

**Re-issue of RFAs for PDXNet:  
Patient Derived Xenograft (PDX) Development & Trial  
Centers (PDTCs) (U54)  
&  
PDX Data Commons and Coordinating Center for PDXNet  
(PDCCC) (U24)**

*Jeffrey A. Moscow, M.D.*

*Investigational Drug Branch, CTEP, DCTD*

*Tiffany Wallace, Ph.D.*

*Center to Reduce Cancer Health Disparities*

# Goals of PDXNet

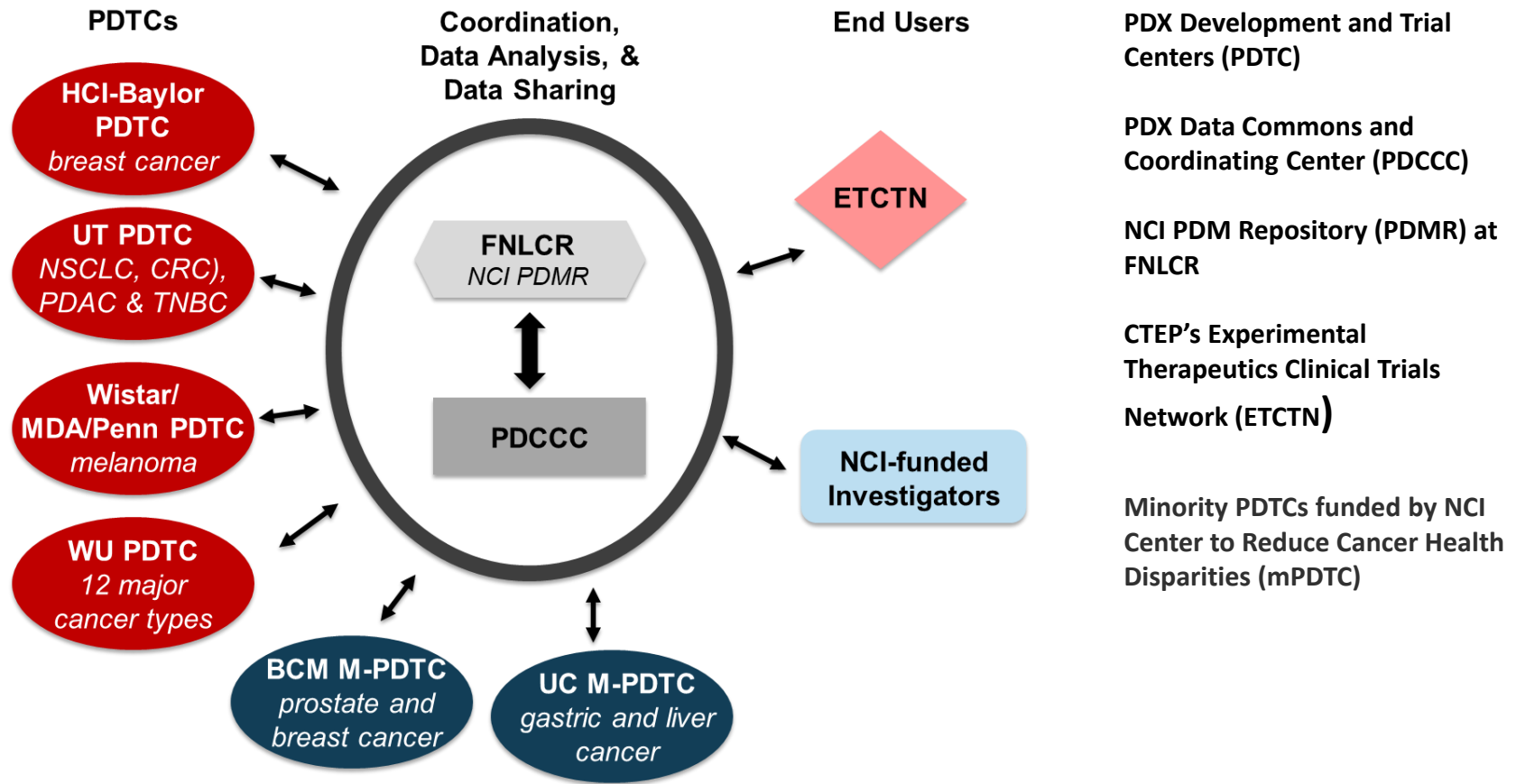
Original DCTD goals in 2017 for PDXNet were to:

- Develop PDX trials that **test original therapeutic strategies** in large scale PDX collections, that could then provide preclinical *in vivo* evidence to support novel early phase clinical trials
- **Address critical scientific issues** related to the use of PDX's as predictive models for clinical benefit through the collaborative network structure of PDXNet
- **Contribute new PDX models** to NCI's Patient Derived Models Repository (PDMR) for distribution to the wider research community

Goals added in addition for CRCHD PDTC's were to:

- **Increase diverse representation and study** of racial/ethnic minority populations in PDXNet and in the PDMR
- **Advance cancer health disparity research**

# Structure of PDXNet created by RFAs CA-17-003 (PDTCs), CA-17-004 (PDCCC) and CA-17-032 (mPDTCs)



# Collaborative PDXNet accomplishments in first grant cycle (first 4 years)

- Established collaboration with CRCHD to bring in 2 PDTs focused on disparity research
- Developed a **culture of collaboration** among all grantees with multiple collaborative research projects
  - **Demonstration of multi-center experimental reproducibility** of drug-response studies using PDX models published in Cancer Research
  - **Demonstration of CNV fidelity in successive PDX passages** published in Nature Genetics
  - Demonstration of therapeutic target pathway identification in PDXNet PDX collections published in Nature Communications
  - Ongoing cross-network collaborative study of **drug efficacy evaluation methods in PDX models**, now manuscript in preparation
  - 10 other active intra-network collaborations coordinated by PDCCC

# PDXNet accomplishments in first grant cycle (first 4 years)

- **690 unique PDX models** donated to the NCI PDMR
  - Most in the process of expansion and characterization prior to public distribution
- Preclinical evidence developed for **10 CTEP LOI's**
- Website established (**pdxnetwork.org**) for internal network collaboration and public access
  - Development of the PDXNet portal as a platform for data sharing is described in a paper submitted for publication and posted online:  
<https://doi.org/10.1101/2021.10.15.464537>
- Collaborative projects necessitated development of workflows to facilitate collaboration; 15 validated workflows publicly shared via PDXNet portal
- In addition, 88 publications from original research projects

# External Review of PDXNet

- All 4 external reviewers enthusiastically supported renewal of PDXNet
- Score ranges:
  - Collaborative projects: Median = 2 (1.5 – 3)
  - PDTCs: Median = 2 (1.5 – 4)
  - PDCCC: Median = 1.5 (1 – 2)
- Summary comments:

“There have been **important advances in method harmonization, genomic characterization, and in general developing predictable and well define methods.**”

“Overall, the **progress made by the network during the funding period is impressive, especially considering the impact of the COVID-19 pandemic....**”

“...this **initiative deserves continued support**, having the potential to provide an essential resource for preclinical and clinical cancer research.”

## Discussion focused on

- Tumor Volume Analysis work, supported establishing consensus metrics for drug response
- Support for refocusing supplement program on collaborations with clinician scientists
- IO issues were discussed, but no consensus emerged on incorporating into PDXNet

# PDXNet: Request for re-issue for a second grant cycle

Deliverables in the second grant cycle include:

- Development and application of drug response evaluation standards across PDXNet and advocate for adoption across the wider research community
- Provide robust preclinical in vivo data of targeted agent combinations to prioritize at least 20 clinical trials in NCI clinical trials networks (double from first cycle)
- More strategic donations of models to PDMR: Identification of significant gaps in the NCI PDMR PDX repository collection, and orchestrate targeted contributions to fill those gaps
  - Examples: racial/ethnic underserved and clinical relapsed/resistant models
- Create methods and workflows to integrate complex omic and imaging data from multiple sites into a searchable PDX database for model selection, and make these tools available
- Create productive collaborations between PDXNet scientists and early phase clinical trialists

# PDX Development and Trial Centers (PDTCs) (U54)

- Research projects (at least 2) in mechanism-based drug combinations in genetically or histologically defined tumor subgroups that explore the relation of the tumor characteristics to tumor drug response
  - Primary goal is preclinical evidence generation to support early phase studies of NCI-IND agents in NCI-funded clinical trial networks
  - Focus on new NCI-IND agents coming into portfolio to accelerate trials
  - CRCHD track: Focus on models relevant to cancer health disparities
- Four required cores
  - Administrative core
  - Bioinformatics core – to facilitate data sharing and to interact with PDCCC data commons
  - PDX core- including PDX maintenance and animal facilities
  - Pilot projects core- for PDXNet intra-network collaboration and to interact with investigators chosen through administrative supplement program
- Expected that research projects will employ large scale PDX collections



# PDXNet Data Commons and Coordinating Center (PDCCC) (U24)

- **Bioinformatics Core**
  - Lead development and implementation of data collection standards, workflows, and SOPs for harmonization and data integration across different PDTC's
  - Centralized center for analysis of PDX response to agents across PDTCs
  - Maintain the PDXNet website and database
  - Share PDXNet data with NCI GDC and the larger research community
- **Administrative Core**
  - Grant administration of the PDTC and PDCCC
  - Scientifically-informed project management of PDXNet collaborative projects
  - Logistical and administrative assistance in arranging network-wide meetings, workshops and PDXNet Executive Committee (PEC)

# Administrative supplements for non-U54 investigators

- Non-U54 investigators may apply to for PDXNet collaboration through an administrative supplemental award application process
- Current RFA: Laboratory scientists apply to collaborate with PDXNet scientists
  - Overall productivity of supplement program was modest
- Proposed RFA: Clinician scientists apply to collaborate with PDXNet scientists
  - New structure to facilitate investigator-initiated clinical trials by providing clinician scientists access to the PDXNet for pre-clinical evaluation of proposed therapies
  - Proposals may also include biomarker development, investigation of mechanisms of resistance or other PDX-related research questions

# Benefits of the PDXNet FOA's

- Coordinated centers of excellence in PDX model development and testing to **transcend silo structure** of PDX programs
  - **Integrated, coordinated and collaborative network of PDX centers of excellence** to address multiple scientific issues
  - **Focused development of preclinical *in vivo* evidence for rapid translation** through integration with NCI clinical networks
  - **Harmonization** of SOPs and workflows facilitating collaboration and shared
  - **Multicenter donation of PDX models to PDMR to fill resource gaps**
    - Models from racial/ethnic minority populations and from clinical resistance
- **Purpose-driven** consortium for a **practical application of PDX science** by integrating PDX scientists with NCI NExT program (NCI-IND agents) and clinical scientists (NCI clinical trials networks) creating a complete enterprise for development of precision cancer medicine
  - Addresses our need for *in vivo* evidence to **prioritize targeted agent combinations** in molecularly defined tumors for NCI clinical trial development
  - Complements DCB's Patient Derived Models of Cancer (PDMC) program focused on biology of PDM's

# PDXNet: Request for re-issue for a second grant cycle

- **Current** CM annual total cost funding level is **\$10.5M**
  - DCTD U54 PDTCS (4) @ \$1.25M TC per PDTCS
  - CRCHD U54 PDTCS (2) @ \$1.25M TC per PDTCS
  - PDXNet U24 PDCCC (1) @ \$1.5M TC per year
  - Supplement program @ \$1.5M TC per year
- **Proposed** annual total cost request for second cycle is **\$8M** per year
  - Decrease from 6 U54 PDTCS to 5 U54 PDTCS (3 or 4 from DCTD and 1 or 2 from CRCHD based on priority score) @ \$6.25M (decrease of \$1.25M)
  - PDXNet U24 PDCCC @ \$1M per year (decrease of \$0.5M)
  - Supplement program @ \$0.8M per year (decrease of \$0.7M)
- Open competition RFA requested

*The estimated total costs for the full project period is **\$40M TC (FY23 – FY 27)***



**NATIONAL  
CANCER  
INSTITUTE**

[www.cancer.gov](http://www.cancer.gov)

[www.cancer.gov/espanol](http://www.cancer.gov/espanol)