

Mutations of the p53 Gene in the Stool of Patients with Resectable Colorectal Cancer

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Presented at the Seventh Annual Meeting of the Japanese Research Society for Gastroenterological Carcinogenesis, Oita, Japan, September 8-9, 1995.

The authors thank Professor H. Shiku and M. Ohara for their helpful comments.

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Received December 4, 1995, accepted December 8, 1995

BACKGROUND. This study was undertaken to evaluate whether genetic analysis in the stool can be useful for detecting malignant tumors in the colon and rectum. We searched for the possible presence of mutations in the p53 gene in the stool of patients with resectable colorectal cancer. Alterations in the p53 gene are the most frequent among mutant genes related to colorectal cancer.

METHODS. Surgically resected tumor specimens and stool samples from 25 patients with colorectal cancer were examined for mutations of exons 5-8 of the p53 gene by polymerase chain reaction single-strand conformation polymorphism (PCR-SSCP). Results were compared with those achieved by fecal occult blood testing.

RESULTS. Mutations of the p53 gene were found in the tumor tissues in 11 of 25 patients (44%). Of these 11 patients, 7 (64%) had evidence of alterations in the p53 gene within the stool. Of five patients who were negative for fecal occult blood testing, p53 mutations in the stool were evident in three patients.

CONCLUSIONS. This method of stool DNA analysis for tumor-specific mutations is expected to have a wide application in clinical screening for colorectal cancer. *Cancer* 1996; 77:1707-10. © 1996 American Cancer Society.

KEYWORDS: p53 gene, DNA analysis, stool, colorectal cancer.

Previously, p53 gene mutations have been identified in the urine samples of patients with a high proportion of primary urinary bladder cancer,¹ and *ras* oncogene mutations have been detected in DNA purified from the stool of nine patients with curable colorectal tumors.² Alterations in the p53 gene are the most frequent among mutant genes related to colorectal cancer and mutations have been observed in 50-86% of colorectal cancers.³⁻⁶

We searched for the possible presence of the same mutations in the p53 gene in resected colorectal specimens and stool samples using the polymerase chain reaction single-strand conformation polymorphism analysis,⁷ with the objective of establishing a noninvasive and sensitive screening method for colorectal cancer.

MATERIALS AND METHODS

Sixteen Japanese men and 9 women (average age, 64 years) with histologically proven carcinoma of the colon and rectum were studied. One patient (Patient 8, Table 1) had a concomitant adenoma. Prior to surgery, the colon was cleansed with a laxative and kanamycin and metronidazole were given for 2 days. Stool samples were collected one day prior to surgery. Tumor samples were obtained from the surgically resected specimens. All samples were stored at a temperature of -80 °C.

DNA Preparation

DNA was first purified from the stool and tumor tissues using Sepagene® (Sanko Junyaku Co. Ltd, Tokyo, Japan). Briefly, approximately 100 mg

comprised of 90 seconds at 92 °C for denaturation, 90 seconds at 55 °C for annealing, and 1 minute at 72 °C for extension were run.

Single-Strand Conformation Polymorphism

The PCR products were examined by Single-Strand Conformation Polymorphism analysis to identify mutations in the p53 gene. The PCR mixture was heated at 90 °C with 7 μ L of a formamide dye mixture (95% formamide, 20 mM EDTA, 0.05% xylene cyanol, and 0.05% bromophenol blue), and 1.5 μ L of the mixture was applied to a 6% polyacrylamide gel containing 50 mM Tris-borate. Glycerol (5%) was also added. Electrophoresis was performed at 1800 volts with cooling by a fan for 2 hours at 4 °C and for 1.5 hours at room temperature. The gel was dried on filter paper and exposed to X-ray film for 24 hours at room temperature. Polymerase chain reaction-single-strand conformation polymorphism analysis was performed in duplicate.

Fecal Occult Blood Testing

To search for occult blood in the stool, the gold colloid immunochromatography method which reacts on human hemoglobin, was used.⁸

RESULTS

DNA was extracted from all tumor tissues, but in two patients (Patients 2 and 5), DNA could not be extracted from the stool (Table 1). Mean concentrations of extracted DNA in the tumor were 510 ± 558 μ g/mL (range, 60–2900 μ g/mL), and 561 ± 1168 μ g/mL (range, 16–4700 μ g/mL) in the stool. Amplification of exons 5–8 was successful in the tumor specimens of all patients, whereas it was unsuccessful in the stool sample in one patient (Patient 3; Table 1).

Mutations of the p53 gene were detected in exons 5–8 in the tumors of 11 of 25 patients (44%). Mutations were evident in exons 5 and 6 in three patients each, exon 7 in four patients, and exon 8 in one patient. Among the 11 patients, mutations of the p53 gene were identified in the stool of 7 patients (64%) (Fig. 1). However, there were no patients who showed the presence of mutations in the p53 gene in the stool of the absence of the mutation in the tissue (Table 1). No significant difference in clinicopathologic variables, including location and size of tumors and stage of the disease, was noted between groups with or without evidence of the p53 gene mutations in the tumor or stool samples.

Among the 25 patients, occult blood was positive in the stool of 20 patients (80%). In the remaining five patients who were negative for occult blood, mutations of the p53 gene were identified in three (Patients 11, 17, and 23, Table 1).

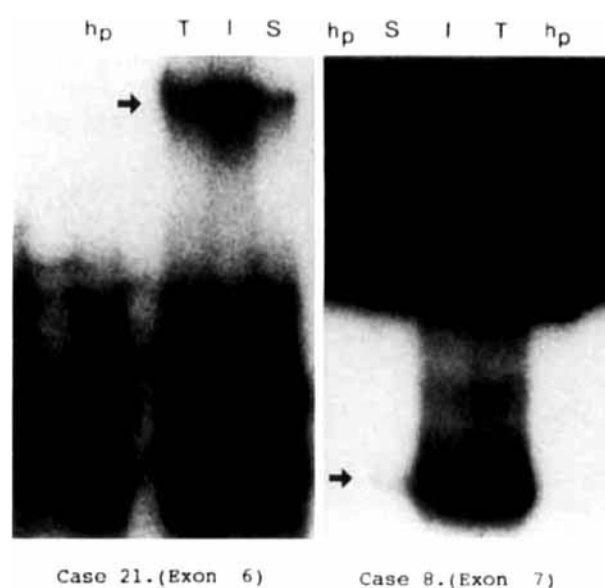


FIGURE 1. Detection of p53 mutations by polymerase chain reaction single-strand conformation polymorphism analysis. hp represents normal human placenta DNA. Arrowheads indicate bands that migrated at different positions from the normal ones. DNA from the stool sample was the same migration as DNA from the tumor in 7 of 11 patients (e.g., 8, Patient 21). T: tumor with mutant p53 genes; S: stool from the patient whose tumor was with mutant p53 genes.

DISCUSSION

There were 156,000 new cases of colorectal cancer diagnosed annually in the United States in 1992, and 58,200 patients died of the malignant disease,⁸ although a slow decline in the mortality of patients with this disease was reported.⁹ Early detection of colorectal cancer favorably alters the clinical course. Fecal occult blood testing has been the technique used to detect neoplasms in the large bowel. However, the measurement of occult blood in the stool using immunochemical methods is unsatisfactory because many tumors do not bleed.¹¹

A common cancer-related gene change that can occur at the gene level in the colon is a p53 mutation,^{3,4} and nearly all existing tumors can be detected by analysis of the four mutational hot spots, exons 5, 6, 7, and 8.^{11,12} In the present study, the p53 mutations were detected in the tumor tissues of 11 of 25 patients (44%); among these 11 patients, genetic alterations in the stool were found in 7 patients (64%). In addition, p53 mutations were detected in the stool of three patients with negative fecal occult blood testing.

Thus, this genetic approach can be useful for detecting a malignant tumor in the colon and rectum. Moreover, it also may be useful for detecting colorectal cancer in patients with false-negative fecal occult blood testing. However, although the present study illustrates the prin-

ciple that specific gene changes can be detected in the stool, molecular genetic approaches are not readily adaptable for screening for colorectal cancer. These analyses should provide criteria for a screening test because the simplicity, economic, feasibility, sensitivity, noninvasiveness, and overall accuracy of molecular genetic approaches are substantially better than those of fecal occult blood testing.¹³ Nevertheless, the results show that this strategy may serve as a pertinent method for screening individuals who are at high risk for colorectal cancer, particularly those with inherited syndromes, a personal history of adenoma or colorectal cancer, and inflammatory bowel disease.

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