

**Mining the Genome to Understand Epigenetic
Abnormalities in Cancer and Enhance
Development of New Therapeutic Approaches**

Stephen B. Baylin

Epigenetics



Ch. Waddington

Nature Reviews | Genetics

Classic Definition

The branch of biology which studies the causal interactions between genes and their products, which bring the phenotype into being.

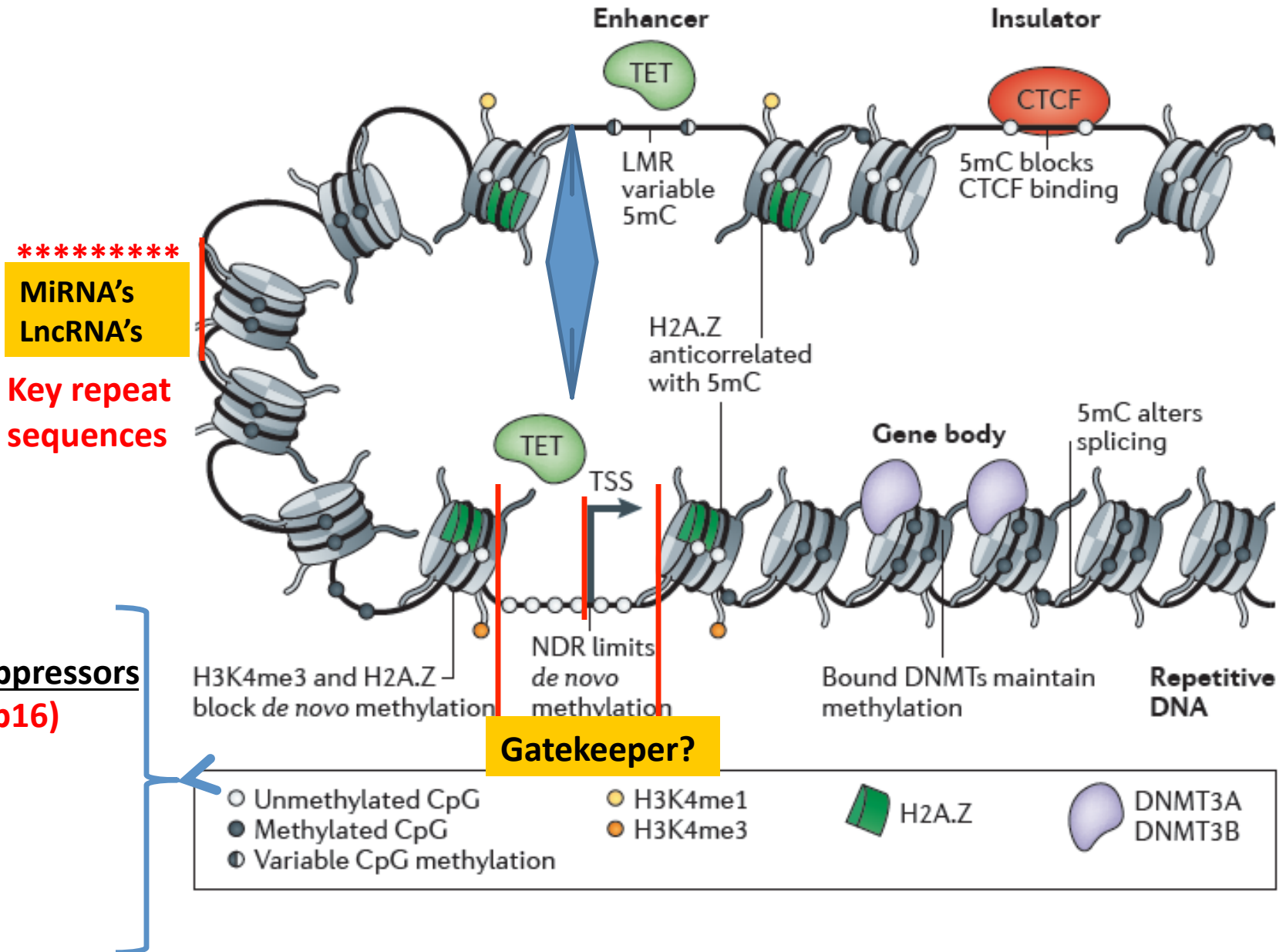
Modern Definition

The study of heritable changes (mitotic or meiotic) in gene function which create a new phenotype without a corresponding change in DNA sequence.

“Above” , but integral to, and informed by, the genome –software for the hard drive of DNA

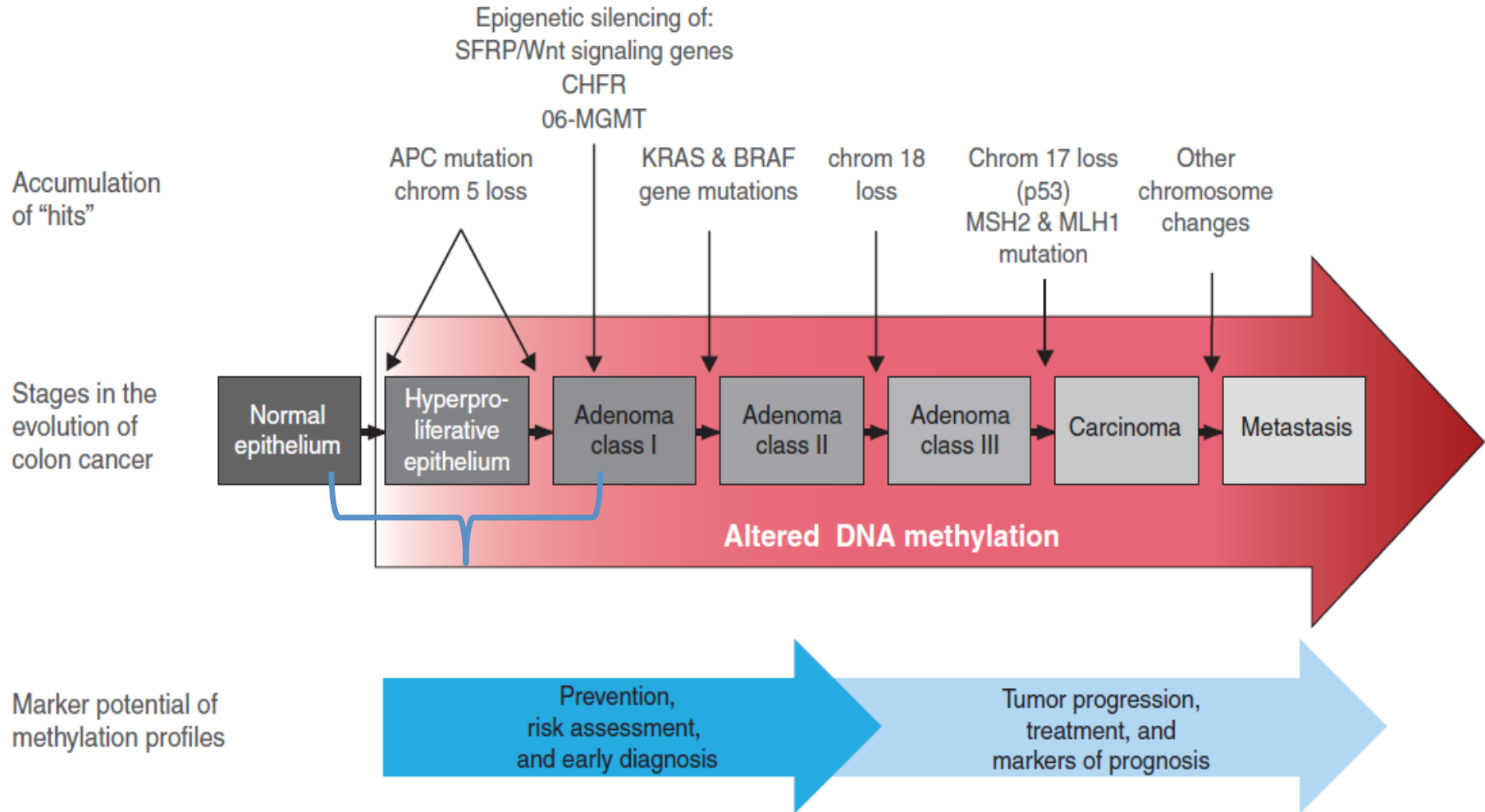
Cancer translation – the potential to reverse abnormalities and reprogram tumor cells - think of induced pluripotent stem cells (iPS)!

Putative Therapeutic Target -The Epigenome



The position of mutations and the abnormal epigenome in tumor progression

Cancer = disease of abnormal retention of self-renewal and defective lineage commitment



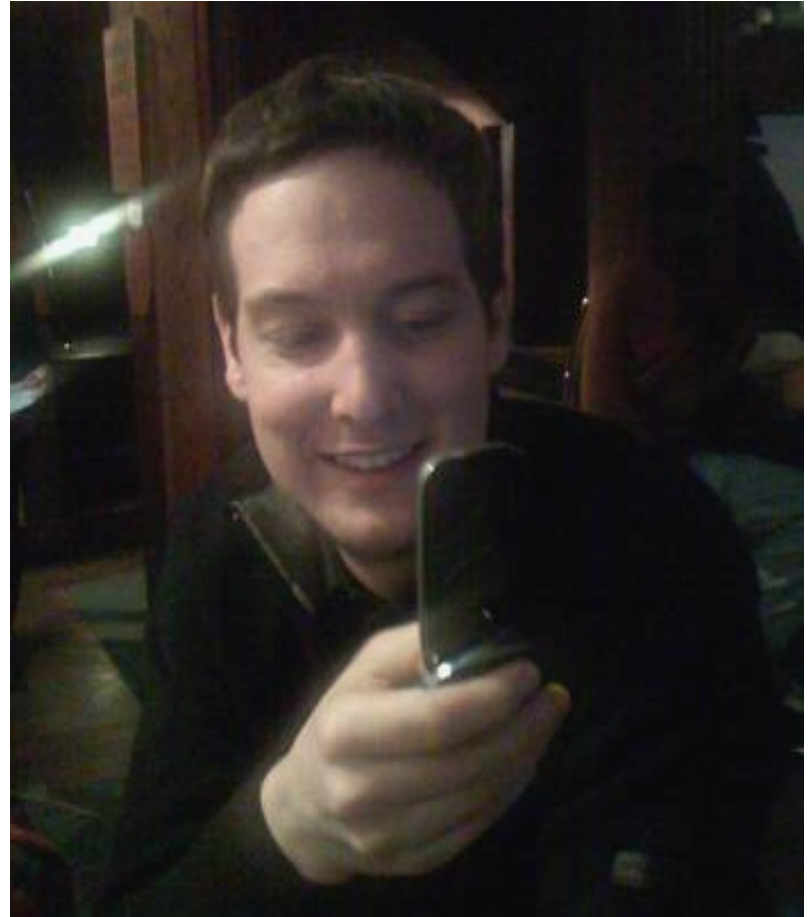
Some Things We Need To Know

- **Relationships and balance, during cancer initiation and progression between DNA methylation and chromatin changes in key genomic regions – enhancers, promoters, gene bodies, and non-coding**

Genome-Wide Studies of DNA Methylation and Chromatin



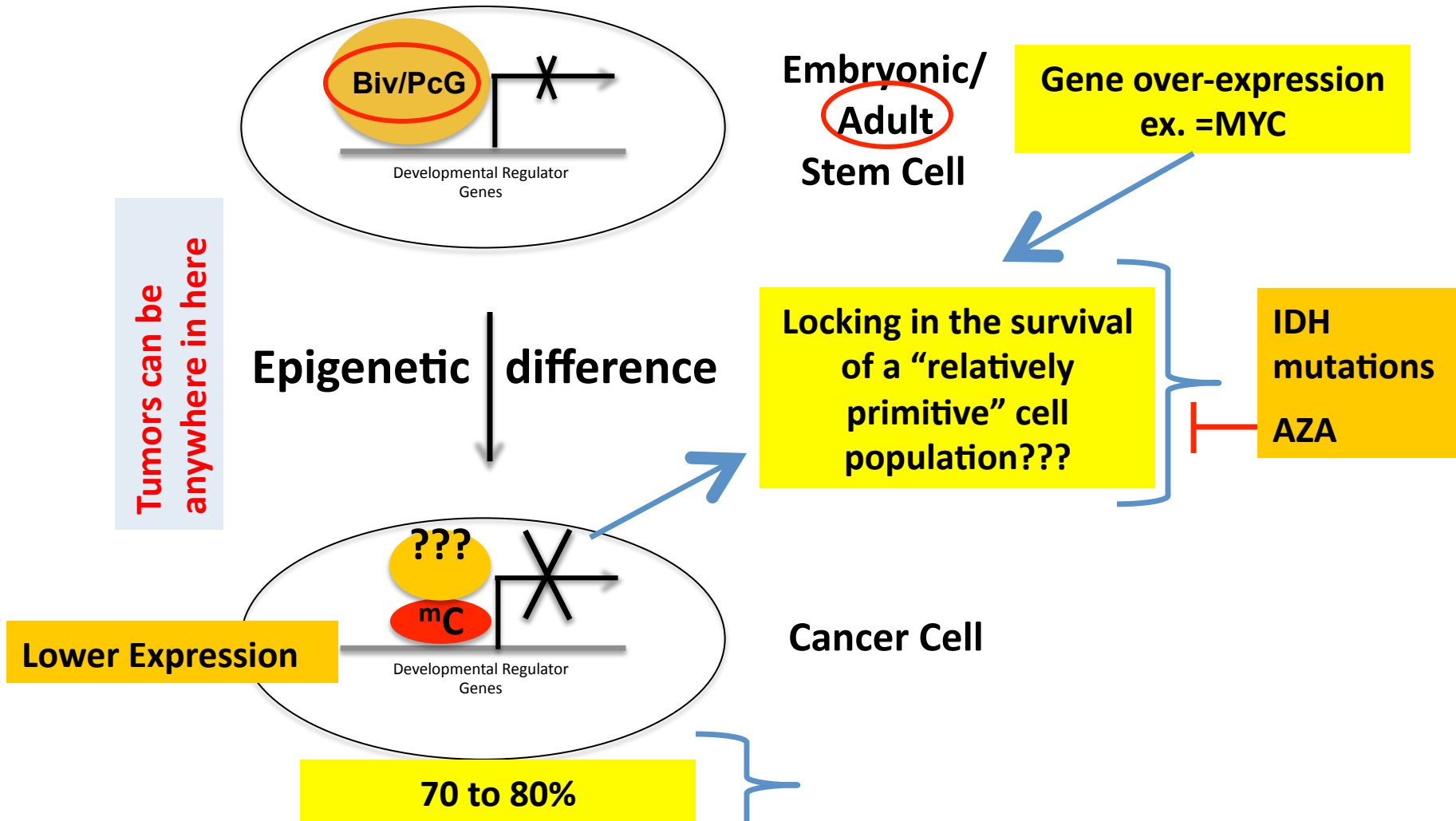
Hariharan Easwaran



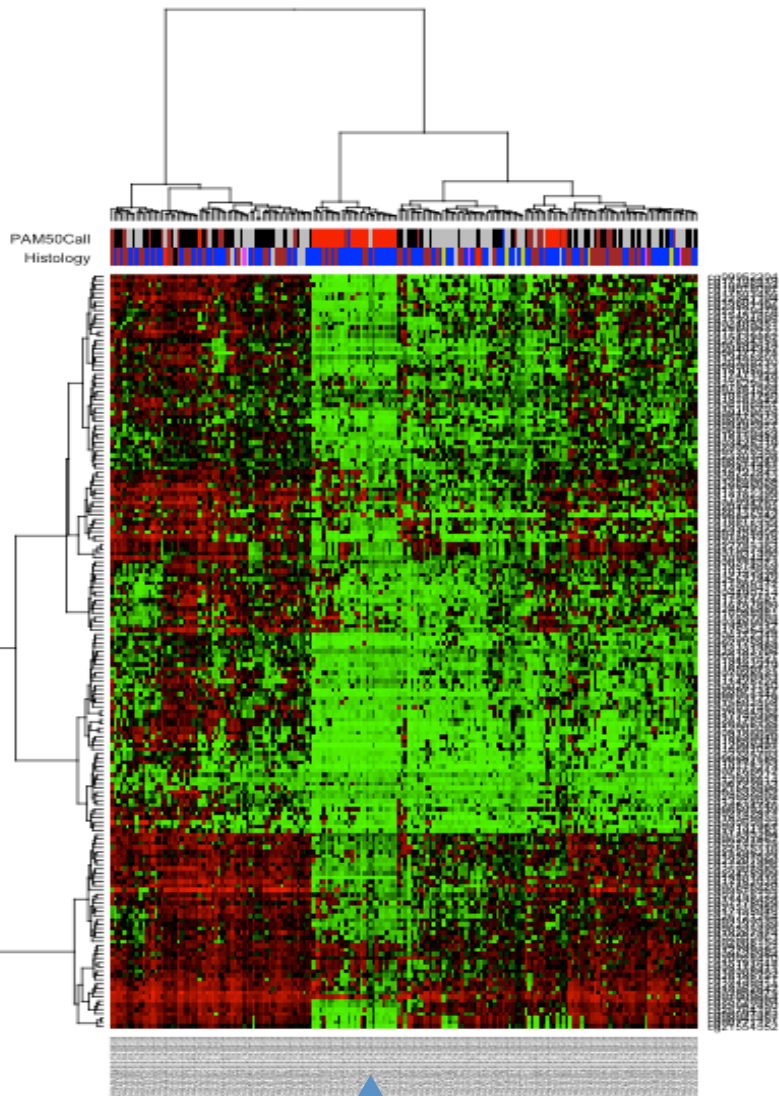
Leander Van Neste

Sarah Johnstone

Model for Molecular Progression to DNA Hypermethylation of Many Genes in Cancer



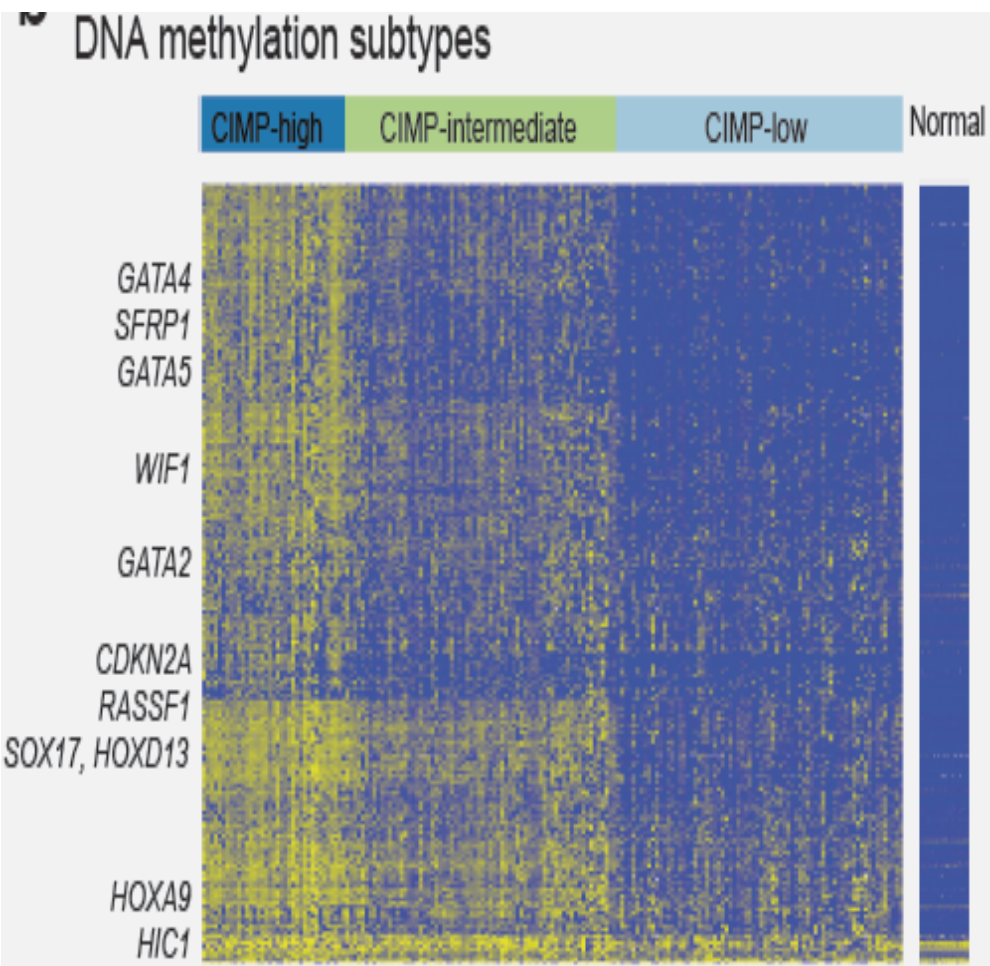
Breast Carcinoma



PcG Driven?

Easwaran, Johnstone, Collison et al, 2012

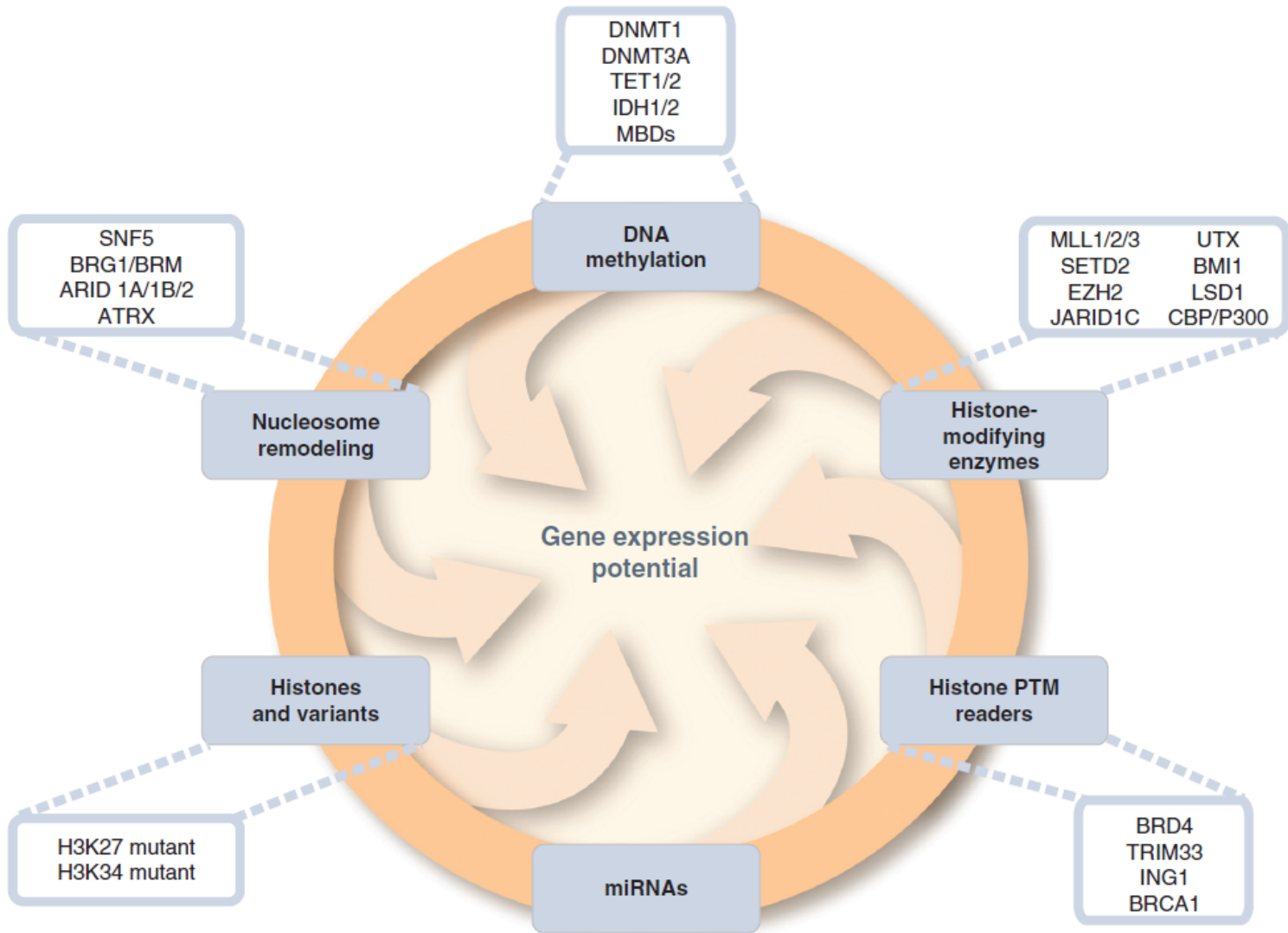
Lung Adenocarcinoma



PcG

Danilova, Cope, Weisenberger, Laird, and TCGA Consortium, Nature, 2014

Mutations in Genes Encoding Chromatin Regulatory Proteins

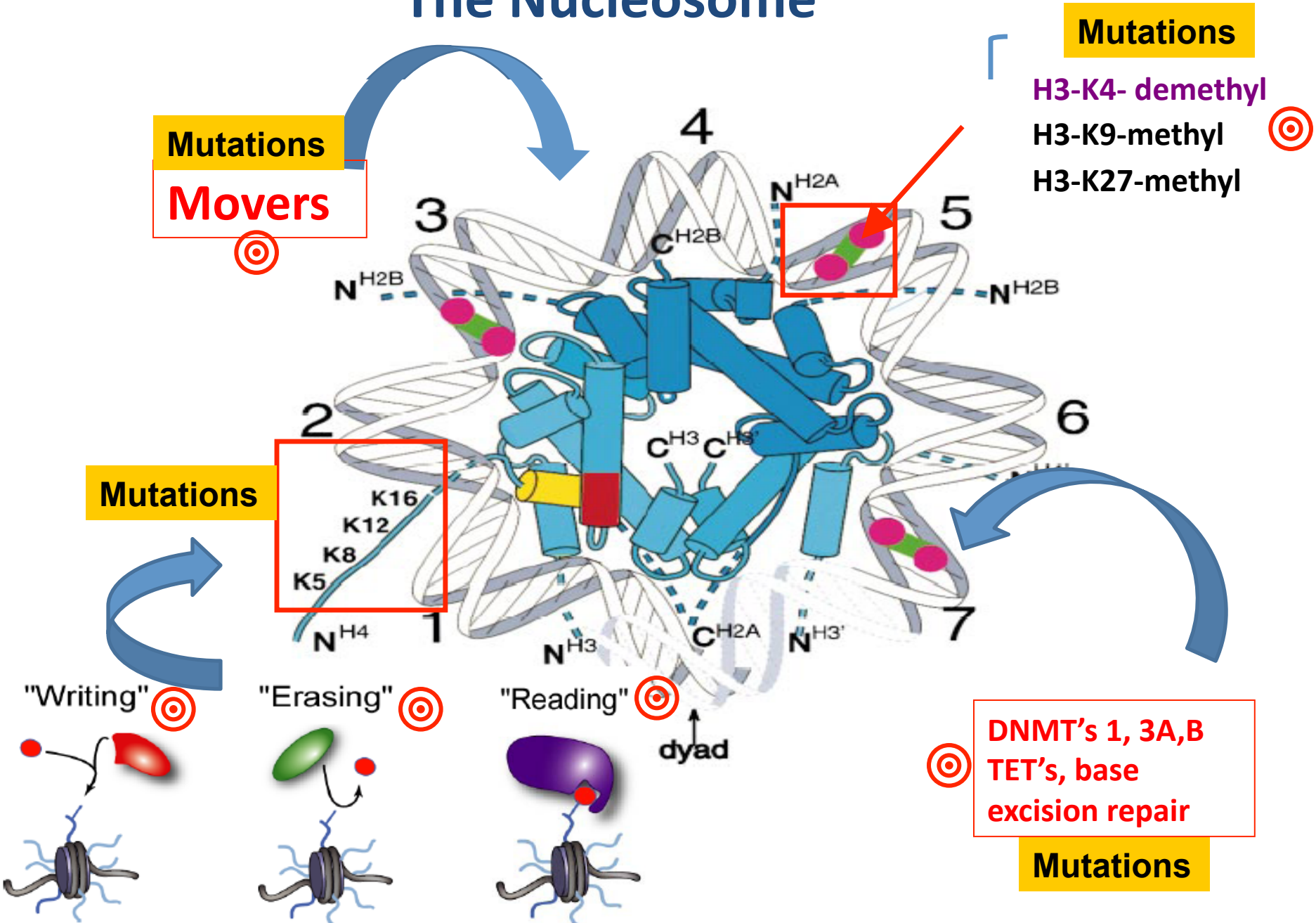


The epigenetic machinery

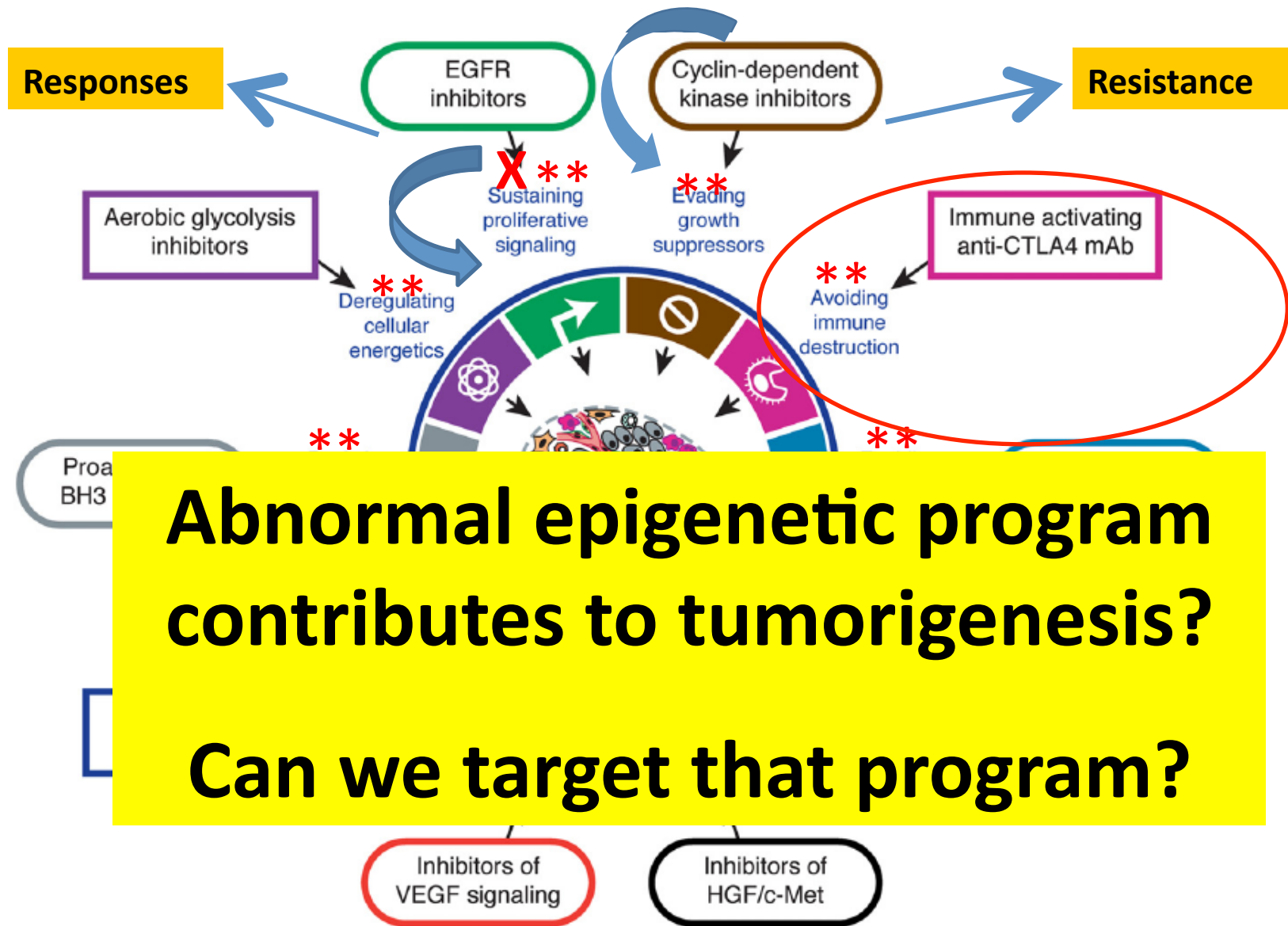
Some Things We Need To Know

- **Relationships and balance, during cancer initiation and progression between DNA methylation and chromatin changes in key genomic regions – enhancers, promoters, gene bodies, and non-coding**
- **Above as these parameters relate to the DNA methylation and chromatin events either created by and/or “inherited “ by the mutations in genes encoding for proteins regulating the epigenome**

The Nucleosome



The Hallmarks of Cancer and Therapy Targets



Some Things We Need To Know

- **Relationships and balance, during cancer initiation and progression between DNA methylation and chromatin changes in key genomic regions – enhancers, promoters, gene bodies, and non-coding**
- **Above as these parameters relate to the DNA methylation and chromatin events either created by and/or “inherited “ by the mutations in genes encoding for proteins regulating the epigenome**
- **Above during effects of agents which are targeting the epigenome for possibilities in cancer therapy**



Peter Jones



Jean-Pierre Issa



Charles Rudin



Ros Juergens



Malcolm Brock



Nita Ahuja



Nilo Azad



Vered Stearns

Dream Team for Epigenetic Therapy



**Anthony El-Khoueiry,
Casey O'Connell
Barbara Gitlitz
Debu Tripathy**



*Leukemia
Breast,
Lung, &
Colon
Ovarian Cancer*

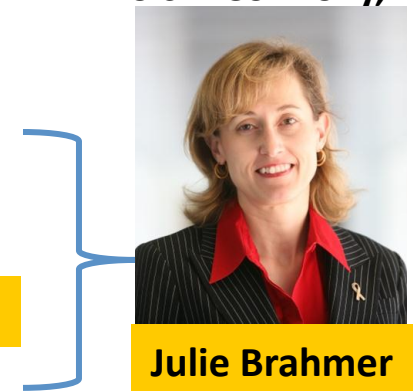


John Wrangle



Nancy Davidson Rachel Jankowitz, M.D.

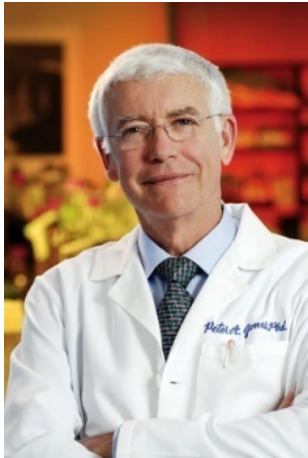
**Suzanne Topalian,
Drew Pardoll
Immunotherapy Team**



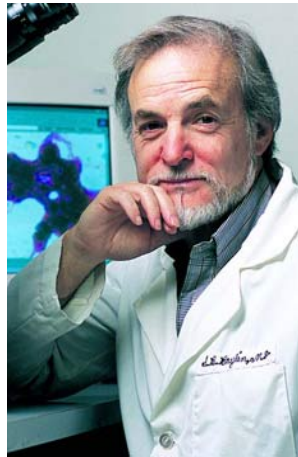
Julie Brahmer

NCI, TCGA, CTEP, Celgene, BMS, Syndax

Correlative Science and Biomarker Development Derivation



Peter Jones



Steve Baylin



Cindy Zahnow



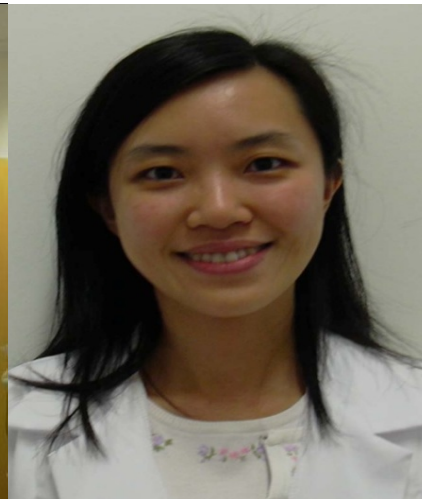
Kate Chiappinelli



John Wrangle



Huili Li

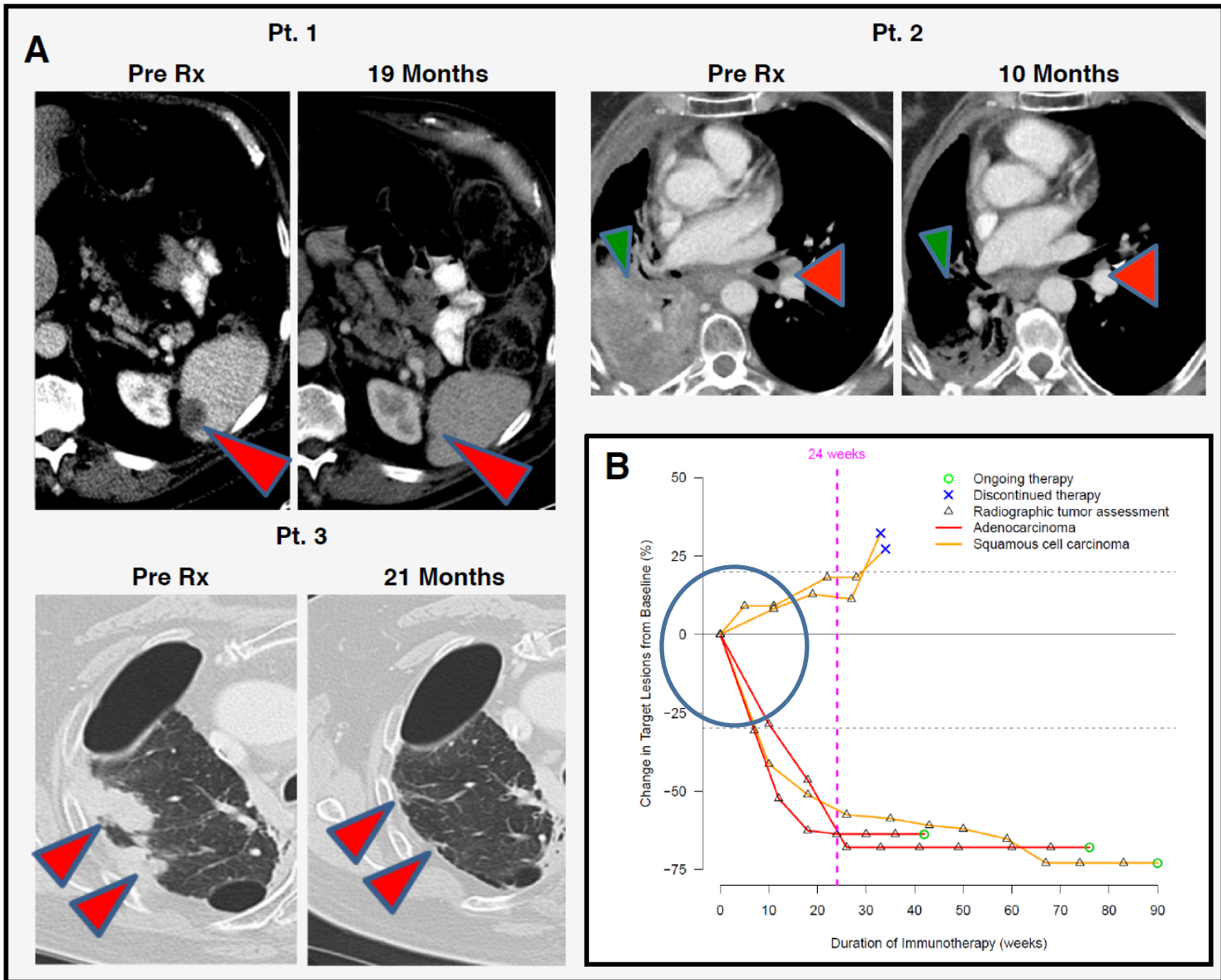


Hsing Tsai

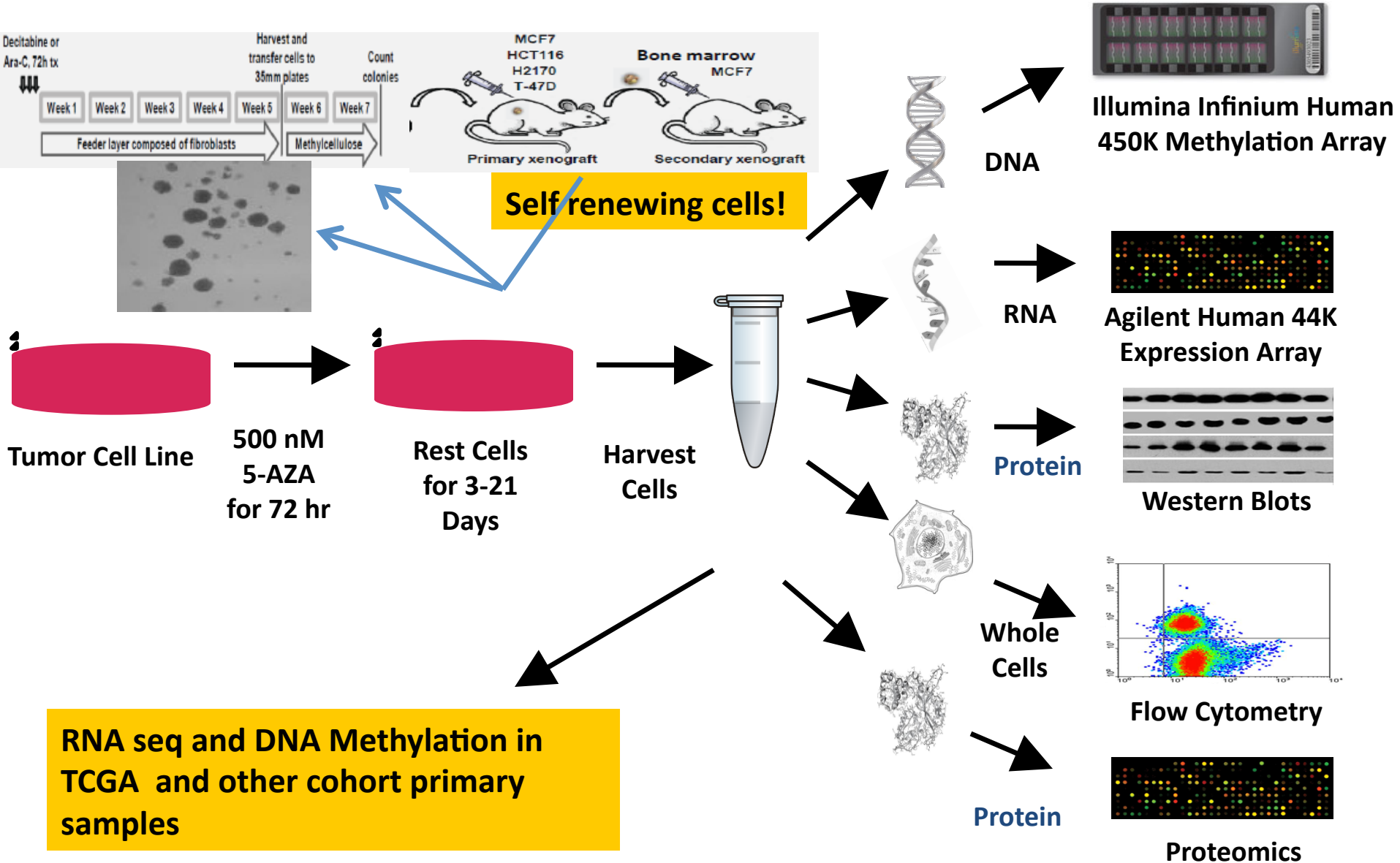


Nita Ahuja

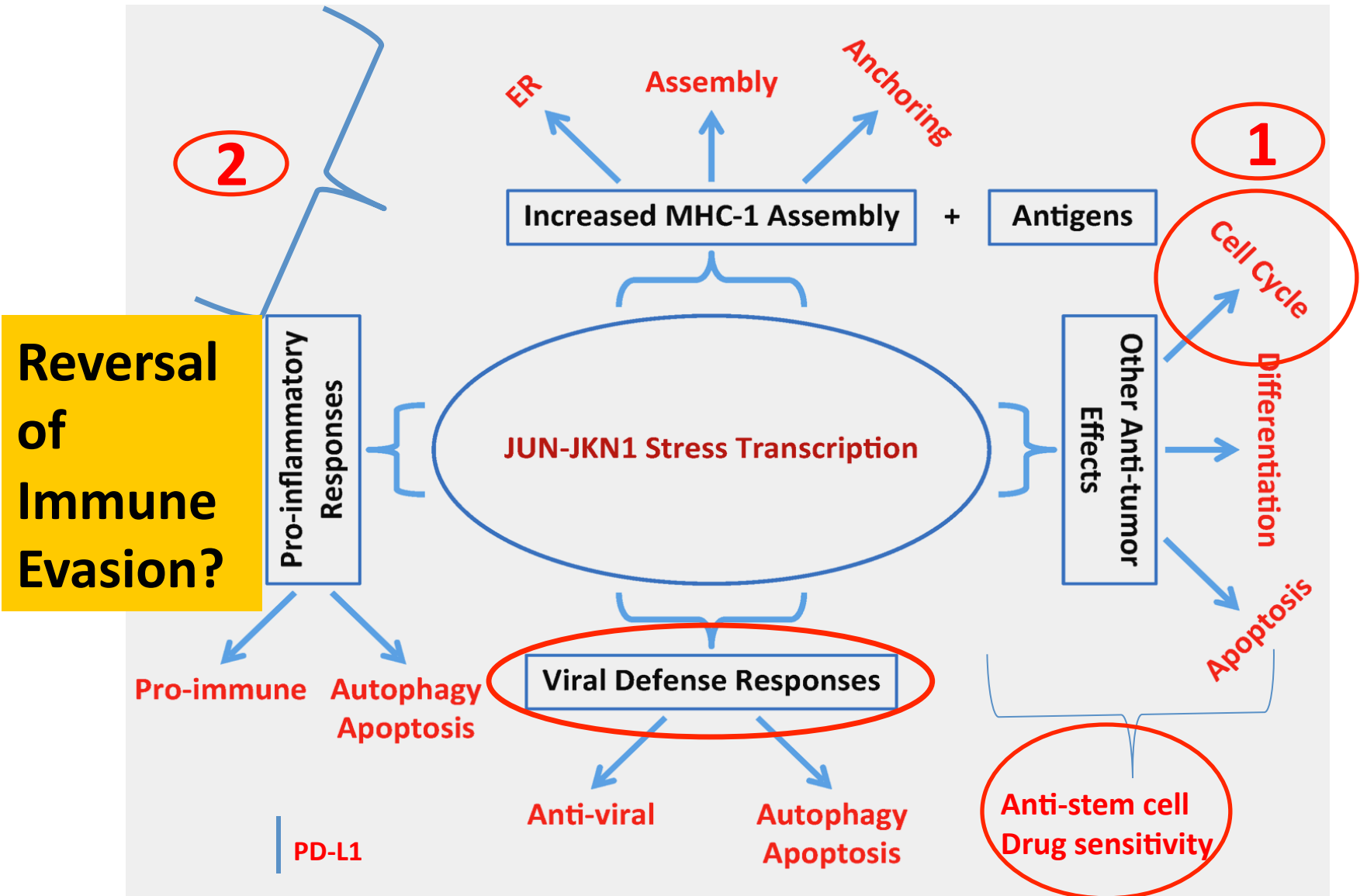
Potential for Epigenetic Rx Priming to Immune Tolerance Therapy



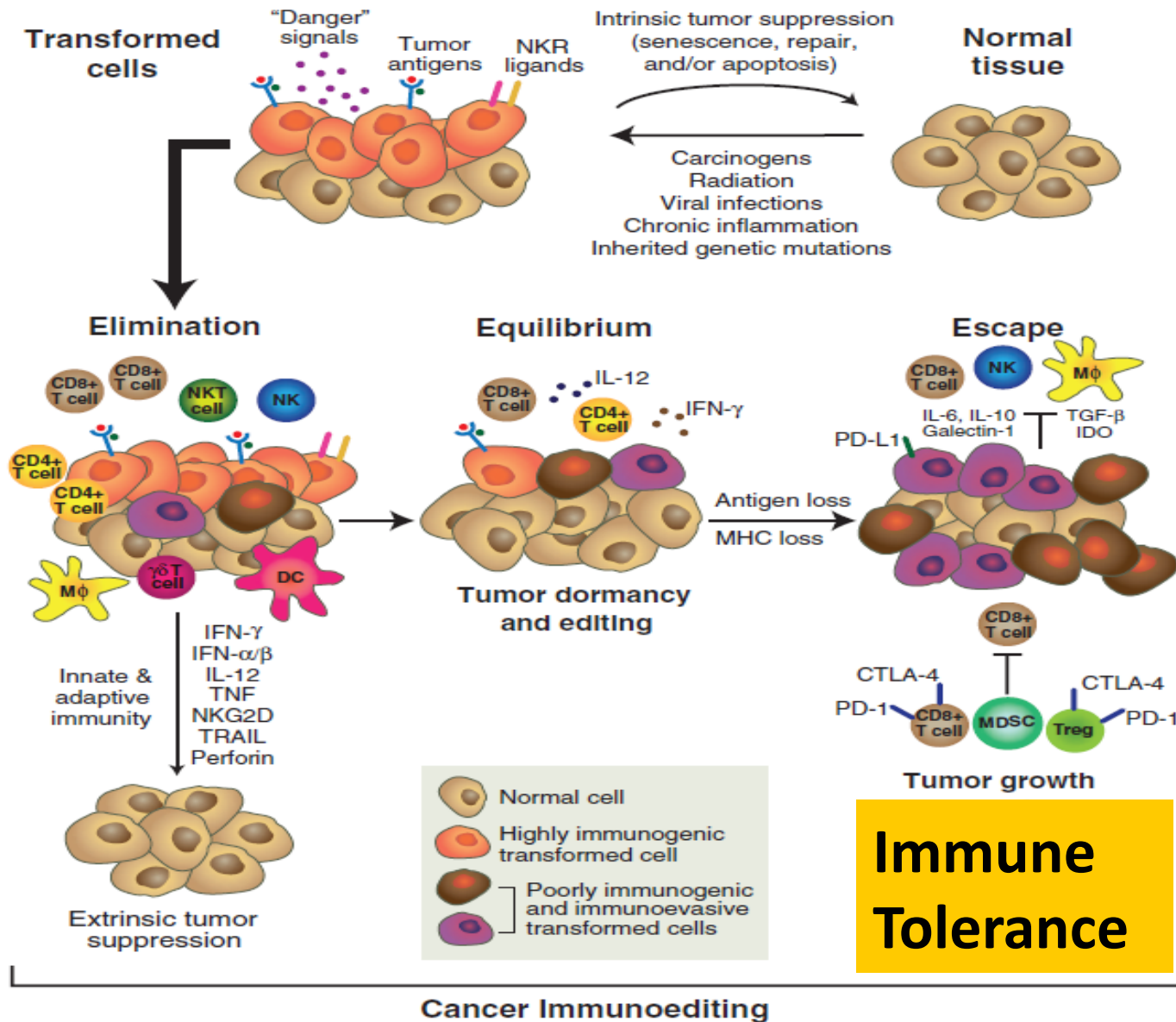
Study Design Figure



Summary of Molecular Responses of NSCLC Lines to Low Dose 5AZA



Concept of Tumor Immune Evasion



Breaking Immune Tolerance

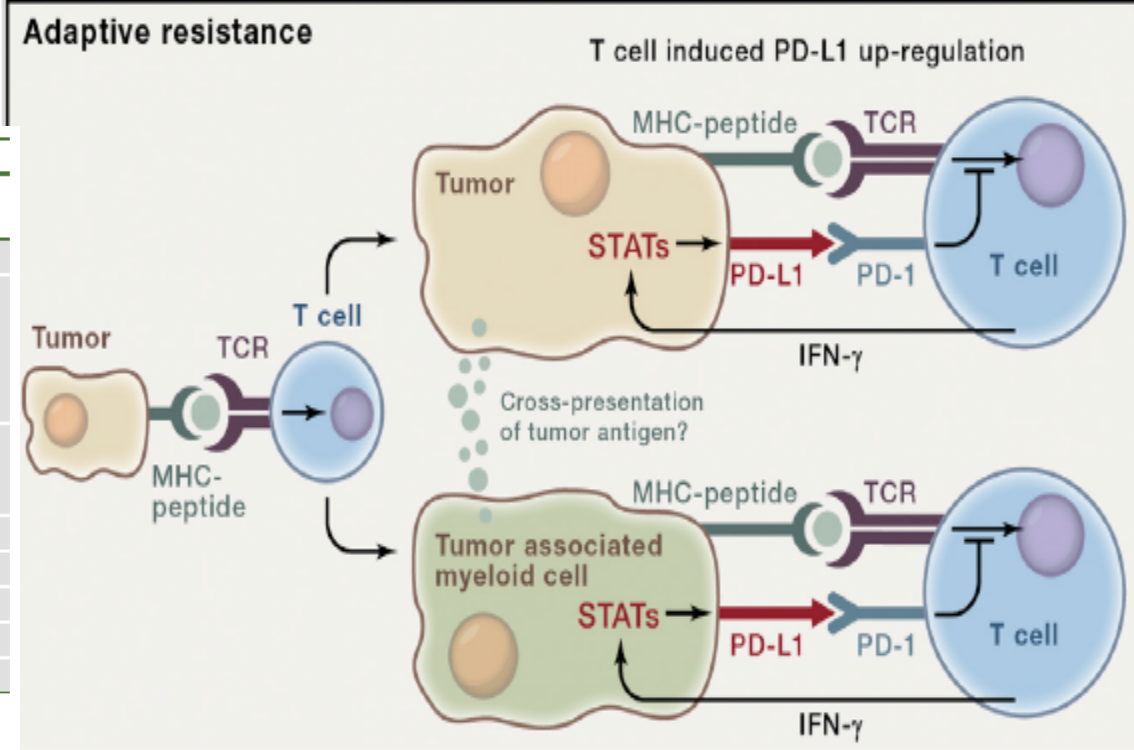
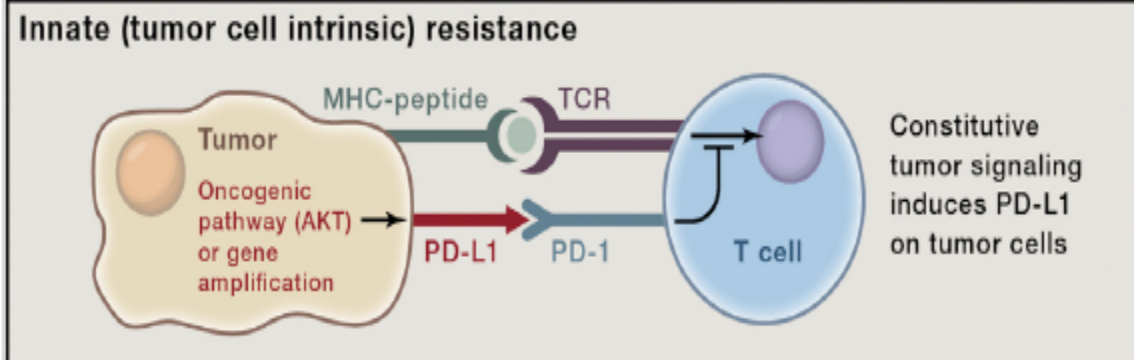
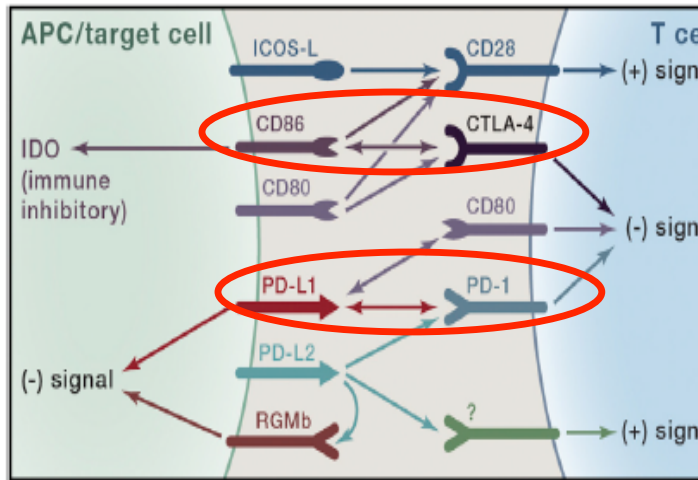


Table 1. Drugs in Clinical Development that Block PD-1 or PD-L1

Target	Drug Name	Other Names	Source	Isotype and Characteristics	Clinical Testing Phase
PD-1	MEDI0680	AMP-514	MedImmune/ AstraZeneca	information not available	phase I
	nivolumab	Opdivo, BMS-936558, MDX-1106, ONO-4538	Bristol-Myers Squibb, Ono Pharmaceuticals	fully human IgG4 ^a	approved, treatment-refractory unresectable melanoma (Japan, United States) and squamous NSCLC (United States)
	pembrolizumab	Keytruda, MK-3475, lambrolizumab	Merck	humanized IgG4	approved, treatment-refractory unresectable melanoma (United States)
	pidilizumab	CT-011	CureTech	humanized IgG1	phase I-II
PD-L1	BMS-936559	MDX-1105	Bristol-Myers Squibb	fully human IgG4 ^a	phase I
	MEDI4736	none	MedImmune/ AstraZeneca	Fc-modified human IgG1 ^b	phase I-III
	MPDL3280A	RG7446	Genentech/ Roche	Fc-modified human IgG1 ^b	phase I-III
	MSB0010718C	none	EMD Serono	fully human IgG1 ^a	phase I-II

^aFully human mAbs were produced in genetically engineered mice.
^bFc-modified mAbs were engineered to abrogate ADCC and complement-dependent cytotoxicity (CDC).

Isolation of RNA from AZA-treated cell lines and analysis via Agilent 44K Expression Array



GSEA analysis of mRNA expression data



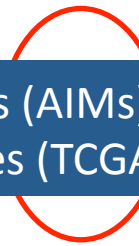
Identification of the most enriched GSEA gene sets (Up-regulated: NES > 2.15, FDR < 0.25; Down-regulated: NES < -2.15, FDE < 0.25) that are common to breast, colon and ovarian cell lines



Focused analysis of the GSEA immune gene sets in cell lines and generation of an AZA Inducible Immune Gene Set that is common to breast, colon and ovarian cancer cell lines



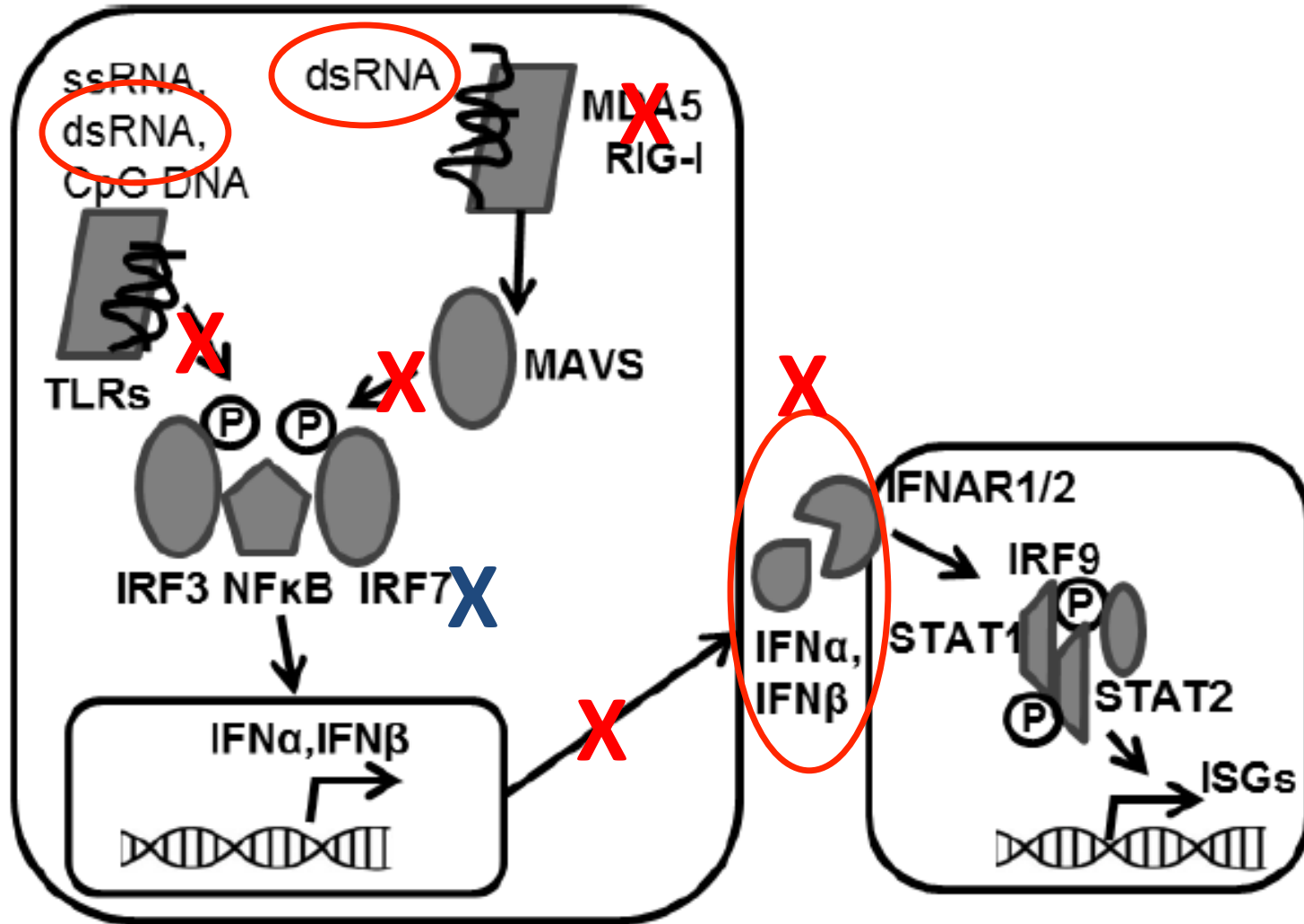
Characterization of the AZA inducible immune gene sets (AIMs) in *primary breast, colon and ovarian tumors* from public databases (TCGA and GEO)

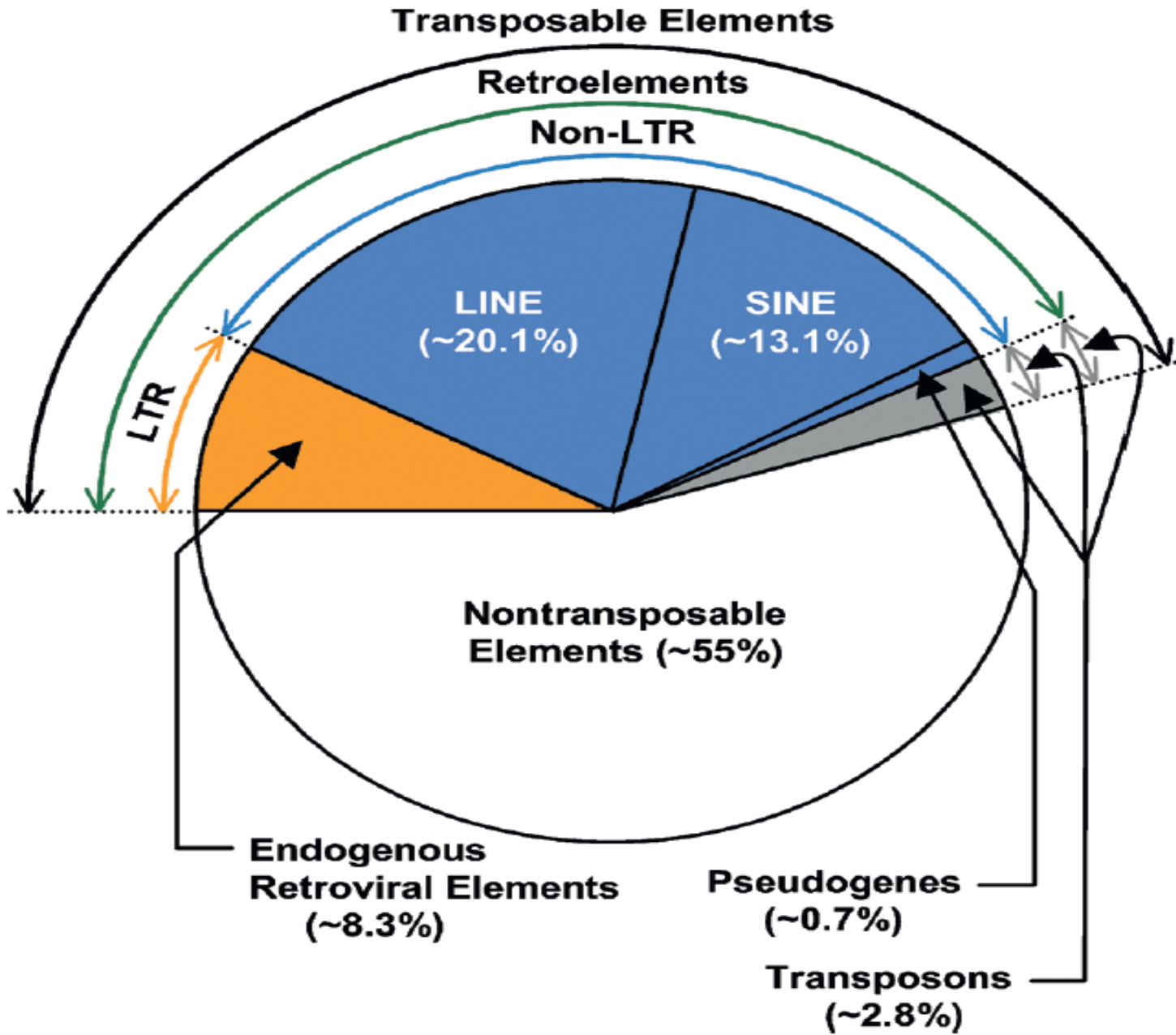


Identification of a subset of AIMs that are concordantly demethylated and re-expressed in breast, colon, and ovarian cancer cell lines

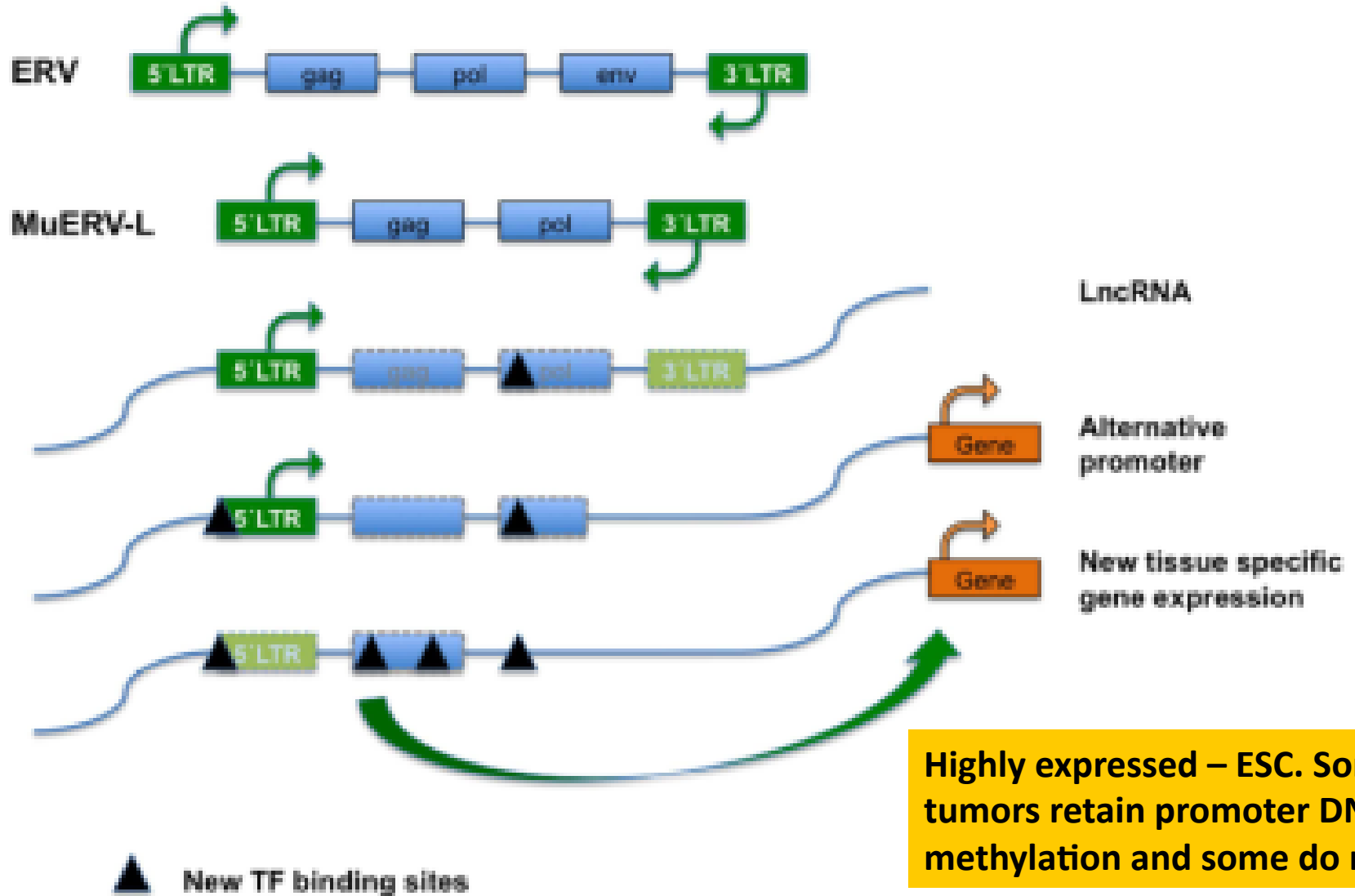
Identification of a subset of AIMs that are up-regulated in breast and colon biopsies from patients that received AZA based therapy

Viral Defense - Nucleotide Sensing

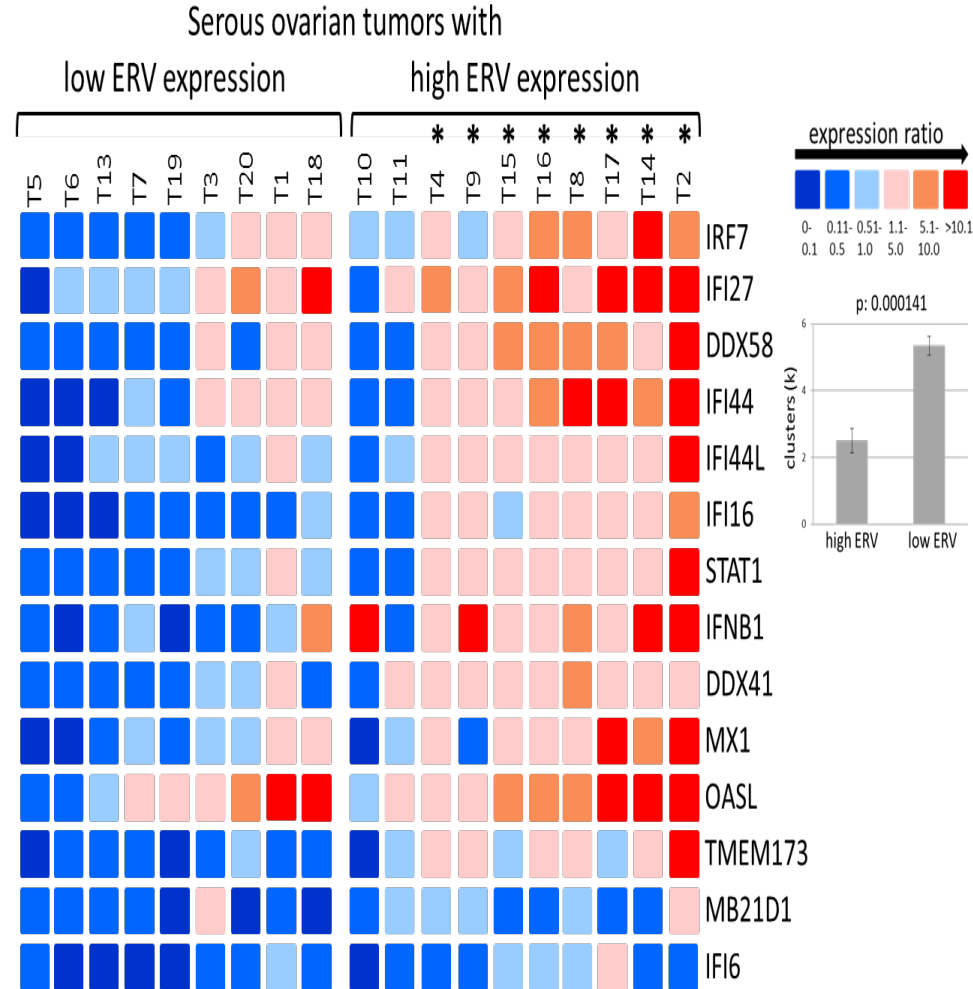
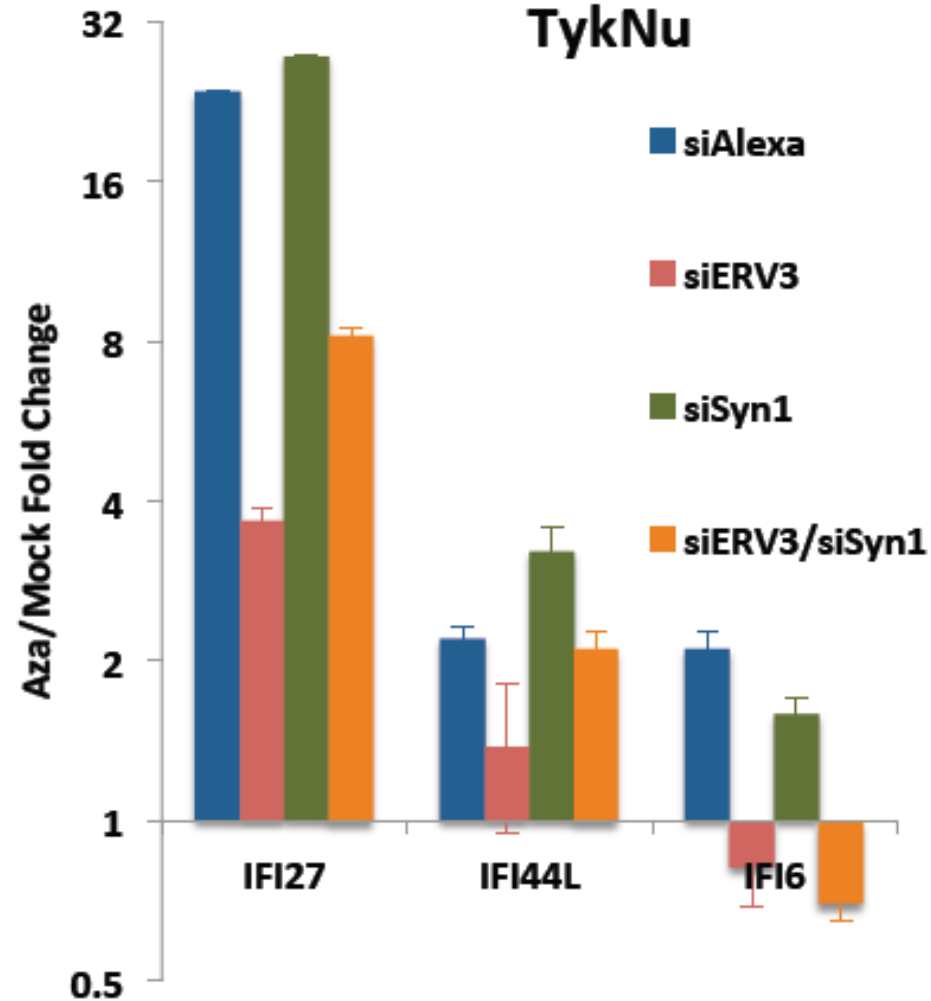




Structure of Endogenous Retroviruses (ERV's)



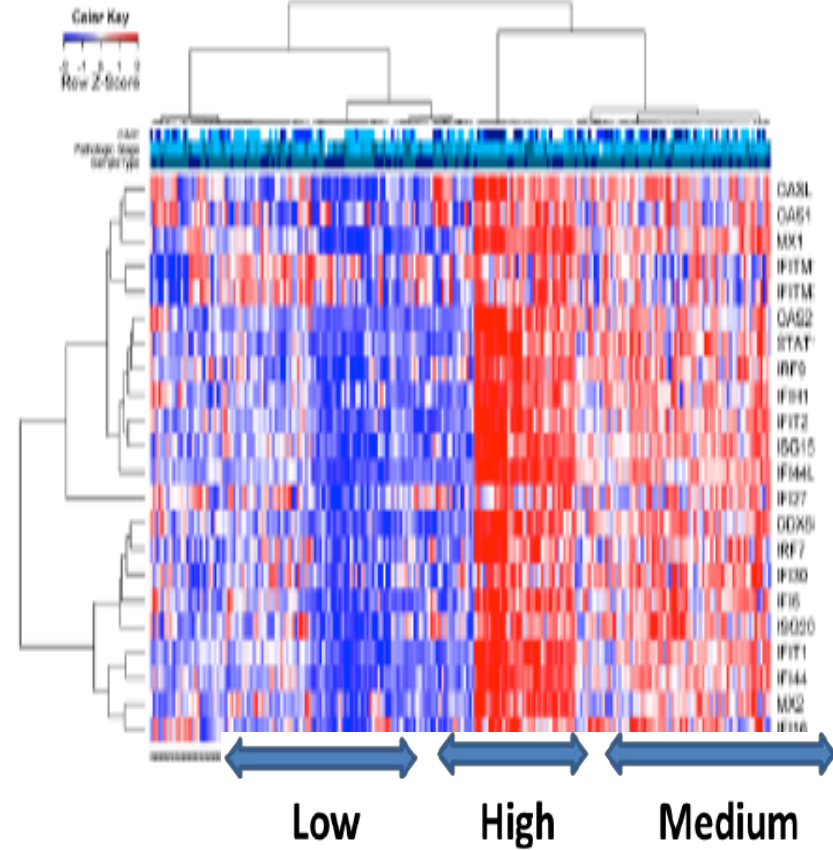
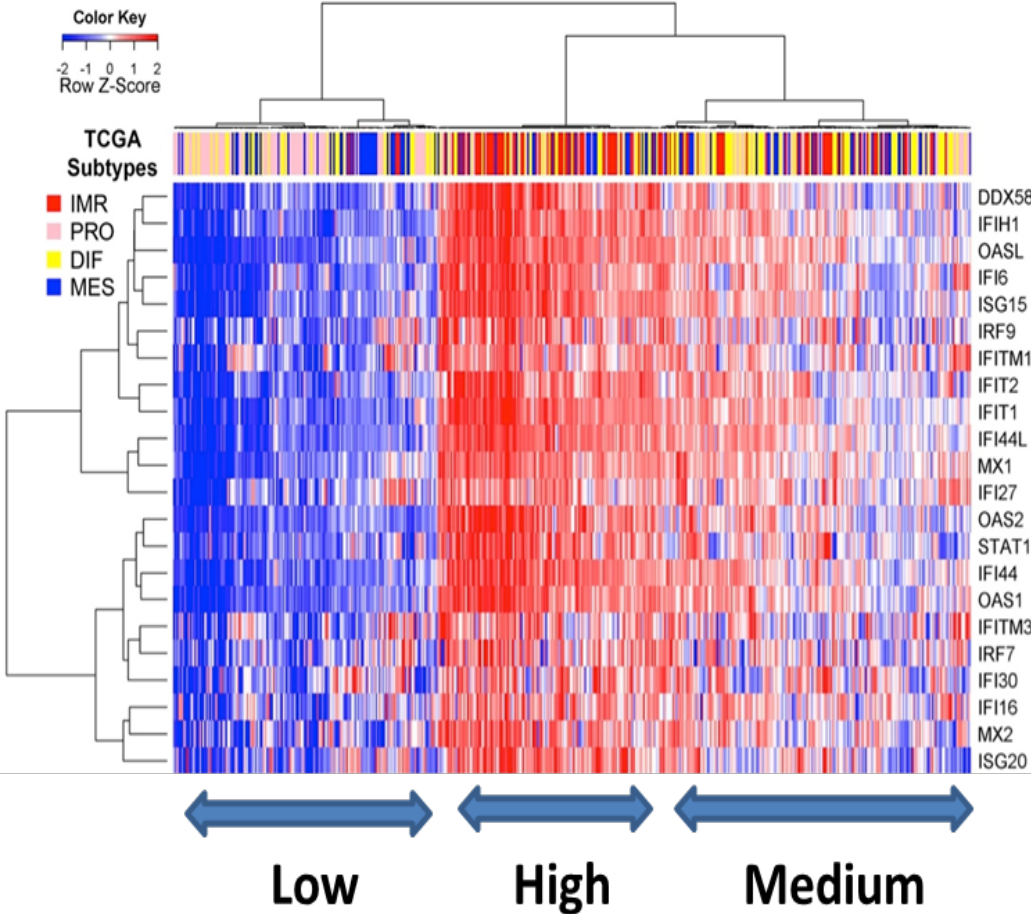
Effects of ERV's KD on AZA Induction of ISG's in TYKNU Cells



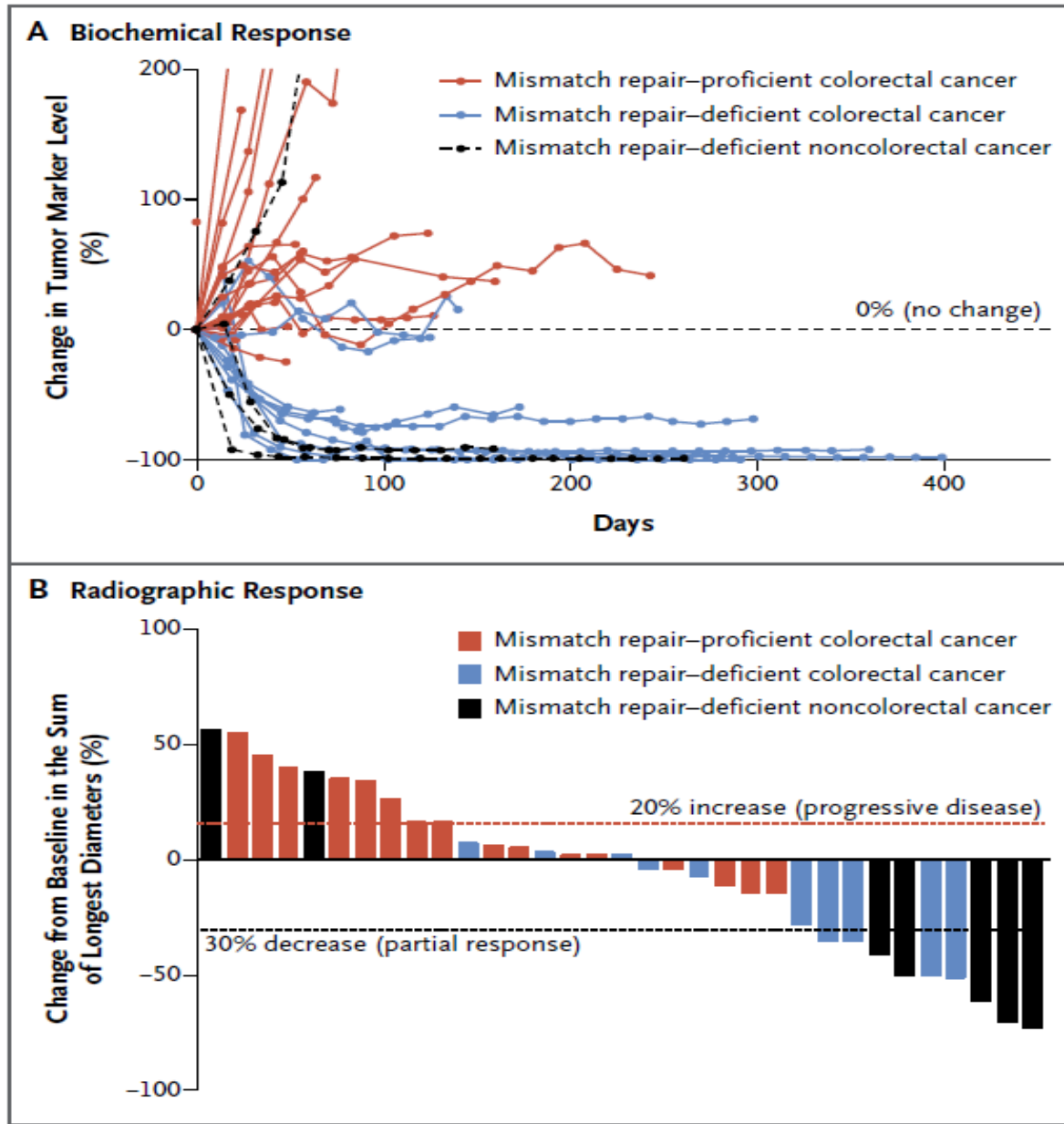
TCGA RNA-seq

Ovarian Cancer K=3

Colorectal Cancer k=4

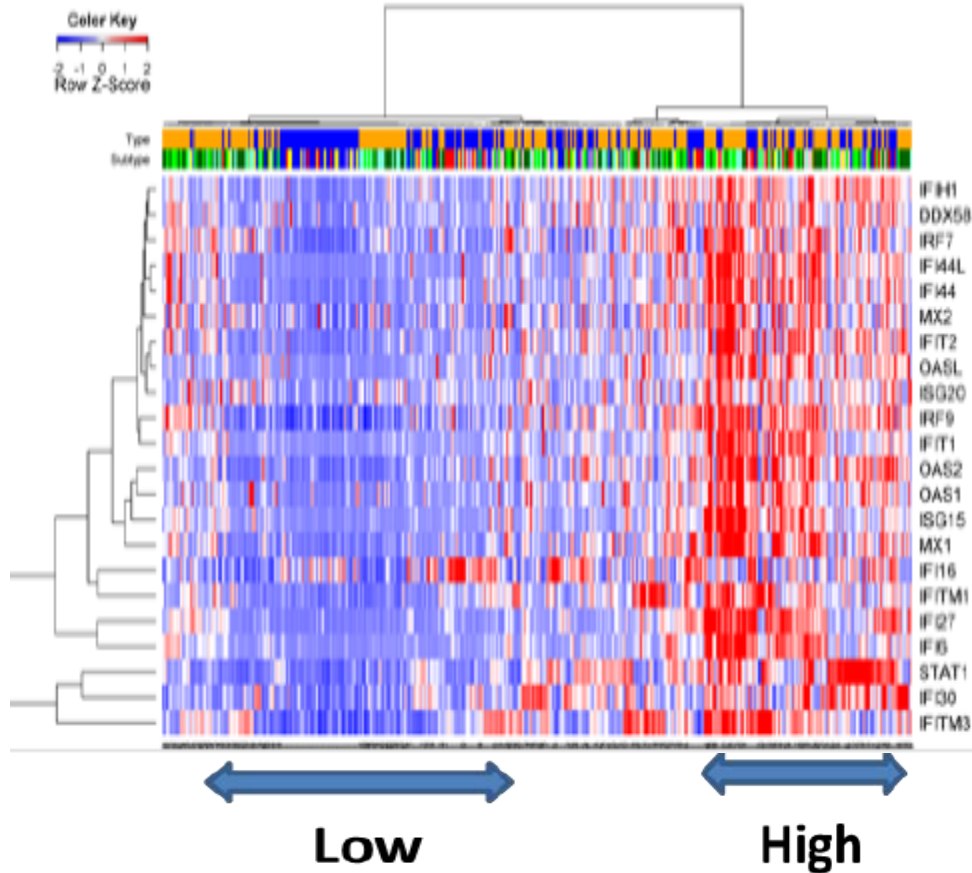


Mutational Burden And Resonse To Immune Checkpoint Therapy

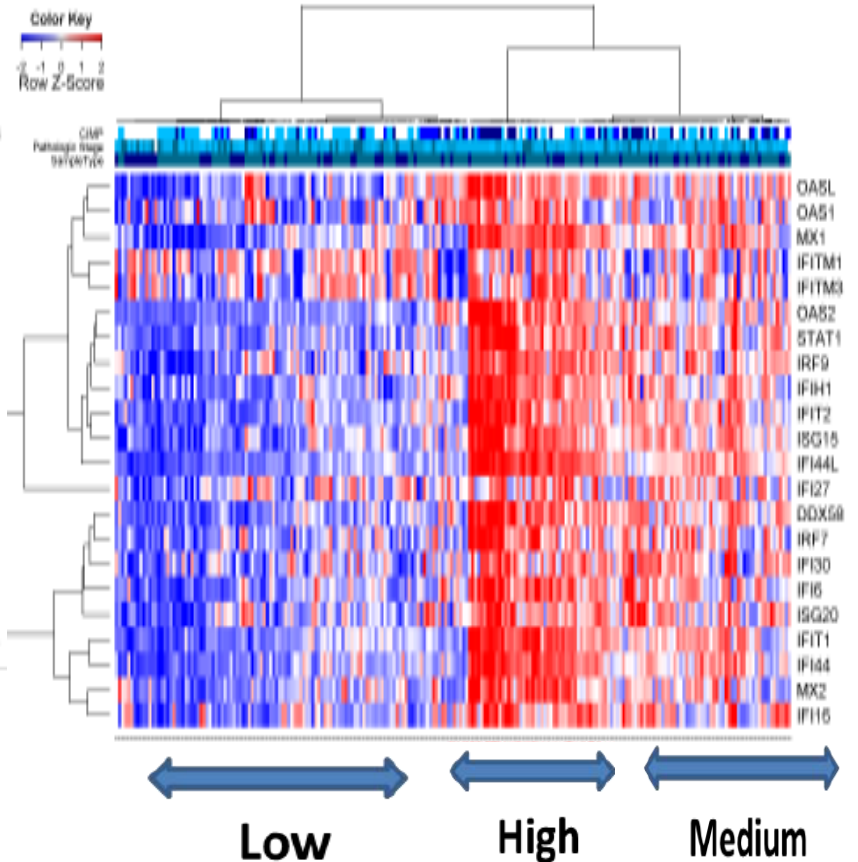


TCGA RNA-seq

Lung Cancer $k=2$

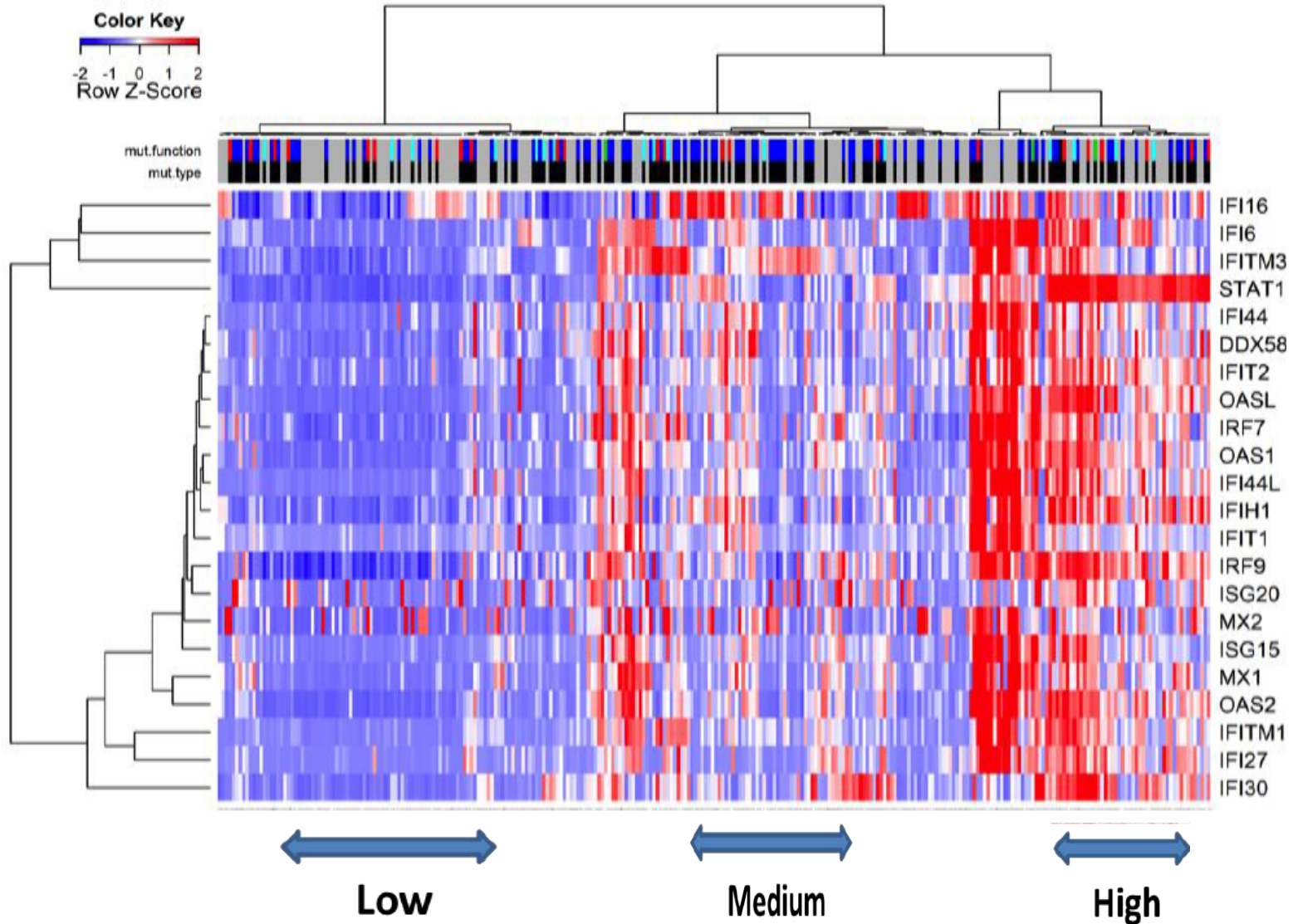


Breast Cancer $k=3$

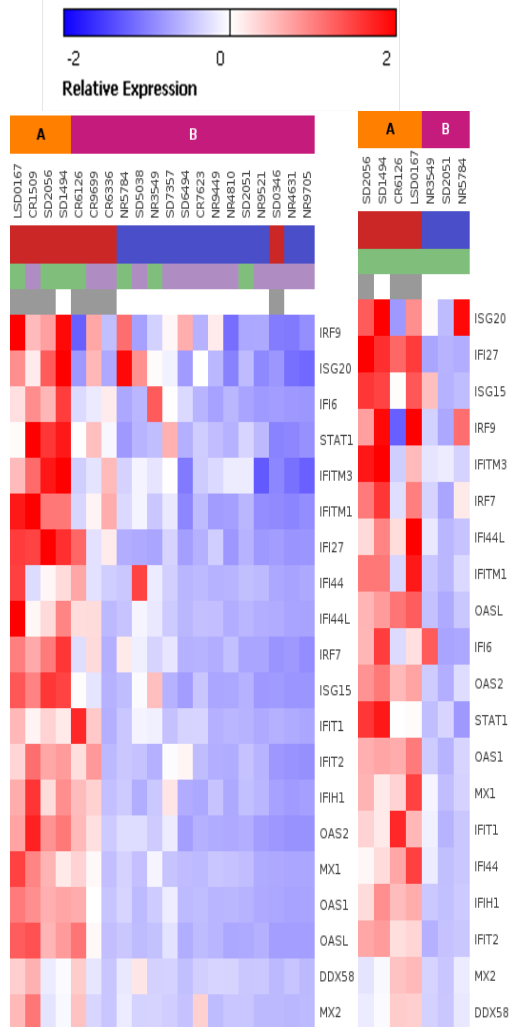


- Tumor
- ESR1+
- ESR1-
- PgR+
- PgR-
- HER2+
- HER2-
- Receptor Unknown
- Stage 0
- Stage I
- Stage II
- Stage III
- Stage IV
- Stage TX/Not Available

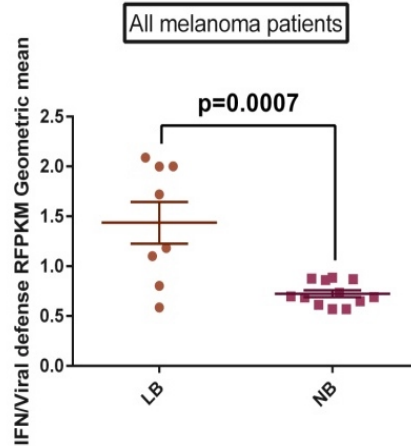
TCGA Melanoma



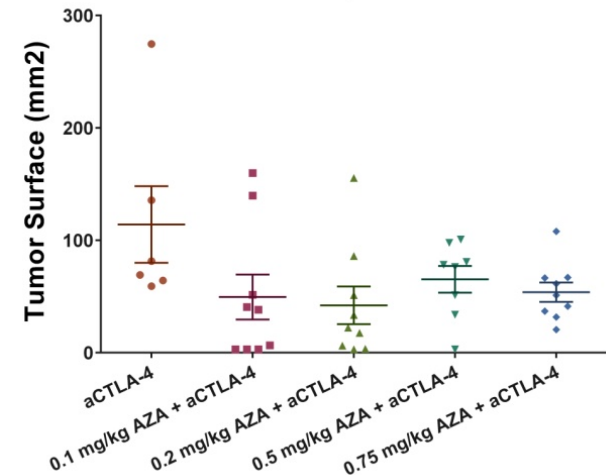
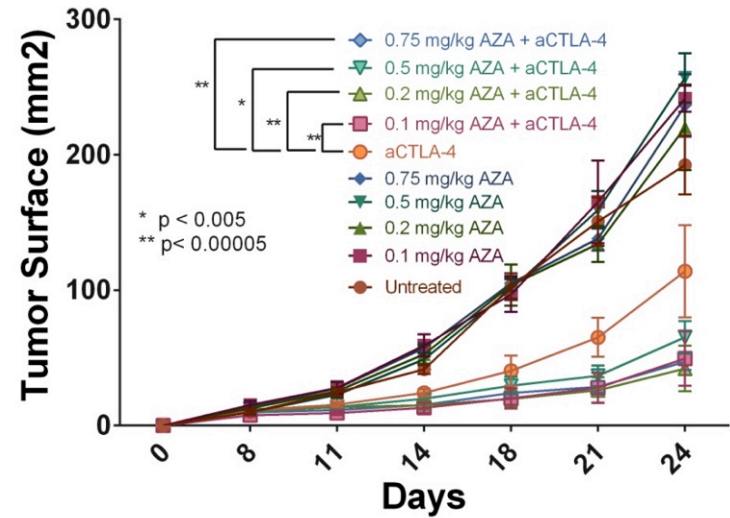
Melanoma Trial –Anti-CTLA4 (MMSK)



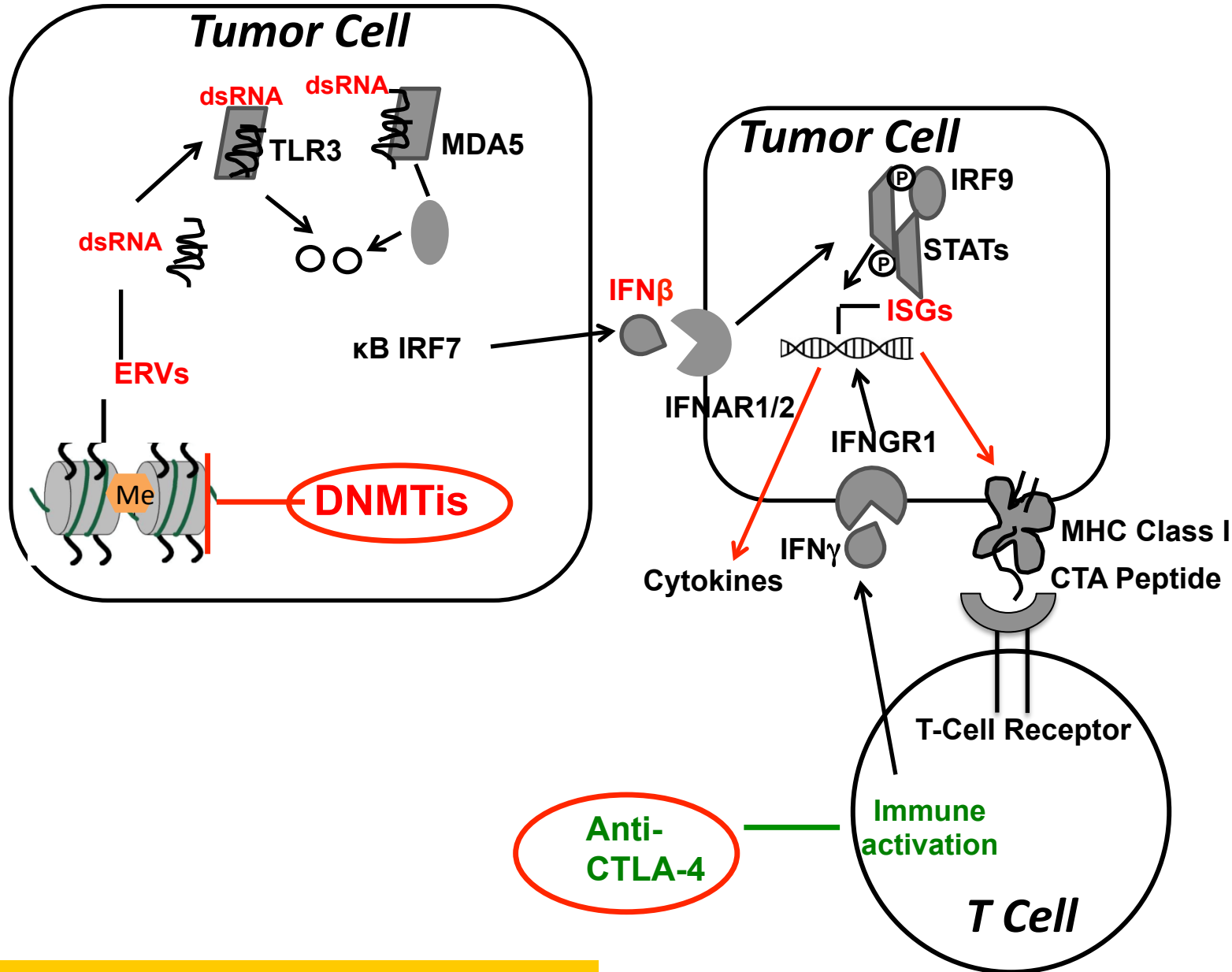
- Presence of neoantigen peptide signature
- Absence of neoantigen peptide signature
- Sample collected pre-treatment
- Sample collected post-treatment
- Patient with long term benefit
- Patient with short term benefit
- K-mean Cluster A
- K mean Cluster B



Mouse B16 model



Model for the Hypothesis



COMBINATION BIOMARKER HYPOTHESIS

1. Mutation burden (RNA?)
2. Viral defense gene panel
3. ERV transcripts