

GLICO Platform: Patient-Specific Brain Tumor Organoids for Precision Drug Development

Lead Inventors:

Howard Fine, M.D.

Professor of Neurology, Weill Cornell Medical College

Louis and Gertrude Feil Professor of Medicine, Neurology, Weill Cornell Medical College

Professor of Neurology in Pathology and Laboratory Medicine, Weill Cornell Medical College

Business Development Contact:

Brian Kelly Director, Technology Licensing (646) 962-7041 bjk44@cornell.edu

Patient-Specific Brain Tumor Organoids for Precision Drug Development

Background & Unmet Need

- Glioblastoma (GBM) remains an incurable cancer with a poor prognosis (median survival ~15 months)
- Despite many efforts, there has been little progress in developing effective treatments for GBM, and its biology remains incompletely understood
- One barrier to developing new therapies is that current preclinical models of GBM do not reflect the biology or genetics of primary tumors
- Modeling GBM's interaction with the tumor microenvironment has also been a challenge and has yet to be successfully replicated
- **Unmet Need:** Preclinical models of GBM which reflect the biology, genetics, and environment of insitu tumors and can be used for the development of effective therapies

Technology Overview

- The Technology: A patient-specific platform for modeling GBM and its TME in an organoid culture
- Tumor-bearing organoids are generated by coculturing patient-derived glioma stem cells (GSCs) with hESC-derived cerebral organoids
- The resulting organoids have tumors grown from from patient-derived GSCs embedded within them
- **PoC Data:** GLICO models demonstrate tumor proliferation and infiltration, with 20% of tumor cells staining positive for Ki67
- GLICO organoids display similar pathology to GBM patients, like spontaneous microtubule formation
- Response rates to GBM drugs in GLICOs are closer to in vivo rates compared to 2D cultures (24-43% GLICO vs 80-90% cell line), and vary by patient
- RNA-seq data shows that GLICO transcriptomes are significantly more correlated to those of patient tumors than current GBM models

Lead Investigator: Howard Fine

Publications: <u>Pine et al.</u> Cancer Discov. 2020. <u>Linkous et al.</u> Cell Rep. 2019.

Biz Dev Contact: Brian Kelly (646) 962 7041 bjk44@cornell.edu

Patient-Specific Brain Tumor Organoids for Precision Drug Development

Technology Applications Supporting Data / Figures Lead Investigator: Howard Fine High-throughput screening for glioblastoma drug 2D GLICO Patient development and neurotoxicity studies Specimen Publications: Patient-specific screening for personalized medicine Pine et al. Cancer Discov. 0728 2020. Identification of new therapeutic targets for GBM Linkous et al. Cell Rep. 2019. Understanding of basic GBM biology and interaction Figure 1: GLICO models with tumor-microenvironment recapitulate patient-derived 032 cell line behavior via Biz Dev Contact: differentiated patterns of Brian Kelly invasion. More aggressive (646) 962 7041 cell lines (0728, 1206) bjk44@cornell.edu **Technology Advantages** demonstrate more diffuse patterns of invasion GLICOs can be maintained in culture for 4 months compared to slower-growing 0607 cell lines (0517, 0607). or longer GSCs are labeled with GFP. GLICO models reflect the basic biology of GBM better than 2D cultures and traditional organoids 0810 Organoids and their environments are easy to manipulate and control for experimentation 1206 GLICO models are easily scalable, making them an ideal candidate for high-throughput screening

Weill Cornell Medicine

٠

•

.

٠

٠

٠

٠

٠

Patient-Specific Brain Tumor Organoids for Precision Drug Development

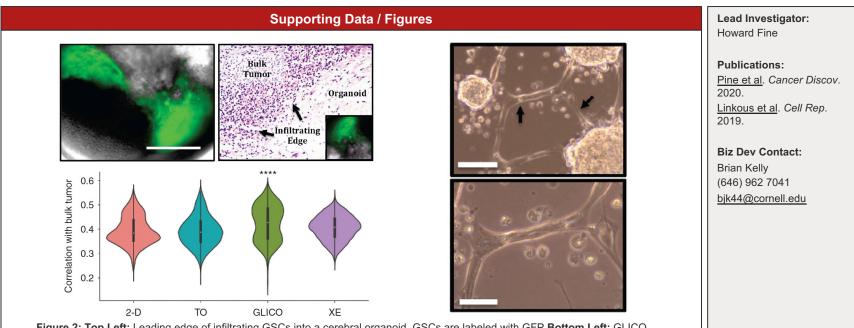


Figure 2: Top Left: Leading edge of infiltrating GSCs into a cerebral organoid. GSCs are labeled with GFP Bottom Left: GLICO transcriptomes have a significantly higher correlation with those of primary tumors than existing GBM models **Right**: GLICO models demonstrate spontaneous microtubule formation similarly to patient tumors.

Weill Cornell Medicine

