



Dissecting disease mechanisms and human biology in humanized mice





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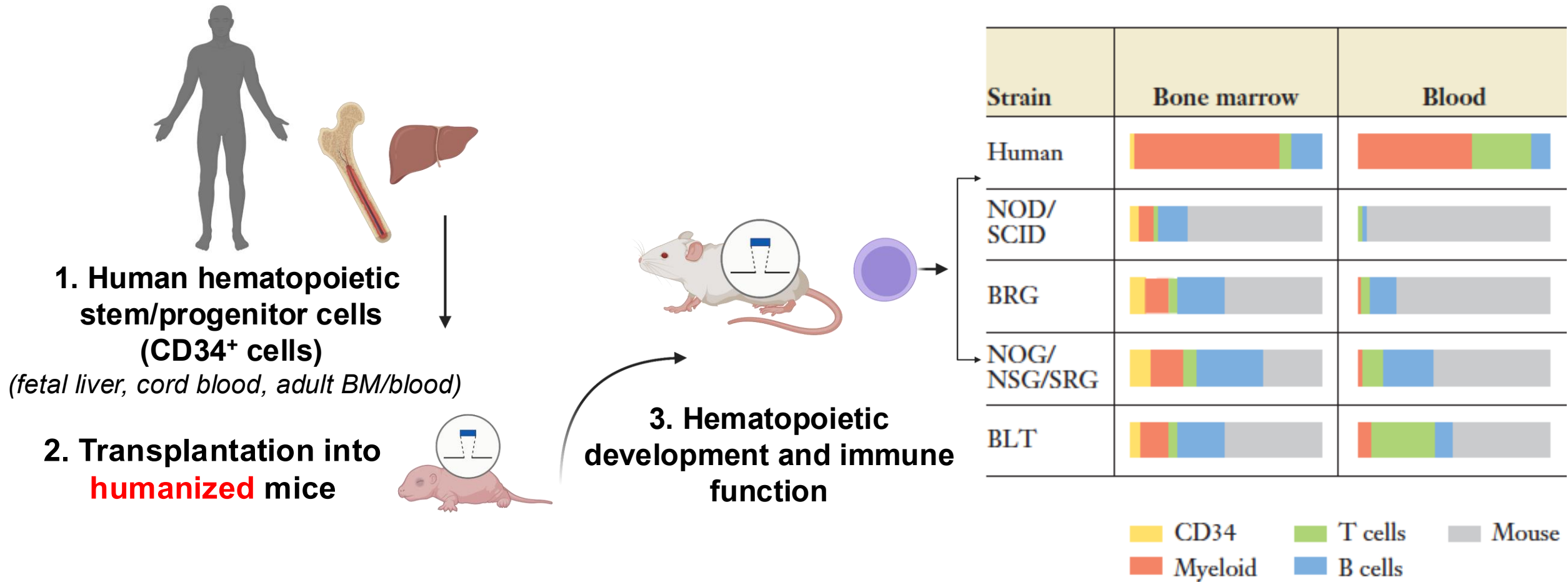
Assistant Professor

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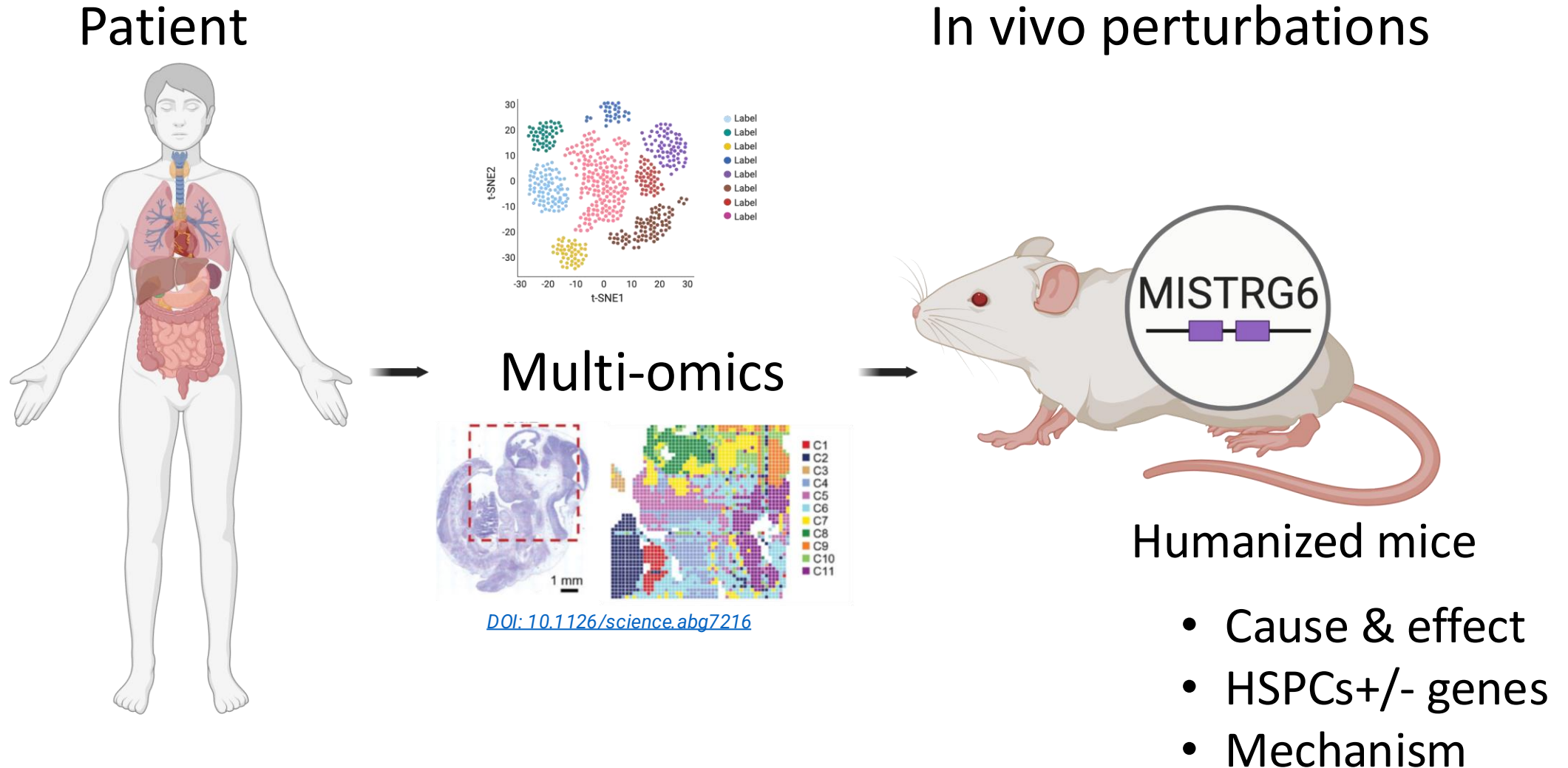
Generation & evolution of humanized mice



Traggiai et al., Science, 2004

Rongvaux et al., Annu. Rev. Immunol., 2013

Advances in genomic and proteomic technologies and bioinformatics have improved our ability to study humans.



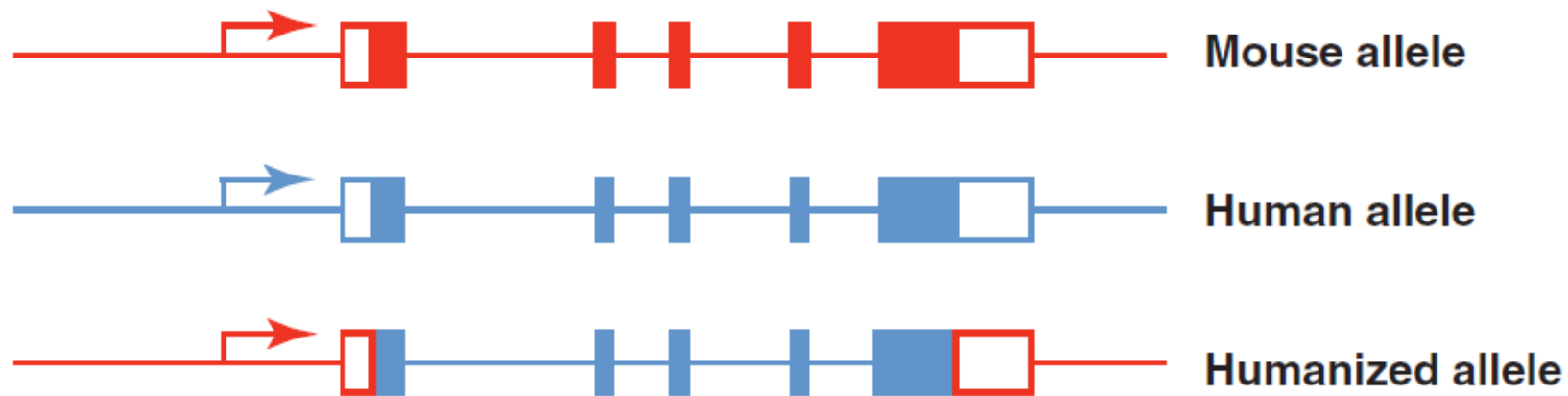
Perturbations in vivo help bridge the human data to causality.

Genetic humanization of cytokine-encoding genes

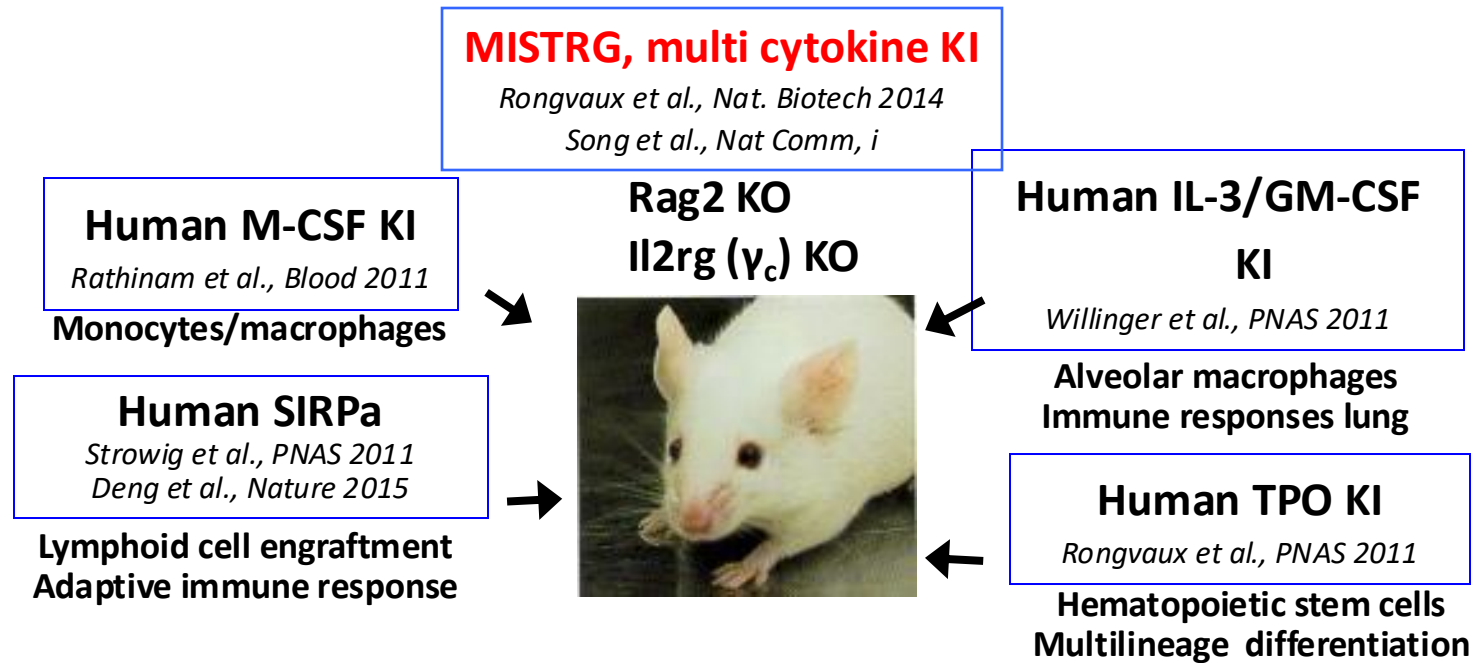
Rationale: Factors/cytokines species specific- **so humanize the key factors**

Method: Velocigene technology

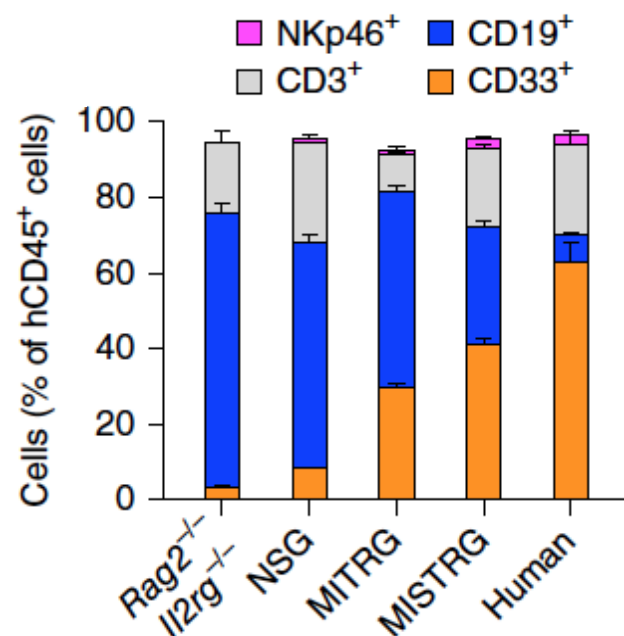
In collaboration with Regeneron Pharmaceuticals



Improvement of humanized mice by human cytokine knock-in gene replacement



MISTRG6-A2 supports a diverse human immune system



Rongvaux et al., Nature Biotechnology, 2014

Das et al., Nature Medicine, 2016

Yu et al., Blood, 2017

Chiorazzi et al., JITC, 2023

M-CSF^{h/h}



- Monocytes
- Tissue macrophages
- NK cells (via IL15)

IL-3/GM-CSF^{h/h}



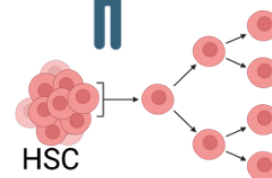
- Alveolar macrophages

SIRPA^{h/m}



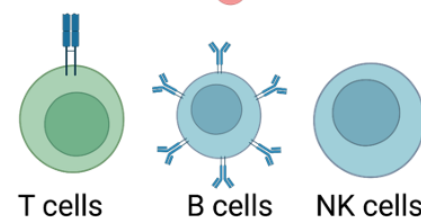
- Xeno-tolerance

THPO^{h/h}



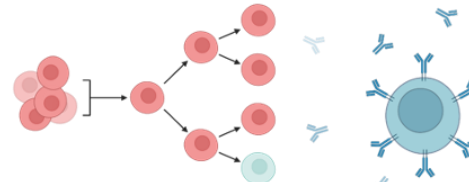
- Maintenance of hematopoietic stem cells (HSC)

**Rag2^{-/-}
Il2rgamma^{-/-}**



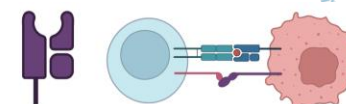
- Immuno-deficiency
- No mouse T, B, NK cells

IL-6^{h/h}



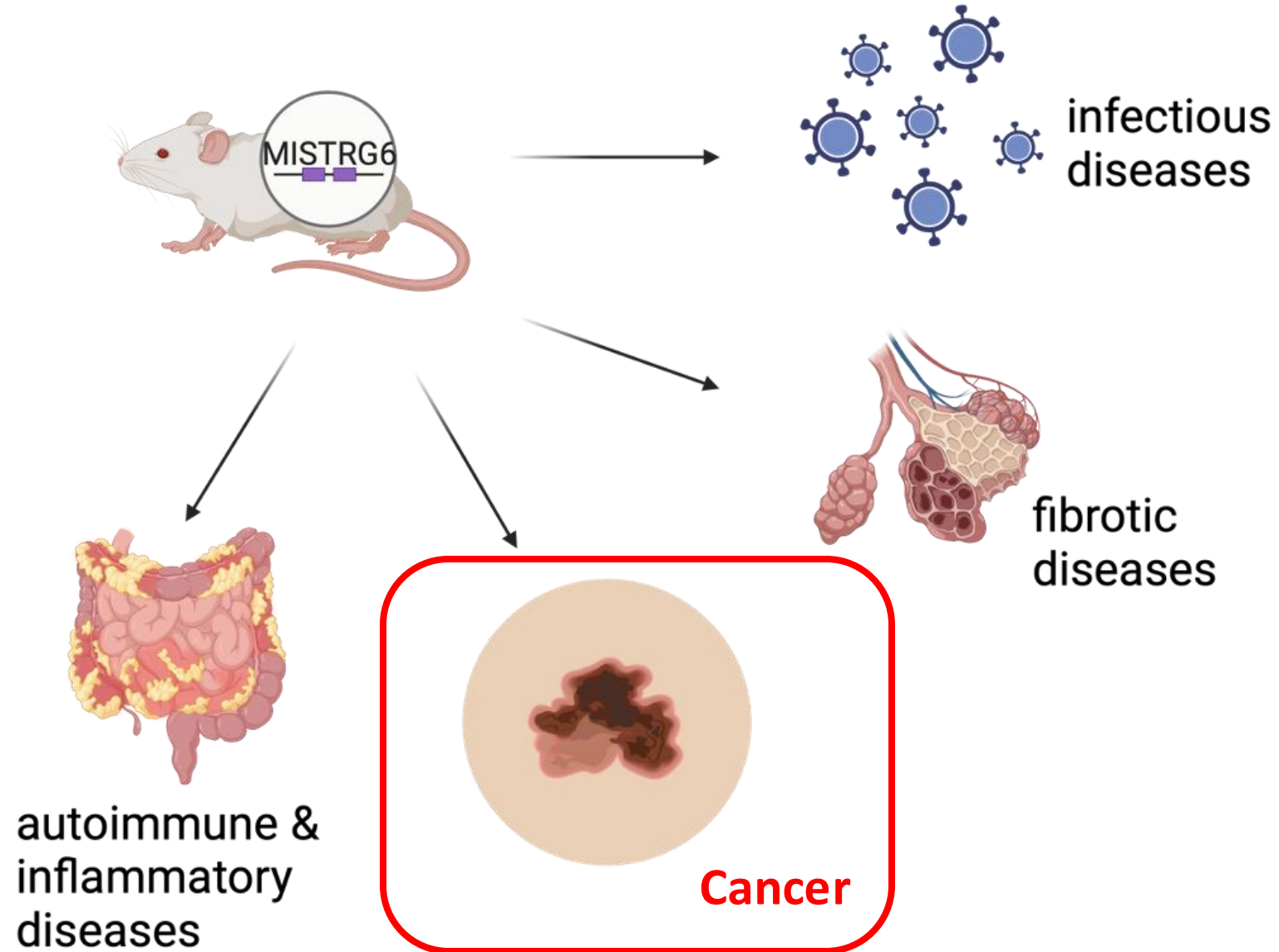
- More efficient hematopoiesis
- B cell response

HLA-A*02

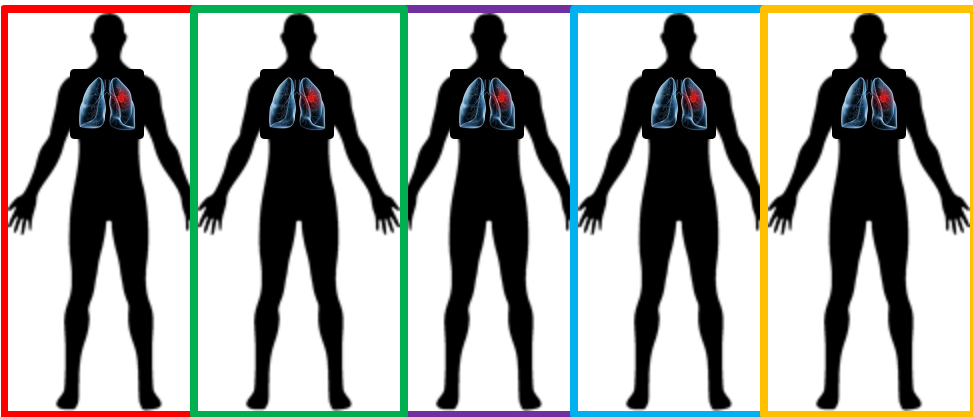


- Peptide presentation on human MHC I

Humanized mice have been instrumental in understanding disease mechanisms in multiple contexts.



Individuals respond differently to TME-targeting drugs



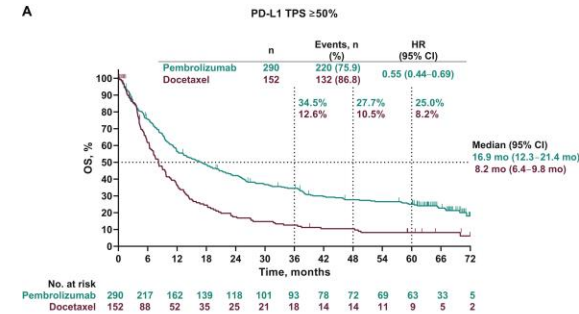
Our ability to predict outcomes
is limited by a lack of
pre-clinical models
recapitulating the human
tumor microenvironment

Therapy

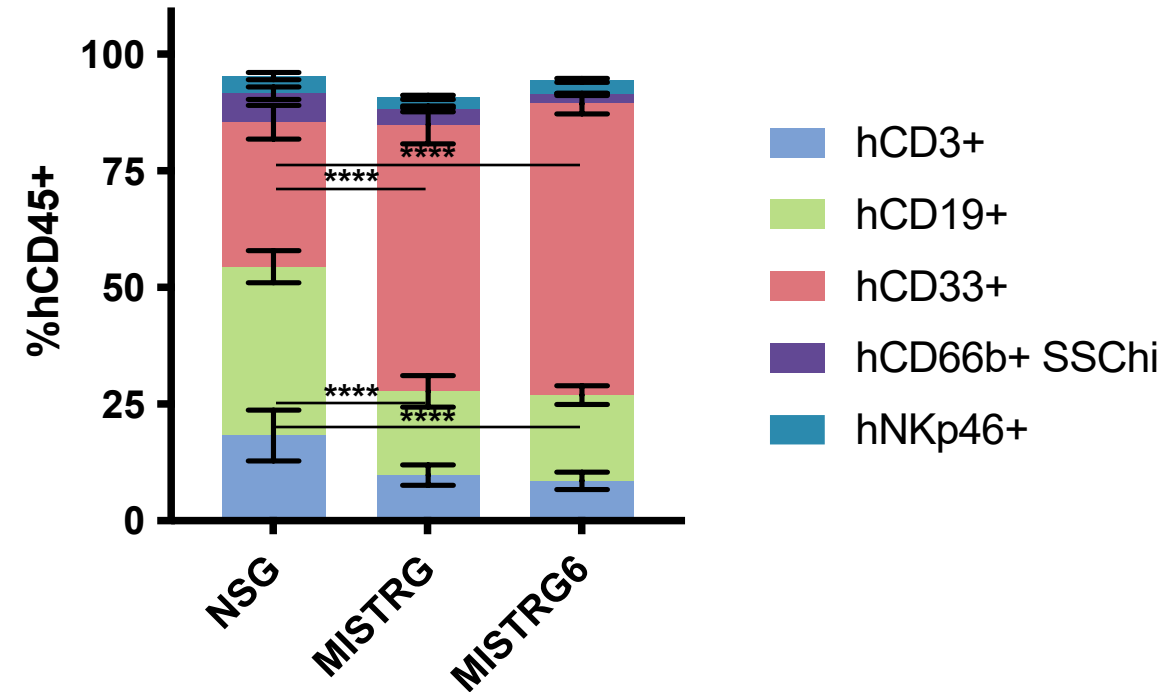
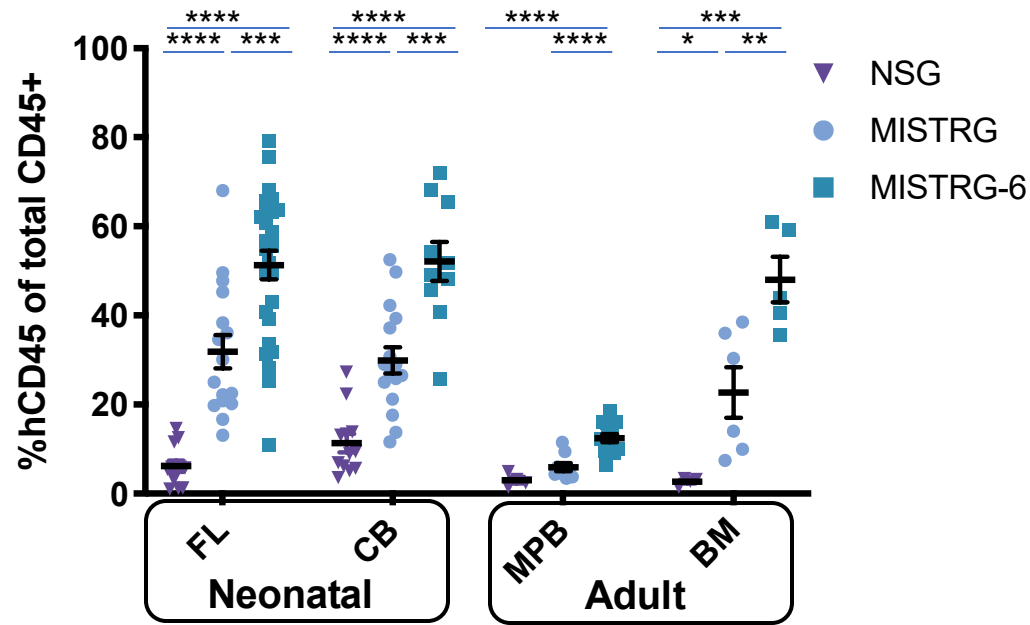


Outcome

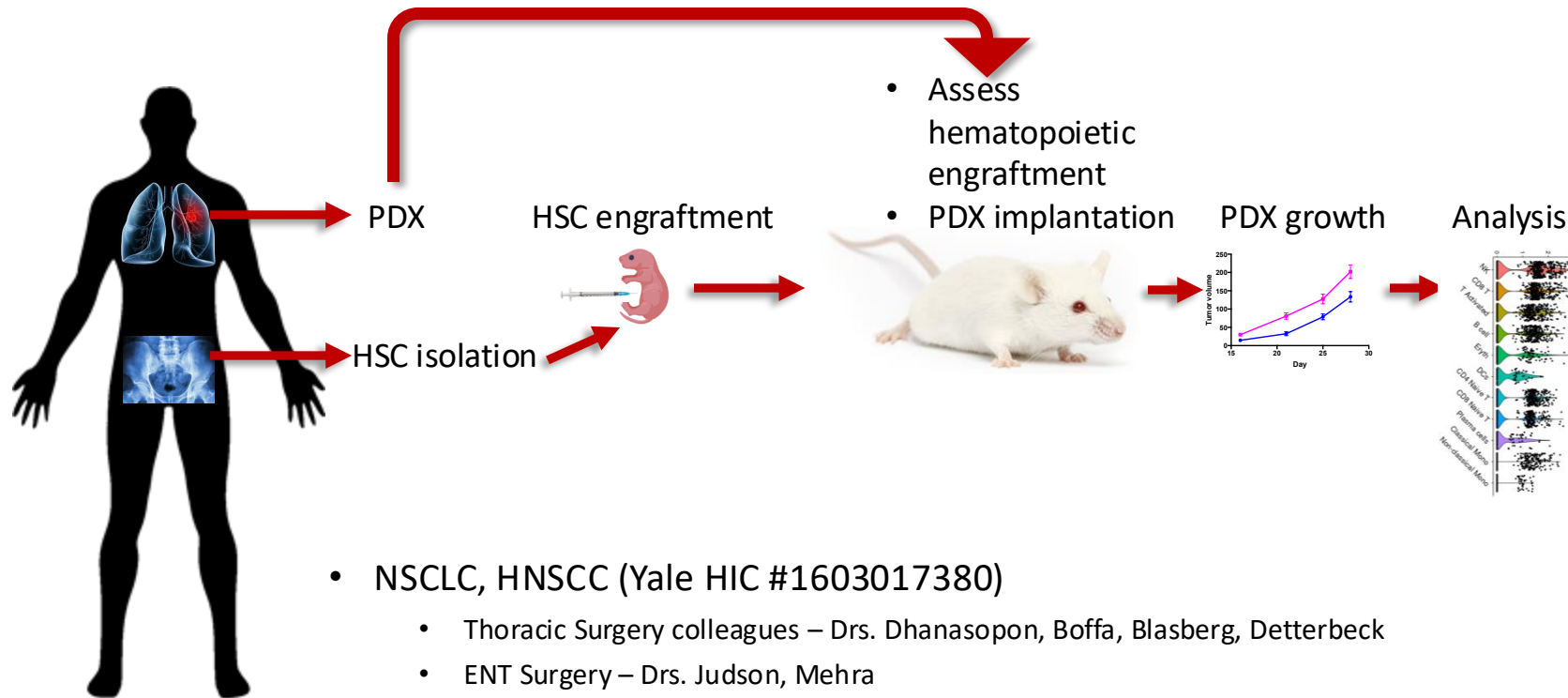
- Genetics:
 - Host
 - Tumor
- Environment/Physiology:
 - Infections – HPV, HIV, SARS-Cov-2
 - Microbiota
- Local Tumor Microenvironment (TME):
 - Cell types
 - Cell states
 - Cell interactions
 - Soluble factors



Humanization of the IL-6 locus enhances human hematopoietic engraftment in MISTRG6 mice



Autologous humanized PDX studies



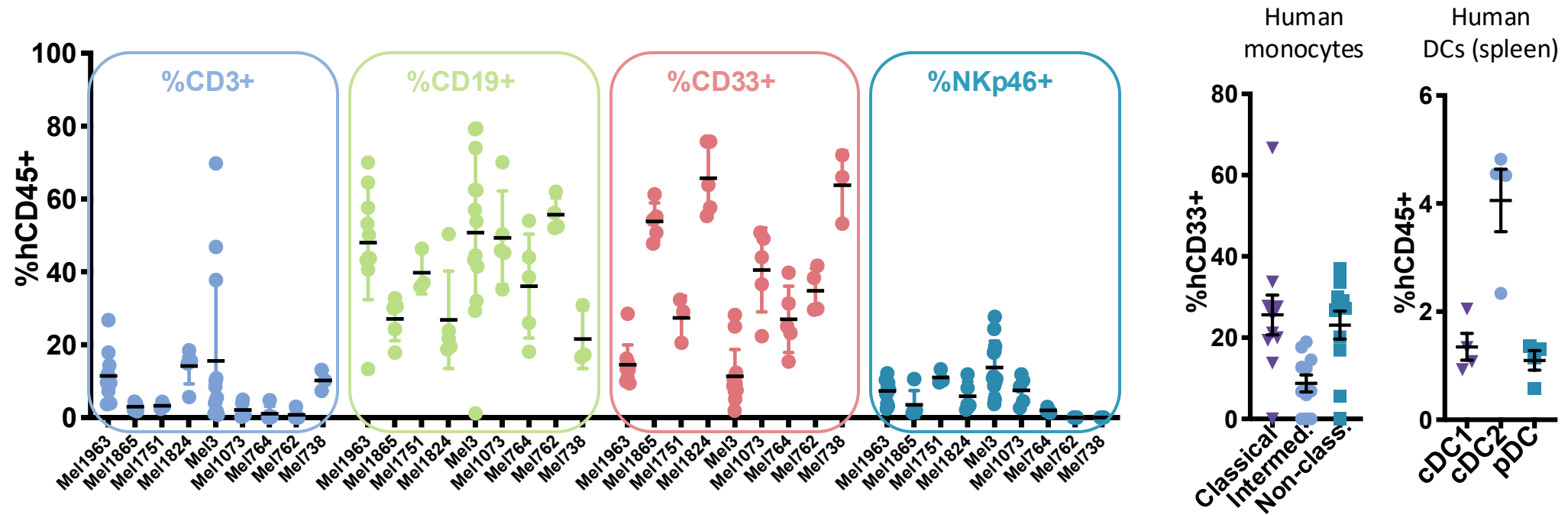
- NSCLC, HNSCC (Yale HIC #1603017380)
 - Thoracic Surgery colleagues – Drs. Dhanasopon, Boffa, Blasberg, Detterbeck
 - ENT Surgery – Drs. Judson, Mehra
- Melanoma patients from vaccine trial with Karolina Palucka's lab (Jackson Labs)
- Melanoma and pancreatic cancer patients with Ryan Fields' lab (WashU)

Prospective collection of tumor tissue and BM aspirate for autologous PDX studies

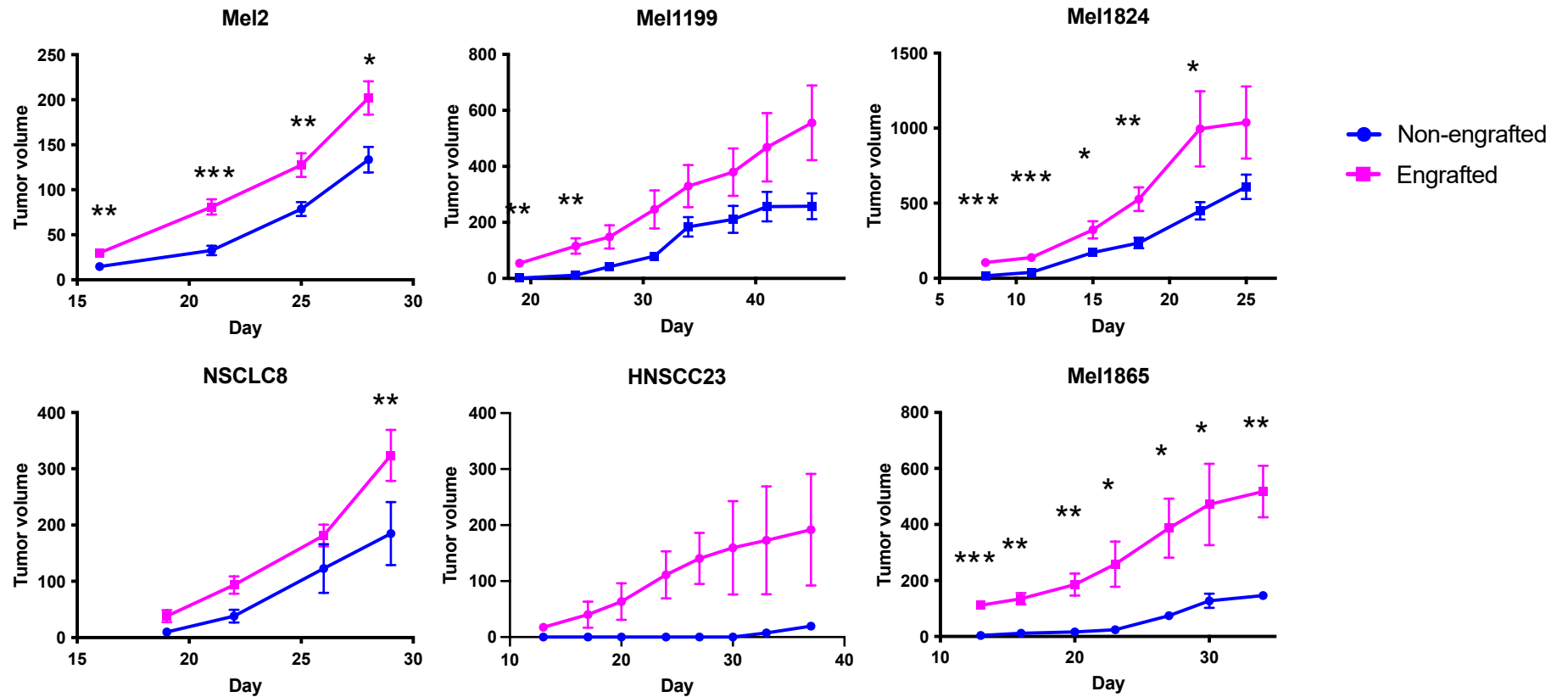
Patient	Age	Sex	Tumor Type	Diagnosis	CD34+ cell #	PDX?
1	65	F	NSCLC	Stage IA adenocarcinoma	<100k	
2	73	F	NSCLC	Stage IA adenocarcinoma	150k	
3	82	F	NSCLC	Stage IA squamous cell carcinoma	3.9 million	Yes
4	56	M	NSCLC	Stage IIB large cell carcinoma	4 million	
5	70	F	NSCLC	Mucoepidermoid carcinoma	5.1 million	
6	57	F	NSCLC	Adenosquamous carcinoma	7 million	
7	70	M	NSCLC	Stage IB adenocarcinoma	6.5 million	Yes
8	62	F	NSCLC	Stage IA adenocarcinoma	6 million	Yes
9	79	M	NSCLC	Stage IIA squamous cell carcinoma	3.7 million	Yes
10	71	M	NSCLC	Stage IA adenocarcinoma	14 million	
11	63	F	NSCLC	Stage IA adenocarcinoma	8.2 million	
12	79	F	NSCLC	Stage IV squamous cell carcinoma	2.7 million	Yes
13	54	F	NSCLC	Stage II adenocarcinoma	5.0 million	
14	57	M	NSCLC	Stage IV NSCLC	2.5 million	
15	72	M	NSCLC	Stage IV adenocarcinoma	3.6 million	Yes
16	74	M	NSCLC	Stage IV adenocarcinoma	3.4 million	
17	73	M	NSCLC	Stage IV neuroendocrine tumor	6.6 million	
18	72	F	NSCLC	Stage IV NSCLC	4 million	
19	79	F	NSCLC	Stage IV NSCLC	2.7 million	Yes
20	78	F	HNSCC	Stage II HNSCC of lateral tongue	1 million	Yes
21	63	F	HNSCC	Stage IVa HNSCC of buccal mucosa	2 million	Yes
22	46	F	Melanoma	Stage IV melanoma	6 million	
23	70	F	Melanoma	Stage IIIc melanoma	250k	
24	62	M	Melanoma	Stage IV melanoma	2.2 million	
25	67	M	Melanoma	Melanoma	1.8 million	
26	61	M	Melanoma	Stage IIIc melanoma	100k	
27	34	M	Melanoma	Melanoma	1.9 million	
28	61	F	Melanoma	Stage IV melanoma	1 million	
29	57	M	Melanoma	Stage IV melanoma	2.5 million	Yes
30	55	F	Melanoma	Melanoma	2 million	
31	42	M	Melanoma	Stage IV melanoma	4.8 million	Yes
32	22	M	Melanoma	Stage IIIc melanoma	3 million	
33	52	F	Melanoma	Stage IIb melanoma	4 million	Yes
34	65	M	Melanoma	Stage IV melanoma	n/a	
35	71	F	Melanoma	Melanoma	500k	
36	53	M	Melanoma	Stage IIIc melanoma	600k	

37	71	M	Melanoma	Melanoma	80k	
38	65	M	Melanoma	Stage IIIc melanoma	1.5 million	
39	73	M	Melanoma	Stage IIb melanoma	3.4 million	
40	65	M	Melanoma	Stage IIIb melanoma	1.8 million	
41	43	F	Melanoma	Stage IIIc melanoma	3.6 million	
42	50	F	Melanoma	Stage IIIc melanoma	7 million	
43	42	M	Melanoma	Stage IIIc melanoma	3.6 million	Yes
44	54	F	PDAC	Pancreatic adenocarcinoma	1.2 million	
45	48	M	PDAC	Pancreatic adenocarcinoma	2.5 million	Yes
46	48	M	Melanoma	Stage IV melanoma	2.1 million	Yes
47	67	M	PDAC	Pancreatic adenocarcinoma	1.6 million	Yes
48	85	F	PDAC	Pancreatic adenocarcinoma	6.8 million	Yes
49	80	M	Melanoma	Stage IIIc melanoma	1.95 million	Yes
50	75	F	Melanoma	Stage IIb melanoma	5.5 million	
51	51	M	Melanoma	Stage IIIc melanoma	8.5 million	Yes
52	74	M	Melanoma	Stage IV melanoma	5 million	Yes
53	35	M	Melanoma	Stage IIIc melanoma	6.1 million	
54	81	M	Melanoma	Stage IIb melanoma	3 million	
55	63	M	Melanoma	Stage IIIc melanoma	3.1 million	Yes
56	35	M	Melanoma	Stage IIId melanoma	3 million	
57	60	M	Melanoma	Stage IV melanoma	1.4 million	
58	64	F	Melanoma	Stage IV melanoma	2.5 million	
59	57	M	Melanoma	Stage IIIc melanoma	4.5 million	
60	51	F	Melanoma	Stage IIIc melanoma	2.6 million	
61	58	F	Melanoma	Stage IV melanoma	2.4 million	
62	48	M	Melanoma	Stage IIIc melanoma	1.76 million	Yes
63	68	M	Melanoma	Stage IV melanoma	4 million	Yes
64	30	M	Melanoma	Stage IIIc melanoma	12 million	
65	79	M	Melanoma	Stage III melanoma	2.8 million	Yes
66	47	M	Melanoma	Stage IIIc melanoma	2.4 million	
67	42	M	Melanoma	Stage IIb melanoma	4.6 million	Yes
68	83	M	Melanoma	Stage IIId melanoma	2.8 million	
69	33	M	Melanoma	Stage IIId melanoma	4.8 million	
70	58	M	Melanoma	Stage IIIc melanoma	1.8 million	
71	57	F	Melanoma	Stage IIIc melanoma	820k	

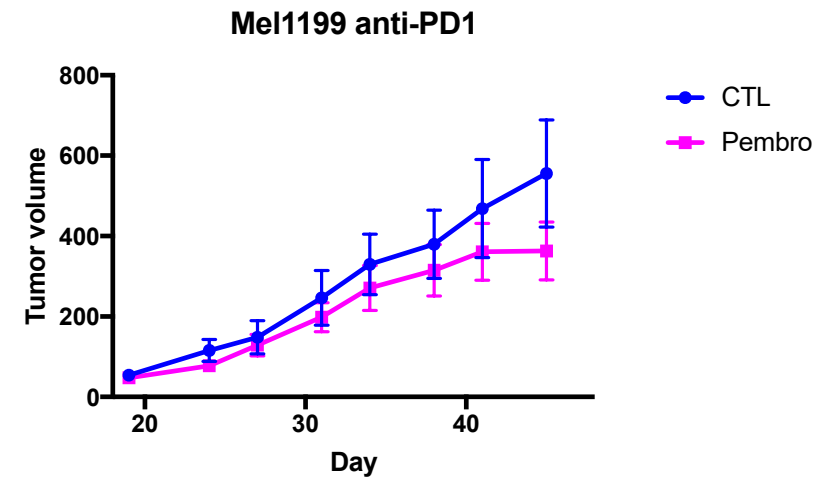
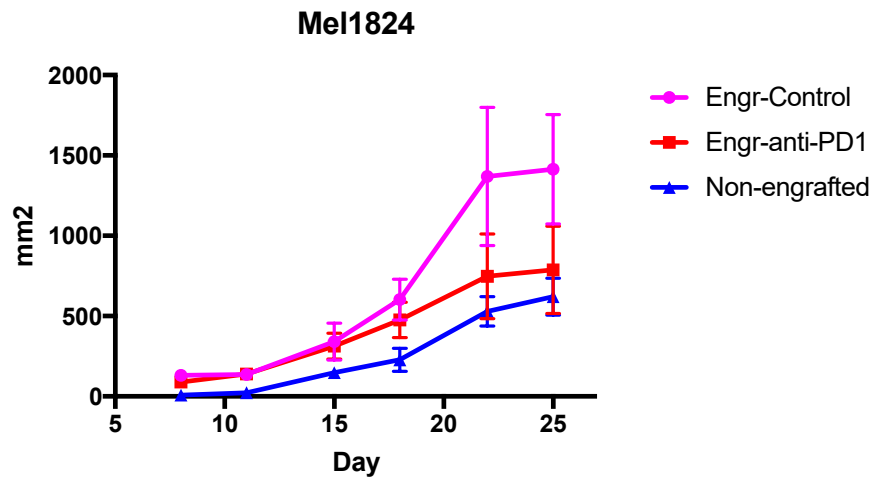
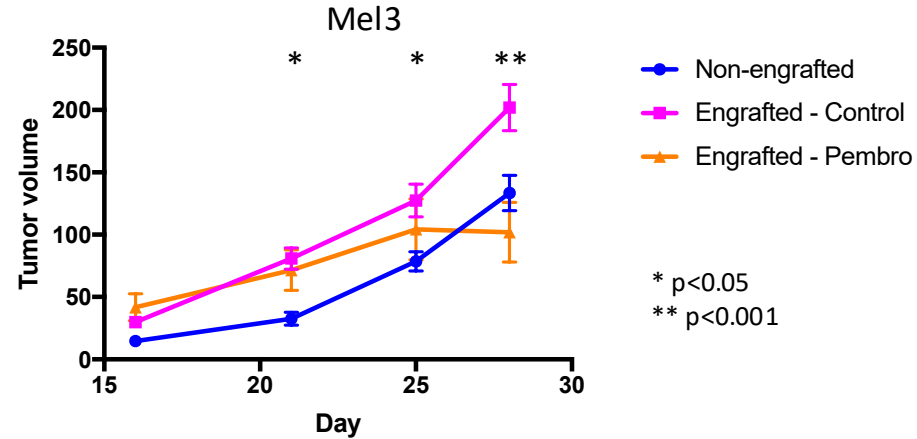
MISTRG6 mice support development of human immune subsets from patient HSPCs



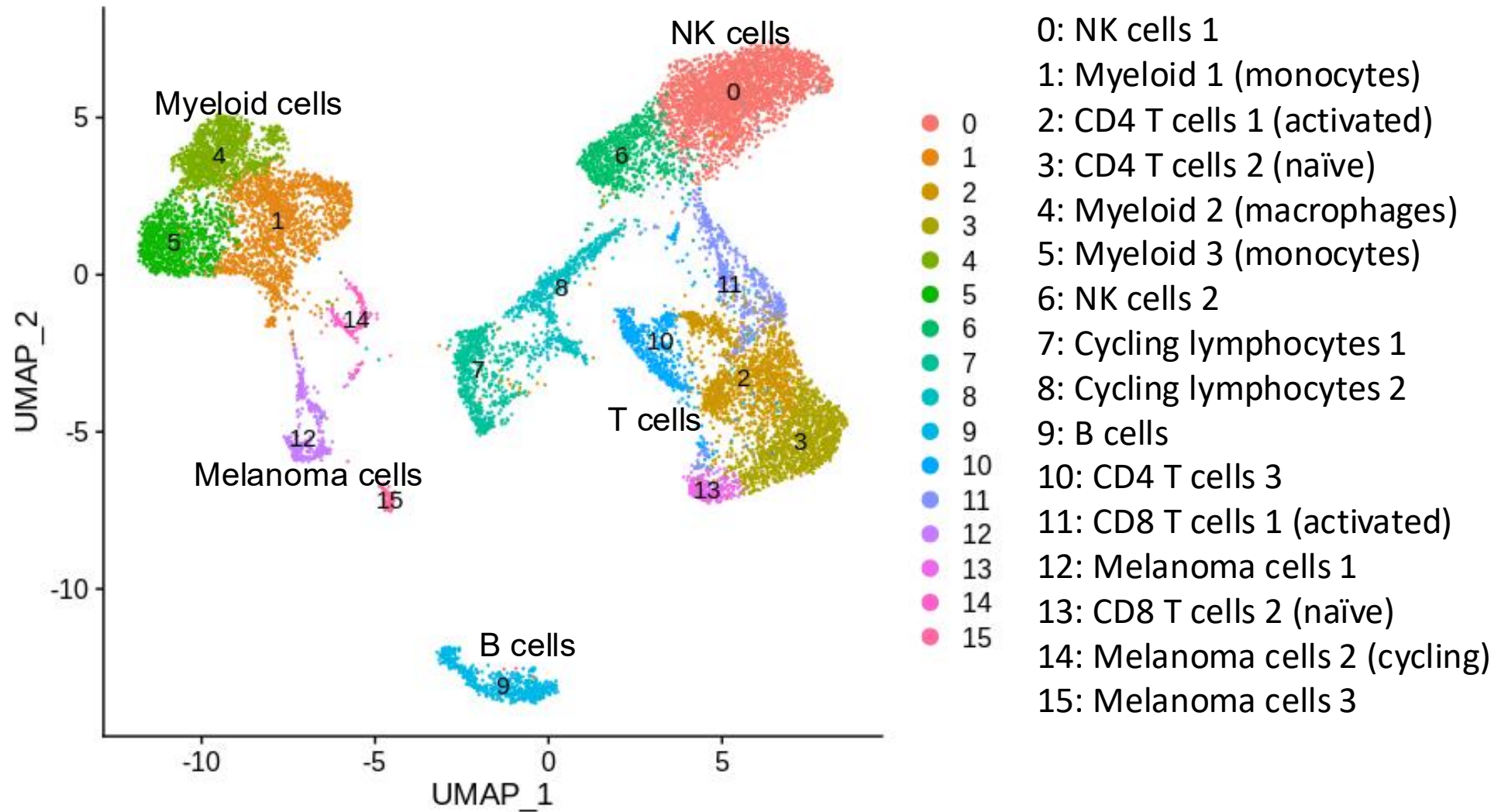
Autologous PDXs display enhanced growth in MISTRG6 mice



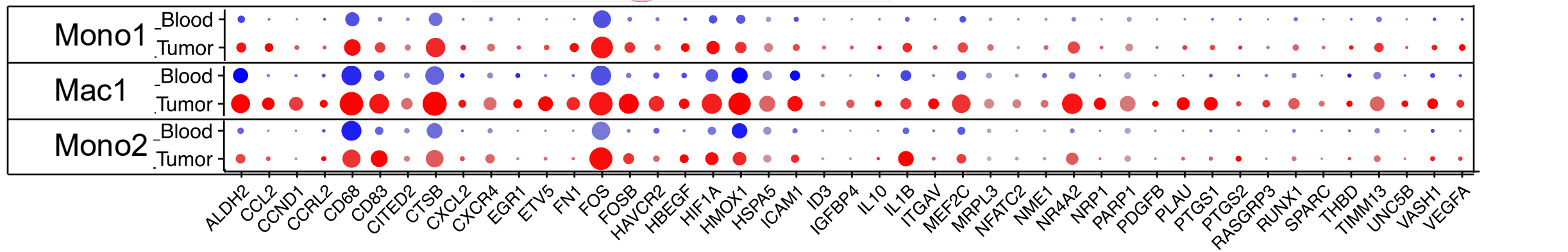
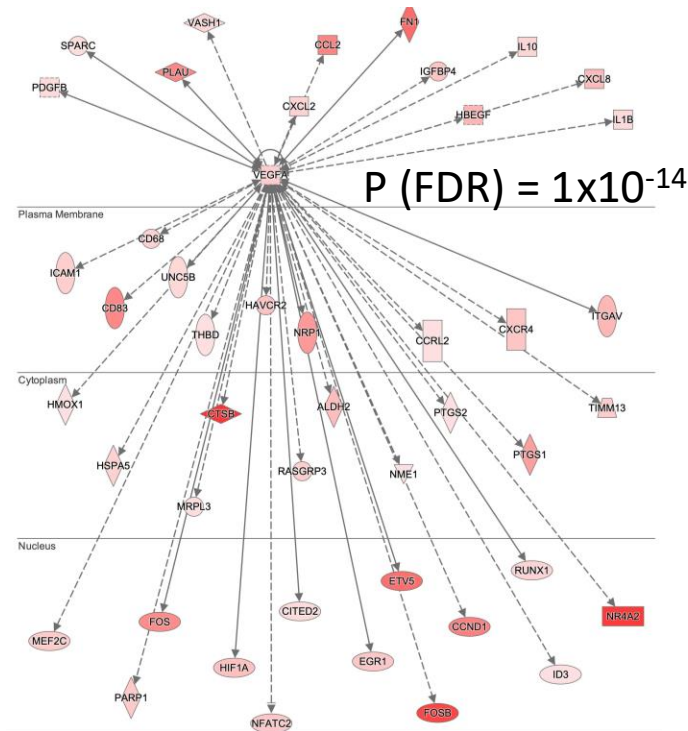
Anti-PD1 antibodies are active in autologous MISTRG6 mice



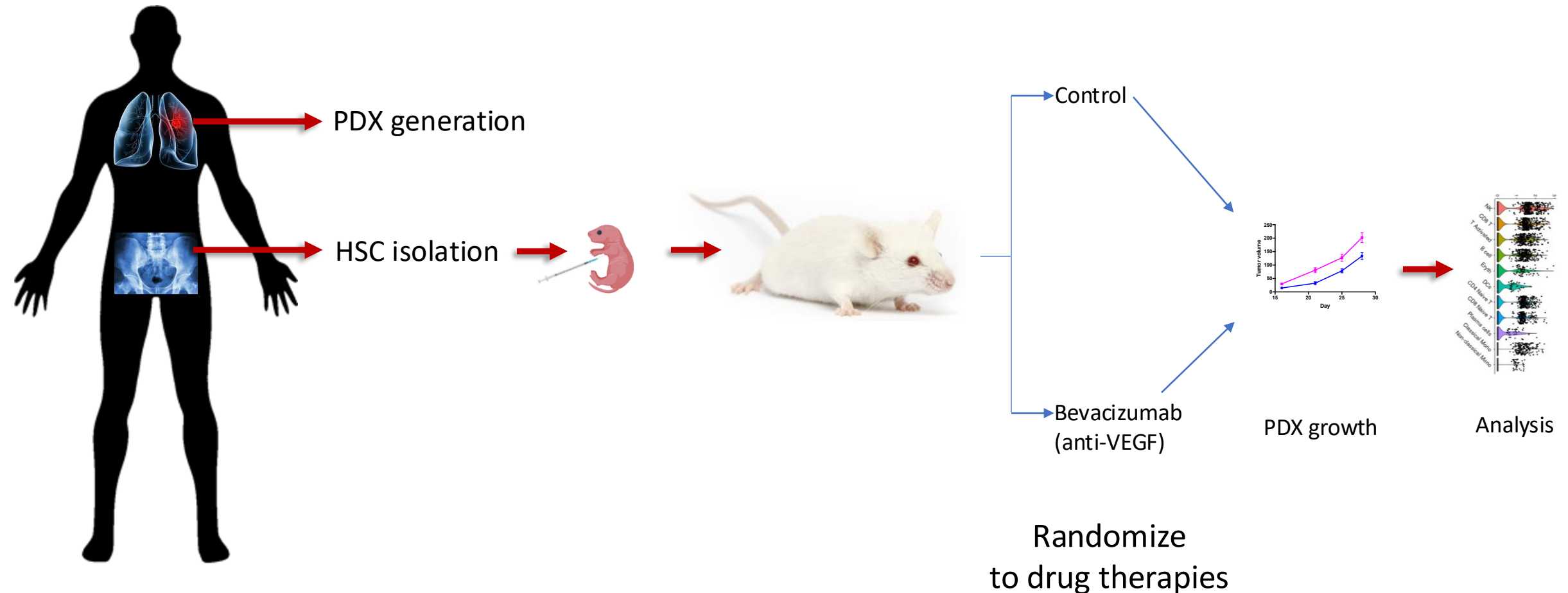
Single cell genomics to characterize the autologous MISTRG6 TME



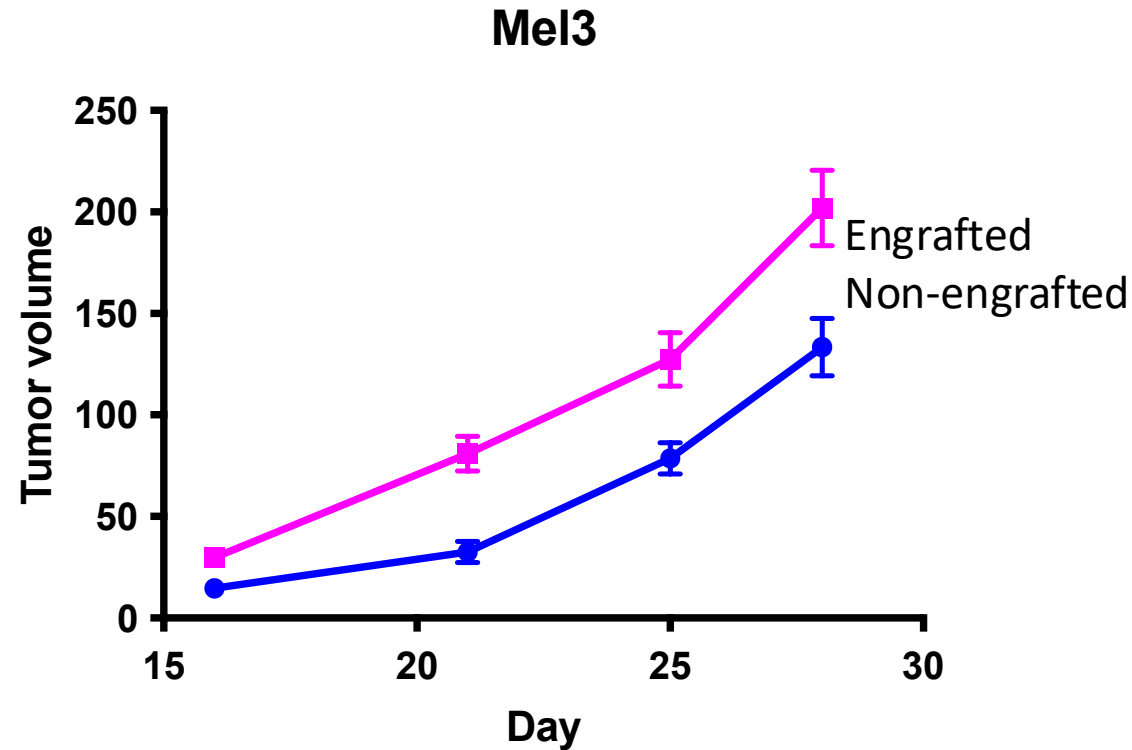
Ingenuity Pathway Analysis (IPA) identifies VEGF-A as key upstream regulator in TME



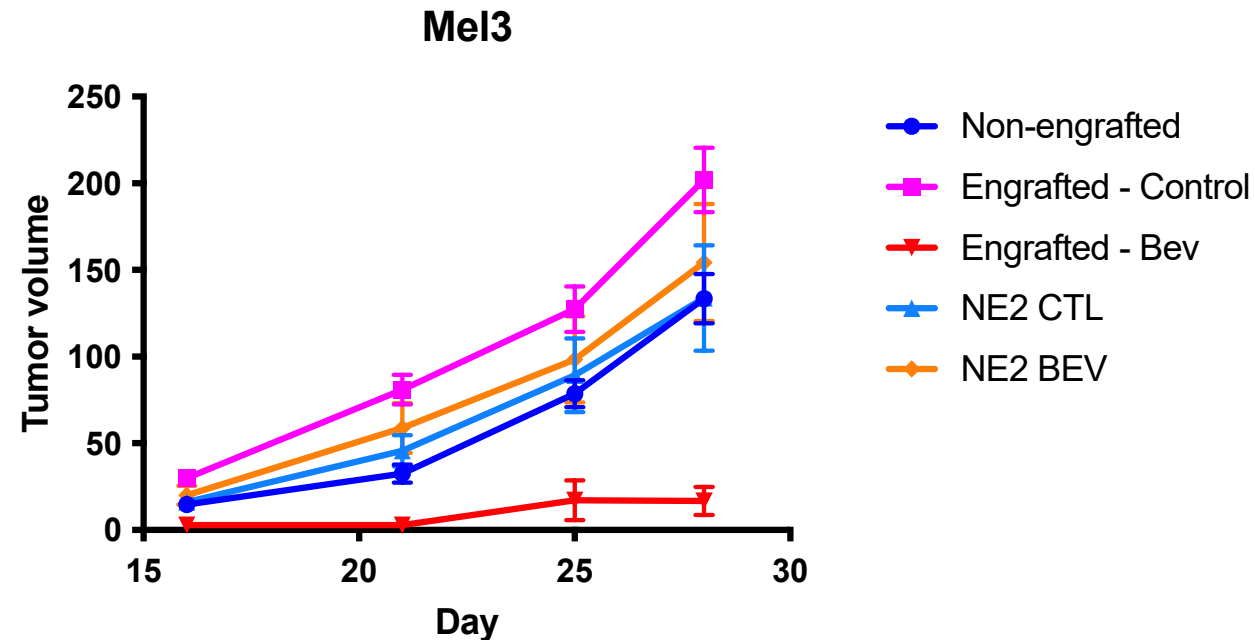
Testing influence of VEGF-A on tumor growth in autologous models



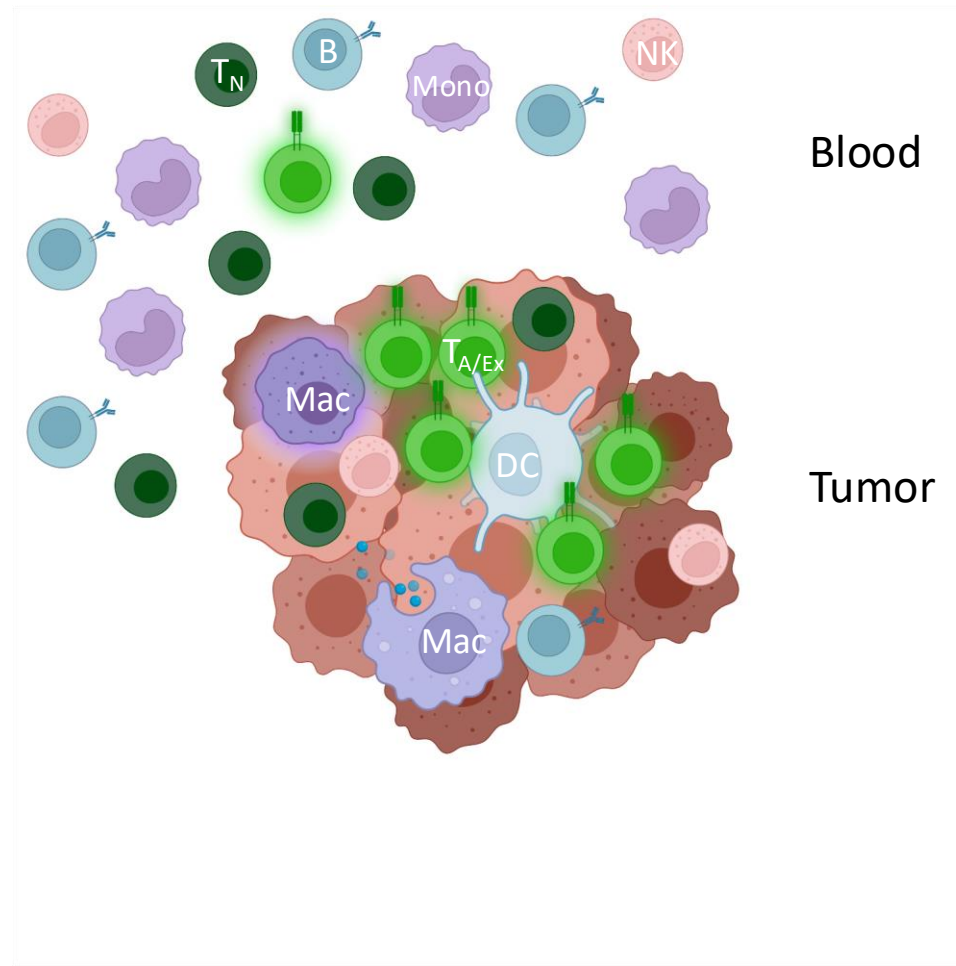
VEGF-A inhibition with bevacizumab abrogates enhanced tumor growth in autologously-engrafted MISTRG6 mice



VEGF-A inhibition with bevacizumab abrogates enhanced tumor growth in autologously-engrafted MISTRG6 mice

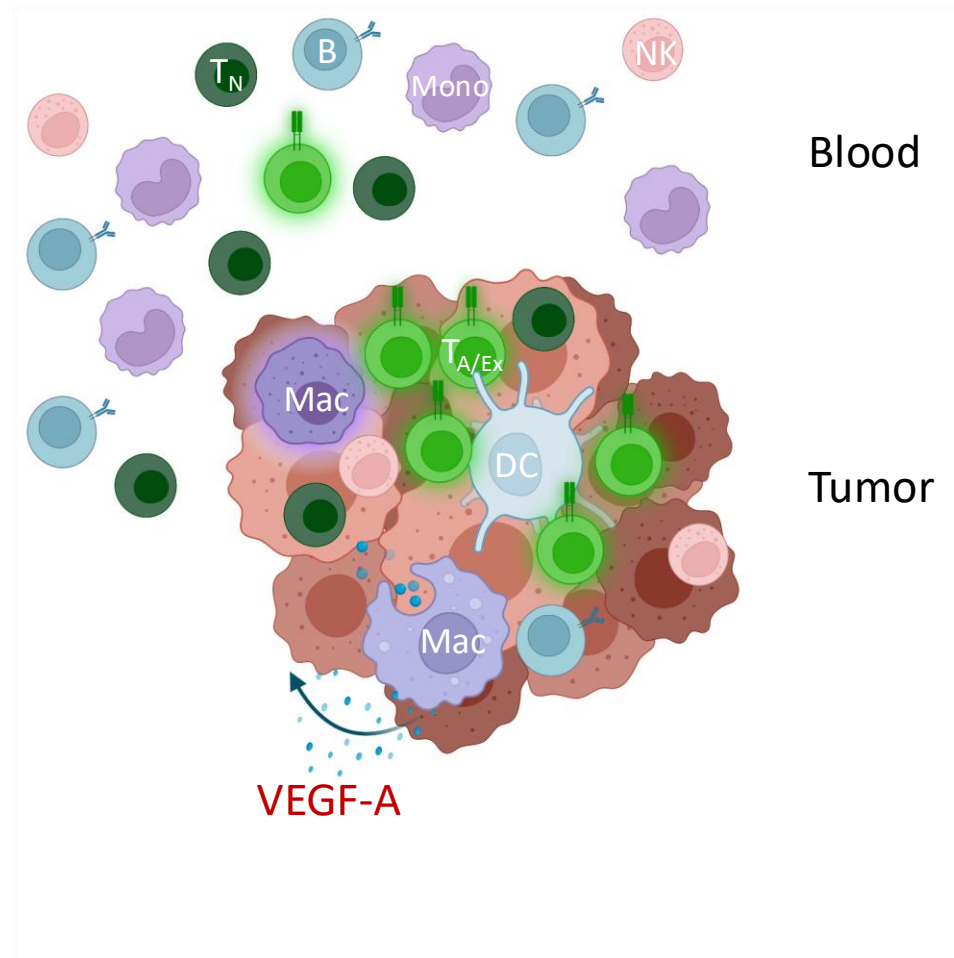


The autologous MISTRG6 TME recapitulates major features of human tumors for study of human cellular circuits



The autologous MISTRG6 TME recapitulates major features of human tumors for study of human cellular circuits

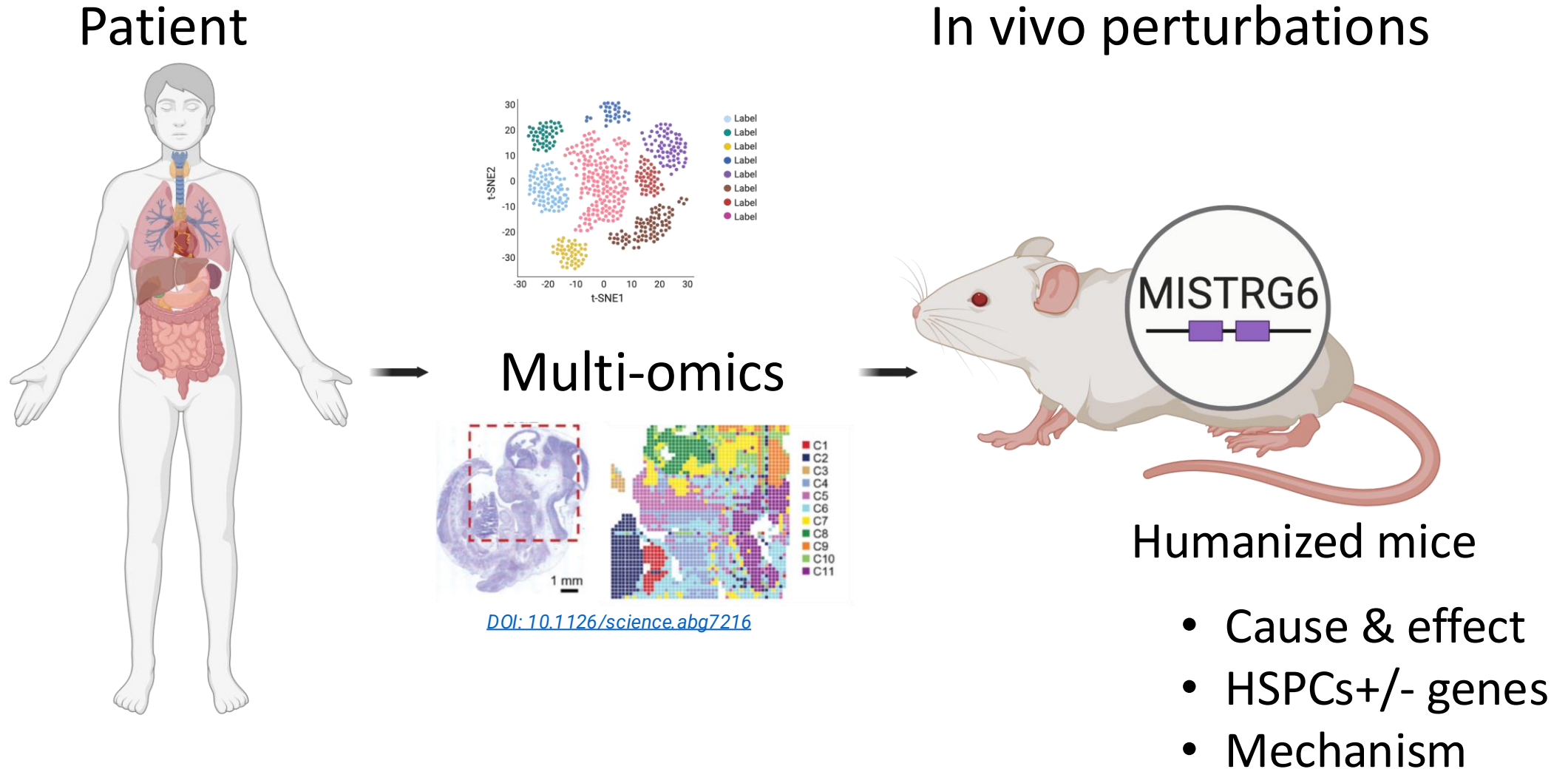
- Fully genetically matched human system bearing innate and adaptive immune cells from an individual patient
- T cell activation/exhaustion in TME
- Monocyte/macrophage transition from blood to tumor
- Presence of innate immune cells: DCs, macrophages, NK cells in TME
- Response to therapies



Limitations:

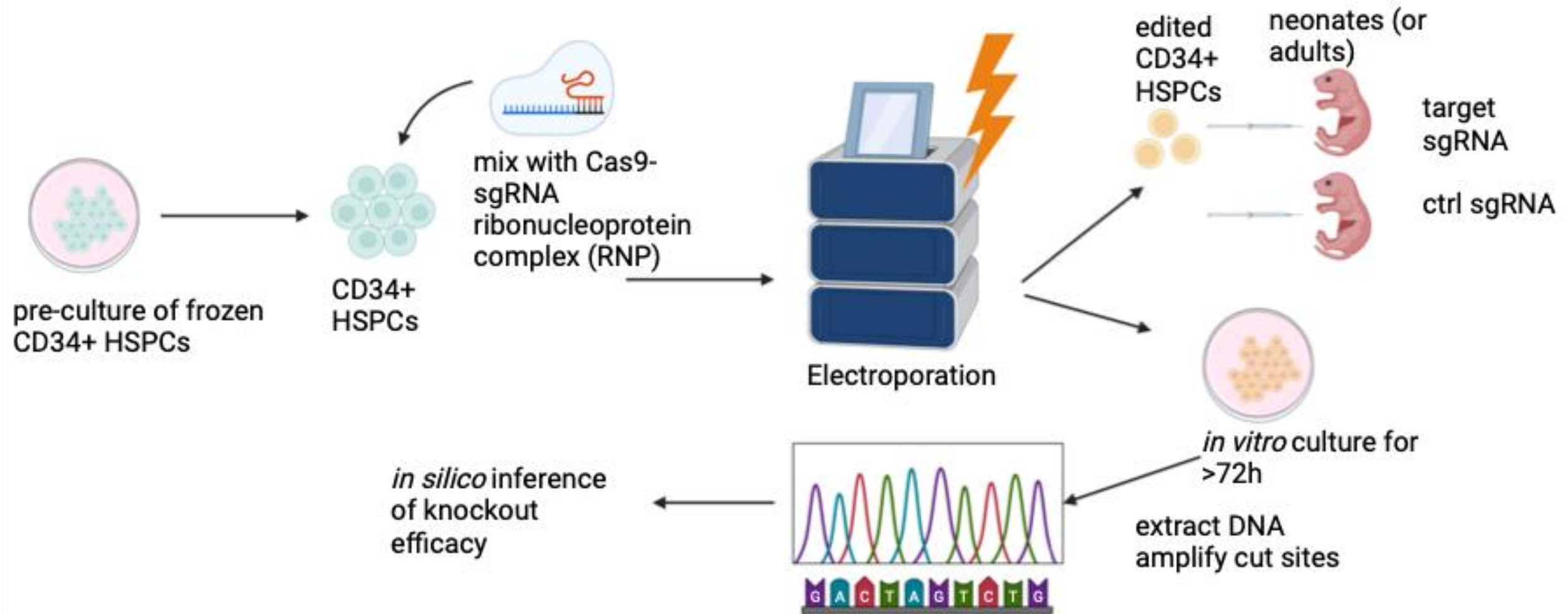
- Lifespan
- T cell education
- Irradiation
- HSC availability
- PDX generation

Advances in genomic and proteomic technologies and bioinformatics have improved our ability to study humans.

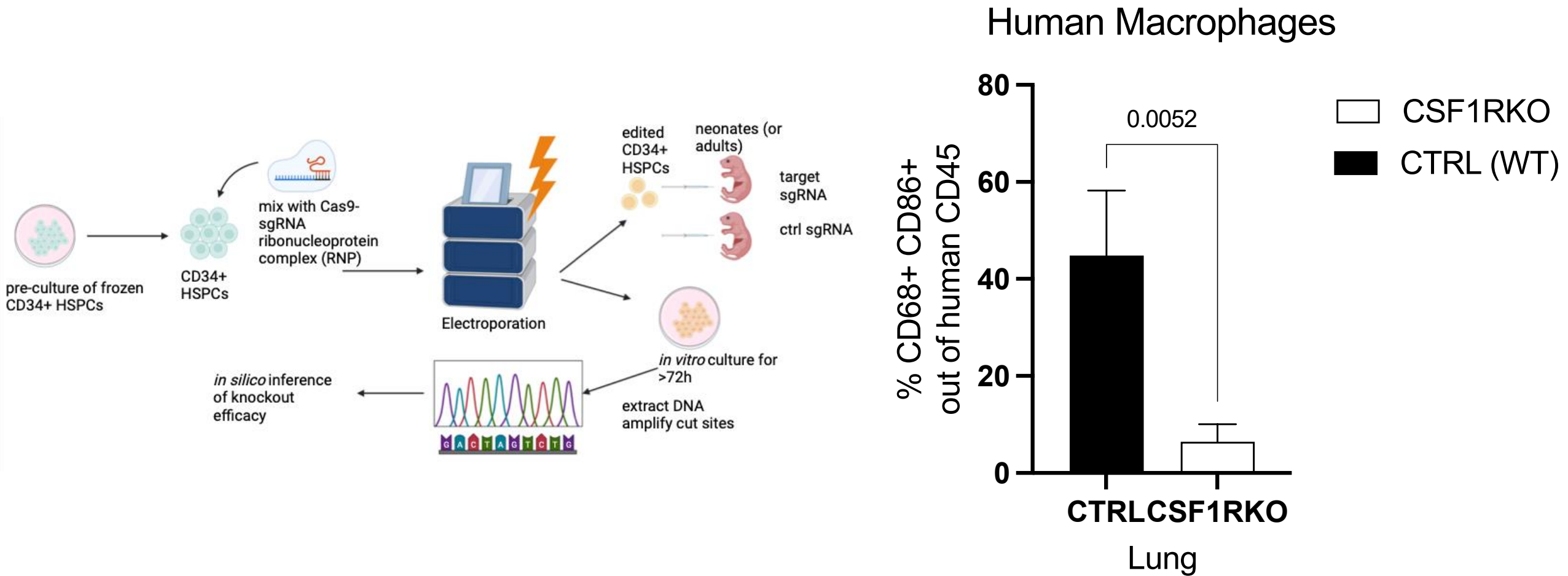


Perturbations in vivo help bridge the human data to causality.

Mice engrafted with HSPCs edited for loss of *CSFR1* do not have monocyte-derived macrophages.

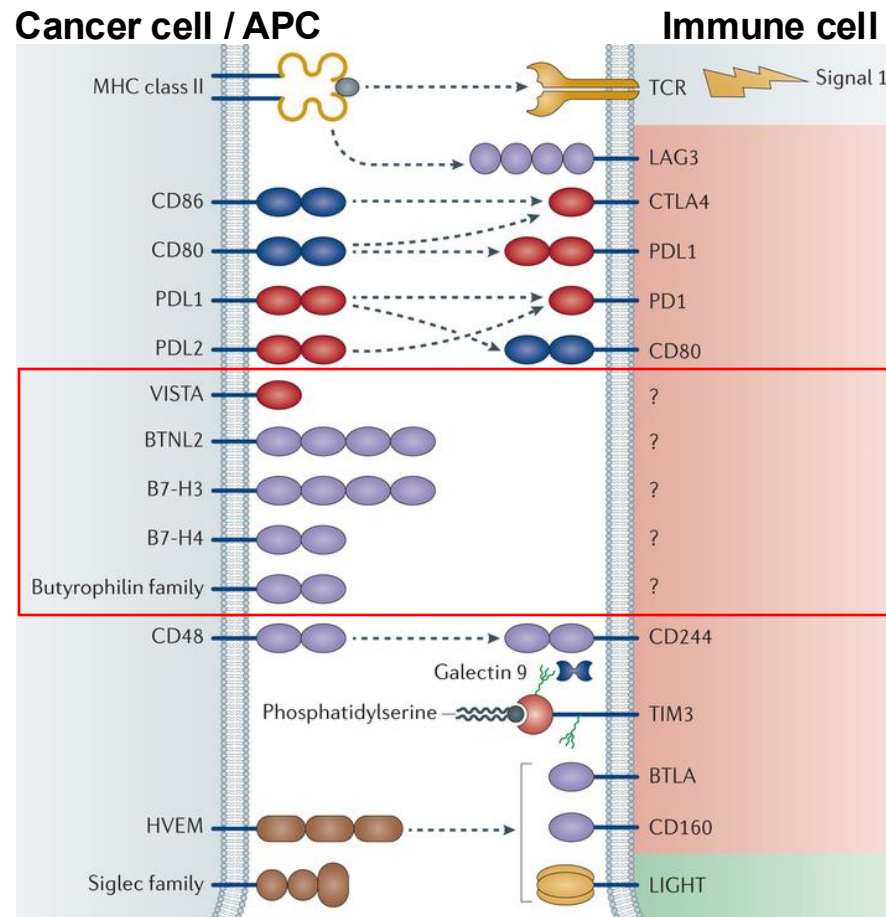


Mice engrafted with HSPCs edited for loss of *CSFR1* do not have monocyte-derived macrophages.



Ongoing projects

1. In search of novel innate immune checkpoints

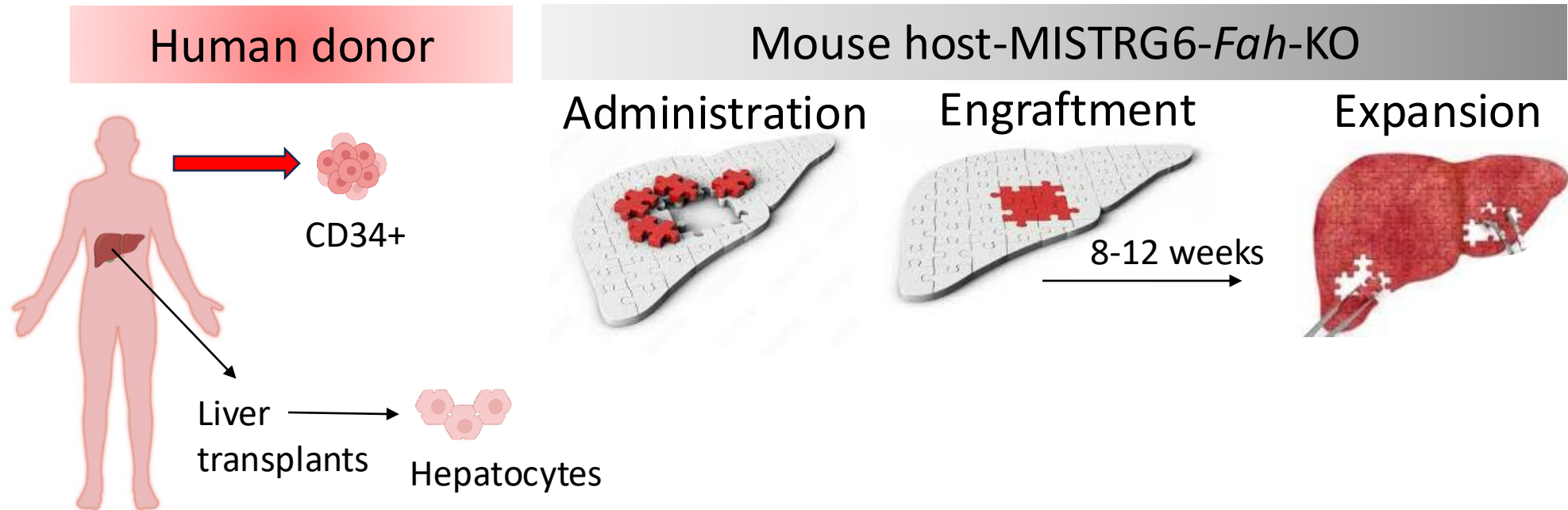


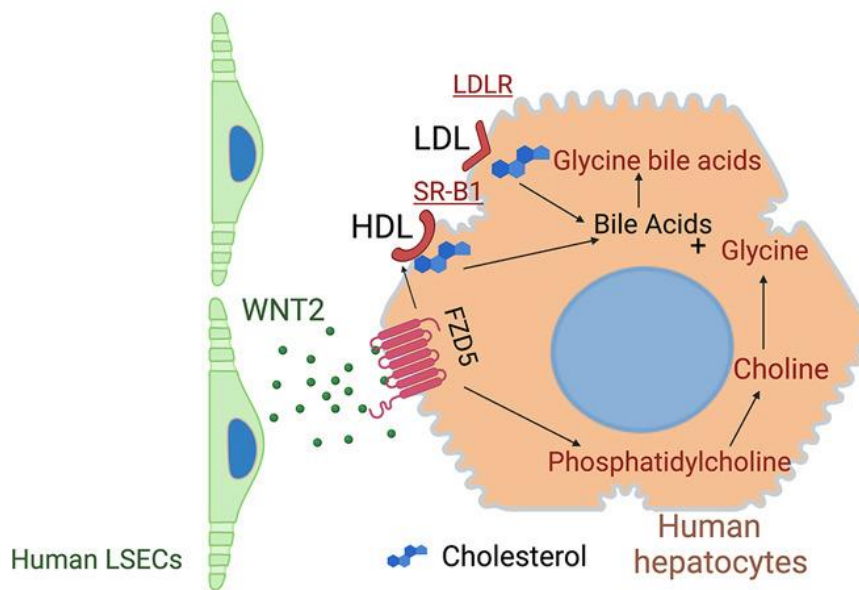
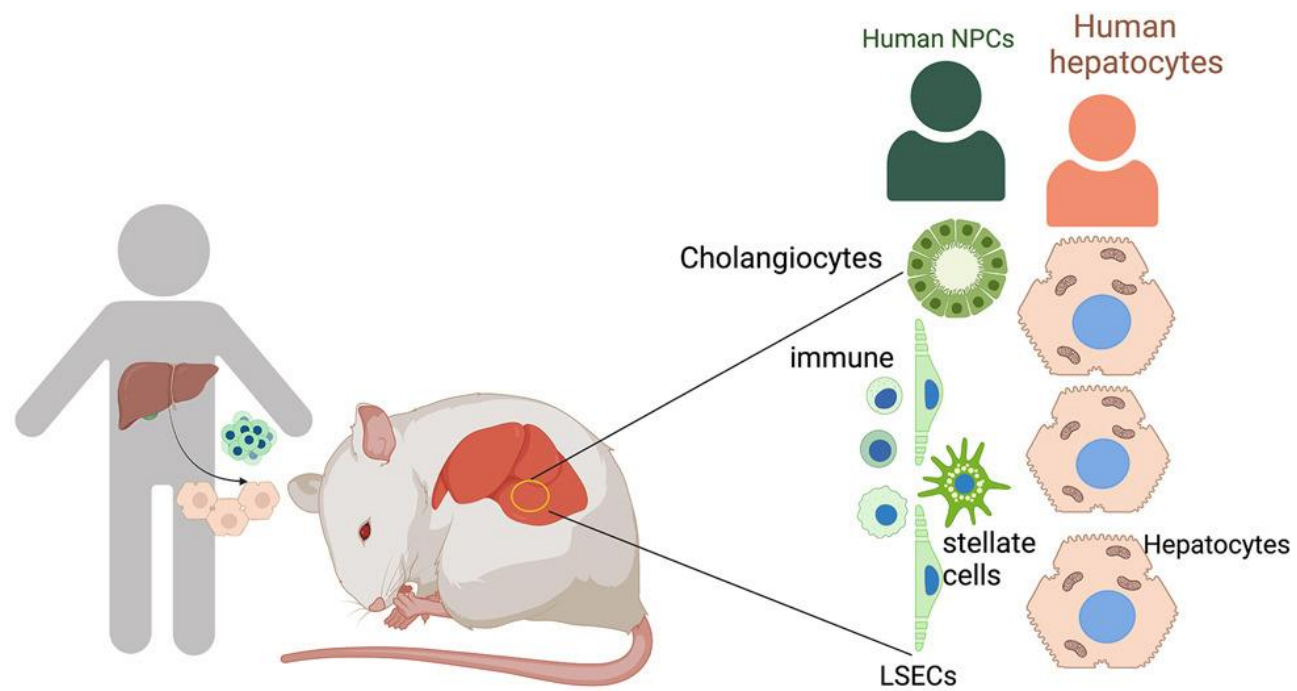
(Mahoney et al., Nat Rev Drug Discov, 2015)



Takeshi Ito

Combined Immune cell and and hepatocyte humanization

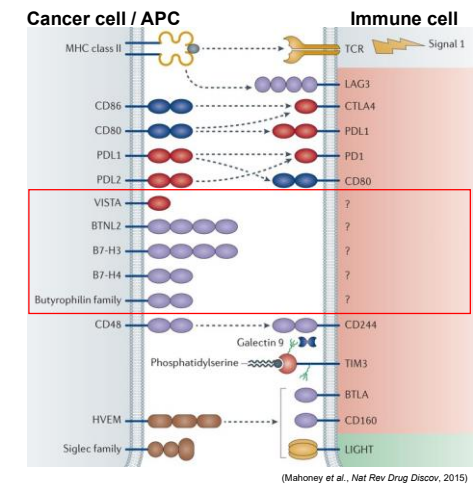
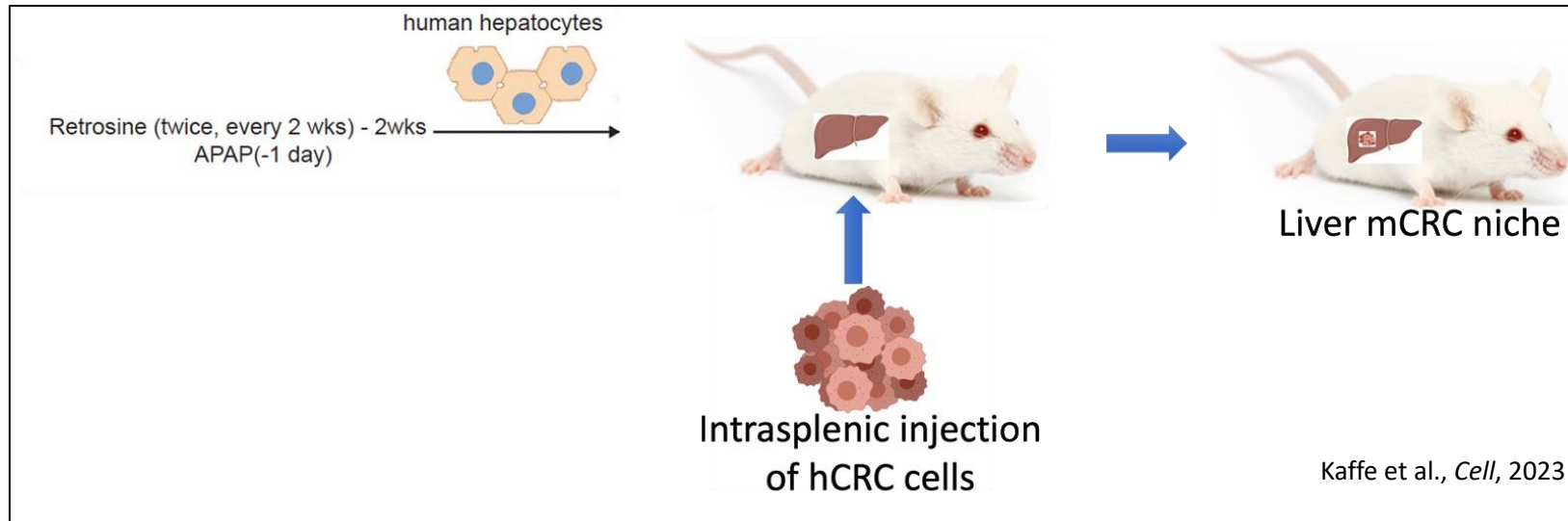




Ongoing projects

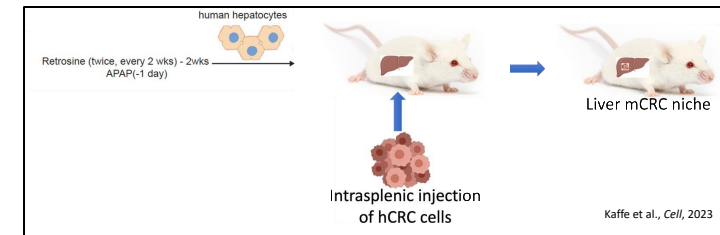
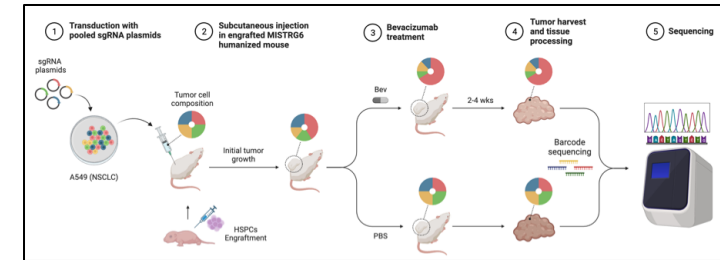
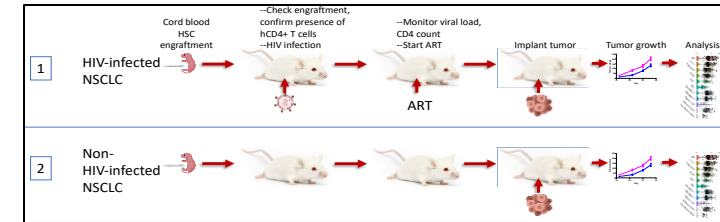
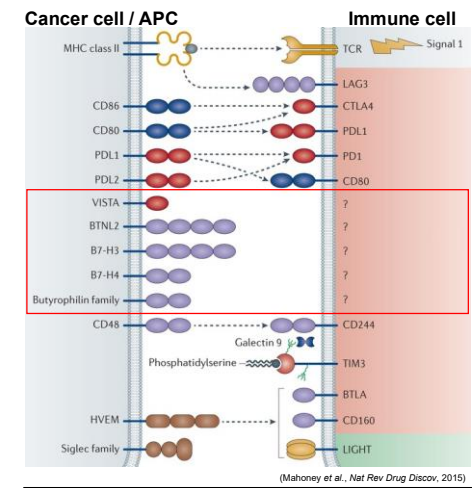
Orthotopic- humanized models

Humanized liver model of metastatic CRC



Ongoing projects

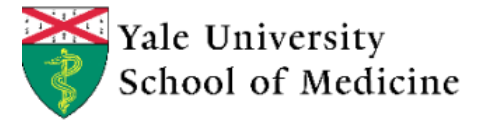
1. In search of novel innate immune checkpoints
2. Pre-clinical modeling of HIV-associated NSCLC
3. In vivo CRISPR screening for novel anti-VEGF co-therapies
4. Humanized liver model of mCRC



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- **Yale Center for GI Cancers**
- **Yale SPORE in Lung Cancer**
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Esen Sefik



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CANCER RESEARCH
FOUNDATION

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REGENERON



Thank you!

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