



NATIONAL CANCER INSTITUTE

# Refining PRECISION THERAPEUTICS

## With DNA Damaging Agents

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Center for Cancer Research,  
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Bethesda, Maryland**



**Precision therapeutics can be defined as the ability to:**

- **prescribe effective therapies only to those patients who will respond effectively (cure),**
- **while limiting toxicity to normal tissues and minimizing side effects.**



- ❖ Synthetic lethality beyond BRCA and PARP inhibitors
  - TOP1 inhibitors
- ❖ Cancer Cell Line genomics as model systems
- ❖ SLFN11 as a highly penetrant determinant of response
- ❖ Practical implications: example of temozolomide



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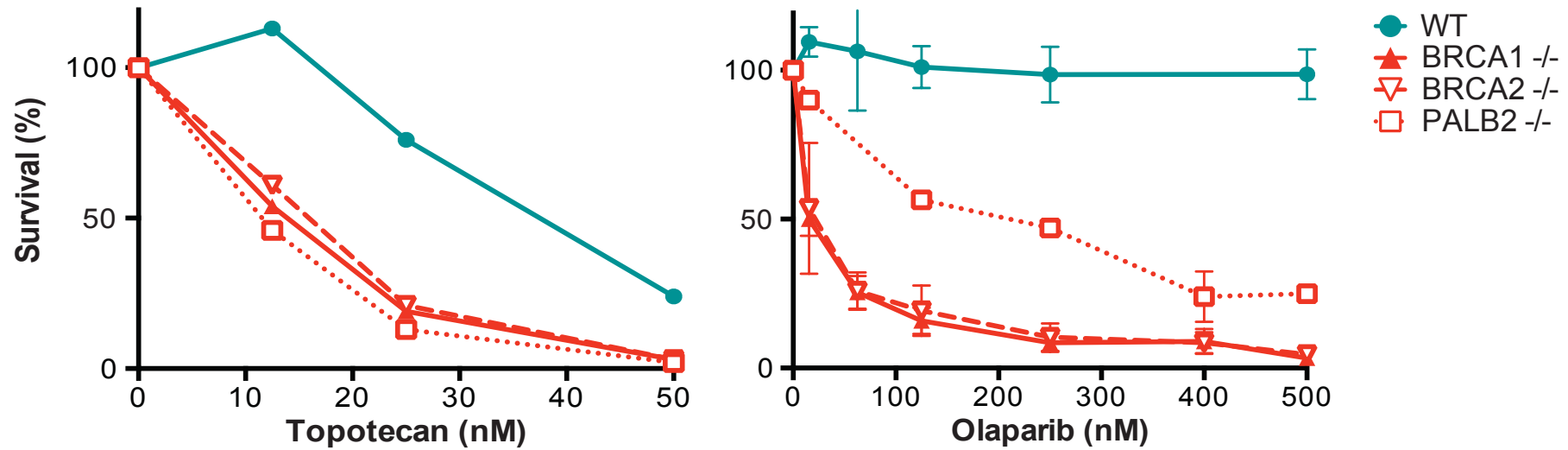




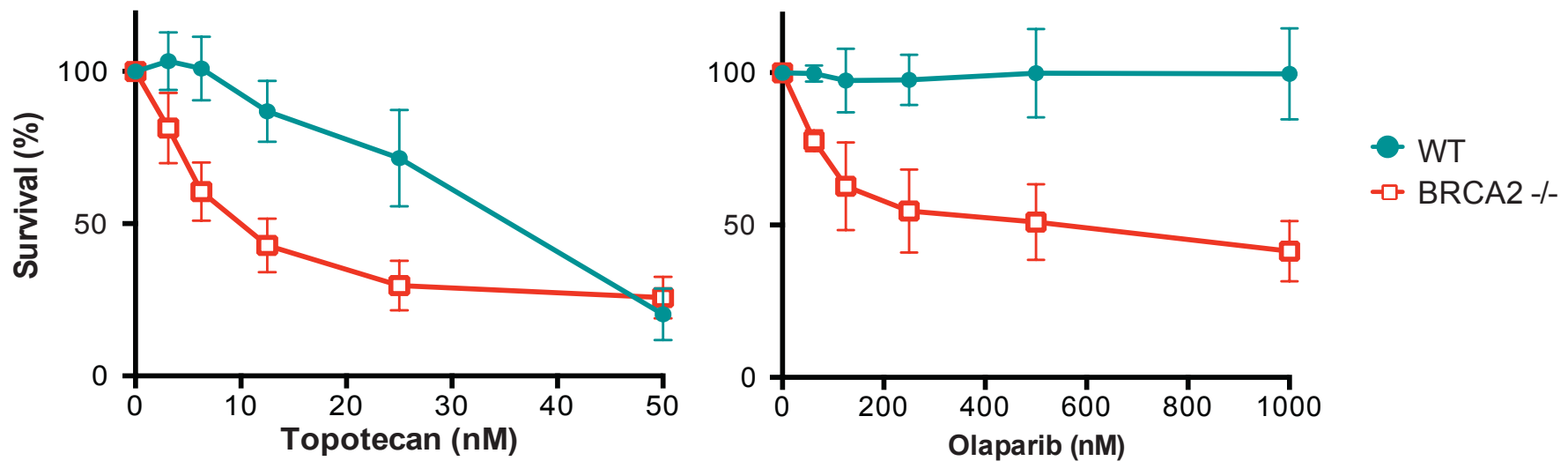
# Synthetic lethality for BRCA cells beyond PARP inhibitors

## TOP1 inhibitors

DT40 cells



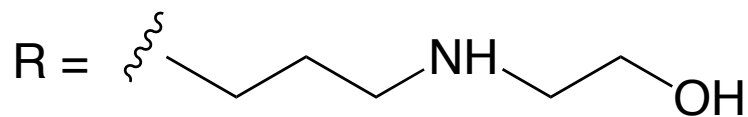
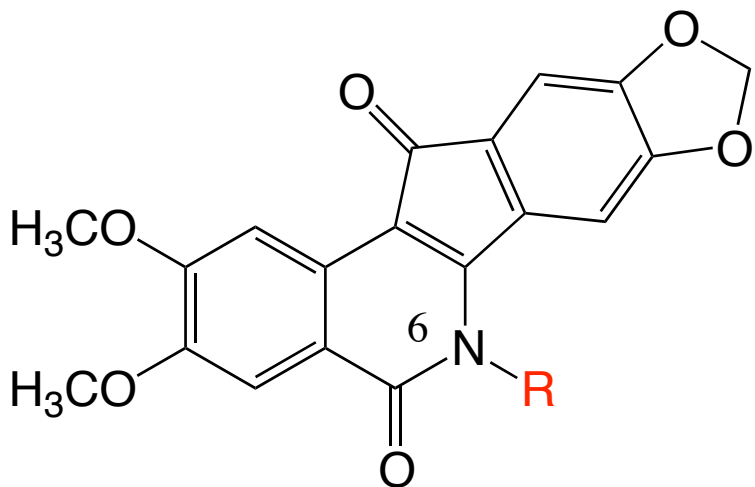
DLD1 cells



## Rationale for the development of non-camptothecin TOP1 inhibitors

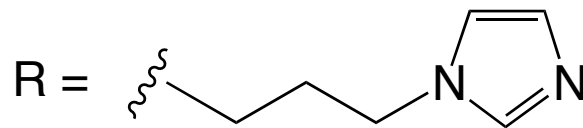
- ❖ Camptothecin derivatives (**Irinotecan** and **Topotecan**) are potent anticancer agents and highly selective TOP1 inhibitors
- ❖ Camptothecins are selective for **HR (BRCA) deficient tumors**
- ❖ Camptothecins are the **only chemical class** of TOP1 inhibitors (many tubulin, TOP2...)
- ❖ Camptothecins have well-established **limitations**
  - ✓ Chemically unstable (inactivated within minutes in plasma)
  - ✓ Reversibly block TOP1-DNA complexes (long exposure required to maximize effect)
  - ✓ Eliminated from cancer cells by ABC drug efflux transporters (ABCG2 – ABCB1)
  - ✓ Short plasma half-life (2-3 hours due to rapid clearance)
  - ✓ Dose-limiting bone marrow toxicity
  - ✓ Severe diarrhea (Irinotecan)

# Non-camptothecin TOP1 inhibitors developed by the NCI: the **Indenoisoquinolines**: the LMPs



NSC 706744

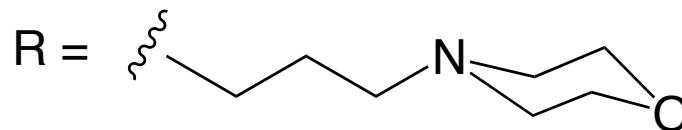
**LMP744**



NSC 725776

Imidotecan

**LMP776**



NSC 724998

Indotecan

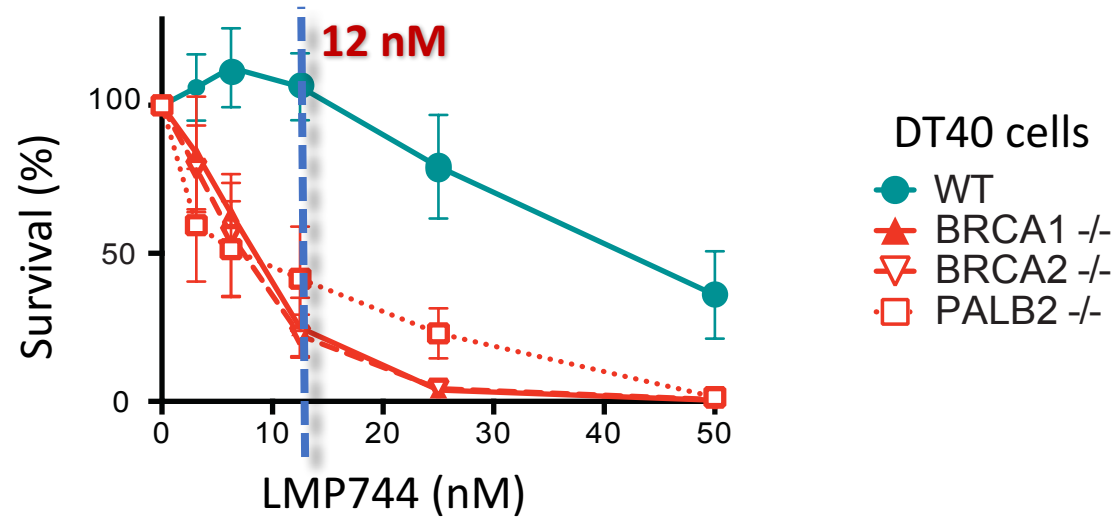
**LMP400**

**LMP400** (Indotecan) and **LMP776** (Imidotecan) completed Phase 1

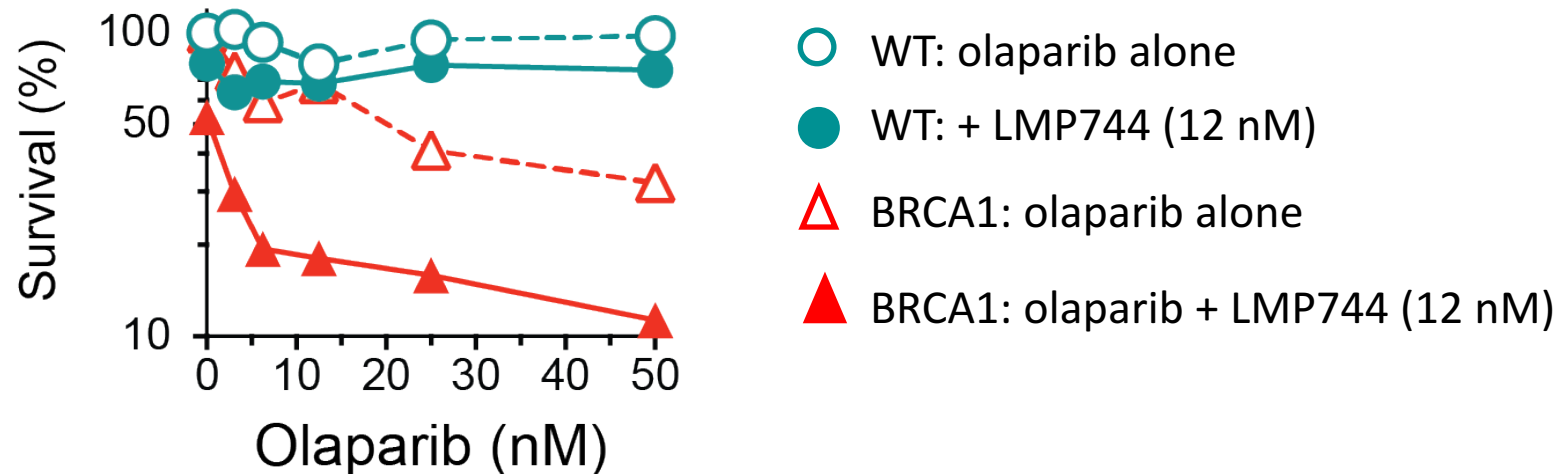
**LMP744** is beginning phase 1

# Synthetic lethality of the indenoisoquinolines for BRCA cells beyond PARP inhibitors

Indenoisoquinoline TOP1 inhibitors are potent as single agents  
at nanomolar concentration in HR deficient cells



Indenoisoquinolines synergize with olaparib in BRCA1-deficient cells



Unpublished

## The indenoisoquinoline TOP1 inhibitors are in Phase 1-2 clinical development

- ❖ As the TOP1 inhibitor camptothecin derivatives (**Irinotecan** and **Topotecan**), the indenoisoquinolines are potent anticancer agents
- ❖ ~~Camptothecins are the **only chemical class** of TOP1 inhibitors (many tubulin, TOP2...)~~
- ❖ **The indenoisoquinolines** are selective for **HR (BRCA) deficient tumors**
- ❖ **The Indenoisoquinolines** overcome the **limitations** of camptothecins
  - ✓ Chemically ~~un~~stable (no lactone E-ring)
  - ✓ More stable block of TOP1-DNA complexes than camptothecins
  - ✓ ~~Eliminated from cancer cells by ABC drug efflux transporters (ABCG2—ABCB1)~~
  - ✓ ~~Short~~ Long plasma half-lives (12-17 hours vs. 2 hours)
  - ✓ Dose-limiting bone marrow toxicity
  - ✓ ~~Severe diarrhea (Irinotecan)~~

- ❖ Synthetic lethality beyond BRCA and PARP inhibitors
  - TOP1 inhibitors
- ❖ Cancer Cell Line genomics as model systems
- ❖ SLFN11 as a highly penetrant determinant of response
- ❖ Practical implications: example of temozolomide



## The NCI CellMiner Genomic and Bioinformatics facility (CGBF)

Our mission is to integrate pharmacological, genomics, proteomic and metadata to:

1. Discover new drug response determinants (sensitivity  $\leftrightarrow$  resistance; signatures)
2. Enable others to make new discoveries through user friendly interface across multiple cancer cell lines databases

CellMiner is a unique facility open world wide with over thousands of user monthly since its inception.

It can be accessed through: <http://discover.nci.nih.gov/cellminer>  
<http://discover.nci.nih.gov/cellminerfdb>



Augustin Luna



Sudhir Varma



Bill Reinhold



Vinodh Rajapakse

Margot  
Sunshine





# The publicly available **cancer cell line databases** and the CellMiner website

**Developmental  
Therapeutics Program  
NCI/NIH**



**NCI-60**

<http://discover.nci.nih.gov/cellminer/>  
<http://discover.nci.nih.gov/cellminerfdb/>



**GDSC (CGP)**

<http://www.cancerrxgene.org/> (Genomics of Drug Sensitivity in Cancer Project)



**CCLE**

<http://www.broadinstitute.org/ccle/> (Broad-Novartis Cancer Cell Line Encyclopedia)



**CTRP**

<http://www.broadinstitute.org/ctrp/> (Stuart L. Schreiber Research Laboratory)



# CellMiner CDB (Cross Data Base): a new online tool for the community of biomedical researchers, biologists and pharmacologists

Source	# Lines	# Lines (Median)	# Drugs	DNA Variant	mRNA Exp	DNA Copy	DNA Meth.	Mir Exp	Protein Exp	# Molecular
NCI-60	60	57	21768	9307	25040	23232	17553	417	162 (RPPA)	75711
GDSC	1080	900	297	16532	19562	*	17580	NA	NA	53674
CCLE	1036	491	24	1667	19851	23316	*	*	*(RPPA)	44834
CTRP	823	751	481	1667	19851	23316	*	*	*(RPPA)	44834
NCI-SCLC	67	66	526	NA	17804	NA	NA	NA	NA	17804

~ 80,000 genomic parameters

Gaps

CELL LINES	NCI-60	GDSC	CCLE	CTRP
NCI-60	60	55	44	41
GDSC		1080	671	597
CCLE			1036	823
CTRP				823

Cell lines overlap

DRUGS	NCI-60	GDSC	CCLE	CTRP
NCI-60	21768	57	12	63
GDSC		256	13	74
CCLE			24	16
CTRP				481

Drugs overlap

<http://discover.nci.nih.gov/cellminercdb>

# CellMinerCDB



Goal: Discovering clinically-relevant cancer biology and identifying molecular determinants of cancer drug responses

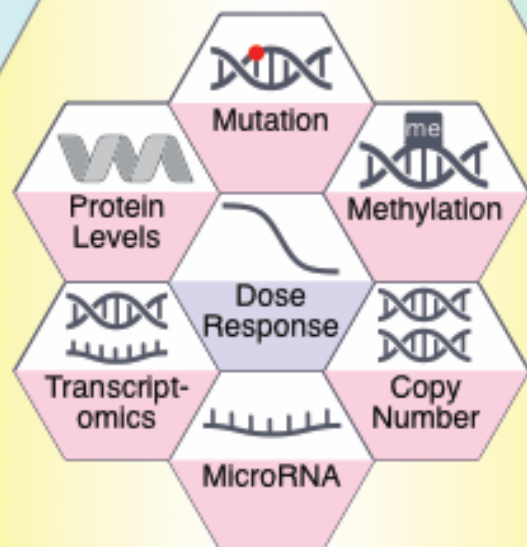
## Cell Line Data Sources



NCI (NCI-60, SCLC)  
MGH/Sanger (GDSC)  
Broad (CCLE, CTRP)



## Available Data



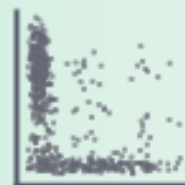
## Website Features



Assessment of Data Reproducibility



Multivariate Models of Drug Response & Genomic Features



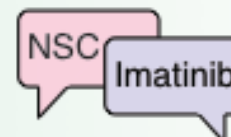
Bivariate Analysis for Any Data Features



Tissue-type Restricted Analyses



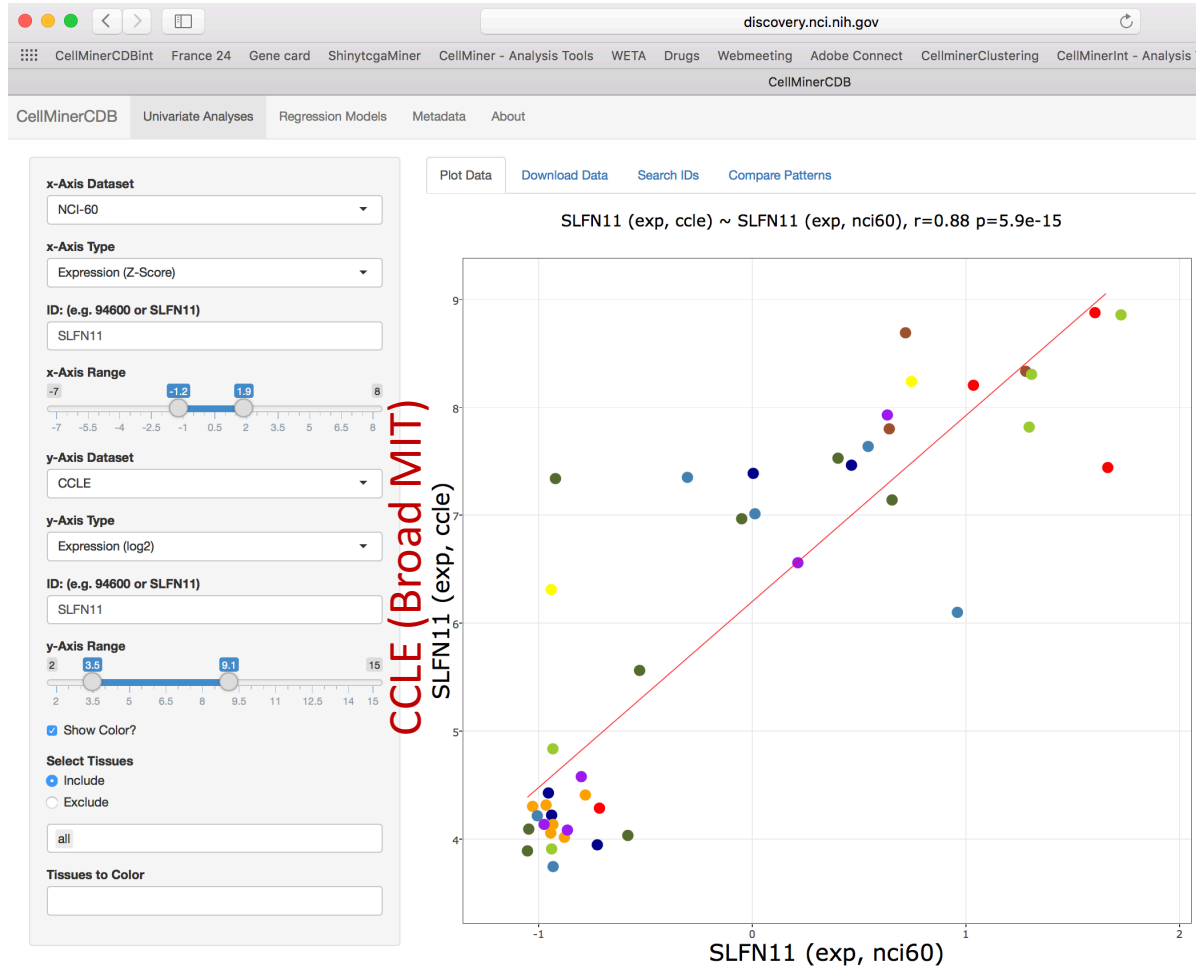
Pathway Annotated Results



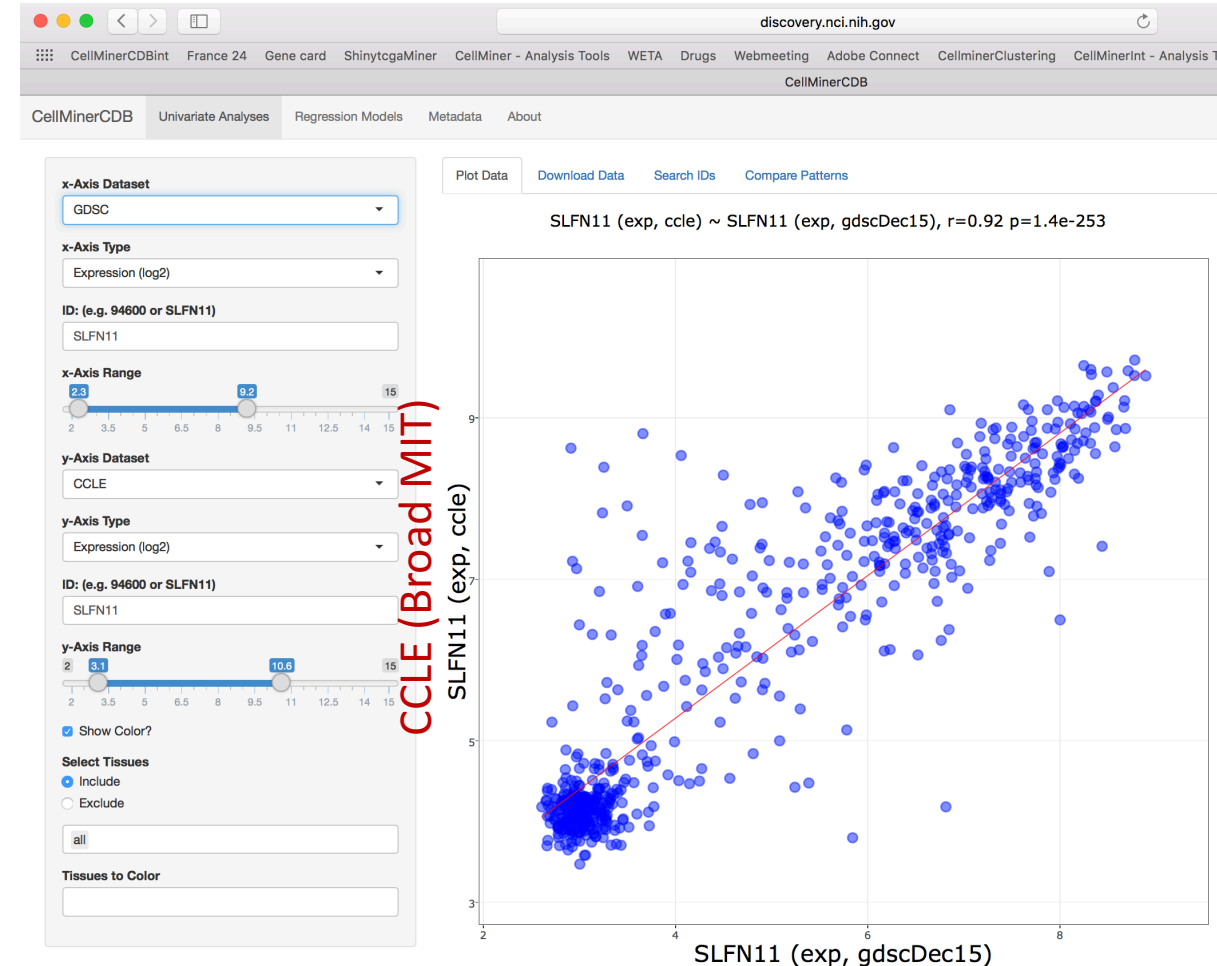
Drug Identifier Conversion

# CellMiner CDB: the power of Cross DataBase analyses (SLFN11 as test run)

## Reproducibility is high across databases (cell lines are comparable at the genomic level)



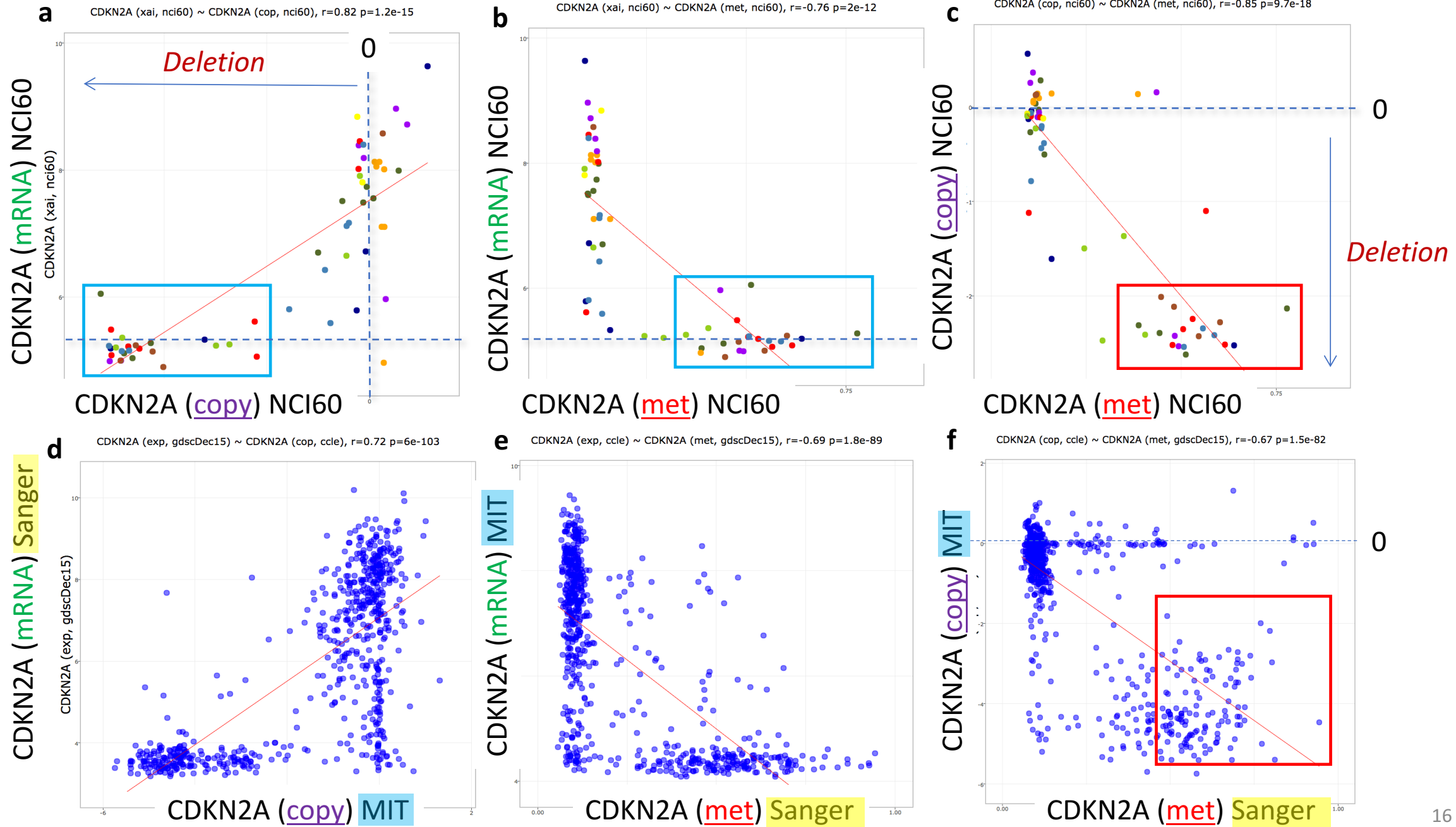
NCI60



GDSC (Sanger)

<http://discover.nci.nih.gov/cellminerfdb>

# CellMiner CDB: Exploring gene expression determinants: CDKN2A – p16 tumor suppressor



## CANCER THERAPY

# Anticancer sulfonamides target splicing by inducing RBM39 degradation via recruitment to DCAF15

Ting Han, Maria Goralski,\* Nicholas Gaskill,\* Emanuela Capota, Jiwoong Kim, Tabitha C. Ting, Yang Xie, Noelle S. Williams, Deepak Nijhawan†

**INTRODUCTION:** Indisulam is an aryl sulfonamide drug that inhibits the proliferation of certain human cancer cell lines. Its mechanism of action and the mechanism underlying its selectivity are poorly understood. On the basis of its anticancer activity in vitro and in mice, indisulam has been extensively tested in patients with advanced-stage solid tumors. No unacceptable toxicities were reported in patients receiving indisulam monotherapy, but fewer than 10% of patients showed a clinical response.

**RATIONALE:** At present, there is no way to predict which cancer patients are most likely to benefit from indisulam treatment. We reasoned that a better understanding of the molecular mechanism underlying indisulam's

anticancer activity might reveal why only a subset of tumors respond to it. This in turn might lead to more effective clinical use of the drug. To study indisulam's mechanism of action, we identified genetic mutations that confer resistance to its cytotoxic effect.

**RESULTS:** Using a forward genetic strategy, we discovered that several single amino acid substitutions in a nuclear protein called RBM39 (RNA binding motif protein 39) conferred resistance to the toxic effects of indisulam in cultured cancer cells and in mice with tumor xenografts. In the presence of indisulam, RBM39 associated with the CUL4-DDB1-DDA1-DCAF15 E3 ubiquitin ligase complex (CUL4-DCAF15), leading to polyubiquitination and proteasomal

Han *et al.*, *Science* **356**, 397 (2017)  
28 April 2017

finity for either species alone. RBM39 mutations that cause indisulam resistance impeded the formation of this complex.

ON OUR WEBSITE  
Read the full article at <http://dx.doi.org/10.1126/science.aal3755>

indisulam—tasisulam and chloroquinoline sulfonamide (CQS)—share the same mechanism of action as indisulam. RBM39 is a nuclear protein that is involved in precursor mRNA (pre-mRNA) splicing. Biochemical isolation of RBM39 revealed an association with numerous splicing factors and RNA binding proteins. We found that degradation of RBM39 by indisulam led to aberrant pre-mRNA splicing, including intron retention and exon skipping, in hundreds of genes.

In a large survey of indisulam sensitivity across more than 800 cancer cell lines, we found that cancer cells derived from the hematopoietic and lymphoid (HL) lineages were more sensitive than cancer cells derived from other lineages. In HL cancer cell lines, *DCAF15* mRNA expression levels and *DCAF15* gene copy number variation directly correlated with indisulam sensitivity.

**CONCLUSION:** Cancer genome-sequencing studies have highlighted the importance of pre-mRNA splicing in tumorigenesis. Drugs such as indisulam, tasisulam, and CQS—which we collectively refer to as SPLAMs (splicing inhibitor sulfonamides)—provide a strategy to target RBM39-dependent pre-mRNA splicing in cancer. Many of the earlier clinical trials of indisulam focused on patients with solid tumors. Our findings suggest that indisulam may be most effective in patients with leukemias and lymphomas that express relatively high levels of DCAF15.

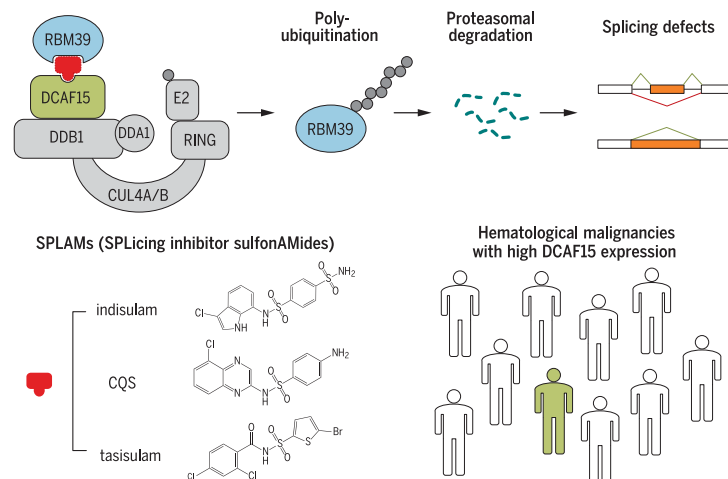
The activity of SPLAMs resembles that of IMiDs (immunomodulatory drugs). IMiDs are anticancer drugs that act as a “molecular glue,” bringing together the E3 ubiquitin ligase receptor cereblon and a variety of neosubstrates. In an analogous manner, SPLAM derivatives potentially could be used to target DCAF15 to novel neosubstrates that, like RBM39, are otherwise undruggable. ■

The list of author affiliations is available in the full article online.

\*These authors contributed equally to this work.

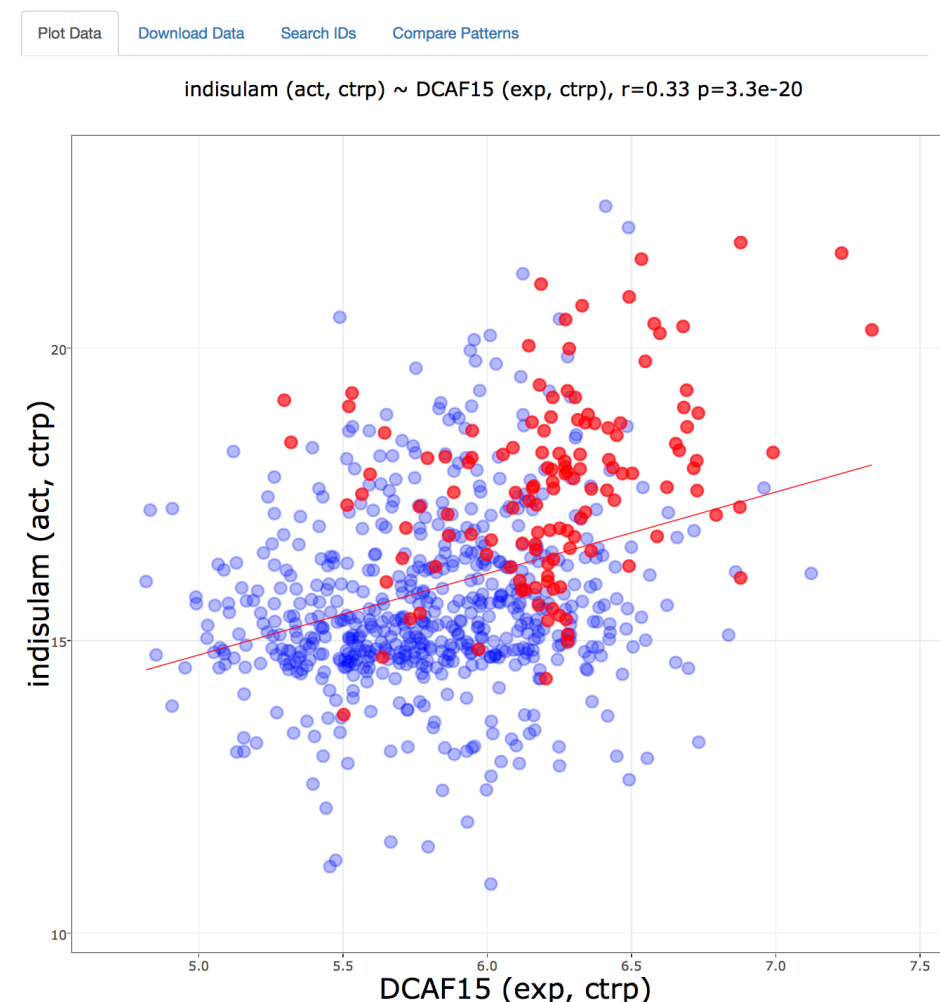
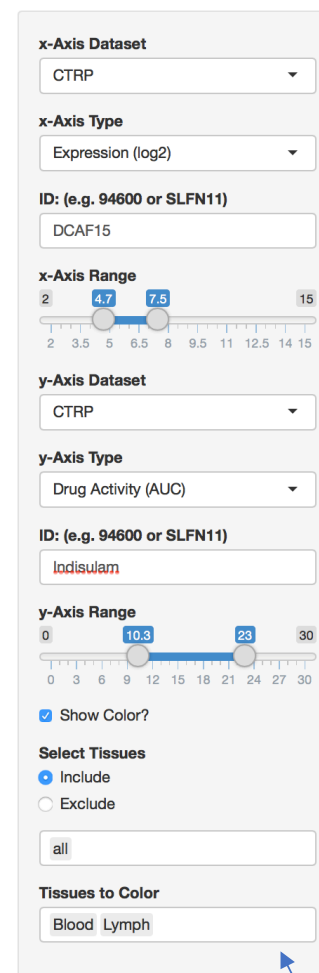
†Corresponding author. Email: [deepak.nijhawan@utsouthwestern.edu](mailto:deepak.nijhawan@utsouthwestern.edu)

Cite this article as T. Han *et al.*, *Science* **356**, eaal3755 (2017). DOI: [10.1126/science.aal3755](https://doi.org/10.1126/science.aal3755)



**SPLAMs target the splicing factor RBM39 for proteasomal degradation.** A class of clinically tested anticancer sulfonamides, including indisulam, tasisulam, and CQS, functions by promoting the interaction of the RBM39 splicing factor and the CUL4-DCAF15 E3 ubiquitin ligase, leading to polyubiquitination and proteasomal degradation of RBM39. Cancer cell lines from hematopoietic and lymphoid lineages that show high expression levels of DCAF15 are more sensitive to the cytotoxic effects of SPLAMs, suggesting that DCAF15 is a potential biomarker to guide future clinical trials of SPLAMs.

## Validation of Exceptional Responders in Cancer Cell Lines (CTRIP-CCLE cancer cell line encyclopedia (Stuart Schreiber))



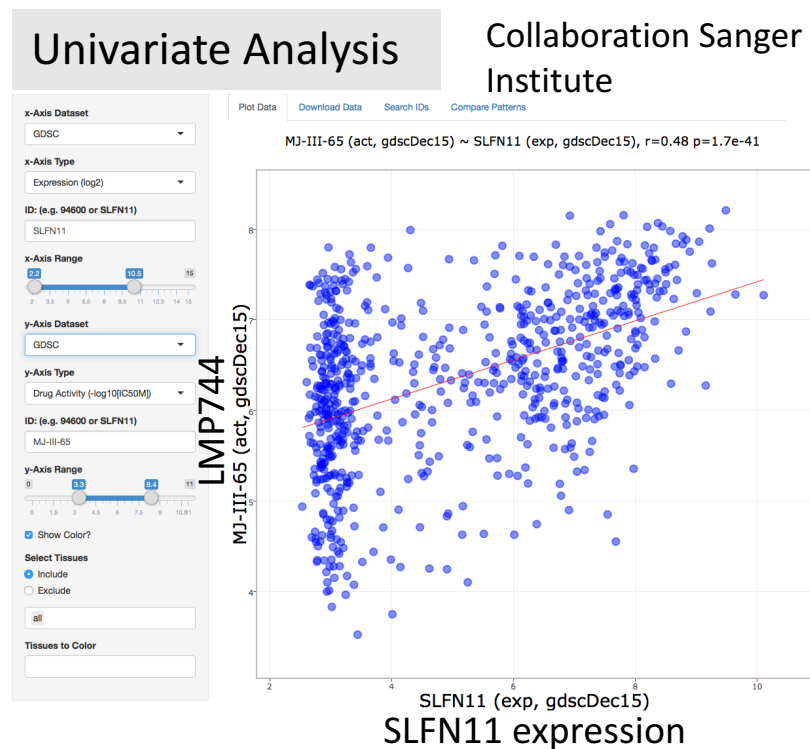
Blood and Lymph cell lines colored in red

<http://discover.nci.nih.gov/cellminerfdb>

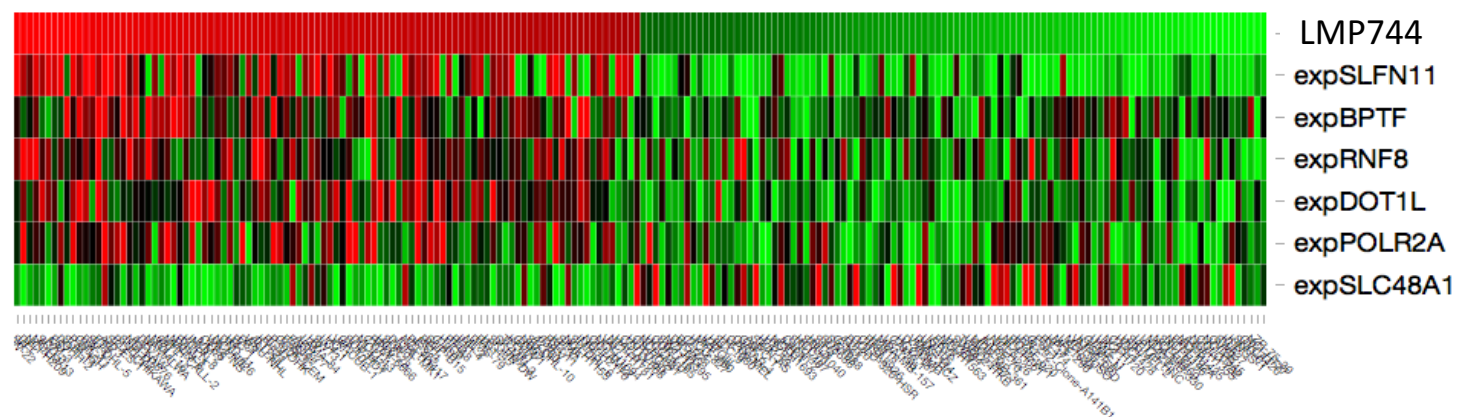


# Other synthetic lethal interactions and genomic signatures to determine rational indications and combinations

CellMiner CDB (<http://discover.nci.nih.gov/cellminercdb>)



## Regression Analysis - Multivariate Analysis - Lasso Regression Analyses



(see CellMiner website)



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# Putative DNA/RNA helicase Schlafen-11 (SLFN11) sensitizes cancer cells to DNA-damaging agents

Gabriele Zoppoli<sup>a,b,1,2</sup>, Marie Regairaz<sup>a,1</sup>, Elisabetta Leo<sup>a,1</sup>, William C. Reinhold<sup>a</sup>, Sudhir Varma<sup>a</sup>, Alberto Ballestrero<sup>b</sup>, James H. Doroshow<sup>c</sup>, and Yves Pommier<sup>a,2</sup>

<sup>a</sup>Laboratory of Molecular Pharmacology, Center for Cancer Research, National Cancer Institute, National Institutes of Health, Bethesda, MD 20892;

<sup>b</sup>Department of Internal Medicine, University of Genova and Istituto di Ricovero e Cura a Carattere Scientifico Azienda Ospedaliera Universitaria San Martino, Istituto Nazionale per la Ricerca sul Cancro, 16132 Genoa, Italy; and <sup>c</sup>Division of Cancer Treatment and Diagnosis, National Cancer Institute, National Institutes of Health, Bethesda, MD 20892

Edited\* by Allan H. Conney, Rutgers, State University of New Jersey, Piscataway, NJ, and approved July 27, 2012 (received for review April 23, 2012)

Top1 & Top2 inhibitors, cisplatin, carboplatin, gemcitabine, cytarabine

## The Cancer Cell Line Encyclopedia enables predictive modelling of anticancer drug sensitivity

Jordi Barretina<sup>1,2,3,†\*</sup>, Giordano Caponigro<sup>4\*</sup>, Nicolas Stransky<sup>1\*</sup>, Kavitha Venkatesan<sup>4\*</sup>, Adam A. M. Christopher J. Wilson<sup>4</sup>, Joseph Lehar<sup>4</sup>, Gregory V. Kryukov<sup>1</sup>, Dmitriy Sonkin<sup>4</sup>, Anupama Reddy<sup>4</sup>, Ma Michael F. Berger<sup>1,†</sup>, John E. Monahan<sup>4</sup>, Paula Morais<sup>1</sup>, Jodi Meltzer<sup>4</sup>, Adam Korejwa<sup>1</sup>, Judit Jané-Val Joseph Thibault<sup>5</sup>, Eva Bric-Furlong<sup>4</sup>, Pichai Raman<sup>4</sup>, Aaron Shipway<sup>5</sup>, Ingo H. Engels<sup>5</sup>, Jill Cheng<sup>6</sup>, C Peter Aspesi Jr<sup>4</sup>, Melanie de Silva<sup>4</sup>, Kalpana Jagtap<sup>4</sup>, Michael D. Jones<sup>4</sup>, Li Wang<sup>4</sup>, Charles Hatton<sup>3</sup>, E Supriya Gupta<sup>1</sup>, Scott Mahan<sup>1</sup>, Carrie Sougnez<sup>1</sup>, Robert C. Onofrio<sup>1</sup>, Ted Liefeld<sup>1</sup>, Laura MacConaill<sup>3</sup>, Michael Reich<sup>1</sup>, Nanxin Li<sup>5</sup>, Jill P. Mesirov<sup>1</sup>, Stacey B. Gabriel<sup>1</sup>, Gad Getz<sup>1</sup>, Kristin Ardlie<sup>1</sup>, Vivien Cha Barbara L. Weber<sup>4</sup>, Jeff Porter<sup>4</sup>, Markus Warmuth<sup>4</sup>, Peter Finan<sup>4</sup>, Jennifer L. Harris<sup>5</sup>, Matthew Meyer: Michael P. Morrissey<sup>4\*</sup>, William R. Sellers<sup>4\*</sup>, Robert Schlegel<sup>4\*</sup> & Levi A. Garraway<sup>1,2,3\*</sup>

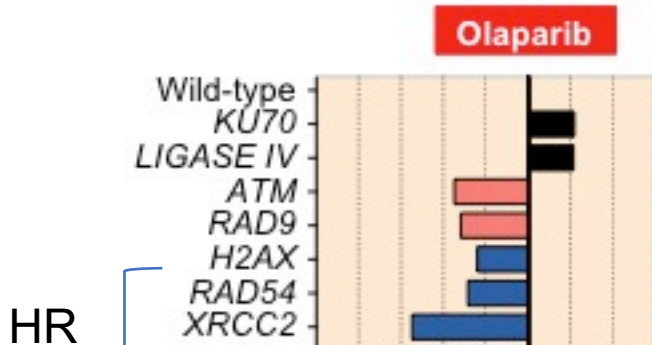
The systematic translation of cancer genomic data into knowledge of tumour biology and therapeutic possibilities remains challenging. Such efforts should be greatly aided by robust preclinical model systems that reflect the genomic diversity of human cancers and for which detailed genetic and pharmacological annotation is available<sup>1</sup>. Here we describe the Cancer Cell Line Encyclopedia (CCLE): a compilation of gene expression, chromosomal copy number and massively parallel sequencing data from 947 human cancer cell lines. When coupled with pharmacological profiles for 24 anticancer drugs across 479 of the cell lines, this collection allowed identification of genetic, lineage, and gene-expression-based predictors of drug sensitivity. In addition to known predictors, we found that plasma cell lineage correlated with sensitivity to IGF1 receptor inhibitors; AHR expression was associated with MEK inhibitor efficacy in *NRAS*-mutant lines; and *SLFN11* expression predicted sensitivity to topoisomerase inhibitors. Together, our results indicate that large, annotated cell-line collections may help to enable preclinical stratification schemata for anticancer agents. The generation of genetic predictions of drug response in the preclinical setting and their incorporation into cancer clinical trial design could speed the emergence of 'personalized' therapeutic regimens<sup>2</sup>.

29 MARCH 2012 | VOL 483 | NATURE | 603



# Determinants of response to PARP inhibitors beyond BRCA and MDR

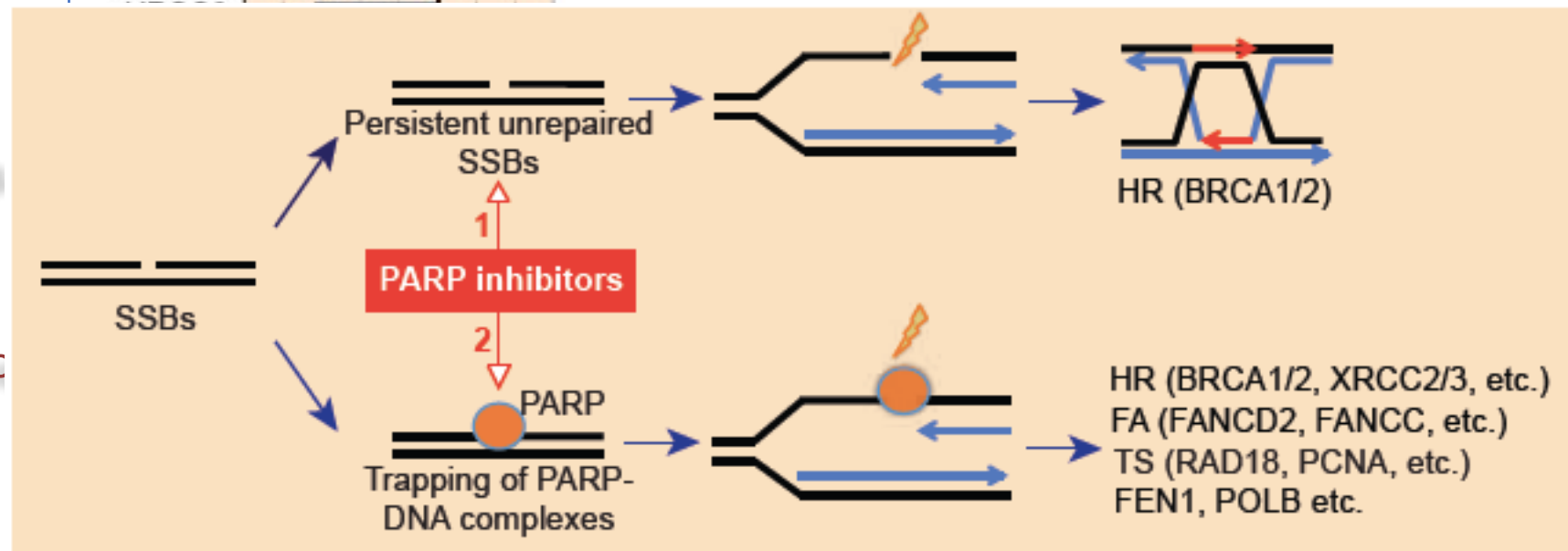
Panel of DT40  
Single Knockouts  
(Shunichi Takeda)



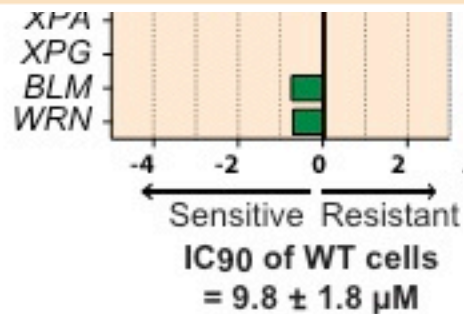
**PARP inhibitor  
= DNA Repair Inhibitor**

Repl  
Bypass

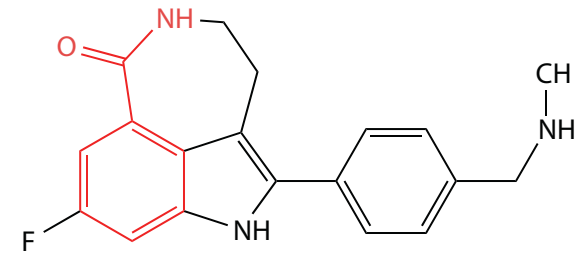
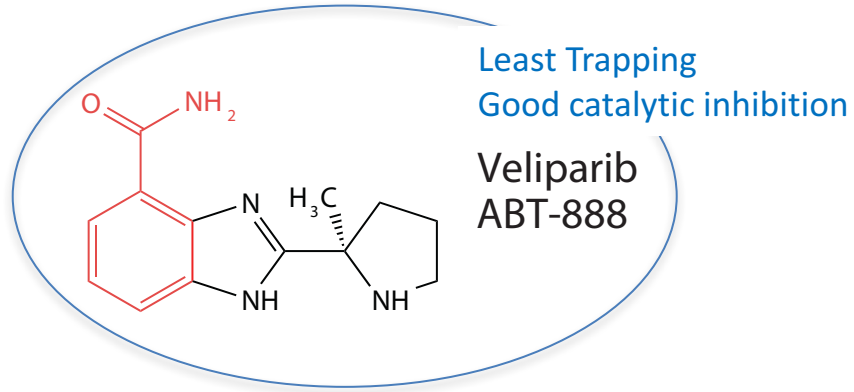
Fancc



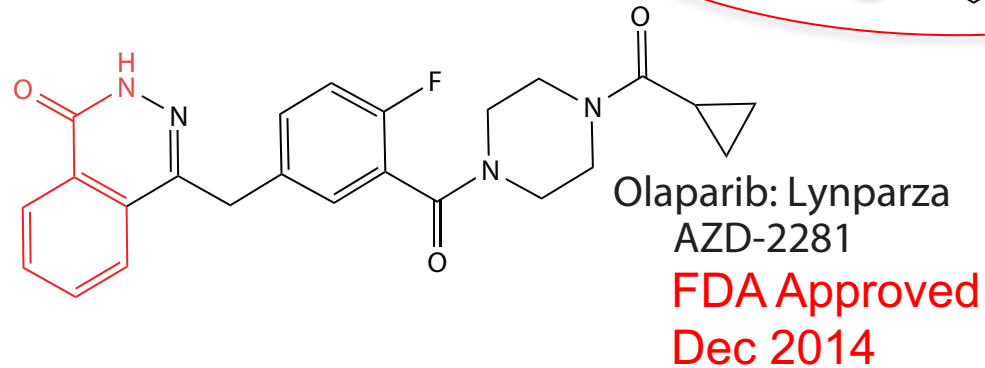
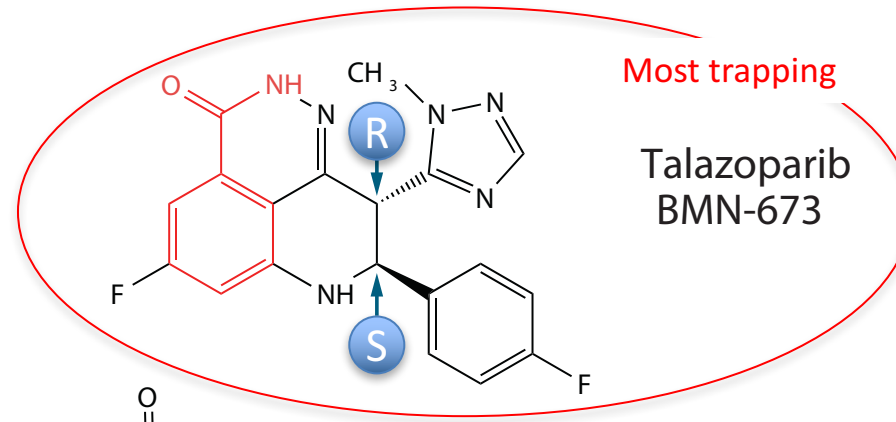
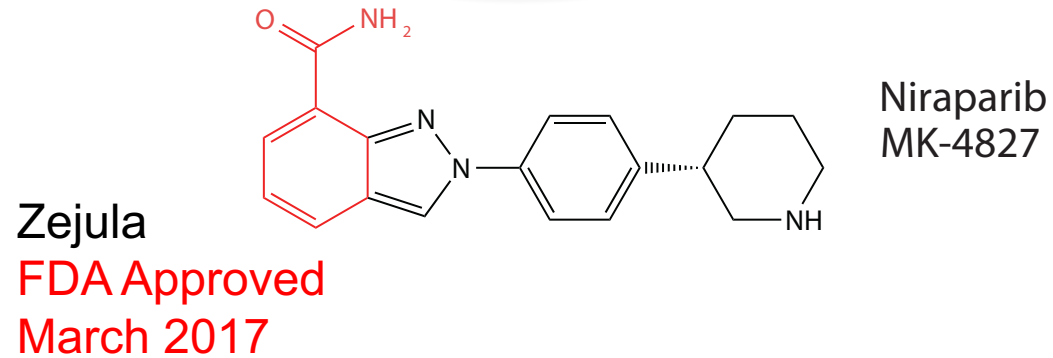
**PARP inhibitor  
= DNA Damaging Agent**



# Clinical PARP Inhibitors that trap PARP have most extended and rigid chemical structures

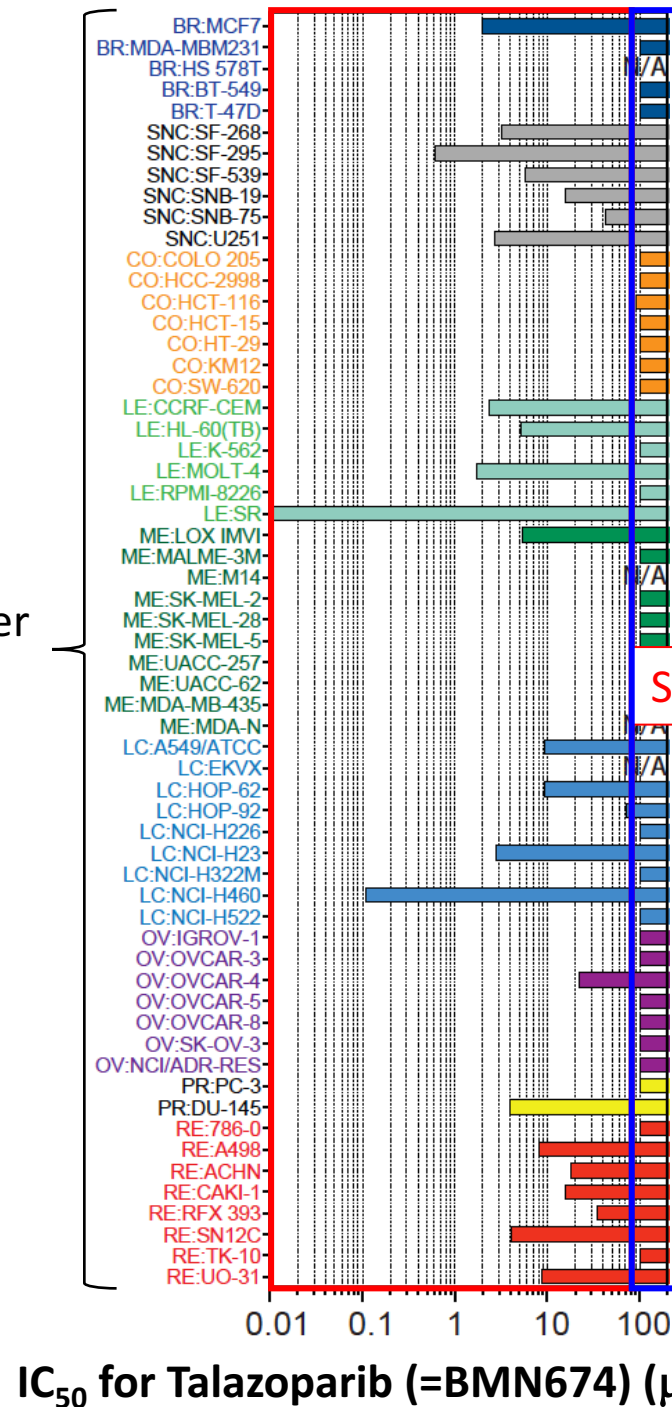


Rucaparib  
Accelerated FDA Approval  
Dec 2016  
AG-014699



NCI-60

Sixty cancer  
cell lines



## BRCA-independent determinant of talazoparib sensitivity

Homozygous mutation of BRCA1: 0/60

Homozygous mutation of BRCA2: 1/60

(Sousa et al., DNA repair, 2015)

Sensitive to talazoparib

Resistant to talazoparib

Very potent  
 $C_{max}$ : 50 nM

=> CellMiner  
(cdb)  
COMPARE  
analysis)

Developmental Therapeutic Program

Sanger  
database  
1000  
cancer  
cell lines

PARP inhibitor  
Talazoparib

**x-Axis Dataset**  
GDSC

**x-Axis Type**  
Drug Activity (-log10[IC50M])

**ID: (e.g. 94600 or SLFN11)**  
BMN-673

**x-Axis Range**  
0 3 8.2 11

**y-Axis Dataset**  
GDSC

**y-Axis Type**  
Expression (log2)

**ID: (e.g. 94600 or SLFN11)**  
PARP1

**y-Axis Range**  
2 4.3 9.9 15

☒ Show Color?

**Select Tissues**  
☒ Include  
☐ Exclude

all

**Tissues to Color**

Plot Data Download Data Search IDs Compare Patterns

- cop: Copy Number
- mut: Mutation
- exp: Expression (Z-Score)
- xai: Expression (Avg. log2 Int.)
- pro: Protein (RPLA)
- mir: MicroRNA
- mda: Metadata
- swa: Protein (SWATH-MS)

Pattern Comparison

Molecular Data

With Respect to

x-Axis Entry

Show 10 entries

Search:

Data Type	Gene	Location	Correlation	P-Value	Annotation
All	All	All	All	All	All
exp	SLFN11	17q12	0.438	9.48e-45	DNA Damage Response (DDR)
exp	AASS	7q31.3	0.29	1.94e-19	lysine catabolic process;L-lysine catabolic process
met	RAB17	2q37.3	0.287	8.73e-19	protein transport;small GTPase mediated signal transduction
exp	HS3ST4	16p11.2	0.286	7.26e-19	heparan sulfate proteoglycan metabolic process
exp	UGT3A2	5p13.2	0.281	3.46e-18	metabolic process
exp	CMTM3	16q21	0.28	3.83e-18	EMT (Mesenchymal)
exp	QKI	6q26	0.273	2.67e-17	EMT (Mesenchymal)
exp	VIM	10p13	0.271	4.6e-17	EMT (Mesenchymal)
exp	LINC00632	Xq27.1	0.267	1.38e-16	
met	CLDN7	17p13.1	0.261	1.02e-15	EMT (Epithelial)

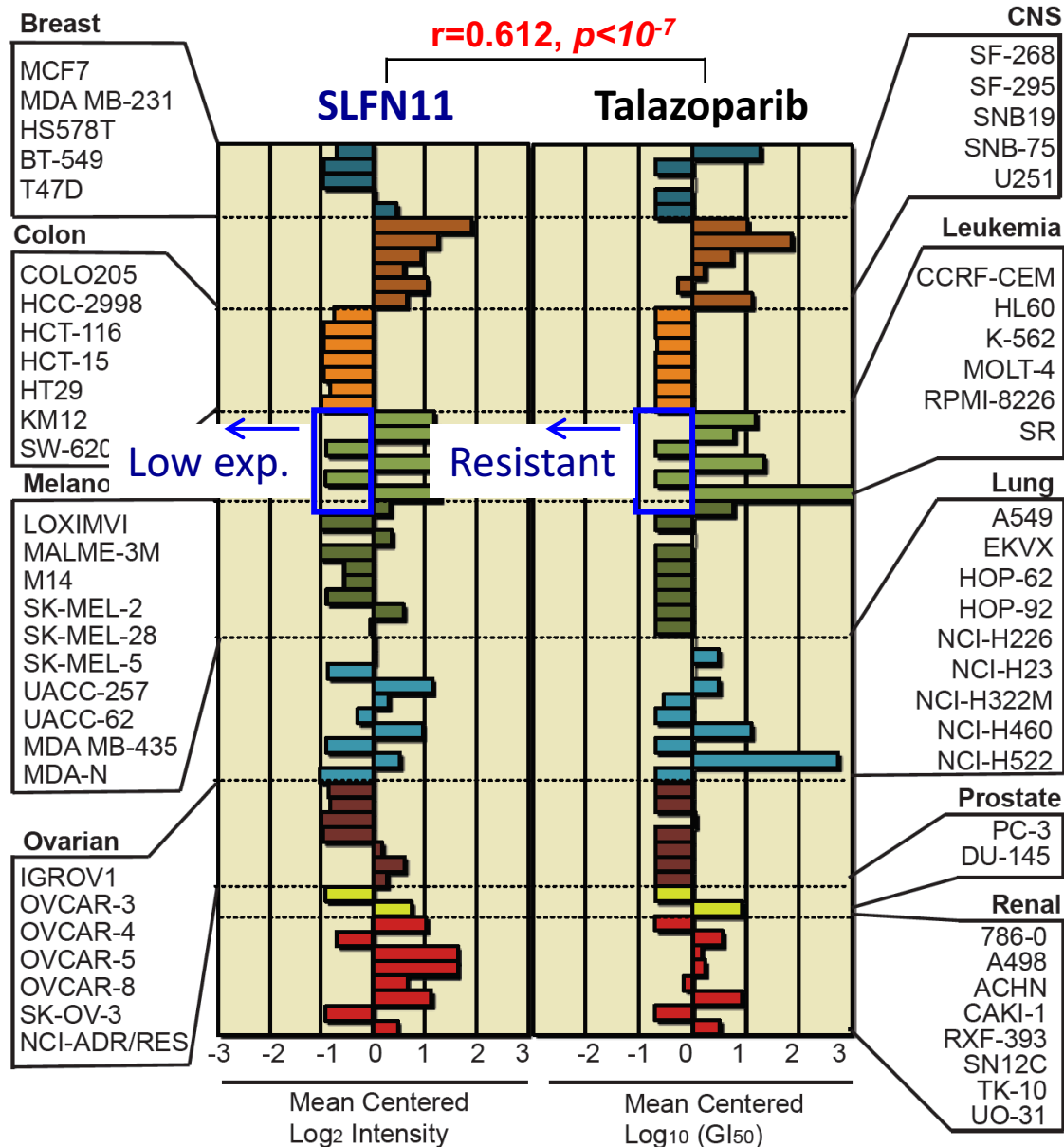
Showing 1 to 10 of 53,678 entries

Previous 1 2 3 4 5 ... 5368 Next

Drug discovery signatures

<http://discover.nci.nih.gov/cellminerfdb>

# High correlation between expression of *Schlafen 11* (*SLFN11*) and cellular response to talazoparib

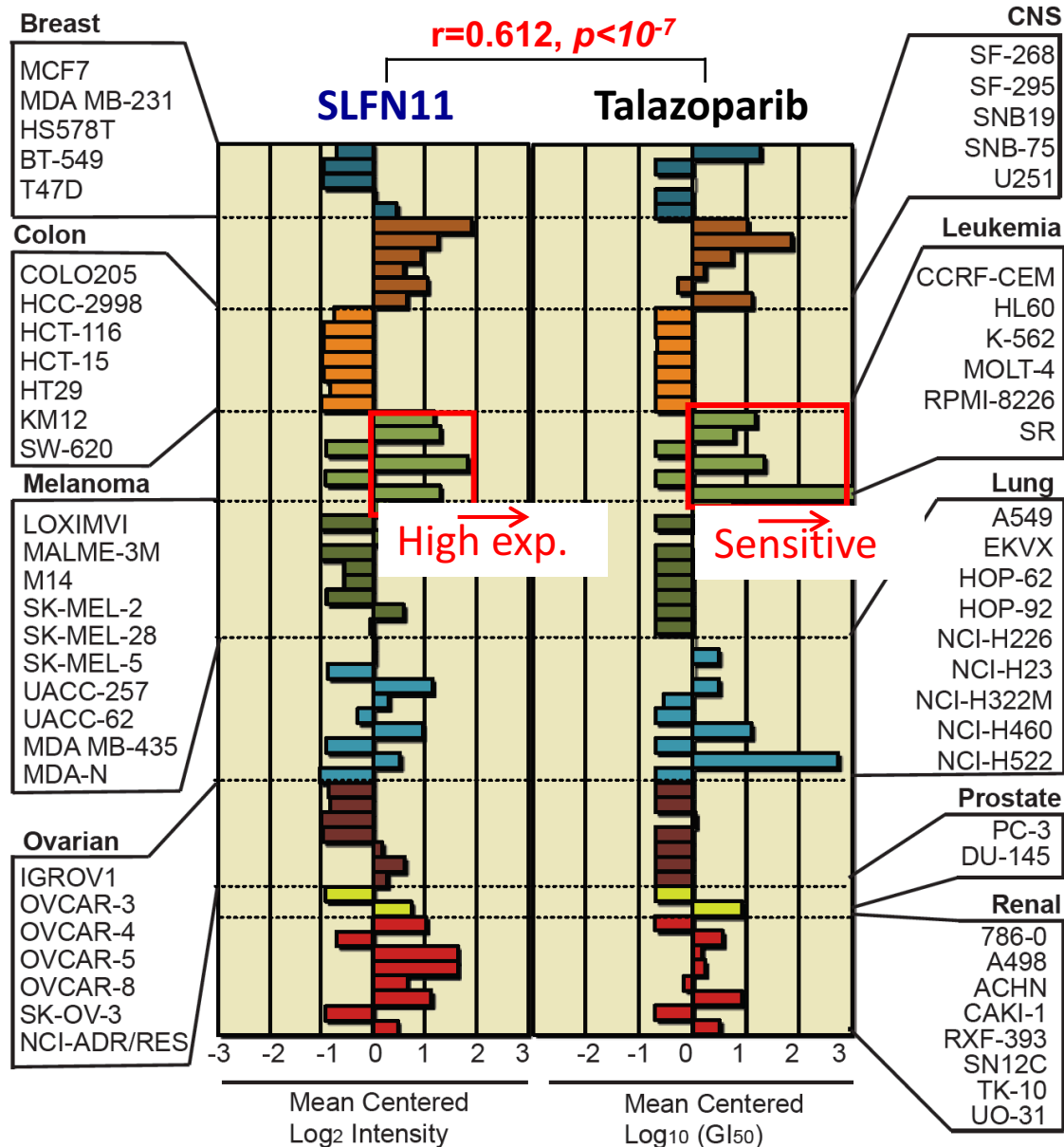


CellMiner

<http://discover.nci.nih.gov/>

Developmental Therapeutic Program

# High correlation between expression of *Schlafen 11* (*SLFN11*) and cellular response to talazoparib

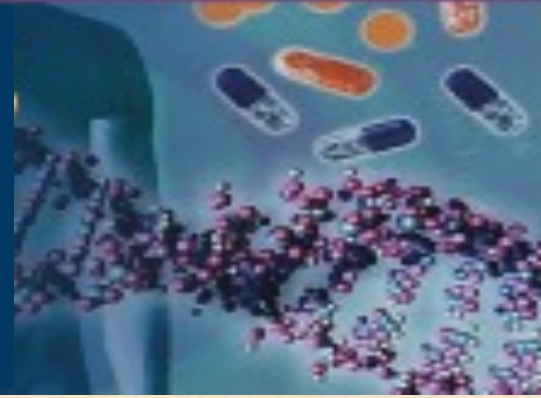


CellMiner

<http://discover.nci.nih.gov/>



# Molecular biology: SLFN11



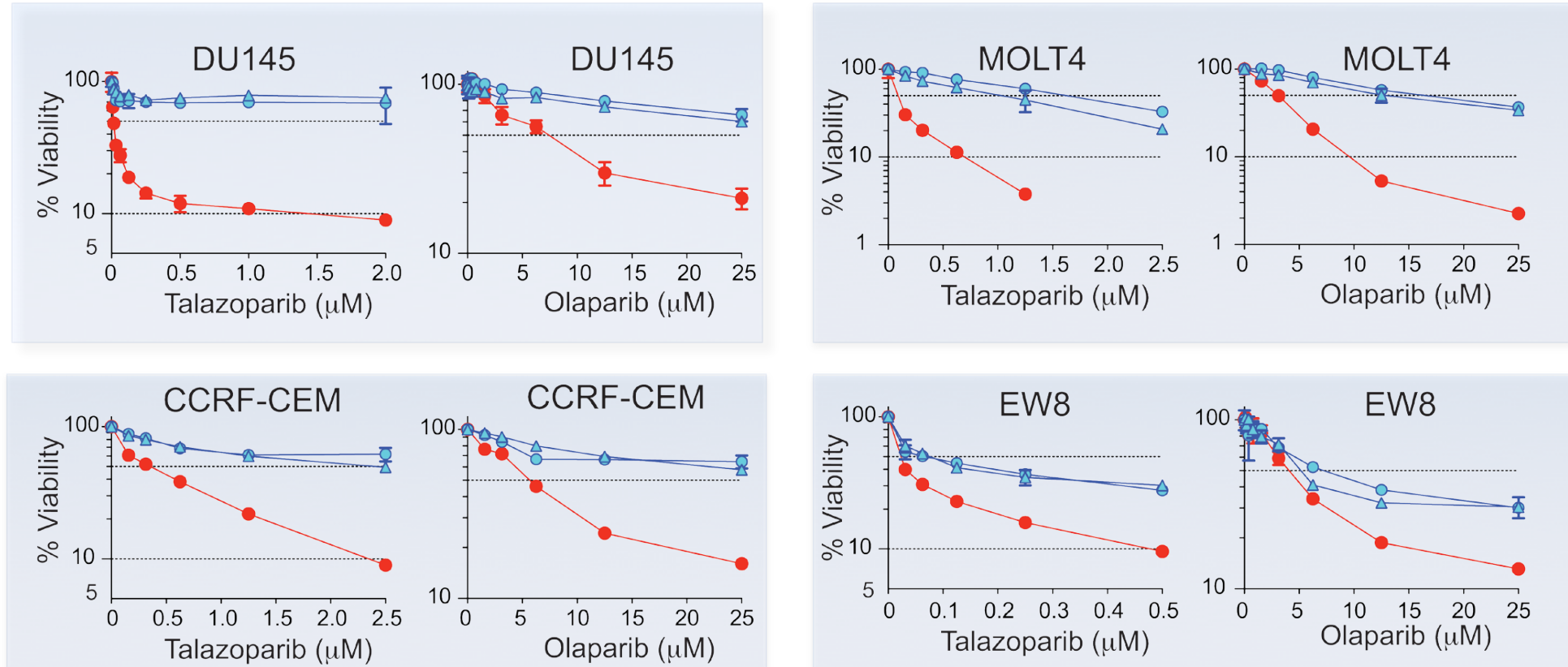
- A member of the Schlafen (SLFN) family, found only in mammals;
- Located in the nucleus;
- A putative DNA/RNA helicase;
- Binds to chromatin, RPA at damage sites, tRNA...
- Transcriptionally regulated by:
  - ❖ ETS transcription factors (*EWS-FLI1 in Ewing's*)  
(*Clin Cancer Res 2015*)
  - ❖ Promoter methylation  
(*Oncotarget 2015; Cancer Res 2017*)
- Determines sensitivity to PARP inhibitors (*Oncocotarget 2016*)



Schlafen  
= To sleep in German

# SLFN11 inactivation in 4 different isogenic cell lines confers high resistance to PARP inhibitors

=> **SLFN11 inactivation is a novel mechanism of resistance to PARP inhibitors**



DU145: Prostate cancer  
MOLT4 and CCRF-CEM: Leukemia  
EW8: Ewing's sarcoma  
(CRISPR/Cas9)

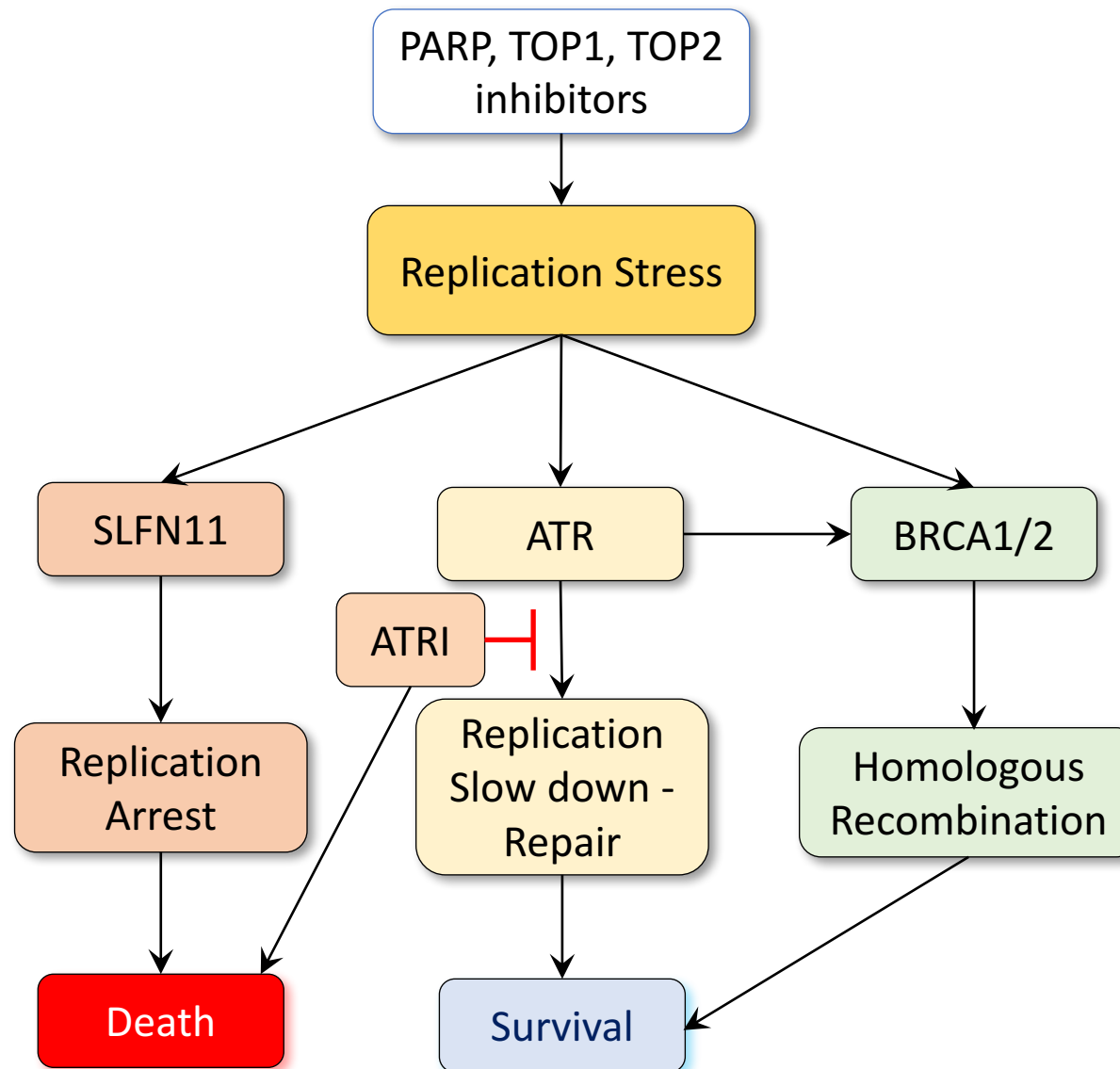
● Parent ● SLFN11-del (A) ▲ SLFN11-del (B)

*Junko Murai*

SLFN11 determines response to a broad range of DNA-targeted agents:  
TOP1, TOP2, PARP inhibitors, cisplatin, carboplatin, gemcitabine, hydroxyurea...

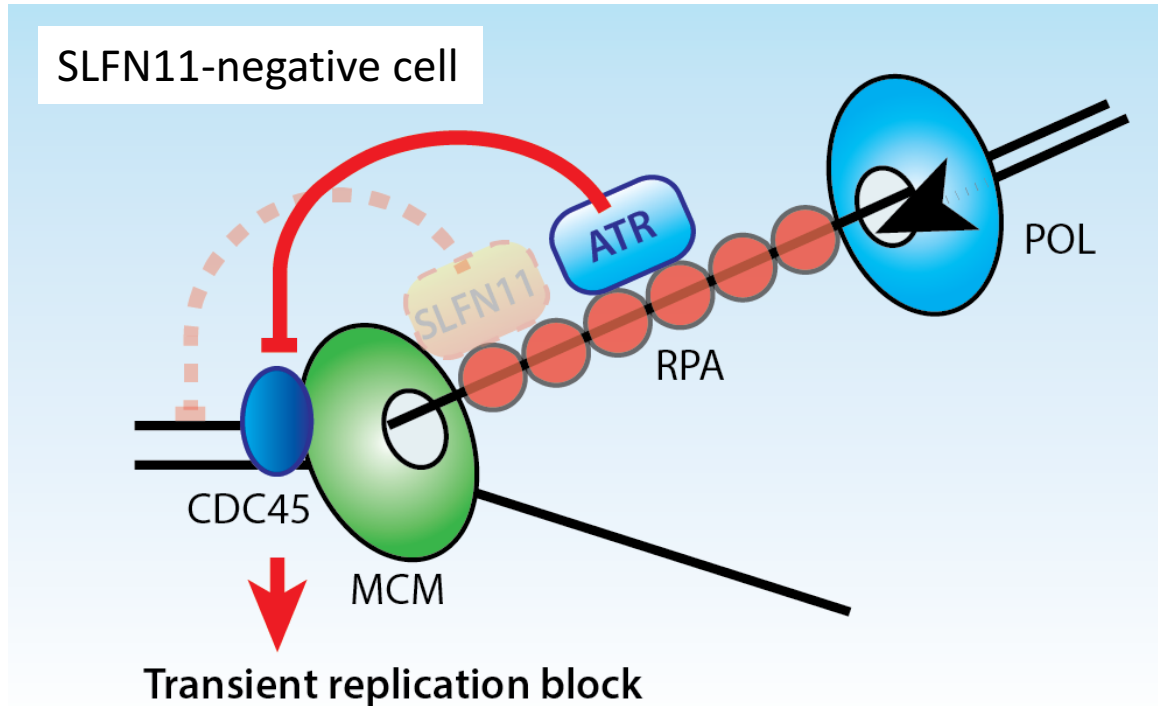


# SLFN11 induces lethal replication arrest independently of ATR and BRCA1/2

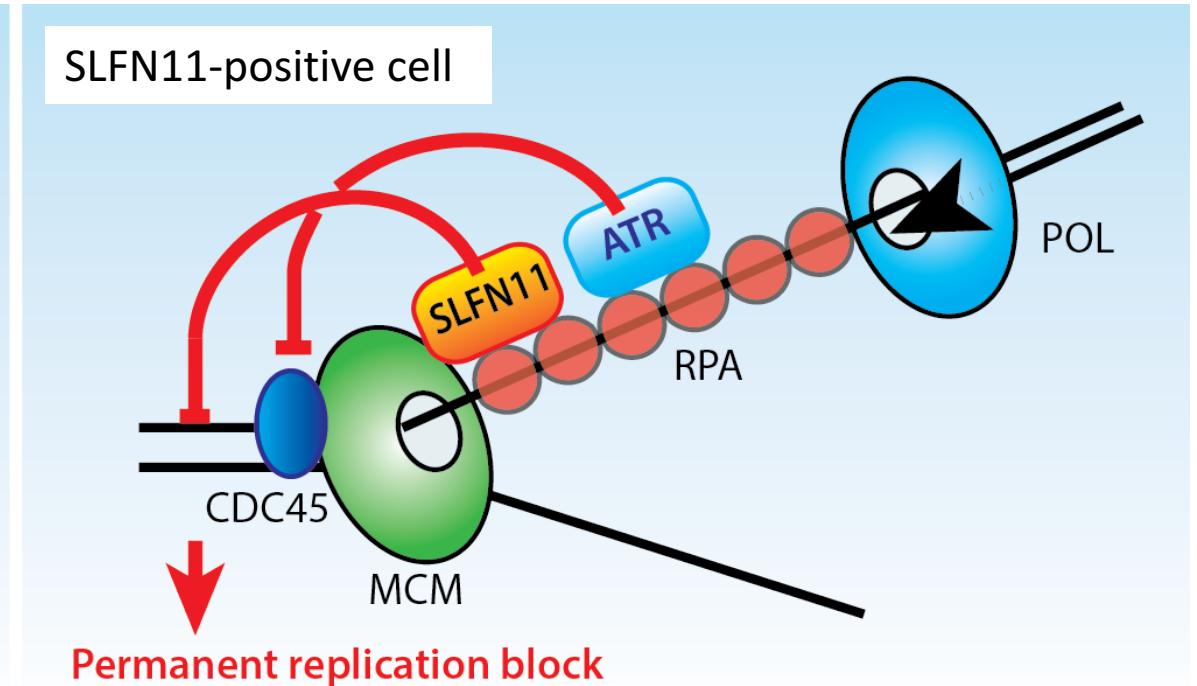


*Murai...Pommier  
Oncotarget 2016*

## Working model for replication block by SLFN11

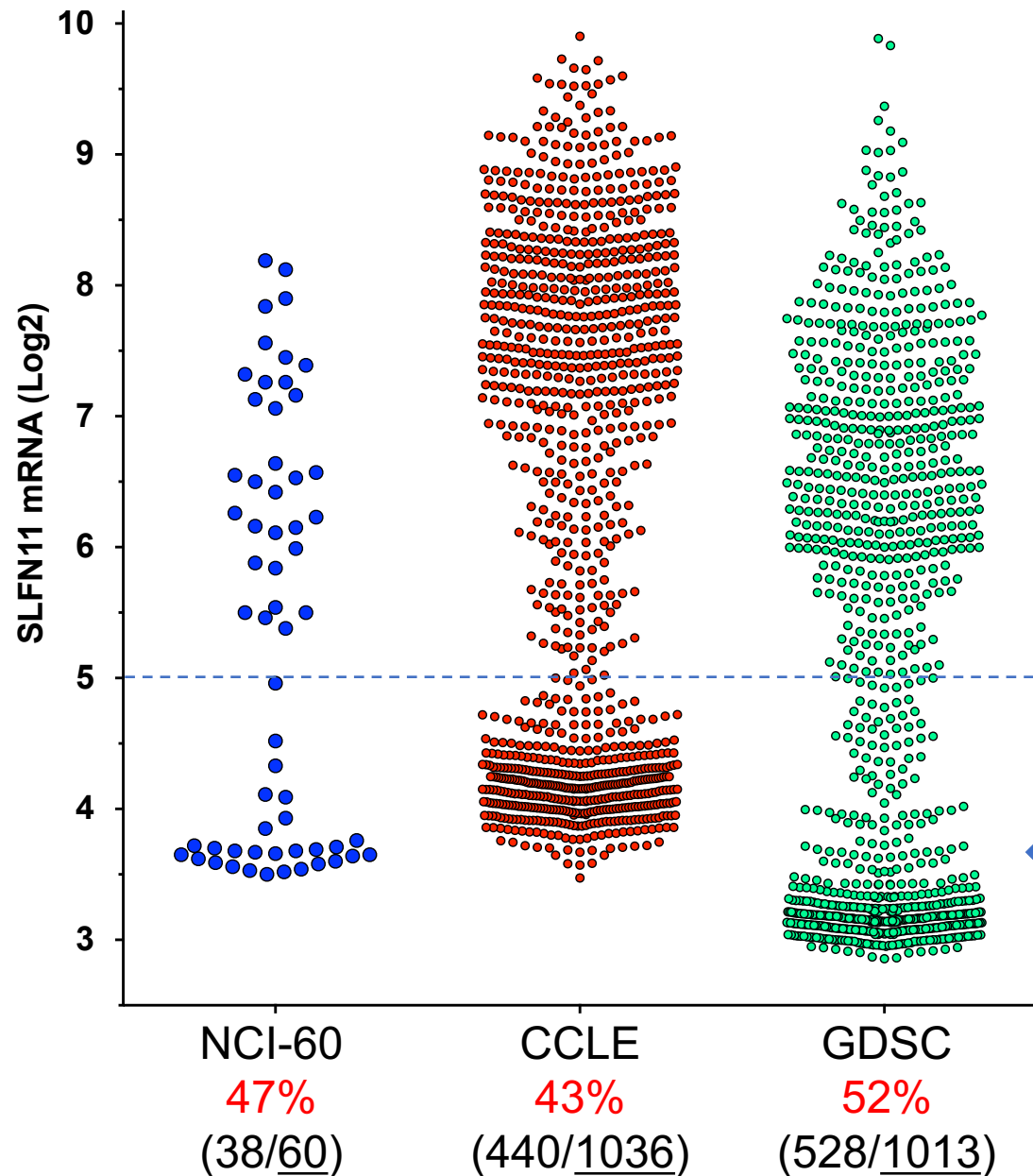


In the absence of SLFN11  
( $\approx$  50% cancer cell lines: HeLa, U2OS, HCT116, RKO, MCF7, MDA-MB231...), ATR-CHK1 transiently arrests replication to allow DNA repair



**SLFN11** binds to stressed replication forks through RPA, and arrests replication by blocking the replicative helicase complex

# SLFN11 is inactivated in $\approx 45\%$ of cancer cell lines

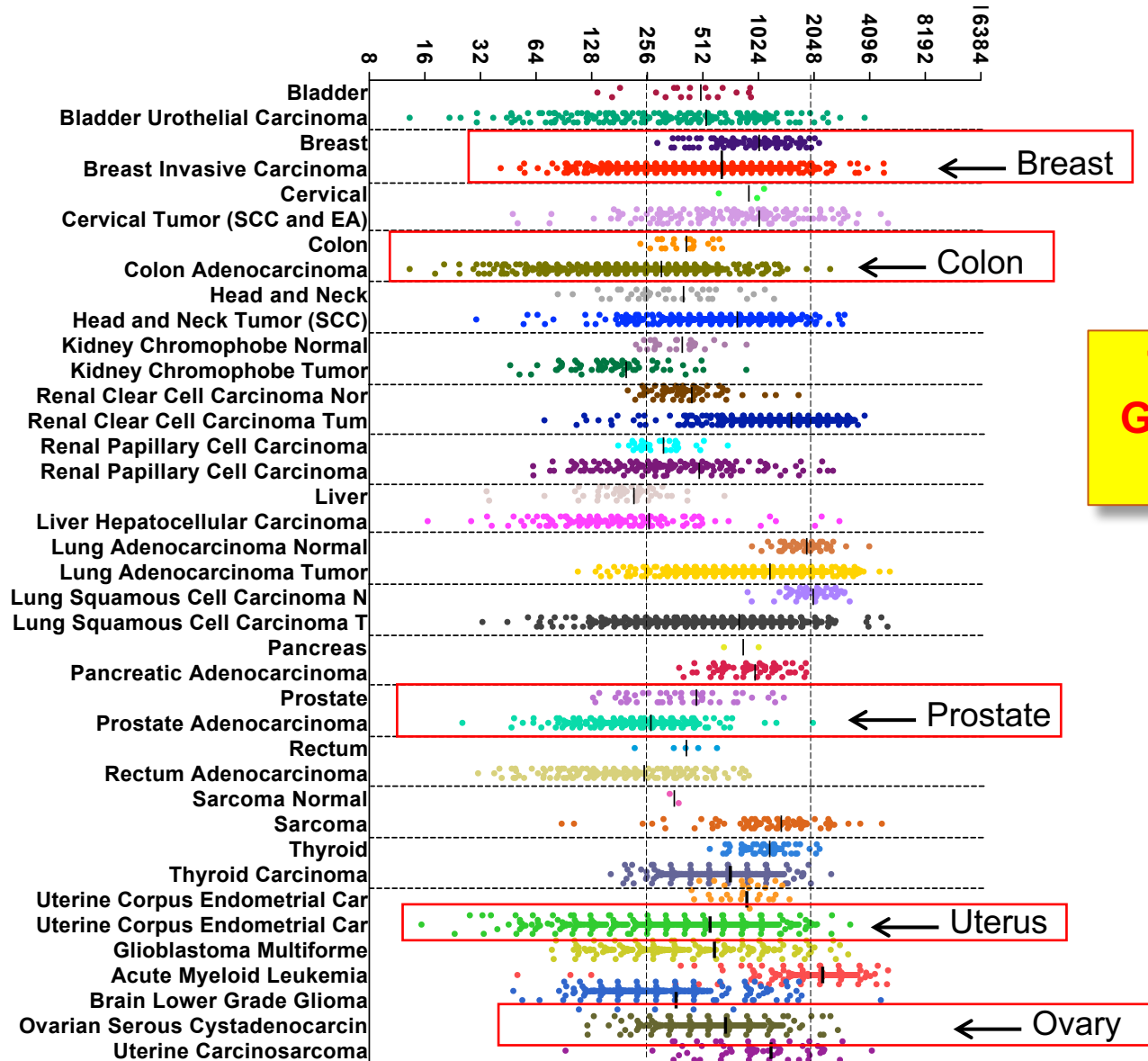


Especially in the cancer cell lines that are commonly used for screening resistance to PARP inhibitors

HeLa  
U2OS  
HCT116  
RKO  
MCF7  
MDA-MB231  
...

# Broad range of SLFN11 expression in tumor tissue

SLFN11 mRNA expression (RNA-Seq)



The Cancer  
Genome Atlas  
(TCGA)

## The regulation of SLFN11 in cancers:

- Transcriptional target of FLI1 and ETS (Ewing's) (Tang, S. 2015)
- Inactivation in about 40% of cancer cell lines (NCI-60 and CCLE) (not by gene deletion)



SLFN11 (met, nci60) ~ SLFN11 (exp, nci60),  $r=-0.64$   $p=4.4e-08$ 

**SLFN11 inactivation in about 40% of cancer cell lines is in part due to epigenetic imprinting by promoter methylation**

## x-Axis Dataset

NCI-60

## x-Axis Type

Expression (Z-Score)

ID: (e.g. 94600 or SLFN11);

Case-Sensitive

SLFN11

## y-Axis Dataset

NCI-60

## y-Axis Type

Methylation

ID: (e.g. 94600 or SLFN11);

Case-Sensitive

SLFN11

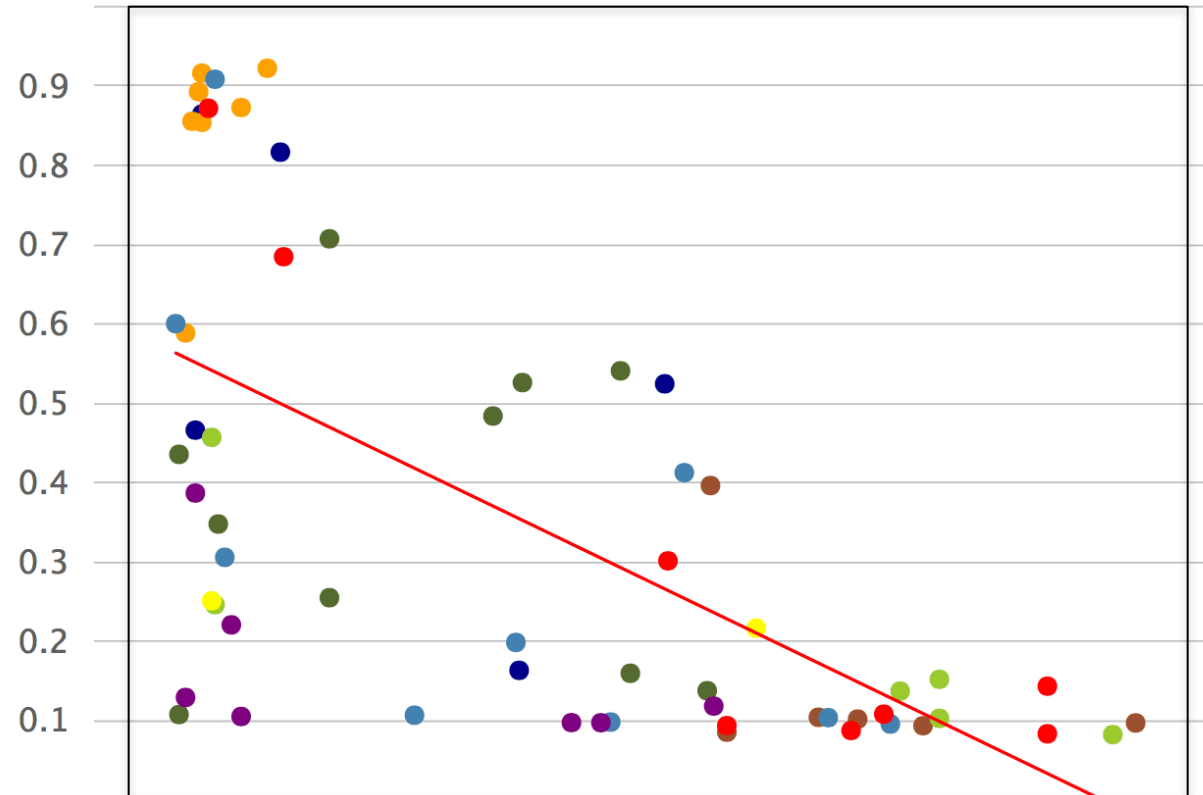
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[CellMiner Website](#)

SLFN11 Promoter methylation



SLFN11 mRNA

SLFN11 (exp, nci60)

**SLFN11 inactivation in about 40% of cancer cell lines is in part due to epigenetic imprinting by promoter methylation**

CCLE and GDSC  
Cross database  
Analysis with  
Cellminer cdb

**x-Axis Dataset**  
CCLE

**x-Axis Type**  
Expression (log2)

**ID: (e.g. 94600 or SLFN11)**  
SLFN11

**x-Axis Range**  
2 3.1 10.6 15

**y-Axis Dataset**  
GDSC

**y-Axis Type**  
Methylation

**ID: (e.g. 94600 or SLFN11)**  
SLFN11

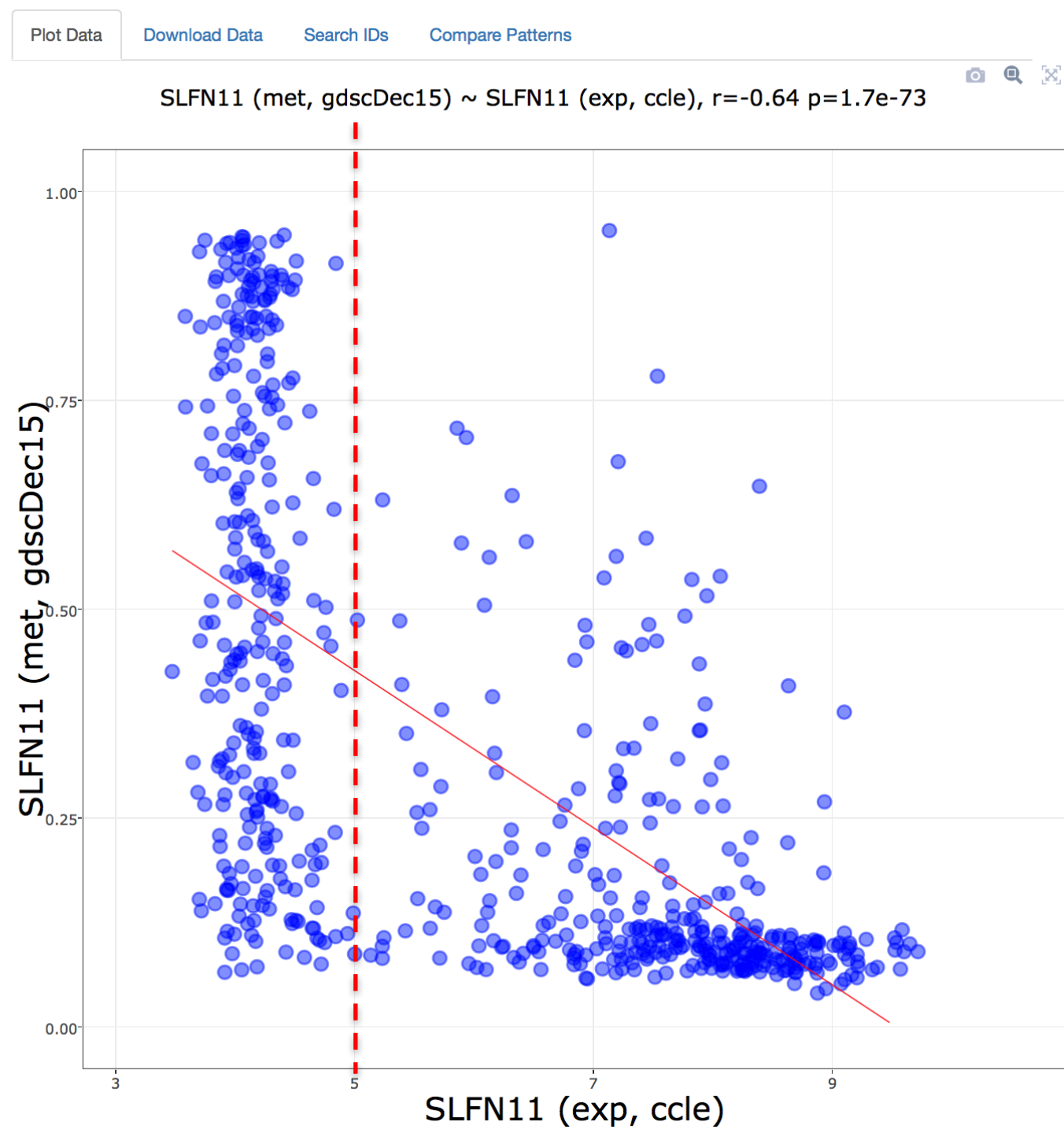
**y-Axis Range**  
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**Tissues to Color**





## SLFN11 inactivation by promoter methylation correlates with resistance to a broad range of DNA damaging agents (NCI-60 database)

	Target/MOA	NSC	Correlation	p-value
<b>Cisplatin</b>	DNA alkylation	119875	-0.59	5.7E-07
<b>Carboplatin</b>	DNA alkylation	241240	-0.55	6.1E-06
<b>Melphalan</b>	DNA alkylation	757098	-0.46	4.7E-04
<b>Topotecan</b>	Top1	759263	-0.42	8.0E-04
<b>Topotecan</b>	Top1	609699	-0.45	2.6E-04
<b>Camptothecin</b>	Top1	94600	-0.48	1.2E-04
<b>LMP-400</b>	Top1	724998	-0.34	8.9E-03
<b>Etoposide</b>	Top2	141540	-0.29	2.8E-02
<b>Gemcitabine</b>	Antimetabolite	613327	-0.41	1.2E-03
<b>Fludarabine</b>	Antimetabolite	312887	-0.42	8.6E-04
<b>Cytarabine</b>	Antimetabolite	63878	-0.31	1.4E-02
<b>Hydroxyurea</b>	Antimetabolite	32065	-0.32	1.3E-02
<b>Bleomycin</b>	DNA	125066	-0.43	6.6E-04
<b>Talazoparib</b>	PARP1/2	767125	-0.30	2.4E-02
<b>Olaparib</b>	PARP1/2	747856	-0.23	9.5E-02
<b>Paclitaxel</b>	microtubules	758645	0.14	2.8E-01
<b>Docetaxel</b>	microtubules	628503	0.16	2.7E-01
<b>Erlotinib</b>	EGFR	718781	-0.08	5.3E-01
<b>Crizotinib</b>	ALK	756645	0.15	2.7E-01
<b>Vemurafenib</b>	BRAF V600E	753082	0.05	7.0E-01



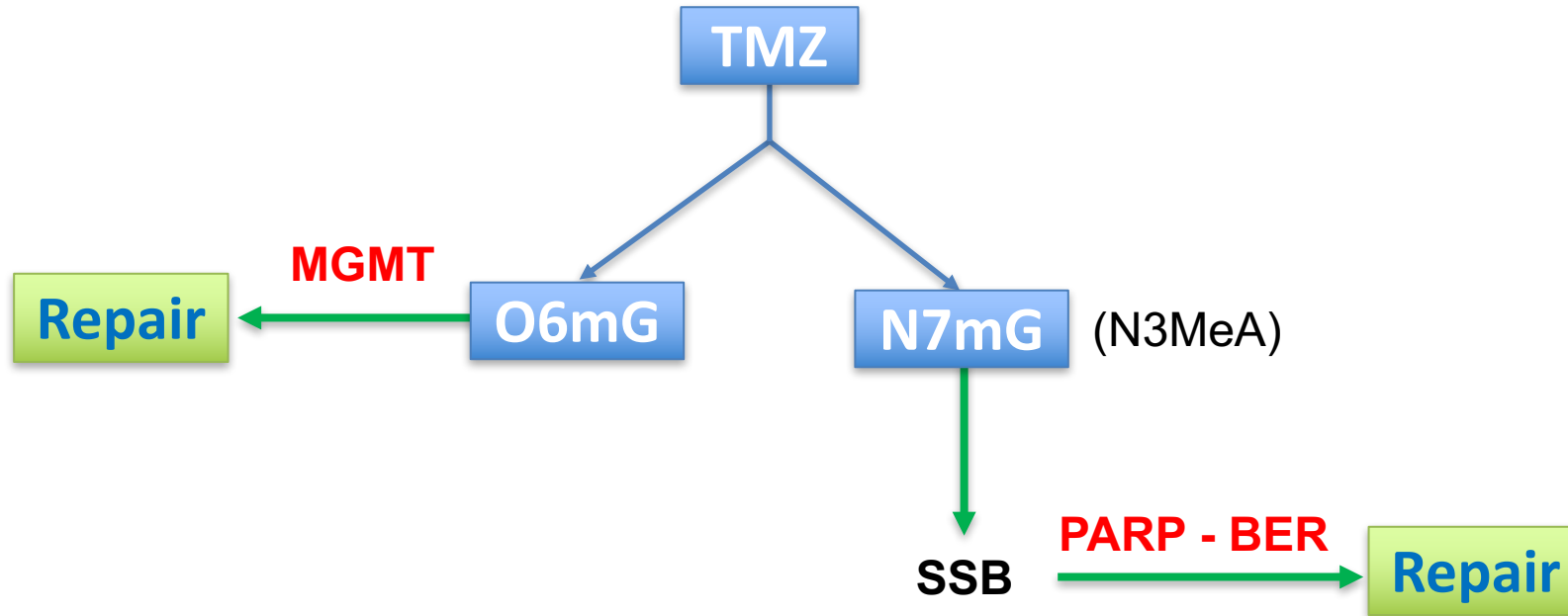
- ❖ Synthetic lethality beyond BRCA and PARP inhibitors
  - TOP1 inhibitors
- ❖ Cancer Cell Line genomics as model systems
- ❖ SLFN11 as a highly penetrant determinant of response
- ❖ Practical implications: example of temozolomide



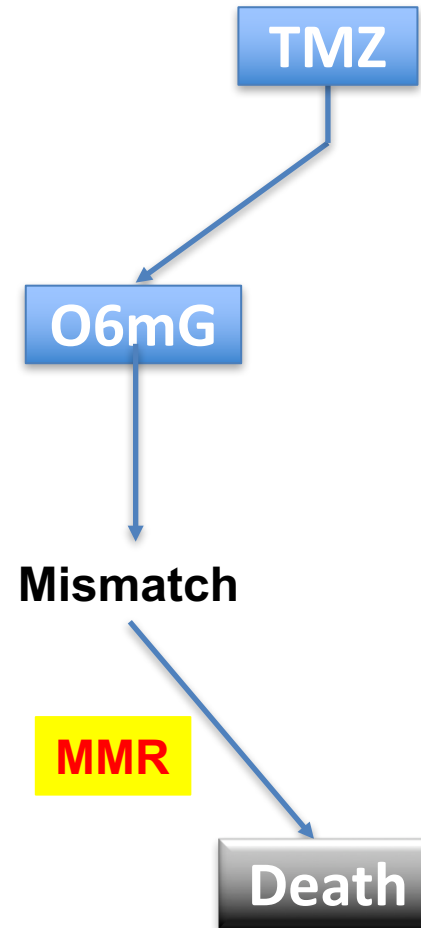
Temozolomide (**TMZ**) is an **oral** DNA methylating prodrug approved for glioblastomas based on:

- its selective cytotoxicity in methylguanine methyltransferase (**MGMT**)-deficient cells (which is frequent in glioblastomas)
- its liposolubility and blood-brain barrier (**CNS**) penetration.
- its relatively low cytotoxicity to normal cells (dose limiting toxicity: bone marrow)

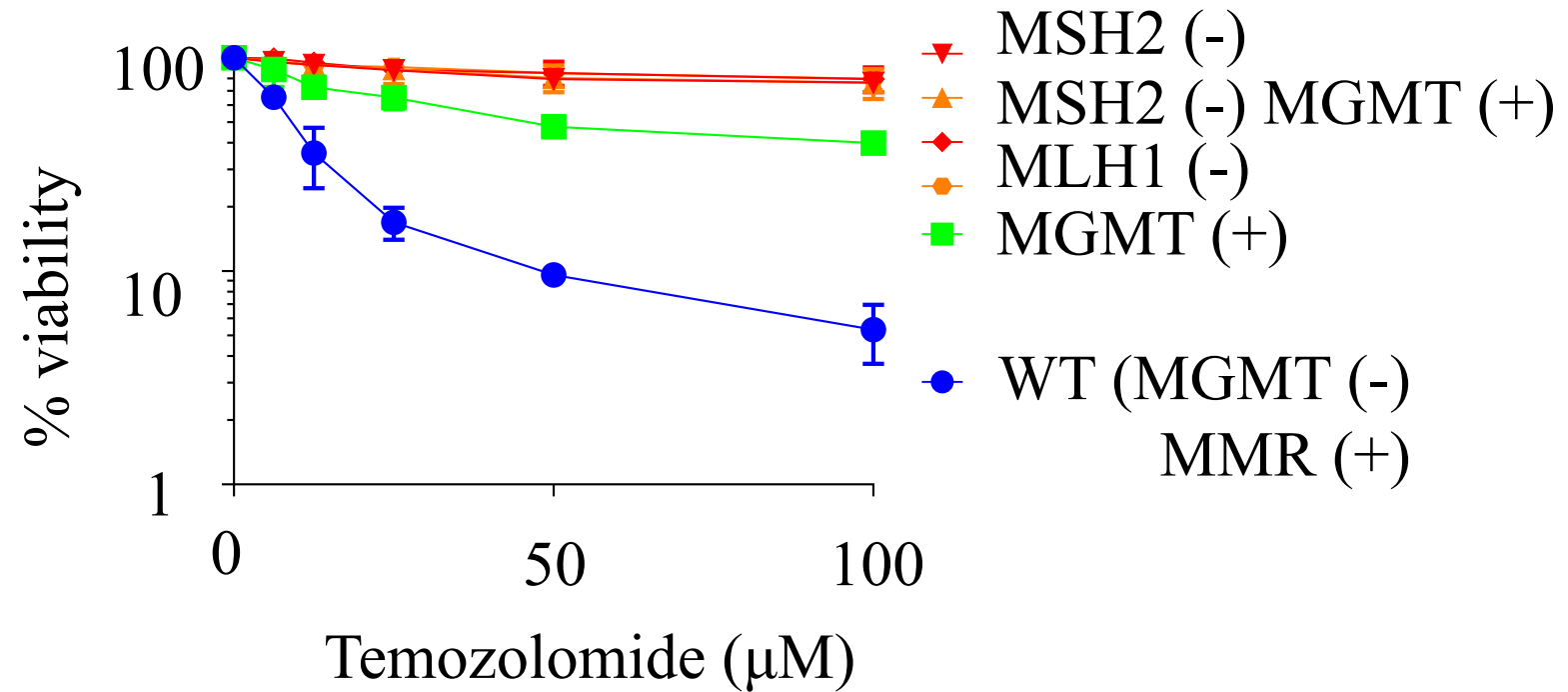
In normal cells TMZ tends to be non-cytotoxic



**In MGMT-deficient cells TMZ is cytotoxic by MMR**



# Both MGMT and MMR determine resistance to temozolomide



## MGMT determination and staging based on cancer cell lines (NCI-60)

- MGMT deficiency is **frequent** (1/3 of NCI-60) and **not limited to CNS cancer cells**.
- High correlation between protein expression (measured by RPPA – reverse phase protein array - Gordon Mills)  
=> **transcripts or protein are reliable**.
- Poorer performance for promoter methylation ⇔ **methylation misses many cell lines** such as the CNS, which have no protein (and transcript).

## x-Axis Dataset

CCLE

## x-Axis Type

Expression (log2)

ID: (e.g. 94600 or SLFN11); Case-Sensitive

SLFN11

## y-Axis Dataset

CCLE

## y-Axis Type

Expression (log2)

ID: (e.g. 94600 or SLFN11); Case-Sensitive

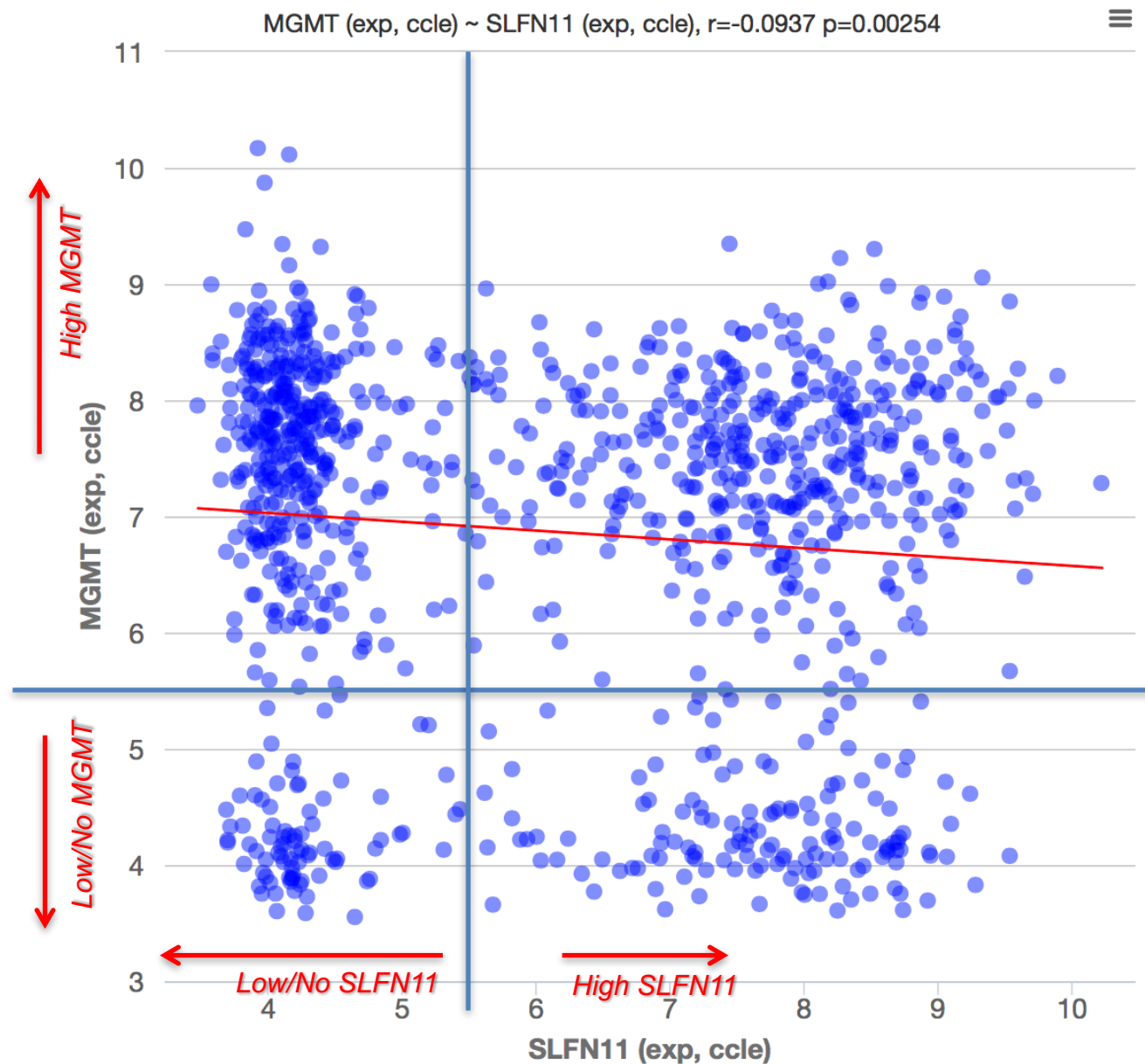
MGMT

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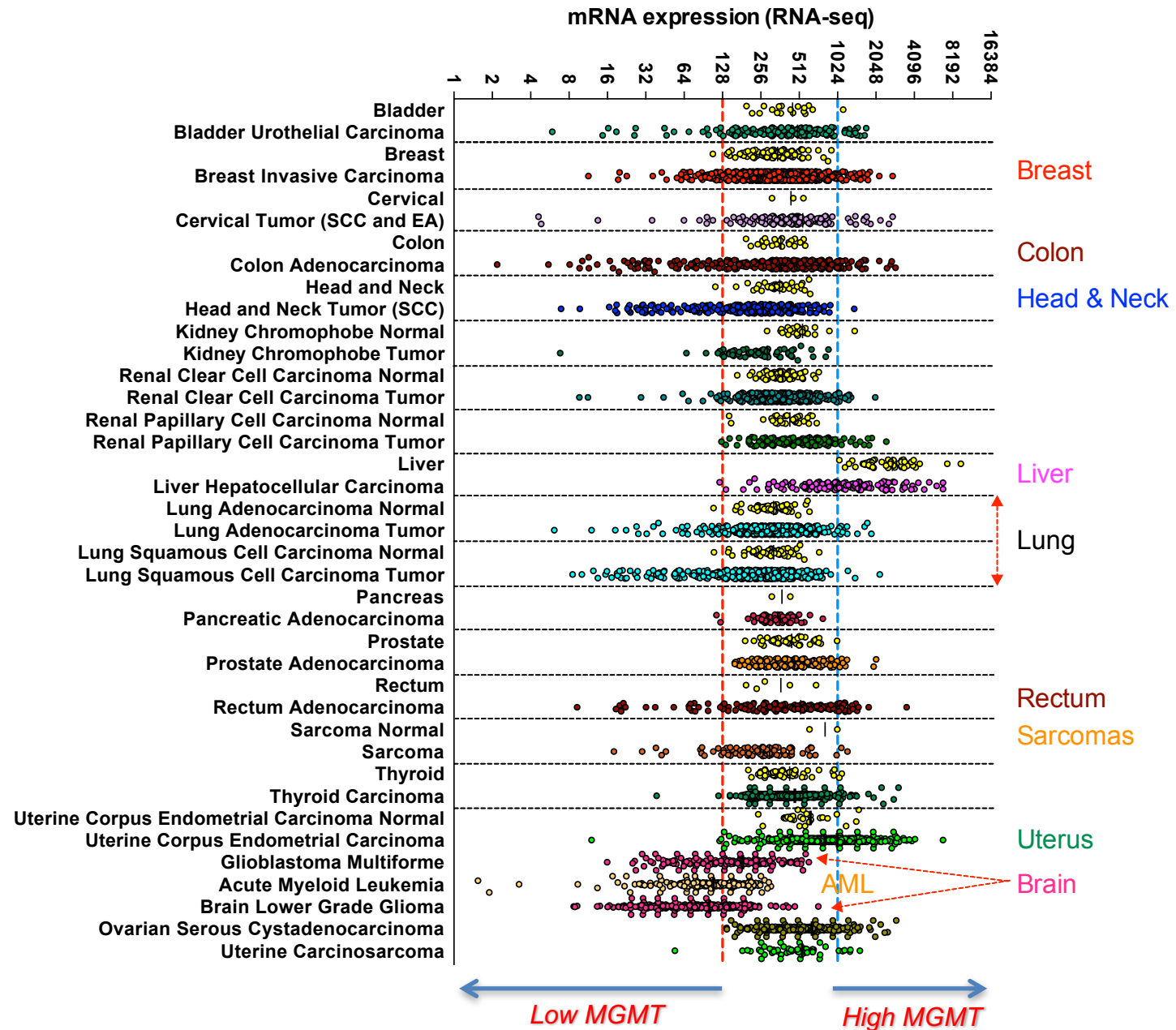
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Plot Data

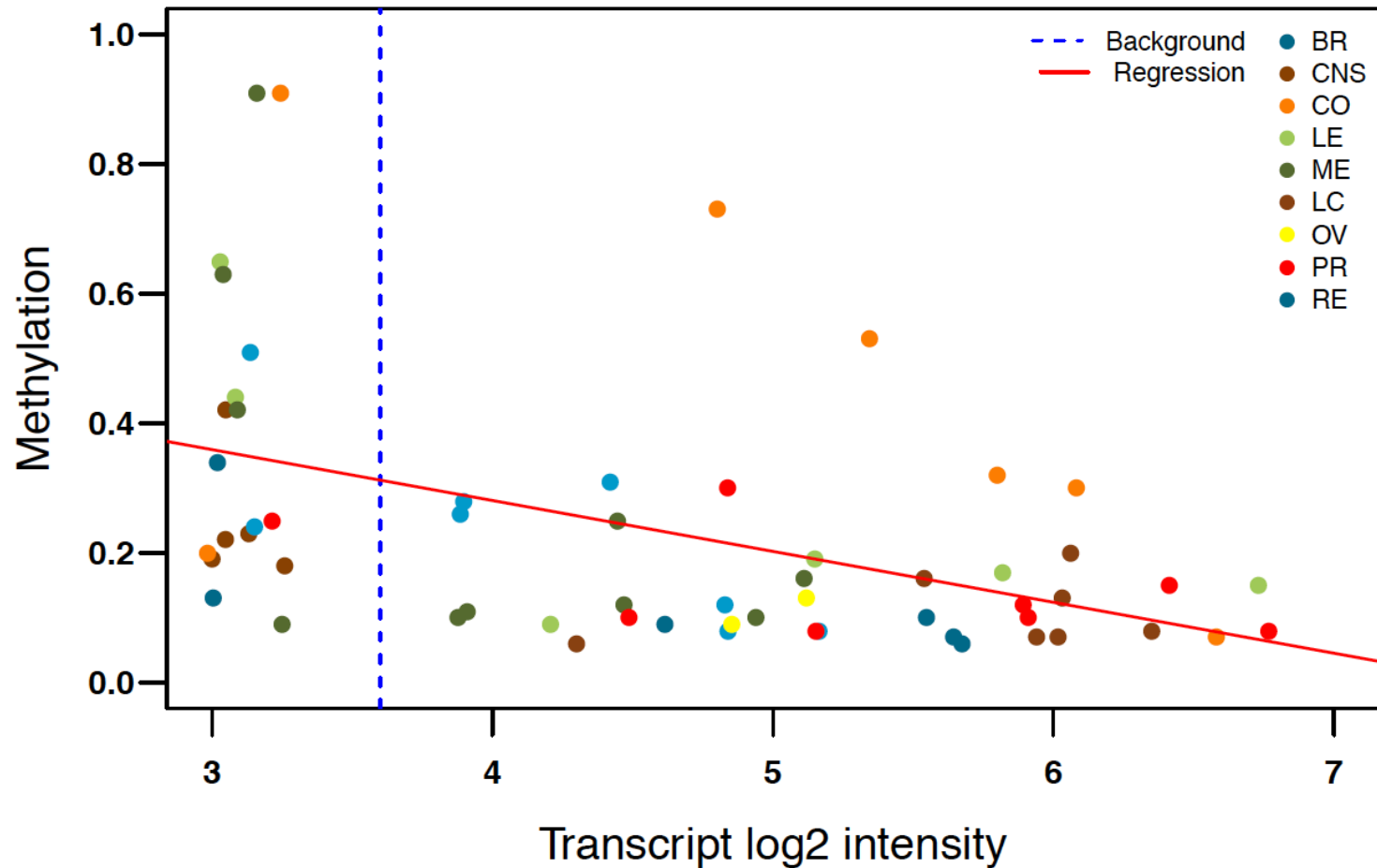
[Download Data](#)[Search IDs](#)[Compare Patterns](#)



# MGMT expression TCGA



# MGMT methylation vs expression



MGMT promoter methylation is not a “precise” measure of MGMT status (transcripts or protein)

MGMT is  
temozolo  
MGMT exp  
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cell lines.  
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presence of >40% methylation) as it is for the glioblastomas (CNS).

**x-Axis Dataset**  
CCLE

**x-Axis Type**  
Expression (log2)

**ID: (e.g. 94600 or SLFN11)**  
MGMT

**x-Axis Range**  
2 3.2 10.4 15

**y-Axis Dataset**  
GDSC

**y-Axis Type**  
Methylation

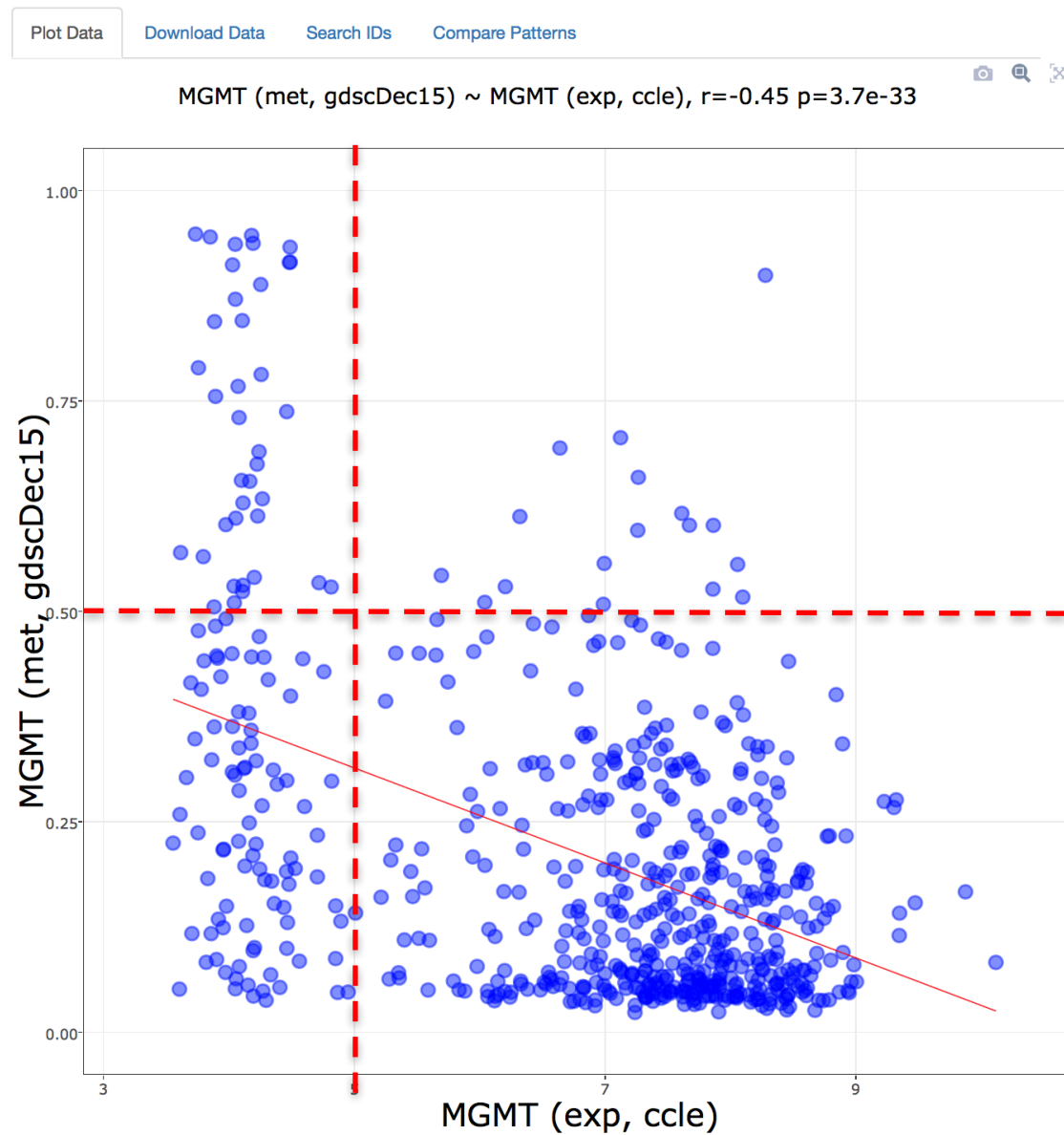
**ID: (e.g. 94600 or SLFN11)**  
MGMT

**y-Axis Range**  
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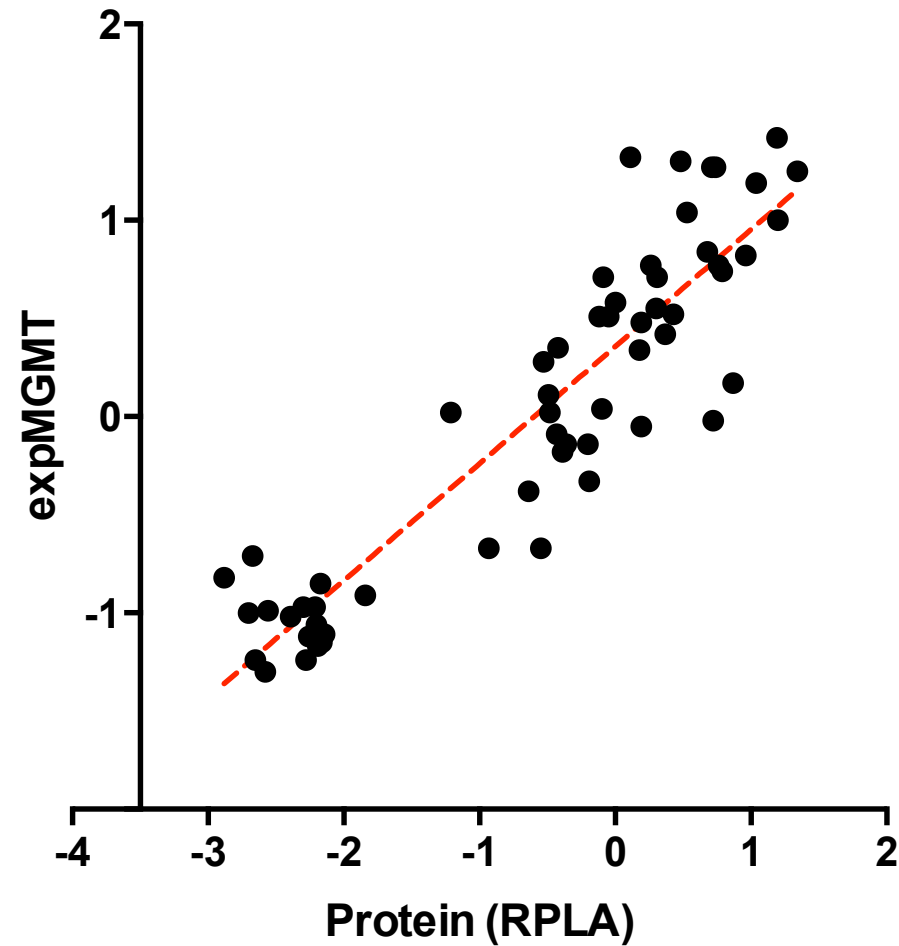
**Tissues to Color**



CCLE and GDSC  
Cross database  
Analysis with  
Cellminer cdb

MGMT promoter methylation is not a “precise”  
measure of MGMT status (transcripts or protein)

## High correlation between transcripts and protein for MGMT across the NCI-60



<https://dtp.cancer.gov/mtweb/targetinfo?moltd=MT18300&moltnbr=374563>

- ❖ Synthetic lethality beyond BRCA and PARP inhibitors
  - TOP1 inhibitors
- ❖ Cancer Cell Line genomics as model systems
- ❖ SLFN11 as a highly penetrant determinant of response
- ❖ Practical implications: example of temozolomide
- ❖ DNA repair alterations are frequent in cancers



# Testable genomic signatures

## Matching DNA targeted drugs and genes

Drugs	Genomic Biomarker (mRNA expression)												
	SLFN11	ABCG2	ABCC3	ABCB1	LMNA	TOP1	TOP2A	MGMT	MMR	MYC	MYCL	MYCN	TP53 (mut)
TOP1 inhibitors (camptothecins, indenos)	1	1	1	0	1	1	0	0	0	?	?	?	0
TOP2 (Daunorubicin, Etoposide)	1	0	?	1	?	0	1	0	0	?	?	?	0
PARP inhibitors (olaparib, talazoparib, niraparib)	1	0	?	1	?	0	0	0	0	?	?	?	0
Temozolomide	0	?	?	?	?	0	0	1	1	?	?	?	1
ATR inhibitors (VE-970; AZD6738)	0	?	?	?	?	0	1	0	0	?	?	?	1
Wee1 inhibitor (AZD1775)	0	?	?	?	?	0	1	0	0	?	?	?	1
Chk1/2 inhibitor (LY-2606368; Prexasertib)	0	?	?	?	?	0	1	0	0	1	1	1	1
DNA-PK inhibitor (VX-984)	0	?	?	?	?	0	?	0	0	?	?	?	?

### Genomic Biomarkers

SLFN11 exp

ABCG2 exp

ABCC3 exp

ABCB1 exp

LMNA exp/mut

TOP1 exp

MGMT exp

MMR (MLH1, MLH3, MSH2, MSH3, MSH6, PMS1 and PMS2) exp/mut

MYC exp

MYCL exp

MYCN exp

TP53 mut

- ❖ Synthetic lethality beyond BRCA and PARP inhibitors
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**Precision therapeutics can be defined as the ability to:**

- **prescribe effective therapies only to those patients who will respond effectively (cure),**
- **while limiting toxicity to normal tissues and minimizing side effects.**



## Second Generation Camptothecins with Targeted Delivery

Name	Company	Active Derivative (Payload)	Formulation (Conjugate; Target)
<b>Onivyde™ = MM398*</b>	Merrimack	Irinotecan	Liposome
<b>CRLX101</b>	Cerulean Pharma Inc.	Camptothecin	PEG
<b>NKTR-102</b>	Nektar Therapeutics	Etirinotecan (20 position)	PEG (Pegol)
<b>PLX038</b>	ProLynx	SN-38	PEG
<b>IMMU-132 = Sacituzumab govitecan**</b>	Immunomedics (Seattle Genetics)	SN-38 (20 position)	ADC - TROP2 (TACSD2)
<b>IMMU-130 = Labetuzumab govitecan</b>	Immunomedics	SN-38	ADC-CEACAM5
<b>DS-8201a***</b>	Daichi Sankyo	DXd (Exatecan)	ADC - HER2
<b>PEN-866</b>	Tarveda Therapeutics	SN-38 (10 position)	Conjugate Hsp90
<b>NK012</b>	Nippon Kayaku	SN-38	Polymeric micelles (PEG-polyglutamate)
<b>ALOS4-CPT</b>	Ariel University	Camptothecin	HDC - ALOS-4

\* FDA Approved, October 2015

\*\* FDA Breakthrough, February 2016

\*\*\* FDA Breakthrough, August 2017 (Breast)

Camptothecins as warheads

Tumor-specific delivery

## Acknowledgements (present lab members):



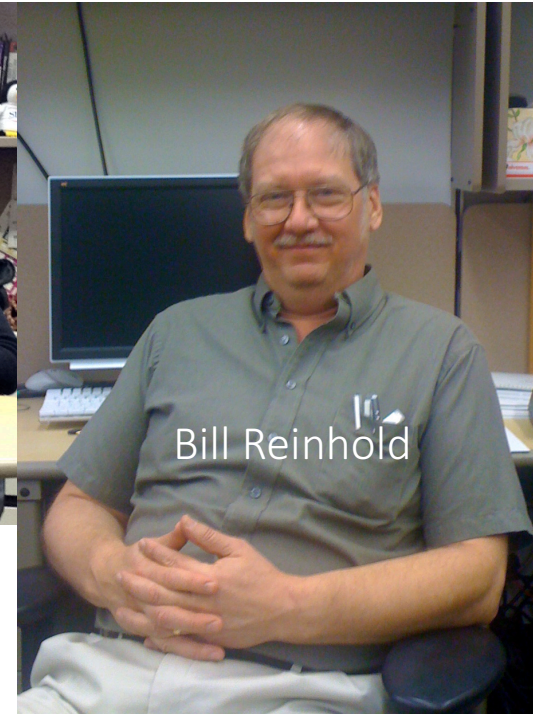
Junko Murai

PARPi  
SLFN11  
HR TOP1



Vinodh Rapajakse

CellMiner



Bill Reinhold



James Doroshow

PARPi  
TOP1 inhibitors clinical trials  
NCI-60



Augustin Luna

<http://discover.nci.nih.gov/cellminer>

<http://discover.nci.nih.gov/cellminerfdb>

