

Cancer Bio Course 2025

Session 4: Introduction to cancer biology

Bridge and Engage Scholars

August 27th, 2025



Memorial Sloan Kettering
Cancer Center

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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?

Cancer Cell Article

The Genomic Landscape of Endocrine-Resistant Advanced Breast Cancers

Pedram Razavi,^{1,2,3} Matthew T. Chang,^{1,2,3,4} Guotai Xu,¹ Chaitanya Bandlamudi,¹ Dara S. Ross,^{1,2} Neil Vasan,^{1,2} Yanyan Cai,¹ Craig M. Beisak,¹ Mark T.A. Donoghue,¹ Philip Jonsson,¹ Alexander Persson,^{1,2} Ronglai Shen,^{1,2} Feresia Panjari,¹ Bitika Kundu,¹ Sami Modirrousta,¹ Michael L. Cheng,¹ Ahmet Zehir,¹ Carlos Kandoth,¹ Ruchi Patel,¹ Kety Huberman,¹ Lillian M. Smyth,¹ Koenig Jharesh,¹ Shana Modi,¹ Tiffany A. Traina,¹ Chau Dang,¹ Wen Zhang,¹ Britta Weigelt,¹ Bob T. Li,¹ Marc Ladanyi,^{1,2} David M. Hyman,¹ Nicholas Schultz,^{1,2} Mark E. Robson,¹ Clifford Hudis,¹ Est Brugi,¹ Agnese Viale,¹ Larry Norton,¹ Maura N. Dickler,¹ Michael F. Berger,^{1,2} Christine A. Jacobson-Dougherty,¹ Sarat Chandrasekhar,^{1,2} Maurizio Scaltriti,^{1,2} Jorge S. Reis-Filho,^{1,2} David B. Solit,^{1,2,3} Barry S. Taylor,^{1,2,3} and José Baselga^{1,2,3}

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<https://doi.org/10.1016/j.ccr.2018.08.008>

Cell Article

Lung adenocarcinoma promotion by air pollutants

William Miller,^{1,2} Emilia L. Lin,^{1,2,3,4} Clare E. Weeden,^{1,2} Claudia Lee,^{1,2} Marcelino Augustin,^{1,2,3} Keshong Chen,¹ Feng Che Kuan,¹ Fabio Marongiu,^{1,2} Edward J. Evans Jr., David A. Moore,^{1,2,3} Felipe R. Rodriguez,¹ Christy P. Bannister,¹ Hongyi Chu,^{1,2} Basile Myers,¹ Felix van Marrewijk,^{1,2} Jesse Boumela,¹ Selvaraj Venkatesh,¹ Andrew Rowan,¹ Cristina Naeve-Lombardelli,¹ Takahiro Katsuki,^{1,2} Monica Soudam,¹ Suresh D. Deshpande,¹ Deborah R. Conwell,¹ Al Naguib,¹ James B. Mc. Black,^{1,2} Carlos Martinez-Ruiz,¹ Min-Hyung Ryu,¹ Ryan D. Huff,¹ Shijia Li,¹ Marie-Julie Favre,¹ Alastair Magness,¹ Alejandro Suarez-Bonnet,¹ Simon L. Ponsioen,¹ Margaret Lichtenberg,^{1,2} Karina Lovell,¹ Joana Petric,¹ Steven Hardy,¹ Fiona E. McRae,¹ Meng-Hung Lin,¹ Clara I. Troccoli,¹ Mounira Ghosh,¹ York E. Miller,^{1,2} Daniel T. Morris,¹ Robert L. Keith,¹ Mounir Al-Balawi,¹ Chris Bailey,¹ Mark S. Hill,¹ Luo H. Sui,^{1,2} Yilan Chen,^{1,2} Anthony M. George,^{1,2} Christopher Abboud,¹ Nwemeka Kani,¹ Se-Hoon Lee,¹ Nicholas McGrath,¹ Christina D. Berg,¹ Peter Sauer,¹ Richard Houston,¹ Clare Turnbull,¹ Stephen Lam,¹ Philip Awadulla,¹ Eva Ordonez,¹ Julian Downward,¹ Tyler Jacka,^{1,2} Christopher Carlson,¹ Karla Malanchi,¹ Allan Hackshaw,¹ Kevin Litherfield,¹ TRACER Consortium,¹ James McGregor,¹ Mariam Jamal-Hanjani,^{1,2,3,4} & Charles Swanton^{1,2,3,4}

RESEARCH BRIEF

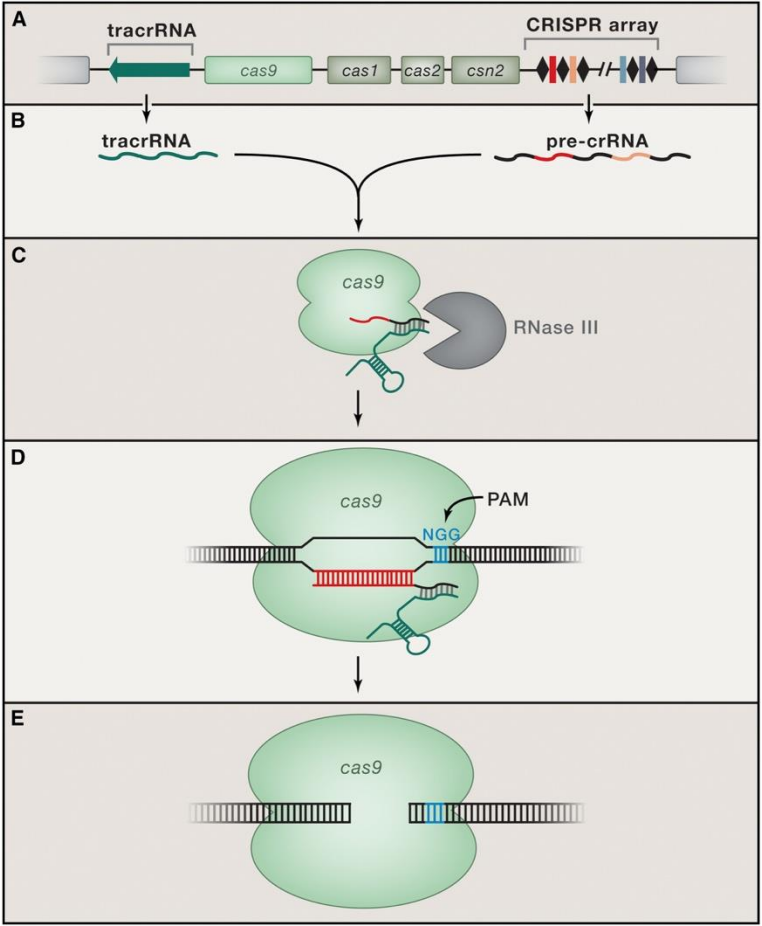
Jak2^{V617F} Reversible Activation Shows Its Essential Requirement in Myeloproliferative Neoplasms

Andrew J. Dunbar,^{1,2,3} Robert L. Bowman,¹ Young C. Park,¹ Kavi O'Connor,¹ Franco Izzo,^{1,2} Robert M. Myers,^{1,2} Abdul Karim,¹ Zachary Zargogian,¹ Won Jun Kim,¹ Ines Fernandez-Mestre,¹ Michael R. Waarts,^{1,2} Abbas Nazir,¹ Wenbin Xiao,¹ Tamara Codraru,¹ Max Brodsky,¹ Mirko Farina,¹ Louise Gail-Sheng F. Cai,^{1,2} Benjamin Wang,¹ Wenbin An,¹ Julie L. Yang,¹ Shiron Mowla,¹ Shira E. Eisman,¹ Anuritha Varshini Hanasoge Samasundara,¹ Jacob L. Glass,^{1,2,3} Tanmay Mishra,¹ Remie Houston,¹ Emily Guzzardi,¹ Anthony R. Martinez Benitez,¹ Aaron D. Viny,¹ Richard P. Koche,^{1,2} Sara C. Meyer,^{1,2} Dan A. Landau,^{1,2} and Ross L. Levine^{1,2,3,4}

Molecular basis of cancer

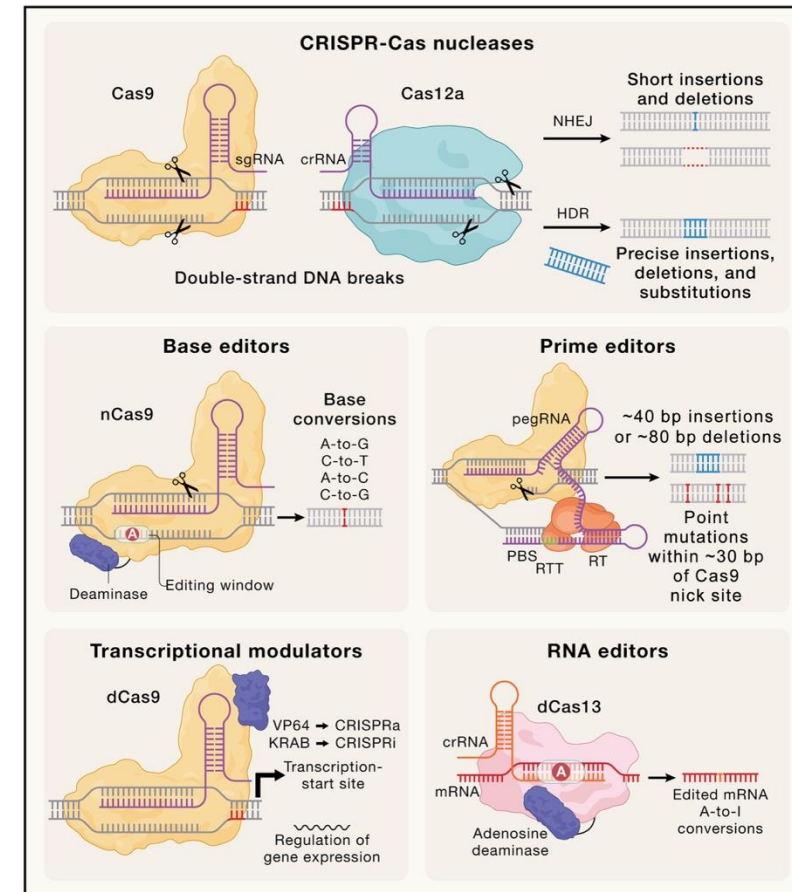
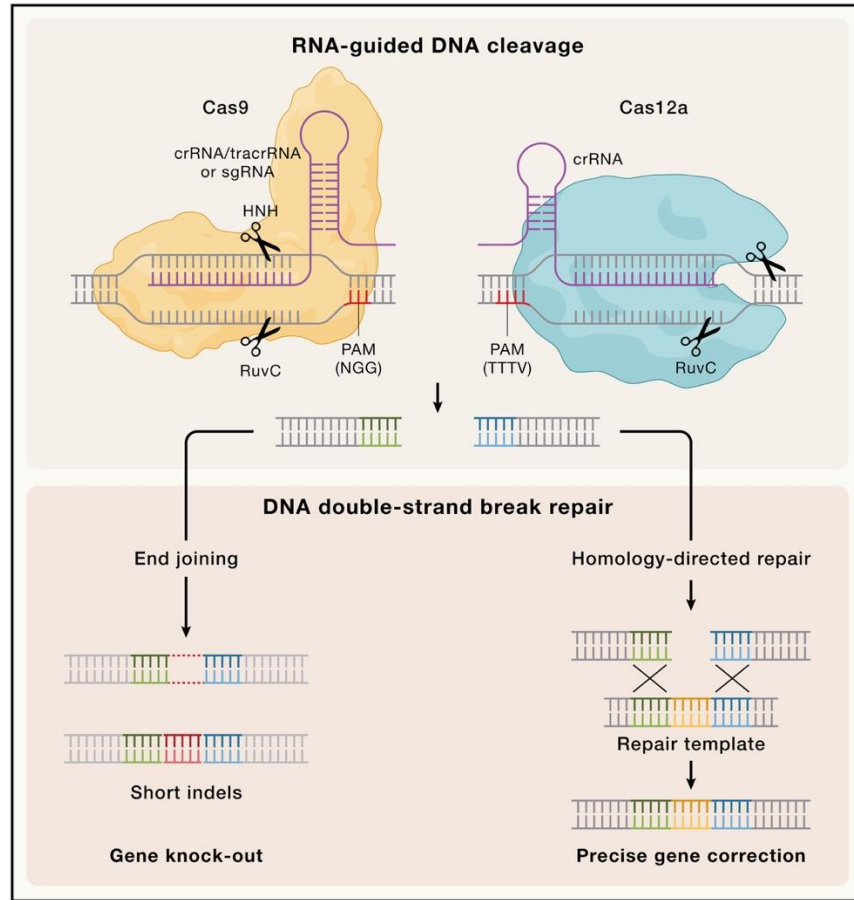
A large, stylized blue graphic on the right side of the slide. It features a thick blue arc at the top, a vertical line with horizontal bars extending from it, and a large arrow pointing upwards, all rendered in a solid blue color.

CRISPR-Cas immune system

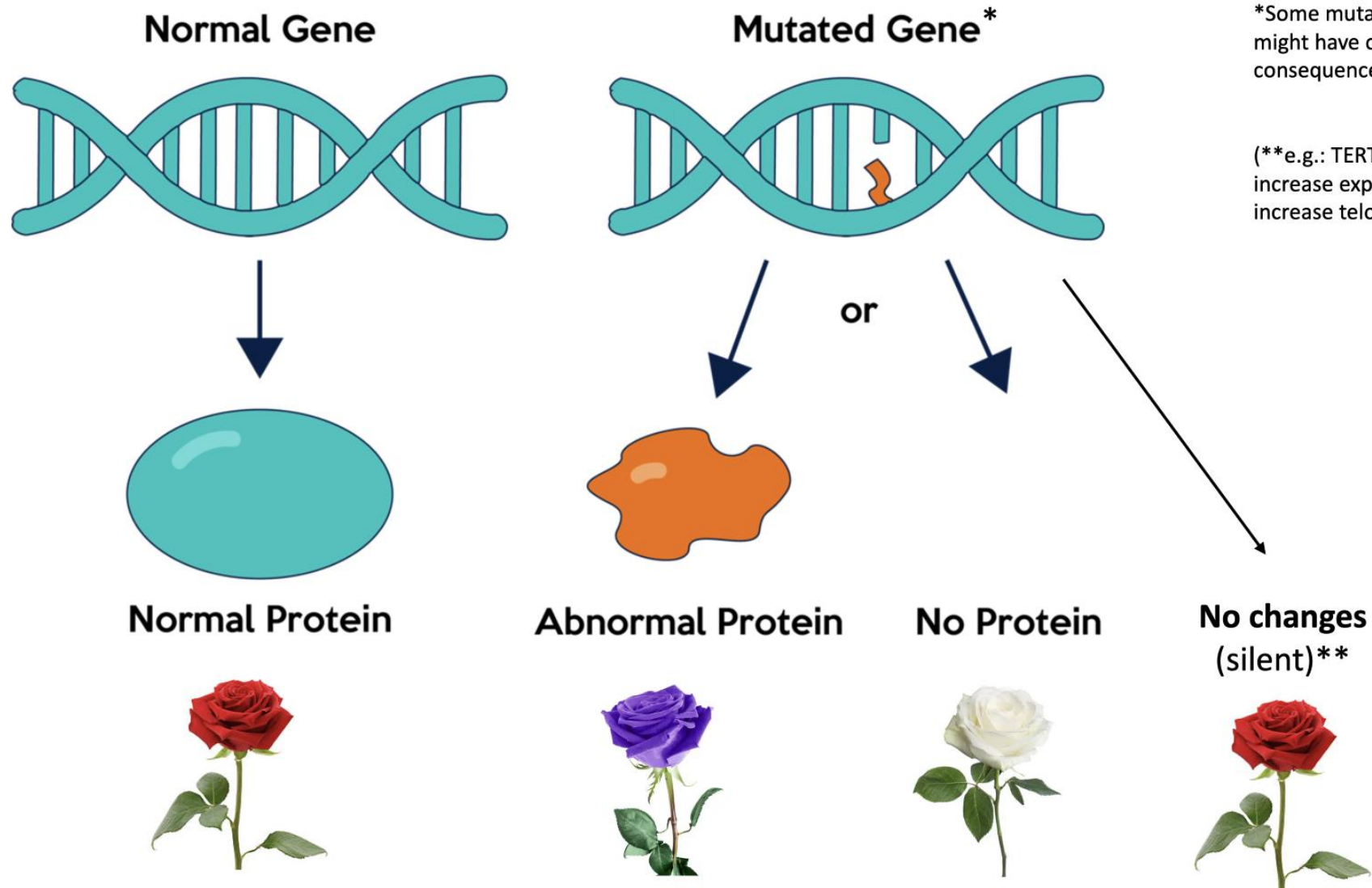


Lander Cell 2016

CRISPR Cas genome editing tools



Mutations in the DNA have functional consequences (or not)

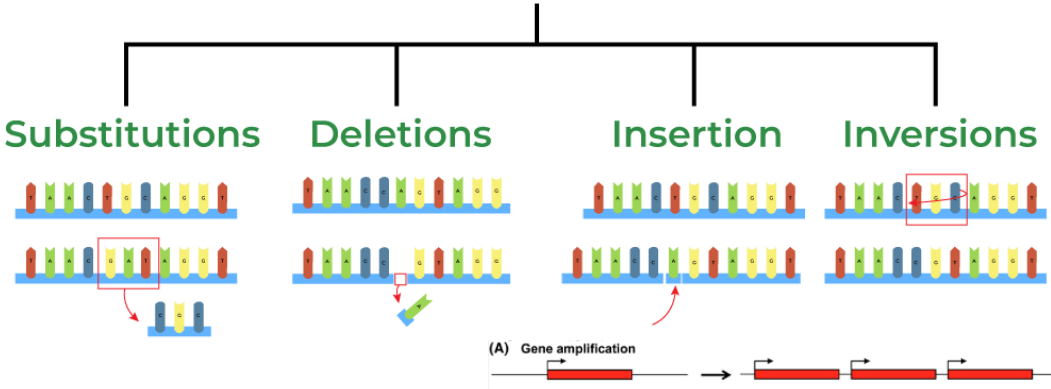


*Some mutations (variants) outside genes might have other non-direct protein coding consequences like altering gene expression.

(**e.g.: TERT promoter mutations lead to increase expression of TERT and ultimately increase telomerase complex function)

Cancer 101: Mutations glossary

Types of Mutations (At the DNA level)

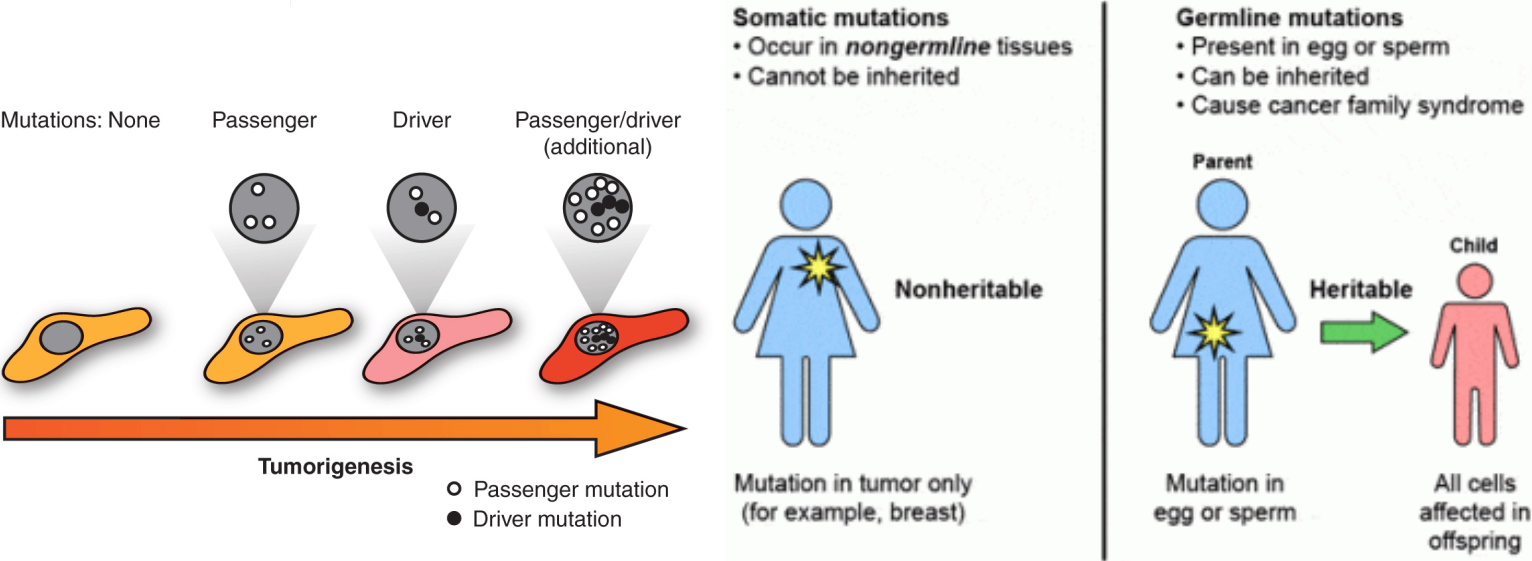


Types of Mutations (At the Protein level)

	Silent		Nonsense		Missense	
					Conservative	Non-Conservative
DNA Level	No Mutation	Silent	Nonsense	Conservative	Non-Conservative	
mRNA Level						
Protein Level			STOP			
	Lys	Lys	STOP	Arg	Thr	

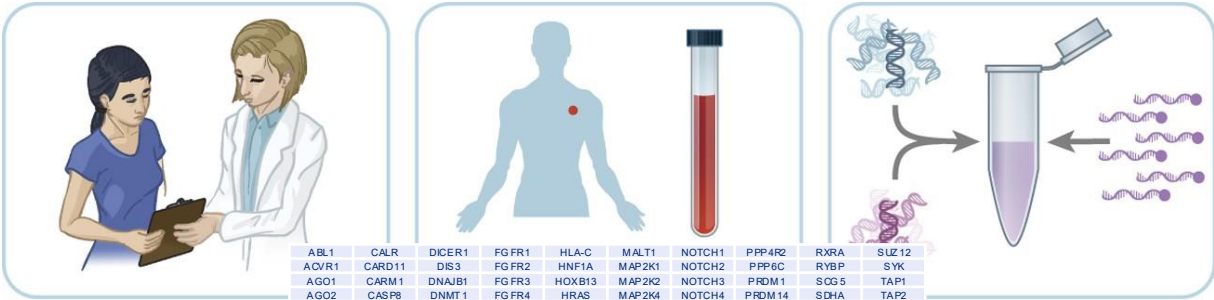
STRUCTURAL				
Deletion	Duplication	Inversions	Insertions	Translocations

NUMERICAL	
Polyploidy	Aneuploidy



MSK-IMPACT

(Integrated Mutation Profiling of Actionable Cancer Targets)



1. Patient consent

Sample preparation



4. Sequencing



Case review and sign out

Memorial Sloan Kettering Cancer Center

Memorial Hospital for Cancer & Allied Diseases
Molecular Diagnostics Service, Department of Pathology
1275 York Avenue New York, NY 10021
Tel: (212) 638-6262 / Fax: (212) 717-5815
MSK-IMPACT Testing Report

Patient Name	Redacted	Medical Record #	Redacted
Date of Birth	Redacted	Accession #	Redacted
Gender	Redacted	Specimen Submitted	LYMPH NODE
Tumor Type	Lung Adenocarcinoma	Surgical Path. #	Redacted
Ref. Physician	Redacted	Account #	Redacted
Date of Receipt	Redacted	Date of Report	Redacted

Summary: 2 mutations, 19 copy number alterations, no structural variants detected. 2 alterations have Onc interpretations.

MSI Status: MICROSATellite STABLE (MSI). See MSI note below.

Tumor Mutation Burden: The estimated tumor mutation burden (TMB) for this sample is 1.8 mutations per megabase (mut/Mb) assessed by MSK-IMPACT for all patients is 3.9 mut/Mb and for patients with Non-Small Cell Lung Cancer is 5.9 mut/Mb as of the date this report was issued.

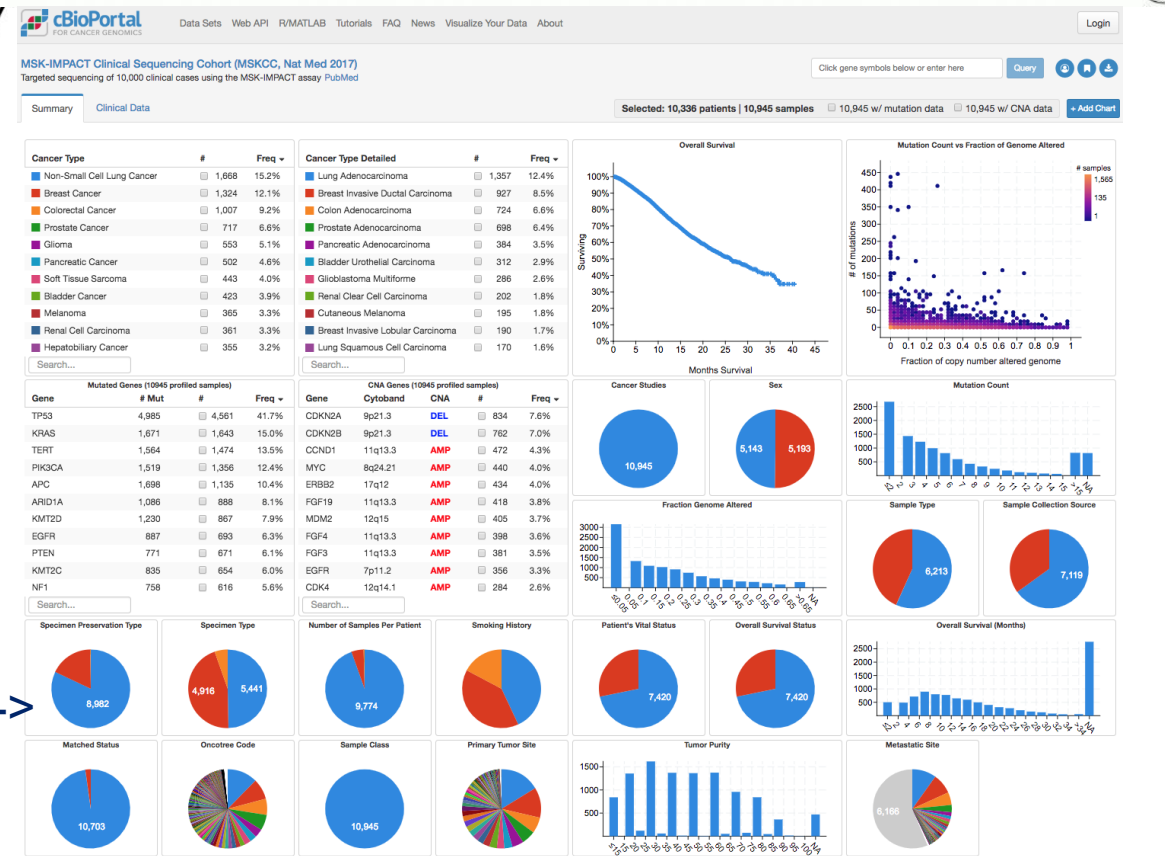
Comments: Note: The number and pattern of mutations is consistent with a hypermutator phenotype arising mechanism to temozolomide or similar agents.

Gene	Type	Alteration	Location	Additional Info
EGFR	In-frame Deletion	L747_P753delinsS	exon 19	MAF: 42.3%
CTNNB1	Missense Mutation	S43P (p.L33T>C)	exon 3	MAF: 25.5%

Copy Number Alterations	Gene	Type	Alteration	Location	Additional Info
MDM2	Whole gene	Amplification	12q15	FC: 13.5	
MTC	Whole gene	Amplification	8p11.21	FC: 2.8	
ACD	Whole gene	Amplification	8p11.21	FC: 2.0	

Structural Variants	Gene	Type	Alteration	Location	Additional Info
EML4-ALK	Fusion		c.967+4775 EML4, c.3088-389 ALK	19-25	EML4 exon 1-5 with ALK exon 19-25

Alteration(s)	Drugs(s)	Annotation
Level 1 EGFR L747_P753delinsS MAF: 42.3%	Erlotinib, Afatinib, Gefitinib	EGFR, a receptor tyrosine kinase, is altered by amplification, mutation and/or overexpression in various cancers, most frequently in lung and brain cancers. The EGFR L747_P753delinsS alteration is known to be oncogenic. The EGFR tyrosine kinase inhibitors erlotinib, afatinib and gefitinib are FDA-approved for the treatment of patients with non-small cell lung cancer harboring an EGFR exon 19 deletion such as L747_P753delinsS. OncoKB version: v1.12.
Investigational biomarker: Level 2B EML4-ALK Fusion	Crizotinib, Ceritinib, Alectinib, Bragatinib	ALK, a receptor tyrosine kinase, is recurrently altered by chromosomal rearrangements in various cancers including anaplastic large cell lymphoma, non-small cell lung cancer and inflammatory myofibroblastic tumor. The EML4-ALK fusion is known to be oncogenic. While crizotinib, ceritinib, alectinib and brigatinib are FDA-approved for the treatment of patients with ALK-fusion positive lung cancer, their clinical utility in patients with ALK-fusion positive adenocarcinoma, NOS is unknown. OncoKB version: v1.12.
Level 3B MDM2 Amplification FC: 13.5	RG7112, DS-3032b	MDM2, a ubiquitin ligase and p53 inhibitor, is amplified in a diverse range of cancers including well-differentiated liposarcoma. MDM2 amplification is known to be oncogenic. While there is promising clinical data supporting the use of MDM2-inhibitors such as RG7112 and DS-3032b in patients with MDM2-amplified liposarcoma, their clinical utility in patients with MDM2-amplified lung adenocarcinoma is unknown. OncoKB version: v1.12.



cbioPortal for Cancer Genomics -->

<https://www.cbioportal.org>

Paper discussion

nature cancer



Article

<https://doi.org/10.1038/s43018-022-00443-5>

MACHETE identifies interferon-encompassing chromosome 9p21.3 deletions as mediators of immune evasion and metastasis

Received: 10 August 2022

Accepted: 13 September 2022

Published online: 7 November 2022

Check for updates

Francisco M. Barriga^{1,11}, Kaloyan M. Tsanov^{1,11}, Yu-Jui Ho¹, Noor Sohail², Amy Zhang³, Timour Baslan¹, Alexandra N. Wuest¹, Isabella Del Priore⁴, Brigita Meškauskaitė², Geulah Livshits¹, Direna Alonso-Curbelo¹, Janelle Simon¹, Almudena Chaves-Perez¹, Dafna Bar-Sagi⁵, Christine A. Iacobuzio-Donahue^{6,7}, Faiyaz Notta^{3,8,9}, Ronan Chaligne², Roshan Sharma², Dana Pe'er² & Scott W. Lowe^{1,10}

Paper discussion

- **Explanation of the question under research** - *why 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?
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 - Are results interpretable?
 - Do the results support the conclusions by the authors?
 - Would you have done anything differently?
 - Are there any missing experiments?
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 - What experiments could be done as a follow-up to the paper?



Research Question

- **Explanation of the question under research** - *why did they decide to do this?*

“Most efforts have focused on the characterization of single-nucleotide variants (SNVs), which typically act as ON/OFF switches that affect the output of a single gene. An even larger class of cancer-associated lesions are copy-number alterations (CNAs), which alter the dosage of multiple linked genes... modeling CNAs remains a major challenge that has impeded their functional assessment... Among recurrent CNAs, loss of chromosome 9p21.3 is the most strongly linked to poor prognosis as well as being the most common homozygous deletion across human cancers.”

“For the functional study of deletions, CRISPR-Cas9 has been used to engineer these events, yet standard approaches have low efficiency and thus require the isolation and screening of many clonal cell populations. Here, we developed a rapid and flexible approach to engineer megabase-sized deletions. We applied this approach to investigating 9p21.3 deletions in models of pancreatic cancer and melanoma.”

Figure 1 and Extended Figure 1

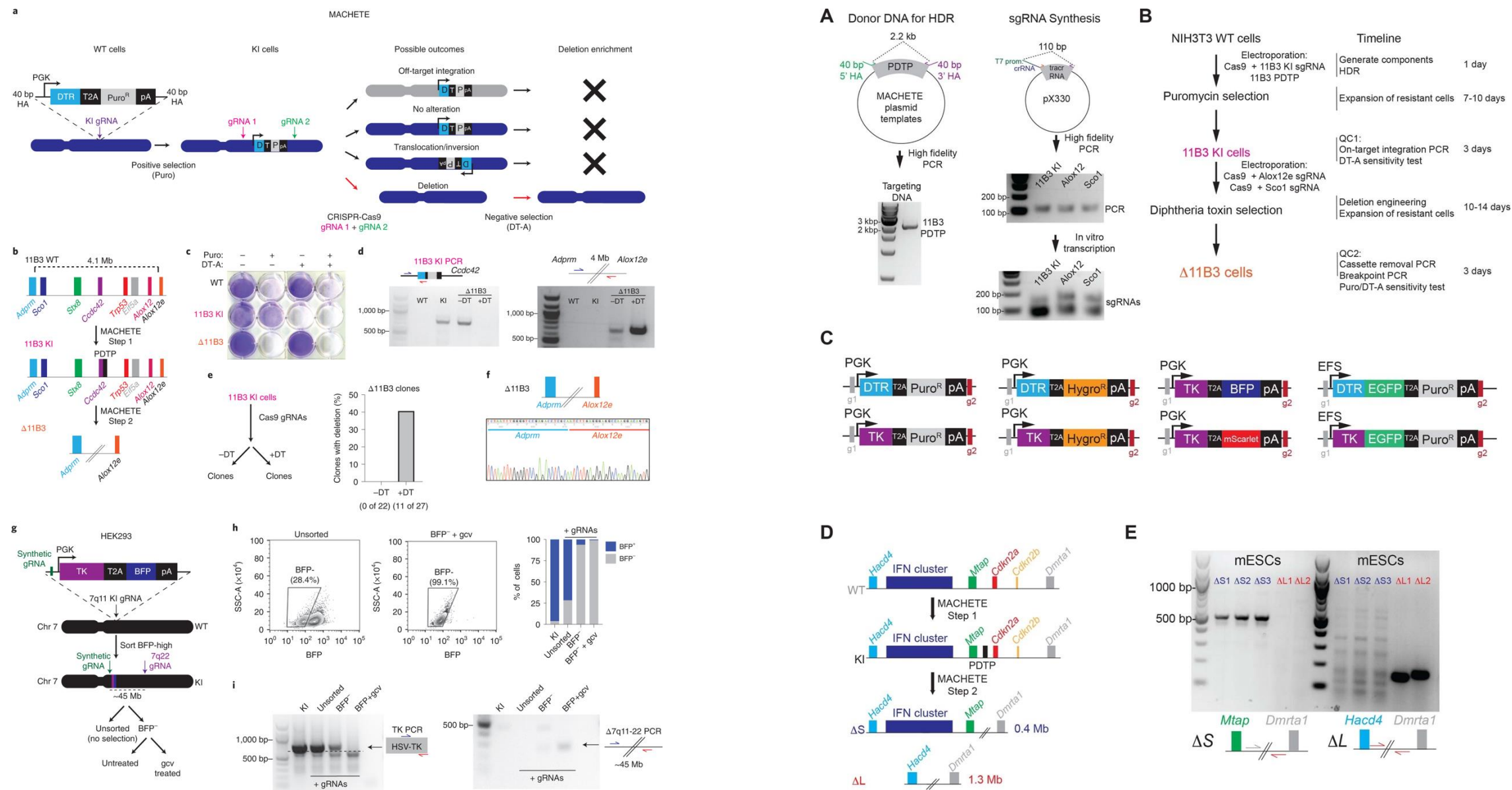


Figure 2 and Extended Figure 2

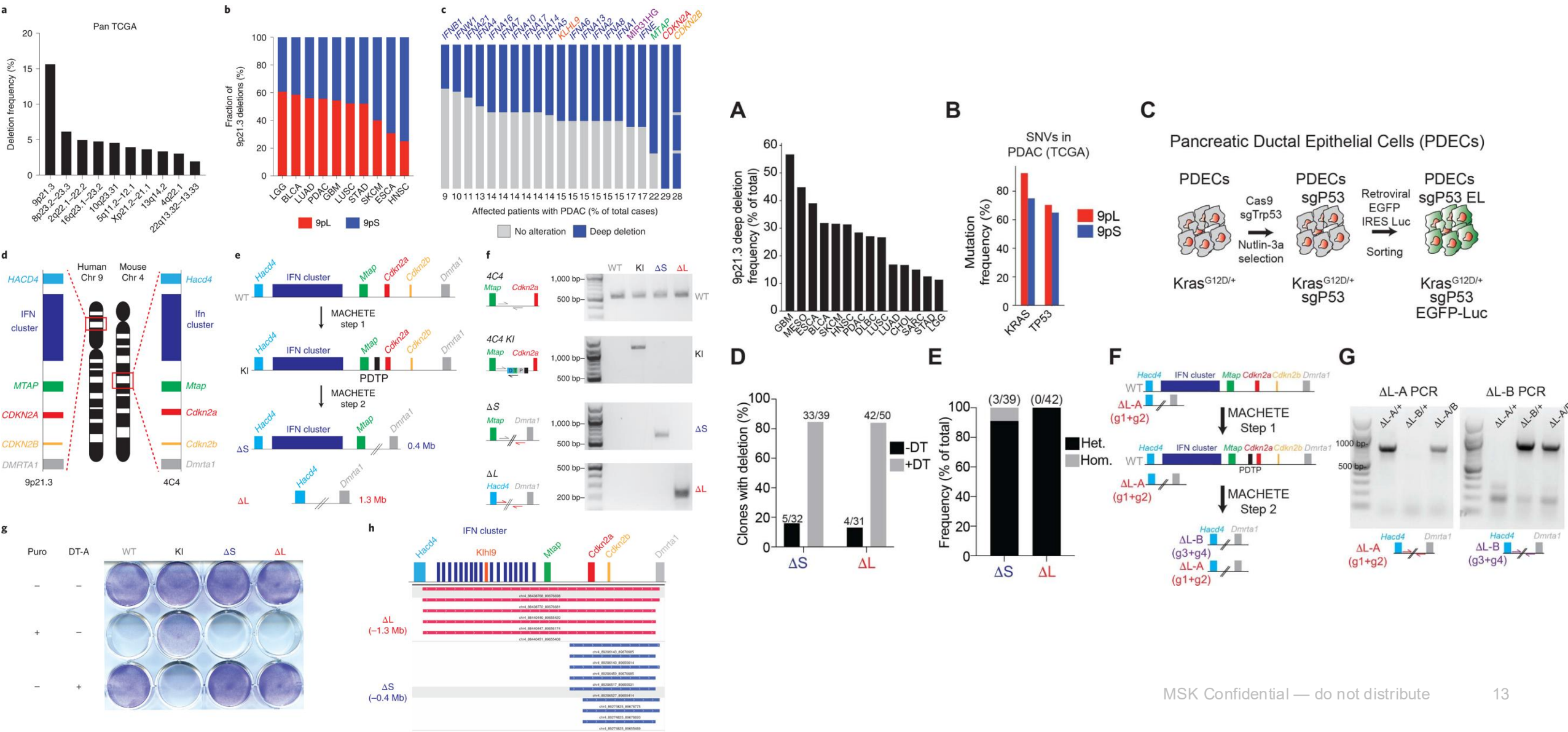


Figure 3

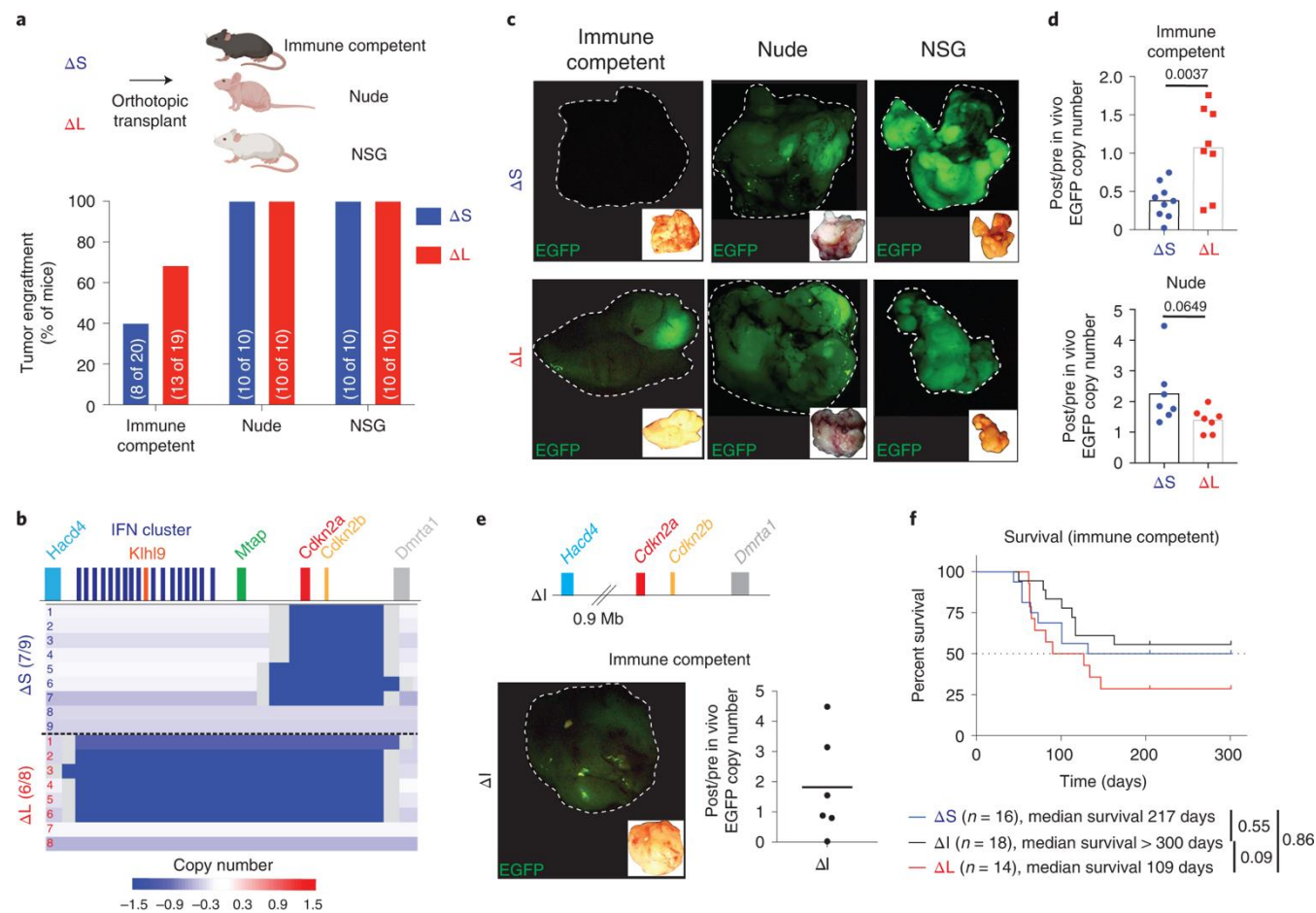
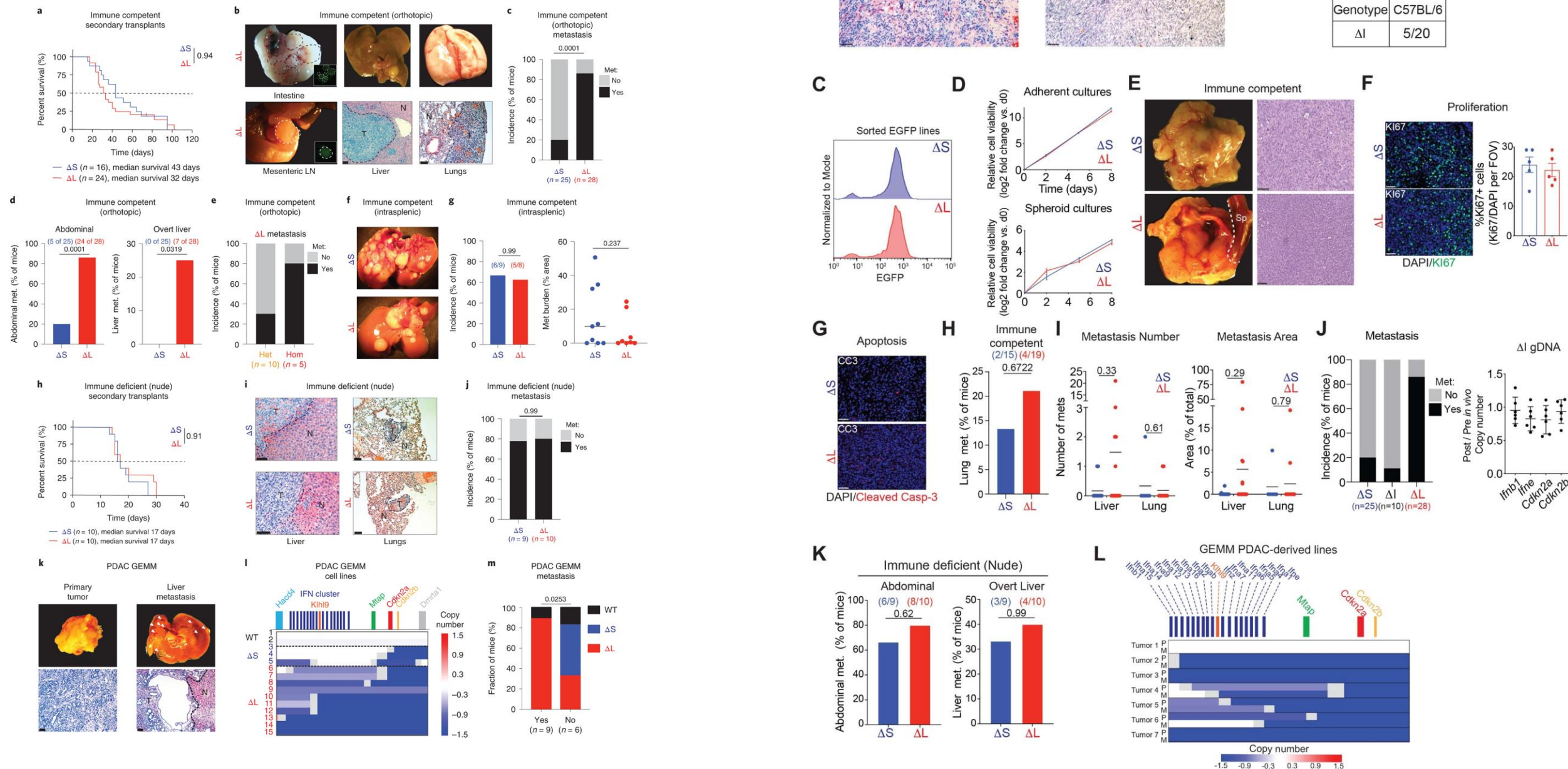
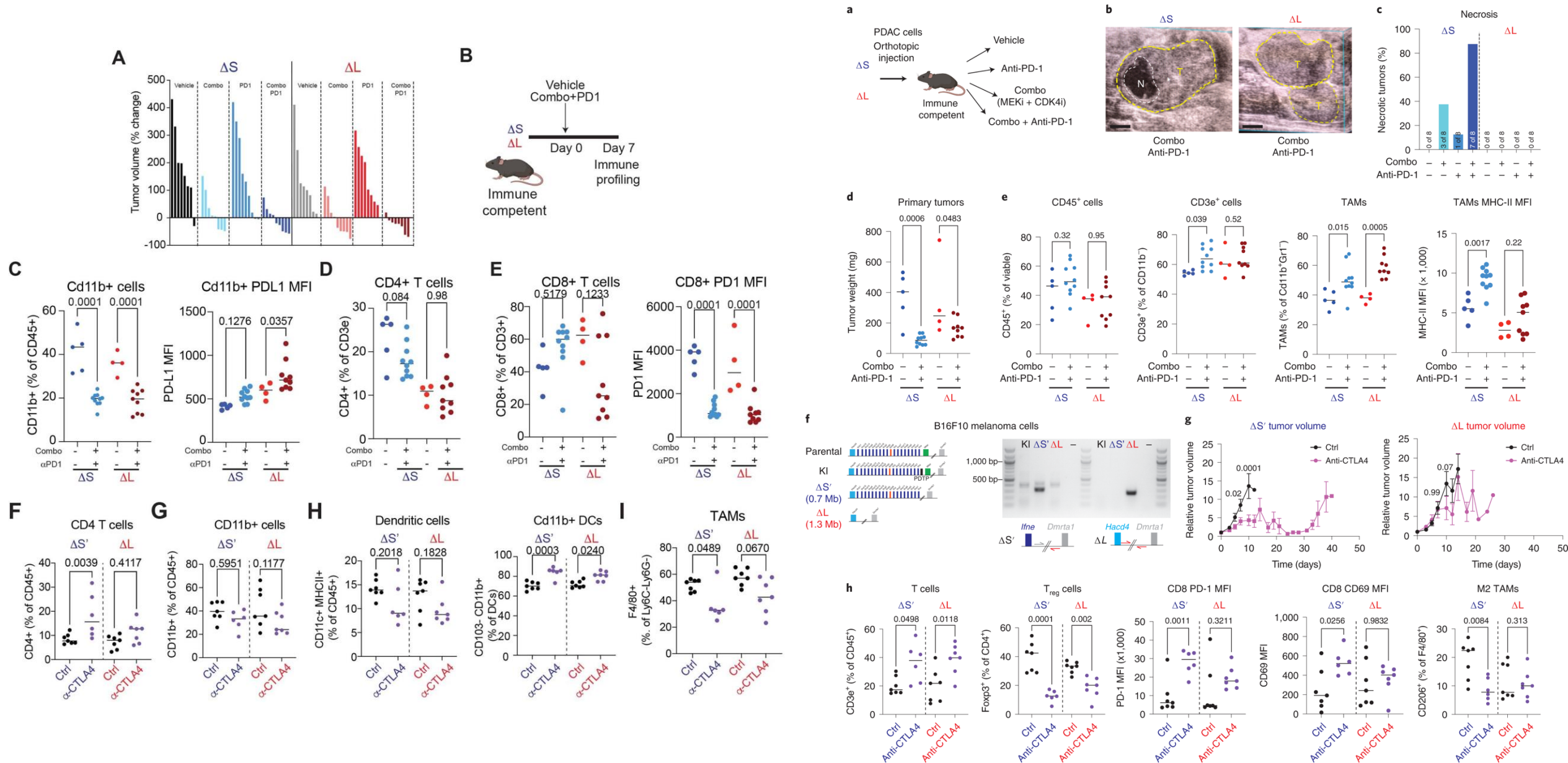


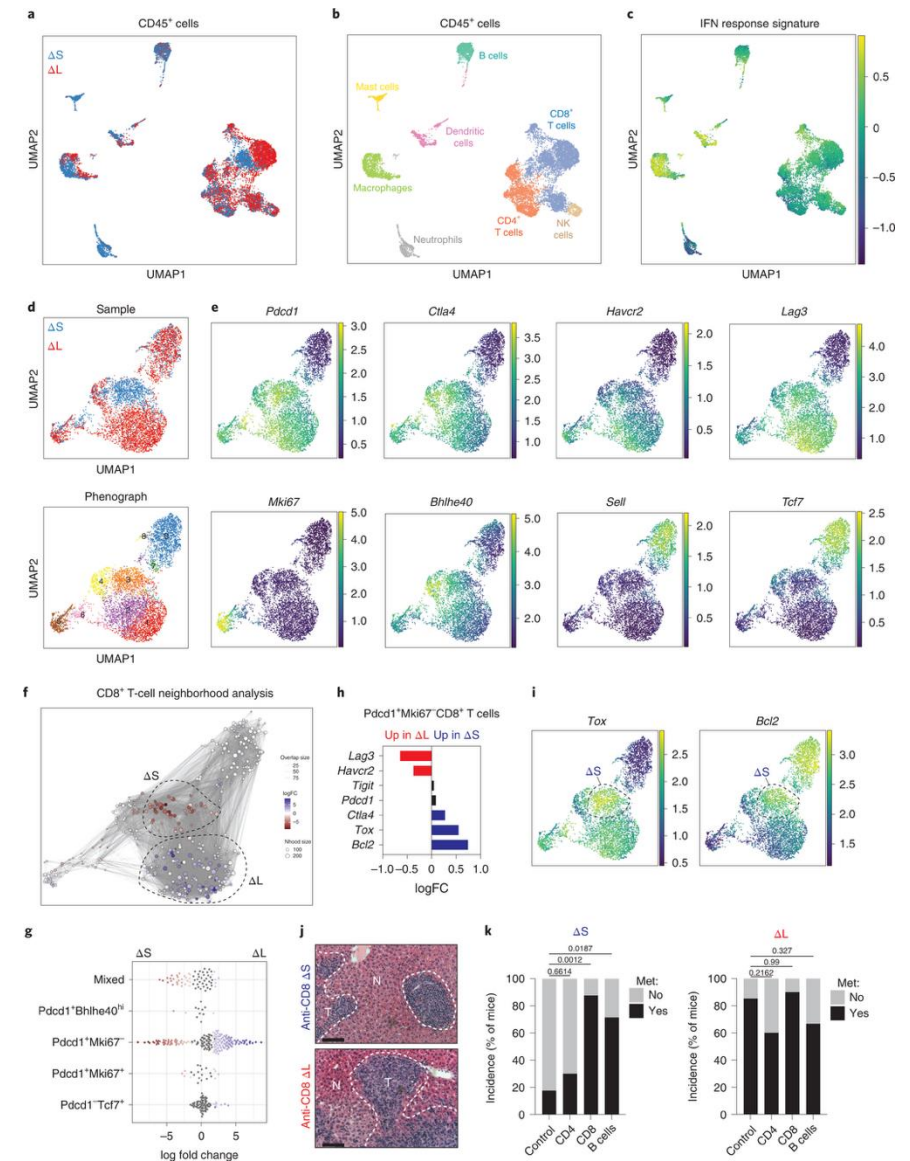
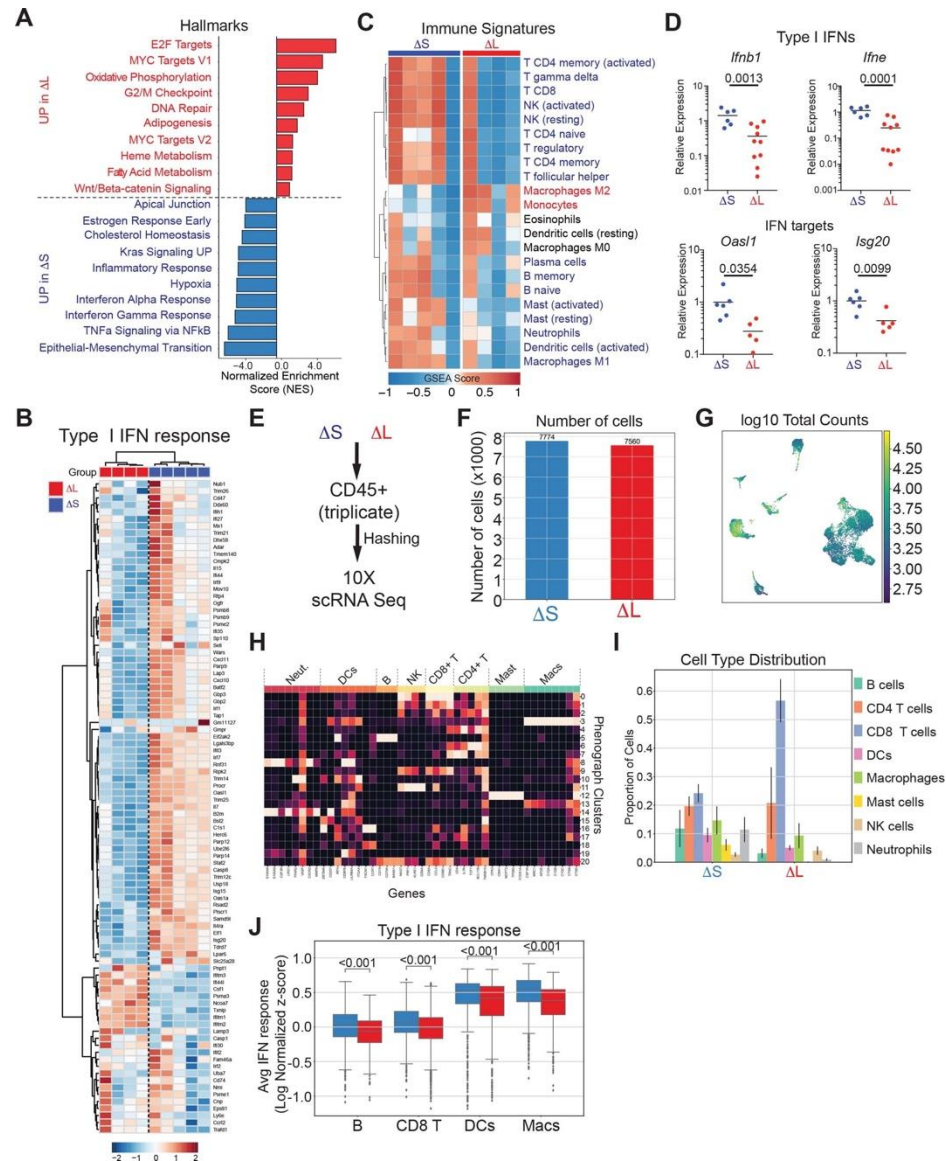
Figure 4 and Extended Figure 3



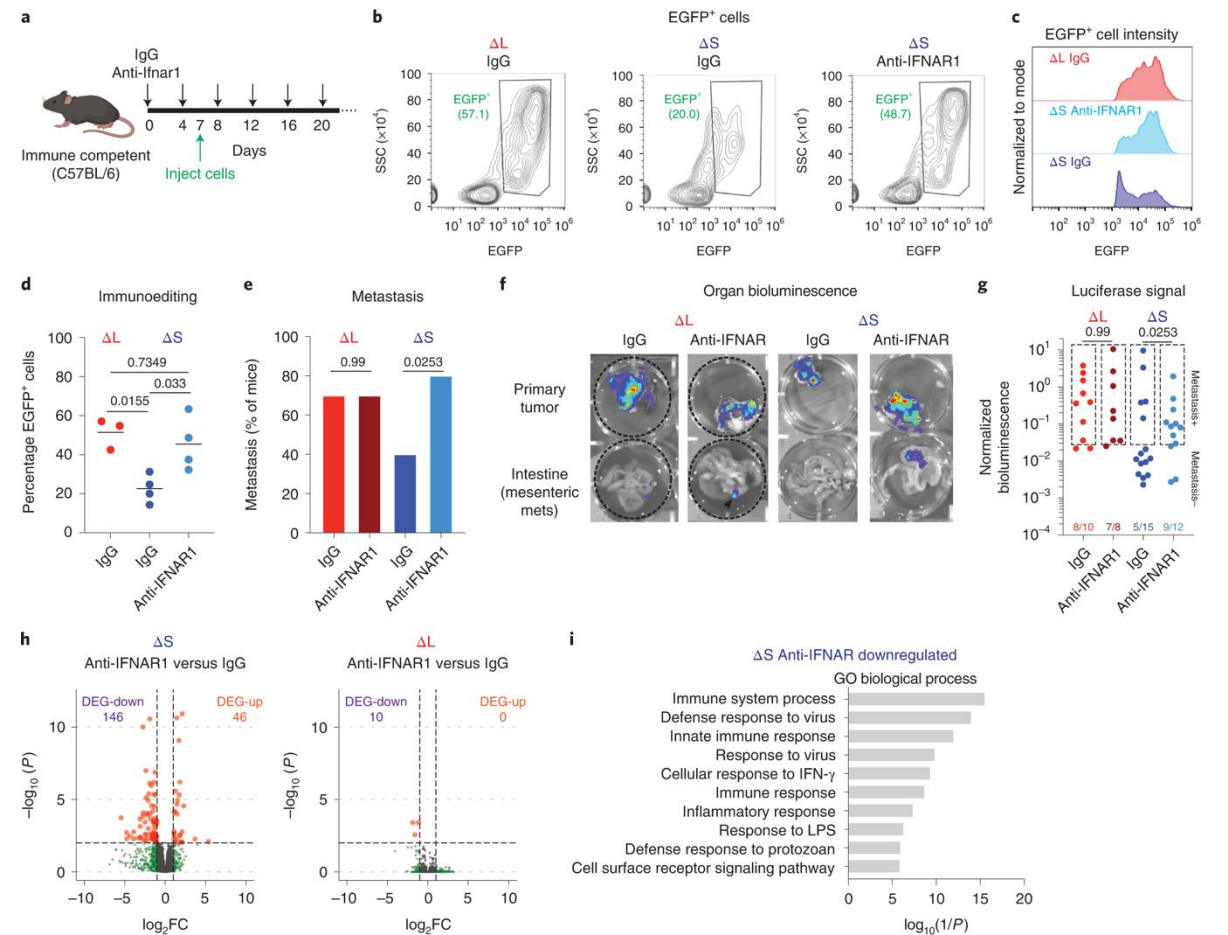
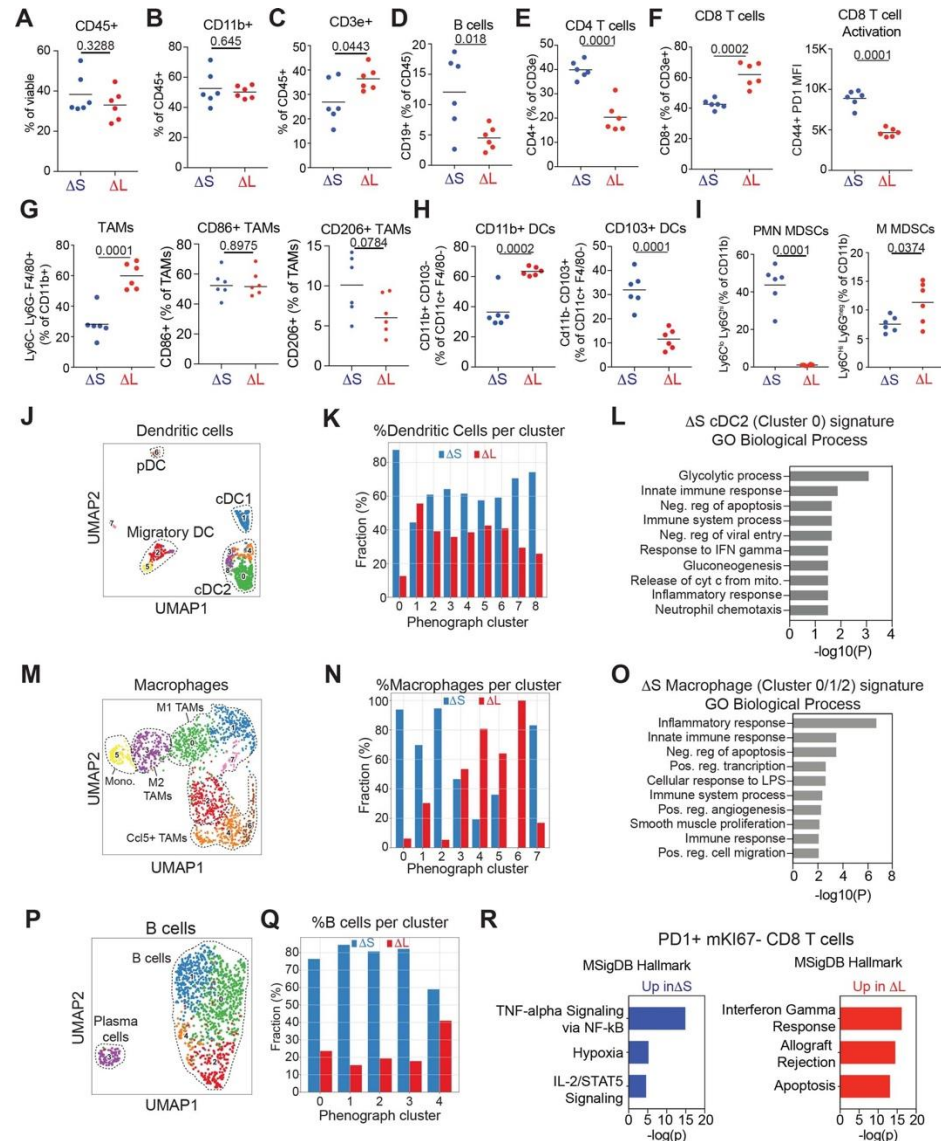
Extended Figure 4 and Figure 5



Extended Figure 5 and Figure 6



Extended Figure 6 and Figure 7



Extended Figure 7 and Extended Figure 8

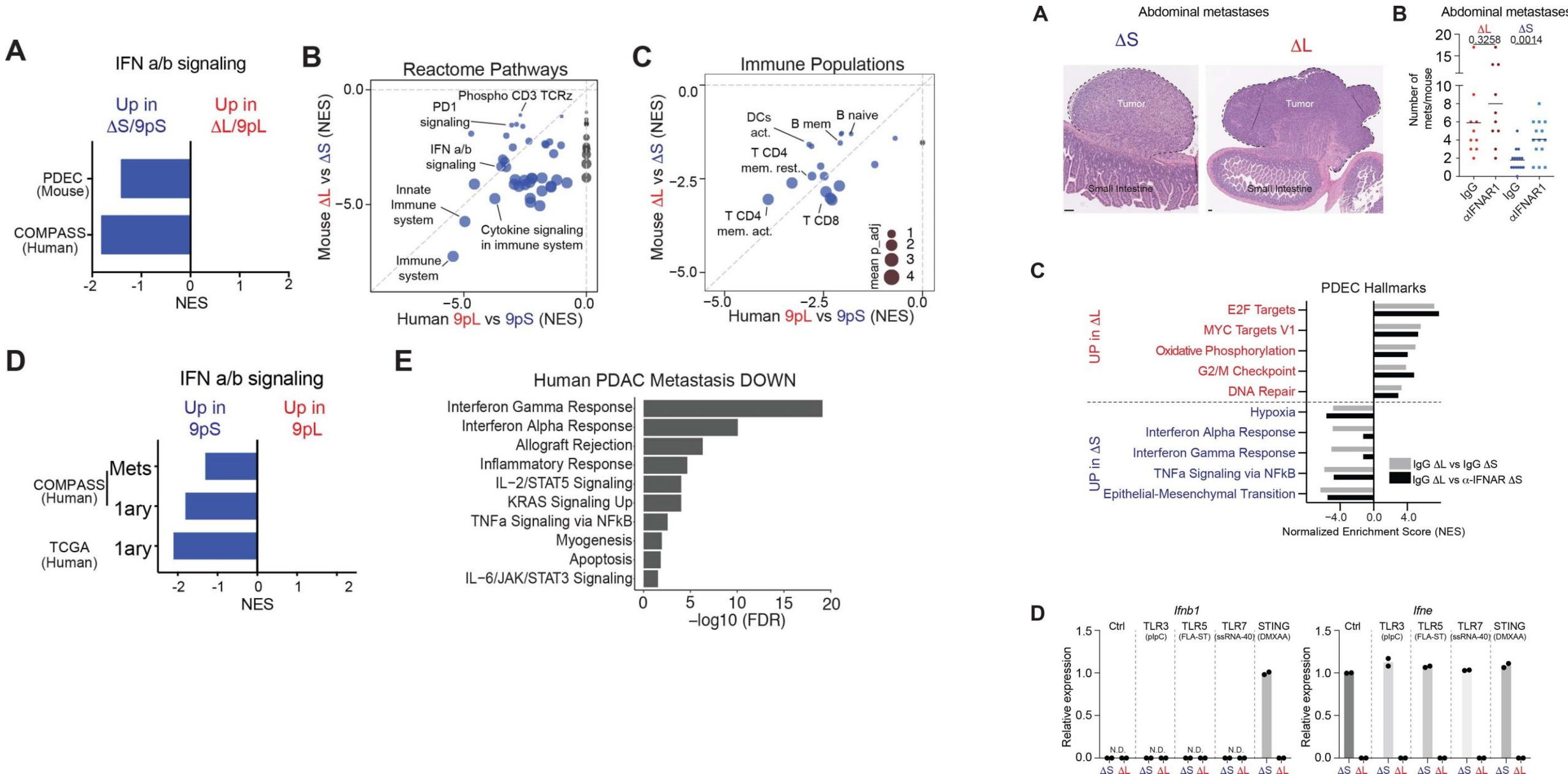
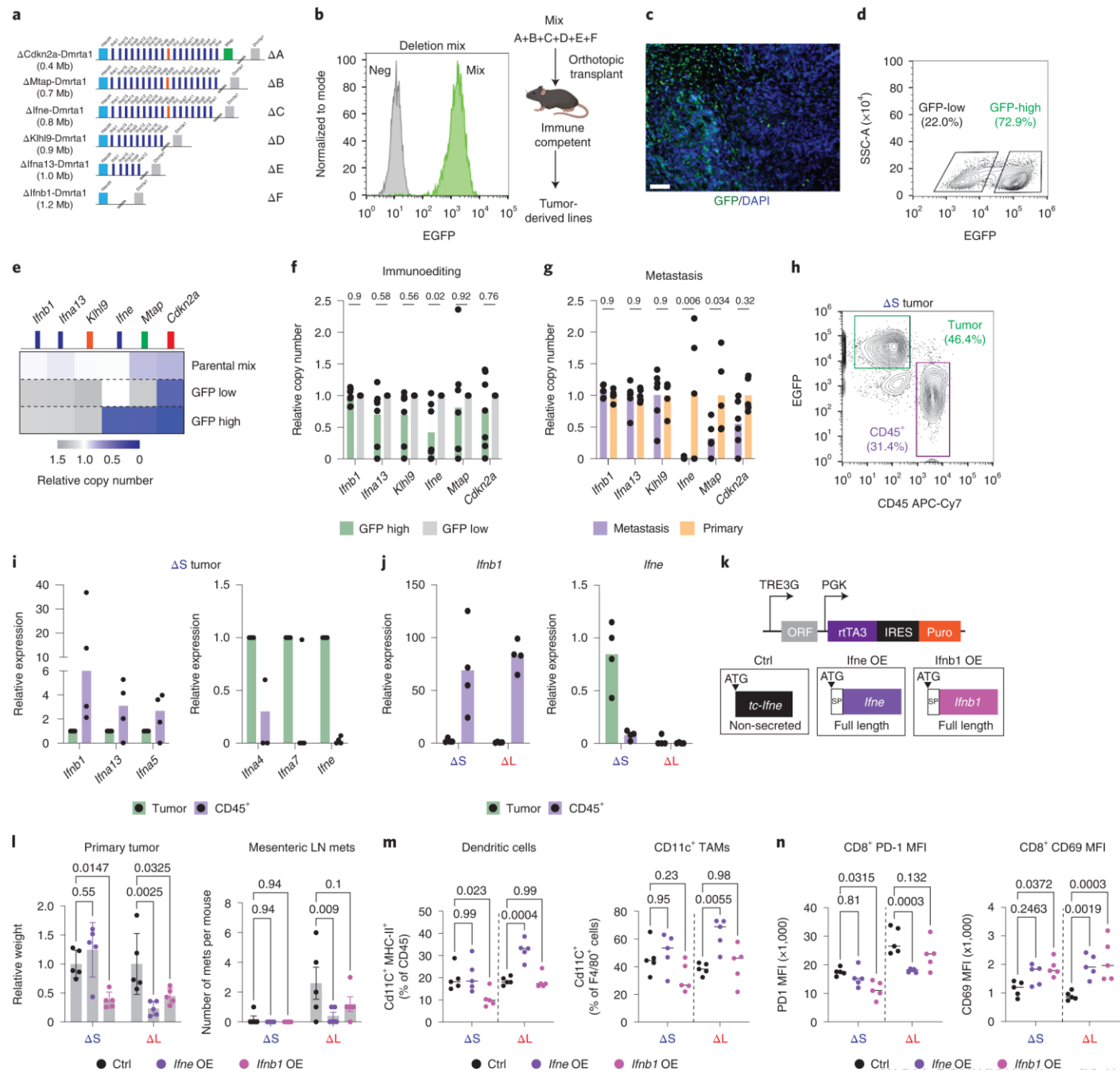
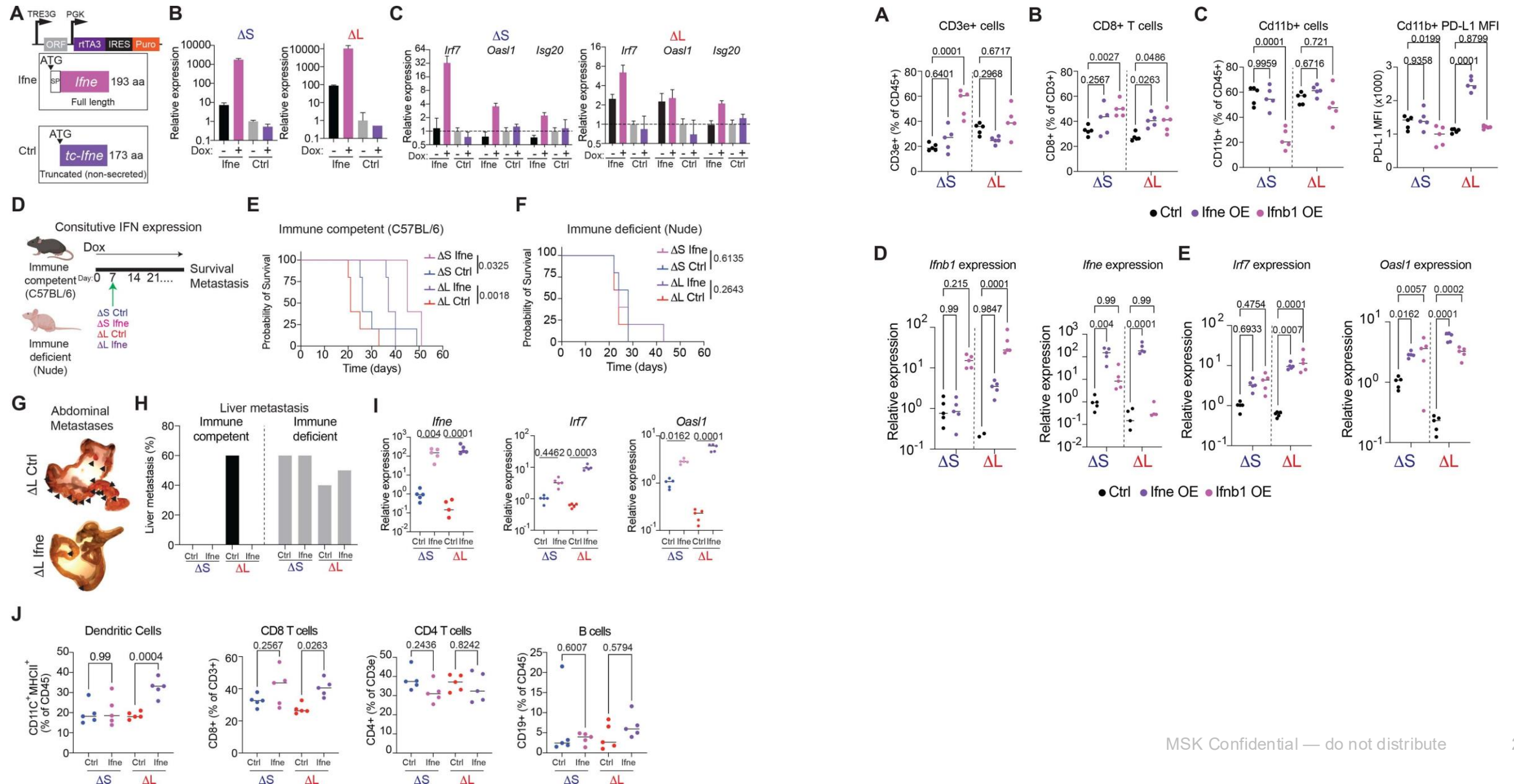


Figure 8



Extended Figure 9 and Extended Figure 10





Thanks for your attention!

Any questions?



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