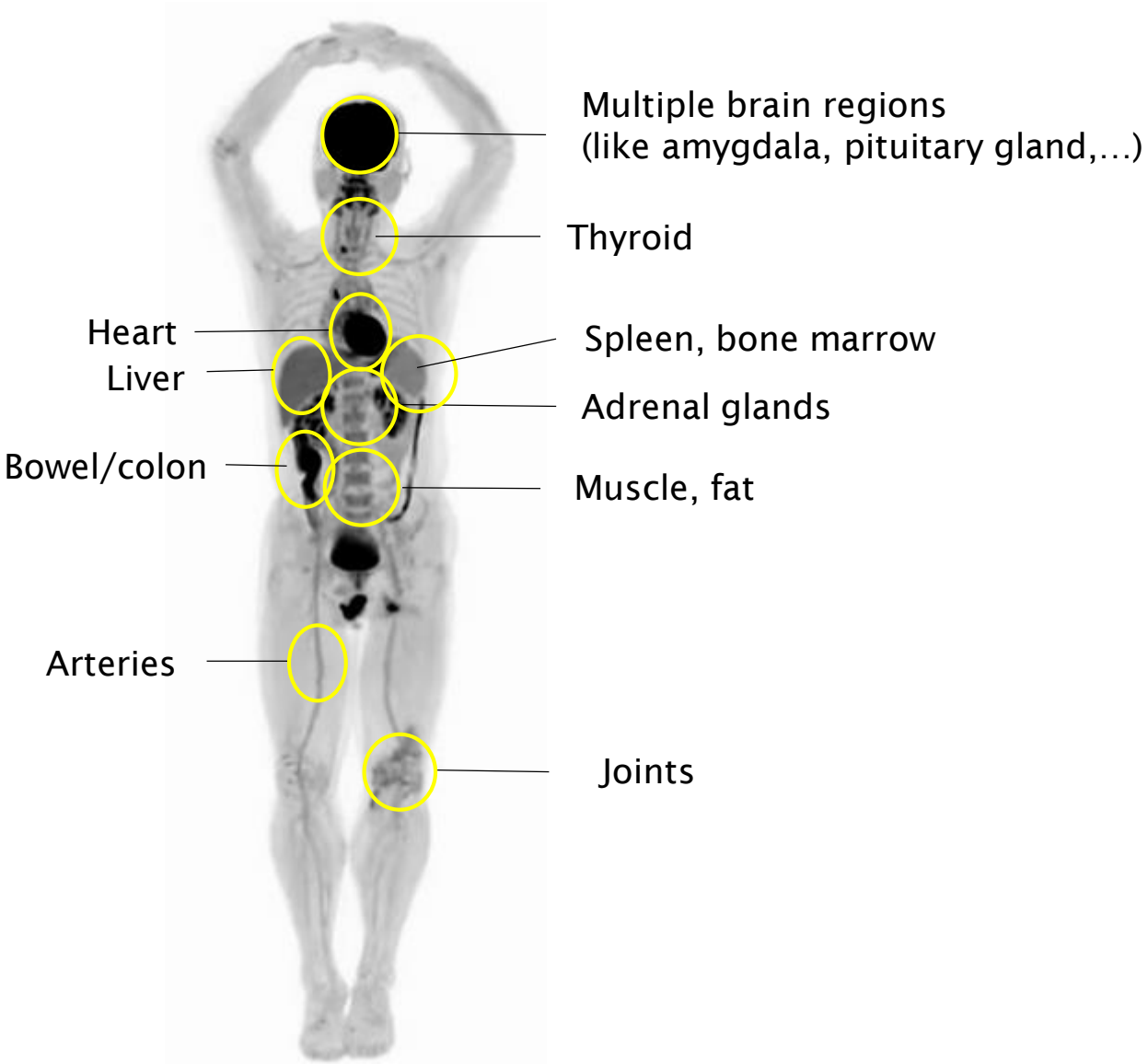
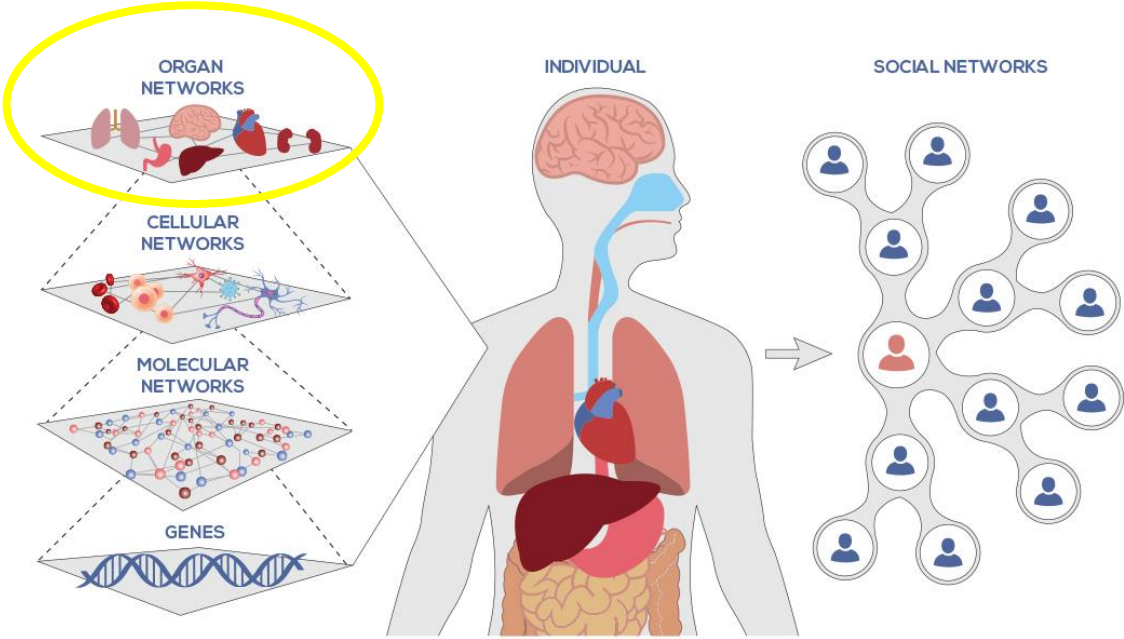


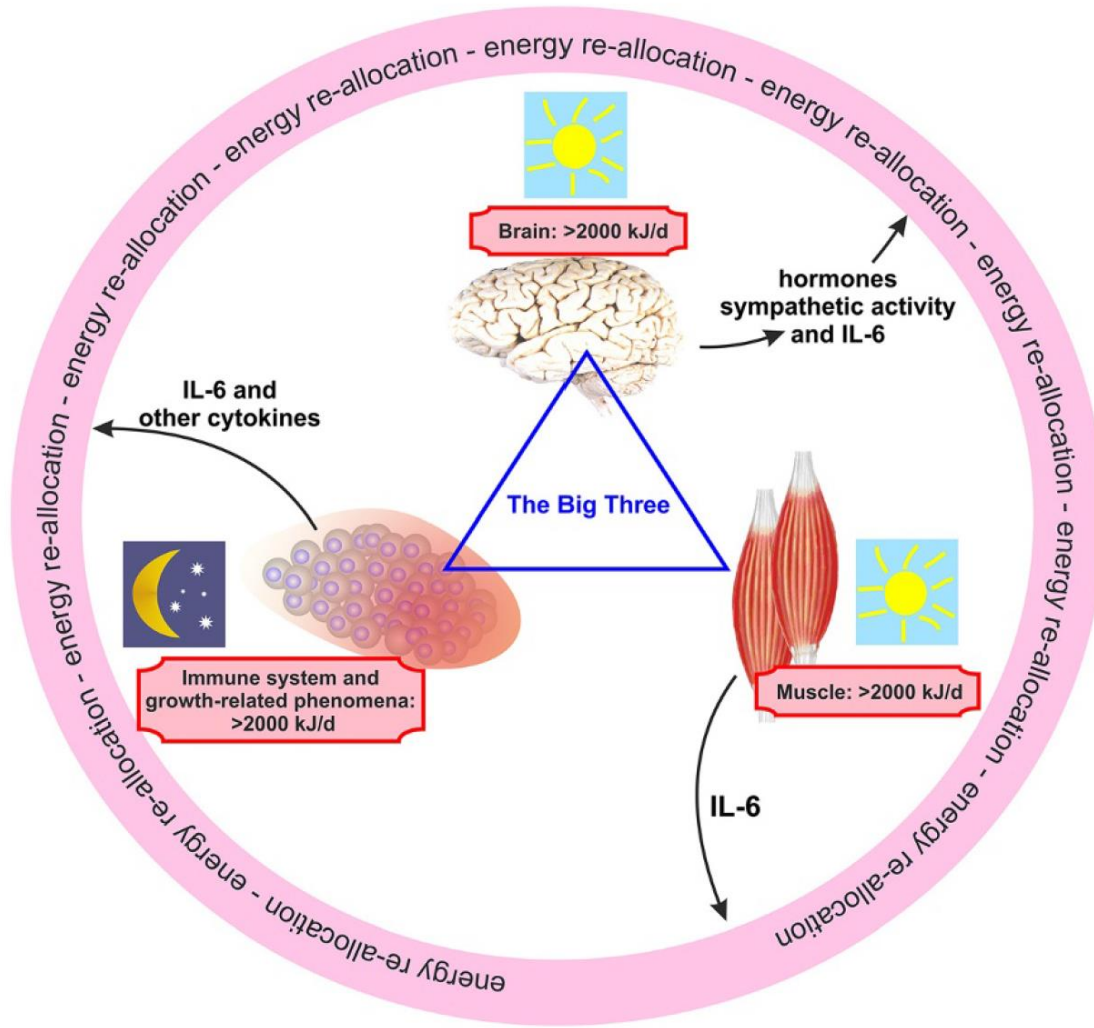
Stress and Lung Cancer

Univ.-Prof. Dr. Med. Marcus Hacker

Total Body FDG-PET in Network Medicine

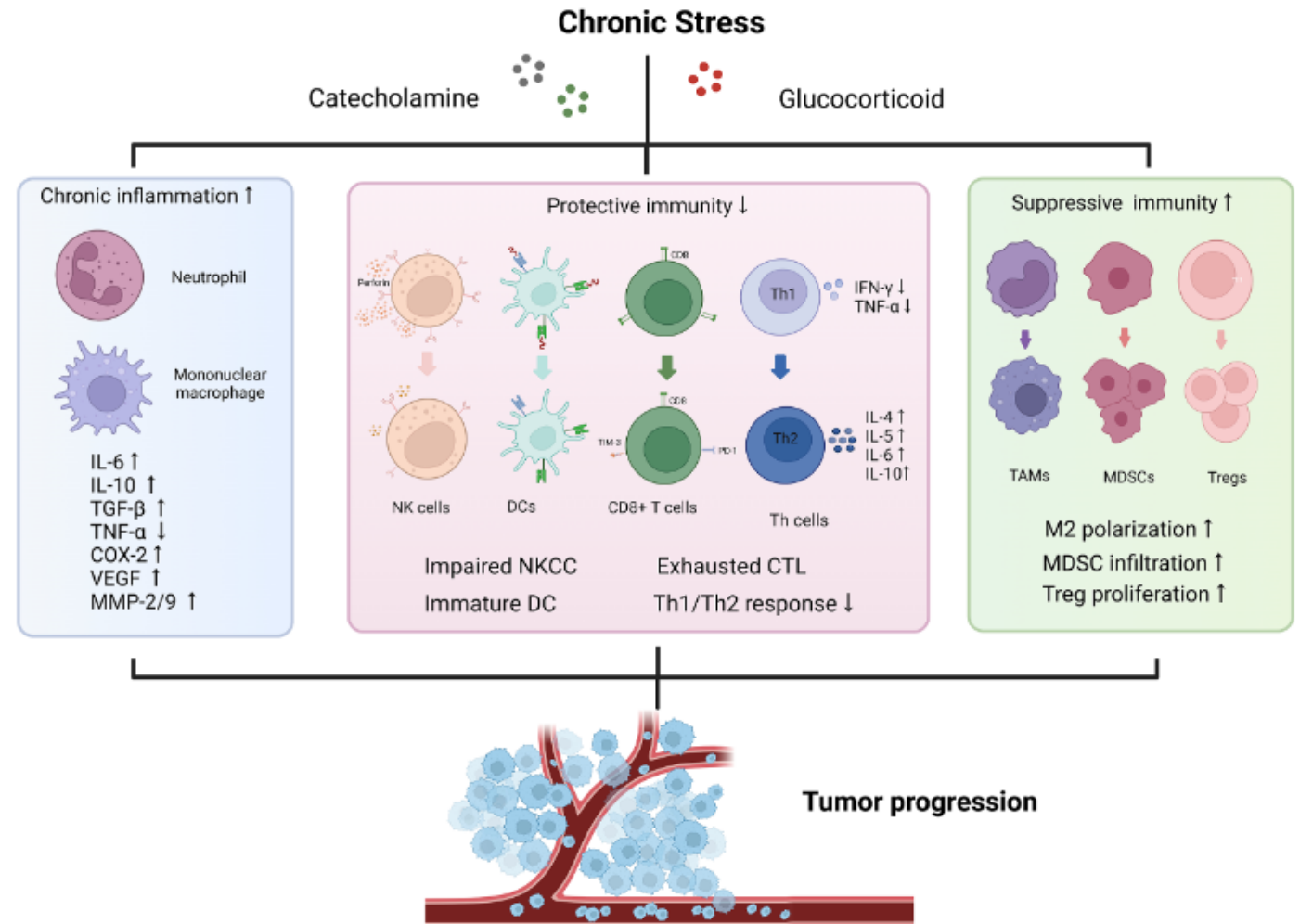
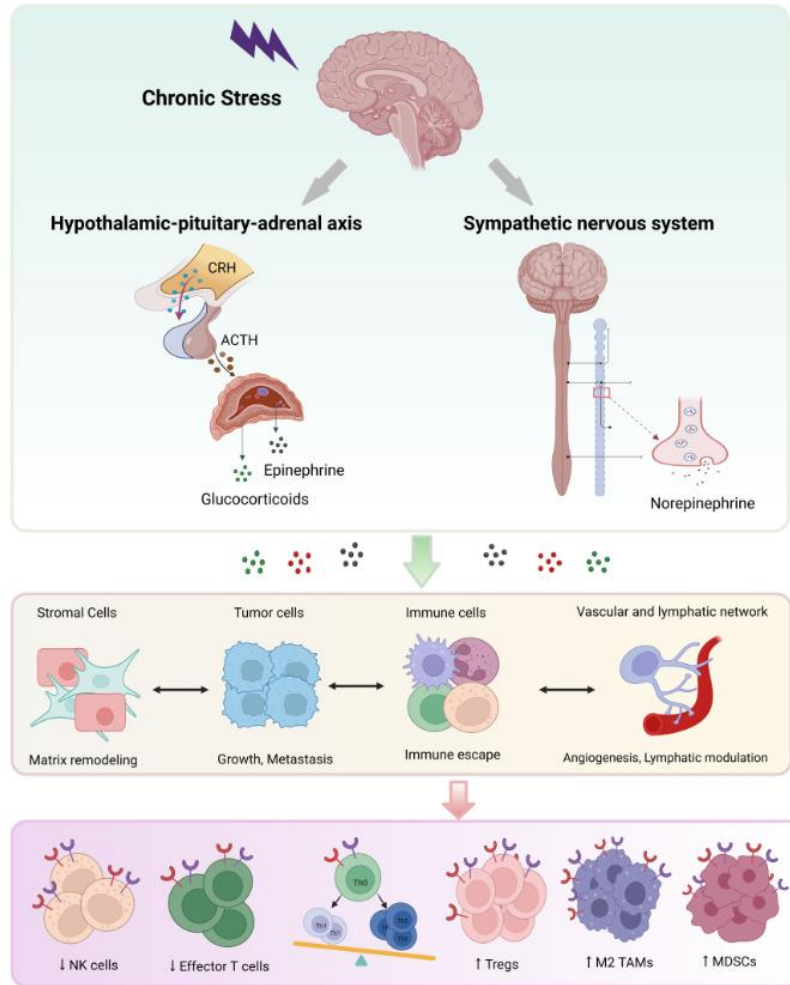


Energy Consumption of the Body: „the big three“

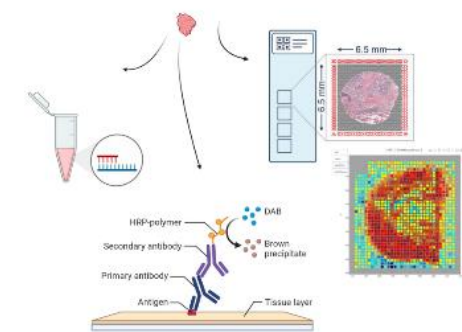
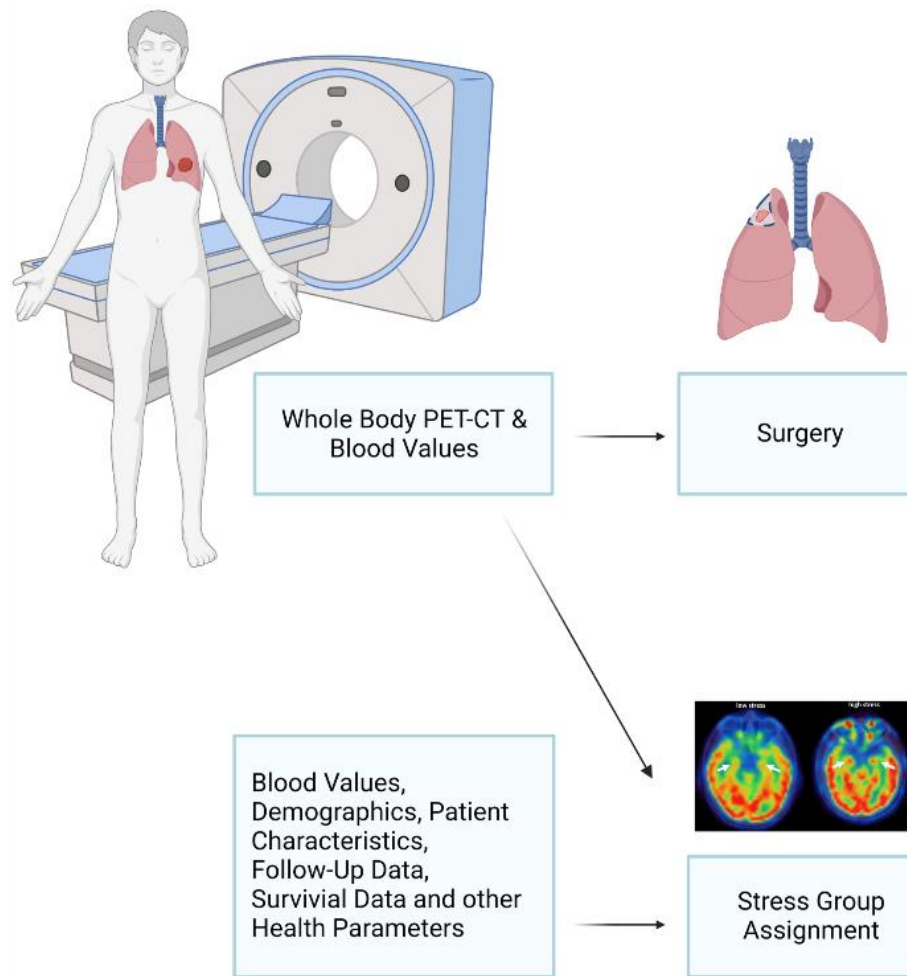
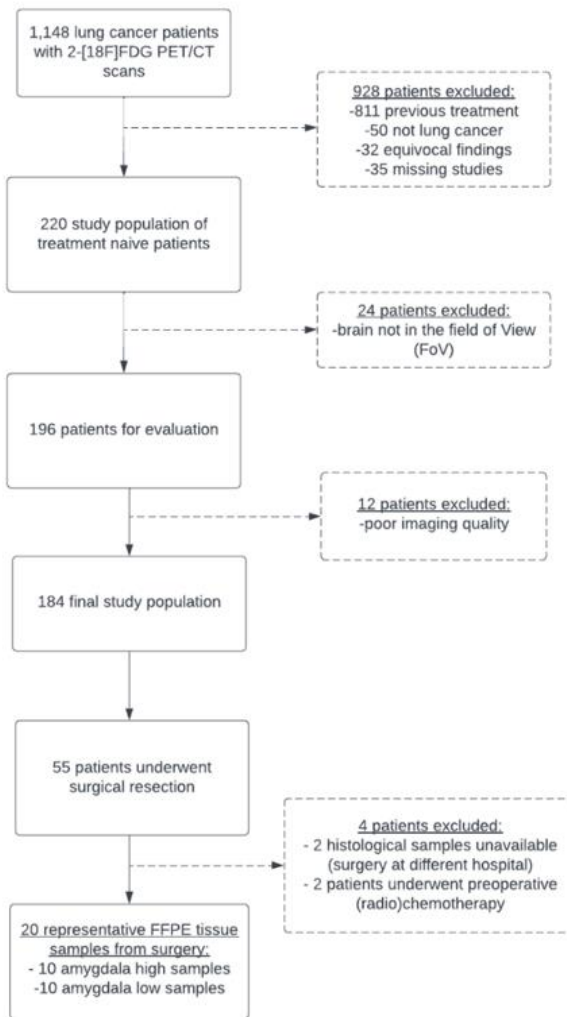


System/organ	Energy expenditure per day (kJ/day)
Basal metabolic rate	7000
Total body with usual activity	10,000
Total body of a <i>Tour de France</i> bicyclist	30,000 ^a
Total body during minor surgery	11,000
Total body with multiple bone fractures	11,500–13,000
Total body with sepsis	15,000
Total body with extensive burns	20,000
Immune system under normal conditions	1600 ^b
Immune system moderately activated	1750–2080 ^b
Central nervous system	2000
Muscles at rest	2500
Muscles activated	2500 to more than 6000
Thoracic organs (together)	1600–2400
Abdominal organs (together)	3000–3700

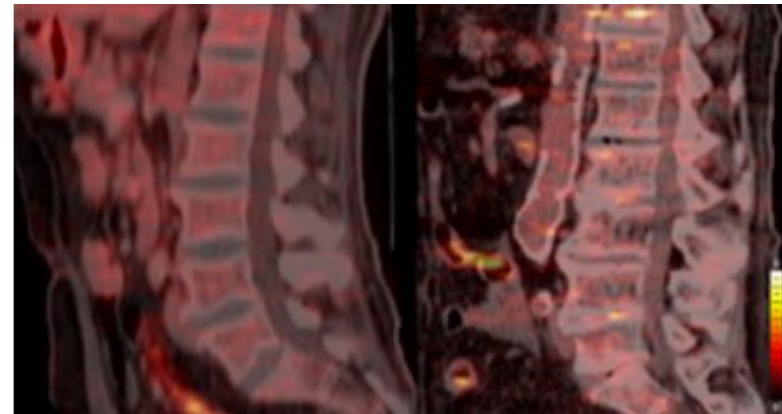
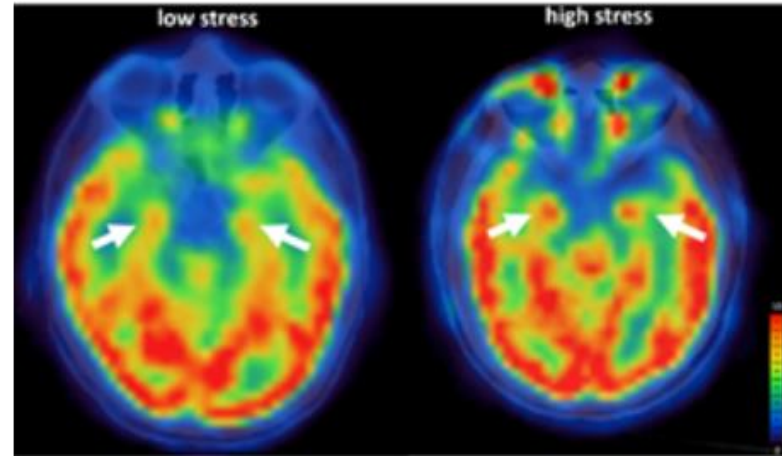
Stress, Cancer and the Immune System



„Emotional“ Stress and Treatment Naïve Lung Cancer



„Emotional“ **Stress** and Treatment Naïve Lung Cancer



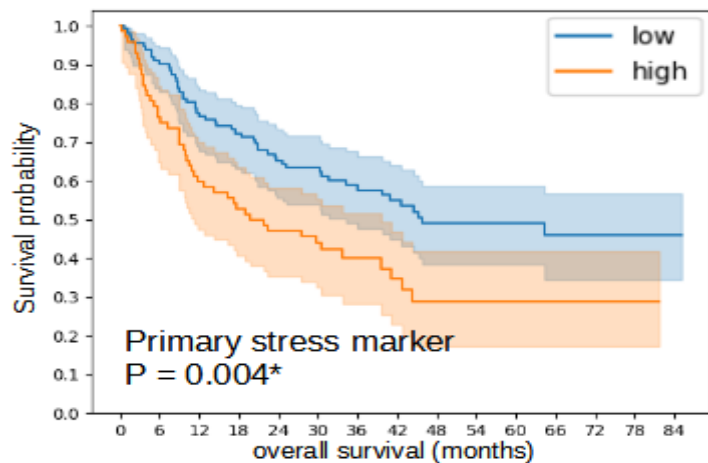
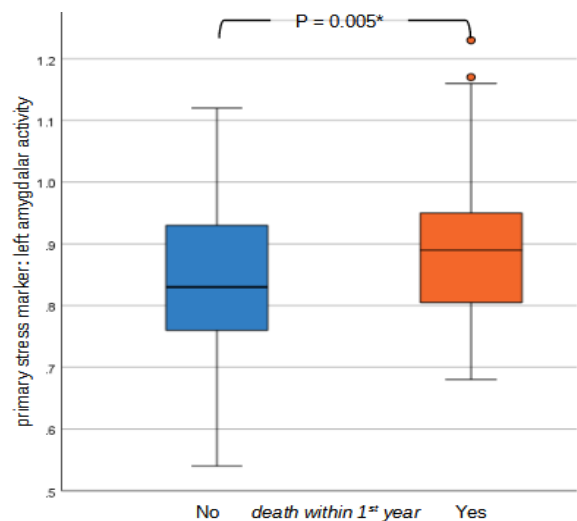
„Emotional“ Stress and Treatment Naïve Lung Cancer

	Full cohort	AMAhigh	AMALow	P-value
Full cohort (percent cohort)	184	72 (67 %)	112 (33 %)	
Male (percent male)	101 (55%)	40 (56 %)	61 (54 %)	0.86
Age in years (SD)	65.4 (10)	65.7 (10)	65.1 (10)	0.72
BMI in kg/m ² (SD)	25.9 (5)	25.7 (5)	26.0 (5)	0.67
Smoking status				
No history of smoking	15 (8%)	5 (3%)	10 (5%)	0.8
Current/former smoker	163 (89%)	65 (90%)	98 (88%)	0.8
Package years (SD) of smokers	39 (27)	41 (28)	37 (26)	0.41
Histology				
AC	97 (53 %)	37 (52 %)	60 (54 %)	0.88
SCC	53 (29 %)	22 (31 %)	31 (28 %)	0.74
NSCLC	17 (9 %)	5 (7 %)	12 (11 %)	0.44
SCLC	11 (6 %)	4 (6 %)	7 (6 %)	1.00
Stage				
I-II	52 (28%)	18 (25%)	34 (30%)	0.50
III-IV	132 (72%)	54 (75%)	78 (70%)	0.50

	Full cohort	AMAhigh	AMALow	P-value
Treatment				
Surgery	55 (30 %)	20 (28 %)	35 (31 %)	0.74
Chemotherapy	78 (42 %)	27 (38 %)	51 (46 %)	0.34
Radiotherapy	60 (30 %)	24 (33 %)	36 (32 %)	0.87
Immunotherapy	15 (8 %)	10 (14 %)	5 (4 %)	0.04*
Inflammation markers:				
Leukocytes [G/l] (SD)	9.2 (2.8)	9.5 (3.0)	9.0 (2.6)	0.31
Neutrophile/lymphocyte ratio (SD)	4.1 (2.7)	4.5 (2.9)	3.9 (2.5)	0.25
CRP [mg/dl] (SD)	3.4 (7.0)	5.0 (9.5)	2.4 (4.6)	0.02*
Bone marrow SNR _{max} (SD)	1.5 (1.3)	1.8 (1.3)	1.4 (1.3)	0.02*
Tumor metabolism marker:				0.27
TLG (SD)	553 (882)	496 (784)	642 (1015)	0.27

TLG: Tumor Lesion Glycolysis

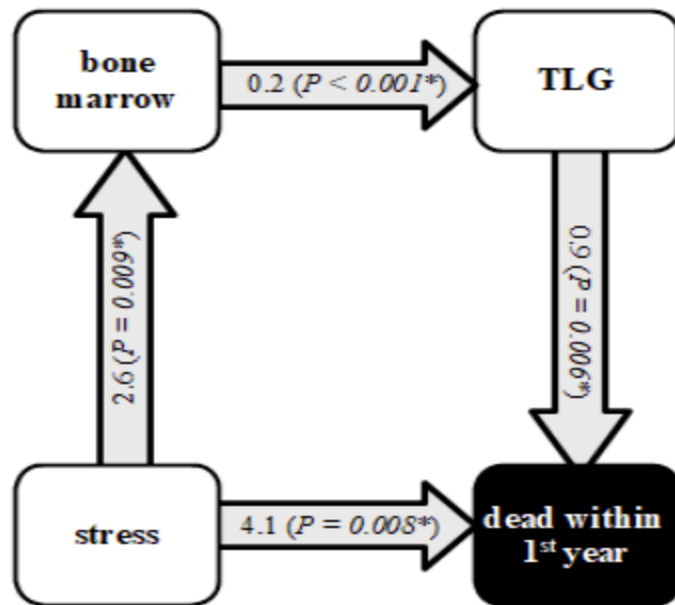
„Emotional“ Stress and Treatment Naïve Lung Cancer



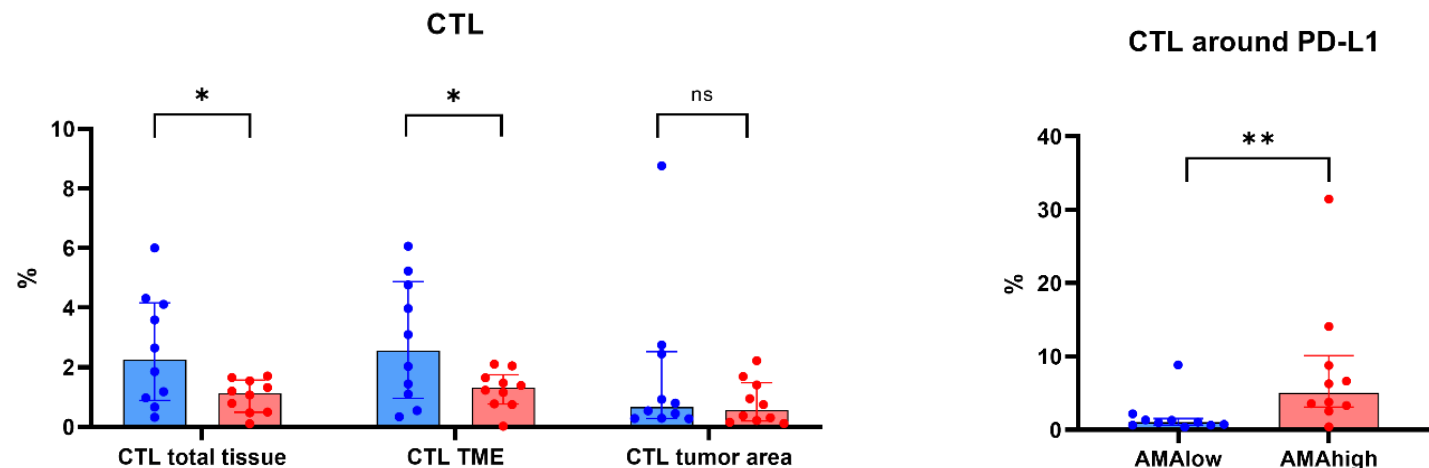
Parameter	Univariate			Multivariate		
	HR	95 % CI	P-value	HR	95 % CI	P-value
Primary stress marker: left mean Amygdala activity	29.7	3.4 - 257.4	0.002*	67.7	7.3 - 625.2	< 0.001*
Secondary stress marker: left maximum Amygdala activity	4.7	1.2 - 17.4	0.02*	6.4	1.9 - 22.0	0.003*
Leucocytes	1.0	0.9 - 1.1	0.9			
CRP	1.0	0.97 - 1.04	0.8			
Bone marrow activity	1.1	0.95 - 1.2	0.2			
BMI	1.0	0.9 - 1.1	0.9			
Age	1.0	0.97 - 1.03	0.96			
Sex	1.0	0.6 - 1.7	0.97			
Smoker	2.7	0.6 - 10.9	0.18			
Package years	1.0	0.98 - 1.01	0.99			
TLG	1.1	1.04 - 1.09	< 0.001*	1.1	1.03 - 1.08	< 0.001*

„Emotional“ Stress and Treatment Naïve Lung Cancer

Mediation Analysis



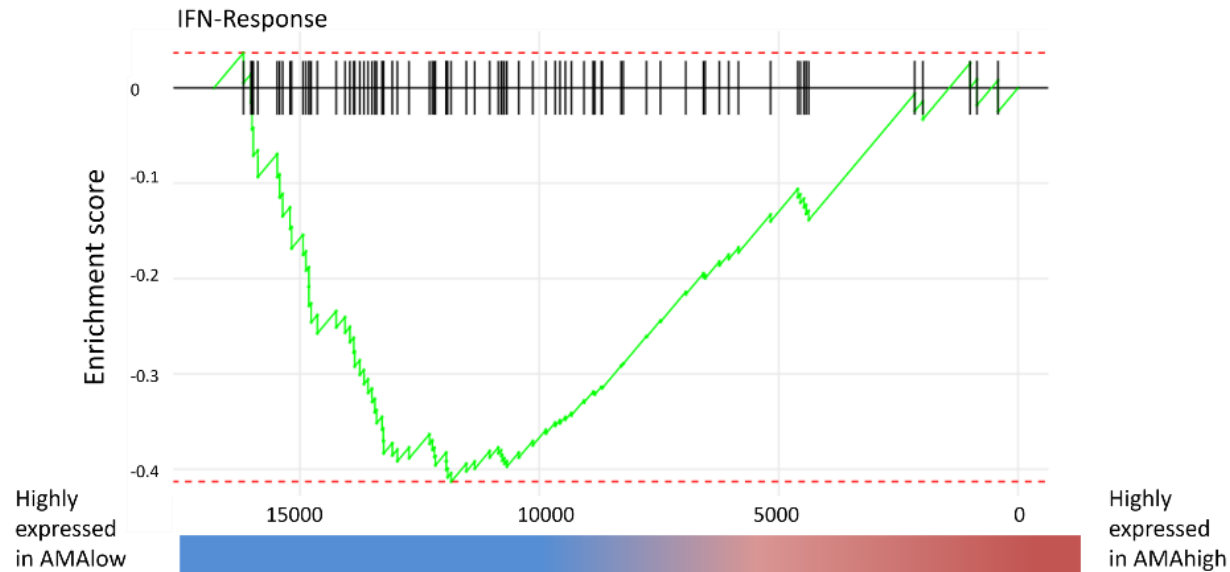
Multiplexing IHC



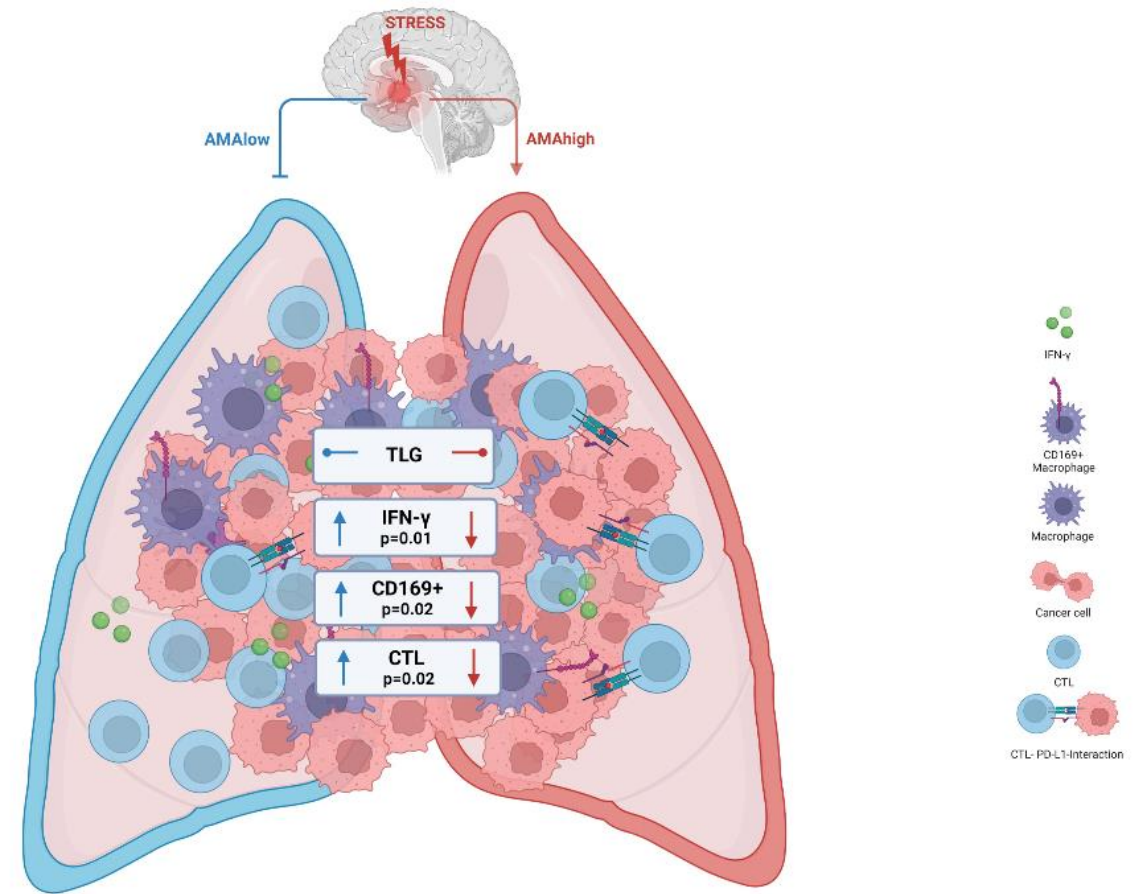
red: AMAhigh
blue: AMAlow

„Emotional“ Stress and Treatment Naïve Lung Cancer

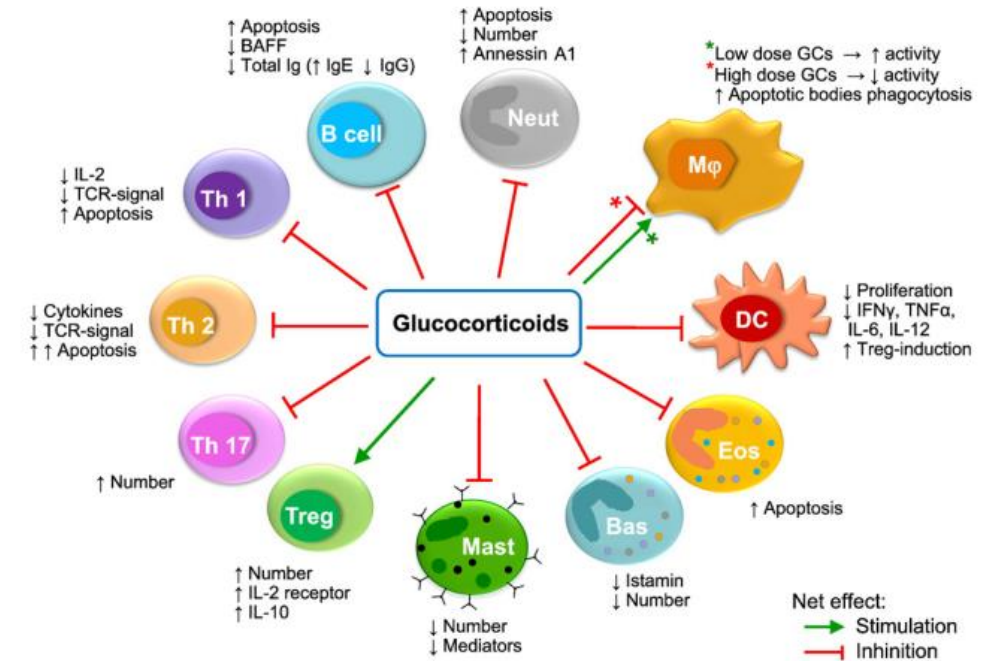
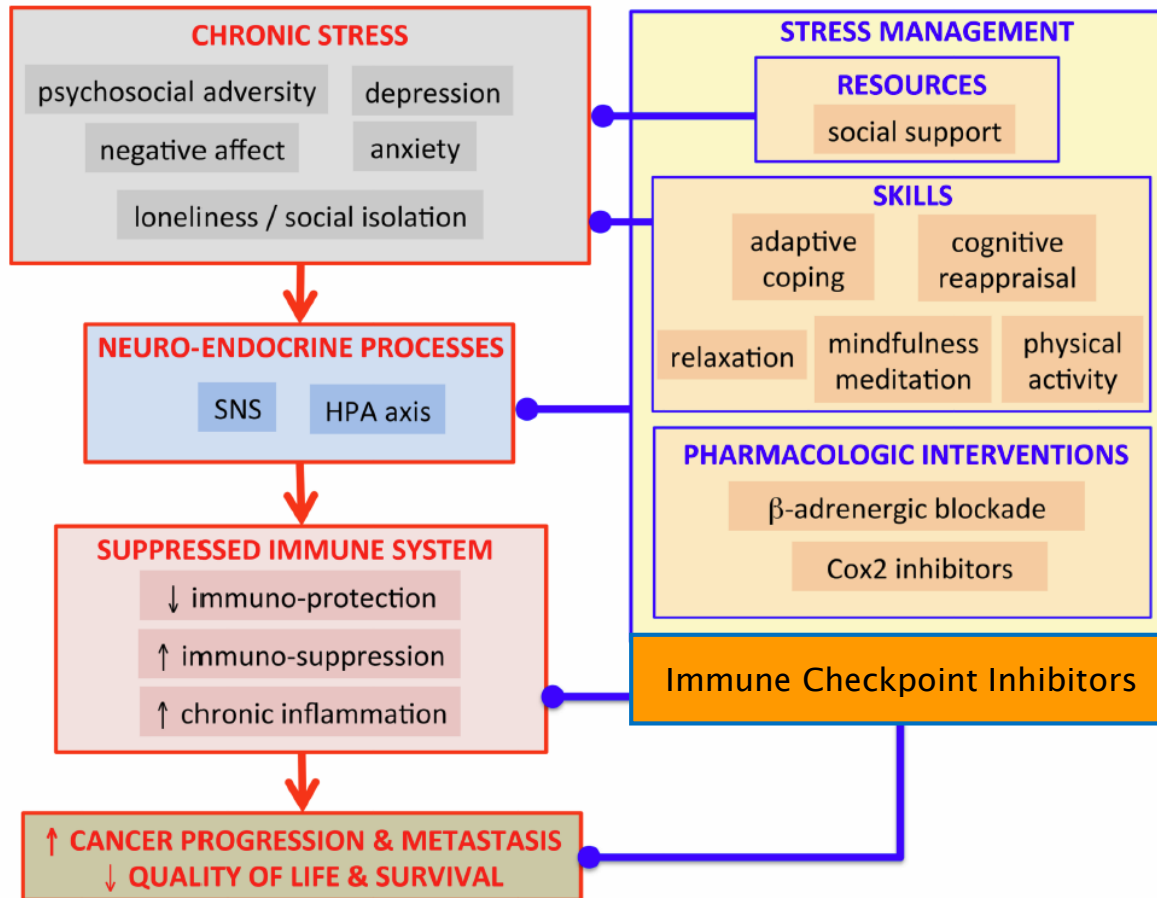
Gene Set Enrichment Analysis



Summary MP-IHC and Spatial Transcriptomics



Chronic Stress, Stress Management and Cancer-Relevant Immune Responses



ARTICLES

<https://doi.org/10.1038/s41591-019-0566-4>

nature
medicine

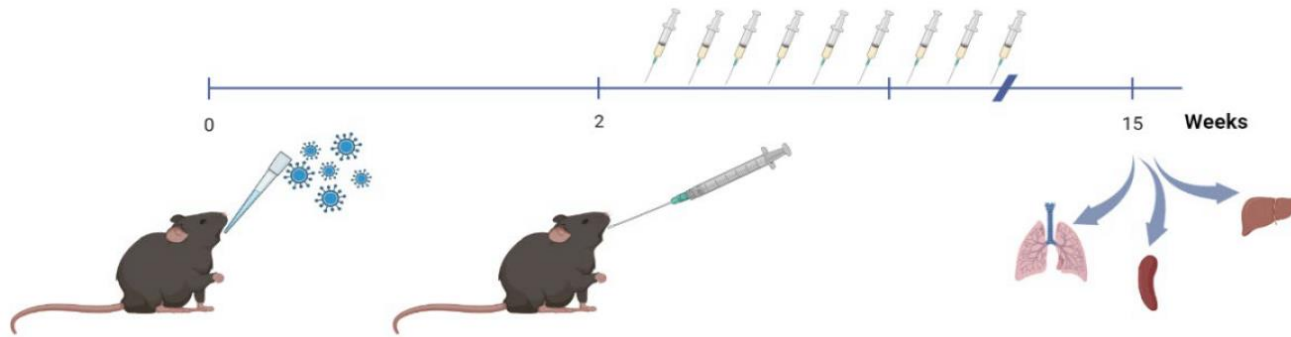
Stress-glucocorticoid-TSC22D3 axis compromises therapy-induced antitumor immunity

Heng Yang^{1,2,22}, Lin Xia^{1,2,22}, Jian Chen^{3,22}, Shuqing Zhang^{1,2}, Vincent Martin⁴, Qingqing Li^{1,2}, Shangqing Lin^{1,2}, Jinfeng Chen^{1,2}, Joseph Calmette⁵, Min Lu⁶, Lingyi Fu⁷, Jie Yang⁷, Zhizhong Pan⁷, Kuai Yu⁷, Jingjing He⁷, Eric Morand⁸, Géraldine Schlecht-Louf⁵, Roman Krzysiek^{5,9}, Laurence Zitvogel^{1,2,10,11,12}, Boxi Kang¹³, Zeming Zhang¹³, Andrew Leader¹⁴, Penghui Zhou⁷, Laurence Lanfumey⁴, Minxin Shi³, Guido Kroemer^{1,2,15,16,17,18,19,20,21,23*} and Yuting Ma^{1,2,23*}

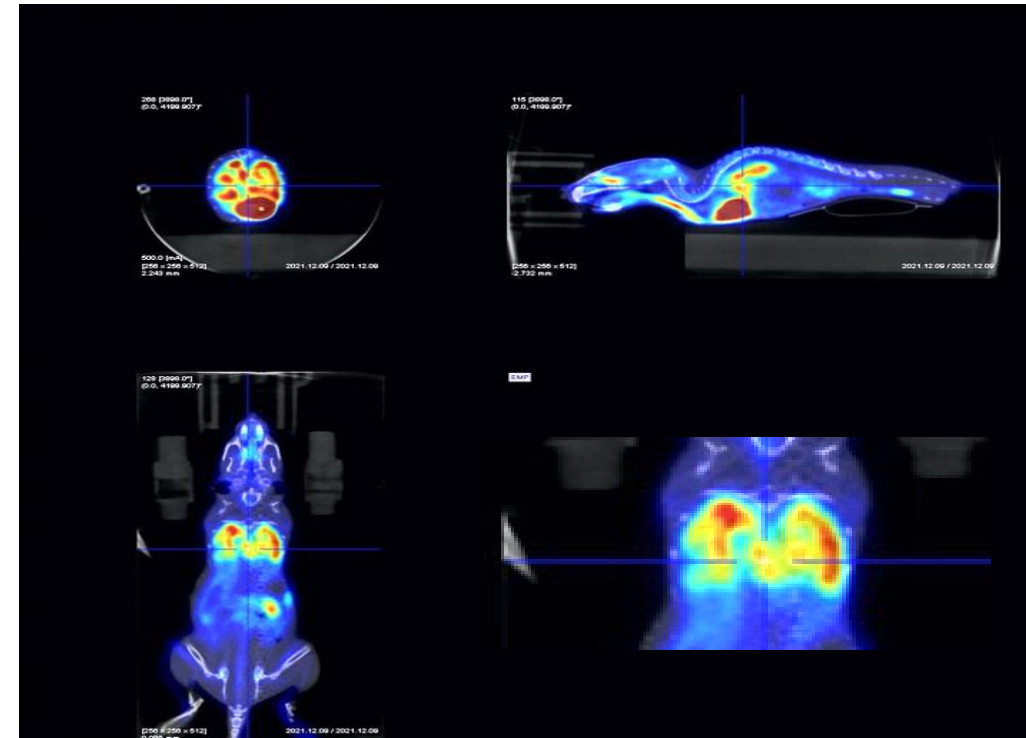


Dexametasone (DEX) Treatment in Lung Cancer

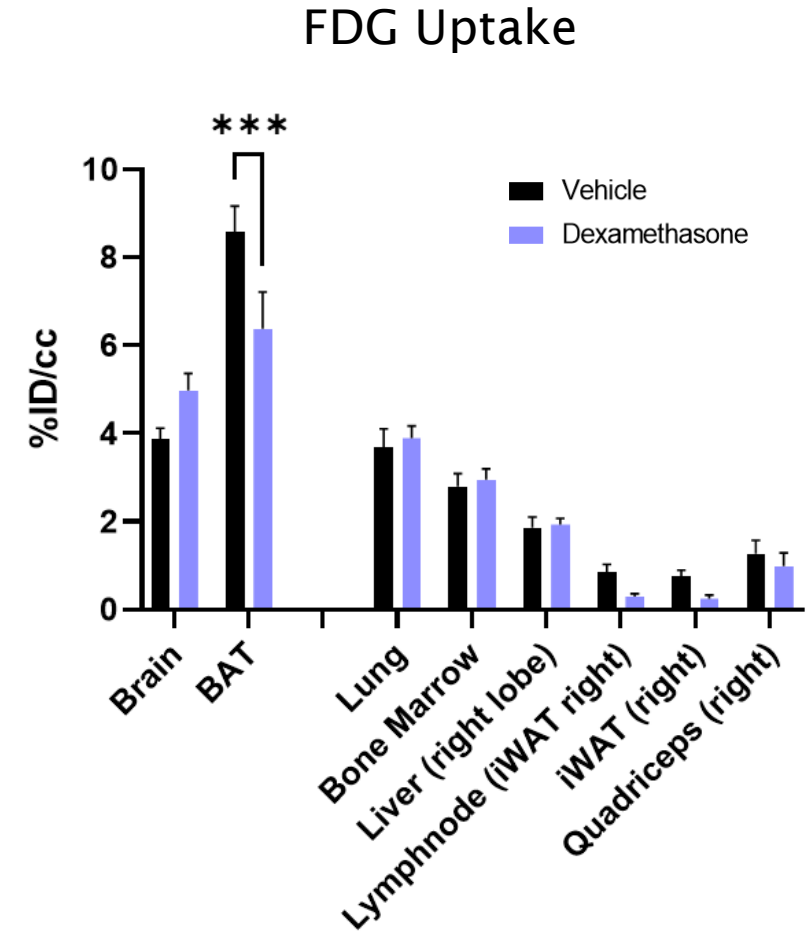
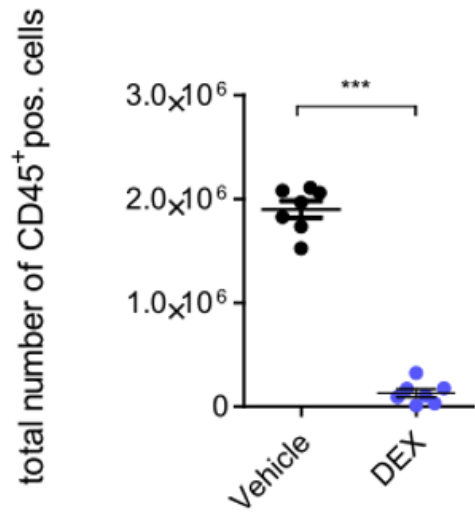
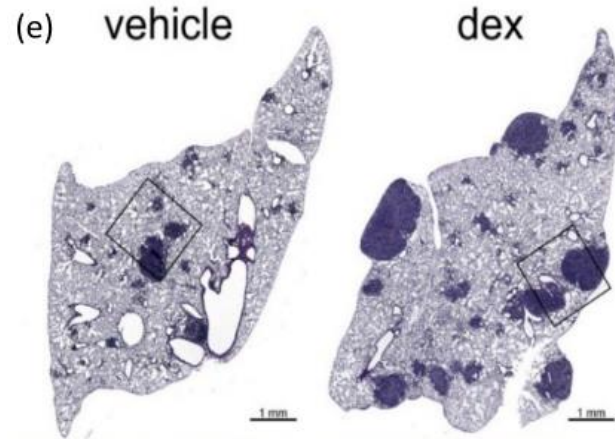
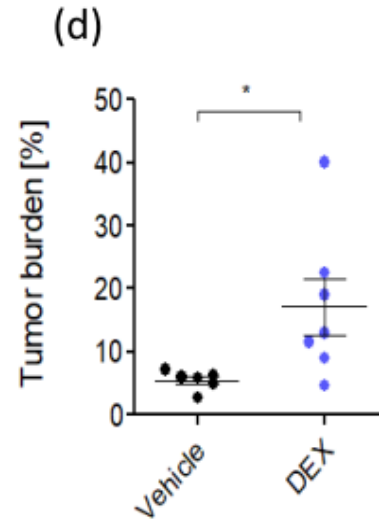
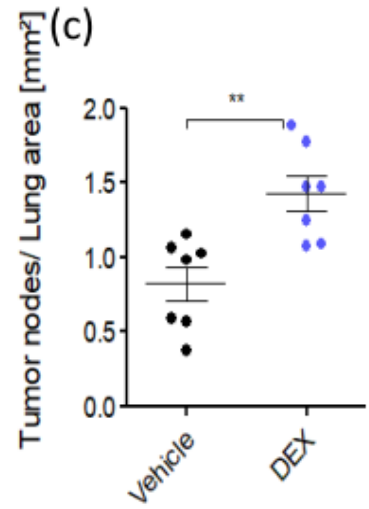
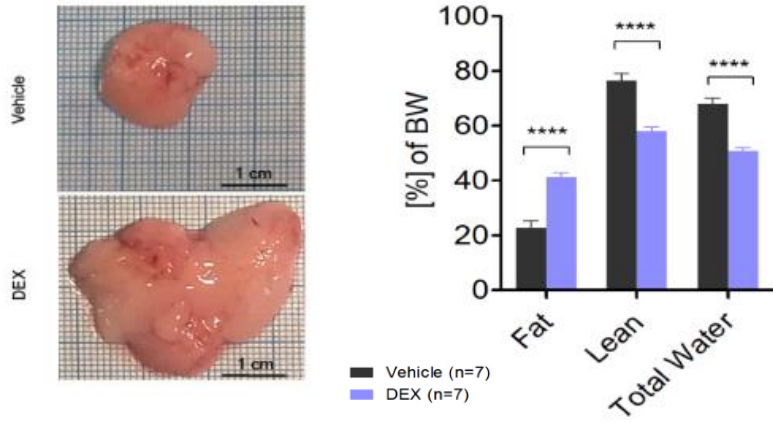
Experimental Workflow; KP mouse model (n=4/group)



from week 2: DEX (4 mg/kg) or vehicle gavage 3x per week

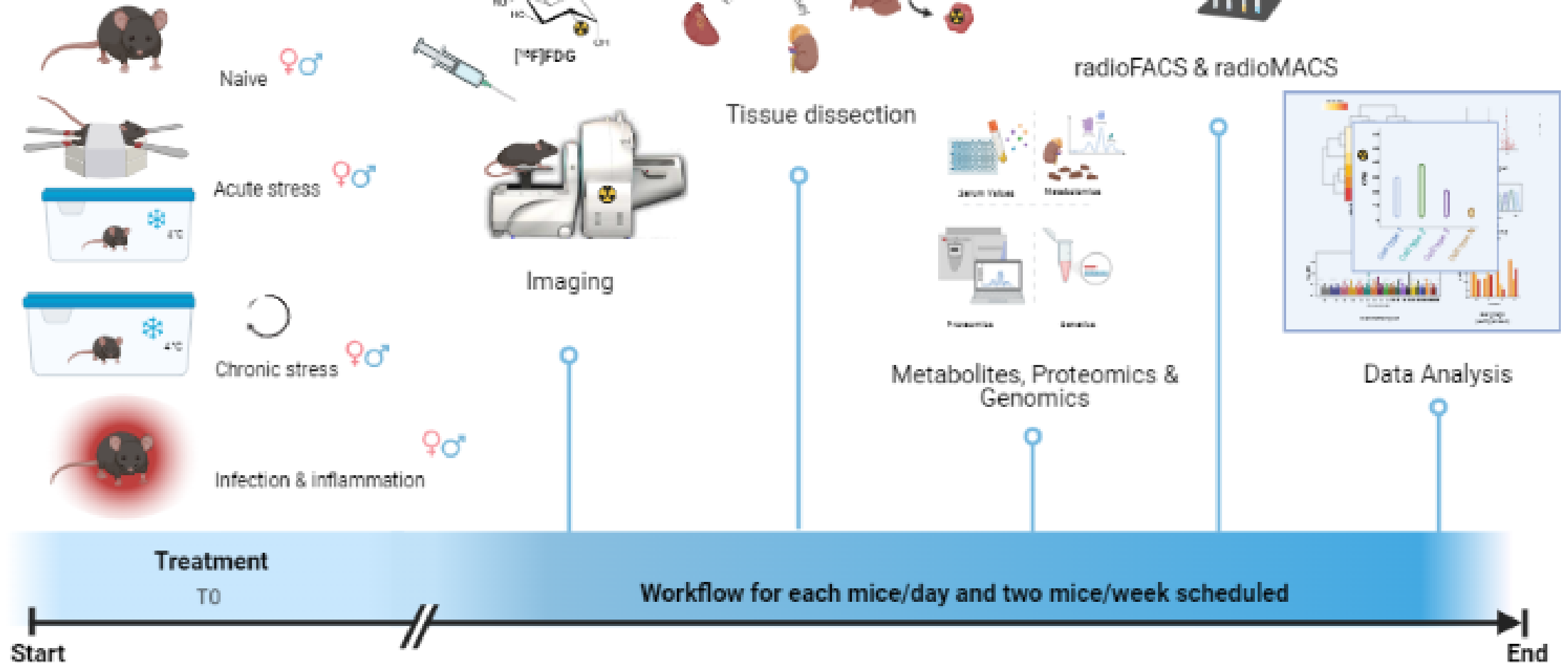


Cortisol Treatment Effects

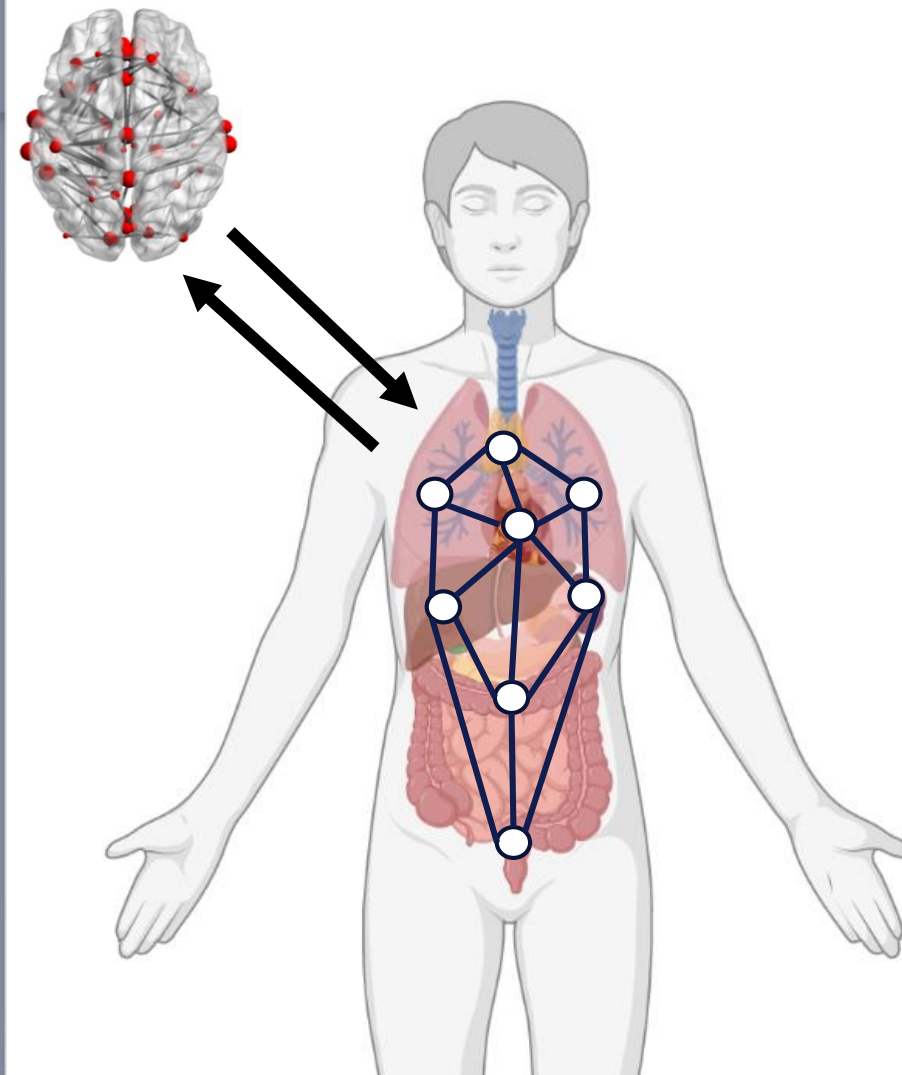
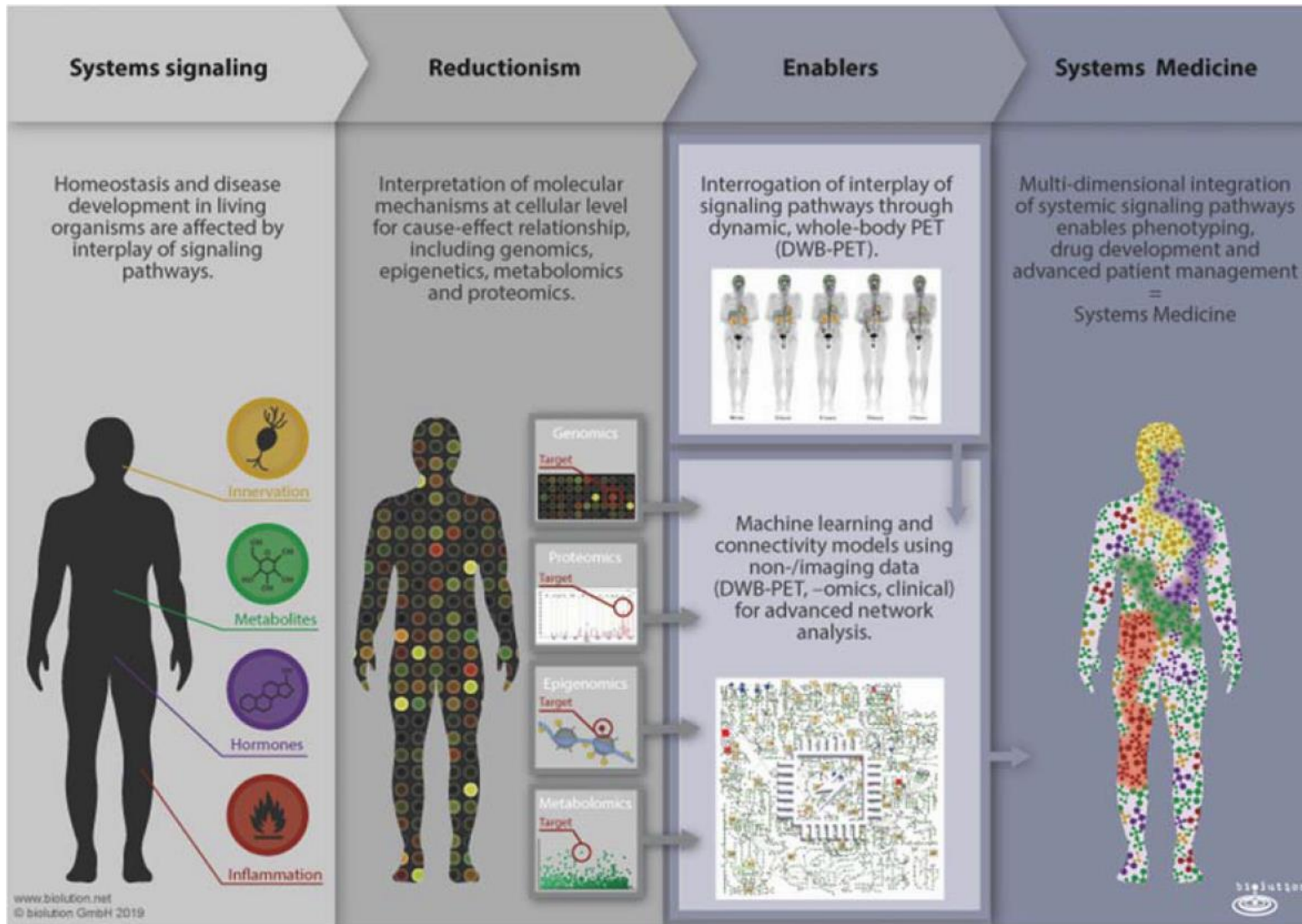


„Emotional“ Stress

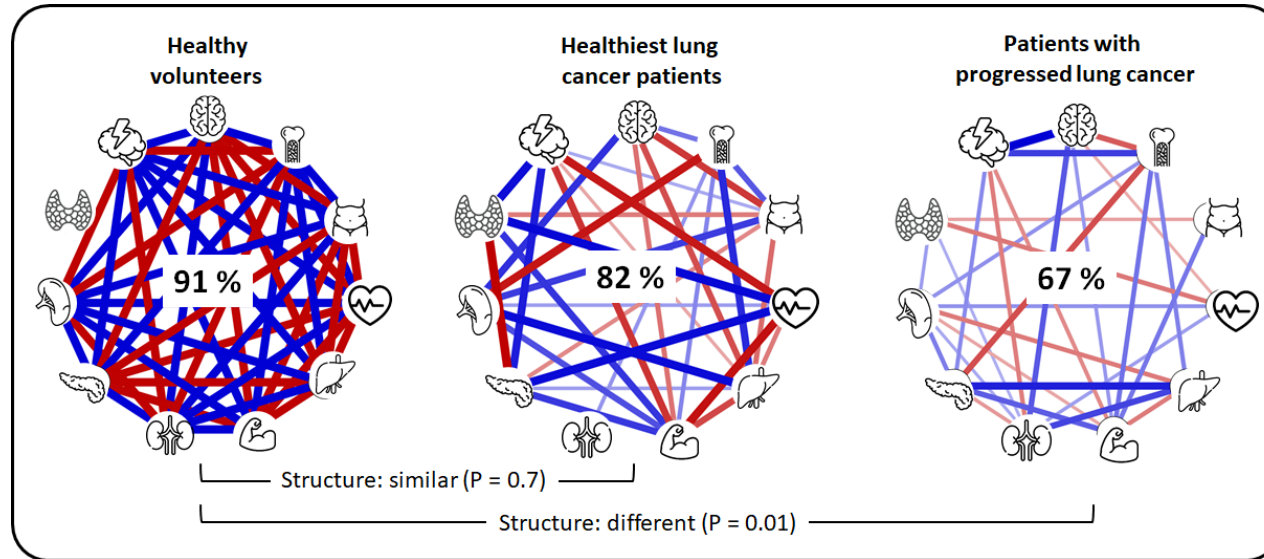
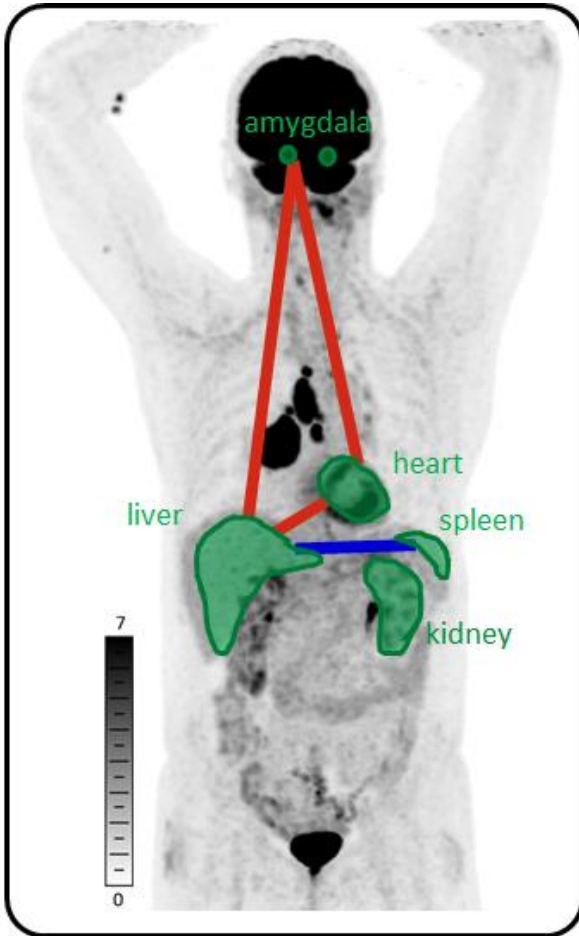
N=15 per group/gender



Total Body PET and Network Medicine



Treatment naïve lung cancer – Inter-organ Networks

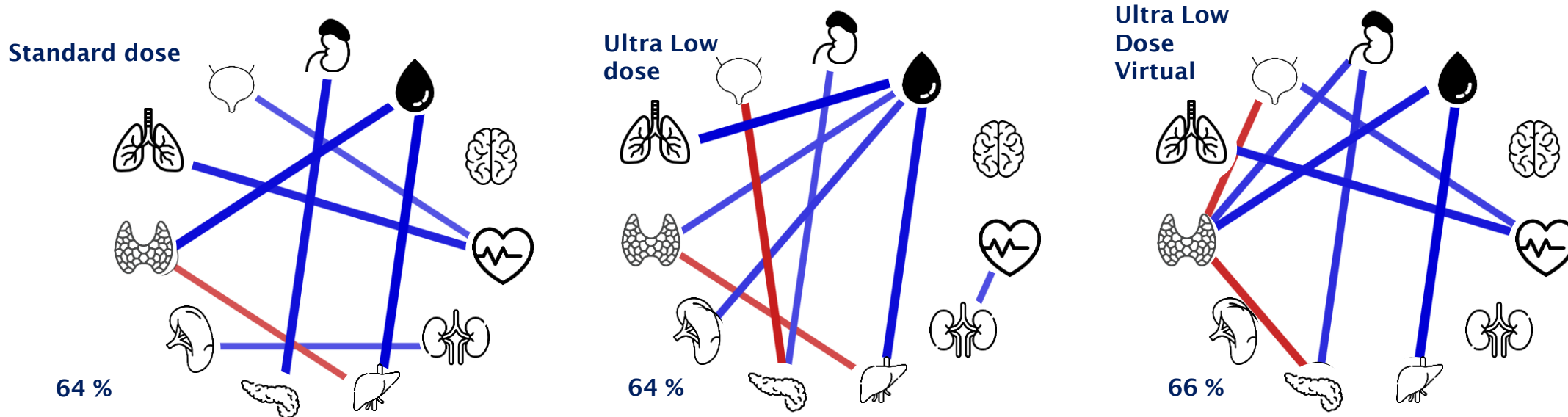


Dichotomization parameters	Group	Density		Similarity
		Density	P-value	
CRP	Normal range: CRP = (0.2 ± 0.2) mg/dl, n = 20	65 %	P = 0.002	Similar (P = 0.3)
	Increased CRP = (3.1 ± 2.6) mg/dl, n = 20	38 %		
Tumor load	Low: total lesion glycolysis = (70 ± 65) mg/dl, n = 92	74 %	P = 0.006	Identical (P = 0.8)
	High: tot les glyc = (1000 ± 1000) mg/dl, n = 92	52 %		
CRP and survival	CRP = (0.2 ± 0.2) mg/dl, survived > 2 years (n = 40)	68 %	P = 0.003	Different (P = 0.03)
	CRP = (4.7 ± 5.2) mg/dl, survived < 1 year (n = 40)	42 %		
Healthiness	Healthy volunteers with normal BMI (n=12)	91 %	P = 0.002	Different (P = 0.01)
	Progressed lung cancer (n=12)	67 %		

Similar Networks

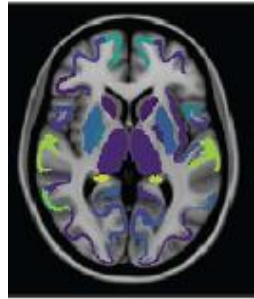
Similar networks for

- Different doses ($P > 0.3$)
- Different glucose metabolism quantifications ($P > 0.3$)
- Male / Female ($P = 0.8$)

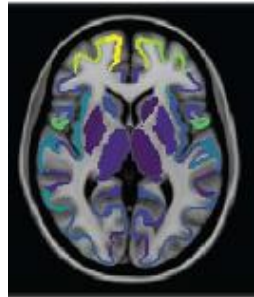


Inter-organ Networks – Covariance vs. Connectivity

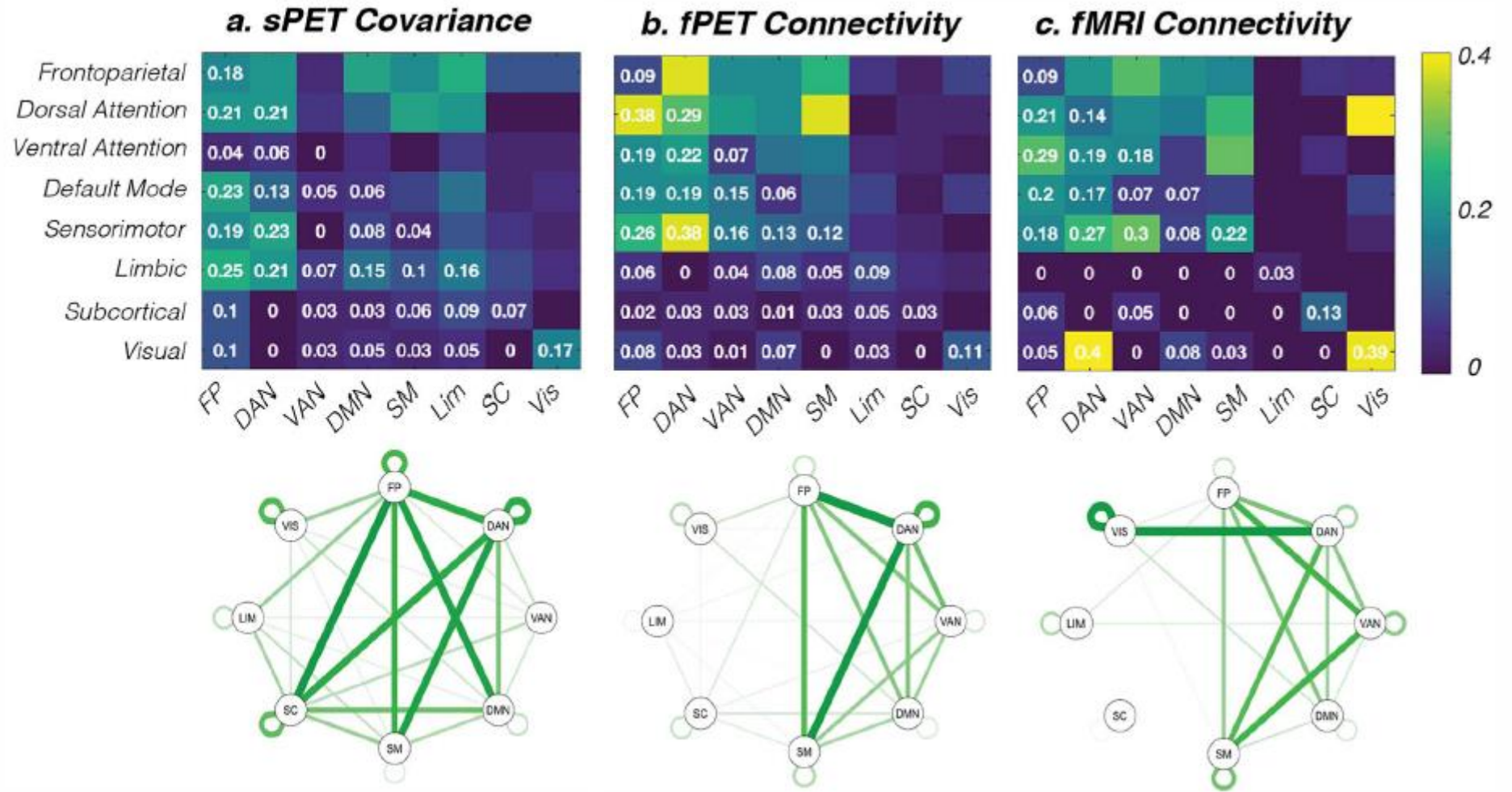
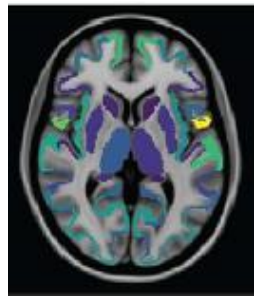
Static PET (sPET)

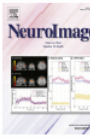


fPET



fMRI





Whole-body metabolic connectivity framework with functional PET

Murray Bruce Reed^{a,1}, Magdalena Ponce de León^{a,1}, Chrysoula Vraka^b, Ivo Rausch^c, Godber Mathis Godbersen^a, Valentin Popper^a, Barbara Katharina Geist^b, Arkadiusz Komorowski^a, Lukas Nics^b, Clemens Schmidt^a, Sebastian Klug^a, Werner Langsteiger^b, Georgios Karanikas^b, Tatjana Traub-Weidinger^b, Andreas Hahn^a, Rupert Lanzenberger^{a,*}, Marcus Hacker^b

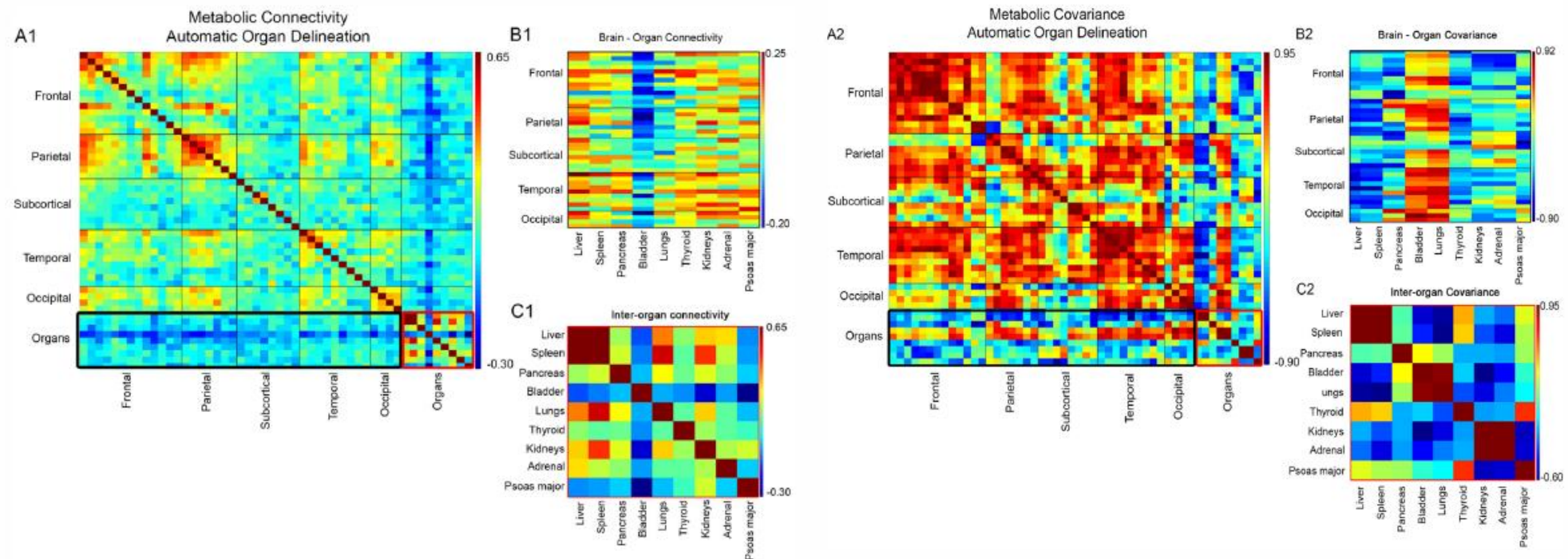
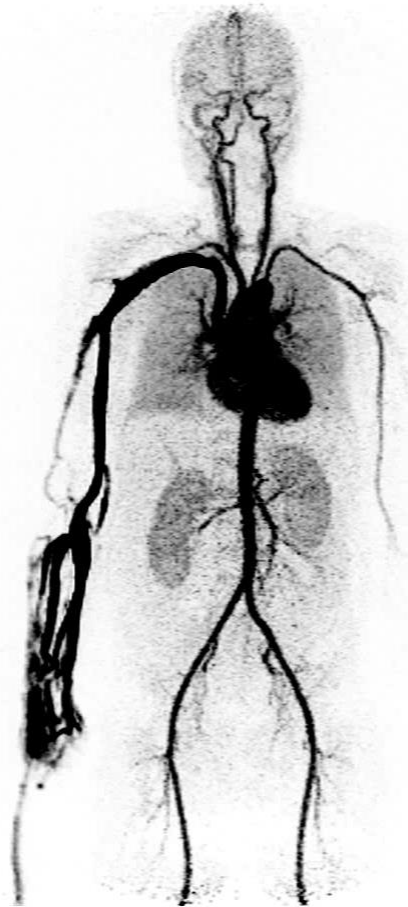
^aDepartment of Psychiatry and Psychotherapy, Comprehensive Center for Clinical Neurosciences and Mental Health (CCNMH), Medical University of Vienna, Austria

^bDivision of Nuclear Medicine, Department of Biomedical Imaging and Image-guided Therapy, Medical University of Vienna, Austria

^cQIMP Team, Center for Medical Physics and Biomedical Engineering, Medical University of Vienna, Vienna, Austria

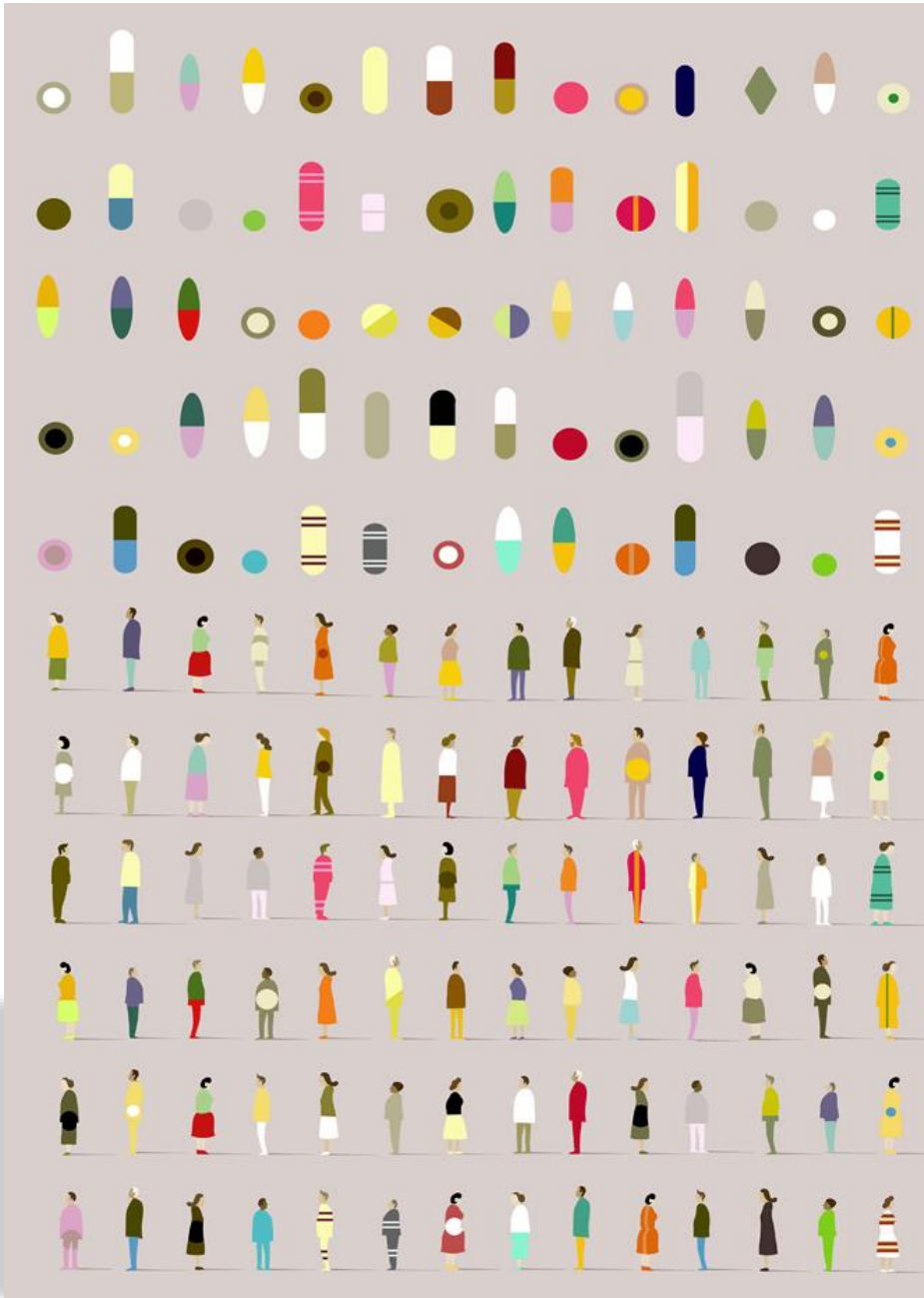


Neuroimaging Lab Head Univ.-Prof. R. Lanzenberger



Summary

- Metabolic processes in the whole body can be visualized and quantified by PET/CT in humans and small animals
 - Network analysis and analysis of organ communication possible
 - Patient stratification into high/low stress possible based on routine FDG PET
 - Potentially therapeutic approaches can be guided using FDG (e.g. beta adrenergic blockade)
- A precondition is to understand our in-vivo signals and the underlying signalling mechanisms
- Human tissue probes and small animal disease models can be used to explore the radioactive sources of whole body signalling on a cellular level



Christian Doppler
Forschungsgesellschaft




 ERA PerMed

 CBmed
BIOMARKER RESEARCH

 FWF
Der Wissenschaftsfonds.



Adam Simpson
„Personalised Medicine“

 Bundesministerium
Bildung, Wissenschaft
und Forschung