

ProLiFiler and Cancer Data Miner, combined platforms for a preclinical investigation to scrutinize the impact of inhibitors on the KRAS, PI3K, and MDM2 signaling pathways

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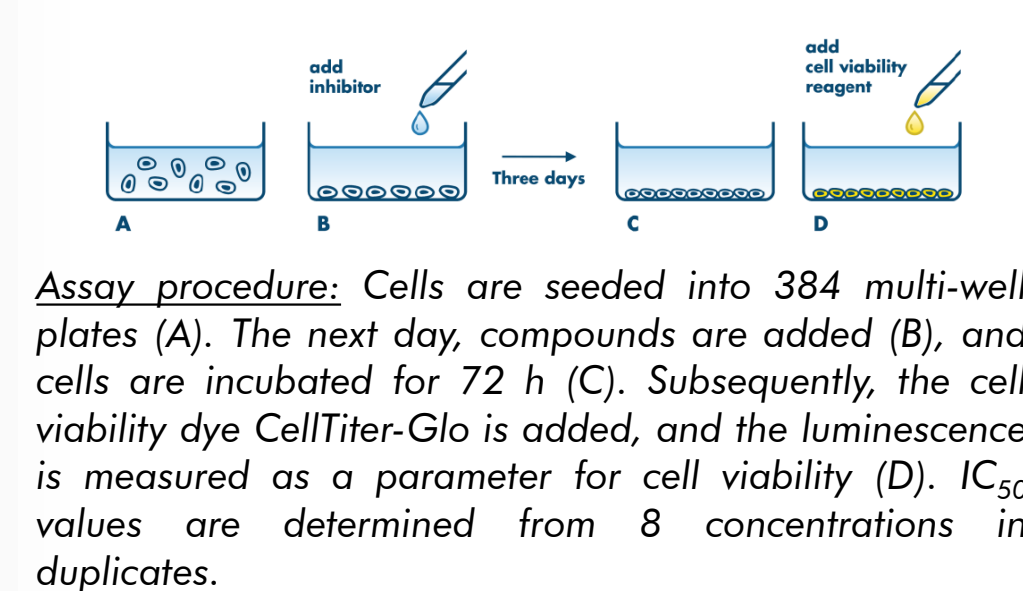
Introduction

Testing novel anti-cancer agents across a large panel of tumor models covering the genetic diversity of cancers is increasingly considered a cornerstone of preclinical development. Reaction Biology developed the ProLiFiler – performing the Cell Proliferation Assay on a tumor cell line panel covering most common cancer types to evaluate the anti-proliferative activity of novel drugs. To understand the molecular basis of drug sensitivity, 4HF Biotec uses their in-silico platform, "4HF-Cancer Data Miner", for bioinformatics analysis. Here we present integrative pharmacogenomic studies on three small molecules targeting major signaling pathways in cancer. It includes SOS1::KRAS interaction inhibitor BI-3406, MDM2 inhibitor Nutlin-3a, and PI3K inhibitor Taselisib. The study's primary goal is to provide meaningful information for these three drugs regarding their efficacy and potency, validate their mechanism of action (MoA), learn about suitable clinical indications, possible drug combinations, and predictive biomarkers of sensitivity or resistance.

ProLiFiler – Testing anti-proliferative efficacy

Assay procedure of the Cell Proliferation Assay

The ProLiFiler assay is performed with a contact-free nano-dispensing system (Tecan D300E) requiring small amounts of your compound.



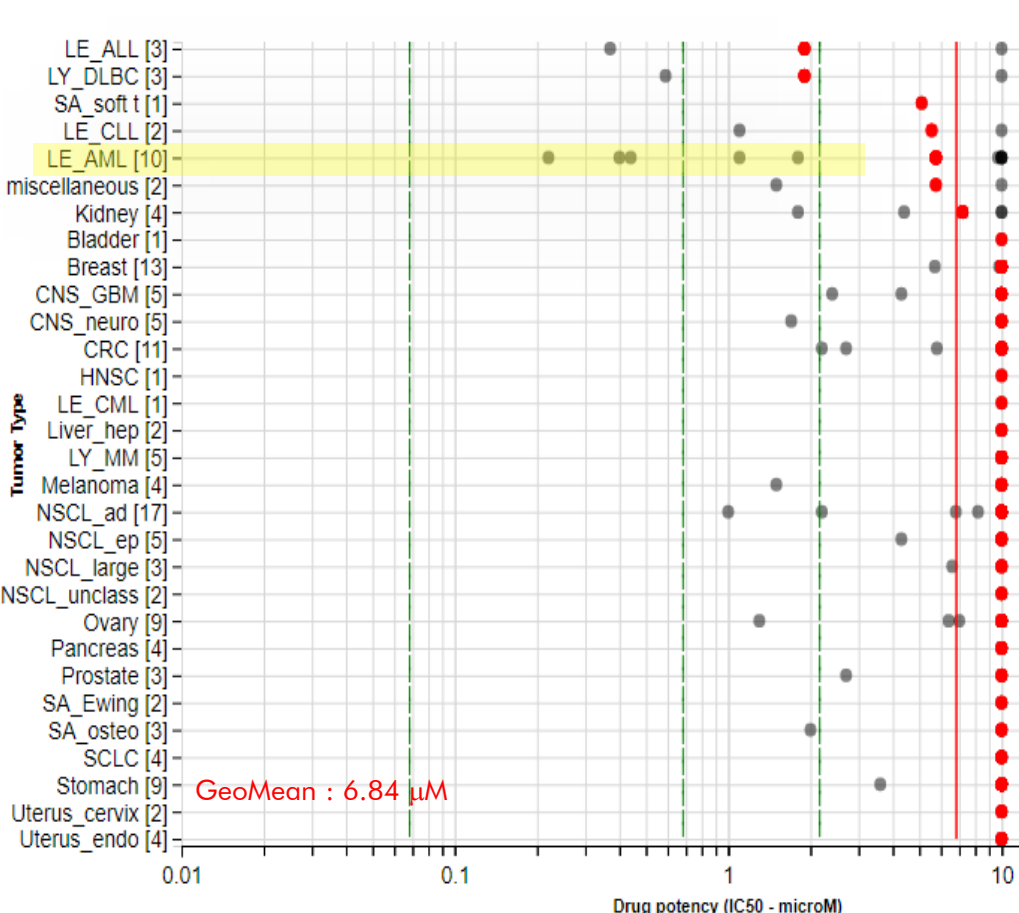
Assay procedure: Cells are seeded into 384 multi-well plates (A). The next day, compounds are added (B), and cells are incubated for 72 h (C). Subsequently, the cell viability dye CellTiter-Glo is added, and the luminescence is measured as a parameter for cell viability (D). IC₅₀ values are determined from 8 concentrations in duplicates.

Origin of cell lines

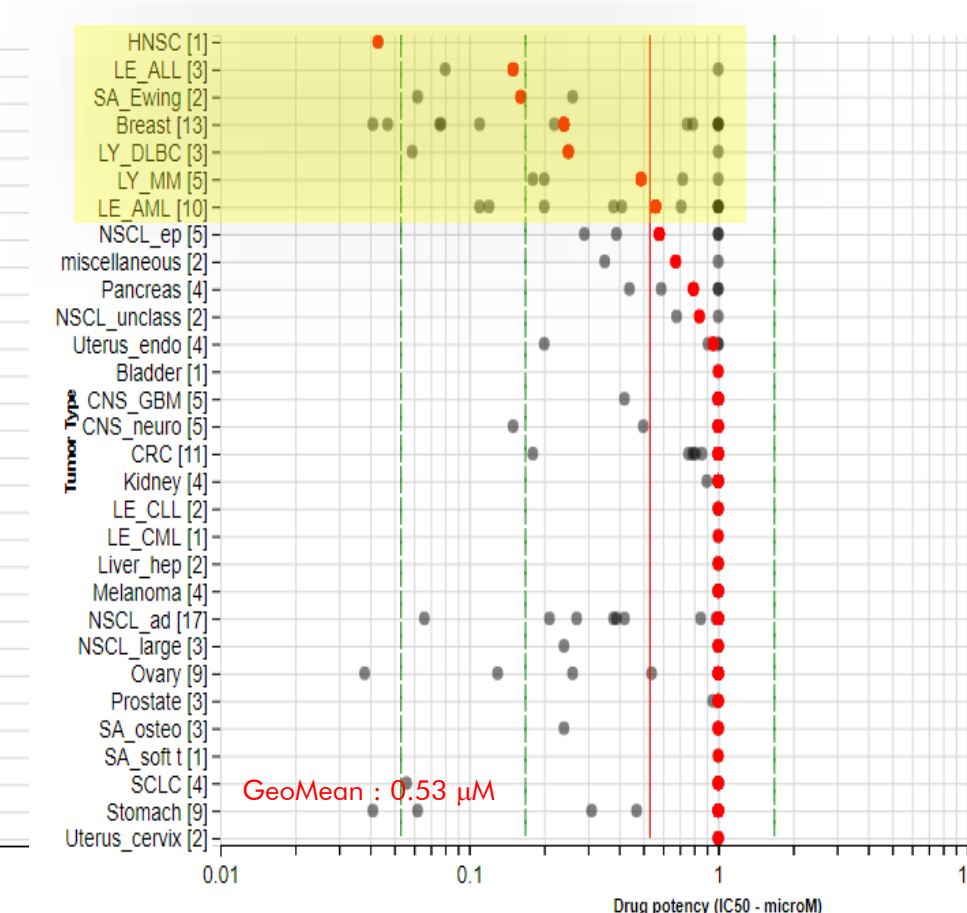
The panel currently consists of 140 human tumor cell lines derived from 21 tumor types.

Tumor type	# (sub)type
Breast	13 4 ER ⁺ /5 ERBB2 ⁺ /4 TNBC
Uterus	6 2 cervix/4 endometrium
Ovary	9
Prostate	3 1 AB ⁺ /2 AB ⁻
Kidney	4
Colorectal	11
Stomach	9
Pancreas	4
Liver	2 2 hepatocellular carcinomas
Non-Small Cell Lung	27 17 adenocarcinoma/5 squamous/3 large cells/2 undifferentiated
Small Cell Lung	4
Melanoma	4
Central Nervous System	10 5 glioblastoma/5 neuroblastoma
Esophagus	6 3 adenocarcinoma/2 Ewing/1 leukioesophageal
Miscellaneous	4 1 bladder/1 duodenum/1 head & neck/1 vulva (skin)
Leukemia	16 5 ALL/10 MLL/2 CLL/1 CML
Lymphoma	3 2 DLBCL/1 ALL/CLL
Melanoma	5
Grand Total	140

Nutlin-3a showed moderate potency with a strong selectivity by inhibiting only some CLs.



Efficacy of Taselisib was at a submicromolar range and showed efficacy in a wide variety of CLs.



In our 2D system, anti-proliferative activity of BI-3406 was modest, only few CLs were sensitive.

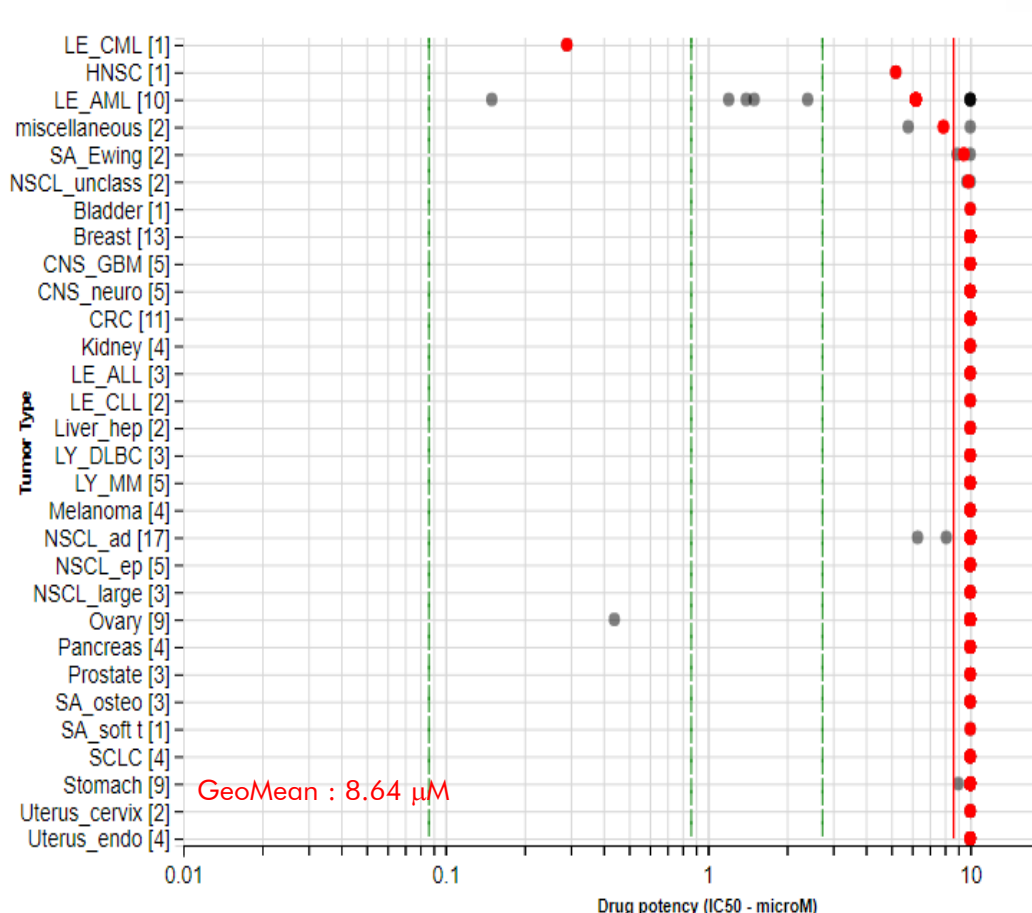


Figure 1: Scatter plots showing Nutlin-3a, Taselisib, and BI-3406 IC₅₀ value for each cell line across cancer (sub)types of the 140 CL panel. X-axis: IC₅₀ value per CL, y-axis: the histological (sub)types sorted from top to bottom by increasing median IC₅₀ values. The red dots are the median Abs IC₅₀ value for each tumor (sub)type, and the red line is the overall Geomean IC₅₀ value. Between brackets the total number of CLs within a tumor (sub)type.

Abbreviations: CNS_Glioblastoma (CNS_GBM), CNS_Neuroblastoma (CNS_neuro), Colorectal cancer (CRC), Head-Neck Squamous Cell (HNSC), Acute Lymphoblastic Leukemia (LE_ALL), Acute Myeloid Leukemia (LE_AML), Chronic Lymphocytic Leukemia (LE CLL), Chronic Myelocytic Leukemia (LE_CML), Liver_hepatocellular (Liver_hep), Lymphoma Diffuse Large B Cells (LY DLBC), Lymphoma Multiple Myeloma (LY_MM), Lymphoma undifferentiated (LY_undiff), NSCL adenocarcinoma (NSCL_ad), NSCL epidermoid (NSCL_ep), NSCL Large cells (NSCL_large), NSCL unclassified (NSCL_unclass), Sarcoma Ewing (SA_Ewing), Osteosarcoma (SA_oste), Sarcoma soft tissue (SA_soft_t), Small Cell Lung Cancer (SCLC), Uterus_endometrium (Uterus_endo).

MoA Finder – Identifying drugs with same inhibitory profiles and MoA

Drug Mechanism of Action

The MoA Finder tool aims to identify the mechanism of action (MoA) of your test compound based on the results obtained in the ProLiFiler cell panel screening. To this end, we compare the sensitivity profile of your drug candidate to more than 700 drugs for which the MoA is known.

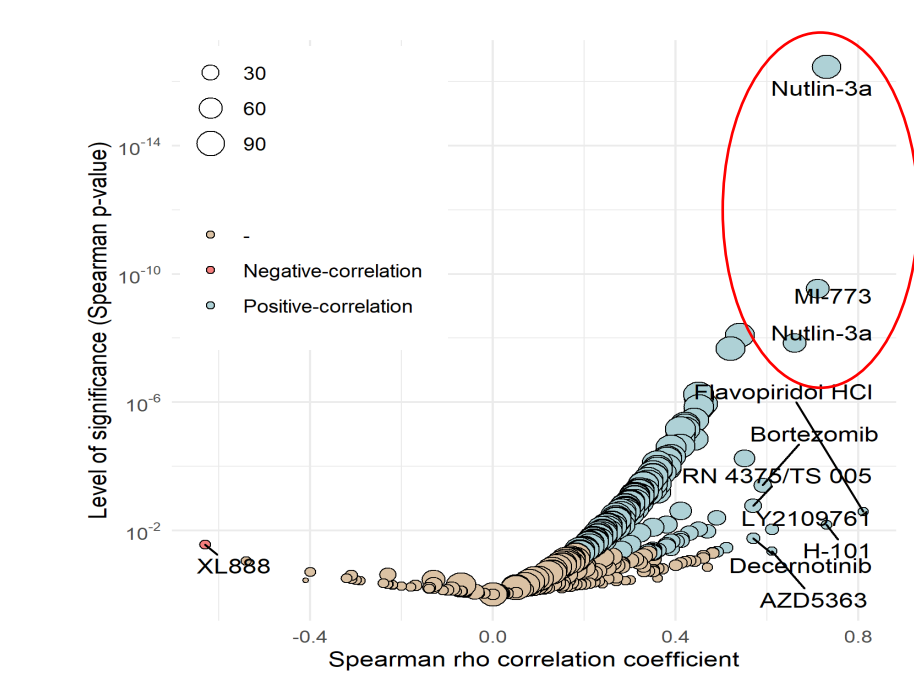
- The MoA Finder tool allows the confirmation of the mechanism of action of drugs.
- The data help to identify potential off-targets and side effects.
- The MoA of compounds with unknown mechanisms can be identified and gives suggestions for target deconvolution in a phenotypic approach.

Database: The drug sensitivity profile, which defines the mechanism of action of more than 700 anticancer compounds, was collected from both literature and internal results.

Approach: The drug sensitivity profile (IC₅₀ values of ProLiFiler screen) of your test compound will be compared to the reference compounds' drug sensitivity profiles. The correlation of the two datasets is evaluated by two statistical values, the Spearman Rho correlation value, and its p-value.

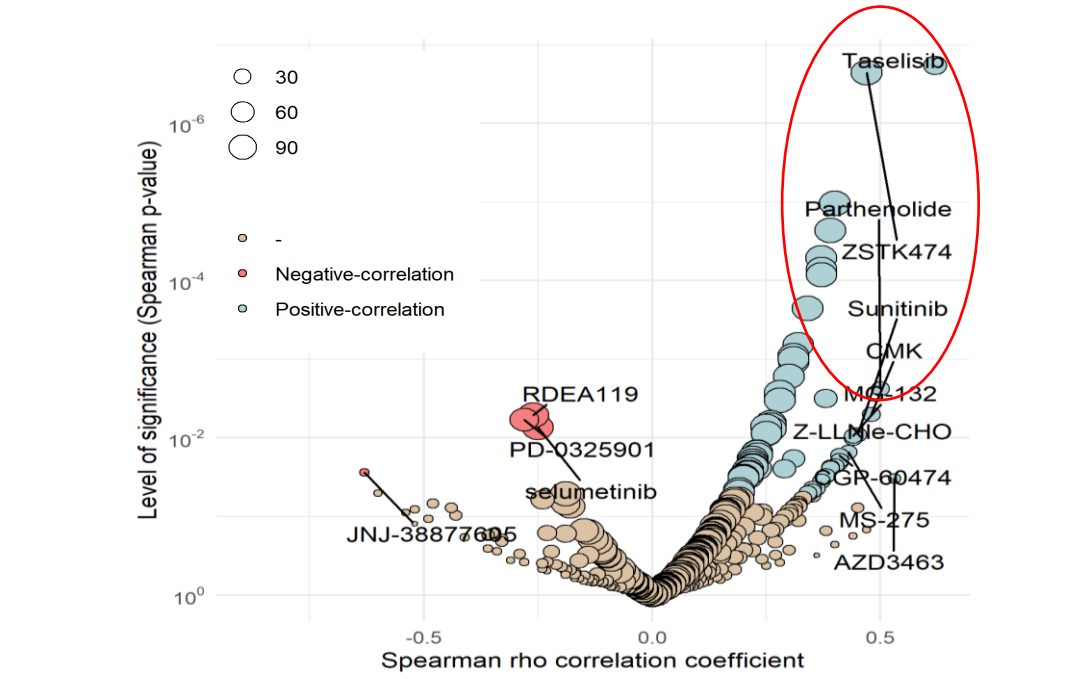
Deliverables: Graphical presentation of the correlation analysis. Excel table with raw data.

Compounds targeting p53 pathway were those best correlating with our Nutlin-3a IC₅₀ data (Rho>0.5).



Rank	Compound	Mode Of Action	Rho	P-value	N	Geomean [μM]	Below Nutlin
1	Nutlin-3a	p53 pathway	1	140	6.84	30140	
2	Nutlin-3a	p53 pathway	0.74	<0.001	97	35.97	36840
3	M773	p53 pathway	0.71	<0.001	59	7.4	72574
4	Nutlin-3a	p53 signaling	0.66	<0.001	59	15.71	72574
5	Bortezomib	Protein degradation	0.59	<0.001	32	0	04027
6	R62712	PI3K signaling	0.55	<0.001	47	6.59	63543
7	CEP-701	RTK signaling	0.53	<0.001	101	0.54	231669
8	Camptothecin	DNA replication	0.53	<0.001	102	0.05	18669
9	CH46702	Chromosome integrity	0.54	<0.001	111	13.71	50240
10	Yellapone	Genome integrity	0.46	<0.001	102	49.78	382470
11	ICZ-1	Chromosome integrity	0.45	<0.001	109	2.39	378706

Top 7 hits best correlating with 140 CL-derived Taselisib IC₅₀ data were compounds targeting PI3K signaling (Rho>0.5).



Rank	Compound	Mode Of Action	Rho	P-value	N	Geomean [μM]	Below Taselisib
1	Taselisib	Inhibitor of PI3K α, β, γ	1	140	0.53	24140	
2	Taselisib	RTK signaling	0.54	<0.001	111	1.13	425925
3	ICZ-1	RTK signaling	0.54	<0.001	111	14.83	441955
4	PK-93	Inhibitor of PI3K α	0.41	<0.001	111	14.71	426931
5	CDK19	PI3K signaling	0.4	<0.001	112	3.66	645774
6	R62712	PI3K signaling	0.57	<0.001	111	13.49	442931
7	CDK19	PI3K signaling	0.57	<0.001	110	32.24	271631
8	CDK19	PI3K signaling	0.56	<0.001	110	0.05	5097
9	CH46702	Chromosome integrity	0.54	<0.001	111	13.71	50240
10	Yellapone	Genome integrity	0.46	<0.001	102	49.78	382470
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Figure 2: Volcano plots showing the anti-cancer drugs correlated with Nutlin-3a, Taselisib, and BI-3406 IC₅₀ (COMPARE analysis). x-axis: Rho values obtained (Spearman), y-axis: p-values. Blue: anti-cancer drugs with a positive correlation (p-values<0.05), red: negative correlation (p-values<0.05) (light brown: not significant). Drug sensitivity databases included in the study: 4HF Biotec, Sanger GDSC1, and CTRP-CTD² databases. The size of the circles is proportional to the numbers of data points compared. Tables show top anti-cancer agents best correlating with each of the three drugs studied.

*Huang, R., Wallqvist, A. & Covell, D.G. Anticancer metal compounds in NCI's tumor-screening database: putative mode of action. Biochem Pharmacol 69, 1009-1039 (2005).
*Pauli, K.D. et al. Display and analysis of patterns of differential activity of drugs against human tumor cell lines: development of mean graph and COMPARE algorithm. J Natl Cancer Inst 81, 1088-1092 (1989).

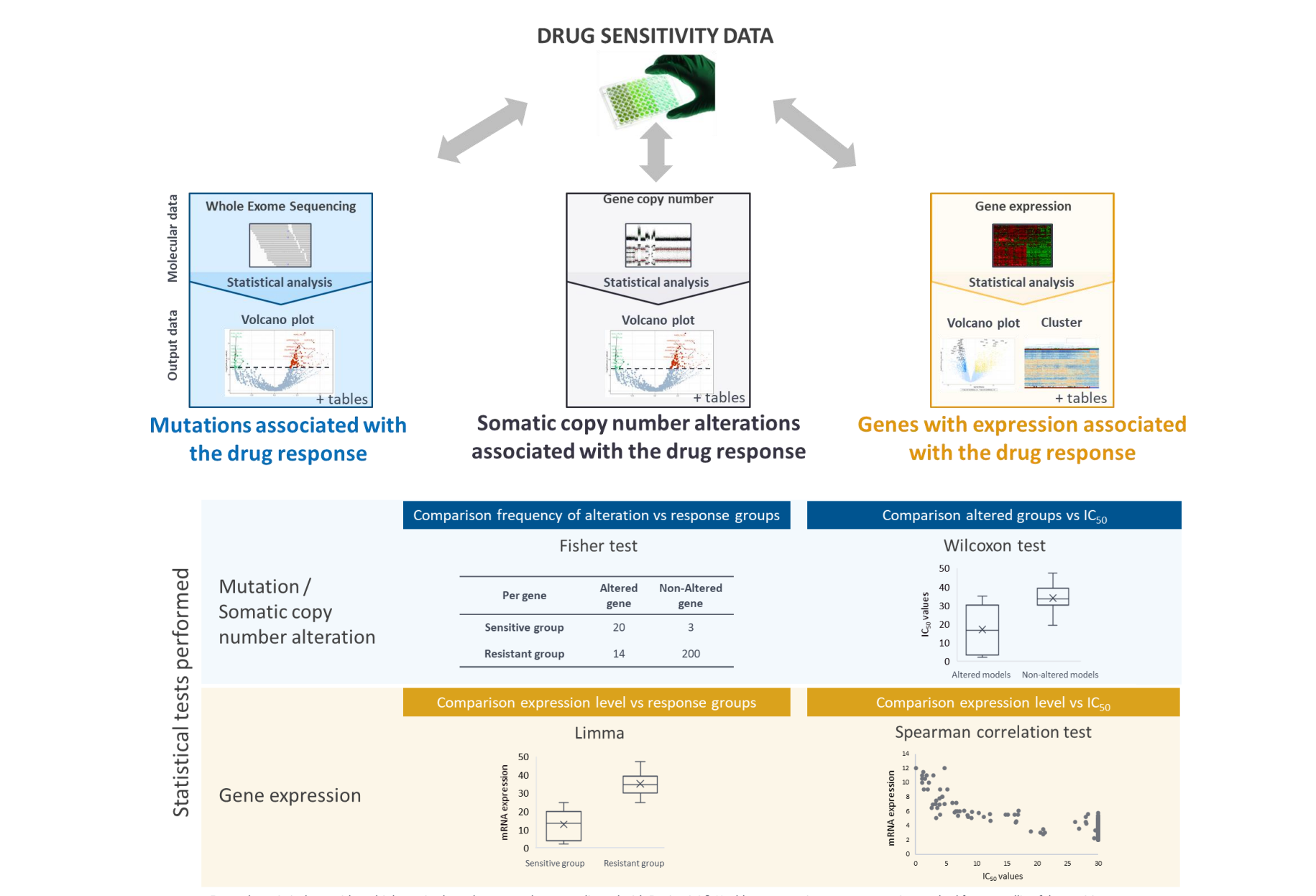
Biomarker Analysis – Discovery of predictors of drug sensitivity

Biomarker Analysis

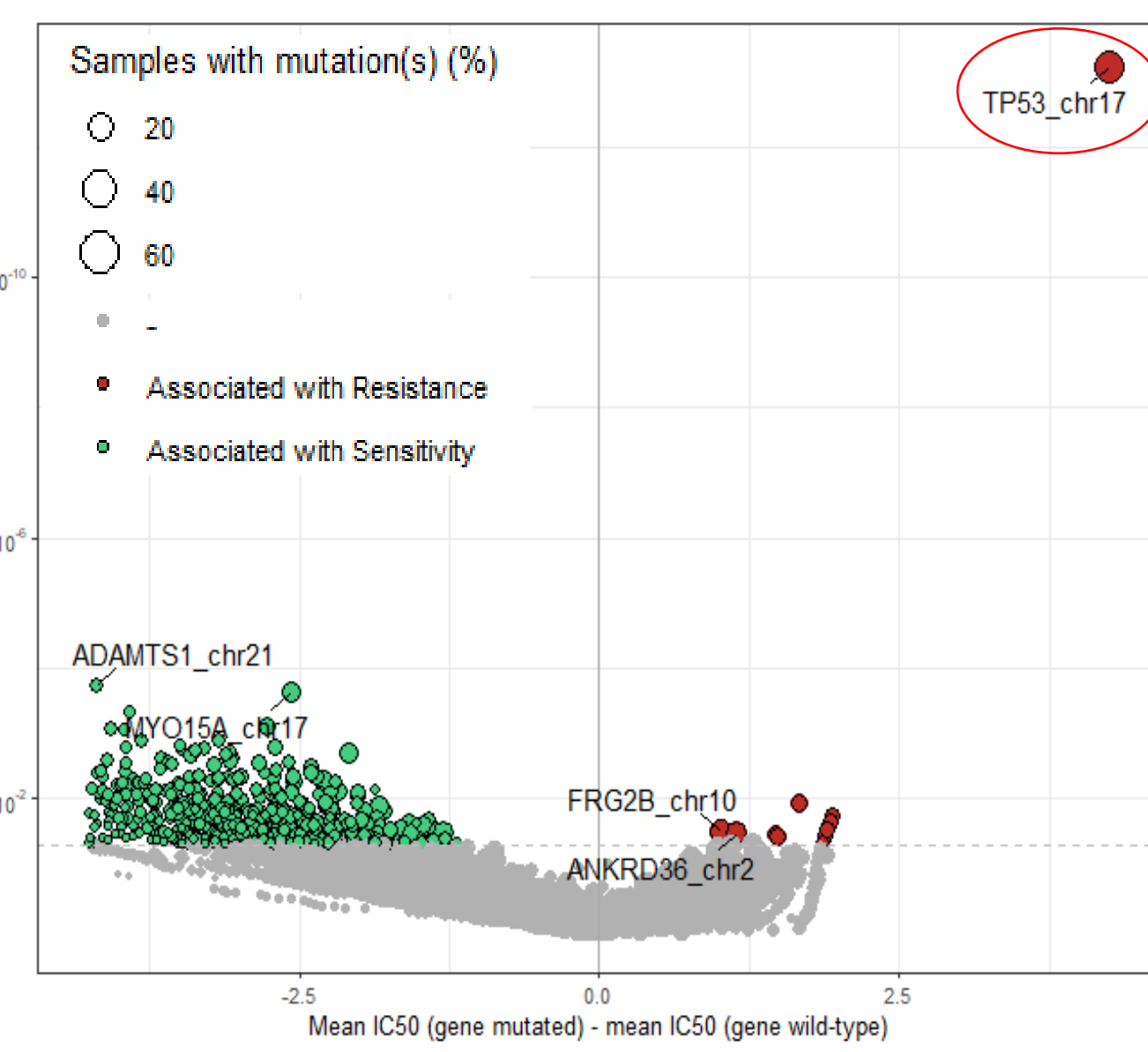
The Biomarker Analysis tool reveals the specific genomic signature of tumor cell lines that are sensitive to your test drug. To this end, we correlate the drug sensitivity profile (IC₅₀ data of ProLiFiler screen) of your test drug with data sets of gene expression and genetic alterations (mutations, deletions, amplifications) known for the tumor cell lines.

Use the Biomarker Analysis tool to identify genes or genetic alterations whose presence is indicative of the efficacy of the test compound and may serve for predictive biomarkers in disease models and patient cohorts.

Approach: The ProLiFiler results are correlated with the gene expression, whole-exome sequencing data (mutations), and somatic copy number alteration data of the tumor cell lines. An analysis is performed for every cell line to determine the correlation of its drug sensitivity to each gene with regards to the expression level, mutation status, and somatic copy number.



The screening of whole exome mutations of the 140 CLs identified TP53 mutations as top hit biomarker predicting resistance to Nutlin-3a.



The analysis of the transcriptome highlighted that MDM2 expression level positively correlates with Nutlin-3a sensitivity.

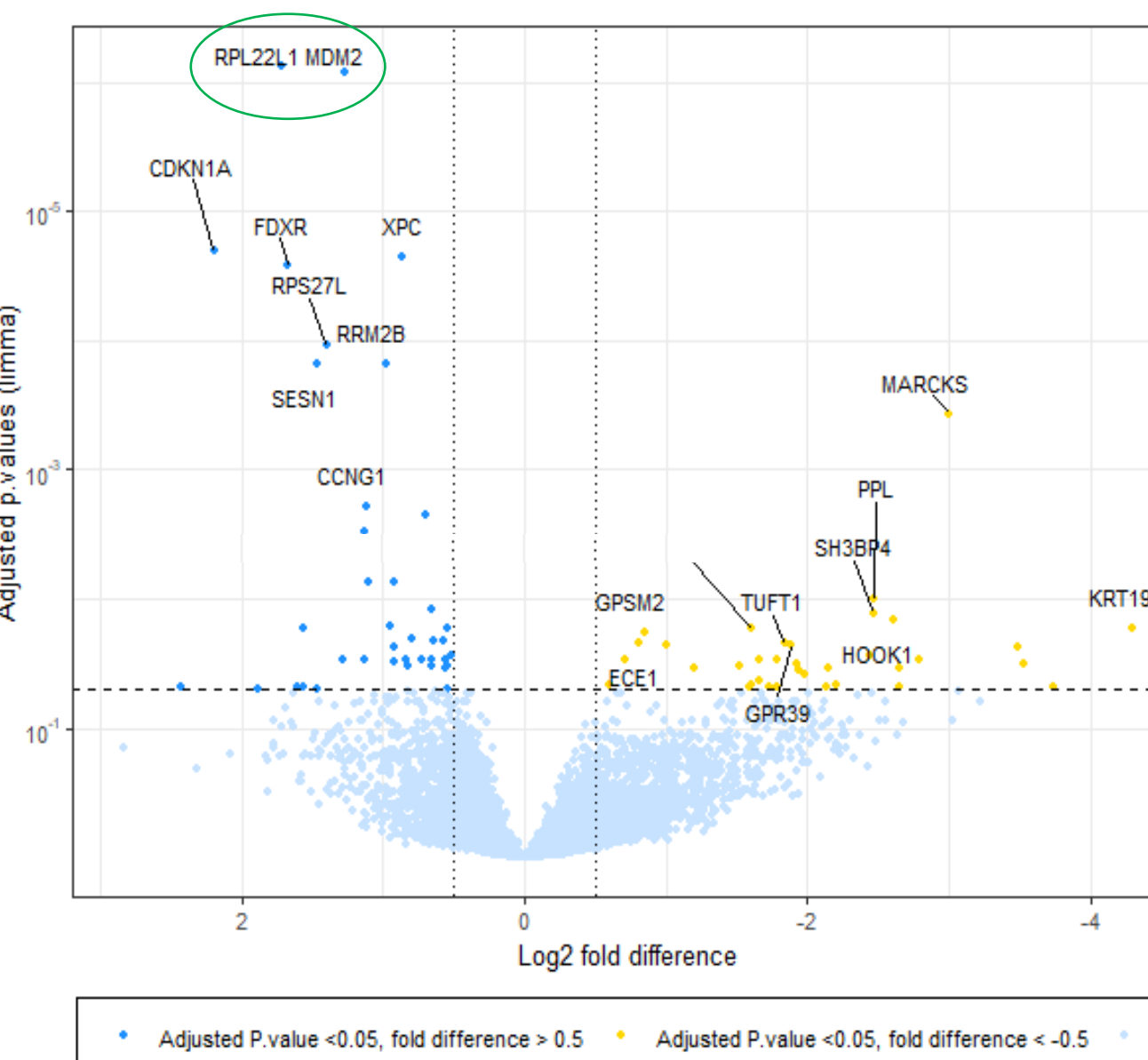
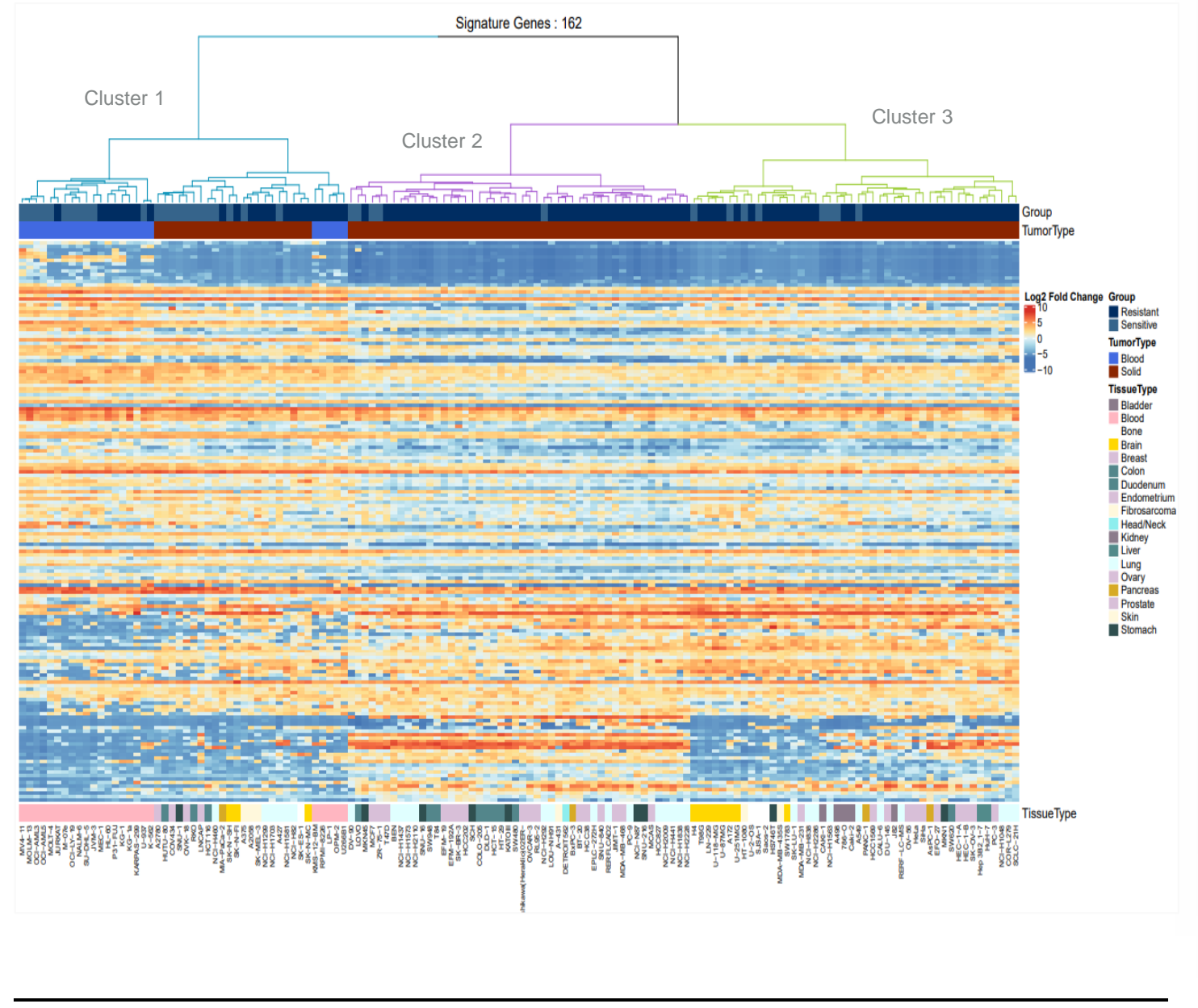


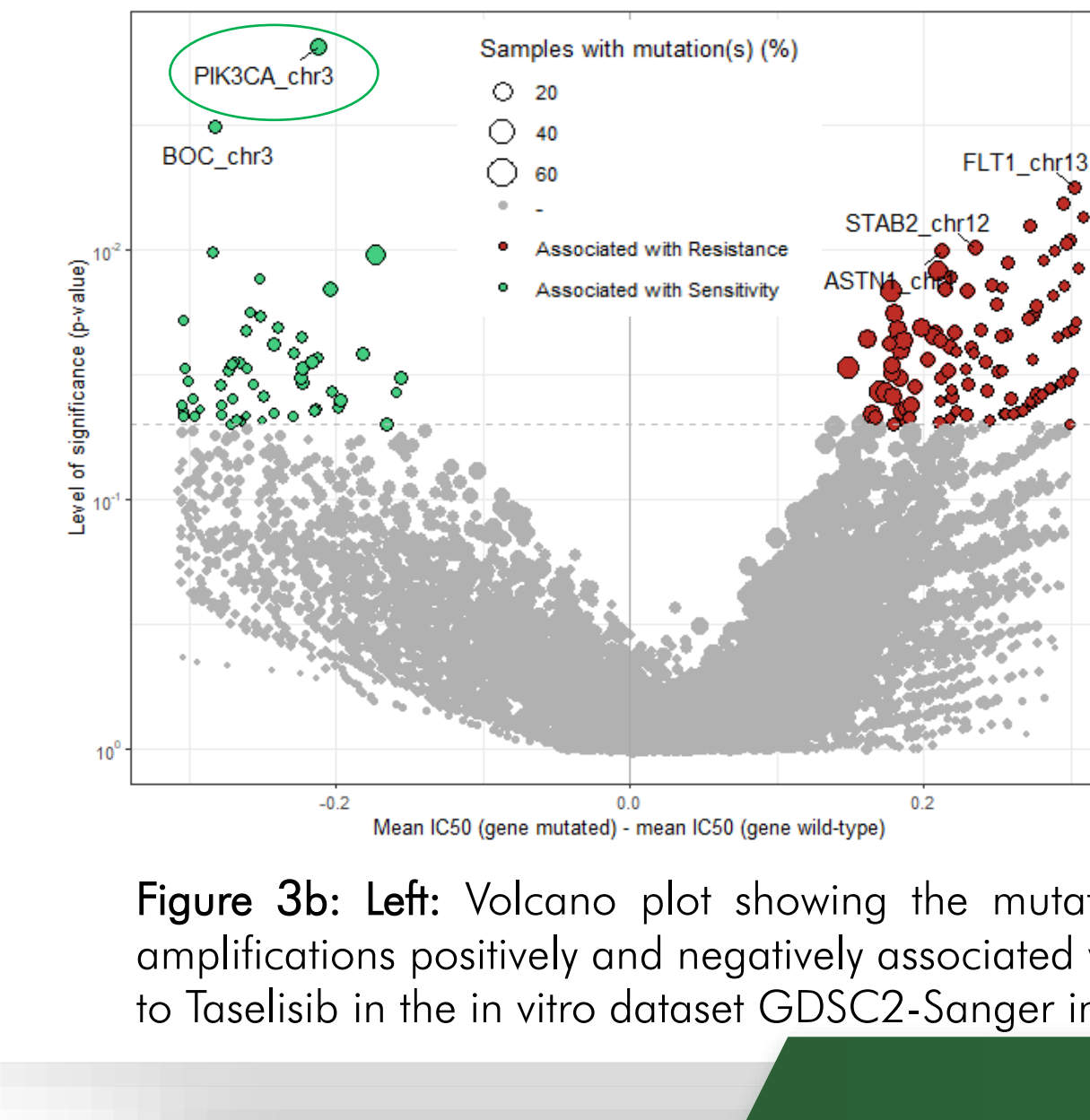
Figure 3a: Left: Volcano plot showing the top exome mutations positively and negatively associated with the Nutlin-3a IC₅₀ values (Wilcoxon test). Center: Volcano plot showing levels of significance of individual genes for the association of their expression levels with Nutlin-3a IC₅₀ values. X-axis, log₂ fold difference of gene expression level between Nutlin-3a response groups; y-axis, Limma adjusted p-values on log₁₀ scale. The yellow and blue dots show the genes having an expression significantly associated with the response to Nutlin-3a (significant adjusted p-value in Limma test) and a log₂ fold difference >0.5 (blue dots) or <-0.5 (yellow dots) as calculated by Limma. Right: Heatmap with unsupervised hierarchical clustering of differentially expressed genes (Limma p-adjusted <0.05, log₂ fold difference ≥ ±0.5) and table with response rates to Nutlin-3a across the clusters.

Unsupervised hierarchical clustering using transcripts positively and negatively associated with Nutlin-3a IC₅₀ identified 3 clusters with distinct response rates.

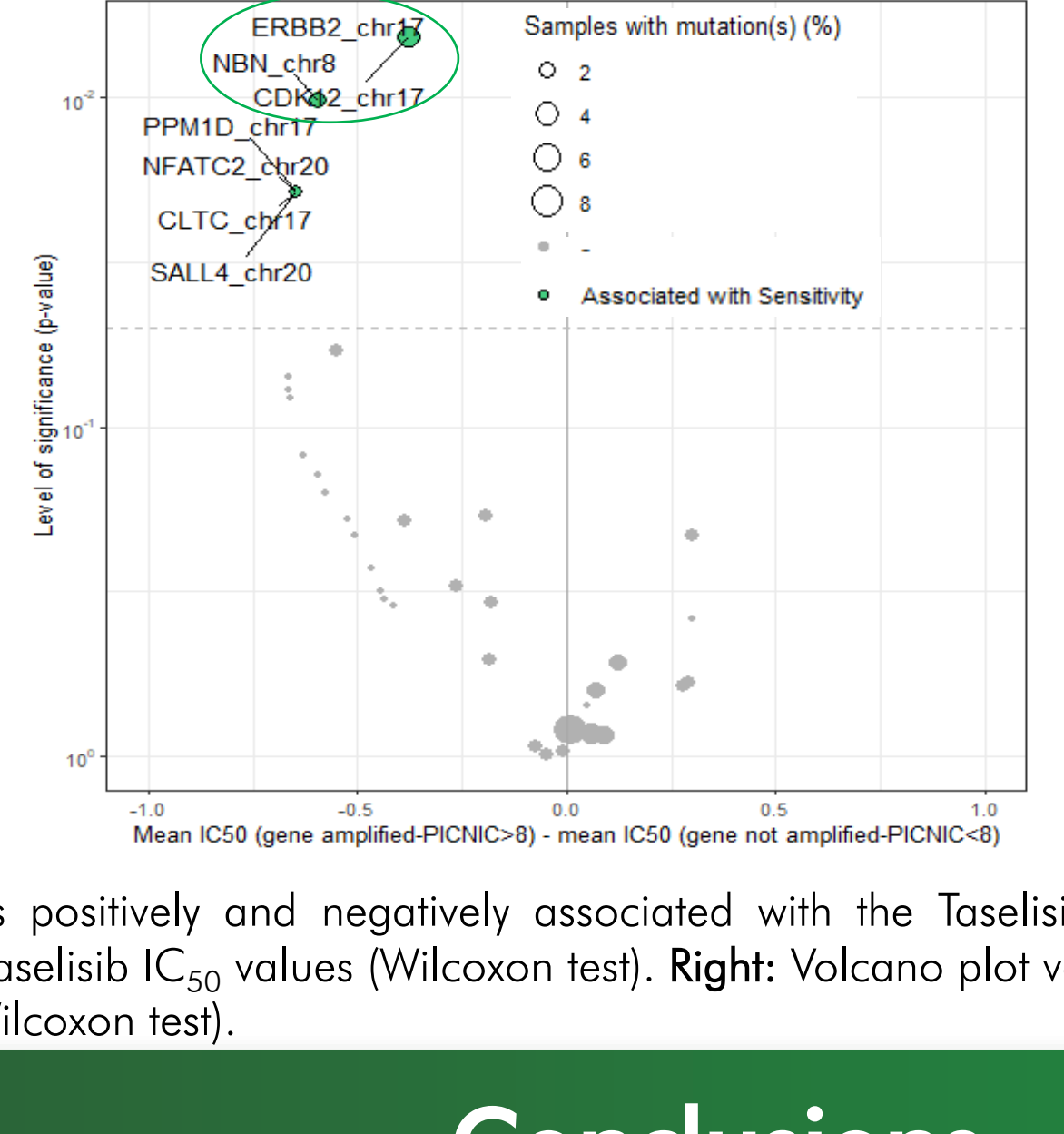


Clusters	1	2	3
Sensitive (IC ₅₀ <10μM)	23	5	8
Resistant (IC ₅₀ >10mM)	23	43	38
Sum	46	48	46
Distribution sensitive	64%	14%	22%
P value (proportion test)	1.89E-05		

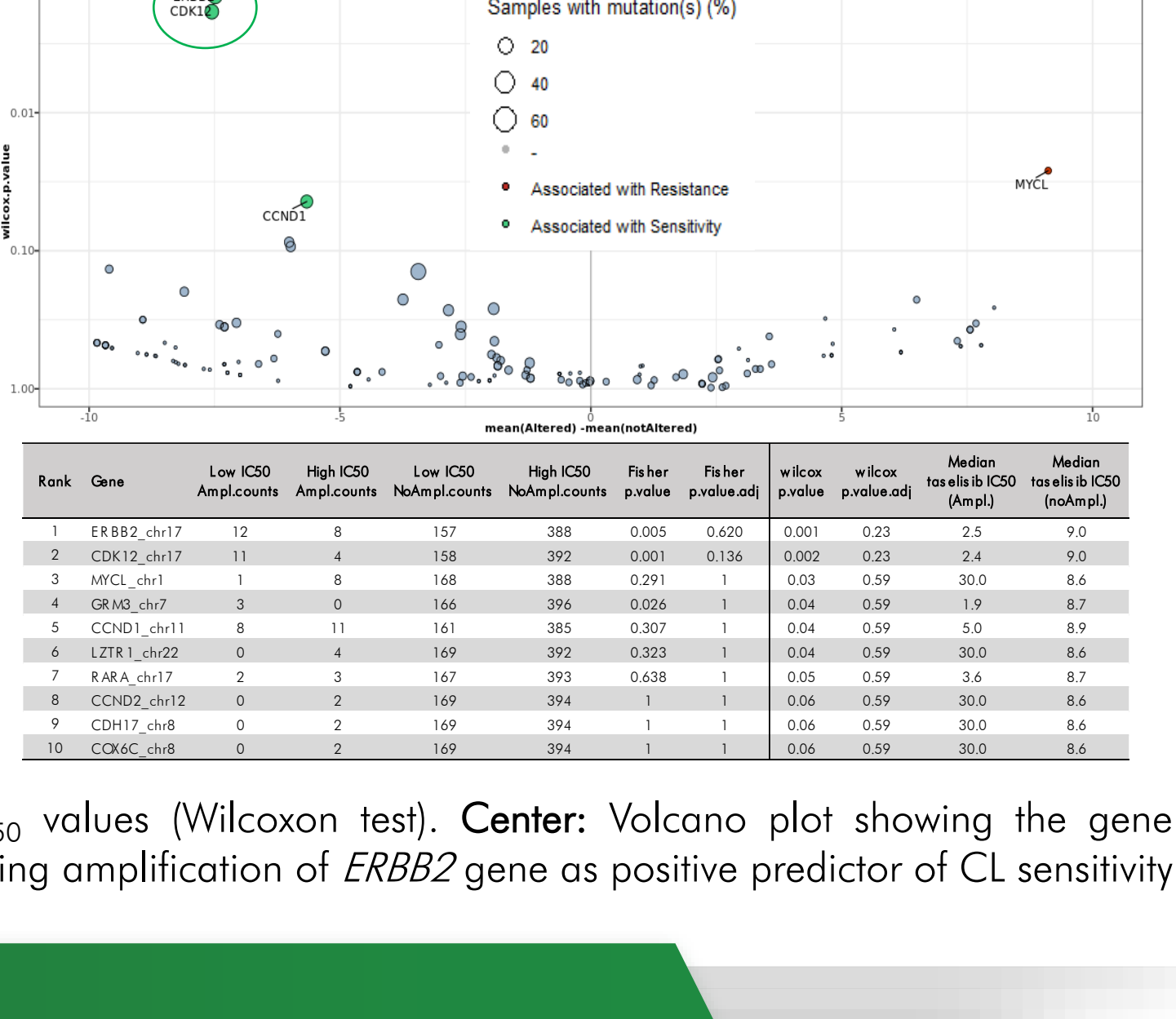
Exome mutations in PIK3CA gene were the strongest predictors of CL sensitivity to Taselisib.



Whole Somatic Copy Number Alterations (SCNA) analysis showed that amplification of Chr17 part containing ERBB2 gene predicts sensitivity to Taselisib.



Testing SCNA with Taselisib data from the GDSC2 dataset (Sanger institute) confirms ERBB2+ as positive biomarker of response.



Rank	Gene	Low IC50 Ampl. counts	High IC50 Ampl. counts	Low IC50 NoAmpl. counts	High IC50 NoAmpl. counts	Fisher p-value	Fisher p-value	Wilcoxon p-value	Wilcoxon p-value	Median Rank-IC50 (log2)	Median Rank-IC50 (normal)
1	ERBB2_ch17	12	8	158	388	0.05	0.001	0.001	0.23	2.1	9.5
2	CDK20_ch17	11	4	158	392	0.001	0.136	0.002	0.23	2.4	9.0
3	MDM2_ch11	1	8	168	388	0.291	1	0.03	0.59	30.5	8.4
4	CDK20_ch17	3	8	168	388	0.291	1	0.03	0.59	30.5	8.7
5	CDK20_ch11	8	11	161	385	0.307	1	0.04	0.59	30.5	8.9
6	CDK20_ch17	6	8	168	388	0.291	1	0.03	0.59	30.5	8.4
7	ERBB2_ch17	2	3	167	393	0.638	1	0.05	0.59	30.5	8.7
8	CDK20_ch17	0	2	169	394	1	1	0.06	0.59	30.5	8.4
9	CDK20_ch11	0	2	169	394	1	1	0.06	0.59	30.5	8.4
10	CDK20_ch17	0	2	169	394	1	1	0.06	0.59	30.5	8.4

Figure 3b: Left: Volcano plot showing the mutated genes positively and negatively associated with the Taselisib IC₅₀ values (Wilcoxon test). Center: Volcano plot showing the gene amplifications positively and negatively associated with the Taselisib IC₅₀ values (Wilcoxon test). Right: Volcano plot validating amplification of ERBB2 gene as positive predictor of CL sensitivity to Taselisib in the in vitro dataset GDSC2-Sanger institute (Wilcoxon test).

Conclusions

The present pharmacogenomic study demonstrated the relevance of combined ProLiFiler and Cancer Data Miner platforms for preclinical profiling of novel anti-cancer agents. It permits early gain of information about tumor (sub)types to be targeted, to reveal or confirm the drug MoA and the identification of a relevant panel of biomarkers predicting response or resistance. We believe that such an approach should be more systematically made in programs of drug development to prepare the next steps of in vivo testing and clinical phases.