



Orthotopic tumor models for glioma and NSCLC

ICTR Geneva 2016

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www.maastrolab.com

Valley of death

lab-clinic need better models that predict response



To evaluate (combination) treatments: need for 3D in vitro and orthotopic in vivo models

- tumors in own microenvironment
- high incidence of advanced disease
- limited number of tumors / site
- image guided (precision) RT
- longitudinal non-invasive imaging

Lung cancer

- **Types:**
 - Non-small cell lung cancer (85%)
 - Small cell lung cancer (15%)
- **Standard of care:** Chemo-radiation
- **Prognosis:** poor
 - 5-year survival:
 - 40-50% early stage
 - 1-5% advanced stage

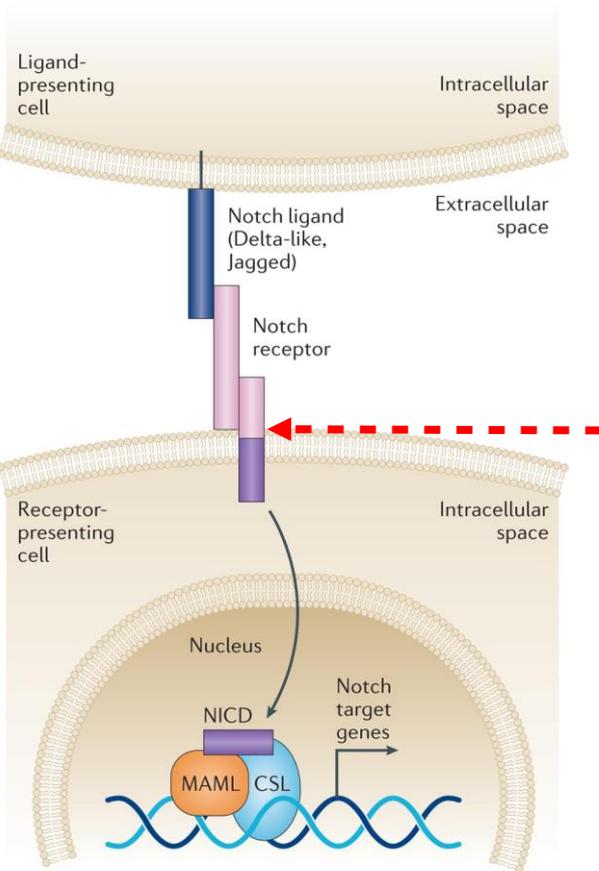


Need for new treatments/ targets

NOTCH is a potential therapeutic target

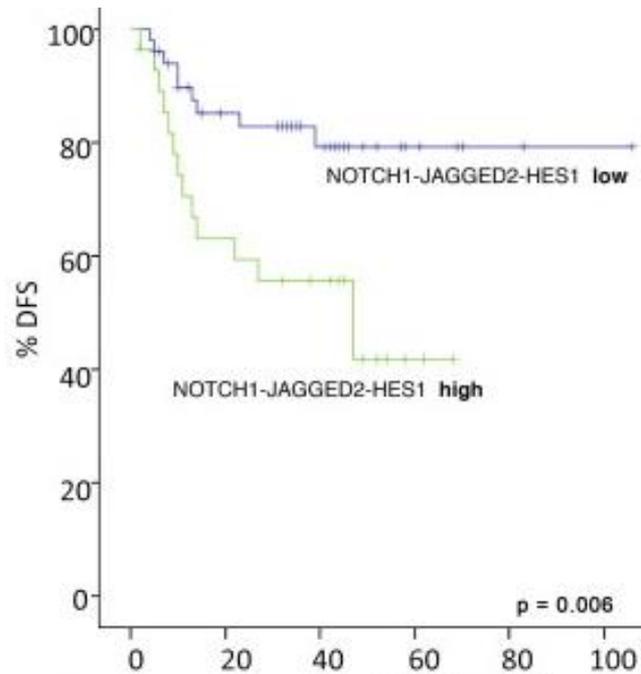
- Cell cell communication in development and adult tissues
- proliferation differentiation cell death and cell renewal

- $\text{C}^{\text{a}}\text{-secretase}$ inhibitors block Notch cleavage and activity
- > 40 clinical trials in leukemia's and solid cancers
- Only 2 clinical trials which include RT



Notch signaling is deregulated in NSCLC

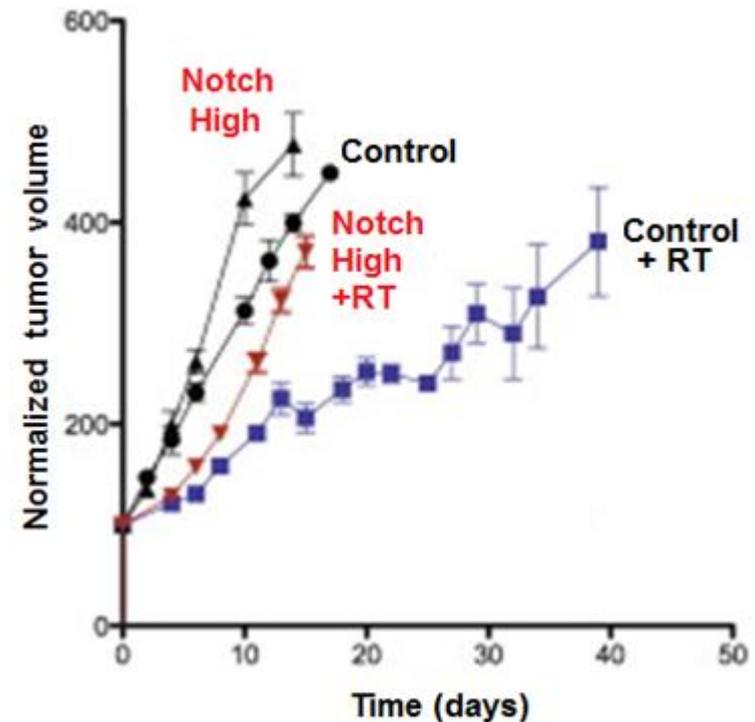
Patients



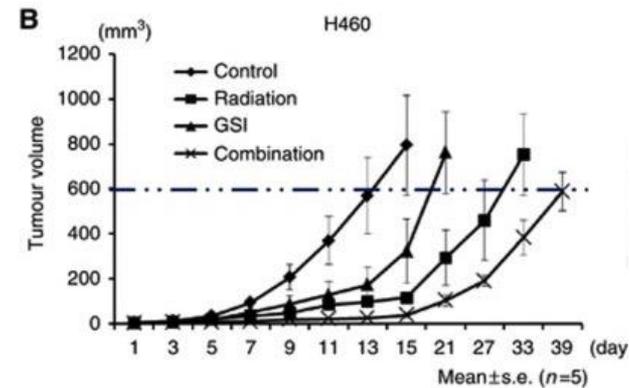
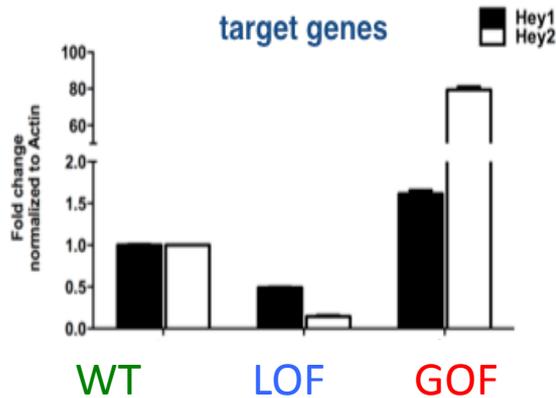
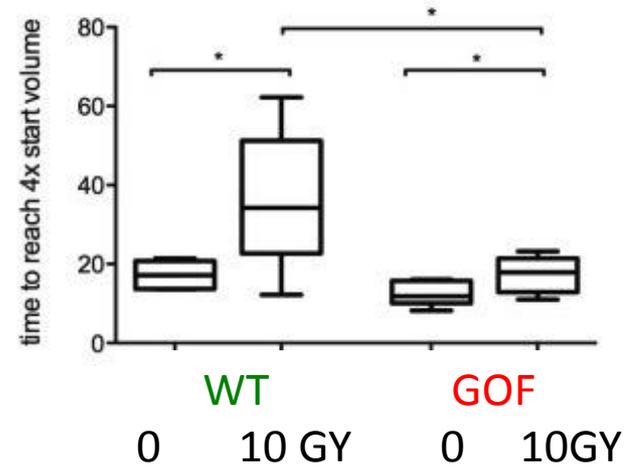
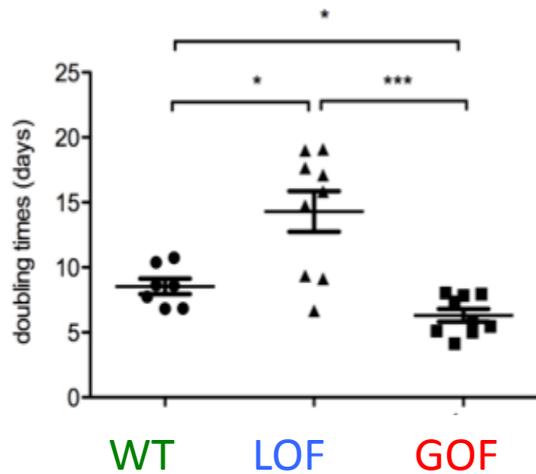
Patients at risk:

	0	20	40	60	80	100
low	56	36	22	5	2	1
high	30	17	13	2	0	0

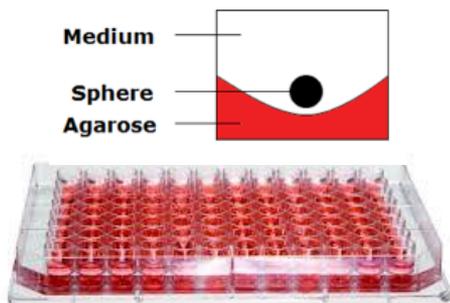
Mice xenograft



Gains and loss of NOTCH affect tumor growth and response to RT



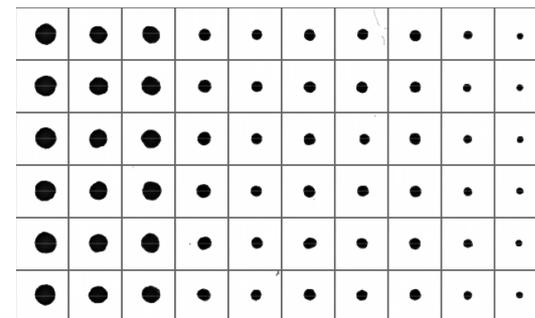
Drug screening in 3D NSCLC spheroids



1. Prepare 96 well agarose-coated plates
2. Seed cells and grow spheroids in liquid overlay



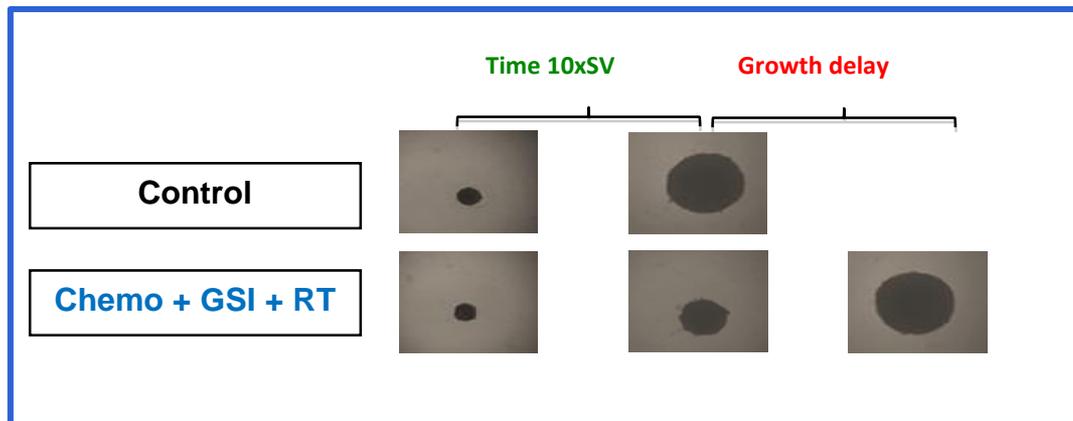
3. Make phase contrast images (3x/week, starting at d4 post-seeding)



4. Treat spheroids ($n \geq 12$ for each condition)
5. Re-fresh medium (3x/week)

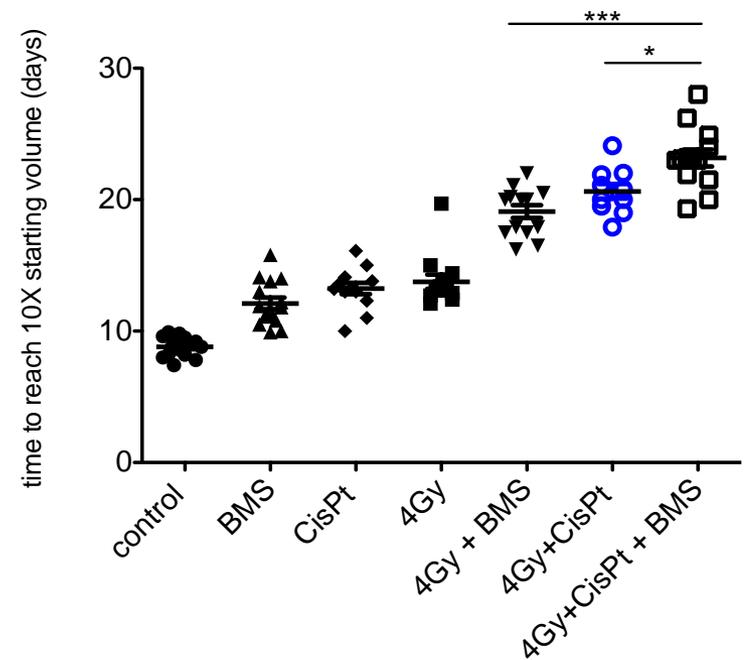
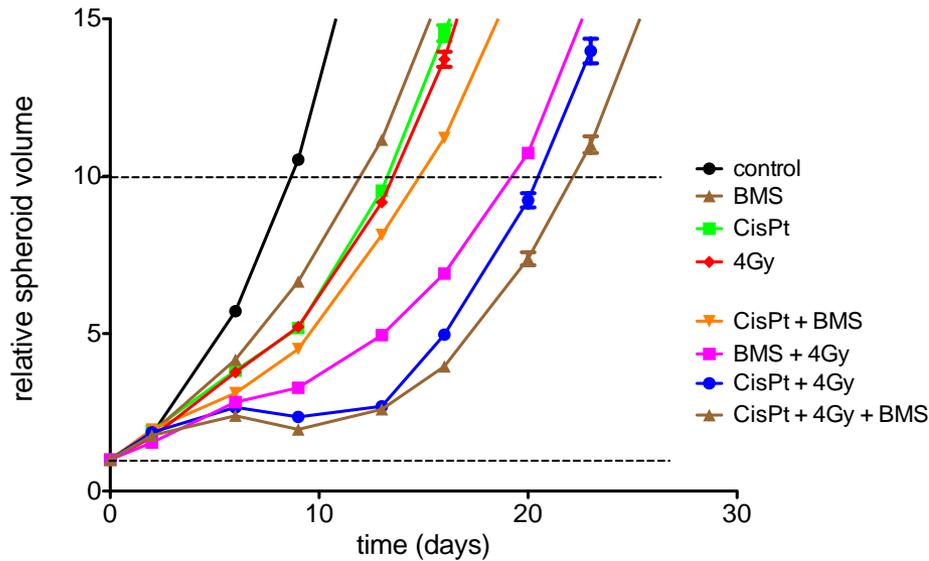
6. Automated spheroid analysis using MatLab-based software (active contour algorithm)

7. Use generated table with relevant morphometric information for data analysis



Friedrich J et al. Nat Protoc. 2009;4(3):309-24
Chen W et al. J Vis Exp. 2014 Jul 8;(89)

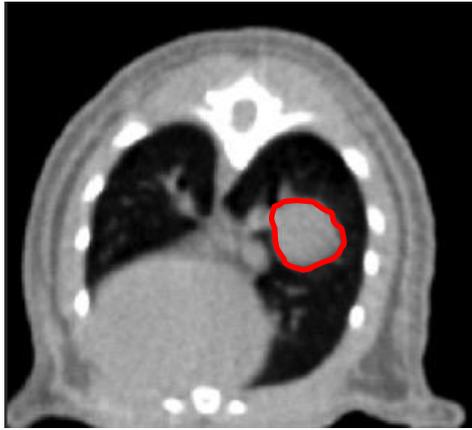
NSCLC spheroid growth delay chemotherapy+ RT+ GSI



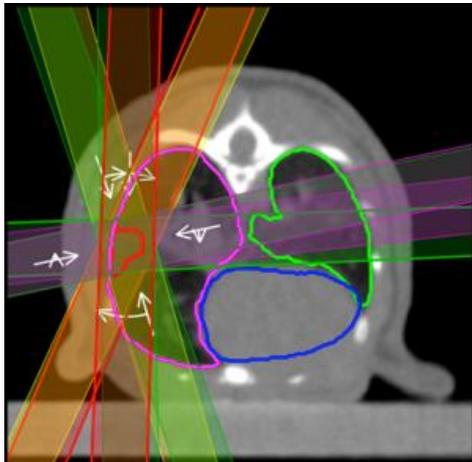
The addition of GSI in a chemoradiation standard of care treatment schedule enhances treatment efficacy.

Evaluation of combination treatments *in vivo*

A need to improve our models



Orthotopic NSCLC models in mice



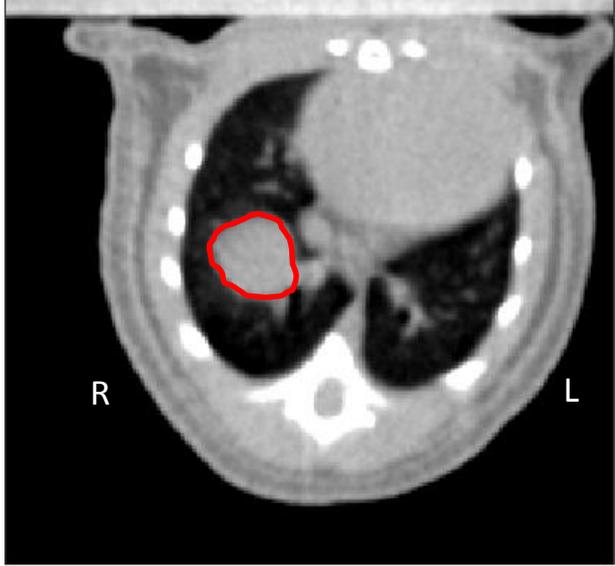
Availability image-guided precision RT in lung

Modeling human lung cancer in mouse

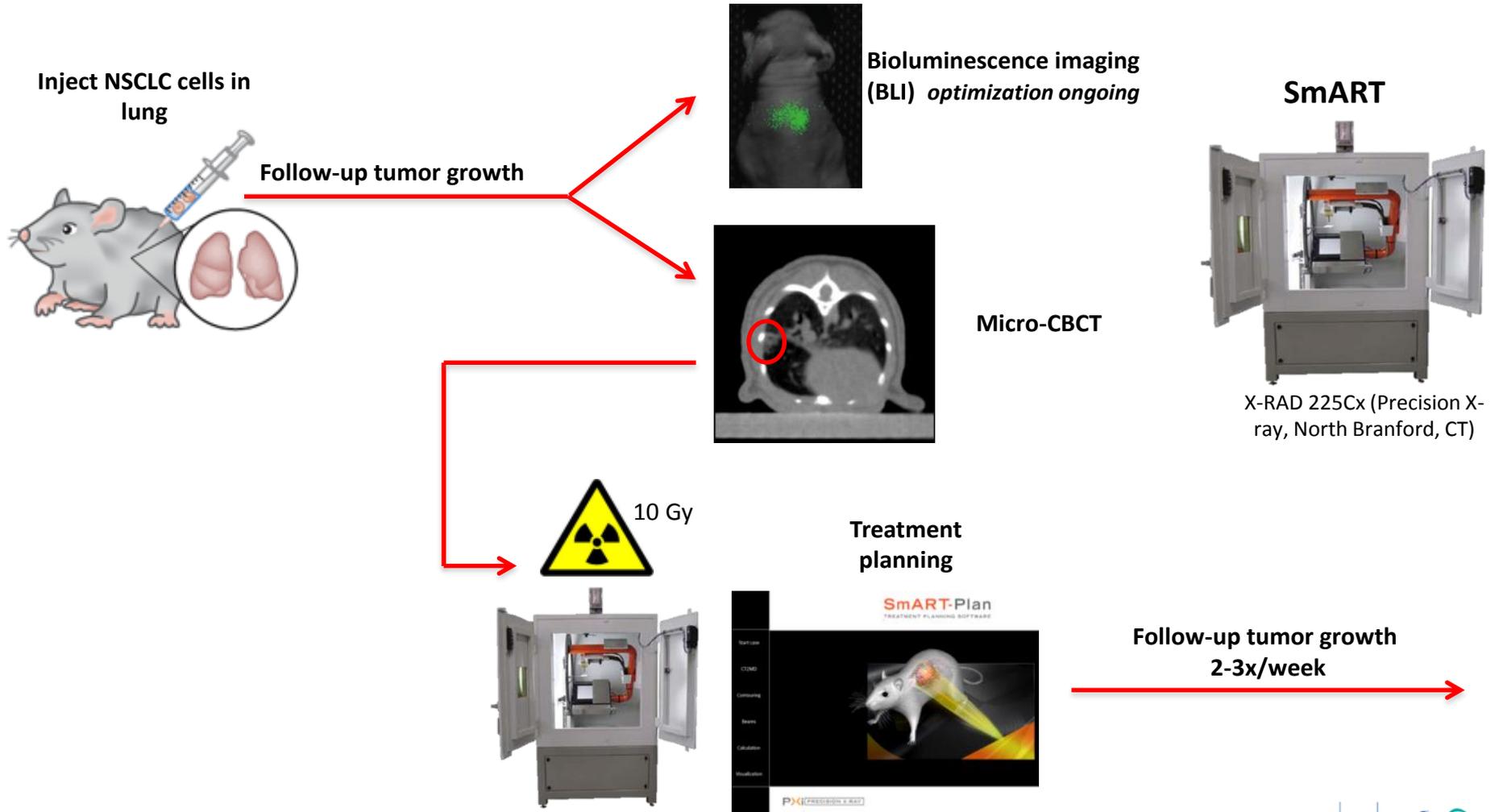
Human lung cancer



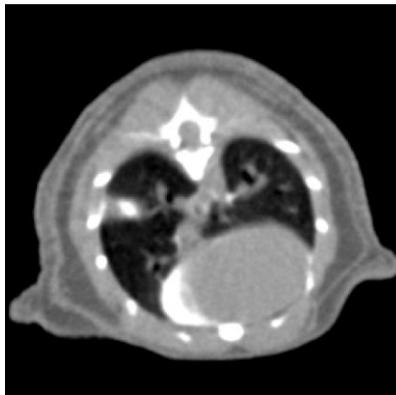
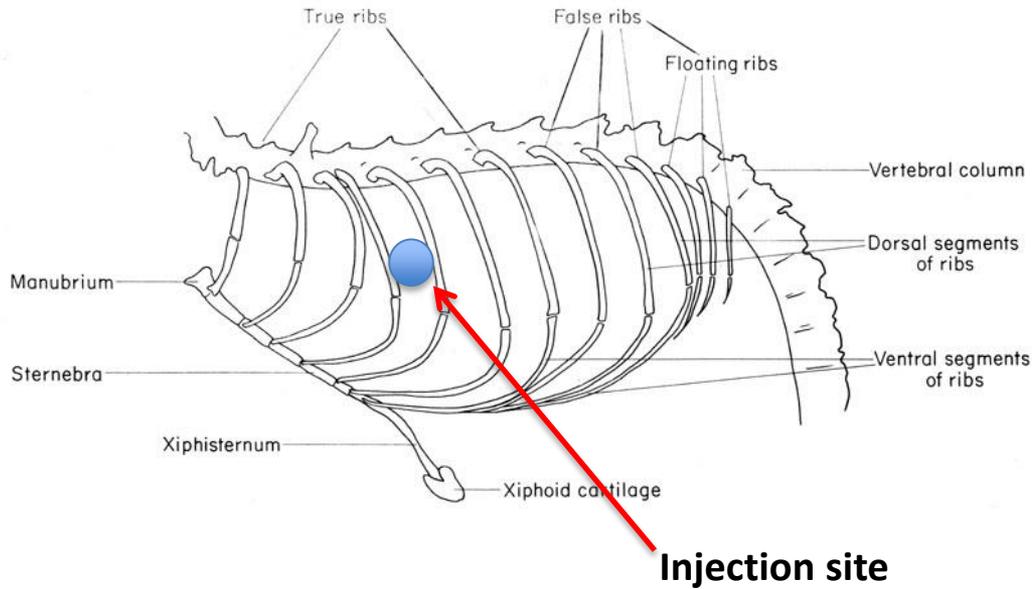
Mouse lung cancer



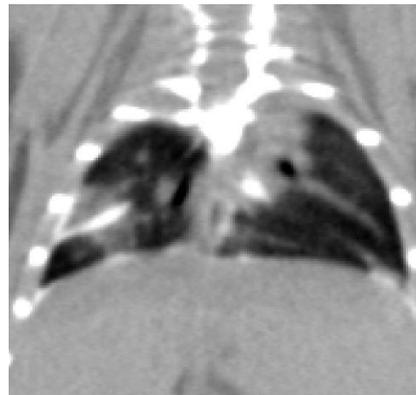
Orthotopic NSCLC model



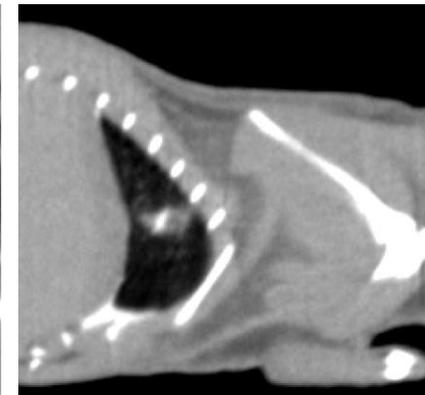
Orthotopic NSCLC model



axial

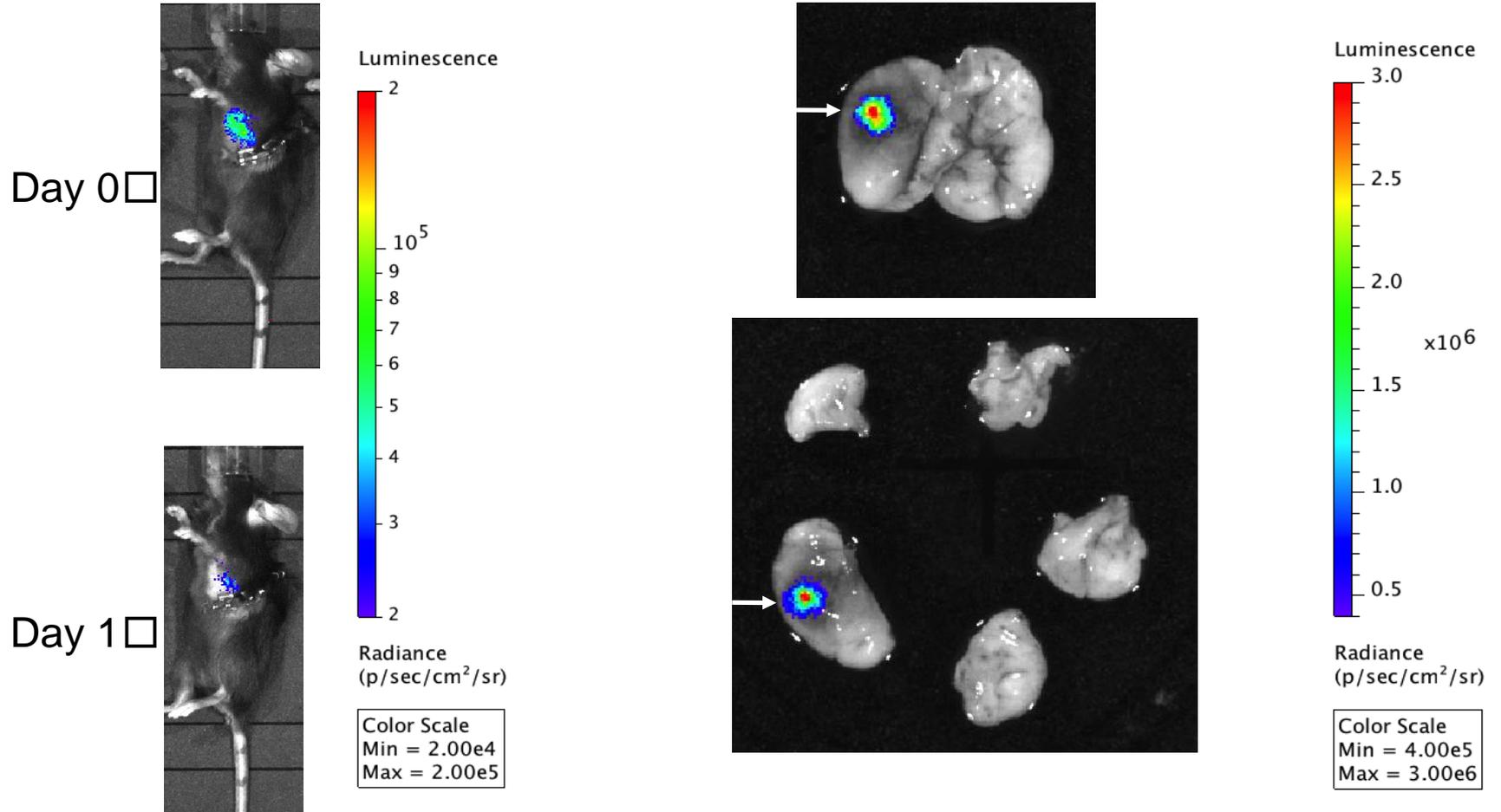


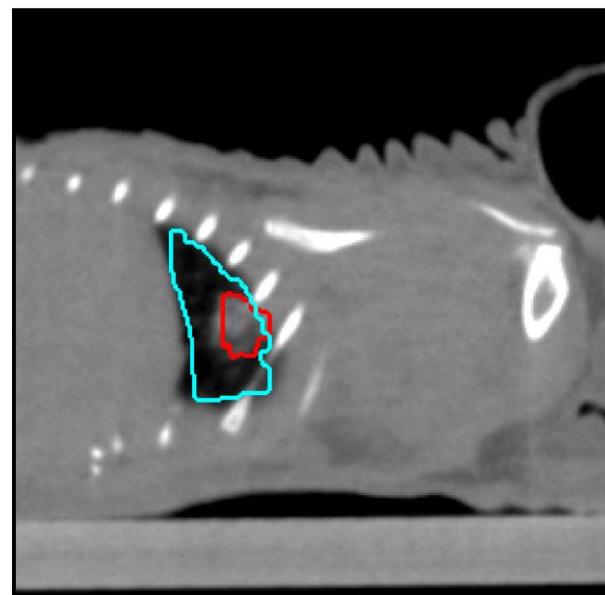
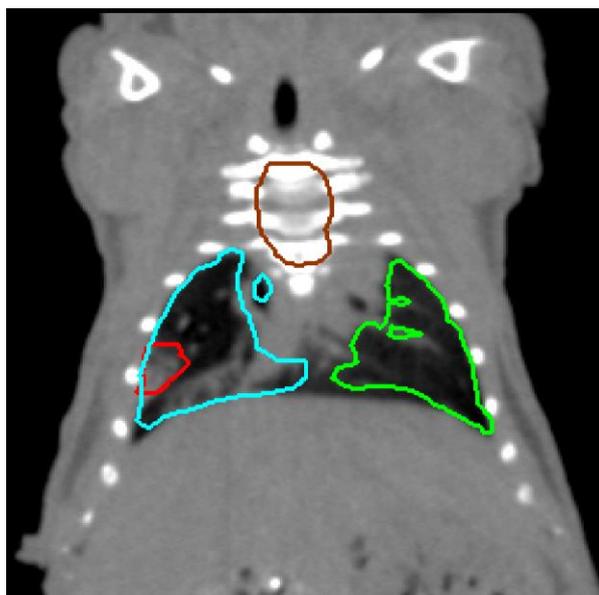
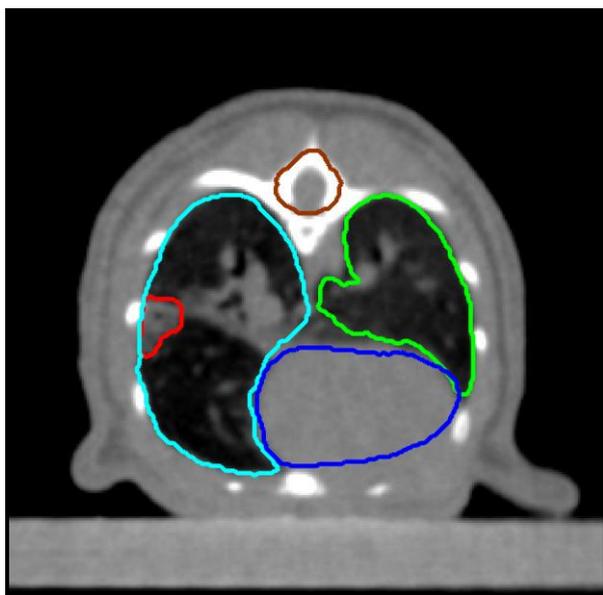
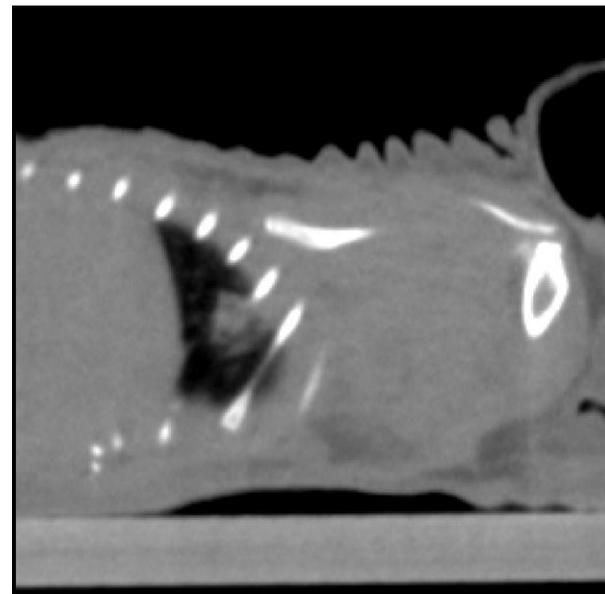
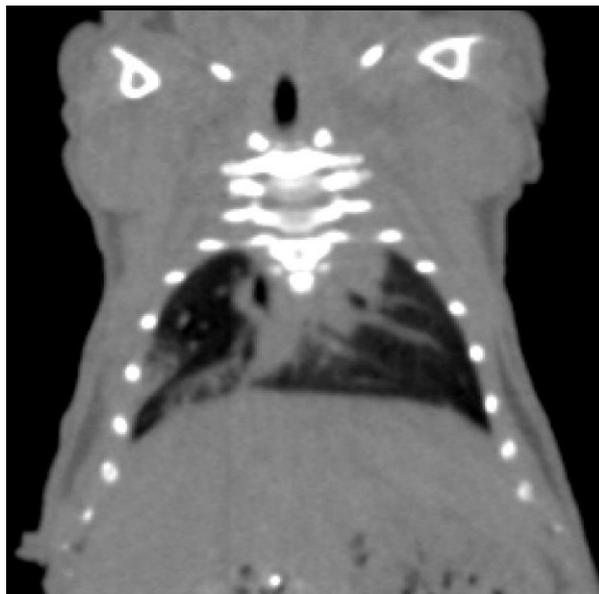
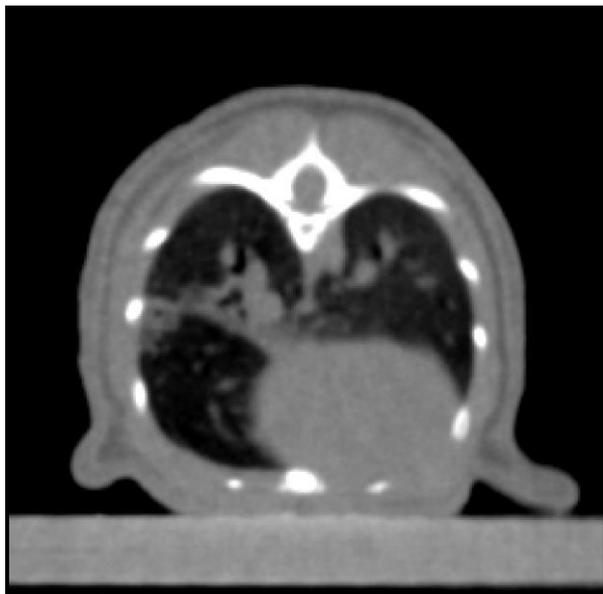
coronal



sagittal

Orthotopic Lewis lung carcinoma





axial

coronal

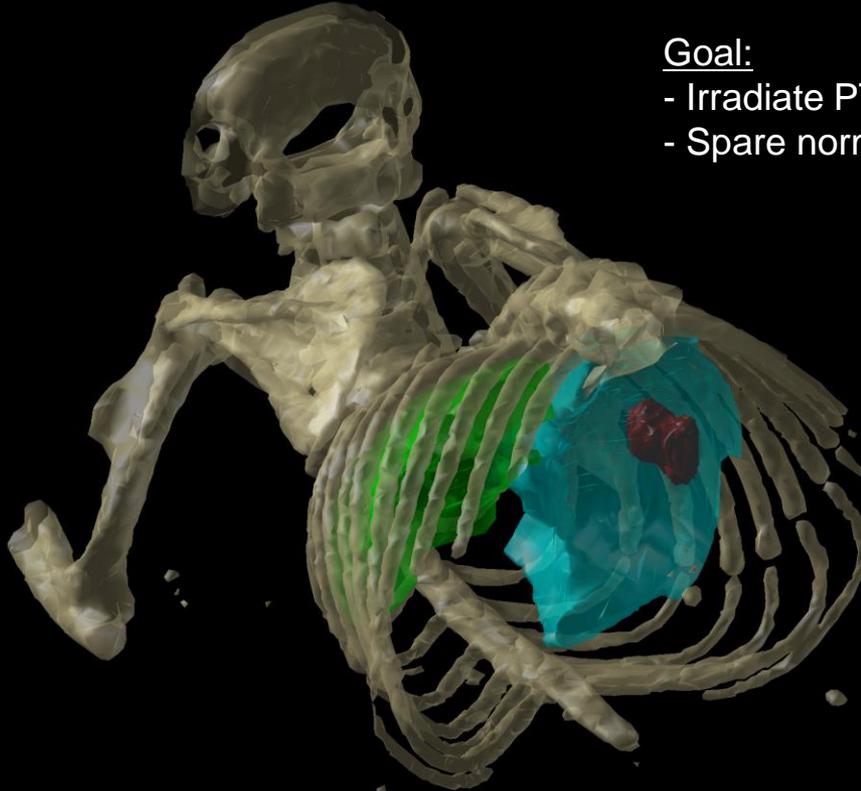
sagittal

Orthotopic NSCLC 3D render

Treatment plan

Goal:

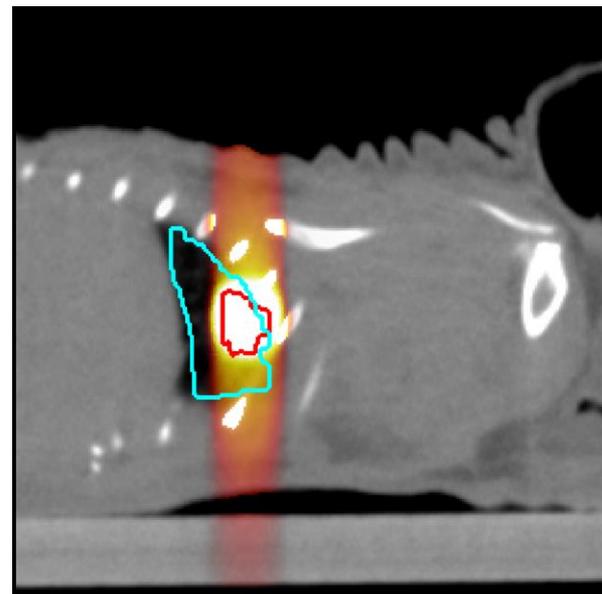
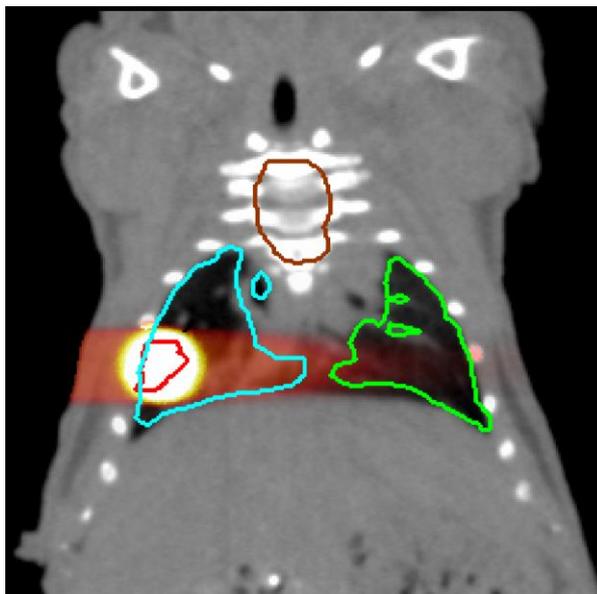
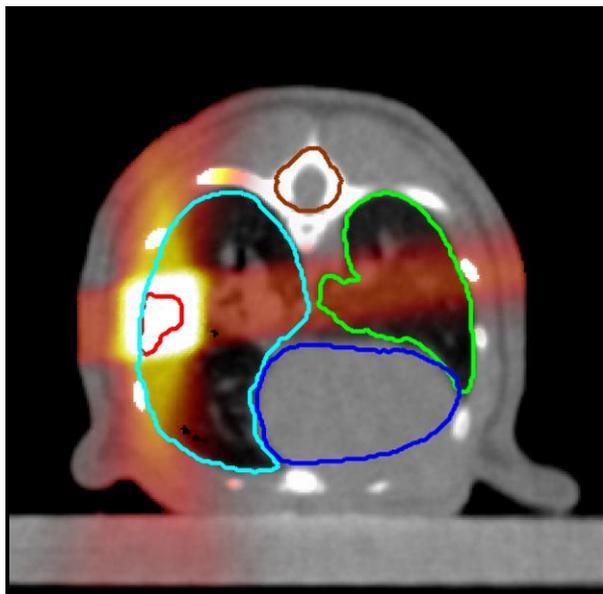
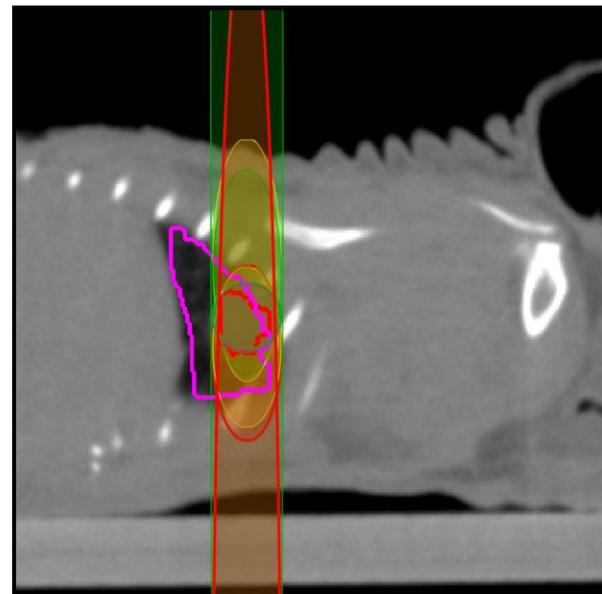
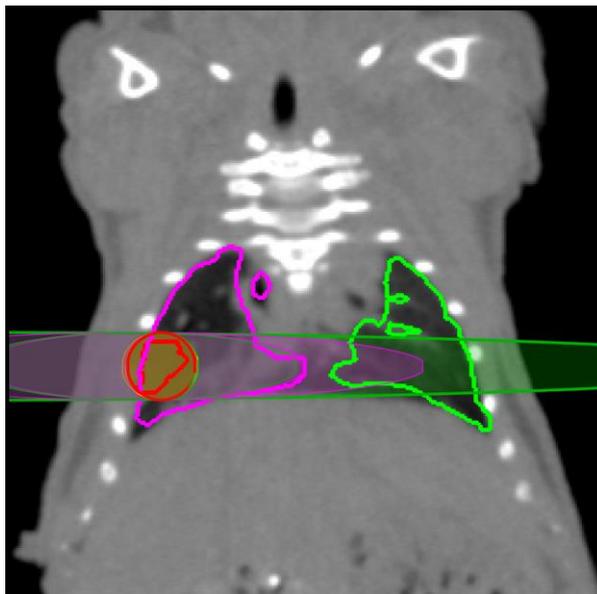
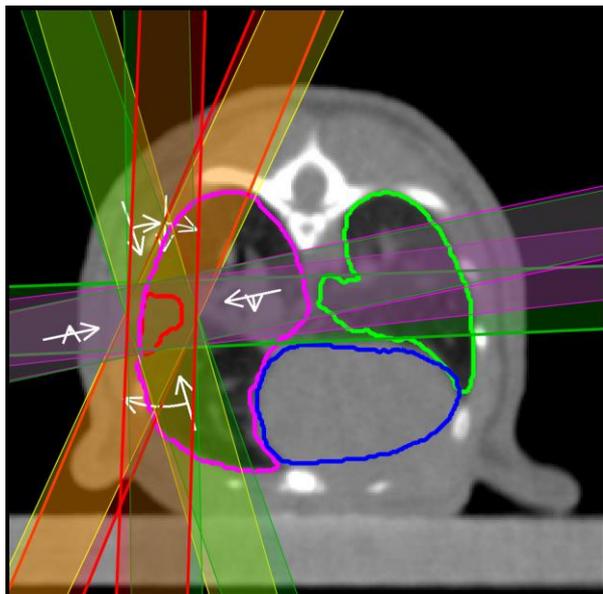
- Irradiate PTV
- Spare normal tissue



Small Animal Radiation Therapy (SmART-Plan)



van Hoof SJ et al. Radiother Oncol 2013;109(3):361-6



axial

coronal

sagittal

Individualized treatment planning

Optimization

Targets

Target for beam 1 at -2.0, -0.3, -5.1 mm

Dose [Gy]

Beams	Weight [%]	Lock	Dose [Gy]	Time [s]
Beam 1	<input type="text" value="20"/>	<input type="checkbox"/>	1.80	52.3
Beam 2	<input type="text" value="20"/>	<input type="checkbox"/>	1.80	57.4
Beam 3	<input type="text" value="20"/>	<input type="checkbox"/>	1.80	51.7
Beam 4	<input type="text" value="20"/>	<input type="checkbox"/>	1.80	42.3
Beam 5	<input type="text" value="20"/>	<input type="checkbox"/>	1.80	53.1

Start case

CT2MD

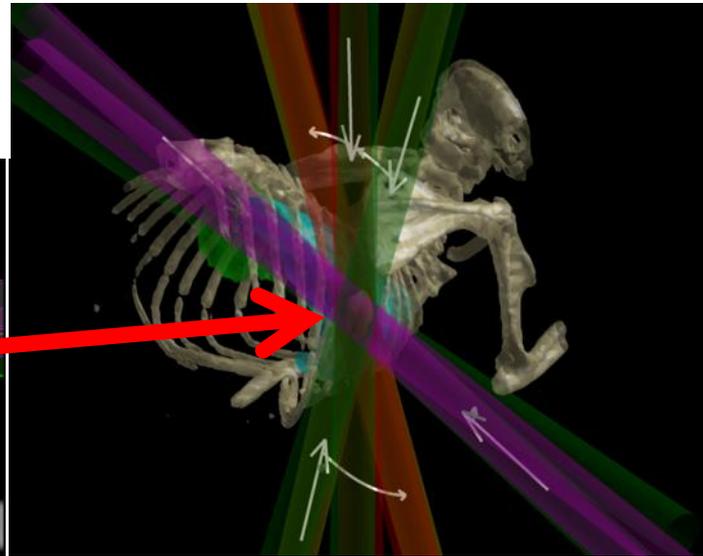
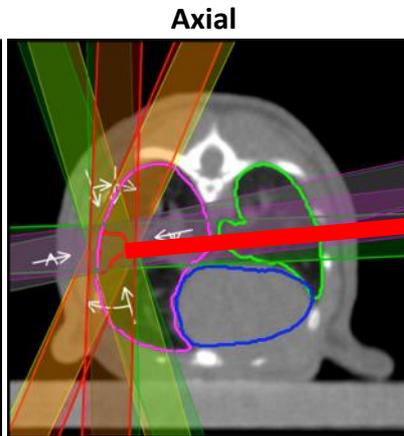
Contouring

Beams

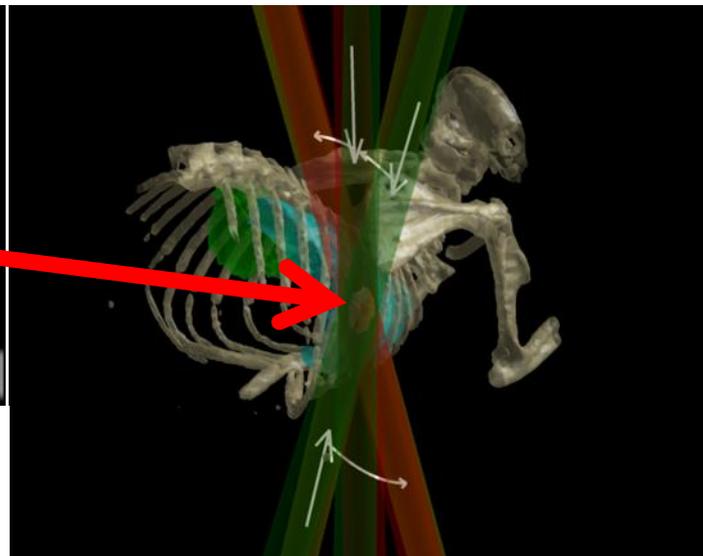
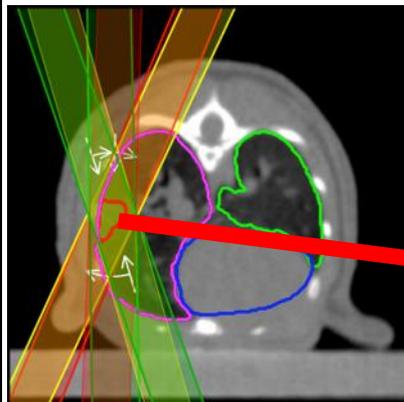
Calculation

Visualization

Generate .ini file

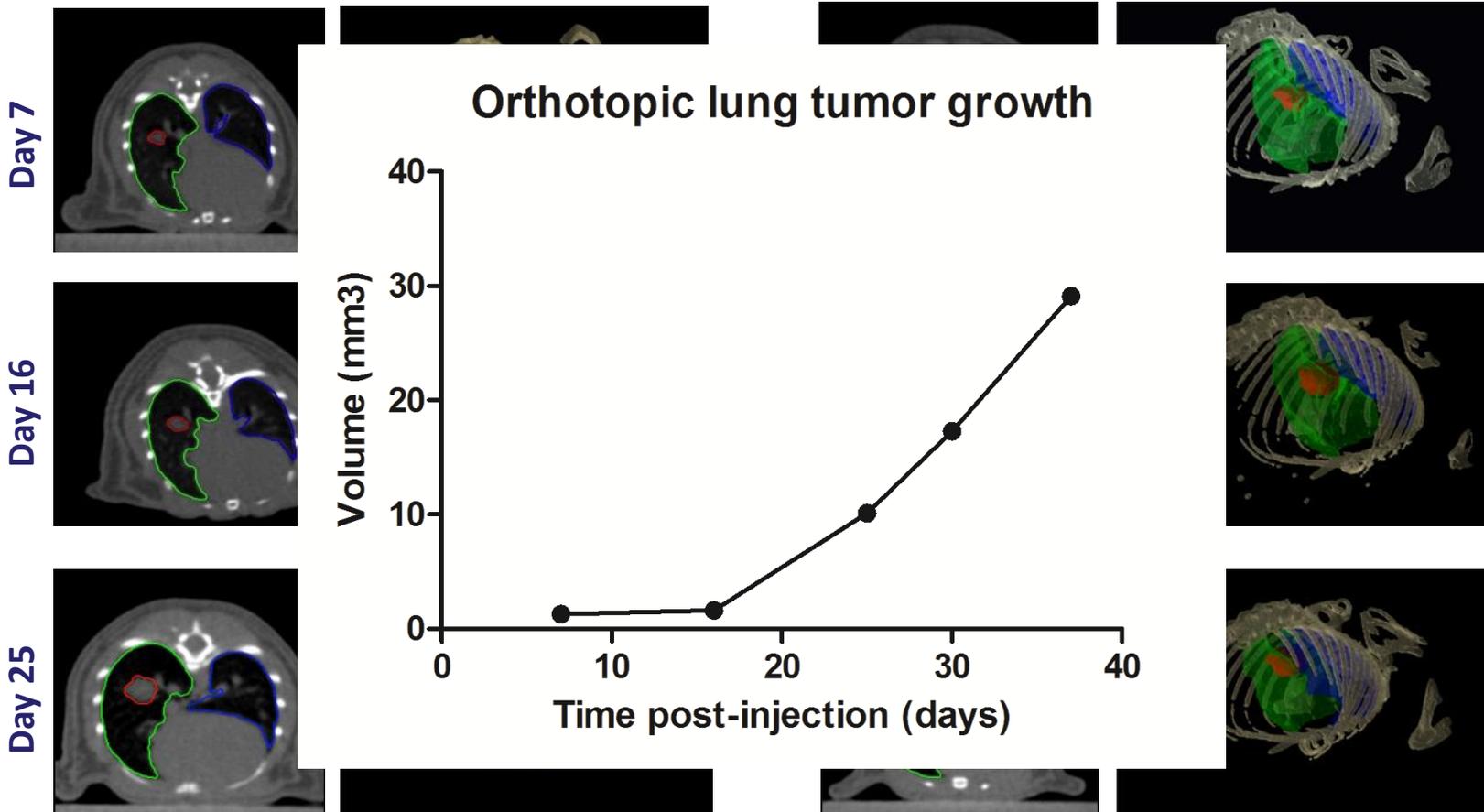


Plan 1

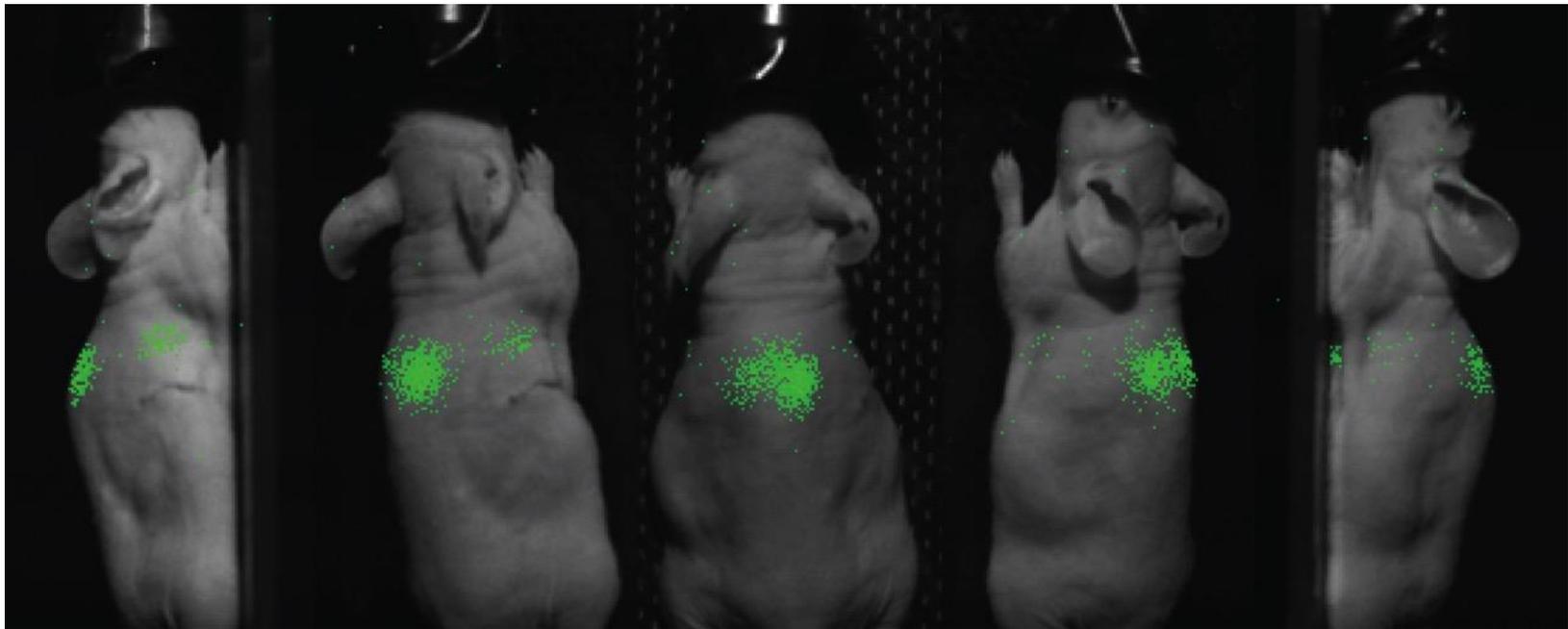


Plan 2

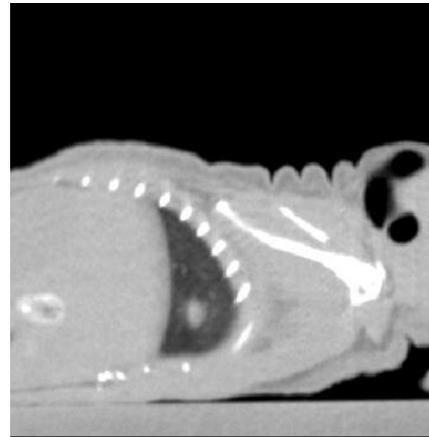
Tumor growth follow-up with micro-CBCT (SmART)



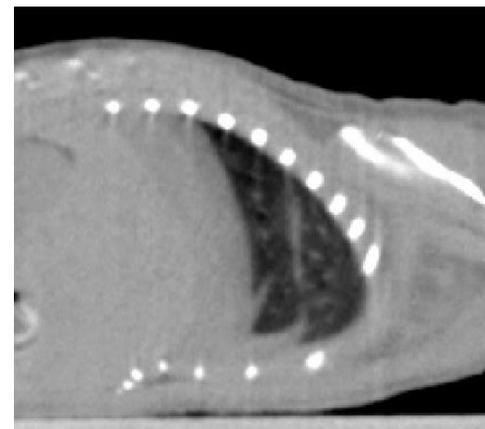
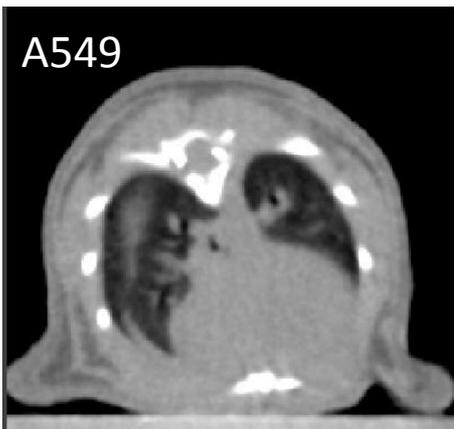
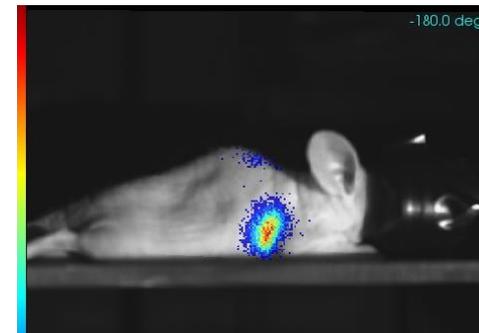
Tumor growth follow-up with bioluminescence (SmART)



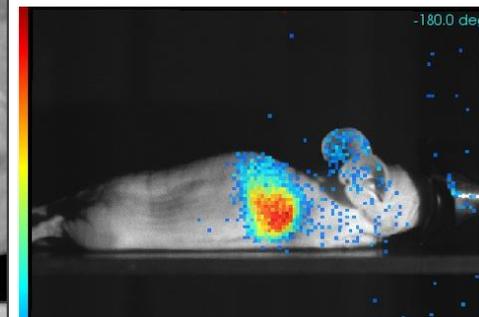
Tumor growth follow-up with bioluminescence + micro-CBCT (SmART)



50 days p.i.



40 days p.i.

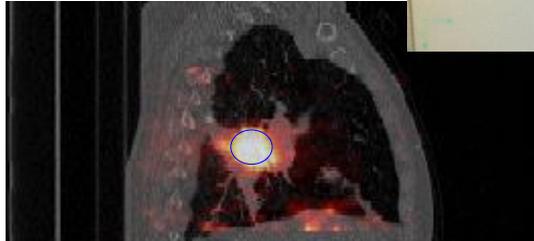
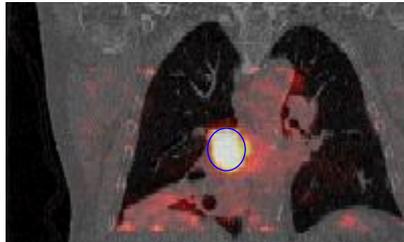
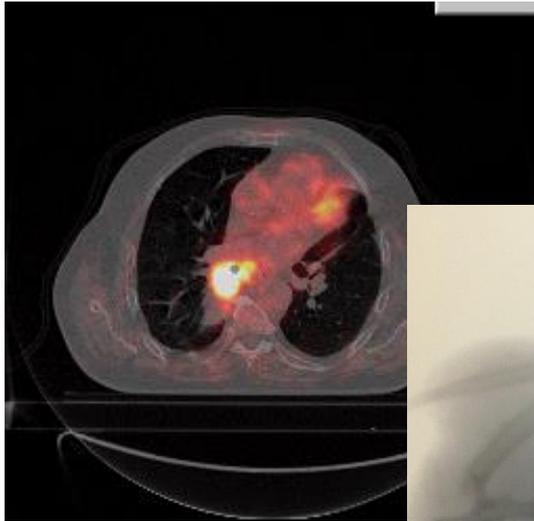


Orthotopic NSCLC

breathing/bowel movement

4D CT imaging

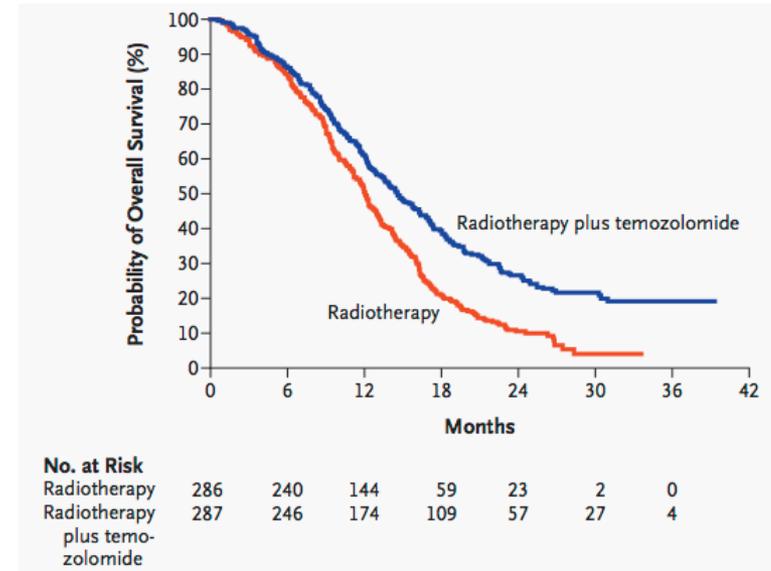
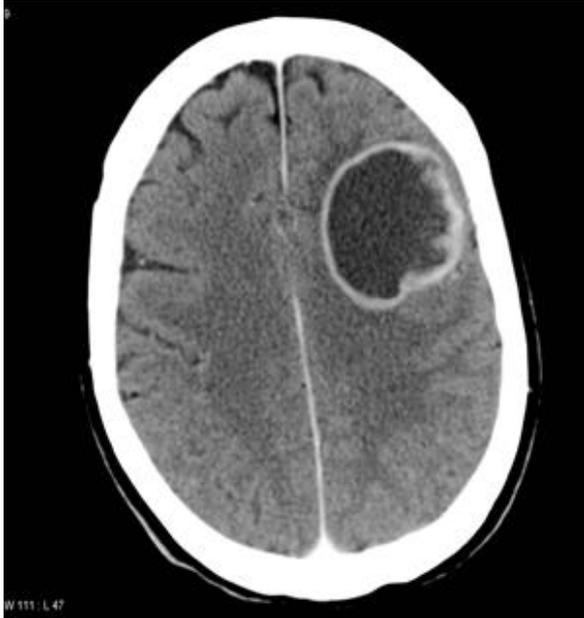
breathing and bowel movement
creates underdosed tumor areas
normal tissue areas.



reduction of the margin (5 mm)
leads to a 60% reduction in volume!!

Verellen D et al. Nature Rev Cancer 2007

Glioblastoma Multiforme (GBM)



Most common and aggressive brain tumor (grade IV astrocytoma)

No curative treatment

First line treatment Surgery, Radiotherapy + Chemotherapy (temozolomide)

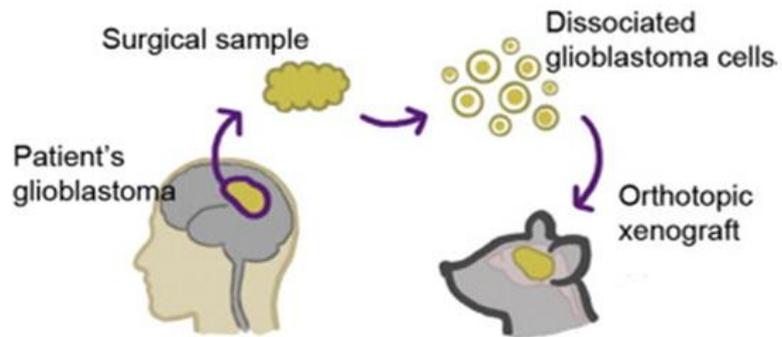
MGMT methylation predictive for temozolomide response

Median survival ~15 months after initial diagnosis

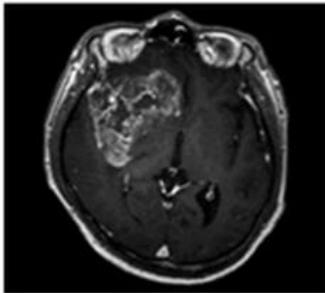
Need for new treatments/ targets



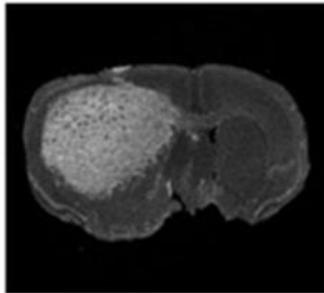
Orthotopic glioblastoma model



Patient's glioblastoma

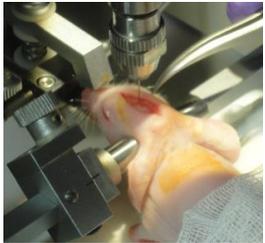


Mouse glioblastoma



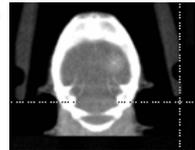
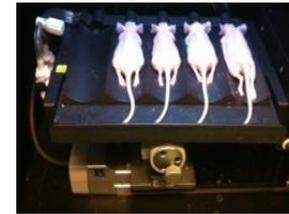
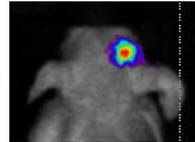
Orthotopic glioblastoma model: workflow

Implant
Glioblastoma cells



Follow-up tumor growth

Bioluminescence imaging(BLI)



Contrast-enhanced micro-CT



Treatment
planning



Follow-up tumor growth
3x/week

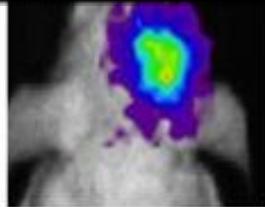
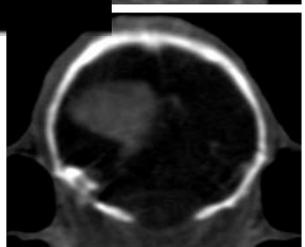
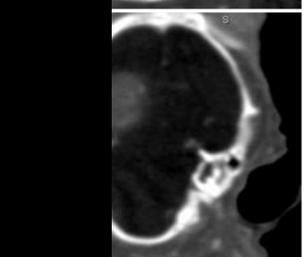
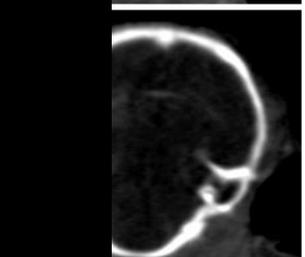
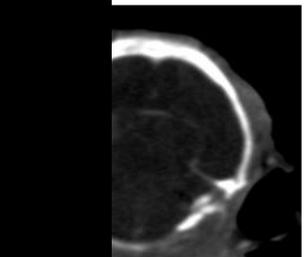
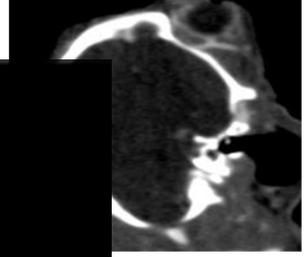
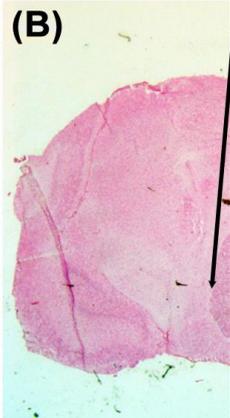


day 16

(A)

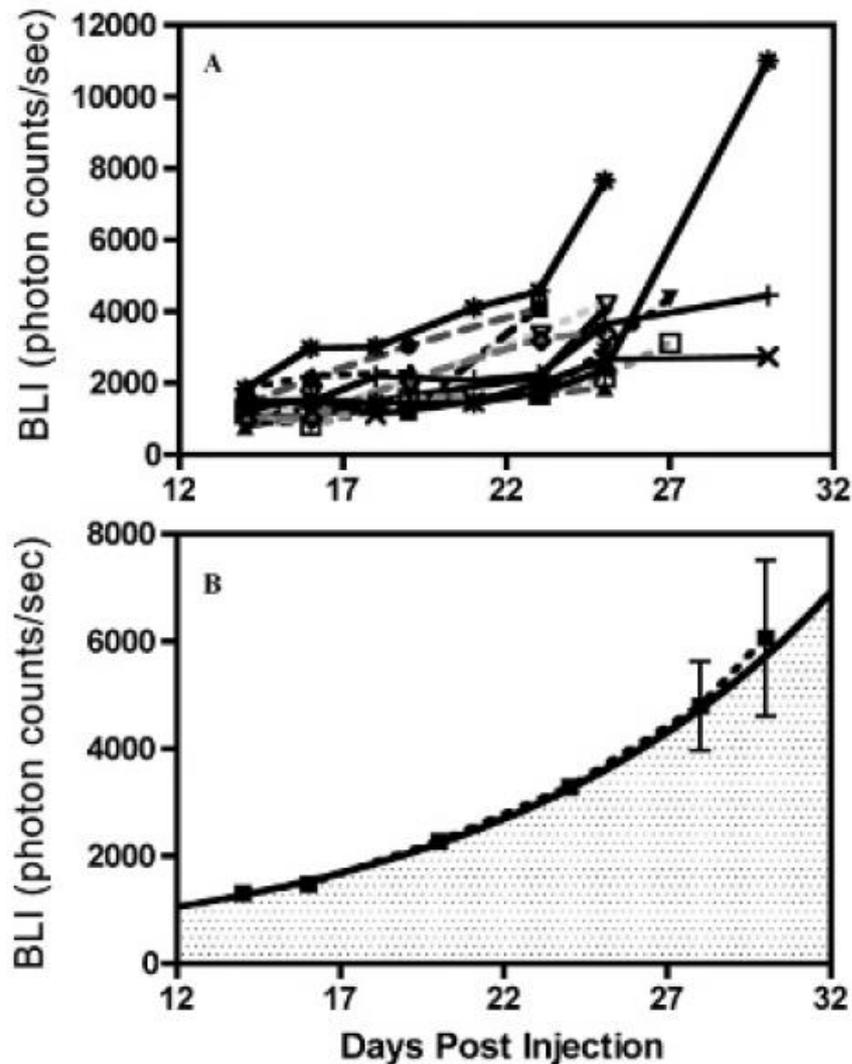


(B)

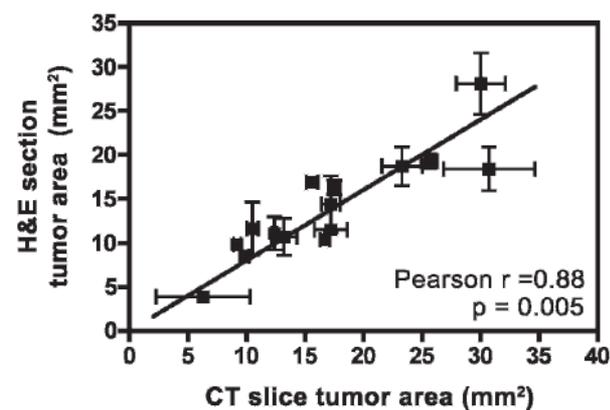
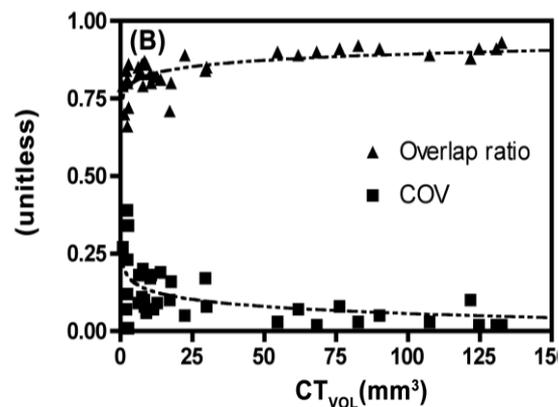
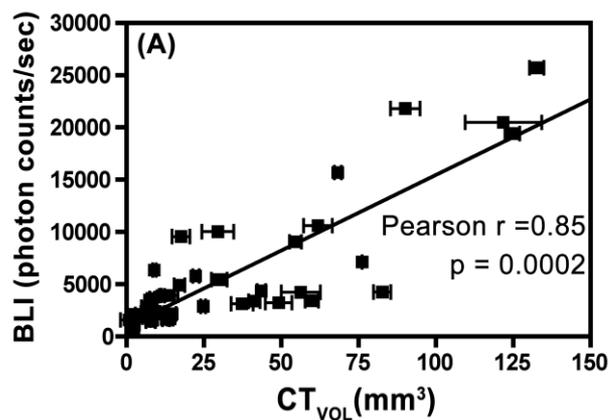
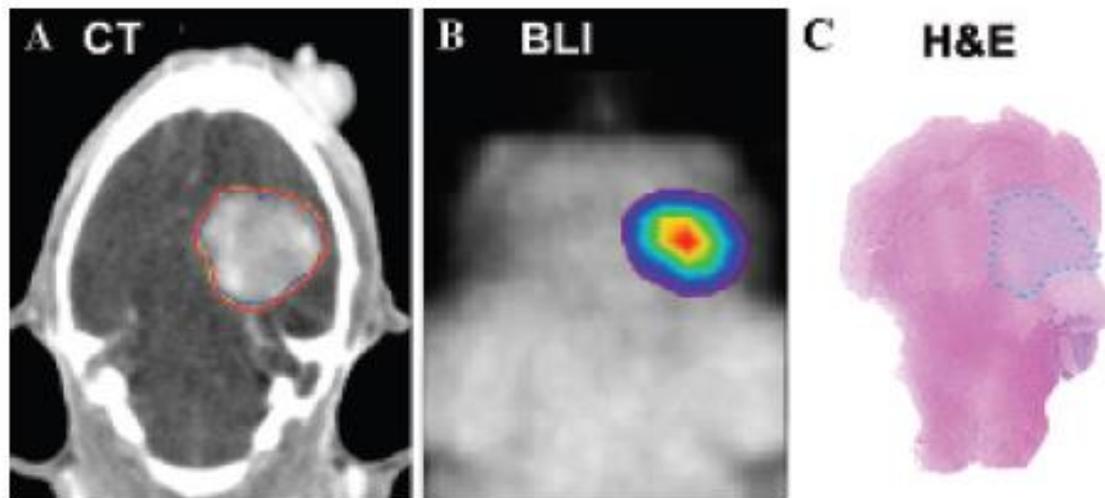


10.7

Follow-up intracranial tumor growth: Bioluminescence quantification



Correlation BLI and CT: towards multimodal imaging



Radiation treatment set-up: SmART Plan

File Edit View Help

Optimization

Specimen: Glioma: pilot_2_mice_D3
Acquisition date: 11-Apr-2014
Researcher: Ms SANAZ YAHYANEJAD

Targets: Target 1 at 1.6, 5.5, -4.0

Beams: Beam 1, Beam 2

Filter size: 4 pixels

Smooth dose:

Dose [Gy]

1025 17.89

x: 1.42 mm
80 / 180

HealthyBrain

GBM

125

83

0 5 10 15

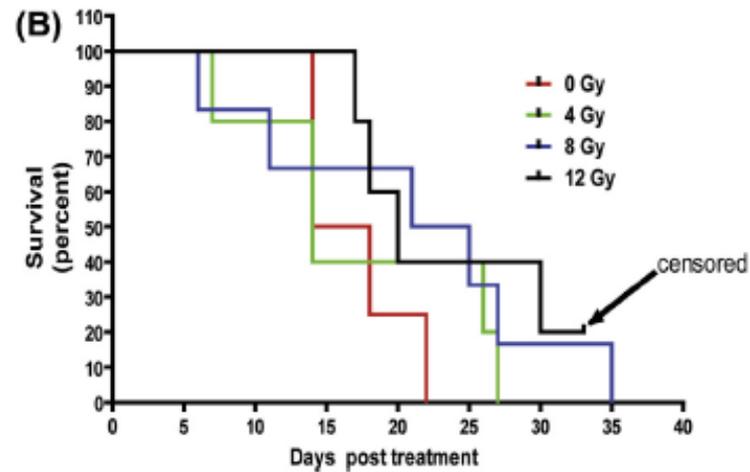
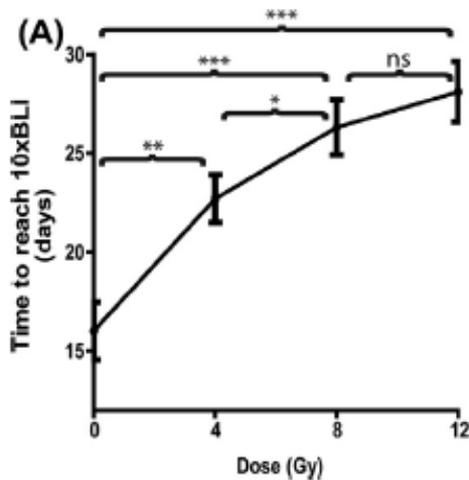
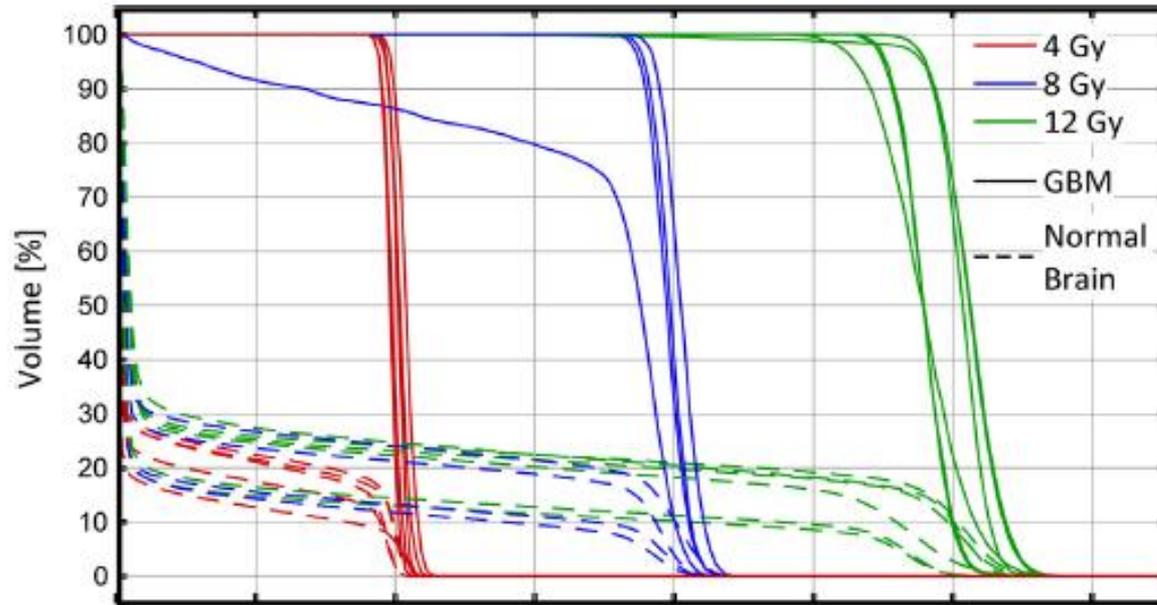
Dose [Gy]

20 0.00

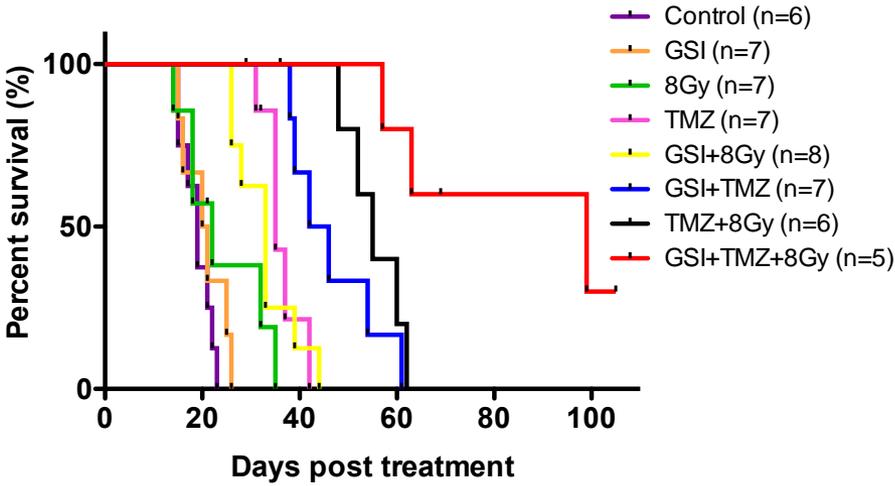
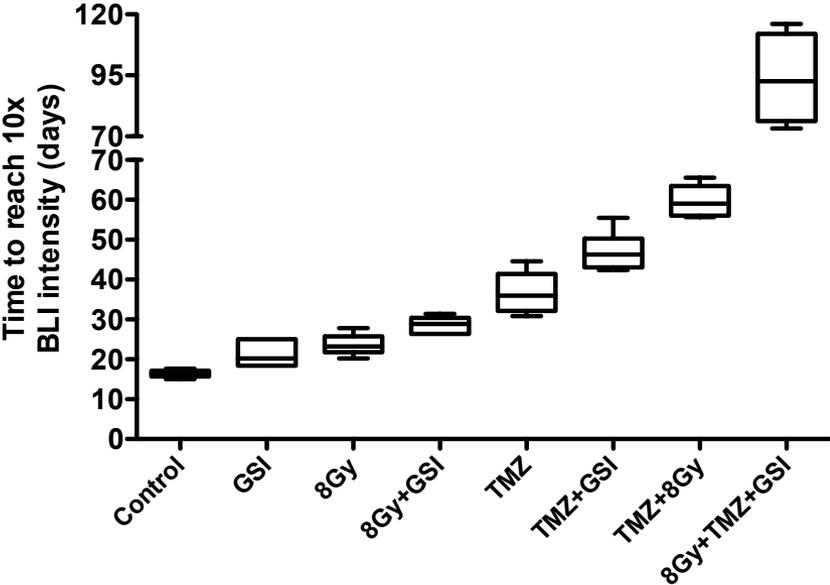
Generate .ini file

y: 2.35 mm
89 / 180

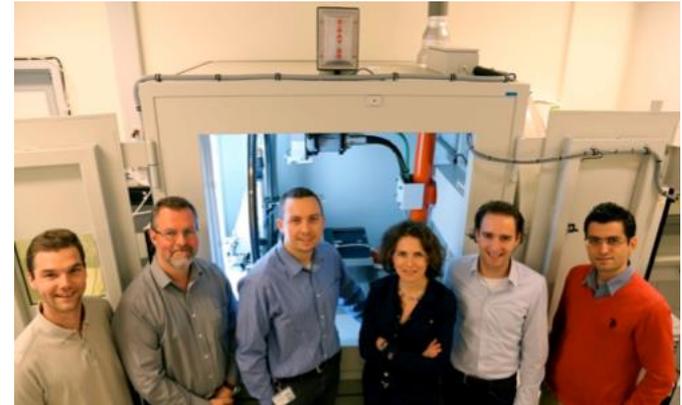
Radiation treatment: DVH and tumor response



Combination treatment: RT, TMZ and GSI



Acknowledgements



<http://www.maastrolab.com/>

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