

Infrastructure and strategies for precision medicine: leukemias, solid tumors and beyond

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Professor of Molecular Precision Medicine, Karolinska Institutet



FIMM



SciLifeLab

University of Helsinki
Institute for Molecular
Medicine Finland, FIMM
Helsinki, Finland
2008-

Karolinska Institutet
Dept. of Oncology and Pathology
Molecular Precision Medicine
Stockholm, Sweden
2016-



UNIVERSITY OF HELSINKI



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SciLifeLab

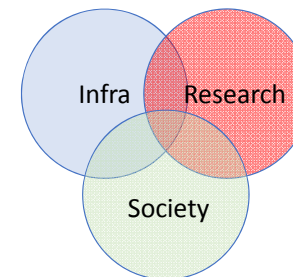
National center for molecular life sciences

SciLifeLab



40 national facilities
1200 scientists
700 publications
3073 projects

- i) Unique and enabling infrastructures for national life science research
- ii) Collaborative research among scientists across universities
- iii) Translation towards lasting societal benefits



SciLifeLab

TECHNOLOGIES & SERVICES ▼

RESEARCH ▼

EDUCATION ▼

COLLABORATION ▼

DATA ▼

National center for molecular life sciences

SciLifeLab

- Genomics
- Bioinformatics
- Proteomics
- Metabolomics
- Bioimaging and Molecular Structure
- Single Cell Biology
- Chemical Biology and Genome Engineering
- Diagnostics
- Drug Discovery

270 MSEK/y for national infrastructure
170 MSEK/y for University research @ SciLifeLab
1019 MSEK/y external grants to the community



Microfluidic processors for single-cell analysis

Super-resolution Cryo-based electron microscopes



HiSeq-Xten / NovaSeq for next-gen DNA/RNA sequencing

SciLifeLab as a national infrastructure

One of the three main research infrastructures in Sweden, along with MAX-IV and ESS, the only one in Life Science



Max-IV: next-generation synchrotron (beamlines)



SciLifeLab: Life Sciences



ESS: European Spallation Source (neutrons)

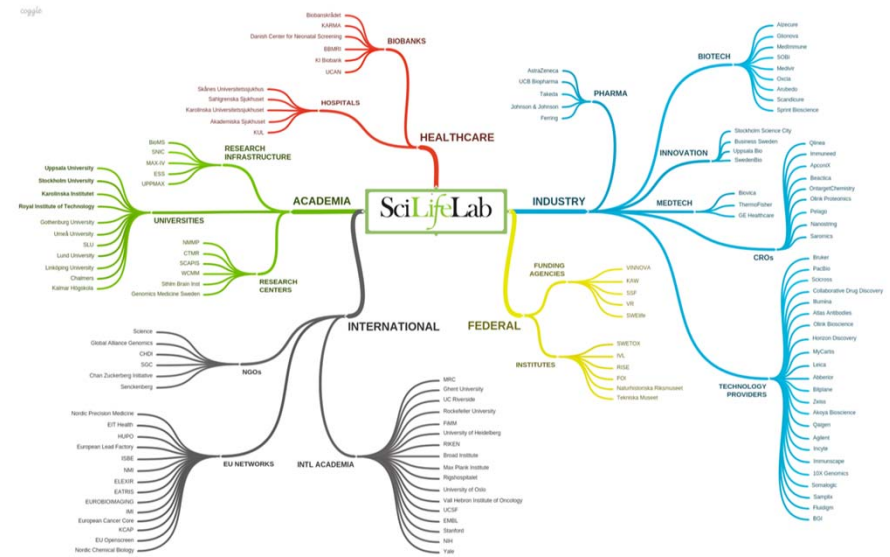


Motivation for a national SciLifeLab infrastructure

- Progress in (life) science is dependent on cutting-edge, expensive infrastructure
- Healthcare and life science industry need access to scientific infrastructure and expertise
- Acquisition, professional operation, dynamic renewal of the infrastructure is a major challenge for individual universities
- Not all universities (in a small country) can have world-class infrastructures in all fields of life science

=> Collaboration

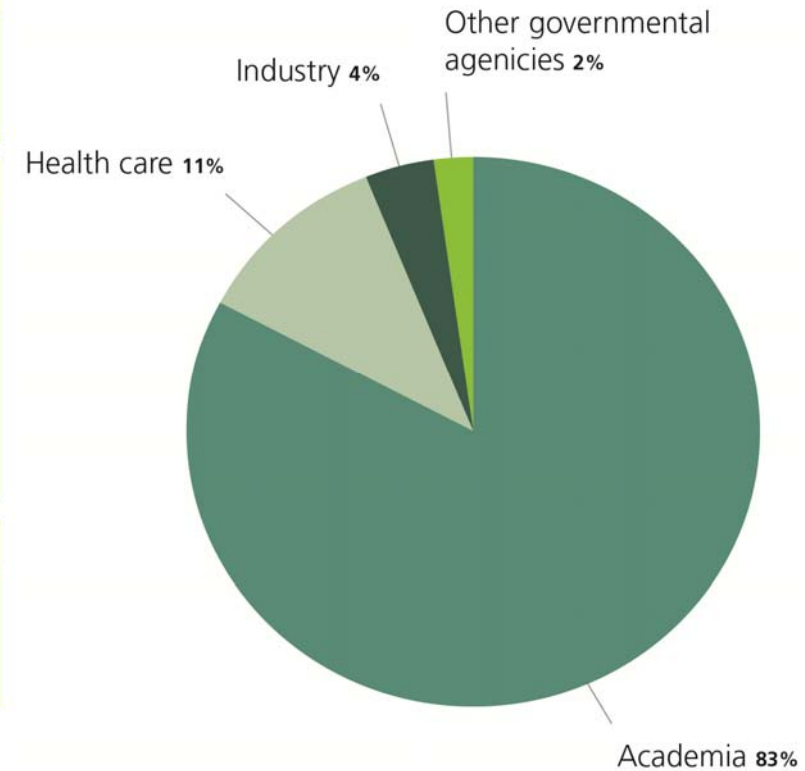
=> Enabling systematic, comprehensive, holistic understanding of life



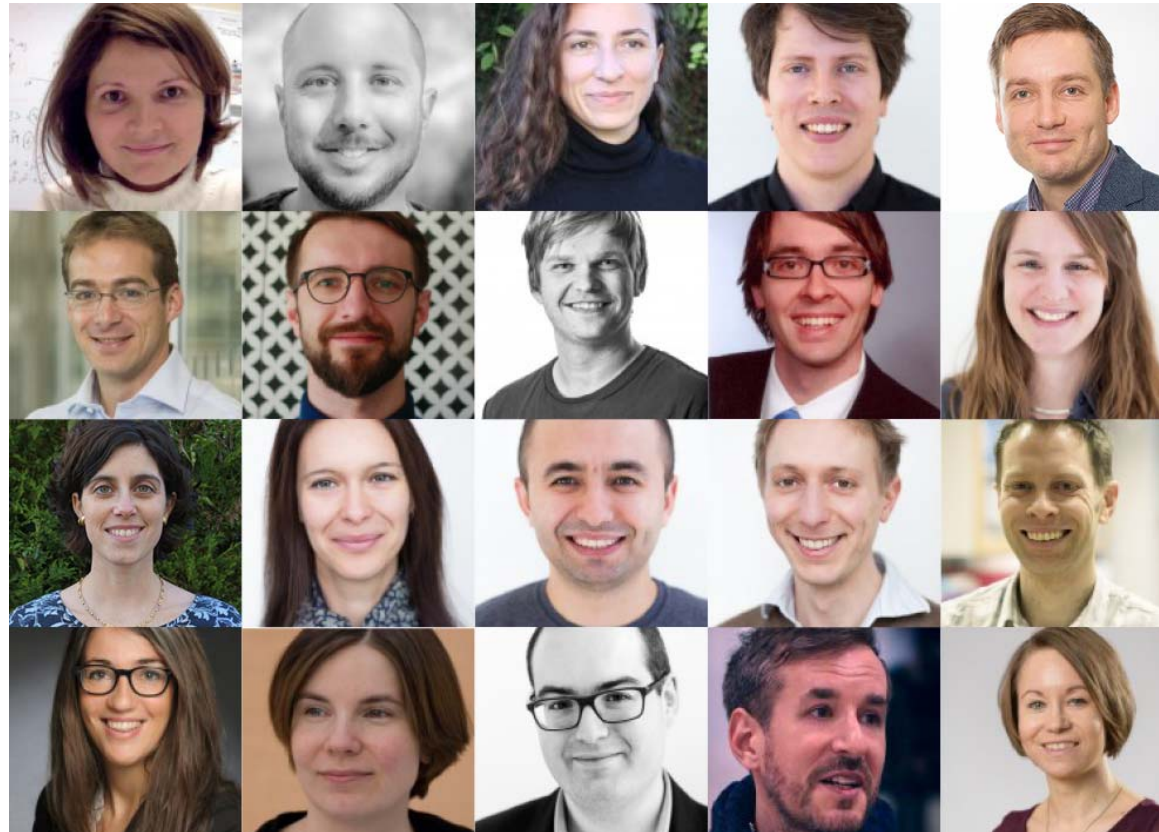
Infrastructure organization with 41 facilities



G - Göteborg
Li - Linköping
Lu - Lund
S - Stockholm
U - Uppsala
Um - Umeå



SciLifeLab Fellows' program: recruitment of young scientists

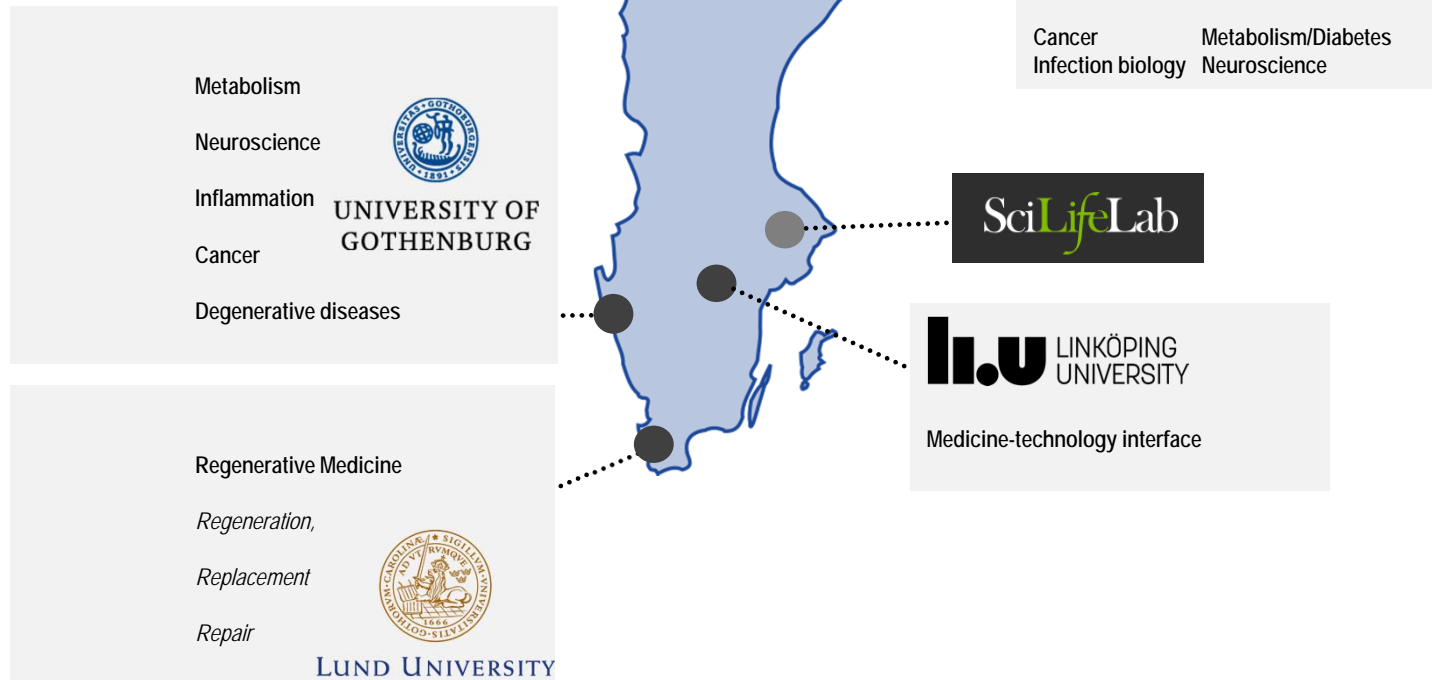


Career program aiming at strengthening Swedish research in Molecular Biosciences.
- International recruitment, attractive startup package
- Hosted initially (4+2 years) at SciLifeLab (proximity to research infrastructure)

International recruitment of young talent to Sweden: Wallenberg Centers for Molecular Medicine

National Molecular Medicine Fellows Program

Collaborative network for recruited fellows at SciLifeLab and young group leaders of the four **Wallenberg Centers for Molecular Medicine**.



Impact of SciLifeLab for diagnostics

Testbed for new technologies & technology transitions in healthcare

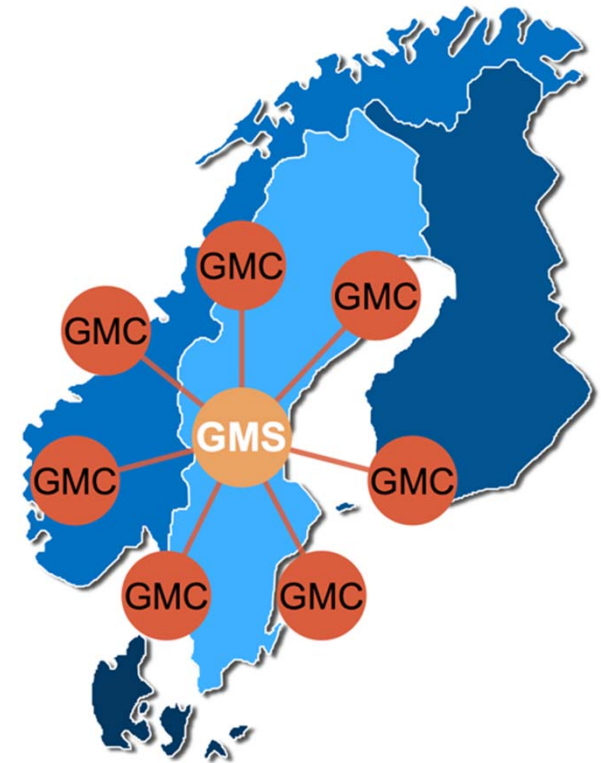


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Healthcare

GENOMIC MEDICINE SWEDEN

Richard Rosenquist Brandell
Karolinska Institutet
Thoas Fioretos
Lunds universitet

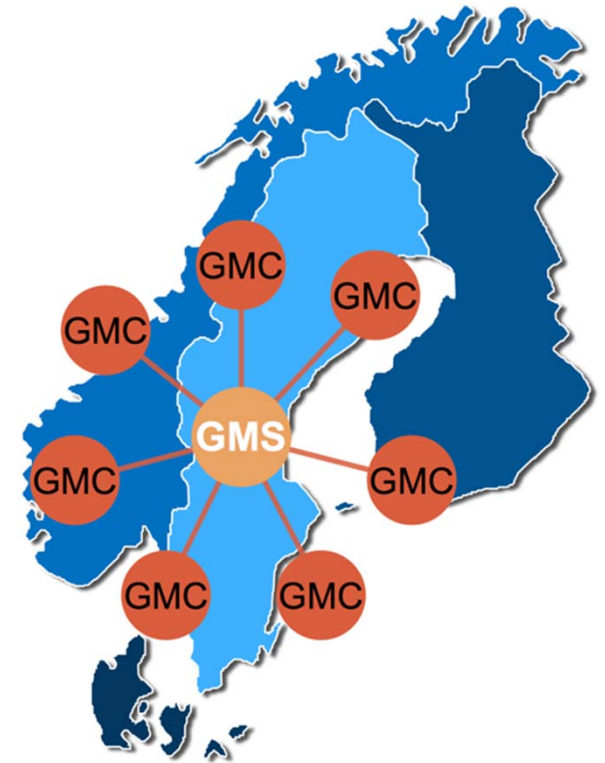


What is GMS aiming to achieve?

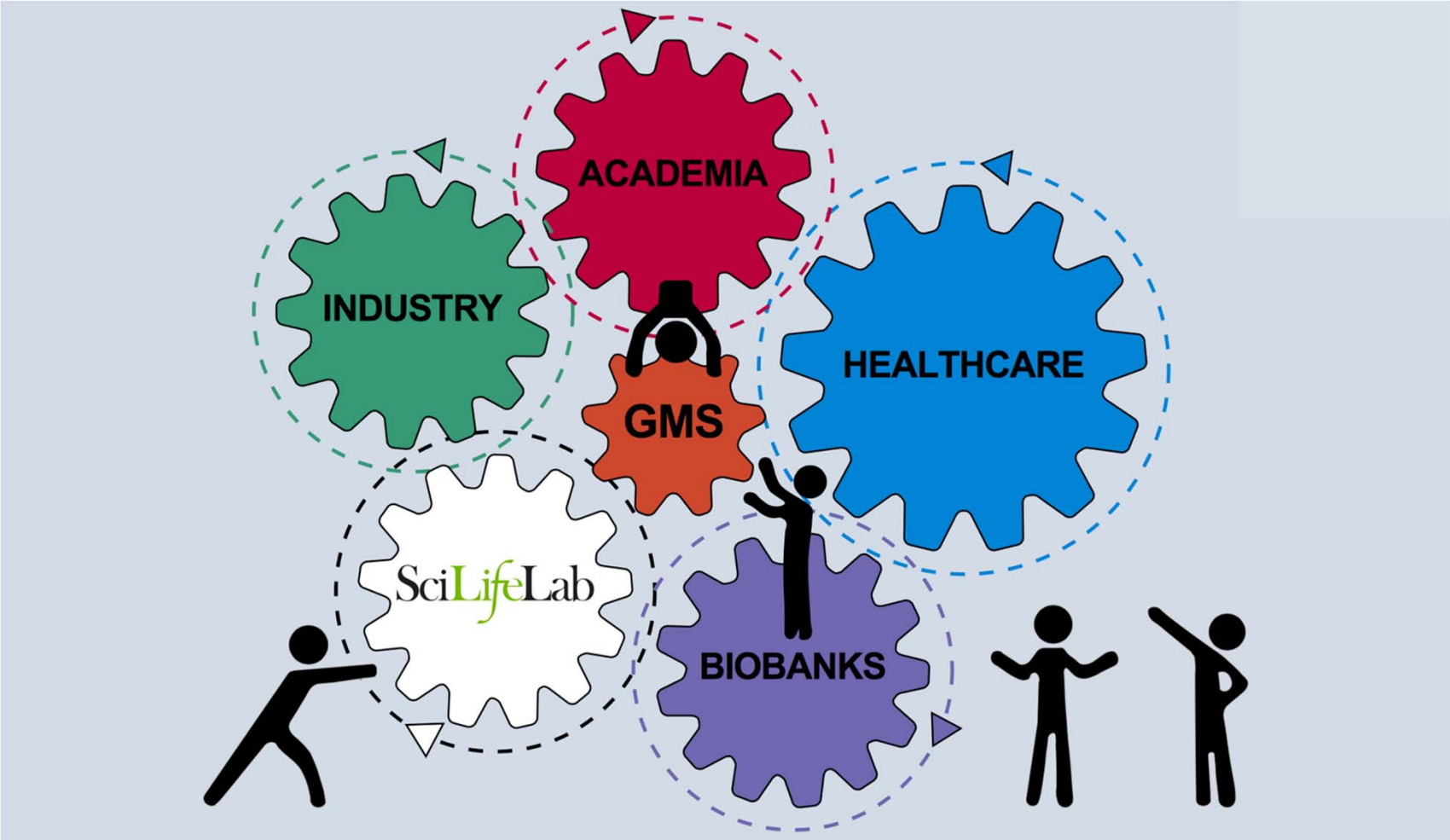
Through national coordination and collaboration, enable that all health care regions could offer to their patients:

- The best diagnosis – e.g. with the help of next-gen sequencing
- Precision medicine – right treatment to the right patient

Strengthen Swedish research, innovation and industrial collaboration in precision medicine



Large national collaborative effort



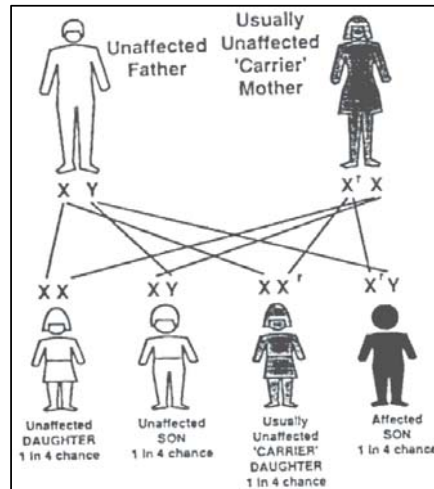
How do we create an internationally leading infrastructure?

Build on existing national resources:

- Science for Life Laboratory
- Biobank Sverige
- Regional cancer centers
- Center for rare diseases
- National quality registers
- Clinical study groups in Sweden

SciLifeLab





Rare hereditary diseases

- Whole-genome sequencing
- >3 000 routine WGS for clinical genetics, molecular medicine, immunology
- >35% more diagnoses

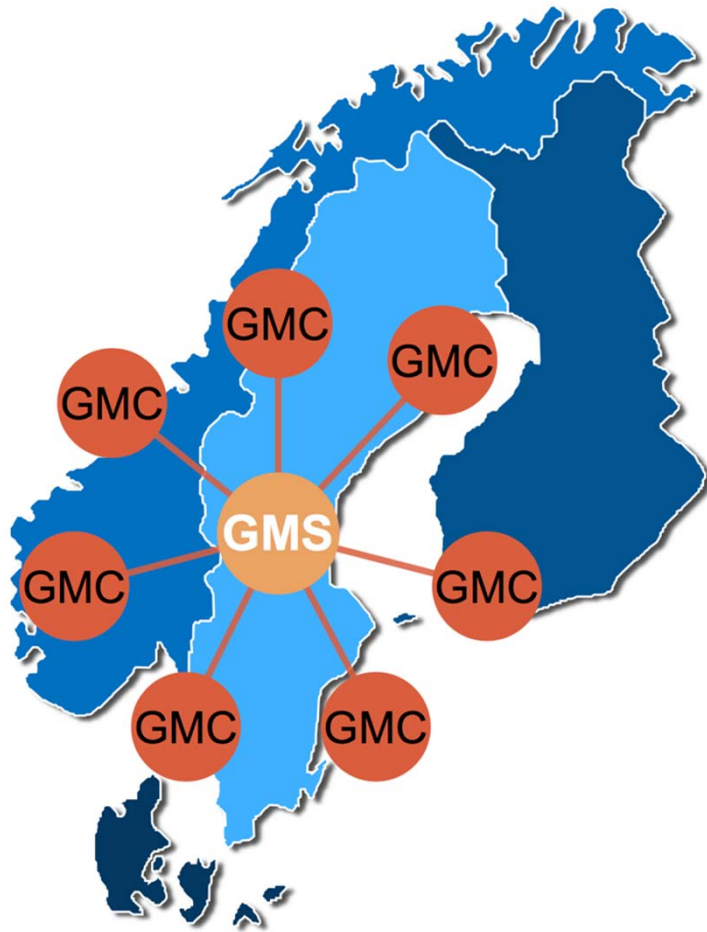
Cancer:

- Solid tumors and leukemias:
 - Gene panels
 - (RNA-sequencing)
 - (WGS)
- >5 000 routine tests already at clinical genetics and pathology

Status of GMS today

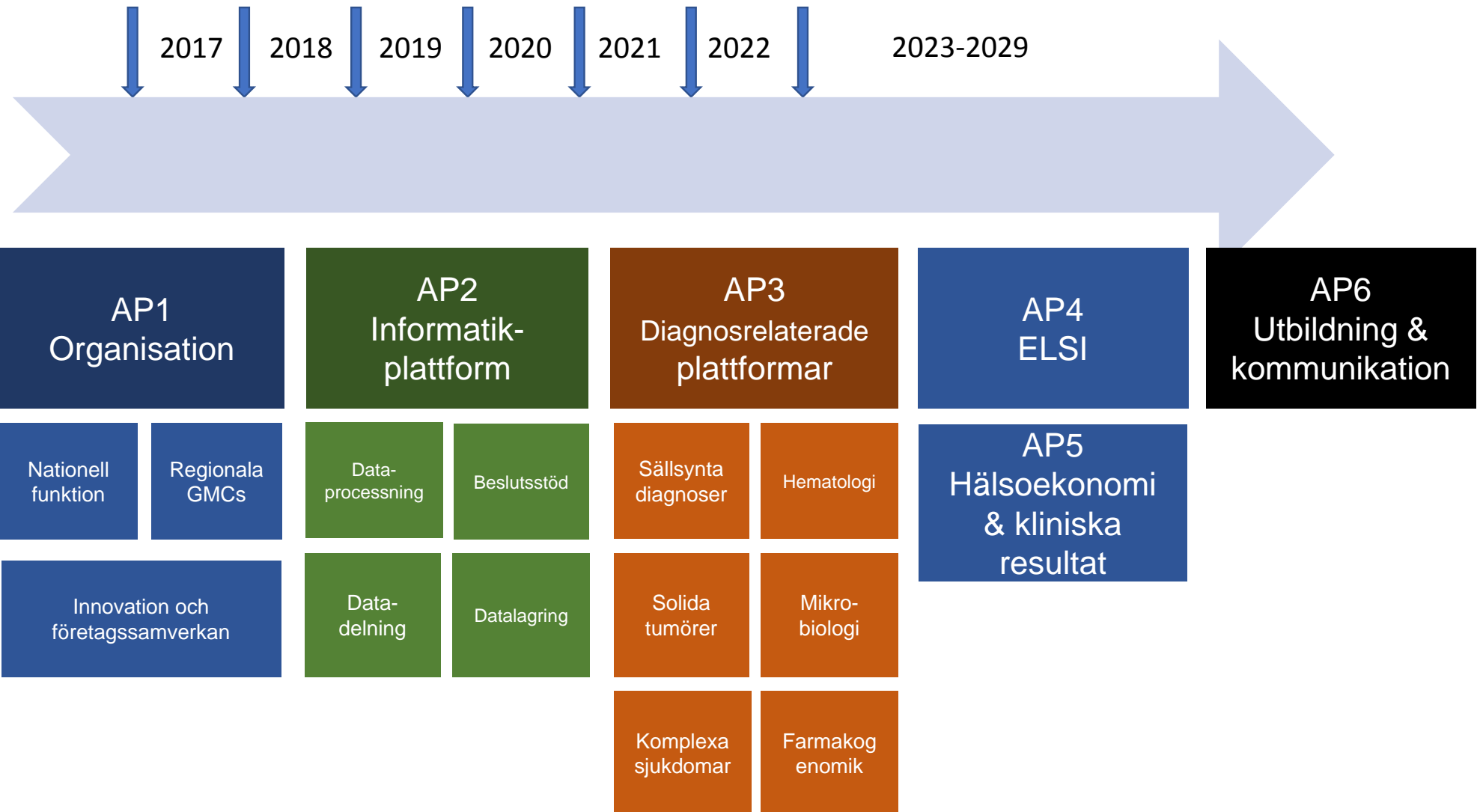
- Reference/working groups:
 - 5 reference groups
 - 5 technical working groups
 - 5 working groups for ELSI, health economy, education, pharmacogenetics, innovation
- Ca **300** people participate in the working groups
- Pilot projects underway for hereditary diseases, cancer and microbiology
- Regional genome medicine centers (GMCs) initiated





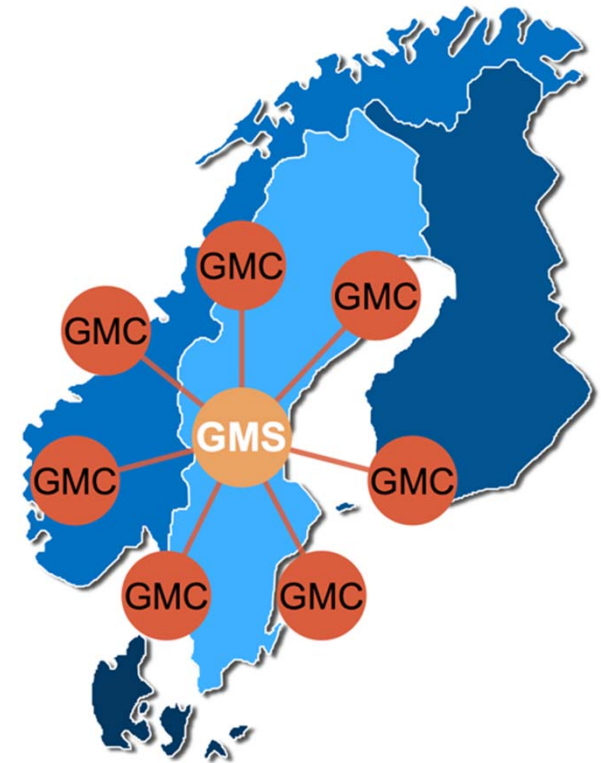
- Driven by university hospitals together with universities
- Representation from health care regions
- Work towards national coordination
- Competence from all parts of the chain e.g. technology, diagnostics, clinic
- Built on advanced molecular diagnostics
- Node for inclusion of clinical trials

Genomic Medicine Sweden – Time table



GENOMIC MEDICINE SWEDEN

Richard Rosenquist Brandell
Karolinska Institutet
Thoas Fioretos
Lunds universitet



Real-time precision systems oncology

Precision cancer medicine

Precision systems medicine in hematological cancers

Precision systems medicine POC in solid tumors

FIMM



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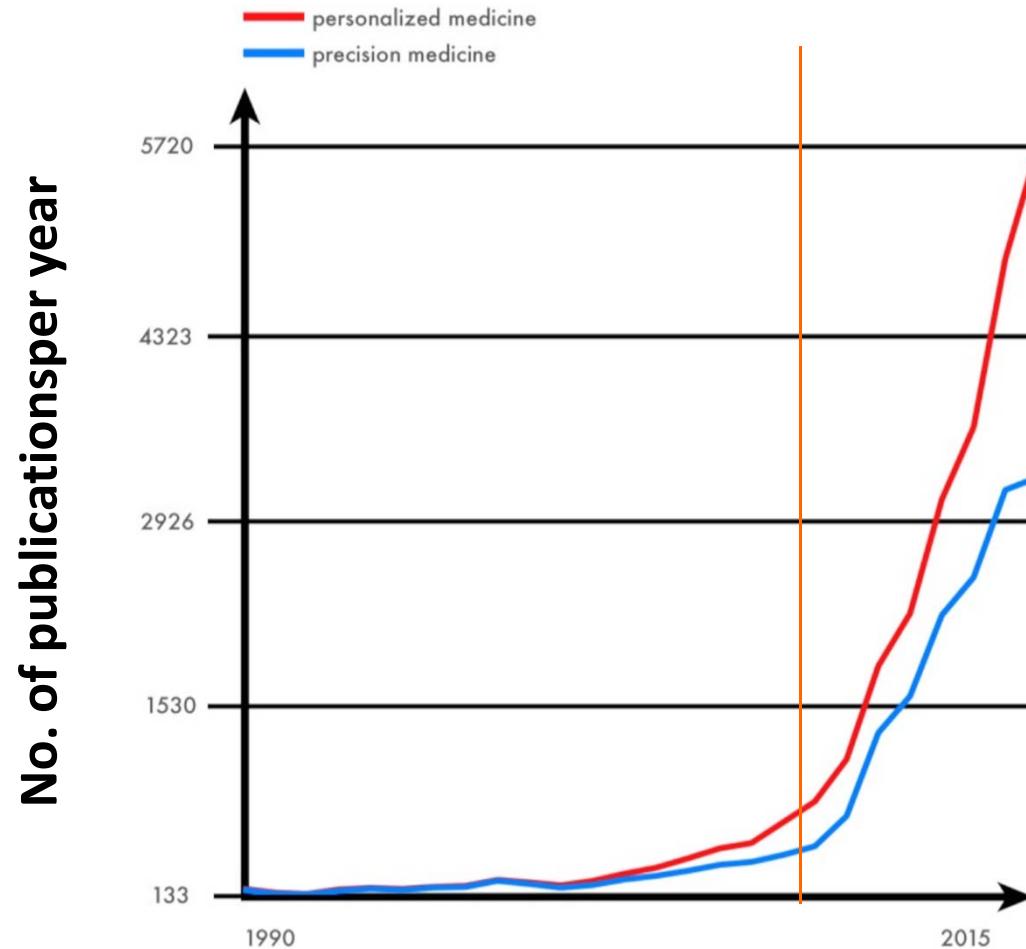
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Precision / personalized cancer care



The grand challenges & opportunities in precision oncology:

Better patient treatment

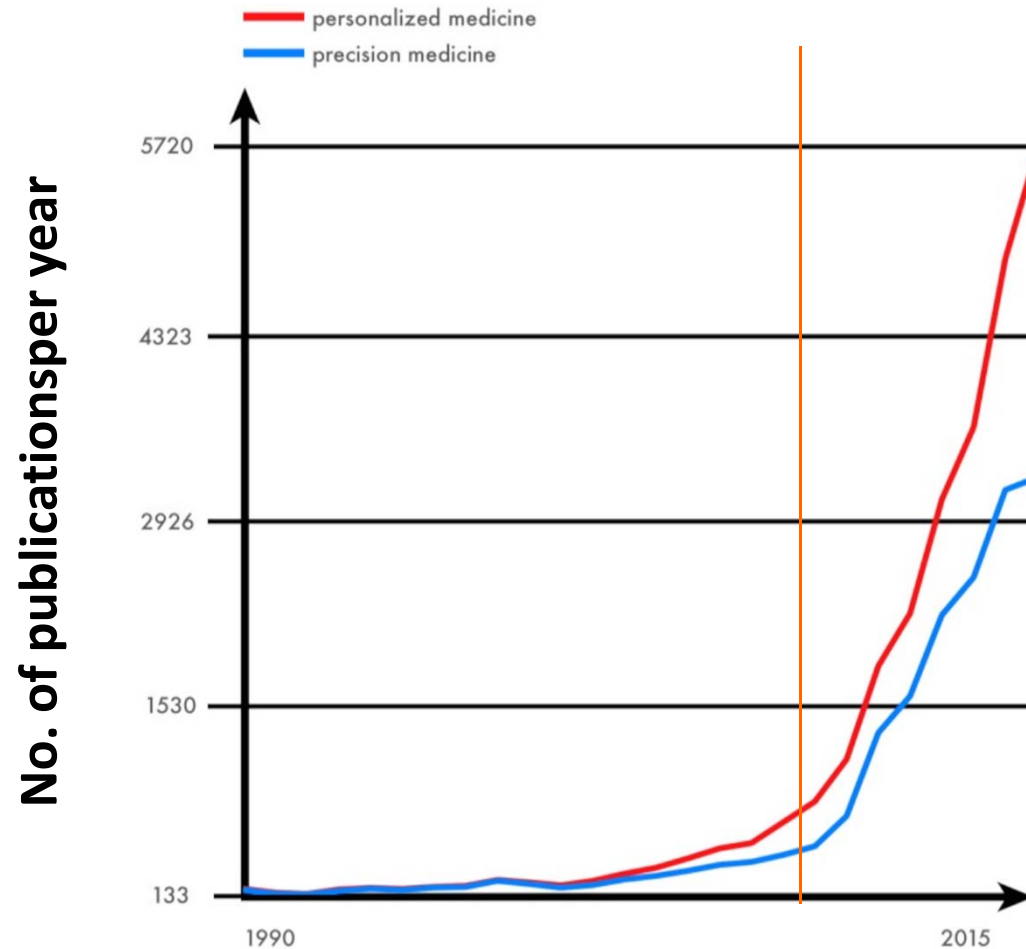
More effective cancer therapy for society (payers)

Improved success of cancer drug development

Drug repositioning, Combinations, Sequences

Prevention, early diagnosis, follow-up

Precision / personalized cancer care



Precision oncology does not change the fact that:

Cancer is heterogeneous

Advanced cancer is hard or impossible to cure

Drug resistance arises to single targeted treatments

We need more and better and cheaper cancer drugs, combinations, sequential tx

Prevention is the best way to deal with cancer

The Genetic Basis for Cancer Treatment Decisions

Janet E. Dancey,^{1,2} Philippe L. Bedard,^{3,4} Nicole Onetto,¹ and Thomas J. Hudson^{1,5,6,*}

Table 1. Selected Genetic Markers and Their Application in Cancer Treatment

Genetic Marker	Application	Drug
BCR-ABL	Ph+ CML; Ph+ ALL	Imatinib, dasatinib, nilotinib
BCR-ABL/T315I	Resistance to anti-BCR-ABL agents	Imatinib, dasatinib, nilotinib
BRAF V600E	Metastatic melanoma	Vemurafenib
BRCA1/2	Metastatic ovarian cancer and breast cancer with BRCA 1/2 mutations	Olaparib, veliparib, iniparib
c-Kit	Kit (CD117)-positive malignant GIST	Imatinib
EGFR	Locally advanced, unresectable, or metastatic NSCLC	Erlotinib, gefitinib
EGFR T790M	Resistance to EGFR tyrosine kinase inhibitors in advanced NSCLC	Erlotinib, gefitinib
EML4-ALK	ALK kinase inhibitor for metastatic NSCLC with this fusion gene	Crizotinib
HER2 amplification	HER2-positive breast cancer or metastatic gastric or gastroesophageal junction adenocarcinoma	Trastuzumab
KRAS	Resistance to EGFR antibodies in metastatic colorectal cancer	Cetuximab, panitumumab
PML/RAR	Acute promyelocytic leukemia	ATRA, arsenic trioxide
TPMT	Deficiency is associated with increased risk of myelotoxicity	Mercaptopurine, azathioprine
UGT1A1	Homozygosity for UGT1A1*28 is associated with risk of toxicity	Irinotecan
DPD	Deficiency is associated with risk of severe toxicity	5-Fluorouracil

ATRA, all trans retinoic acid; Ph+, Philadelphia-positive chromosome; DPD, dihydropyrimidine dehydrogenase; EGFR, epidermal growth factor receptor; EML4-ALK, echinoderm microtubule-associated protein-like 4 anaplastic lymphoma kinase; HER2, human epidermal growth receptor 2; GIST, gastrointestinal stromal tumors; ALL, acute lymphocytic leukemia; NSCLC, non-small cell lung cancer; TPMT, thiopurine S-methyltransferase.

PERSPECTIVE

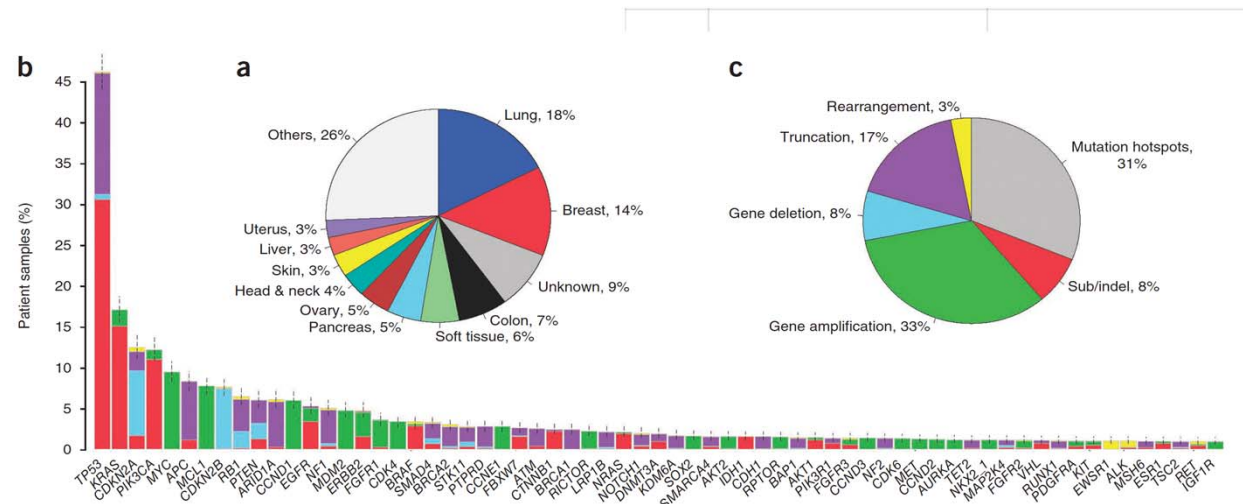
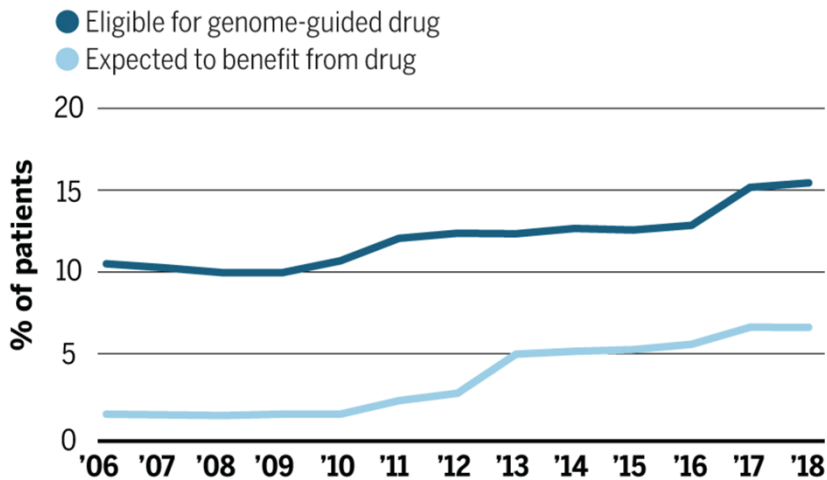


The precision-oncology illusion

Precision oncology has not been shown to work, and perhaps it never will, says **Vinay Prasad**.

A lucky few

The portion of U.S. advanced cancer patients who can be matched with a Food and Drug Administration–approved drug based on their tumor’s genome is growing slowly, and only some will see their cancer shrink.



PERSPECTIVE

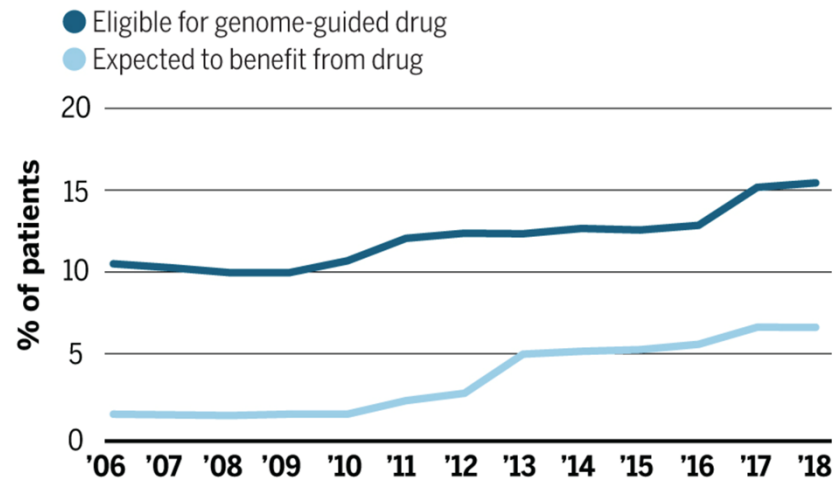


The precision–oncology illusion

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A lucky few

The portion of U.S. advanced cancer patients who can be matched with a Food and Drug Administration–approved drug based on their tumor’s genome is growing slowly, and only some will see their cancer shrink.



SOUNDING BOARD

Limits to Personalized Cancer Medicine

Ian F. Tannock, M.D., Ph.D., and John A. Hickman, D.Sc.

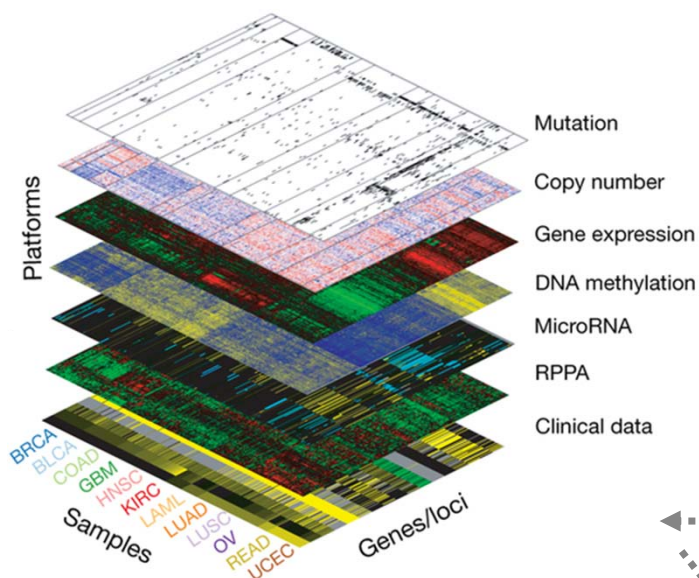


- Few patients eligible, few patients benefit outside of well-known drivers in specific cancers
- Small no. of available targeted drugs
- Limits to the impact of single targeted drugs, given cancer heterogeneity and redundancy of cell signaling
- Toxicity of combinations
- Lack of clinical evidence of benefits and increased costs to health care

What more can Systems Medicine do?

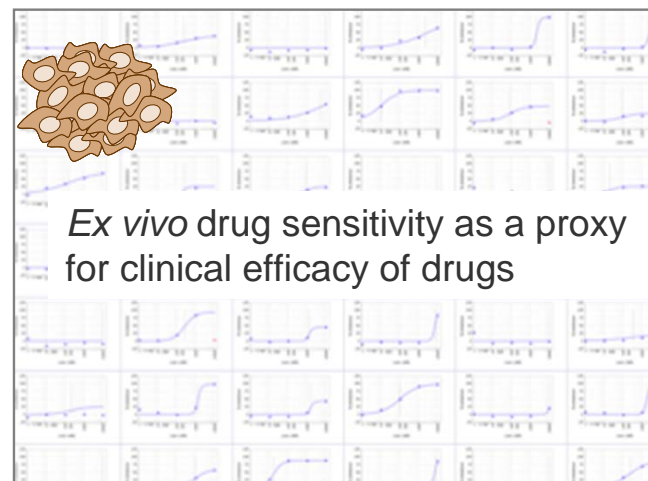
Deep molecular profiling

Omics characterizations



TCGA Weinstein *et al.*,
Nature Genetics 45, 1113–1120, 2013

Deep functional profiling of PDCs



Ex vivo drug sensitivity as a proxy
for clinical efficacy of drugs

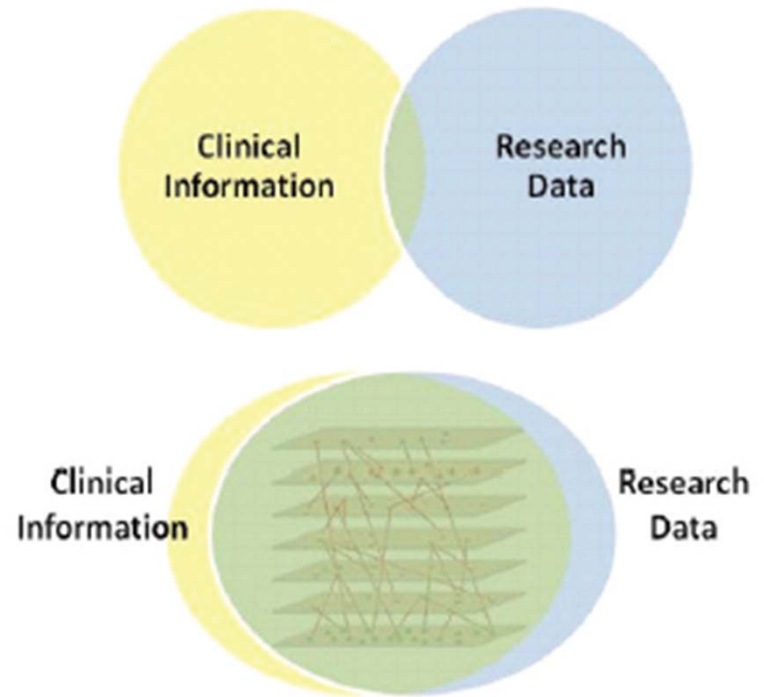
Pemovska T *et al.*, Cancer Disc 3:1416-1429, 2013
Yadav B *et al.*, Sci Rep 4:5193, 2014
Pemovska T *et al.*, Nature 7541:102-105, 2015
Saeed K *et al.*, Eur J Urol, May 5, 2017
Ojames P *et al.*, Leukemia, 31 Oct 31, 2017
Malani D *et al.*, Leukemia, May 31, 2017

Clinical Precision Medicine

Real-time translation of systems biology/ systems medicine data

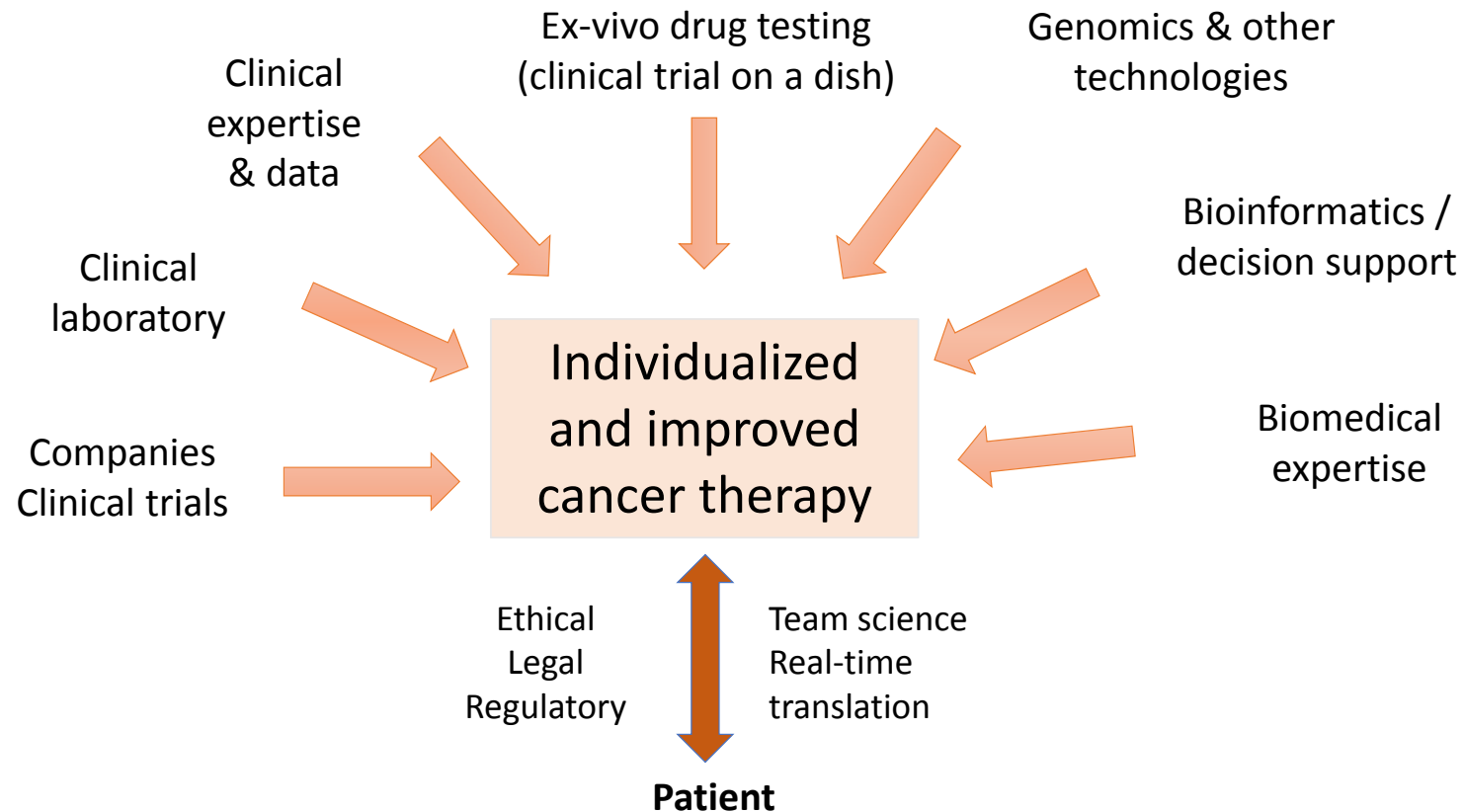
Usually translation of research to the clinic takes a decade or so

Can we provide systems biology information to the clinic that may help real-time with treatment decisions?



US National Academy of Sciences 2012

Elements assembled to take precision systems medicine to the clinical setting



Drug sensitivity and resistance profiling (DSRT) Platform: High-throughput, nanoliter-scale drug testing of patient-derived cells (PDCs)

Leukemia sample



benign cancer

Solid tumors

525 oncology drugs
 149 approved drugs
 376 investigational drugs

- conventional chemotherapeutics
- hormone therapy drugs
- kinase inhibitors
- epigenetic/differentiating drugs
- other targeted drugs
- immunosuppressants

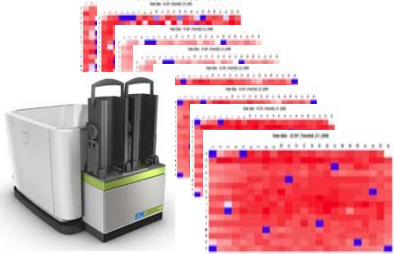


Nanoliter acoustics

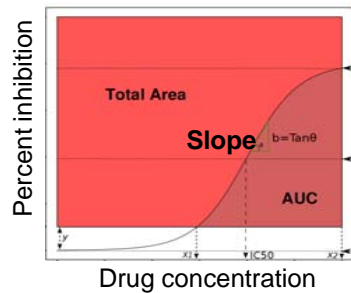
1-10000 nM
→ dose response curves

Fresh material, expansion, single cell suspension

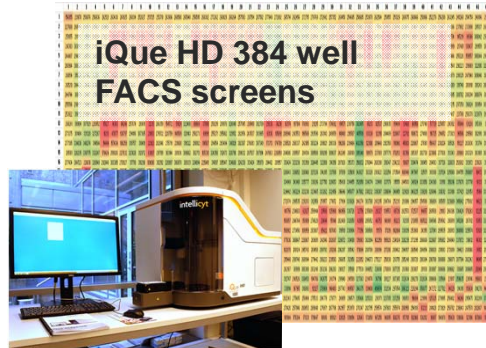
Viability / Toxicity
by CellTiter-Glo / CellTox



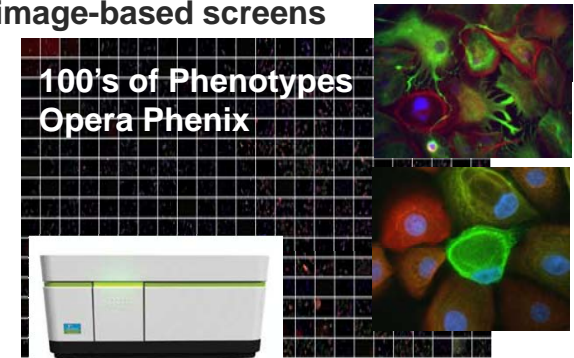
Drug Sensitivity
Score (DSS)



Flow cytometry

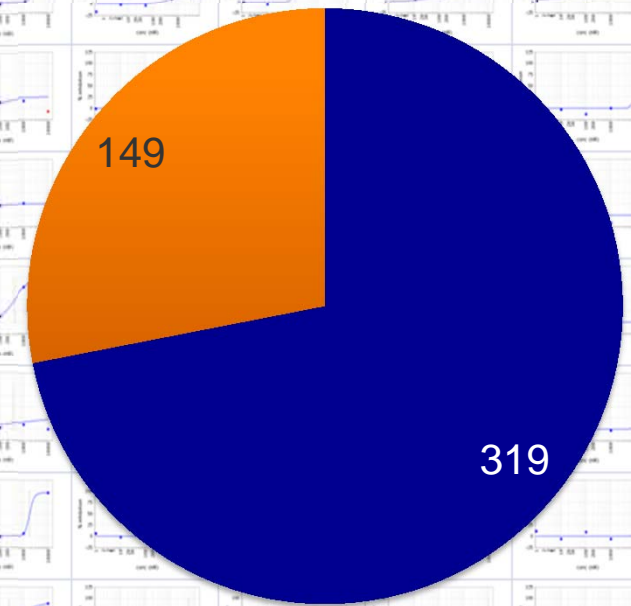


High throughput high-content
image-based screens

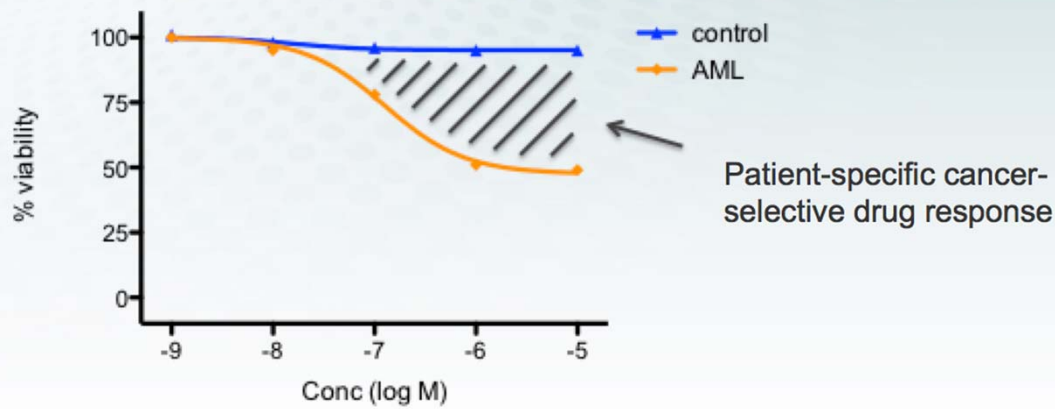


Pharmacopeia-wide drug sensitivity and resistance testing with dose-response curves for each drug

Detailed dose-response curves for all oncology drugs and many emerging cancer compounds for individual patient cell samples

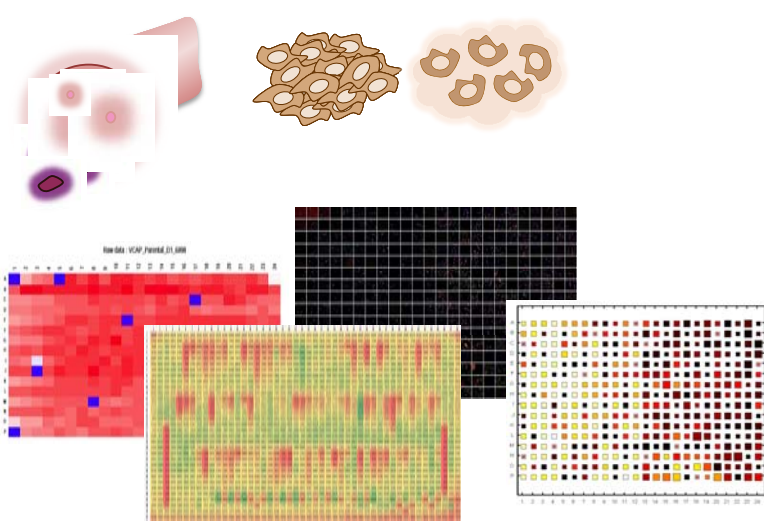


■ Investigational ■ Clinical drugs



Pharmacopeia-wide drug sensitivity and resistance testing (DSRT) of patients' cancer cells: data analysis

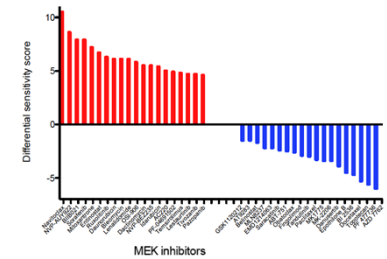
Drug testing of patients' cells *ex vivo*



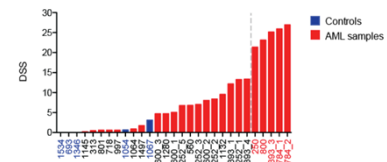
Comparative efficacy data for 540 drugs



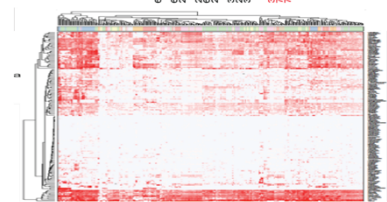
Comparing different drugs in one patient



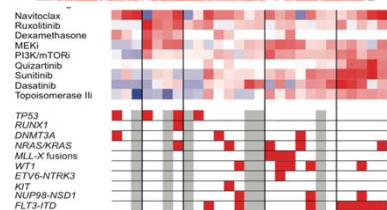
Comparing the same drug across different patients



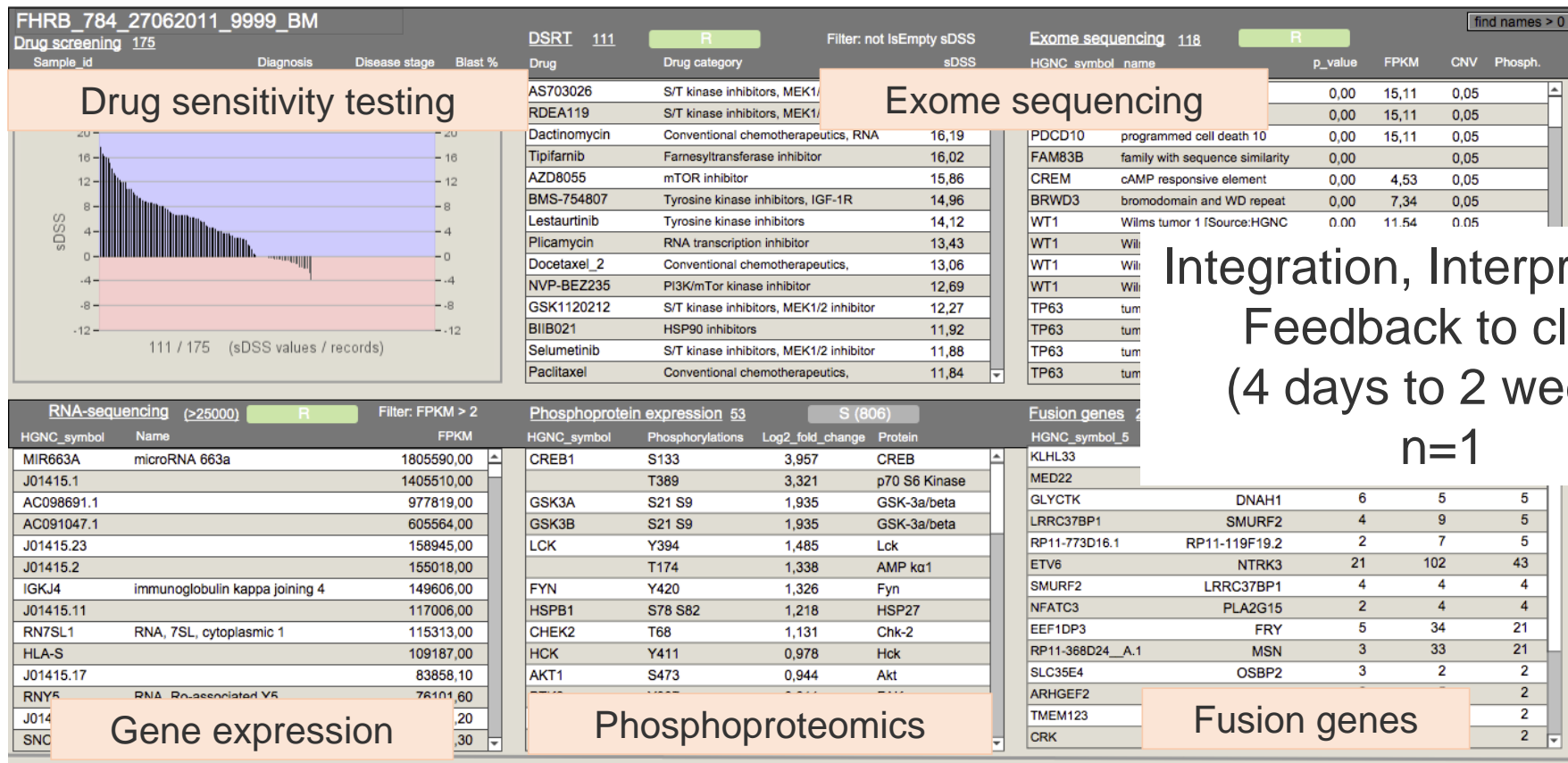
Cross-comparing drugs and patients



Identification of response biomarkers



Big data management, integration and rapid interpretation needed to give real-time feedback to the clinic



Integration, Interpretation
Feedback to clinic
(4 days to 2 weeks)
n=1

Individualized Systems Medicine Strategy to Tailor Treatments for Patients with Chemorefractory Acute Myeloid Leukemia

Tea Pemovska, Mika Kontro, Bhagwan Yadav, Henrik Edgren, Samuli Eldfors, Agnieszka Szwajda, Henrikki Almusa, Maxim M. Bespalov, Pekka Ellonen, Erkki Elonen, Björn T. Gjersten, Riikka Karjalainen, Evgeny Kuleskiy, Sonja Lagström, Anna Lehto, Majja Lepistö, Tuija Lundán, Muntasar Mamun Majumder, Jesus M. Lopez Marti, Pirko Mattila, Astrid Murumägi, Satu Mustjoki, Aino Palva, Alun Parsons, Tero Pirttinen, Maria E. Rämelt, Minna Suvela, Laura Turunen, Imre Väström, Maija Wolf, Jonathan Knowles, Tero Aittokallio, Caroline A. Heckman, Kimmo Porkka, Olli Kallioniemi, and Krister Wennerberg

DOI: 10.1158/2159-8290.CD-13-0350 Published December 2013

Image-based ex-vivo drug screening for patients with aggressive haematological malignancies: interim results from a single-arm, open-label, pilot study

Berend Snijder*, Gregory I Vladimer*, Nikolaus Krall, Katsuhiko Miura, Ann-Sofie Schmolke, Christoph Kornauth, Oscar Lopez de la Fuente, Hye-Soo Choi, Emiel van der Kouwe, Sinan Gültekin, Lukas Kazianka, Johannes W Bigenzahn, Gregor Hoermann, Nicole Prutsch, Olaf Merkel, Anna Ringler, Monika Sabler, Georg Jerczynski, Marius E Mayerhoefer, Ingrid Simonitsch-Klupp, Katharina Ocko, Franz Felberbauer†, Leonhard Müllauer, Gerald W Prager, Belgin Korkmaz, Lukas Kenner, Wolfgang R Sperr, Robert Kralovics, Heinz Gisslinger, Peter Valent, Stefan Kubicek, Ulrich Jäger, Philipp B Stabert, Giulio Superti-Furga†

Chemogenomic Landscape of *RUNX1*-mutated AML Reveals Importance of *RUNX1* Allele Dosage in Genetics and Glucocorticoid Sensitivity

Laura Simon¹, Vincent-Philippe Lavallée^{1,2}, Marie-Eve Bordeleau¹, Jana Kros¹, Irène Baccelli¹, Geneviève Boucher¹, Bernhard Lehnertz¹, Jalila Chagraoui¹, Tara MacRae¹, Réjean Ruel¹, Yves Chantigny¹, Sébastien Lemieux^{1,3}, Anne Marinier^{1,4}, Josée Hébert^{1,2,5,6}, and Guy Sauvageau^{1,2,5,6}

Molecularly targeted drug combinations demonstrate selective effectiveness for myeloid- and lymphoid-derived hematologic malignancies

Stephen E. Kurtz^a, Christopher A. Eide^{a,b}, Andy Kaempff, Vishesh Khanna^{a,b}, Samantha L. Savage^a, Angela Rofelty^a, Isabel English^a, Hiberny Ho^a, Ravi Pandya^d, William J. Bolosky^d, Hoifung Poon^d, Michael W. Deininger^e, Robert Collins^f, Ronan T. Swords^g, Justin Watts^g, Daniel A. Pollyea^h, Bruno C. Medeirosⁱ, Elie Traer^a, Cristina E. Tognon^a, Motomi Mori^{c,j}, Brian J. Druker^{a,b,1}, and Jeffrey W. Tyner^{k,1}



Leukemia Research

journal homepage: www.elsevier.com/locate/leukres



Research paper



Ex-vivo sensitivity profiling to guide clinical decision making in acute myeloid leukemia: A pilot study

Ronan T. Swords^{a,1}, Diana Azzam^{b,c,d,1}, Hassan Al-Ali^{d,e,f,g,1}, Ines Lohse^{b,c,d,1}, Claude-Henry Volmar^{b,c,d}, Justin M. Watts^a, Aymee Perez^a, Ana Rodriguez^a, Fernando Vargas^a, Roy Elias^a, Francisco Vega^a, Arthur Zelent^a, Shaun P. Brothers^{b,c,d}, Taher Abbasi^h, Jonathan Trent^a, Shaikat Rangwalaⁱ, Yehuda Deutsch^j, Eibhlin Conneally^k, Leylah Drusbosky^l, Christopher R. Cogle^l, Claes Wahlestedt^{b,c,*}



Leukemia

Original Article | [OPEN](#) | Published: 11 November 2016

Mechanisms of resistance

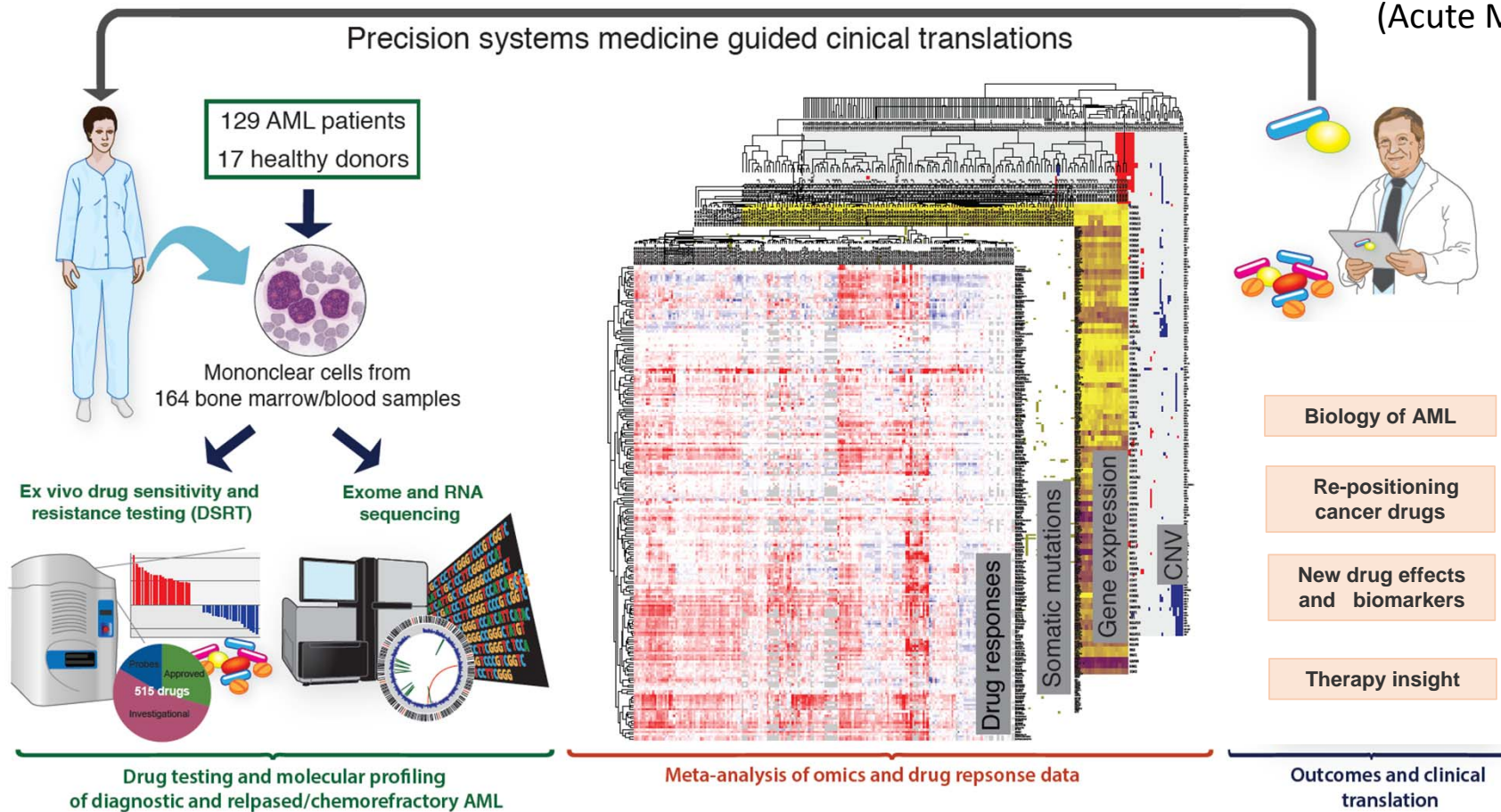
Enhanced sensitivity to glucocorticoids in cytarabine-resistant AML

D Malani, A Murumägi, B Yadav, M Kontro, S Eldfors, A Kumar, R Karjalainen, M M Majumder, P Ojames, T Pemovska, K Wennerberg, C Heckman, K Porkka, M Wolf, T Aittokallio & O Kallioniemi

Leukemia 31, 1187–1195 (2017) | [Download Citation](#)

Individualized Systems Medicine study of 164 consecutive AML samples

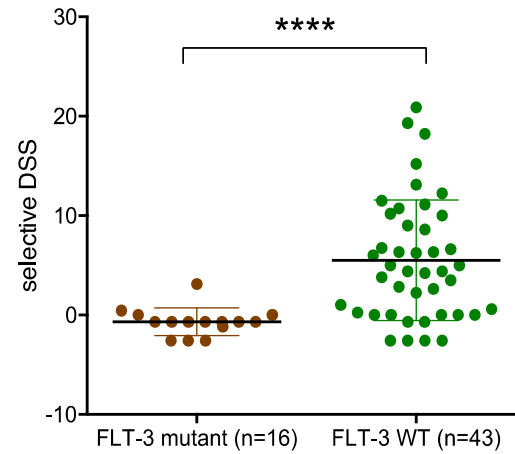
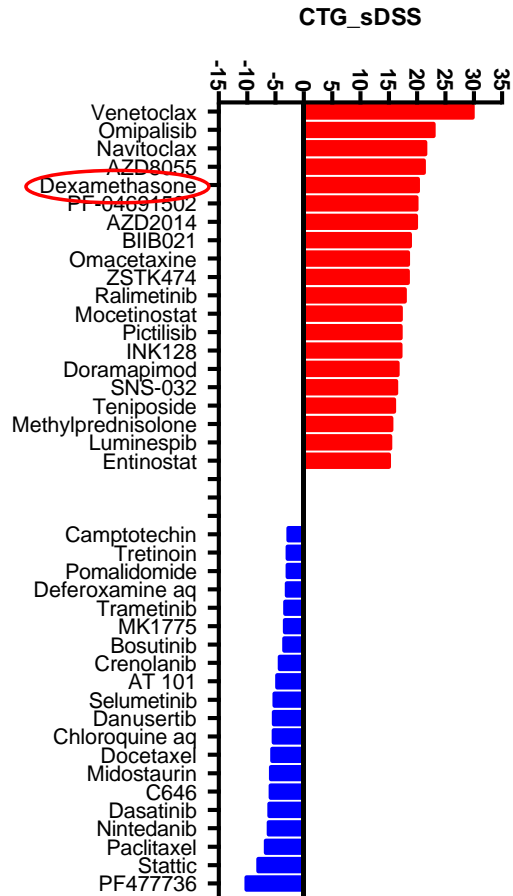
(Acute Myeloid Leukemia)



some conclusions in AML

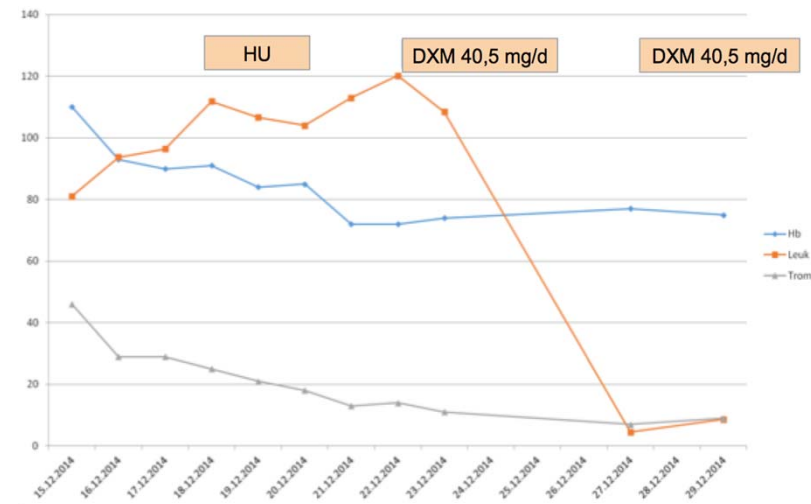
so far...

Opportunities to reposition existing cancer drugs In biomarker-defined subgroups

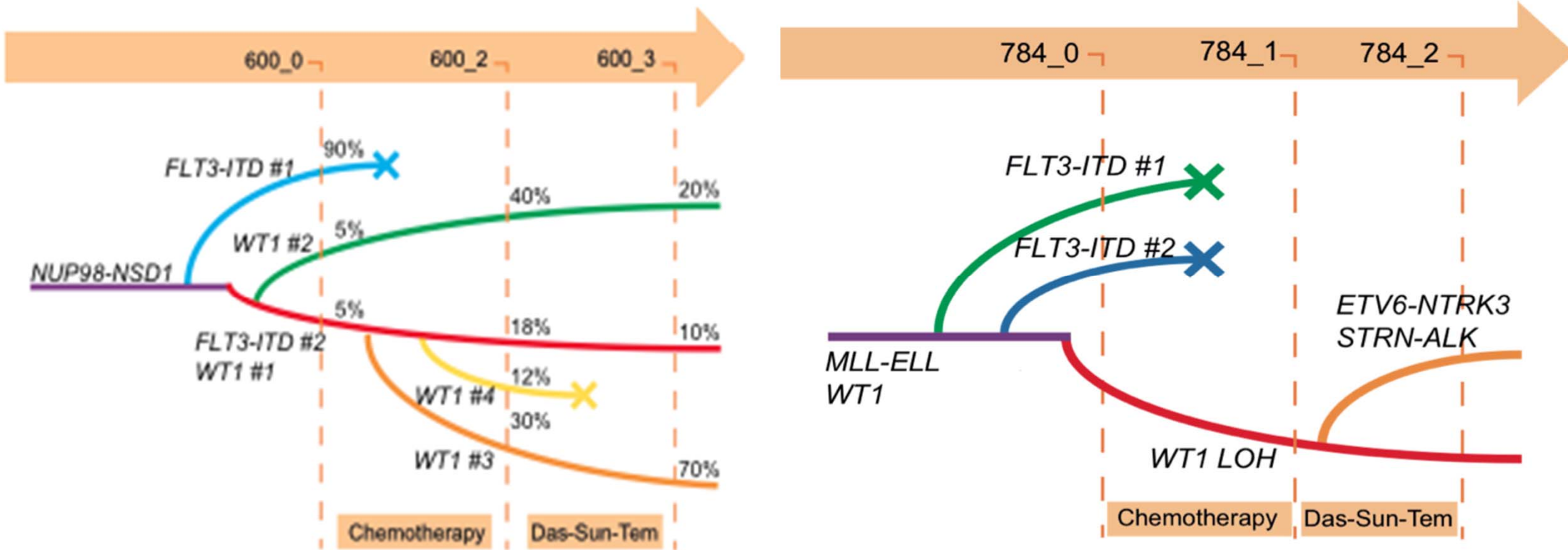


Clinical Proof of concept:

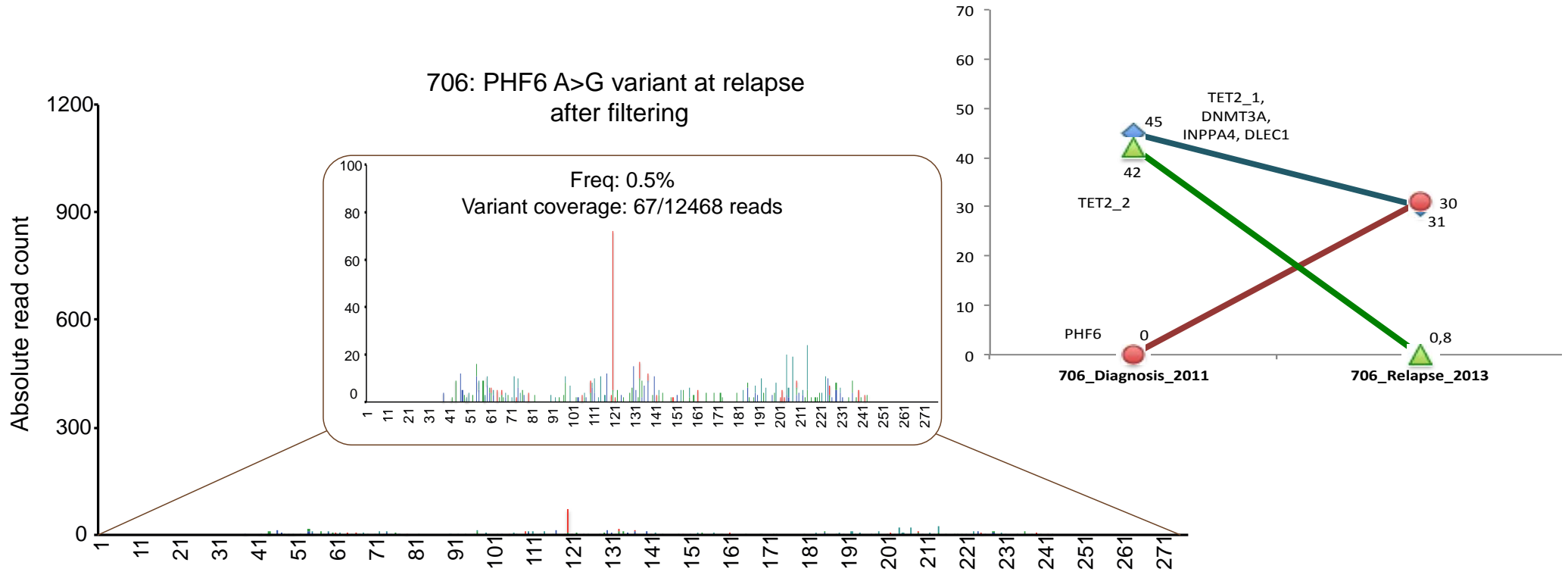
Subgroup responding to glucocorticoids



AML therapies in patients often eliminate cancer subclones, but new clones emerge and cause resistance and relapse



Drug-resistance arises from pre-existing rare cell variants



16 relapse-associated mutations identified before treatment (at frequencies of 0,54-2%) that were not detected by exome sequencing

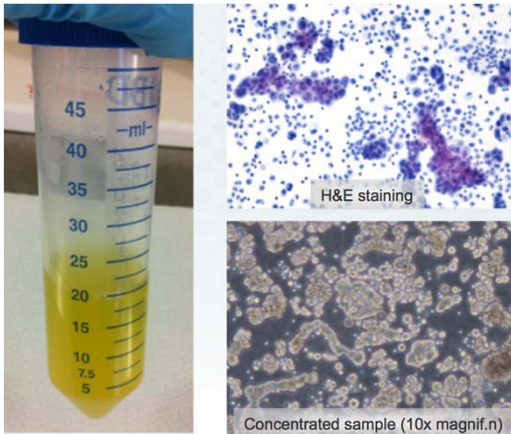
What next?

Refinement and consistency of the functional assays and cell models

Clinical trials based on systems medicine (and ex-vivo drug sensitivity / trial on a dish) in a pan-Nordic / pan-EU / global setting

Precision systems medicine POCs in solid tumors (ovarian cancer)

Precision Systems Cancer Medicine: Ovarian cancer

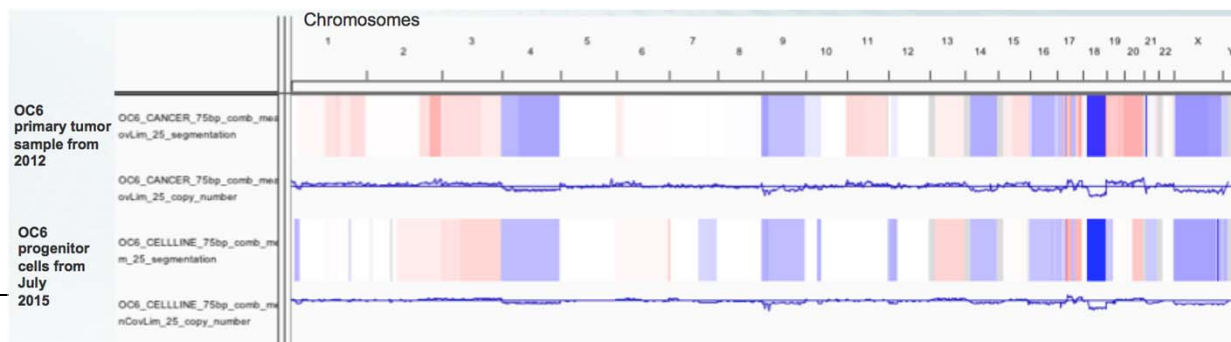


Astrid Murumägi, Ralf Butzov *et al.*,

Progenitor cells isolated from ovarian cancer ascites for functional drug testing

Excellent representation of genomics between conditionally reprogrammed cells *ex vivo* and patient's primary tumor

Both Primary tumor sample from 2012 (FFPE) and conditionally reprogrammed cells carry **KRAS (G12V) hotspot mutation** and **TP53 (S215N) mutation**



Acknowledgements

Collaborators & PIs @ FIMM:

- Kimmo Porkka
- Satu Mustjoki
- Caroline Heckman
- Krister Wennerberg
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Thank You for Your Attention!