



Animal Model Workshop

The Path of Progress: Lessons from RCC Animal Models

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Session 2



Kidney Cancer Association® IN PARTNERSHIP WITH

UT Southwestern
Medical Center
Kidney Cancer Program

Driving advances with kidney cancer mouse models

BIOLOGY:

Vignettes 1-7: Tumor suppressor gene cooperativity

- VHL sufficiency for ccRCC development
- BAP1 and PBRM1 drive tumor grade
- BAP1 and PBRM1 as determinants of metastatic latency and tropism
- BAP1 and PBRM1 shape the TME
- Transformation of PBRM1-deficient tumors (TSC1 & SETD2)

Vignette 8: Cell of origin

TRANSLATION:

Vignette 9: Targeting HIF-2

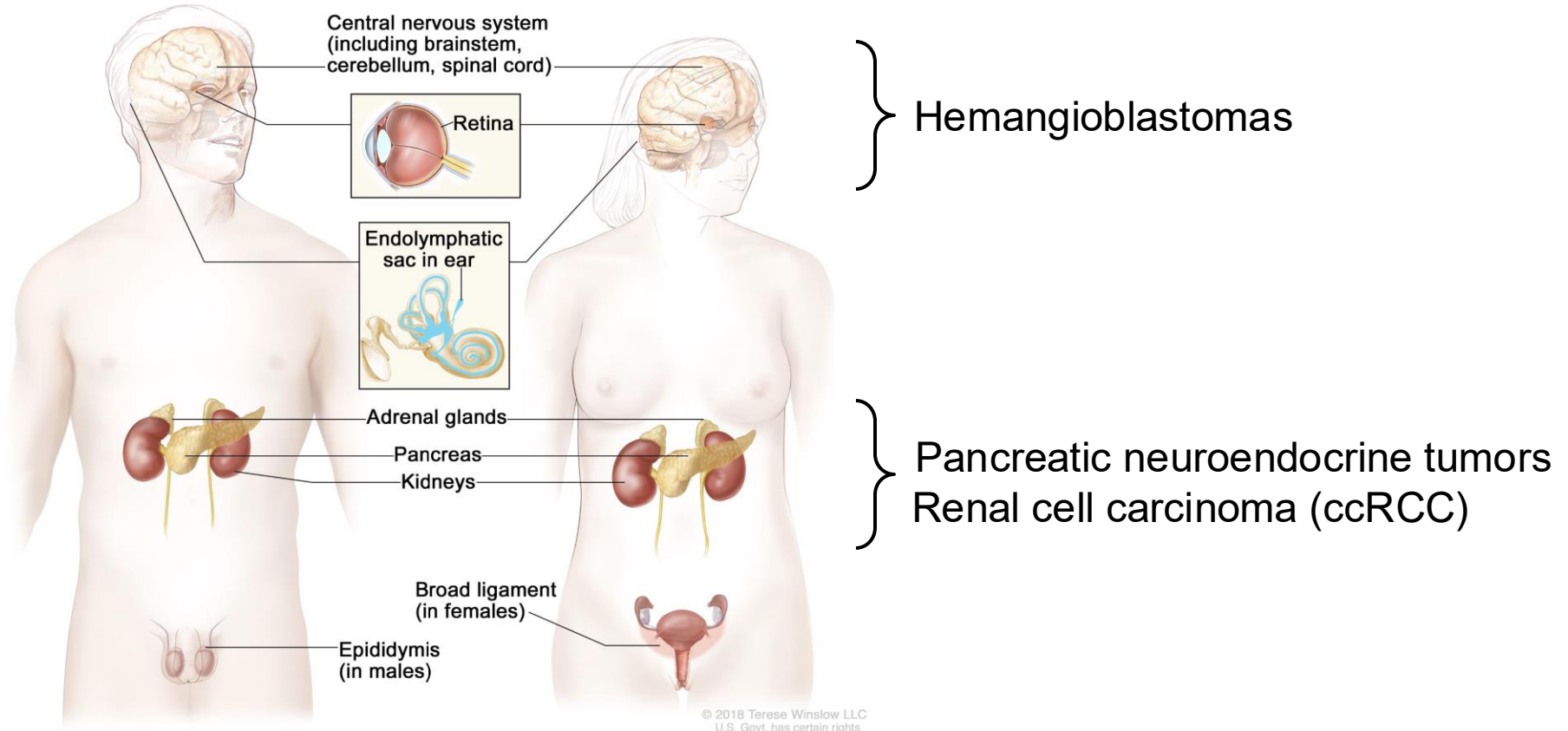
- Predictive biomarkers (HIF-2 α PET tracer, paraneoplastic syndromes)
- Resistance mechanisms
- Second generation tumor targeted siRNA therapeutic

Vignette 10: Rapalogs

- Resistance mechanisms

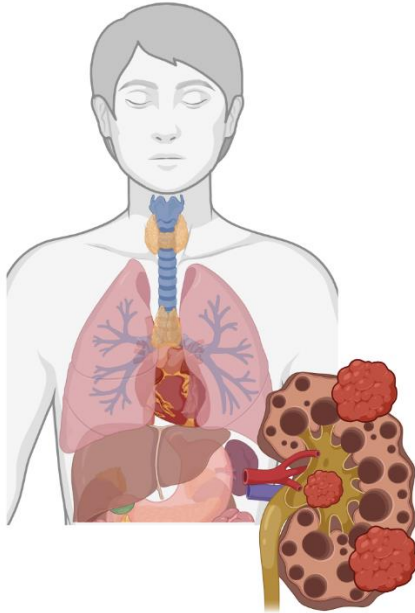
Germline mutations in *VHL* predispose to ccRCC and other tumors

Areas of the Body Affected by von Hippel-Lindau Disease



Vignette 1. Unlike most 2-hit TSG, *VHL* is insufficient for tumorigenesis

VHL^{+/-} Human

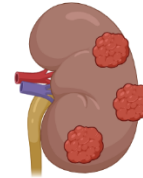


Vhl^{+/-} mouse

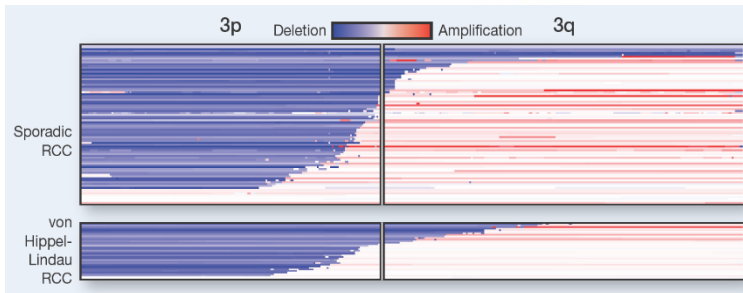
(Haase et al, *PNAS* 2001)



Vhl^{-/-} kidney



Vhl^{-/-}; *Bap1*^{+/-} kidney



Chr 6

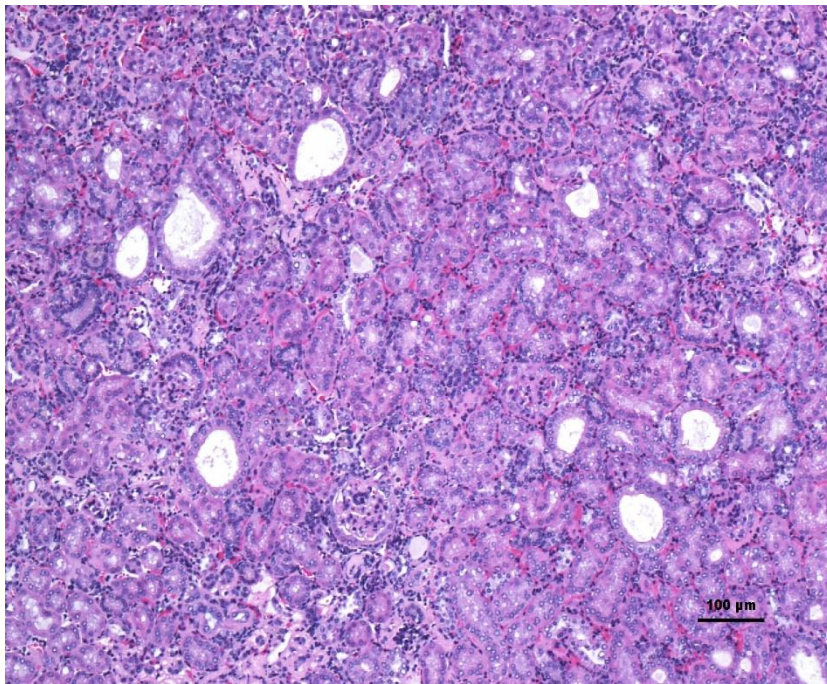


Chr 14

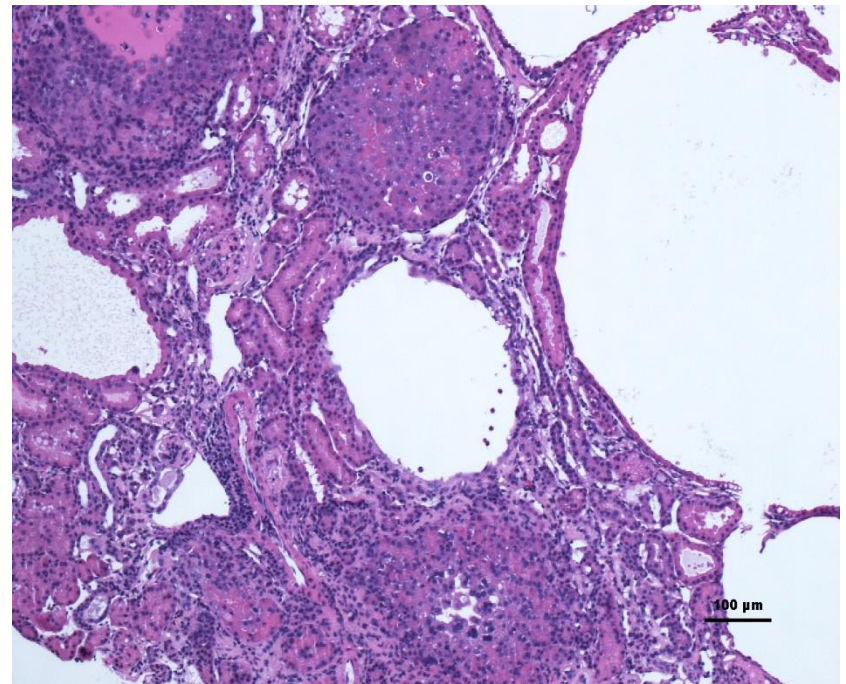
Pena-Llopis et al, *Nat Genet* (2012)
Wang et al, *PNAS* (2014)

Co-inactivation of *Vhl* & *Bap1* in murine nephron progenitor cells causes ccRCC

Six2-Cre;Vhl^{F/F}



Six2-Cre;Vhl^{F/F};Bap1^{F/+}



Vignette 2. BAP1 and PBRM1 are not simply indicators but drivers of tumor grade and aggressiveness

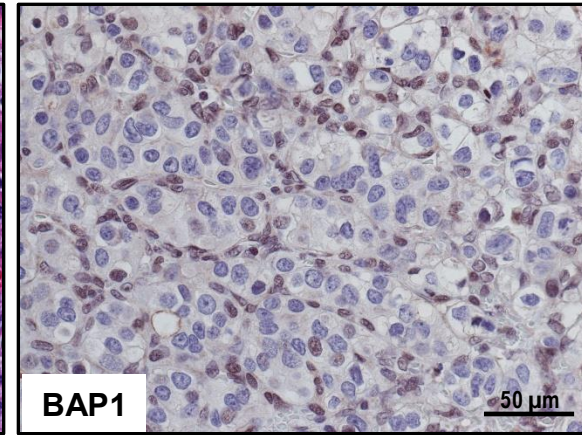
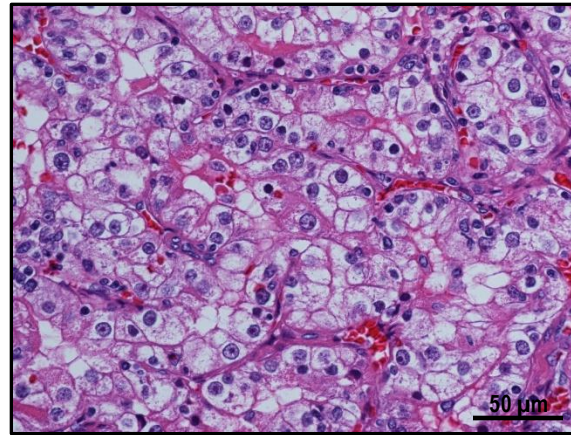
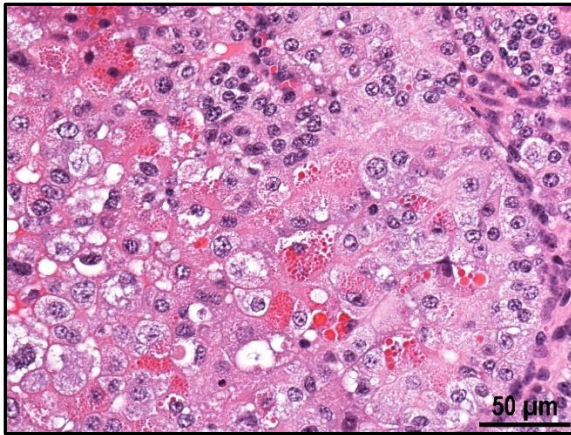
Pena-Llopis et al, *Nat Genet* (2012)
Kapur et al, *Lancet Oncology* (2013)
Pena-Llopis et al, *Cancer Res* (2013)
Wang et al, *PNAS* (2014)
Joseph et al, *J Urol* (2016)
Gu et al, *Cancer Discovery* (2017)
Wang et al, *Cancer Discovery* (2018)
Singla et al, *JCI Insight* (2020)

GEM tumors resemble human subtypes

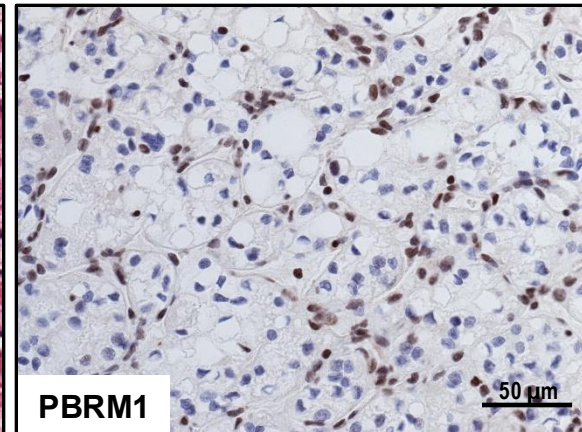
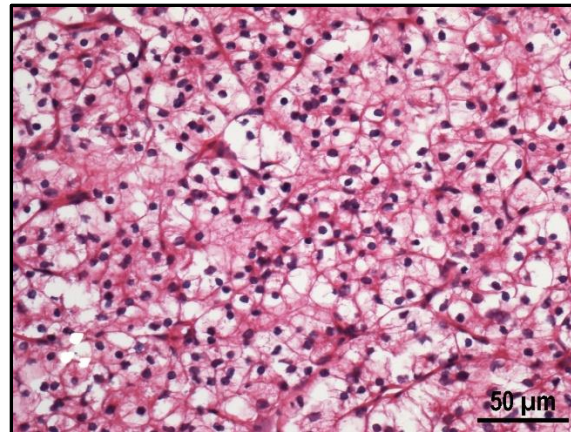
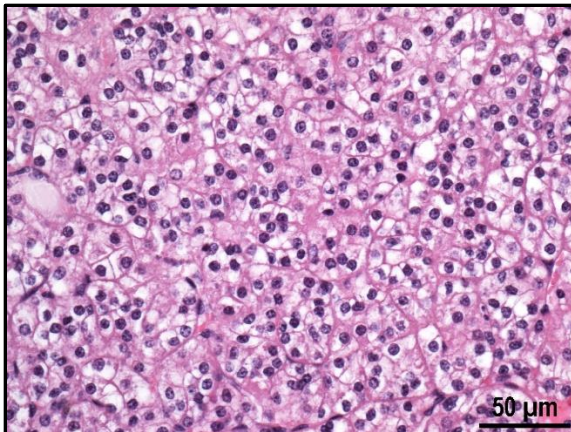
GEMM

Human ccRCC

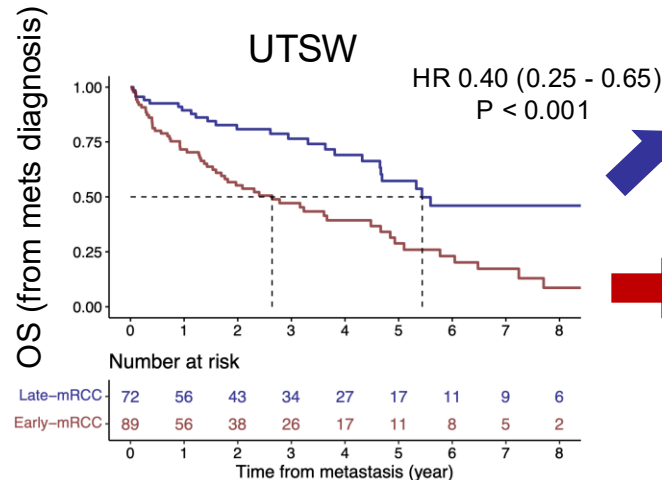
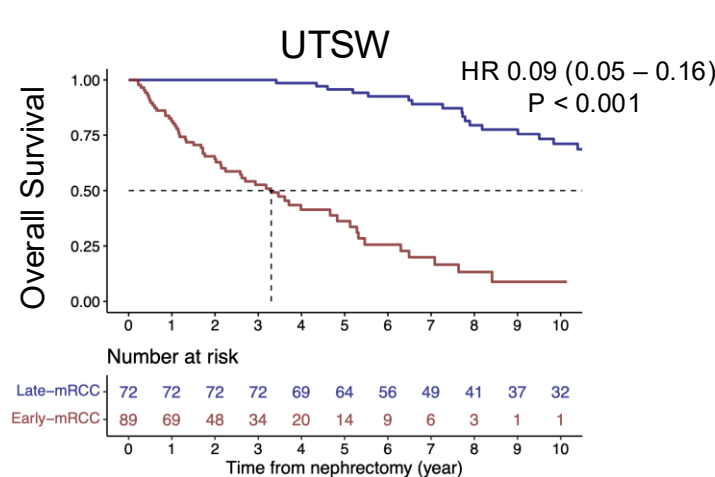
BAP1-deficient



PBRM1-deficient



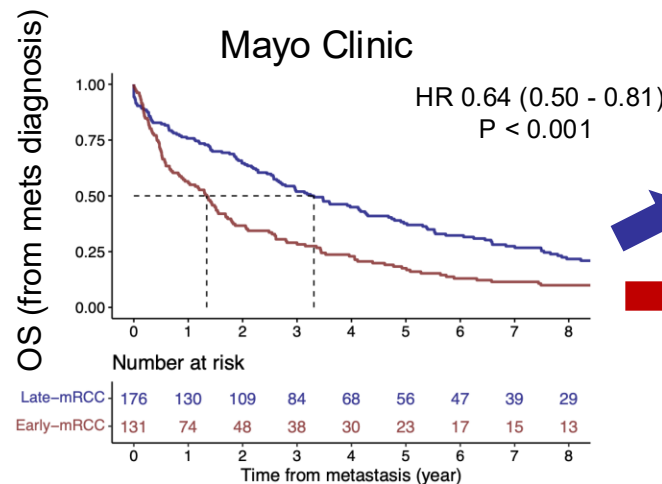
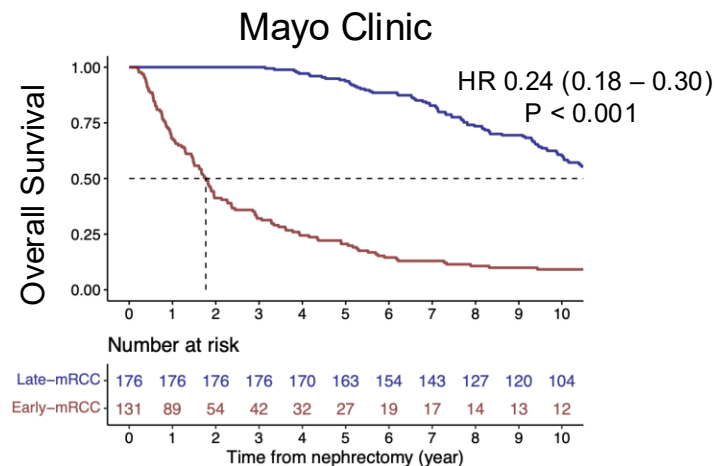
Vignette 3. BAP1 and PBRM1 differentially account for early (≤ 1 yr) and late (>3 yrs) metastasizing tumors



58% PBRM1-
8% BAP1-

47% PBRM1-
33% BAP1-

$p=0.05$

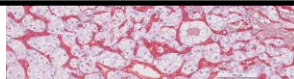
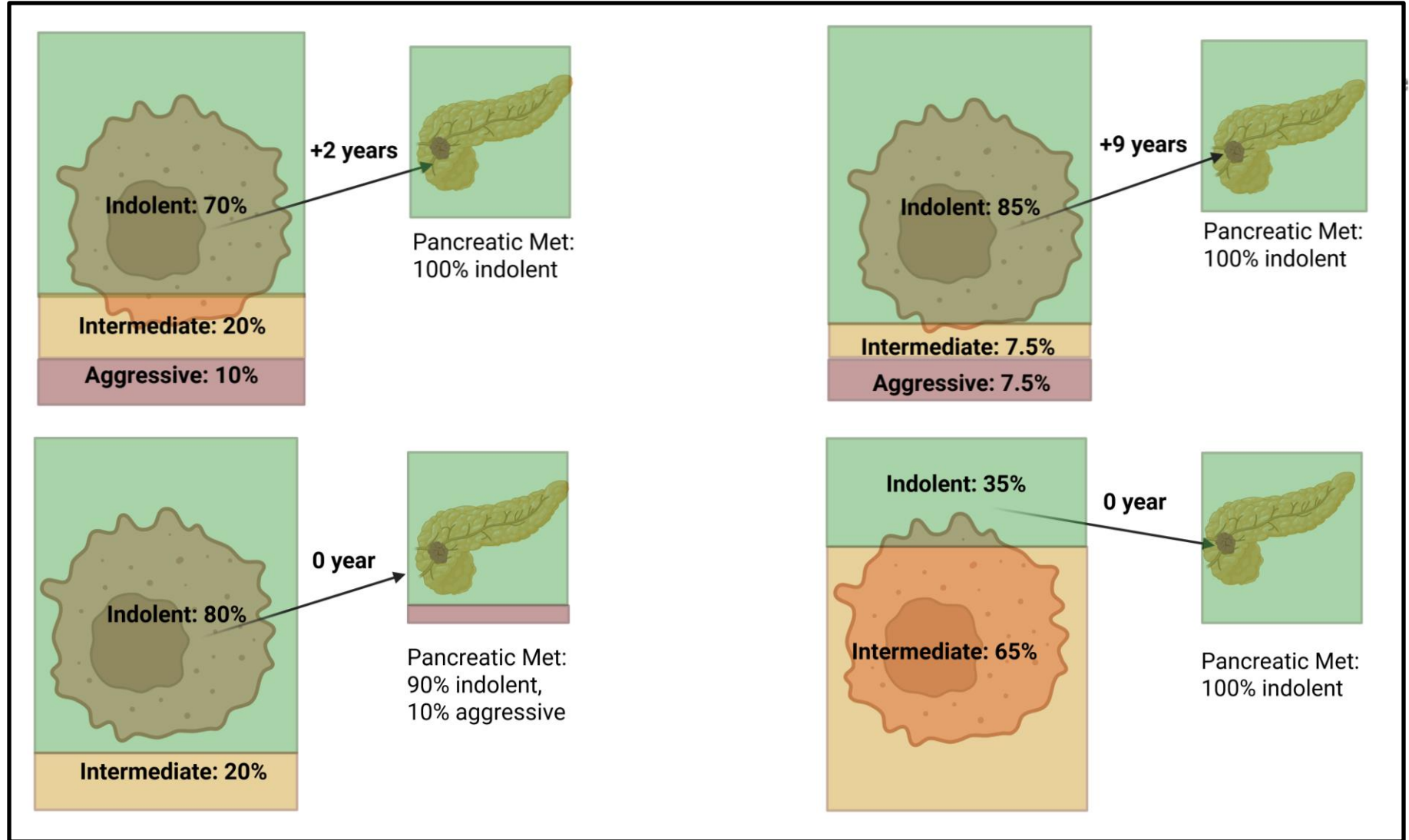


59% PBRM1-
13% BAP1-

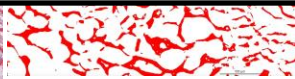
48% PBRM1-
28% BAP1-

$p=0.007$

Vignette 4. PBRM1 loss likely contributes to improved survival of tumors with pancreatic tropism and response to anti-angiogenic drugs



H&E Overlay

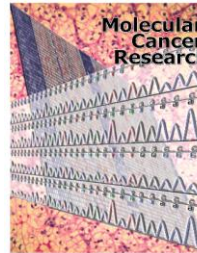


DL Angioscore

Singla et al., *JCI Insight* (2020)
Kapur et al., *Kidney Cancer Journal* (2020)
Duarte et al., *EClinicalMedicine* (2023)
Xu and Kapur et al., submitted

Vignette 5. mTORC1 activation drives progression of Vhl/Pbrm1 tumors

Vignette 5. mTORC1 activation drives progression of Vhl/Pbrm1 tumors

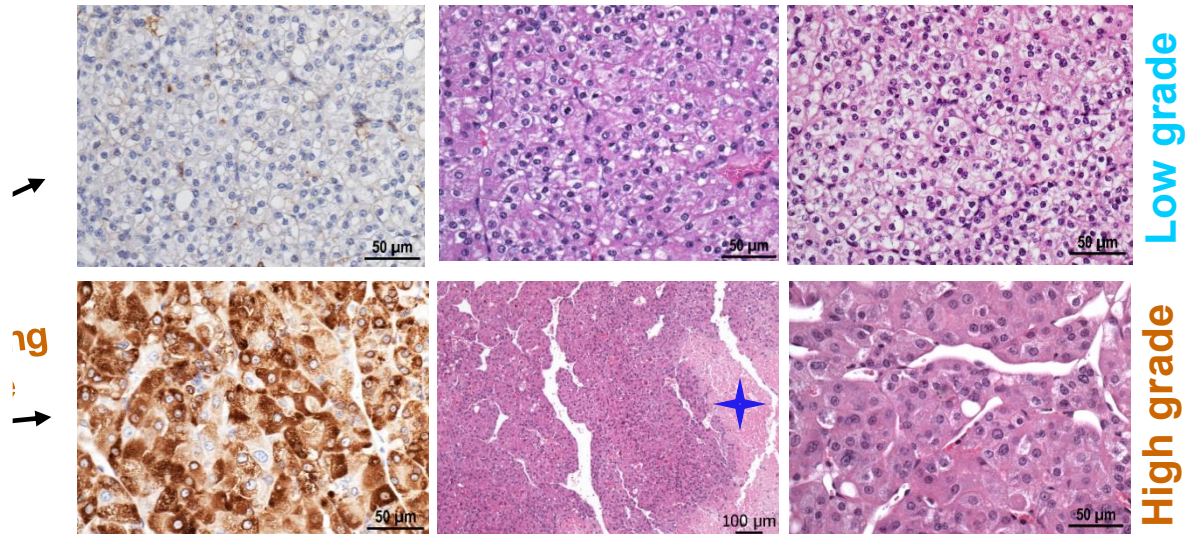


Kucejova et al., *Mol Can Res* 2011

ID	Gene	cDNA	Protein
78	<i>REDD1</i>	c.550delC	Fs
9	<i>TSC1</i>	c.2459dupA	Fs
3246	<i>TSC1</i>	c.1546C > T	p.Q516X
4562	<i>TSC1</i>	IVS211-2A > T ^a	Sp
5533	<i>TSC1</i>	c.1342C > T ^b	p.P448S
4363	<i>PTEN</i>	c.494G > T	p.G165V

TSC1 mutations in ccRCC 4/77 (5%)

phospho-S6



Gu et al., *Cancer Discovery* 2017

Vignette 6. Another route to increasing PBRM1- tumor aggressiveness: loss of SETD2

Review

Cancer
Research

Cooperation and Antagonism among Cancer Genes: The Renal Cancer Paradigm

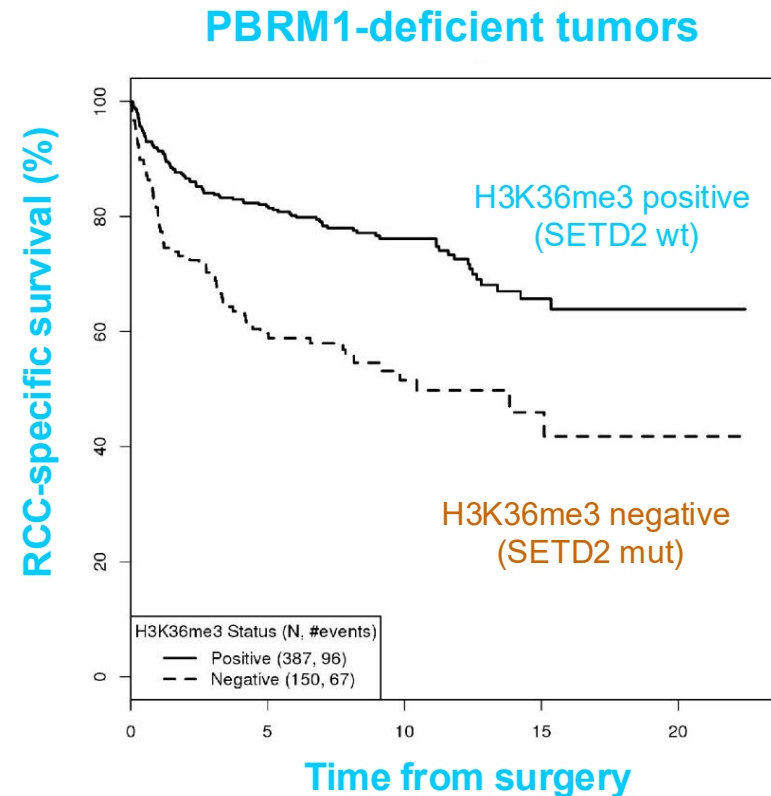
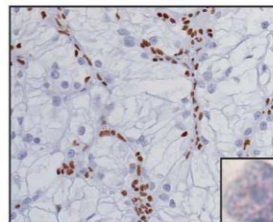
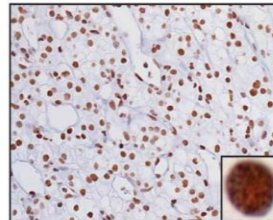
Samuel Peña-Llopis^{1,2,3}, Alana Christie³, Xian-Jin Xie³, and James Brugarolas^{1,2,3}

Study	n	PBRM1	SETD2	SETD2/ PBRM1	Expected double mutants	P	OR (95% CI)
Sanger Institute (16, 18)	348	111	7	8	5 (2–8)	0.16	2.3 (0.8–6.5)
Guo et al. (17)	98	18	1	3	1 (0–2)	0.03	12.7 (1.2 –129)
Hakimi et al. (29)	185	48	8	6	4 (2–7)	0.24	1.9 (0.6–5.8)
TCGA	293	90	17	16	12 (7–14)	0.13	1.8 (0.9–3.7)
Total	924	267	33	33	21 (17–25)	0.003	2.1 (1.3–3.5)

Loss of histone H3 lysine 36 trimethylation is associated with an increased risk of renal cell carcinoma-specific death

Thai H Ho^{1,2,14}, Payal Kapur^{3,4,14}, Richard W Joseph⁵, Daniel J Serie⁶, Jeanette E Eckel-Passow⁷, Pan Tong⁸, Jing Wang⁸, Erik P Castle⁹, Melissa L Stanton¹⁰, John C Cheville¹¹, Eric Jonasch¹², James Brugarolas^{4,13} and Alexander S Parker⁶

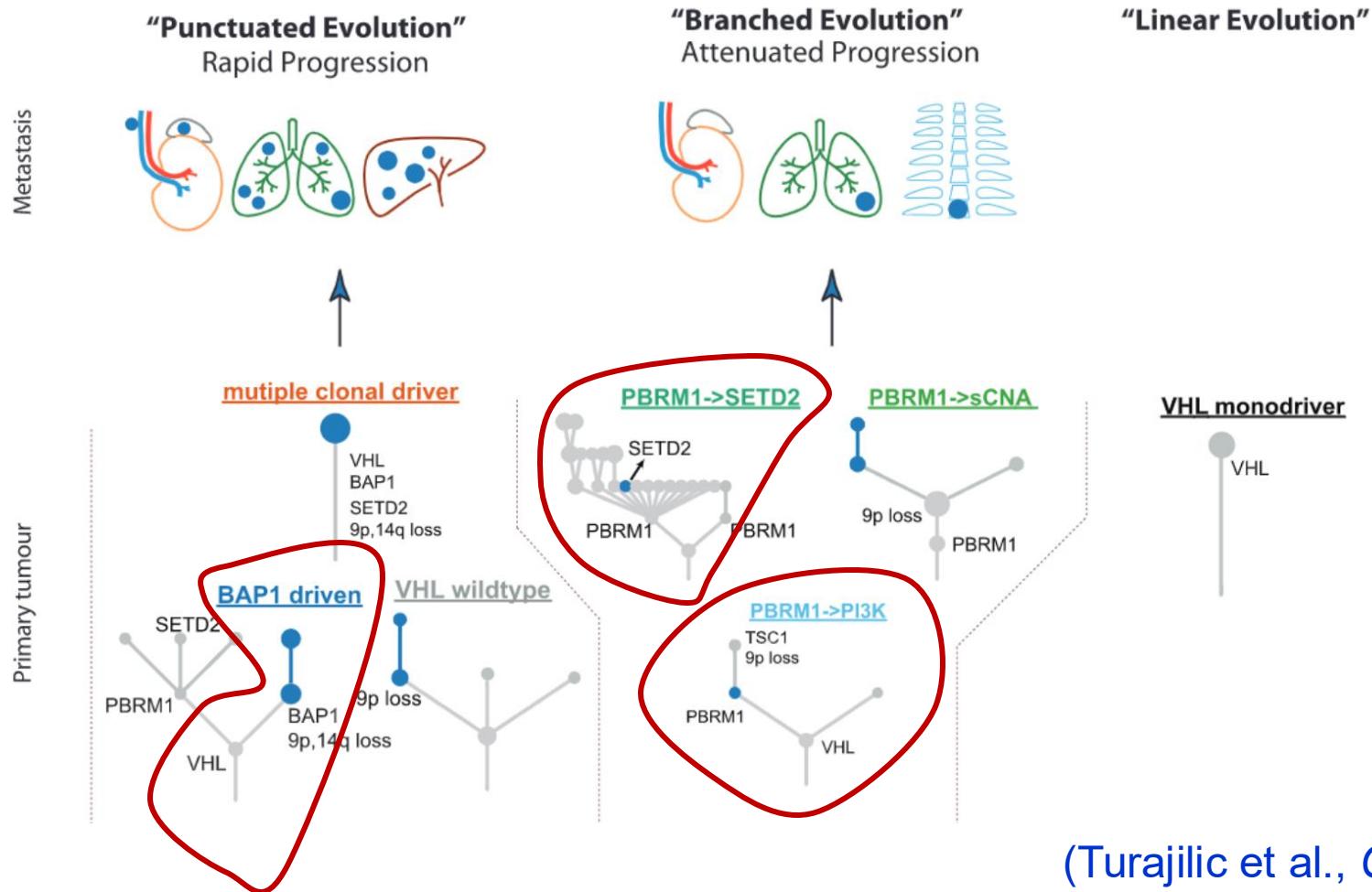
H3K36me3 negative (SETD2 mut)



Pena-Llopis et al., *Can Res* 2013
 Ho et al., *Mod Path* 2016

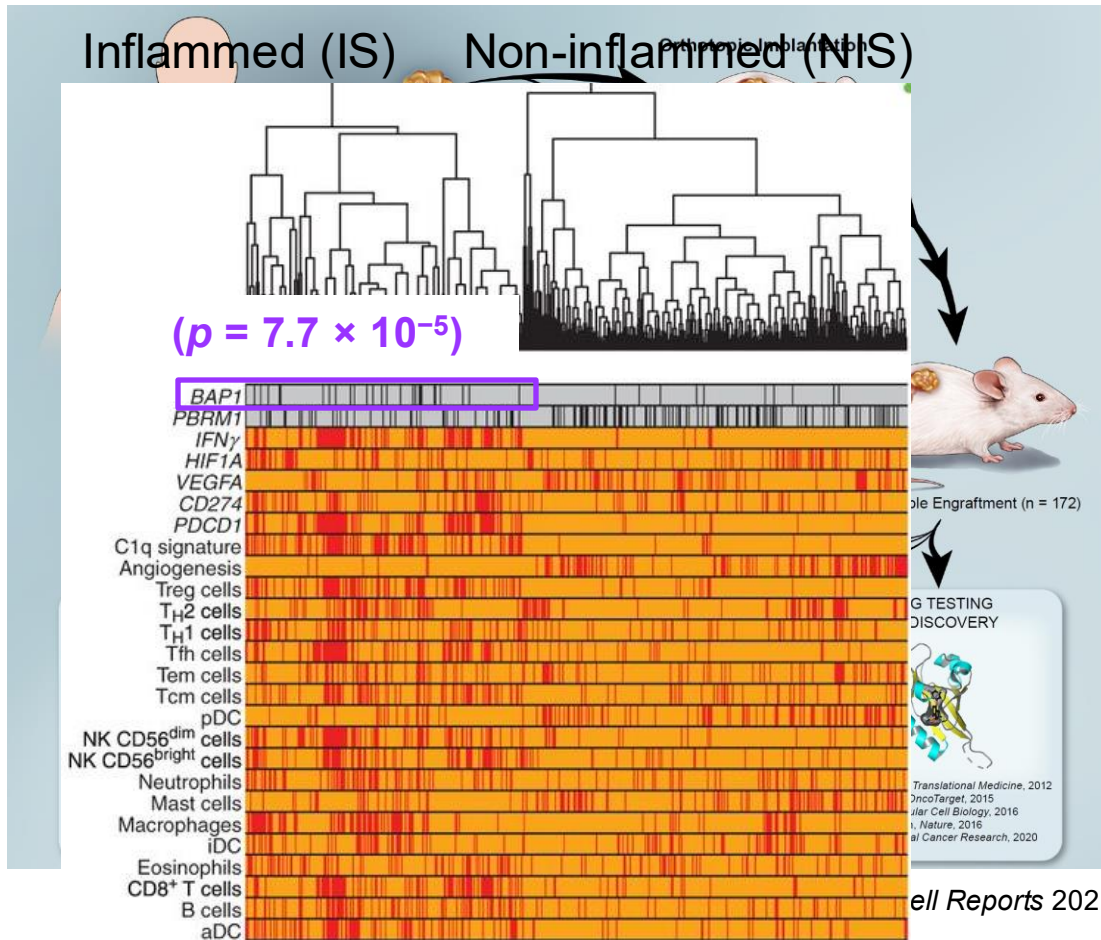
Tracking Cancer Evolution Reveals Constrained Routes to Metastases: TRACERx Renal

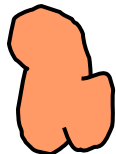
Samra Turajlic,^{1,2,20} Hang Xu,^{1,20} Kevin Litchfield,^{1,20} Andrew Rowan,^{1,20} Tim Chambers,^{1,20} Jose I. Lopez,^{3,20} David Nicol,^{4,20} Tim O'Brien,^{5,20} James Larkin,^{2,20} Stuart Horswell,⁶ Mark Stares,^{1,2} Lewis Au,² Mariam Jamal-Hanjani,⁷ Ben Challacombe,⁵ Ashish Chandra,⁸ Steve Hazell,⁹ Claudia Eichler-Jonsson,¹ Aspasia Soultati,¹⁰ Simon Chowdhury,¹⁰ Sarah Rudman,¹⁰ Joanna Lynch,² Archana Fernando,⁵ Gordon Stamp,¹¹ Emma Nye,¹¹ Faiz Jabbar,¹ Lavinia Spain,² Sharanpreet Lall,¹⁰ Rosa Guarch,¹² Mary Falzon,¹³ Ian Proctor,¹³ Lisa Pickering,² Martin Gore,² Thomas B.K. Watkins,¹ Sophia Ward,^{1,7} Aengus Stewart,³ Renzo DiNatale,¹⁴ Maria F. Becerra,¹⁴ Ed Reznik,¹⁵ James J. Hsieh,¹⁶ Todd A. Richmond,¹⁷ George F. Mayhew,¹⁷ Samantha M. Hill,¹⁸ Catherine D. McNally,¹⁸ Carol Jones,¹⁸ Heidi Rosenbaum,¹⁷ Stacey Stanislaw,¹⁸ Daniel L. Burgess,¹⁷ Nelson R. Alexander,¹⁸ Charles Swanton,^{1,7,19,21,*} PEACE, and the TRACERx Renal Consortium



(Turajlic et al., *Cell* 2018)

Vignette 7. BAP1 loss induces inflammation with systemic manifestations (thrombocytosis & neutrophilia), which likely accounts for their prognostic value



 -  = eTME

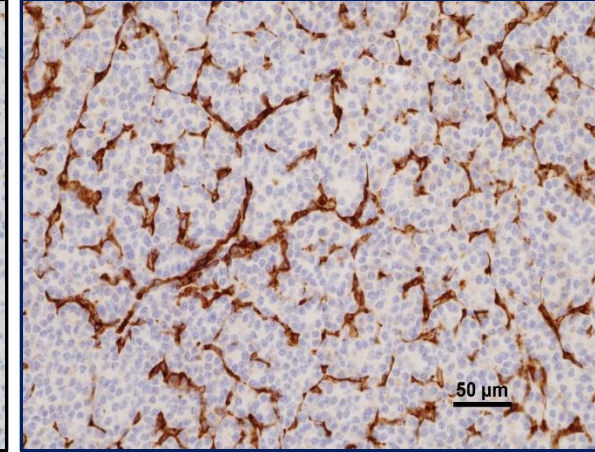
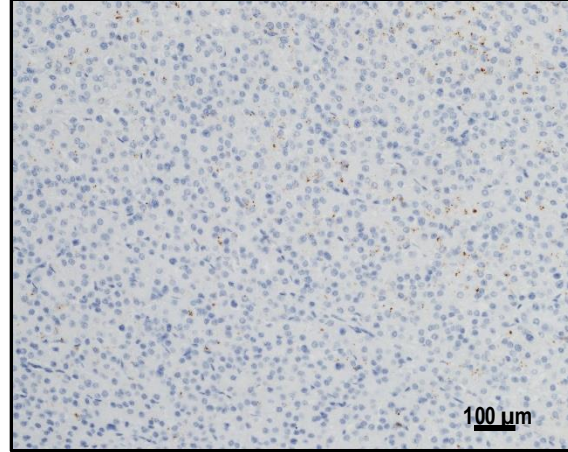
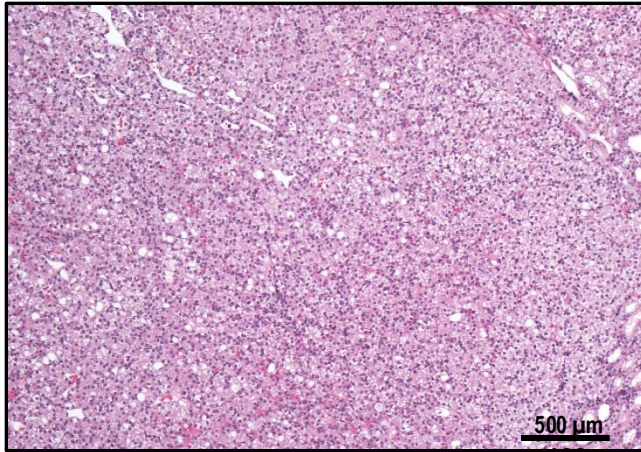
As shown in GEM, differences in TME are associated with genotype in humans

H&E

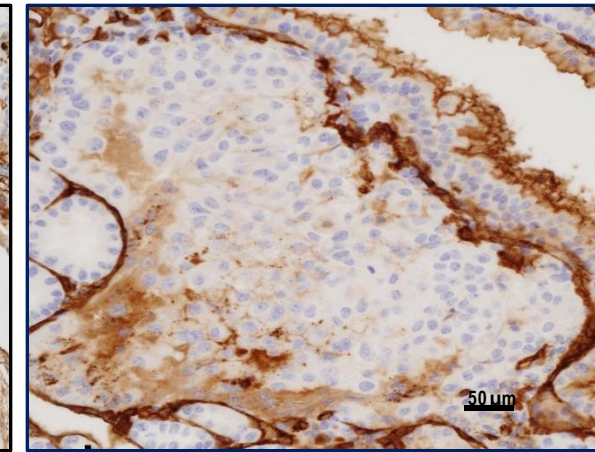
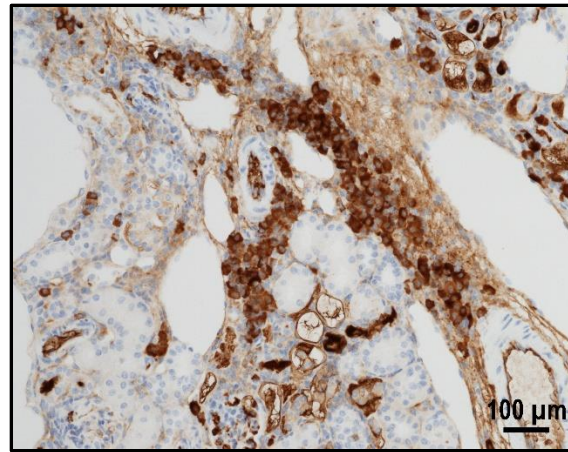
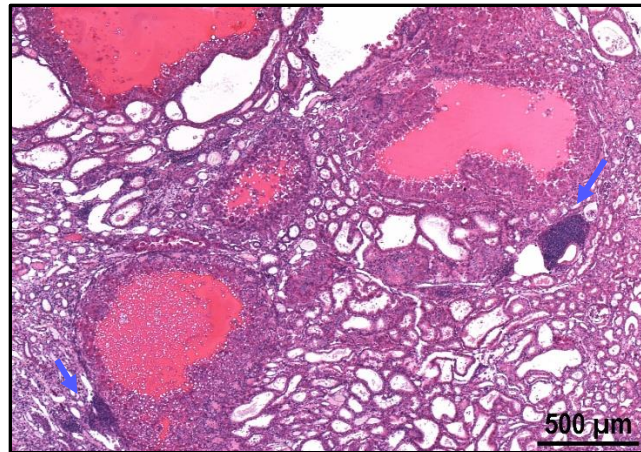
CD8

CD31

Pbrm1-deficient mice

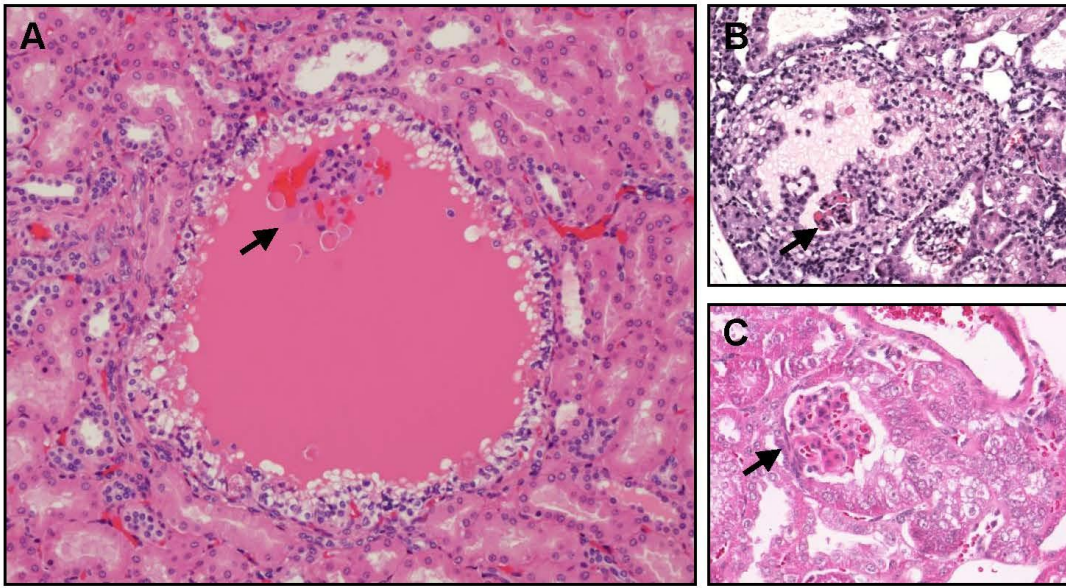


Bap1-deficient mice



Vignette 8. While ccRCC is thought to arise from PCTs, PCT S1/S2 cells give rise to tRCC, but not ccRCC

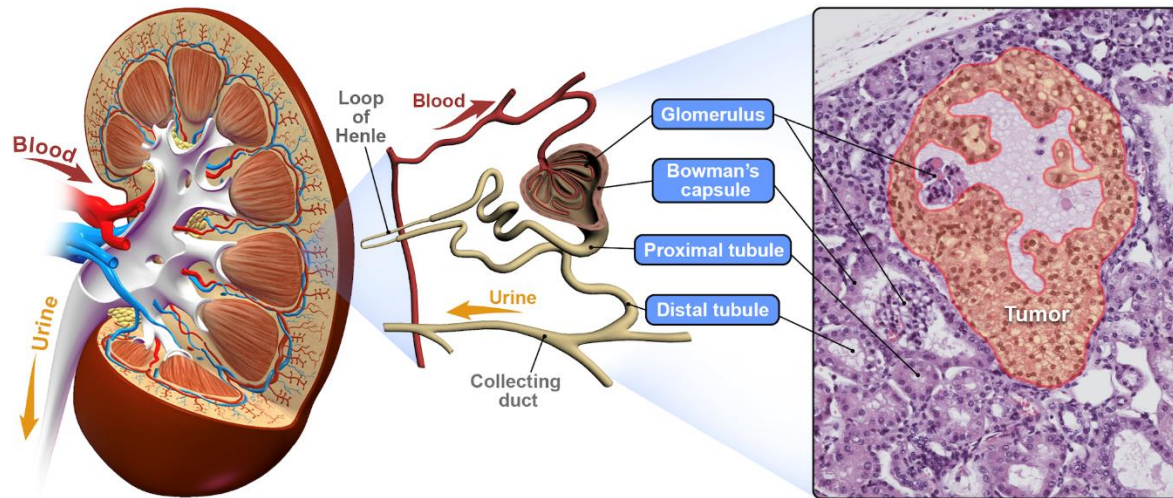
Pathological studies support PEC as source of ccRCC



A, Human preneoplastic cyst constituted of atypical clear cells lining Bowman's capsule

B, *Pax8-Cre;Vhl^{F/F};Pbrm1^{F/F}* model (Gu YF et al., *Cancer Discov.* 2017)

C, *Ksp1.3-CreERT2;Vhl^{F/F};Trp53^{F/F};Rb1^{F/F}* model



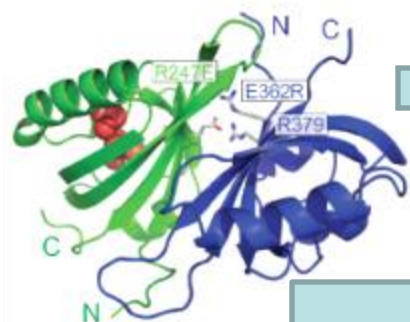
Gu et al., *Cancer Discov* 2017
(Harlander et al., *Nat Med.* 2017)
Kapur et al., Unpublished

Vignette 9. HIF2 targeting and biomarker identification in mouse models

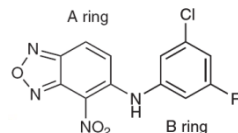
- Development of a first-in-class HIF2 inhibitor
- The quest for biomarkers (HIF2 α , paraneoplastic syndromes)
- Identification of resistance mutations
- Development of a second-generation tumor targeted siRNA drug

Development of a HIF2 inhibitor at UTSW

UTSW high-throughput
library screen



Scheuermann et al.
PNAS 2009

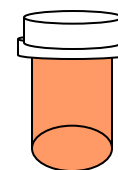


Scheuermann et al.
Nat Chem Biol 2013

Peloton
Therapeutics

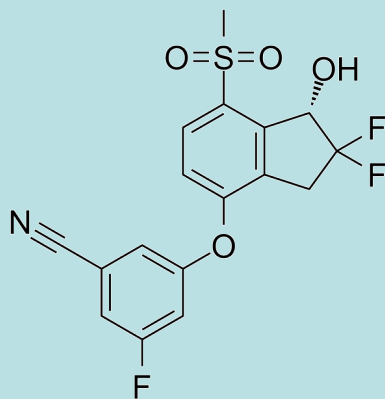


UT Southwestern BioCenter

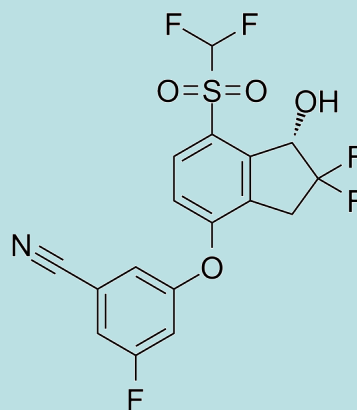


HIF2-I

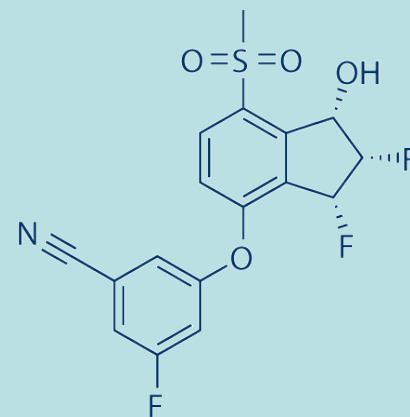
Peloton Therapeutics (PT) HIF2 inhibitors



PT2385



PT2399



PT2977
Belzutifan

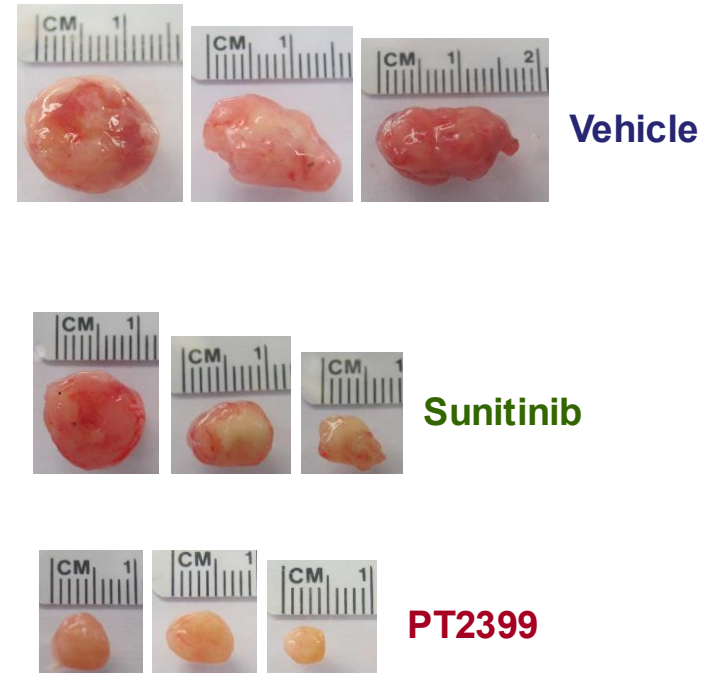
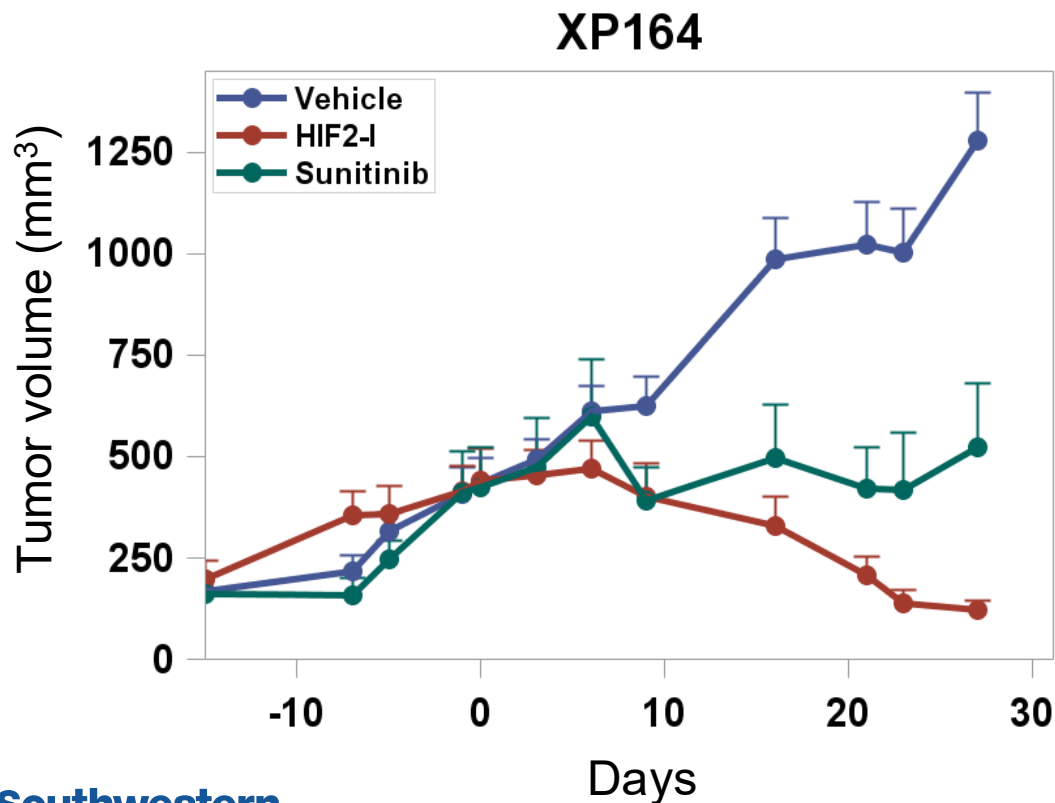
HIF2α



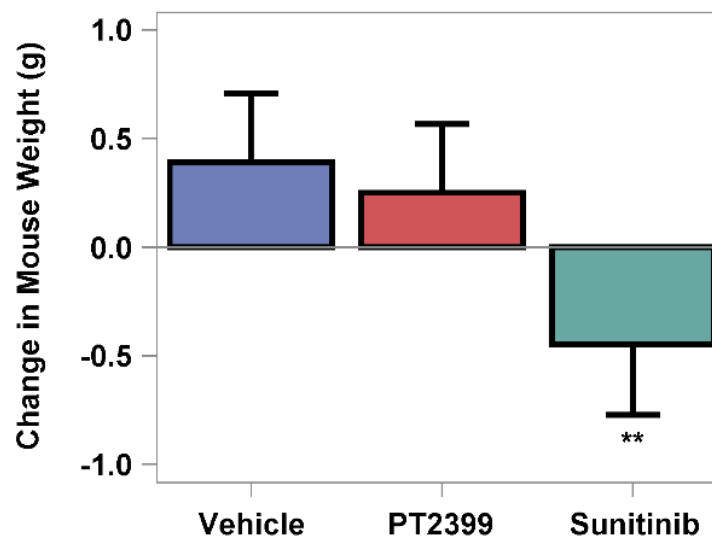
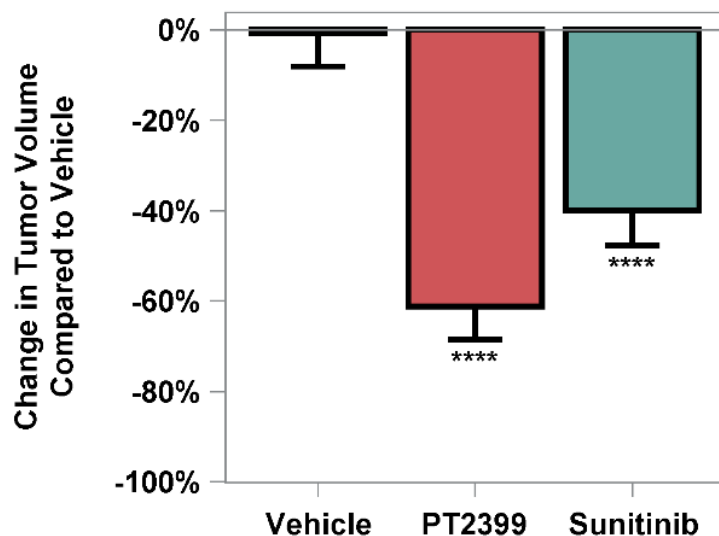
Tian et al.
Genes & Dev 1997

bH

PT2399 is active against human ccRCC transplants in mice



PT2399 has greater activity than sunitinib and is better tolerated



267 mice from 22 independently derived TG lines (18 ccRCC)

Phase I Dose-Escalation Trial of PT2385, a First-in-Class Hypoxia-Inducible Factor-2 α Antagonist in Patients With Previously Treated Advanced Clear Cell Renal Cell Carcinoma

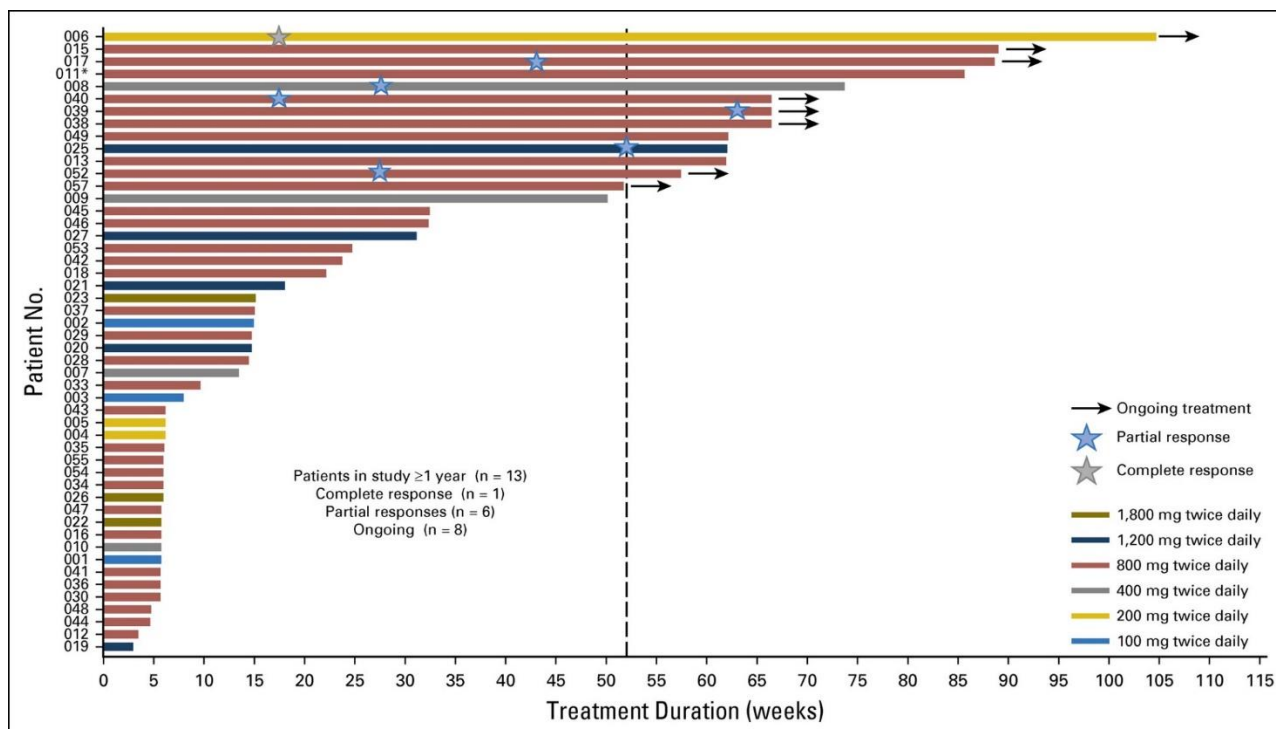
Kevin D. Courtney, Jeffrey R. Infante, Elaine T. Lam, Robert A. Figlin, Brian I. Rini, James Brugarolas, Naseem J. Zojwalla, Ann M. Lowe, Keshi Wang, Eli M. Wallace, John A. Josey, and Toni K. Choueiri

Author affiliations and support information (if applicable) appear at the end of this article.

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Clinical trial information: NCT02293980.

Corresponding author: Kevin D. Courtney, MD, PhD, Kidney Cancer Program, Simmons Comprehensive Cancer Center and Department of Medicine, Division of Hematology/Oncology, University of Texas Southwestern Medical Center, 5323 Harry Hines Blvd, Dallas, TX 75390-8852; e-mail: Kevin.Courtney@utsouthwestern.edu.

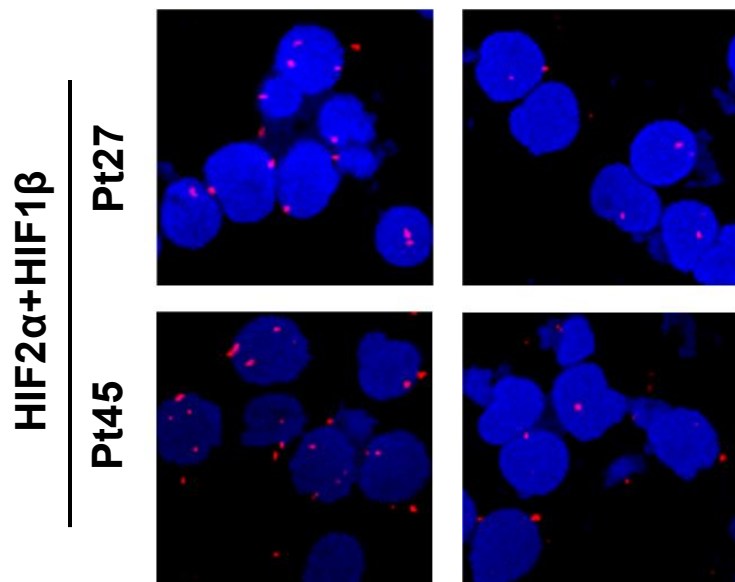




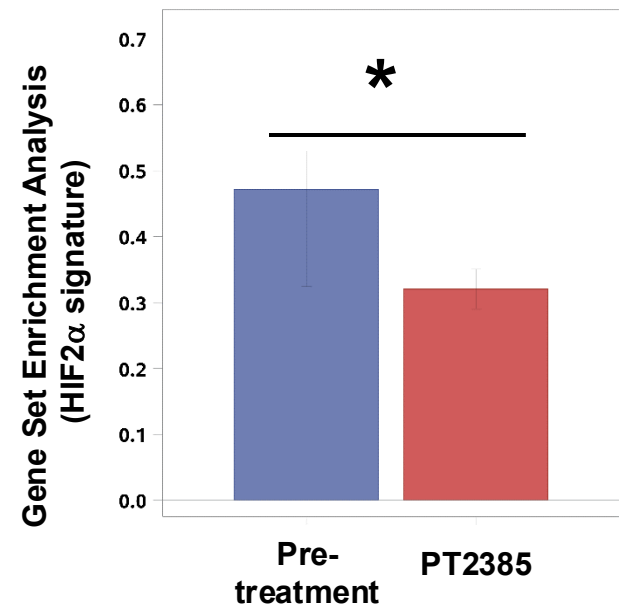
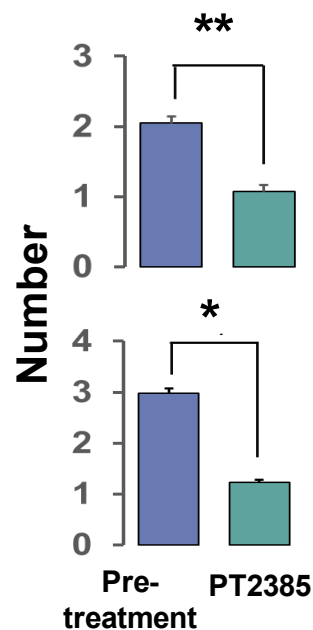
HIF-2 Complex Dissociation, Target Inhibition, and Acquired Resistance with PT2385, a First-in-Class HIF-2 Inhibitor, in Patients with Clear Cell Renal Cell Carcinoma

Kevin D. Courtney^{1,2}, Yuanqing Ma^{1,2}, Alberto Diaz de Leon^{2,3}, Alana Christie², Zhiquan Xie^{2,4}, Layton Woolford^{1,2}, Nirmish Singla^{2,5}, Allison Joyce^{1,2}, Haley Hill^{1,2}, Ananth J. Madhuranthakam^{2,3}, Qing Yuan^{2,3}, Yin Xi^{3,4}, Yue Zhang³, Jenny Chang^{1,2}, Oluwatomilade Fatunde^{1,2}, Yull Arriaga^{1,2}, Arthur E. Frankel^{1,2}, Sanjeeva Kalva³, Song Zhang^{2,6}, Tiffani McKenzie^{2,7}, Oscar Reig Torras², Robert A. Figlin⁸, Brian I. Rini⁹, Renée M. McKay^{1,2}, Payal Kapur^{2,7}, Tao Wang^{2,4}, Ivan Pedrosa^{2,3}, and James Brugarolas^{1,2}

Pretreatment On-treatment

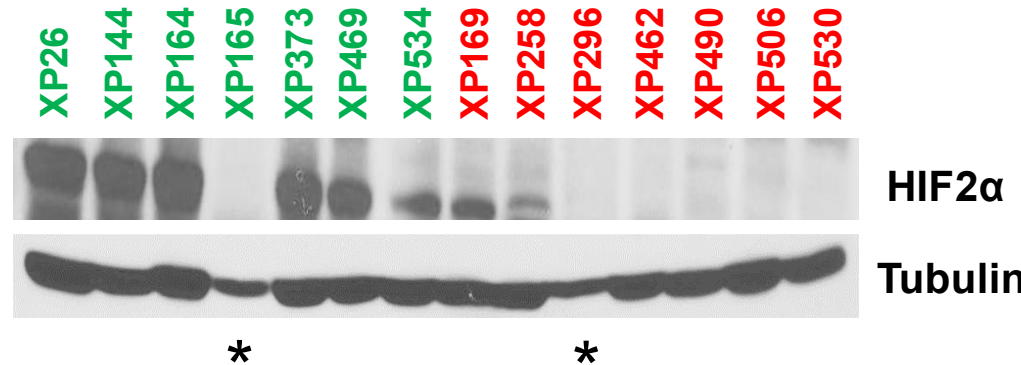
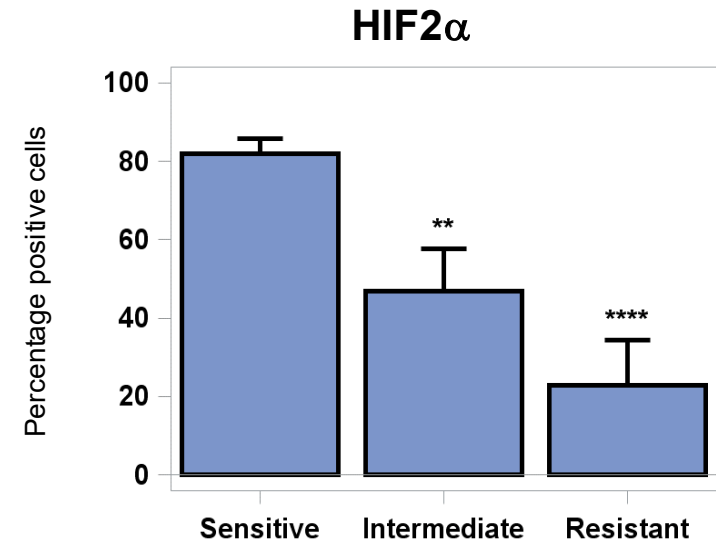
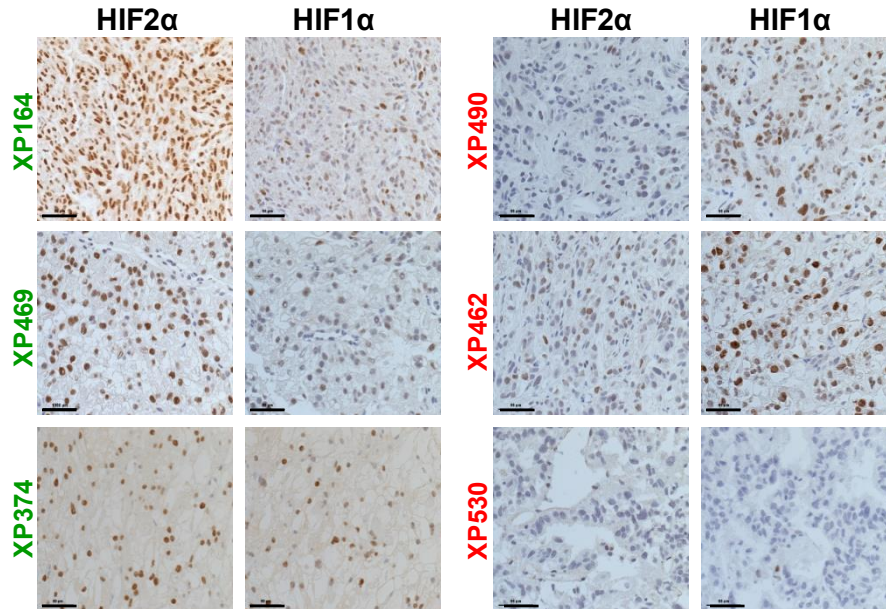


Complexes per nucleus

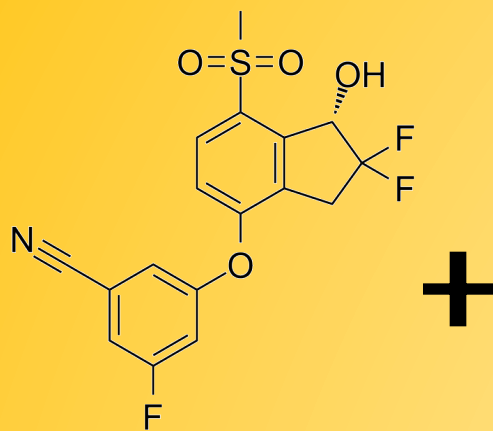


How are resistant and sensitive tumors different?

HIF2 α levels



Testing for HIF2 α levels in patients: Turning PT2385 into a PET tracer

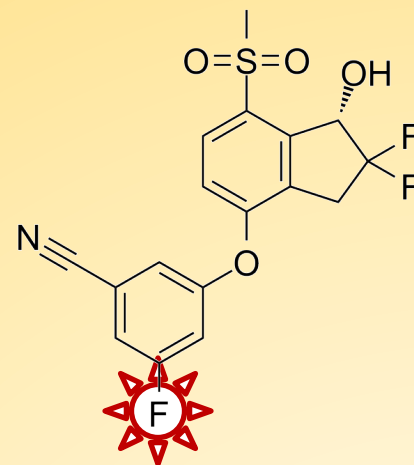


PT2385

+



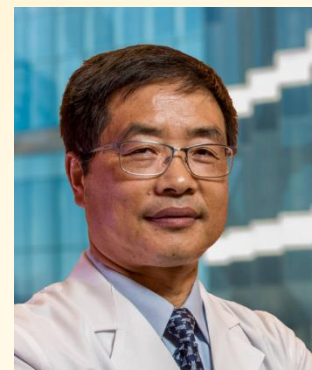
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[¹⁸F]PT2385

GE PETtrace 880 cyclotron

(11 US FDA INDs, 2 ANDAs, 1 RDRC for clinical trials
>30 investigational/novel radiotracers)



[¹⁸F]PT2385 PET identifies HIF2α expressing ccRCC tumorgrafts in mice



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ADMINISTRATION**

IND 156933

STUDY MAY PROCEED



National Library of Medicine
National Center for Biotechnology Information

ClinicalTrials.gov BETA

Resc

[Home](#) > [Search Results](#) > Study Record

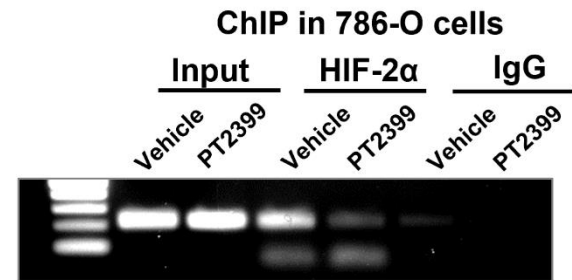
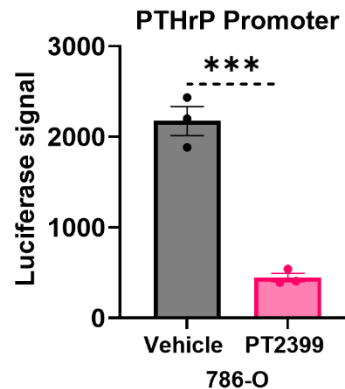
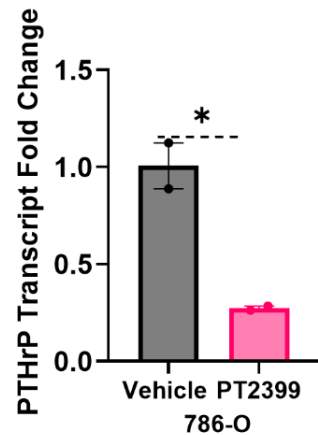
ClinicalTrials.gov

RECRUITING i

[¹⁸F]PT2385 PET/CT in Patients With Renal Cell Carcinoma

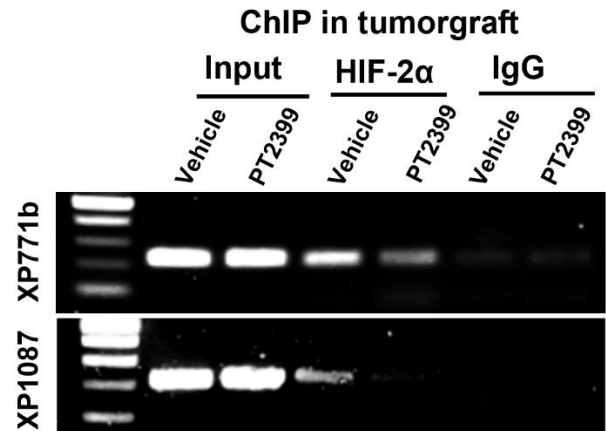
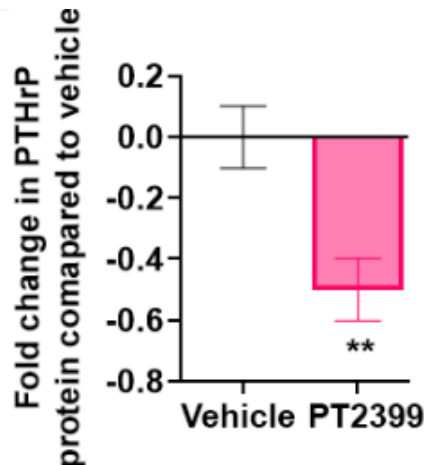
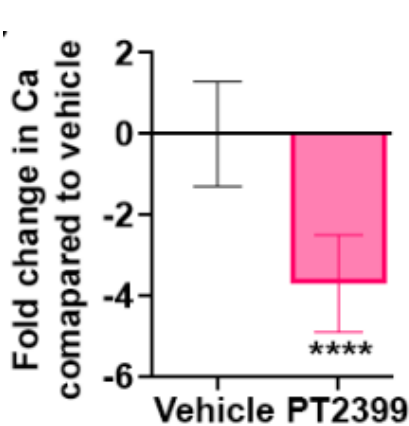
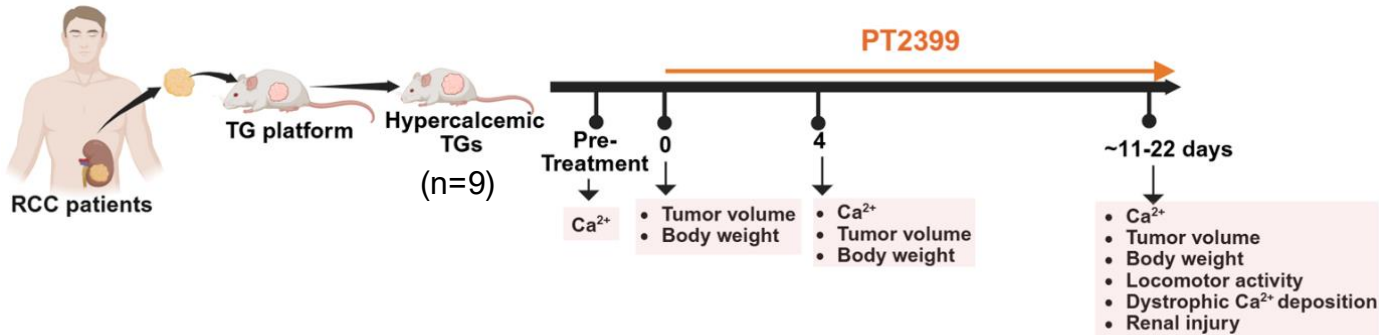
Principal Investigator: James Brugarolas, M.D., Ph.D.

Hypercalcemia of malignancy (HCM): A biomarker of HIF-2 dependency?

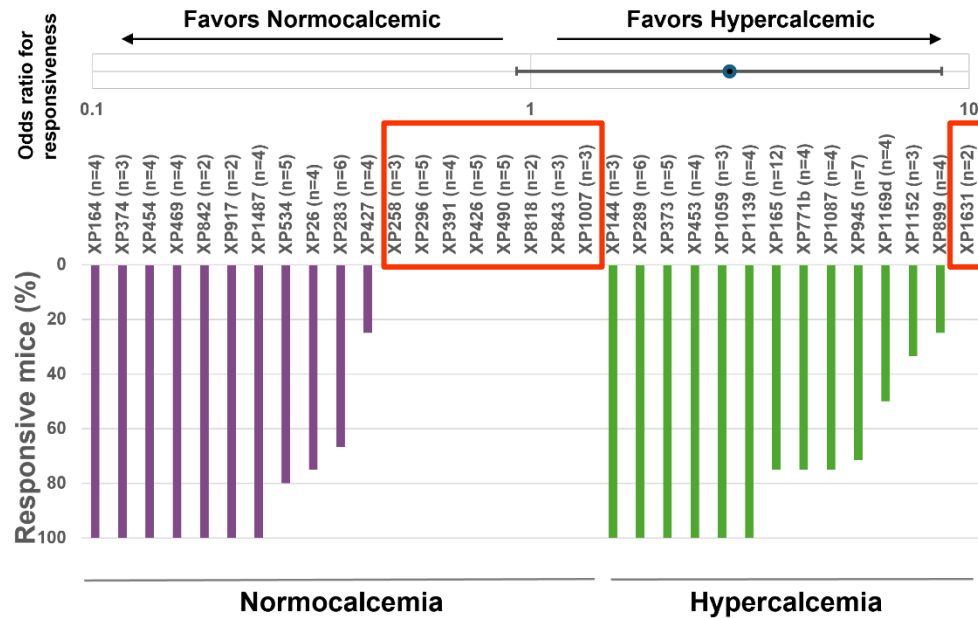


PT2399 downregulates *PTHrP* (*PTH1LH*) expression and HIF-2 binding to promoter sequences

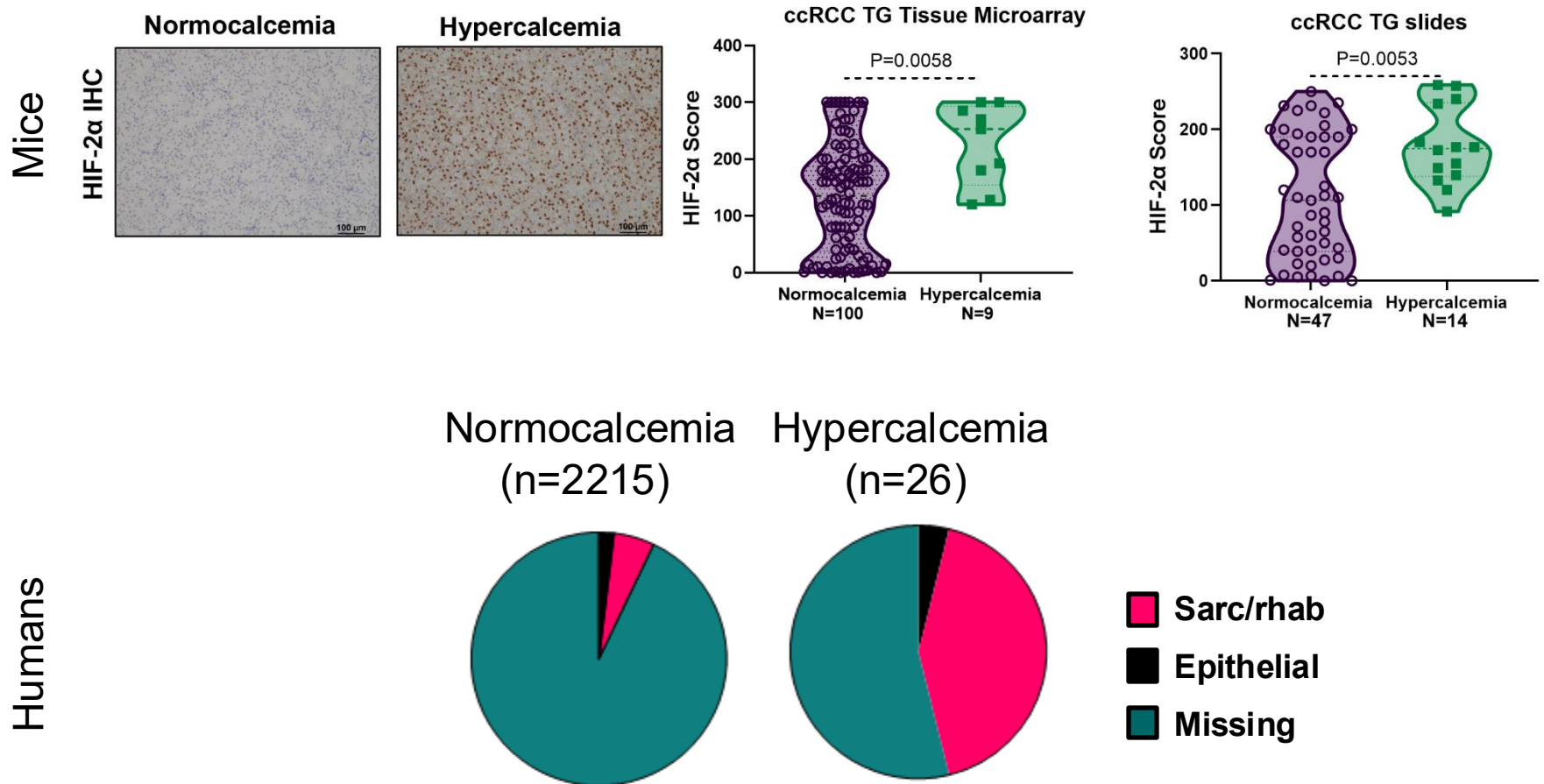
PT2399 (belzutifan analogue) suppresses PTHrP and hypercalcemia



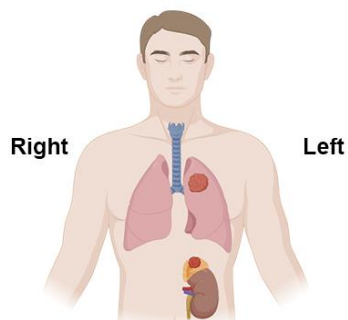
HCM as a biomarker of HIF-2 dependency



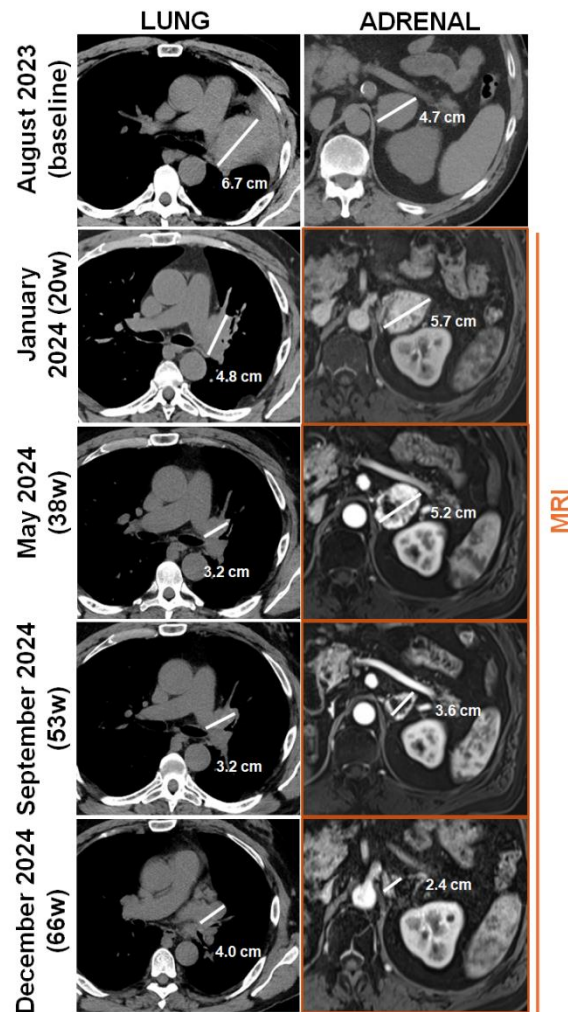
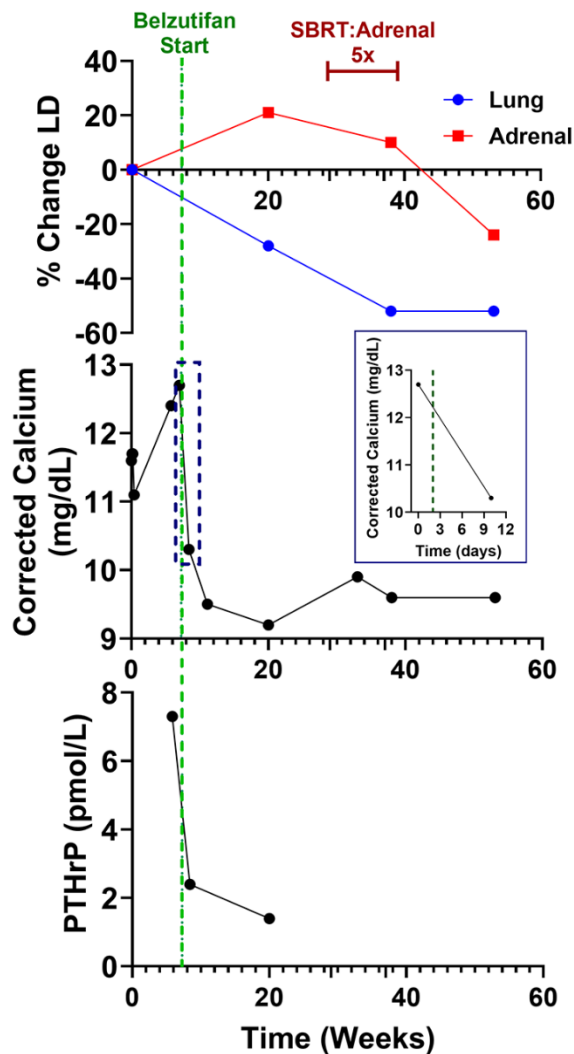
HCM tumors express high levels of HIF-2 α & are frequently sarcomatoid



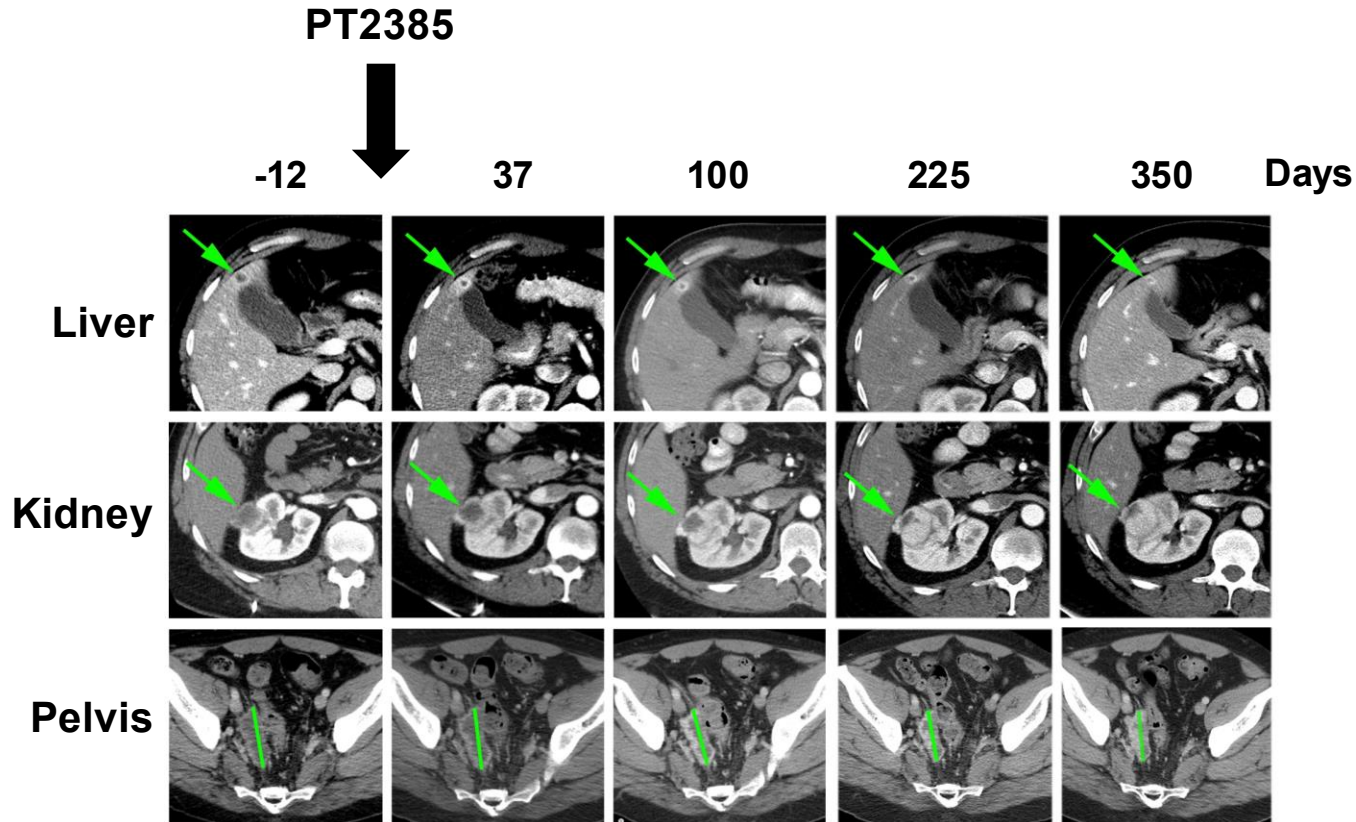
Prospective Patient Case



ccRCC (sarc)

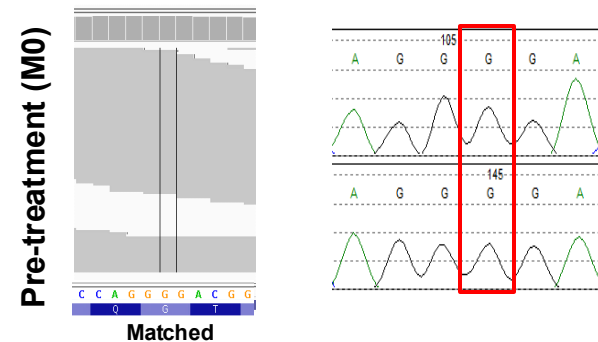
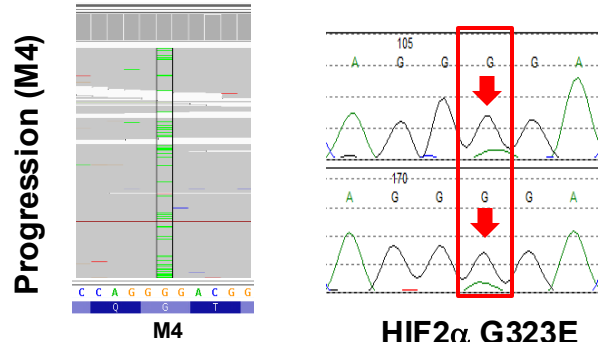


Resistance development to HIF2 antagonists



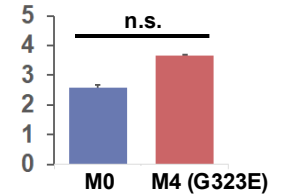
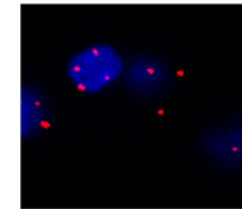
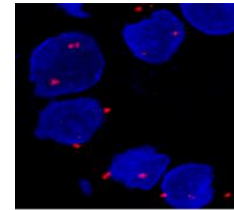
Acquired HIF2 α mutation in drug binding pocket (G323E)

Patient 11



HIF2 α +HIF1 β

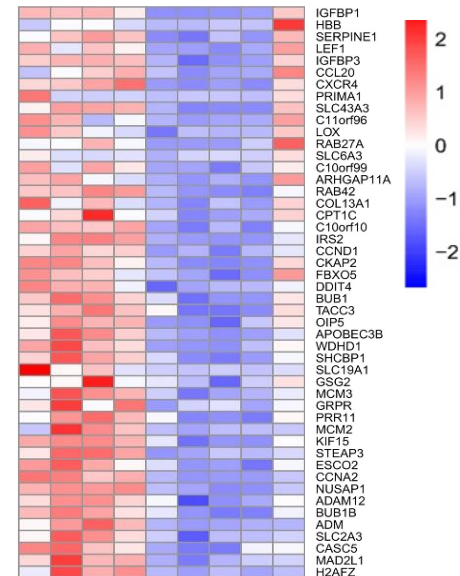
Pre-treatment (M0) Progression (M4)
(while on PT2385)



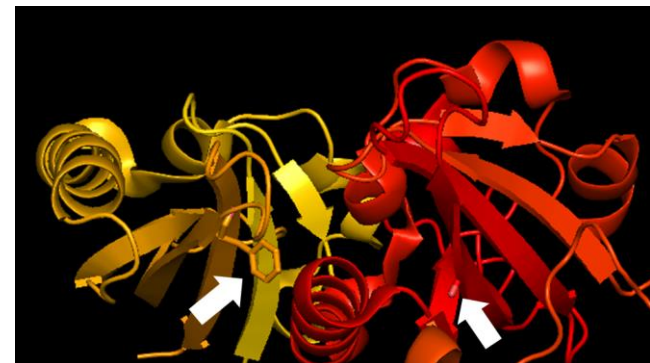
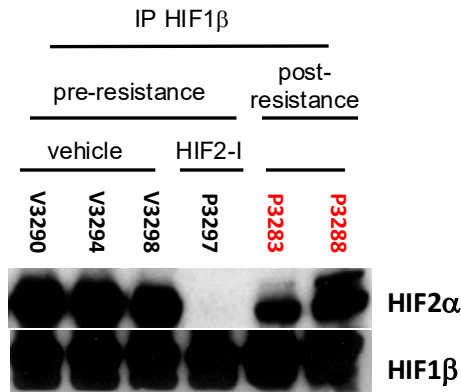
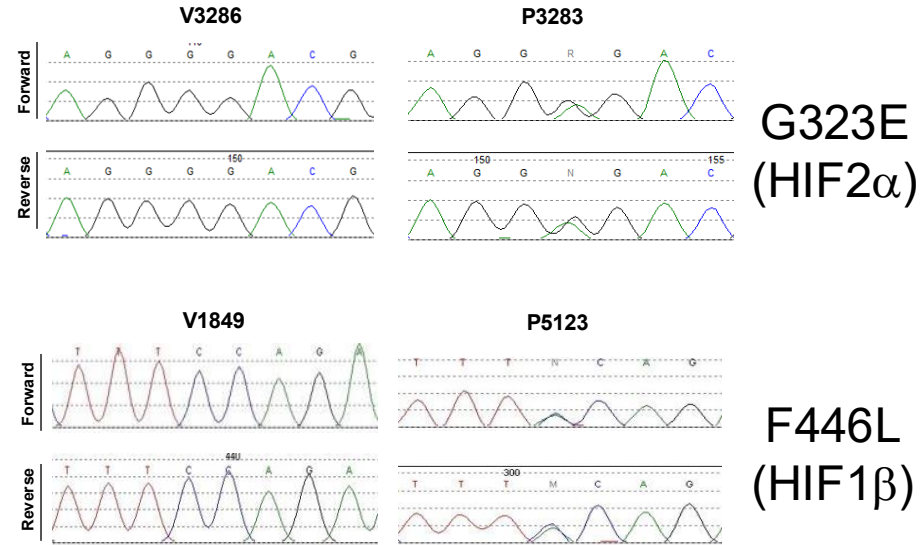
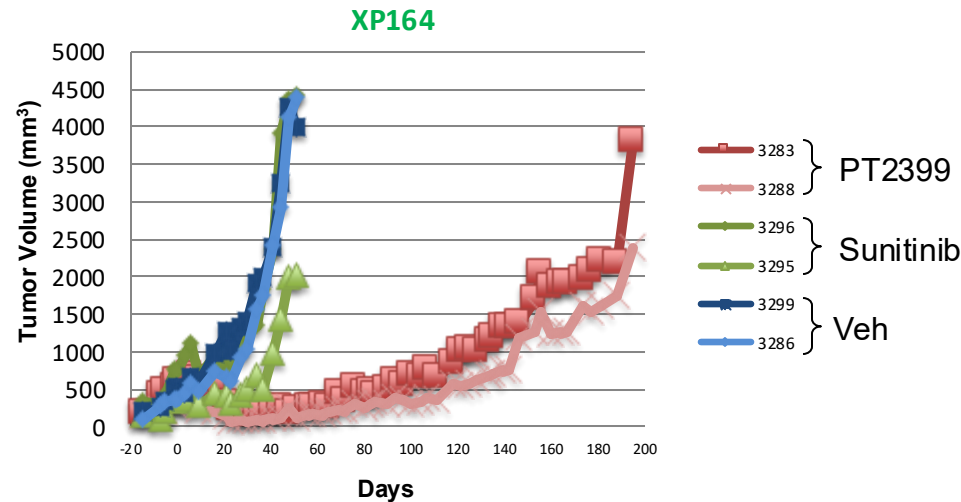
HIF2-I

Control

Progr. Bx.



Resistance mutations were previously identified in TGs



HIF1 β

HIF2 α

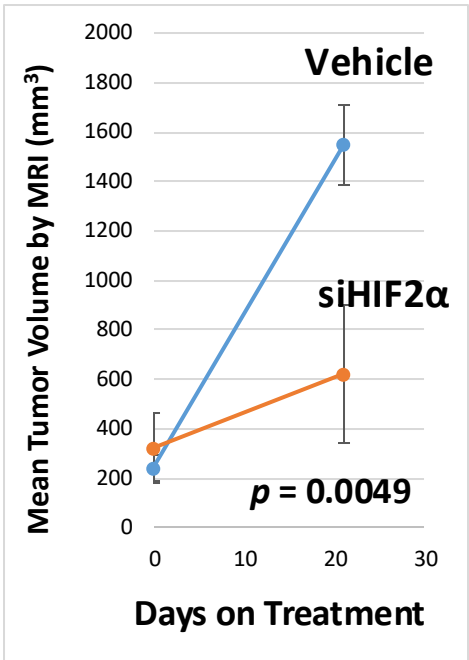
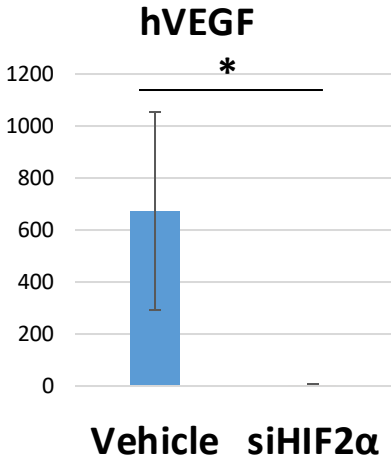
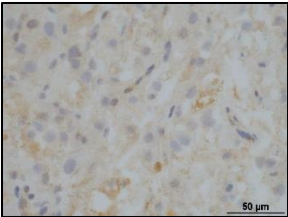
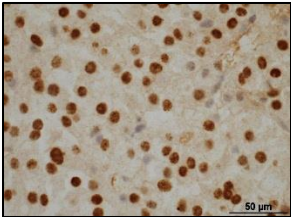
XP374

47 yo WM
L Nx (T4NxM0)
ccRCC

HIF2α IHC

Vehicle

siHIF2α



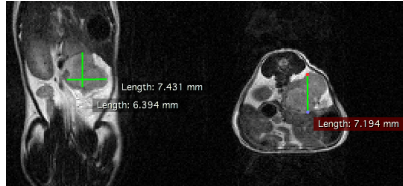
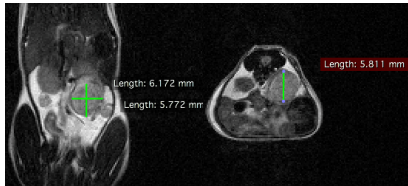
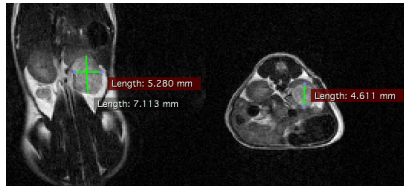
Vehicle

Day 0

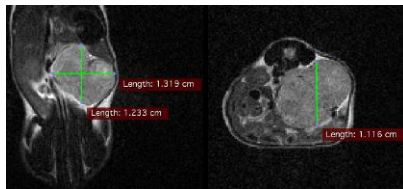
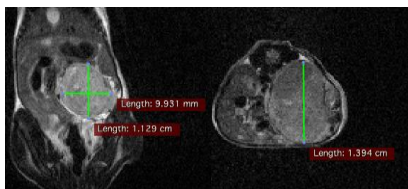
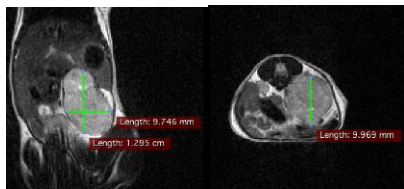
V13865

V13858

V13859



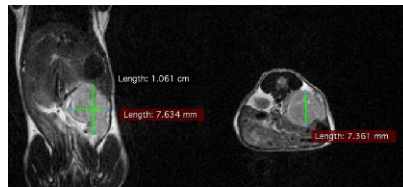
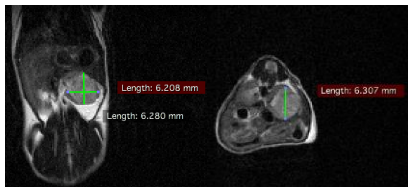
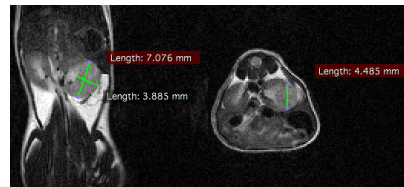
Day 21



A13860

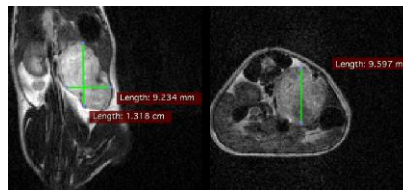
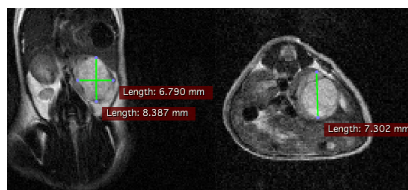
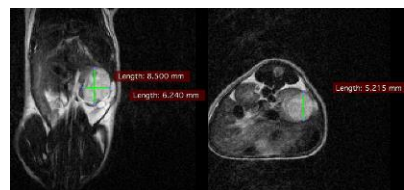
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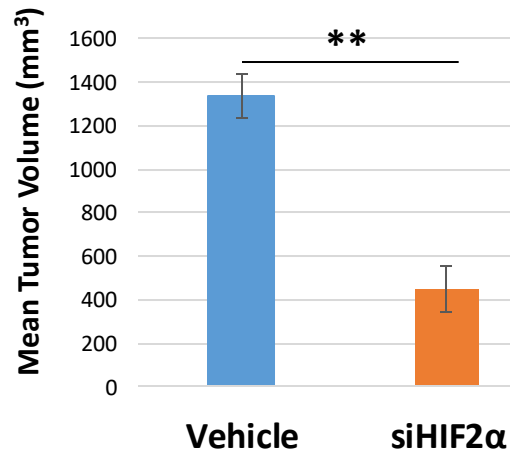
Day 0

Day 21



siHIF2α

Actual Tumor Volume



Ma et al., *Clin Cancer Res*
2022

Phase 1 trial offers proof-of-principle for HIF2 α targeting by siRNA

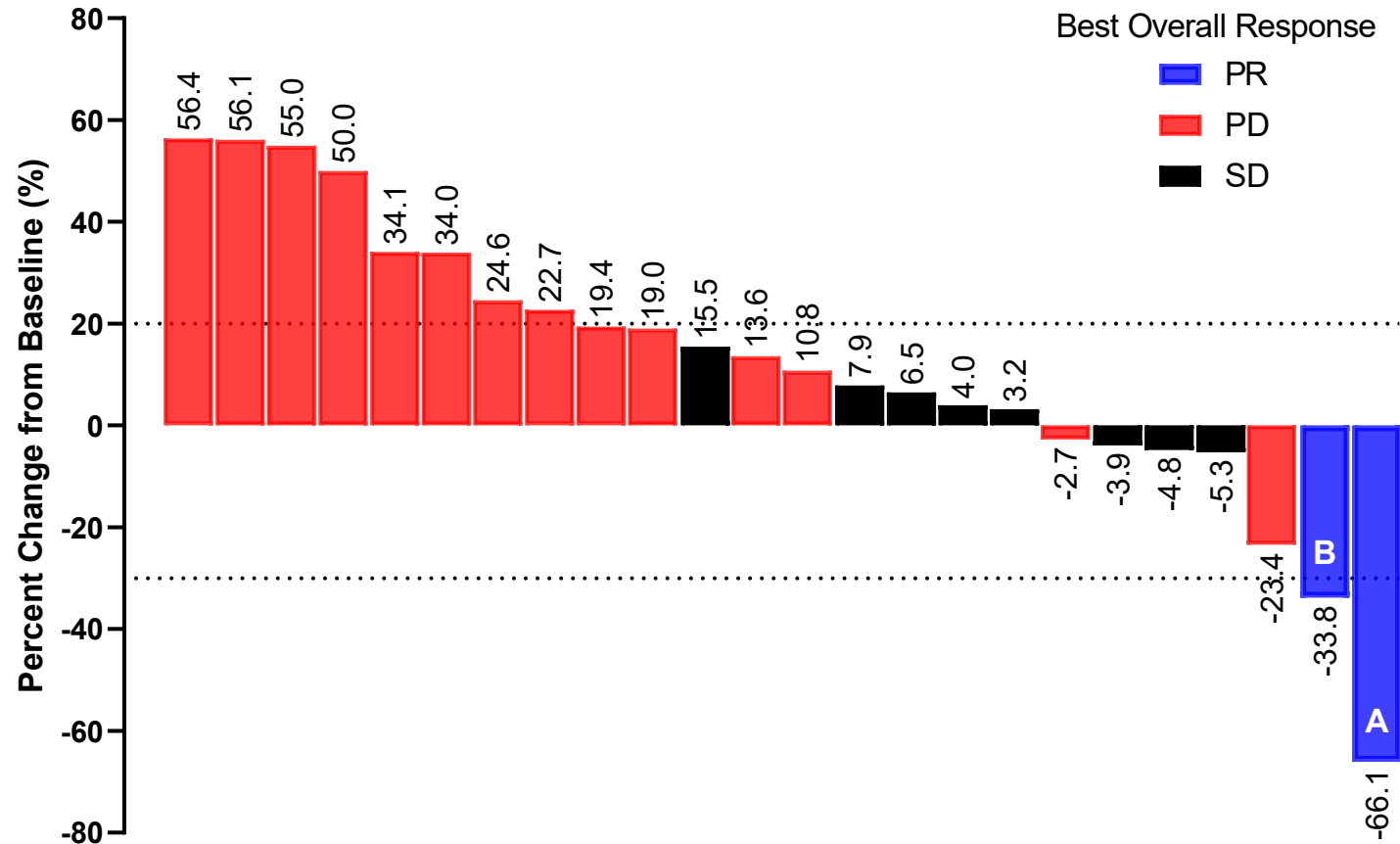
CLINICAL CANCER RESEARCH | CLINICAL TRIALS: TARGETED THERAPY

A First-in-Human Phase 1 Study of a Tumor-Directed RNA-Interference Drug against HIF2 α in Patients with Advanced Clear Cell Renal Cell Carcinoma



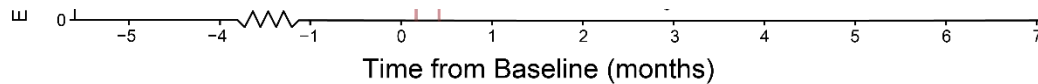
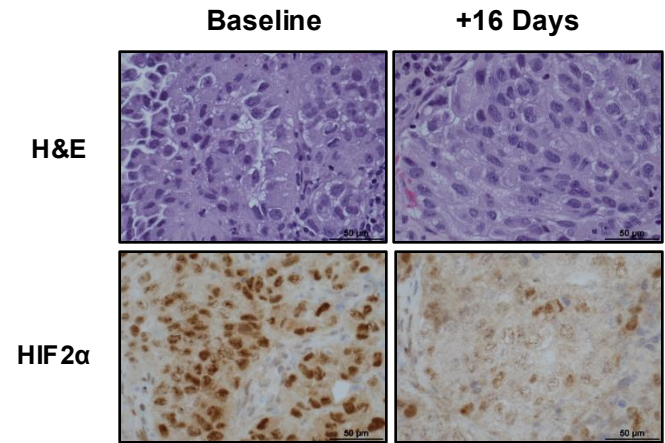
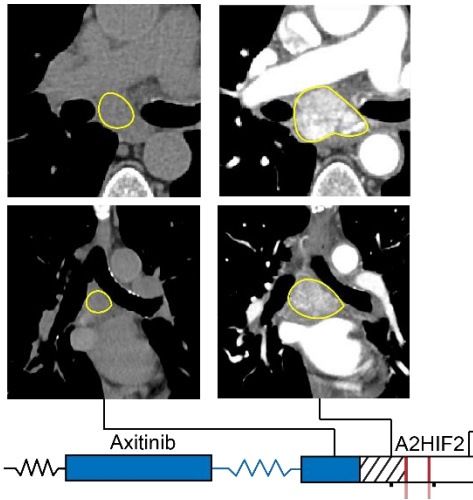
James Brugarolas¹, Gregory Obara², Kathryn E. Beckermann³, Brian Rini³, Elaine T. Lam⁴, James Hamilton⁵, Thomas Schluep⁵, Min Yi⁵, So Wong⁵, Zhongping Lily Mao⁵, Erick Gamelin⁶, and Nizar M. Tannir⁷

Waterfall Plot of Best Percent Change for Target Lesions



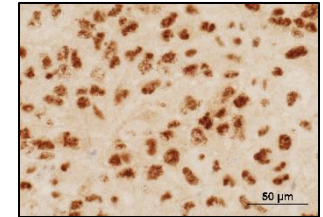
Case Study: Patient A

Washout (2 wks)

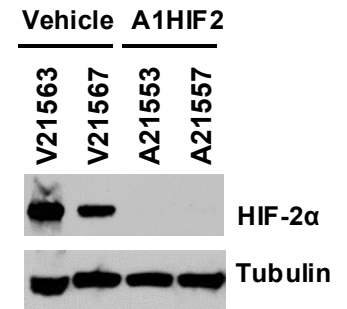
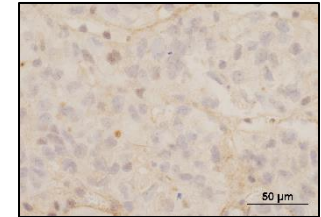


TG generated from patient A trial biopsy shows response to siRNA drug

Vehicle



A1HIF2



Vignette 10. Probing resistance mechanisms to rapalogs

- Rapalogs (temsirolimus, a sirolimus/rapamycin prodrug, and everolimus), were first approved for mRCC by the FDA in 2007 (Hudes et al., *NEJM* 2007 and Motzer et al., *Lancet* 2008).
- Today, most often used in combination with lenvatinib (everolimus) in the refractory setting (and for nccRCC).
- Resistance uniformly arises, but how it develops has been a mystery since they were approved more than a decade ago.
- While rapalogs specifically bind mTORC1 and there are known mutations in mTOR that prevent rapalog binding, these mutations have not been identified in ccRCC (Hamieh et al., *PLOS Genet* 2018).

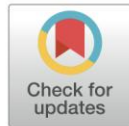
RESEARCH ARTICLE

Mechanisms of acquired resistance to rapalogs in metastatic renal cell carcinoma

Lana Hamieh^{1,2}, Toni K. Choueiri^{1,2,3*}, Barbara Ogórek^{1,2}, Damir Khabibullin^{1,2}, Daniel Rosebrock⁴, Dimitri Livitz⁴, Andre Fay^{1,5}, Jean-Christophe Pignon^{2,6}, David F. McDermott^{2,7}, Neeraj Agarwal⁸, Wenhua Gao^{1,2,3}, Sabina Signoretti^{3,6*}, David J. Kwiatkowski^{1,2,3*}

1 Department of Medicine, Brigham and Women's Hospital, Boston, MA, United States of America, **2** Department of Medicine, Harvard Medical School, Boston, MA, United States of America, **3** Department of Medical Oncology, Dana-Farber Cancer Institute, Boston, MA, United States of America, **4** Cancer Program, Broad Institute of Harvard and MIT, Cambridge, MA, United States of America, **5** Department of Medical Oncology, PUCRS School of Medicine, Porto Alegre, Brazil, **6** Department of Pathology, Brigham and Women's Hospital, Boston, MA, United States of America, **7** Department of Medicine, Beth Israel Deaconess Medical Center, Boston, MA, United States of America, **8** Division of Medical Oncology, University of Utah Huntsman Cancer Institute, Salt Lake City, UT, United States of America

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“ We were somewhat surprised that we did not identify any secondary mutations in MTOR (...) in any of these six patients, nor were MTOR mutations associated with resistance development in even a single case. ”

“ We conclude that mechanisms of resistance to rapalog therapy in RCC are not easily explained by mutations in most cases, and likely depend on more subtle transcriptional and/or epigenetic changes. ”

Unexpected resistance mechanisms to rapalogs

PNAS

RESEARCH ARTICLE

MEDICAL SCIENCES

OPEN ACCESS



Unconventional mechanism of action and resistance to rapalogs in renal cancer

Juan Yang^{a,b}, Ramesh Butti^{a,b}, Shannon Cohn^c, Vanina Toffessi-Tcheuyap^{a,b}, Arijit Mal^{a,b}, Mylinh Nguyen^d, Christina Stevens^{a,b}, Alana Christie^e, Akhilesh Mishra^{a,b}, Yuanqing Ma^{a,b}, Jiwoong Kim^b, Robert Abraham^f, Payal Kapur^{a,g}, Robert E. Hammer^d, and James Brugarolas^{a,b,1}

Edited by Joan Brugge, Harvard Medical School, Boston, MA; received June 29, 2023; accepted April 25, 2024

Rapamycin (sirolimus) accounts for 70% of circulating drug after temsirolimus and is an everolimus analog

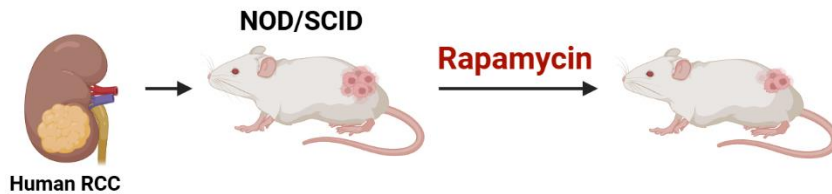
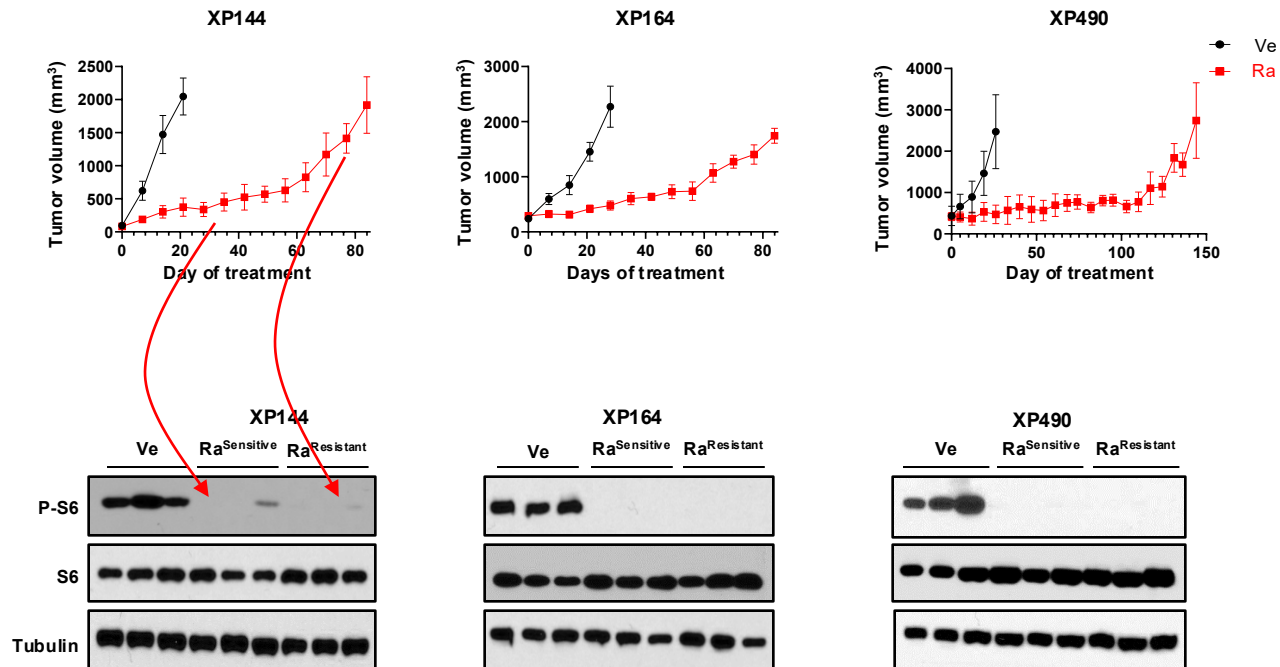


Image generated with BioRender

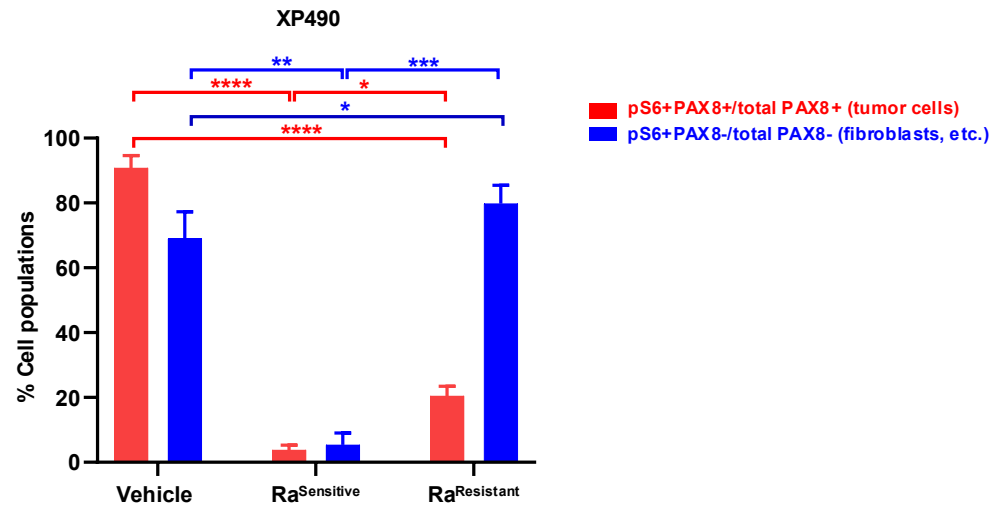
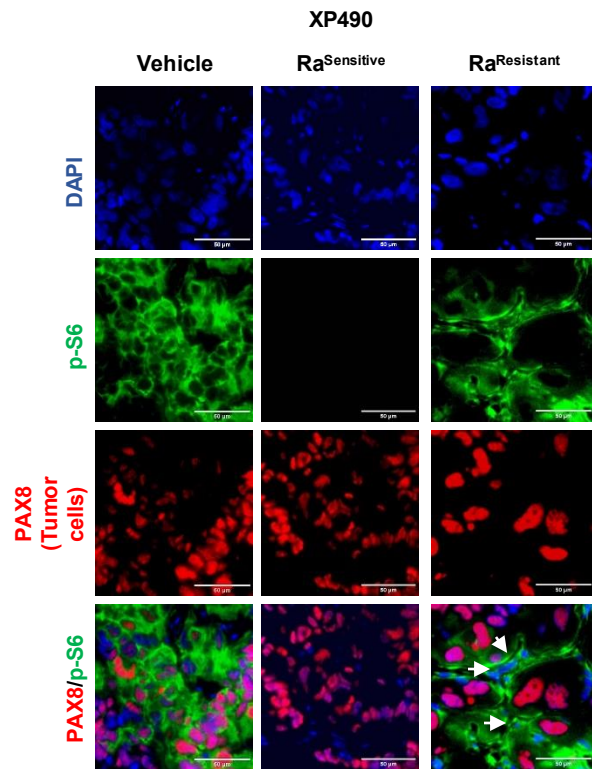
UTSouthwestern
Medical Center

Kidney Cancer Program

As for PT drugs, TGs develop resistance to rapamycin with prolonged treatment

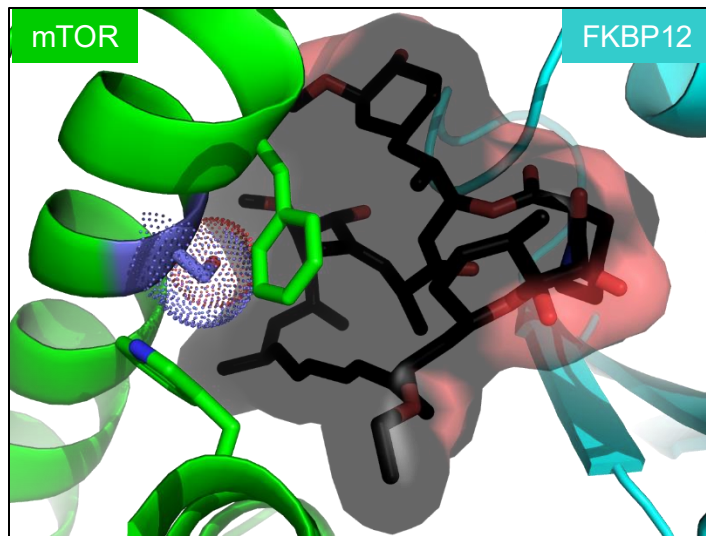


Resistance development correlates with mTORC1 reactivation in stromal (but not **tumor**) cells suggesting that the stroma plays key role

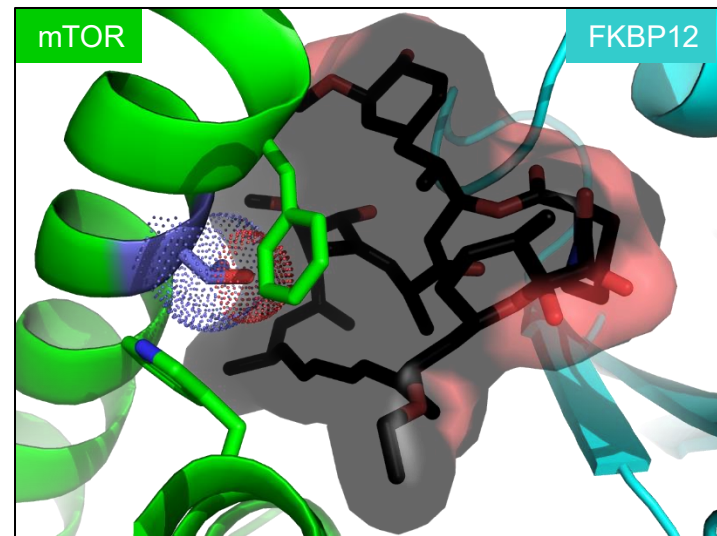


Engineering a mutation in NOD/SCID recipient mice to block rapamycin binding

Ser2035 VDW Radius

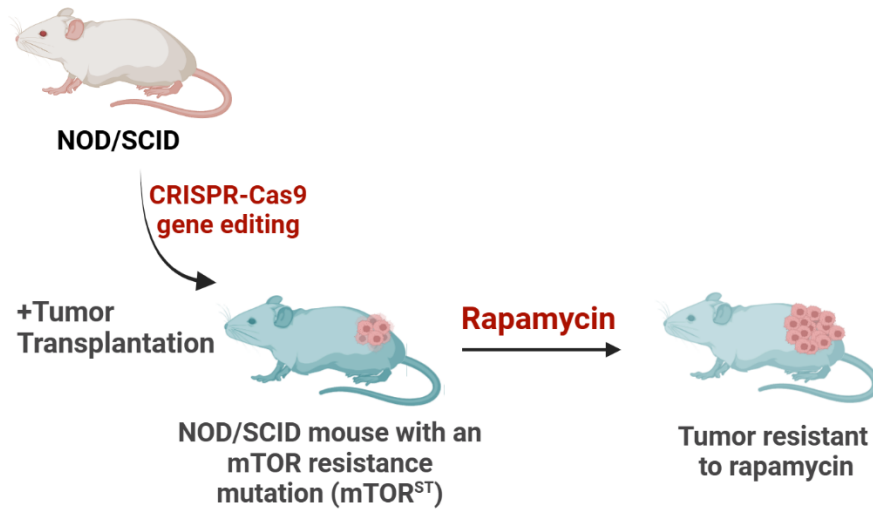


Thr2035 VDW Radius

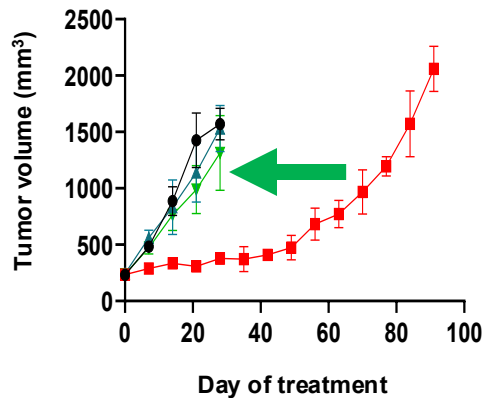


mTOR S2035T substitution (mTORST) induces a steric clash and alters polarity precluding rapamycin binding

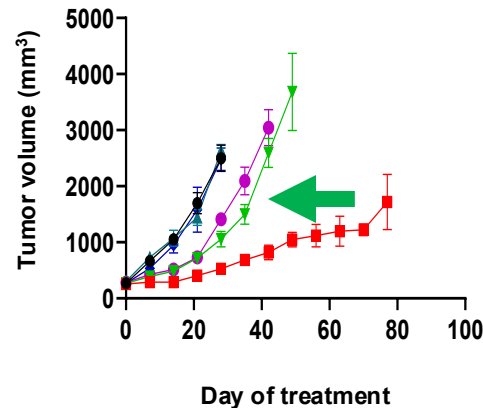
Engineering an mTOR resistance mutation in the NOD/SCID mouse genome is sufficient to induce resistance in transplanted tumors



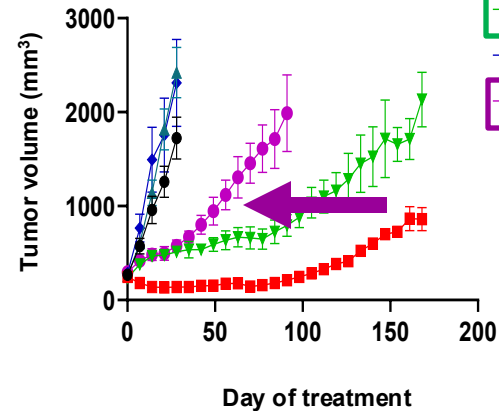
XP144



XP164



XP490



- NOD/SCID^{mTOR-WT}_Ve
- NOD/SCID^{mTOR-WT}_Ra
- ▲ NOD/SCID^{mTOR-ST}_Ve
- ▼ NOD/SCID^{mTOR-ST}_Ra
- ◆ NOD/SCID^{mTOR-ST/ST}_Ve
- ◆ NOD/SCID^{mTOR-ST/ST}_Ra

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Genentech

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 Zora Modrusan
 Sekar Seshagiri

PATIENTS & THEIR FAMILIES

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 Virginia Murchison Linthicum Endowment
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