#### **Frederick National Laboratory** for Cancer Research



Leidos Biomedical Research, Inc

CR Timme<sup>1\*</sup>, SY Alcoser<sup>3</sup>, D Breen<sup>1</sup>, J Carter<sup>1</sup>, TC Chang<sup>2</sup>, AP Chen<sup>4</sup>, L Chen<sup>2</sup>, K Cooley<sup>1</sup>, B Das<sup>2</sup>, E Delaney<sup>1</sup>, MA Eugeni<sup>3</sup>, MM Gottholm-Ahalt<sup>3</sup>, T Grinnage-Pulley<sup>3</sup>, J Hull<sup>1</sup>, C Karlovich<sup>2</sup>, K Klarmann<sup>3</sup>, S. Jiwani<sup>2</sup>, C Mallow<sup>1</sup>, C McGlynn<sup>1</sup>, J Mills<sup>1</sup>, M Morris<sup>1</sup>, M Mullendore<sup>1</sup>, D Newton<sup>1</sup>, T Shearer<sup>1</sup>, J Stottlemyer<sup>1</sup>, S Uzelac<sup>1</sup>, T Vilimas<sup>2</sup>, T Walsh<sup>1</sup>, PM Williams<sup>2</sup>, YA Evrard<sup>1</sup>, MG Hollingshead<sup>3</sup>, JH Doroshow<sup>4</sup> <sup>1</sup>Applied Applied/Developmental Research, Leidos Biomedical Research, Inc., Frederick, MD 21702; <sup>2</sup>Molecular Characterization Laboratory, Frederick National Laboratory for Cancer Research, Leidos Biomedical Research, Inc., Frederick, MD 21702; <sup>2</sup>Molecular Characterization Laboratory, Frederick National Lab <sup>3</sup>Biological Testing Branch, Developmental Therapeutics Program, National Cancer Institute at Frederick, Frederick, MD 21702; <sup>4</sup>Division of Cancer Treatment and Diagnosis, National Cancer Institute, NIH, Bethesda, MD 20892 \*Contact Cindy R Timme: Cindy.Timme@nih.gov

# Overview

There is an unmet need for preclinical models of rare cancers and rare disease sub-types. The National Cancer Institute's Patient-Derived Models Repository (NCI PDMR; https://pdmr.cancer.gov) is developing early-passage, clinicallyannotated patient-derived tumor xenografts (PDXs), in vitro tumor cell cultures (PDCs), cancer associated fibroblasts (CAFs), and patient-derived organoids (PDOrg) from adult and pediatric patients with rare cancers. To date, NCI has created and molecularly characterized over 150 such models (see tables). As part of the quality control process, rare cancer models are reviewed and their histopathologic and molecular characteristics compared to that reported in the clinical setting. A pipeline to identify fusion proteins in these rare cancers such as the Ewing sarcoma EWSR1-FLI1 fusion and NAB2-STAT6 fusions in solitary fibrous tumors (SFT) has been implemented. Four malignant peripheral nerve sheath tumor (MPNST) PDX models are available for researchers; these models were developed from patients diagnosed between the ages of 37-68. At the time of model development, two patients were treatment-naïve and two had prior radiotherapy. Two of the MPNST PDX models have NF1 oncogenic mutations, three have deep deletions in CDKN2A/B, and three have a mutation in either EED or SUZ12 consistent with the reported molecular characteristics of patients with MPNST. Also of clinical relevance, of two mesothelioma models available, one carries an NF2 driver mutation and the other BAP1 and LATS2 and a PDX model for Hürthle cell carcinoma has wide-spread loss of heterozygosity (LOH ~80%). Models for other rare cancers are being expanded for molecular characterization and distribution including four cholangiocarcinoma PDXs.

American Cancer Society's Cancer Facts and Figures 2020

Y.K. Chae, and R. Kurzrock

## Genomic Landscape

Mutations are reported here for select PDX models of rare cancer that recapitulate the varied genomic landscape in the clinical setting and possibly represent distinct subtypes.

<u>Malignant Peripheral Nerve Sheath Tumors (MPNSTs)</u>					
Model	NF1	CDKN2A/B	<b>TP53</b>	EED	SUZ12
467112	p.Y235Pfs*6	Deep Deletion			P257Qfs*31
589616			p.P153Afs*2	p.X287_splice	
632484		Deep Deletion	p.L344P		
719797*	p.M242Nfs*3	Deep Deletion			E314*

D/3D tumor culture available/in develop

The PDMR currently has 4 MPNST PDX models, each containing a distinct combination of mutations/alterations in NF1, CDKN2A/B, TP53, EED, and/or SUZ12.

#### Mesothelioma

		<b>WESULLE</b>	IIUIIIa		
Model	BAP1	CDKN2A/B	NF2	LATS1	LATS2
933738	Deep Deletion	Deep Deletion	p.Y153*		
941425 <sup>+</sup>	p.K205*	Deep Deletion		p.K182Lfs*19	p.K257Gfs*99
2D/2D tumor culture available in development					

The PDMR currently has 2 mesothelioma PDX models, each with distinct BAP1 and CDKN2A/B alterations and accompanied by either NF2 or LATS1/2 mutation(s).

Leior Lipos Oste Rhal Soft Sync

# **Patient-Derived Models of Rare Cancers in the** National Cancer Institute's Patient-Derived Models Repository (PDMR)

# **Rare Cancer PDX Models in the PDMR**

<u>Musculoskeletal</u>				
Diagnosis	No. of Models			
olar soft part sarcoma	1			
ndrosarcoma	1			
ng sarcoma/Peripheral PNET	3			
osarcoma - not infantile	7			
myosarcoma - not uterine	3			
myosarcoma - uterus	4			
sarcoma	3			
ig. periph. nerve sheath tum. (MPNST)	4			
gnant fibrous histiocytoma	9			
-Rhabdo. soft tissue sarcoma	16			
eosarcoma	3			
odomyosarcoma, NOS	2			
tissue neoplasm, NOS	3			
ovial sarcoma	4			

<b>Endocrine/Neuroe</b>	ndocrine	<b>Digestive/Gastrointestinal</b>		
Diagnosis	No. of Models	Diagnosis	No. of Models	
Hürthle cell neoplasm (thyroid)	1	Adenocarcinoma - GEJ	1	
Merkel cell tumor	4	Adenocarcinoma - small intest.	3	
Neuroendocrine cancer, NOS	3	Adenocarcinoma - stomach	2	
Small cell car. (extrapulmonary) 3		Gastric cancer, NOS	1	
Gynacologi		Gastrointestinal stromal tumor	1	
Diagnosis	No of Models	Squamous cell carcinoma - anus	4	

Gynecological		
Diagnosis	No. of Mod	
Adenocarcinoma - cervix	1	
Carcinosarcoma of the uterus	7	
Ovarian cancer, NOS	2	
Ovarian epithelial cancer	5	
Squamous cervical cancer	4	
Uterine cancer, NOS	2	
Vaginal cancer, NOS	2	
Vulvar cancer, NOS	0	

#### Head and Neck

Diagnosis	No. of Models
N squamous cell car., NOS	9
ngeal squamous cell carcinoma	5
oral cavity squam. cell car.	22
ryngeal squam. cell carcinoma	13
vary gland cancer	6

#### Miscellaneous

Diagnosis	No. of Mod
Mesothelioma	2

The above rare tumor models are available for investigators through the PDMR. PDX models in development will be ready for distribution within 6-8 months. **Bold** text indicates rare cancers highlighted in this poster.

## Genomic Landscape

#### **Fusion Detection**

Fusion	Diagnosis	No. of Models
EWSR1-FLI1	Ewing Sarcoma	2
CIC-DUX4	Ewing Sarcoma	1
SS18-SSX1	Synovial Sarcoma	3
NAB2-STAT6	Solitary Fibrous Tumor	1
FGFR3-TACC3	Pharyngeal SCC	1
EIF3E-RSPO2	Stomach Cancer	1

The PDMR is developing a fusion caller pipeline to assist in identifying known gene fusions to confirm histology/diagnosis of rare cancer subtypes using RNASeq data. To date, six gene fusions have been identified within the PDMR PDX rare cancer collection.



H&E image (200µm scale bar) of a MPNST PDX tumor



H&E image (200µm scale bar) of a Mesothelioma PDX tumor

	In Development (Not Yet Public)				
	Diagnosis	No. of Models			
	Adrenocortical carcinoma	3			
	Alveolar rhabdomyosarcoma	2			
	Cervical cancer, NOS	1			
	Cholangiocarcinoma	10			
	Liver/hepatobiliary cancer	1			
	Neuroblastoma	1			
	Papillary thyroid carcinoma	2			
	Penile squamous car.(epidermoid)	1			
S	Carcinoid tumor	1			



#### Cholangiocarcinoma

Six PDX models for cholangiocarcinoma have been developed by the NCI and are in the final steps of whole-exome sequencing and RNASeq to be performed before being made public. In addition, external laboratories have deposited an additional four PDX models for distribution by the PDMR.



Representative H&E images (200µm scale bar) of 2 Cholangiocarcinoma PDX models in development



# https://pdmr.cancer.gov/

#### **Poster #3012**

# Hürthle Cell Carcinoma





**Mutations:** DNMT3A p.H355Rfs\*49 NF1 p.R1534\* NF2 p.Q362\*

(A) Circos Plot of Variant Allele Frequency (VAF) of highly conserved genomewide heterozygous single nucleotide polymorphisms (SNPs) among 6 PDX samples (representative of passage 0 and 1 PDX tumors across 5 lineages) showing global loss of heterozygosity (LOH), (B) H&E image (200µm scale bar) of a passage 3 PDX tumor, and (C) List of observed likely oncogenic mutations as annotated by OncoKB for Tumor Model 248138.

Hürthle Cell Carcinoma is a rare subtype (3-4%) of thyroid cancer and few PDX models have been developed. The PDMR has one Hürthle Cell Carcinoma model available that recapitulates previously reported molecular features of this rare cancer including widespread loss of heterozygosity (LOH) except in chromosomes 7 and 20 and mutations in DNMT3A, NF1, and NF2.

#### Summary

- The PDMR has targeted collection of tissue from rare cancers and rare disease subtypes to develop patient-derived, early passage PDX models for preclinical studies.
- All available models in the PDMR are clinically-annotated and have representative genomic (Whole Exome Sequencing, Gene Expression, and Annotated Gene Mutation) data freely accessible to the research community.
- Where possible, matched in vitro organoids, tumor cell cultures, and cancer-associated fibroblasts are available or being developed.
- Please visit us at <u>https://pdmr.cancer.gov/</u> where you can find a link to our database of available models and information on how to request them.
- Email us at NCI\_PDM\_Repository@mail.nih.gov

This project has been funded in whole or in part with federal funds from the National Cancer Institute, National Institutes of Health, under contract HHSN261200800001E. The content of this publication does not necessarily reflect the views or policies of the Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. NCI-Frederick is accredited by AAALACi and follows the Public Health Service Policy on the Care and Use of Laboratory Animals. These studies were conducted on an Institutional Animal Care and Use Committee approved protocol.