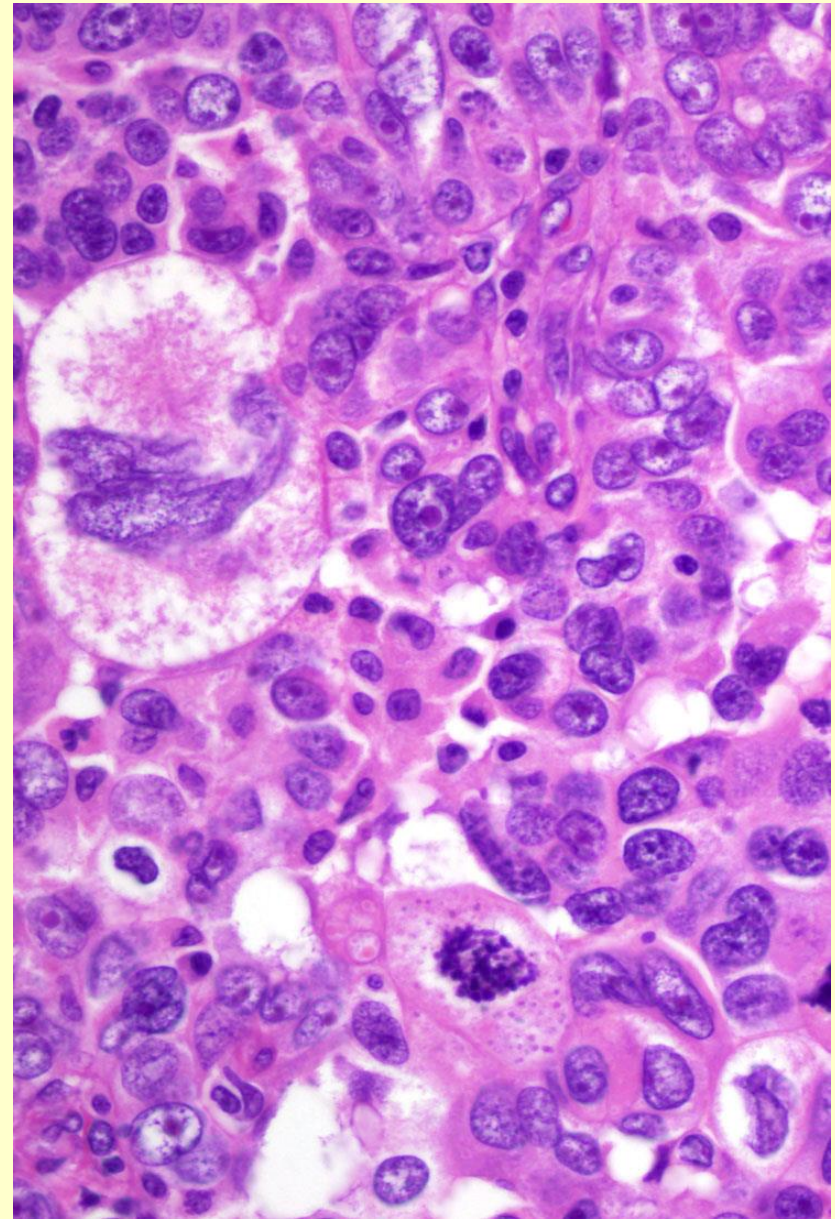




Serous carcinoma, G3



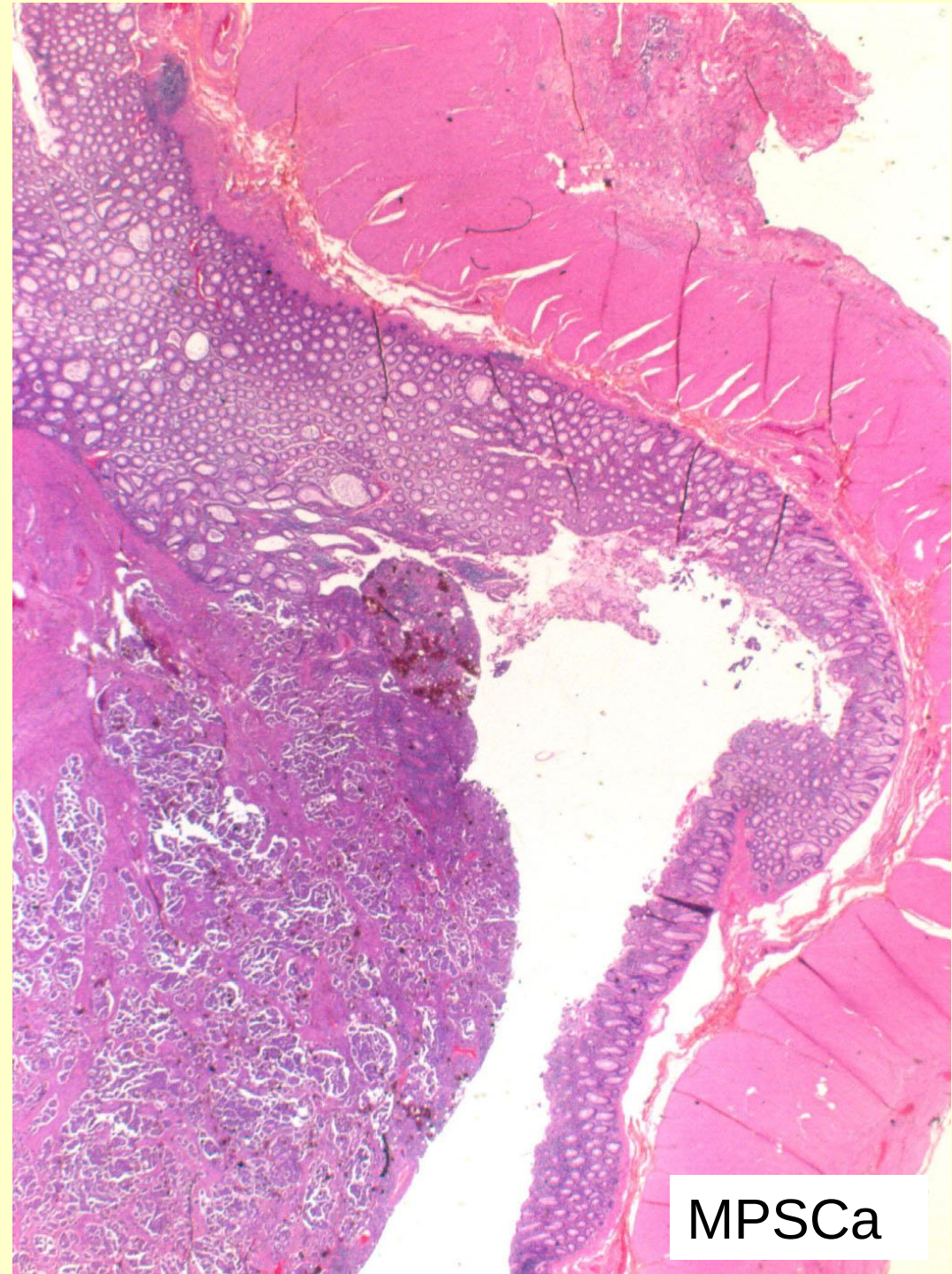
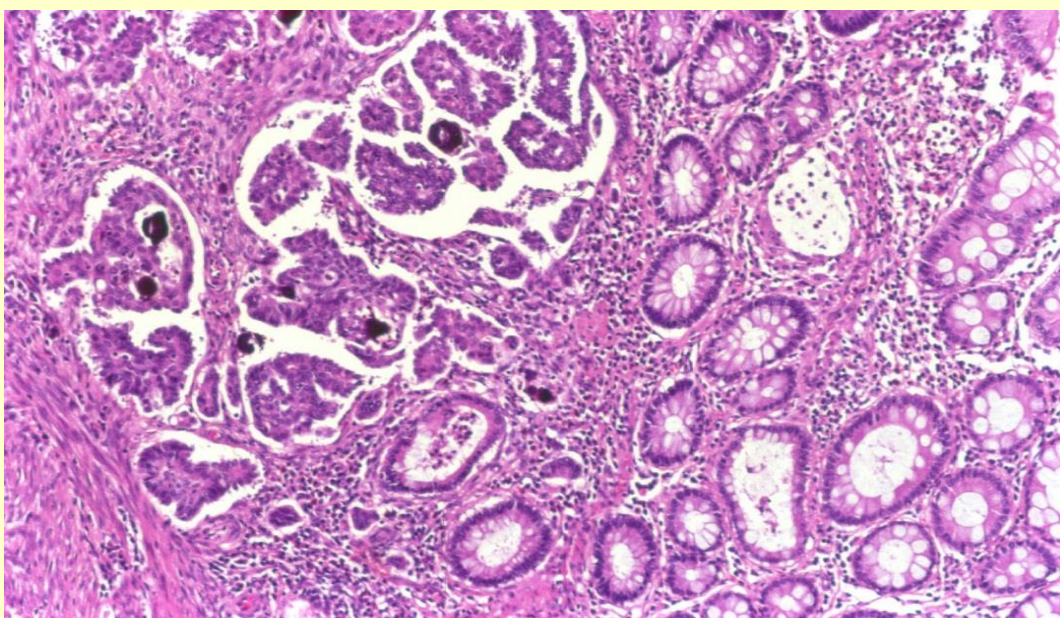
Low grade



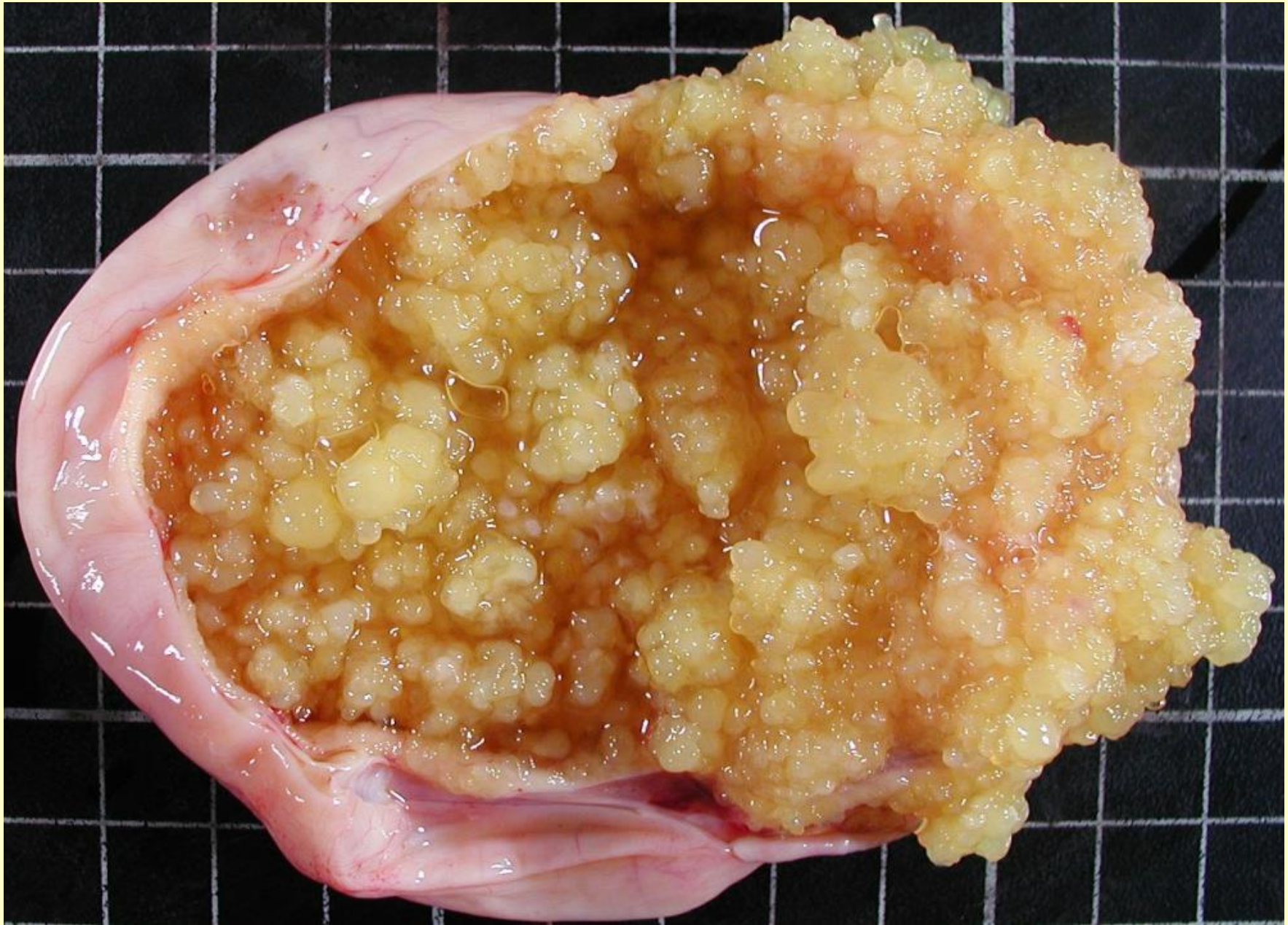
High grade



SBT + MPSCa



MPSCa

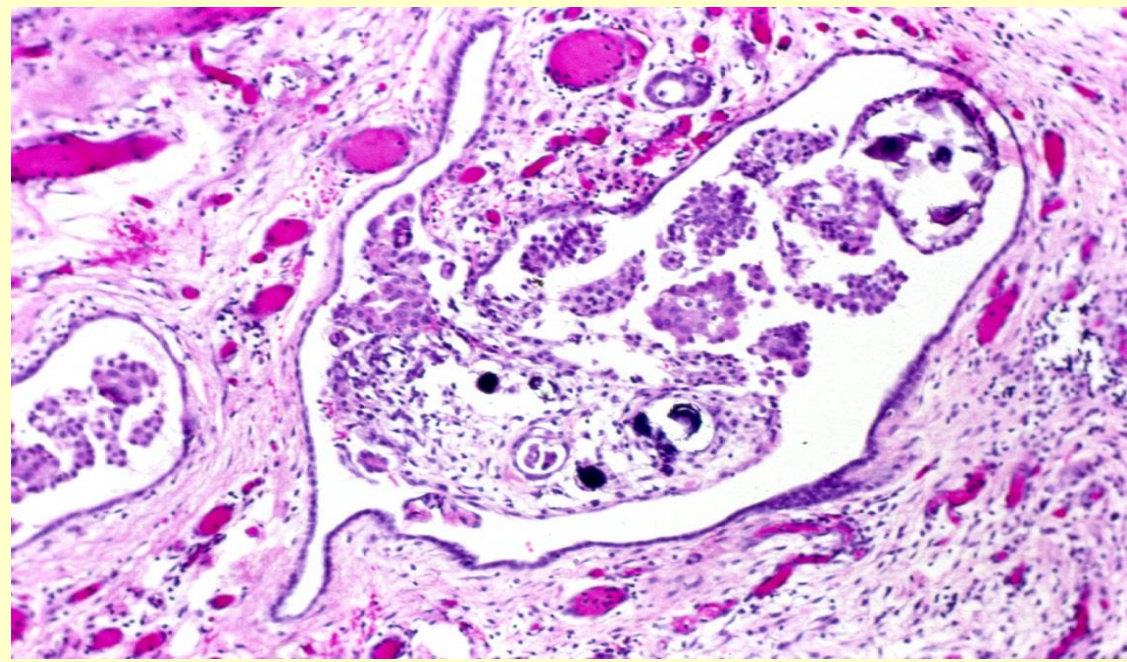


Serous Borderline Tumor

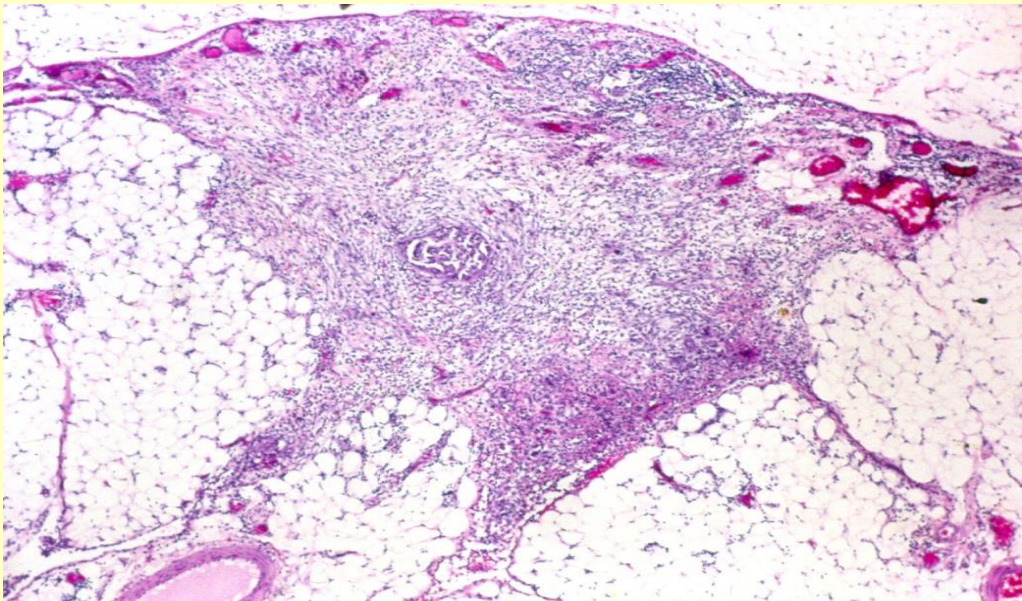
Peritoneal Implants (SBT)

- Non-invasive
 - Epithelial
 - Desmoplastic
- Invasive

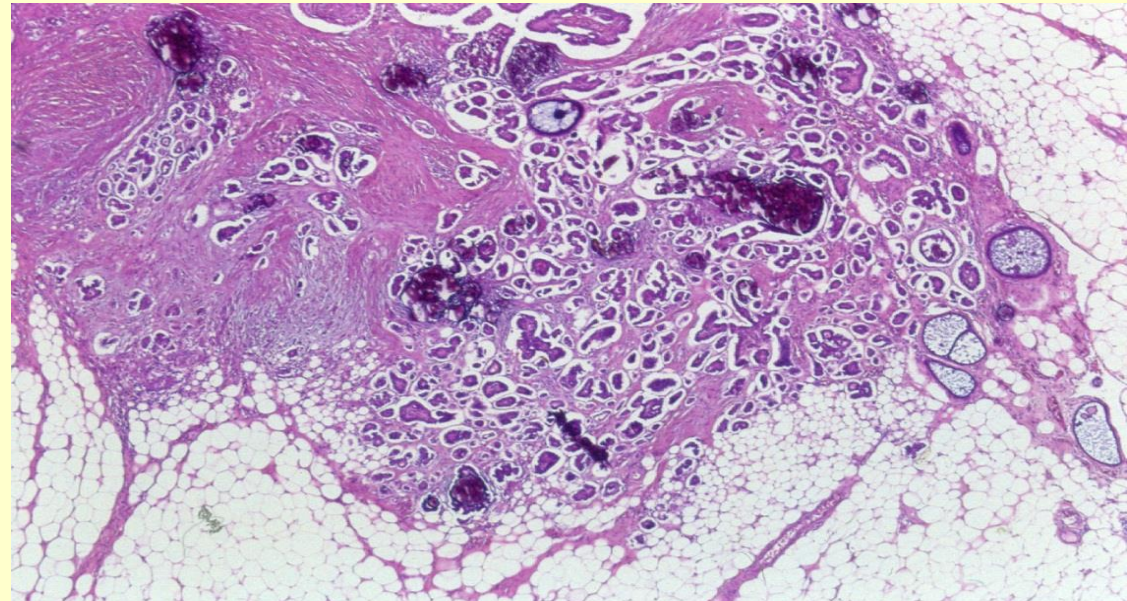
Bell DA, et al
Cancer 1988; 62:2212



Noninvasive epithelial implant



Noninvasive (desmoplastic) implant



Invasive implant

Serous Tumors

(Pathogenesis - Dualistic model)

Bg → SBT → SBT-MP → MP Ca (Inv) Low Gr Serous Ca

KRAS and *BRAF* mutations (70%)

High Grade Serous Ca

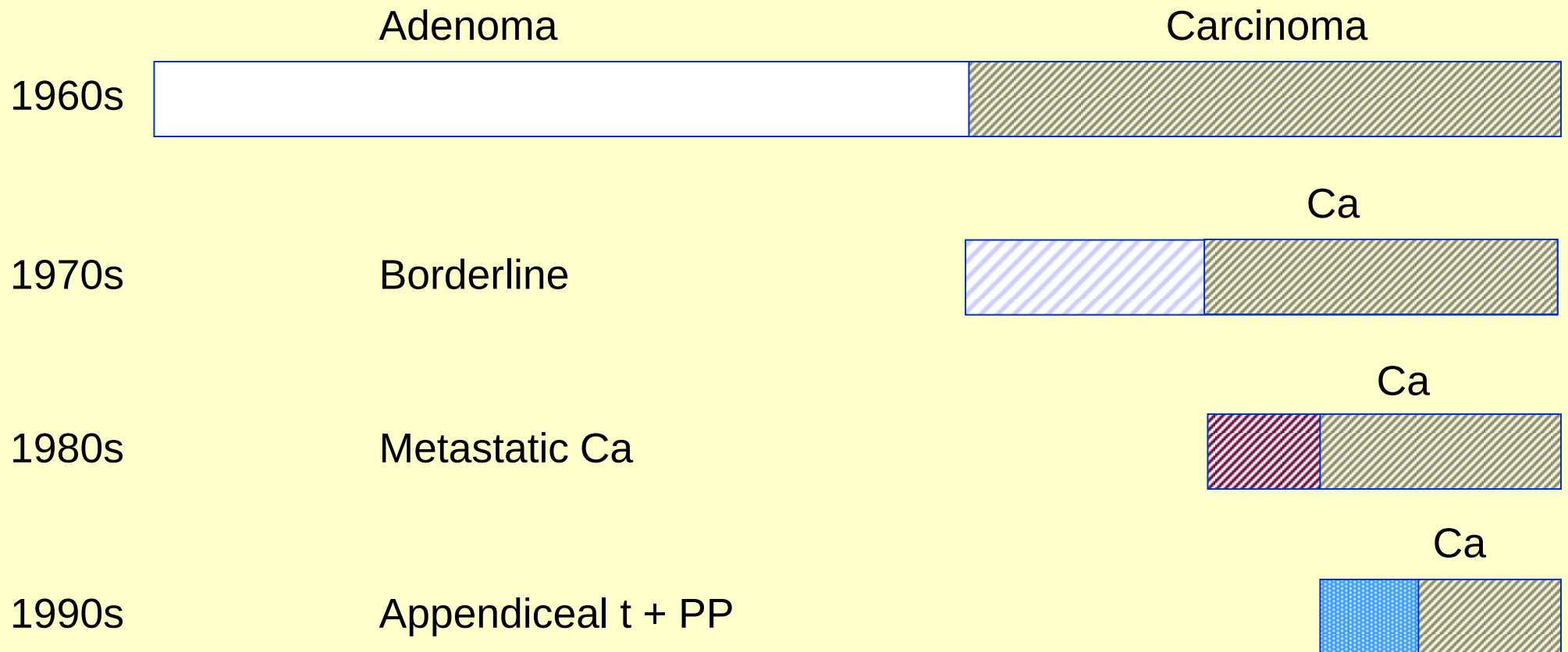
p53 mutations, LOH 17q (80%)

BRCA inactivation (80%)

HER-2/neu amplification/overexpression

Mucinous Tumors of the Ovary

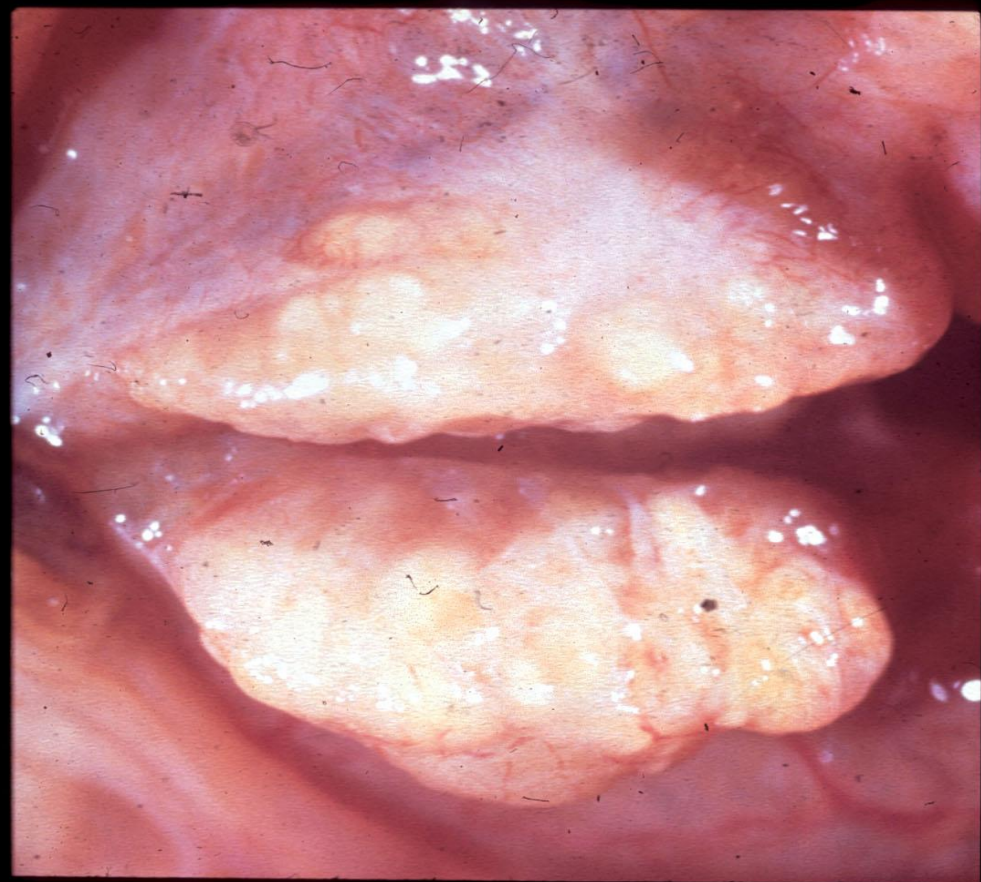
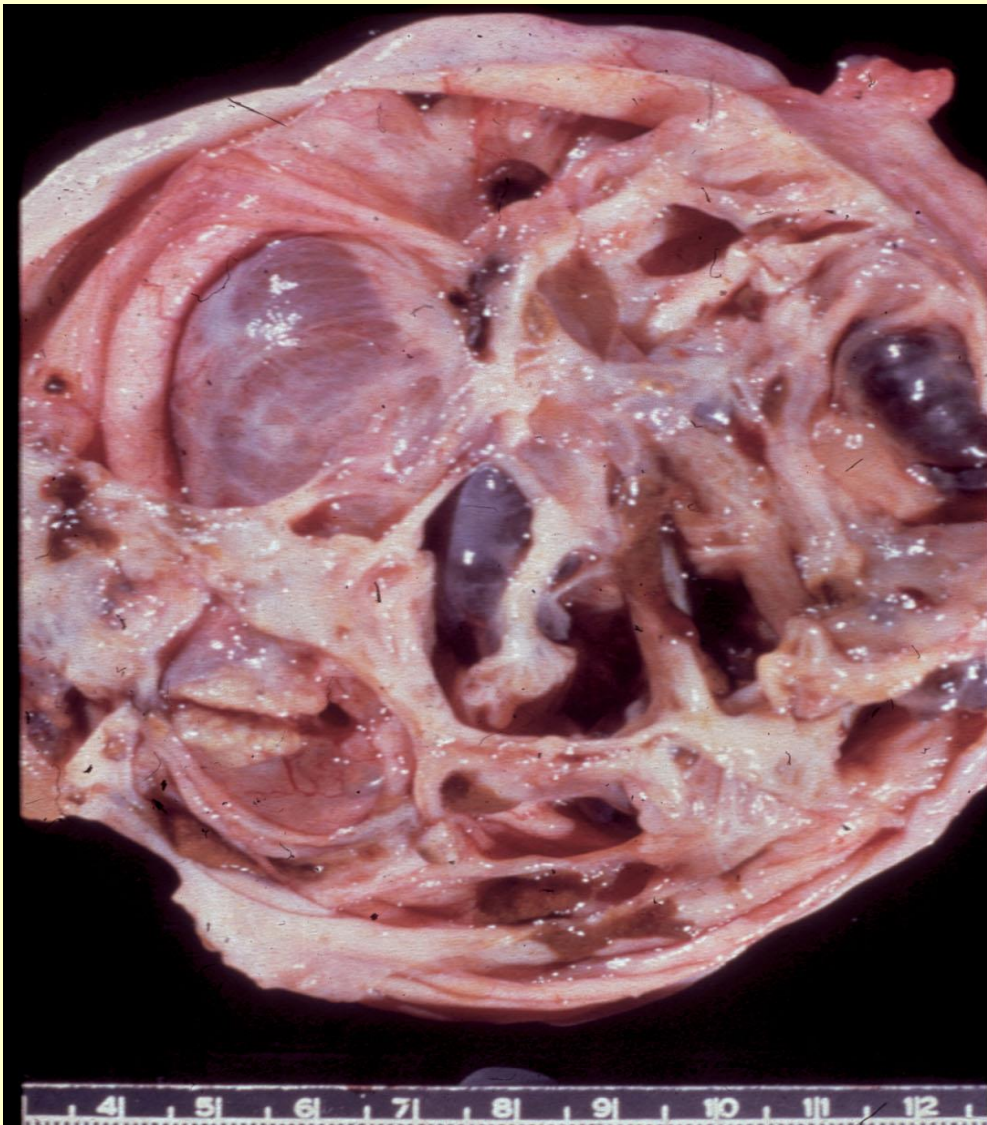
(From benign to malignant)

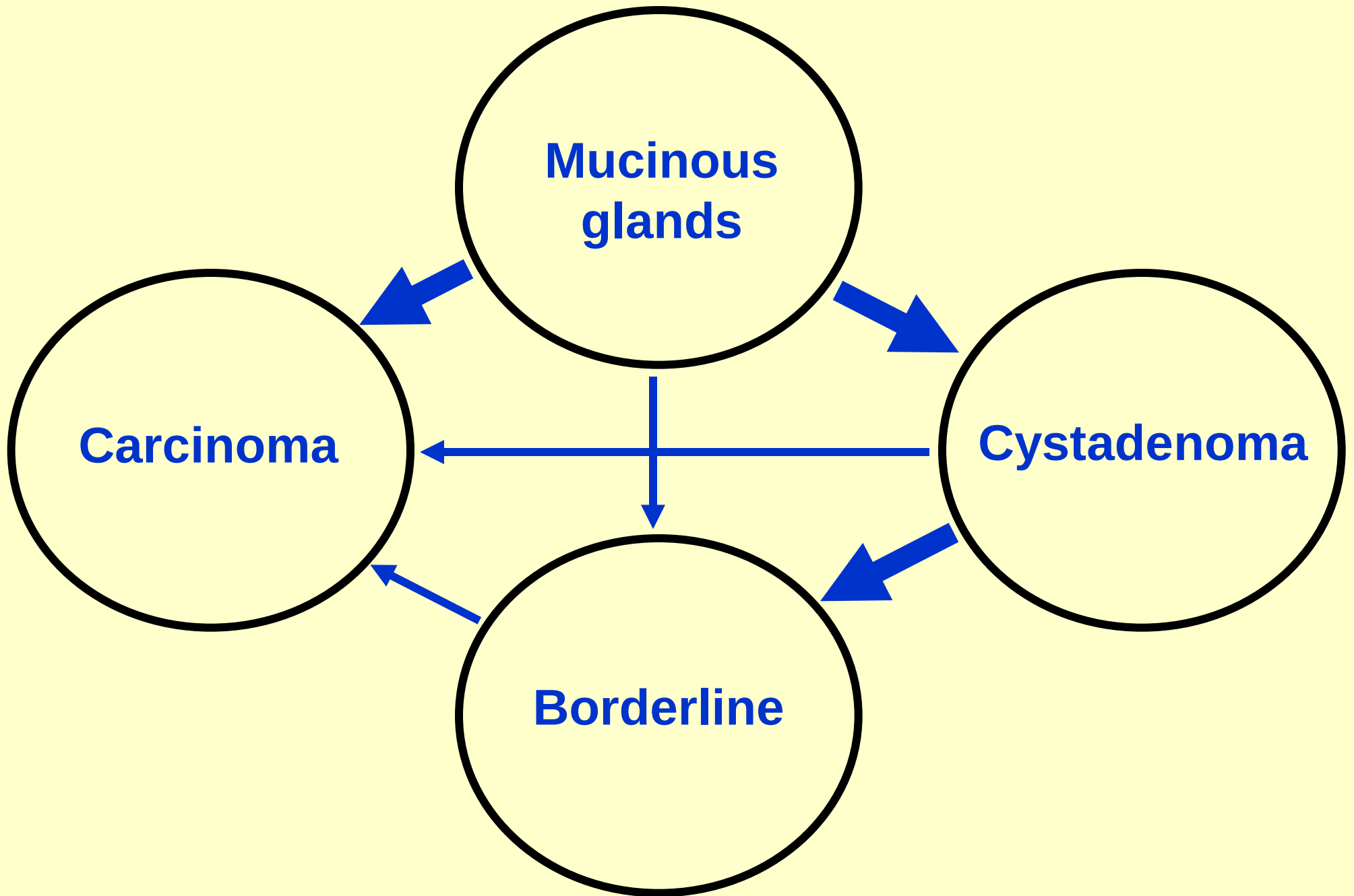


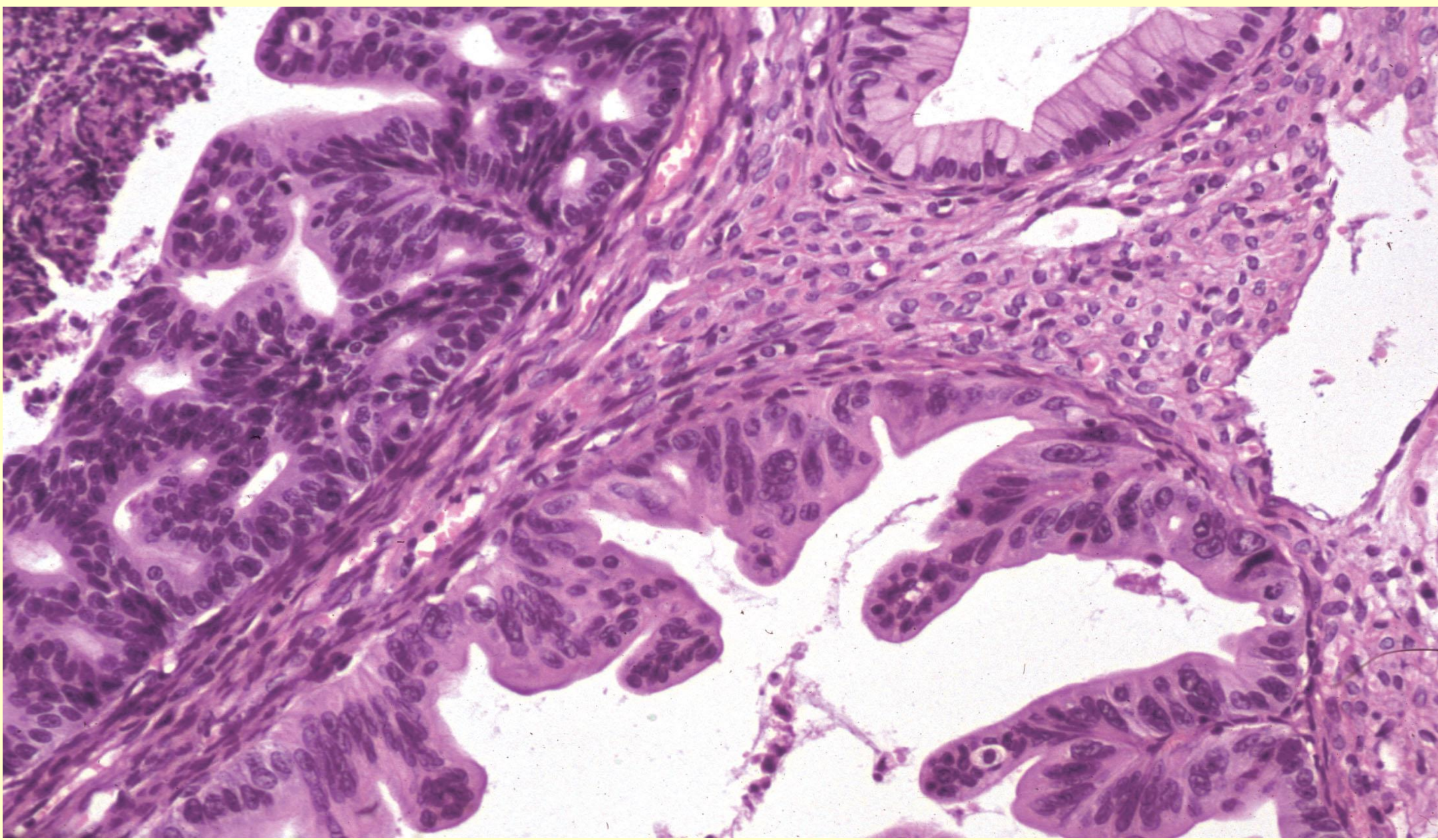
Mucinous Tumors (Ovary)

• Benign	75%	80%
• Borderline	10%	17%
• Carcinomas	15%	3%

Koonings, 1998

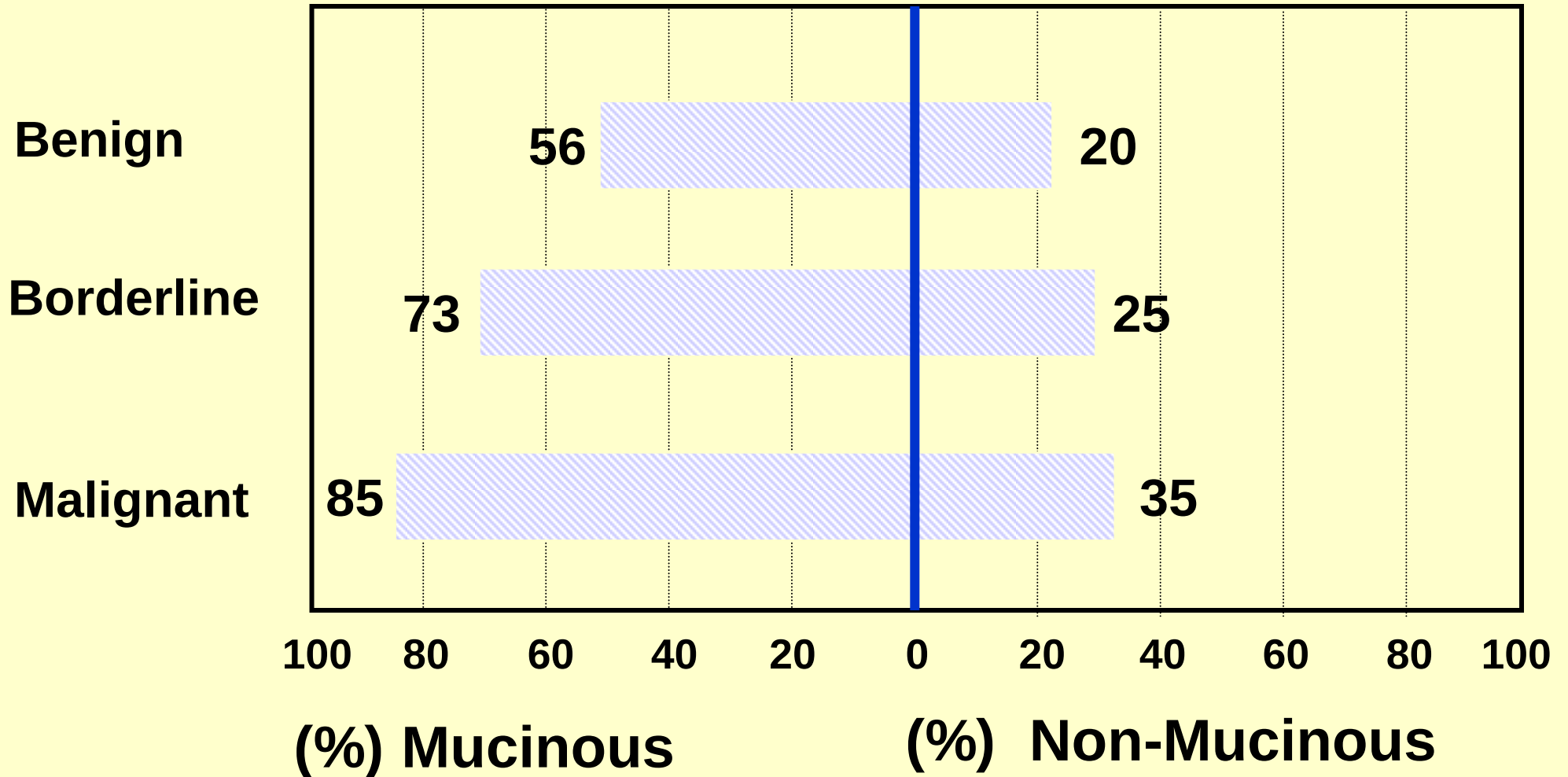






Epithelial Ovarian Tumors

K-ras Mutations (12, 13)



These subtypes differ from each other with respect to:

1. Risk factors and precursor lesions
2. Patterns of spread
3. Molecular genetic alterations
4. Response to chemotherapy
5. Outcome

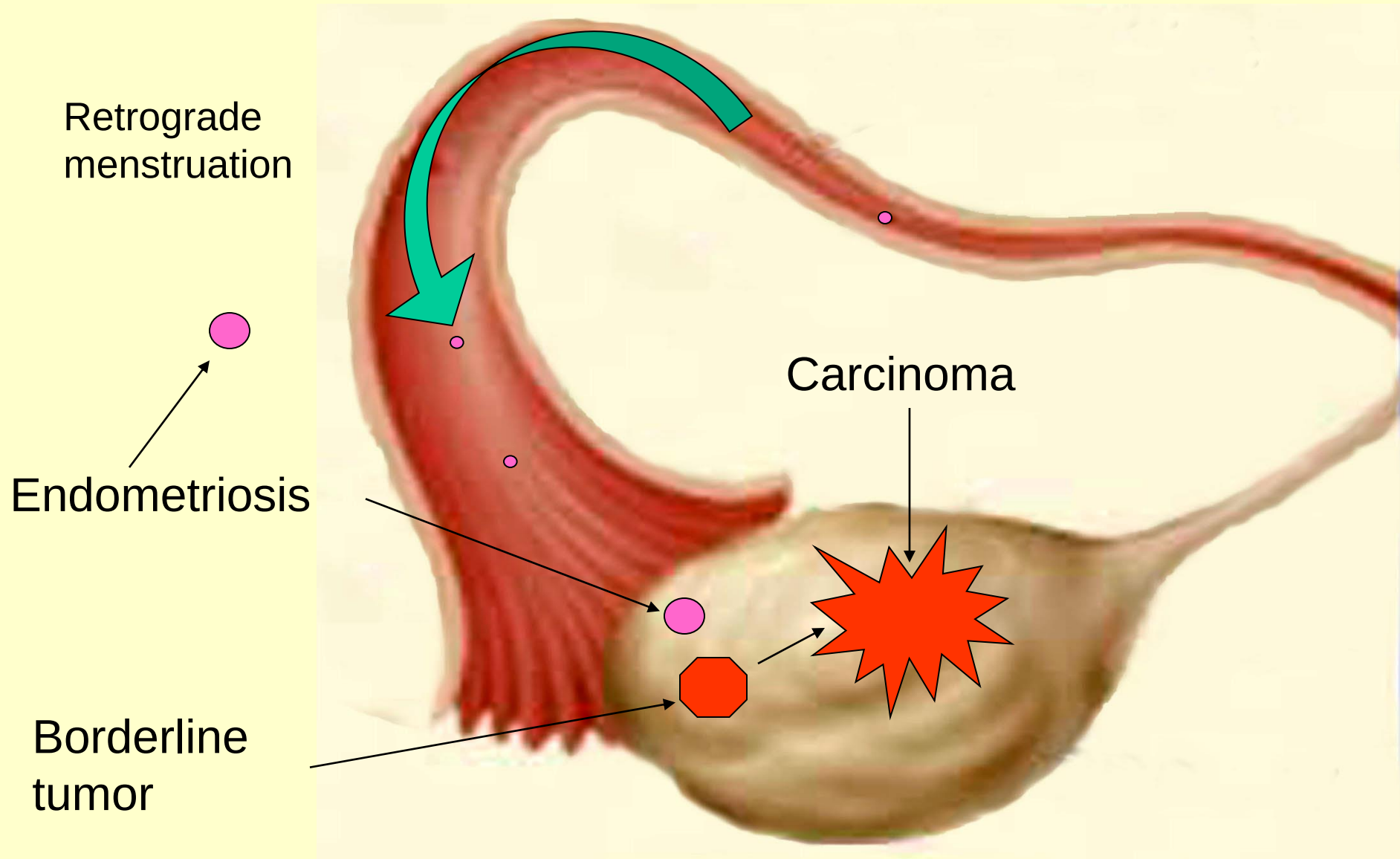
Ovarian Carcinomas:

Stage at presentation (early vs advanced) according to Histologic Subtype

Stage	Clear Cell	Endometrioid	Mucinous	Low-Grade Serous	High-Grade Serous	Carcinoma NOS
I-II	26.2%	29.4%	8.5%	1.9%	30%	4.0%
III-IV	4.9%	3.5%	1.1%	4.9%	84.2%	1.4%
All	10.4%	10.3%	3.6%	3.5%	70%	2.1%

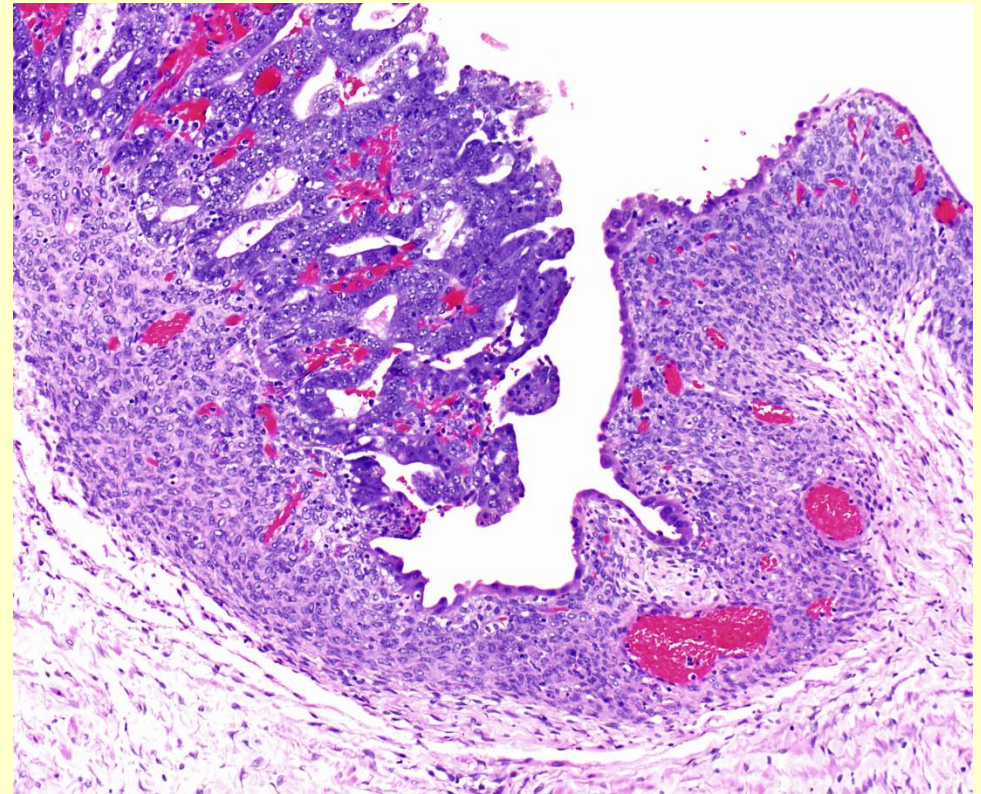
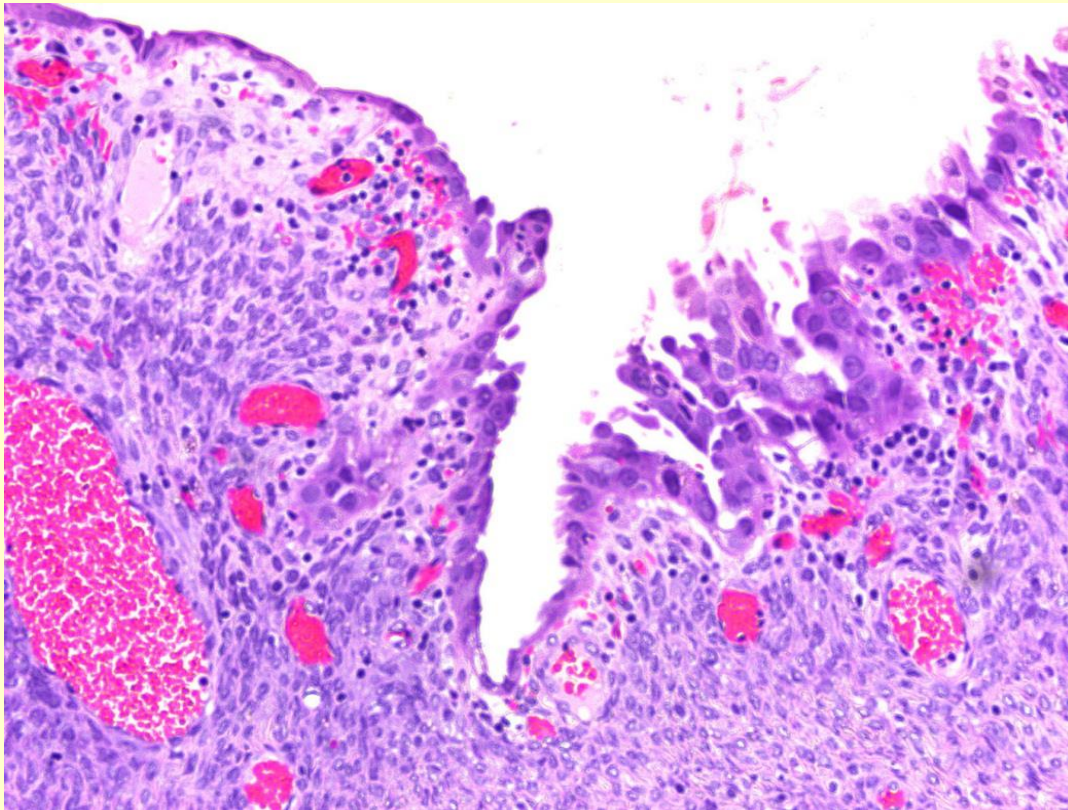
Gilks CB et al.
Mod Pathol 2009; 22:215A

Endometrioid and Clear Cell Tumors develop from Ovarian Endometriosis



Ovarian Atypical Endometriosis → Endometrioid or Clear Cell Carcinomas

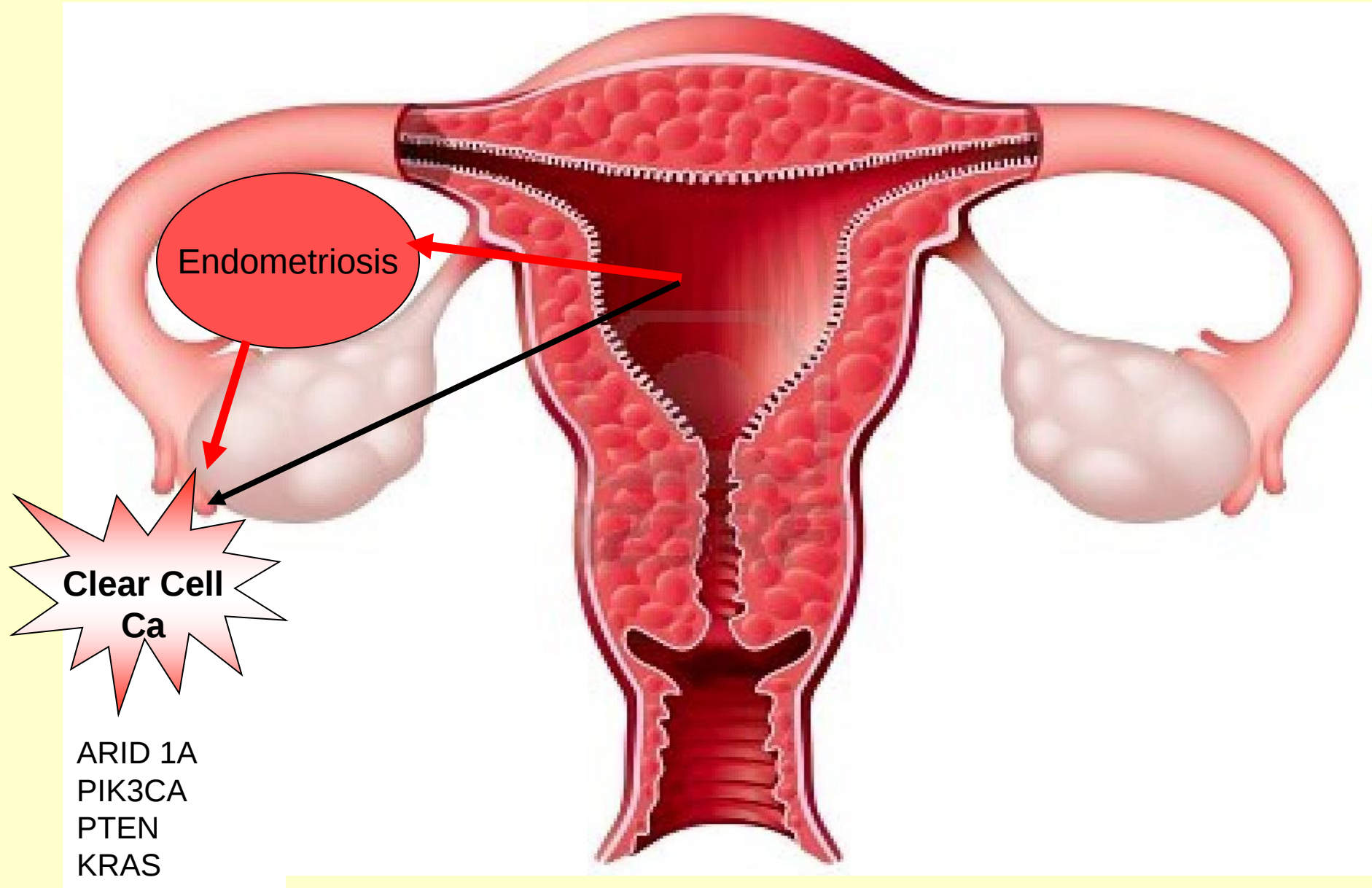
15-32% of cases



Genetic Alterations of Endometrioid Carcinomas of the Ovary

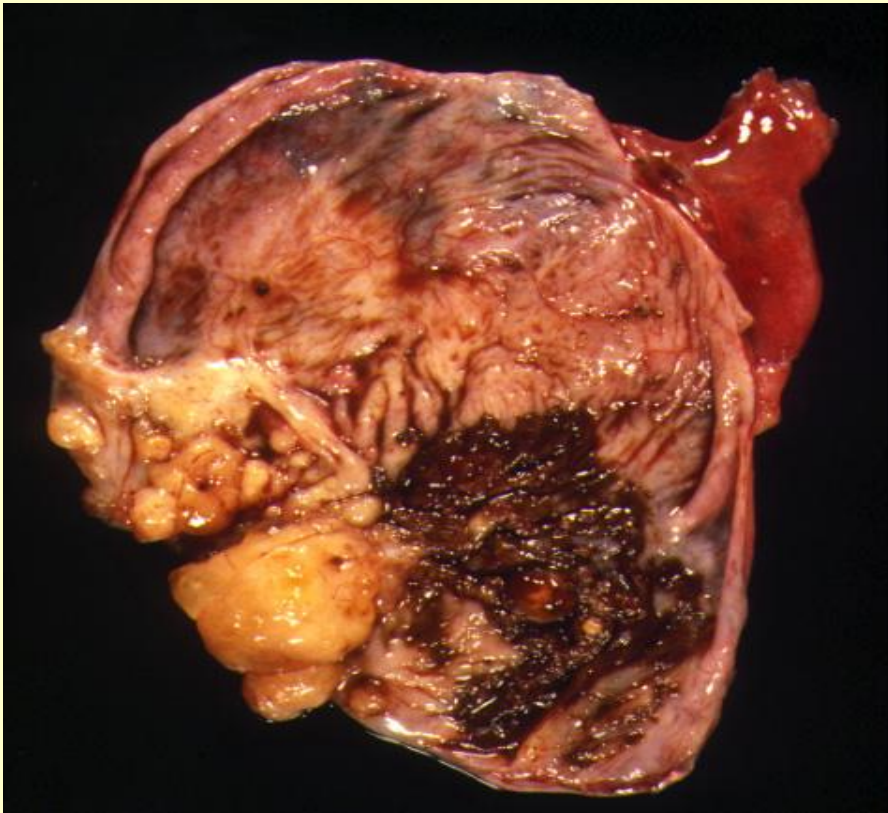
Beta-Catenin	20-40%
<i>ARID1A</i>	30%
<i>PTEN</i>	15-20%
<i>PIK3CA</i>	20%
MSI	15%
<i>K-RAS</i>	4-35%
<i>TP53</i>	10%

Classification of Gyn Cancers based on Origin and Mutations

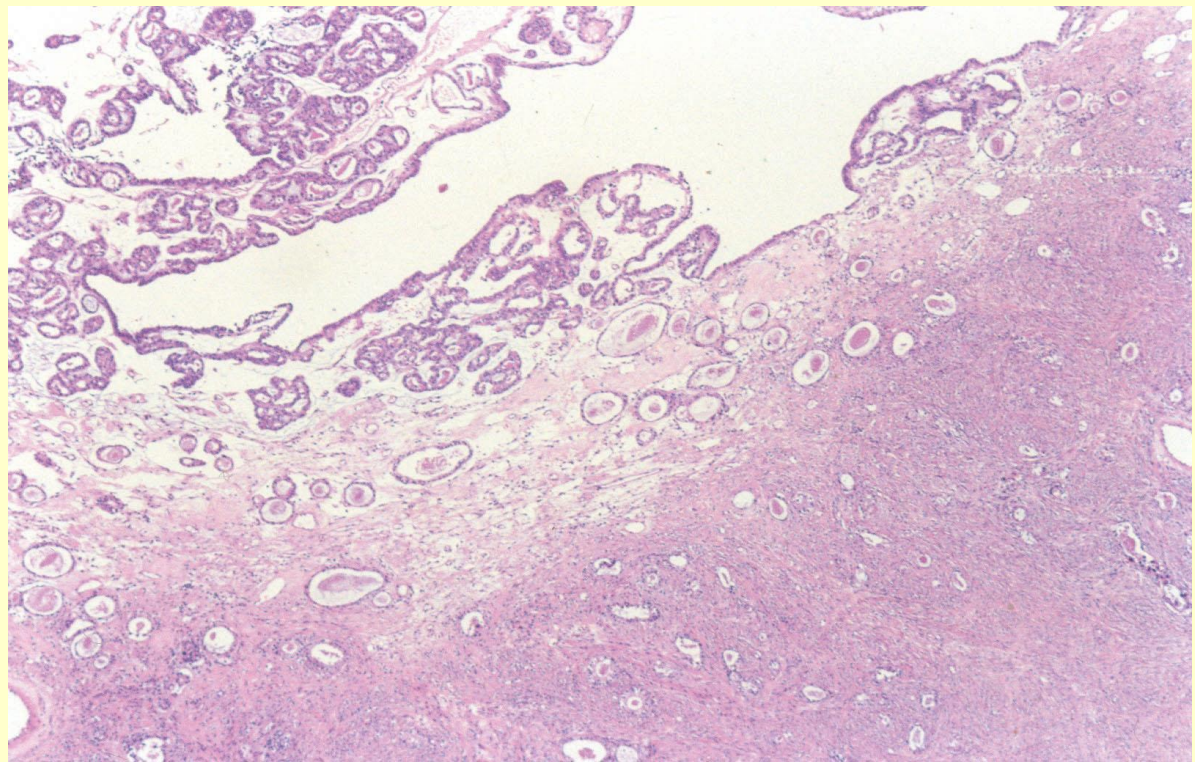


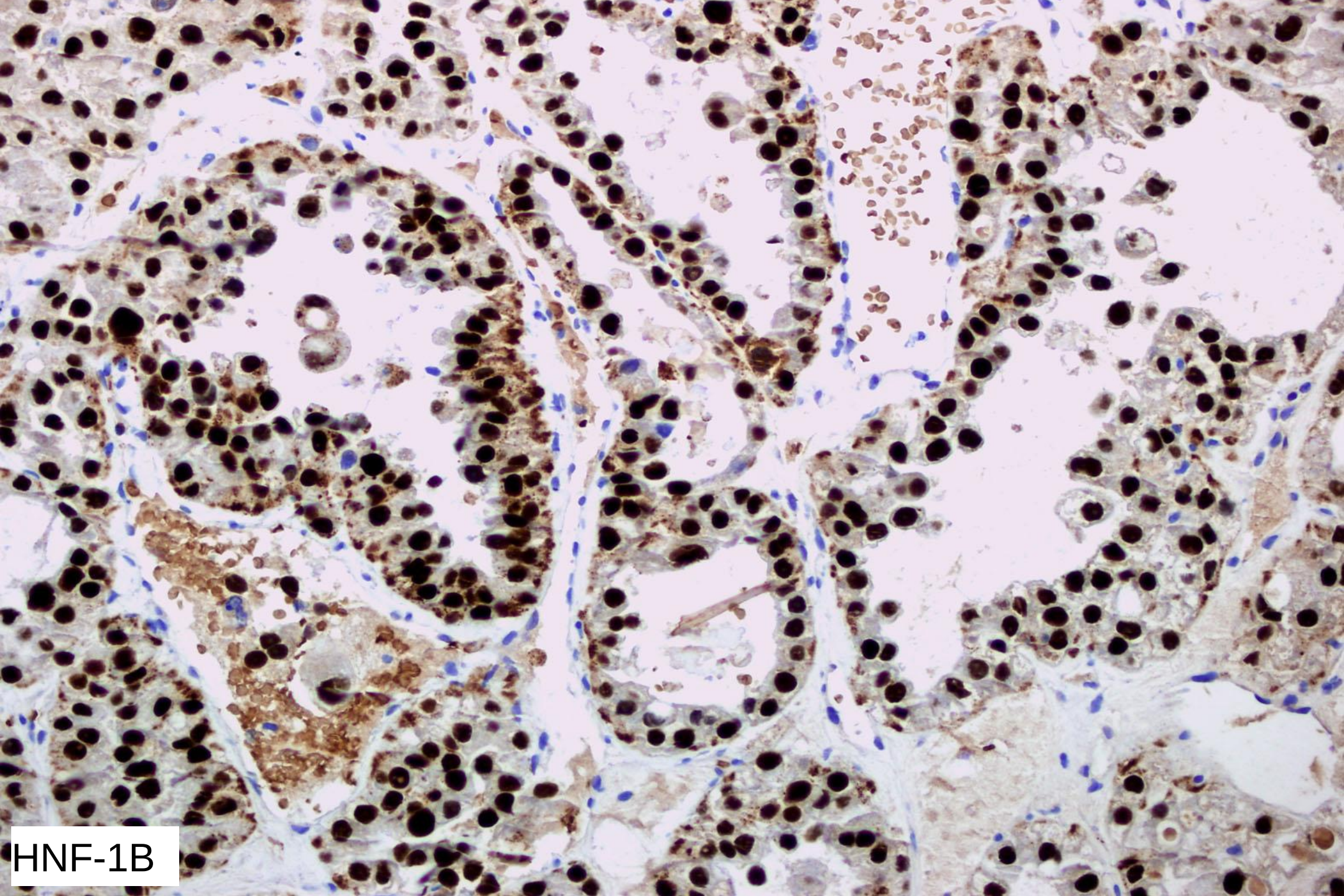
Clear Cell Carcinoma

Endometriotic Chocolate Cyst



Adenofibroma





HNF-1B

Target Genes

DPPIV

Osteopontin

ACE2

RBPMS

FXVD2

TFPI2

LITAF/PIG7

ANXA4

UGT1A1

Ferritin

Antiapoptosis

ACE2

Ferritin

Detoxification Chemoresistance

UGT1A1 → CPT-11 resistance

ANXA4 → Paclitaxel resistance

Free iron in the contents of endometrioma

Chronic oxidative stress

Progesterone

HNF-1beta

DPPIV ↑

GLP-1 ↓
GIP ↓

Insulin ↓
Glucagon ↑

Osteopontin

Rufix

G6Pase ↑

GLUT2 ↑

G6P ↑

Glucokinase ↑

Glucose ↑

Glycogen synthase ↑

Glycogen Storage

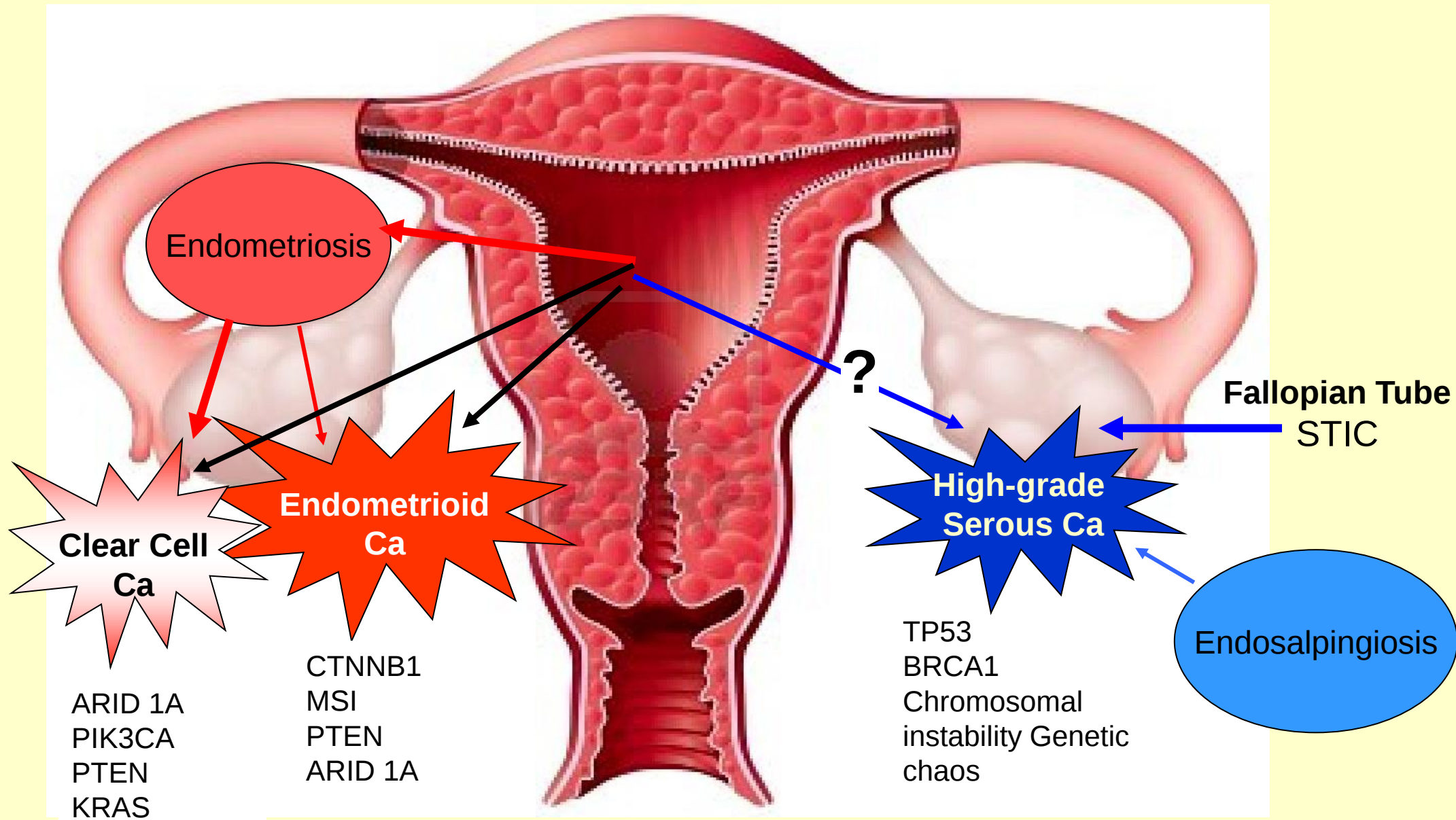
HNF-1

HNF-3

Molecular Genetic Alterations in Clear Cell Carcinomas of Ovary

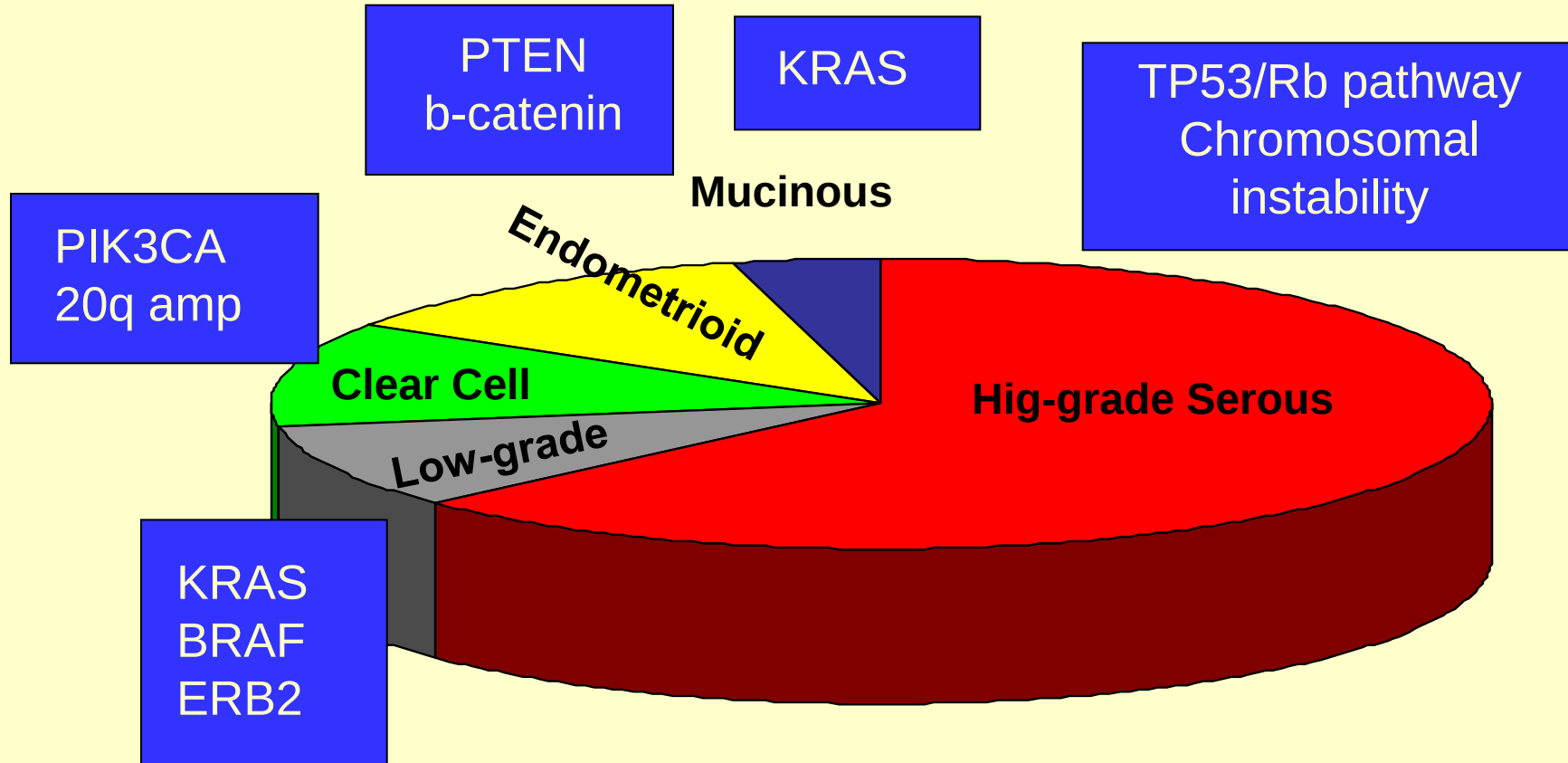
<i>ARID1A</i>	46%
<i>PIK3CA</i>	33%
<i>K-RAS</i>	15-30%
<i>C-Met</i>	22%
<i>Her-2</i>	10%
<i>PPMD1D</i>	10%
<i>PTEN</i>	5%
b-Catenin	5%
<i>TP53</i>	5%

Classification of Gyn Cancers based on Origin and Mutations



The five most common types of ovarian carcinoma

	High-grade serous	Clear cell	Endometrioid	Mucinous	Low-grade serous
Usual stage at diagnosis	Advanced	Early	Early	Early	Early or advanced
Presumed tissue of origin /precursor lesion	Fallopian tube or tubal metaplasia in inclusions of OSE	Endometriosis, adenofibroma	Endometriosis, adenofibroma	Adenoma–borderline – carcinoma sequence; teratoma	Serous borderline tumor
Genetic risk	BRCA1/2	?	HNPCC	?	?
Significant molecular abnormalities	p53 and pRb pathway	HNF-1 β ARID1A	PTEN, β -Catenin, K-ras MI, ARID1A	K-ras	BRAF or K-ras
Proliferation	High	Low	Low	Intermediate	Low
Response to primary chemotherapy	80%	15%	?	15%	26-28%
Prognosis	Poor	Intermediate	Favorable	Favorable	Favorable



Thank you
for your
attention



