

Genes, environment, and “bad luck”

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Mobolaji Williams — Shakhnovich Journal Club— April 25, 2017

*(*All figures are from the paper unless otherwise cited)*

Is cancer caused by bad luck?

“It is a human trait to search for explanation for catastrophic events and rule out mere “chance” or “bad luck”.

- Nowak and Wallow

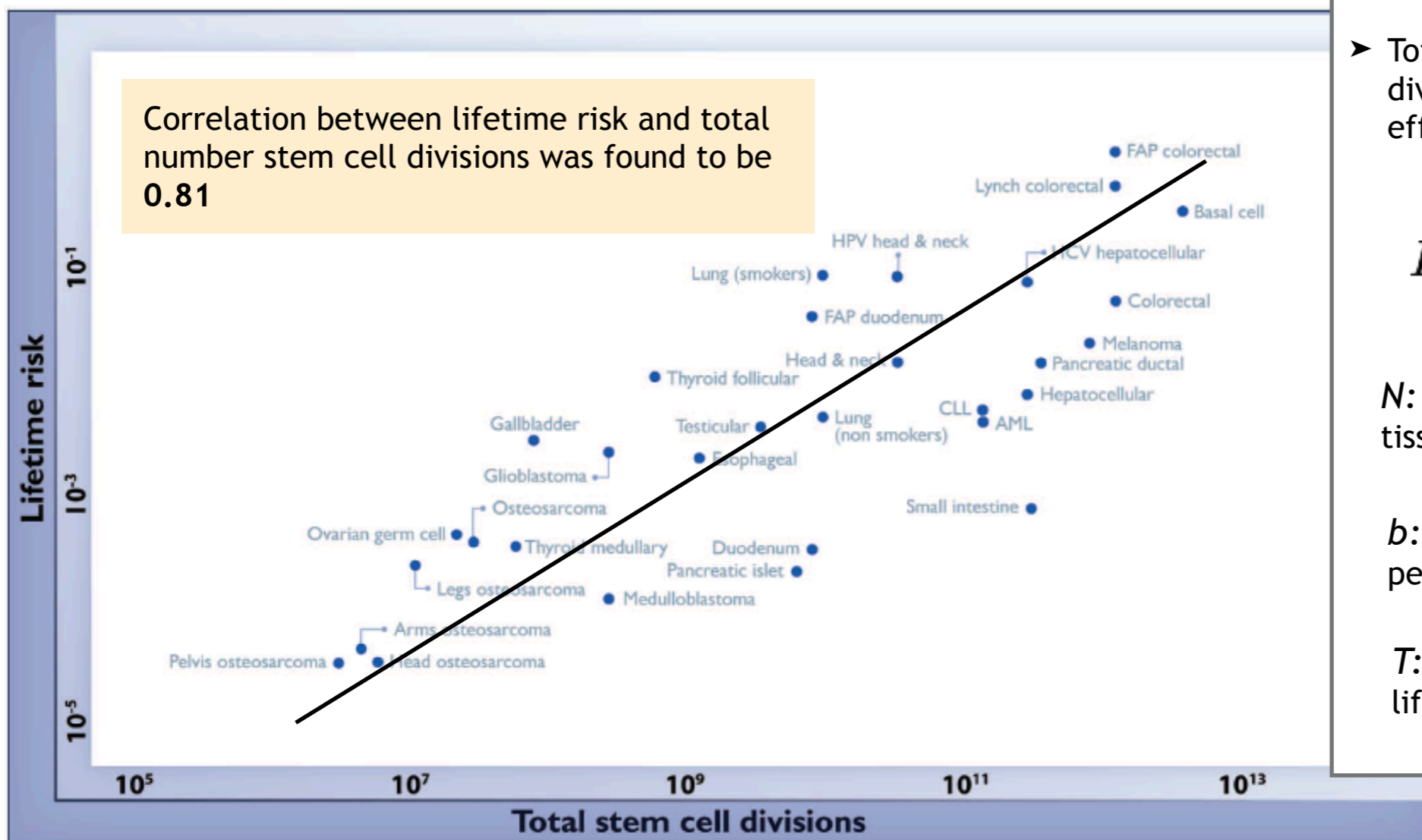
Authors’ Question: Is cancer mostly caused by bad luck (i.e., random mutations) and thus cannot be deliberately prevented?

Authors’ Answer: This question cannot be answered from data. Mathematical models of cancer are required to supplement the existing data analysis.

Risk and stem cells

In a 2015 study, Tomasetti and Vogelstein concluded that 65% of the variation in the risk of certain cancers was due to random stem cell divisions.

► Lifetime risk was taken from the Surveillance, Epidemiology, and End Results (SEER) database.



► Total number of stem cell divisions was calculated with an effective formula:

$$D = N \times b \times T$$

N : Number of stem cells in tissue where the cancer

b : Number of divisions per stem cell

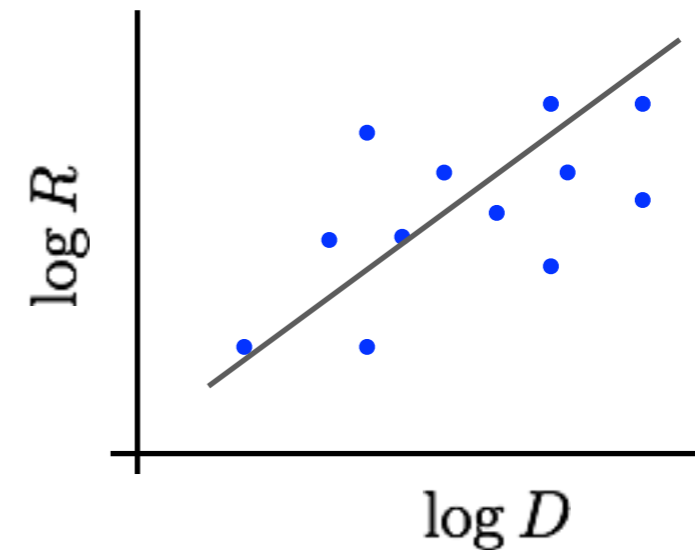
T : Estimated human lifespan

FAP = Familial Adenomatous Polyposis ♦ HCV = Hepatitis C virus ♦ HPV = Human papillomavirus ♦ CLL = Chronic lymphocytic leukemia ♦ AML = Acute myeloid leukemia

(From Tomasetti *et al* (2015))

Understanding the results

Correlation between lifetime risk and total number stem cell divisions was found to be **0.81**



Tomasetti and Vogelstein's result presents a **statistical account** of the relationship between lifetime risk and # of stem cell divisions, but no **biological account**.

How can we find an analytic relationship between $\log R$ and $\log D$?

Nowak and Waclaw's question: How do environment, heredity, and mutation rates enter into a calculation of the lifetime risk of cancer?



Deconstructing lifetime risk

Q: How, approximately, does “risk of death” depend on “initiation” and “progression”?

Lifetime probability of death from cancer

$$R = \int_0^T dt f(t) \int_0^{T-t} d\tau g(\tau)$$

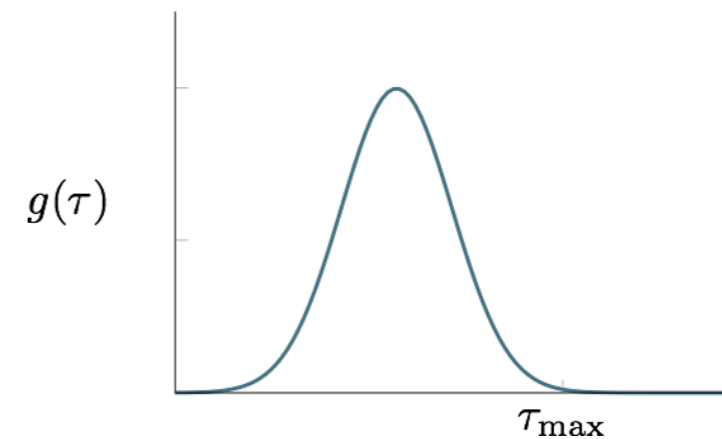
probability density for cancer cell arising when person is at age t

probability density for full progression of disease at some time further time τ .

Simplifying Assumption: We take $g(\tau)$ to be peaked at some $\tau = 5-20$ years and to fall off by some τ_{\max}

$$0 < \tau < \tau_{\max} \ll T$$

$$\int_0^{T-t} d\tau g(\tau) \simeq \int_0^{\tau_{\max}} d\tau g(\tau)$$



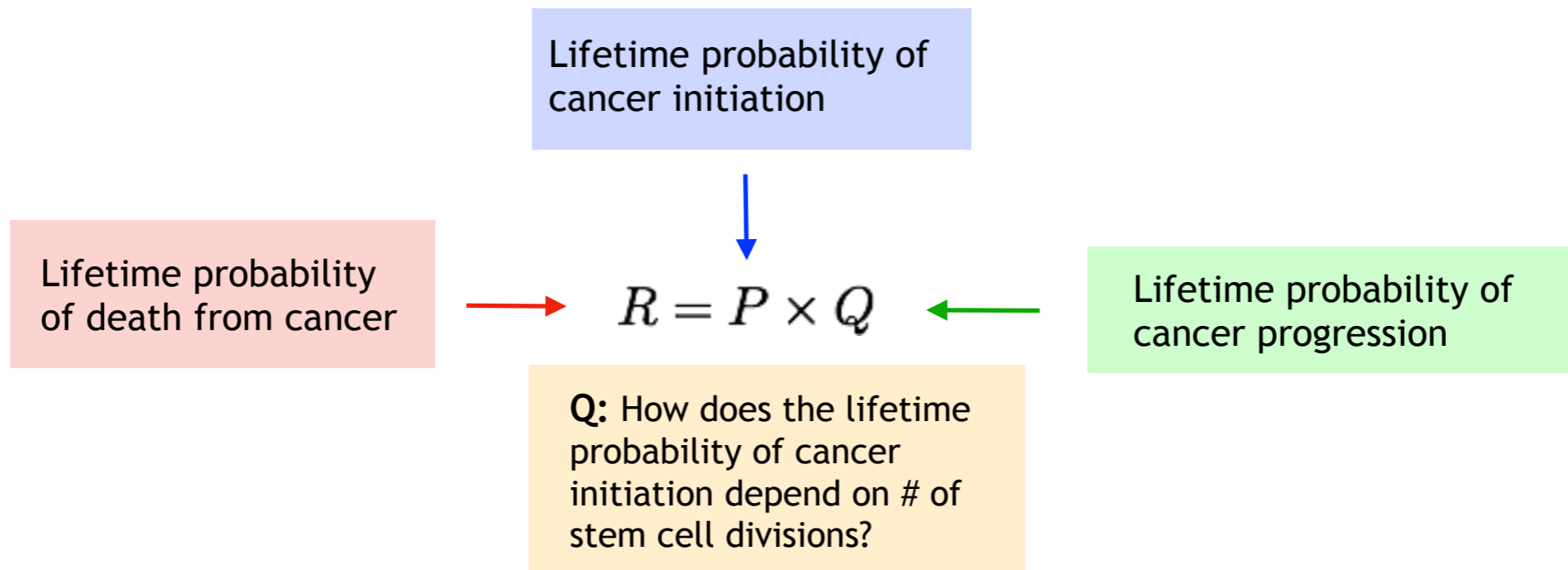
$$R \simeq \int_0^T dt f(t) \times \int_0^{\tau_{\max}} d\tau g(\tau)$$

$$= P \times Q$$

Lifetime probability of cancer initiation

Lifetime probability of cancer progression

Lifetime probability of cancer initiation



Main Formula:

$$P \simeq (\text{Number of stem cells}) \times (\text{Probability of oncogenic mutation at time } t) \times (\text{Probability of fixation})$$

N : Number of stem cells present in tissue where cancer originates
 b : Rate of division of a stem cell
 μ : Probability of activating an oncogene
 ρ : Average fixation probability of oncogene mutation

$$D = Nbt$$

(# of divisions of stem cell at time t)

“One-Hit” Model

(Single mutation causes initiation)

Probability of oncogenic mutation at time t : $b\mu t$

$$P \simeq N \times b\mu t \times \rho$$

$$P \simeq \rho\mu D$$

“Two-Hit” Model

(Two mutations are required for initiation)

Probability of oncogenic mutation at time t : $b\mu t \times b\mu t/2$

$$P \simeq N \times \frac{b\mu t \times b\mu t}{2} \times \rho$$

$$P \simeq \frac{\rho\mu^2 D^2}{2N}$$

Data and model comparisons

Lifetime probability of cancer initiation

Lifetime probability of death from cancer

$$R = P \times Q$$

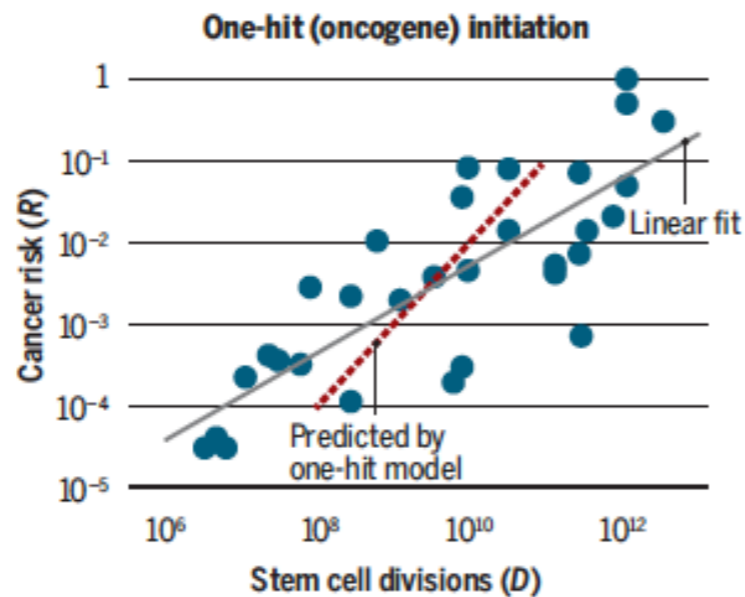
Lifetime probability of cancer progression

Q: How does the lifetime probability of cancer initiation depend on # of stem cell divisions?

“One-Hit” Model

(Single mutation causes initiation)

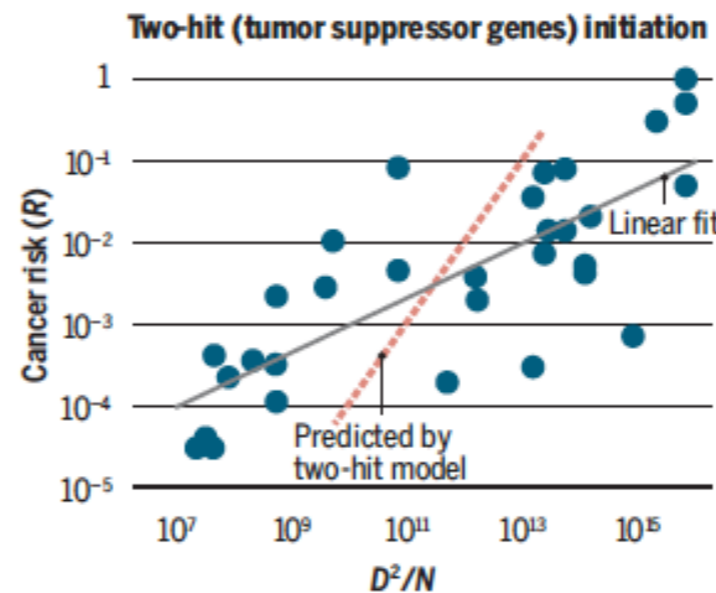
$$P \simeq \rho\mu D$$



“Two-Hit” Model

(Two mutations are required for initiation)

$$P \simeq \frac{\rho\mu^2 D^2}{2N}$$



$$\log R = \log D + \log(\rho\mu Q)$$

Both models predict a slope which is larger than that exhibited by the data.

$$\log R = \log(D^2/N) + \log(\rho\mu^2 Q/2)$$

Modifying model for better fit

Q: How can we modify model to encompass the results in the data?

A: We need to decrease the predicted slope!

*We'll focus on the "one-hit" model because it provides a good proof of concept.

"One-Hit" Model

(Single mutation causes initiation)

1. Progression probability Q , decreases with number of stem cell divisions D

$$Q(D) \propto D^{-k} \quad \text{for } 0 < k < 1$$

yields

$$\log R = (1 - k) \log D + \dots$$

$$\log R = \log D + \log(\rho\mu Q)$$

How can we decrease the predicted slope? (And what does this ability mean?)

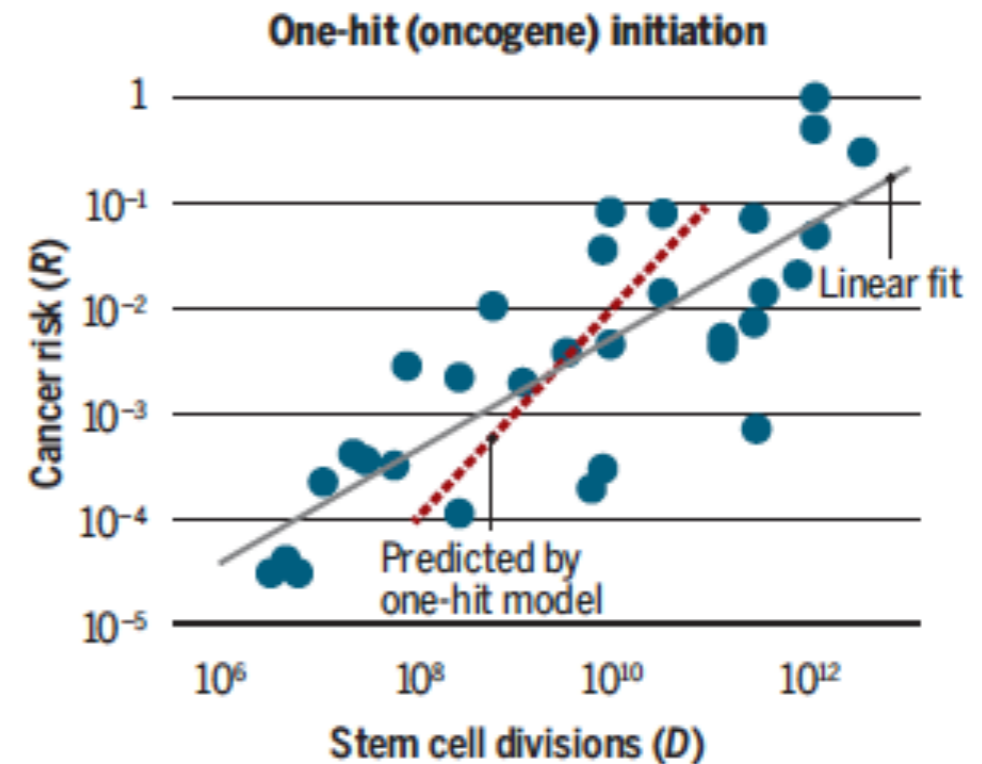
Author's point: Model provides a more precise accounting of how # of stem cell divisions can relate to cancer risk

2. There is an effective number of stem cells D_{eff} which is the more relevant parameter

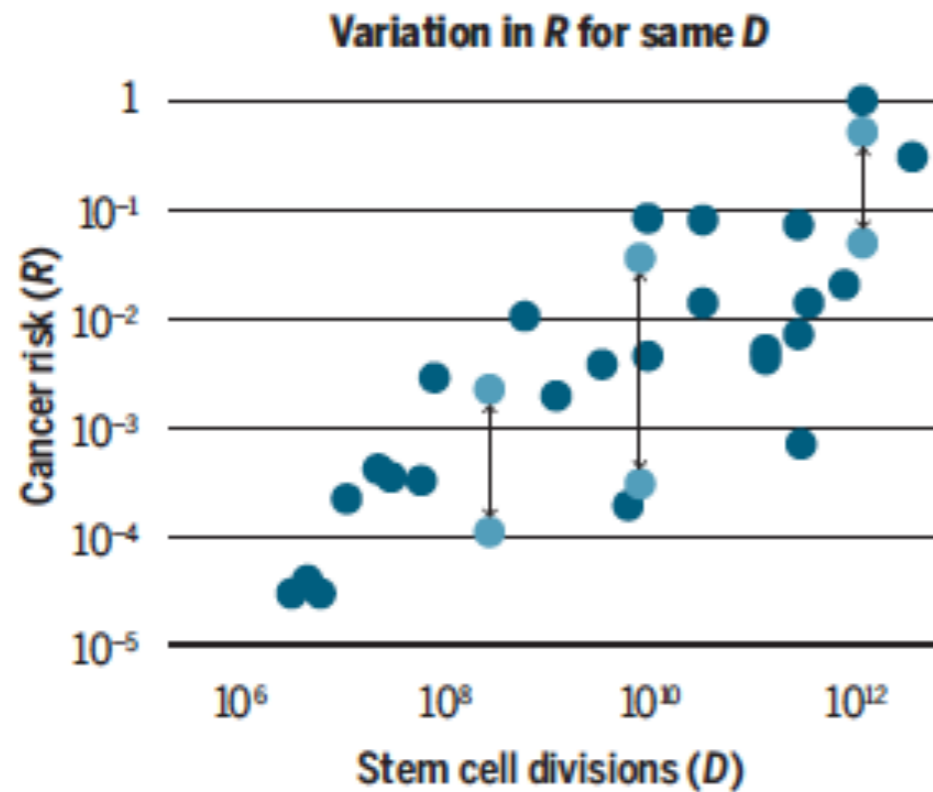
$$D_{\text{eff}} \propto D^m \quad \text{for } 0 < m < 1$$

yields

$$\log R = m \log D + \dots$$



Variation in risk for constant # of divisions



Q: How can the model explain variations in risk (R) for the same number of divisions (D)

Probability of progression of cancer

$$\log R = \log D + \log(\rho\mu Q)$$

Probability of fixation

Probability of activation of oncogene

More Specifically: There can be variations in

i) # of target genes leading to cancer initiation

ii) # of additional hits needed for progression

iii) Various rates of cell division and death

iv) exposure to environmental agents that change mutation rate

Generally:

Any of the parameters, in the second term can vary yielding different R for the same D .

Is cancer mostly not preventable?

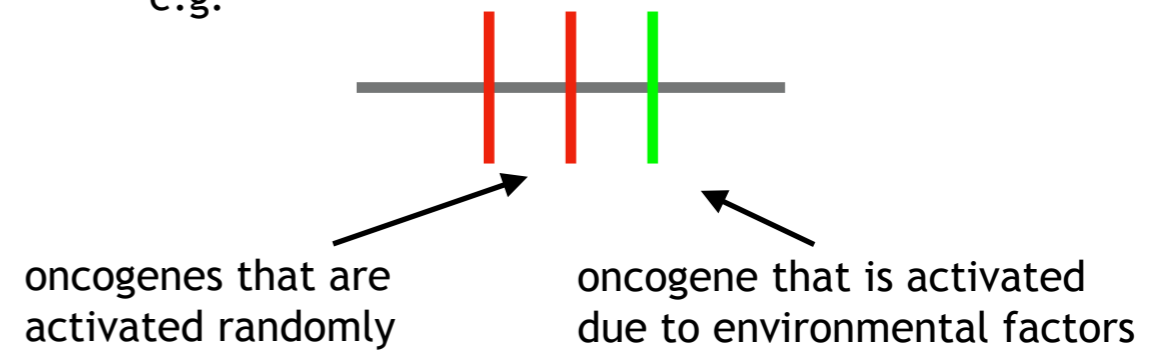
Tomasetti and Vogelstein find that most (i.e., 66%) of the mutations leading to cancer are due to random replication errors.

Q: Does this mean that cancer mostly cannot be prevented?

Author's deeper point: There needs to be a precise mathematical understanding of cancer in order to better interpret Tomasetti's and Vogelstein's results.

Author's claim: No!

e.g.



If progression requires all three, cancer is still preventable

End

