Cancer Bio Course 2025

Session 1: Introduction to cancer biology

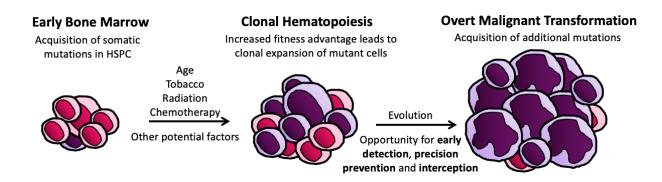
Bridge and Engage Scholars

August 6th, 2025



Pablo Sánchez Vela, MD
Senior Research Scientist
Ross Levine Lab
Molecular Cancer Medicine Service
Human Oncology and Pathogenesis Program
sanchezp@mskcc.org

Questions I decided to tackle during my time at MSK



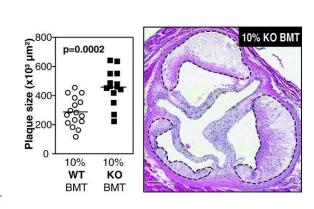
Genovese et al. NEJM 2014

Overall Mortality

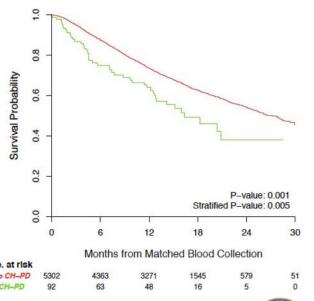
0.10 -No clonal hematopoiesis 0.95 (N=8824)0.08-Proportion Surviving 0.90-Clonal Probability hematopoiesi (N = 455)Mutation, hematologic cancer 0.85 0.04 0.80 P<0.001 0.02 Hazard ratio, 1.4 (95% CI, 1.0-1.8) No mutation, hematologic cancer 0.00-0.00-20 80 100 40 60 50 150 Months Months

Jaiswal et al. NEJM 2014 Hematologic Malignancies

Fuster et al. Science 2017 Cardiovascular Disease



Coombs et al. CellStemCell 2017 Solid Tumors





Course structure

Scientific topics covered will include:

- Cancer as a disease
- Genetic and epigenetic mechanisms
- Computational biology and oncology
- Cancer signaling
- Cancer metabolism
- Metastasis
- Tumor modeling and heterogeneity
- Cancer types and microenvironments

This course will:

- Provide a review of advanced concepts in cancer biology
- Expose students to techniques and experimental design applied to basic-translational cancer research
- Potentiate the ability to perform critical analysis of basictranslational research
- Strengthen capacities to develop a research project





Course structure

In-person activities:

• Session 1 – Introduction to course and basic techniques applied in basic cancer research

- Session 2 Paper discussion
- Session 3 Paper discussion
- Session 4 Paper discussion
 - + Presentations!!

 Session 5 – Guided live research activity

- Explanation of the question under research why on earth did they decide to do this?
- Discussion figure by figure is this paper not as good as authors think?:
 - What is the point of each figure/panel?
 - Are there any missing experimental conditions?
 - Are results interpretable?
 - Do the results support the conclusions by the authors?
 - Would you have done anything differently?
 - Are there any missing experiments?
 - What are the limitations of the work?
 - What experiments could be done as a follow-up to the paper?



Course evaluation

Class participation and attendance (33%)

• All scholars are expected <u>to attend all sessions</u>. A scholar must notify the Bridge team and instructor prior to class if they will absent. This notice should be sent by email.

Presentations (67%)

- A research question (project) will be assigned to you, in groups.
- You will have to propose a series of experiments to address that research question (i.e. a light version of the Research Strategy section of a grant) **Max. 6 slides**
- Your work will be reviewed, and feedback will be provided. You will have the chance to made modifications according to the comments provided.
- You'll then need to implement this feedback to the final class presentation.

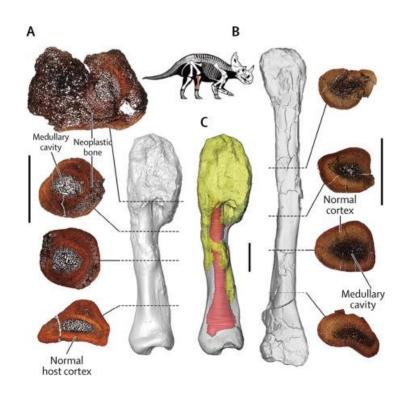
Lecture structure

Scientific topics covered will include:

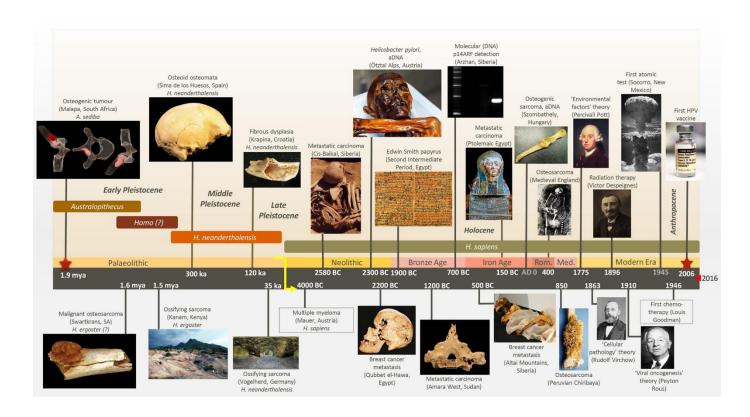
- Historical perspective of cancer treatments.
- Burden of cancer as a disease.
- Evolution of cancer classification
- Understand how tumor cells evolve and adapt.
- Understand the molecular and environmental basis of cancer

Historical perspective

First records suggestive of cancer as an ancient disease

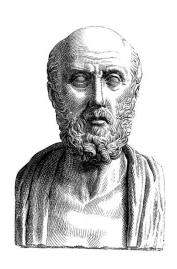


Ekhtiari, Seper et al. First case of osteosarcoma in a dinosaur: a multimodal diagnosis The Lancet Oncology, Volume 21, Issue 8, 1021 - 1022



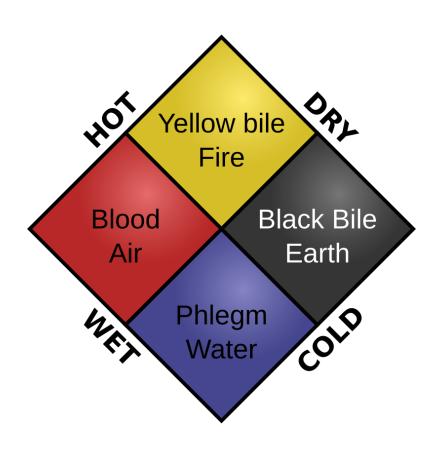
Chronological incidence of prehistoric oncogenic tumours and important milestones concerning cancer aetiology and treatment (Binder et al., 2014; Bona et al., 2014; Monge et al., 2013; Odes et al., 2016; Phelan et al., 2007; Randolph-Quinney et al., 2016) ('Rom.' and 'Med.' referes to Roman and Medieval Periods, respectively)

Early conceptions of health and disease: Humorism







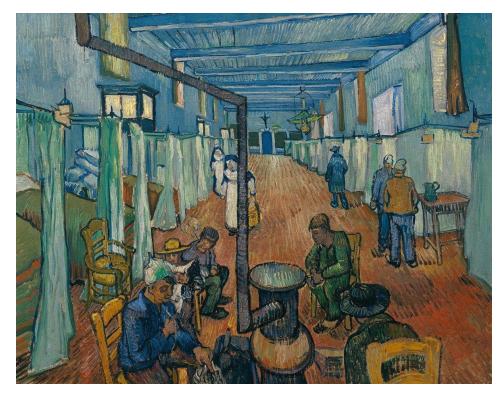


Will one day our scientific hypothesis sound as improbable as these?

Signs of change: Defining diseases



Vienna's General Hospital, founded in 1784. Copyright © 1998 AKG London/Erich Lessing



Van Gogh's The Ward in the Hospital at Arles (April-October 1889)

Signs of change: Defining cancer



The Anatomy Lesson of Dr. Nicolaes Tulp is a 1632 oil painting on canvas by Rembrandt

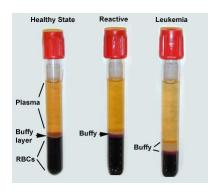


Copyright: 2002-2025, PathologyOutlines.com, Inc.



Onco- tumor or mass

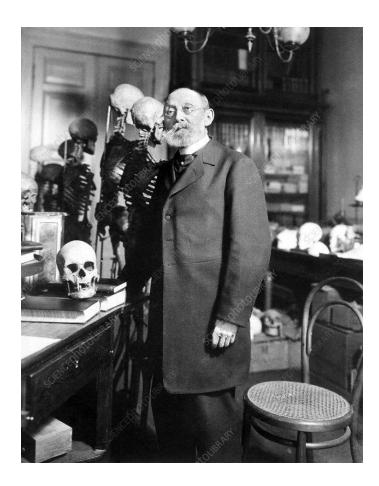
Signs of change: Cellular origins of cancer

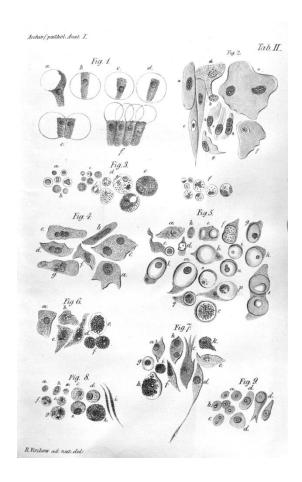




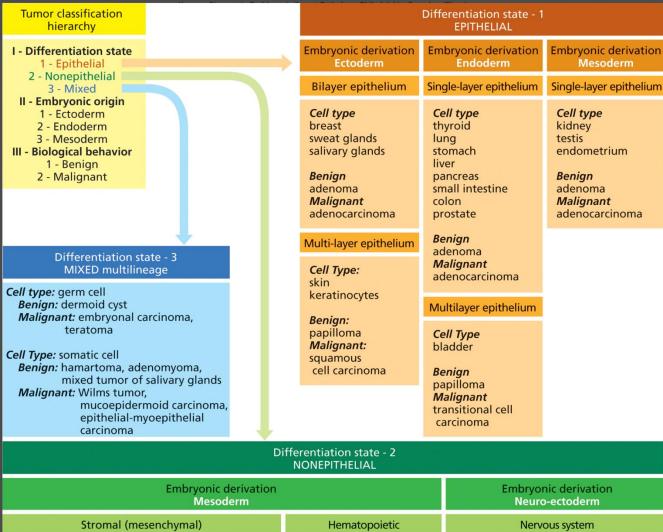
Antonie van Leeuwenhoek microscope

"Omnis cellula e cellula" ("all cells come from cells") Rudolf Virchow





The burden of cancer



Cell type

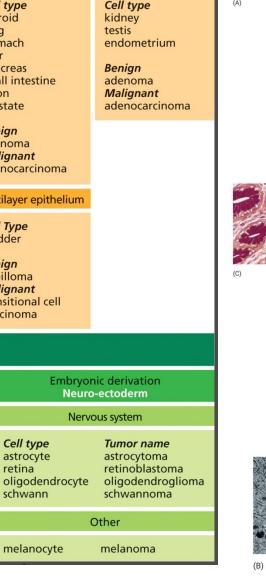
leukocyte

lymphocyte

Tumor name

lymphoma

leukemia



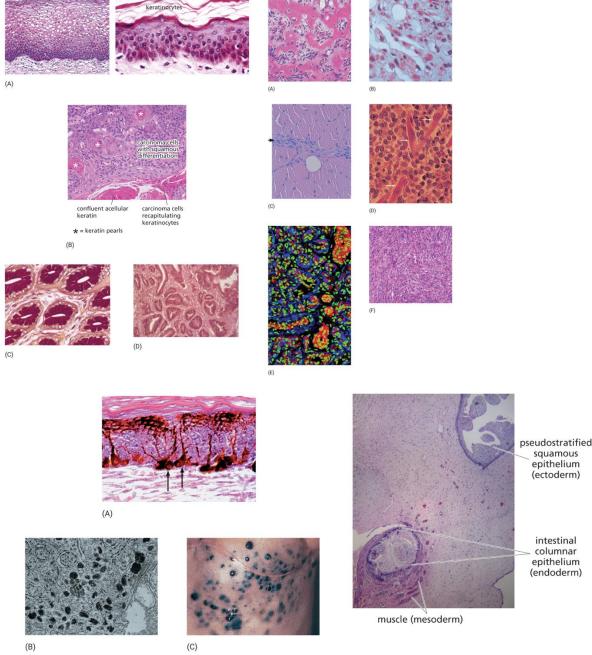
Cell type

astrocyte

schwann

melanocyte

retina



Weinberg et al. The biology of cancer 2023

Tumor name

Malignant

fibrosarcoma

liposarcoma

osteosarcoma

chondrosarcoma

leiomyosarcoma

Benign

lipoma

fibroma

osteoma

chondroma

endothelial cell hemangioma hemangiosarcoma

leiomyoma

Cell type

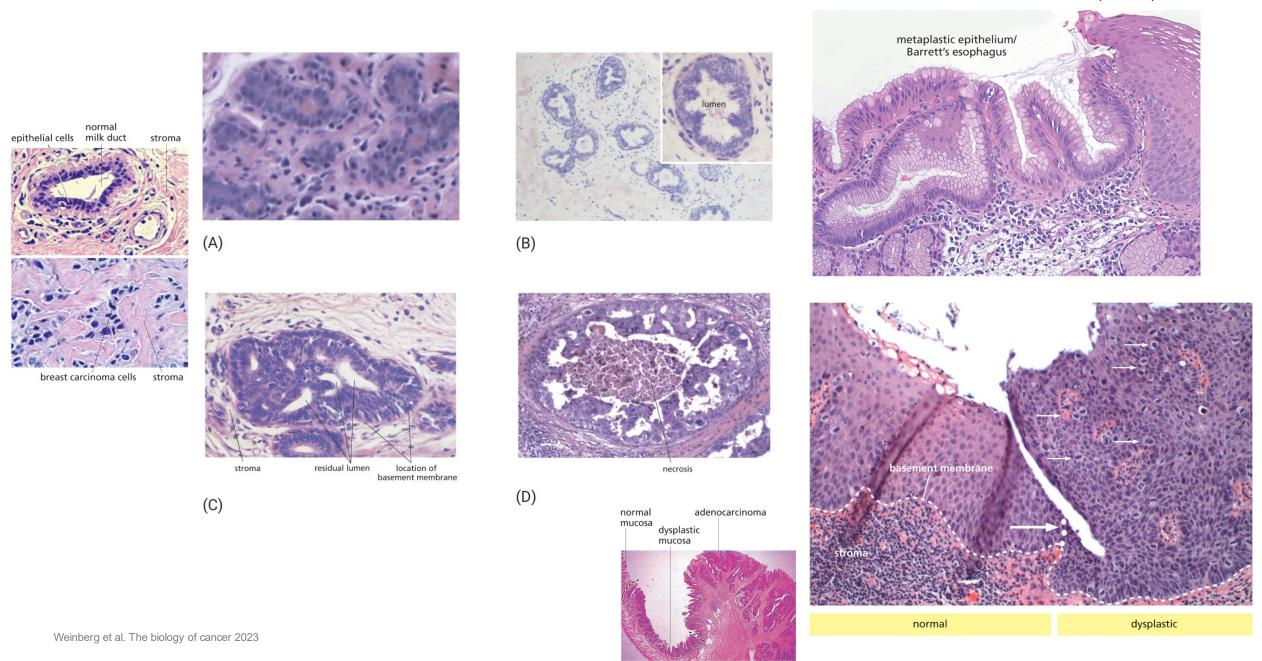
fat cells

cartilage smooth muscle

bone

fibroblasts

normal stratified squamous epithelium

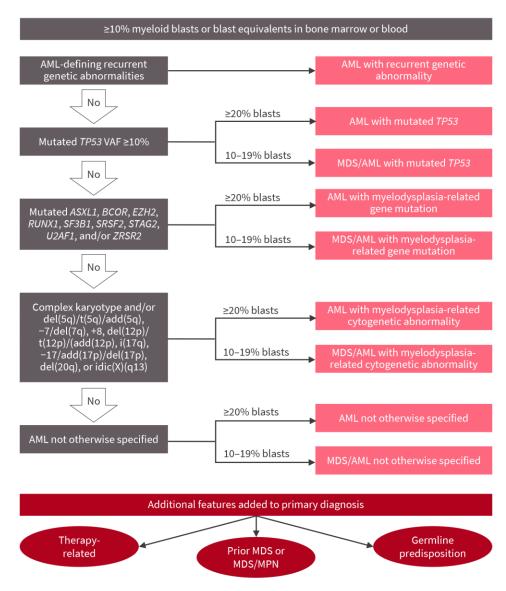


Historical classification of blood cancer MORPHOLOGY-based: How things look?

FAB CLASSIFICATION SYSTEM OF ACUTE MYELOID LEUKAEMIA AML with minimal MO differentiation **AML** without M1 maturation **AML** with **M2** maturation **Acute promyelocytic M3** leukaemia **Acute myelomonocytic M4** leukaemia Acute monoblastic and **M5** monocytic leukaemia Pure erythroid M₆ leukaemia Acute megakaryoblastic **M7** leukemia WWW.BLOOD-ACADEMY.COM

Current classification of blood cancer

MOLECULAR-based: What genetic abnormalities do you carry?



Thanks for your attention!

Any questions?

