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Hamburg-Eppendorf

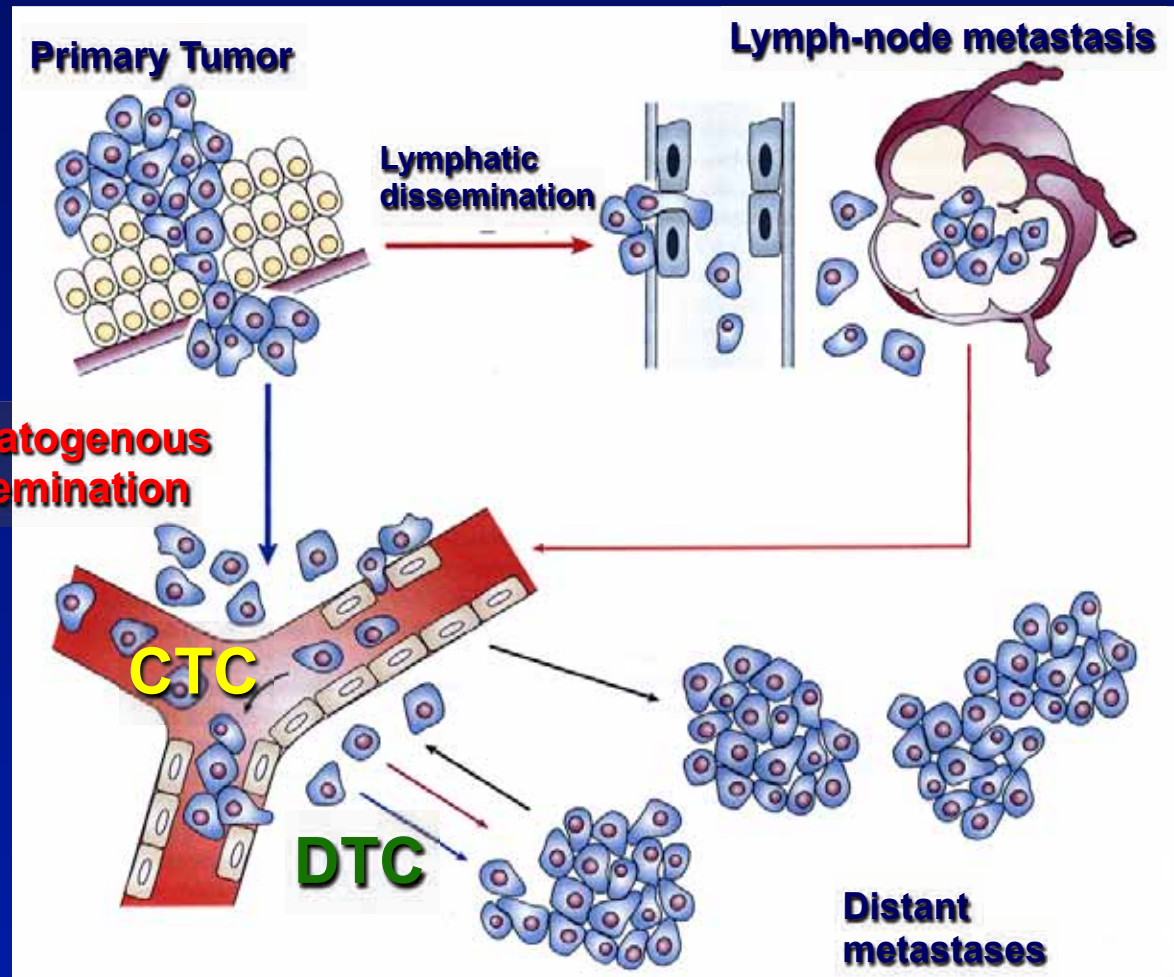
Institute for Tumor Biology
Professor Klaus Pantel

CTC-DTC Research: State of the Art & Perspectives





Tumor Cell Dissemination Key Step in Tumor Progression



Izbicki/Pantel *et al.*,
NEJM, 1997
De Boer *et al.*,
NEJM, 2009

Detection of CTC in the peripheral blood

September 2013:

>400 registered clinical trials with CTC as biomarkers

> 13,000 publications in PubMed

Advantages over DTC detection:

- Less invasive than BM sampling**
- Pool of DTC from multiple distant sites**

ISMRC 2013, Paris: Scientific Sessions

- **Metastasis biology**
- **Novel CTC assays**
- **CTC in clinical studies**
- **Molecular characterization of CTC**
- **CTC and other circulating markers**

Metastasis Biology

Cancer Cell
Perspective



Tumor Cell Dissemination: Emerging Biological Insights from Animal Models and Cancer Patients

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<http://dx.doi.org/10.1016/j.ccr.2013.04.017>

Tumor cell dissemination and cancer dormancy

(Uhr & Pantel, PNAS 2011)

Experimental findings:

- Reseeding of the primary tumor:

Recirculation of breast cancer cells from the bone marrow to the primary site

(J. Massague's group, Kim et al, Cell 2009)

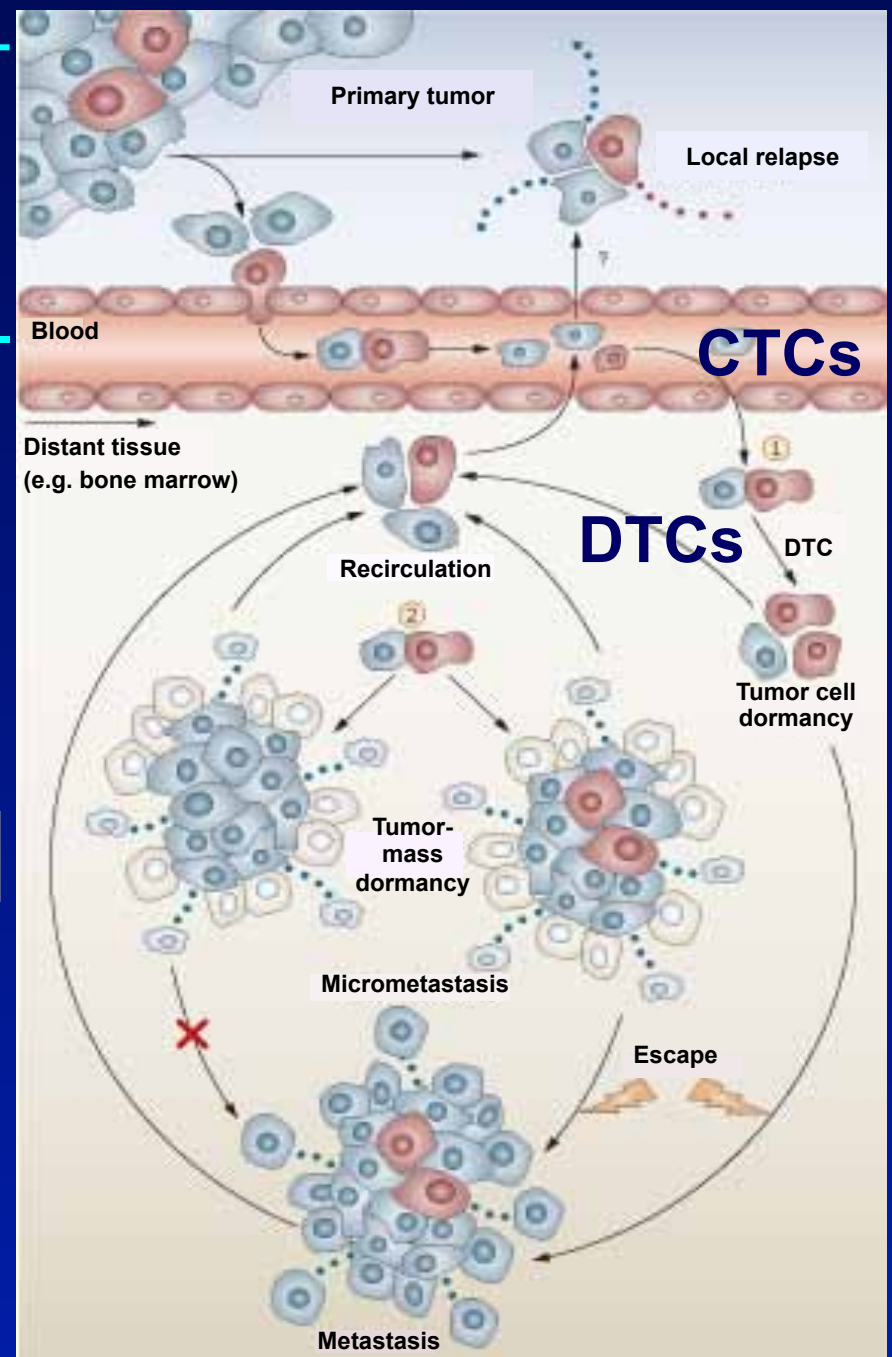
- Escape from dormancy:

VCAM1 promotes osteoclast differentiation & activation & attracts osteoclast progenitors

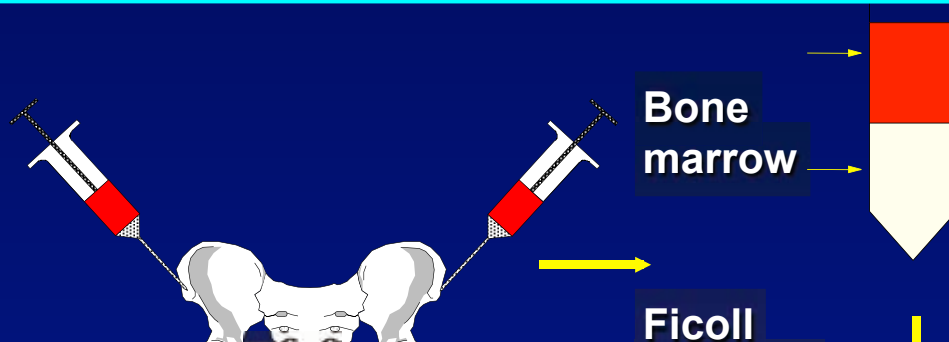
(Y. Kang's group, Lu/Pantel et al Cancer Cell 2011)

Cancer micrometastases

Klaus Pantel, Catherine Alix-Panabières and Sabine Riethdorf



Detection of DTC in bone marrow



Breast Cancer: 199/552 (36%)

(Braun, Pantel *et al.* NEJM, 2000 & 2005)

Prostate Cancer: 86/193 (44.6%)

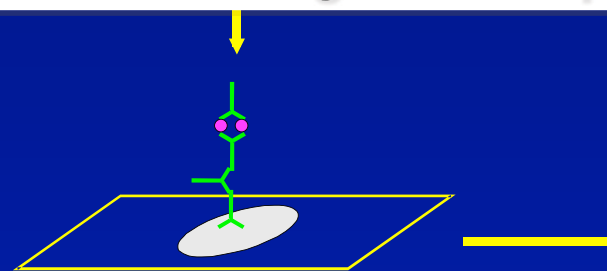
(Koellermann/Pantel *et al.* JCO 2008)

Nonmalignant disease: 2/191 (1%)

- DTC detection correlates with metastatic AND locoregional relapse
 - Most DTC are Ki67- and have CD44+/CD24- phenotype
- DTC detection might be useful for stratification of bone-directed anti-cancer therapies (e.g., bisphosphonates, RANKL Abs)
 - Bisphosphonate treatment reduces DTC counts and prevents metastatic & locoregional relapse

Immunocytochemistry:

Cytokeratin staining
with mAB A45-B/B3



**2 x 10⁶ MNC
per patient**



Cancer Dormancy: Research questions

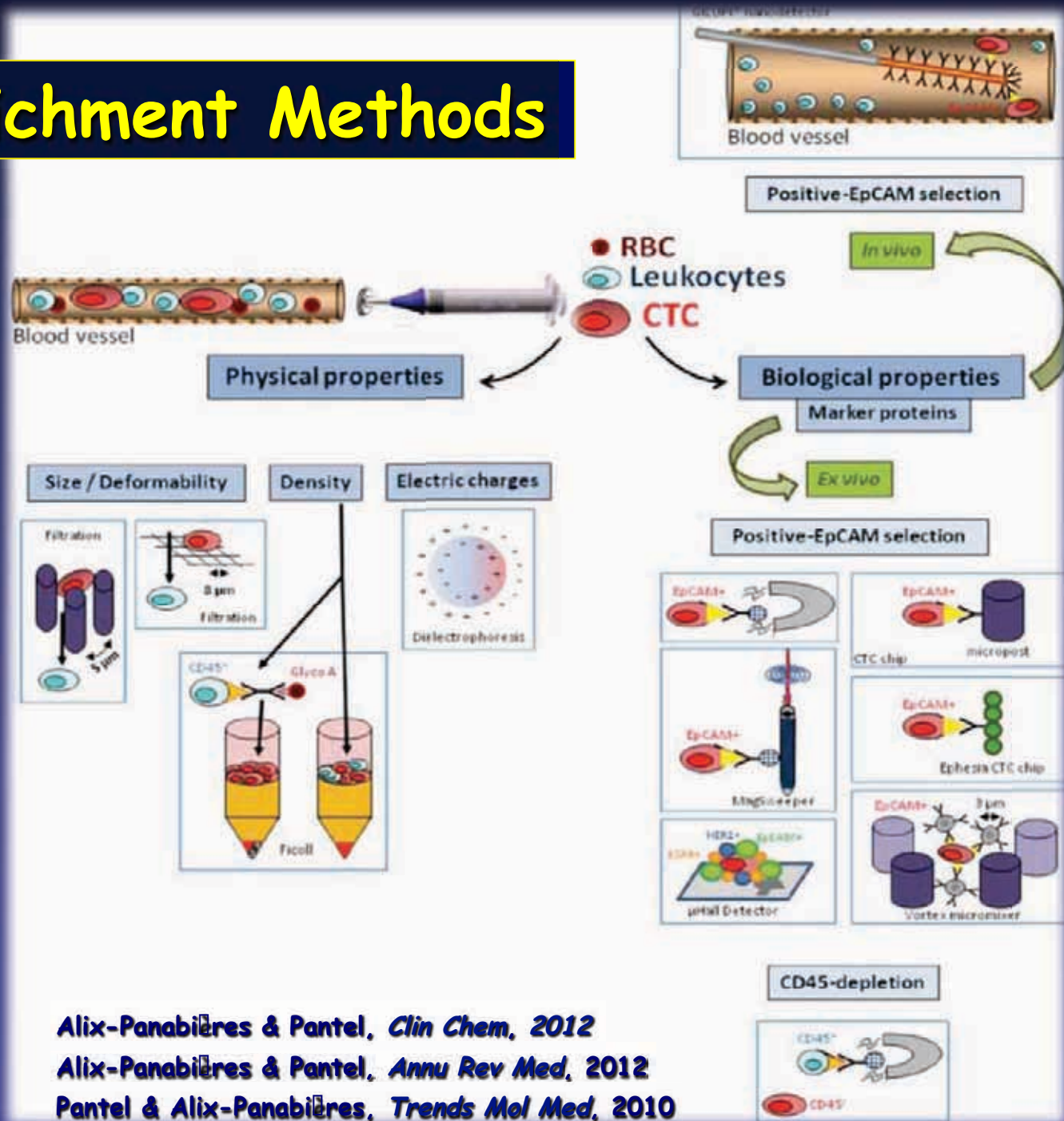
- **Do all cancer patients have dormant tumor cells?**
- **Can host factors induce or break dormancy? Stress? Inflammation?**
- **Are there preferred reservoirs of dormant cells (e.g., bone marrow) ?**
- **Does the immune system play a role in dormancy?**
- **What is the effect of current therapies on dormant cells or dormancy?**
- **What signaling pathways or events reactivate dormant cells?**
- **Do dormant cells have properties of cancer stem cells?**
- **How does genetic background affect dormancy?**

Novel CTC Assays

CTC Enrichment Methods

2013: > 50
different CTC
assays !

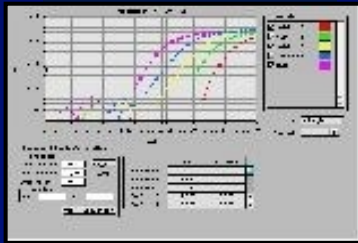
The technical
challenge:
Finding **one**
tumor cell
in $10^6 - 10^8$
normal blood
cells



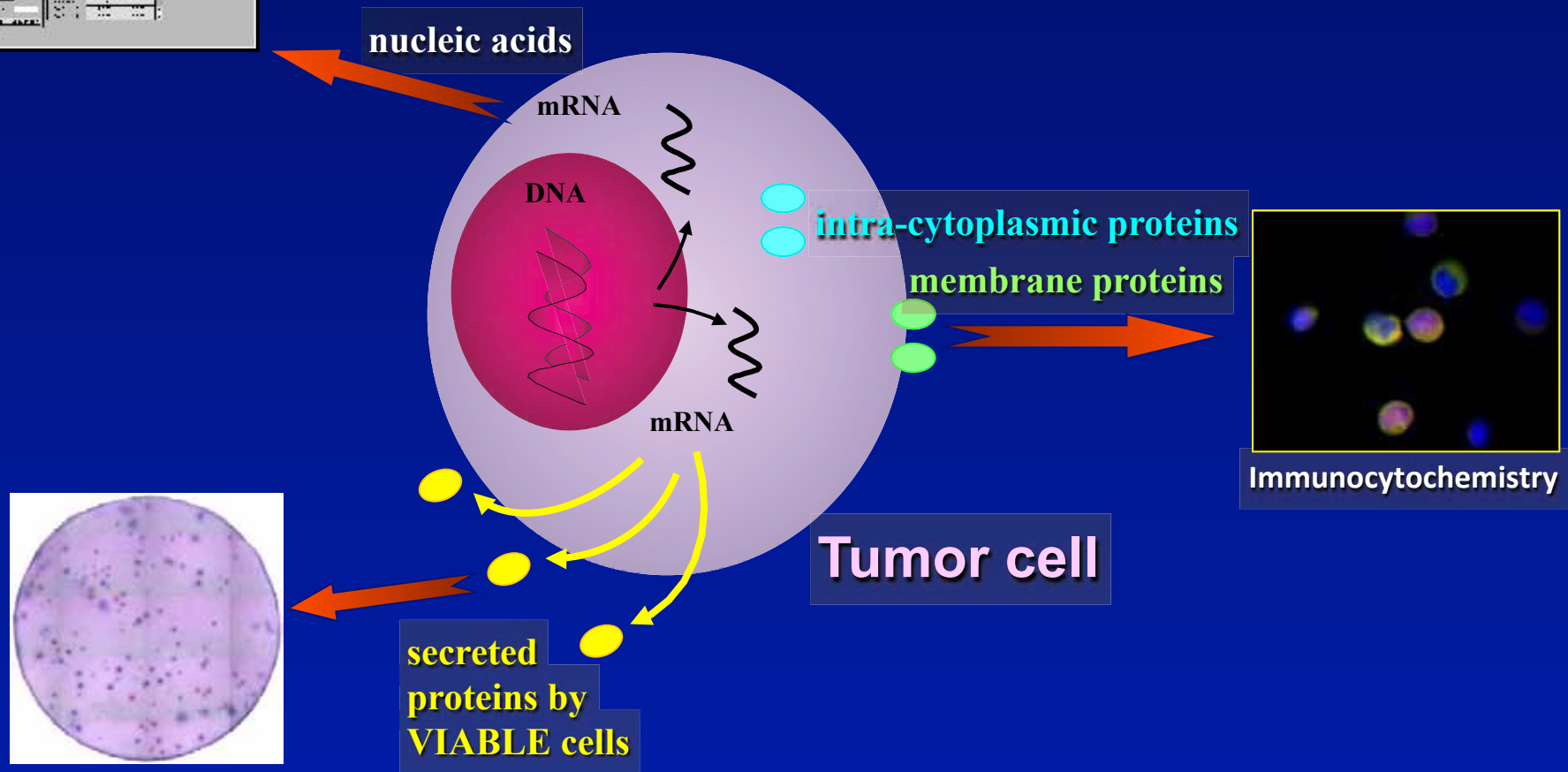
Alix-Panabières & Pantel, *Clin Chem*, 2012
Alix-Panabières & Pantel, *Annu Rev Med*, 2012
Pantel & Alix-Panabières, *Trends Mol Med*, 2010

CTC Identification Methods

Real-time RT-PCR



Cytokeratins as standard CTC markers
BUT differential expression of individual CKs
(Joose/Pantel *et al.*, *Clin Cancer Res* 2012)



EPISPOT assay

Alix-Panabières *et al.*, *Clin Cancer Res*, 2008

**Design of robust automated systems
for reproducible CTC detection**

CellSearch[®] System (FDA-cleared)



MagNest[™]



Enrichment of CTC with anti-EpCAM ferro fluids

Cristofanilli et al., NEJM, 2004
Riethdorf et al., CCR, 2007 & 2010

DeBono et al, CCR, 2008

Cohen et al, JCO, 2008

Krebs et al, JCO, 2012



CellTracks[®] Analyzer II
w/ Linux operating system

CellSearch™ System: Images of Tumor Cells

Cytoplasm

Nucleus

Cell Membrane Composite

CK-PE
pos

DAPI
pos

CD45-APC
neg

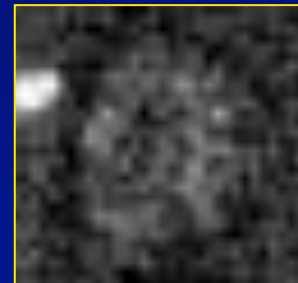
Tumor Cell



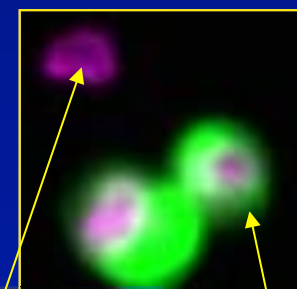
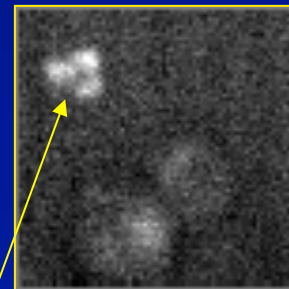
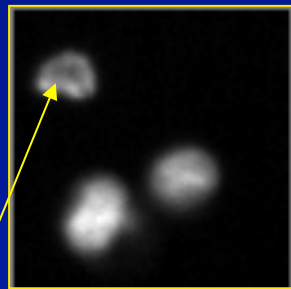
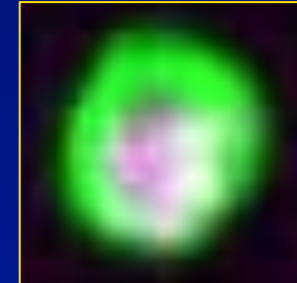
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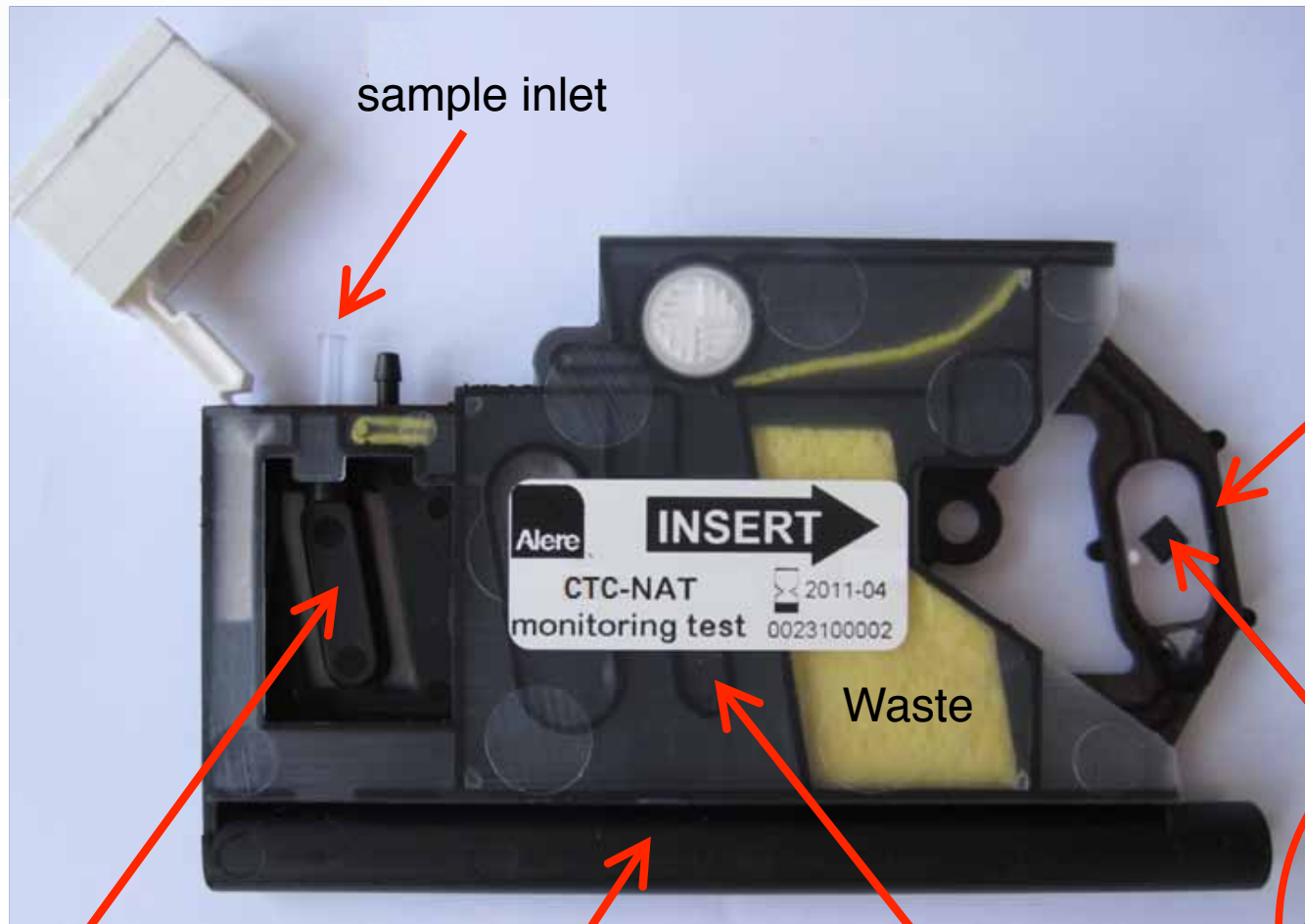
Leukocyte
nucleus

CD45⁺
Membrane

Leukocyte
Tumor Cell

Automated multiplex q-RT-PCR: Lab-in-a-cartridge

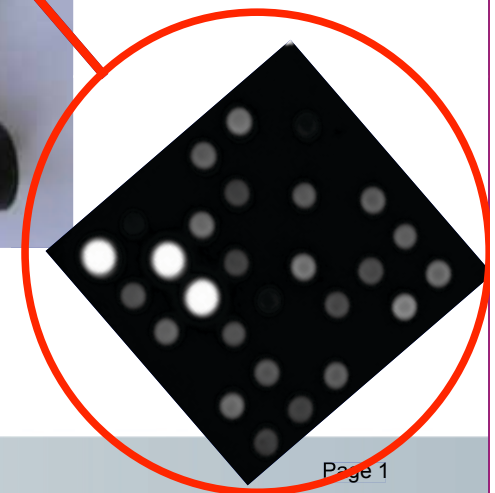
Alere™



Reaction chamber:

1. mRNA-capturing
2. c-DNA synthesis
3. PCR

Array:
Signal monitoring
of real time PCR



Lysis chamber:
binding of Biotin-
Oligos to mRNA

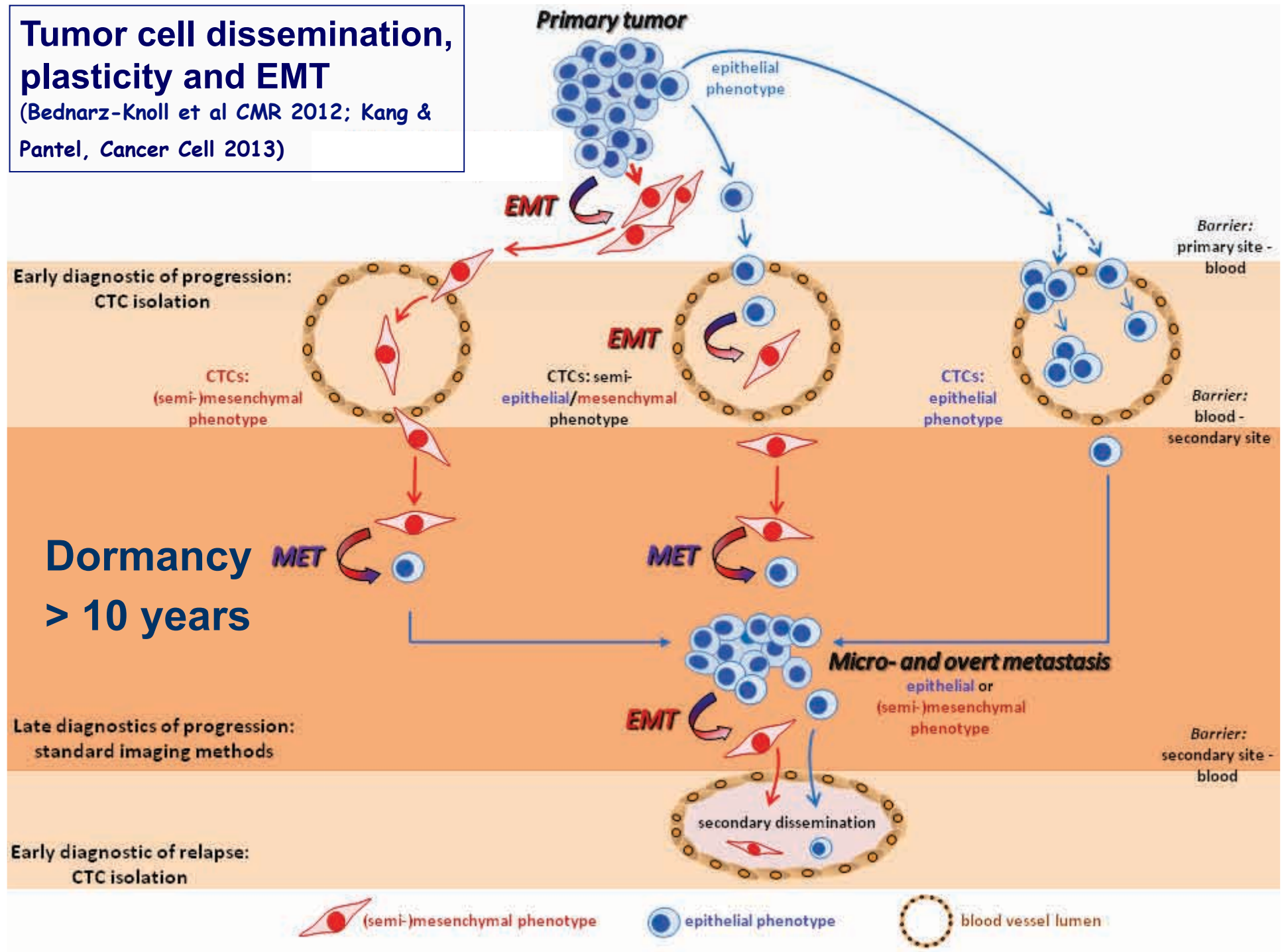
Processing Fluid

dry reagents
RT, TAQ, Primer,
Reporter

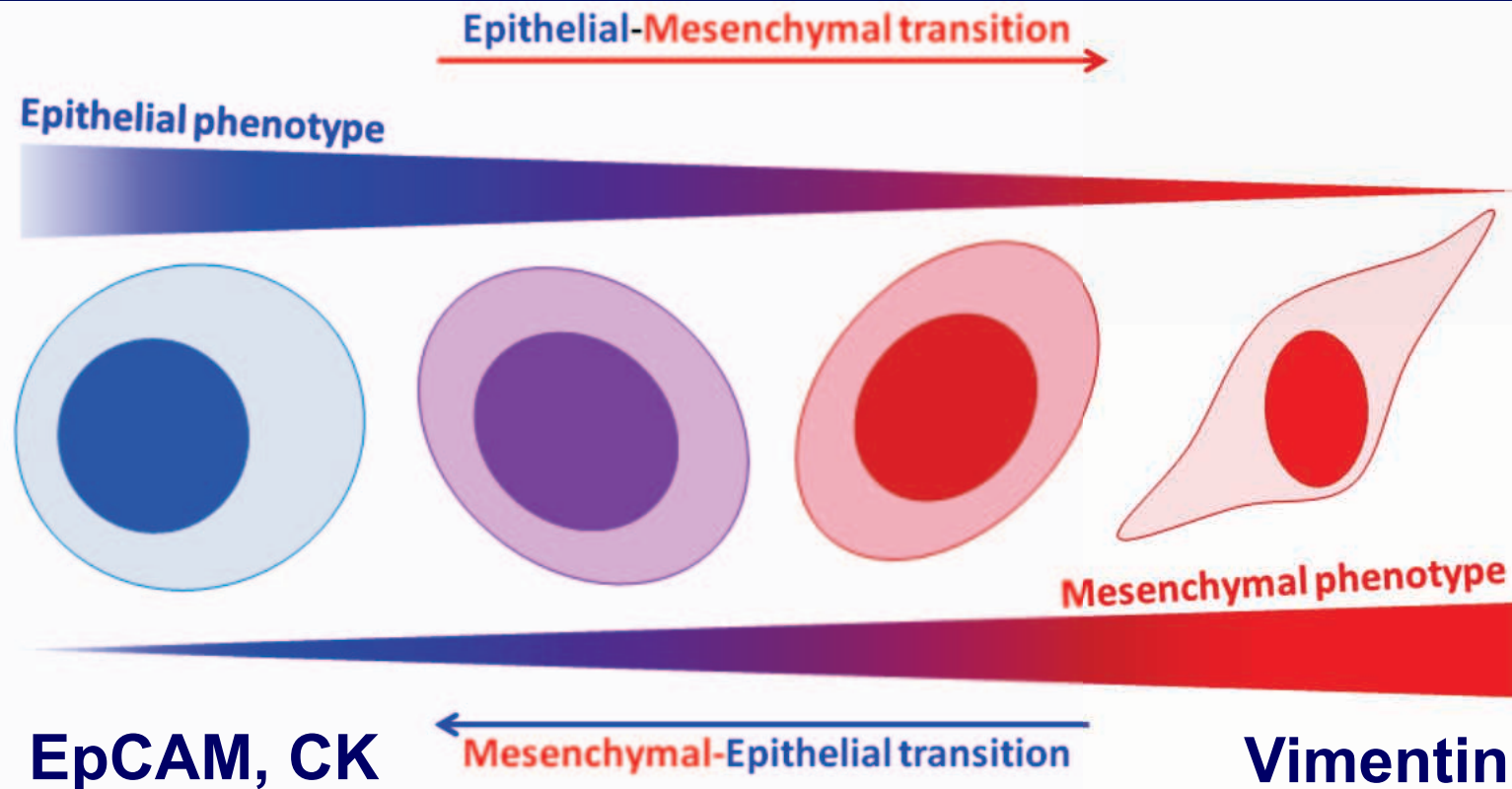
**Challenge of CTC detection:
Epithelial-Mesenchymal Transition (EMT)
of carcinoma cells**

Tumor cell dissemination, plasticity and EMT

(Bednarz-Knoll et al *CMR* 2012; Kang & Pantel, *Cancer Cell* 2013)

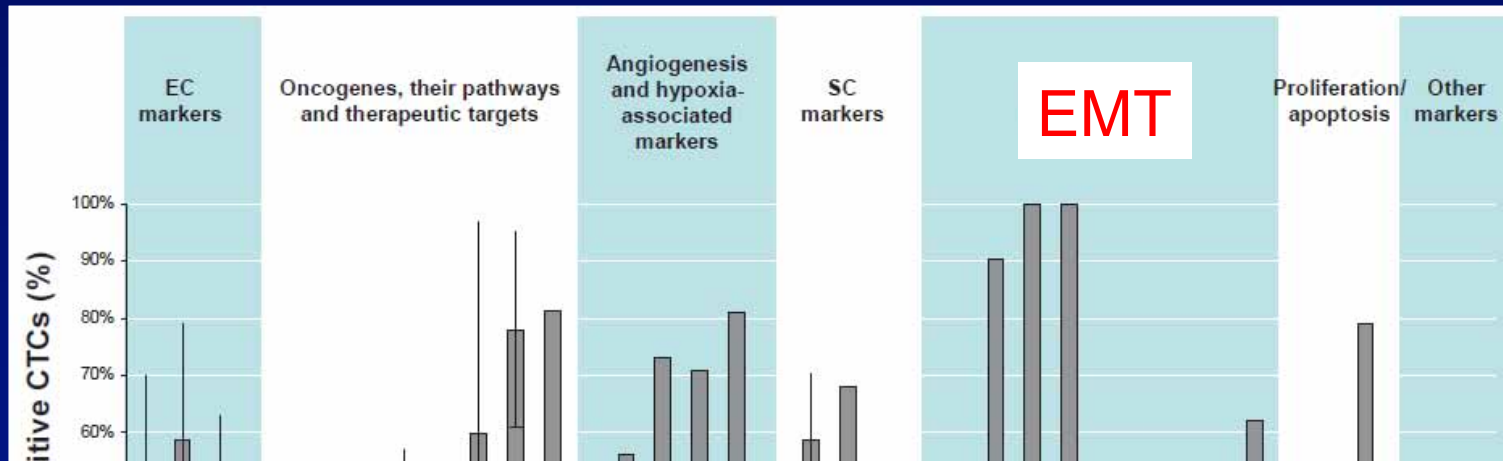


Epithelial-Mesenchymal Plasticity of CTC



Epithelial phenotype	Epithelial phenotype with minor mesenchymal features	Semi-mesenchymal phenotype	Mesenchymal phenotype
Epithelial markers strongly expressed	Epithelial markers moderately expressed	Epithelial markers weakly expressed	No epithelial markers
No mesenchymal markers	Mesenchymal markers weakly expressed	Mesenchymal markers moderately expressed	Mesenchymal markers strongly expressed
Detection by standard CTC technology	Detection by standard CTC technology	Limited detection by standard CTC technology	No detection by standard CTC technology

Expression profile of CTCs in breast cancer



Direct link between EMT and gain of stem cell properties and chemotherapy resistance (Mani/Weinberg, *et al.*, Cell, 2008;)

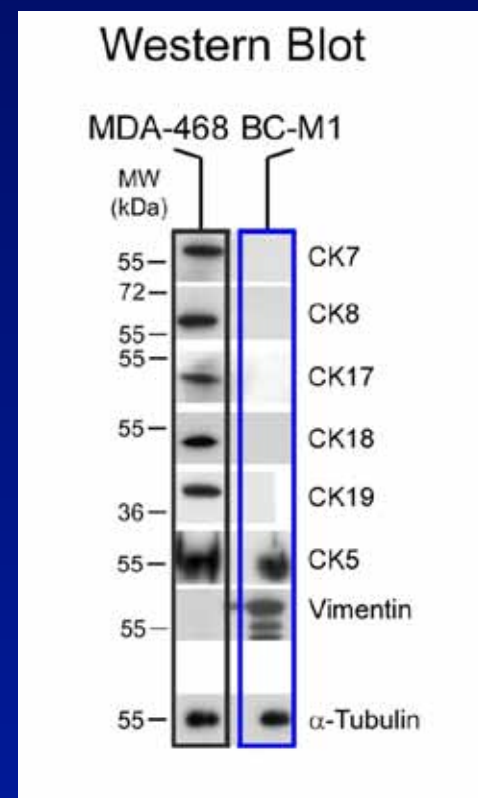
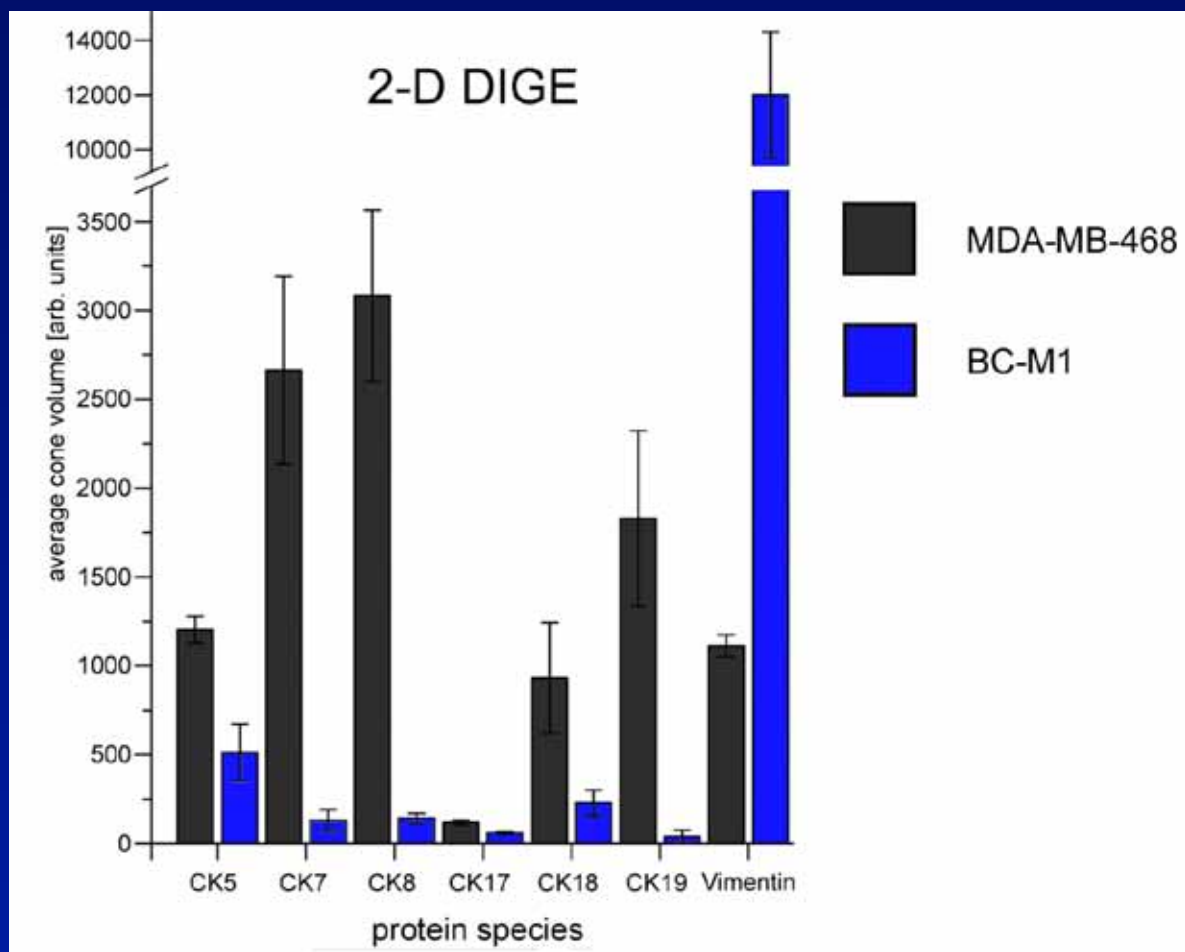
Yu et al, Circulating breast tumor cells exhibit dynamic changes in epithelial and mesenchymal composition. Science, Febr. 2013

Yokobori, Mimori, Pantel, Mori et al. Plastin-3 as new CTC marker not downregulated during EMT, Cancer Res. Febr. 2013



Bednarz-Knoll, Alix-Panabieres & Pantel, 2011, Breast Cancer Res, 13: 282-293

Epithelial-Mesenchymal Transition in DTC line BC-M1

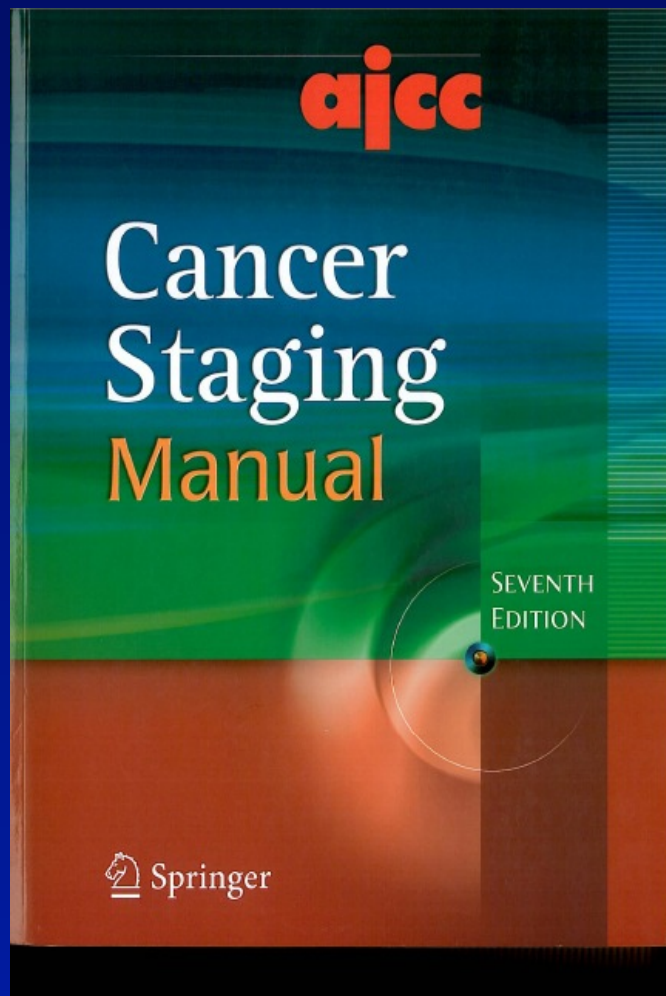


Bartkowiak et al. *J Prot Res*, 2009

Willipinski-Stapelfeldt et al. *Clin Cancer Res*, 2005

CTC in Clinical Studies

TNM 2010: CTC in new cM0(i+) Classification

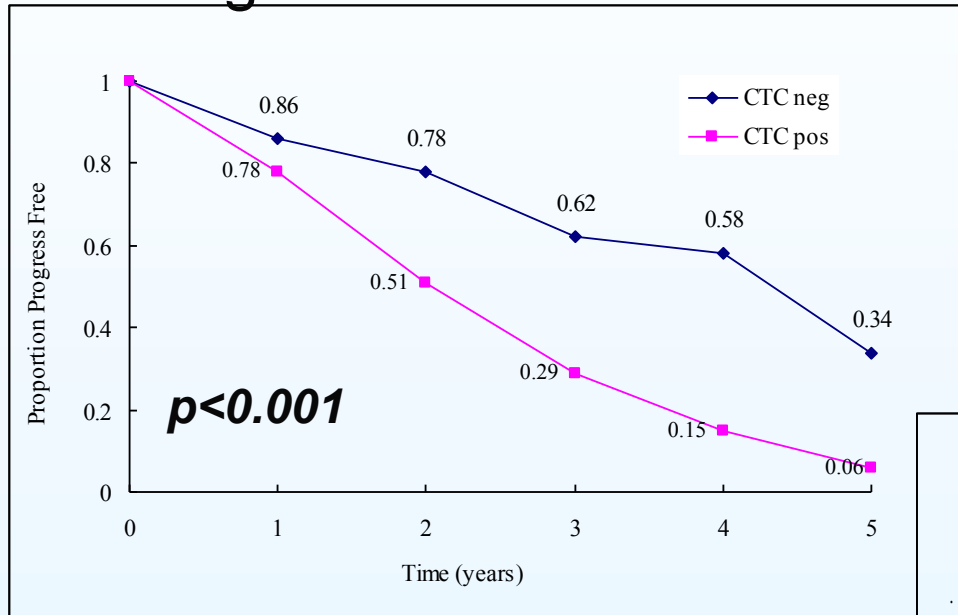


Distant Metastases (M)

M0	No clinical or radiographic evidence of distant metastases
cM0(i+)	No clinical or radiographic evidence of distant metastases, but deposits of molecularly or microscopically detected tumor cells in circulating blood, bone marrow, or other nonregional nodal tissue that are no larger than 0.2 mm in a patient without symptoms or signs of metastases
M1	Distant detectable metastases as determined by classic clinical and radiographic means and/or histologically proven larger than 0.2 mm

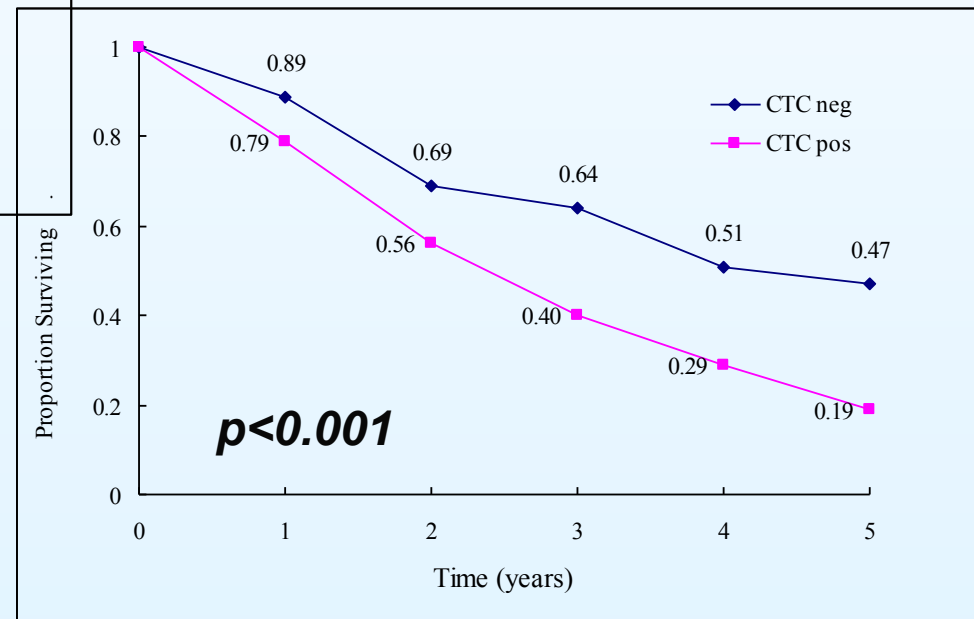
Meta-Analysis of 49 studies comprising 6815 breast cancer patients

Progression-free survival



CTC detection: ICC & RT-PCR

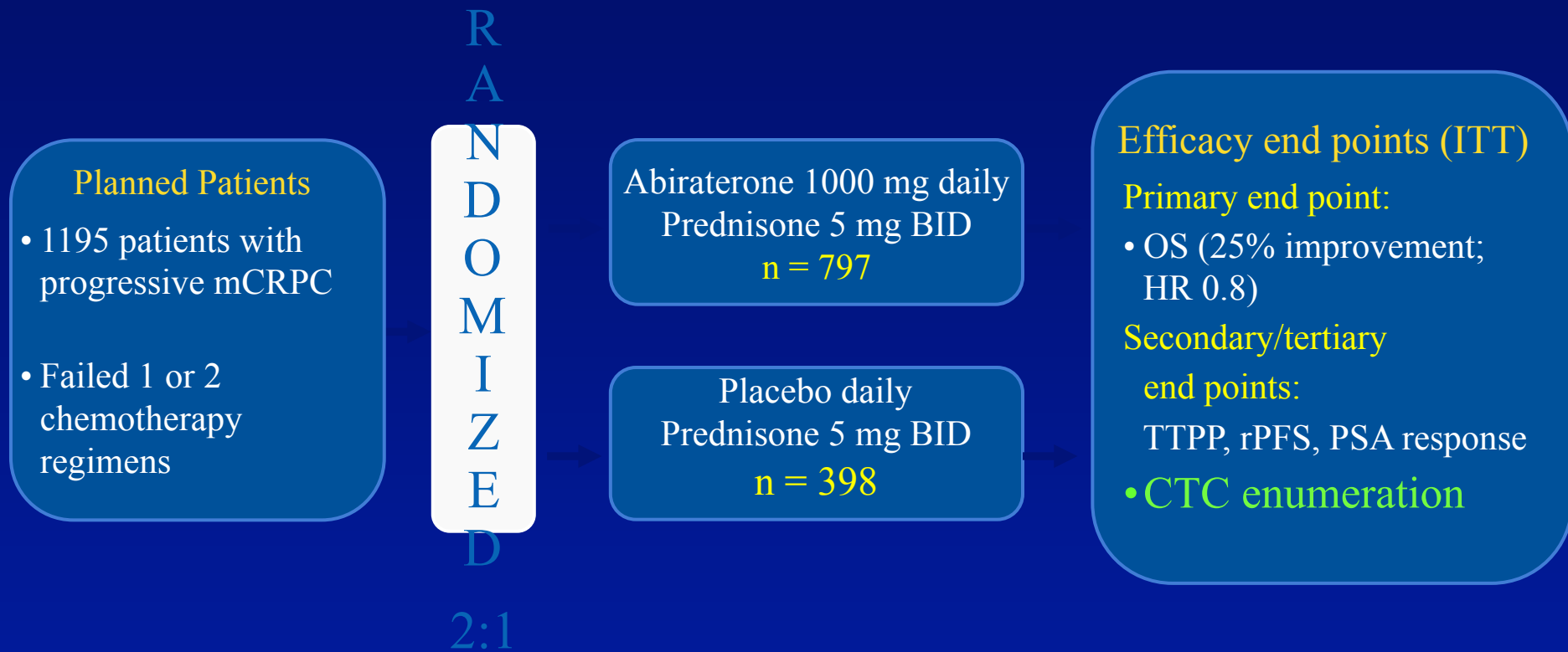
Overall survival



Real-time monitoring of CTC (surrogate marker)

Urgent need for biomarkers to tailor systemic therapy in individual cancer patients, such as the blood glucose test for directing insulin treatment of diabetes 

Abiraterone Phase III Study with CTC as secondary end point in patients with metastatic prostate cancer



HR, hazard ratio; ITT, intent to treat;

H. Scher, ASCO 2011

Detection of CTC in early stage cancer patients (low CTC counts):

Is the ability to release cancer cells into the circulation relevant for the development of distant metastases?

Prognostic impact of CTC in breast cancer patients without overt metastases

San Antonio Breast Cancer Symposium – Cancer Therapy and Research Center at UT Health Science Center – December 8 – 12, 2010

Multivariate Analysis for DFS for different CTC cut-offs

Variable	Hazard Ratio adjusted for treatment		
	0 vs. ≥ 1	0, 1 vs. ≥ 2	0-4 vs. ≥ 5
CTCs in blood pos/neg	1.878 *	2.825 *	4.035 *
Hormone receptor status pos/neg	2.073 *	2.020 *	3.273 *
Lymph Node Involvement pos/neg	1.698 *	1.664 *	1.574 *
Grading G1 vs. G2-3	2.961 *	3.182 *	3.245
Tumor size T1 vs. T2-4	1.629 *	1.655 *	2.573 *

Rack, Janni et al, unpublished

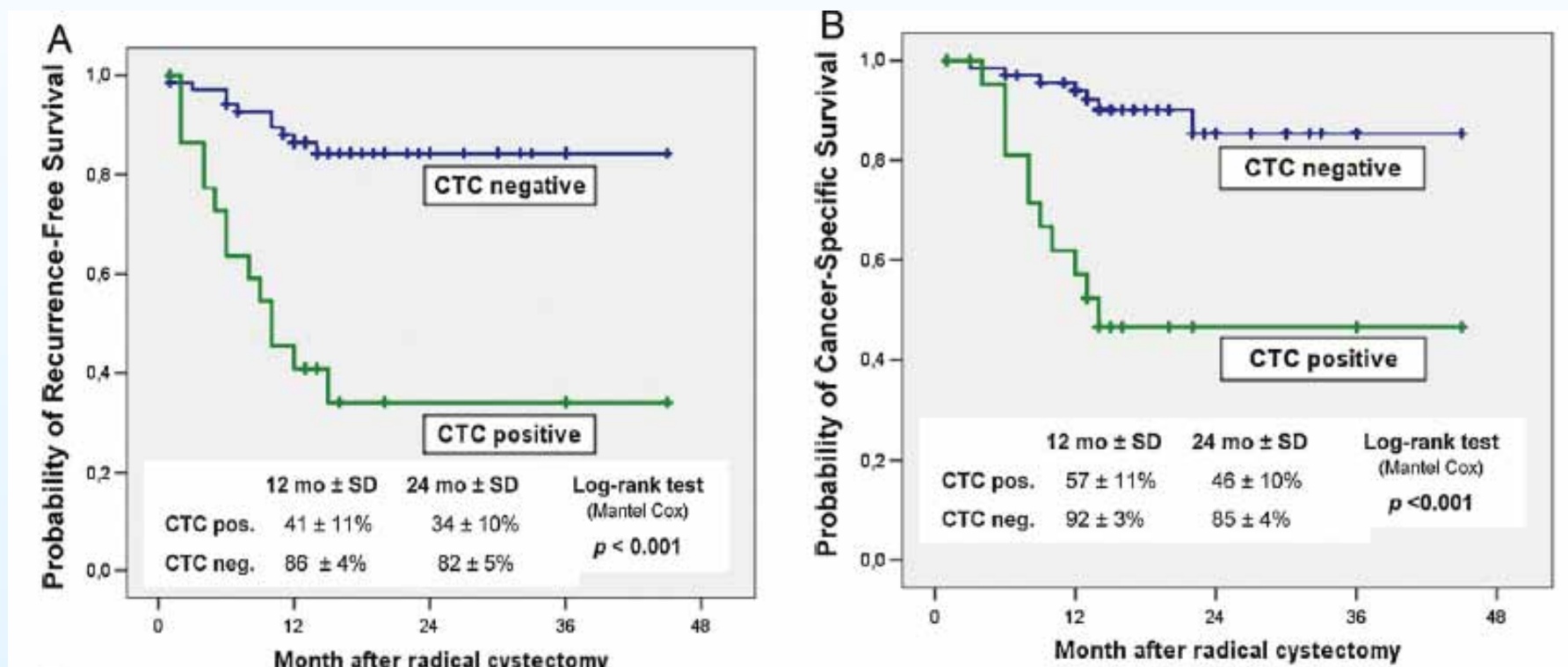


* P < 0.05



Prognostic value of CTC in urinary bladder cancer

Survival outcomes: Independent prognostic factor
Median Follow-up: 18 months

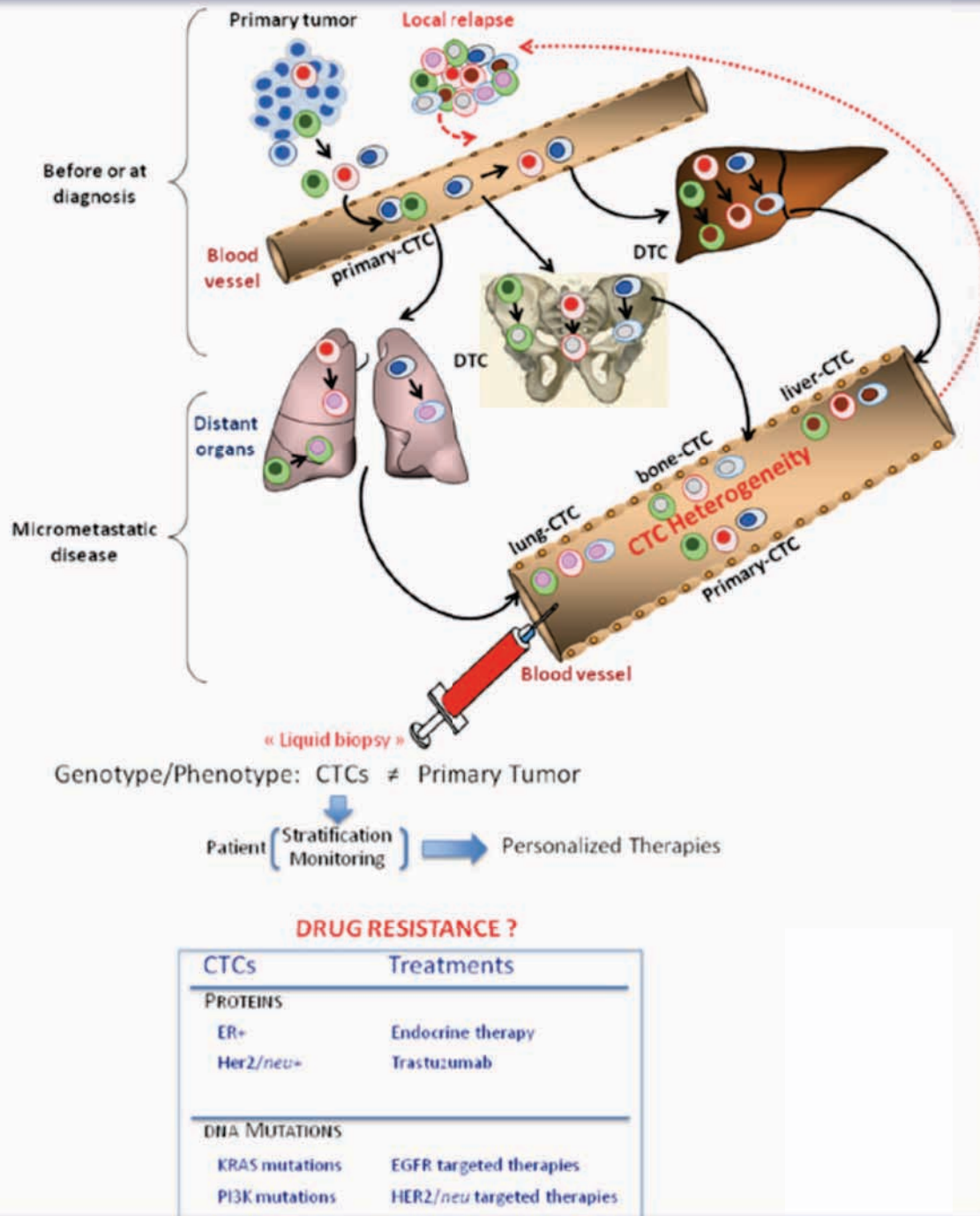


DFS HR: 4.6

CSS HR: 5.2

Molecular Characterization of CTC

CTC as Liquid Biopsy for metastatic cells



Metastasis evolve many years after primary tumor resection and can harbor unique genomic alterations.

Biopsy of metastases is an invasive and sometimes dangerous procedure.

Can the molecular characterization of CTC reveal **representative** information

on **metastatic cells** located at different sites ?

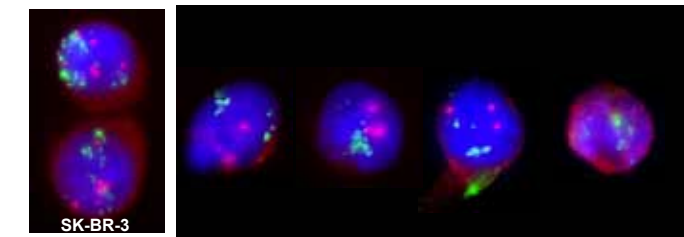
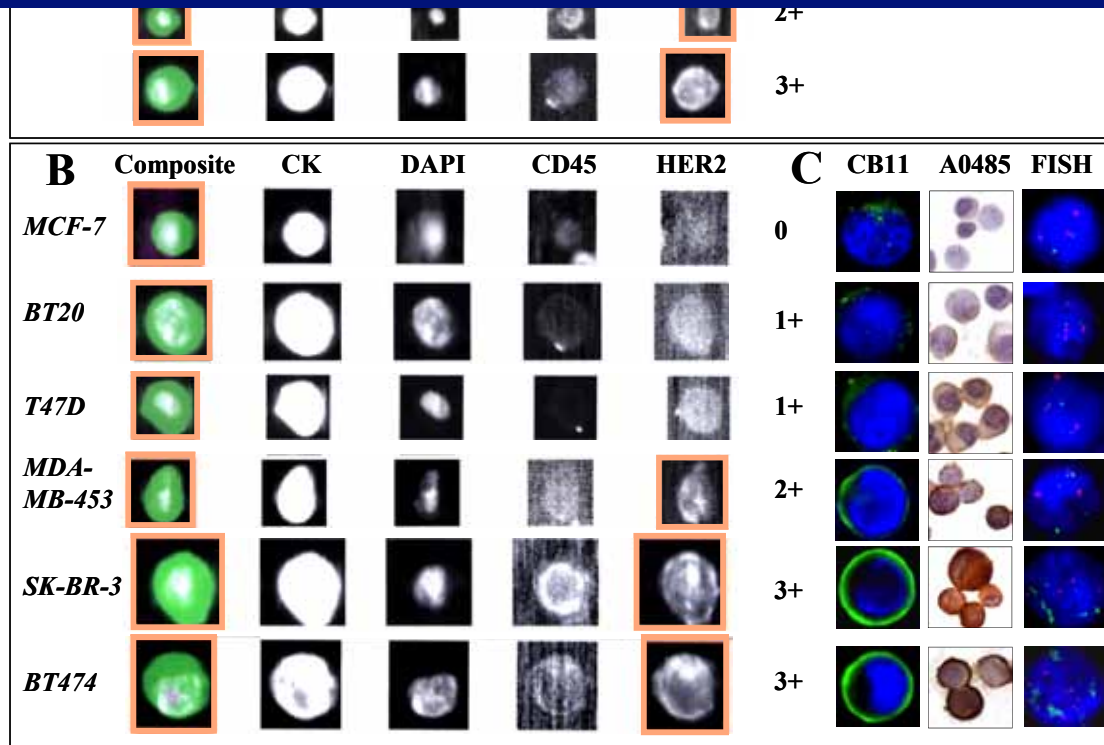
Alix-Panabieres & Pantel, Clin Chem, 2013; Pantel & Alix-Panabieres, Cancer Res. 2013

Detection of therapeutic targets on CTC: HER2 oncogene in breast cancer

CTC without HER2 gene amplification

DETECT-III study: Anti-HER2 therapy (lapatinib) in metastatic breast cancer patients with HER2-negative primary tumors and HER2-positive CTC

CTC with HER2 gene amplification



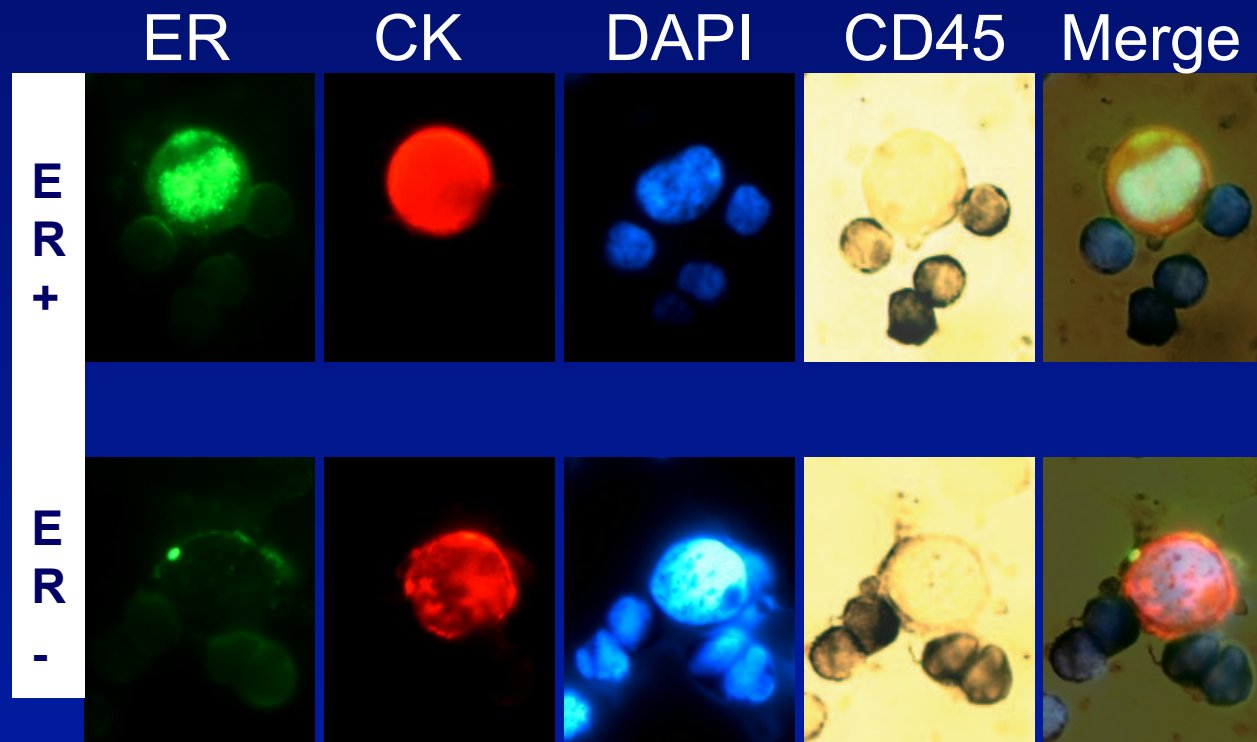
**Discordance between
HER2 status of
primary tumor and
CTC**

Riethdorf/Pantel *et al.*, *Clinical Cancer Res* 2010 - Fehm/Pantel *et al.*, *Breast Cancer Res Treat* 2010

lapatinib/Oestrone/Plas ONE 2011 - lapatinib/Pantel *et al.* 2011

Heterogeneity of ER status in CTCs of breast cancer patients with ER-positive primary tumors

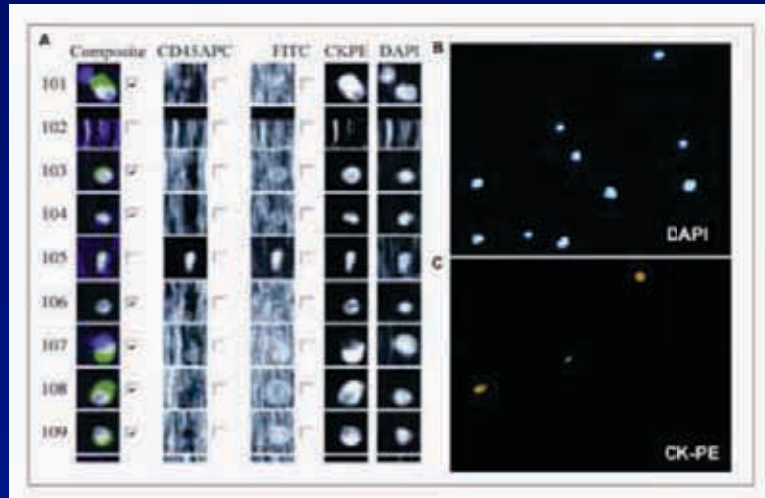
Babayan, Joosse, Pantel et al., PLOS ONE 2013



ER-negative CTCs may survive endocrine therapy

Genomic Characterization of single CTC

CTC detection



CTC isolation



CTC



Capillary

CTC

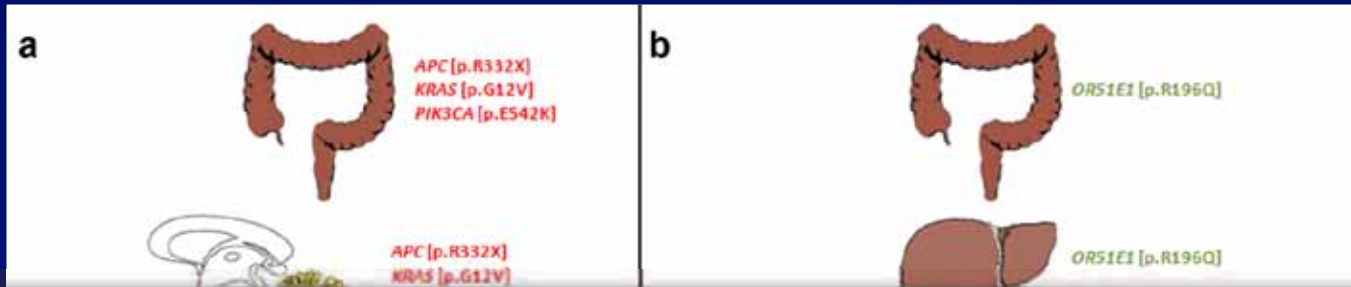
WGA +

- Mutation analysis
- CGH (conv./array)
- NextGen Sequencing

Distribution of mutations in primary tumor, metastases and CTC

CRC patient #6

CRC patient #26



Deep targeted sequencing revealed that 17 of 20 private CTC mutations were also present in subclones of the primary tumor and metastases

Gene	Point mutations primary tumor	Point mutations cerebellar metastasis	Point mutations CTCs	Potentially clinically significant
APC	p.R332X	p.R332X	p.R332X	
KRAS	p.G12V	p.G12V	p.G12V	EGFR inhibitors
PIK3CA	p.E542K	p.E542K	p.E542K	PI3K inhibitors
TP53	∅	p.R141C	p.R141C	

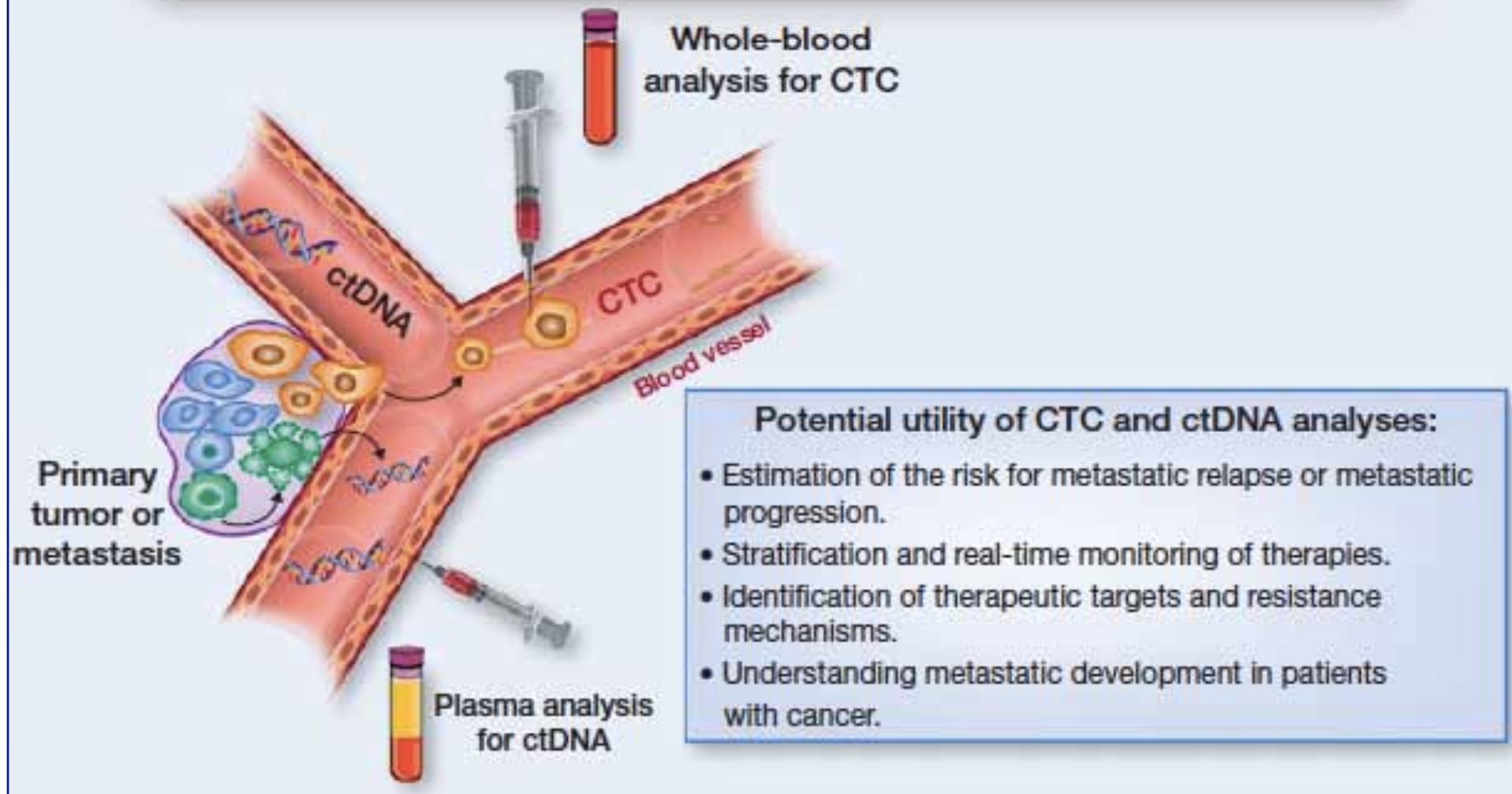
Gene	Point mutation	Copy number primary tumor (log2)	Copy number liver metastasis (log2)	Copy number CTCs (Abs.)	Potentially clinically significant
APC	∅	-0.5 (loss)	-0.5 (loss)	2 (loss)	
CDK8	∅	0 (balanced)	0 (balanced)	7 (gain)	CDK-inhibitors

Gene	Point mutation	Copy number primary tumor (log2)	Copy number liver metastasis (log2)	Copy number CTCs (Abs.)	Potentially clinically significant
ADAMTSL3	[p.Q756X]				
CTNNB1	[p.C429Y]				
ORS1E1	[p.R196Q]				

CTC and Other Circulating Markers

Real-Time Liquid Biopsy in Cancer Patients: Fact or Fiction?





Klaus Pantel¹ and Catherine Alix-Panabières^{2,3}



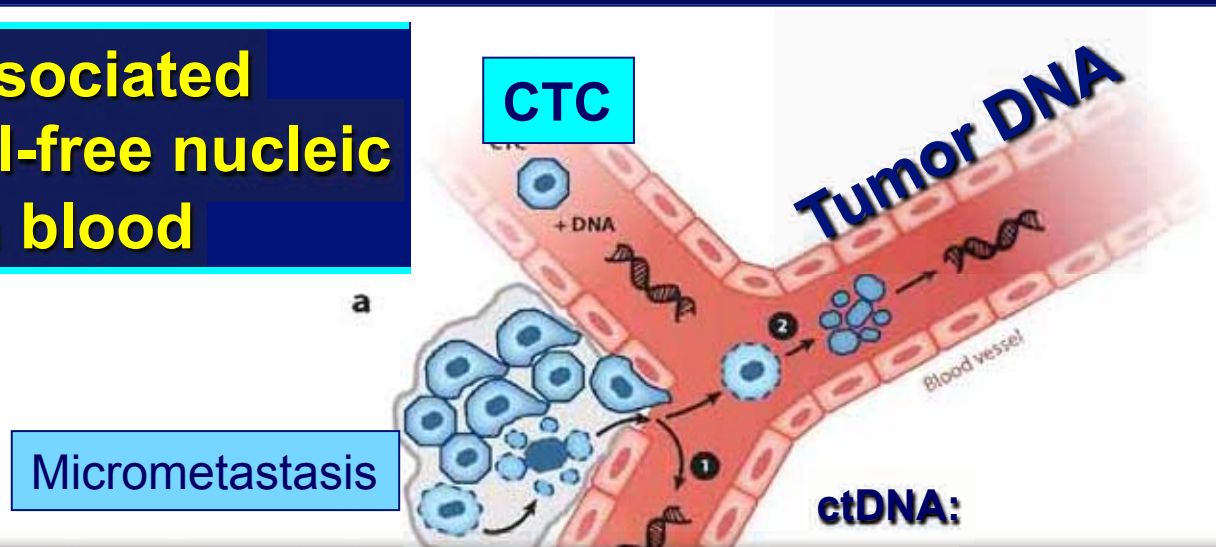
Review

Real-Time Liquid Biopsy in Cancer Patients: Fact or Fiction?

Klaus Pantel¹ and Catherine Alix-Panabières^{2,3}

Targets	CTCs 	ctDNA  <  < 
Origins	Selected viable tumor cells leaving actively the primary tumor and/or metastases	Necrotic and apoptotic tumor cells
Definition	Tumor cells as a real-time liquid biopsy of the tumor and/or metastases	Fragmented genomes released from dying tumor cells of the primary tumor and/or metastases and/or CTC
Analytes	DNA, RNA (mRNA/microRNA), and protein functional studies (<i>in vitro</i> , <i>in vivo</i>)	DNA
Technologies	Immunocytologic and molecular assays (including next-generation sequencing), cell culture, and xenotransplantation	Molecular DNA assays (including next-generation sequencing)

Tumor-associated circulating cell-free nucleic acids in blood



Correlation CTC & Circulating Tumor DNA:

Prostate Cancer: Schwarzenbach, Alix-Panabieres, Pantel et al., Clin Cancer Res 2009; **Breast cancer:** Dawson et al, NEJM, 2013; **Colon Cancer:** Heitzer, Pantel et al, Int J Cancer, 2013

Correlation CTC & Circulating microRNA:

Breast Cancer: Madhavan, Pantel et al Clin Cancer Res 2012

BUT: ctDNA is released from apoptotic/necrotic cells

Isolation of CTC allows in-depth molecular & functional characterization of viable cells including xenotransplantation into immunodeficient mice (Bacelli, Pantel et al, Nat. Biotech., 2013; Pantel et al., Nature Med., 2013)

Schwarzenbach/Hoon/Pantel, *Nat Rev Cancer*, 2011, Alix-Panabieres/Schwarzenbach/Pantel, *Annu Rev Med*, 2012; Pantel & Alix-Panabieres, *Cancer Res.*, 2013

Summary: Aims of Research on DTC & CTC

- Estimation of the **risk for metastatic relapse or metastatic progression** (prognostic information)
- **Stratification & real-time monitoring** of therapies
- Identification of **therapeutic targets** and **resistance mechanisms** (biological therapies)
- Understanding the **biology** of **metastatic development**



Universitätsklinikum
Hamburg-Eppendorf

Center of Experimental Medicine
Institute of Tumor Biology - **Klaus Pantel**



- Sabine Riethdorf/Christin Gasch
- Heidi Schwarzenbach
- Harriet Wikman/Michaela Wrage
- Katharina Effenberger
- Simon Joosse, Anna Babayan
- Kai Bartkowiak, Natalia Bednarz-Koll

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BMBF

EU / ERC

Dt. Krebshilfe

Sander-Stiftung

Roggenbuck-Stiftung

Micrometastasis Research Network at UCCH/UKE





EU-Consortium-DISMAL

Start: November 2005 Coordinator: Klaus Pantel

Free University of Amsterdam
Medical Center (The Netherlands)

University Medical Center
Hamburg Eppendorf (Germany)

Catherine Alix-Panabieres, Montpellier:
Prix cancer Gallet et Breton 2012

Klaus Pantel, Hamburg:

**ERC Advanced Investigator Grant
D ISSECT (2011-2016)**

***ERA-NET TRANSCAN: CTC-SCAN
Project (2013 - 2016)***

Imperial
(United Kingdom)

SME 1 App
(United Kingdom)

University of
(The Netherlands)

Netherlands
Cancer Institute
(The Netherlands)

Lapeyre
Montpellier

Oslo, Norway

Cancer
Center,
(Germany)

University
(Austria)

-Pette-
Germany)

Photonics



First Announcement

9th International Symposium on Minimal Residual Cancer

September 24-27, 2013
Pullman Paris Bercy, France



Organizers

Jean-Yves Pierga

MD, Ph.D. Institut Curie,
Paris Descartes University, France

Catherine Alix-Panabières

Ph.D. University Medical Centre Montpellier,
UM1, Montpellier, France

Klaus Pantel

MD, Ph.D. University Medical Centre
Hamburg-Eppendorf, Hamburg, Germany

www.ismrc2013.com

