Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital.

Welcome to Yale Cancer Answers with your host doctor in East JGP are Yale Cancer Answers features the latest information on cancer care by welcoming oncologists and specialists who are on the forefront of the battle to fight cancer this week.

It’s a conversation about the molecular mechanisms of cancer with Doctor Daryl Klein. Doctor Klein is an assistant professor of pharmacology at the Yale School of Medicine, where Doctor Chad Power as a
So Darrell maybe we can start off by you telling us a little bit more about yourself and what it is exactly that you do.

Yeah, I mean I think. My path to become a medical researcher involves my personal back story and my love of competition. In some ways, I feel like I’ve been destined to study kinases and cancer and their mechanisms and and with the hope of developing useful cancer therapeutics. And my career trajectory if you will. As a medical scientist, began long before my formal training.
I grew up in New Jersey just outside of Philadelphia, and at a young age, my sister was diagnosed with MLE or chronic myeloid leukemia. Over 40 years ago now, Peter Noel at the University of Pennsylvania in Philadelphia was studying the driving mutations that lead to CML. And he discovered a chromosome alteration that he dubbed the Philadelphia chromosome and kmle patients, like my sister and and the results.
of that change.

Is that a new protein is made a fusion of a tyrosine kinase signaling protein?

That's that's stuck in the on position, and that instructs cells to.

To divide and grow and thus cancer. And that protein became a target for drug discovery and it really heralded the era of precision medicine that is specifically targeting a single. You know bad protein with a drug and that was really exciting. And in 2001 there was this huge success with.

The mat neighbor or Gleevec, and that became the first drug that was developed to target a
specific kinase to treat a disease, and in this case, someone. And patients treated with this drug can live long lives with controlled disease. Unfortunately for you know, Kimberly, it was just the beginning of understanding this disease. And there were no therapeutics, and that meant you know, little could be done, and. In this powerlessness drives me to find ways to spare other families similar devastation and to better understand cancer. You know,
I really have spent a large part of my career investigating the molecular basis for oncogenic signaling.

And you know on that path I attended the University of Pennsylvania for my undergrad in my PhD, and my medical degree, and I did clinical rotations at the Children’s Hospital of Philadelphia Chop. So I was walking the same halls as Peter, Noel and my parents and my sister years before.

I joined the MSTP or medical scientist training program and. This was funded by the NIH.
00:03:33.240 --> 00:03:35.250 the National Institutes of Health,
NOTE Confidence: 0.737310321
00:03:35.250 --> 00:03:37.858 to grant to train a group of physicians,
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00:03:37.860 --> 00:03:39.180 also to be researchers,
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00:03:39.180 --> 00:03:41.350 and the goal of that program is
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00:03:41.350 --> 00:03:43.385 basically to link basic science
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00:03:43.385 --> 00:03:45.013 findings to the clinic.
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00:03:45.020 --> 00:03:48.184 The bench to the bedside and to
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00:03:48.184 --> 00:04:00.485 Brig lab progress into useful
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00:04:00.485 --> 00:04:02.153 therapeutics as rapidly as possible.
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00:04:02.160 --> 00:04:03.518 And I think the success of Leave Act was
NOTE Confidence: 0.737310321
00:04:03.520 --> 00:04:06.880 just the beginning of targeting kinases.
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00:04:06.880 --> 00:04:09.905 And so when I was at Penn,
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00:04:09.912 --> 00:04:12.598 I studied under Professor Mark Lemon.
He was working on those other kinases that lead to different cancers. And you know, to see how they might cause cancer and how we might leverage understanding their mechanisms to develop new therapeutics. I also mentioned you know my my desire for you know competition. And so one thing I I’m not sure that people really understand is how competitive research compete. And I grew up playing sports in college and I love competing and track and field and crew and football and baseball. And when I first joined Mark’s
I was first introduced to lab research, and I realized there that scientific research is intensely competitive and I think it makes Olympic sport seem safe by comparison and I love that and I loved everything about that. And then the problem is in sensually in science. You’re competing with unknown competitors and an unknown number of teams and the rules of the game are undefined and you don’t even know when the conversation started.
and certainly your competitors have

more money and resources than you do,

so you’re always the underdog and and

that excites me and I and I like that.

You know an example.

When we started the project will chat

more about in a little bit.

We were certain that you know

half a dozen other groups in the world

were already working on it and and we

didn’t know how far along they were.

And so all you know is what you don’t know.

And if you want to win,

you have to work nonstop like 24/7.

I once spent 50 hours straight in the lab

when I was a grad student without sleeping.
And then you know that was exciting to me. That’s something you can’t do in. In sport after the game you go home, but science is a years long competition with no timeouts and the intensity is is off the charts so. I think that that frames kind of. Why I became a medical researcher and and and why? Why I love doing the work that I do. So let’s take a step back for a bit. I mean, that sounds really inspiring and and interesting in terms of how this kind of came full circle. How you? Had this experience.
00:06:34.175 --> 00:06:36.753 with your sister and then went on
NOTE Confidence: 0.885244987777778
00:06:36.753 --> 00:06:38.961 to to become a scientist that’s
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00:06:38.961 --> 00:06:41.157 hopefully making a difference in the
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00:06:41.157 --> 00:06:43.245 lives of other patients like her.
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00:06:43.250 --> 00:06:44.694 But for our audience,
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00:06:44.694 --> 00:06:47.643 maybe you can take a step back and
NOTE Confidence: 0.885244987777778
00:06:47.643 --> 00:06:50.467 tell us exactly like what is a kinase
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00:06:50.548 --> 00:06:53.390 and why are they important in cancer?
NOTE Confidence: 0.80161613
00:06:54.420 --> 00:06:55.578 Sure, sure, yeah.
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00:06:55.578 --> 00:06:57.894 I mean I should also mention
NOTE Confidence: 0.80161613
00:06:57.894 --> 00:07:00.409 that while I trained as A and
NOTE Confidence: 0.80161613
00:07:00.409 --> 00:07:02.610 MDP MD PhD physician scientist,
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00:07:02.610 --> 00:07:05.780 I’ve actually chosen a path
NOTE Confidence: 0.80161613
00:07:05.780 --> 00:07:08.142 devoted entirely to research.
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00:07:08.142 --> 00:07:11.088 So during training, when I you know,
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00:07:11.088 --> 00:07:12.723 find myself engaging with patients
and talking to them about the unfortunately limited treatment options I, I found that difficult and frustrating and all I wanted to do was rush back to the lab and and find new potential therapeutic avenues. So I made a choice to devote myself entirely to lab work, but at the same time I'm still working with other physicians, scientists and clinicians to help bridge our discoveries. To the bedside. Kinases are often drivers of cancers and the one that I've
been working on recently ALK and a plastic lymphoma kinases is a well known cancer related protein. And much like the protein involved in my sisters of Mle, it’s a tyrosine kinase and basically tyrosine kinases instruct the cells to grow and divide, if this is unregulated that leads to cancer. So ALK well, unlike the Siml case, ALK is a receptor tyrosine kinase. So what that means is ALK is located in a different part of the cell than the CML kinase. So if it if a cell were an ocean,
the CML kinase would be a submarine and ALK would be more like an aircraft carrier at the surface and so this.
Localization difference has therapeutic implications. As you might imagine, you can’t target a submarine the same way you would target in an aircraft carrier. So in the clinic we use small molecule. You know missile like drugs that can dive deep into the ocean to reach that kinase. Whereas for ALK we have an opportunity to use antibodies that can target it at the cell surface, so more like a.
You know a B52 bomber. It’s been known for years that ALK is a driver of neuroblastoma. Now neuroblastoma is a cancer of the peripheral nervous system. It’s one of the more common pediatric cancers that accounts for more than 10% of childhood cancer mortality. But clinically useful therapeutics have been slow to develop, and I think you know one of the key reasons for this slow development of treatments is likely the lack of a structural framework for the target alcc. Simply put, we have you know no idea what it
looked like or how it functioned. It was a complete mystery before our work. I mean the fact that ALK is expressed on neuroblastoma cells but is not present. On healthy tissue makes Alka veritable oncogenic beacon. That’s a perfect target for precision medicine. In each case the protein. Specifically, if you’re targeting the protein specifically, it should have little side effects outside of the cancer itself.
And the hope is that if we can target this kinase alken neuroblastoma. That we might have the same positive outcomes for neuroblastoma that we see for patients with KMLE.

So you know one of the things that always fascinates me is how you find these things to begin with. I mean, how do we know that these kinases play a role in cancer? How does that? How do you figure that out?

How do you know which kinases are submarines and which kinases are our aircraft carriers, I mean. And how did you figure out that these were important anyways?
How does that happen?

That's a good question.

That's certainly outside of my lab's expertise.

A lot of that is done through genomic work and associating certain genes with certain disease phenotypes, where my lab's expertise comes in pretty much after the fact.

Once these associations are known, we come in to help define bio physically and structurally, exactly how these kinases and uncle genes are acting, and hopefully if we have a molecular
picture of that how we might design and develop therapeutics to. To stall that and prevent disease. So when you say that it starts with understanding what genes are expressed in what genes aren’t. I mean it, it sounds like the progress that we make in terms of cancer medicine is really investigators. Building on other investigators work. So somebody you know maybe was sequencing some genes and found that some genes were overexpressed in some cancers versus not. And then other people kind of discovered that gene was associated with a protein like.
A kinase and then you look at that kinase and say, well, where is it and how can we target it?

Is that kind of how that works?

That's exactly right, right? I mean, it's work of a tremendous number of individuals with differing expertise. Certainly the approach my lab takes is just one cog in that machine, one that's a bit further down, and probably less than the discovery stage. But one that is keenly important to understand the mechanism of how molecules work.
which can then give us insight into how we might target these kinases and develop therapeutics.

And then the other question that I often have is, OK, so you know you discover this kinase and you discover that it’s important in cancer. Why is it that some kinases are important in some cancers but not in others? Why do you have these genes for these kinases to begin with? And why are they differentially expressed?

Cancer often recapitulates the paradigms that are important during development.
So all of these kinases are crucially important in the stages of development and help patterning and complex tissues. After that, they aren’t used so much in adulthood, and it’s only during cancer that a lot of these developmental pathways are reawakened, and they can be reawakened in different tissues and different places, but they all lead to the same thing. Basically once you turn on a kinase on your turning on the growth instructions and
when that’s not counterbalanced, that’s how cancer develops.

Well, we’re going to take a short break for a medical minute, but when we come back, let’s learn more about the molecular mechanisms of cancer and how exactly we target these differentially expressed kinases to actually make a difference for patients, please stay tuned for more with my guest doctor Daryl Klein.

funding for Yale Cancer Answers comes from Smilow Cancer Hospital with an event focused on nutrition for cancer survivorship presented by the Smilow.
Cancer Care Center in Trumbull.
April 14th Register at Yale Cancer Center.
Org or email cancer answers at Yale.
The American Cancer Society estimates that nearly 150,000 people in the US will be diagnosed with colorectal cancer this year alone. When detected, early colorectal cancer is easily treated and highly curable, and men and women over the age of 45 should have regular colonoscopies to screen for the disease. Patients with colorectal cancer have more hope than ever before, thanks to increased access to advanced treatment.
therapies and specialized care. Clinical trials are currently underway at federally designated Comprehensive Cancer Centers. Such as Yale Cancer Center and its Milo Cancer Hospital to test innovative new treatments for colorectal cancer tumor. Gene analysis has helped improve management of colorectal cancer by identifying the patients most likely to benefit from chemotherapy and newer targeted agents, resulting in more patient specific treatment. More information is available at yalecancercenter.org you’re listening to Connecticut Public Radio.
Welcome back to Yale Cancer answers. This is doctor in East Egg part and I'm joined tonight by my guest doctor, Daryl Klein. We're learning more about the molecular mechanisms of cancer and right before the break Daryl was telling us about this profoundly inspiring story of his sister who is diagnosed with CML, which really started his journey on becoming a physician scientist, and one who is particularly interested in these molecules called kinases, which really work. To activate the growth of cancer.
cells and so you know Darrell before
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doing the break you were mentioning that
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eurolab really after we know that
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you know a kinase is involved in a
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particular cancer is really involved
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in looking at its structure
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and kind of how to target it.
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Is that right?
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Exactly,
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my lab is a structural biology lab,
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so you know, we’re sensually photographers.
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But we take pictures of the very,
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very tiny things, molecules and proteins,
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and so this. Requires specialized
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equipment cameras if you will.
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That use X rays and electrons rather
than light in the visual spectrum that we're used to.

Uhm? You know, many people know.

DNA, so let's start there.

People have heard of DNA and Watson and Crick and their double Helix.

And DNA is basically a cookbook with 10s of thousands of recipes,

And DNA is basically a cookbook with 10s of thousands of recipes,

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so we have no idea what the final product will look like. We know my lab follows the recipe to take pictures of the final products to illustrate this, this DNA cookbook. So we take molecular photographs of the protein and also the mutants that are found in cancer. And in these pictures give us a better understanding of how things supposed to look like and how it changes in cancer. And in this can inform us about approaches to designing targeted therapeutics. So my lab just reported the structure of the protein ALK in nature.
That’s the tyrosine kinase that’s important in neuroblastoma. And this gave us a first look at this unique uncle Gene and it’s, you know it’s going to be impossible for me to relay the complexities here. But if we stick to our Analogy of the the cell is an ocean, it’s. It’s not unreasonable to say that Alcc did actually look a bit like an aircraft carrier. I mean it had this. Unusual a long gated structure and it probably lies parallel to the to the surface, so it’s like an aircraft carrier floating on the water.
Or the surface of a cell. And furthermore, we can see how it actually gets activated. Basically two of these aircraft carriers line up next to one another and in that position they’re then capable to send to send their their growth signals, which ultimately end up being cancerous growth signals. To the neuroblastoma cell. Uncontrolled ALK activation like this leads to cancer and it and it results from the tumor continuing to express this developmental out gene along with its stimulatory ligand. Our research reveals an approach
to shutting off ALK and that it can be quite straightforward. Potentially if we use our structure as a blueprint, we can see clear areas where we would want to target this. This aircraft like molecule. I mean there’s certain vulnerabilities that are revealed in the structure that we can strategically target and and you know sync this aircraft carrier, and so my lab now is designing potent antibodies. That specifically target these regions in ALK, and you know there’s small.
molecules currently out there in use for Neuroblastoma, as well as many other different cancers that are driven or partially dependent on kinases. And compared to small molecule therapeutics antibodies, I think can offer a great benefit. The small molecule drugs that are now currently in use like prison and learn Latin. They target the intracellular. The actual kinase domain of the protein out. And one problem with these types of inhibitors is that you can’t keep fooling the cancer for very long. They the cancer figures out this...
trip quite fast that you’re trying to inhibit it in this domain, and the cancer makes changes that diminish the drugs impact. Whereas I think the antibody approach is a more brute force approach and it’s harder for the cancer to overcome this, the strategy of inhibition. I think the therapeutic future will likely use a combination of these two to completely dismantle the machinery. In some ways you know cancer can be viewed as having some of the
similar challenges that we see for SARS, CoV2 and both use similar strategies to overcome disease. Both you know cancer and viruses mutate rapidly. And they can evolve to different inhibitor approaches. And just as we use antibodies through vaccination or or directly injecting recombinant antibodies and small molecules to overcome COVID. Now we have a new blueprint for ALK to help us overcome similar challenges that are encountered in in cancer and in particular neuroblastoma. And it sounds like when you know the the
structure of these aircraft carriers. But you can be very specific about you know targeting those particular molecules as opposed to normal cells. So you might have you know a bomber that only targets, you know that flatbed where the aircraft lands on the aircraft carrier. aircraft lands on the aircraft carrier. Or you can have some sort of a. A mechanism whereby these two aircraft carriers can’t line up together that really wouldn’t apply in any other situation, so you can try to get more precise or more targeted therapies. Is that right?
That’s exactly right, and remember that I said that you know, since alpha is expressed only on neuroblastoma cells but not present on healthy tissue, it really makes targeting ALK the perfect for you know. Set up for precision medicine and then a layer on top of that, which I think you were just referring to is now that we know the detailed structure and blueprints of this. And that’s exactly what we’re trying to do. We’re trying to design antibodies that specifically block areas on the protein that are
involved in important for it’s activation.
That is precisely where the ligand
binds to activate the receptor and
going back to how it’s activated.
Where we see the two molecules lining up side-by-side to each other,
we’re designing antibodies that can block that interface to prevent it from being activated independent of ligand.
Which could be caused by certain mutations,
which is further research that we’re doing now or with the ligand.
So we’re using all this information to specifically design antibodies.
that are tailored to this molecule

and the and the type of mutations or mechanisms that activate it specifically in neuroblastoma.

And so as you design these antibodies in these treatments, you're doing that in the lab. How? How does it actually get into patients? How does it affect people like your sister? Because that's where the story really started and how long does that whole process take? You're right, that's a that's certainly a long process and you know Cancer Research is so matured and specialized now that it really requires
you know effort to put these discoveries into usable formats and for others to build upon and meaningful ways. And just as the NIH created that MSTP program to link basic science and patient care now I think we need similar links between basic science researchers. I mean, the you know RNA biologist and chromosome researcher and. And in the biophysicist like me trying to link up with the model Organism biologist to test the a lot of these and preclinical setups. We all speak a different scientific dialect and we have different perspectives,
so you know how do we work together
and in one answer to that is is, you know being part of the Yale Cancer Biology Institute that I’m a part of. You know we really bring together desperate researchers among those interested in cancer. And so you know now I have and and together desperate researchers among those interested in cancer. And so you know now I have and and being a physician scientist so you know now there’s a cohort of people and colleagues that I can work with that can bring our developing antibodies that we have into preclinical testing quite rapidly to see if they do. So good activity in vivo and then that hopefully can be rapidly leveraged
into reaching the patients that desperately need these treatments.

Sounds very much like you had mentioned earlier, but this is kind of a microcosm for the macrocosm of how science works, that your lab puts together. People who all kind of come at the problem of ALK from a slightly different vantage point. But the work in your lab kind of builds on the work of other people’s labs, and so maybe in the last few minutes that we have, you could tell us kind of a little bit about.
How that works in the grand scheme of things?

I mean, it sounds like.

One of the things that we’ve realized with the pandemic is that the world is shrinking, and hopefully the scientific discovery bounces around fairly easily.

How does that collaboration work?

I think it is. It is certainly a challenge and I think you know getting researchers to talk to each other and work together is an important part of that. And like you said, I think you know during the pandemic and having people communicate in different ways like we are now through zoom and other things.
Maybe the world is shrinking a bit and I think that’s a good thing for science and that’s a good thing for research because. Of course, all of us working independently and making advances. We don’t want them to go unnoticed by the people next in that chain that you were talking about. 

That’s necessary to make the leap to bring these discoveries to their therapeutic potential.

Doctor Daryl Klein is an assistant professor of pharmacology at the Yale School of Medicine.

If you have questions,
00:28:40.852 --> 00:28:42.747 the address is canceranswers@yale.edu
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00:28:42.747 --> 00:28:44.949 and past editions of the program
NOTE Confidence: 0.772678952866667
00:28:44.949 --> 00:28:47.028 are available in audio and written.
NOTE Confidence: 0.772678952866667
00:28:47.030 --> 00:28:48.968 Farm at yalecancercenter.org.
NOTE Confidence: 0.772678952866667
00:28:48.968 --> 00:28:51.512 We hope you’ll join us next week to
NOTE Confidence: 0.772678952866667
00:28:51.512 --> 00:28:53.449 learn more about the fight against
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00:28:55.068 --> 00:28:56.856 radio funding for Yale Cancer Answers
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00:28:56.856 --> 00:29:00.000 is provided by Smilow Cancer Hospital.