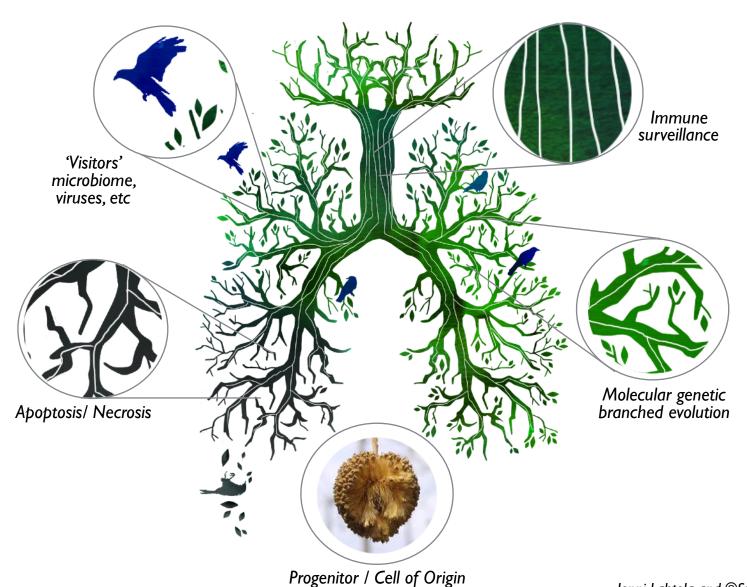






Emmy W. Verschuren, PhD Academy of Finland R'Life Kick-off meeting November 27 2020

Cancers are Ecosystems that Evolve via a Sequence of Dynamically Changing Environments



Questions in Translational Cancer Research



Tissue context?
Passenger vs driver mutation?
Intra-tumour heterogeneity?
Lifetime mutagenic load?







- * What can we learn from primary cell & tissue analysis ex vivo IMI-PREDECT
 - * How can preclinical models inform on clinical diagnostic advances Ac. of Finland

Meilahti University of Helsinki Medical Campus



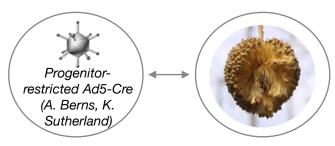




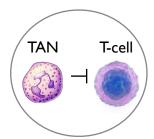








Progenitor cell and genetic drivers cooperatively define NSCLC histopathology spectrum



Histopathology-selective phenotypes: immune suppression, signalling, metastatic propensity



Signalling activities align more with histopathology than genotype, and show significant **spatial heterogeneity**



Kras^{G12D}; Lkb1^{fl}
Drivers in appr. 30% human NSCLC
Wide histopathology spectrum

Take home messages preclinical studies

Translational studies to consider histopathology-selective phenotypes in addition to driver mutations







IMI-PREDECT **Public-Private Partnership**

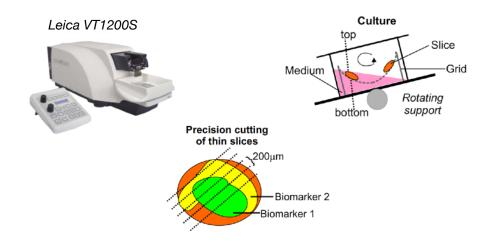
Robust Complex *Ex Vivo* Models For Cancer Target Validation

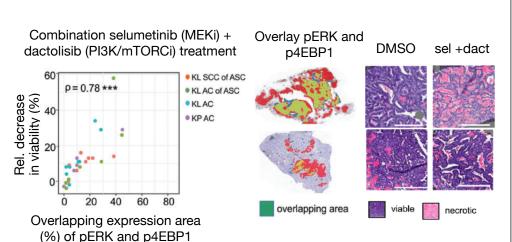
WHEN YOU SEE A CLAIM THAT A COMMON DRUG OR VITAMIN "KILLS CANCER CELLS IN A PETRI DISH,"





'Can we do better than xenografts or cells grown on plastic?'





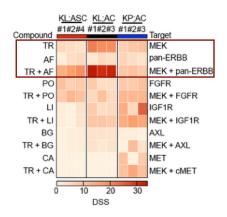
Take home messages organotypic tissue slice studies

Oxygen and culture supports are required for tissue survival

Combination drug sensitivity in tissue slices relates to spatial signalling activities of targeted pathways

Tissue slice studies/protocols:

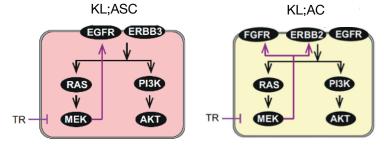
Davies et al., Sci. Rep. '15 De Hoogt et al., Sci. Data '17 Nagaraj et al, J Vis Exp '18 Närhi et al, J. Path '18



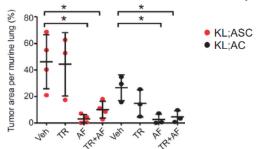
Trametinib (MEKi) + afatinib (pan-ERBBi) combination treatment selective for Kras;Lkb1 NSCLC

Combination drug sensitivity

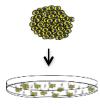
• Relates to signalling networks selective for NSCLC histotypes



 Is validated in vivo, where increased single pan-ERBBi response corresponds with increased ERBB biomarker activity



Can primary cultures be used to identify and predict drug sensitivities reflective of the native *in vivo* tumour tissue?



Early passage primary epithelial cultures (conditionally reprogrammed cells; CRC/PDC; Schlegel et al)

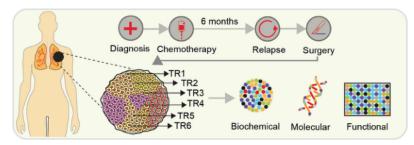
- Only half of all resected clinical NSCLC tumours are sliceable, yielding limited numbers of short-lived already necrotic tissue slices, compromising robust study
- Primary epithelial cultures are established at low success rates (10%), and this takes 2-3 months, possibly leading to genetic and phenotypic drift
- Surgically resected tissue is not the disease entity to treat; the majority (>70%) of patients are diagnosed with metastatic stage disease -> assays to be adapted to biopsies or pleural effusions

Towards research translation

Challenges of functional diagnostic modelling with clinical samples

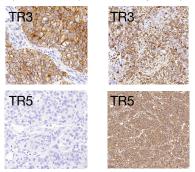


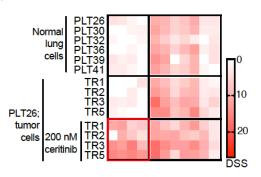
NSCLC - adenocarcinoma EML4-ALKv3 fusion (driver in 4-7% NSCLC); TP53 mutation (R175H) chemoresistant (cisplatin + pemetrexed) Female never smoker



Target inhibition enhances Alki (ceritinib) sensitivity, without affecting normal epithelial cells

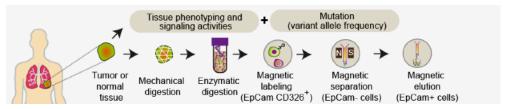
TR3: epithelial TR5: EMT/ (E-cadherin) mesenchymal (CK18)





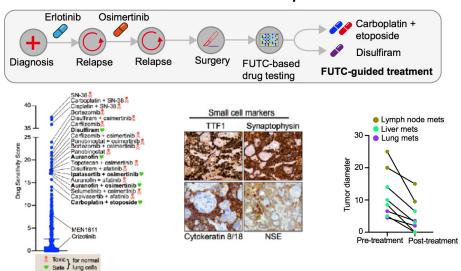
Towards research translation a case study

Functional diagnostic profiling using Fresh Uncultured Tumour Cells (FUTCs)



- Normal and tumour epithelial (EpCam+) and stromal (EpCAM- cells)
- Drug sensitivity profiling within three days
- Validation: mimic of pharmacological and adaptive signalling profiles of murine histopathology subtype-matched cultured cells
- Clinical sample-derived FUTCs show drug response matched to driver mutations (EGFR, ALK, MET, KRAS) in 18/19 cases

FUTC profiling-guided compassionate treatment of a chemorefractory metastatic EGFRmut NSCLC patient



- Patient was scheduled to receive pemetrexed + carboplatin
- FUTC profiling showed etoposide + carboplatin as superior combination
- Treatment was adjusted, small-cell histotype conversion was confirmed 2 wks later
- Patient shows response to 4 cycles of treatment over period of one year

Towards research translation circumventing culture challenges



- Develop NSCLC organoid cultures (in collaboration with HUB, Utrecht)
- Compare FUTC responses to those seen in primary organoids
- Functionally interrogate adaptive signalling networks to understand primary/acquired resistance mechanisms
- Extend diagnostic applications to biopsies & pleural effusions

Future directions in R'Life



Collaborators Research & Hospital

Olli Kallioniemi, FIMM - ISM, systems pathology, IMI-PREDECT

Krister Wennerberg - Drug sensitivities

Mikko Mäyranpää, HUS - Pathology

Kaisa Salmenkivi, HUS - Pathology

Jari Räsänen, HUCH - Surgical tumours

Aija Knuuttila, HUCH - Clinical oncology

Jon Lømo, Oslo Uni Hospital - Pathology

Lars Søraas, Oslo - Compassionate care case

Johan Lundin - Digital pathology, IMI-PREDECT

Riku Turkki - Necrosis analysis, IMI-PREDECT

Sami Blom - Systems Pathology, IMI-PREDECT

Teijo Pellinen - Multiplexed staining, IMI-PREDECT

Astrid Murumägi - CRC methodology

Simon Anders - Bioinformatics

Peter Horvath - Imaging software

Preclinical and clinical patients

IMI-PREDECT colleagues

John Hickman, Servier

Wolfgang Sommergruber, Boehringer Ingelheim

Emma Davies & Simon Barry, AstraZeneca

Heiko van der Kuip & Meng Dong, RBMF

Jan Trapman & Petra van Duijn, EMC

Julia Schuler, Oncotest/Charles River

Wytske van Weerden

& Hanneke van Zoggel, EMC

FIMM TC & HTB unit Support

Pekka Ellonen - DNA seq Matti Kankainen - Bioinformatics Swapnil Potdar -DSRT analysis Laura Turunen - Drug plates Jani Saarela - Assay development

Current







Previous











