Towards a future of personalized cancer care for glioblastoma patients through development and implementation of novel molecular diagnostic tools



Paul S. Mischel, M.D. The Lya and Harrison Latta Professor of Pathology The David Geffen UCLA School of Medicine President-elect; the American Society for Clinical Investigation

The success of molecular targeted therapies depends on molecular diagnostics



"As more drugs that target specific components of signal transduction pathways become available and as we increase our knowledge of the complexity of these signaling networks, the burden of selecting the right drug combinations for each individual cancer patient will ultimately shift to the <u>pathologist</u> who must identify the underlying defect in each tumor."

Shaw and Cantley, Nature 2006

Heterogeneity between patients

Heterogeneity within a patient





Somatic mutations

Transcriptional profiles



Whether through clonal evolution or failure to eradicate a stem cell compartment, or both, cellular and molecular heterogeneity are central to therapeutic resistance in cancer patients!

Highly trans-disciplinary effort created, funded and supported through the NCI's Centers of Cancer Nanotechnology Excellence Program – already implemented and poised to alter care in the clinic

> UCLA - Mischel group: Paul Mischel Tim Cloughesy Tiffany Huang Shawn Sarkaria David Nathanson Deliang Guo Julie Dang Akio Iwanami Daisuke Kuga

CIT: Heath Group Jim Heath Gabe Kwong Rong Fan Lidong Qin Young Shik Shin Qihui Shi Kiwok Habib Ophir Vermesh Udi Vermesh

Other collaborators: UCLA - Raphael Levine and Francoise Remacle ISB - Lee Hood Group









We developed a technology called DEAL that allows for the separation of a very small tumor section into well-defined cell populations for subsequent molecular analysis





DEAL technology (Bailey et al., 2007; Kwong et al, 2009):

1.Highly multiplexed protein quantification - DEAL biobarcode assays2.Capture of defined cell types from tumor samples - DEAL cell sorting arrays

Highly specific capture -98% capture specificity in a mixed population with as few as 1000 cells

DEAL allows for the separation of a very small tumor section into well-defined cell populations for in-depth molecular analysis





Capture of EGFR expressing (EGFR-amplified) tumor cells directly from a clinical tumor sample

Transcriptome analysis from defined tumor cell subpopulations captured from a GBM patient sample





Global analysis of DNA copy number in defined tumor cell subpopulations



Collaboration with Dr. Stanley Nelson

Global analysis of DNA copy number and targeted sequence analysis of defined tumor cell subpopulations captured on DEAL arrays



Co-activation of all three GBM "core pathways" in a tumor subpopulation defined by EGFR expression





Adapted from TCGA Nature (2008)

Co-activation of three GBM "core pathways" in a tumor subpopulation defined by EGFR expression in multiple GBM patients



Summary to date:

•Captured defined cell populations from 80 clinical samples to date

•Performed in-depth molecular analysis of DNA copy number alterations, mutations in "core pathway" genes and transcriptional analysis of a subset

•Clear evidence of multiple genetic lesions in each of the core pathways in all of the samples studied in-depth DEAL can detect rare tumor cells in histologically "normal" tumor margins that cannot be detected by pathological examination and molecular analysis of tumor tissue



Extending the technology to study networks at the single cell level



CD31+ (vascular vs Tumor Cells Endothelial cells) EGFR+

Population analysis – Analysis of DNA copy # alterations between tumor cell subpopulations – aCGH of EGFR versus CD31 captured cells.



Laser capture microdissection of a single EGFR+ cell a single CD31+ vascular endothelial (both captured on DEAL arrays).





Single cell analysis – cells were laser capture microdissected from DEAL captured population of EGFR and CD31 captured cells. After whole genome amplification, SNP analysis demonstrates a pattern of copy # alterations that are similar to those identified in the defined cell populations. (done with Dr. Lynda Chin)



Single cell proteomics linking DEAL-based tumor cell capture with multiparameter quantitative proteomic measurement

Single Cell Proteomics & Model GBM MicroEnvironments



Each column = 1 protein Each row = single cell expt





CCL2 CCL5 CCL3 Perforin IL1b IL6 IL10 TNFa TNFb | IFNr | IL2 GMCSF

Quantitative measurement of signal transduction at the single cell level



Summary:

•Cytoplasmic signaling proteins and secreted proteins monitored under influence of biological, chemical or physical perturbations

•Resolution to the single cell level

•Information theory integrates measurements to produce a robust and predictive network connecting signal transduction pathways with genetic alterations (i.e. information from TCGA) and with blood chip diagnostics



Non-invasive, real-time monitoring of response to targeted therapy in GBM patients in the clinic



Goal: Non-invasive "real-time" monitoring of response to targeted therapy – Avastin as test case

U87 GBM Cell line - response of protein secretion profile to drugs for 12 proteins (GBM cells 'look' like immune cells here)





•Cluster 1 – 7/7 (100%) of patients have tumor growth during avastin therapy

•Clusters 2,3 - 6/31(19%) patients have tumor growth during avastin therapy •P<0.0001









Thank you!

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