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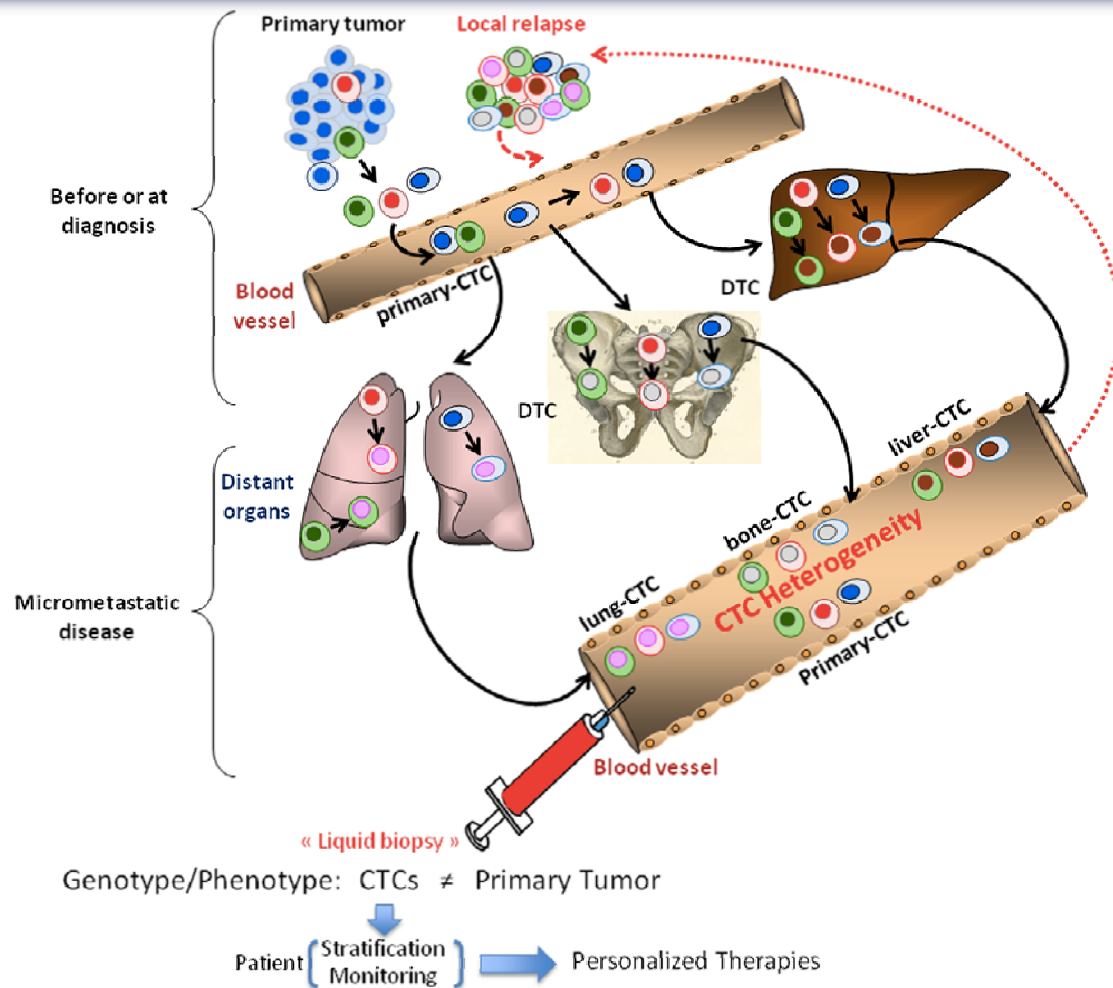
Institute for Tumor Biology

Klaus Pantel

“Liquid Biopsy”: Current Status and Future Perspective



CTC as Liquid Biopsy for metastatic cells



DRUG RESISTANCE ?

CTCs	Treatments
PROTEINS	
ER+	Endocrine therapy
Her2/neu+	Trastuzumab
DNA MUTATIONS	
KRAS mutations	EGFR targeted therapies
PI3K mutations	HER2/neu targeted therapies

Metastasis evolve many years after primary tumor resection and can harbor unique genomic alterations.

Biopsy of metastases is an invasive and sometimes dangerous procedure.

Can the molecular characterization of CTC reveal **representative** information on **metastatic cells** located at different sites ?

Detection of CTC in the peripheral blood

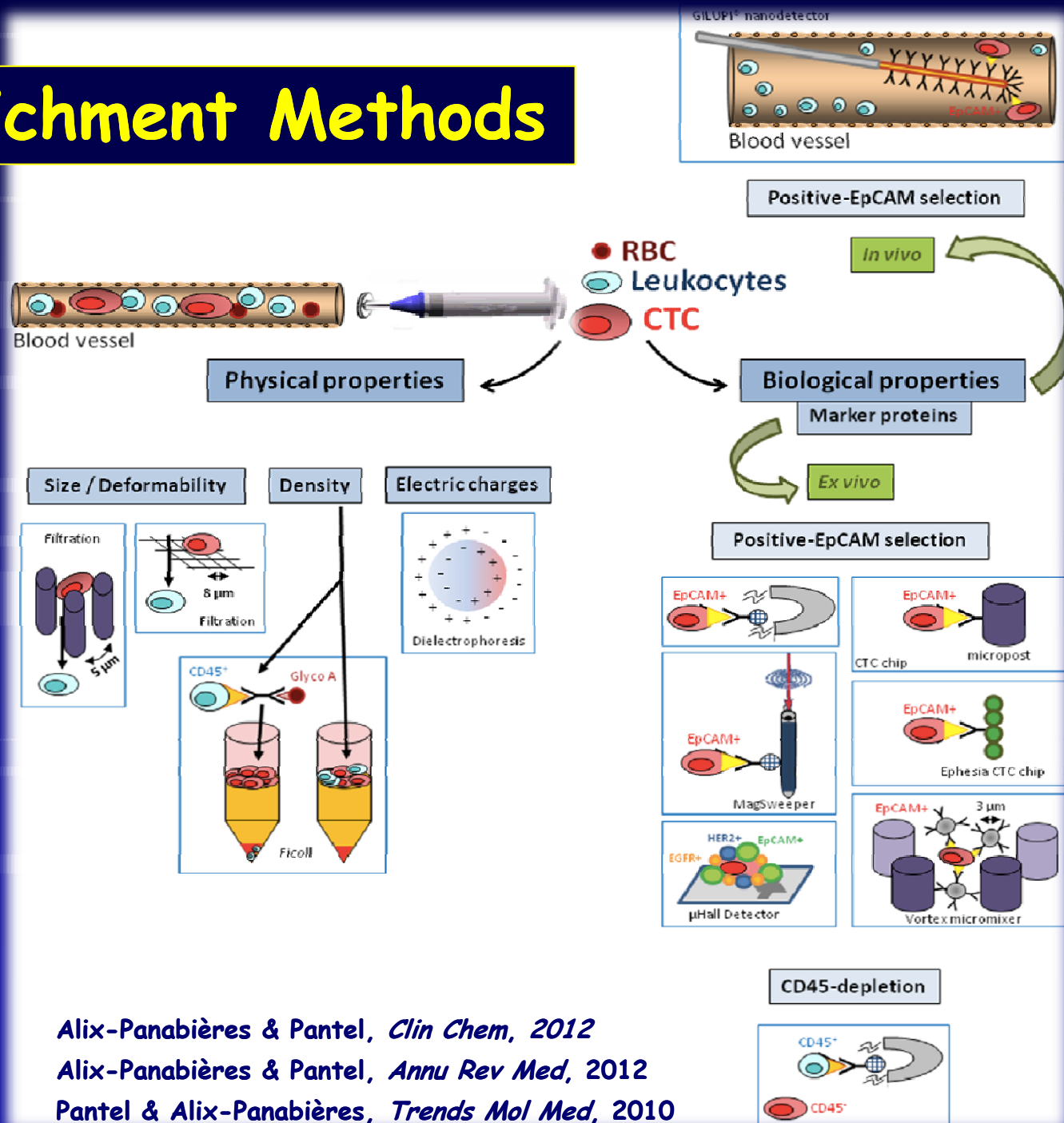
September 2013:

**> 400 registered clinical trials with CTC as
biomarkers**

CTC Enrichment Methods

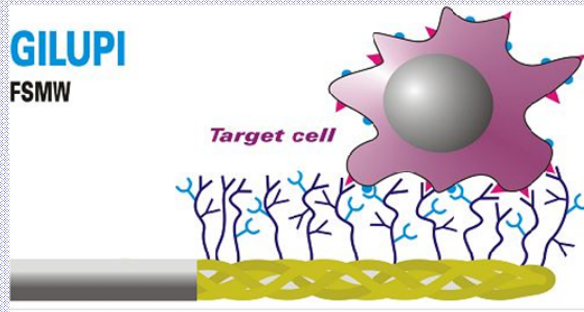
2013: > 50 different CTC assays !

The technical challenge:
Finding **one** tumor cell
in $10^6 - 10^8$ normal blood cells



Alix-Panabières & Pantel, *Clin Chem*, 2012
 Alix-Panabières & Pantel, *Annu Rev Med*, 2012
 Pantel & Alix-Panabières, *Trends Mol Med*, 2010

New approach: In vivo capture of CTC (1.5 L blood)

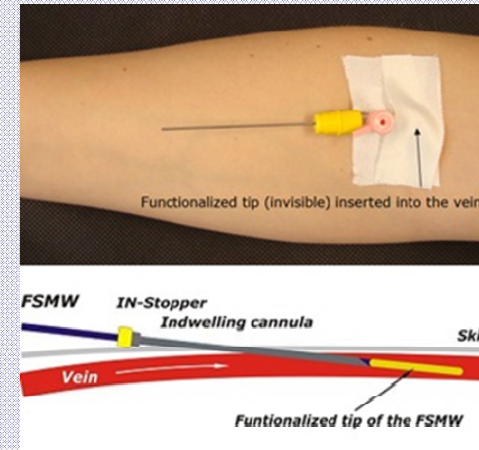


Nanodetector

Insertion into patient's vein at the doctor's office



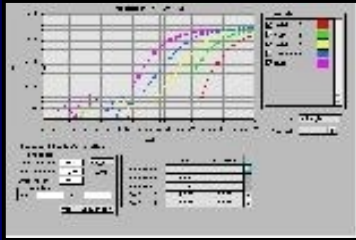
30 minutes exposure time in a vein



Proof-of-principle data in breast, lung and prostate cancer

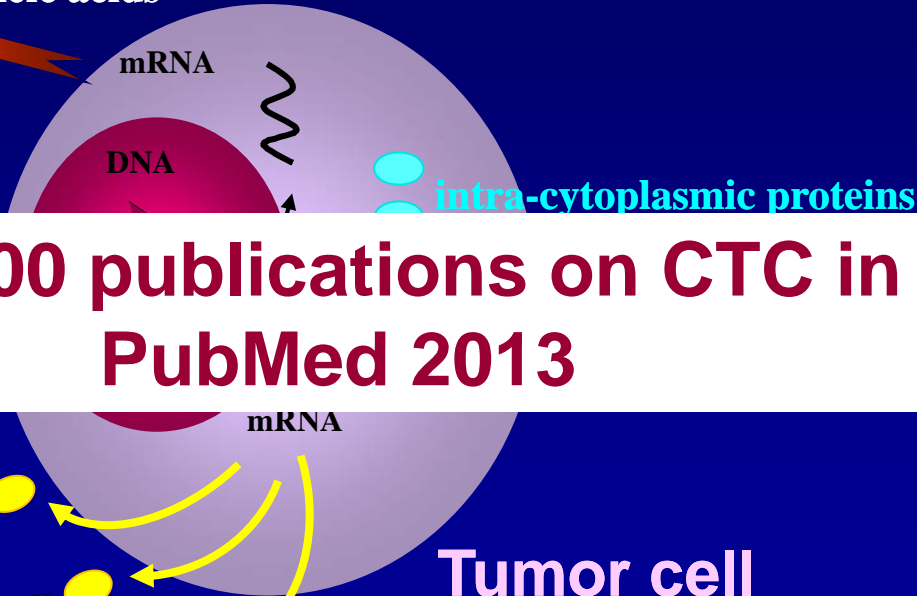
CTC Identification Methods

Real-time RT-PCR

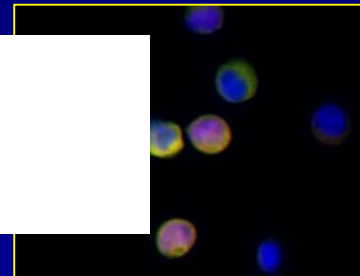


Cytokeratins as standard CTC markers
BUT differential expression of individual CKs
(Joosse/Pantel *et al.*, *Clin Cancer Res* 2012)

nucleic acids

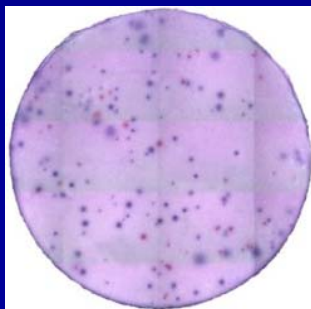


> 13,000 publications on CTC in PubMed 2013



Immunocytochemistry

secreted
proteins by
VIABLE cells



EPISPOT assay

Alix-Panabières *et al.*, *Clin Cancer Res*, 2008

**Design of robust automated systems
for reproducible CTC detection**

CellSearch™ System (FDA-cleared)



MagNest™



Enrichment of CTC with anti-EpCAM ferro fluids

Cristofanilli et al., NEJM, 2004
Riethdorf et al., CCR, 2007 & 2010
DeBono et al, CCR, 2008
Cohen et al, JCO, 2008
Krebs et al, JCO, 2012



CellTracks® Analyzer II
w/ Linux operating system

CellSearch™ System: Images of Tumor Cells

Cytoplasm

Nucleus

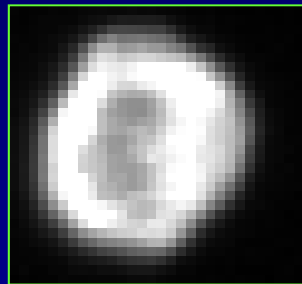
Cell Membrane Composite

CK-PE
pos

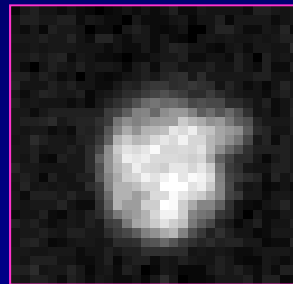
DAPI
pos

CD45-APC
neg

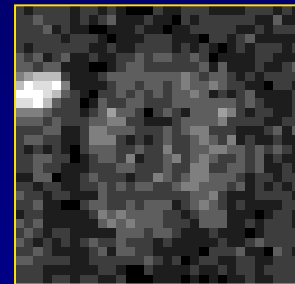
Tumor Cell



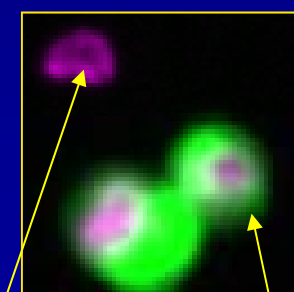
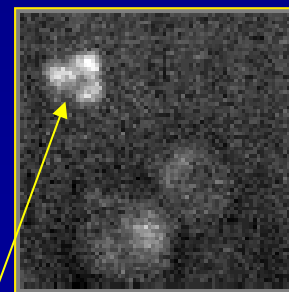
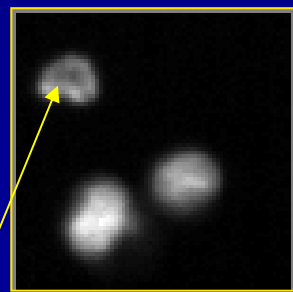
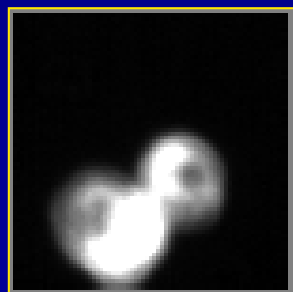
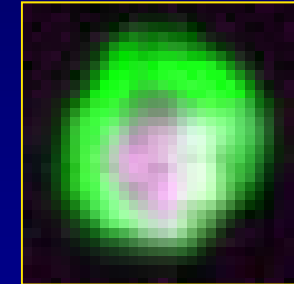
+



-



=



Leukocyte
nucleus

CD45⁺
Membrane

Leukocyte

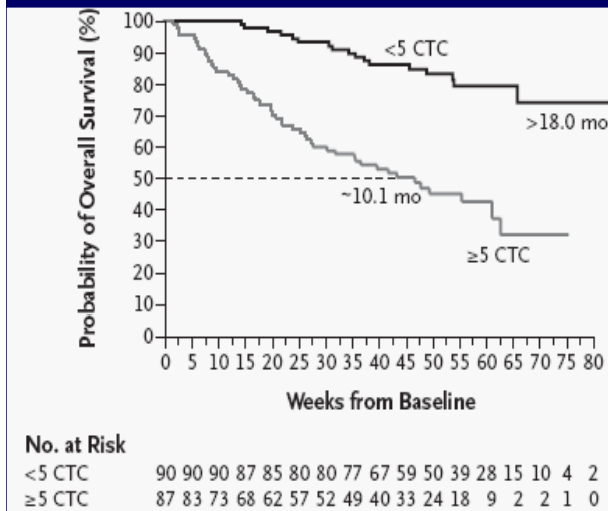
Tumor Cell



Prognostic value of CTC counts for survival in cancer patients with advanced disease

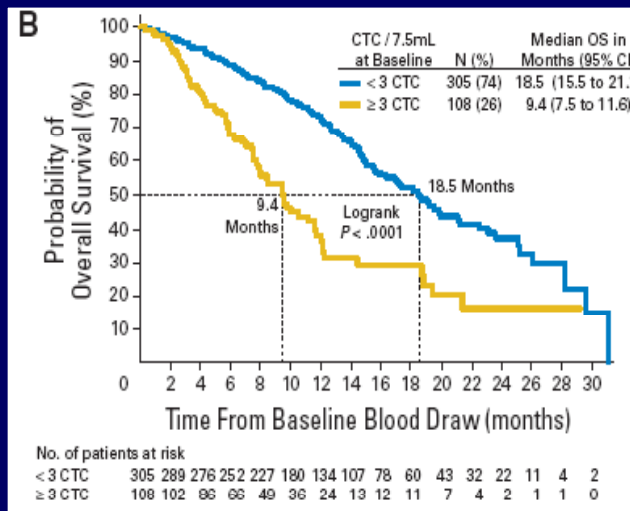
Breast Cancer

Christofanilli, NEJM, 2004



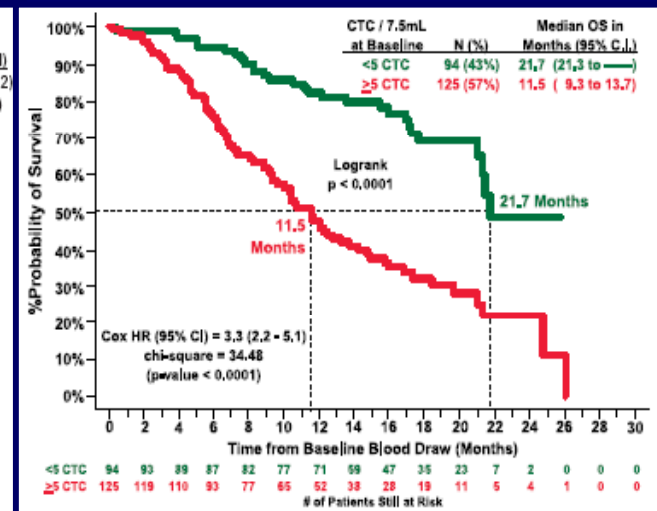
Colorectal Cancer

Cohen, JCO, 2008



Prostate Cancer

De Bono, Clin Can Res, 2008



→ FDA clearance

**Detection of CTC in early stage
cancer patients (low CTC counts):**

**Is the ability to release cancer cells into
the circulation relevant for the
development of distant metastases?**

Prognostic impact of CTC in breast cancer patients without overt metastases

San Antonio Breast Cancer Symposium – Cancer Therapy and Research Center at UT Health Science Center – December 8 – 12, 2010

Multivariate Analysis for DFS for different CTC cut-offs

Variable	Hazard Ratio adjusted for treatment		
	0 vs. ≥ 1	0, 1 vs. ≥ 2	0-4 vs. ≥ 5
CTCs in blood pos/neg	1.878 *	2.825 *	4.035 *
Hormone receptor status pos/neg	2.073 *	2.020 *	3.273 *
Lymph Node Involvement pos/neg	1.698 *	1.664 *	1.574 *
Grading G1 vs. G2-3	2.961 *	3.182 *	3.245
Tumor size T1 vs. T2-4	1.629 *	1.655 *	2.573 *

Rack, Janni et al, unpublished

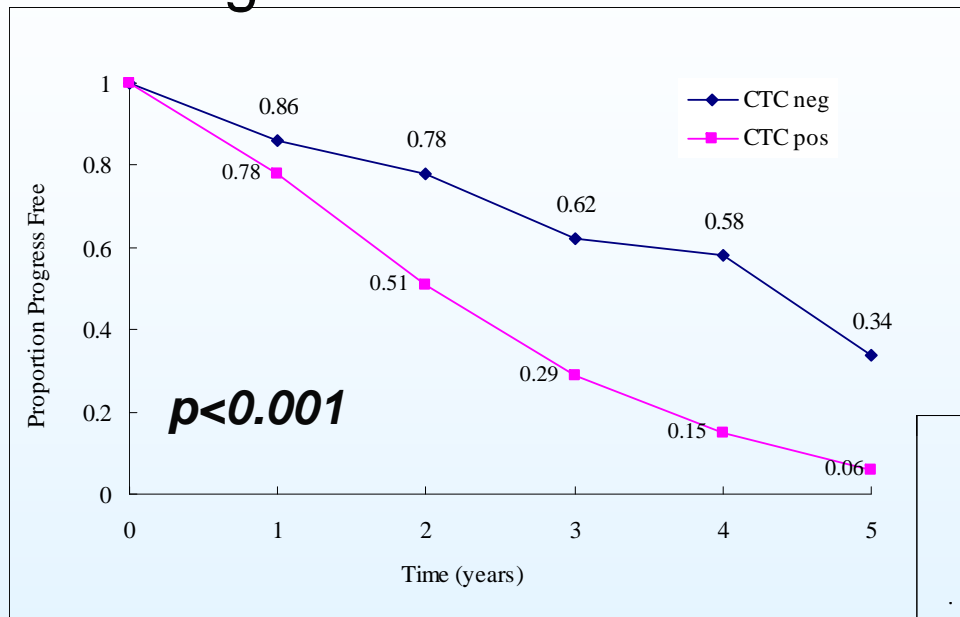


* P < 0.05



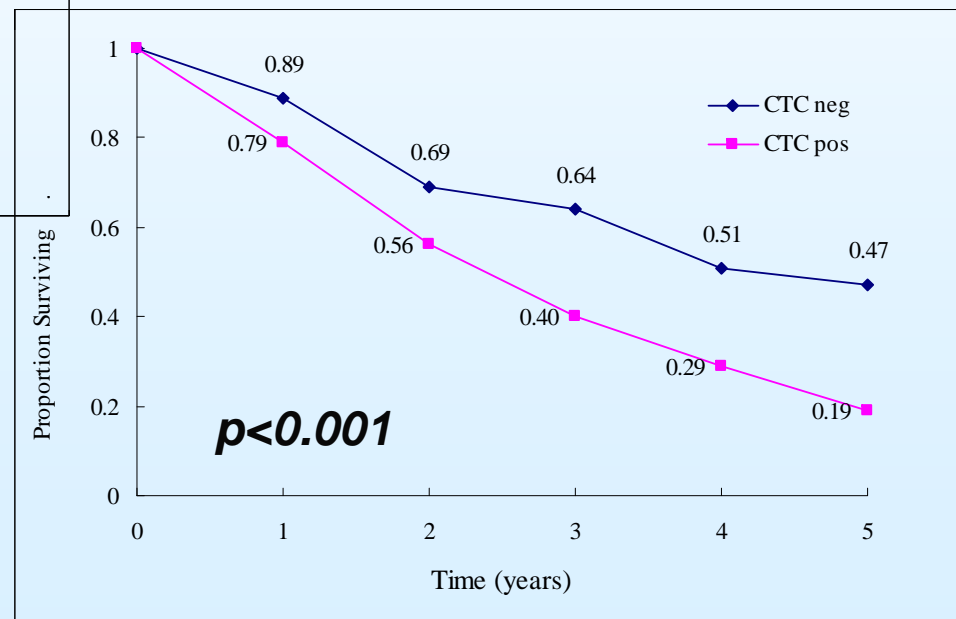
Meta-Analysis of 49 studies comprising 6815 breast cancer patients

Progression-free survival

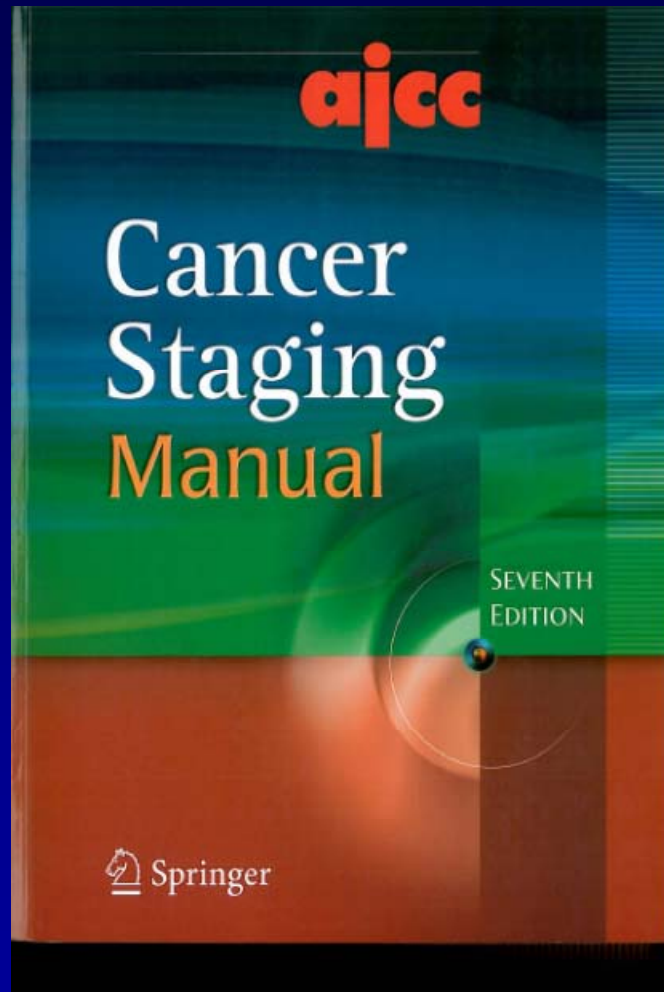


CTC detection: ICC & RT-PCR

Overall survival



TNM 2010: CTC in new cM0(i+) Classification



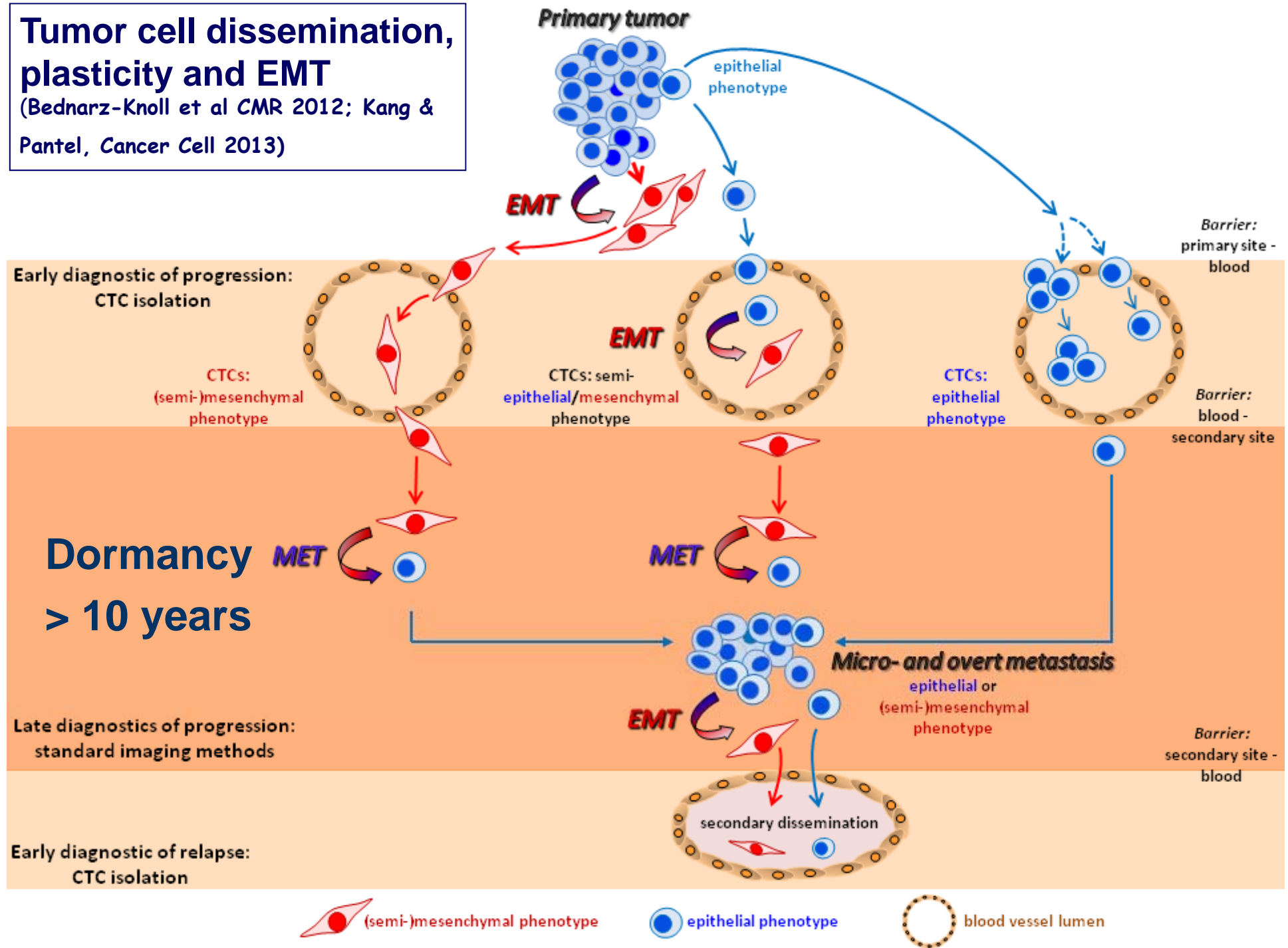
Distant Metastases (M)

M0	No clinical or radiographic evidence of distant metastases
cM0(i+)	No clinical or radiographic evidence of distant metastases, but deposits of molecularly or microscopically detected tumor cells in circulating blood, bone marrow, or other nonregional nodal tissue that are no larger than 0.2 mm in a patient without symptoms or signs of metastases
M1	Distant detectable metastases as determined by classic clinical and radiographic means and/or histologically proven larger than 0.2 mm

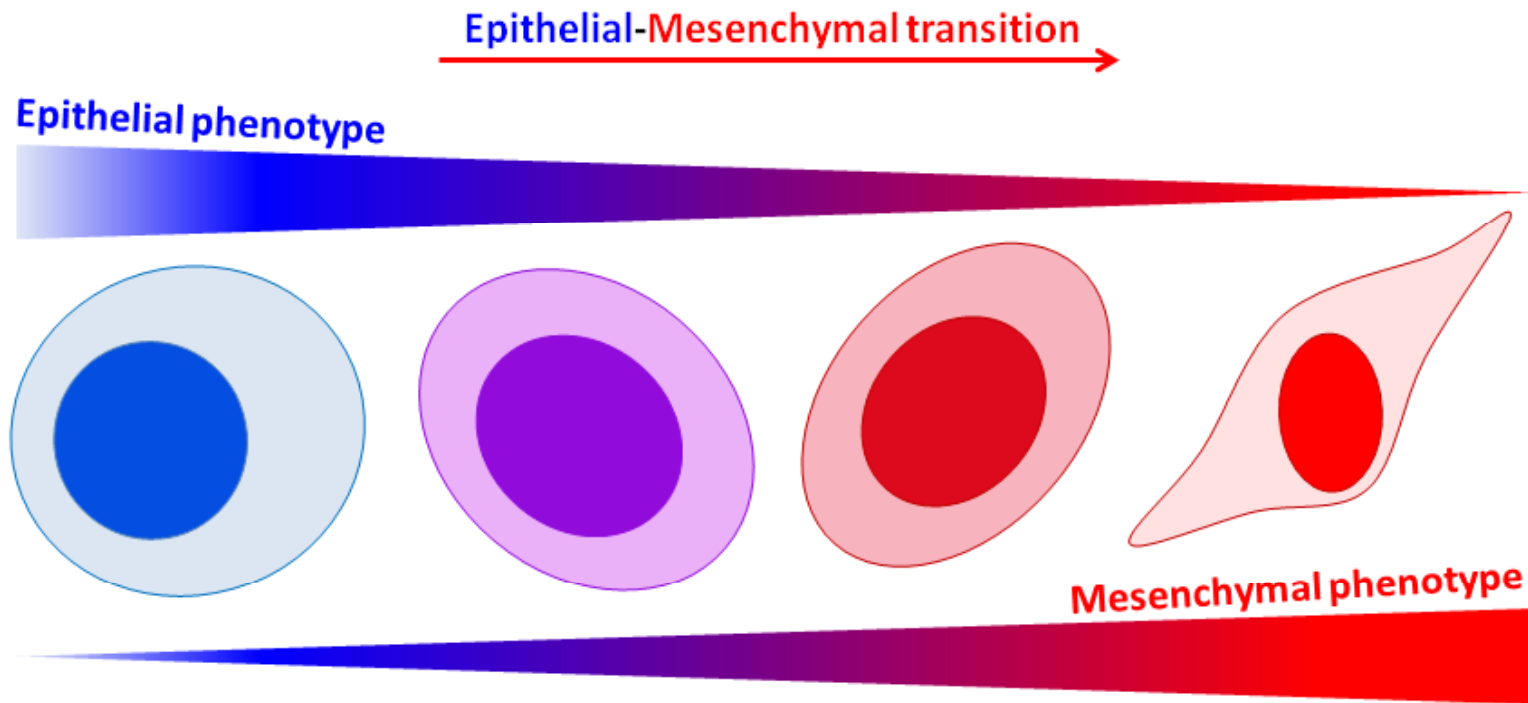
**Challenge of CTC detection:
Epithelial-Mesenchymal Transition (EMT)
of carcinoma cells**

Tumor cell dissemination, plasticity and EMT

(Bednarz-Knoll et al *CMR* 2012; Kang & Pantel, *Cancer Cell* 2013)



Epithelial-Mesenchymal Plasticity of CTC



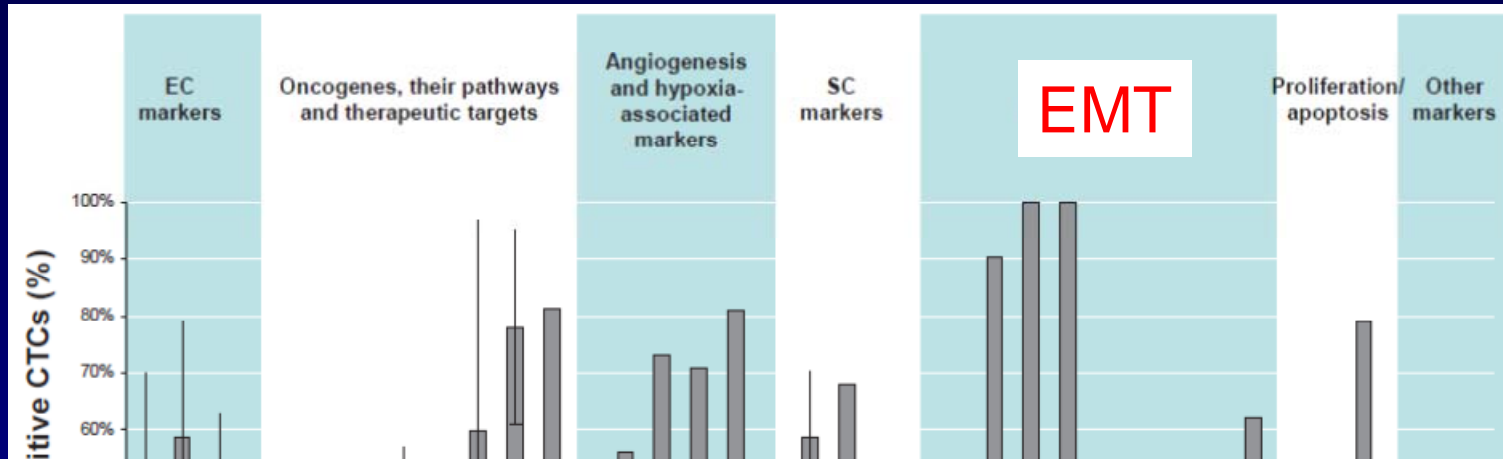
EpCAM, CK

Mesenchymal-Epithelial transition

Vimentin

Epithelial phenotype	Epithelial phenotype with minor mesenchymal features	Semi-mesenchymal phenotype	Mesenchymal phenotype
Epithelial markers strongly expressed	Epithelial markers moderately expressed	Epithelial markers weakly expressed	No epithelial markers
No mesenchymal markers	Mesenchymal markers weakly expressed	Mesenchymal markers moderately expressed	Mesenchymal markers strongly expressed
Detection by standard CTC technology	Detection by standard CTC technology	Limited detection by standard CTC technology	No detection by standard CTC technology

Expression profile of CTCs in breast cancer



Direct link between EMT and gain of stem cell properties and chemotherapy resistance (Mani/Weinberg, *et al.*, Cell, 2008;)

Yu et al, Circulating breast tumor cells exhibit dynamic changes in epithelial and mesenchymal composition. Science, Febr. 2013

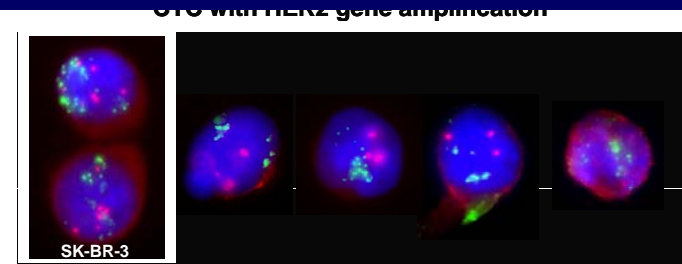
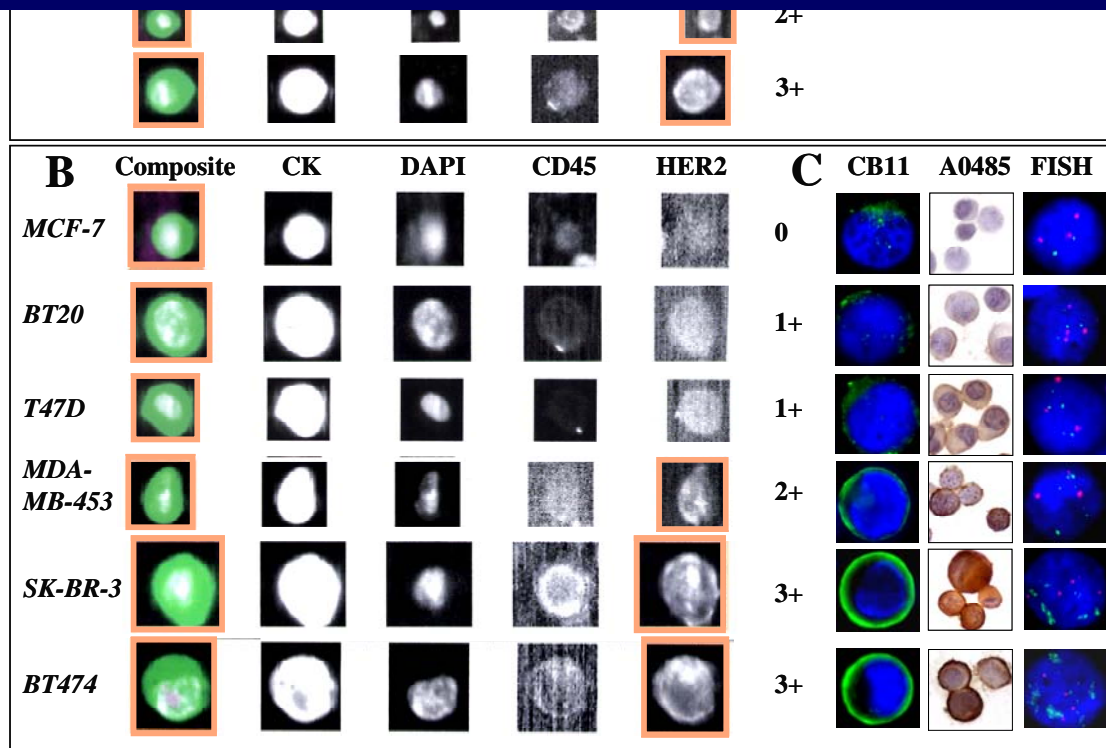
Yokobori, Mimori, Pantel, Mori et al. Plastin-3 as new CTC marker not downregulated during EMT, Cancer Res. Febr. 2013



**Molecular Characterization of CTC
for therapeutic targets
(„real-time liquid biopsy“)**

Detection of therapeutic targets on CTC: HER2 oncogene in breast cancer

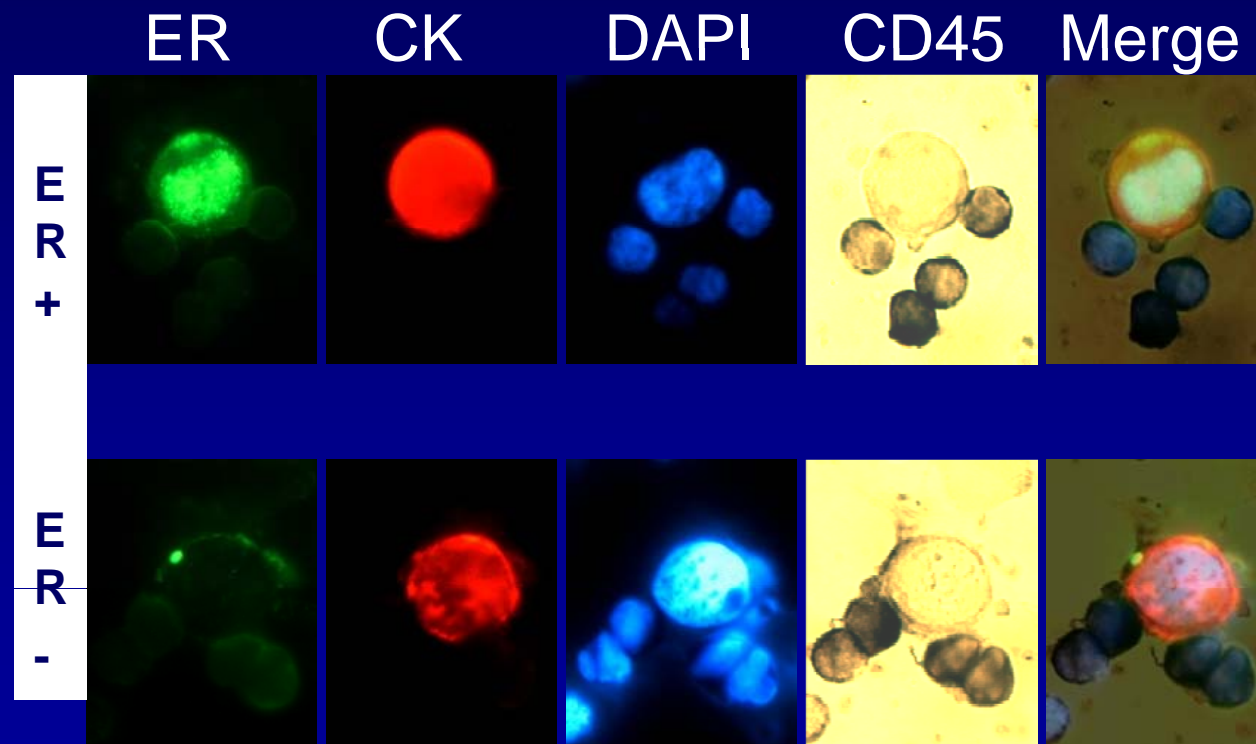
DETECT-III study: Anti-HER2 therapy (lapatinib) in metastatic breast cancer patients with HER2-negative primary tumors and HER2-positive CTC



Discordance between HER2 status of primary tumor and CTC

Heterogeneity of ER status in CTCs of breast cancer patients with ER-positive primary tumors

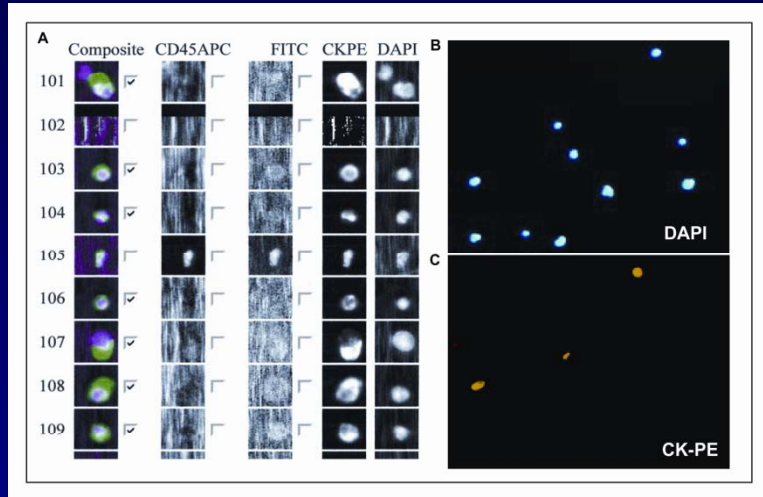
Babayan, Joosse, Pantel et al., PLOS ONE 2013



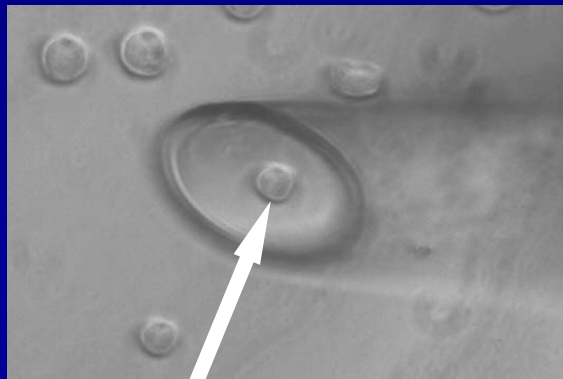
ER-negative CTCs may survive endocrine therapy

Genomic Characterization of single CTC

CTC detection



CTC isolation



CTC



Capillary

CTC

WGA +

- Mutation analysis
- CGH (conv./array)
- NextGen Sequencing

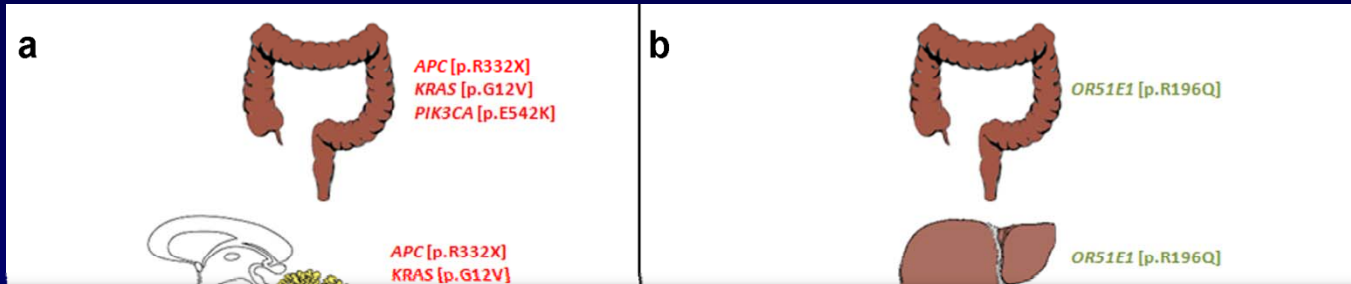
Detection of mutations in genes relevant for resistance of targeted therapies (eg, EGFR inhibition)

Patient	No. Of CTCs	P53			KRAS			BRAF			PIK3CA		
		WT	MUT	n.a.	WT	MUT	n.a.	WT	MUT	n.a.	WT	MUT	n.a.
1	38	18	2	18	13	7	18	14	-	24	8	9	21
2	14	10	-	4	9	-	5	9	-	5	6	1	7
3	6	5	-	1	5	-	1	1	-	5	4	1	1
4	11	9	2	-	7	-	4	2	-	9	4	-	7
5	28	7	15	6	21	-	7	20	-	8	20	3	5
6	10	6	-	4	5	-	5	4	-	6	5	3	2
7	4	-	-	4	1	-	3	-	1	3	1	2	1
8	4	4	-	-	4	-	-	4	-	-	4	-	-
9	2	2	-	-	2	-	-	2	-	-	2	-	-
10	3	2	-	1	2	1	-	1	-	2	-	1	2
11	13	2	4	7	7	-	6	7	-	6	6	-	7
12	5	3	-	2	3	-	2	2	-	3	2	1	2
13	3	2	-	1	2	-	1	2	-	1	2	-	1
Total	141	70	23	48	81	8	52	68	1	72	64	21	56

Distribution of mutations in primary tumor, metastases and CTC

CRC patient #6

CRC patient #26

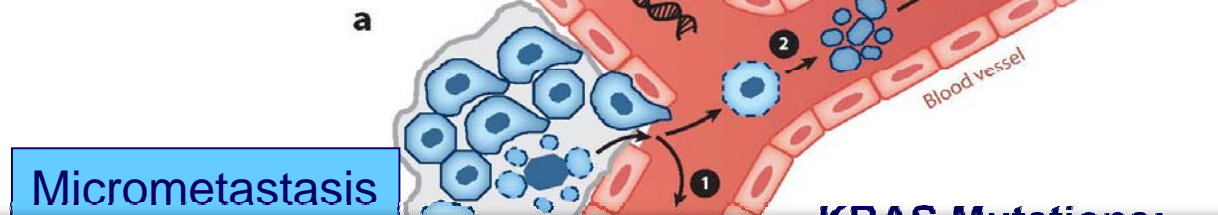


Deep targeted sequencing revealed that 17 of 20 „private CTC mutations“ were also present in subclones of the primary tumor and metastases

Gene	Point mutations primary tumor	Point mutations cerebellar metastasis	Point mutations CTCs	Potentially clinically significant
APC	p.R332X	p.R332X	p.R332X	
KRAS	p.G12V	p.G12V	p.G12V	EGFR inhibitors
PIK3CA	p.E542K	p.E542K	p.E542K	PI3K inhibitors
TP53	∅	p.R141C	p.R141C	

Gene	Point mutation	Copy number primary tumor (log2)	Copy number liver metastasis (log2)	Copy number CTCs (Abs.)	Potentially clinically significant
APC	∅	-0.5 (loss)	-0.5 (loss)	2 (loss)	
CDK8	∅	0 (balanced)	0 (balanced)	7 (gain)	CDK-inhibitors

Tumor-associated circulating cell-free nucleic acids in blood



Correlation CTC & Circulating Tumor DNA:

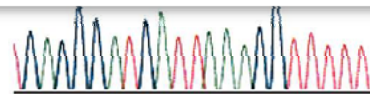
Prostate Cancer: Schwarzenbach, Alix-Panabieres, Pantel et al., Clin Cancer Res 2009; **Breast cancer:** Dawson et al, NEJM, 2013; **Colon Cancer:** Heitzer, Pantel et al, Int J Cancer, 2013

Correlation CTC & Circulating microRNA:

Breast Cancer: Madhavan, Pantel et al Clin Cancer Res 2012

BUT: ctDNA is released from apoptotic/necrotic cells

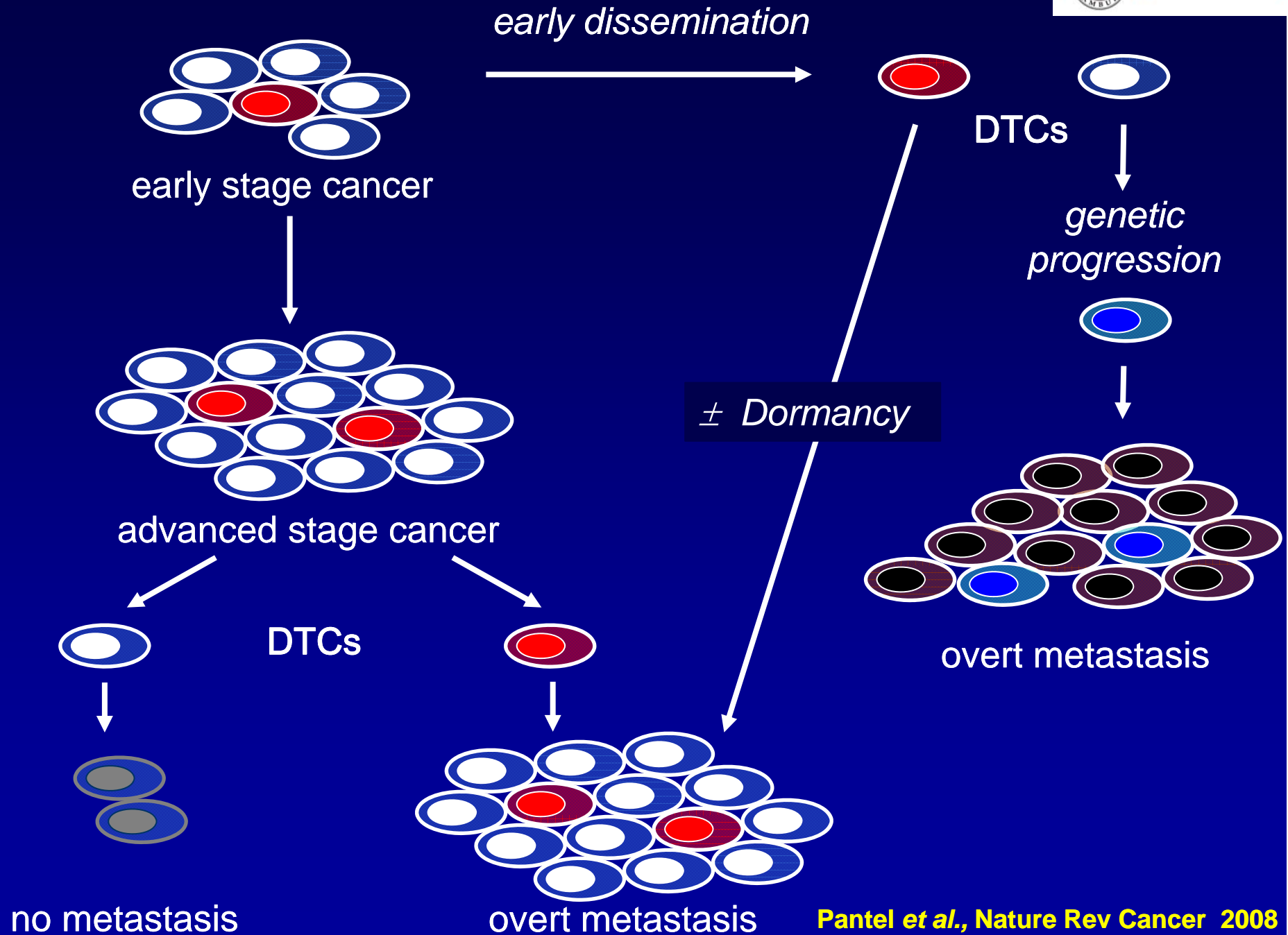
Isolation of CTC allows in-depth molecular & functional characterization of viable cells including xenotransplantation into immunodeficient mice (Bacelli, Pantel et al, Nat. Biotech., 2013; Pantel et al., Nature Med., 2013)



Aims of Research on Circulating Tumor Cells

- Estimation of the **risk** for **metastatic relapse** or **metastatic progression** (prognostic information)
- **Stratification & real-time monitoring** of therapies
- Identification of **therapeutic targets** and **resistance mechanisms** (biological therapies)
- Understanding the **biology** of **metastatic development**

Metastasis Models



Cancer Dormancy: Research questions

- **Do all cancer patients have dormant tumor cells?**
- **Can host factors induce or break dormancy? Stress? Inflammation?**
- **Are there preferred reservoirs of dormant cells (e.g., bone marrow) ?**
- **Does the immune system play a role in dormancy?**
- **What is the effect of current therapies on dormant cells or dormancy?**
- **What signaling pathways or events reactivate dormant cells?**
- **Do dormant cells have properties of cancer stem cells?**
- **How does genetic background affect dormancy?**

Metastasis Biology

Cancer Cell
Perspective



Tumor Cell Dissemination: Emerging Biological Insights from Animal Models and Cancer Patients

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<http://dx.doi.org/10.1016/j.ccr.2013.04.017>



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Institute of Tumor Biology - **Klaus Pantel**



- Sabine Riethdorf/Christin Gasch
- Heidi Schwarzenbach
- Harriet Wikman/Michaela Wrage
- Katharina Effenberger
- Simon Joosse, Anna Babayan
- Kai Bartkowiak, Natalia Bednarz-Koll

Grant Support:

DFG

BMBF

EU / ERC

Dt. Krebshilfe

Sander-Stiftung

Roggenbuck-Stiftung

Micrometastasis Research Network at UCCH/UKE





EU-Consortium-DISMAL

Start: November 2005 Coordinator: Klaus Pantel

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Medical Center (The Netherlands)

University Medical Center
Hamburg-Eppendorf (Germany)

Imperial College London
(United Kingdom)



Radium Hospital Oslo,
(Norway)

SME 1 Appl
(United Kingdom)

**ERC Advanced Investigator Grant
„DISSECT“ (2011-2016)**

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(Austria)

University of
(The Netherlands)

University
(Austria)

***ERA-NET TRANSCAN: CTC-SCAN
Project (2013 – 2016)***

-Pette-
Germany)

Netherlands
Cancer Ins
(The Netherlands)

Lapeyre
Montpellier

Photonics

SME 3 Agenda,
(The Netherlands)

Leiden University Medical
Center (The Netherlands),



First Announcement

9th International Symposium on Minimal Residual Cancer

September 24-27, 2013
Pullman Paris Bercy, France



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