



# **BIO 302:**

# **MARCH 4 & 6, 2014**

## **WEEK 8 LECTURE 1:**

## **CANCER AS A COMPLEX ADAPTIVE SYSTEM**

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**[www.casi.asu.edu](http://www.casi.asu.edu)**

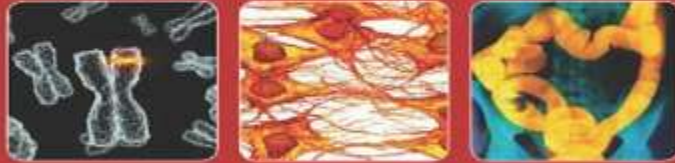
# Cancer as a Complex Adaptive System (CAS)

## Lecture 1

- **genotoxic insult(s), mutations and genome instability in cancer (drivers)**
- **the progressive evolution of phenotypic heterogeneity in different clones within tumors**
- **selection pressures on clonal fitness, adaptation and the evolution of the metastatic process**
- **tumor progression as a complex co-evolutionary interaction between dynamic changes in tumor behavior and host responses**

OXFORD

# MOLECULAR BIOLOGY OF CANCER



*Mechanisms, Targets, and Therapeutics*

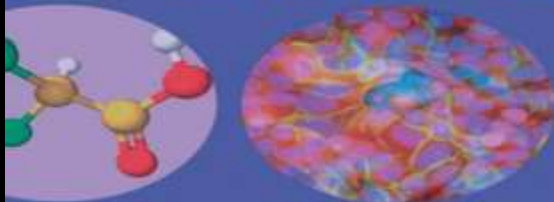
Third Edition

LAUREN PECORINO

Cover illustration by  
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# cancer

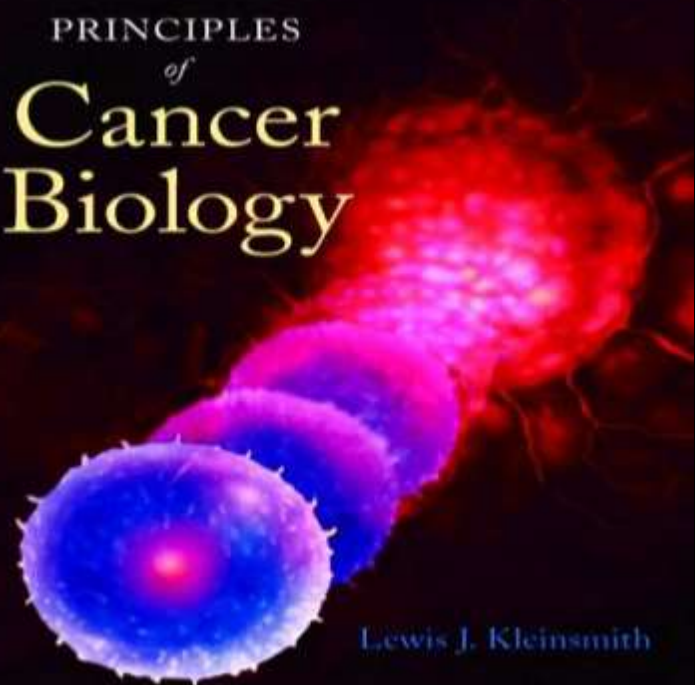
basic science and clinical aspects



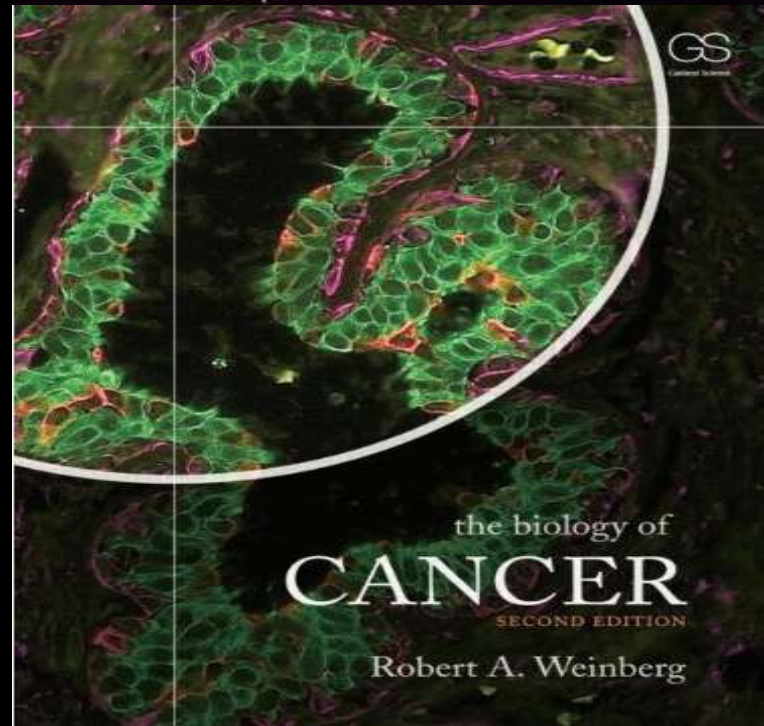
WILEY-BLACKWELL

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# PRINCIPLES of Cancer Biology



Lewis J. Kleinsmith



GS  
Cambridge Science

the biology of  
**CANCER**  
SECOND EDITION

Robert A. Weinberg



# Genotoxic Insult(s), Mutations and Genome Instability: The Drivers of Tumor Initiation and Progression



# The Lengthy Timeframes for Progression in Different Human Cancers

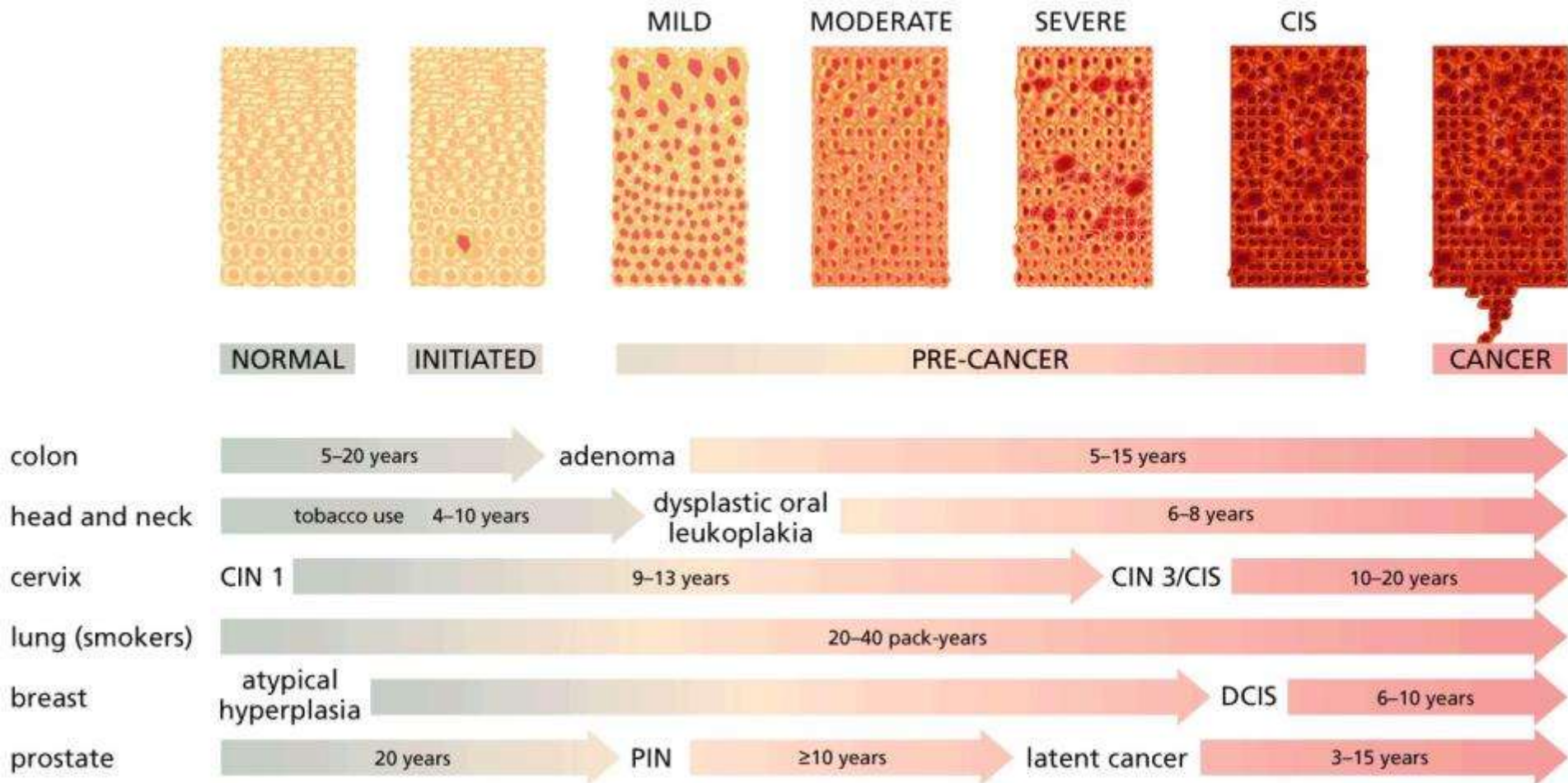
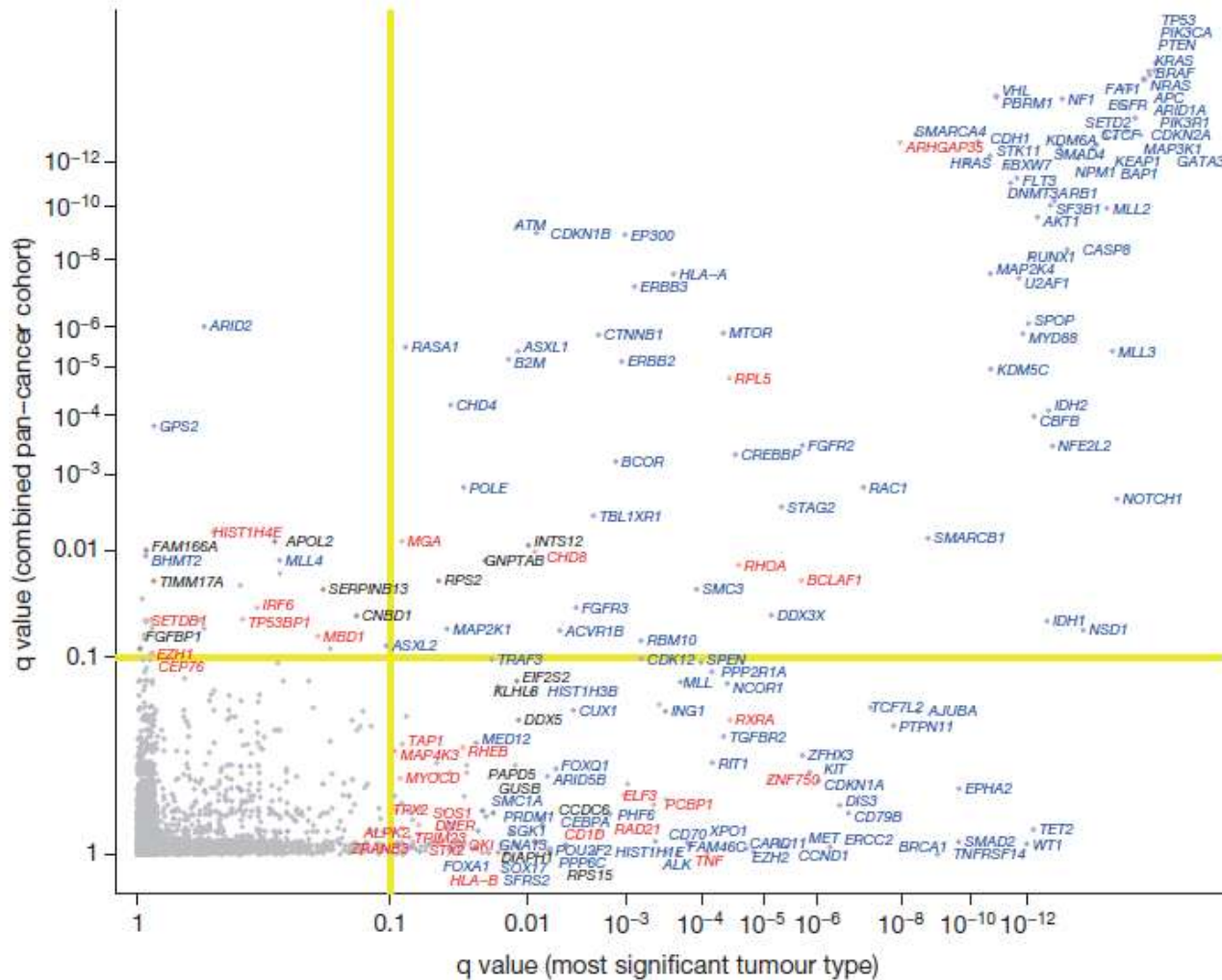


Figure 11.8a The Biology of Cancer (© Garland Science 2014)

**Cancer Genomes: A Formidably Complex Catalog of  
Genomic Changes and Molecular Network Disruptions**

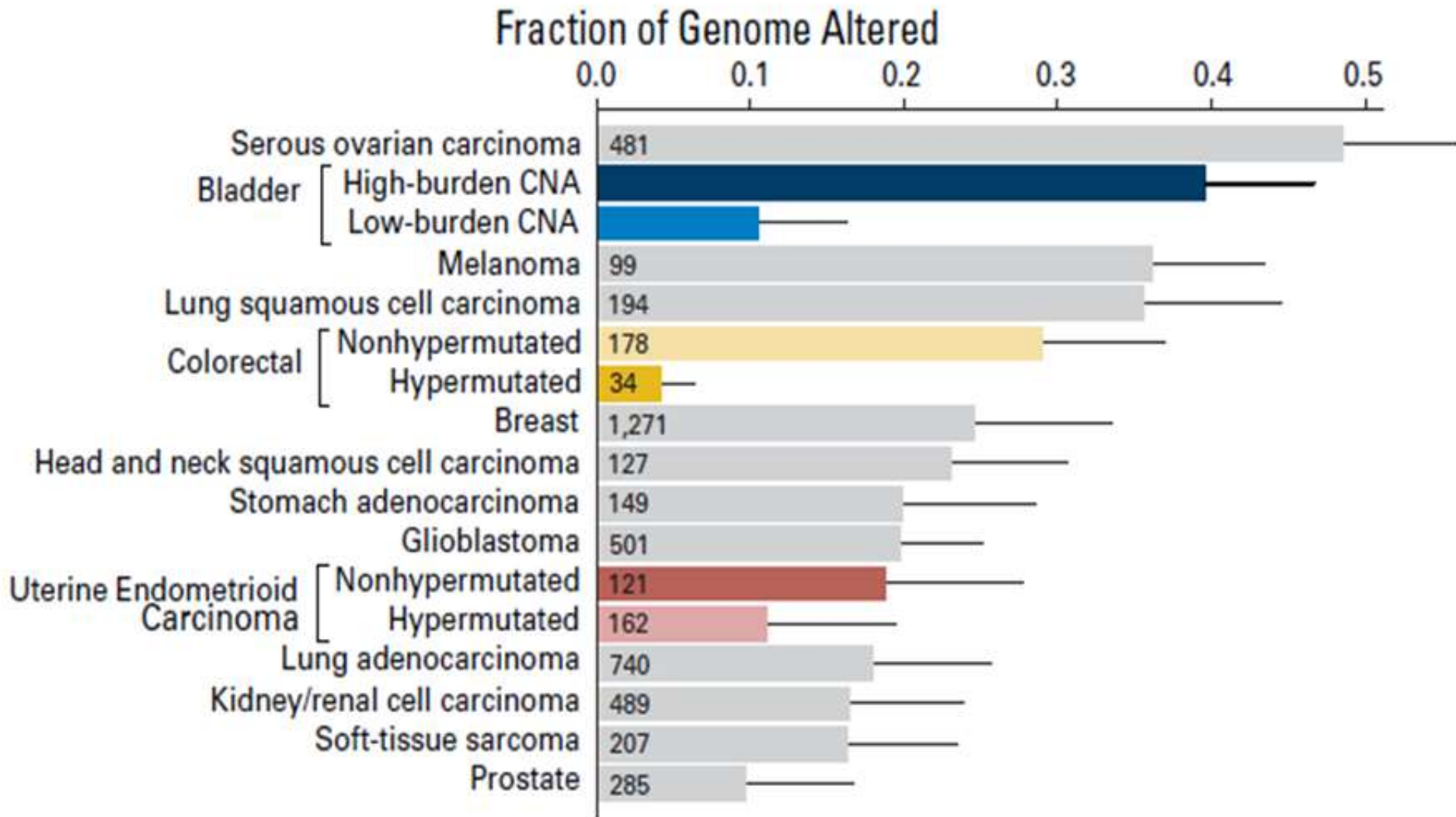


# Cancer Genes Identified in 4,742 Human Tumors



**M. S. Lawrence et al. (2014) Nature 505, 495**

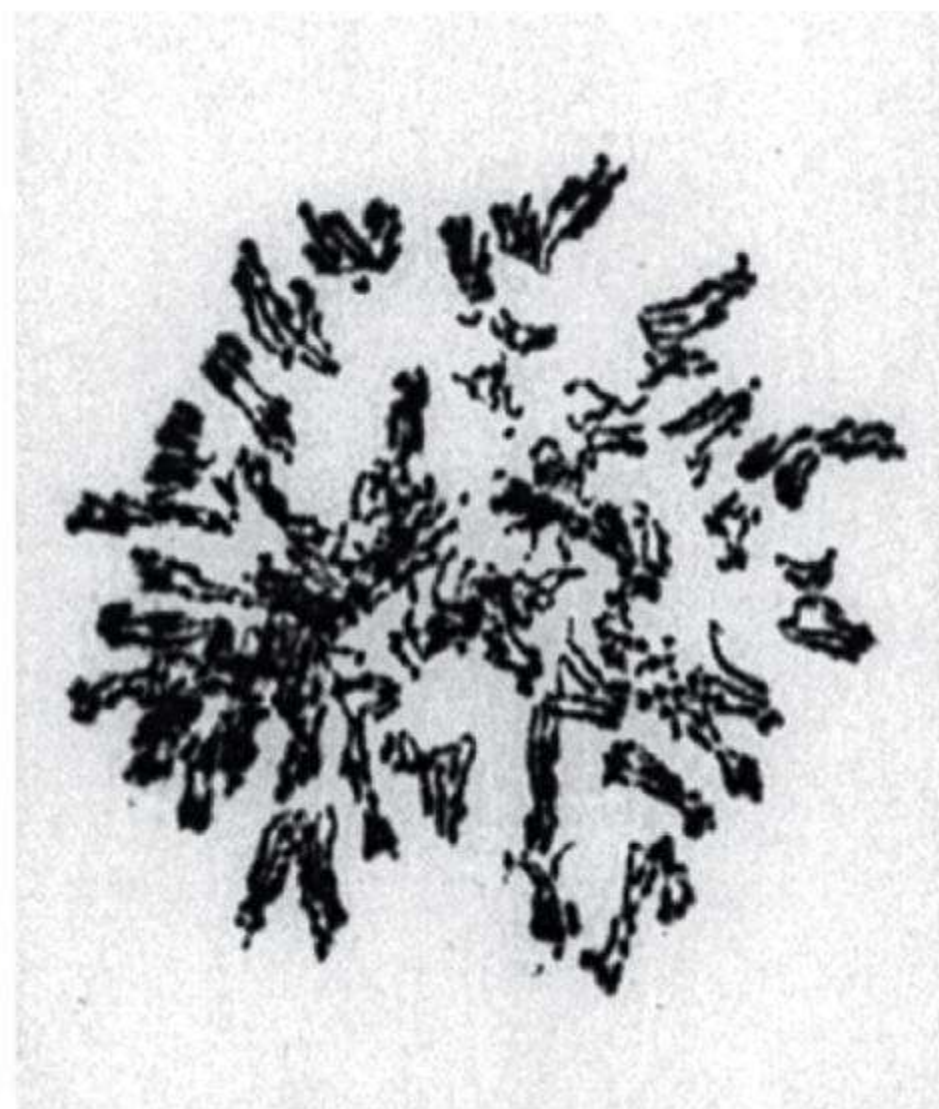
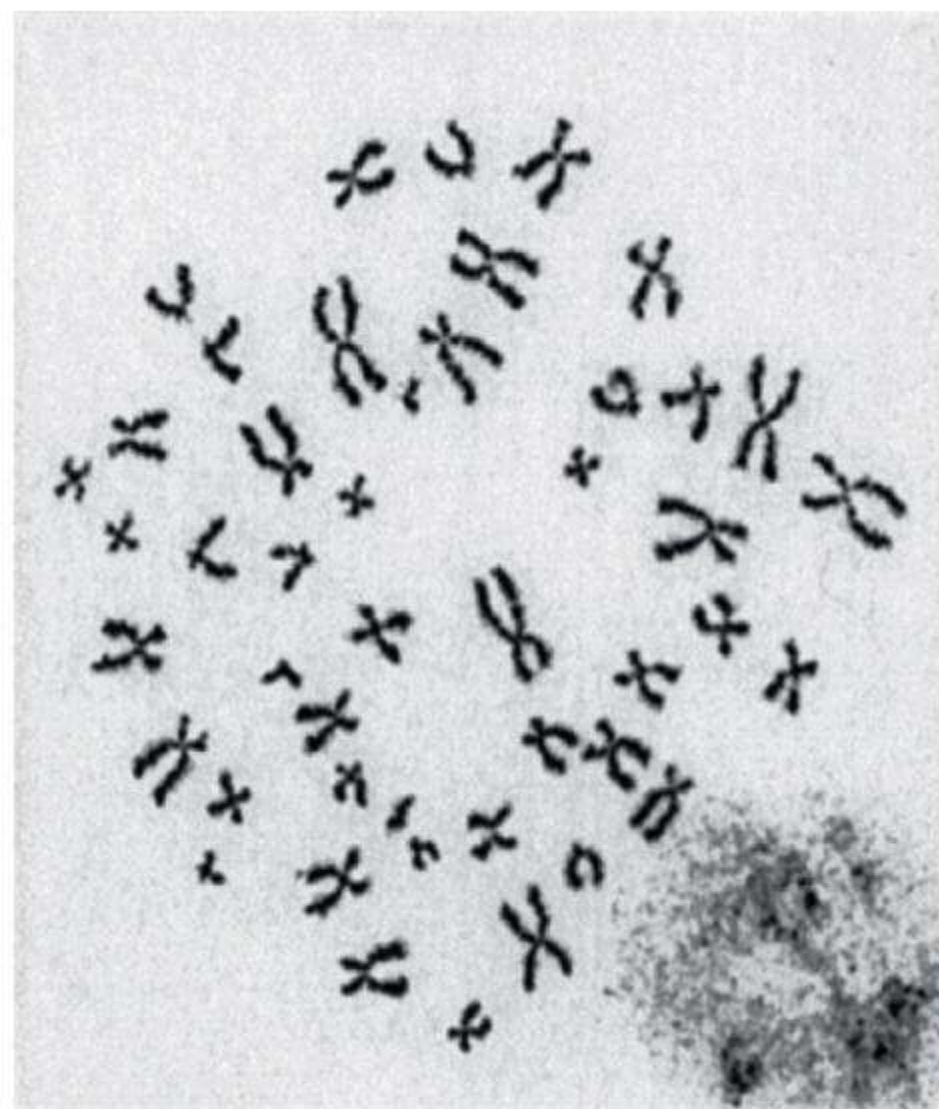
# Copy Number Alteration in 5135 Tumors from 14 Solid Tumor Types



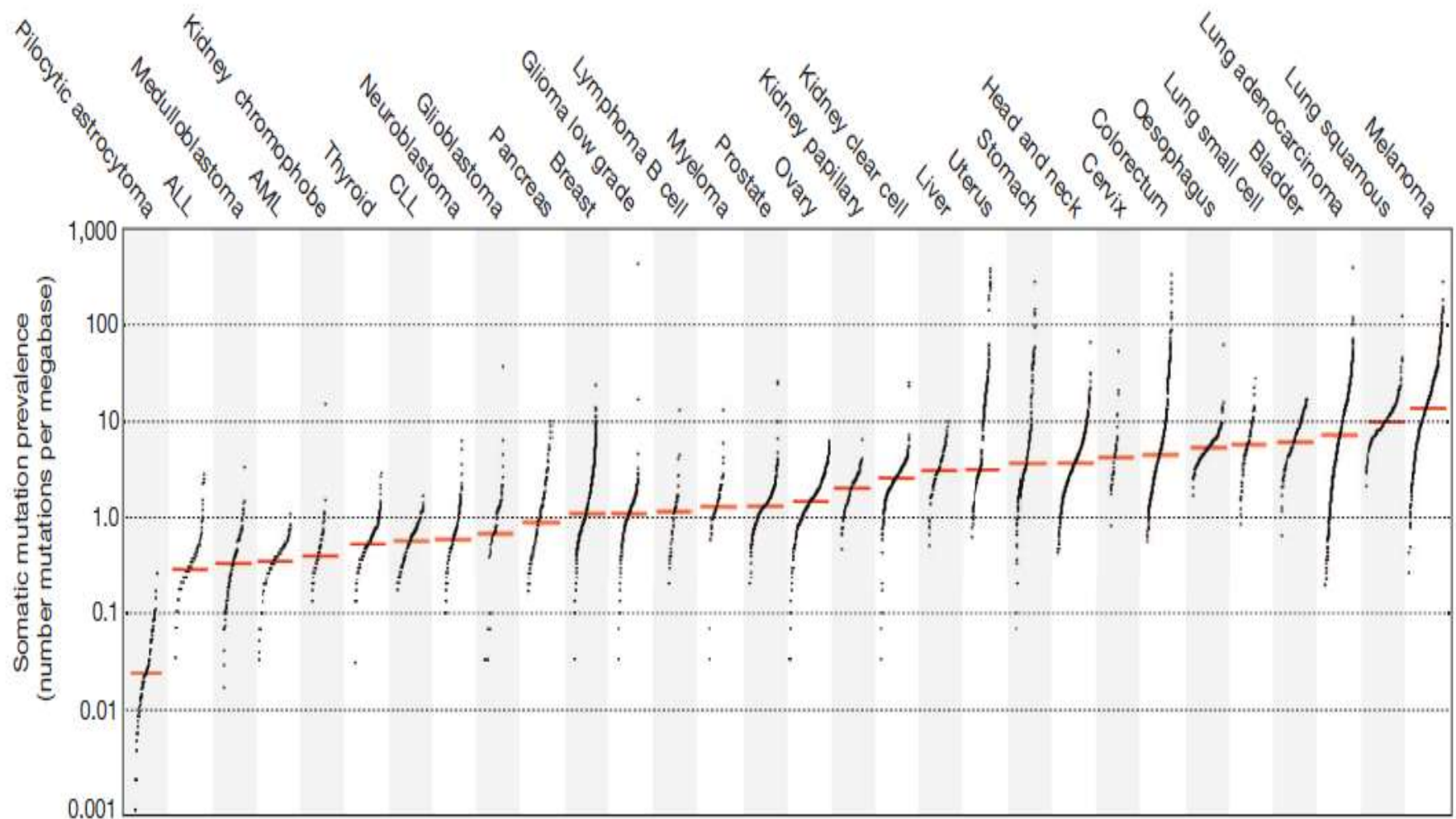
From: G. Iyer et al. (2013) JCO 31, 3133



# Genotoxic Insult(s), Accumulation of Mutations and Progressive Genome Instability



# The Prevalence of Somatic Mutations Across Human Cancer Types



From: L. B. Alexandrov et al. (2013) Nature doi:10.1038/nature12477

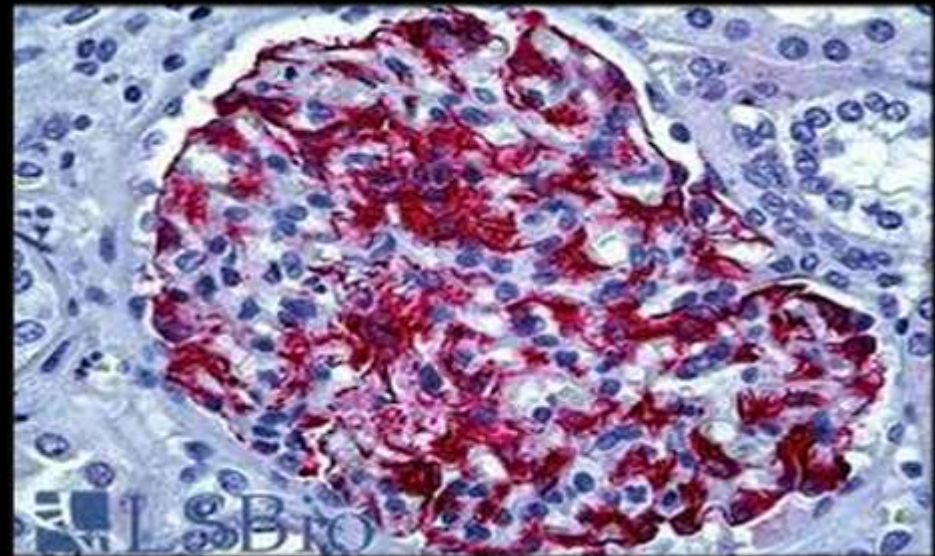
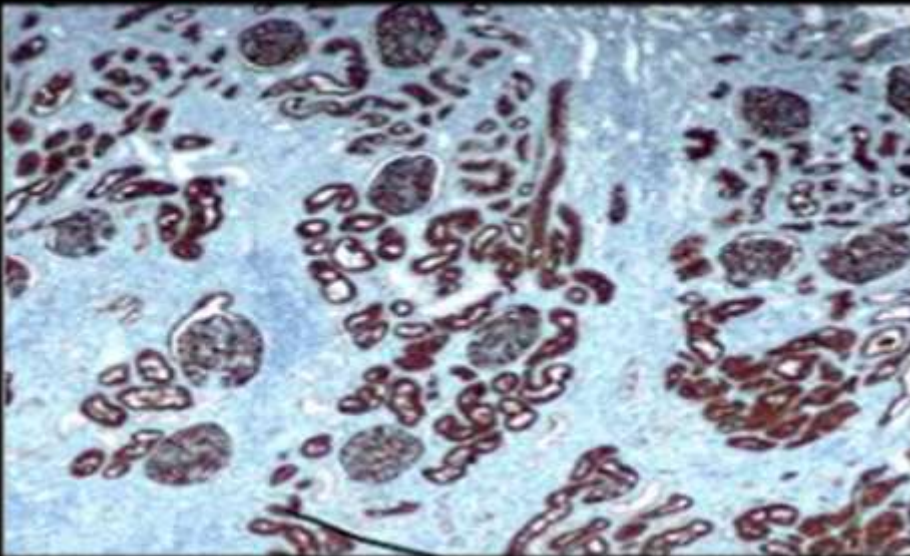
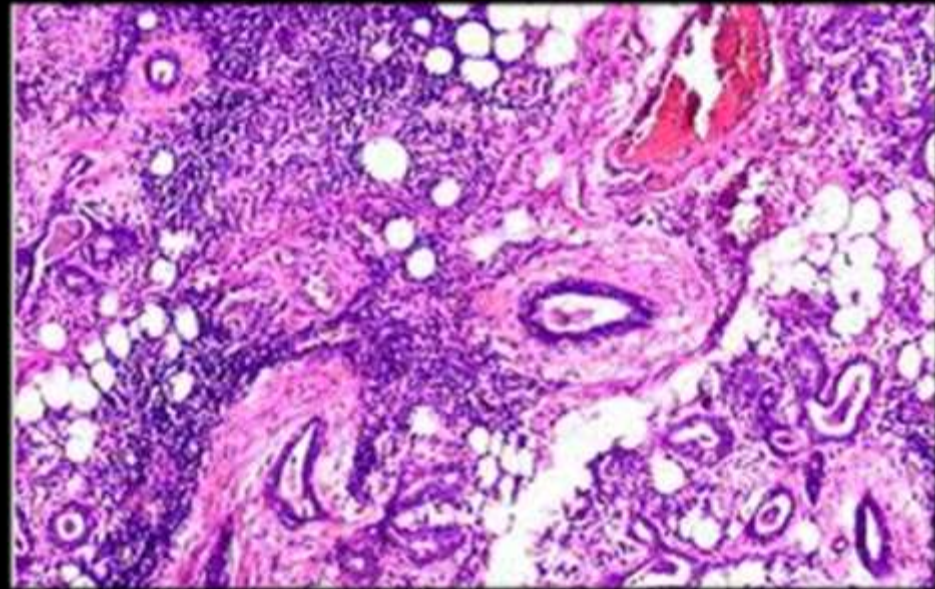
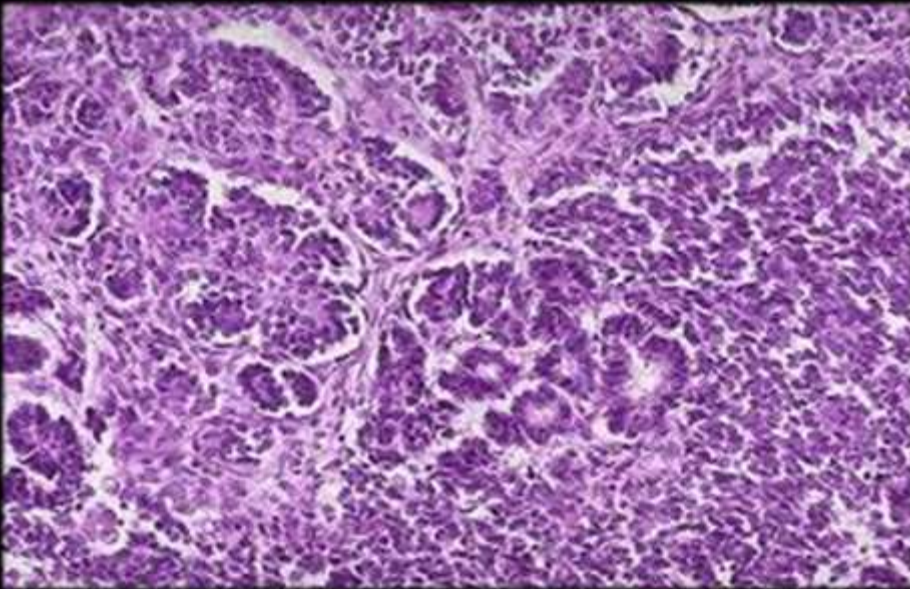
# **Somatic Mutation Prevalence in Different Cancers**

## **Nature (2013) doi.1038/nature 12477**

- **survey of 5 million mutations from over 7000 cancer cases from 30 different cancer types**
- **highly variable mutation load**
  - **0.001 per DNA megabase (Mb) to 400 per Mb**
- **childhood cancers carry fewest mutations**
- **cancers related to chronic mutagenic exposure exhibit highest mutation burden**
  - **lung cancer (tobacco exposure), malignant melanoma (UV exposure)**



# Histopathologic Classification of Disease

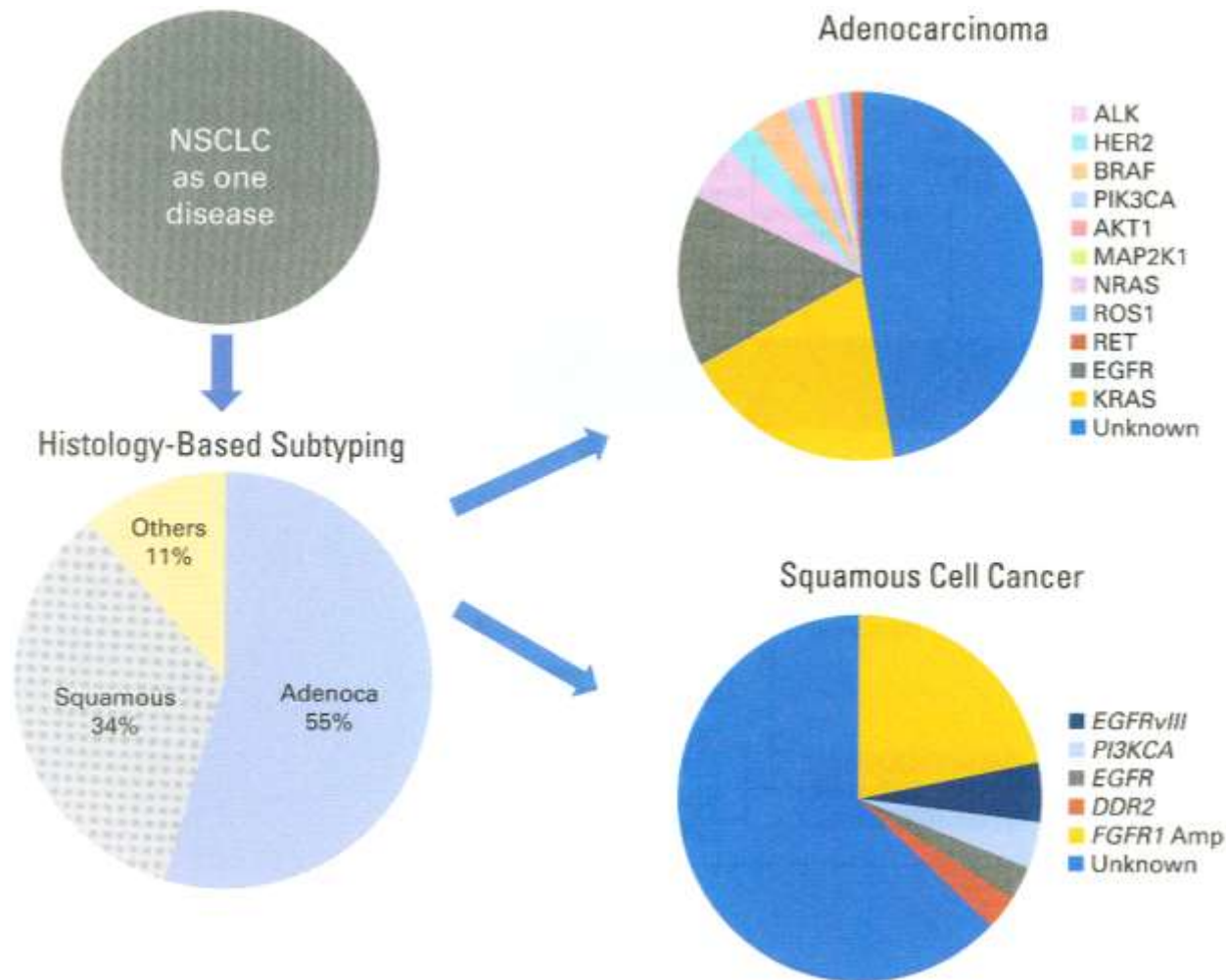




**The Shift from Cancer Diagnosis by Histopathology  
to Molecular Profiling of Perturbed Gene Networks and  
Altered Molecular Signaling Pathways**

**Different Tumor Subtypes Arise in the Same Cell Lineage  
via Different Genomic Perturbations and Alterations  
in Molecular Signaling Networks**

# The Evolution of the Classification of Non-Small Cell Lung Cancer (NSCLC)

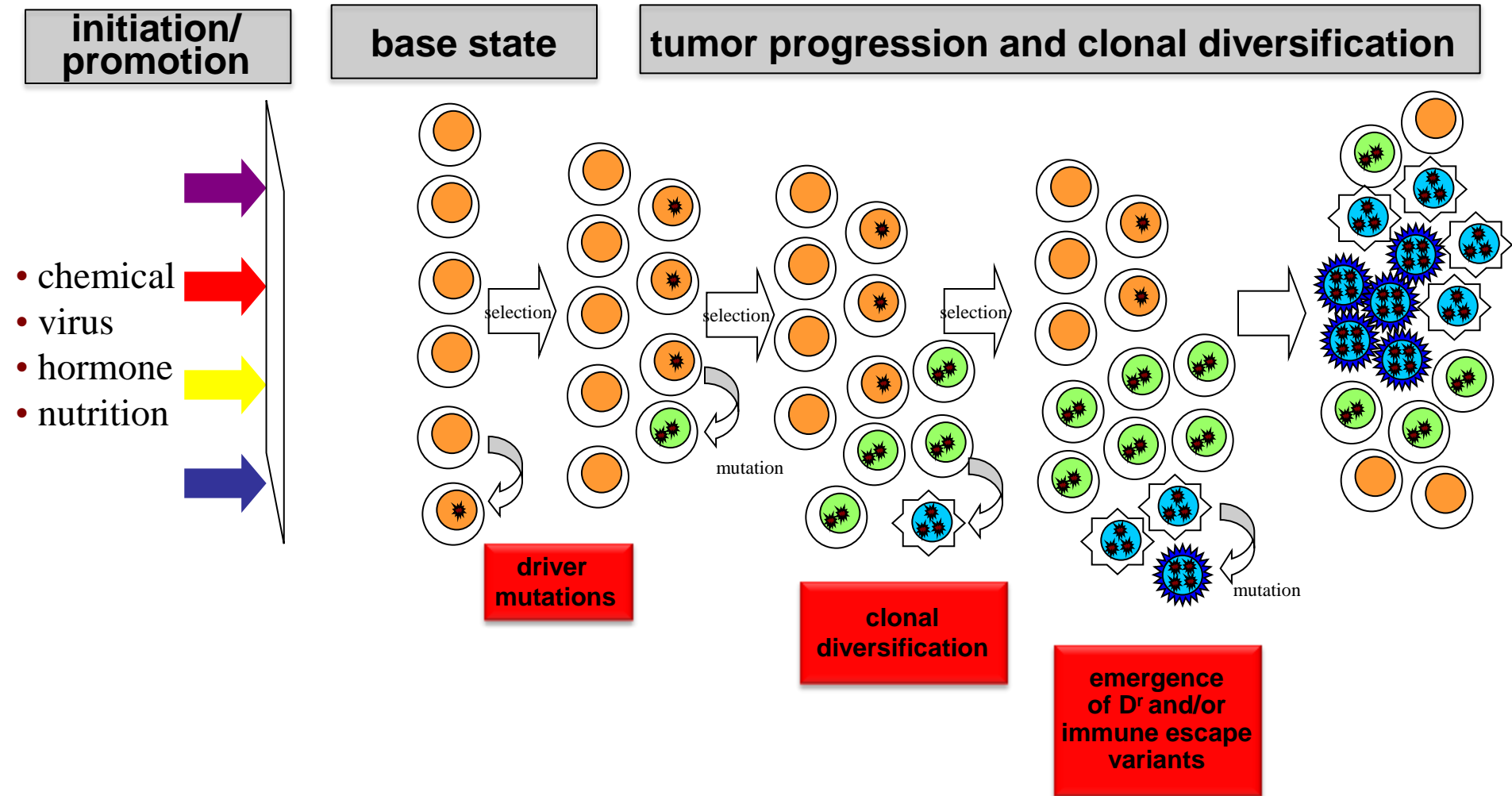


From: T. Li et al. (2013) JCO 31, 1039

# **Emergence of Different Tumor Cell Clones and Subclones with Tumor Progression**

**continued accumulation of genomic alterations  
generates cancer cell clones and subclones  
with different genomic alterations and  
phenotypes (heterogeneity)**

# Emergence of New Clones With Different Phenotypes (Heterogeneity) During Tumor Progression





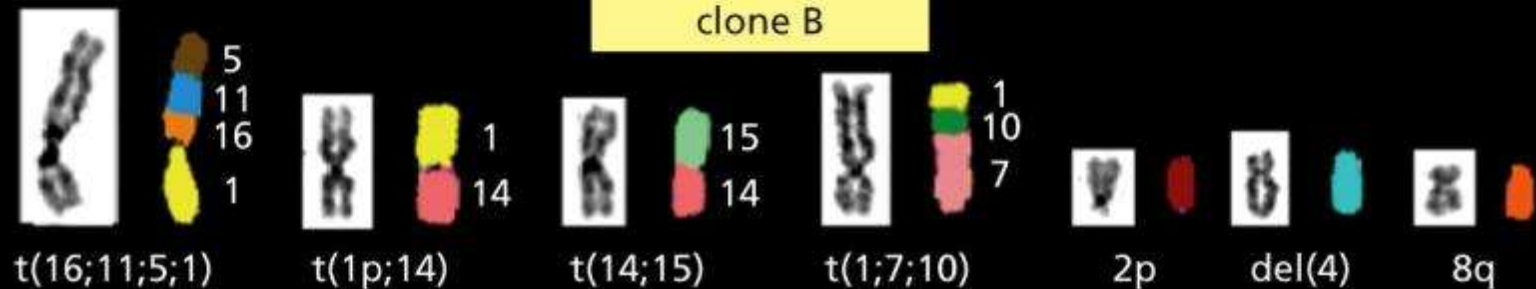
clone A and B



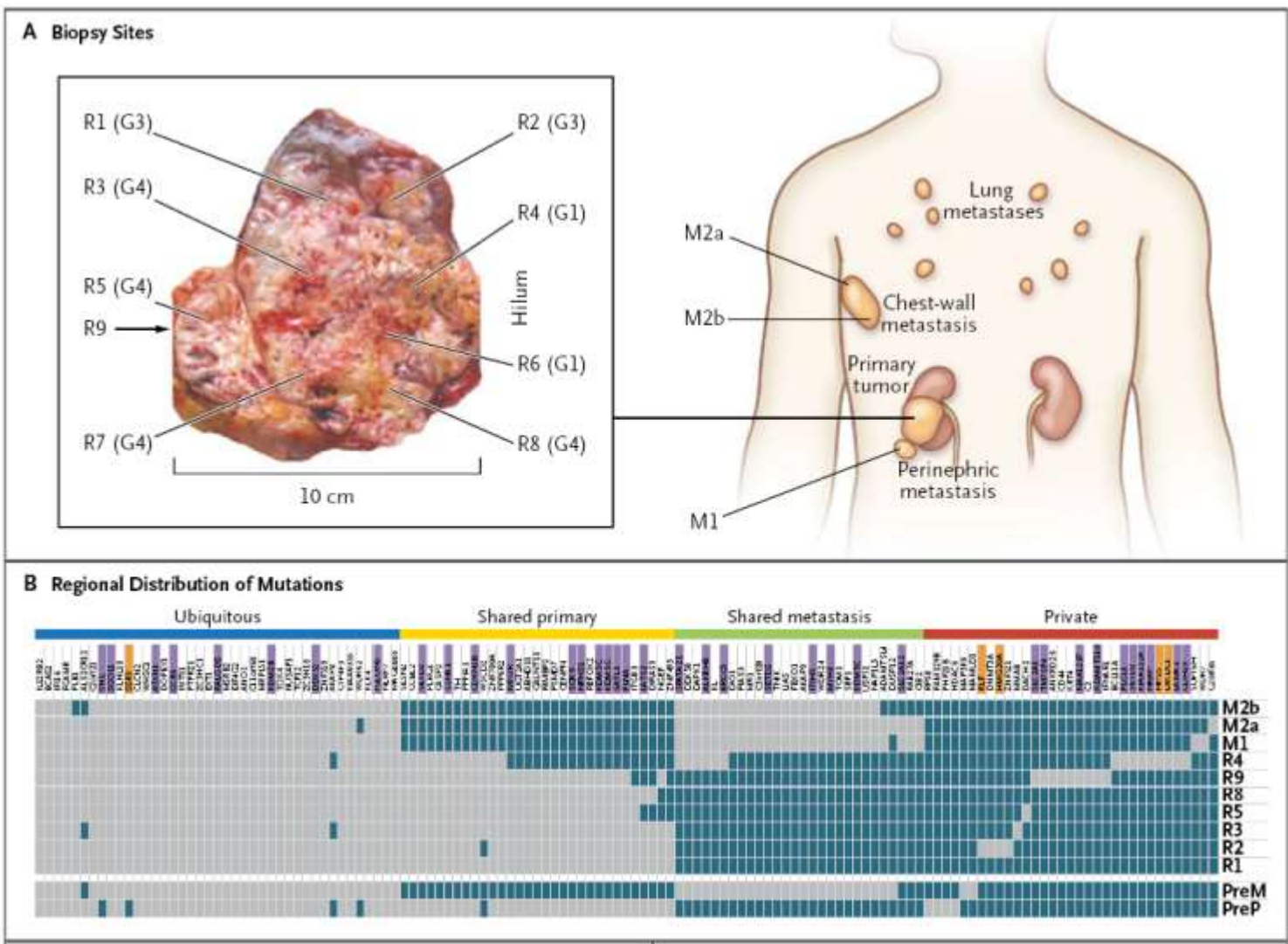
clone A



clone B

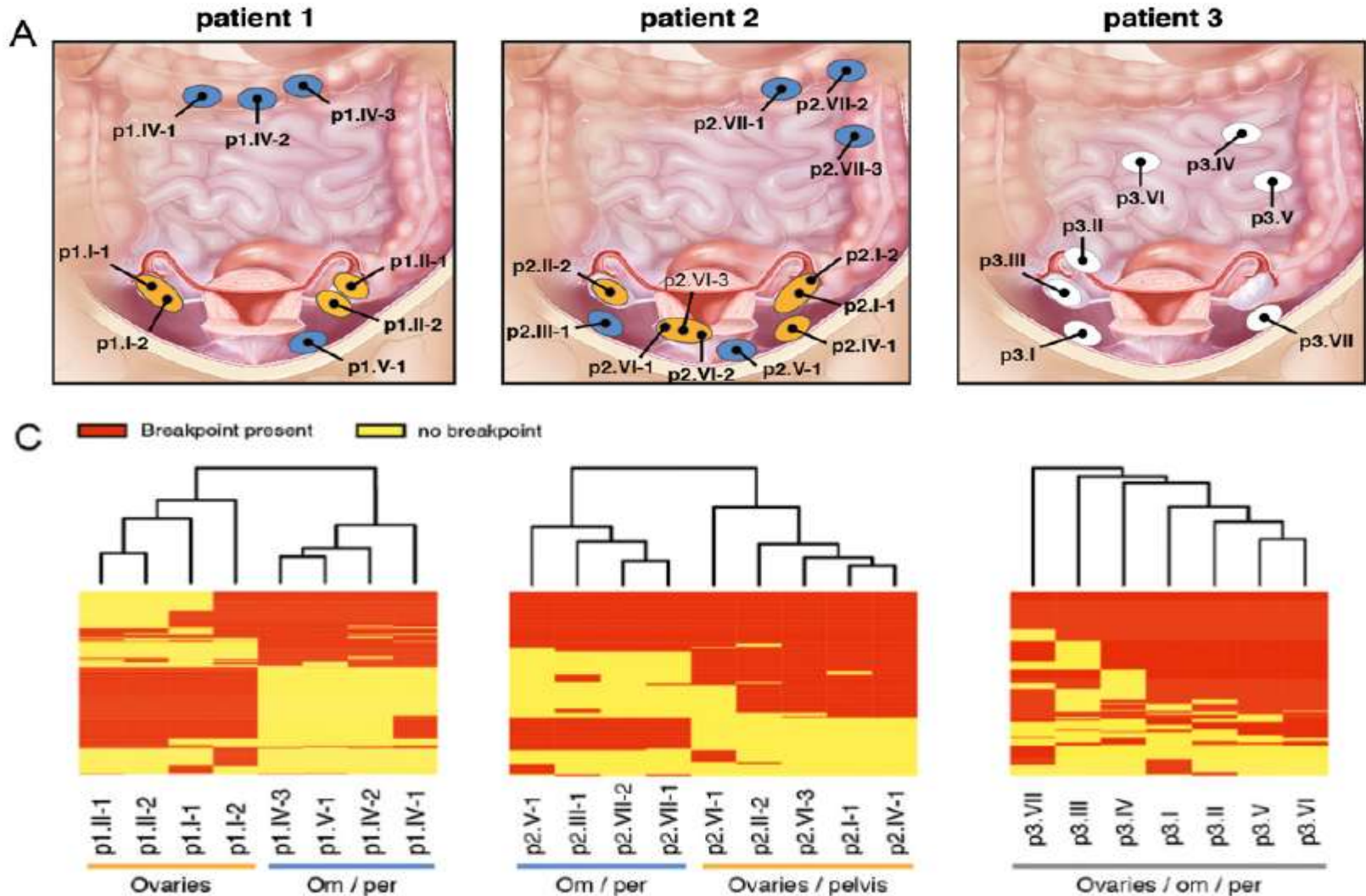


# Intratumor Genetic Heterogeneity in Multiple Regions of Primary Clear Cell Tumor and Three Metastases (Perinephric and Chest Wall) in RCC



From: M. Gerlinger et al. (2012) NEJM 366, 883

# Intra-Lesional Variation in Somatic Gene Rearrangements in Three Treatment-Naïve Stage III/IV Epithelial Ovarian Cancer Patients



Adapted From: M. Hoogstraat et al. (2014) Genome Res. 24, 200

# Clonal Heterogeneity in Cancer

- **intratumoral (same patient)**
  - ‘zonal’ heterogeneity in primary tumor
  - presence of different clones in separate metastases
- **inter-patient variation (same subtype of tumor in different patients)**

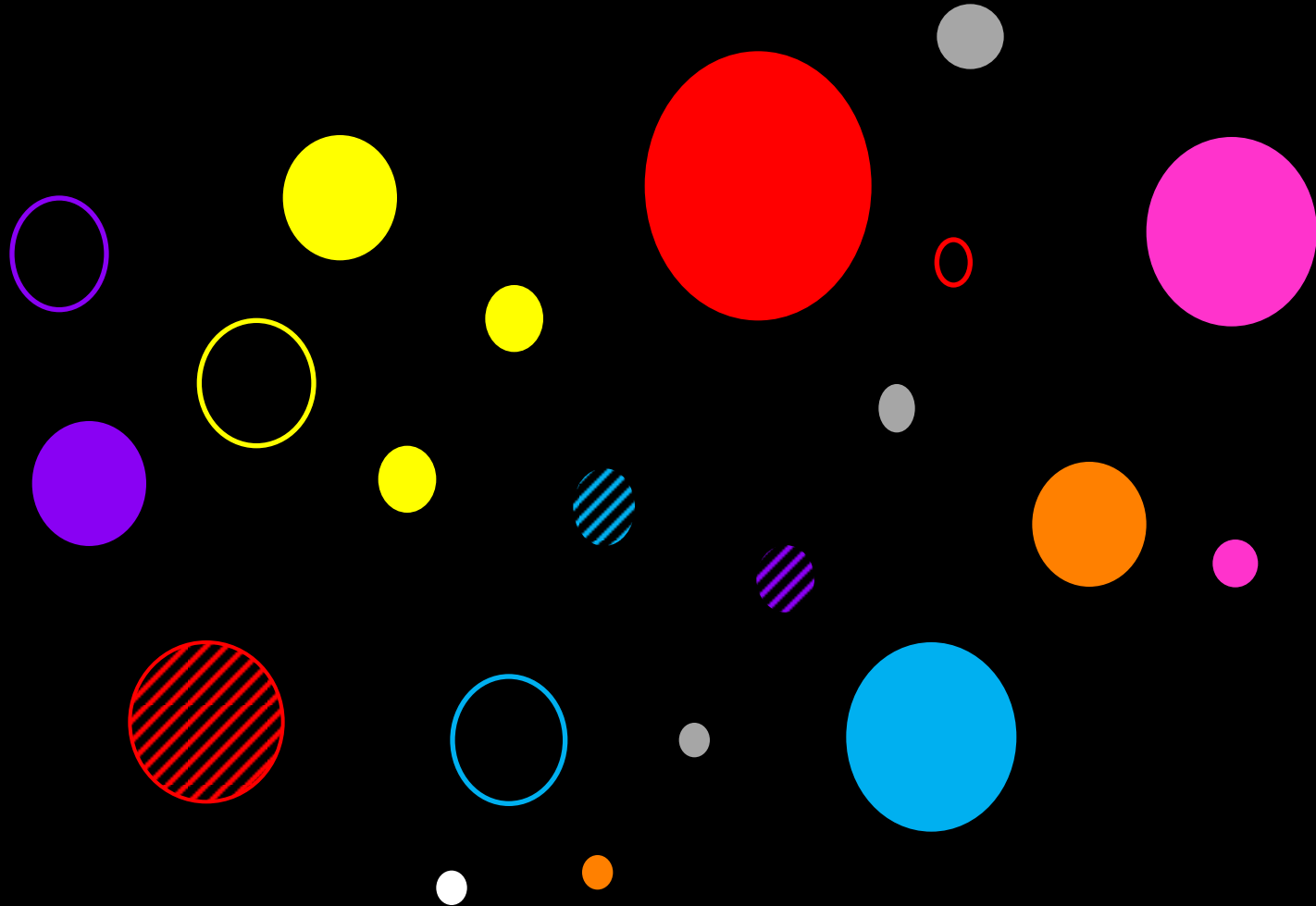


# Genome Instability in Cancer

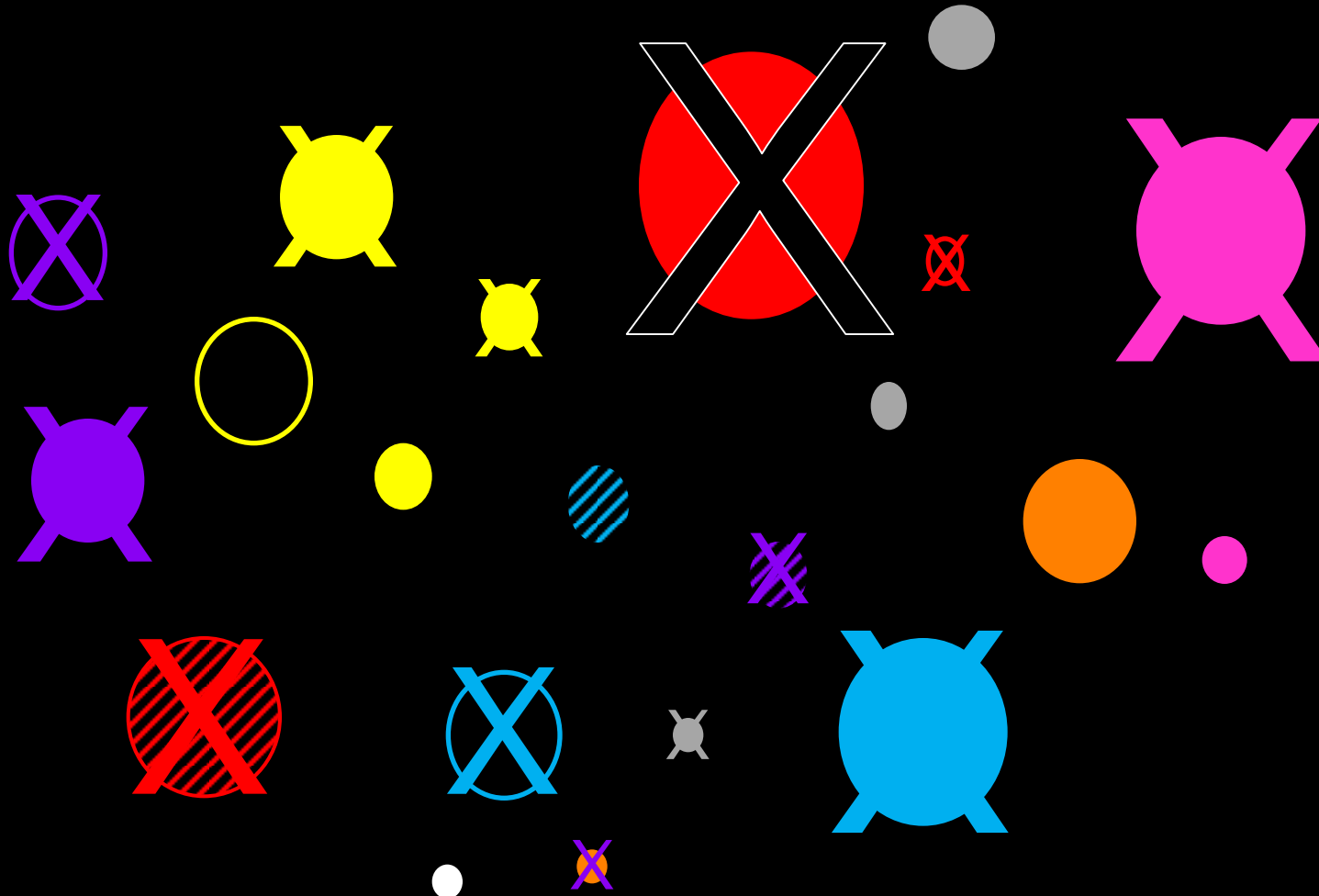
- **continued accumulation of genomic alterations and generation of clones and subclones with different genomic alterations and phenotypes**

**CLONAL HETEROGENEITY IN CANCER:  
THE LARGEST OBSTACLE TO  
SUCCESSFUL THERAPY**

# Tumor Cell Heterogeneity: The Omnipresent and Greatest Challenge in Cancer Therapy



# Tumor Cell Heterogeneity: The Omnipresent and Greatest Challenge in Cancer Therapy



**More details Lecture Week II**

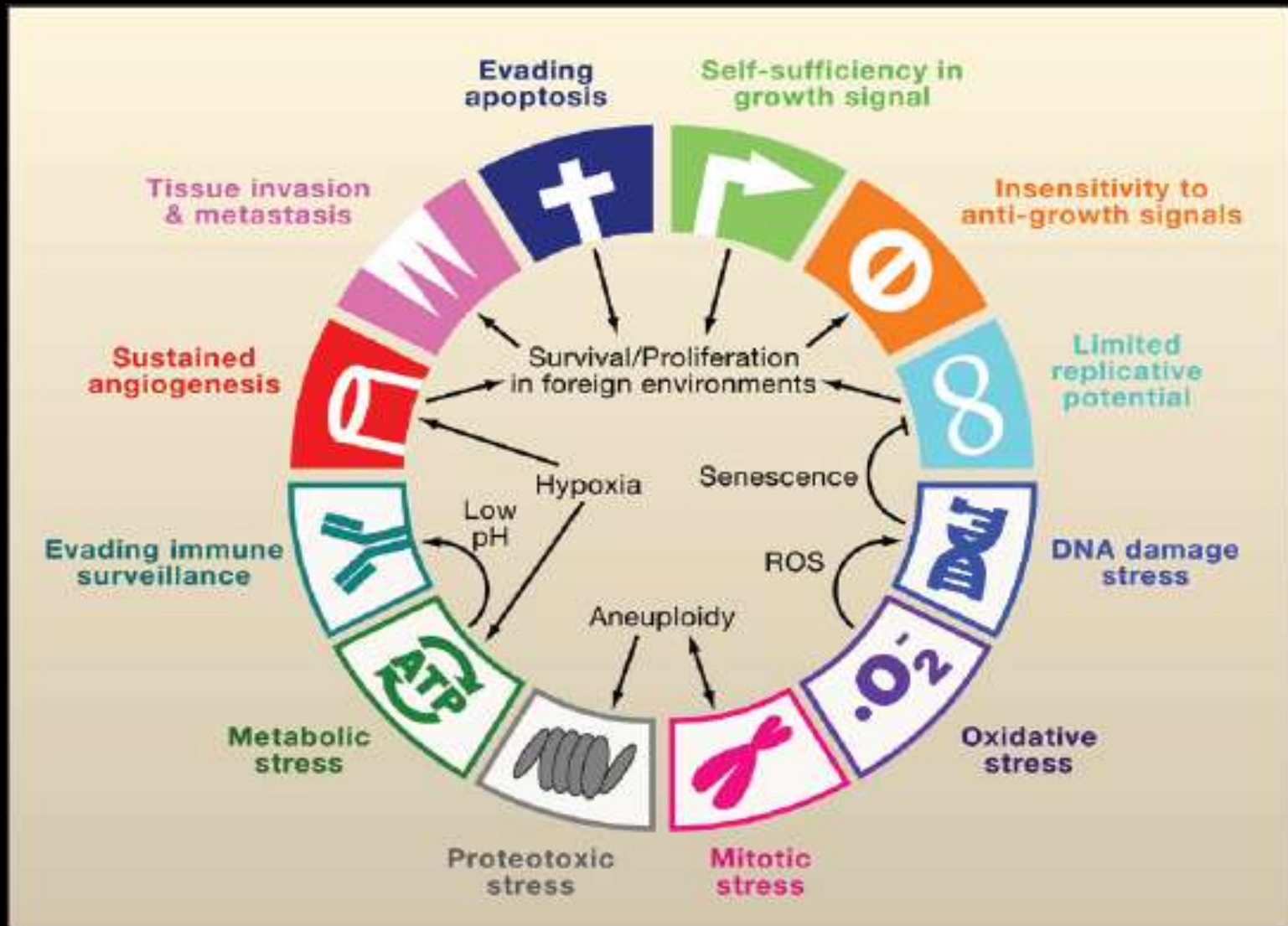
# **Cancer as an Evolutionary Process**

## **Clonal Selection (Fitness): Robustness, Adaption and Evolvability**

- **continuous acquisition of heritable genetic variation in individual tumor cells and generation of clonal progeny**
- **action of natural selection on the resulting phenotypes (selection and fitness)**
- **cumulative acquisition and selection of traits that confer autonomous unlimited replication, high survival and eventual progression to invasion and disseminated metastasis**



# The Complex Phenotypes for Cancer Cell Survival and Metastasis



From: J. Luo et al. (2009) Cell 136, 823

# Genome Instability in Cancer

- **tumor initiation and progression via accumulation of mutations and other genomic alterations that confer selective growth advantage**
- **driver mutations**
- **passenger mutations**

# Making Sense of Cancer Genomic Data

## **driver mutations**

- **oncogenes**
- **suppressor genes**

# Cancer

## Oncogene Activation

- overdrive of positive growth signals

## Tumor Suppressor Gene Inactivation

- escape from growth control signals for natural tissue homeostasis

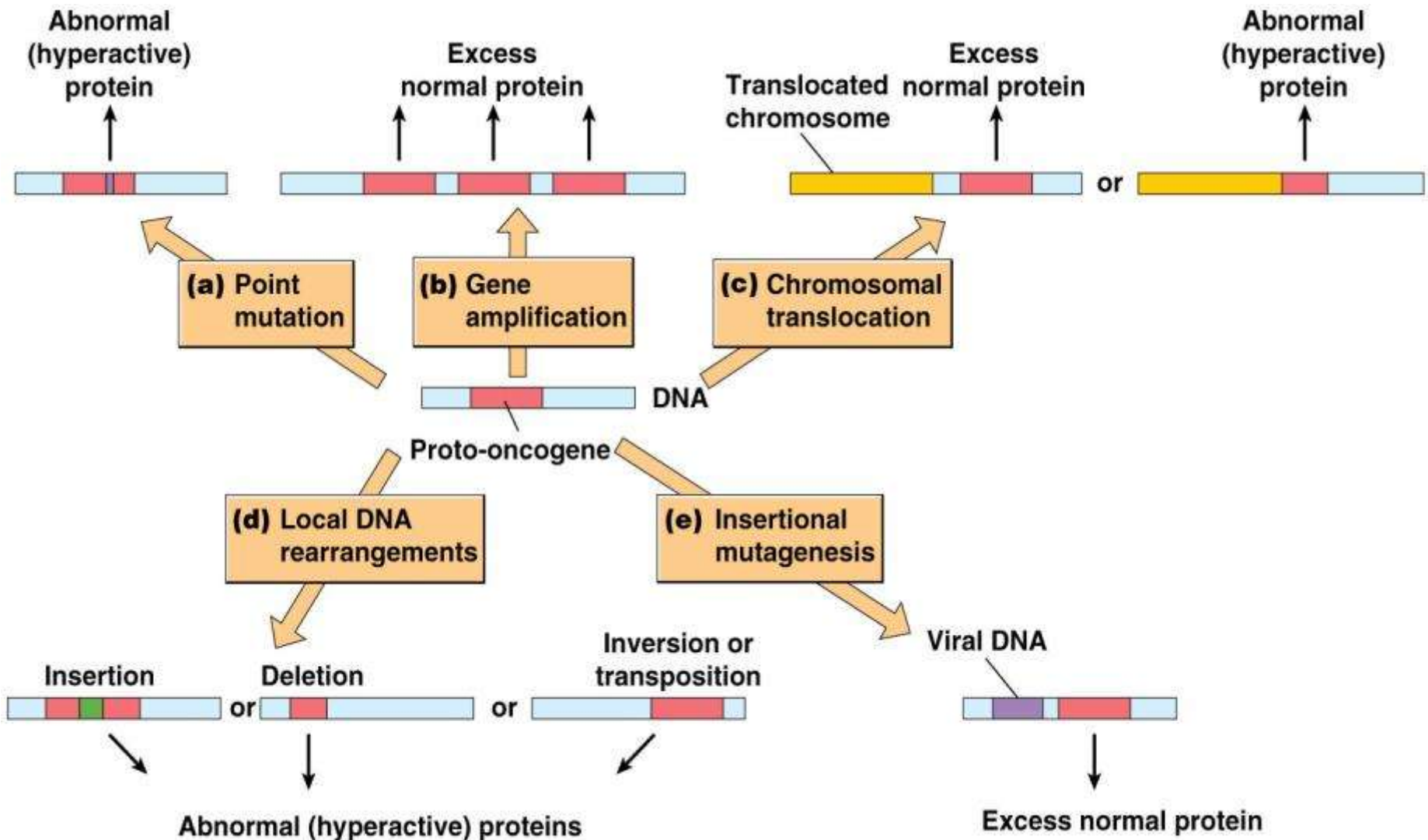


# **Cancer: Unchecked Proliferation**

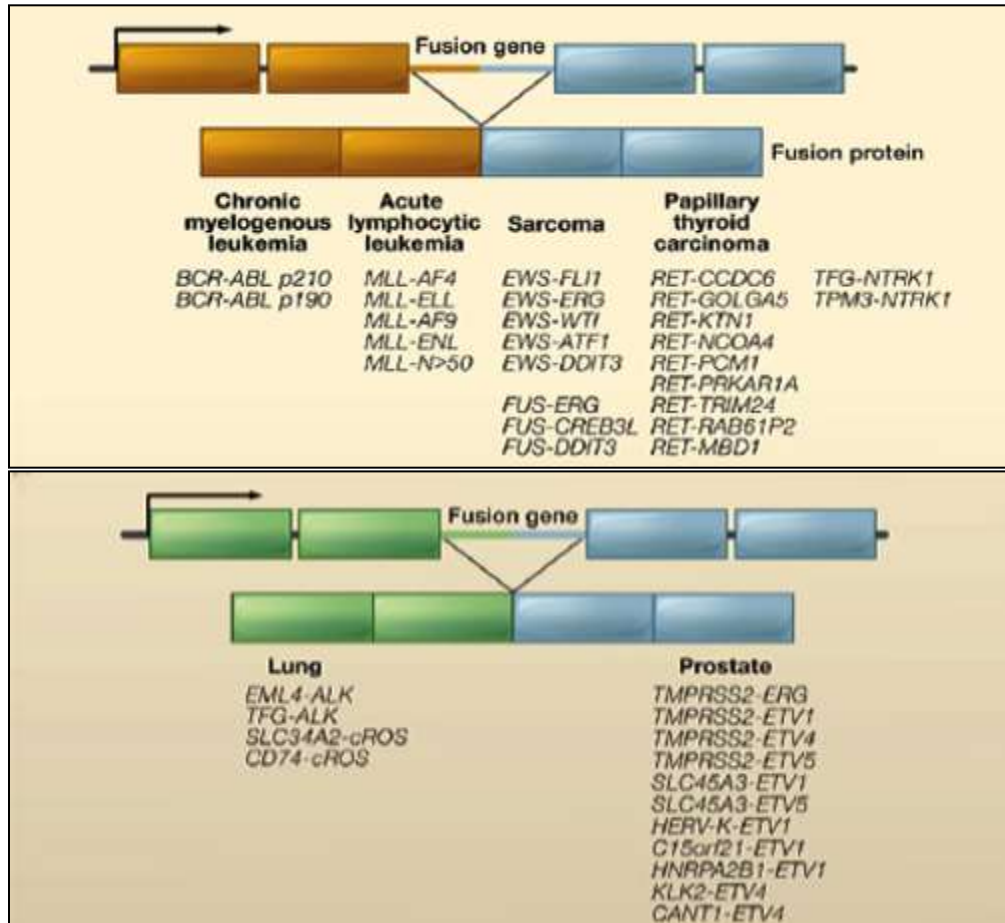
## **Oncogene Activation and Oncogene “Addiction”**

- **“activating” (gain-of-function) mutations in proto-oncogenes**
- **freedom from the negative feedback that impose control on proliferation in normal tissues**
- **prototypic examples: RAS, PI3-kinase, MYC, RAF**

# Multiple Mechanisms for Activation of Oncogenes



# Chromosomal Rearrangements and Gene Fusions in Cancer



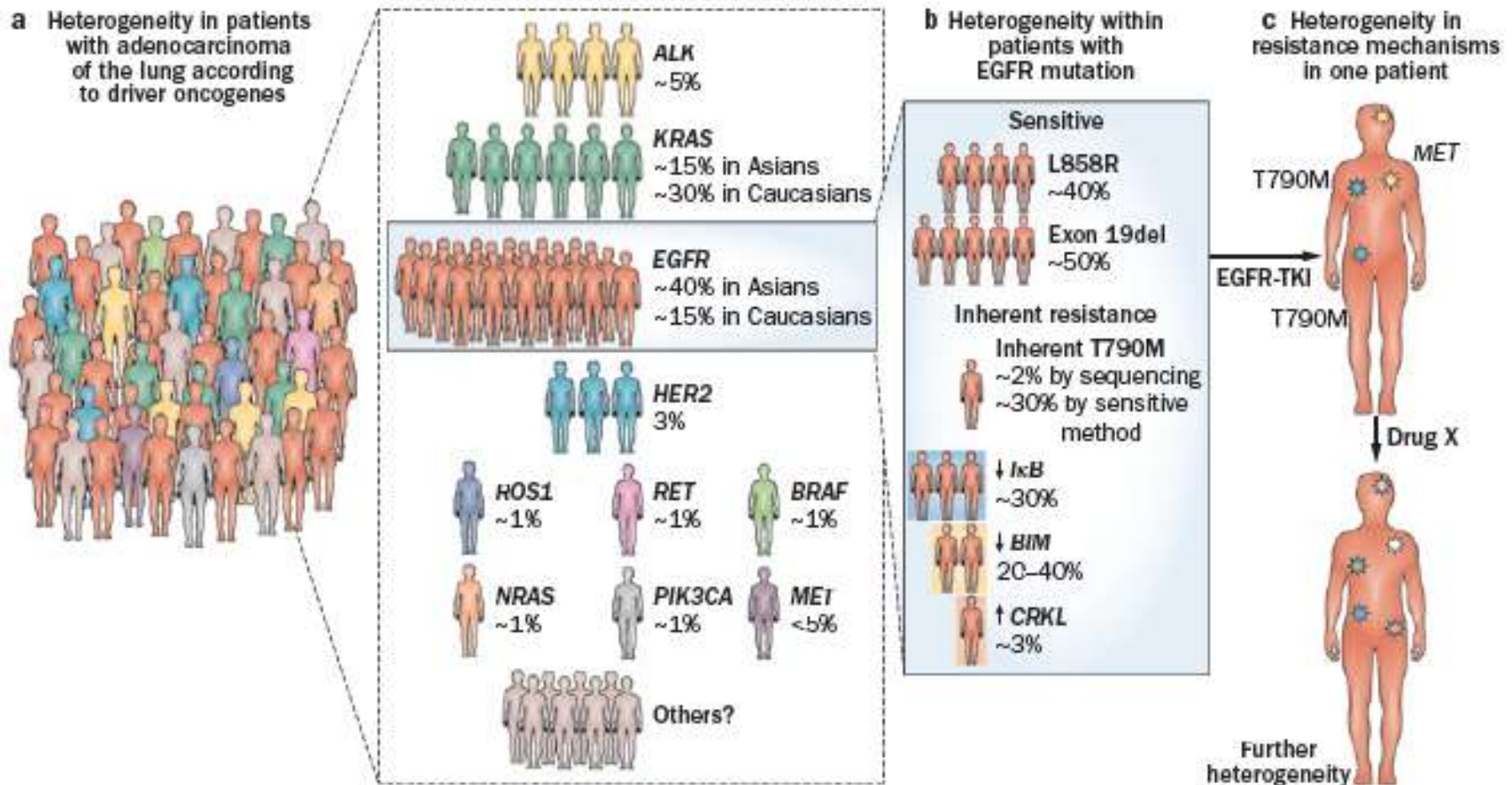
- fusion of oncogenes with a second gene

Adapted From: T. H. Rabbitts et al.  
(2009) Cell 137, 391

**Activation of Different Oncogenes in Cancers  
Arising in the Same Cell Type  
(Tumor Subtypes)**

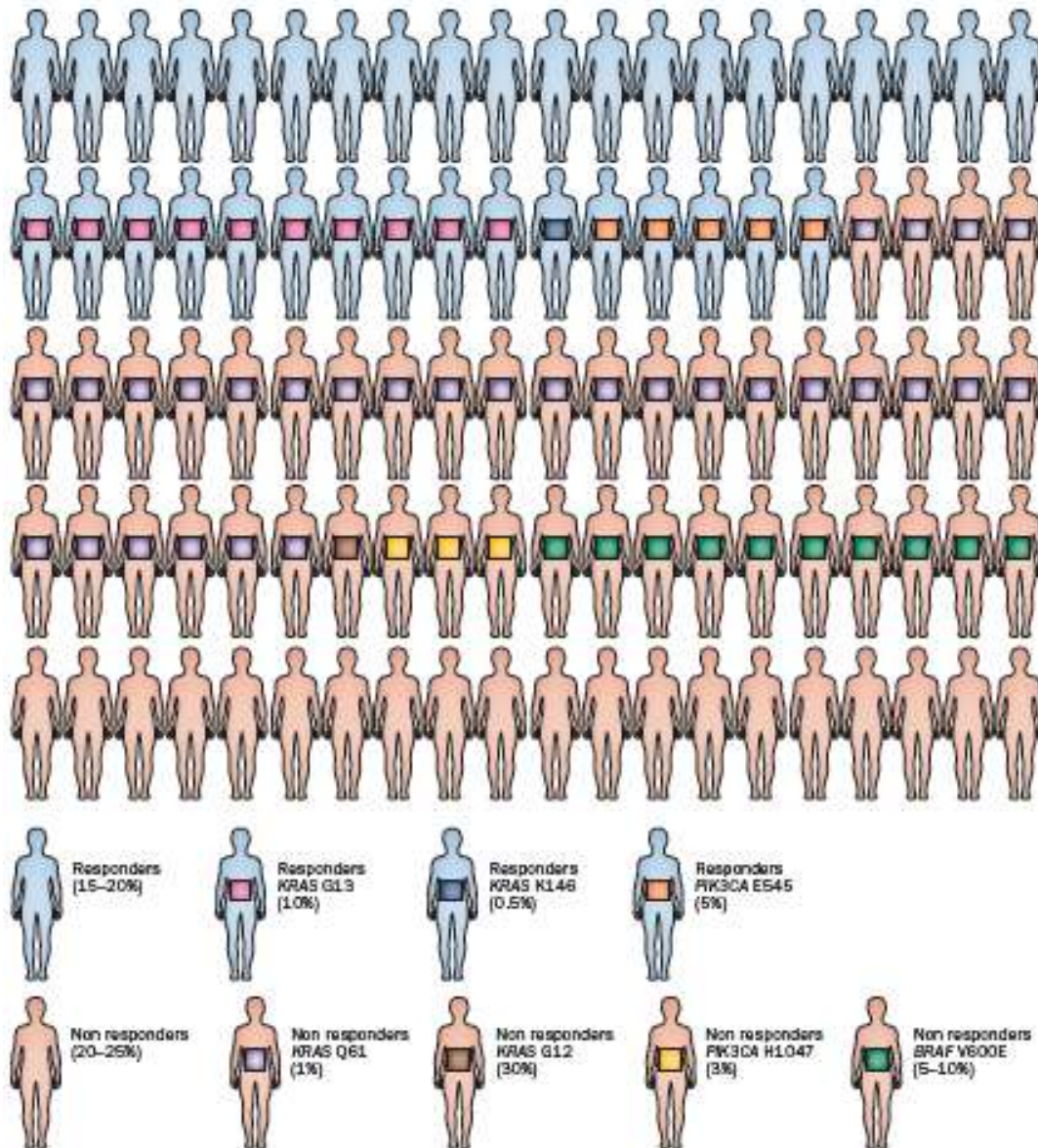


# Heterogeneity of Driver Oncogenes in NSCLC



From: T. Mitsudomi et al. (2013) Nat. Rev. Clin. Oncol. 10, 235

# Frequencies of Molecular Alterations in CRC and Responsiveness to Cetuximab or Panitumumab



**From: M. Martini et al. (2012)  
Nature Rev. Clin. Oncol.**

# Two Classes of Tumor Suppressor Genes

## gatekeepers

- normally act to restrain cell proliferation
- loss of function mutations can lead to excessive proliferation/tumor formation
  - e.g. RB, NF2, TP53 and PTEN

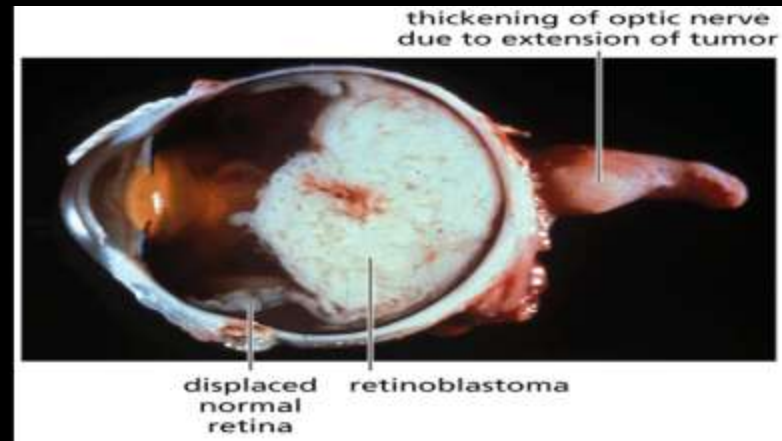
## caretakers

- normally function in DNA repair and chromosome sorting
- loss of function mutations contribute to genomic instability
  - e.g. APC, BRCA1, BRCA2



# Cancer Predisposition Genes

## Retinoblastoma (RB)



## Adenomatosis Polyposis Coli (APC)



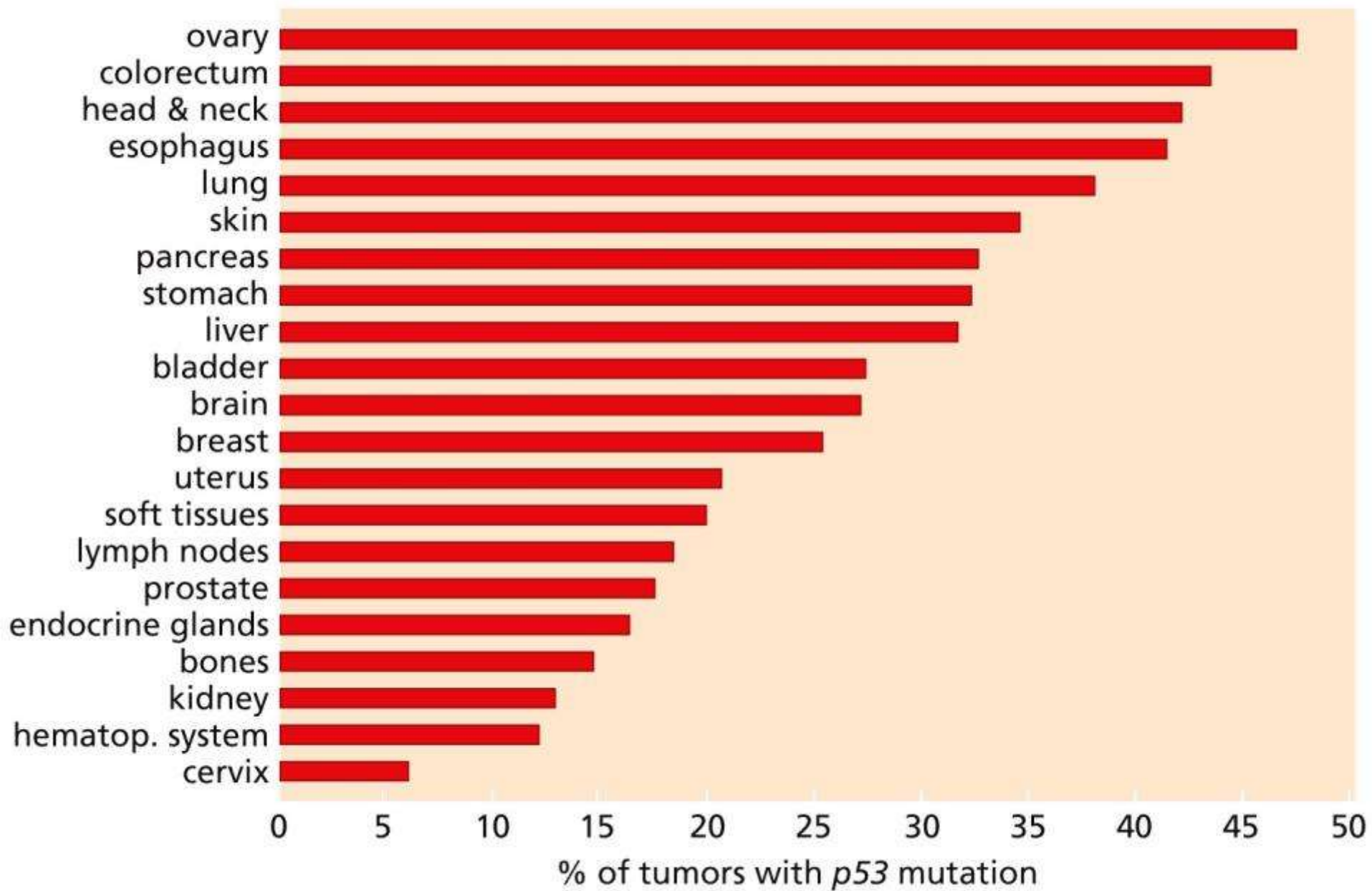


# BRCA 1 and 2 as Tumor Suppressor Genes: Different Mutations May Confer Different Risks



- **substantially increased lifetime risks of breast and ovarian cancers but only small risk of increased pancreatic cancer**
- **loss-of-function mutations in central gene region confer higher risk of ovarian cancer versus breast cancer than mutations at gene end regions**

### *TP53* mutation prevalence by tumor site



# Making Sense of Cancer Genomic Data

## **driver mutations**

- **oncogenes**
- **suppressor genes**

## **passenger mutations**

- **changes in genome and gene regulatory networks that are not causal for cancer initiation and progression**
- **accumulate with increasing genome instability as tumor progresses**
- **may still contribute to adaptive survival advantage**
  - **drug efflux transporters**

**How Does Genome Instability Generate  
the Complex Behavior (Phenotypes) of Tumor Cells?**

**Immuno-evasion, Metastasis and Drug Resistance as the  
Three Most Clinically Relevant (and Dangerous) Phenotypes  
in Cancer Cell Behavior**

**Understanding the Altered Molecular Signaling Networks that  
Drive These Aspects of Tumor Behavior and as  
Targets for Diagnostics (Dx) and Therapeutics (Rx)**

# Molecular Medicine

**Defining Disease Mechanisms at the Molecular Level**

**Mapping the Disruption of Molecular Signaling Networks**

**Profiling Altered Patterns of Information Flow  
in Signaling Pathways and Understanding Their Contribution  
to Disease Requires A Systems-Based Approach**



**Genes For ....**

**The Overly Simplistic and Deterministic Dangers of a  
Genome-Sequence Centric Perspective**



**The Over-Simplified Perspective That  
Whole Exome-and Whole Genome-Sequencing  
Will Reveal the Full Etiology of Disease Pathogenesis  
and Transform Treatment Options**

# **Profiling Changes in Biological Signaling Networks in Cancer: Understanding Cancer Requires a Holistic “Systems” Approach**

- **genome sequence data alone will not provide a sufficiently complete picture for either Dx or Rx decisions**
  - **need to understand cancer as a complex multi-component process**
- **mapping disruption in signaling pathways requires profiling of multiple aspects of both genotypic and phenotypic changes**

# **Elucidation of Disease Mechanisms Will Require More than Genome Sequence Information: The Need for Comprehensive Knowledge of Disruption of Gene Regulatory Networks**

## **primary genome sequence**

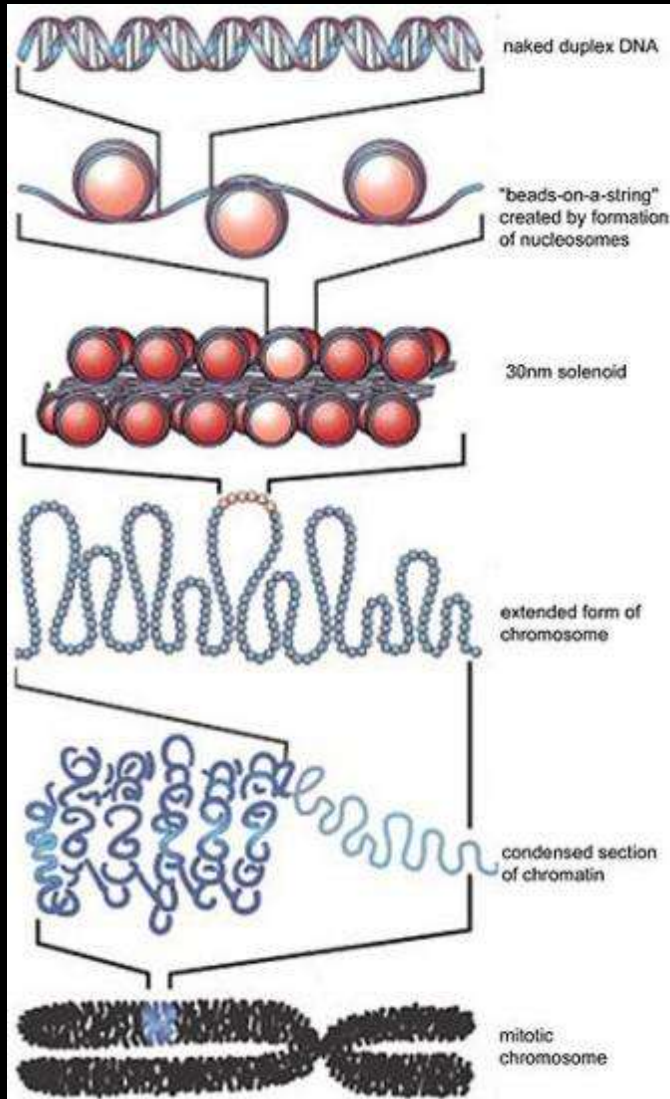
- **mutations**
- **amplifications, deletions, copy number variation**
- **chromosomal translocations**
- **aneuploidy**

## **epigenetic modifications**

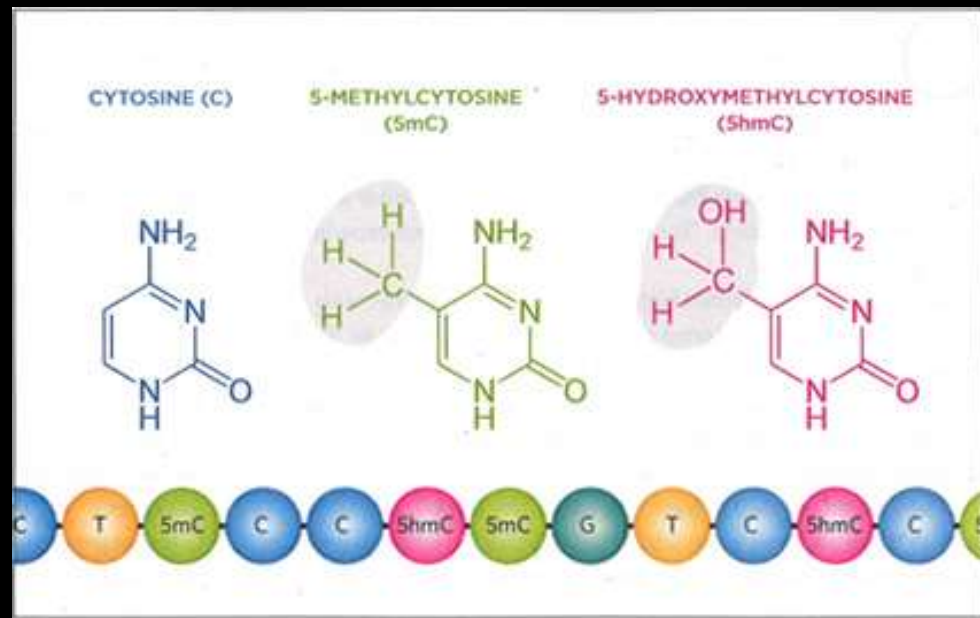
## **the non-coding transcriptome and gene regulation**

- **the increasing complexity of regulation of gene expression by diverse RNA species**

# The Epigenome: Reading The Second Genomic Code



- chromatin structure and access to DNA



- DNA methylation

# Epigenome

## the epigenome

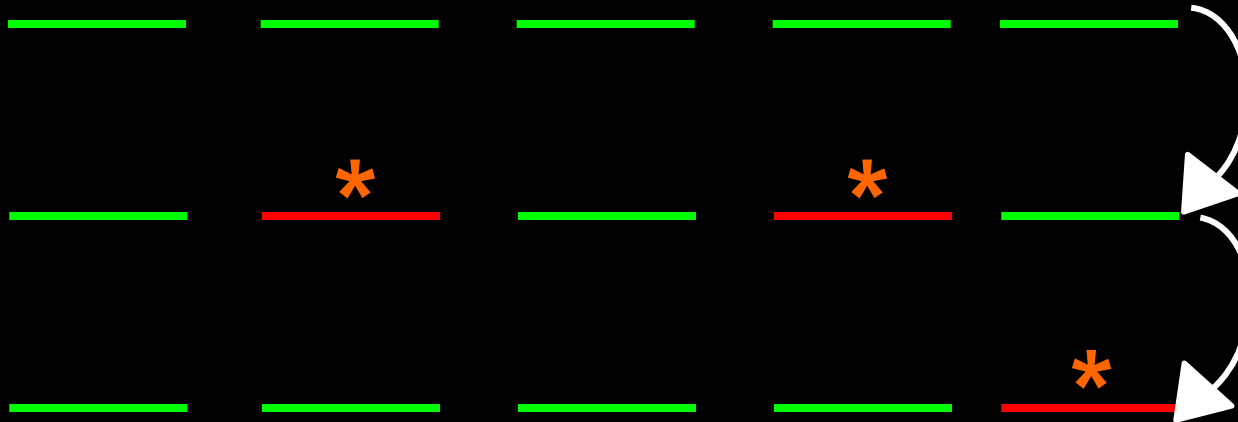
- **dynamic modulation of gene expression without change in the primary sequence of nucleotide bases**
- **regulation of gene expression (activation, silencing) by modification of chromatin structure and histones**
- **dynamic changes in cytosine methylation**

## the epitranscriptome

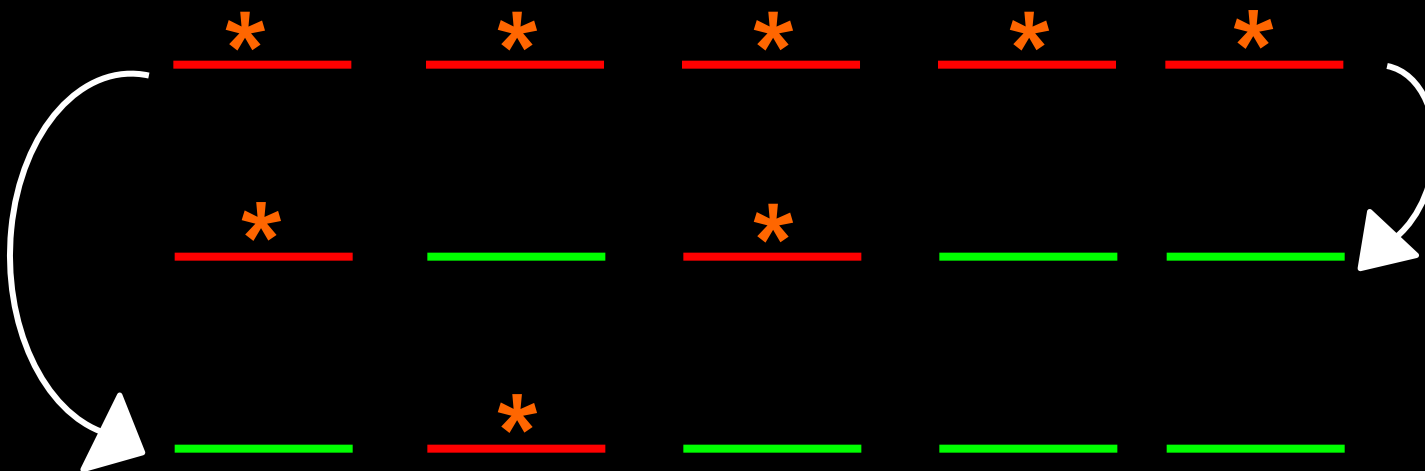
- **dynamic and reversible chemical modification of RNA**
  - **e.g. N6-methyladenosine**



## Epigenetic Gene Silencing



## Epigenetic Gene Activation



green line = expressed; red line = silent; \* = DNA methylation

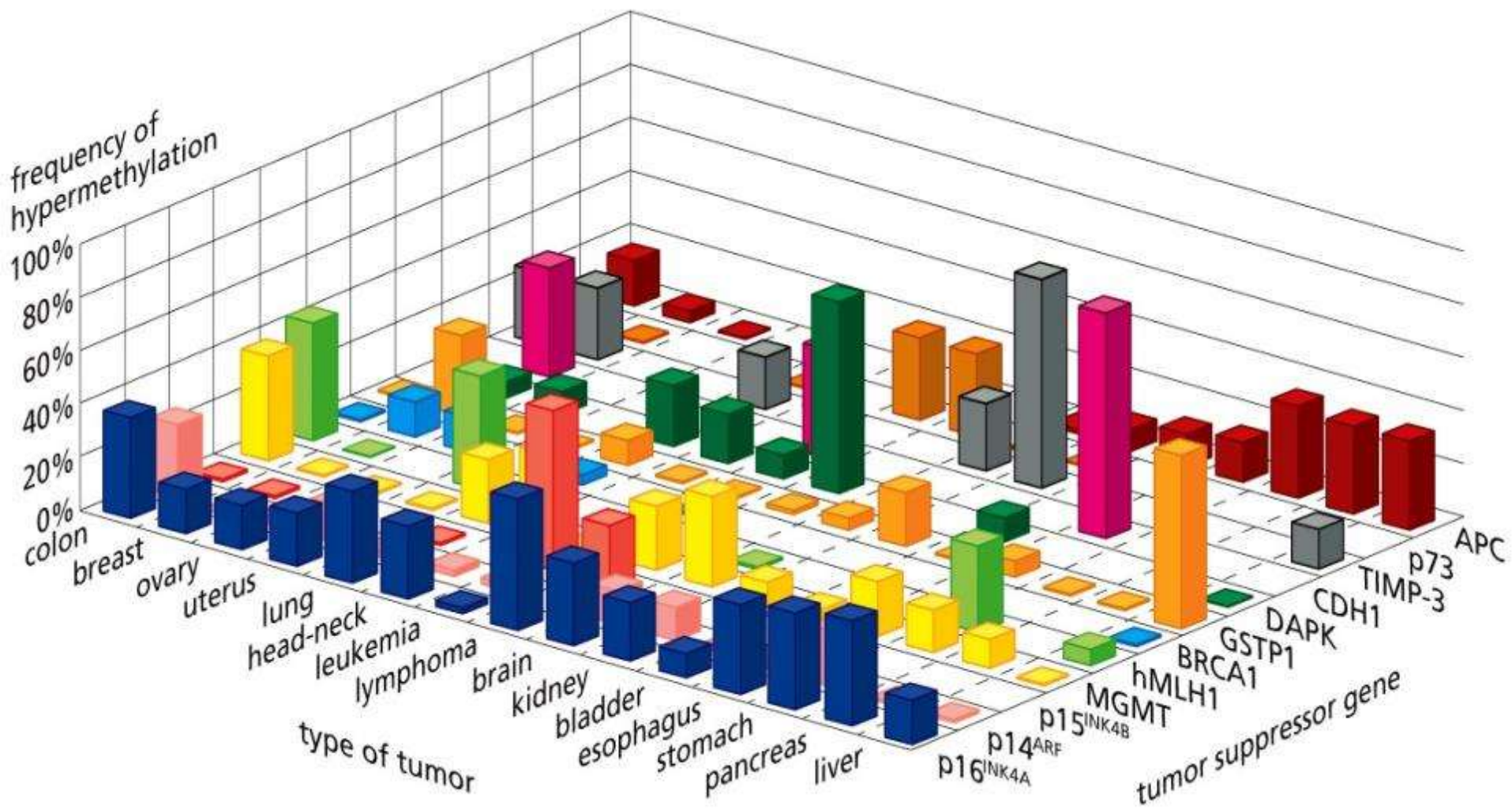
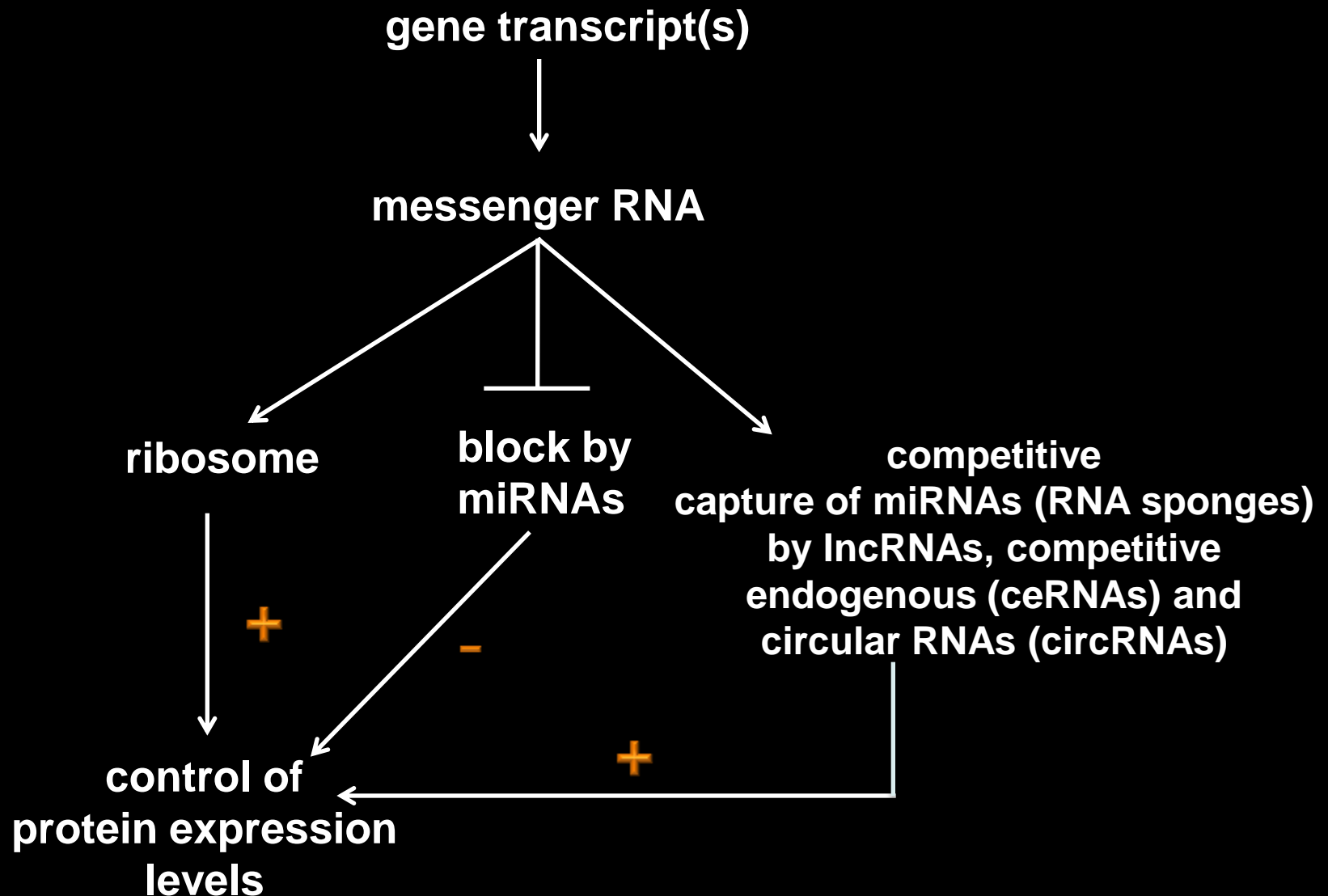


Figure 7.18 The Biology of Cancer (© Garland Science 2014)

# Growing Recognition of the Complexity of the RNA Universe in Regulating Gene Expression

- **pervasive transcription of >90% of the genome with less than 2% encoding protein-coding genes**
- **human transcriptome**
  - **21,000 protein-coding genes**
  - **9,000 small RNAs**
  - **10,000-32,000 long non-coding RNAs (lncRNAs)**
  - **11,000 pseudogenes**
- **extensive crosstalk and interactions between different RNA species**

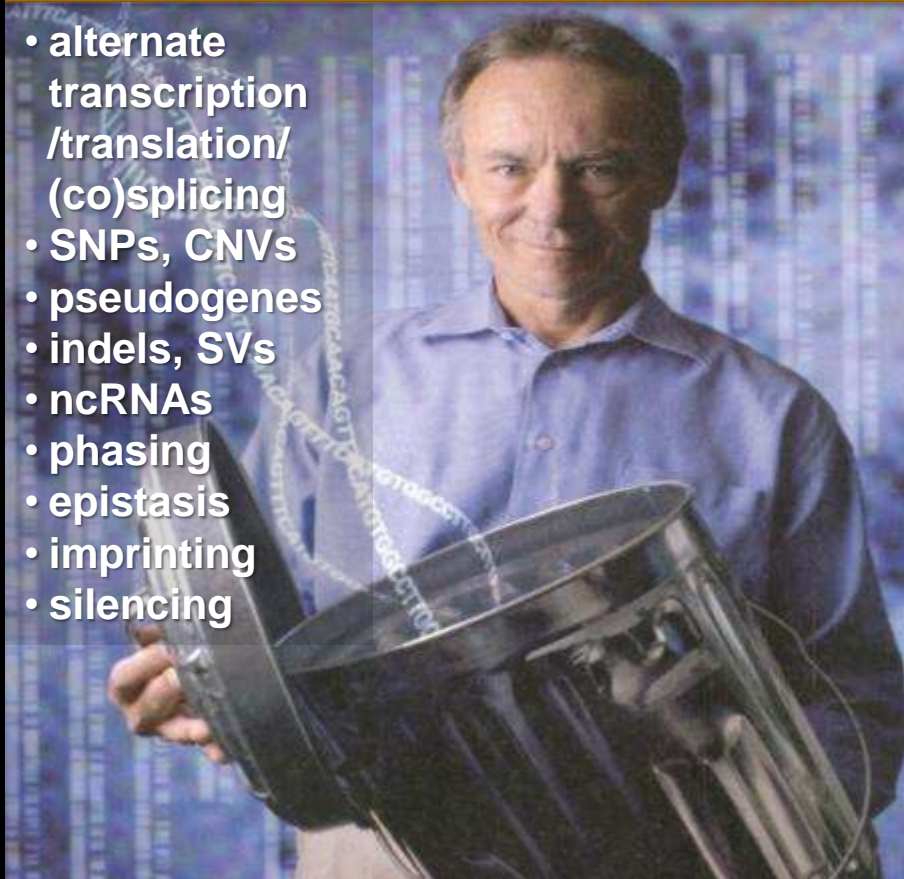
# Post-Transcriptional Regulation of Gene Expression



# Individual Variation, Genome Complexity and the Challenge of Genotype-Phenotype Predictions

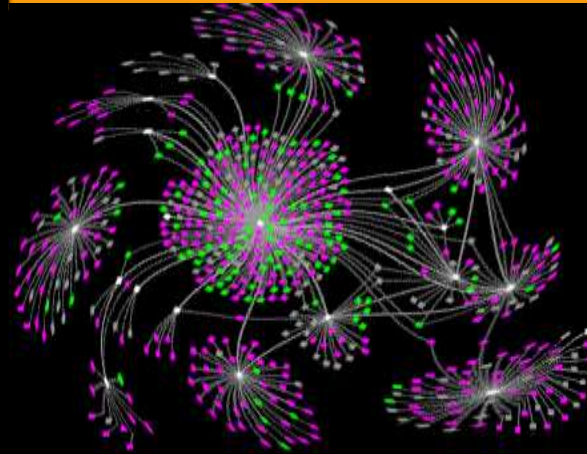
## Junk No More: Pervasive Transcription

- alternate transcription /translation/ (co)splicing
- SNPs, CNVs
- pseudogenes
- indels, SVs
- ncRNAs
- phasing
- epistasis
- imprinting
- silencing

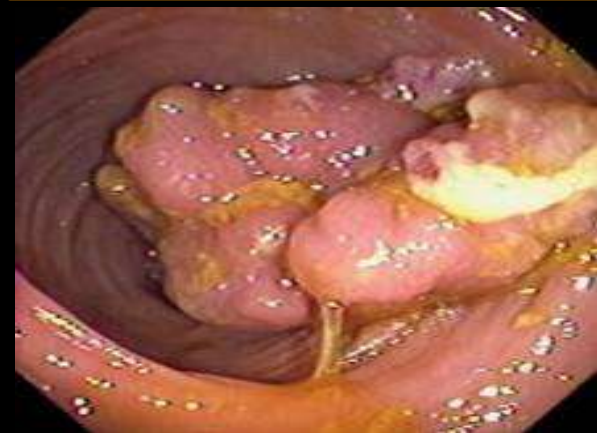


**recognition of the complexity of genome organization and regulation**

## Cell-specific Molecular Interaction Networks

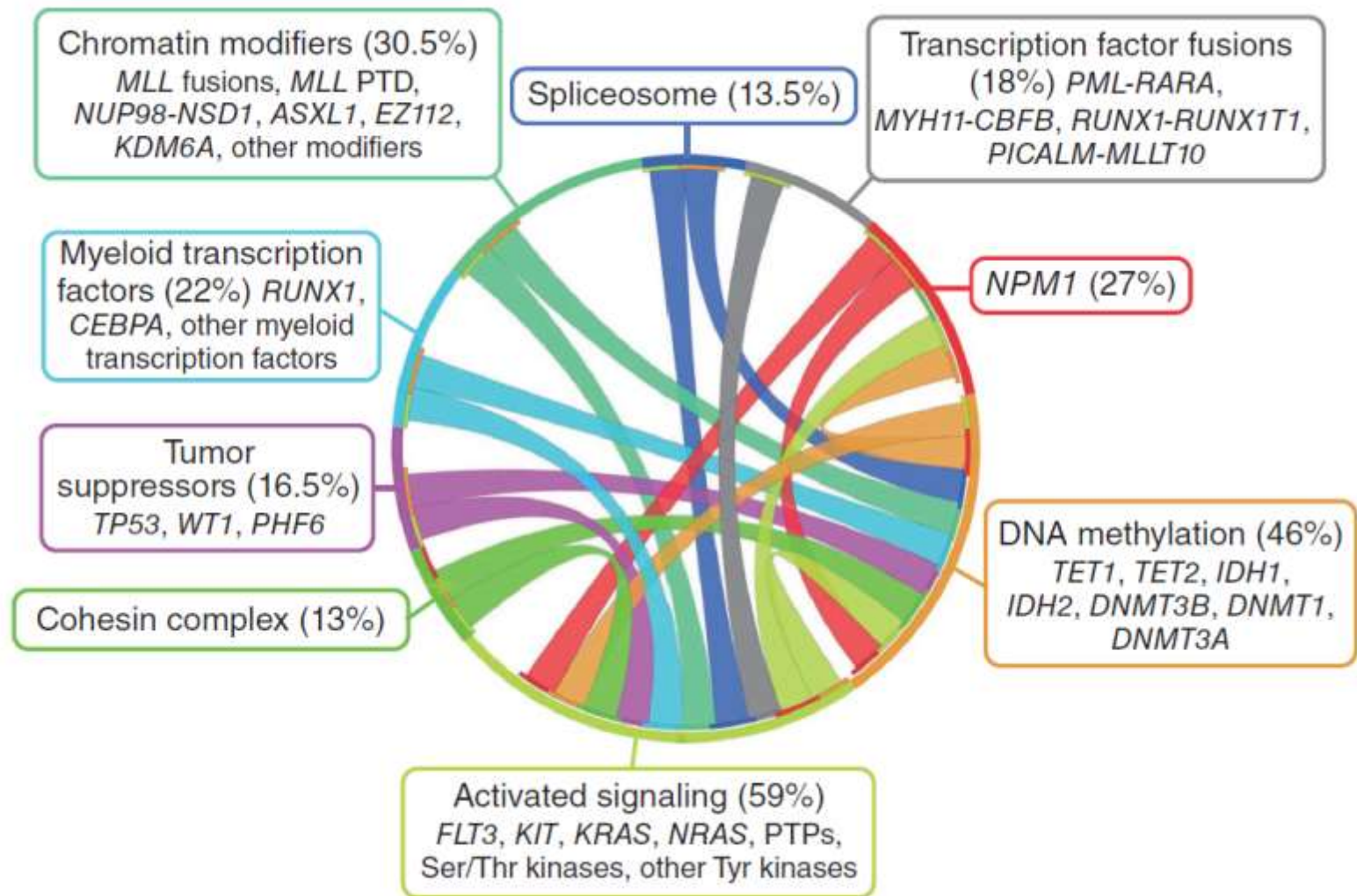


## Perturbed Networks and Disease



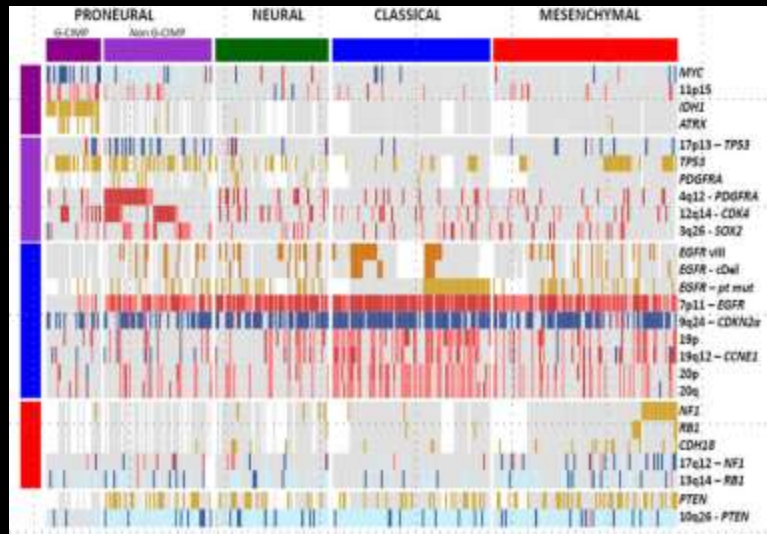


# The Multiplicity of Genomic, Transcriptomic, Epigenomic and Signaling Pathway Alterations in AML Illustrate Why Genome Sequencing Alone is Only One Part of the Molecular Profile Needed for Guiding Diagnosis and Therapy

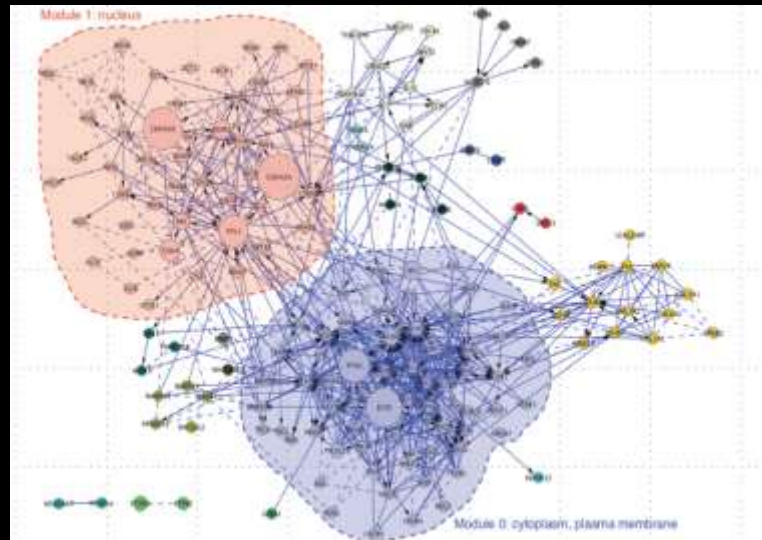


From: S-J. Chen et al. (2013) *Nature Genetics* 45, 586

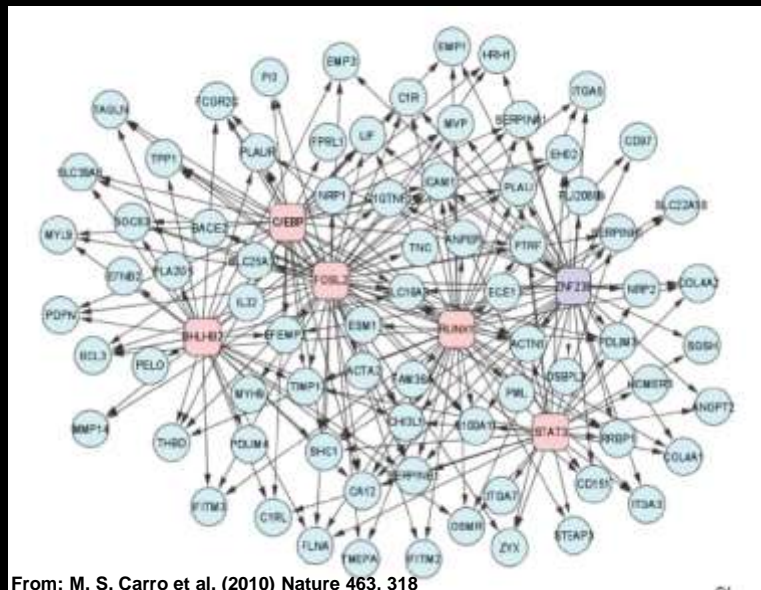
# GBM Expression Subtypes and TF and miRNA-TF Regulatory Networks



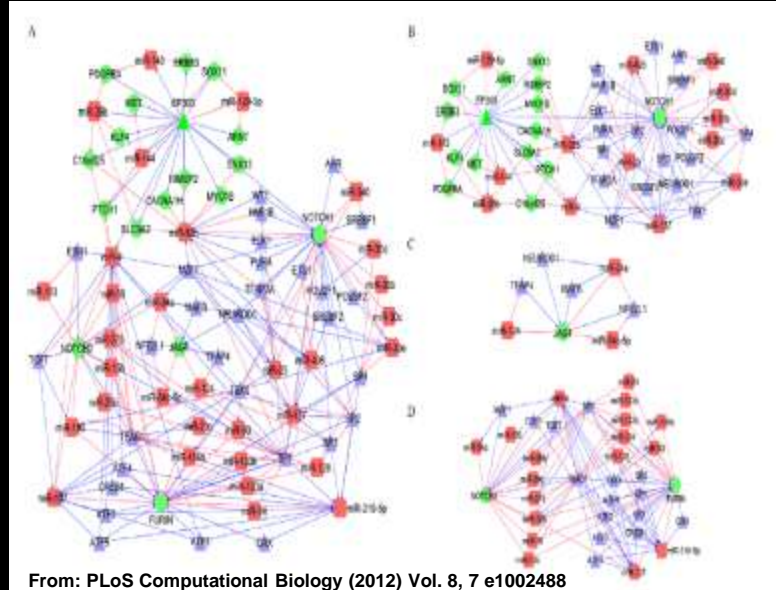
From: 2<sup>nd</sup> TCGA Scientific Symposium. R. Verhaak UT/MD Anderson



From: G. Wu et al. (2010) Genome Biology 11:R53 pg. 10



From: M. S. Carro et al. (2010) Nature 463, 318



From: PLoS Computational Biology (2012) Vol. 8, 7 e1002488

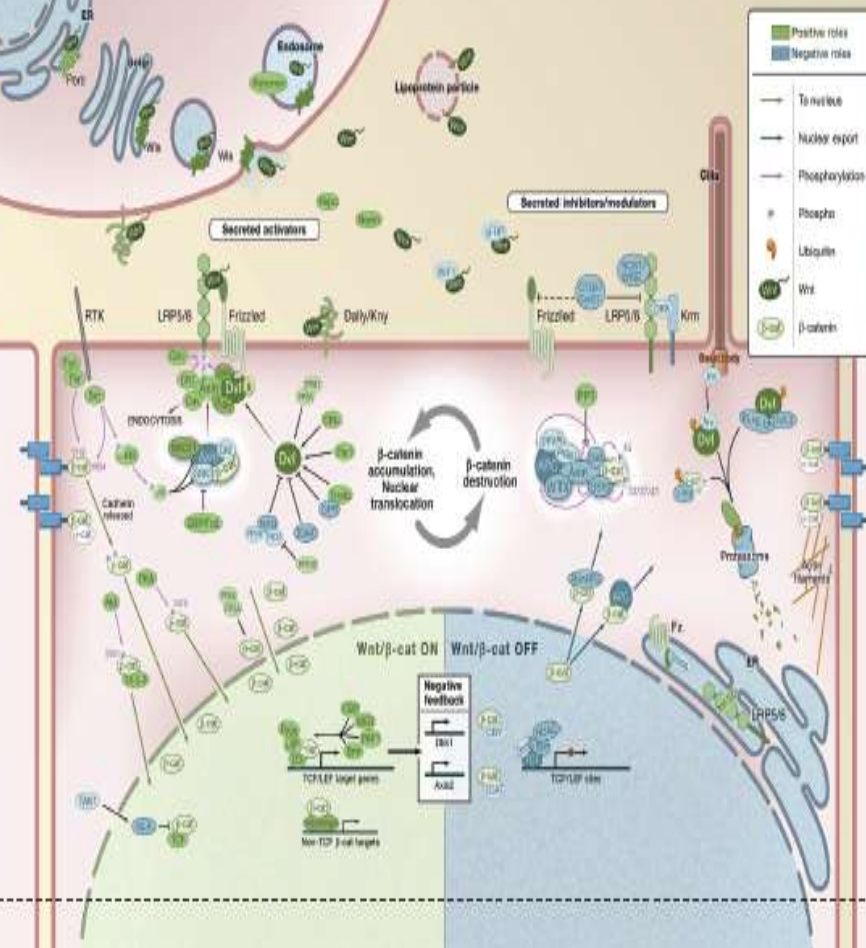


# Canonical Molecular Signaling Networks and Pathways and Dysregulation in Disease

## SnapShot: Wnt/ $\beta$ -Catenin Signaling

Bryan T. MacDonald, Mikhail V. Semenov, and Xi He  
The F.M. Kirby Neurobiology Center, Children's Hospital Boston, Harvard Medical School, Boston, MA 02115, USA

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# **The Complex Ecology of Tumor Progression and Metastasis**

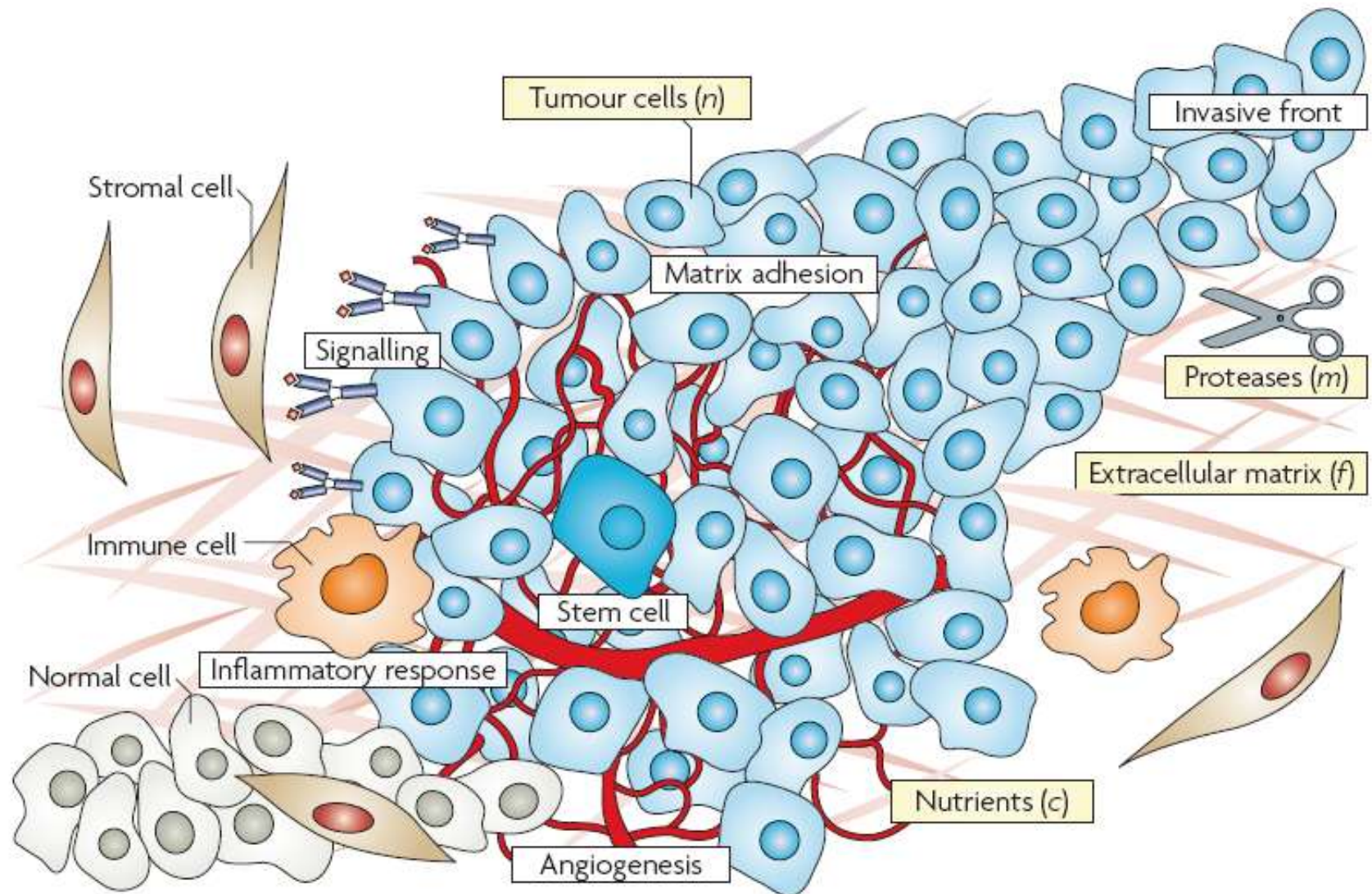
**The Tumor Microenvironment:  
Molecular Signaling Between Cancer Cells,  
Immune Cells and Tissue Components**

# The Complex Ecology of Malignant Neoplasms

- **multiple cell types and inter-cellular molecular communication activities in the tumor microenvironment(s)**
- **tumor cell-tumor cell interactions**
- **tumor cell-host stroma interactions**
- **tumor cell-host defense interactions**
- **tumor cell-host interactions in different body organ environments for successful metastasis**
- **effect of treatment(s) on tumor cells, host defense systems and the host microbiome**

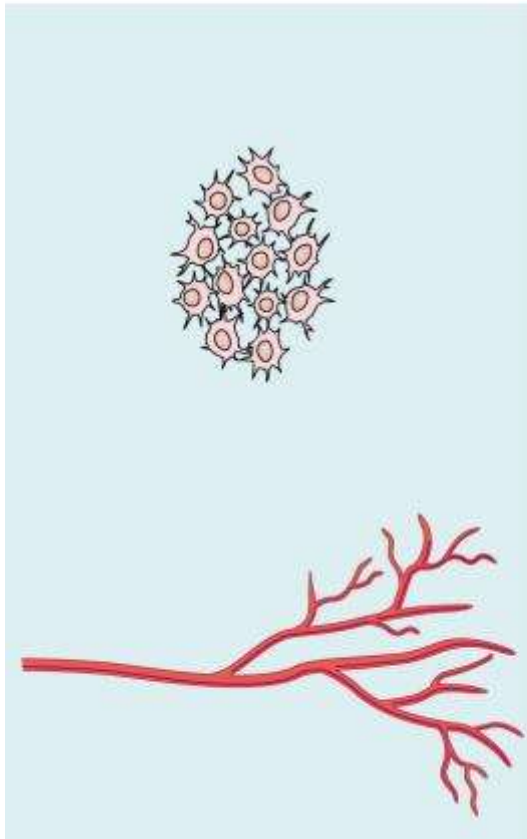


# The Complex Microenvironment of Neoplasms

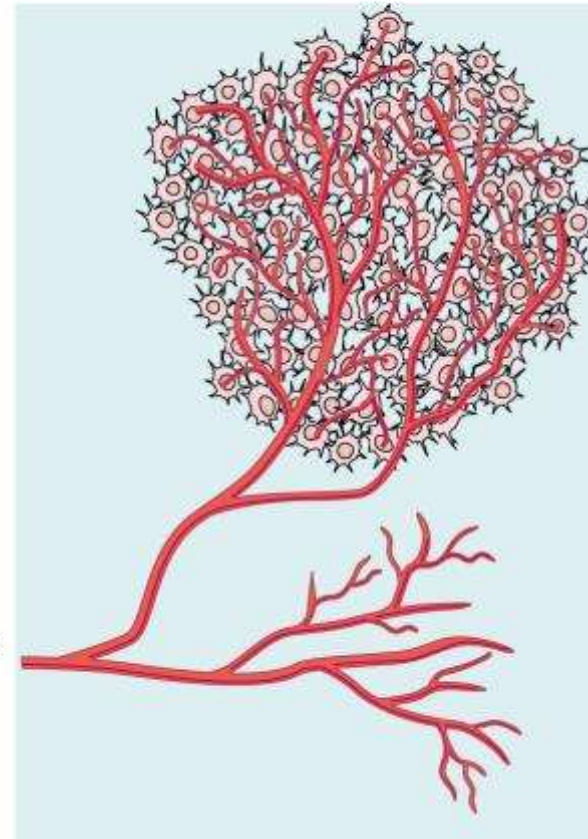


From: A. R. A. Anderson and V. Quaranta (2008) Nature Reviews Ca. 8, 227

Small localized  
tumor



Tumor that can continue  
to grow and spread



Angiogenesis



From L. J. Kleinsmith, *Principles of Cancer Biology*.  
Copyright (c) 2006 Pearson Benjamin Cummings.

# **Reprogramming Energy Metabolism in Cancer Cells**

## **The Warburg Effect**

- **pioneering work of Otto Warburg (1927)**
- **normal dominance of oxidative metabolism under aerobic conditions (Krebs cycle)**
- **normal cells shift to glycolysis under anaerobic conditions**
  - **redirect pyruvate away from mitochondrial oxidation to reduce pyruvate to lactate**
- **tumor cells metabolize glucose to lactate in both aerobic and anaerobic environments**
  - **support survival and proliferation in microenvironments with limited oxygenation (hypoxia) due to impaired vascular supply**

# Reprogramming Energy Metabolism in Cancer Cells

- **possible role of reactive oxygen species (ROS) released by tumor cells in causing tumor-associated host fibroblasts to switch to aerobic glycolysis**
  - **increased production of lactate and pyruvate as metabolites to fuel cancer cells**
- **similar reprogramming of adipocytes in fat tissue**
  - **production of free fatty acids (FFA) as tumor nutrients**

# **Pro-Inflammatory Host Responses and Promotion of Tumor Growth**

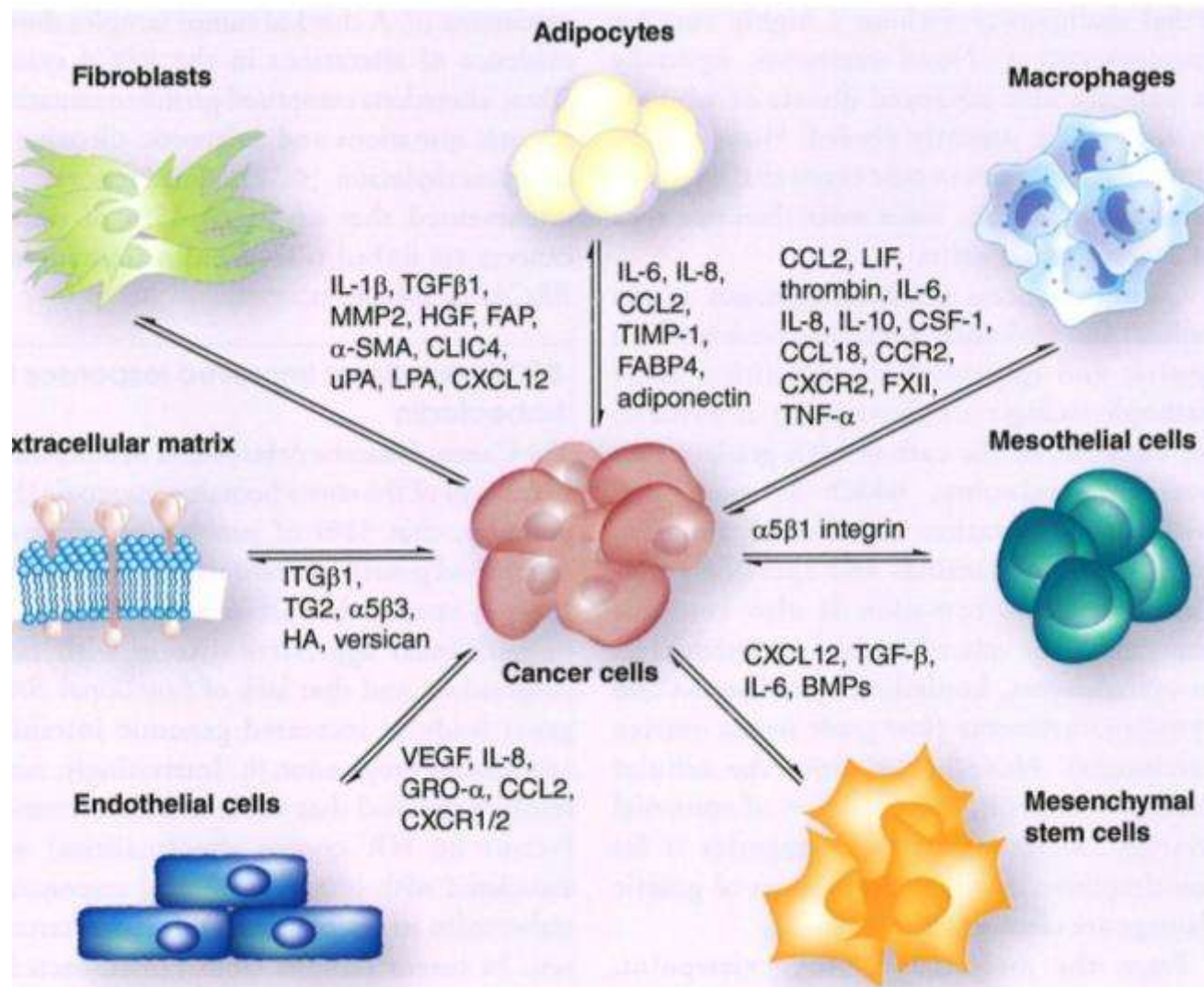
- **insufficient blood supply, hypoxia, increased acidity and impaired nutrient supply in growing tumors trigger necrosis and release of pro-inflammatory signals**
  - **stimulus to recruit host immune cells who then release further pro-proliferation signals exploited by tumor cells to promote survival and progression**



# **The Tumor Microenvironment Hijacking: Host Responses by Tumor Cells to Promote Proliferation and Progression**

- **tumors secrete growth factors and chemoattractants for host inflammatory and immune cells**
- **pro-inflammatory cytokines released by these host cells promote tumor progression**
  - **suppress apoptosis**
  - **promote cell cycle progression/cell replication**
  - **angiogenesis**
  - **induce epithelial-mesenchymal transition (EMT) markers**

# The Tumor Microenvironment



From: Ray-Coquard Future Oncol. (2013) 9, 12 Suppl. 1, 11

# **Tumor-Mediated Suppression of Host Anti-Cancer Immune Responses**

- **tumors recruit T regulatory cells (Treg) and myeloid-derived suppressor cells (MDSC)**
- **these host immune cells suppress the ability of cytotoxic killer T cells to detect and destroy tumor cells**

**More Details in  
Lecture Week II**

# **Invasion and Metastasis: The Start of the Deadly Phase of Cancer Progression**



**basal cell  
carcinoma**



**lung**



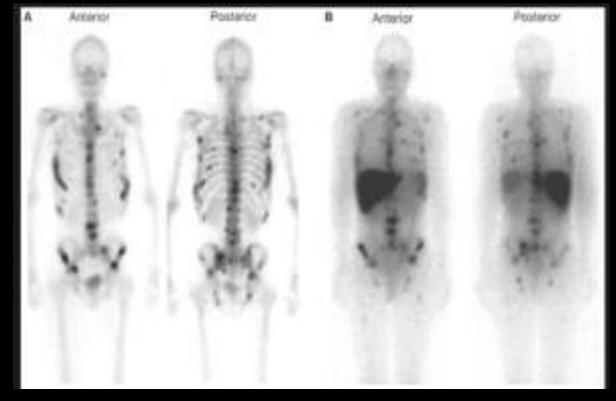
**breast**



**glioblastoma**



**colorectal**



**prostate**

**Invasion Without  
Metastasis**

**Invasion and Metastasis**

# Macrophages and the Tumor Microenvironment

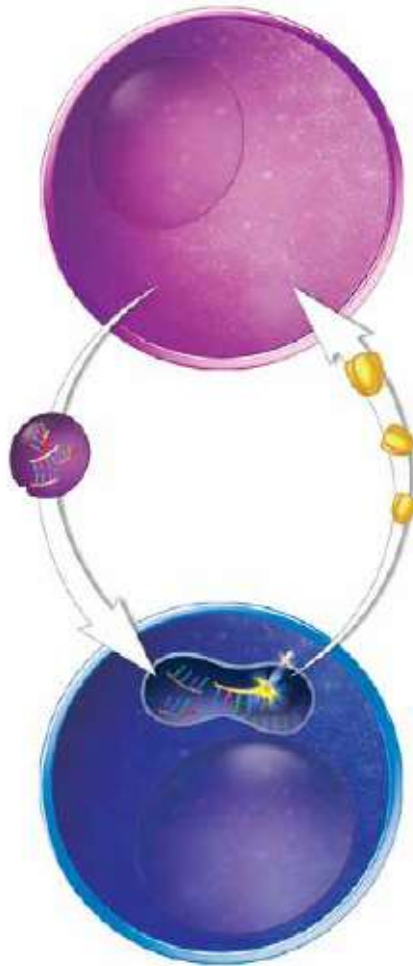
- **tumor-associated macrophages (TAM)**
- **switch of macrophages from M1 to M2 phenotype in normal inflammation and then switch back**
- **in tumors and obesity macrophages remain in M2 state**
- **role of TAM in early steps in metastasis (intravasation)**



# A Perverse Molecular Conversation: Tumor Cell Signals That Stimulate Host Macrophages to Promote Tumor Growth and Spread

**1. Cancer cell**  
releases  
microvesicles that  
contain miRNA-21  
and miR-29.

**2. Macrophages**  
take up the  
microvesicles  
releasing miR-21  
and miR-29 into  
the cytoplasm  
where they are  
taken up by  
endosomes.

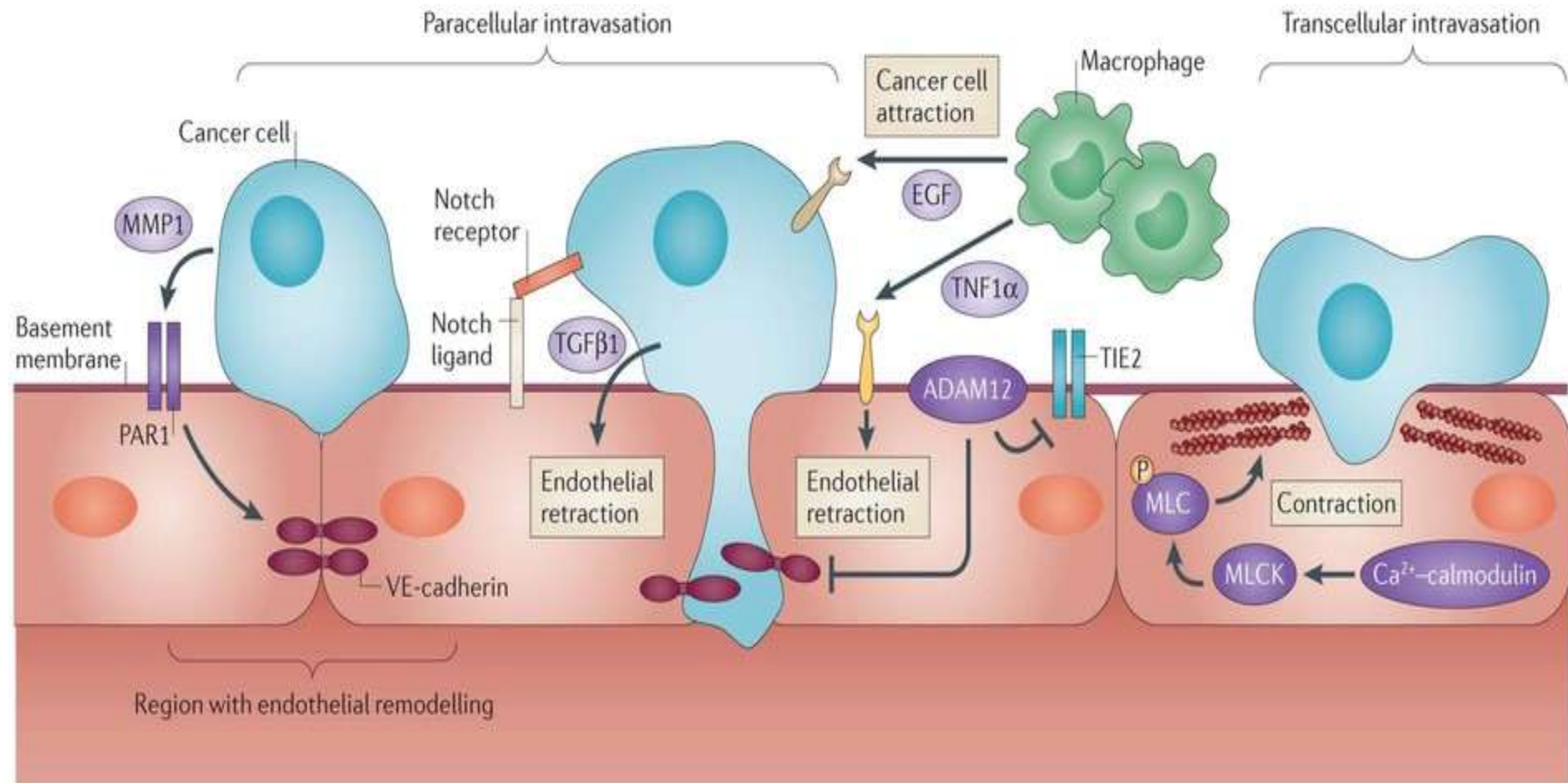


**4. Cancer cells**  
take up IL-6/TNFalpha,  
facilitating  
tumor invasion  
and metastasis.

**3. In the endosome,**  
miR-21 and miR-  
29 bind with toll like  
receptors, causing  
the macrophage  
to release interleukin 6 (IL-6)  
and tumor necrosis  
factor (TNF) alpha.

**Adapted from Frontiers: OHSU James CCC Winter 2014**

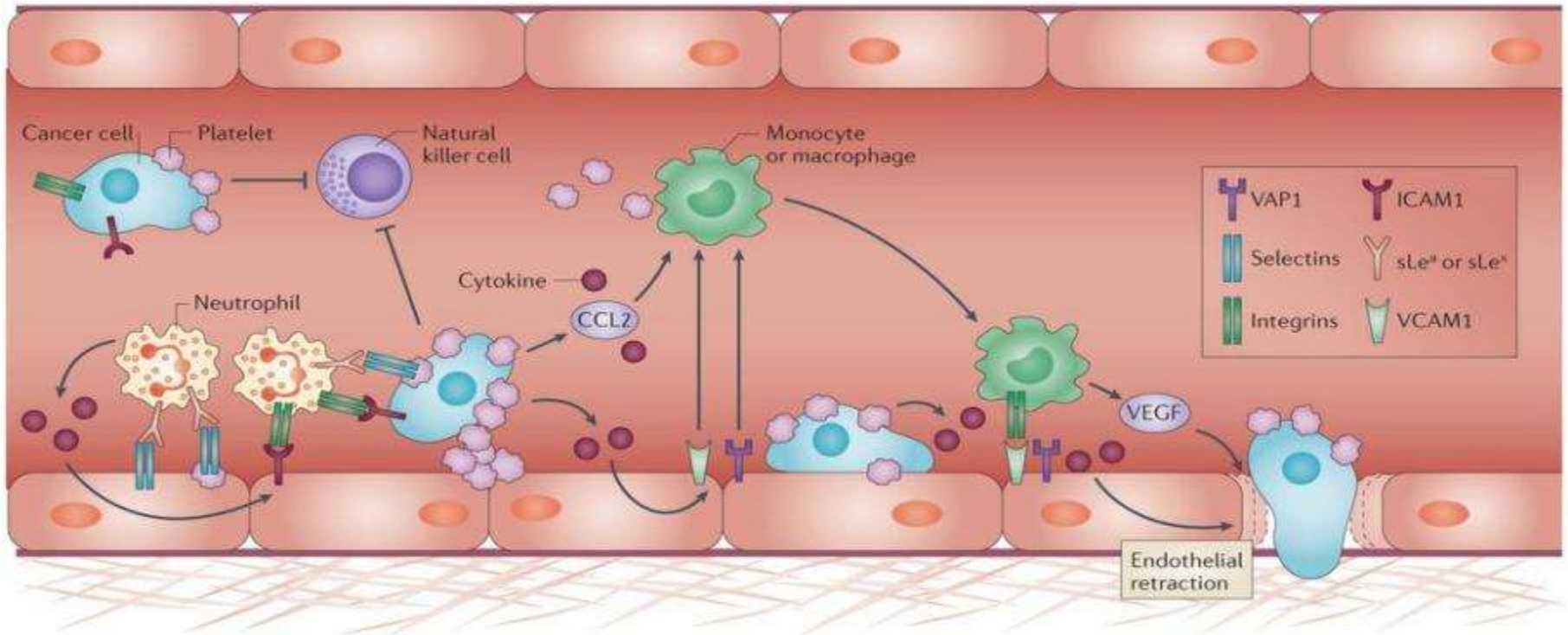
# Entry of Metastatic Cancer Cells Into The Circulation (Intravasation) and Promotion by Tumour-Associated Macrophages



Nature Reviews | Cancer

From: N. Raymond et al. (2013) Nature Rev. Cancer 13, 861

# Tumor Cell- Platelet Interactions in Promoting Dissemination and Extravasation



- protect against lysis by NK cells; increase adhesion to endothelial cells; recruitment of WBC that release pro-inflammatory cytokines

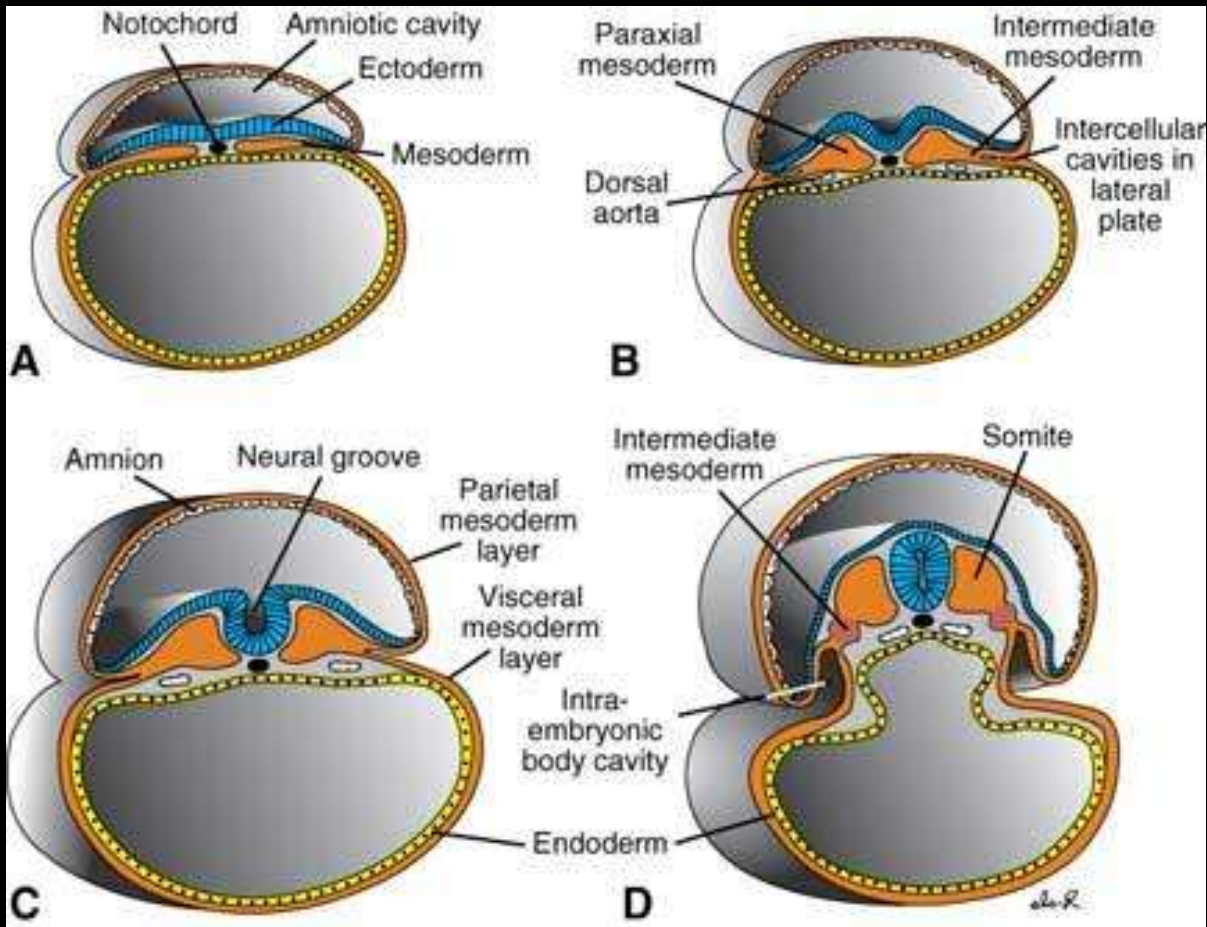
From: N. Raymond et al. (2013) Nature Rev. Cancer 13, 863

**The Plasticity of Epithelial Cancer Cells:  
Switching (Transition) Between Epithelial and Mesenchymal Phenotypes**

**Epithelial: Mesenchymal Transition (EMT) and Mesenchymal: Epithelial Transition (MET) as Core Features of Metastatic Spread and Tumor Dormancy**

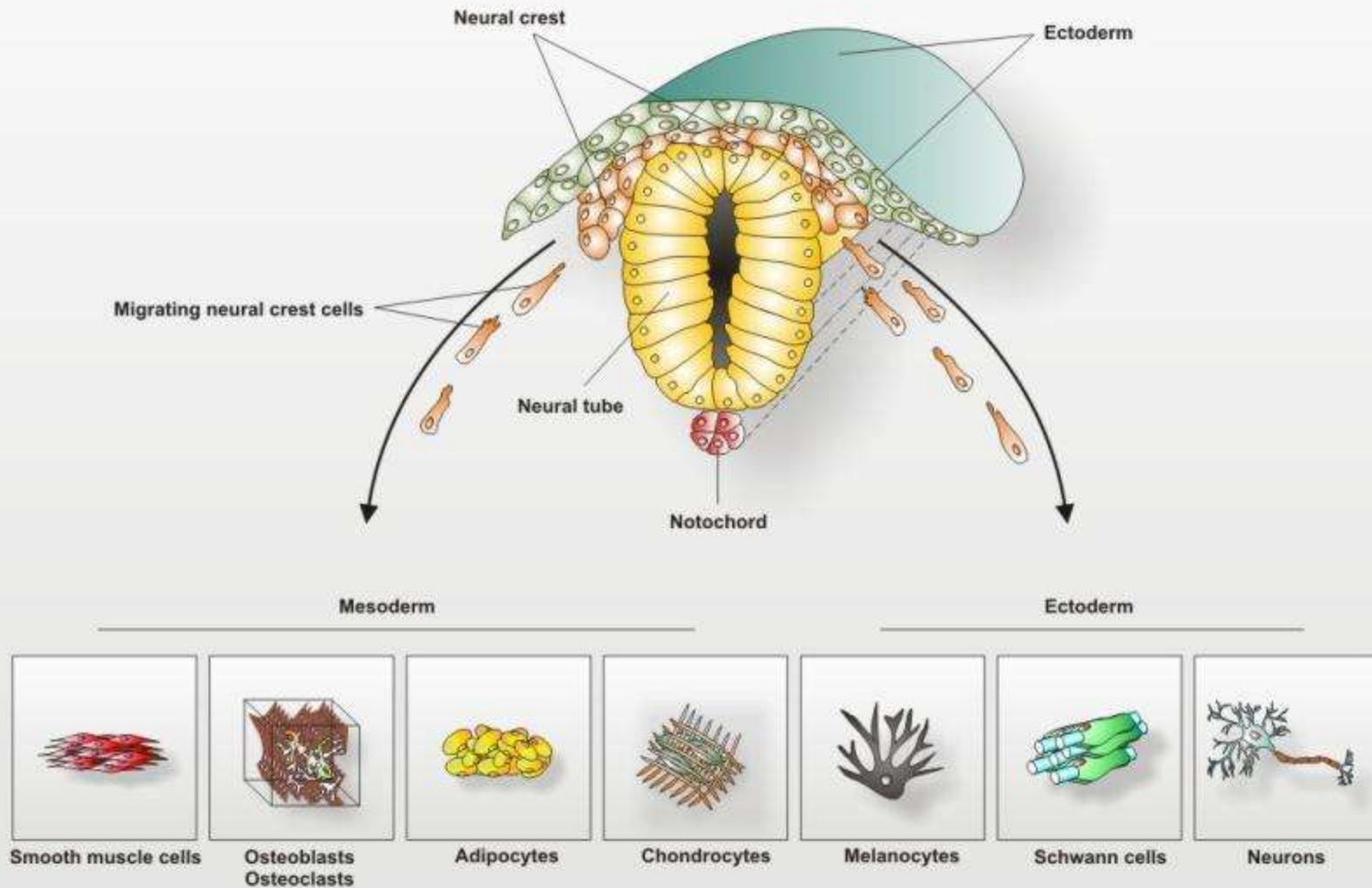


# Formation of the Germ Layers in Embryogenesis: Endoderm, Mesoderm and Ectoderm





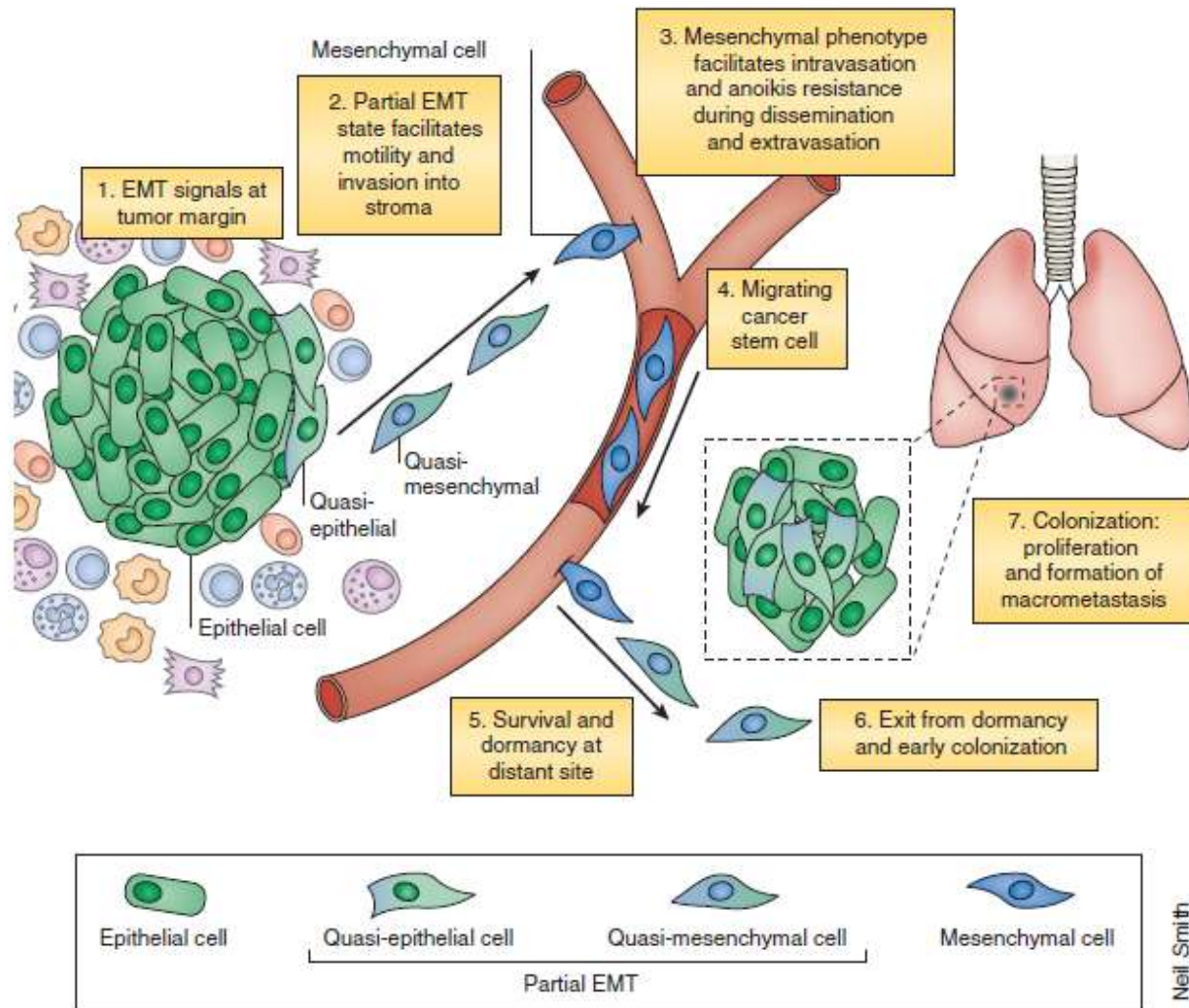
# Migration of Neural Crest Cells and Formation of Different Cell Types in Multiple Body Locations



# Epithelial (E)- Mesenchymal (M) Transition (EMT)

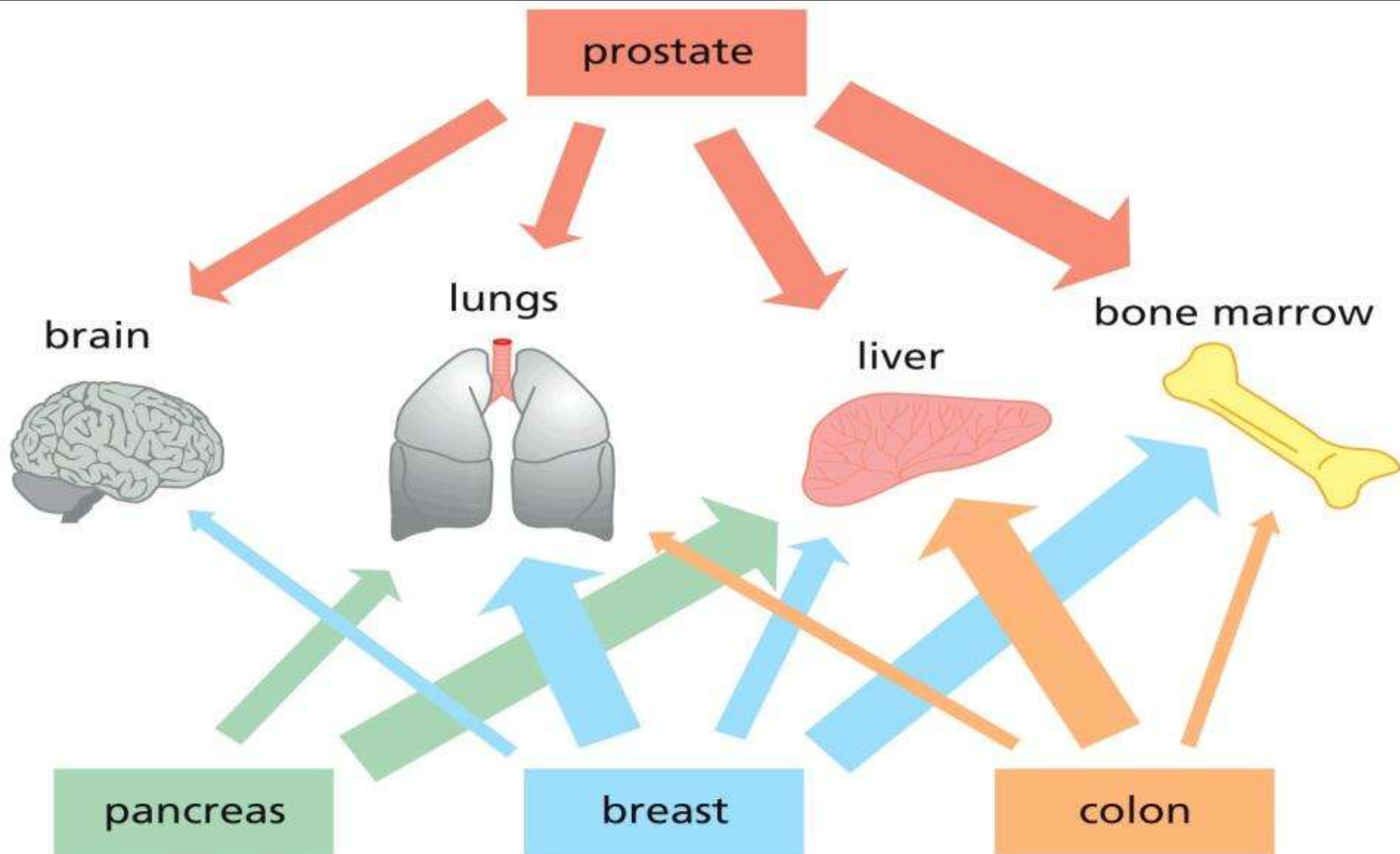
- acquisition of M-like properties by E cells
- physiological processes
  - migration of mesodermal cells during embryonic gastrulation
  - delamination of neural crest cells from dorsal neural tube
  - migration to multiple locations and subsequent differentiation into diverse cell lineages
- cancer
  - proposed crucial role in invasion and metastasis of epithelial malignancies
  - potential for repeated cycles of EMT and reversal (MET)

# The Epithelial-mesenchymal Transition in the Invasion and Metastasis of Malignant Epithelial Cancers



From: W. L. Tam and R. A. Weinberg (2013) Nature Medicine 19, 1438

# Principal Patterns of Metastatic Dissemination in the Major Epithelial Cancers



# **“The Seed and Soil Hypothesis” of Metastasis**

**“When a plant goes to seed, its seeds are carried in all directions;  
but they can only live and grow if they fall on congenial soil...  
While many researchers have been studying ‘the seeds,’  
the properties of ‘the soils’ may reveal valuable  
insights into the metastatic peculiarities of cancer cases.”**



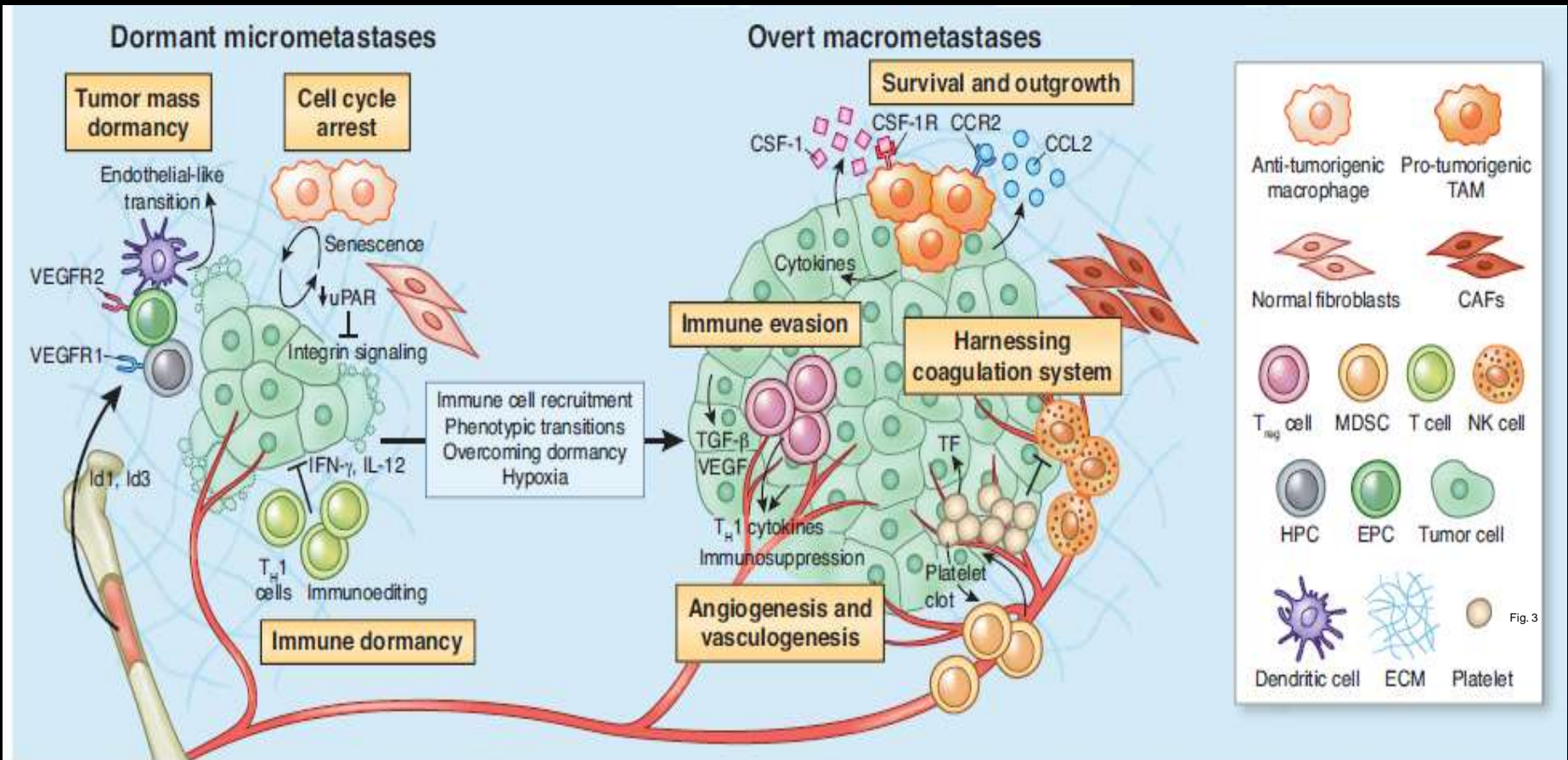
**Stephen ´ Paget 1889**



# Cancer Metastasis: Key Questions

- **what determines the different anatomic distribution of solid tumor metastases?**
- **is every cancer cell in a malignant tumor capable of causing metastases?**
- **is metastatic capability a property of only certain cell subpopulations/clones present in the primary tumor?**
- **do cells in metastases continue to spread (secondary metastases)?**
- **are future sites of metastatic colonization 'primed' by host cells to promote conditions for metastatic cell survival?**

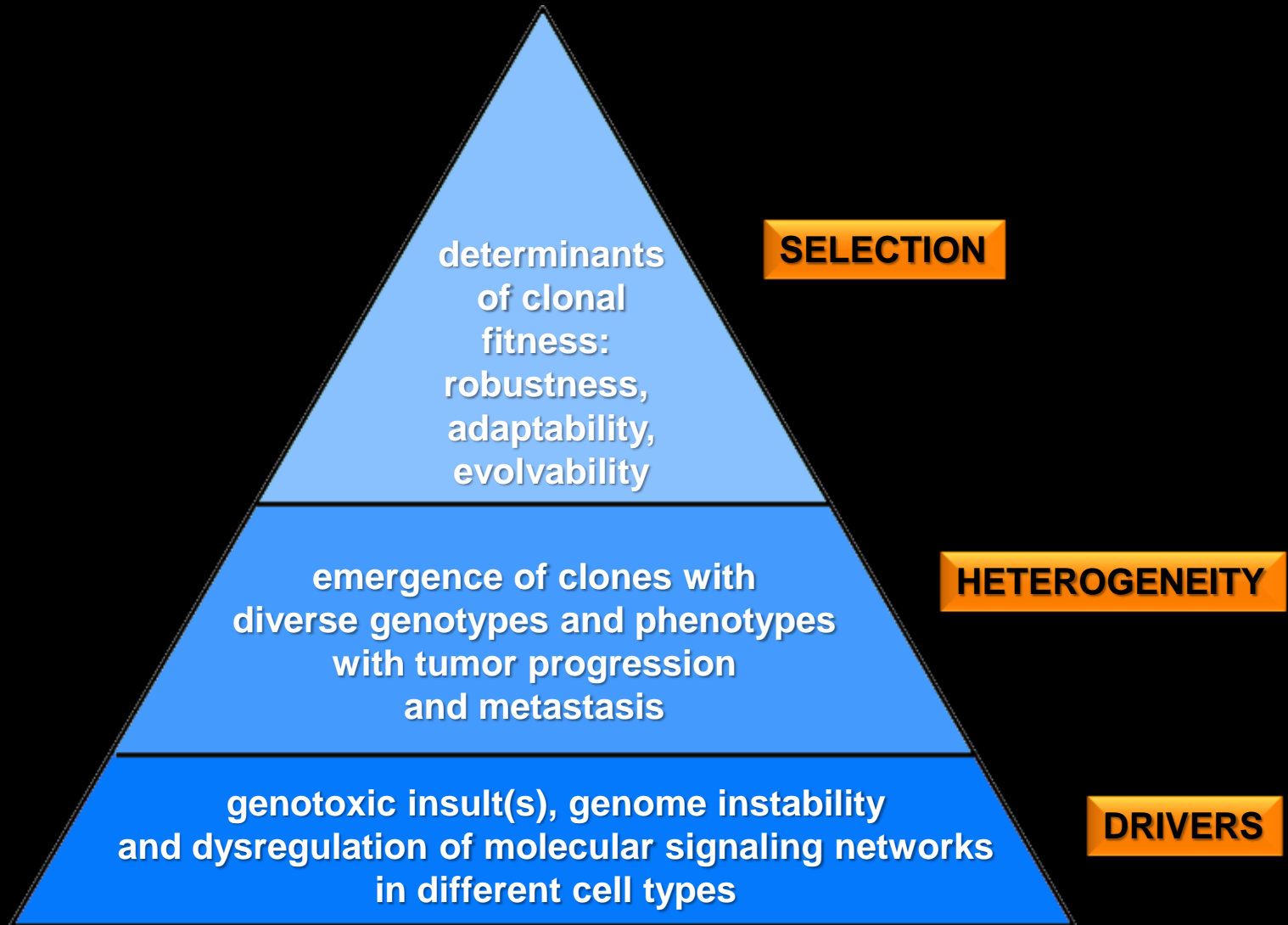
# Tumor Dormancy Versus Metastatic Progression



From: D. F. Quail & J. A. Joyce (2013) Nature Med. 19, 1423

# **Summary and Key Points**

# Cancer



# Cancer

Dynamics of  
Host: Tumor  
Co-evolution  
and Rx-Effects

SELECTION

determinants  
of clonal  
fitness:  
robustness,  
adaptability,  
evolvability

Intra-and  
Inter-patient  
Variation  
Within Same  
Tumor Subtype

HETEROGENEITY

emergence of clones with  
diverse genotypes and phenotypes  
with tumor progression  
and metastasis

Tumor  
Subtypes in  
the Same  
Cell Type

DRIVERS

genotoxic insult(s), genome instability  
and dysregulation of molecular signaling networks  
in different cell types



# Cancer

**Sustained Tumor Growth,  
Progression and Metastasis  
and Resistance to Treatment**

**Dynamics of  
Host:Tumor  
Co-evolution  
and Rx-Effects**

**determinants  
of clonal  
fitness:  
robustness,  
adaptability,  
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**SELECTION**

**Intra-and  
Inter-patient  
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Within Same  
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**emergence of clones with  
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**HETEROGENEITY**

**Tumor  
Subtypes in  
the Same  
Cell Type**

**genotoxic insult(s), genome instability  
and dysregulation of molecular signaling networks  
in different cell types**

**DRIVERS**

# **The ‘Fitness’ of the Metastatic Clone: “The Decathlon Phenotype”**

- **survival in the primary tumor**
- **invasion of surrounding tissue**
- **epithelial-mesenchymal transition**
- **intravasation**
- **survival in the circulation**
- **extravasation**
- **colonization of new metastatic site**
- **mesenchymal-epithelial transition**
- **evasion of destruction by host immune defenses**
- **resist therapeutic assaults**

Sustained Tumor Growth,  
Progression and Metastasis  
and Resistance to Treatment

Dynamics of  
Host:Tumor  
Co-evolution  
and Rx-E

# CANCER: A COMPLEX ADAPTIVE SYSTEM

emergence of clones with  
diverse genotypes and phenotypes  
with tumor progression  
and metastasis

HETEROGENEITY

genotoxic insult(s), genome instability  
and dysregulation of molecular signaling networks  
in different cell types

DRIVERS

Tumor  
Subtypes in  
the Same  
Cell Type

# Cancer as a Complex Adaptive System (CAS)

## Lecture 2

- mapping the dynamics of the evolution of clones with genotypic and phenotypic differences (heterogeneity) during progressive tumor growth and metastatic spread
- how knowledge of the co-evolution of tumor behavior and host responses is essential to design improved diagnostic and therapeutic approaches in cancer