# Cancer Pharmacogenomics: Setting a Research Agenda

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Cornelia Ulrich, MS, PhD
Full Member/Associate Professor
Fred Hutchinson Cancer Research Center
University of Washington, Seattle

As of September '09: Head, Division of Preventive Oncology German Cancer Research Center

### 3 key discussion points

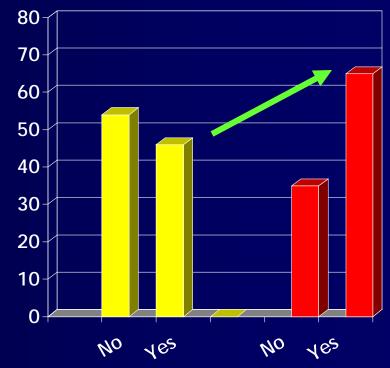
- Integration of Health Behaviors
  - Why we shouldn't ignore supplement use and other nutritional factors
- Necessity of a Transdisciplinary Approach to Cancer Prognosis

Value of new Patient Cohorts

# Cancer patients: Vitamin supplement use is high

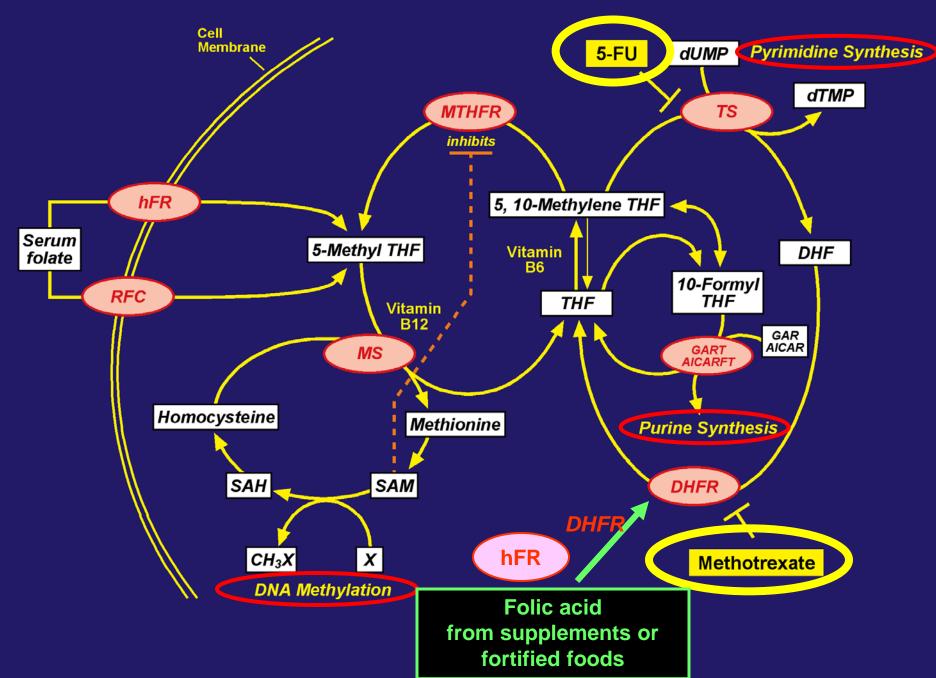
- Review of 32 studies addressing vitamin and mineral supplement use among US adult cancer patients:
  - 64-81% any vitamin or mineral supplements
  - 14%-32% of survivors initiate supplement use after diagnosis
  - Physicians commonly unaware of use

Increase in use of folic-acid containing supplements with diagnosis, Colon CCFR patients, n=971



Velicer & Ulrich. JCO. 2008; 26(4): 665-73.

#### Folate-mediated one-carbon metabolism



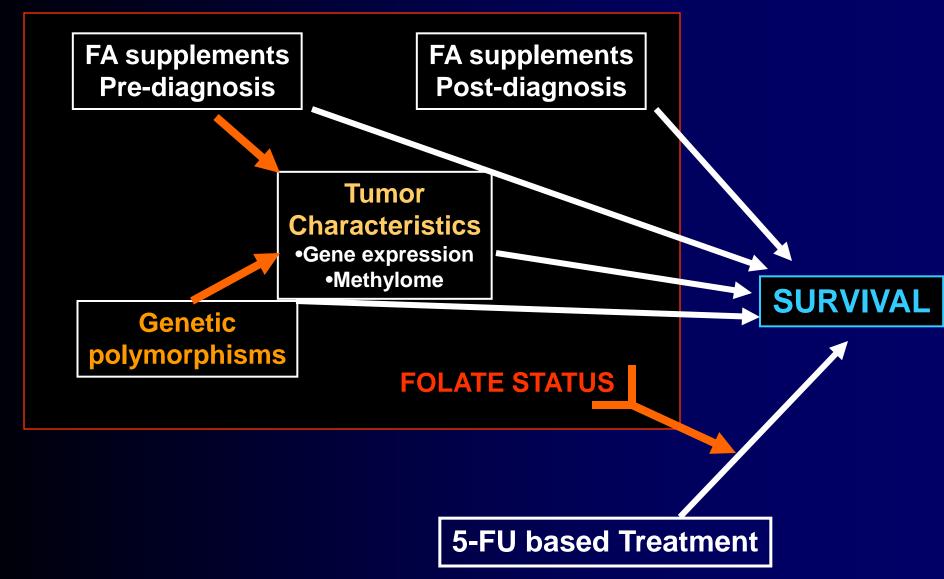
## Can folate's role in providing nucleotides be harmful?

- Tumors have greater folate and nucleotide requirements to support their growth:
  - Antifolates are used in cancer chemotherapy
  - Tumors frequently upregulate foliate receptors
- High folate intakes in rodents with early neoplastic lesions foster tumor growth (Kim 1996, Song 2000, Song 2000, Leu 2000)
- Aspirin/Folate Polyp Prevention Trial shows increased risk of advanced and multiple adenoma with folic acid administration (Cole 2007, Ulrich 2007)

# Unanswered questions - folic acid in cancer patients

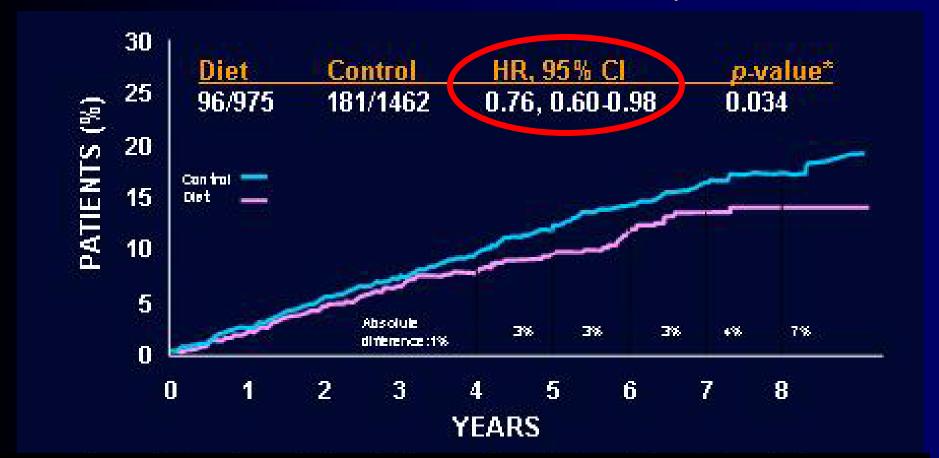
- Do tumors differ depending on folic acid supplementation?
  - Differences in folate receptors, or gene expression? → altering treatment efficacy?
- Do treatment effects (5-FU, MTX) differ with folic acid supplementation?
- Are there gene-diet interactions in determining response?
- Does growth of micrometastases and risk of recurrence differ with folic acid supplementation?

## Folate status and colon cancer prognosis -- a paradigm for transdisciplinary research



## Women's Intervention Nutrition Study (WINS) Trial

\* n=2437 women with resected early stage breast cancer \* low-fat diet intervention reduces relapse events

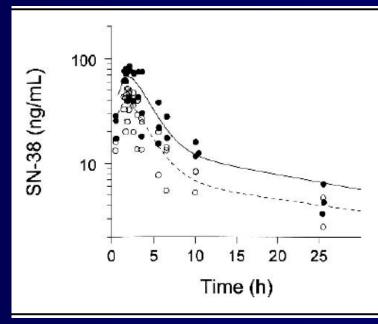


→ Major improvement (42%) in relapse-free survival with low-fat diet among ER- patients

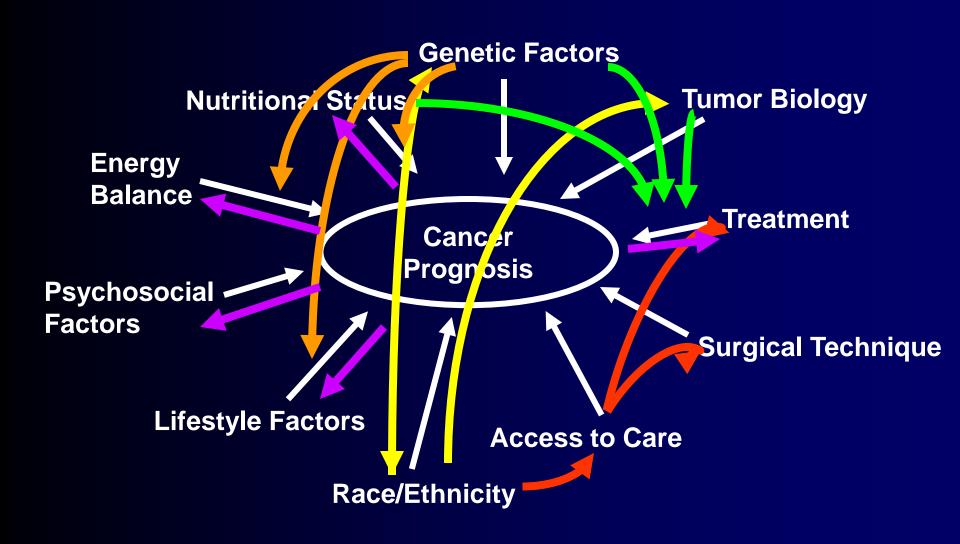
Chlebowski et al. JNCI. 2006; 94(16): 1247-9. Reprinted by permission of Oxford University Press.

# Herbal drugs can affect chemotherapeutic pharmacokinetics

- St. John's wort:
  - Widely used herbal supplement for mild forms of depression
  - Can induce the expression of CYP3A4
- Irinotecan is eliminated via CYP3A4 and has a narrow therapeutic range
- St. John's wort for 18 days significantly reduced plasma levels of SN-38 and drug efficacy



## Cancer prognosis - a multifactorial outcome



### What research designs are needed?

- Cancer patients change health behaviors after their diagnosis & during treatment
- Assessments prior to diagnosis are inadequate to draw conclusions
- Randomized trials are not appropriate when harm is a possibility
- Potential for confounding in observational cohorts

#### →What is needed?

- → Both observational patient cohorts, with exposure assessment at diagnosis and afterwards at defined intervals
- → Randomized trials where possible

# Clinical trial vs prospective patient cohort

### Clinical Trial

- Select population & treatment
- Uniform treatment
- Excellent outcome assessment
- Limited assessment of health behaviors
- Multicenter (many)
- Logistic challenges?
  - Many sites, COG setting

## Population-based patient cohort

- General population & real-world Tx
- Heterogenous Tx
- Variable outcome assessment
- Excellent assessment of health behaviors
- Single or multicenter
- Logistic challenges?
  - HIPAA regulations
  - Multiple hospitals

### New patient cohorts can "get it right"

- Collect data and biospecimens in a high-quality, standardized manner
- Obtain \*all\* transdisciplinary pieces of information
  - Health behaviors and epidemiologic data
  - Clinical exposures & outcomes
  - Biospecimens (tumor, blood, urine, stool...)
- Get data and specimens repeatedly at critical time intervals
  - What happens after diagnosis and during treatment?
  - Understudied and not feasible in existing cohorts

## ColoCare Study Design



Treatment Information

#### **Outcomes:**

- Treatment toxicity
- Survival
- Recurrence

- Tumor & normal tissue
- Pre-surgery blood
- Urine collection
- Stool collection
- Questionnaires



- Blood draws
- Urine/Stool collection
- Questionnaires on current health habits