A fluorescence microscopy image showing a complex network of structures. The primary structures are bright red, branching and interconnected. Scattered throughout the red network are numerous small, bright cyan spots. The background is dark, with some greenish-blue hues. The overall appearance is that of a highly detailed biological or cellular structure.

**Multiphoton intravital imaging at single cell resolution  
reveals mechanisms of cancer dissemination**

*John Condeelis*  
*Anatomy and Structural Biology*  
**Gruss Lipper Biophotonics Center**  
**Integrated Imaging Program**  
**Albert Einstein College of medicine**

Metastasis is what kills the patient.

# Why study metastasis?

Barriers to progress:

- Traditional therapeutic approaches are targeted to growth control which is independent of dissemination.
- In addition, single cell resolution in digital pathology is mostly studied in fixed tissue resulting in correlations and inferred mechanisms.

However, dissemination must be studied at single cell resolution and in real **time** in vivo to define and test mechanisms of dissemination.

How? Computational Intravital imaging.

Goals of computational intravital imaging:

- Establish single cell phenotypes in vivo in real **time** in large tumor volumes
- Discover microenvironments supporting cause and effect relationships
- Define molecular mechanisms driving these phenotypes



Maja Oktay

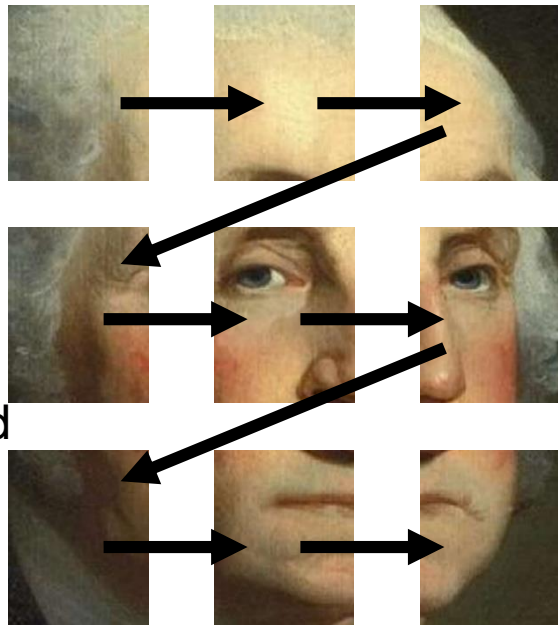
Computational Pathology



Predictive Oncology

# Large volume imaging at high resolution combined with computational/systems analysis

High mag/ high resolution of random fields = No context

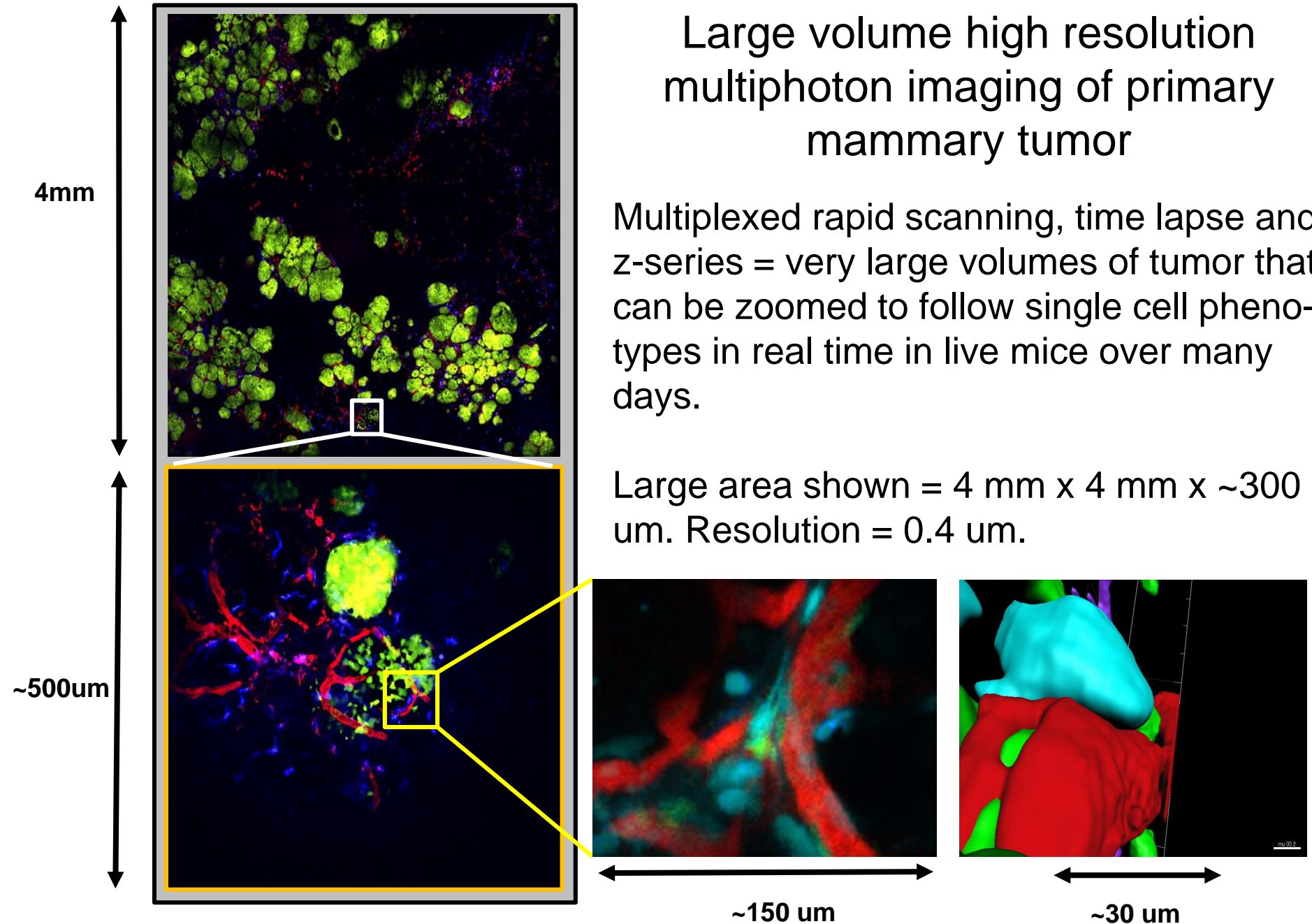


Computational classification leads to new insights into mechanism

# Large volume high resolution multiphoton imaging of primary mammary tumor

Multiplexed rapid scanning, time lapse and z-series = very large volumes of tumor that can be zoomed to follow single cell phenotypes in real time in live mice over many days.

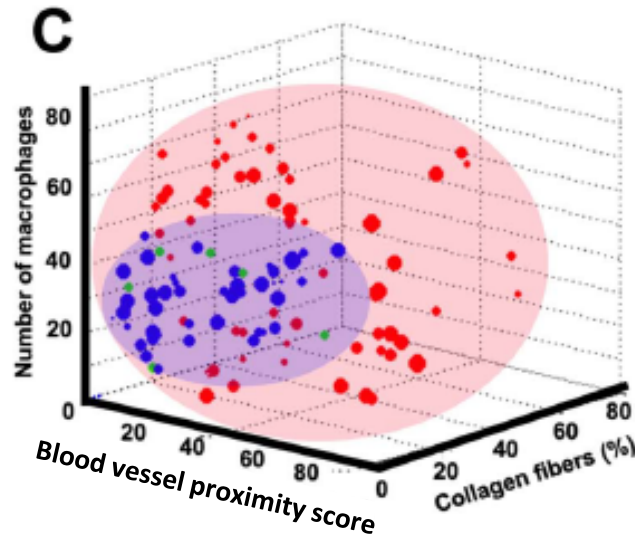
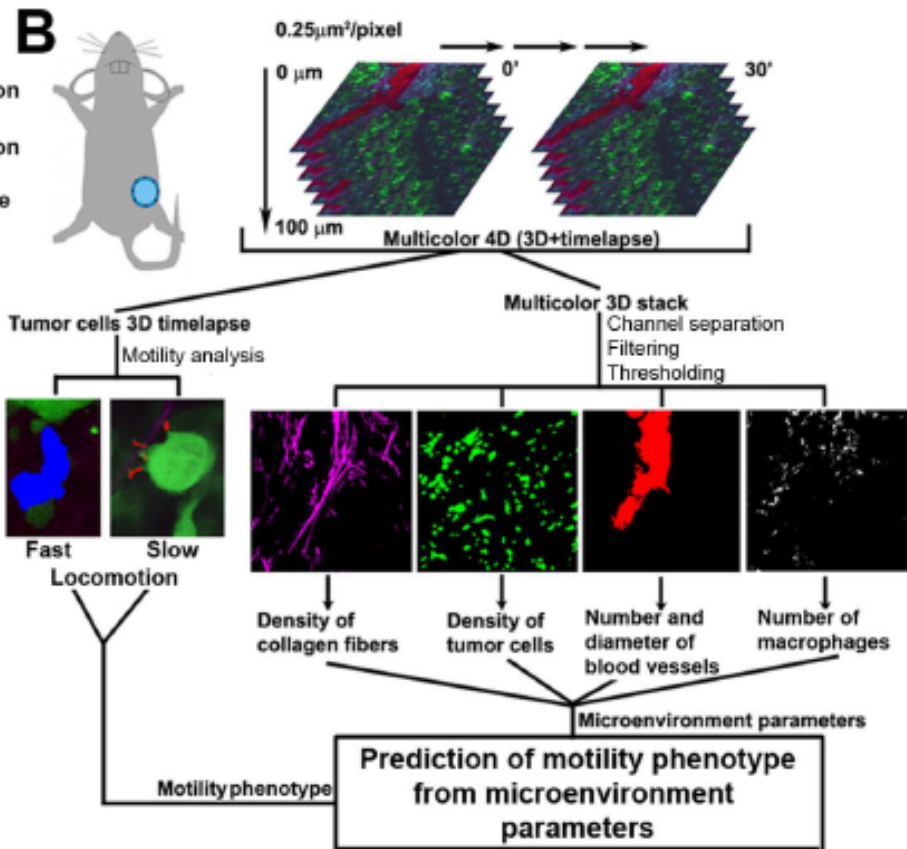
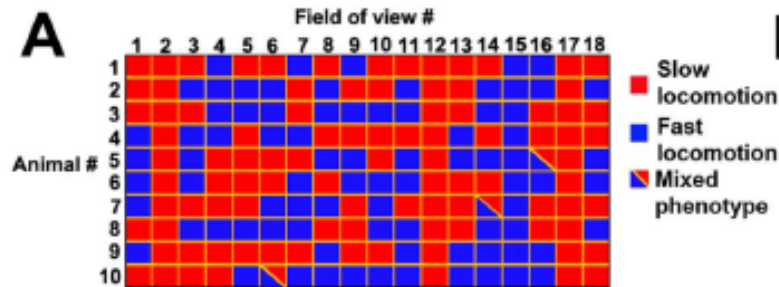
Large area shown = 4 mm x 4 mm x ~300 um. Resolution = 0.4 um.



Tumor microenvironment complexity  
 requires a non-linear SVM  
 classification of 7 dimensions to  
 objectively define invasive breast  
 tumor cell phenotypes



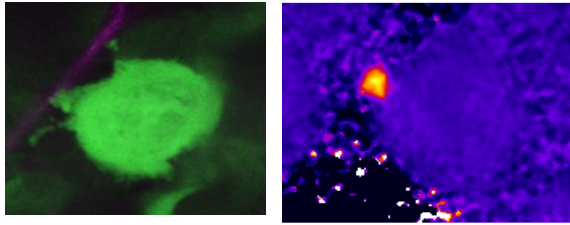
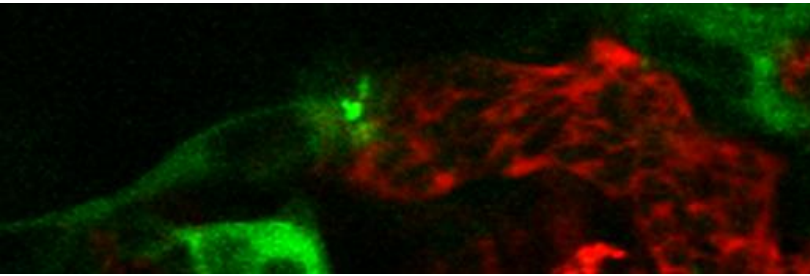
Aviv Bergman  
 Chair  
 Computational /systems



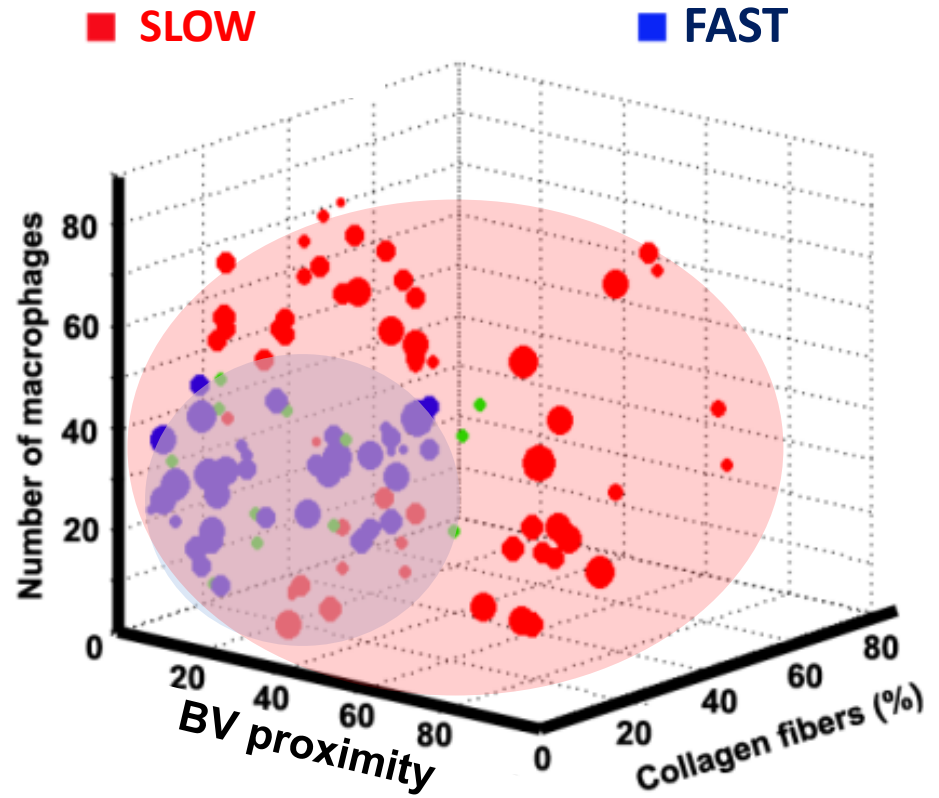
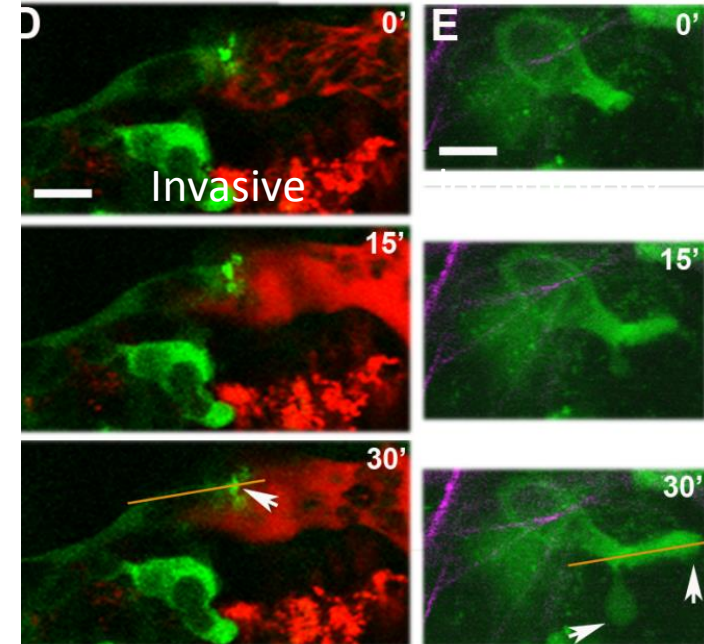
$$S = \{(x_i, c_i) | x_i \in \mathbb{R}^n, c_i \in \{-1, +1\}\}, i = 1 \dots m$$

Systems analysis recognizes microenvironments associated with two tumor cell phenotypes:

1. Fast (Locomotory)
2. Slow (Invasive)

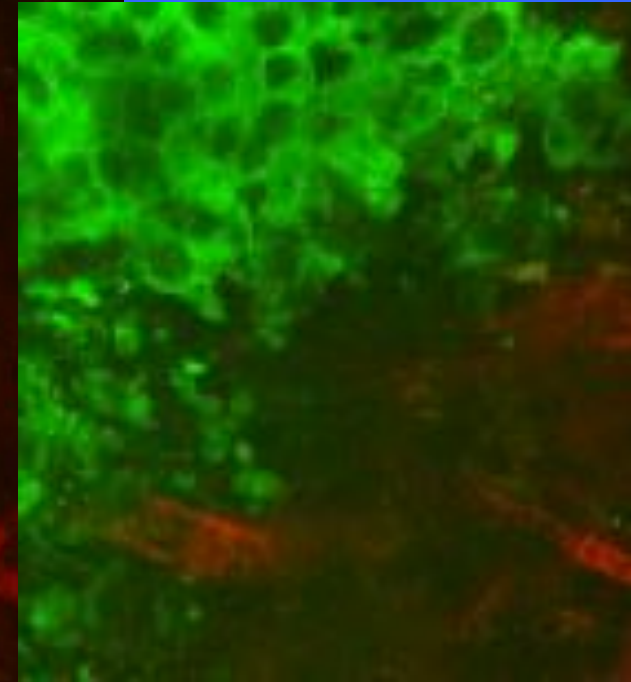
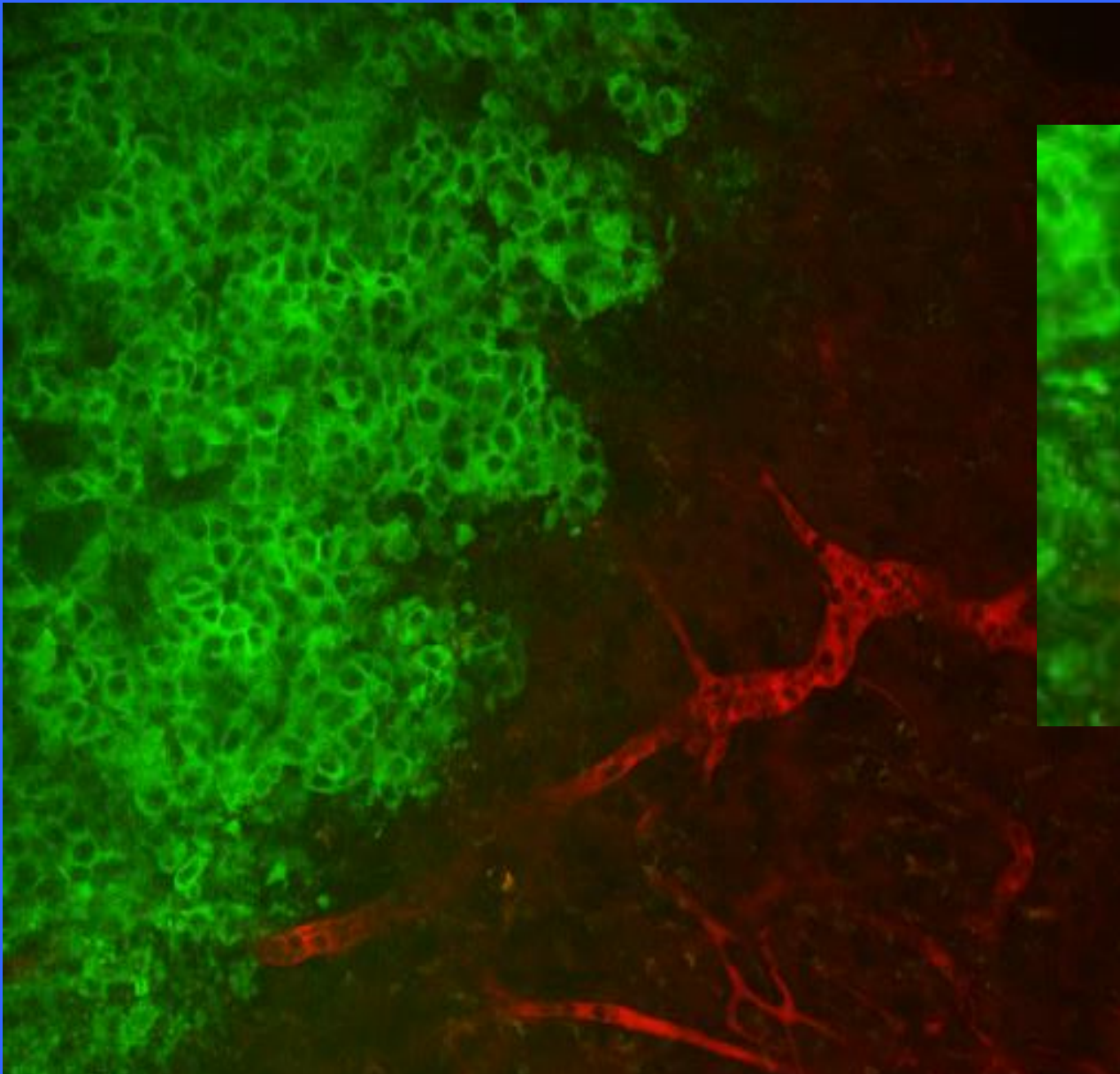


NWASP  
Activity



Bojana Gligorijevic et al 2014 Plos Biol

FAST phenotype = tumor cells (Green)  
migrate by streaming toward blood vessels (red)

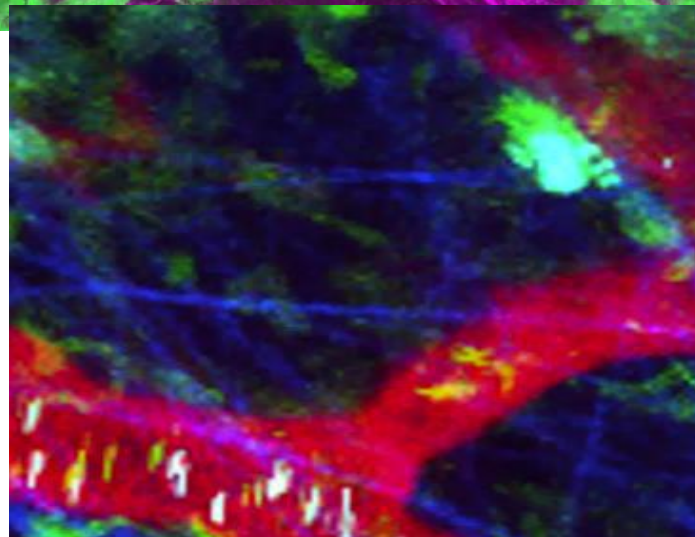
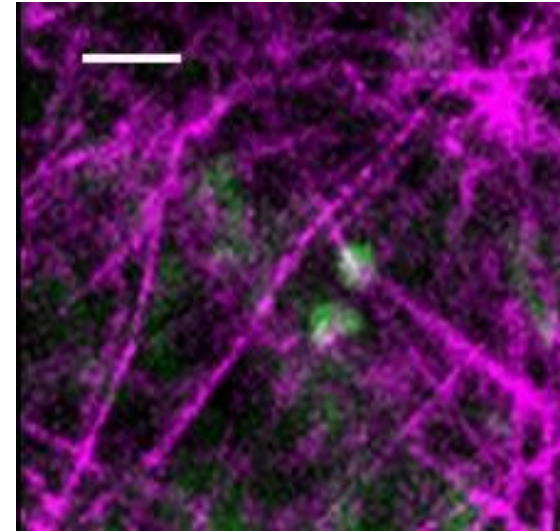
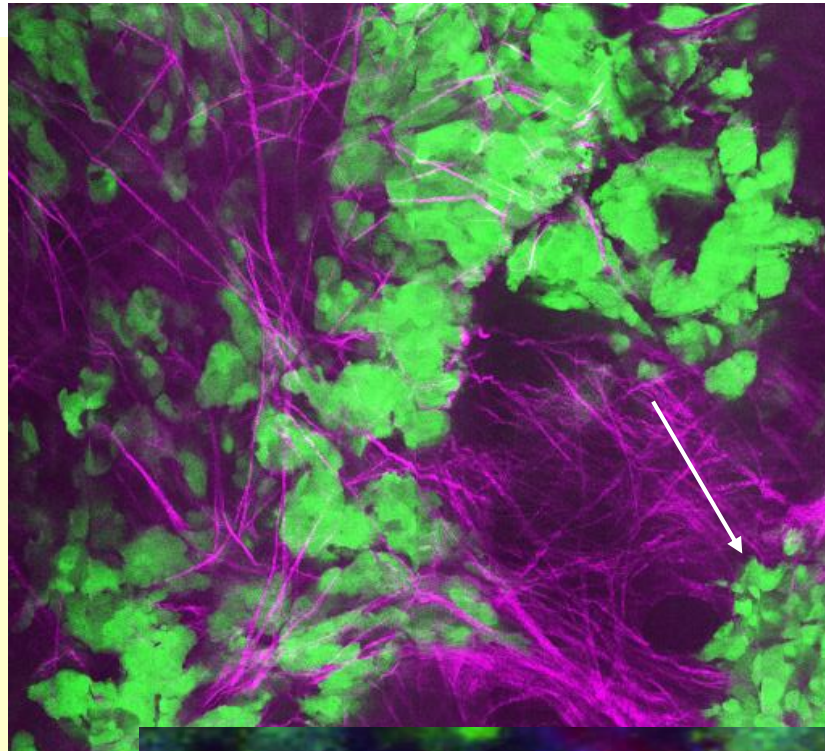
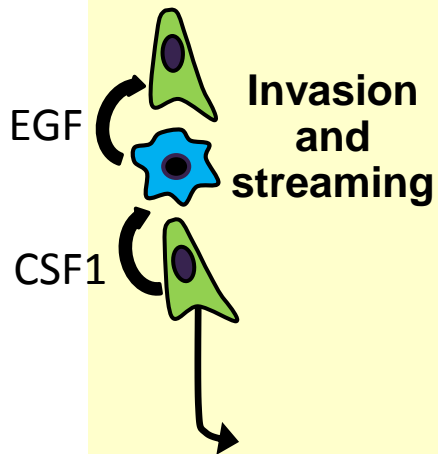
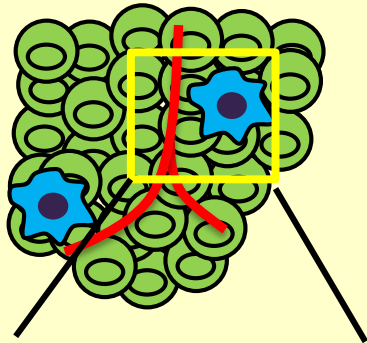


Roussos et al 2011  
Nature Rev Cancer

Patsialou et al 2013

# Tumor cell – macrophage Streaming

Primary Tumor



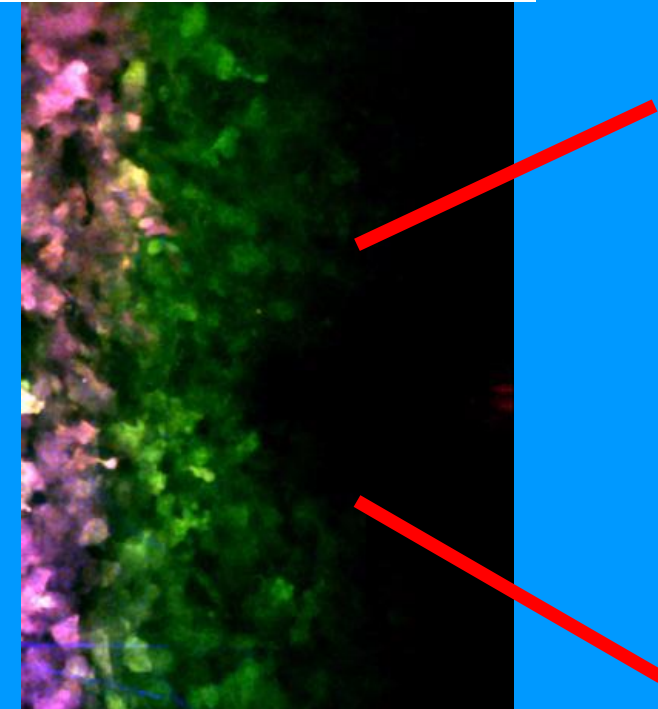
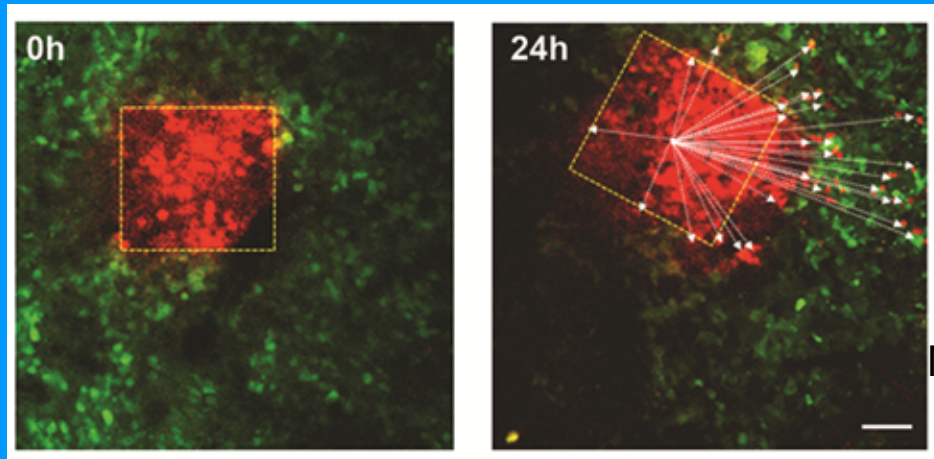
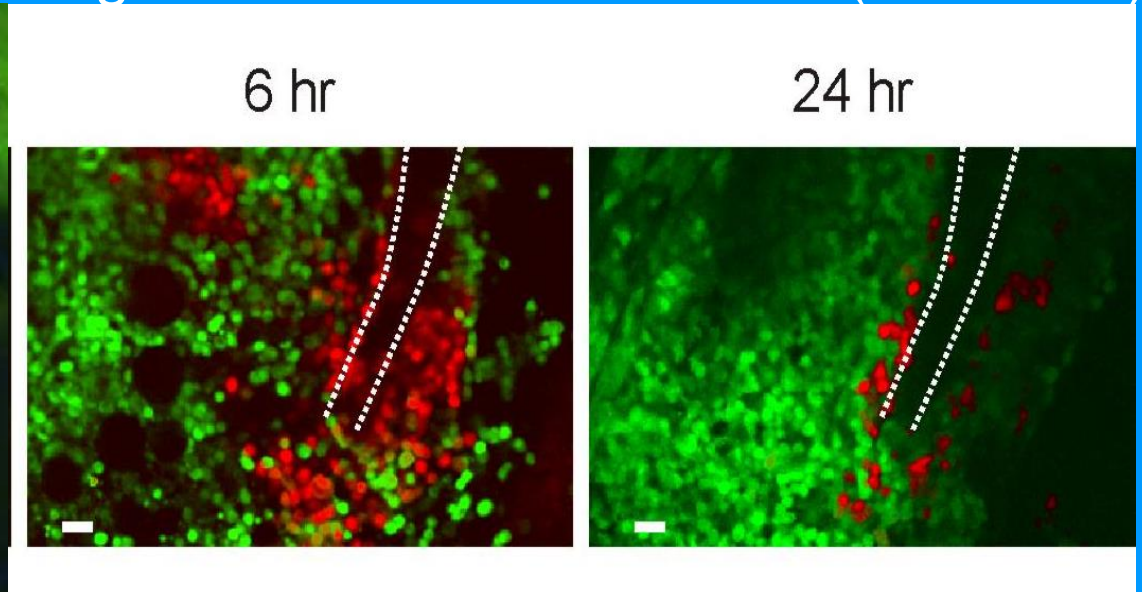
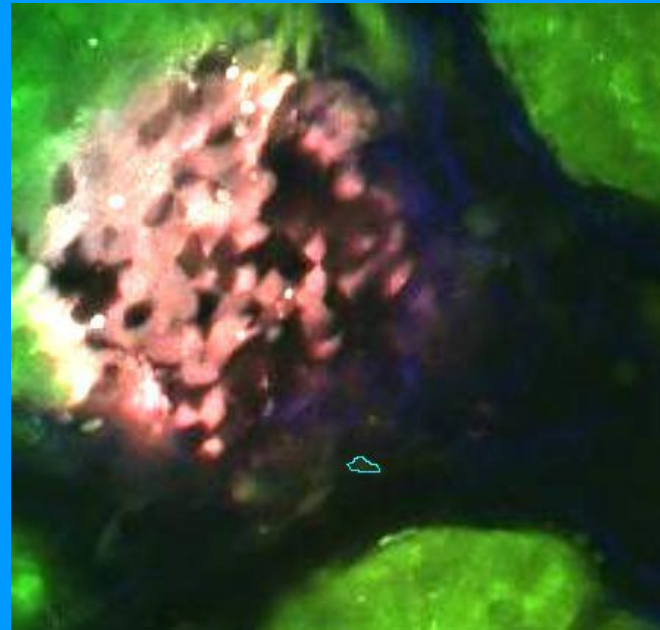


# Found

1. FAST phenotype involves pairing and streaming\* of tumor cells with macrophages on linear paths directed by 2 um diameter fibers toward blood vessels.
  - Streaming = cells not touching but exhibiting unidirectional migration following of a linear path in single file.

Question: What is the molecular mechanism driving blood vessel directed streaming?

# Blood vessel signals responsible for attraction of fast tumor cells were discovered using an artificial blood vessel (NANIVID)

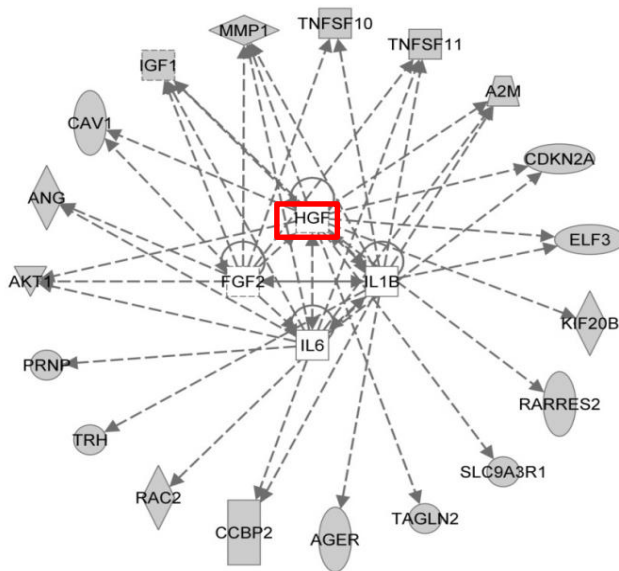


Wyckoff et al 2004, 2007 Cancer Research  
Patsialou et al 2009; 2012; 2013  
Raja et al 2010 Integrative Biol

# Human Invasion Signature

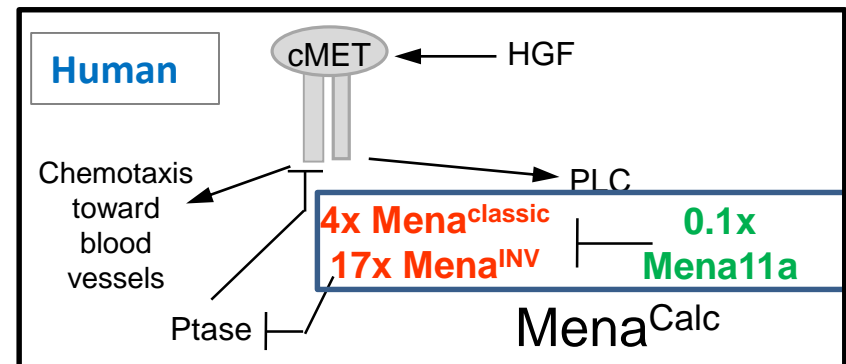
GENE SET	ES	NES	NOM p-val	FDR q-val
Ramalho_Stemness_Up.grp	0.448	1.629	0.000	0.023
Wong_Embryonic_Stem_Cell_Core.grp	0.468	1.643	0.000	0.032
Bhattacharya_Emryonic_Stem_Cell.grp	0.483	1.436	0.039	0.082
BenPorath_ES_1.grp	0.302	1.220	0.162	0.186

• Gene Set Enrichment Analysis of the Human Invasion Signature (HIS) found significant enrichment of the HIS for gene signatures of embryonic stem cells.

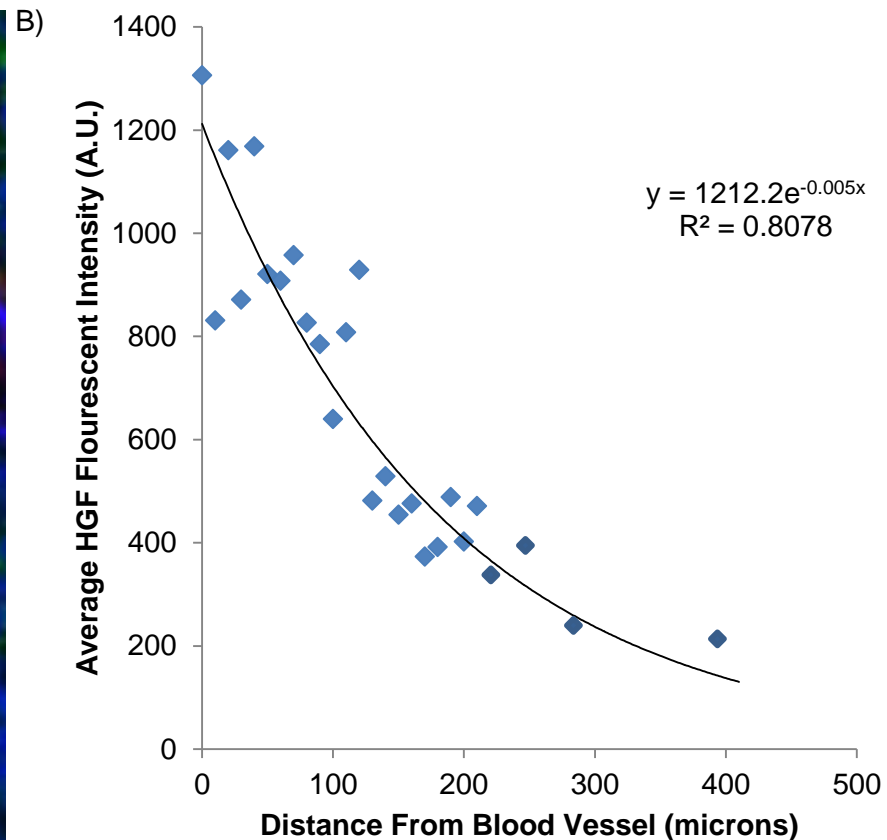
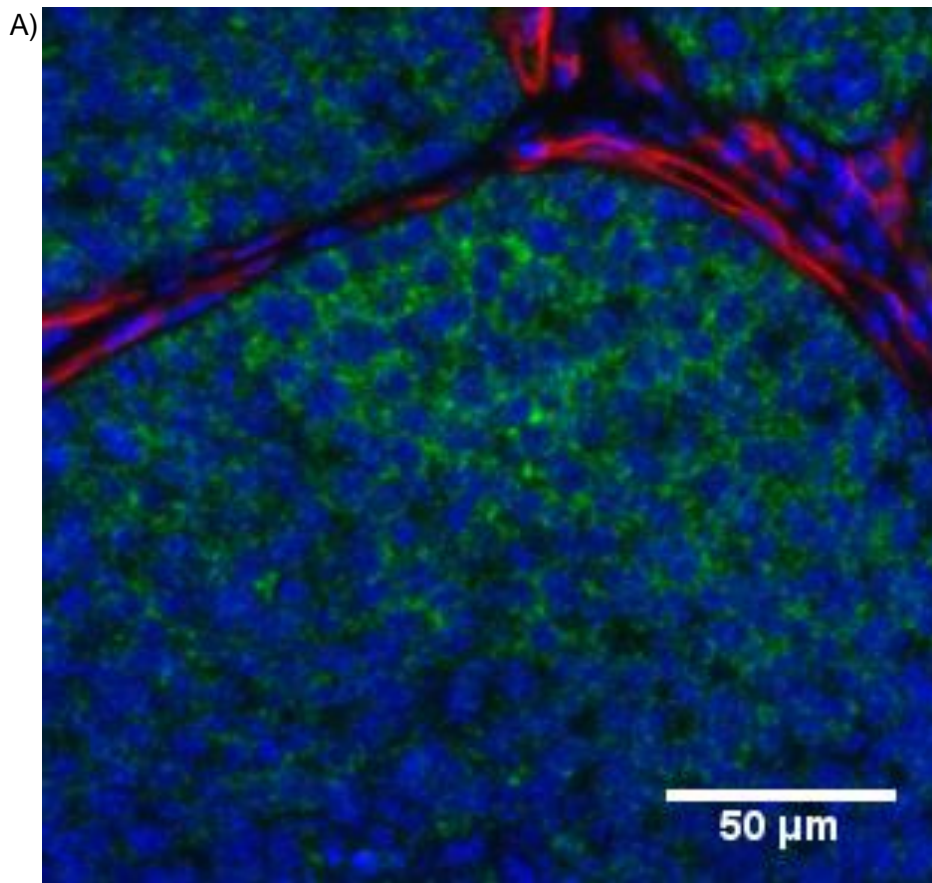


HGF signaling is the dominant signaling network in the FAST phenotype. HGF is synthesized and secreted by endothelial cells.

Tumor cells exhibiting the HIS express the Mena isoform pattern MenaCalc which increases sensitivity of RTK signaling and chemotaxis.



# HGF gradient extends out from blood vessels for hundreds of microns

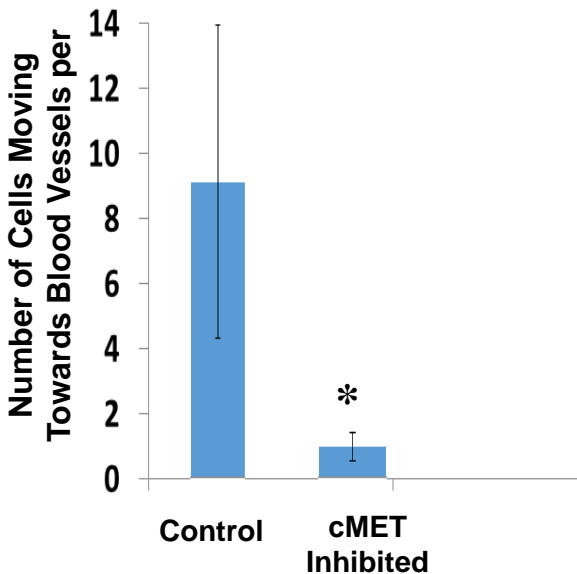
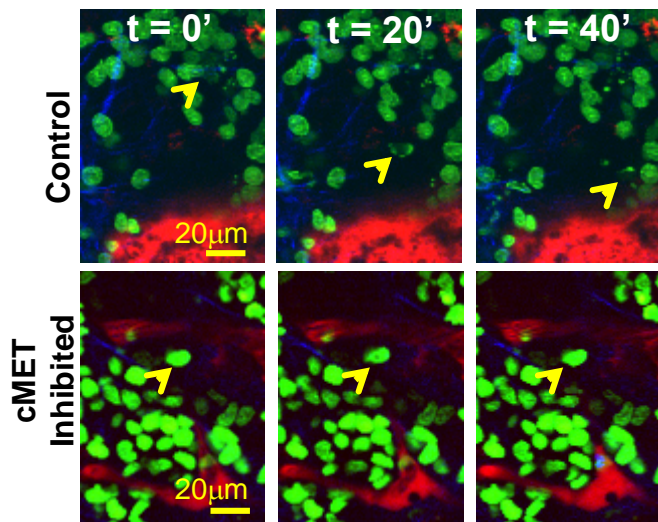
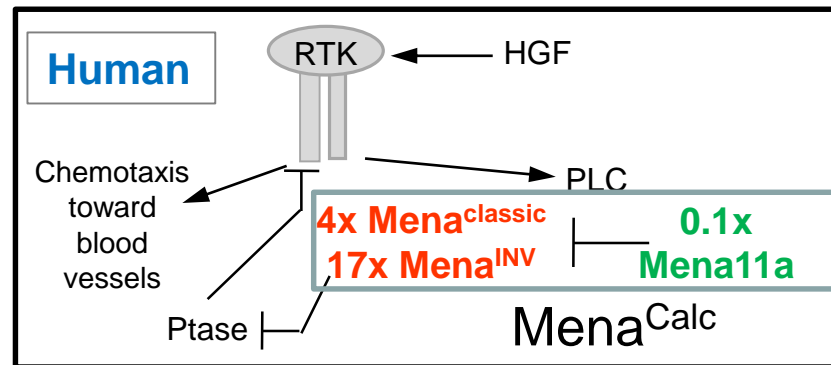
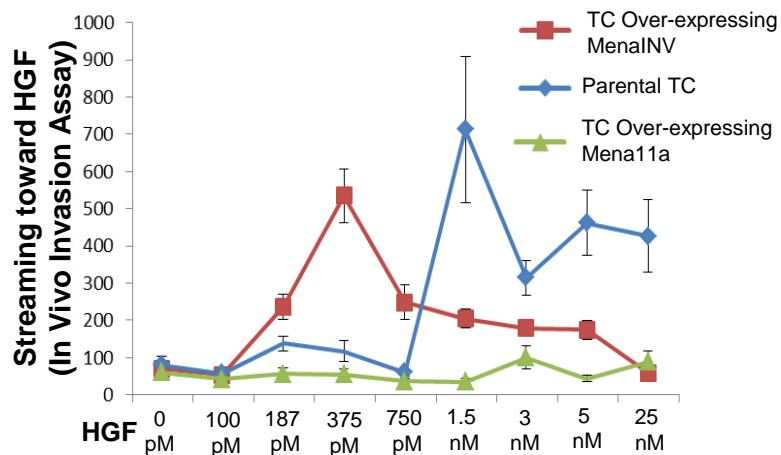


Green = HGF

Red = CD31 Blood vessel

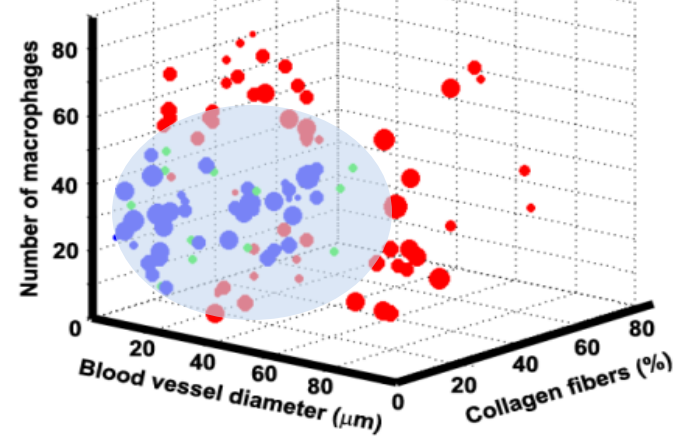
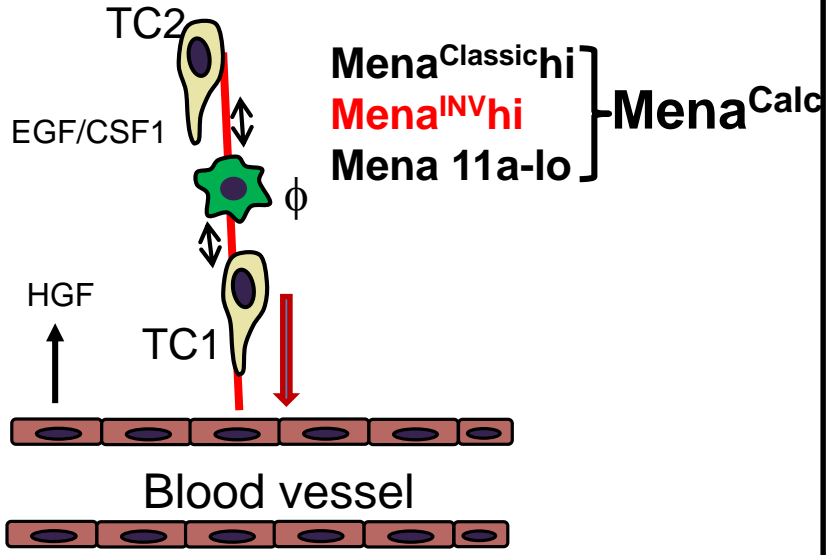
Blue = DAPI

# Endothelium directed streaming in vivo is dominated by HGF/c-Met which is potentiated by the MenaCalc expression pattern.

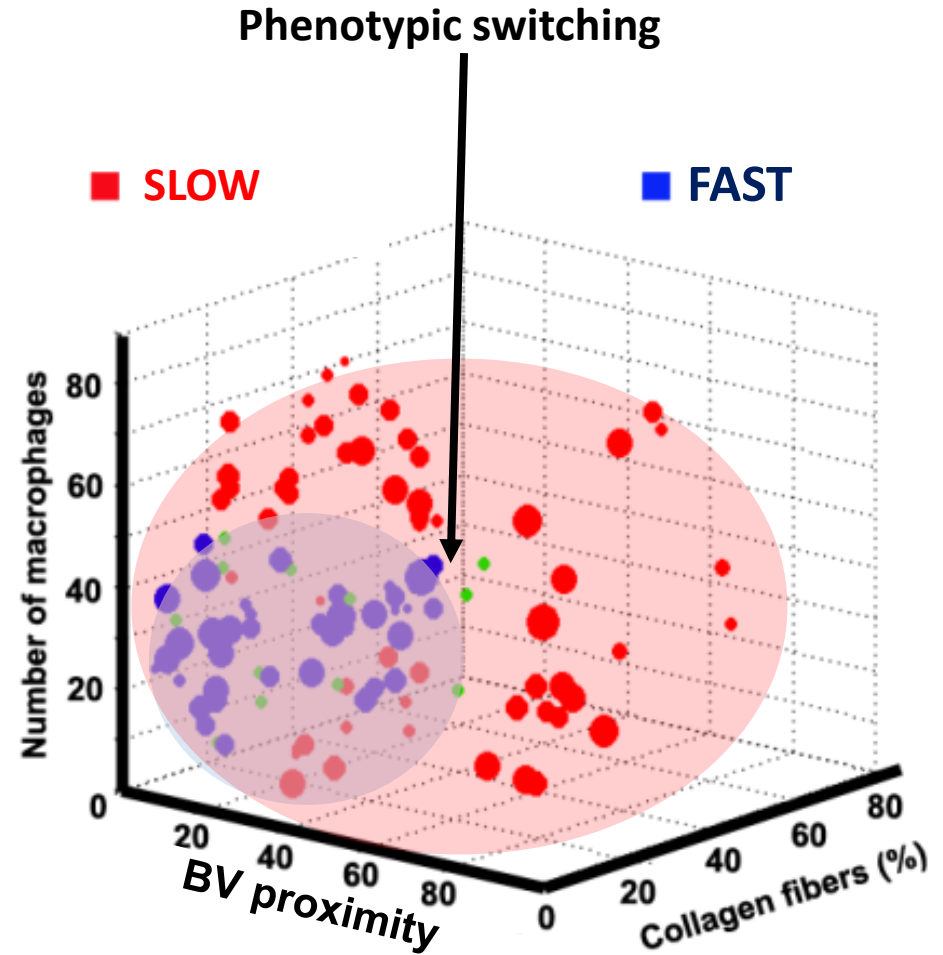
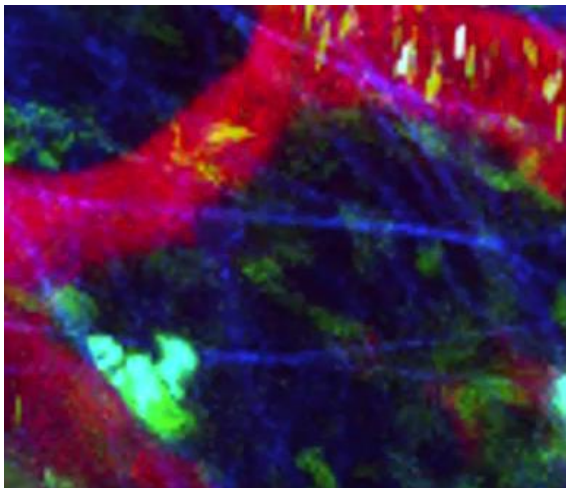
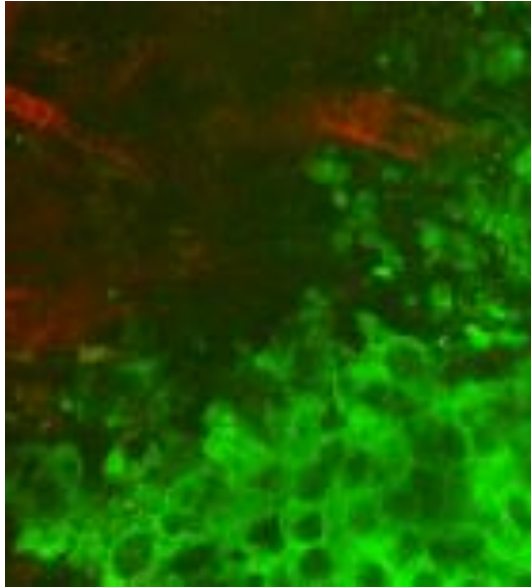


Hughes et al 2015  
Leung et al 2016

Fast

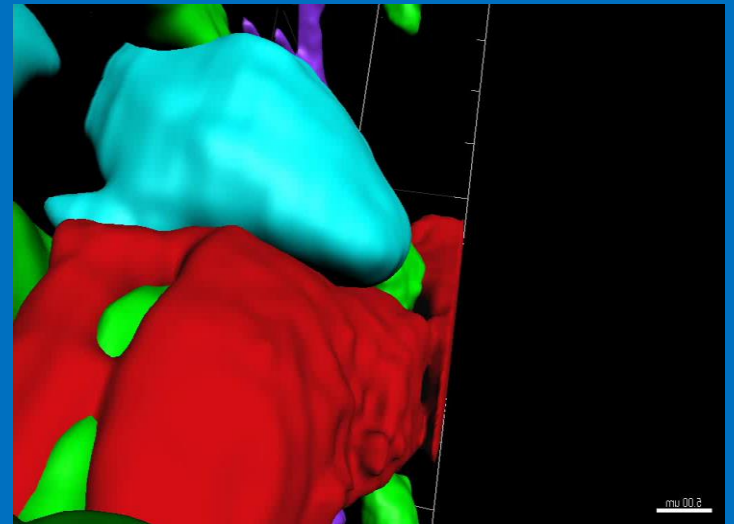
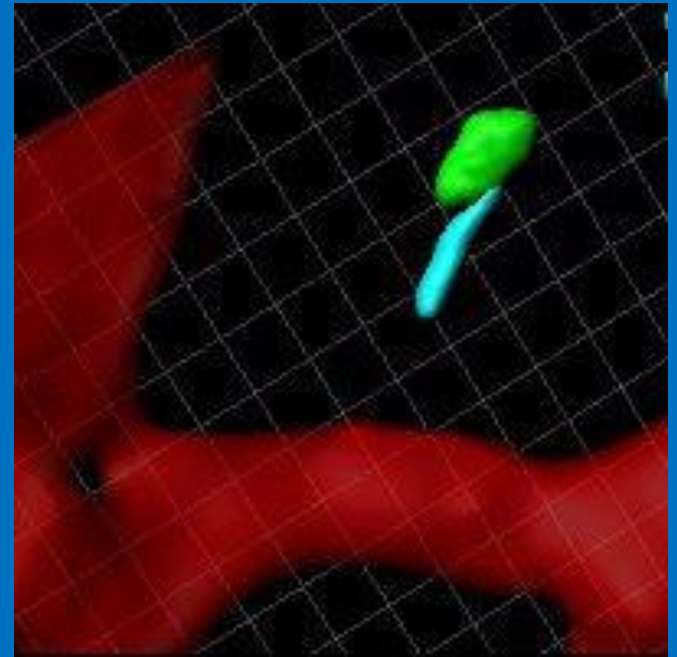
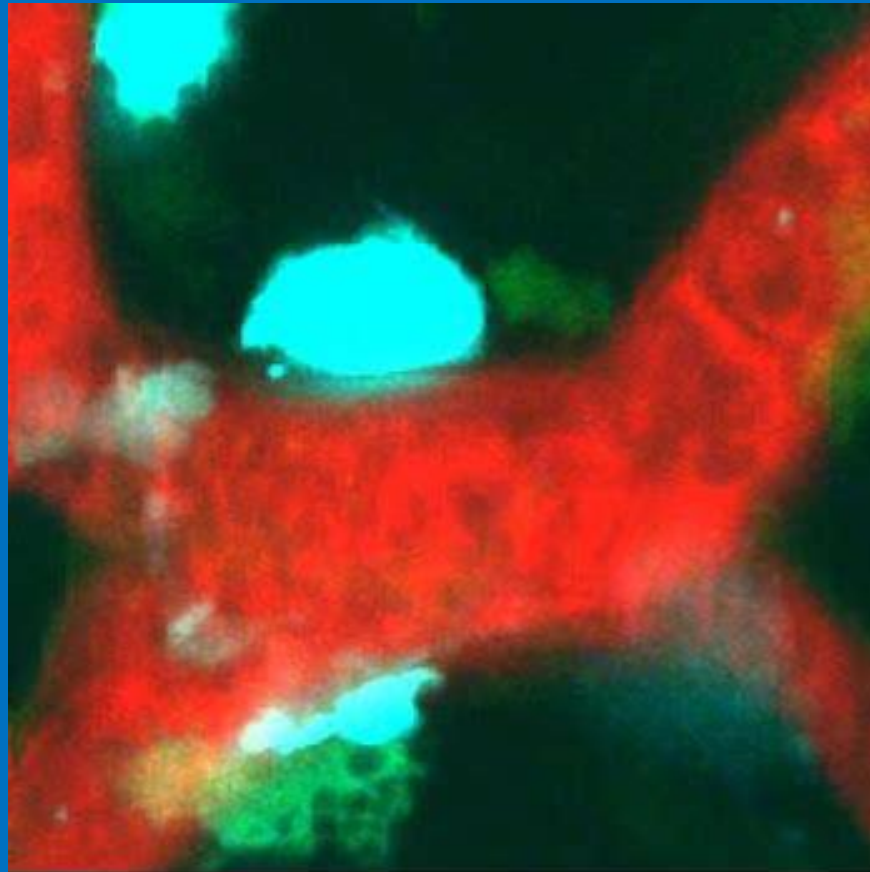


# High resolution multiphoton imaging identifies the location and kinetics of phenotypic switching between the fast and slow phenotypes



When macrophage and tumor cell pairs arrive at the blood vessel the phenotype switches from fast to slow. This leads to the assembly of TMEM, the “tumor microenvironment of metastasis.”

TMEM is the doorway for tumor cell intravasation.

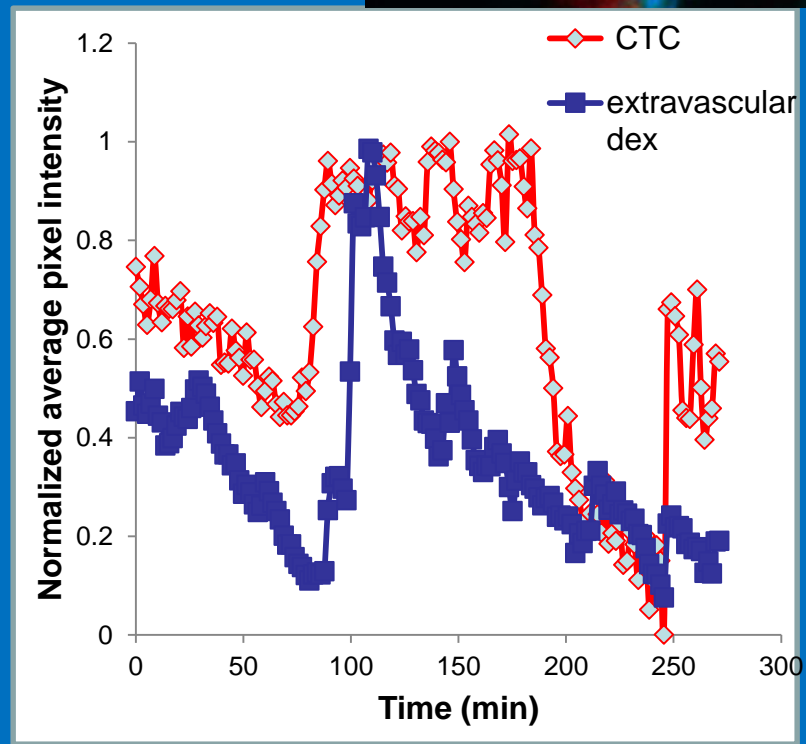
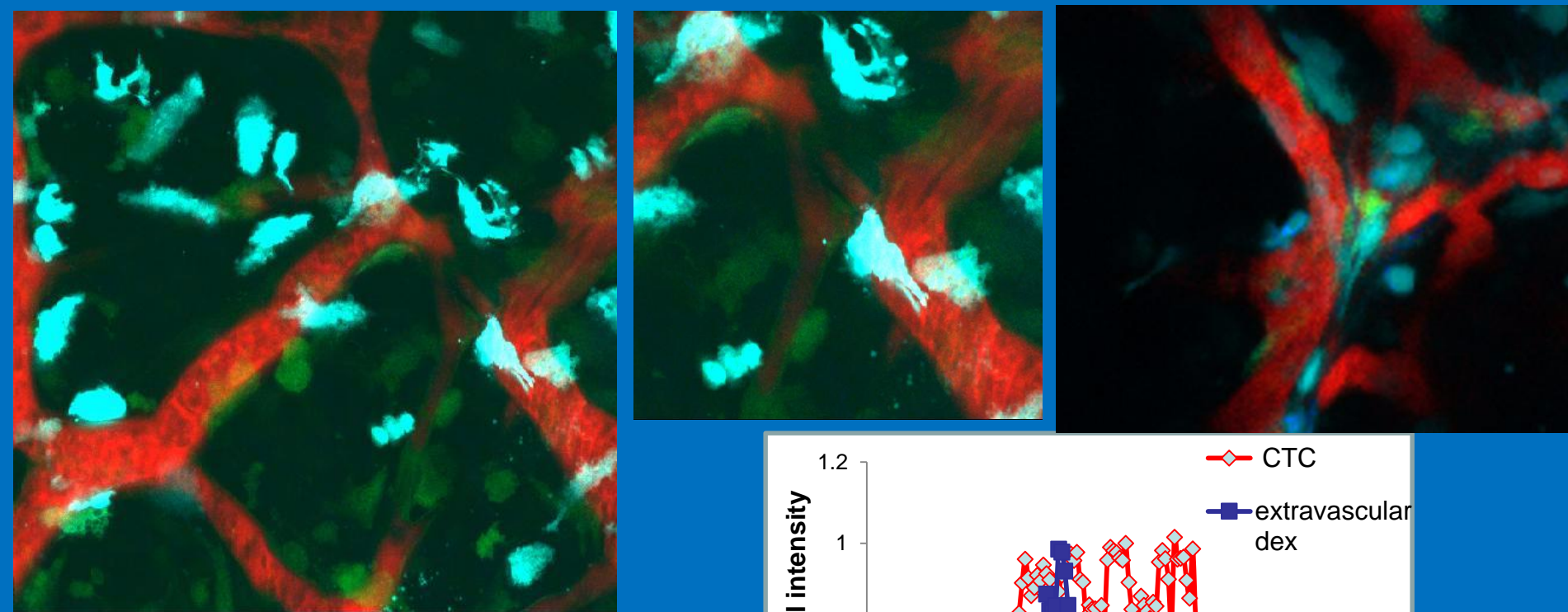




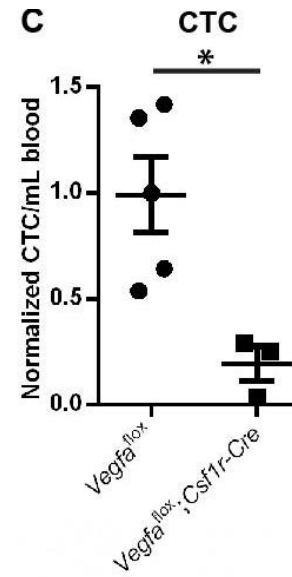
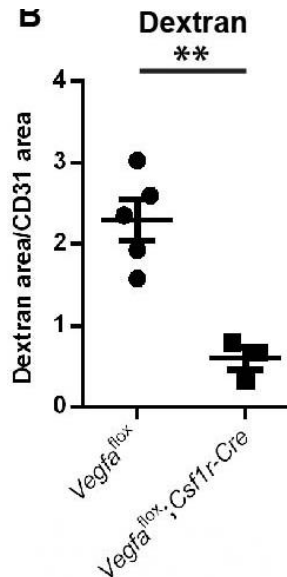
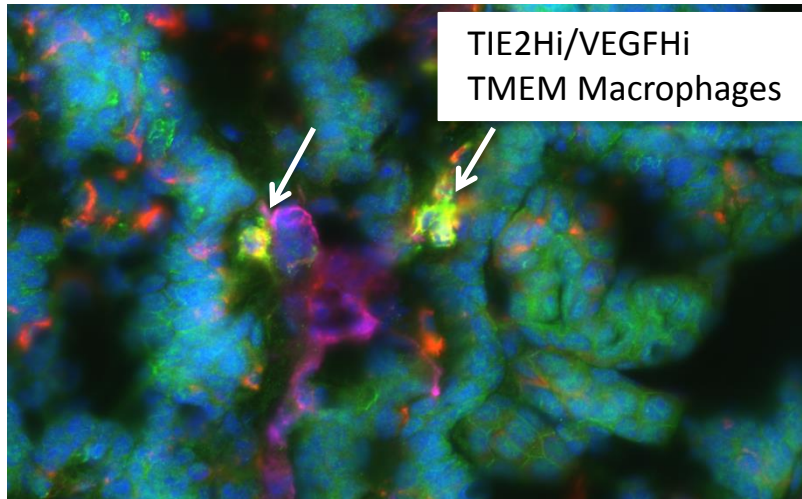
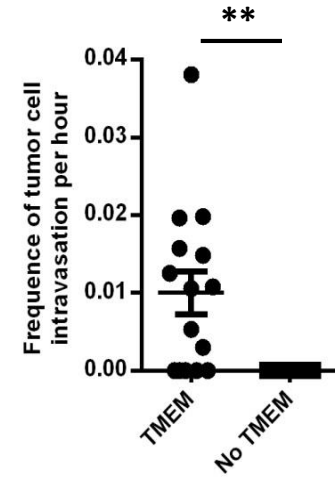
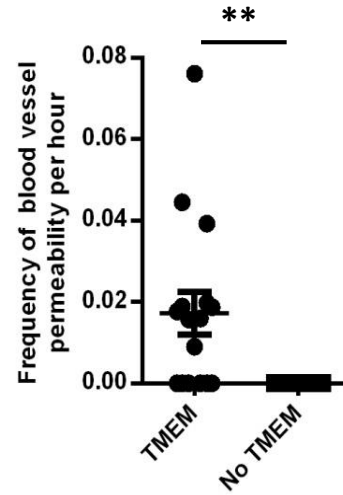
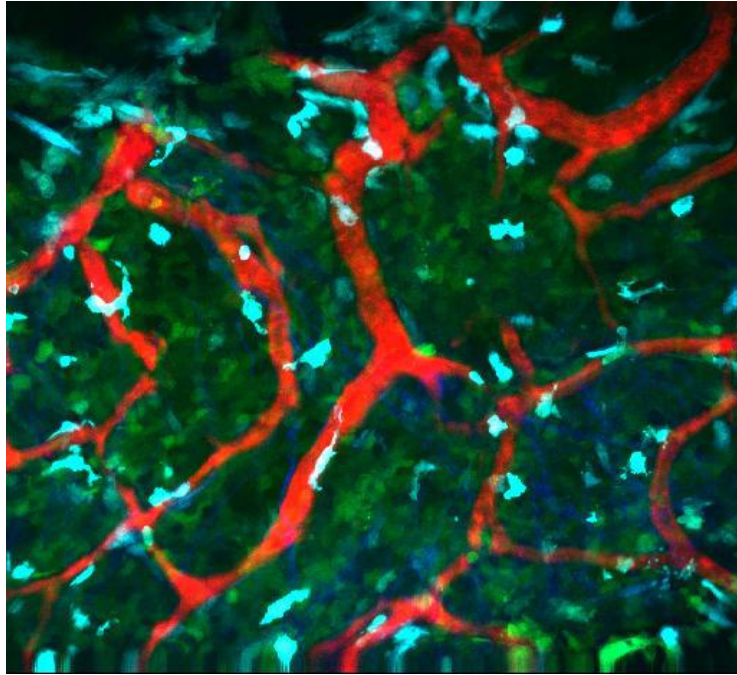
TMEM is composed of a MenaCalc tumor cell, Tie2+ macrophage and endothelial cell in direct, stable contact.

How does TMEM work?

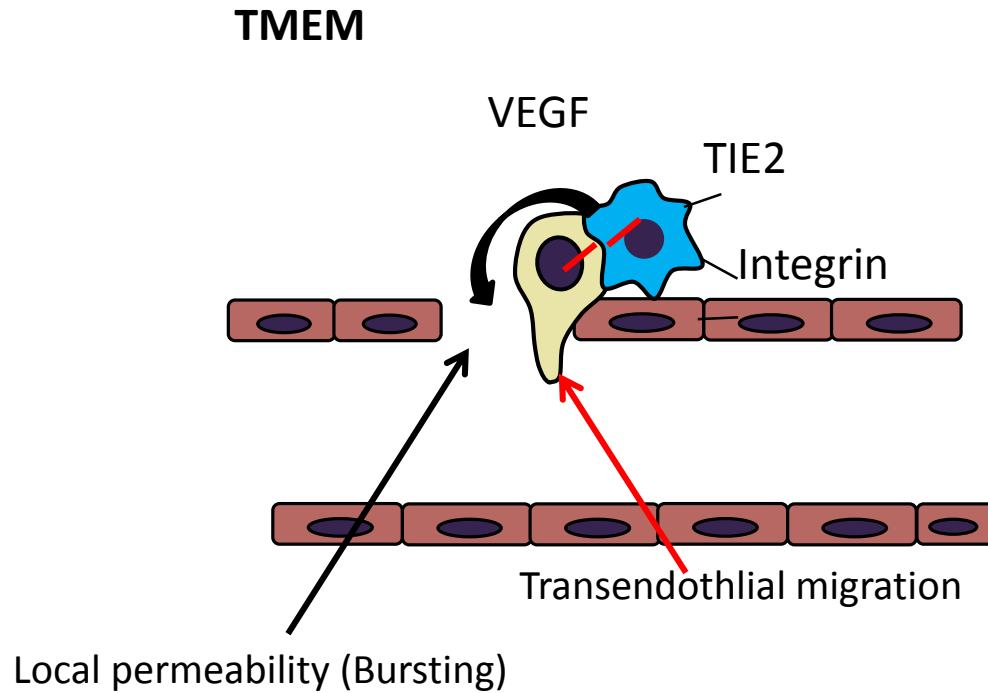
# Vascular permeability (bursting) and tumor cell intravasation occur at TMEM



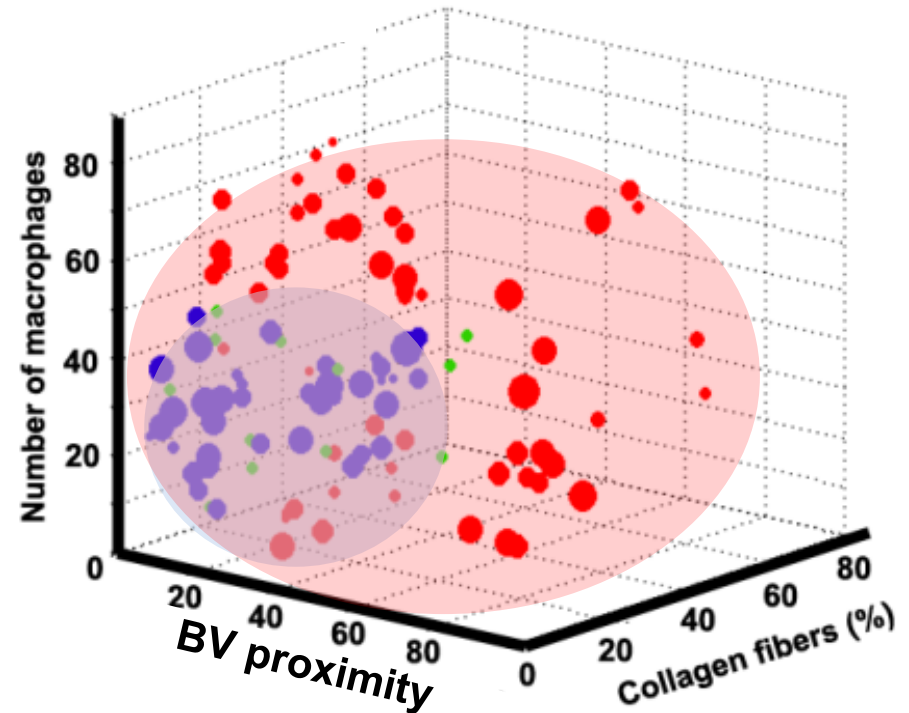
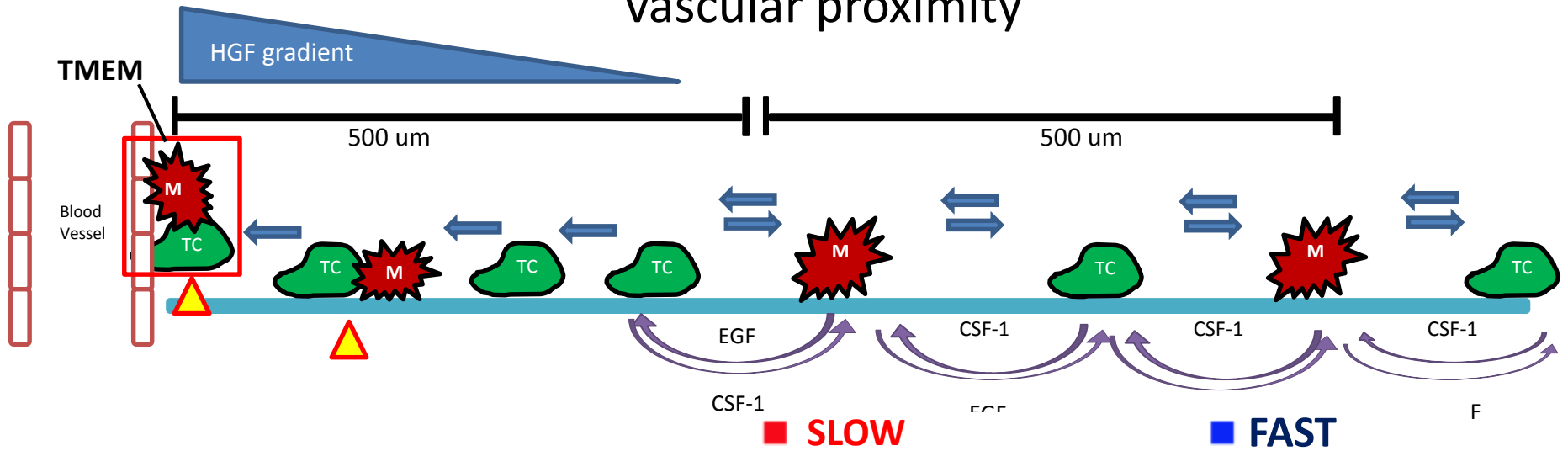
# Tumor vascular leakiness and tumor cell intravasation occur only at TMEM and require TMEM macrophage VEGF



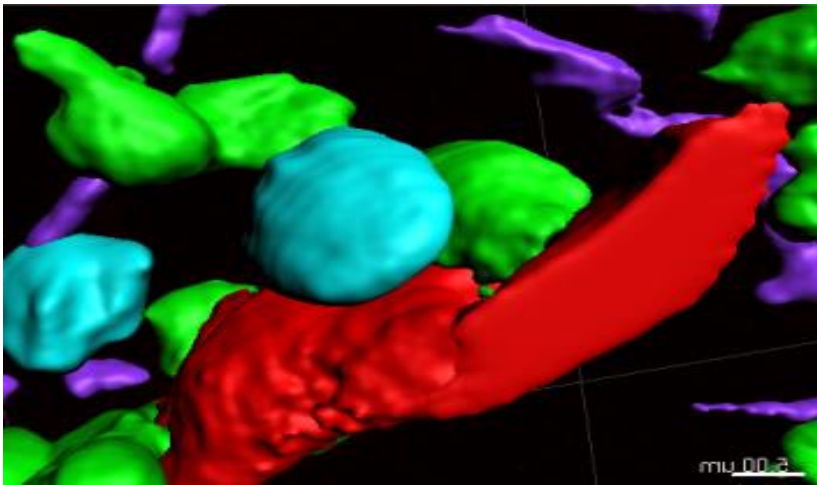
# TMEM function



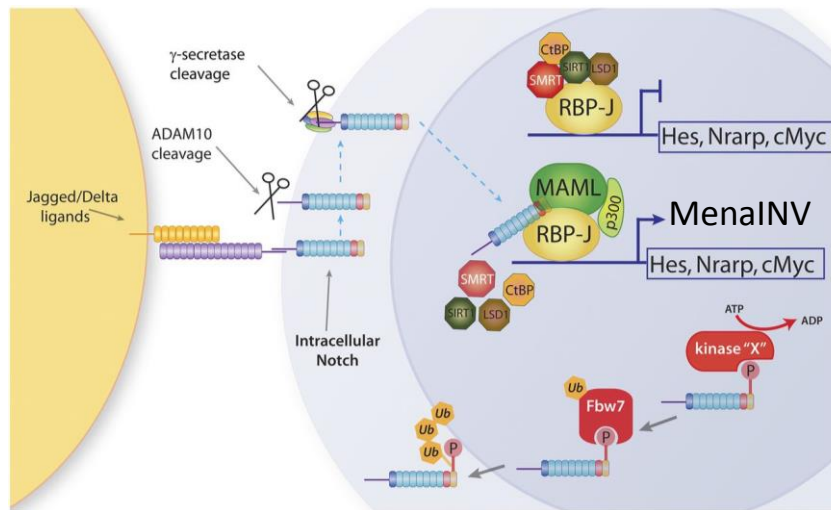
# Frequency of macrophage – tumor cell collisions increase with vascular proximity



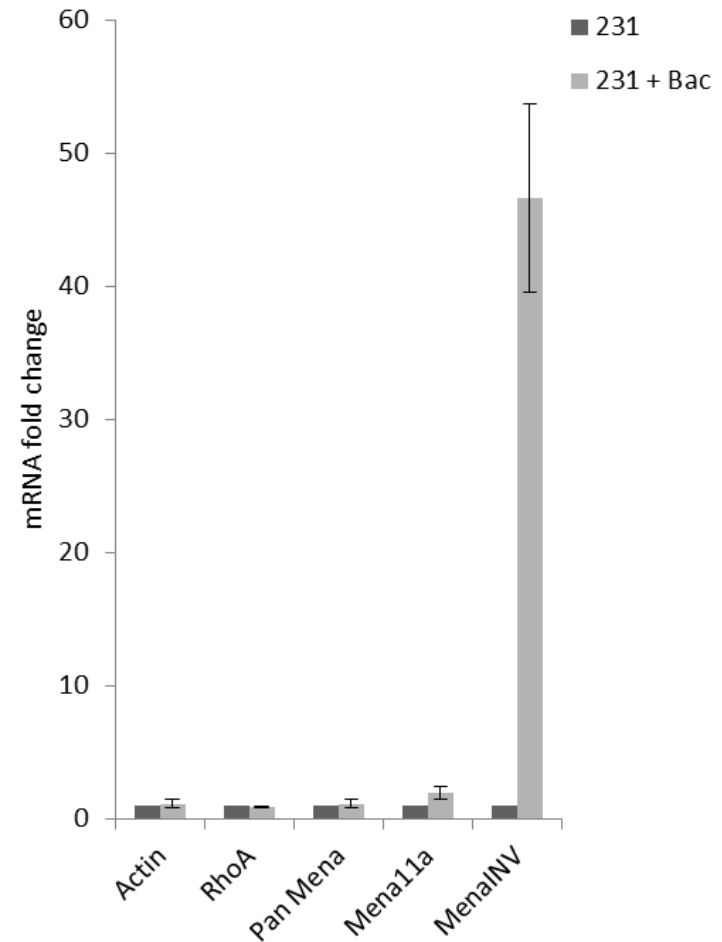
# Macrophage- tumor cell contact induces MenaINV expression in response to Notch signaling



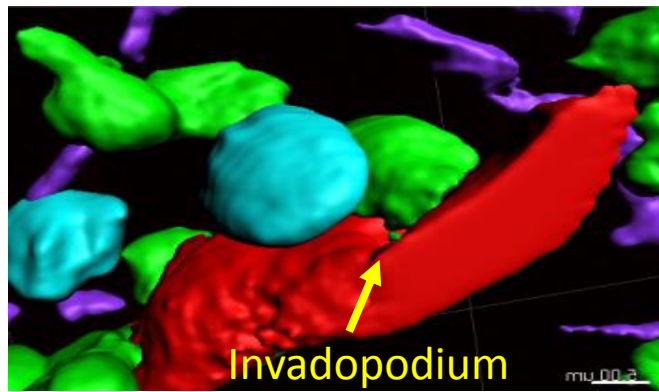
During streaming and at TMEM macrophages and tumor cells come in direct contact.



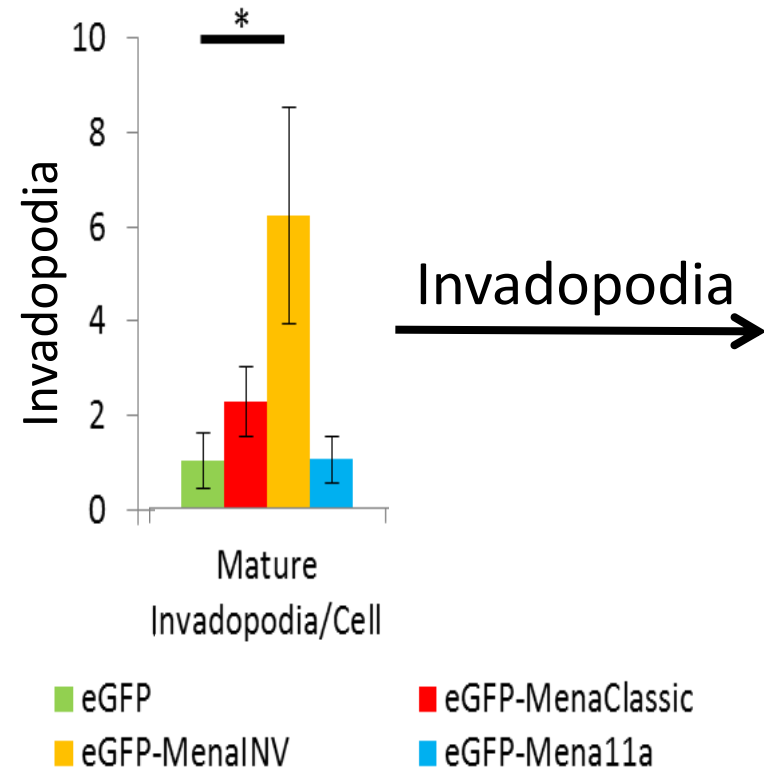
Macrophages express Jagged/Delta ligands and tumor cells express their Notch1 receptor.



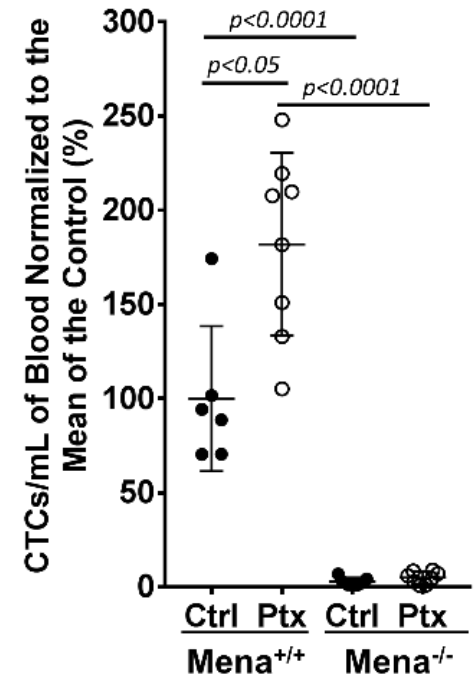
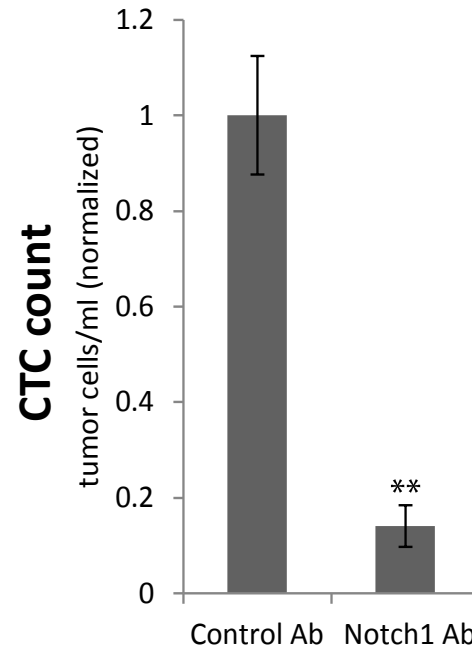
Max Weidmann et al 2016  
Jeanine Pignatelli et al 2016



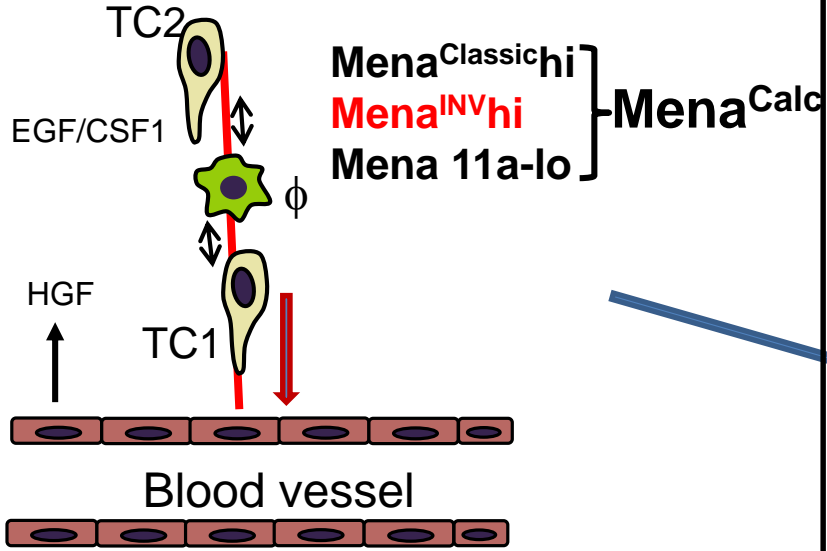
Mena<sup>INV</sup> expression drives invadopodium formation leading to transendothelial migration by tumor cells at sites of vascular leakiness induced by the TMEM macrophage



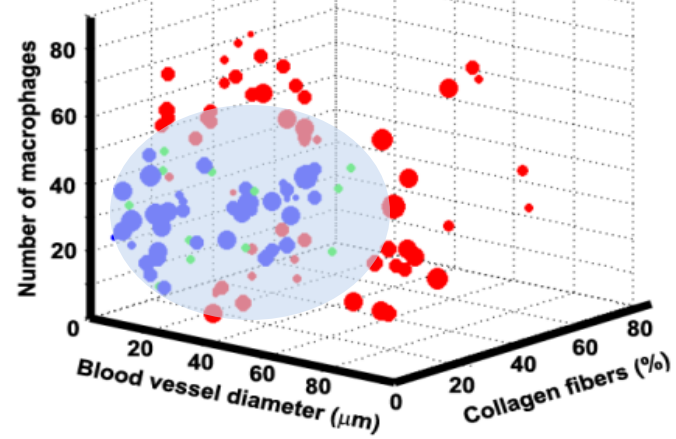
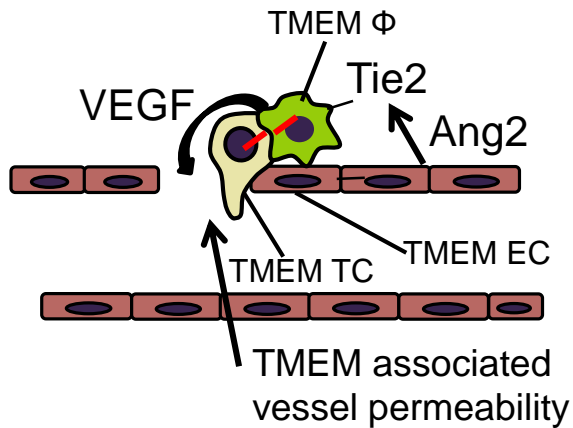
Invadopodia →



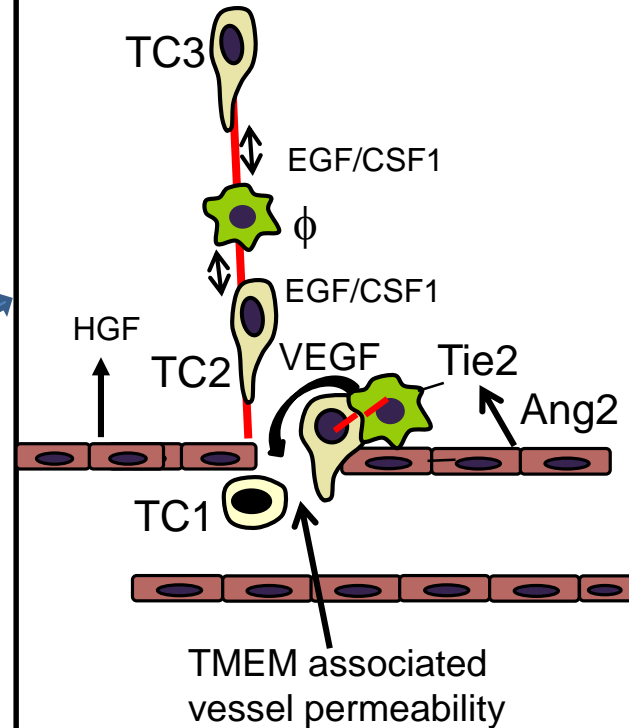
**Fast**



**Slow**



**Combined**





# Digital Pathology/Predictive Oncology studies summary: TMEM, Mena<sup>Calc</sup> as prognostic markers in the clinic

**Breast cancer: Successful prediction of risk of distant metastasis**

## **TMEM**

Robinson et al 2009 Clinical Can. Res.	30 case-control pairs (60 cases)
Rohan et al 2014 JNCI	259 case-control pairs (518 cases)
Sparano et al 2017 Nature-JBC In Press	600 cases (E2197 cohort)

## **Mena<sup>Calc</sup>**

Agarwal et al 2012 Breast Cancer Res.	797 cases
Forse et al 2015 BMC Cancer	406 cases

**Machine vision scored TMEM and Mena<sup>Calc</sup> markers** predict distant recurrence (dissemination) but not tumor growth (Karagiannis et al 2016).

# Digital Pathology/Predictive Oncology summary: TMEM, Mena<sup>Calc</sup> as prognostic markers in the clinic

Breast cancer: Successful prediction of risk of distant metastasis

## TMEM

Robinson et al 2009 Clinical Can. Res.

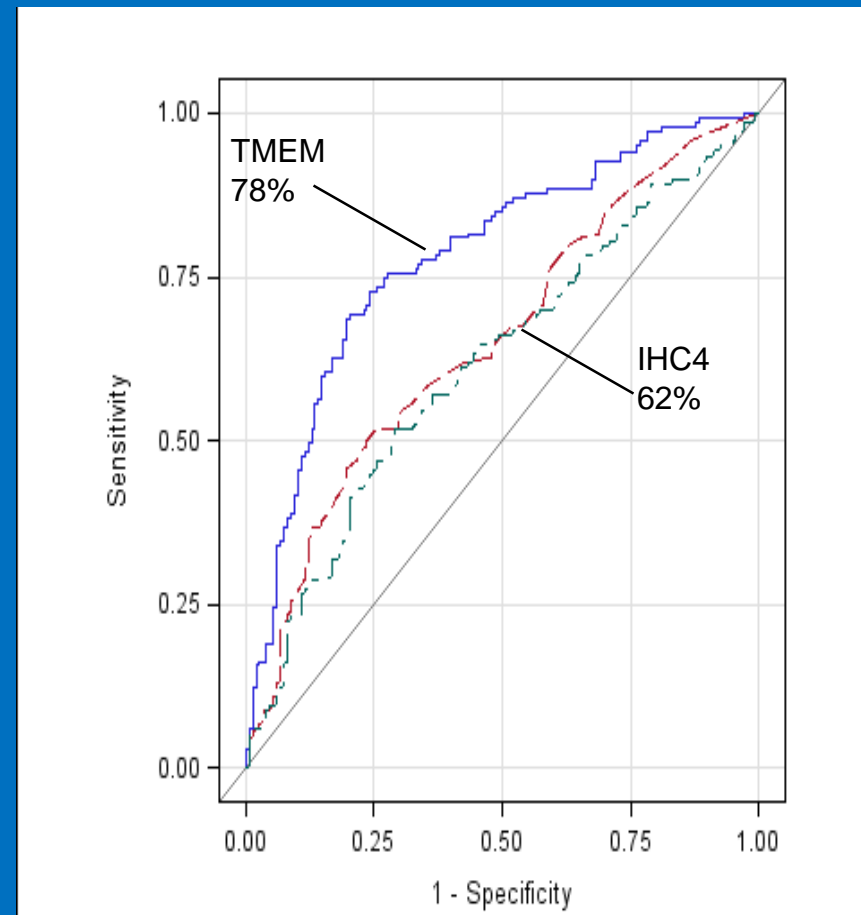
Rohan et al 2014 JNCI

Sparano et al 2017 Nature-JBC In Press

## Mena<sup>Calc</sup>

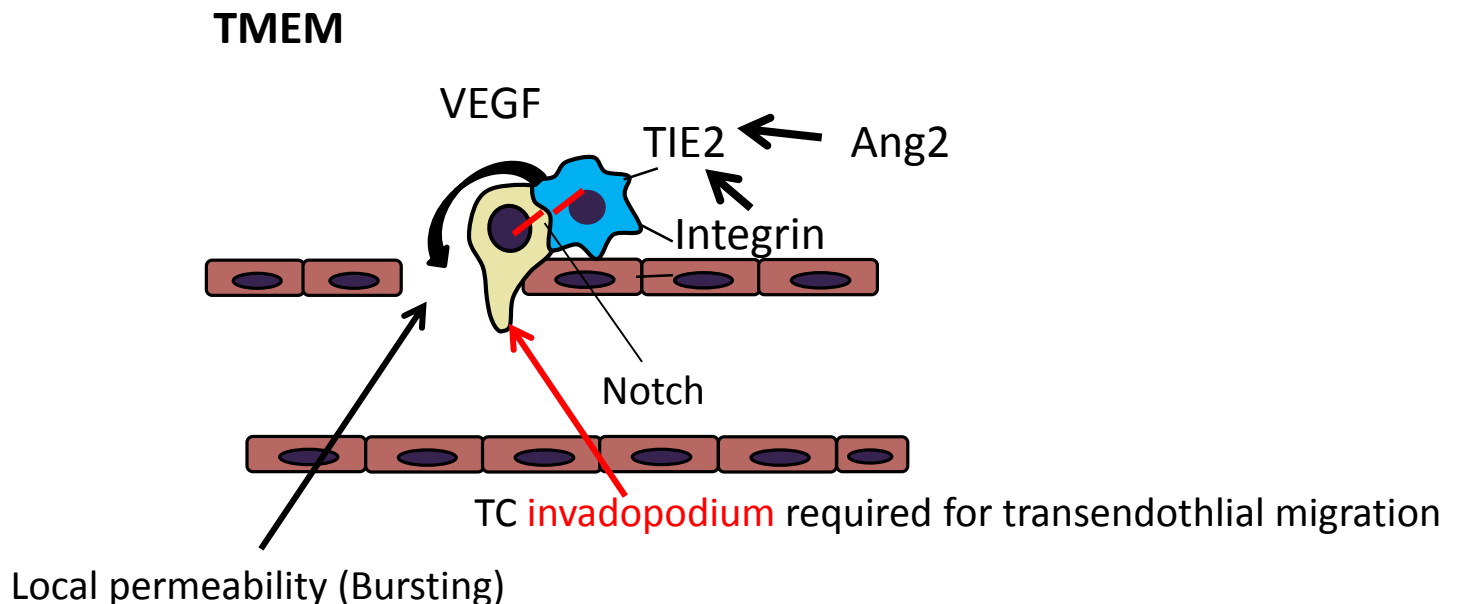
Agarwal et al 2012 Breast Cancer Res.

Forse et al 2015 BMC Cancer

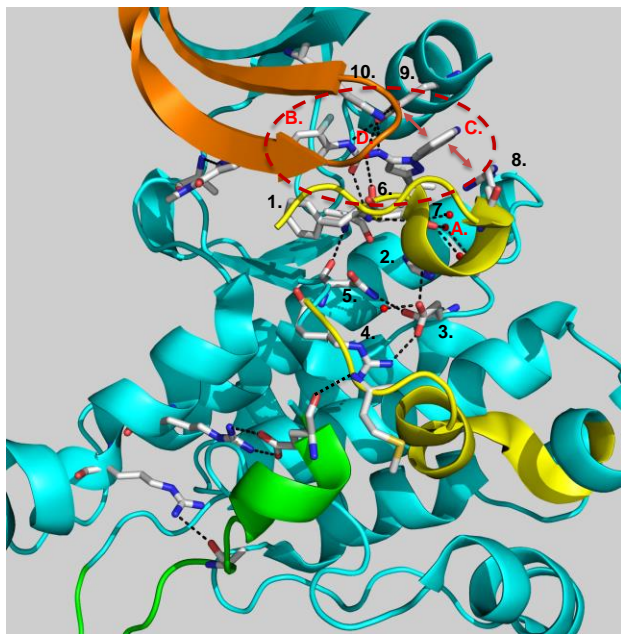


# How can we inhibit TMEM function?

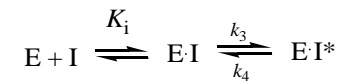
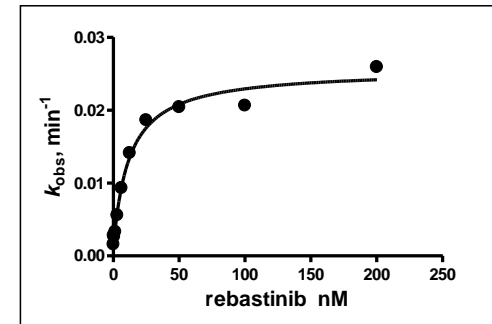
The TIE2 receptor that regulates TMEM macrophage function has multiple inputs.



# Rebastinib is a TIE2 specific inhibitor developed in collaboration with Deciphera Pharmaceuticals



- Rebastinib occupancy of Switch Pocket (dashed red oval)
- Induced DFG-out conformation (inactive conformation of switch) (yellow)
  1. Phe983 A. *t*-Butyl B. F-Phenyl
- H-Bond collapse of catalytic residues
  2. His962 3. Asp964 4. Arg968
  5. Asn969 6. Asp982 7. Gly984
- Key region of electrostatic stacking
  8. Arg987 ↔ C. Quinoline ↔ 9. Glu872
- H-bond to conserved switch salt bridge
  - D. urea 9. Glu872 10. Lys855
- Network of 30 Hydrogen Bonds
- Retention of C-terminal substrate binding inhibitory motif (green)
- 6 Regions of Hydrophobic Collapse (Figure S1)

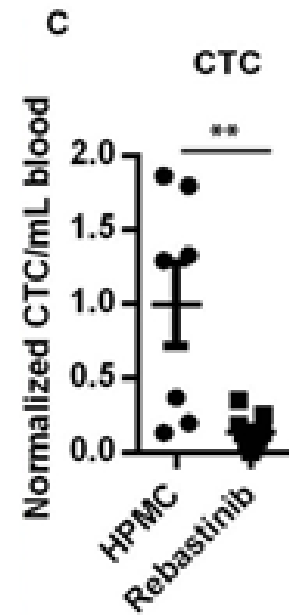
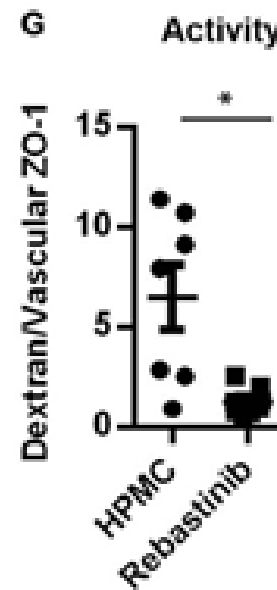
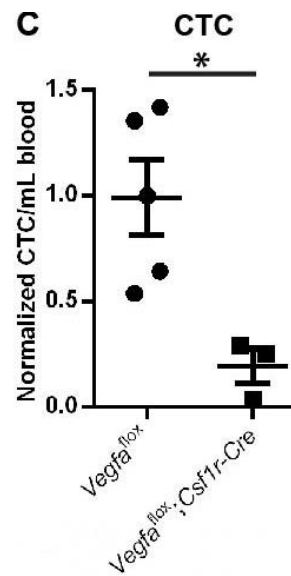
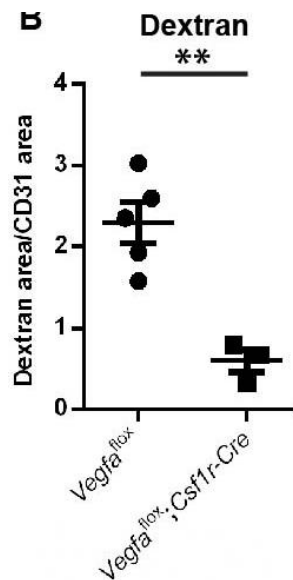
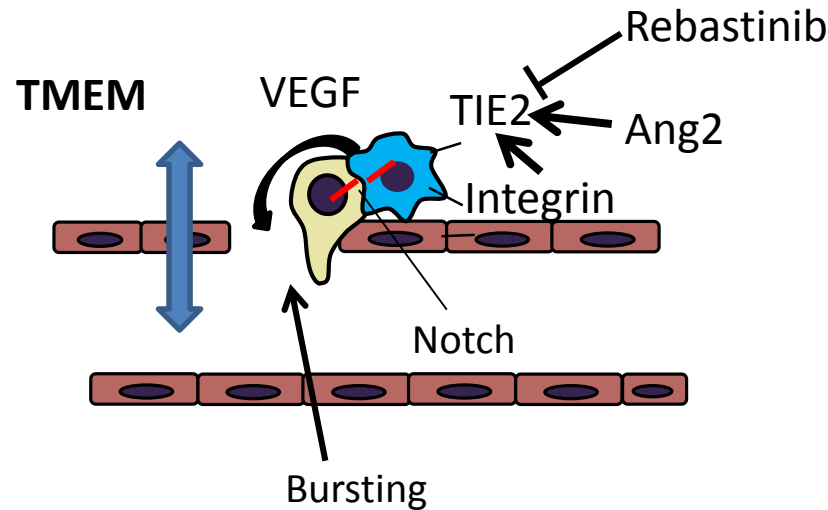


rebastinib/Tie2	min <sup>-1</sup>	t <sub>1/2</sub> , min
$K_4 = k_{off}$ (Off rate)	0.0012	577
$K_3 = k_{on}$	0.024	28
$K_i$	12 nM	
$K_d^*$	0.57 nM	

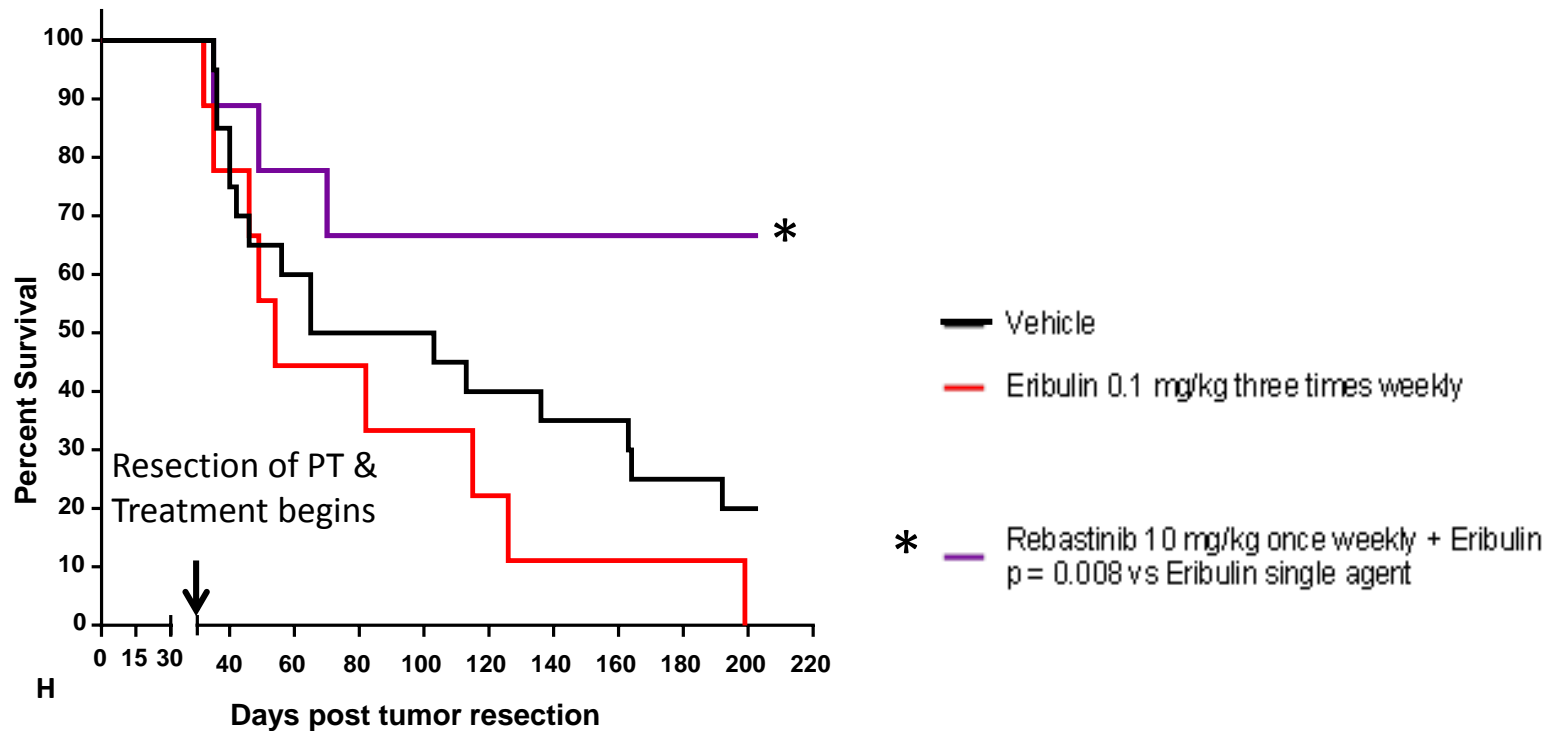
Harney, Karagiannis et al 2017

Karagiannis et al 2017

# Rebastinib inhibits TMEM function and metastasis to levels seen when TMEM macrophage VEGF is knocked out



MOUSE: Rebastinib can be used in combined cytotoxic chemotherapy to increase survival in mice with very aggressive PyMT mammary tumors.



# Found

- 1. Tumor cells are attracted to blood vessels in response to HGF.**
- 2. TMEM are sites where fast to slow phenotypic switching occurs.**
- 3. TMEM are the only sites on blood vessels where tumor cells intravasate.**
- 4. TMEM has two functional steps: 1) macrophage-mediated induction of Mena<sup>INV</sup> expression in tumor cells endowing transendothelial migration activity; 2) local release of macrophage VEGF causing local vascular leakiness allowing trans-endothelial migration.**
- 5. Inhibition of Tie2 on TMEM macrophages with rebastinib inhibits TMEM function.**
- 6. Rebastinib inhibits TMEM-dependent tumor cell dissemination in mice.**

# Conclusions

1. Chemotherapy induces macrophage recruitment and tumor cell dissemination in a TMEM and Mena<sup>INV</sup>-dependent manner.
2. Inhibition of Tie2 on TMEM macrophages with rebastinib inhibits intravasation at TMEM.
3. Rebastinib inhibits tumor cell dissemination in mice and human breast cancer patients causing inhibition of metastasis in mice and potentially in human patients.
4. **The combination of classical chemotherapy with inhibition of microenvironmental contributors to dissemination (e.g. TMEM sites) will be most effective approach for improving long term outcome.**



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