

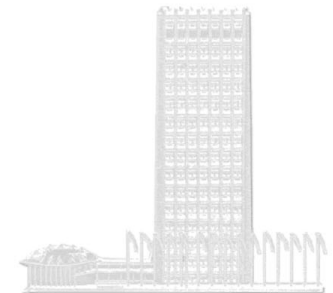
# Biobanking for Molecular Epidemiology: The IARC experience



Pierre Hainaut  
International Agency for Research on Cancer  
World Health Organization



International Agency for Research on Cancer  
Centre International de Recherche sur le Cancer



# Outline

- Example of large Epidemiology study and biobank: EPIC
- Example of large Genetic Epidemiology study: lung cancer, Hung et al. Nature 2008; McKay et al. Nature Genetics in press
- Flexible biobanking solutions for flexible research networks: The International Liver Cancer study
- An integrated approach for biobank networks

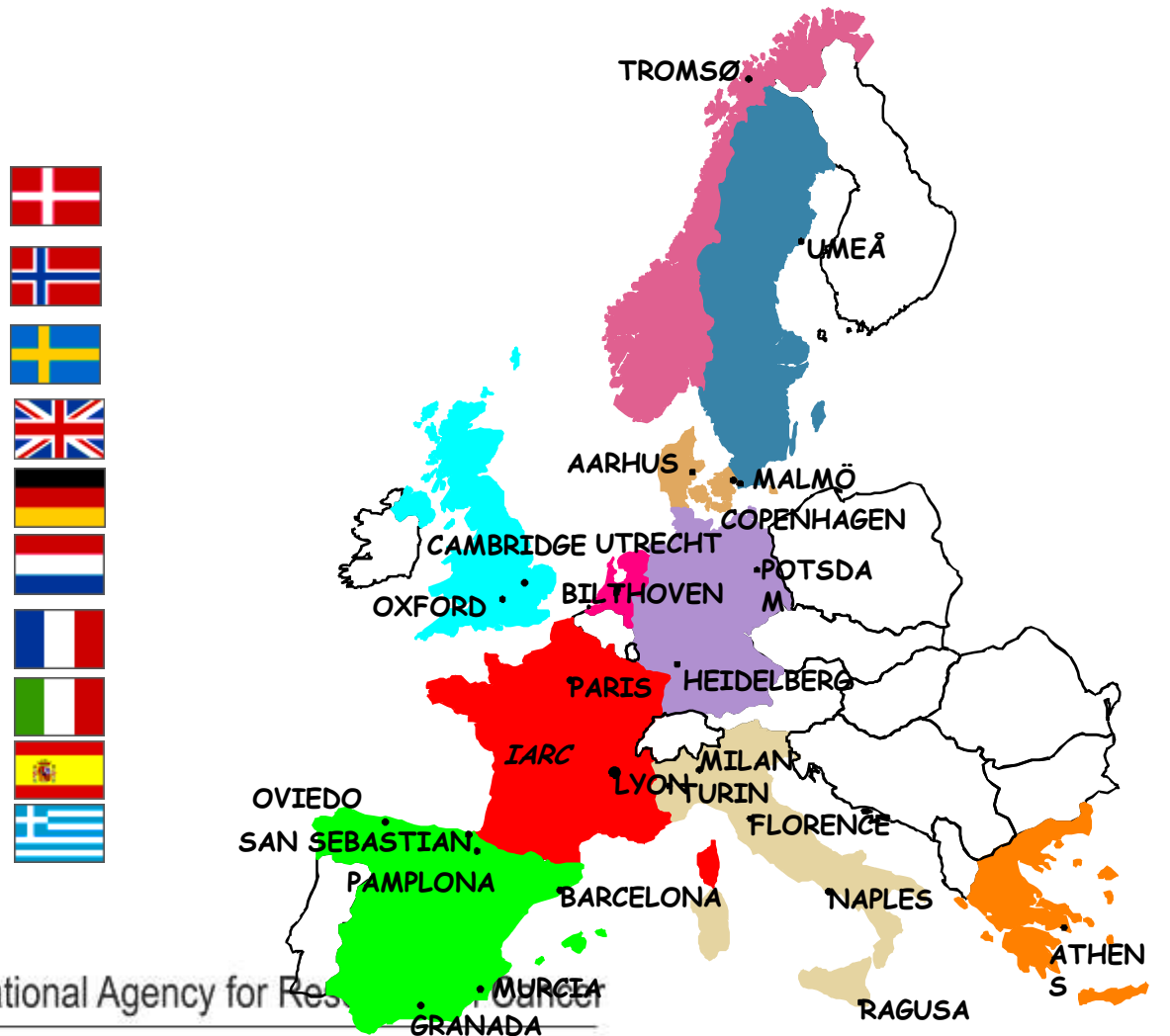


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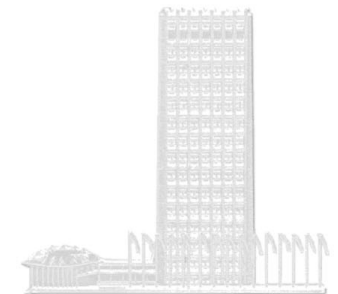
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# European Prospective Investigation into Cancer (EPIC)



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# EPIC: European Prospective Investigation into Cancer

Multi-centre prospective study aimed at investigating the relations between nutrition, lifestyle factors and aetiology of cancer and other chronic diseases.

Initiated in 1993 with the collection of data and blood samples in 22 regional centres located in 9 European countries.

Field work completed in 1998 with the inclusion of 521,483 subjects. All had provided questionnaire data.

**395,713** blood samples collected and stored under LN2 vapour for future analyses on cancer cases and controls. This represents over 7 millions aliquots of plasma, serum, WBC, RBC

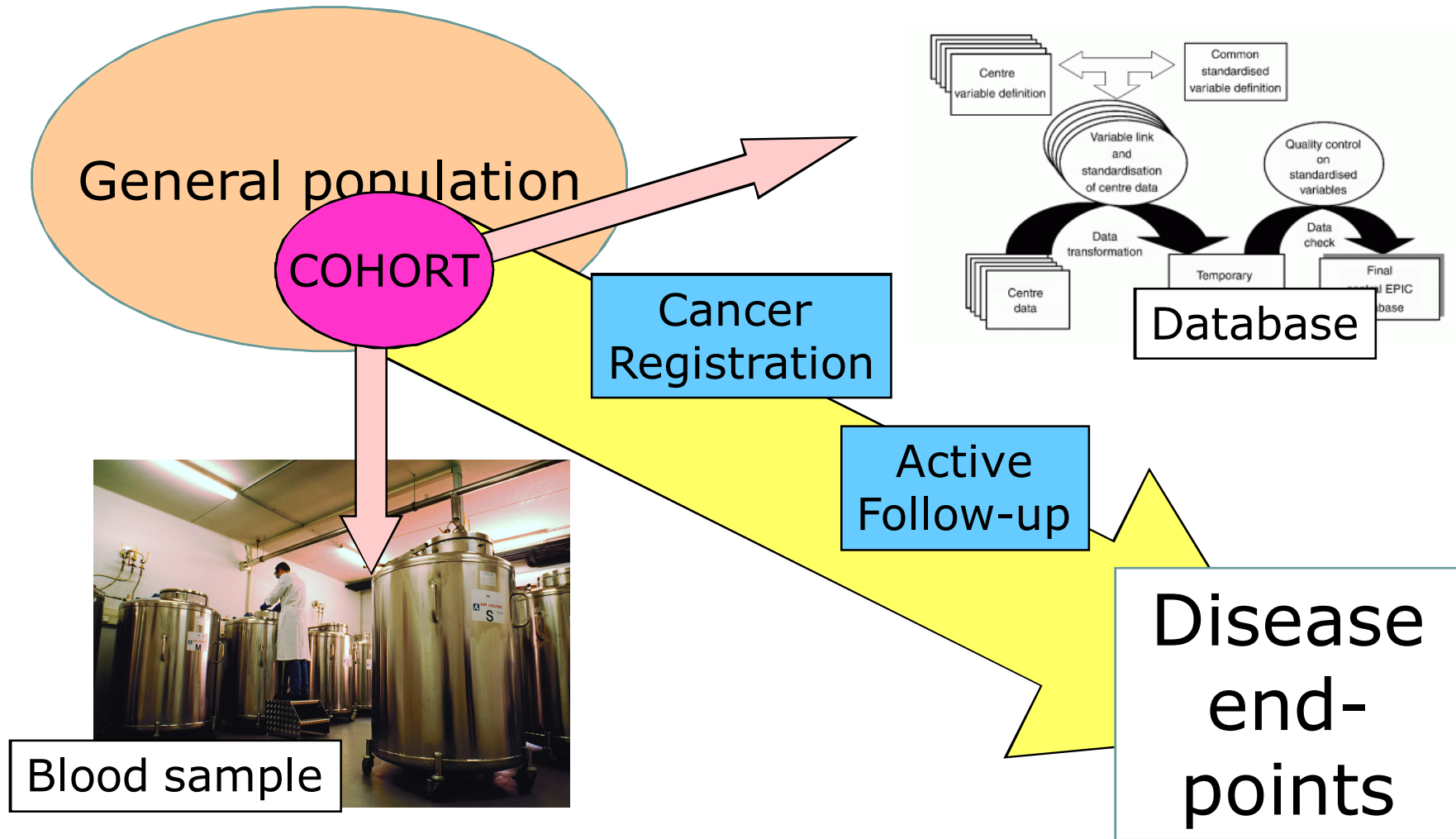


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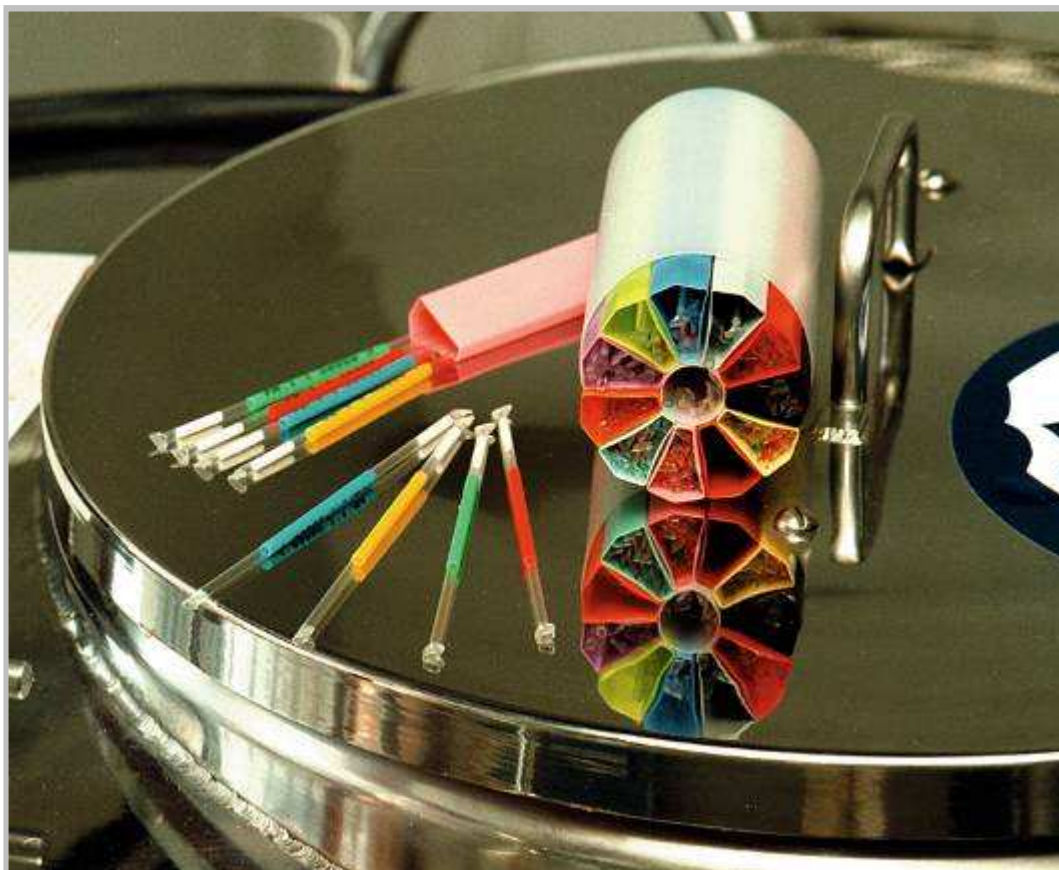
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# EPIC work scheme



# EPIC Biorepository: storage



30 ml blood:

Plasma: 12 x 500  $\mu$ l (red straws)

Serum: 8x 500  $\mu$ l (yellow straws)

Buffy coat: 4x 500  $\mu$ l (blue straws)

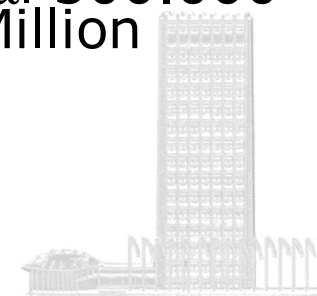
Red blood cells: 4 x 500  $\mu$ l (green straws)

Total: 24 x 500  $\mu$ l 300.000 subjects = 7.2 Million aliquots





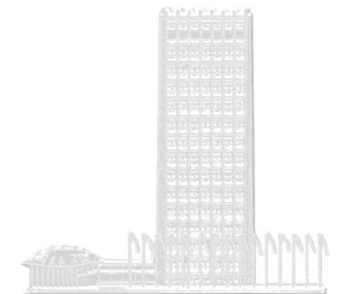
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# EPIC: incident cancer cases

											Total
Breast	25	485	281	537	199	324	2048	350	187	22	4458
Colo-rectum	25	244	122	289	96	88	179	93	89	13	1238
Prostate	-	391	44	218	119	3	-	33	30	3	841
Stomach	1	52	10	49	24	17	11	47	25	7	243
Lung	14	158	114	181	74	45	94	55	41	14	790





# EPIC BRC at IARC: storage, processing, shipping and analysis

**IATA-accreditation  
for shipping/sending**

**Large-scale  
storage  
(capacity: 10  
million specimens)**

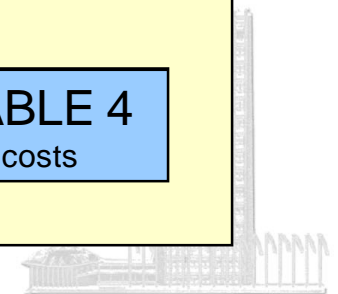
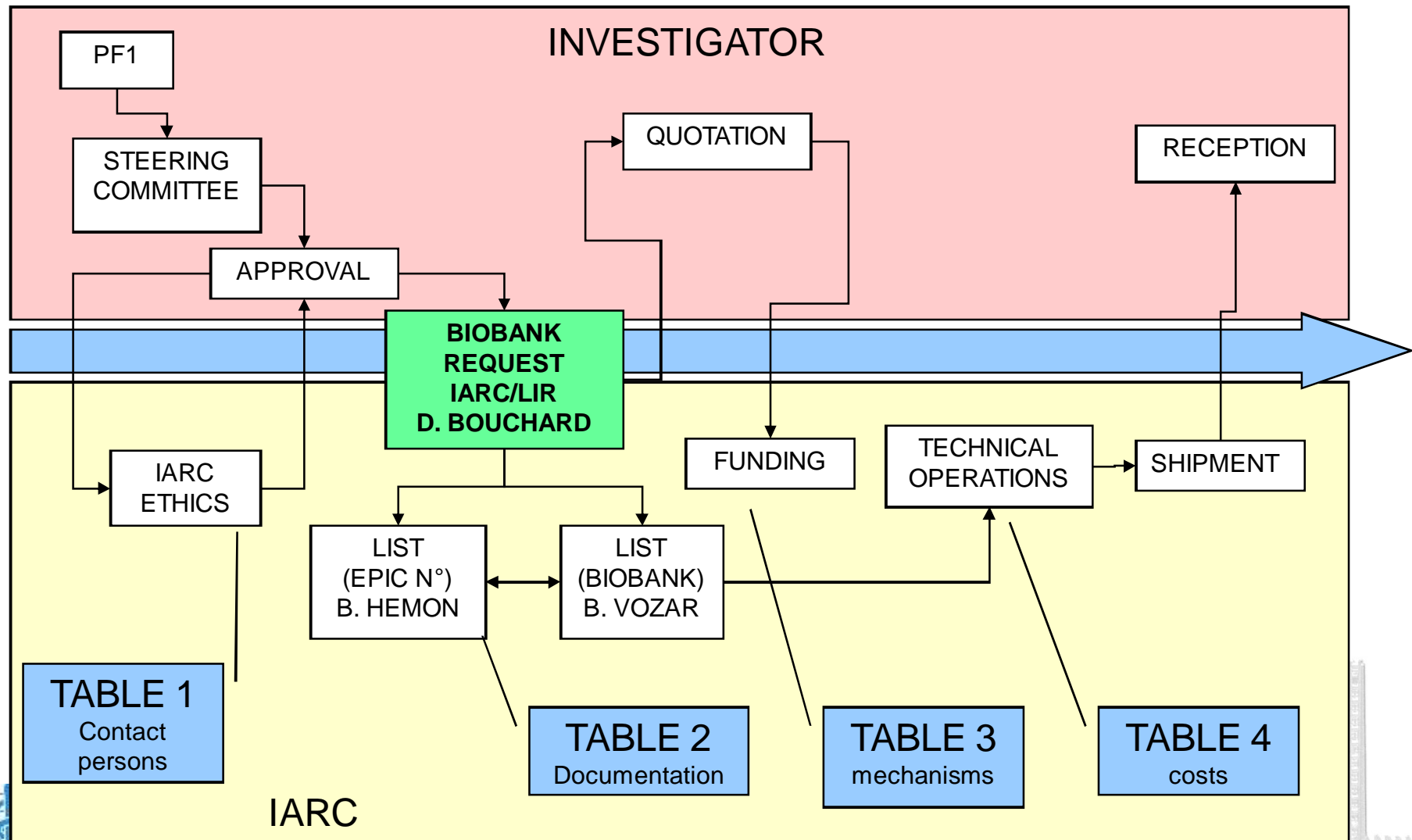
**SNPs Mutations  
epigenetics  
Nutrition  
biomarkers**

**DNA extraction  
(2 Gentra,  
robotics)**





# EPIC biobank flow chart



# Costs of routine technical operations

**SPECIMEN RETRIEVAL from the EPIC BIOBANK at IARC: 9.00 Euros/subject**

Cost per retrieved set of specimens from the EPIC LN2 tanks (One or multiple straws of the same subject)

Salary	6.20
(basis: LY4 standard staff costs, 1100 specimens retrieved / month / person)	

Liquid Nitrogen	0.50
Consumables	0.50
Packaging, dry ice, temp.storage & shipment	0.70
Sub total per subject	7.90
Overheads 13%	1.03
<b>Total per subject</b>	<b>8.93</b>

**(Rounded up to 9.00 Euros)**

**DNA EXTRACTION:**

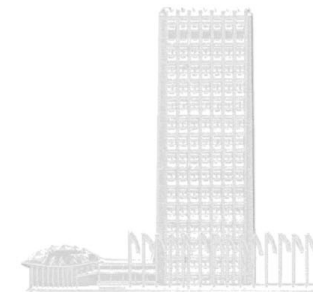
Salary	3.40
Consumables	8.05
Overheads 13%	
<b>Total</b>	<b><u>12.45 Euros</u></b>

**ALIUQUOTING:**

**2.00 Euros per sample (incl Overheads)**



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# Large scale DNA extraction

Pass rate for GWAS (n=4500)

1 straw: 86.4%

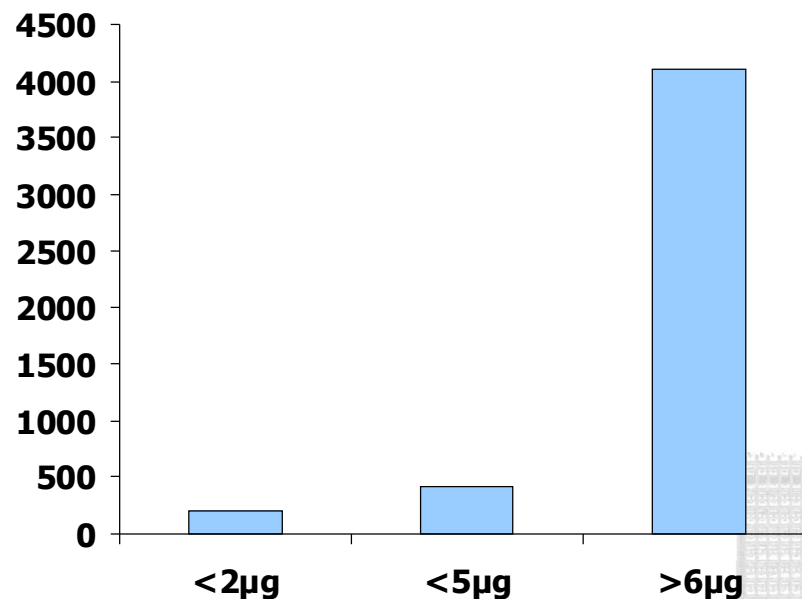
2 straws: 96.4%

Average DNA yield:

$24.9 \pm 10 \mu\text{g}$  (n=13562)

Average DNA concentration:

$114 \pm 64 \text{ ng/ml}$  (n=13652)



# Genome Wide Association Studies for Lung Cancer

A susceptibility locus for lung cancer maps to nicotinic acetylcholine receptor subunit genes on 15q25.

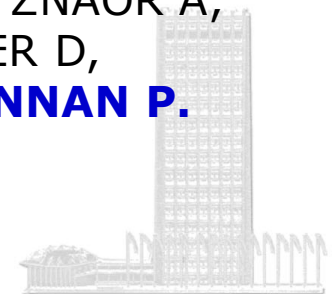
*Nature*, **452(7187)**: 633-7, 2008

**HUNG RJ**, MCKAY JD, GABORIEAU V, BOFFETTA P, HASHIBE M, ZARIDZE D, MUKERIA A, SZESZENIA-DABROWSKA N, LISSOWSKA J, RUDNAI P, FABIANOVA E, MATES D, BENCKO V, FORETOVA L, JANOUT V, CHEN C, GOODMAN G, FIELD JK, LILOGLOU T, XINARIANOS G, CASSIDY A, MCLAUGHLIN J, LIU G, NAROD S, KROKAN HE, SKORPEN F, ELVESTAD MB, HVEEM K, VATTEN L, LINSEISEN J, CLAVEL-CHAPELON F, VINEIS P, BUENO-DE-MESQUITA HB, LUND E, MARTINEZ C, BINGHAM S, RASMUSON T, **HAINAUT P**, RIBOLI E, AHRENS W, BENHAMOU S, LAGIOU P, TRICHOPOULOS D, HOLCÁTOVÁ I, MERLETTI F, KJAERHEIM K, AGUDO A, MACFARLANE G, TALAMINI R, SIMONATO L, LOWRY R, CONWAY DI, ZNAOR A, HEALY C, ZELENKA D, BOLAND A, DELEPINE M, FOGGIO M, LECHNER D, MATSUDA F, BLANCHE H, GUT I, HEATH S, **LATHROP M**, and **BRENNAN P**.

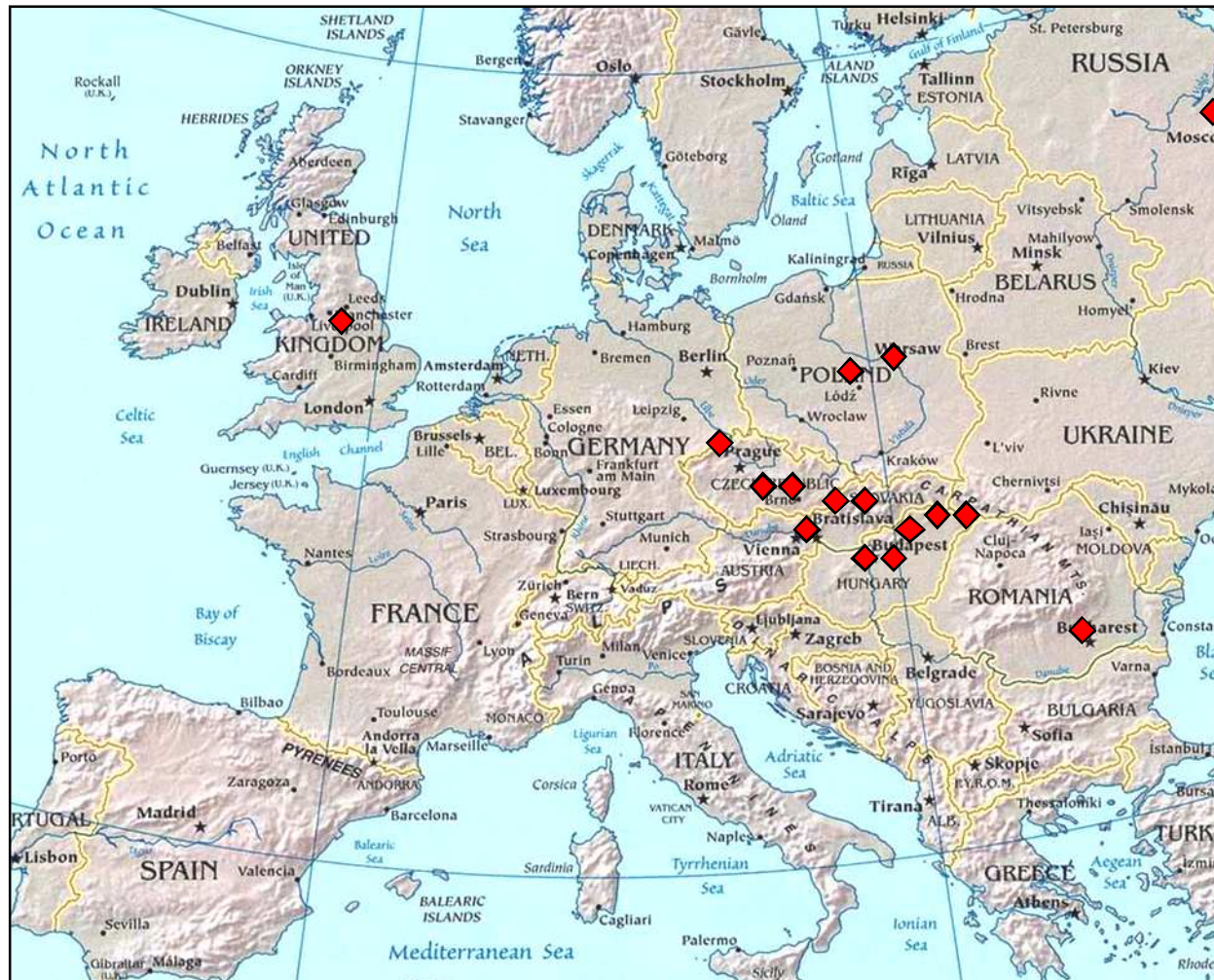


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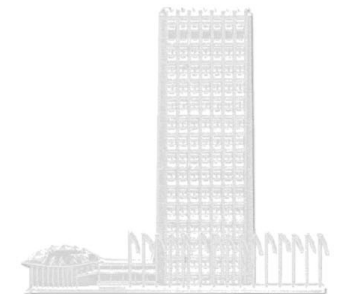
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# East-European Lung Cancer Study



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# Lung cancer samples

Study	Case	Controls	Countries of Origin
<b>Genome-Wide Association</b>			
Central Europe <sup>1</sup>	1 841	2 441	6 Eastern European countries
Toronto <sup>1</sup>	330	500	Canada
HUNT2/Tromsø <sup>2</sup>	403	412	Norway
CARET <sup>3</sup>	397	392	USA
<b>Total</b>	<b>2 971</b>	<b>3 745</b>	
<b>Replication</b>			
EPIC <sup>2</sup>	1 213	2 591	10 Western European countries
Szczecin <sup>1</sup>	908	1 037	Poland
CARET <sup>2</sup>	363	1 128	USA
Liverpool <sup>1</sup>	415	817	UK
<b>Total</b>	<b>2 899</b>	<b>5 573</b>	
<b>Overall Total</b>	<b>5 870</b>	<b>9 318</b>	

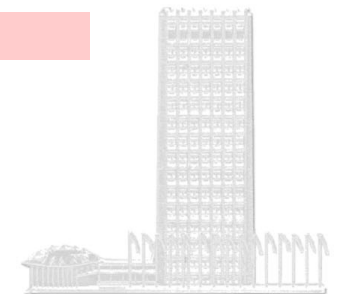
1st GWA study

<sup>1</sup> Case-Control collection <sup>2</sup> Cohort collection

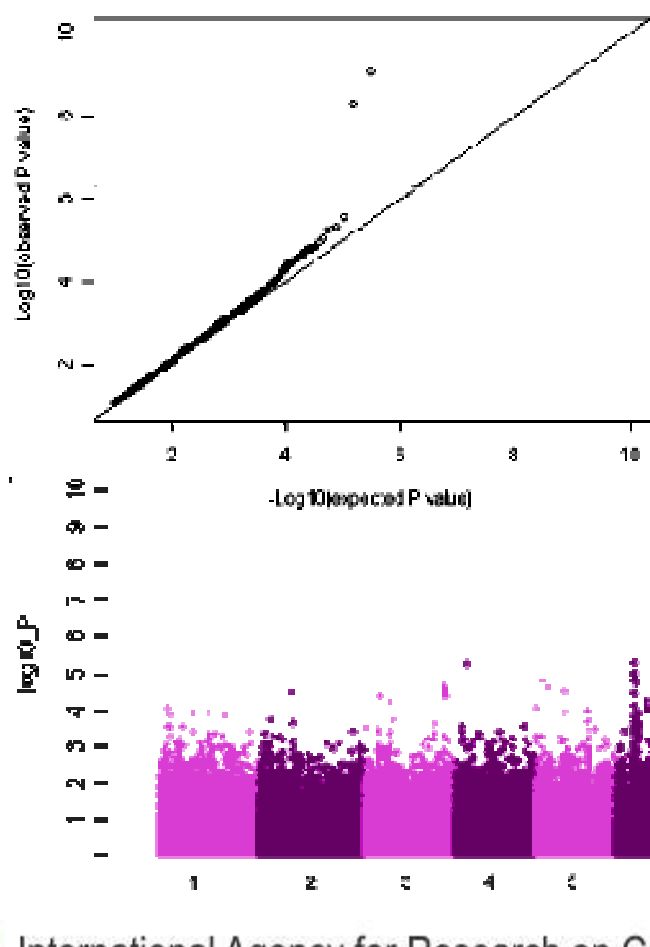


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# Lung cancer 1<sup>st</sup> phase GWA scan



1989 lung cancer cases

2625 hospital matched controls

310,023 SNPs

Genome-wide significance  $p < 5 \times 10^{-7}$

 ← P = 10<sup>-10</sup>

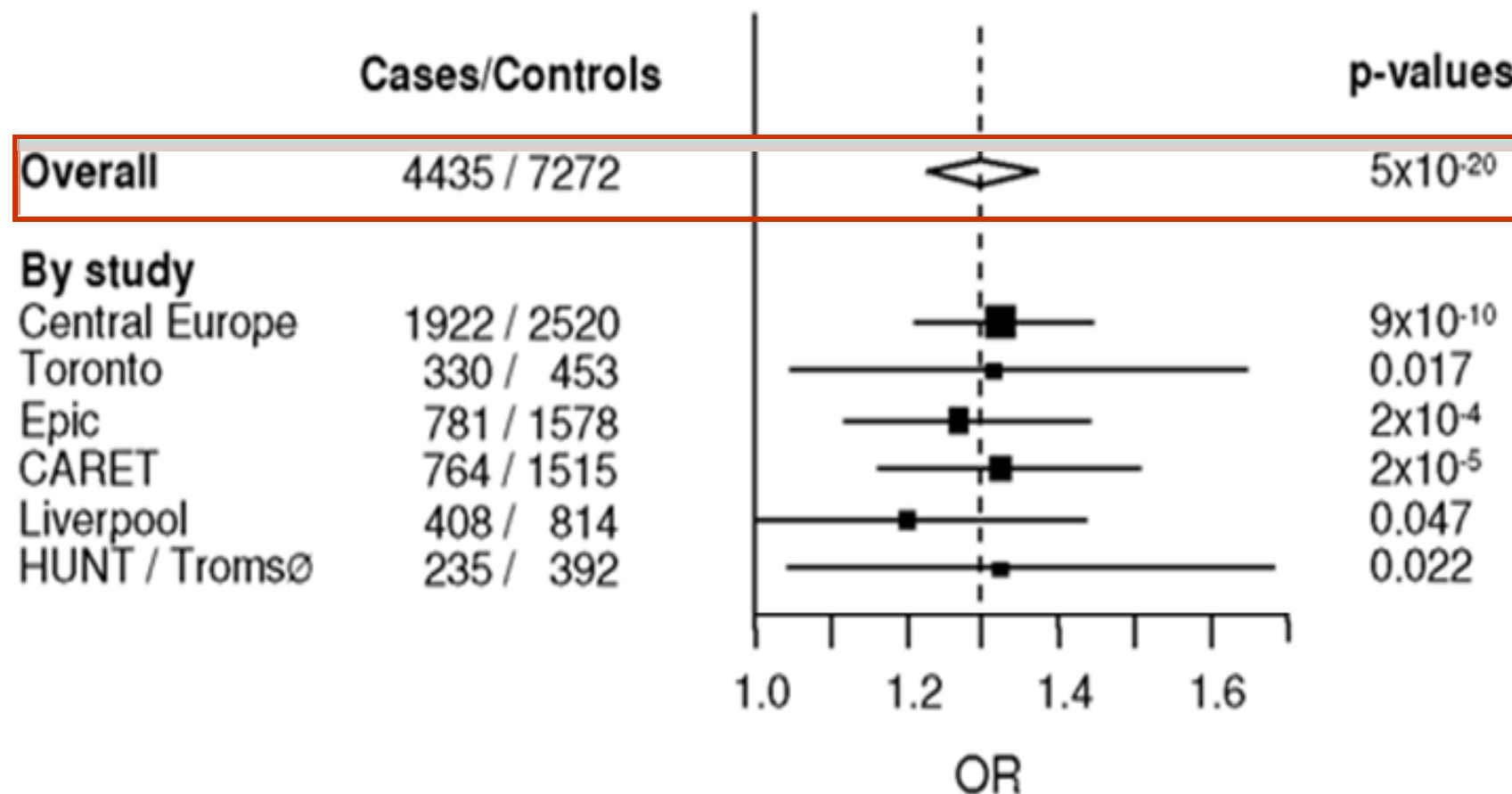


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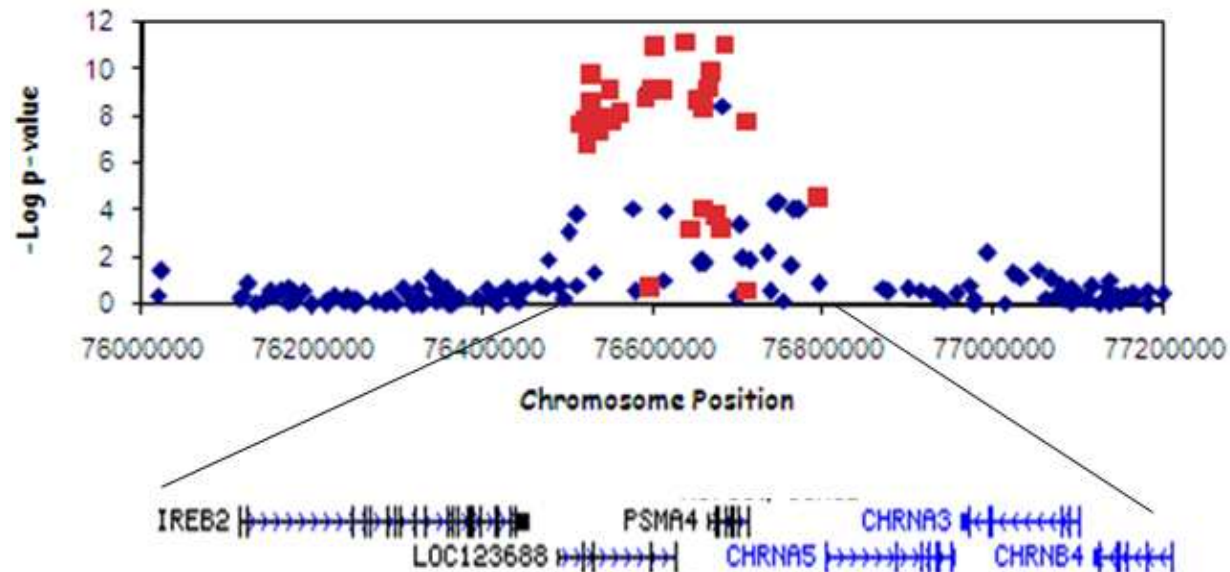
Chromosome



# Consistent replication of lung cancer association



# Lung cancer association region



CHRNA3,CHRNA5,CHRNB4

Nicotinic acetylcholine receptor subunits expressed in multiple cell types

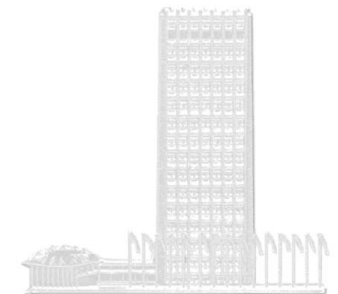
Implicated in nicotine dependence

Bind to nicotine and potent lung carcinogens

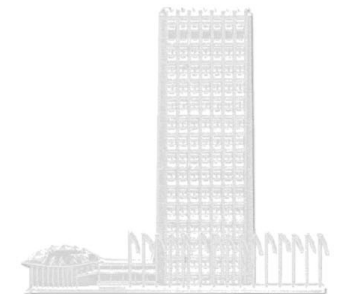
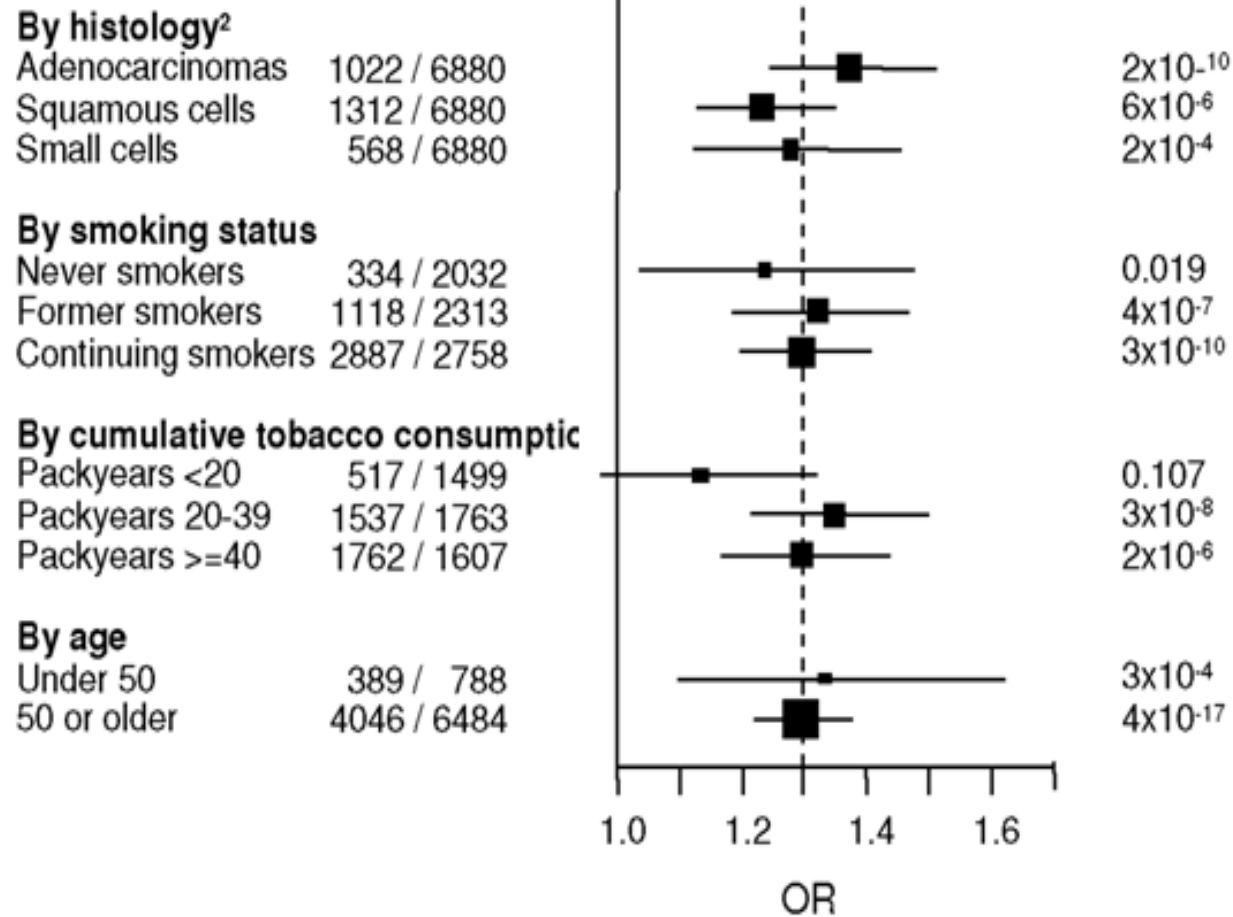


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# No association with histology, smoking, age





# No association with tobacco dependence

	T/T		rs8034191 C/T		C/C		Chi-square p-values
	N	%	N	%	N	%	
<b>Total number of controls</b>	366	100.0	446	100.0	136	100.0	
<b>Smoking status</b>							
Former smokers	195	53.3	243	54.5	71	52.2	0.879
Current smokers	171	46.7	203	45.5	65	47.8	
<b>Duration of smoking (in years)</b>							
1-9	30	8.2	49	11.0	14	10.3	0.869
10-19	61	16.8	63	14.2	19	14.0	
20-29	84	23.1	93	20.9	32	23.5	
30-39	100	27.5	129	29.0	41	30.2	
>=40	89	24.5	111	24.9	30	22.1	
<b>Number of cigarettes per day</b>							
<10	85	23.4	98	22.0	33	24.3	0.714
10-19	145	39.8	185	41.6	55	40.4	
20-29	82	22.5	87	19.6	32	23.5	
>=30	52	14.3	75	16.9	16	11.8	
<b>First cigarette after waking up</b>							
>31 minutes	56	15.4	74	16.5	25	18.4	0.808
6-30 minutes	52	14.3	51	11.4	18	13.2	
Within 5 minutes	26	7.2	34	7.6	10	7.4	
<b>Difficulties to refrain from smoking</b>							
No	98	27.0	112	25.1	38	28.0	0.878
Yes	36	10.0	47	10.5	15	11.0	
<b>Longest period of abstinence</b>							
Days	44	12.1	59	13.2	22	16.2	0.189
Months	96	26.5	85	19.0	22	16.2	
Years	48	13.2	55	12.3	18	13.2	
<b>Ever tried to quit (current smokers only)</b>							
Yes	91	25.0	94	21.1	36	26.5	0.139
No	42	11.5	67	15.0	16	11.8	

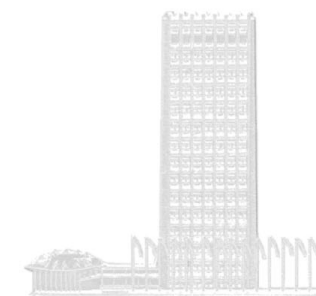


no association with head and neck cancer in 2,262 cases vs. 2,137 controls

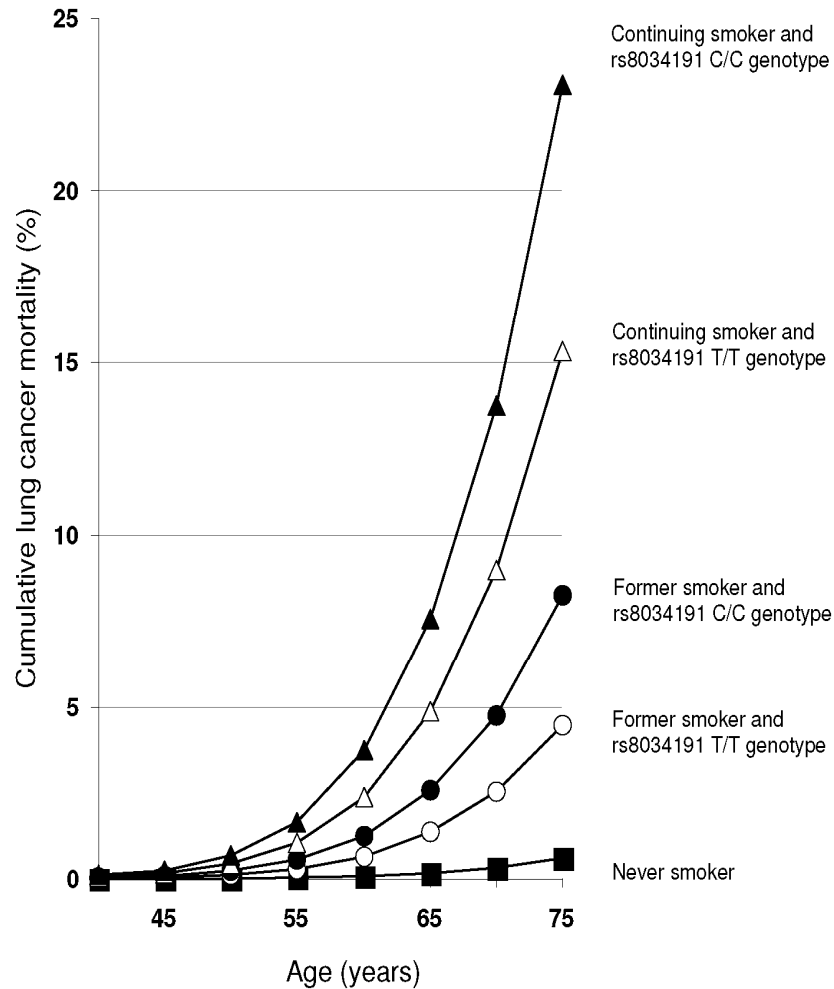


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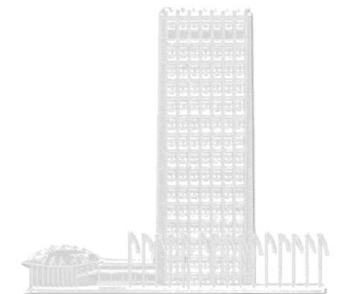
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# Impact on life-time risk of lung cancer death: Example from Poland



CC genotype occurs in about 12% of population



# Lung cancer 2nd phase GWA scan

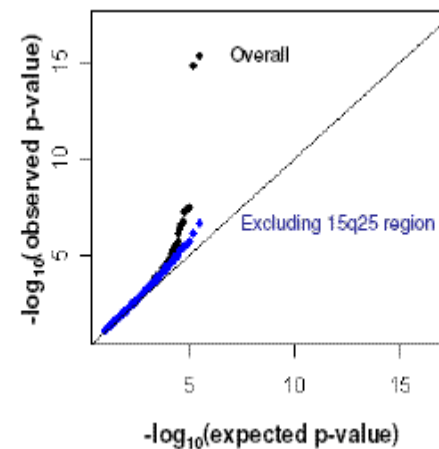
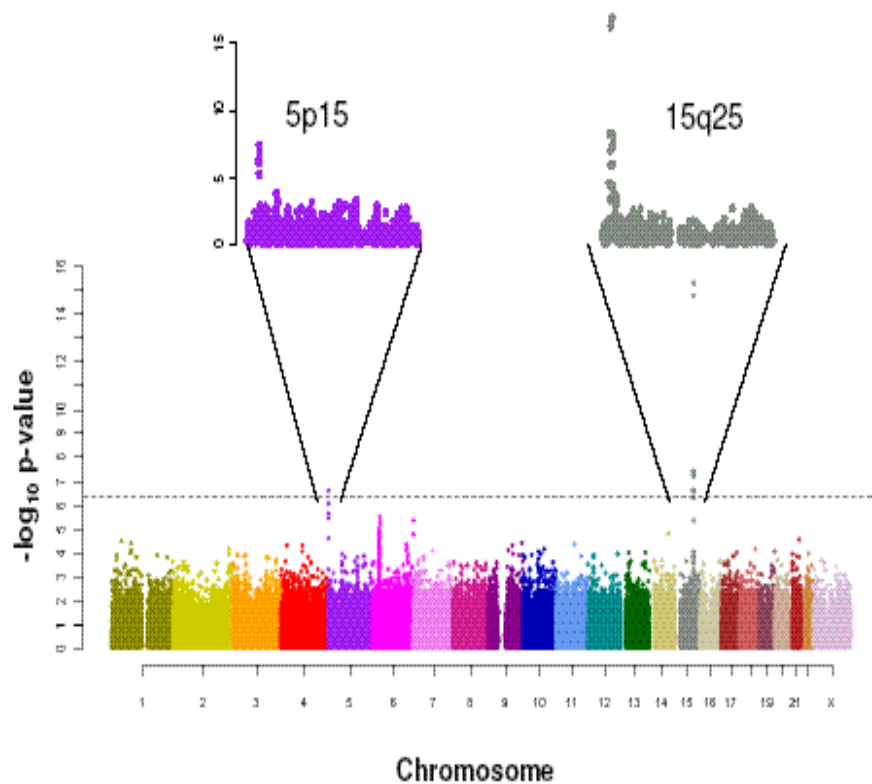
McKay et al. Nat Gen 03 Nov 2008

3259 Caucasian lung cancer cases

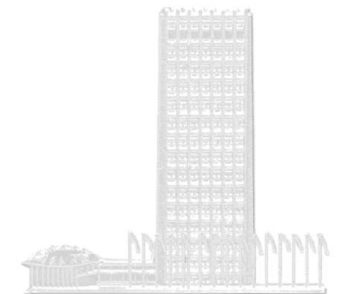
5573 matched controls

310,023 SNPs

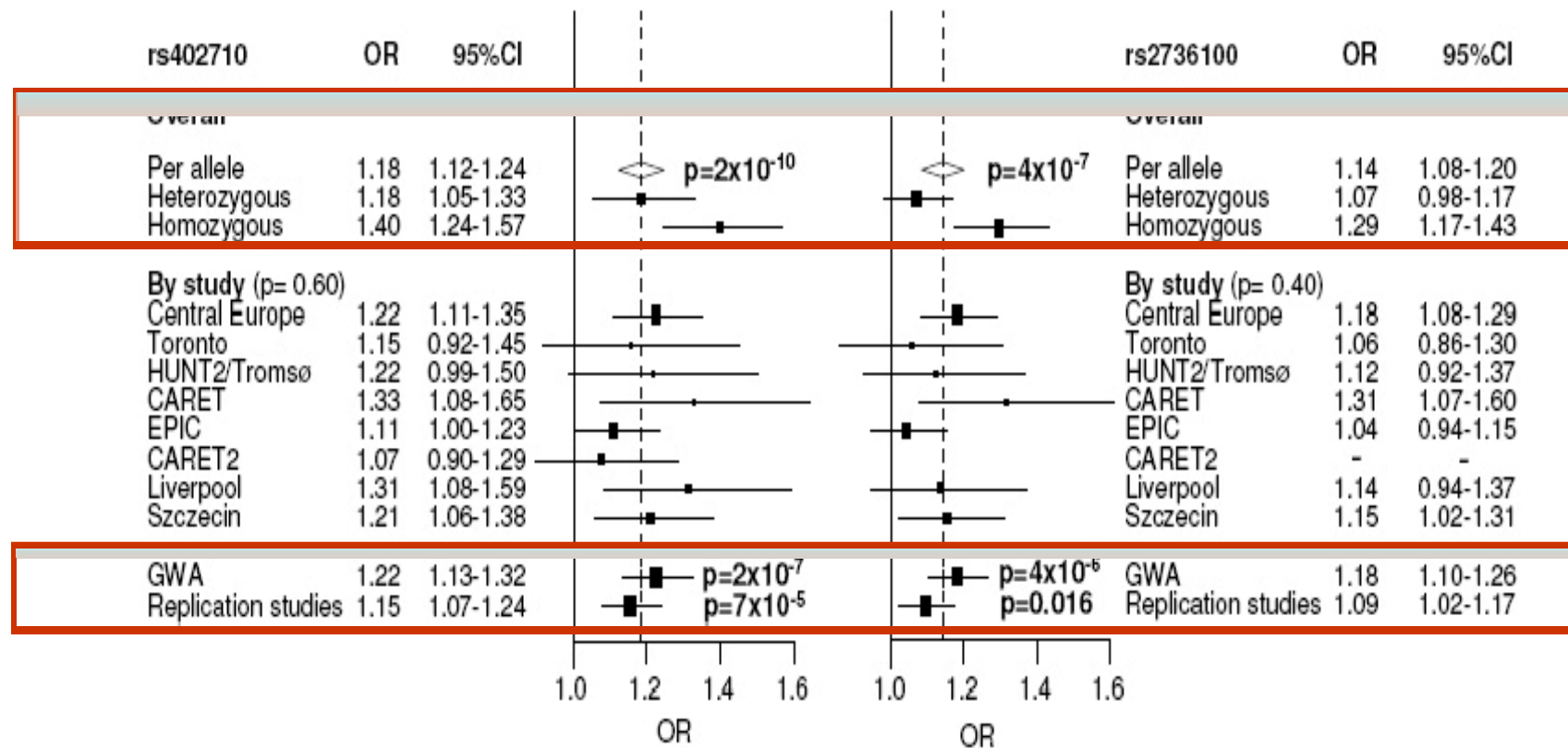
Genome-wide significance  $p < 5 \times 10^{-7}$



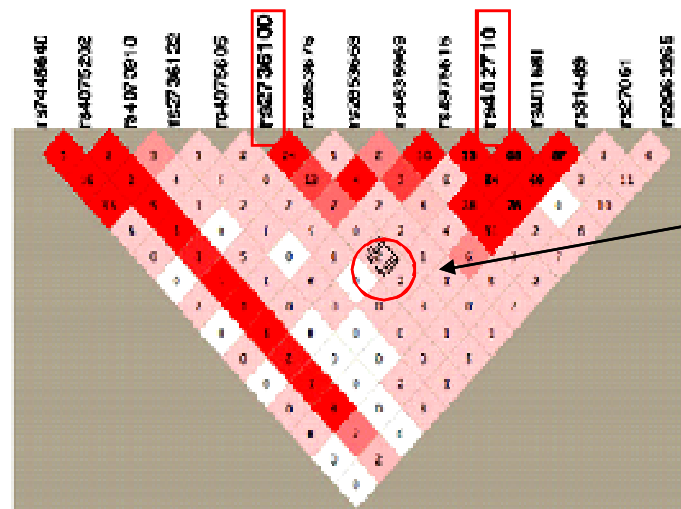
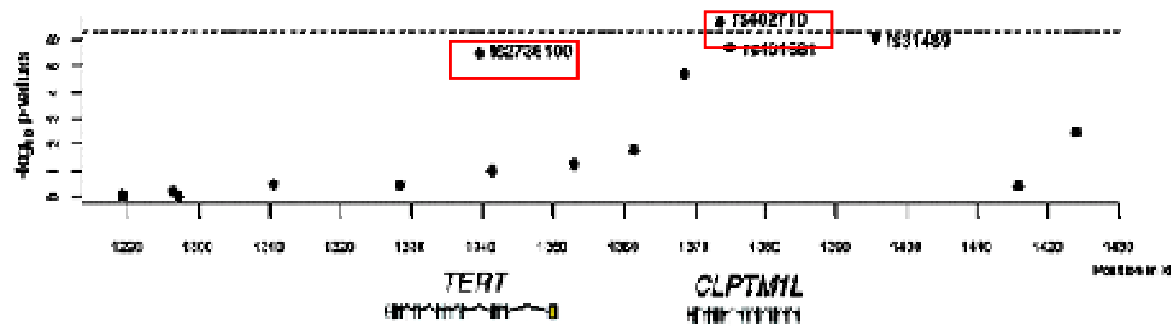
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# Detection & replication of lung cancer association on chromosome 5p



# Chromosome 5p15.33 association in lung cancer



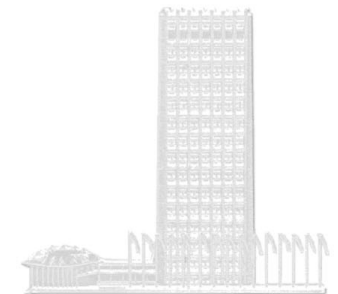
rs2736100-  
rs402710  
 $D'=0.231$ ,  
 $r^2=0.026$

TERT = reverse transcriptase component of telomerase  
CLPTM1L = cleft lip and palate transmembrane 1 like



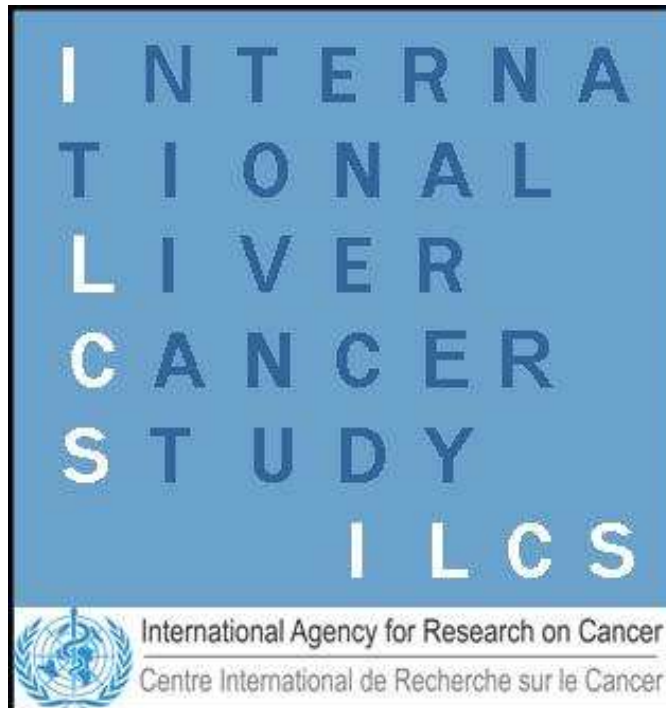
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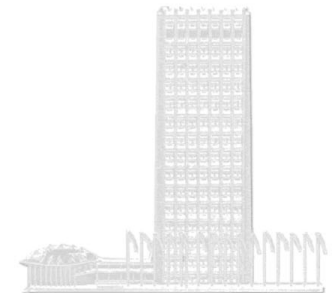




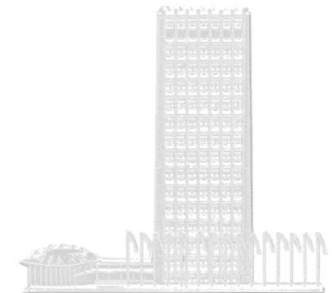
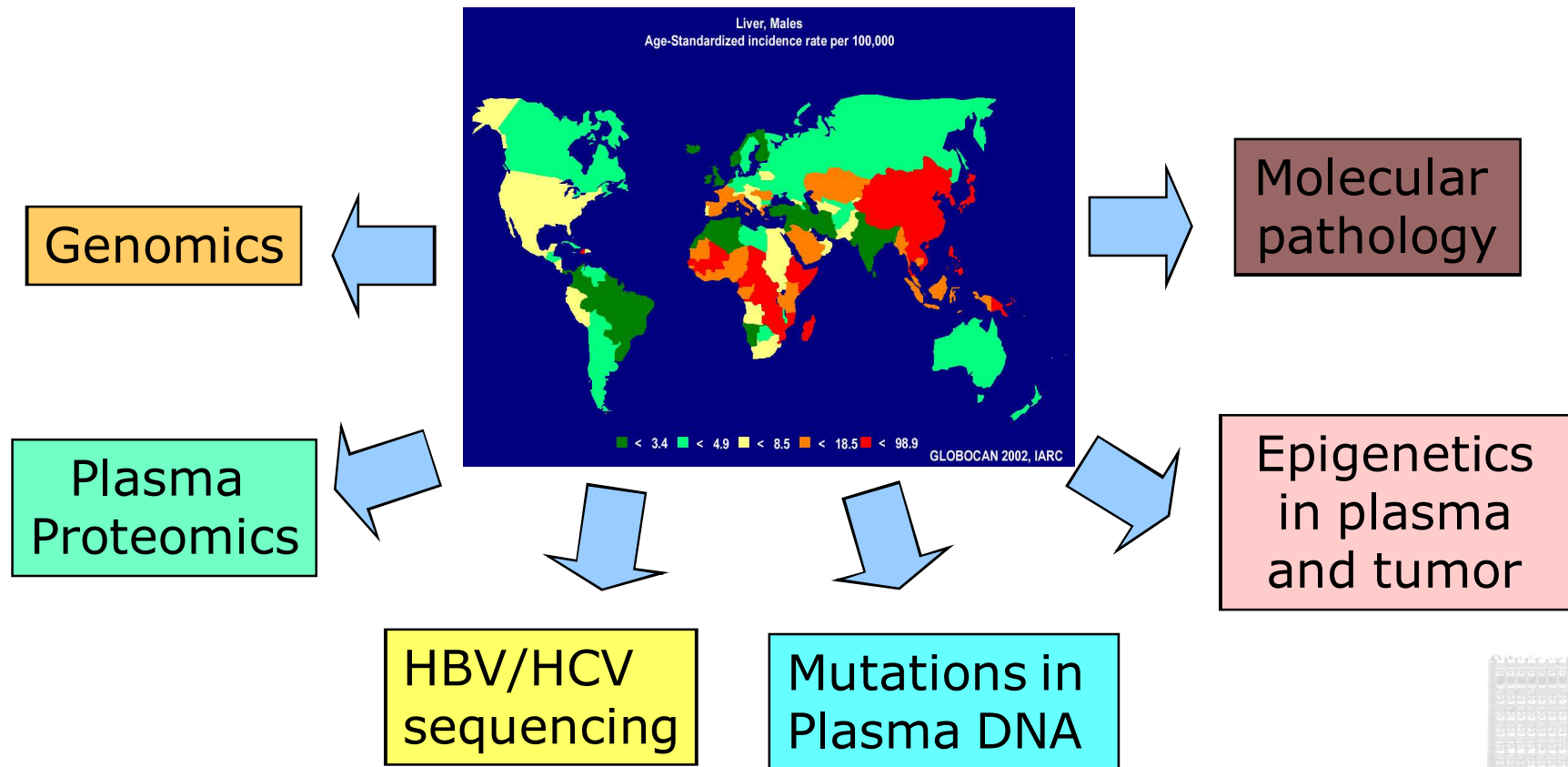
# International Liver Cancer Study



<http://ilcs.iarc.fr>



# Integrated approach for biomarker discovery: liver carcinogenesis



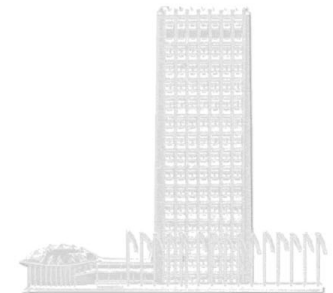
# Definition

- International Liver Cancer Study (ILCS): a global network of case/case, case-control and cohort studies to assess the geographic pathological, virological and molecular diversity of HCC in order to (1) discover biomarkers for prevention and early detection; (2) develop approaches for reducing the global mortality by HCC
- *ILCS is an initiative National Cancer Centers:* Kam Man Hui (Singapore), Tadao Kakizoe (Japan), David Kerr (United Kingdom), Thiravud Khuhaprema (Thailand), Srivatanakul Petcharin (Thailand), Khee Chee Soo (Singapore), Robert Thomas (Australia)



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# Structure of the Programme

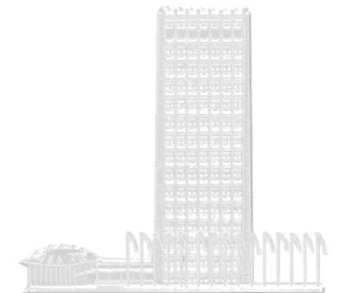
## Three-phases programme

1. Standardized protocol for constitution of an annotated biological resource
2. Protocols for large-scale, international studies for biomarker discovery
3. Validation studies in various epidemiological and clinical contexts

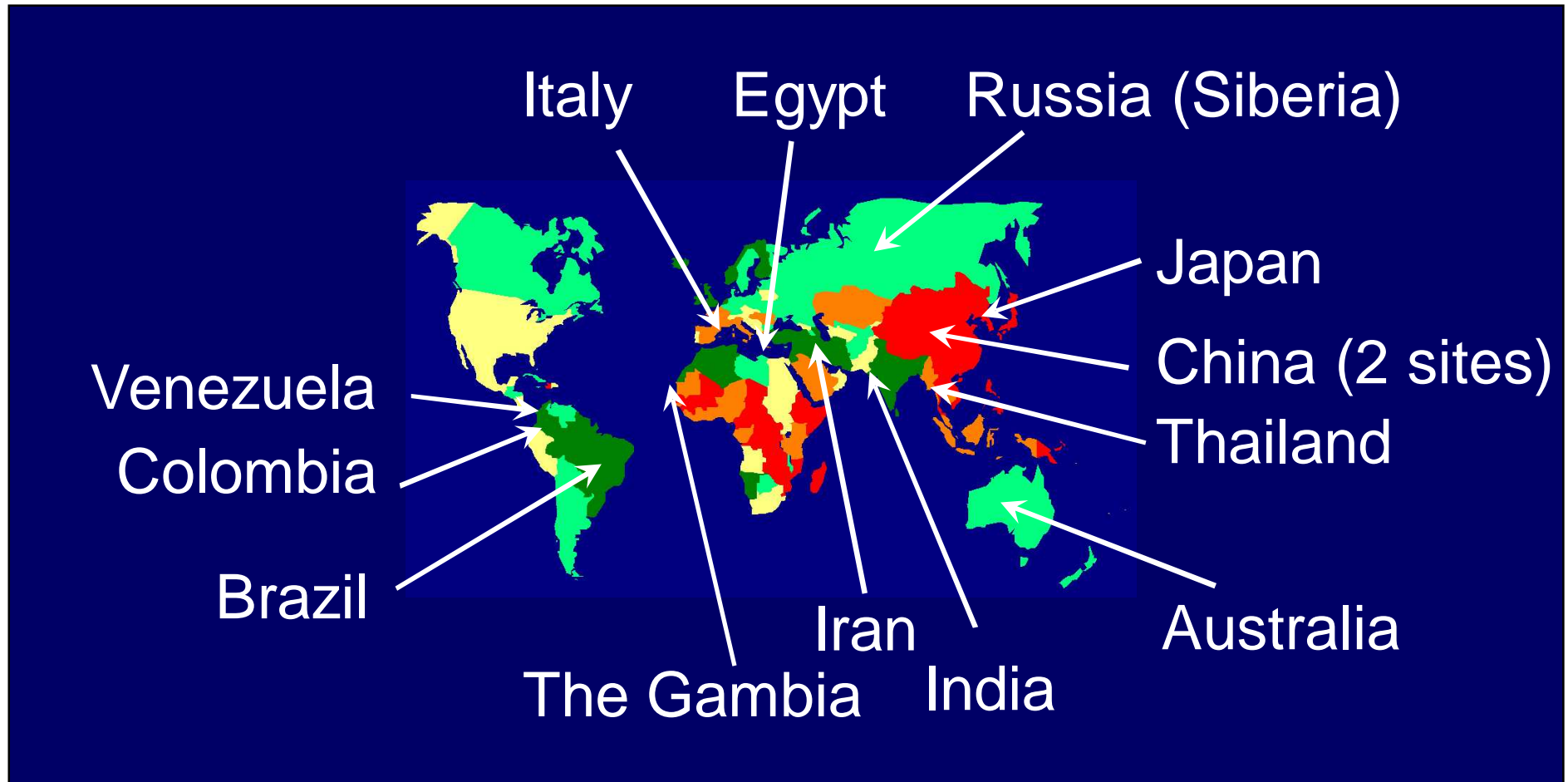


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# ILCS: Global outreach



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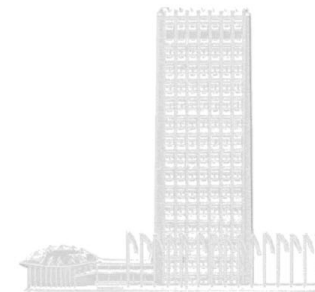
# Data and Specimen Collection

- Hospital setup
- Based on simple case definition (Clinical diagnosis, ultrasonography, AFP)
- Common clinical and epidemiological questionnaire
- Case-only design
- Case-control design
- Cohort study design
- Blood (fractionated and frozen OR Guthrie cards)
- Biopsies (FFPE, frozen, RNA later)
- Surgical specimen with adjacent tissue (Frozen)



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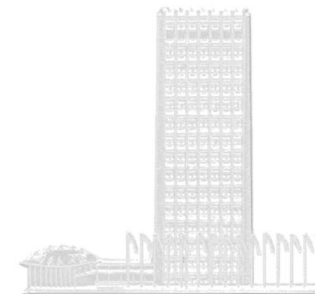
# Biobanking approach

- Each participating center develops a collection which is commensurate with its logistical and infrastructure capacity
- The basic, standard level is blood collection on Guthrie Card, which has been validated for DNA extraction, HBsAg, AFP and HBV genotyping
- For tissues, the basic standards are RNA-later and FFPE biopsies
- Only specialized centers collect samples for cryopreservation



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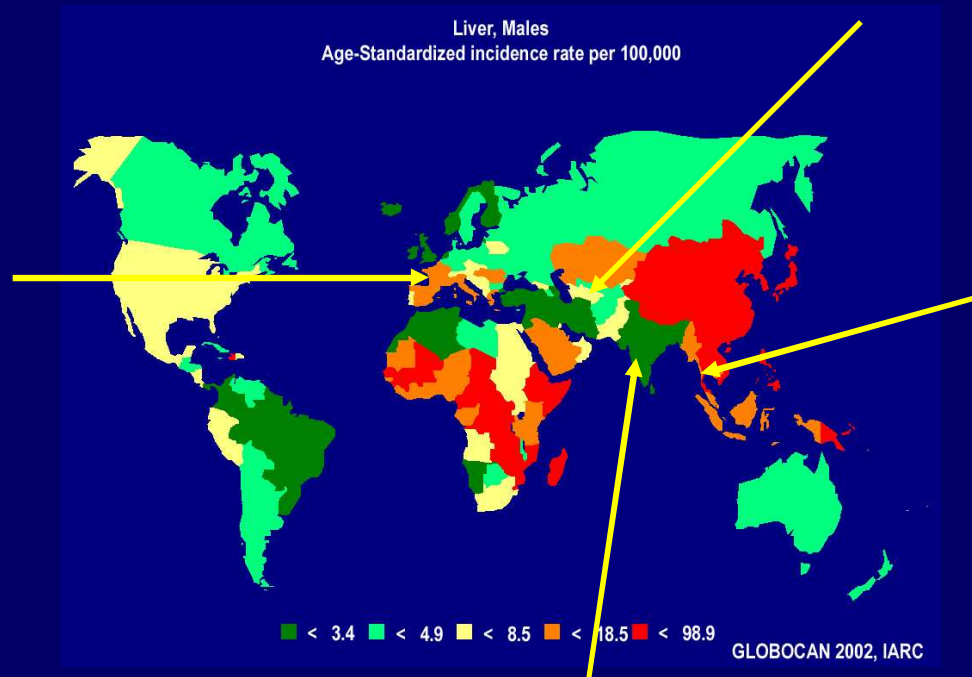


# Cohort Studies

Northern Iran: 50 000 subjects, 10 years follow-up, initiated 2001; Blood, Biospies; active follow-up

EPIC cohort: 111 cases of HCC, prospective design, Blood, follow-up by cancer registration, Started in 1992

Italy (Naples)



Thailand cohort: 1810 males aged +35, HBV carriers, recruited between 1987 and 1992, followed up since. blood samples; clinical follow-up; blood, frozen surgical samples

India (Trivandrum) cohort: 600 males and females, HBV carriers, recruited since 2003. New cohort of up to 2000 carriers to be recruited as nested study in a large population based cohort study; Blood, Tissues, active follow-up



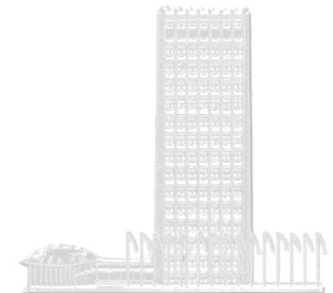
# Proteomics Pilot

- Aim: Discovery and validation of plasma proteomic biomarkers for early detection in particular in a non-cirrhosis context
- Within current HPPP coordinated by Dr Laura Beretta (Fred Hutchinson Cancer Research Center, Seattle)
- Studies to date are focusing on HCC in US, mostly in relation with HCV and cirrhosis
- Within ILCS, we are contributing additional collections from other parts of the world: The Gambia (done); Thailand (ongoing); Colombia (planned); Egypt (under discussion)



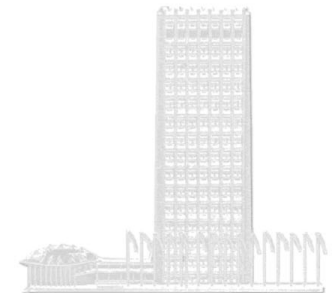
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# Proteomics Pilot: Validation phase

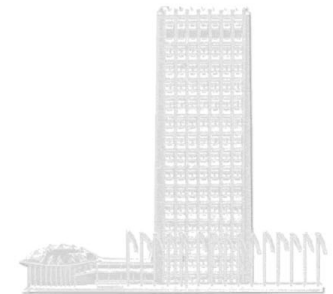
- Jan-June 2009: data mining, prioritization of markers of interest
- Constitution of validation series: HCV/Cirrhosis (USA); The Gambia (Case-control); Europe (EPIC, prospective); Thailand (HBV carriers, prospective); India (HBV carriers, prospective)
- First step of biomarker assessment and extension to other ILCS series



# An Integrated Model

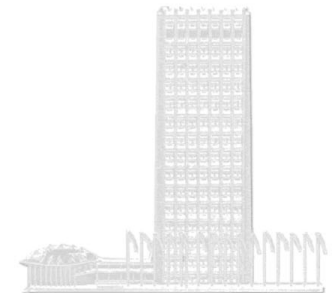
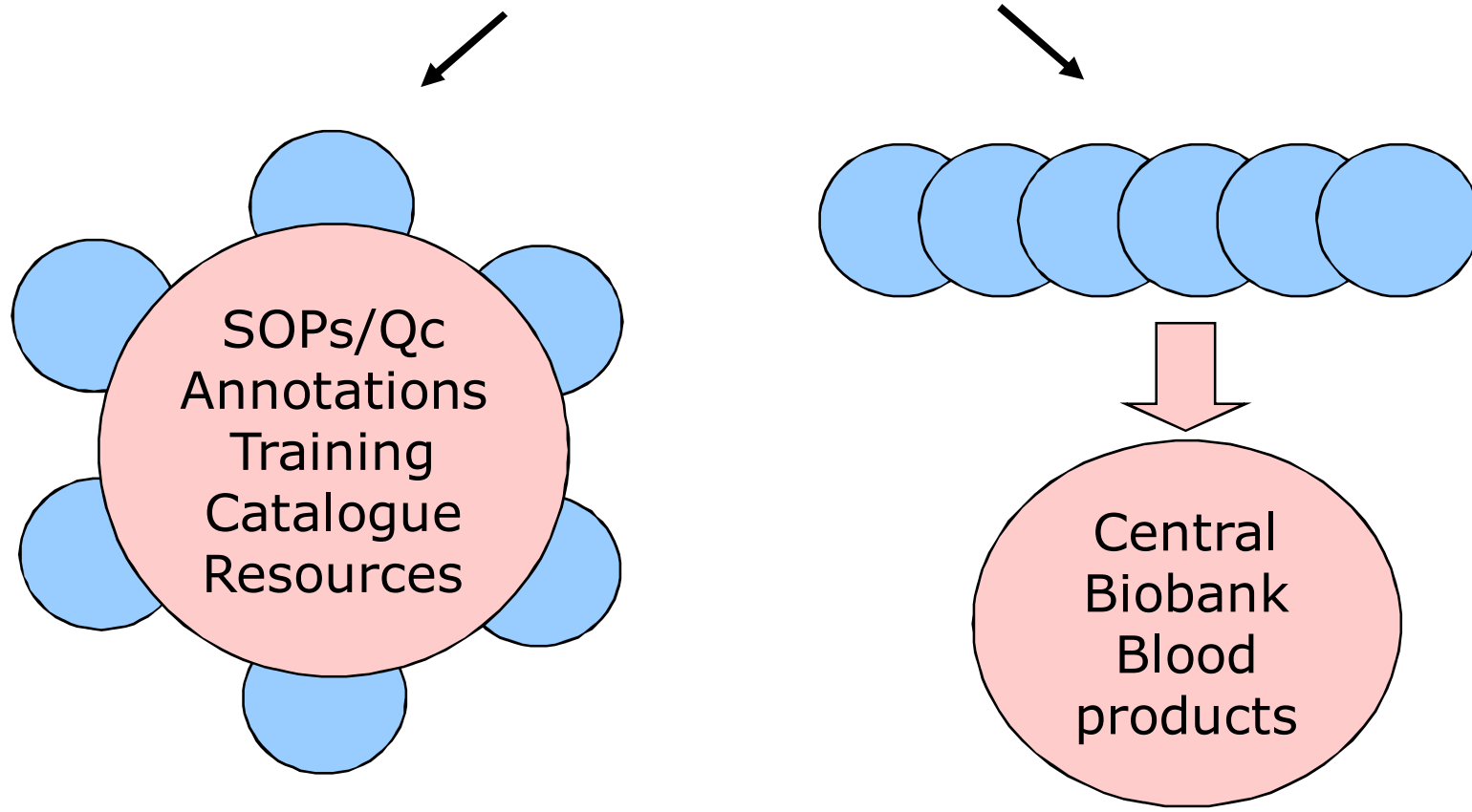


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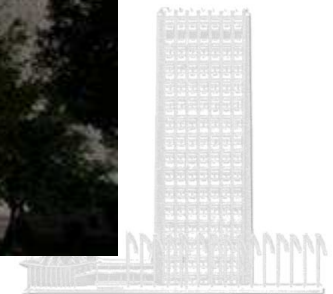
# Tissues/blood



# Building Large Instruments for Discovery



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# Further information

## Biobanks at IARC

Elodie Caboux, BRC Manager, [BRC@iarc.fr](mailto:BRC@iarc.fr)  
Carole Cravotto, BBMRI and Biobank coordination  
Dominique Bouchard, BRC secretary and administration  
BRC staff (7 technicians)

Scientific supervision: Pierre Hainaut  
Scientific strategy: Markus Pasterk

To receive an copy of these slides:  
[hainaut@iarc.fr](mailto:hainaut@iarc.fr)

To access IARC technical guidelines:

<http://www.iarc.fr/IARCPress/pdfs/StandardsBRC/index.php>



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