

Human Tumor Atlas Network (HTAN)

2018 IMAT Investigators Meeting

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Blue Ribbon Panel Recommendations

- A. Network for **Direct Patient Engagement**
- B. Cancer **Immunotherapy** Clinical Trials Network
- C. Therapeutic Target Identification to **Overcome Drug Resistance**
- D. A National Cancer **Data Ecosystem** for Sharing and Analysis
- E. Fusion Oncoproteins in **Childhood Cancers**
- F. **Symptom Management** Research
- G. **Prevention and Early Detection:** Implementation of Evidence-Based Approaches
- H. Retrospective **Analysis of Biospecimens** from Patients Treated with Standard of Care
- I. Generation of **Human Tumor Atlases**
- J. Development of New Enabling **Cancer Technologies**



Blue Ribbon Panel's Recommendation I

Generation of Human Tumor Atlases

Create dynamic 3D maps of human tumor evolution to document the genetic lesions, molecular pathways, and cellular interactions of each tumor as it evolves from a precancerous lesion to advanced cancer.

Goal of the Human Tumor Atlas Network (HTAN):

Construction of **high-resolution, multidimensional, multiparametric, dynamic atlases** of individual tumors over time. Atlases should:

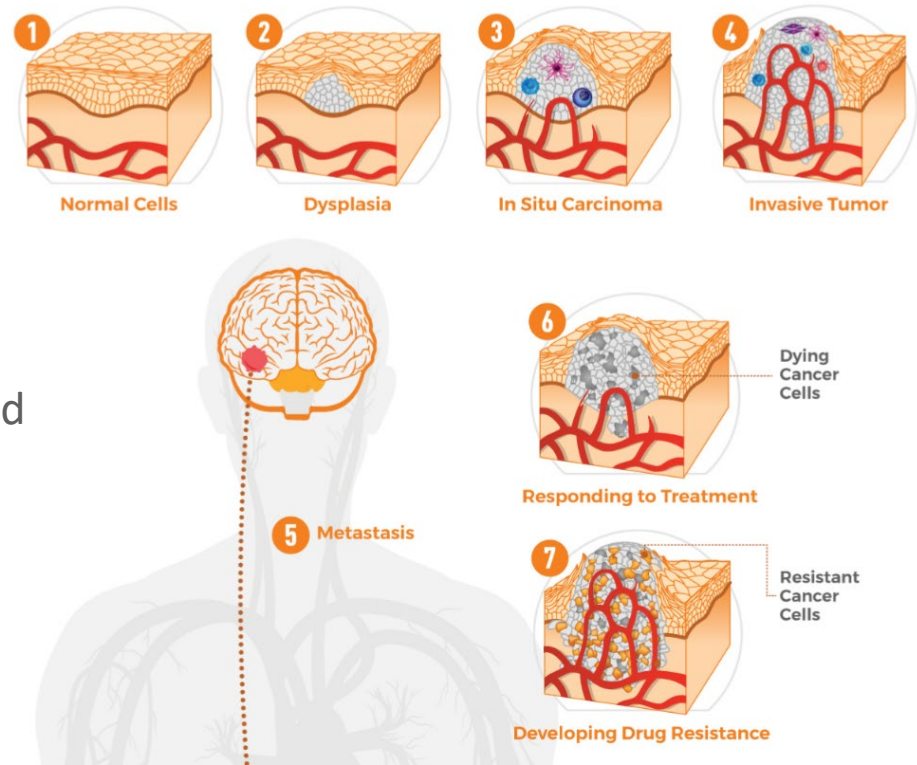
- Describe the **molecular, cellular, and physiological events** that occur during tumor evolution.
- **Integrate data** on the molecular, sub-cellular, cellular, and tumor tissue composition and architecture, including the **microenvironment and immune milieu**.
- Enable **predictive modeling** to refine preventive and therapeutic choices.
- Include critical time points — **transition from pre-malignancy to cancer, metastasis, response to therapy, and development of resistance to therapy**.

HTAN is a Community Resource Program

- Create a community resource that **catalyzes cancer research across disciplines**
- Promote aggressive **public data and resource release** timelines
- Facilitate and understanding of what **technologies and assays will be most informative** across tumor types
- Develop **standard operating procedures** that will allow meaningful comparison of data across these technologies
- Generate a **publicly available set of tumor atlases** describing transitions in cancer in a spatially-resolved manner for use by the cancer community

HTAN Atlases will describe critical transitions in cancer ...facilitated by collaboration across research centers and approaches.

A comprehensive human tumor atlas is defined as the **multidimensional molecular, cellular, and morphological mapping** of human cancers, **complemented with critical spatial information** (at the molecular, cellular, and/or tissue level) that **facilitate visualization of the structure, composition, and multiscale interactions** within the tumor ecosystem.

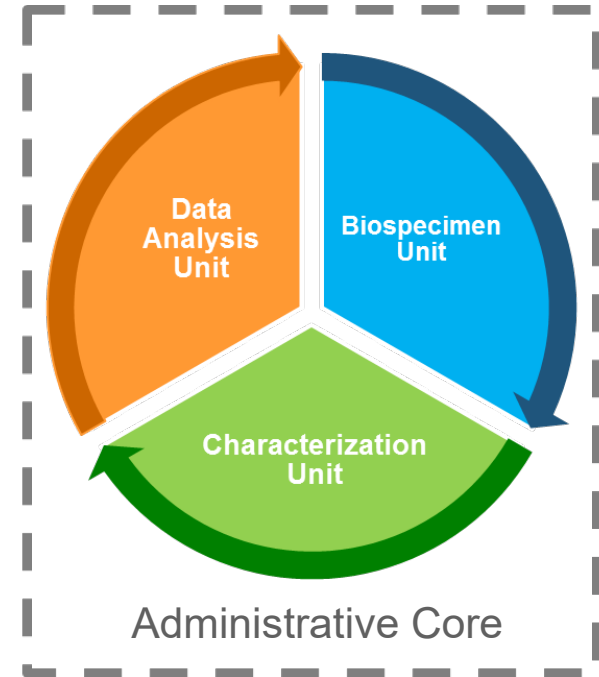


Adapted from "Cancer and the Human Tumor Atlas Network"
NCI's Annual Plan and Budget for Fiscal Year 2020

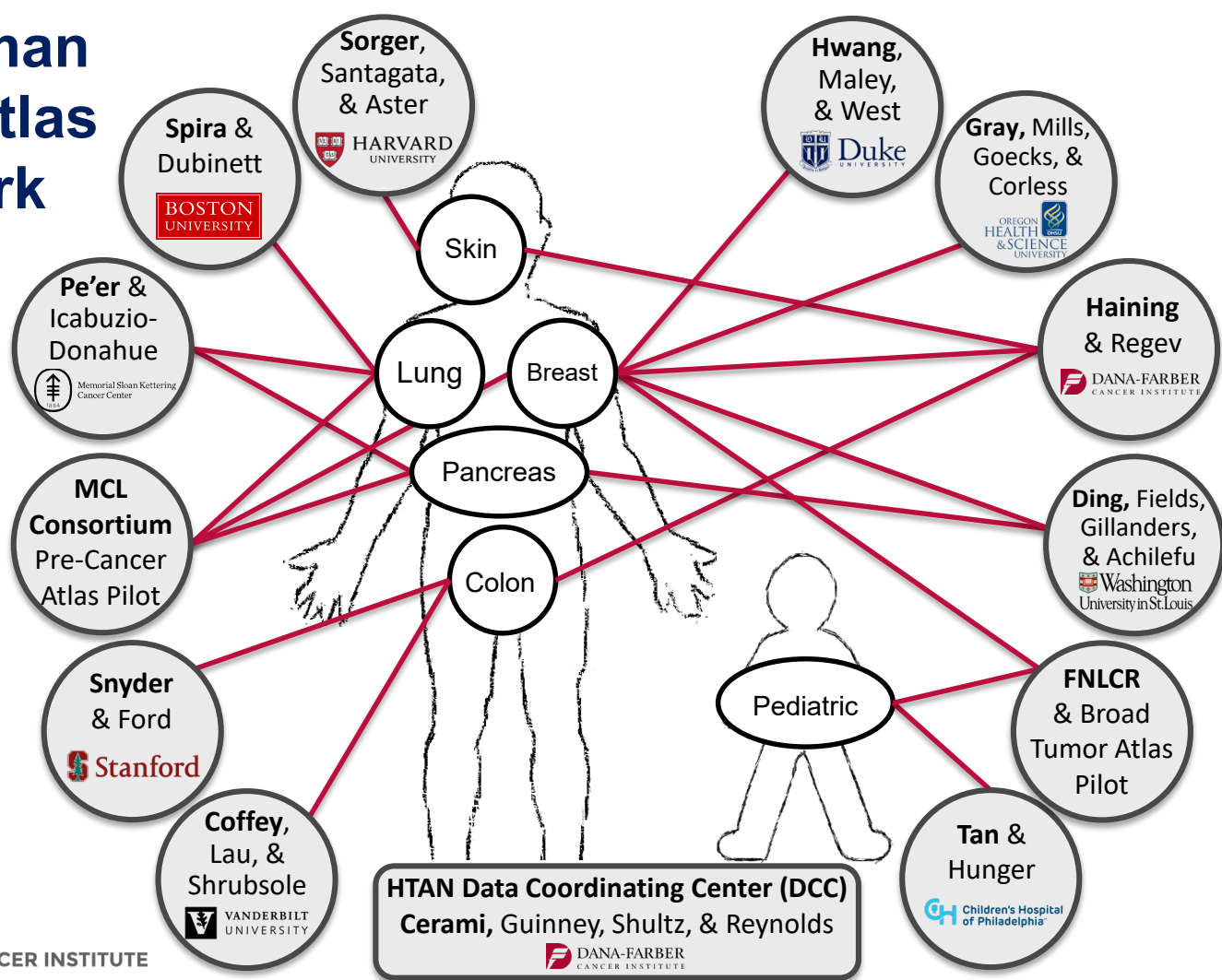
The Human Tumor Atlas Network

- 10 **U2C Research Centers**
- 2 Pilot Cancer Atlases
- A U24 **Data Coordinating Center**
- A highly **multidisciplinary team of investigators**, including pathologists, clinical oncologists, cancer biologists, systems biologists, bioinformaticians, technology developers, computer scientists, etc.

Organization of U2C Research Centers



The Human Tumor Atlas Network



	Focus of Atlases				
		Pre-Cancer	Response to Therapy	Development of Resistance	Metastasis
	Pediatric cancers		Tan (NB; SOC) ** (NB; SOC) Tan (VHR-ALL; CAR-T)	Tan (Glioma; SOC) ** (Glioma; SOC)	
Cancers in adults	Breast	Hwang (DCIS) *	Ding (TNBC; αPD-L1) Gray (TNBC; αPD-L1 + αPARP)		** (ER+/PR+)
				Gray (ER+/PR+; αCDK4/6) Haining (ER+/PR+; αCDK4/6)	
	Colon	Snyder (FAP) Coffey	Haining (MSI Hi/Lo; αPD-L1 or αCTLA-4)		
	Melanoma	Sorger	Haining (αPD-L1 or αCTLA-4)		
	Lung	Spira *			Pe'er
	Pancreas	*			Pe'er Ding

* = FY17 PCA Pilot Project (NCI MCL Consortium, not Moonshot funded)

** = FY17 HTA Pilot Project (Leidos/Broad Institute, Moonshot funded)

Note: Sorger center also pursuing CHIP pilot atlas

TNBC = Triple-Negative Breast Cancer

DCIS = Ductal Carcinoma In Situ

FAP = Familial Adenomatous Polyposis

NB = Neuroblastoma

VHR-ALL = Very High-Risk B-Cell Acute Lymphoblastic Leukemia

SOC = Standard of Care

MCL = Molecular and Cellular Characterization of Screen-Detected Lesions

We don't yet know the best data, but it is sure to be multi-dimensional

Microbiome

Medical imaging modalities (radiology, etc.)

Histology

Metabolomics (LC-MS, etc.)

Protein imaging (fluorescence, IBI, IMC, cyclic-IF, etc.)

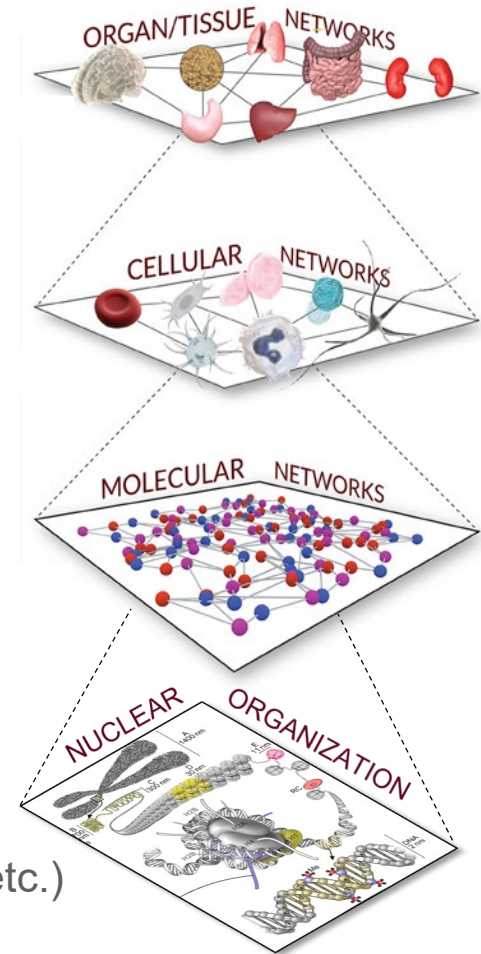
Transcriptomics (RNA-seq, MERFISH, etc.)

Whole genome, whole exome, targeted DNA seq

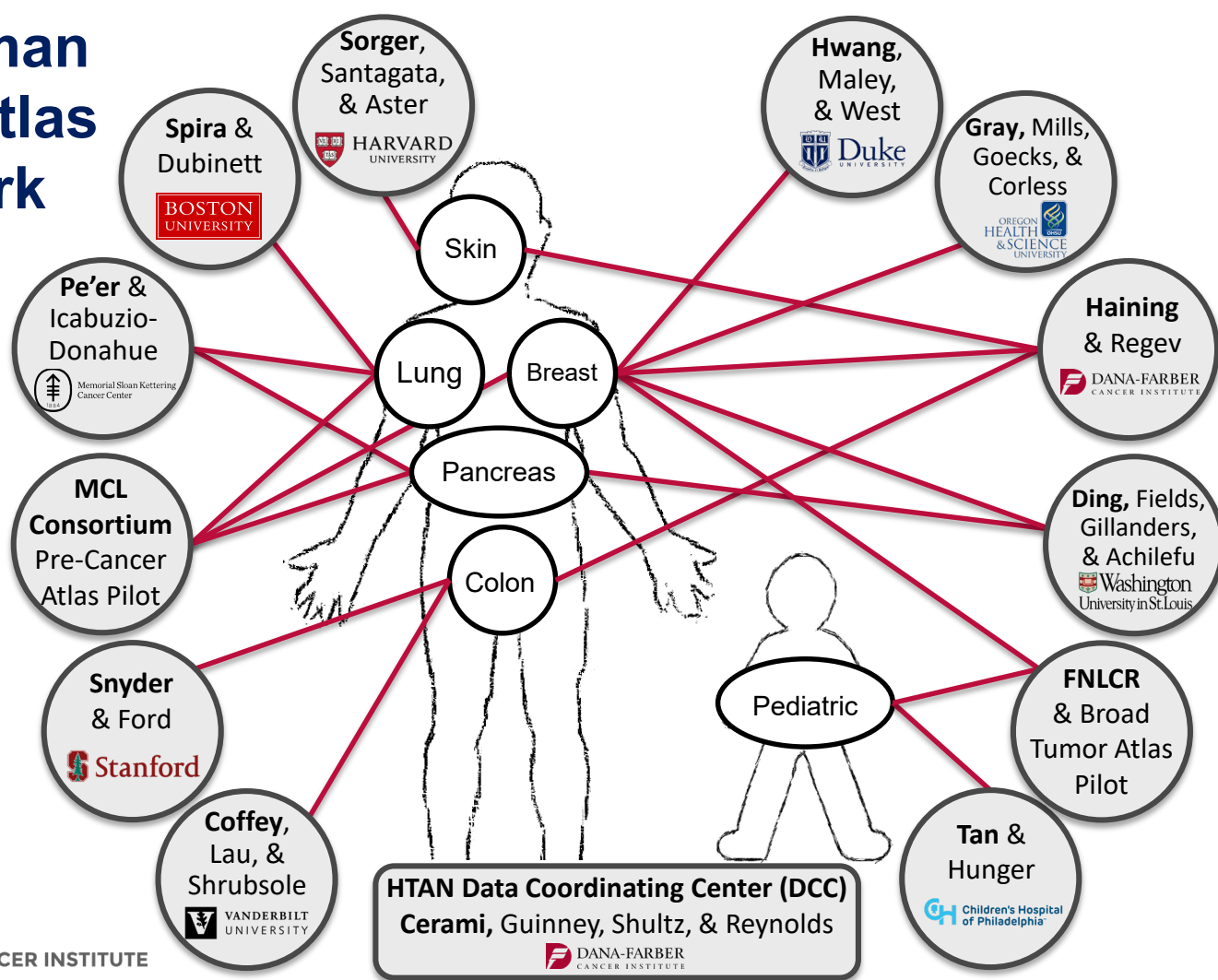
Electron microscopy (2D, 3D)

Chromatin organization and epigenetics (ATAC-seq, BS-seq, etc.)

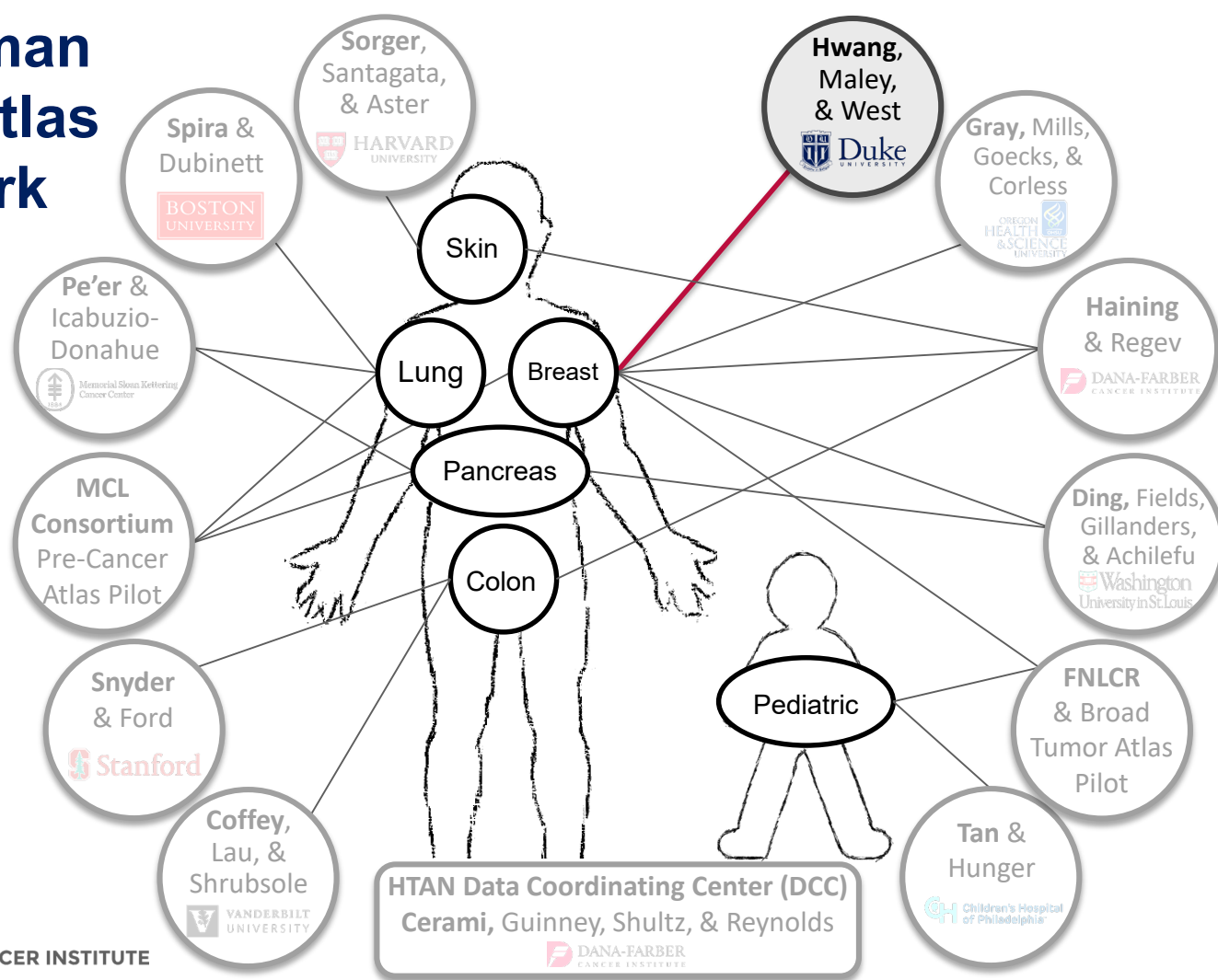
Many at single-cell resolution and/or with spatial information



The Human Tumor Atlas Network

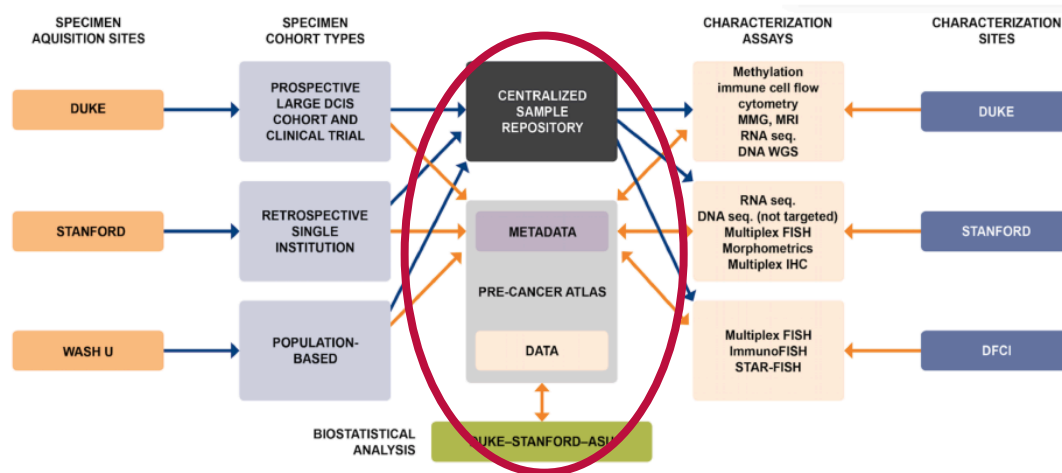


The Human Tumor Atlas Network

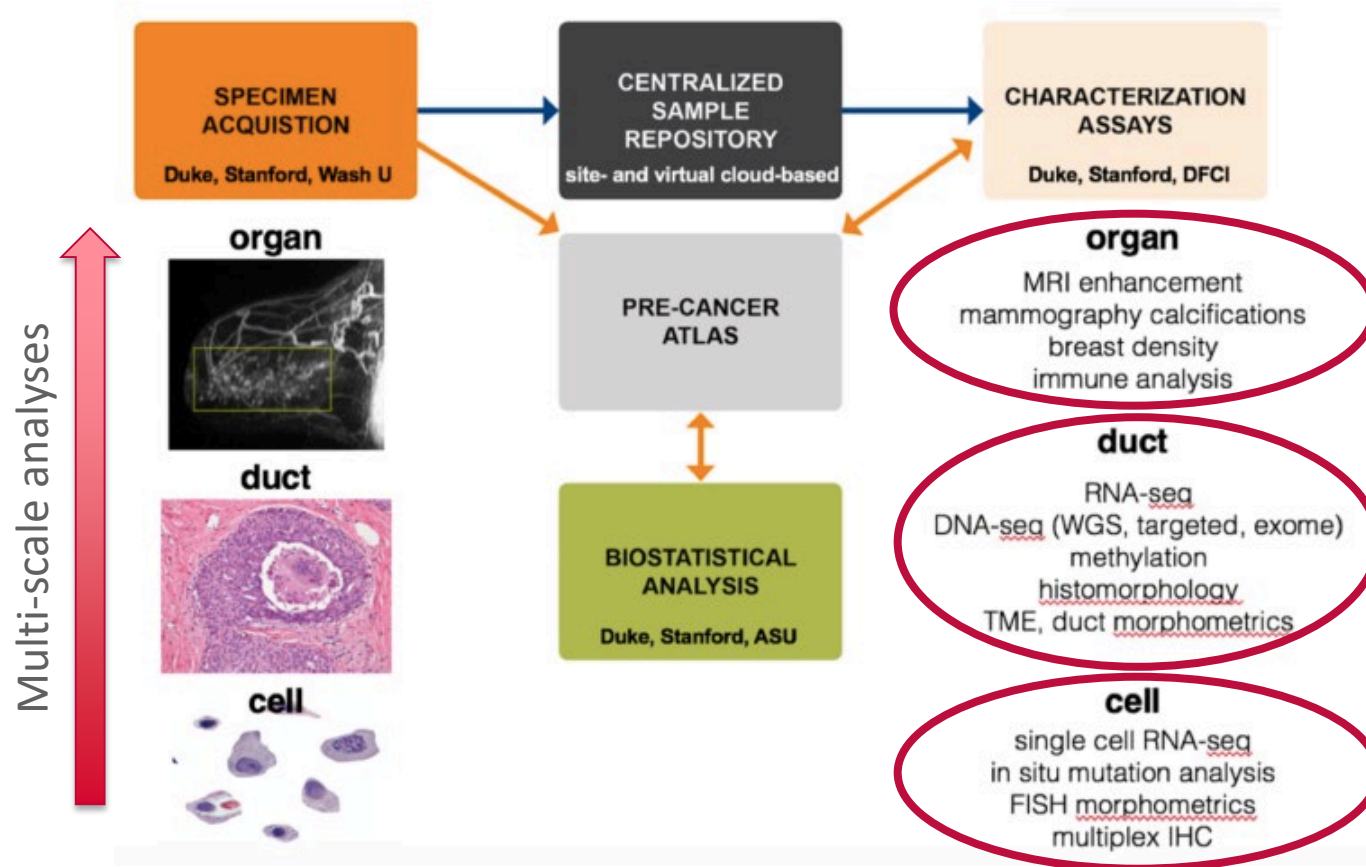


Duke Breast Pre-Cancer Atlas

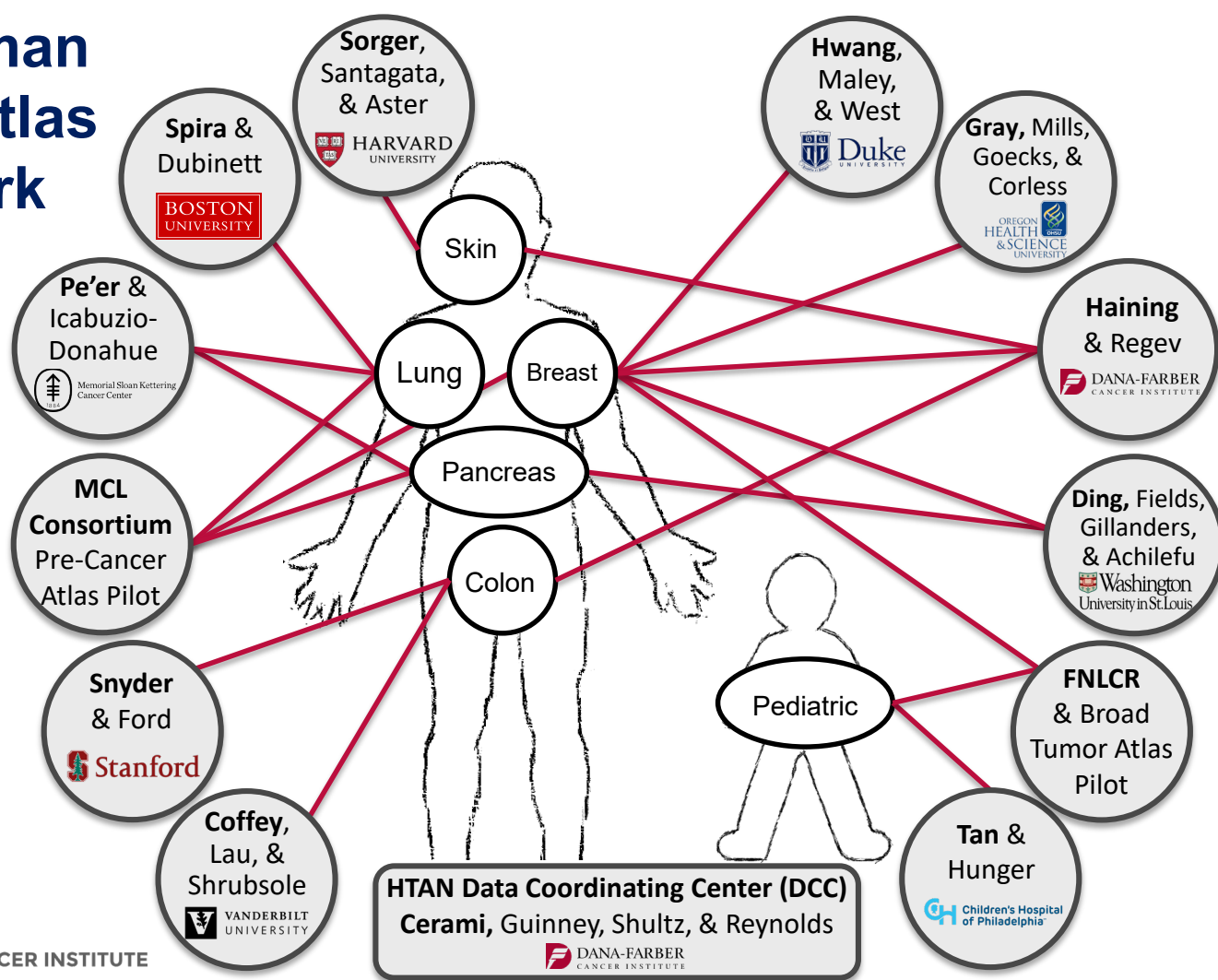
- Aim 1: **Develop a platform** for organizing the three-dimensional, multi-modal data derived from a pre-cancer, that facilitates the discovery of the **natural history of the pre-cancer** and **predictors of progression**.
- Aim 2: **Populate that platform** with data from both retrospective and longitudinal (watchful waiting) cohorts of patients with DCIS and other breast precancers to **build a precancer atlas** and **test novel predictors of progression**.



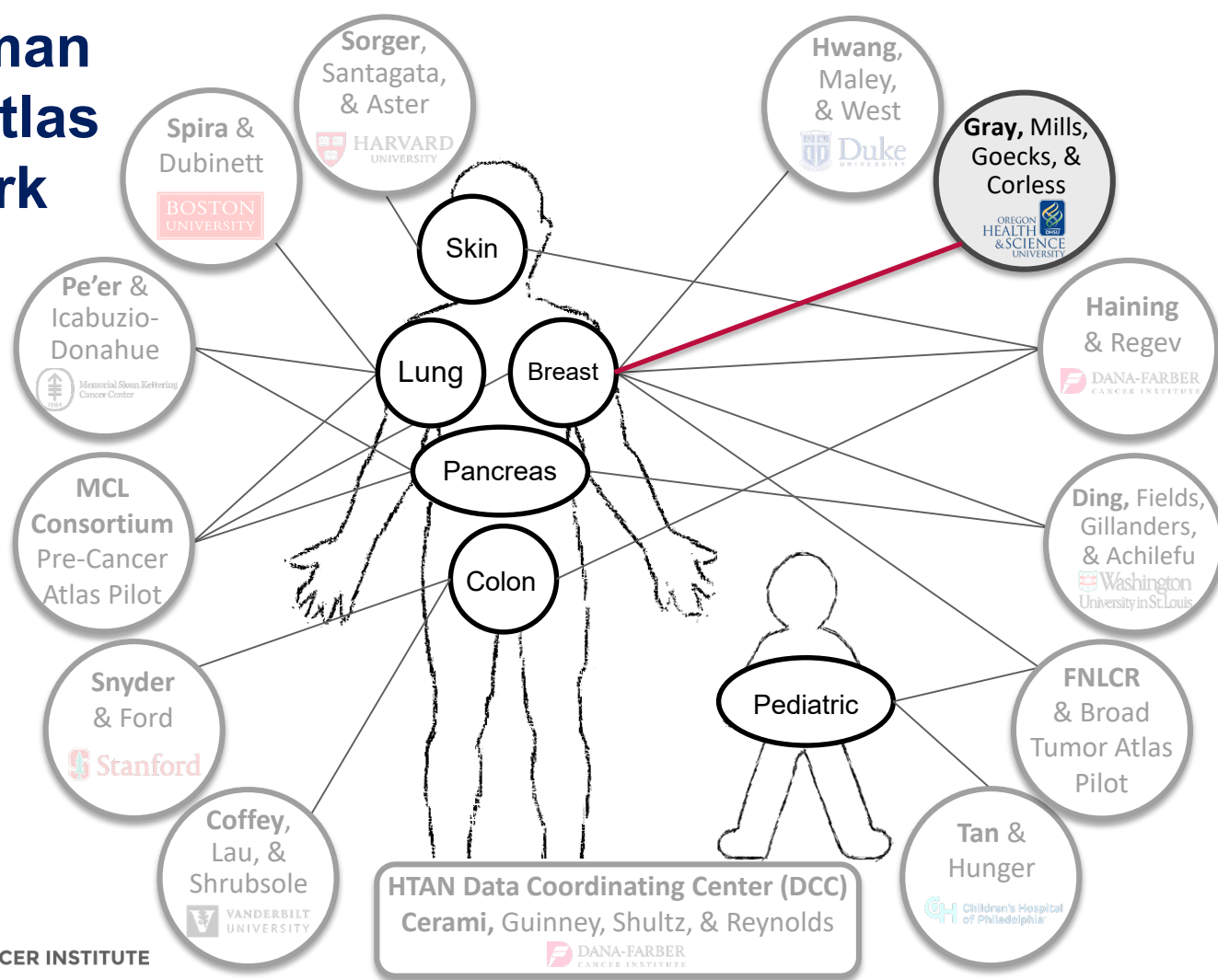
Duke Breast Pre-Cancer Atlas



The Human Tumor Atlas Network



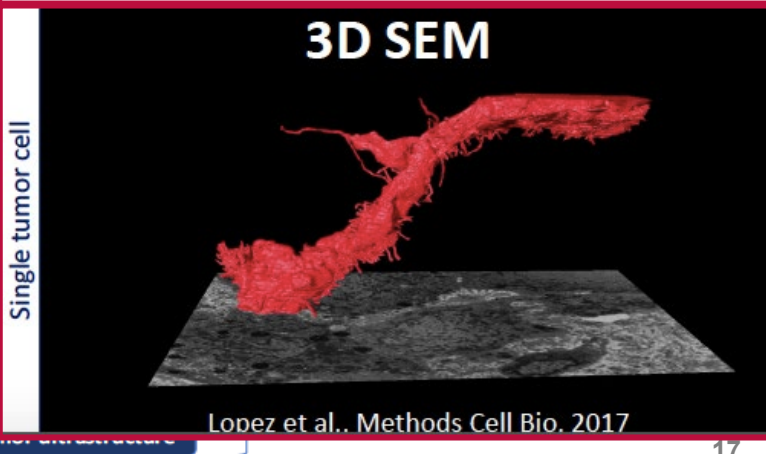
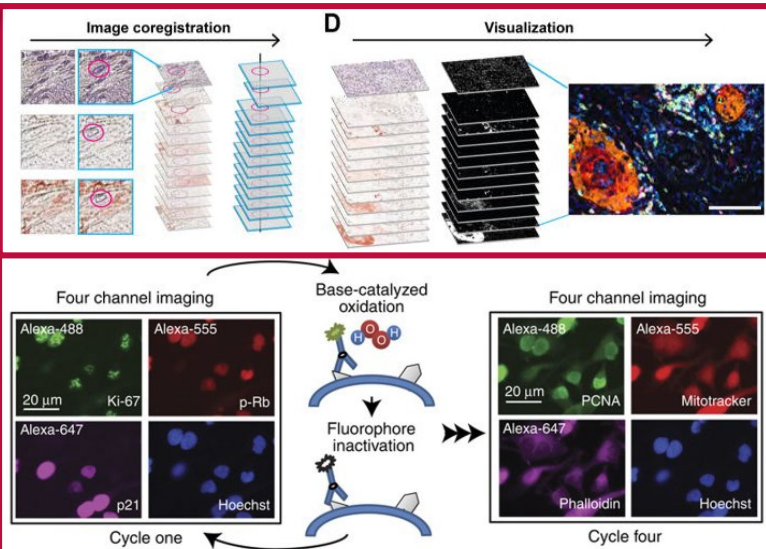
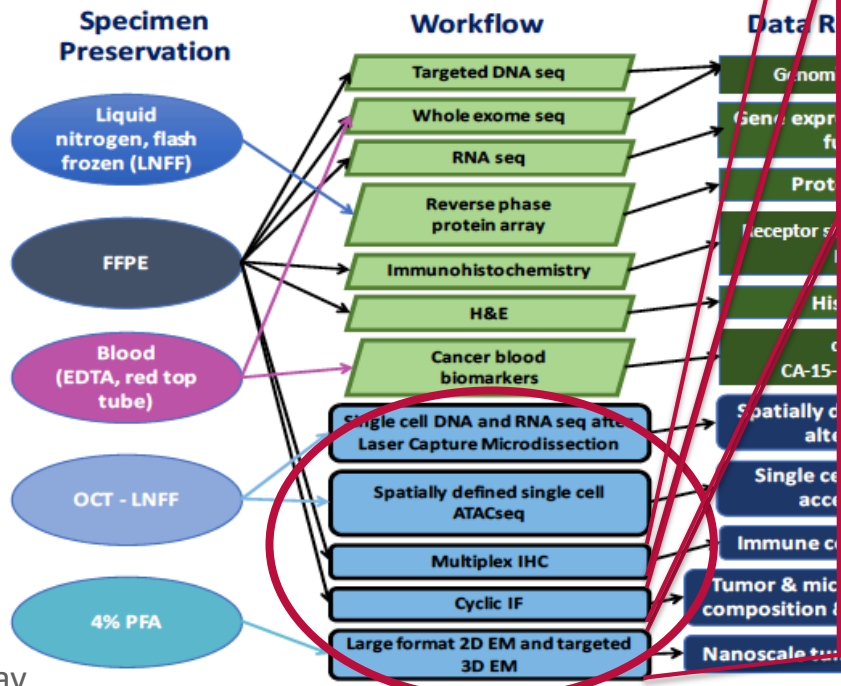
The Human Tumor Atlas Network



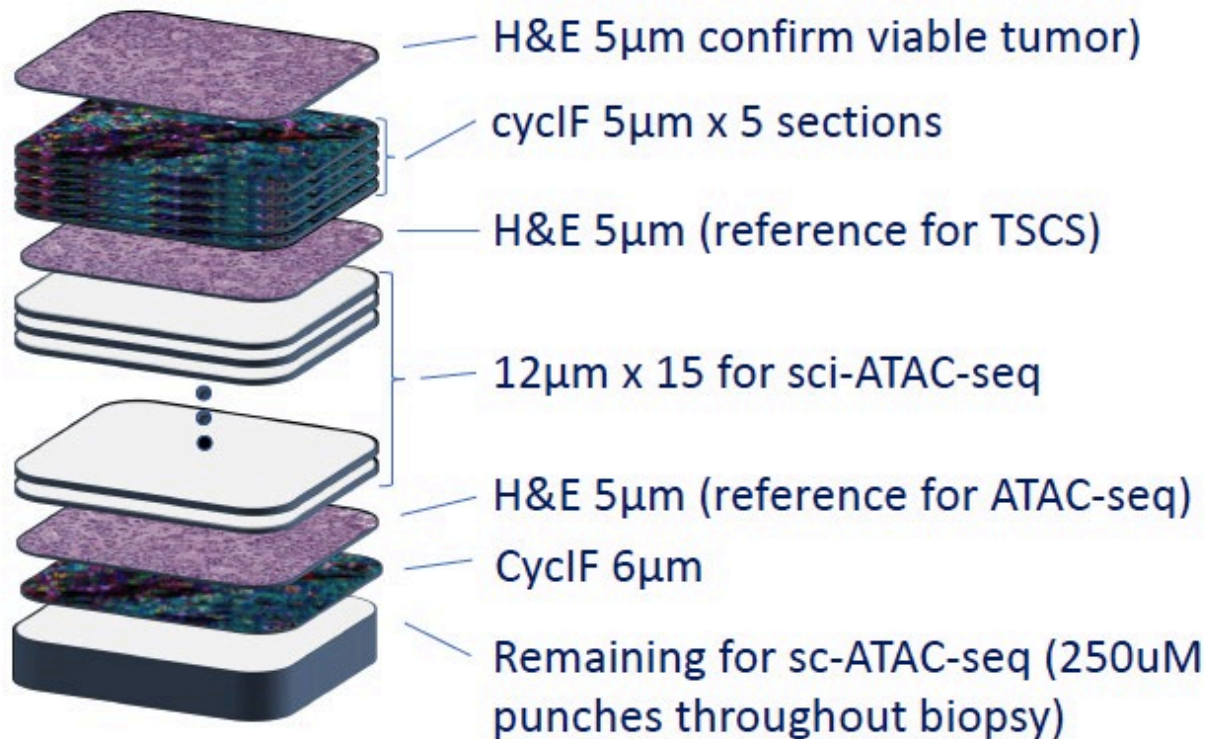
Omic and Multiscale Image (OMS) Atlas of

Overarching goal: Identify **therapeutic vulnerabilities** and **mechanisms of resistance** in evolving metastatic

- HRBC treated with CDK4/6 inhibitors + anti-estrogen
- TNBC treated with PARP inhibitor + immune checkpoint



Tissue processing to facilitate spatial registration of cyclF, TSCS and sc-ATAC-seq



HTAN Technology Challenges and Needs

- Additional imaging agents/approaches for **highly multiplexed molecular imaging**, including multiplex **tracers for in vivo imaging** (PET/CT/MR)
- **3D imaging capabilities** and ability to co-register images to **link 'omic' data with spatial location** in tumor
- Data **integration and visualization** approaches
- **Reducing amount of input** needed for assays to allow more measurements on small biopsies/samples
- Adapting assays to be compatible with a **variety of tissue preservation** approaches
- Possibly **liquid biopsy tools** or liquid biopsy storage agents
- Possibly **standard reference materials**



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