

Epithelial Mesenchymal Transition (EMT) and CTCs

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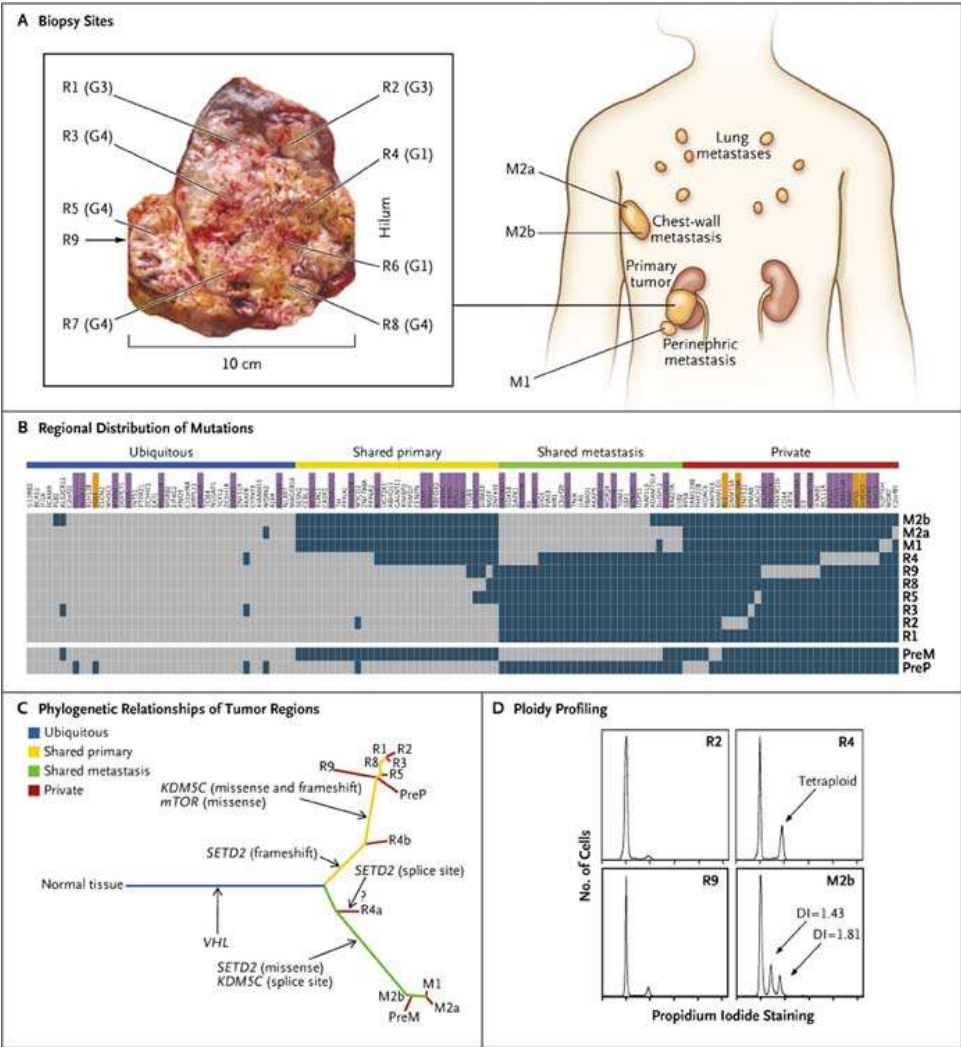
Director of the Jefferson Breast Cancer Center

Thomas Jefferson University-Kimmel Cancer Center, Philadelphia, USA

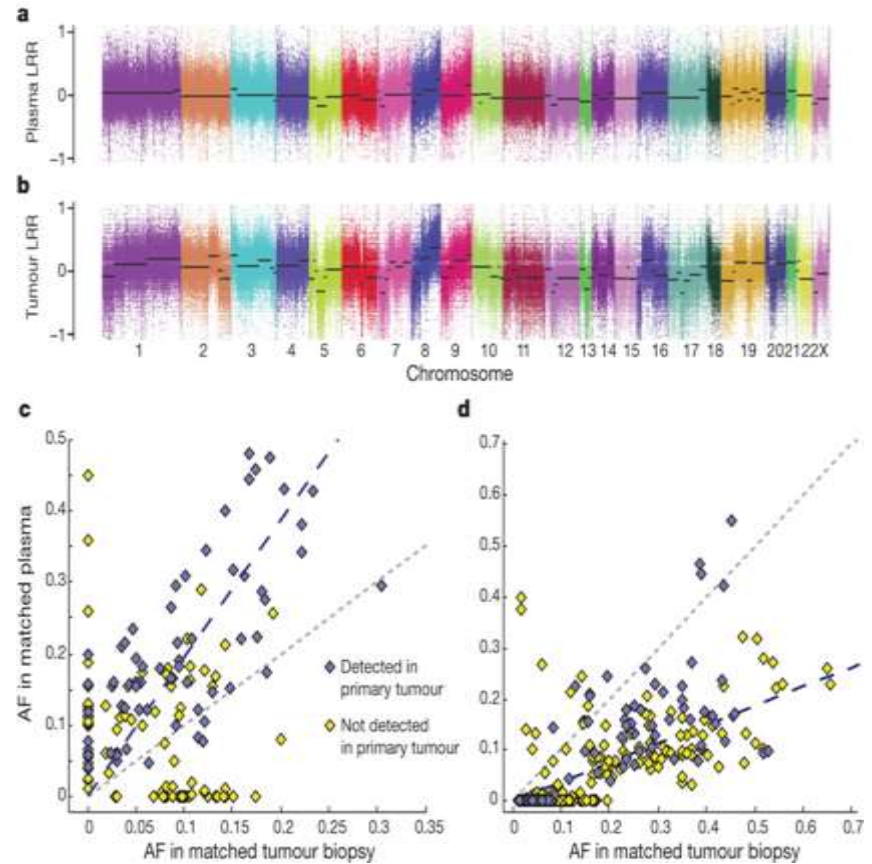
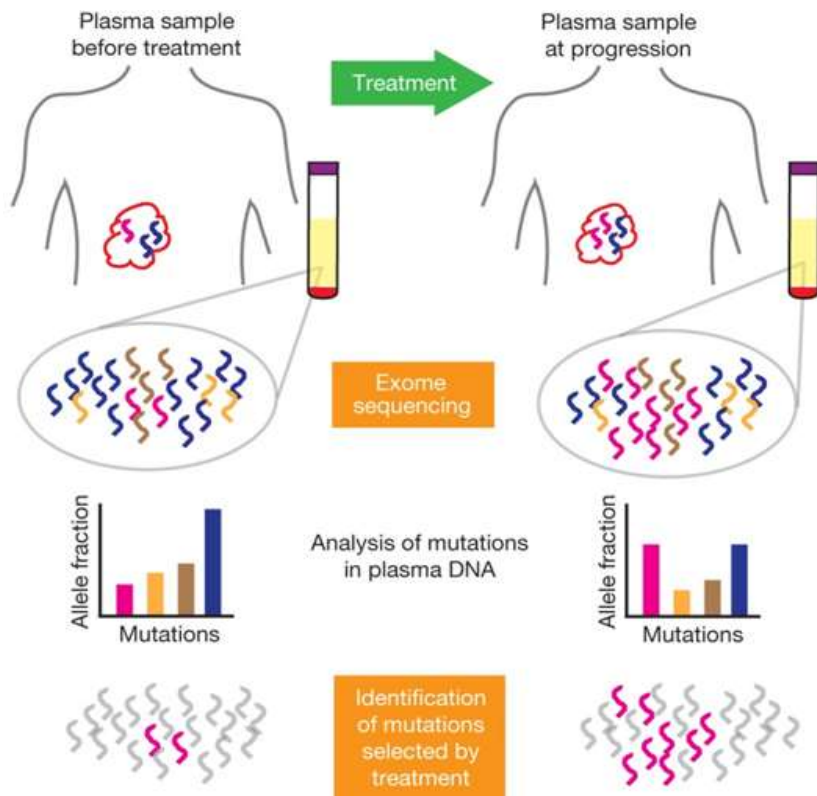
ISMRC 2013

Paris, September 26, 2013

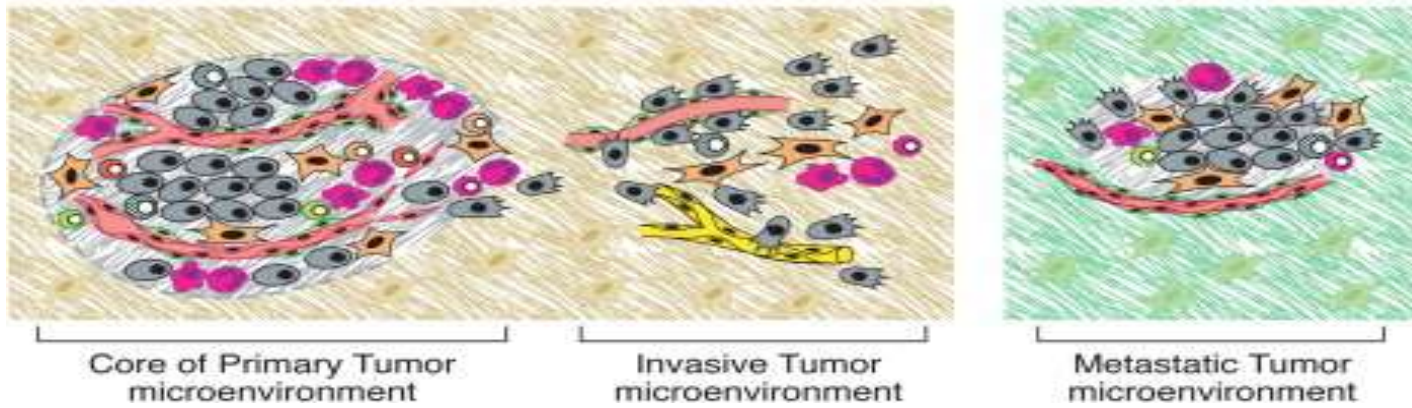
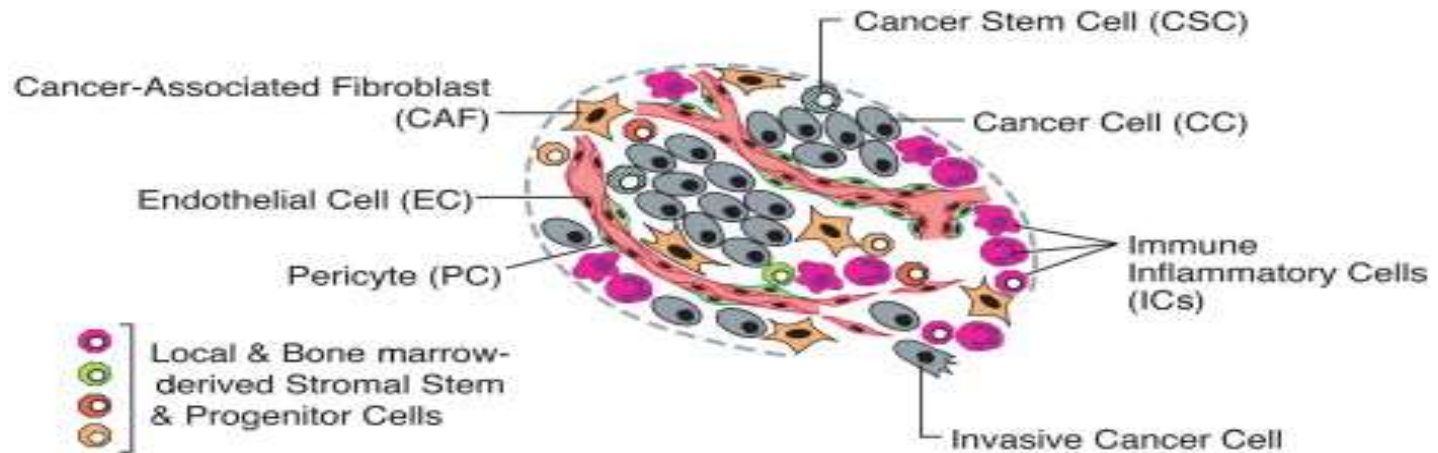
Genetic Intratumor Heterogeneity



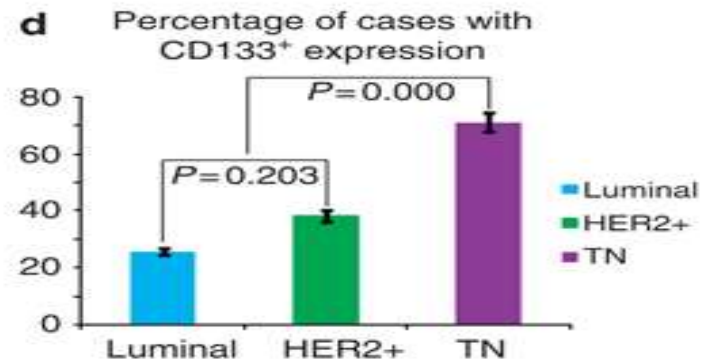
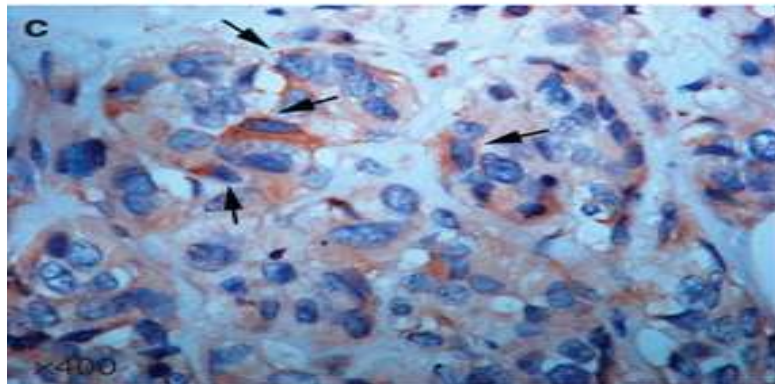
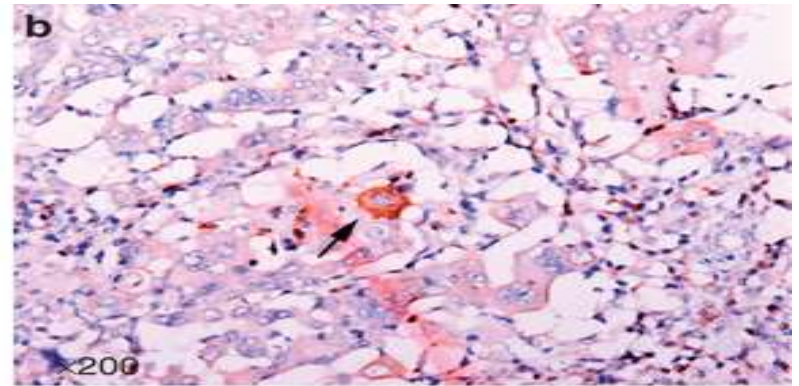
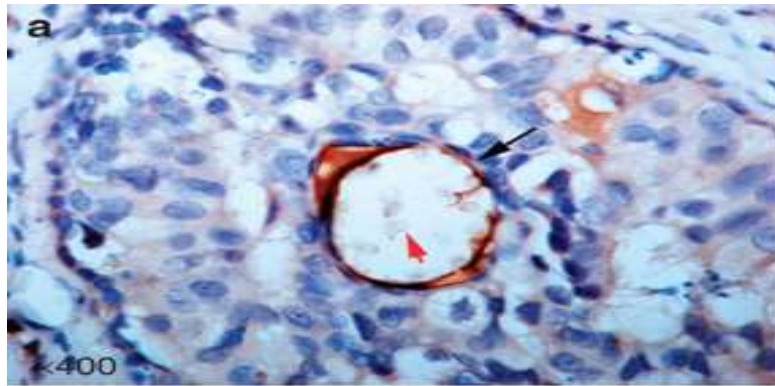
Peripheral Genetic Heterogeneity



Phenotypic Intratumoral Heterogeneity



CD133 and disease subtype



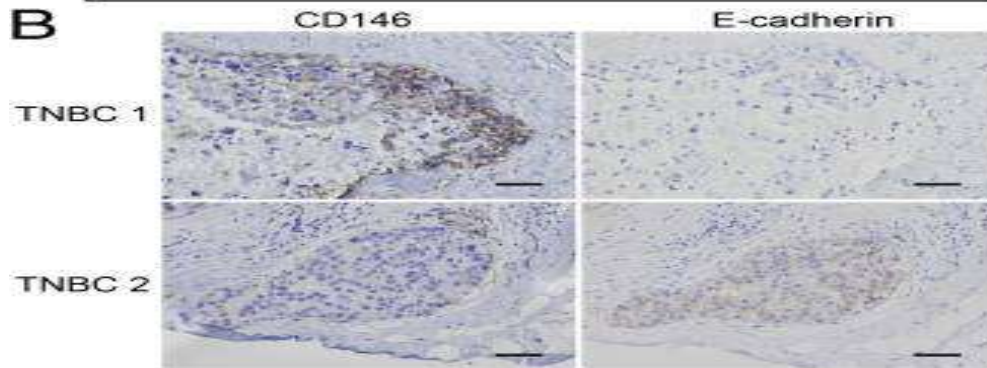
CD133 expression breast cancer specimens by immunohistochemistry

Liu TJ, Oncogene. 2012 Apr 2. doi:

CD146 and disease subtypes

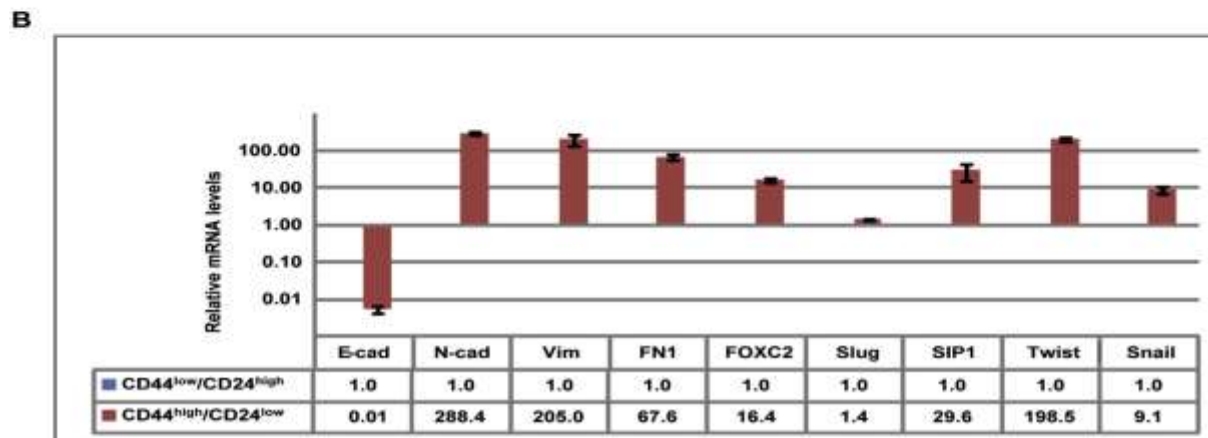
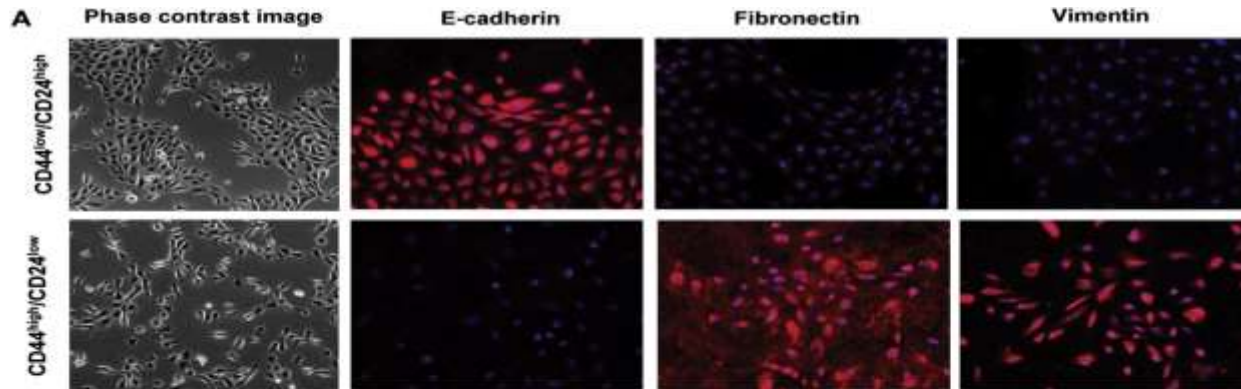
A

Tumor type	CD146 positive	<i>P</i>
Estrogen receptor		< 0.001
Negative	125/228 (54.4%)	
Positive	54/274 (19.6%)	
Progesterone receptor		<0.001
Negative	139/226 (61.5%)	
Positive	93/276 (33.7%)	
ERBB/HER2		<0.001
Negative	149/373 (39.9%)	
Positive	28/129 (21.7%)	
Triple-negative (TNBC)		<0.001
Yes	102/148 (68.9%)	
No	75/354 (21.1%)	



E-cadherin	CD146 expression		<i>P</i> -value
	-	+	
-	3 (3.3%)	36 (40.0%)	<i>P</i> =0.018
+	14 (15.6%)	37 (41.1%)	

The epithelial-mesenchymal transition generates cells with properties of stem cells



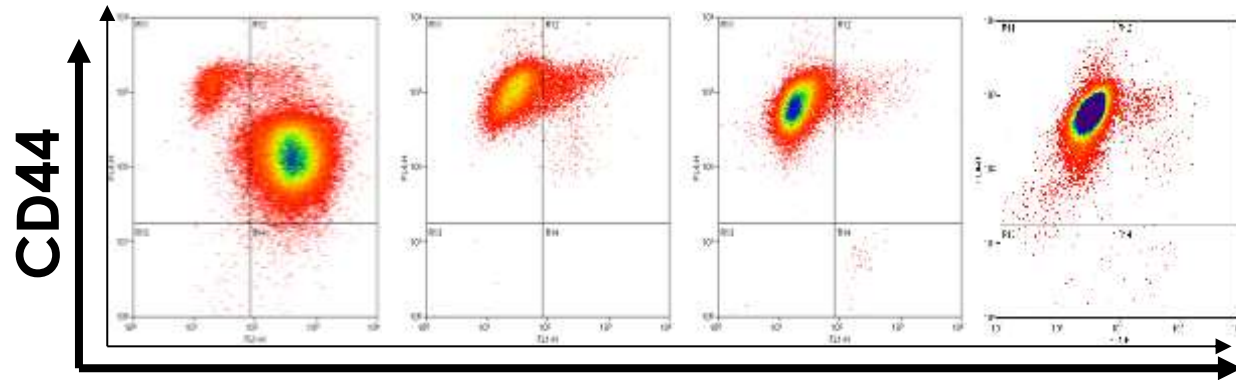
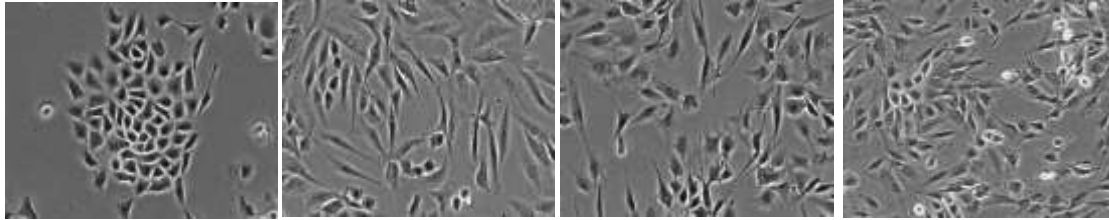
Induction of EMT generates cells with stem cell properties

Vector

Twist

Snail

TGF- β 1



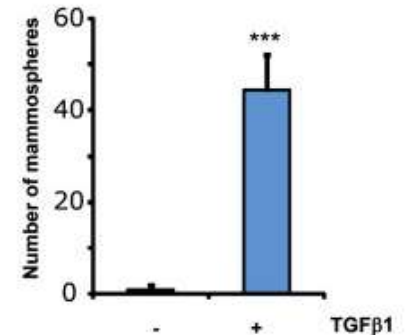
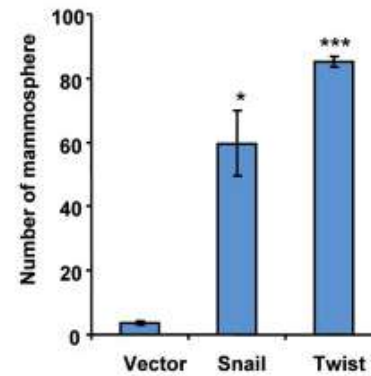
CD24



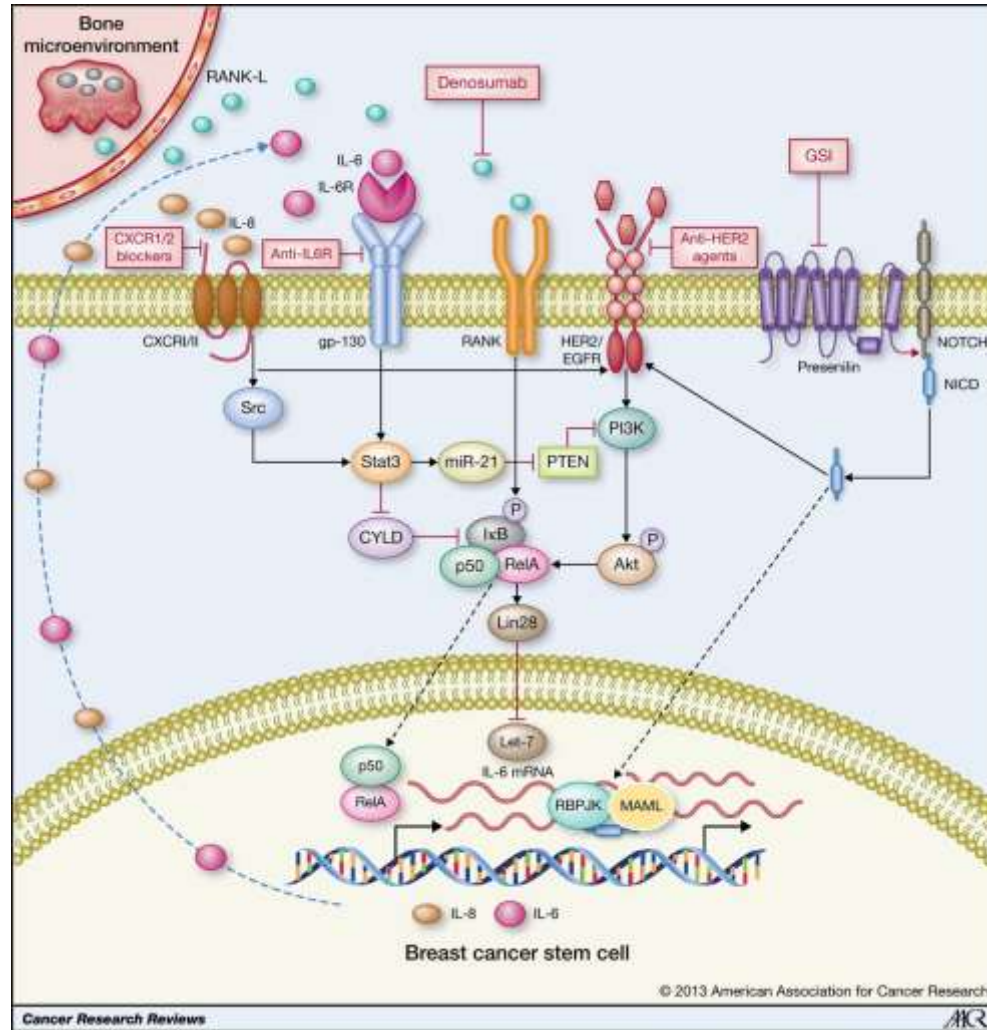
Vector

Snail

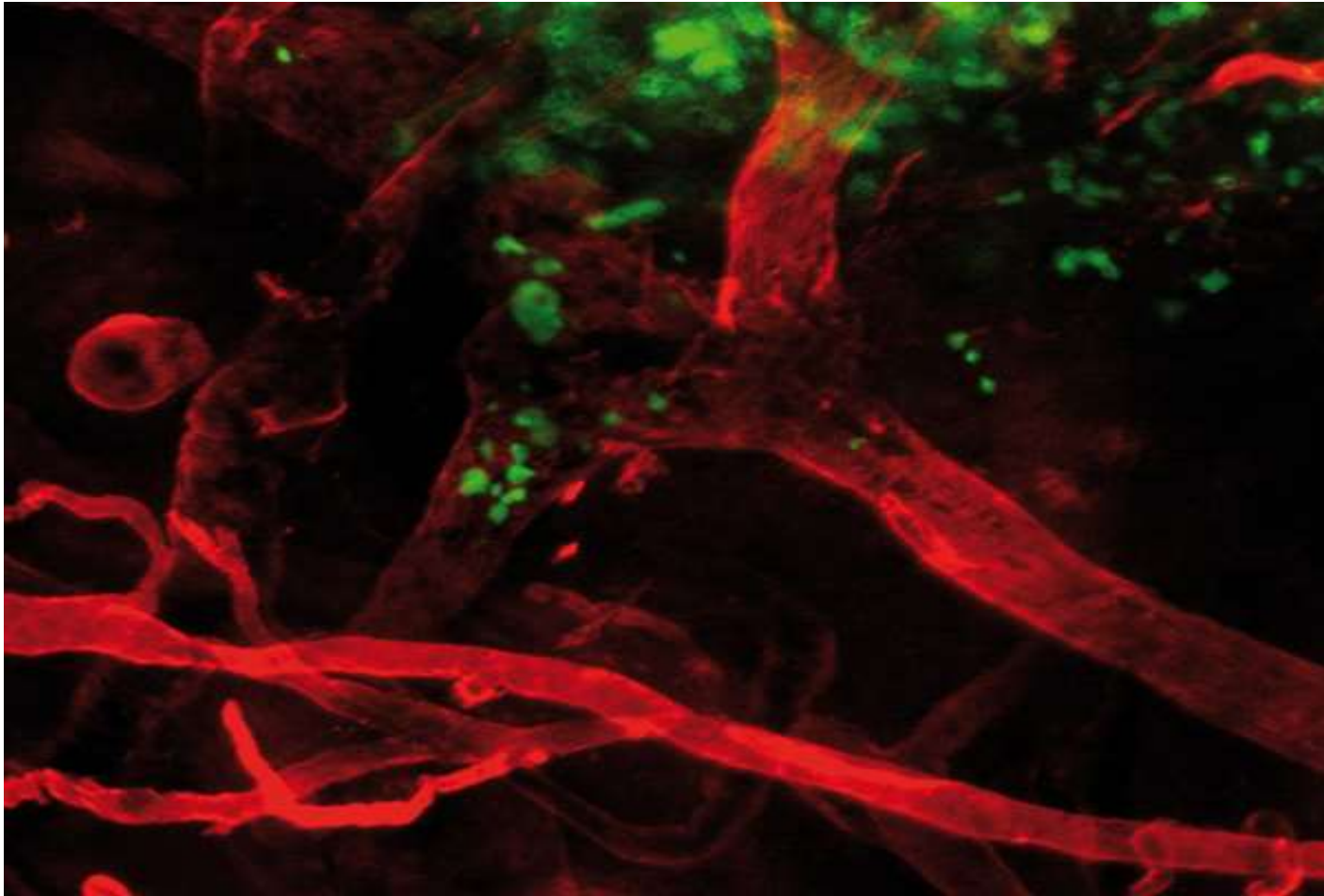
Twist



Pathways regulating breast CSCs.



Understanding Metastasis



Marx V, Nature, 494: 133–138

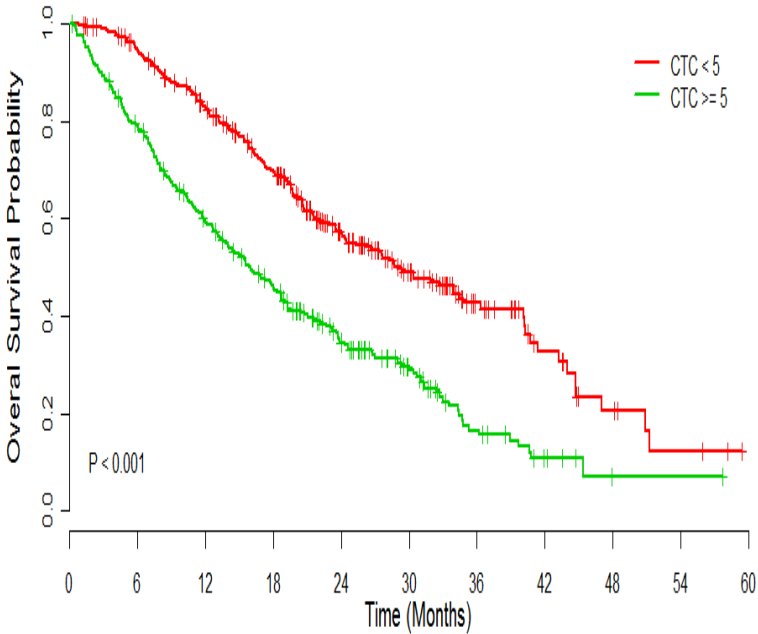
Challenges

- Genetic heterogeneity represents a challenge for the effective application of molecular targeted therapies
- Phenotypic heterogeneity represents a challenge to develop therapies that reduce tumor burden AND the development of metastases
- The phenotypic plasticity of cancer cells suggests that CTCs represent an ideal tool/model to study the metastatic process

CTCs enumeration, disease progression, seeding and metastases

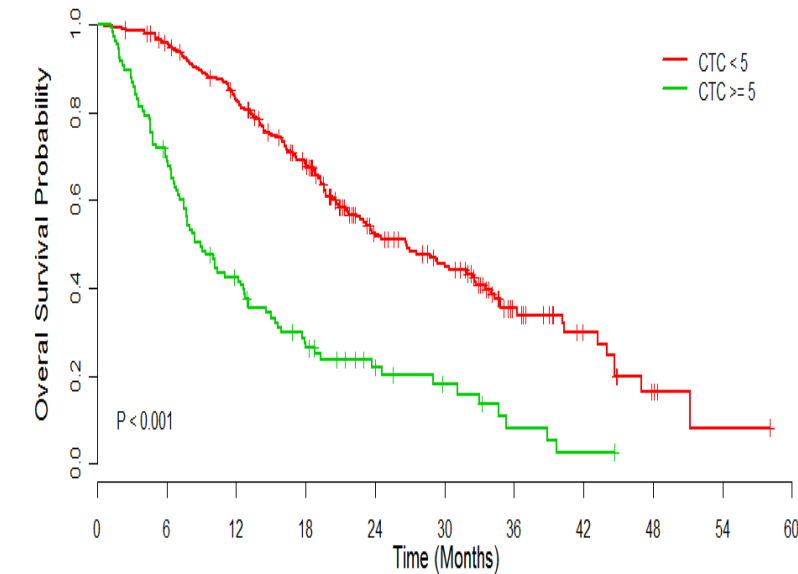
Pooled analysis: Validation Prognostic Value Baseline CTCs in MBC

OS by CTC at baseline

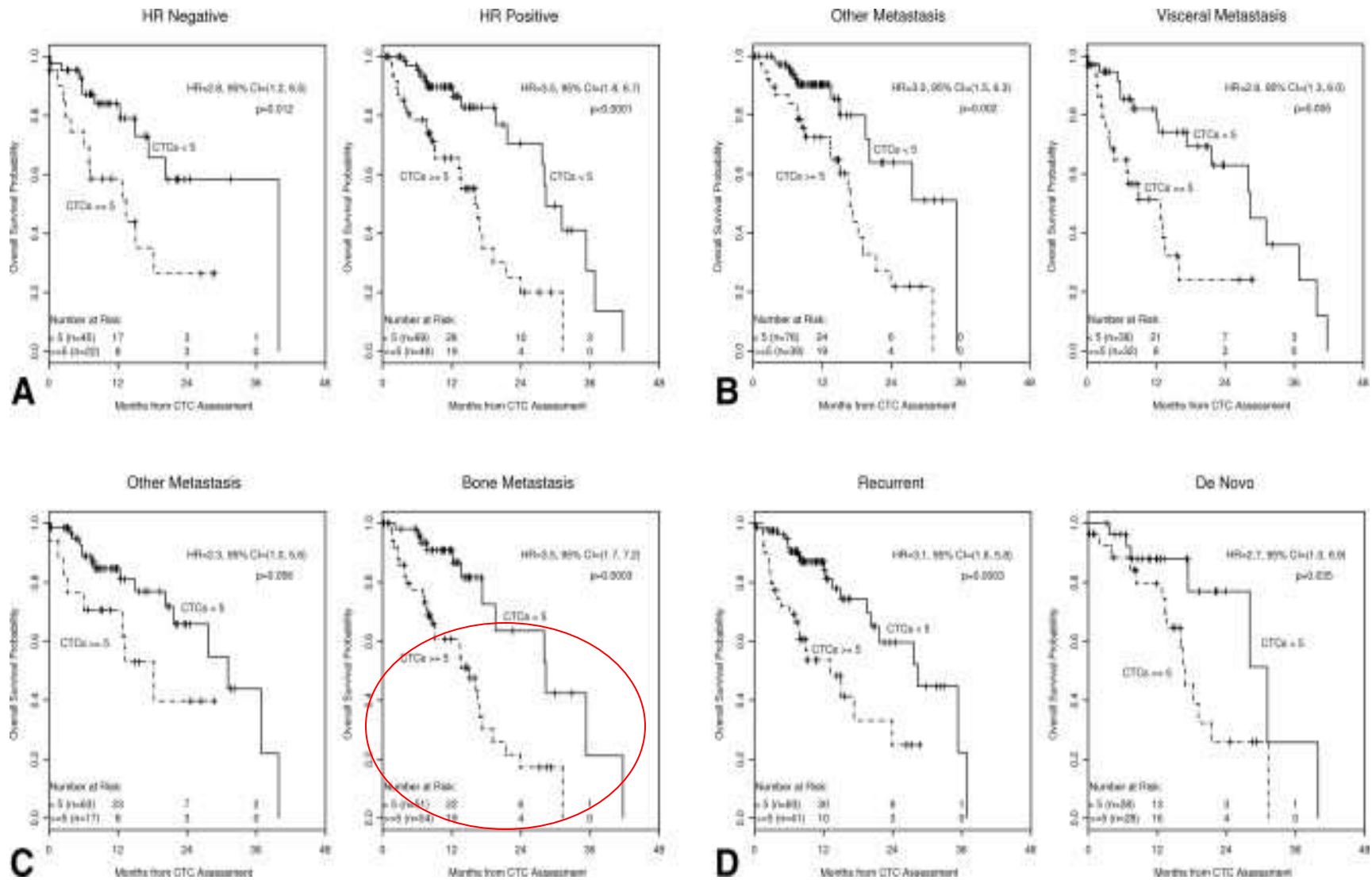


No. At Risk	0	6	12	18	24	30	36	42	48	54	60
CTC < 5	458	416	336	256	130	79	38	18	8	4	1
CTC >= 5	379	287	196	135	71	42	18	7	2	2	1

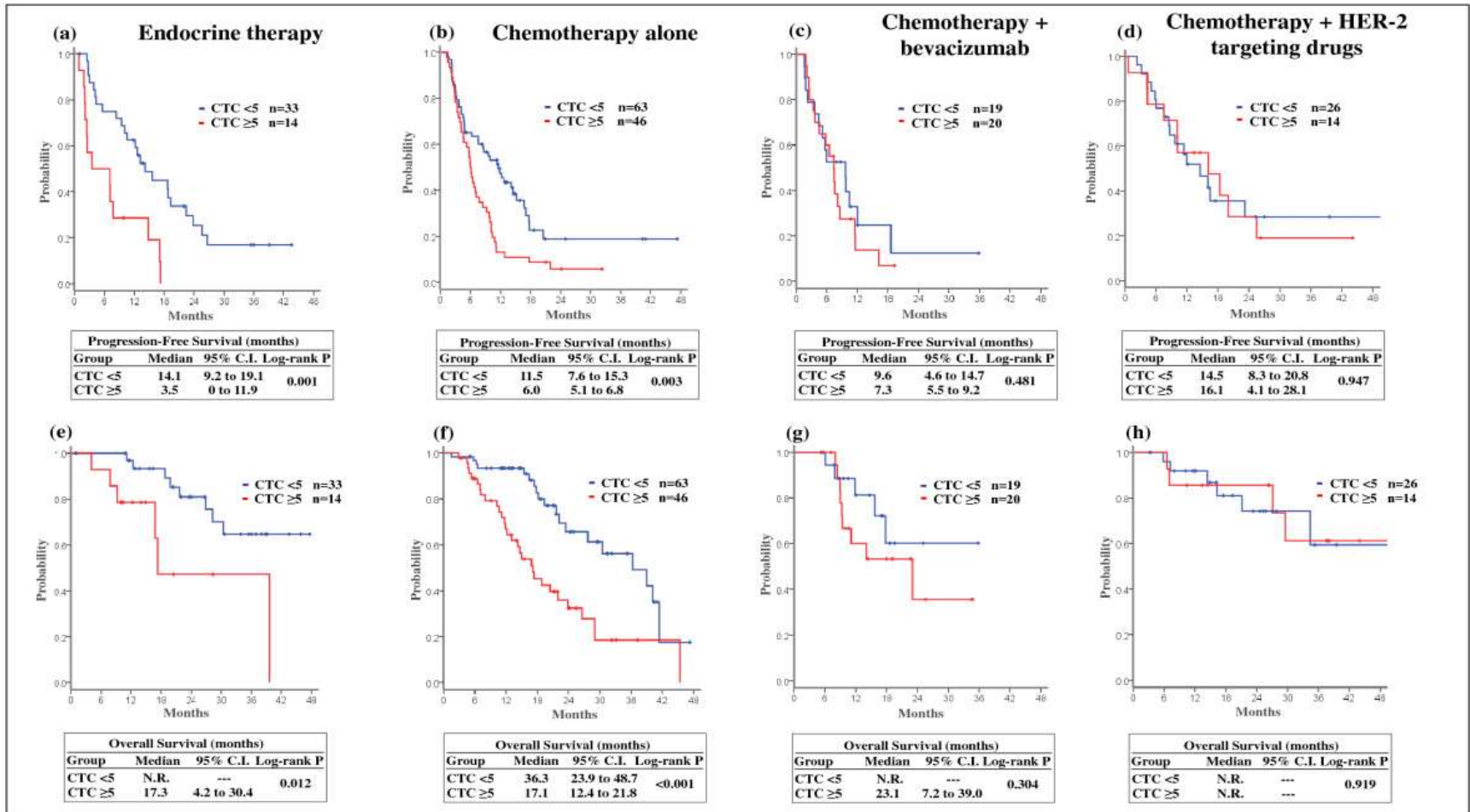
OS by CTC at week 2-5



No. At Risk	0	6	12	18	24	30	36	42	48	54	60
CTC < 5	310	289	240	183	83	61	28	13	5	2	1
CTC >= 5	106	73	43	23	13	9	4	2	1	1	1



CTCs and First-line Systemic Therapy



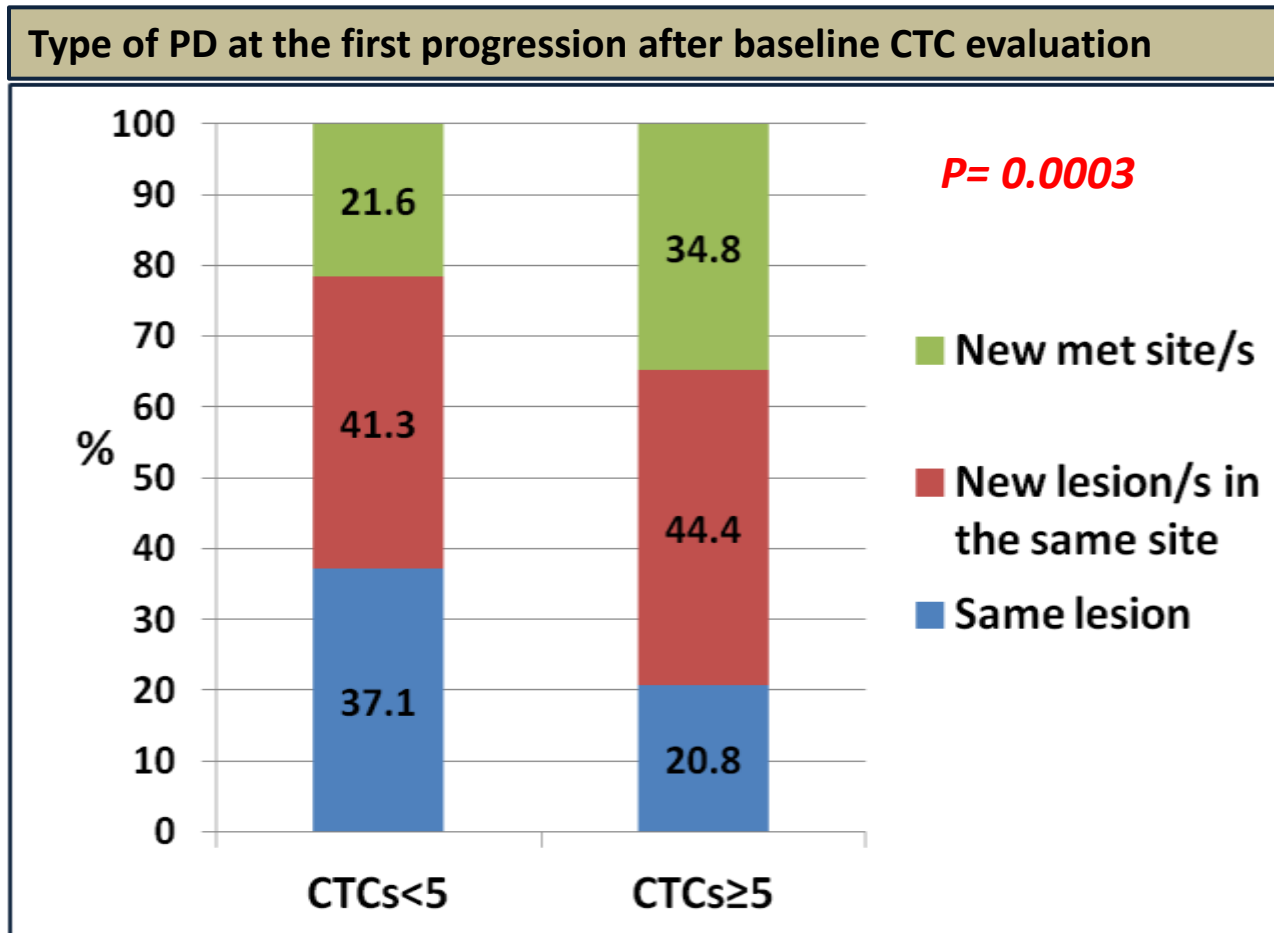
Overall population

Patients with documented PD

N=442

CTC<5 n= 264

CTC≥5 n= 178



Overall population

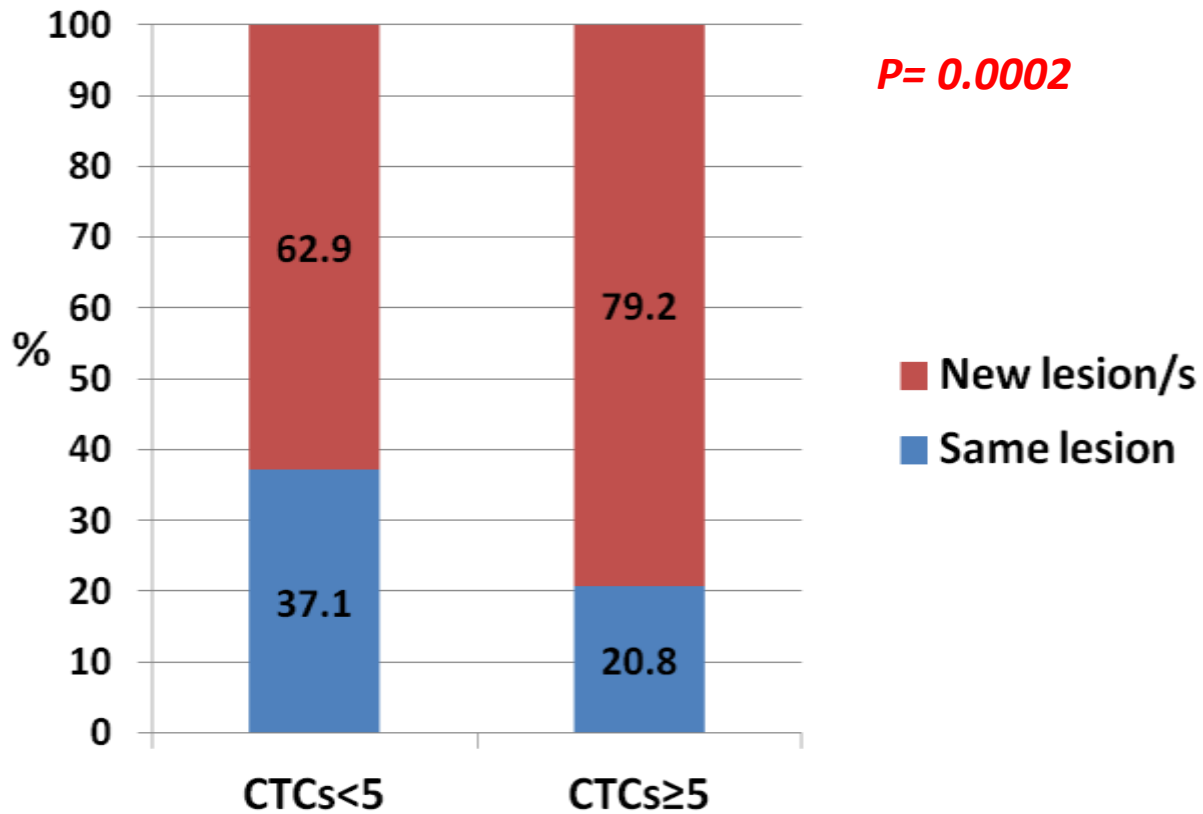
Patients with documented PD

N=442

CTC<5 n= 264

CTC≥5 n= 178

Type of PD at the first progression after baseline CTC evaluation



Overall population

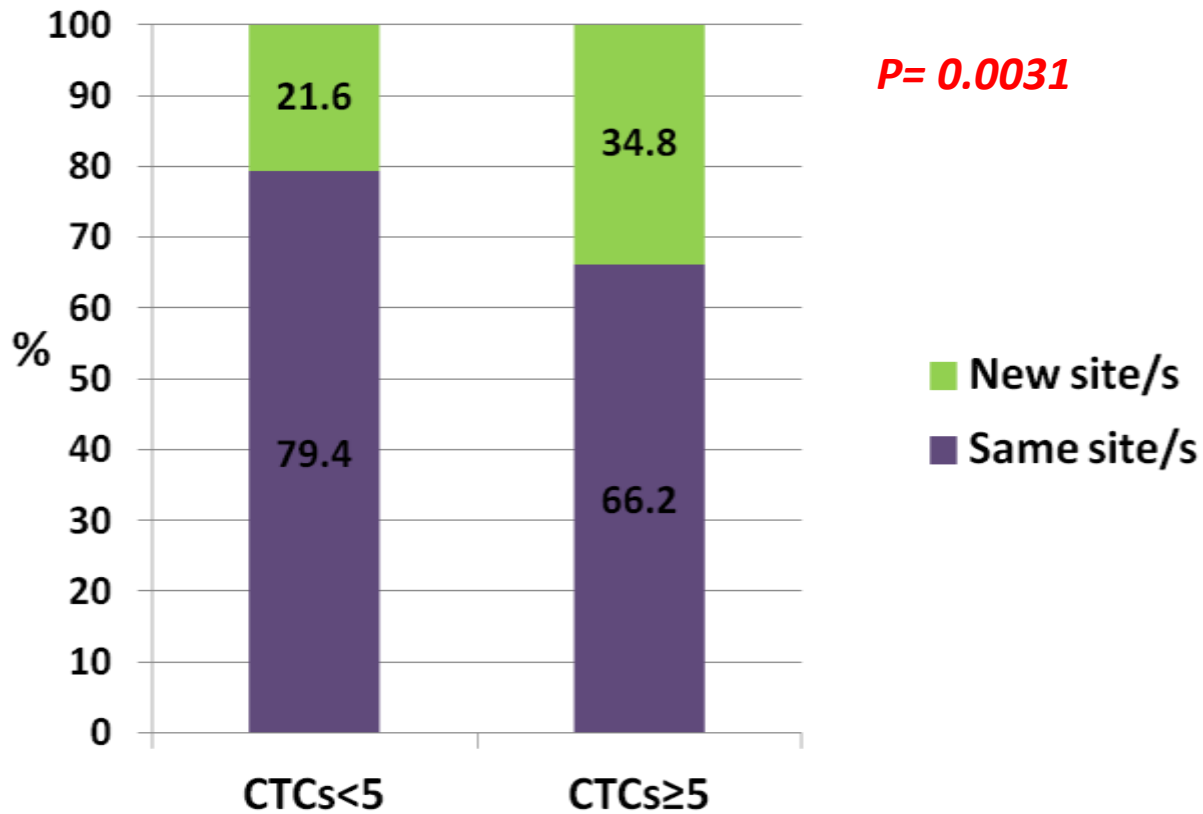
Patients with documented PD

N=442

CTC<5 n= 264

CTC≥5 n= 178

Type of PD at the first progression after baseline CTC evaluation



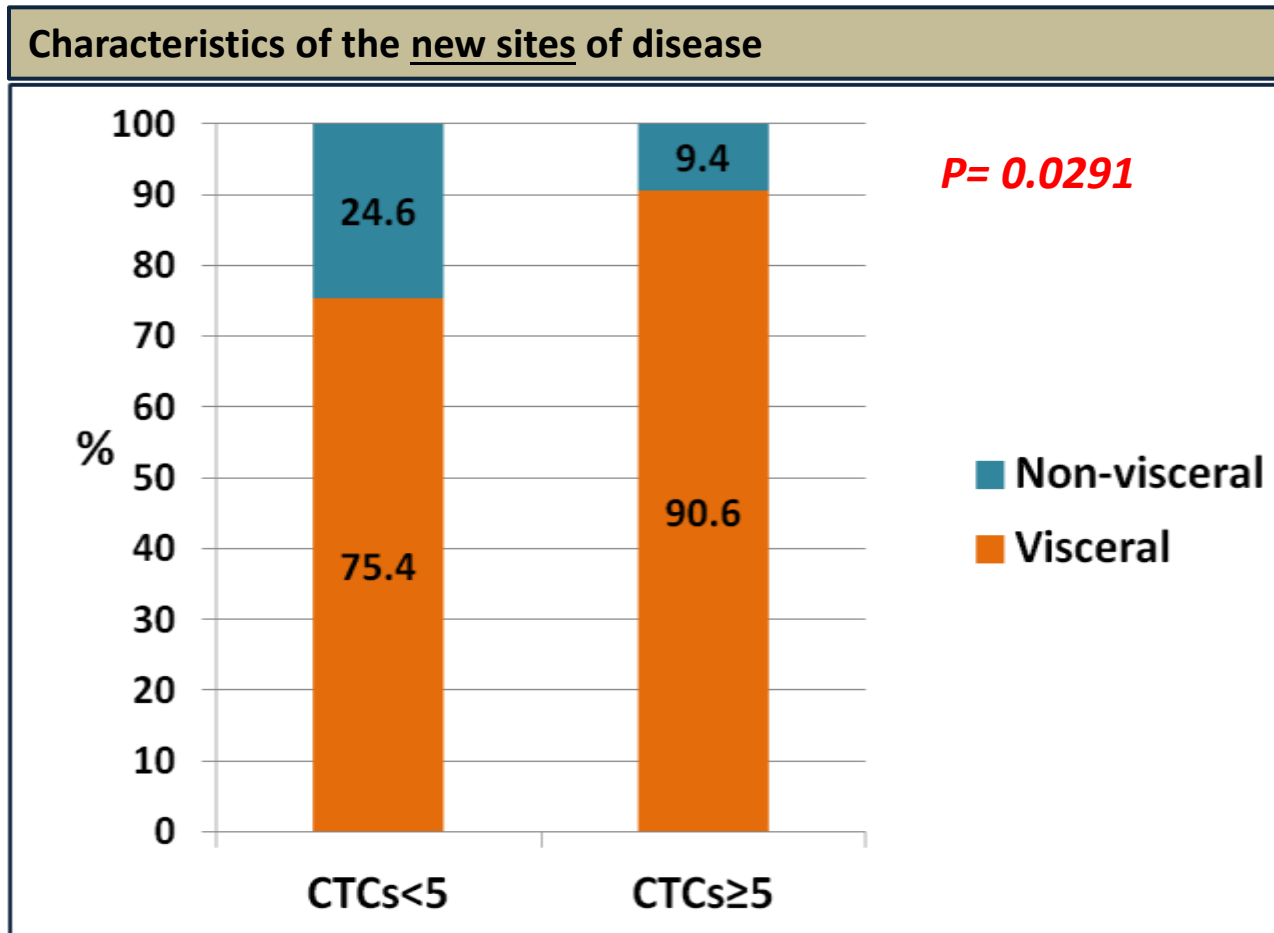
Overall population

Patients with PD in a new site

N=121

CTC<5 n= 57

CTC≥5 n= 64



Overall population

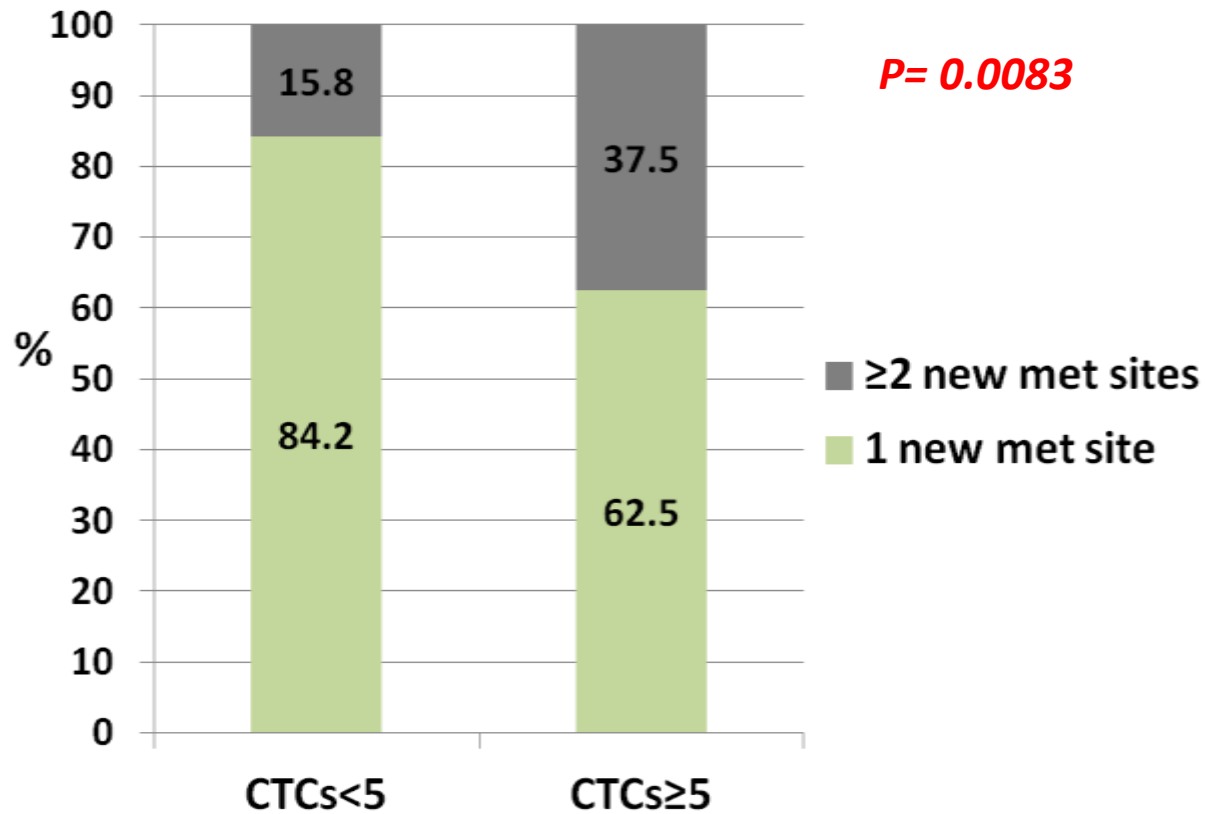
Patients with PD in a new site

N=121

CTC<5 n= 57

CTC≥5 n= 64

Number of new metastatic sites developed by those patients who progressed in new met site/s at first PD



Overall population

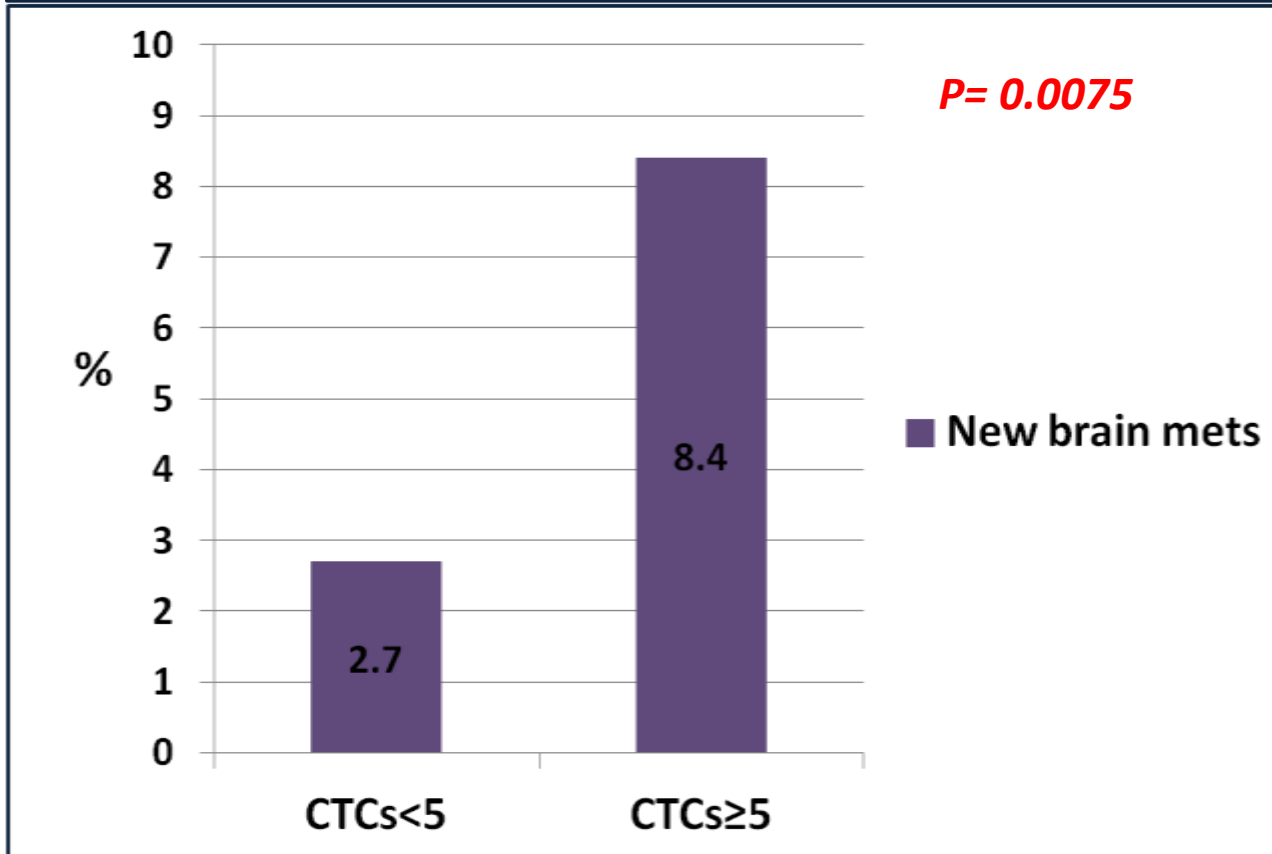
Patients with documented PD

N=442

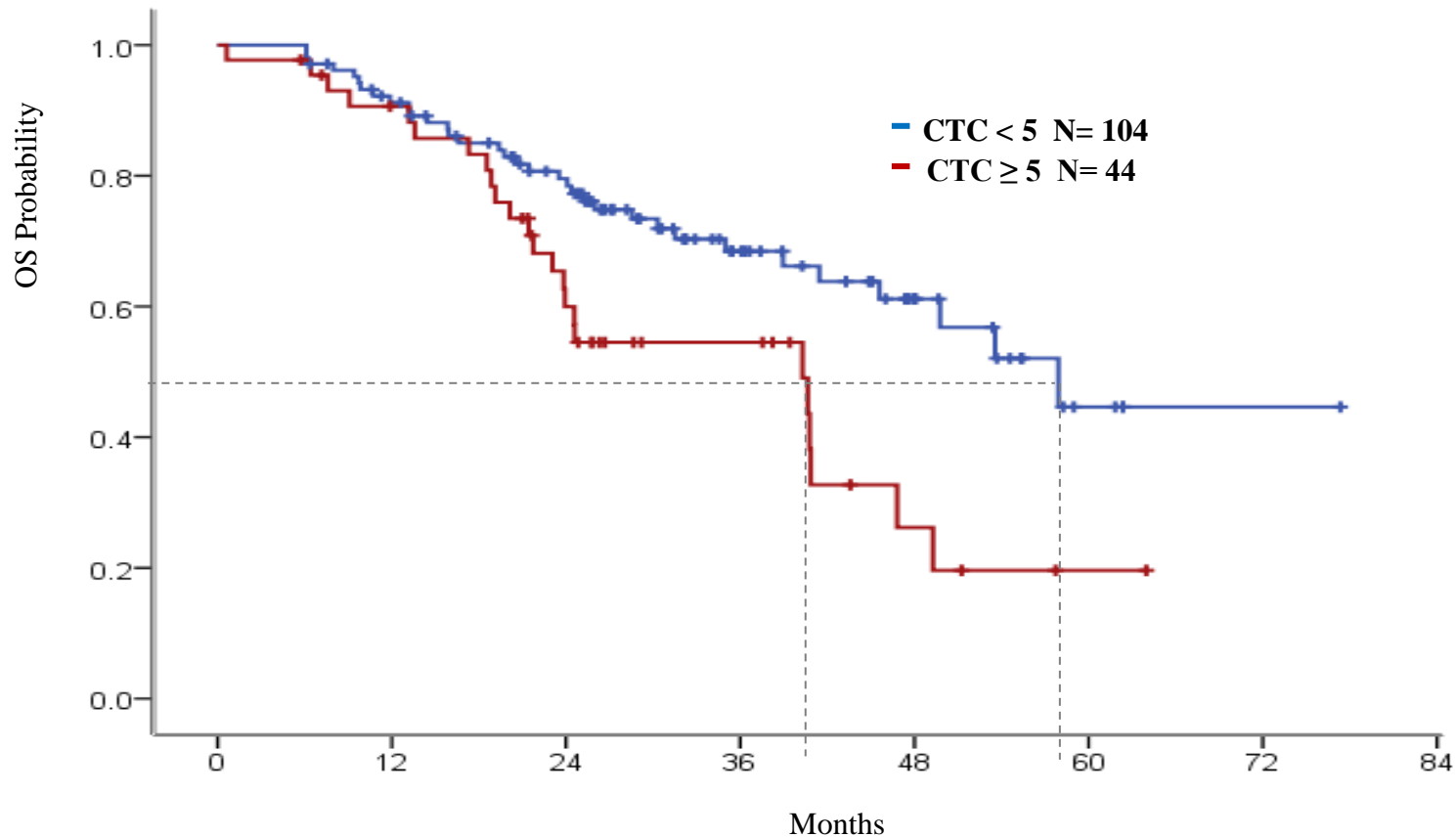
CTC<5 n= 264

CTC≥5 n= 178

Percent of pts developing new brain mets at the first PD after baseline CTC evaluation (among all pts who had PD, n=442)



Estimated OS in patients with oligometastatic disease according to CTC baseline value



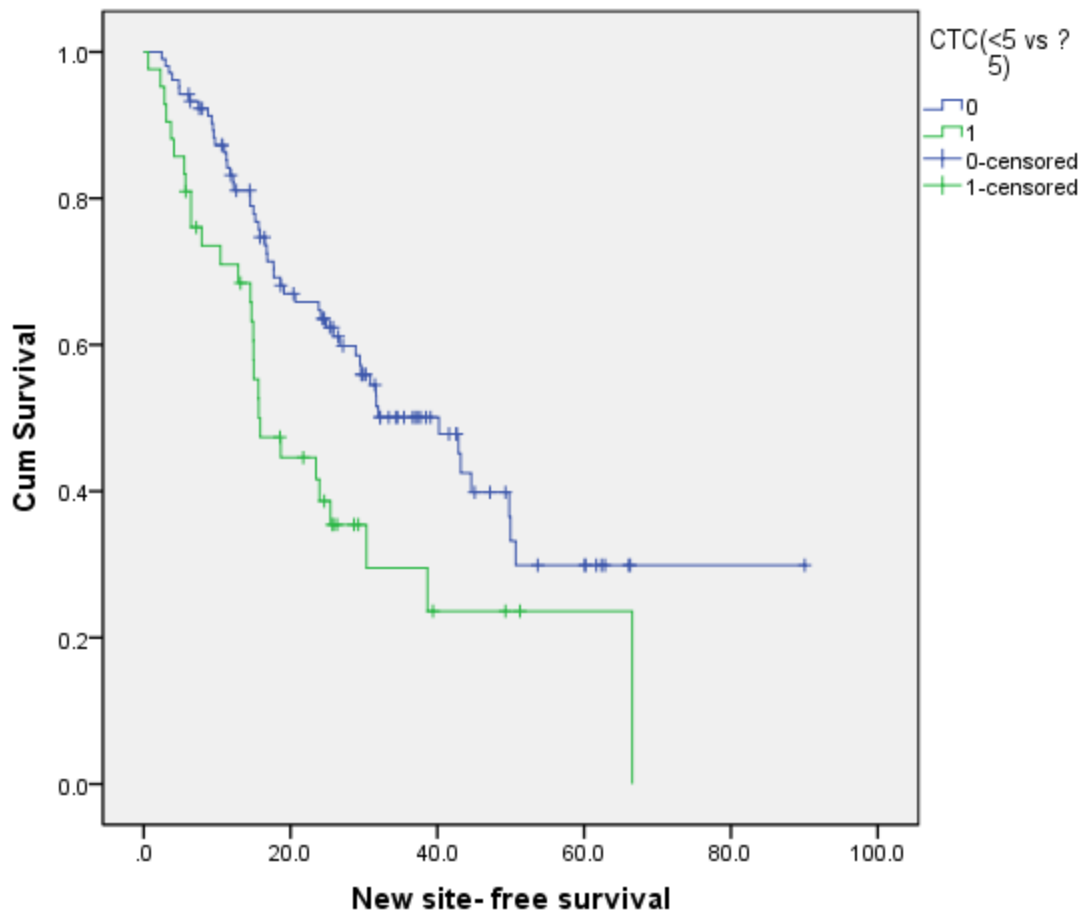
Overall Survival

Group	Median	95% C.I.	Log-rank <i>P</i>
CTC <5	57.9	45.2 to 70.6	0.006
CTC ≥5	40.3	19.8 to 60.8	

Oligometastatic Patients n= 146

Time To New metastatic Sites (TTNS)

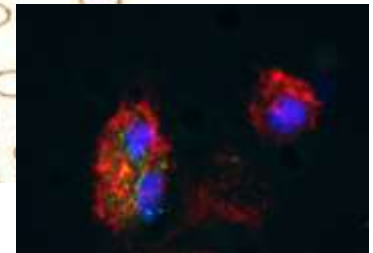
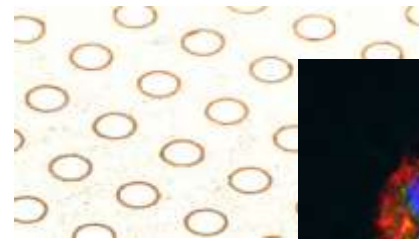
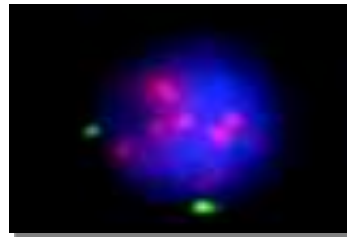
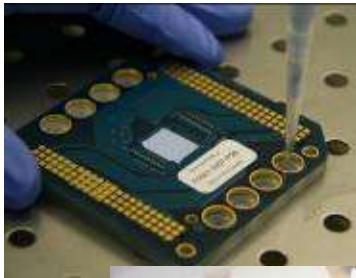
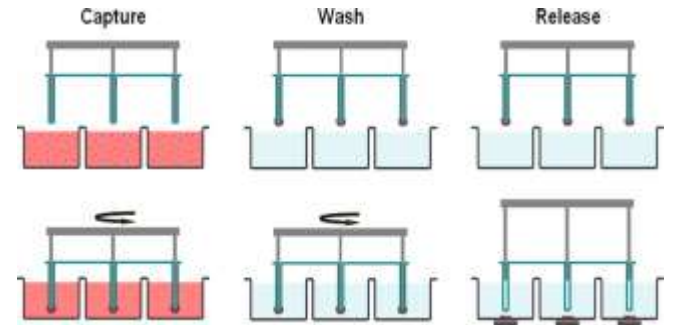
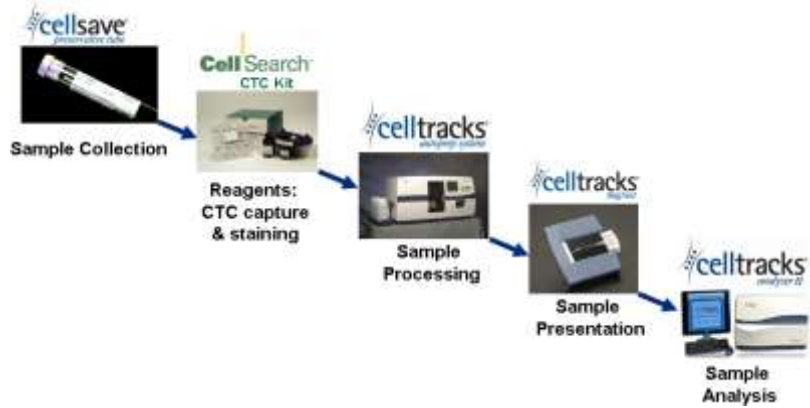
Survival Functions



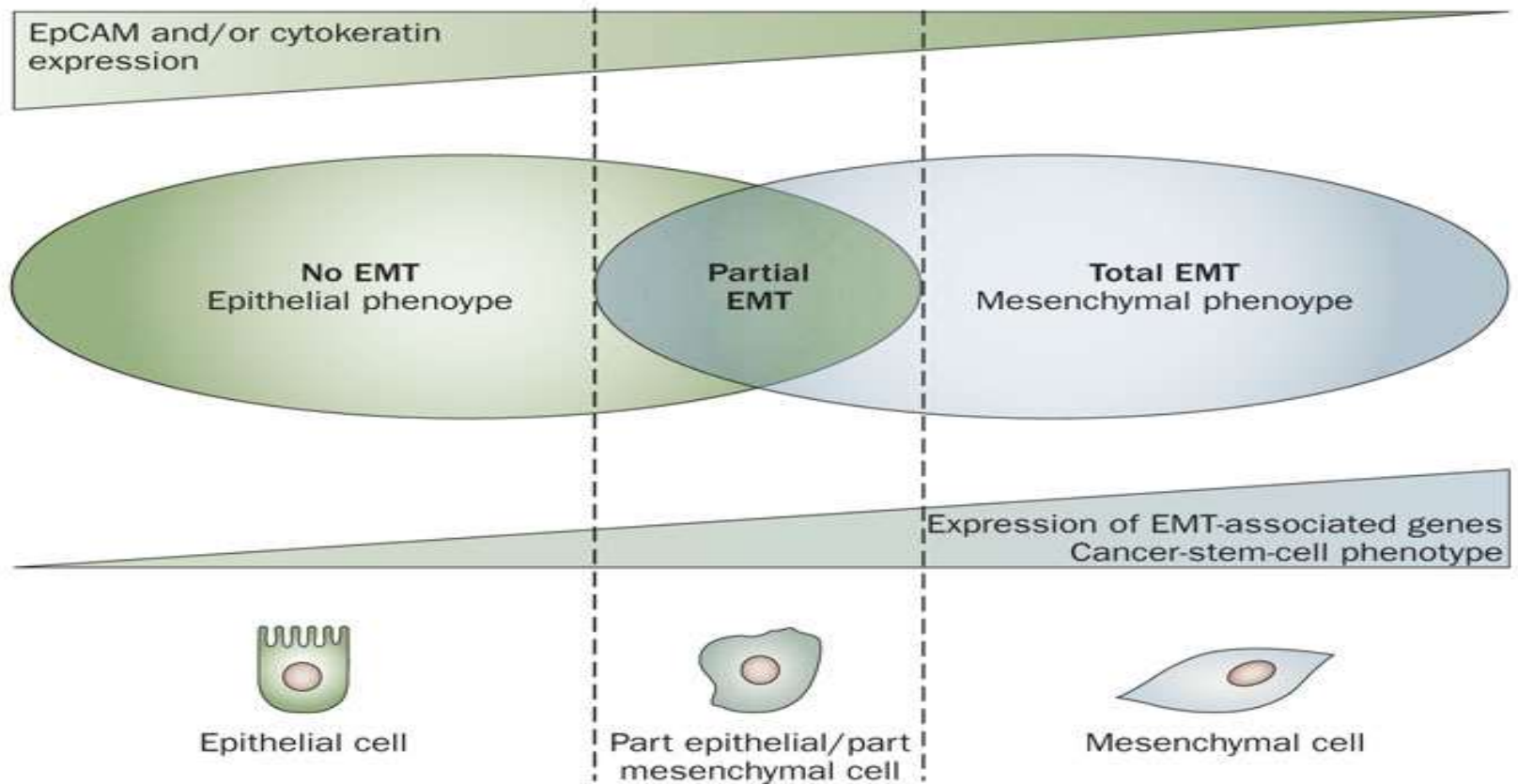
Comparison of Survival Curves	
<i>Log-rank (Mantel-Cox) Test</i>	
Chi square	7.875
df	1
P value	0.005
<i>P value summary</i>	***
Are the survival curves sig different?	Yes
Median survival (months)	
CTC<5	40.230
CTC>=5	15.888

CTCs and stem cells/EMT

Molecular Characterization



Heterogeneity of CTC



Mego, M., Mani S. A. & Cristofanilli, M. (2010), *Nat. Rev. Clin. Oncol.*

Detection methods for EMT

EMT

- Filtration systems (CellSieve™, ScreenCell)

Partial EMT

- Microfluidic (CTCs-Chip, Liquid Biopsy)
- Immunomagnetic (CellSearch™, Alere)

No EMT

- Immunomagnetic
- RT-PCR
- Flow-cytometry

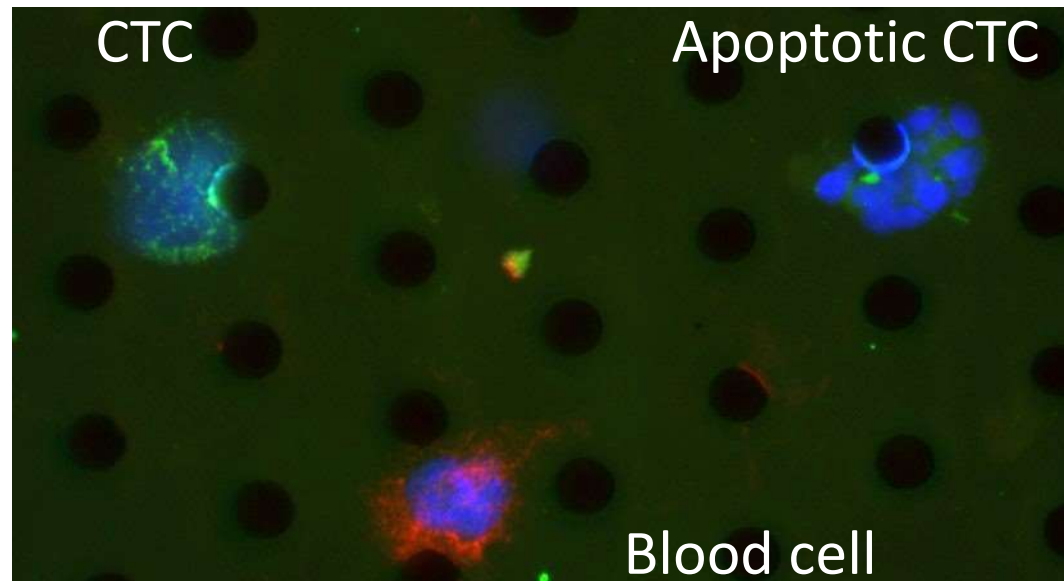
CellSieve™ Assay

■ Enumeration assay protocol

- Filtration of 7.5 ml whole blood in 90 sec
- Fixation, permeabilization & staining
- Mount on slide for cell counting

■ Staining

- Nucleus (blue)
- CK 8, 18, 19 (green)
- EpCAM (orange)
- CD45 (red)

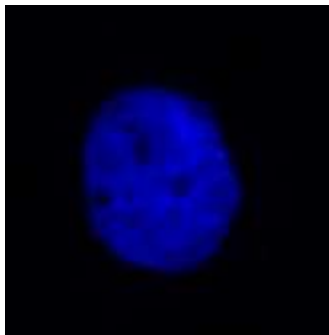


Patient Sample

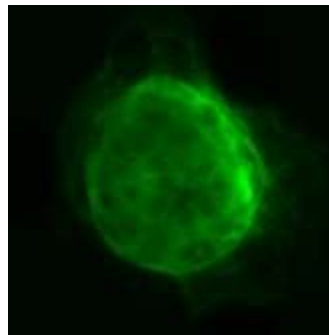
- Stage IV breast cancer patient

	CellSieve™		CellSearch®
	EpCAM (-)	EpCAM (+)	
CTC Count	16	1	1

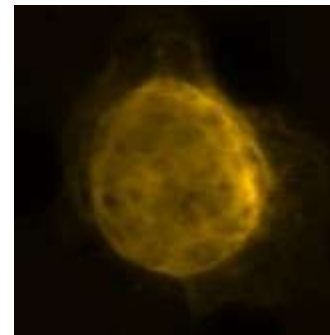
Many CTCs don't express EpCAM



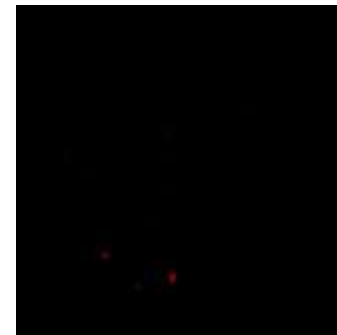
Nucleus



CK 8, 18, 19



EpCAM



CD45

Biomarkers in EpCAM - cells

Detection of HER2/neu Status in CellSieve™ Filter-Captured Cells via FISH in Pt. R-S

HER2/CEP17=2/2

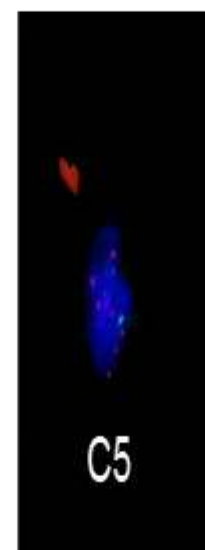
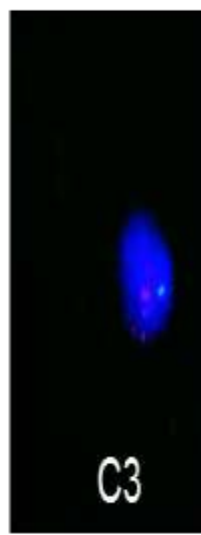
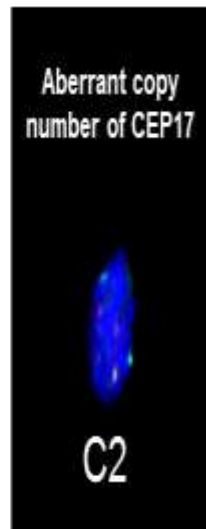
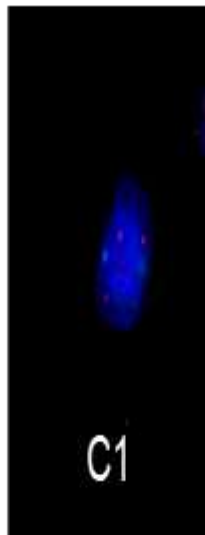
HER2/CEP17=3/1

HER2/CEP17=4/4

HER2/CEP17=5/1

HER2/CEP17=4/2

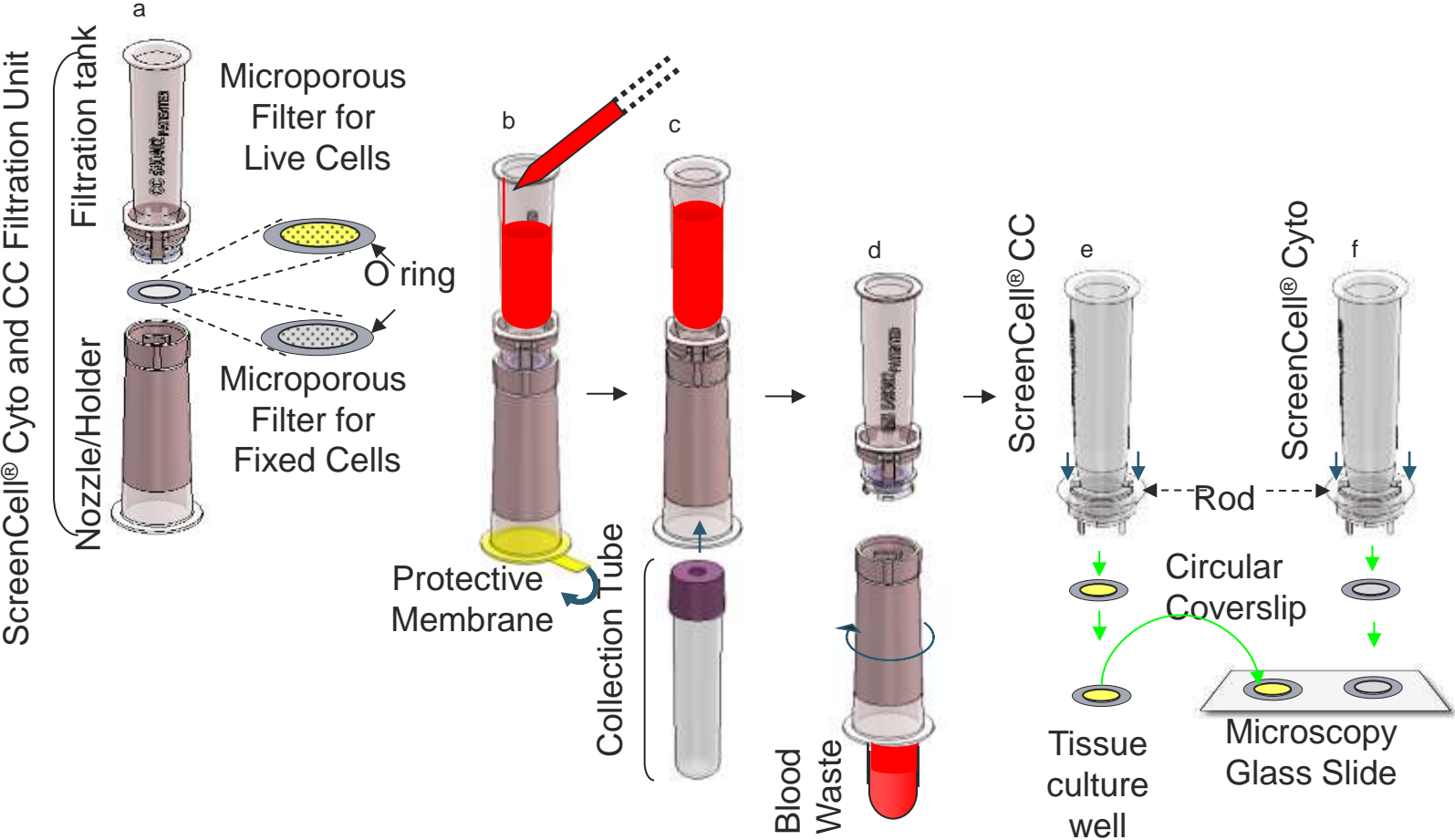
HER2/CEP17=8/1



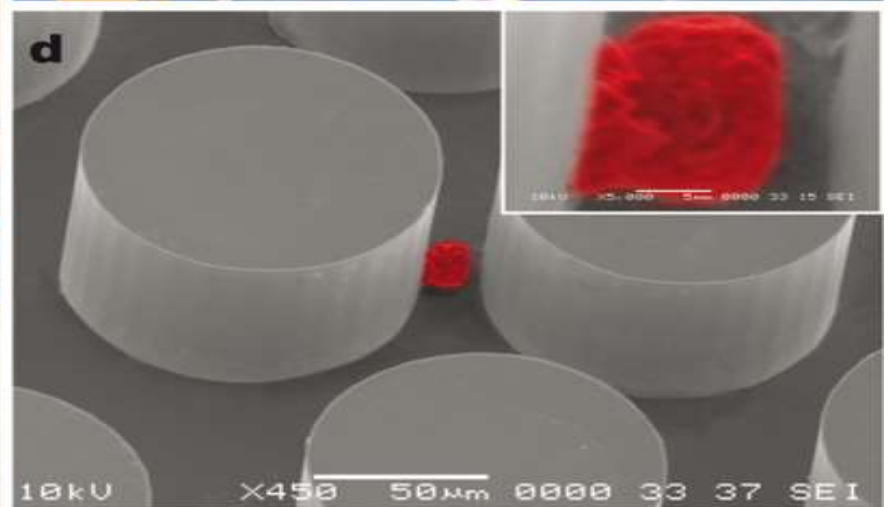
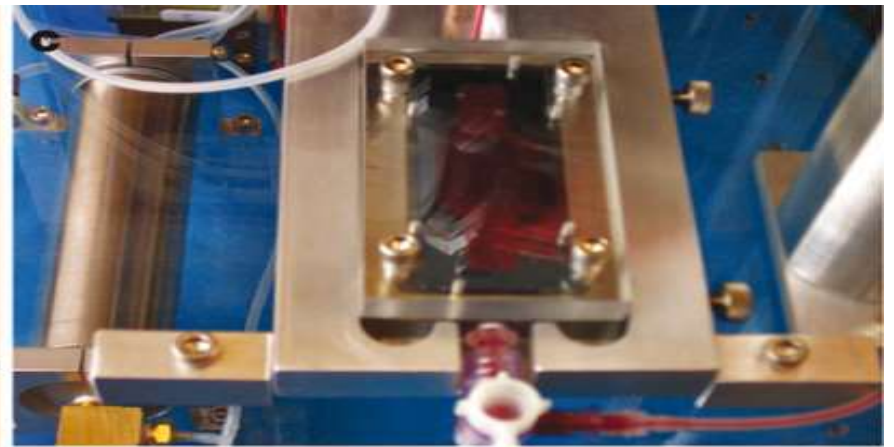
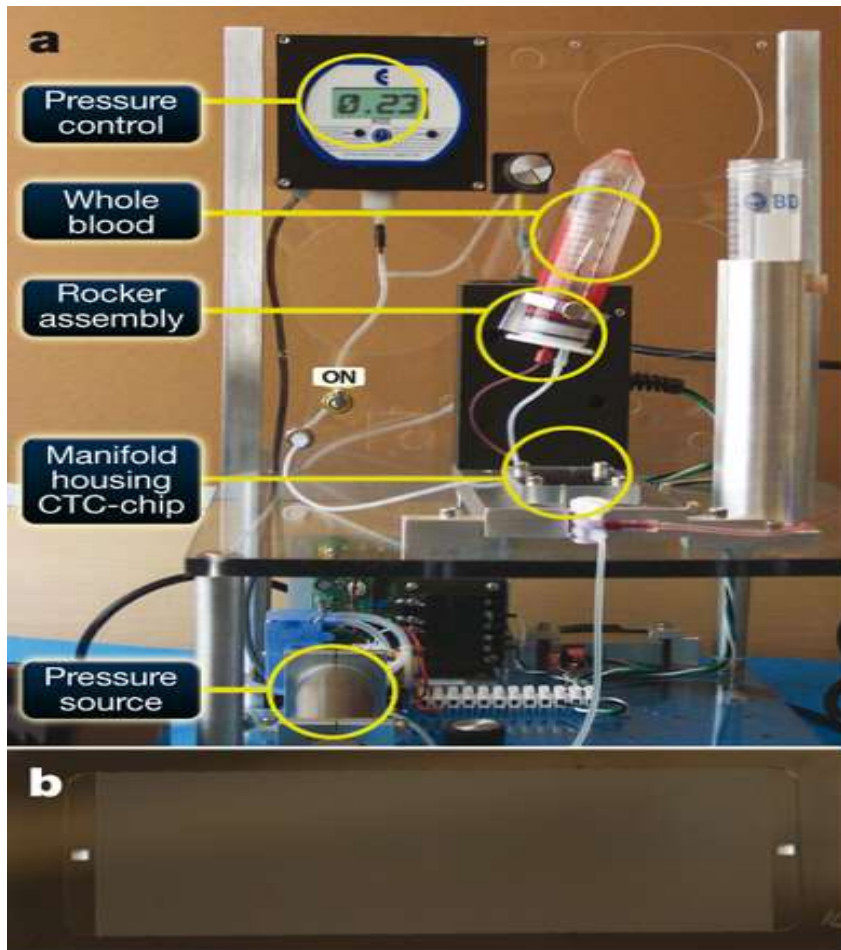
Average ratio
in 5 unusual
cells

HER2/CEP17=
24/9=2.67

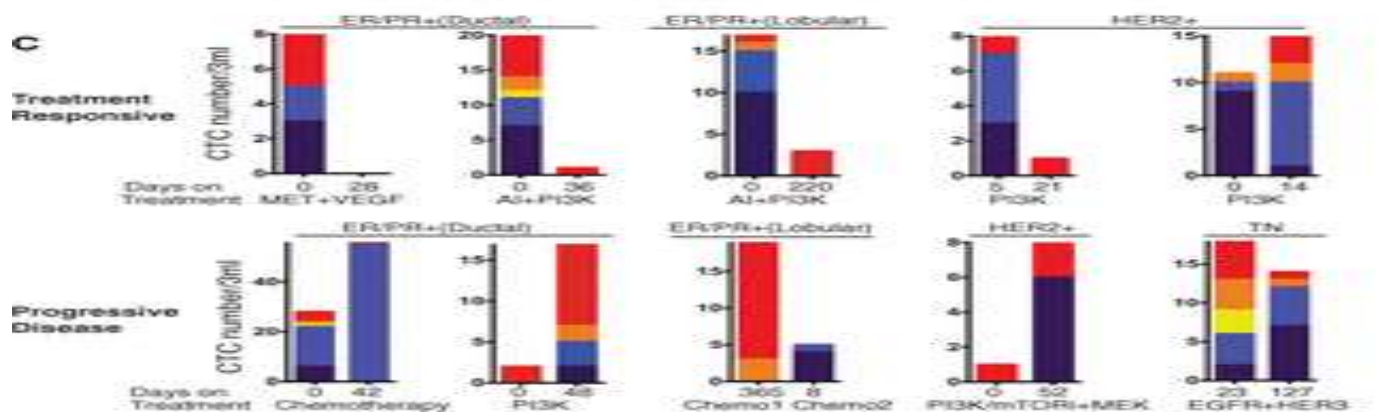
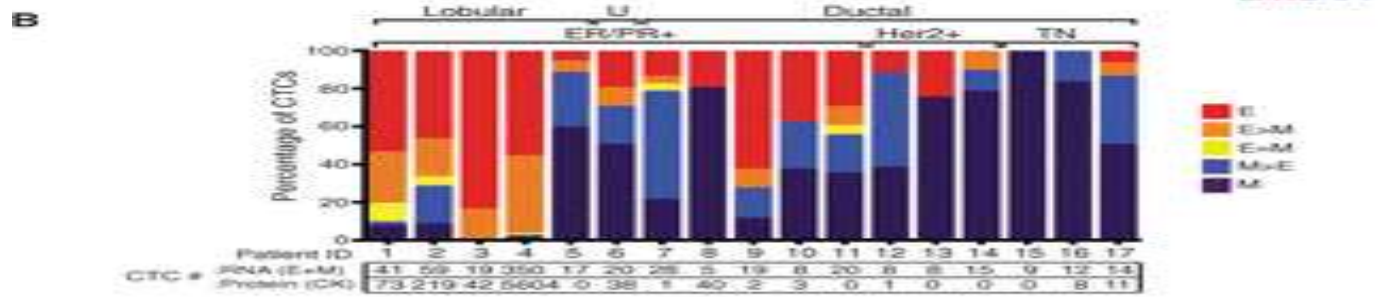
ScreenCell[®] Devices for cytology and Cell Culture



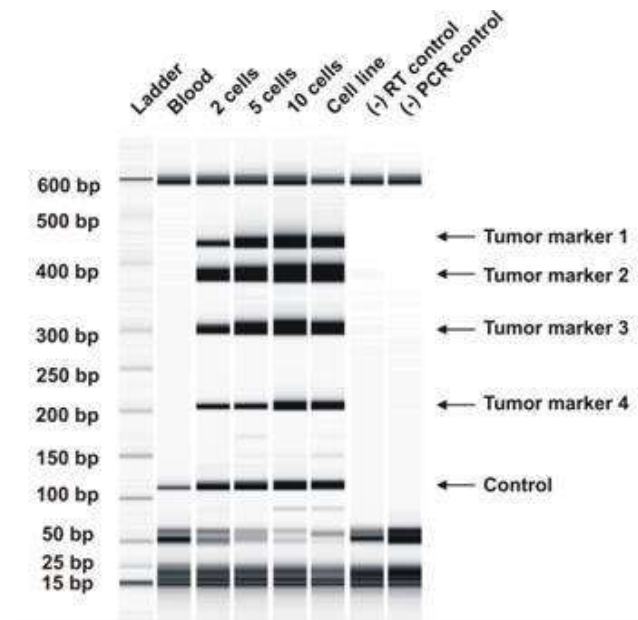
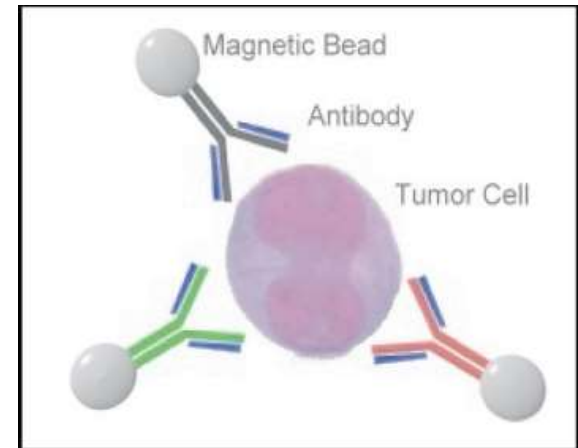
Isolation of rare circulating tumour cells in cancer patients by microchip technology



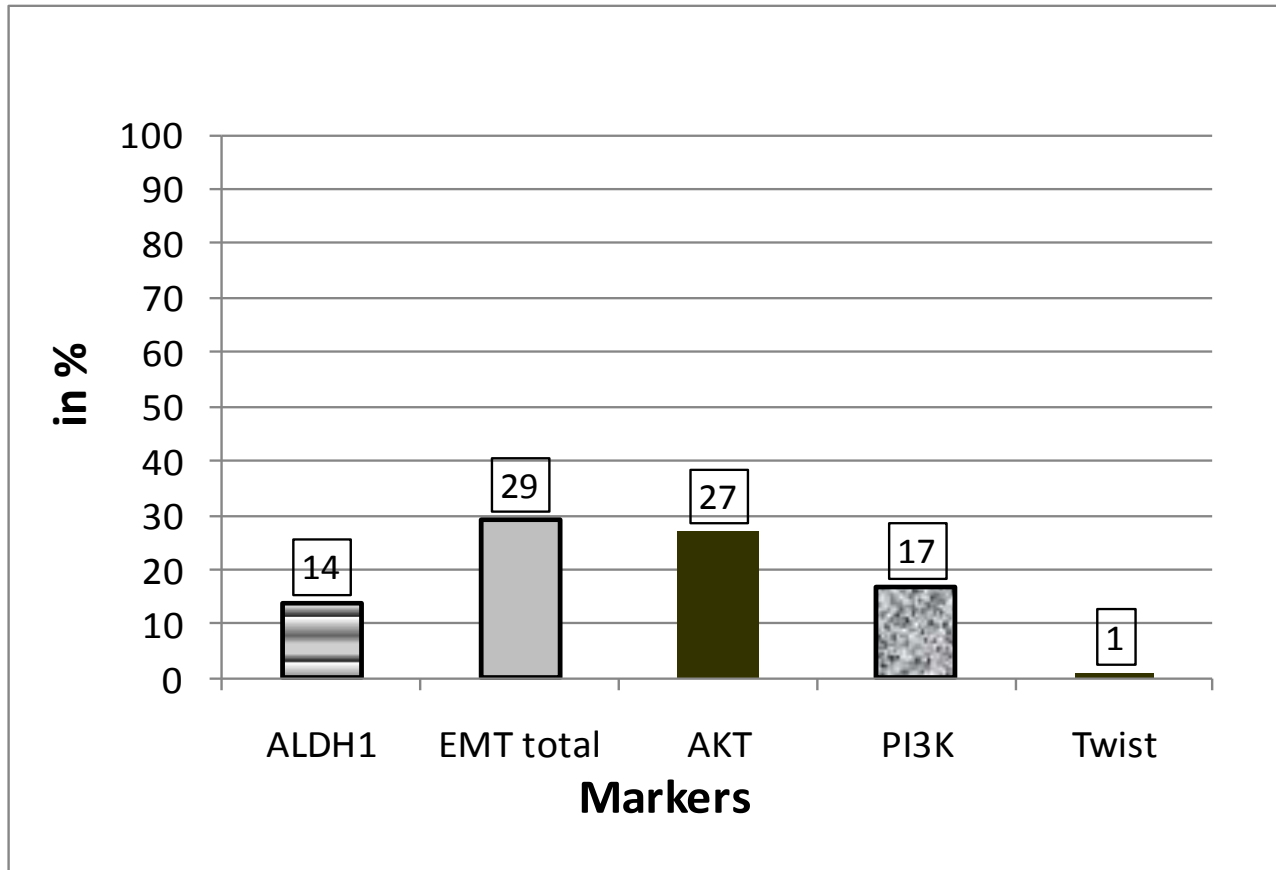
Circulating Breast Tumor Cells Exhibit Dynamic Changes in Epithelial and Mesenchymal Composition



AdnaBreast DetectTest

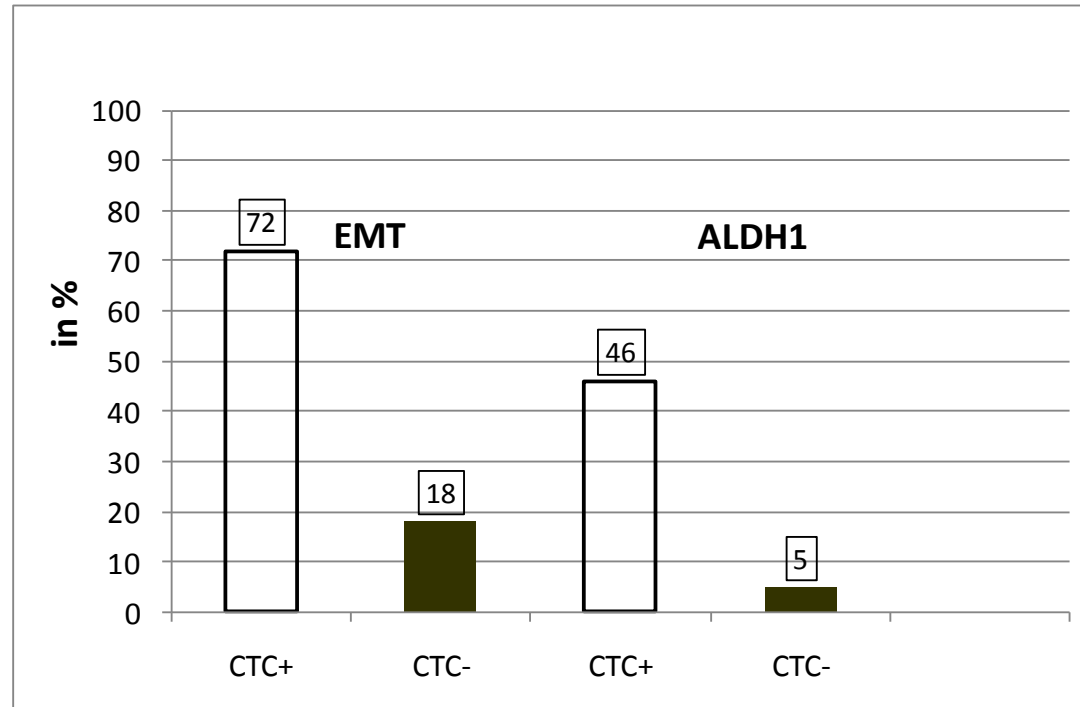


Expression of EMT-markers and ALDH1.



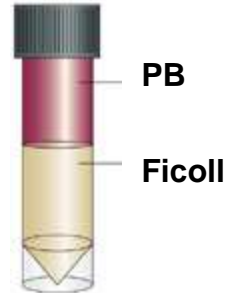
At least one of the EMT markers was expressed in 29% and ALDH1 was present in 14% of the samples, respectively.

Expression of EMT-markers and ALDH1 in CTC+ and CTC- patients



In the CTC+ group, 66 of 92 patients (72%) were positive for at least one of the EMT markers and 42 of 92 patients (46%) were positive for ALDH1, respectively. In the CTC- group, the percentages were 18% (63 of 354 patients) and 5% (19/353 patients).

Detection of CTC with EMT



PBMC

CD326/CD45 selection

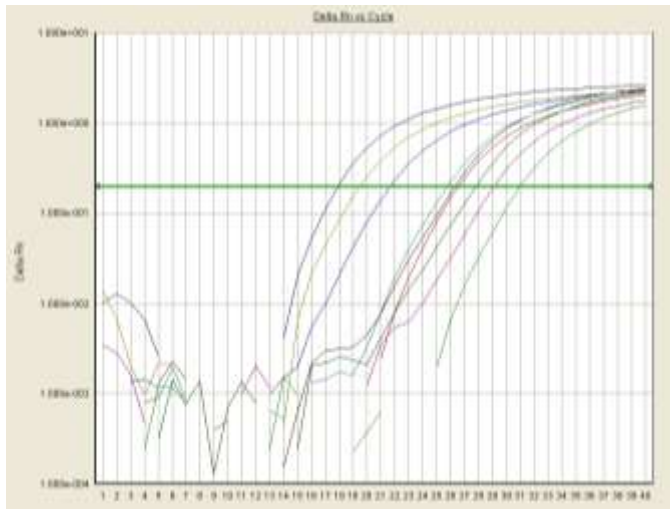
unselected

CD326-
CD45

**CD326-
CD45 -**

RNA isolation, reverse transcription, quantitative RT-PCR for EMT related genes (**TWIST, SNAIL, SLUG, FOXC2, ZEB2**) and EpCAM

Quantitative RT-PCR dissociation curve



Lab Study 2008-0079

To assess CTCs, EMT-CTCs and circulating cancer stem cells in HER2⁺ breast cancer patients to identify potential targets

Characteristics	N	%
Overall	30	100
HER2+	28	93.3
HER2-	2	6.7
ER/PR+	17	56.7
ER/PR-	13	43.3
1 st line	10	33.3
≥ 2 nd line	20	66.7
>30x10 ⁶ PBMCs	17	56.7
<30x10 ⁶ PBMCs	13	43.3
CTCs <5 (CTC 0)	19 (13)	63.3 (43.3)
CTCs ≥5	4	13.4
CellSearch not performed	7	23.3

Cell Fraction Analyses

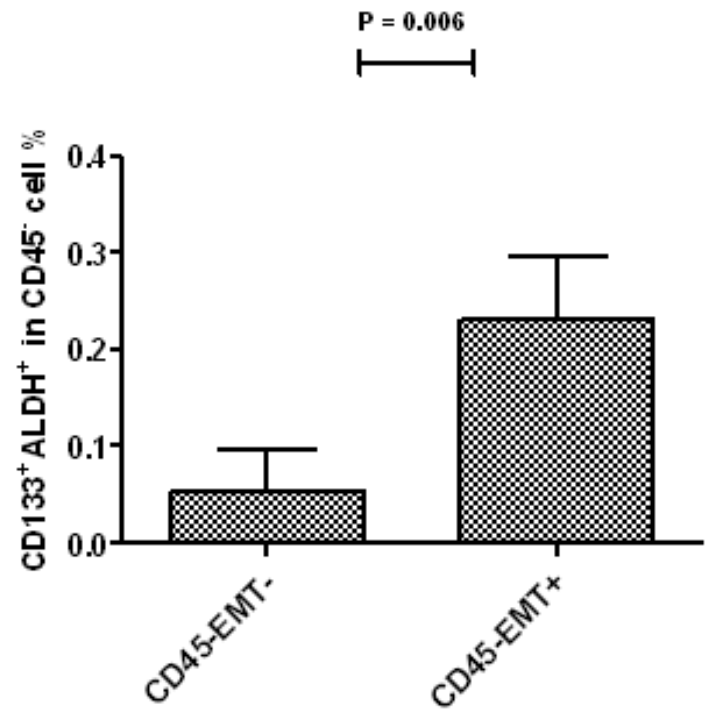
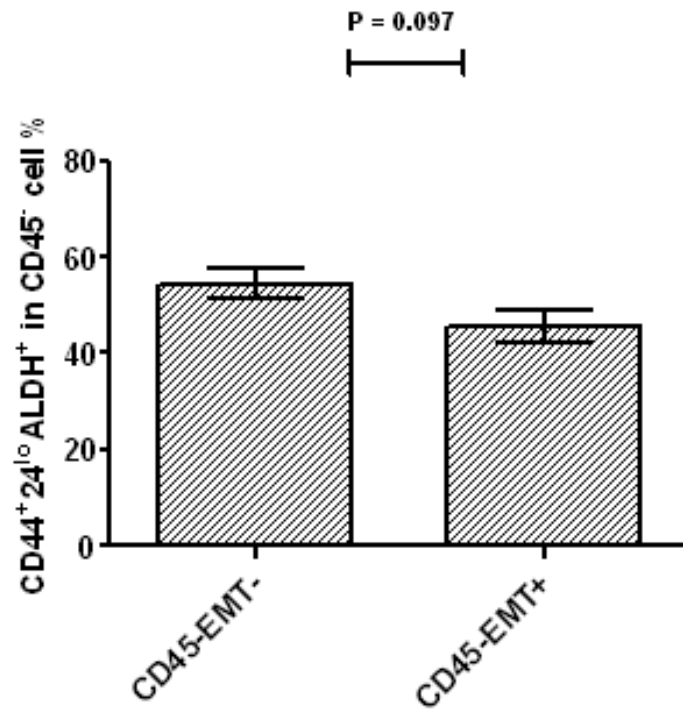
EpCAM+
CTCs

CD45+
WBC

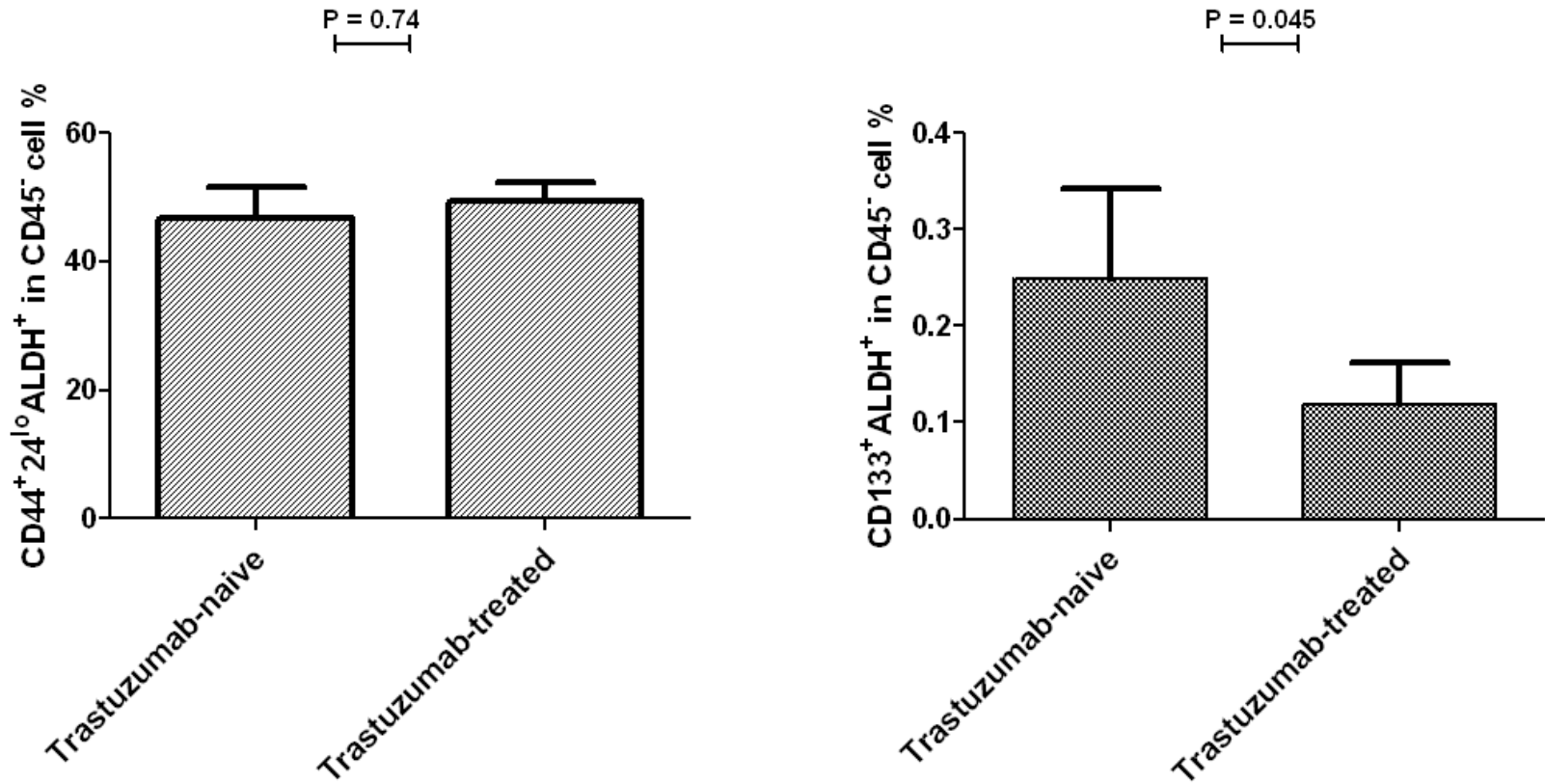
CD326-/CD45-
EMT-CTCs

- EMT-Transcription factors (EMT-TF) Gene expression analysis by RT-qPCR (Mego, Reuben 2011)
 - TWIST1, SNAIL1, Slug, ZEB1, FOXC2, TG2 (GAPDH)
- Stem cell markers by FACS (Reuben et al., 2011)
 - ALDH activity (Aldefluor)
 - CD44, CD24, CD133
 - CD326, CD45

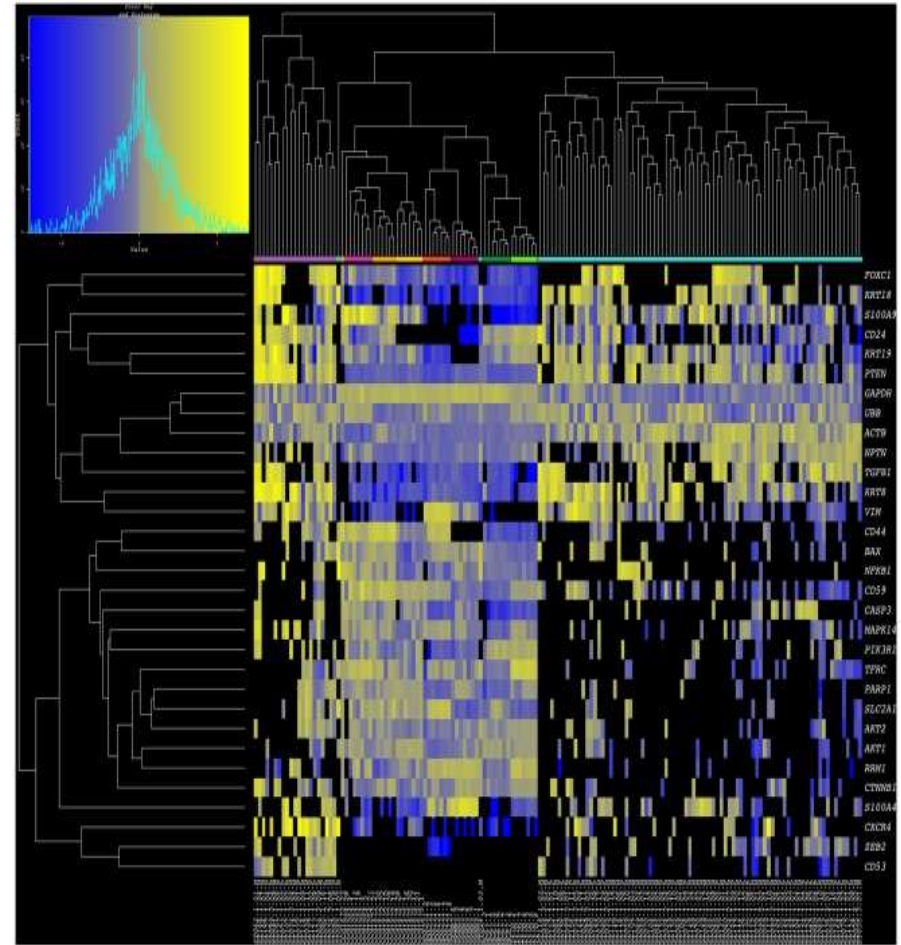
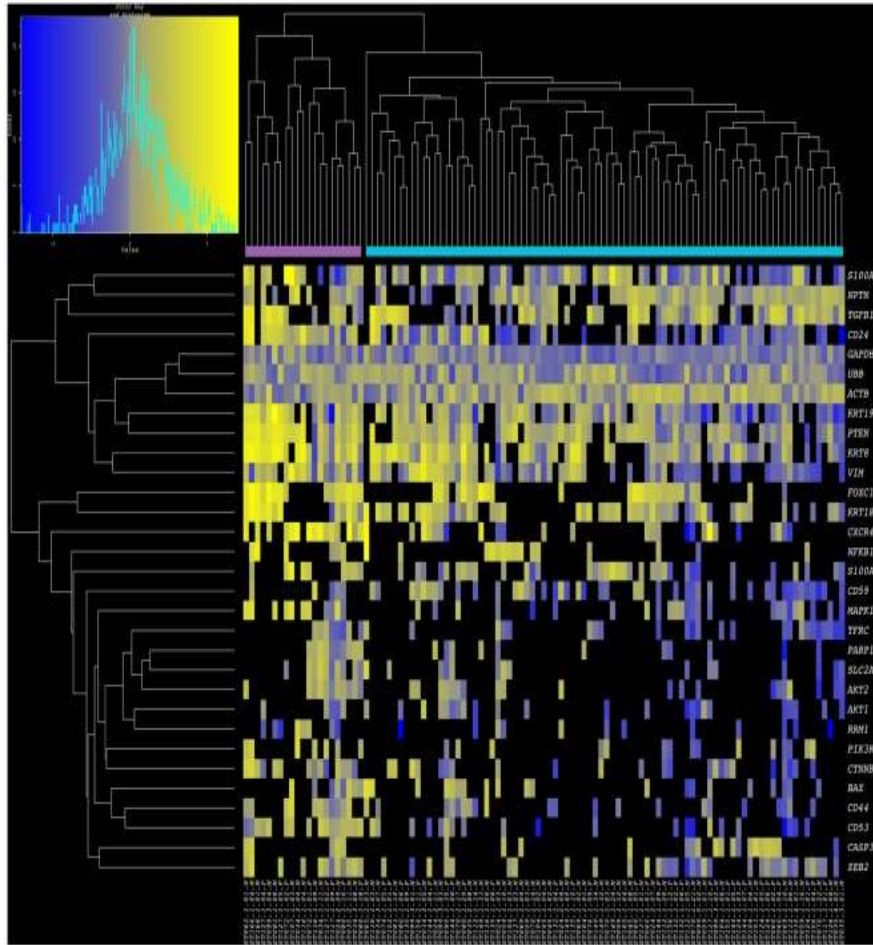
CD45⁻ EMT-CTCs are ALDH⁺ CD133⁺ CSCs and Not ALDH⁺ CD44⁺CD24⁻ CSCs



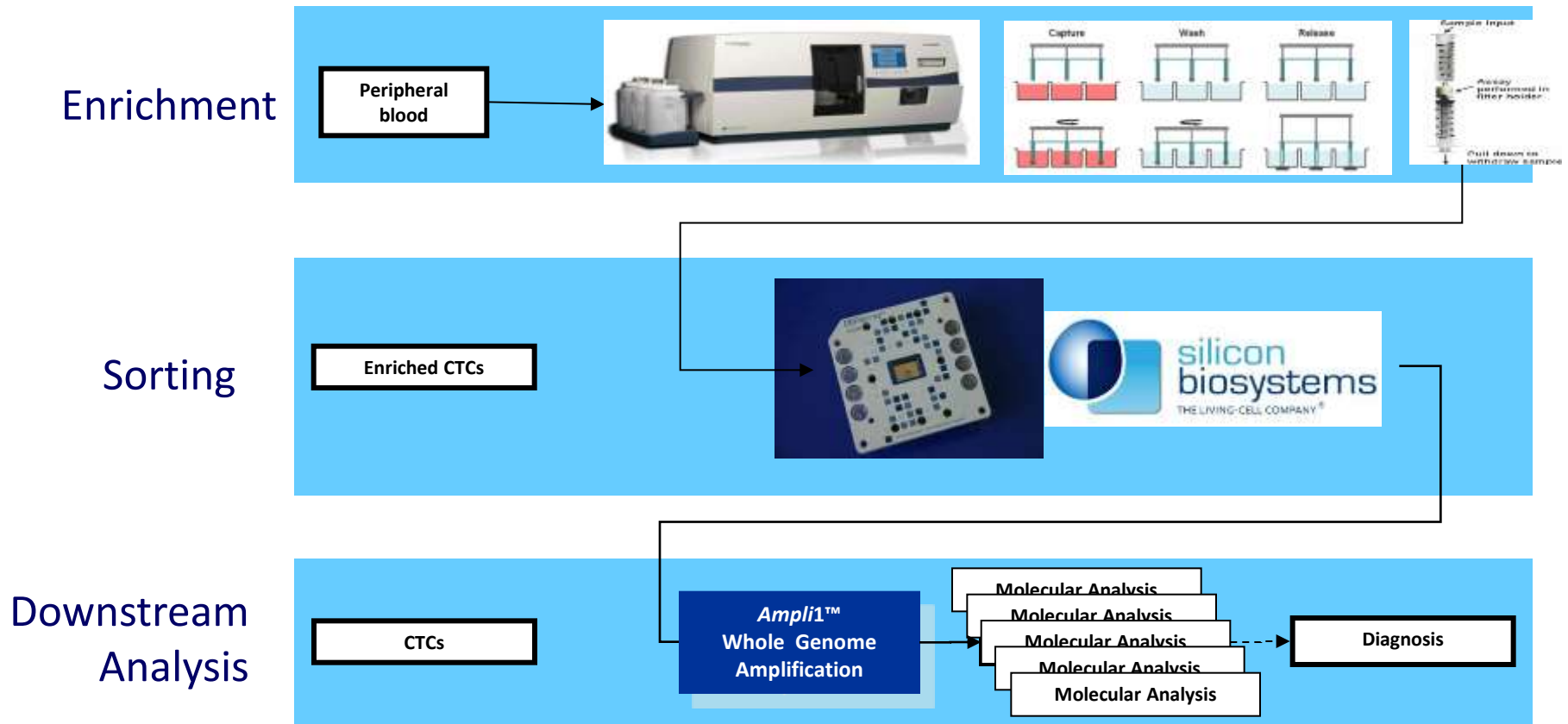
Treatment Naïve HER2+ patients have more ALDH+ CD133+ CSC than CD44+ CD24- CSCs



Single cell profiling of circulating tumor cells: transcriptional heterogeneity and diversity from breast cancer cell lines



DEPArray Delivers Pure Single Tumor Cells from CellSearch™ or Another Sample Enrichment



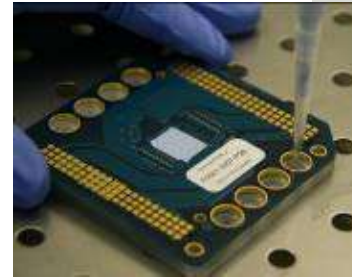
DEPArray- Samples Processing Flow



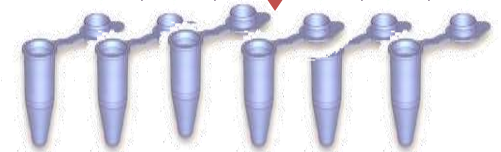
Cartridge



The sample is extracted from the cartridge and washed twice in SB manipulation buffer



The sample is loaded into DEPArray™



Singles CTCs are recovered in different tubes



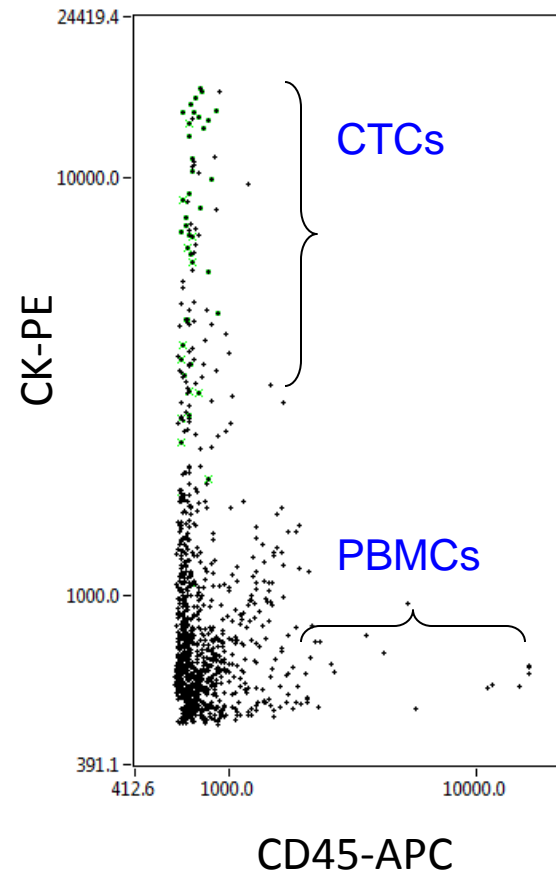
Ampli1™ Whole Genome Amplification



Downstream Molecular Analysis

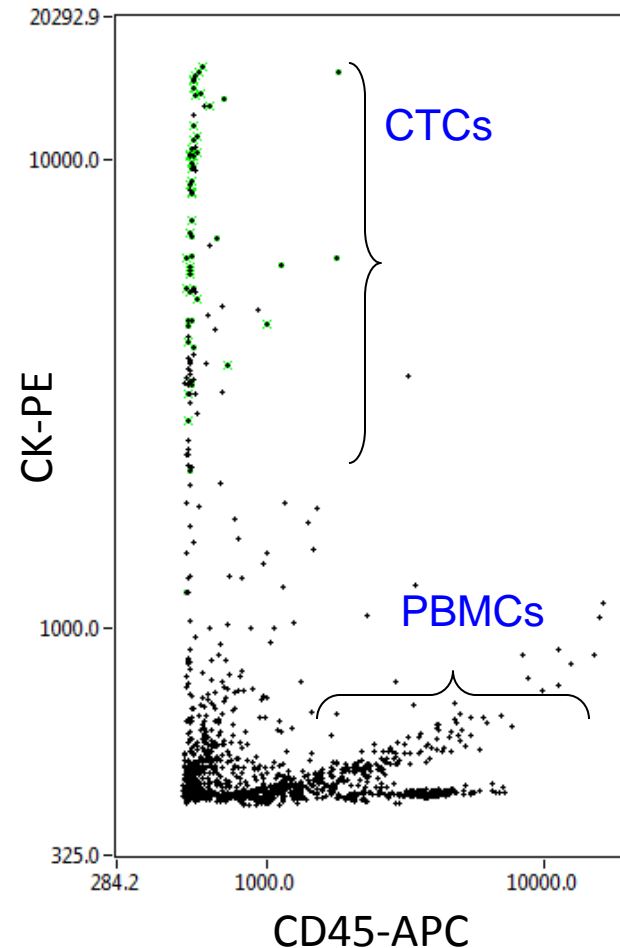
Fluorescently-Labeled CR-009 Cells on DEPArray Scatter Plot

- Sample was enriched for CTCs using the Veridex Cell Search™ system.
- Sample was found to have 432 CTCs:
 - 251 Her2/Neu + (59%)
 - 181 Her2/Neu – (41%)
- Her2/Neu positive and negative cells were recovered using the DEPArray and are being used for genetic analysis.
- PBMCs were recovered using the DEPArray and will be used as controls for mutational studies.



Fluorescently-Labeled KMO-015 Cells on DEPArray Scatter Plot

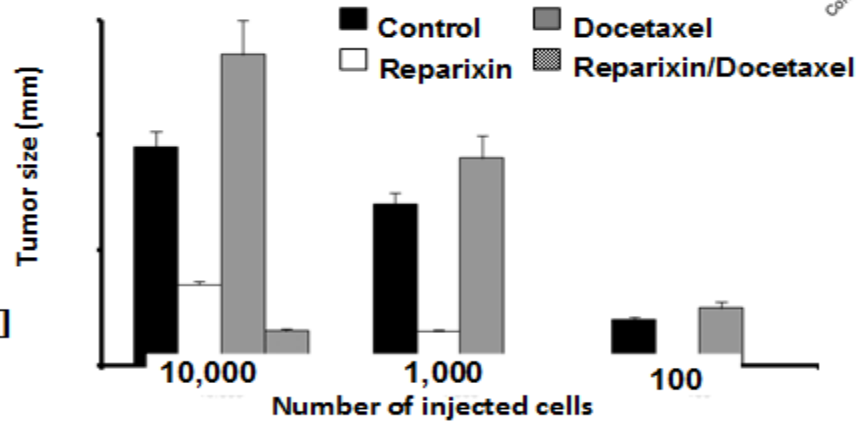
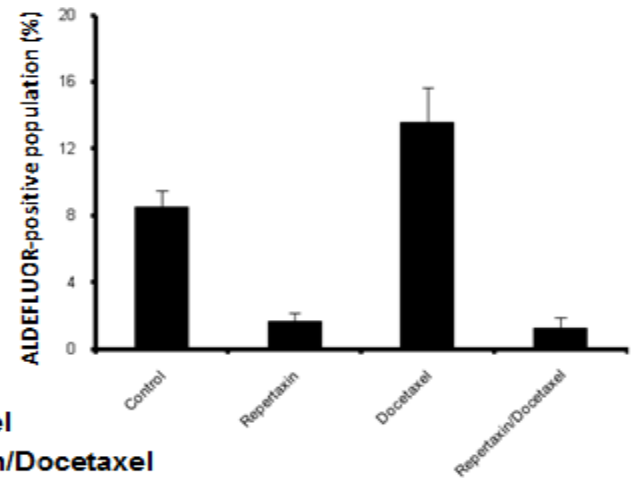
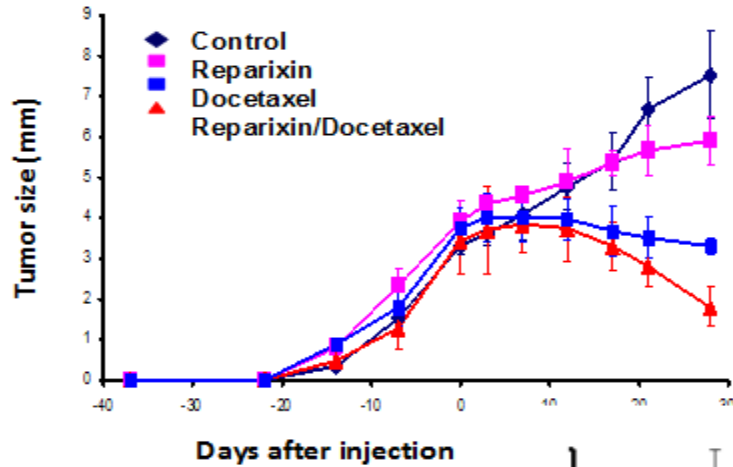
- CTCs in peripheral blood were enriched using the Veridex CellSearch™ system.
- Sample was found to have 175 CTCs:
50 Her2/Neu +
125 Her2/Neu –
- Her2/Neu positive and negative cells were recovered using the DEPArray and are being used for genetic analysis.
- PBMCs were recovered using the DEPArray and will be used as controls for mutational studies.



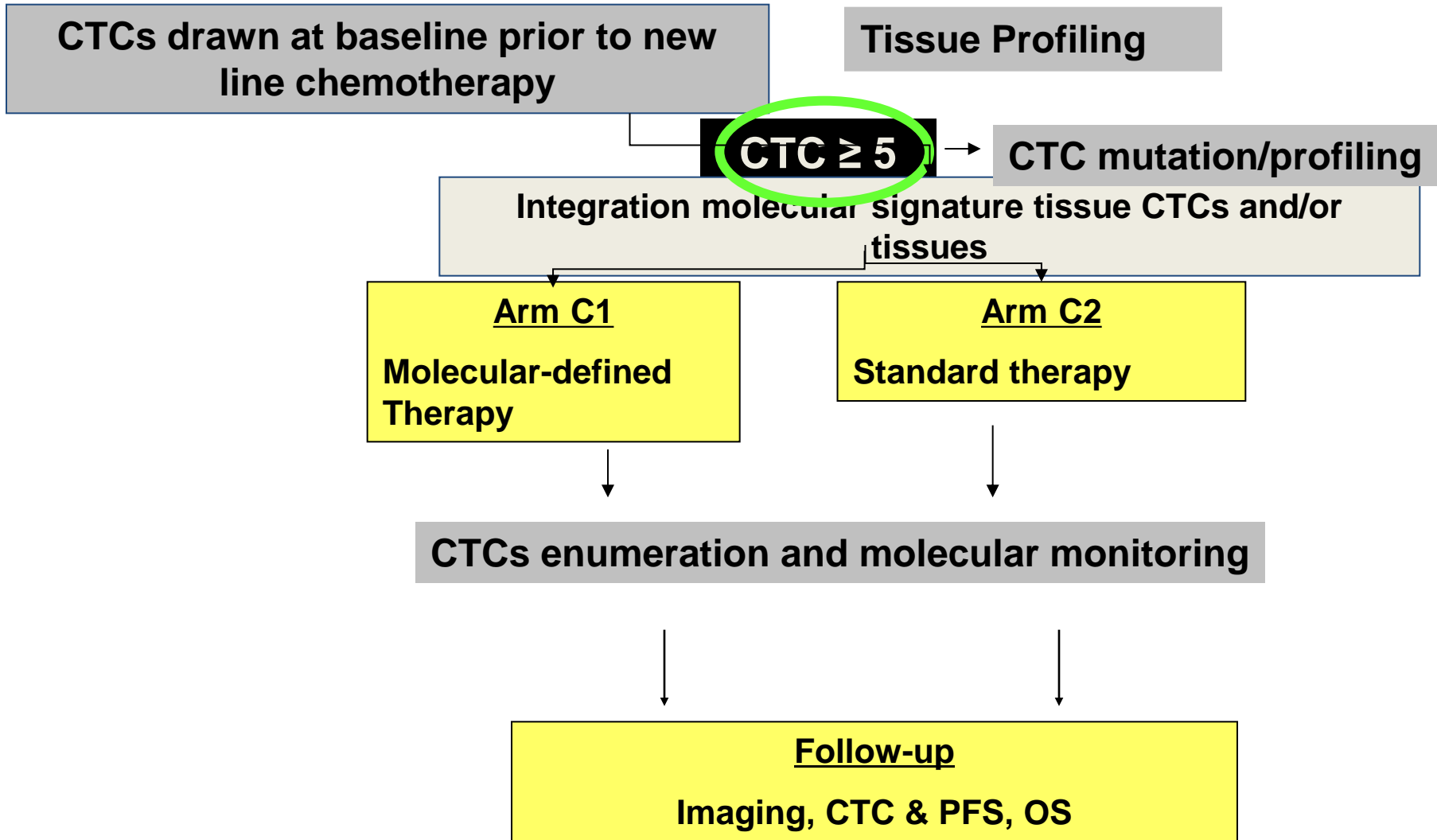
CTC and CSCs-directed therapies

CXCR1 and Cancer Stem Cells

Reparixin Targets CSCs



[Ginestier, JCI 2010]



Blood-based monitoring in advanced malignancies

- CTCs
 - Prognostic and predictive value of enumeration (breast, prostate, colon)
 - Biomarkers expression (ER, PR, HER-2)/Genomics
 - Heterogeneity and EMT
 - Treatment resistance and stem cells
 - **Detection dependent on enrichment methods**
- ctDNA
 - identification of specific tumor-related mutations (e.g. TP53, PI3KCA, KRAS)
 - Monitoring of tumor load (response)
 - **Detected in all patients**

Conclusions

The Liquid Phase of Solid Tumors

- What to detect ?
 - **CTCs, cfDNA and ctDNA**
 - **Prognostic and predictive value**
 - **Tumor heterogeneity and single mutations**
- How to measure ?
 - CellSearch™, Microfluidics, label-free (filtration systems)
 - DNA extraction from plasma followed by sequencing (e.g. digital PCR confirmed by Sanger sequencing; Safe-SeqS)
- When to measure ?
 - Baseline and monitoring in advanced solid tumors
- Why to use it ?
 - *real time* monitoring of advanced disease

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