

How can we accelerate the translation of early detection biomarkers into the clinic? Do we have good *in vitro* models mimicking early-stage human disease?

PILAR ACEDO

Senior Research Fellow

Division of Medicine

Institute for Liver and Digestive Health

University College London, UCL

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The Pereira/Acedo Lab

- Multidisciplinary team formed by basic and clinical scientists
- Research aim: to impact patient outcomes



@pilar_acedo

@PereiraAcedoLab

Population screening for Pancreatic Cancer is not feasible

- Screening for PanCa in average risk individuals will fail due to low cancer prevalence
- Use of an “almost perfect test” with a 99% sensitivity and a 99% specificity for PDAC

Are there any screening programs for PanCa?

Prevalence of PanCa > 50 yrs:
37/100 000 [SEER, 2018]

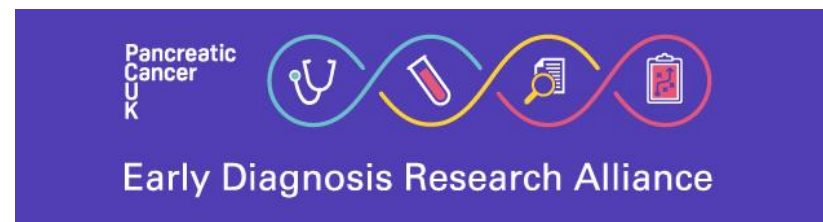
- In 10% of cases there is a **family history** of PanCa – screening programs are available (e.g. **EUROPAC**: *The European registry of hereditary pancreatitis and familial PanCa*). Patients with premalignant **cystic lesions**: **‘High-risk’ cohorts**. Other risk factors currently under investigation: **new-onset** diabetes (UK-EDI).
 - 99% sensitivity
 - 99% specificity
 - 1000 false positive
 - 99,000 negative
- There is **no test** that allows earlier detection for the remaining 90% of cases (**sporadic** pancreatic cancer).

Our research question in Early Detection

HOW CAN WE IMPROVE THE EARLY DETECTION OF PANCREATIC CANCER?

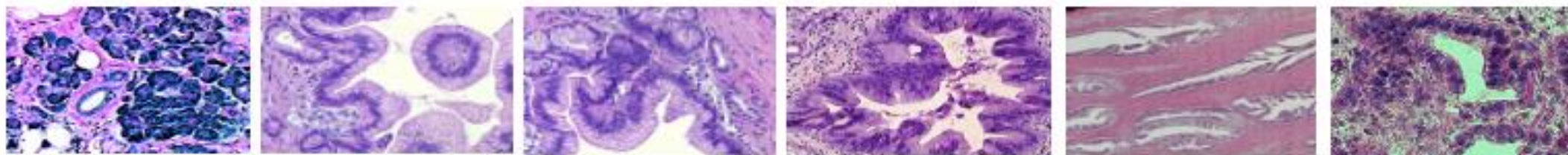
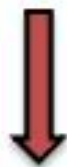
- 1.** Identifying accurate and cost-effective biomarkers for ED in high-risk populations
- 2.** Modelling *in vitro* models mimicking human disease
- 3.** Developing biomarker platforms for implementation in the clinical setting

1. Discovery of biomarkers for early detection



When can we detect PDAC?

Early diagnosis Biomarkers



Normal

Hyperplasia

Dysplasia

Carcinoma in situ

Invasion

Metastasis

12 ± 3 years

7 ± 3 years

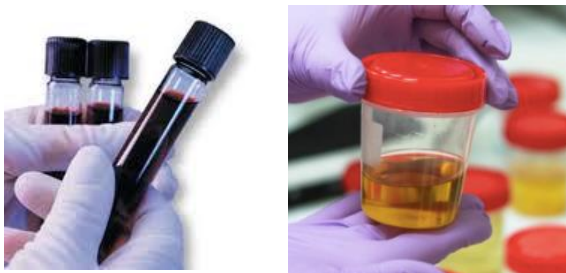
3 ± 1 years

'window of opportunity'

The ADEPTS study: Accelerated Diagnosis of neuroEndocrine and Pancreatic TumourS

AIM: i) To identify symptoms earlier (risk stratification), and **ii)** to develop new tests to diagnose pancreaticobiliary cancers at an early stage; less invasive diagnosis.

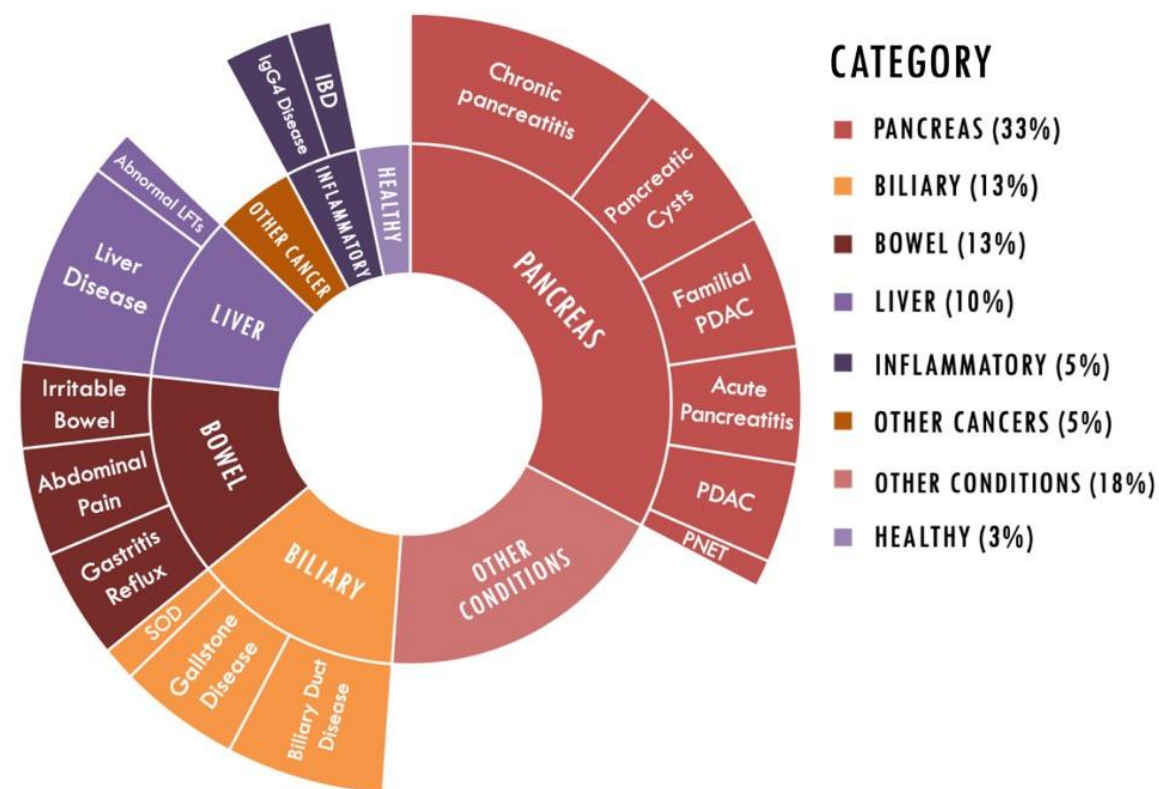
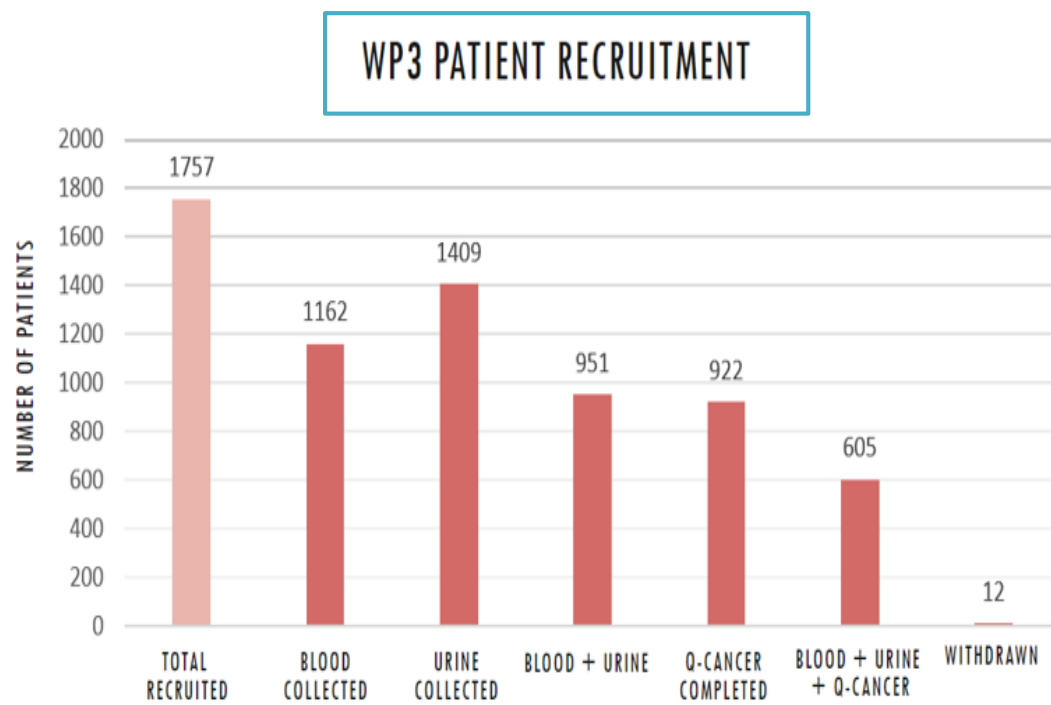
- **Creating a bank of samples from people with vague symptoms** similar to those diagnosed with PanCa (**OUR CURRENT TARGET GROUPS: HIGH-RISK GROUPS**)



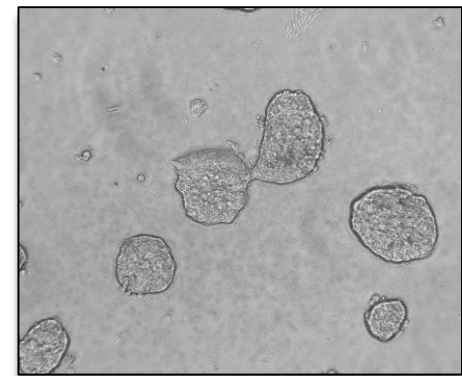
> 1,000 samples collected

The ADEPTS study:

Diagnosis breakdown



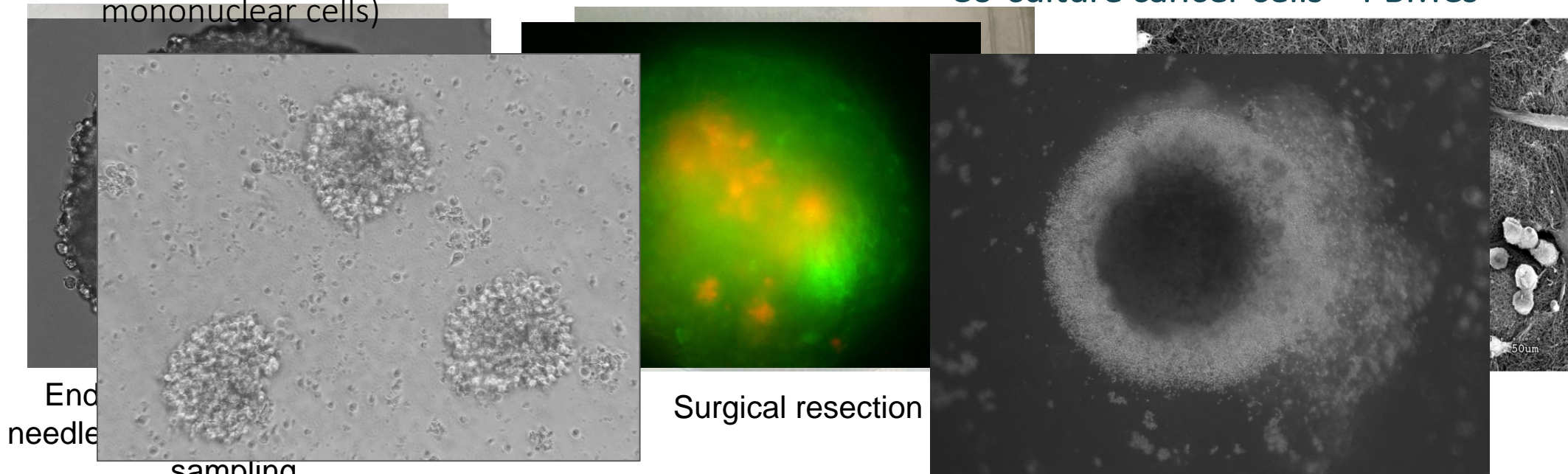
2. Establishment of patient-derived models



Organoids and Spheroids...the challenge of early-stage disease

Activated PBMCs (peripheral blood mononuclear cells)
 Co-culture: cancer cells (green) + stromal cells (red)

Patient-derived organoids
 Co-culture cancer cells + PBMCs



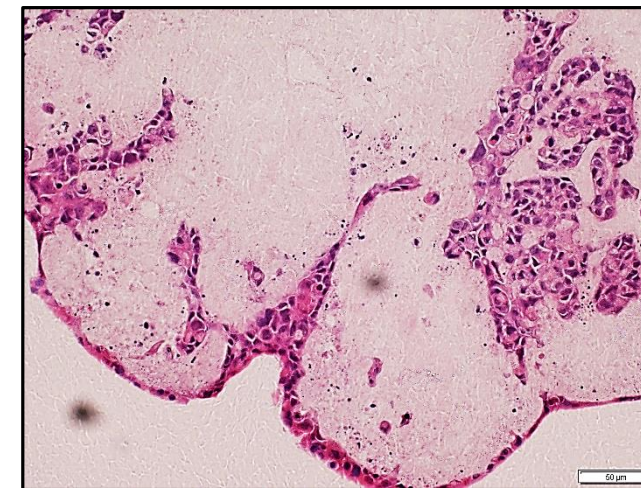
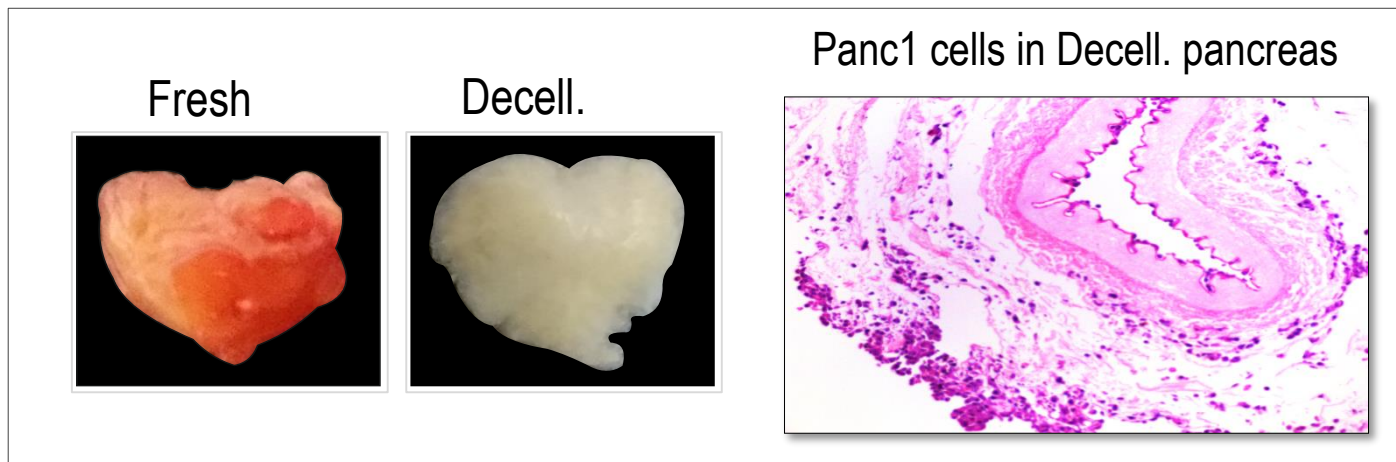
End
 needle

sampling

Surgical resection

Blast cell formation

Human Pancreas ECM Scaffolds

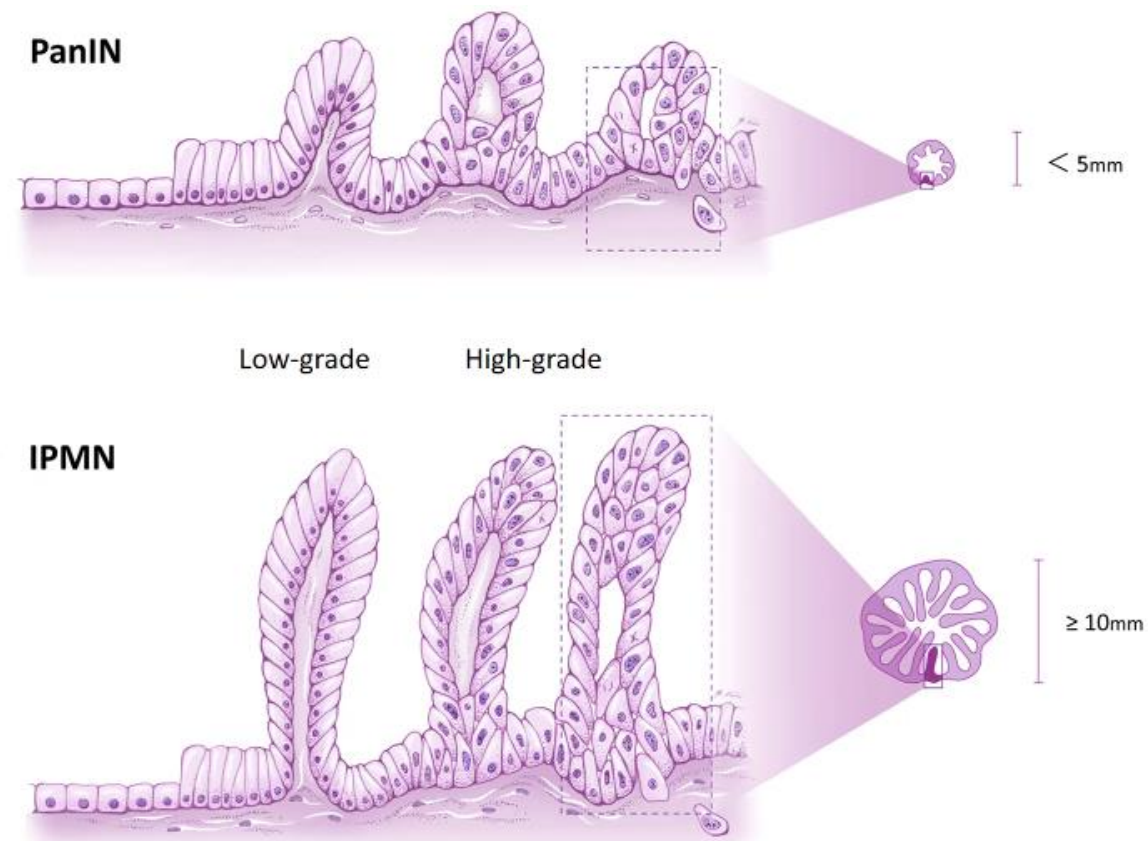


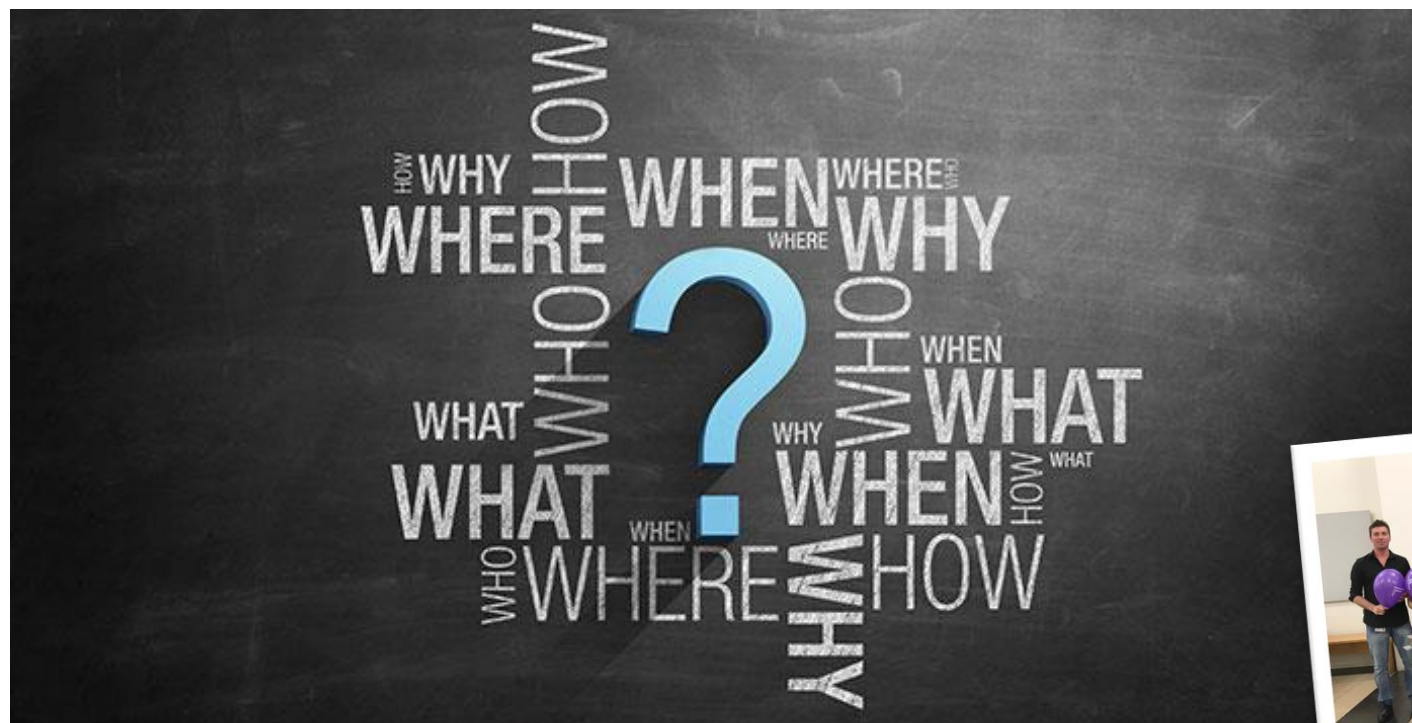
Patient-derived cells growing into a decellularised human pancreas scaffold

Manuscript under review: *“Tissue-specific human extracellular matrix scaffolds promote pancreatic tumor progression and chemotherapy resistance”*


A lot of studies focus on advanced pancreatic cancer.....

- What is the best strategy to understand the initiation and progression in pancreatic tumorigenesis?
- How can these findings improve care of early-stage pancreatic cancer patients?





Stay in touch: p.nunez@ucl.ac.uk

 [@pilar_acedo](https://twitter.com/pilar_acedo)
[@PereiraAcedoLab](https://twitter.com/PereiraAcedoLab)