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## Association of Glutathione S-Transferase P1 (GSTP1) Gene Polymorphism with the Response to Platinum Based Chemotherapy in Patients with Non-Small Cell Lung Cancer

Thesis

Submitted for Partial Fulfillment of Master Degree in Clinical Pathology

 $\mathcal{B}y$ 

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# Tist of Abbreviations

Abb.	Full term
AICC	American Joint Committee on Canaar
	American Joint Committee on Cancer
	Anaplastic lymphoma kinase Alanine aminotransferase
	Activator protein-1
	Apoptosis signal-regulating kinase
	Aspartate aminotransferase
	Base-excision repair
	Chlamydia pneumoniae
	Cancer antigen 125
	Complete blood count
	Carcinoembryonic antigen
	Chronic obstructive pulmonary disease
	Complete response
	Computed Tomography
	P-oxidases cytochrome
CYP1A1	
	Deoxyribonicleic acid
	Deoxyribonucleotide triphosphate
E2F	
<b>EGF</b>	Epidermal growth factor
EGFR	Epidermal growth factor receptor
<b>EIA</b>	Enzyme immunoassay
ELSA	Enzyme-linked immunosorbent
ERBB2	Erb-B2 receptor tyrosine kinase 2
FISH	Fluorescence in situ hybridization
GLDH	Glutamate dehydrogenase
GLOBOCAN	Global cancer observatory
GSH	Glutathione
GSR	Glutathione reductase
	Oxidized glutathione
	Glutathione S-transferase p1
	Glutathione S-transferases
HER2	Human epidermal growth factor receptor 2

# Tist of Abbreviations cont...

Abb.	Full term
HS	Highly significant
	International Federation for Clinical
	Chemistry
IHC	Immunohistochemistry
	C-Jun N-terminal kinase
k3 EDTA	Tri-potassium ethylene diamine tetra acetate
	Kirsten rat sarcoma
LD	Lactate dehydrogenase
Let-7	· · ·
MALDI	Matrix-assisted laser desorption ionization
	Membrane-associated proteins in eicosanoid
	and glutathione
MAPK	Mitogen-activated protein kinase
MBD2	Methyl-CpG-binding domain
MDH	Malate dehydrogenase
MET	Mesenchymal–epithelial transition
MGB	Minor groove binder
MiR	OncomiRs
MiRNAs	MicroRNA
MMR	Mismatch repair
MRI	Magnetic resonance imaging
mRNA	
	Mann– Whitney–Wilcoxon
N	Number
	Nicotatinamide adenine dinucleotide
	N-acetyl-transferase
NER	Nucleotide-excision repair
_	Non-fluorescent quencher
	Next-generation sequencing
NS	
	Non-small cell lung cancer
	Neuron-specific enolase
P5P	Pyridoxal-5'-phosphate

## Tist of Abbreviations cont...

Abb.	Full term
DAIL	D.1. 1: 1: 1
	Polycyclic aromatic hydrocarbons
	Serine/threonine-protein kinase1
	Polymerase chain reaction
	Progressive disease
	Programmed death ligand 1
PET-CT	Positron-emission tomography-computed
D7077	tomography
	Phosphatidylinositol 3-Kinase
PKC	
PPi	
PR	
Prdx6	
	Progastrin-releasing peptide
	Phosphatase and tensin homolog
P-value	
RECIST	Response Evaluation Criteria In Solid
	Tumours
	Rearranged during transfection
RFLP	Restriction Fragment Length Polymorphism
RIA	Radioimmunoassay
RNA	Ribonucleic acid
RNS	Reactive nitrogen species
ROS	Reactive oxygen species
ROS1	C-ROS oncogene 1
RS	Thiol radical
RTK	Receptor tyrosine kinases
	Real-time polymerase chain reaction
S	Significant
SBL	Sequencing by ligation
SBS	Sequencing by synthesis
	Squamous cell lung cancer
	Squamous cell carcinoma antigen
	Small cell lung cancer

## Tist of Abbreviations cont...

Abb.	Full term
SD	Stable disease
	Standard deviation
	Single nucleotide polymorphisms
	Statistical package of social science
	Sulfotransferases
TB	
	TGF-β-receptor II
	Transforming growth factor-β
<u>-</u>	Carcinoma insitu
Tm	Melting temperature
TNFα	Tumor necrosis factor α
TNM	Tumor, Node, Metastasis
TP53	Tumour protein 53
TRAF2	Tumor necrosis factor receptor-associated
	factor 2
TSP-1	Thrombospondin-1
UGT	UDP-glucuronosyltransferases
UICC	Union for International Cancer Control
UV	Ultraviolet
Val	Valine
<b>VEGF-A</b>	Vascular endothelial growth factor
VEGFR	Vascular endothelial growth factor receptor
WB	Wash Buffer
WHO	World Health Organization
X2	Chi square test

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#### Introduction

orldwide, lung cancer has a high prevalence and is associated with a high mortality rate. In the last century, the incidence of lung cancer has been rising rapidly and about 2.09 million deaths of lung cancer were estimated in 2018 according to World Health Organization (WHO) (Wang et al., *2018*).

The main two types of lung cancer are small cell lung cancer and non-small cell lung cancer. Non-small cell lung cancer (NSCLC) is diagnosed in up to 85% of all cases. It is classified into three subtypes: squamous cell carcinoma, adenocarcinoma, and large cell carcinoma. In accordance with the American Joint Committee on Cancer (AJCC), the majority of the patients are cataloged as advanced stage (IIIB-IV) at the time of diagnosis (Ramírez et al., 2019).

Despite multiple advances in therapeutic options over years, platinum based chemotherapy remains the mainstay of adjuvant or first line chemotherapy in NSCLC treatment. Cisplatin-based chemotherapy is slightly superior in terms of response rate and in prolonging the survival without being associated with an increase in severe toxic effects (Lin et al., 2018).

The principal mechanism of action of platinum compounds is the formation of DNA-platinum adducts and subsequently creations of intrastrand or interstrand cross links with DNA which



may cause alteration in the structure of DNA. These phenomena generally lead to apoptosis of cancer cells (*Mlak et al.*, 2013).

Glutathione S-transferases (GSTs) are phase II detoxifying enzymes involved in the maintenance of cell integrity, oxidative stress and protection against DNA damage by catalyzing the conjugation of glutathione to a wide variety of electrophilic substrates (Sun et al., 2010).

The 17 human cytosolic GST subunits are classified as seven gene families according to their biochemical characteristics and amino acid sequence similarities: (GSTA), (GSTM), (GSTT), (GSTP), (GSTO), (GSTZ), and (GSTS). Glutathione S transferase p1 enzyme is the most abundant subunit in lung and brain. It is widely expressed in different human epithelial tissue and is directly involved in the detoxification of cisplatin via the formation of cisplatin-glutathione adducts, which indicates that GSTP1 may play a role in the acquisition of resistance to platinum compound. Glutathione S transferase p1 enzyme is encoded by GSTP1 gene which is located on 11q13.2 (*Li et al.*, 2019).

Patients' response to treatment is determined after 2-3 cycles according to the Response Evaluation Criteria In Solid Tumours (RECIST). In order to analyze the response to chemotherapy, patients are classified into responders and non responders.

The responders include: patients with complete response (CR): (disappearance of all target lesions) and patients with



partial response (PR): (more than or equal 30% decrease of all target lesions).

The non-responders include: patients with progressive disease (PD): (more than or equal 20% increase from smallest sum of diameters recorded and 5mm absolute increase over lowest sum) and patients with stable disease (SD): neither sufficient shrinkage to qualify for PR nor sufficient increase to qualify for PD (Zhou et al., 2011; Chen et al., 2016).

#### **AIM OF THE WORK**

The aim of the present study was to investigate the association of GSTP1 gene polymorphism with the response to platinum based chemotherapy in patients with NSCLC in order to prevent the non-necessary exposure to the toxic effect of chemotherapy.