

Jessica C. Puzzuoli PhD, CT(ASCP)^[1], Caleb Solivio^[2], Christopher M. Heaphy PhD^[3], Eric Chan^[1], Etay Ziv MD, PhD^[1]

Memorial Sloan Kettering Cancer Center^[1] California University of Science and Medicine^[2] Boston University Chobanian & Avedisian School of Medicine^[3]

Email: Zive@mskcc.org Puzzuoli@mskcc.org

INTRODUCTION

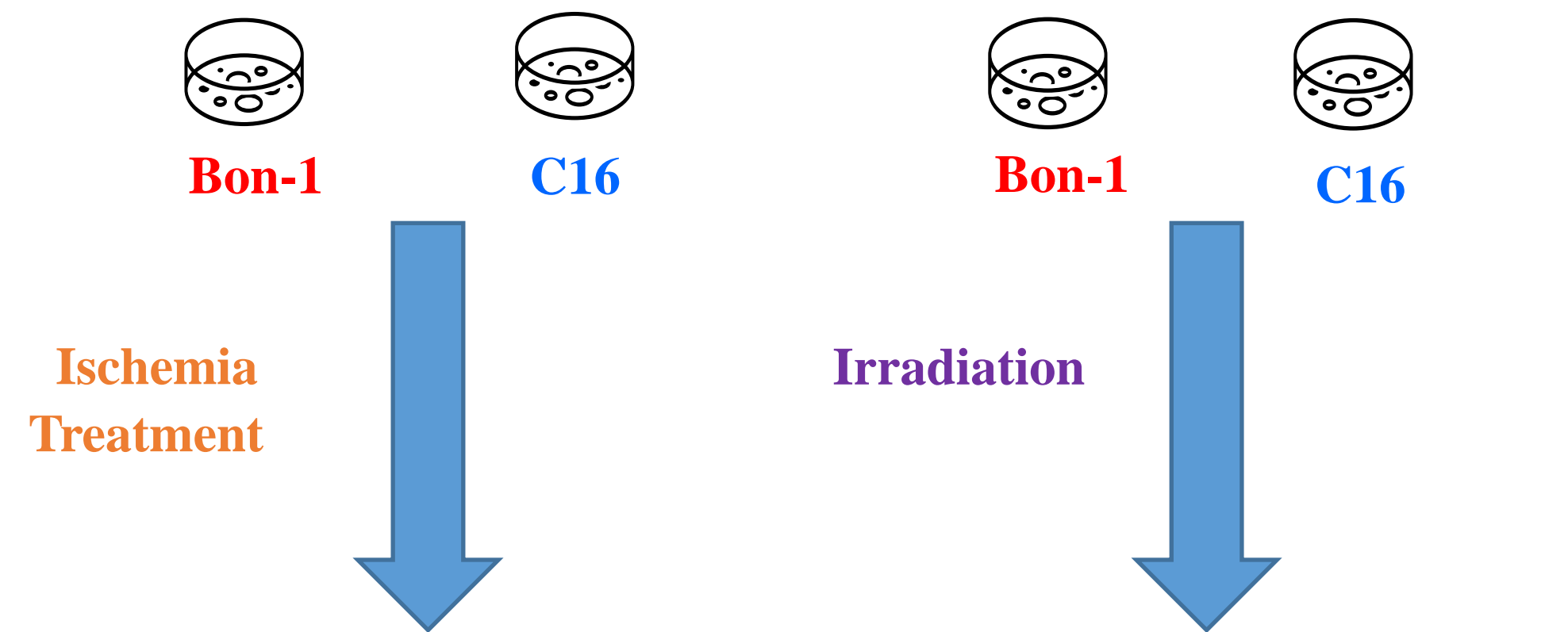
Well-differentiated pancreatic neuroendocrine tumors (PNETs) are a group of aggressive, heterogeneous cancers with highly variable clinical course and increasing incidence rate¹. Patients often present late with unresectable liver metastases^{1,2}. Five-year survival rates for patients with pancreatic neuroendocrine liver metastases (pNLMs) are poor. These pNLMs are often treated with liver-directed therapies including ischemia-based transarterial embolization (TAE), or radioembolization (TARE). Preliminary data has shown poor response to TAE in DAXX-mutated PNETs^{3,4}. The purpose of this study was to evaluate the effect of loss of DAXX protein expression on radiosensitivity and ischemia sensitivity of BON1 cells.

AIMS

- Determine the effect of loss of DAXX protein in Bon-1 cells on radiosensitivity
- Assess the effect of loss of DAXX protein in Bon-1 cells on ischemic sensitivity

MATERIALS AND METHODS

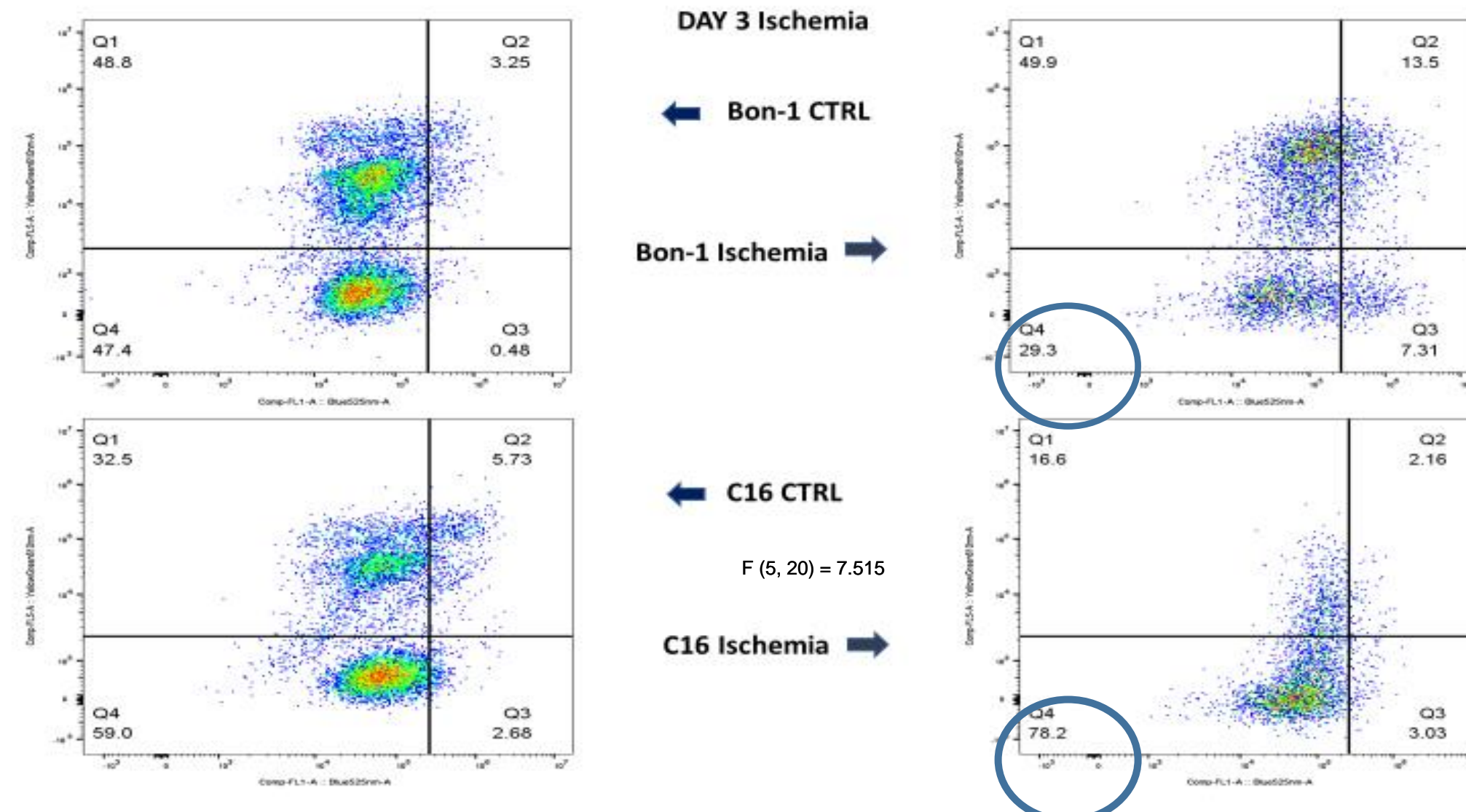
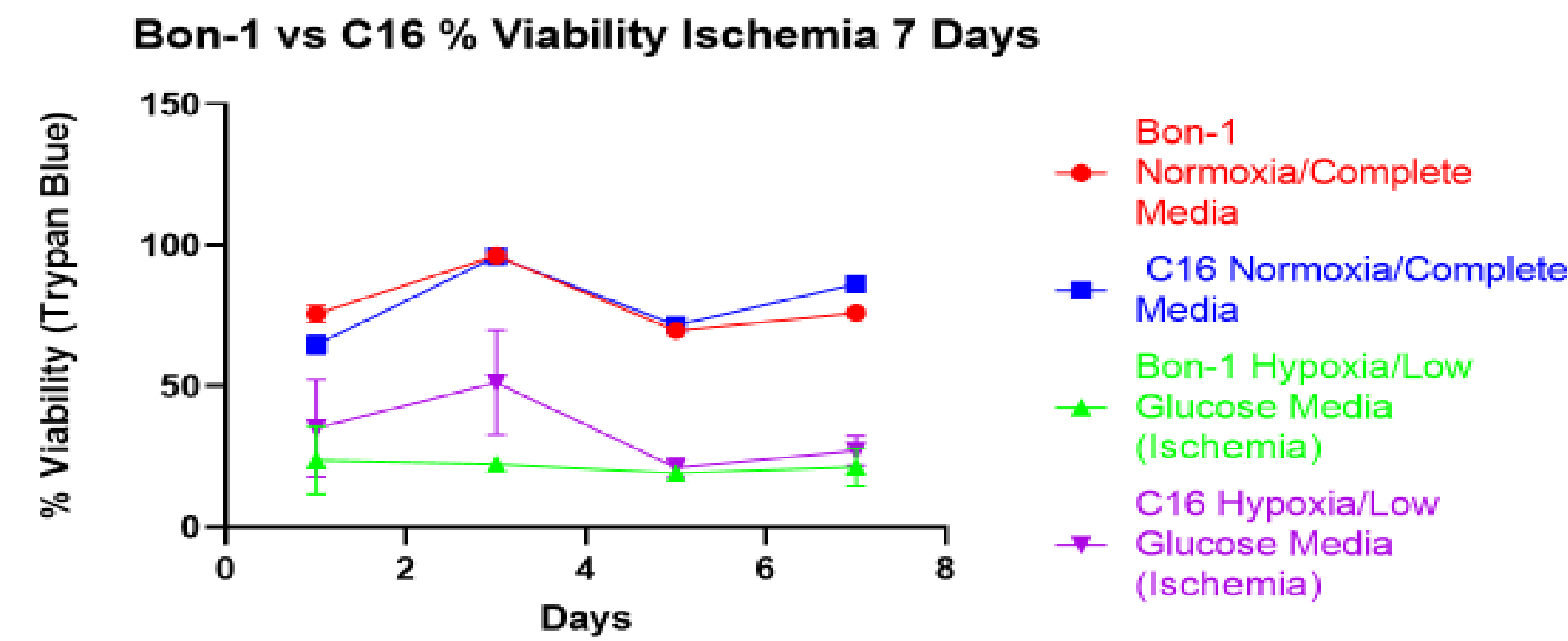
Cell types: BON-1 wild type and CRISPR/Cas9-generated DAXX knockout, C16 cells.



- *% Cell viability – trypan blue count
- *% Cell viability – cell titer glo (ATP activity - luminescence)
- *Annexin V/Propidium Iodide Flow Cytometry
- *Caspase-3 Apoptosis Assay
- *Clonogenic Assay
- *Caspase-3 Apoptosis Assay

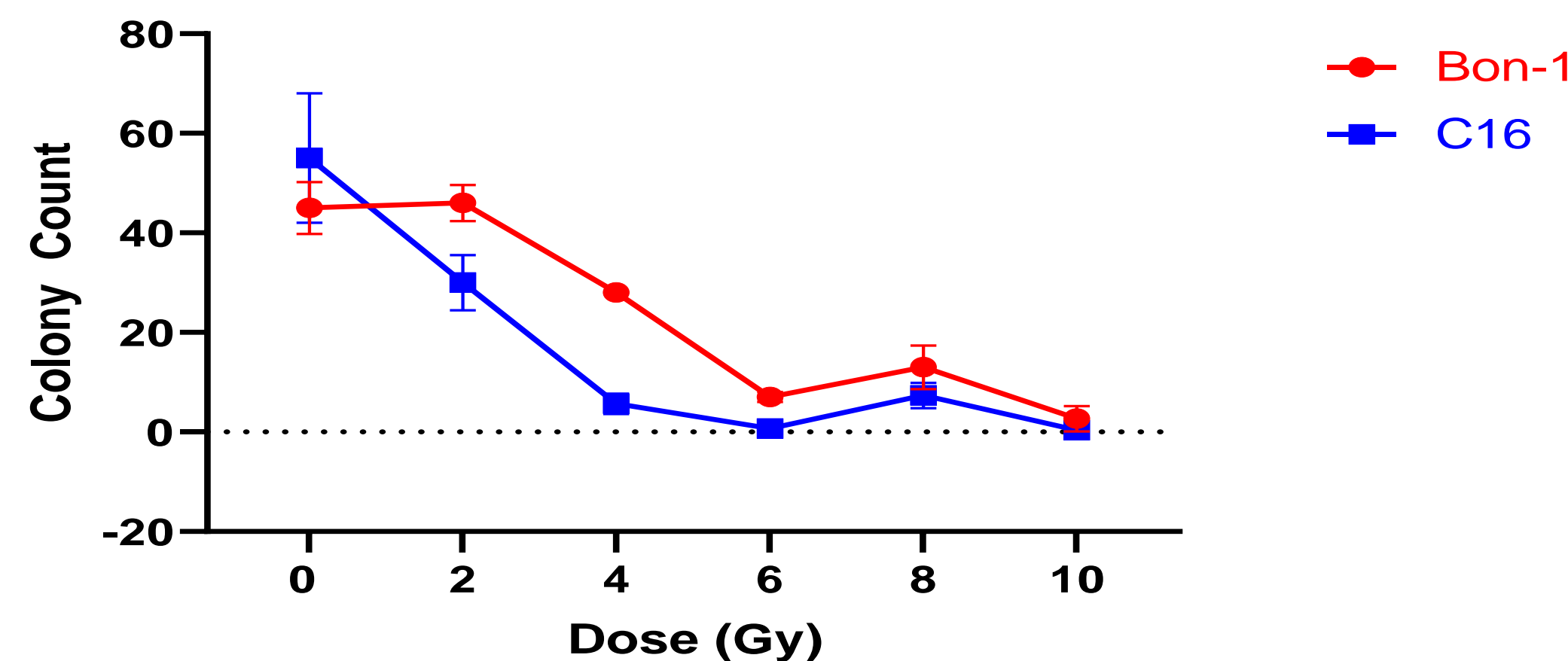
All experiments were performed in triplicate and results analyzed at a 95% confidence interval.

RESULTS

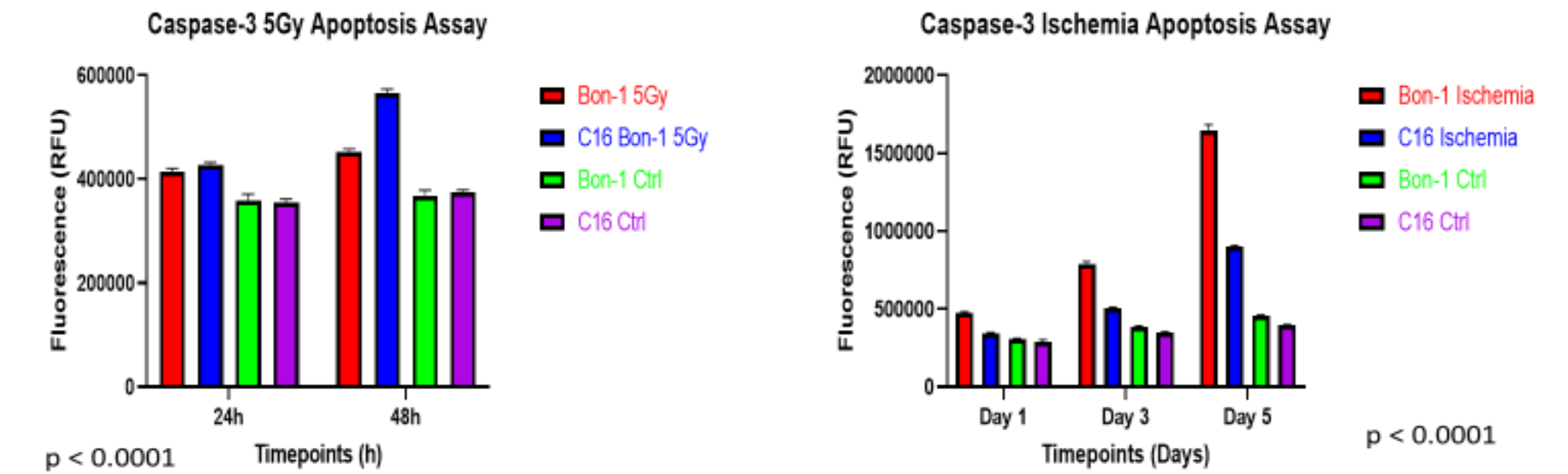


3 days post-ischemia, Bon-1 wildtype had only 29.3% viability compared to C16 with 78.2% viability.

Bon-1 vs C16 Clonogenic Assay Line Plot



There was a significant difference between Bon-1 wildtype and C16 cells: $F(5, 20) = 7.52, p=0.0004$.



Left figure: At 48h post-irradiation, C16 showed significantly higher apoptotic activity than Bon-1 at $F(3,8) = 278.3, p<0.0001$; Right figure: Bon-1 demonstrated significantly increased apoptotic activity compared to C16 cells on all 3 timepoints post-ischemia, $F(6, 12) = 620.1, p<0.0001$.

CONCLUSIONS

- Loss of DAXX protein expression resulted in significant transient ischemic resistance, particularly at day 3, in comparison to wildtype BON-1 cells
- Significantly increased radiosensitivity in cells with loss of DAXX protein expression as compared with wild type BON-1 cells has been demonstrated.
- Additional studies are ongoing, including upstream and downstream analysis of ischemia and radiation stress and correlation with clinical data.

REFERENCES

1. Halfdanarson TR, Rabe KG, Rubin J, Petersen GM. Pancreatic neuroendocrine tumors(PNETs): incidence, prognosis, and recent trend toward improved survival. *Annals of oncology: official journal of the European Society for Medical Oncology/ESMO.* 2008;19(10):1727-1733.
2. Man D, Wu J, Shen Z, Zhu X. Prognosis of patients with neuroendocrine tumor: a SEER database analysis. *Cancer management and research.* 2018;10:5629-5638.
3. Morocho P, Cai L, Rizzo A, et al. CRISPR-mediated loss of DAXX protein expression in BON1 cell lines results in ischemia resistance and ischemia-induced epithelial-mesenchymal transition. *Society of Interventional Radiology* 2019; 2019; Austin, Tx.
4. Raj N, Shah R, Stadler Z, et al. Real-time genomic characterization of metastatic pancreatic neuroendocrine tumors has prognostic implications and identifies potential germline actionability. *JCO Precision Oncology.* 2018;2:1-18.

ACKNOWLEDGEMENTS

Thank you to Jim Russell from MSKCC Medical Physics for his training and help in navigating the radiation assays. Thank you to the MSKCC Flow Cytometry Core Facility for their training and assistance in flow cytometry experimental design. Funding for this work has been provided by Dr. Puzzuoli's T32 MIBG grant from the MSKCC Department of Radiology, NANETS, and SIR.