

METABOLIC VULNERABILITIES OF CANCER

Eyal Gottlieb





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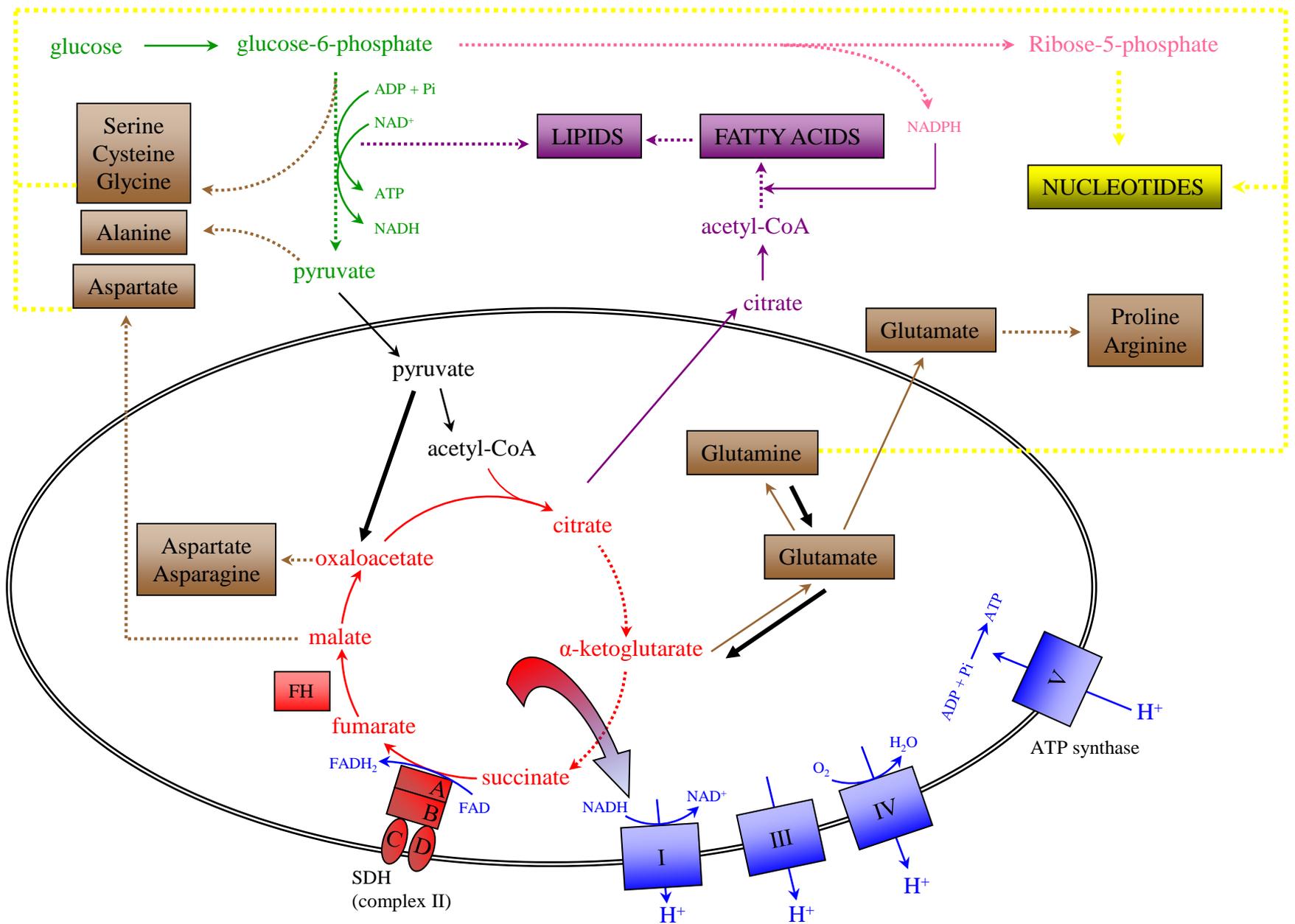
Eyal Gottlieb



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Cancer and metabolism: the anabolic angle



Cancer and metabolism: historic perspective

Timeline | Some important advances in understanding and targeting tumour metabolism

Warburg describes increased glycolysis in cancer cells³⁵

Demonstration of increased *de novo* fatty acid synthesis in tumours^{142,143}

Hypoxia described in cancer tissues¹⁴⁵

Increased glutaminolysis observed in cancer¹⁴⁷

FDG-PET imaging of tumours¹⁴⁹

MYC shown to regulate glycolysis¹⁵²

FH mutations are shown to be oncogenic⁹

IDH mutations are shown to be oncogenic

1923

1948

1951

1954

1955

1958

1960

1972

1980

1994

1997

2000

2002

2007

2008

Use of antimetabolites in chemotherapy¹⁴¹

Anti-glycolytic treatments first tested in tumour models¹⁴⁴

2-deoxyglucose used to treat cancer patients¹⁴⁶

PKM2 isoform identified in tumour cells¹⁴⁸

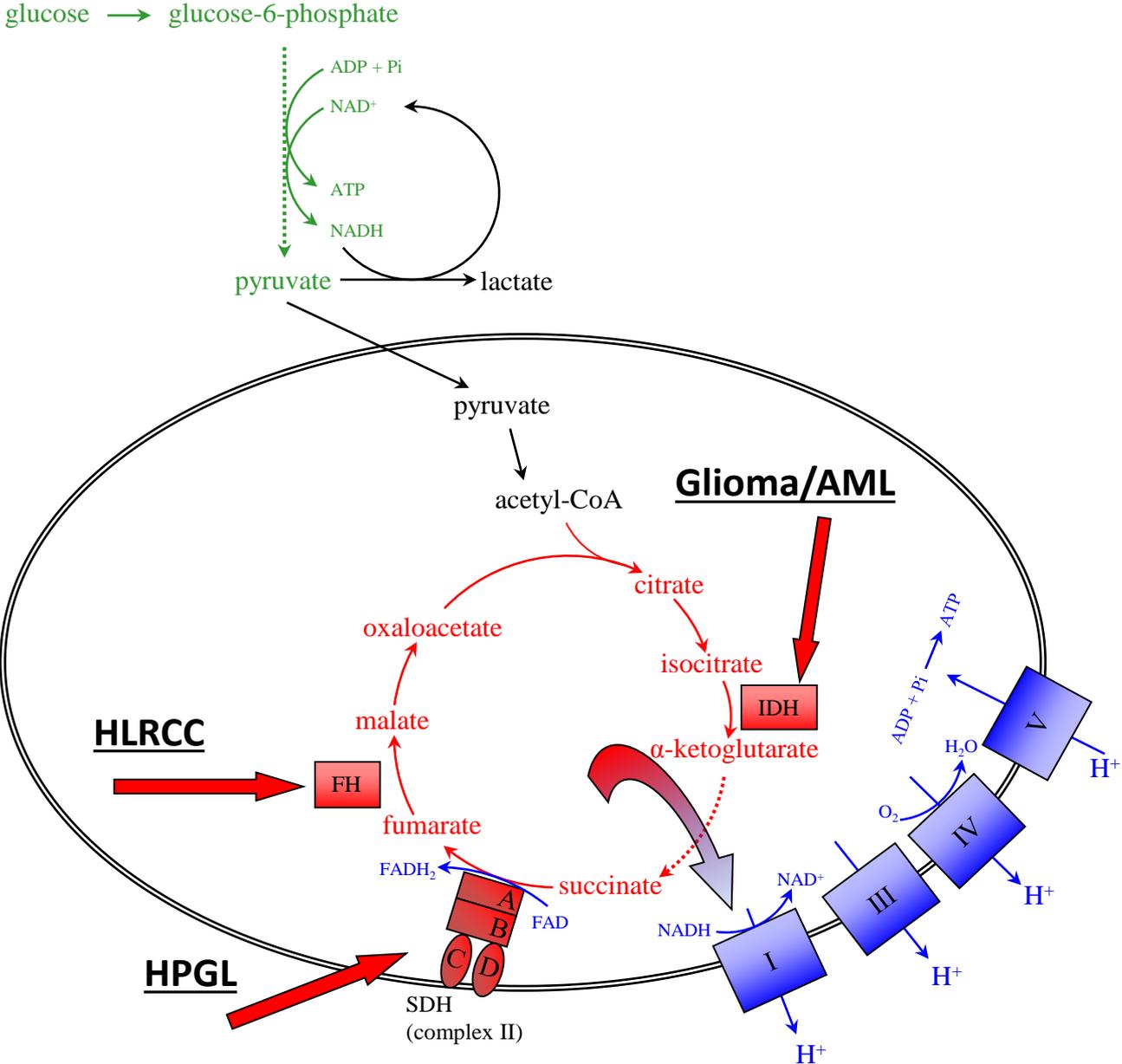
= HIF1 α cloned¹⁵⁰
= mTOR characterized^{151,153,154}

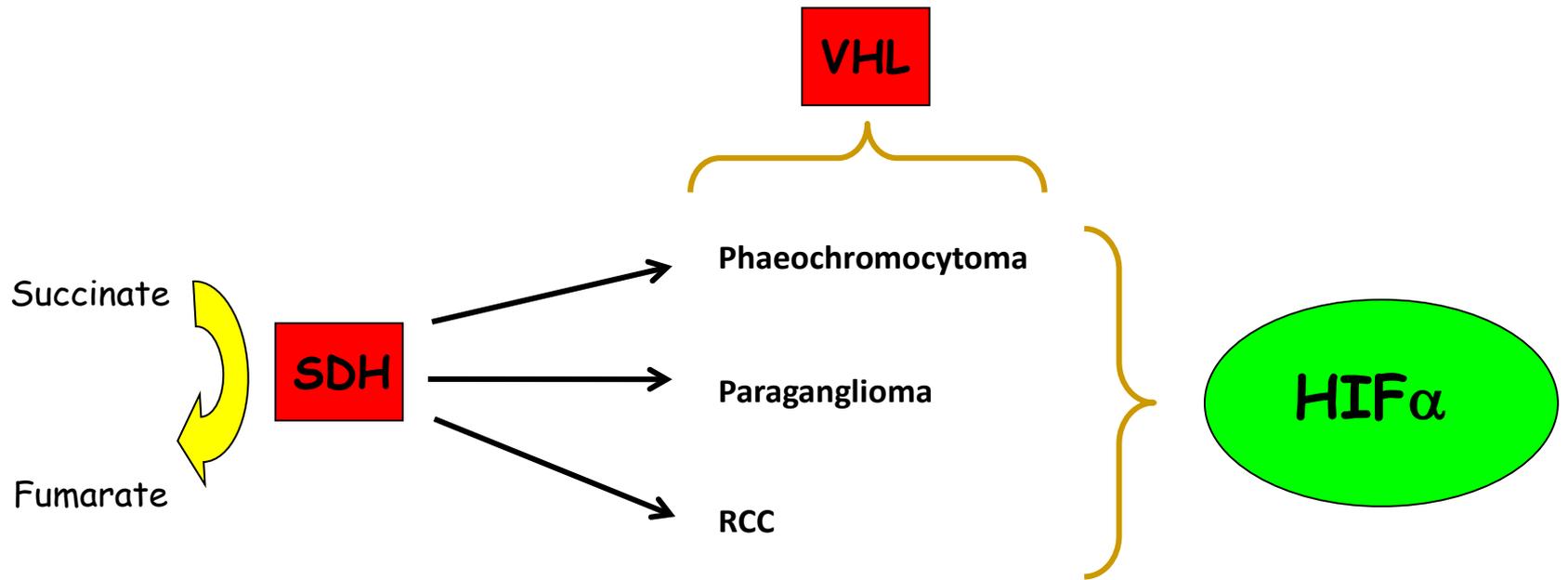
SDHD mutations are shown to be oncogenic⁹

US FDA approves temsirolimus (a rapamycin derivative) for advanced renal cell carcinoma

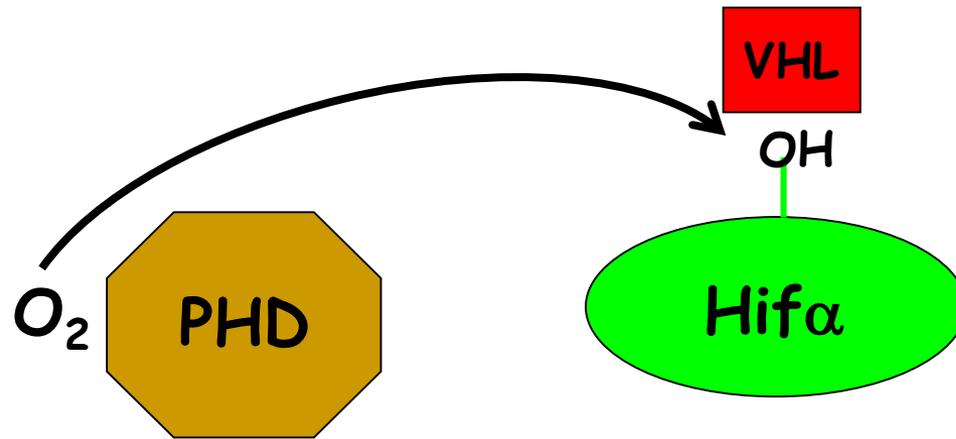
FDA, Food and Drug Administration; FDG-PET, [18F]-fluorodeoxyglucose positron emission tomography; FH, fumarate hydratase; HIF1 α , hypoxia inducible factor 1 α ; PKM2, pyruvate kinase isozyme M2; SDHD, succinate dehydrogenase complex, subunit D, integral membrane protein.

Cancer and metabolism: the bioenergetic angle



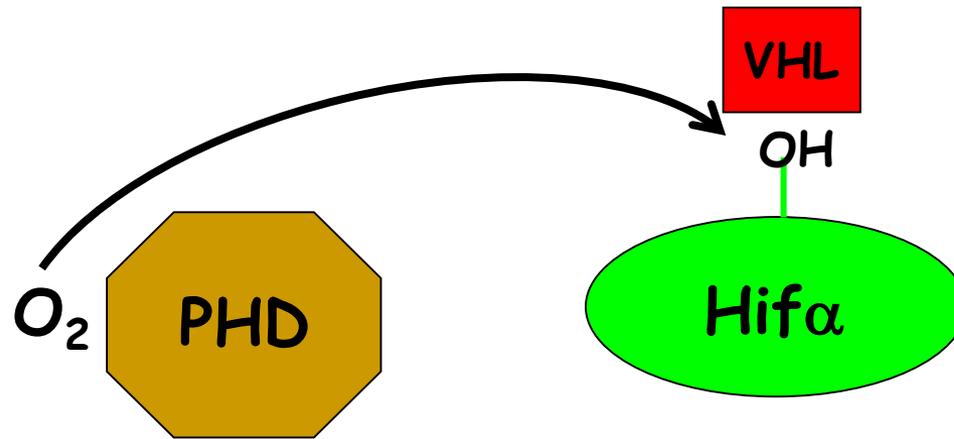


1) HIF regulation by oxygen



A red square labeled "SDH" is located in the bottom left corner. Above it is a wavy yellow line that curves across the bottom of the slide.

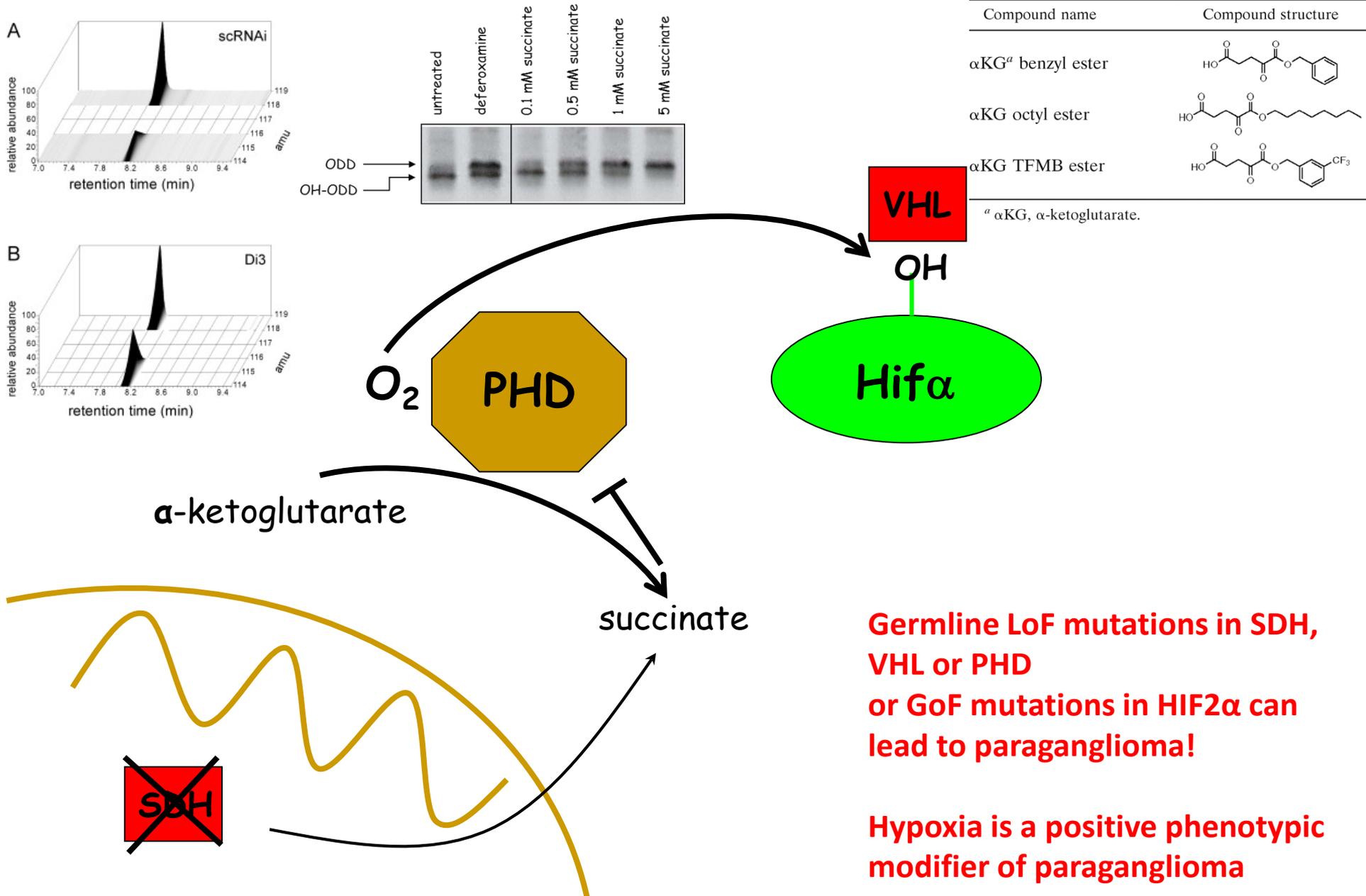
2) HIF regulation by VHL



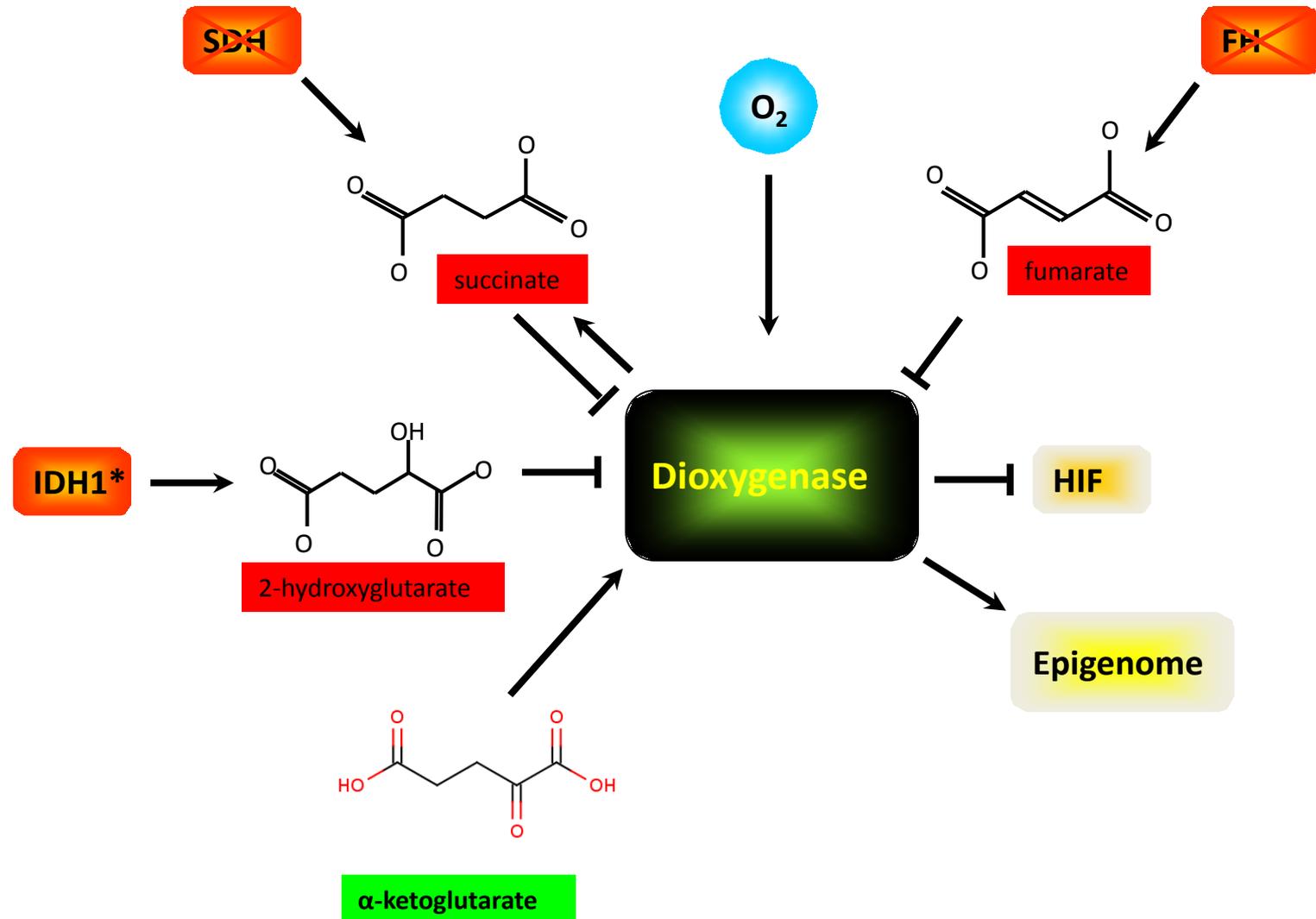
A red square labeled "SDH" is located in the bottom left corner. A wavy yellow line is positioned above the SDH label, extending from the left edge of the slide towards the right.

SDH

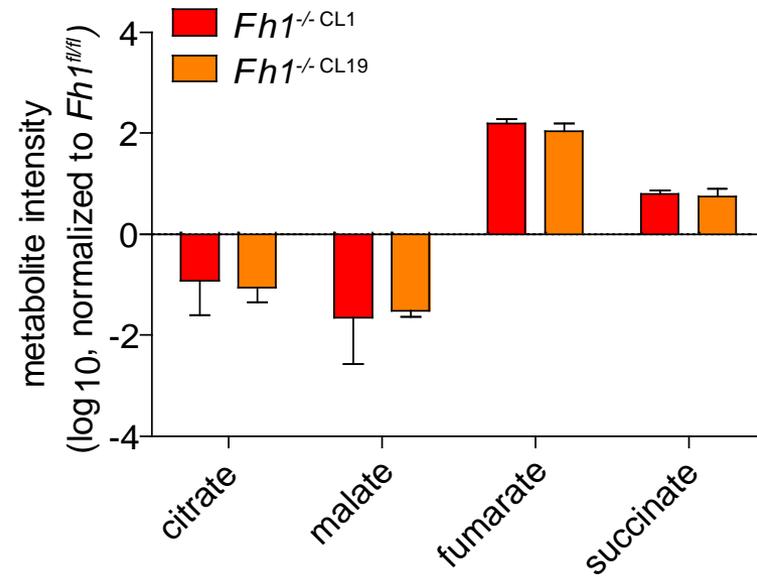
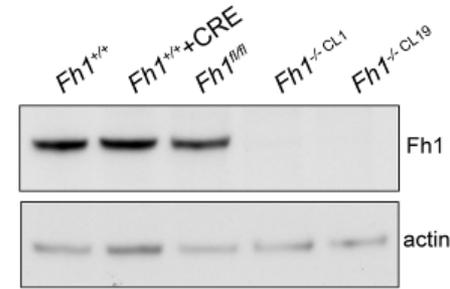
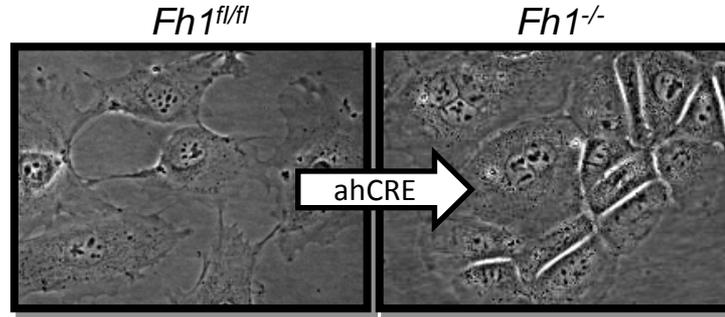
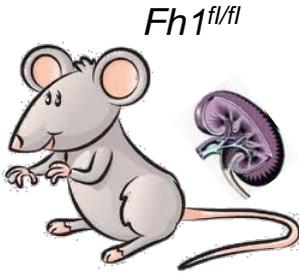
3) HIF regulation by succinate



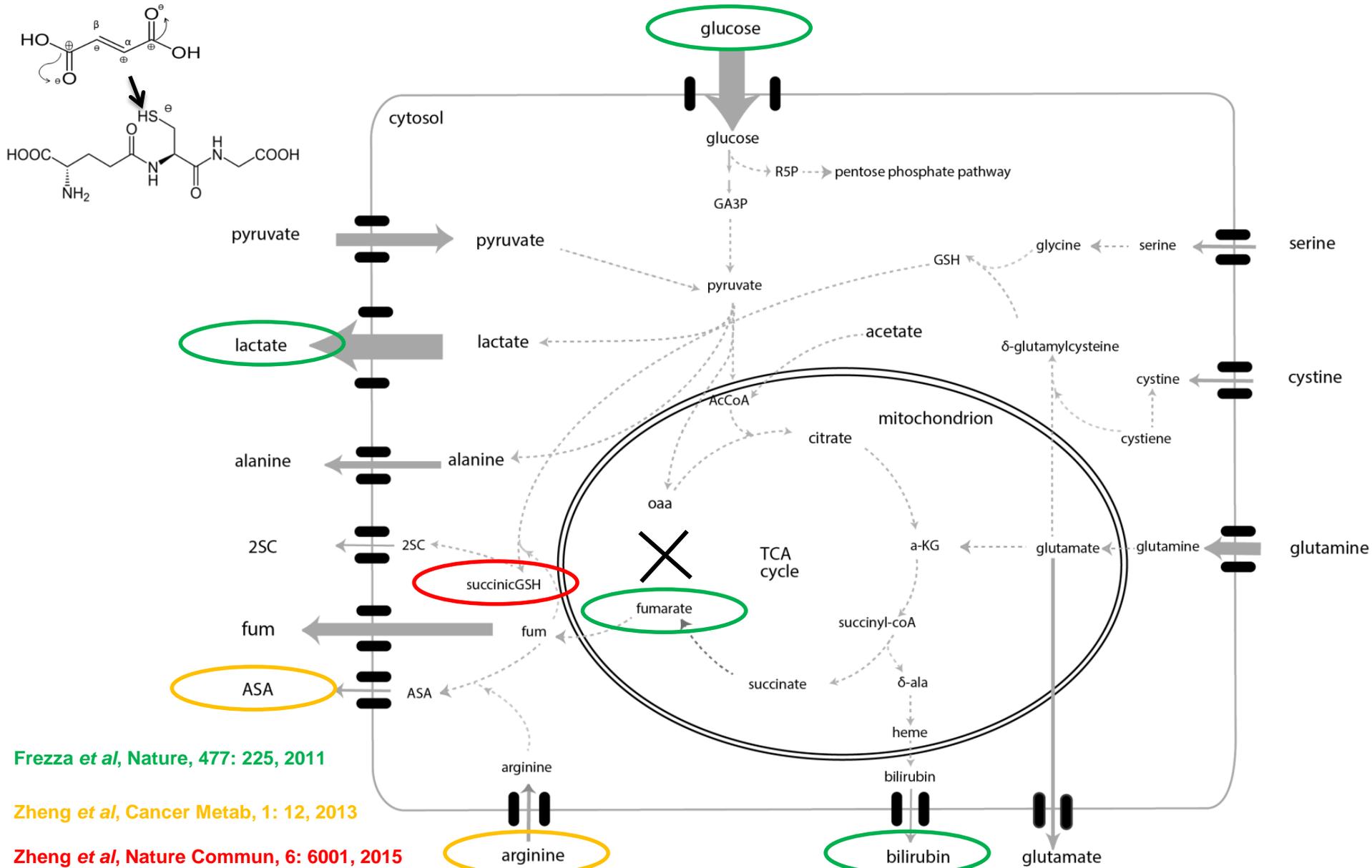
The birth of a new concept: Oncometabolites



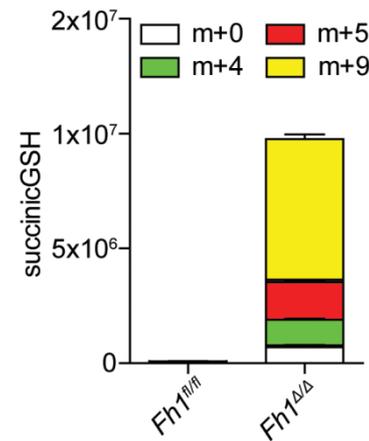
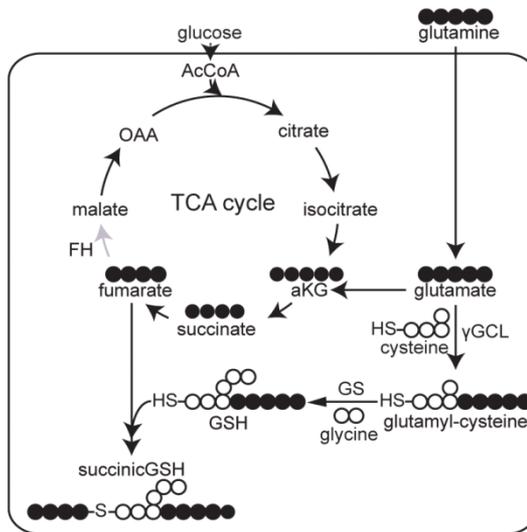
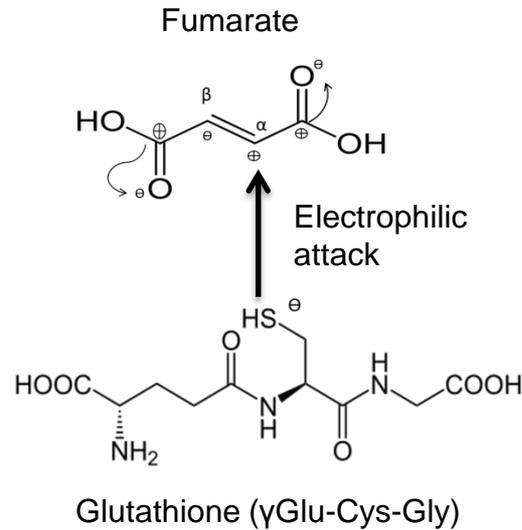
Fumarate hydratase deficient ($Fh1^{-/-}$) cells



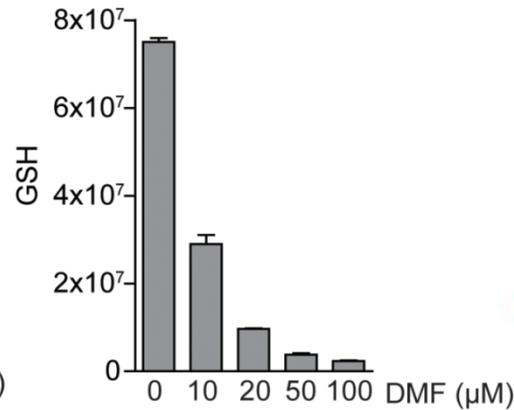
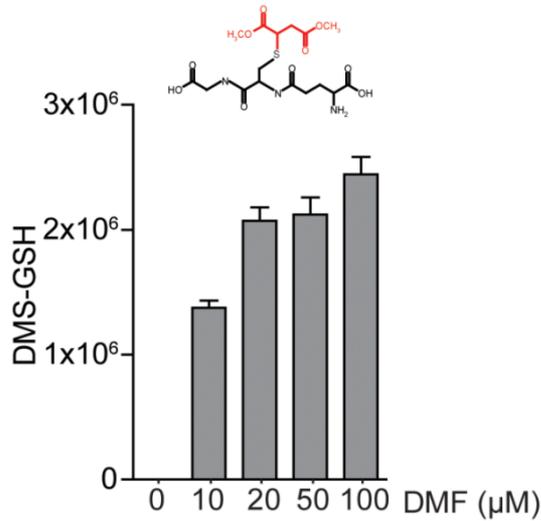
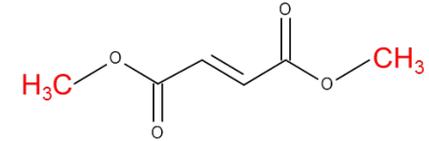
Metabolic adaptation and vulnerabilities of FH-deficient cancers



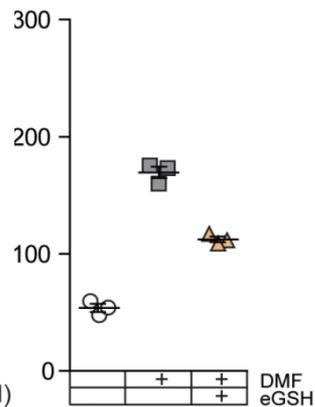
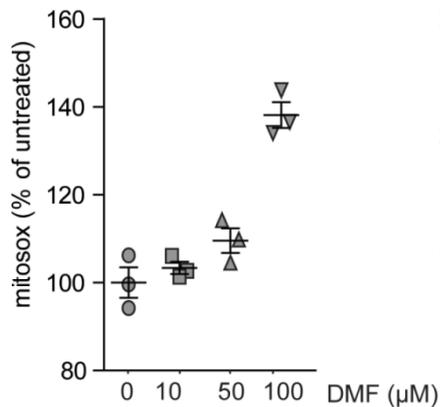
The biosynthetic pathway of succinic-GSH



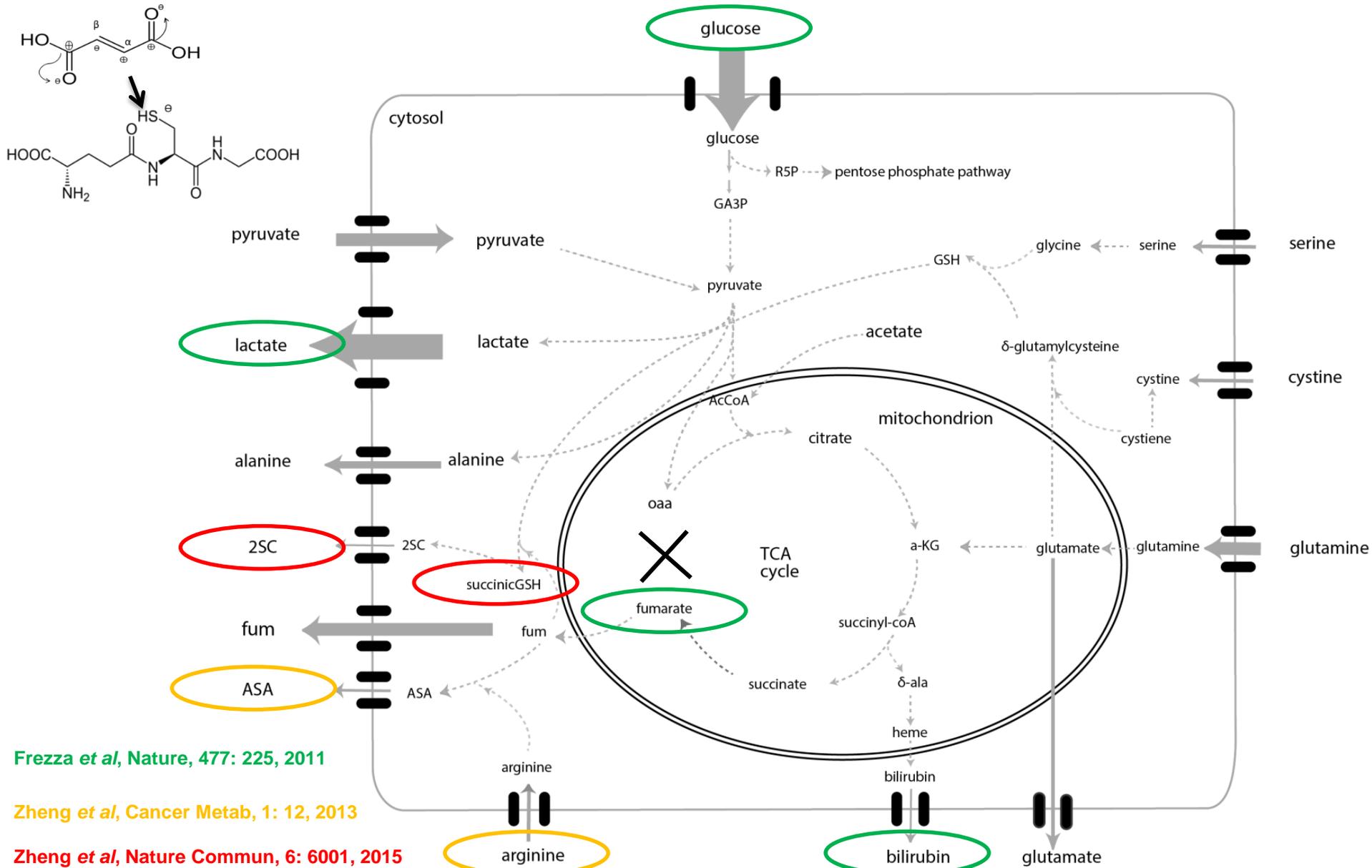
Fumarate attack on GSH induces oxidative stress



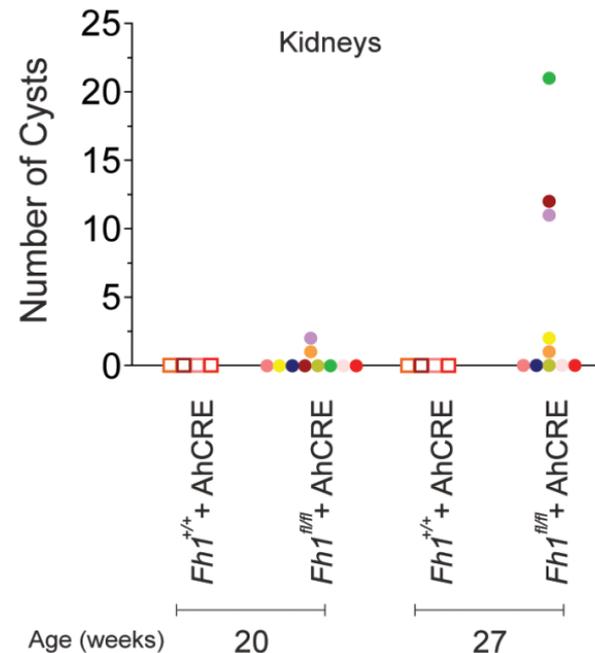
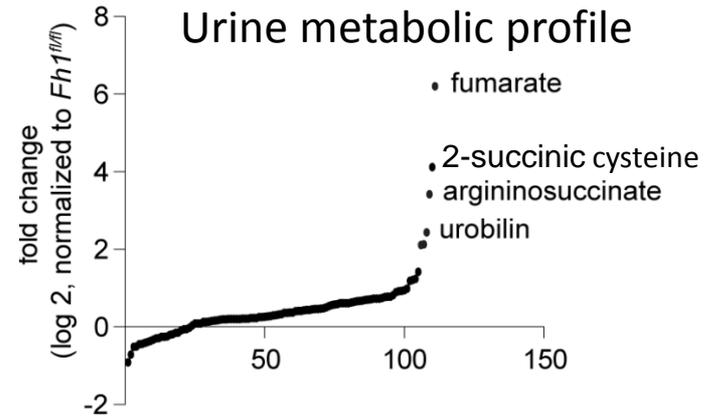
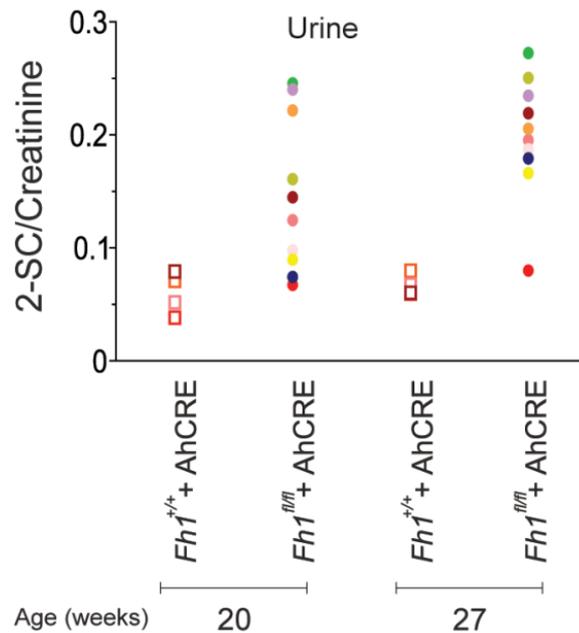
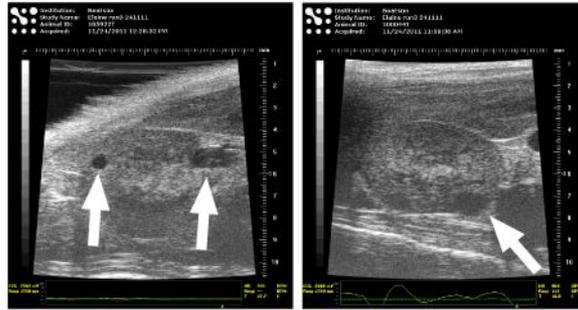
**New and now
FDA approved!**
Tecfidera™
(dimethyl fumarate),
also known as BG-12.



Metabolic adaptation and vulnerabilities of FH-deficient cancers



Cysts-bearing, FH-deficient mice excrete metabolites (biomarkers) in the urine

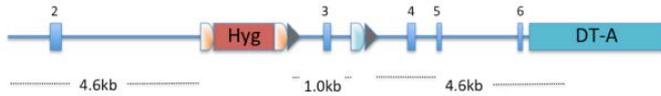


A new in vitro model for SDH-deficient cancers

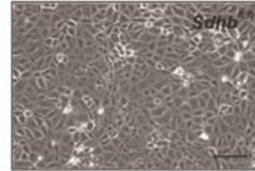
Mouse *Sdhb* genomic locus



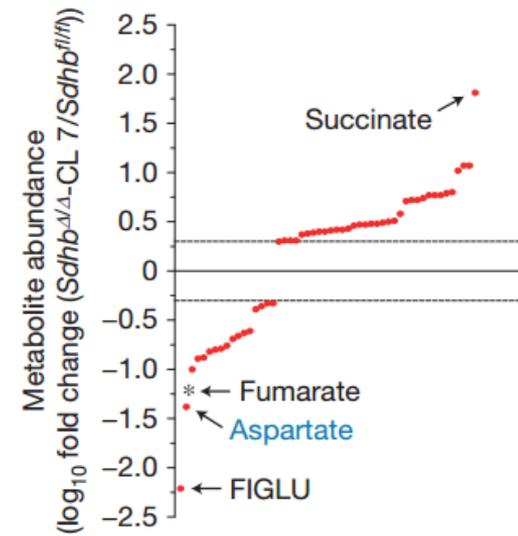
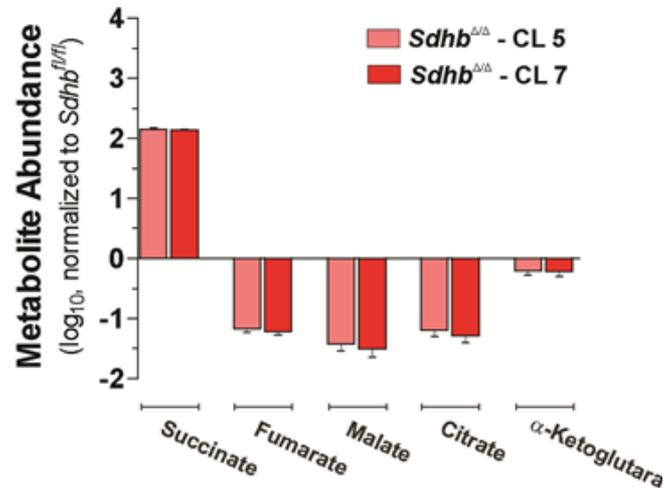
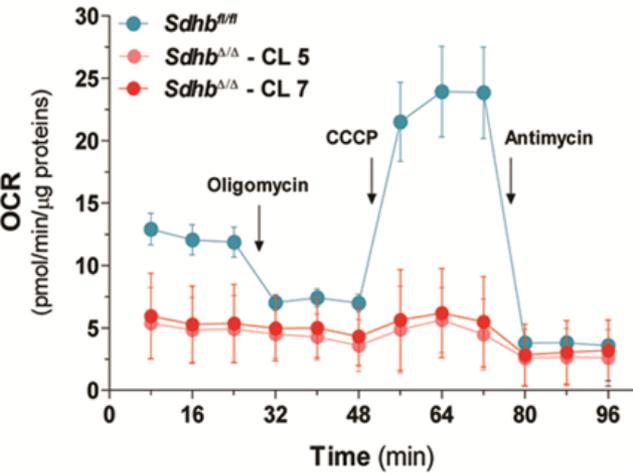
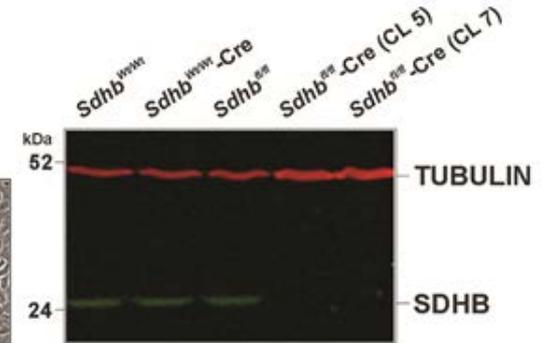
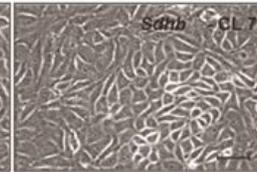
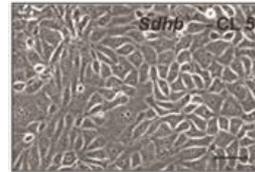
Sdhb targeting vector



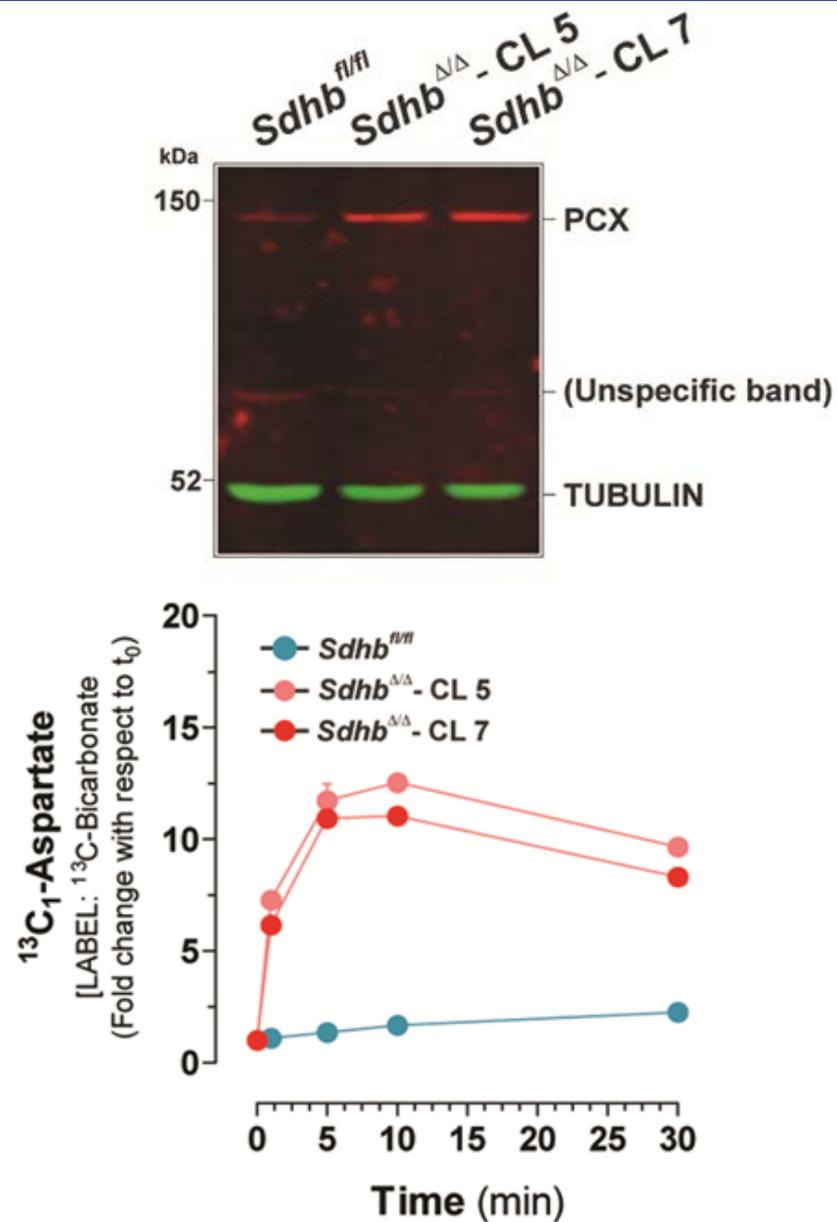
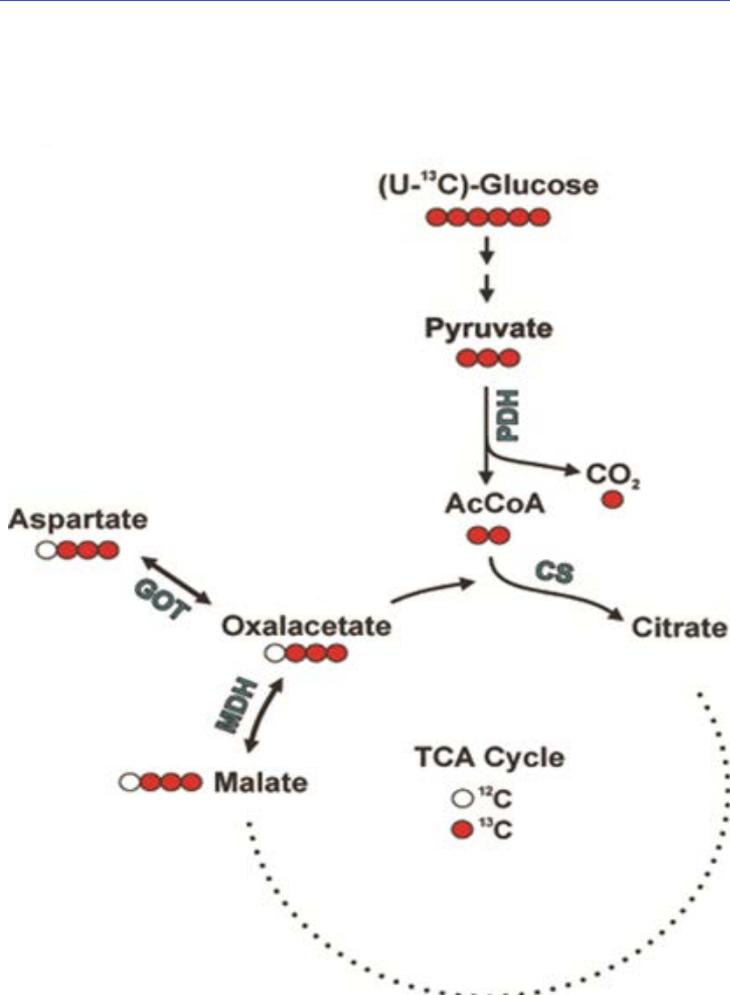
Sdhb targeted allele



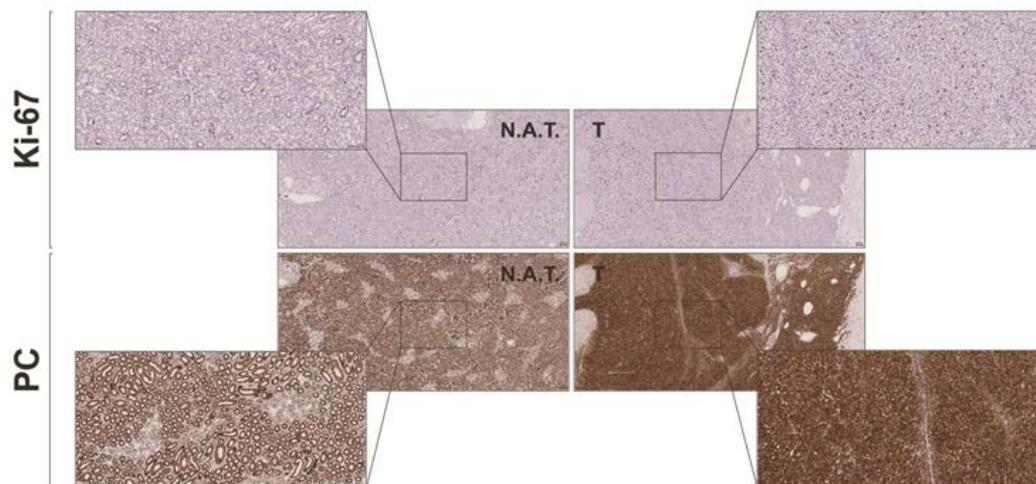
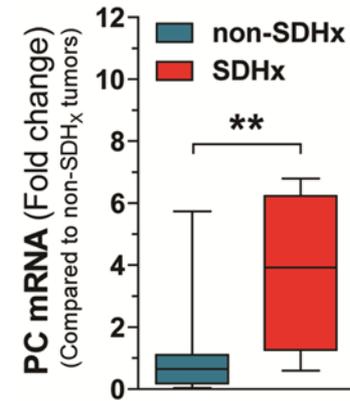
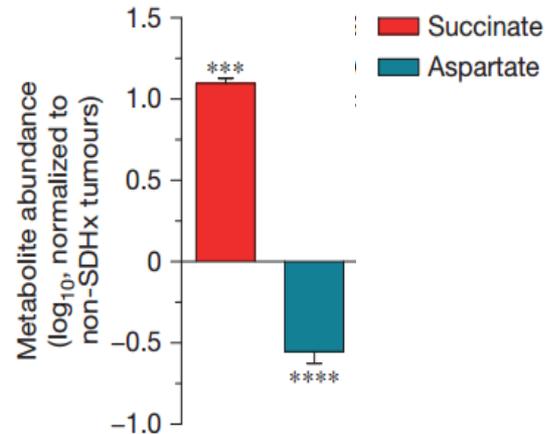
SV40 T-Ag



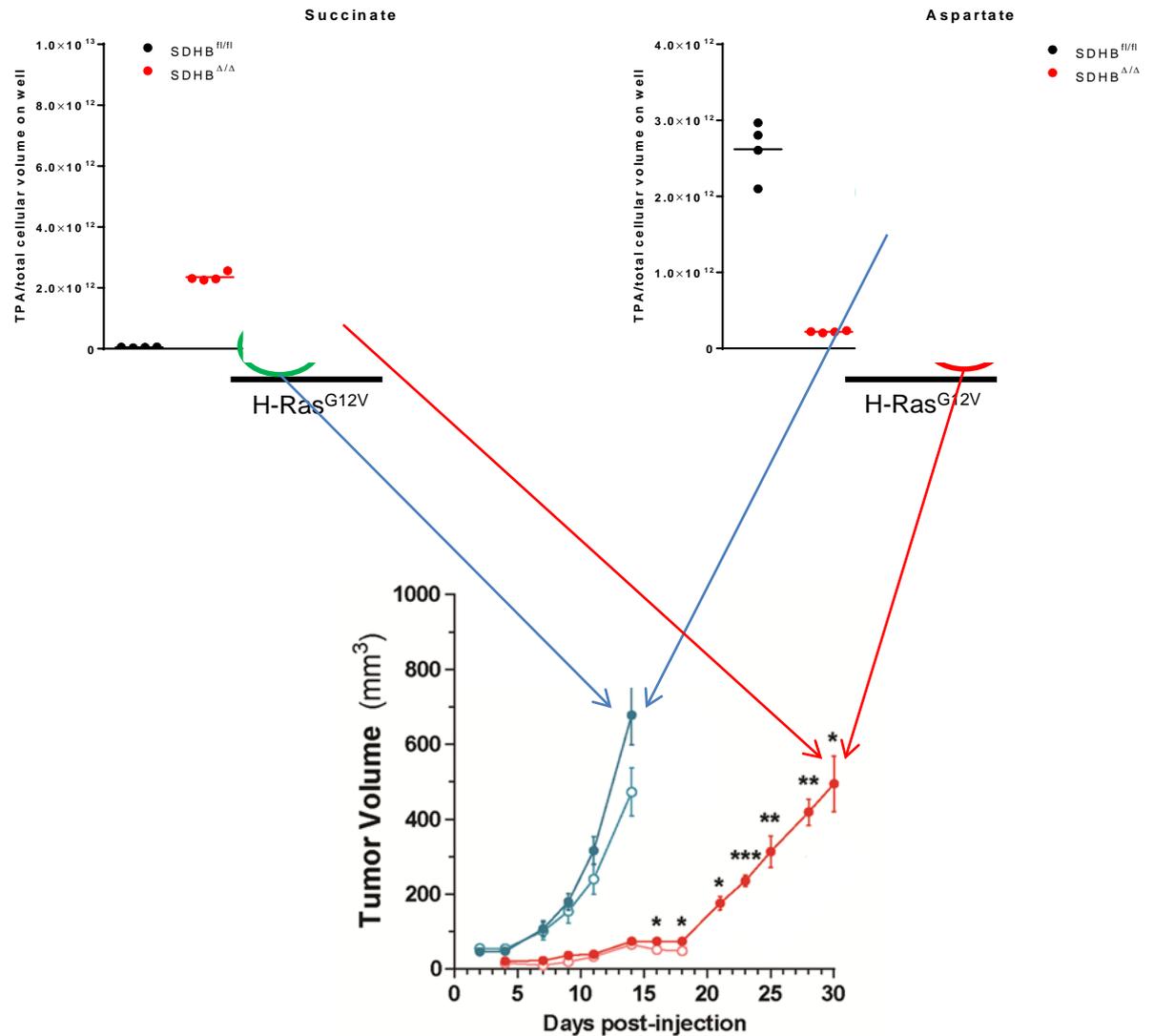
SDH deficient cells depend on Pyruvate Carboxylase for sustaining aspartate levels



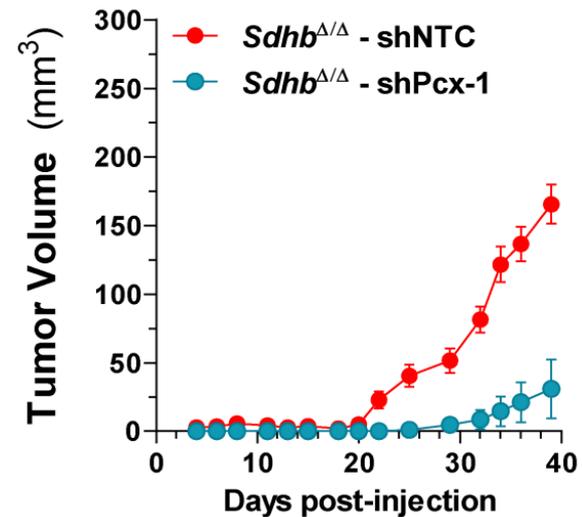
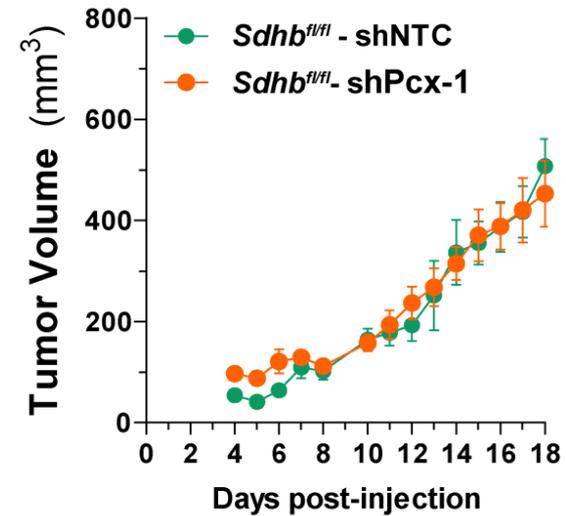
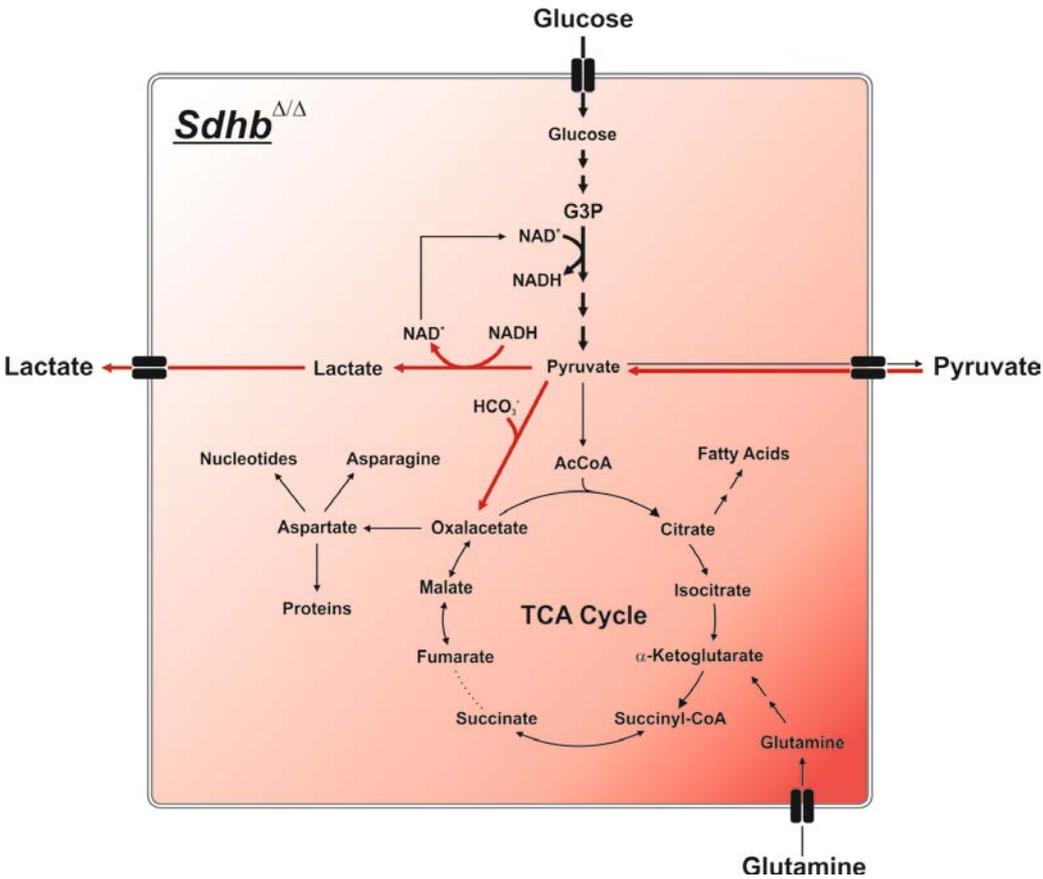
Aspartate limitation and PC expression in SDH-deficient tumors



H-Ras^{G12V} transform SDH-deficient cells



Metabolic vulnerabilities of SDH-deficient tumours

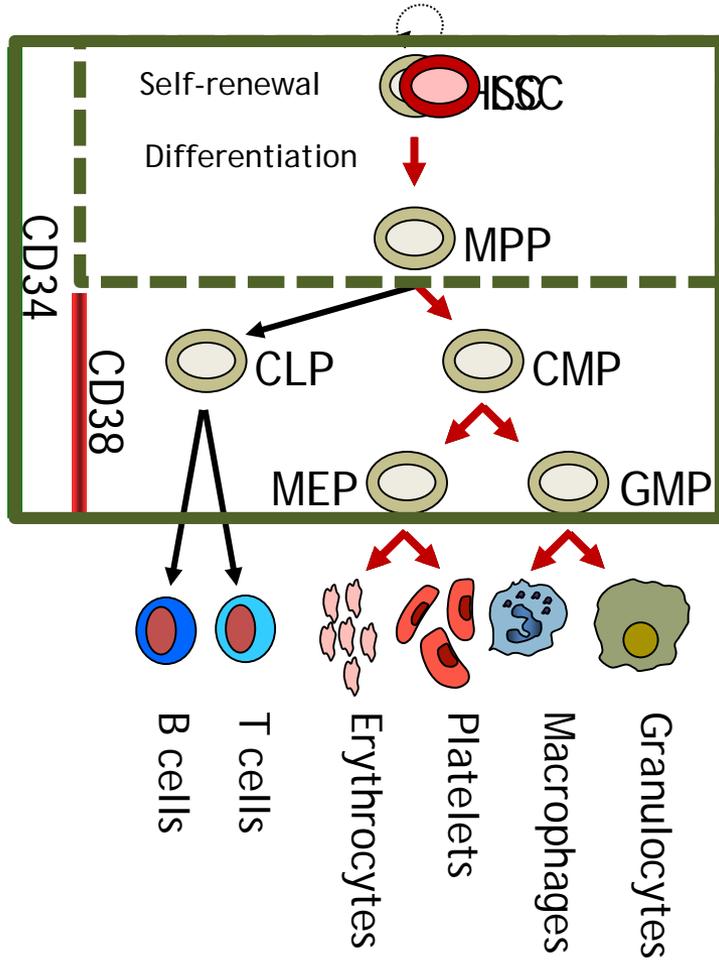


Conclusions

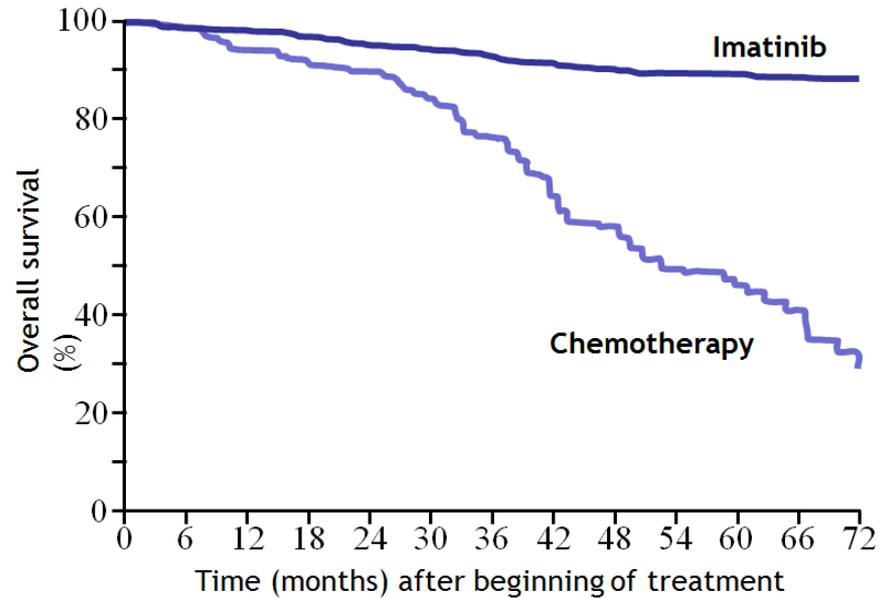
- Metabolomics is a robust and efficient tool for mechanistic studies of metabolic adaptabilities and vulnerabilities, but also as an important sensor of biomarkers for early prognosis and detection of recurrence disease
- FH or SDH loss of function leads to the accumulation of fumarate or succinate, respectively, and to the inhibition of dioxygenases, including DNA demethylases
- SDH loss of function renders cells more dependent on PC to sustain aspartate and nucleotide biosynthesis
- SDH loss in the kidney leads to hyperproliferative benign cyst formation in-vivo (in GEMMs)
- HRas activation in the kidney does not demonstrate any phenotype, but it dramatically accelerate cyst formation and size in SDHB ablated genotype

CML is a stem cells disease

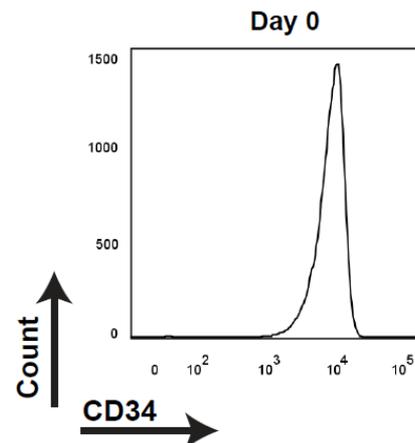
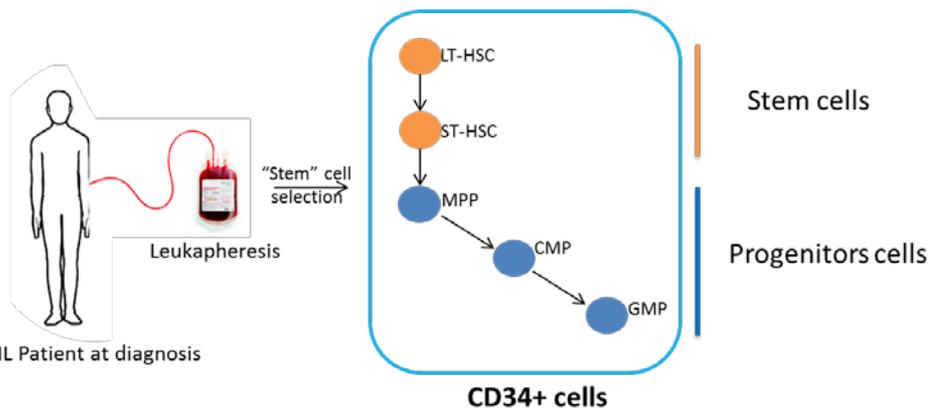
Normal hematopoiesis



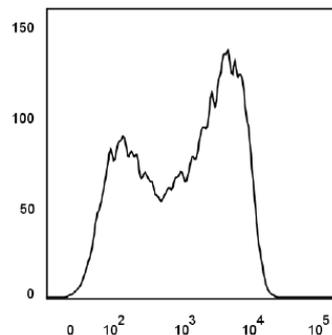
Survival and Proliferation



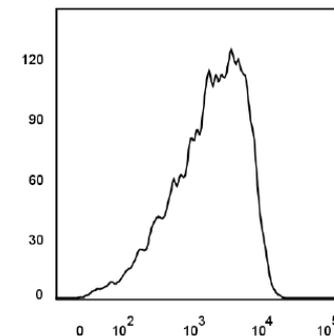
TKIs do not target CML stem cells



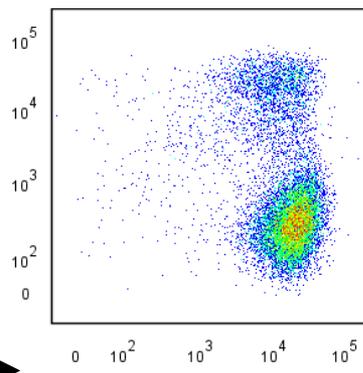
Day 6 - Untreated



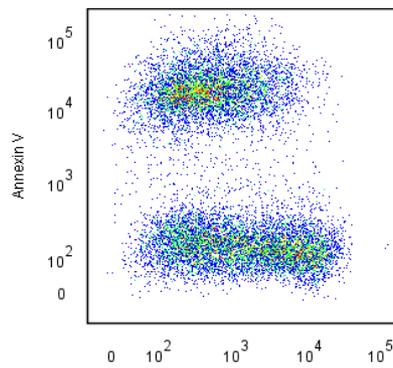
Day 6 - Imatinib



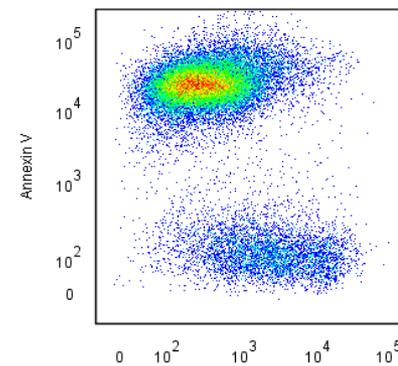
DAY 0



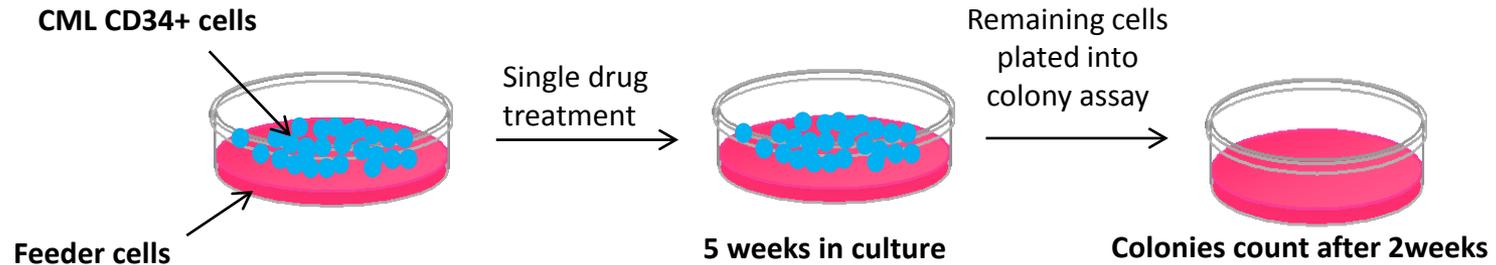
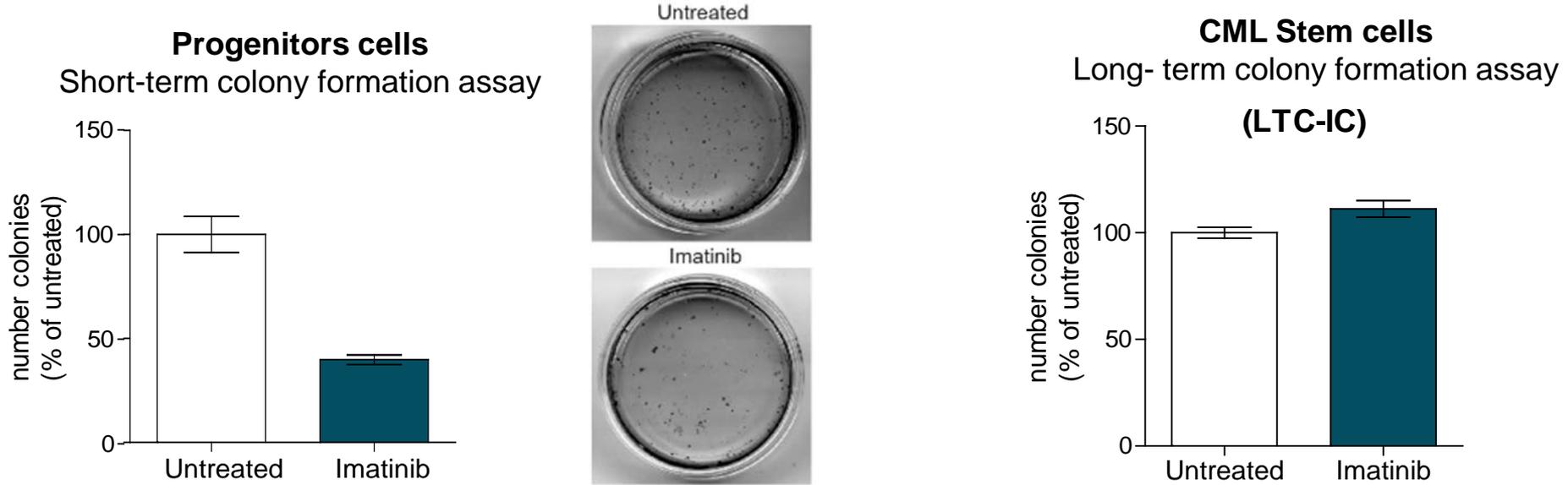
DAY 6 Untreated



DAY 6 Imatinib

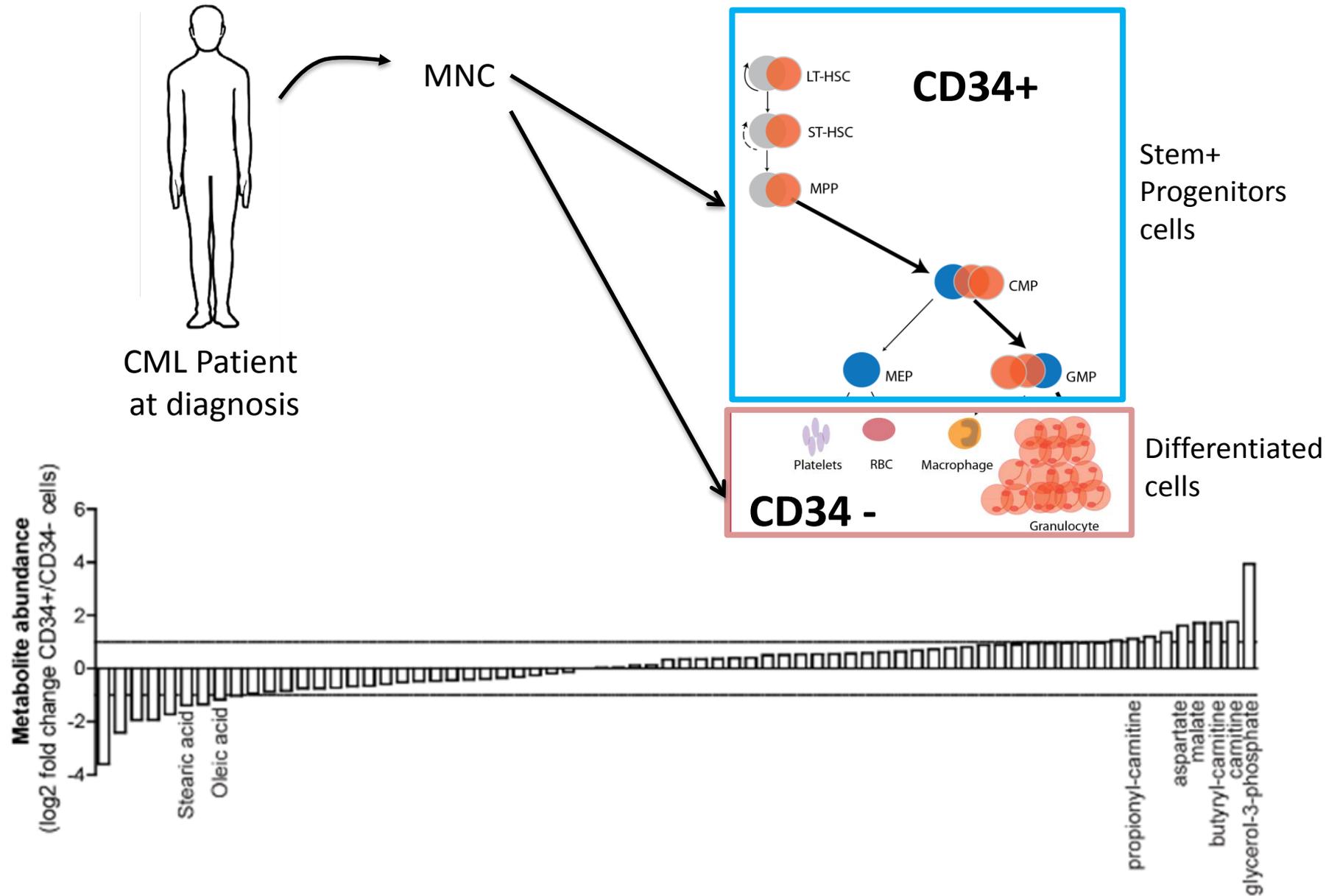


TKIs do not target CML stem cells

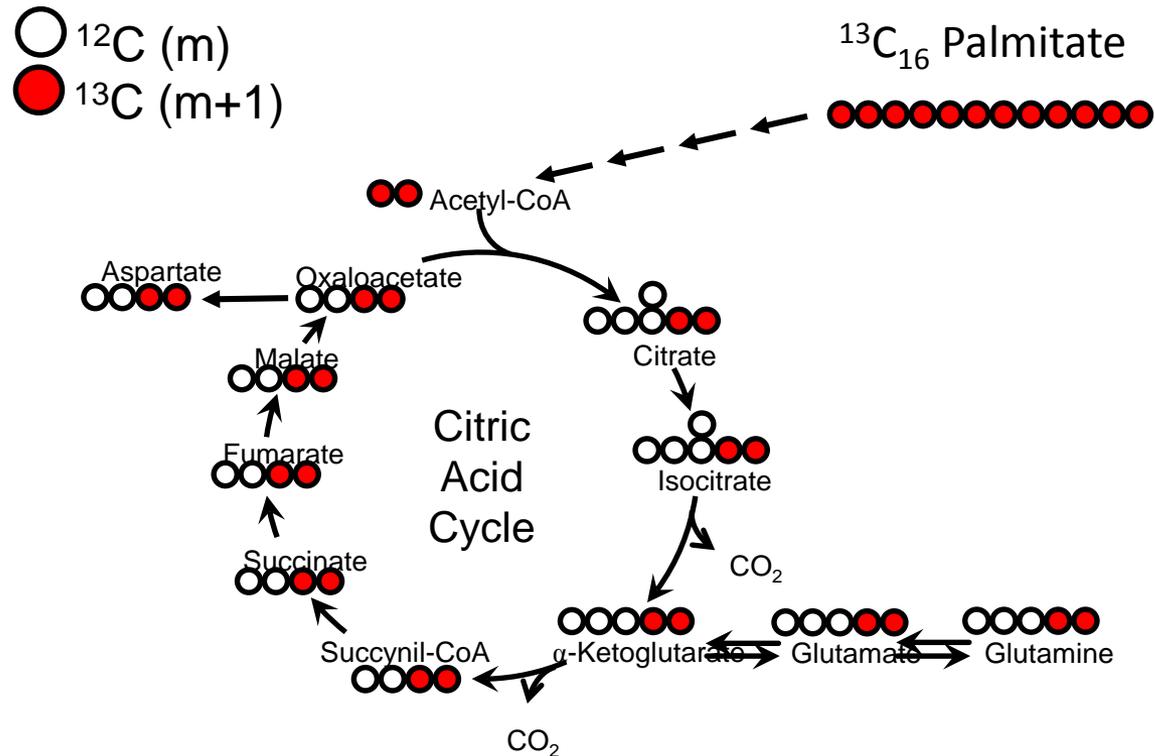
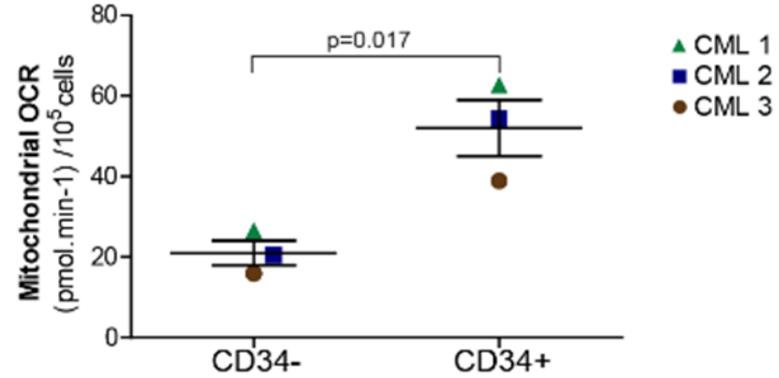
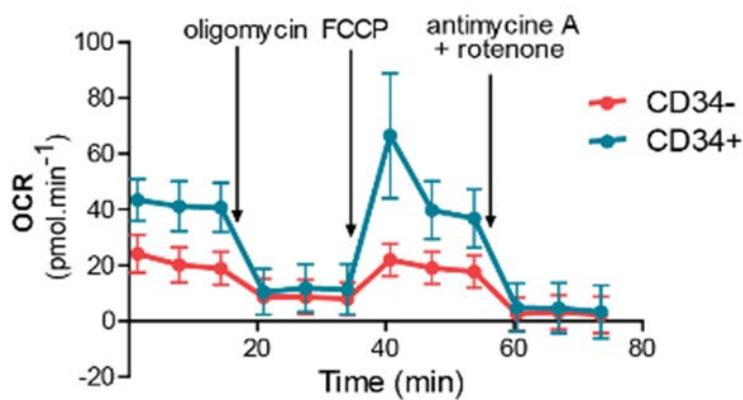


Measures drug effect on stem cells

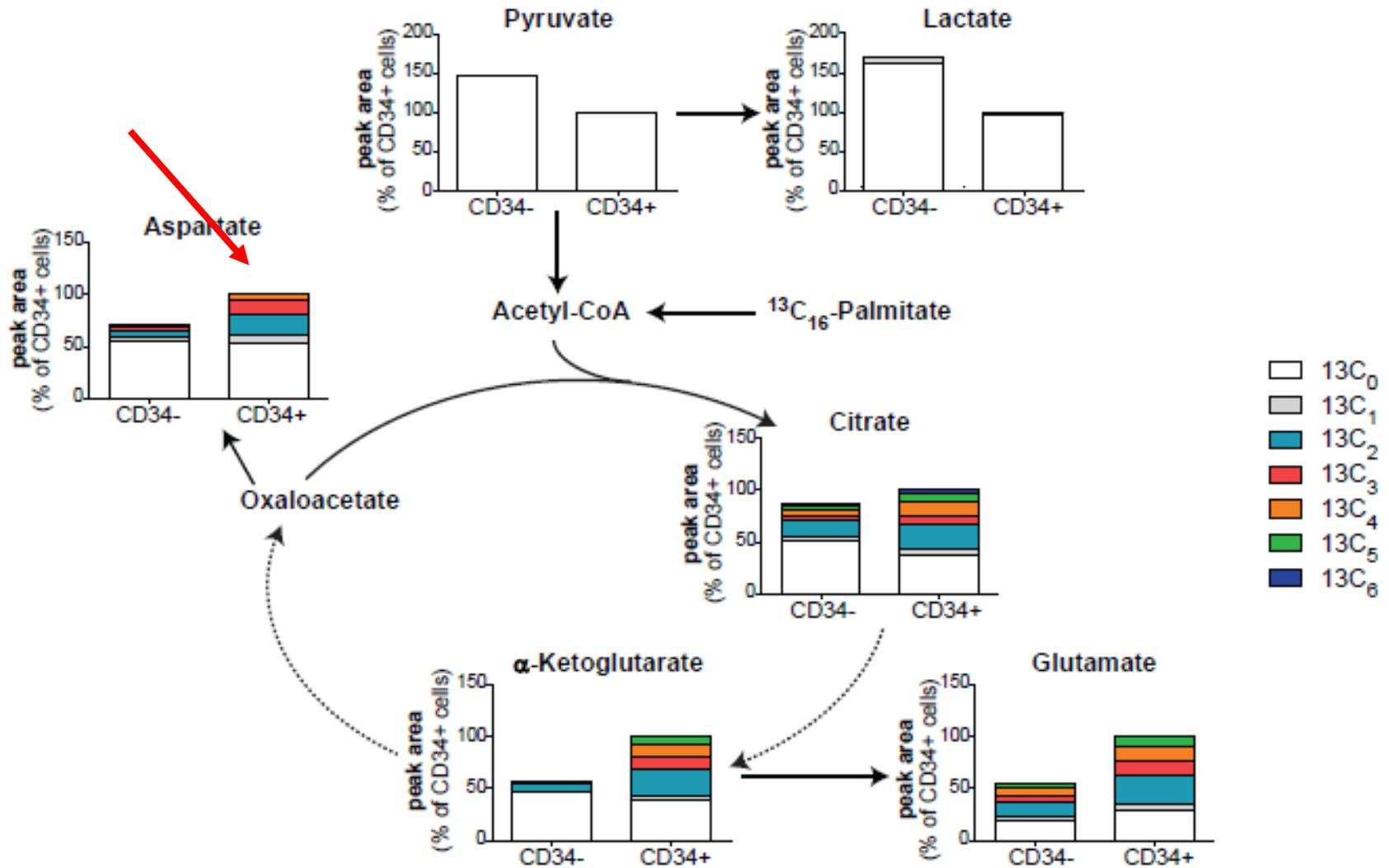
Metabolomics in CML CD34+ cells versus CML CD34- cells



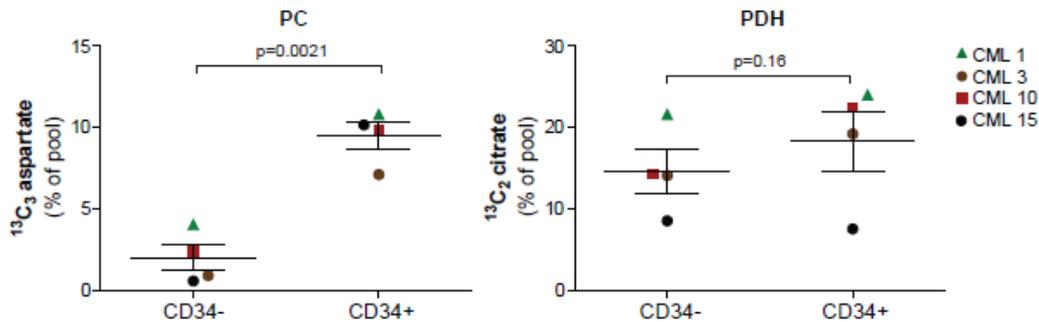
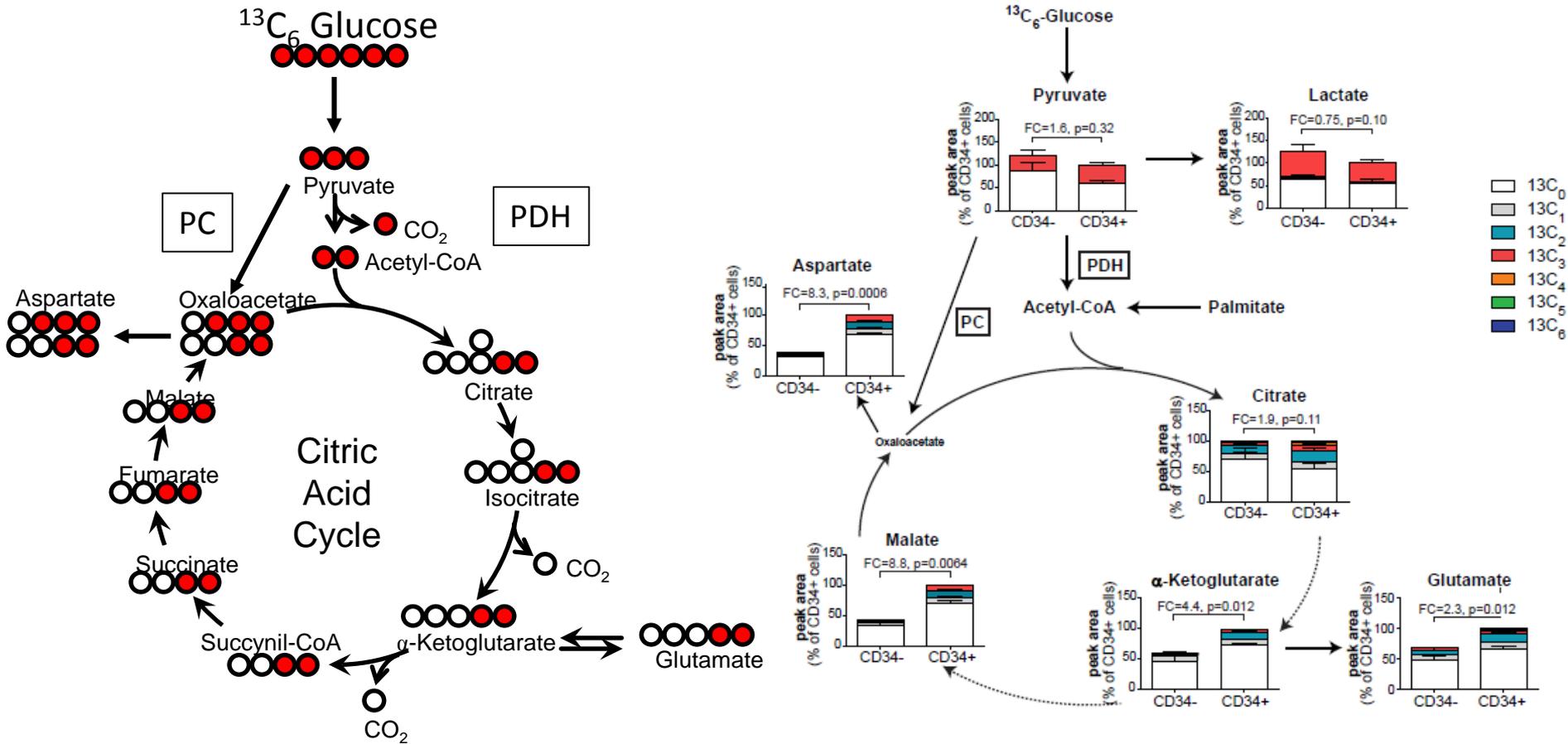
Fatty acid oxidation is increased in CML CD34+ cells



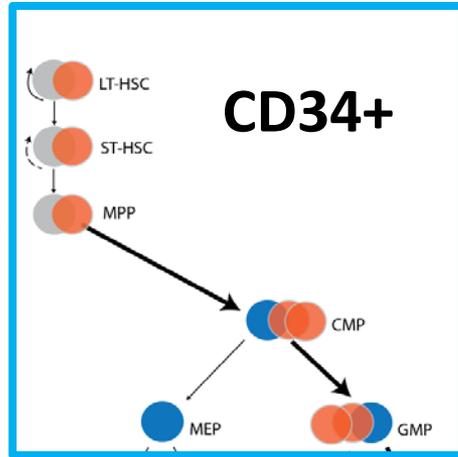
Fatty acid oxidation is increased in CML CD34+ cells



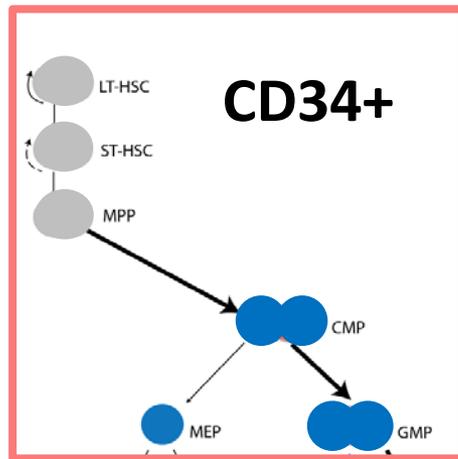
CML CD34+ cells have an increase in oxidative metabolism



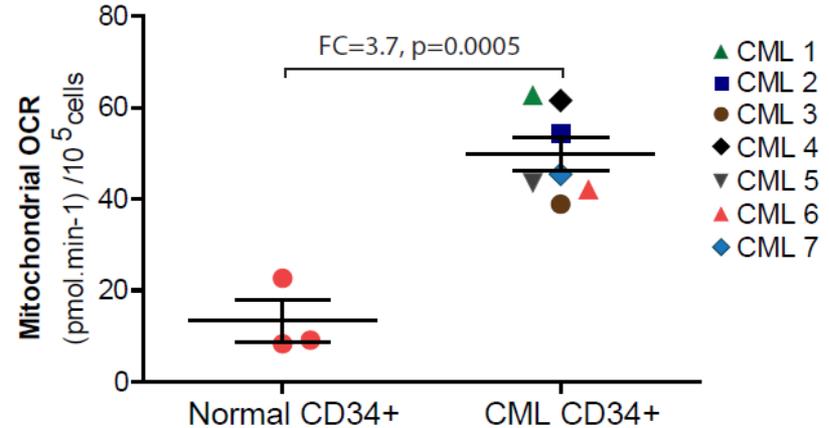
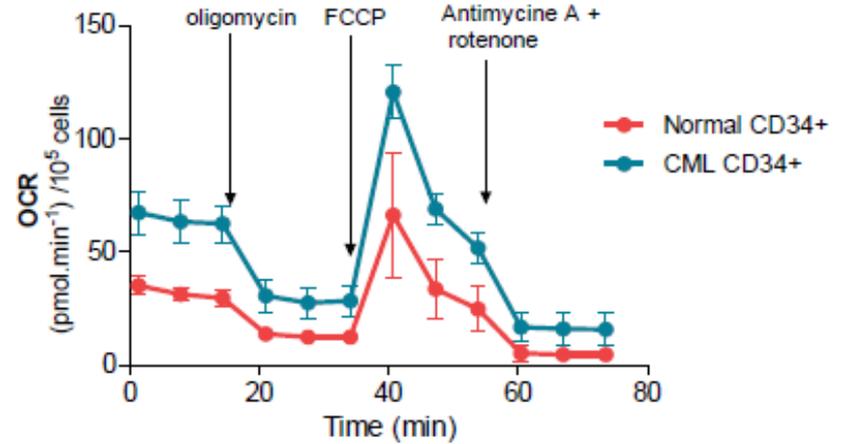
increased oxidative metabolism in CML CD34+ Vs. normal CD34+ cells



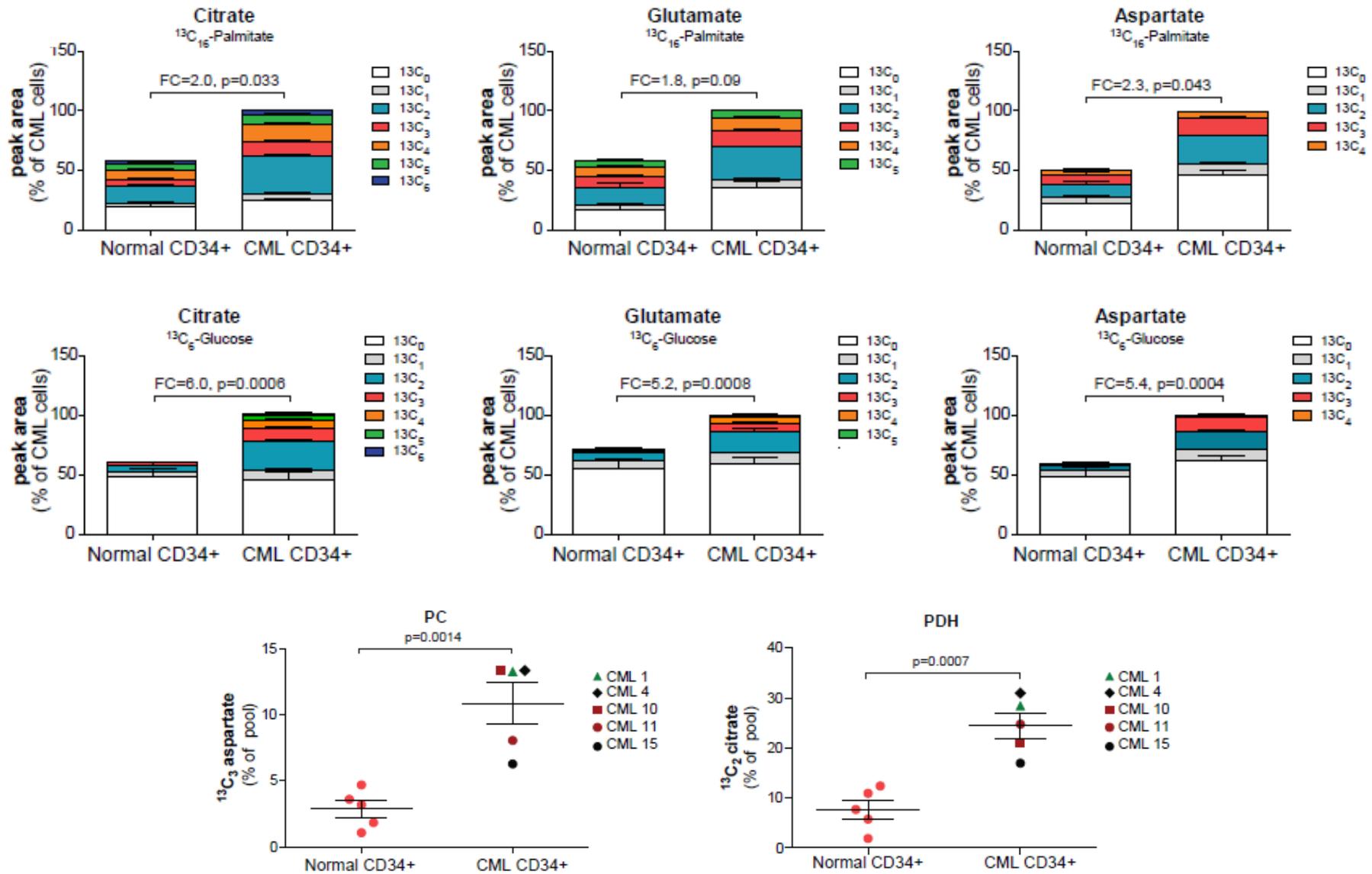
CML Patient at diagnosis



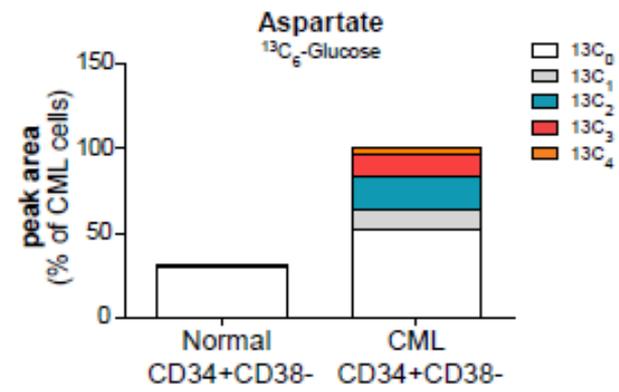
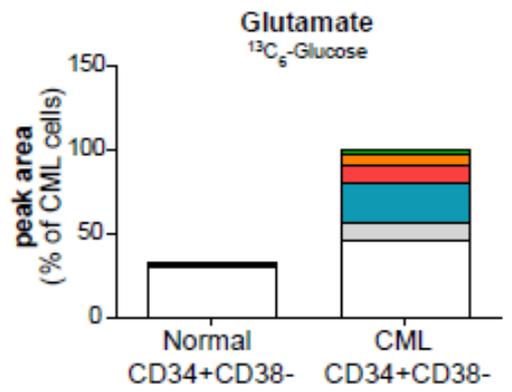
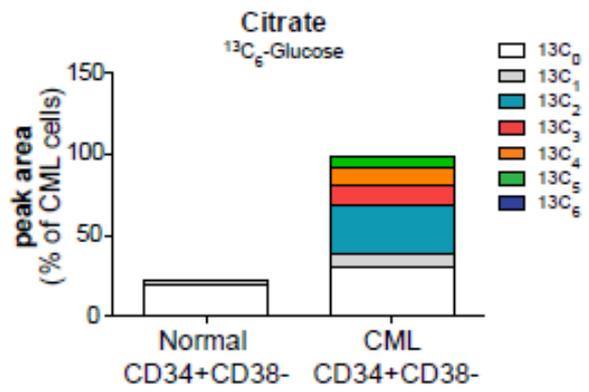
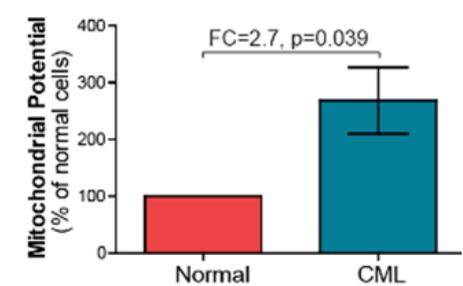
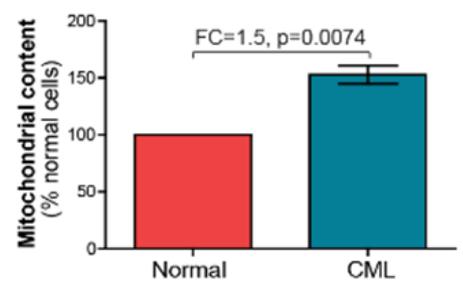
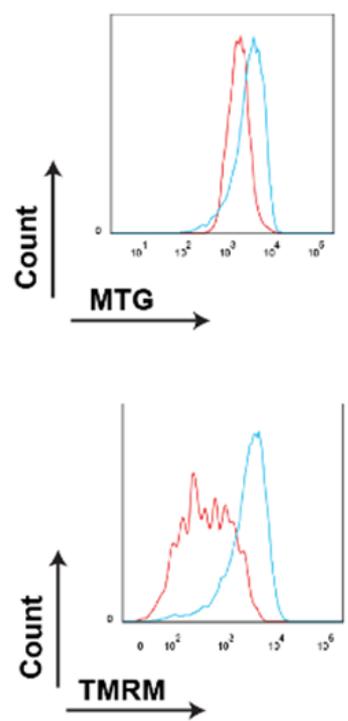
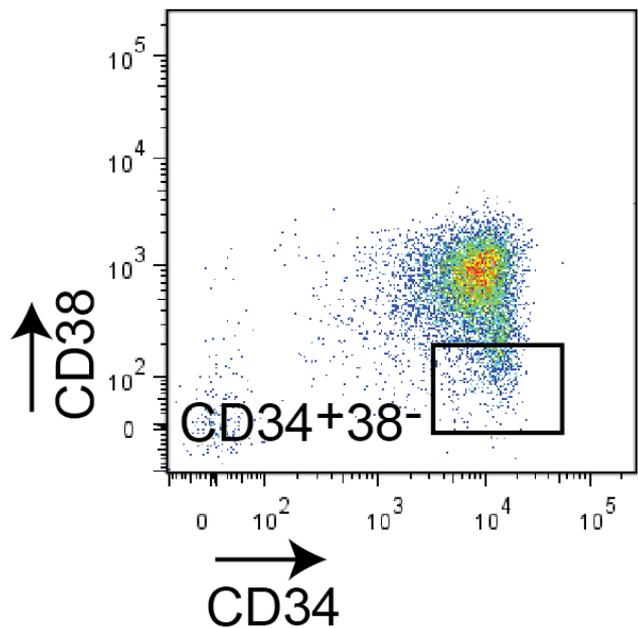
Healthy donor



increased oxidative metabolism in CML CD34+ Vs. normal CD34+ cells

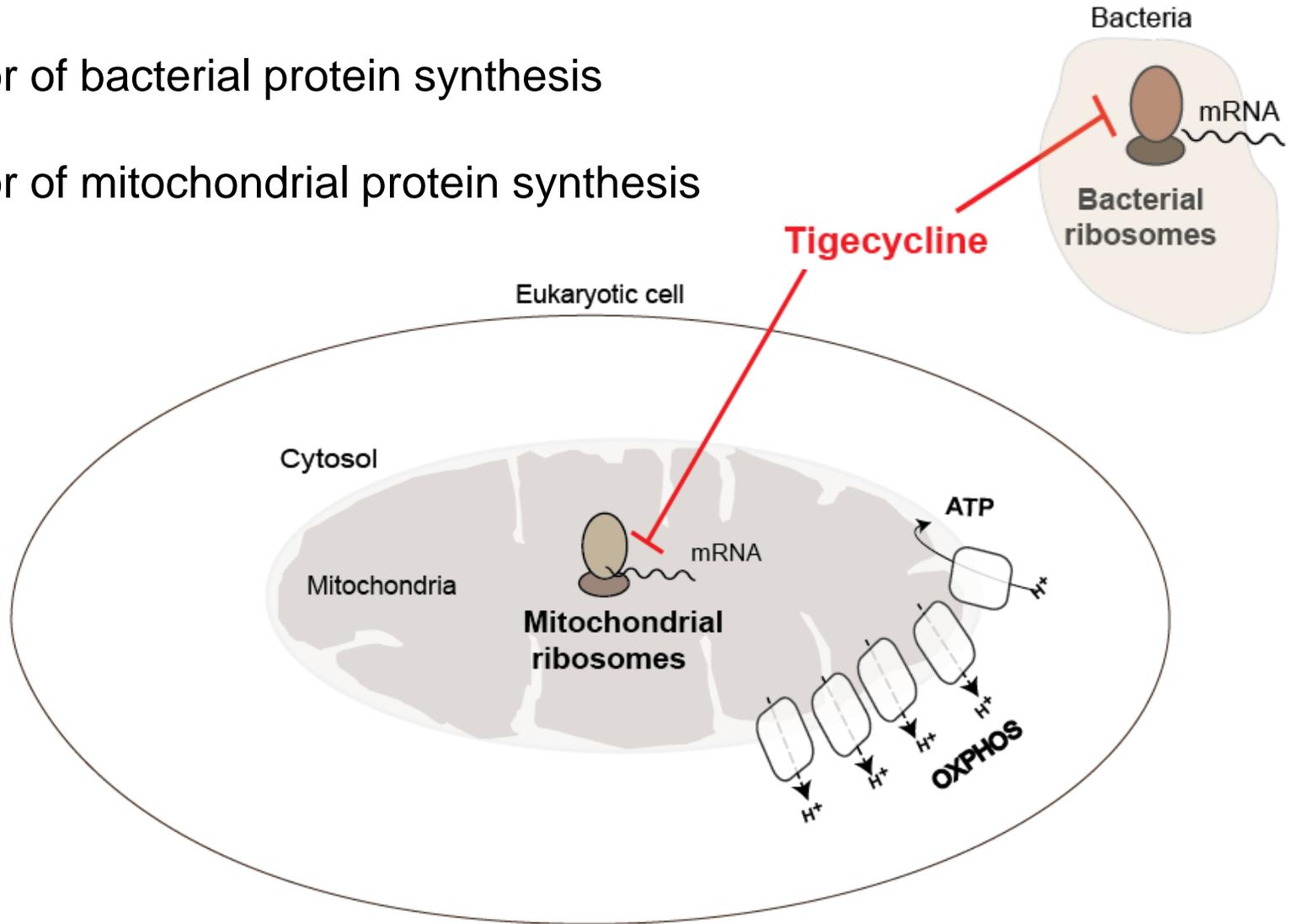


increased oxidative metabolism in CML stem cells

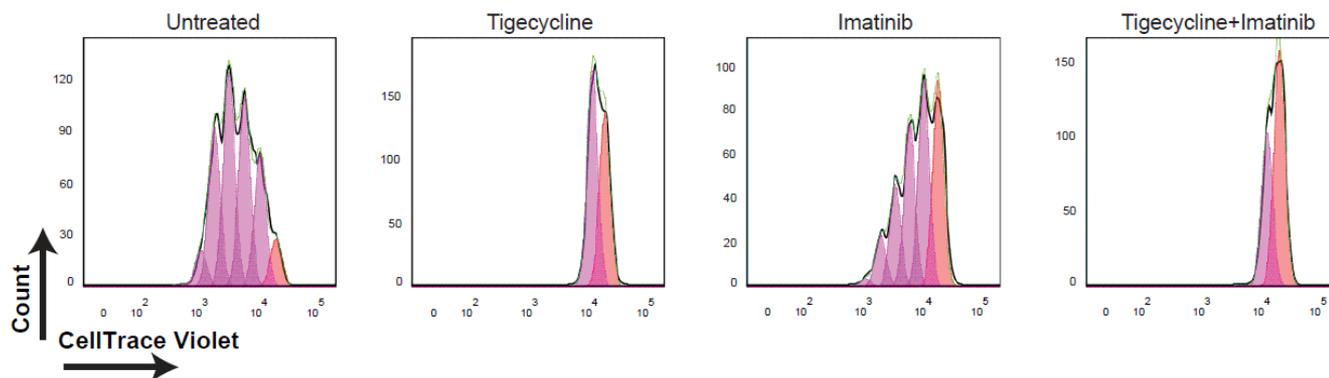
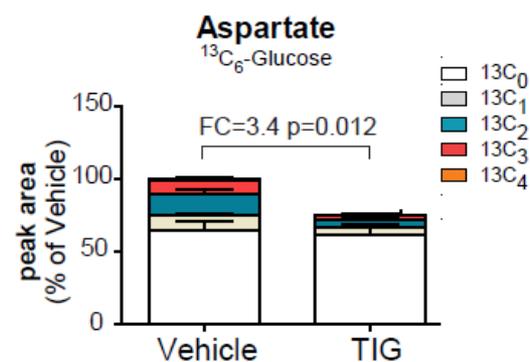
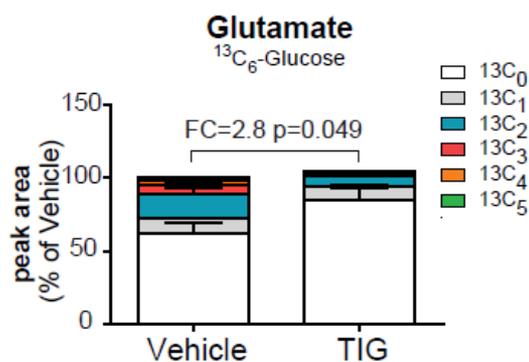
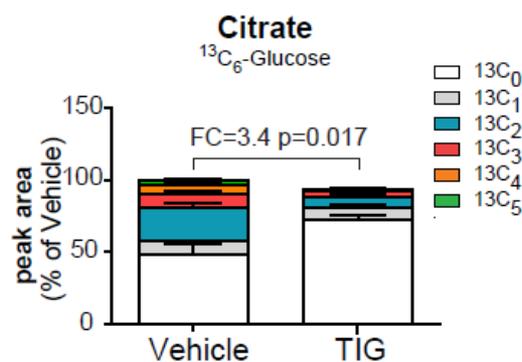
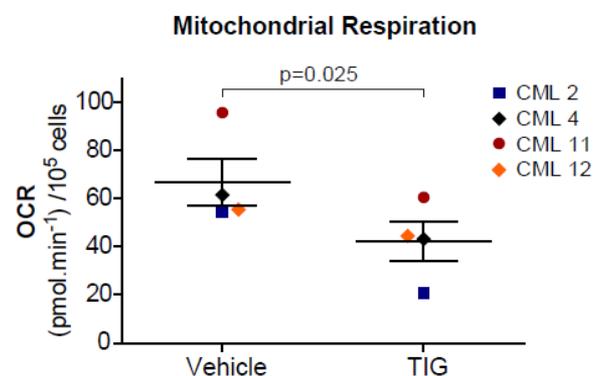
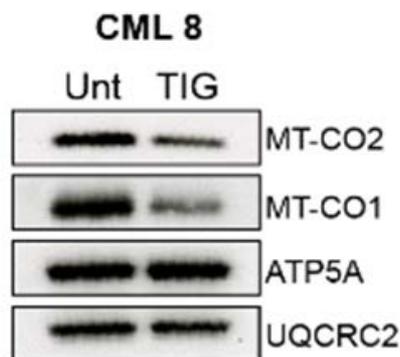


PHARMACOLOGICAL INHIBITION OF MITOCHONDRIAL METABOLISM WITH TIGECYCLINE

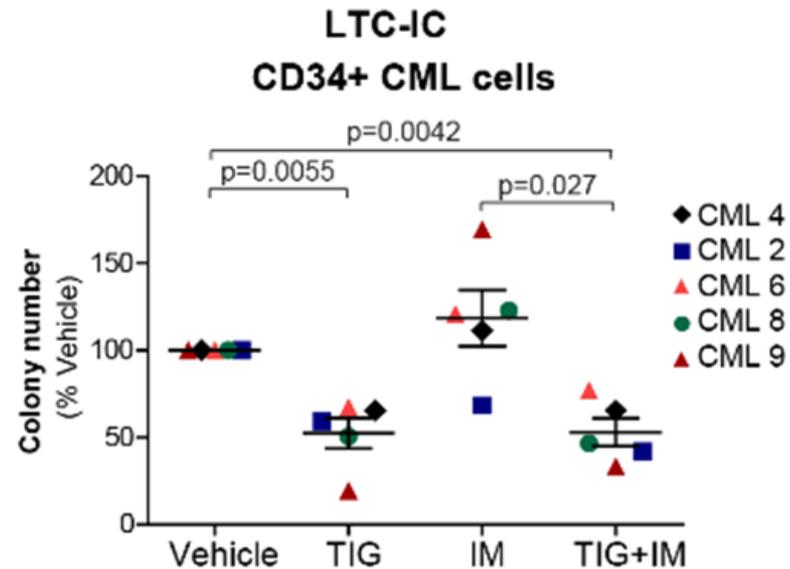
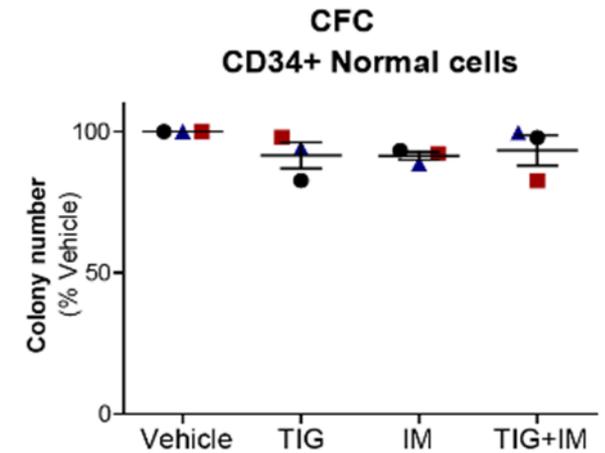
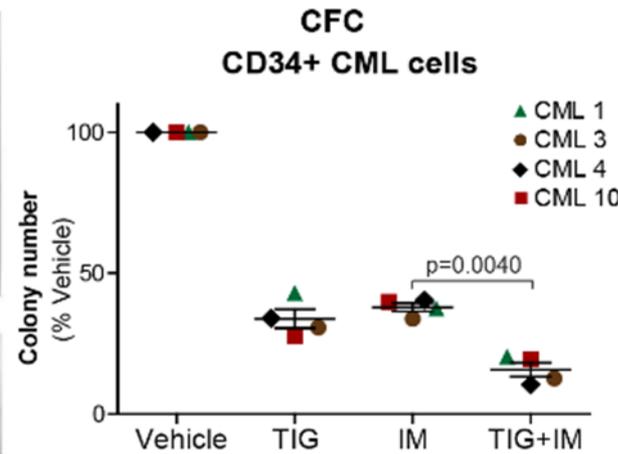
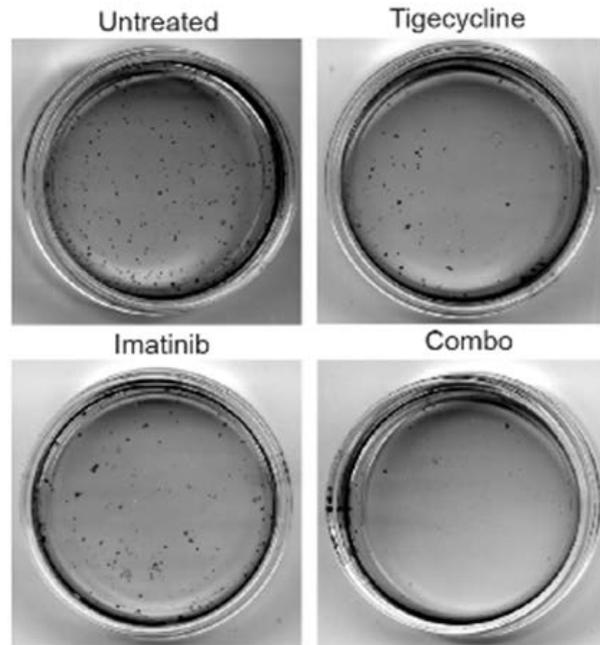
- FDA approved antibiotic
- Inhibitor of bacterial protein synthesis
- Inhibitor of mitochondrial protein synthesis



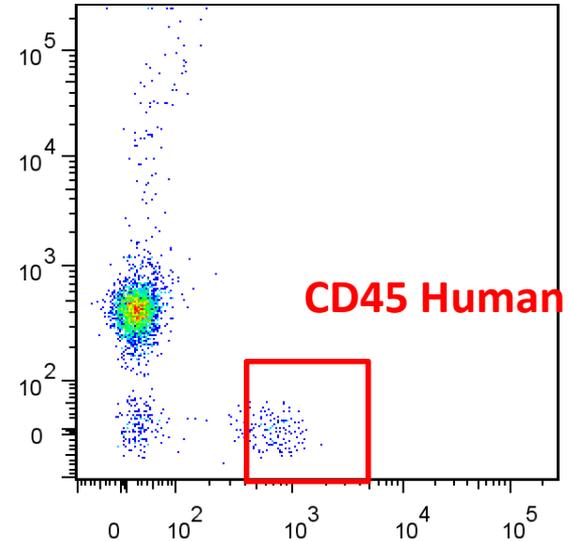
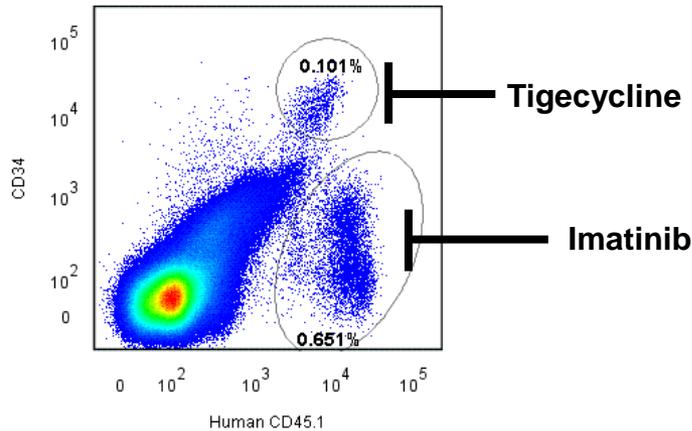
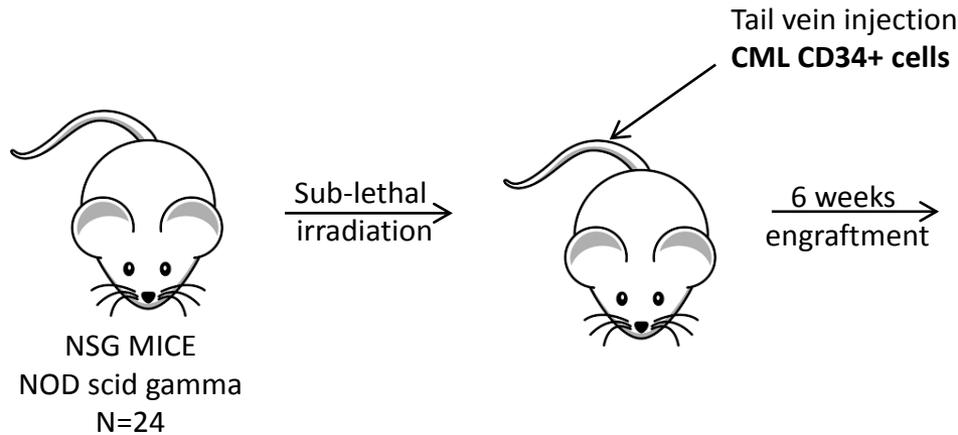
Inhibitor of mitochondrial oxidative metabolism decreases proliferation of CD34+ CML cells



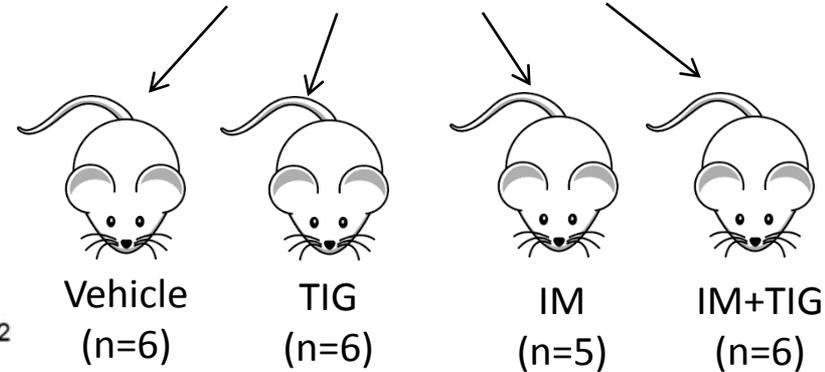
Inhibition of mitochondrial oxidative metabolism targets CML stem cells



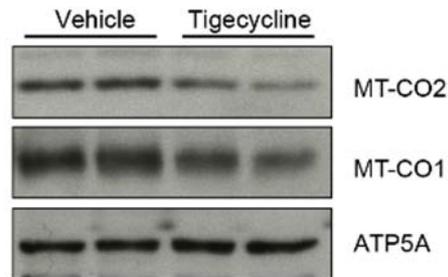
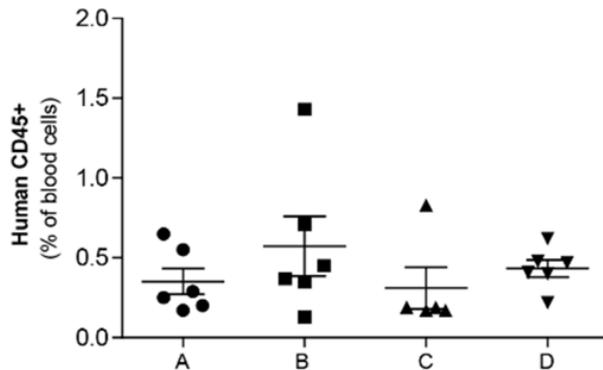
In vivo model to study drug effect on CML Stem Cells



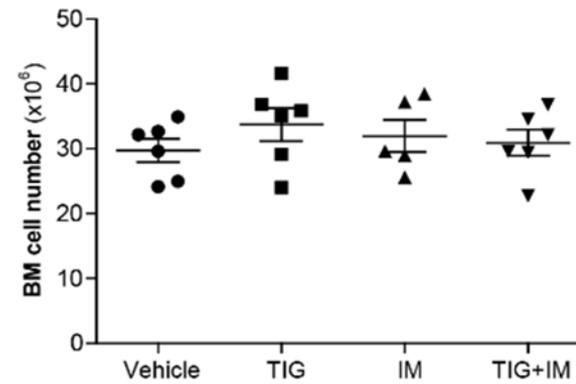
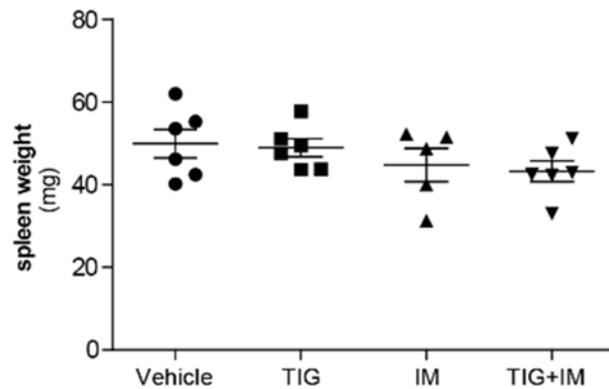
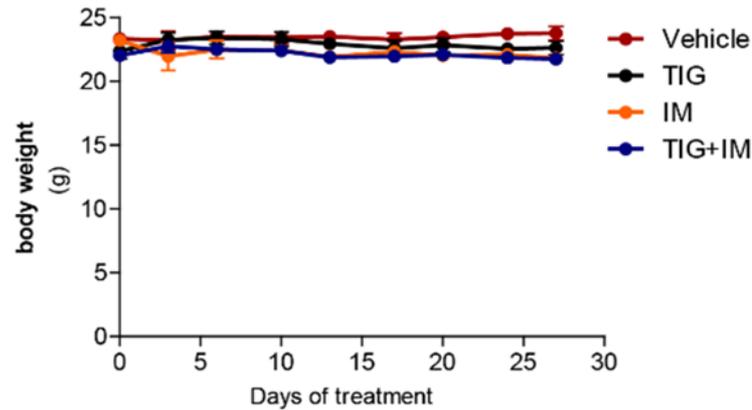
Confirmation of engraftment



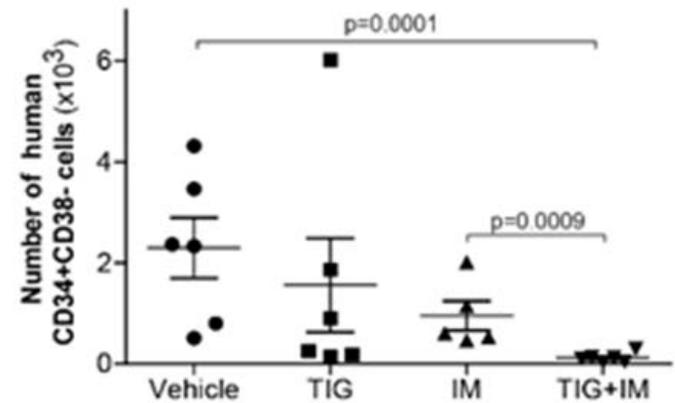
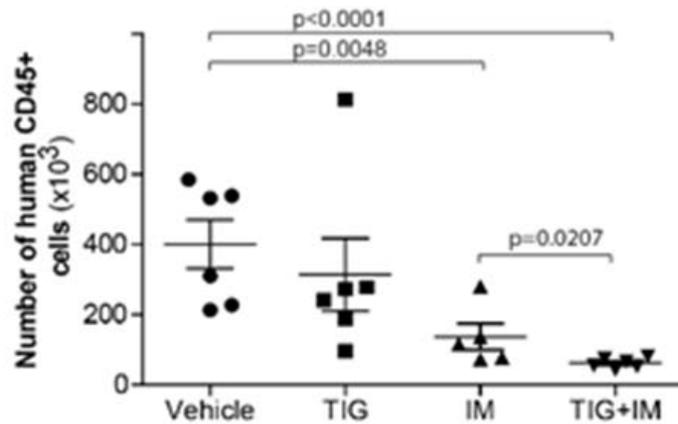
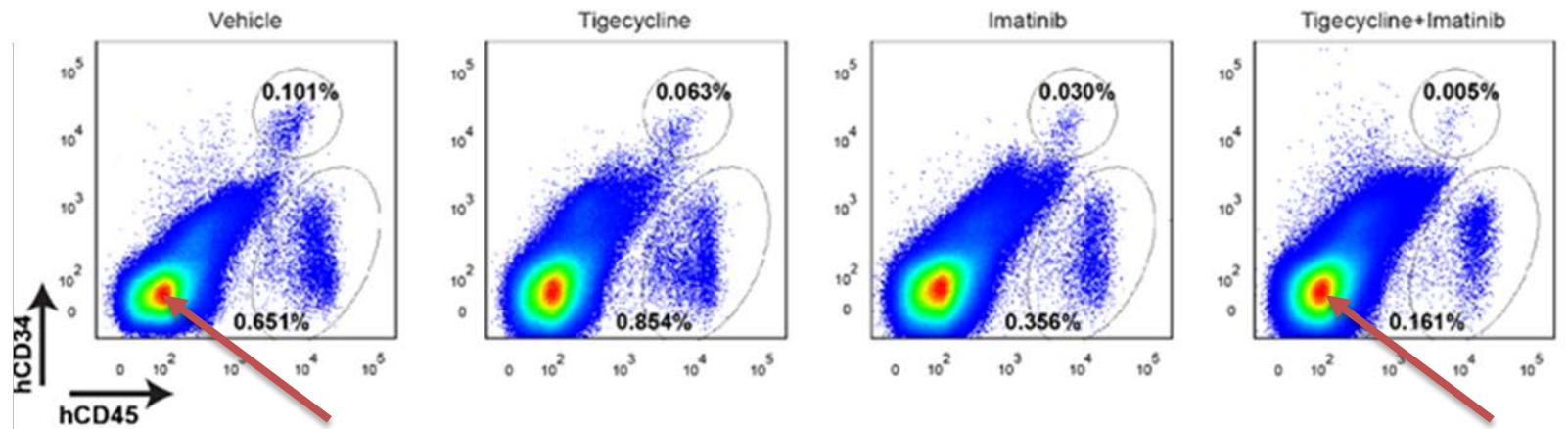
In vivo drug treatment for 4 weeks



Inhibition of mitochondrial oxidative metabolism in-vivo is tolerated in treated mice

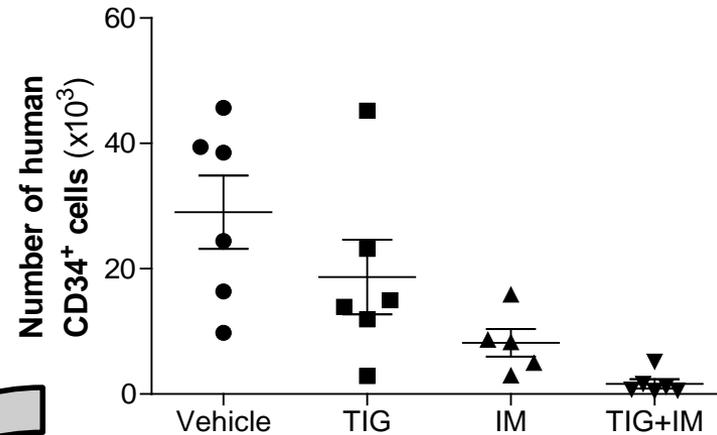


Inhibition of mitochondrial oxidative metabolism eradicates CML stem cells in-vivo



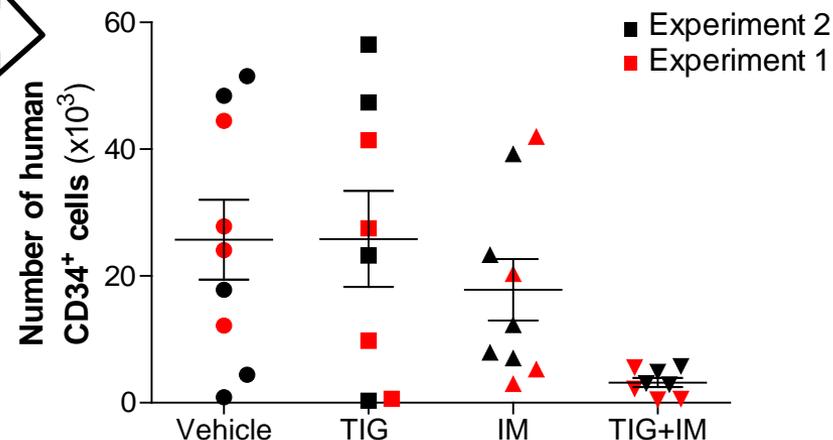
Inhibition of mitochondrial oxidative metabolism delays disease relapse after Imatinib withdrawal

After 3 weeks of treatment



2 or 3 weeks of treatment discontinuation

After 2-3 weeks of treatment discontinuation



Acknowledgements

Gottlieb Lab

Current members

Elaine MacKenzie

Simone Cardaci

Henry Däbritz

Jiska van der Reest

Elodie Kuntz

Johan Vande Voorde

Past members

Mary Selak

Christian Frezza

Leon Zheng

Metabolomics

Gillian McKay

Niels van den Broek



CANCER
RESEARCH
UK

BEATSON
INSTITUTE

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Gillian McKay

David Sumpton

WOLFSON WOHL CANCER RESEARCH CENTRE

Vignir Helgason

PAUL O'GORMAN LEUKAEMIA RESEARCH CENTRE

Tessa Holyoake

