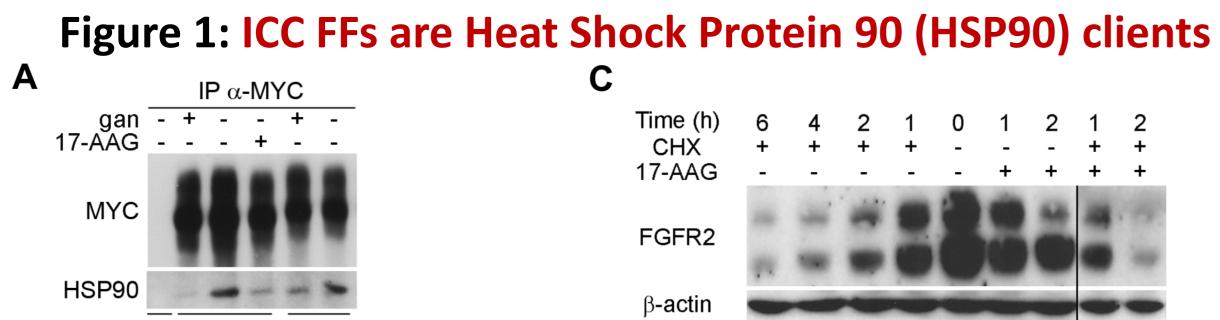
# **Preclinical studies on therapeutic targeting of FGFR2 fusion proteins:** focus on intrahepatic cholangiocarcinoma

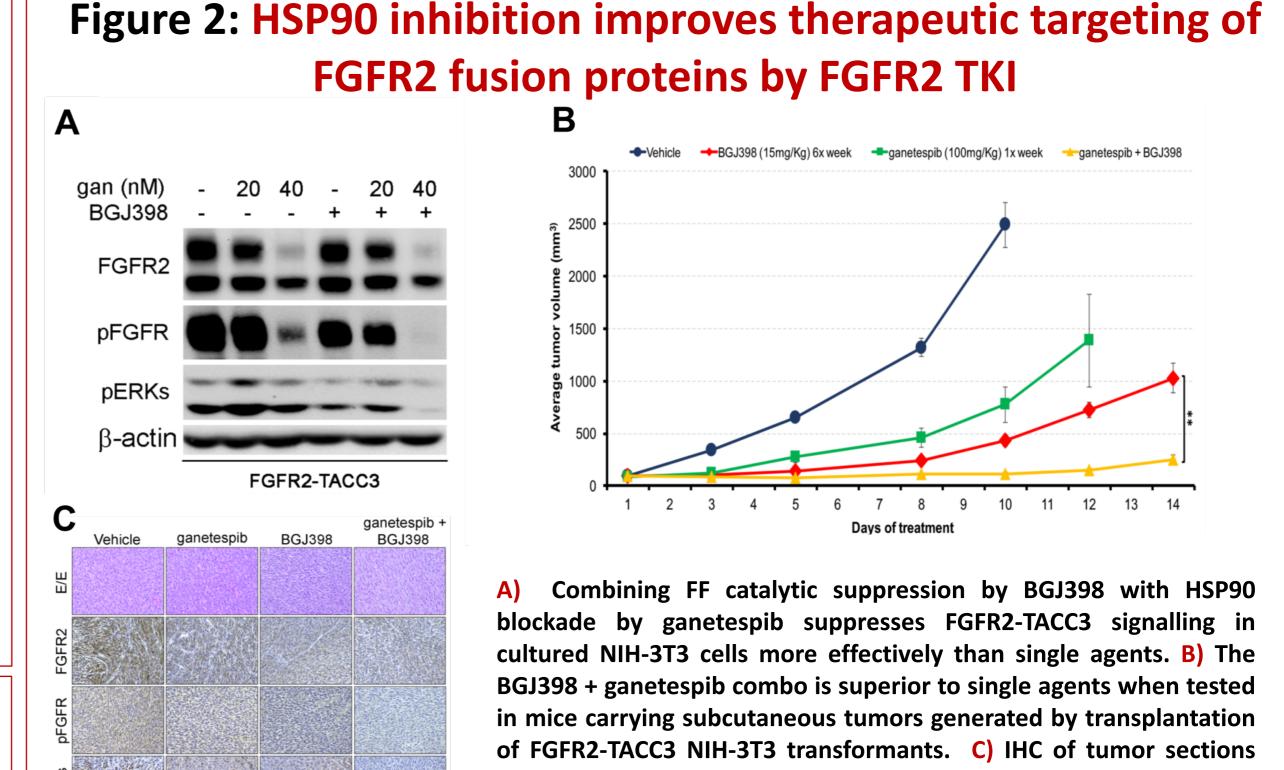
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- D. Lamberti<sup>1</sup>, G. Cristinziano<sup>1</sup>, M. Porru<sup>2</sup>, C. Leonetti<sup>2</sup>, I. Manni<sup>2</sup>, C. A. Amoreo<sup>3</sup>, S. Buglioni<sup>3</sup>, M. J. Borad<sup>4</sup>, S. Anastasi<sup>1</sup> and O. Segatto<sup>1</sup>
- 1 Unit of Oncogenomics and Epigenetics, IRCCS Regina Elena National Cancer Institute, Rome, Italy; 2 SAFU, IRCCS Regina Elena National Cancer Institute, Rome, Italy; 3 Department of Pathology, IRCCS Regina Elena National Cancer Institute, Rome, Italy; 4 Division of Hematology and Oncology, Mayo Clinic, Scottsdale, USA.

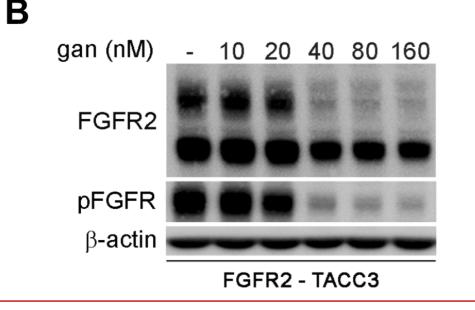
**BACKGROUND** About 15% of intrahepatic cholangiocarcinomas (ICC) express fibroblast growth factor receptor 2 (FGFR2) fusion proteins (FFs) generated by chromosomal translocations. FFs span aa. 1-762 of FGFR2IIIb joined C-terminally to sequences encoded by any of a long list of fusion genes (>30). FFs possess constitutive tyrosine kinase activity, which is caused by forced dimerization of the FGFR2 kinase domain imposed by protein-protein interaction motifs located in fusion sequences (Wu YM et al., Cancer Discov, 2013). FFs have been nominated ICC oncogenic drivers, based on clinical experimentation showing meaningful objective responses in FF-positive ICC patients treated with the FGFR tyrosine kinase inhibitor (F-TKI) BGJ398 (Javle M et al., J Clin Oncol, 2017).

> **<u>AIM</u>** Our laboratory is interested in the pre-clinical development of novel therapeutic approaches to Intrahepatic Cholangiocarcinoma driven by FGFR2 fusion proteins



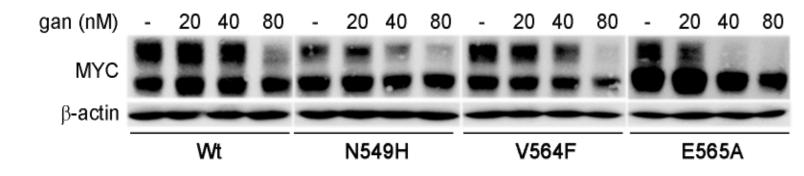


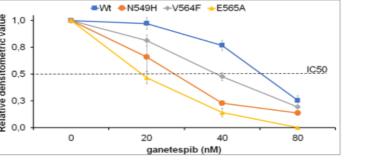




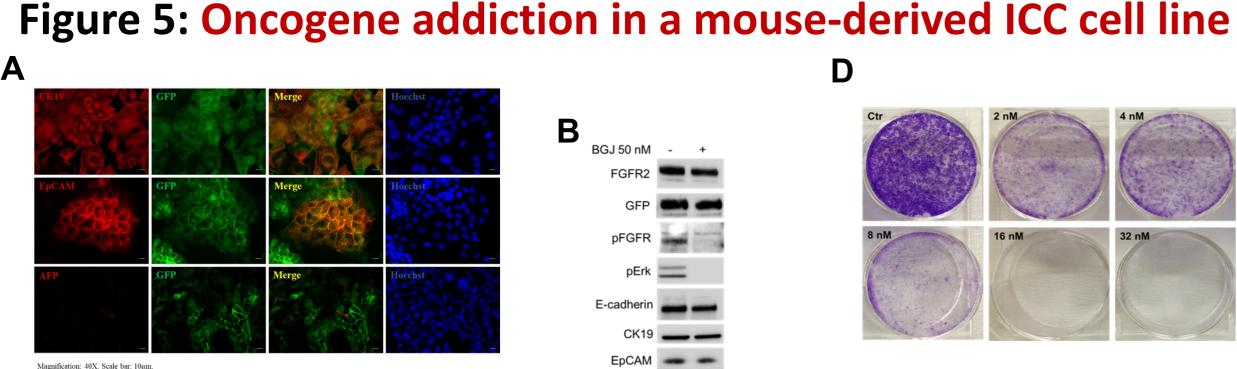
FGFR2 - MGEA5 A) MYC tagged FGFR2–TACC3 and FGFR2-MGEA5 fusions are constitutively bound to HSP90 and this complex undergo rapid dissociation upon HSP90 inhibition by either 17-AAG or ganetespib. **B)** Ganetespib promotes proteolytic degradation of FGFR2-TACC3 fusion stably expressed in NIH-3T3 cells. C) CHX experiments indicate that, besides the mature higher MW form, also the immature species of FGFR2-MGEA5 undergoes swift degradation upon HSP90 inhibition. Similar results were obtained with all the three FFs analyzed.

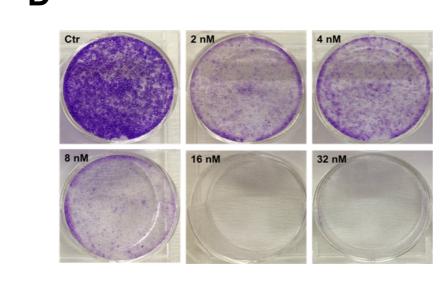
### Figure 3: Clinically relevant BGJ398 resistant mutants retain sensitivity to ganetespib





A major mechanism of clinical resistance to BGJ398 in ICC is the therapy induced selection of tumor subclones that are driven by mutations in the catalytic domain of FFs (Goyal L et al., Cancer Discov, 2018). FGFR2-TACC3 containing the BGJ398-resistant V564F "gatekeeper" mutation or the "molecular brake" N549H and E565A mutations retain sensitivity to ganetespib.

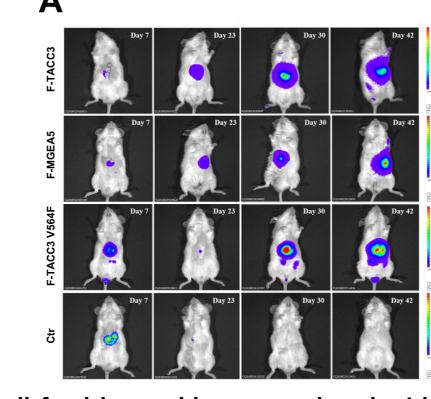


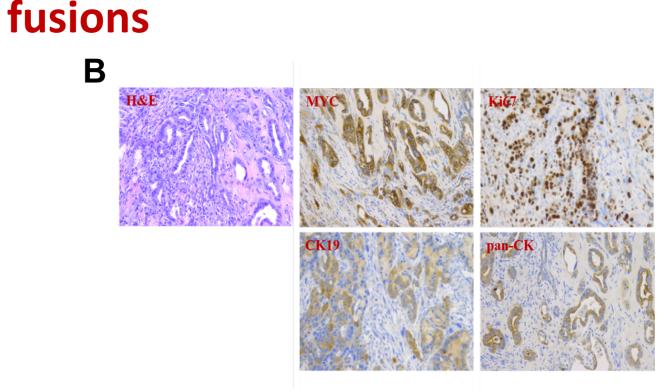


indicates that the BGJ398 + ganetespib combo elicited the strongest inhibition of FGFR2-TACC3 oncogenic signaling.

## Figure 4: Generation of a mouse model of ICC driven by FGFR2

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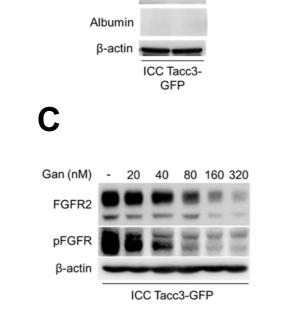


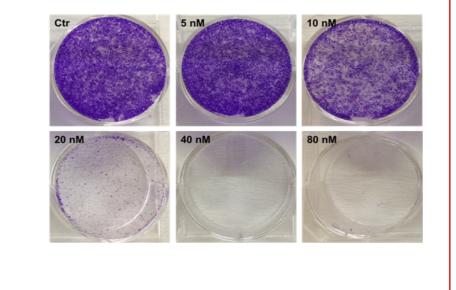


A) p53 null fetal hepatoblasts transduced with recombinant retroviruses encoding MYC tagged FGFR2-TACC3, FGFR2-MGEA5, FGFR2-TACC3 V564F gatekeeper mutant were injected in the liver of NOD-SCID mice. Controls were transduced with empty virus. Live imaging of luciferase activity shows progressive expansion of grafted cells. B) Representative histopathology of a liver lesion in a mouse injected with FGFR2-TACC3 hepatoblasts.

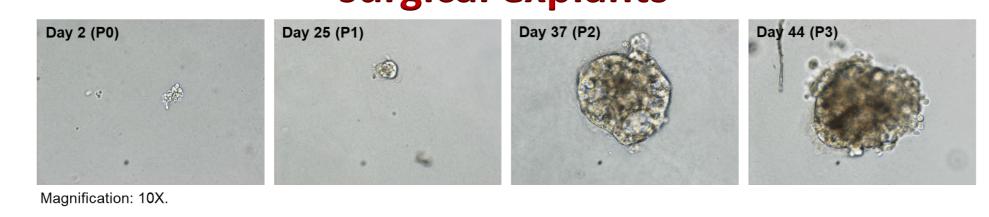


A, B) The ICC cell line expresses GFP-tagged FGFR2-TACC3, Ck19 and Epcam, but is negative for the hepatocyte markers Afp and Alb. Note inhibition of FF signaling by BGJ398 in panel B. C) Dose-dependent degradation of F-TACC3 in ICC1 cells treated with ganetespib. **D**) Dose-dependent inhibition of ICC cell proliferation by BGJ398 (upper panel) and ganetespib (lower panel)

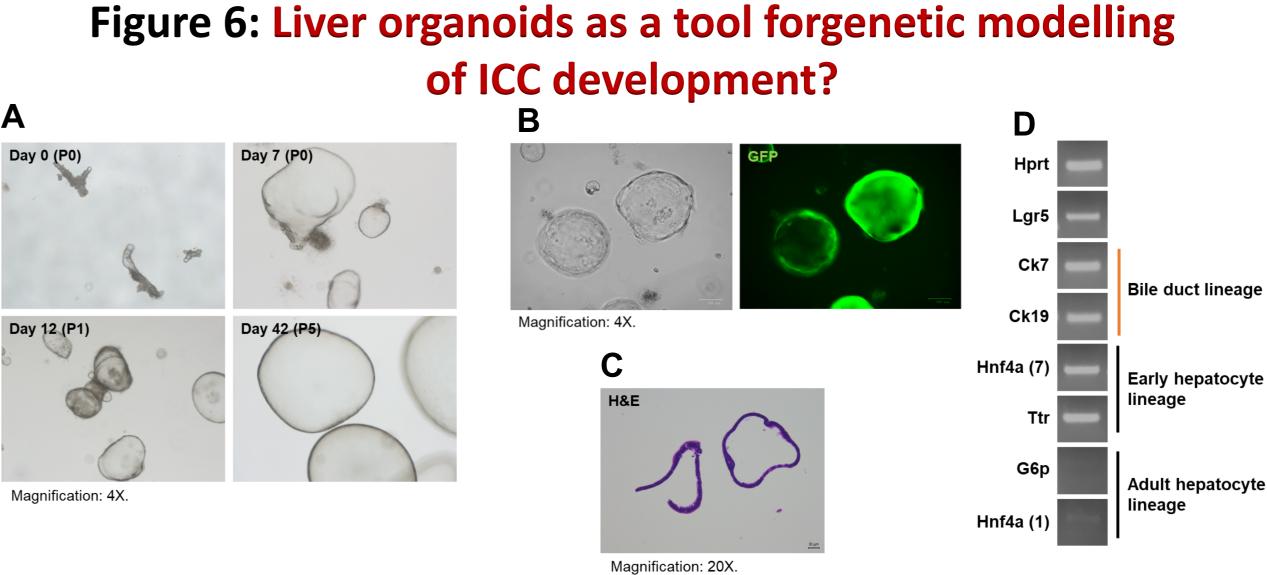




#### **Figure 7: Generation of tumoroids from human ICC** surgical explants



Growth and passaging of a human ICC tumoroid



A) Growth and passaging of organoids from adult mouse liver. B) Murine organoids transduced with a recombinant retroviruse encoding GFP C) Representative H&E staining of healthy liver derived organoids growing as a single-layered epithelium of ductal-like cells surrounding a central lumen. D) Analysis of cell lineage markers in murine liver organoids.

#### Conclusions

Upfront treatment with the BGJ398 + ganetespib combo a) may improve therapeutic targeting of FGFR2 fusions; b) could be exploited to delay/prevent clinical resistance to BGJ398 caused by mutations in the FFs kinase domain (Lamberti et al., HEPATOLOGY, 2018).

#### **Ongoing work**

1) Our data suggest that FFs are sufficient to drive ICC development in a Tp53 null background. 2) We are implementing the mouse ICC tumoroid technology for in vitro studies on FF targeting. 3) Tumoroids will also be used to derive secondary ICC lesions in recipient mice, thus representing a facile model for in vivo studies. 4) We are building a collection of human ICC tumoroids to carry out in vitro and in vivo studies on genotype-matched therapeutic targeting of ICC. 5) We are trying to use genetically engineered liver tumoroids for developing mouse ICC models recapitulating the human disease.





