

Pre-clinical mouse models of cancer immunotherapy

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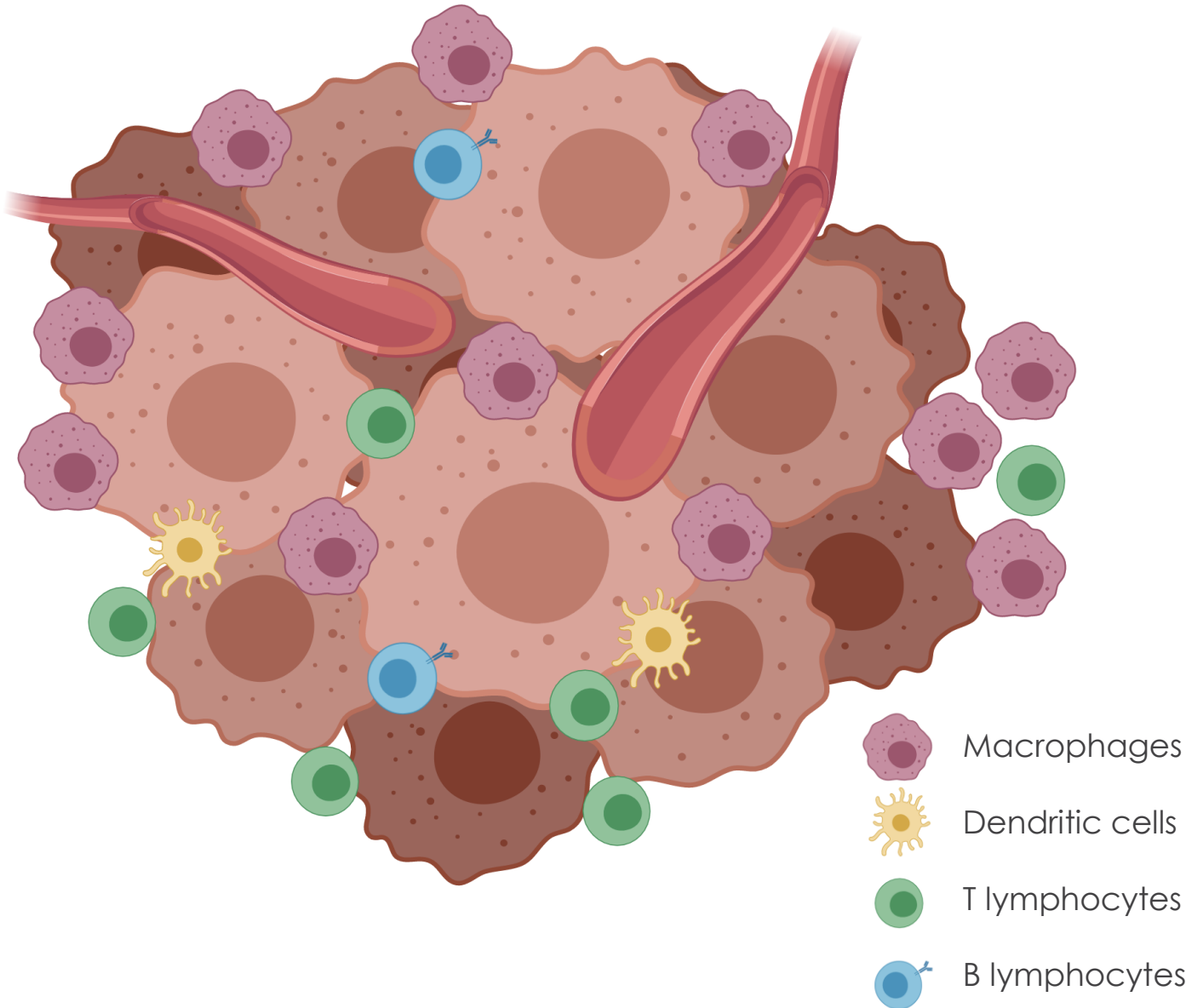
Fred Hutchinson Cancer Research Center

Seattle, WA



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The tumor microenvironment is complex



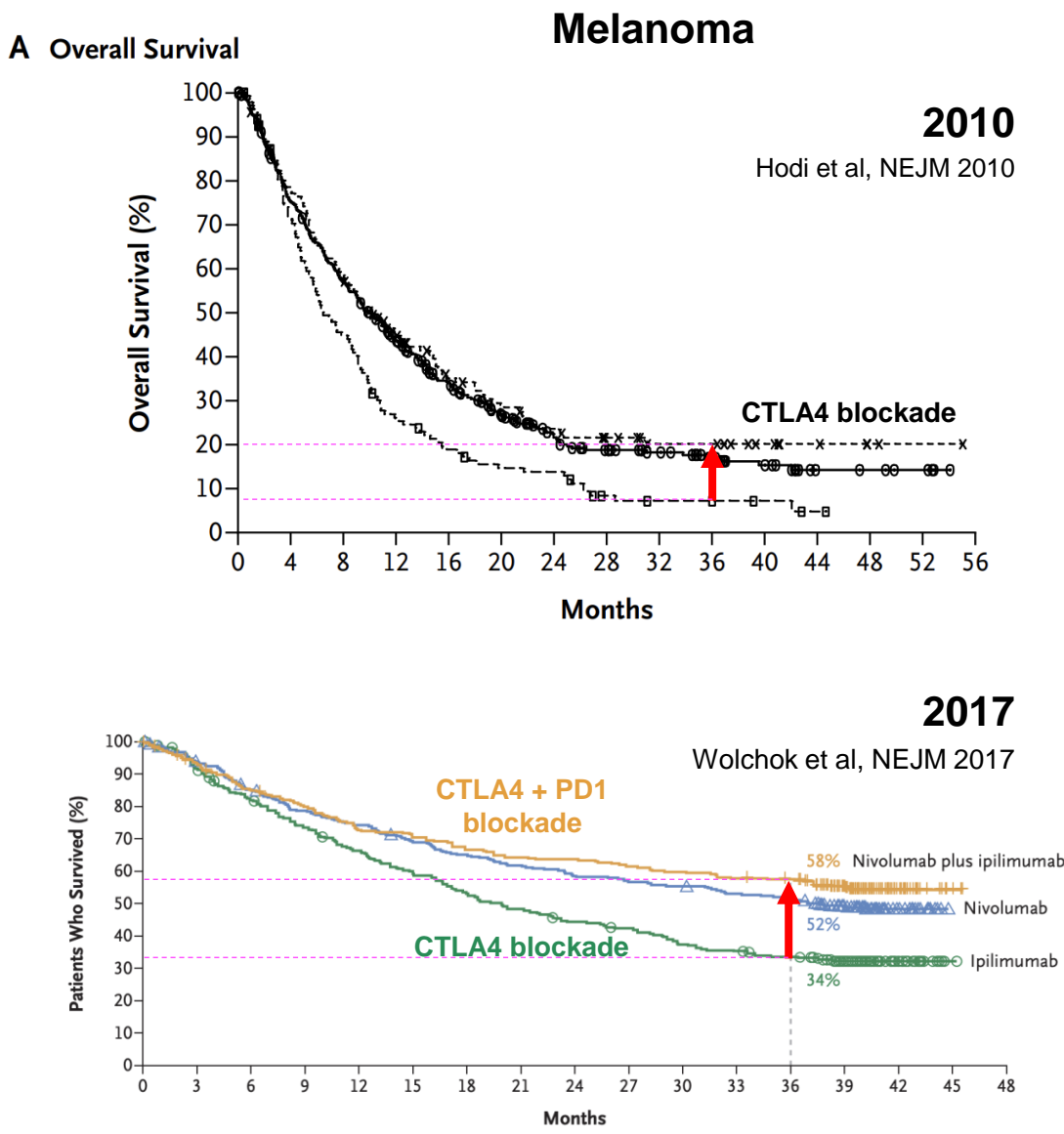
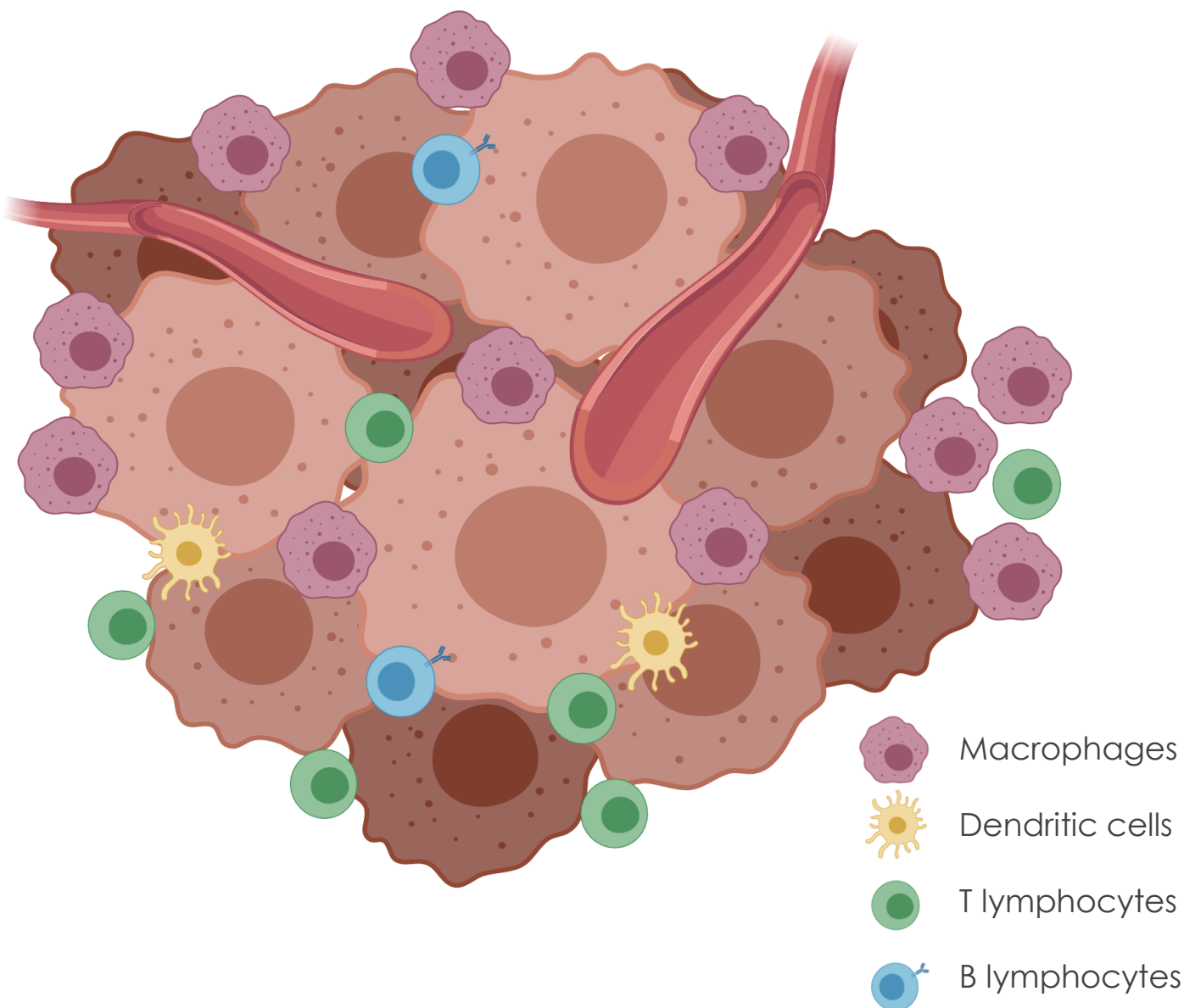
Leading Edge
Review

Hallmarks of Cancer: The Next Generation

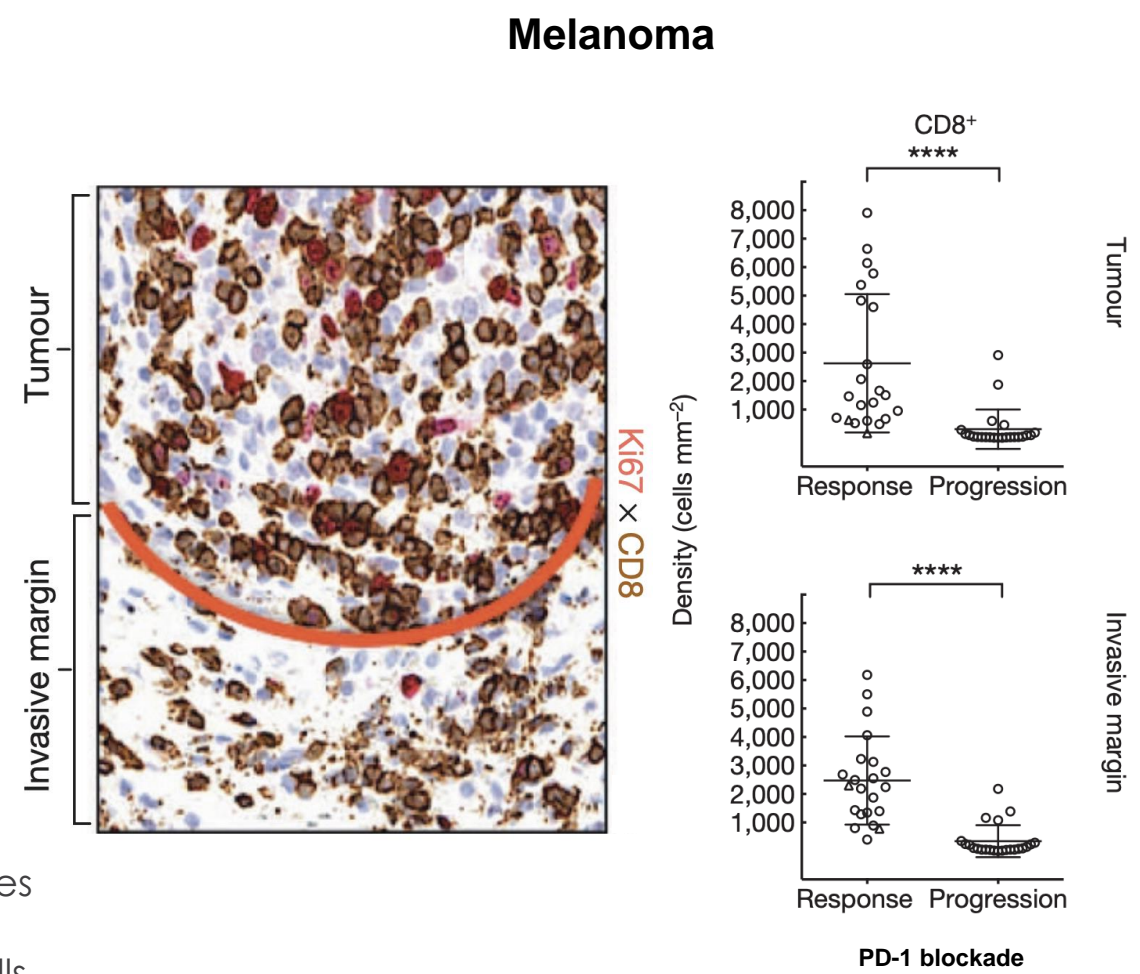
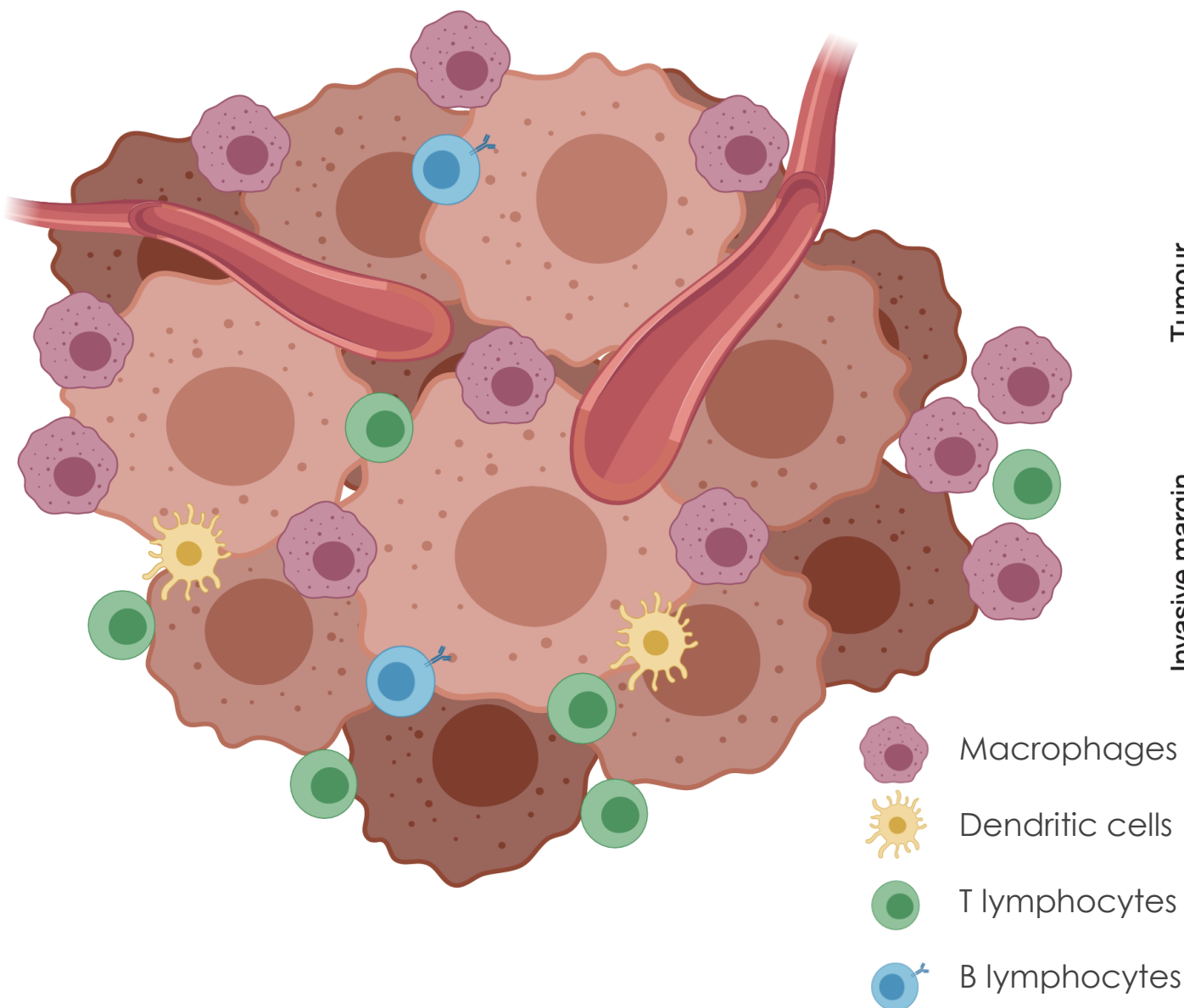
Douglas Hanahan^{1,2,*} and Robert A. Weinberg^{3,*}

An Emerging Hallmark: Evading Immune Destruction

Evading T cell-mediated antitumoral immunity

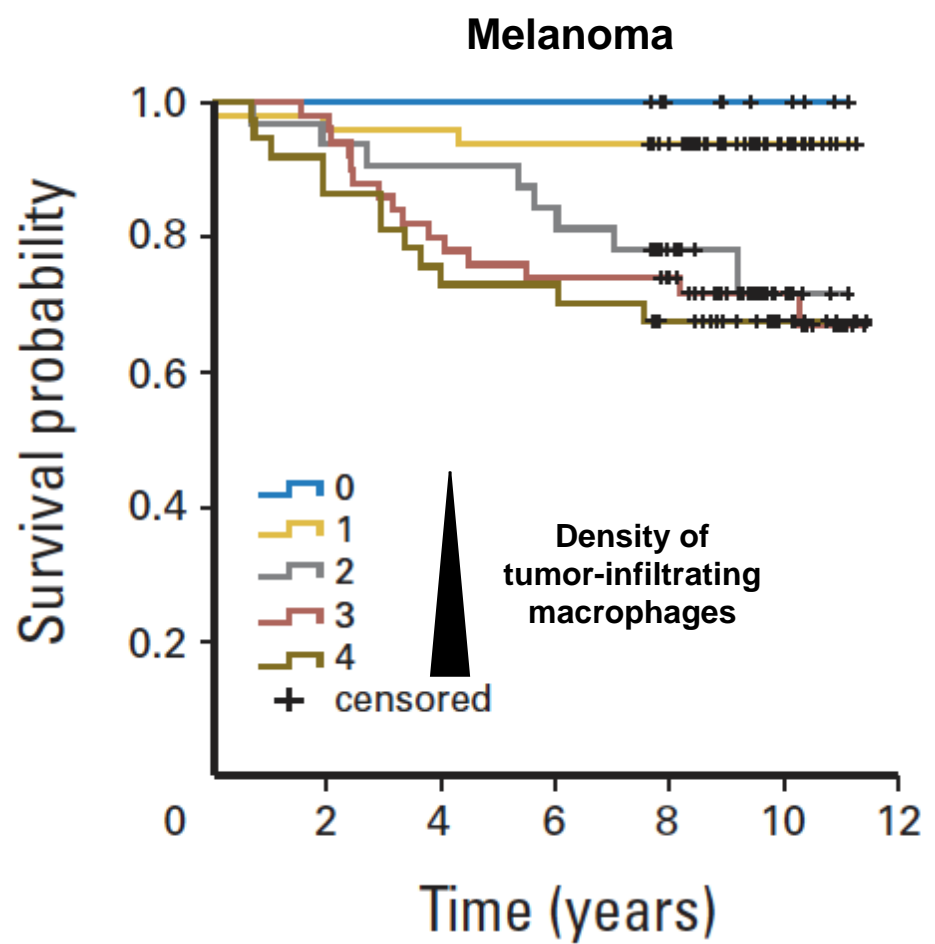
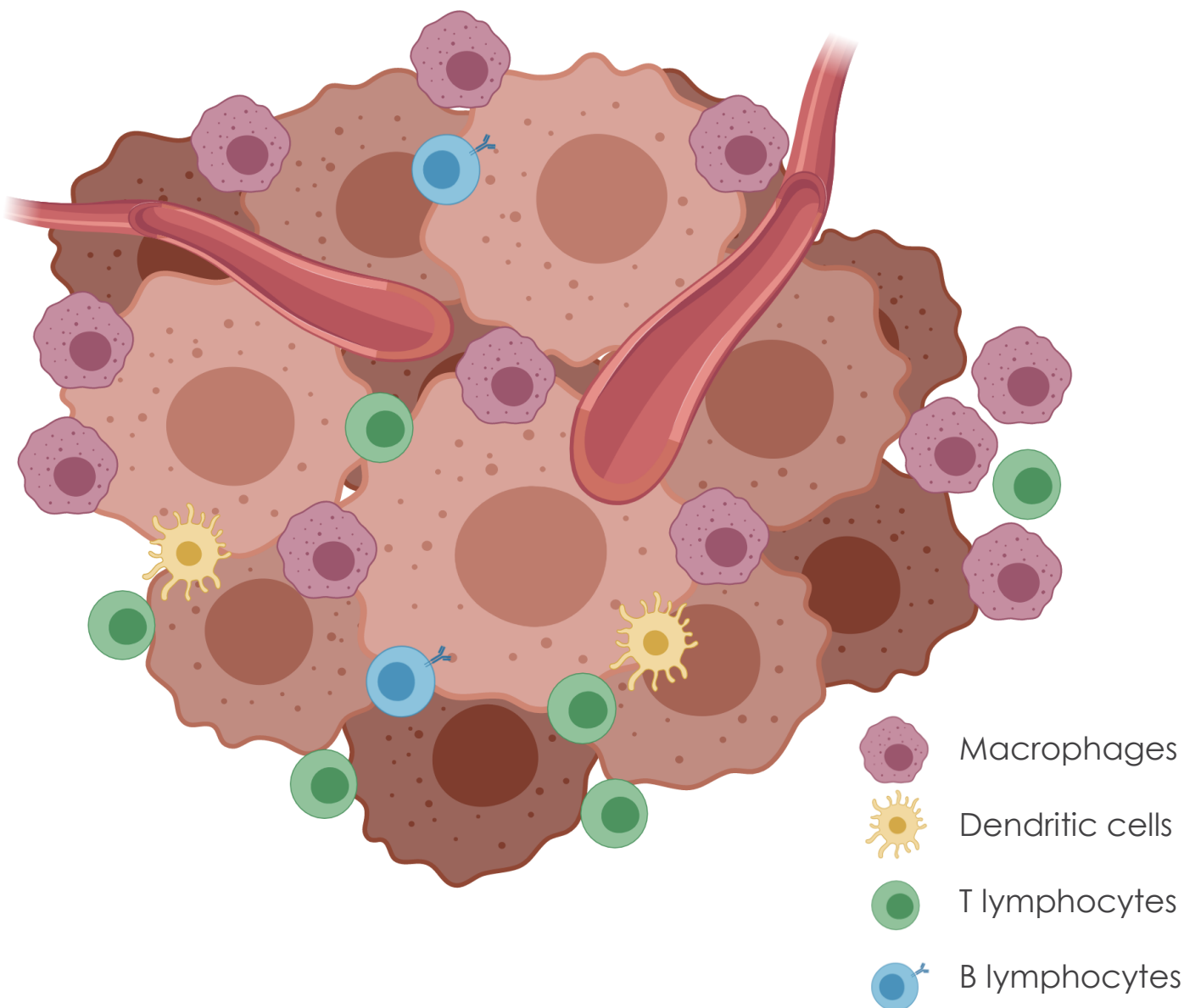


Evading T cell-mediated antitumoral immunity



Tumeh et al, Nature 2014

Exploiting macrophage-mediated tumor support



- Complex interactions between tumor and immune cells
 - Decisive impact on cancer progression
 - Determine responsiveness vs. resistance to (immuno)therapy
 - Each patient is unique
- The cancer/immune system interface cannot be modeled in vitro
- Need for in vivo mouse models**

Mouse models of cancer

- 1) Tumor cell line implantation in immunocompetent mice
- 2) Genetically-engineered mouse (GEM) model of cancer
- 3) Patient-derived xenografts (PDX)
- 4) PDX in mice with a humanized immune system (immuno-PDX)

Mouse models of cancer

1) Mouse tumor cell line implantation in immunocompetent mice

The B16 melanoma cell line



PubMed B16 melanoma

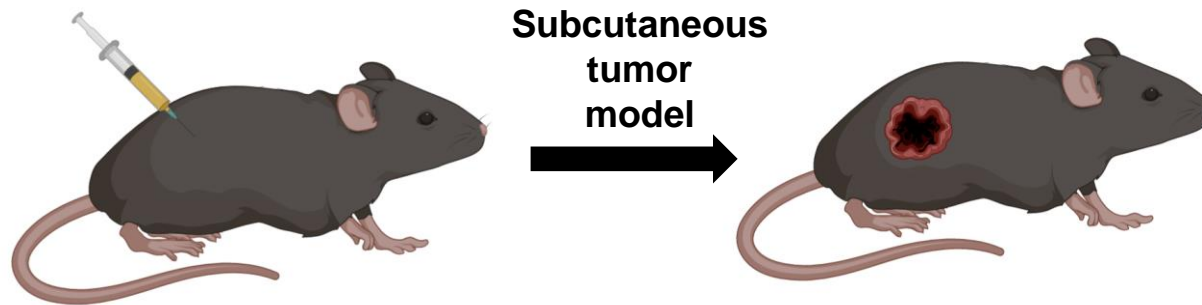
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Search results

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B16 melanoma

- Spontaneous tumor isolated in 1954 from a C57BL/6 mouse
- Origin: melanin-producing epithelium cell
- Transplanted in syngeneic C57BL/6 mice

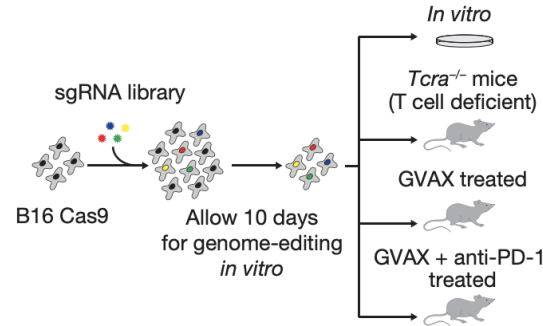


| | Applications |
|----------------|---------------------|
| SQ injection | Primary solid tumor |
| IV injection | Lung metastases |
| B16-luciferase | In vivo imaging |
| B16-OVA | Defined antigen |
| B16-Cas9 | In vivo gRNA screen |
| GVAX* | Vaccination |

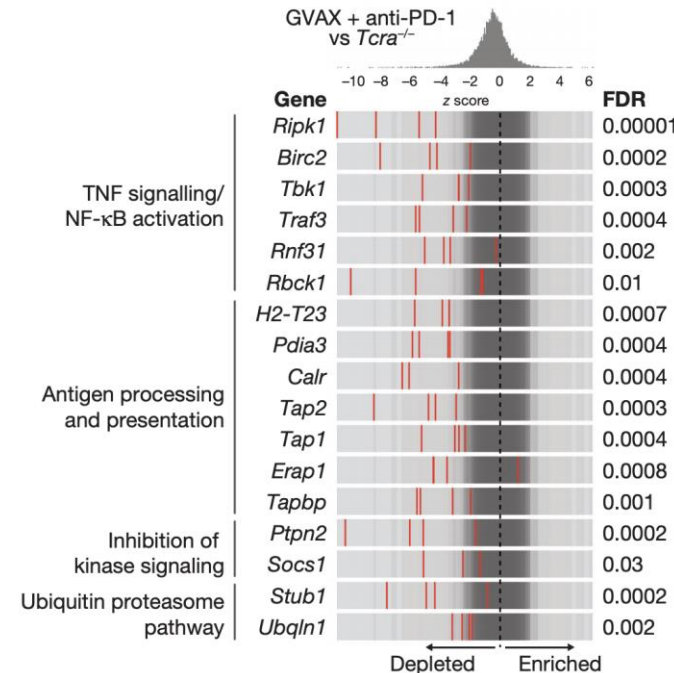
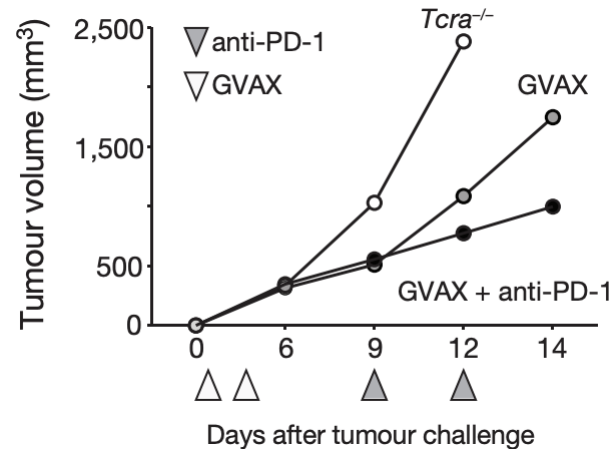
* GM-CSF-secreting irradiated B16 cells

Application of the B16 model – gRNA screen

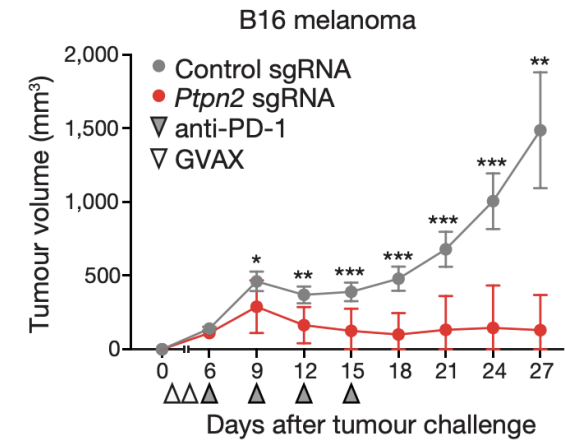
In vivo sgRNA screen



B16 responds to PD-1 blockade




Validation of one of the targets (*Ptpn2*)



PTPN2 inhibitors may enhance the efficacy of PD-1 checkpoint blockade

Pros and cons

| | Pros | Cons | Cost |
|----------------------|---|---|---|
| Mouse tumor implants | <ul style="list-style-type: none">- Simple and reproducible- Genetic engineering | <ul style="list-style-type: none">- Genetically homogenous- Artificial implantation- Mouse, not human |  |

Mouse models of cancer

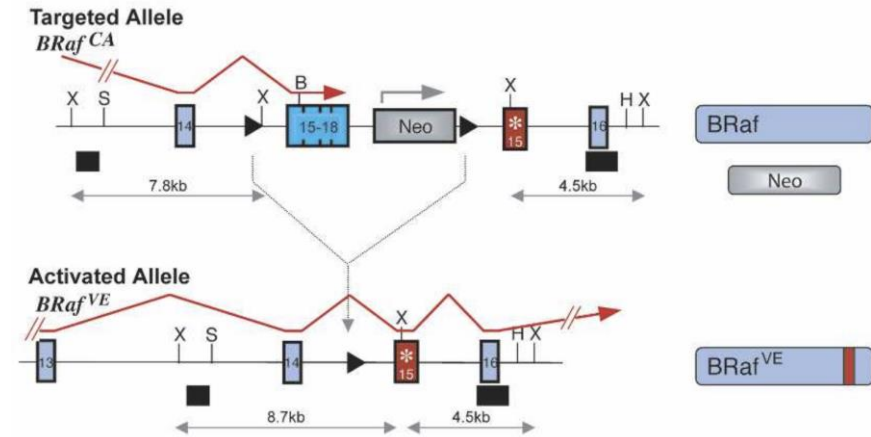
2) Genetically-engineered mouse (GEM) model of cancer

- Designed to represent cancer patients
- (Inducible) mutation of oncogene(s) and/or tumor suppressor(s)

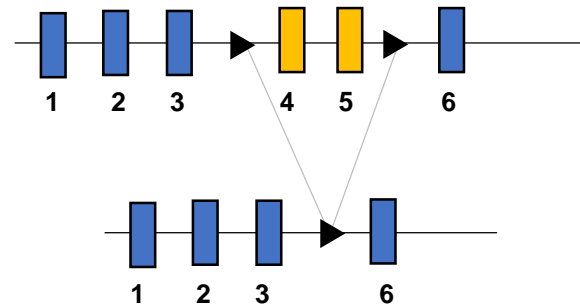
➔ Example: the BRAF/PTEN melanoma model

The BRAF/PTEN melanoma model

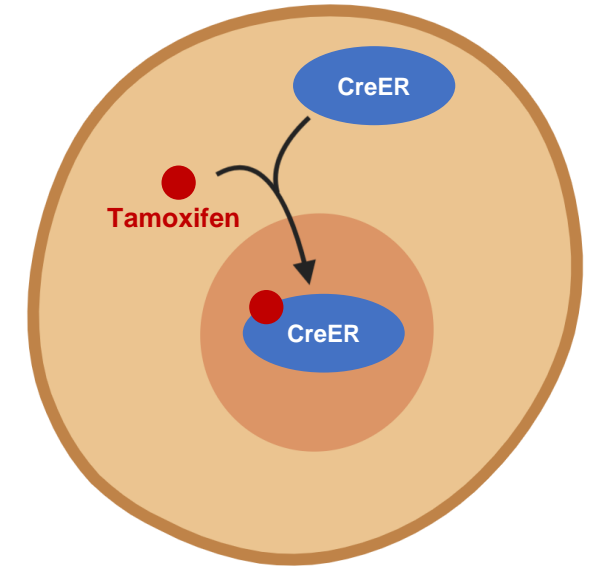
BRAF^{CA}
(Cre-activated BRAF^{V600E})



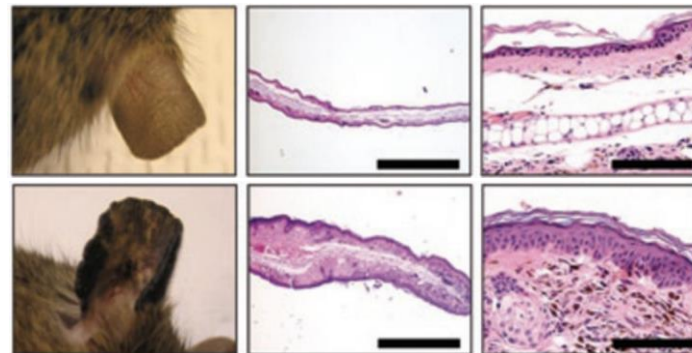
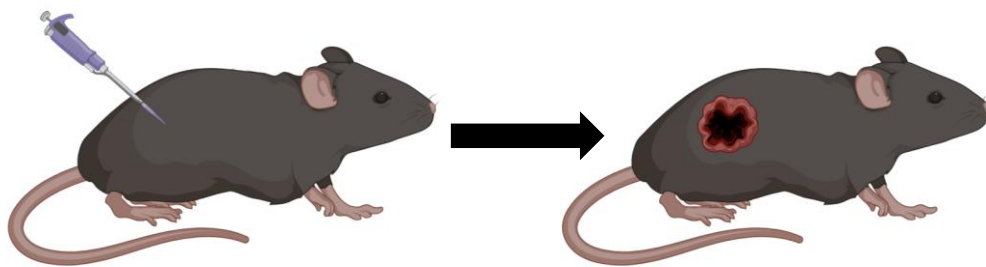
PTEN^{fl/fl}
(Cre-activated PTEN deletion)



Tyr::CreER
(Melanocyte-specific
tamoxifen inducible
Cre recombinase)



Tamoxifen



Other examples of GEMs

Table 2. Representative Clinically Relevant Mouse Trials

| Trial Design | Cancer Type | Model Type | Engineered Drivers | Drugs/ Treatment | Significance | Relevant Publications |
|--------------|----------------------------|------------|---|---|--|---|
| Preclinical | Hematopoietic (APL) | GEM | PML-RAR α fusion PLZF-RAR α fusion | Retinoic acid | Demonstrated the efficacy of retinoic acid plus As ₂ O ₃ in specific APL subtypes, validated in clinic | (Ablain and de Thé, 2014; Pandolfi, 2001) |
| Preclinical | Pancreas (Neuro-endocrine) | GEM | RIP1-Tag2 | Sunitinib | Demonstrated the efficacy of Sunitinib plus Imatinib, validated in clinic. FDA approved for pancreatic cancer treatment in 2011. | (Pietras and Hanahan, 2005; Raymond et al., 2011) |
| Preclinical | Medulla-blastoma | GEM | Ptc1 ^{+/-} P53 ^{-/-} | GDC-0449 (SMO inhibitor) | Demonstrated the efficacy of an Shh pathway small molecule inhibitor, validated in clinic | (Romer et al., 2004; Rudin et al., 2009) |
| Preclinical | Pancreas (Neuro-endocrine) | GEM | RIP1-Tag2 | Erlotinib Rapamycin | Demonstrated efficacy of combining drugs targeting EGFR and mTOR | (Chiu et al., 2010) |
| Co-clinical | Pancreas (PDA) | GEM | LSL-Kras ^{G12D} LSL-Trp53 ^{R172H} Pdx-1-Cre | Gemcitabine Nab-Paclitaxel | Provided mechanistic insight into clinical cooperation between Gemcitabine and Nab-Paclitaxel | (Frese et al., 2012; Goldstein et al., 2015) |
| Co-clinical | Pancreas (PDA) | GEM | LSL-Kras ^{G12D} LSL-Trp53 ^{R172H} Pdx-1-Cre | CD40 monoclonal antibody Gemcitabine | Demonstrated that targeting stroma was effective in treatment of metastatic PDA | (Beatty et al., 2013) |
| Co-clinical | Lung (NSCLC) | GEM | KRAS ^{G12D} p53 ^{fl/fl} Lkb1 ^{fl/fl} | Selumetinib Docetaxel | Validation of improved response of adding Selumetinib to Docetaxel treatment | (Chen et al., 2012; Jänne et al., 2013) |
| Co-clinical | Lung (NSCLC) | GEM | EML4-ALK fusion | Crizotinib Docetaxel Pemetrexed | GEM model predicted clinical outcome of drug combinations | (Chen et al., 2014; Lunardi and Pandolfi, 2015) |

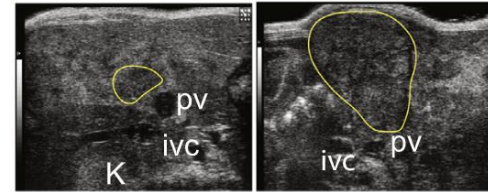
Application of a GEM pancreas cancer model

$Kras^{LSL-G12D/+}$ $Trp53^{LSL-R172H/+}$ $p48^{Cre/+}$ Mice

Adoptive
T cell transfer



Pancreas cancer:

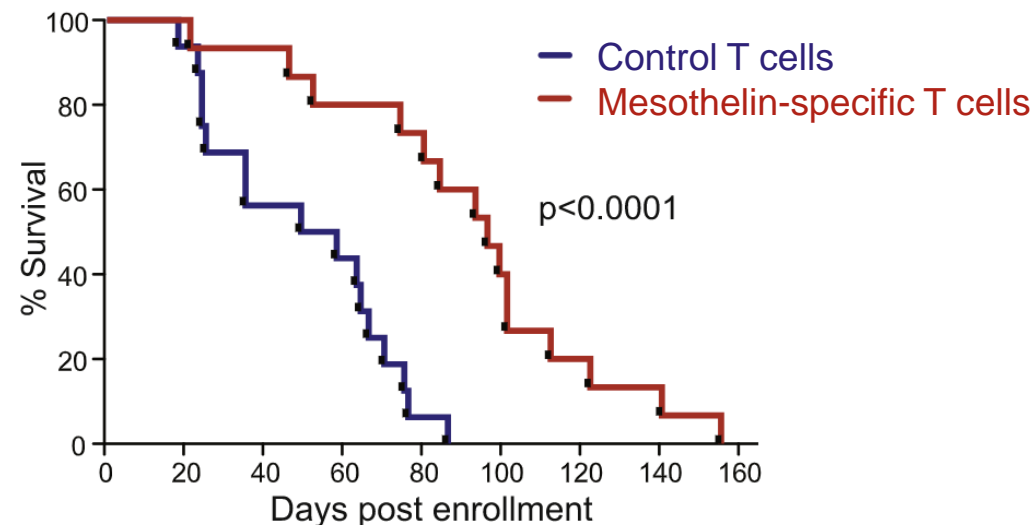
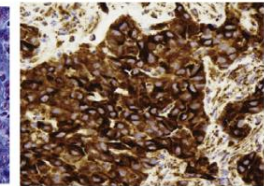
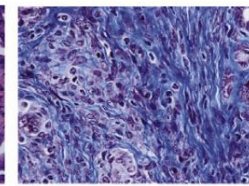
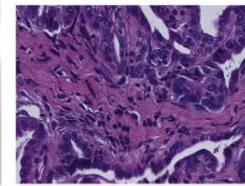


Gross


H&E

Trichrome

Msln



Pros and cons

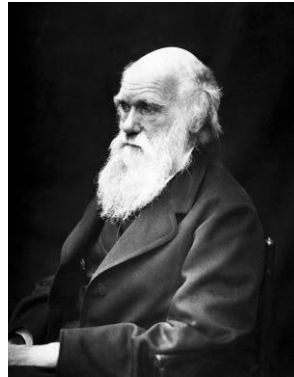
| | Pros | Cons | Cost |
|----------------------|--|---|---|
| Mouse tumor implants | <ul style="list-style-type: none">- Simple and reproducible- Genetic engineering | <ul style="list-style-type: none">- Genetically homogenous- Artificial implantation- Mouse, not human |  |
| GEM | <ul style="list-style-type: none">- Well-defined oncogenic mutations, representative of human cancer- Oncogenesis | <ul style="list-style-type: none">- Low mutational burden and immunogenicity- Mouse, not human | |

Mice are not humans

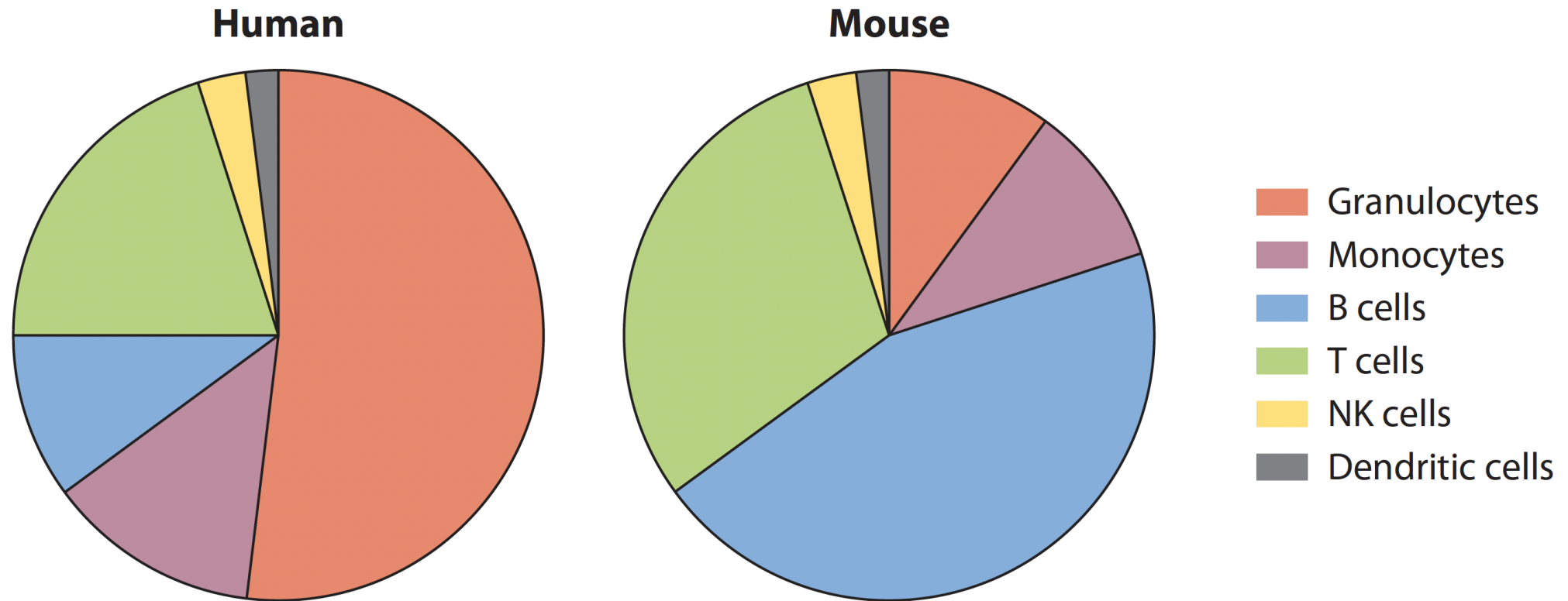


Most
recent
common
ancestor

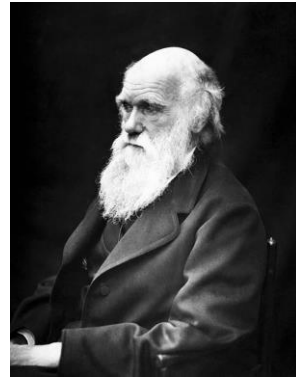
*90 million
years ago*



Human and mouse white blood cell composition



Mice are not humans



Most
recent
common
ancestor

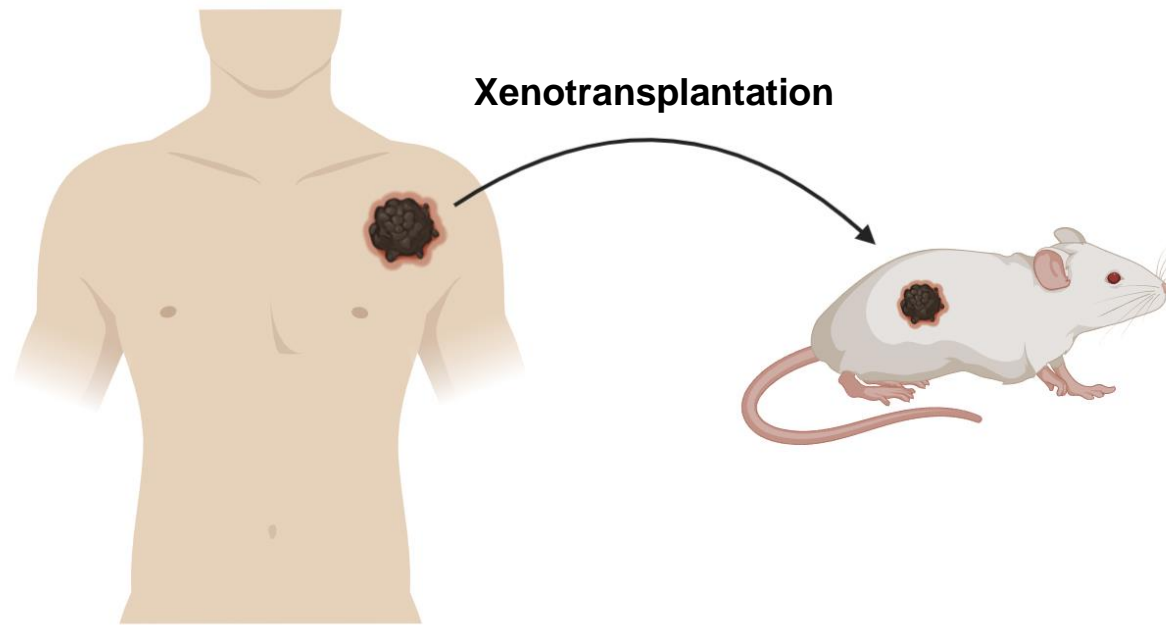
90 million
years ago



All humans are different

Mouse models of cancer

3) Patient-derived xenografts (PDX)



Immunodeficient “NSG” recipient mice

NOD

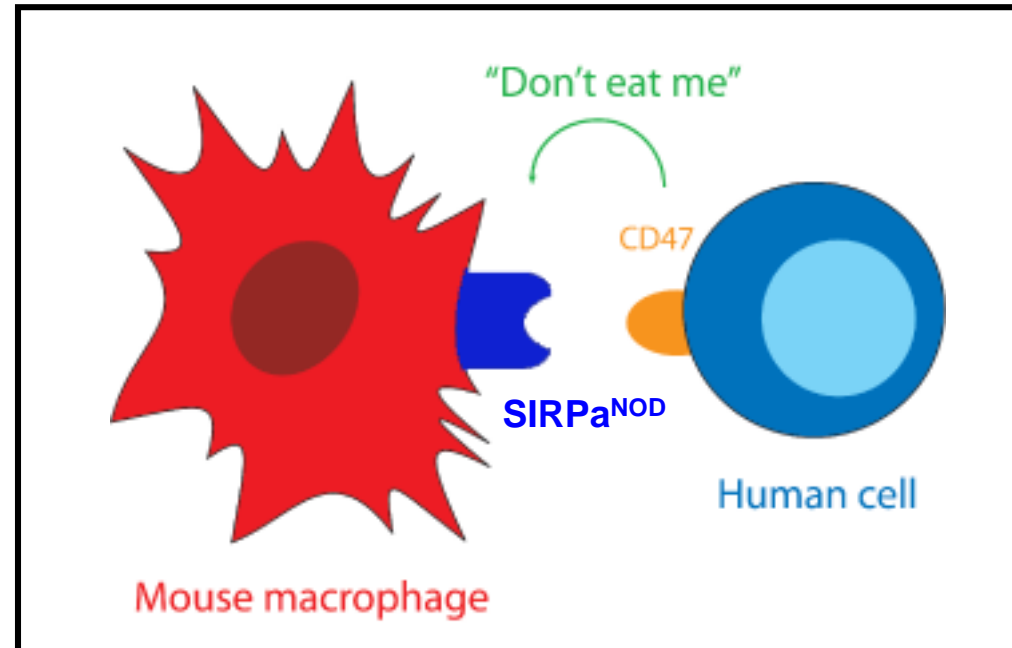
Scid

IL2RGamma^{-/-}

Phagocytic tolerance (SIRP α polymorphism)

T and B cell deficiency

NK cell deficiency



PDX repositories

pdxfinder.org



PROVIDERS

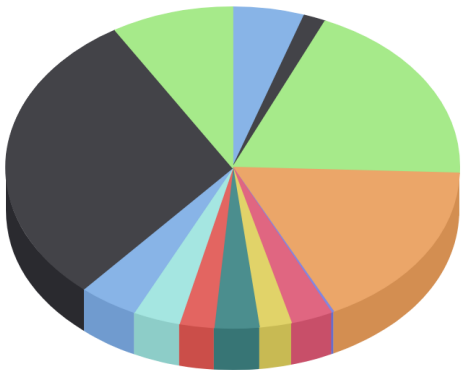
- 639 | Candiolo Cancer Institute - Colorectal
- 459 | Charles River Laboratories
- 406 | The Jackson Laboratory
- 316 | MD Anderson Cancer Center
- 298 | Patient-Derived Models Repository
- 256 | Wistar/MD Anderson/Penn
- 119 | Washington University in St. Louis
- 94 | Princess Margaret Living Biobank
- 76 | Candiolo Cancer Institute-Gastric Cancer


charles river
459 PDX models


The Jackson
Laboratory
406 PDX models

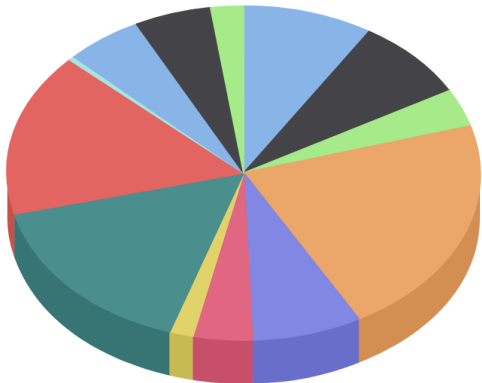
Cancer by System

- Skin Cancer
- Endocrine Cancer
- Thoracic Cancer
- Respiratory Tract Cancer
- Unclassified
- Hematopoietic and Lymphoid Sy...
- Nervous System Cancer
- Connective and Soft Tissue Can...
- Head and Neck Cancer
- Breast Cancer
- Reproductive System Cancer
- Digestive System Cancer
- Urinary System Cancer

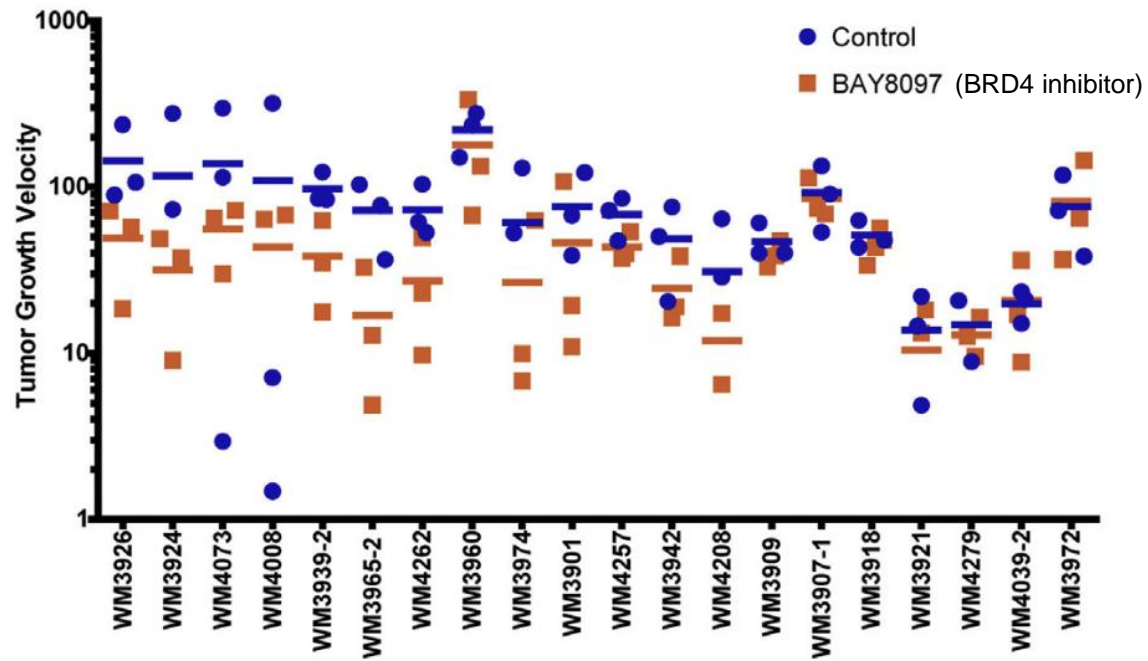


Cancer by System

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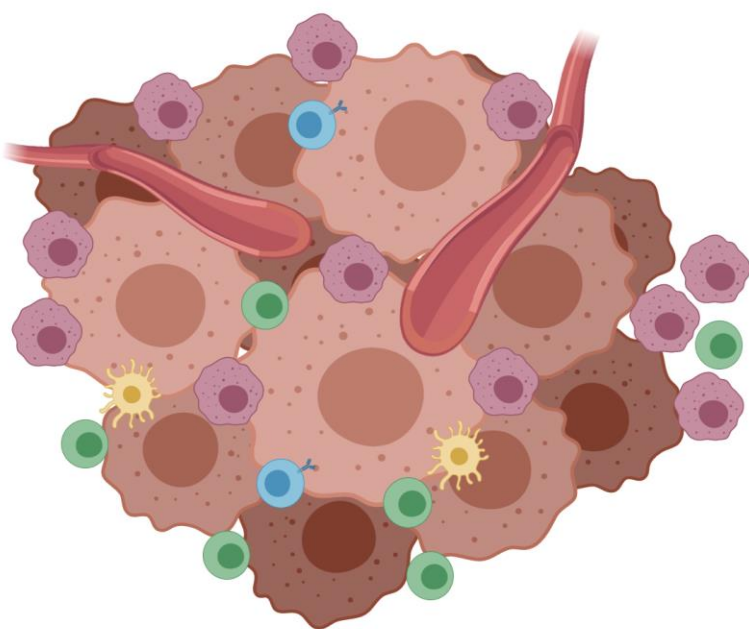






Melanoma PDX “pre-clinical” trial



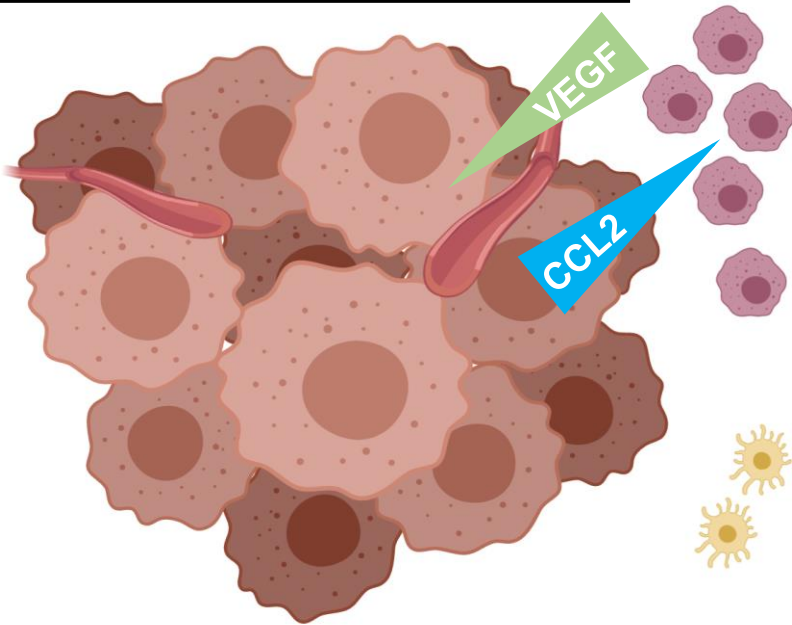
PDX lack a functional immune system

Patient tumor microenvironment



-  Macrophages
-  Dendritic cells
-  T lymphocytes
-  B lymphocytes


PDX tumor microenvironment



CCL2:
(35% a.a. conservation)

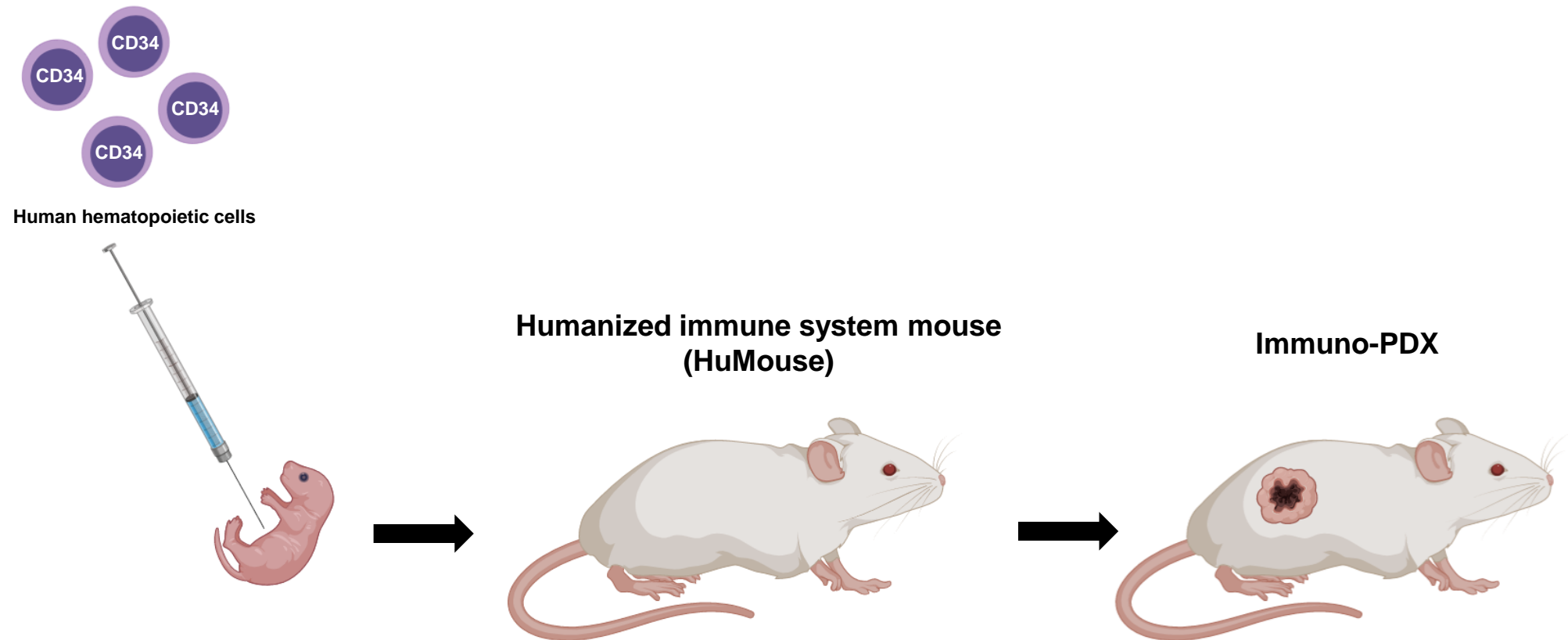
| | | | | | |
|--------|-------|---------------|---------------|---------------|---------------|
| | 10 | 20 | 30 | 40 | 50 |
| Mouse_ | MQVPV | MLLGLLFTV | AGWSIHVLAQ | PDVNAPLTCCYS | FTSKMIPMSRLES |
| | :: | :: | :: | :: | :: |
| Human_ | MKVSA | ALLCLLLIAATFI | PQGLAQPDAINAP | VTCCYNFTNRKIS | VQRLAS |
| | 10 | 20 | 30 | 40 | 50 |
| | 60 | 70 | 80 | 90 | 100 |
| Mouse_ | YKRIT | SSRCPEAVVFV | TKLKREVCADPK | KEWVQTYIKN | LDNRQMRSEPT |
| | :: | :: | :: | :: | :: |
| Human_ | YRRIT | SSKCPKEAVIF | KTIKAKEICADPK | QKWQDSMDHLDK | -QTQTPKT |
| | 60 | 70 | 80 | 90 | |
| | 110 | 120 | 130 | 140 | |
| Mouse_ | TLFKT | ASALRSSAPLN | VKLTRKSEANAST | TFSTTSSTSVG | VTSTVTN |
| Human_ | ----- | ----- | ----- | ----- | ----- |

Pros and cons

| | Pros | Cons | Cost |
|----------------------|--|---|---|
| Mouse tumor implants | <ul style="list-style-type: none">- Simple and reproducible- Genetic engineering | <ul style="list-style-type: none">- Genetically homogenous- Artificial implantation- Mouse, not human |  |
| GEM | <ul style="list-style-type: none">- Well-defined oncogenic mutations, representative of human cancer- Oncogenesis | <ul style="list-style-type: none">- Low mutational burden and immunogenicity- Mouse, not human | |
| PDX | <ul style="list-style-type: none">- Representative of human cancer diversity | <ul style="list-style-type: none">- Immunodeficiency | |

Mouse models of cancer

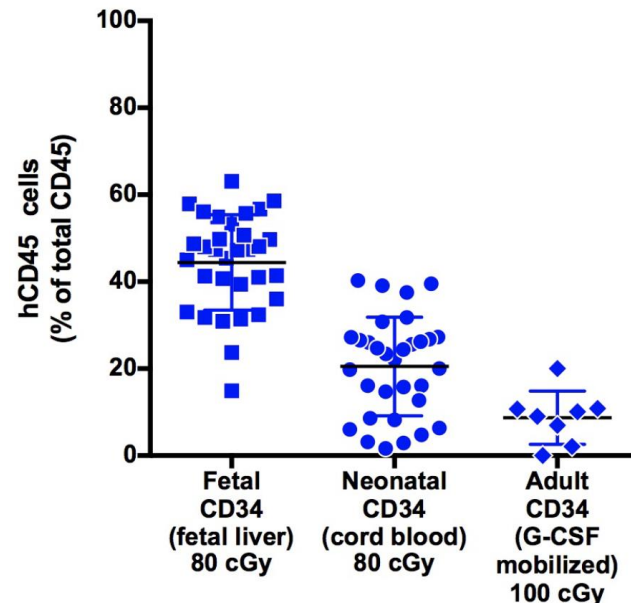
4) PDX in mice with a humanized immune system (immuno-PDX)



How to generate a HuMouse?

A. Source of human hematopoietic cells

- Peripheral blood mononuclear cells (PBMCs)
 - B and T cells only are maintained
 - Xeno-graft vs host disease (xGVHD)
- CD34⁺ hematopoietic stem and progenitor cells (HSPCs)
 - give rise to all blood cell types
 - sustained hematopoiesis for entire life
 - several sources of HSPCs: fetal, newborn, adult



How to generate a HuMouse?

B. Recipient mice

| | | |
|-----------------------------------|-------------------------|-----------------------------------|
| NOD | Phagocytic tolerance | B alb/c |
| Scid | T and B cell deficiency | S IRPa ^{h/h} |
| IL2R G amma ^{-/-} | NK cell deficiency | R AG2 ^{-/-} |
| | | IL2R G amma ^{-/-} |

How to generate a HuMouse?

C. Opening the niche (pre-conditioning)

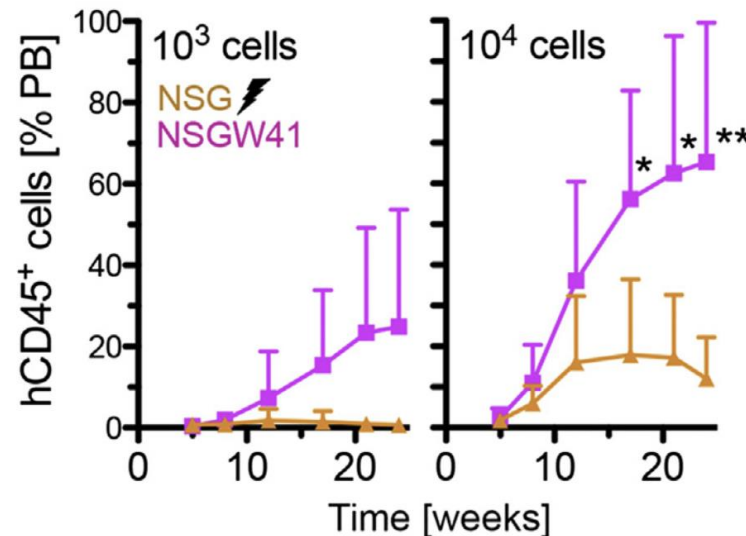
Irradiation



“Genetic” pre-conditioning

NOD
Scid
IL2RGamma^{-/-}
cKit-W41

Phagocytic tolerance
T and B cell deficiency
NK cell deficiency
Mouse HSPC deficiency



How to generate a HuMouse?

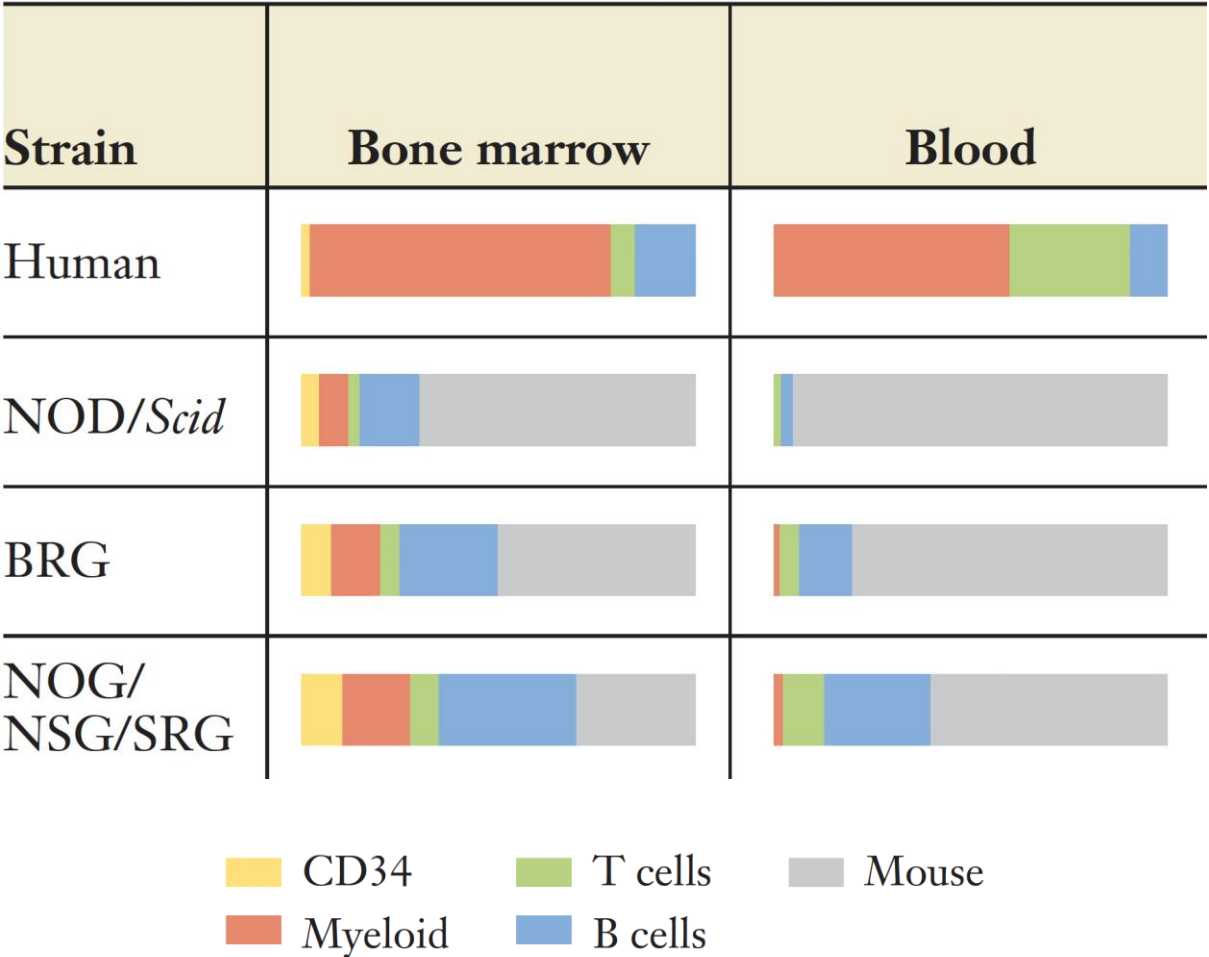
D. Orthotopic hematopoietic cell transplantation

- Intravenous injection in adult mice
- Intrafemoral injection in adult mice
- Intrahepatic injection in newborn mice
 - the liver is a natural site of hematopoiesis until day 3-4
 - newborns naturally support the expansion of hematopoiesis



How to generate a HuMouse?

E. Support for graft differentiation (cross-reactive cytokines)



How to generate a HuMouse?

E. Support for graft differentiation (cross-reactive cytokines)

| |
|-----------------------|
| 81-100% a.a. identity |
| 61-80% a.a. identity |
| <60% a.a identity |

- HSC: Hematopoietic stem cell

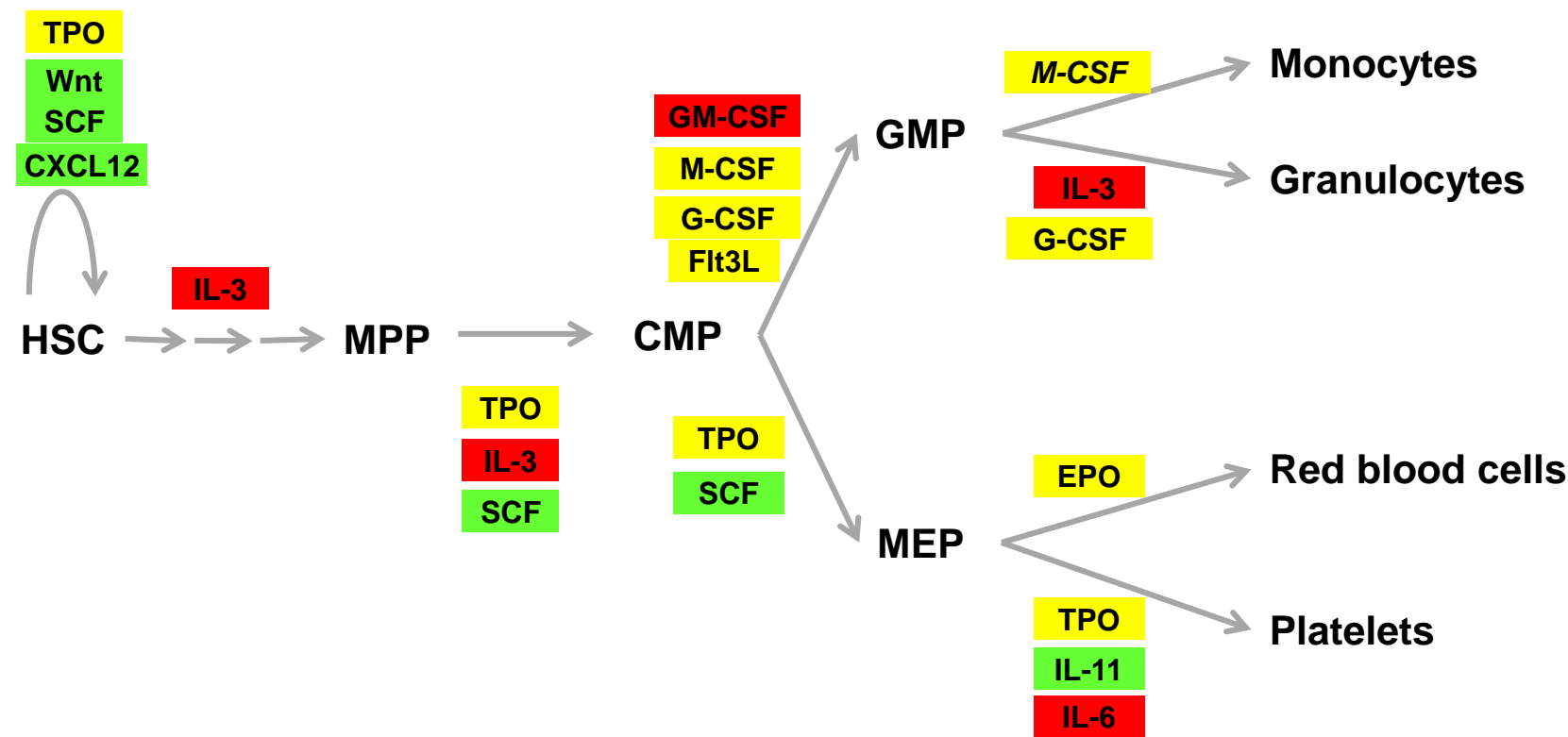
MPP: Multipotent progenitor

CMP: Common myeloid progenitor

GMP: Granulocyte macrophage progenitor

MEP: Megakaryocyte erythrocyte progenitor

CDP: Common dendritic cell progenitor



How to generate a HuMouse?

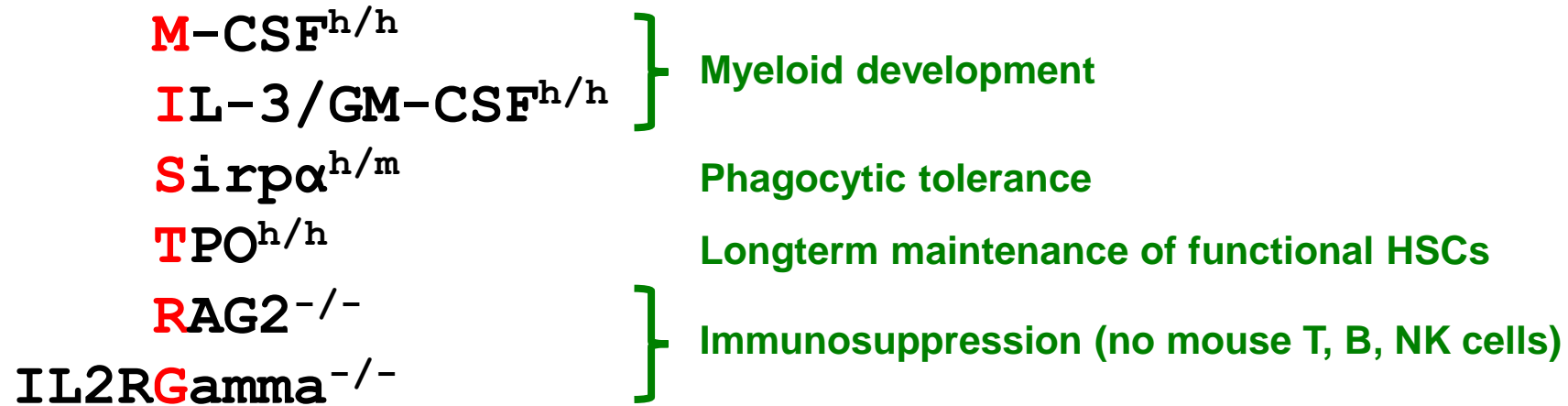
E. Support for graft differentiation (cross-reactive cytokines)

| | |
|--|---|
| NOD | Phagocytic tolerance |
| Scid | } Immunosuppression (no mouse T, B, NK cells) |
| IL2Rγ^{-/-} | |
| pCMV-h SCF ^{tg} | Longterm maintenance of functional HSCs |
| pCMV-h GM-CSF ^{tg} | } Myeloid development |
| pCMV-h IL3 ^{tg} | |

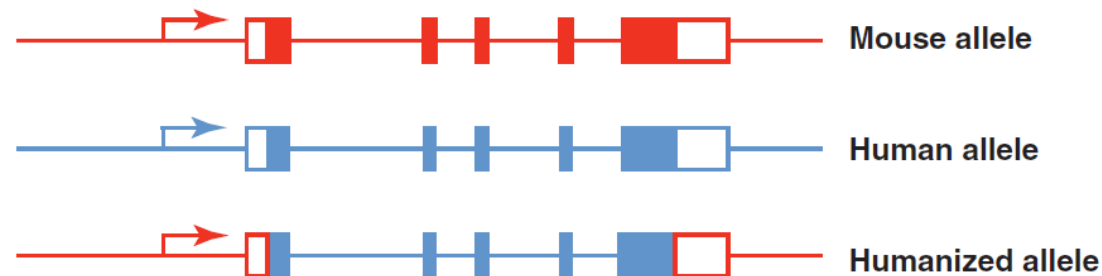
→ Transgenic overexpression of human cytokines

How to generate a HuMouse?

E. Support for graft differentiation (cross-reactive cytokines)



→ Knockin replacement (mouse to human) of cytokine-encoding genes (Velocigene)

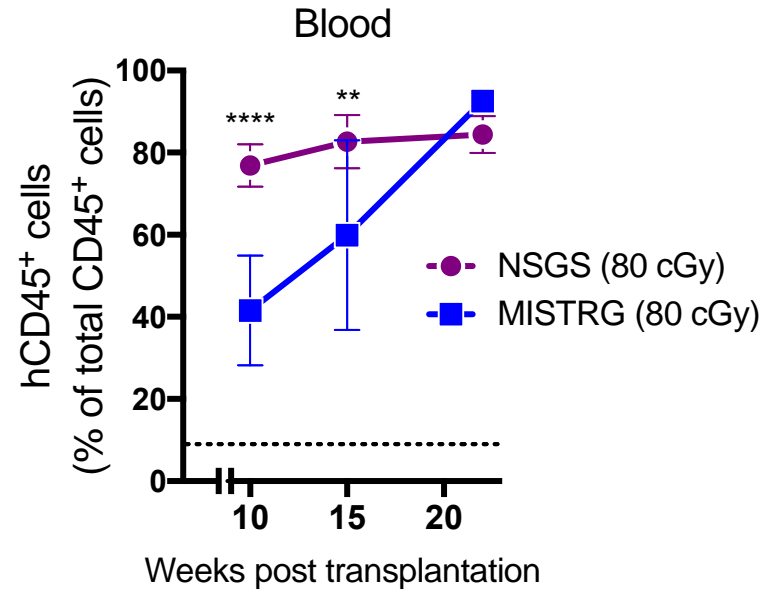


How to generate a HuMouse?

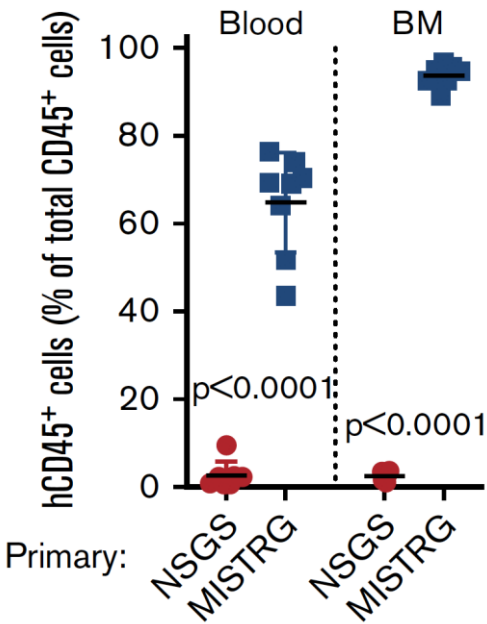
E. Support for graft differentiation (cross-reactive cytokines)

NSG-SGM3 (“NSGS”) vs. MISTRG

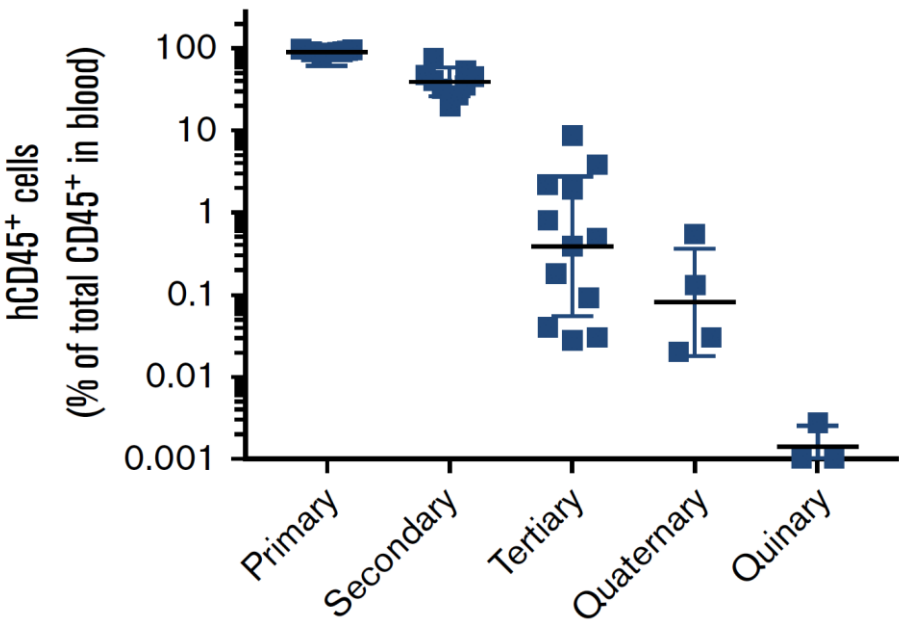
Overall engraftment



Secondary transplantation



Serial transplantation (MISTRG)

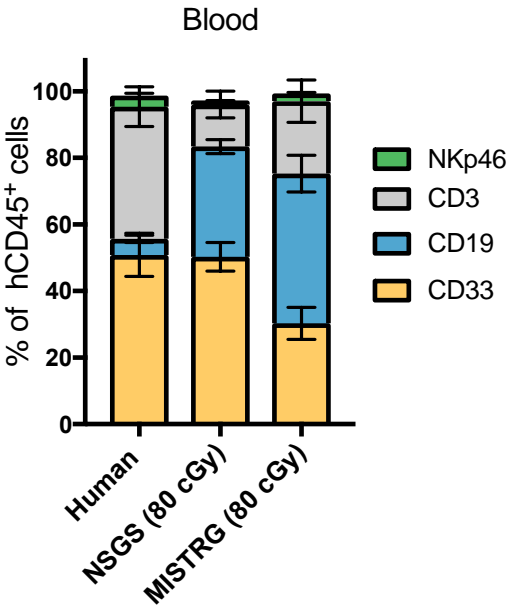


How to generate a HuMouse?

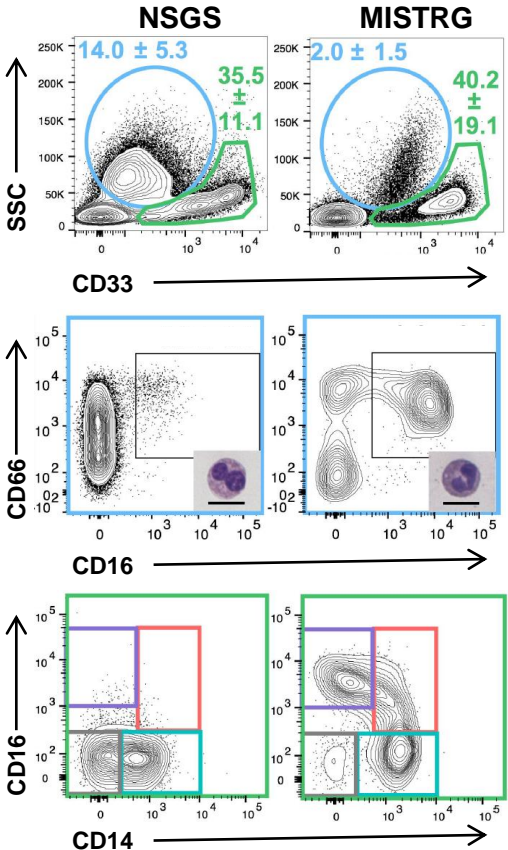
E. Support for graft differentiation (cross-reactive cytokines)

NSG-SGM3 (“NSGS”) vs. MISTRG

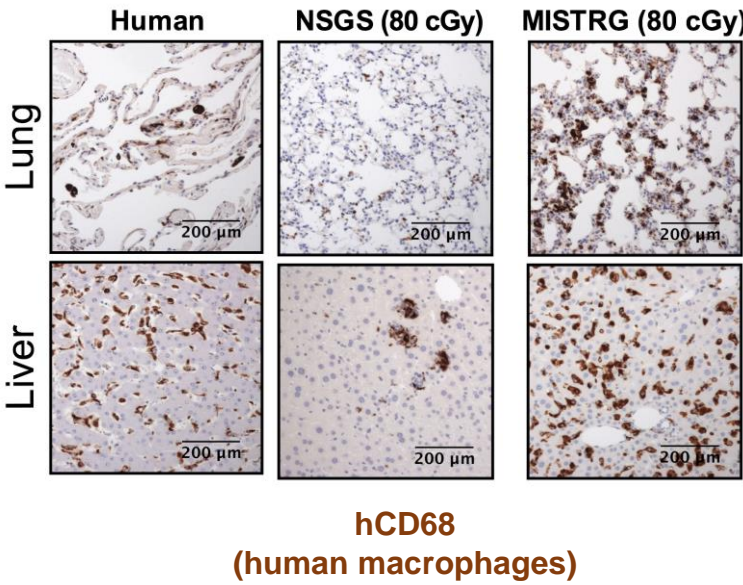
Myeloid cell development



Granulocyte/monocyte maturation

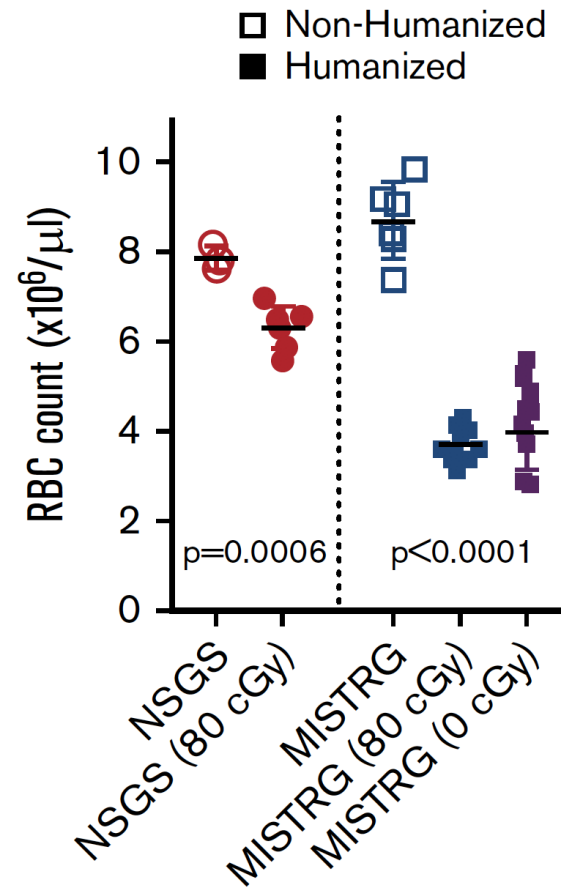


Tissue macrophages



How to generate a HuMouse?

F. Graft vs. host innate and adaptive tolerance

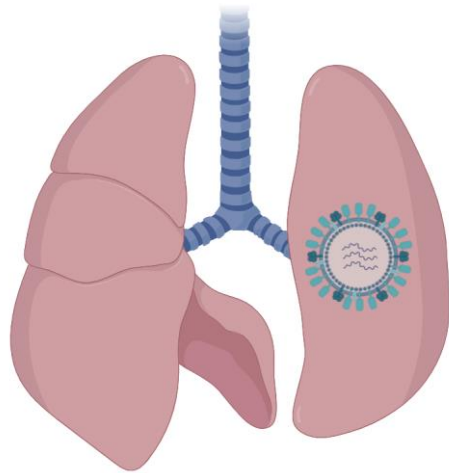


→ Mouse red blood cells phagocytosed by human macrophages

How to generate a HuMouse?

G. Reactivity of effector mechanisms on target cells/tissues

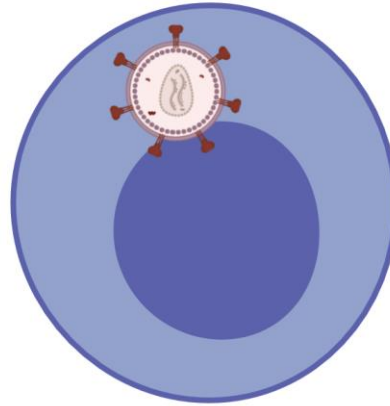
Influenza infection



Mouse lung



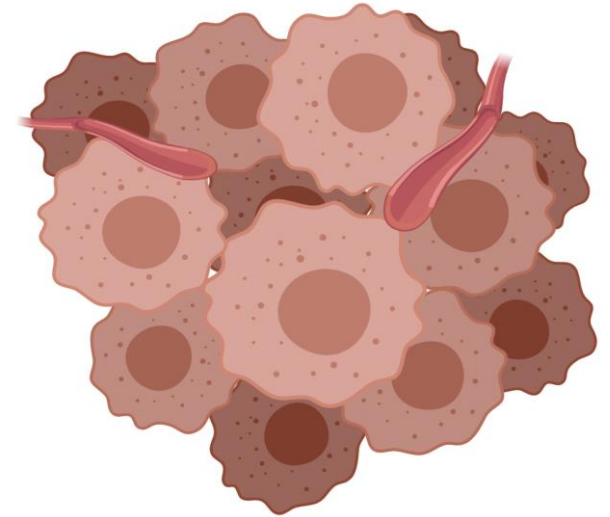
HIV infection



Human T cells



Human tumor (PDX)



Human cancer cells



Mouse vasculature

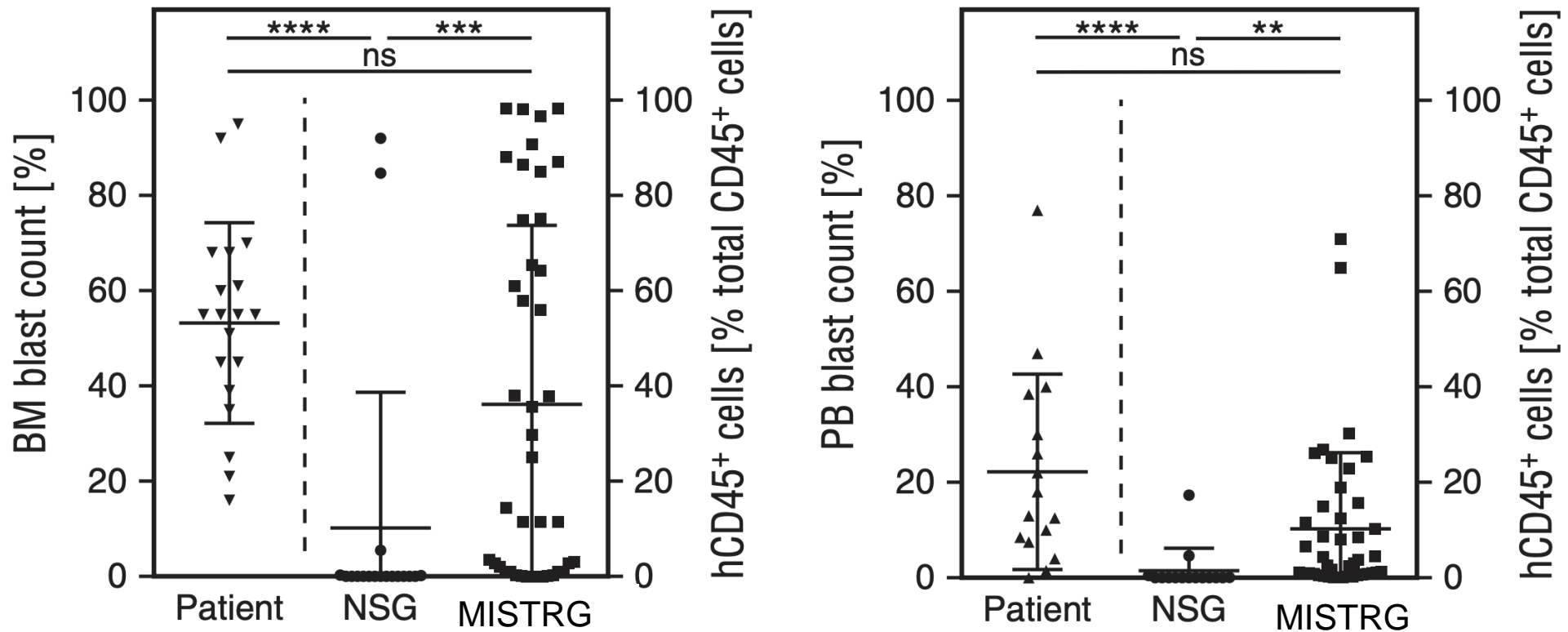


Target cells:

Cross-reactivity of human immune cells:

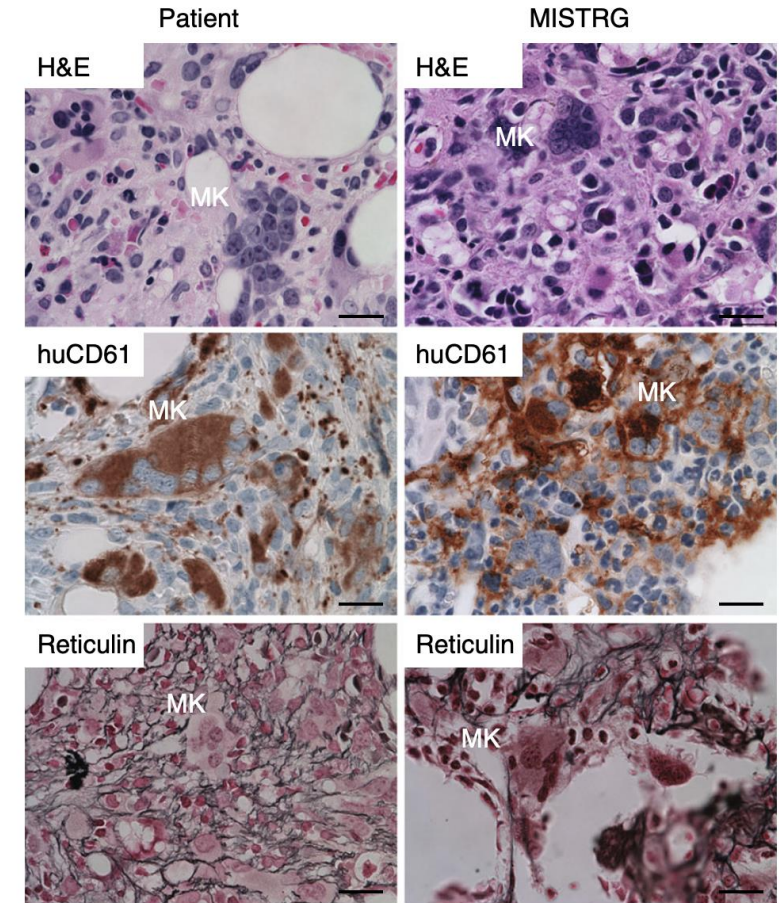
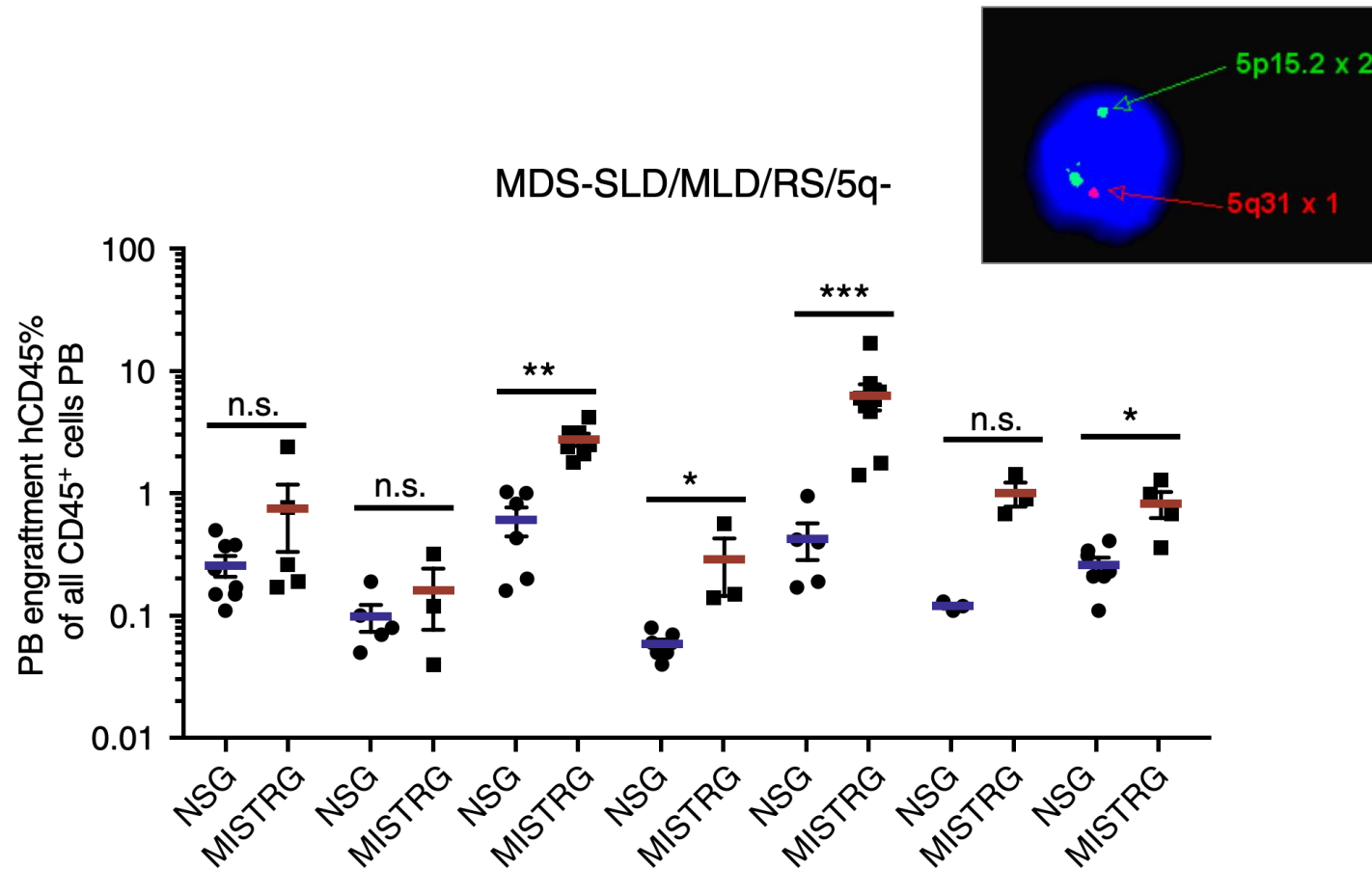
Transplantation of human hematopoietic diseases

Acute myeloid leukemia (AML) – inv16 “good risk” AML



Transplantation of human hematopoietic diseases

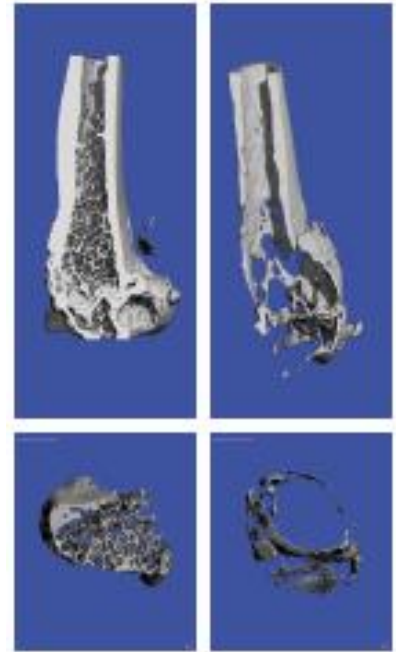
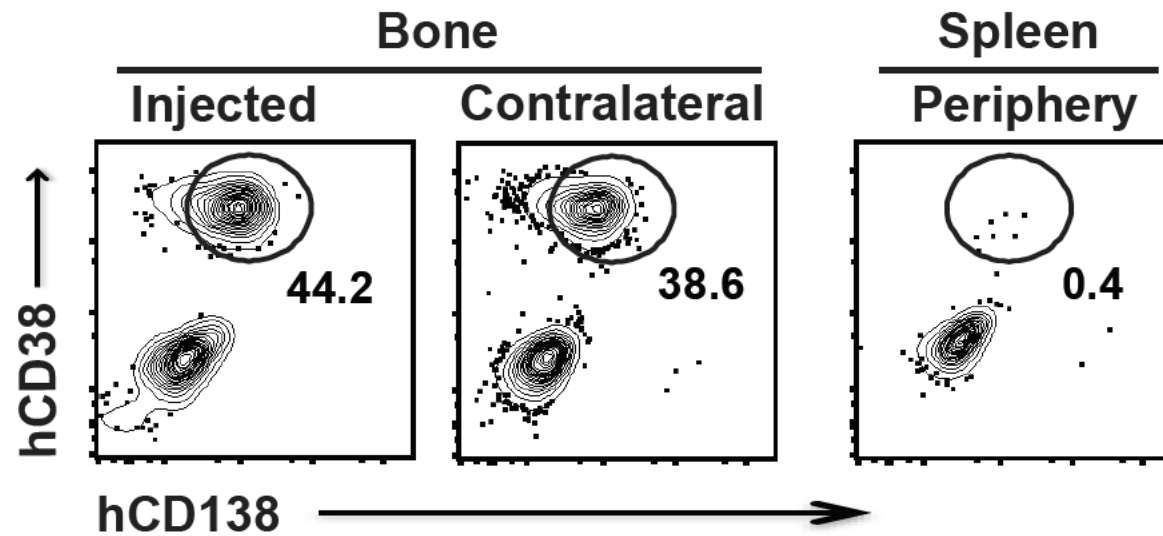
Myelodysplastic syndromes (MDS)



Transplantation of human hematopoietic diseases

Multiple myeloma

M-CSF^{h/h}
IL3/GM-CSF^{h/h}
Sirpα^{h/m}
TPO^{h/h}
RAG2^{-/-}
IL2R**G**amma^{-/-}
IL**6**^{h/h}



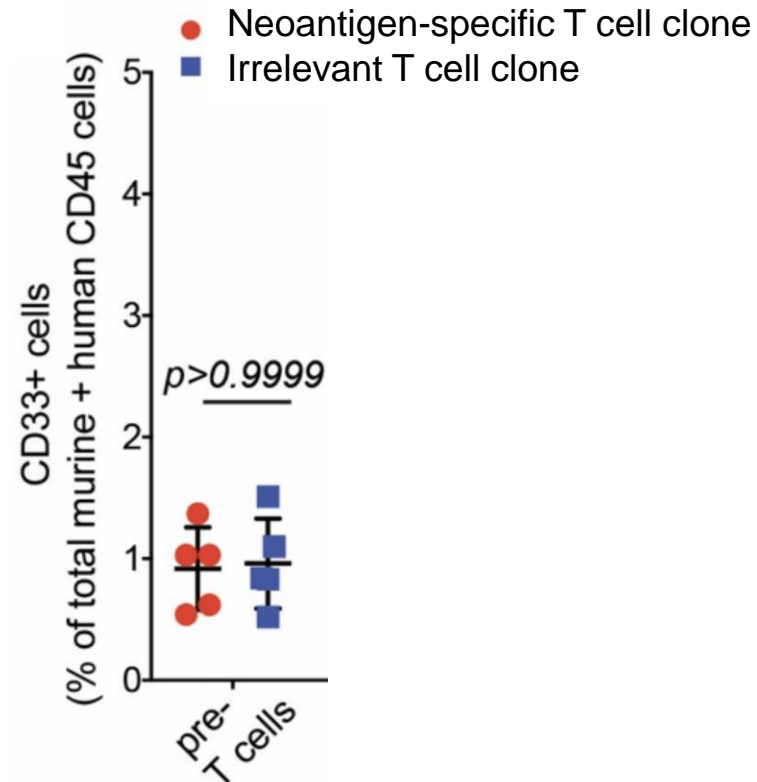
Modeling adoptive T cell therapy of AML

Effective clearance of leukemia

Primary AML transplanted in MISTRG mice

“Good risk” AML – Core binding factor (CBF) fusion protein

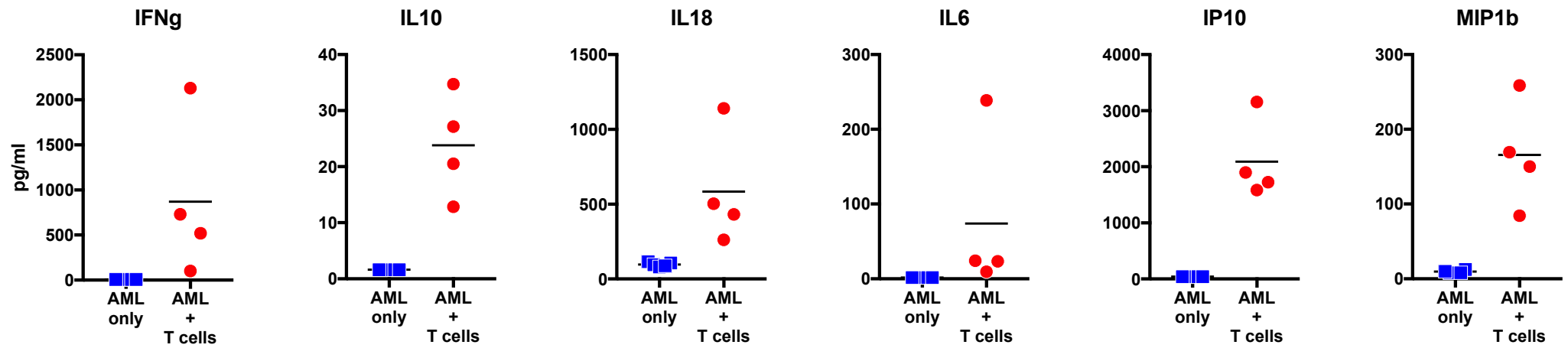
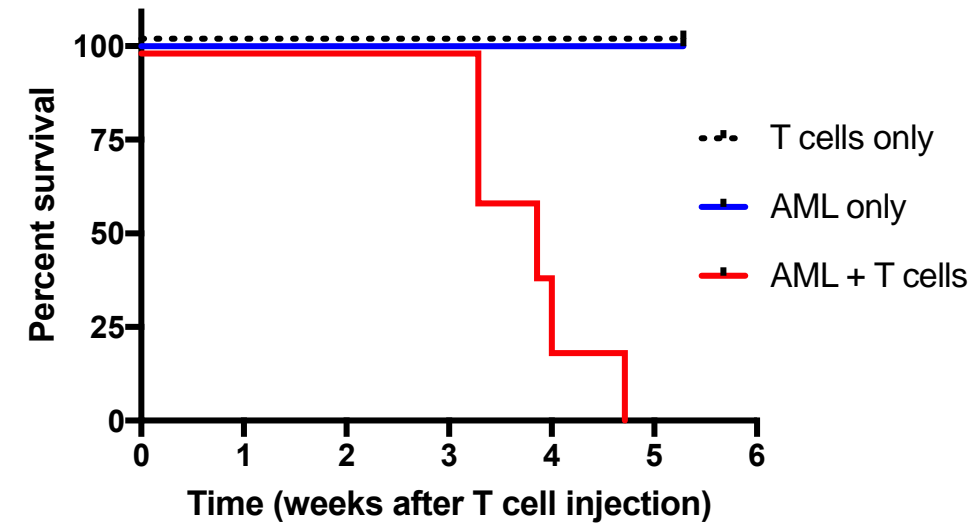
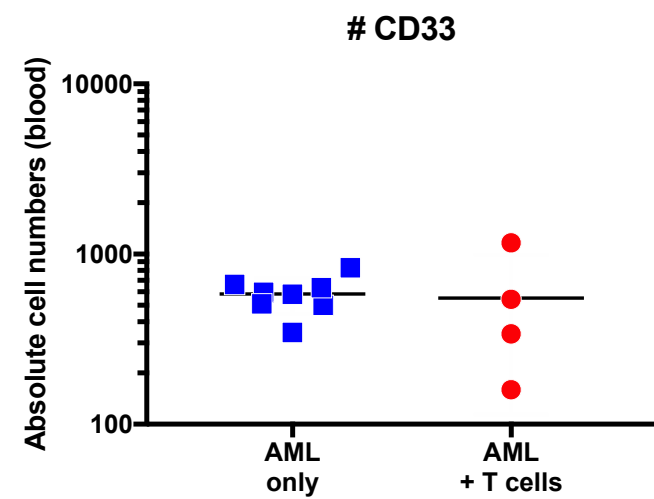
T cells specific for a neoantigen in the fusion protein



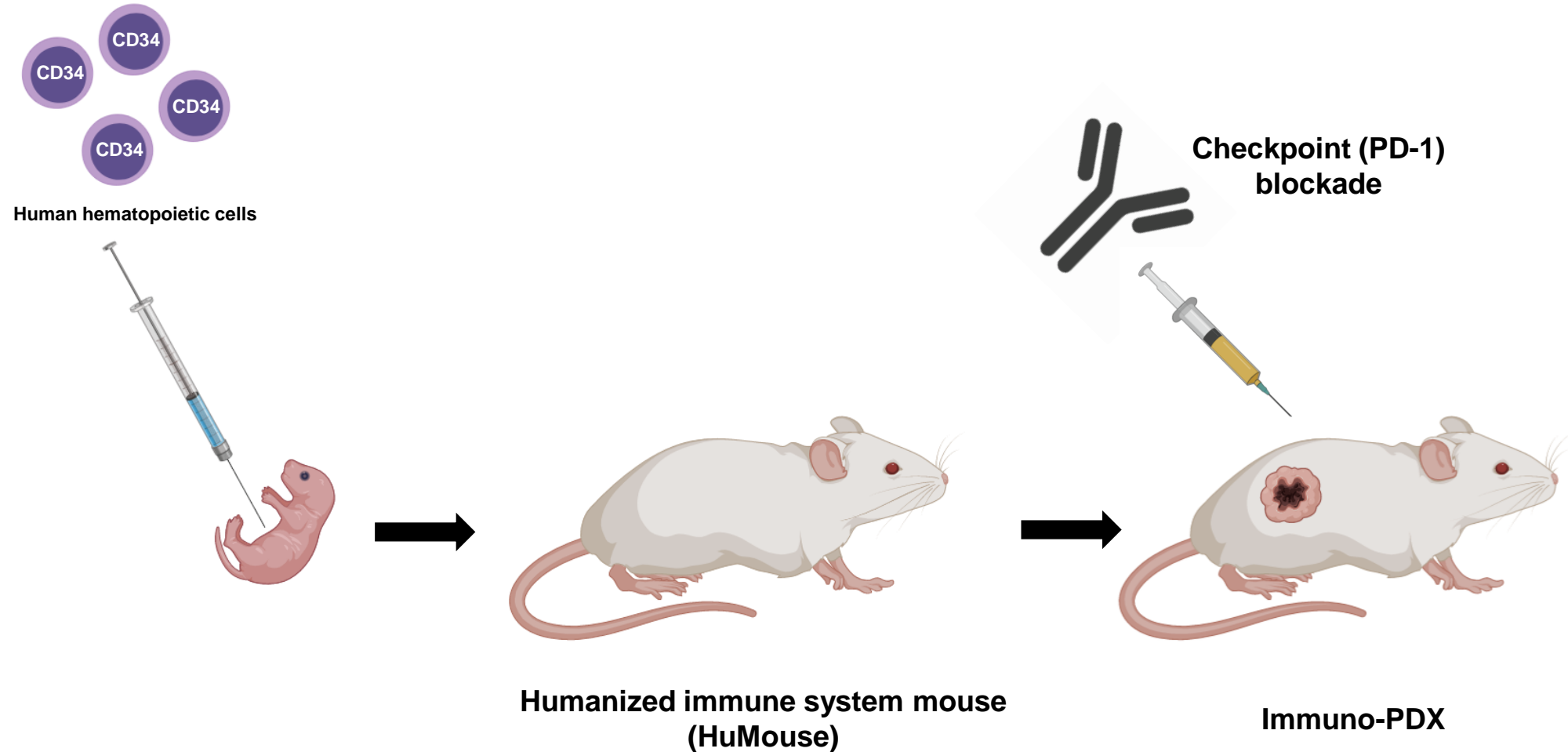
Modeling adoptive T cell therapy of AML

Cytokine release syndrome

Primary AML in MISTRG mice
T cells specific for a cancer/testis antigen

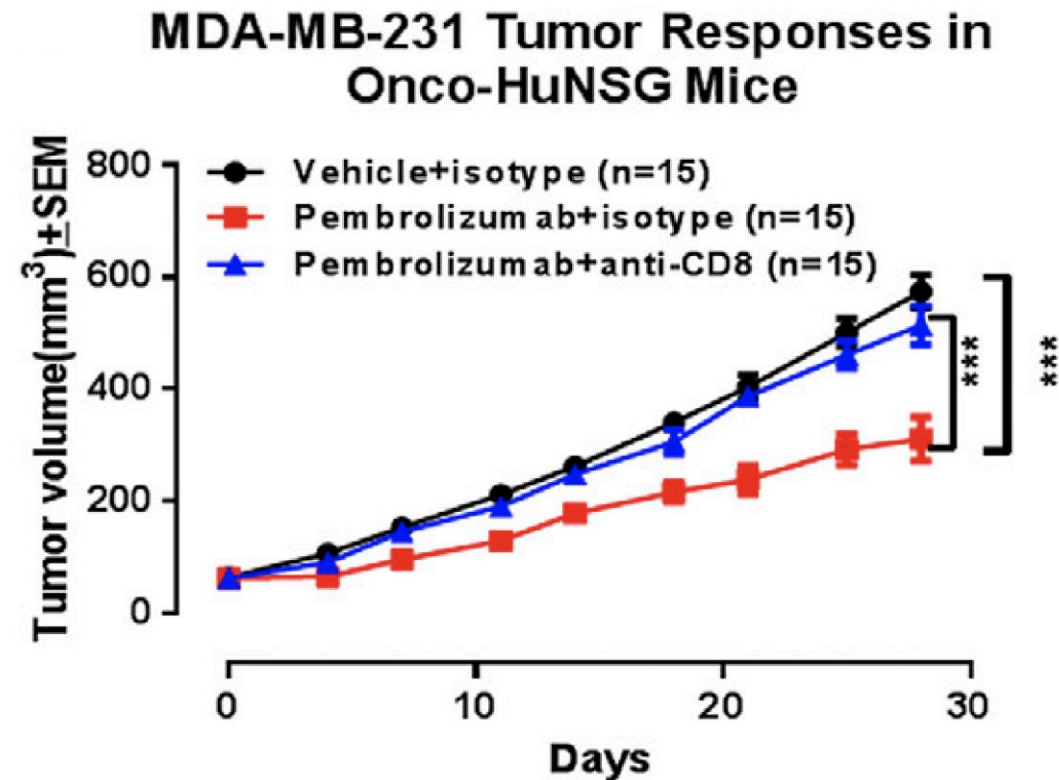


Modeling checkpoint inhibition in solid tumors



Modeling checkpoint inhibition in solid tumors

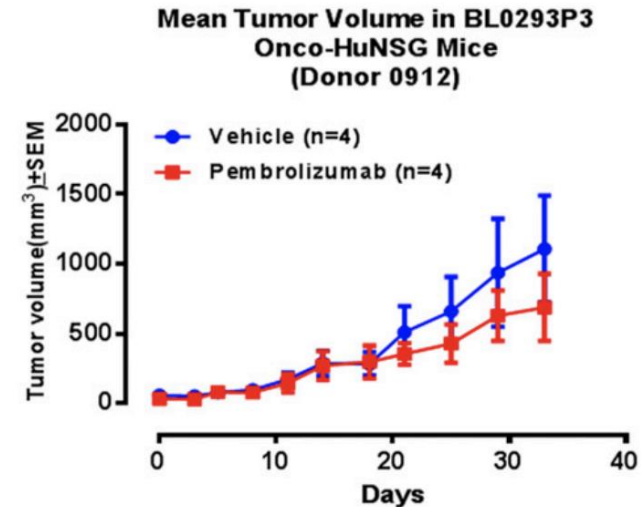
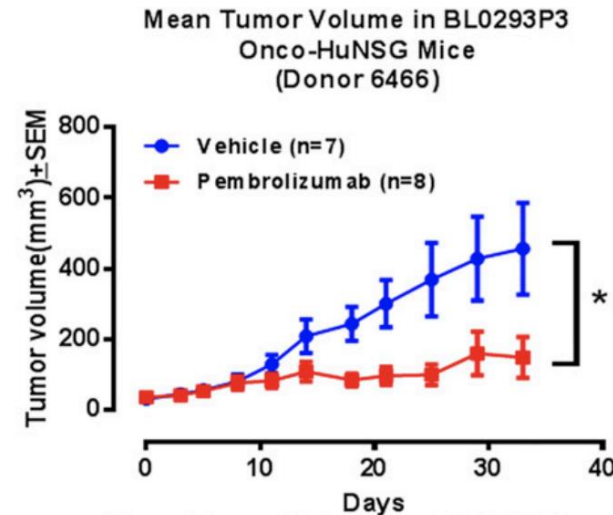
Breast cancer cell line



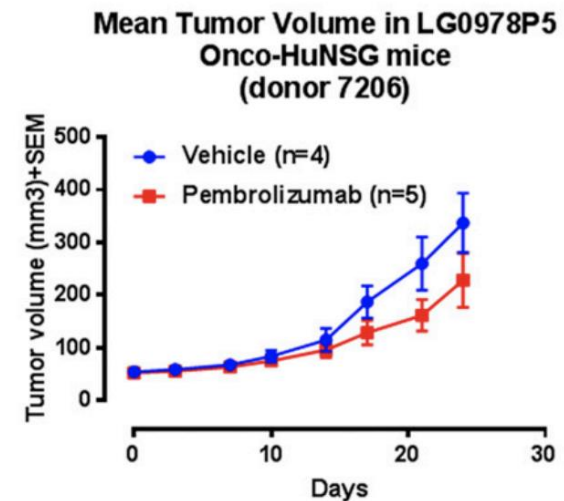
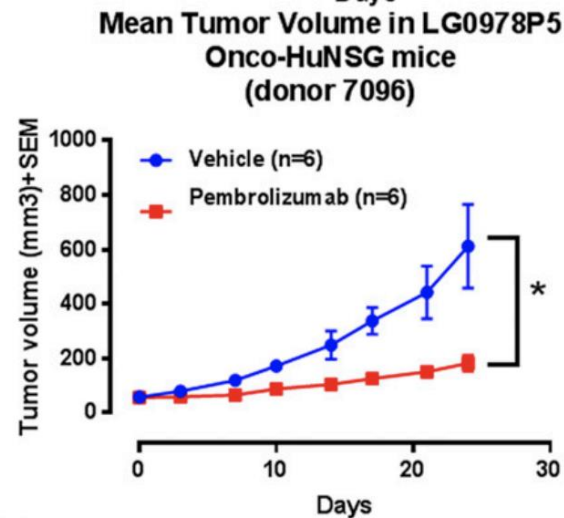
Modeling checkpoint inhibition in solid tumors

PDX - hematopoietic cell donor variation

Bladder cancer PDX



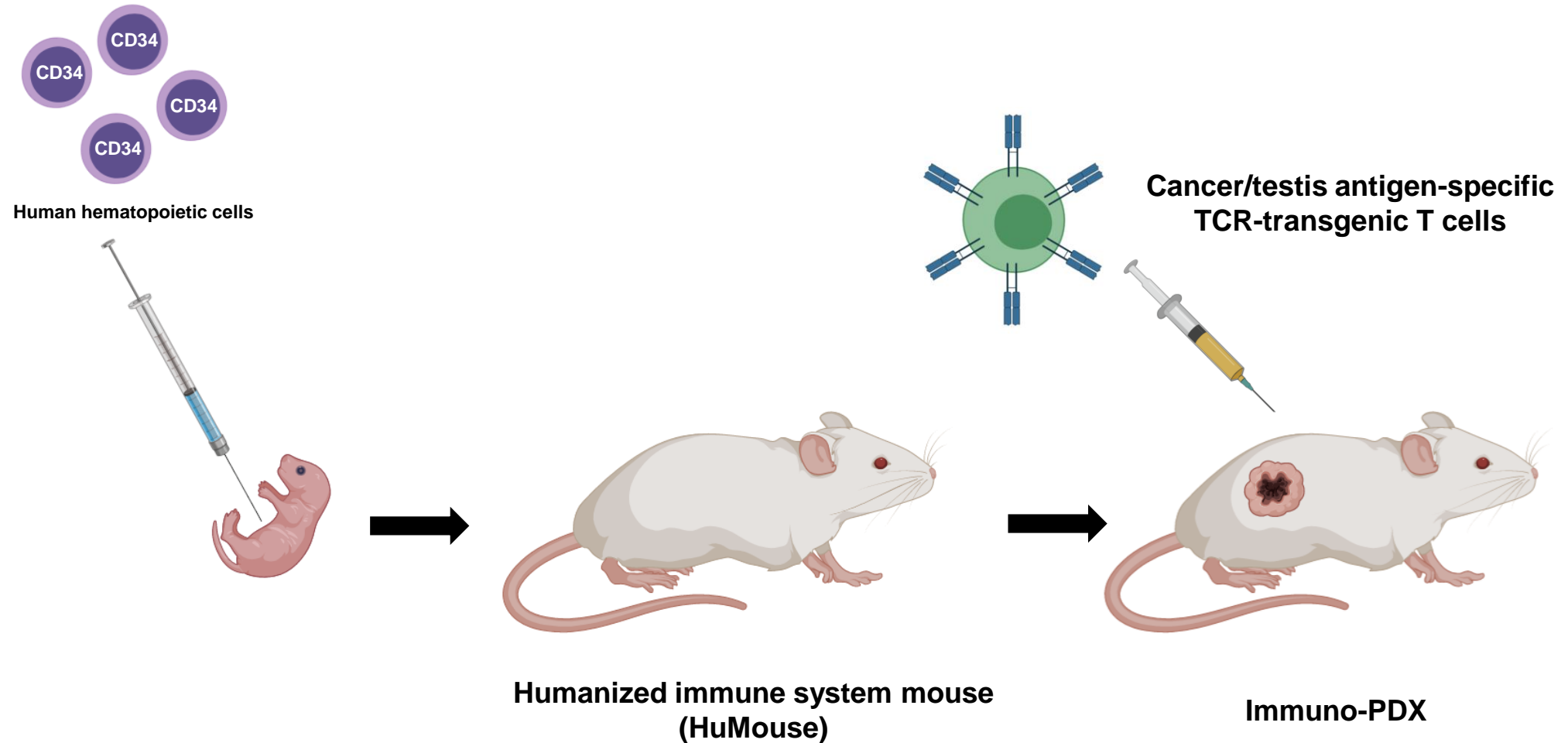
Non small cell lung cancer PDX



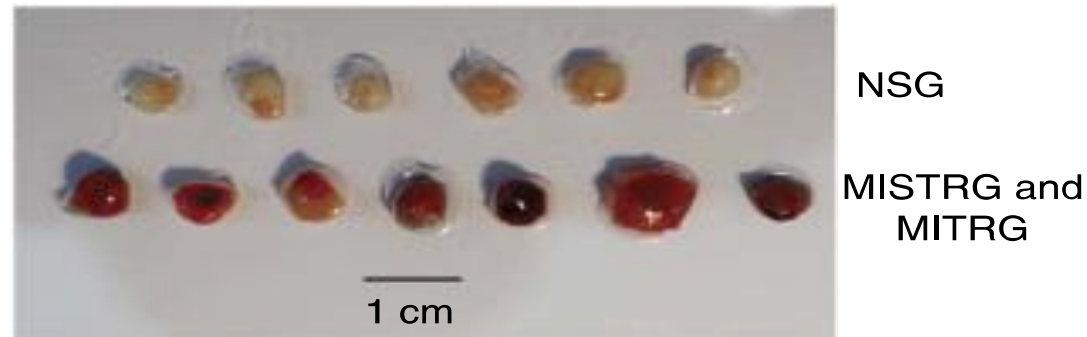
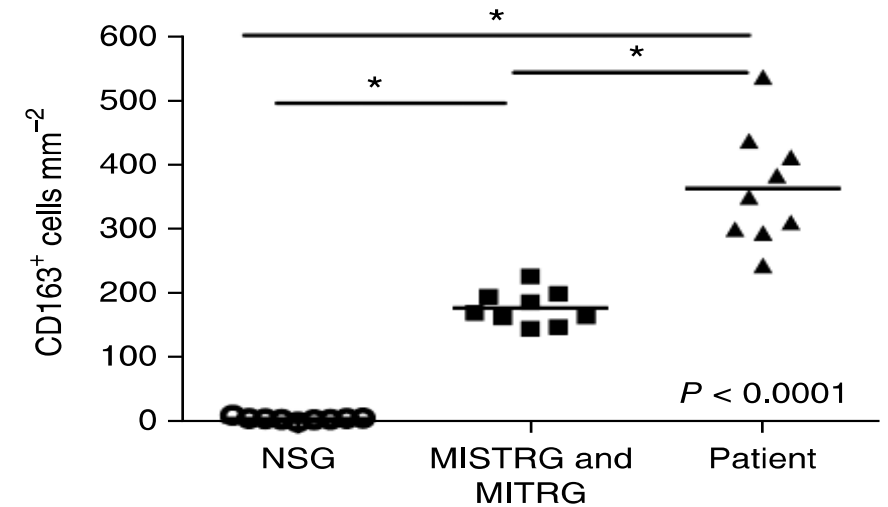
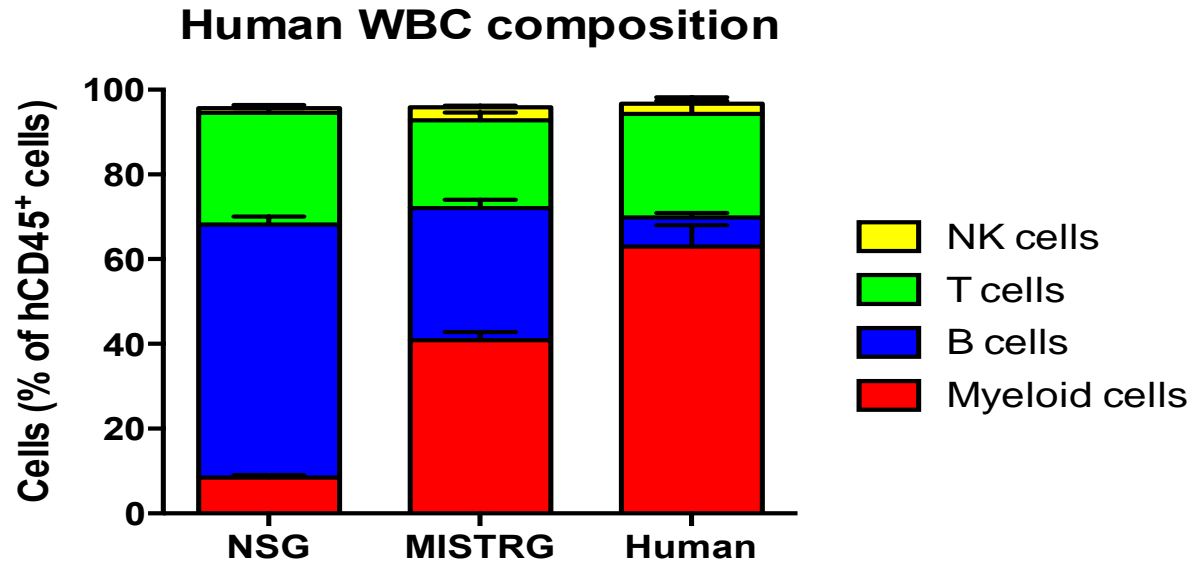
T cells in humanized mice

- Human T cells develop in the mouse thymus
 - Tolerance (no xeno-GVHD)
 - Abnormal TCR repertoire selection
 - CD4/CD8, Treg, naïve/effector/memory subsets are normal
 - Normal response ex-vivo to polyclonal stimulation (proliferation, cytokines)
 - Defective structure of secondary lymphoid structure
- ➔ Generally, low efficiency of de novo adaptive immune responses
- ➔ Next-gen HuMice: HLA expression, additional cytokines, restore lymphoid structures

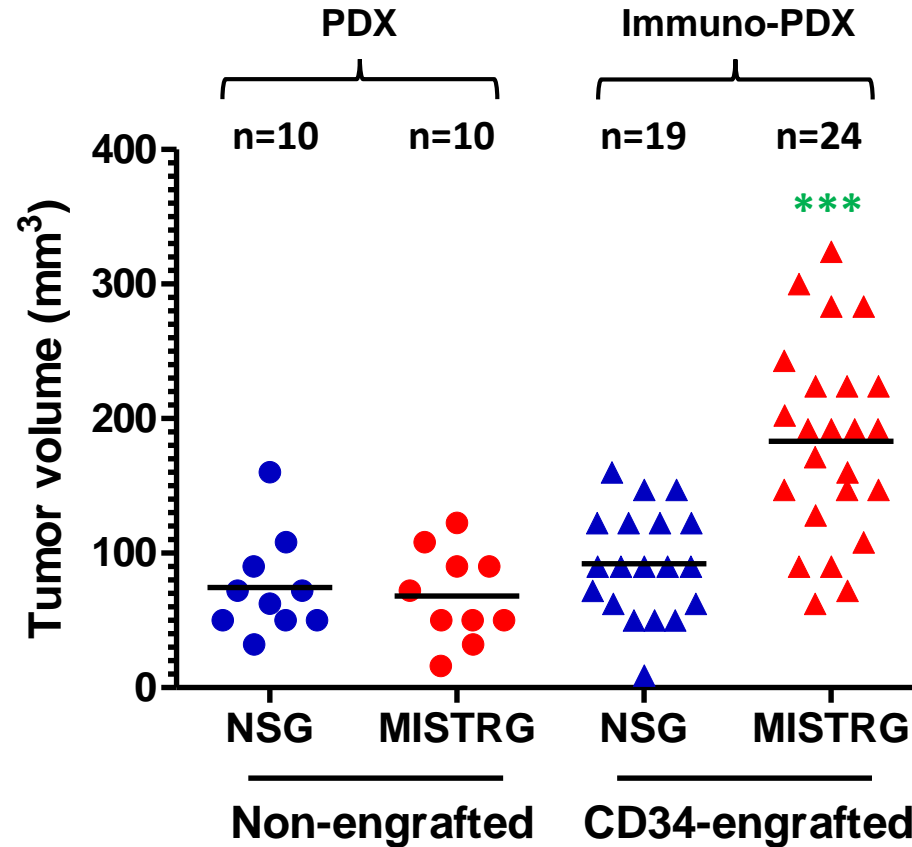
Modeling adoptive T cell therapy in solid tumors



Studying macrophage function in a solid tumor

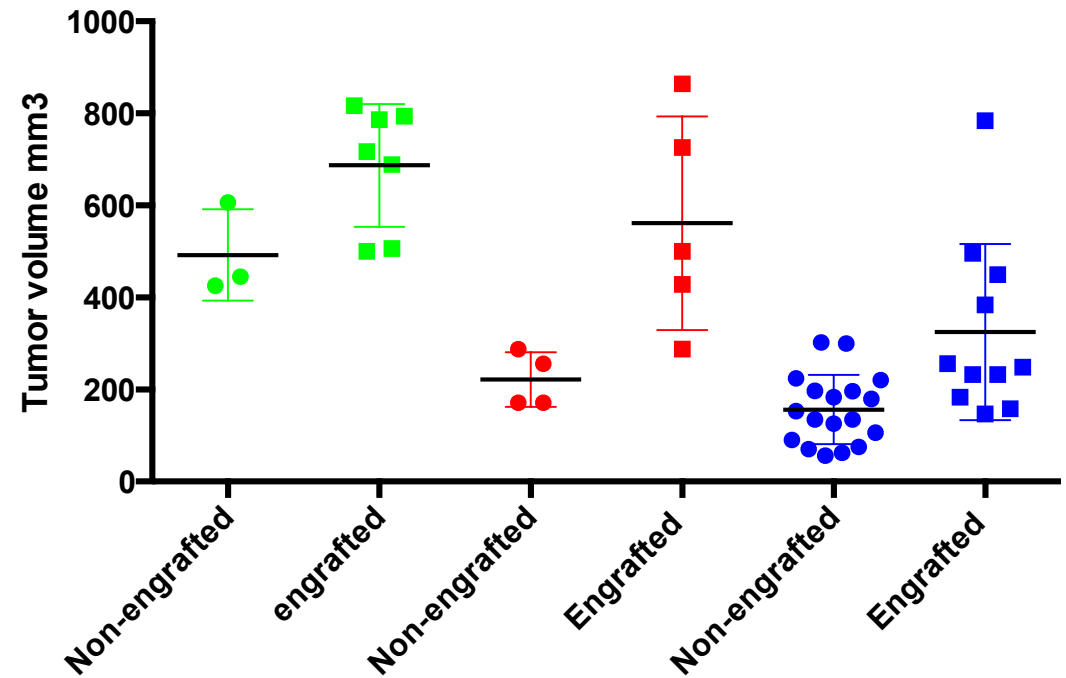
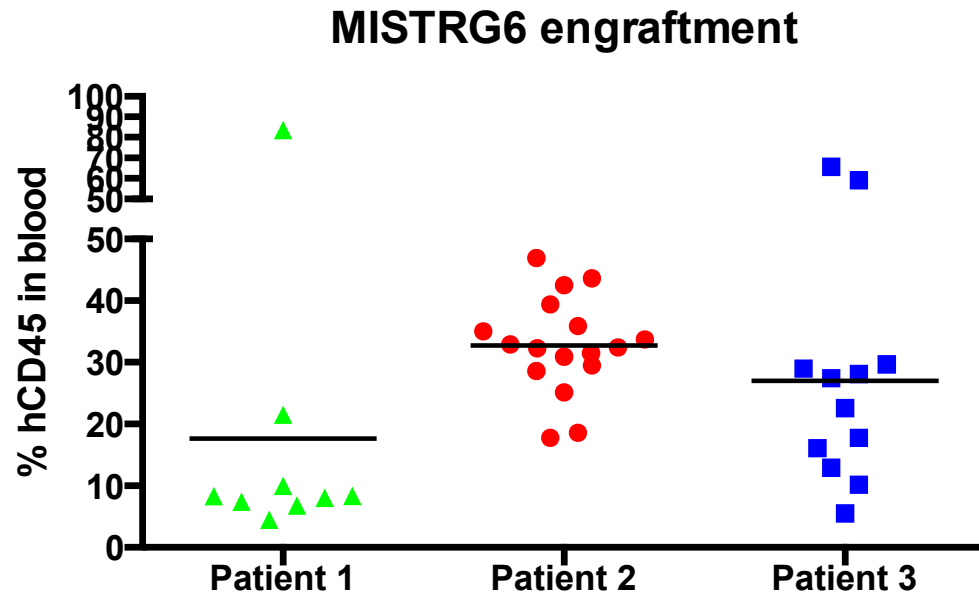


Studying macrophage function in a solid tumor

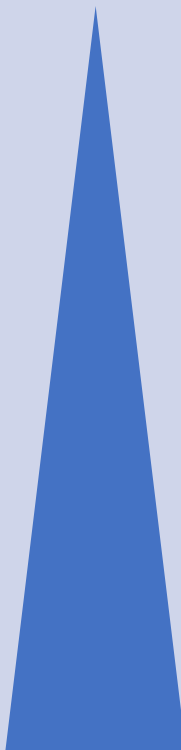


One-way ANOVA $p < 0.0001$
*** $p < 0.05$ vs. all other group
(Tukey post-hoc test)

A fully patient-derived immuno-PDX model



Pros and cons

| | Pros | Cons | Cost |
|----------------------|---|--|--|
| Mouse tumor implants | <ul style="list-style-type: none">- Simple and reproducible- Genetic engineering | <ul style="list-style-type: none">- Genetically homogenous- Artificial implantation- Mouse, not human |  |
| GEM | <ul style="list-style-type: none">- Well-defined oncogenic mutations, representative of human cancer- Oncogenesis | <ul style="list-style-type: none">- Low mutational burden and immunogenicity- Mouse, not human | |
| PDX | <ul style="list-style-type: none">- Representative of human cancer diversity | <ul style="list-style-type: none">- Immunodeficiency | |
| Immuno-PDX | <ul style="list-style-type: none">- Representative of human cancer diversity- Human immune system is somewhat functional- Recapitulate some aspects of human immunity and response to immunotherapy | <ul style="list-style-type: none">- Human donor variability (immune responses)- Human immune system functionally incomplete- Mismatch immune/tumor donor- Prototypes: need extensive development and validation | |

Conclusions

- Consider strengths and weaknesses of each model
- Optimize and validate each disease model
- Start with the simplest possible experiments
- Confirm results in independent models and in human

Example #1

- Good risk AML
 - Antigen-specific T cell clone
- ➔ Effective killing of the leukemia in vivo?

Example #2

- B cell leukemia
- CAR19 T cell therapy
- Cytokine release syndrome

➔ What is the role myeloid cells? Which subsets produce cytokines?

Example #3

- Pancreas cancer patients → samples available for PDX
 - Checkpoint inhibition
 - Combination with a new drug
- ➔ Can we use HuMice to predict response in patients?
(the company will pay for the mice)

Resources



Preclinical Mouse Cancer Models: A Maze of Opportunities and Challenges

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nature
REVIEWS

CANCER

OPINION

Interrogating open issues in cancer precision medicine with patient-derived xenografts

Annette T. Byrne, Denis G. Alf  rez, Fr  d  ric Amant, Daniela Annibali,
Joaqu  n Arribas, Andrew V. Biankin, Alejandra Bruna, Eva Budinsk  ,
Carlos Caldas, David K. Chang, Robert B. Clarke, Hans Clevers, George Coukos,
Virginie Dangles-Marie, S. Gail Eckhardt, Eva Gonzalez-Suarez, Els Hermans,
Manuel Hidalgo, Monika A. Jarzabek, Steven de Jong, Jos Jonkers,
Kristel Kemper, Luisa Lanfrancone, Gunhild Mari M  landsmo,
Elisabetta Marangoni, Jean-Christophe Marine, Enzo Medico, Jens Henrik Norum,
H  ctor G. Palmer, Daniel S. Peeper, Pier Giuseppe Pelicci, Alejandro Piris-Gimenez,
Sergio Roman-Roman, Oscar M. Rueda, Joan Seoane, Violeta Serra,
Laura Soucek, Dominique Vanhecke, Alberto Villanueva, Emilie Vinolo,
Andrea Bertotti and Livio Trusolino

ANNUAL
REVIEWS

Annual Review of Immunology

Human Hemato-Lymphoid System Mice: Current Use and Future Potential for Medicine

Anthony Rongvaux,¹ Hitoshi Takizawa,³
Till Strowig,¹ Tim Willinger,¹ Elizabeth E. Eynon,¹
Richard A. Flavell,^{1,2,*} and Markus G. Manz^{3,*}