

Quantitative Estimation of Chromosome Aberration Frequency in Cancer Patients Induced by Endogenous and Exogenous Factors

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In patients with skin melanoma and colon cancer, cell distribution by the number of chromosome aberrations cannot be described by Poisson distribution, but corresponds to a bipopulation model combining the Poisson and geometric distributions. In contrast to the control, in patients with malignant tumors, cells with geometric distribution possess the majority of chromosomal aberrations.

Key words: melanoma; colon cancer; chromosomal aberrations; distribution

Multiaberrant (rogue) cells were discovered long time ago, but now the interests of many explorers are focused on the appearance of these cells. These cells were most frequently observed during total examinations of the frequency of chromosomal aberrations in population suffered from Chernobyl accident [2,3,7]. However, cells with multiple aberrations were also found in other population groups [1,9]. It was assumed that these cells participate in mutagenesis, teratogenesis, and oncogenesis [9].

Bipopulation model based on the idea of existence of two cell populations was proposed for quantification of rouge cells. Judging by the number of aberrations, most cells show the Poisson distribution. These chromosome aberrations are caused by external mutagenic factors. In the other smaller cell population aberrations show geometric distribution. It is assumed that this distribution results from mutations in genes responsible for reparation and replication. Mutations of these genes cause aberrations in other genome loci. This model allows to explain the appearance of multiaberrant cells in subjects living in ecologically unfavourable regions [6].

Chromosome instability associated with the risk of tumor development is known to accompany some rare autosomal recessive syndromes [8]. In the present study we applied the bipopulation model for description of cell distribution by the number of aberrations in patients with two tumor types (skin melanoma and rectal cancer) and analyzed the contribution of each subpopulation to the total number of aberrations.

MATERIALS AND METHODS

The frequency of chromosomal aberrations in peripheral lymphocytes was examined in patients with skin melanoma or colon cancer. Healthy donors living in Moscow comprised the control group. The methods of cell culturing, fixation, staining, and analysis of preparations were described earlier [4].

The parameters of the model were determined by the formula for the number of cells with z aberrations:

$$T(z) = T[(1-a) \times \exp(-z) \times m^z / z! + a \times t \times (1-t)^z], \quad (1)$$

where T is the total number of analyzed cells; a is the number of cells with geometric distribution by the number of aberrations; m is the Poisson distribution parameter (mean number of aberrations per cell for cells with Poisson distribution); t is geometric distri-

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TABLE 2. Model Parameters and Quantitative Characteristics of the Frequency of Chromosomal Aberrations in Three Groups of Subjects

Model parameters	Control	Melanoma	Colon cancer
% aberrant cells	3.85	4.75	5.95
Aberrations/cell	0.0462	0.0566	0.0715
Number of aberrations per cell in population with Poisson distribution (m)	0.035	0.021	0.024
Fraction of aberration-free cells in population with geometric distribution (t)	0.423	0.790	0.783
Fraction of cells with geometric distribution (a)	0.0067	0.138	0.185
Number of aberrations per cell in population with geometric distribution $M=(1-t)/t$	1.37	0.267	0.277
Fraction of aberrations in cells with geometric distribution, %	23.88	67.31	72.58

necessitates the need of estimation of the total number of aberrations and their distribution in cells.

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