

TRAnslational research in Clinical Oncology (TRACO)

Program Director

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Organizing Committee

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SYLLABUS

DATE	TOPIC	SPEAKERS
Sept. 8	Introduction by	T. Moody
	Immune checkpoint by	S.Goff
Sept. 14	Cervical Cancer by	J. Schiller
	Genomics by	J Wei
Sept. 21	Cancer imaging by	P Choyke
	Epigenetics by	M. Verma
Sept. 28	Cancer global health by	S. Gopal
	Cancer disparities by	S.Ambs

SYLLABUS, continued

DATE	TOPIC	SPEAKERS
Oct. 5	Clinical trials by J. Smith Kras by D. Nissley	
Oct. 13	Radiation therapy by E. Nichols Liquid biopsy by M. Ossandan	
Oct. 19	Lung Cancer by T. Moody Microbiota by E. Vogtman	
Oct. 26	Breast cancer by F. Zia Theranostics by F. Lin	

SYLLABUS, continued

DATE	TOPIC	SPEAKERS
Nov. 2	Topoisomerase by	Y. Pommier
	CAR-T cells by	S. Silbert
Nov. 9	Neuroendocrine cells by	S. Sadowsk
	Case reports by	O. Olaku
Nov. 16	TBA	
	GLP-1 and cancer by	E. McDonald
Nov. 23	Prostate cancer by	M. Abel
	Nanotechnology by	M. Dobrovolskaia

REGISTRATION

The course is open to all interested personnel without charge. Registration is available at the NCI Web site (<https://events.cancer.gov/cct/traco>). WEBEX chats will be taken at the end of each lecture.

LECTURE RECORDINGS

- The archived lectures will be available 2 days after the presentation. They will be sent by email to all registrants.

The lecture PDFs will be posted on the website after they are made 508 compliant.

COURSE CERTIFICATION

Registrants can obtain a course certificate upon passing a computer graded final examination.

Lung, colon, breast and prostate cancer account for half of the U.S. cancer mortalities.

TYPE	INCIDENCE	(MORTALITY)
Lung	171,900	(157,200)
Colon/Rectum	147,500	(57,100)
Breast	211,300	(39,800)
Prostate	220,900	(28,900)
Others	582,500	(273,500)
Total	1,334,100	(556,500)

Thun, Jamal and Ward, “Cancer: Principles & Practice of Oncology.” Edited by DeVita, Lawrence and Rosenberg. (2011), pp. 241-260

Cancers which kill 10,000-30,000 U.S. patients annually include:

- **Pancreatic cancer**
- **Non-Hodgkin's Lymphoma**
- **Leukemia**
- **Stomach cancer**
- **Ovarian cancer**
- **Brain cancer**
- **Liver cancer**
- **Bladder cancer**
- **Esophageal cancer**
- **Kidney cancer**

Cancer risks include:

- **Alcohol**
- **Asbestos**
- **Diet**
- **Familial**
- **Hormones**

Cancer risks (continued)

- **Obesity**
- **Ion Radiation**
- **Tobacco**
- **U.V. Radiation**
- **Viral**

Lung Cancer kills over 150,000 patients in the U.S. annually.

- **There are 45 Million current smokers and 45 Million ex-smokers in the U.S.**
- **It is difficult to quit smoking due to nicotine addiction.**

Carcinogens which have been identified in cigarette smoke include:

- **Polyaromatic hydrocarbons (PAH),**
- **aza-arenes,**
- **4(methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK),**
- **1,3 butadiene,**
- **ethyl carbamate,**
- **ethylene oxide,**
- **nickel, chromium, cadmium,**
- **polonium, arsenic**
- **hydrazine**

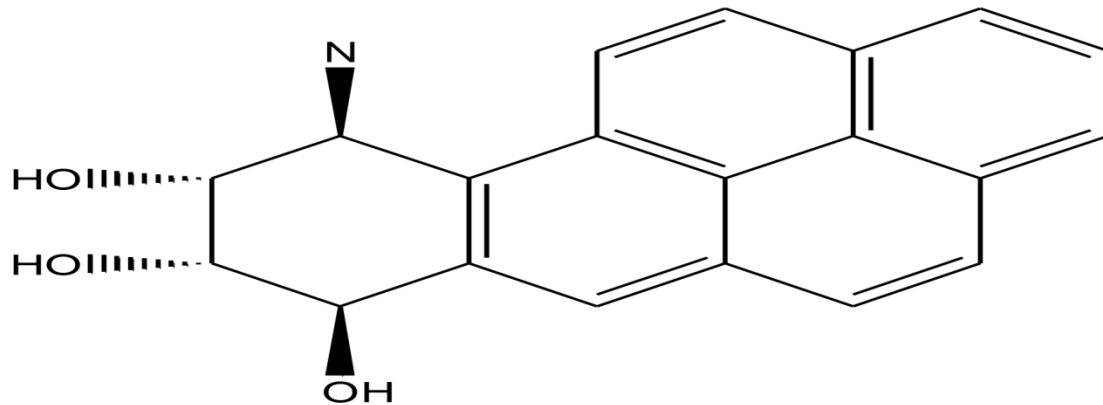
The process by which unreactive carcinogen converts to a form which binds DNA is known as metabolic activation.

- Bay region diol epoxides are the principal PAH metabolites involved in DNA adduct formation. For Benz[a]pyrene (BaP), BaP-7,8-diol-9,10-epoxide (BPDE) forms adducts with DNA leading to G:C>T:A mutations in pulmonary DNA. The genes for p53 and k-ras are frequently mutated.**

BENZ(a)Pyrene

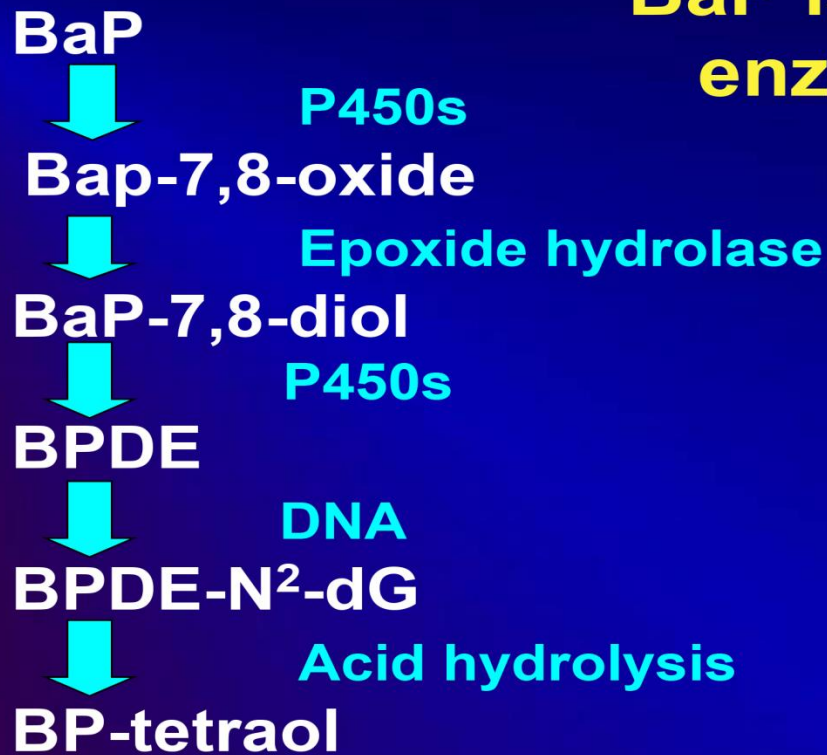
BENZ(a)Pyrene

- The chemical structure of BaP is shown.



BaP is metabolized to BPDE

BaP is metabolized by enzymes to BPDE.



Boysen and Hecht, Mutation Res. 543:17(2003).

DNA is mutated if the rate of carcinogen activation exceeds the rate of carcinogen detoxification and/or DNA repair.

- **DNA adducts as well as intra- and inter-strand DNA crosslinks are removed by nucleotide excision repair.**

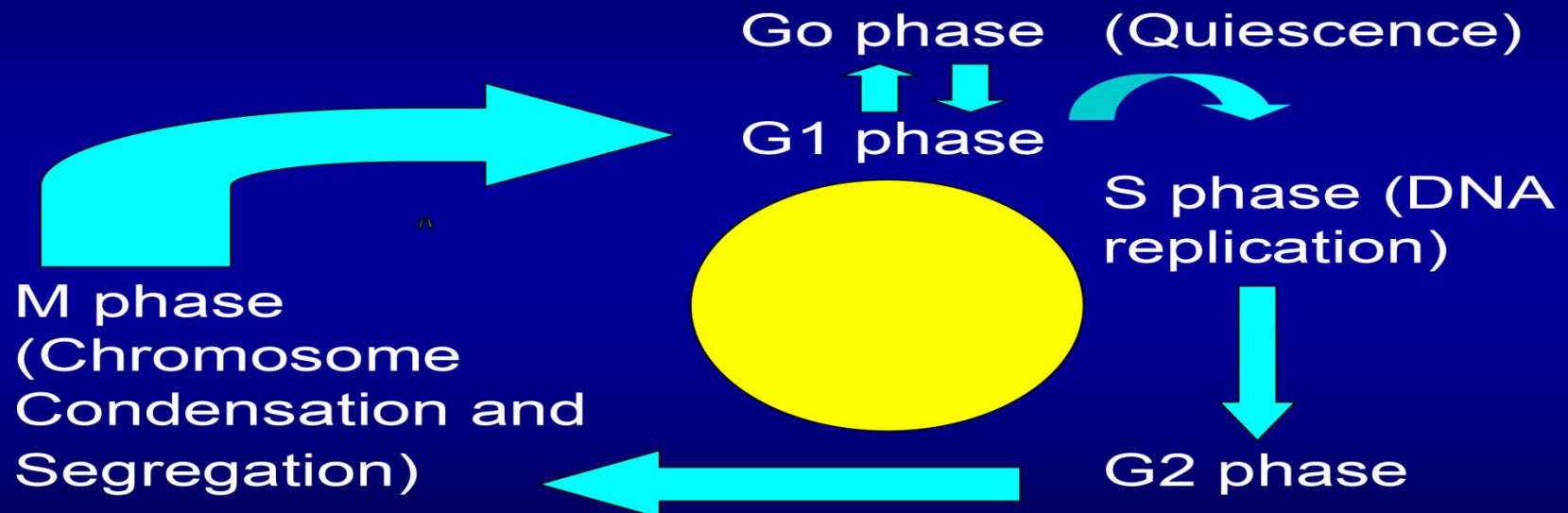
Carcinogens can be detoxified and excreted prior to DNA damage.

- **Cytochrome p450 enzymes catalyze addition of an oxygen to the carcinogen, increasing its water solubility.**
- **Phase 2 enzymes convert the oxygenated carcinogen to a form that is highly soluble in water, converting it to a form that can be excreted.**

Cell cycle phases

Cell cycle phases.

- Cell cycle phases include G1, S, G2 and M



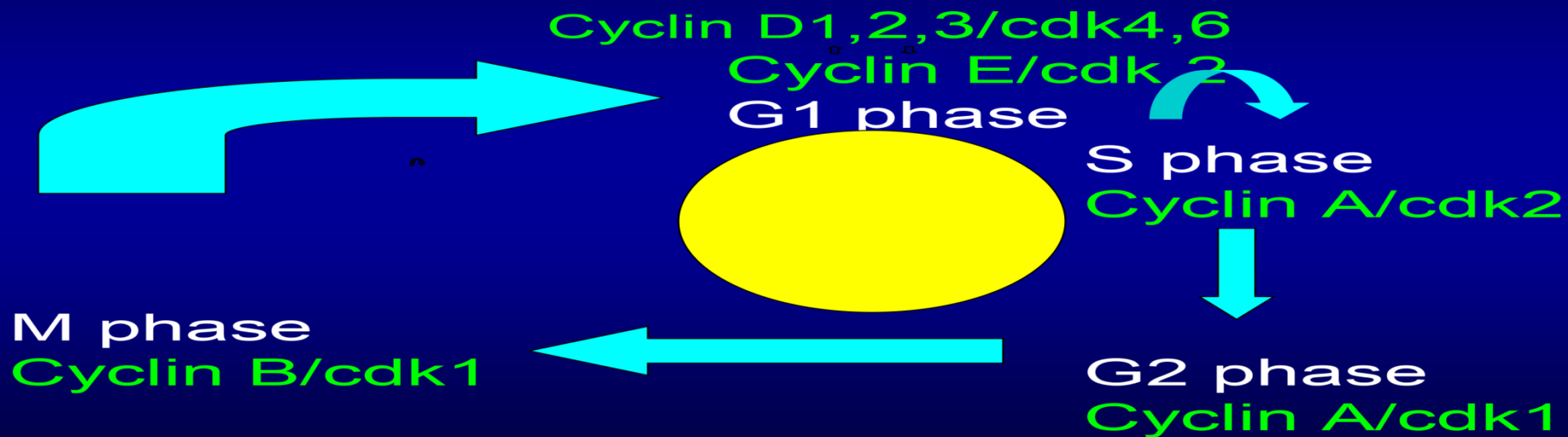
p53 mediates the G₁ to S-phase checkpoint of the cell cycle

- **DNA damage increases p21 and p53.**
- **P53 drives programmed cell death or apoptosis after DNA damage**

Cell cycle enzymes

Cell cycle enzymes.

- Cyclin D/cdk is inhibited by p21,27,57,15,16,18 and 19.

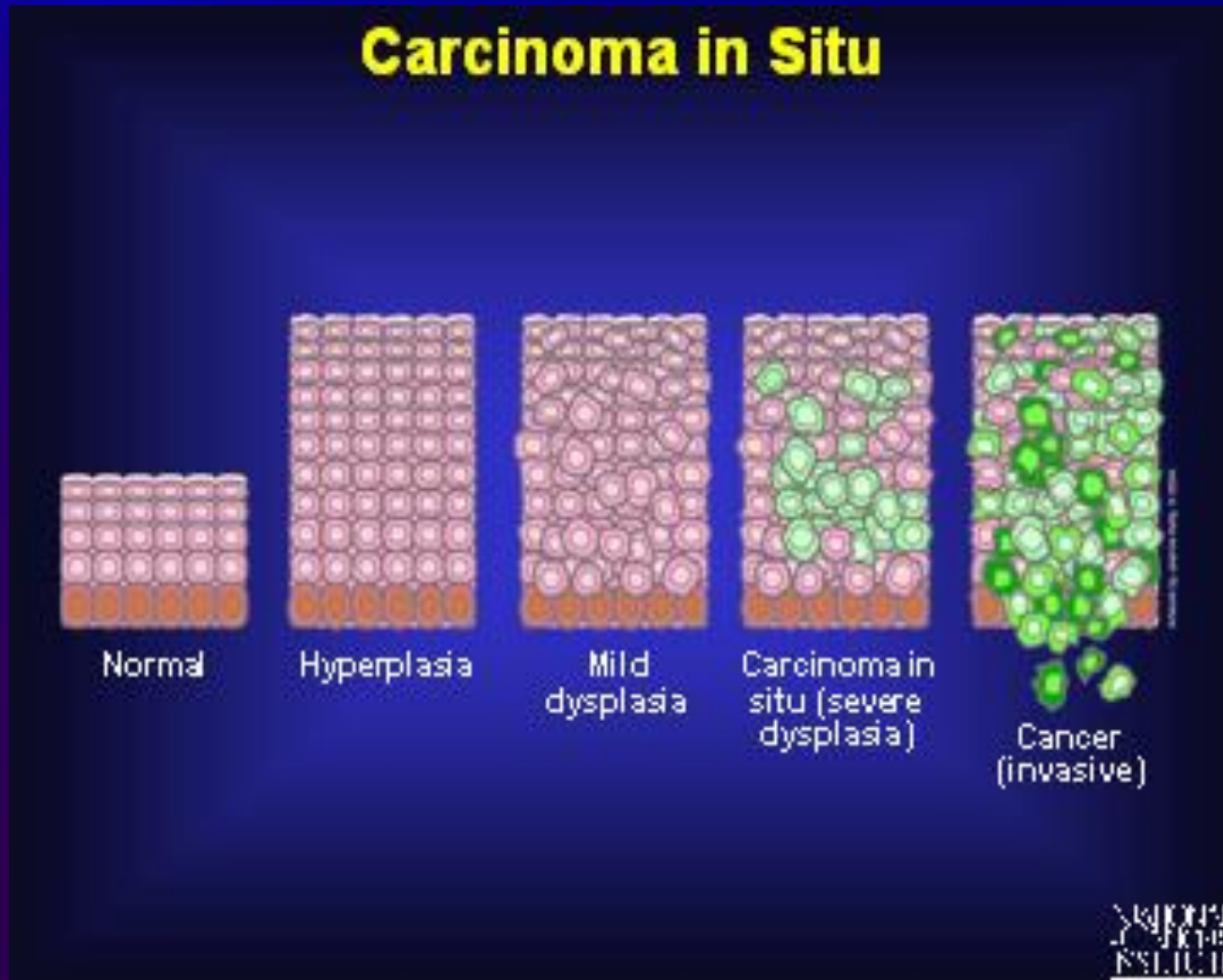


Genotoxicity of tobacco smoke.

- **After 10 years of chronic cigarette smoking, normal lung tissue can undergo hyperplasia and metaplasia.**
- **After 15 years, dysplasia can result.**
- **After 20 years, a carcinoma in situ can form.**
- **After 25 years, a malignant cancer can form.**

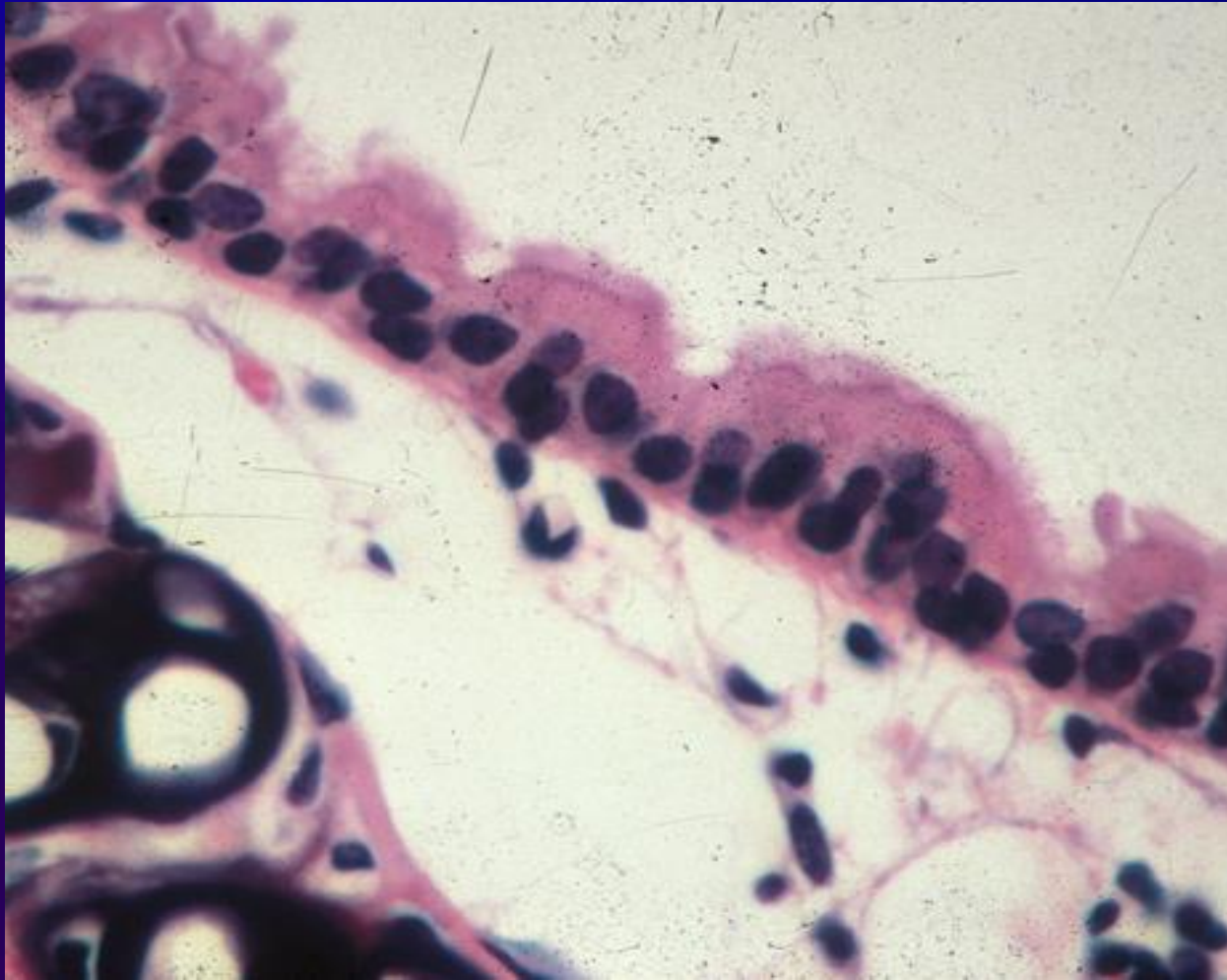
Carcinogenesis

- Cancer progression occurs over a period of decades.



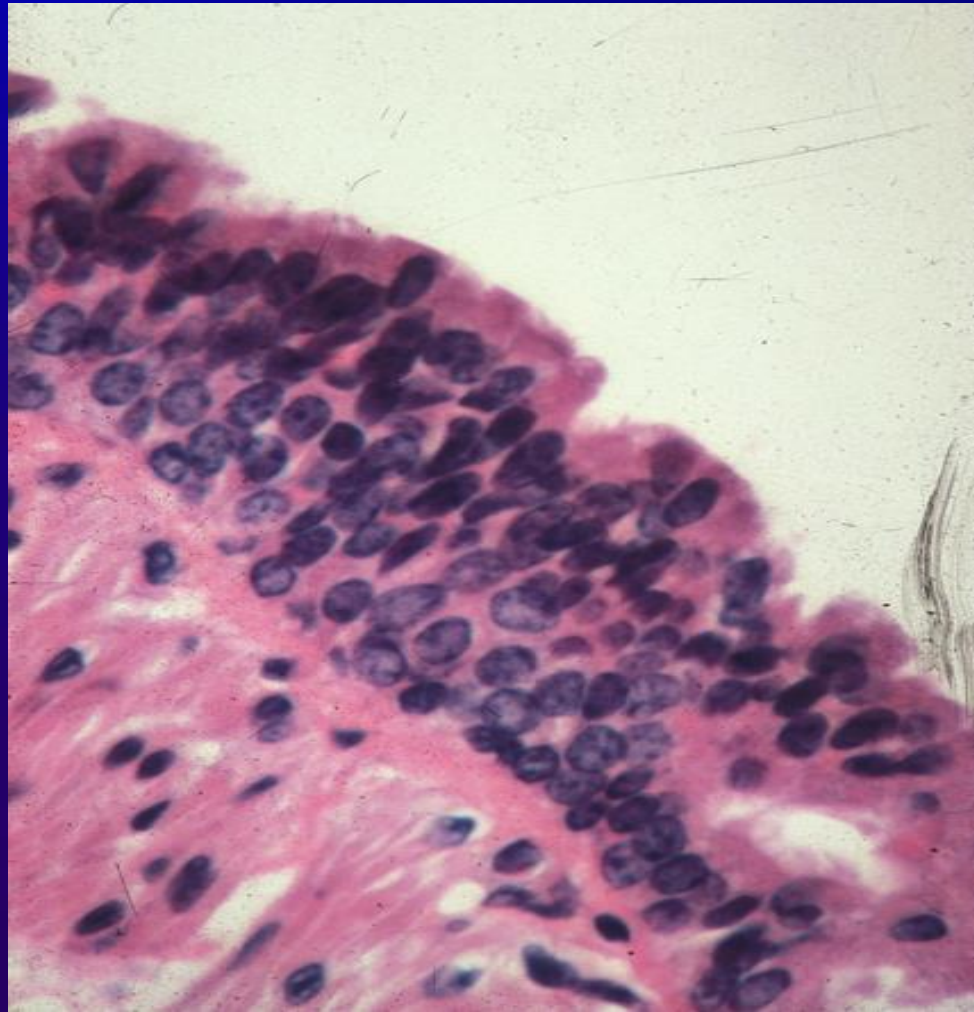
Normal lung

- Carbon dioxide is exhaled from the lung whereas oxygen is inhaled.



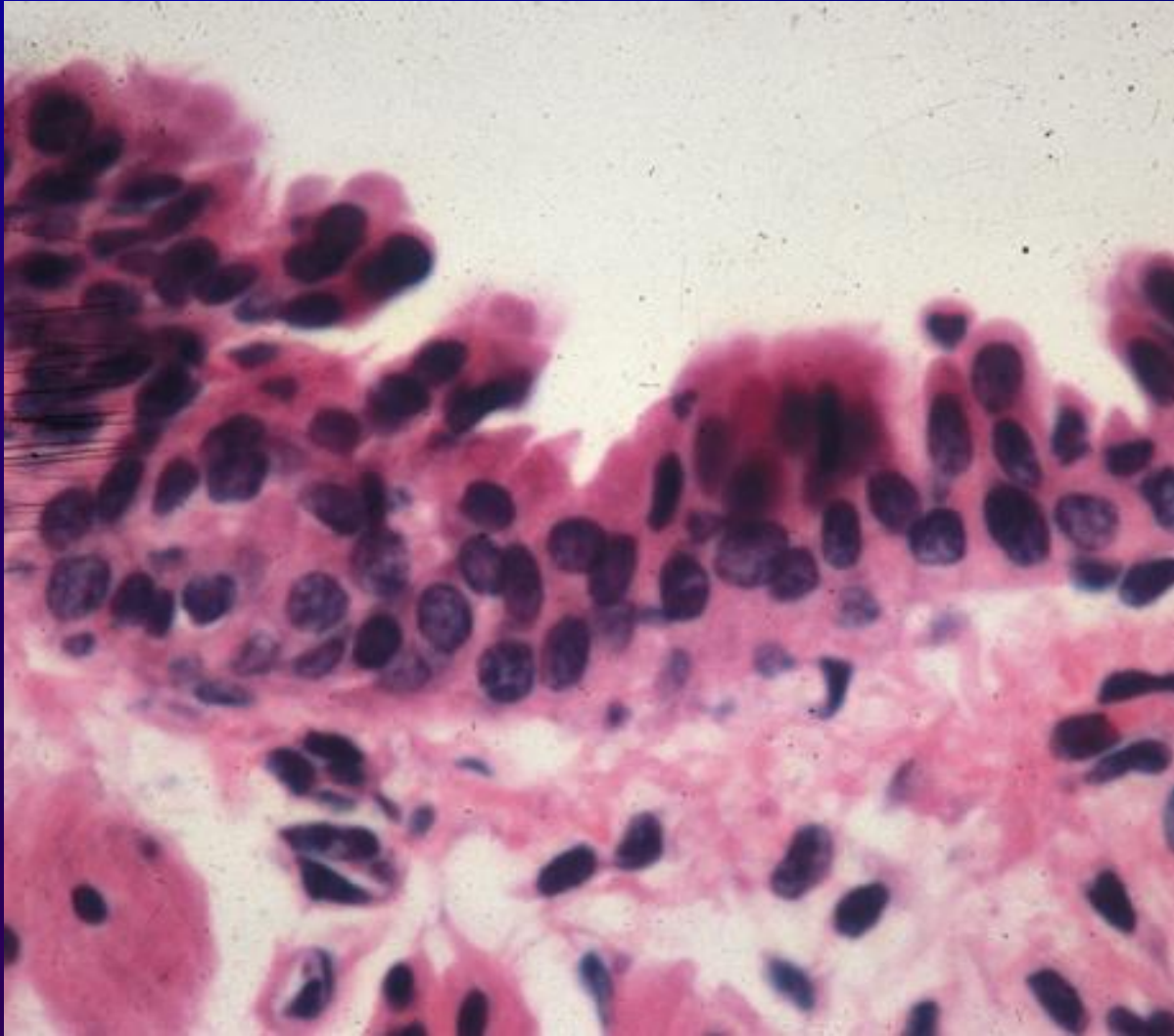
Hyperplasia

- After exposure to tobacco smoke, hyperplasia can result.



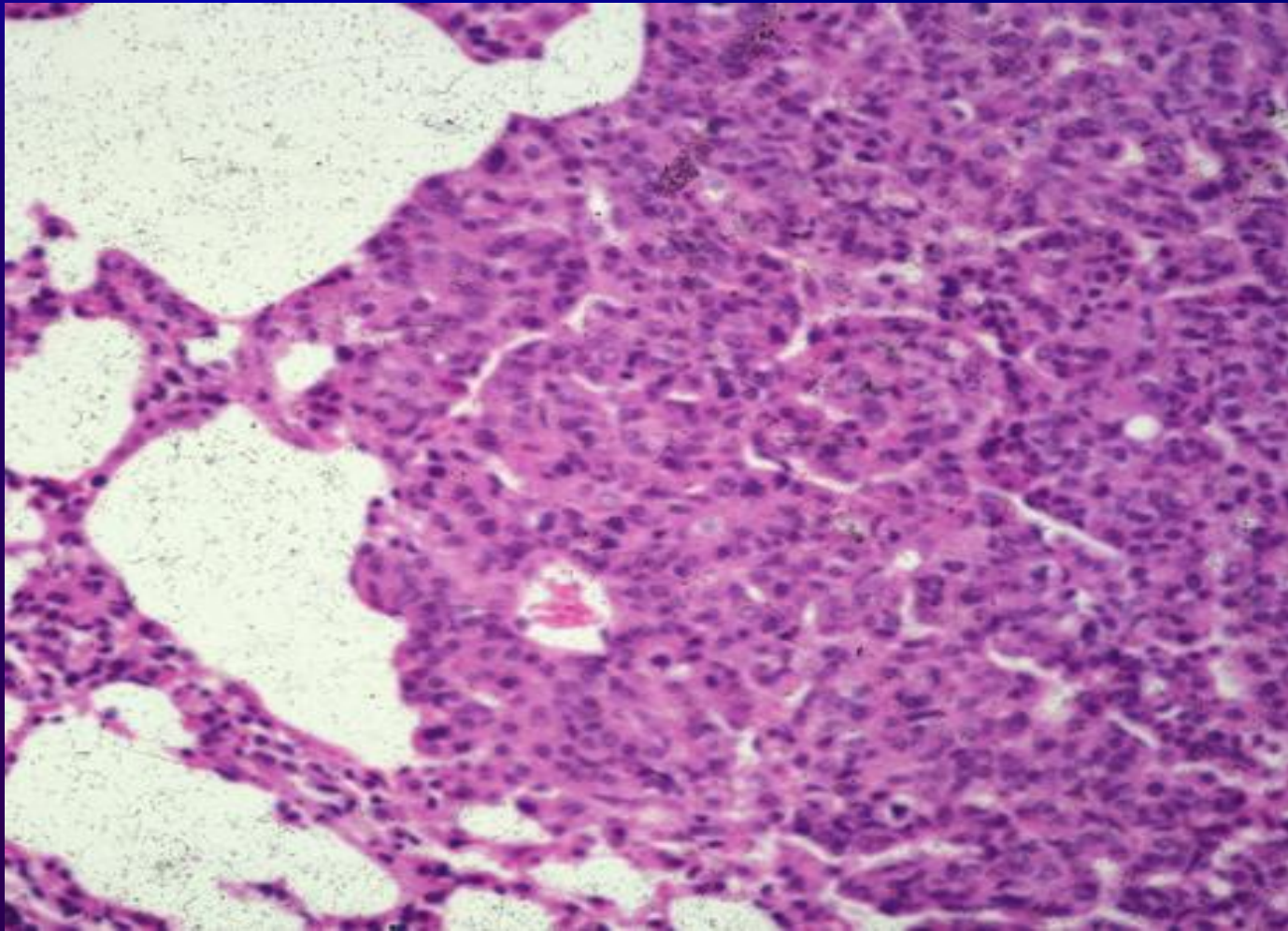
Dysplasia

Continued exposure to tobacco smoke leads to dysplasia.



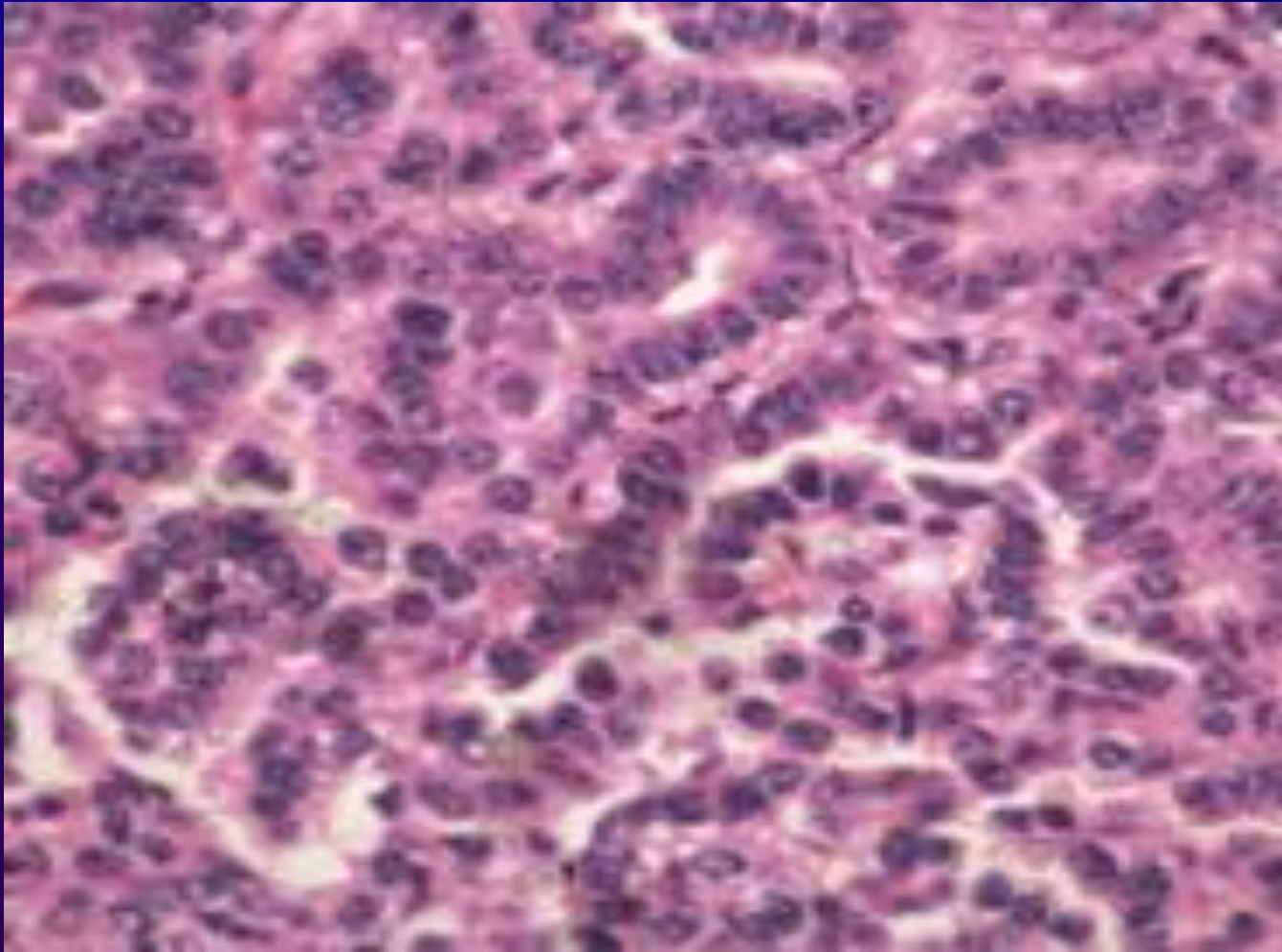
Adenoma

- Continued exposure to carcinogens leads to benign tumors such as adenomas.



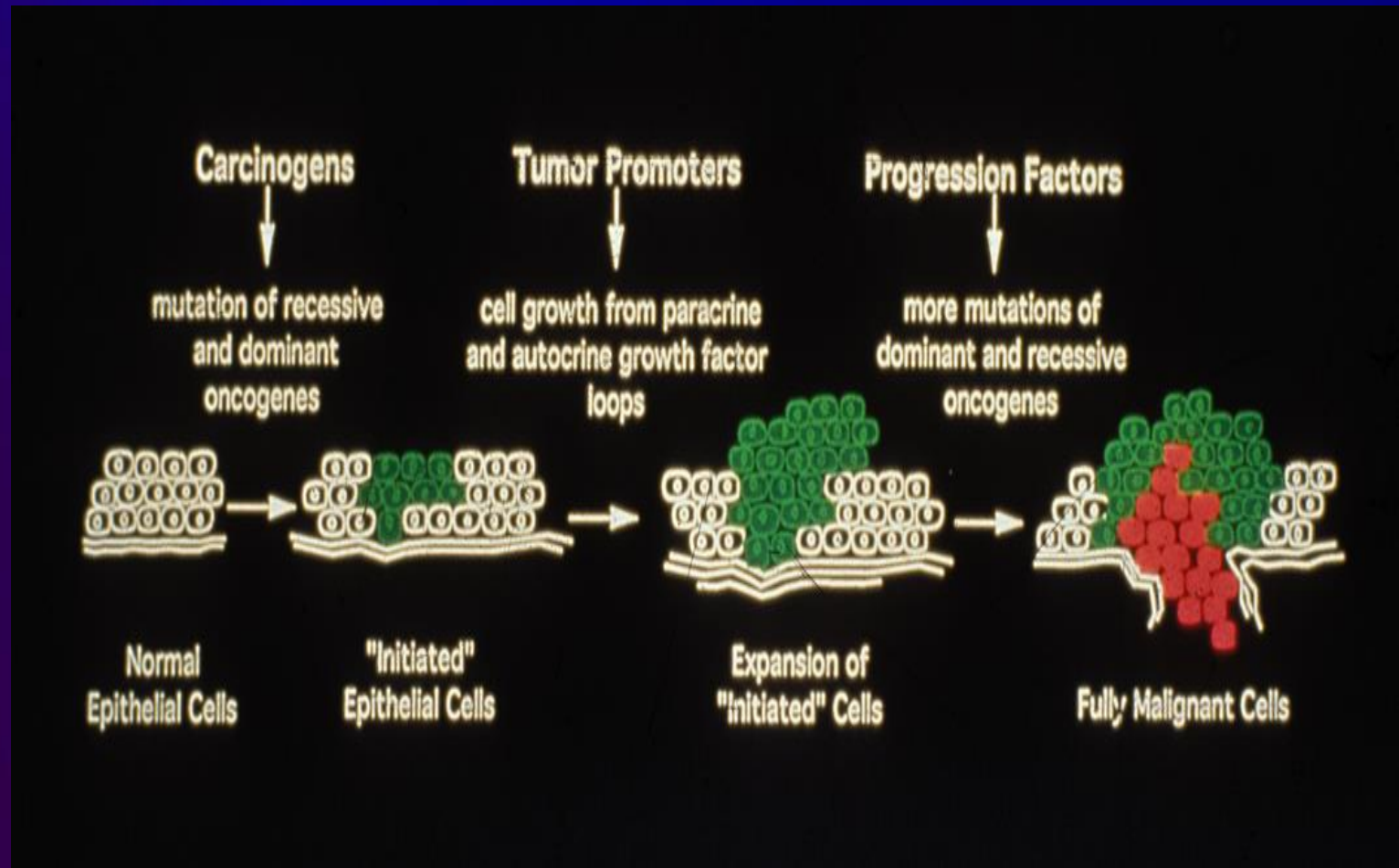
Adenocarcinoma

- Chronic exposure to tobacco leads to malignant tumors such as adenocarcinoma.



Tumor formation

- Growth factors promote carcinogenesis.
- Progression factors lead to malignant tumors.



Tumor growth

Tumors

- The primary cancer can undergo metastasis to distant organs.

Carcinoma



Angiogenesis



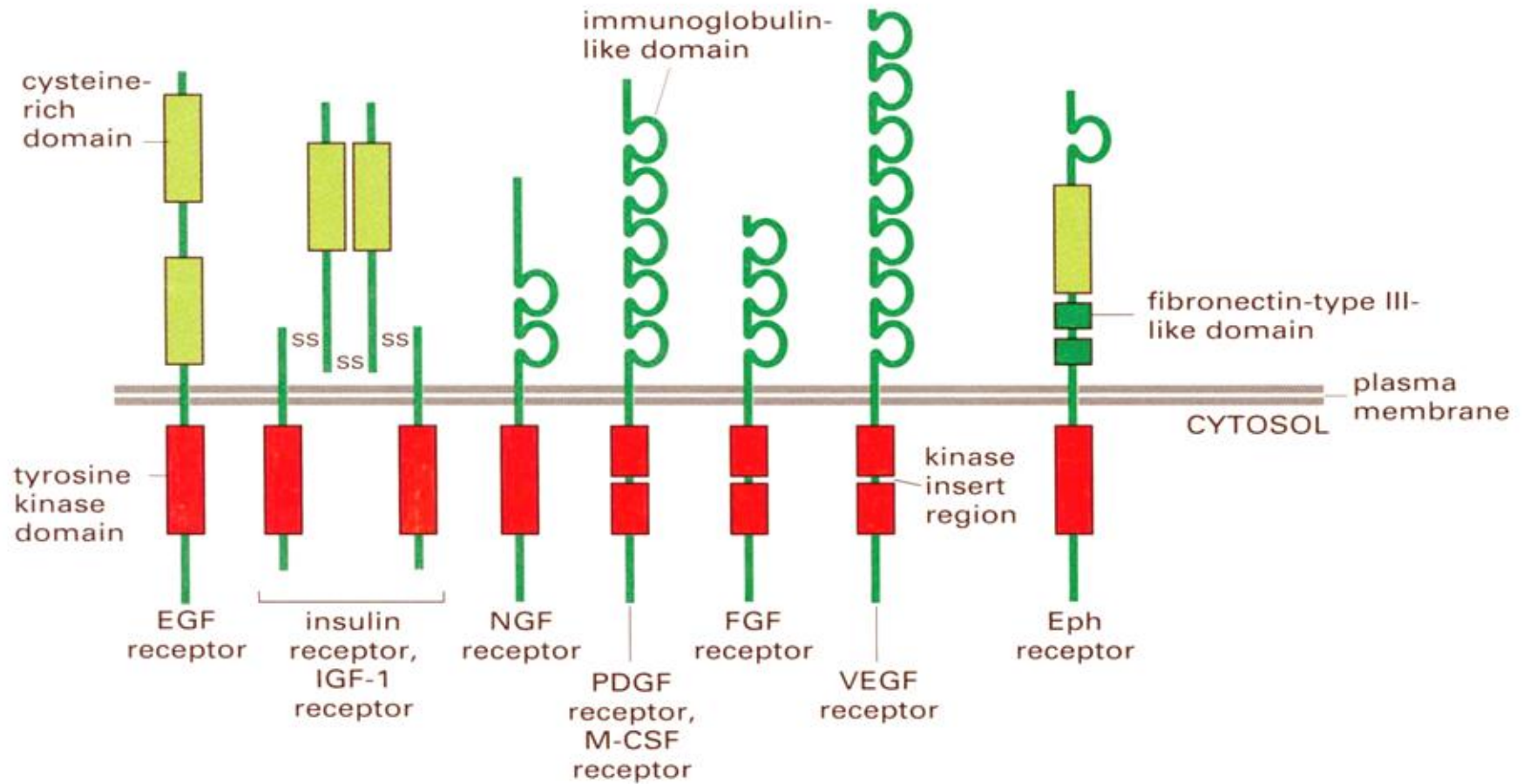
Migration, Invasion and Metastasis.

Genetic abnormalities in lung cancer include:

- **Mutation of tumor suppressor genes such as p53**
- **Silencing of tumor suppressor genes such as p16, Rb**
- **Amplification of oncogenes such as c-myc, cyclin D1, erbB-2**
- **Mutation of oncogenes such as K-ras, EGFR**

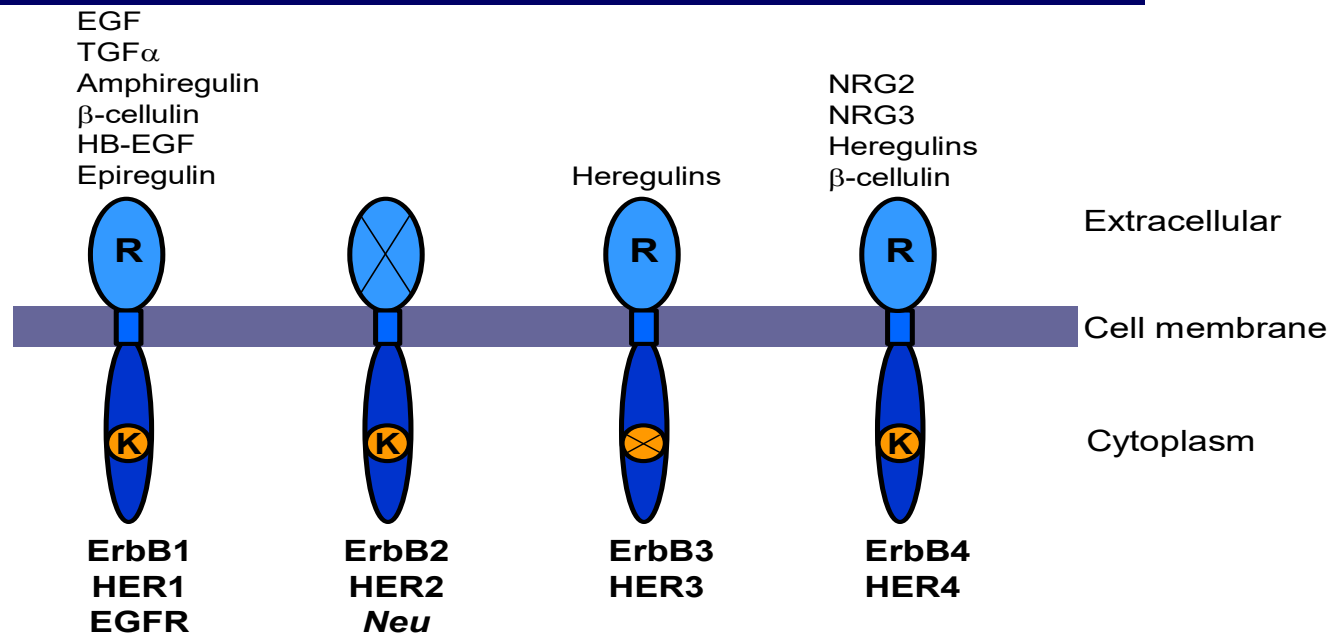
Tyrosine kinase receptors.

Molecular Biology of the Cell, Alberts et al., 2001.



Tyrosine kinase receptors and ligands

ErbB family of receptor tyrosine kinases (RTKs) and ligands



The EGFR is an 1186 amino acid integral membrane protein.

- **The 621 amino acid extracellular domain binds EGF with high affinity. Domains I and III form the EGF binding site whereas domains II and IV are enriched in cysteine amino acids.**
- **The 24 amino acid transmembrane domain anchors the receptor into the membrane and transduces signaling.**
- **The 541 amino acid intracellular domain contains tyrosine kinase activity.**
- **Lys721 binds ATP and Tyr amino acids are subsequently phosphorylated.**
- **Tyr1068, 1086, 1148, 1174 are phosphorylated**

EGF, TGF α and mAb 108 bind with high affinity to lung cancer cells.

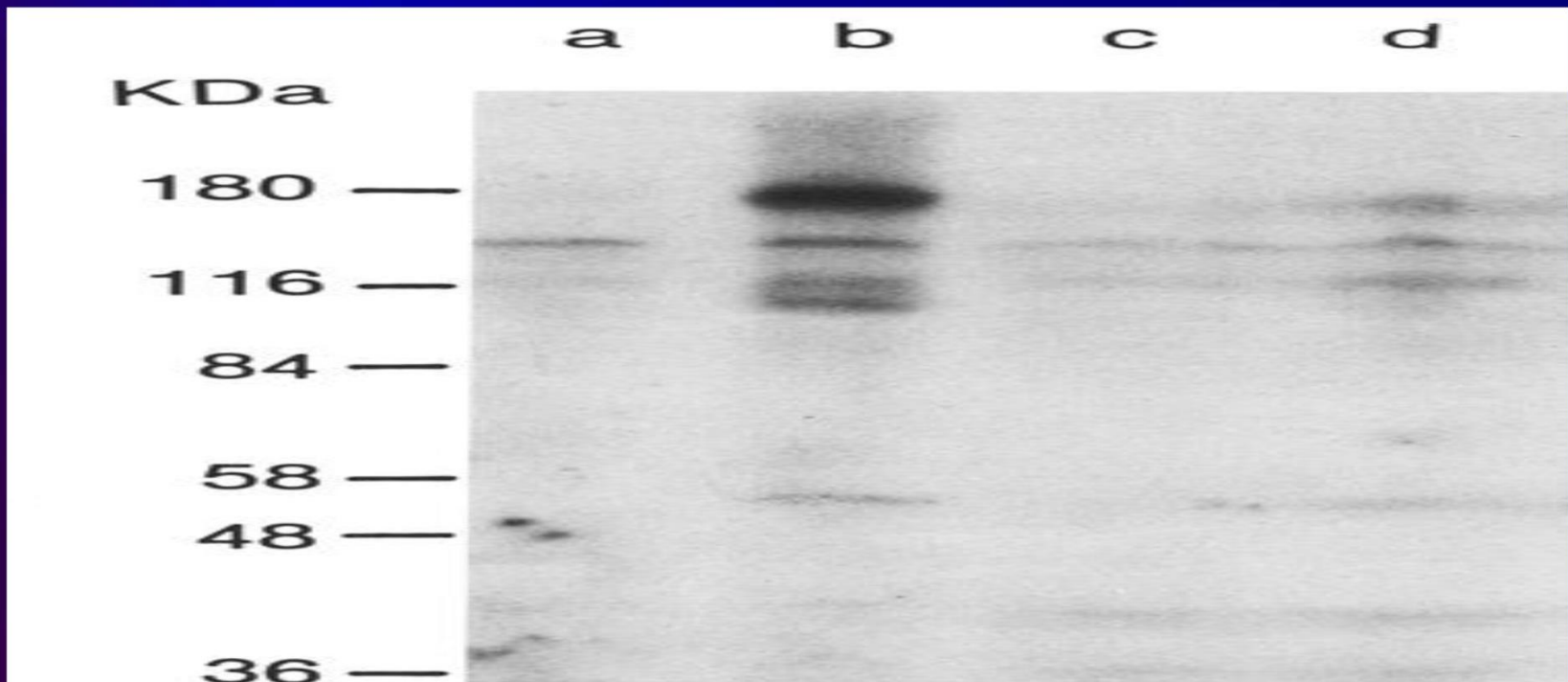
Agent	IC₅₀, ug/ml
EGF	.03
TGFα	.8
TGFα-PE38	.4
mAb 108	3
IgG	>10

The IC₅₀ to inhibit ¹²⁵I-EGF specific binding to NCI-H157 cells was determined.

Draoui et al., Life Sci. 1994; 35:352.

EGF tyrosine phosphorylation

EGF causes tyrosine phosphorylation of the EGFR, PLC γ , and PI-3-K.

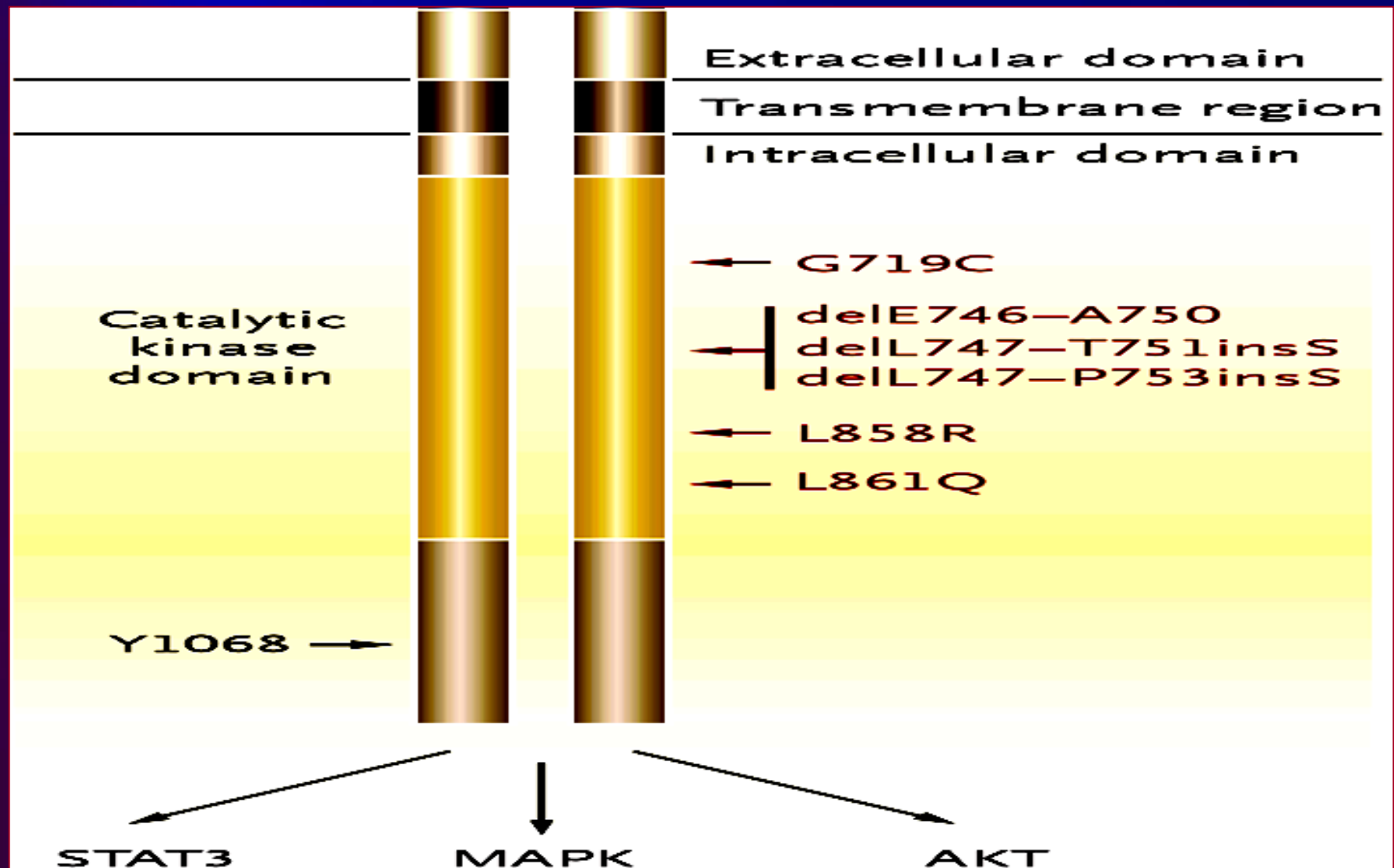


Tyrosine kinase receptors are mutated in several diseases leading to increased cancer proliferation.

- **EGFR mutations occur in the activation loop, especially L858R.**
- **Tyrosine kinase inhibitors (gefitinib and erlotinib) have been developed for the mutated EGFR.**

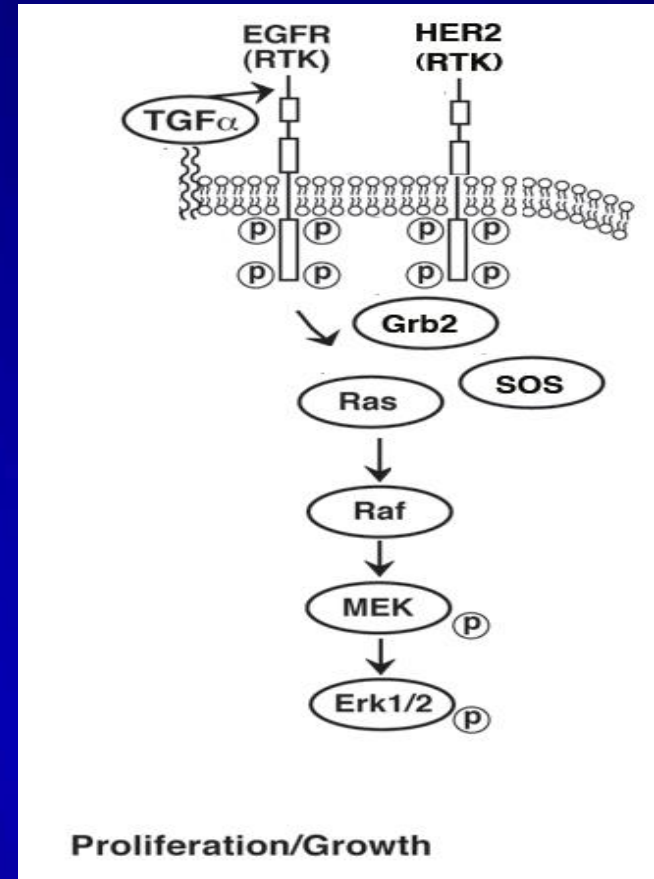
Paez et al., Science 304:1497 (2004)

EGFR mutations



RAS, RAF, MEK and ERK

- Receptor tyrosine kinases (RTK) stimulate proliferation Through the RAS, RAF, MEK and ERK pathway
- In NSCLC, K-RAS is Mutated in approximately 30% of the patients.



RAS

- **Mutated RAS has reduced GTPase activity resulting in an abundance of biologically active RAS-GTP.**
- **Most of the RAS mutations are G-to-T transversions in codon 12.**
- **The FDA recently approved sotorasib (AMG510) for treatment of lung cancer patients with the KRAS G12C mutation.**

RAF

- **RAF is a serine threonine kinase which activates MEK. B-RAF-V600E mutations occur in approximately 60% of melanoma patients leading to an active kinase.**
- **PLX4032 is a kinase inhibitor which has an 81% response rate in patients with metastatic melanoma.**
- **RAS and B-RAF are driver mutations in several types of cancer.**

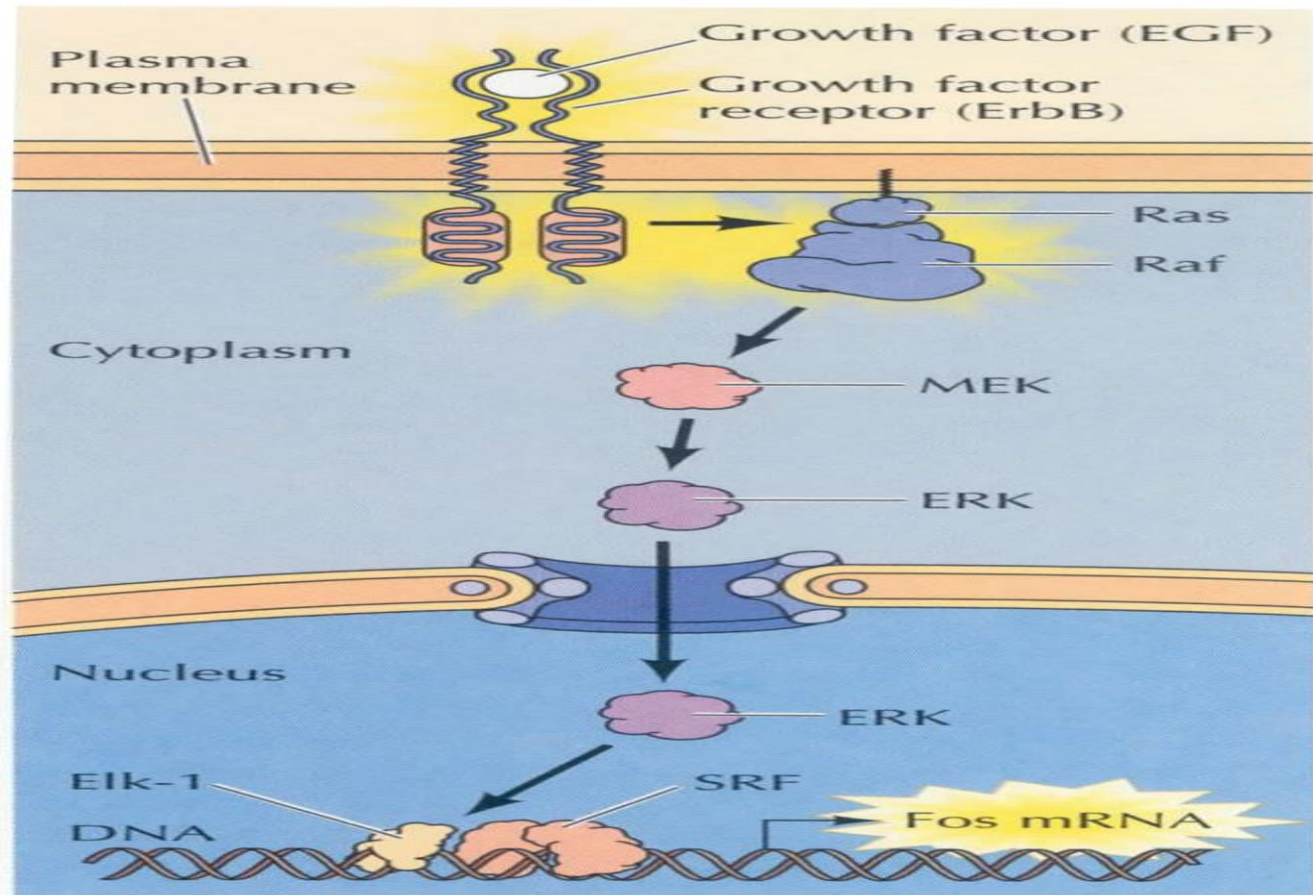
MEK

- **RAF phosphorylates mitogen activated protein kinase kinase (MEK) increasing its activity.**
- **MEK1 and MEK2 are inhibited by trametinib**
- **Dabrafenib and trametinib are used in B-RAF mutated patients.**

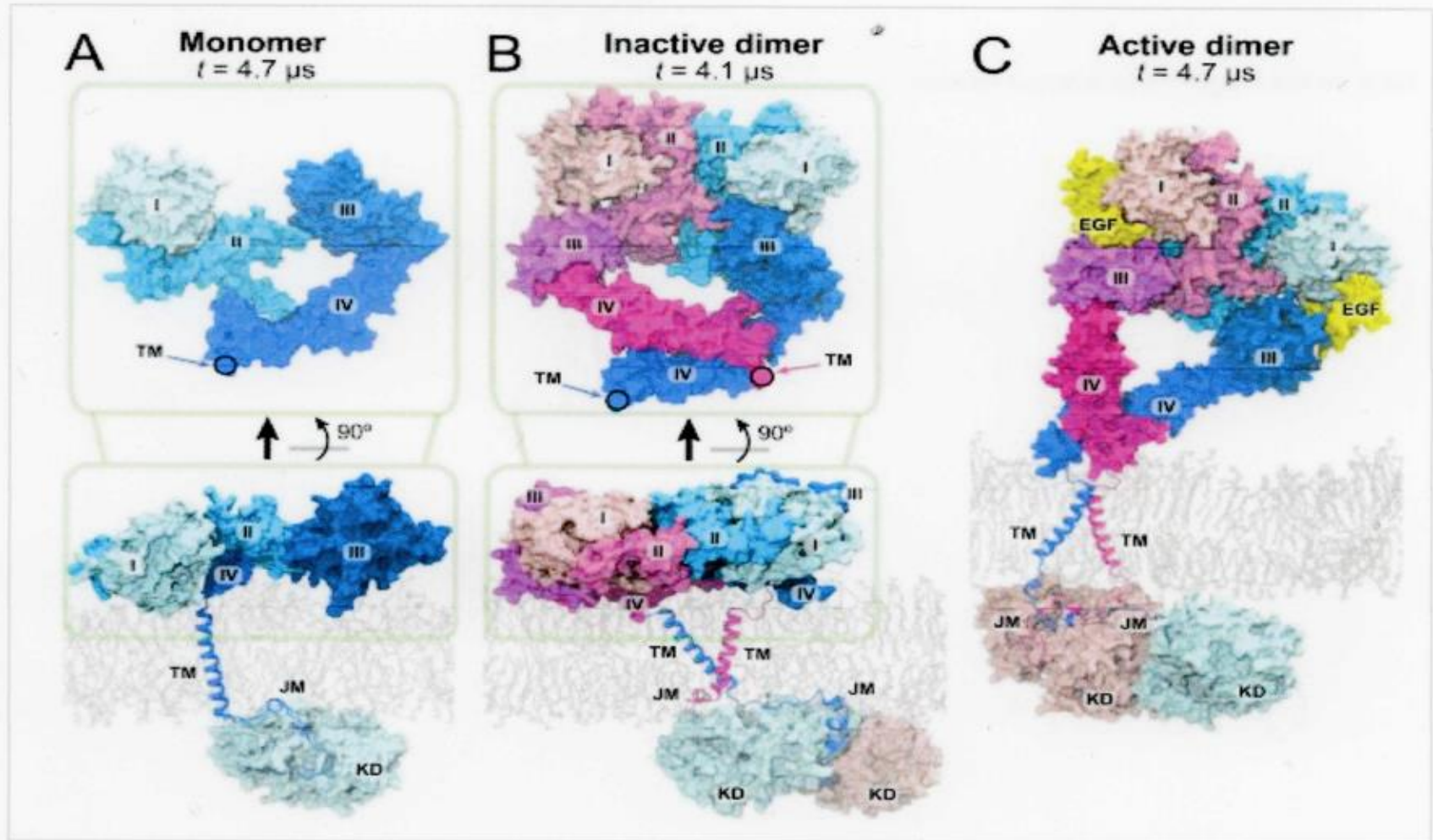
ERK

- **MEK1/MEK2 regulates the phosphorylation of extracellular signal-regulated kinases (ERK) 1 and 2.**
- **Phosphorylated ERK goes to the nucleus where it regulates expression of transcription factors such as fos, jun or myc.**

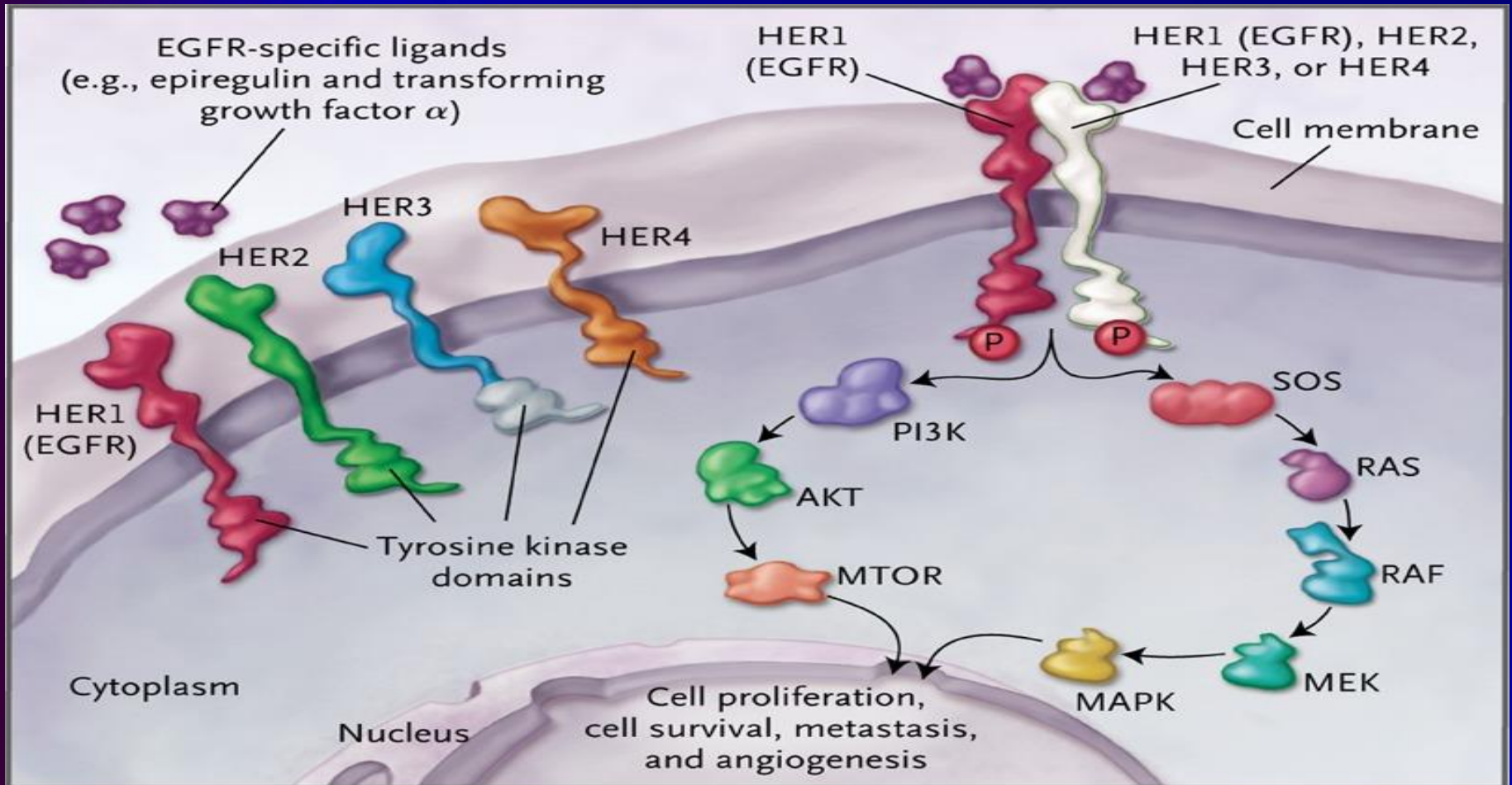
The EGFR stimulates cancer cell growth. *Molecular Biology of the cell; Alberts et al., 2001.*



EGFR homodimerization



ErbB RTKs and signal transduction



The EGFR forms heterodimers with HER2

- **HER2 lacks a ligand binding site but forms heterodimers with the EGFR, HER3 and/or HER4.**
- **Trastuzumab is a mAb that is used to treat breast cancer patients who overexpress HER2**

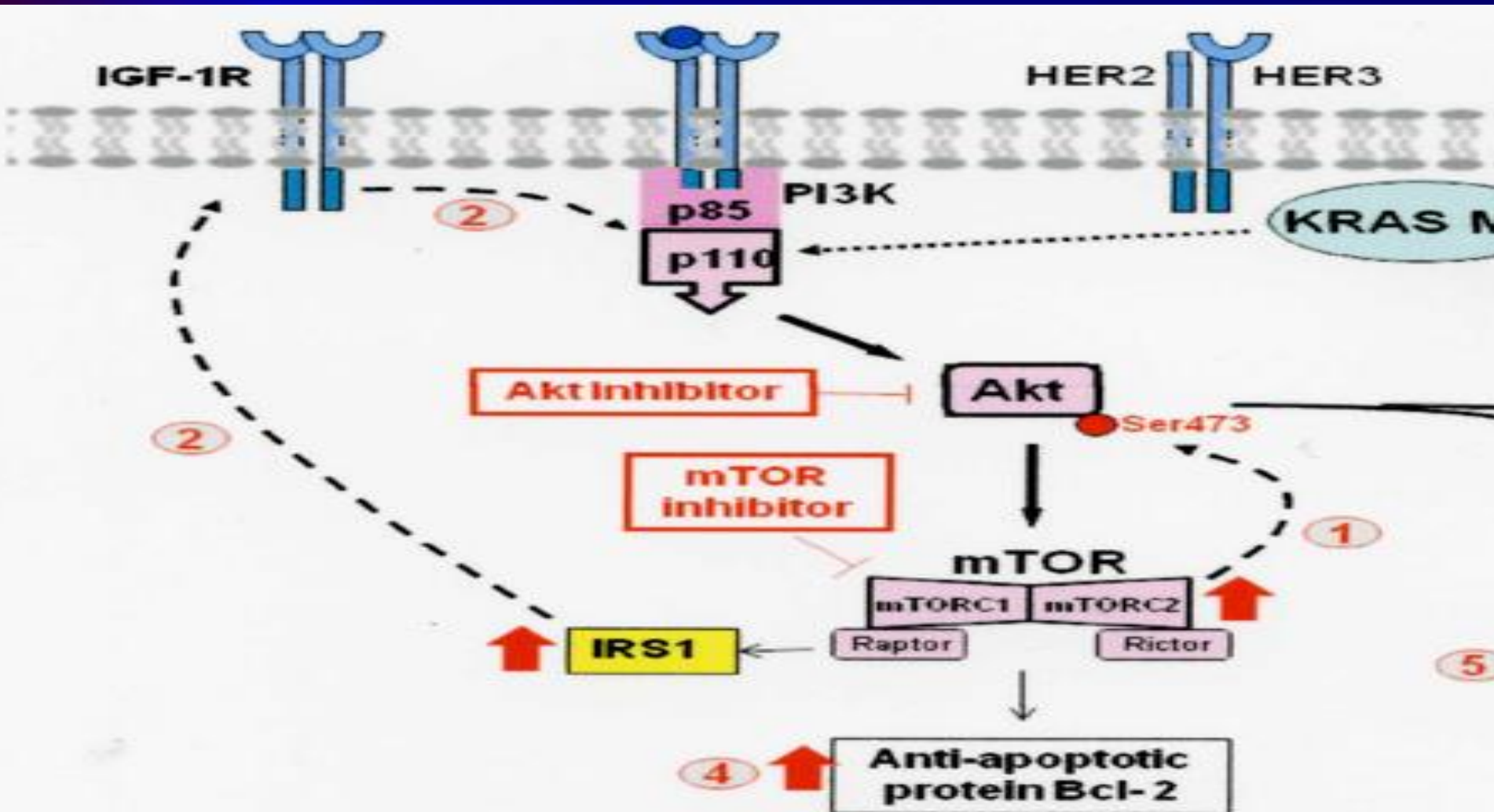
The EGFR forms heterodimers with HER3

- **HER3 binds Neuregulin-1 and -2 with high affinity.**
- **HER3 has weak tyrosine kinase activity and must form heterodimers with the EGFR, HER2 or HER4 to become biologically active.**
- **Increased expression of HER3 results in resistance to many therapeutic agents.**

HER4 forms heterodimers with HER2

- **HER4 binds Neuregulins 1,2,3 and 4 with high affinity. It can form homodimers.**
- **HER4 undergoes alternative splicing and can stimulate or inhibit cancer growth.**
- **Neuregulin-1 HER4 interactions are altered in schizophrenia.**

PI3K, Akt, mTOR pathways stimulate cellular survival.



PI3K

- The phosphatidylinositol 3 kinase (PI3K) pathway promotes cancer cell survival.
- The catalytic 100 kDa subunit metabolizes PIP_2 to PIP_3
- PI3K is mutated in breast (25%), brain (27%), colon (30%) and stomach (25%) at E542, E545 or H1047 resulting in a gain of enzymatic activity.

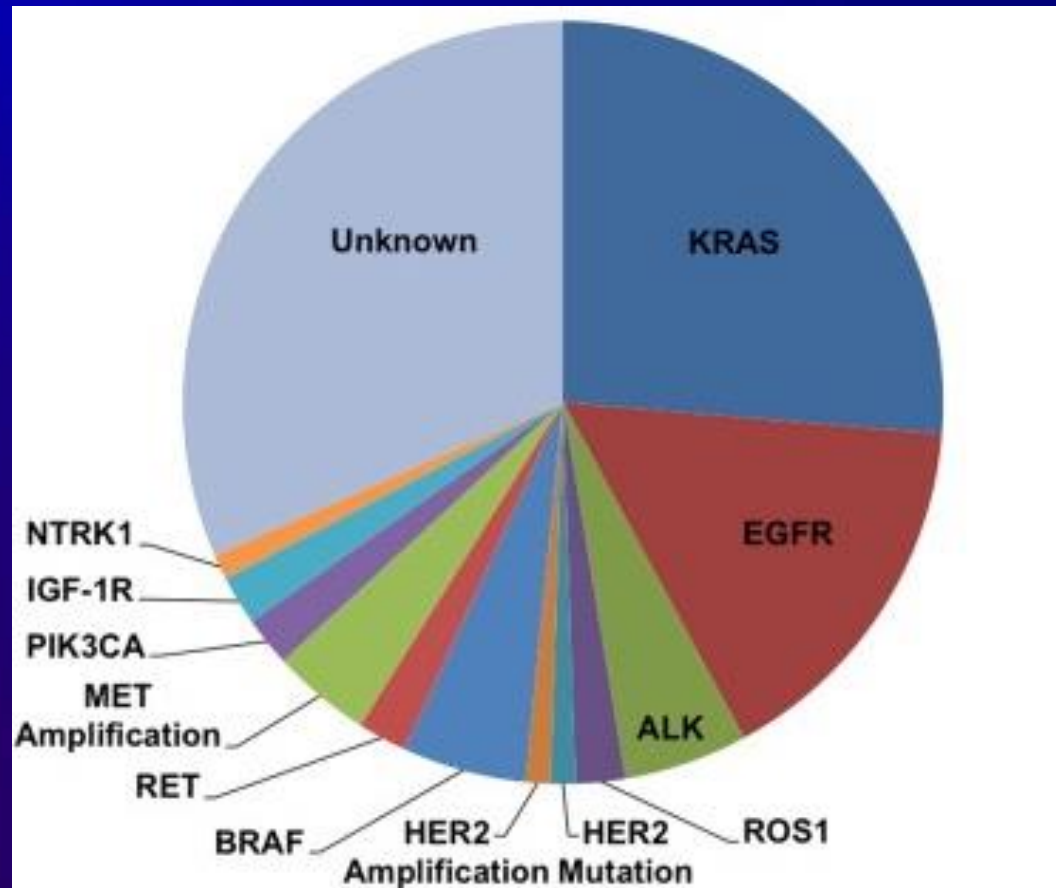
PTEN

- **PI3K mutations involve chromosome 10q, which contains phosphatase and tensin homolog (PTEN).**
- **PTEN metabolizes PIP_3 to PIP_2 leading to inhibition of AKT signaling.**
- **PTEN is mutated in approximately 13% of breast cancer patients but loss of heterozygosity is more common.**

Akt

- **AKT or protein kinase B prevents apoptosis of cells.**
- **AKT is a serine/threonine kinase which is phosphorylated at Ser473 increasing phosphorylation of mTOR.**
- **AKT promotes cellular survival by phosphorylating BAD and caspase-9 preventing apoptosis of cancer cells.**
- **AKT is mutated in breast cancer (5%), colorectal cancer (6%) and ovarian cancer 2%.**

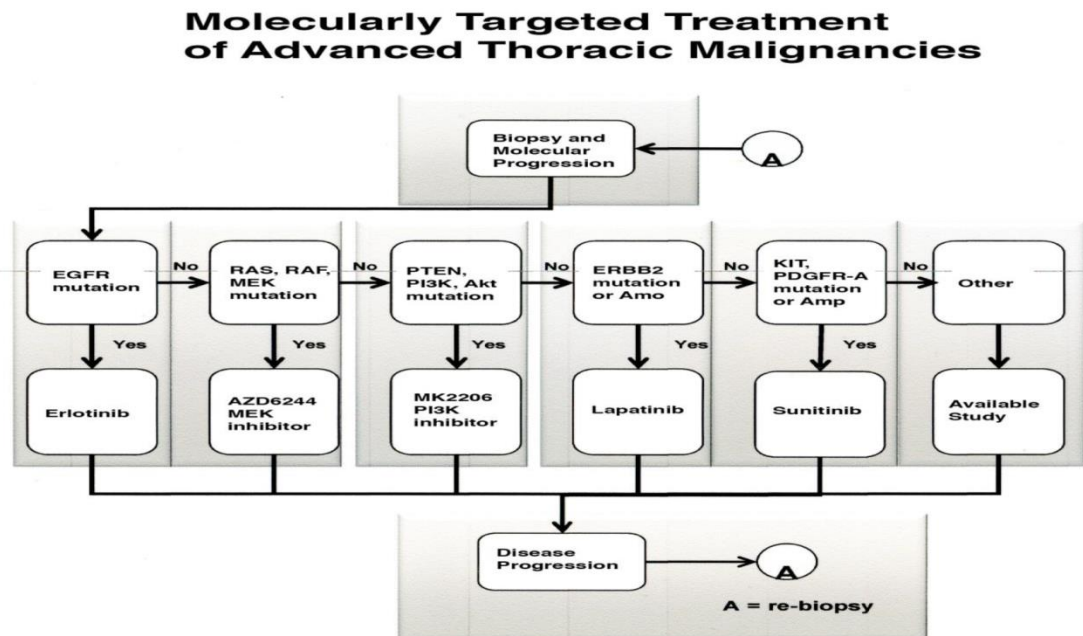
Personalizing Therapy for NSCLC Genetic Abnormalities in Lung Adenocarcinoma



Molecular medicine

Molecularly Targeted Treatment of Advanced Thoracic Malignancies

**Patient Selection:
Molecular analysis
of lung cancer
malignancies**

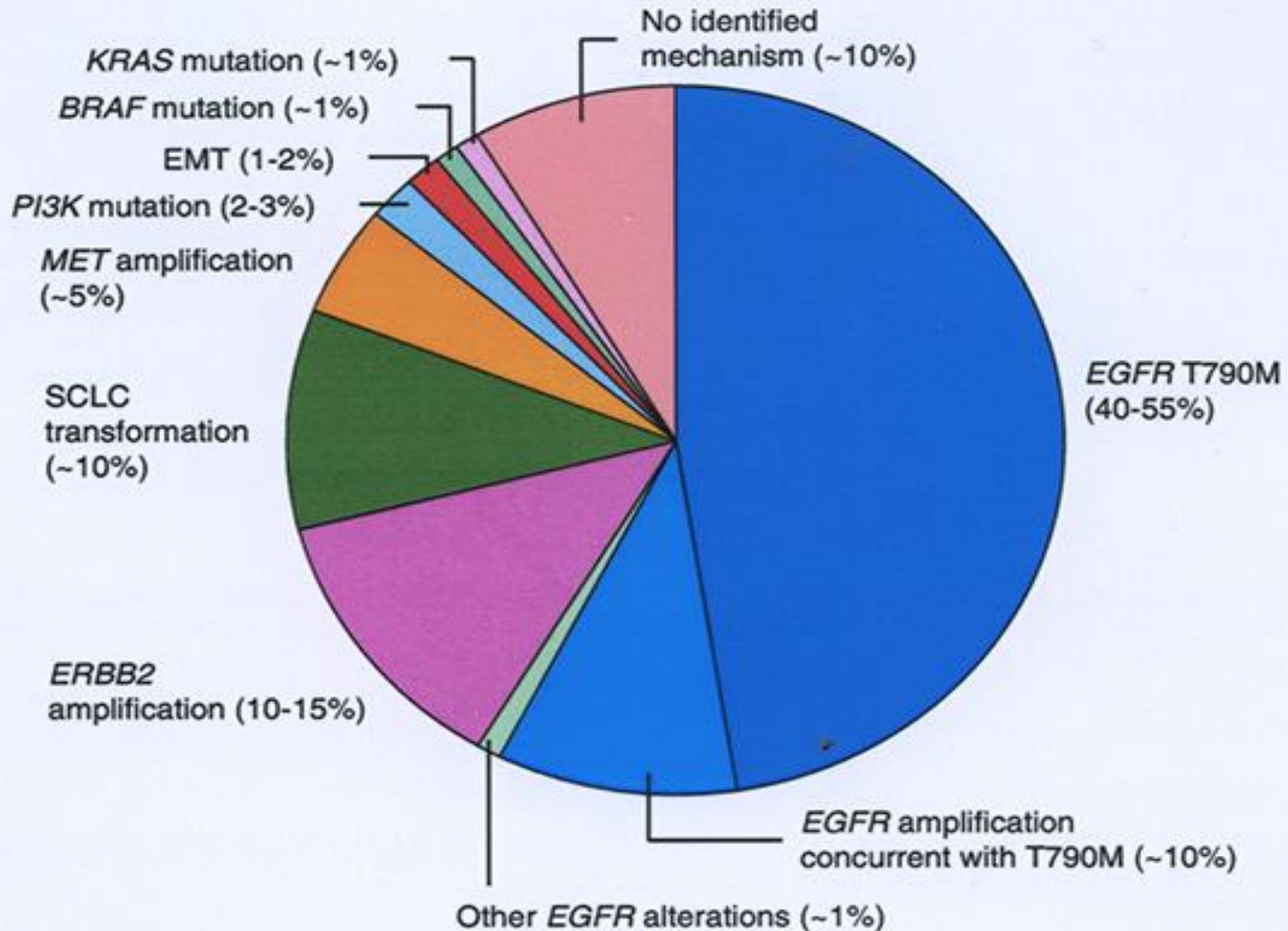


Erlotinib/gefitinib resistance

- **NSCLC patients with L858R EGFR mutations develop resistance to erlotinib/gefitinib after 1 year due to a secondary mutations.**
- **Aproximately 50% of the patients develop T790M mutations which can be treated with Osimertinib.**

Secondary mutations in NSCLC

Westover et al., Ann Oncol. 2018



RTK TKIs

- 1st generation TKI (reversible)

Gefitinib, Erlotinib

- 2nd generation TKI (irreversible)

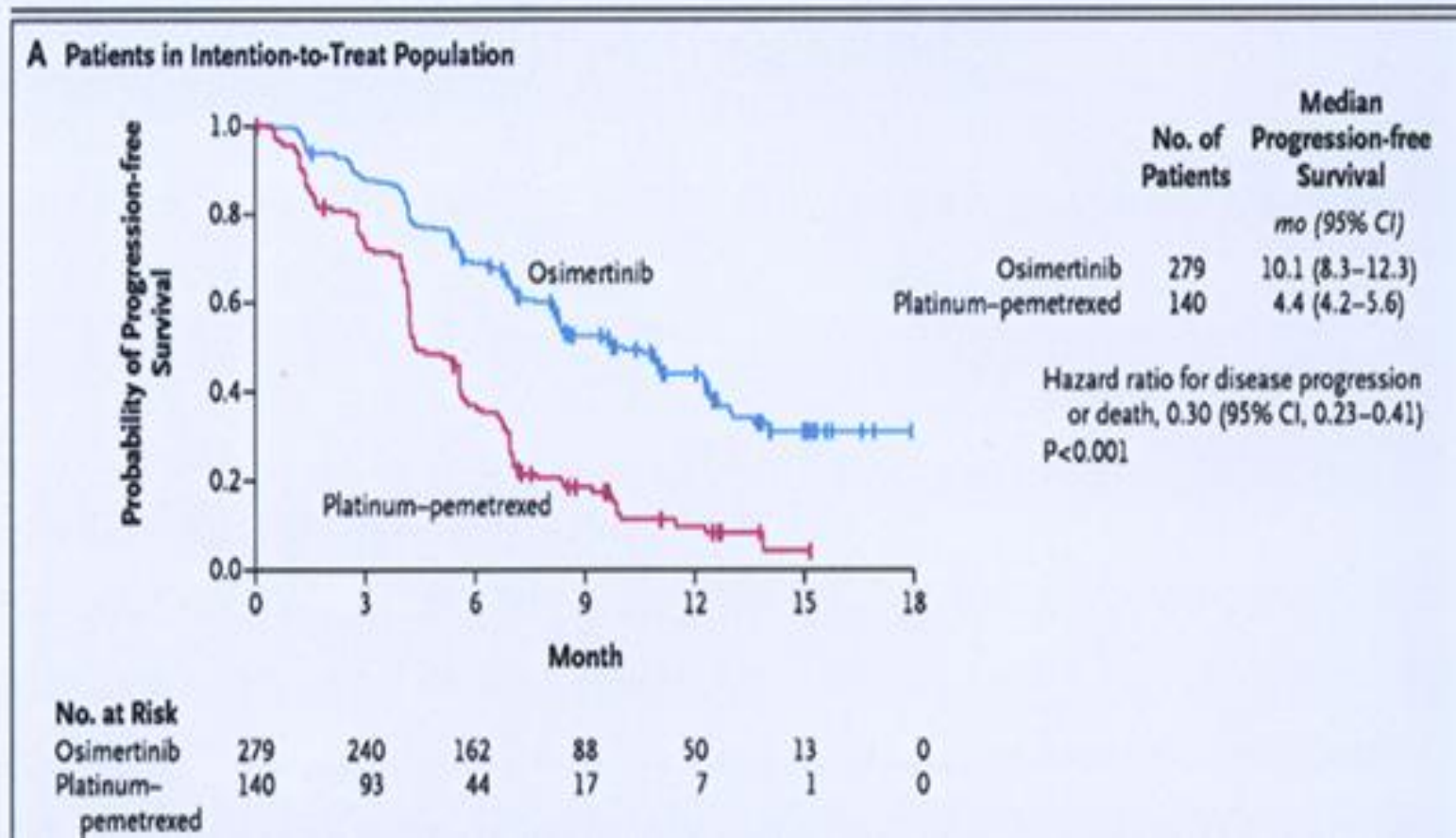
Afatinib

- 3rd generation TKI (irreversible)

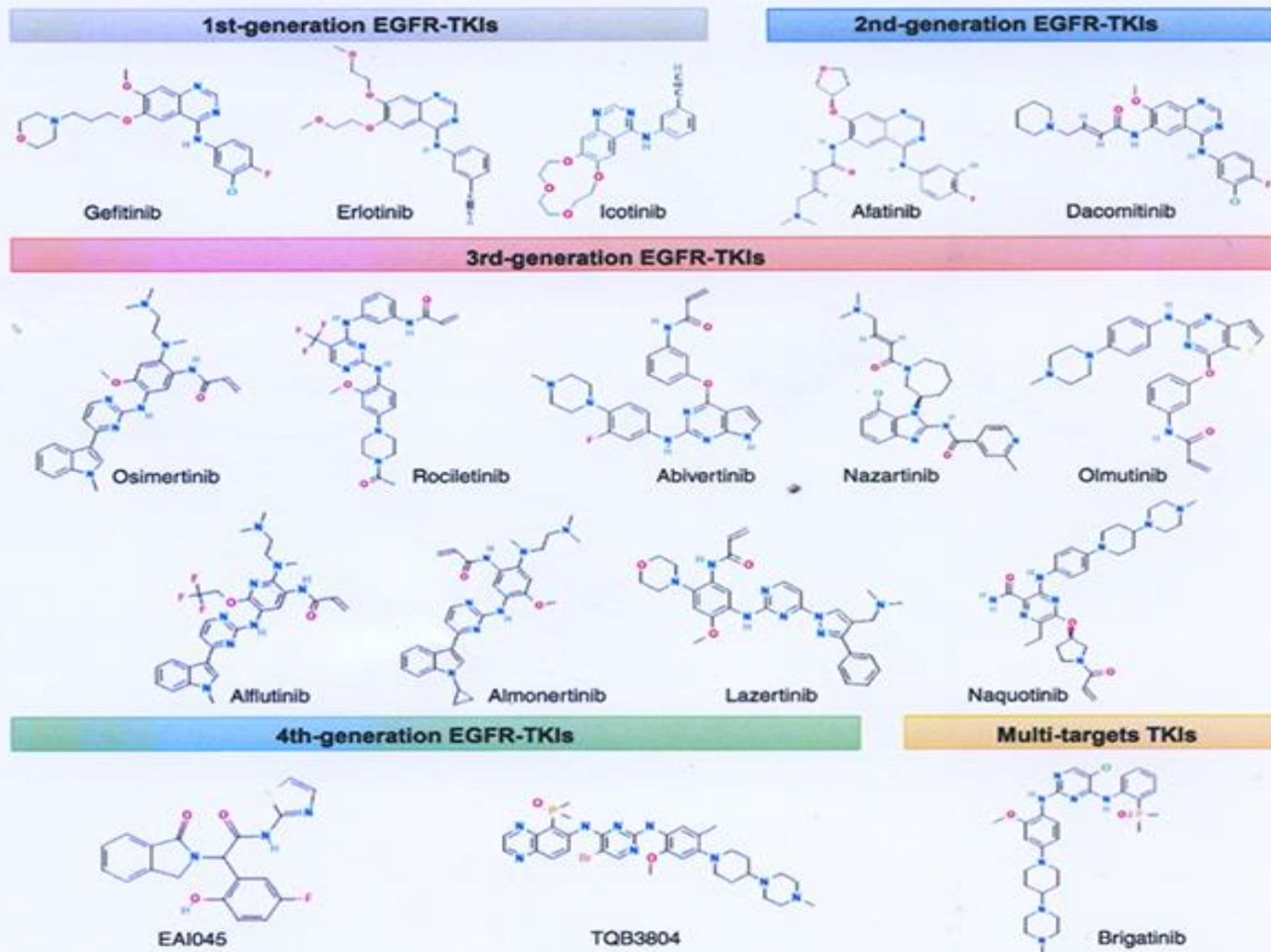
Osimertinib

Osimertinib improves overall survival in EGFR T790M patients

Mok et al., N Engl J Med 2017

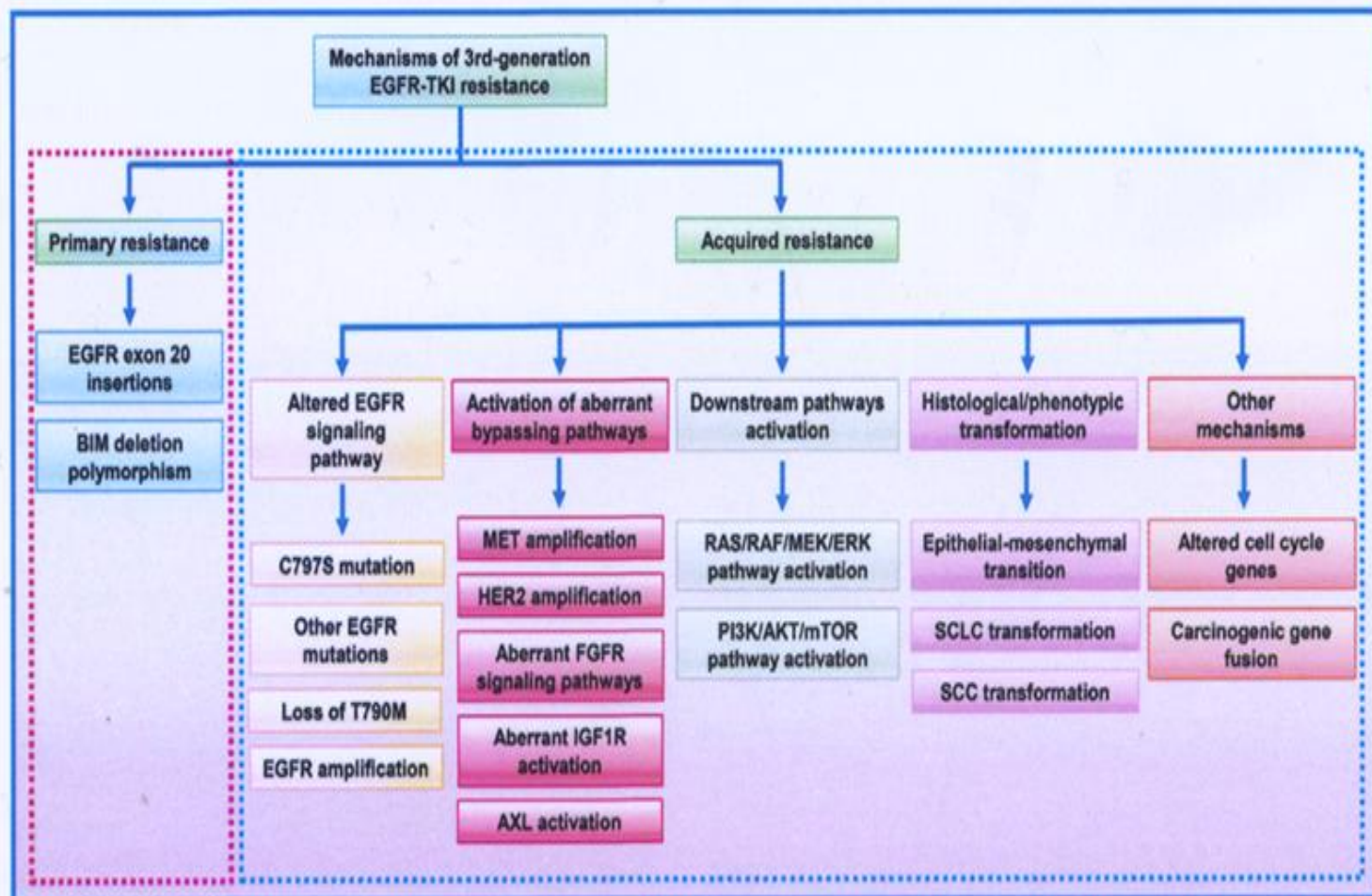


EGFR TKI structures

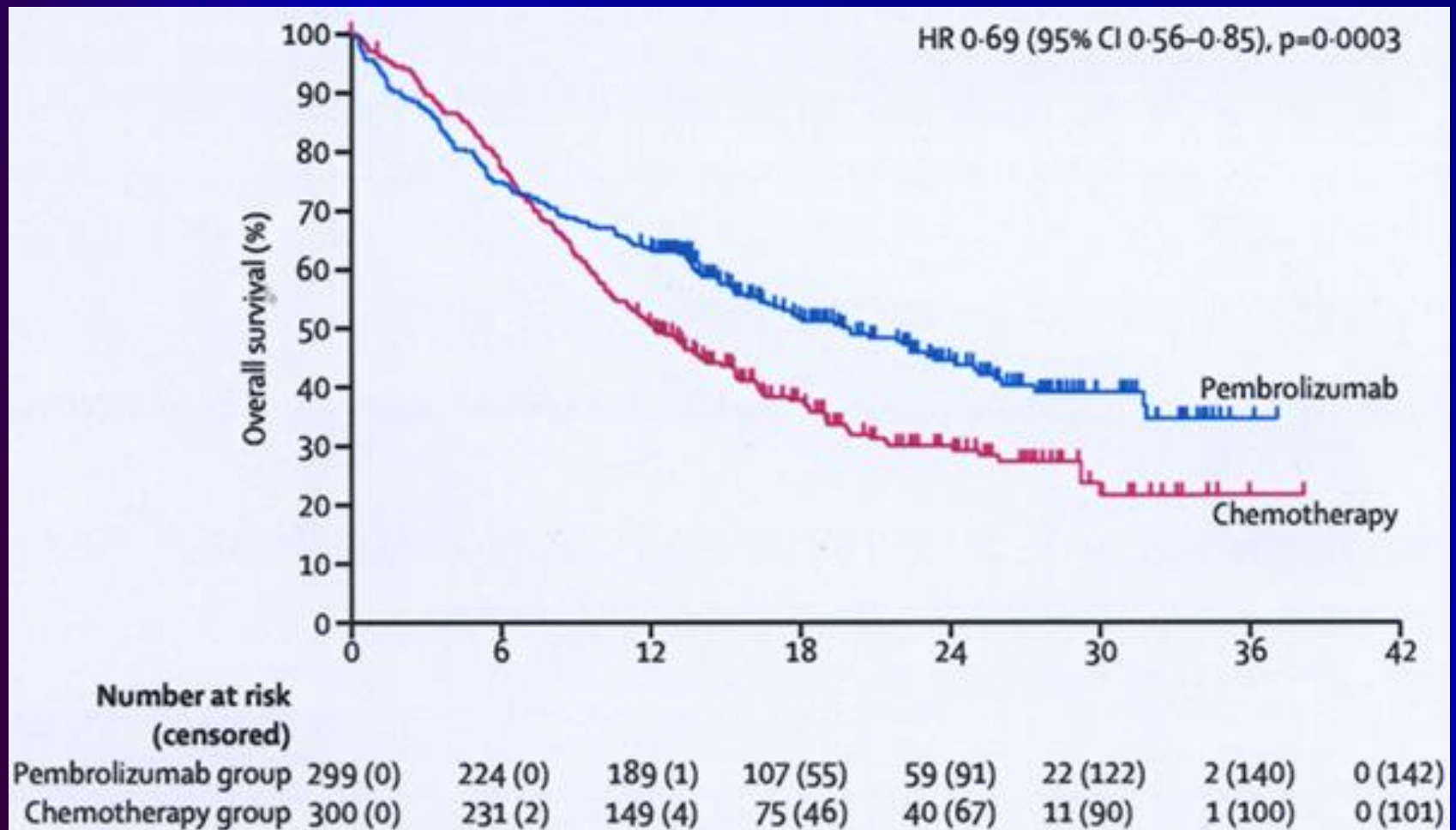


TKI resistance trial

He J. et al., Int J Oncol 2021; 53:90



Immune checkpoint inhibitors such as pembrolizumab increase overall survival in patients with PD-L1



PRACTICAL STEPS TO PREVENT CANCER

- **Check your house for radon.**
- **Check your house for asbestos.**
- **Take precautions at your workplace.**
- **Check your community water system.**
- **Avoid breathing polluted air.**
- **Protect your skin.**
- **Don't breathe smoke.**
- **Exercise daily.**

CANCER PREVENTION

PRACTICAL STEPS TO PREVENT CANCER (continued)

- **Avoid pesticides.**
- **Eat fruits and vegetables.**
- **Reduce red-meat consumption.**
- **Eat fish.**
- **Minimize fried foods.**
- **Drink alcohol in moderation.**
- **Avoid unnecessary x-rays.**
- **Reduce infections.**

- **REFERENCES**

- Thai AA, Solomon BJ, Sequist LV, Gainor JF, Heist, RS. Lung cancer. Lancet, 2021. PMID 34273294.

- Westover D, Zugazagoitia, J, Cho BC, Lovely CM, Paz-Ares L. Mechanisms of acquired resistance to first-and second-generation EGFR tyrosine kinase inhibitors. Ann Oncology 2018; 29: 110-119.