

Cancer model systems

Table 1. Properties of cancer model systems.

GEMM, genetically engineered mouse model; MDO, murine-derived organoid; MDOX, murine-derived organoid transplantation; CLs, cell lines; PDX, patient-derived xenograft; iPS, inducible pluripotential stem cell; PDO, patient-derived organoid; PDOX, patient-derived organoid transplantation.

			*					
	GEMM	MDO	MDOX	CLs	PDX	iPS	PDO	PDOX
Wild-type cell culture	+	+	÷	-	_	+	+	-
Preinvasive cancer models	+	÷	÷	_	_	÷	+	÷
Invasive cancer models	+	+	+	Ŧ	+	+	+	+
Metastatic cancer models	+	+	+	+	+	+	+	+
Cost	\$\$\$\$	\$\$	\$\$\$	\$	\$\$	\$\$	\$\$	\$\$\$
Time	++++	+	++	+	++++	+++	++	+++
Success rate	high	med	med	med	med	low	med	med
Throughput therapies	low	med	low	high	low	high	med	low

+ denotes 1 month or less: ++. 1–2 months: +++. 1–6 months: ++++. oftentimes more than several months.

Tuveson et al., Science **364**, 952–955 (2019) 7 June 2019

• Need to choose the model according to the cancer type and to the scientific question to be addressed



Gliomas

- Gliomas are the most common primary malignant brain tumors in adults
- Glioblastoma (GBM, grade IV astrocytoma) is the most aggressive glioma and its incidence has significantly risen in the last two decades across all ages
- GBM remains resistant to treatment and disease progression is fatal with a median survival below 15 months
- Distinct factors may account for current treatments' failure
 - ✓ invasiveness
 - ✓ immunosuppressive microenvironment
 - ✓ Inter and intra-tumoral heterogeneity



Gliomas derived-organoids

	(A) Embedded tumor cells or minced tissus in ECM	(B) Cerebral organoids (1) grafted with tumor cells (2) de novo genetically modified	(C) Minced tissus w/o dissociation
References	Hubert et al., 2016	Da Silva et al., 2018 (1) Linkous et al., 2019 (1) Bian et al., 2018 (2) Ogawa et al., 2018 (2)	Jacob et al., 2020
Materials	Patient-derived organoids / Mouse-derived organoids	Patient hiPSCs or hESCs : organoids Patient derived cells : graft	Patient derived
Properties	Low success rate (30%)High Success rate (>90%)Slow growingShort growingNo microenvironmentMicroenvironment*Histological features of parental tumorHeterogeneity of parental tumor	High success rate Short growing No microenvironment	High success rate (91 %IDHwt ; 66% IDHmut) Short growing Microenvironment* Histological features of parental tumor Heterogeneity of parental tumor
Applications	Treatments MultiOmics Xenograft	Invasion Understanding a specific mutation Virus infection (ZIKA)	Treatments Drug screening Xenograft CAR T cell immunotherapy

* lack of immune cell expansion over time







Patient gliomas are provided by Frank Bielle, OncoNeuroTek, Hôpital Pitié-Salpétrière



105 days in vitro





about 30% success rate on fresh or DMSO-frozen tumors

- number of cells per sample varies from 4.5.10⁶ to 10⁵ cells
- massive cell death the 2nd week of culture; only malignant cells remained
- slow growth
- no growth for Low Grade Glioma





Mouse : *Glast*^{Cre-RT2/+}; *Pten*^{fl/fl}; *p16-3MR/+* Lentivirus : *HRasV12-eGFP-shp53*



GFP/IBA1/GFAP

7 days in culture

no clearing; 250µM thickness

Leica SP8 Dive

icmQUANT





Rana Salam

P Institut



• 1 to 2.10^6 cells/tumor at end points = 125 to 250 organoids/tumor





• Mouse GBM-derived organoids recapitulate some features of patient and mouse GBMs





GSEA vhc vs ABT263 treated organoids

• All the dysregulated Hallmark pathways upon senolytic treatments are similarly up or down regulated in the organoids and in the *in vivo* model





) Institut



• The abundance of immune cell types is different in fresh tumors compared to tumor-derived organoids

Mathilde Bertrand, Iconics ICM Platform

nstitut ^{du}Cerveau



- Nikon confoncal A1 R HD25
 Objectif 10X CFI plan apo; NA 0.50; WD 2.2mm
- Thickness around 1000μM; step 2μM; galvo scanner
- Mounted in Rapiclear



David Akbar, Celis ICM platform





- Nikon confoncal A1 R HD25
- Objectif 60X CFI plan apo; NA 1.40; WD 0.13mm
- Mounted in Rapiclear



David Akbar, Celis ICM platform



(B) Cerebral organoids grafted with PDCL

(1) Ventral Forebrain Organoid Differentiation protocol based on Sloan et al., 2018



Benjamin Galet and Phillipe Ravassard; O. Corti and J.C. Corvol 's lab (ICM)

(2) Incubation with Patient Derived-Cell Lines (PDCL)

Maité Verreault, Emie Quissac and Ahmed Idbaih (Gliotex team, ICM)



(B) Cerebral organoids grafted with PDCLs

GFP : synuclein+ cells (neurons) / Red : PDCL



- 10 000 PDCL
 on organoid (120 days *in vitro*)
 - Live imaging 24hrs after the initiation of the co-culture
 - Acquisition during 15hrs every 15 min; 300µM thickness
 - Objectif 20X immersion glycerol; NA 0.75; WD 0.51mm
- Nikon confocal A1 R HD25 Imaris 3D reconstruction

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David Akbar, Celis ICM platform

(C) Minced tissus w/o dissociation



GBO medium : 50% DMEM:F12 + 50% Neurobasal - GlutaMax - NEAAs - PS - N2 - N2 - B27 w/o Vitamin A - 2-mercaptoethanol - human insulin

(C) Minced tissus w/o dissociation

Jacob et al., 2020

Patient derived

High success rate Short growing Microenvironment Histological features of parental tumor Heterogeneity preserved of parental tumor Treatments Drug screening Xenograft CAR T cell immunotherapy



GBM derived-organoids

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Perspectives	Drug screening Include factors to mimic/maintain the microenvironment	Inclusion of endothelial cells and/or immune cells within the cerebral organoid	Model to design personalized therapy?	



Genetics and Development of Brain Tumors



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ICM platforms

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