Center for Cancer Research: Chinese Interactions

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Integrate basic, translational, and clinical research to make cancer preventable, curable, or chronically manageable.
Distinctiveness of NCI’s CCR Derives from a Convergence of Multiple Attributes

• Sustained support for high-risk, high-impact research
• Highly interactive, interdisciplinary culture for basic and clinical scientists:
  • generation of new knowledge
  • efficient bench to bedside to bench translation
  • development of new technologies
• Access to the world’s largest cancer-focused clinical research center
• Focus on rare cancers and underserved patient populations
• Borderless collaborations that enable joint ventures among cancer research's thought leaders within and outside the NCI
• Flexibility to rapidly reallocate resources
• Multi-faceted training for the next generation of scientific leaders
CCR:China Connections

- Personnel
- Collaborations
- Via HHS/NIH/NCI
CCR: China Connections

• Personnel
  • 10% of CCR PIs are of Chinese descent
  • Over 150 recent alumni (over the last 5 years) are now working in China
Collaborations

- In 2014, 18 different PIs had active collaborations with 33 Chinese investigators at 28 different institutions
Via HHS/NIH/NCI
- Participated in or organized symposia in China

Co-funded project announcements
- NIH/Ministry of Science and Technology (MOST)
- NIH IRP
  - US-China Program for Biomedical Research Cooperation a.k.a "Intramural to China"
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Collaborative Studies Between NCI and Fudan University
Liver Cancer is the Second Leading Cause of Cancer-related Death Worldwide

Incidence: 782,000 new cases
Mortality: 746,000 deaths

A liver cancer patient dies every 42 seconds
The Etiology and Features of Liver Cancer Heterogeneity

Demographic
- Age
- Gender
- Ethnicity

Environmental
- HBV, HCV
- Chemical Carcinogens: AFB1, etc.
- Microbiota, parasites, etc.

Clinical
- Tumor size
- Tumor stage
- Metastasis status
- Chronic liver diseases

Lifestyle
- Smoking
- Alcohol intake
- Dietary factors

Tumor Biology

Tumor genomics
- Somatic mutations
- Epigenetic alterations
- Aberrant transcriptome

Microenvironment
- Hypoxia
- Inflammation and immune cell infiltration
- Cytokines/ Growth factors
- Extra-cellular matrix remodeling
- Vascularization
Collaborative Studies Between NCI and Fudan University (1999-present)

- 1999: Established a formal collaboration between the Liver Carcinogenesis Research Group of the National Cancer Institute and the Liver Cancer Institute (LCI) of Fudan University (Dr. Zhao-You Tang)

- 2009: Jointly established a Personalized Liver Cancer Care and Research Center (PLCCRC) to perform genomic and genetic screens of liver cancer patients to identify new diagnostic biomarkers for molecular re-staging and treatment stratification

- 2009: Launched a multi-center RCT to assess the use of biomarker-guided adjuvant therapy in HCC patients

- Multiple collaborations with other LCI investigators including 3 formal Collaboration Agreements: Dr. Lun-Xiu Qin (Prof. of Surgery), Dr. Jia Fan (Director of Zhongshan Hospital), Dr. Qin-Hai Ye (Prof. of Surgery), Dr. Hui-Chuan Sun (Prof. of Surgery), Dr. Jian Zhou (Prof. of Surgery)

- Hosted and mentored 6 Visiting Fellows; including 5 MD/PhD students
Timeline and Milestones
(Collaboration between NCI and Fudan University)

Initiation
- Dr. Lun-Xiu Qin
- Dr. Zhao-You Tang

Development
- CRA (validation)
- 1st joint paper (Nat Med)
- CRA
- 2nd joint paper (Cancer Cell)

Growth
- PLCCRC (Dr. Fan Jia)
- Dr. Hui-Chuan Sun (NEJM)
- MIR26-DX
- CRA (GWAS)

Fellows-in-Training
- Qinghai Ye, MD/PhD
- Huiyang Jia, MD/PhD
- Guoling Lin, MD/PhD
- Lei Zhao, MD/PhD
- Jiong Shi, MD/PhD
- Lei Yu, MD/PhD

Timeline:
- 1999
- 2003
- 2006
- 2007
- 2008
- 2009
- 2012
Major Accomplishments

- A molecular signature predictive of HCC metastasis and relapse in early stage tumors (Ye et al, Nat Med 2003; Roessler et al, Cancer Res 2010)
  - Established proof of concept that the ability to metastasize may be an inherent quality of the primary tumor; a HeproDX test by GoPath Laboratories

- A unique immune response signature of the liver microenvironment is predictive of HCC metastasis (Budhu et al, Cancer Cell 2006)
  - Solidified the contribution of the tumor stroma to HCC progression

- A gender-related HCC biomarker (miR-26) predicts response to interferon therapy (Ji et al, N Engl J Med 2009)
  - Identified a clinically relevant predictive HCC biomarker; developed a miRNA-26 companion diagnostic test used in concert with a multi-center RCT (NCT01681446)

- Integrated genomics of HCC (Roessler et al, Gastroenterology 2012; Oishi et al, Hepatology 2013; Budhu et al, Gastroenterology 2013)
  - Molecular and bioinformatics strategies to define HCC subtypes and driver genes (potential optimal druggable targets)
Collaborative Studies Between NCI and Fudan University (1999-2015)

- >20 joint Peer-reviewed publications
  - Cancer Cell (1)
  - Cancer Res (2)
  - Hepatology (4)
  - Gastroenterology (3)
  - Nat Med (1)
  - N Eng J Med (1)
  - J Hepatology (1)

- **Inventions:** 7 U.S. and/or international patents/applications

- **Awards**
  - Two NSFC grants to Fudan University
  - 2008 Natural Sciences Award (1st place), MOE
Challenges & Unanswered Questions

- **Better define tumor molecular subtypes**: the liver cancer genome is highly complex; each tumor type contains hundreds of somatic alterations along with alterations of complex liver milieu; a need to consolidate molecular signatures and integrate data from multiple ‘omics’ platforms to define key cancer drivers.

- **Translate research findings to the clinic**: the presence of considerable genomic alterations constitutes a bottleneck to effectively rank, triage and evaluate key cancer drivers as druggable targets; a need to develop precision models that incorporate both genomic changes in tumor cells and the appropriate liver milieu; clinically relevant biomarkers of therapeutic response needed; immune therapy.

- **The role of less-studied risk factors**: dietary factors, lifestyle factors, liver fluke, etc.

- **Health disparities and global health**: understudied populations and comparisons.

- **Group/Collaborative efforts**: Bench/Clinical/Multi-Institutional collaborations; NCI-Sponsored liver consortium and well-defined epidemiology/population studies.

- **Lack of funding/resources for liver-related research and biobanks/repositories**.