Drug blending as a mechanism to overcome drug resistance in cancer therapy.

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Francisco Martínez-Jiménez et al. (2017) Scientific Reports. Under revision.

Drug resistance is a major problem in cancer treatment



Holohan, C.et al. Cancer drug resistance: an evolving paradigm. Nature Reviews. Cancer.

Mutations in drug targets is a high-frequent mechanism resistance

The T790M mutation in EGFR kinase causes drug resistance by increasing the affinity for ATP

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Edited by Harold E. Varmus, Memorial Sloan-Kettering Cancer Center, New York, NY, and approved December 13, 2007 (received for review October 11, 2007)

REPORTS

Clinical Resistance to STI-571 Cancer Therapy Caused by BCR-ABL Gene Mutation or Amplification

Mercedes E. Gorre, ^{1.3} Mansoor Mohammed,² Katharine Ellwood,¹ Nicholas Hsu,¹ Ron Paquette,¹ P. Nagesh Rao,² Charles L. Sawyers^{1,3*}

Clinical studies with the Abl typosine kinase inhibitor STI-571 in chronic myeloid leukemia demonstrate that many patients with advanced stage disease respond initially but then relapse. Through biochemical and molecular analysis of clinical material, we find that drug resistance is associated with the reactivation of BCR-ABL signal transduction in all cases examined. In six of nine patients, resistance was associated with a single amino acid substitution in a threonine residue of the Abl kinase domain known to form a critical hydrogen bond with the drug. This substitution of threonine with isoleucine was sufficient to confer STI-S71 resistance in a reconstitution experiment. In three patients, resistance was associated with progressive *BCR-ABL* gene amplification. These studies provide evidence that genetically complex cancers retain dependence on an initial oncogenic event and suggest a strategy for identifying inhibitors of STI-S71 resistance.

So... can we...

Predict of the cancer-associated likelihood of a mutation?

Predict the resistance-impact of the mutation?.

Propose alternative treatment to the resistance?

Low-frequency mutations can drive drug resistance



Schmitt, M., et al. (2015). The influence of subclonal resistance mutations on targeted cancer therapy. Nature Reviews. Clinical Oncology.

Cancer mutational landscape is complex and heterogeneous



Alexandrov, L. B.et al. (2013). Signatures of mutational processes in human cancer. Nature, 500(7463), 415–21

Mutational signatures of ~30 types of cancer



Alexandrov, L. B.et al. (2013). Signatures of mutational processes in human cancer. Nature, 500(7463), 415–21

Drug Blending concept



Drug Blending concept



Mutational probability in melanoma and colorectal cancer

$$Likelihood_{\text{mutationAA}} = \sum_{i=0}^{M} \sum_{j=0}^{S} W_{jk} * P_{nj}$$

M = Posible nt. changes for the mutation S = Signatures associated with the cancer class. W_{jk} = Contribution of signature j to cancer class k. P_{nj} = Probability of mutation n in signature j







ERK1/2 are promising targets for the treatment of melanoma and colon cancer

Extracellular



Nature Reviews | Clinical Oncology

Probability of spontaneous mutation of ERK2 VTX-11e binding-site



PDB: 4QTE

Probability of spontaneous mutation of ERK2 VTX-11e binding-site



ERK2 melanoma mutational landscape reveals a long-tailed distribution enriched in C>T



Colorectal cancer distribution results in higher likelihood median values



what do we propose to overcome resistance?



1. Prediction of the cancer-associated likelihood.

2. Prediction of the resistance-impact.

3. Proposal of alternative non-resistant mutants

Predicting resistance using structural features and a Random Forest Classifier





Residue structural features

Mol. Surf. Diff. **Protein Stability Change** Mol. Surf. Area MT Mol. Surf. Area WT Avg. Dist. Ligand MT Max. Dist. Ligand MT Min. Dist. Ligand MT Solvent RSA MT Solvent Acc. MT Solvent Acc, Diff Avg. Dist. Ligand WT Min. Dist. Ligand Diff. Max. Dist. Ligand WT Avg. Dist. Ligand Diff. Min. Dist. Ligand WT. **RSA Diff.** Solvent Acc. WT Half Sphere Exp. CA up Diff. Max. Dist. Ligand Diff. Kd nM WT SS MT Solvent RSA WT SS WT Half Sphere Exp. CA up MT Half Sphere Exp. CN MT



Platinum database

http://bleoberis.bioc.cam.ac.uk/platinum/

Pires, D. E. V., Blundell, T. L., & Ascher, D. B. (2015). Nucleic Acids Research, 43(D1), D387–D391.





Flatinum: a structural database of experimentally measured effects

of mutations on protein-ligand complexes

Douglas E. V. Pires, Torn L. Blundell, David B. Ascher

Nucleic Acids Research (Database Issue), v. 43 (D1), p. W387-W391, 2015. 🖕 📆

High throughput sequencing initiatives are generating excensive data on nor-synonymous angle succeotide polymorphisms (isSNPs) in human and other genomes. The strong selective pressure imposed by small indecute drugs on many quinkly availing systems, including vinitias, harteria and human cancer, can cause the rapid revolvpment of reliatance to these therapies.

In order to study and understand the impacts of missense mutations on the interaction of ligands with the proteome, as well as to guide protein engineering, we have developed **Platinum**. This manually curated, lierature-derived database comprising over 1,000 mutations for the first time associates experimental information on changes in protein-figund affirity with the three-dimensional structures of the complex. Tominimise differences arsing from experimental techniques and to be able to compare directly binding affinities, Platinum considers only changes measured by the same group and with the same amino-acid sequence used for structure determination, providing a direct link between protein structure, how a



Fold change > 1.2 180 entries



Fold change <= 1.2 and > -1.2 71 entries



Fold change <= -1.2 and >-5.0 180 entries



Fold change <= -5.0 180 entries

10-fold cross validation



Residue structural features

		Gini
	Mol. Surf. Diff.	•
	Protein Stability Change	•
	Mol. Surf. Area MT	•
	Mol. Surf. Area WT	•
<u>~</u>	Avg. Dist. Ligand MT	•
	Max. Dist. Ligand MT	•
	Min. Dist. Ligand MT	•
	Solvent RSA MT	•
	Solvent Acc. MT	•
	Solvent Acc. Diff	•
	Avg. Dist. Ligand WT	•
	Min. Dist. Ligand Diff.	•
	Max. Dist. Ligand WT	•
	Avg. Dist. Ligand Diff.	•
	Min. Dist. Ligand WT.	•
	RSA Diff.	•
	Solvent Acc. WT	•
	Half Sphere Exp. CA up Diff.	0
	Max. Dist. Ligand Diff.	•
	Kd nM WT	0
	SS MT	0
	Solvent RSA WT	0
	SS WT	0
	Half Sphere Exp. CA up MT	0
	Half Sphere Exp. CN MT	0
		5 11

Mean dec.

Resistance-like mutations in ERK2 for melanoma and colorectal cancer







Validating some predictions

In-vitro identification of ERK2 VTX-11e mutants in A375 melanoma cell line

Therapeutics, Targets, and Chemical Biology

Cancer Research

ERK Mutations Confer Resistance to Mitogen-Activated Protein Kinase Pathway Inhibitors

Eva M. Goetz^{1,2}, Mahmoud Ghandi², Daniel J. Treacy¹, Nikhil Wagle^{1,2}, and Levi A. Garraway^{1,2}



what do we propose to overcome resistance?



Predicted sensitivity map of ERK2 inhibitors to likely-and-resistant mutations



The control case, VTX11e, is predicted as sensitive to most of the screened mutations



del22379 seems to be unaffected by all of the screened mutations!



The e75 compound shows a low resistant profile against most of the VTX11e resistant mutations



E7X series does not occupy the "resistant region"



what do we propose to overcome resistance?



Resistant mutants per tumor size (MEK1 + Selumetinib)



Tumor Size

All possible mutations will occur if a tumour is large enough

A tumor comprising many cells can be compared to a natural population with many individuals. The amount of genetic diversity reflects how it has evolved and can influence its future evolution. We evaluated a single tumor by sequencing or genotyping nearly 300 regions from the tumor. When the data were analyzed by modern population genetic theory, we estimated more than 100 million coding region mutations in this unexceptional tumor. The extreme genetic diversity implies evolution under the non-Darwinian mode. In contrast, under the prevailing view of Darwinian selection, the genetic diversity would be orders of magnitude lower. Because genetic diversity accrues rapidly, a high probability of drug resistance should be heeded, even in the treatment of microscopic tumors.



Ling, S., et al. (2015). Proc Natl Acad Sci U S A, 112(47), E6496–505.

Take home messages

We can use cancer signatures to predict the most likely mutations. However, we need to move towards "personalized" signatures.

We can predict which of the likely mutations, are more prone to generate resistance to treatment.

We can propose alternative/parallel treatments to overcome future resistance.

All possible mutations will occur if a tumour is large enough



Francisco Martínez-Jiménez

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