

# Patient Derived Xenograft Models ---Clinical Applications



**Chong-xian Pan, MD, PhD, MS**

**Professor of Medicine and Urology**

**Co-Leader of Cancer Therapeutic Program**

**University of California Davis School of Medicine**

**UC Davis Comprehensive Cancer Center**

**Sacramento, CA, USA**

**Staff Physician**

**VA Northern California Health Care System**

**Mather, CA**

**UC DAVIS**  
**COMPREHENSIVE**  
**CANCER CENTER**

**NCI**  
**CCC**

A Comprehensive Cancer  
Center Designated by the  
National Cancer Institute

# DISCLOSURE:

I have financial interest/arrangement or affiliation with

## Name of Organization

Accelerated Medical Diagnostics Inc  
LP Therapeutics Inc  
Pandomedx Inc

## Relationship

Co-founder and shareholder  
Co-founder and shareholder  
Co-founder and shareholder

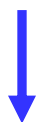
## Four patents

1. Bladder cancer-specific ligand cQDGRMGFc for imaging detection, immunotherapy and targeted therapy of bladder cancer (filed. Inventors: Chong-xian Pan, Hongyong Zhang, Kit Lam and Olulanu Aina). US Patent application No. 61/245,492.
2. Leukemia stem cell-targeting ligand and methods of use. Ligands containing the LR(S/T) amino acid motif for targeted therapy and detection of acute myeloid leukemia. (filed. Inventors: Chong-xian Pan and Hongyong Zhang). Patent application No. 14/130,909.
3. Porphyrin-based cancer-targeting nanometer-scale micelles for photodynamic diagnosis and therapy (Inventors: Yuanpei Li, Kit S. Lam, Chong-xian Pan, Tzu-yin Lin). US Provisional patent Application No. 61/736,067.
4. Treatment of Drug Resistant Metastatic Prostate Cancer Using Niclosamide. (Inventors: Allen Gao, Chengfei Liu, Wei Luo and Chong-xian Pan). U.S. Patent Application No. 15/134,228

# Introduction

## Tradition Cancer Medicine

Diagnosis and staging



Empirical



One formula fits all

## Precision Medicine

State-of-the-art technologies:

-omics



Computational biology to  
identify targets

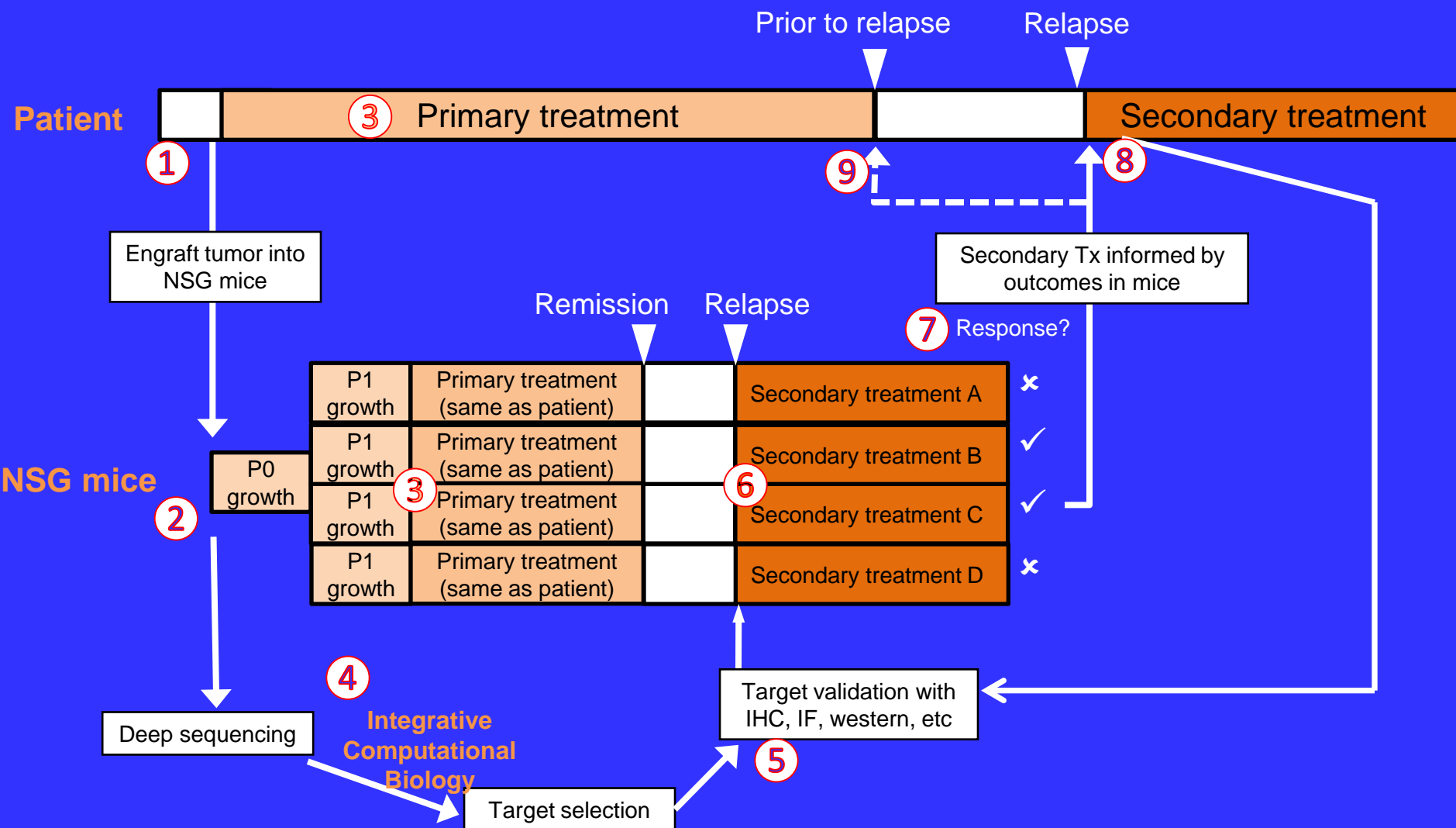


Individualized therapy

Tsimberidou et al: RR 12% with matched targeted therapy vs. 5% with unmatched therapy  
(Clin Cancer Res. 2014; 20:4827)

Andre et al. RR 9% plus 21% stable disease with matched targeted therapy in breast cancer  
(Lancet Oncology, 2014; 15:267)

# Patient-derived models of cancer (PDMCs) for precision medicine



# PDXs for precision medicine

## *Features and applications of PDXs*

### Special features:

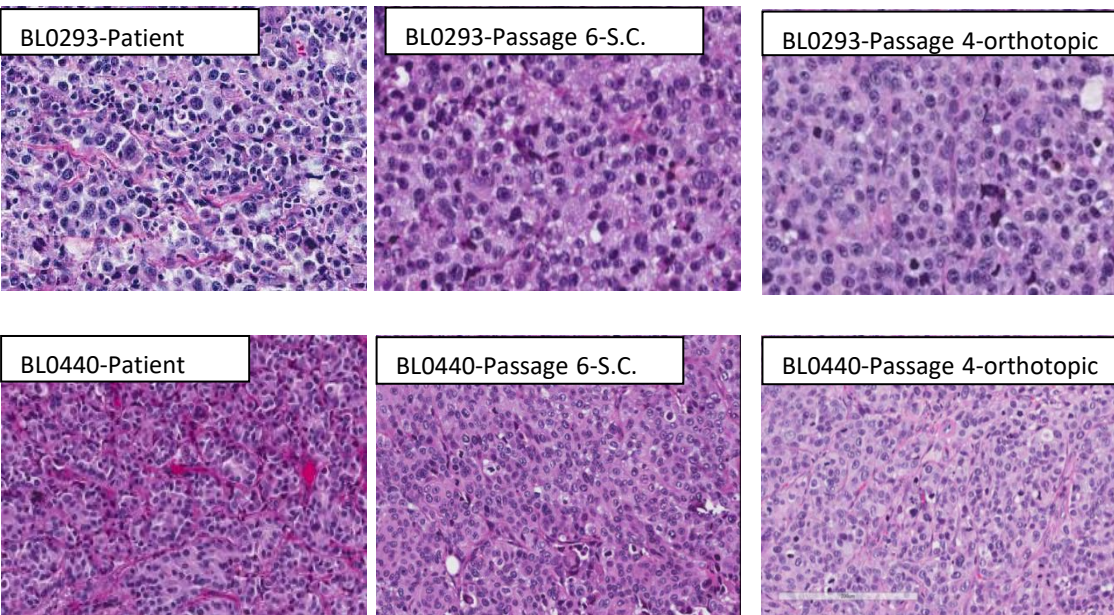
- PDXs are directly derived from unselected uncultured clinical specimens
- PDXs are patient-specific
- PDXs and patient cancers have the same genetic background
- Many identical PDXs can be generated for repeated studies
- Frequent biopsies can be done to study resistance mechanisms

# 36 bladder cancer PDXs

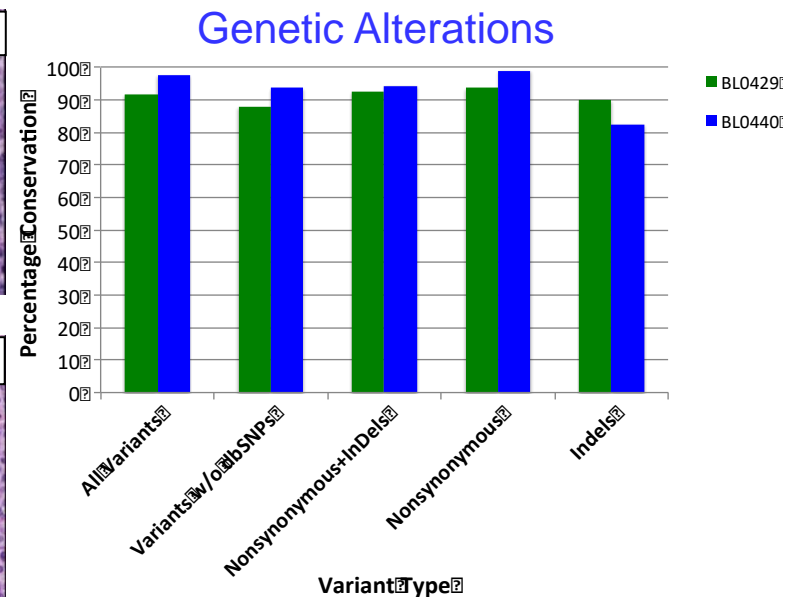
Clinical Characteristics of the donor patients					
Stages	Tumor ID	Age (yrs)	Stage	Surgery	Prior chemo
Myoinvasive bladder cancer	BL0269F	58	pT4 N0 Mx	Cystectomy	No
	BL0293F	77	pT2a N2 Mx	Cystectomy	No
	BL0307F	78	pT3b N2 Mx	Cystectomy	No
	BL0382F	82	pT2 Nx Mx	TURBT	No
	BL0428F	70	pT2 Nx Mx	TURBT	No
	BL0429F	60	pT4a N3 M1	Cystectomy	No
	BL0479F	78	pT2b Nx Mx	Cystectomy	YES (carbo/gem/PTX)
	BL0440F	71	pT4a N2 Mx	Cystectomy	YES (gem/cis)
	BL0515F	78	pT3bN0Mx	Cystectomy	YES (Gem/Cis)
	BL0545F	70	pT2 N0 Mx	Cystectomy	No
	BL0601F	83	pT3 N0 Mx	Cystectomy	No
	BL0629F	74	pT3 N0 Mx	Cystectomy	No
	BL0645F	75	pT4a N2 Mx	Cystectomy	YES (MVAC)#
	BL0648	71	pT4a N2 Mx	Cystectomy	No. AdenoCa
	Non-myoinvasive bladder cancer	BL0262F	64	pTa High	TURBT
BL0364F		76	pTa Low	TURBT	No
BL0381F *		60	pTa High	TURBT	No
BL0398F *		60	pT1 No Mx	Cystectomy	No
BL0470F		55	pTa Nx Mx	TURBT	No
BL0591F		65	pTis N0 Mx	Cystectomy	No
BL0606F		77	pT1Nx Mx	TURBT	No
BL0622F		63	pTis	cystectomy	



## Characterization of PDXs



Fidelity of morphology



Conservation of genetic aberrations (92-97%)

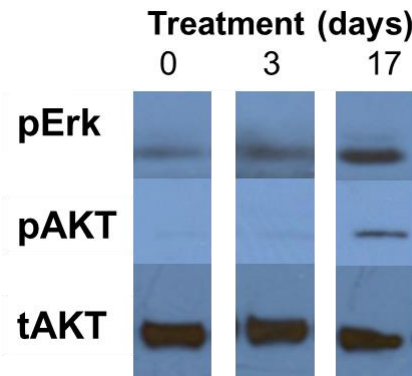
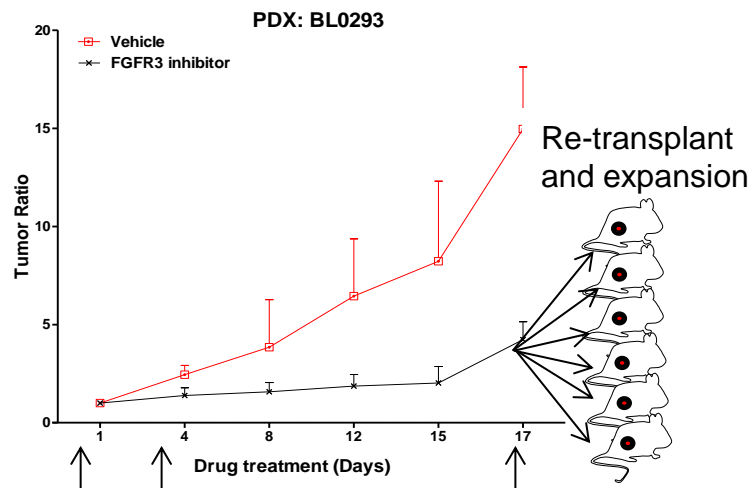
Screening for effective targeted therapy

Screening for effective chemotherapy

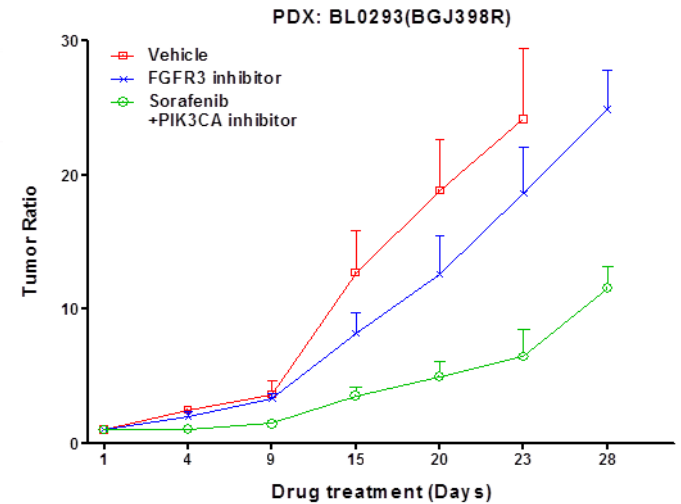
Re-purposing of FDA approved drugs

Elucidation of resistance mechanisms

Overcoming resistance



## FGFR3I-resistant BL0293

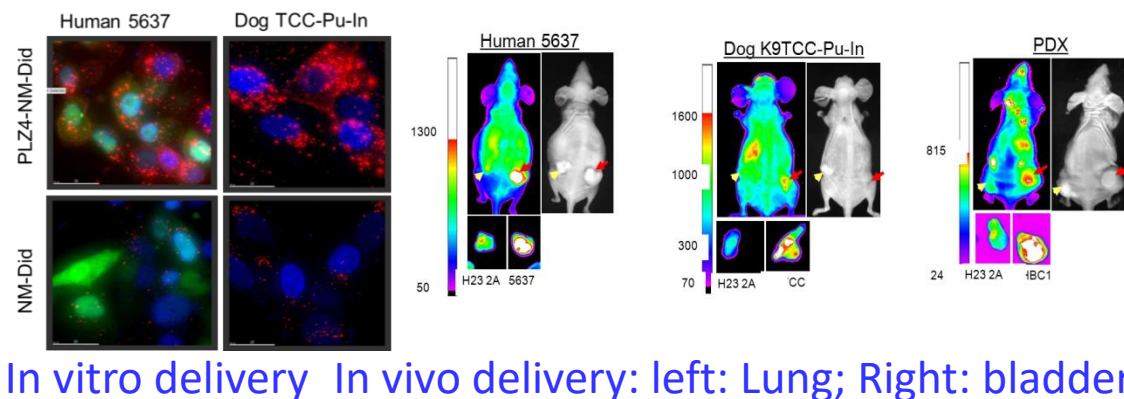
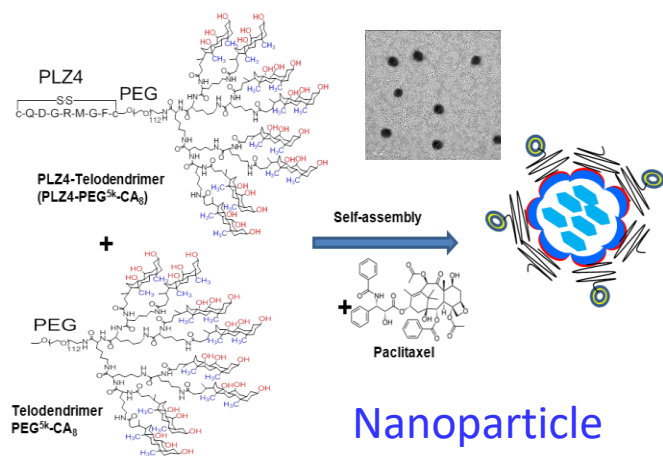




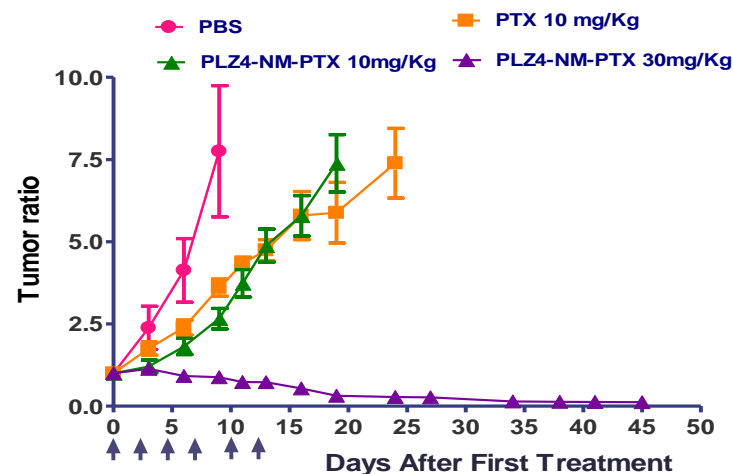
# Applications of PDMCs

## -Drug development

### Bladder cancer-specific PLZ4-nanoparticles (Kit Lam, MD, PhD)



Treatment	OS (days)	WBC (K/ml)
PBS	11	3.96 ± 1.40
PTX 10mg/kg	27	1.16 ± 0.19
PLZ4-NP-PTX 10 mg/kg	24	2.03 ± 0.81*
PLZ4-NP-PTX 30 mg/kg	>70	1.08 ± 0.28

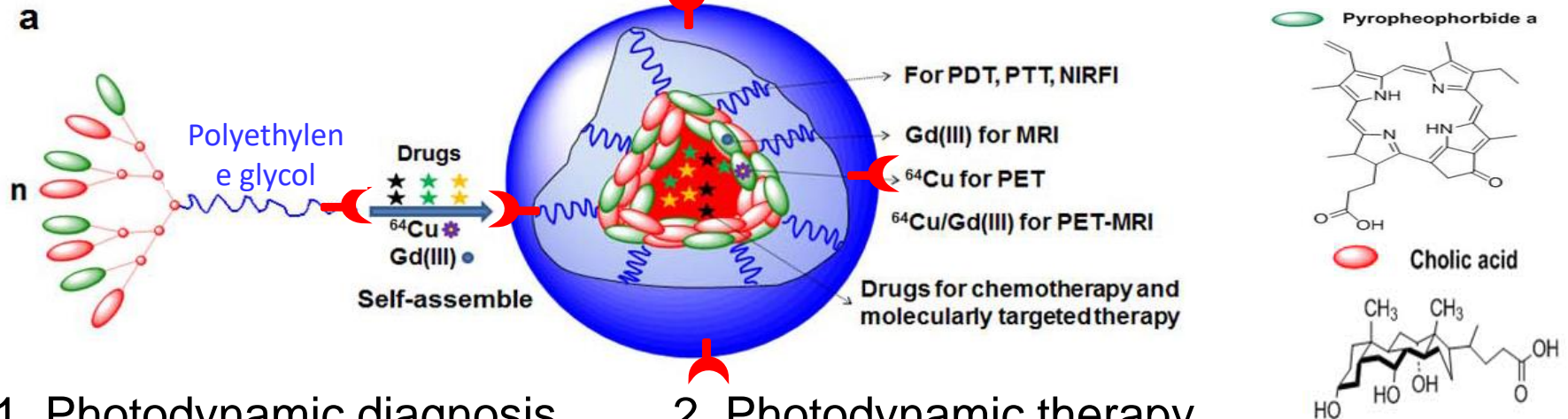


In vivo anti-tumor activity

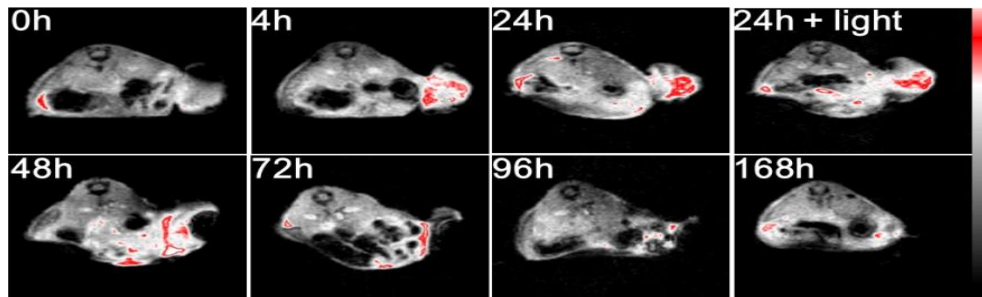
# Applications of PDMCs

## -Drug development

### -Smart "9-in-1" PLZ4-nanoporphyrin



1. Photodynamic diagnosis
2. Photodynamic therapy
3. Photothermal therapy
4. Chelation of Gd(III) for MRI
5. Chelation of  $^{64}\text{Cu}$  for PET
6. Chelation of  $^{67}\text{Cu}$  for radiation therapy
7. Targeted delivery of chemo
8. Chelation of gallium for sonodynamic Tx
9. Near infrared imaging
10. combination of the above



**PLZ4-NP targets and deliver chelated metal to the cancer site**

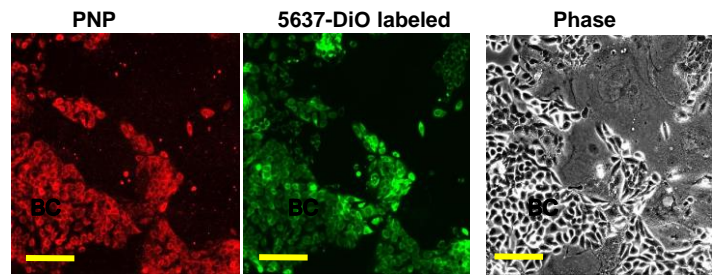
Li et al. Nature Communication. 2014  
Lin et al. Biomaterials. 2016

# Applications of PDMCs

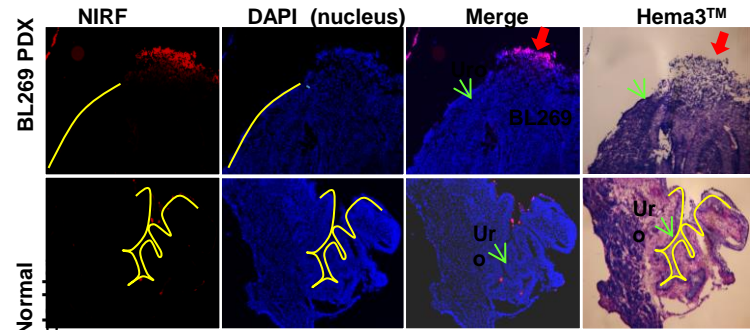
## -Drug development

**Pre-IND: 132838**

### Photodynamic diagnosis

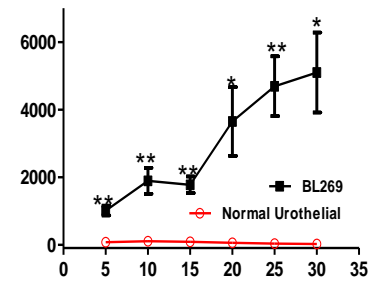


Human bladder cancer cell line 5637

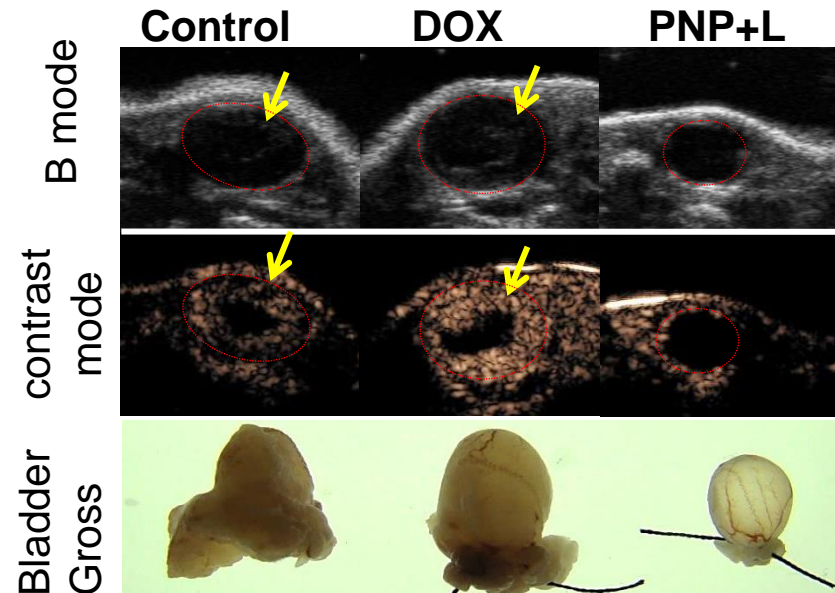


Human patient-derived xenograft 40x

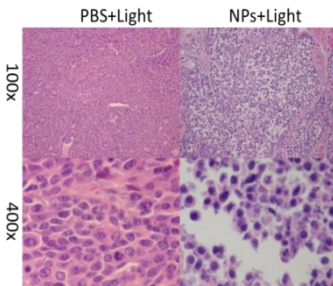
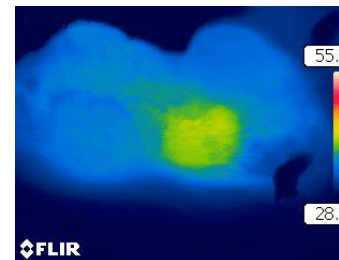
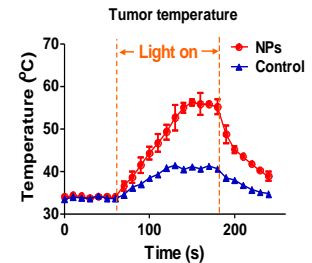
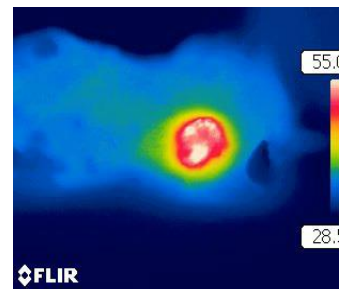
**30-40X difference**



**2-3X for 5-ALA**



### Photodynamic therapy



### Photothermal therapy

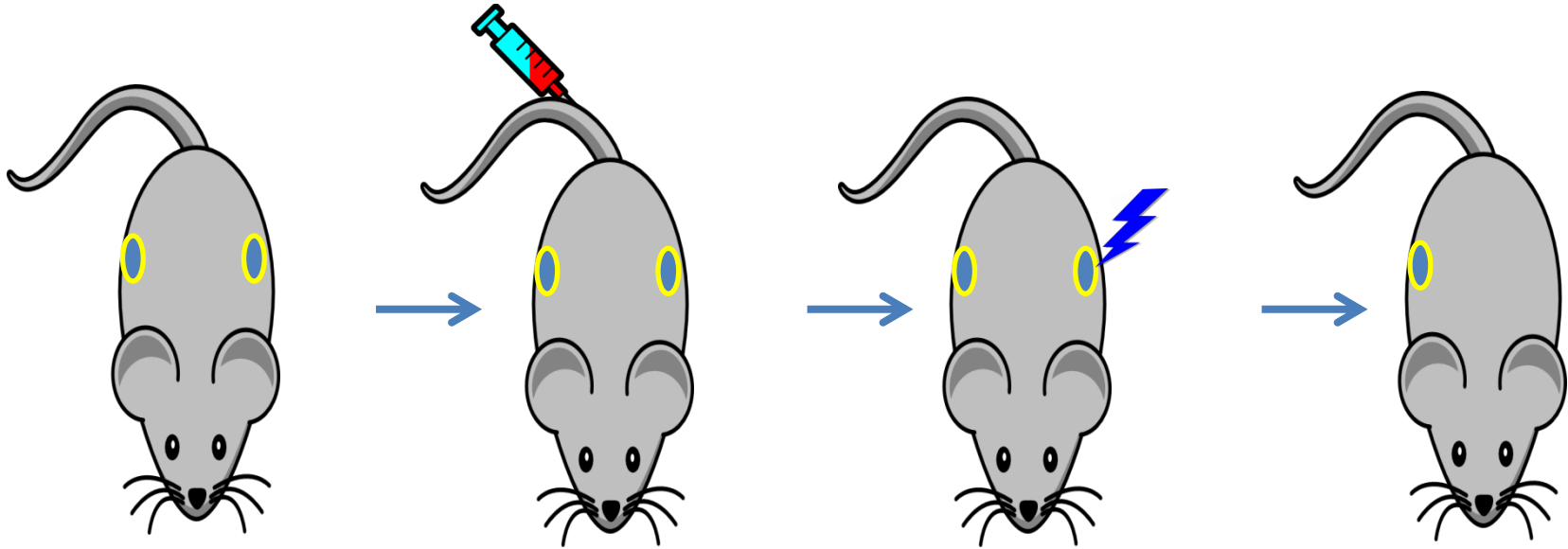
# PLZ4-nanotheranostics

## -PLZ4-nanoporphrin

### *PLZ4-nanoporphrin to potentiate immunotherapy*

- PLZ4-nanoporphyrin kills cancer cells and release tumor antigens;
- Photodynamic therapy (PDT) produces reactive oxygen species (ROS) which can modify macromolecules, and make them more immunogenic.
- Heat from photothermal therapy (PTT) denatures macromolecules and makes them more immunogenic.
- PDT is more effective than radiation in potentiate immunotherapy.
- PDT has been used in bladder cancer. But the photosensitizer has low efficiency, low potent, nonspecific (Cancer : normal ratio: 2-3 times), and high toxicity.

## -PLZ4-nanoporphrin to potentiate immunotherapy



Creation of  
bilateral  
syngrafts:  
Cells: MB49  
Mice: C57BL/6

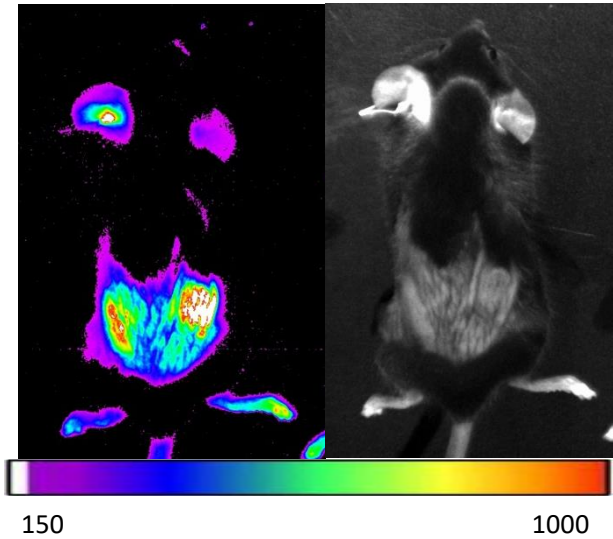
Intravenous  
injection of  
PNP

Photodynamic  
therapy of the  
left tumor

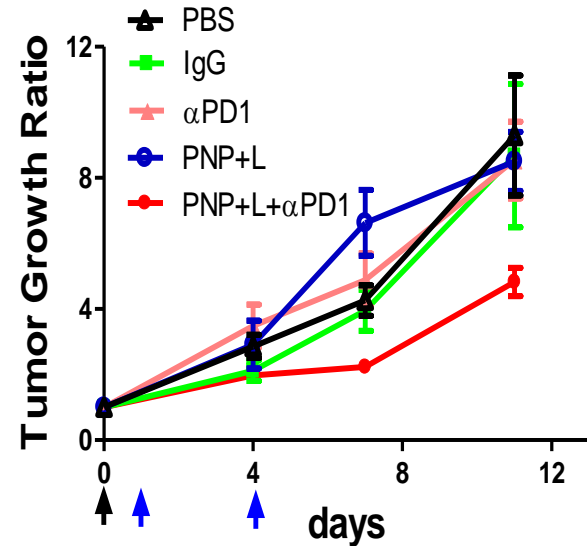
Monitoring  
growth of  
the right  
tumor



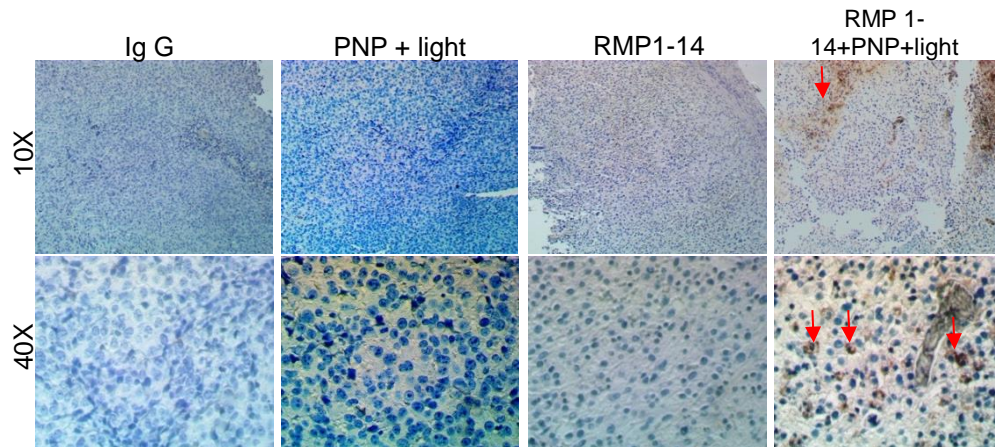
## -Photothermal and targeted chemotherapy



Cancer-specific drug delivery



Growth of the distant tumor (not treated with light)



Photodynamic therapy converts "cold" tumor to "hot" tumor



## *-PLZ4-nanoporphrin to potentiate immunotherapy*

### *PLZ4-nanoporphrin to potentiate immunotherapy -SV40T/Ras double transgenic mice*



Treatment:

1. Control
2. Anti-PD1 Ab
3. PNP + light
4. Anti-PD1 Ab + PNP + light



1. Clinical followup
2. MRI
3. Molecular correlative studies

20-30 days  
Palpable mass  
MRI to confirm

**Treatment:**

**PD1: 200 µg/mouse, i.p., weekly**  
**PNP: i.v., weekly, plus light**  
**(0.2 w, 3 min)**

**Tumor measurement: MRI/T2**

Mice were obtained from Xue-Ru Wu at New York University.

## *-PLZ4-nanoporphrin to potentiate immunotherapy*

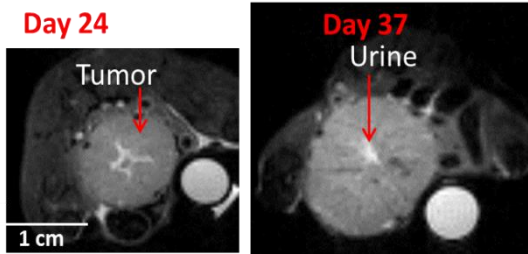
Groups	Ear Tag#	Date of Death	Overall survival	Current Status
<b>Control</b>	#539	<b>01/09/2018</b>	<b>31 days</b>	<b>Dead</b>
	#150	<b>01/10/2018</b>	<b>28 days</b>	<b>Dead</b>
	#1191	<b>02/03/2018</b>	<b>36 days</b>	<b>Dead</b>
	#2032	<b>02/24/2018</b>	<b>23 days</b>	<b>Dead</b>
	#1737	<b>03/22/2018</b>	<b>37 days</b>	<b>Dead</b>
<b>Anti-PD1 antibody</b>	#536	<b>01/16/2018</b>	<b>38 days</b>	<b>Dead</b>
	#542	<b>01/16/2018</b>	<b>38 days</b>	<b>Dead</b>
<b>PDT and PTT</b>	#560	<b>01/07/2018</b>	<b>31 days</b>	<b>Dead</b>
	#581	<b>02/08/2018</b>	<b>34 days</b>	<b>Dead</b>
	#582	<b>03/16/2018</b>	<b>55 days</b>	<b>Dead</b>
	#1791	<b>03/21/2018</b>	<b>45 days</b>	<b>Dead</b>
	#1783	<b>04/12/2018</b>	<b>67 days</b>	<b>Dead</b>
<b>Anti-PD1 antibody + PDT + PTT</b>	#1994	<b>Alive</b>	<b>52 days</b>	<b>Study ongoing</b>
	#535	<b>Alive</b>	<b><u>150 days</u></b>	<b>Study ongoing</b>
	#538	<b>03/08/2018</b>	<b><u>90 days</u></b>	<b>Dead</b>

Mice were obtained from Xue-Ru Wu at New York Univ.

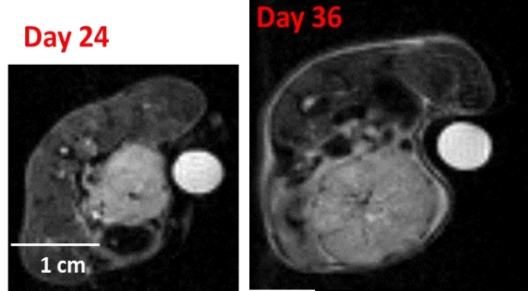
## -PLZ4-nanoporphrin to potentiate immunotherapy

MRI to evaluate tumor growth

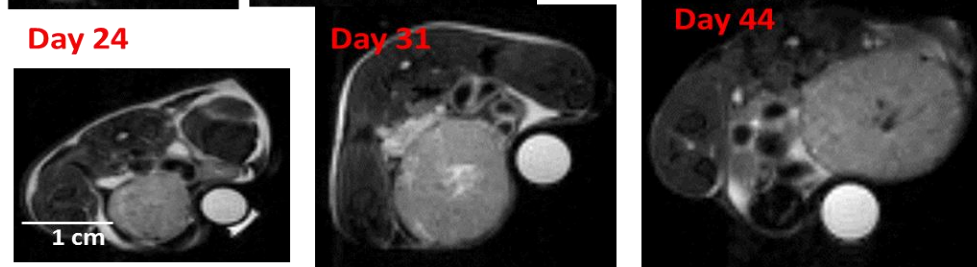
Control



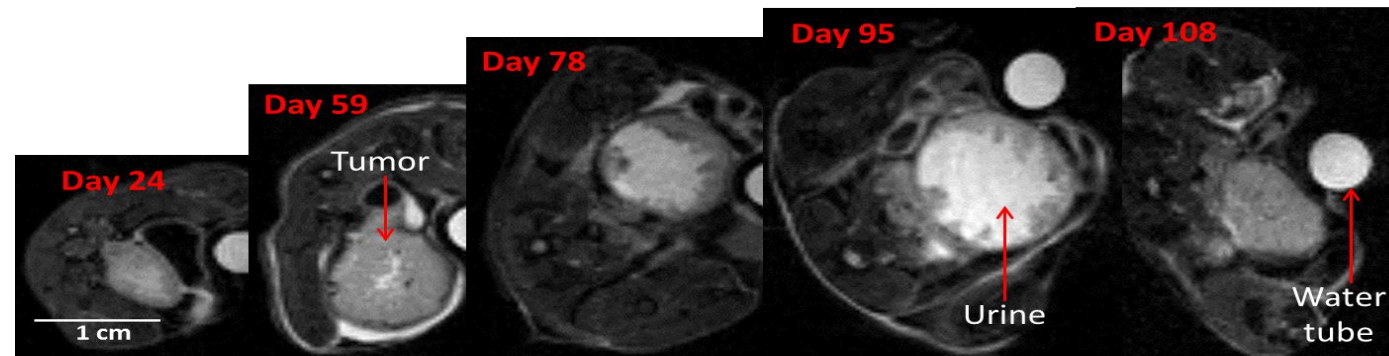
Anti-PD1



PNP PDT



Anti-PD1  
+  
PNP PDT



# Applications of PDMCs

## *-Biomarker development*

### **DNA adducts as a biomarker for chemoresistance to alkylating agents:**

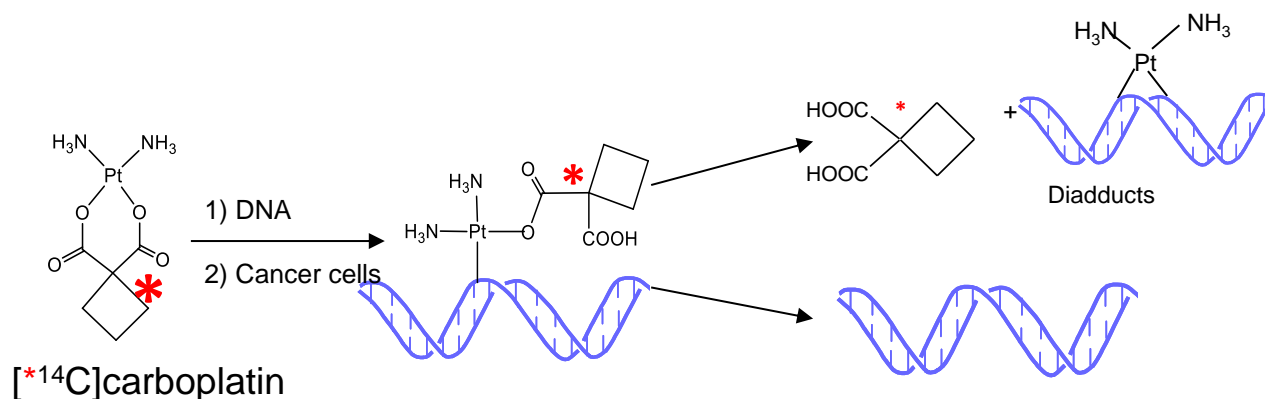
- **Platinum agents (cisplatin, carboplatin and oxaliplatin) kill cancer cells through induction of DNA damage (adducts)**
- **Cells with high Pt-DNA adducts will be killed by chemotherapy, and are chemosensitive.**
- **We developed a microdosing approach to measuring DNA adducts after a non-toxic microdose of <sup>14</sup>C-drug**

# Microdosing

## -Accelerator Mass Spectrometry (AMS)

### Accelerator Mass Spectrometry (AMS)

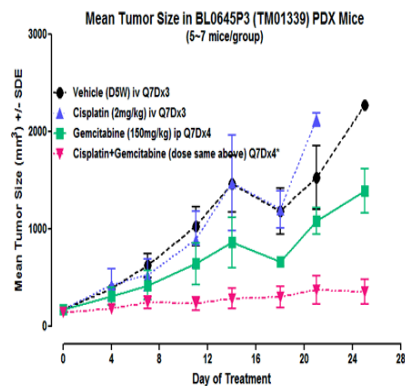
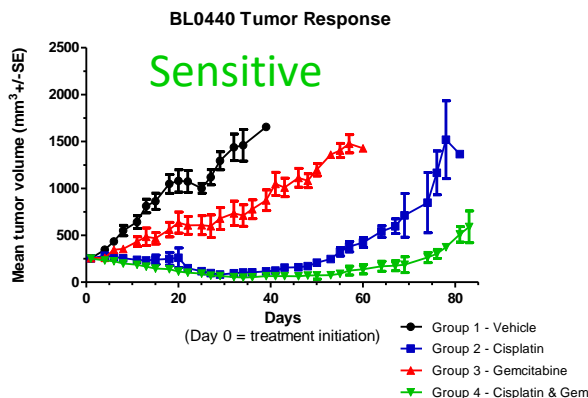
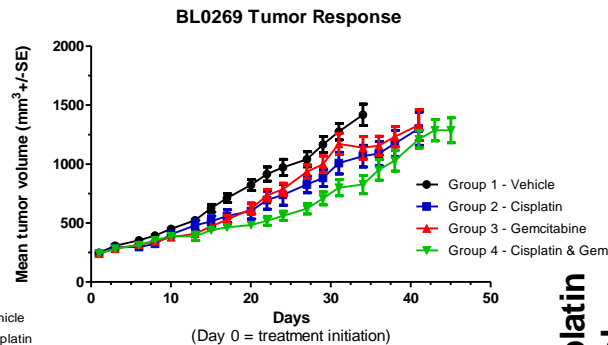
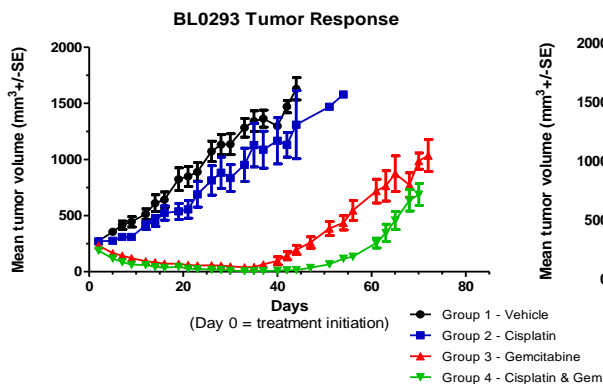
- Carbon-14 dating to determine the age of fossils
- Measure  $^{14}\text{C}$  at  $10^{-21}$  mole in mg-size specimens
- $^{14}\text{C}$ -labeled drug: **one drug molecule per cell in  $10^5$  cells**
- Because of the ultrasensitivity, cells and patients are treated with one non-toxic microdose of  $^{14}\text{C}$ -labeled drug to allow the detection of DNA damage and chemoresistance



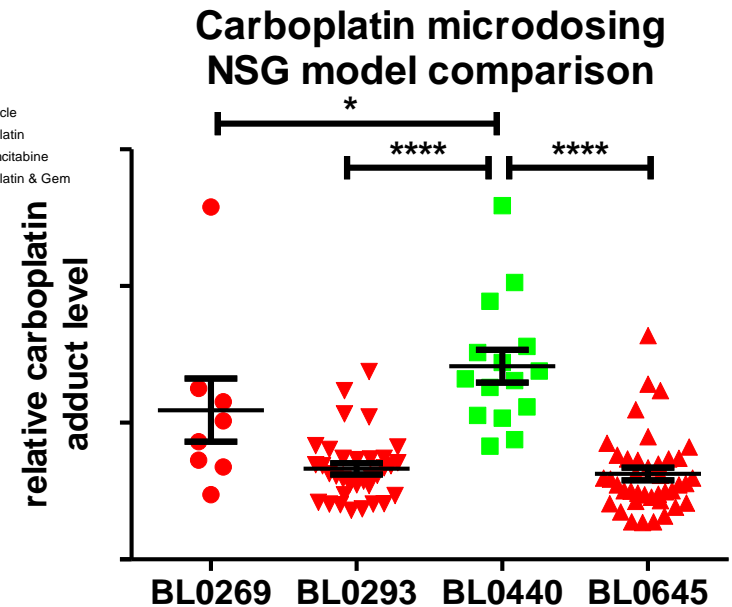
# Study of chemoresistance

## -Microdosing technology

### Low DNA adduct levels correlate with chemoresistance -Bladder cancer patient-derived xenografts (PDX)



\* P<0.05; Compared to Vehicle group. One-way ANOVA followed Dunnett's Multiple Comparison test





# Study of chemoresistance

## -Microdosing Clinical Trial

# A Phase 0 microdosing trial

Bladder cancer and NSCLC

**Phase 0 study:** One microdose (1/100<sup>th</sup>) of <sup>14</sup>C-carboplatin:

1. PK study (drug metabolism);
2. DNA adducts of PBMC.
3. Repair of DNA adducts in cultured PBMC.
4. DNA adducts in bladder cancer specimens from TURBT

Off-study therapeutic chemo with platinum chemotherapy

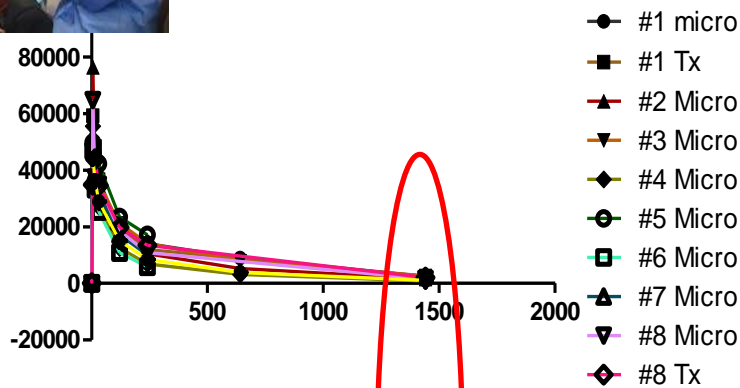
1. Evaluate response, and correlate with DNA damage and repair, PK, cell uptake and efflux,.
2. Molecular correlation (such as ERCC and XRCC)

# Study of chemoresistance

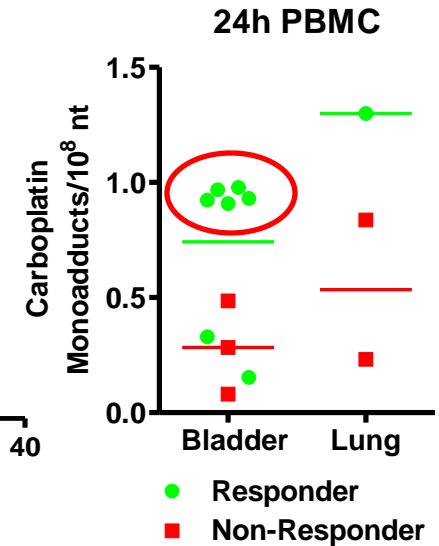
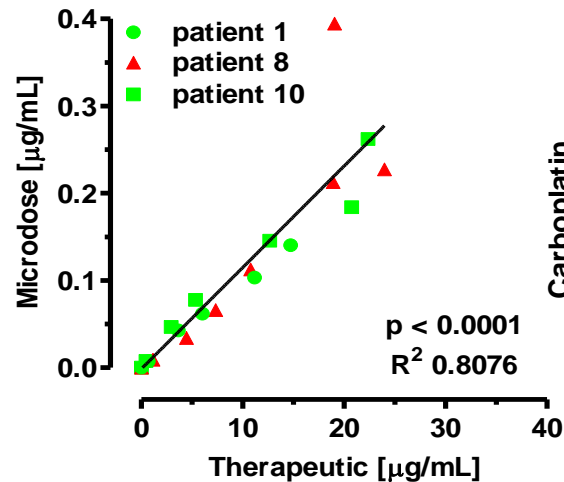
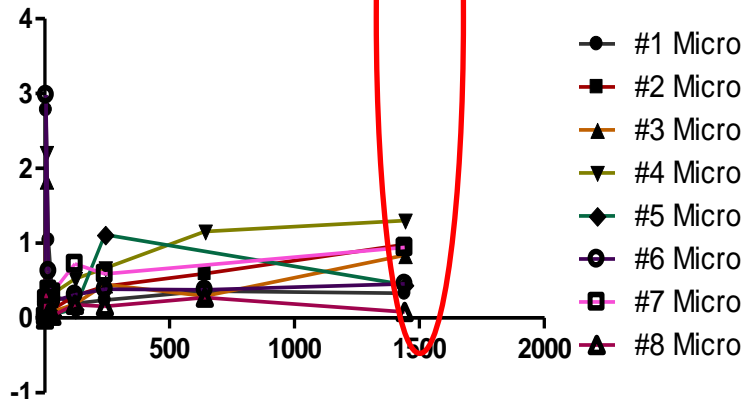
## -Microdosing Clinical Trial



PK-all patients



DNA Damage in PBMC over 24 hours-all patients



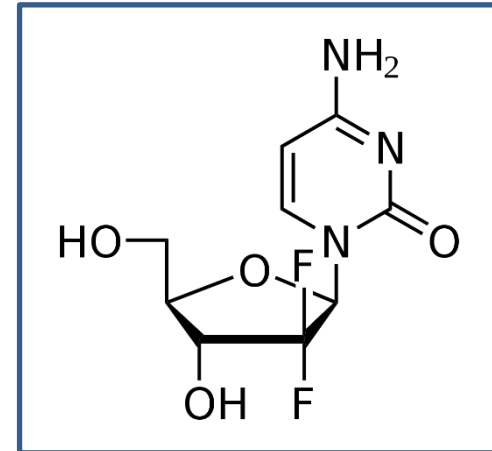
1. 24 hr is the best time for biopsy/sampling
2. Microdosing predicts PK of therapeutic dosing
3. High DNA adduct levels correlate to response

Why two pts with low DNA adducts responded?  
Is this because of the chemo partner drug?

# Study of chemoresistance

## -Gemcitabine microdosing study

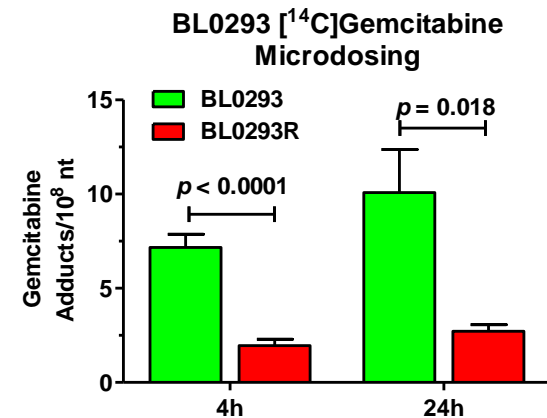
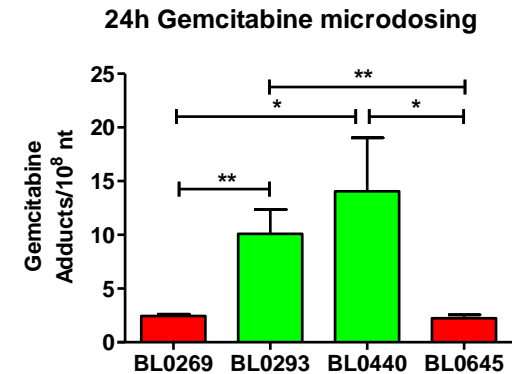
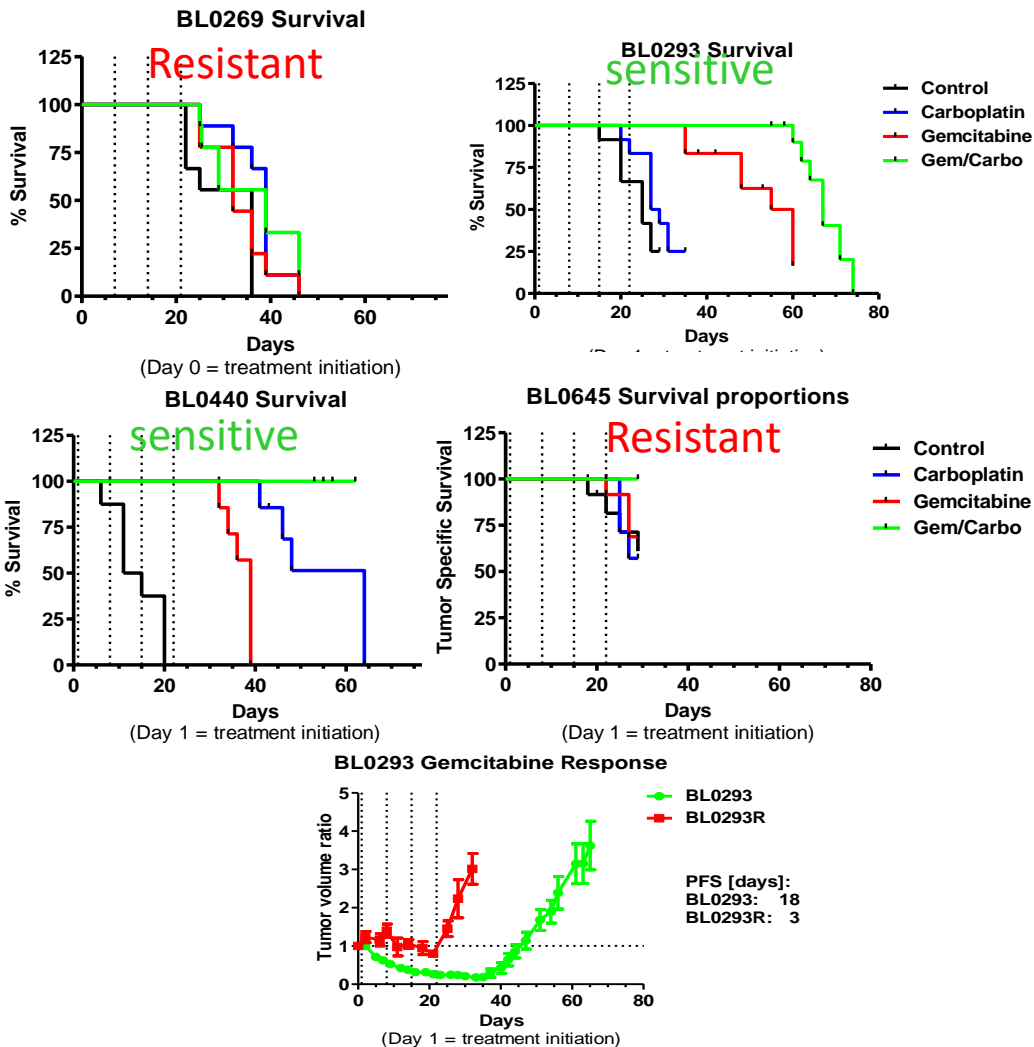
- Nucleoside analog
  - Incorporation into DNA and block DNA replication
  - Inhibits ribonucleotide reductase
  - Combine with platinum for bladder cancer
- 
- The level of gemcitabine in DNA correlates with cellular sensitivity to gemcitabine
  - Using  $^3\text{H}$ - or  $^{14}\text{C}$ -labeled gemcitabine, the AMS-based microdosing approach may be able to measure the incorporation of gemcitabine into DNA and identify chemoresistance.



# Study of chemoresistance

## -Microdosing -Gemcitabine

### Low gemcitabine incorporation in DNA correlated with resistance



## Summary

1. We have established over 30 Bladder cancer PDX models;
2. PDXs retain the morphology and genetic aberrations of parental patient cancers;
3. Deep sequencing identified multiple druggable targets;
4. PDX platform can **potentially** be used for: screening for effective targeted therapy, chemotherapy, drug re-purposing, replacing the role of serial biopsies to study secondary drug resistance, facilitating drug development, and developing biomarkers;

# Acknowledgements

## Lab:

Chong-xian Pan, MD, PhD  
Paul Henderson, PhD (Co-PI)  
Ai-hong Ma, MD, PhD  
Hongyong Zhang, DVM, PhD  
Tzu-Yin (Cindy) Lin, DVM, PhD  
Maike Zimmermann, PhD  
Tiffany Scharadin, PhD  
Weiming Yu, MD  
Wei Shi MD  
Shuxong Zeng, MD

## Former lab members:

Qilai Long, MD  
Shuai Jiang, MD, PhD  
Fuli Wang, MD  
Sisi Wang, MD, PhD  
Tao Li, PhD  
Yanchun Wang, PhD  
Miaoling He, BA



Financial Support: Dr. de Vere White's philanthropic funding, R01, DoD, VA Merit grants and others.



# Acknowledgements

## UC Davis-others

Ralph de Vere White, MD

Christopher Evans, MD

Primo Lara MD

Marc Dall'Era MD

Stanley Yap, MD

Richard Valicenti MD

Regina Gandour-Edward, MD

Clifford Tepper, PhD

## Microchamber Project

Alex Revzin

Pantea Gheibi

## PDX Project

### Jackson Laboratory:

Edison Liu MD

Susie Airhart

Carol Bult, PhD

James Keck, PhD

## EyePOD PDX

Edward Pugh, PhD

Kit S Lam, MD, PHD

## PLZ4 project

Kit S. Lam, MD, PhD:

Yuanpei Li, PhD

and their labs

Thank you very much!!!

Questions?

# PDXs for *Personalized therapy*

## *Microchamber to complement PDXs*

### Drawbacks of PDX:

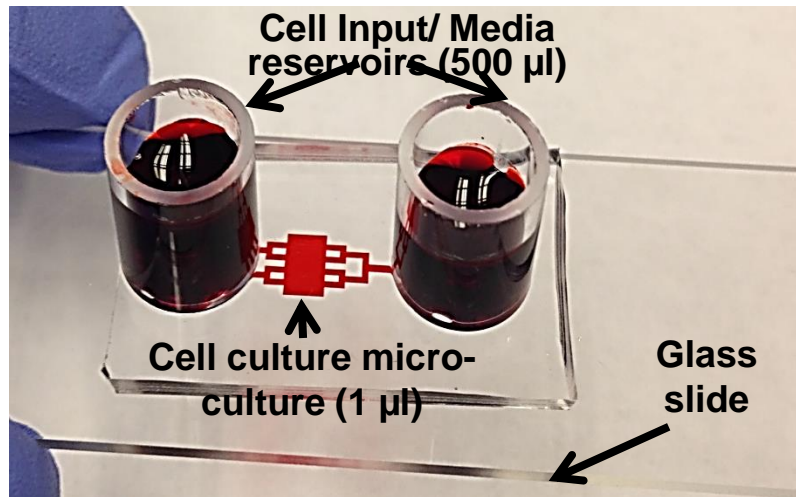
- Long time to develop P0 PDXs (4-6 mo);
- engraftment rate: 40%
- Expensive

**Microchamber organoid cultures to complement PDXs**

## Microchamber to complement PDXs

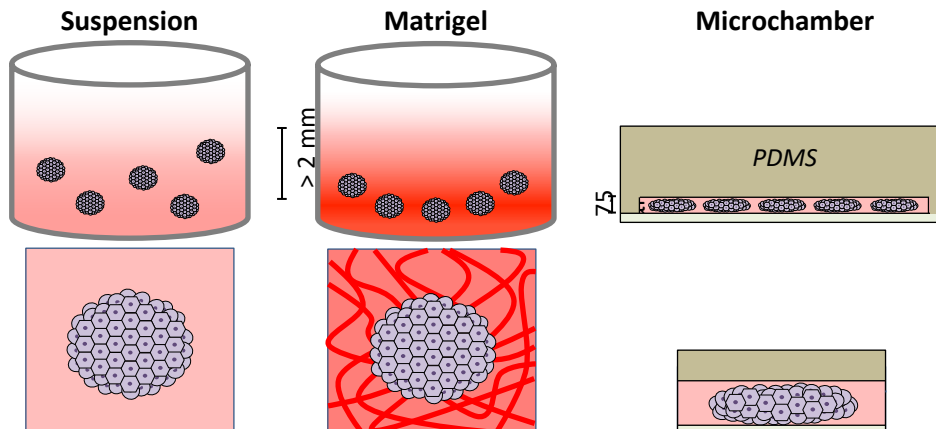
### Microchamber culture to complement PDXs

(Originally developed for culture of hepatocytes)



#### Microchambers ( $\mu$ C, [Alex Revzin](#)) :

- Biocompatible
- Optically transparent
- Excellent oxygen transport
- Accumulation of endogenous factors
- Enhancement of autocrine and paracrine signals
- Long-term function maintenance of difficult-to-culture cells (ex. Primary hepatocytes and mESC (mouse Embryonic Stem Cells))

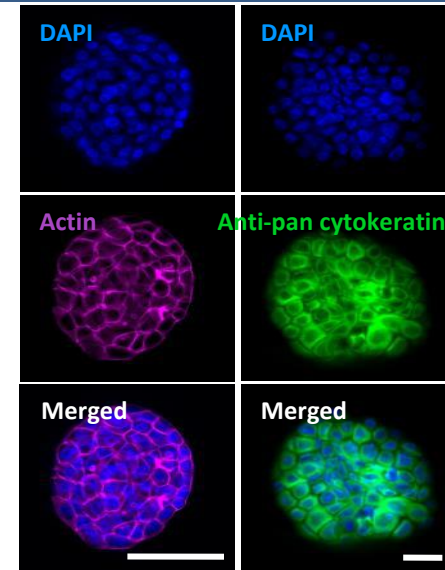
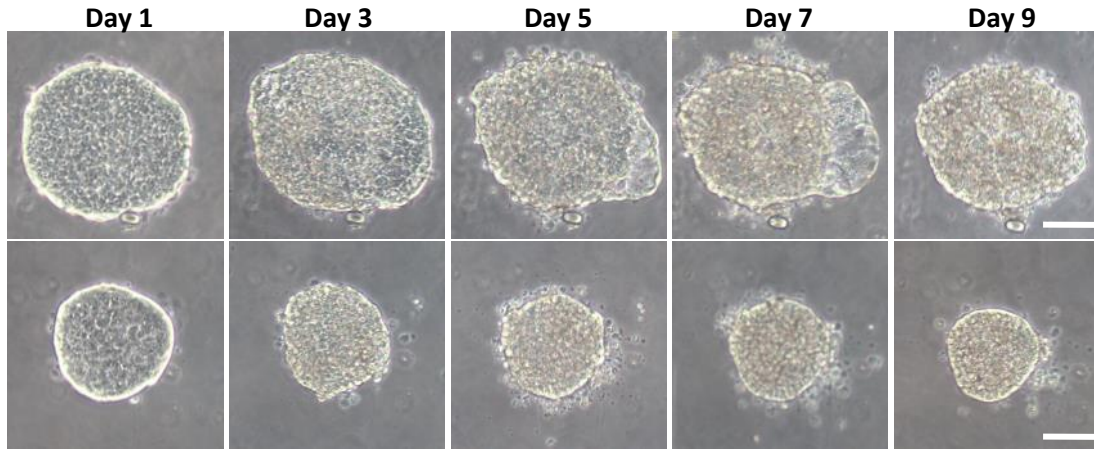


# PDXs for *Personalized therapy*

## Microchamber to complement PDXs

Patient specimen

BL0908 organoids in microchambers

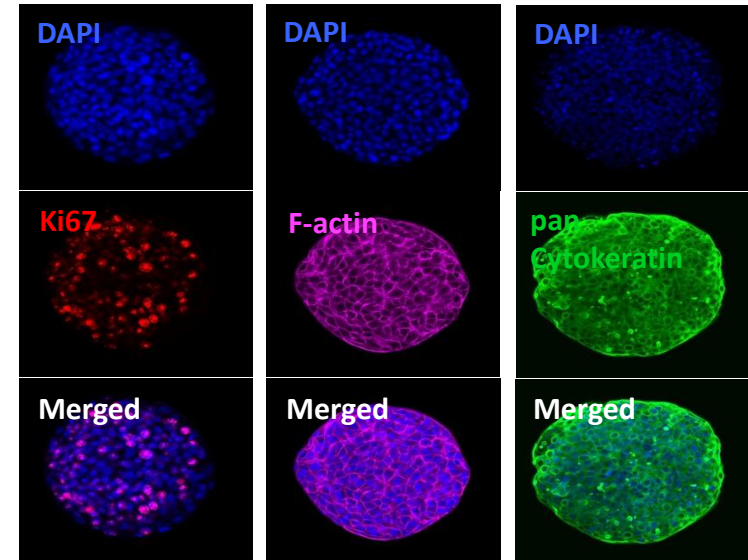
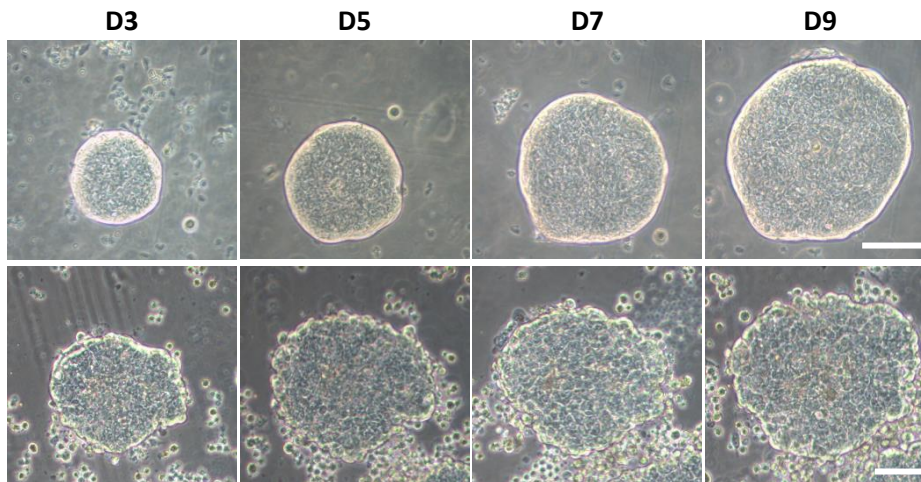


BL0908 organoids on day 9

PDX

BL0269

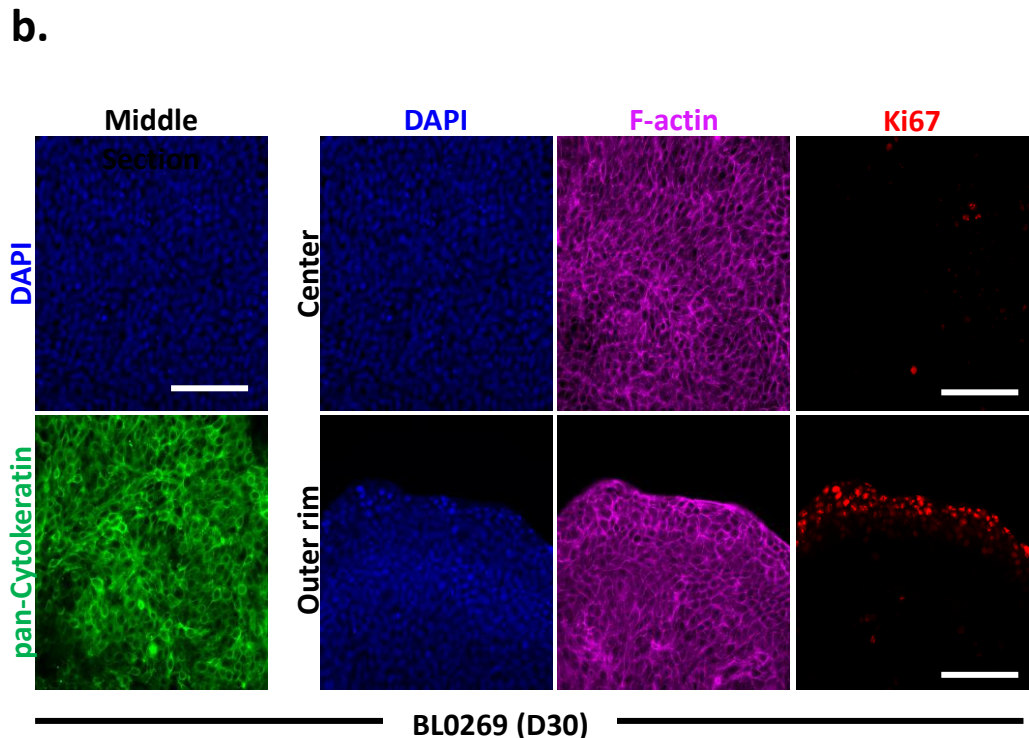
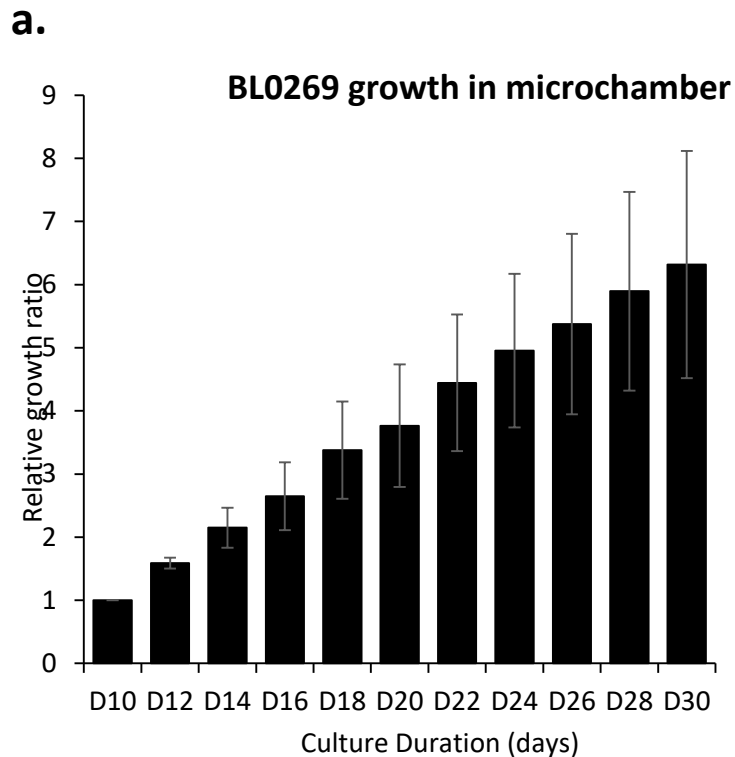
BL0440



# PDXs for *Personalized therapy*

## Microchamber to complement PDXs

Cell growth is mainly at the edge of cell mass.



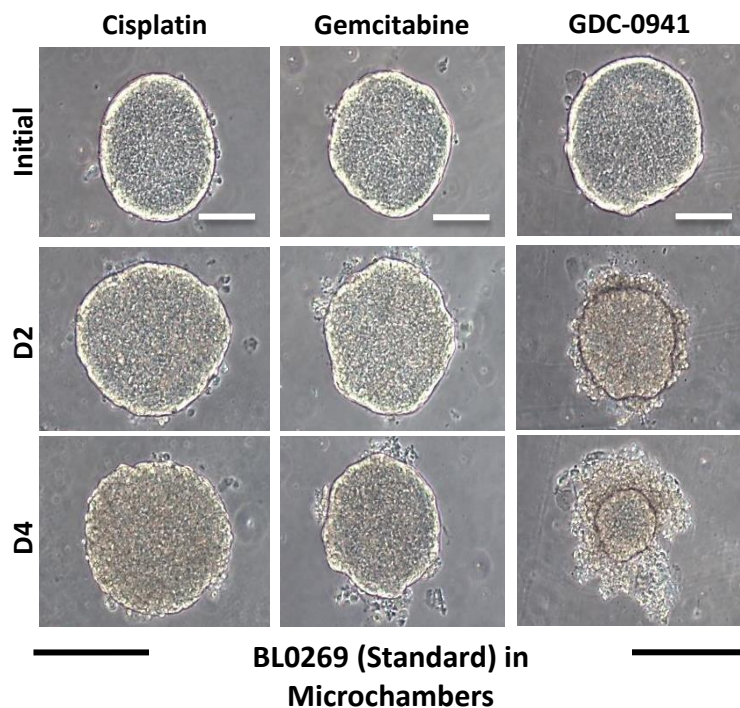


## Microchamber to complement PDXs

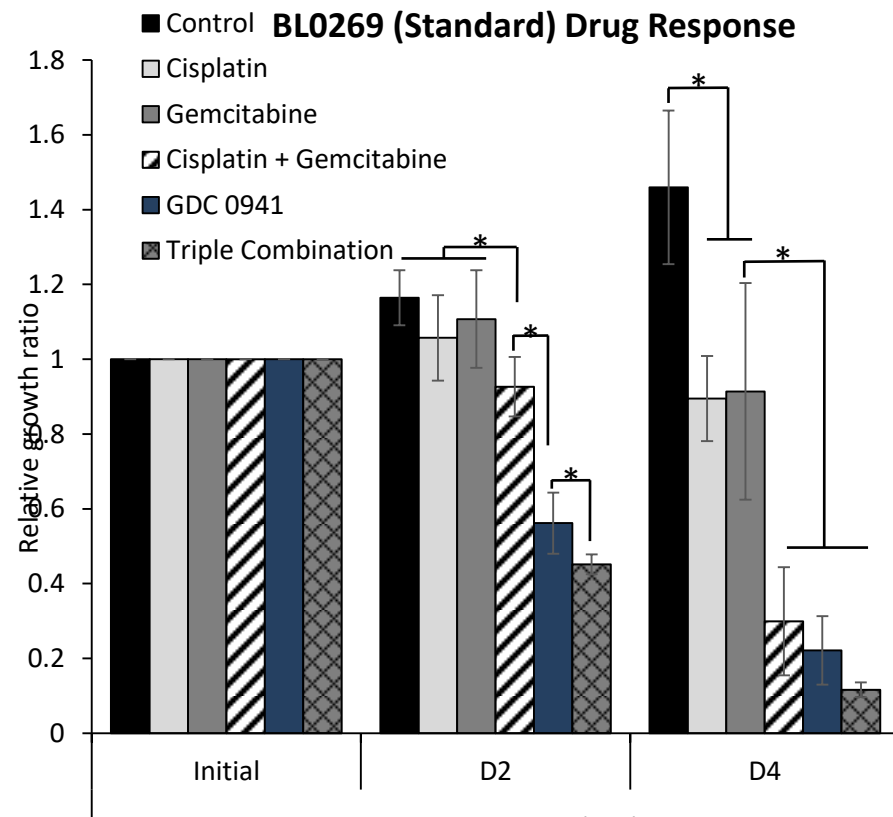
### Efficacy studies

### -BL0269 with a PI3K mutation

a.



b.

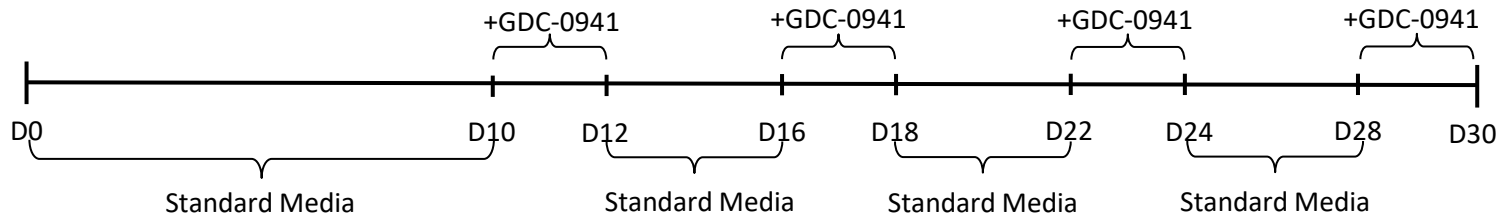


# PDXs for *Personalized therapy*

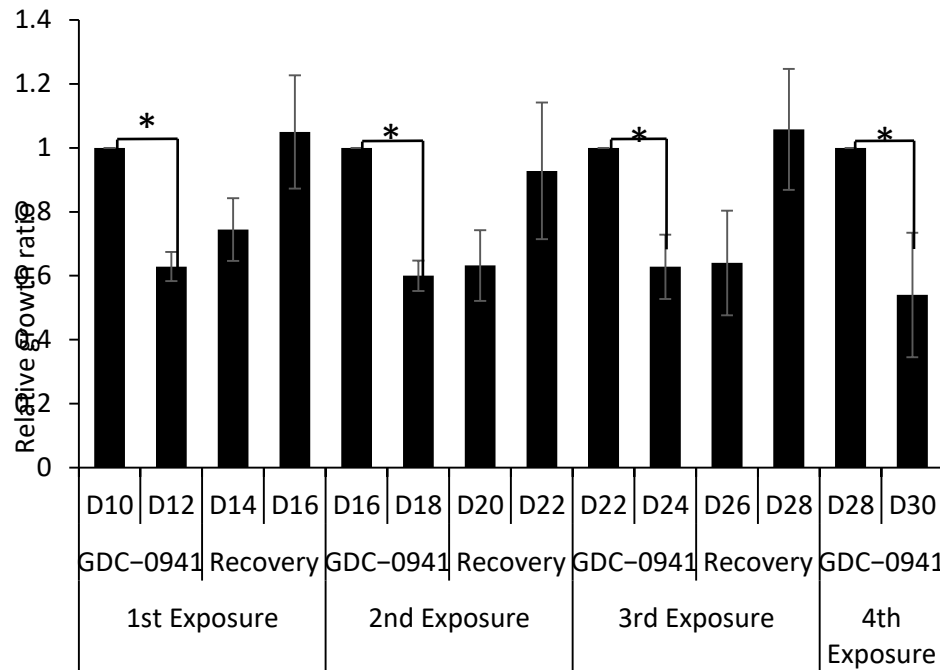
## Microchamber to complement PDXs

### Tumor heterogeneity

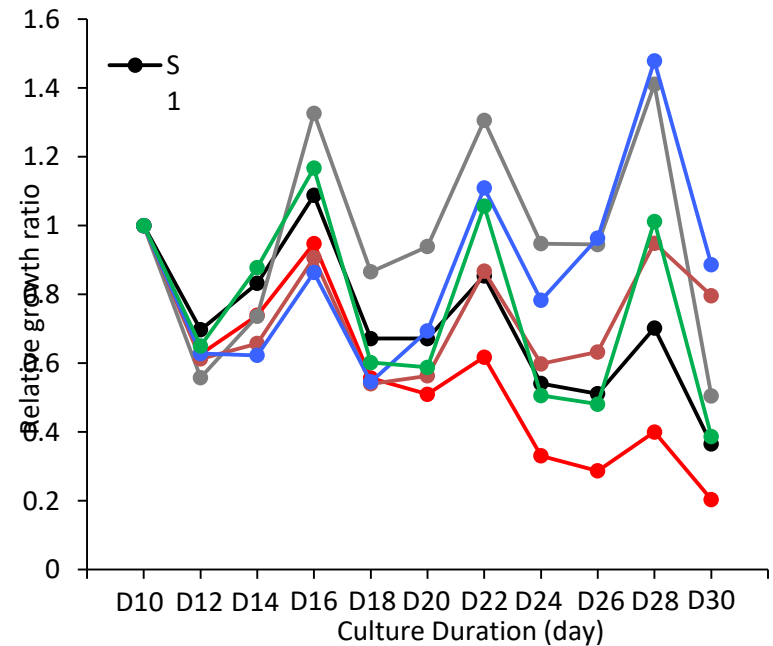
d.



e.



f.



## -Summary

1. PLZ4 specifically binds to human and dog bladder cancer cells
2. Nanomicelles coated with PLZ4 can specifically deliver the drug load to bladder cancer *in vitro* and *in vivo*.
3. Micelle formulation of PTX significantly decreases the toxicity and prolongs the overall survival in mice carrying PDXs.
4. PLZ4 nanoporphyrin can be potentially used for PDD, PDT, PET, MRI, photothermal therapy, radiation, targeted chemotherapy and combination of the above.
5. Combination of PNP and immunotherapy