Metastasis-related *in vitro* assays and *in vivo* xenograft models



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Outline



- Introduction of cancer metastasis
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Introduction of cancer metastasis



- Cancer metastasis, which accounts for most deaths due to malignancies, is an organselective and multi-stepping process that is started by escape of tumor cells from the primary tumor and ended with colonizing secondary tumors in the distant sites. This process involves the complex interplay of tumor and host intrinsic factors.
- Cancer cells disseminating from a primary tumor via the blood or lymphatic system require specific functions to adapt to a number of stresses in order to invade vessels, survive the loss of niche factors from the originating organ and survive in the circulation. On reaching distant organs, cancer cells enter and exit proliferative dormancy, evade immunity and acquire mitogenic signals by co-opting the stroma of the distant organs.

Philos Trans R Soc Lond B Biol Sci. 2014 Feb 3;369(1638):20130092.

Common sites of cancer metastasis

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Cancer can spread to almost any part of the body, although different types of cancer are more likely to spread to certain areas than others. The organs mostly affected by metastases are lung, liver, brain and bone.



Cancer Type	Main Sites of Metastasis		
Bladder	Bone, liver, lung		
Breast	Bone, brain, liver, lung		
Colon	Liver, lung, peritoneum		
Kidney	Adrenal gland, bone, brain, liver, lung		
Lung	Adrenal gland, bone, brain, liver, other lung		
Melanoma	Bone, brain, liver, lung, skin, muscle		
Ovary	Liver, lung, peritoneum		
Pancreas	Liver, lung, peritoneum		
Prostate	Adrenal gland, bone, liver, lung		
Rectal	Liver, lung, peritoneum		
Stomach	Liver, lung, peritoneum		
Thyroid	Bone, liver, lung		
Uterus	Bone, liver, lung, peritoneum, vagina		

https://www.cancer.gov/types/metastatic-cancer

N Engl J Med 2008; 359:2814-2823



Molecular mechanisms of metastasis

The interrelated and sequential multi-steps of metastasis require certain transformations of cancer cells at each step, from primary site to metastatic site. Numerous genes and molecules have been implicated into this dynamic and adaptable evolution of metastatic cancer cells.



Transwell Migration and Invasion Assays



- Cell migration, invasion, and adhesion are pivotal steps in cancer metastasis. Transwell migration and invasion assay are widely-used *in vitro* assays to assess cell migratory behavior.
- The transwell migration assay measures the chemotactic capability of cells toward a chemo-attractant. The transwell invasion assay, however, measures both cell chemotaxis and the invasion of cells through extracellular matrix, a process that is commonly found in cancer metastasis or embryonic development.

Assay	Definition	Cell type	Pore Size	Insert coating
Migration		Neutrophils Leukocytes	3 µm	None
	chemotaxis Migration of cells toward a chemoattractant	Lymphocytes Monocytes Macrophages	5 µm	None
	(chemical signal) in the cell's surrounding environment	Fibroblasts, Endothelial Cells, Epithelial Cells, Tumor Cells	8 µm	None
		Astrocytes Slow-moving Cells	12 µm	None
	hap-totaxis Migration of cells along a gradient of cellular adhesion sites or extracellular matrix-bound chemoattractants	Fibroblasts Endothelial Cells Epithelial Cells	8 µm	Collagen I (bottom) Fibronectin (bottom)
Invasion	Movement of cells through the 3D extracellular matrix into neighboring tissues; includes ECM degradation and proteolysis	Fibroblasts, Endothelial Cells, Epithelial Cells, Tumor Cells	8 µm	ECM Matrix (top) Collagen I (top) Laminin I (top)
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Transwell Migration Assay

Case study: HUVEC cell migration



Cpd-1



** cpd-2 cpd-1

Figure. Cpd-1 and Cpd-2 inhibited the migration of HUVEC cells. HUVEC cells were treated with Cpd-1 and Cpd-2 to evaluate cell migration, 0.5 mg/mL Avastin as control. Data are presented as mean ± SD from two independent experiments. *P<0.05 vs. hVEGF.

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Transwell Invasion Assay

Case study: MDA-MB-231 cell invasion



EGF, 80 ng/mL

EGF, 120 ng/mL



Figure: The invasion of MDA-MB-231 cells. The upper chamber was coated with Matrigel. Then MDA-MB-231 cells were seeded in the upper chamber, and EGF was added to the lower chamber at different concentrations. After 48 hours, the number of cells entering the lower chamber were counted to evaluate the ability of invasion.

Experimental metastasis xenograft models

Strengths and inoculation routes of different models

Type of model	Strengths	Inoculation route
Spontaneous metastasis models	 Metastatic disease development from primary tumor site mimics human disease progression Models all stages of the metastatic cascade Immunocompetent host if allograft Low cost 	Orthotopic injection
Experimental metastasis models	 Rapid and reproducible development of metastases Site-specific development of metastases Applicable to a wide number of cell lines and tumor models Immunocompetent host if allograft Low cost 	 Ectopic injection (cancer cells are injected to metastasis site) Intra-carotid injection Intra-venous injection Intra-cardiac injection Intra-caudal arterial injection Intra-peritoneal injection Intra-osseous injection
Genetically engineered mouse models	 Metastatic spread of spontaneous de novo tumors, mimicking human disease Tumors develop in natural microenvironment Tumors display genetic heterogeneity Tumors resemble the molecular and histopathological characteristics of the human disease Models have the potential to model all stages of the metastatic cascade Immunocompetent host 	



Vet Pathol. 2015 September ; 52(5): 827–841.

Extravasation

Orthotopic

Intravascular

100

Invasion

Ideal Model

Metastasis

End Organ

Experimental brain metastasis xenograft models 37 brain metastasis xenograft models covering 5 tumor types



The route of inoculation will provide different pattern for secondary metastasis

Clin Exp Metastasis. 2013 Jun;30(5):695-710.

Metastatic organ	Tumor type	Cell line	Inoculation site
Brain	Breast (9)	HCC1954-luc ^s , MDA-MB-231-luc-D3H2LN, JIMT-1-luc ^s	Intra-carotid
		xxT47D-luc, MDA-MB-436-luc, xHCC1954/T-DM1-R-Luc1, MDA-MB-231-luc, MCF7-luc, HCC1954-luc	Intra-cranial
	Lung (16)	NCI-H1373-luc, NCI-H1975-luc ^s , NCI-H2228-luc, NCI-H441-luc, NCI-H460- luc2, PC-9-luc ^s , PC-9 EGFR DTC-luc ^s , NCI-H1703-luc, NCI-H2122-luc ^s , LU-01- 0426-luc	Intra-cranial
		NCI-H292-luc, NCI-H1373-luc ^s , NCI-H1975-luc ^s , NCI-H2122-luc, PC-9-luc ^s	Intra-carotid
		PC-9-luc	Intra-cardiac
	Melanoma (7)	SK-MEL-3-luc, SK-MEL-5-luc, SK-MEL-24-luc, SK-MEL-28-luc, A375-luc, A375	Intra-cranial
		A375-luc	Intra-carotid
	Pancreas (4)	MIA-PaCa-2-luc, AMG510-R-xMiaPaCa-2-luc, ASPC-1-luc	Intra-cranial
		ASPC-1-luc	Intra-carotid
	Gastric (1)	NCI-N87-Luc	Intra-cranial

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Brain metastasis xenograft models established by intra-cranial inoculation **P** Muki Appres

Case study: MDA-MB-231-luc brain metastasis model established by intra-cranial inoculation



Figure: MDA-MB-231-luc cells were injected into the brain of female Balb/c nude mice (A) Bioluminescent imaging of mice over 41 days. (B) Metastatic brain tumor growth curve as measured by average relative photon intensity of mice. (C) Body weight changes of mice in the experiment.

Brain metastasis xenograft models established by intra-carotid inoculation **P** Muki Apple

Case study: A375-luc brain metastasis model established by intra-carotid inoculation



Figure: A375-luc cells were injected into the carotid artery of female Balb/c nude mice. (A) Bioluminescent imaging of mice over 48 days. (B) Metastatic brain tumor growth curve as measured by average relative photon intensity of mice. (C) Body weight changes of mice in the experiment.

Brain metastasis models established by intra-cardiac inoculation

Case study: PC-9-luc brain metastasis model established by intra-cardiac inoculation



Figure: PC-9-luc cells were injected into the left ventricle of female BALB/c nude mice. **(A)** Bioluminescent imaging of mice over 70 days (n=10). **(B)** Metastatic brain tumor growth curve as measured by average relative photon intensity of mice. **(C)** The average body weight change curve during the experiment. **(D)** Survival curve till day 70.



Experimental bone metastasis xenograft models

14 bone metastasis xenograft models covering 3 tumor types



Days after injection of cancer cells

Intracardiac(IC) /intra-caudal arterial(CA) inoculation: cancer cells can be delivered to bone marrow, and develop bone metastasis eventually.

Nat Commun. 2018; 9: 2981.

Metastatic organ	Tumor type	Cell line	Inoculation site
Bone	Breast (9)	MCF7-luc ^s , MDA-MB-231-luc, HCC-1954-Luc	Intra-tibia
		MDA-MB-231-luc	Intra-cardiac
		MCF7-luc ^s , JIMT-1-luc-GFP, MDA-MB-231-luc-D3H2LN	Intra-caudal arterial
		MDA-MB-231-luc, MDA-MB-231-luc-D3H2LN	Intra-femur
	Lung (2)	NCI-H358-luc, NCI-H1373-luc	Intra-femur
	Prostate (3)	PC-3M-luc ^s	Intra-tibia
		PC-3M-luc	Intra-caudal arterial
		C4-2B-luc	Intra-tibia

Bone metastasis xenograft models established by intra-tibia inoculation



Case study: C4-2B-luc bone metastasis model established by intra-tibia inoculation



Bone metastasis xenograft models established by intra-femur inoculation



Case study: NCI-H358-luc bone metastasis model established by intra-femur inoculation



Figure: NCI-H358-luc cells were injected into the femoral cavity of female Balb/c nude. (A) Bioluminescent imaging of mice over 35 days. (B) Metastatic bone tumor growth curve as measured by average relative photon intensity of mice. (C) Body weight changes of mice in the experiment. (D) H&E staining of bone lesions showed establishment of bone metastases.

Bone metastasis xenograft models established by intra-caudal arterial inoculation \mathbb{P}

Case study: PC-3M bone metastasis model established by intra-caudal arterial inoculation



Figure: PC-3M-luc cells were injected into the caudal arterial of male CB17 SCID mice. **(A)** Bioluminescent imaging of mice over 42 days (n=10). **(B)** Tumor growth curve was measured by bioluminescence. **(C)** Body weight growth curve during the experiment.

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Bone metastasis xenograft models established by intra-cardiac inoculation **P** Muki Apprec

Case study: MDA-MB-231-luc bone metastasis model established by intra-cardiac inoculation



Figure: MDA-MB-231-luc cells were injected into the left ventricle of female BALB/c nude mice. (A) Illustration for the injection site. (B) Bioluminescent imaging of the mice with bone metastasis. (C) ex vivo imaging of the metastatic foci. (D) H&E staining of the tissue invaded by metastatic cells. (E) Survival curve of inoculated mice (N=14). (F) Metastatic rate over time (N=14)

Experimental liver metastasis xenograft models



1 liver metastasis xenograft model



Intraportal inoculation: cancer cells can be delivered firstly and directly to the liver without removal of the spleen.

NPJ Precis Oncol. 2018; 2: 2.

Metastatic organ	Tumor type	Cell line	Inoculation site
Liver	Colon (1)	HCT116-Luc	hepatic portal vein

Liver metastasis xenograft models established by intraportal inoculation



Case study: HCT116-luc liver metastasis model established by intraportal inoculation



Figure: HCT116-luc cells were injected into NOD SCID mice via the hepatic portal vein. (**A**) Bioluminescent imaging of mice over 24 days (n=9). (**B**) Tumor growth curve was measured by average relative photon intensity and bodyweight of mice in the experiment. (**C**) The photo and bioluminescence of liver bearing tumor. (**D**) H&E staining of liver tissue showed establishment of hepatic metastases

Disseminated xenograft models

8 disseminated xenograft models covering 3 tumor types





Intravenous (IV) inoculation: The tumor cells will be disseminated to the lungs, brain and other organs of the body.

Oncotarget. 2016; 7:86225-86238

Metastatic organ	Tumor type	Cell line	Inoculation site
Multiple organs	Brain (1)	SK-N-SH-luc	Intra-venous
	Breast (5)	JIMT-1-luc, MDA-MB-231-luc, MDA-MB-436-luc, HCC-1806-Luc, HCC-1954-Luc	Intra-venous
	Lung (2)	NCI-H292-luc, HCC827-Luc	Intra-venous

Disseminated xenograft models established by intra-venous inoculation



Case study: JIMT-1-luc disseminated xenograft model established by intra-venous inoculation



Figure: JIMT-1-luc cells were injected into the vein of SCID Beige mice. (**A**) Bioluminescent imaging of mice over 47 days (n=8). (**B**) Tumor growth curve as measured by average relative photon intensity in the experiments and the average body weight curve of mice was used in the experiment. (**C**) survival curve during the period. (**D**) Anatomical and bioluminescence image of the metastatic organs. (**E**) The metastasis rate of this model.

Organ-specific metastasis xenograft models established by in vivo selection Background

In vivo selection has proven an effective approach to isolate organ-specific metastatic subpopulations from heterogeneous cancer cell lines. Generally, cell lines labeled with luciferase or other tags are inoculated into immuno-deficient mice. Tumor cells are extracted from targeted organ and cultured *in vitro* for expansion, then reinoculated into mice. After several rounds of *in vivo* selection, organ-specific metastatic cell lines will be obtained.



Oncotarget. 2015 Sep 8;6(26):22905-17.

Cell. 2017 Mar 9;168(6):1101-1113.e13.

Organ-specific metastasis xenograft models established by in vivo selection $\mathbf{P}_{Wulki AppTec}^{*}$

Case study: Establishment of brain-specific metastatic PC-9 cell line



Figure: (A) Illustration for establishment of *in vivo* selected "brain-seeking" PC-9-BR cell line. (B) Bioluminescent imaging of the mice inoculated with parental PC-9-luc cells by intra-cardiac injection. The tumor cells from animal #942 was named PC-9-luc-BR (P0) and cultured. (C) Bioluminescent imaging of the mice inoculated with PC-9-luc-BR (P0) cells by intra-cardiac injection. The tumor cells from animal #482 was named PC-9-luc-BR (P1) and cultured. (D) Bioluminescent imaging of the mice inoculated with PC-9-luc-BR (P1) cells by intra-cardiac injection.

Organ-specific metastasis xenograft models established by in vivo selection **P** Muki Apple

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Case study: Establishment of brain-specific metastatic PC-9 cell line



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Days after cell inoculation

Model	Brain metastasis rate (%)	Other sites metastasis rate (%)	Median survival (day)
PC-9-luc	57	64	58
PC-9-luc-BR (PO)	75	20	45
PC-9-luc-BR (P1)	85	15	38

CTG validation of *in vivo* selected "brain-seeking" PC-9-BR cell lines



By *in vivo* selection, brain-specific metastatic PC-9 cell line was established and named PC-9-luc-BR. PC-9-luc-BR (P1) has higher brain metastasis rate than parental PC-9-luc, but shows similar reaction to Erlotinib and AZD9291. RNASeq of PC-9-luc-BR (P1) has also been completed.

Organ-specific metastasis xenograft models established by in vivo selection $\mathbf{P}_{Wulki AppTec}^{*}$



0 10 20 30 40 50 60 70 80 90 100 26

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Days after the start of treatment



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