



# Next Gen Technology for Next Gen Cancer Models

Concept in Response to the Recommendations by MS  
“Develop New Cancer Technologies Blue Ribbon Panel”

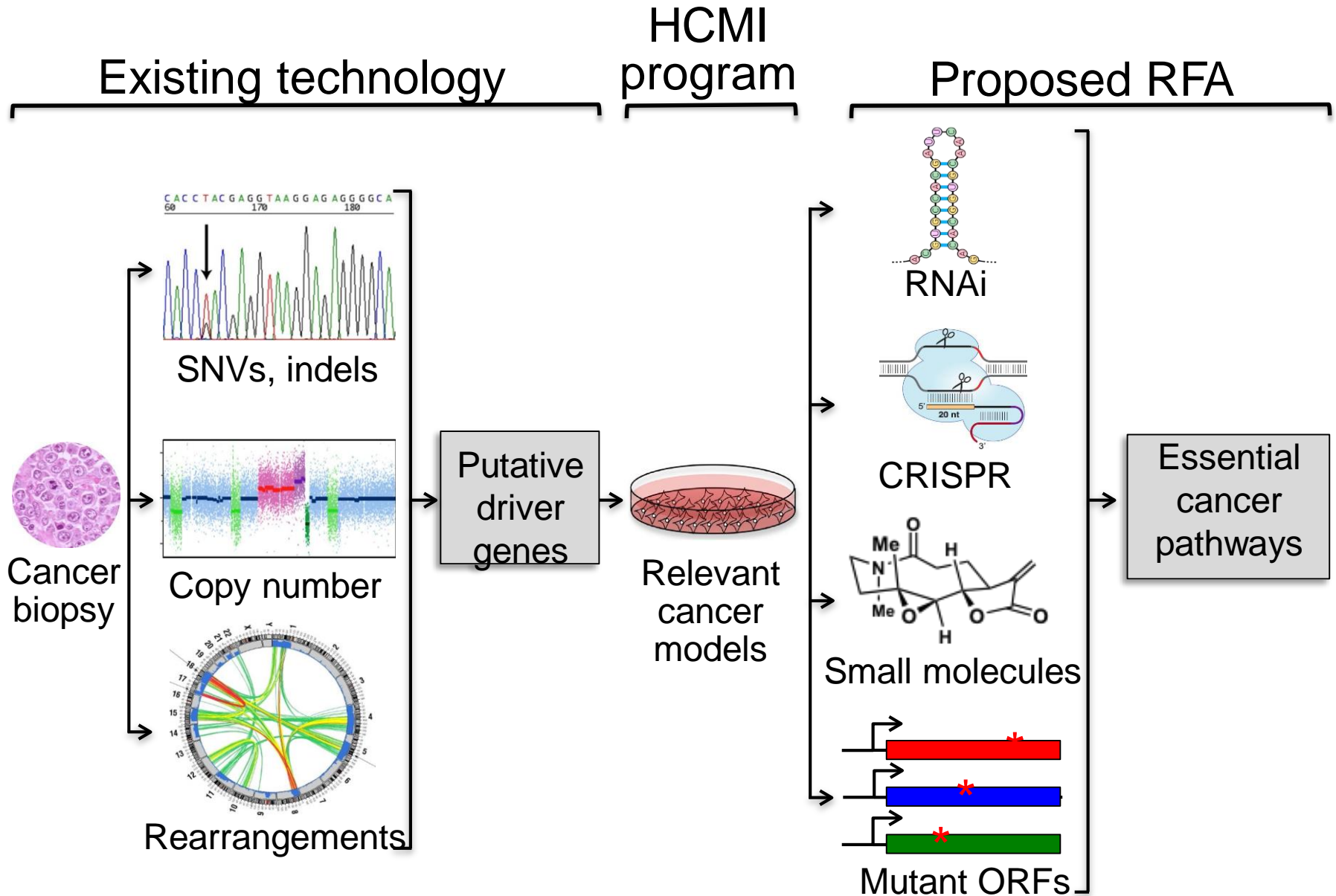
*NCI Board of Scientific Advisers*

*March, 2019*

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*Director, Office of Cancer Genomics, CCG*

# "The Big Picture"



# Presentation Outline

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## ➤ Background

- ❖ Human Cancer Models Initiative (HCMI)

## ➤ Concept

- ❖ Rationale, Scope and Examples of the Funding Opportunity Concept (FOA)

## ➤ Additional Information

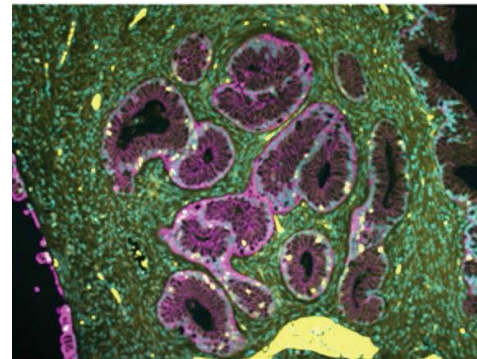
- ❖ Advantages
- ❖ Budget
- ❖ Changes per BSA input

## ➤ Questions

# Human Cancer Models Initiative (HCMI)



- International consortium: ~1000 “next generation human cancer models” (**NGCM**) with clinical and molecular data
  - ❖ NCI (Moonshot initiative)
  - ❖ Wellcome Sanger Institute
  - ❖ Hubrecht Organoid Technology
  
- Technologies for model development:
  - ❖ Organoids
  - ❖ Conditionally Reprogrammed Cells
  - ❖ Others



C. Kuo

# HCMI is Active



- Community Resource
- Distribution by ATCC to academic and commercial entities
- Genomes and transcriptomes of each model, case-matched normal and “parent” tissue are sequenced
  - ❖ Epigenomes will be analyzed
- Data is deposited to NCI’s [Genomic Data Commons](https://gdc.cancer.gov/)
- All protocols used to expand the models are shared through <https://ocg.cancer.gov/programs/hcmi/resources>
- Status: ~214 U.S. models have been established
  - ❖ 22 Asian or African American
  - ❖ 143 White
- HCMI updates: <https://ocg.cancer.gov/programs/HCMI>

# HCMI: Cancers



- Adult tumors
  - ❖ Breast
  - ❖ Colorectal
  - ❖ Gastroesophageal
  - ❖ Glioblastoma
  - ❖ Lung
  - ❖ Pancreatic
- ❖ Rare
- Pediatric tumors
  - ❖ Ewings sarcoma
  - ❖ Neuroblastoma
  - ❖ Rhabdomyosarcoma
  - ❖ Wilms
- “On deck”
  - ❖ Melanoma
  - ❖ Head and Neck
  - ❖ Renal
  - ❖ Ovarian
  - ❖ Relapsed or metastatic
- Number of cancers types and populations represented is expanding, e.g. tissues and clinical data from
  - ❖ Under-represented minorities through Center to Reduce Cancer Health Disparities supplements
  - ❖ Children from GAIN Consortium

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  - ❖ Advantages
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- Questions

# Concept Rationale



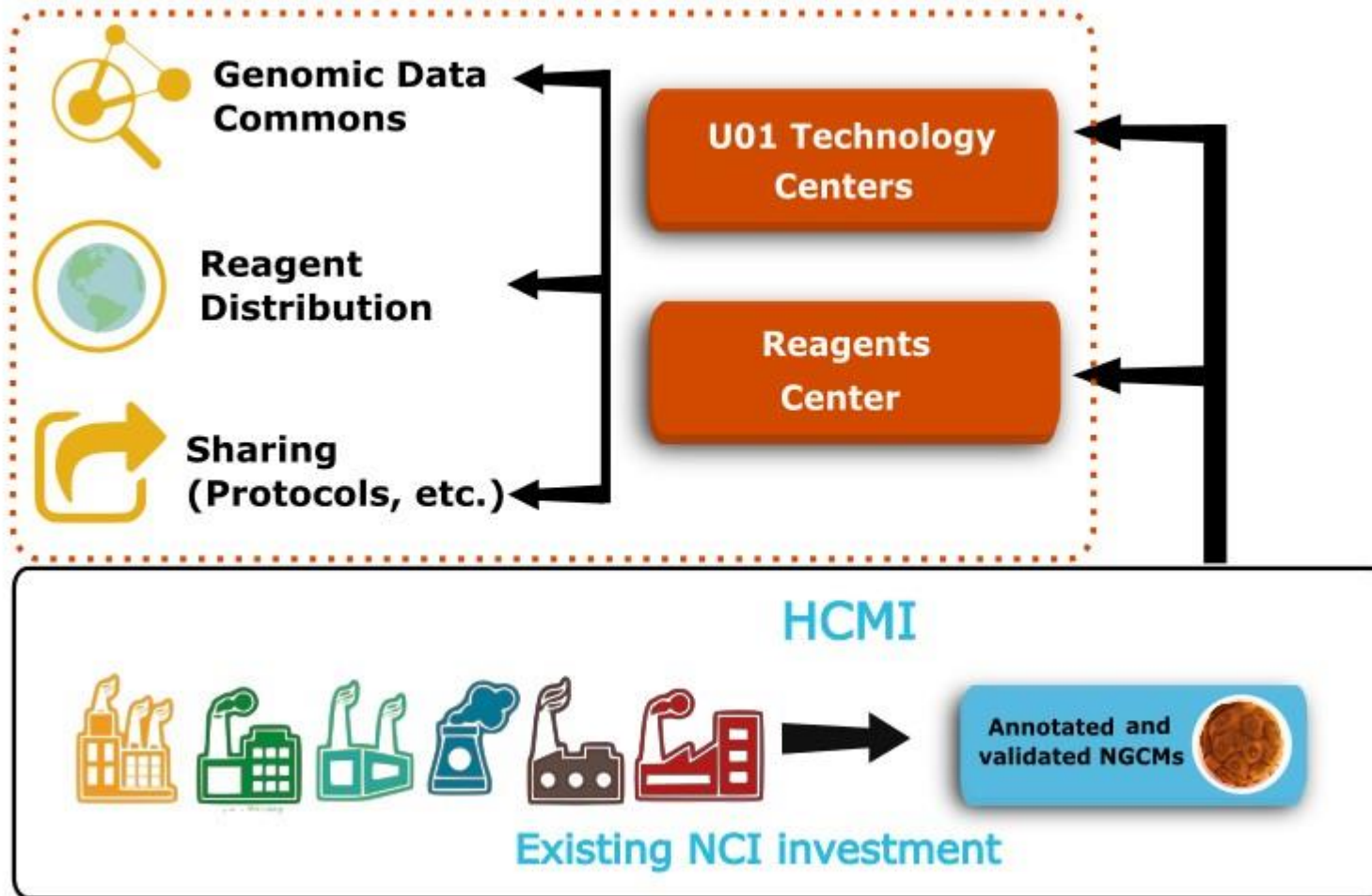
- Challenge: Functional genomic technologies are not optimized for efficient use in next-gen cancer models
- Opportunity: Successful completion of this concept will fill gaps, e.g.:
  - ❖ What is the impact of cellular polarity in 3D structures on the results from perturbagen screens?
    - Does topology (e.g. 3D organoids) change the effect of gene(s) essentiality in cancer?
  - ❖ How to adapt perturbagens that were developed for classical cancer cell lines to function in other cancer models?
  - ❖ What transduction technologies should be optimized for 3D and 2D NGCM?
    - E. g. can diffusion work efficiently for cells that are within (internal) an organoid?



# The Concept Will Use HCMI Models



## Proposed concept



# Goals



- The NGCMs represent a powerful tool for precision oncology
  - ❖ Clinical data, including response to treatment of donor patient
  - ❖ Genomic characterization upfront

- This FOA aims to accelerate functional genomics using the HCM1 models in screens using:

- ❖ Cas9/gRNA (CRISPR)
- ❖ RNAi
- ❖ Open reading frame (ORF) cDNA
- ❖ Small molecule



# Goals and Future Applications



- This concept will address the technical challenges of using NGCM in functional genomics experiments and applications by:
  - ❖ Development of robust protocols and conditions when using molecular perturbagens (e.g. Cas9/gRNAs, small molecules, cDNAs) with NGCMs and
  - ❖ Rapid sharing of all data and reagents

## Enabling 60,000' level:

- The methods, data and reagents generated under the FOA will enable researchers to gain insight into essential pathways in cancer.
- This preclinical knowledge base will support precision oncology by identifying new drug targets and mechanisms of therapeutic resistance.

# Examples of a Few FOA Topics - 1



## ➤ Platforms and applications

- ❖ Develop methods for high throughput screening using NGCMs
  - Optimize growth conditions for NGCMs
  - Reduce volumes for 384-1536 well screening
- ❖ Define experimental parameters which influence screening results
  - Role of extracellular matrix used (Matrigel, collagen II, other)
  - Influence of 2D vs. 3D cell growth
  - Effect of stromal and immune cells interactions, e.g. cancer associated fibroblasts
- Proof-of-concept of methodologies in medium sized screens to demonstrate the validity and extensibility of the techniques developed
  - ❖ Small molecule screen with 1,000 + targeted compounds in 30-100 organoid or other HCMI models
  - ❖ Cas9/gRNA screen of 1,000+ genes in 30-100 HCMI models



# Examples of a Few FOA Topics - 2



- Development of standardized Cas9/gRNA reagents for use in NGCMs
  - ❖ Develop the methods to efficiently engineer the model genomes
    - Develop and optimize a single construct to express both Cas9 and gRNA
    - Identify two gRNA/gene with efficient CRISPR cutting to enable whole genome screens using manageable cell numbers
  
- Development of alternate cellular assays of Cas9/gRNA-induced phenotypes for use in pooled “CRISPR” screens
  - ❖ Novel apoptosis sensors
  - ❖ Reporters of gene expression (e.g. “knock-in” of fluorescent proteins into endogenous loci)
  - ❖ Reporters of signaling/regulatory pathways (e.g. PIK3 kinase, NF- $\kappa$ b)

# Expected Outcomes: U01s



- Each Center would address a subset, e.g two to three, topics in RFA
- The U01s will be selected based on proposal quality, approach, validation and benchmarking experiments
  - ❖ The criteria will include an approach to achieve the programmatic goals (i.e. minimize overlap, maximize diversity)
- Share data, tools and protocols through GDC and OCG web sites, e.g. <https://ocg.cancer.gov/programs/hcml/resources>
- Participate in monthly steering committee calls to discuss results and evaluate progress



# Reagent Development: FYI



- Define quality parameters and efficacy data for Cas9/gRNA reagents
  
- Develop whole genome “CRISPR” Cas9-gRNA/gene constructs
  - ❖ Develop and validate the efficacy of two guide RNAs per gene
  - ❖ Distribute through a 3<sup>rd</sup> party to research community at reasonable cost, e.g. AddGene
  
- Participate in steering committee meetings with the U01 Centers





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# Advantages of RFA Consortium



- The grant awardees will use NGCMs developed through NCI's investment in the HCMI program
- Research in the cooperative U01 setting will:
  - ❖ Reduce excessive redundancy, thereby ensure cost efficiency
  - ❖ Promote sharing of reagents and communication
  - ❖ Standardize methods
  - ❖ Provide standardized reagents
  - ❖ Make all data publicly available
- The contract mechanism requires deliverables and oversight
- A single steering committee allows real-time sharing of results between the U01 Centers and contractor

# Funding



Three year Funding Period: FY 2020-2022

## ➤ U01 Technology Centers

- ❖ ~3 Centers
- ❖ Estimated cost: \$3.3M/year

## ➤ Standardized Reagent Developer (Contract)

- ❖ CRISPR reagents development and distribution
  - Budget ~700k/year

Total costs: \$4M /year, \$12M

# Changes Made in Response to BSA's Comments

## Comments



- Simplified and clarified the goals of the concept
  - ❖ Removed mentions of precision oncology
  - ❖ Refocused the Scientific Goals
    - ✓ Added emphasis on technology development
    - ✓ Emphasized that HCMI is an already ongoing project and source of the NGCM to be used in this research
  - ❖ Removed the Matrigel production in Y1

# Summary



- Will enable rapid, cost-effective functional genomics experiments whose results will apply new cancer knowledge base and improve future patient outcomes

Thank you

# Questions?

