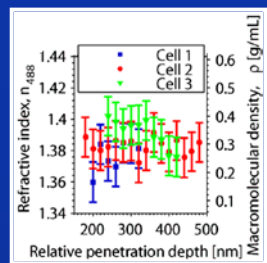


Photonics Meets Biophysics and Biology: From Nanoimaging to Winning the War on Cancer

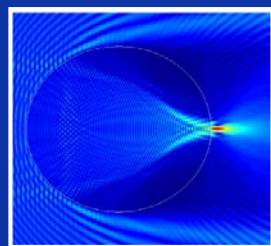
Vadim Backman, Ph.D.

Biomedical Engineering Department
McCormick School of Engineering
Northwestern University

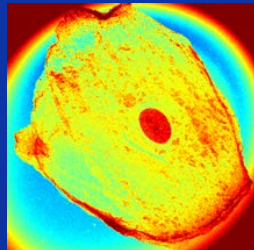
Backman Laboratory



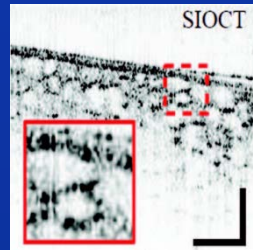
NPOM



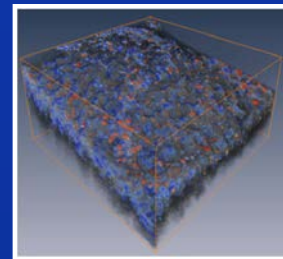
Photonic nanojet



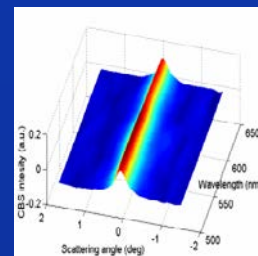
STEM



SI OCT/LSM



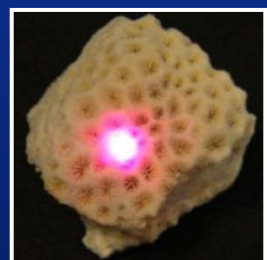
ISOCT



EBS



Clinical fiber-optics



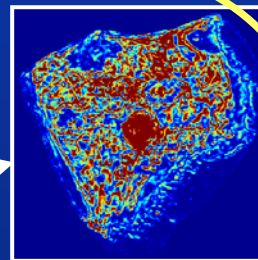
Coral reef bleaching

Technologies

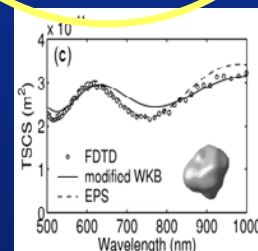
Biology

Physics

Medicine



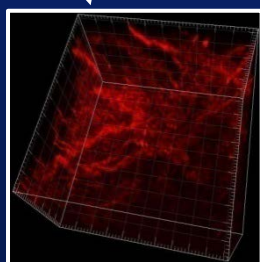
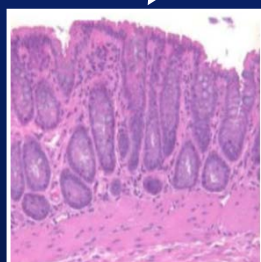
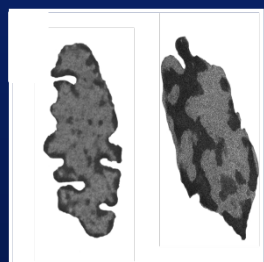
Nanocytology



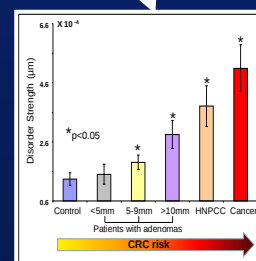
Light scattering



Metastatic sensor



Alterations in chromatin structure, microcirculation, and ECM in early carcinogenesis



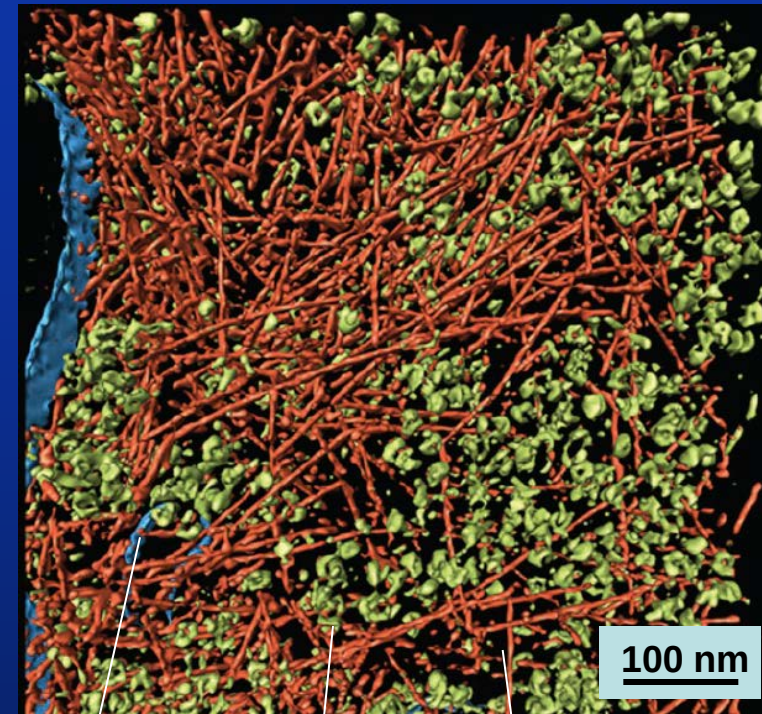
Screening /diagnosis of lung, colon, ovarian, pancreatic, esophageal, thyroid, and prostate cancers

Cell Organization: From Microscale to Nanoscale

- Cells have a highly complex organization:
 - Cellular level: $\sim 10\ \mu\text{m}$
 - Organellar level: $\sim 1\ \mu\text{m}$
 - Macromolecular level: $< 0.1\ \mu\text{m}$
- Light microscopy does not resolve cell structures below $\sim 200\text{-}500\ \text{nm}$.

Cell Nanoarchitecture

- Fundamental building blocks of a cell
- Cytoplasm: ribosomes, cytoskeleton, membranes
- Nucleus: nucleosomes, 30 nm chromatin fibers, higher-order chromatin structure



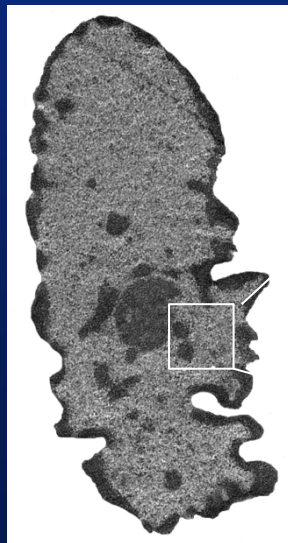
Membranes Actin filaments
Ribosomes

3D Reconstruction of cytoplasm,
adapted from Medalia et al., 2002

- Understanding cellular processes at the nanoscale has been stymied by the lack of practical means of analysis of cellular nanoscale architecture

Histology Cannot Measure Cellular Nanoarchitecture

- Conventional microscopic histology images cell micro-architecture but does not resolve cell structure below ~200-500 nm
- How can we measure the statistical properties of spatial organization of macromolecular density with nanoscale sensitivity
 - Electron microscopy is too variable, cumbersome, and expensive
 - Optical techniques?



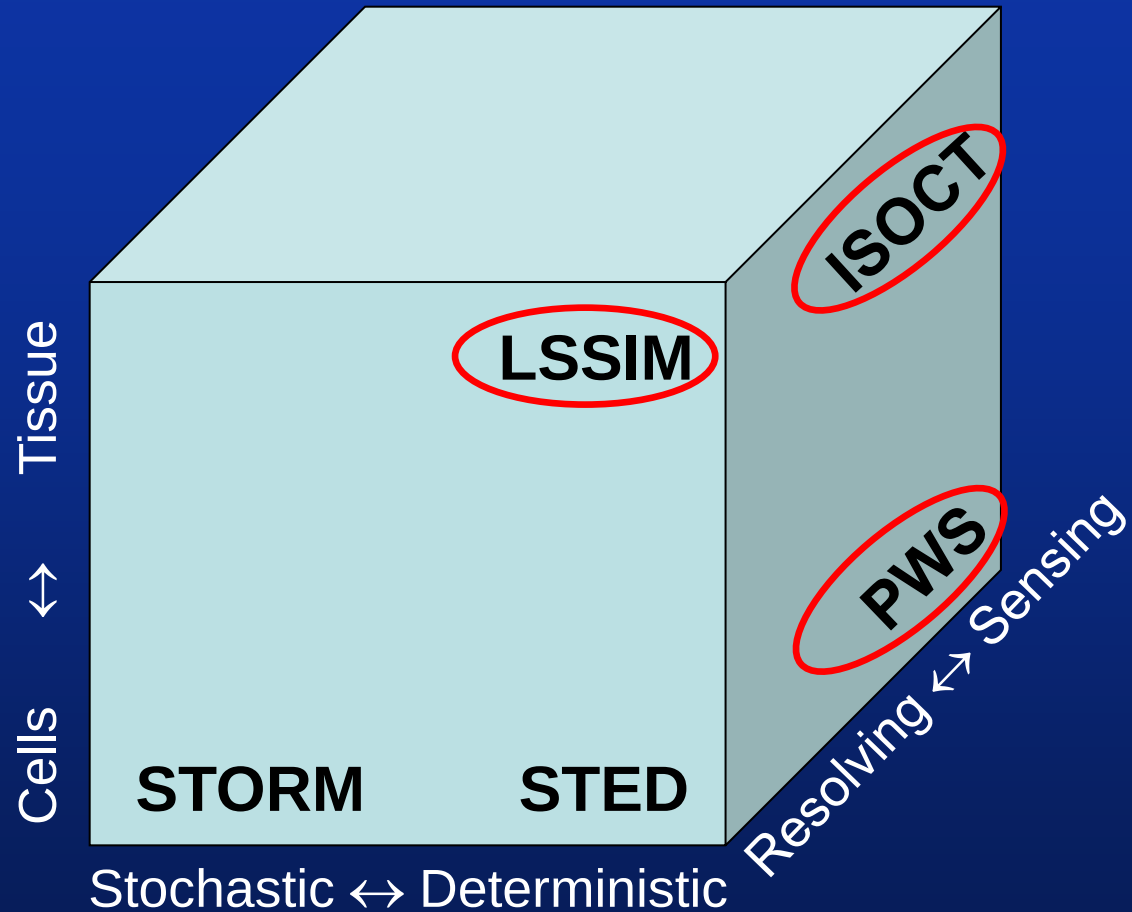
~~Diffraction limited~~
“Diffraction limited”



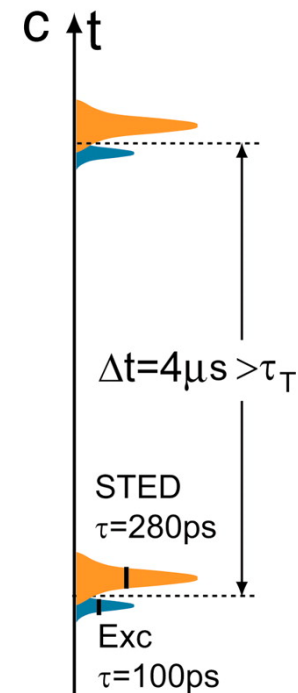
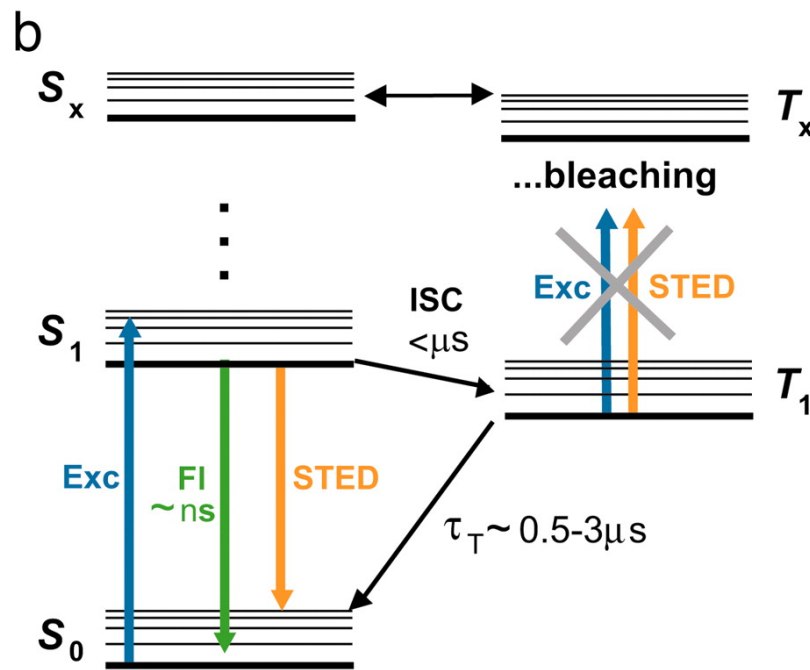
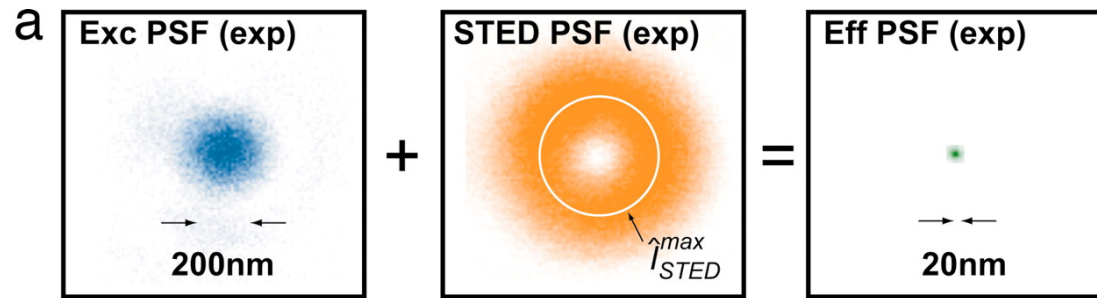
$$n_{\Delta}^{1D}((x,y))$$

The 'Universe' of Subdiffractional Microscopy

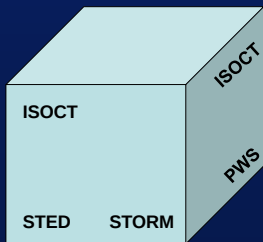
- STED – stimulated emission depletion microscopy
- STORM - stochastic optical reconstruction microscopy
- LSSIM – laser scanning structured illumination microscopy
- PWS – partial wave spectroscopic microscopy
- ISOCT – inverse spectroscopic optical coherence tomography



Superresolution Microscopy: Stimulated Emission Depletion (STED) Microscopy



Donnert G et al. PNAS 2006;103:11440-11445

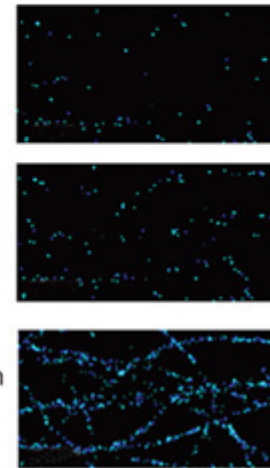
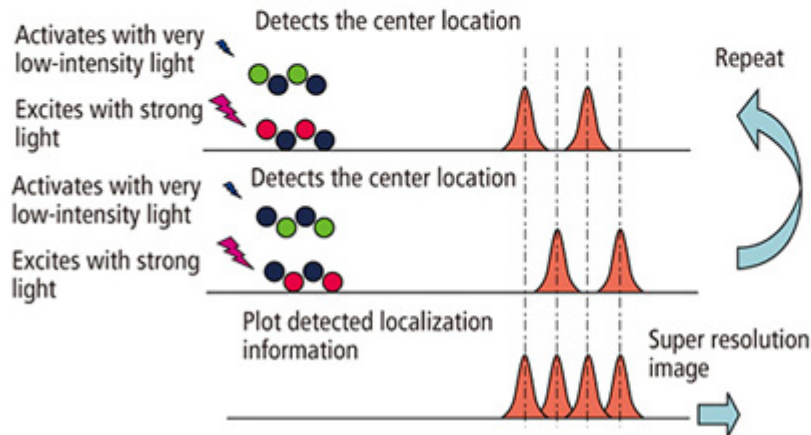


Superresolution Microscopy: Stochastic Optical Reconstruction Microscopy (STORM)

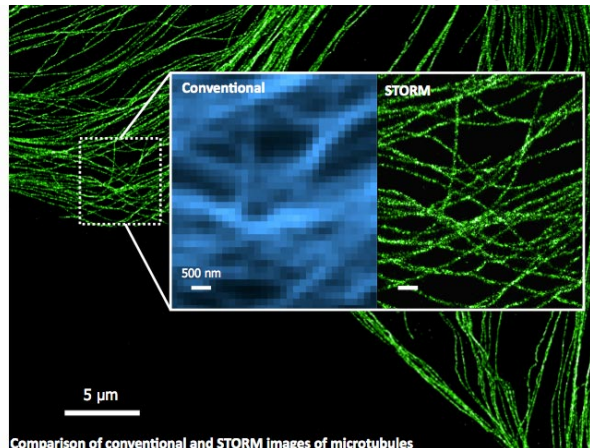
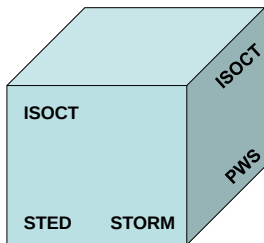
Conventional fluorescent microscopy



N-STORM processing



time



$$\sigma = \sqrt{\left(\frac{s_i^2 + \frac{a^2}{12}}{N}\right) \cdot \left(\frac{16}{9} + \frac{8\pi s_i^2 b^2}{a^2 N}\right)}$$

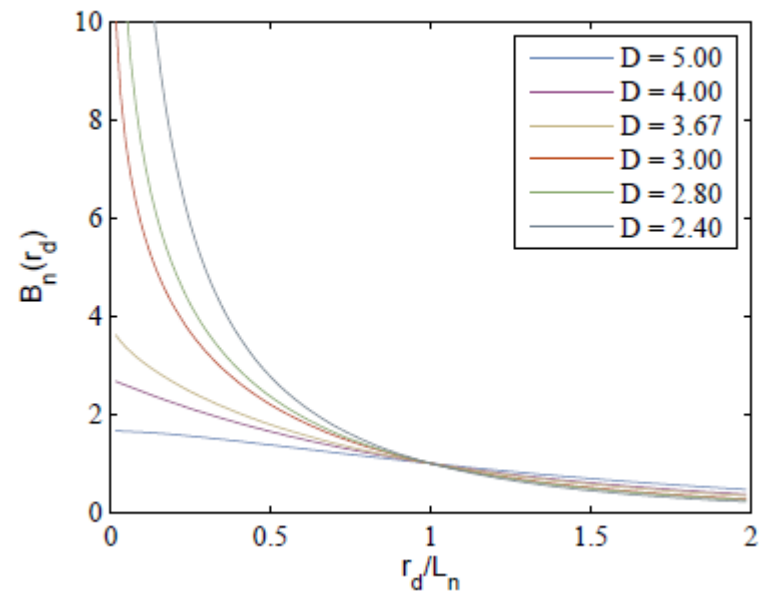
Sensing Subdiffractive Structure: What Is 'Structure'?

- Refractive index (n) $\sim$ local concentration of macromolecules (ρ):
 $n = n_w + \alpha\rho$
- Refractive index correlation function, $B_n(r)$, formulation
- Whittle-Mattern family

$$B_n(r_d) = A_n \cdot \left(\frac{r_d}{L_n}\right)^{\frac{D-3}{2}} \cdot K_{\frac{D-3}{2}}\left(\frac{r_d}{L_n}\right)$$

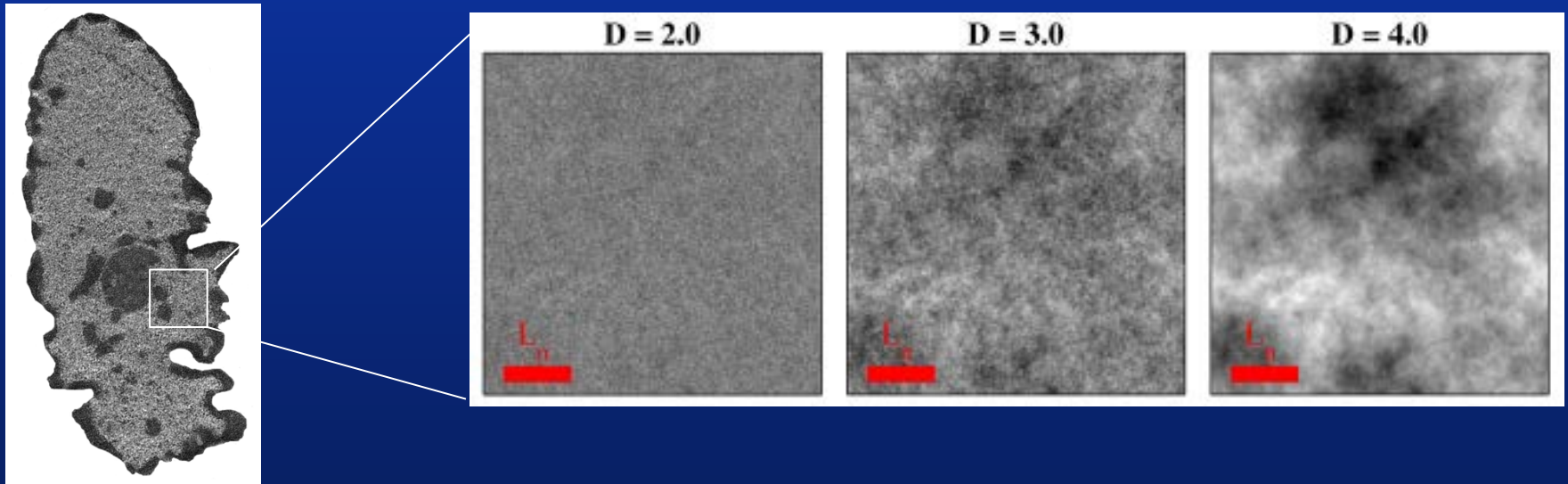
Shape factor D :

- Gaussian: $D \rightarrow \infty$
- exponential: $D = 4$
- stretched exponential: $3 < D < 4$
- Kolmogorov / von Karman: $D = 11/3$
- Henyey-Greenstein: $D = 3$
- power law: $D < 3$



Sensing Subdiffractional Structure: What Is 'Structure'?

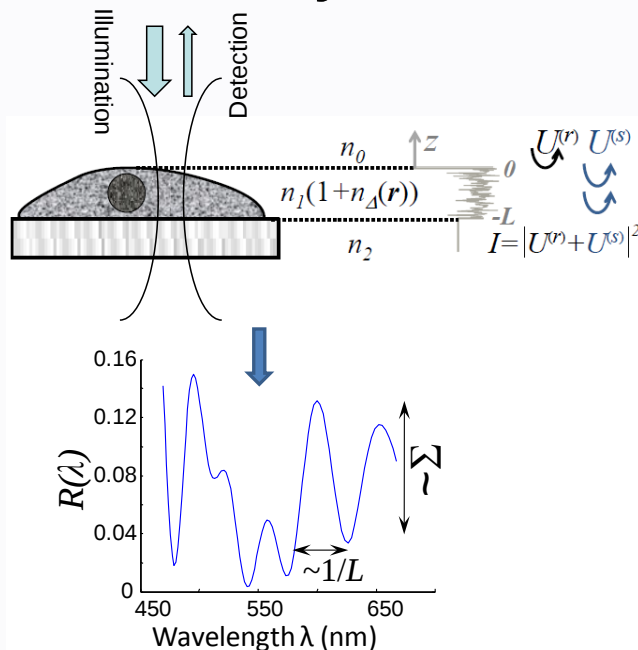
- Refractive index (n) $\sim$ local concentration of macromolecules (ρ):
 $n = n_w + \alpha\rho$
- Refractive index correlation function, $B_n(r)$, formulation



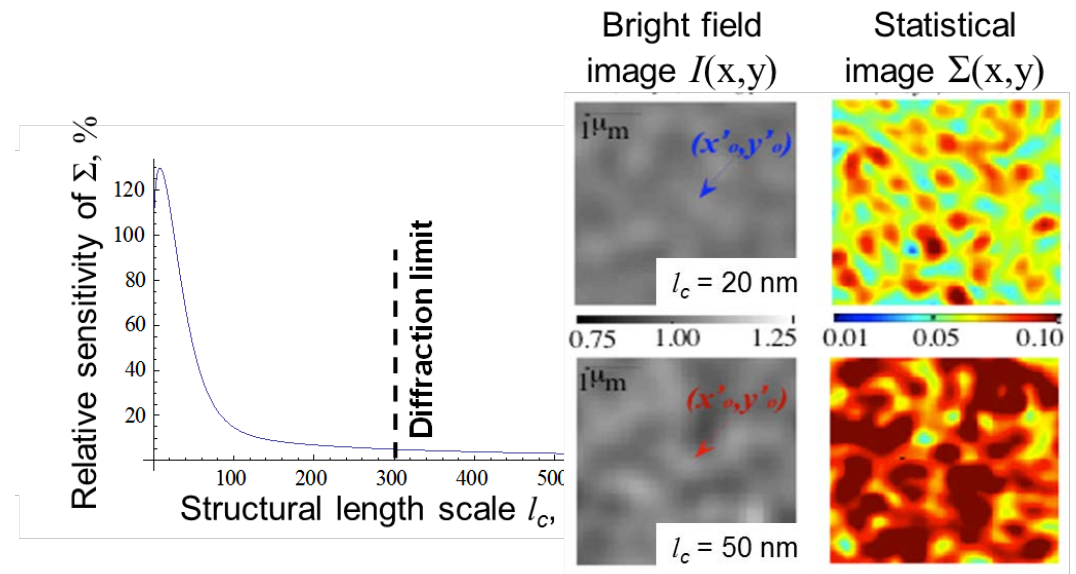
Partial Wave Spectroscopic (PWS) Microscopy: Spectroscopy + Microscopy for Nanoscale Sensing

- **Physics:** Novel theory of the statistical properties of light scattering by coherence volume-restricted complex structures with nanoscale details
- **Technology:** Interference between a reference wave and light scattered by refractive index variations within a coherence volume
 - Second order spectral statistics (Σ) of coherence volume-restricted interference signal is uniquely sensitive to sub-diffractive length scales
- **Application:** Sensing intracellular nanoscale architecture

Fundamental Research: Physics

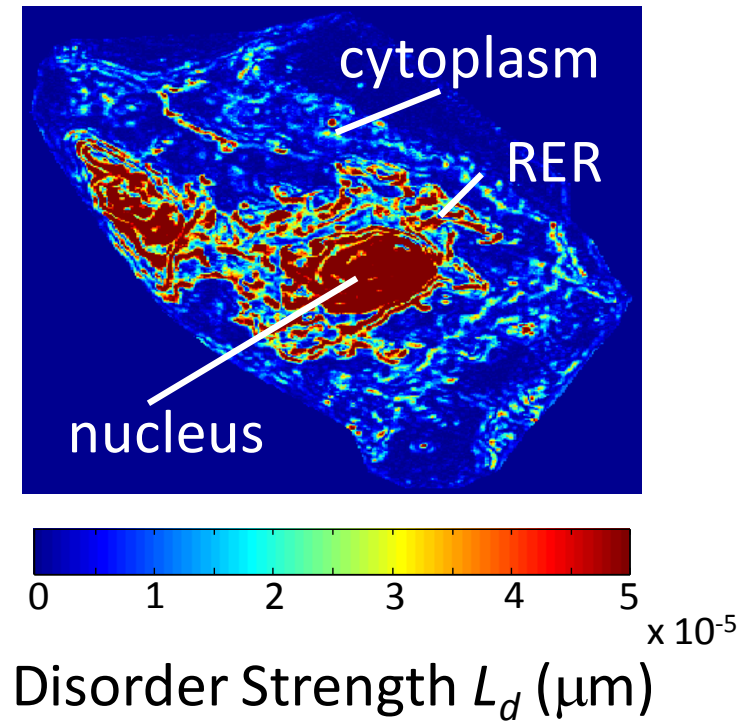
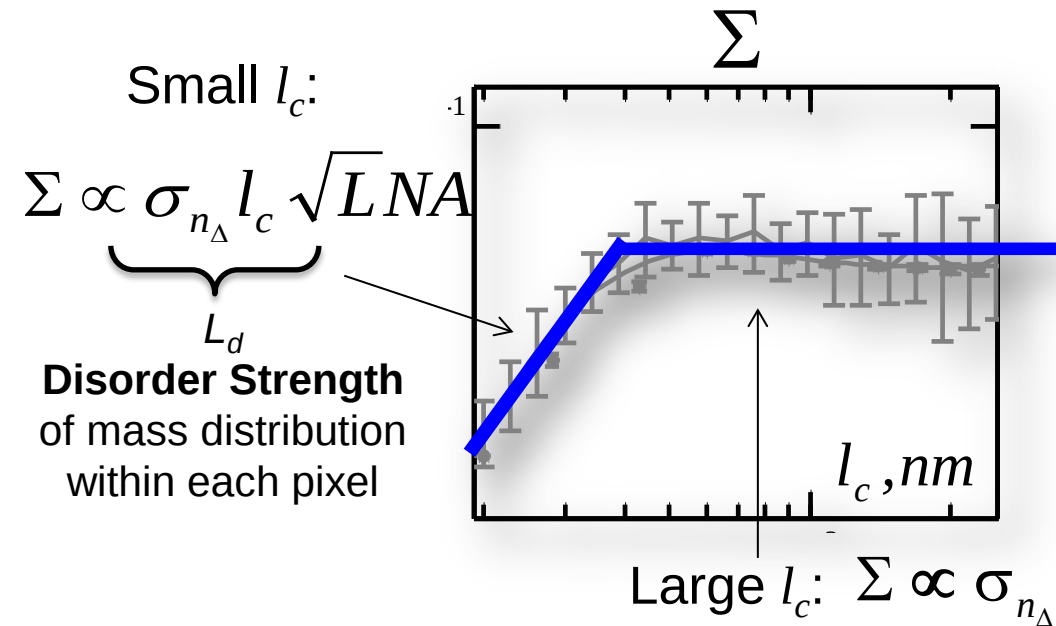


Technology: PWS



- **Not resolvable but detectable!**

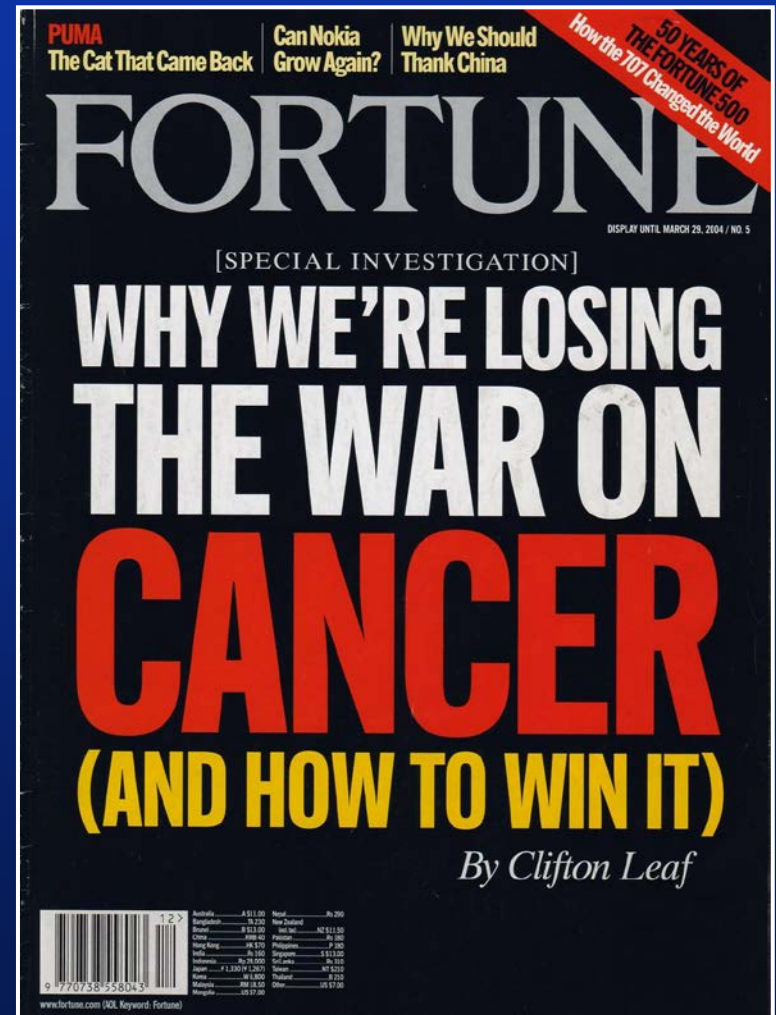
Partial Wave Spectroscopic (PWS) Microscopy: Spectroscopy + Microscopy



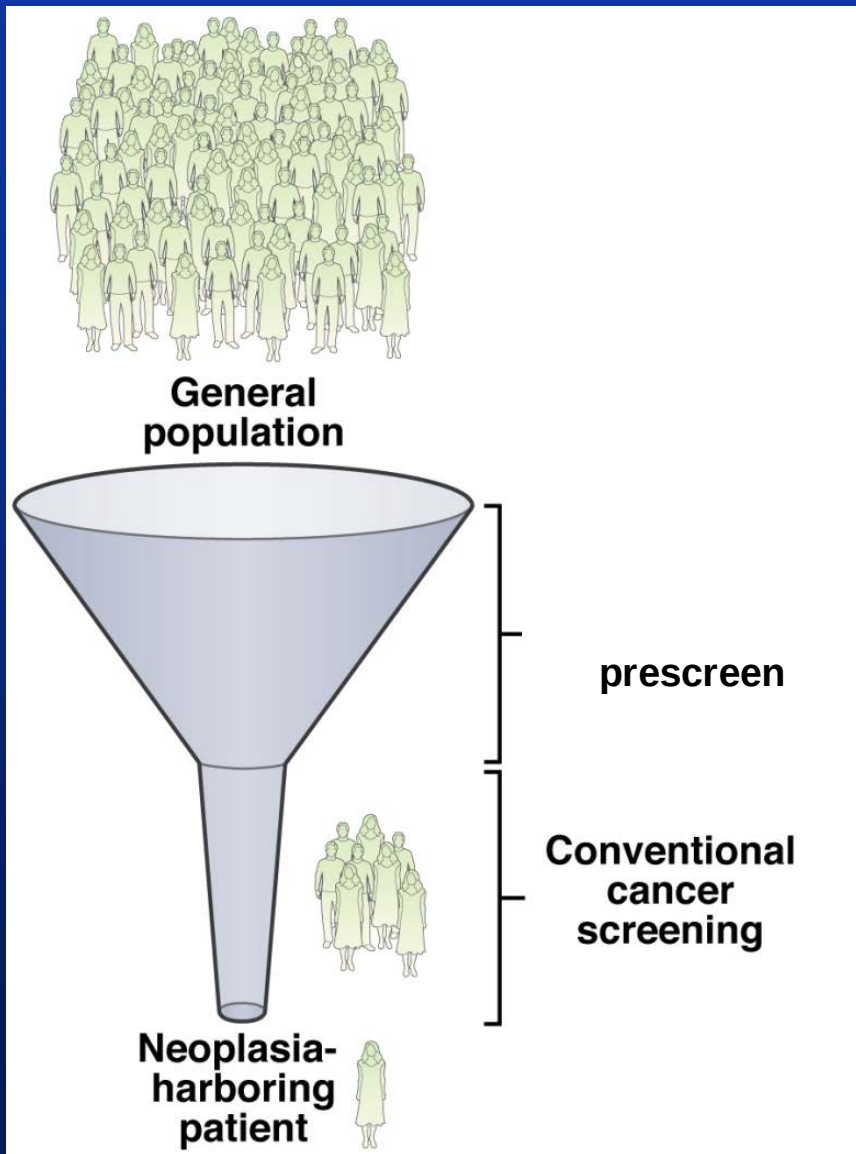
What is a (pre)-cancerous cell?



How to win the war on cancer?

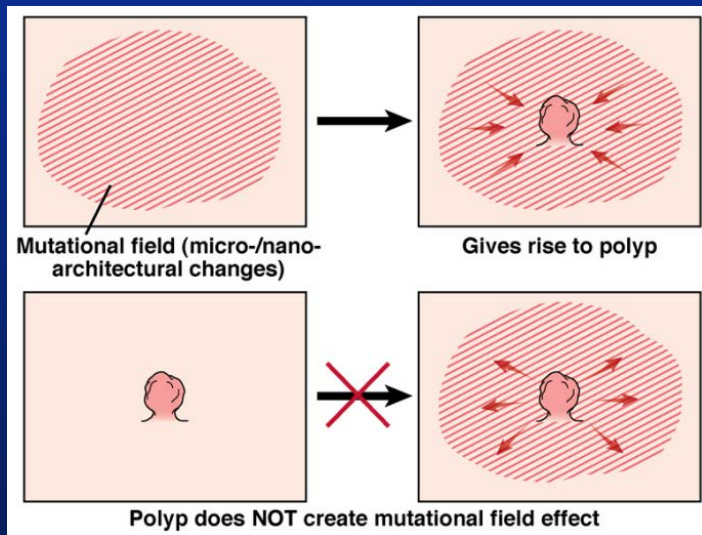
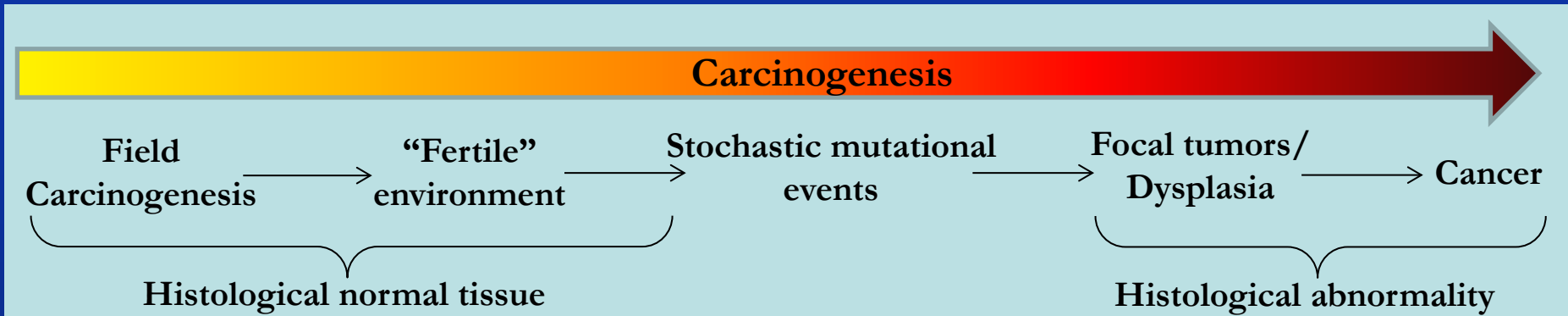


How to win the War on Cancer: Risk Stratification and Two-tier Screening

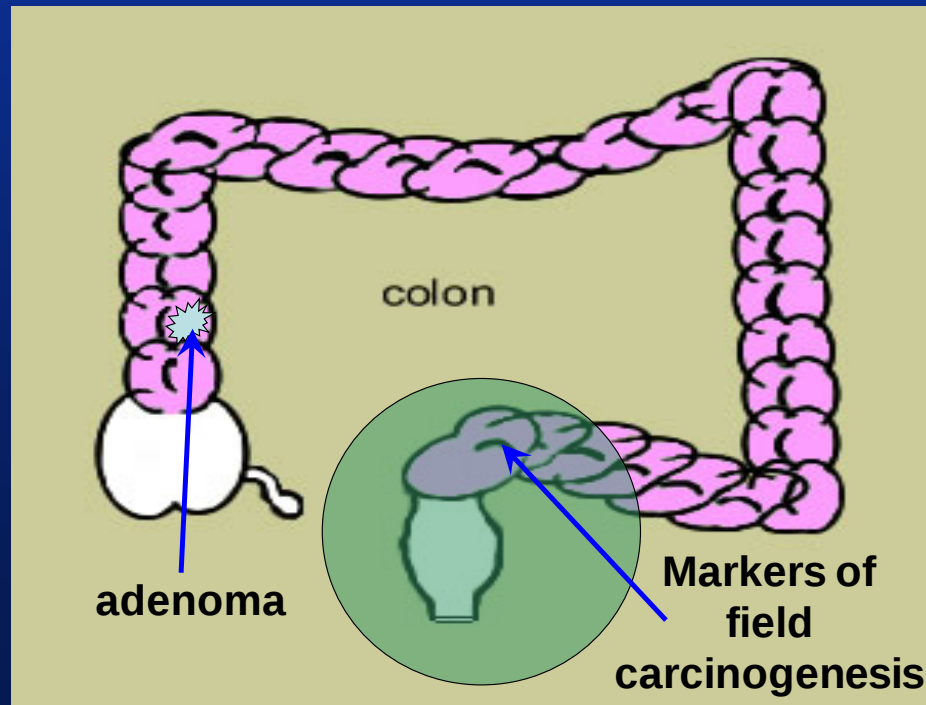


- A solution is risk stratification – a pre-screen to identify patients most likely to benefit from 2nd-tier diagnostic tests
 - Low-cost (cost effective)
 - Primary care setting
 - Non-invasive
 - No/minimal discomfort to patients
 - Sensitive not only to cancers but also to preventable lesions

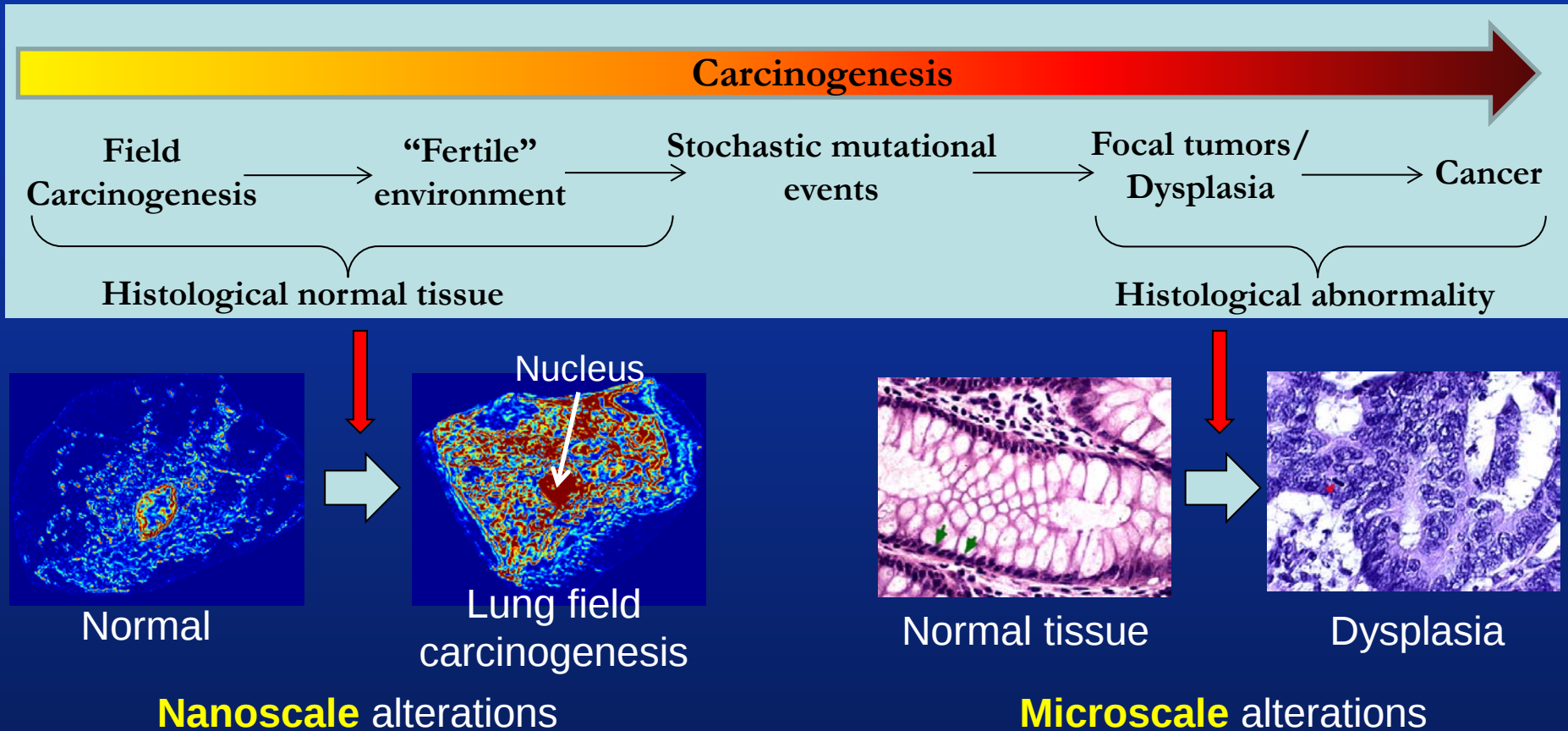
Genetic / Environmental Field Carcinogenesis and Colorectal Tumorigenesis



- Field effect exists in lung, head and neck, colon, breast, ovarian, esophageal, stomach, liver and other cancers.



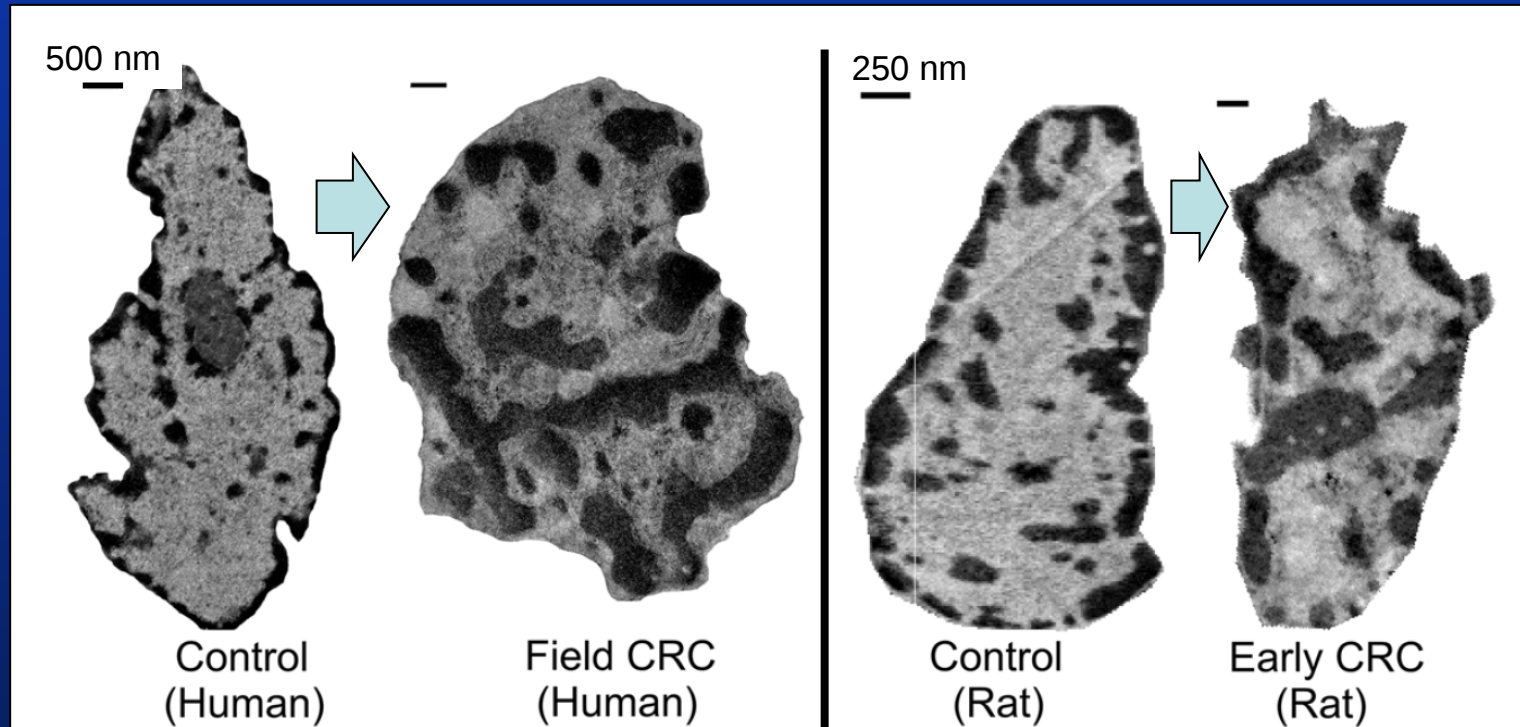
Chromatin Alterations are One of the Best Markers of Carcinogenesis



- **Nanocytology:** chromatin ‘clumping’ in histologically normal cells in field carcinogenesis precedes dysplasia

- **Histopathology:** Chromatin ‘clumping’ (rough/coarse chromatin) is one of the best markers of neoplasia across all solid cancers

CHROMATIN COMPACTION IN FIELD CARCINOGENESIS: TEM Evidence

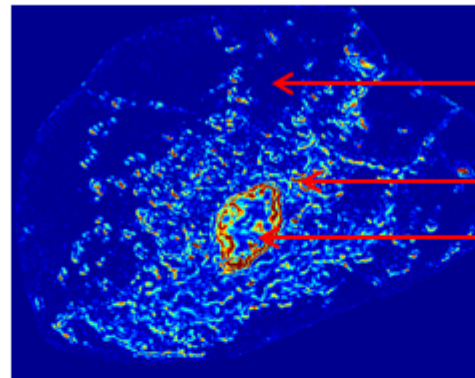
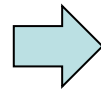


- Histologically normal rectal cell nuclei from control patients and those harboring a pre-cancerous adenoma elsewhere in the colon, representing field CRC.

- Histologically normal colonic cell nuclei from control rats and those treated with azoxymethane (10 weeks, premalignant time point), representing early CRC.

Nano-architectural Alterations in Histologically-Normal Cells in Field Carcinogenesis

Cells from buccal epithelium (cheek cells)

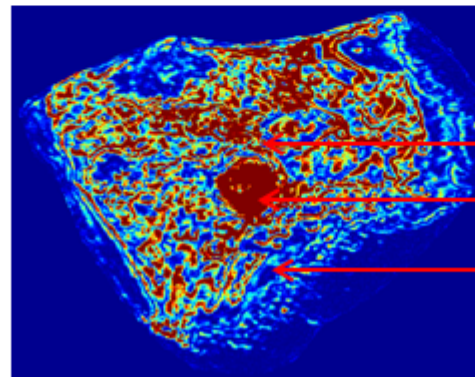


Cytoplasm

RER

Nucleus

Control - Smoker

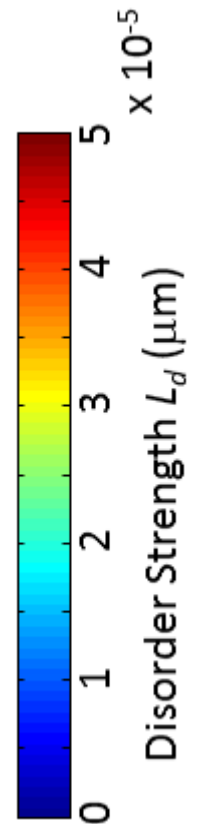


RER

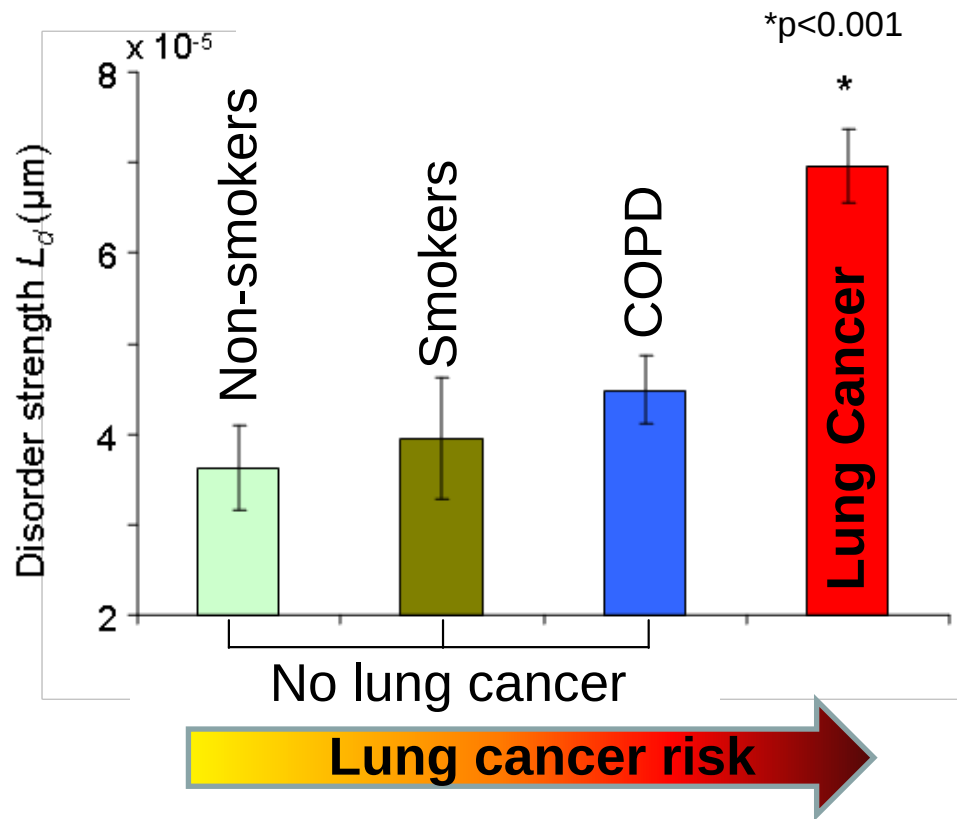
Nucleus

Cytoplasm

Lung Cancer – Non small cell



Disorder Strength of Histologically-Normal Buccal Cells Is Increased in Patients With Lung Cancer



STUDY DETAILS

- Blinded study design
- Cells Brushed from Buccal Mucosa
- Tumor Location: Lung
- 283 subjects
- 30 cells per patient

STUDY RESULTS

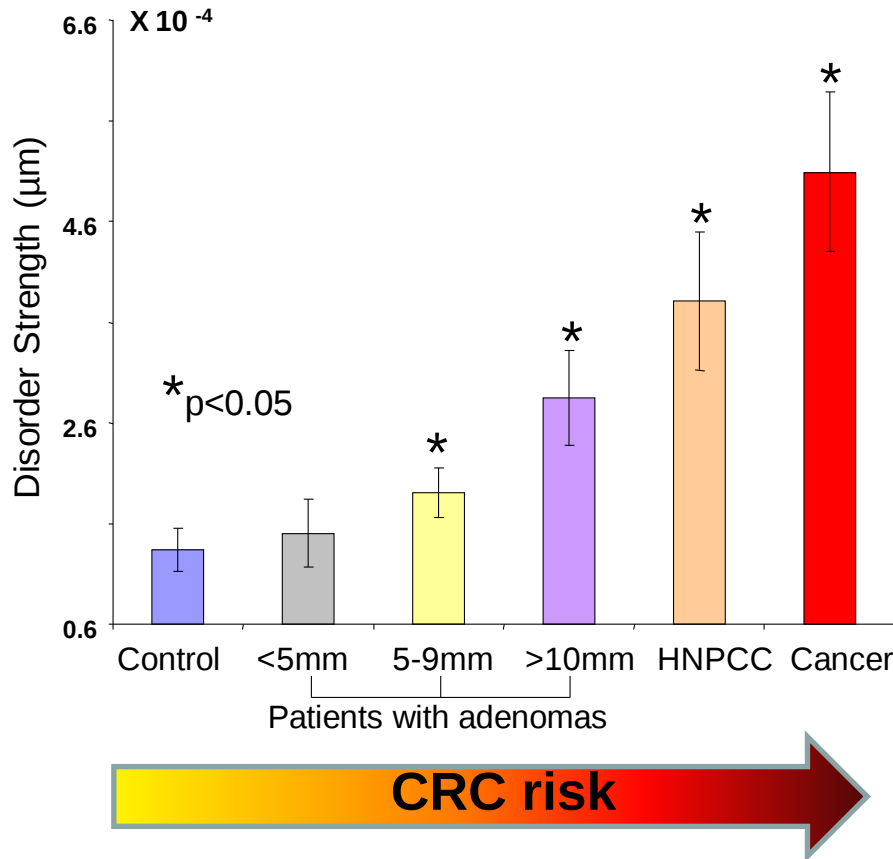
Sensitive to lung cancer irrespective of

- Stage
- Type and sub-type
- Risk and demographic factors

**Nanocytology Performance:
Smokers vs. lung cancer**

Sensitivity	89%
Specificity	95%

Disorder Strength of Histologically-Normal Rectal Cells Is Increased in Patients With Adenomas Elsewhere in the Colon



STUDY DETAILS

- Blinded study design
- Cells Brushed from Rectum
- Adenoma Location: Colon
- 306 subjects
- 30 cells per patient

STUDY RESULTS

Sensitive to adenomas irrespective of

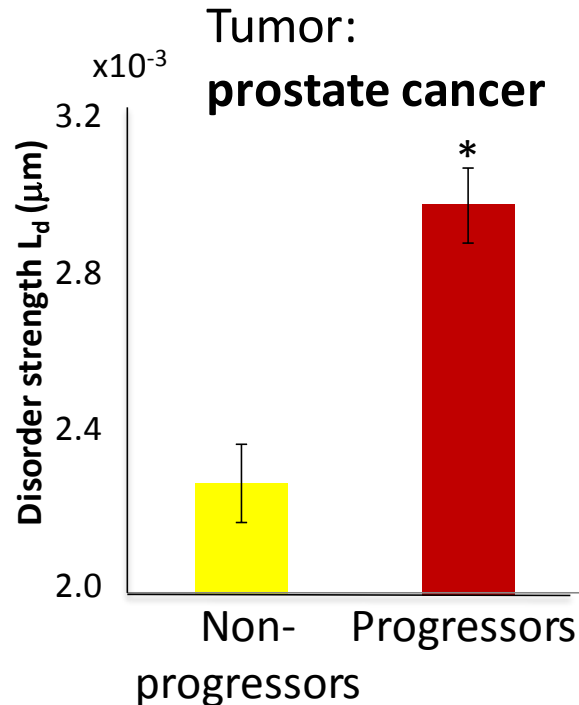
- Adenoma location
- Risk and demographic factors
- Colitis & other non-neoplastic lesions

Nanocytology for patients with advanced adenomas

Sensitivity	85%
Specificity	85%

State-of-the-art	FOBT	FIT	Fecal DNA
Sensitivity	11%	34%	17%

Disorder Strength of Prostate Cells Is Increased in Patients With Aggressive Versus Indolent Cancers



STUDY DETAILS

- Blinded study design
- Nanocytology on prostate biopsy sections
- Prostate biopsy → patients are followed to identify aggressive vs. indolent cancers
- 38 subjects

STUDY RESULTS

Distinguishes aggressive versus indolent prostate cancers

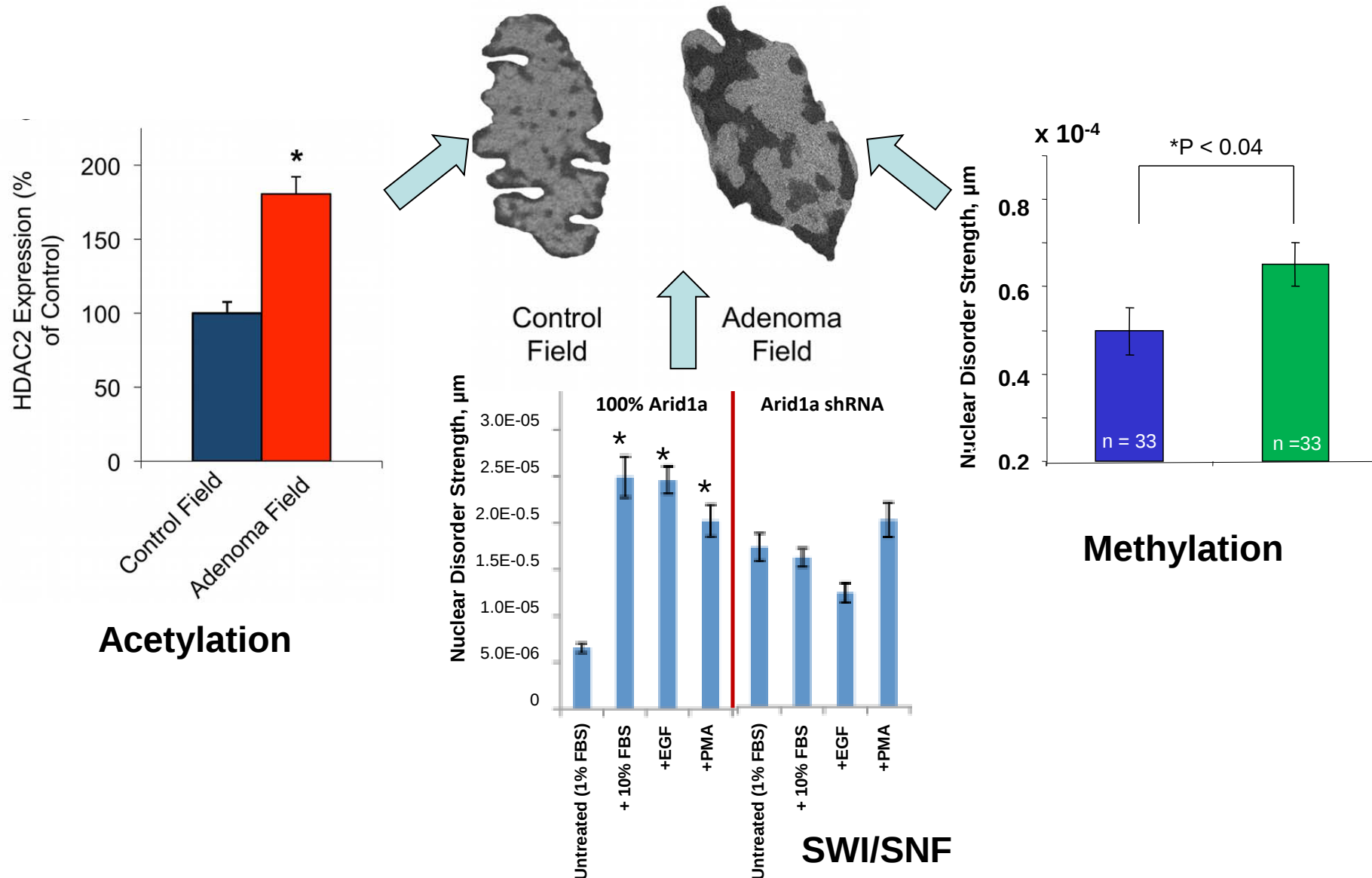
Nanocytology predicts aggressive versus indolent prostate cancers

Sensitivity	80%
Specificity	88%

Nanoscale Alterations: A Universal Event in Carcinogenesis (7 Organ sites, 816 Subjects)

- Lung cancer: buccal cells
- Colon adenomas: rectal cells
- Prostate cancer: aggressive versus indolent cancers
- Ovarian cancer: endocervical cells
- Esophageal dysplasia: upper esophageal cells
- Pancreatic cancer: duodenal cells
- Thyroid cancer

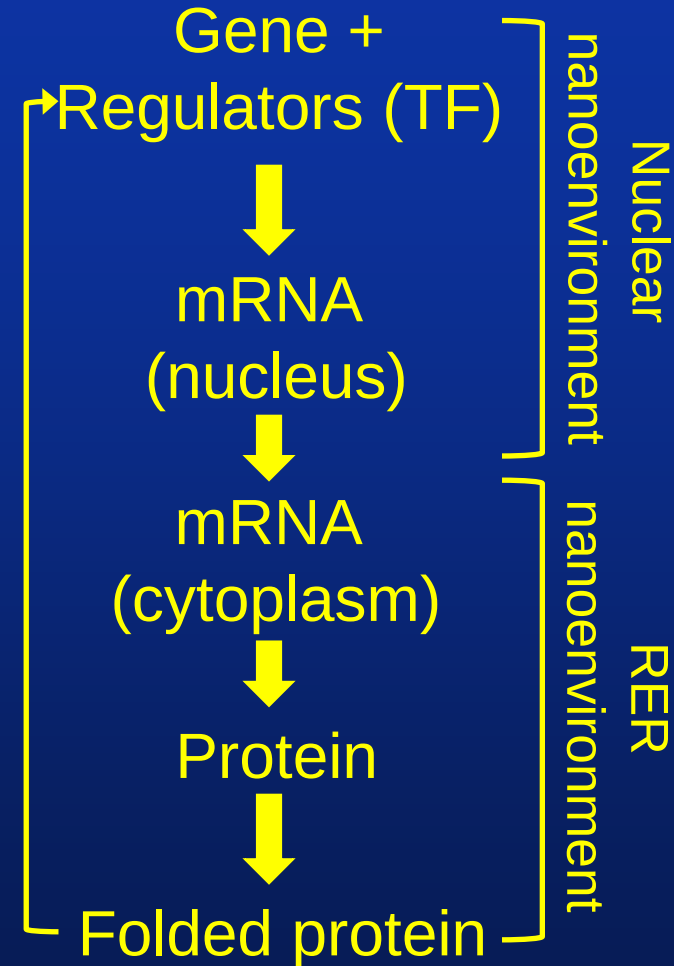
CAUSES: Nanoarchitectural Chromatin Alterations Are a Common Outcome of Multiple Molecular Pathways



CONSEQUENCES: Nanoenvironment Affects Gene Expression

Simplified 1D gene expression process:

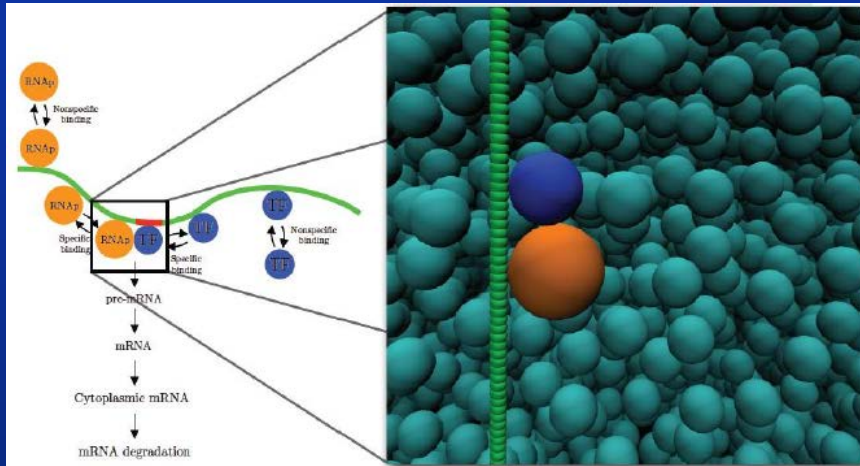
- Transcription
 - DNA-histone interaction
 - Accessibility to transcription factors
 - DNA dehybridization (DNA-helicase activity)
- Post-transcriptional modifications
 - mRNA diffusion from nucleus to RER
 - mRNA degradation by miRNA, etc.
- Translation
 - Protein synthesis
- Post-translational modifications
 - Protein folding
 - Accessibility of chaperons



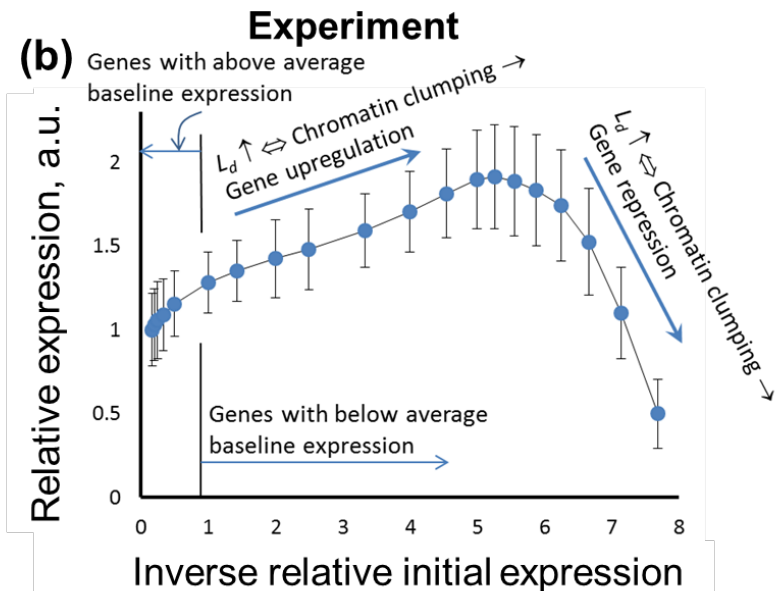
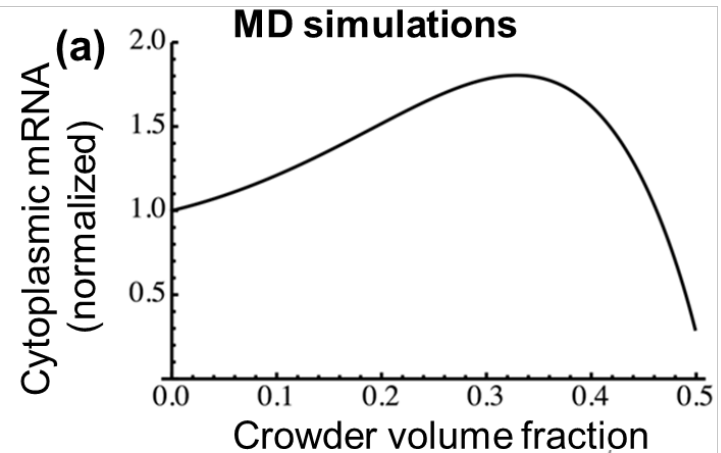
3D gene expression process:

- 3D chromatin packing
- Gene co-localization and co-expression

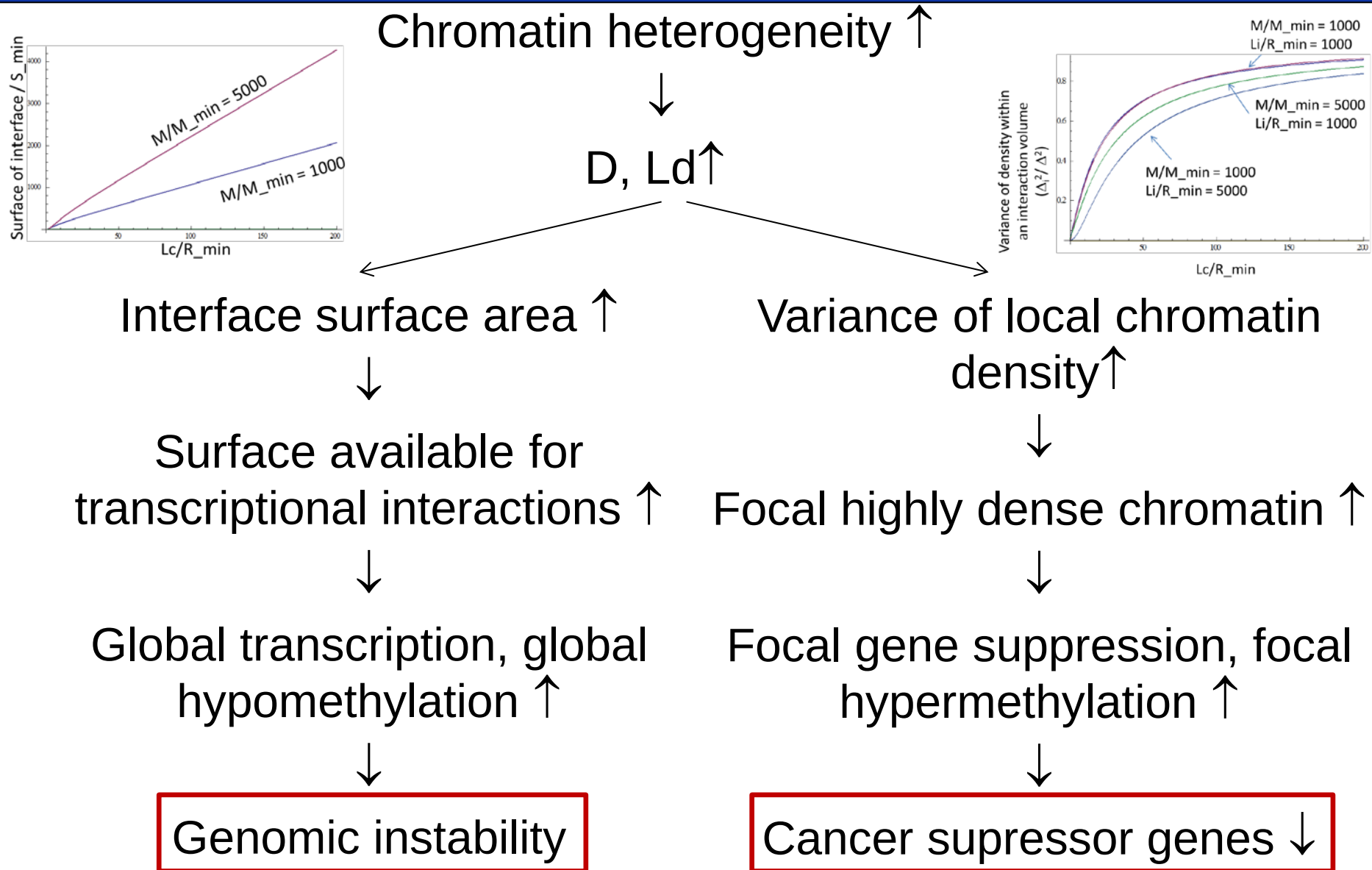
Nanoenvironment Affects Transcription Non-linearly: Systems Molecular Biophysics



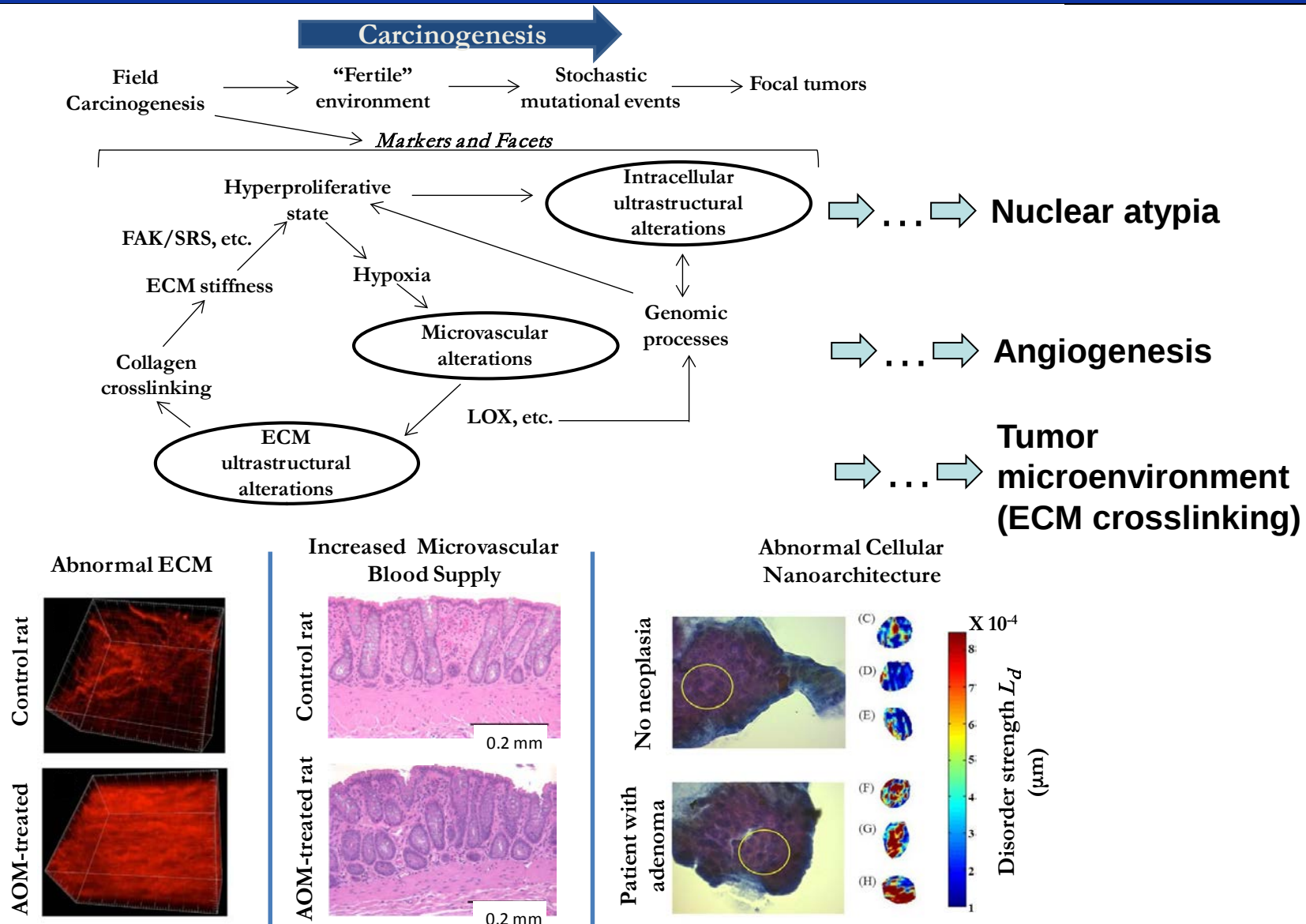
- How does chromatin nanoenvironment regulate gene expression? What are the physical mechanisms?
- Molecular dynamics modeling of gene transcription in a complex nanoenvironment
- Nanoenvironment has a non-monotonic effect on gene transcription
- Other non-monotonic effects: surface area of chromatin accessible to transcription factors, work required for DNA double-helix de-hybridization



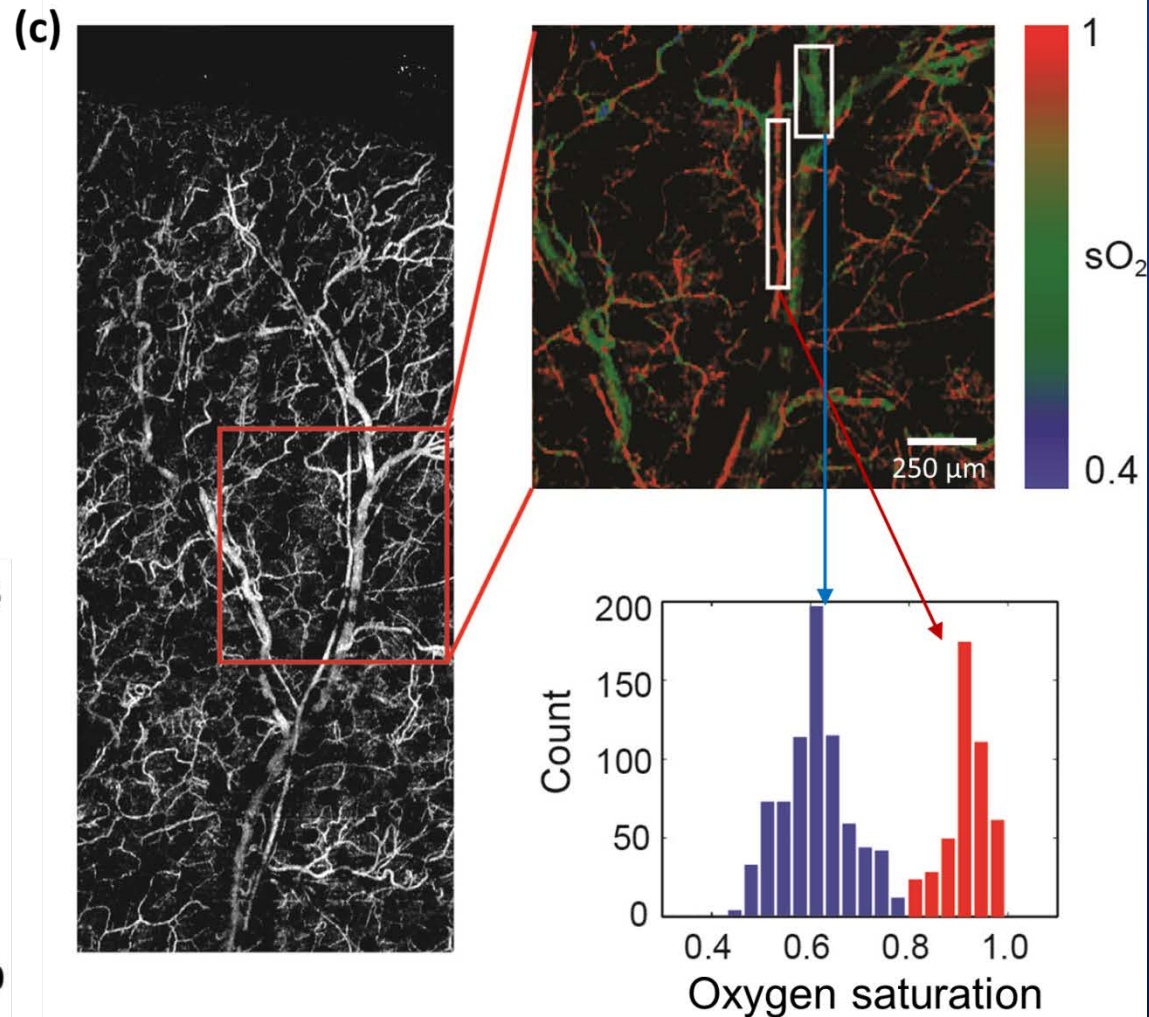
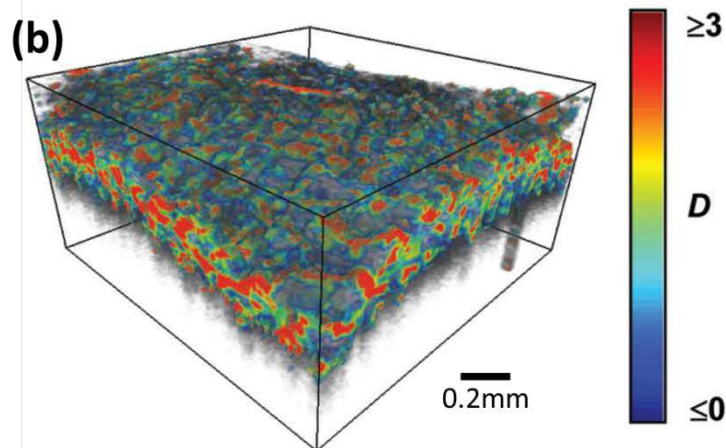
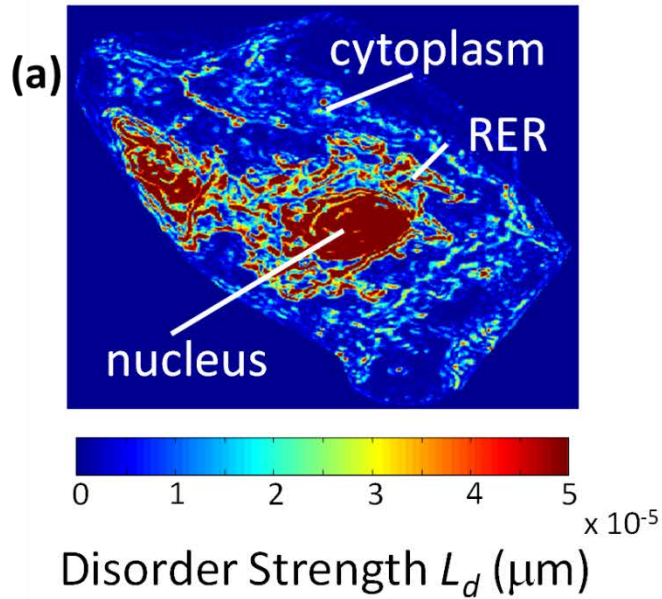
Chromatin Compaction in Early Carcinogenesis: Implications on Transcription



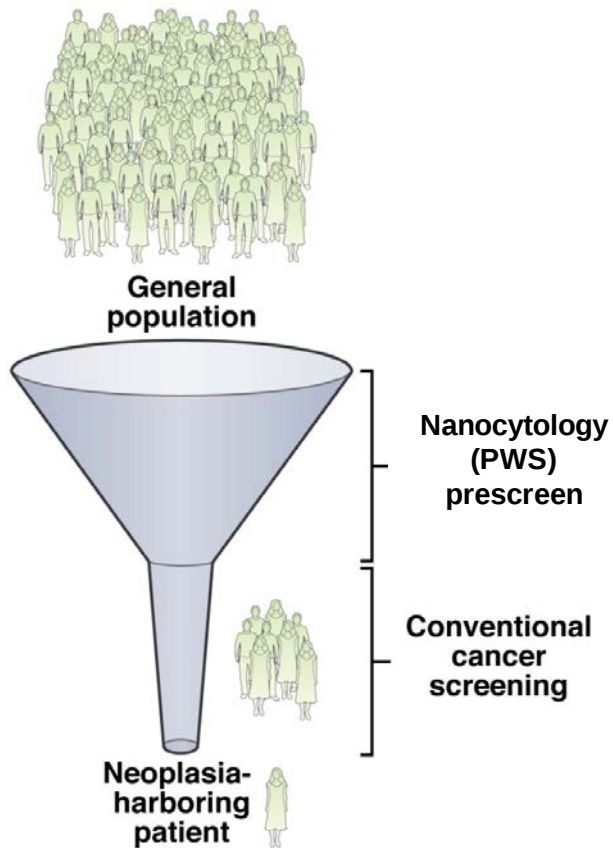
FIELD CARCINOGENESIS: Multiple Alterations Precede Tumors



Detecting ECM and Microvascular Alterations Using ISOCT



SOCIETAL IMPLICATIONS: Population Screening

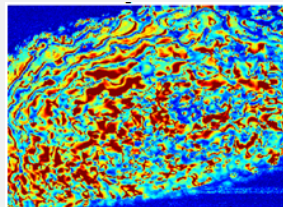


ANNUAL POPULATION SCREENING DURING ANNUAL EXAM

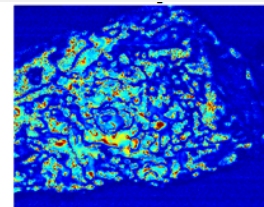
Cells brushed from an easily accessible surrogate site

Nanocytology prescreen: Increase in disorder of cell nanoarchitecture

Neoplasia



No Neoplasia



Identification of patients at risk for harboring neoplasia

Most patients are screened
Patients are more compliant
Better allocation of healthcare resources

CANCER SITE	SURROGATE SITE
Colon	Rectum
Pancreas	Duodenum
Lung	Oral Cavity
Ovary	Uterus/Cervix
Esophagus	Upper Esophagus
Bladder	Urine
...	...

Approach to Population Screening

Estimated New Cases*

Cancer Incidence and Mortality: 2010

Males			Females		
Prostate	217,730	28%	Breast	207,090	28%
Lung & bronchus	116,750	15%	Lung & bronchus	105,770	14%
Colon & rectum	72,090	9%	Colon & rectum	70,480	10%
Urinary bladder	52,760	7%	Uterine corpus	43,470	6%
Melanoma of the skin	38,870	5%	Thyroid	33,930	5%
Non-Hodgkin lymphoma	35,380	4%	Non-Hodgkin lymphoma	30,160	4%
Kidney & renal pelvis	35,370	4%	Melanoma of the skin	29,260	4%
Oral cavity & pharynx	25,420	3%	Kidney & renal pelvis	22,870	3%
Leukemia	24,690	3%	Ovary	21,880	3%
Pancreas	21,370	3%	Pancreas	21,770	3%
All Sites	789,620	100%	All Sites	739,940	100%

Estimated Deaths

Males			Females		
Lung & bronchus	86,220	29%	Lung & bronchus	71,080	26%
Prostate	32,050	11%	Breast	39,840	15%
Colon & rectum	26,580	9%	Colon & rectum	24,790	9%
Pancreas	18,770	6%	Pancreas	18,030	7%
Liver & intrahepatic bile duct	12,720	4%	Ovary	13,850	5%
Leukemia	12,660	4%	Non-Hodgkin lymphoma	9,500	4%
Esophagus	11,650	4%	Leukemia	9,180	3%
Non-Hodgkin lymphoma	10,710	4%	Uterine Corpus	7,950	3%
Urinary bladder	10,410	3%	Liver & intrahepatic bile duct	6,190	2%
Kidney & renal pelvis	8,210	3%	Brain & other nervous system	5,720	2%
All Sites	299,200	100%	All Sites	270,290	100%

☐ Clinical data
☐ Potential/planned

Acknowledgements

Northwestern University

Hariharan Subramanian, Ph.D.
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