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Spy1 Levels Predict Sensitivity of Refractory Multiple Myeloma to Therapy

Adam Renaud

University of Windsor, renau129@uwindsor.ca

Jillian Brown

University of Windsor, brown14d@uwindsor.ca

Dorota Lubanska Dr

University of Windsor, lubanskd@uwindsor.ca

Indryas Woldie Dr

Windsor Regional Hospital, indryas.woldie@wrh.on.ca

John Hudson Dr

University of Windsor, jhudson@uwindsor.ca

See next page for additional authors

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Submitter and Co-author information

Adam Renaud, Jillian Brown, Dorota Lubanska Dr, Indryas Woldie Dr, John Hudson Dr, and Lisa Porter Dr

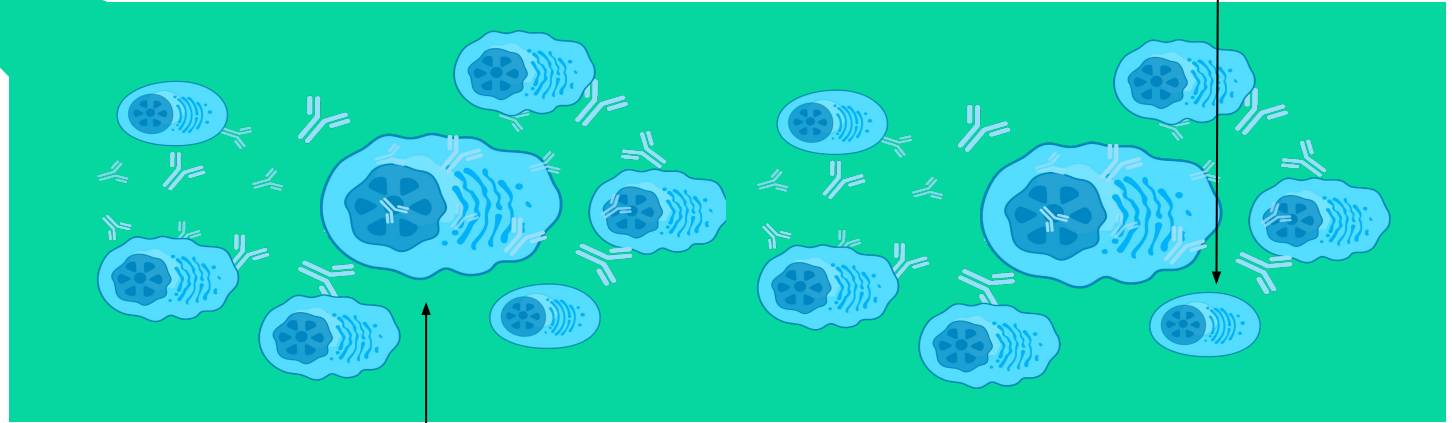
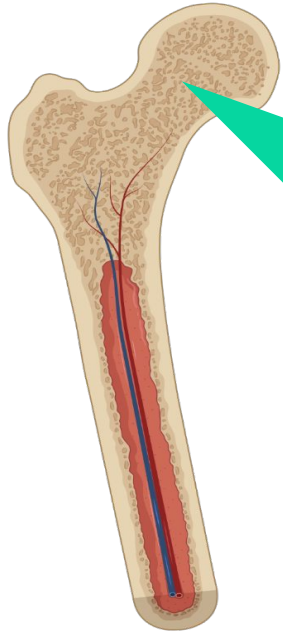


Spy1 Levels Predict Sensitivity of Relapsed Multiple Myeloma to Therapy

Renaud, A., Brown, J., Soliman, M., Lubanska, D., Ferraiuolo, R., Mathews, K., Woldie, I., Hudson, J., and Porter, L.



What is Multiple Myeloma (MM)?



Healthy Plasma Cell

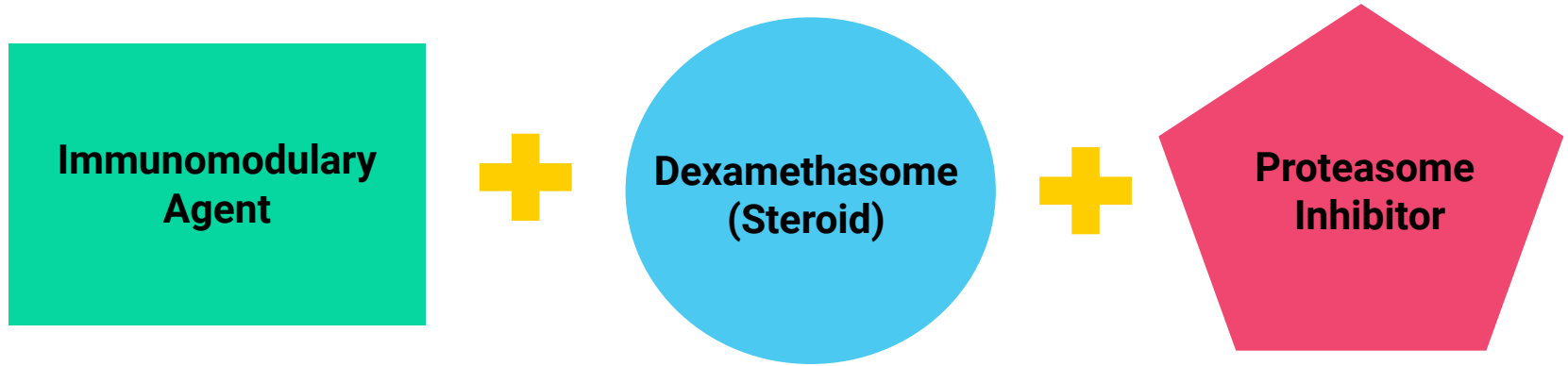
Myeloma

3,800 Canadians

are diagnosed with Multiple Myeloma every year.¹

1. CCS (2022). <https://cancer.ca/en/cancer-information/cancer-types/multiple-myeloma/statistics>

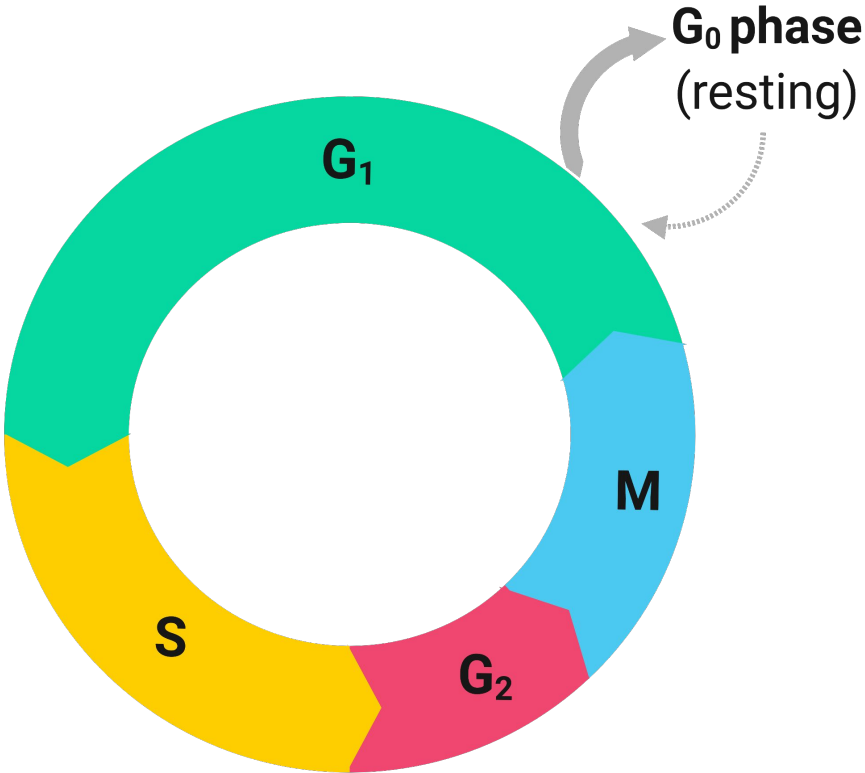
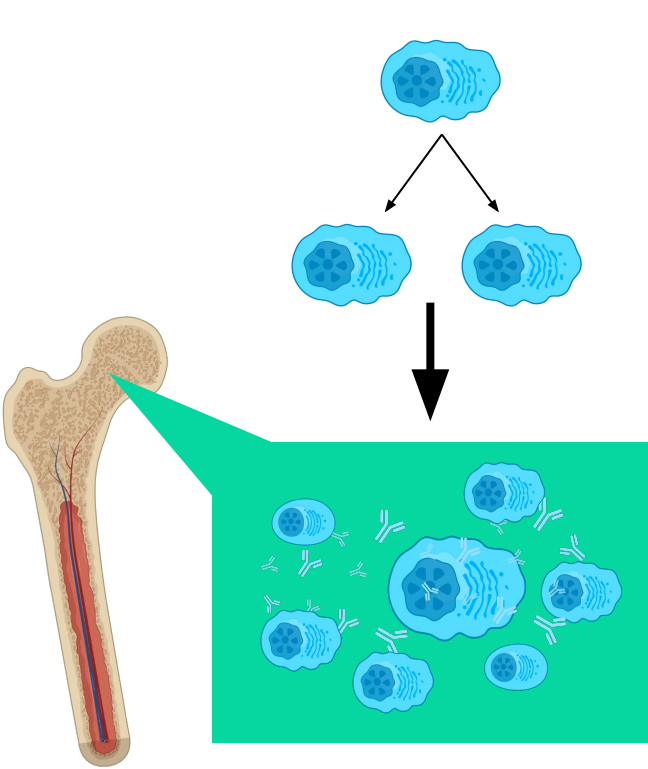
Current Treatment of MM



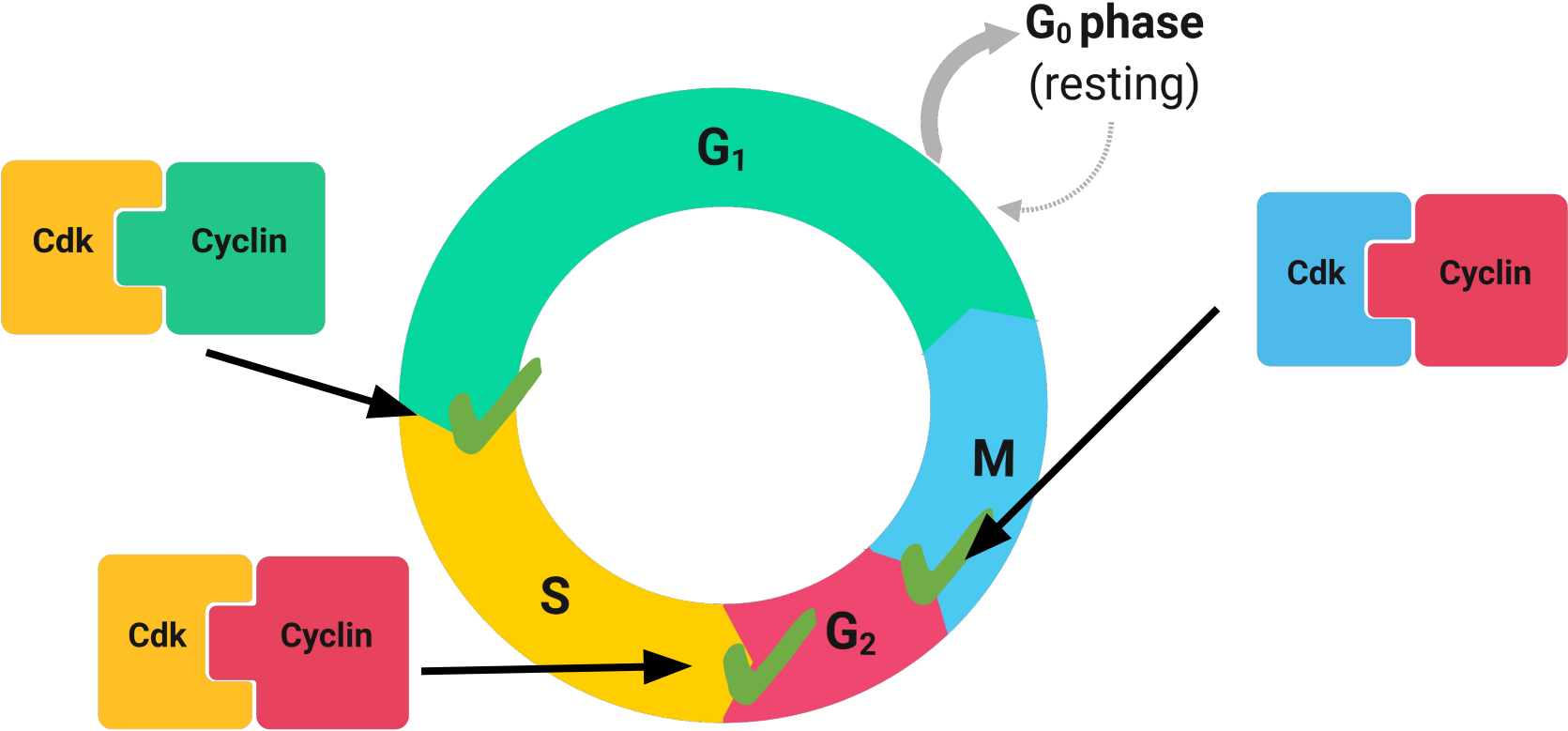
- **Most MM patients will eventually relapse** with a more aggressive and untreatable form of the disease.
- In Canada, the **5-year net survival** for patients newly diagnosed and treated with the current standard of care is **44%**.¹

1. CCS (2022). <https://cancer.ca/en/cancer-information/cancer-types/multiple-myeloma/statistics>

The Role of Cell Cycle in the Progression of MM

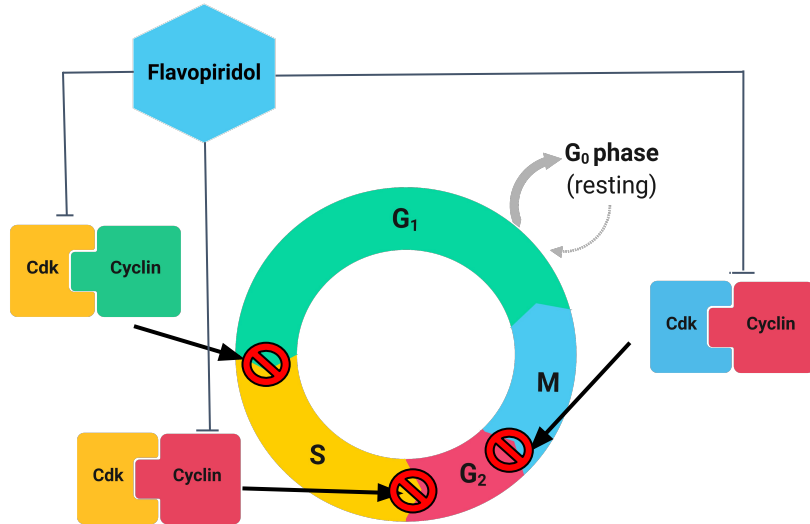


The Role of Cell Cycle in the Progression of MM

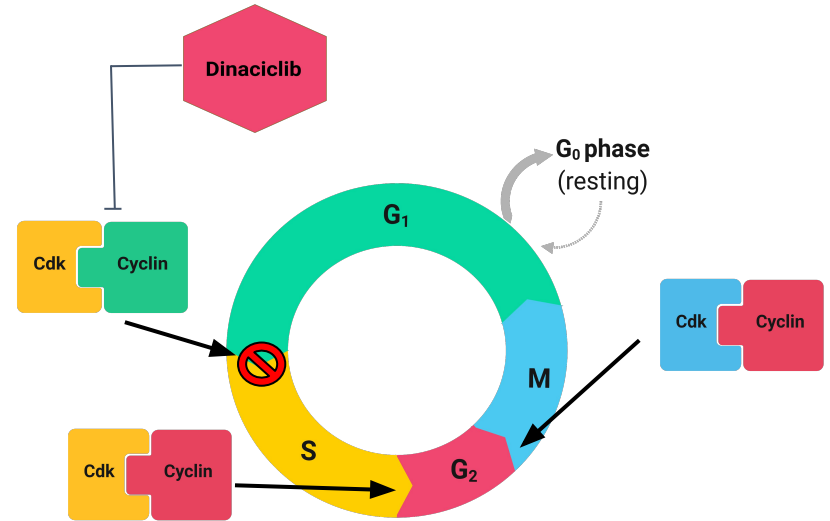


Cdk Inhibitors & Cell Cycle Progression

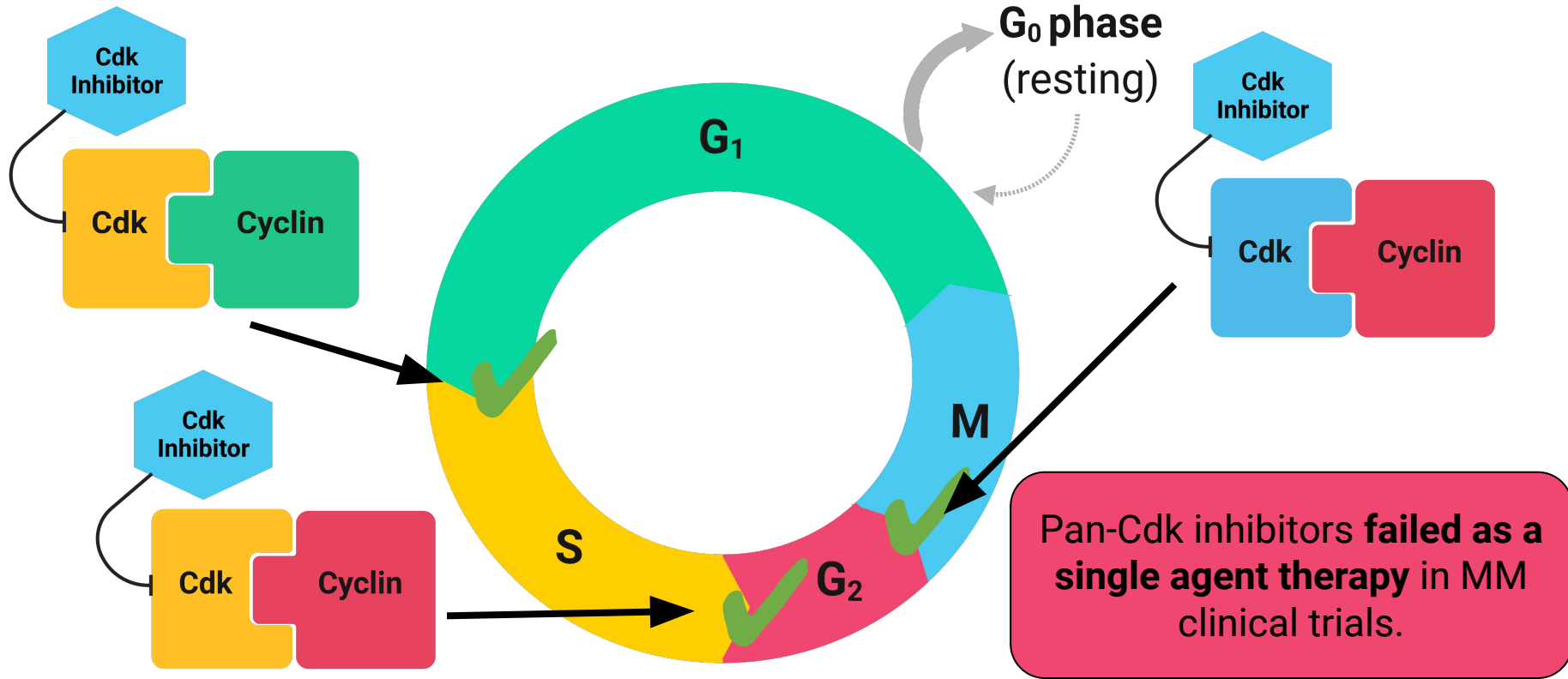
Pan-Cdk inhibitors, such as Flavopiridol & Purvalanol A, inhibit all Cdks.



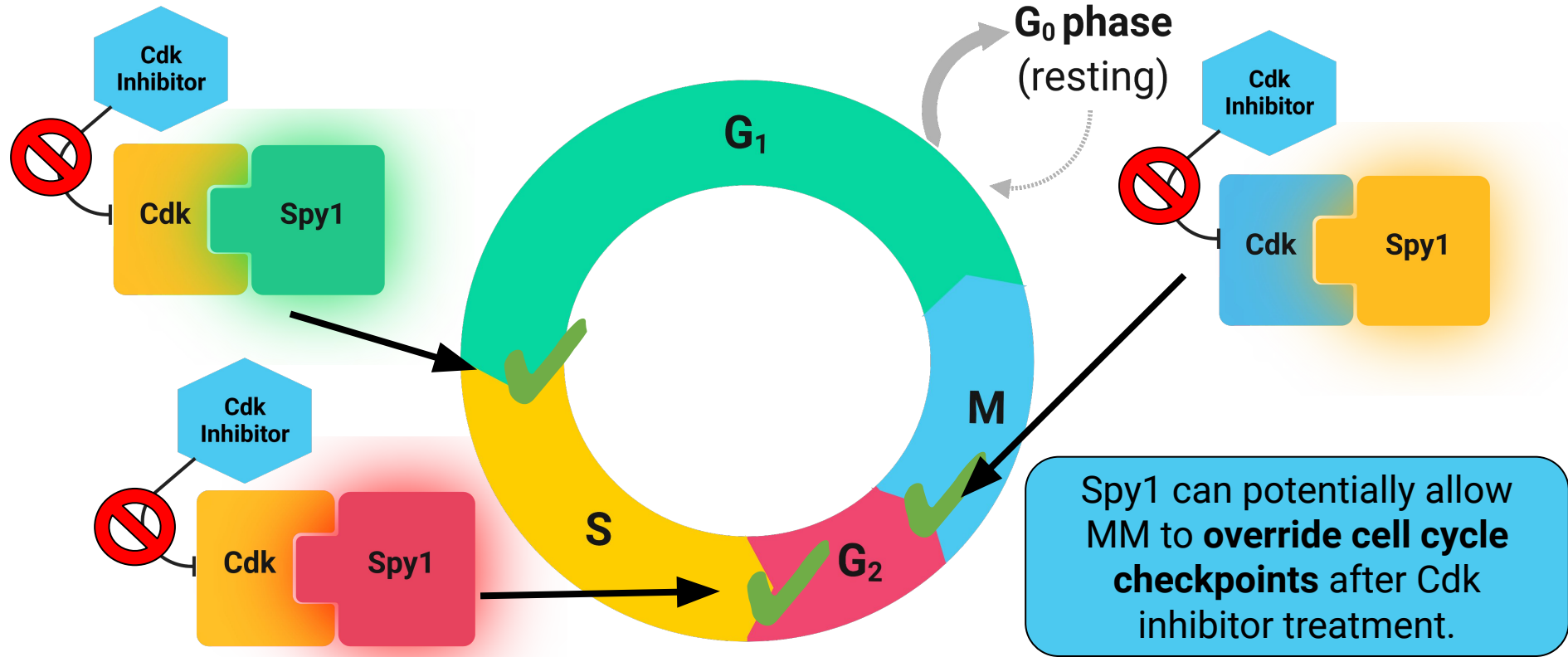
Specific Cdk inhibitors, such as dinaciclib, inhibit select Cdks.



Can Cdk Inhibitors Improve Therapy Response in MM?

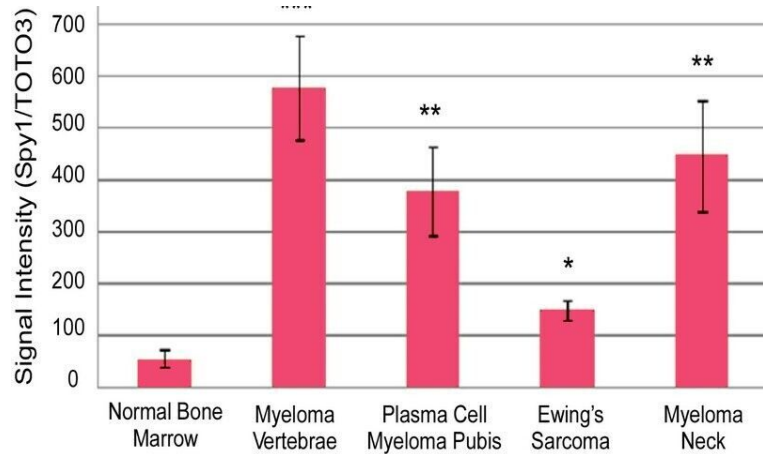


The Cyclin-Like Protein Spy1 & Multiple Myeloma

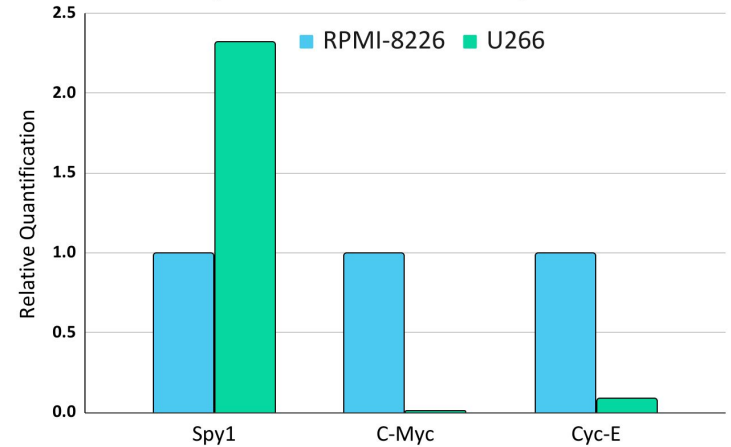


Spy1 is highly expressed in MM tissue samples and human cell lines.

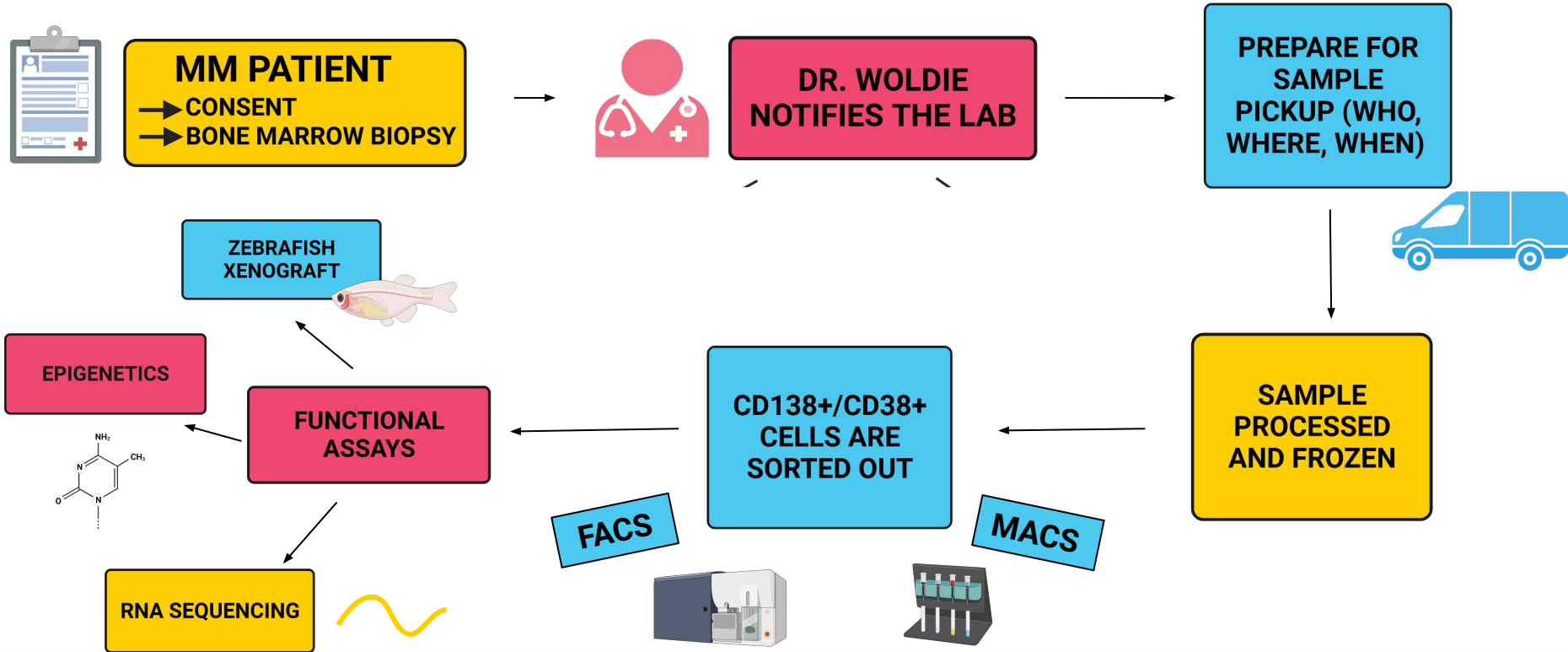
Tissue Microarray Stained with anti-Spy1 and Corrected for a Nuclear Control TOTO-3



qRT-PCR analysis for RPMI-8226 and U266 for specific mRNA transcripts



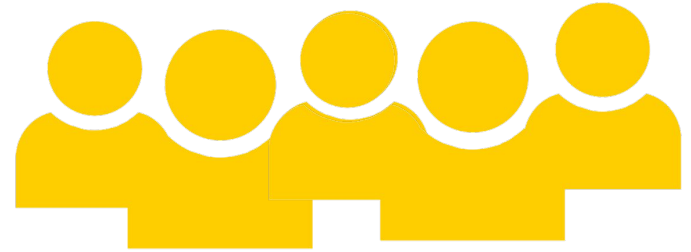
MM Patient Sample Collection Flowchart



MM Clinical Data

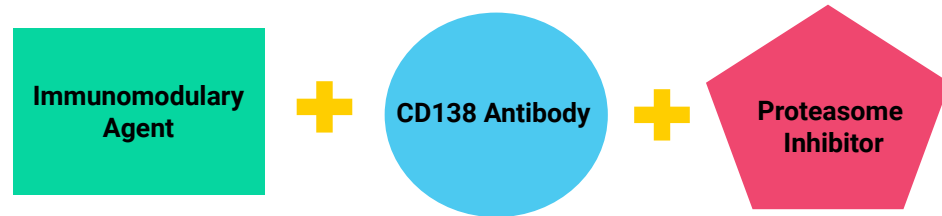
PATIENT DEMOGRAPHIC

- 5 Patients
- M:F 1.5
- Median Age: 59 (50-84)
- 3 Relapsed MM



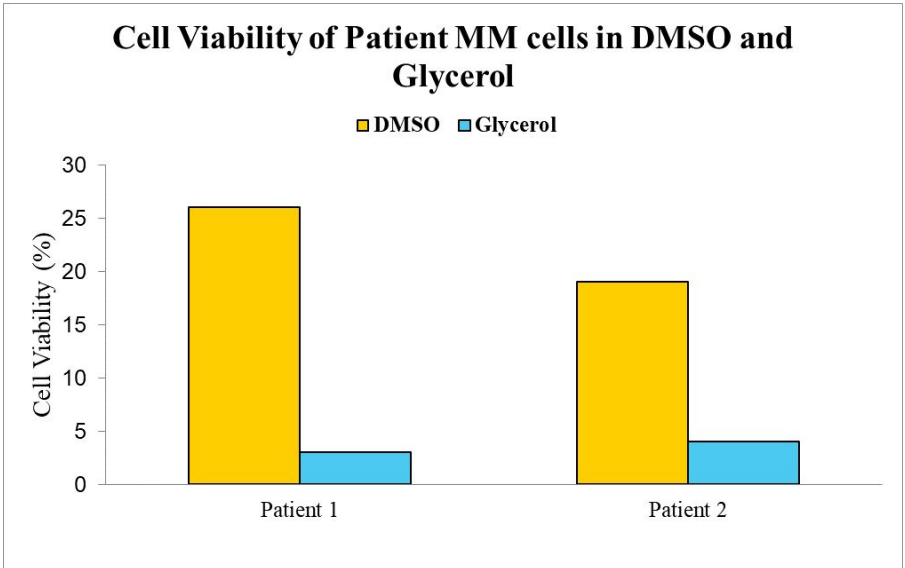
TREATMENT

- All had proteasome inhibitor
- 2 had proteasome inhibitor + immunomodulator
- 2 had CD138 Monoclonal Antibody



Comparing cell viability of patient samples stored using different cryopreservation protocols.

Higher cell viability for patient samples stored in DMSO compared to Glycerol.



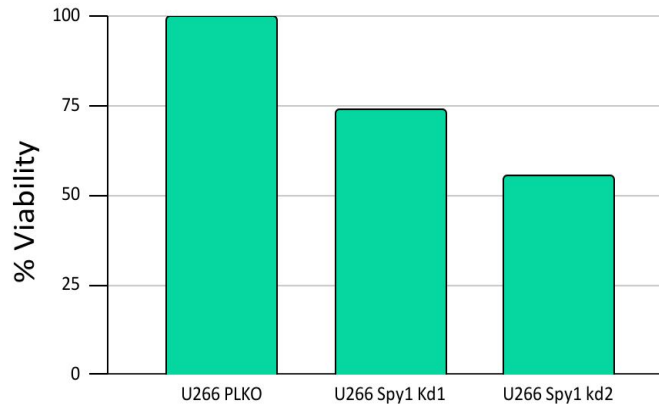
DMSO ✓ Vs ~~Glycerol~~

EDTA Vs NO EDTA

Next Steps: EDTA vs No EDTA

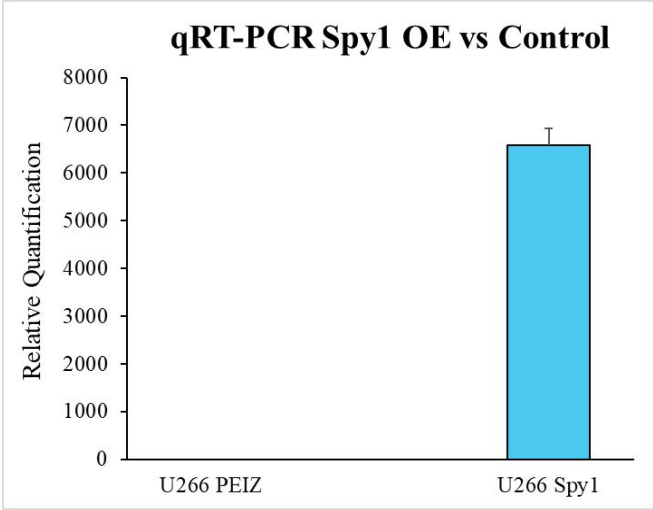
Knockdown of Spy1 in a human MM cell line shows an increased sensitivity to Pan-Cdk inhibitor treatment.

Percent Viability of U266 after Treatment over 72 hours with Purvalanol-A

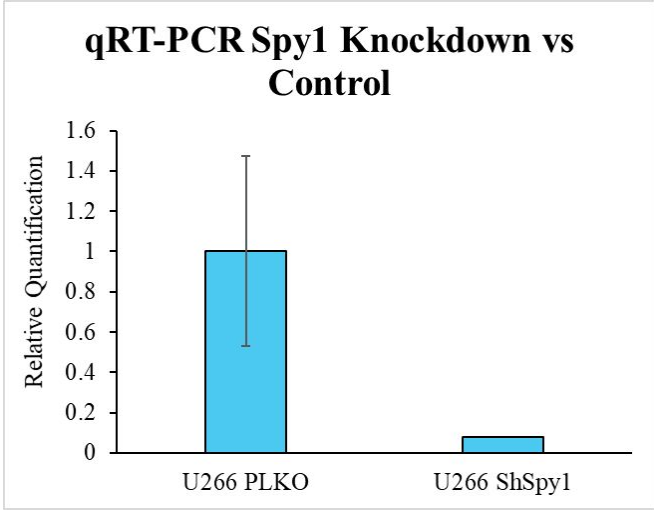


U266 cells are B Lymphocytes derived from the peripheral blood of a human MM patient.

qRT-PCR analysis of Spy1 gene expression after lentiviral infection.

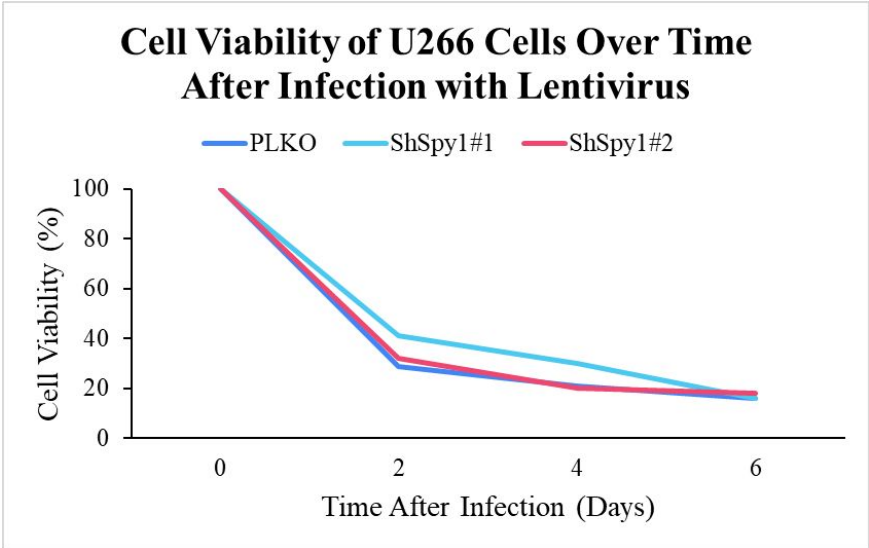


Successful Spy1 overexpression

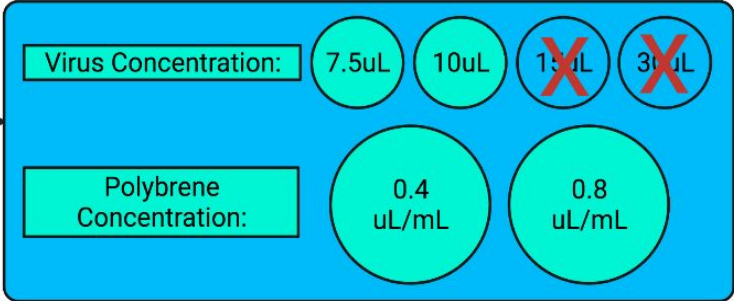


Successful Spy1 knockdown

Cell viability over time of U266 cells after infection with lentivirus.



Low cell viability after lentiviral infection



Optimization of infections using different concentrations of virus and polybrene

Determination of IC50 values for Flavopiridol and Dinaciclib in U266 cells.

Alamar Blue

CDK Inhibitor treatment
(0hrs, 24hrs, 48hrs)

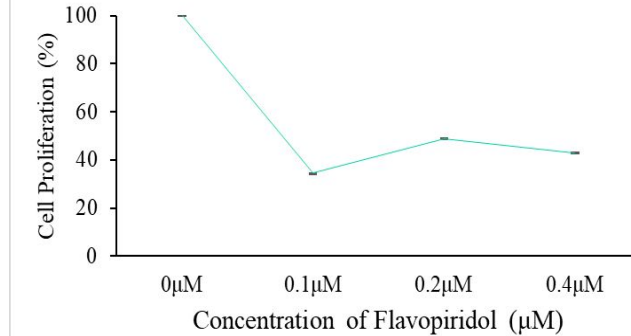


Add Alamar Blue (72 hrs)



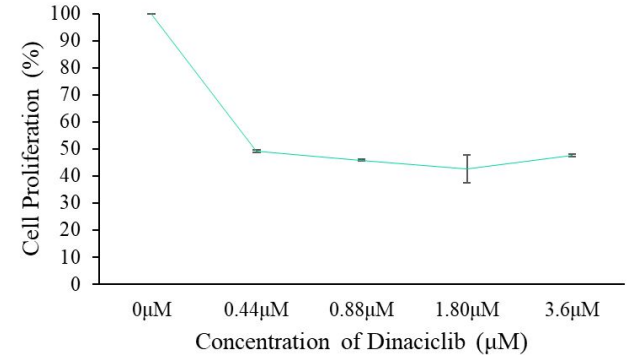
Read Absorbance
at 570/585 nm

Dose Response Curve of U266 After Treatment with Flavopiridol for 72 Hours



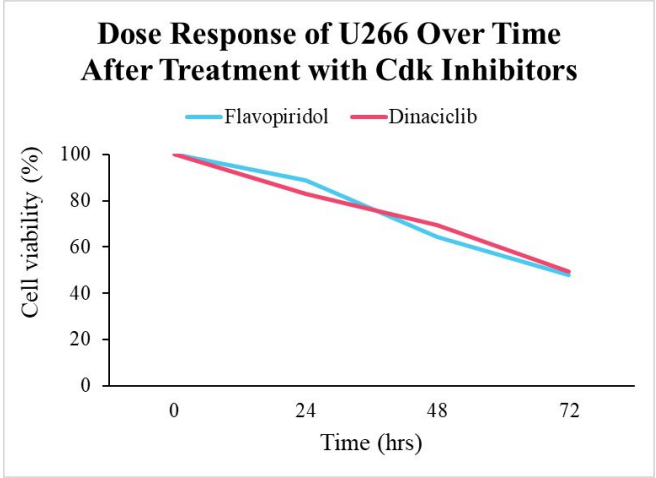
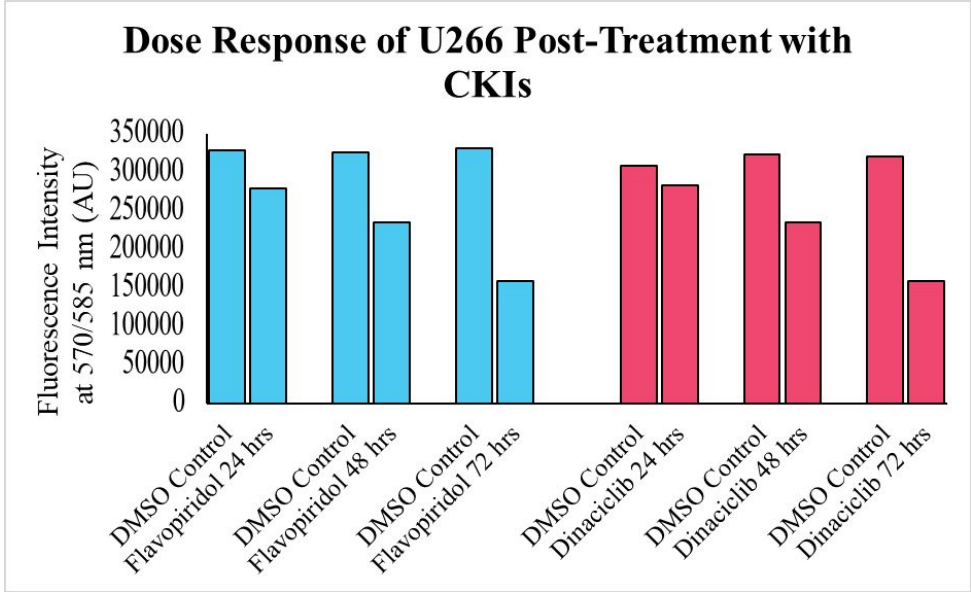
IC50: 0.2 μM

Dose Response Curve of U266 After Treatment with Dinaciclib for 72 Hours



IC50: 0.44 μM

Proliferation time course of U266 cells after treatment with Flavopiridol vs Dinaciclib.

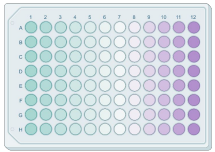


No significant difference in pan vs specific in U266 cell proliferation.

Cell death in U266 cells treated with Flavopiridol vs Dinaciclib.

Caspase 3/7 Assay

CDK Inhibitor treatment
(0hrs, 24hrs, 48hrs)

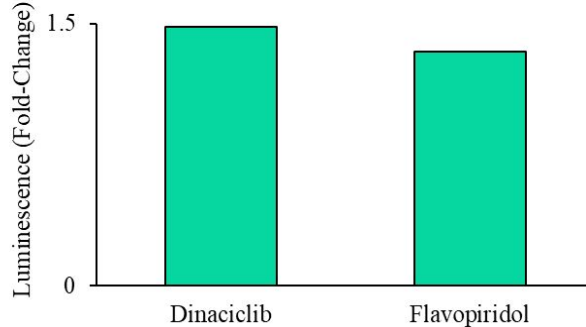


Add Caspase 3/7
Reagent (72 hrs)

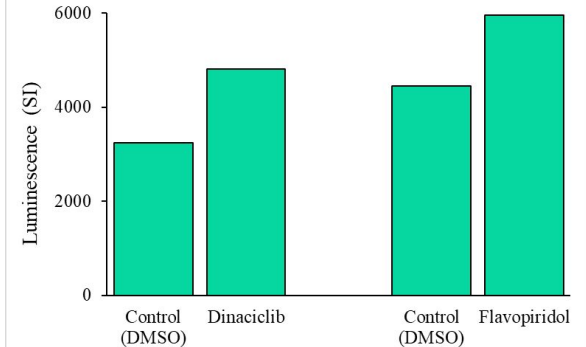


Read Fluorescence

Caspase 3/7 Activity of U266 Cells 72 Hours Post-Treatment



Caspase 3/7 Activity of U266 Cells 72 Hours Post-Treatment



No significant difference in cell death in U266 cells treated with Flavopiridol vs Dinaciclib.

Work in Progress

Spy1-bound Cdks may be a potent therapeutic direction for MM.

More research needs to be conducted to characterize the response of MM to pan vs specific Cdk inhibitors.

Optimization of the storage and processing of MM patient samples will be beneficial for future research.

Acknowledgements

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