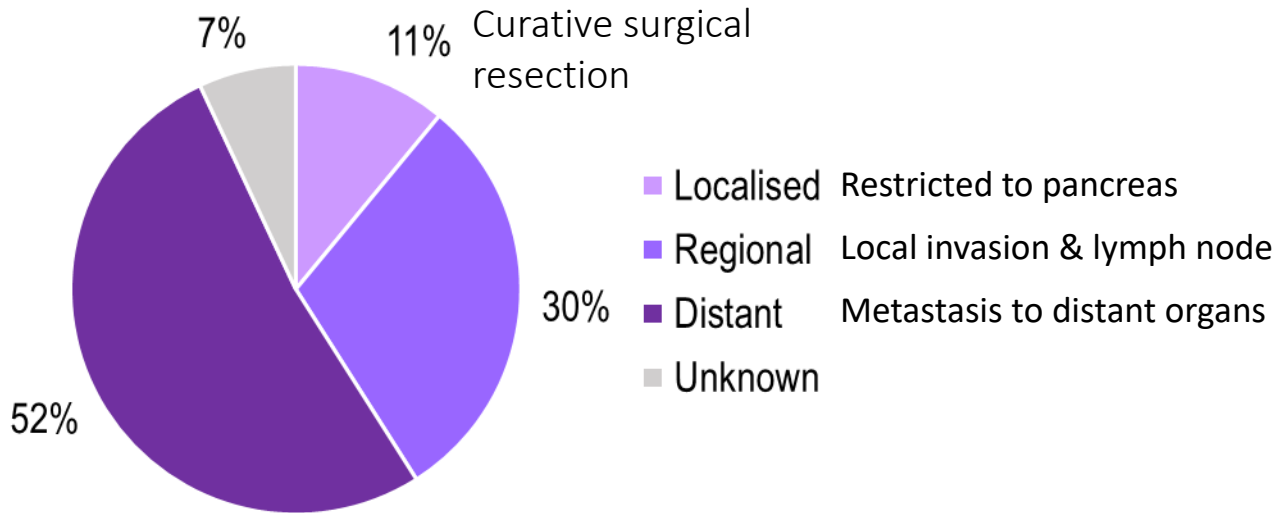


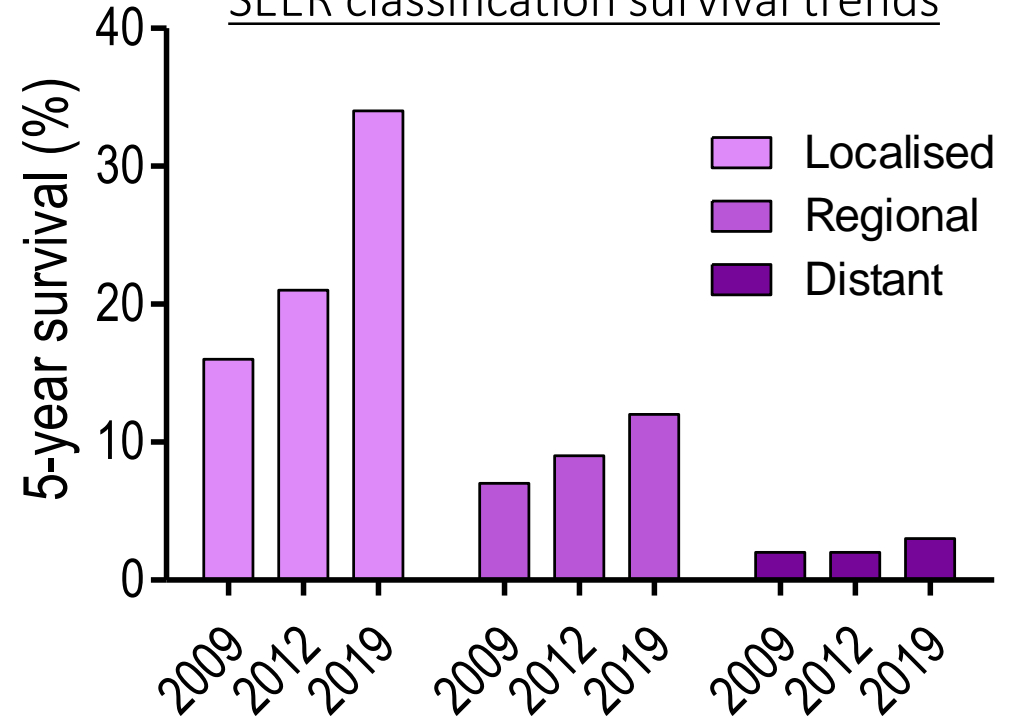
Metastasis markedly reduces PDAC patient survival

The 5-year survival rate for pancreatic cancer has now reached ~11 %.

SEER classification diagnosis stage

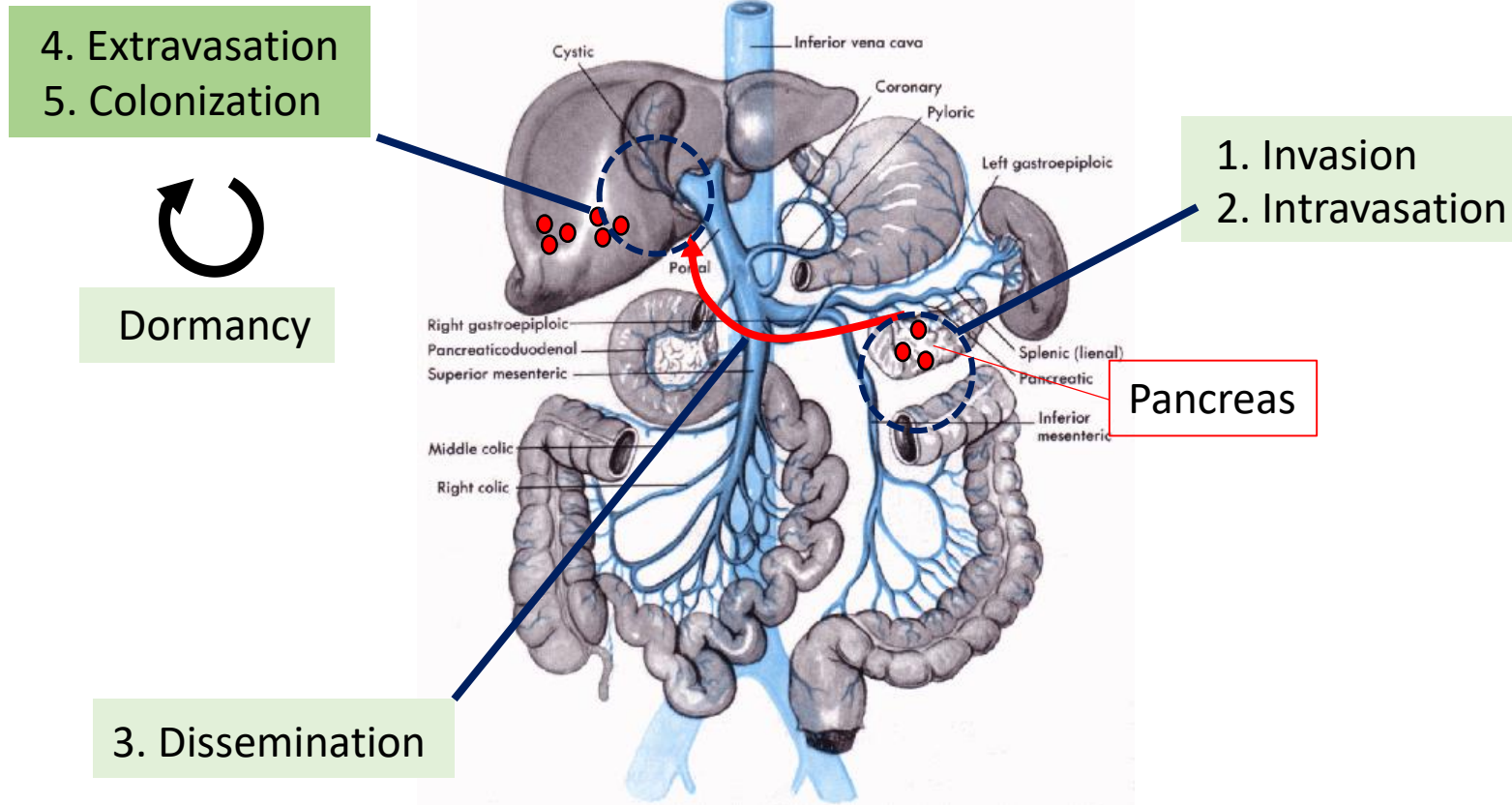


SEER classification survival trends



Survival rates for metastatic PDAC patients remain low (~ 3%) despite standard of care chemotherapy treatments.

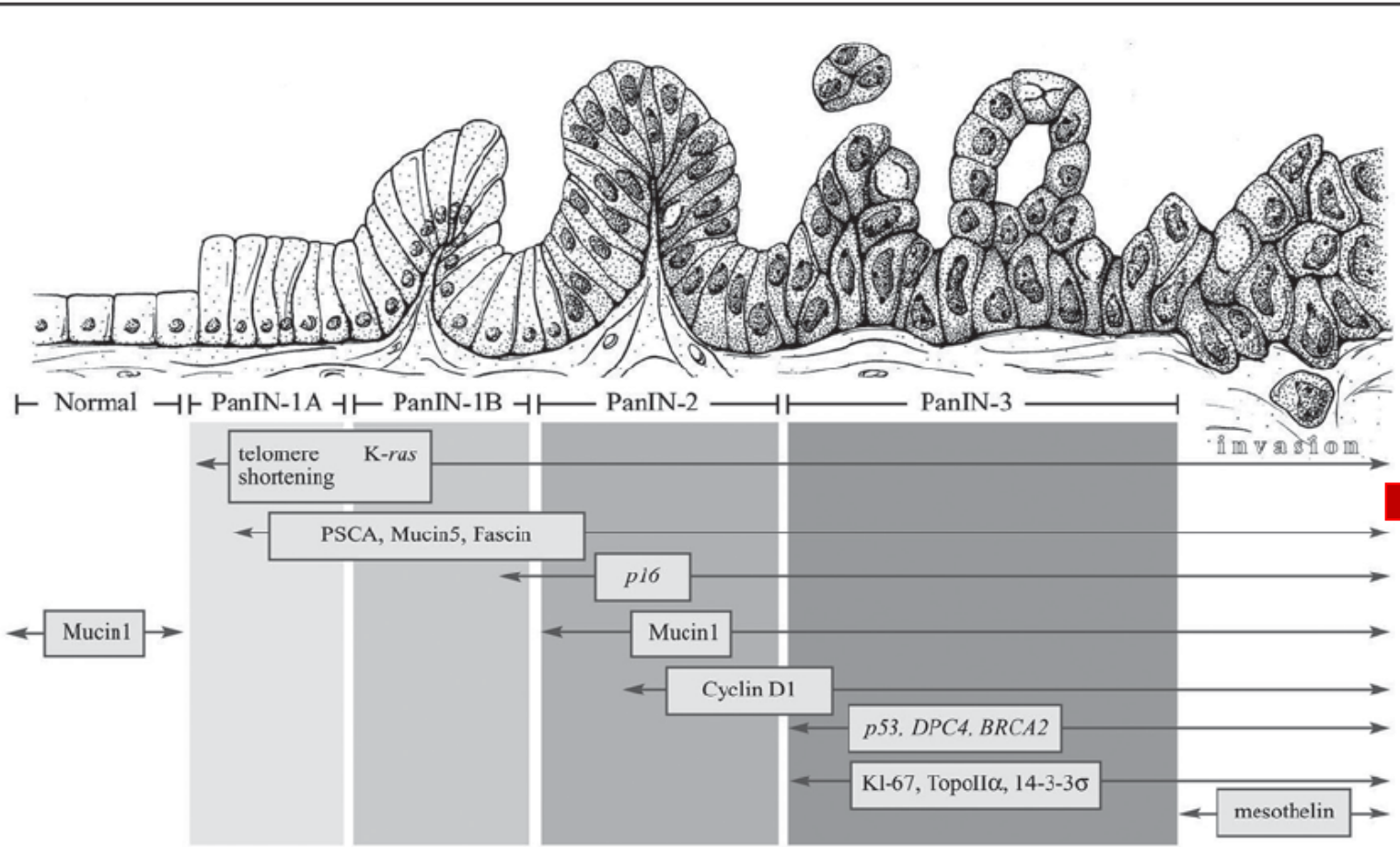
Steps of the metastatic cascade in pancreatic cancer



Time point of metastatic spreading

Time >12 years

Metastasis



Late dissemination model: linear progression
First local progression, then metastatic spreading.

Invasion

Dissemination

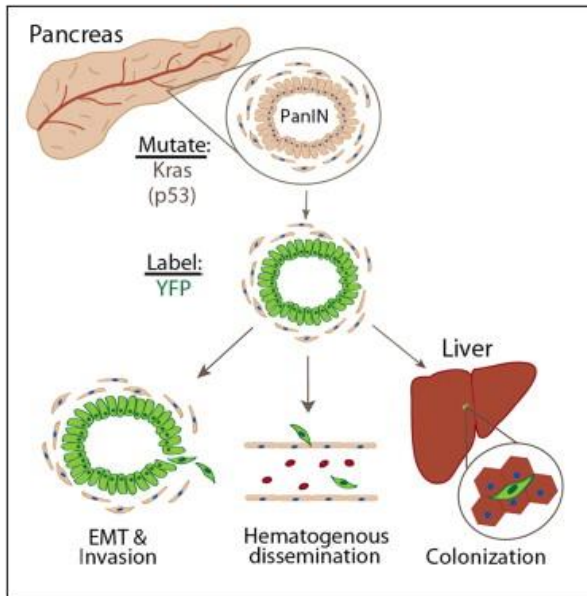
Colonisation

32%

52%

Patients at diagnosis stage

Metastatic spreading is an early event



“EMT and dissemination precede pancreatic tumour formation”

Approach used:

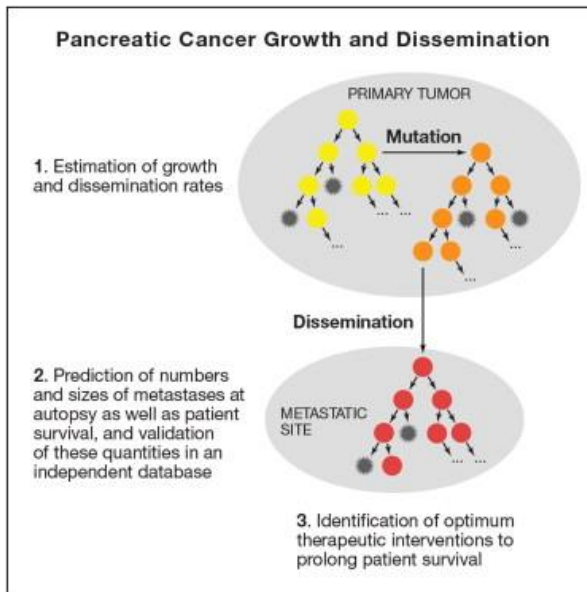
Pre-clinical mouse models used:

Fluorescence reporter mouse lines

Pdx1-Cre; KrasG12D; p16/p19fl/+; RosaYFP (“IKCY”)

Pdx1-Cre; KrasG12D; p53fl/+; RosaYFP (“PKCY”)

Rhim et al., Cell, 2012



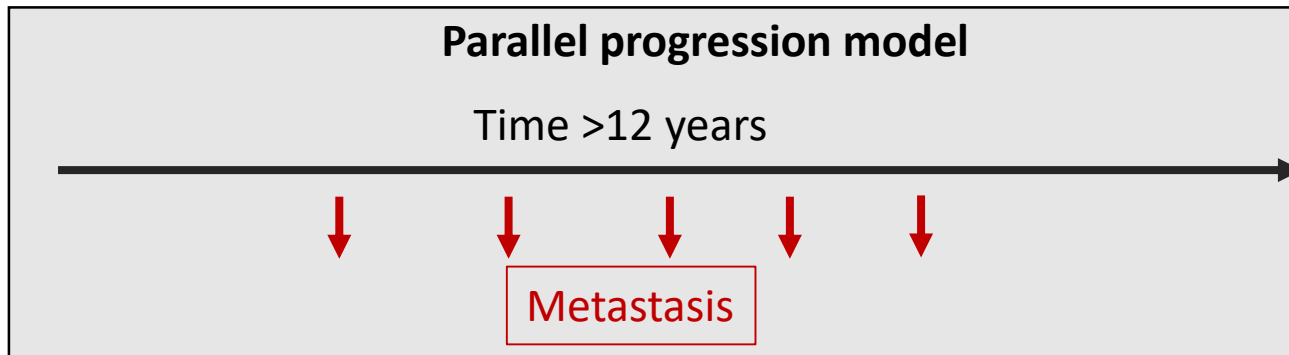
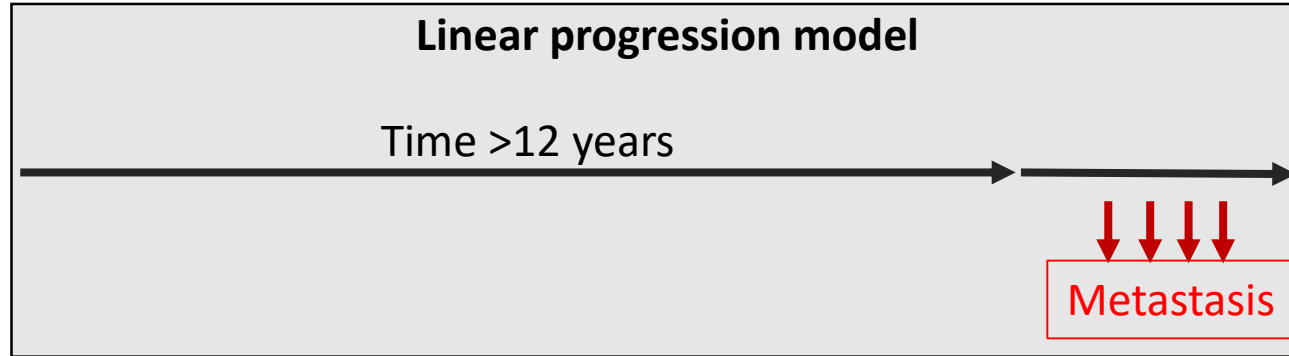
“Model predicated that **even when primary tumours are small**, all patients are expected to harbour cells that are **capable of metastasis**”

Approach used:

Mathematical model based on autopsy data of n= 101 PDAC patients

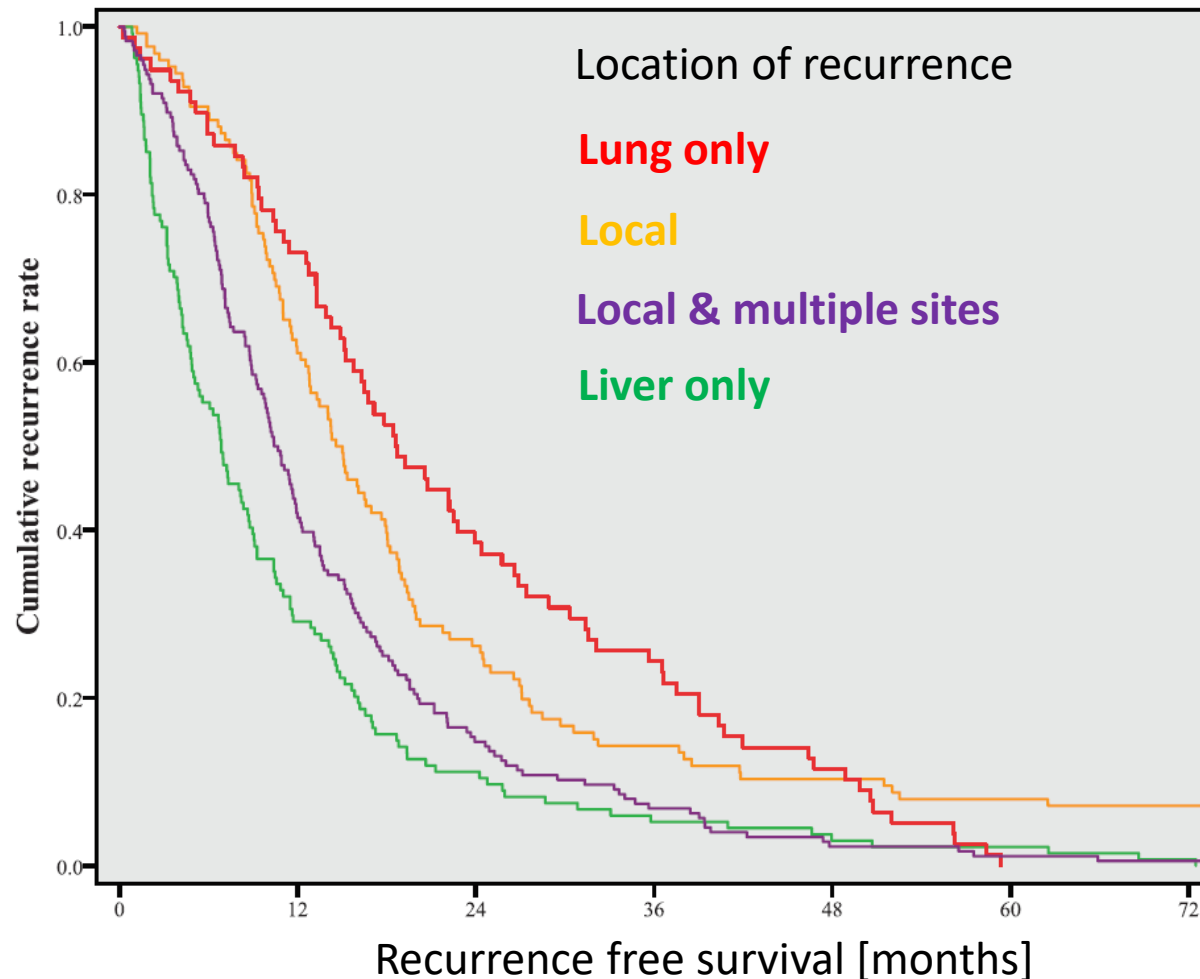
Haeno et al., Cell, 2012

Metastasis progression models



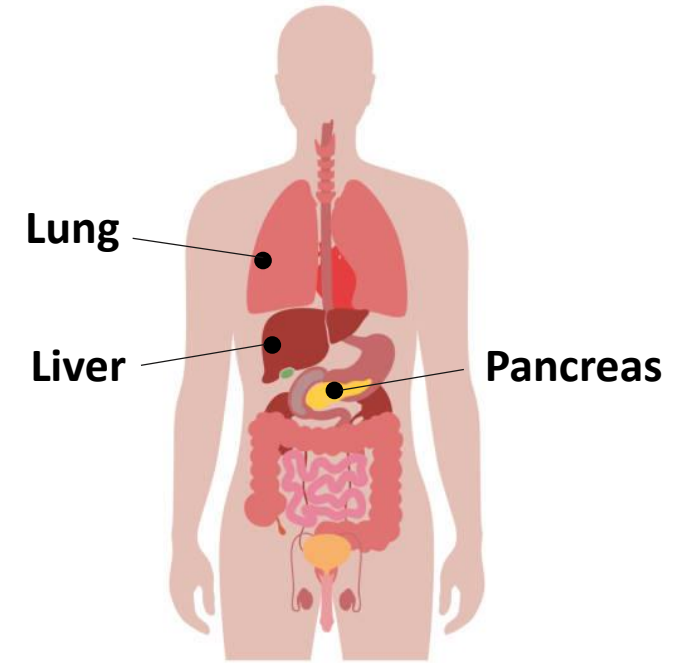
Rapid recurrence after surgical resection of pancreatic cancer

- Despite adjuvant chemotherapy > 70% **relapse** with distant recurrence **within the first 24 months** after surgery.
- **Timing or recurrence strongly correlates with overall survival.**
- Hepatic metastatic relapse occurs earlier and is associated with poor prognosis.



Key points progression

- **By the time pancreatic cancer is diagnosed it is already a systemic disease in most of the cases.**
- **At time of diagnosis, the metastatic cascade is already completed and metastatic tumours are present.**
- **Current treatments are not effective.**



We need to better understand how to restrain metastatic outgrowth or even reverse metastasis?

Mechanisms promoting PDAC metastasis

Genetic changes:

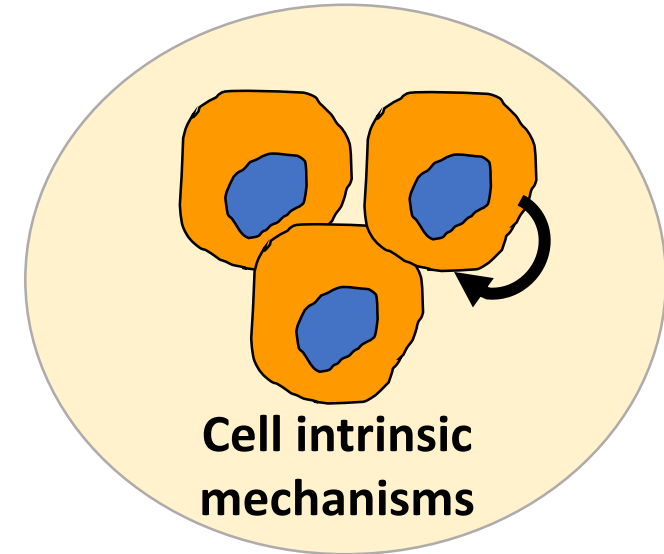
MYC amplification in metastatic PDAC patients.
(Maddipati et al, *Cancer Discovery*, 2022)

Metabolomic changes

Low glutamine induces Epithelial Mesenchymal Transition (EMT) in PDAC.
(Recouvreux et al., *JEM*, 2020)

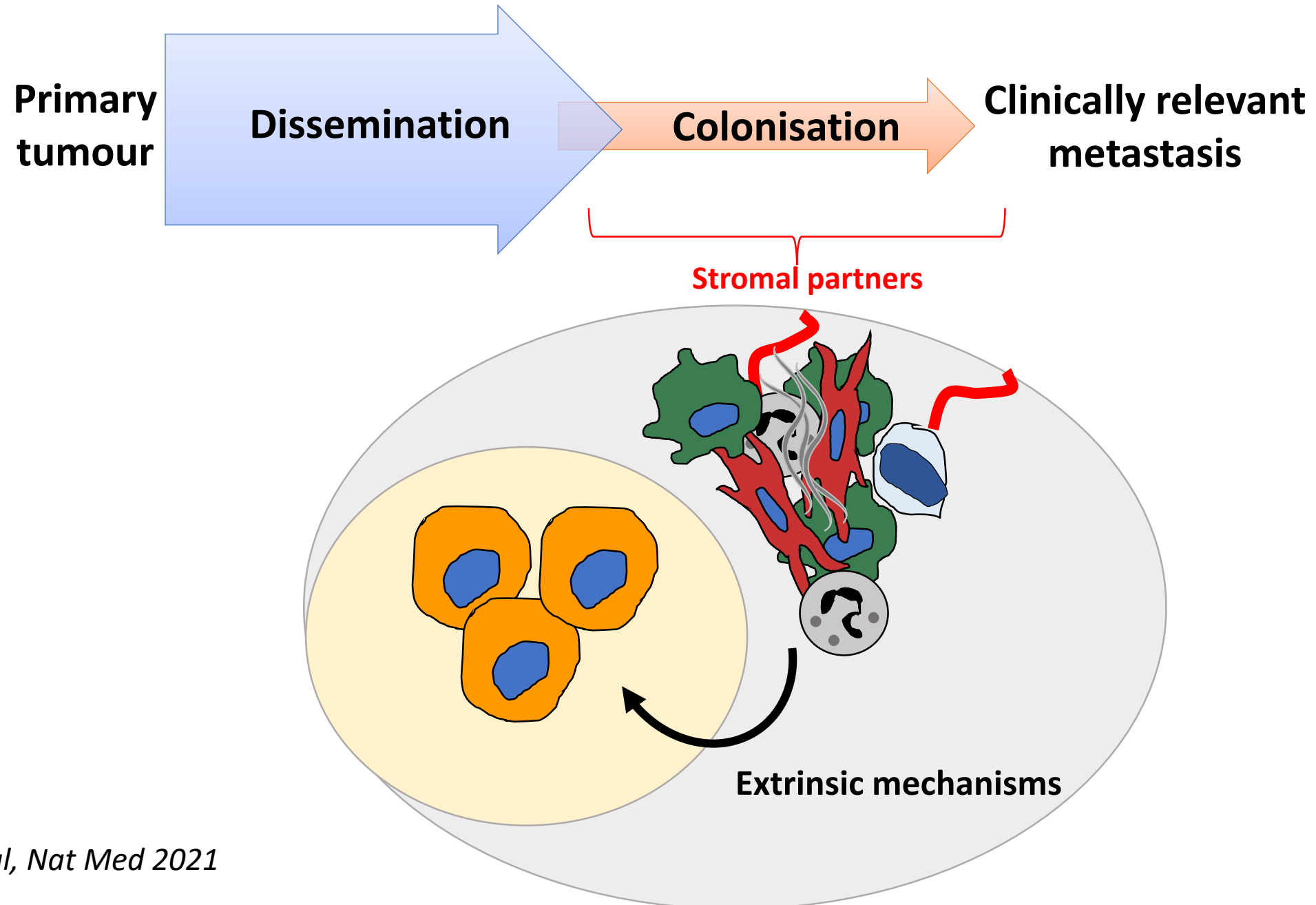
Epigenetic changes:

Enhancer reprogramming (FOXA1-mediated) allowing metastatic PDAC progression.
(Roe et al. *Cell*, 2017)



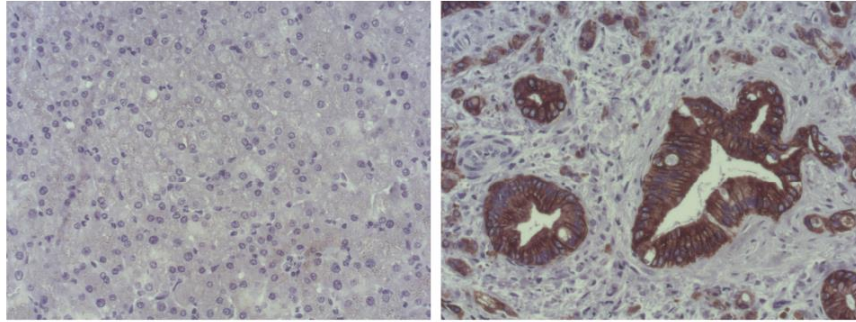
>> Enhanced invasiveness, migration, stemness-like phenotype, anchorage-independent growth of cancer cells

Colonisation of distant organs is a rate limiting step

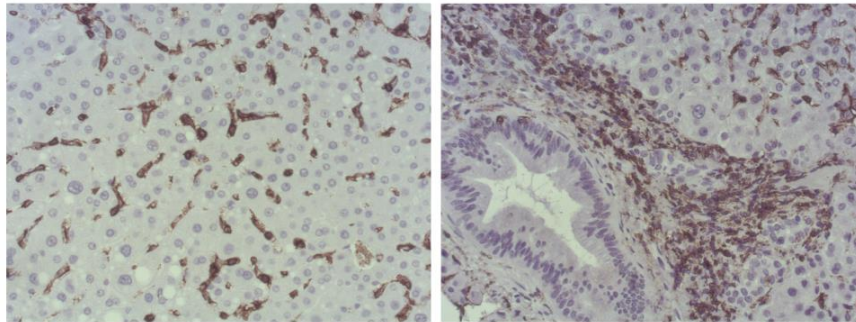


Metastatic PDAC cells induce the accumulation of immune/stromal cells in the liver

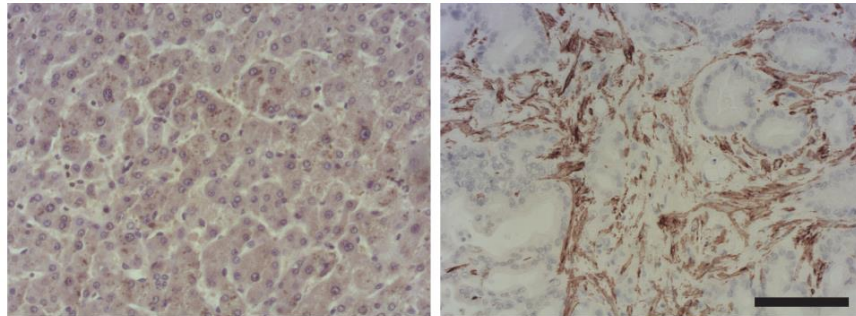
Cancer cells
(CK19+)



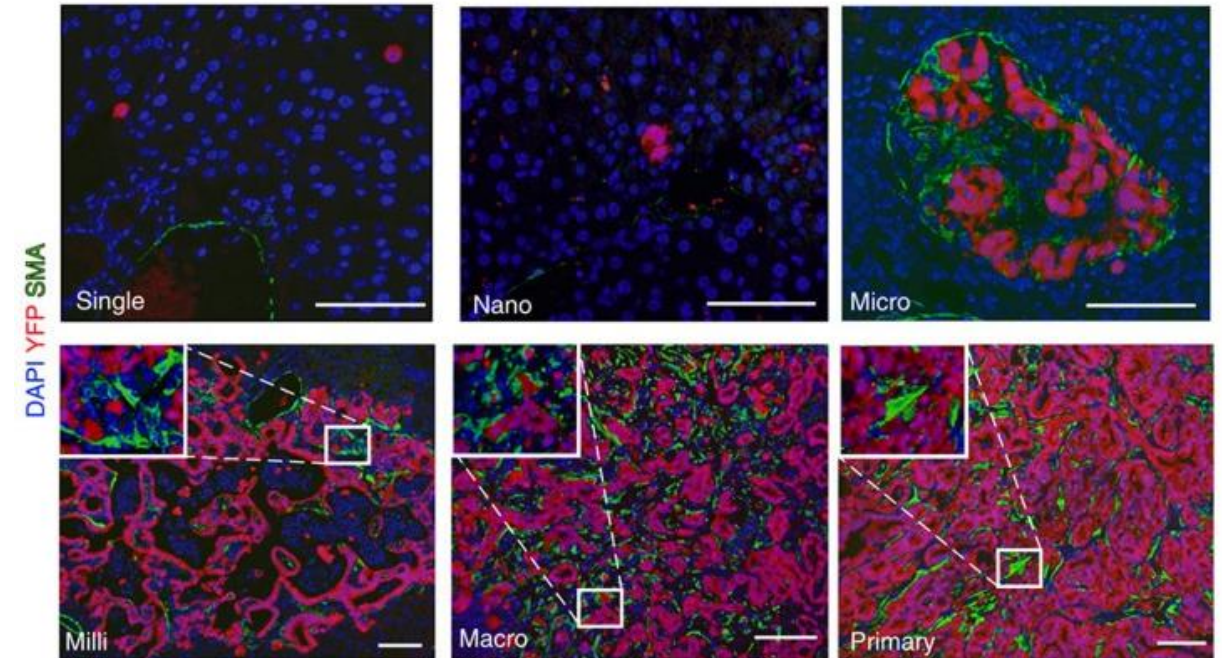
Hematopoietic cells
(CD45+)



Myofibroblasts
(α SMA+)



Scale bar = 100 μ m

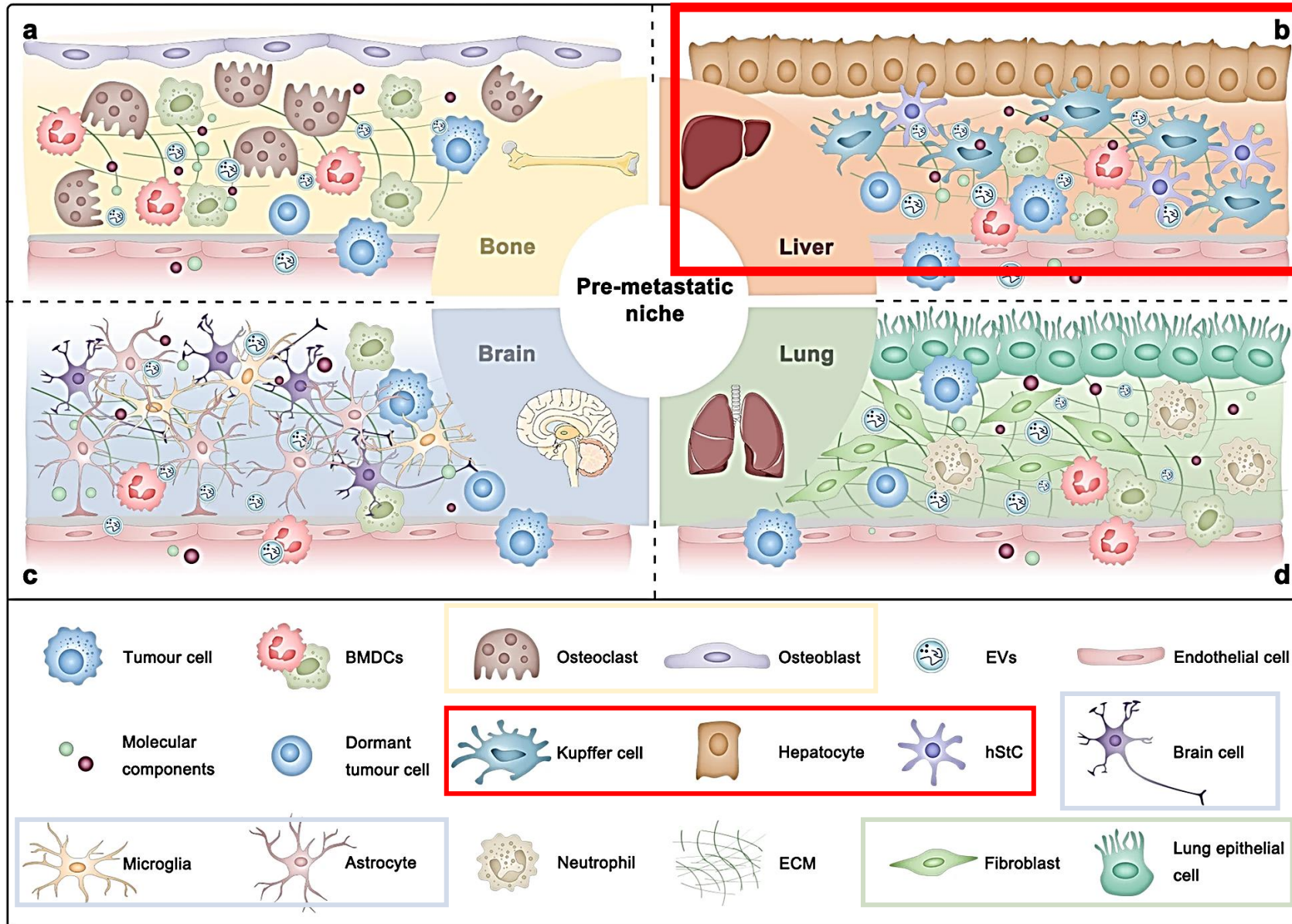


Nielsen et al., NCB, 2016

Quaranta et al, Cancer Research, 2018

Aiello et al., Nature Commun, 2016

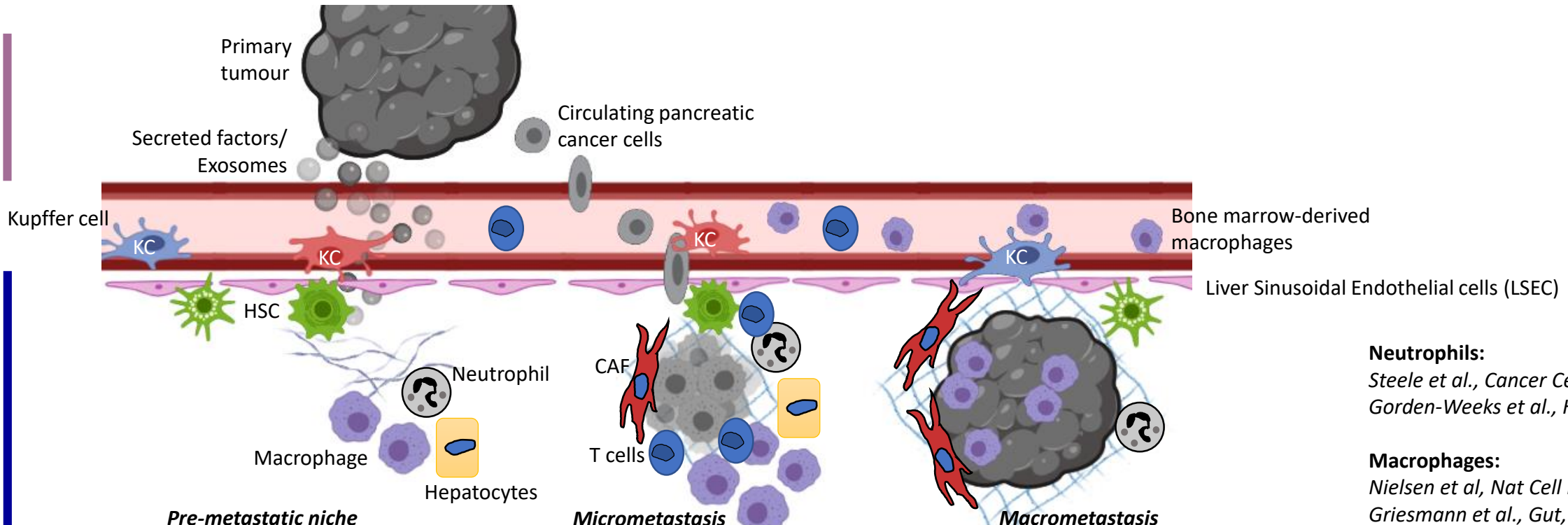
Metastatic niches are organ specific and multi-cellular



Distinct stromal partners promote PDAC liver metastasis

Pancreas

Liver



Pre-metastatic niche

Hospitable environment

- Activation of liver resident cells, recruitment of immune infiltrates. Generation of a permissive microenvironment

Micrometastasis

Massive elimination

- High cytotoxic phenotypes, such as CD8 T cells and immune stimulatory macrophages. Metabolic stress, immune surveillance

Macrometastasis

Tumour permissive microenvironment

- Conversion into an immunosuppressive microenvironment, drug resistance, specific stromal co-option

Neutrophils:
Steele et al., Cancer Cell 2016
Gorden-Weeks et al., Hepatology, 2017

Macrophages:
Nielsen et al, Nat Cell Biology, 2016,
Griesmann et al., Gut, 2017

Exosomes:
Costa-Silva et al., Nat Cell Biology, 2016

Hepatocytes:
Lee et al., Nature 2019

Fibroblasts:
Bhattacharjee et al., JCI, 2021

Cancer Associated Fibroblasts

- Different CAF subtypes (myCAF, iCAF, apCAF): Tumour-supportive and tumour suppressive roles in PDAC.
(*Elyada et al, Cancer Discovery 2019*)
- CAFs show **fibroblast-like** gene signature in the pancreas, while hepatic fibroblasts show a **pericyte-like** signature
(*Raghaven et al., Cell, 2021*)
- Distinct cellular origin (PSC vs HSC vs mesenchymal stem cells)
(*Helms et al., Cancer Discovery, 2022*)

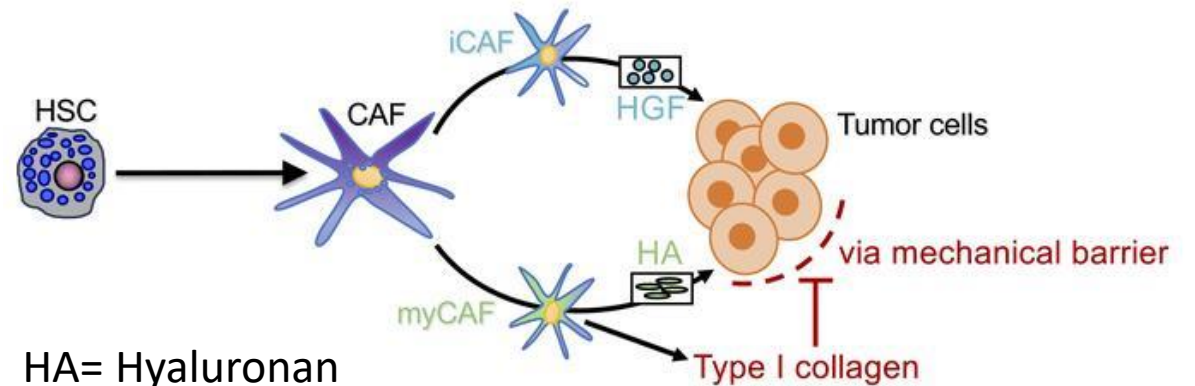
Different organs – different functions:

Pancreas

MyCAF: Depletion of α SMA+ CAFs accelerates tumour progression at primary site because loss of Type I collagen.
Ozdemir et al., Cancer Cell, 2014

Liver

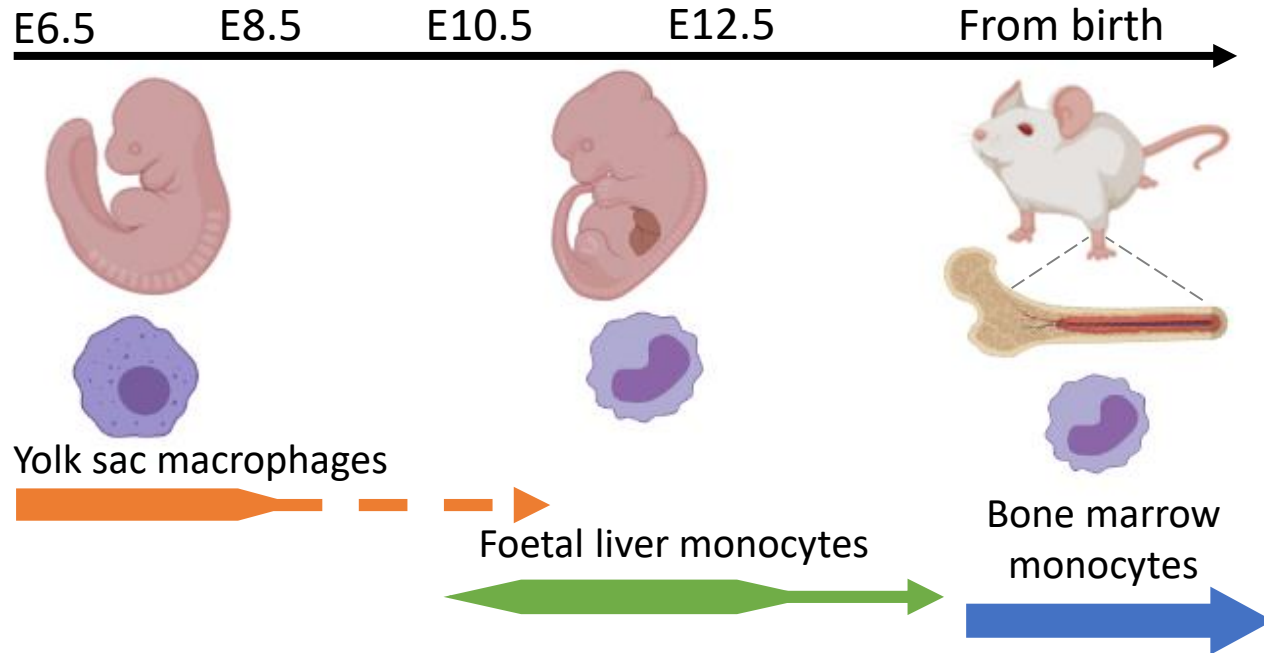
MyCAF: Depletion of α SMA+ CAFs reduces liver metastasis
Bhattacharjee et al., JCI, 2021



Tumour associated macrophages

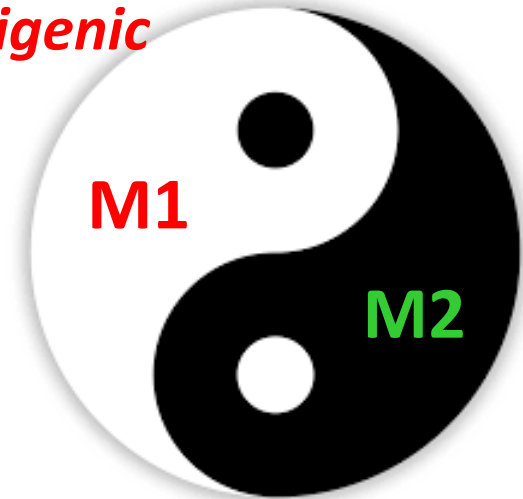
- Monocyte derived macrophages versus tissue resident macrophages (Kupffer cells).
- Macrophage heterogeneity in PDAC liver metastasis.
- Macrophage conversion (immune stimulatory vs immunosuppressive)

Origin



Activation / Conversion

Immune stimulatory
Anti-tumorigenic



Immune suppressive
Pro-tumorigenic

Pollard et al., Nature Rev Immunol, 2009

Ruffel et al., Trends Immunol, 2012

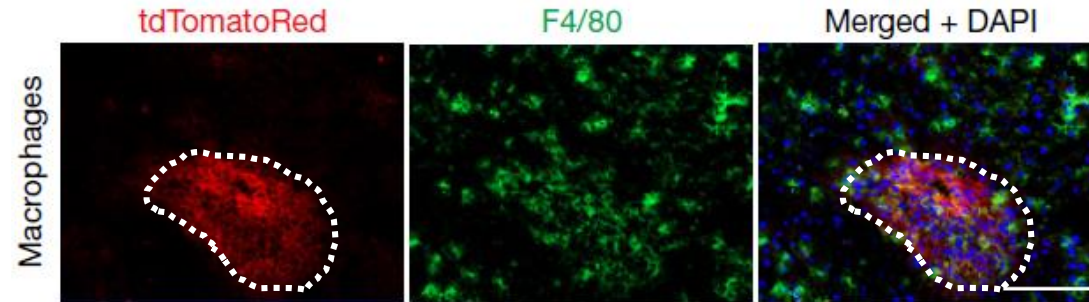
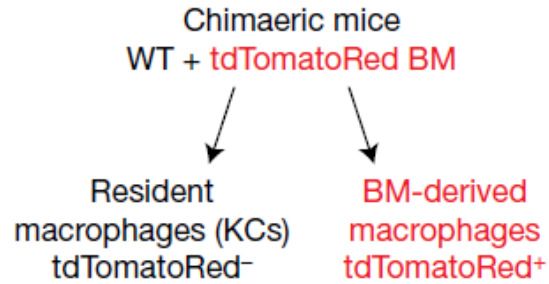
Noy et al., Immunity, 2014

Mielgo & Schmid, BMP reports, 2013

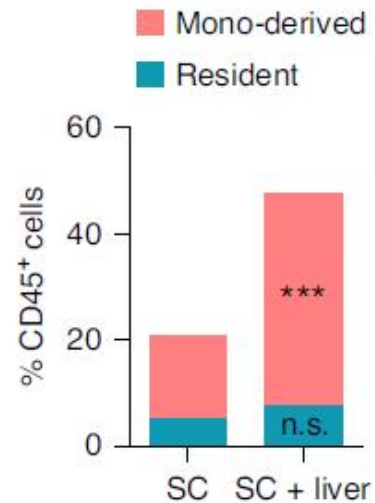
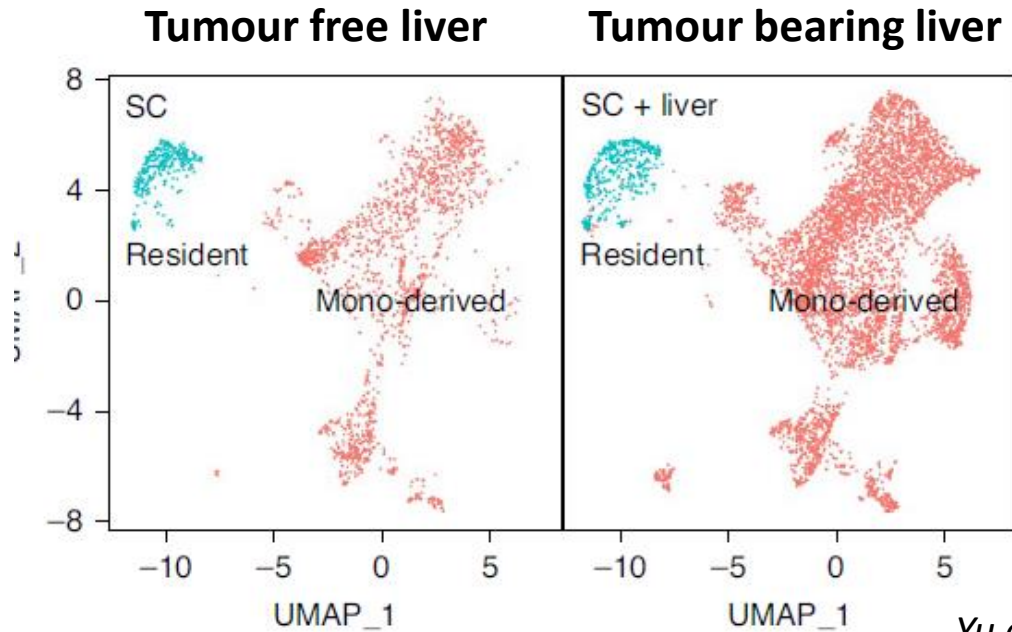
Bronte & Murray, Nat. Med. 2015

Klemm & Joyce, Trends in Cell. Biol, 2014

Monocyte-derived macrophage populations expand during liver metastasis



Nielsen et al., Nat Cell Biology, 2016

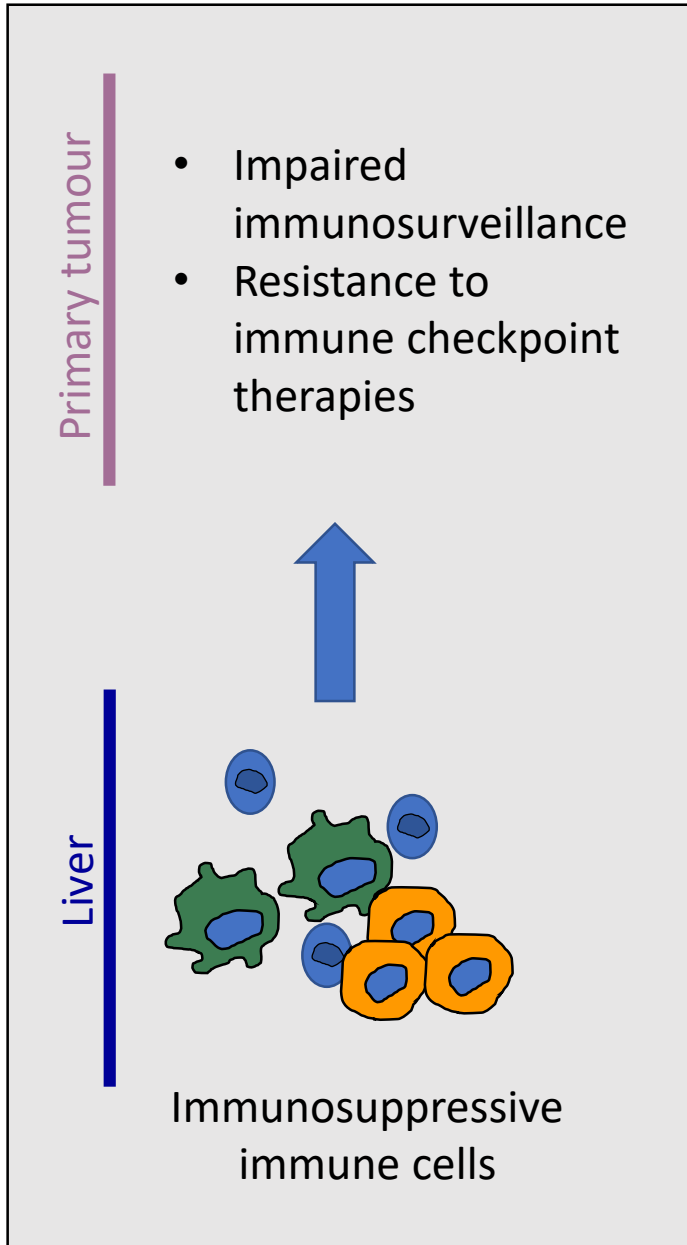


Yu et al., Nature Med, 2021

Functional characterisation:

- Macrophage heterogeneity
- Immune regulation
- Shaping fibrotic response

Systemic immunosuppressive effects mediated by liver metastasis



Melanoma, Non Small Cell Lung Cancer, Colorectal cancer models:

- Systemic “immune desert”
- Metastasis associated macrophages mediated depletion of activated CD8+ T cells
- Resistance to immunotherapy
- Radiotherapy stimulates anti-tumour immunity and blunts macrophage immunosuppressive effects

Yu et al., Nature Med, 2021

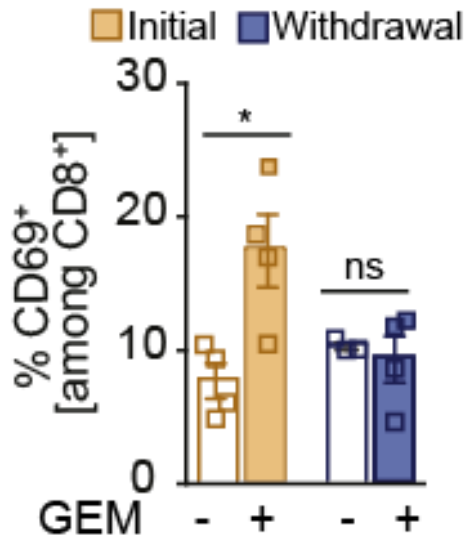
Colorectal cancer model:

- Tumour antigen presence within the liver leads to systemic immunity
- Regulatory T cells and intratumoral CD11b+ monocytes
- Resistance to immunotherapy
- Depletion of Treg cells restored response to anti-PD-1 therapy

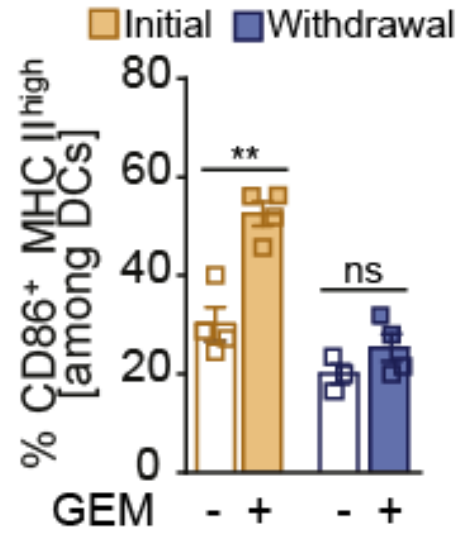
Lee et al., Science Immunology, 2020

Chemotherapy induces a temporary activation of immune cells in metastatic tumours in PDAC

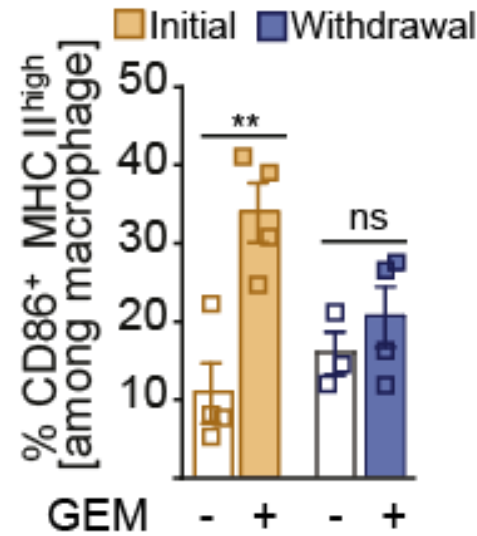
CD8+ T cell



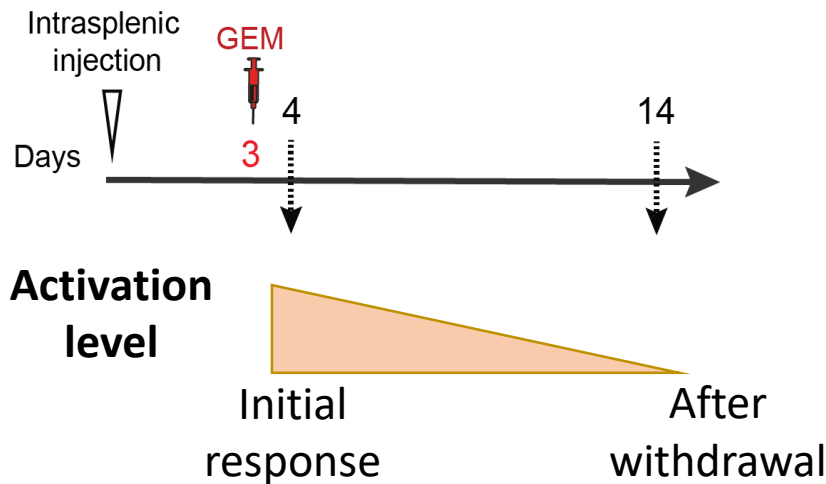
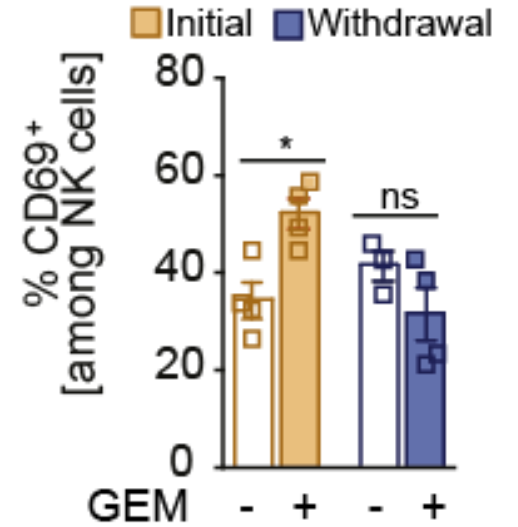
Dendritic cells



Macrophages



NK cells



Emerging areas

- **The same, but different?** Decipher stroma heterogeneity, cell origin, and functions of different stroma cells at metastatic sites. Are there conserved molecular targets between the primary and the metastatic tumour site?
- **Who regulates who and how?** Reciprocal interactions among different stromal cells and implication of emerging stroma-targeted therapies.
- **Metastatic niches and therapies:** Impact of adjuvant and neo-adjuvant therapies on the metastatic sites. New opportunities for treatments?
- **Genomics and stroma:** Whether and how mutational changes in cancer cells affect tumour-stroma-immune interactions and could this be exploited for personalised therapies?
- **Keep it local:** Non-invasive markers to detect early disease initiation prior metastatic dissemination.

Challenges and gaps

- We need to **study tumour cells in relation to other cells**. Primary non-cancerous cells lose their propensity in culture? Can we get better ex-vivo models?
- Patients: **Integration of metastatic patient samples**. Matched samples (primary/metastasis, pre/post treatment)
- **Multidisciplinary teams/Collaborative working**: scientists with expertise in different areas, medical oncologists, surgeons, pathologists, technologists, research nurses.
- Current **pre-clinical mouse models for PDAC metastasis have limitations** (biologically and financially). Subsidized centre(s) (charity/UKRI) maintaining larger mouse colonies of metastatic PDAC models accessible for UK scientists?
- **Omics web app for PDAC specific data sets** allowing an uncomplicated access to and sharing of large data sets among pancreatic cancer researchers.