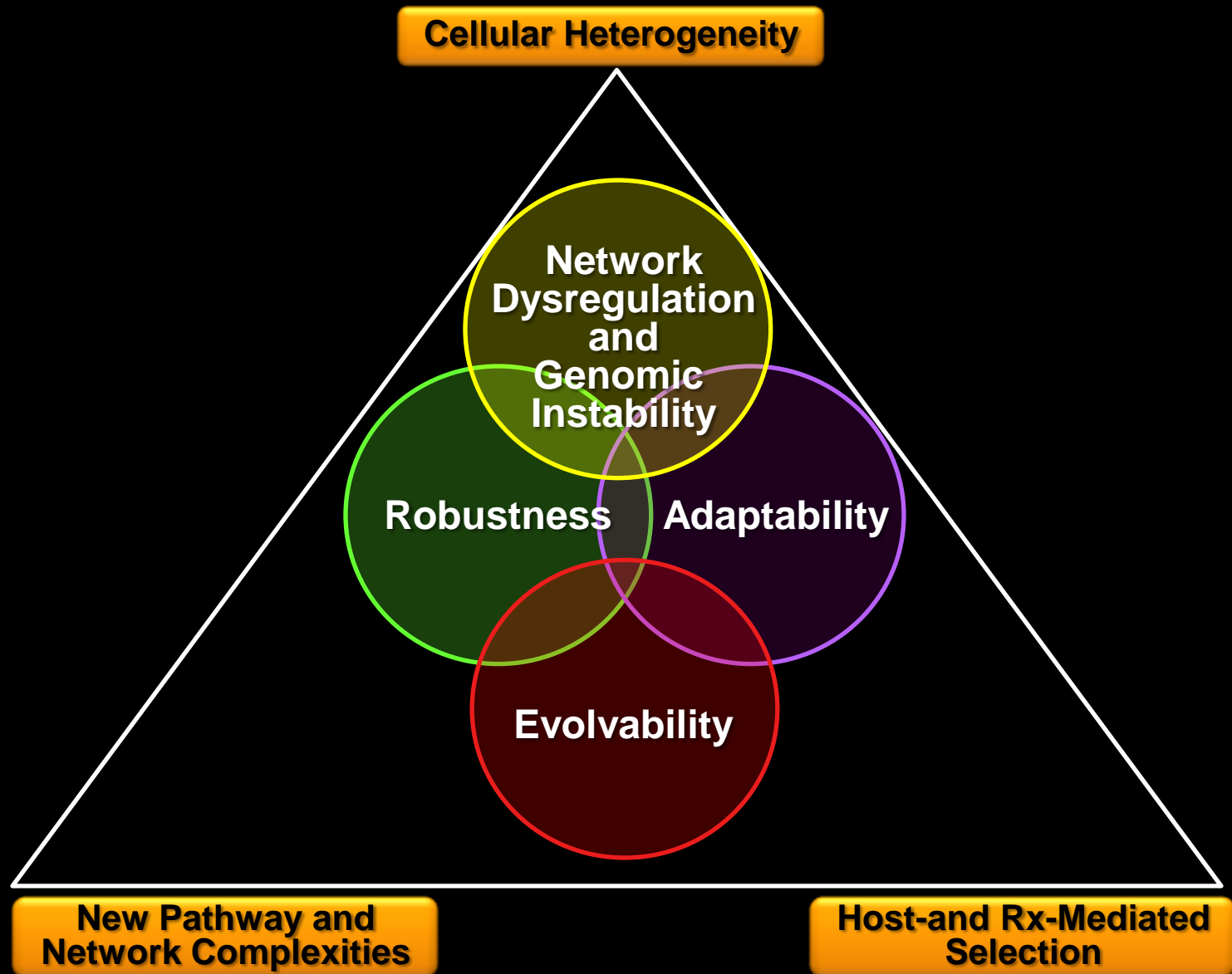


# **Addressing Technological Challenges and the Development of New Cancer Interventions**

**Chief Scientist, Complex Adaptive Systems Initiative  
and Del E. Webb Chair in Health Innovation  
Arizona State University  
[george.poste@asu.edu](mailto:george.poste@asu.edu)**

**Presentation at “Rethinking the Role of Infectious Agents in Cancer”  
Ritz-Carlton, Pentagon City, Arlington, VA • 16 March 2010**

# Cancer as a Complex Adaptive System



# Cancer as a Complex Adaptive System

- **progressive emergence of (sub)clonal diversity**
  - **dynamic tumor-environment interactions**
- **expansion of clonal genotypic:phenotypic heterogeneity increases adaptive repertoire and survival probability**
- **multi-component system whose collective behavior cannot be defined or predicted by analysis of individual components and whose interactions generate novel emergent properties**
  - **metastasis, drug resistance**

# **The Widespread Failure to Set Standards for Analysis and Annotation in Biomedical Research and Clinical Medicine**

- **predominant analysis of poorly characterized tissue samples of convenience and statistically sub-powered studies**

**versus**

**uniform QC/QA standards for sample acquisition, curation, annotation plus requisite statistical rigor**

- **inadequate clinical stringency in patient ‘phenotyping’ and poorly standardized criteria for patient staging, progression and outcomes**

**versus**

**consistent protocols for patient stratification and longitudinal case records for correlation of molecular pathology with clinical outcomes**

# **The Paucity of Biomarkers for Cancer Detection, Stratification and Rx Response Monitoring**

- **literature dominated by anecdotal studies in poorly characterized systems**
  - **small patient cohorts**
  - **limited replication and confirmatory studies**
- **very few biomarkers subjected to rigorous validation**
  - **case-control studies with sufficient statistical power**
  - **inadequate stringency in clinical phenotyping**
- **widespread lack of understanding of regulatory requirements**
  - **complexities imposed by multiplex tests**

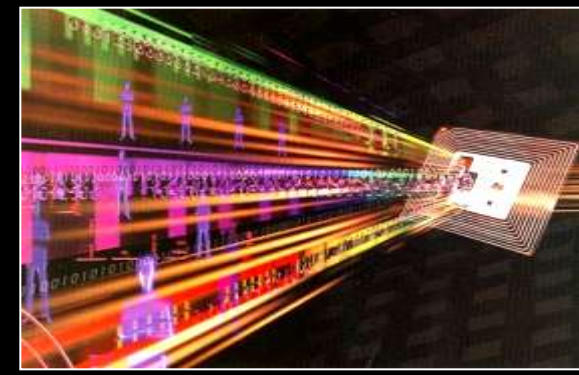
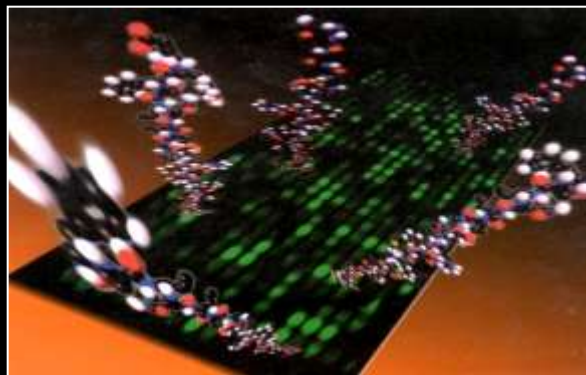
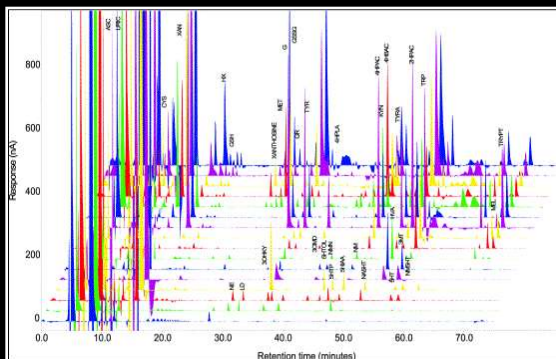
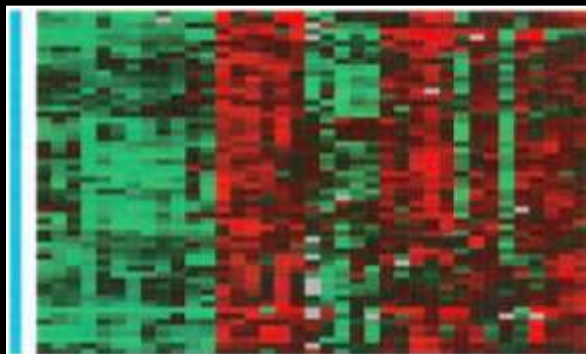
# Analytical Scale and Systems-Based Integration: The Need for End-to-End R&D Solutions

## Complex Biosignature Profiling

genomics

proteomics

immunosignatures



## Complex Signature Detection, Deconvolution and Multivariate Analysis

multiplex assays

miniaturized devices

new algorithms



# **Semantics: The Need for Adoption of Standardized Taxonomies and Ontologies in Biomedical Research**

- **transcending the taxonomic anarchy of descriptive biology and medicine**
- **standardized nomenclature for biological systems**
- **reporting formats for quantitative data**
- **crucial foundation of productive assembly and analysis of large scale and open-source datasets**
- **facile integration of scientific and clinical data for evidence-based treatment selection/decision-analysis**

# OBO Foundry Ontologies

## Nature Biotechnology 25, 1251 - 1255 (2009)



The Open Biomedical Ontologies

**Cell Ontology (CL)**



**Gene Ontology (GO)**

Foundational Model of Anatomy

**ZFIN**

**Zebrafish Anatomical Ontology**



**Chemical Entities  
of Biological Interest (ChEBI)**

**Disease Ontology (DO)**



**Plant Ontology (PO)**



**Sequence Ontology (SO)**

**Ontology for Clinical  
Investigations (OCI)**



The Open Biomedical Ontologies

**Common Anatomy  
Reference Ontology**



The Open Biomedical Ontologies

**Environment Ontology**



**Ontology for Biomedical Investigations**

**Phenotypic Quality  
Ontology (PATO)**



**Protein Ontology (PRO)**



**OBO Relation  
Ontology**



**RNA Ontology  
(RnaO)**



# Signatures and Evidentiary Standards

- epidemiological
- molecular
- longitudinal profiling of individuals
- deconvolution of combinatorial complexity
- statistical and computational tools for non-linear dynamics in CAS
- limitations of Koch's postulates/Hill's viewpoints and the challenge of demonstrating causality
- confidence to invest high cost R&D for interventions

# The Evolutionary Ecology of Malignant Neoplasms

- are there discernible consistent patterns (signatures) of pathway dysregulation in neoplasms arising in specific cell types/tissues?
- what determines the kinetics of clonal diversification and emergence of metastatic clones in tumor progression?
- what is the balance between stochastic and deterministic events the genesis of clonal heterogeneity?
  - precursor signatures
  - driver versus passenger mutations
  - ‘fitness pathways’ and ‘fitness islands’
- how does the tumor microenvironment(s) attenuate or promote trajectories and kinetics of clonal heterogeneity and metastatic emergence?
- what are the effects of immune responses and Rx treatment on clonal diversity and evolutionary plasticity?

# Specificity

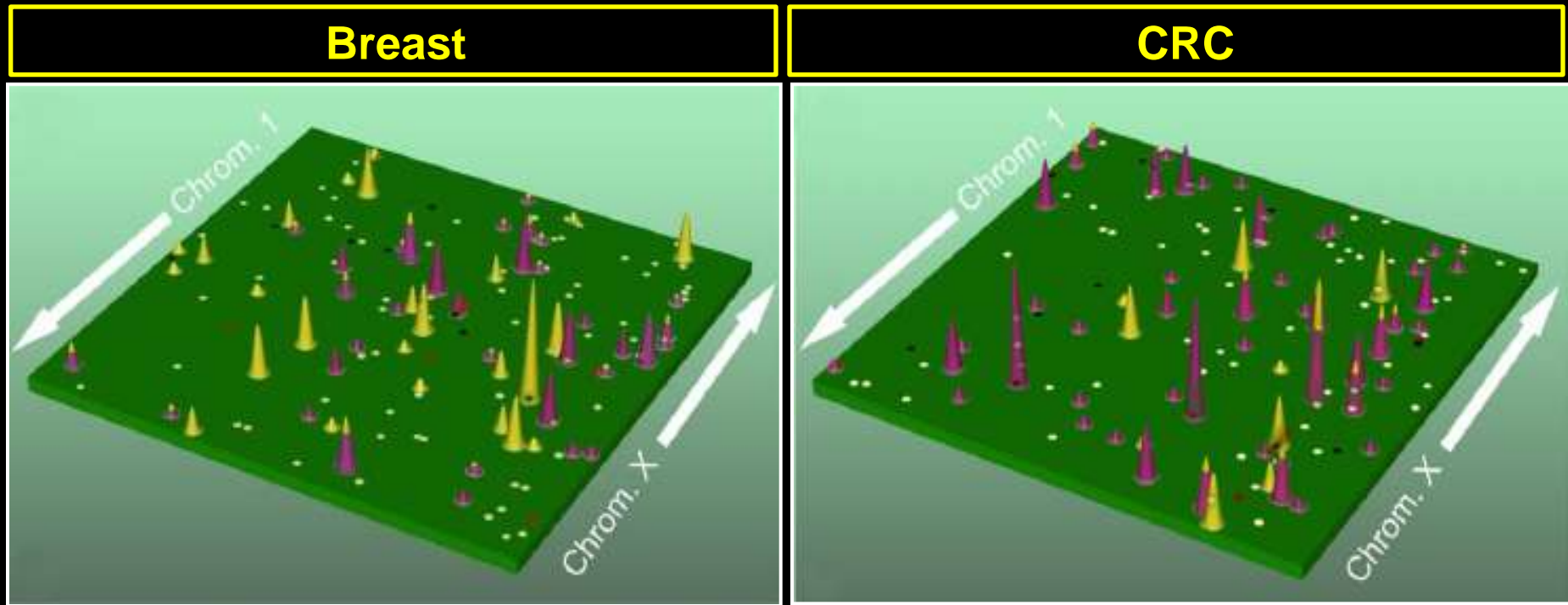
- **carcinogens exhibit tissue (cellular) specificity**
- **consistent patterns of macro-behavior in tumors arising in particular organs/cell types**
  - **metastatic localization**

**BUT**

- **significant inter-patient variation**
  - **clinical progression**
  - **Rx responsiveness**
  - **timing of recurrent disease**

# Mapping the Genomics Landscape of Breast and Colorectal Tumor Samples

From R. J. Leary et al (2008) PNAS 105, 16224



60 highest-ranking candidate cancer genes with peak heights reflecting the scores.

**yellow** = CN Changes **red** = point mutations only

# The Daunting Level of (Epi)Genomic Alterations in Cancer

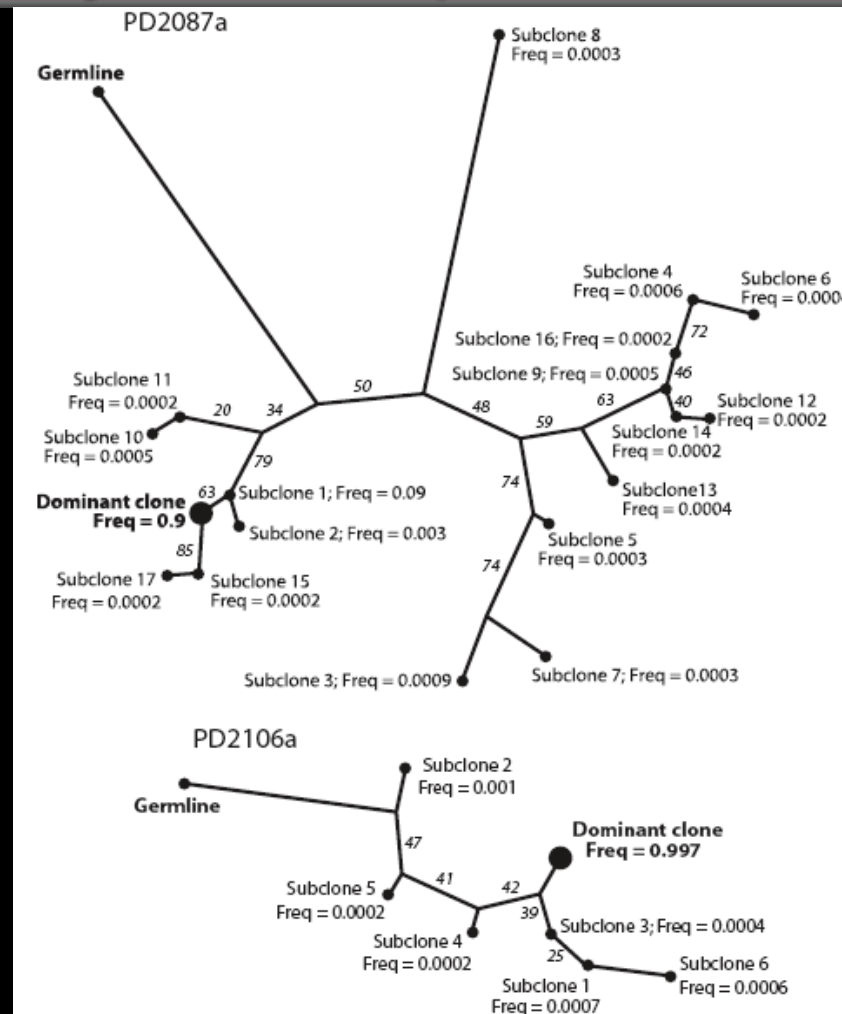
- **increased analytical resolution of whole genome sequencing**
- **significant inter-and intra-tumor heterogeneity in (epi)genomic perturbations and pathway dysregulation**
- **individual solid tumors contain 50 or more nonsilent mutations in coding regions**
- **only small fraction of these genes are mutated in a high proportion of tumors in the same cell lineage**
- **scale of alterations in noncoding RNA regulatory pathways unknown**
- **data reinforce role of stochastic events in tumor evolution**

# The (Epi)Genomic Landscape of Human Cancers

- **very few mountains (genes mutated at moderate to high frequency in major cancers)**
- **the few genes that are mutated at high frequency often shared by multiple tumor types**
  - **TP53, PTEN, PIK3CA**
  - **EGFR, RAS, RAF, MEK, ERK**
- **multiple hills/hillocks (genes mutated at low frequency)**
- **anticipated need to map the entire cancer genome not only coding regions**
  - **mutational profiling of promoters/enhancers**
  - **noncoding RNAs**
  - **ultraconserved noncoding regions**
- **value of longitudinal profiling for reconstruction of disease molecular phylogeny**

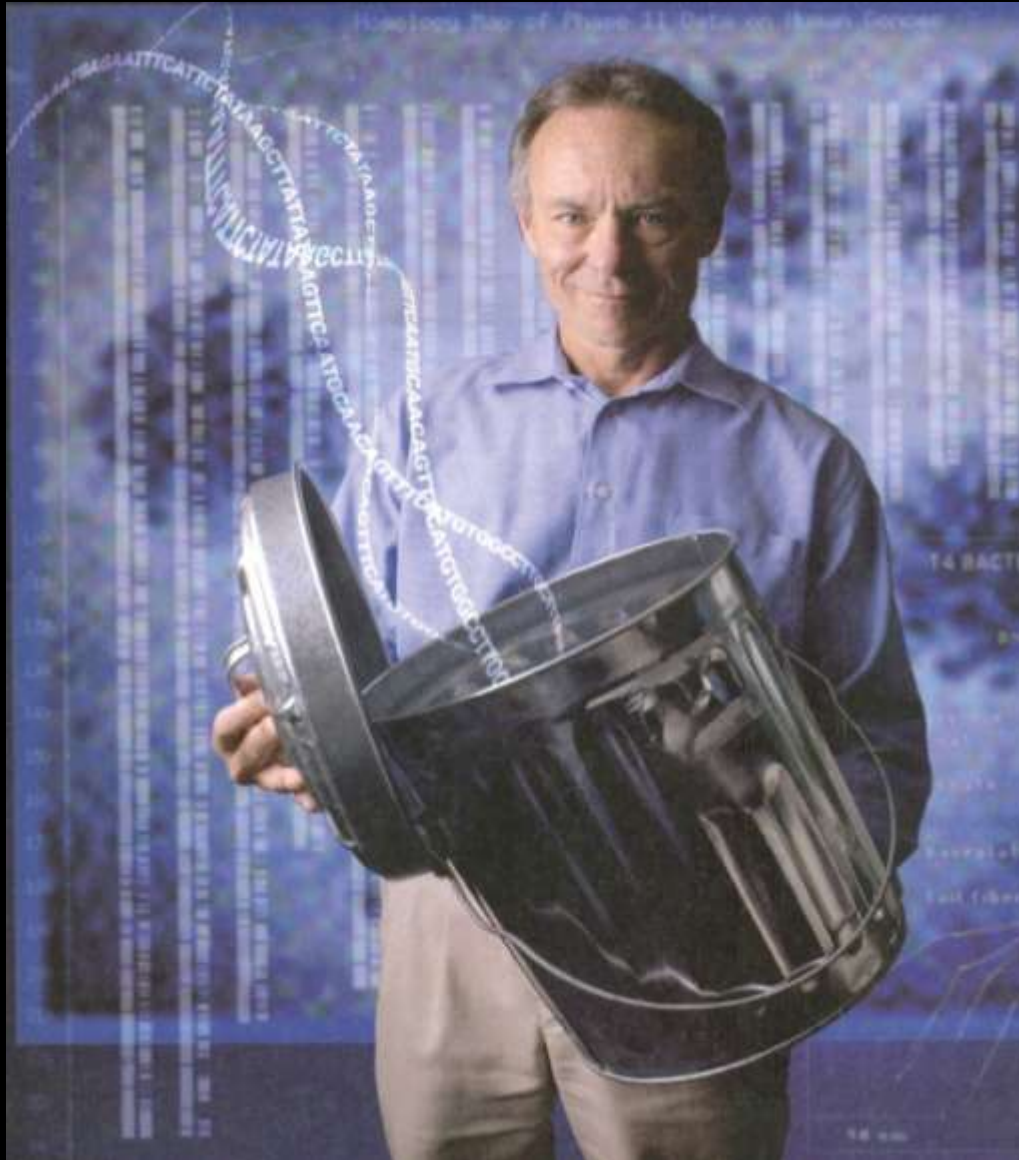


# Unrooted Parsimony Tree Profiles for Clonal Evolution in B-Cell Chronic Lymphocytic Leukemia Revealed by Ultra-Deep Genome Sequencing



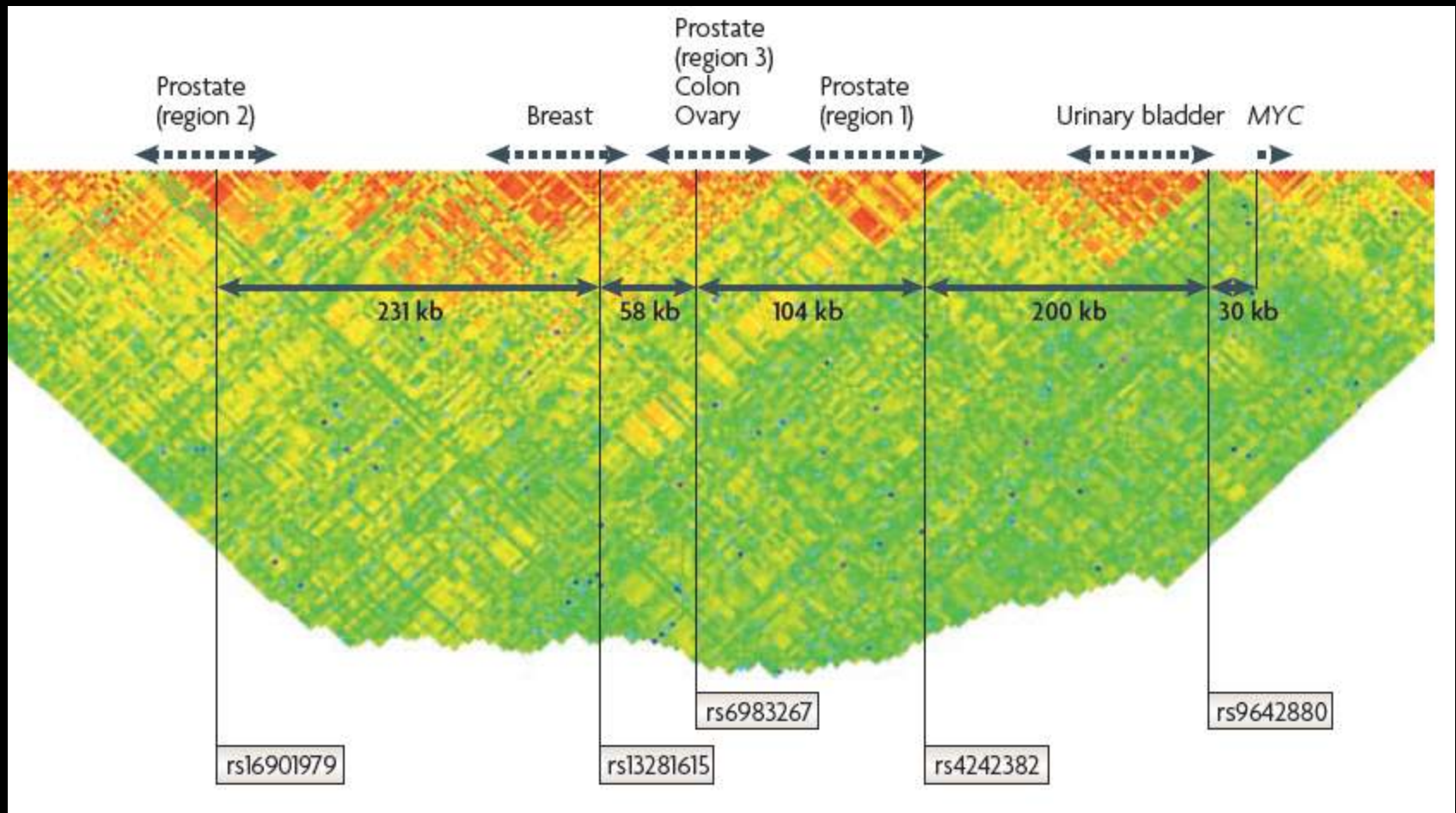
From: P. J. Campbell et al. (2008) PNAS 105, 13081  
Length of branch is proportional to number of  
varying bases (evolutionary distance)

# Mapping the Complexity of Genome Organization



- recognition of increasing levels of organizational and regulatory complexity
  - haplotypes
  - CNV
  - indels
  - RNA universe
  - ‘dark’ elements
  - epigenetics
  - epistasis
  - nuclear compartmentalization and trans-expression

# Gene Deserts: The 8q24 Region and Cancer Susceptibility



From: J. P. A. Ioannidis et al. (May 2009) Nature Rev. Genetics 10, 318

# The Sequencing Race



life  
technologies™



illumina®



454  
SEQUENCING Roche



IBM



Electronic  
Bio  
Sciences



pb PACIFIC  
BIOSCIENCES™



Complete  
genomics



BioNanomatrix



ion torrent  
△ ★ ▲ ○ × □ + ≈



imagination at work



Helicos  
BioSciences Corporation



# “Managing Mega-Data”

**volume**



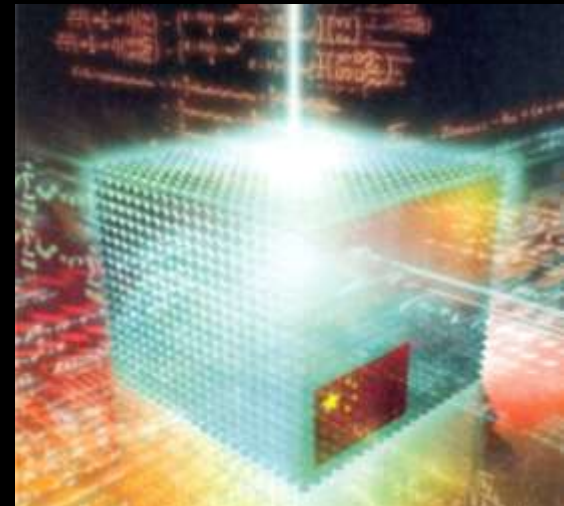
**scale**



**global networks**

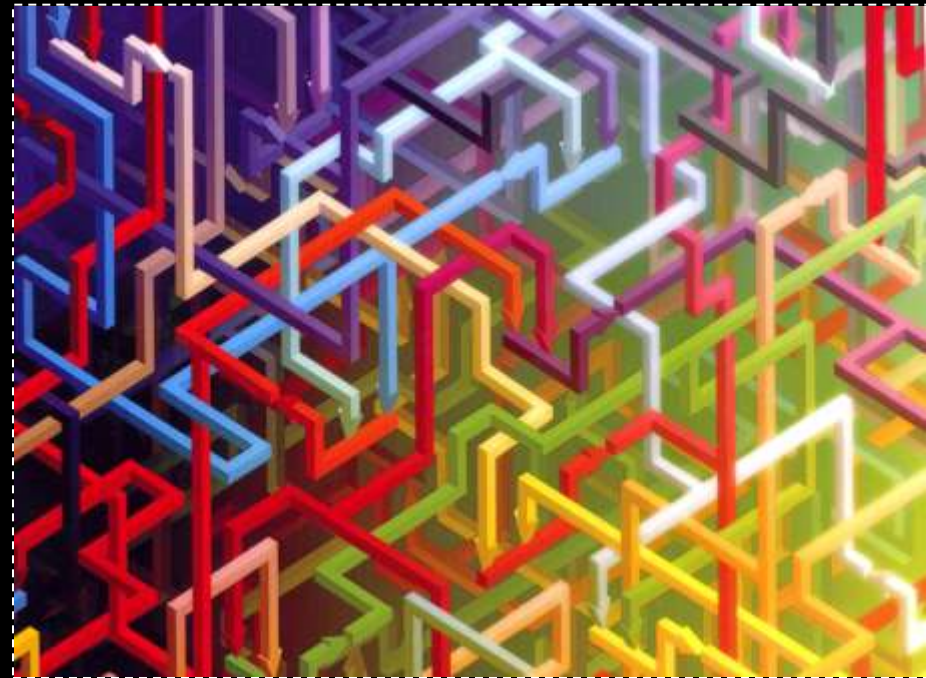
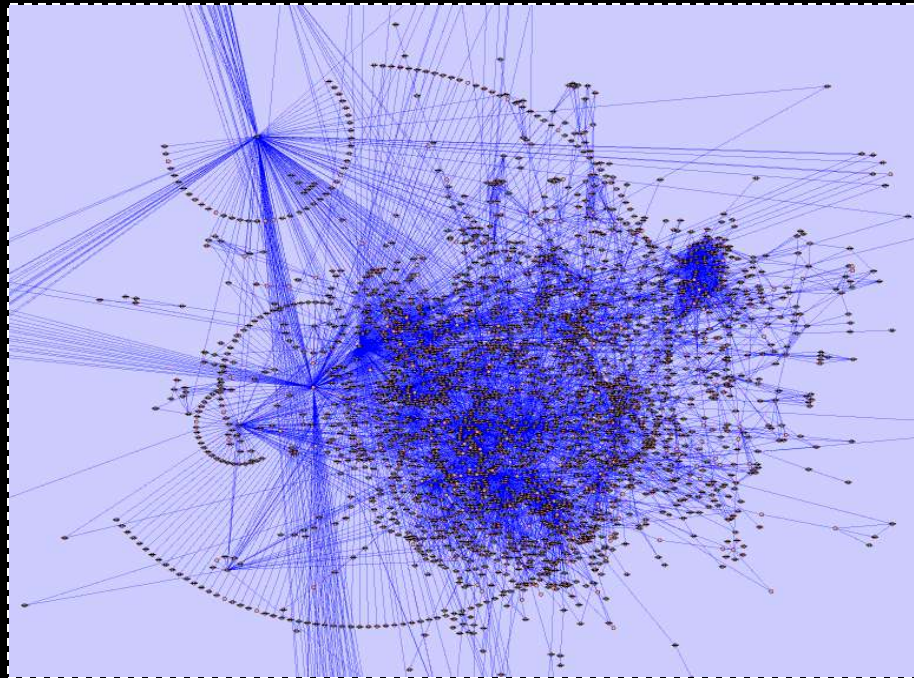


**multiscale heterogeneity**



**integration**

# Mapping the Molecular Networks of Human Diseases



- **systems-based approach to network architecture and topology**
  - components and pathways (Dx)
  - heterogeneity (disease subtypes and Rx selection)
  - connectivity, redundancy and plasticity (Rx refractory/resistant)
  - identification of ‘fragility’ patterns in tumor robustness (novel Rx discovery and Rx combinations)



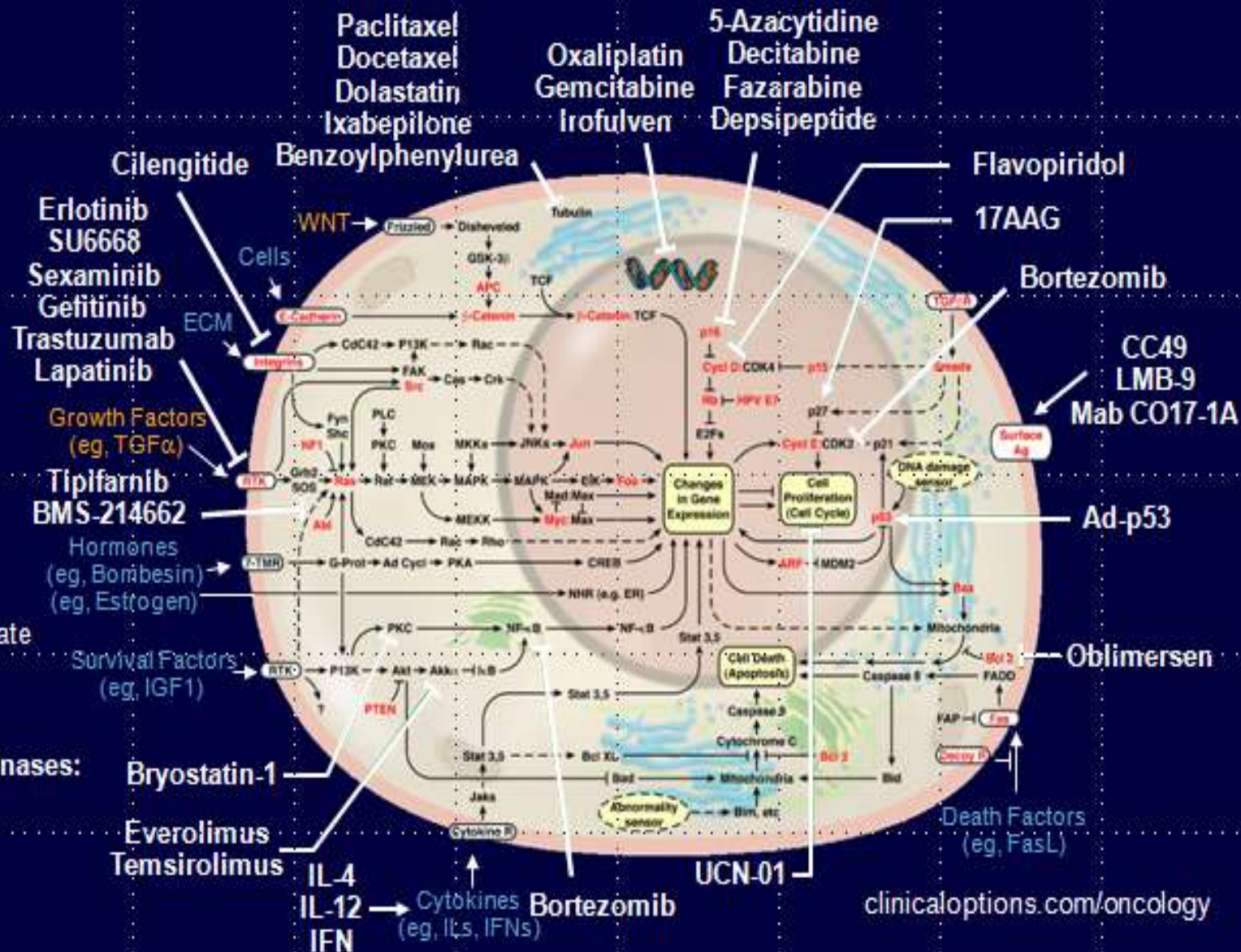
# Selected Targeted Agents With Potential as Breast Cancer Therapeutics

## Angiogenesis:

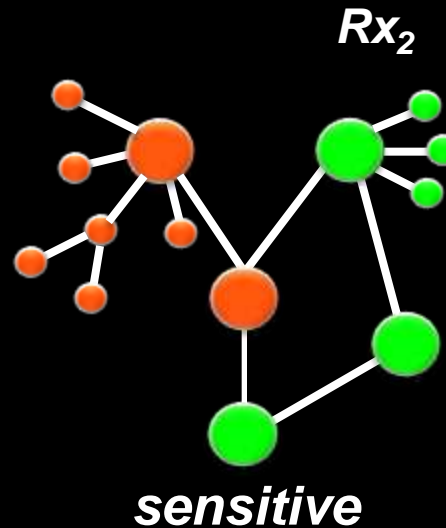
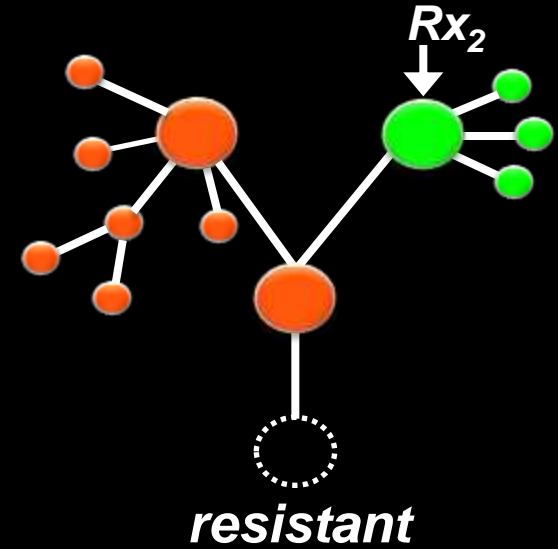
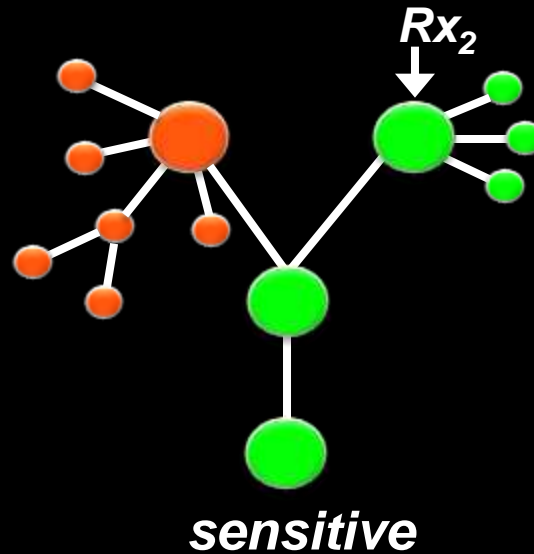
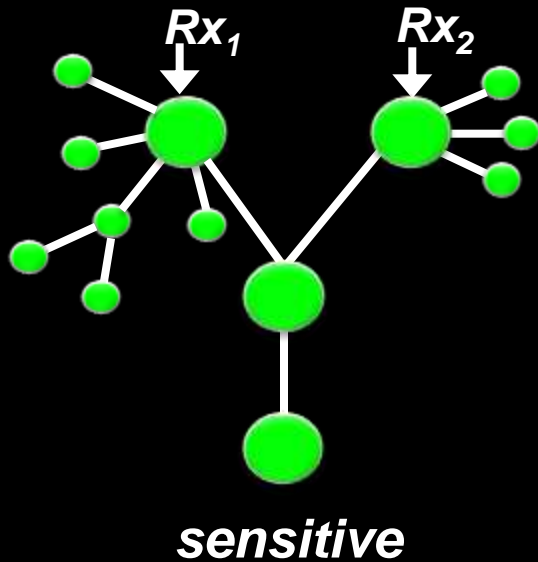
Sexaminib  
SU6668  
Bevacizumab  
HuMV833  
Cilengitide  
Vitaxin 2  
CAI  
Endostatin  
Angiostatin  
Thalidomide  
Neovastat  
2-Methoxy Estradiol  
Sorafenib  
Sunitinib  
Vandetanib  
Motesanib diphosphate

## Matrix Metalloproteinases:

Batimastat BB-94  
Marimastat BB-2516  
BMS-275291  
BAY 12-9566  
COL3

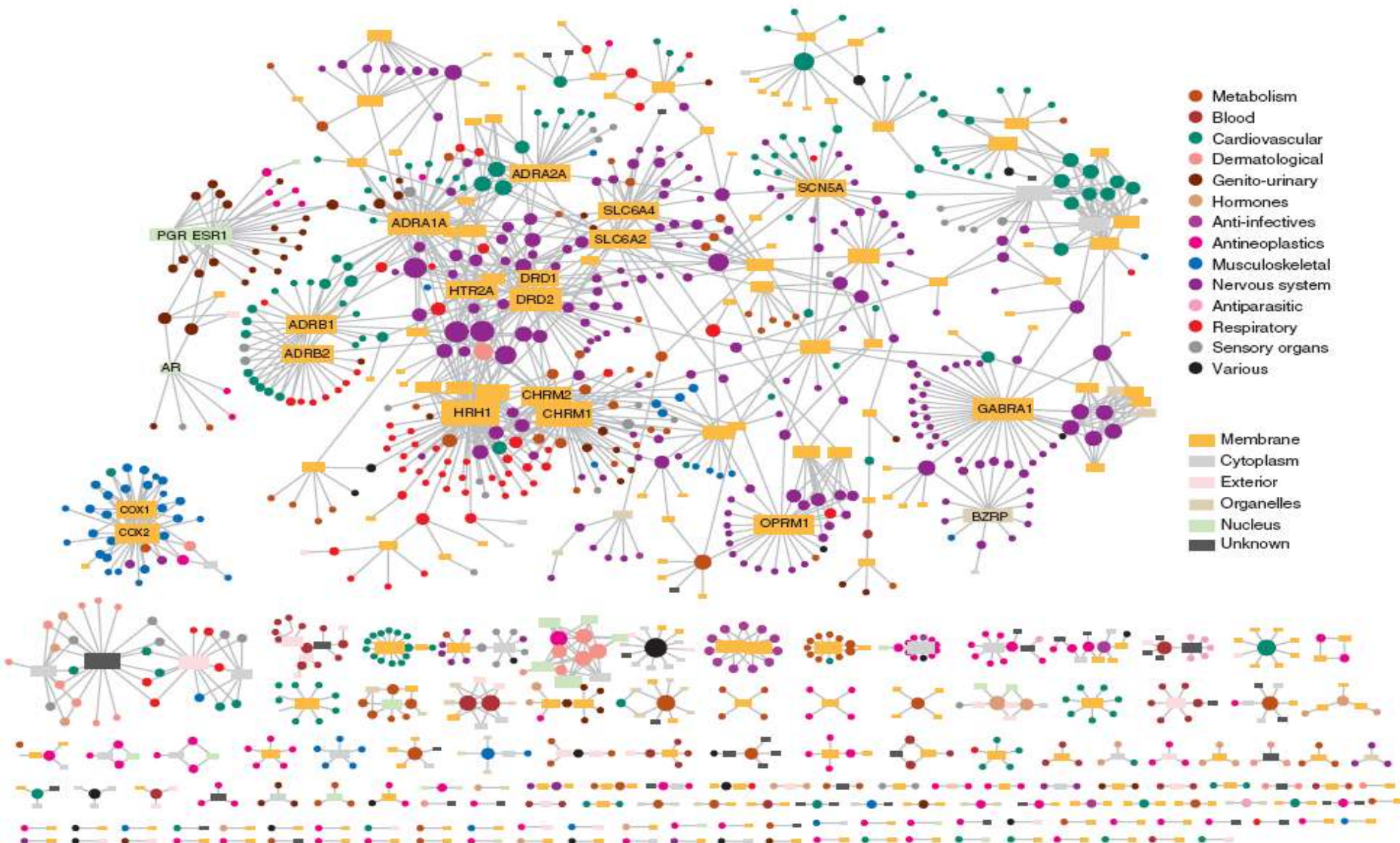


# Redundancy and Robustness in Scale-Free Networks: The Biological Foundation of Rx Resistance





# Drug-Target Networks for FDA Approved Rx:



# **(Epi)Genomic Alterations in Cancer**

- **major implications of inter-and intra-tumoral heterogeneity for design of new therapeutic approaches**
- **target pathways versus single molecular targets**
- **logic of multi-agent Rx protocols but clinical/economic feasibility highly uncertain**
- **high probability of pre-existing Rx-resistant clones at onset of therapy**
- **absence of prevalently mutated genes stratifies patient population into ever smaller cohorts**

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- **high probability of pre-existing Rx-resistant clones at onset of therapy**
- **absence of prevalently mutated genes stratifies patient population into ever smaller cohorts**
  - **some (or all?) cohorts may be too small to economically justify Rx development (expanding the ‘orphan’ disease pool?)**

# **Signaling Pathways: The Challenge of Defining Biological Relevance and as Targets for New Therapeutic Interventions**

## **Different Cell Classes Within a Tumor**

- **stem cells versus end-stage non-stem daughter cells**
- **selective blockade of progression to metastatic phenotype(s)**
- **targeting phenotypes unique to metastatic subpopulations**
- **stromal cells and epithelial-mesenchymal transition (EMT)**

## **Different Biological Pathways Within a Tumor**

- **proliferation-related pathways as target for cell destruction by Rx**
- **histiotypic homeostasis pathways for new Rx class for phenotypic reversion in dysregulated cancer cells**



# The Evolutionary Ecology of Malignant Neoplasms

- what are the principal communication networks in histiotypic homeostasis?
  - tumor-tumor clone interactions?
  - tumor clones-host cell lineages?
- what are the mechanisms by which tumor cells acquire refractoriness to these signals and exhibit progressive behavioral autonomy?
- can insight into histiotypic homeostasis control systems offer new approaches to therapy?
  - induce phenotypic reversion in tumor clones?
  - block usurpment/subversion of histiotypic control pathways by tumor clones?  
(angiogenesis, EMT)
- evolution of clones completely unresponsive to hystiopic regulation

# The Human Microbiome: A Barely Understood Influence in Health



- **complex meta-system**
  - host, microbes, viruses, other organisms, metabolites, xenobiotics
  - is there a core microbiome?
  - how do perturbations affect disease and vice-versa?
  - does the microbiome influence xenobiotic metabolism and the metabolite spectrum?
  - role in chronic diseases via carcinogen metabolism?



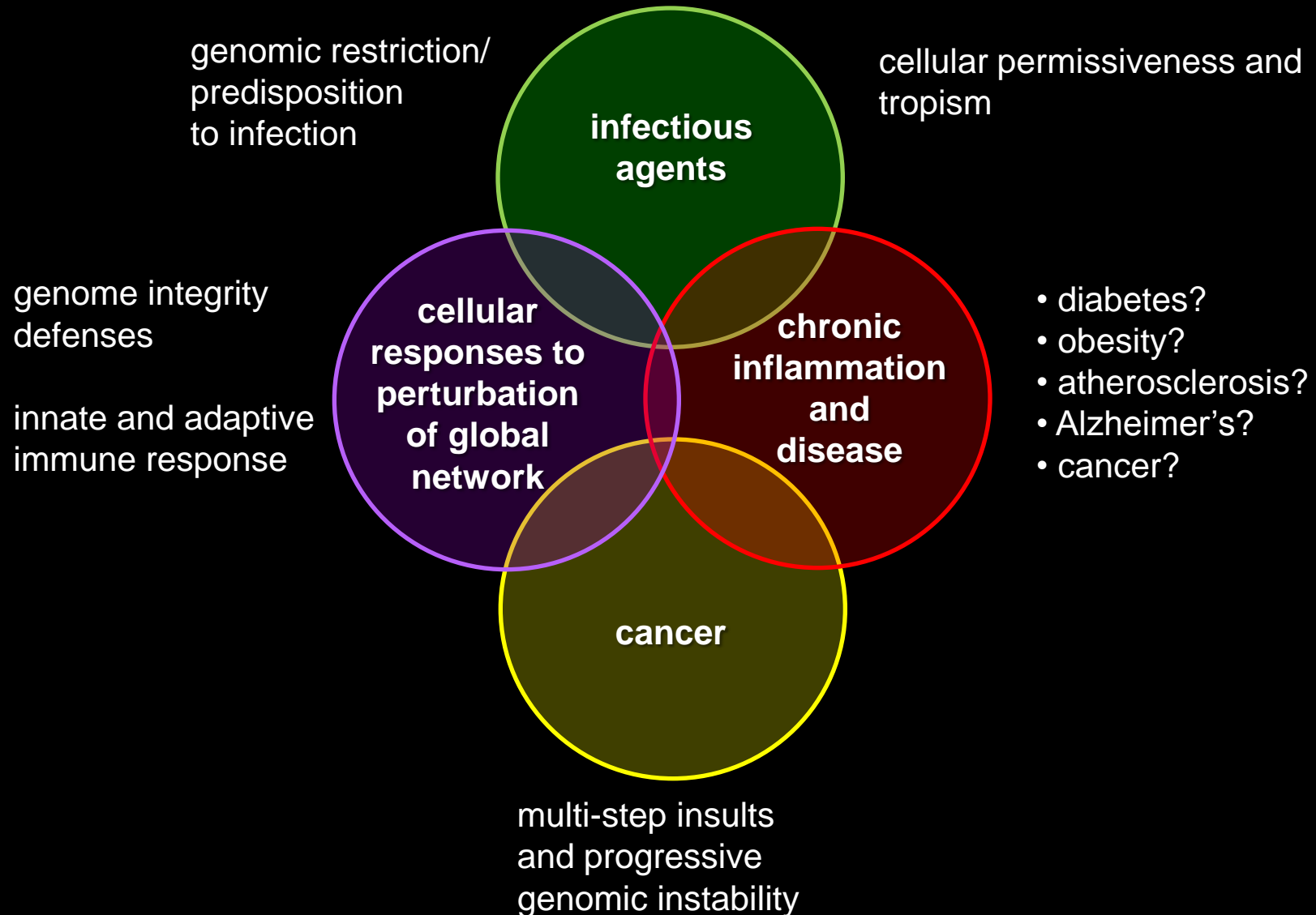
# **The Challenge of Identification of the Long-Term Adverse Consequences of Infection**

- **hunting elusive causal relationships between infections and cancer beyond the known oncogenic infectious agents**
- **problem of extended time between trigger event (single or repetitive) and clinical consequences**
- **massive noise problem due to exposure to multiple agents and non-controlled confounders**
- **challenge of ID of 'signatures' of 'hit-and-run' or 'hit-and-hide' events in specific cell lineages permissive for the suspected agent(s)**

# **The Challenge of Identification of the Long-Term Adverse Consequences of Infection**

- **what role does infection play in triggering dysregulation of innate and adaptive immune responses?**
- **sustained asymptomatic inflammation as a cellular ‘stress-insult’ that propagates progressive genomic instability and pathway/network perturbations leading to neoplastic conversion?**
- **lack of quantitative methods for profiling the ‘immunostat’**
  - **longitudinal baseline values in large cohorts**
  - **profiling of amplification/restoration/persistent activation states post-infection**

# The Complex and Poorly Understood Relationships Between, Infection, Inflammation and Chronic Diseases



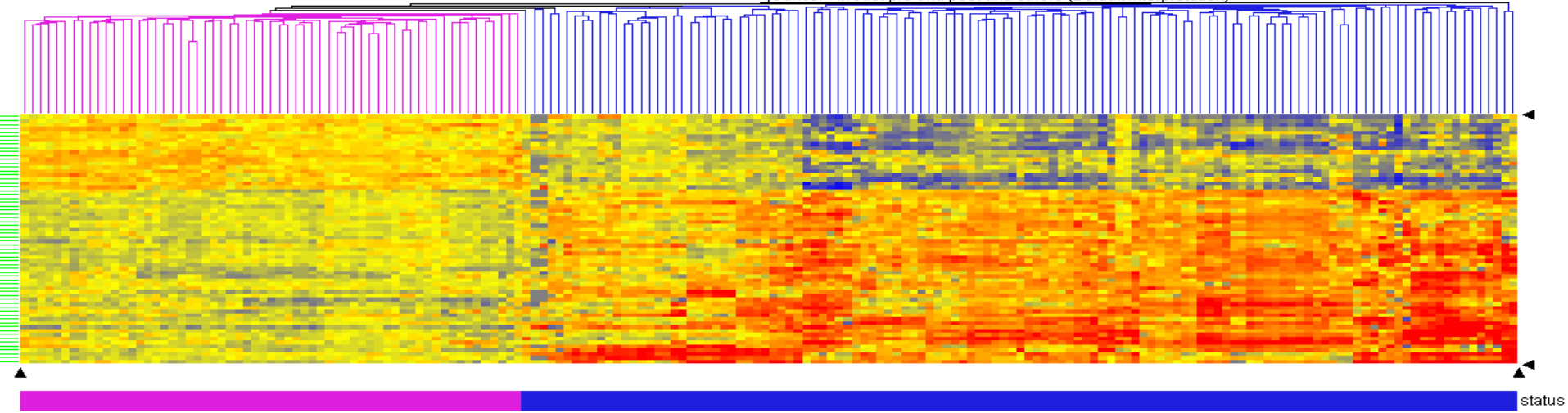


# Immunosignatures



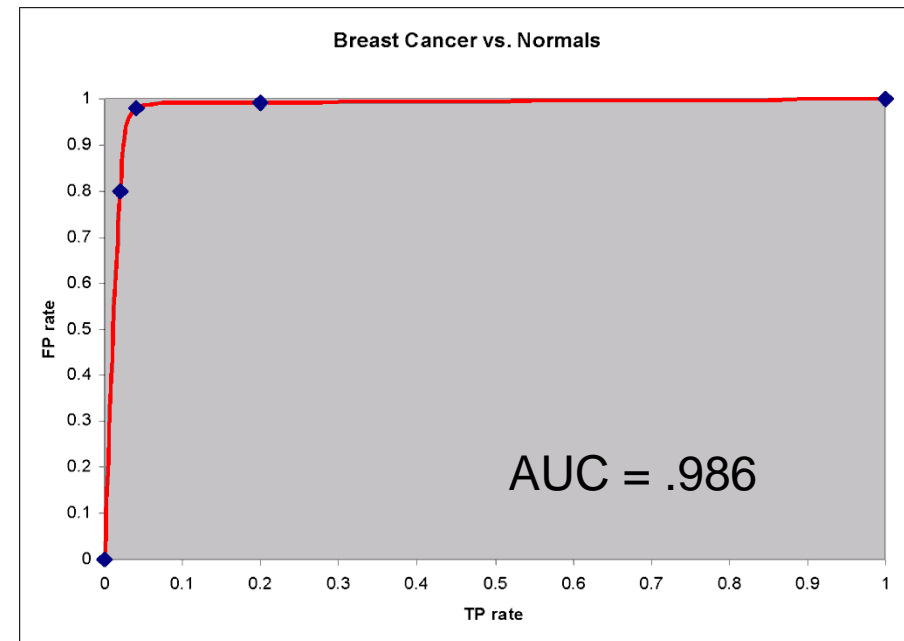
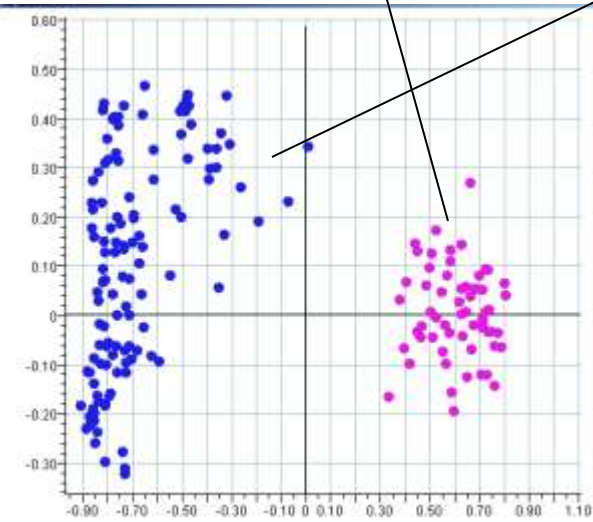
- patterns of antibody binding to large scale peptide arrays
- ability to profile banked samples
- prospective longitudinal studies
  - presymptomatic, clinical onset, progression and outcomes





CIM Breast cancer

CIM Normals



# **Reverse Mapping of Immunosignatures to Identify Eliciting Epitopes**

- **do the consistent immunosignature patterns detected in cancers in specific cell lineages ‘map’ to peptide sequences in microbial pathogens or infected cells?**
  - **linear versus assembled epitopes**
- **can host immunosignatures provide insight into the initiating trigger event(s) (and cause?)**

# Infectious Diseases and Cancer: Therapeutic Options

## Vaccines

- therapeutic vs. prophylactic
- ID of multiplex antigen/epitope repertoire
- selection for immune escape variants
- route of immunization (mucosal immunity)
- risk of tolerance/future predisposition to cancer?
- efficacy endpoints for clinical trials, time and cost
- regulatory requirements (REMS)?

# Infectious Diseases and Cancer: Therapeutic Options

## **Oncolytic Viruses**

- **targeted delivery**
- **specificity for neoplastic clones**

## **Immunomodulation to Reverse Immune Tolerance**

- **pathogen associated molecular pattern (PAMP) agents**
- **improved antigen presentation to DCs**
- **literature reports of reduced incidence of tumors following infections but rigorous analysis needed**

# **Viral-Encoded miRNAs as Oncomirs: New Therapeutic Targets?**

- **upregulation of cellular miRNA**
  - **miR-155 and EBV**
- **viral orthologs of cellular miRNAs**
  - **KSHV miRK-12-11 same seed as cellular miR-155 and targets same mRNAs for downregulation**
  - **oncogenic Marek's Disease MDV-1 encodes miR-155 ortholog but non-oncogenic MDV-2 does not**
  - **EBV miR-BART5 ortholog of cellular mirR-18a, 18b**
- **targets for miR-155**
  - **proteins with known role in B cell proliferation**
  - **TP53 inducible nuclear protein 1 and correlation with miR-155 upregulation in pancreatic cancers**

# Changing the Sociology of Life Sciences and Clinical Research

- |  |   |  |
|--|---|--|
| ● transcending silo mentalities, organization and funding  | ➔ | ● cross-disciplinary initiatives and new career incentives/rewards                               |
| ● rebalance public funding priorities to address scale and complexity of trans-disciplinary projects | ➔ | ● new funding vehicles with suitable scale   |
|  |   | ● new review systems   |
| ● set new balance between hypothesis-driven and data-driven research                                 | ➔ | ● recognize importance and intellectual merits of large scale dbase assembly, curation, analysis |
| ● poorly standardized, fragmented data   | ➔ | ● standardized ontologies, consortia, grids, open source databases for meta-analyses             |
| ● the challenge of translational research: “the valley of dearth”                                    | ➔ | ● stringent funding criteria for obligate assembly of full expertise spectrum                    |
|  |   | ● new clinical training/ medical curriculum  |
|  |   | ● private: public partnerships   |