

# Small cell lung cancer

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10/17/2022

TRACO Lecture

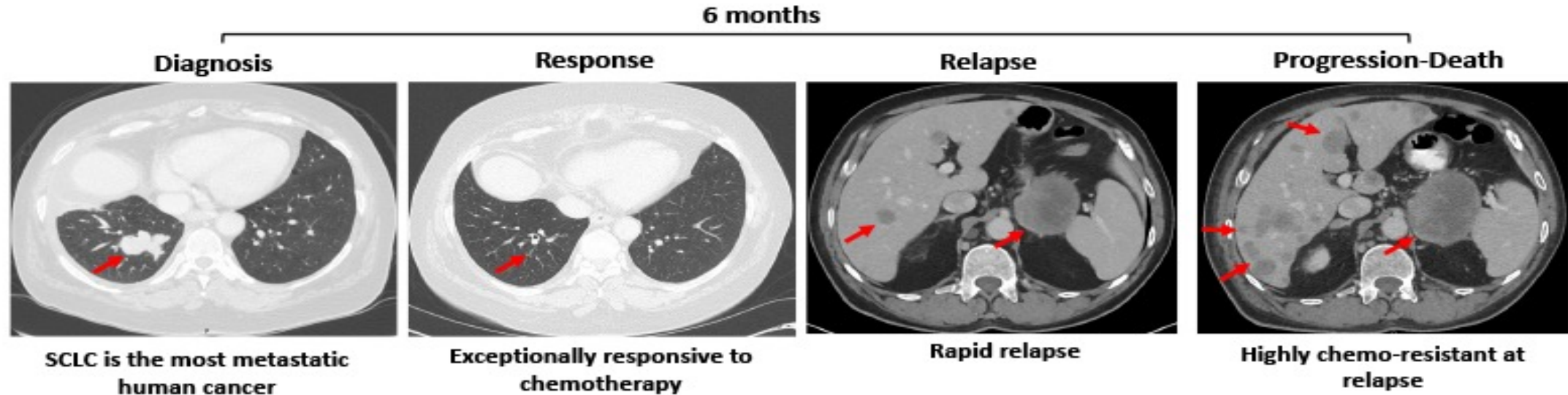
Anish Thomas, MD

Investigator

Developmental Therapeutics Branch

# SCLC metastasis

**SCLC is exceptionally metastatic and highly chemo-resistant**



**SCLC affects 250,000 individuals and kills at least 200,000 globally each year**  
**Median SCLC survival is 7 months**

# SCLC and smoking

**SCLC is a smoking related cancer**



It's one of the best-kept secrets in medicine. Still, his secret is no secret at all. He smokes 20 of the best-tasting Camels a day.

The doctor is a scientist, a physician, and a family man. He's been at it for 20 years, and he's still going strong.


According to a recent *Nationwide survey*:

## MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE

DOCTORS are a special breed of smokers. In a nationwide survey of 10,000 doctors, 75% of them reported that they smoke. That's a lot of doctors. And they smoke Camels. Why? Because Camels are the only cigarette that's been tested and found to be safe for the doctor's health.

The doctor's choice is Camels. And so is yours. Try a Camel today. You'll see why the doctor's choice is Camels.

**CAMELS** Gentle Tobacco



According to repeated nationwide surveys,

## More Doctors Smoke CAMELS than any other cigarette!

Doctors in every branch of medicine were asked, "What cigarette do you smoke?" The brand named most was Camels.

You'll enjoy Camels for the same reason as most doctors enjoy them. Camels have smooth, rich, delicious, great-tasting taste, and a flavor unmatched by any other cigarette. Make the switch now. Smoke only Camels. You'll see why the doctor's choice is Camels.

THE DOCTOR'S CHOICE IS AMERICA'S CHOICE!

For 30 days, test Camels in your "T-Zone" (T for Throat, T for Taste).

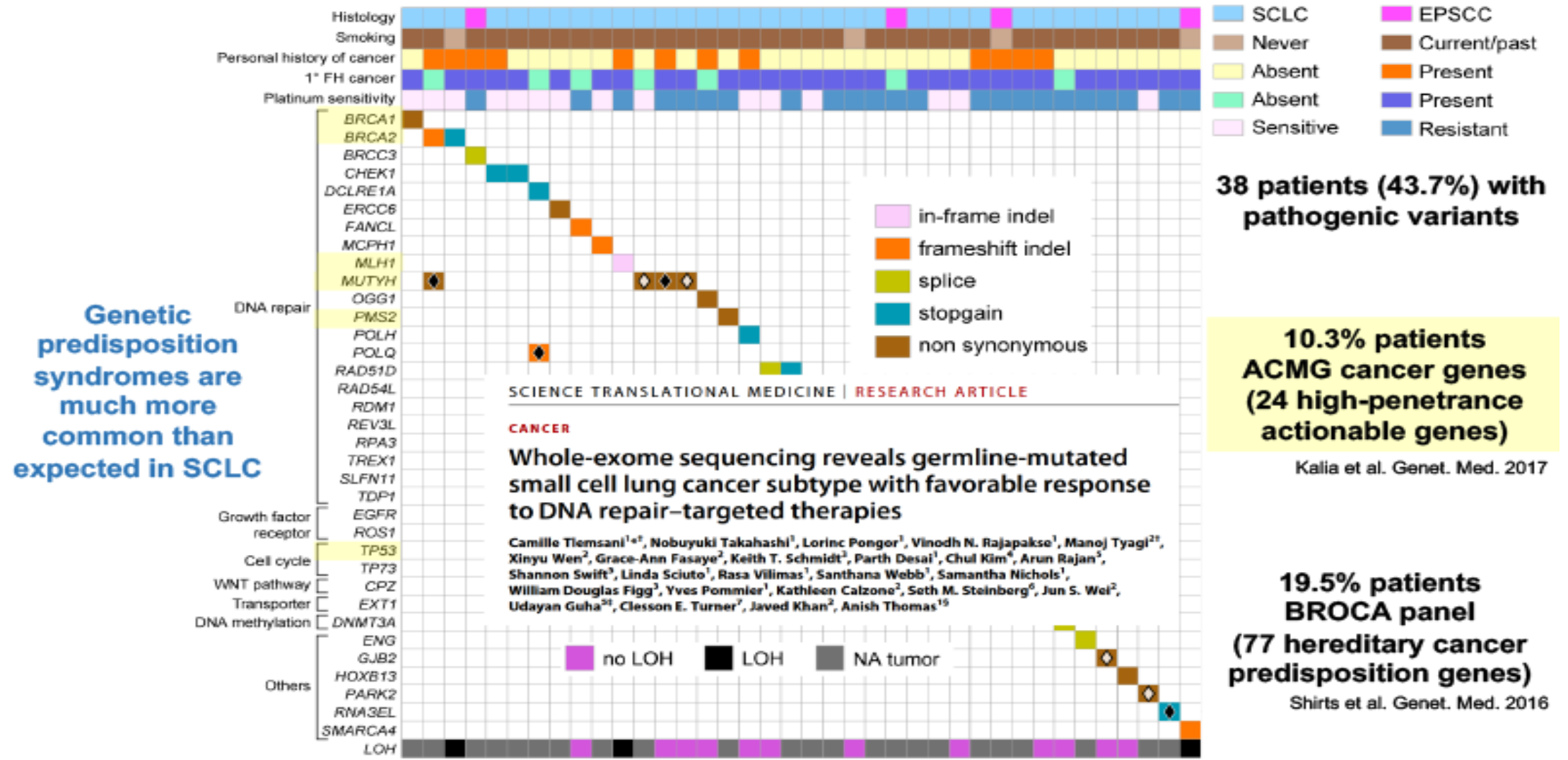
**Lung cancer develops in only 15% of smokers**

**~2-3% of patients with SCLC are never-smokers**

Thomas, Takahashi, et al. Chest 2020

**Variations in genetic profiles → differential susceptibility to tobacco carcinogens ?**

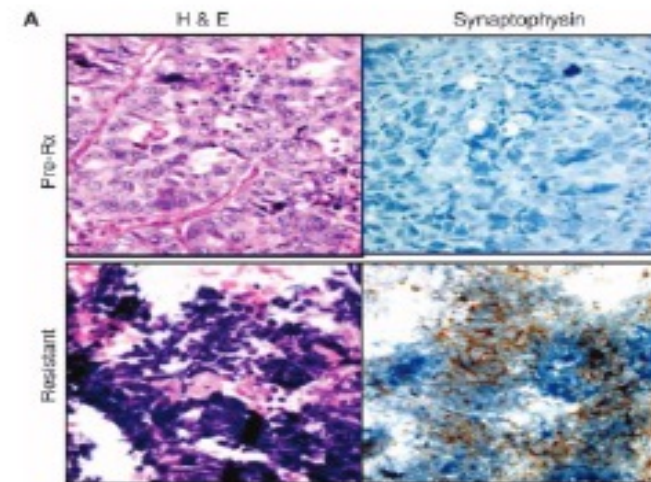
# SCLC syndromes





# Lineage plasticity

## SCLC also occurs due to lineage plasticity: transformed small cell



## Lineage plasticity in cancer: a shared pathway of therapeutic resistance

Álvaro Quintana-Villalongo<sup>1</sup>, Joseph M. Chan<sup>1,2,3</sup>, Helena A. Yu<sup>1</sup>, Dana Pe'er<sup>2,3</sup>, Charles L. Sawyers<sup>4,5</sup>, Triparna Sen<sup>1,6</sup> and Charles M. Rudin<sup>1,6</sup>

Sequist Sci Trans Med 2011  
Pasaro Nat Cancer 2021  
Quintana-Villalongo. Nat Reviews 2020

### Perspectives

## The Role of Lineage Plasticity in Prostate Cancer Therapy Resistance

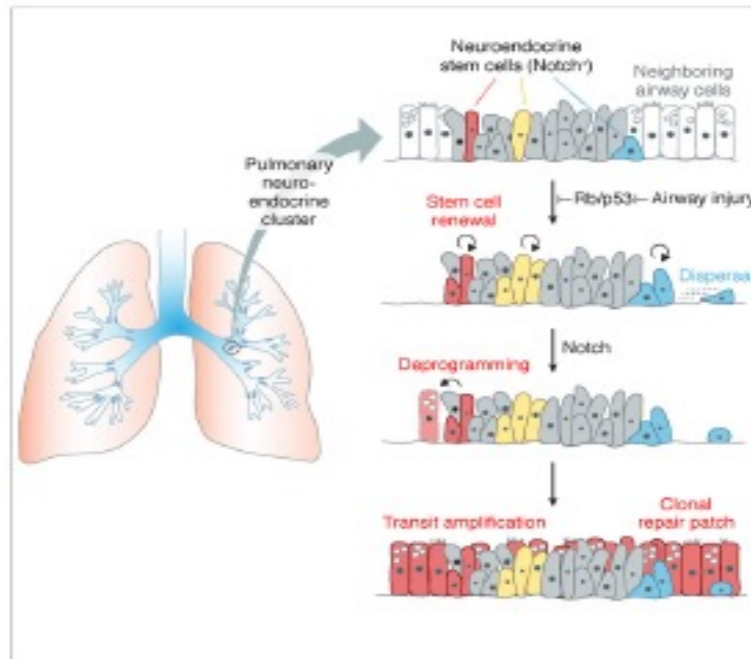
Himisha Beltran<sup>1</sup>, Andrew Hruszkewycz<sup>2</sup>, Howard I. Scher<sup>3</sup>, Jeffrey Hildesheim<sup>4</sup>, Jennifer Isaacs<sup>5</sup>, Evan Y. Yu<sup>6</sup>, Kathleen Kelly<sup>2</sup>, Daniel Lin<sup>4</sup>, Adam Dicker<sup>5</sup>, Julia Arnold<sup>2</sup>, Toby Hecht<sup>2</sup>, Max Wicha<sup>6</sup>, Rosalie Sears<sup>2</sup>, David Rowley<sup>8</sup>, Richard White<sup>3</sup>, James L. Gulley<sup>2</sup>, John Lee<sup>4</sup>, Maria Diaz-Meco<sup>9</sup>, Eric J. Small<sup>10</sup>, Michael Shen<sup>11</sup>, Karen Knudsen<sup>12</sup>, David W. Goodrich<sup>13</sup>, Tamara Lotan<sup>13</sup>, Amina Zoubaidi<sup>14</sup>, Charles L. Sawyers<sup>3</sup>, Charles M. Rudin<sup>3</sup>, Massimo Loda<sup>15</sup>, Timothy Thompson<sup>16</sup>, Mark A. Rubin<sup>17</sup>, Abdul Tawab-Amiri<sup>2</sup>, William Dahut<sup>2</sup>, and Peter S. Nelson<sup>4</sup>

Clinical  
Cancer  
Research



# SCLC origin

**SCLC origin is thought to originate from neuroendocrine cells activated by injury**



- Injury induces stem cell renewal, dispersal, transit amplification, and reprogramming
- Tumor suppressors Rb, p53, and Notch control specific steps in stem cell program
- Small-cell lung cancer arises by genetic activation of stem cell renewal and dispersal

# SCLC carcinogenesis

## SCLC carcinogenesis



Mouse model for NE lung tumors can be established by conditional inactivation of Rb1 and Trp53 in mouse lung epithelial cells (*Meuwissen R. Cancer Cell 2003*)

NE cells (centrally located) serve as the most efficient cell-of-origin of SCLC (*Sutherland. Cancer Cell 2011*)

SPC+ cells (peripherally located) can also give rise to SCLC at lower frequency and after a longer latency

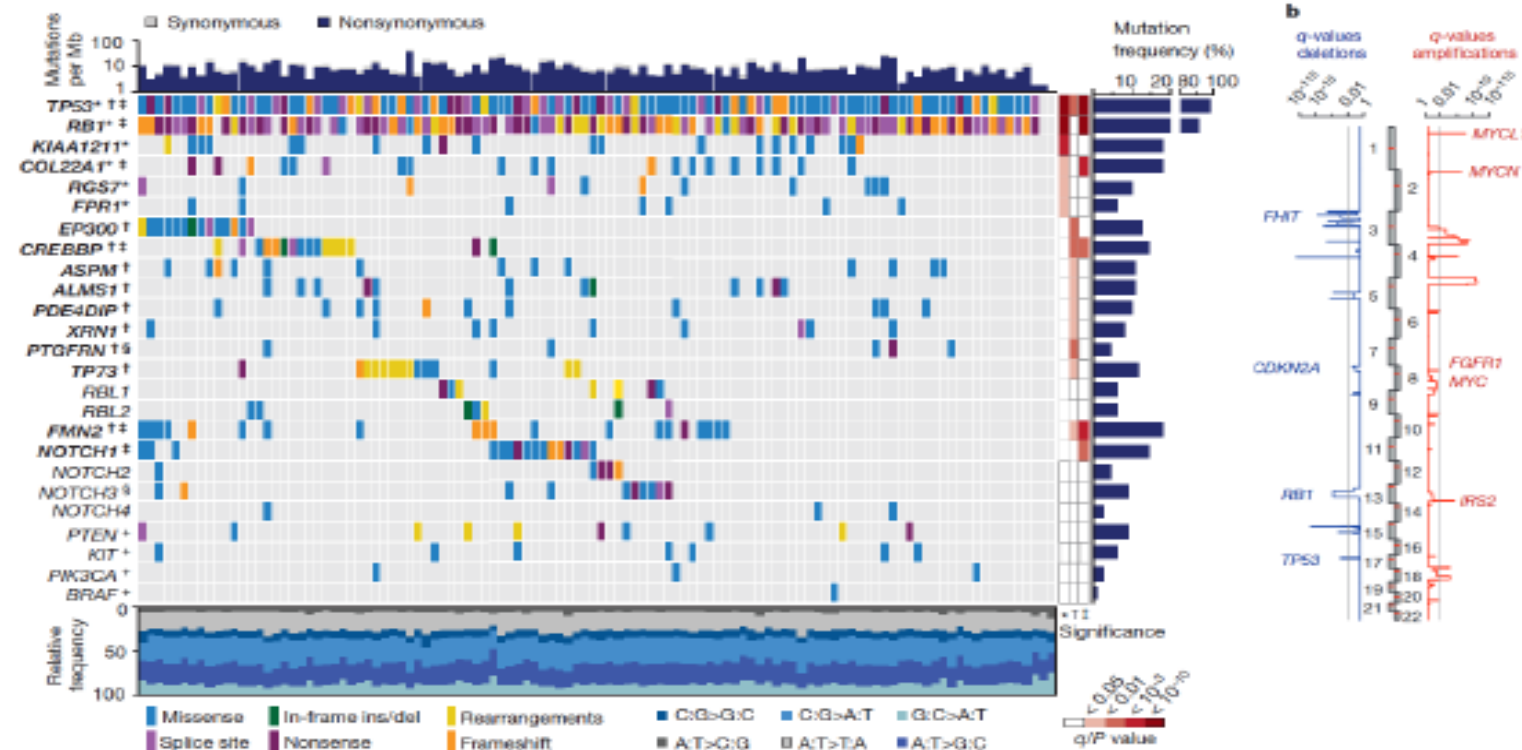
Clara cells are resistant to transformation

**Does the cell of origin influence tumor characteristics??**

# SCLC genomics

## SCLC genomics

P53 inactivation (90%)  
Rb inactivation (90%)  
MYC amplification (30%)

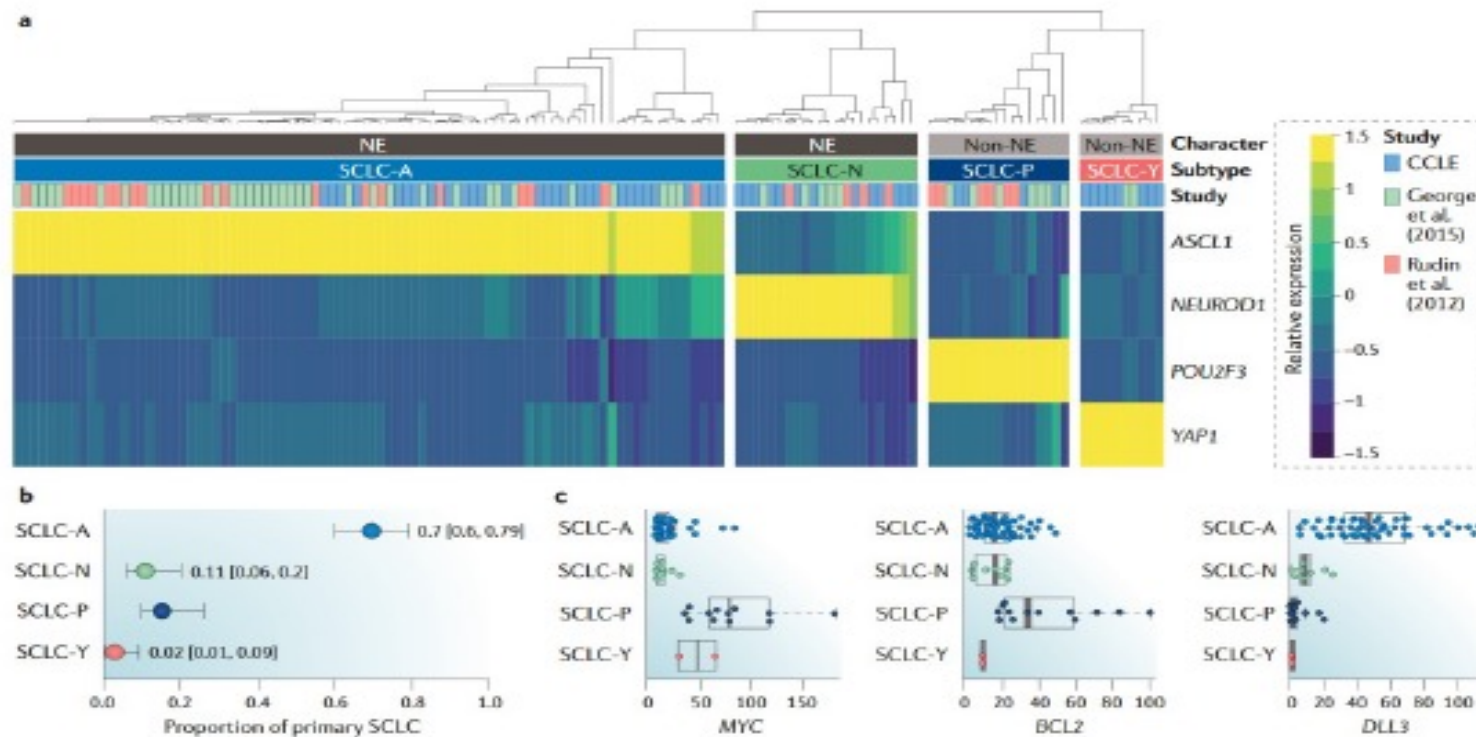


No "targetable driver" genes  
Limited genetic heterogeneity



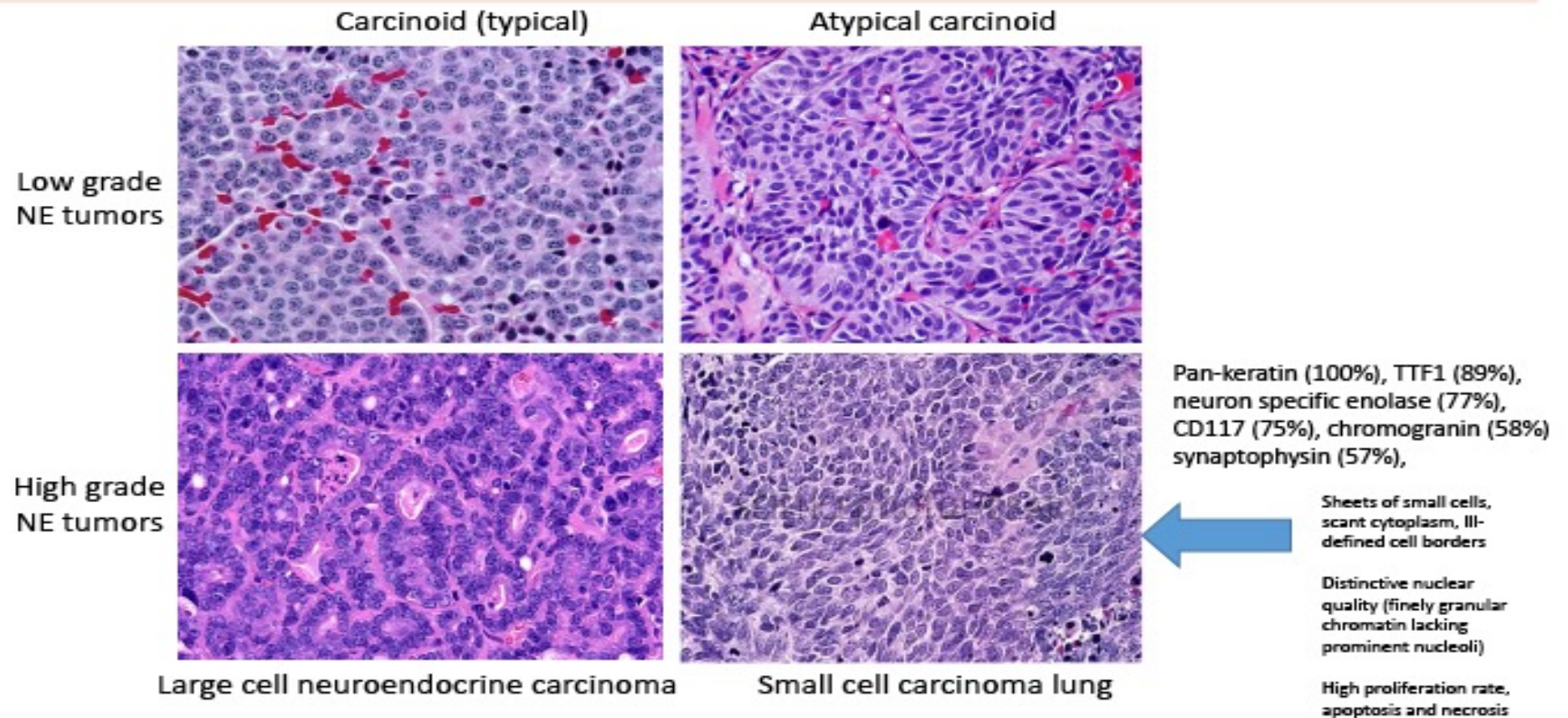
# Heterogeneity

## Marked transcriptional heterogeneity



# Neuroendocrine tumors

## Neuroendocrine tumors of the lung



# Chemo-resistance


**SCLC is exceptionally metastatic and highly chemo-resistant**

- ✓ **Origins/molecular characteristics**
  - Aggressive, smoking-related cancer; germline impact likely
  - On the high end of the spectrum of NE cancers
  - Loss of TP53/RB1 important
  - Heterogeneity driven by gene expression patterns
  - ? Cells of origin other than NE cells/ ? Impact on clinical course

# Cancer staging

## Staging and initial work up

**Small Cell Lung Cancer: Staging**



- Limited disease
- Controversial
- Extensive disease

Staging workup:  
CT chest, abdomen  
CT/MRI brain  
PET CT  
BM biopsy  
Thoracentesis

Modification of the VALG staging 1957  
Brain is a frequent site of metastasis



# Systemic disease

## SCLC is a systemic disease at diagnosis

Autopsy study of patients (N=19) who underwent surgical resection with a curative intent within 30 days prior to their death -----Distant metastatic disease in 60% cases

Metastasize most frequently to the liver, bone, adrenals, brain and abdominal lymph nodes.

Matthews MJ, et al,  
Frequency of residual and metastatic tumor in patients undergoing curative surgical resection for lung cancer.  
Cancer chemotherapy reports, 1973



Mary J Matthews, d. 1987  
Pathologist NCI MOB

### MEDICAL RESEARCH COUNCIL COMPARATIVE TRIAL OF SURGERY AND RADIOTHERAPY FOR PRIMARY TREATMENT OF SMALL-CELLED OR OAT-CELLED CARCINOMA OF BRONCHUS

Ten-year Follow-up

WALLACE FOX J. G. SCADDING

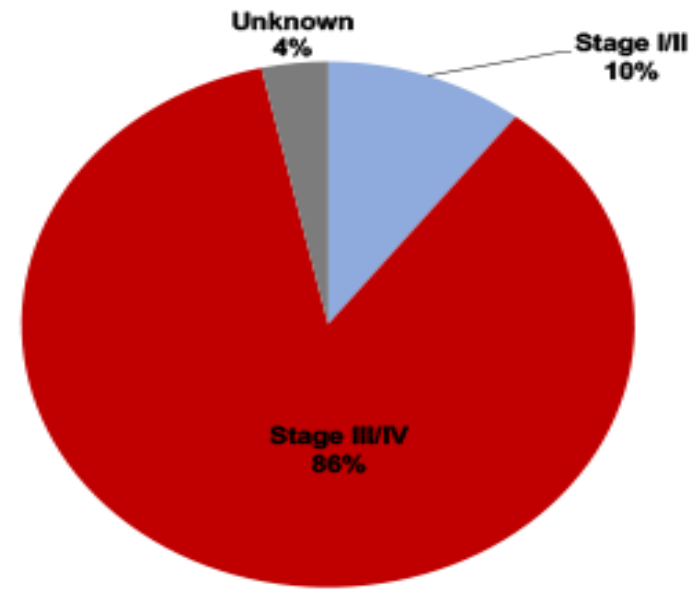
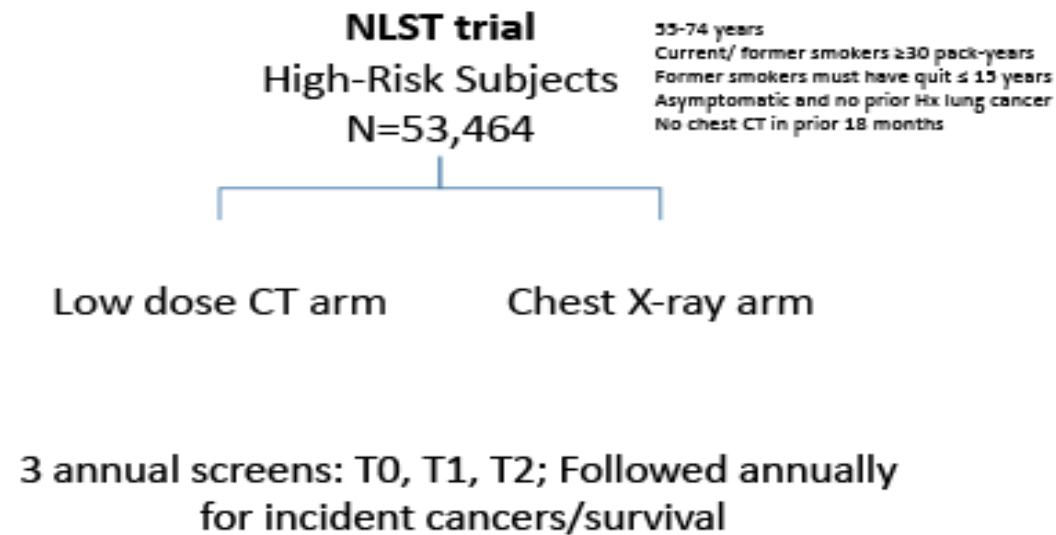
*Medical Research Council Tuberculosis and Chest  
Diseases Unit and Cardiothoracic Institute,  
Brompton Hospital, Fulham Road, London SW3 6HP*

**Summary** This report gives the 10-year results of a controlled trial of a policy of surgery and a policy of radical radiotherapy in the treatment of patients with small-celled or oat-celled carcinoma of the bronchus diagnosed preoperatively on bronchial biopsy and thought likely to be operable. The analysis included 144 patients, 71 allocated at random to the surgery series and 73 to the radical-radiotherapy series. There were no 10-year survivors in the surgery series, but in the radiotherapy series 3 remained alive and well. The mean survival for the surgery series was 199 days and for the radical-radiotherapy series 300 days—a statistically significant difference ( $P=0.04$ ). This reinforces the conclusion of the 5-year report that in this trial radical radiotherapy has given, in terms of survival, a somewhat better result than surgery in the treatment of patients with small-celled or oat-celled carcinoma of the bronchus diagnosed preoperatively on bronchial biopsy and judged to be operable.



# Screening

SCLC systemic disease - even when diagnosed by screening



# SCLC treatment

## Treatment outline

	Extensive Stage, 1L	Limited Stage, 1L	2L
FDA Approved	<ul style="list-style-type: none"><li>Platinum + etoposide + atezolizumab</li><li>Platinum + etoposide + durvalumab</li></ul>		<ul style="list-style-type: none"><li><b>Lurbinectedin</b></li><li>Topotecan</li></ul>
NCCN Guidelines <sup>1</sup> <i>Preferred regimens</i>	<ul style="list-style-type: none"><li>Platinum + etoposide + atezolizumab</li><li>Platinum + etoposide + durvalumab</li></ul>	<ul style="list-style-type: none"><li>Cisplatin + etoposide +/- RT</li></ul>	<ul style="list-style-type: none"><li>Relapse <math>\leq</math> 6 months: topotecan or clinical trial</li></ul>

# Additional chemotherapy

MORE chemotherapy IS NOT BETTER

- Unusually intensive induction regimens
  - High dose vs. std. dose chemotherapy (CAV/ EP)
    - Johnson DH. JCO 1987
    - Ihde SC. JCO 1994
  - Increasing dose density
    - Klasa RJ JCO 1991
  - Chemo with auto-BMT
    - Humblet Y JCO 1987
  - Sequential non-cross-resistant regimens (CAV vs. EP-CAV)
    - Roth BJ. JCO 1992



Daniel C. Ihde, d. 2005  
Deputy Chief, NCI-Navy MOB

# Cranial irradiation

## Prophylactic Cranial Irradiation

- Approximately two thirds of patients with SCLC develop brain metastases after 2 yr<sup>1</sup>
- PCI a mainstay in treatment of LS SCLC following curative chemoradiation
  - 5.4% absolute survival benefit at 3 yr<sup>2</sup>
- PCI now used less often in ES SCLC given conflicting data from EORTC trial (OS benefit) and Japanese trial data (no OS benefit)<sup>3-5</sup>
- Ongoing research and debate on role of PCI for ES SCLC
- MRI brain surveillance Q3M is reasonable in lieu of PCI for patients with ES SCLC responding to treatment

# Chemo + IO

**ES-SCLC: good response to chemo+IO → PCI ± → What's next?**

Table S4. Subsequent Cancer Therapies.

	Atezolizumab Group (N=201)	Placebo Group (N=202)
Line of therapy		
Second	101 (50.2)	116 (57.4)
Third	29 (14.4)	38 (18.8)
Fourth	3 (1.5)	15 (7.4)
Therapy type		
Total number of patients with at least one treatment	104 (51.7)	116 (57.4)
Total number of treatments — no.	138	176
Chemotherapy/non-anthracycline	81 (40.3)	88 (43.6)
Chemotherapy/anthracycline	31 (15.4)	46 (22.8)
Immunotherapy	6 (3.0)	15 (7.4)
Other	2 (1.0)	2 (1.0)
Targeted therapy	2 (1.0)	1 (0.5)

Aggressive clinical course  
Steep decline in patients  
getting subsequent  
therapies

Maintenance therapies shown no benefit

**Options:**

- Clinical trials
- Topotecan
- Lurbinectidin
- Taxol/CAV etc.

No targeted therapies



# SCLC metastasis

**SCLC is exceptionally metastatic and highly chemo-resistant**

- ✓ Aggressive, smoking-related cancer; germline impact likely
- ✓ Cell of origin, genetics determine disease phenotypes
- ✓ SCLC is a systemic disease = all patients need systemic treatment
- ✓ Aggressive clinical course
- ✓ Limited treatment options

# Transcriptomic heterogeneity

## SCLCs exhibit remarkable transcriptomic heterogeneity



**SCLC now: Same treatment  
for all patients, most  
patients die within a year**

# Molecular basis

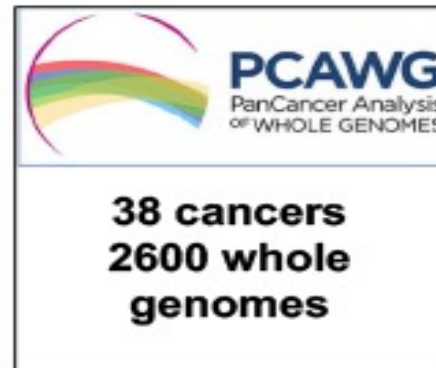
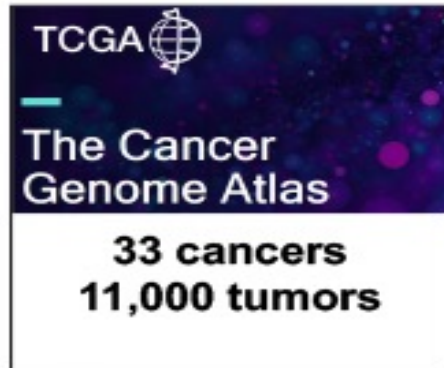
**The challenge:** very little is known of the molecular basis of human SCLC

A major barrier : Limited availability of clinical samples for research

Metastases

Chemoresistance

Heterogeneity



**SCLC is not included in large-scale sequencing studies**



**Most of our knowledge about the biology and molecular pathogenesis of SCLC has evolved from continuous cell cultures and mouse models**

# Translational research

Cancer Cell

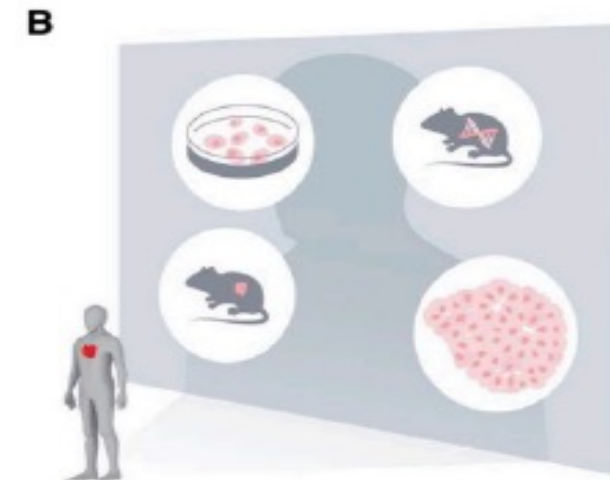
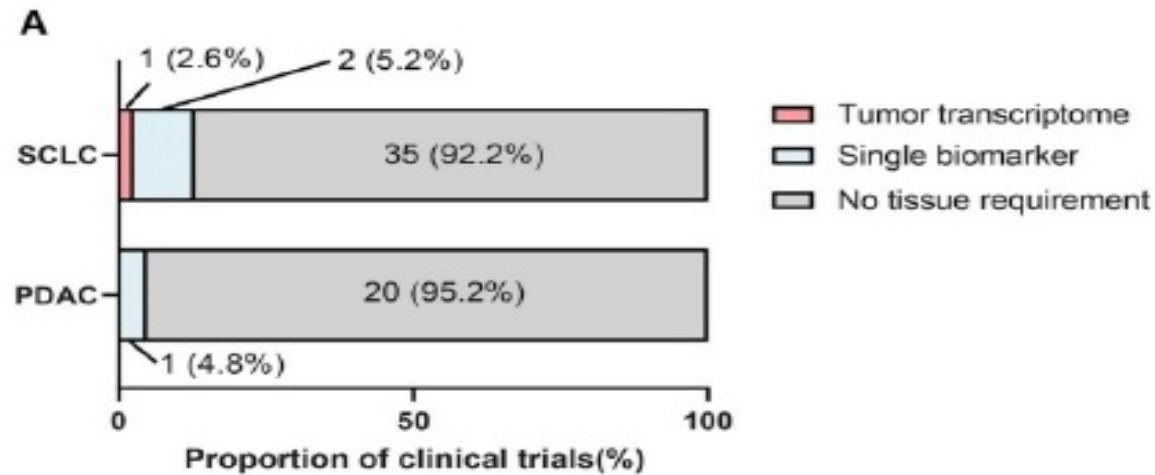
CellPress



Commentary

## Translational research: A patient-centered approach to bridge the valley of death

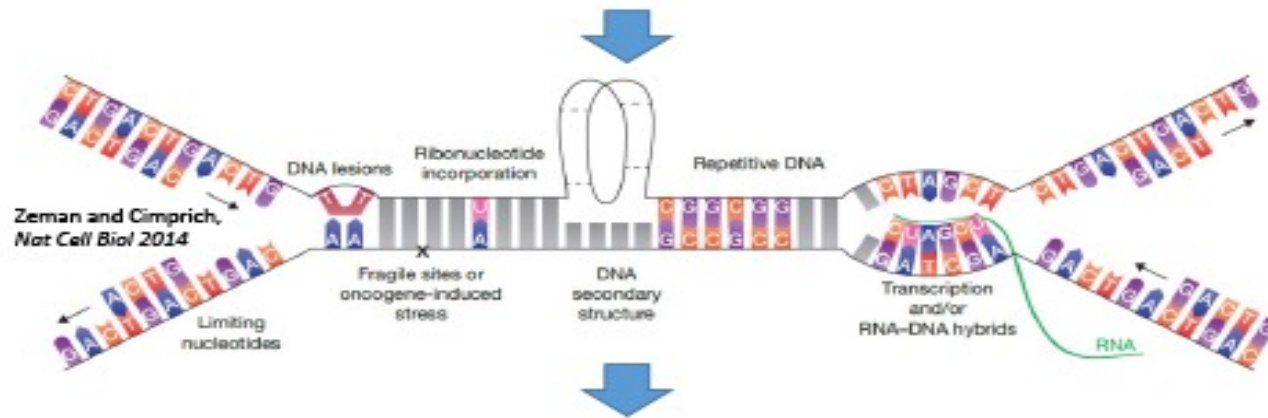
Anish Thomas,<sup>1,\*</sup> Parth Desai,<sup>1</sup> and Nobuyuki Takahashi<sup>1,2,3</sup>



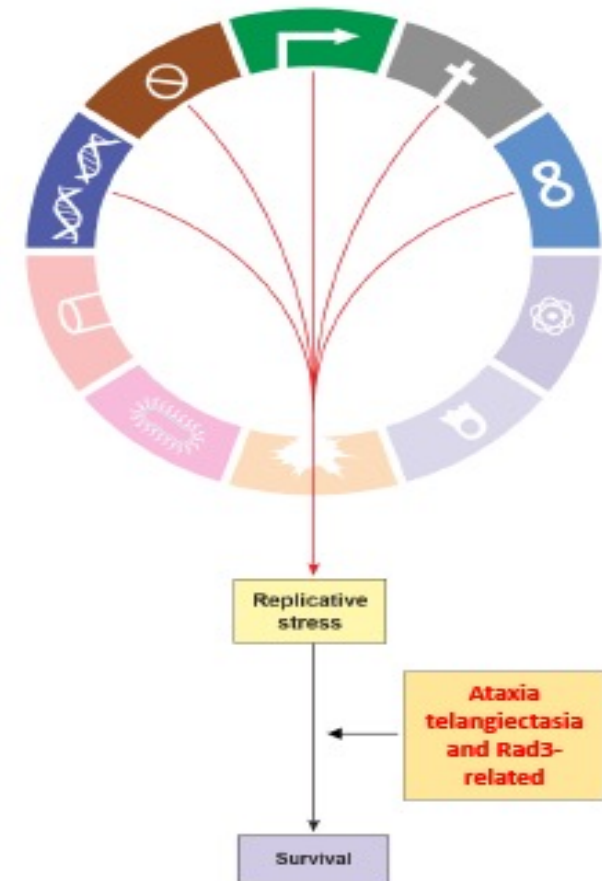
# Replication stress

## Replication stress is a SCLC hallmark

**Frequent RB1 and TP53 loss; MYC amplification**  
**Sustained high expression of lineage transcription factors**



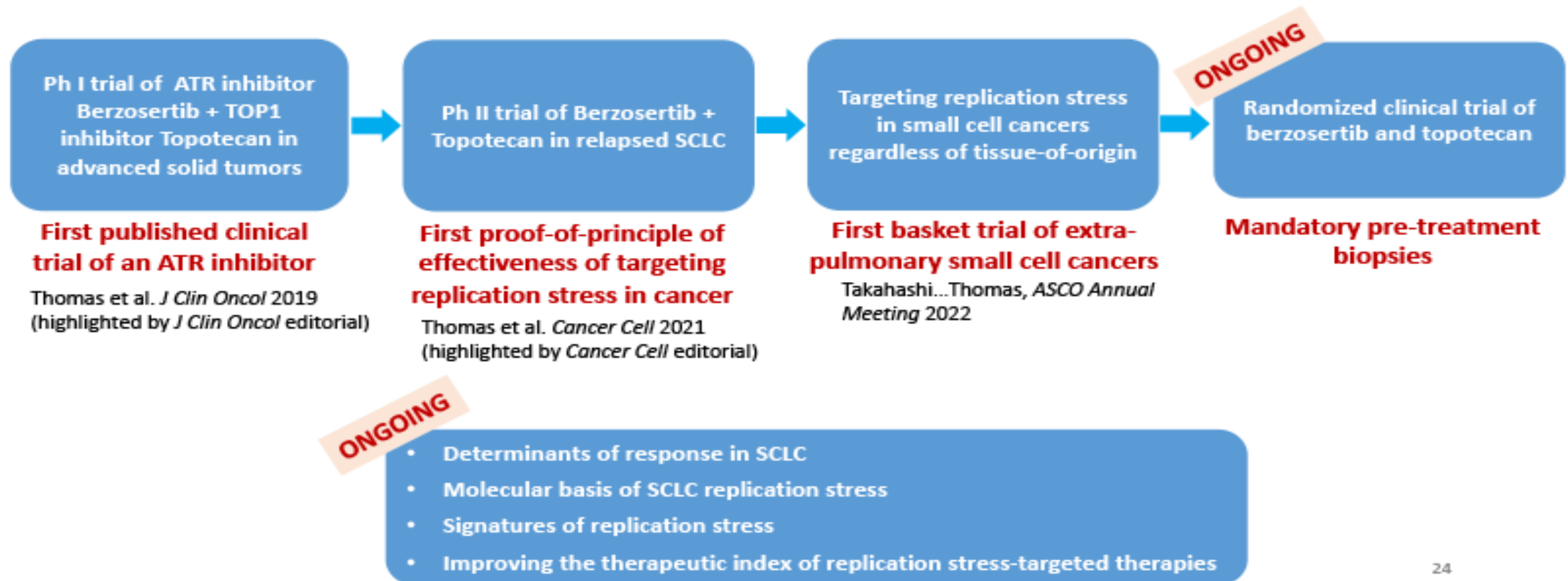
**High degree of genomic instability, mutation load, aneuploidy**  
**Striking responses to DNA damaging chemotherapy**





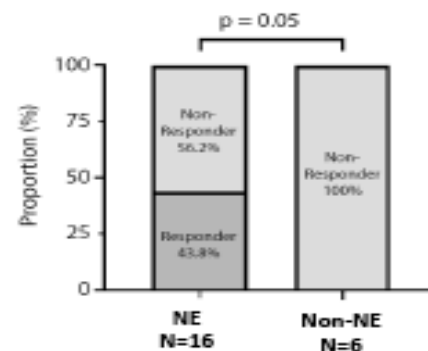
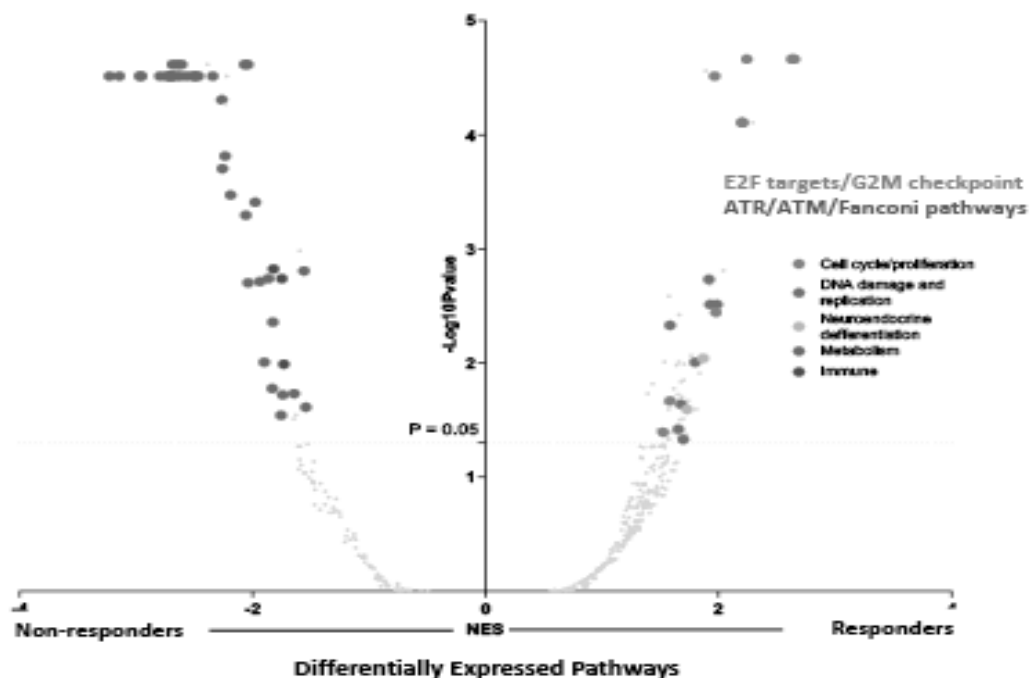
# SCLC vulnerability

**Discovery of replication stress as a transformative vulnerability of SCLC; paving the way for rational patient selection (2015-2022)**



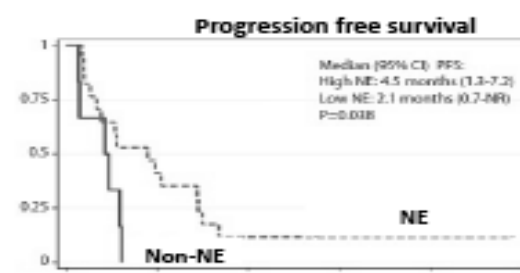
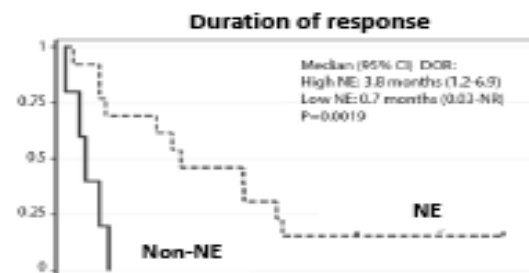
# ATR/TOP1 inhibitors

Tumors responding to ATR/TOP1 inhibition are under replication stress



We are examining the pre-treatment tumors from the randomized study to better understand the predictive role of NE differentiation in responses to ATR inhibition

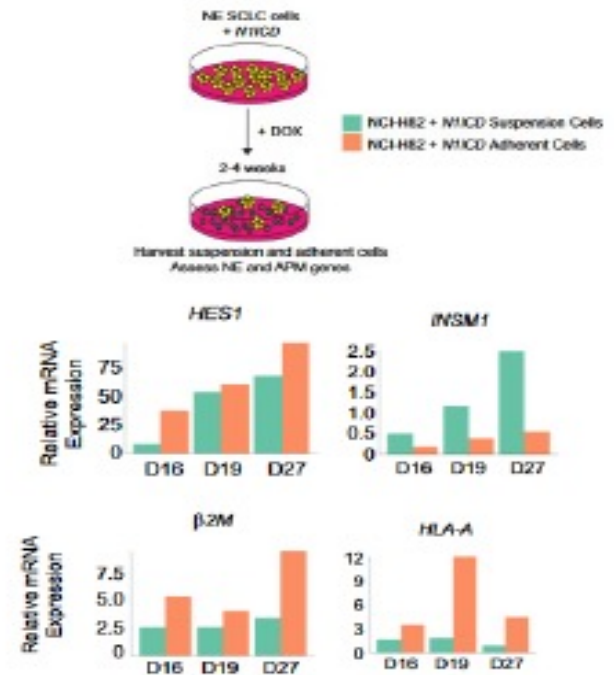
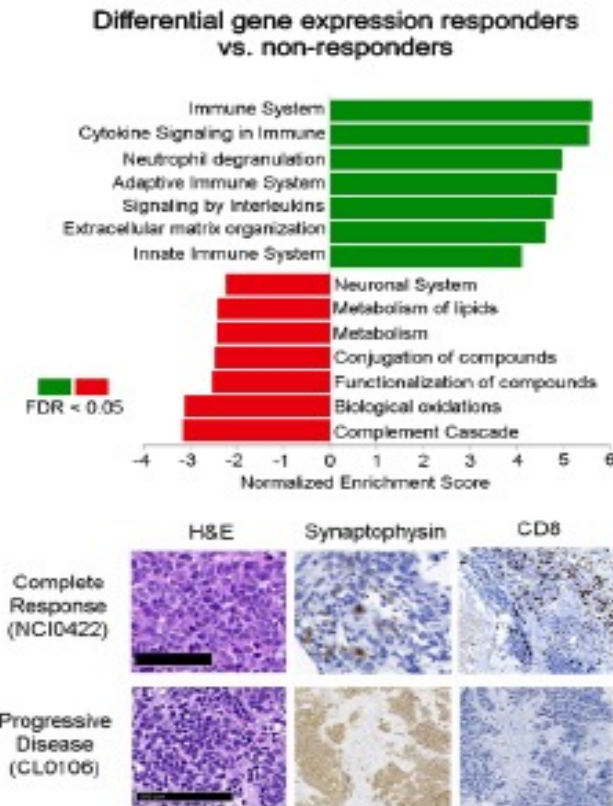
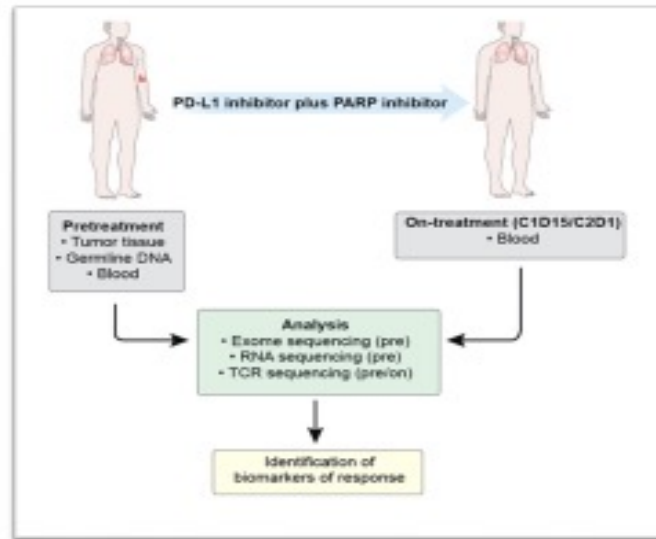
- Mandatory pre-treatment biopsies
- Tumor gene expression



NE gene expression defines a subset of SCLC under high replication stress

# Immunotherapy

**Low NE tumors are more likely to respond to immunotherapy**



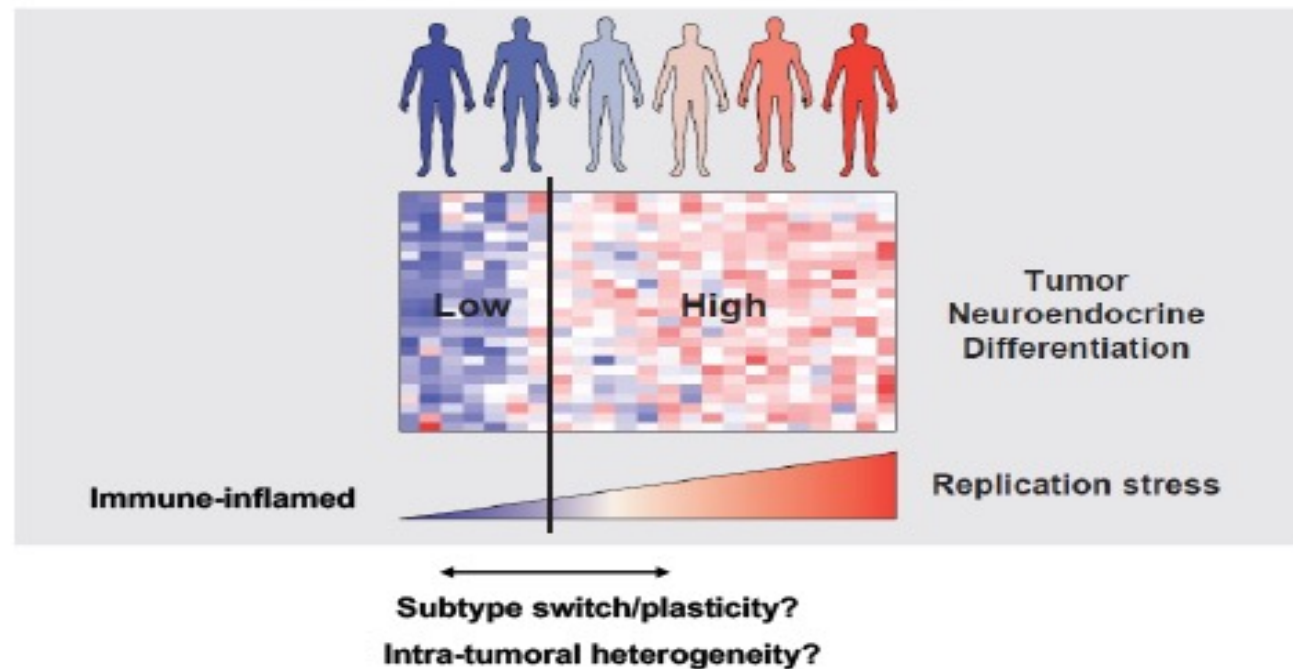
Thomas et al. J Thoracic Oncology 2019  
Roper et al. Nat Comm 2021

Similar results:  
Gay et al. Cancer Cell 2021  
Owonikoko et al. JTO 2021  
Chen et al. JTO CRR 2021  
Mahadevan et al. Can Discov 2021....

**Activation of Notch upregulates intrinsic tumor immunity through decreased NE differentiation**

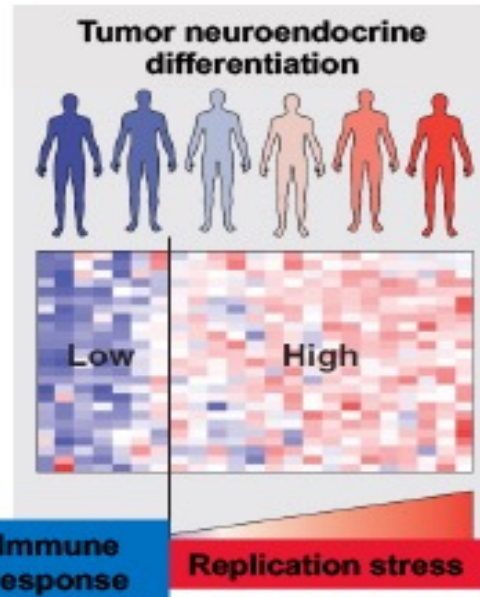
# Inter-tumoral heterogeneity

**Inter-tumoral heterogeneity in NE defines SCLC subtypes and predicts drug responses**



# SCLC subgroups

Our goal: 1) Identify SCLC subgroups; 2) Define subgroup-specific vulnerabilities



## Cancer Cell

Article

### Therapeutic targeting of ATR yields durable regressions in small cell lung cancers with h replication stress

April 12, 2021

Anish Thomas,<sup>1,11,\*</sup> Nobuyuki Takahashi,<sup>1</sup> Vinodh N. Rajapakse,<sup>5</sup> Xiaohu Zhang,<sup>2</sup> Yilun Sun,<sup>5</sup> Michele Ceribelli,<sup>2</sup> Kelli M. Wilson,<sup>2</sup> Yang Zhang,<sup>1</sup> Erin Beck,<sup>2</sup> Linda Sciuto,<sup>1</sup> Samantha Nichols,<sup>1</sup> Brian Elenbaas,<sup>3,10</sup> Janusz Puc,<sup>3,10</sup> Heike Dahmen,<sup>4</sup> Astrid Zimmermann,<sup>4</sup> Jillian Varonin,<sup>3</sup> Christopher W. Schultz,<sup>1</sup> Sehyun Kim,<sup>1</sup> Hiron Shimellis,<sup>1</sup> Parth Desai,<sup>1</sup> Carleen Klumpp-Thomas,<sup>2</sup> Lu Chen,<sup>2</sup> Jameson Travers,<sup>2</sup> Crystal McKnight,<sup>2</sup> Sam Michael,<sup>2</sup> Zina Itkin,<sup>2</sup> Sunmin Lee,<sup>1</sup> Akira Yuno,<sup>1</sup> Min-Jung Lee,<sup>1</sup> Christophe E. Redon,<sup>1</sup> Jessica D. Kendrick,<sup>5</sup> Cody J. Peer,<sup>5</sup> Jun S. Wei,<sup>2</sup> Mirit I. Aladjem,<sup>1</sup> William Douglas Figg,<sup>6</sup> Seth M. Steinberg,<sup>5</sup> Jane B. Trepel,<sup>1</sup> Frank T. Zenke,<sup>4</sup> Yves Pommier,<sup>1</sup> Javed Khan,<sup>7</sup> and Craig J. Thomas<sup>2,9</sup>



### Heterogeneity of neuroendocrine transcriptional states in metastatic small cell lung cancers and patient-derived models

Daphne Liss,<sup>1,10</sup> Nobuyuki Takahashi,<sup>2,3,10</sup> Parth Desai,<sup>2</sup> Irena Manukyan,<sup>4</sup> Christopher W. Schultz,<sup>1</sup> Vinodh Rajapakse,<sup>2</sup> Moises J. Velez,<sup>2</sup> Deborah Mulford,<sup>6</sup> Nitin Roper,<sup>2</sup> Samantha Nichols,<sup>2</sup> Rosa Vilimas,<sup>2</sup> Linda Sciuto,<sup>2</sup> Yuanbin Chen,<sup>2</sup> Udayan Guha,<sup>5</sup> Arun Rajan,<sup>5</sup> Devon Atkinson,<sup>5</sup> Rajas El Meskini,<sup>5</sup> Zoe Weaver Olier,<sup>9</sup> & Anish Thomas<sup>2,11</sup>

April 19, 2022

## nature communications

### Notch Signaling and Efficacy of PD-1/PD-L1 Blockade in Relapsed Small Cell Lung Cancer

Nitin Roper<sup>1</sup>, Moises Velez<sup>2</sup>, Alberto Chiappori<sup>3</sup>, Yoo Sun Kim<sup>1</sup>, Jun S. Wei<sup>4</sup>, Sivasish Sindir<sup>4</sup>, Nobuyuki Takahashi<sup>1</sup>, Deborah Mulford<sup>2</sup>, Suresh Kumar<sup>1</sup>, Kris Ylaya<sup>5</sup>, Christopher Trindade<sup>5</sup>, Irena Manukyan<sup>5</sup>, Anna-Leigh Brown<sup>6</sup>, Jane B. Trepel<sup>1</sup>, Jung-Min Lee<sup>7</sup>, Stephen Hewitt<sup>5</sup>, Javed Khan<sup>7</sup>, Anish Thomas<sup>1\*</sup>

June 23, 2021