

Combined Drug Efficacy using EGFR and ASCT2 Inhibitors in Preclinical Models of Colorectal Cancer Ayushi Mohanty^{1,2}, Seong-Woo Bae², Cong-Dat Pham², Henry C. Manning² ¹Carnegie Vanguard High School; ²The University of Texas, MD Anderson Cancer Center, Department of Cancer Systems Imaging

Introduction

Colorectal Cancer (CRC)

- 3rd most commonly diagnosed cancer & 2nd leading cause of cancer death in men and women combined in the U.S.
- Each year, about **150,000 Americans are diagnosed** with this disease and more than 50,000 die.
- **Symptoms** include a change in bowel habits, diarrhea, constipation, discomfort in the abdomen
- **Treatments** include Surgery, Radiation Therapy, Chemotherapy, Targeted Therapy

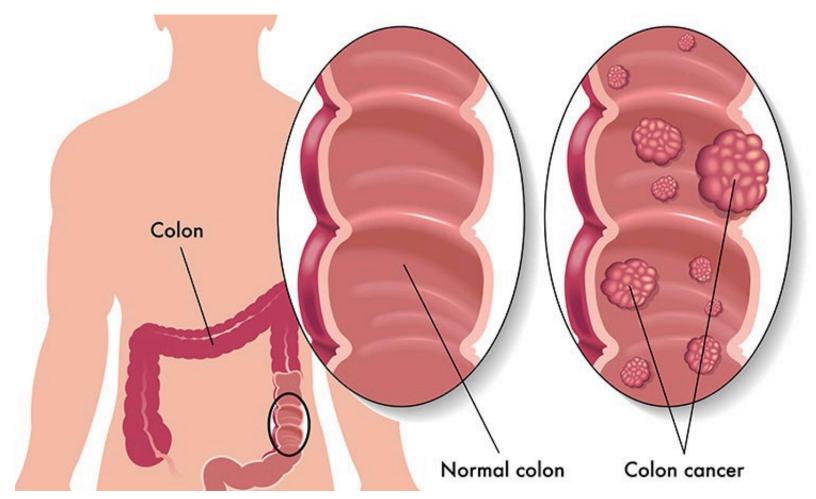
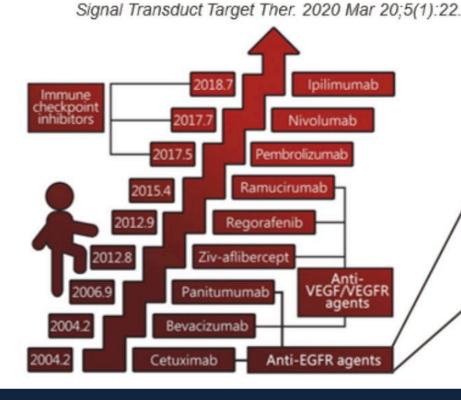


Illustration of cancer in body.

Hypothesis

Combination drug treatment using EGFR and ASCT2 inhibitors will lead to greater response in colorectal cancer compared to single-drug therapy.

Failure of EGFR-targeted therapies in colorectal cancer



Response to Cetuximab¹: 17% of KRAS WT CRC patients, % of KRAS mut CRC patients

Response to Panitumumab²: 10.8% of mCRC patients

N Engl J Med. 2004 Jul 22;351(4):33745.
J Clin Oncol. 2008 Apr 1;26(10):162634.

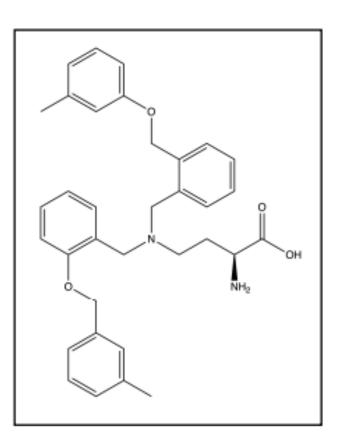
Targeted Therapy

EGFR

- Found at high levels in cancer cells which causes proliferation
- Panitumumab is an EGFR inhibitor and is for treating metastatic colorectal cancer

ASCT2

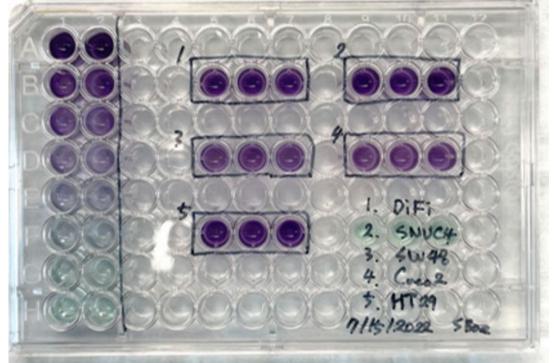
- Found at high levels in cancer cells which causes proliferation
- Inhibitor of glutamine metabolism V-9302 and CDP selectively target the amino acid v-9302 transporter ASCT2



Materials & Methods

BCA Protein Assay

• Quantitate protein concentration of each sample

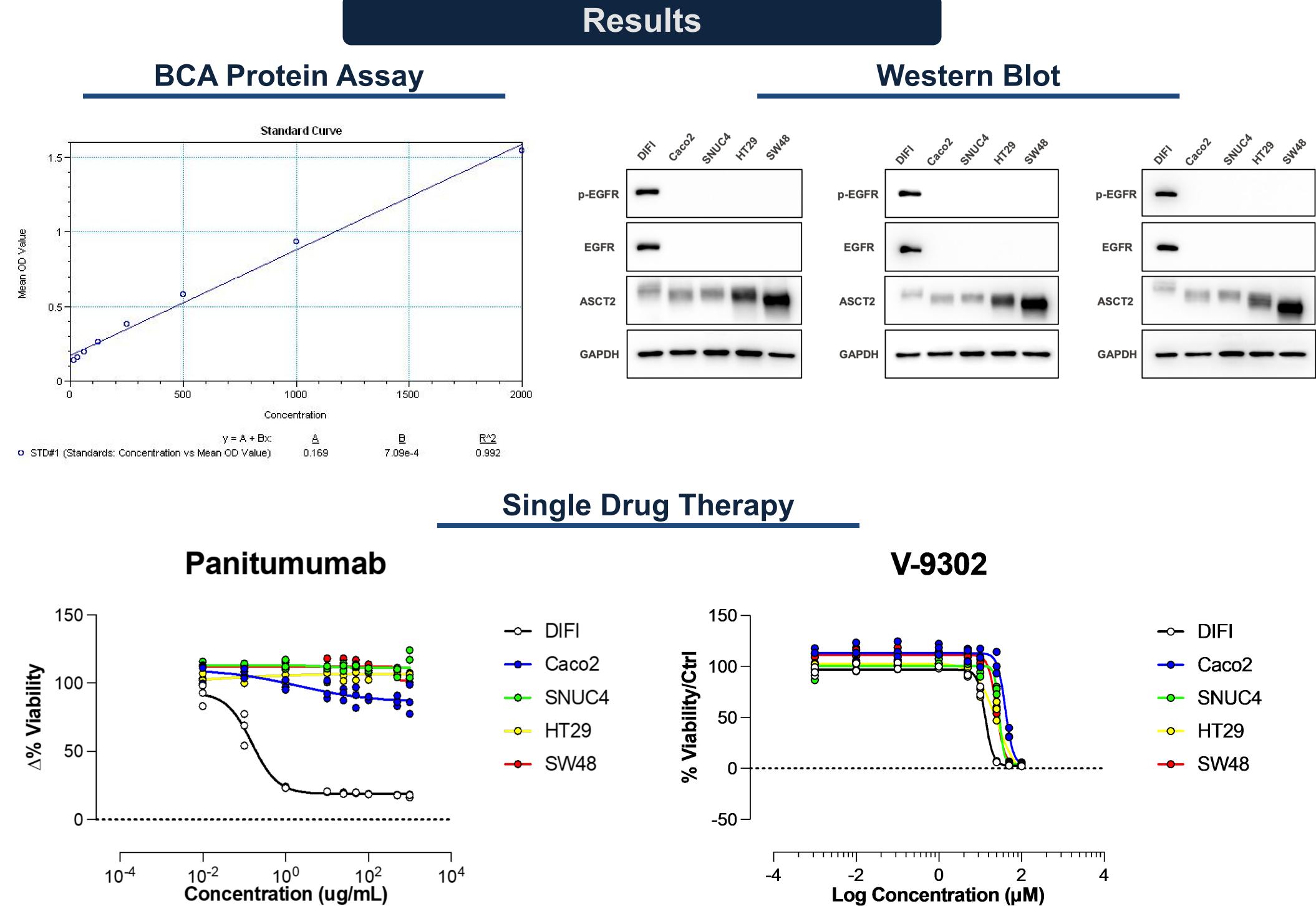


Monotherapy & Combined Drug Therapy (Cell Viability Assay) • Panitumumab Treatment

Cell Number: 5000 cells/well Dose (ug/mL): 0.01, 0.1, 1, 10, 25, 50, 100, 500, 1000 Incubation time: 48 hrs

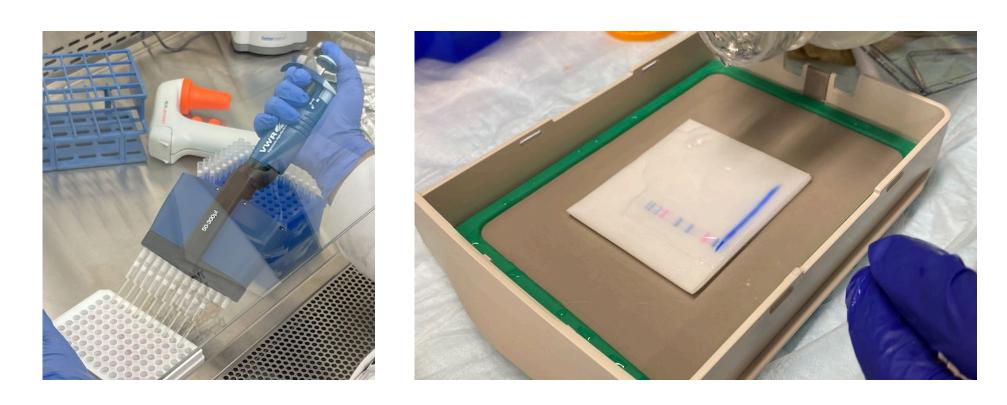
• V-9302 Treatment

Cell Number: 5000 cells/well Dose (uM): 0.001, 0.01, 0.1, 1, 5, 10, 25, 50, 100 Incubation time: 48 hrs

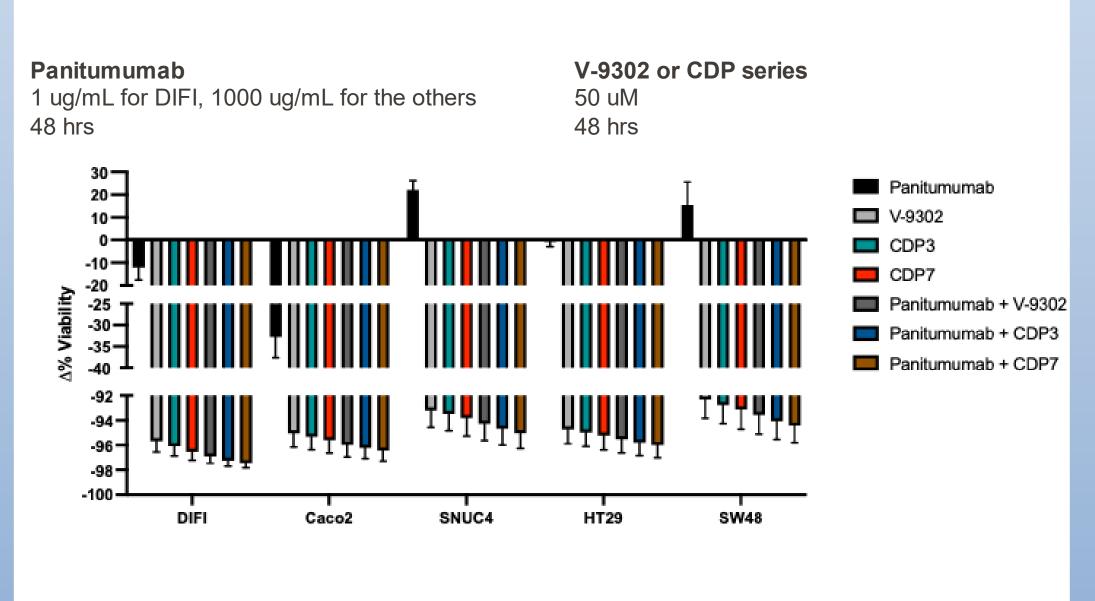


Western Blot

- Running & Transfer Condition • Run 70V for 20 minutes until sample has run through the stacking gel. At that point run 150V for 30 minutes • The membranes were transferred
- (1.3A, 25V, 10 minutes) • Antibody: Phospho-EGF Receptor, EGF Receptor, ASCT2, Anti-GAPDH antibody, Antirabbit IgG HRP-linked Antibody



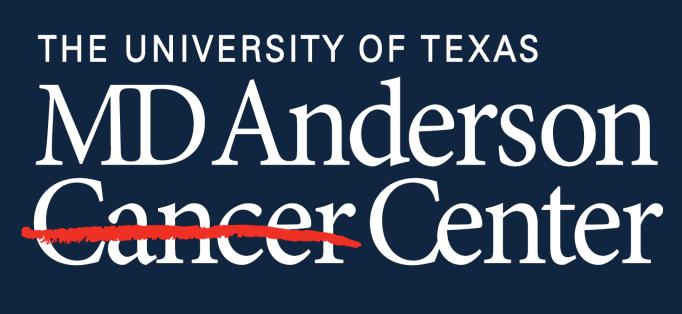




(C	E> va
(C	U: se
(C	ld ef
(C	Co re
(C	Co tria

1. 2.	"C 20 Cc Wa
3.	(20 pre 10 Sc glu Na
	oul ong

research.



Making Cancer History[®]

Combined Drug Therapy Results

Combination treatment using Panitumumab and V-9302 as well as CDP

Future Work

- expand research by conducting further trials using arying doses and incubation times
- Ise bioinformatics analysis and RNA & DNA equencing data to characterize cell lines used in study
- dentify other treatment targets that may lead to greater fficacy
- comprehend the relationship between Western Blot esults and sensitivity to drug treatment
- Conduct combination therapy in *in-vivo* and clinical ials to use in patients as FDA approved drug

References

- Colon Cancer Awareness." Texas Digestive Disease Consultants, 11 Mar.
- ohen, A. S., Geng, L., Zhao, P., Fu, A., Schulte, M. L., Graves-Deal, R., /ashington, M. K., Berlin, J., Coffey, R. J., & Manning, H. C. 2020). Combined blockade of EGFR and glutamine metabolism in reclinical models of colorectal cancer. Translational oncology, 13(10),
- 0828. Schulte, M. L., et al. Pharmacological blockade of ASCT2-dependent lutamine transport leads to antitumor efficacy in preclinical models. lature medicine, 24(2), 194–202 (2018).

Acknowledgements

- Ild like to thank all the Manning Lab members especially my mentor Dr. g-Woo Bae, as well as my family, for supporting me throughout my
- H. Charles Manning is a Cancer Prevention Research Institute of Texas (CPRIT) Scholar in Cancer Research and is supported by CPRIT RR200046.