A Genomic Approach to Biomarker Discovery in Prostate Cancer

Case Study





A Quick Introduction: Gene Logic Programs Overview

- Gene Logic has developed one of the world's largest and most detailed knowledge bases of gene expression profiles using Affymetrix GeneChip® microarray technology.
 - Over 36,000 human and animal samples significant to key therapeutic areas and with full clinical information are offered in our reference databases.
 - Over 200,000 microarrays have been processed in our high-throughput, GLP facility.

We offer a wide range of genomic products and services including:

- Genomic reference databases:
 - BioExpress® System
 - ToxExpress® System
 - The ASCENTA® System
- Genomic data generation & bioinformatics analysis services:
 - Gene Expression including GeneChip® microarrays, miRNA, Exon, Q-RT PCR
 - SNP Genotyping
 - aCGH



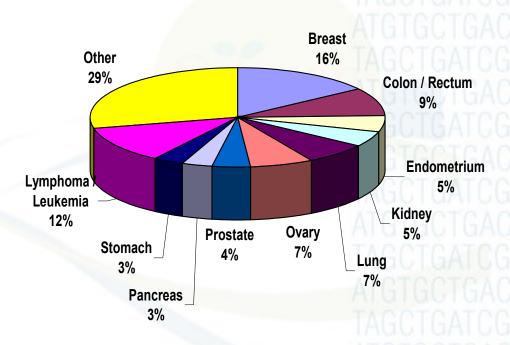


The BioExpress® Oncology Program - Highlights

More than 6,000 samples, including:

- Primary tumors
- Secondary (metastatic) tumors
- Benign tumors
- Matched non-malignant tissue controls
- Extensive clinical annotation
- Various cell line studies
 - NCI-60 cell lines
 - Various drug-treated studies and cell culture experiments
- Human into mouse xenografts
- LCM samples

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BioExpress Oncology® Program - Standard Clinical Data

- Demographics
 - Age
 - Gender
 - Race/Ethnicity
- Health Risk Factors
 - Height / weight / BMI
 - Allergies / exposures
 - Diet / supplements
 - Smoking history
 - Alcohol use
 - Recreational drug use

- Medical History
 - Primary disease
 - Concurrent disease(s)
 - Prior history
- Treatment History
 - Current and previous medications
 - Anesthetics / preoperative agents
 - Surgical procedure(s)
- Family History
 - Relative, disease, age of diagnosis
- Diagnostic Tests
 - Preoperative lab work
 - Disease-specific studies



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Prostate Cancer Epidemiology

- The most prevalent cancer in men (American Cancer Society)
- More than 220,000 new cases and nearly 30,000 deaths were reported in 2003 for the United States
- More than 40 Millions PSA tests are preformed worldwide each year and this number is expected to grow due to aging population





Prostate Cancer PSA Testing Fact Sheet

- PSA Test is specific for prostate tissue not prostate cancer
 - Elevated PSA does not necessarily indicate prostate cancer
- Only 25% of patients found positive by PSA testing (> 4ng/ml) are confirmed by a biopsy to have cancer (high false positive rate)
- Urologists must then decide to
 - Conduct a biopsy or
 - Conduct additional PSA testing or
 - To delay follow-up

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- It is being advocated to decrease the PSA threshold for biopsy in order to detect more cancer, the consequences are:
 - Increase number of expensive and uncomfortable biopsies
 - Increasing the rate of negative biopsies
- Not all prostate cancers release high levels of PSA in blood



Prostate Cancer In silico Experimental Outline

- Curation of adenocarcinoma prostate, benign prostatic hypertrophy (BPH) and normal prostate sample sets
- Identifying candidate biomarkers that discriminate between prostate cancer, BPH or normal prostate
- Assess tissue specificity of selected gene in normal tissues as well as in other cancers and diseased tissues





Prostate Cancer Sample Set Curation

Sample sets defined by using specific pathological and clinical features available in the BioExpress[®] System.

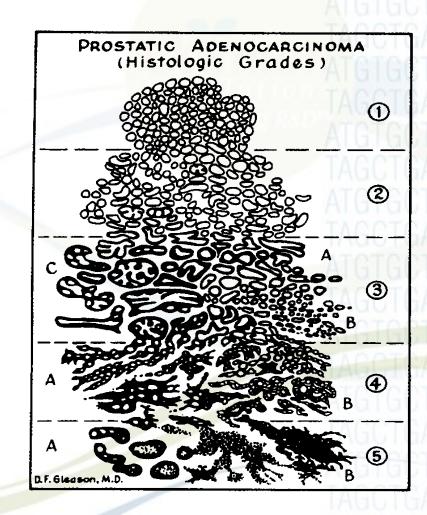
- Prostate Adenocarcinoma
 - Create sample sets based on Gleason score (5 or higher)
- Benign Prostatic Hypertrophy (BPH)
 - Select samples from patients with no malignancy in the prostate
- Normal Prostate
 - Samples from patients where the primary site of disease is not in the prostate or is elsewhere in the prostate



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Gleason Grading Scheme

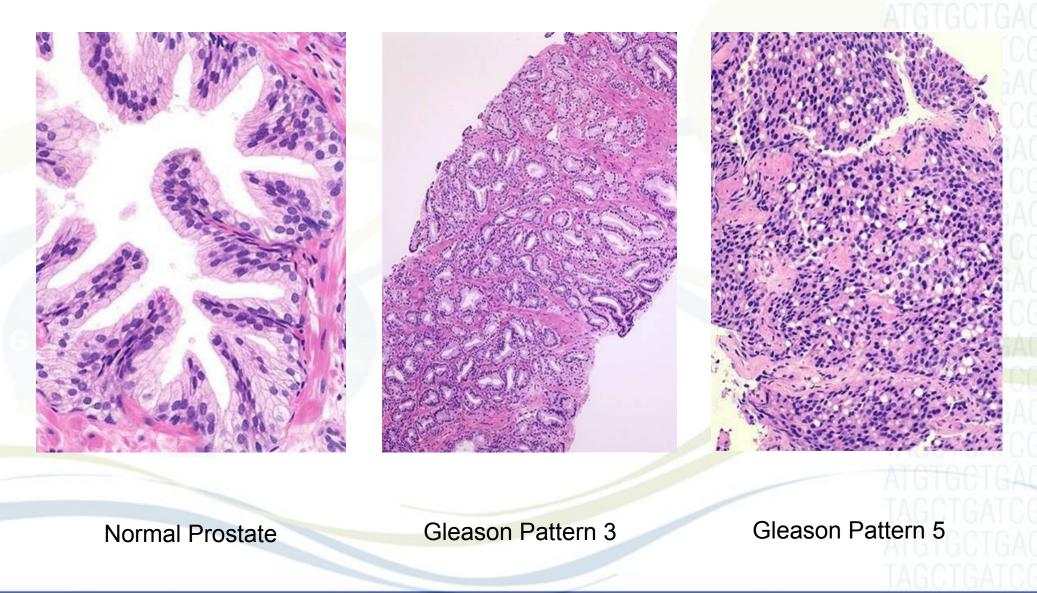
- A value from 1 to 5 is assigned to the microscopic architecture of the cancer.
- Two values are assigned to incorporate the two predominant patterns. The values are added to form a score.
- Gleason Scoring:
 - 2 to 4 is considered low grade;
 - 5 to 7 an intermediate grade; and
 - 8 to 10 a high grade.





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Gleason Grading Examples







🔊 Sample Query Tool 1

X=7 Y=3

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File Viewer View Data Windows Help

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Tool Parameters Input Sets Exclusions Sorter Viewer 1 View

Prostate Cancer | Sample Set Selection

	Sample Table 1									
Sample Table T										
#		⊟ Sample Type	⊟ Sample Site	Pathology/Morphol ogy	🖃 Sample Specific Pathologic Type	General Sample Description)			
46	10304	Tissue	Prostate	Adenocarcinoma	Primary malignant neoplasm of prostate	RADICAL PROSTATECTOMY: ADENOCARCINOMA, GLEASON SCORE 3+4=7, INVOL M.	A			
47	10308	Tissue	Prostate	Adenocarcinoma	Primary malignant neoplasm of prostate	RADICAL PROSTATECTOMY: ADENOCARCINOMA, GLEASON SCORE 3+3=6, INVOL M.	A			
48	10311	Tissue	Prostate	Normal tissue	Disease type AND/OR category not ass	NORMAL PROSTATE, FROM PROSTATECTOMY FOR ADENOCARCINOMA.	0			
49	10312	Tissue	Prostate	Adenocarcinoma	Primary malignant neoplasm of prostate	RADICAL PROSTATECTOMY: ADENOCARCINOMA, GLEASON SCORE 2+3=5, INVOL M.	A			
50	10313	Tissue	Prostate	Normal tissue	Disease type AND/OR category not ass	NORMAL PROSTATE, FROM PROSTATECTOMY FOR ADENOCARCINOMA.	0			
51	10314	Tissue	Prostate	Adenocarcinoma	Primary malignant neoplasm of prostate	RADICAL PROSTATECTOMY: ADENOCARCINOMA, GLEASON SCORE 4+5=9, INVOL M.	A			
52	10315	Tissue	Prostate	Adenocarcinoma	Primary malignant neoplasm of prostate	RADICAL PROSTATECTOMY: ADENOCARCINOMA, GLEASON SCORE 3+3=6, INVOL M.	A			
53	10317	Tissue	Prostate	Adenocarcinoma	Primary malignant neoplasm of prostate	RADICAL PROSTATECTOMY: ADENOCARCINOMA, GLEASON SCORE 4+5, WITH BIL MA	Δ			
54	10318	Tissue	Prostate	Normal tissue	Disease type AND/OR category not ass	NORMAL PROSTATE, FROM PROSTATECTOMY FOR ADENOCARCINOMA.	ō			
55	10319	Tissue	Prostate	Adenocarcinoma	Primary malignant neoplasm of prostate	RADICAL PROSTATECTOMY: ADENOCARCINOMA, GLEASON SCORE 5+3, EXTENDI M.	A			
56	10320	Tissue	Prostate	Adenocarcinoma	Primary malignant neoplasm of prostate	RADICAL PROSTATECTOMY: ADENOCARCINOMA, GLEASON SCORE 3+5=8, LIMITE M.	A			
57	10322	Tissue	Prostate	Adenocarcinoma	Primary malignant neoplasm of prostate	RADICAL PROSTATECTOMY: ADENOCARCINOMA, GLEASON SCORE 4+4=8, INVOL M	A			
58	10324	Tissue	Prostate	Adenocarcinoma	Primary malignant neoplasm of prostate	RADICAL PROSTATECTOMY: ADENOCARCINOMA, GLEASON SCORE 3+4=7, INVOL M.	A			
59	10327	Tissue	Prostate	Adenocarcinoma	Primary malignant neonlasm of prostate	RADICAL PROSTATECTOMY: ADENOCARCINOMA, GLEASON SCORE 3+2=5, LIMITE M.				
	<					>				

	Sample Object Details 1	Sample Profile 2							
		Disp	Display: Result Samples Compare With: None Sort By: Count						
Sample ID	324985	#	Pathology/Morphology	🖃 Count	🖃 Count %				
		1	Adenocarcinoma	96	45.07				
Sample Type	Tissue	2	Normal tissue	65	30.52				
Sample Site	Prostate	3	Nodular hyperplasia	44	20.66				
Disease of Tissue	Primary malignant neoplasm of prostate	4	Epithelial dysplasia	3	1.41				
General Pathologic Category	MALIGNANT	5	Adenocarcinoma in situ	2	0.94				
Species	H. sapiens	6		1	0.47				
General Sample Description	RADICAL PROSTATECTOMY: ADENOCARCINOMA, GLEASON SCORE 4+5, WITH	7	Malignant lymphoma	1	0.47				
General Sample Description		8	Rhabdomyosarcoma	1	0.47				
	BILATERAL INVOLVEMENT OF SEMINAL VESICLES; REGIONAL NODES								
	NEGATIVE.								
<									
Sample Experiment Donor									

Samples: 213 (Selected: 1)

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Tool Parameters Input Sets Exclusions Sorter Viewer 1 Vie

Prostate Cancer | Sample Set Selection

		oamp	ie object betalle i									
Sample ID	324985						1					
Sample Type	Tissue	ssue										
Sample Site	Prostate											
Disease of Tissue	Primary malignant neoplasm	rimary malignant neoplasm of prostate										
General Pathologic Category	MALIGNANT											
Species	H.sapiens											
General Sample Description	RADICAL PROSTATECTOMY: ADEN	OCARCINOMA	, GLEASON SCORE 44	-5, WITH BILATERAL	INVOLVEME:	NT OF SEMINAL VESICLES;						
	REGIONAL NODES NEGATIVE.											
Event	Event Order) Tim	epoint of Event	Type of Even	t	Event Comments						
	1	0 mo		Sample		SAMPLE AT DIAGNOSIS						
Pathology/Morphology	Diag	gnosis)[Qu	alifier						
	Adenocarcinoma			Ĩ								
Pathology Review	Pathology Review											
	ADENOCARCINOMA.											
Donor ID	Donor ID		Spe	ecies		Gender						
	124985		H.sapiens		MALE							
Sample Set	Samp	le Set ID		Sample Set Name								
-	179			Prostate, Adenocarcinoma, Primary								
	404			Prostate, Adenocarcinoma		ge 60 and Over						
	407			Prostate, Adenocarcinoma	a, Primary; Ele	evated PSA						
Extracted RNA (genomics sample)	Geno		Comments									
	10317			Î								
Sample Relationship	Sample ID)[Sample Type	Relationship		Comments						
	324986	Tissue		Normal/Malignant		<u>↑</u>						
Autopsy Tissue?			Autops	y Tissue?								
	NO			,								
Sample Experiment Donor												
Sample: 213 (Selected: 1)												
/						0						
OFNE - AN	0010		1 1 00 10			1 0000000000						

Sample Object Detail



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Prostate Cancer | Sample Set Selection

		Sample Object Detail	s1				
Donor ID	124985						
Species	H.sapiens						
Gender	MALE						
Race/Ethnicity		Race/	Ethnicity				
	WHITE						
Death	AC	3E	Death Cause				
	72 yr	PROSTATE CANCER					
Events	Event Order	Timepoint of Event	Type of Event	Event Comments			
	1	0 mo	Sample	SAMPLE AT DIAGNOSIS			
	2	1 mo	Medical update	1ST RECURRENCE: PSA FAILURE; CHEMO:			
	3	36 mo	Medical update	PSA RISING; CHEMO: CASODEX ADDED			
	4	48 mo	Medical update	PSA RISING; CHEMO: LUPRON ADDED			
	5	72 mo	Medical update	PSA STILL ELEVATED			
	6	84 mo	Medical update	CASODEX COMPLETED			
	7	96 mo	Last medical update	DEAD WITH DISEASE S/P CHEMO: MP			
Donor's Samples	Sam	ole ID	Sample Type				
	324985		Tissue				
	324986		Tissue				

Sample Experiment Donor

Samples: 213 (Selected: 1)





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Tool Parameters Input Sets Exclusions Sorter Viewer 1 View

Prostate Cancer | Sample Set Selection

Sample Object Details 1 Height Unknown Medical History Status NO ADDITIONAL HISTORY REPORTED Medication History Status UNKNOWN Family History Status UNKNOWN Donor Other Diseases Donor Age at Diagnosis Disease Stage Disease Medical Status Primary malignant neoplasm of prostate 64 yr NEW тзвиомо Surgical History Surgery for Sample? Surgical Procedure YES RADICAL PROSTATECTOMY Additional Clinical Data Panel Value, reported as String Qualitative Assessment Category Area Property 4.6 g/dl Diagnostics Chemistry Chemistry Albumin Normal BUN. 13 mg/dl Normal Ca. 7.4 mg/dl Low Cholesterol 197 mg/dl Normal ЮĽ 109 mEq/L Normal Creatinine 1.4 mg/dl Normal Glucose 126 mg/dl High K. 4.4 mEqAL Normal 145 mEqAL Na. Normal ÞO4 1.6 mg/dl Low Serum PSA 17.7 ng/ml High % Eosinophils 5.7 % High Hematology Hematology % Lymphocytes 17.4 % Low % Monocytes 7.3 % Normal % Neutrophils 72.6 % High 15.5 g/dl Hb Normal Het 43.6 % Normal 206 x10^9/L Platelet count Normal RBC/blood 4.74 ×10^12/L Normal WBC 5.6 x10^9/L Normal Sample Experiment Donor

Samples: 213 (Selected: 1)



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In silico Experiment Candidate Biomarker Identification

Analysis and Visualization Methodologies

- Comparative Analysis: Differential Expression
- Contrast Analysis: Selective Pattern Matching
- Absolute Analysis: E-Northern Visualization



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Comparative Analysis

👪 Comparative Analysis Tool 1

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File Viewer View Data Windows Help

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Tool Parameters Analysis Filter Gene Query Filter Gene Sorter Sample Sorter Sample Exclusions Gene Exclusions View

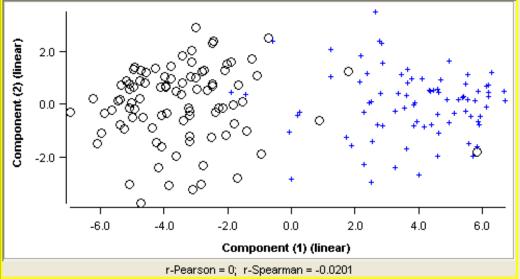
- Expression Criteria:
 - Fold Change > 5.0
 - p-value <u><</u> 0.05
- Results:

•

28 Changing Genes

	Gene Table 1									
#		Known ⊡ Genes: Gene Symbol	t-Test p-Value (Prostate, Normal vs. Prostate, Adenocarcinoma)	FC Signed Magnitude (Prostate, Normal vs. Prostate, Adenocarcinoma)	FC Signed Magnitude (/public/SampleSets/ASCENTA/Human ⊡ /Disease/Normal/Normal/Prostate/Pros tate, Normal vs. Prostate, Benign Nodular Hyperplasia)					
1	Alpha-methylacyl-CoA racemase	AMACR	6.6695E-33	10.62	-1.14	0.40 🔨	A			
2	Alpha-methylacyl-CoA racemase	AMACR	3.2271E-32	8.53	-1.06	0.60	1			
3	Alpha-methylacyl-CoA racemase	AMACR	4.2314E-30	8.52	-1.13	0.31				
4	Hepsin (transmembrane protease, se	HPN	3.2326E-26	5.08	-1.08	0.54				
5	Transcribed locus		7.9979E-25	5.32	1.08	0.58				
6	PDZ and LIM domain 5	PDLIM5	1.3589E-21	6.04	-1.25	0.21				
7	Distal-less homeobox 1	DLX1	3.5151E-21	8.18	-1.29	0.22				
8	Cytochrome P450, family 3, subfamily	CYP3A5	6.6245E-20	-6.49	-1.12	0.51				
9	Solute carrier family 2 (facilitated gluc	SLC2A5	1.1243E-19	-6.59	-1.11	0.60				
10	Prostate cancer antigen 3	PCA3	1.4915E-19	7.73	-1.18	0.39 🗸 🗸	4			
	<pre></pre>	I				>	1			

Sample PCA 2D Plot 2



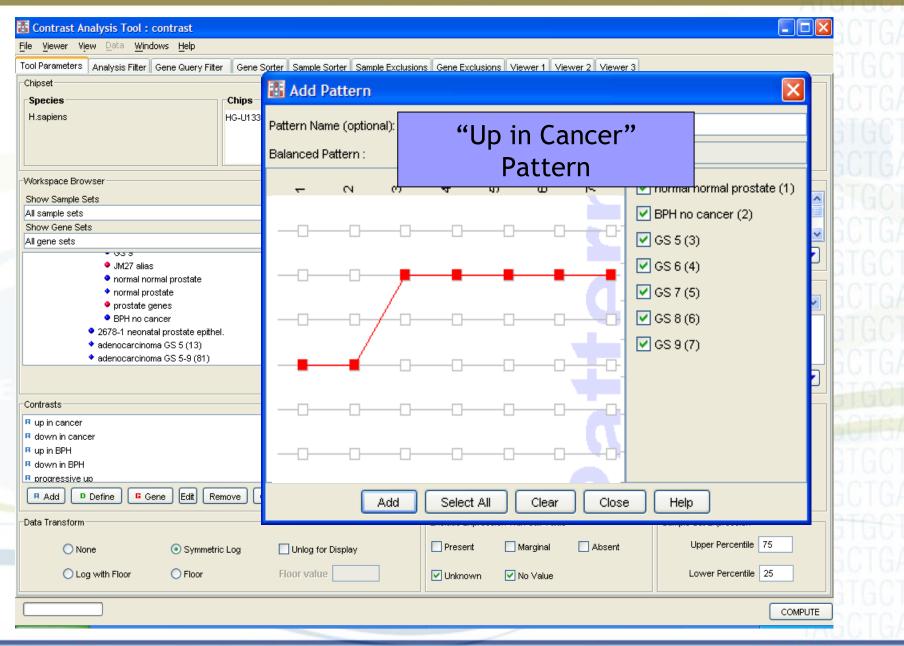
Sample Profile 1

Display: Result Samples Compare With: None Sort By: Value Groups: 3 (Selected: 1)

#	Pathology/Morphology	🖃 Count	🖃 Count %	
1	Adenocarcinoma	82	47.40	
2	Nodular hyperplasia	34	19.65	
3	Normal tissue	57	32.95	



Contrast Analysis: Identifying genes by pattern matching

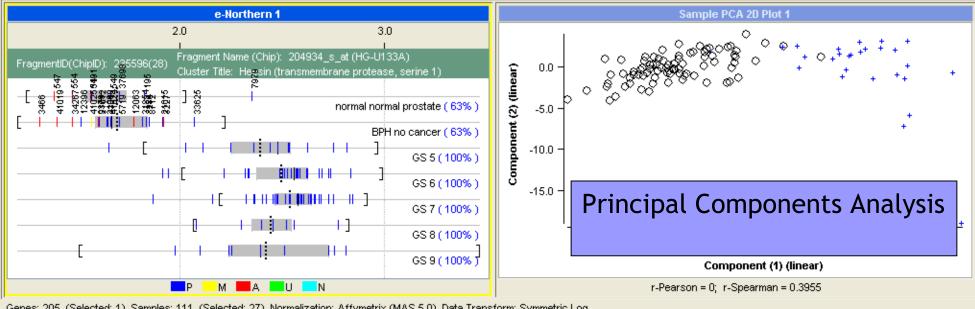




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Result Example: Hepsin

	(Gene Table 1					PCA Su	mmary 1
#	🗆 Known Genes: Gene Name	Known Genes: Gene Symbol	→ Max = t-Score	E F-Score	□ Pattern of Max t-Sco	Pi	Principal Component Component (1) Component (2) Component (3) Component (4)	% Variability 58.79 3.42 2.56 2.46
1	hepsin (transmembrane protease, serine 1)	HPN	13.12	38.77	up in cancer	^	Component (5)	1.83
2	golgi phosphoprotein 2	GOLPH2	12.78	38.37	up in cancer		Component (6)	1.79
3	tumor-associated calcium signal transducer 1	TACSTD1	11.87	34.05	up in cancer		Component (7)	1.66
4	clusterin (complement lysis inhibitor, SP-40,40, s	CLU	12.86	33.47	down in cancer		Component (8)	1.46
5	sipple minded homolog 2 (Drospophila)	SIM2	12.55	32.09	up in cancer		Component (9)	1.27
6	List of 205 Genes	EFEMP2	11.90	31.45	down in cancer		Component (10)	1.15
7	A LISU OF ZUJ GEHES	ABCC4	10.41	28.03	up in cancer			
8	snail homolog 2 (Drosophila)	SNAI2	10.78	27.42	down in cancer			
9	alpha-methylacyl-CoA racemase	AMACR	10.78	24.64	up in cancer	~		
* ^			0.07	01.00				



Genes: 205 (Selected: 1) Samples: 111 (Selected: 27) Normalization: Affvmetrix (MAS 5.0) Data Transform: Symmetric Log

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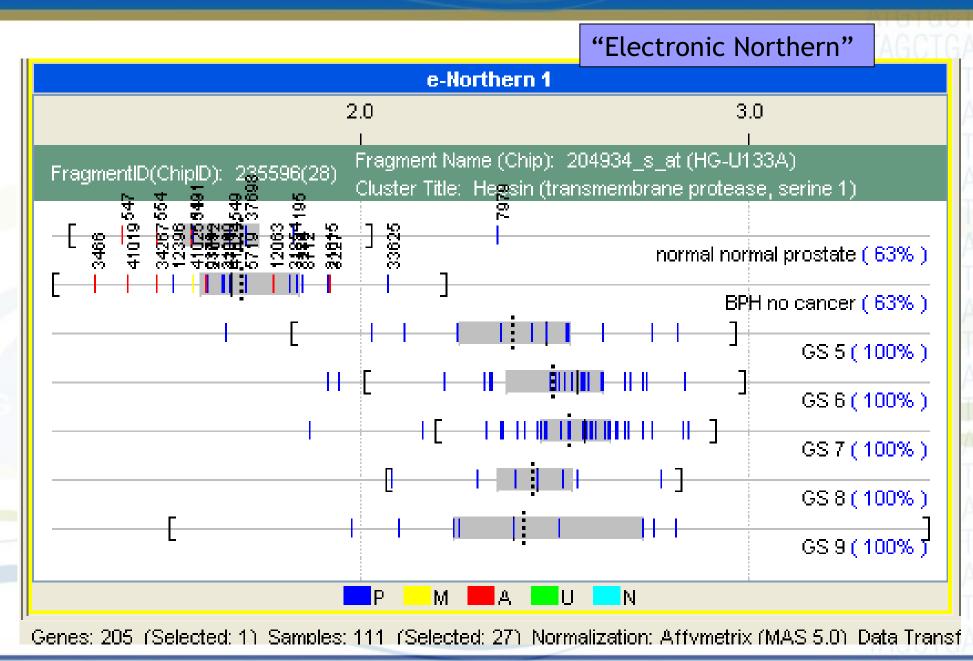
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Absolute Analysis - E-Northern for Hepsin

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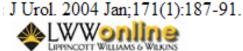
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In the Literature

Related Articles, Links



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Hepsin is highly over expressed in and a new candidate for a prognostic indicator in prostate cancer.

Stephan C, Yousef GM, Scorilas A, Jung K, Jung M, Kristiansen G, Hauptmann S, Kishi T, Nakamura T, Loening SA, Diamandis EP.

Department of U"...This report of the quantitative analysis of hepsinPURPOSE: Oth
tissue compared
real-time polymeexpression ... shows strong and significant over
expression in prostate cancer tissue.prostate
e expression of the second cancer tissue.MATERIALS A
prostates were o
transcriptase-pol" Hepsin expression may be a new prognostic marker
that could be used for assessing prostate cancer
aggressiveness."of the second cancer
that could be used for assessing prostate cancer
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that could be used for assessing prostate cancer
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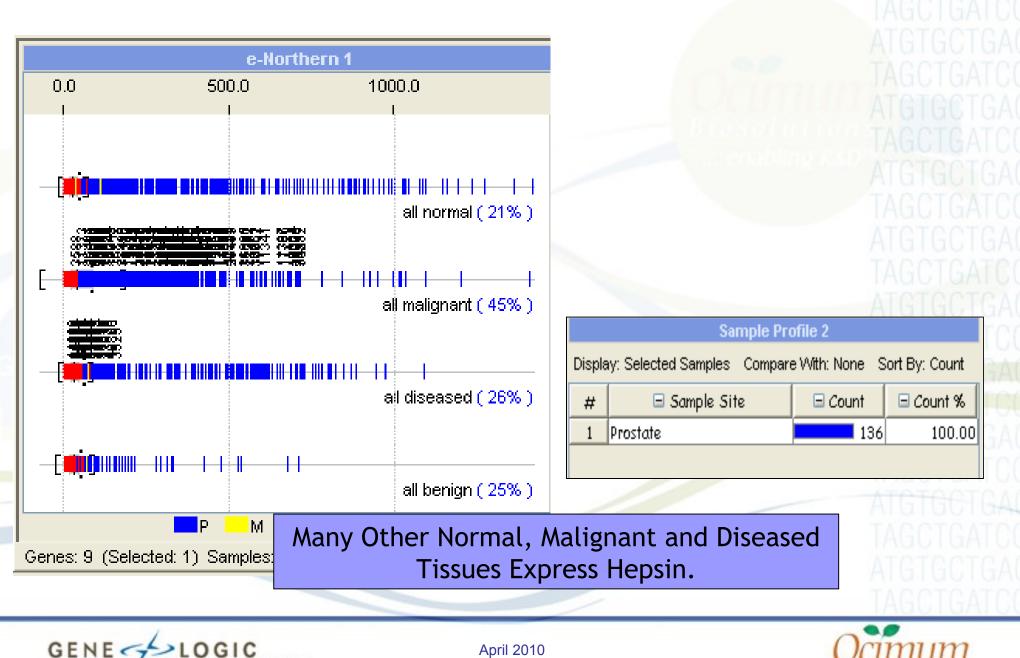
prostate cancer e expression with cohort of samples. of the same e reverse I on a LightCycler e) was used to in 81 of the 90

patient samples (90%, p <0.001). In 48 patients (53%) hepsin over expression was more than 10-fold in cancerous tissue. The ratio of cancerous-to-noncancerous hepsin expression was significantly higher in the 39 patients with grade 3 tumors compared with the 51 with grade 2 tumors (median 15.5 vs 9.6, p = 0.031). For the prognosis a cutoff at the 75th percentile provided a significant difference between patients at lower risk (pT2, G2 and Gleason score less than 7) and higher risk (pT3/4, G3 and Gleason score 7 or greater) for relapse. CONCLUSIONS: This report of the quantitative analysis of hepsin expression, which is the first to our knowledge, shows strong and significant over expression in prostate cancer tissue. Hepsin expression may be a new prognostic marker that could be used for assessing prostate cancer aggressiveness.





How Specific is Hepsin to Prostate Cancer?

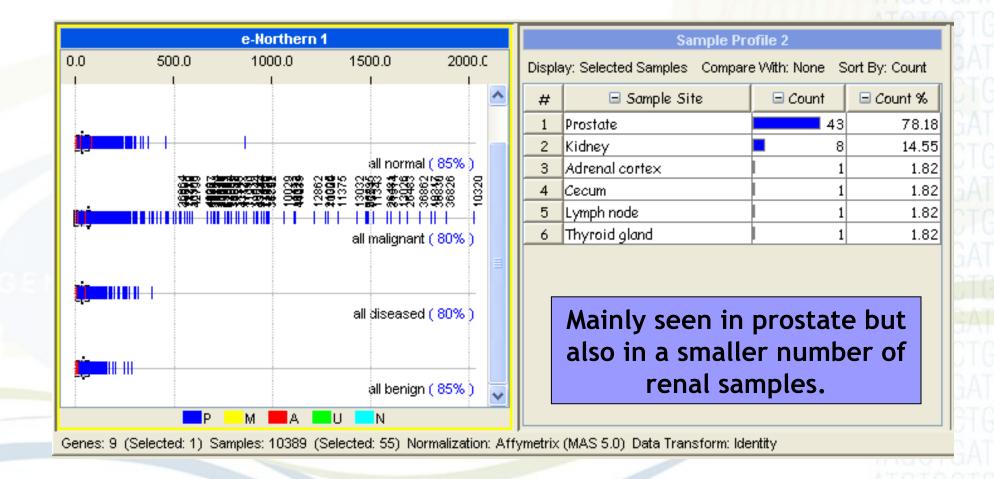


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α-Methylacyl-CoA Racemace (AMACR)





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Absolute Analysis - Across Prostate Sample Sets

🚻 Absolute Analysis Tool : PCA3 analysis prostate Viewer View Data Windows Help File Tool Parameters Analysis Filter Gene Query Filter Gene Sorter Sample Sorter Sample Exclusions Gene Exclusions Viewer 1 Viewer 2 X=7 Y=3 \mathbb{H} X च Gene Table 1 Sample Table 1 Genomics % Sample Ξ # % % ID Present Туре Sequence Frequency 😑 Fragment I Known Genes: Present (Prostate ? ^ Present 195 1 Tissue # Fragment Name 🗆 Clusters: Cluster in Ξ (ChipID) Gene Symbol (Prostate (Prostate 2 543 Tissue Title Database BPH) malignant normal) 3 547 Tissue 4 549 Tissue 243325(28) 212805 at KIAA0367 (KIAA0367, PCA3) 5 1 .84 100.00 100.00 100.00 554 Tissue 243326(28) 212806_at KIAA0367 (KIAA0367, PCA3) 98.21 93.94 97.67 2358 2 6 Tissue 232572_at 3 263041(29) KIAA0367 (KIAA0367, PCA3) 7 3191 Tissue 263044(29) 232575_at KIAA0367 (KIAA0367, PCA3) 1.0282E-2 19.64 86.05 8 4 6.06 3574 Tissue 7979 Q. Tissue 10 10038 Tissue < > < > e-Northern 1 -600.0 -400.0 -200.0 0.0 200.0 400.0 600.0 800.0 1000.0 1200.0 1400.0 1600.0 1800.0 2000.0 2200.0 Fragment Name (Chip): 232575_at (HG-U133B) FragmentID(ChipID): 263044(29) Cluster Title: KIAA0367 F **HE**BUHHT Prostate normal (20%) [Prostate BPH (6%) Prostate malignant (86%) M. А U N

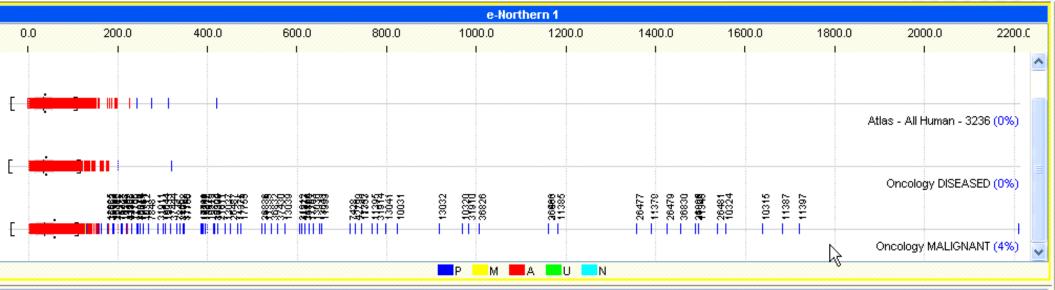
Genes: 4 (Selected: 1) Samples: 175 (Selected: 0) Normalization: Affymetrix (MAS 5.0 Statistical) Data Transform: Identity

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SHARING

Absolute Analysis - Disease and Tissue Specificity

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Sample Profile 1

Display: Selected Samples Compare With: None Sort By: Value Groups: 4

#	🖃 Sample Site	🖃 Count	🖃 Count %
1	Lymph node	1	1.32
2	Pancreas	1	1.32
3	Pelvic lymph node	1	1.32
4	Prostate	73	96.05

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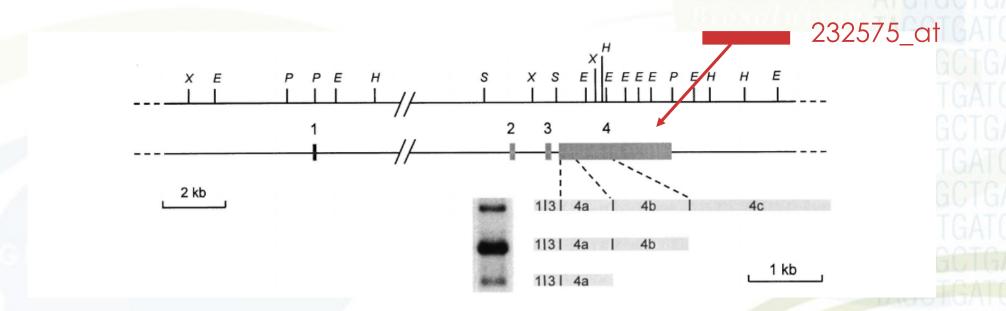
Genes: 4 (Selected: 1) Samples: 8446 (Selected: 76) Normalization: Affymetrix (MAS 5.0 Statistical) Data Transform: Identity



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PCA3 Splice Variants in the Literature

• The PCA3 RNA was described as the most prostate-specific gene and could not be detected in other than prostatic normal and malignant human tissues (*Bussemakers et al., 1999*).



• It has been reported (Gandini et al., 2003) that:

- PCA3 splice variants spanning exons 1-3 can be detected by RT-PCR in a wide variety of normal and malignant human tissues
- Prostate specific expression was observed only for variants including exon 4



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PCA3 in the Literature: A Potential Diagnostic Marker for Prostate Cancer

1: <u>Eur Urol.</u> 2003 Jul;44(1):8-15; discussion 15-6. **E L S E V I E R** FULL-TEXT ARTICLE

Comment in:

• Eur Urol. 2004 Aug;46(2):271-2.

DD3(PCA3)-based molecular urine analysis for the diagnosis of prostate cancer.

Hessels D, Klein Gunnewiek JM, van Oort I, Karthaus HF, van Leenders GJ, van Balken B, Kiemeney LA, Witjes JA, Schalken JA.

Department of Experimental Urology, Nijmegen Center for Molecular Life Sciences, P.O Box 9101, 6500 HB Nijmegen, The Netherlands.

BACKGROUND: DD3(PCA3) is the most prostate cancer-specific gene described to date. To assess the clinical utility of DD3(PCA3) a time-resolved fluorescence-based, quantitative RT-PCR analysis for DD3(PCA3) was developed. METHODS: The diagnostic potential of DD3(PCA3) was determined by quantitative measurement of DD3 (PCA3) transcripts in non-malignant and malignant prostate specimens. Moreover, DD3(PCA3) transcripts were determined quantitatively in urine sediments obtained after prostatic massage. A cohort of 108 men, admitted for prostate biopsies based on a PSA of >3ng/ml, was studied. RESULTS: Prostate tumors showed a 66-fold up-regulation of DD3(PCA3) (median 158.4.10(5) copies/microg tissue RNA) when compared to benign prostate tissue (median 2.4.10(5) copies/microg tissue RNA). This up-regulation was found in more than 95% of prostate cancer specimens studied. These data revealed that specimens with less than 10% of cancer cells could be accurately discriminated from non-cancer tissues. Hence, detection of a small fraction of prostate cancer cells in a background of normal cells seemed feasible. Therefore, this DD3(PCA3)-based RT-PCR assay was used for the identification of prostate cancer in urine sediments obtained after prostatic massage. From 108 men with a serum PSA value >3ng/ml, 24 men were shown to have prostate cancer upon biopsy. Of these 24 men, 16 were shown to be positive for DD3(PCA3), indicating a sensitivity of the assay of 67%. Furthermore, a negative predictive value of 90% was calculated. CONCLUSION: The quantitative RT-PCR assay for DD3(PCA3) described, bears great promise as a tool for molecular urine analysis. It has great potential in reducing the number of unnecessary biopsies. A multi-center study using this DD3(PCA3) assay can provide the basis for the utility of molecular diagnostics in clinical urological practice.

PMID: 12814669 [PubMed - indexed for MEDLINE]



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PCA3 in the News: A Novel Diagnostic Marker

News

Press Releases

- Financial

Media

- Archive

Industry Events

Gen-Probe Acquires From DiagnoCure Exclusive Worldwide Diagnostic Rights To New Prostate Cancer Gene

Companies Form Collaboration to Develop Molecular Test for PCA3^{DD3} That May Offer Advantages Over Traditional PSA Testing

- Agreement Accelerates Gen-Probe's Growth in Oncology -

SAN DIEGO, CA , November 20 -- Gen-Probe (Nasdaq: GPRO) and DiagnoCure (Toronto: CUR) announced today that they have signed a license and collaboration agreement under which they will develop, and Gen-Probe will market, an innovative urine test to detect a new, highly specific genetic marker for prostate cancer.

The diagnostic test will detect a recently described gene called PCA3^{DD3} that has been shown by studies to date to be over-expressed only in malignant prostate tissue. The test may offer advantages over prostate specific antigen (PSA) testing, the current standard for initial prostate cancer screening in conjunction with a digital rectal exam.

Under the terms of the agreement, Gen-Probe will pay DiagnoCure an upfront US \$3 million fee, and future fees and contract development payments of up to US \$7.5 million over the next three years. Gen-Probe will receive exclusive worldwide rights to diagnostic products resulting from the agreement, and will pay DiagnoCure royalties of 8% on cumulative net product sales of up to \$50 million, and royalties of 16% on cumulative net sales above \$50 million.

"The completion of this license agreement represents a major milestone in our planned and communicated strategy," said Pierre Desy, president and CEO of DiagnoCure. "We expect this test to detect the PCA3^{DD3} gene in urine to be the first gene-based, adjunctive screen for this devastating disease. Gen-Probe is the ideal partner to bring this important new test to the market. Their leadership in nucleic acid testing (NAT), their proprietary APTIMA(R) technologies, and their strong desire to become a leader in gene-based testing in oncology are the fundamentals that will realize and optimize all the potential of this marker."



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Conclusions: The Power of BioExpress® System

- Identify differentially expressed genes between disease and normal state for many disease indications
- Correlate (or not) expression of chosen gene with relevant clinical parameters from extensive list and/or pathology
- Rapidly confirm expression in wide range of normal tissues
- Access annotation and sequence information for each fragment







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