



# Angiogenesis Pathways to Progress?

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# Disclosures for Kathy D Miller, MD

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# Irrational exuberance

- Therapy “resistant to resistance”
  - Endothelial cells are ‘normal’
- Xenograft models with widespread activity
- BUT
  - Early clinical results ‘disappointing’
  - If tumors grow, there must be resistance

# Resistance mechanisms observed in the clinic

- None observed

# Potential mechanisms of resistance

- Heterogeneity in
  - Endothelial cells are 'normal'
  - Tumor cells
  - Host
- Tumor microenvironment
- Compensatory response
- Growth independent of angiogenesis
- Pharmacokinetics

# Endothelial heterogeneity

- Lessons from embryology
  - Brain and testes endothelia express mdr
- Lessons from the lab
  - CXC receptor expression in 'normal' endothelia differs based on source
  - Tumor-associated versus non-malignant endothelia
    - Nearly ½ of 170 transcripts differentially expressed
    - Expression similar but not identical between primary and metastatic sites

# Tumor heterogeneity

- Genetic instability
- Variable sensitivity to hypoxia and hypoglycemia
  - Cyclic hypoxia common
  - Tumor cells farther from vessels may be relatively resistant to hypoxia

# Host differences

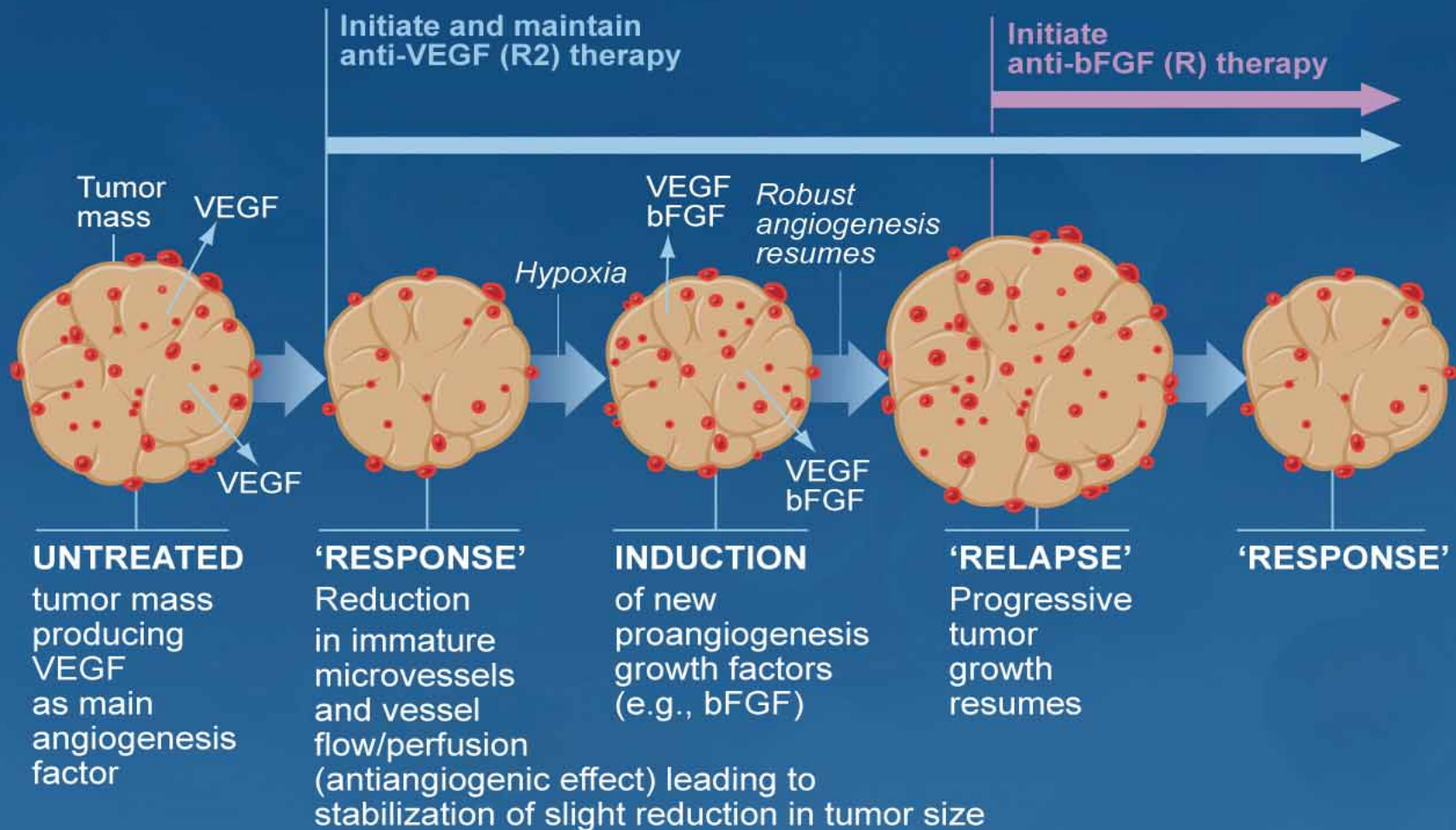
- Up to 10-fold difference in response in corneal micropocket assay among different mouse strains
- VEGF-2578C/A and -1154G/A polymorphisms associated with increased survival with paclitaxel + bevacizumab therapy
  - VEGF-634G/C and -1498C/T protective from HTN



# Tumor microenvironment

- Growth and angiogenesis differ in animal model based on site of implantation
- Local production of pro-angiogenic factors induces anti-apoptotic pathways in endothelial cells (ECs)
- Pericyte coverage differs
- Stroma as factor reservoir
- Impact on drug delivery

# Compensatory response



# Growth independent of 'classical' angiogenesis

- Vascular mimicry
- Vessel cooption
- Intussusception
- Vasculogenesis

# Model of vessel branching

## A Initiation

VEGF produced  
in response to hypoxia.



VEGF



## B Selection

Endothelial cells exposed to highest  
VEGF selected to become 'tip' cell.



VEGF

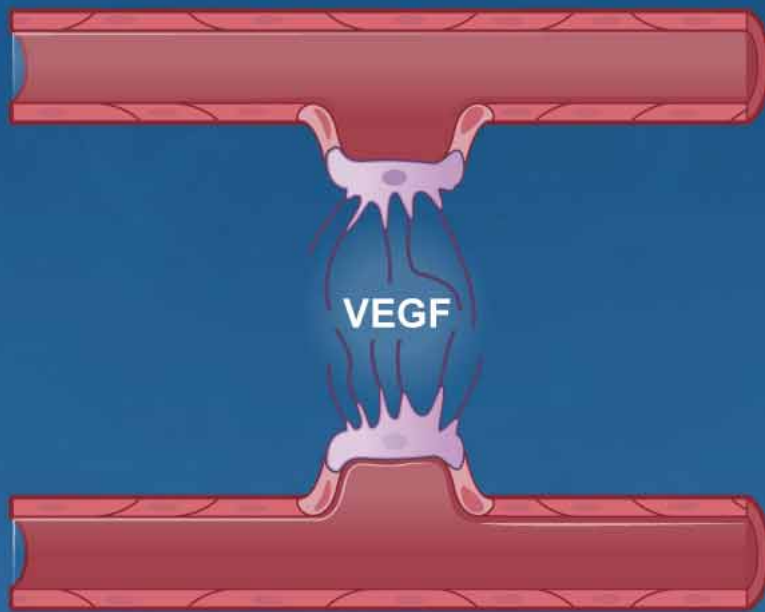
"TIP" cells



# Model of vessel branching

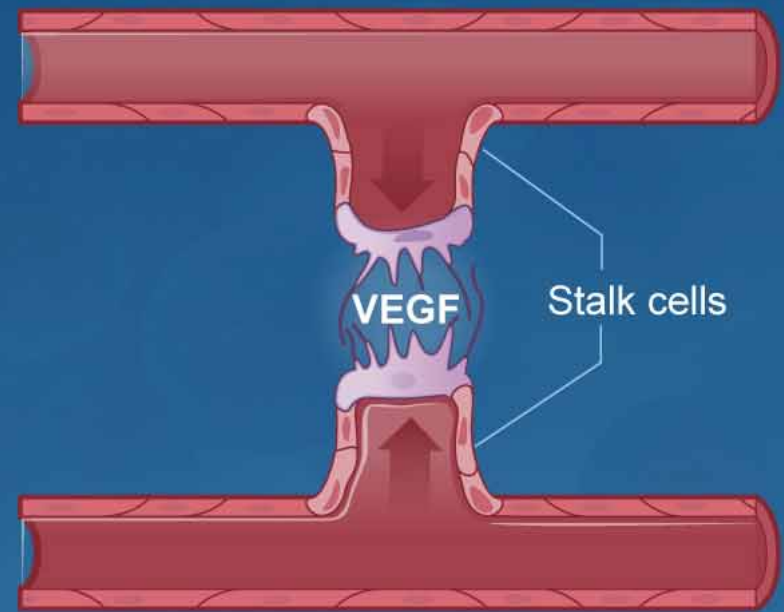
## C Tip-cell navigation

Tip filopodia invade surrounding tissue.



## D Stalk elongation

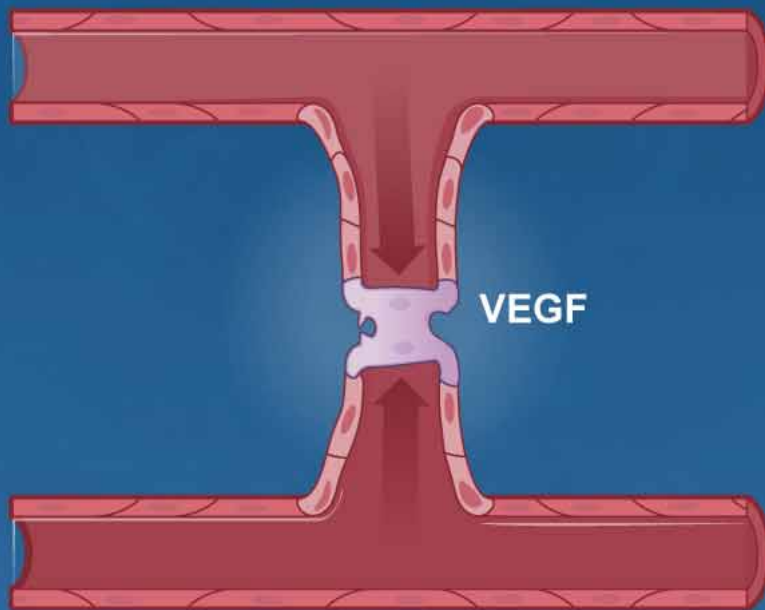
Endothelial cell stalk cells proliferate, elongating the sprout.



# Model of vessel branching

## E Fusion

Tip cells fuse.



## F Perfusion and oxygenation

Lumen forms, restoring perfusion, VEGF decreases

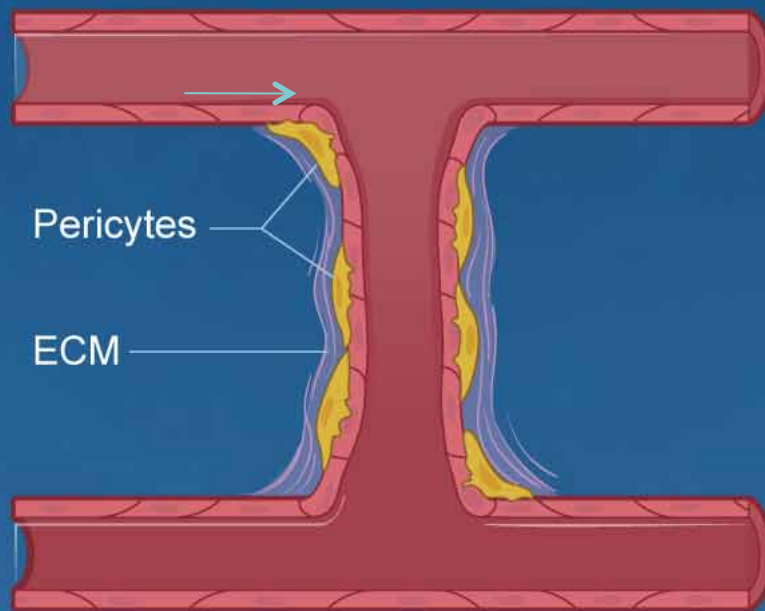




# Model of vessel branching

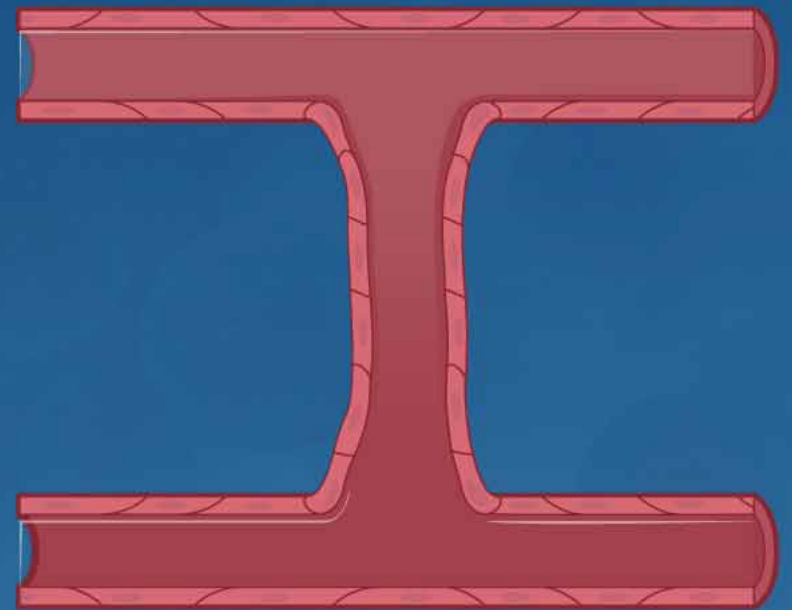
## G Maturation and stabilization

Pericytes recruited,  
extracellular matrix (ECM) deposited



## H Quiescence

Endothelial cells return to  
quiescent phenotype

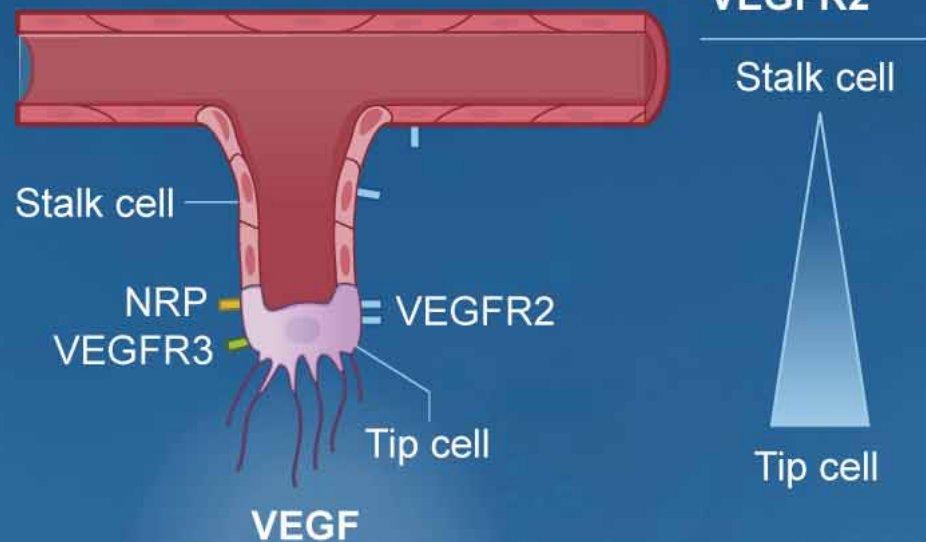


# Differential effects of VEGF

## A Migration by tip cells, proliferation by stalk cells

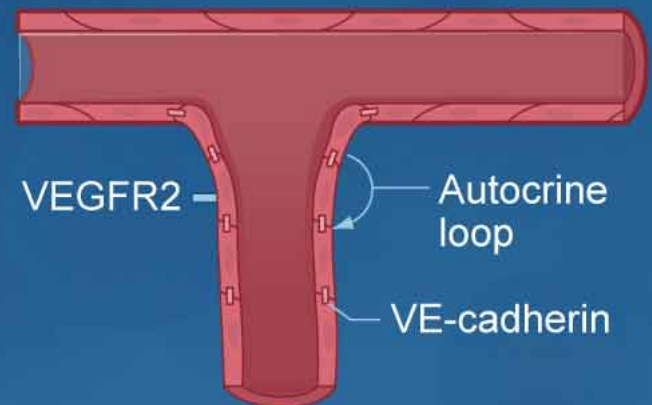
**Tip cells** – migration, gradient dependent

**Stalk cells** – proliferation, concentration dependent



## B Vessel maintenance by phalanx cells

Survival of quiescent endothelial cells



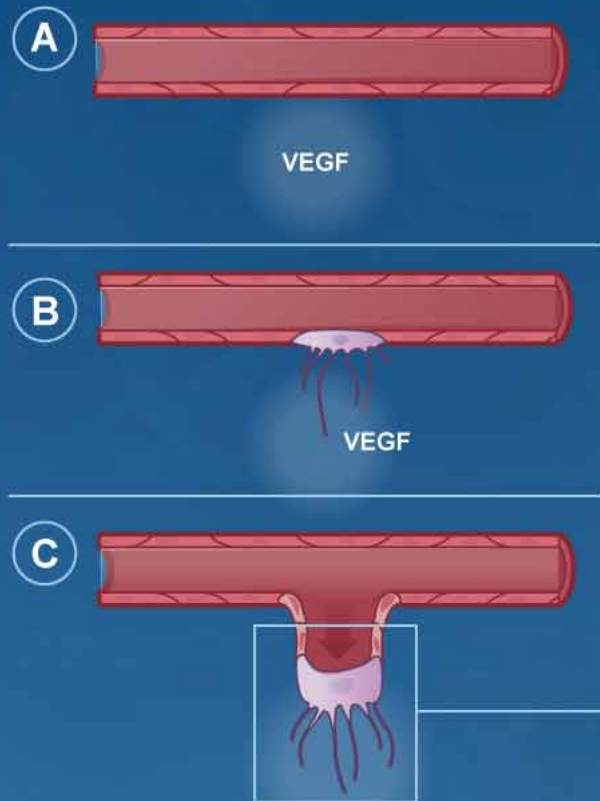


# VEGF Inhibition

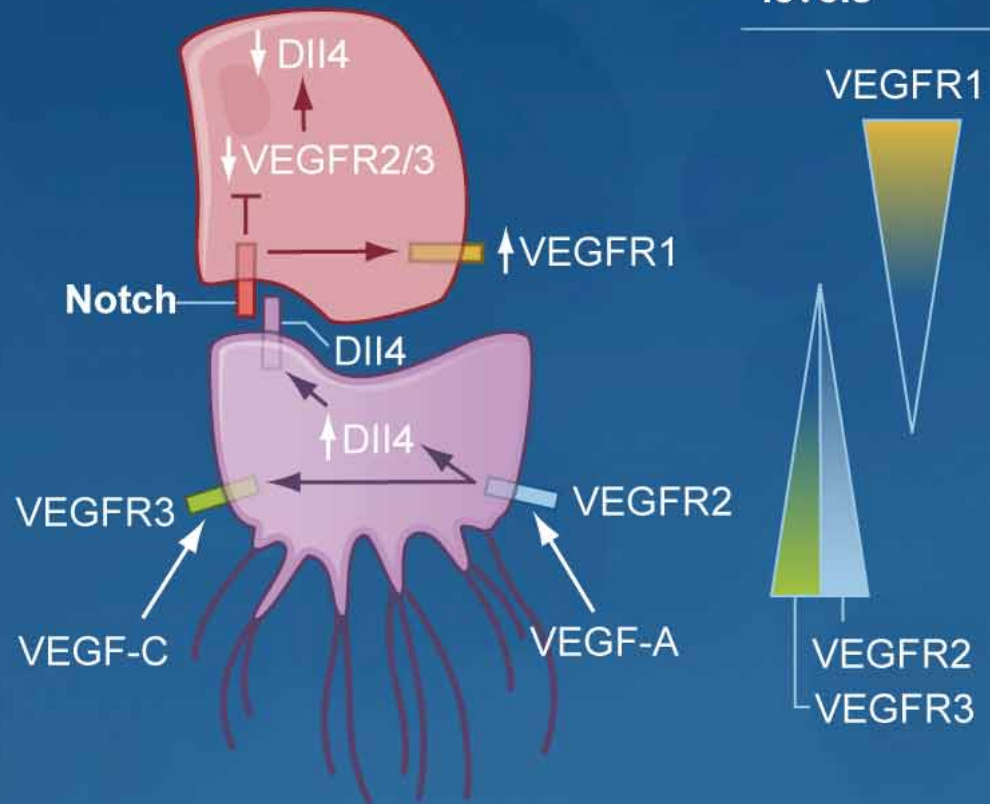
- Therapeutic effect based on tip and stalk cells
  - Inhibition of tip cell migration
  - Decreased stalk proliferation
  - Apoptosis of ECs without pericyte coverage
  - Impact on marrow derived progenitor release post-chemo
- Toxicity based on quiescent ECs?

# Sprouts, not sheets - role of notch

## Tip cell selection via lateral inhibition by Notch



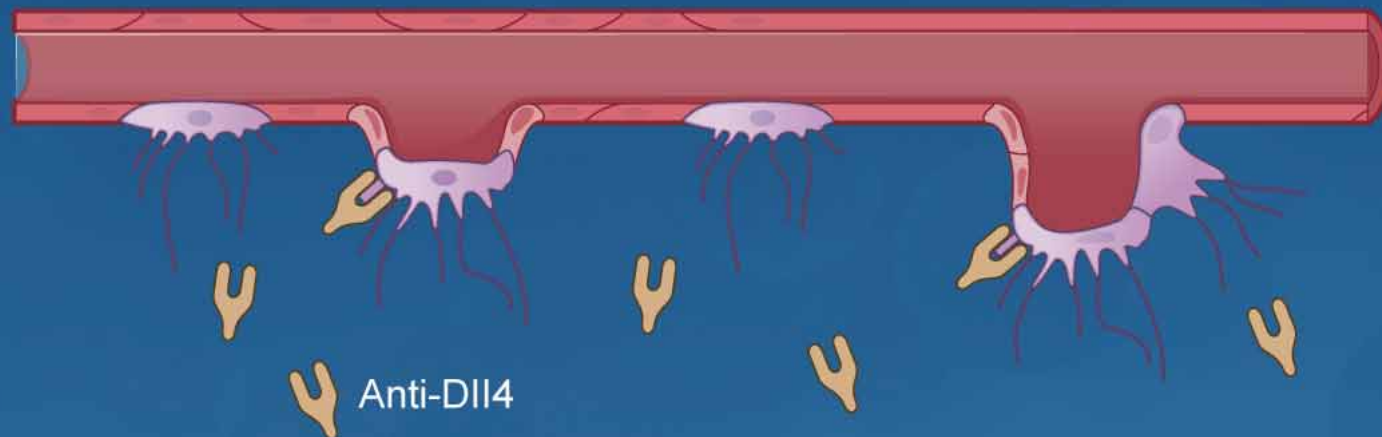
## D Notch transactivation induces stalk cell formation



# Sprouts, not sheets - role of notch

- E** Anti-Dll4 causes non-productive angiogenesis by inducing excess tip cells

Increased vessel density is not always bad!



# Conclusions

- Early enthusiasm has given way to clinical reality  
....resistance continues
- Way forward continues to lie in increased knowledge  
of fundamental biology