# Tumor transition states occuring during EMT



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### **Tumor heterogeneity**



Marusyk A et al. Nat Rev Cancer 2012

## Implication of EMT for tumor heterogeneity and metastasis



De Craene & Berx, Nat Rev Cancer 2013

### Squamous cell carcinoma

- 2<sup>nd</sup> most frequent cancer
- 500.000 patients /year in US
- Surgical excision
- 5% with metastasis leading to poor survival prognosis



Mutations of the Ras pathway in mice and human SCC

⇒Hras (Kamino et al., 1991, Corominas et al., 1989, Nassar et al. Nature Medicine 2015)

⇒Kras (Spencer et al., 1995; Sutter et al., 1993; van der Schroeff et al., 1990, Nassar et al. Nature Medicine 2015)

 $\Rightarrow$ RRas2 (Nassar et al. Nature Medicine 2015)

## Genetic lineage tracing in mouse model of skin SCC that undergo spontaneous EMT





#### Latil et al, Cell Stem Cell 2017



#### Loss of Epcam expression during EMT



#### **Does EMT occur through distinct transitional states ?**



#### Nieto et al. Cell 2016

### Identification of the tumor transition states occuring during EMT in vivo



### Identification of cell surface markers heterogenously expressed during EMT in vivo



### Identification of the tumor transition states occuring during EMT in vivo



### Uncovering the order of transition during EMT



### EMT transition states revealed by tumor by single cell RNA-seq



#### Metaplastic mammary tumors progress through the same EMT transition states



#### **EMT transition states in MMTV-PyMT mammary tumors**



#### **EMT transition states in human cancer**



# EMT transition states present similar TPC capacity but exhibit different plasticity

Number of grafted cells	Ep+	Ep-	TN	CD106	CD51	CD106/51	CD51/61	ТР
1000	7/9 (n=3)	10/12 (n=3)	9/12 (n=2)	15/17 (n=2)	12/15 (n=3)	6/6 (n=2)	14/18 (n=3)	10/12 (n=2)
100	1/9 (n=3)	15/18 (n=4)	23/24 (n=4)	17/24 (n=4)	3/3 (n=3)	13/18 (n=3)	19/24 (n=3)	13/17 (n=4)
10	1/9 (n=3)	18/24 (n=3)	7/30 (n=4)	21/46 (n=4)	14/19 (n=3)	6/18 (n=3)	14/30 (n=3)	12/21 (n=3)
TPC frequency	<b>1/614</b> (1/1266-1/297)	<b>1/93</b> (1/159-1/54)	<b>1/146</b> (1/246-1/86)	<b>1/99</b> (1/156-1/63)	<b>1/130</b> (1/246-1/68)	<b>1/59</b> (1/99-1/35)	<b>1/168</b> (1/285-1/99)	<b>1/124</b> (1/226-1/69)
n = 0.004 - 3.35 = -0.8					p=0.001			



#### Different EMT transition states present different metastatic potential



## Transcriptional landscape of EMT transition states



# Uncovering transcription factors operating during EMT at each transition states



# TGFb/Smad2 inhibition accelerates tumorigenesis and blocks EMT progression



# p63 overexpression blocks late steps of EMT progression



## Different EMT transition states are localized in different niches



## Different EMT niches are associated with different immune and vascular infiltration



#### **Macrophages regulate EMT transition states**



### **Transition through the different EMT states**

	Epcam+	TN p6 K Grl 2 f 1 Nfate	CD106 CD106 Lh If bHI hl2 Zel Ovol2 Smac Sp1 Nfate	CD51 CD106/51 x2 LH bHLI b1 Maffe d2/3 Rbpj /Sp1 Smad2	CD51/61 TP
	Epithelial Tumor cells	Early Hybrid EMT state	Hybrid EMT state	Late Hybrid EMT state	Mesenchymal Tumor cells
Proliferation	++++	++	++	++	+
Invasion	+	++	+++	++++	+++++
Plasticity	+	++	+++	++++	++
Stemness	+	+++	+++	+++	+++
Metastasis	+	++++	++++	++	+

- EMT occurs through distinct transition states
- Early hybrid EMT exhibit the highest metastatic capacity
- Different transition states are associated with different microenvironment
- Depletion of macrophages prevents progression towards complete EMT

### **Role of Netrin-1 in EMT**



#### Netrin-1 inhibition reverts EMT upon subcutaneous grafting of Epcam- tumor cells



### Netrin-1 inhibition reduces tumorigenesis and prevents EMT in primary skin SCC





### Netrin-1 inhibition reduces macrophage infiltration in primary skin SCC





### Netrin-1 inhibition prevents lung colonization upon intravenous injection of Epcam- TCs



### Regulation of EMT and metastasis through modulation of the microenvironment





А	Neutrophils	I	Cancer (VCAM1)
В	DC/Macrophages	J	Melanocytes
С	M2 Macrophages	К	M1 Macrophages
D	T-Cells	L	Osteoclast markers
E	Endothelial	Μ	Cluster 9 macrophages (total)
F	Fibroblasts	Ν	NK
G	Fibroblasts (special)	0	Cluster 16 (total)
Н	Cancer (EPCAM +)		

#### Pastushenko & Lengrand, unpublished data

#### Can genetic hints stabilize specific EMT state?

### Fat1 mutations in human cancers



#### Lung SCCs



#### **Pan Cancer**



### Fat1 deletion promotes hybrid EMT in SCC



### Deletion of Fat1 promotes hybrid EMT state in human SCCs



### Somatic mutations in Fat1 is associated with hybrid EMT state in human cancers



# Fat1 deletion increases lymph node and lung metastasis



Pastushenko et al, under review

- EMT occurs through distinct transition states
- Early hybrid EMT exhibit the highest metastatic capacity
- Different transition states are associated with different microenvironment
- Depletion of macrophages prevents progression towards complete EMT
- Role of microenvironment in the modulation of EMT can be explored as therapeutic opportunity
- Specific mutations can stabilize highly metastatic hybrid EMT state and should be be explored as predictive factor of poor outcome



















