



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





شبكة المعلومات الجامعية



# شبكة المعلومات الجامعية

## التوثيق الالكتروني والميكرو فيلم

# جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

## قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها  
علي هذه الأفلام قد اعدت دون أية تغيرات



## يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of  
15 – 25c and relative humidity 20-40 %



شبكة المعلومات الجامعية



# بعض الوثائق الأصلية تالفة



شبكة المعلومات الجامعية



بالرسالة صفحات  
لم ترد بالأصل

# **KARYOTYPIC DISORDERS IN NON- METASTASIZING AND METASTASIZING COLORECTAL CARCINOMA**

**Thesis**

Submitted to the  
Faculty of Medicine  
University of Alexandria  
in Partial Fulfillment  
of the requirements for the Degree of

Master of

**GENETICS**

*By*

**Hoda Mahmoud Hamdy el aasi**

**MBBch. (Alex.)**

*Demonstrator of clinical genetics (Department of Pathology)*

Faculty of Medicine  
Alexandria University

2002

2002

## SUPERVISORS

**Prof. Dr. Soheir Morshedi Hamam**

*Professor of Pathology*

*Faculty of Medicine*

*University of Alexandria*

**Prof. Dr. Mohamed Abdel Salam Abdel Razek**

*Professor of Surgery*

*Faculty of Medicine*

*University of Alexandria*

**Prof. Dr. Nabil Tadros Mikhael**

*Professor of Pathology*

*Faculty of Medicine*

*University of Alexandria*

# ACKNOWLEDGEMENTS

*Praise to" Allah", the Most Gracious and the Most Merciful Who Guides Us to the Right Way.*

*I am eternally grateful to Prof. Dr. Soheir M Hamam, Professor of Pathology, Faculty of Medicine, Alexandria university, for providing the department with the tissue culture and genetic diagnosis unit, making fruitful this work. I appreciate her persistent guidance and supervision. She thankfully found possible solutions for every trouble-shooting problem. She also communicated with different departments either in Alexandria University or Ain Shams University to make this thesis valuable.*

*I also wish to express my gratitude to Prof. Dr. Mohamed Abdel Salam, Professor of General Surgery and Colorectal Surgical Department, Faculty of Medicine, Alexandria University for providing me with tumour samples as well as clinical and operative data of the cases.*

*Overcrowded  
metaphase (60L)*



*I also thank Prof. Dr. Nabil Tadros Mikhael, Professor of Pathology, Faculty of Medicine, Alexandria university.*

*I am indebted to Dr. Laila Kamal Yunis, Assistant Professor of Pathology, Alexandria University, for her encouragement, her expert guidance and her dedicated help for this work.*

*I am grateful to Dr. Zenab Morad, Assistant Professor of Clinical Pathology, Faculty of Medicine, Alexandria University, for her effort and expertise that helped me a lot finishing this thesis.*

*I am also thankful to Dr. Magdy El Bardini, Lecturer of Clinical Pathology, Faculty of Medicine, Alexandria University, for his kind assistance and support.*

*Thanks are also due to my colleagues and all staff members of the pathology department for their sincere co-operation.*

## **LIST OF ABBREVIATION**

<b>FAP:</b>	Familial adenomatous polyposis
<b>APC:</b>	Adenomatous polyposis coli gene
<b>HNPCC:</b>	Hereditary non-polyposis colorectal cancer
<b>CRC:</b>	Colorectal cancer
<b>HFAS:</b>	Hereditary flat adenoma syndrome
<b>hMSH2</b>	DNA mismatch repair genes
<b>hMLH1:</b>	DNA mismatch repair genes
<b>hPMS1:</b>	DNA mismatch repair genes
<b>hPMS2:</b>	DNA mismatch repair genes
<b>CDK:</b>	Cyclin dependant kinases
<b>LOH:</b>	Loss of heterozygosity
<b>FBS:</b>	Fetal bovine serum
<b>PBS:</b>	Phosphate buffered saline
<b>GTG-banding:</b>	Banding technique using Giemsa stain
<b>HRBT</b>	High resolution banding technique
<b>FISH</b>	Fluorescent in-situ hybridization
<b>PHA</b>	Phytohemagglutinin

# CONTENTS

	<i>Page</i>
Chapter I: Introduction	1
Review of Literature	3
Genetics of cancer colon	3
Familial adenomatous polyposis	5
Hereditary non-polyposis colorectal cancer	10
Role of p53	15
Ras gene mutations	17
Chromosomes involved in CRC	19
Other genetic events in CRC	22
Prognostic factors	30.
Chapter II: Aim of the work	34
Chapter III: Material	35
Chapter IV: Methods	36
Chapter V: Results	46
Chapter VI: Discussion	65
Chapter VII: Summary	76
Chapter VIII: Conclusions & Recommendations	77
Chapter IX: Reference	79

**Protocol**

**Arabic Summary**

# INTRODUCTION

## INTRODUCTION

During the last 10 years, remarkable progress in our understanding of human solid tumours has been achieved.

The colorectum is one of the most common sites of cancer. This cancer develops through the pathologic progression of normal colorectal epithelium to adenomatous polyp and invasive cancer. This sequence of adenoma carcinoma has allowed investigators to carefully examine the association of pathologic and molecular genetic events and to construct an orderly molecular model of carcinogenesis. This model includes the accumulation of genetic alteration and clonal proliferation of cells that have undergone mutations in three distinct classes of cancer causing genes: proto-oncogenes, tumour-suppressor genes and DNA repair genes.

Up to 20% of all colorectal neoplasia occurs within families, strongly implicating hereditary factors in colorectal carcinogenesis. The search for the sources of hereditary colon cancer syndromes has led to the discovery of the tumour suppressor gene APC in familial adenomatous polyposis and the DNA mismatch repair genes hMSH2, hMLH1, hPMS1 and hPMS2 in hereditary non polyposis colorectal cancer. However, the importance of these findings is not limited to these syndromes. The APC protein has been dubbed the gatekeeper to colonic epithelial integrity, and mutation of the APC gene is likely a rate limiting molecular event in most

if not all sporadic colorectal cancers. Similarly, microsatellite instability, a hallmark of HNPCC and DNA mismatch repair deficiency, is present in 10% to 15% of sporadic colorectal cancers and may provide a molecular marker of improved patient survival. Other molecular events such as loss of heterozygosity on chromosome 18q, appears to indicate poor patient outcome.

# REVIEW OF LITERATURE