

Novel mixed-cancer cell models designed to capture inter-patient tumor heterogeneity for accurate evaluation of drug combinations

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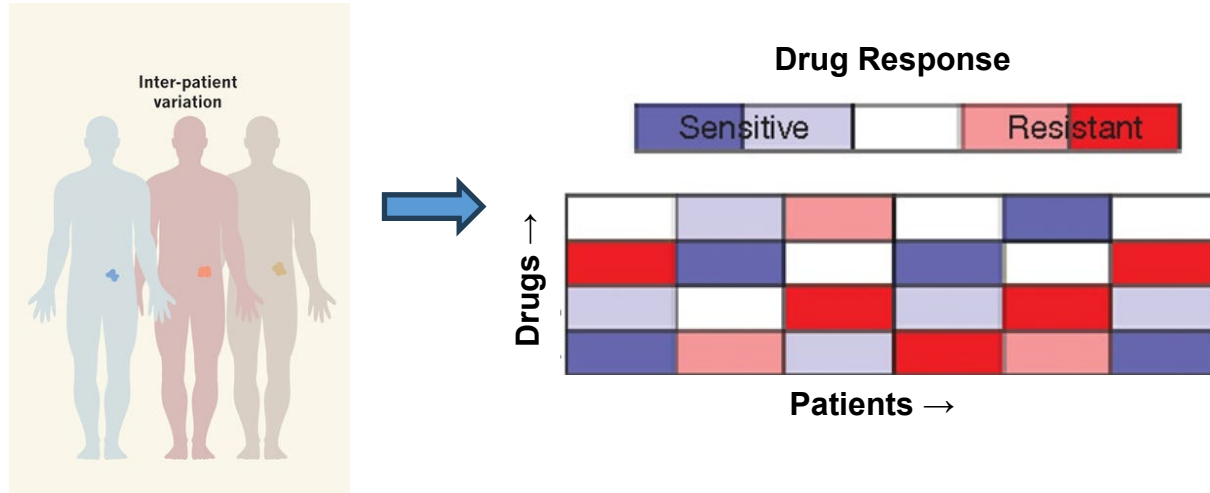
2025 NASEM Workshop on Cancer Engineering: The Convergence of Engineering and Health to Advance Cancer Research and Care

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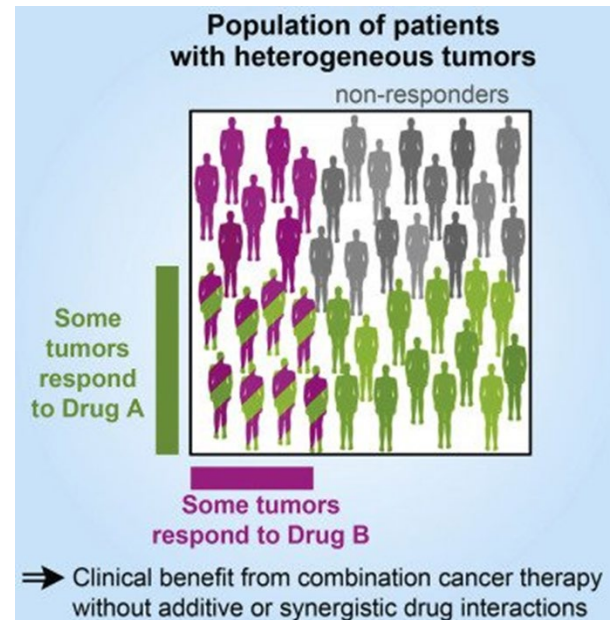


Current preclinical models cannot depict inter-patient tumor heterogeneity in cancer

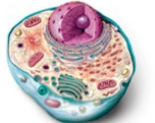
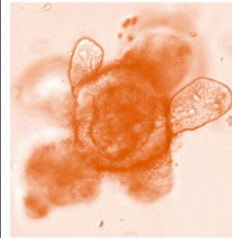


Inter-patient diversity in cancer cells hinders novel drug development and leads to translational failure!!

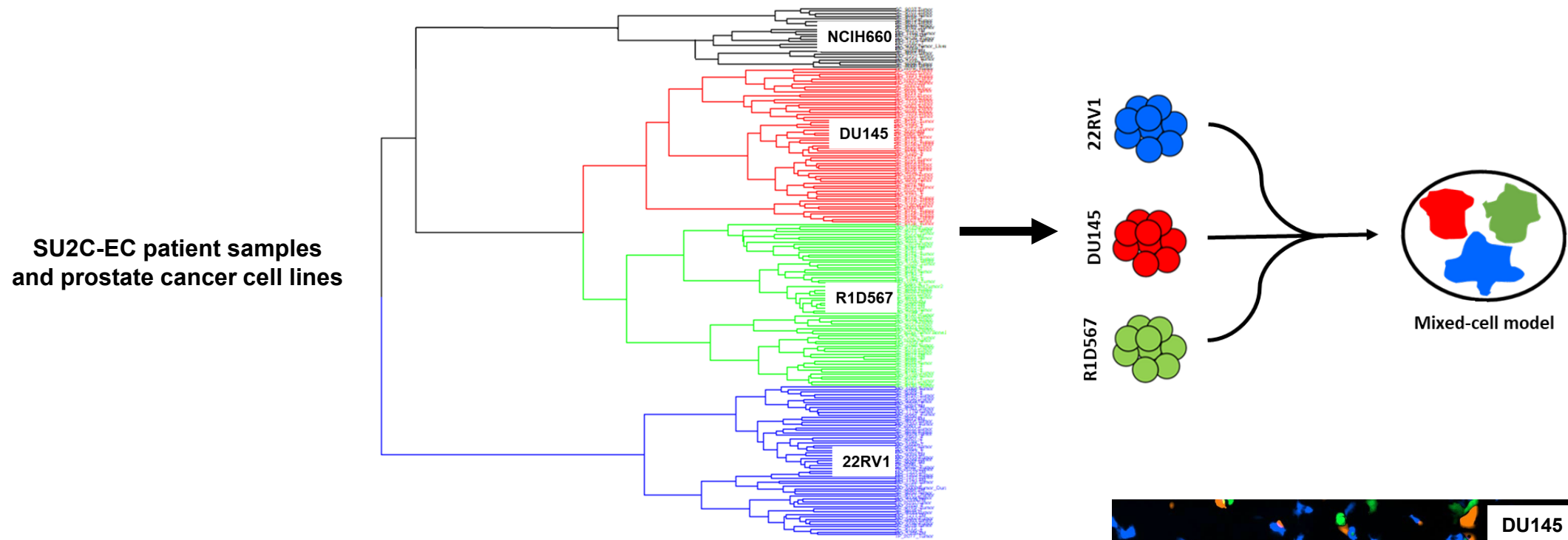
Clinical efficacy of drug combinations is attributable to inter-patient heterogeneity.



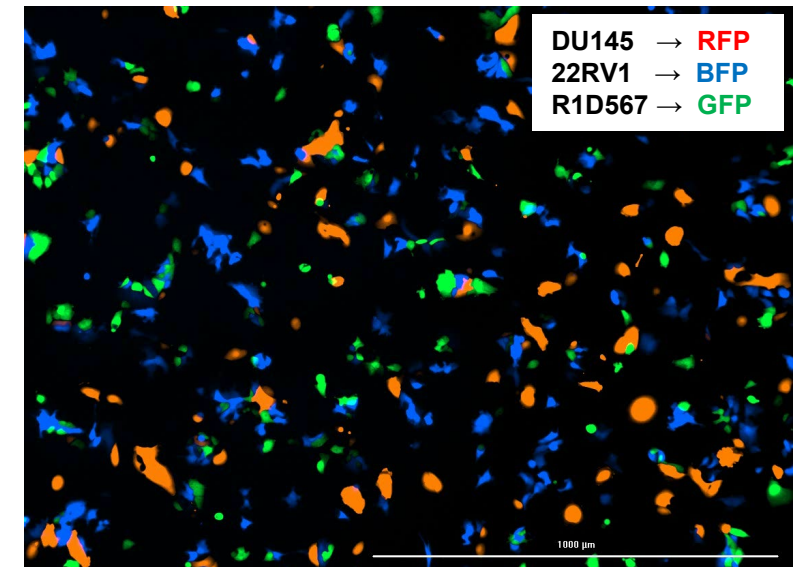
Experimental Models

Cellular	Multicellular	In vivo
 Biopsy-Derived Primary Cultures Cancer Cell Lines	 Spheroids	 Induced or Spontaneous Carcinogenesis
 Genetically Manipulated Cells	 Organoids	 Subcutaneous Xenograft  Orthotopic Xenograft

A mixture of PC lines can mimic tumor molecular diversity in CRPC patient cohorts



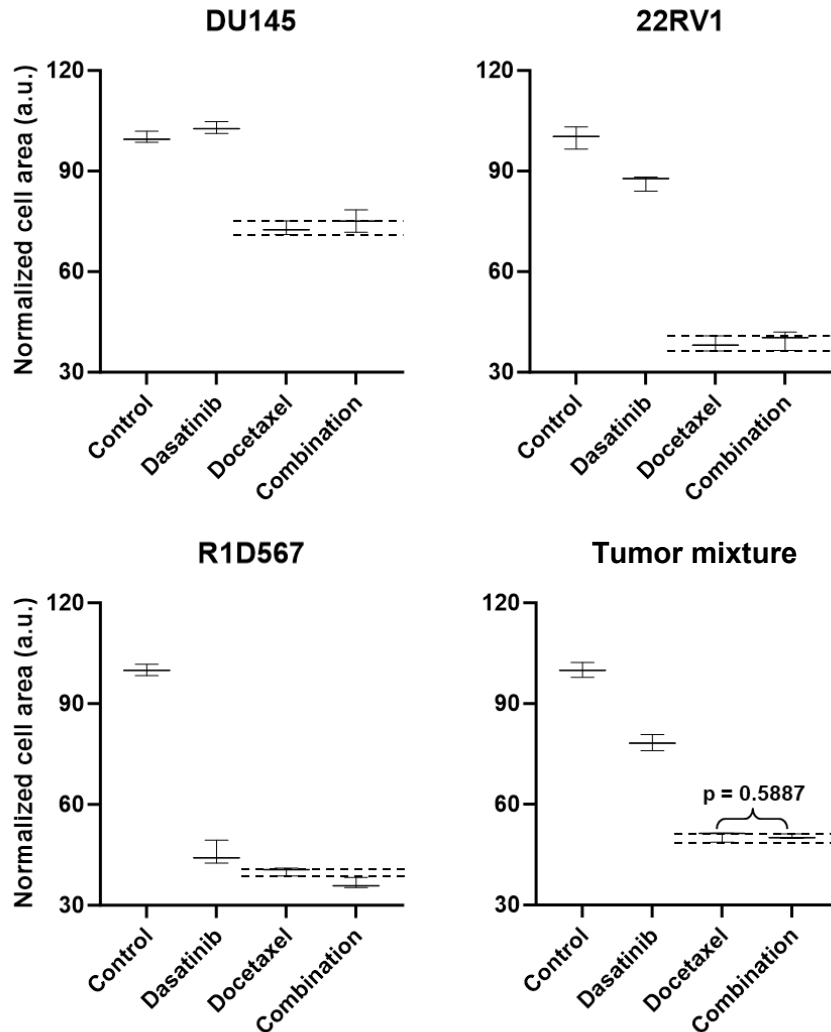
Prostate cancer cell-lines representing distinct patient tumor variants are selected and co-cultured to model a heterogeneous patient cohort.



Model can accurately predict the clinical performance of drug combinations

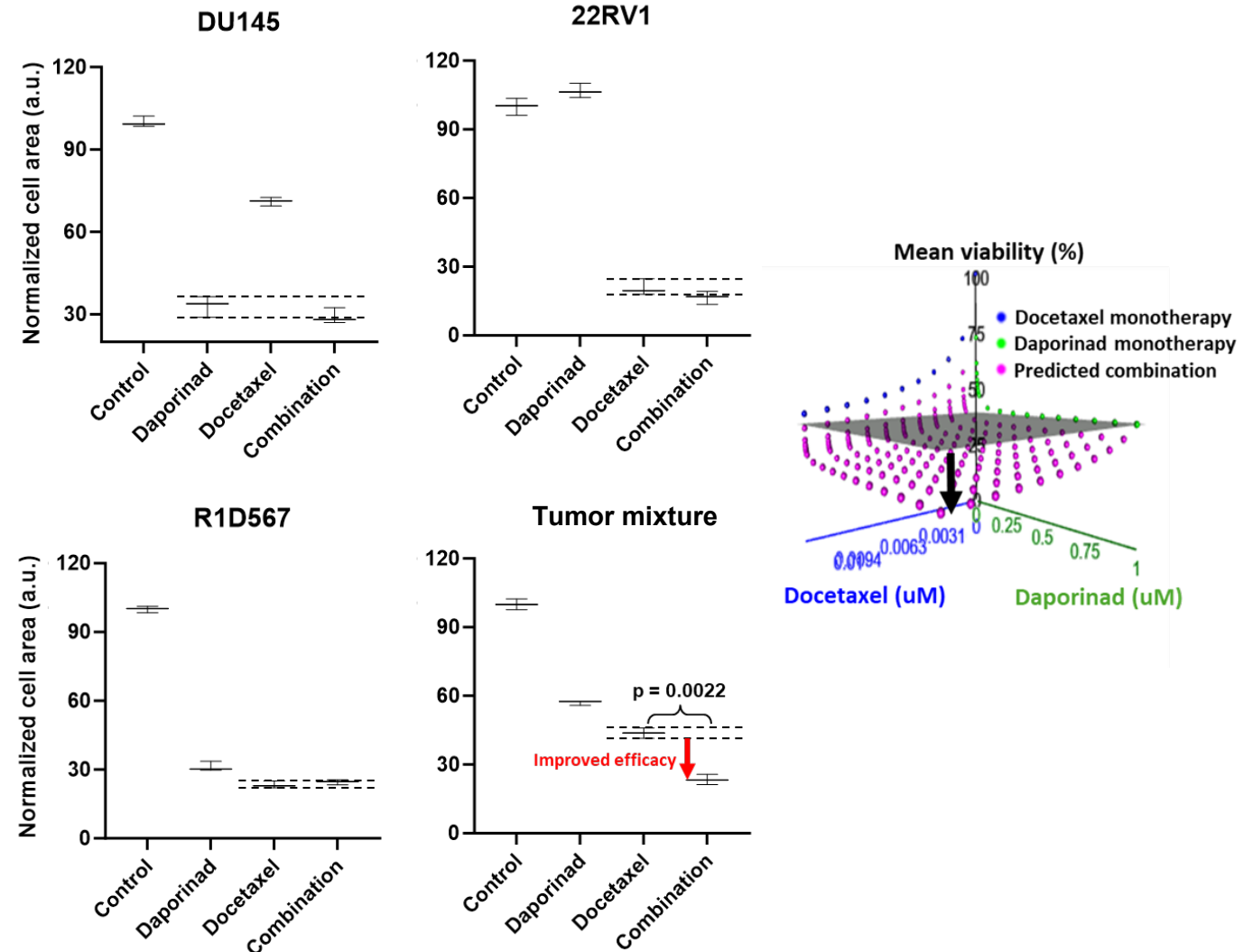
Model validation

Docetaxel+Dasatinib: Clinically failed combination



Novel drug discovery

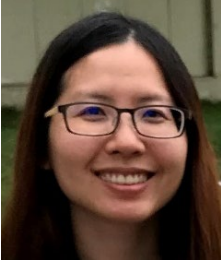
Docetaxel+Daporinad: Novel combination



Conclusions

- We developed and functionally validated a mixed cancer-cell model depicting inter-patient heterogeneity in CRPC clinical cohorts.
- We nominated novel drug combinations that are likely to be efficacious in heterogenous CRPC patient cohorts and preclinically validated them in our models.
- The model development pipeline can be applied to other cancer types to depict heterogeneity. A small number of cell lines that capture the major variability in the genetic landscape of cancer.
- We aim to incorporate the TME by generating mixed-cell mouse CDX models and in-vitro co-cultures with cancer associated fibroblasts.

Acknowledgments



<http://huang-lab.umn.edu/>

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Dr. Adam Palmer, Department of Pharmacology, UNC Chapel Hill

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