

# Clonal Evolution of Childhood Cancers

Michael D. Taylor MD PhD FRCS(C)

Professor, Division of Neurosurgery

Senior Scientist, Program in Developmental and Stem Cell Biology

Garron Family Chair in Childhood Cancer Research

Arthur and Sonia Labatt Brain Tumor Research Center

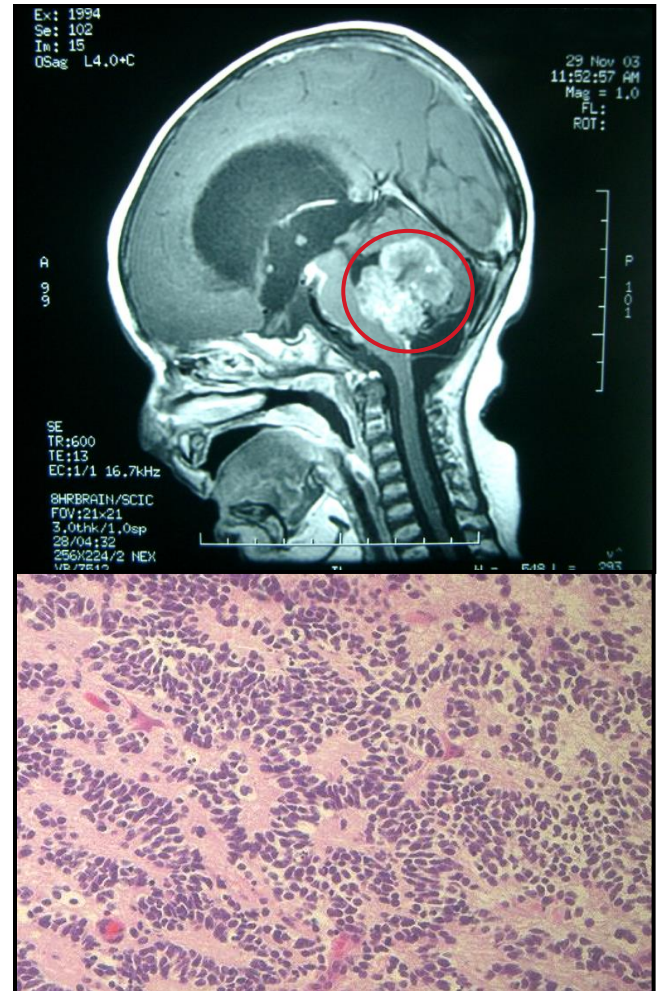
Hospital for Sick Children

Toronto, Ontario, Canada




















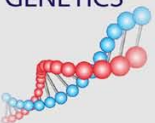
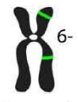
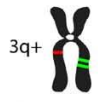
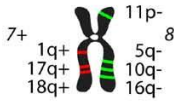
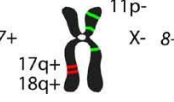
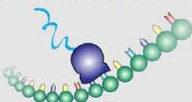
# Medulloblastoma

- As a group, most common malignant childhood brain tumor
- Current therapy is maximal safe surgery, followed by radiation and non-specific cytotoxic chemotherapy, possibly with BMT
- Patients with high risk disease get more therapy and more toxicity
- No targeted agents as part of routine clinical care anywhere in the world

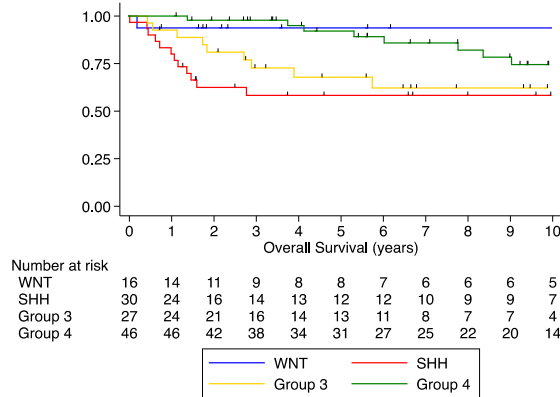


# Molecular subgroups of medulloblastoma: the current consensus

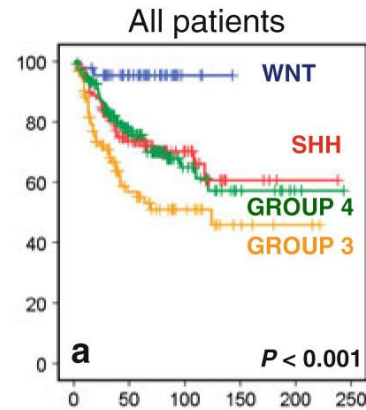
Michael D. Taylor · Paul A. Northcott · Andrey Korshunov · Marc Remke · Yoon-Jae Cho · Steven C. Clifford · Charles G. Eberhart · D. Williams Parsons · Stefan Rutkowski · Amar Gajjar · David W. Ellison · Peter Lichter · Richard J. Gilbertson · Scott L. Pomeroy · Marcel Kool · Stefan M. Pfister

Molecular Subgroups of Medulloblastoma				
CONSENSUS	WNT	SHH	Group 3	Group 4
Cho (2010)	C6	C3	C1/C5	C2/C4
Northcott (2010)	WNT	SHH	Group C	Group D
Kool (2008)	A	B	E	C/D
Thompson (2006)	B	C <sup>1</sup> , D	E, A	A, C
<b>DEMOGRAPHICS</b>				
Age Group:   	  	   	  	   
Gender: ♀ ♂	♂ ♂ : ♀ ♀	♂ ♂ : ♀ ♀	♂ ♂ : ♀	♂ ♂ : ♀
<b>CLINICAL FEATURES</b>				
Histology	classic, rarely LCA	desmoplastic/nodular, classic, LCA	classic, LCA	classic, LCA
Metastasis	rarely M+	uncommonly M+	very frequently M+	frequently M+
Prognosis	very good	infants good, others intermediate	poor	intermediate
<b>GENETICS</b>				
	 CTNNB1 mutation	 PTCH1/SMO/SUFU mutation GLI2 amplification MYCN amplification	 i17q MYC amplification	 i17q CDK6 amplification MYCN amplification
<b>GENE EXPRESSION</b>				
	WNT signaling MYC +	SHH signaling MYCN +	Photoreceptor/GABAergic MYC +++	Neuronal/Glutamatergic minimal MYC / MYCN

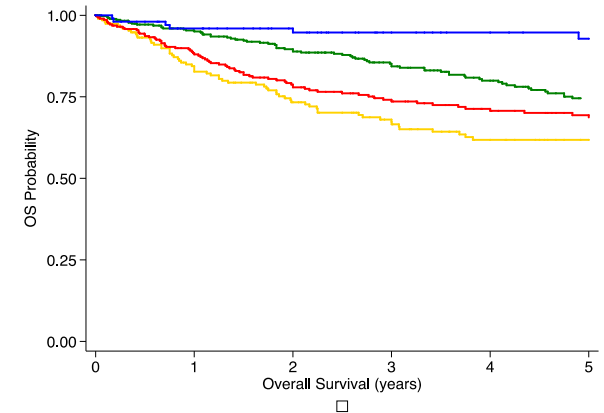
# Subgroup is prognostic everywhere



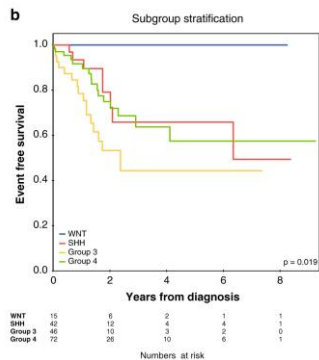
Sick Kids, Toronto



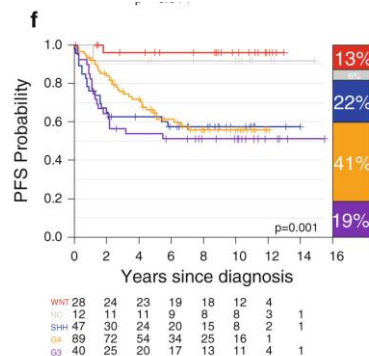
Kool, Meta-analysis



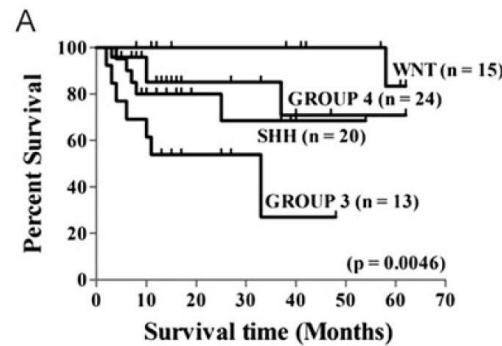
MAGIC cohort



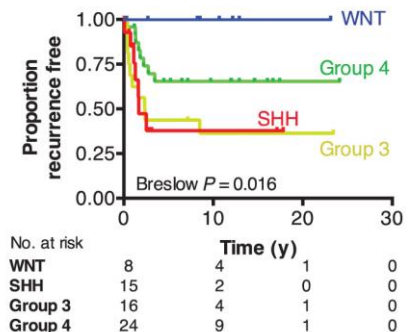
HIT 2000,  
Germany



United Kingdom

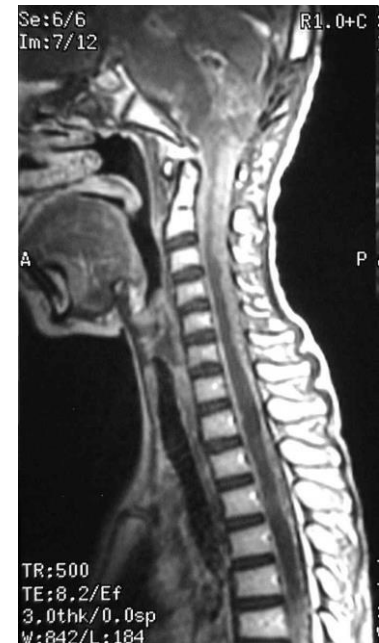
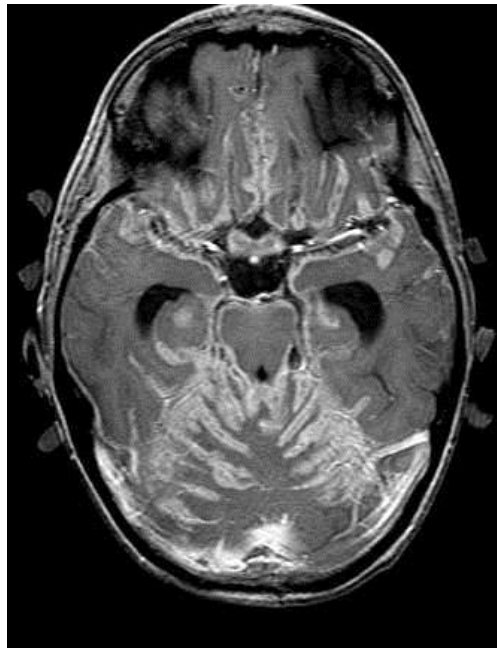


India



Vancouver,  
British Columbia

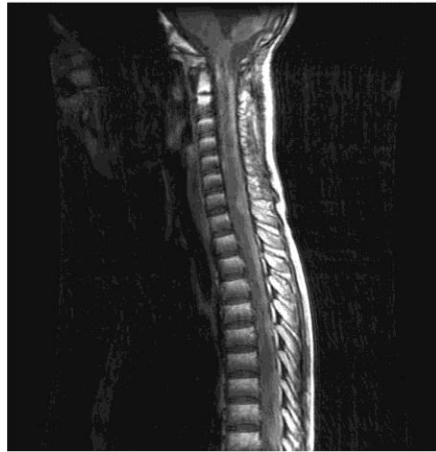
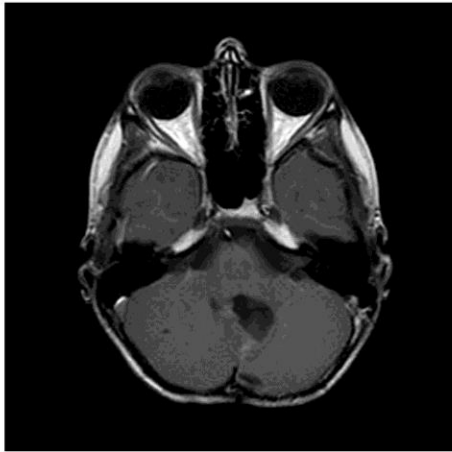
## Clonal selection drives genetic divergence of metastatic medulloblastoma



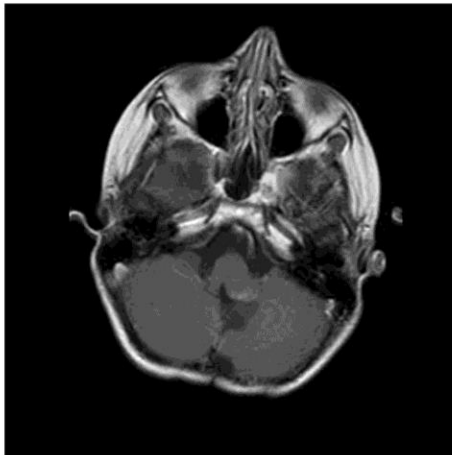
- Metastases present in 30% of patients at presentation
- Very poor prognostic marker
- Largest cause of morbidity in children with medulloblastoma (craniospinal rads)
- Present in most children at time of relapse
- Major cause of death



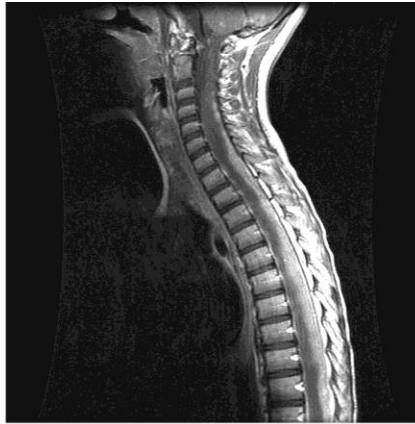
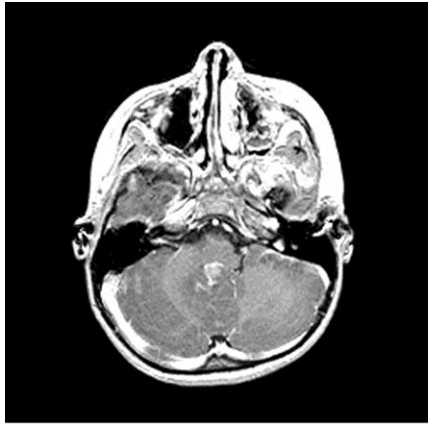
# Metastases Respond, Primary Does Not



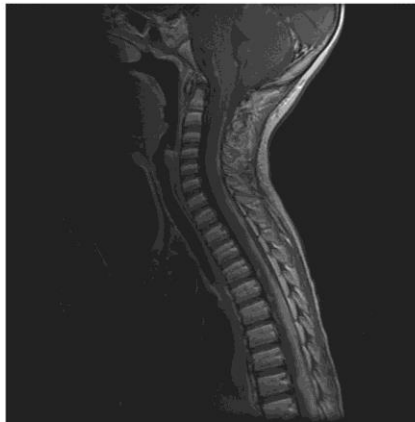
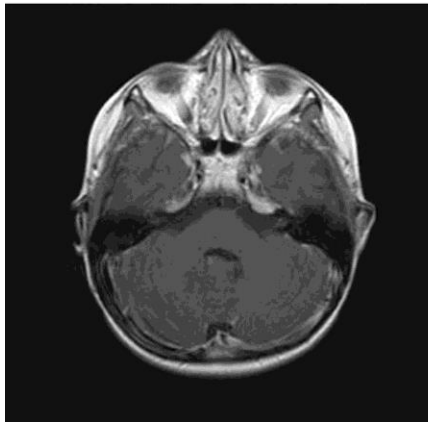
Chemotherapy



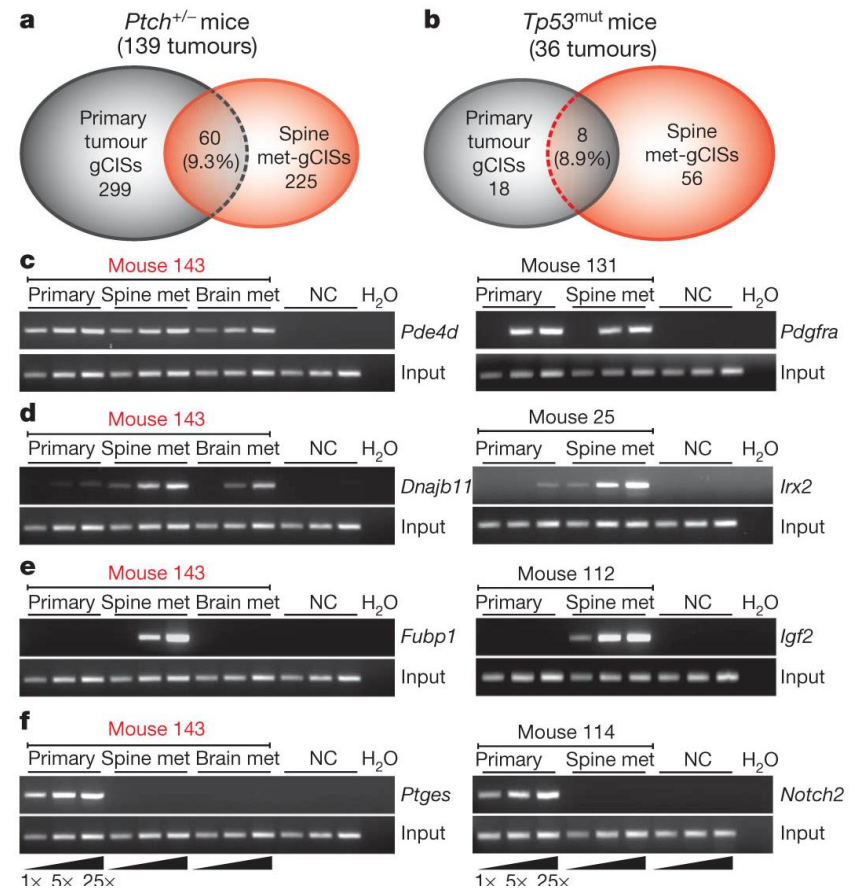
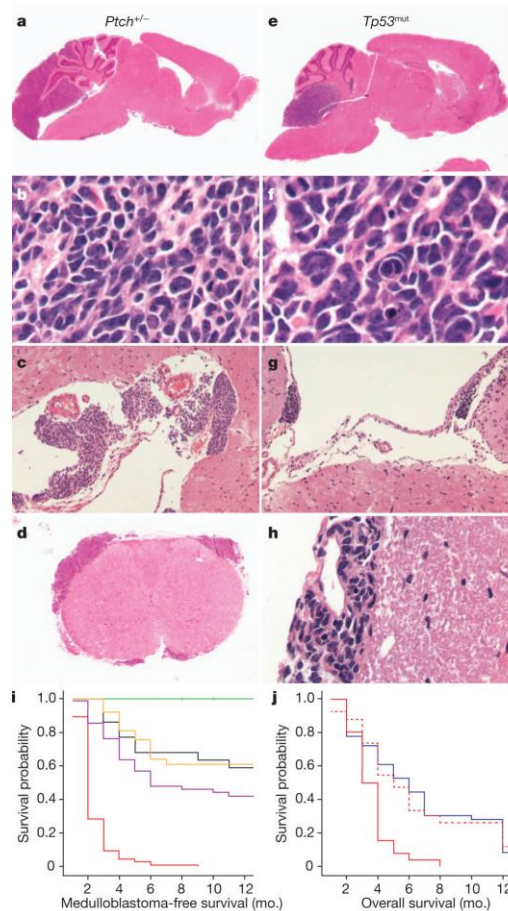
# Primary Responds, Metastases Do Not



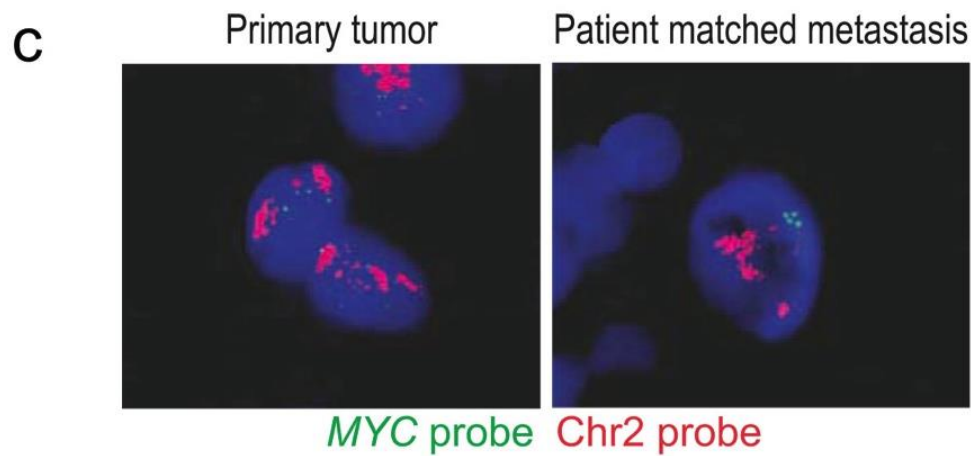
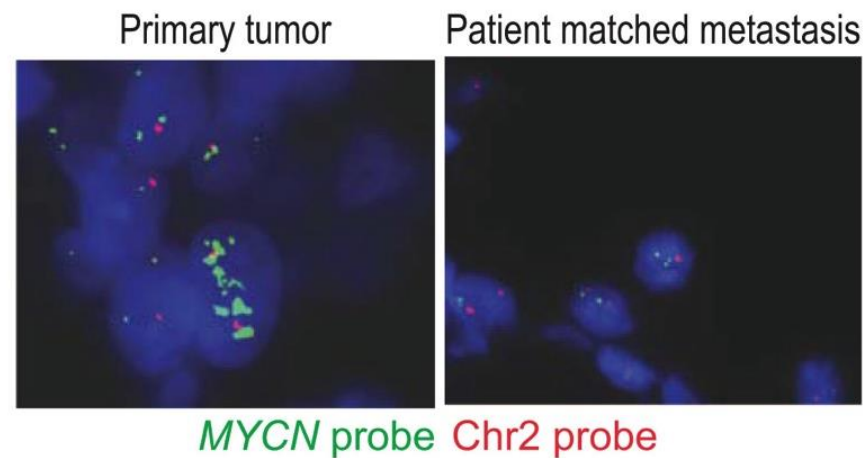
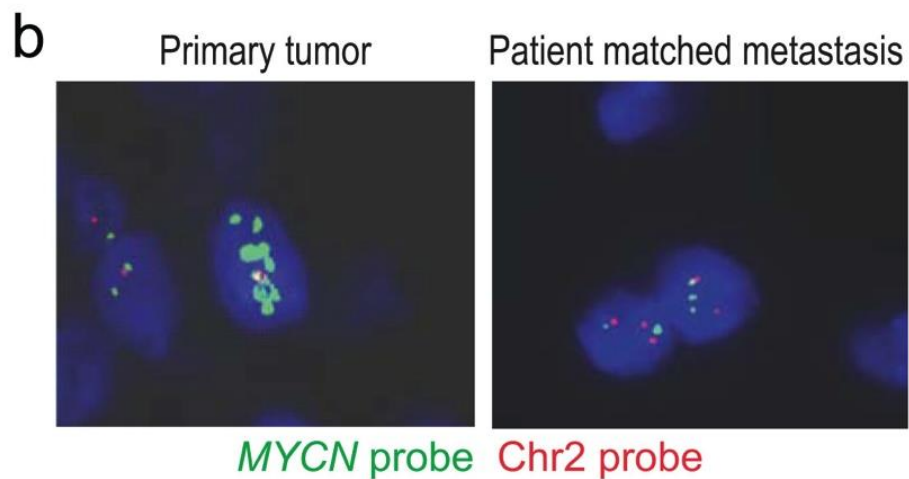
Chemotherapy



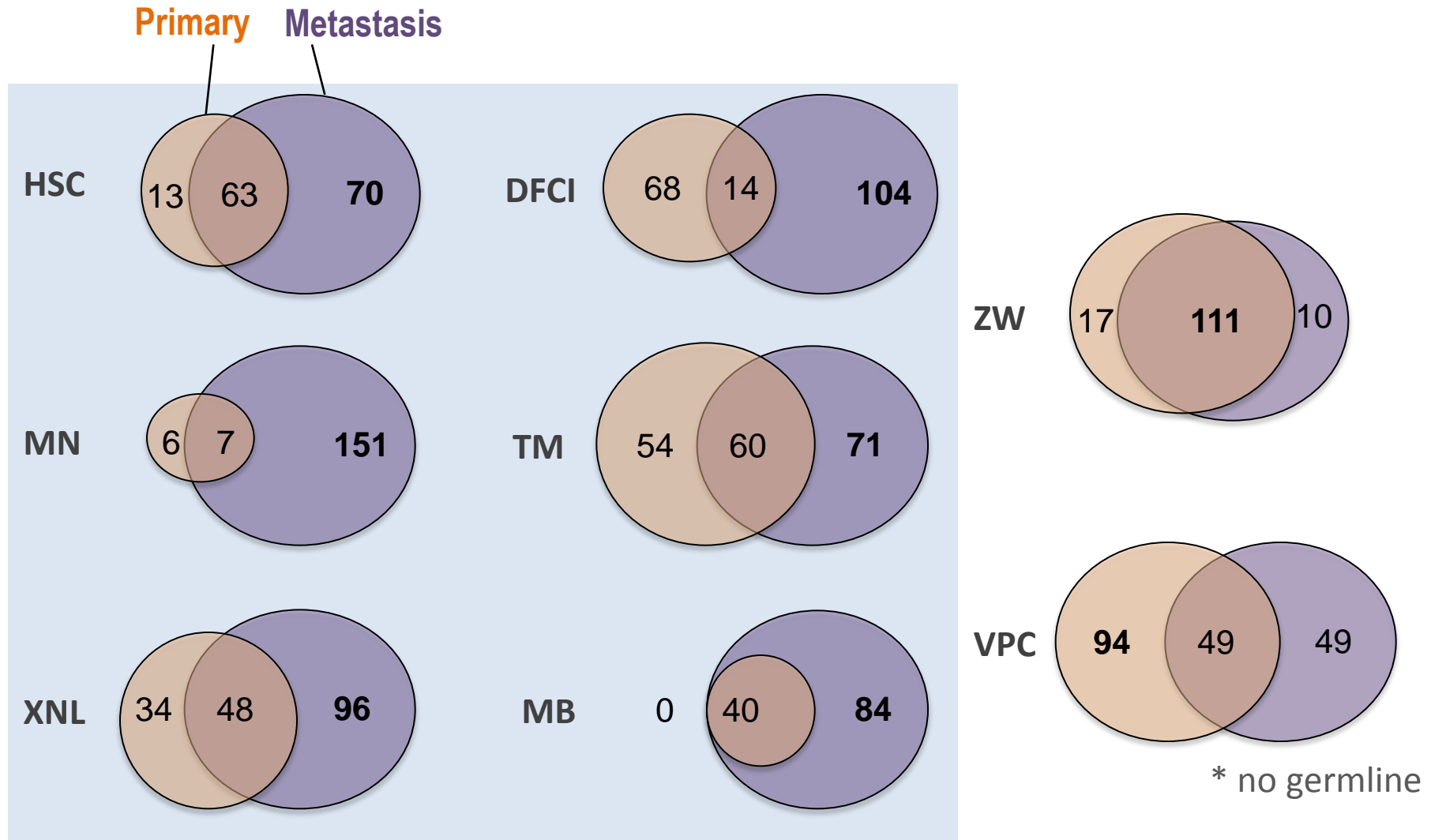
# Leptomeningeal Metastases Arise Through Clonal Selection in a Transposon Driven Mouse Model of Medulloblastoma





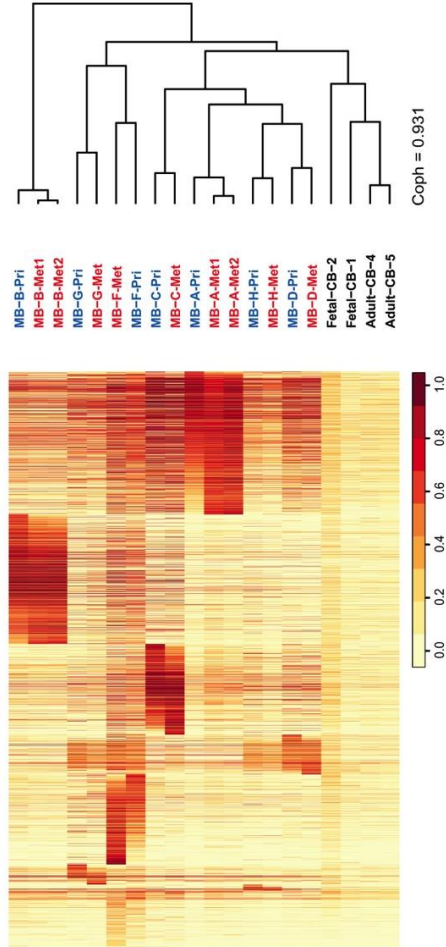


# SNVs are typically Metastasis-specific

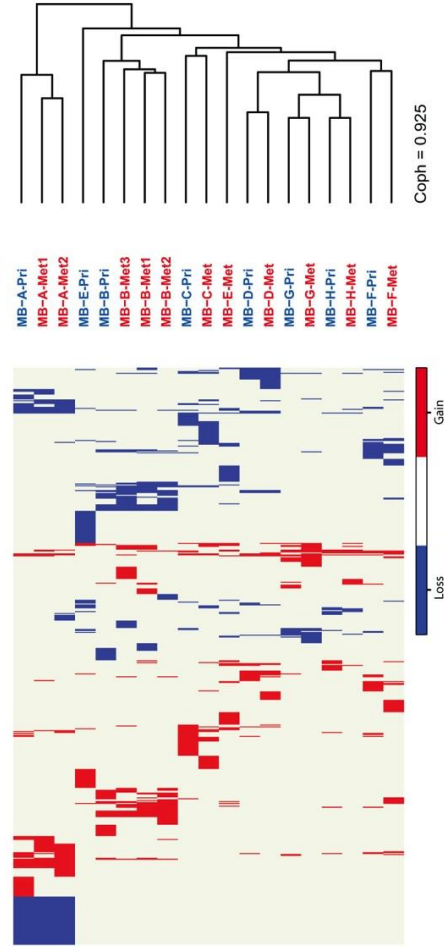


# Every child with medulloblastoma really has two diseases – the primary compartment and the metastatic compartment

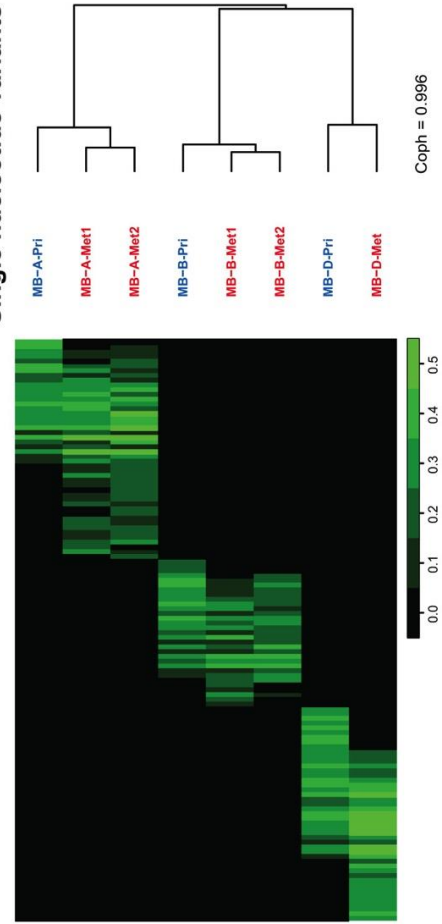
Promoter CpG hypermethylation



Copy number aberrations



Single nucleotide variants



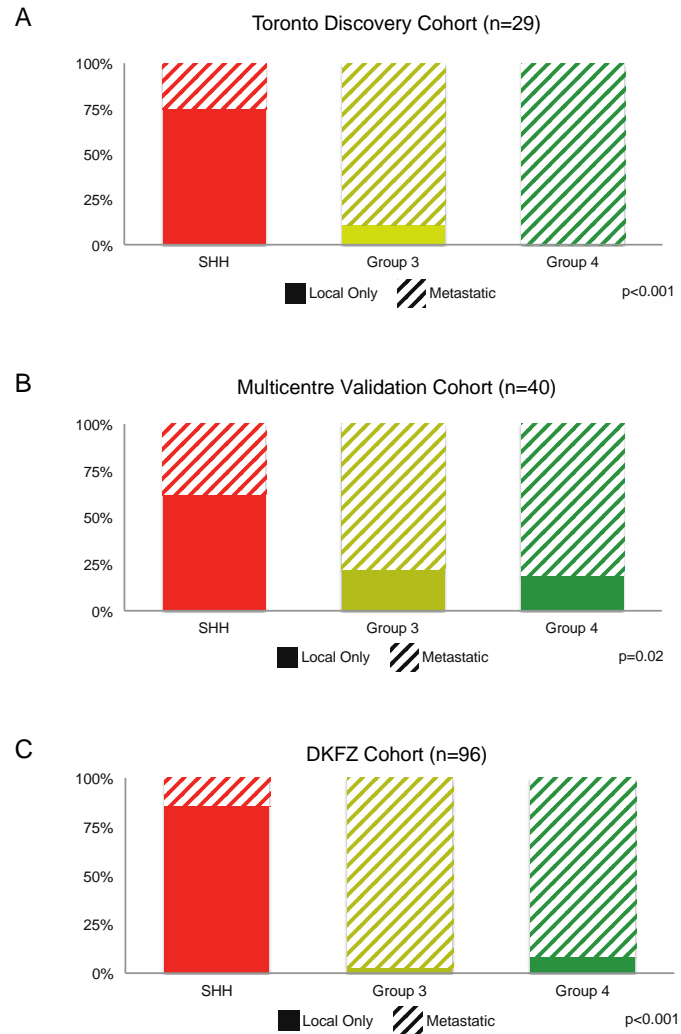
# Conclusions: Metastases

- Metastases are very genetically divergent from their matched primary tumor
- Metastases likely arise through clonal selection of a pre-existing minor clone of the primary tumor
- Targeted therapies developed against primary medulloblastoma are unlikely to be effective against metastases as their genetic repertoire is so very different.





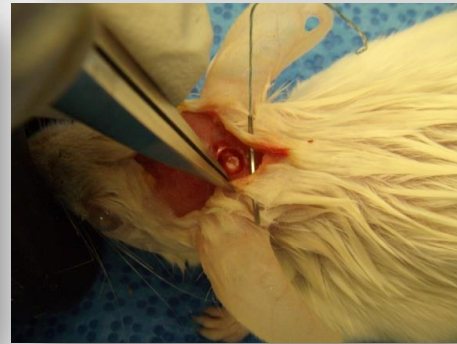
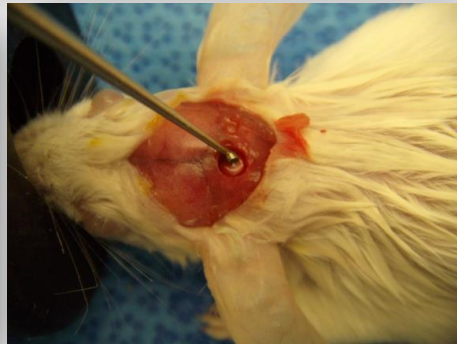
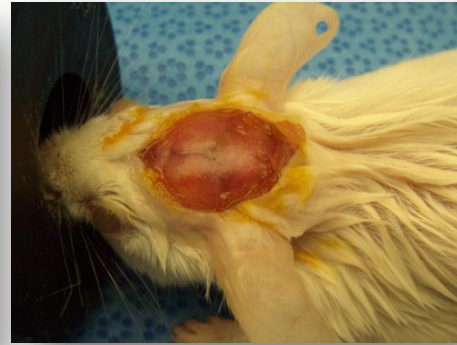
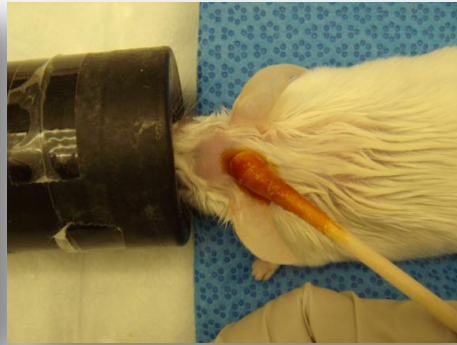
# Pattern of Recurrence is Subgroup Specific



# A very big assumption.....

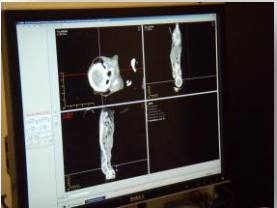
- The vast majority of molecular biology research on medulloblastoma is based on studies of primary, untreated tumors
- Molecular targets discovered in the untreated primary are **assumed** to still be present in the highly treated recurrence.
- IF the target is no longer present, therapy will undoubtedly fail.

# A survival surgery procedure to cure MB affected mice.

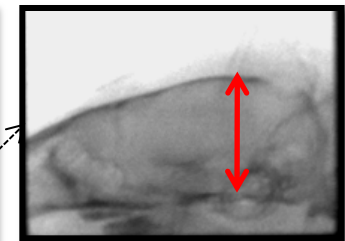
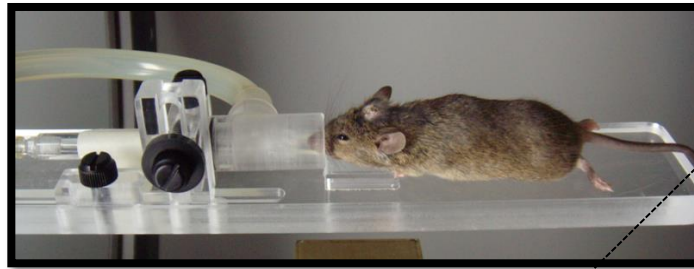


# Post surgical CT guided craniospinal irradiation of tumor bearing mice.

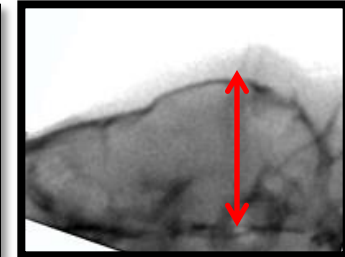
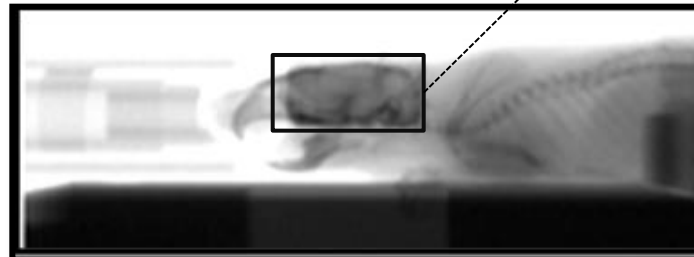
**CT guided irradiator**



**Brain irradiation setup**



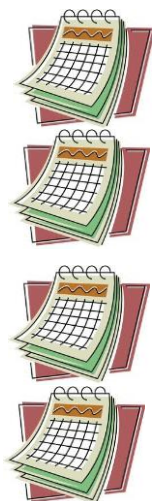
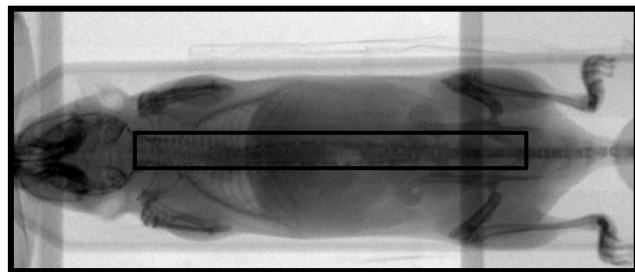
**Brain collimator field**



## Spinal cord irradiation setup



Spinal cord collimator field



Mon	Tue	Wed	Thur	Friday
2Gy		2Gy		2Gy

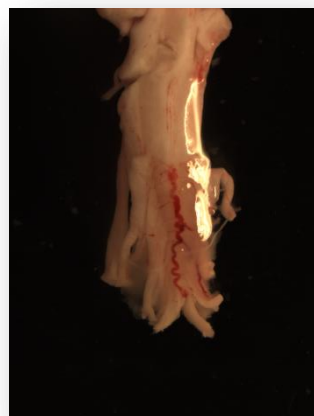
Mon	Tue	Wed	Thur	Friday
2Gy	2Gy	2Gy	2Gy	2Gy

Mon	Tue	Wed	Thur	Friday
2Gy	2Gy	2Gy	2Gy	2Gy

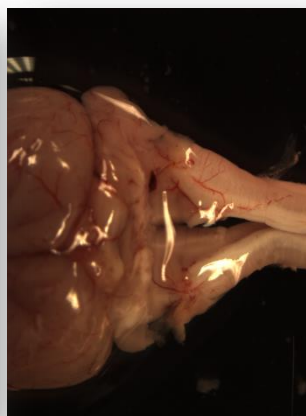
Mon	Tue	Wed	Thur	Friday
2Gy	2Gy	2Gy	2Gy	2Gy



Local recurrence



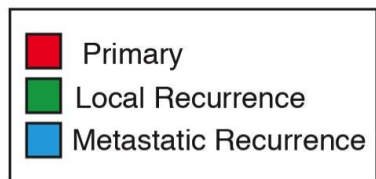
Recurrence in the spine



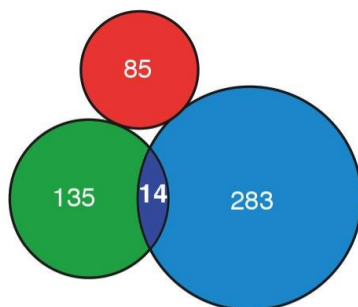
Cured mouse



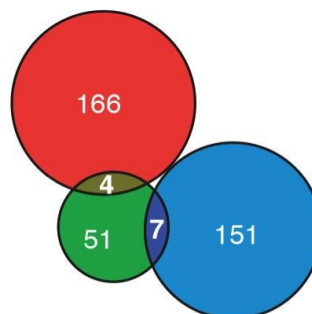
**A**



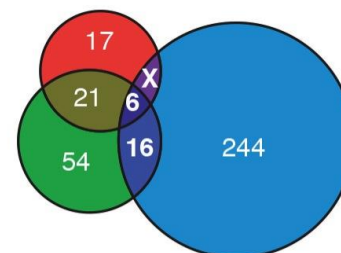
**Mouse 04-15-11**



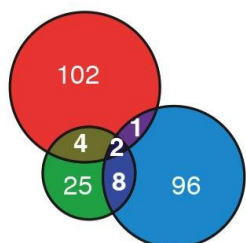
**Mouse 02-23-11W**



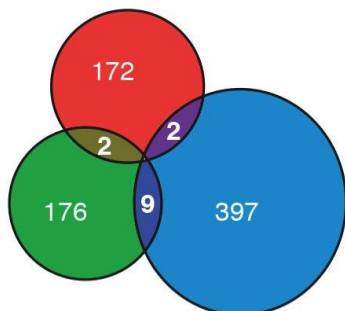
**Mouse 09-26-11**



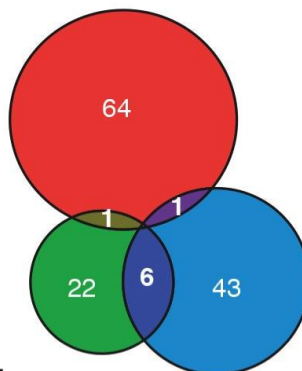
**Mouse 03-04-11**



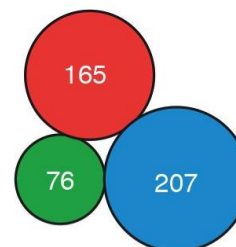
**Mouse 11-07-11**



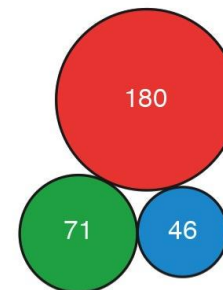
**Mouse 06-28-11**



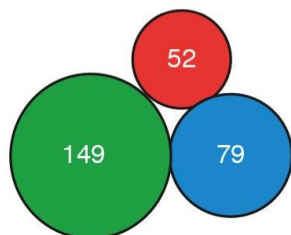
**Mouse 02-23-112\_4**



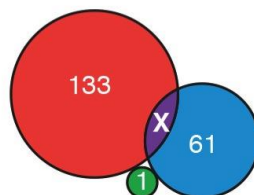
**Mouse 09-16-10**



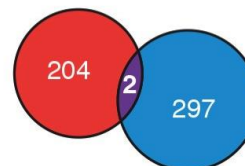
**Mouse 06-09-11**



**Mouse 06-29-11**



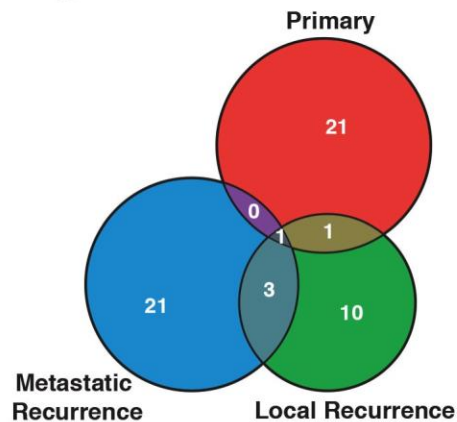
**Mouse 02-21-12**



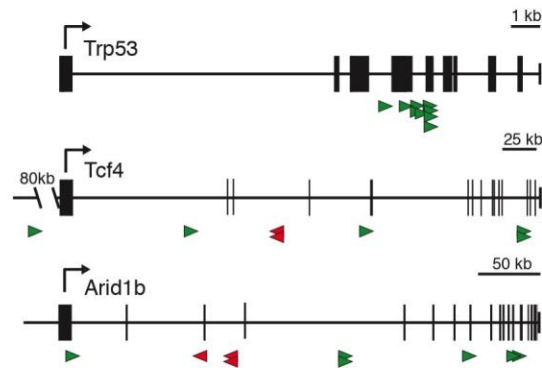
**A**

Primary Tumors (N=11)			Metastatic Recurrence (N=11)			Local Recurrence (N=10)		
Gene	q-value	Mice #	Gene	q-value	Mice #	Gene	q-value	Mice #
<i>Atxn711</i>	6.24E-14	2	<i>1700069L16Rik</i>	5.81E-29	2	<i>Arid1b</i>	1.47E-07	2
<i>Baz1a</i>	3.38E-11	2	<i>Adams20</i>	4.21E-05	2	<i>Cbfa2t2</i>	4.77E-21	2
<i>Bdp1</i>	2.08E-11	2	<i>Arid1b</i>	1.20E-05	3	<i>Crebbp</i>	6.23E-17	2
<i>C80913</i>	7.85E-17	2	<i>Atp2b2</i>	1.10E-08	3	<i>Dgkg</i>	8.18E-15	2
<i>Col4a3bp</i>	3.87E-09	2	<i>Chchd3</i>	6.61E-06	3	<i>Eras</i>	>2E-308	2
<i>Crebbp</i>	9.57E-20	3	<i>Chst10</i>	8.49E-23	2	<i>Foxr2</i>	2.15E-72	2
<i>Efcab6</i>	2.39E-08	2	<i>Crebbp</i>	4.94E-13	3	<i>Jazf1</i>	5.18E-08	2
<i>F730043M19Rik</i>	1.36E-32	2	<i>Cul2</i>	1.22E-11	2	<i>Lnpep</i>	1.85E-18	2
<i>Fgfr3</i>	5.44E-72	2	<i>Dkk3</i>	2.23E-21	2	<i>Ptch1</i>	9.41E-49	2
<i>Gramd1b</i>	3.75E-09	2	<i>Exoc6</i>	3.10E-05	2	<i>Pten</i>	1.61E-26	2
<i>Mrpl3</i>	1.92E-35	2	<i>Frbp1</i>	9.83E-09	2	<i>Strn3</i>	7.24E-21	2
<i>Nup98</i>	6.26E-12	2	<i>Gak</i>	6.67E-12	2	<i>Tcf4</i>	1.17E-15	3
<i>Pcx</i>	2.69E-12	2	<i>Gpatch1</i>	1.42E-18	2	<i>Trim33</i>	6.44E-22	2
<i>Pde8b</i>	1.58E-05	2	<i>Megf10</i>	8.06E-11	3	<i>Trp53</i>	>2E-308	3
<i>Prmt7</i>	4.85E-27	2	<i>Mllt1</i>	2.85E-21	2	<i>Xpo1</i>	4.71E-43	2
<i>Setbp1</i>	1.27E-07	3	<i>Myod1</i>	9.81E-81	2			
<i>Sntg2</i>	1.23E-05	2	<i>Rftn1</i>	7.00E-05	2			
<i>Snx27</i>	1.29E-12	2	<i>Slc16a7</i>	1.76E-06	2			
<i>Sprr2h</i>	2.09E-69	2	<i>Sympk</i>	1.46E-29	2			
<i>Strn3</i>	1.41E-10	2	<i>Tcf4</i>	8.14E-05	3			
<i>Tead1</i>	2.01E-14	3	<i>Tmem154</i>	1.53E-21	2			
<i>Zfp423</i>	1.13E-05	2	<i>Trp53</i>	>2E-308	4			
<i>Zfp644</i>	3.10E-12	2	<i>Usp33</i>	1.98E-14	2			
			<i>Vac14</i>	2.73E-10	2			
			<i>Wwp2</i>	5.51E-08	2			

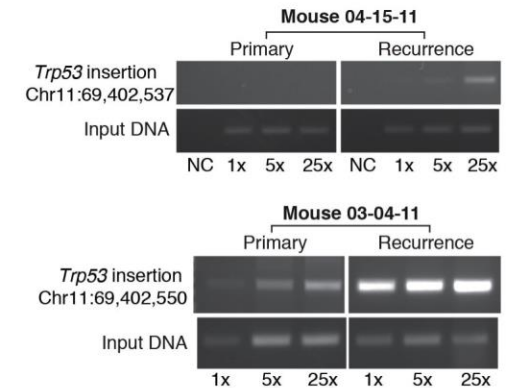
**B**



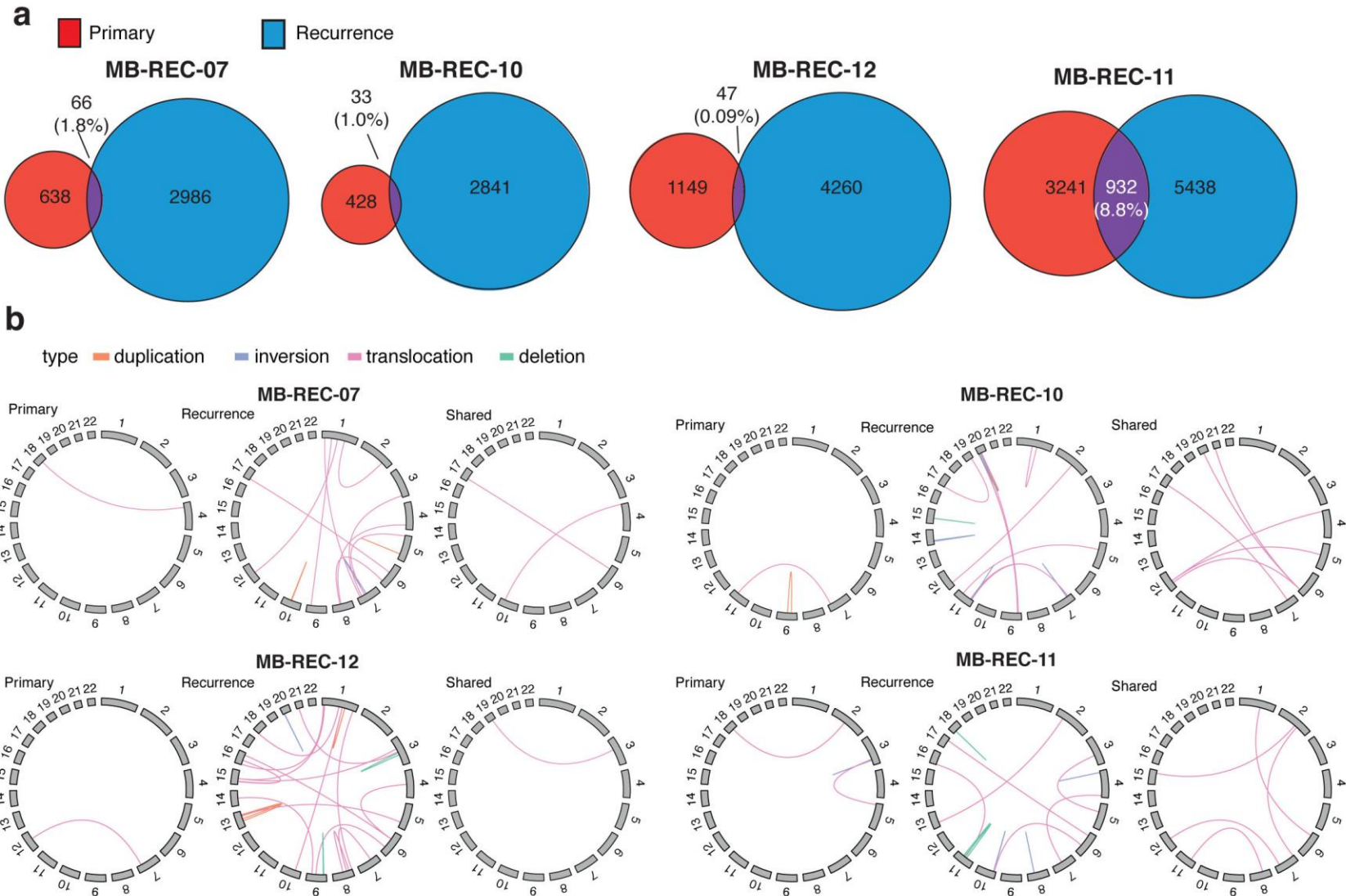
**C**



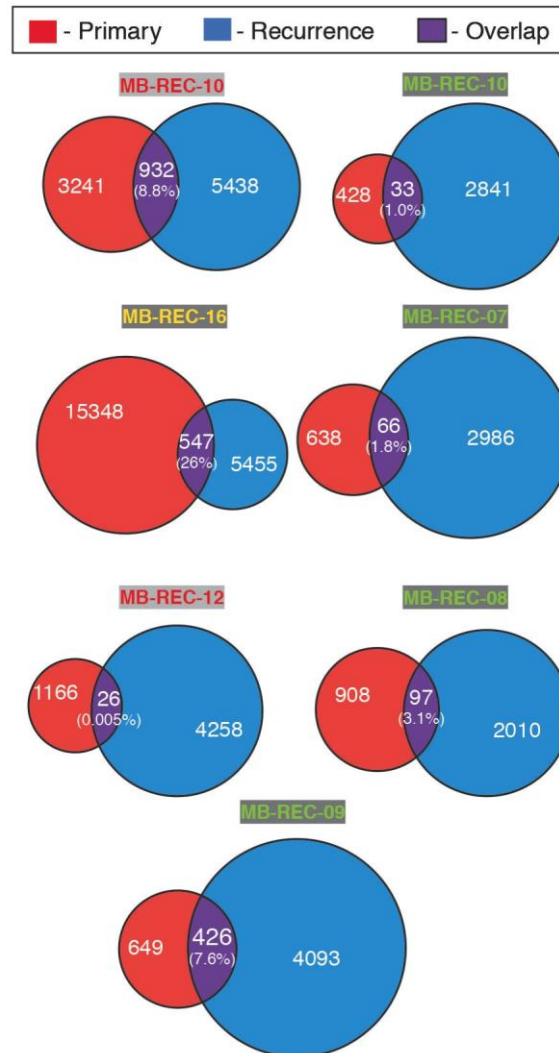
**D**



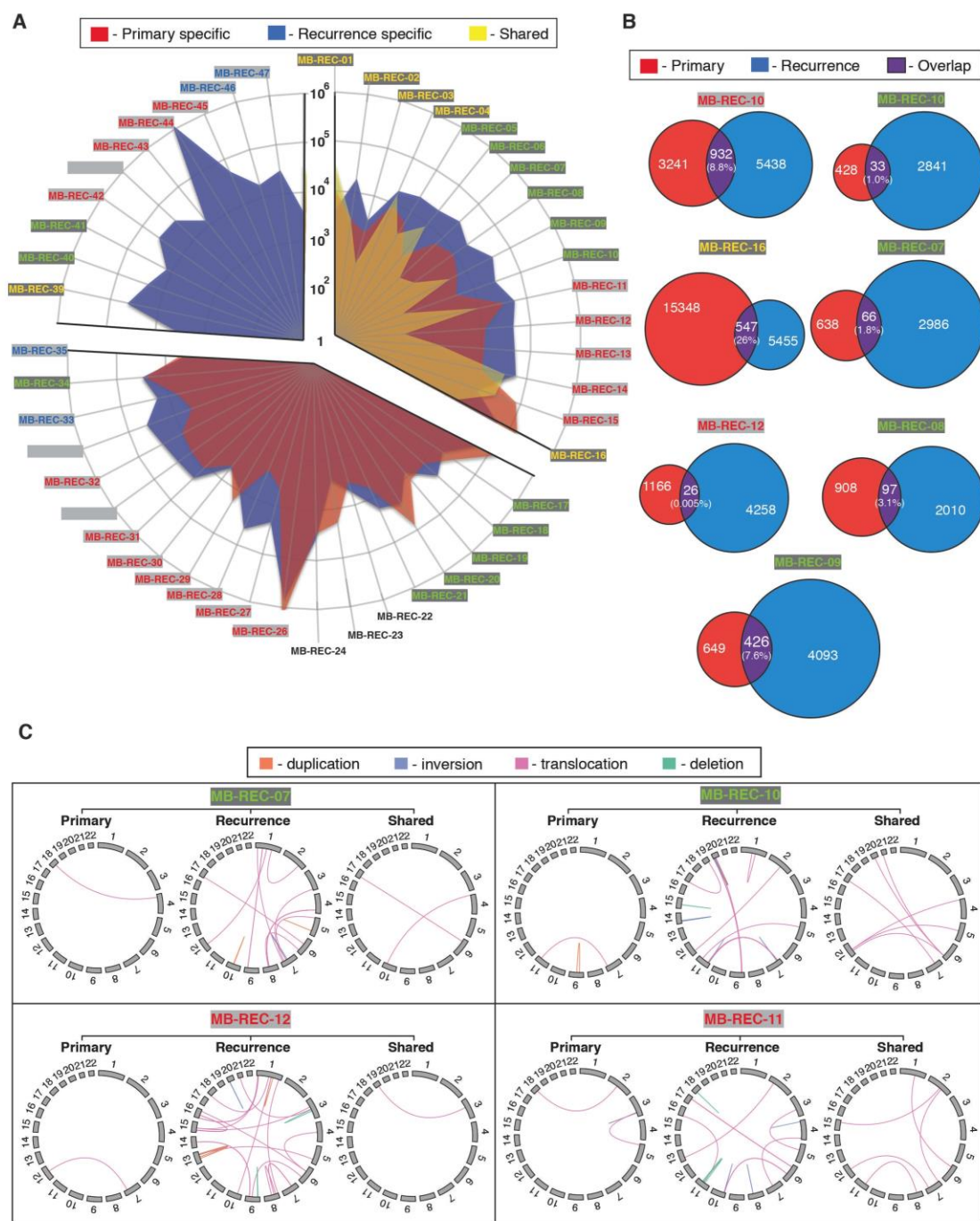
# WGS of 38 diagnostic/recurrent MBs



# Human Primary/Recurrent WGS SNVs

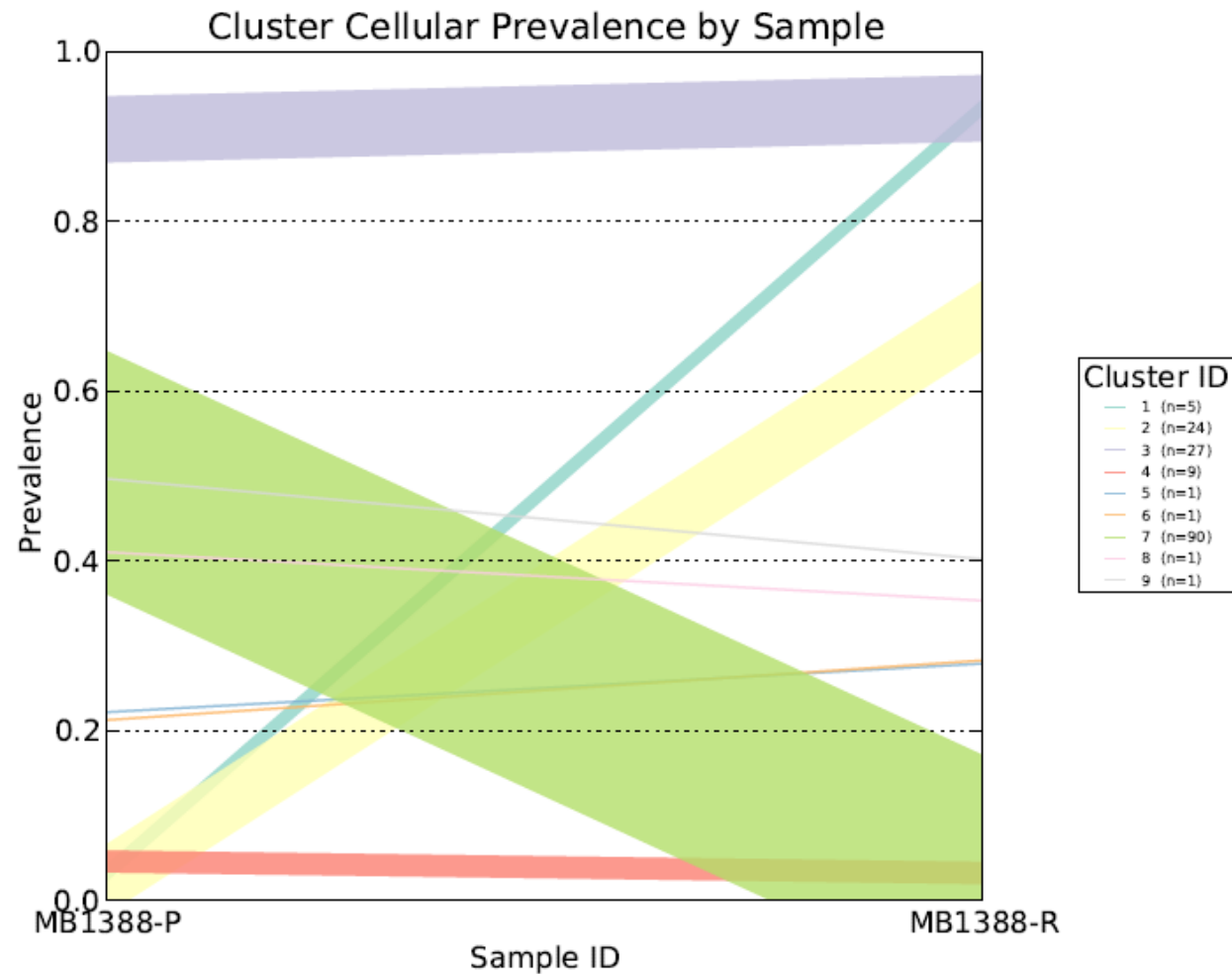


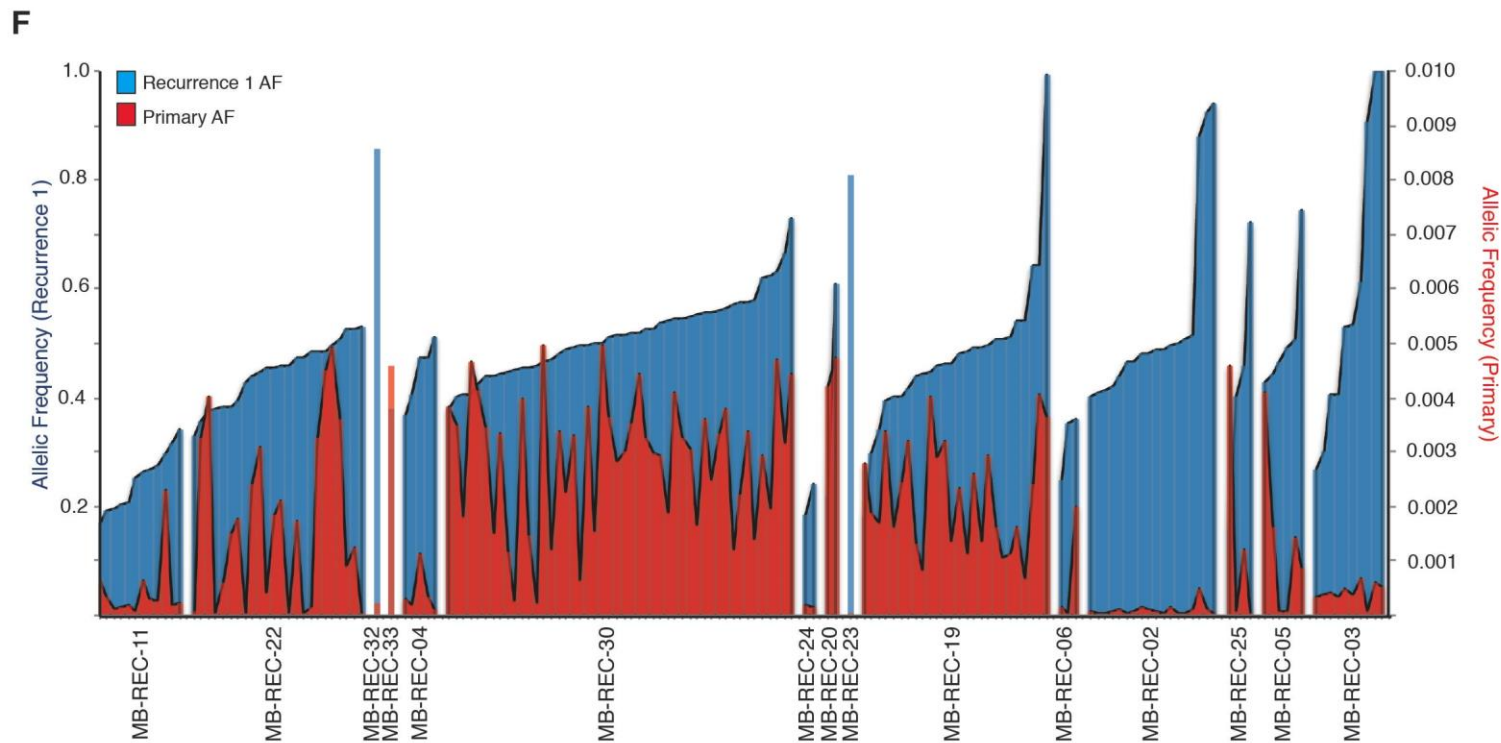
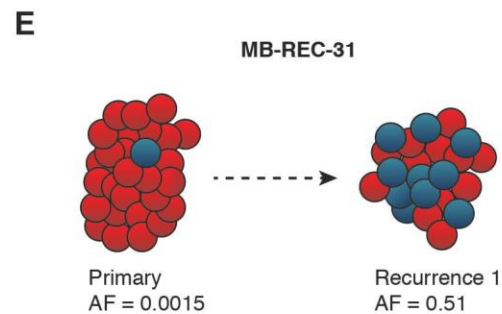
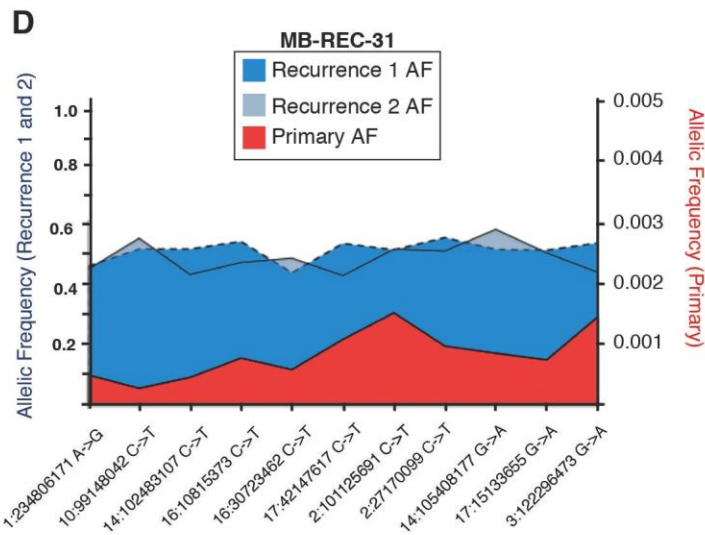




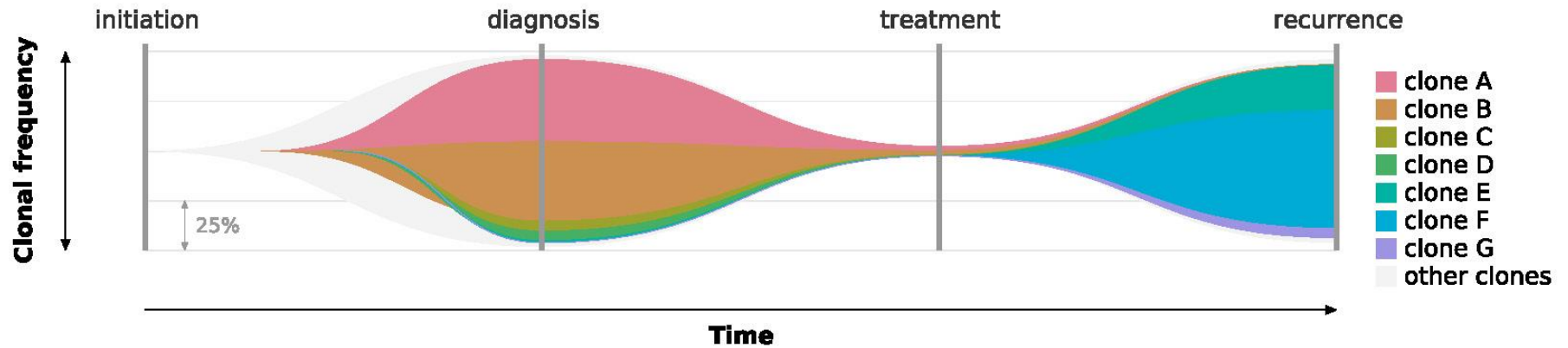


## Pyclone – comparing mutation clusters, prim vs. recur

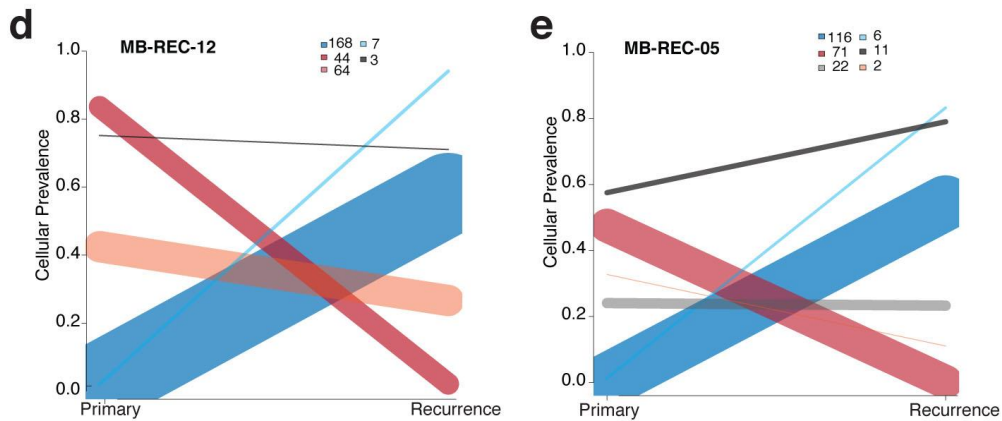
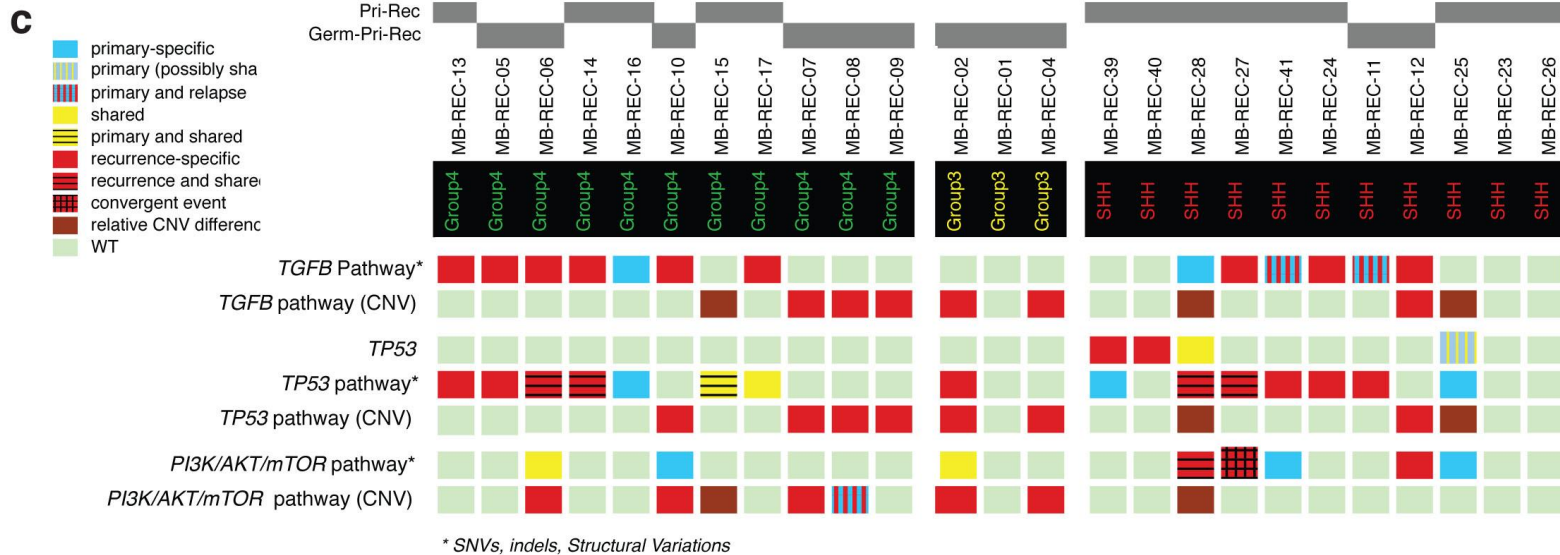




# Clonal evolution streamgraph



# Clonal divergence, but Pathway convergence

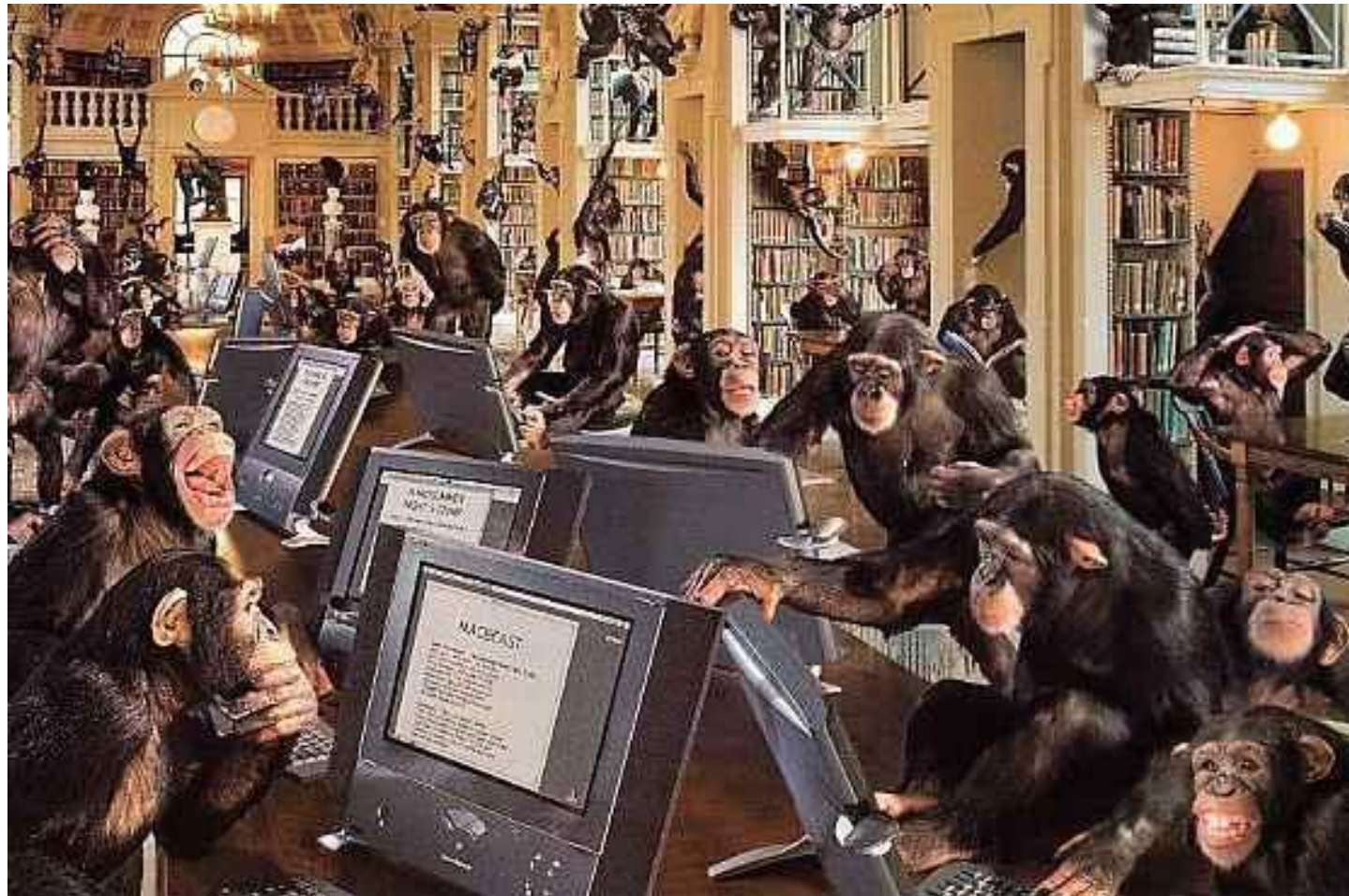


# Recurrence: Conclusions

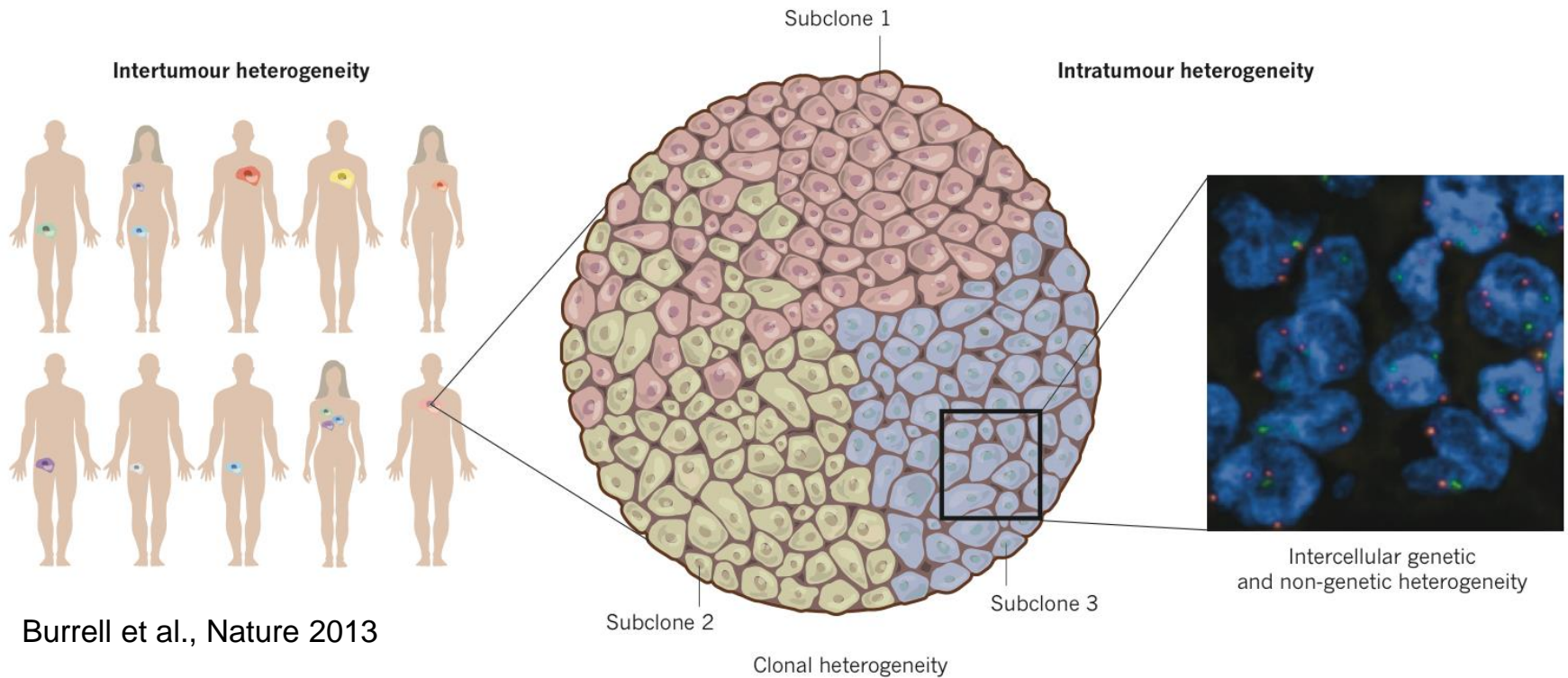
- Large genetic divergence of somatic events between the untreated primary tumor and its recurrence.
- Targets for rational therapy discovered and documented at presentation may not be present at recurrence.
- Our current design for Phase II trials is critically flawed, and doomed to failure.



**A million oncologists doing a million clinical trials for a million years.....**



# Concept of tumor heterogeneity



## Examples of spatial heterogeneity in other cancer types:

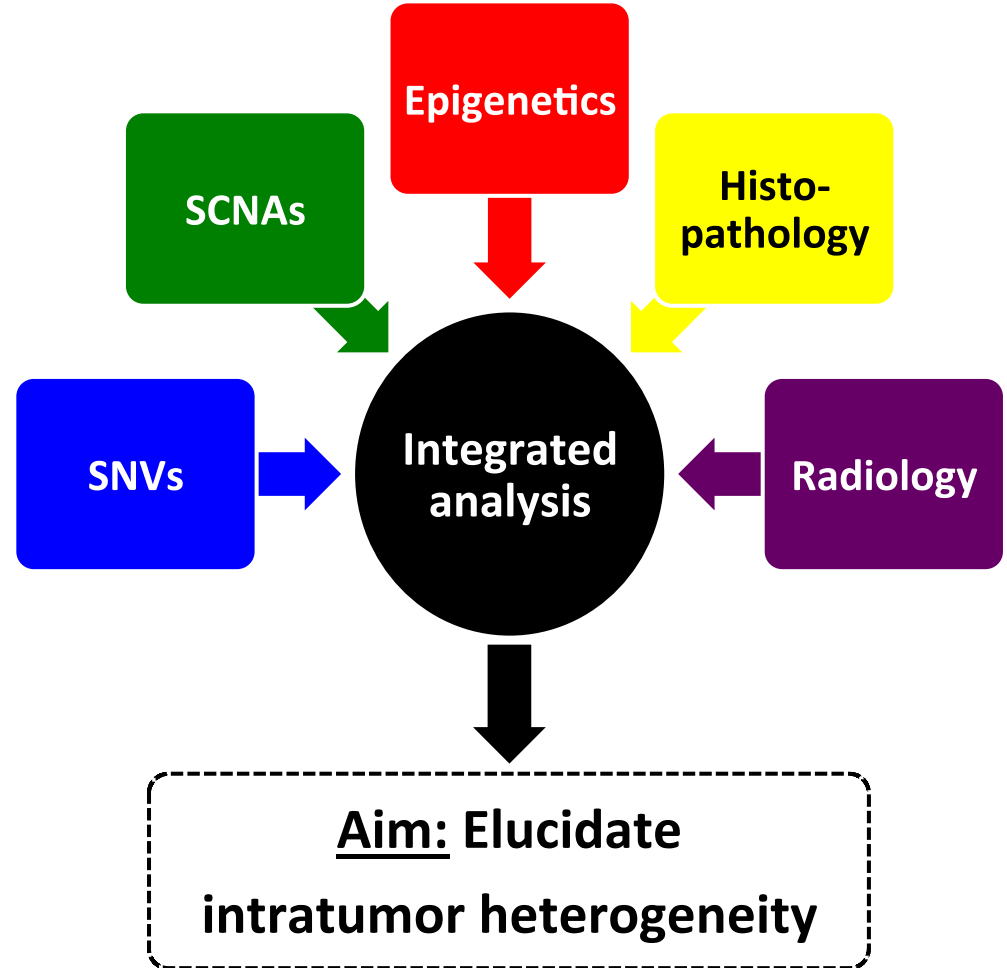
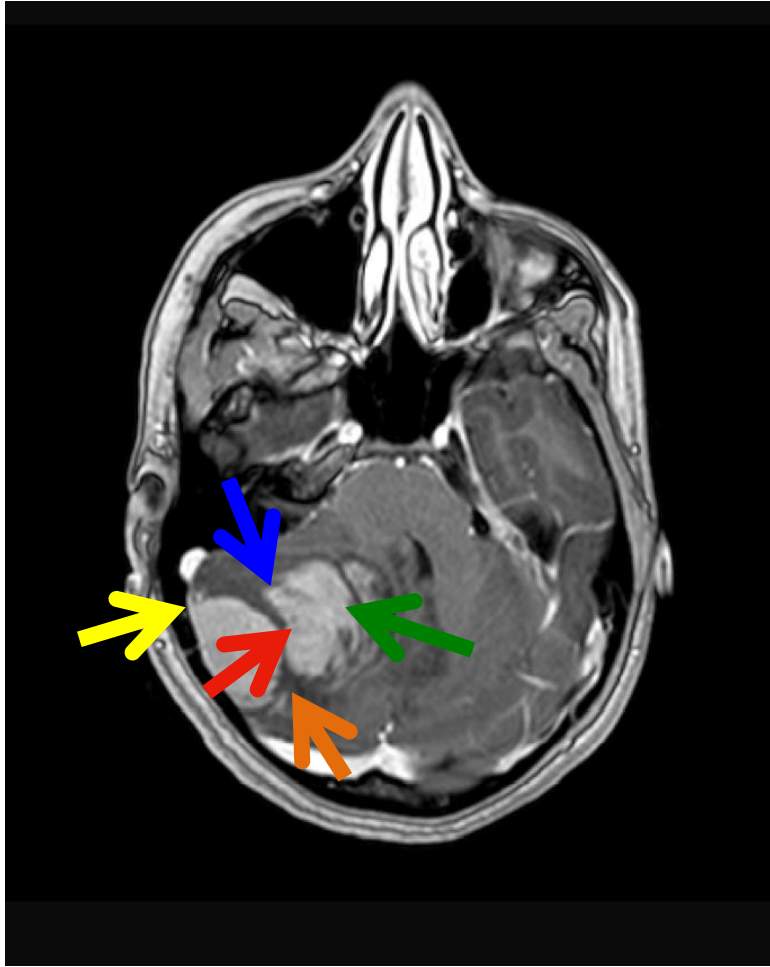
**Renal cell carcinoma** – Gerlinger et al., NEJM 2012; Martinez et al., AMJP 2013; Gerlinger et al., Nat Med 2014

**Glioblastoma** – Nickel et al., PlosOne 2012; Sottoriva et al., PNAS 2013; Johnson et al., Nat Med 2014

## Important implication:

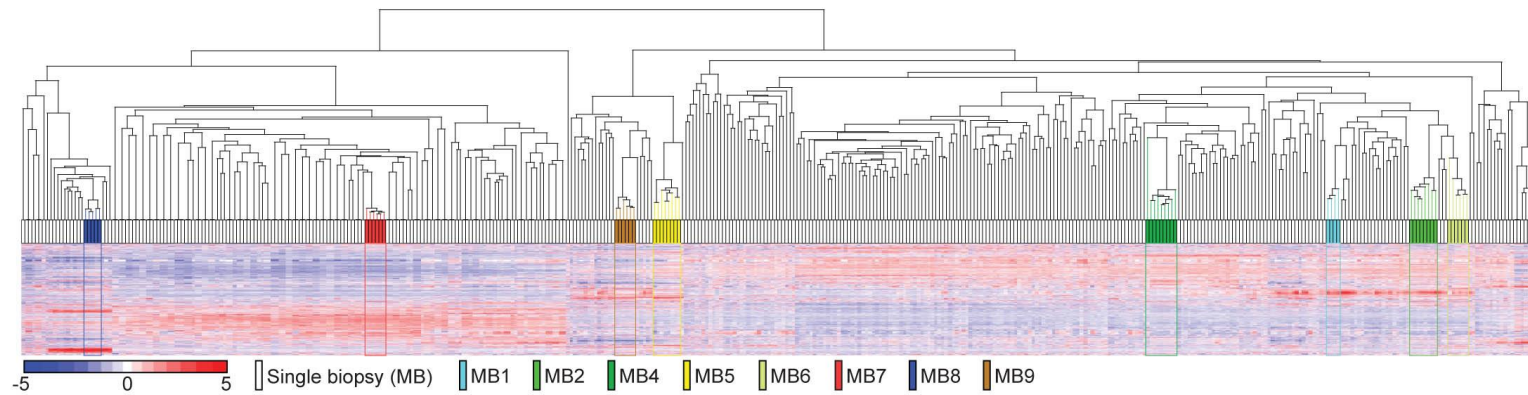
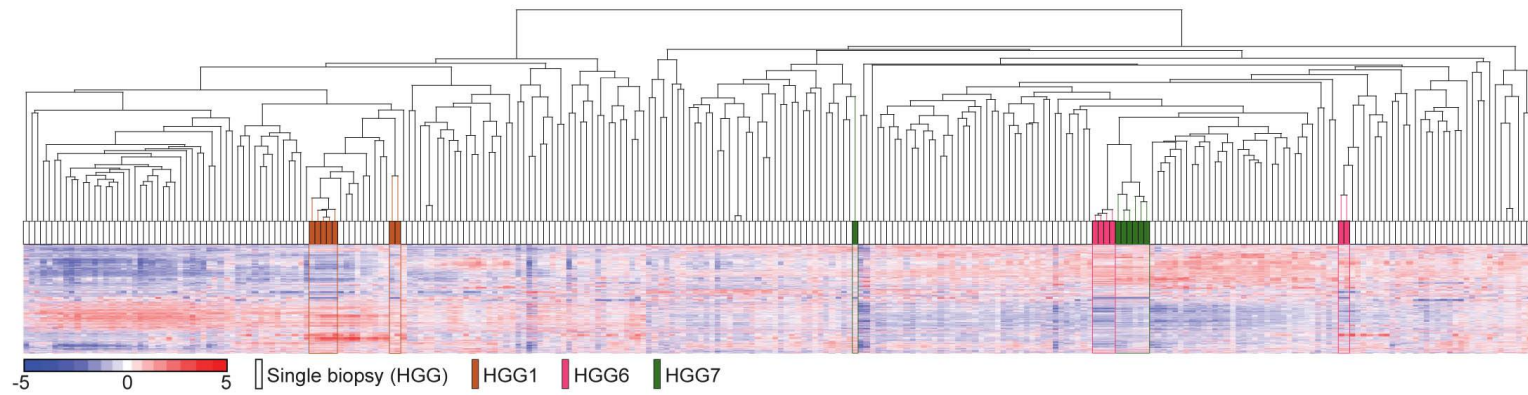
**Spatial heterogeneity may preclude development of molecular based targeted therapy in pediatric brain tumors.**

# Experimental strategy

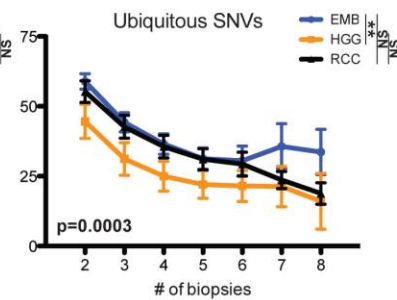
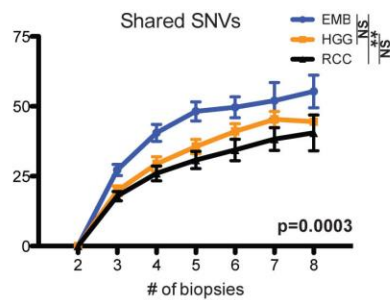
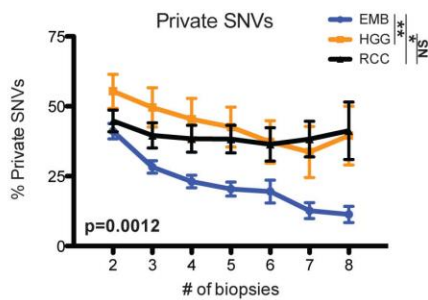
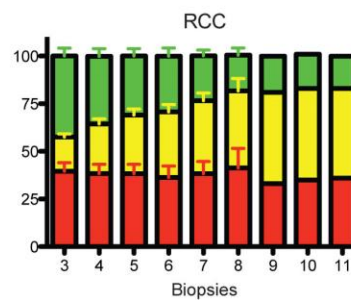
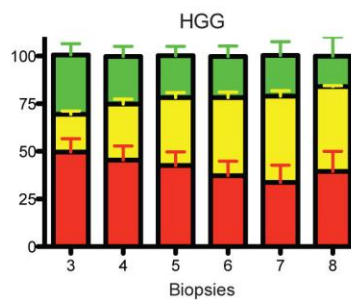
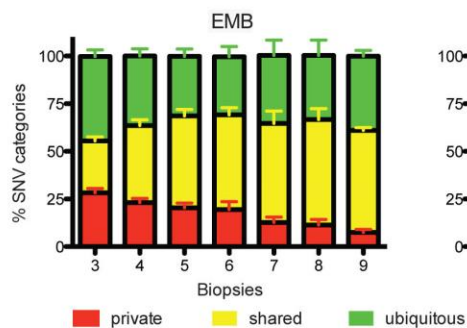
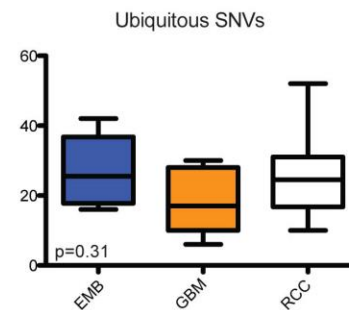
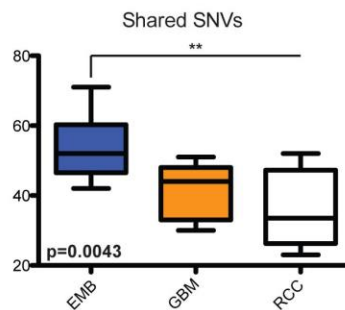
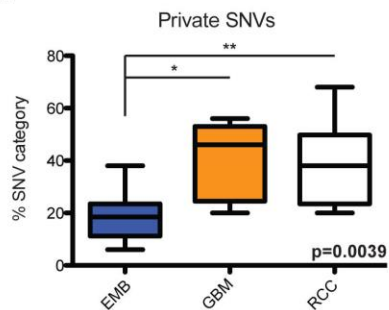




## Malignant Gliomas



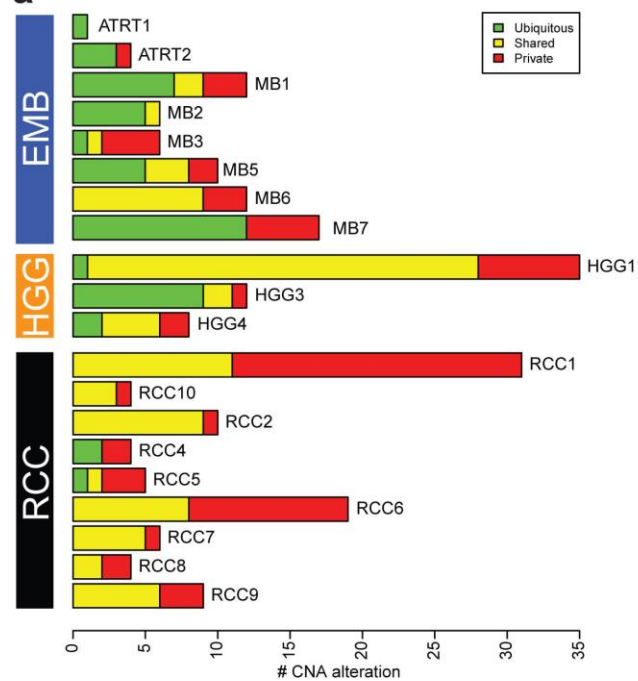
## Medulloblastomas



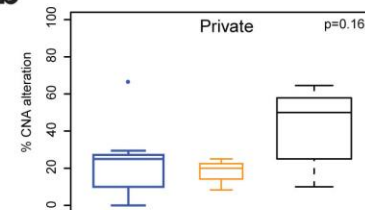


**Figure 4**

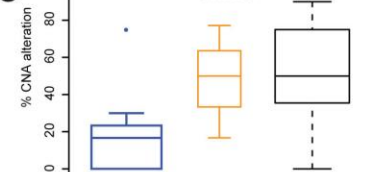
**a**



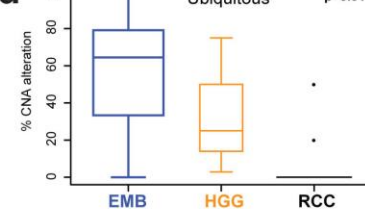
**b**



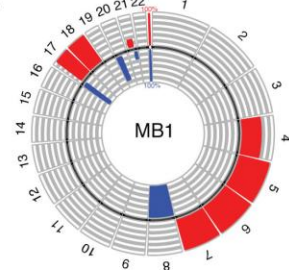
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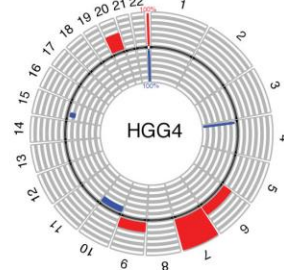
**d**



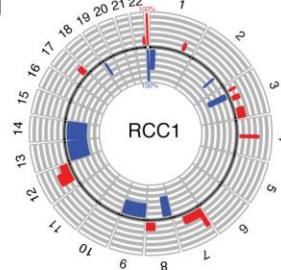
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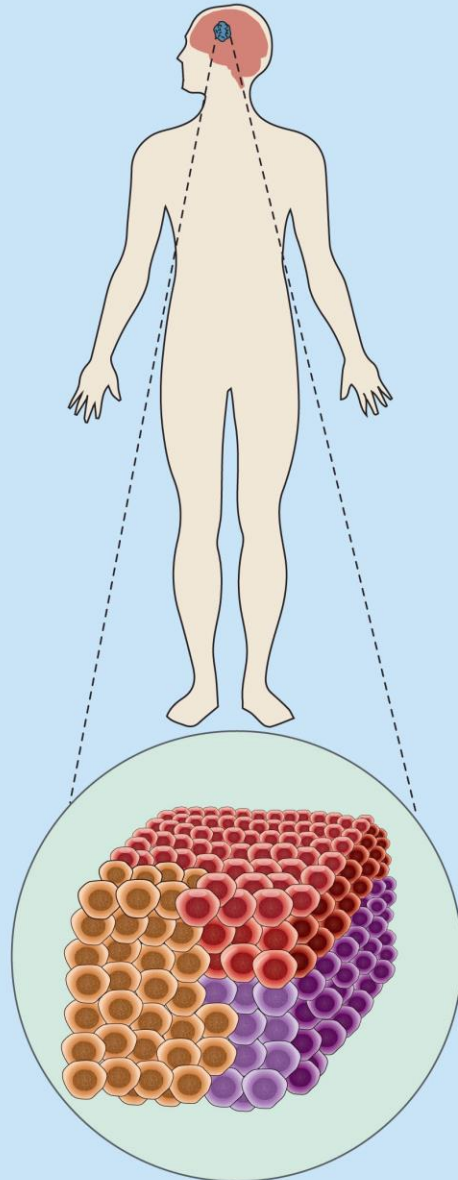
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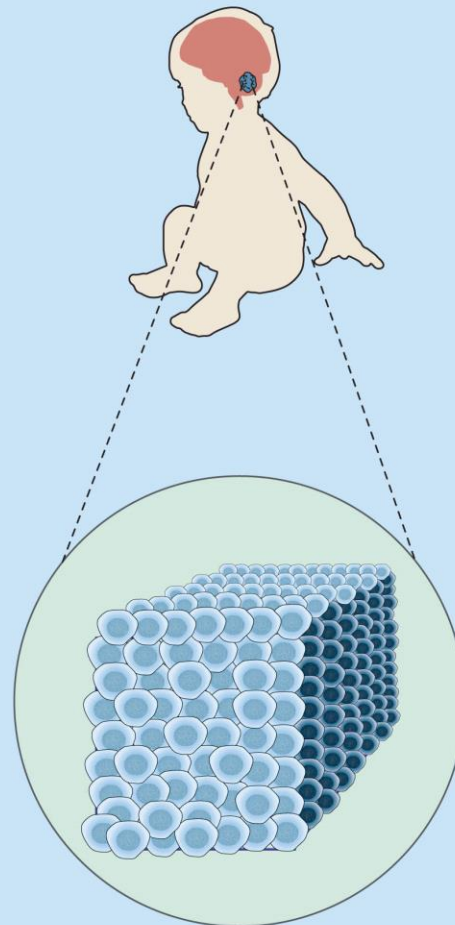
**g**



### Spatial Heterogeneity



### Spatial Homogeneity



# Acknowledgements

