

# The Netherlands Cancer Institute

## Antoni van Leeuwenhoek



- What is the NKI-AVL?
- Cancer can be hereditary

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# The Netherlands cancer Institute/Antoni van Leeuwenhoek

**1913**

8-10  
researchers

5 clinicians  
17 patients

*Specialized  
Cancer hospital*

**and**

*Scientific  
Research institute*

**2020**

600  
researchers

180 beds  
1200 employees  
53 medical doctors  
24.000 pts/year



1913-Keizersgracht

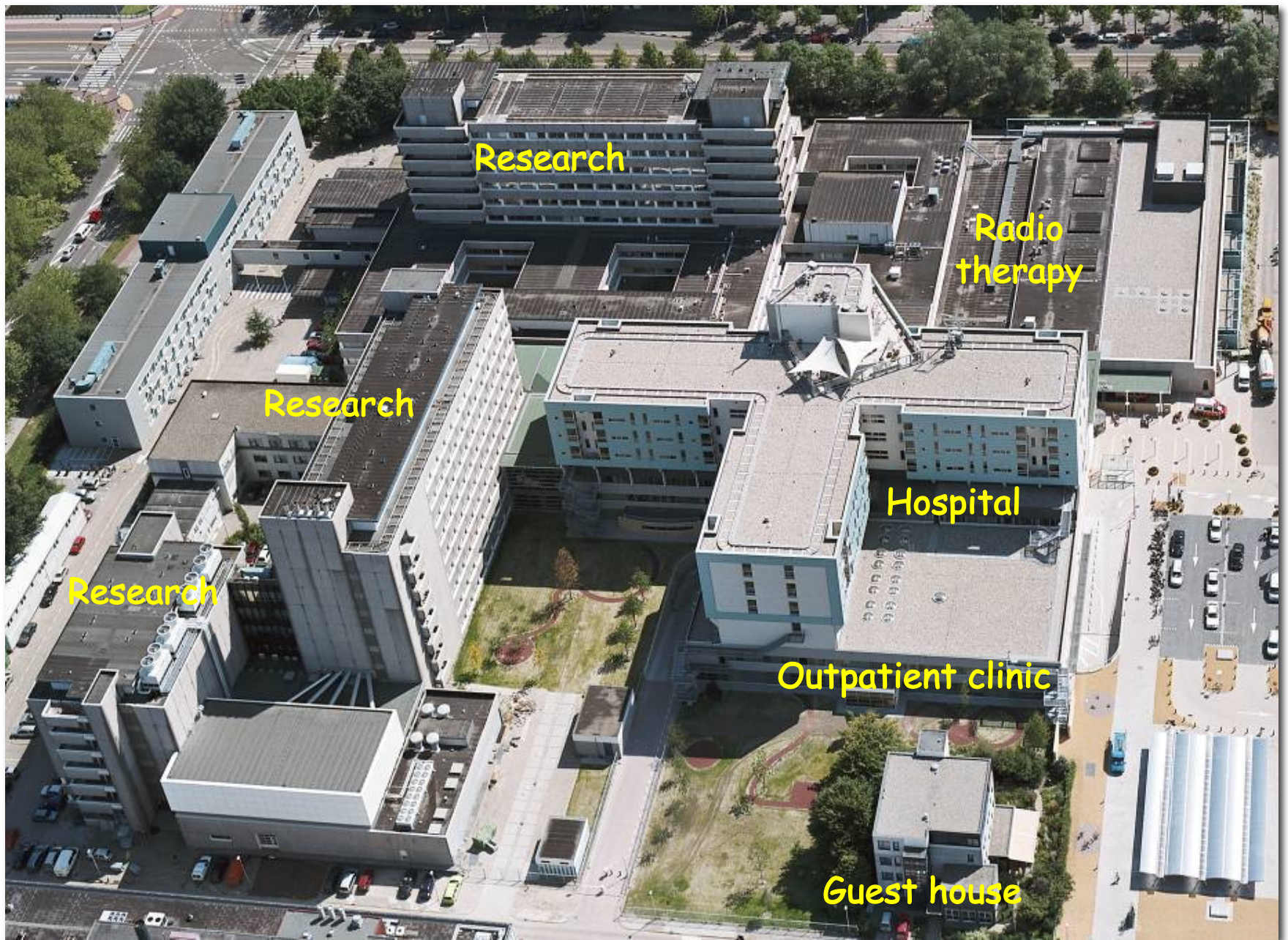


1929-Sarphatistraat



1975-Plesmanlaan





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# The mission of the NKI-AVL

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- Patient care

applying most recent treatment modalities

- Research

scientific research

improving diagnostics and treatment

- Education

Training of

**Clinicians/nurses**

Training of

**PhD students**

**Undergraduate students**

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# Research at the NKI-AVL

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600 researchers

42 principal investigators basic research

30 principal investigators translational and clinical research

25 of 72 have a professorship at a Dutch university

88% is postdoc/PhD student/technician

<i>PhD students (OIOs)</i>	<i>365</i>
<i>Postdocs</i>	<i>150</i>
<i>Technicians</i>	<i>50</i>

***Half is female!!***

*20% from outside NL*



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A cancer researcher can look like this...

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*Dr. Kees Jalink, bio physicist*

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...but most look like this!

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*Group Te Riele*

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# They work day and (sometimes) night in the laboratory

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# Until one day...

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Until one day...graduation!!

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***Doctor Floris Foijer***

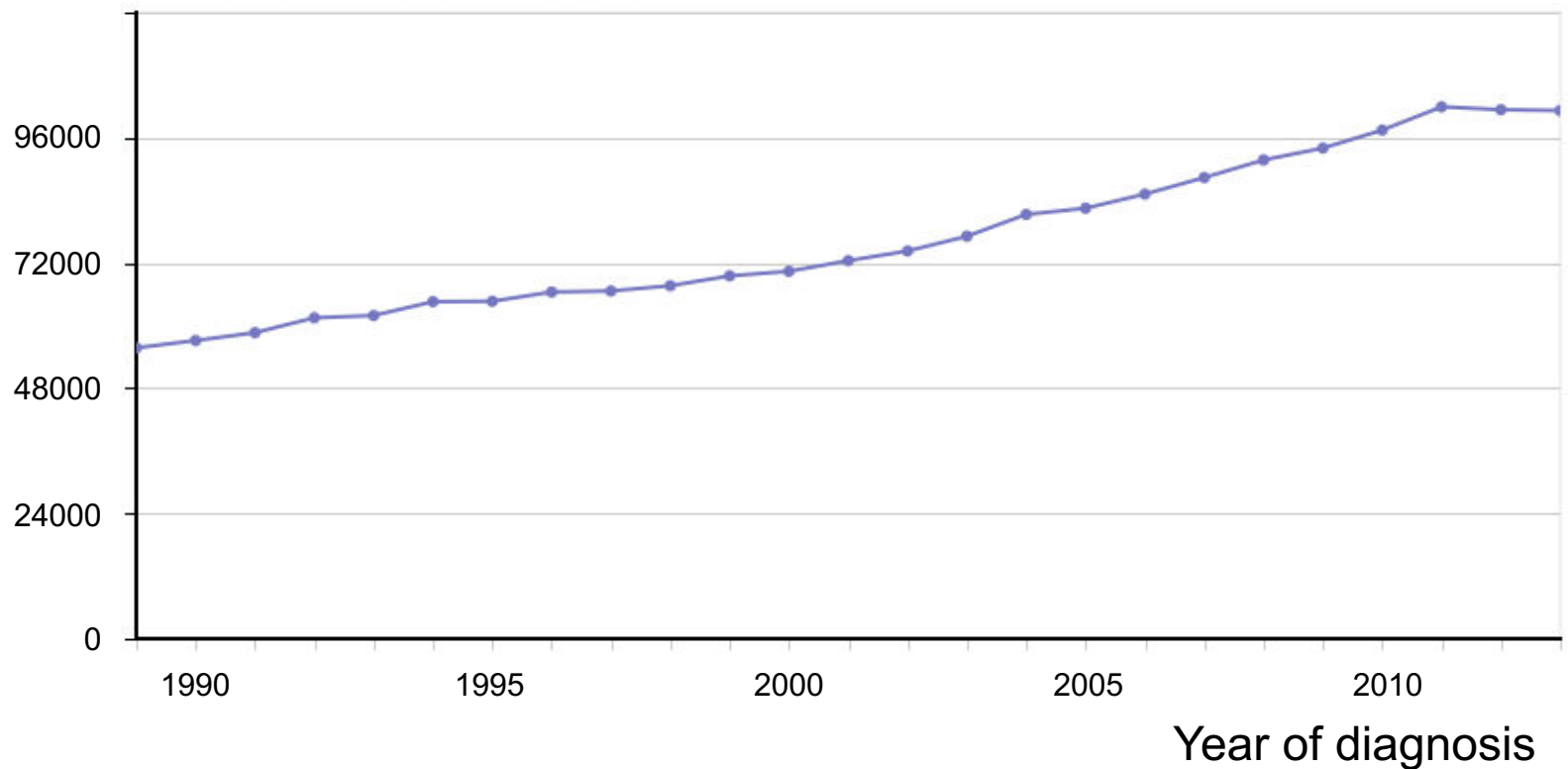
# Why is cancer research still needed?

Cancer is cause of death #1

Cancer incidence is rising world wide

Also in the Netherlands

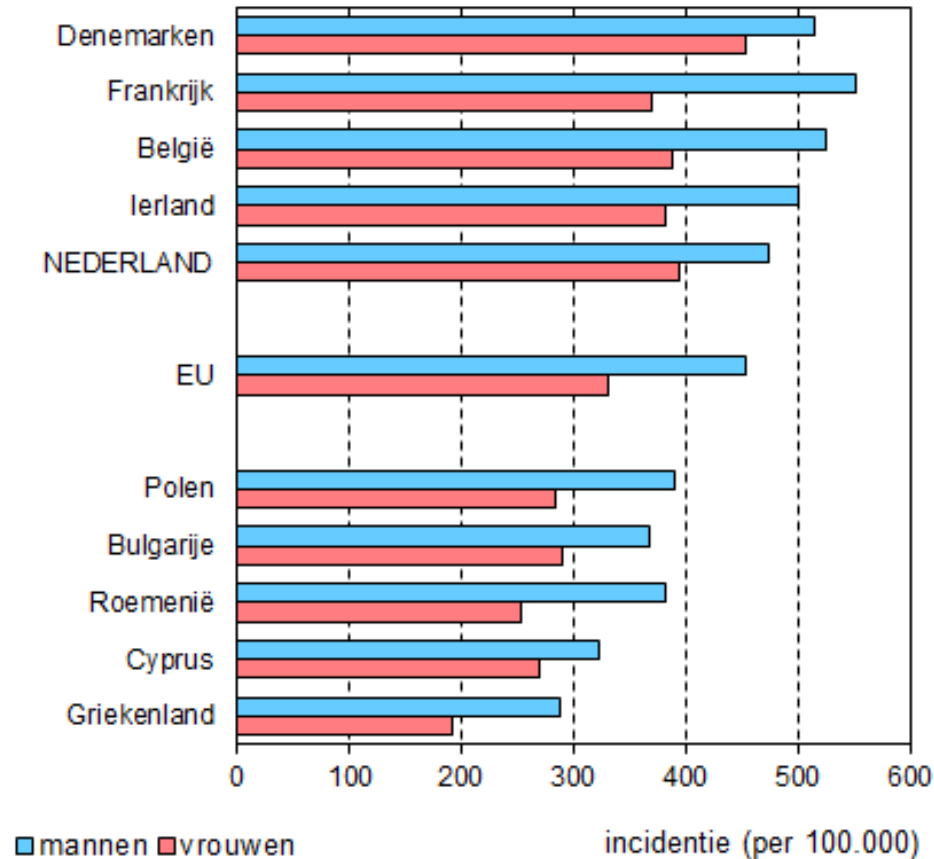
Number of cancer cases in NL





# Why is cancer research still needed?

## Cancer incidence in Europe



Men:

- Prostate
- Lung
- Colon

Women

- Colon
- Lung

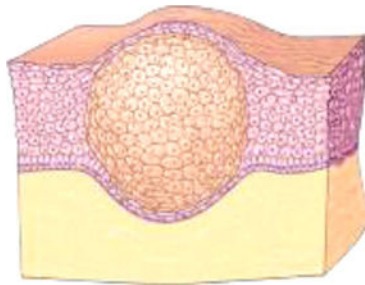
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# What is cancer?

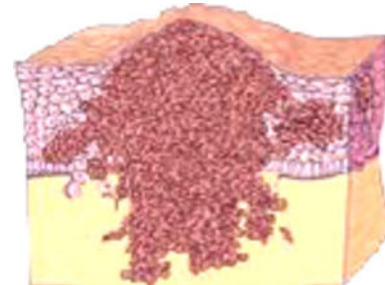
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## *Asocial behavior of cells:*

- Uncontrolled cell proliferation  
non-responsive to growth-inhibiting signals from their environment
- Invasion in surrounding tissue



Benign



Malignant

- Seeding to other parts of the body: metastases

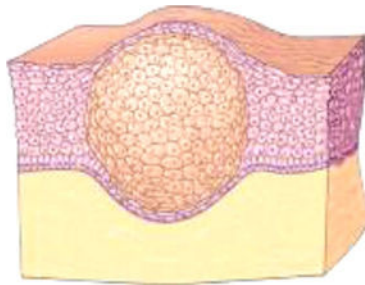
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# What is cancer?

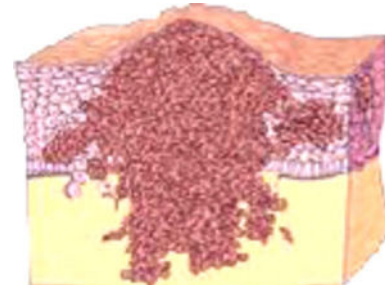
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## *Asocial behavior of cells:*

- Uncontrolled cell proliferation  
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Benign



Malignant

- Seeding to other parts of the body: metastases

Cause: changes (mutations) in the DNA



# How do mutations arise in DNA?

Environmental and internal causes:

Chemical compounds



radiation



spontaneous



DNA damage



DNA repair mechanisms

# How do mutations arise in DNA?

Environmental and internal causes:

Chemical compounds



radiation



spontaneous



DNA damage



Defective DNA repair mechanisms

High exposure a/o defective repair => mutations => cancer

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# Hereditary cancer

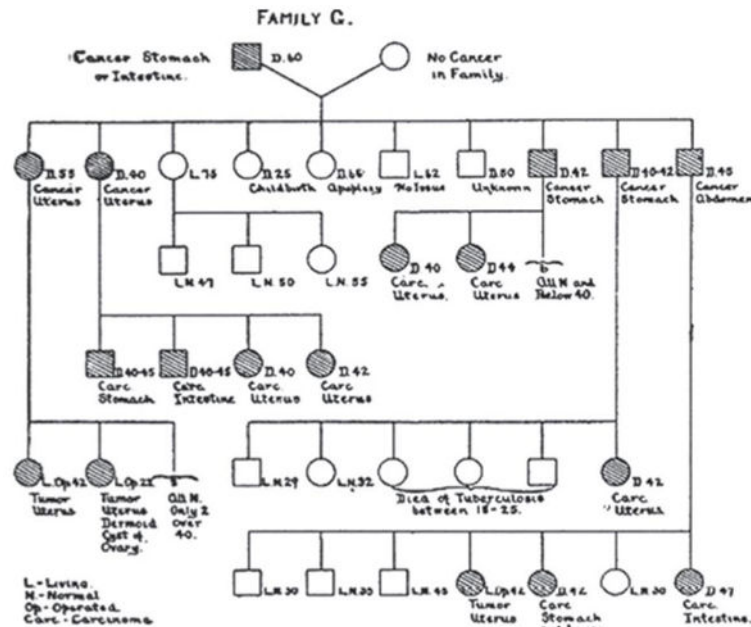
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Often due to inherited defect in DNA repair



# Lynch syndrome

## Inherited defect in DNA Mismatch Repair (MMR)



1913 - Family G  
reported by A. Warthin

1966 - Families N and M  
reported by Henry Lynch  
*hereditary nonpolyposis colorectal  
cancer (HNPCC) => Lynch syndrome*

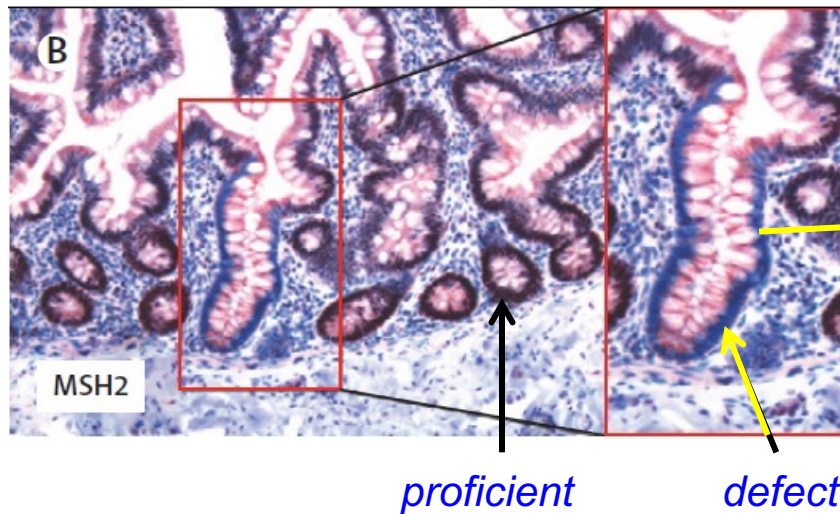
Lynch syndrome: cancer at early age

colon, endometrium, small intestine,  
**sebaceous gland (Muir-Torre), glioblastoma (Turcot)**

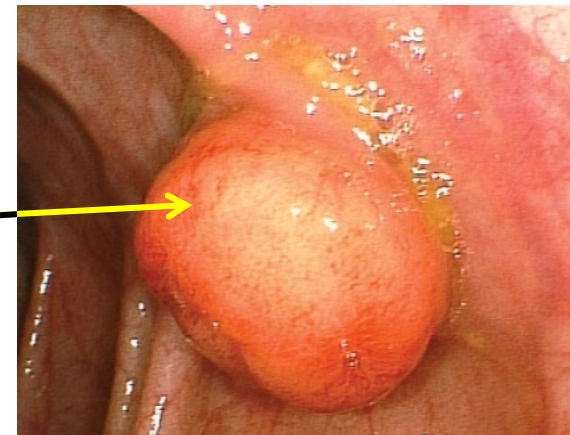
# Lynch syndrome

Inherited defect in DNA Mismatch Repair (MMR)  
Loss of repair capacity in part of the cells

Repair-defective cells



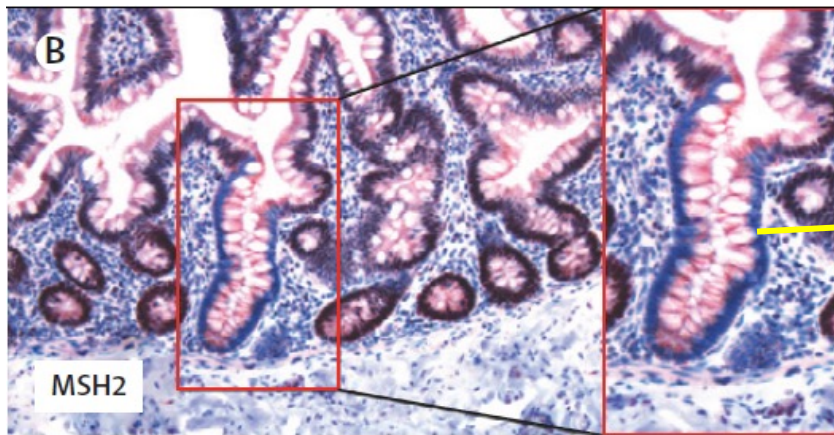
60-80% risk for colon cancer



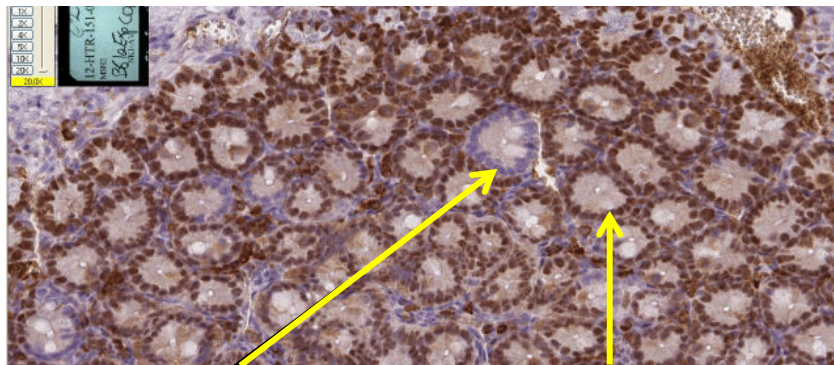
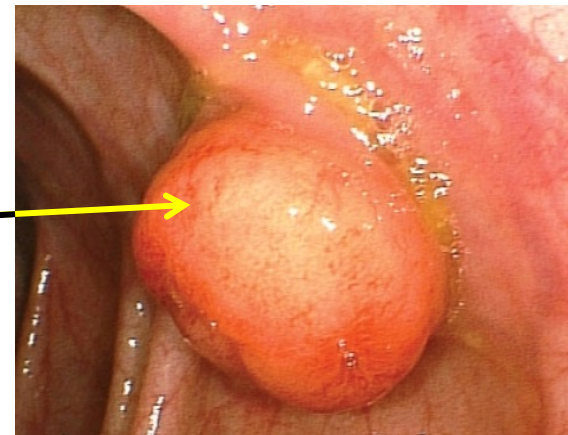
# Lynch syndrome

Inherited defect in DNA Mismatch Repair (MMR)  
Loss of repair capacity in part of the cells

Repair-defective cells



60-80% risk for colon cancer



defect

proficient

Lynch syndrome in the mouse

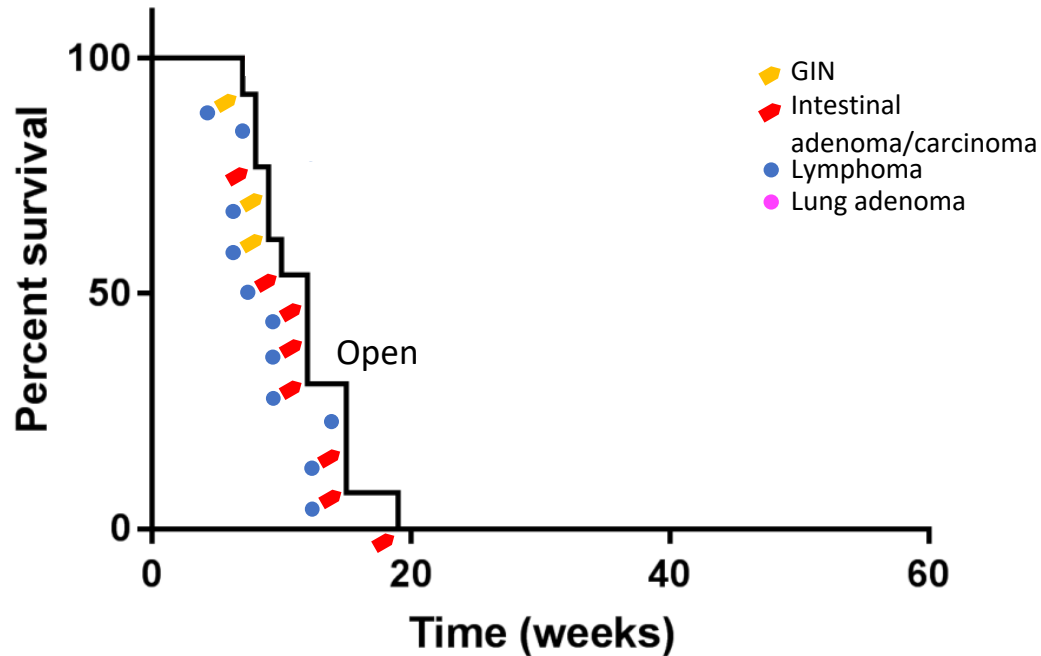


Intestinal tumors??



# Lynch syndrome in the mouse

## Survival and tumor incidence



Open facility:

- lymphomas
- **92% intestinal tumors**

# Moving to a new animal facility

Different housing conditions: more clean



OLD

Open cages  
“conventional”

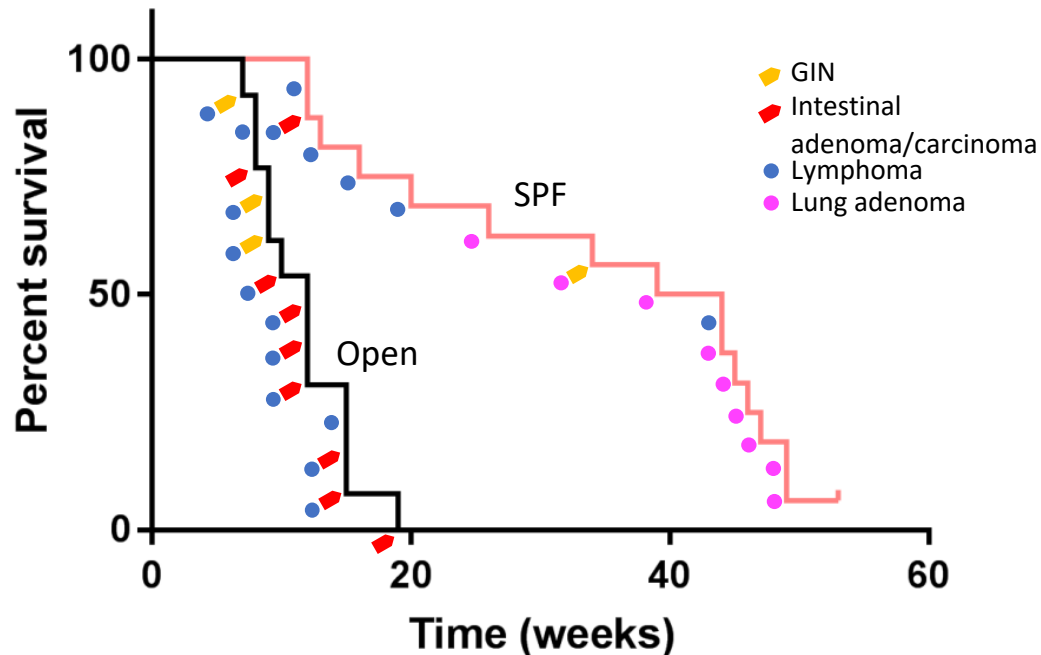


NEW

Closed cages  
“SPF”

# Lynch syndrome in the mouse

Survival and tumor incidence  
In a cleaner environment



Open facility:

- lymphomas
- **92% intestinal tumors**

SPF facility:

- lymphoma/lung tumors
- **only ~9% intestinal tumors**

**Loss of intestinal tumor development in SPF mice!**

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# Lynch syndrome in the mouse

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“Open” *versus* SPF conditions: what’s the difference?

The intestinal flora (microbiota):

- Collection of micro-organisms in the colon
- Local and systemic effects
- A role in shaping (anti-tumor) immune responses



**Old facility**  
**“Conventional” facility**

Open cages  
Free exchange of microbes



**New facility**  
**SPF facility**

Specific pathogen free  
Closed environment

“Open” *versus* SPF conditions:

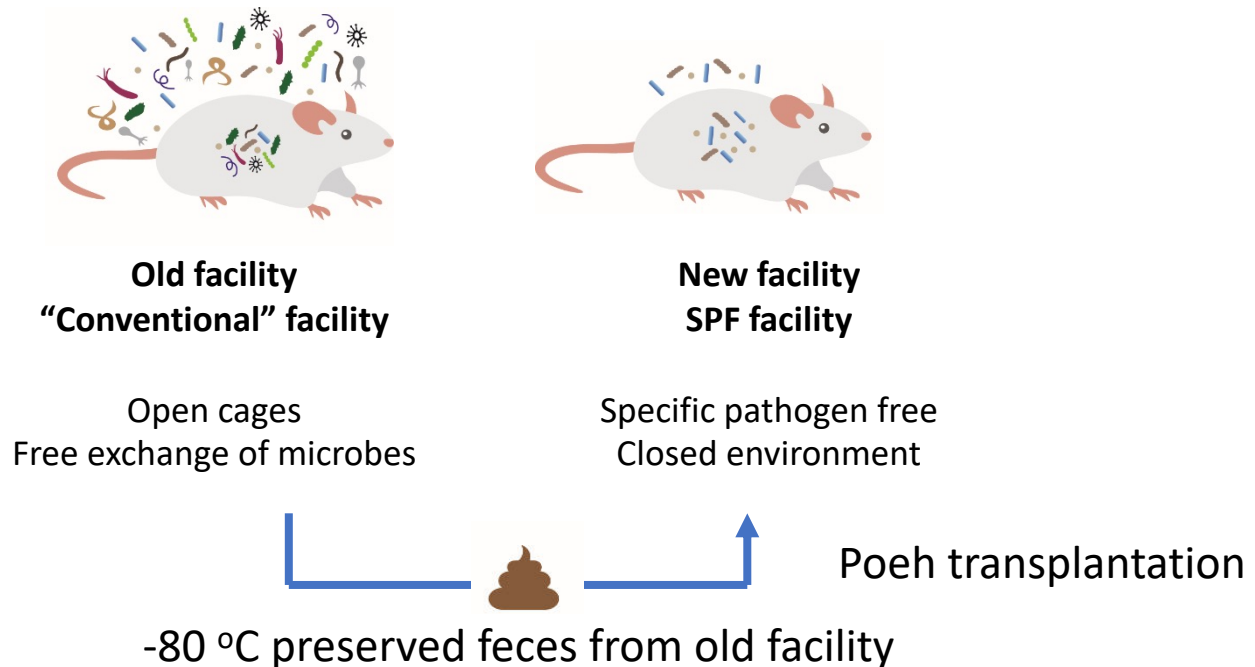
=> large differences in microbiota composition

# Lynch syndrome in the mouse

FMT: fecal microbiota transplantation

The intestinal flora (microbiota):

- Collection of micro-organisms in the colon
- Local and systemic effects
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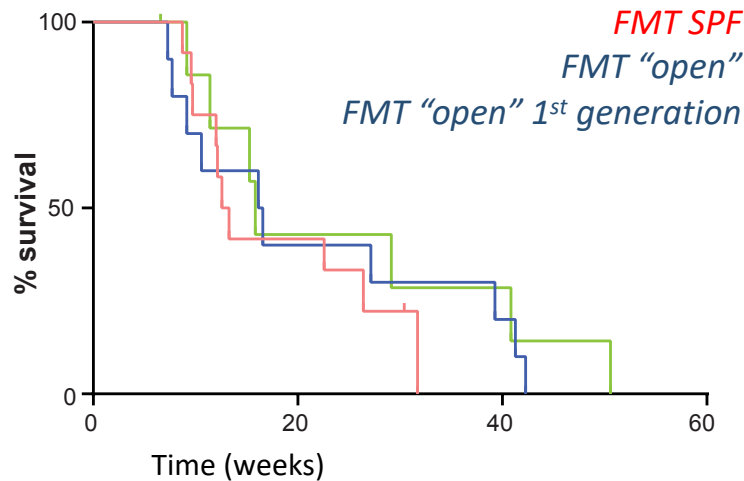




# Impact of microbiota on tumorigenesis

FMT: fecal microbiota transplantation

*Msh2-Lynch mice*



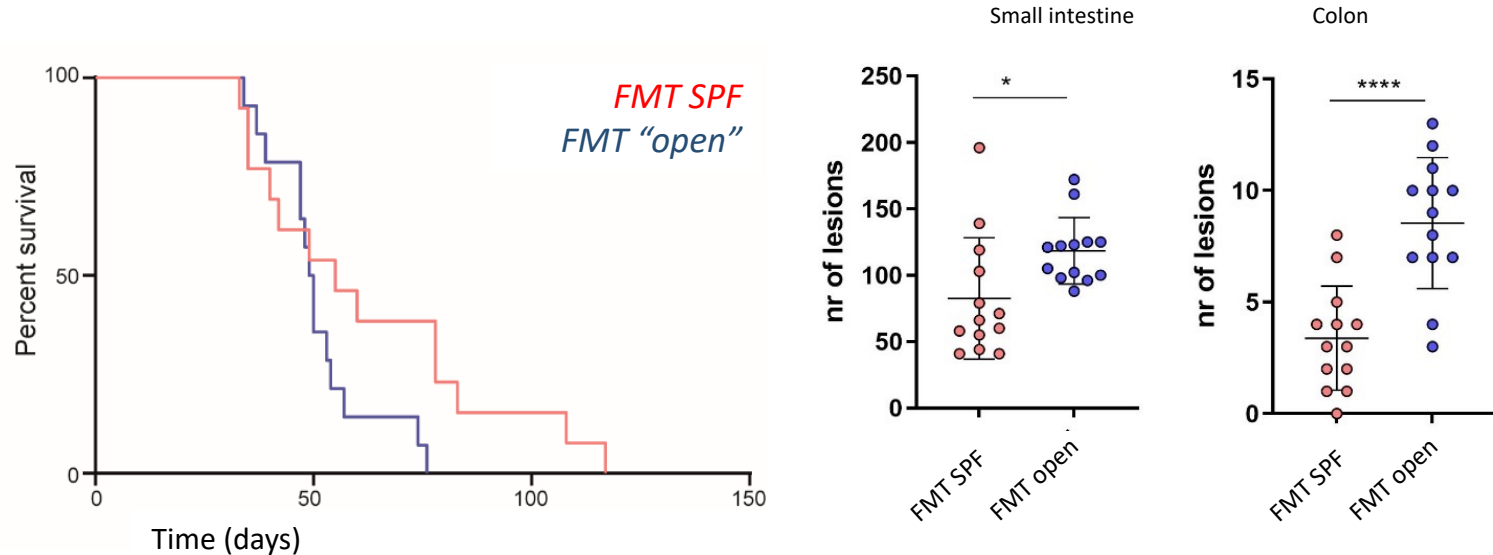
Still no intestinal cancer in LS mice, but

- *Many “new” bacteria*
- *in close contact with intestinal tissue*
- *Severe inflammation*
- *Increased cell division => more mutations in DNA!*

# Impact of microbiota on tumorigenesis

FMT: fecal microbiota transplantation

*APC FAP mice*



Still no intestinal cancer in LS mice, but

- *Many “new” bacteria*
- *in close contact with intestinal tissue*
- *Severe inflammation*
- *Increased cell division => more mutations in DNA!*

Increased tumor incidence in FAP mice!

# Acknowledgements



## *MSH2-Lynch mouse*

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