Stromal microenvironment in tumor development & progression

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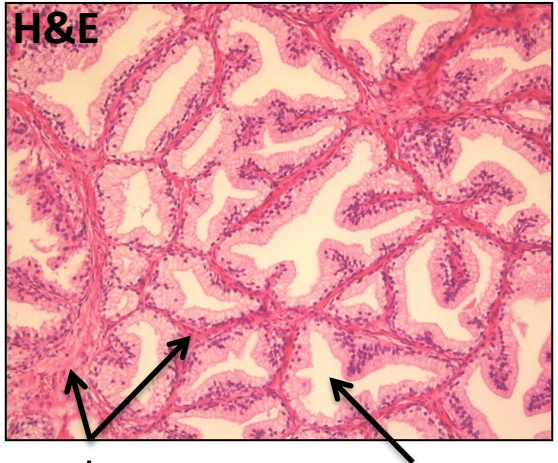
Overview

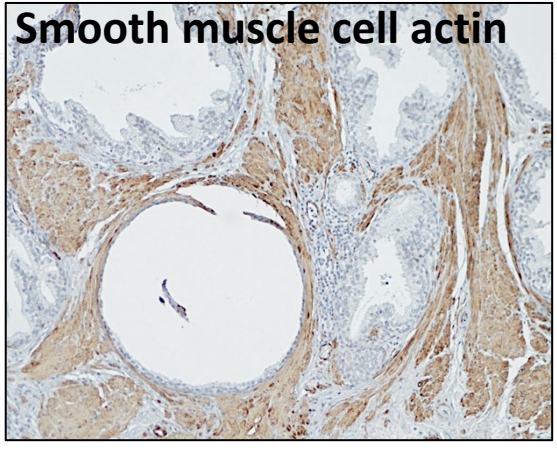
1. Background
   - Stromal tissue: definition, composition, function
   - Molecular/cellular changes in tumor microenvironment
   - Cancer-associated fibroblasts as major tumor-modulating entities in tumor microenvironment
2. Paper presentation
3. Take home message

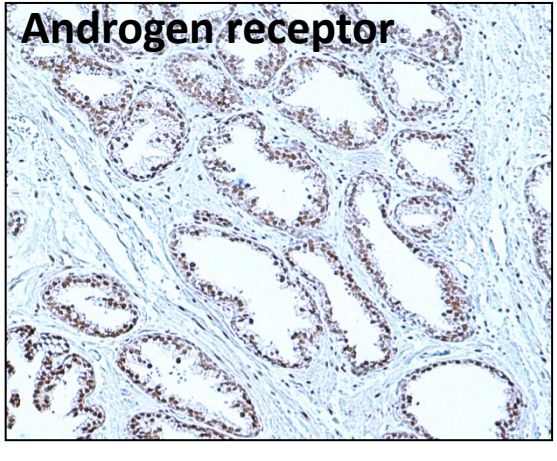
Stroma

Definition:

- the supportive framework or matrix of a cell or organ
- comes from Greek meaning **bed covering or mattress**







70% of prostate = stroma

Stroma: composition & origin

- stroma derives from embyronic mesenchyme

cellular component:
nerves
blood vessels
immune cells
fibroblasts
smooth muscle cells (SMCs)

non-cellular component:
connective tissue
extracellular matrix (ECM)

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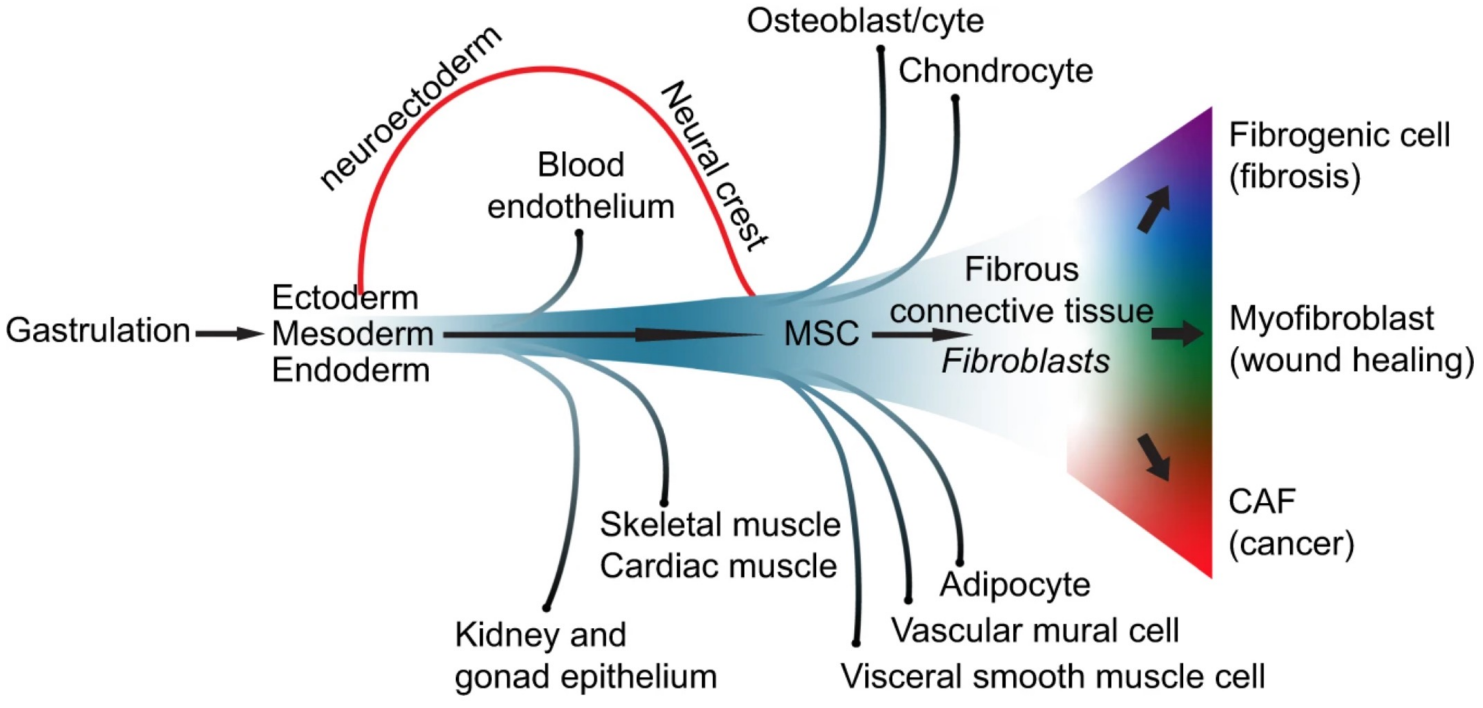
Stromal cell origins

From: Identification, discrimination and heterogeneity of fibroblasts



Other cell types originating from the mesoderm are also depicted. MSC are shown as a transitory cell type that yield fibroblasts. In fibrosis, wound healing and cancer, fibroblasts likely progress further to become fibrogenic cells, myofibroblasts and CAFs, respectively.

Lendahl et al *Nat Comm*: **13**, Article number: 3409 (2022)

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Stroma: function

1. provides structural support/rigidity to organ and tissue (connective tissue)

1. key regulator of tissue homeostasis & organ development:
   - reciprocal interactions between epithelium and stroma via paracrine-acting signaling molecules (growth factors and cytokines)
   - signaling cascades regulate epithelial and stromal cell proliferation, differentiation, ECM production, angiogenesis (i.e. key processes that contribute to cancer)

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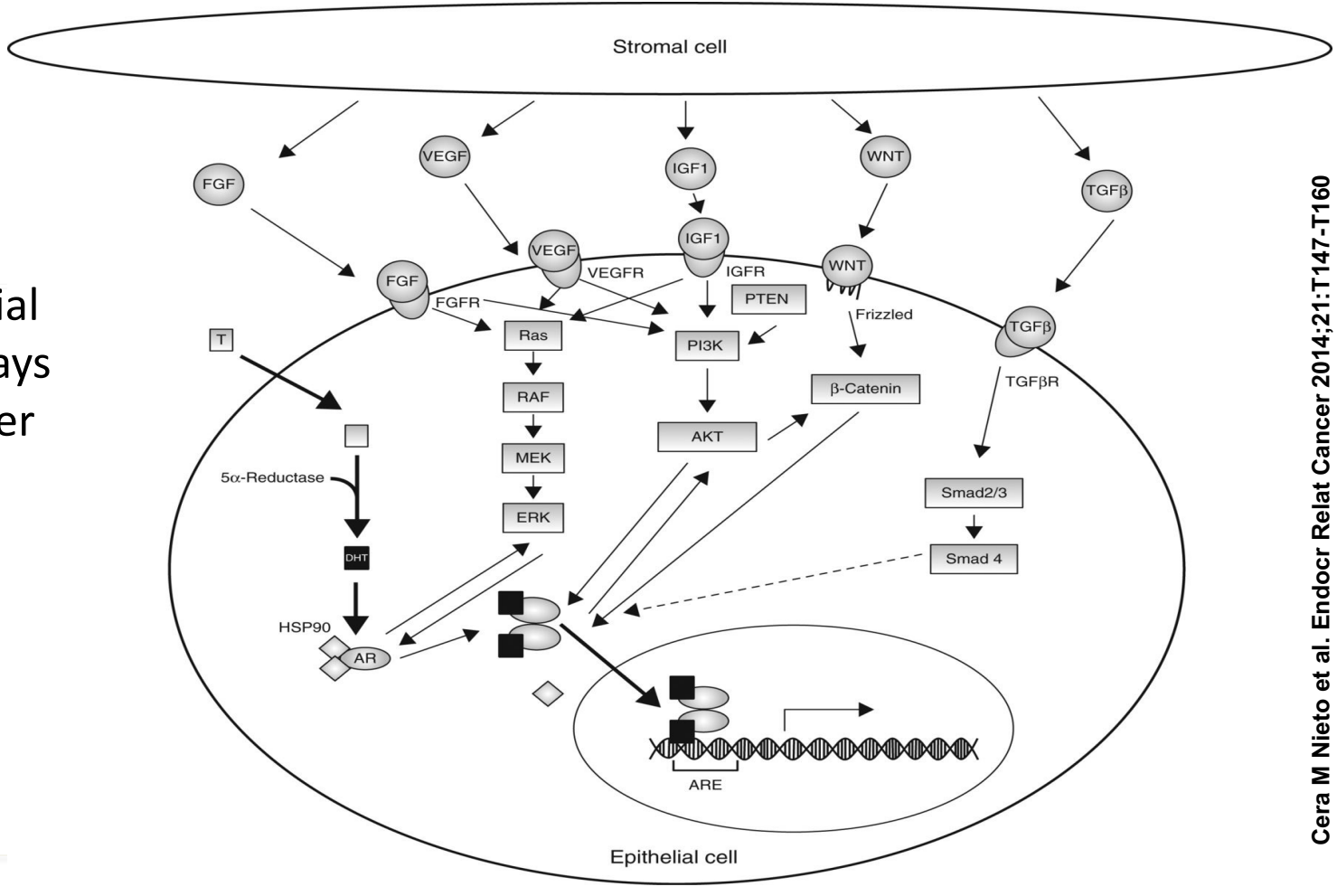
Stromal – epithelial interactions

EXAMPLE:
AR-regulated stromal–epithelial signaling pathways in prostate cancer



Cera M Nieto et al. Endocr Relat Cancer 2014;21:T147-T160

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Tumor stroma: historical perspective

1863: Rudolph Virchow observed leukocytes in stroma of neoplastic tissue. He hypothesized that malignancy originated at sites of chronic inflammation

1889: Paget noted that some tumor cells (the "seed") grow preferentially in the **microenvironment** of selected organs (the "soil") and that metastases only result when the appropriate seed is implanted in its suitable soil

1924: Max Borst wrote „with regards to the question of whether the epithelium or the connective tissue has the leading role in carcinogenesis, we think that asking "*either/or*" is bad."

Tumor-promoting microenvironment

Tumor stroma greatly enhances tumorigenicity

Inoculated cancer cells embedded in tumor stroma are 10 – 100 fold more tumorigenic than stroma-free suspensions of cancer cells

Tumor-adjacent stroma termed „reactive“ or „desmoplastic“ stroma

Table 1. *Tumorigenicity of Cancer Cells Inoculated into Normal Mice as Cell Suspensions or Fragments of Solid Tumors*

Tumor	Inoculum*	Tumor cells	Tumor outgrowth‡
		$\times 10^6$	
1591-PRO	Suspension	50	0/7§
	Suspension	10	1/8
	Fragments	15	11/15
	Fragments	3	10/12
	Fragments	1.5	8/12§
6134A-PRO	Suspension	50	0/5‖
	Suspension	10	0/16
	Fragments	15	9/11
	Fragments	3	8/12
	Fragments	1.5	7/12‖

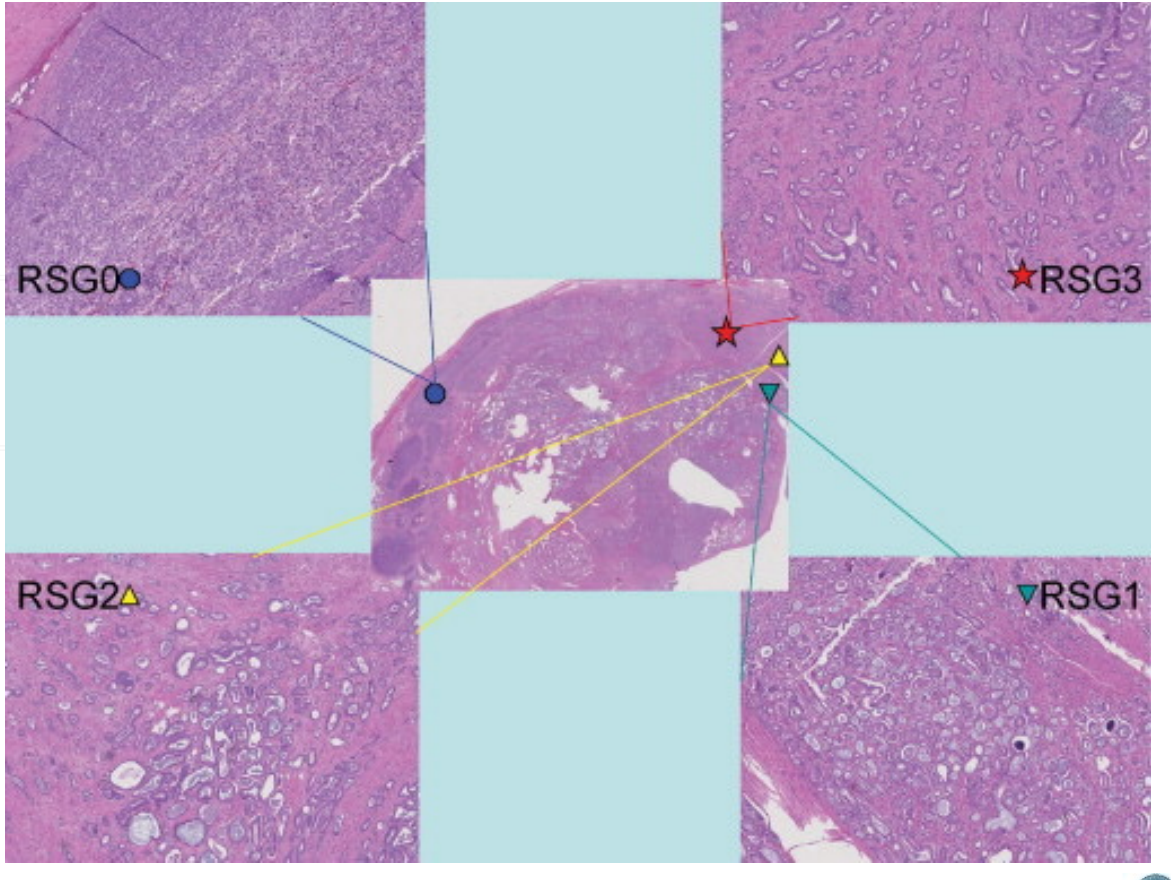
Singh et al. 1992 J Exp Med 175: 139

Reactive stroma grading

4 different reactive stromal grades (RSGs) depending on the <u>percentage of area of reactive stroma (RS) in the tumor</u>:

RSG 0: ≤5%
RSG 1: 6%– 15%
RSG 2: 16%–50%
RSG 3: at least a 1:1 ratio between reactive stroma and epithelial cancer

not routinely used in clinical diagnostics

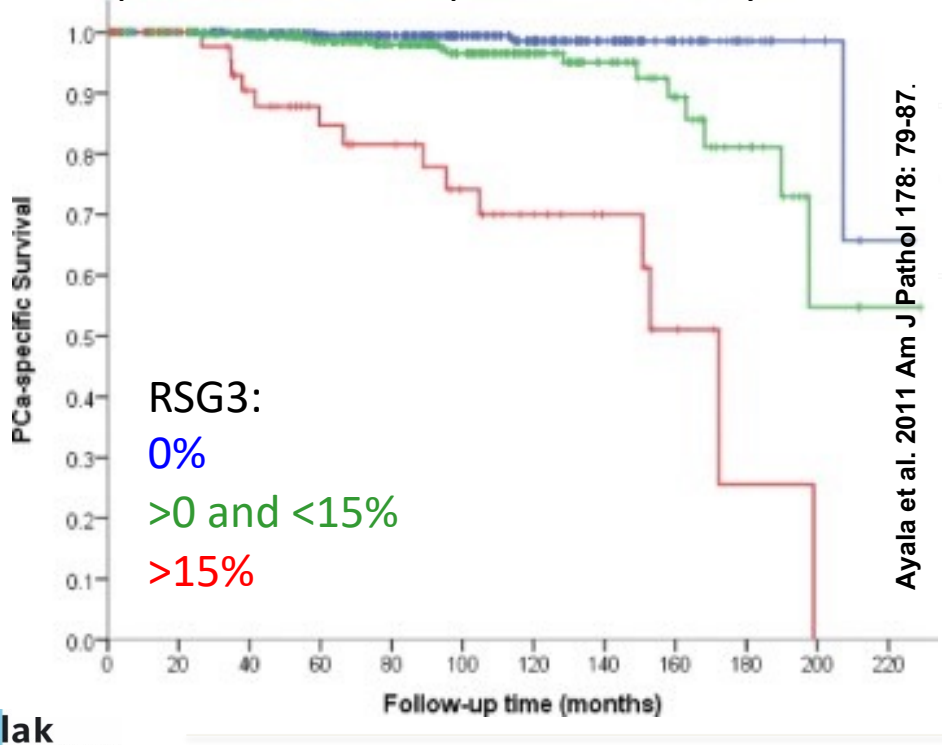


Ayala et al. 2011 Am J Pathol 178: 79-87.

Reactive stroma: clinical relevance

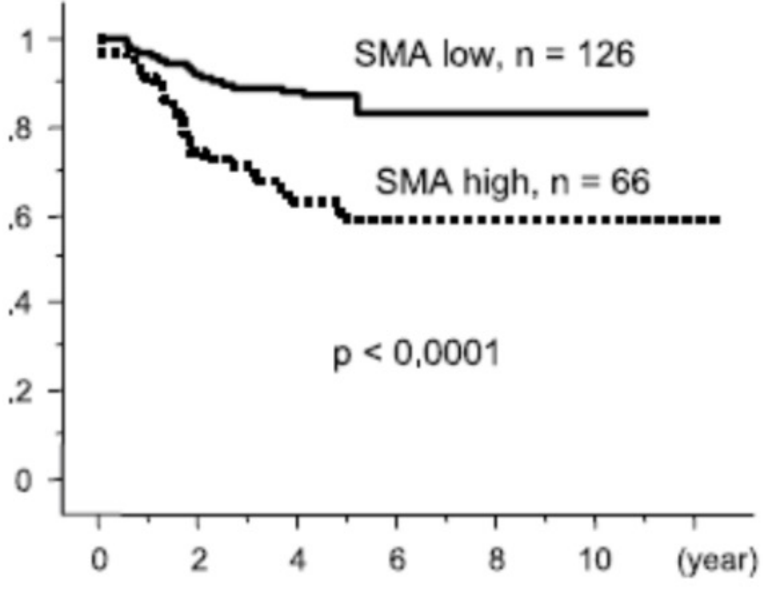
stroma-enriched tumors are associated with poor prognosis

prostate cancer specific mortality



Ayala et al. 2011 Am J Pathol 178: 79-87.

overall survival of colorectal cancer patients



(Tsujino et al., Clin. Cancer Res. 2007)

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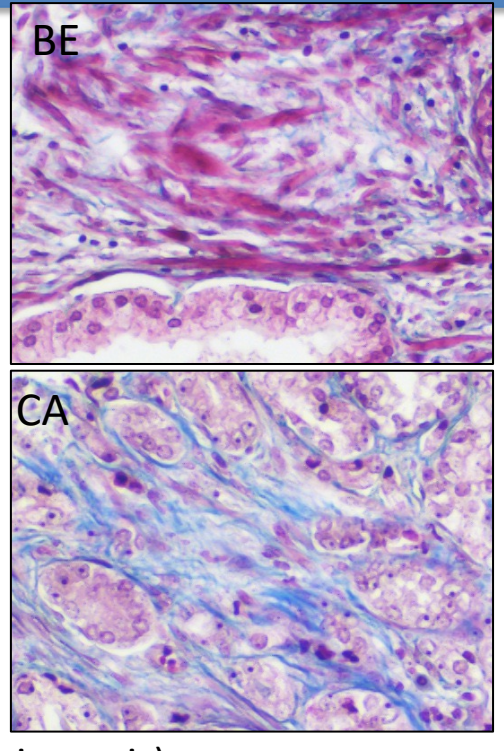
Tumor microenvironment

- reactive stroma exhibits histo-morphological hallmarks:

each required for tumor development

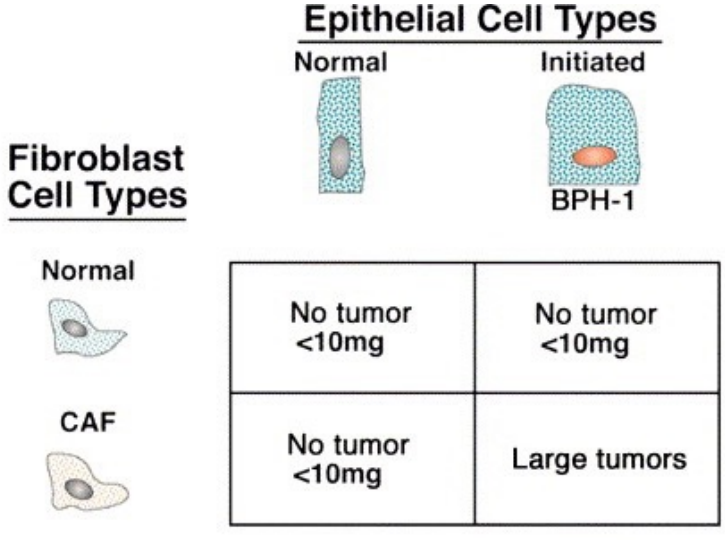
  - presence of carcinoma-associated fibroblasts (CAFs, activated phenotype)
  - increased deposition of altered ECM
  - increased capillary density (aberrant structure/ leaky vessels)
  - immune cell infiltration

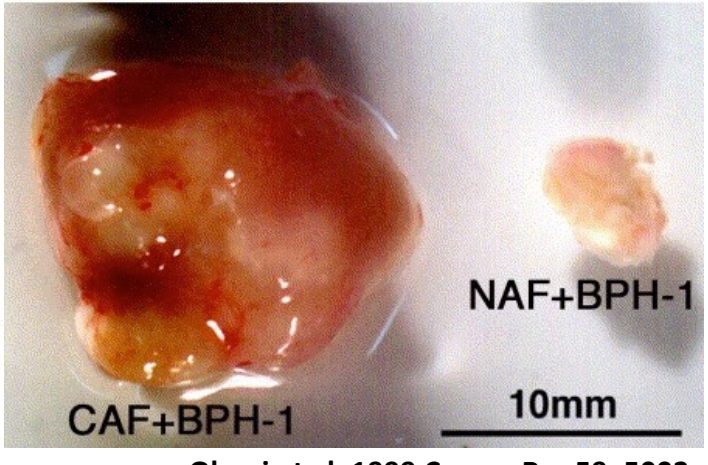


Masson's thrichrome: smooth muscle; collagen

- changes apparent in pre-neoplastic lesions (early event in tumorigenesis)
- tumor-associated stroma changes (co-evolves) during tumor progression

Carcinoma Associated Fibroblasts



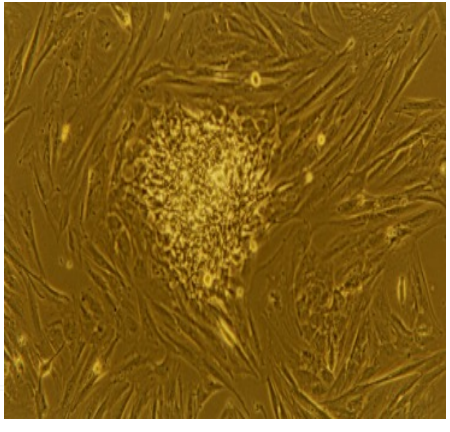


Olumi et al. 1999 Cancer Res 59: 5002

- Tumor-promoting capacity of stroma predominantly mediated by CAFs

CAFs

- persistently activated fibroblast-like cells in stroma adjacent to the tumor and at invasive front (spindle-like morphology)



- CAF phenotype proven by ability to promote tumorigenesis of initiated but non-tumorigenic epithelial cells

- Isolated from tumor biopsies via
  - (i) outgrowth from tissue slices in media containing serum
  - (ii) tissue digestion with collagenase and differential centrifugation/FACS

CAFs: molecular hallmarks

- exhibit widespread DNA hypomethylation
- no single molecular marker to define CAFs
- common markers include:

fibroblast activation protein (FAP)	platelet derived growth factor receptors
alpha smooth muscle actin (SMA)	Tenascin C
fibroblast specific protein (FSP1)	podoplanin
CD90/Thy1	↓ caveolin-1

- not all CAFs express these markers (different CAF subtypes) and these markers are not necessarily CAF-specific
- CAF subtypes also exhibit functional differences

CAF heterogeneity

- „CAF“ represents a heterogeneous mix of functionally-distinct cell types/cell states
- Cytokine/expression profiles may characterize different CAFs subtypes (tissue-specific)
- CAFs can promote or inhibit tumor progression:
  - *podoplanin$^+$ CAFs are prognostic indicator in lung adenocarcinoma, squamous cell carcinoma and breast cancer*
  - *FAP$^+$ CAFs associated with poor outcome in colon cancer*
  - *CD90 (Thy-1)$^+$ CAFs more tumor-promoting in prostate cancer*
  - *depleting FAP$^+$ CAFs promoted tumor progression in mouse PDAC model*
  - *inhibiting Shh signaling, depleted stromal content but promoted tumor aggressiveness in mouse PDAC model*

➢ Different subtypes of CAF exist, which are functionally/molecularly distinct - heterogeneity may reflect different activation stimuli (e.g. IL6 vs. TGFβ) and/or CAF cellular origin (i.e. local resident fibroblast vs. infiltrated BM-derived cell)

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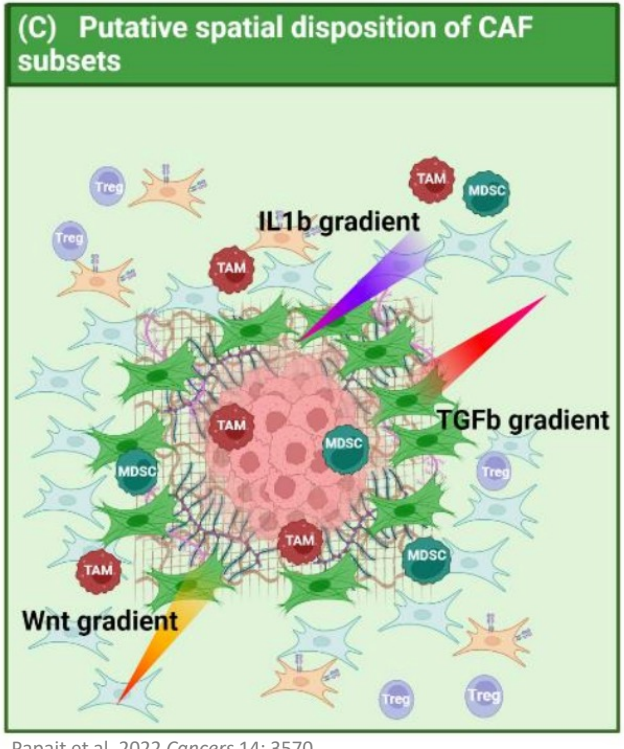
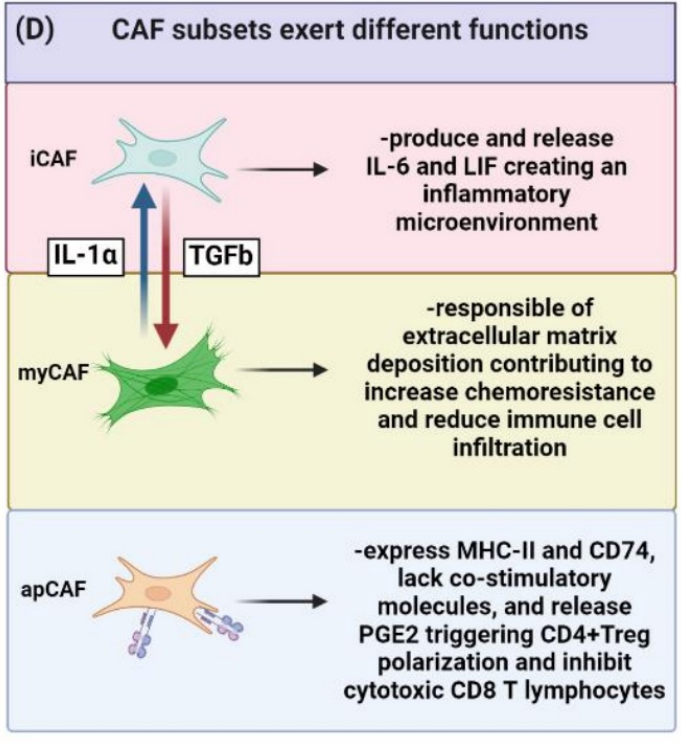
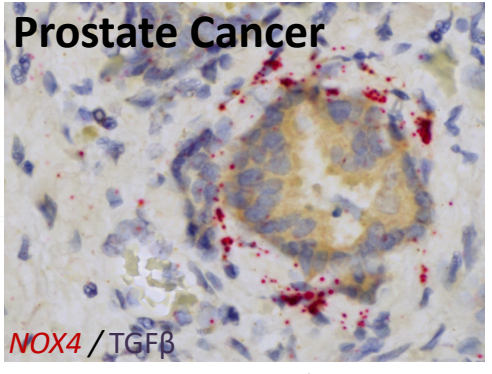
Prevailing CAF substates





Papait et al. 2022 *Cancers* 14: 3570



Sampson et al. 2018. Int J Cancer

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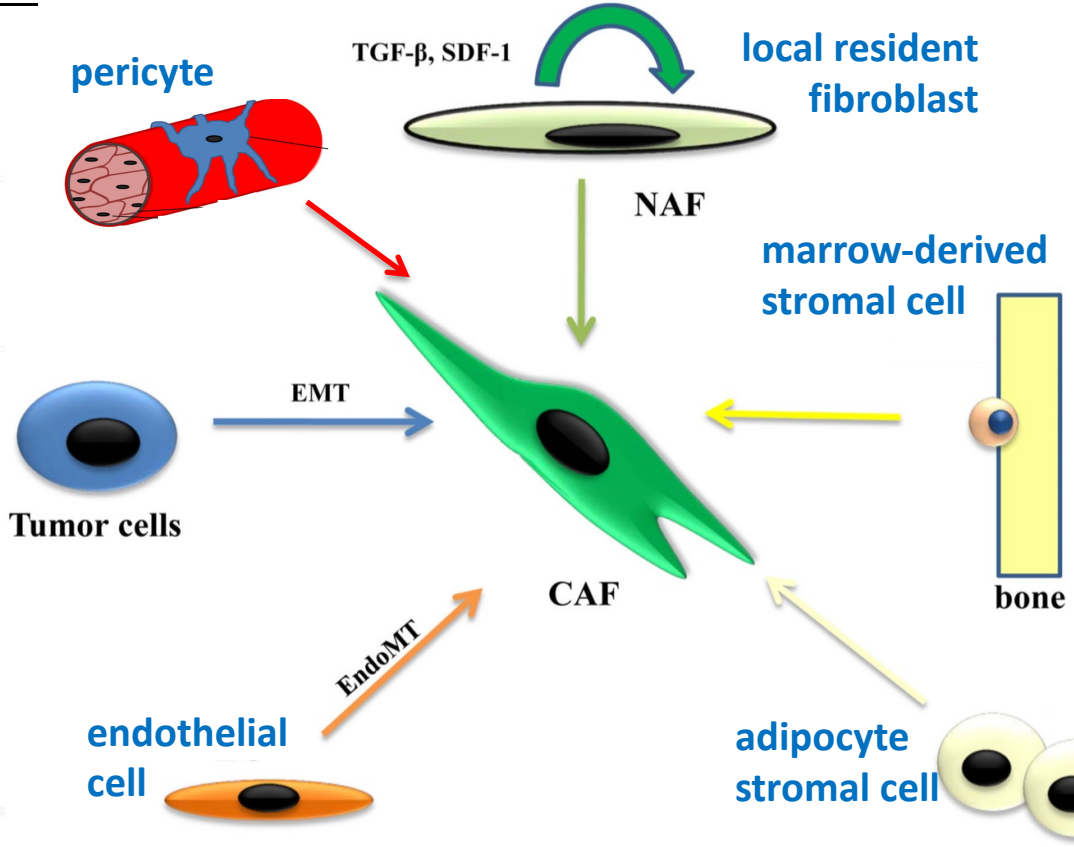
CAF cellular origins

CAFs may not only derive from **activation of local resident fibroblasts** but also from chemokine-attracted **infiltrating cells**:

Fibrocyte: circulating cells from hematopoietic lineage with proinflammatory properties of macrophages as well as tissue remodeling capacity of fibroblasts

Desmoplastic stem cell? possible origins include MSCs, HSCs, endothelial progenitors and cancer stem cell itself via EMT



Mao et al. 2013 Cancer Metastasis Rev 32: 303

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CAF tumor-promoting actions

Direct mechanisms

- secrete paracrine-acting soluble factors e.g. IL-6
- direct cell-cell contacts with tumor cells

Indirect mechanisms

- ECM remodeling
- angiogenesis
- modulate immune response
- metabolic reprogramming

Therapy resistance

- reduced chemotherapeutic efficacy
- endocrine/target resistance

➢ CAFs target for novel approach of stromal-targeted anti-cancer therapies?

Paper

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Volume 172, Issue 4, p841–856.e16, 8 February 2018

ARTICLE

CD10+GPR77+ Cancer-Associated Fibroblasts Promote Cancer Formation and Chemoresistance by Sustaining Cancer Stemness

Shicheng Su[7], Jianing Chen[7], Herui Yao[7], Jiang Liu, Shubin Yu, Liyan Lao, Minghui Wang, Manli Luo, Yue Xing, Fei Chen, Di Huang, Jinghua Zhao, Linbin Yang, Dan Liao, Fengxi Su, Mengfeng Li, Qiang Liu, Erwei Song[8],

[7] These authors contributed equally

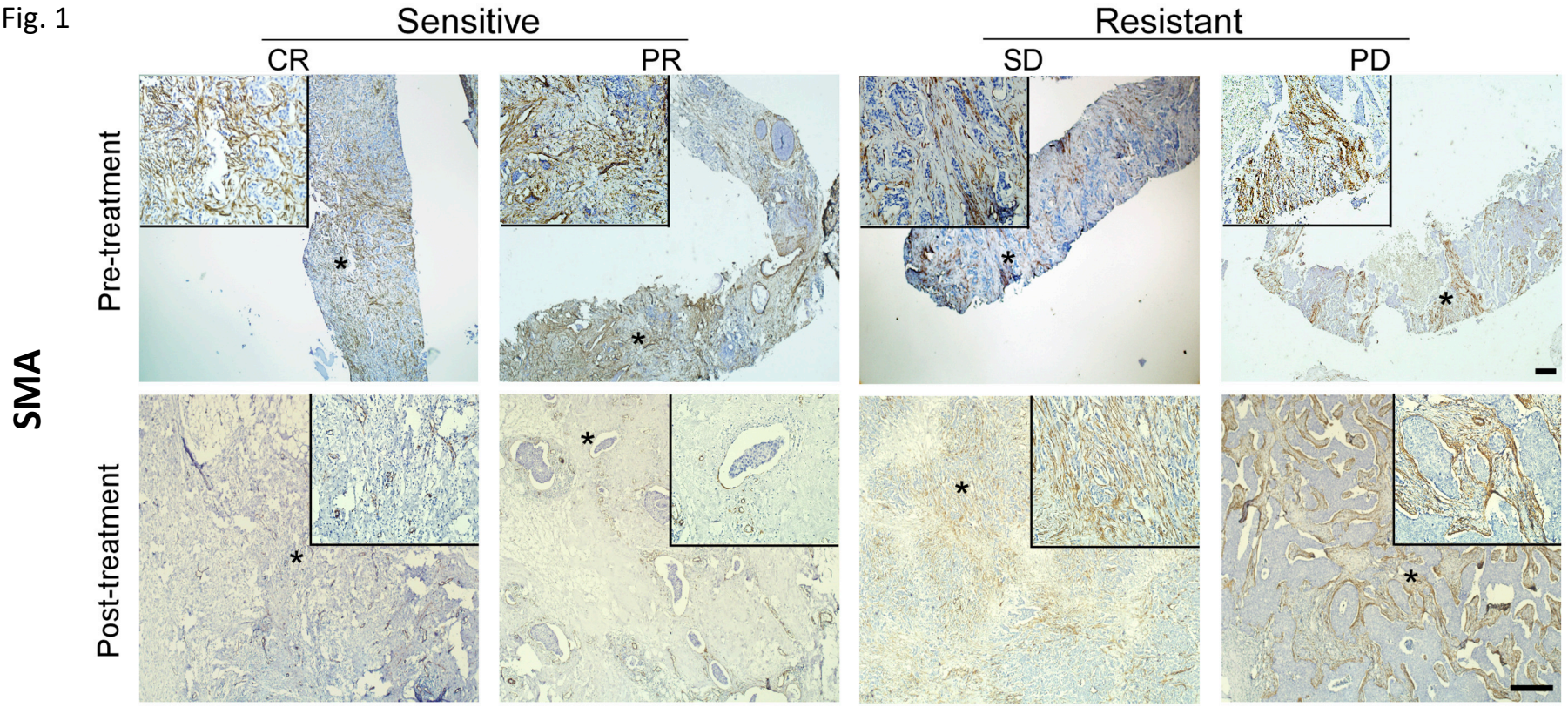
[8] Lead Contact

Aim

- Cancer stem cells (CSCs): population of highly tumorigenic & chemo-resistant cells
- CSC maintenance requires supportive niche

⇒ Identify/study the subpopulation of CAFs underlying breast cancer stemness/chemoresistance

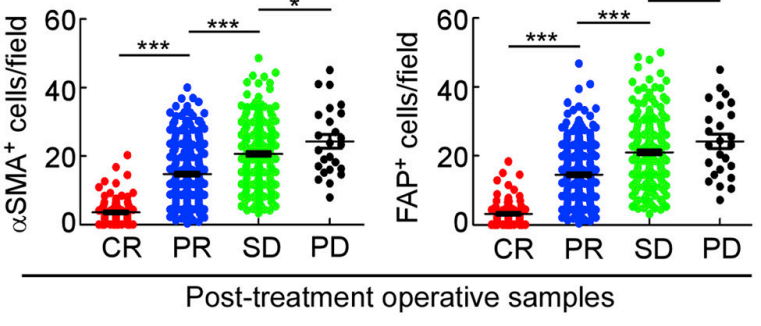
Fig. 1



<u>BEFORE treatment</u>: frequency of SMA$^+$ CAFs not different among patient groups

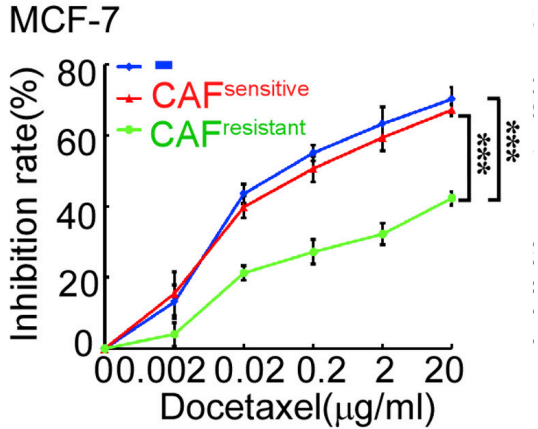
<u>AFTER treatment</u>: more SMA$^+$ CAFs in tissues of resistant patients compared to sensitive/responsive patients

$\Rightarrow$ Do heterogeneous CAFs contribute to chemoresistance?

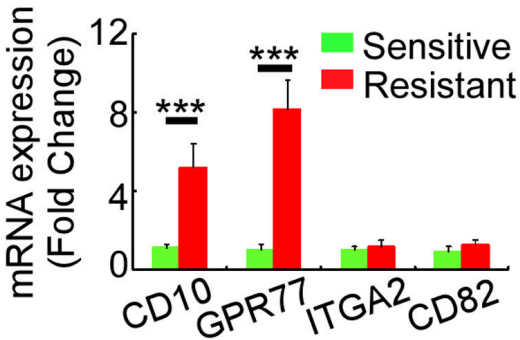


- isolated fibroblasts from chemoresistant/sensitive BrCa biopsies B4 chemotherapy
- co-culture with BrCa cell lines (MCF-7 and SK-BR3)
- challenged cells with chemotherapeutic drugs

⇒ **functionally distinct CAF subtypes in resistant *vs.* sensitive BrCA?**



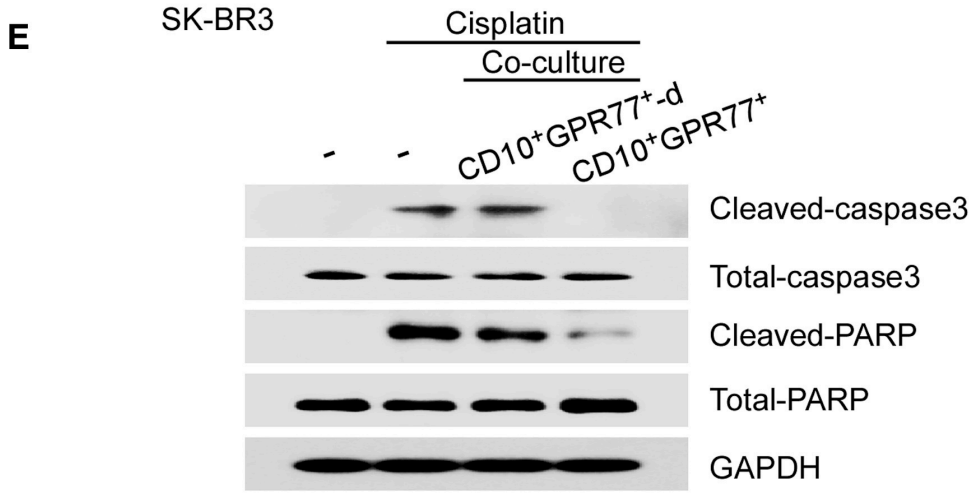
- microarrays – cell surface markers
- abundance of $CD10^{+}GPR77^{+}$ CAFs associated with decreased survival



(CD10 = MME used in diagnosis of ALL)

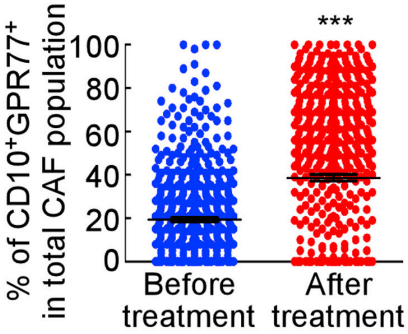
Fig. 1

- A CAF subset with high CD10 and GPR77 expression correlates with chemoresistance and poor survival in breast and lung cancer patients



- Tumor cell survival enhanced when co-cultured with $CD10^{+}GPR77^{+}$ CAFs:

F



Proportion of CD10⁺GPR77⁺ CAFs increased after neo-adjuvant chemotherapy

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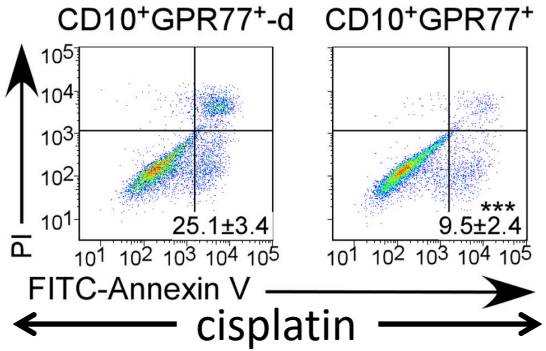

CD10⁺GPR77⁺ CAFs show greater resistance to chemotherapeutics *in vitro* *(ie CAFs are intrinsically chemoresistant)*

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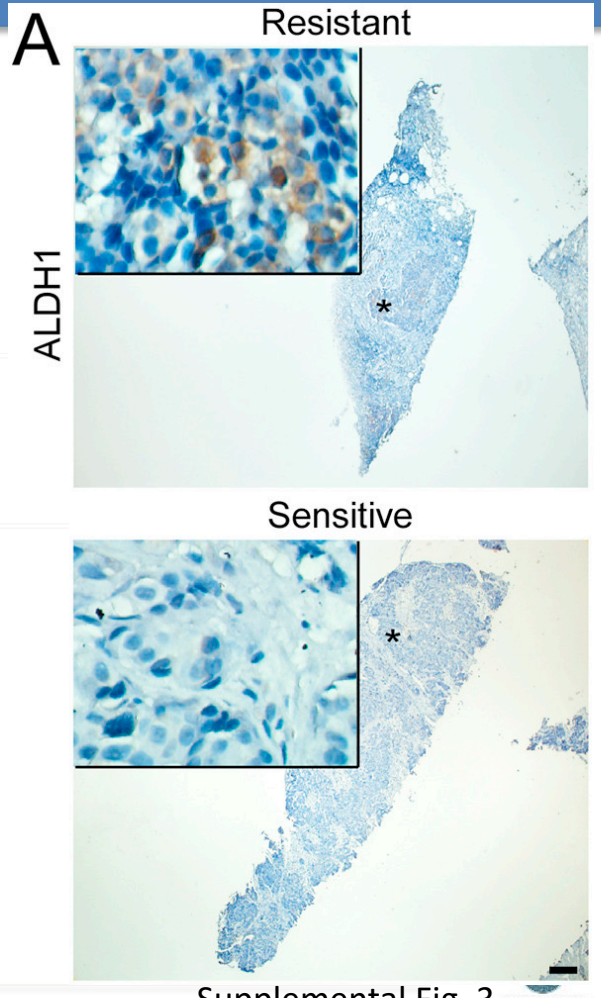
Cancer Stem Cells (CSCs)

- highly-tumorigenic & chemo-resistant cells
- CSC markers typically non-specific/unclear (ALDH1)
- like normal stem cells, maintenance of CSCs requires supportive niche
- fibroblasts are main components of CSC niches
- CAFs isolated from only a fraction of BrCa patients could enrich CSCs

➢ heterogeneous capacity of CAFs in supporting CSCs?

➢ could $CD10^{+}GPR77^{+}$ CAF subtype be supporting CSCs and thus lead to chemoresistance?

➢ proportion of $ALDH1^{+}$ tumor cells correlates with chemoresistance



Supplemental Fig. 3

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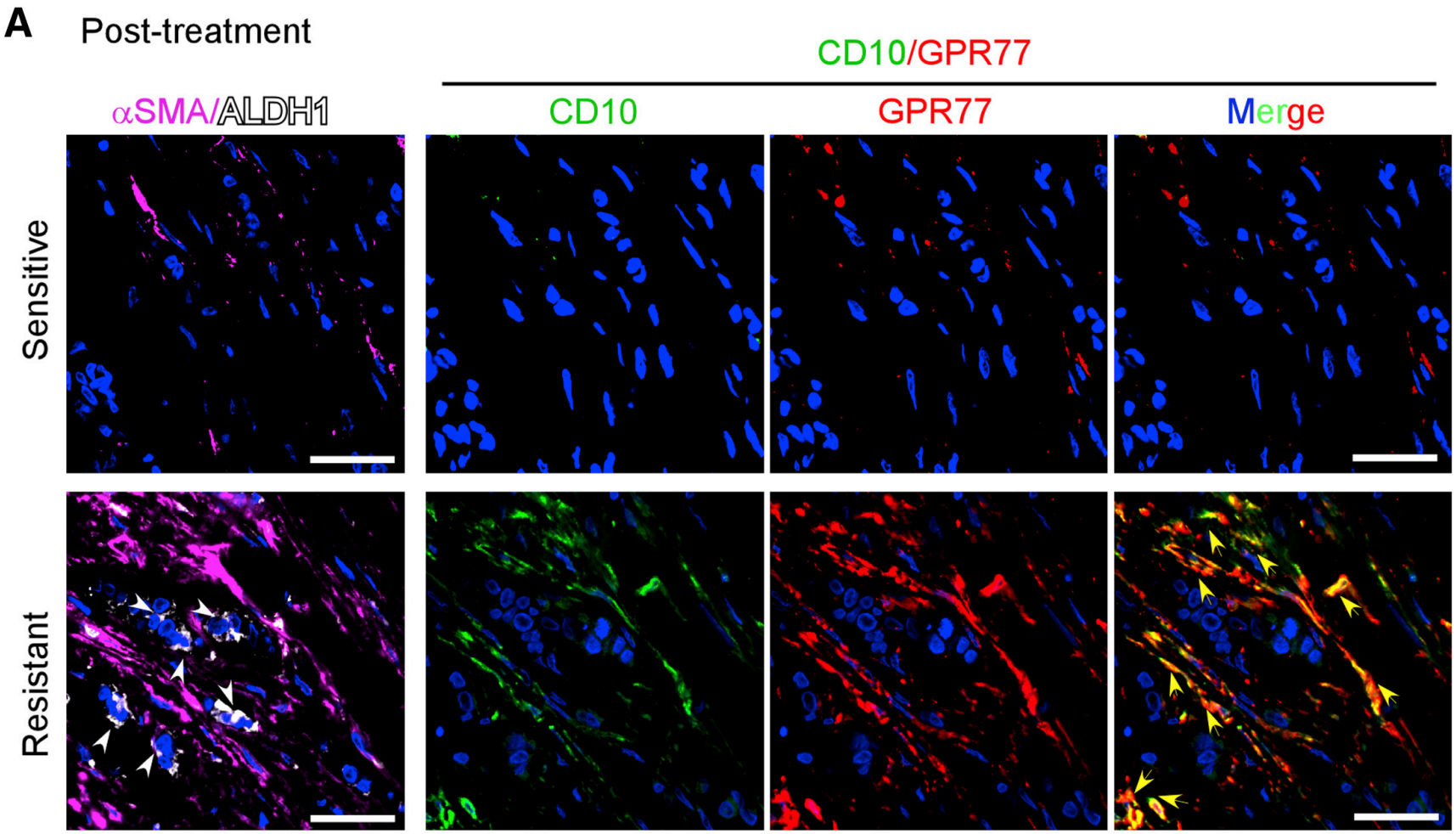
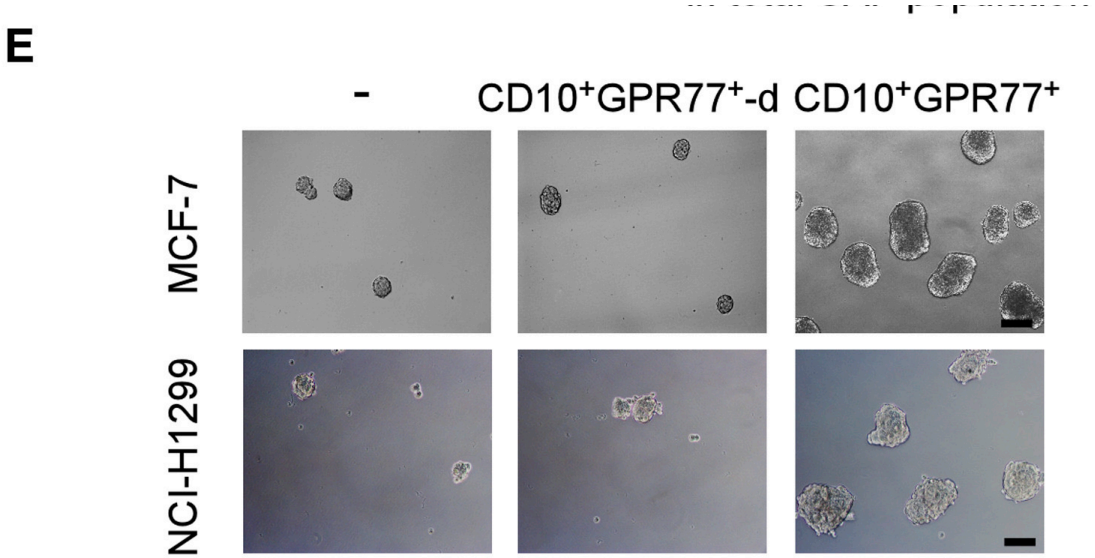


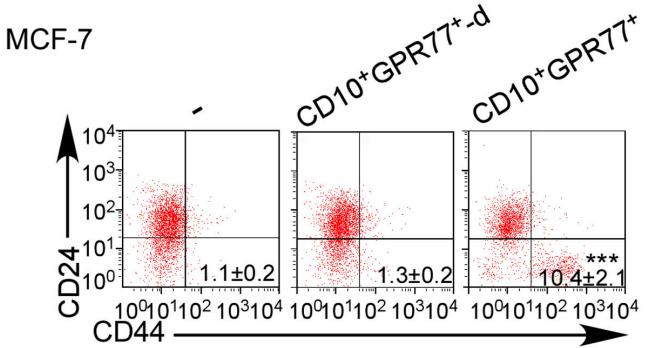
- $CD10^{+}GPR77^{+}$ CAFs surround $ALDH1^{+}$ CSCs

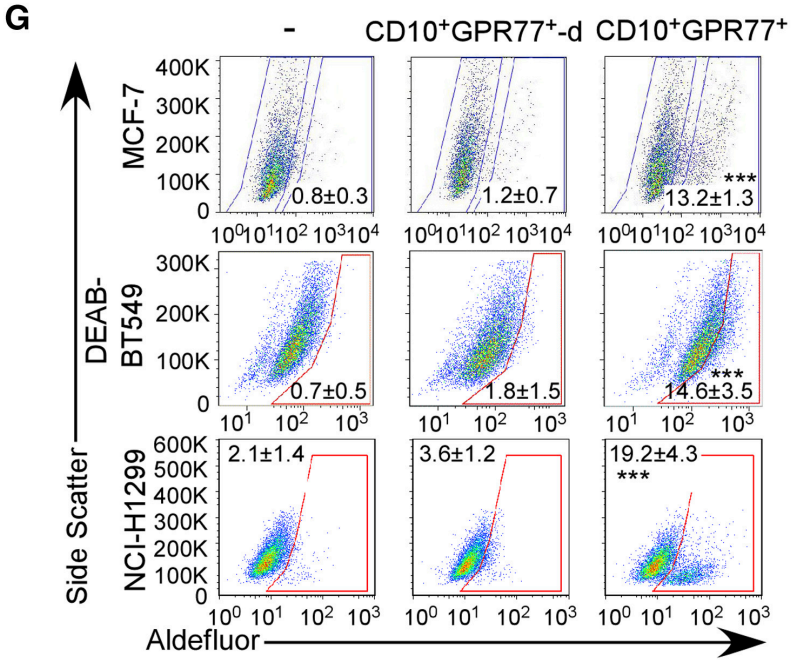
Fig. 3



- more mammospheres formed when tumor cell lines co-cultured with $CD10^{+}GPR77^{+}$ CAFs

Fig. 3





- proportion of CD24⁺CD44⁺ and ALDH1⁺ breast cancer CSCs increased upon co-culture with CD10⁺GPR77⁺ CAFs

Fig. 3

- $CD10^{+}GPR77^{+}$ CAFs constitute a supporting niche for CSCs

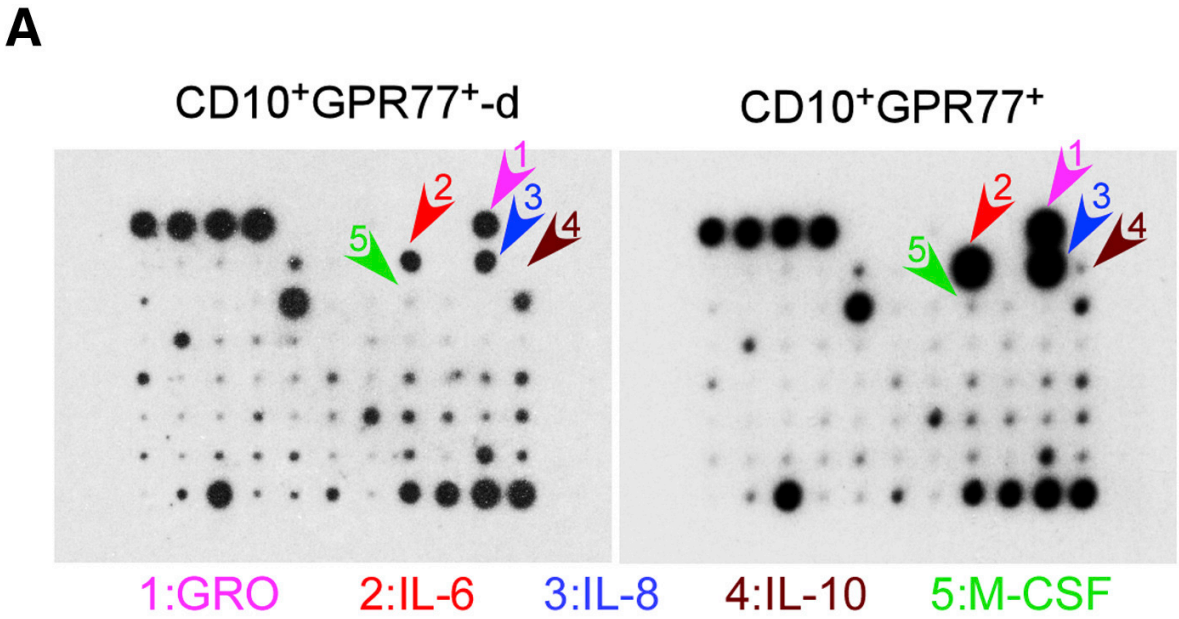
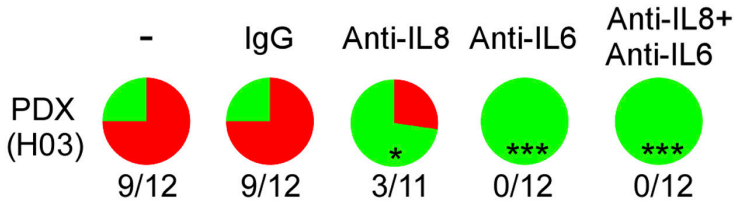
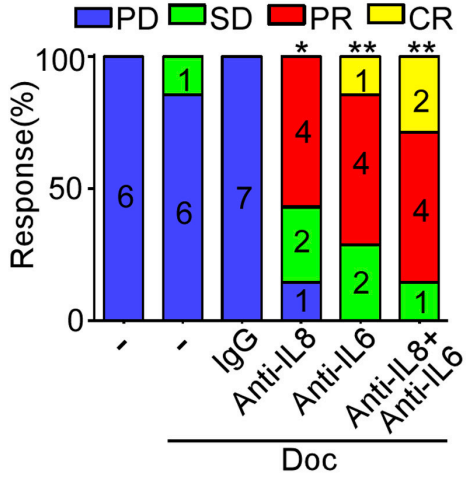
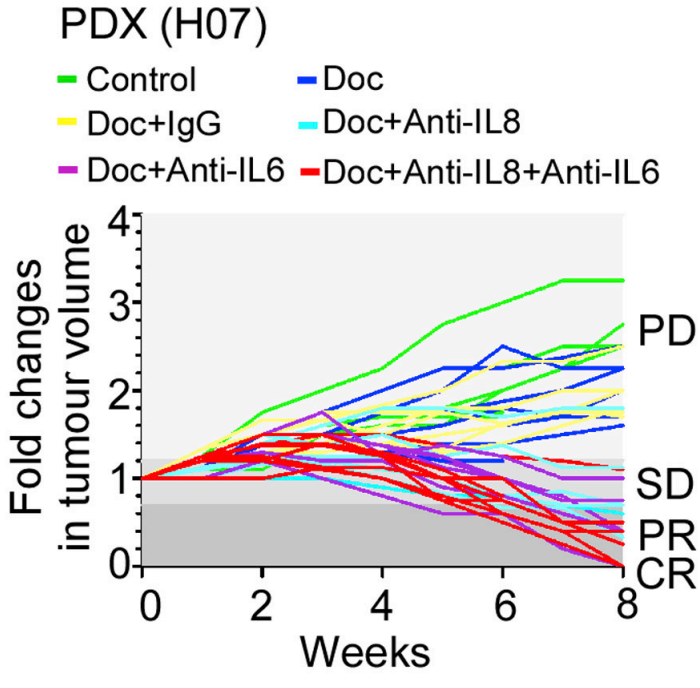


Fig. 4

- implanted breast tumor samples containing high proportions of CD10^{+}GPR77^{+} CAFs (>30%) into nude mice and administered IL6 and/or IL8 neutralizing antibodies:
  - IL8 Ab retarded PDX establishment
  - IL6 Ab alone or in combination with IL8 Ab completely blocked PDX growth







- combined IL8/docetaxel treatment improved IL8 treatment response
- combined IL6/docetaxel treatment almost eradicated PDXs

Fig. 4

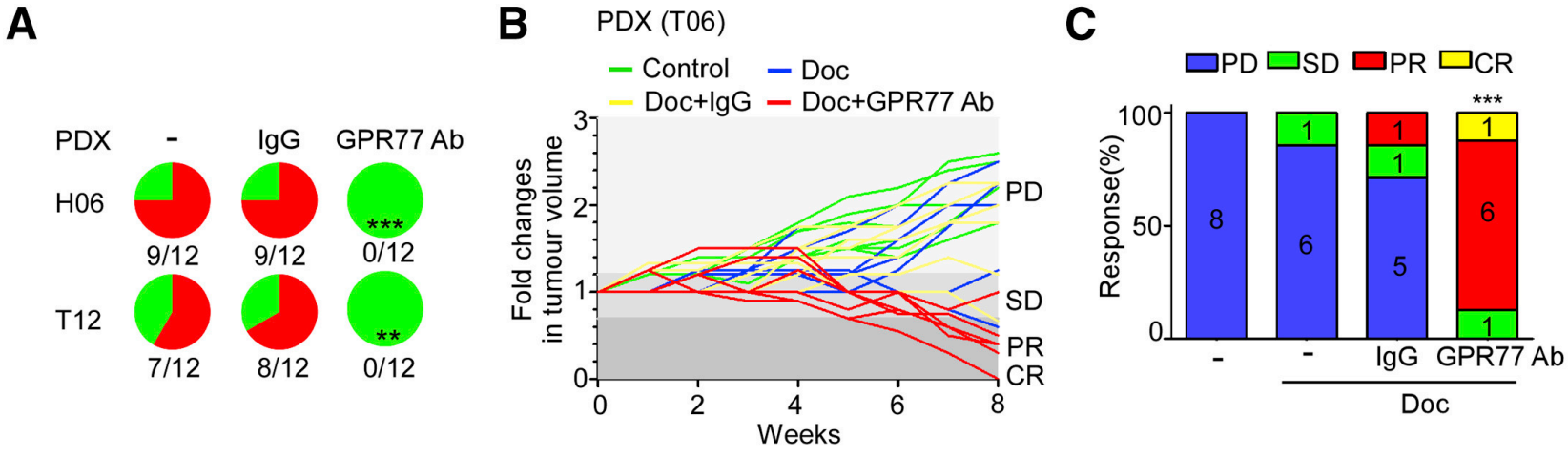
- $CD10^{+}GPR77^{+}$ CAFs induce CSC enrichment and chemoresistance by secreting IL-6 and IL-8

➢ Functional analyses: GPR77 is required for IL8 secretion by $CD10^{+}GPR77^{+}$ CAFs

❖ Do $CD10^{+}GPR77^{+}$ CAFs represent a stable, self-sustained population and can they be dynamically reversed to the CAF "ground state" (e.g. to the $CD10^{-}$ $GPR77^{-}$ population)?

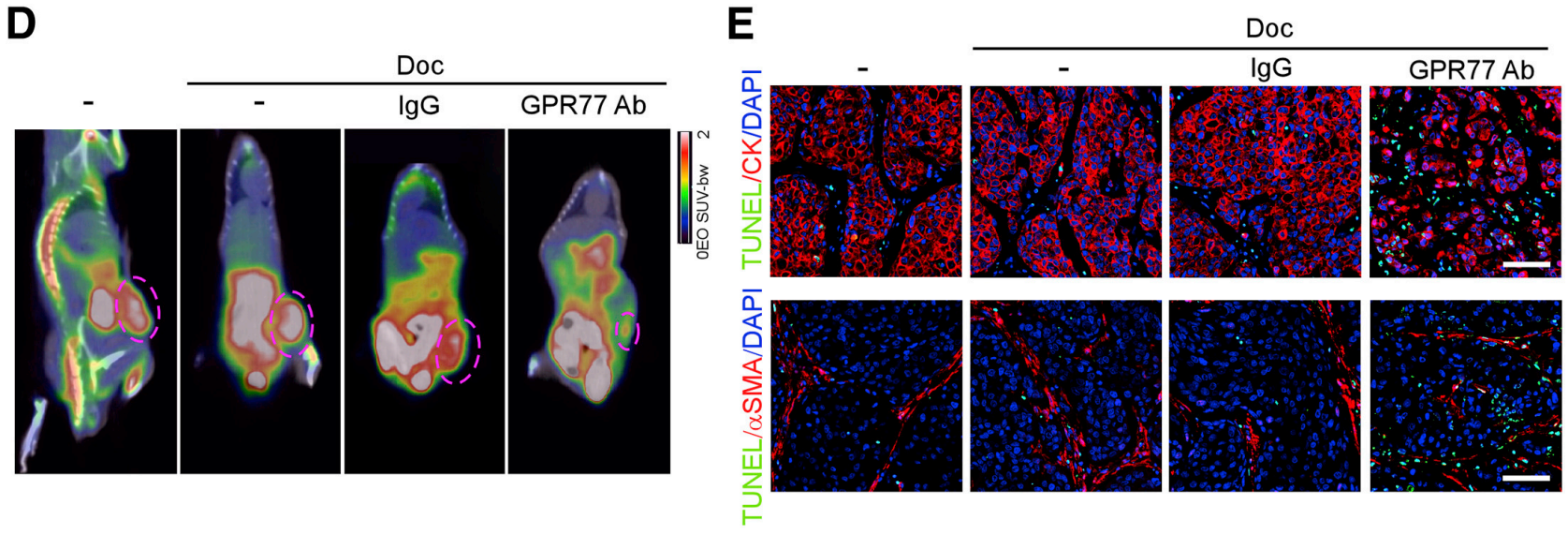
- *Therapeutic potential of anti-GPR77 neutralizing Ab?*

Fig. 7



anti-GPR77 Ab almost abolished PDX establishment

blocking GPR77 reverses chemoresistance in breast cancer with high infiltration of $CD10^{+}GPR77^{+}$ CAFs



- Combined treatment with anti-GPR77 Ab enhanced apoptosis of both tumor cells and CAFs
- reduced infiltration of CD10+GPR77+ CAFs and proportion of ALDH1+ breast CSCs in PDXs

- Treatment of breast cancer PDXs with anti-GPR77 inhibits tumorigenesis and enhances chemotherapeutic effects

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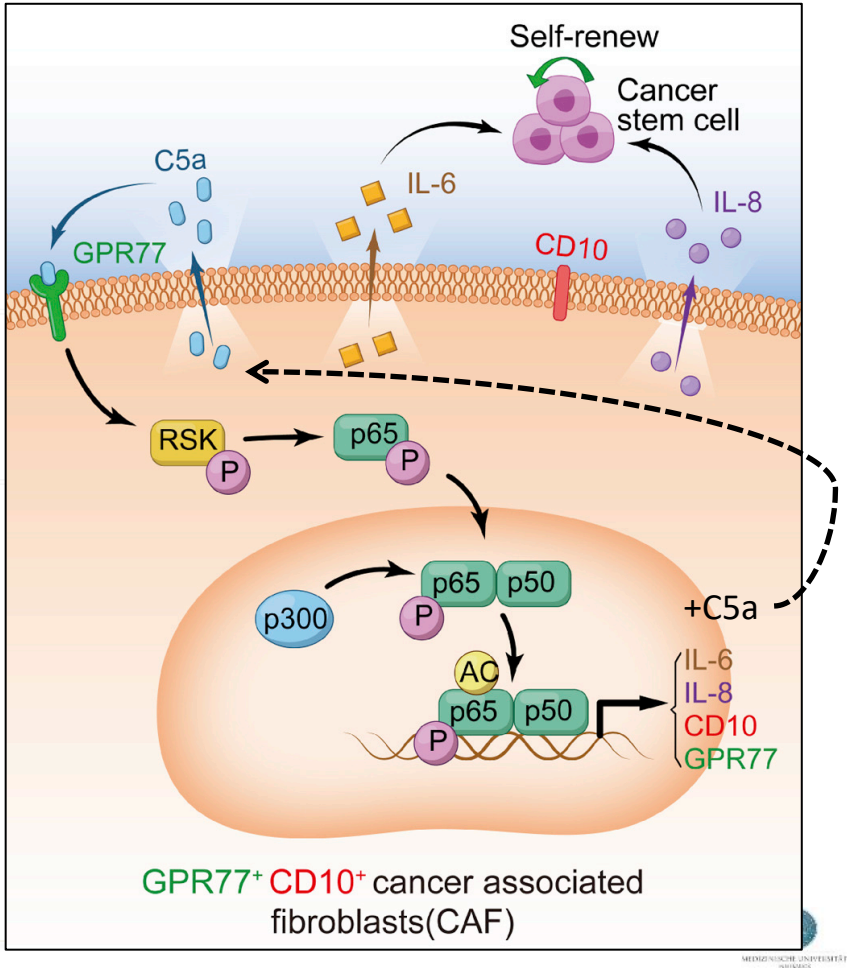
Summary

- CD10/GPR77 co-expression defines a human CAF subset that provides a niche for CSCs and protects them from chemotherapy-induced cell death
- $CD10^{+}GPR77^{+}$ CAFs themselves are also chemo-resistant
- niches formed by $CD10^{+}GPR77^{+}$ CAFs provide constant source of IL-6 and IL-8 for the CSCs due to persistent NF-κB signaling maintained by p65 phosphorylation/acetylation
- GPR77 (a C5a receptor) plays a crucial functional role in maintaining p65 post-translational modification and sustained NF-κB signaling (autocrine C5a-NF-κB loop)

- CSCs difficult to target (no defined marker and may be replenished by non-CSCs in presence of supporting niche

- targeting the supportive niche alternative option?

- <u>proof-of-principle:</u>
  GPR77 neutralizing Ab, eradicates $CD10^{+}GPR77^{+}$ CAFs & CSCs, retards tumor formation and reverses chemoresistance in PDX mouse models



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TAKE HOME MESSAGES

- Stromal microenvironment is dynamic and integral part of solid tumors that plays key role in tumor development/progression, immune suppression, therapy resistance and clinical outcome

- Tumor stroma not just an innocent bystander but an active driver of tumor progression

- Altered paracrine signaling by CAFs is major effector mechanism underlying tumor-promoting actions of the tumor-associated stroma (effects on tumor cells, ECM remodeling, angiogenesis and immune suppression)

- Restoring paracrine signaling networks between stromal components/eradicating specific CAF subpopulations may represent anti-cancer therapeutic strategy