

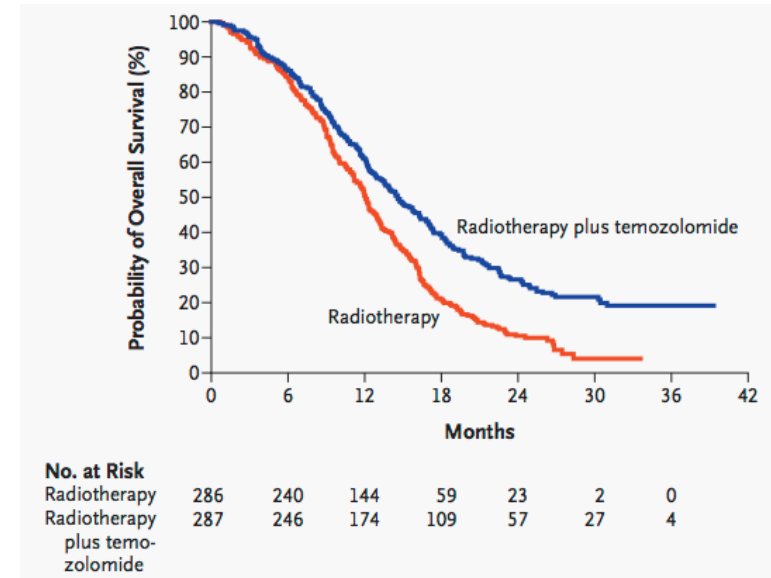
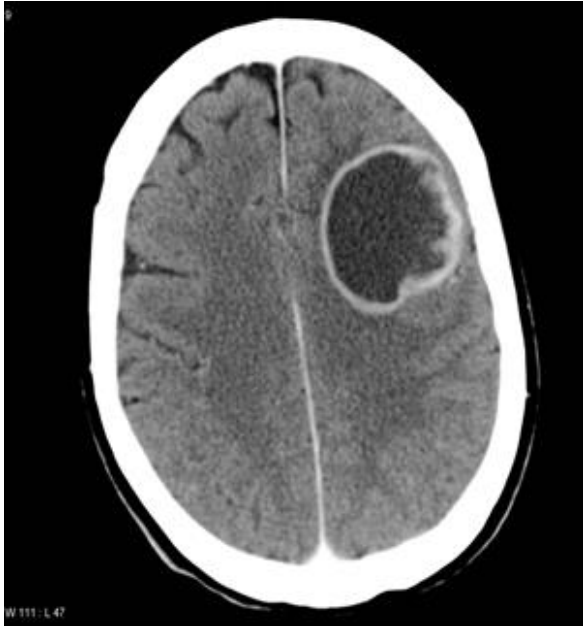


Targeting Notch pathway in glioblastoma prolongs survival in combination with standard of care

ICTR-2016

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Glioblastoma Multiforme (GBM)



Most common and aggressive brain tumor (grade IV astrocytoma)

No curative treatment

First line treatment Surgery, Radiotherapy + Chemotherapy (temozolomide)

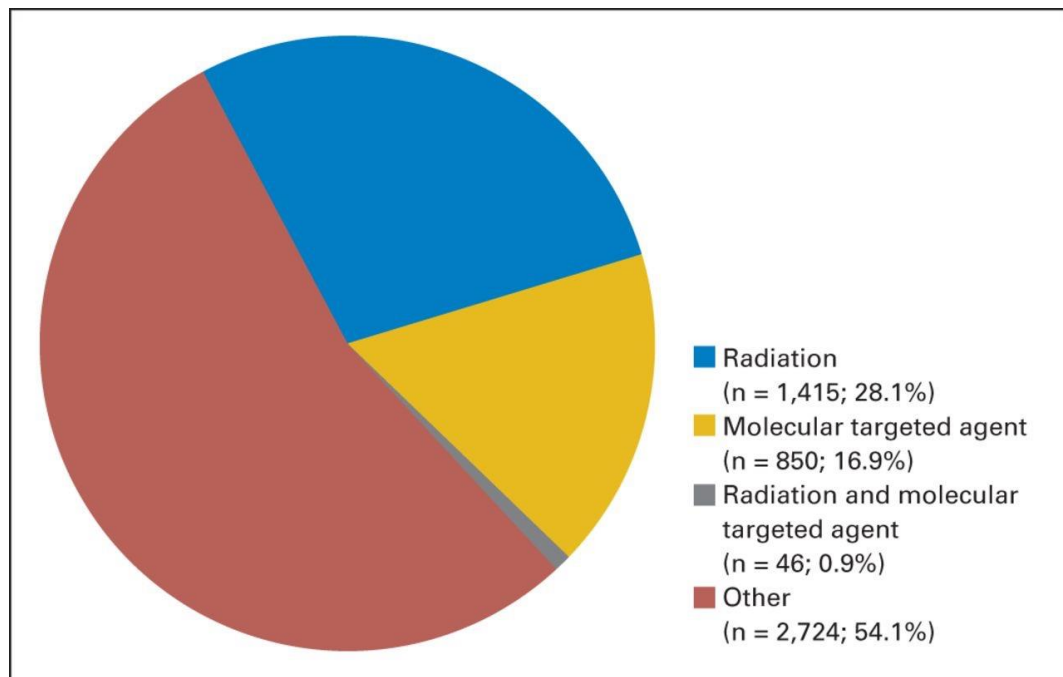
MGMT methylation predictive for temozolomide response

Median survival ~15 months after initial diagnosis

Need for new treatments/ targets



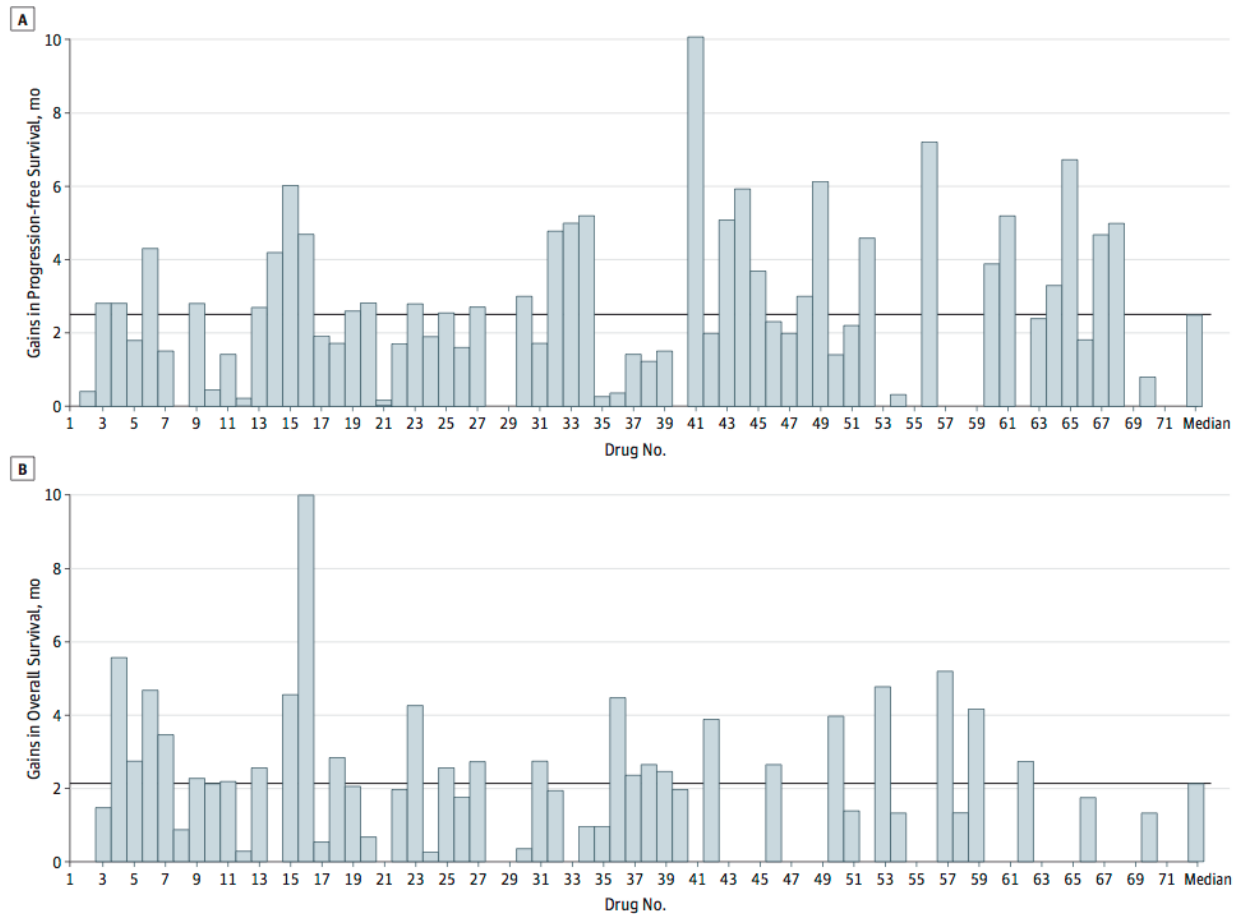
Distribution of current phase III clinical trials in oncology



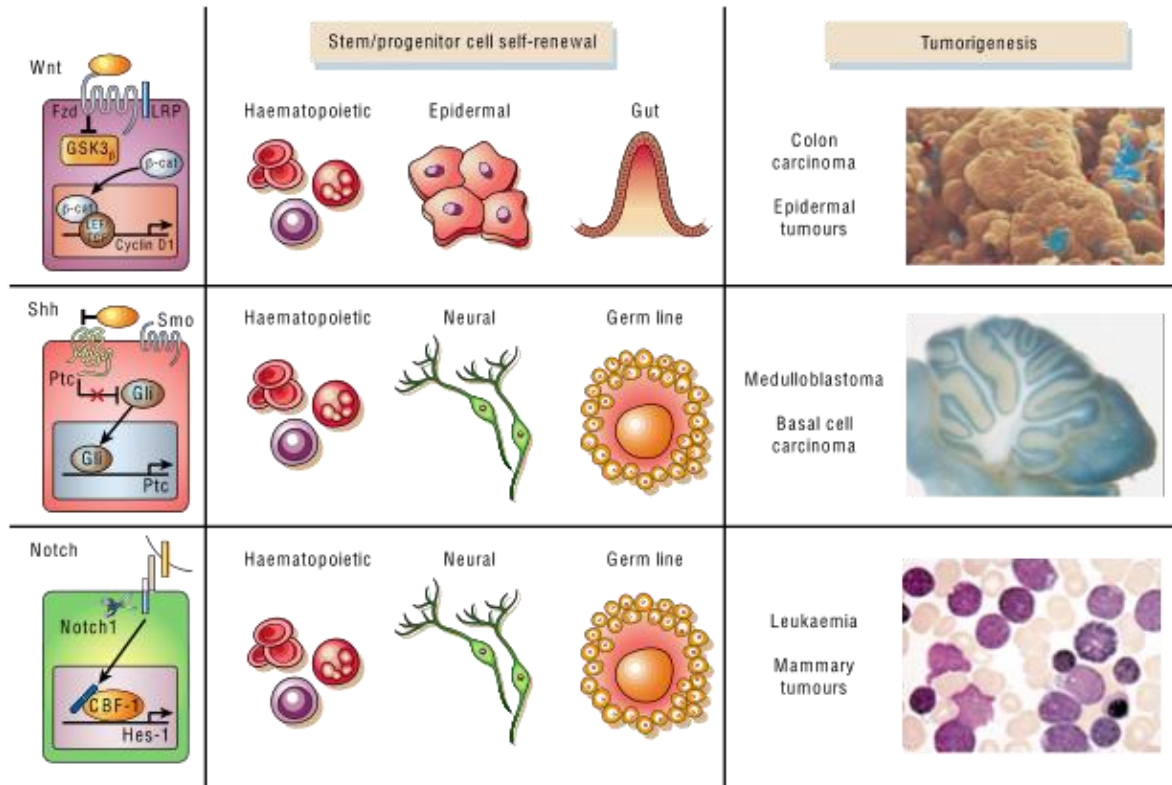
Zachary S. Morris, and Paul M. Harari JCO 2014;32:2886-2893

A need for **NEW** treatment approaches

Figure 1. Graphical Representation of the Results in Table 1: Gains in Progression-Free Survival (PFS) and Overall Survival (OS) for the 71 Drugs Approved by the FDA From 2002 to 2014 for Metastatic and/or Advanced and/or Refractory Solid Tumors



Stem Cell Pathways are deregulated in Cancer



Cancer Stem Cells

- initiation,
- progression
- metastasis
- treatment resistance
- heterogeneity

NOTCH is an interesting therapeutic target

Tumor Cells

Deregulated in many cancers, mutated in some
promote self-renewal, block differentiation
epithelial mesenchymal transition
Response to hypoxia
Cancer stem cells (heterogeneity)

Tumor microenvironment

NOTCH ligands drives tumor angiogenesis
Immune cells, Fibroblasts.. Other...

Role in treatment response

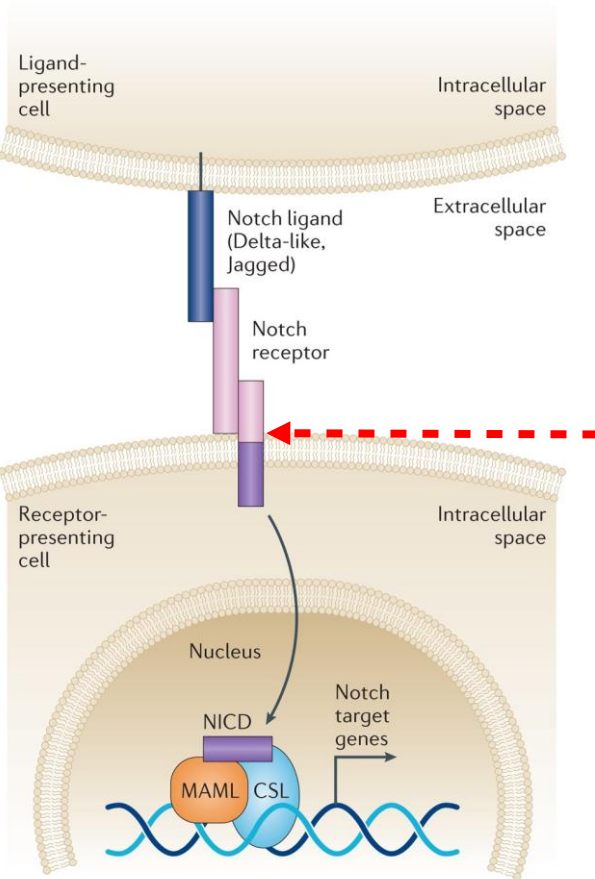
chemotherapy, radiotherapy and targeted therapies



NOTCH receptor signaling

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

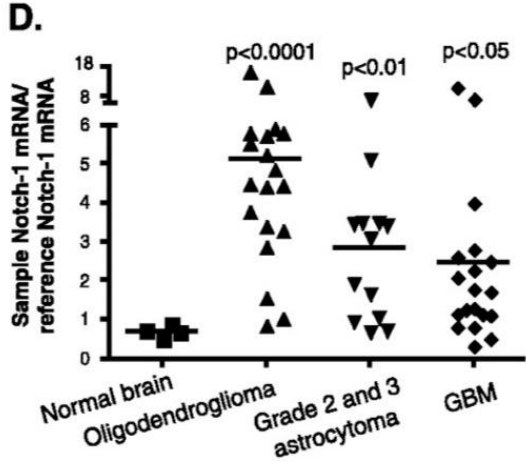
- $\text{C}^{\text{a}}\text{-secretase}$ inhibitors block Notch cleavage and activity
- > 40 clinical trials in leukemia's and solid cancers
- Only 2 clinical trials which include RT



NOTCH pathway is active and a target in GBM

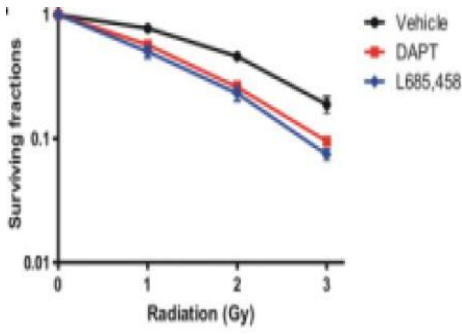
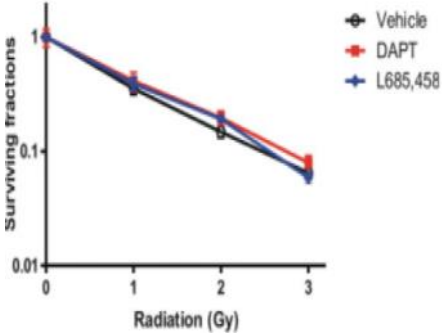
clinical

preclinical



Cd133- (bulk of tumor cells)

Cd133+ (tumor initiating cells)



but efficacy in orthotopic models in combination with standard treatment is lacking !

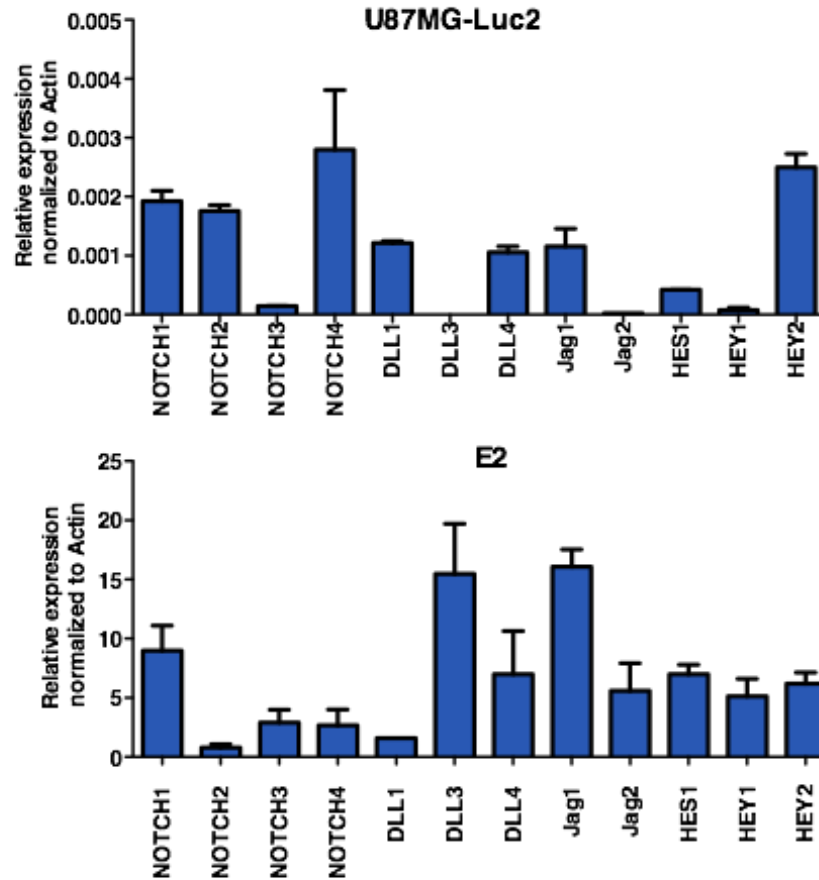


Study objective

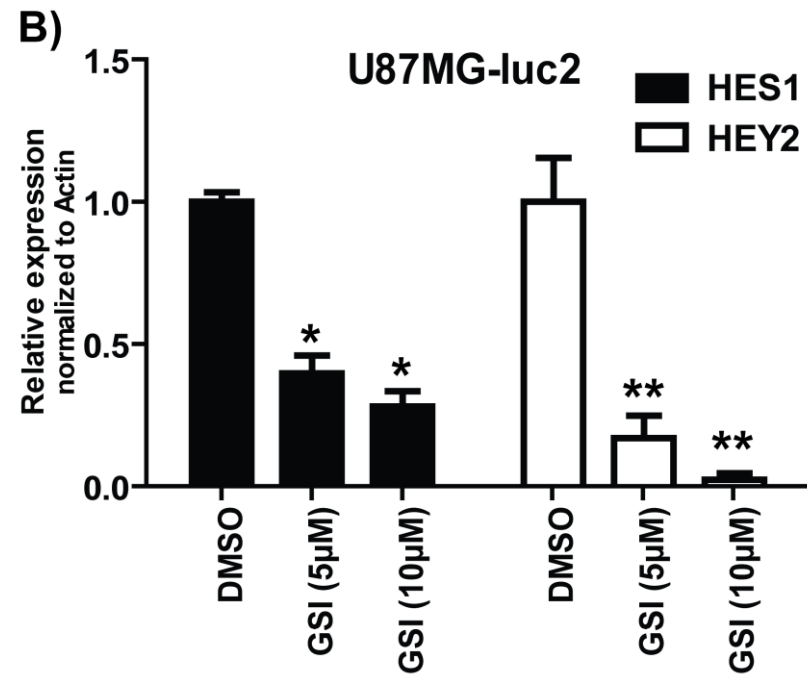
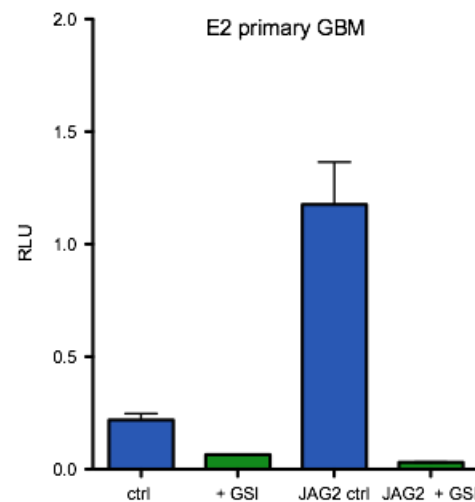
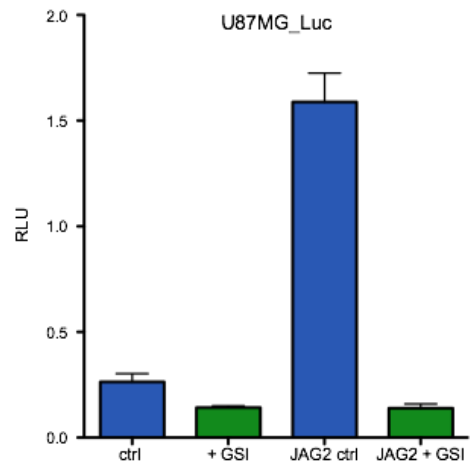
To develop a preclinical platform for orthotopic glioblastoma in which **standard care treatment** (RT+ TMZ) + **Notch inhibitors** can be studied mimicking clinical management of Glioblastoma in patients.



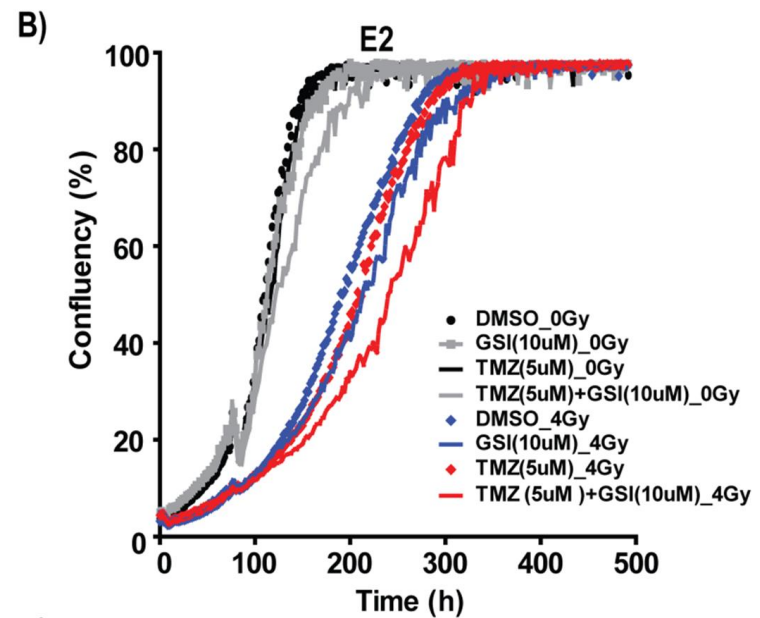
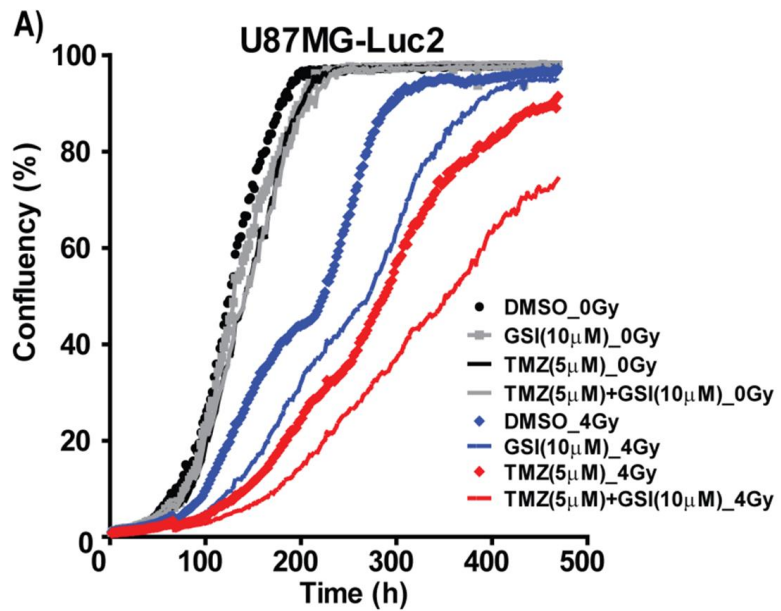
The NOTCH pathway is expressed in primary and established GBM cell lines



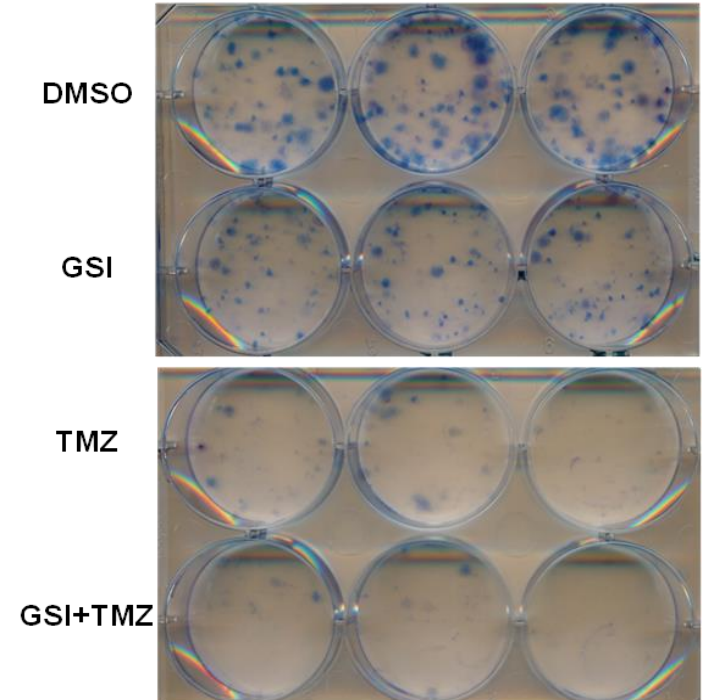
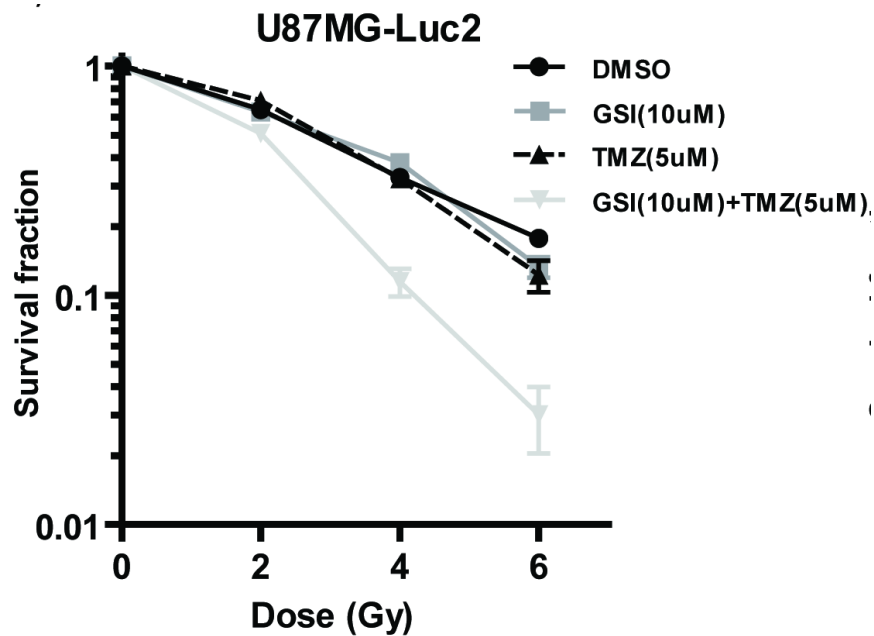
The NOTCH pathway is active in primary and established GBM cell lines



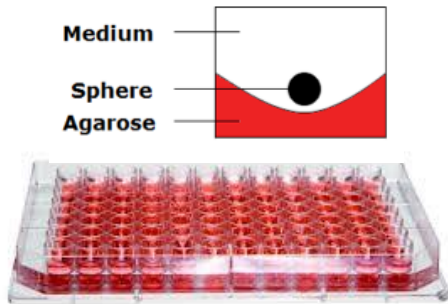
GSI+RT+TMZ affects proliferation (2D)



GSI+RT+TMZ affects long term clonogenic growth



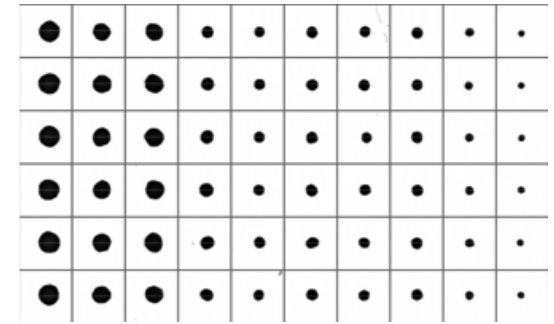
in vitro drug screening in 3D GBM spheroids



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



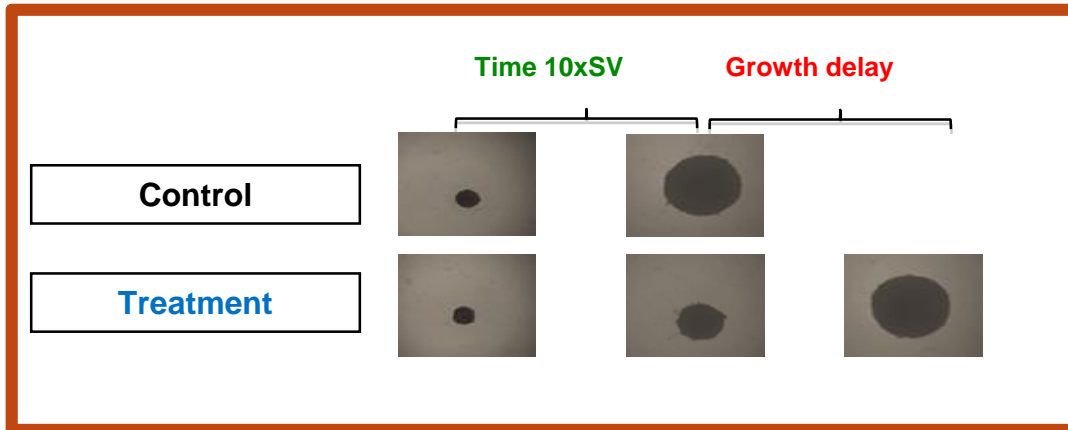
3. Make phase contrast images (3x/week, starting at d4 post-seeding)



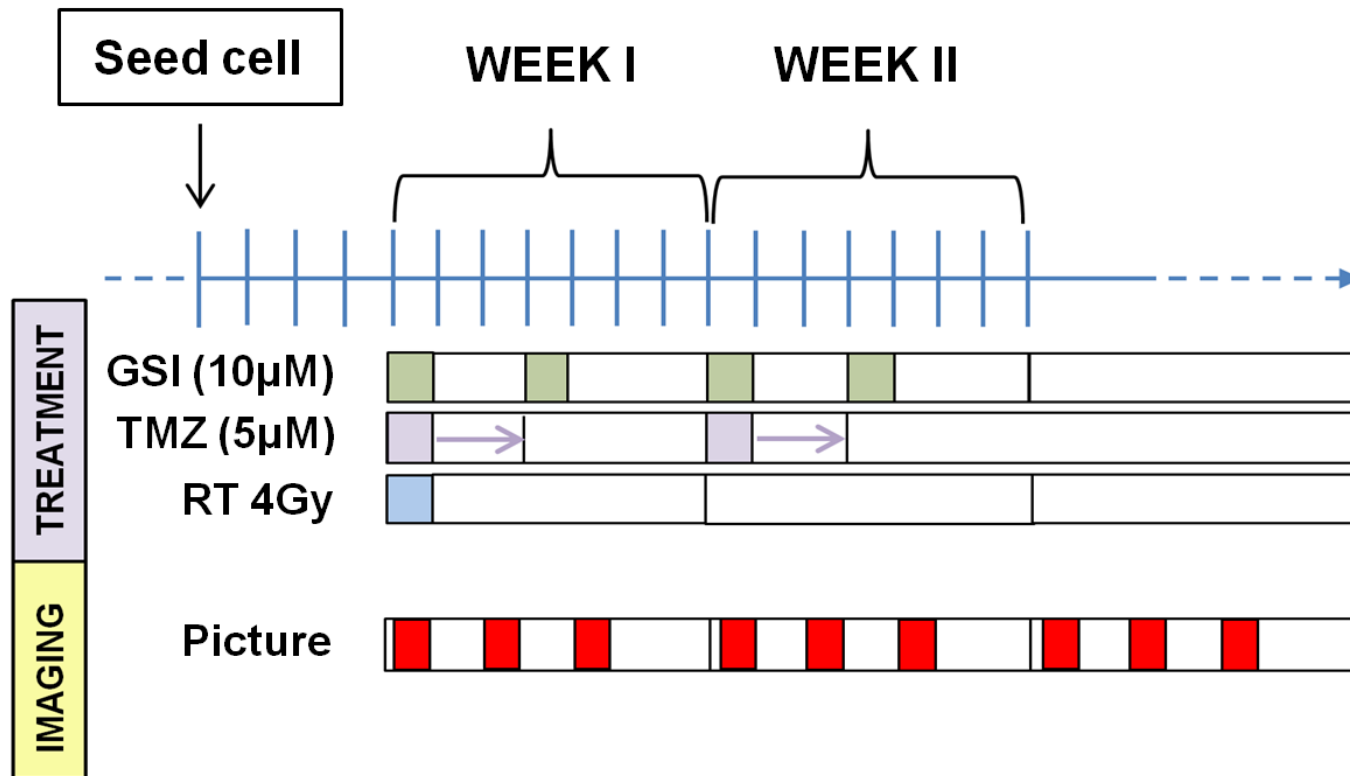
4. Treat spheroids ($n \geq 12$ for each condition)
5. Re-fresh medium (3x/week)

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

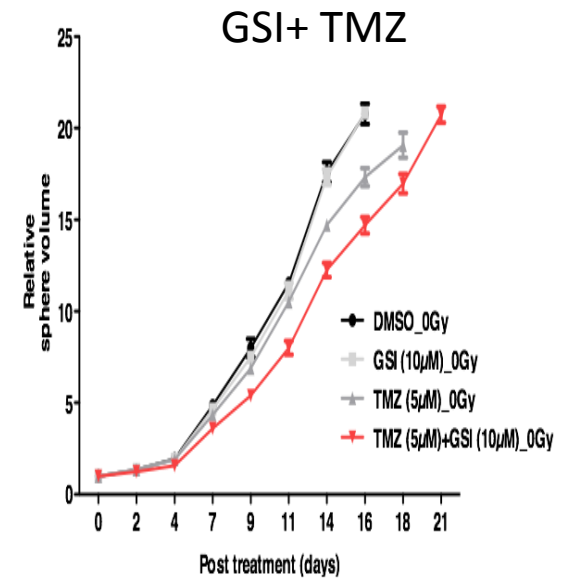
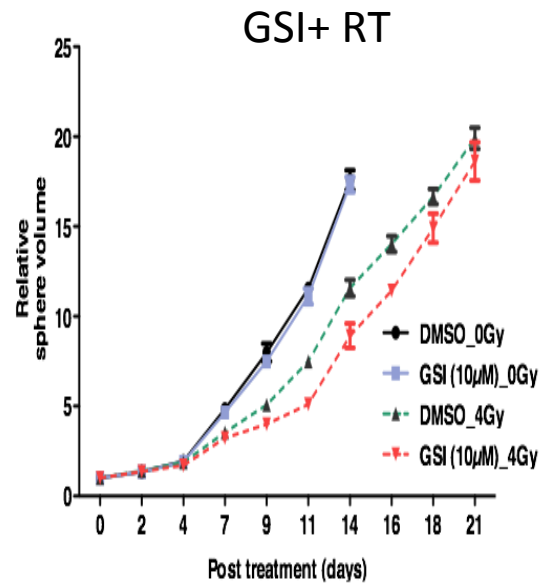
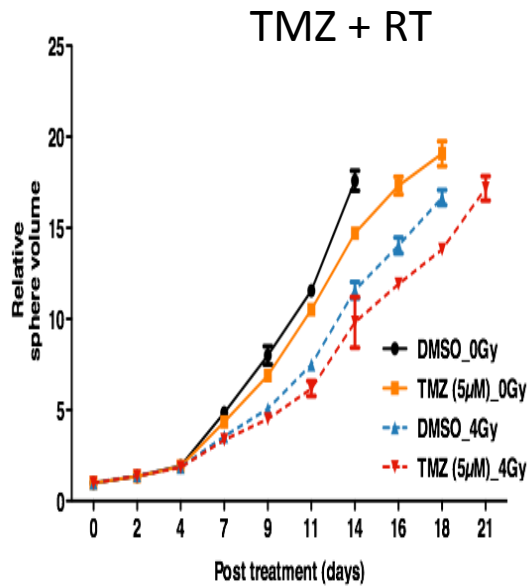
7. Use generated table with relevant morphometric information for data analysis



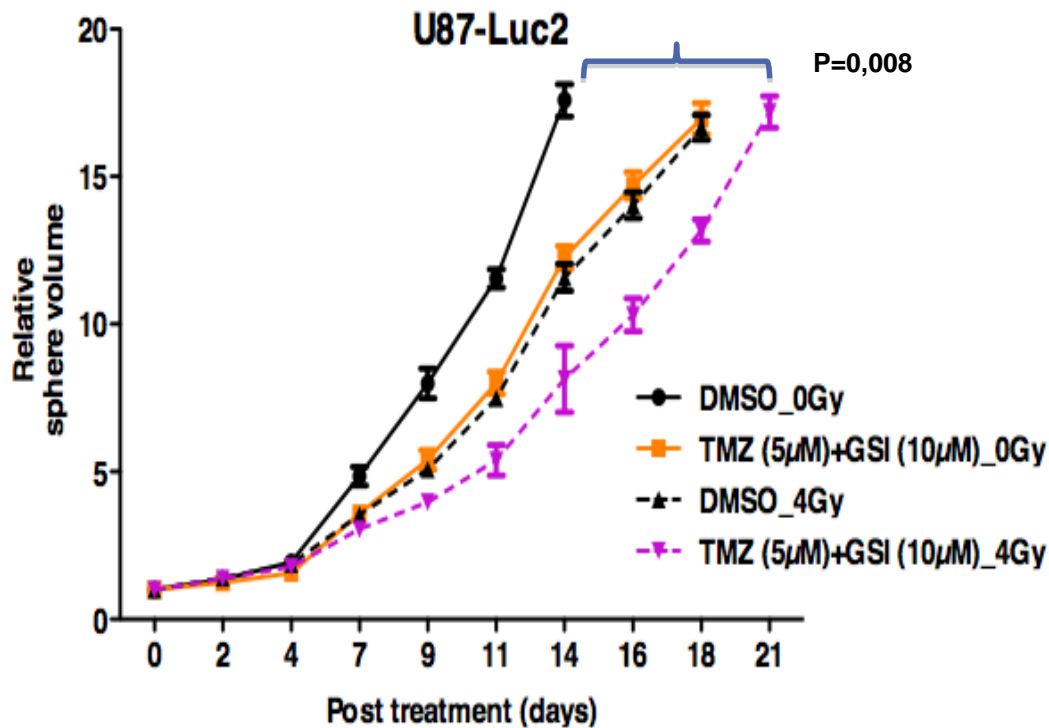
in vitro drug screening in 3D GBM spheroids



Effect of treatment on spheroid growth



NOTCH inhibitors sensitize to TMZ and RT



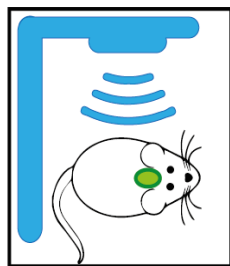
treatment	Td
Control	3,318
GSI	3,346
TMZ	3,440
TMZ+GSI	4,570
4Gy	4,629
4Gy +GSI	4,821
4Gy + TMZ	4,898
4Gy + TMZ + GSI	4,982

micro-IGRT for GBM “setting the right RT dose”

Implant GBM

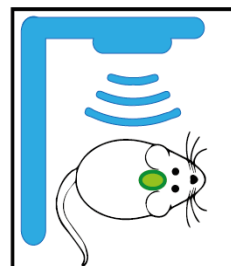


uCT and BLI



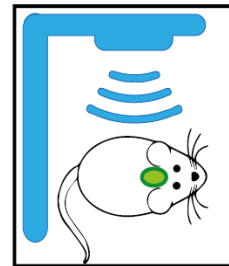
planning

RT



treatment

BLI



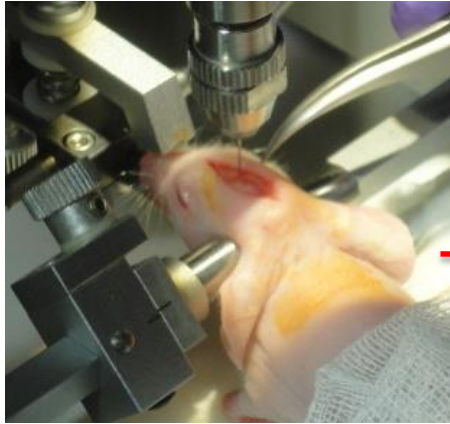
monitoring



BLI10 or
Humane endpoint

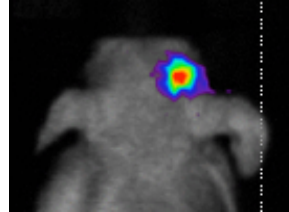
small animal Image Guided RadioTherapy (SMART)

Implant U87-Luc2 cells

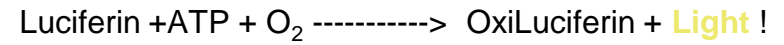


100K in PBS (5 ul)

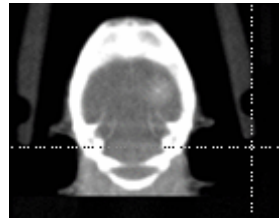
Bioluminescence imaging(BLI)



luciferase



Contrast-enhanced micro-CT



iv omnipaque



X-rad PXi

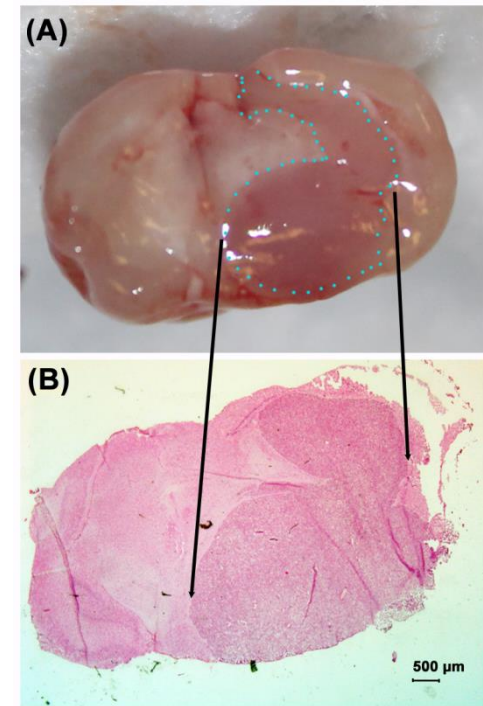
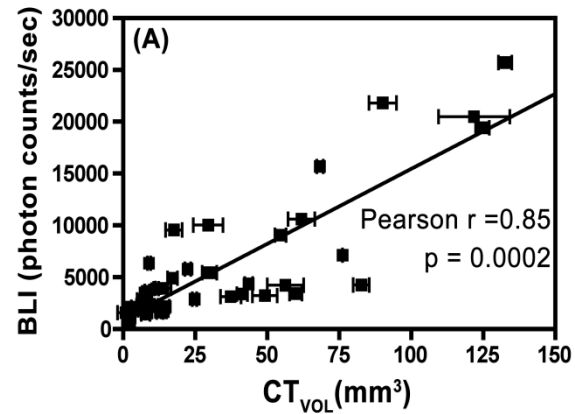
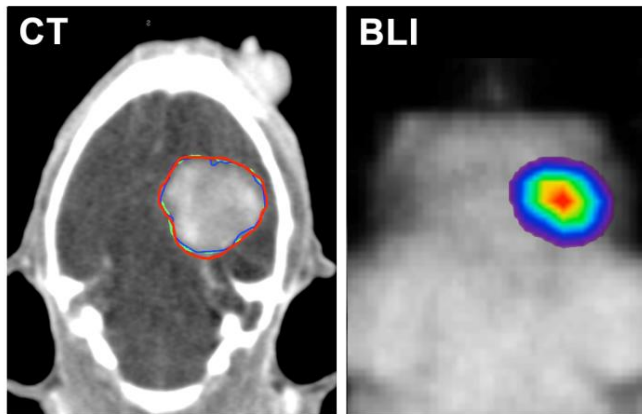
Follow-up tumor growth
3x/week



+/- treatment

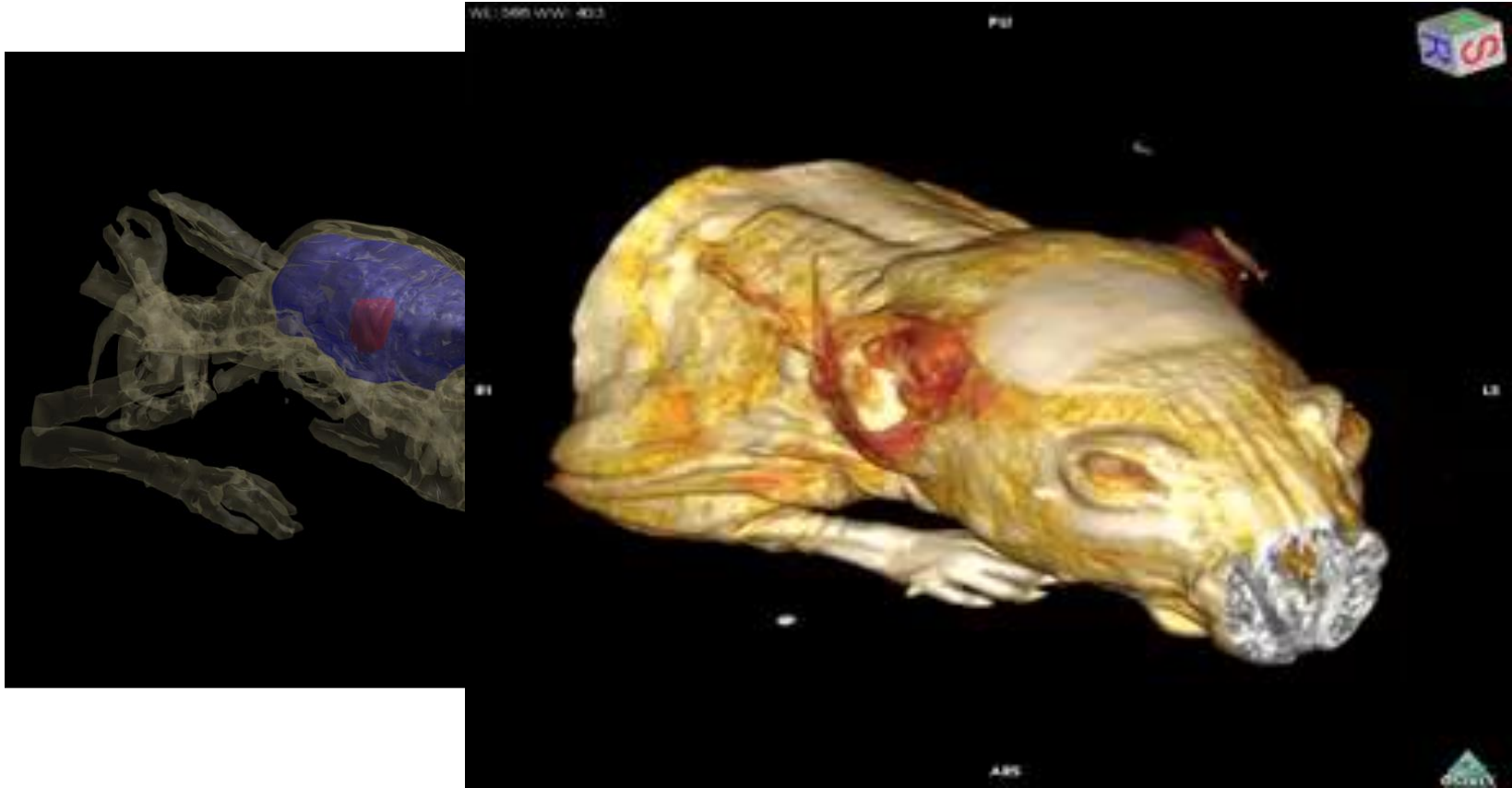


uIGRT platform for glioblastoma



Do a planning CT and follow growth by BLI

SmART micro-CT



Tumor delineation and treatment planning

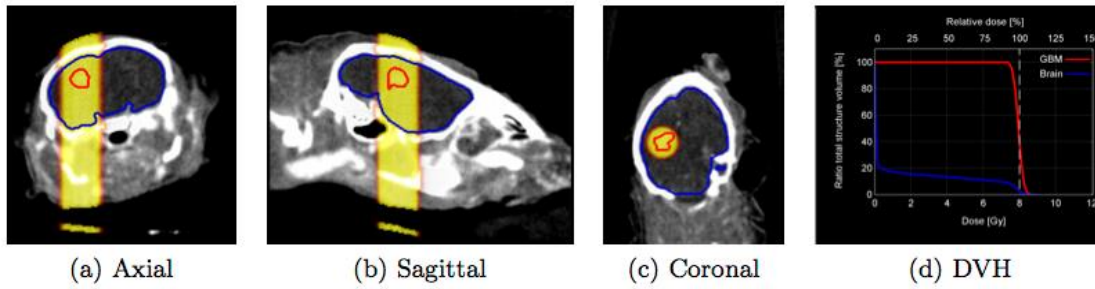
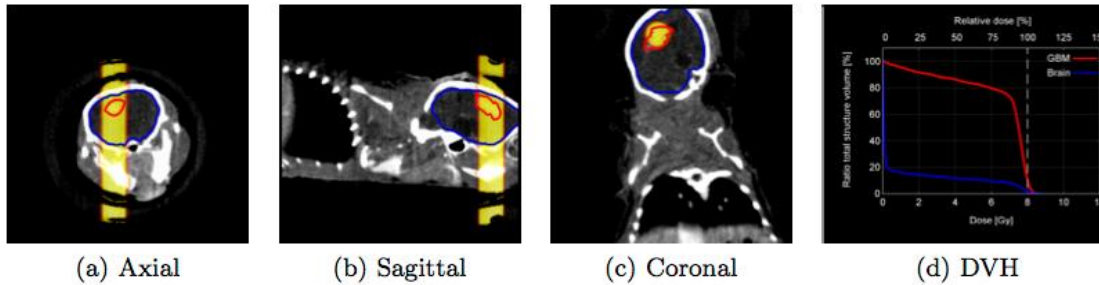
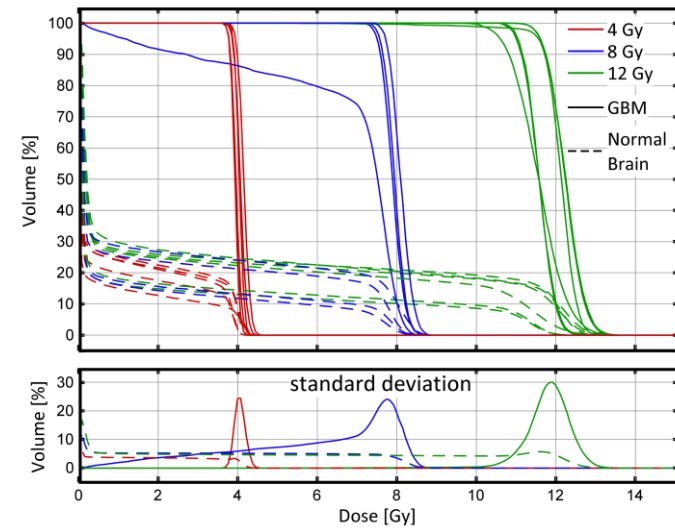


Figure 0.10: Mouse B4



Beam = 3 or 5 mm

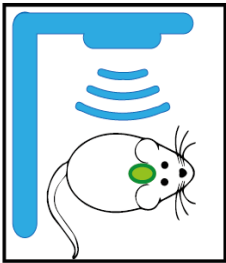


micro-IGRT for GBM “setting the right RT dose”

Implant GBM

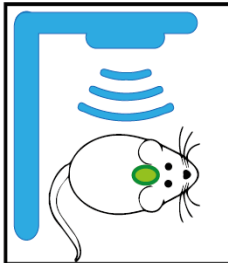


uCT and BLI



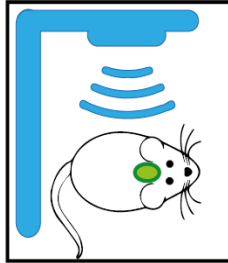
planning

RT



treatment

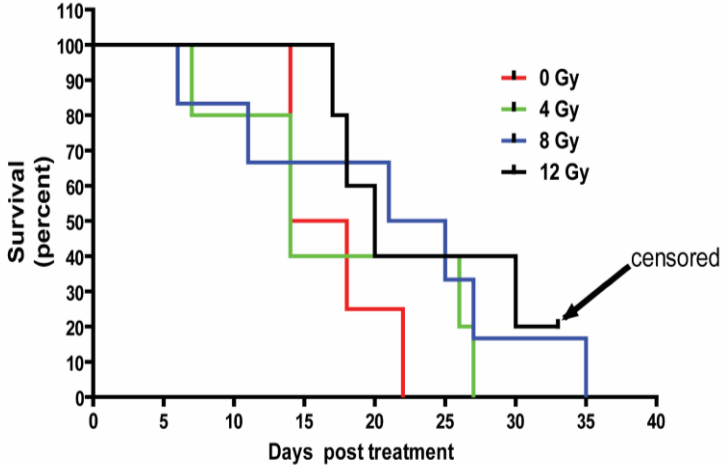
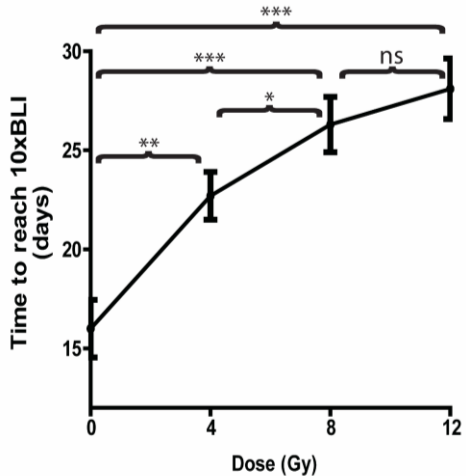
BLI



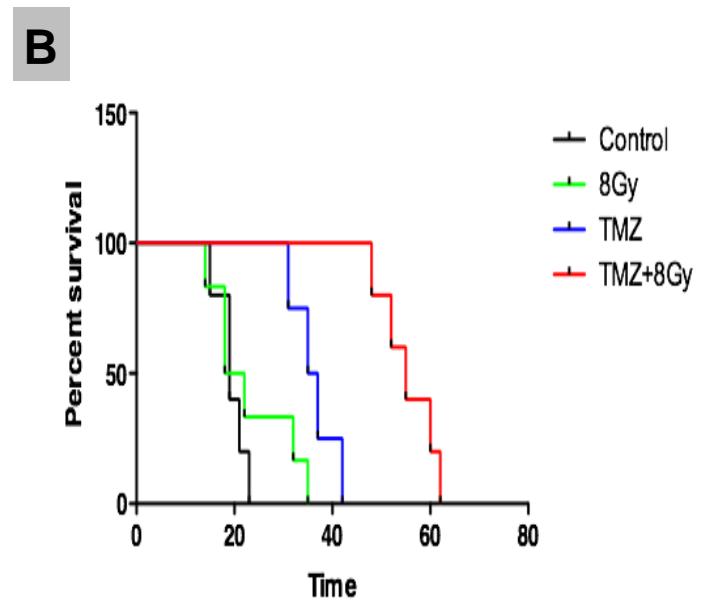
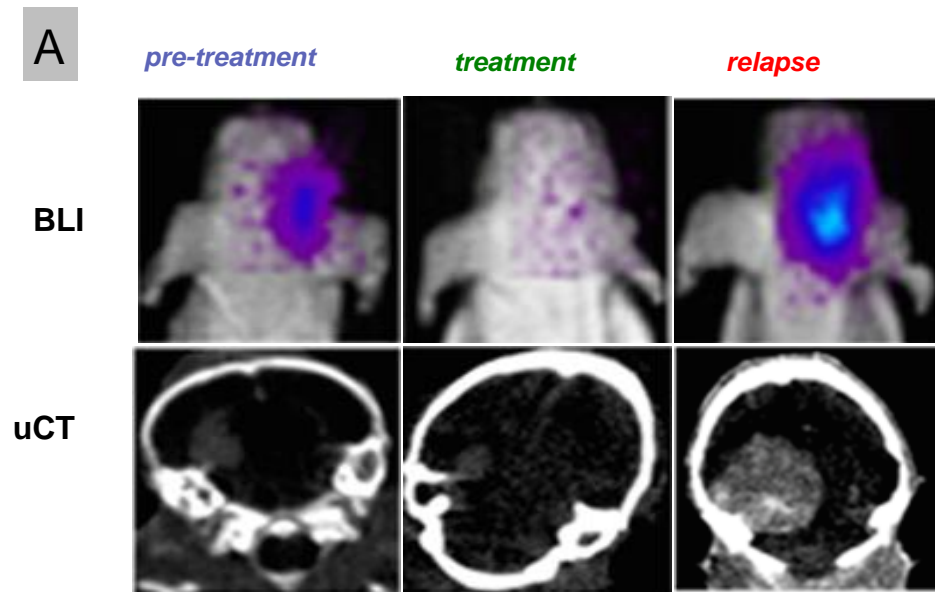
monitoring



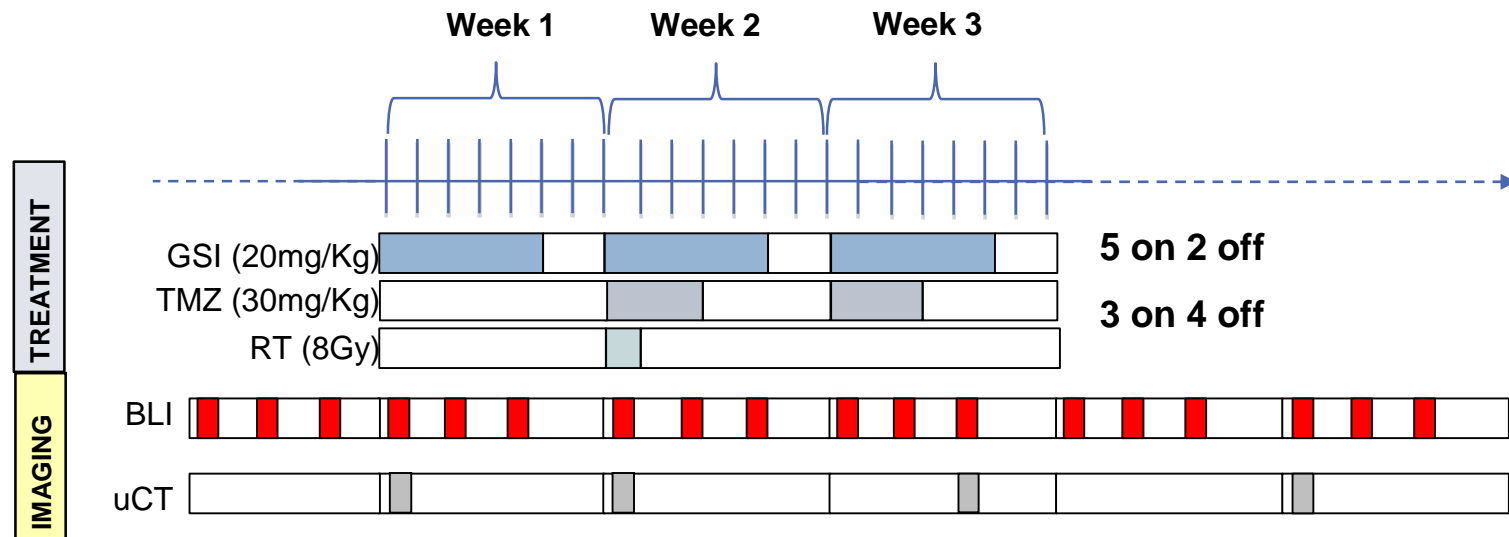
BLI10 or
Humane endpoint



Response and relapse to standard of care



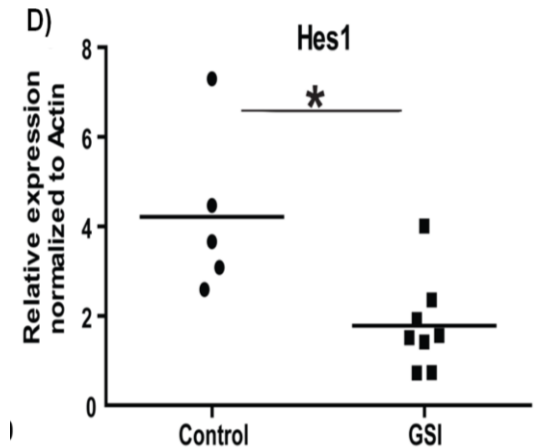
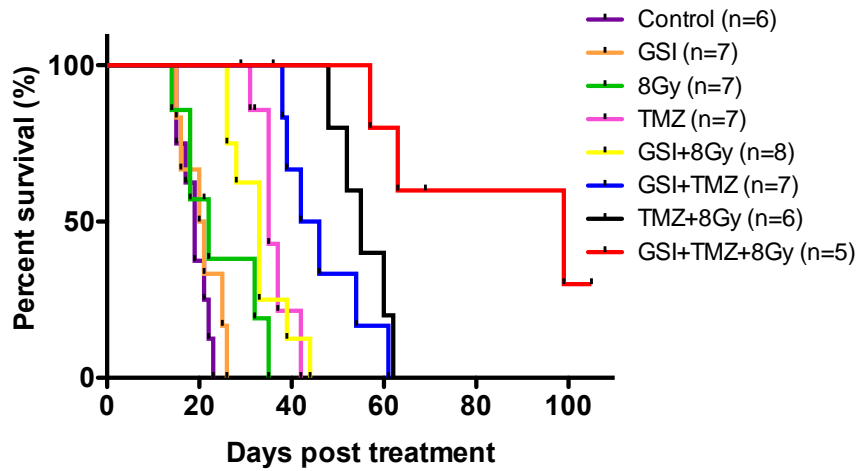
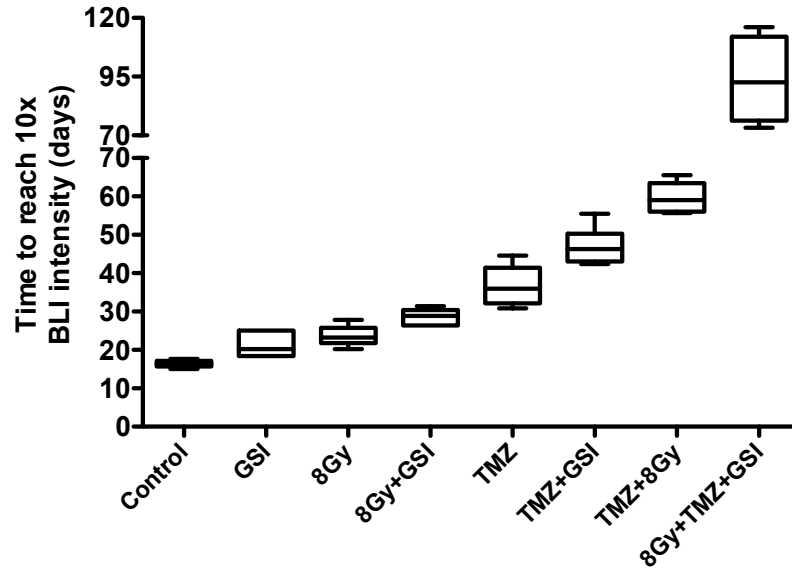
Study set up: therapy scheduling



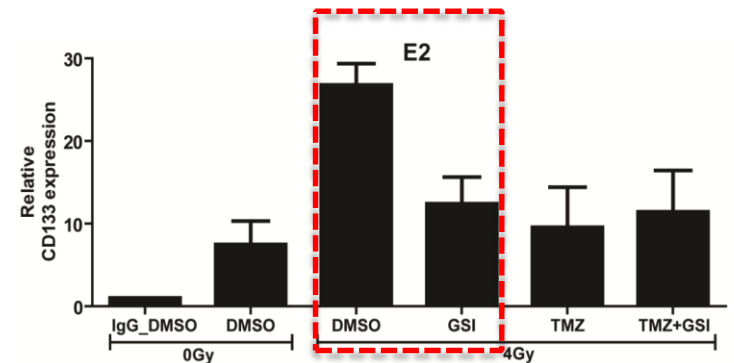
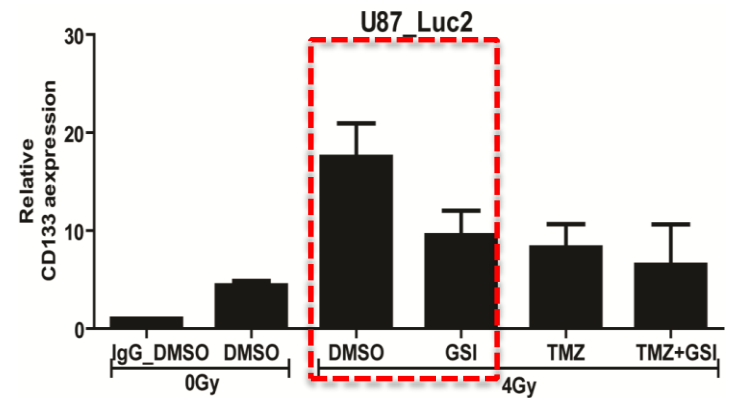
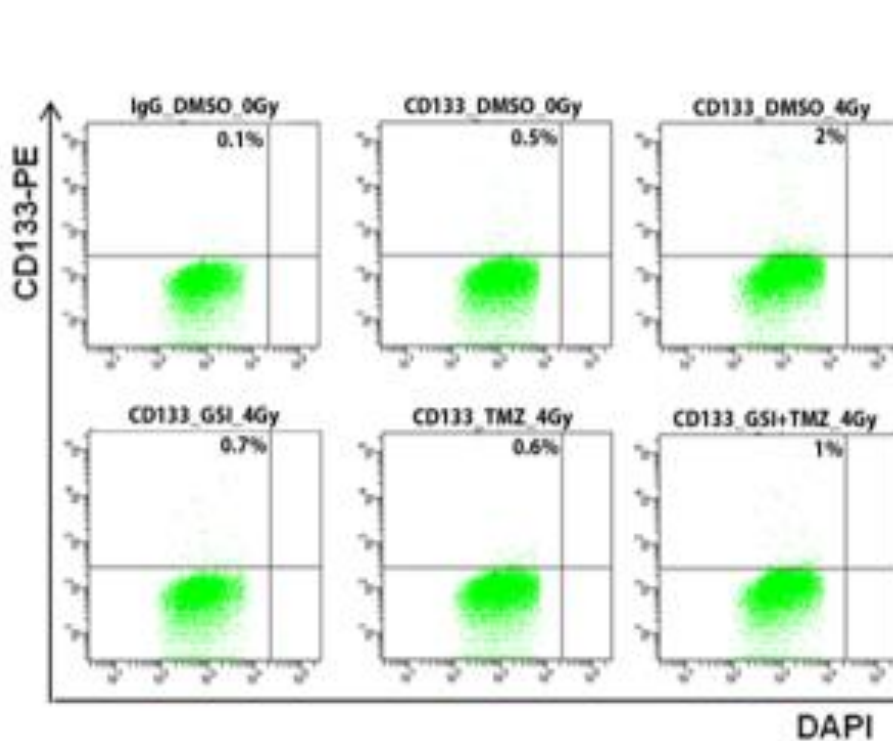
Start treatment after 2 consecutive doublings by BLI (30 mm³)

End treatment 10 x BLI / humane endpoint

Combined effect of GSI, TMZ and RT in vivo



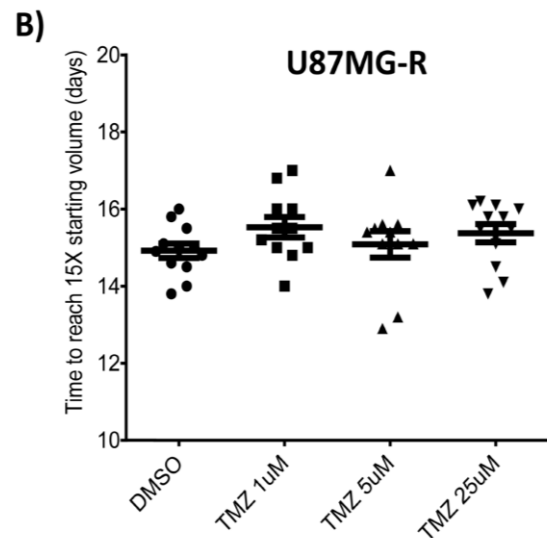
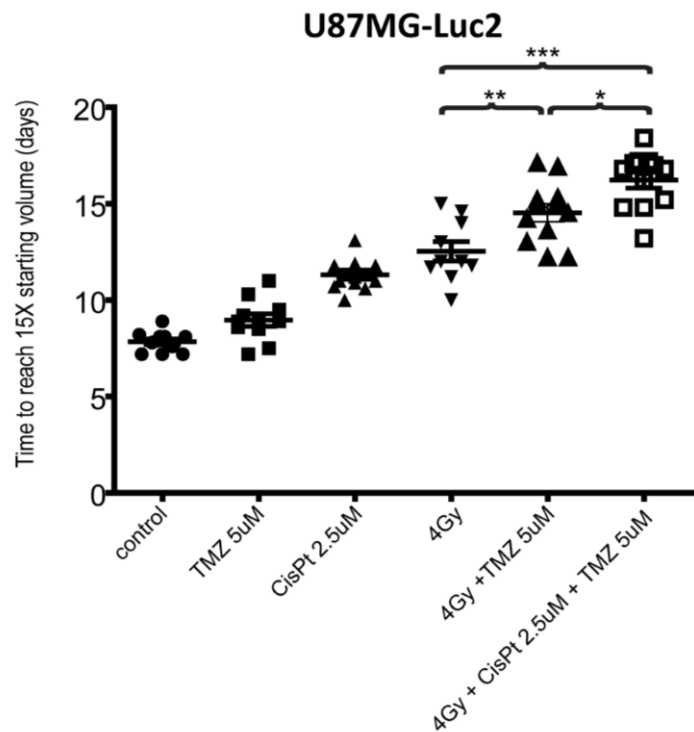
NOTCH inhibition blocks radiation induced increase of CD133 glioma stem cell marker (Neurospheres)



novel combination treatments for glioma

Enhancing other chemotherapeutics

Overcoming Temozolomide resistance



Summary

- Image guided radiation therapy (SMART) allows accurate treatment planning and irradiation followed by treatment monitoring in intracranial glioblastoma
- Notch inhibition combined with standard of care prolongs survival in GBM model
- NOTCH inhibition affect radiation sensitivity / clonogenic growth through regulation of CD133 glioma stem cell marker.
- Spheroid screening assays may be useful to discover novel treatment interactions.
- Can NOTCH inhibitors sensitize Temozolomide resistance (ongoing)

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Department of Neuropsychology
Maastricht University
Jos Prickaerts



*Roche and NCI are acknowledged
for RO4929097 GSI inhibitor*