

Does Cancer Cell State Matter?

*Moving from DNA genotype
to RNA phenotype-directed
therapies in cancer*

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2024 National Cancer Advisory Board and
Board of Scientific Advisors for the NCI



Disclosures

I have the following financial relationships to disclose:

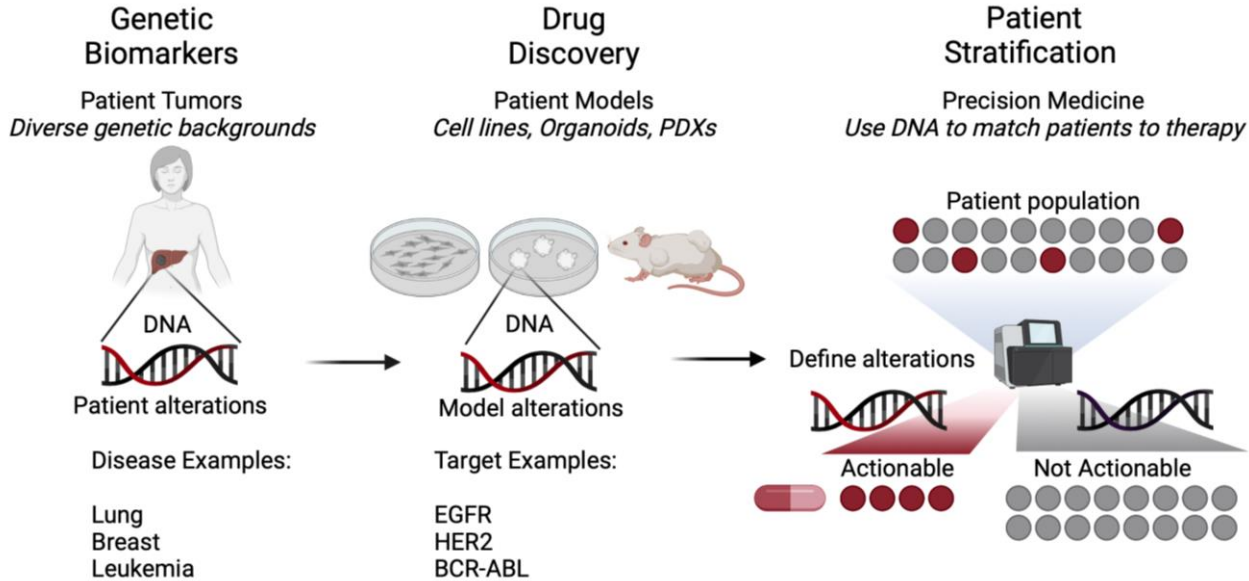
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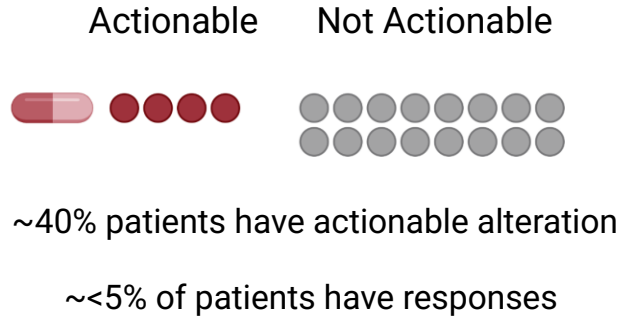
Matching Patients With Effective Therapies

DNA mutations are the cornerstone of precision medicine



How Have We Done?

Low rates of response



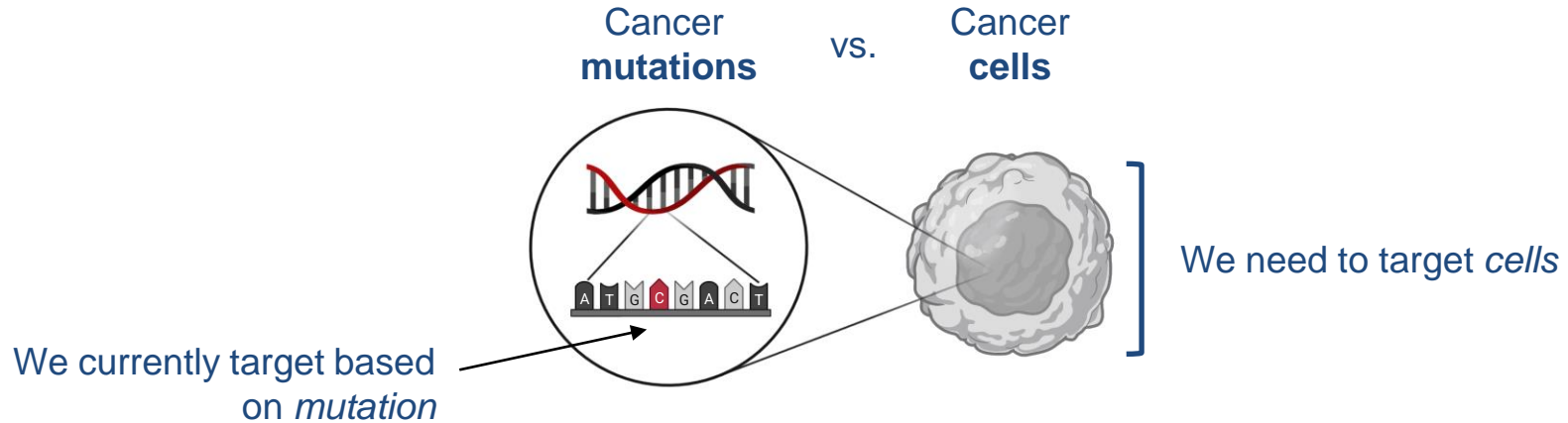
Why does the current pipeline fail?

Major Failure Modes

- ① The majority of cancer patients don't harbor "actionable" alterations.
- ② Effects are often short-lived due to poor response and/or development of resistance.
- ③ **Assumes DNA alterations are responsible for altered cell function and drug response.**

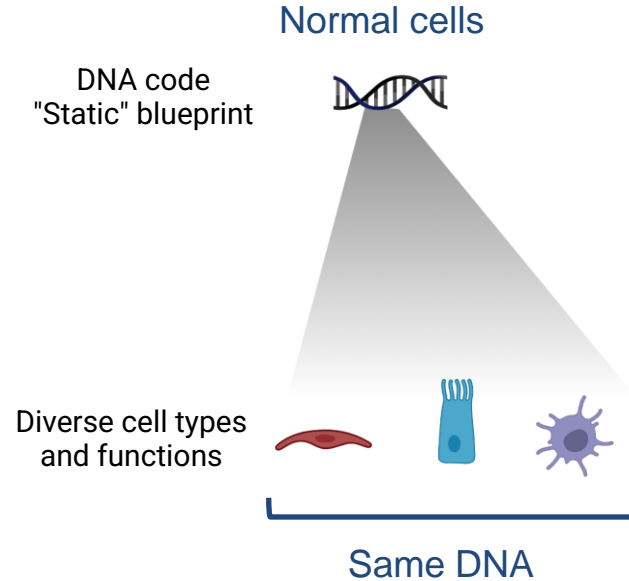
Mutations Occur In Cells

Cancer is more than altered DNA



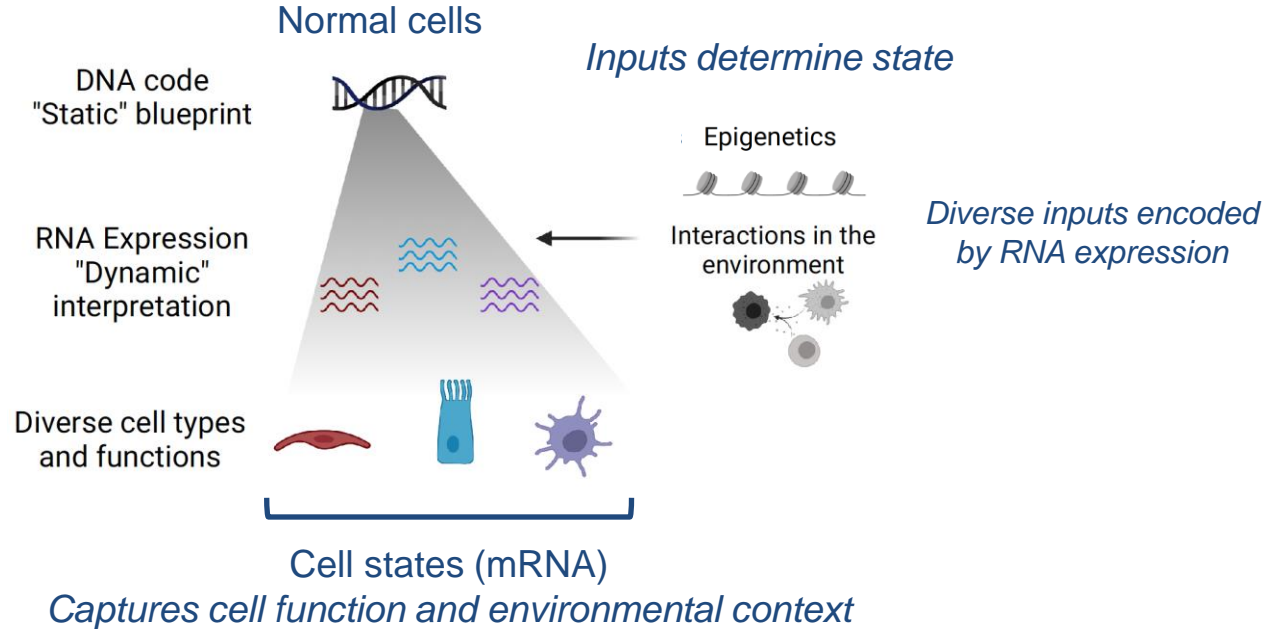
What Is A Cell?

Cellular identity and function are integrative properties



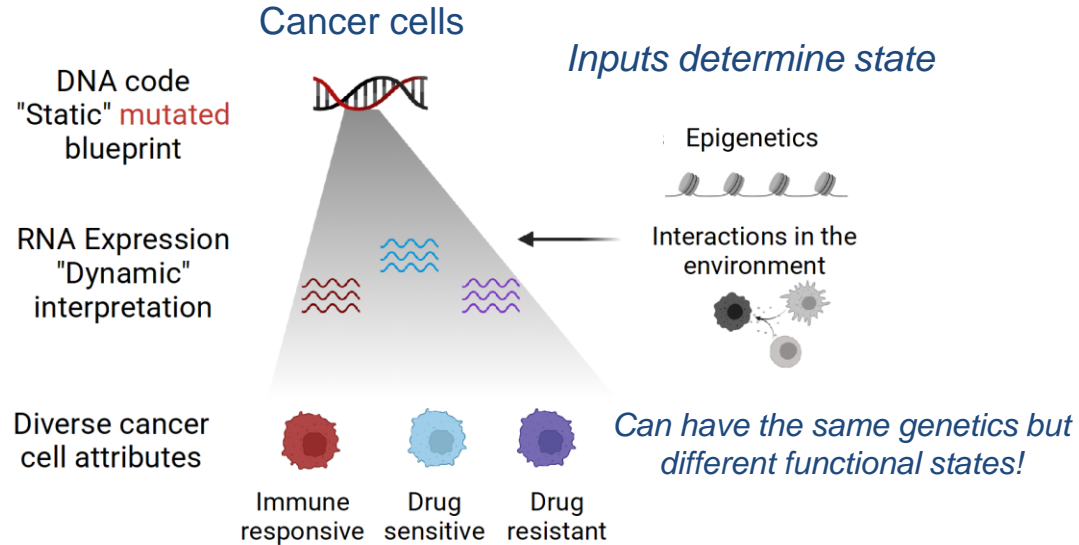
What Is A Cell?

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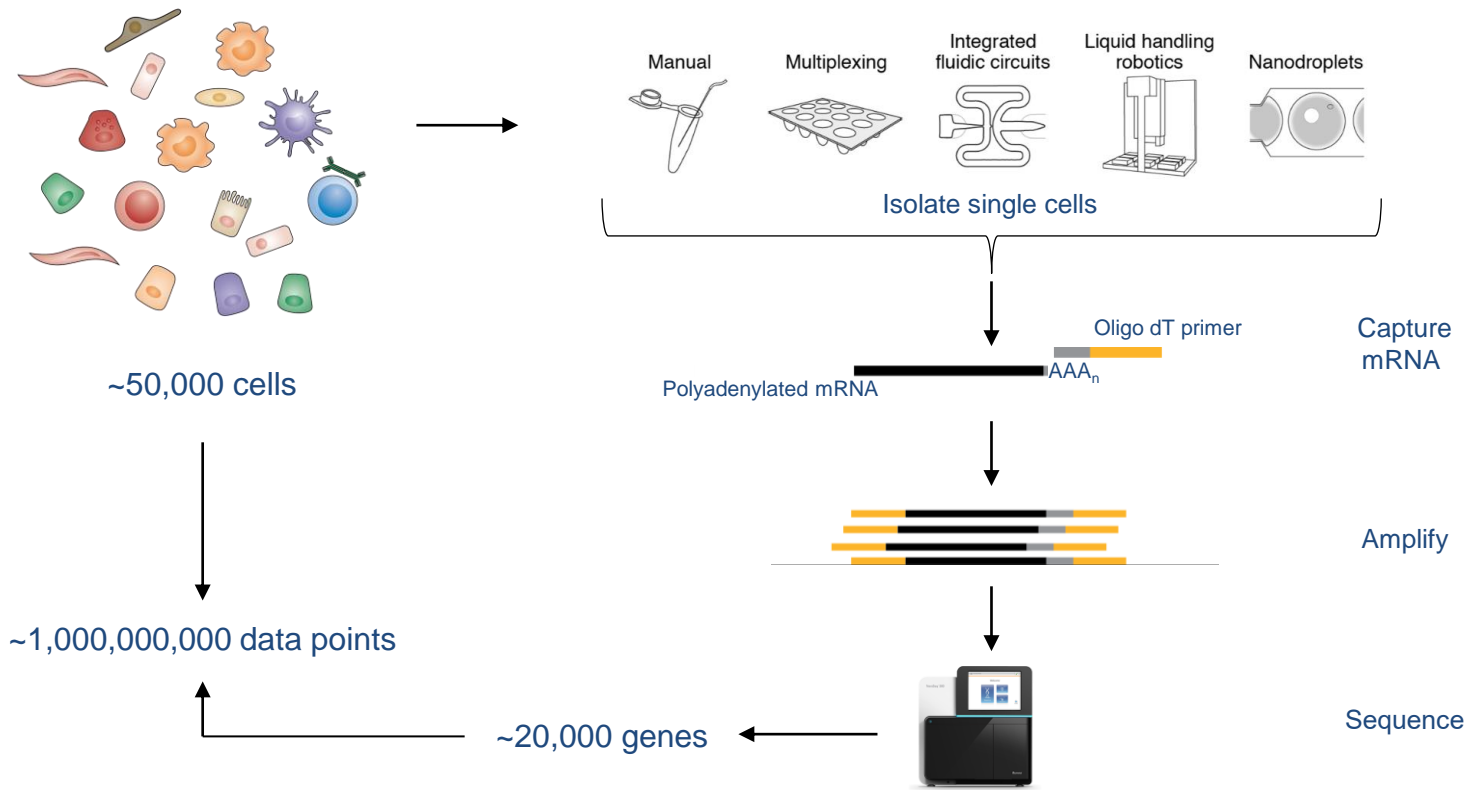
Cancer Cell Function Is Represented By State

Functional disease phenotypes are integrative properties

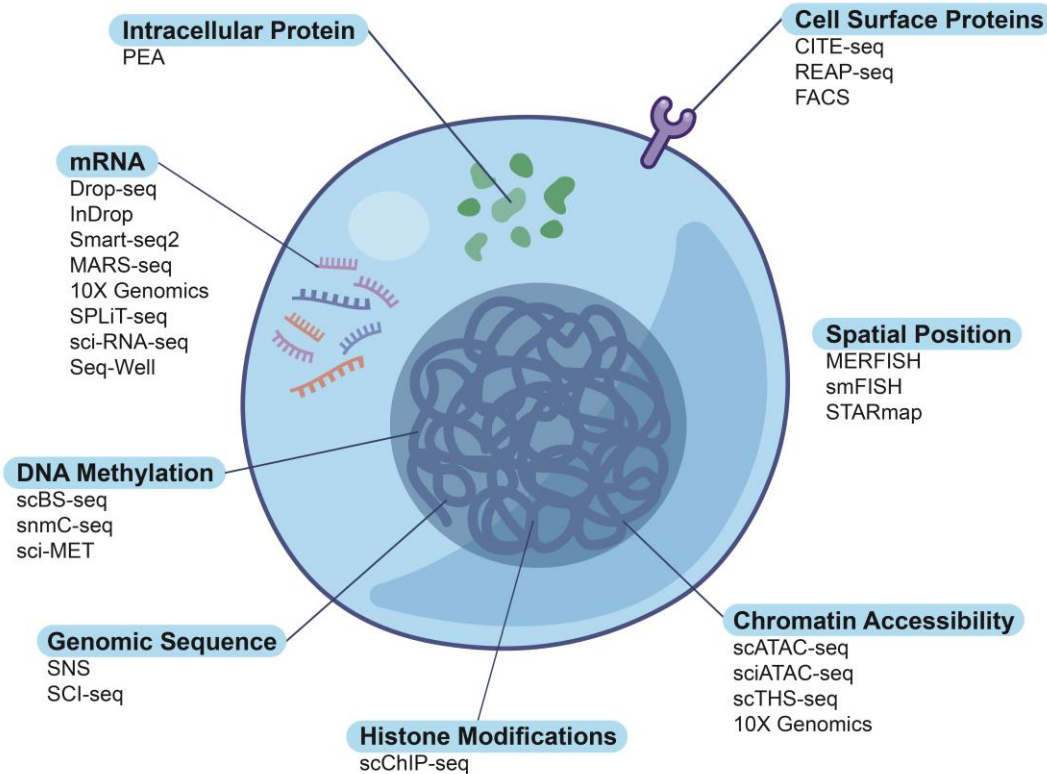


How can we study cell state?

Profiling Cell State

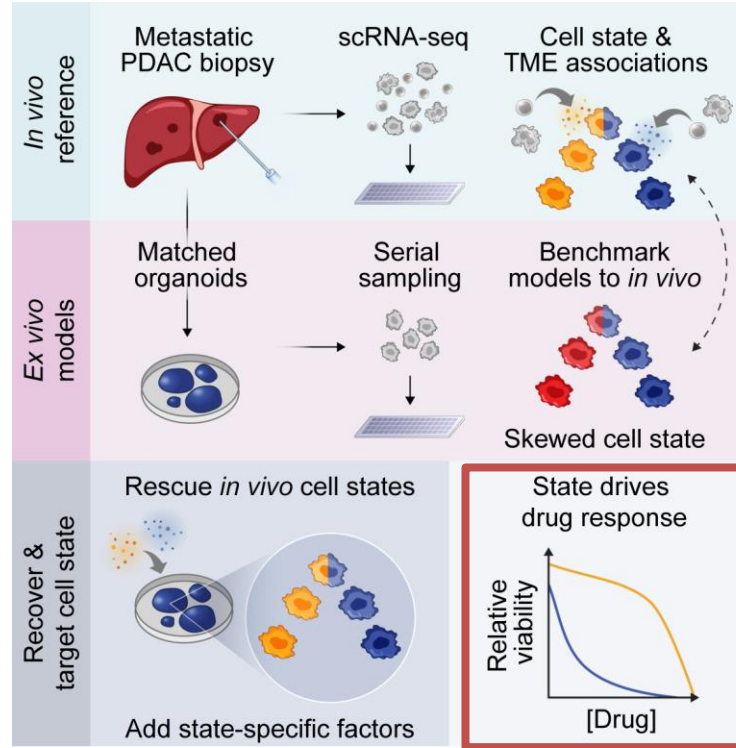


Capturing Different Molecular Features



A Integrate Pipeline To Define & Model Cell States

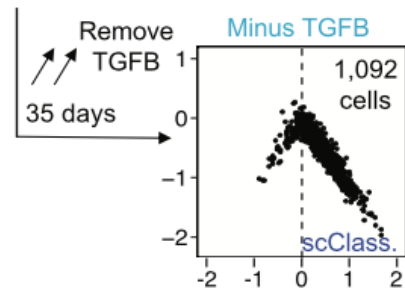
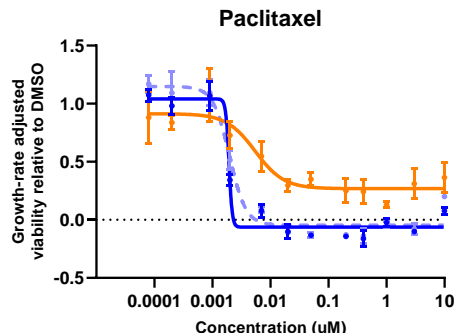
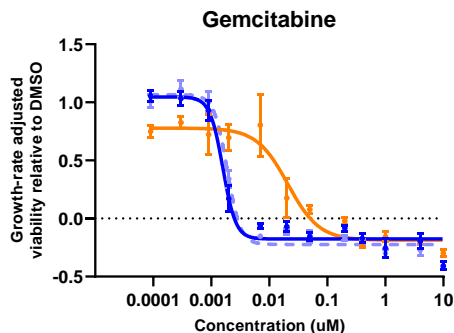
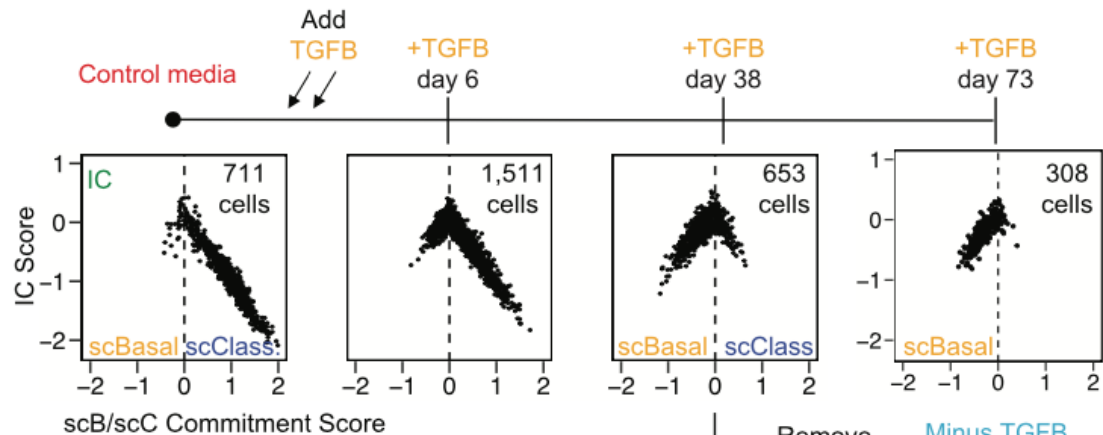
Proof of concept in Pancreatic Cancer (PDAC)



Are There Functional Consequences To Changing State?

Drug response shifts are reversible

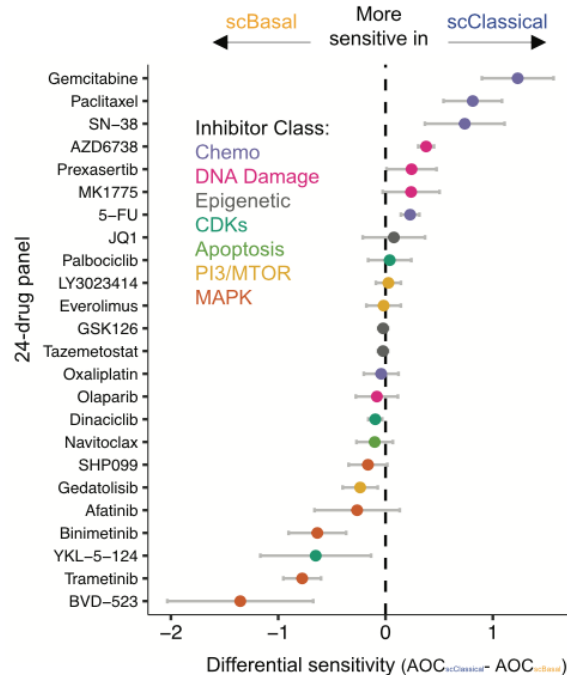
- Basal (+TGFB)
- Classical (Control, No TGFB)
- - - Recovered Classical (Minus TGFB)



Raghavan et al, *Cell* (2021)

Functional Consequences To State Change - State Specific Screening?

Classes of drugs are differentially sensitive within an isogenic patient model



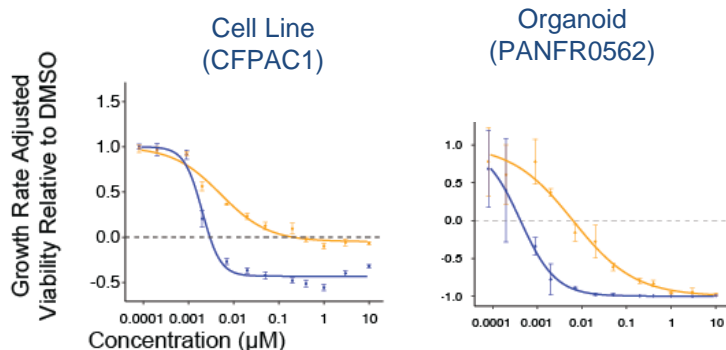
- The “scClassical” state is more sensitive to chemotherapeutic agents
- The “scBasal” state of the same model is more sensitive to MAPK pathway inhibitors (MEK and ERK inhibitors)
- ***We are missing critical features relevant to drug response by not preserving cell state in cancer!***

How Does This Align With Clinical Observations?

State-aligned **models** response to chemotherapy

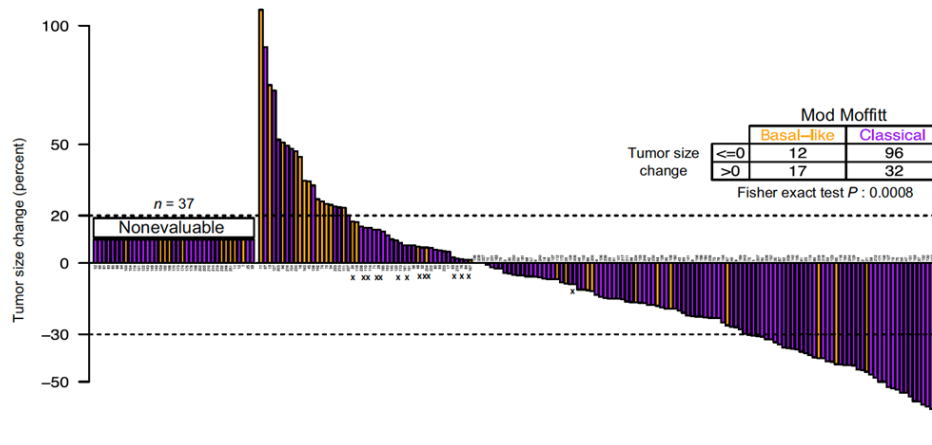
Isogenic models cell lines and organoids

SN-38 (active irinotecan)



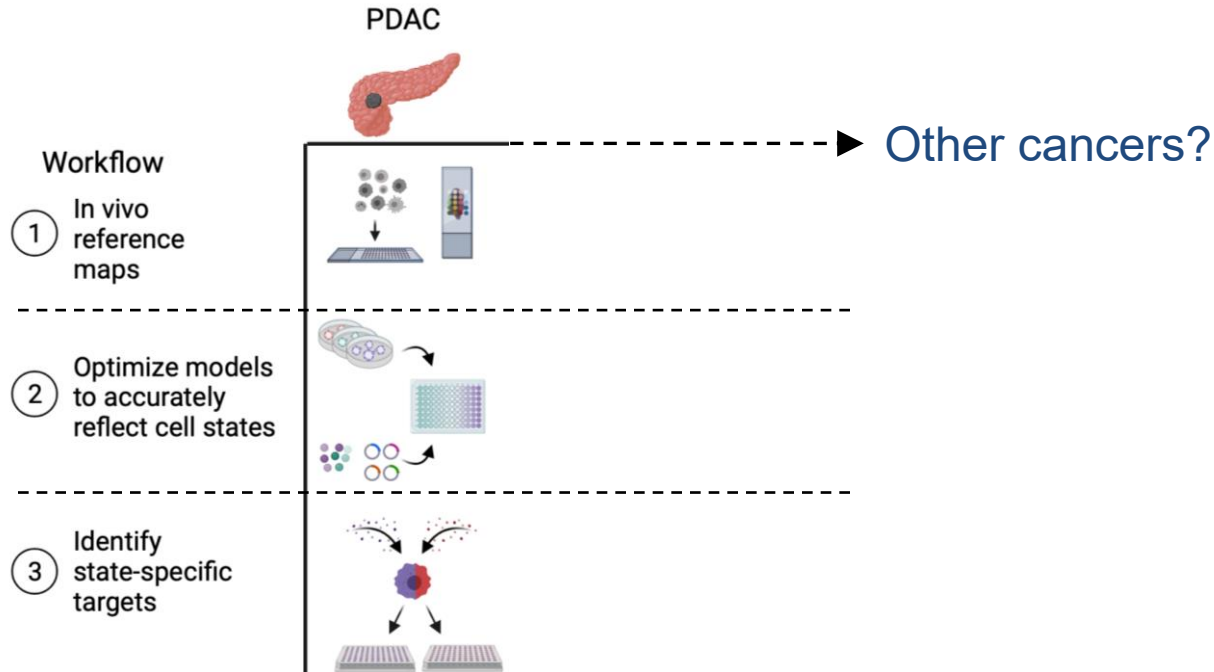
— scBasal
— scClassical

State-stratified **patient** response to chemotherapy



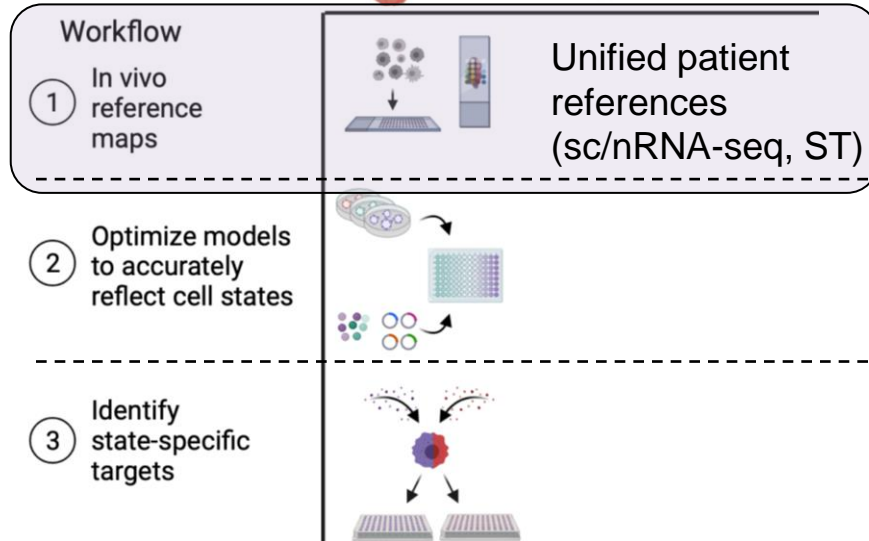
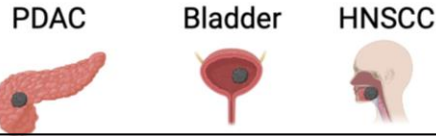
Extending The Approach

Cross-cancer effort to target cell state



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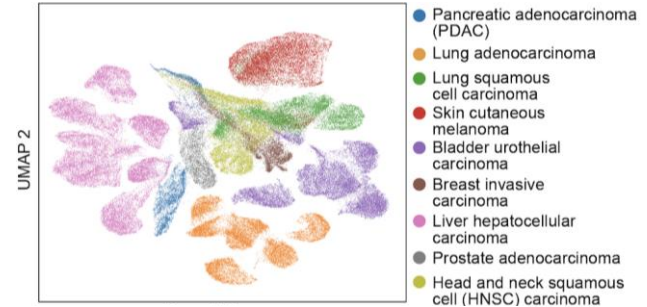


Andrew Navia



Mifrah Hayath

TCGA snRNA-seq (w/ NCI) Pan-cancer nuclei UMAP visualization

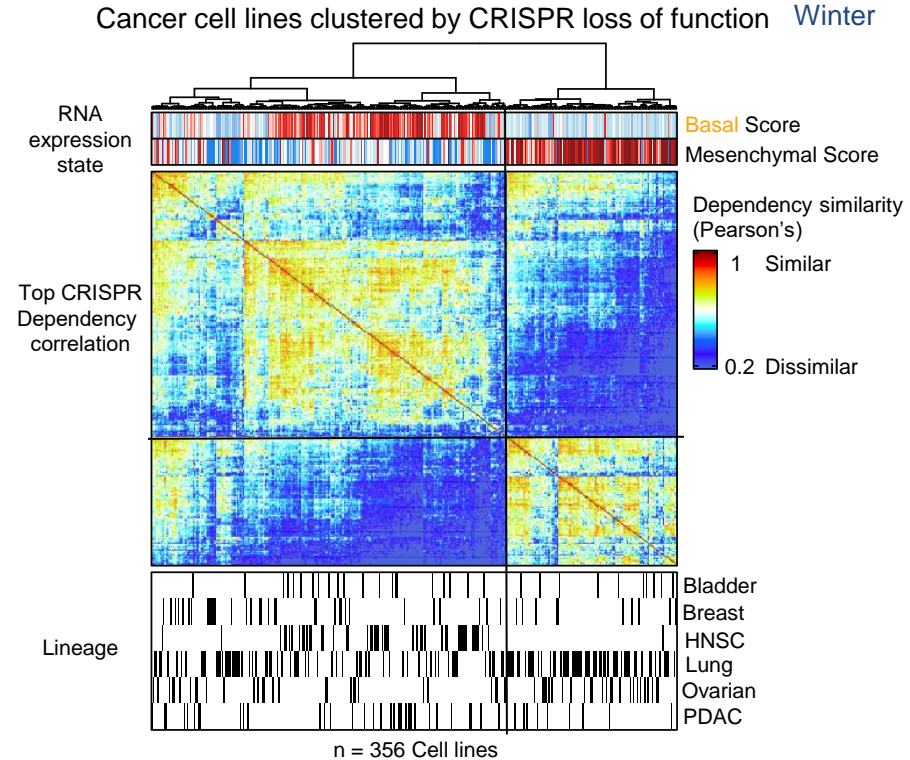
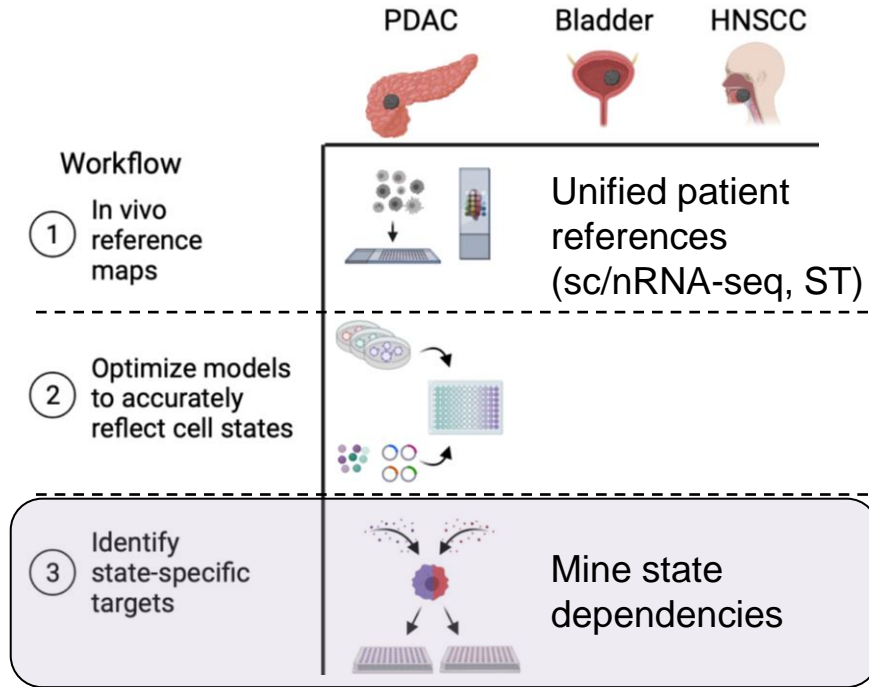


Extending The Approach



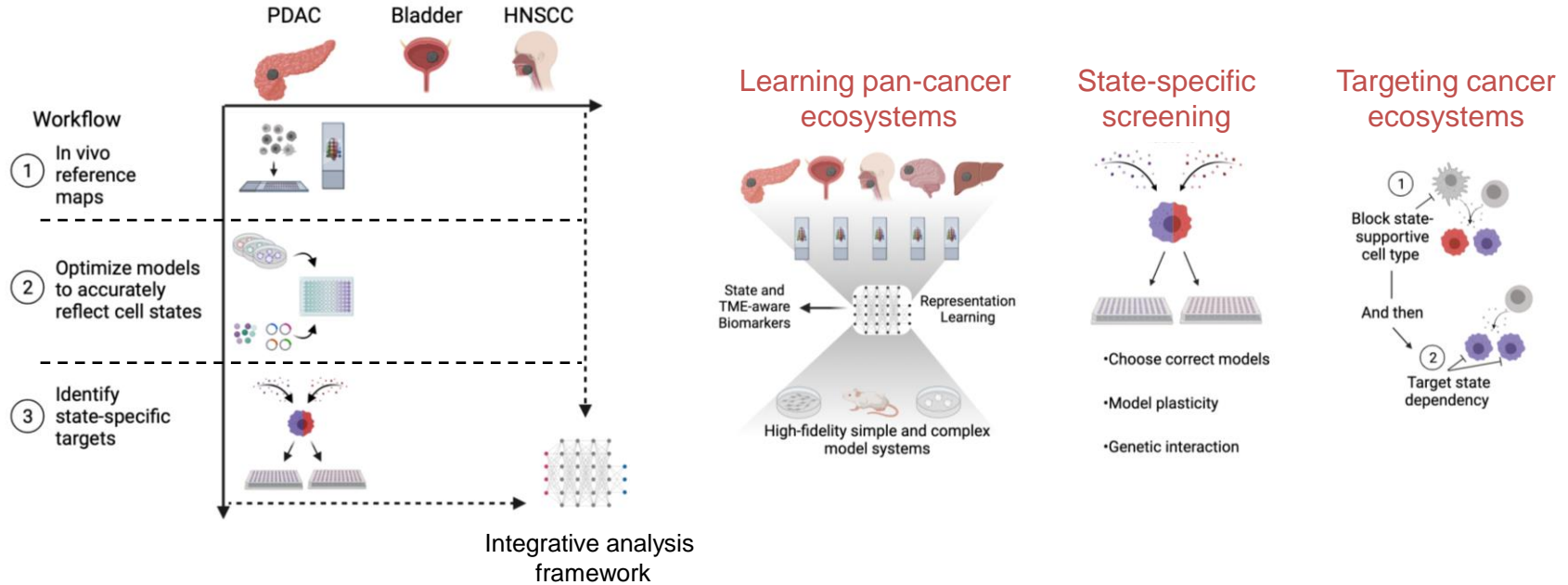
Peter Winter

Cross-cancer effort to target cell state



Building A Cell State Discovery Engine To “Complete The Square”

Linking cell state to druggable vulnerabilities across cancers



Cell state benchmarking, vetting new biomarkers, pan-cancer and disease-specific target identification

Thank You!!!

