Distinguished Visitors PROGRAMME

PUBLIC LECTURE SERIES Prof Aaron Ciechanover

2004 Nobel Laureate in Chemistry Distinguished Research Professor, Faculty of Medicine The Technion-Israel Institute of Technology

DRUG DEVELOPMENT IN THE 21ST CENTURY: ARE WE GOING TO CURE ALL DISEASES





MEL GIBSON

Bart Anton

is for no man. but true love waits forever.

he volunteered

fora

dangerous

experiment.

All

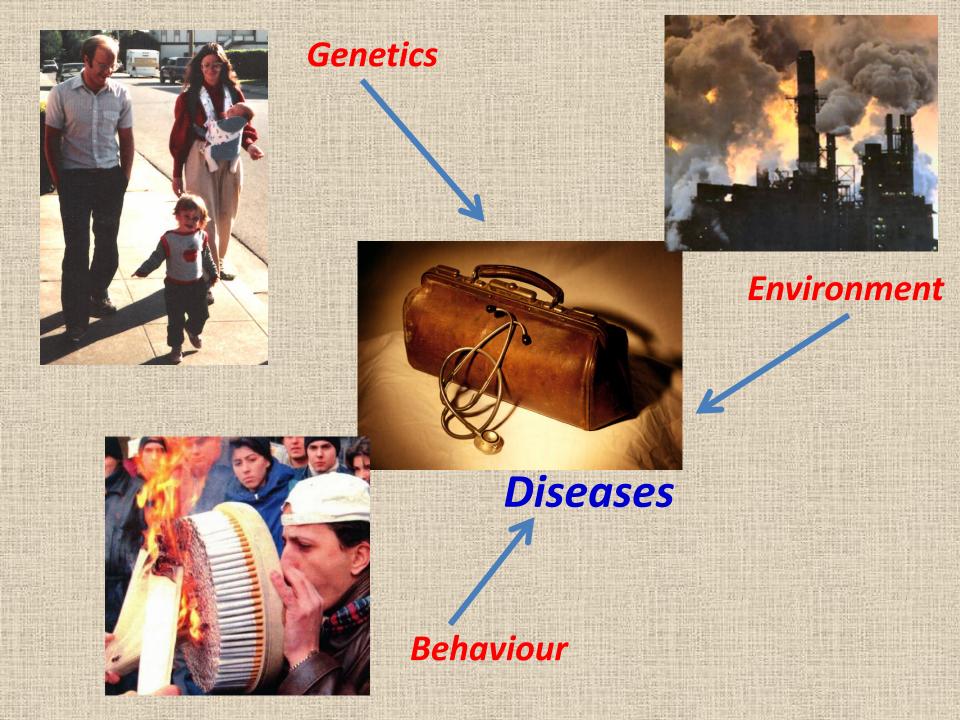
in the name

of love.

JAMES DEAN FOREVER REBEL OUTCAST. HERO LEGEND MARTIN SHEEN

CANNES CLASSICS

A CURE FOR -ALL DISEASES A Dalziel & Pascoe Novel

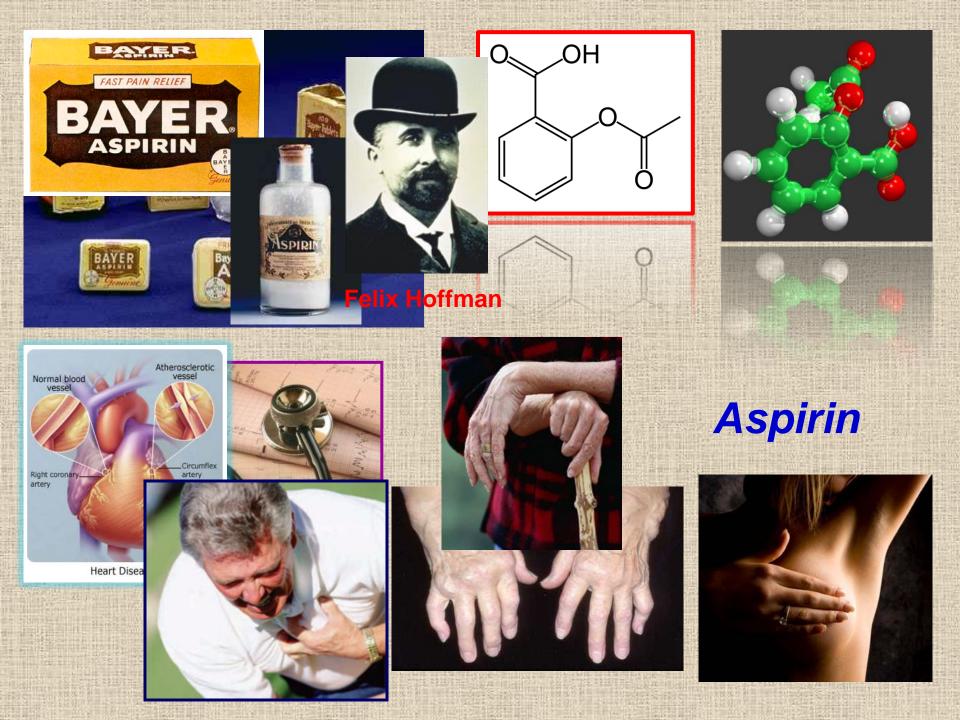


Drug Discovery and BioMedical research in the 21st century?

The third revolution

The first revolution: The era of incidental discoveries 1930s-1960s

Clinical observation at times dates back to old times followed by isolation of the active ingredient and only last – understanding the mechanism of action





Penicillin

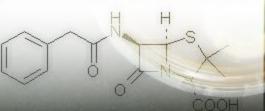


PENICILLIN CURES

10.004

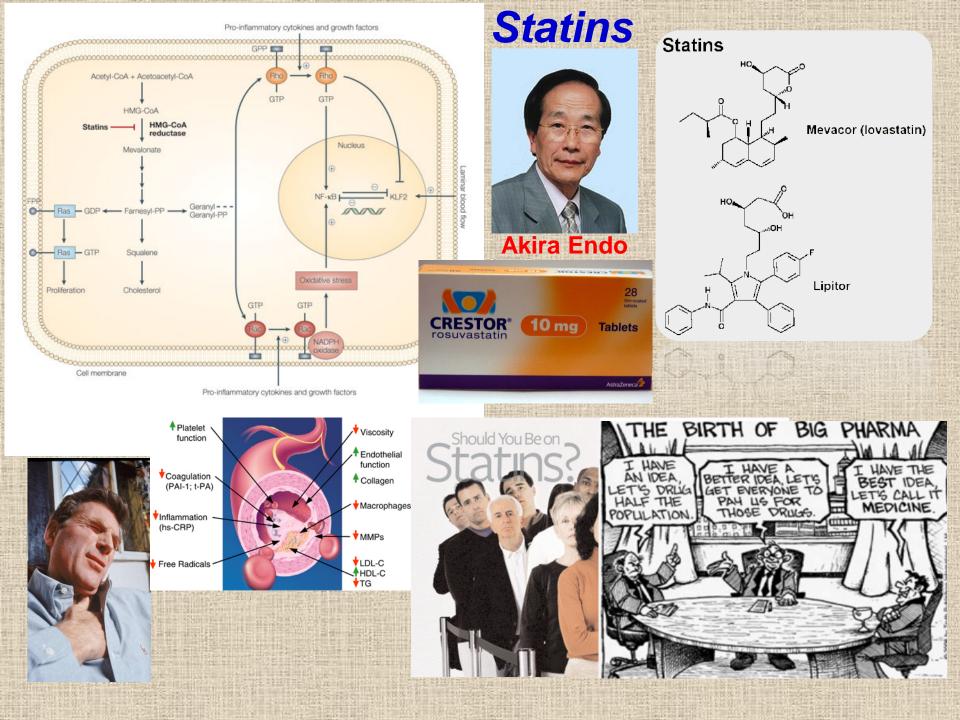
Bacteria inhibited

Bacteria



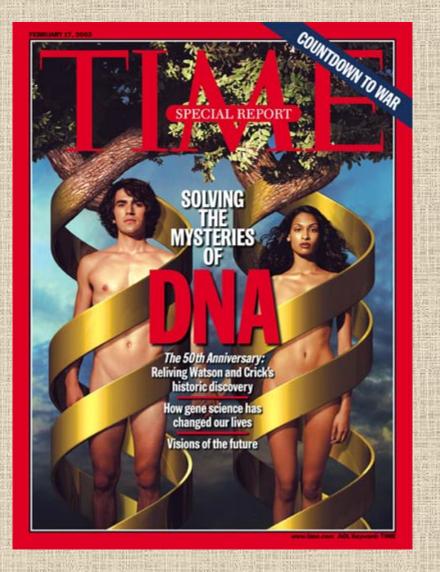
The second revolution 1970s-2000s

High throughput – brute force screening of large libraries of chemical compounds



The third revolution: 2000s-

The era of planning understanding the mechanisms first, followed by targeted drug design



ISSUE DRUGS OF THE FUTURE Amazing new medicines will be based on DNA Find out how they will change YOUR LIFE

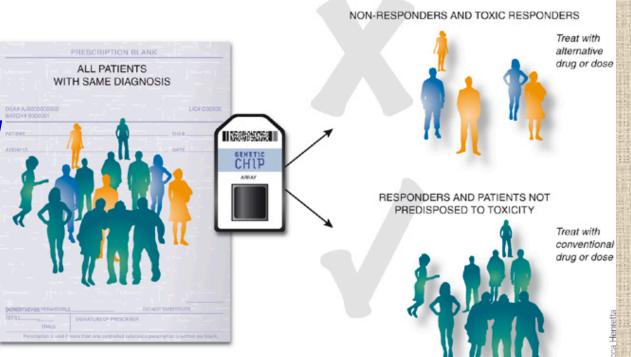
Current medicine –

One size fits all





Future medicine-Targeted and Personally "fitted" and medicine -



Personalized Medicine

The key element in personalized medicine is to be able to identify new "personal" drug targets - predict the responders and the non-responders, treat the responders and develop new drugs aiming at new targets to the non-responders





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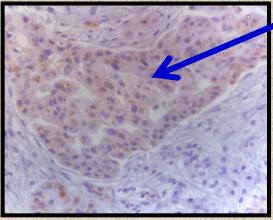
The Gentlest Treatments The Latest on Mammograms

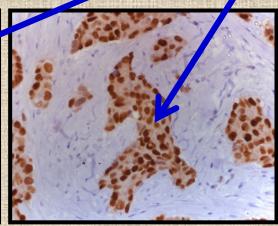
Future medicine-**Targeted** and Personally "fitted" and medicine -



Personalized Medicine

Breast Cancer – Estrogen Receptor Negative and Positive (predicts sensitivity to Tamoxifen)

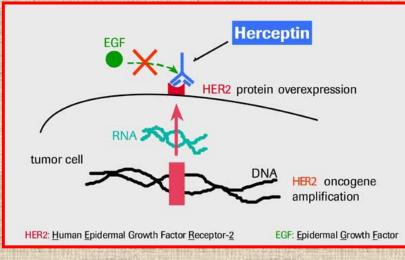




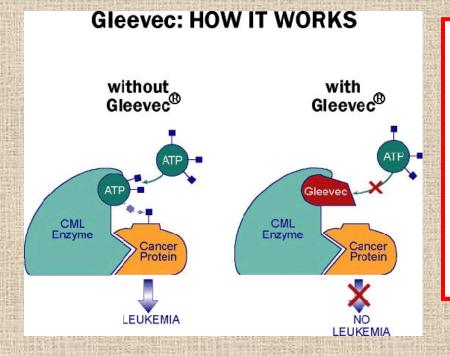


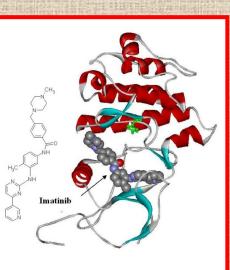


Herceptin (targeted)





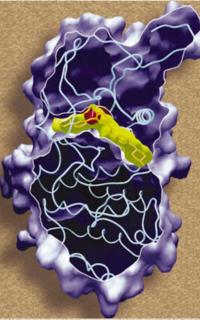


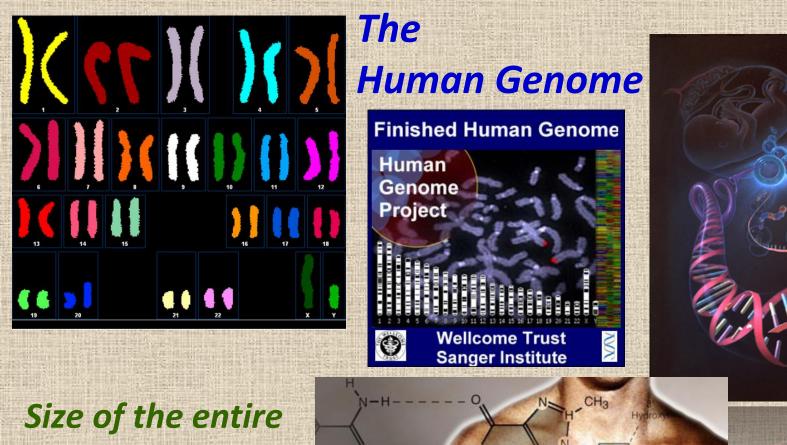


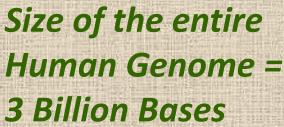


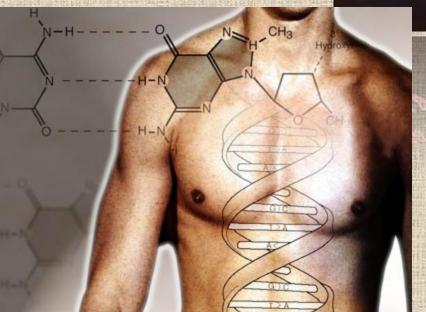
Gleevec (Imatinib) Treating CML (by inhibiting BCR-ABL) (targeted)













Sequencing of the individual human genome will be converted into an yet another tool in the Diagnostic, therapeutic, and prognostic toolkit

THE HUMAN GENOME PERSONAL GENOMICS

Number of Sequenced Human Genomes Doubles

Less than a decade ago, it took hundreds of millions of dollars and a large international community to sequence a single human genome. This week, three reports in the 6 November issue of *Nature* describe three more human genomes—the first African, the first Asian, and the first cancer patient to have

their entire DNA deciphered. The sequences provide clues about genome variation and disease; they also demonstrate the potential of a

relatively new sequencing technique to mass-produce human genomes. "The methods are extremely powerful," says geneticist James Lupski of Baylor College of Medicine in Houston, Texas. "Reading these papers, I think the personal genomes field is moving even faster than I anticipated."

Until now, four human genomes have been published: the reference human genome, derived from sequencing DNA from several anonymous individuals; one by

Celera Genomics; and those of genome stars J. Craig Venter and James Watson. Efforts to date to identify differences among individuals have relied not on entire genome sequences but on surveys of single-base changes called SNPs and of structural variations in duplicated pieces of DNA (*Science*, 21 December 2007, p. 1842).

Even the broadest SNP surveys look at just a few million SNPs out of the 3 billion bases in the genome, leaving researchers in the dark about how much individual variation there is and how specific differences correlate with disease risks. Hence the push to drive down the cost of sequencing to \$1000 per genome (*Science*, 17 March 2006, p. 1544). The newly published genomes came in with price tags of \$250,000 to \$500,000 each but would cost half that or less if done today. The three groups all used a technology developed by Solexa, now part of Illumina Inc. in San Diego, California, to speed and slash the cost of sequencing. It generates smaller pieces of sequence faster and cheaper than previous technologies. Such small pieces used to be difficult to stitch together, but



New genome on the block. The first genome sequence from a Chinese was on display last year at a technology fair in Shenzhen, China.

this approach can work well now because the reference genome helps guide their assembly.

To explore the genetic underpinnings of cancer, Richard Wilson and colleagues at the Washington University School of Medicine in St. Louis, Missouri, sequenced genomes from both normal skin tissue and tumor tissue of a middle-aged woman who died of acute myelogenous leukemia (AML). They compared the DNA to determine what was different about the cancer cells. About 97% of the 2.65 million SNPs found in the tumor cells also existed in the normal skin cell, suggesting they were not critical to the cancer process. The researchers also eliminated SNPs that had been previously identified elsewhere as well as those that did not change the coding of a gene, ending up with 10 SNPs unique to the tumor cells. "I don't

think we missed anything," says Wilson.

Two occurred in genes previously linked to this leukemia. Eight led the researchers to new candidate AML genes, including several tumor suppressor genes and genes possibly linked to cell immortality. By sequencing the whole cancer genome, "we capture what we don't know as well as what we do know [about cancer genes]," says Illumina's David Bentley. "That can really transform our ability to understand cancer."

Bentley and colleagues sequenced the genome of a Yoruba man from Nigeria whose DNA has already been extensively studied, enabling them to check the accuracy of their technology. In the third *Nature* paper, Jiang Wang of the Beijing Genomics Institute in Shenzhen, China, and colleagues sequenced the genome of a Han Chinese male. The Yoruba analysis uncovered almost 4 million SNPs, including 1 million novel ones. The Chinese genome had about 3 million, including 417,000 novel SNPs. As anticipated, the African genome had greater variation per kilobase than either the Chinese or sequenced Caucasian genomes, indication of its encertral status.

These new genomes were already significantly cheaper than their predecessors were; next year, Illumina expects the cost to drop to about \$10,000. Other companies are promising even lower prices per genome. Nonetheless, geneticits Aravinda Chakravart of Johns Hopkins University School of Medicine in Baltimore, Maryland, is cautious about how quickly genome sequencing should enter the clinic: "We still don't know how to interpret [the data]," he notes. Bentley agrees. Because of the uncertain applicability and utility of sequence data, "and possibly ethical barriers," he notes, saying the technology is poised to

enter the clinic anytime soon is "pushing it."

-ELIZABETH PENNISI

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Cancer genomes reveal risks of sun and smoke

Sequencing of skin and lung cancers show that many mutations could be prevented.

Brendan Borrell

Researchers have completed the genetic sequences of two types of cancer — skin cancer and small-cell lung cancer revealing that the genomes bear the hallmarks of their respective carcinogens: sun and smoke. Worldwide, the two diseases kill a total of nearly 250,000 people each year, despite the fact that they are largely preventable.

Tumours develop when a normal cell's DNA is damaged, allowing that cell

Sun and smoke leave their fingerprints on cancer genomes.

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to proliferate unchecked. By sequencing and cataloguing all the mutations in a single tumour type from multiple individuals, scientists aim to identify the genes that are most susceptible to damage, to understand the processes underlying DNA repair, and to develop drugs that counteract certain types of damage.

Scientists from the Cancer Genome Project at the Wellcome Trust Sanger Institute in Hinxton, near Cambridge, UK, and their collaborators at partner institutions describe the genetic sequences of cell lines derived from patients with small-cell lung cancer¹ or malignant melanoma². The studies are published online today in *Nature*.

"Every pack of cigarettes is like a game of Russian roulette."

Peter Campbell Wellcome Trust Sanger Institute, Hinxton These papers mark the completion of the fourth and fifth cancer-cell genomes to be sequenced, and come just one year after a team from Washington University School of Medicine in St Louis published the first cancer genome, from a patient with

leukaemia³. The breast-cancer genome was published by a Canadian-led consortium in

The journey into the complexity of life is one of the greatest challenges of our century and will succeed only if we shall collaborate internationally and manage to cross disciplines - all on a large



