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Determination of signal transduction pathway activity in patient-derived xenograft models in comparison with clinical patient tumor samples for a variety of human cancer types

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Summary

- We developed and biologically validated a novel approach to assess functional activity of signal transduction pathways in individual tumor samples from target gene mRNA levels.
- Our pathway activity assessment is also validated on samples from xenograft models with known pathway activity status judged by their driver mutations and responses to pathway inhibitors.
- Pathway activity is quite stable across successive PDX passages.
- Pathway activity distributions and profiles are generally similar in patient tumors and PDX models.
- In individual cases, pathway scores may vary between patient tumors and respective PDX models, due to differences in the tumor microenvironment.
- **Conclusion:** With PDX models exhibiting specific pathway activity profiles, measuring pathway activities may be highly valuable for the selection of the most appropriate PDX models in drug testing, and as a predictor of therapy response.

Knowledge-based models to measure signaling pathway activity

We developed knowledge-based computational models to quantitatively assess AR, ER, PI3K-FOXO, Hedgehog (HH), NF κ B, TGF β and WNT signal transduction pathway activity from cancer tissue mRNA expression levels of their respective direct target genes, measured on Affymetrix HG-U133Plus2.0 microarrays (fRMA preprocessed) [Verhaegh Testing 'down-stream' for et al., Cancer Res 2014; 74(11): 2936-45]. We modeled the pathways in a probabilistic manner, using a Bayesian

network, with three types of nodes: a transcription complex, target genes and probesets. Each model describes (i) how the expression of the target genes depends on the activation of the respective transcription complex, and (ii) how probeset intensities depend in turn on the expression of the respective target genes. The models can be used to assess transcriptional pathway activity in an individual test sample by entering its Affymetrix probeset measurements, and inferring backwards what the odds are that the



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transcription complex must have been present, i.e. that the pathway is active. These odds are represented on a logarithmic scale (log2odds), which subsequently may be translated to a score on a scale from 0 to 100.

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ΤΤΤΤΤ

mRNA transcription of a

pathway's target genes

Biological validation

Models have been biologically validated first on data sets with ground truth information about pathway activity status.



AR (androgen receptor) activity in LNCaP cell lines stimulated with DHT and blocked with bicalutamide from GSE7708.



siRNA siRNA siRNA siRNA PI3K-FOXO activity following ER2-siRNA knockdown breast cancer cell line BT-474 from GSE71347 Note: FOXO inactive means PI3K active



groups group HH activity in medulloblastoma from GSE37418.



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ER (Estrogen receptor) activity on ER positive MCF7 cell lines with and without ESR1 knockdown by siRNA from GSE37820



phoma phoma cell line NFkB activity in different cell types from GSE12195.

1 day 2 days 3 days 7 days BMP GFB BMP GFB BMP GFB BMP

TGFβ activity in mesenchymal stem cells treated with BMP or BMP+TGFβ (1,2,3,7 days) from GSE84500.

WNT activity in medulloblastoma without and with driving CTNNB1 mutation from GSE10327.

Biological validation on xenograft models

Subsequently, we fine-tuned the pathway models for xenograft data and tested them on data sets from xenografts with known pathway activity status.





WNT pathway activity in colon cancer PDX is

- higher in control and chemo-treated mice
- reduced by treatment directed against the WNT pathway component RSPO3.

AR pathway activity in prostate cancer PDX models KUCaP-2 and LuCaP35 grafted in nude/immunodeficient mice:

- high in AD: androgen dependent
- reduced in CI: castration-induced tumor regression
- high again in CR: castration resistant tumor regrowth.

Charles River PDX collection (breast & ovary)



WNT pathway activity in ovarian (brown) and breast cancer (yellow) PDXs from CRL is

- low in APC & CTNNB1 wild type
- high in loss-of-function APC mutated ovary
- high in WNT activating CTNNB1 Asp32Tyr mutated breast
- low in non-functional CTNNB1 Asp665Glu mutated breast

Consistency across PDX passages

89 – 97% of the variation in pathway scores is due to differences between PDX models, and only 3 – 11% results from differences between passages of the same PDX model (GSE78806 with n = 661 PDX samples).



mean pathway score across passages of each tumor (sorted)

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Patient tumors vs. PDX models

Comparing PDXs of different tumor types in the Charles River PDX collection to patient tumors in the expO compendium GSE2109, we generally see similar distributions of pathway activity. Please note:

- There are only very few prostate cancer PDXs.
- Breast cancers include hormone-dependent and independent tumors. The proportion of hormone-dependent PDXs is low.
- The stroma of PDXs is of mouse origin. Pathways active in tumor infiltrates (e.g. often NFkB) cannot be assessed with human-specific methods.

Functional pathway activity can be used to select the most appropriate PDX models for drug testing and to interpret results of efficacy tests.



Charles River PDX collection compared to GSE2109



Charles River breast cancer PDX models with high PI3K* activity respond to **PI3K-**targeted therapy





- Patient renal cell cancers and matched PDX models in different passages from GSE83820 reveal generally comparable pathway activity patterns, with some exceptions:
- NFkB activity is well preserved in PDX passages of tumor 13, but not in tumor 18.

Please be aware that oxidative stress can induce FOXO activity, which may inadvertently lead to a low PI3K activity reading.

- TGFβ activity seems lost in PDXs of tumor 16.

* The PI3K reading is derived from the inverse activity reading of the FOXO transcription factor.



EGFR	ERBB2	РІКЗСА	РІКЗСВ	PIK3R1	PTEN	ESR1
wt	wt	wt	wt	wt	gene loss	wt
wt	wt	wt	wt	gene loss	gene loss	wt
wt	amplified	wt	wt	wt	wt	wt
wt	Asp1058Ala	wt	wt	wt	gene loss	wt
wt	amplified	wt	wt	wt	wt	wt
wt	wt	wt	wt	wt	wt	wt
wt	wt	wt	wt	wt	wt	wt
wt	wt	wt	wt	wt	wt	Glu542Val
wt	wt	wt	wt	wt	deletion	wt
wt	amplified	wt	wt	gene loss	wt	wt
wt	gene loss	wt	wt	gene loss	gene loss	wt
wt	wt	wt	wt	wt	Arg130Gly	Tyr537Asn
wt	wt	wt	wt	wt	wt	wt
wt	wt	wt	wt	wt	deletion	wt



Treatment

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