Original Articles

Low-dose triple drug combination targeting the PI3K/AKT/mTOR pathway and the MAPK pathway is an effective approach in ovarian clear cell carcinoma

Joseph J. Caumanns\(^a\), Anne van Wijngaarden\(^a, b\), Arjan Kol\(^a\), Gert J. Meersma\(^a\), Mathilde Jalving\(^b\), René Bernards\(^c\), Ate G.J. van der Zee\(^a\), G. Bea A. Wisman\(^b, 1\), Steven de Jong\(^b, *\)

\(^a\) Department of Gynecologic Oncology, Cancer Research Center Groningen, University Medical Center Groningen, University of Groningen, Hanzeplein 1, 9713 GZ, Groningen, the Netherlands

\(^b\) Department of Medical Oncology, Cancer Research Center Groningen, University Medical Center Groningen, University of Groningen, Hanzeplein 1, 9713 GZ, Groningen, the Netherlands

\(^c\) Division of Molecular Carcinogenesis and Oncode Institute, The Netherlands Cancer Institute, Plesmanlaan 121, 1066 CX, Amsterdam, the Netherlands

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ABSTRACT

Advanced stage ovarian clear cell carcinoma (OCCC) is poorly responsive to platinum-based chemotherapy and has an unfavorable prognosis. Previous studies revealed heterogeneous mutations in PI3K/AKT/mTOR and MAPK pathway nodules converging in mTORC1/2 activation. Here, we aimed to identify an effective low-dose combination of PI3K/AKT/mTOR pathway and MAPK pathway inhibitors simultaneously targeting key kinases in OCCC to preclude single-inhibitor initiated pathway rewiring and limit toxicity. Small molecule inhibitors of mTORC1/2, PI3K and MEK1/2 were combined at monotherapy IC\(_{20}\) doses in a panel of genetically diverse OCCC cell lines (\(n = 7\)) to determine an optimal low-dose combination. The IC\(_{20}\) dose triple combination reduced kinase activity in PI3K/AKT/mTOR and MAPK pathways, prevented single-inhibitor induced feedback mechanisms and inhibited short and long-term proliferation in all seven cell lines. Finally, this low-dose triple drug combination treatment significantly reduced tumor growth in two genetically characterized OCCC patient-derived xenograft (PDX) models without resulting in weight loss in these mice. The effectiveness and tolerability of this combined therapy in PDX models warrants clinical exploration of this treatment strategy for OCCC and might be applicable to other cancer types with a similar genetic background.

1. Introduction

Ovarian clear cell carcinoma (OCCC) is the second most common epithelial ovarian cancer subtype. Advanced stage OCCC responds poorly to platinum-based chemotherapy and has a worse overall survival compared to the most common ovarian cancer subtype (high-grade serous) [1]. There is an urgent need for targeted treatment strategies. Recent genomic analysis uncovered a heterogeneous mutation and copy number alteration (CNA) spectrum in OCCC. DNA binding AT-rich interactive domain 1A gene (\(ARID1A\)), a key subunit of the SWI-SNF chromatin remodeling complex, is deleteriously mutated in 40–57\% of OCCC tumors [2–4]. This is the highest frequency among all cancer types and strategies specifically targeting \(ARID1A\) mutated OCCC are being explored extensively [4–6]. Interestingly, almost no mutations in \(TP53\) are found in OCCC [4]. The most frequent PI3K/AKT/mTOR related alterations are found in the PI3K catalytic domain encoding subunit \(PIK3CA\), which is mutated in 30–40\% of OCCC, and the PI3K antagonist \(PTEN\), with loss of expression in 40\% of OCCC [3,4,7,8]. Other alterations include deleterious mutations in the PI3K regulatory subunit \(PIK3R1\) and amplifications and mutations in the PI3K downstream effectors \(AKT1\) and \(AKT2\) [4,9–11]. MAPK related alterations are primarily found in the oncogene \(KRAS\), which is mutated in 5–14\% and amplified in 18\% of OCCC [3,4,7,11,12]. Occasionally, \(NRAS\) and \(BRAF\) mutations have been detected [4,7,9,10]. Additionally, \(ERBB\) family of receptor tyrosine kinases amplifications (\(EGFR\), \(ERBB2\) and \(ERBB3\)) and mutations (\(EGFR\), \(ERBB2\), \(ERBB3\) and \(ERBB4\)) have been described in OCCC [4,9,10,13,14]. Unfortunately, \(EGFR\) and \(EGFR-ERBB2\) dual inhibitors did not show efficacy in pretreated non-subtype selected ovarian cancer patients [15–17]. In a recent report we described the heterogeneous genomic landscape of PI3K/AKT/mTOR...
and MAPK pathways in OCCC patients and cell lines [4]. Interestingly, we found high mTORC1/2 activity in tumors from OCCC patients compared to this activity in tumors from high-grade serous ovarian cancer patients, and demonstrated high efficacy of mTORC1/2 inhibition in vitro and in vivo [4]. Unfortunately, mTORC1/2 inhibitors have only shown efficacy when used above the maximum tolerated dose in non-OCCC patients, indicating that these inhibitors cannot be administered at therapeutically relevant doses [25,26].

PI3K, mTORC1/2 and MEK1/2 are attractive targets for treatment given the high frequency of mutations present in regulatory proteins and kinases of the PI3K/AKT/mTOR and MAPK pathway in OCCC. Single-targeted and suboptimal inhibition of PI3K, mTORC1/2 or MEK1/2 can result in re-activation of PI3K/AKT/mTOR or MAPK signaling via negative feedback mechanisms or re-wiring. For example, inhibition of mTORC1/2 can upregulate the membrane receptor IRS-1 signaling and induce phosphorylation of AKT [18,19]. Moreover, interactions between the PI3K/AKT/mTOR pathway and the MAPK pathway induces cross-activation, complicating sustainable inhibition of both proliferation pathways [20]. Despite the strong reduction in p-S6, reflecting effective mTORC1/2 inhibition, we indeed observed evidence for activation of feed-back- or re-wiring mechanisms in OCCC models after mTORC1/2 inhibition, suggesting the involvement of PI3K [4].

Dual PI3K-mTOR1/2 inhibitors, e.g. BEZ235 and XL765, exhibit high potency in in vitro models including ovarian cancer but severe toxicity, especially hyperglycemia and gastrointestinal toxicity, was observed in cancer patients at effective PI3K-mTORC1/2 inhibitor dose [21–24]. This may well be related to the important role of PI3K/AKT/mTOR and MAPK pathway signaling in normal tissue. These observations indicate that a careful titration of combined single-targeted inhibitors may result in optimal tumor efficacy with acceptable systemic toxicity.

Therefore, we investigated whether the addition of PI3K or MEK1/2 inhibitors to mTORC1/2 targeting agents, all at low-dose, prevents feedback mechanisms and cross-activation in OCCC, while maintaining antitumor potency. Firstly, we determined the efficacy of PI3K/AKT/mTOR pathway and MAPK pathway inhibitors in a panel of OCCC cell lines reflecting the genetic diversity of OCCC. We tested if low concentrations of the inhibitors demonstrated potentiating interactions in OCCC cell lines. Secondly, we studied the molecular interactions and the cellular consequences of these combinations. Ultimately, two established OCCC patient-derived xenograft (PDX) models were treated with low-doses of the most effective in vitro triple drug combination, i.e. concentrations far below the maximum tolerated doses of single agents in mice, to demonstrate antitumor activity while minimizing systemic toxicity in these mice.

2. Methods

2.1. Cell lines

We obtained seven human OCCC cell lines: RMG1, OVMANA, and HAC2 (JCRB Cell Bank, Japan); JHOC5 (RIKEN Cell Bank, Japan); SMOV2 and KOC7C (Dr. Hiroaki Iamochi, Tottori University School of Medicine, Tottori, Japan) and ES2 (Dr. E. Berns, Erasmus MC, Rotterdam, the Netherlands). All OCCC cells were maintained in RPMI supplemented with 10% fetal calf serum. The non-transformed human retinal pigment epithelial cell line (RPE1) was maintained in DMEM-low medium supplemented with 10% fetal calf serum. All cell lines were tested by STR profiling and tested mycoplasma free. All cells were kept in culture for a maximum of 50 passages.

2.2. Inhibitors

AZD8055, GDC0941, selumetinib and MLN0128 were obtained from Axon Medchem (the Netherlands). ABT-737 was obtained from MedchemExpress (United Kingdom). All inhibitors were dissolved in DMSO and stored at –80 °C.

2.3. MTT assays

Cells were seeded in 96-wells plates and cultured overnight (16–18 h) before 96 h treatment with increasing inhibitor concentrations. Plating concentrations were: ES2, JHOC5 and KOC7C 2000 cells/well, RMG1 and SMOV2 4000 cells/well, HAC2 and OVMANA 6000 cells/well. After 96 h methyl thiazolyl tetrazolium (MTT) was added to a final concentration of 0.5 mg/ml and cells were incubated for four additional hours. Cells were then dissolved in DMSO, and the produced formazan was measured at 520 nm with a Bio-Rad iMark spectrometer. IC_{50} inhibitory concentrations were determined in Graphpad Prism® 6.01.

2.4. Long-term survival assays

Cells were seeded in 12-well plates and cultured overnight (16–18 h) before treatment was added. Plating concentrations were: ES2 500 cells/well, HAC2 5000 cells/well, JHOC5 1000 cells/well, KOC7C 250 cells/well, RMG1 5000 cells/well, SMOV2 5000 cells/well, OVMANA 8000 cells/well and RPE1 500 cells/well. RPE1 cells were treated with AZD8055, GDC0941 and selumetinib concentrations at 25% and 75% of the difference between the lowest and highest IC_{50} from our OCCC cell line panel. After 7–14 days cells were fixed with 4% formaldehyde and stained with 0.1% crystal violet and subsequently scanned.

2.5. Western blotting

Cells were collected with rubber policeman cell scrapers and lysed in M-PER mammalian protein extraction reagent (Thermo Fischer, USA, 78501) containing Halt protease and phosphatase inhibitors (1:100) (Thermo Fischer, USA, 78444). For Western blot primary antibodies against p-AKTs (9275, 1:1000), p-AKTs (9271, 1:1000), p-ERK1/2 (9102, 1:1000), p-S6 (2211, 1:1000), p-4EBP1 (9455, 1:1000), PARP (9532, 1:1000) and Cleaved Caspase-3 (9661, 1:1000) were obtained from Cell Signaling Technology (USA). β-Actin (C4, 1:1000) was obtained from MPbiomedicals (USA). Protein membranes were stained with horseradish peroxidase bound Rabbit anti-Goat and Mouse anti-Rabbit secondary antibodies (Dako, USA, 1:1000) and chemiluminescent HRP substrate.

2.6. Apoptosis flow cytometry

Cells were seeded in 6-wells plates and incubated overnight (16–18 h) before treatment was added. Cells were harvested in their own media using trypsin, stained with 1′,3′,3′,3′-hexamethylindodicarboxy-cyanine iodide (DiI{C{5}}) dye (Thermo Fischer, USA) for 30 min at 37 °C and subsequently stained with propidium iodide (Thermo Fischer, USA). At least 10,000 events were measured on a FACs Calibur (Becton Dickinson, USA). DiI{C{5}}, a dye that accumulates in mitochondria, is lost when cells undergo apoptosis via the intrinsic apoptosis pathway. By combining the quartiles of cells that were propidium iodide positive or had lost DiI{C{5}} dye, both apoptotic and necrotic cells could be quantified. FlowJo software was used for data analysis. Statistical significance was determined using repeated measures one-way ANOVA with post-hoc Tukey’s multiple comparison test.

2.7. Combination treatment in patient-derived xenograft models

All animal experiments were approved by the Institutional Animal Care and Use Committee of the University of Groningen (Groningen, the Netherlands) and carried out in accordance with the approved guideline “code of practice: animal experiments in cancer research”
(Netherlands Inspectorate for Health Protection, Commodities and Veterinary Public Health, 1999). Establishment and studies of PDX models were performed in accordance with the PDX-MI standard [25]. Before surgery, all patients from whom tumor samples were obtained for PDX modeling gave written informed consent for collection and storage of tissue samples in a tissue bank for future research. All relevant patient data were retrieved and transferred into an anonymous, password-protected, database. The patients’ identity was protected by study-specific, unique patient codes and their true identity was only known to two dedicated data managers. According to Dutch regulations, these precautions meant no further institutional review board approval was needed (http://www.federa.org/). PDX.180 was derived from tumor material obtained at interval debulking surgery from a 59 year old FIGO stage IIIC OCCC patient treated with neoadjuvant carboplatin/paclitaxel (CP) chemotherapy and deceased 10 months after initial diagnosis with disease. PDX.247 was established from tumor material obtained at primary surgery from a 54 year old FIGO stage IIIB OCCC patient, who had a complete debulking followed by CP chemotherapy and no evidence of disease after 29 months of follow-up. Surgical tissues were implanted in NOD.CB17-Prkdcscid/NcrRhsd (NSG) mice (internally bred, Central Animal Facility, University of Groningen) and propagated successfully to the F3 or F4 generation according to previously described methods [26]. The PDX models were sequenced for 40 genes, including genes with a high mutation frequency in OCCC, ARID1A and other cancer-related genes using Haloplex custom kit (Agilent technologies®, USA) [4]. Additional SNP genotyping of the PDX models was performed with HumanOmniExpressExome-BeadChip (Illumina, USA) [4]. F3 or F4 tumor pieces were cut into 3 × 3 × 3 mm3 sections and subcutaneously implanted in the flank of 12–16 week old NSG mice. Weight, fur quality and overall activity of the mice were monitored at least once per three days. Tumor growth was quantified at least once per three days by caliper measurements according to the monitored at least once per three days. Tumor growth was quantified using two-way ANOVA with Bonferroni post-hoc test significance was determined using one-way ANOVA with post-hoc Tukey’s multiple comparison test.

2.9. Synergy determination

Drug synergy was assessed with the Chou-Talalay method in CompuSyn (Version 1.0, Combusyn incorporated) to determine the dose effect of combination therapy [27]. For this analysis, cells were treated with single inhibitors in increasing concentrations to determine a standard curve, and in combination using the IC50 of each compound. Strong synergism, synergism, additive effects and antagonism were defined by CI < 0.25, CI < 0.75, CI = 1 or CI > 1, respectively.

3. Results

3.1. mTORC1/2, PI3Kα/β and MEK1/2 inhibitor susceptibility of OCCC cell lines

Considering the high mTORC1/2 inhibition susceptibility of OCCC [4], we searched for synergistic combinations with PI3K and MEK1/2 inhibitors. A panel of seven OCCC cell lines was selected, largely resembling the genetic makeup of OCCC, for evaluation of mTORC1/2, PI3K and MEK1/2 inhibitor sensitivity. We recently characterized PI3K/AKT/mTOR pathway and MAPK pathway alterations in these cell lines [4]. Alterations include activating hotspot mutations in the PI3K/AKT/mTOR pathway signaling node PIK3CA, deletion mutations in PTEN, amplifications in AKT1 and AKT2 and a hotspot mutation in the MAPK pathway signaling node KRAS (Fig. 1A). Western blot analysis demonstrated universal expression of mTORC1/2 downstream target p-S6, indicating mTOR activity in all seven OCCC cell lines. Activity of PI3K (p-AKT308 and p-AKT473) and MAPK (p-ERK) pathways, upstream of mTORC1/2, varied across the cell lines (Fig. 1B). We subsequently determined sensitivity towards mTORC1/2 inhibition (AZD8055), PI3Kα/β inhibition (GDC0941) and MEK1/2 inhibition (selumetinib) using a short term (96 h) viability assay and defined cell line specific IC50, IC20 and IC10 concentrations. All cell lines revealed nanomolar range AZD8055 sensitivity (Fig. 1C). GDC0941 and selumetinib sensitivity varied more widely across the cell lines (Fig. 1C). Gene alteration and protein phosphorylation status (Fig. 1A and B) did not correlate with sensitivity for these inhibitors (Mann-Whitney U test, data not shown), corresponding to an earlier report studying PI3K/AKT/mTOR inhibition in OCCC cell lines [28].

3.2. Synergistic effects of IC20 mTORC1/2, PI3Kα/β and MEK1/2 inhibitor combinations

AZD8055, GDC0941 and selumetinib were combined at cell line specific IC20 concentrations calculated from short term viability assay results (Fig. 2A). IC10 and IC20 combinations were not further evaluated owing to high variation with the first and limited synergy due to the high efficacy of the latter with triple combinations. IC20 combinations of AZD8055 and GDC0941 induced synergistic effects (CI < 0.75) in two cell lines and the combination of AZD8055 with selumetinib in three cell lines (Fig. 2B, Supplementary Fig. 1A). Interestingly, the IC20 combination of AZD8055, GDC0941 and selumetinib (from here on
referred to as AGS), demonstrated strongly synergistic reduced survival (CI < 0.25) of JHOC5, KOC7C and RGM1 cells and synergistic survival reduction (CI < 0.75) of ES2 and SMOV2 cells. Only additive effects were observed in HAC2 and OVMANA cells, which might be related to their initial high sensitivity to all three inhibitors.

Single inhibitor IC20 treatment in long-term survival reduced growth in ES2 (GDC0941), HAC2 (AZD8055, GDC0941), JHOC5 (AZD8055, GDC0941), KOC7C (GDC0941) and OVMANA (selumetinib) (Fig. 2D). The combination of AZD8055 with either GDC0941 or selumetinib caused additional growth inhibition in SMOV2. Importantly, AGS induced a persistent growth reduction in all cell lines, confirming the results of the short term assays (Fig. 2C). MLN0128 (sapanisertib), another mTORC1/2 inhibitor currently in clinical development, reduced growth in combination with GDC0941 and selumetinib at IC20 concentrations as well (Supplementary Fig. 1B). The inhibitory effect of AGS was less profound in immortalized human retinal epithelial RPE1 cells, when treated with AGS at intermediate and high concentrations (Fig. 2C). At the molecular level, AZD8055 treatment led to upregulation of either p-ERK, p-AKT308 or p-AKT473 or combinations of these responses in HAC2, JHOC5, KOC7C, RGM1 and SMOV2 cells. Moreover, GDC0941 treatment induced p-ERK or p-AKT473 in three cell lines (JHOC5, KOC7C and RGM1), while selumetinib induced p-ERK or p-AKT473 in four cell lines (JHOC5, KOC7C, RGM1, and OVMANA) (Fig. 2D). These results indicate that combined treatment is essential to prevent single treatment induced pathway cross-activation. Interestingly, a near-universal reduction of p-AKT308, p-AKT473, and p-ERK was observed with AGS resulting in a downstream reduction of p-S6 and p-4EBP1, another transcriptional regulator downstream of mTORC1 [29], across all our OCCC cell lines (Fig. 2D). MLN0128 in combination with GDC0941 and selumetinib demonstrated similar results (Supplementary Fig. 1C).

In conclusion, synergistic growth inhibition was observed with AGS in five OCCC cell lines and an additive effect with AGS in two other OCCC cell lines. This observation was supported by long-term survival assays and extensive downregulation of phosphorylated target proteins of the PI3K/AKT/mTOR pathway and MAPK pathway.

3.3. Low-dose mTORC1/2, PI3Ka/δ and MEK1/2 inhibitor combination is effective in OCCC PDX models

Next, we explored the effect of combining AZD8055, GDC0941 and selumetinib at low-dose in vivo in an unbiased manner by using two unique OCCC PDX models. Both PDX.180 and PDX.247 tumors have PI3K/AKT/mTOR pathway related alterations (Fig. 3A). To mimic the IC20 concentrations used in vitro, dosing for each drug was set at 20% of the maximum dose daily used for monotherapy in mice, as described [30–32]. Growth inhibition was observed in AZD8055, GDC0941 and selumetinib single treatment arms as compared to vehicle. The effect of monotherapy treatment became significant at day 21 in both PDX models (Supplementary Fig. 2A). AGS low-dose combination treatment caused significant tumor regression in PDX.180 and significantly reduced tumor growth in PDX.247 bearing mice (Fig. 3B and C). Importantly, weight of the mice remained stable during the course of treatment and none of the mice had to be prematurely sacrificed suggesting no combination treatment related systemic toxicity (Fig. 3D and E). Reduced expression of the proliferation marker Ki67 and an increase in apoptosis (active Caspase-3) accompanied tumor regression in PDX.180 mice in the AGS low-dose combination treatment arm (Fig. 4A). A similar growth reduction was observed with the combination treatment and 10 mg/kg AZD8055 in PDX.247 mice (Supplementary Figs. 2A–B).

3.4. The Bcl-2, Bcl-XL and Bcl-w inhibitor ABT-737 enhances efficacy of AGS in OCCC cells

AGS had a strong effect on growth of OCCC cells in both short term and long term assays. However, no apoptosis was induced by AGS treatment and regrowth of OCCC cell lines was observed after AGS was removed from the media (data not shown). Remarkably, the AGS low-
dose combination did induce apoptosis in PDX.180 but not in the second model (PDX.247). These results suggest that apoptosis induction may contribute to the efficacy of the AGS combination in vivo. Therefore, we investigated whether AGS in combination with cisplatin would affect proliferation and apoptosis in OCCC cell lines, since platinum-based chemotherapy is still the standard of care for OCCC patients, despite its limited efficacy in this TP53 wild-type ovarian cancer subtype [4,33,34]. Cisplatin did not induce massive apoptosis in OCCC cell lines, also not at high doses (Supplementary Fig. 3A and results not shown). Disappointingly, AGS did not enhance proliferation

Fig. 2. Synergistic IC_{20} combination effects of AZD8055, GDC0941 and selumetinib. (A) IC_{20} concentrations as determined from MTT assay data. KOC7C IC_{20} for selumetinib could not be determined within the used concentration range. Accordingly, KOC7C was treated with 5 μM selumetinib in subsequent experiments. (B) Synergy determination of AZD8055, GDC0941 and selumetinib IC_{20} combinations in the OCCC cell line panel with the Talalay–Chou method [27]. Combinations were regarded synergistic when Combination Index (CI) < 0.75 or 0.25 was observed in at least two out of three MTT assay experiments. (C) AGS inhibitory effects were measured in a long-term colony formation assay. RPE1 cells were treated with 25% (5 nM AZD8055, 540 nM GDC0941 and 119 nM selumetinib) and 75% (15 nM AZD8055, 1620 nM GDC0941 and 356 nM selumetinib) of the difference between the lowest and highest IC_{20} from our OCCC cell line panel. Results shown are representative of two experiments (D) Expression of p-AKT^{308}, p-AKT^{473}, p-ERK, p-S6 and p-4EBP1 after 48 h of treatment with IC_{20} concentration of AZD8055, GDC0941, selumetinib or AGS as determined by Western blot. β-Actin was used as loading control. Membranes were individually exposed to visualize protein bands. Results shown are representative of three experiments.
inhibition and apoptosis induction by cisplatin, suggesting that the mechanisms through which AGS and cisplatin act do not beneficially interact in OCCC (Supplementary Figs. 3A–B). These results led us to further investigate whether a specific apoptosis inducing agent could sensitize OCCC cells towards AGS. To this end, the efficacy of ABT-737, an inhibitor of the anti-apoptotic proteins Bcl-2, Bcl-XL and Bcl-w [35], was evaluated in our cell line panel. ABT-737 treatment inhibited proliferation and this effect was additive to the effect of AGS treatment on proliferation of all cell lines, with ES2 being the exception (Fig. 5A). The combination of AGS and ABT-737 significantly enhanced apoptosis compared to both AGS and ABT-737 single treatment in HAC2, KOC7C, and SMOV2 cells (Fig. 5B and C and Supplementary Fig. 3C). This observation was supported by an increase in the apoptotic markers active PARP or active Caspase-3 in KOC7C and SMOV2 cells. In OV-MANA cells the combination effect was less clear reflecting the different levels of sensitivity to the combination (Fig. 5D).

4. Discussion

New therapeutic strategies for the treatment of OCCC are urgently needed because of the low efficacy of standard platinum-based chemotherapy in advanced stage OCCC. Here, we demonstrate synergistic effects of mTORC1/2 (AZD8055), PI3K (GDC0941) and MEK1/2 (selumetinib) inhibitors combined at low-dose in a genetically diverse panel of OCCC cell lines and OCCC PDX models. Our study signifies that combining mTORC1/2, PI3K and MEK1/2 inhibitors at low-dose is an effective treatment strategy that precludes low-dose single treatment induced pathway rewiring and warrants further exploration in OCCC.

In our recent report, we demonstrated high susceptibility of OCCC to mTORC1/2 inhibitors, however, we also observed PI3K/AKT/mTOR pathway re-activation [4]. Therefore, we evaluated whether PI3K and MEK1/2 inhibitors can add to the potency of mTORC1/2 inhibitors to prevent pathway re-activation and cross-activation at suboptimal concentrations. Indeed, IC50 combinations of AZD8055, GDC0941 and selumetinib (AGS) decreased single-inhibitor related re-activation of PI3K/AKT/mTOR and MAPK pathways at the molecular level. Our in vitro results of the AGS combination indicate that the efficacy of AGS covers the mutational spectra found in PI3K/AKT/mTOR pathway and MAPK pathway nodes in OCCC. Moreover, the well tolerated low-dose AGS combination efficiently reduced tumor growth in two OCCC PDX
Fig. 4. Ki67 and active Caspase-3 expression in OCCC PDX models. Representative expression and quantification of Ki67 and active (cleaved) Caspase-3 in the vehicle, AZD8055, GDC0941, selumetinib or combination treatment groups in PDX.180 (A and B) and PDX.247 (C and D) as determined by IHC. Error bars indicate SD. * indicates \( p < 0.05 \), ** indicates \( p < 0.01 \) and *** indicates \( p < 0.001 \).
Fig. 5. ABT-737 added to IC<sub>50</sub> AZD8055, GDC0941 and selumetinib combination. (A) Sensitivity of ABT-737, ABT-737 with AGS (and normalized to AGS) as determined by MTT assay. Error bars indicate SD and are derived from two experiments. Flow cytometry plots from DiIC<sub>1</sub> (5)-PI flow cytometry analysis of SMOV2 (B) after 48 h treatment with AGS, 1 μM ABT-737 or the combination. (C) Quantification of the bottom two quadrants (DiIC<sub>1</sub> (5)-/PI- and DiIC<sub>1</sub> (5)-/PI+) from DiIC<sub>1</sub> (5)-PI flow cytometry analysis after 48 h treatment with AGS, ABT-737 or the combination in the cell line panel. HAC2, SMOV2 and OVMANA were treated with 1 μM ABT-737. ES2, JHOC5, KOC7C and RMG1 were treated with 10 μM ABT-737. Error bars indicate SD and are derived from three experiments. * indicates p < 0.05, ** indicates p < 0.01, *** indicates p < 0.001 and **** indicates p < 0.0001. (D) Expression of active (cleaved) PARP and active (cleaved) Caspase-3 after 48 h of treatment with AGS, 1 μM ABT-737 or 1 μM ABT-737 added to AGS as determined by Western blot. Floating cells were included in lysate. β-Actin was used as loading control. Results shown are representative of two experiments.
models, which we have recently established and are more accurately representing patient tumors than cell line based xenografts [4,26,36]. Considering that single-targeted kinase inhibition results in kinome rewiring and resistance in various tumor models, more cancers are expected to benefit from combined inhibition of mTORC1/2, PI3K and MEK1/2 [37,38]. Synergistic combinations of PI3K-mTORC1/2 inhibition and MEK1/2 inhibition have indeed been successfully used preclinically in multiple cancer types (serous and mucinous ovarian cancer, endometrial cancer and melanoma) with PI3K/AKT/mTOR pathway and MAPK pathway alterations [39–42]. Moreover, single long-dose treatment might result in more resistant clonal tumor cells [43,44], which can be prevented by combination treatment. Notably, autophagy was shown to play an important role in cisplatin resistance in OCCC cells [45]. In addition, single-targeted inhibition by AZD8055 in colon cells antagonized chemotherapy initiated cell death through autophagy induction [46]. These findings might explain why cisplatin added to AGS was not effective in our study. Taken together, these results suggest that OCCC patients potentially benefit from a combination of mTORC1/2, PI3K and MEK1/2 inhibitors using low-doses and that this strategy could be extrapolated to other cancer types.

The in vitro and in vivo results demonstrated growth inhibition for all models that often not coincided with apoptosis induction, suggesting additional treatment options are needed. We observed that exposure of OCCC cell lines to the apoptosis inducing agent ABT-737 increased responsiveness towards AGS. These results are in line with previous work in serous ovarian cancer cell lines and PDX models combining dual PI3K-mTORC1/2 or MEK1/2 inhibitors with ABT-737 or navitoclax (ABT-263) [47–49]. Interestingly, the low-dose AGS combination induced apoptosis in our most sensitive OCCC PDX model, suggesting that apoptosis enhancers may not always be necessary for apoptosis induction. Recently, we found that BET-bromodomain inhibitors have synthetic lethal effects in ARID1A mutant OCCC [6]. BET-bromodomain inhibitors have been shown to reduce kinase inhibition related pathway rewiring and re-activation in multiple cancer models, including ARID1A mutant ovarian cancer cells [37,38]. Therefore, the combination of AGS with BET-bromodomain inhibitors may be especially of interest in the context of ARID1A mutant OCCC. Alternatively, given the high alteration frequency in DNA repair pathway genes in OCCC [4,9], combining DNA damaging agents or DNA repair pathway inhibitors with either AGS or mTORC1/2, PI3K, and MEK1/2 inhibitors individually could be an attractive approach for future studies. This will require careful titration of drug combinations to increase treatment efficacy by modulating autophagy and apoptosis induction in OCCC.

PI3K-mTORC1/2 dual inhibitor and MEK1/2 inhibitor combinations have been explored clinically. The PI3K-mTORC1/2 dual inhibitor gedatolisib showed preliminarily antitumor efficacy in a subset of KRAS mutant ovarian cancer patients when combined with PD-0325901. Unfortunately, adverse event related treatment interruptions (mainly gastrointestinal complications) and dose-limiting toxicity occurred in over half of the patients. Notably, the treatment arm combining the other PI3K-mTORC1/2 inhibitor PF-04691502 with PD-0325901 was prematurely closed due to low tolerability [50]. Dose-limiting toxicity or treatment discontinuation occurred in other combination trials with PI3K-mTORC1/2 dual inhibitors and MEK inhibitors as well, which included ovarian cancer (NCT01936363 and NCT01248858) [51–53]. Importantly, stable disease or partial responses were observed in some patients from distinct cancer types, indicating that combined inhibition of mTORC1/2, PI3K and MEK1/2 may have therapeutic benefit. These clinical results advocate the use of separate inhibitors of mTORC1/2 and PI3K to prevent target related toxicity as observed with PI3K-mTORC1/2 dual inhibitors. Moreover, to safely add a MEK1/2 inhibitor to mTORC1/2 and PI3K inhibitor combinations careful titration of such a putative low-dose triple combination will be crucial. Titrated low-dose combinations of targeted drugs have already been used in cancer patients and efficacy was observed with minimal dose-limiting toxicity [54–56]. For this low-dose strategy, multiple inhibitors of mTORC1/2, PI3K or MEK1/2, currently in phase II trials (NCT01737450, NCT02101788, NCT02465060, NCT02725268, NCT03128619 and NCT03264066), are available.

Collectively, the effectiveness of low-dose mTORC1/2, PI3K and MEK1/2 inhibitor combinations in OCCC cell lines and PDX models signifies exploration of this low-dose treatment strategy in future clinical trials in OCCC and other cancer types with PI3K/AKT/mTOR and MAPK pathway alterations.

Ethics approval and consent to participate

This study was performed in accordance with the declaration of Helsinki. Before surgery, all patients from whom tumor samples were obtained for PDX modeling gave written informed consent.

Availability of data and materials

All data generated or analyzed during this study are included in this published article.

Conflicts of interest

The authors declare no potential conflicts of interest.

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Author contributions

A.G.J.Z., G.B.A.W. and S.J. conceived and supervised the project. J.J.C. and A.W. performed the majority of experiments and data analysis with the assistance of G.J.M. and A.K. J.J.C., A.G.J.Z., G.B.A.W. and S.J. wrote the manuscript with the assistance of M.J. and R.B. All authors discussed the results and commented on the manuscript.

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Appendix A. Supplementary data

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References


