





OPEN ACCESS

DNA damage repair as a target in pancreatic cancer: state-of-the-art and future perspectives

Lukas Perkhofer ¹, Johann Gout ¹, Elodie Roger ¹,
Fernando Kude de Almeida,² Carolina Baptista Simões,³ Lisa Wiesmüller,⁴
Thomas Seufferlein,¹ Alexander Kleger ¹

Journal club presentation

25-11-1400

Gut, a leading international journal from BMJ and BSG, publishes cutting-edge gastroenterology and hepatology research

Impact Factor: 23.059

Citescore: 35.6

[All metrics >>](#)

Gut is a [Plan S compliant Transformative Journal](#).

Gut is a leading international journal in gastroenterology and hepatology and has an established reputation for publishing first class clinical research of the alimentary tract, the liver, biliary tree and pancreas. Gut delivers up-to-date, authoritative, clinically oriented coverage in all areas of gastroenterology and hepatology. Regular features include articles by leading authorities describing novel mechanisms of disease and new management strategies, both diagnostic and therapeutic, likely to impact on clinical practice within the foreseeable future.

Gut is an official journal of the [British Society of Gastroenterology](#) and has two companion titles, [Frontline Gastroenterology](#) for education and practice and [BMJ Open Gastroenterology](#) for sound science clinical research.

Editor-in-Chief: Professor Emad El-Omar, University of New South Wales, Sydney, Australia

[Editorial Board](#)

TOP CITED ARTICLES

Read the [most-cited articles from the past three years](#) for free.

SOCIAL MEDIA AND MULTIMEDIA

Keep up-to-date with Gut on [Twitter](#) and [Facebook](#), and access videos on our [YouTube](#) channel.

The Gutblog is now live - read the [latest posts from the team](#).



Gut publishes podcasts discussing highlights from its issues. Subscribe in all podcast platforms, including [Apple Podcasts](#), [Google Podcasts](#), [Stitcher](#) and [Spotify](#).

[Guidance from BSG: COVID-19 and Endoscopy](#)



Profile

General interests

Staff

Postdocs & Clinician
Scientist

Ph.D/ M.D students:

Technical assistants

Funding

Join our group

Publications of AG
Seufferlein

AG Prof. Dr. Seufferlein

Cancer represents one of the deadliest diseases of our century. Tumor cells are characterized by the ability to grow uncontrollably, change their shape, acquire invasive properties and to spread through the blood stream to other parts of the body where they form metastases. Our lab is committed to investigate various aspects of tumorigenesis and tumor progression of pancreatic cancer (PDAC) and aims at characterizing the role of crucial signaling pathways controlled by several protein kinases.

General interests

**Group: Tumor angiogenesis,
Metastasis and Cancer
metabolism** >

**AG Eiseler: Exosomes in
metastasis and inflamma-
tion** >

**AG Armacki: In Vivo and Ex
Vivo Models** >

Staff

Department Director



Prof. Dr. Thomas Seufferlein

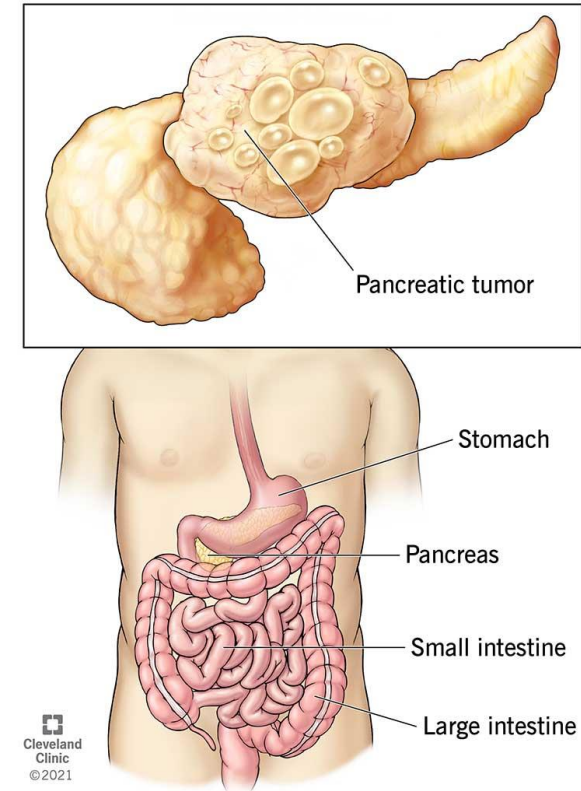
Ärztlicher Direktor der Klinik für Innere Medizin I (Speiseröhre, Magen, Darm, Leber und Niere sowie Stoffwechselerkrankungen) und Sprecher des Darmzen- trums

[✱ Kontakt](#)

[👤 Details](#)

Pancreatic ductal adenocarcinoma (PDAC)

- Pancreatic ductal adenocarcinoma (PDAC) is an exceptional malignancy with a distinct biology and epidemiology.
- It is nowadays **the fourth leading cause** of cancer-related deaths in the Western world and one of the few cancers with a rising incidence.
- Median overall survival (mOS) in advanced disease rarely exceeds **1 year**, resulting in a 5-year OS of <10% for all stages.
- PDAC has shown the least therapeutic progress out of all major GI cancers over the last decades.



PDAC has very poor prognosis

The poor prognosis of PDAC is mainly caused by a unique molecular complexity including:

- (i) a desmoplastic and immunosuppressive stroma
- (ii) a high level of intratumoural and intertumoural heterogeneity
- (iii) early metastasis
- (iv) high chemoresistance

Numerous, but not all clinical trials on PDAC have failed over the last decade.

Adjuvant treatment options:

- Single gemcitabine
- Gemcitabine/ capecitabine
- Folinic acid, fluouracil, irinotecan, oxaliplatin (FOLFIRINOX)
- **Neoadjuvant** treatment concepts are currently being investigated.

The standard of care in advanced PDAC:

- FOLFIRINOX
- Nanosized albumin-bound paclitaxel (nab-PTX) + gemcitabine

Driver mutations

- Activating KRAS mutations
- Loss of distinct tumour suppressor gene pathways (eg, *TP53*, *CDKN2A*, *SMAD4*).

[\(https://portal.gdc.cancer.gov/\)](https://portal.gdc.cancer.gov/)

Oncogenic KRAS may synergise with additional tumour suppressor mutations to deregulate **double-strand break (DSB)** repair and subsequently induce genomic instability.

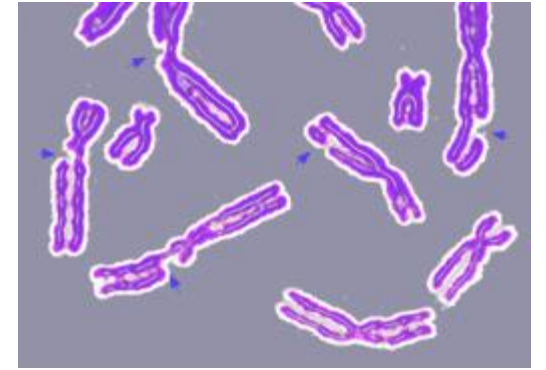
- High number of **passenger mutations** causes the high intratumoural and intertumoural **heterogeneity**.
- To approach this heterogeneity, **transcriptional profiling** of purified pancreatic cancer epithelial cells allowed a certain degree of subgrouping, having led to various partly overlapping classifications according to Collisson *et al*,¹⁸ Moffitt *et al*¹⁹ and Bailey *et al*.²⁰
- However, **transcriptional phenotypes** could be recently integrated with **genomic alterations** by using whole-genome analysis from purified epithelium.

- **Single-cell RNA sequencing:** molecular subtypes are specifically linked to copy number aberrations, for example, in the *KRAS* gene.
- To genomically classify PDAC according to patterns of variation in chromosomal structure, four subtypes have been defined and also allowed predictions in terms of a given treatment:
(i) '*stable*', (ii) '*locally rearranged*', (iii) '*scattered*' and (iv) '*unstable*' (Waddell et al 2015)
- The **Unstable** accounts for around 14% of PDACs and harbours mutations in **the genes responsible for DNA repair** (*BRCA1/2*, *PALB2* and *ATM*).
- Mutations in DNA Repair genes also cluster in inherited forms of PDAC (Roberts et al 2016)
- Waddell N, Pajic M, Patch A-M, et al. Whole genomes redefine the mutational landscape of pancreatic cancer. *Nature* 2015;518:495–501.
- Roberts NJ, Norris AL, Petersen GM, et al. Whole genome sequencing defines the genetic heterogeneity of familial pancreatic cancer. *Cancer Discov* 2016;6:166–75.

A significant proportion of human PDACs with either somatic or germline mutations in DDR genes might benefit from tailored, targeted therapies. These aspects form the focus of the current review.

DNA Damage Repair (DDR)

[From Bruce Alberts]



Maintaining the **genetic stability** that an organism needs:

- An extremely accurate mechanism for **replicating DNA**
- Mechanisms for repairing the many accidental lesions that DNA continually suffers.

Spontaneous changes in DNA are immediately corrected by a set of processes that are collectively called **DNA damage repair**.

Tens of thousands of random changes are created every day in the DNA of a human cell by:

- Heat
- Metabolic accidents
- Radiation of various sorts (sun light, etc)
- Exposure to substances in the environment

Only a few changes (**less than 0.02%**) accumulate as permanent mutations in the DNA sequence. The rest are eliminated with remarkable efficiency.

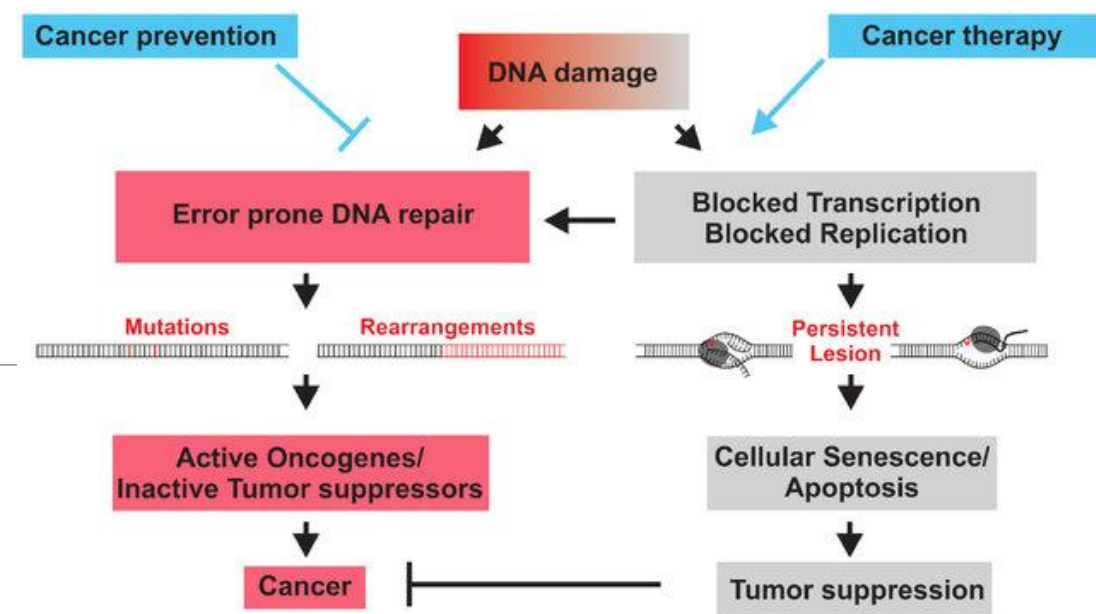
The importance of DNA repair is evident from:

- The large investment of the cells: **Several hundred genes** of most genomes are devoted to DNA repair.
- Increased rate of mutations that follows the inactivation of a DNA repair gene.

Inability to repair DNA leads to:

- Cancer
- Aging

DNA DAMAGE REPAIR (DDR) AND CANCER



DNA damage is a **common event** and **must undergo immediate repair** in order to ensure the exact transfer of genetic information during cell division.

In carcinogenesis:

The **impairment of DDR** can lead to an accumulation of genomic defects and subsequent malignant transformation, cancer progression and further impairment of the DNA repair capacity.

In cancer therapy:

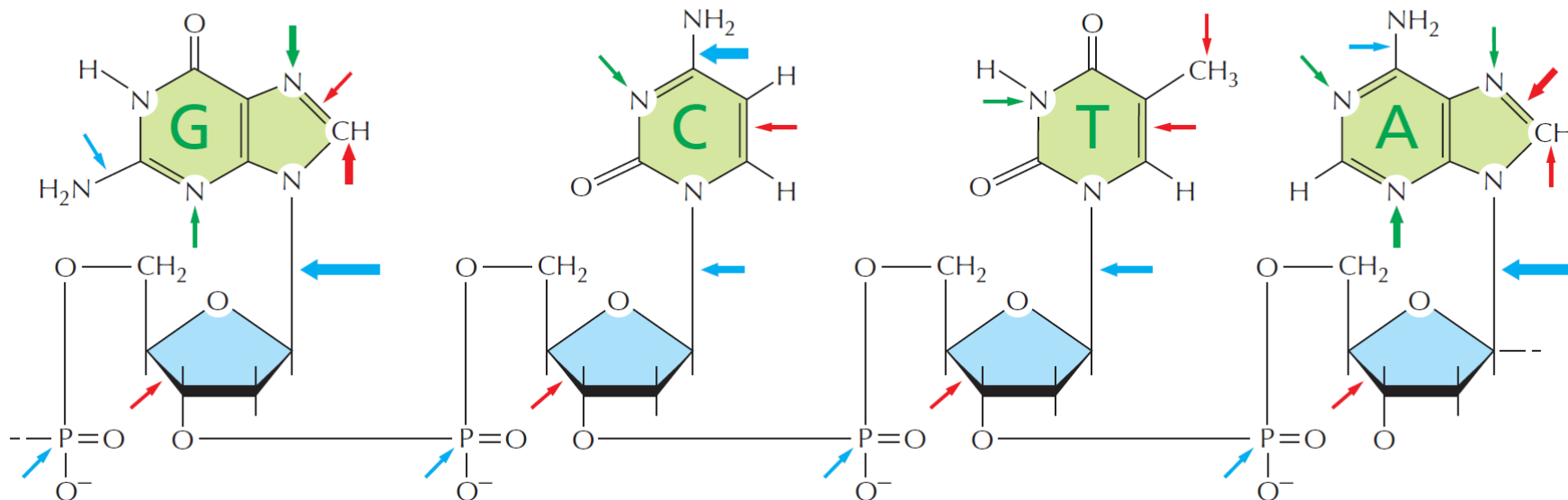
By contrast, the **DDR function** gives growth advantages to tumor clones with disturbed genomic integrity.

Endogenous DNA lesions

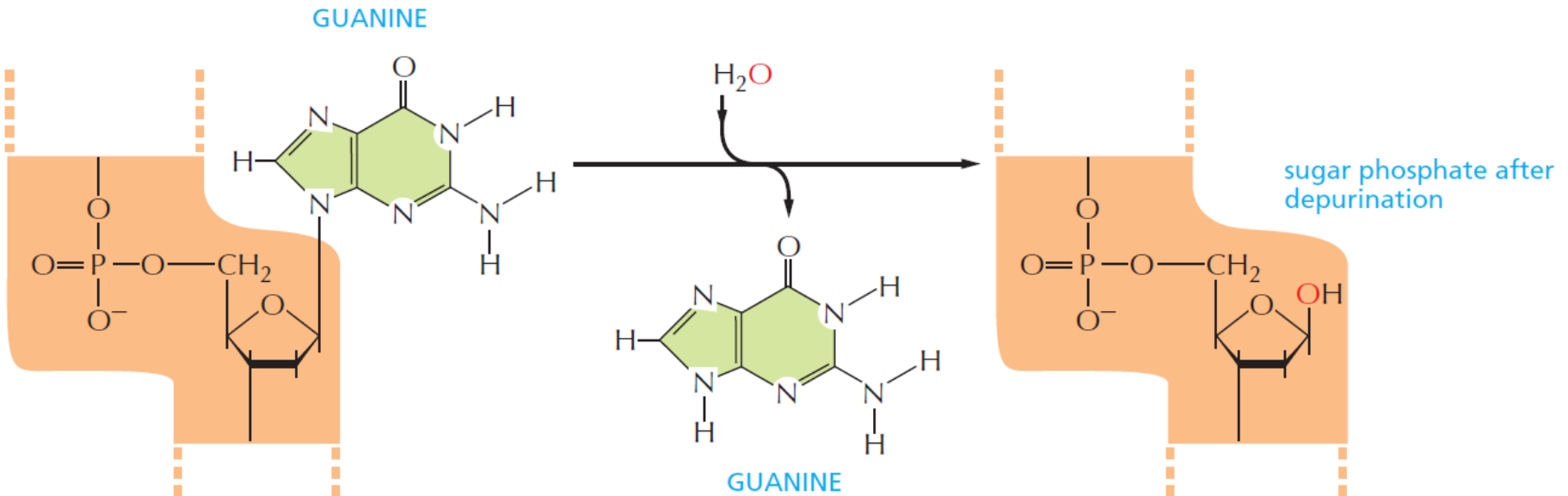
TABLE 5-3 Endogenous DNA Lesions Arising and Repaired in a Diploid Mammalian Cell in 24 Hours

DNA lesion	Number repaired in 24 h
Hydrolysis	
Depurination	18,000
Depyrimidination	600
Cytosine deamination	100
5-Methylcytosine deamination	10
Oxidation	
8-oxo G	1500
Ring-saturated pyrimidines (thymine glycol, cytosine hydrates)	2000
Lipid peroxidation products (M1G, etheno-A, etheno-C)	1000
Nonenzymatic methylation by S-adenosylmethionine	
7-Methylguanine	6000
3-Methyladenine	1200
Nonenzymatic methylation by nitrosated polyamines and peptides	
O ⁶ -Methylguanine	20–100

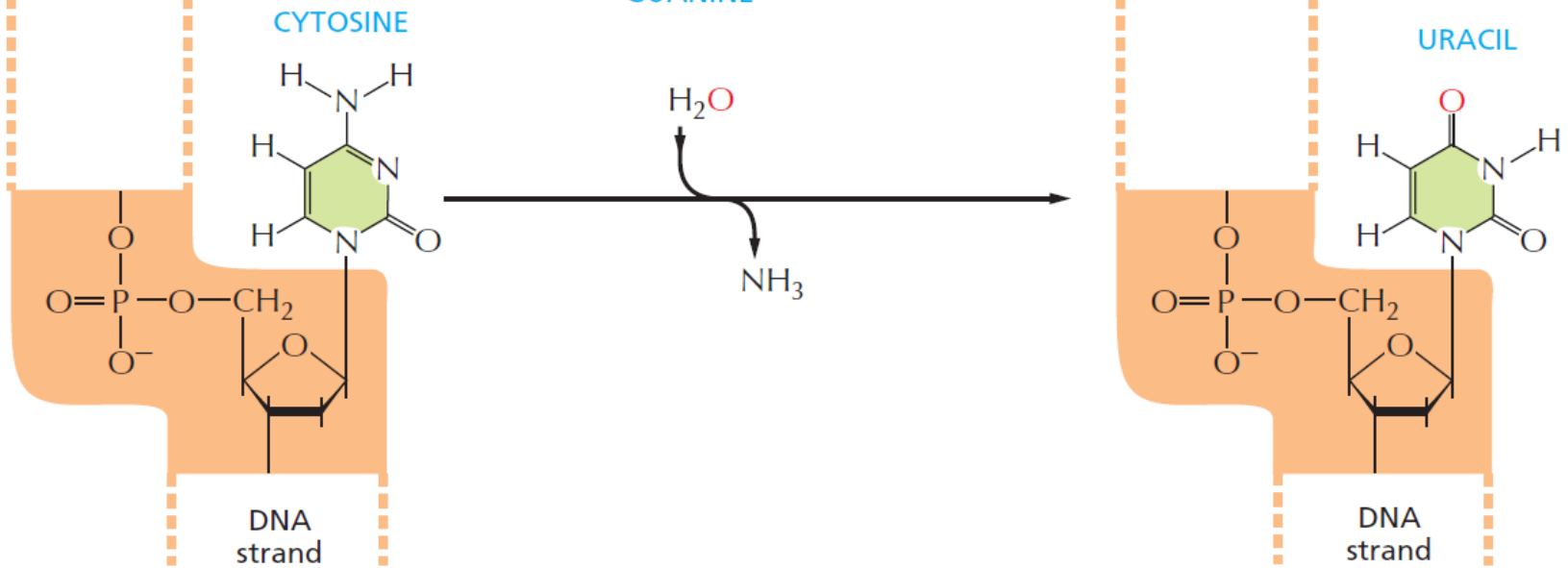
normal chemical reactions that take place and radiation suffer greater and more damage.
E. Barnes, *Cold Spring Harb. Symp.*



DEPURINATION



DEAMINATION



Major DNA lesions can occur in two ways:

- Single-strand break (SSB) including mono-adducts
- Double-strand breaks (DSB) including interstrand crosslinks

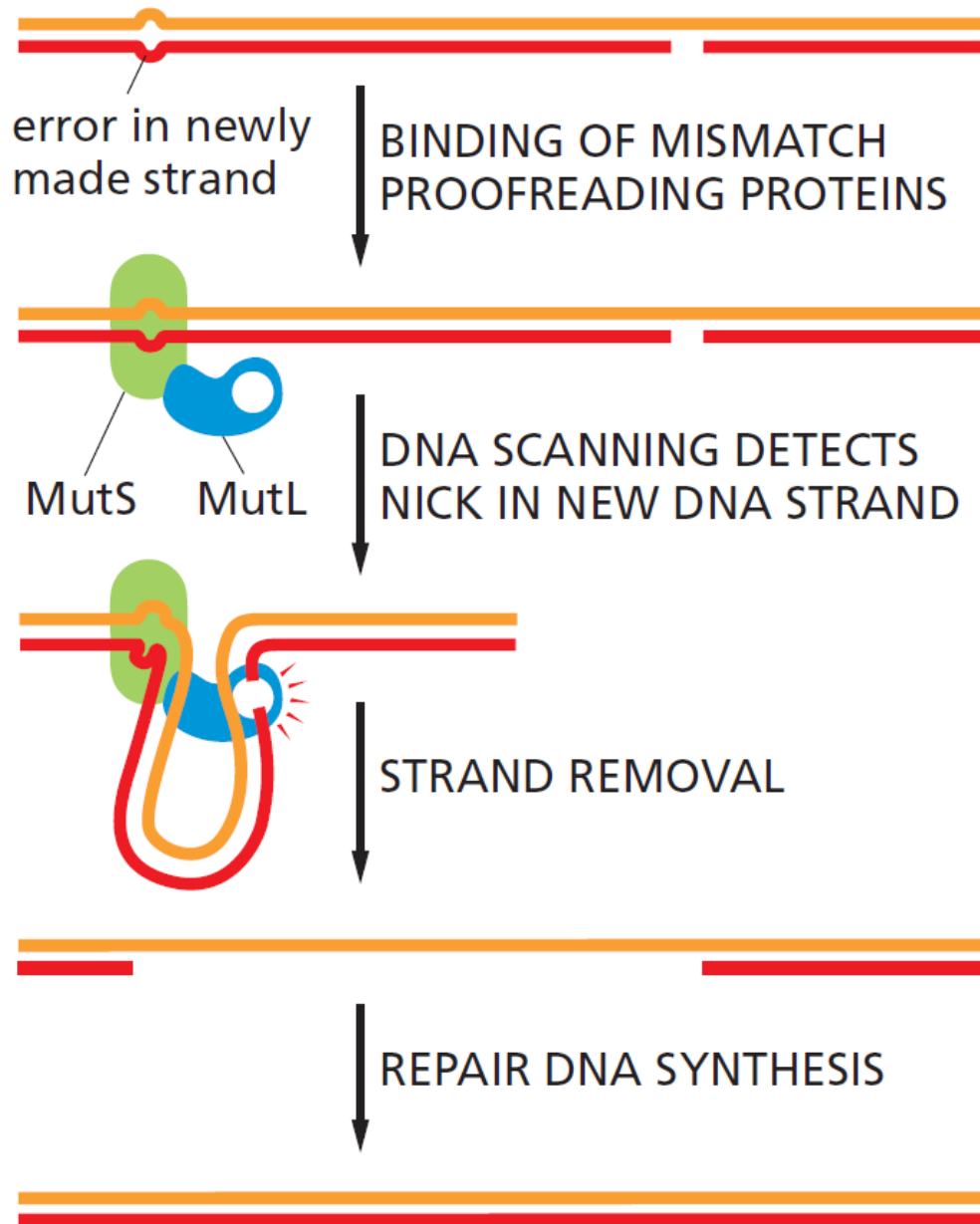
Damage affecting a single DNA strand (including SSB) can be repaired by:

- Base excision repair
- Mismatch repair (MMR)
- Nucleotide excision repair (NER)

- Accumulation of unresolved SSBs induces DSB formation, namely when encountering a replication fork.

Two main mechanisms repairing DSB repair:

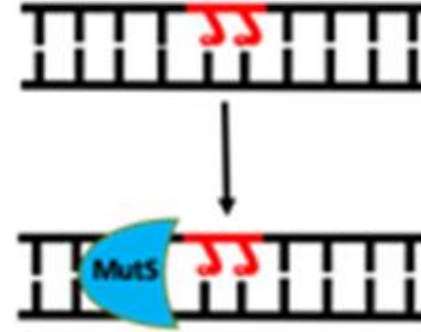
- Non-homologous end joining (NHEJ)
- Homologous recombination (HR)



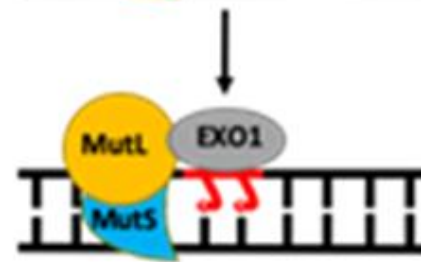
Strand-directed mismatch repair

- **MutS** binds specifically to a mismatched base pair, while **MutL** scans the nearby DNA for a nick.
- Once MutL finds a nick, it triggers the degradation of the **nicked strand all the way back through the mismatch**.
- Because **nicks are largely confined to newly replicated strands** in eukaryotes, replication errors are selectively removed.
- In bacteria, an additional protein in the complex (MutH) nicks unmethylated (and therefore newly replicated) GATC sequences, thereby beginning the process .
- MutS protein **scans the DNA for mismatches** by testing for sites that **can be readily kinked**, which are those with an abnormal base pair.

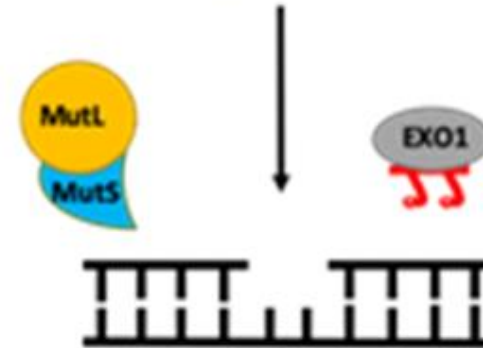
MutS recognition



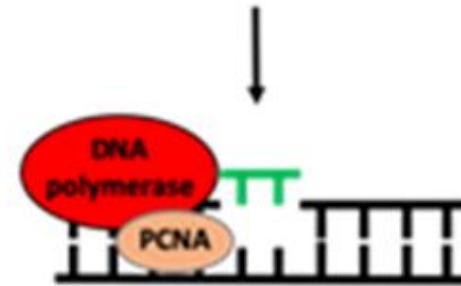
MutL complex recruitment



Damaged lesion removal



DNA sequences generation



DNA ligation



Nucleotide excision repair (NER)

Repairs the damage caused by almost any large change in the structure of the DNA double helix.

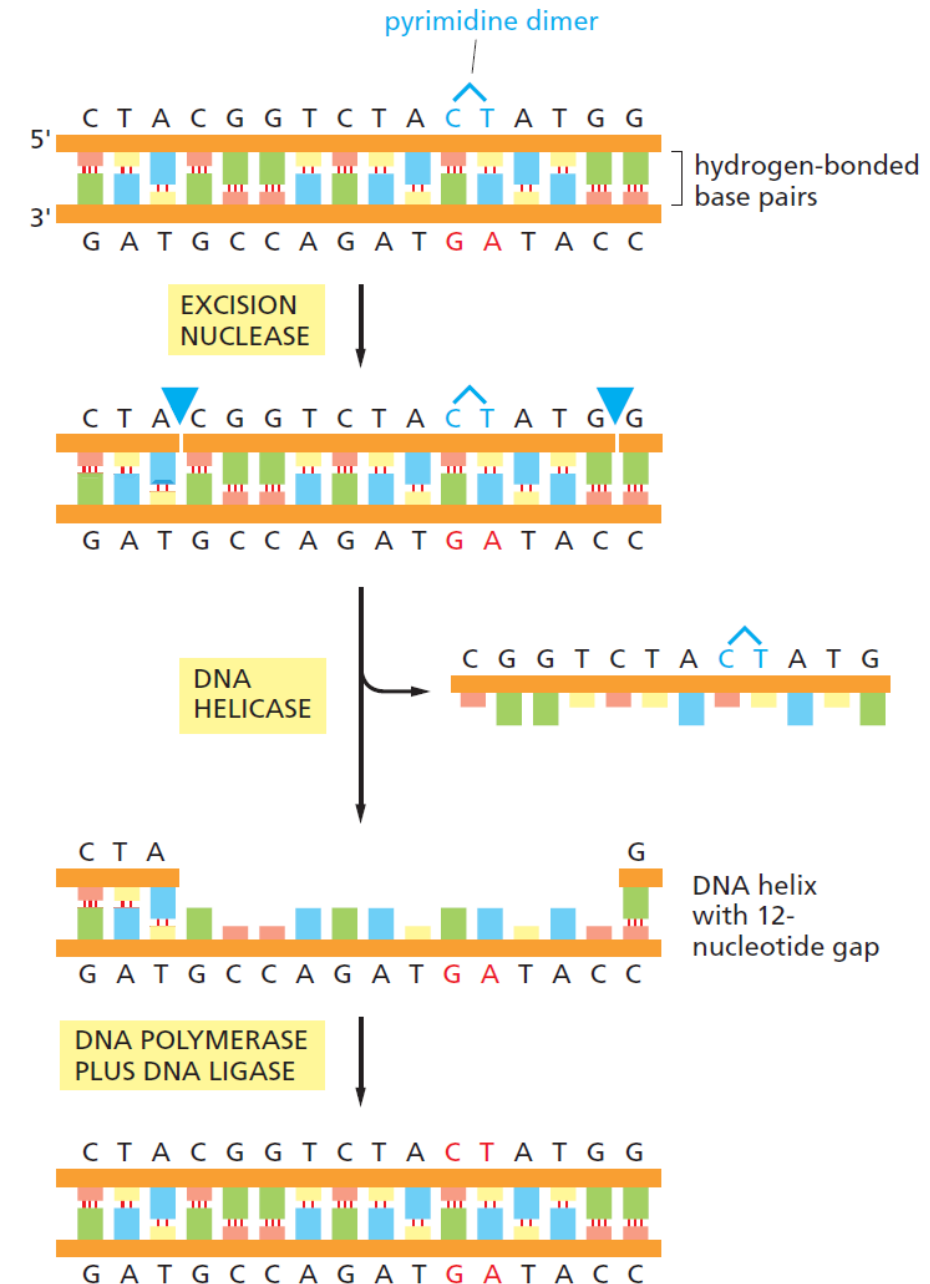
Such “bulky lesions” include:

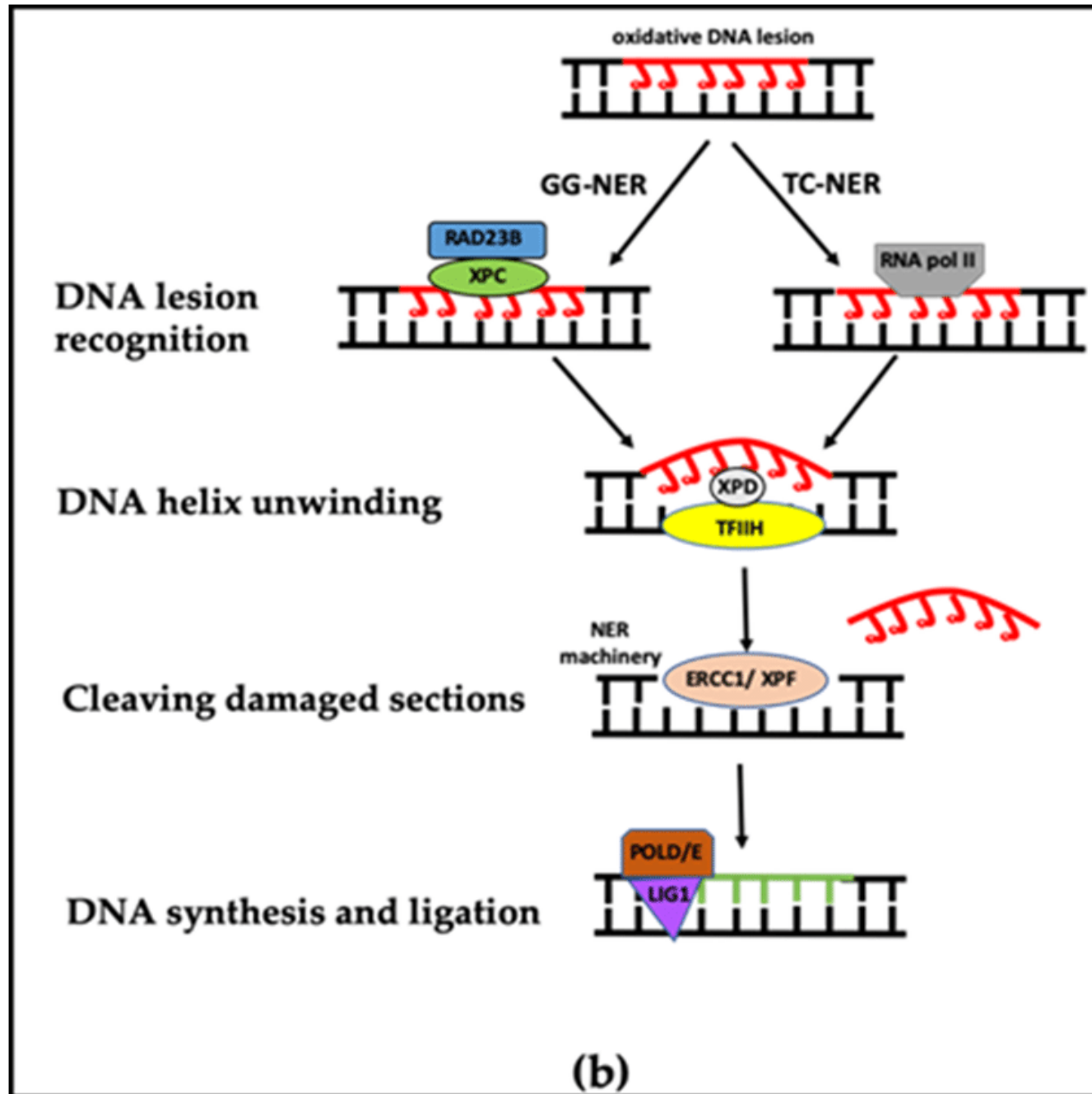
- Covalent reaction of DNA bases with large hydrocarbons (the carcinogen benzopyrene, found in **tobacco smoke**, coal tar, and diesel exhaust)
- **Pyrimidine dimers** (T-T, T-C, and C-C) caused by **sunlight**.

A large multienzyme complex scans the DNA for a **distortion in the double helix**, rather than for a specific base change. It **cleaves the phosphodiester backbone of the abnormal strand on both sides of the distortion**, and a **DNA helicase removes** the single-strand oligonucleotide containing the lesion.

The large gap produced in the DNA helix is then repaired by DNA polymerase and DNA ligase

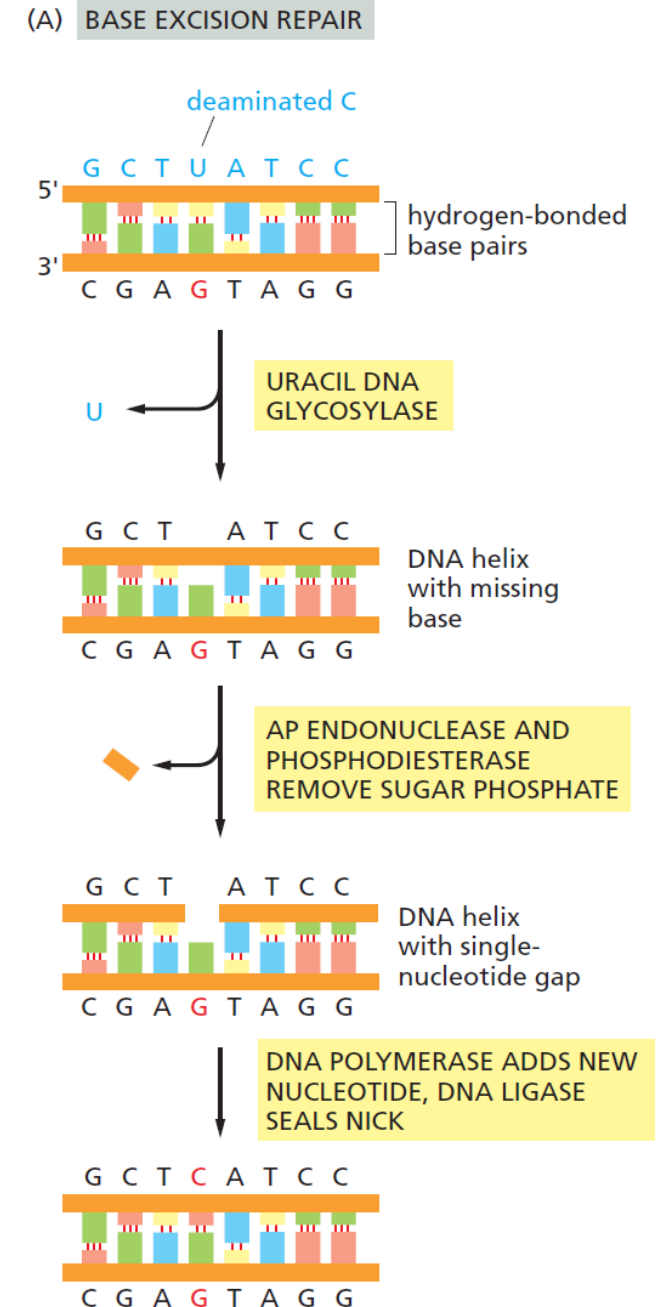
(B) NUCLEOTIDE EXCISION REPAIR

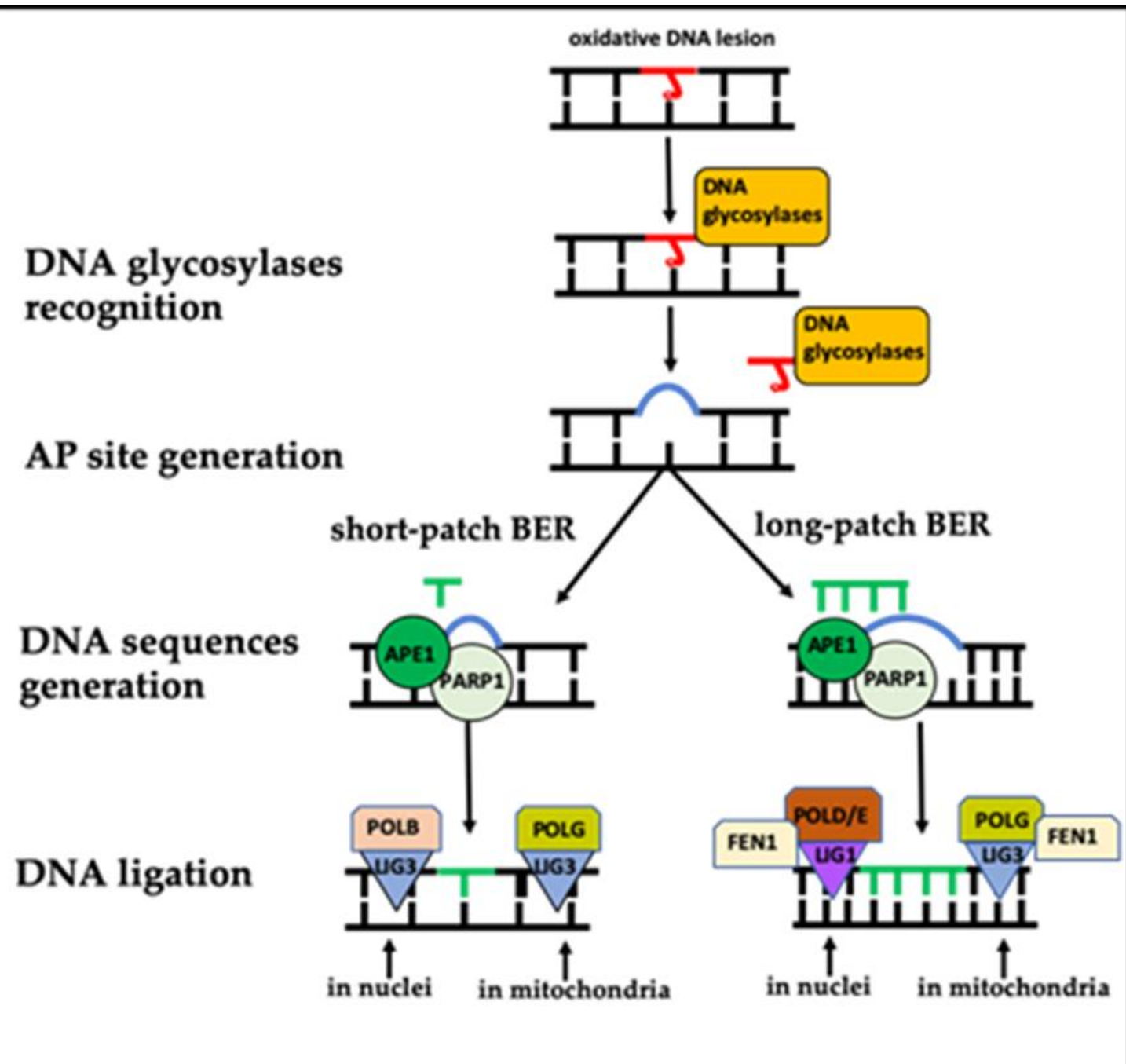




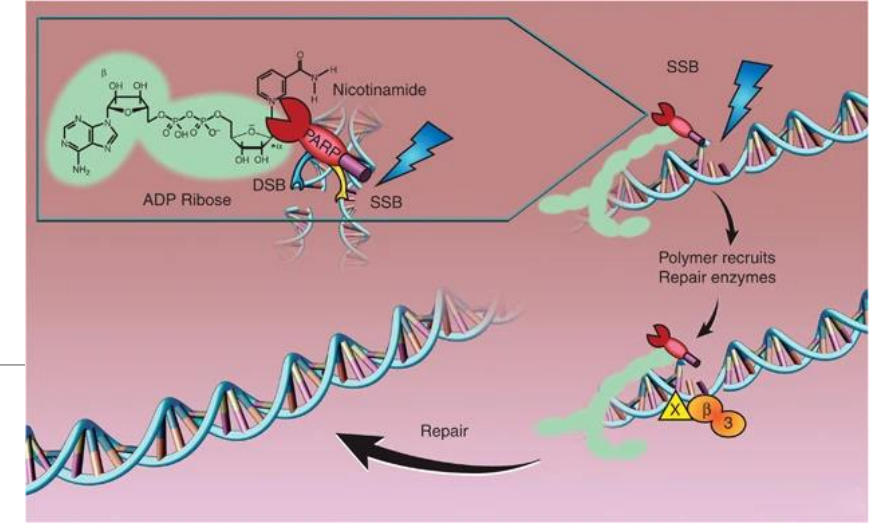
Base excision repair (BER)

- **DNA glycosylases:** catalyze the **hydrolytic removal** of altered base from its sugar.
- There are at least six types of these enzymes (remove deaminated Cs, deaminated As, different types of alkylated or oxidized bases, etc.)
- The “**missing tooth**” created by DNA glycosylase action is recognized by an enzyme called **AP endonuclease** (AP for apurinic or apyrimidinic, endo to signify that the nuclease cleaves within the polynucleotide chain), which cuts the phosphodiester backbone, after which the resulting gap is repaired.
- **Depurination**, which is by far the most frequent type of damage suffered by DNA, also leaves a deoxyribose sugar with a missing base. (directly repaired beginning with AP endonuclease)
- The gap of a single nucleotide is then filled by DNA polymerase and DNA ligase.





Poly (ADP-ribose) polymerase (PARP)



Poly (ADP-ribose) polymerase (PARP) is a family of proteins involved in a number of cellular processes:

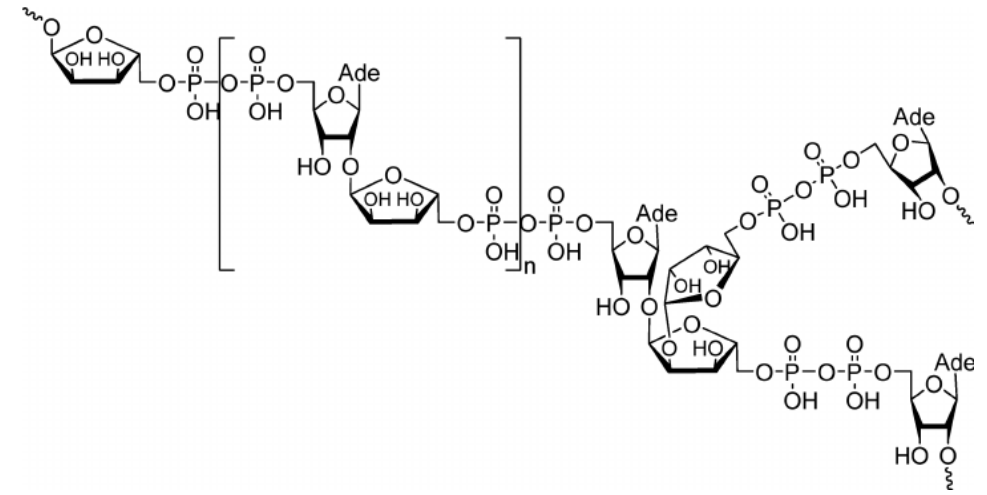
- DNA repair

- Programmed cell death

- Chromatin modifications

The PARP family comprises 17 members. They vary greatly in structure and function within the cell. Some of them like PARP1, PARP2 have a confirmed PARP activity.

Poly (ADP-ribose) or PAR polymer



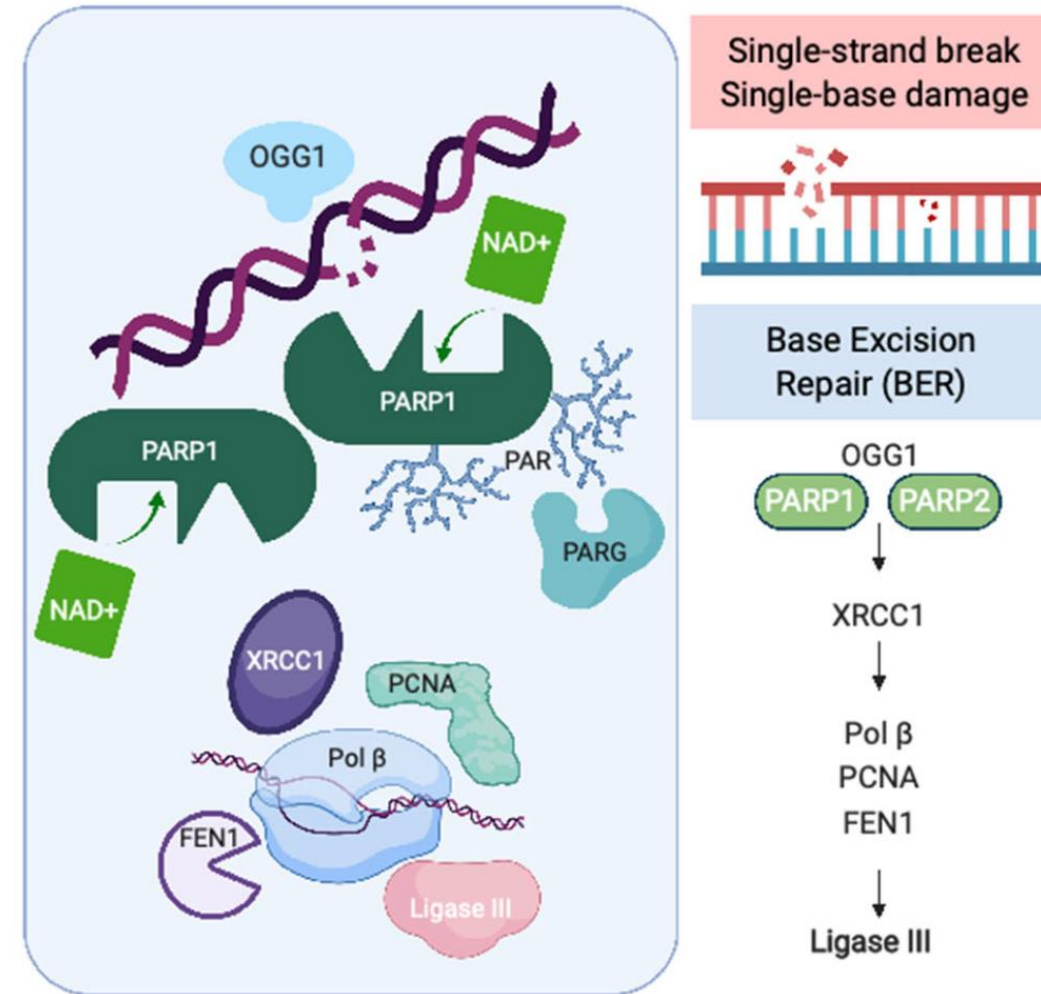
- PAR polymer can reach lengths of up to **200 nucleotides**. It is formed from nucleoside triphosphates.
- Normal DNA/RNA: a **single phosphate** group linking deoxyribose/ribose sugars.
- PAR: a **pyrophosphate** is the linking group between ribose sugars rather than single phosphate groups. This creates some special bulk to a PAR bridge, which may have an additional role in cell signaling.
- PARP activity (which is mainly due to PARP1) measured in the mononuclear leukocyte blood cells of thirteen mammalian species correlates with maximum lifespan of the species.
- These findings suggest that PARP-mediated DNA repair capability contributes to mammalian longevity.

- PARP (found in the cell nucleus) detects single-strand **DNA breaks (SSB)** and initiates cellular response.
- Once PARP detects a SSB, it binds to the DNA, undergoes a structural change, and begins the synthesis of a **polymeric adenosine diphosphate ribose (poly (ADP-ribose) or PAR) chain**, which acts as a signal for the other DNA-repairing enzymes.

Target enzymes include:

- DNA ligase III (LigIII)
- DNA polymerase beta ($\text{pol}\beta$)
- Scaffolding proteins such as X-ray cross-complementing gene 1 (XRCC1).

After repairing, the PAR chains are degraded via Poly(ADP-ribose) glycohydrolase (PARG).



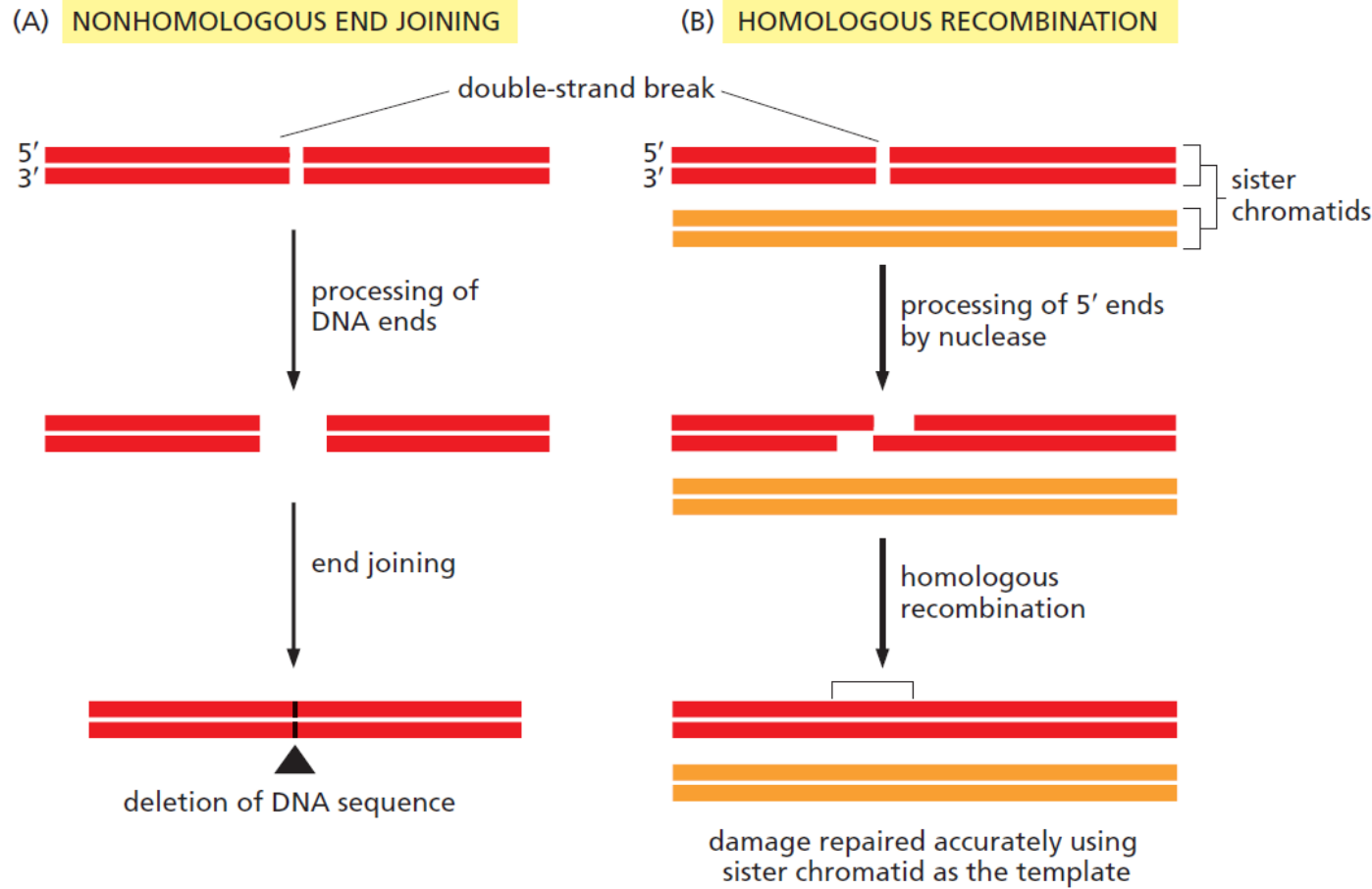
DNA Damage Delays Progression of the Cell Cycle

- Because of the importance of maintaining DNA intact, eukaryotic cells have an additional mechanism that maximizes the effectiveness of their DNA repair enzymes: they **delay progression of the cell cycle** until DNA repair is complete.
- The orderly progression of the cell cycle is stopped if damaged DNA is detected, and it restarts when the damage has been repaired (P53 and other pathways)

In mammalian cells, the presence of DNA damage can block:

- Entry from G₁ into S phase,
- Slow S phase once it has begun
- Block the transition from G₂ phase to M phase.

Two ways to repair double strand breaks.



A) Nonhomologous end joining: alters the original DNA sequence when repairing a broken chromosome.

The initial degradation of the broken DNA ends is important because the nucleotides at the site of the initial **break are often damaged and cannot be ligated.**

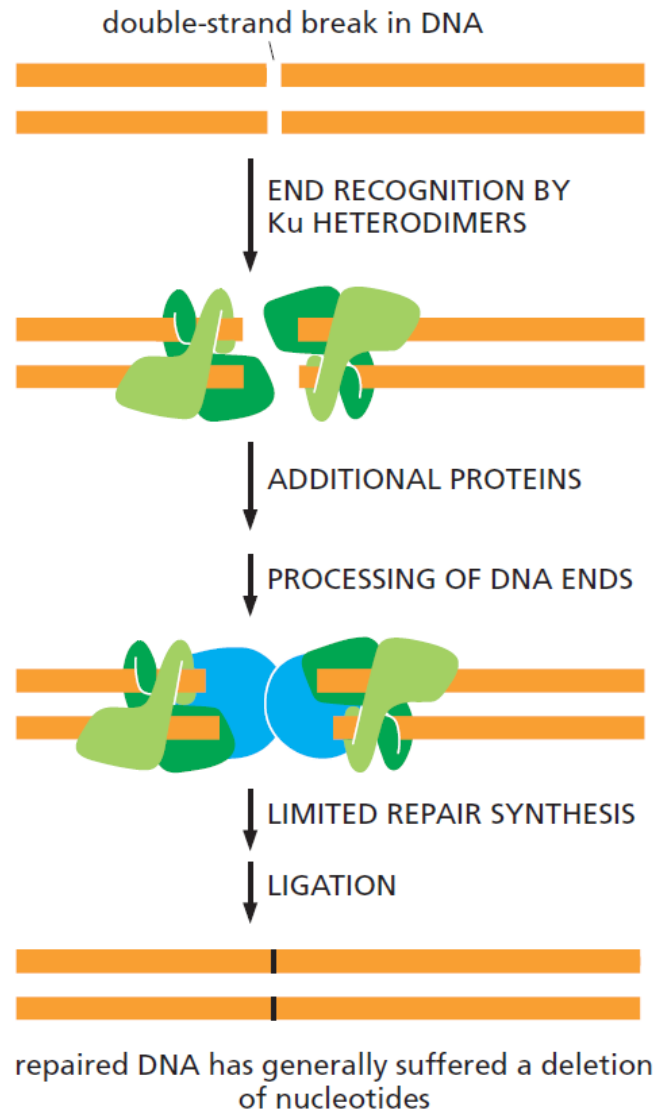
Nonhomologous end joining usually takes place when cells **have not yet duplicated** their DNA.

(B) Homologous recombination: is more difficult to accomplish but **restores the original DNA sequence.**

It typically takes place after the **DNA has been duplicated** (when a duplex template is available) but before the cell has divided.

- Most organisms employ both nonhomologous end joining and homologous recombination to repair double-strand breaks in DNA.
- Nonhomologous end joining predominates in humans; homologous recombination is used only during and shortly after DNA replication (in S and G2 phases), when sister chromatids are available to serve as templates.

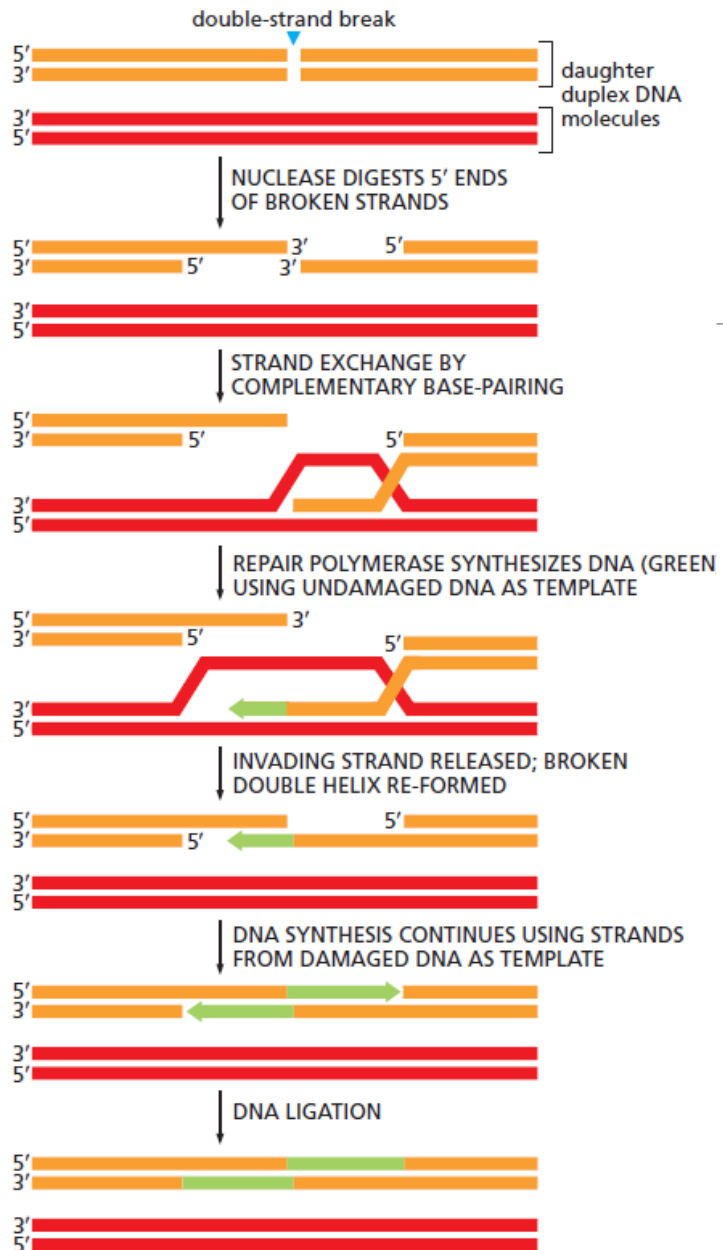
Nonhomologous end joining



- A central role is played by the Ku protein, a heterodimer that grasps the broken chromosome ends.
- The additional proteins shown are needed to hold the broken ends together while they are processed and eventually joined covalently.

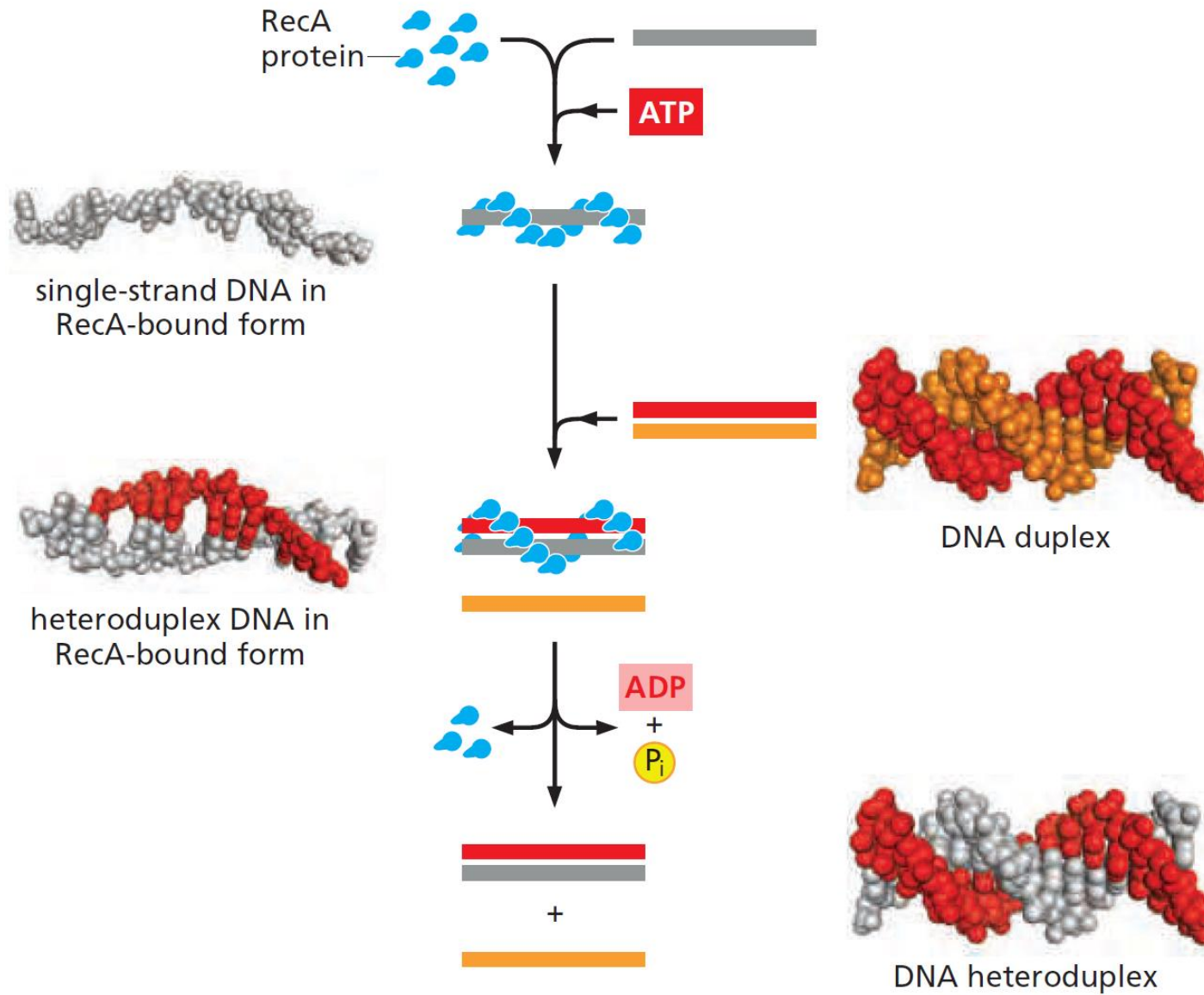
HOMOLOGOUS RECOMBINATION

- Because the template for repair is not limited to the strand complementary to that containing the damage, homologous recombination can **repair many types of DNA damage**.
- Double-strand breaks can result from radiation and reactive chemicals, but most of the time they arise from **DNA replication forks** that become stalled or broken independently of any such external cause.
- Homologous recombination **accurately** corrects these accidents and, because they occur during nearly every round of DNA replication, this repair mechanism is essential for every proliferating cell.
- Because of the “all-purpose” nature of recombinational repair it is conserved in virtually all cells on Earth.



Mechanism of double strand break repair by homologous recombination.

DOUBLE-STRAND BREAK IS ACCURATELY REPAIRED

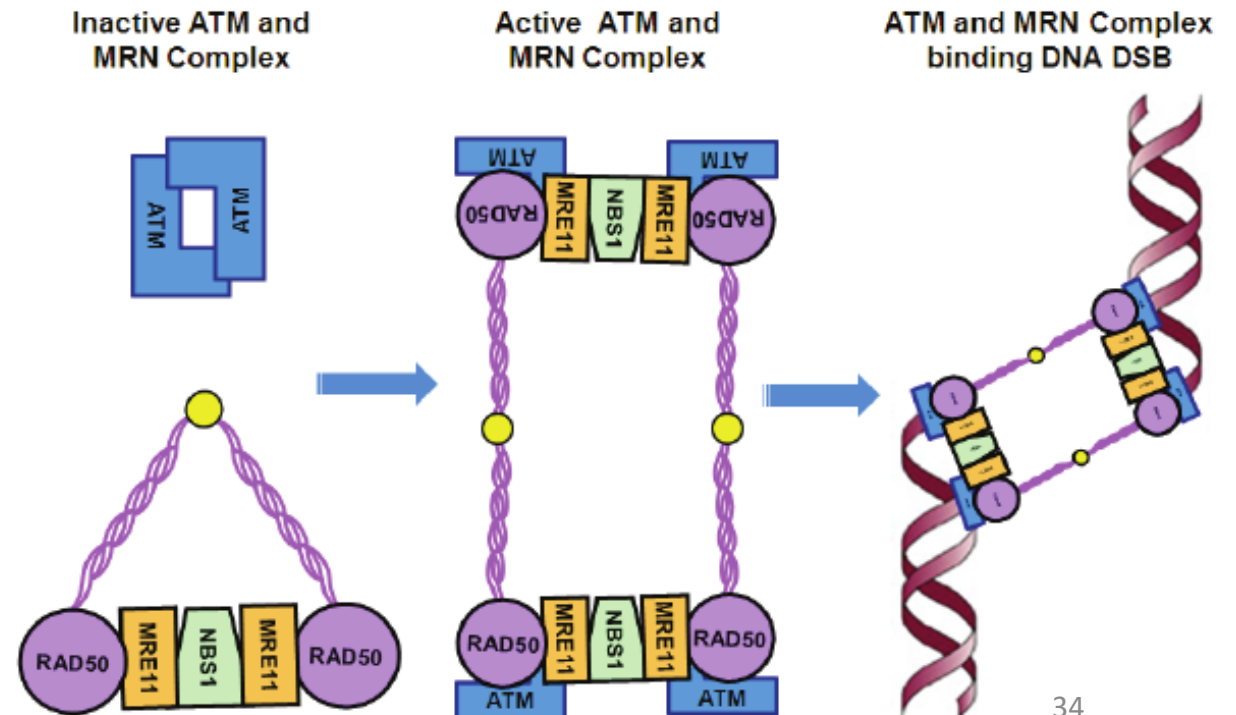


DSB detection and repair

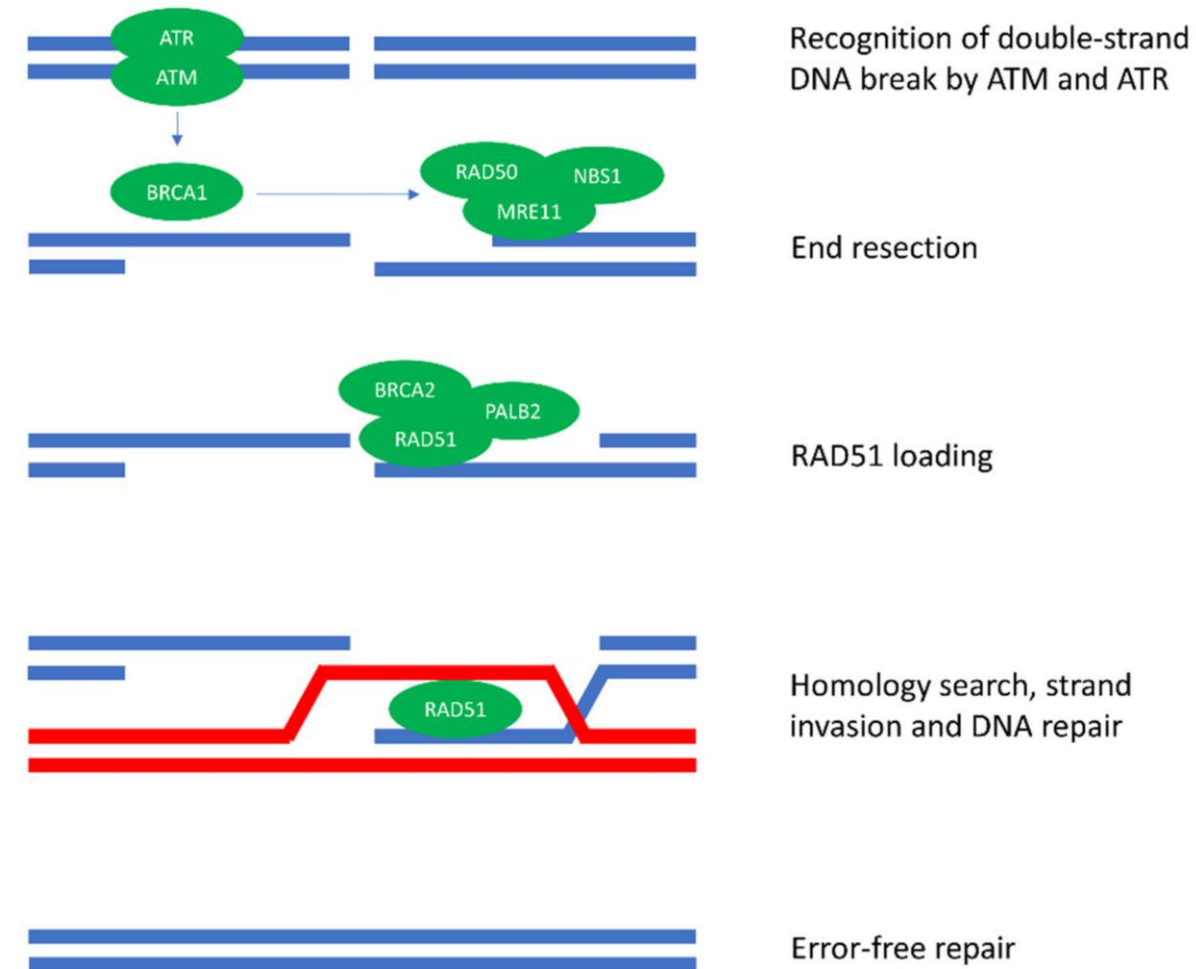
- **MRN (Mre11, Rad50 and Nbs1 proteins)** complex makes up the core of the initial DSB repair machinery as an upstream effector of **HR** and partially **NHEJ**.

This complex crucially participates in all DSB repair events such as:

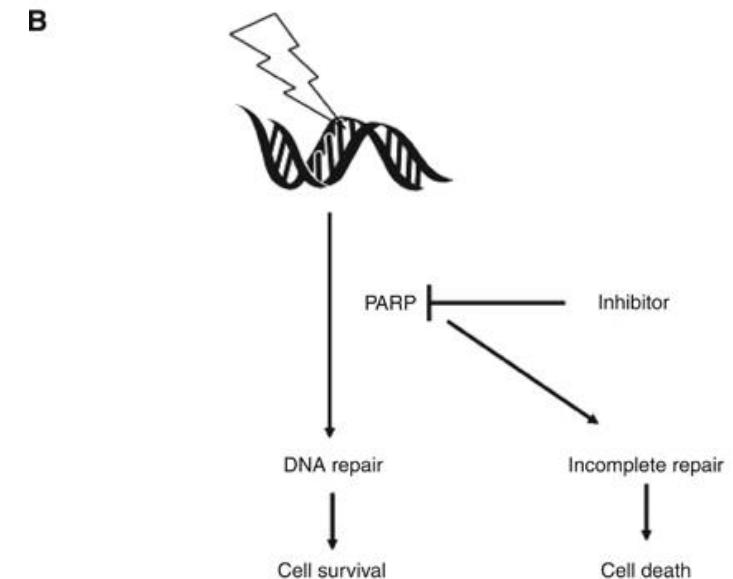
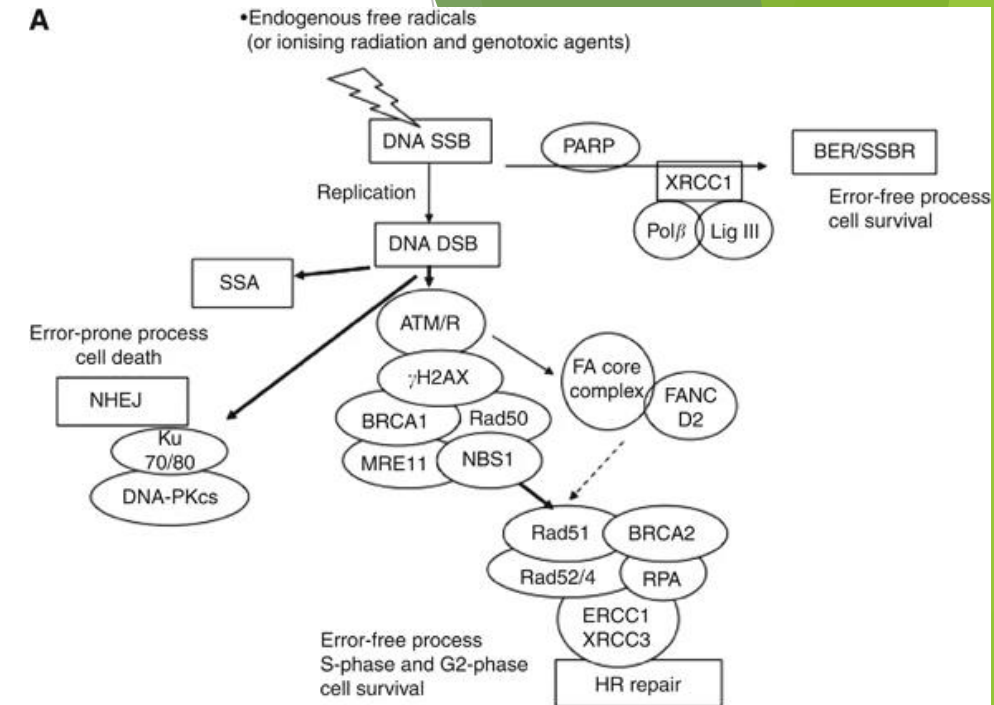
- (i) DNA damage sensing (Together with ATM)
- (ii) DDR protein recruitment to the damaged site
- (iii) cell cycle checkpoints activation
- (iv) damage repair



- DSBs detected by the MRN complex activate the cell cycle regulatory serine/threonine kinases **ataxia telangiectasia mutated (ATM)** and **Rad3-related protein (ATR)** to allow the formation of **protruding 3' ends** at both sides of the break.
- Subsequently, **ATM** activates **CHK2**, which arrests cell cycle progression, interacts with **TP53** that is responsible for cell cycle and apoptosis control.
- The **MRN complex also attracts BRCA1** to the DNA damage site, supporting DNA resection, forming the adjoining 3' ends and recruiting **PALB2** and **BRCA2**.
- This formed complex of **BRCA1, PALB2 and BRCA2** finally activates **RAD51**, that is responsible for binding single-stranded DNA segments and invading the homologous sequences in the sister chromatid.



- ▶ Alternatively, **ATR** is activated by the presence of a DNA crosslinking adduct phosphorylating the **Fanconi anaemia (FA) core complex**, which helps to excise the defect.
- ▶ During this DNA crosslink repair process involving NER, DSBs are generated in the proximity of the incised oligonucleotide.
- ▶ Subsequently, this accumulation of DSBs requires repair, particularly by HR and not NHEJ.
- ▶ Consequently, mutations in HR genes (such as *BRCA1*, *BRCA2*, *XRCC2* and *XRCC3*) can further exhibit hypersensitivity to crosslinking agents.



Double-strand break



Homologous
Recombination (HR)

ATM
MRN complex
↓
RPA
BRCA2/FANCD
RAD51, FANCF

↓
Pol δ
Pol ϵ
↓
Ligase I

Non-Homologous
End-Joining (NHEJ)

KU70, KU80
↓
DNA PKcs
Artemis
XRCC4-XLF

↓
Pol μ
↓
Ligase IV

