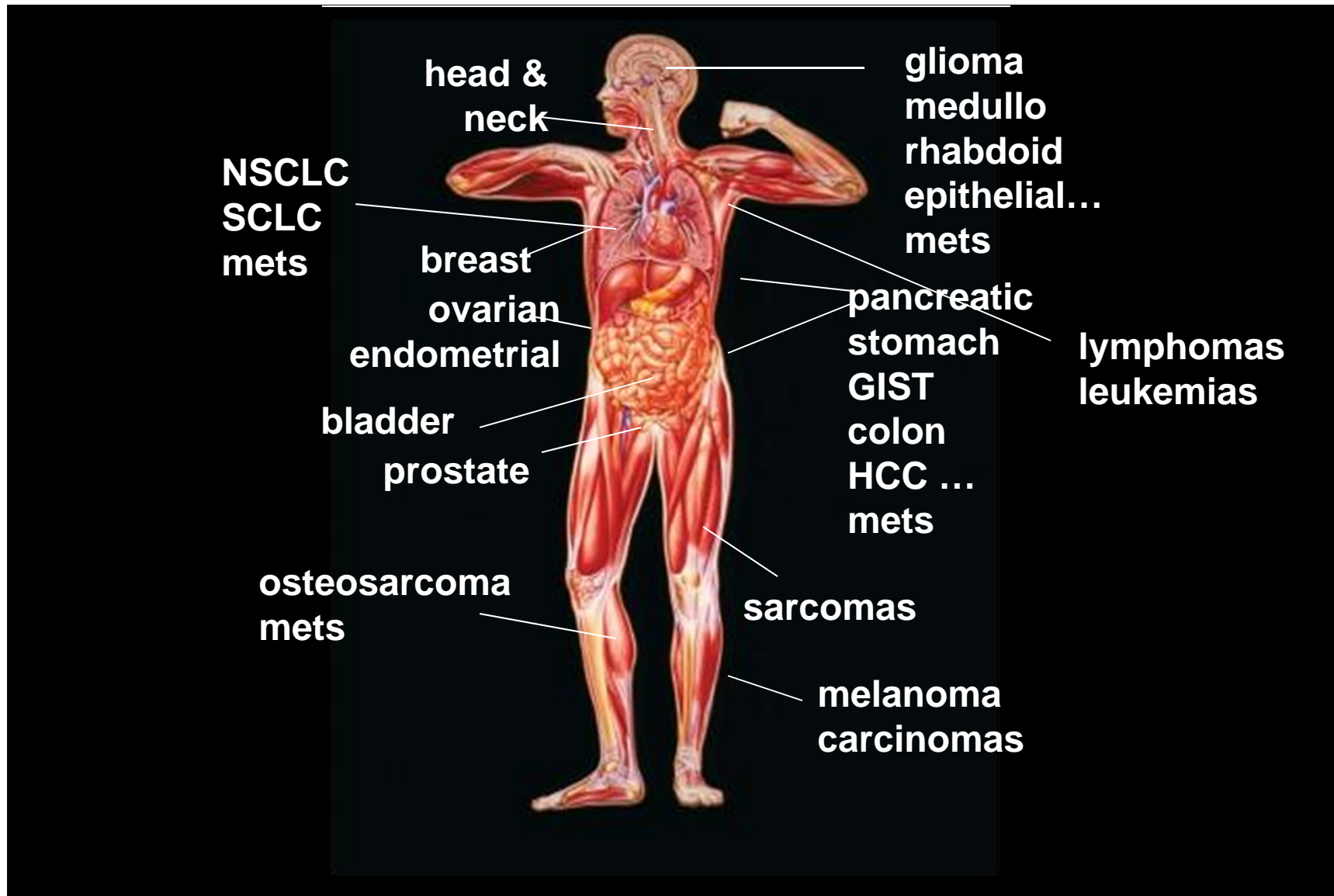


# Over 100 Cell Types Susceptible to Cancer, Each With Multiple Molecular Etiologies



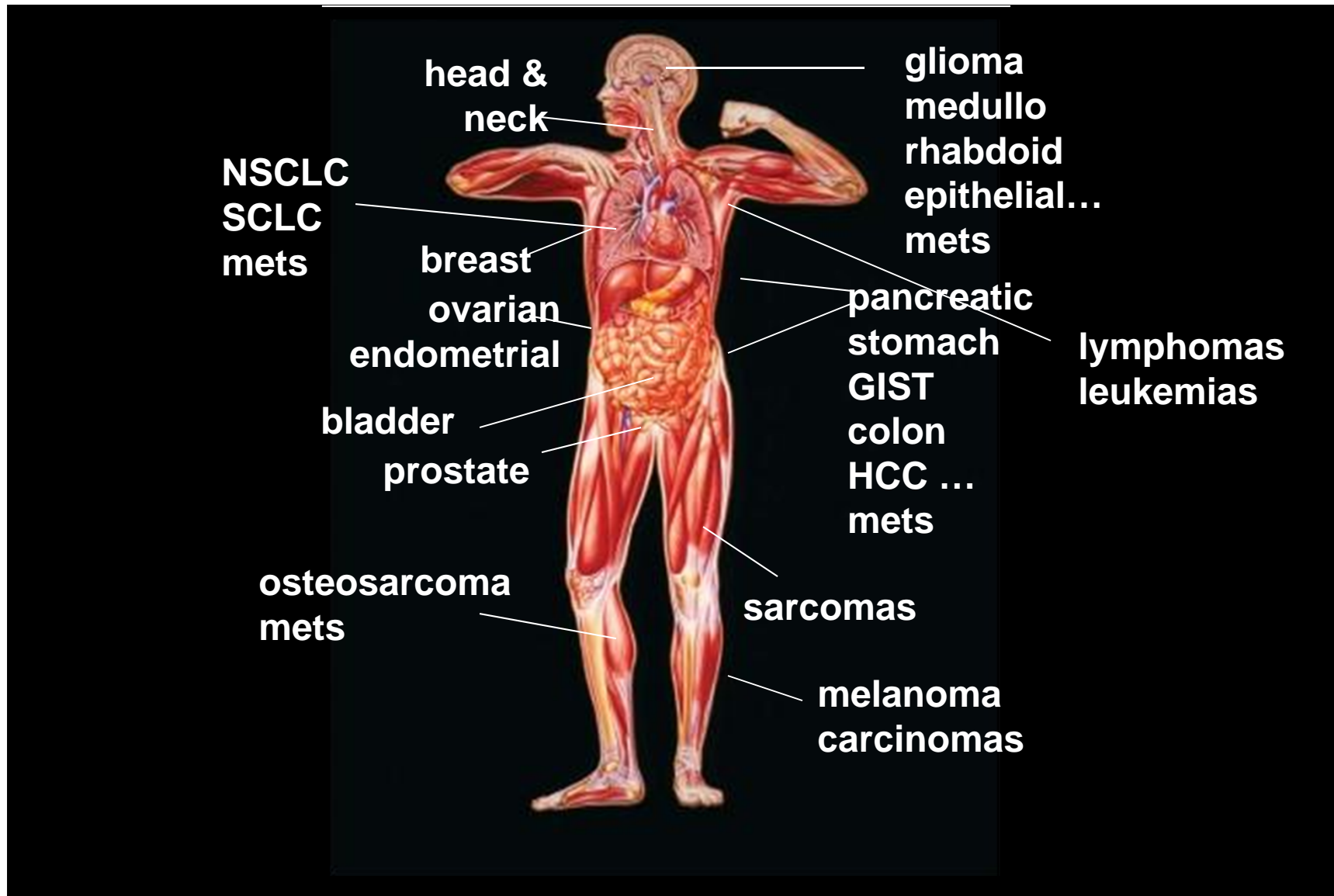
# Current Cancer Drug Development

	Oncology compounds		All compounds	
	Number entering	Success rate	Number entering	Success rate
Preclinical testing				
↓				
Phase I	100		100	
↓		61%		63%
Phase II	61		63	
↓		28%		40%
Phase III	17		25	
↓		43%		58%
Registration	7		15	
↓		70%		77%
Approval	5		11	

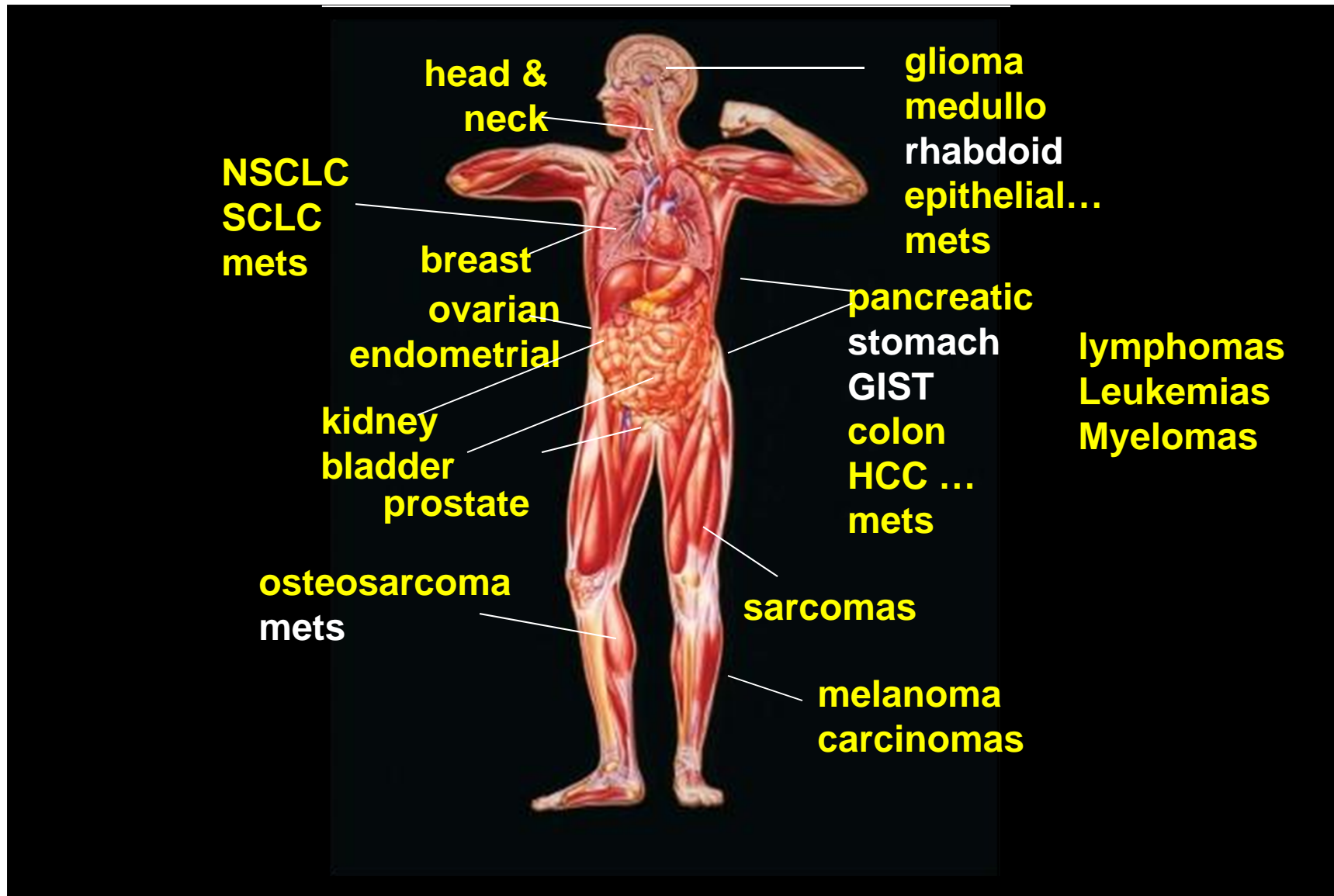
**.....at an average cost of \$1B per drug**

*adapted from: Sharpless and DePinho;  
Nature Reviews Drug Discovery '06*

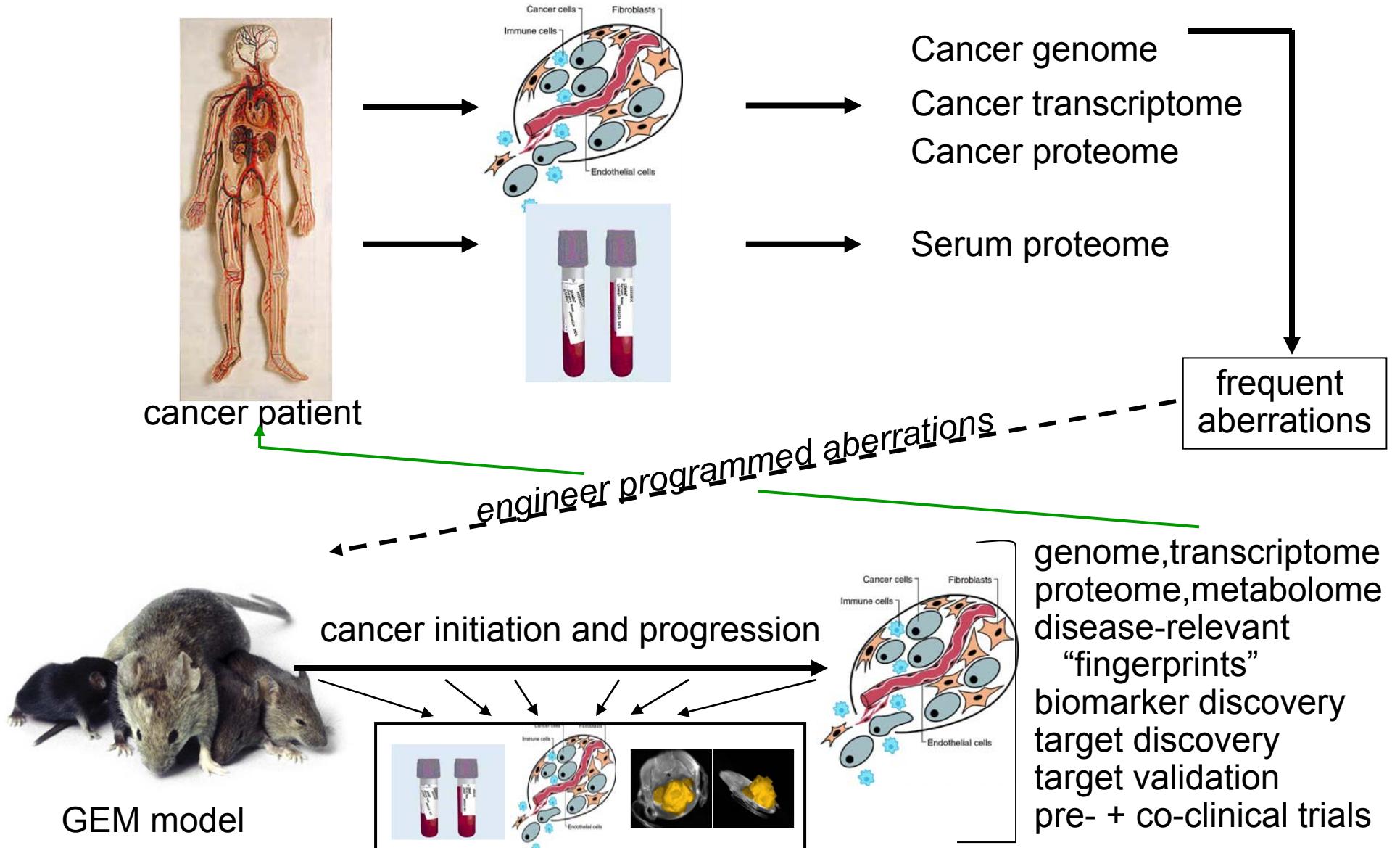
# Over 100 Cell Types Susceptible to Cancer, Each With Multiple Molecular Etiologies



# Multiple GEM Modeled on Human Cancer Genetics/Biology



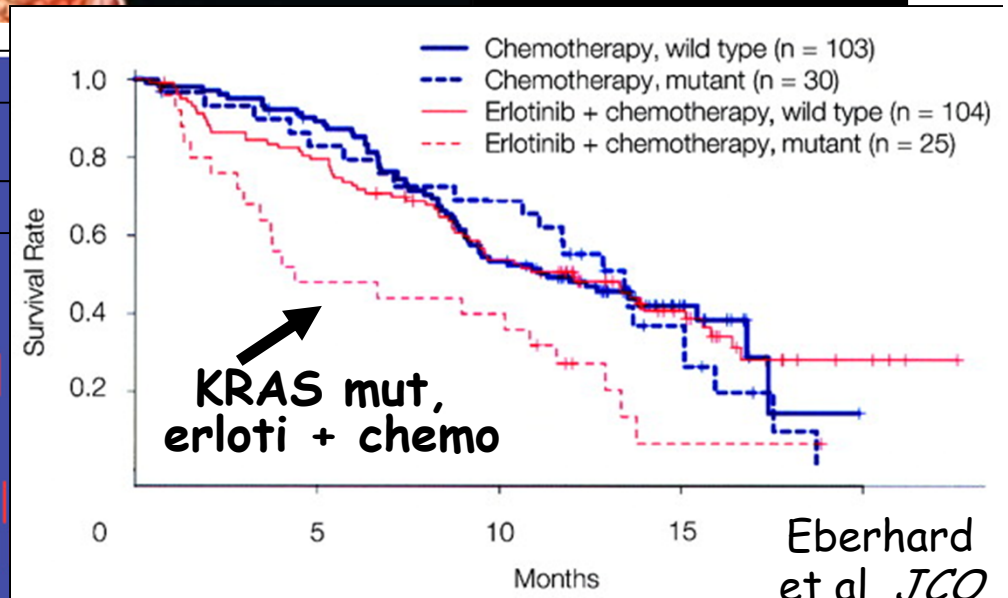
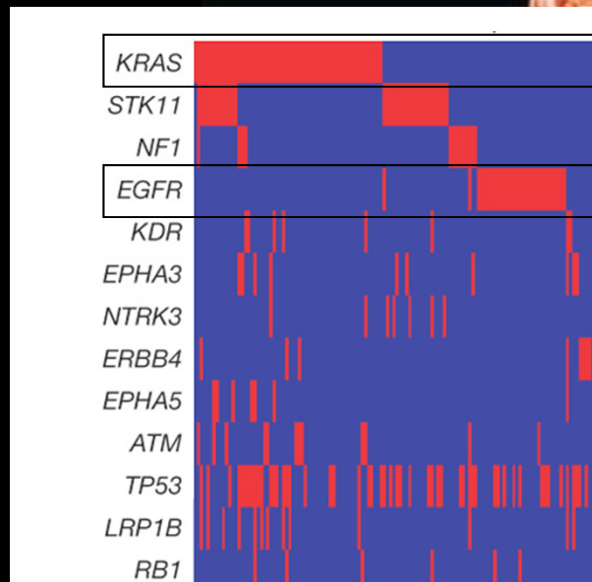
# GEM in Clinical Translation



# NSCLC: A Paradigm for Tailoring Cancer Management

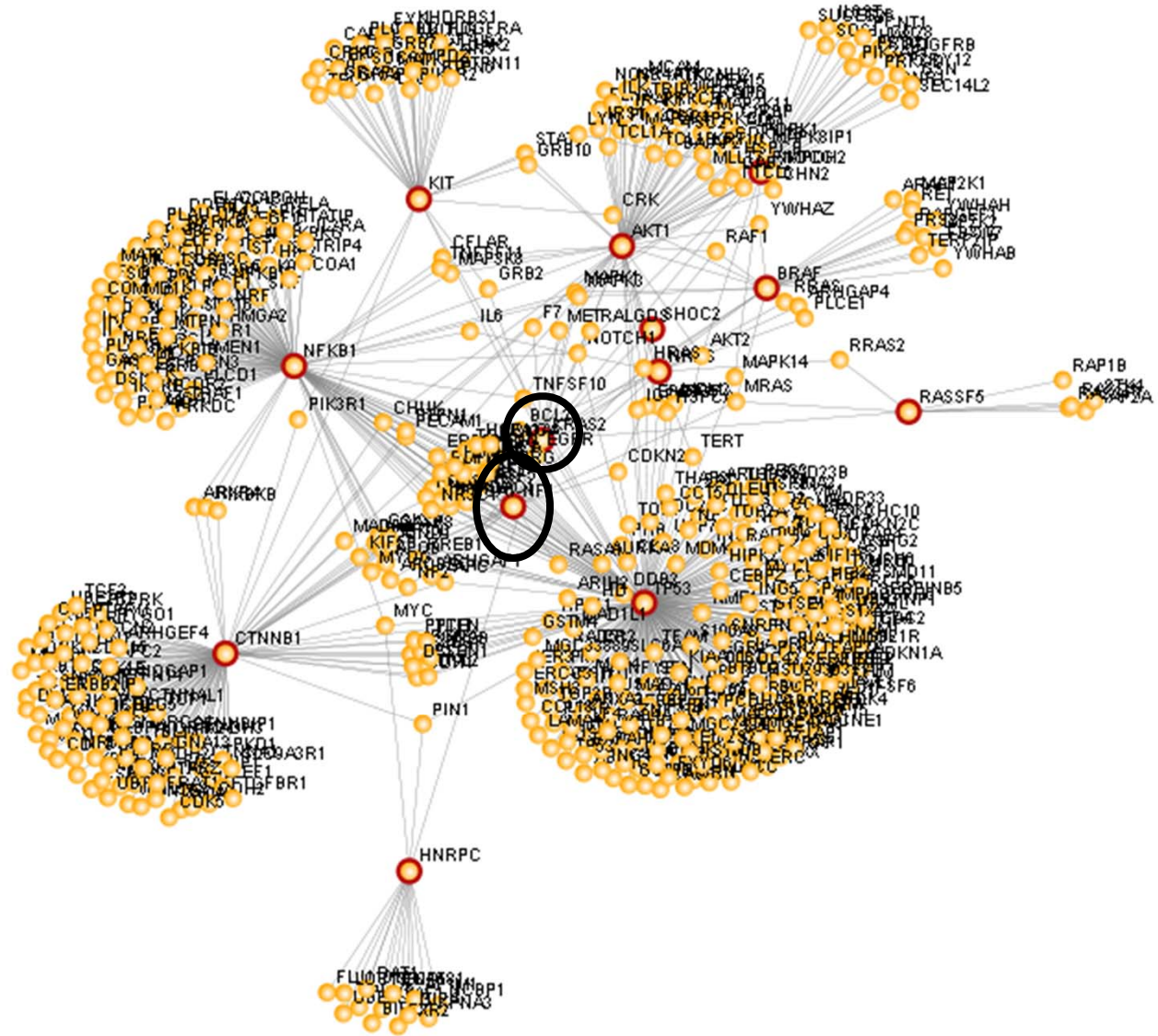
Activating Mutations in the Epidermal Growth Factor Receptor Underlying Responsiveness of Non-Small-Cell Lung Cancer to Gefitinib. *Lynch, et al (Haber) NEJM 2004*

EGFR Mutations in Lung Cancer: Correlation with Clinical Response to Gefitinib Therapy. *Guillermo, et al (Meyerson). Science 2004*



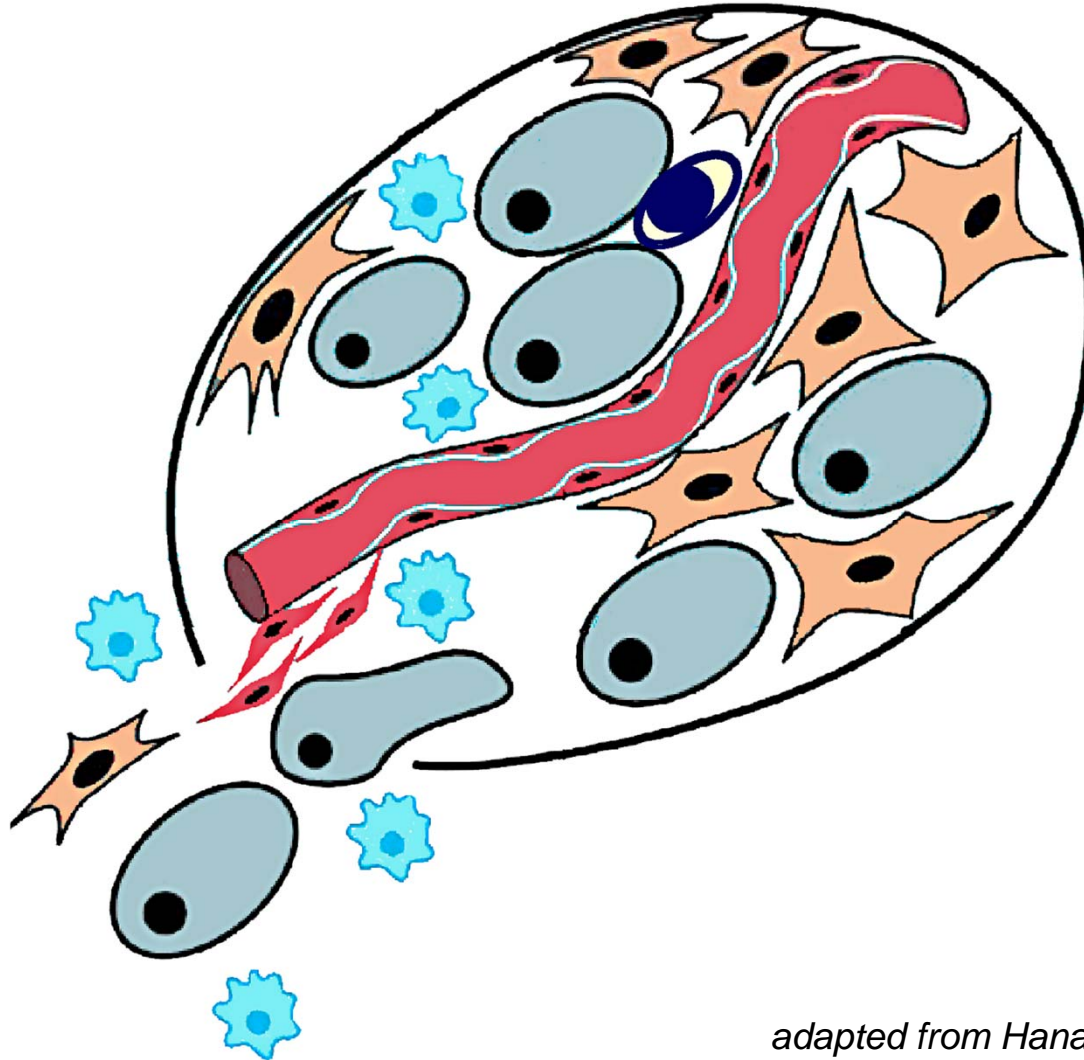
Ding et al., Nature 2008

Eberhard et al, JCO '05



# Cancer is a Dynamic and Evolutionary Process

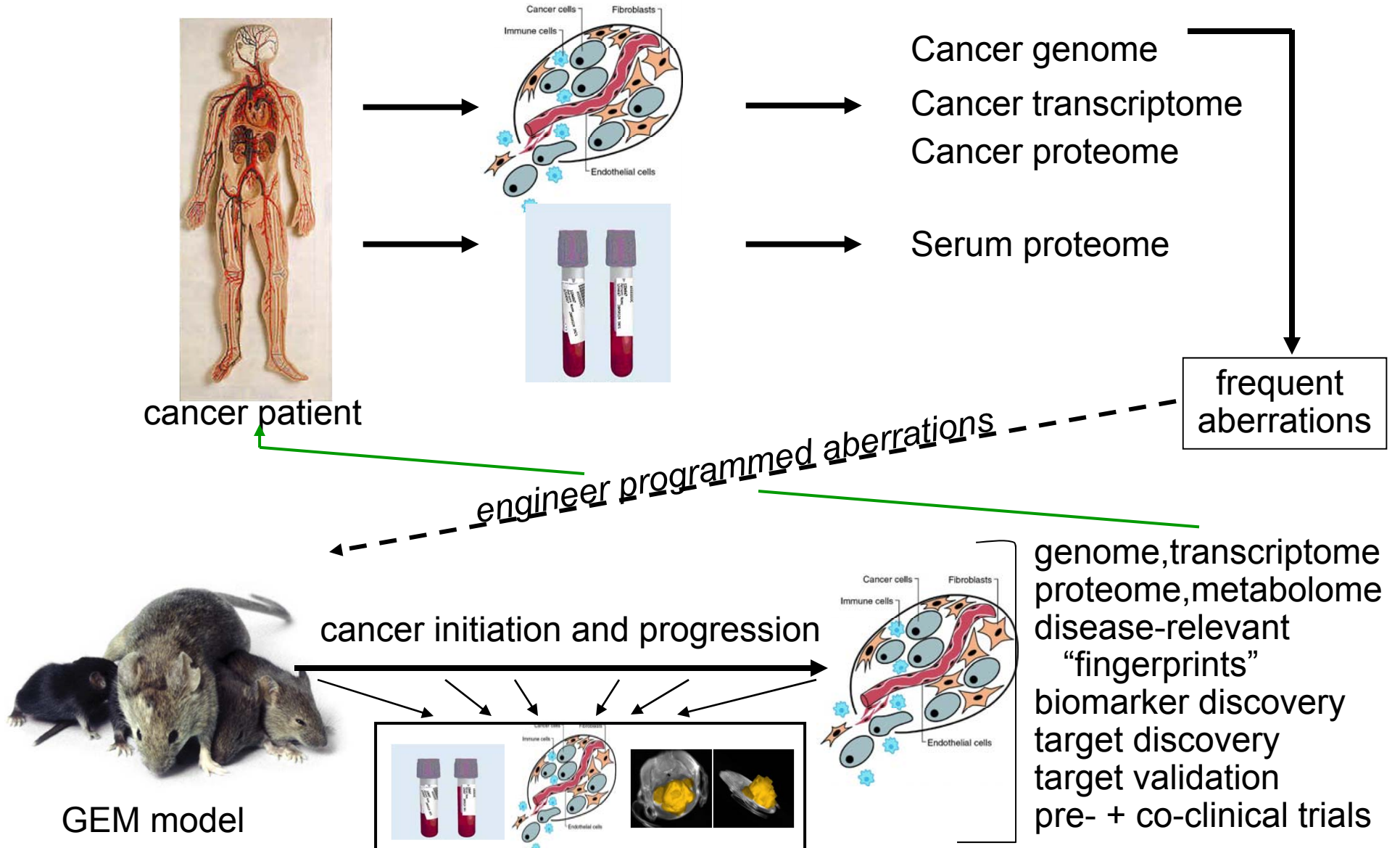
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*adapted from Hanahan and Weinberg, Cell 2000*



# GEM in Clinical Translation

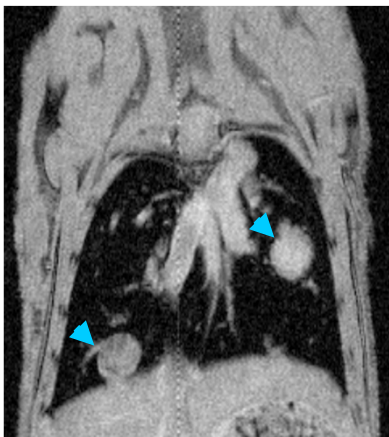


# Inducible GEM NSCLC Reflects Human Treatment Response

**EGFR<sup>L858R</sup>**



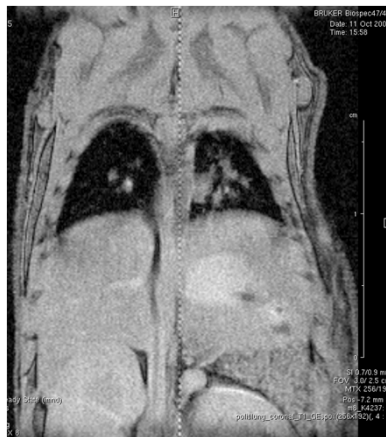
6 days on Erlotinib



**EGFR<sup>ΔL747-S752</sup>**



2 weeks on Erlotinib



**Kras<sup>G12D</sup>**



4 weeks on Erlotinib

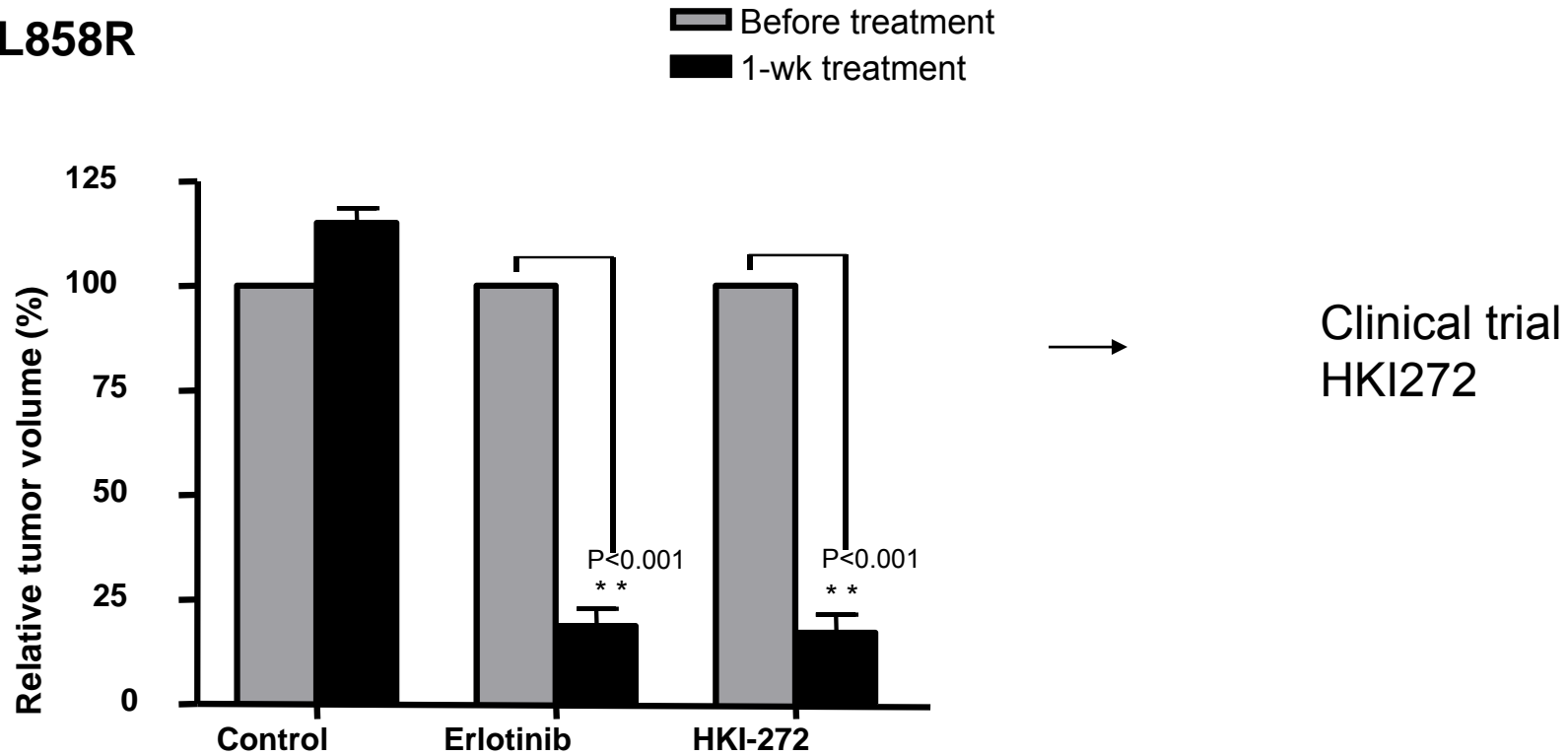


*Politi et al (Varmus) G&D 2005*

# Preclinical Assessment Guides Clinical Trial

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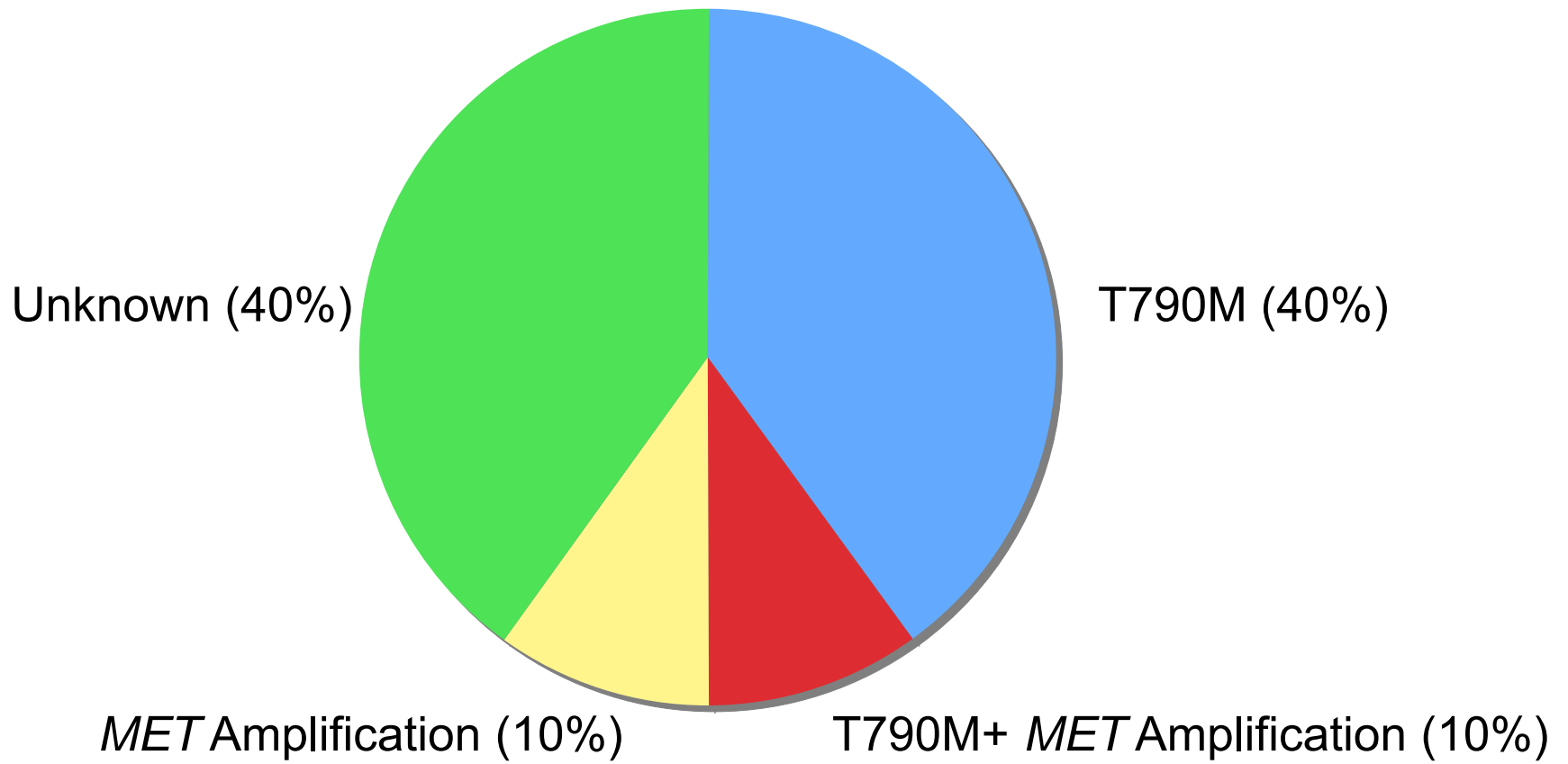
L858R



Ji et al, (Wong) Cancer Cell 2006

# Acquired Resistance of Human EGFR-NSCLC to Inhibitors

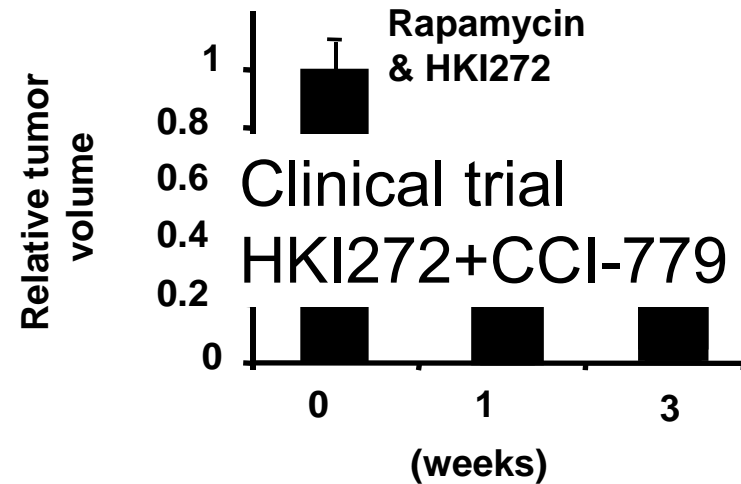
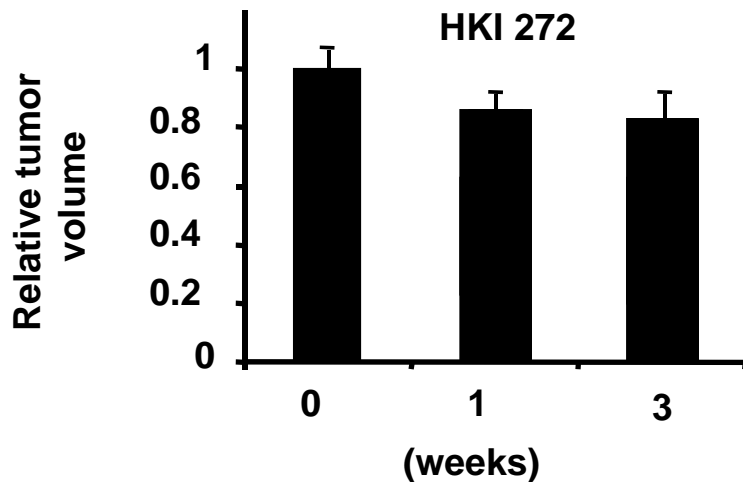
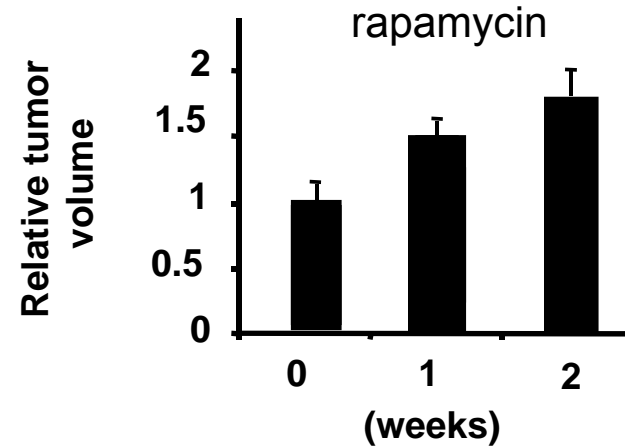
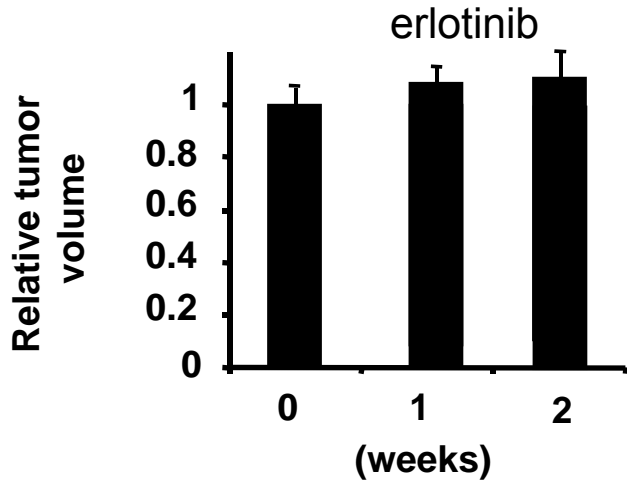
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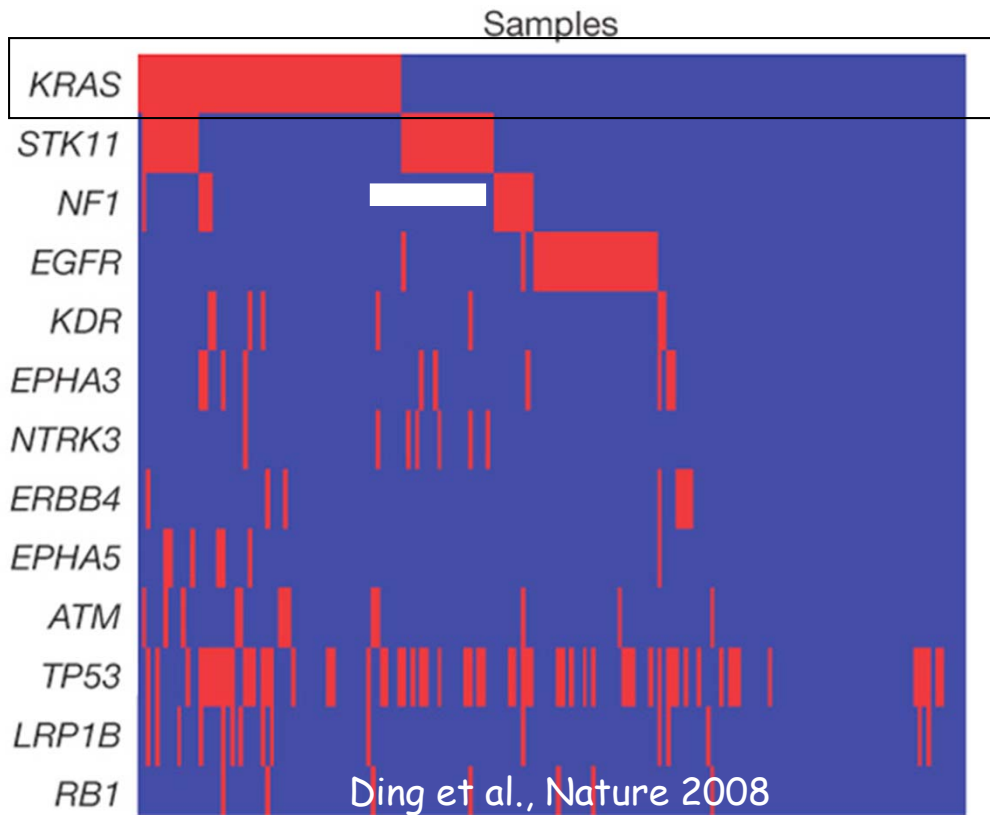
# Preclinical Assessment Guides Combination Therapy Clinical Trial

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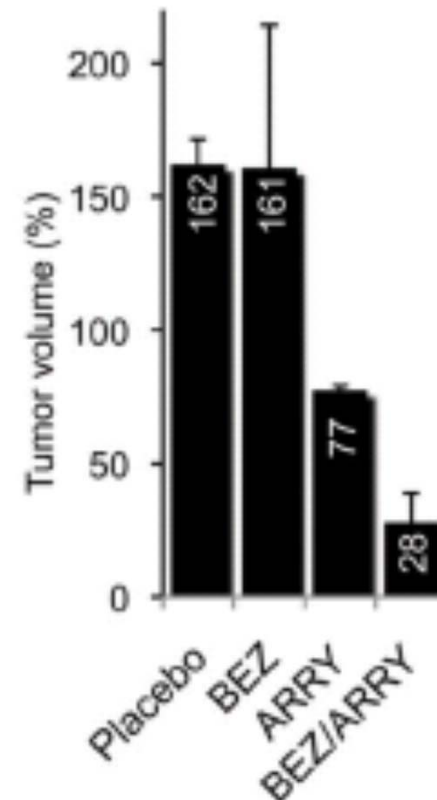
## Resistant Double EGFR Mutant



# Preclinical Assessment Predicts Combination Therapy Effective in Ras-driven NSCLC



K-Ras driven NSCLC  
MEK (ARRY) and/or  
PI3K/mTor (BEZ) inhibitor



Engelman et al, (Wong)  
Nature Medicine 2008

# Multiple GEM Modeled on Human Cancer Genetics/Biology

## Inducible Mouse Lung Cancer Models


- KRAS G12D
- KRAS G12V
- KRAS G12C
- EGFR Del19
- EGFR L858R
- EGFR T790M
- EGFR wild type
- EGFR vIII
- HER2 exon 20 insertion
- HER2 wild type
- BRAF V600E
- ELM4-ALK
- IGF1R
- C-MET
- EGFR T790M-Del19/c-MET
- EGFR T790M-L858R/c-MET
- EGFR T790M-Del19
- EGFR T790M-L858R
- EGFR Del19/IGF1R
- EGFR L858R/IGF1R
- p110 exon 20 (H1047R)
- ROS1
- ELM4-ALK

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**lymphomas**  
**Leukemias**  
**Myelomas**

carcinomas

**melanoma**  
**carcinomas**



mets

**melanoma**  
**carcinomas**

**Identification of novel genes involved in carcinogenesis**

**Nedd9 involvement in metastatic progression of melanomas**

*Kim, et al., Cell 2006*

**Determination of predictive molecular signatures for various cancer types**

**Kras-associated expression signatures in lung carcinogenesis**

*Sweet-Cordero, et al., Nature Genetics, 2005*

**Discovery of novel early tumor prognostic markers**

**A compendium of circulating early markers for pancreatic cancer**

*Harsha, et al., PLoS Medicine, 2009*

**Identification of modifier traits for cancer phenotypes**

**Genetic modifiers of Aurora A associated carcinogenesis**

*Ewart-Toland, et al., Nature Genetics, 2003*

**Evaluation of therapeutic compounds with clinical implications**

**Description of EGFR blockade side-effects in brain tumorigenesis**

*Radloff, et al., Drug Discov Today Dis Models, 2008*

**Analysis of pathway dynamics in disease via systems biology approaches**

**Analysis of prion disease progression through systems approach**

*Hwang, et al., Mol Syst Biology, 2009*



Genetics	Mechanism	Morph/grade	Incidence
<i>Nf1</i> <sup>+/-</sup> ; <i>p53</i> <sup>+/-</sup>	KO; cond. KO (GFAP-Cre)	Astro/variable	92% by 6 months
<i>Nf1</i> <sup>+/-</sup> ; <i>p53</i> <sup>+/-</sup>	KO; cond. KO (GFAP-Cre)	Astro/variable	100% by 5–10 months
<i>Nf1</i> <sup>+/-</sup> ; <i>p53</i> <sup>+/-</sup> ; <i>Pten</i> <sup>-/-</sup>	KO; cond. KO (GFAP-Cre)	Astro/HG	100% by 5–8 months
<i>GFAP</i> <sub>121</sub>	TG	Astro/LG	100% by 10–12 months
<i>GFAP</i> <sub>121</sub> ; <i>Pten</i> <sup>-/-</sup>	TG; cond KO (MSCV-Cre)	Astro/HG	100% by 6 months
<i>GFAP-V</i> <sup>12</sup> <i>Ras</i>	TG	Astro/HG	100% by 0.5–3 months
<i>GFAP-V</i> <sup>12</sup> <i>Ras</i> ; <i>EGFR</i> <sup>vIII</sup>	TG; adenovirus	Oligo/HG	100% by 3 months
<i>GFAP-V</i> <sup>12</sup> <i>Ras</i> ; <i>Pten</i> <sup>-/-</sup>	TG; KO	Astro/HG	100% by 6 weeks
<i>S100-v-erbB</i>	TG	Oligo/LG	60% by 12 months
<i>S100-v-erbB</i> ; <i>Ink4a/Arf</i> <sup>-/-</sup>	TG; KO	Oligo/HG	100% by 12 months
<i>S100-v-erbB</i> ; <i>p53</i> <sup>+/-</sup>	TG; KO	Oligo/variable	100% by 12 months
<i>PDGF-B</i>	MoMuLV	Oligo/variable	40% by 10 months
<i>kRas</i> ; <i>Akt</i>	RCAS	Astro/variable	25% by 3 months
<i>kRas</i> ; <i>Pten</i> <sup>-/-</sup>	RCAS; cond KO (RCAS-Cre)	Astro/variable	60% by 3 months
<i>kRas</i> ; <i>Akt</i> ; <i>Ink4a/Arf</i> <sup>-/-</sup>	RCAS; KO	Astro/variable	20%–50% by 3 months
<i>PDGF-R</i>	RCAS	Oligo/variable	60% by 12 months

Adapted from Huse and Holland (2009) Br. Path.