Questions and challenges in cancer biology

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p53

Ras



p53

Ras



Where to target cancers?

Where to target cancers?

Ligand/Receptor Tyrosine Kinase cloud

Intracellular kinase cloud

The problem of robustness



Where to target cancers?

Ligand/Receptor Tyrosine Kinase cloud

Intracellular kinase cloud

The problem of robustness



Biochemistry & Molecular Biology

Tools for dissecting biological systems **Biochemistry & Molecular Biology**

Reductionist analysis of components

Tools for dissecting biological systems Biochemistry &

Molecular Biology

Reductionist analysis of components
Limited analysis of interactions

Biochemistry & Molecular Biology

- Reductionist analysis of components
- Limited analysis of interactions
- Very limited analysis of interaction dynamics

Biochemistry & Molecular Biology

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Genetics

Tools for dissecting biological systems Biochemistry &

Molecular Biology

Genetics

Algebraic approach to structure and function

Mutation



Mutation



"Essential gene"

Mutation







"Redundant" gene"

Compensated adult phenotype

Mutation

"Redundant" gene"

Partially compensated adult phenotype

Teleology also confounds classical genetics

Teleology also confounds classical genetics

Genes, proteins, biological processes have no purpose or goal, Teleology also confounds classical genetics

Genes, proteins, biological processes have *no* purpose or goal, just contextual function

Biochemistry & Molecular Biology

Genetics

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Genetics

in silico modeling of systems

in silico modeling of systems

Complexity

Complexity

Localization

Complexity

Localization

Evolved, not designed, function

Complexity

Localization

Evolved, not designed, function

Computability?



Koza, Keane & Streeter



More efficient

Koza, Keane & Streeter



More efficient
More complex (irreducibly?)

Koza, Keane & Streeter



More efficient
More complex (irreducibly?)
More complicated

Koza, Keane & Streeter



- More efficient
 More complex
- (irreducibly?)
- More complicated
- Redundant parts

Koza, Keane & Streeter

The problems with rationally targeting cancers

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 Cancer cells and tissues are very similar to their regenerating normal counterparts

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 We don't know why any of our cancer therapies kill cancer cells
The problems with rationally targeting cancers

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- We don't know why any of our cancer therapies kill cancer cells
- Cancer cells adapt to pharmacological perturbation and evolve under pharmacological selection

The problems with rationally targeting cancers

- Cancer cells and tissues are very similar to their regenerating normal counterparts
- Even our best targeted drugs fail to correct the actual oncogenic dysfunction (which is signal *misregulation*)
- We don't know why any of our cancer therapies *kill* cancer cells
- Cancer cells adapt to pharmacological perturbation and evolve under pharmacological selection



Kills cancer cells



Kills cancer cells 100% effective



Kills cancer cells 100% effective No resistance ever emerges



Its inhibition induces cancer cell death

- Its inhibition induces cancer cell death
- Its inhibition induces minimal/no side-effects in any normal tissue

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- Its inhibition induces cancer cell death
- Its inhibition induces minimal/no side-effects in any normal tissue
- Its function is obligate and non-redundant for tumor maintenance
- Target is common to many/most/all cancers "Impersonalized Medicine"





Transcription factor activated by DNA damage and other stresses



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- Once activated, p53 triggers cytostatic and/or apoptotic effectors



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- Transcription factor activated by DNA damage and other stresses
- Once activated, p53 triggers cytostatic and/or apoptotic effectors
- Either p53 or components of its attendant pathways are functionally inactivated in >85% of human cancers
- So there is something about p53 that tumor cells could not, or cannot, tolerate

Worldwide distribution of cancers and p53 mutations











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p53-mediated tumor suppression

p53-mediated tumor suppression

How, why, when and where?





Member of an evolutionarily ancient, metazoan family



- Member of an evolutionarily ancient, metazoan family
- Evolved originally as transcriptional coordinator of cellular responses to stress/damage during development



- Member of an evolutionarily ancient, metazoan family
- Evolved originally as transcriptional coordinator of cellular responses to stress/damage during development
- Tumor suppression is a "recent" evolutionary retrofit

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Survival and recovery

Transient stress/ repairable damage **Reversible** arrest, repair, autophagy

Survival and recovery

Persistent signals (oncogenic, irreparable damage) **Apoptosis, irreversible** arrest/senescence **Cell ablation**

Persistent signals Transient stress/ (oncogenic, irreparable repairable damage damage) **Apoptosis, irreversible Reversible arrest**, arrest/senescence repair, autophagy Survival and recovery **Cell ablation**






Many diverse mutations in cancers all converge on a few key pathways



Many diverse mutations in cancers all converge on a few key pathways





How can we model inhibition of the common cancer pathways?



How can we model inhibition of the common cancer pathways?







What was the question?

Inhibiting endogenous Myc in normal and tumour tissues *in vivo*





Sergio Nasi Laura Soucek

Inhibiting endogenous Myc in normal and tumour tissues in vivo



Sergio Nasi Laura Soucek



Sergio Nasi Laura Soucek

Systemic Myc inhibition suppresses proliferation in normal tissues







testis



intestine

Systemic Myc inhibition suppresses proliferation in normal tissues







testis



intestine





epidermal thinning arrested hair growth



villus attrition

Restoration of Myc triggers rapid and complete GI recovery

Restoration of Myc triggers rapid and complete GI recovery



Days after Omomyc switch off

Impact of competitive systemic Myc inhibition on body weight



Impact of competitive systemic Myc inhibition on body weight



Impact of competitive systemic Myc inhibition on body weight



Mice remain healthy and "seem" happy

Systemic Myc inhibition triggers regression of multiple tumor types

KRas^{G12D} Lung Tumors SV40 LT/ST Lung Tumors Wnt mammary tumors HER2 mammary tumors









Systemic Myc inhibition triggers regression of multiple tumor types

KRas^{G12D} Lung Tumors SV40 LT/ST Lung Tumors Wnt mammary tumors HER2 mammary tumors



Myc inhibited



Myc inhibited by systemic induction of OmoMyc (DN Myc)

Tumors recur at reduced multiplicity following Omomyc cessation

16 weeks KRas ^{G12D} activity





Tumors recur at reduced multiplicity following Omomyc cessation

16 weeks KRas ^{G12D} activity



+ 4 weeks Myc inhibition





Tumors recur at reduced multiplicity following Omomyc cessation

+ 4 weeks Myc inhibition



Recurrence at 8 weeks



37% mean reduction in tumor multiplicity

And remain completely susceptible to repeated Myc inhibition

Recurrence at 8 weeks



2nd round Myc inhibition (1 wk)













Myc is a Ras downstream effector



1982: Myc and Ras cooperate to transform fibroblasts in culture



Land, Parada & Weinberg

HRas^{V12}

HRas^{V12} + Myc

Мус

1982: Myc and Ras cooperate to transform fibroblasts in culture



Land, Parada & Weinberg

HRas^{V12}

HRas^{V12} + Myc

Мус



1982: Myc and Ras cooperate to transform fibroblasts in culture



Land, Parada & Weinberg

HRas^{V12}

Myc

HRas^{V12} + Myc

What does Myc do for Ras and Ras do for Myc?



Is Myc a Ras effector or cooperator?



If Ras can drive Myc, why does Ras need Myc for oncogene *cooperation*? If Ras can drive Myc, why does Ras need Myc for oncogene cooperation? **Oncogenic Myc is** deregulated and often over-expressed








BrdU

Hoechst

KRas^{G12D}-driven lung tumours

KRas^{G12D}-driven lung tumours have a very low proliferative index



BrdU

Hoechst

KRas^{G12D}-driven lung tumours

Myc deregulation exacerbates K-Ras^{G12D}- driven lung tumorigenesis

K-Ras^{G12D} alone



n > 10

Myc ON 6 weeks

Myc ON 12 weeks

Myc ON 18 weeks

H&E staining

Myc deregulation exacerbates K-Ras^{G12D}- driven lung tumorigenesis

K-Ras^{G12D} alone

K-Ras^{G12D} + Myc



n > 10

H&E staining



Myc ON

Acute activation of MycER^{TAM} elicits rapid increase in KRas^{G12D} tumor proliferation,



Acute activation of MycER^{TAM} elicits rapid increase in KRas^{G12D} tumor proliferation, angiogenesis



FITC-Lycopersicon esculentum lectin Rhodamine-Ricinus communis agglutinin (vascular permeability)

Acute activation of MycER^{TAM} elicits rapid increase in KRas^{G12D} tumor proliferation, angiogenesis and inflammocyte infiltration



Ki67

BrdU

CD31

Lectins

CD45

GR1

FITC-Lycopersicon esculentum lectin Rhodamine-Ricinus communis agglutinin (vascular permeability)

KRas^{G12D}-driven lung tumours acquire dependency upon deregulated Myc



KRas^{G12D} ON for 6 weeks Then Myc ON as well for 6 weeks

KRas^{G12D}-driven lung tumours acquire dependency upon deregulated Myc

KRas^{G12D} ON for 6 weeks Then Myc ON as well for 6 weeks



KRas^{G12D} ON for 6 weeks Then Myc ON as well for 6 weeks Then Myc OFF for 4 weeks



Differential impact of KRas and Myc in pancreatic epithelium



Nicole Sodir

Differential impact of KRas and Myc in pancreatic epithelium





Nicole Sodir

Differential impact of KRas and Myc in pancreatic epithelium







Nicole Sodir

Activation of MycER^{TAM} in KRas^{G12D}-driven PanIN triggers the signature PDAC desmoplastic reaction





pdx1-KRas^{G12D} + Myc 3 wks

Nicole Sodir

Kras Myc ON 2 wk



Kras Myc ON 2 wk Kras Myc ON 2W OFF 1 d





Kras Myc ON 2W OFF 1 d Kras Myc ON 2W OFF 3 d





Kras Myc ON 2W OFF 1 d Kras Myc ON 2W OFF 3 d



Sustained Myc de-activation induces PDAC regression

Pdx1-cre; LSL-kras^{G12D/+} Myc OFF



H&E

KI67

Sustained Myc de-activation induces PDAC regression

Pdx1-cre; LSL-kras^{G12D/+} Myc OFF Pdx1-cre; LSL-kras^{G12D/+} Myc ON (3 wk)



H&E

KI67

Sustained Myc de-activation induces PDAC regression

Pdx1-cre; LSL-kras^{G12D/+} Myc OFF Pdx1-cre; LSL-kras^{G12D/+} Myc ON (3 wk) Pdx1-cre; LSL-kras^{G12D/+} Myc ON (3 W); Myc OFF (3W)



Myc-driven regenerative programmes - pancreas vs lung

Pancreas	Lung
Highly proliferative PanIN—PDAC	Highly proliferative Adenoma→Adenocarcinoma
Avascular, highly desmoplastic	Highly angiogenic, little desmoplasia
normoxia→hypoxia	hypoxia→normoxia
Influx of macrophages and neutrophils	Influx of PD-LI+ macrophages
Clearance of CD3+T cells (PD-LI on tumor cells)	Clearance of CD3+T cells (PD-L1 on incoming MФ)
Maintenance is Myc-dependent	Maintenance is Myc-dependent