

# Preclinical utility of GEM models of breast cancer



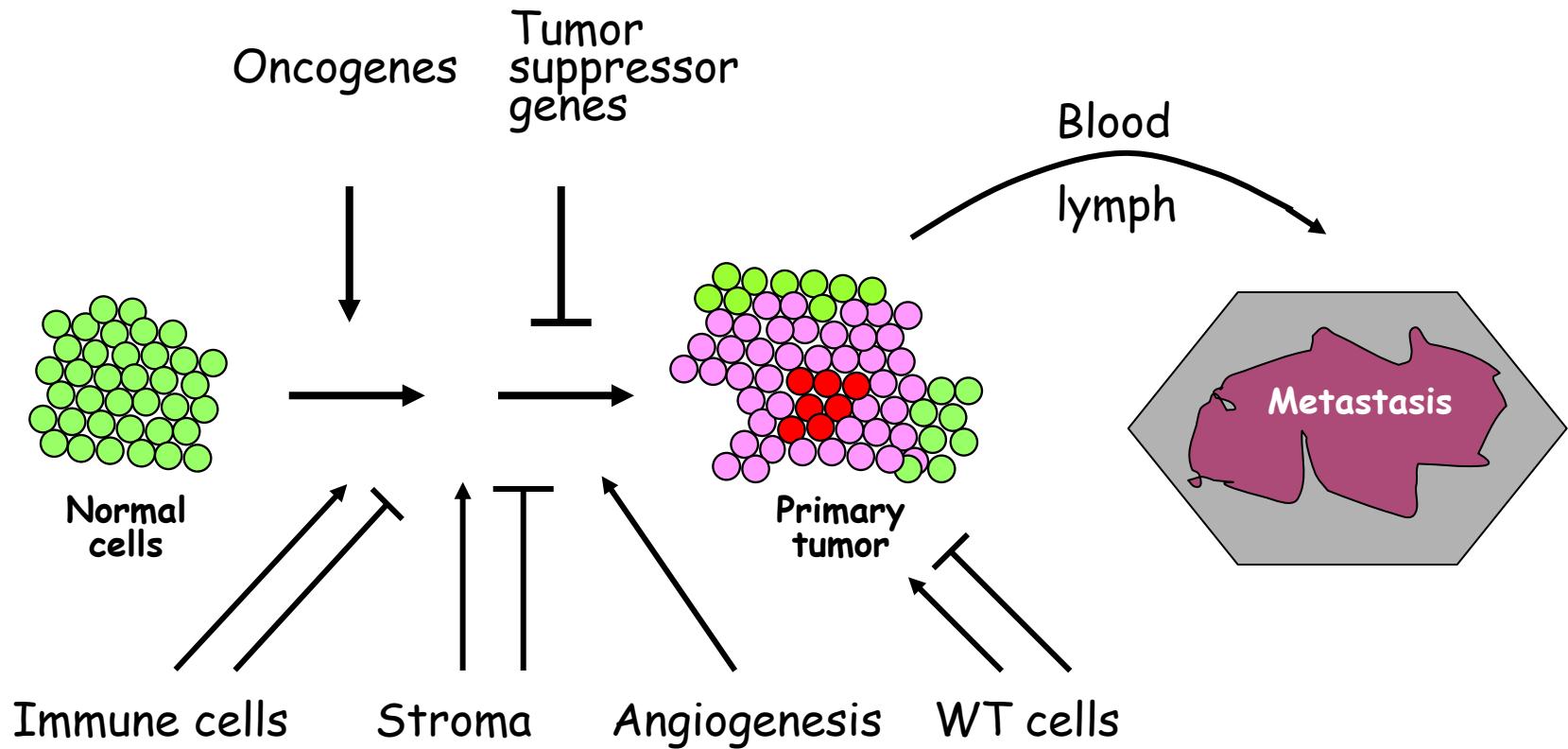
Royal Society workshop  
London, 10 May 2010



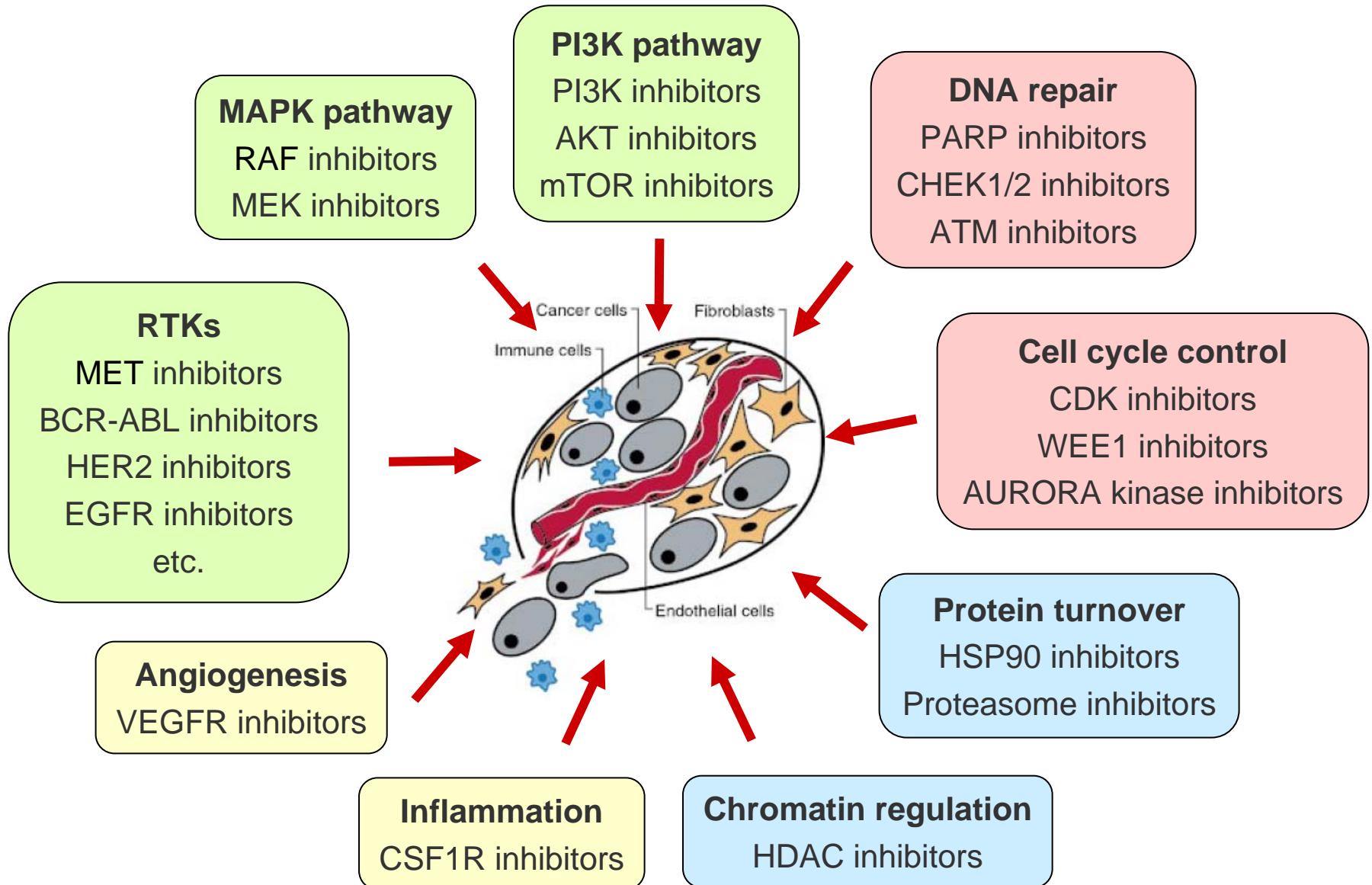
Jos Jonkers

Netherlands Cancer Institute, Amsterdam, The Netherlands

# Factors controlling tumorigenesis



# Targeting tumor cell signaling

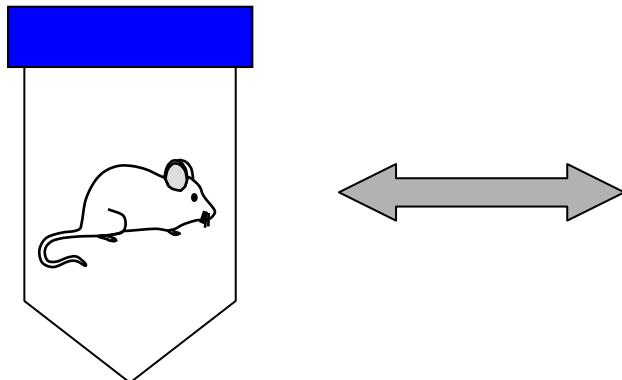


# Classical xenograft models are poor predictors of clinical outcome



## Xenograft models

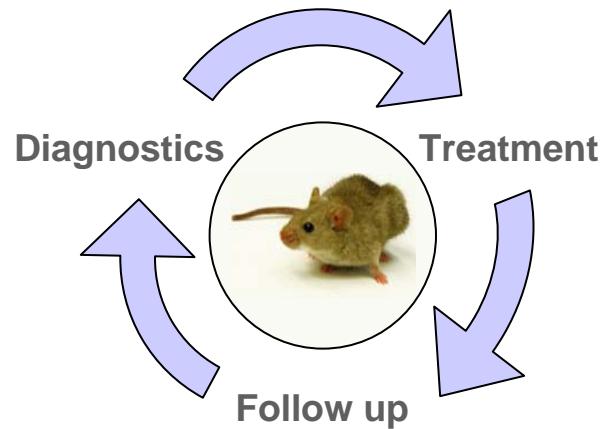
- Immunodeficient hosts
- Established tumor cell lines
- Do not mimic natural history of cancer development



- “In vivo test tubes”

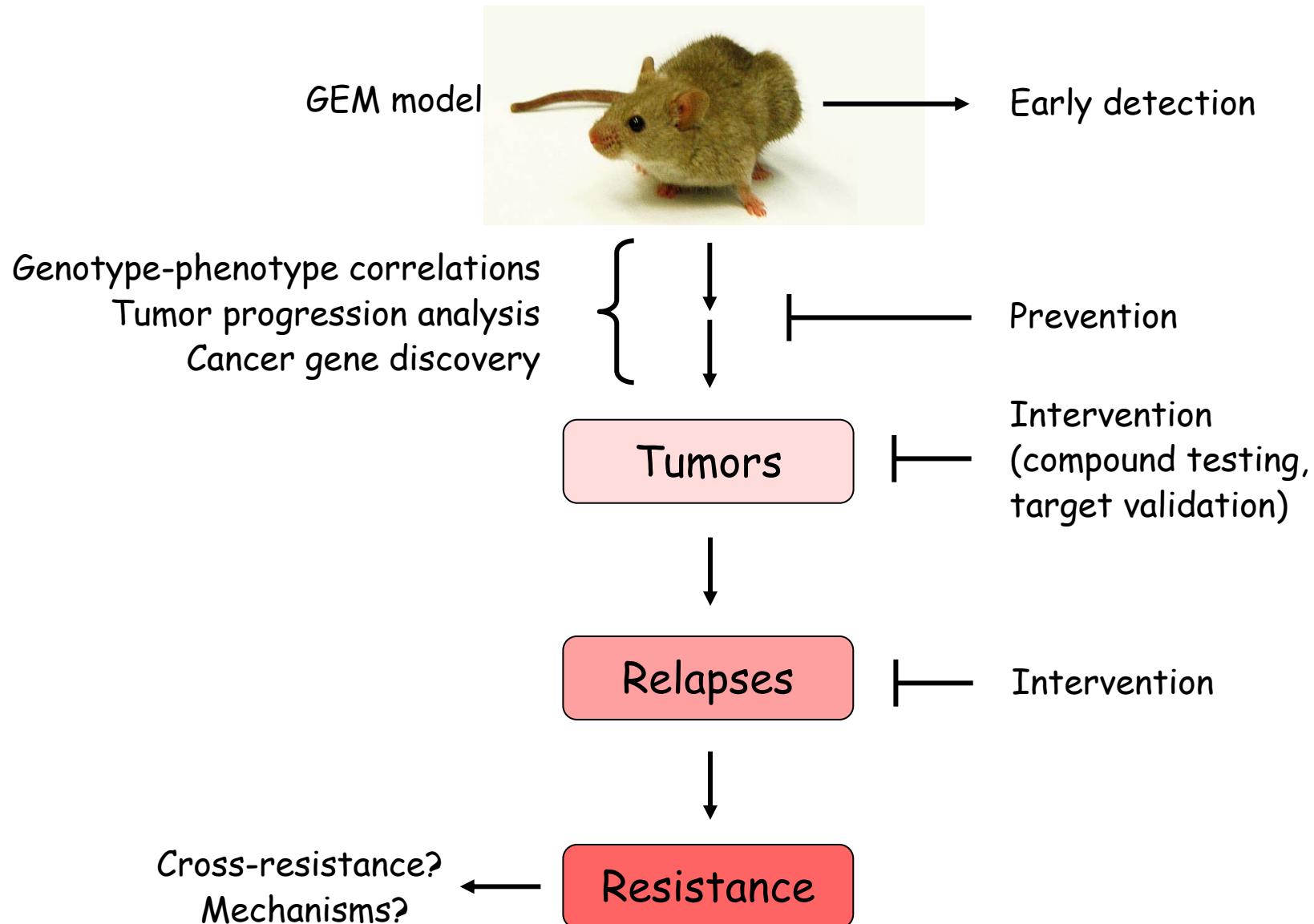
## Genetically engineered mice

- Immunocompetent host
- Real tumors
- Mimic sporadic development of de novo tumors in humans



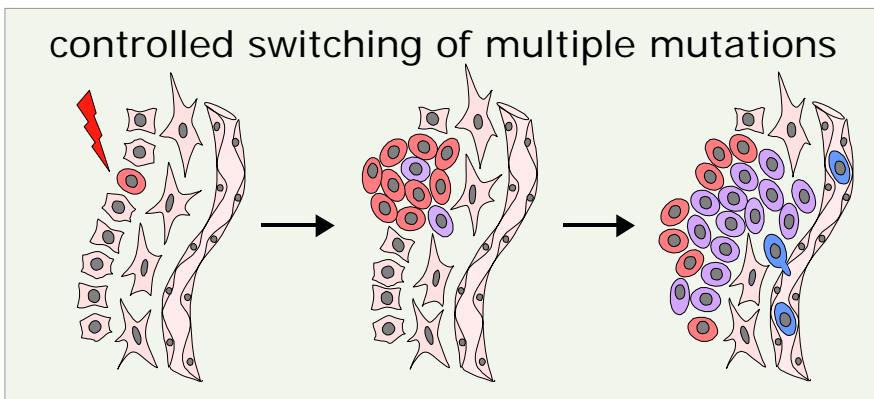
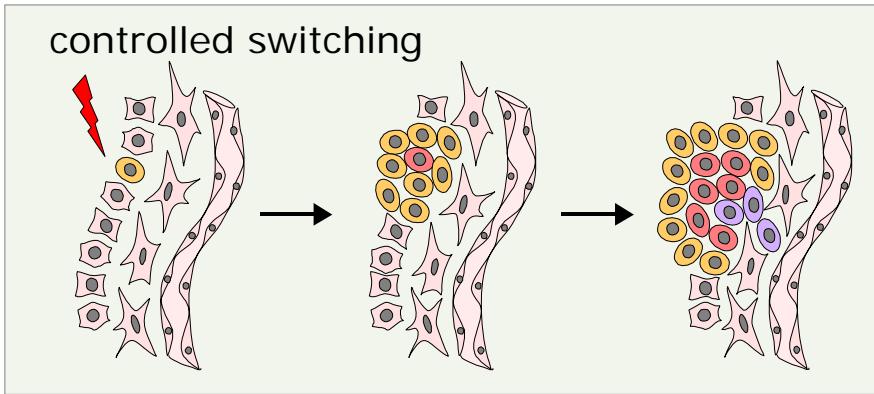
- “Surrogate patients”

# Genetically engineered mouse (GEM) models of human cancer



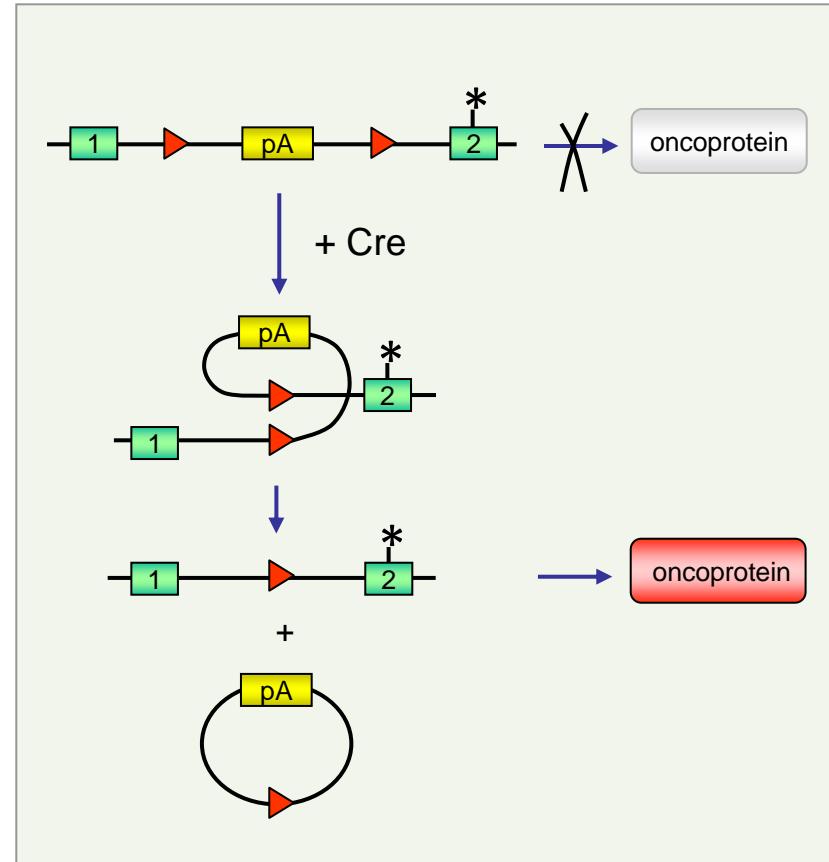
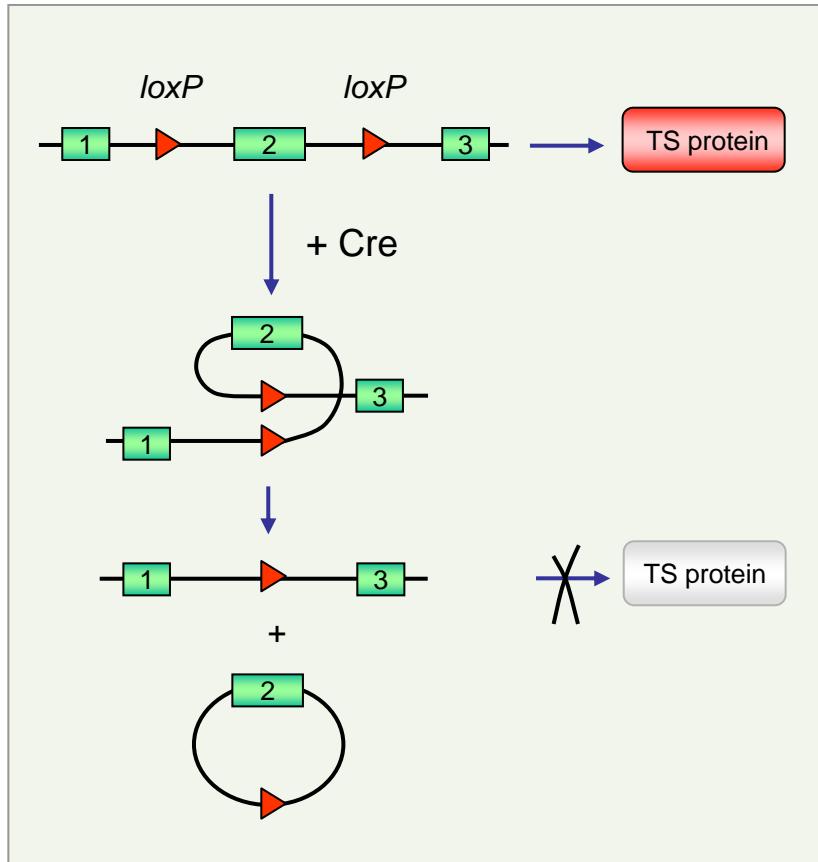


# Reproducing sporadic human cancer in mice



- Epithelial cell with 1 mutation
- Epithelial cell with 2 mutations
- Epithelial cell with 3 or more mutations

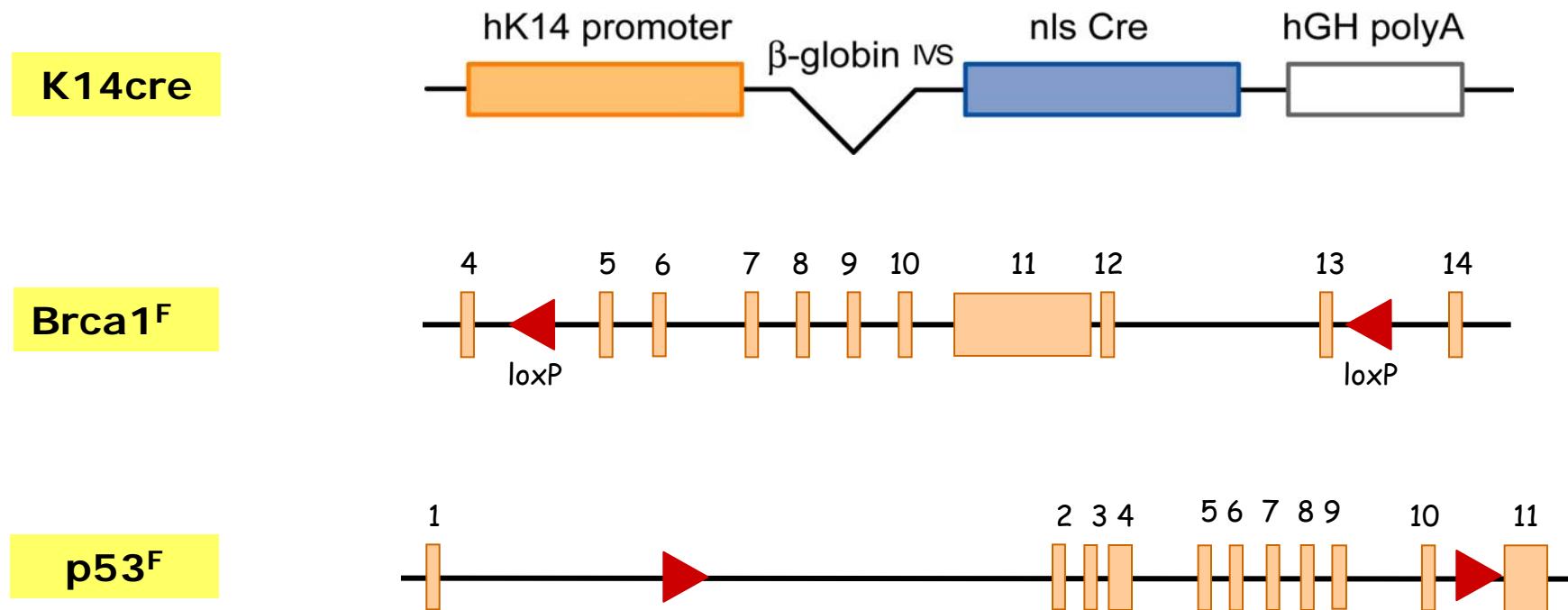
# Recombinase-mediated gene switching



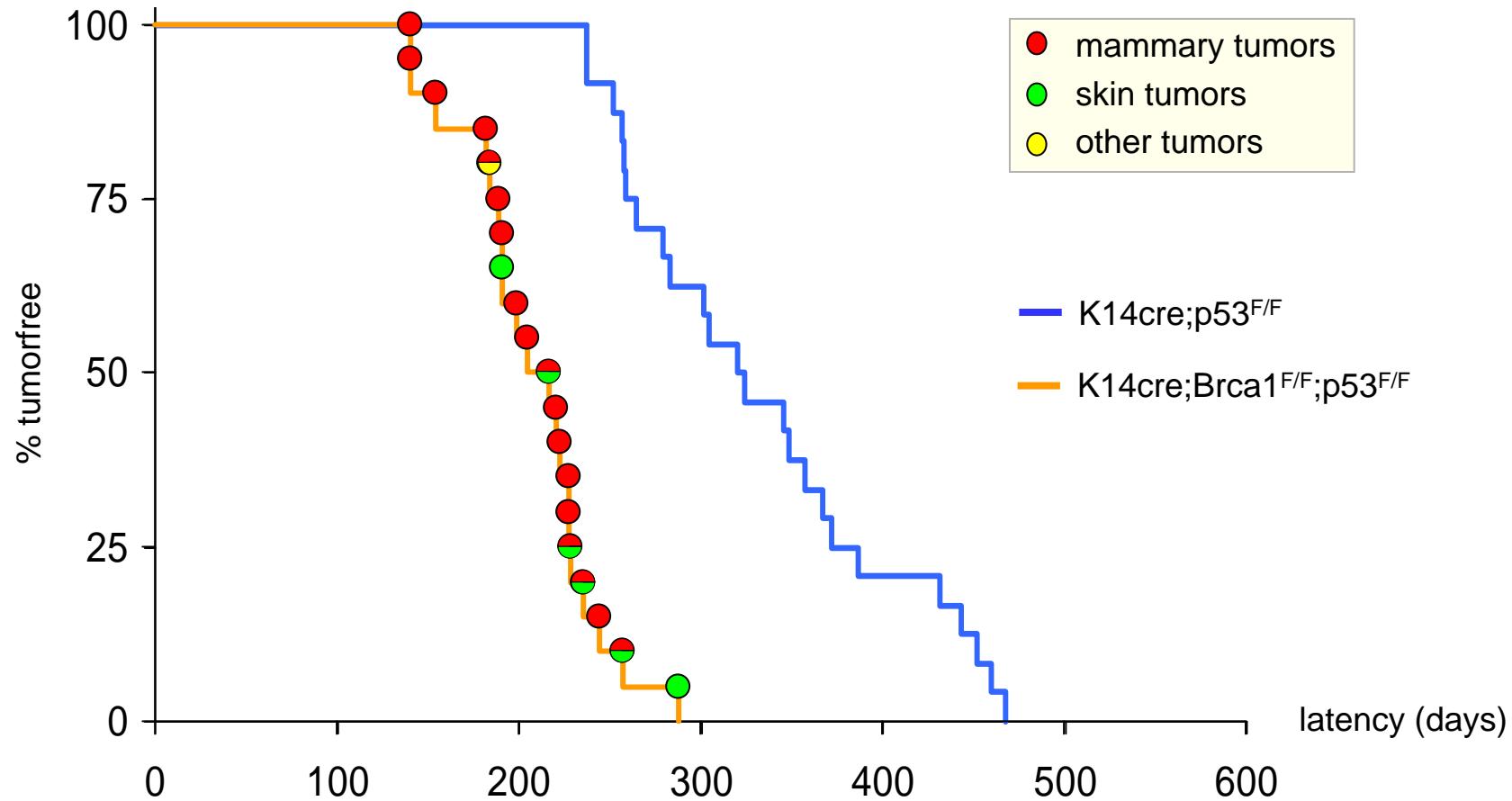
# The BRCA1 mammary tumor model



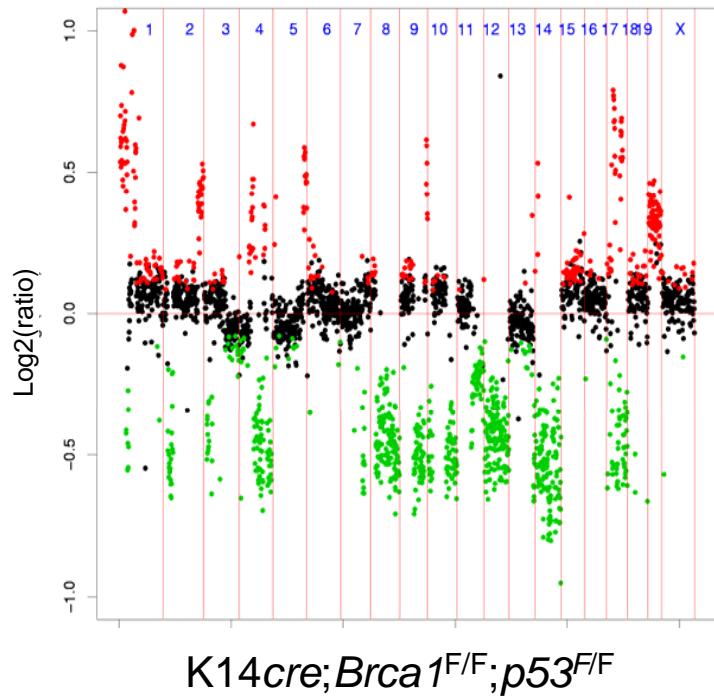
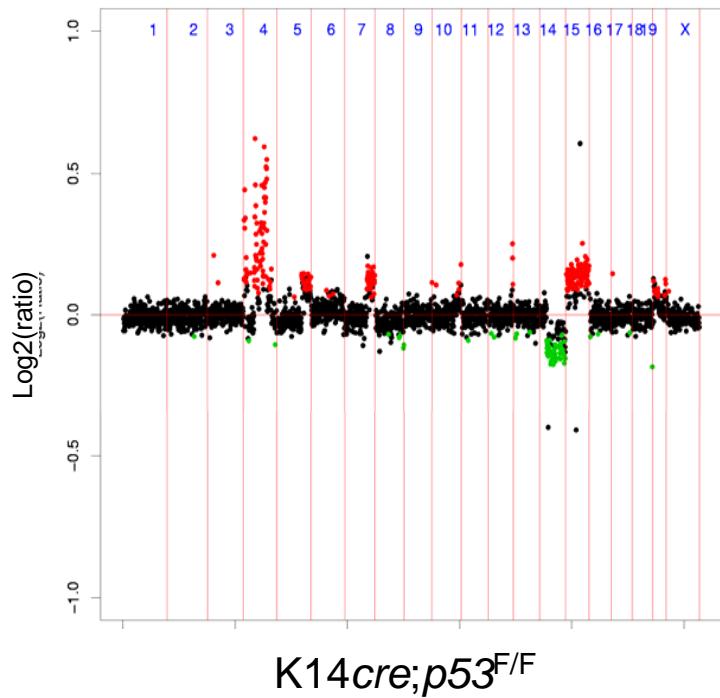
- Epithelium-specific inactivation of BRCA1 and p53



# Effects of BRCA1 and p53 loss on tumor formation



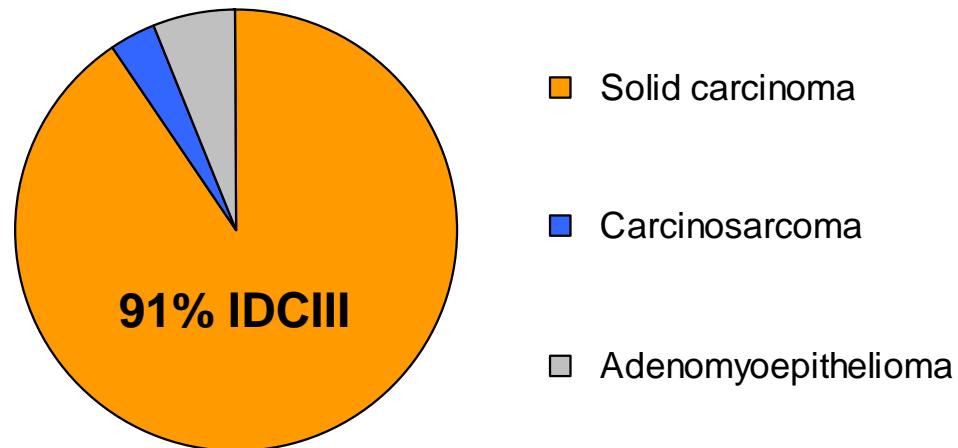
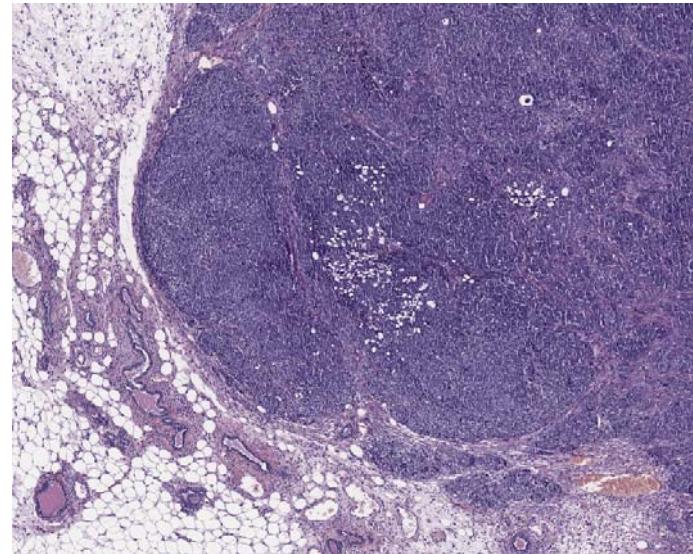
# BRCA1 mouse mammary tumors display increased genomic instability



# BRCA1 mouse mammary tumors resemble human BRCA1-associated breast cancer



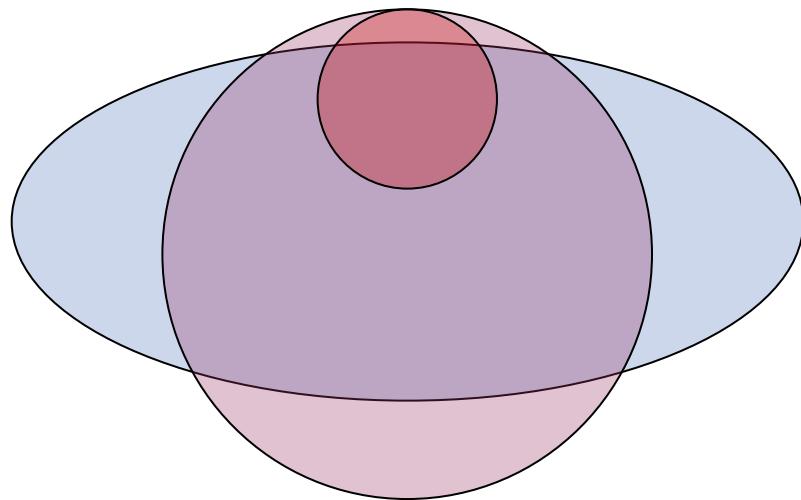
- Solid carcinoma (IDC nos)
- High-grade (III)
- Undifferentiated
- Pushing margins
- Triple-negative (ER<sup>-</sup>;PR<sup>-</sup>;HER2<sup>-</sup>)
- Basal-like (CK5<sup>+</sup>;CK14<sup>+</sup>)
- Genomic instability



# BRCA1-mutated and BRCA1-like cancer



BRCA1-mutated (2-4%)

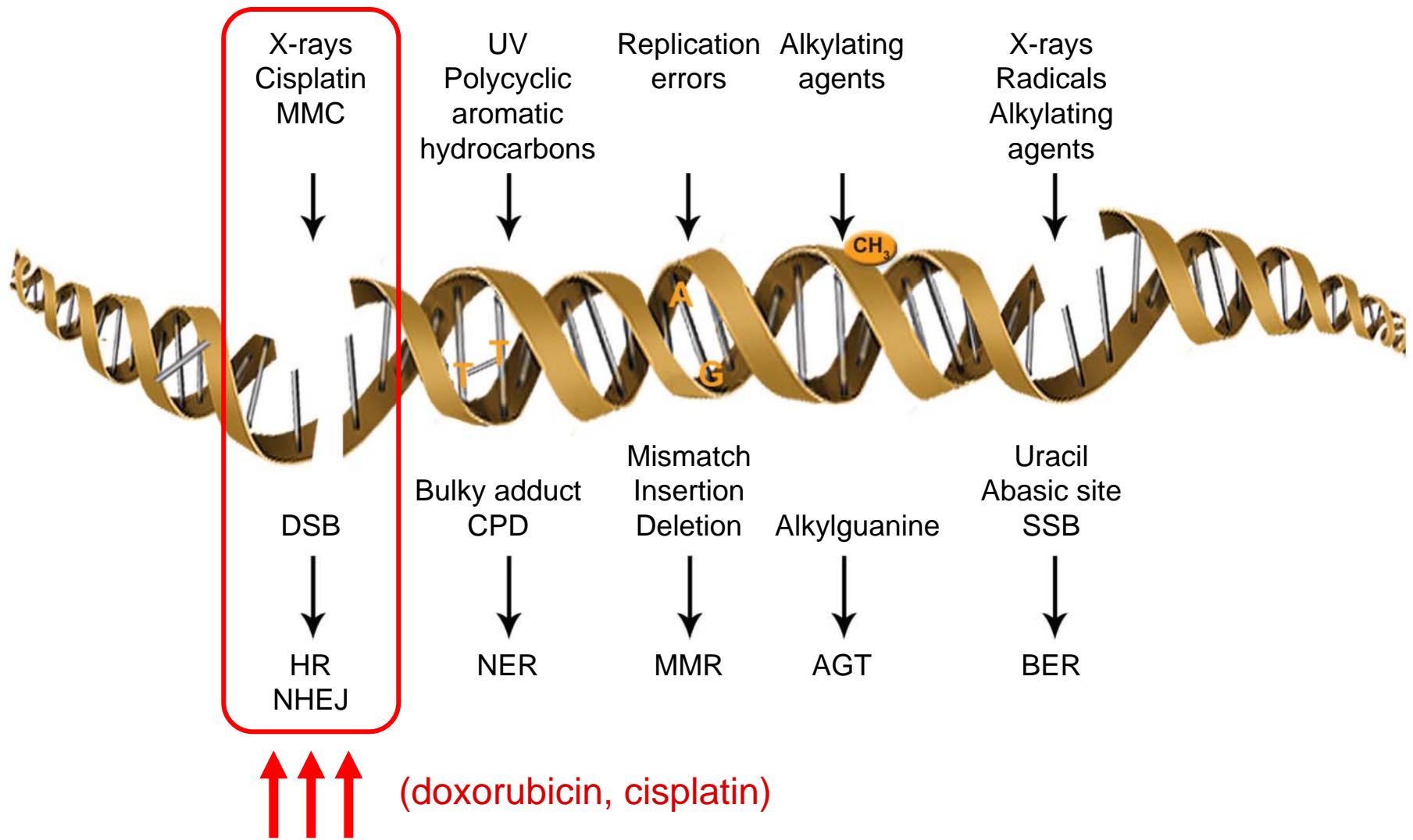


Triple-negative  
(ER<sup>-</sup> PR<sup>-</sup> HER2<sup>-</sup>)  
or basal-like (15%)  
(39% in Afr-Am)

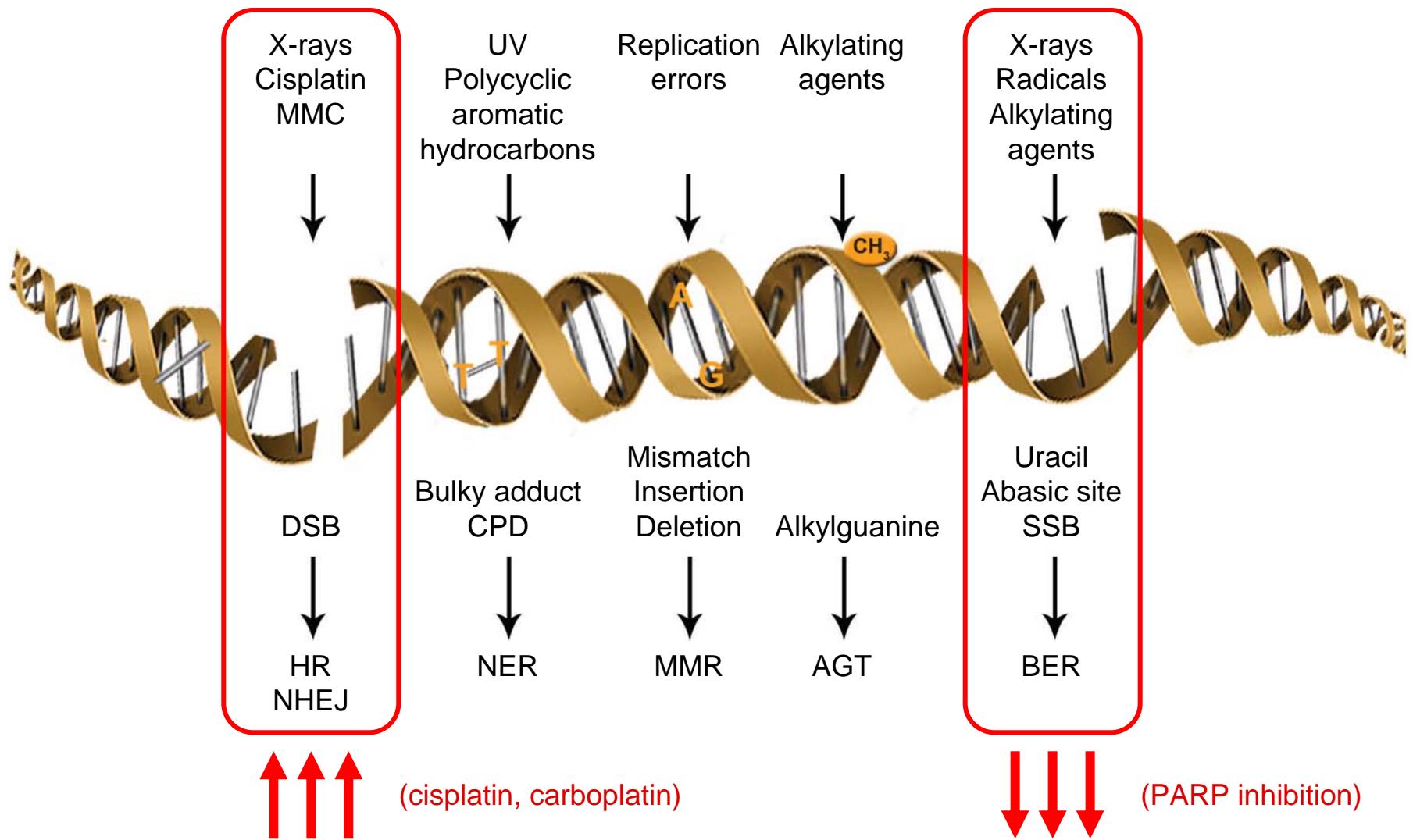
BRCA1-like (10-20%)?

- Triple-negative tumors have poor prognosis and rapid relapse
- Triple-negative breast tumors cannot be treated with endocrine agents or HER2 targeted therapy

# Targeting HR deficiency in the BRCA1 mammary tumor model



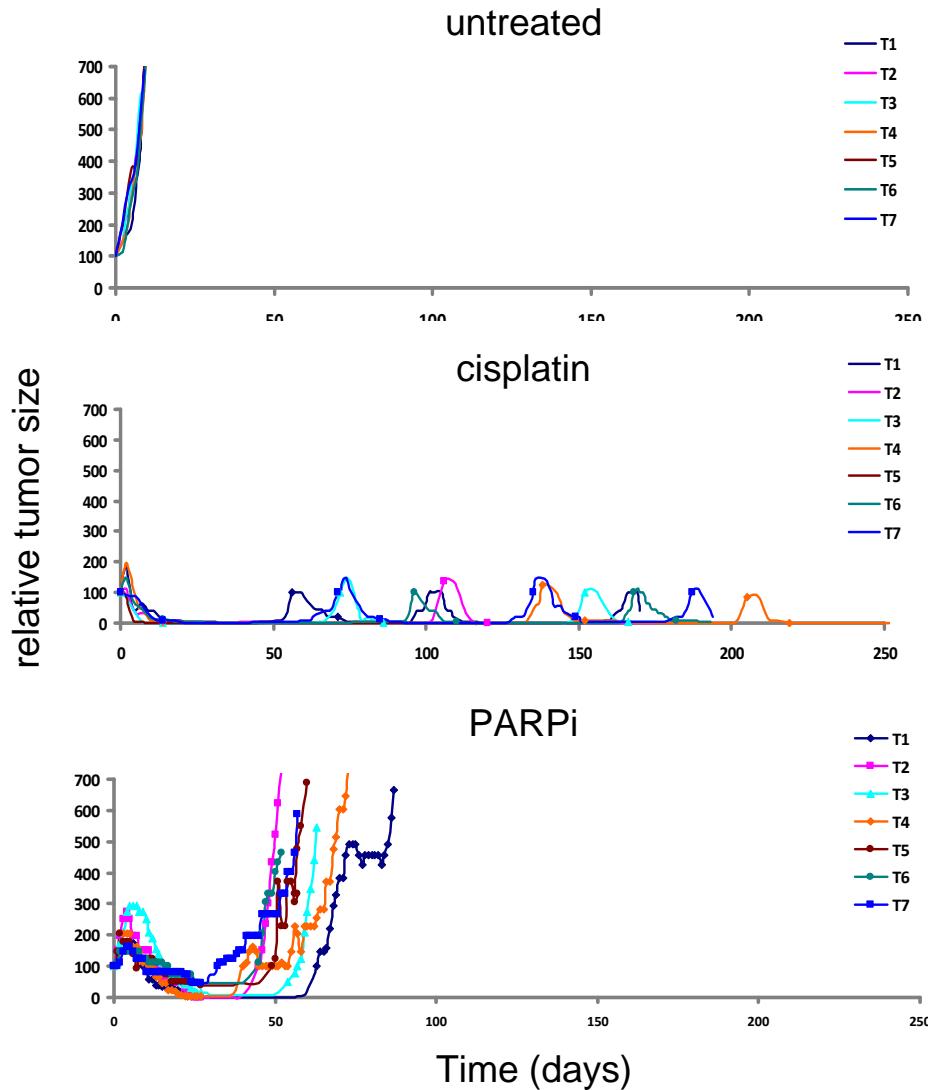
# Targeting HR deficiency in the BRCA1 mammary tumor model



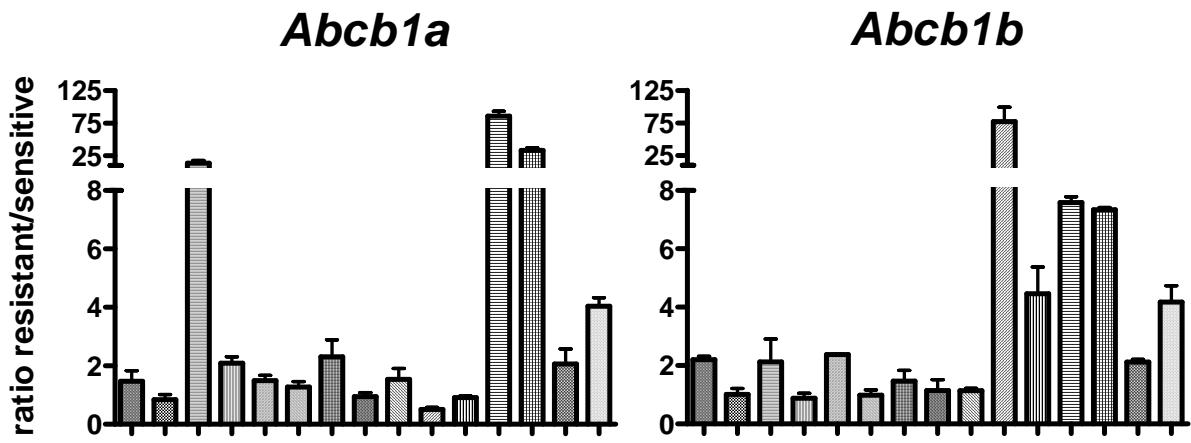
# Therapy response and resistance in the BRCA1 mammary tumor model



*Brca1<sup>-/-</sup>;p53<sup>-/-</sup>*



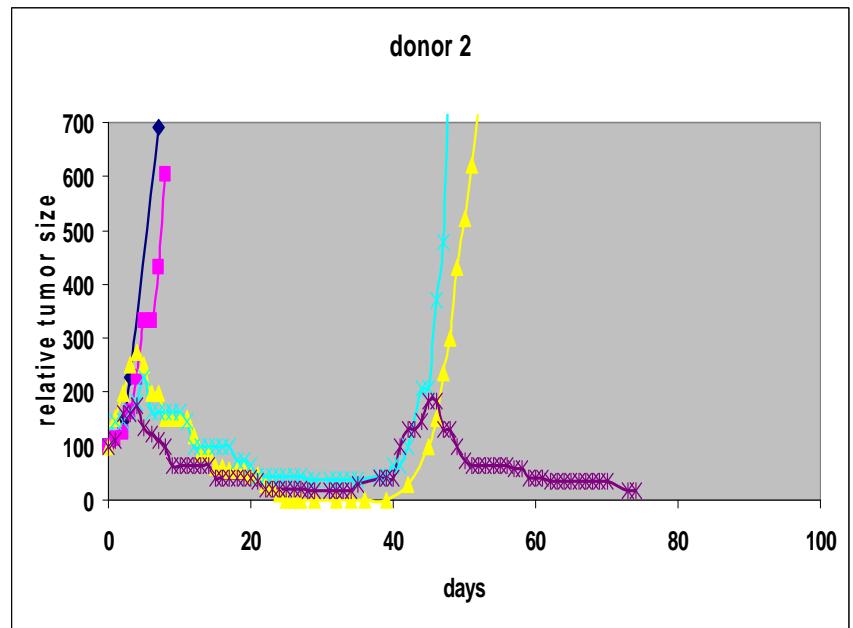
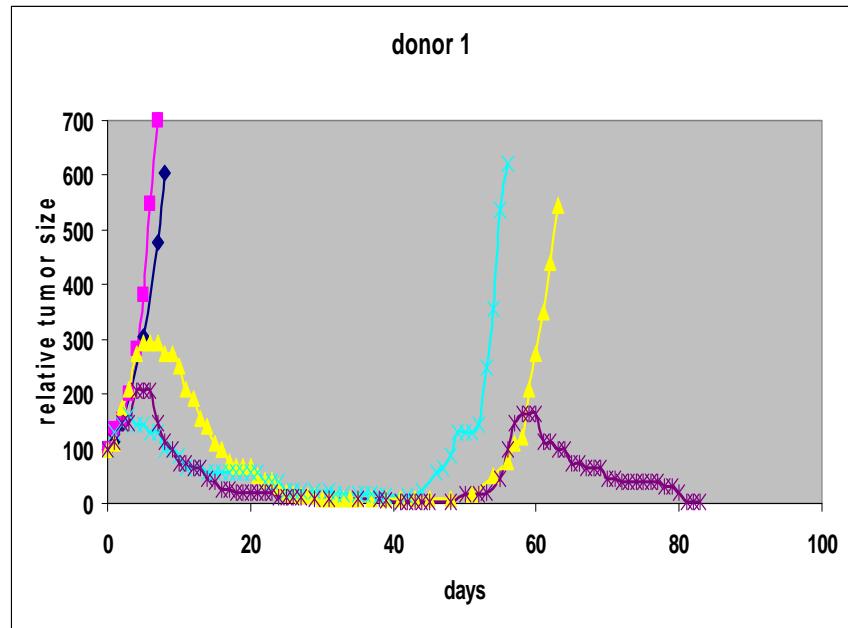
# Increased expression of *Abcb1a* and *Abcb1b* in PARPi-resistant tumors



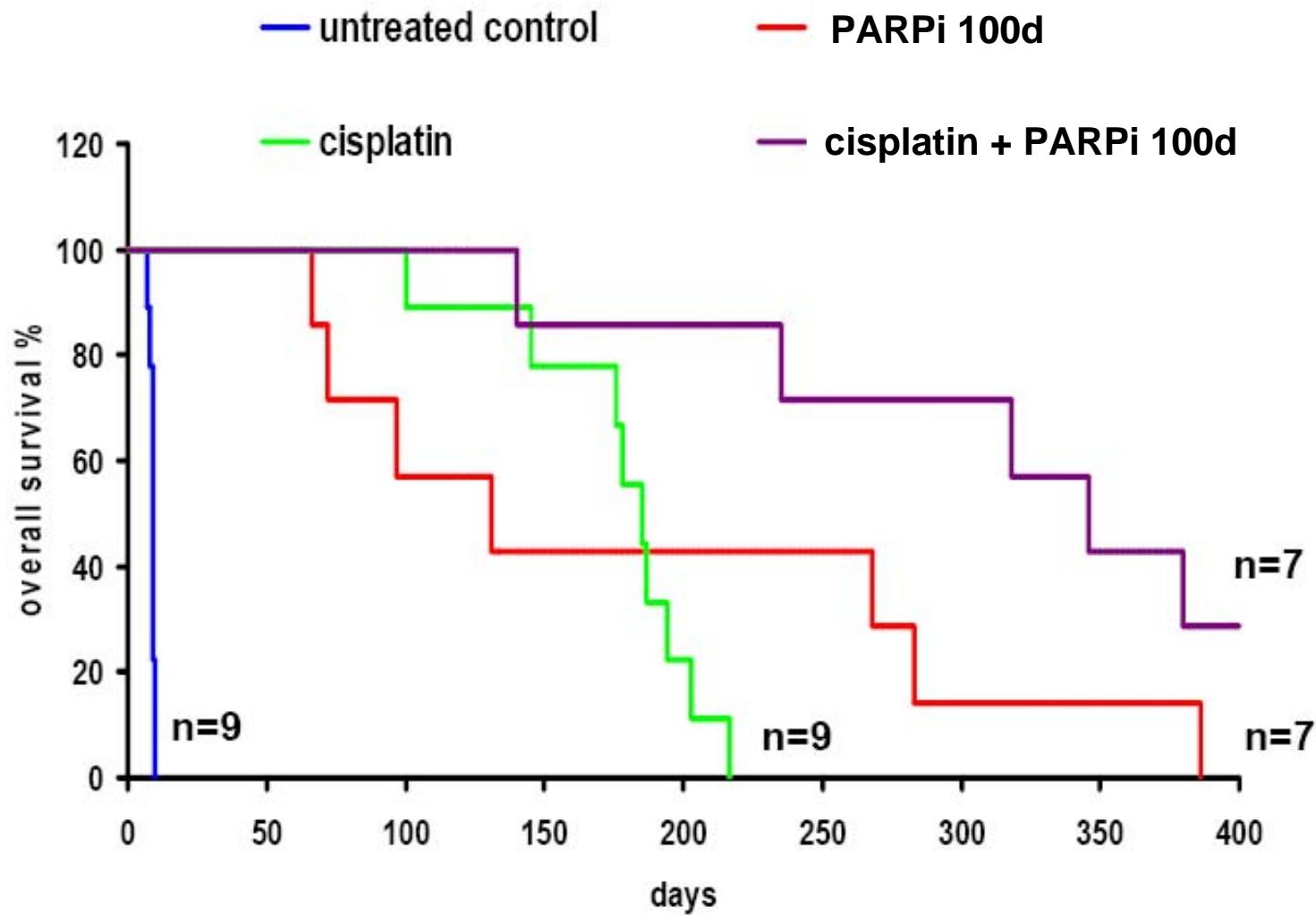
# Reversal of oalaprib resistance by P-gp inhibition



- untreated control
- vehicle
- PARPi 28d relapse PARPi
- PARPi 28d, relapse Pgpi
- PARPi 28d, relapse PARPi + Pgpi

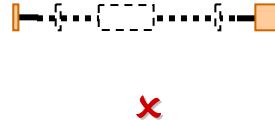
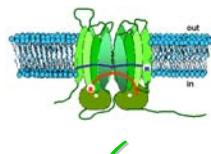


# Treatment of BRCA1-deficient mammary tumors with cisplatin and olaparib



# BRCA1 mammary tumor models for therapy response and resistance



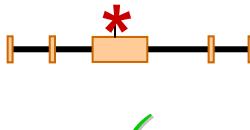
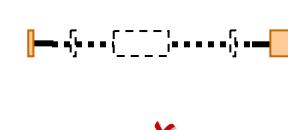
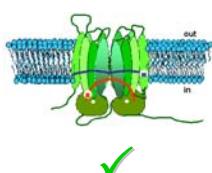
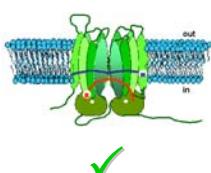
		<b>K14cre; Brca1<sup>F/F</sup>; p53<sup>F/F</sup></b>	
<b>Genetic reversion</b>			
<b>Pgp activation</b>			
<b>Other</b>			

# BRCA1 mammary tumor models for therapy response and resistance

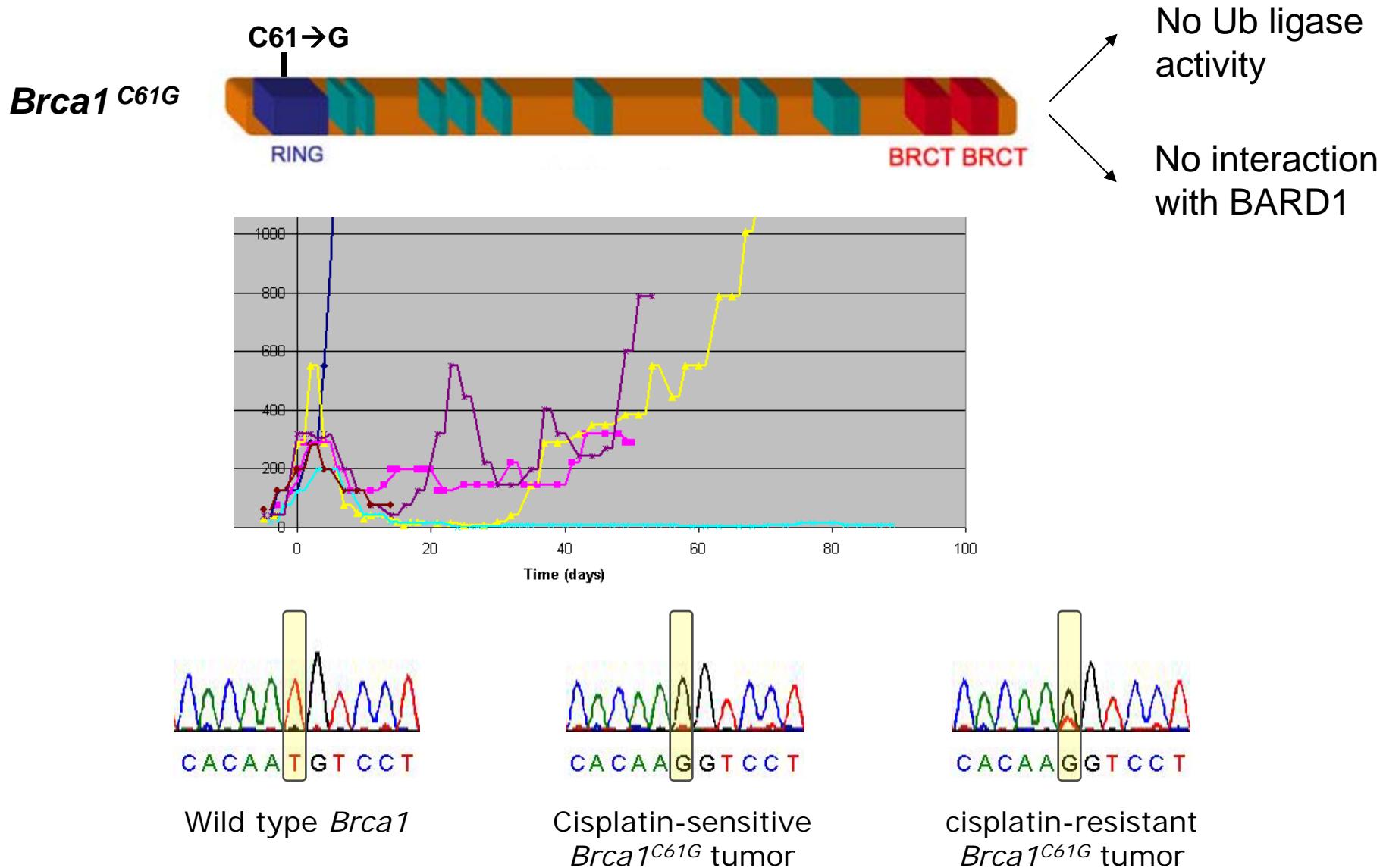


*Brca1*<sup>185delAG</sup>  
*Brca1*<sup>C61G</sup>  
*Brca1*<sup>5382insC</sup>

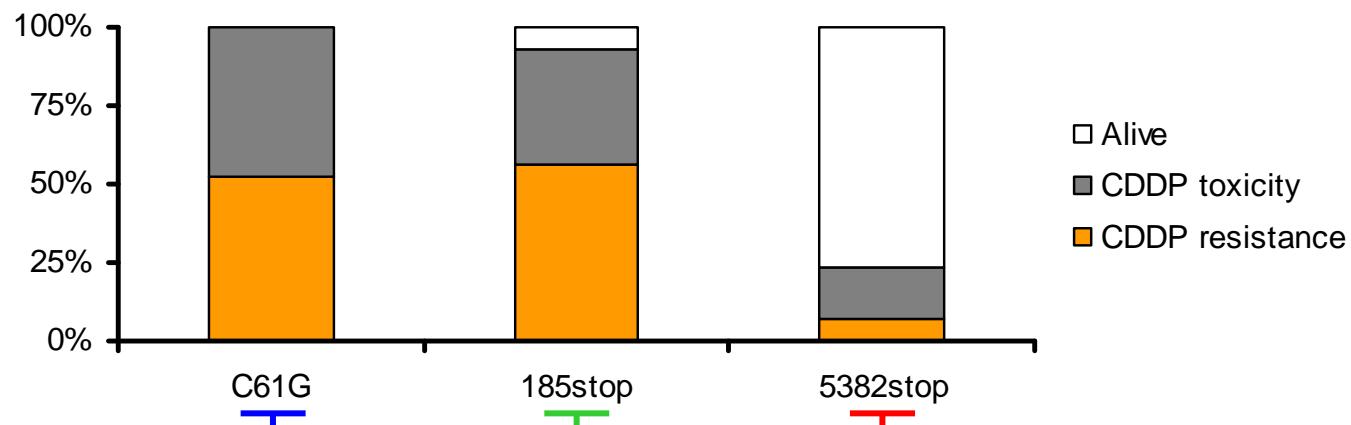
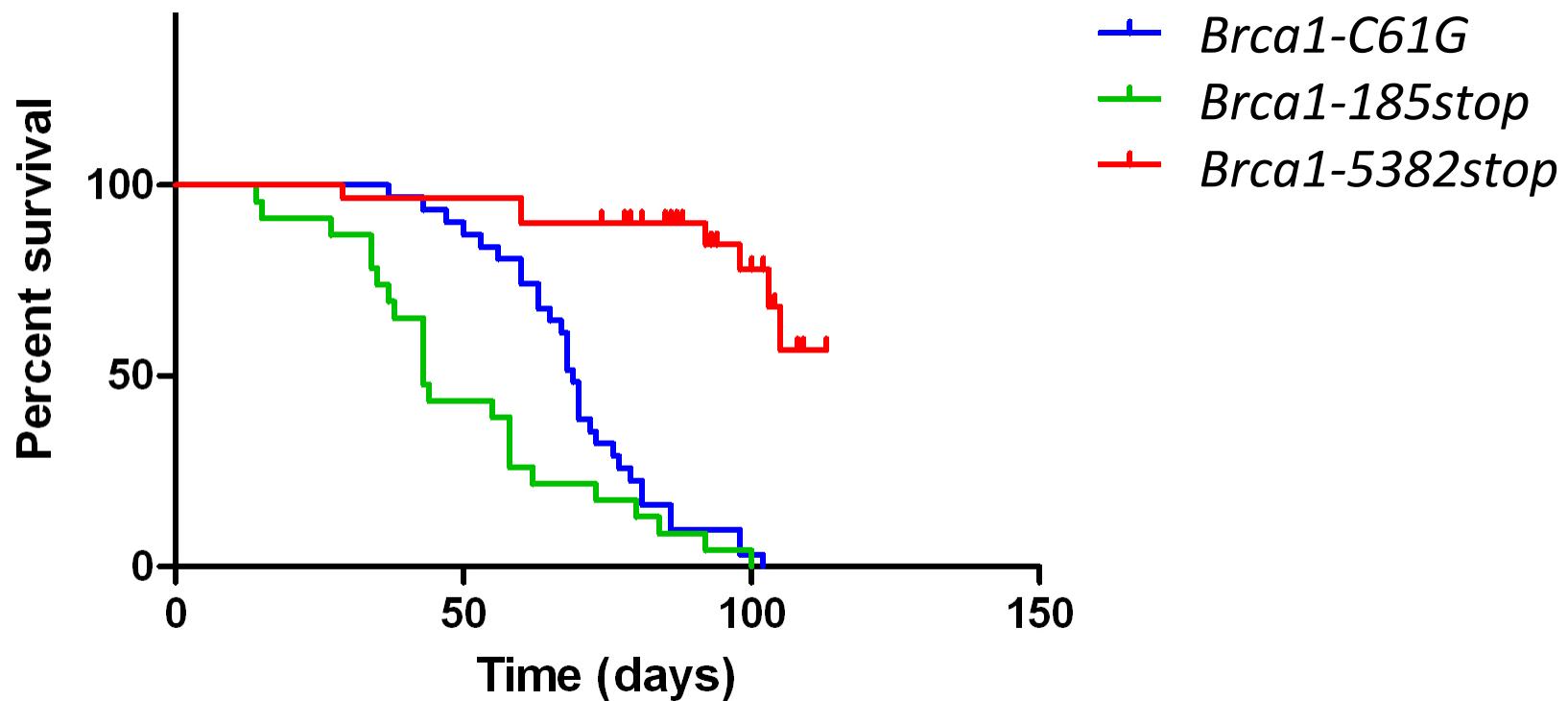


	<b>K14cre; <i>Brca1</i><sup>Tr/F</sup>; p53<sup>F/F</sup></b>	<b>K14cre; <i>Brca1</i><sup>F/F</sup>; p53<sup>F/F</sup></b>	
<b>Genetic reversion</b>			
<b>Pgp activation</b>			
<b>Other</b>			

# BRCA1-C61G mammary tumors acquire resistance to cisplatin



# Overall survival following cisplatin therapy

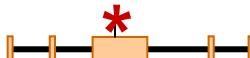
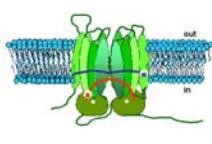
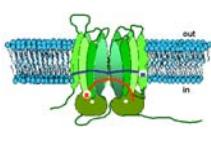
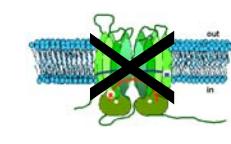


# BRCA1 mammary tumor models for therapy response and resistance

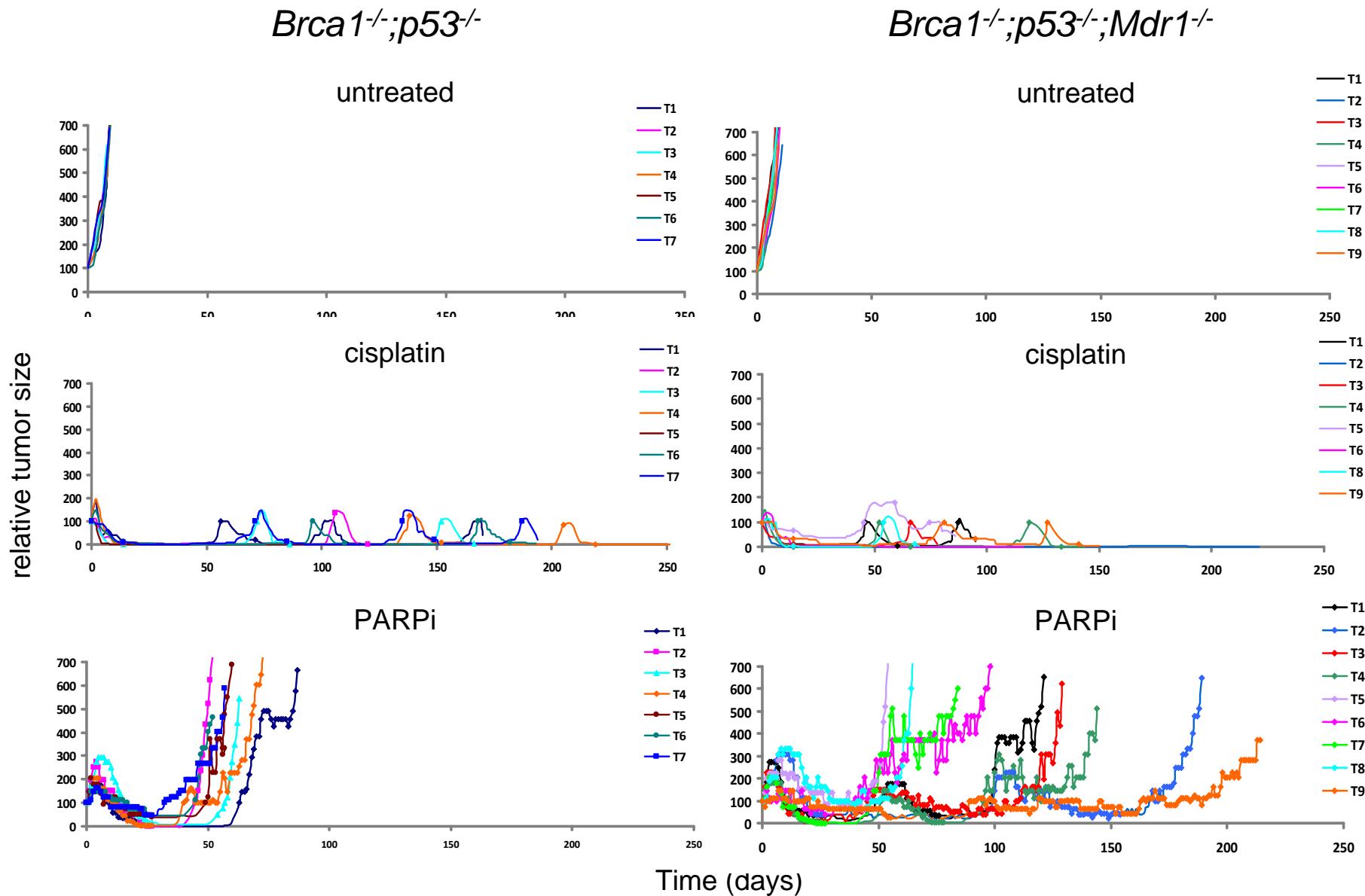


*Brca1*<sup>185delAG</sup>  
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*Brca1*<sup>5382insC</sup>

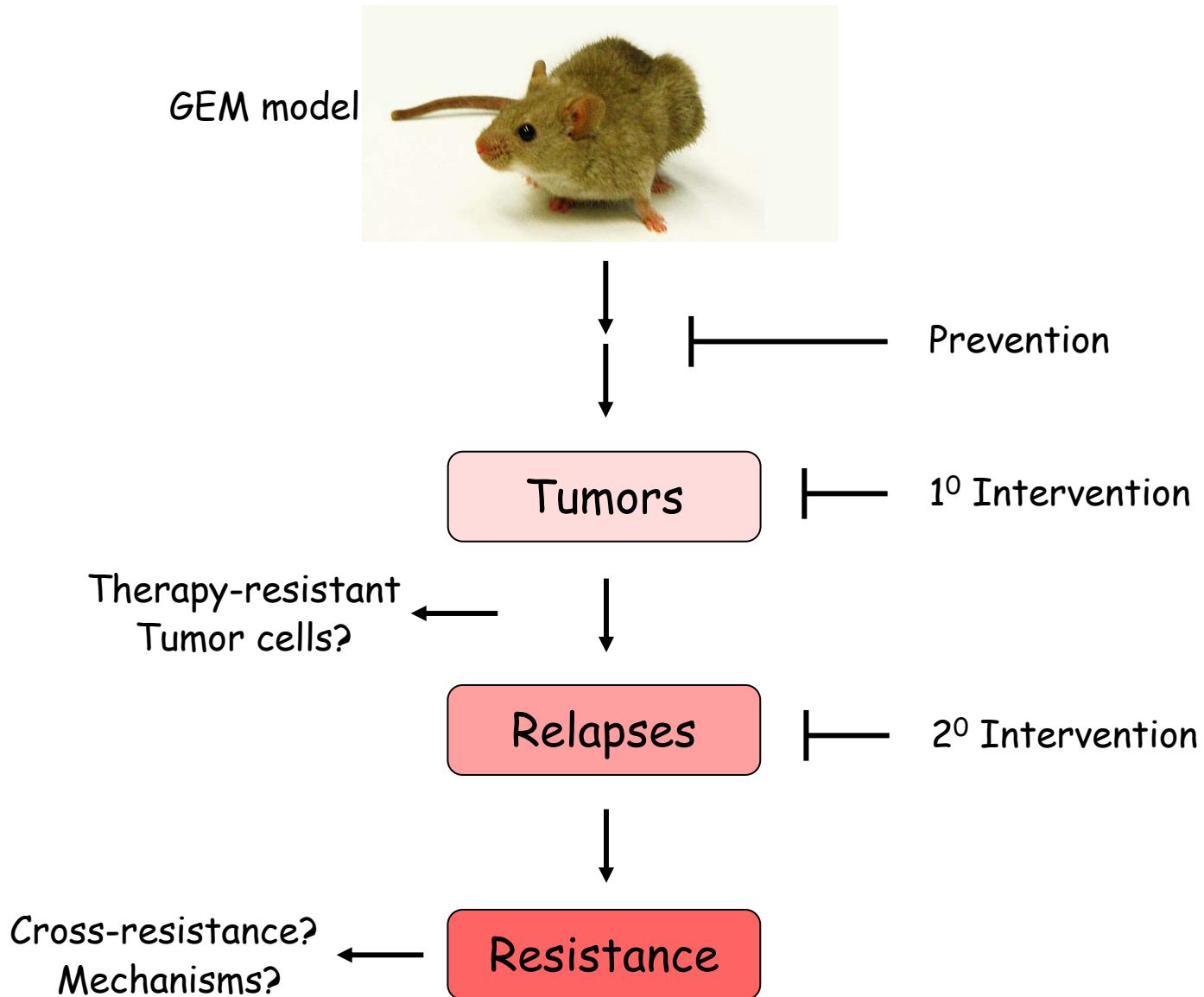
*Mrd1*<sup>-/-</sup>

	<b>K14cre; <i>Brca1</i><sup>Tr/F</sup>; p53<sup>F/F</sup></b>	<b>K14cre; <i>Brca1</i><sup>F/F</sup>; p53<sup>F/F</sup></b>	<b>K14cre; <i>Brca1</i><sup>F/F</sup>; p53<sup>F/F</sup>; <i>Mdr1</i><sup>-/-</sup></b>
<b>Genetic reversion</b>			
<b>Pgp activation</b>			
<b>Other</b>			

# Acquired resistance to olaparib in the Pgp-deficient BRCA1 mammary tumor model



# GEM models of human cancer





# Acknowledgements

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- ✓ Ellen Wientjens

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- ✓ Xiaoling Liu

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