

Crosstalk in the tumor ecosystem

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Cancer cells Stromal cells Nuclei (DAPI)

Defining key terms

- <u>Tumor microenvironment</u>: the collective cellular and acellular components that together make up a cancer in its relevant anatomic setting
- <u>Tumor stromal cell</u>: an immune (i.e., T cells, macrophages) or non-immune (i.e., nerves, blood vessels) cell type within a tumor that lacks the genetic mutations that partially define cancer cells
- <u>Fibroblast</u>: a mesenchymal, mesoderm-derived cell that makes up connective tissue, produces extracellular matrix components (i.e., collagen), and drives wound healing reactions
- <u>Genetically engineered mouse model</u>: means of altering the mouse genome that yield disease states (i.e., oncogene insertion), gene perturbations (i.e., knockout), cell perturbations (i.e., diphtheria toxin receptor expression), fluorescent tags, or other stable features that enable biological studies *in vivo*
- <u>Orthotopic tumor model</u>: implantable model wherein tumor cells are injected into their relevant tissue setting (i.e., breast cancer cells injected into the mammary fat pad)

Microenvironmental cues can suppress or promote tumorigenesis

Normal, static fibroblasts



Stoker MG et al., J. Cell Sci., 1966

Wounding, inflammation



Polyoma-transformed cell growth



RSV-mediated tumor formation



Dolberg DS et al., Science, 1985

Growth-permissive microenvironmental changes accompany tumorigenesis

Wound-healing reaction

Tumor microenvironment

Metabolic reprogramming Growth factors Inflammation Fibrosis



Pancreatic ductal adenocarcinoma (PDAC) features KRAS activation and a prominent desmoplastic stroma



Stromal CAF ablation makes PDAC outcome worse

Kalluri lab: α SMA-tk +/- gangiclovir



Stanger/Olive labs: Genetic and pharmacologic (early) Shh inhibition







Higher mean vessel density, better perfusion with Shh inhibition (consistent with Lee, Perera et al., Olive et al., others)

CAFs also restrain bladder cancer progression



Shin et al., Cancer Cell, 2014

Pancreatic ductal adenocarcinoma (PDAC) features KRAS activation and a prominent desmoplastic stroma

Mutated in 90-99% PDAC



Model 1: Evolutionary CAF functions are both pro- and antitumorigenic



Kamphorst, Nofal, Commisso et al., Cancer Res, 2015

Model 1: Evolutionary CAF functions are both pro- and antitumorigenic



CAFs as modulators of PDAC metabolism



Sousa et al., Nature, 2016

CAFs as modulators of PDAC metabolism



Zhang et al., Cancer Discovery, 2021



Stromal macropinocytosis

Astromal vs. stromal cultures enable genomic studies of tumor-stroma crosstalk

Astromal conditions Growth substrate: PEG hydrogel Medium: DMEM



Stromal conditions Growth substrate: PEG hydrogel + Collagens Medium: Stroma-conditioned medium



 Functional genomics, metabolomics

 Astromal conditions
 (3 different Kras mutant cell lines used)
 Stromal conditions

 Collagens



Stroma-derived cytokines Stroma-derived growth factors

Stromal inputs are functionally complementary to oncogenic Kras



Ying, Kimmelman, Lyssiotis et al., Cell, 2012



Enrichment plot:

Genes downregulated upon KrasG12D extinction are enriched among stromainducible genes.

(*KrasG12D* enriched in *Stromal*)

Sherman et al., PNAS, 2017

Stromal inputs are functionally complementary to oncogenic Kras



Cooperative regulation of MYC by cell-autonomous and microenvironmental mechanisms



Bhattacharyya et al., J Exp Med, 2020

Pancreatic stellate cells (PSCs) give rise to CAFs in the PDAC microenvironment



Intracellular lipids in the PC-LPC axis change dramatically during PSC activation



Pre-activated Activated

Intracellular lipids in the PC-LPC axis change dramatically during PSC activation

Hypoxic and Ras-transformed cells support growth by scavenging unsaturated fatty acids from lysophospholipids

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Ras-transformed cells "eat" lysophospholipids (preferred substrate) and scavenge FAs from them to support proliferative expansion.

Are activated PSCs programmed to release/secrete lysophospholipids?

Intracellular lipids in the PC-LPC axis change dramatically during PSC activation

Hypoxic and Ras-transformed cells support growth by scavenging unsaturated fatty acids from lysophospholipids

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Collagen (SHG)

Doxorubicin

Provenzano et al., Cancer Cell, 2012

Working Model



Model 2: CAFs are heterogeneous, including distinct pro- and anti-tumorigenic subsets



Immune modulation by PDAC CAFs



Feig et al., PNAS, 2013

Immune (and metabolic) modulation by PDAC CAFs



Francescone, Vendramini-Costa et al., Cancer Discovery, 2021



Pancreatic stellate cells (PSCs) give rise to a PDAC CAF phenotype



"Adipocyte-specific" Cre driver to track and isolate PSCs and their derivative CAFs in vivo



Fabp4-Cre (a.k.a. aP2-Cre) to induce recombination of floxed alleles in PSCs?

Fabp4-Cre pervasively and specifically labels PSCs within the pancreas



Validation of specificity and pervasiveness by flow cytometry, IHC, and density centrifugation + culture (Helms et al., Cancer Discovery, 2022) PSCs give rise to aSMA-positive, PDPN-positive CAFs



KPC PDAC in Rosa26^{mTmG}; Fabp4-Cre host



KPC PDAC in Rosa26^{mTmG}; Fabp4-Cre host

Premalignant lesions? Primary vs metastatic microenvironments? PSC-derived CAFs are a subset of PDAC CAFs



Kras^{FSF-G12D/+};Trp53^{FRT/+};Pdx1-FlpO;Rosa^{mTmG/+};Fabp4-Cre

RNA-seq enables analysis of PSC-derived vs non-PSC-derived CAFs



RNA-seq enables analysis of PSC-derived vs non-PSC-derived CAFs



RNA-seq enables analysis of PSC-derived vs non-PSC-derived CAFs

Upregulated in PSC-derived CAFs (>2-fold, p adj < 0.05):

 $\begin{array}{ll} \mbox{Cell adhesion} & p = 8.7 \ x \ 10^{-21} \\ \mbox{ECM-receptor interaction} & p = 3.2 \ x \ 10^{-15} \\ \mbox{Axon guidance} & p = 5.3 \ x \ 10^{-9} \end{array}$

Gene categories of interest:

Trafficking/transport (like LECS, but not LECs! No CD31+/GFP+ cells): Tie 1 Lyve 1 Flt4 Icam2 Cadherins/protocadherins

Matrix components/tissue stiffness:

Frem 1 Tenascins Laminins Multimerins Perlecan

Neural cues: Sema6c Nrp2 Slit1/2 Robo1/2/4

ARTICLE

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CAF hierarchy driven by pancreatic cancer cell p53-status creates a pro-metastatic and chemoresistant environment via perlecan

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long-range interaction and by HSPG2

PSC-derived CAF depletion during PDAC progression

For functional studies, use iDTR; Rosa26^{mTmG}; Fabp4-Cre

Two limitations of the model to overcome:

- 1) Adipocytes
- 2) CD45+/GFP+ cells recruited into TME (not found in normal pancreas)

Solution:

Viral Fabp4-Cre injection into pancreas via retrograde ductal injection (adaptation of Winslow/Grompe lab protocols) → spatial and temporal control of Cre expression



Rosa26^{mTmG} + AAVKP1-Fabp4-Cre

PSC-derived CAF depletion during PDAC progression



Outcome parameters (enroll at 3mm, tx until humane endpoint): -Tumor growth -Survival

Tissue parameters (enroll at 6mm, tx 5 days): -Tumor stiffness (w/ Sunil Hingorani) -Spatial regulation of nerve cells (w/ Dan Marks) and leukocytes (w/ Lisa Coussens)

PSC-derived CAFs regulate PDAC tissue stiffness

Short-term depletion in established tumors:



pMLC2 DAPI

Control



PSC-depleted



PSC-derived CAFs regulate PDAC tissue stiffness



Atomic force microscopy by Chris DuFort and Sunil Hingorani, FHCRC

Non-redundant ECM factors from PSC-derived CAFs associate with poor prognosis



Torphy et al., JCO Precis Oncol, 2018



Upper vs. lower quartile, PSC-specific ECM signature

PSC-derived CAFs promote metastatic progression

Enrollment at 3mm tumor diameter, on study until humane endpoint:



CD105⁺ CAFs support while CD105⁻ CAFs suppress PDAC progression





Hutton et al., Cancer Cell, 2021

Mesothelial cell-derived apCAFs promote immune evasion



*Huang et al. suggest antigen-specific mechanism of immune suppression by MHCII⁺ apCAFs

*Four sub-populations of CD105⁻ CAFs in PDAC, 2 pos for MHCII per Hutton et al.; perhaps MHCII-negative, non-mesothelial populations promote anti-tumor immunity

Huang et al., Cancer Cell, 2022

Key determinants of CAF heterogeneity



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Biffi et al., Cancer Discovery, 2019



Zhang et al., Cancer Discovery, 2020