Adaptive Therapy and Competition

Cancer Adaptive Therapy Models Virtual Meeting

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Treatment of prostate cancer: Recent Pilot Clinical Trial



time

Treatment of prostate cancer: Recent Pilot Clinical Trial

Main advances of trial:

- 1. Treatment is **adaptive**: dosing depends on the actual tumor dynamics of each individual patient
- 2. Treatment leverages **competition**: deliberately maintains a sensitive population to slow the growth of the resistant population.

Adaptive Approach



Can we modify the adaptive therapy design and improve results?

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Assumptions

- 1. Adaptive therapy works because of competition
- 2. Larger populations generate more competition

Caveats

- 1. Interested in adaptive therapy in general
- a) Discussion is not restricted to prostate cancer
- b) Use PSA as a proxy for tumor burden

2. Adaptive therapy designed to competitively suppress resistance in order to contain the tumor for longer. Competitive Suppression and Containment

Role of initial tumor response?

Accept To Trial





treatment by the second secon

Decline From Trial

Strong Initial Response BUT **Bad** Candidate for Containment



standard therapy could clear tumor

50% reduction in PSA is too much

baseline PSA is too low



Poor Initial Response BUT **Good** Candidate for Containment?



These patients may have excellent potential to benefit from competitive suppression.

Modified Approach to Enhance Competition



Current Approach







Hansen and Read. Cancers, Nov. 2020.

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Current Approach





Hansen and Read. Cancers, Nov. 2020.

Important Reminder

1. Analysis assumes that competition is the main consideration

2. Larger populations generate more competition

But, in general we know

Populations interact in many different ways

- 1. Competition 2. Cooperation
- a) For space a) Production of public goods
- b) For nutrients b) Self-restraint behavior
 - 3. Transfer between populations
 - a) Mutation
 - b) Epigenetic changes

Populations also interact with their environment

CANCER

Exploiting evolutionary principles to prolong tumor control in preclinical models of breast cancer

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Conventional cancer treatment strategies assume that maximum patient benefit is achieved through maximum killing of tumor cells. However, by eliminating the therapy-sensitive population, this strategy accelerates emergence of resistant clones that proliferate unopposed by competitors—an evolutionary phenomenon termed "competitive release." We present an evolution-guided treatment strategy designed to maintain a stable population of chemosensitive cells that limit proliferation of resistant clones by exploiting the fitness cost of the resistant phenotype. We treated MDA-MB-231/luc triple-negative and MCF7 estrogen receptor-positive (ER⁺) breast cancers growing orthotopically in a mouse mammary fat pad with paclitaxel, using algorithms linked to tumor response monitored by magnetic resonance imaging. We found that initial control required more intensive therapy with regular application of drug to deflect the exponential tumor growth curve onto a plateau. Dose-skipping algorithms during this phase were less successful than variable dosing algorithms. However, once initial tumor control was achieved, it was maintained with progressively smaller drug doses. In 60 to 80% of animals, continued decline in tumor size permitted intervals as long as several weeks in which no treatment was necessary. Magnetic resonance images and histological analysis of tumors controlled by adaptive therapy demonstrated increased vascular density and less necrosis, suggesting that vascular normalization resulting from enforced stabilization of tumor volume may contribute to ongoing tumor control with lower drug doses. Our study demonstrates that an evolution-based therapeutic strategy using an available chemotherapeutic drug and conventional clinical imaging can prolong the progressionfree survival in different preclinical models of breast cancer.

Three Different Treatment Strategies

1. Standard Treatment (ST):

Fixed dose twice a week for 2.5 weeks

2. Adaptive Therapy 1 (AT-1): Dose Modulating

Treatment <u>times</u> fixed. Dose adapted to tumor response.

3. Adaptive Therapy 2 (AT-2): Treatment Skipping

Treatment <u>dose</u> fixed. Treatment timing adapted to tumor response.

Enriquez-Navas, et al. Science Translational Medicine. Feb. 2016.



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Immediate Questions

1) Is success of adaptive therapy due to competition?

2) Is treatment failure (progression) due to drug resistance?



















Adaptive Antibiotic Dosing To Maintain Constant Bacterial Density





 By matching drug in all vials, only difference between vials is presence/absence of sensitive cells
By comparing Resistant Only and Mixed we can measure the effect of sensitive cells.

Is success of adaptive therapy due to competition?
Is treatment failure (progression) due to drug resistance?



PLoS Biology, May 2020

Optical Density



Optical Density

Time



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