Models to study cancer stem cells in gastric carcinoma



Christine Varon, PhD, HDR, Associate Professor

INSERM U853 « Helicobacter infection, inflammation and cancer » University of Bordeaux Dir. : Francis Mégraud







Institut national de la santé et de la recherche médicale

Gastric carcinoma

Epidemiological datas :

- 2^e cause of mortality by cancer in the world
- > 600 000 deaths each year
- 5^e rank in France, 6 500 new cases/year
- age : 70 years old

Gastric carcinoma

Epidemiological datas :

- 2^e cause of mortality by cancer in the world
- > 600 000 deaths each year
- 5^e rank in France, 6 500 new cases/year
- age : 70 years old

A cancer of bad prognosis :

survival rate after 5 years < 20%
surgery, conventional chemotherapy, no specific therapy (excepted for the 20% of Her2+ cases)









H. pylori infection associated to >93% of non-cardia gastric carcinoma cases (Gonzalez, Mégraud *et al.* Ann. Oncol. 2012)

Distal gastric adenocarcinoma linked to H. pylori

Gonzalez et al. Ann. Oncol. 2012 : > 93% associated to H. pylori infection

Atrophy -

Intestinal metaplasia Dysplasia Adenocarcinoma of

intestinal type



Chronic inflammation



Adenocarcinoma of diffuse type



Carcinogenicity of H. pylori



- Gram-bacterium, microaerophilic, motile
- Isolated in 1982 (Warren & Marshall, Lancet 1984; Nobel Prize of Medecine 2005)
- 1994 : class I carcinogen by the WHO
- Main pathogenic factor associated to gastric carcinoma :
 - oncoprotein CagA : cytotoxin encoded by the cag pathogenicity island











Carcinogenicity of CagA

 In mongolian gerbils: infection with a CagA+ *H. pylori* strain induces the development of gastric carcinoma after 7 months



From Franco *et al*, PNAS 2005;102:10646-51

Expression of CagA in a transgenic mouse model :

gastric hyperplasia & adenocarcinomas



From Ohnishi *et al,* PNAS 2007;105:1003-8

Cancer Stem Cells

• CSC = sub-population within the tumor with :

- self-renewal properties
- asymetrical division and differentiation properties
- expression of specific markers
- capacity to initiate a new tumor





Tumorsphere



Tumor after xenograft

CD44, a marker of CSC in gastric cancer cell lines

Takaishi et al., Stem Cell 2009 :

в

CD44+

CD44-

Tumorsphere assay

Xenograft in NOD/SCID mice B

Orthotopic injection

Subcutaneous injection







- To confirm the existence of CSC in primary human gastric adenocarcinoma

Strategy to identify gastric CSC markers



Strategy to identify gastric CSC markers





Expression of putative CSC markers in gastric cell lines and primary tumors



- markers expressed at a lower level in primary tumor cells vs. cell lines
- CD44 expressed in ~20% of cells from primary tumors

Cell sorting of sub-populations of tumor cells on the expression of markers of interest

Cell sorting / FACS on cancer cells dissociated from tumors:



Study of tumorigenic properties of sortedcancer cells expressing or not CD44

• Tumorsphere assay:





• Xenograft in NSG mice (ELDA):

Table 2: Gastric cancer-initiating cell frequencies for the marker CD44

	,	Number of tumours/number of transplanted mice						_		
			number of cells transplanted cells							
CASE	Marker	10 000	3 000	1 000	300	100	0 100 Gastric cancer-initiating cell		ncer-initiating cell	Test for difference in stem cell
								frequencie	s (95% Confidence	frequencies between CD44+ and
								intervals)		CD44 negative cells
1	ESA+CD44+	8/8		9/10	6/10	2/5		1/352	(1/625-1/198)	P=0.0012
1	ESA+CD44-	4/4		4/8	1/8	0/5		1/1688	(1/3913-1/728)	
2	ESA+CD44+	5/5	5/5	8/15	4/15	2/10		1/1020	(1/1670-1/623)	<i>P</i> <10 ⁻⁴
2	ESA+CD44-	2/5	0/4	0/5	0/5			1/28963	(1/113477-1/7392)	
3*	ESA+CD44+			15/5	15/5	19/20	7/10	1/49	(1/76-1/32)	<i>P</i> <10 ⁻⁴
3*	ESA+CD44-			5/5	2/5	0/5		1/568	(1/1202-1/268)	

→ CD44+ cells form tumorspheres *in vitro* & tumors *in vivo*

 \rightarrow frequency of CD44+ tumor initiating cells : 0.1 – 2 %

 \rightarrow CD44 : marker of CSC in primary human gastric adenocarcinoma

Nguyen et al., in preparation

1 / Gastric CSC exist 2 / Origin of gastric CSC ? 3 / How do these cells transform in response to H. pylori?

CSC in gastric carcinoma may originate :

 \rightarrow 1/ from local epithelial stem cells :

CSC in gastric carcinoma may originate :

\rightarrow 1/ from local epithelial stem cells :

- Villin, antrum
- Lgr5, pylorus & cardia
- (Barker et al. Cell Stem Cell 2010)

(Qiao, Gastroenterology 2007)

- Dcamkl1, isthmus in corpus (Okumura *et al.* Gastroenterology 2010)
 CD44, isthmus in corpus (Khurana *et al.* JBC 2013)
- -TFF2 -Mist1 -Troy, Wnt signature (Lgr5 & CD44)
- (Quante, Gastroenterology 2010) (Nam *et al.* Gastroenterology 2010)

(Stange et al. Cell 2013)



From Goldenring *et al.*, Gastroenterology 2010

CSC in gastric carcinoma may originate :

 \rightarrow 1/ from local epithelial stem cells

 \rightarrow 2/ from stem cells derived from the bone marrow (BMDC) :

 mouse model of gastric carcinogenesis induced by infection with *H. felis* (Houghton *et al.*, Science 2004)



CSC in gastric carcinoma may originate :

 \rightarrow 1/ from local epithelial stem cells ?

 \rightarrow 2/ from stem cells derived from the bone marrow (BMDC) :

- mouse model of gastric carcinogenesis induced by infection with *H. felis* (Houghton *et al.*, Science 2004)

Is it also true in gastric carcinoma associated to the human pathogen *H. pylori* ?

Mouse model to study BMDC involvment in H. pylori-induced gastric carcinogenesis



Mouse model to study BMDC involvment in H. pylori-induced gastric carcinogenesis



Varon et al., Gastroenterology 2012

Mouse model to study BMDC involvment in H. pylori-induced gastric carcinogenesis





H. pylori H. felis

15 weeks 35 weeks Inflammation

Hyperplasia / Oxyntic atrophy Mucous metaplasia (TFF2+)

55 weeks

75 weeks

Pseudo-intestinal metaplasia (TFF3+, alcaline phosphatase+)



H. pylori

Dysplasia & Gastrointestinal Intra-epithelial neoplasia (GIN) :



mock

BMDC within neoplastic lesions induced by H. pylori

• Detection of BMDC by GFP immunohistochemistry on gastric mucosa:



Chimera after 1 year :

- H. pylori

+ H. pylori



GFP+ pseudo-intestinal metaplasia

GFP+ dysplasia (GIN) : 22%

Varon et al., Gastroenterology 2012

H. pylori - induced neoplastic lesions in mice are composed of CD44+ cells

• IHC CD44 on stomach of mice infected with *H. pylori* :



Varon et al., Gastroenterology 2012

1 / Gastric CSC exist

2 / Origin of gastric CSC ?

3 / How do these cells transform in response to *H. pylori* ?

In vitro , H. pylori infection alters epithelial differentiation



Altered differentiation:

- intestinal markers (MUC2 and Cdx1)

Murata-Kamiya et al., Oncogene 2007

Zhu et al., PLoS ONE 2012

epithelial to mesenchymal transition

Bagnoli et al., PNAS 2005

Yin et al., Gut 2010

Baud et al., PLoS ONE 2013

The epithelial to mesenchymal transition (EMT)



Kalluri R. & Weinberg R., J Clin Invest 2009

- development
- inflammation, healing
- tumoral progression (metastasis)

EMT induced in mammary epithelial cells generates cells with breast CSC properties



EMT generates cells with CSC properties

Morel et *al.*, PIoSONE 2008 Mani et *al.*, Cell 2008

Can H. pylori, via an EMT, generate cells with CSC properties ?



Cells harboring a mesenchymal phenotype in response to *H. pylori* infection are CD44^{high}





H. pylori via CagA induces :

- a mesenchymal phenotype
- molecular markers of the EMT
- cells harboring the mesenchymal phenotype overexpress CD44

CD44^{high} cells induced by *H.pylori/CagA* harbor mesenchymal features and CSC properties



3

2,5

2

.5

1

0,5

0

-0,5

7.13-CD44^{high}/7.13-CD44^{low}

CD44 and EMT markers are overexpressed in *H. pylori* -infected human gastric mucosa and in carcinoma



Cellular and molecular determinants of H. pyloriinduced gastric carcinogenesis



From Bessède et al., Oncogene review 2014

Ferrand *et al.*, PLoS ONE 2011a Ferrand *et al.*, PLoS ONE 2011b Varon *et al.*, Gastroenterology 2012 Baud *et al.*, PLoS ONE 2013 Bessède *et al.*, Oncogene 2013 Nguyen *et al.*, in preparation INSERM U853 Château Malartic-Lagravière Mardi 11 juin 2013



AQUITAINE

Platforms :

- Cytometry (V. Pitard, S. Gonzales)
- Animal facilities A2 (B. Rousseau) & transgenic (P. Costet)
- Histology (N. Senant)
- Vectorologie (V. Guyonnet-Dupeyrat)

INSERM U853 :

- F. Mégraud
- E. Bessède
- J. Ferrand
- L. Chambonnier
- PH. Nguyen (PhD)
- S. Molina (PhD)
- L. Acuna Amador



Cancéropôle

AstraZeneca

- P. Dubus, A. Giese, M. Carlotti (EA2406)
- C. Staedel (INSERM U869)
- F. Mazurier (INSERM U1035)
- I. Soubeyran, S. Evrard (Institut Bergonié)
- G. Belleannée, D. Collet (CHU Bordeaux),
- L. Wittkop (USMR, ISPED)
- A. Schmidt-Alliana (INSERM U576, Nice)
- D. Noel (INSERM U844, Montpellier)

nserm

santé et de la recherche médicale

- M. Hatakeyama (University of Tokyo, Japon)

université

de BORDEAUX

Financial supports :



CagA is responsible of the induction of mesenchymal markers and phenotype, and of CD44 overexpression



ongoing project : constitution of TMA of gastric adenocarcinoma

 \rightarrow to confirm the expression of CD44 and markers of EMT and CSC in human tumors

250 cases : distal adenocarcinoma + distant non-cancerous mucosa

G. Belleannée CHU BordeauxP. Dubus, A. Giese EA2406L. Chambonnier



 \rightarrow Markers of pre-neoplastic lesions? Predictive of severity, prognosis?

Cellular and molecular determinants of H. pyloriinduced gastric carcinogenesis



H. pylori and BM-MSC recruitment

• Migration assay :



- ⇒ Some strains of *H. pylori* stimulate MSC migration
- ⇒ No association with the *cag*PAI or VacA status of strains
- Associated to the capacity of strains to induce epithelial cells apoptosis

Ferrand *et al.*, PLoSOne 2011;6(12):e29007



 \rightarrow *H. pylori*-induced MSC migration depends on NF_KB activation and secretion of TNF_α

Ferrand et al., PLoSOne 2011;6(12):e29007

BM-MSC acquire an epithelial phenotype through cell fusion *in vitro*



 \rightarrow 1.3% of fused cells after 8 days of coculture

BM-MSC eGFP

 \rightarrow loss of mesenchymal markers, gain of epithelial markers

Ferrand et al., PLoSOne 2011;6(5):e19569

Stem cells in adult tissues

- Self-renewal
- Asymetrical division
- Differentiation in the different specialized cells of the tissue







From Eckfeldt *et al.*, Nature Reviews 2005

Cancer stem cells

1994 : in AML

(Lapidot et al. 1994; Bonnet & Dick 1997)

Since 2003, in solid tumors :

Breast	(Al-Hajj <i>et al</i> ., 2003)
Brain	(Hemmati <i>et al</i> ., 2003; Singh e <i>t al</i> ., 2003)
Colon	(O'Brien <i>et al.</i> , 2007; Ricci-Vitiani <i>et al.</i> , 2007)
Pancreas	(Hermann <i>et al</i> ., 2007; Li <i>et al</i> ., 2007)
Prostate	(Collins <i>et al</i> ., 2005)
• Ovary	(Bapat e <i>t al</i> ., 2005)
• Liver	(Ma e <i>t al</i> ., 2007)
• Lung	(Ho <i>et al</i> ., 2007)
• Melanoma	(Fang <i>et al</i> ., 2005)
Stomach	

in gastric cancer cell lines (Takaishi et al., 2009)