

1) The problem of acquired drug resistance in cancer

- Targeting cancer cells with cytotoxins is highly effective at "getting a response" (short-term tumor shrinkage).
- It is much less effective at improving patient outcomes.
- The reason for this is now abundantly clear: Darwinian selection and evolution among cells.

Acquired resistance is highly predictable, even for novel cytotoxins.

- To first approximation, every relevant mutation will arise.
 - The number of cancer cells is very large.
 - The number of mitosis events is much larger.
 - Genetic instability is extremely high.
- Any relevant pathway and molecule can be modified to resist a cytotoxin.
- The most effective cytotoxin is also the most effective selective agent.

We need a paradigm shift:

If our goal is improved survival, developing more cytotoxins is <u>not</u> very promising!

➤ More promising strategies <u>are</u> available.

2) Cancer cells cooperate through shared 'public goods' molecules

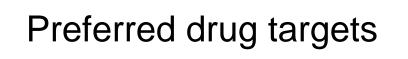
Angiogenesis factors

- Secreted growth and invasion factors
- Secreted immune suppression factors

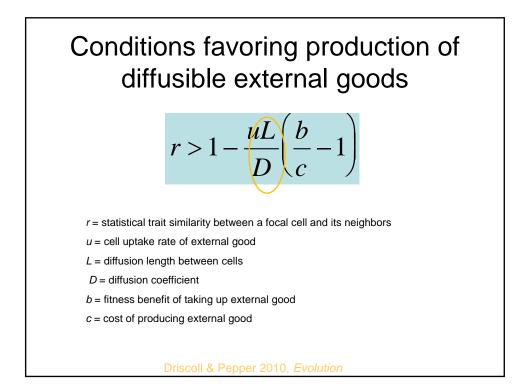
From Pepper 2009, Evolution.

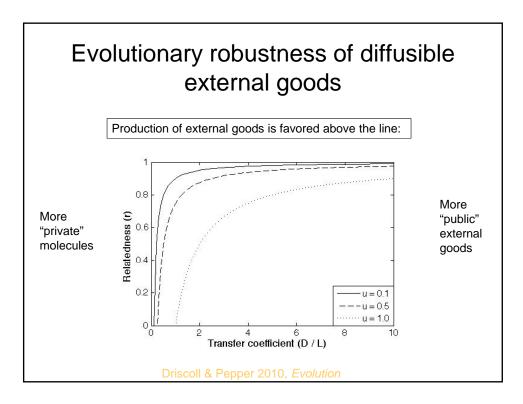
3) Avoiding drug resistance by disrupting cooperation, instead of killing cancer cells

- Production of effective public goods is not strongly selected.
- Impeding the effect of public goods molecules will not provoke a strong evolutionary response.
- Drugs impeding the effect of public goods molecules will not quickly lose efficacy.



- Preferred targets are those that are more weakly maintained by somatic selection.
- Recent theory tells us what kind of external products to target...





Preferred drug targets:

- More "private" beneficial molecules are more strongly maintained by somatic selection.
- Preferred targets are external goods that are most "public": those with high transfer coefficients (large D & small L)

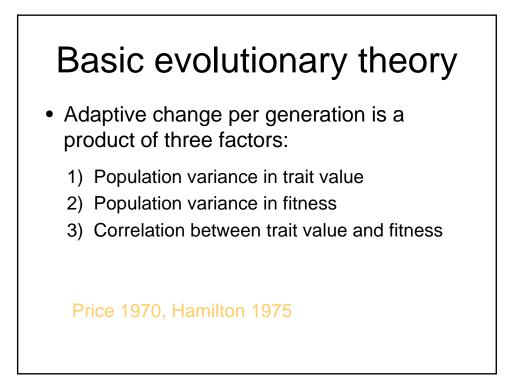
Limitations of the mathematical model

- Linear analytical math does not allow for complexities such as feedbacks from spatial effects.
- Starting from physics of diffusion does not provide an obvious link to the rest of evolutionary theory.

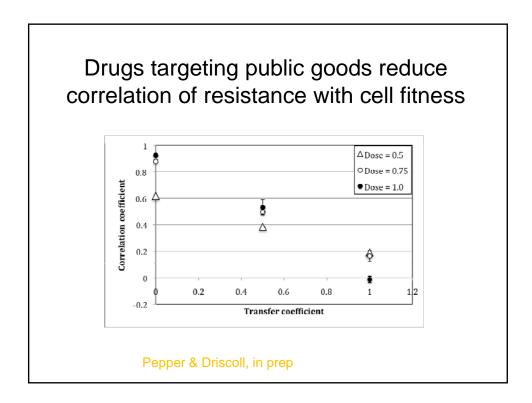
An agent-based computational model

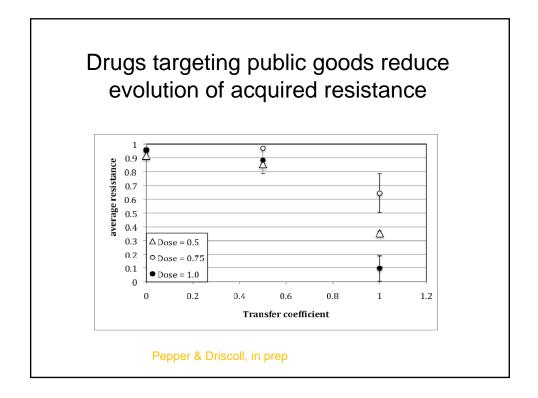
- Explicitly represents each cell in the population
- Explicitly represents fitness effects on neighbors
- Explicitly represents Darwinian selection and evolution

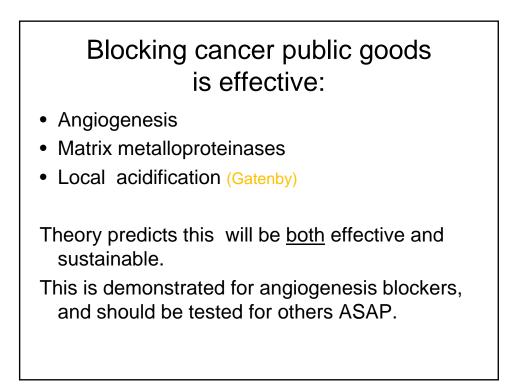
Pepper & Driscoll, in prep









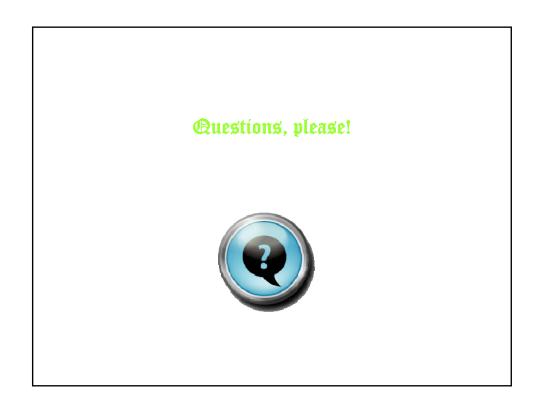


Collaborators

- William Driscoll, University of Arizona
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- Carlo Maley, Wistar Institute
- Evolution in Cancer Working Group, Santa Fe Institute
- PSOC center, USC

- Funders
- Vital Spark Foundation
- National Cancer Institute

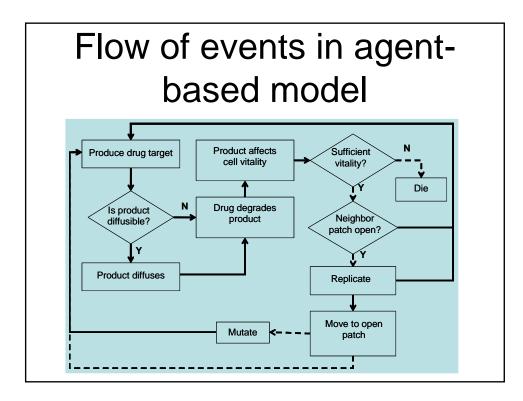


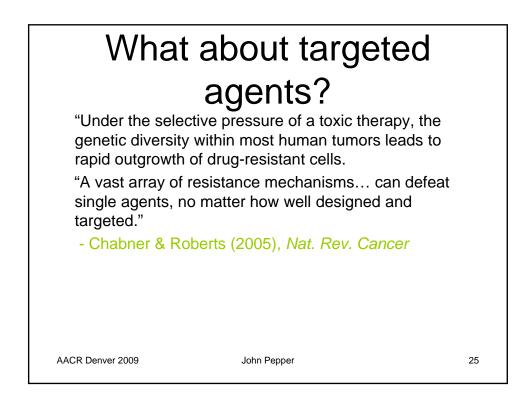


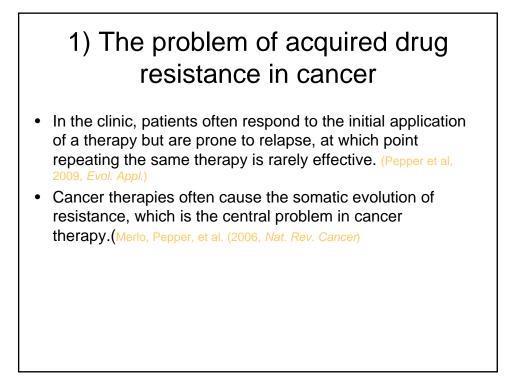
(The following slides were skipped in talk to save time.)

2) The role of cooperation among cancer cells

- Like many pathogens, cancer cells thrive by modifying their micro-environment with shared, secreted, "public goods" molecules that increase the fitness of both the producer, and their neighboring cancer cells.
- These cooperative traits entail a cost to producer and a benefit to other cells, and thus require special conditions to be positively selected.
- They are less evolutionarily robust than the usual drug targets: cell-intrinsic traits effecting cell fitness.







The source of acquired drug resistance in cancer

- Most cancer drugs are designed to reduce the fitness (survival and proliferation) of the targeted cancer cells.
- This exerts a strong somatic selective pressure on the diverse individual cells, evoking rapid somatic evolution of drug resistance.

Diverse molecular mechanisms of resistance all arise through the same process: somatic evolution

- Cancer cells generate vast genetic diversity, affecting many pathways and properties.
- Cytotoxins act as powerful selective agents, eliminating drug-sensitive cells, and leaving only the most drug-resistant cells to flourish with reduced competition.
- Each cell generation repeats this process, generating numerous mechanisms of resistance

What is our real goal?

- "Melanoma Drug Vindicates Targeted Approach"
 K. Garber, 2009, Science
 - 70% response rate to PLX4032 described as "an astounding leap"
 - patients relapsed after about 9 months, and no survival benefit was demonstrated