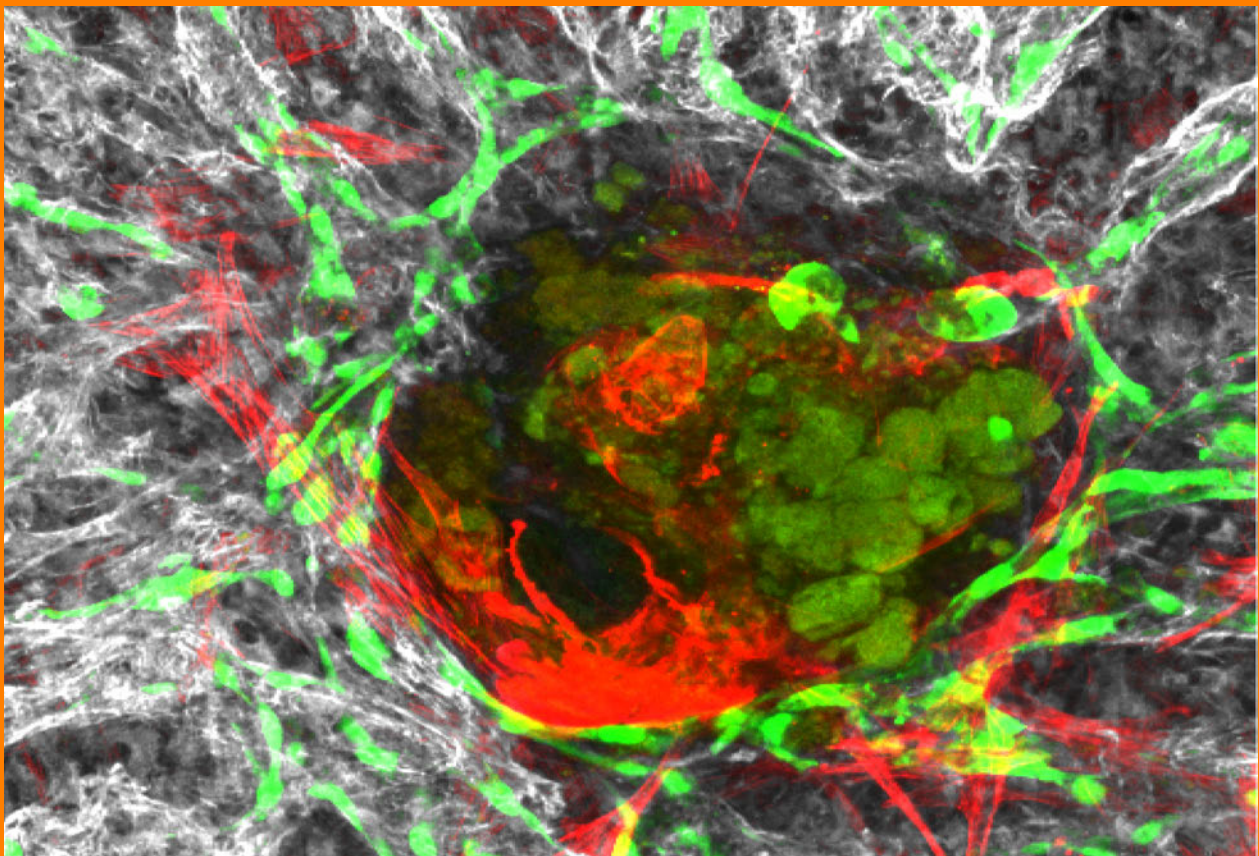


EDWIN L. STEELE LABORATORIES

DEPARTMENT OF RADIATION ONCOLOGY
MASSACHUSETTS GENERAL HOSPITAL
HARVARD MEDICAL SCHOOL



RESEARCH REPORT 2023

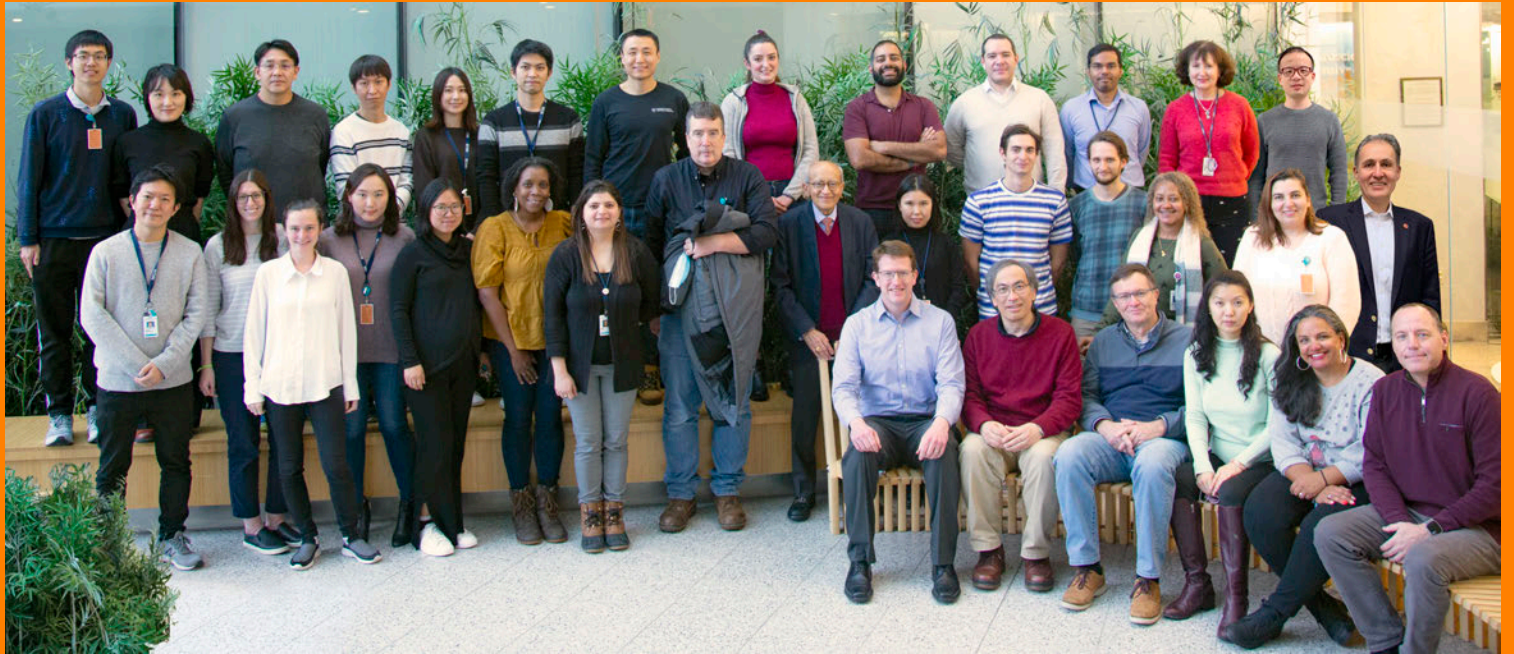


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PREFACE

A solid tumor is an organ composed of cancer cells and host stromal cells—nourished by blood vessels and drained by lymphatic vessels—all embedded in an extracellular matrix. The interaction among these cells, the surrounding matrix, and the local cellular microenvironment influences the expression of various genes, whose protein products control the pathophysiological characteristics of the tumor, govern tumor progression, and affect the tumor's response to various therapies. The overarching goal of our research is to dissect the role of tumor microenvironment in tumor progression and treatment resistance, and to translate this knowledge into improved cancer detection, prevention and treatment in humans. A tight integration between bench and bedside and the application of engineering principles to oncology is a hallmark of our research.

To unravel the complex biology of tumors, the Steele Laboratories have developed an array of optical technologies, mathematical models and sophisticated animal preparations. These include multiphoton microscopy and genetically engineered mice with surgically implanted transparent windows, which together permit the real-time visualization of gene expression and function in tumors and their surrounding host stroma. This undertaking has provided unprecedented molecular, cellular, anatomical and functional insights into the vascular, interstitial and cellular barriers to cancer treatment. Specifically, we demonstrated that the blood and lymphatic vasculature, fibroblasts, immune cells and the extracellular matrix associated with tumors are abnormal, which collaborate together to create a hostile tumor microenvironment characterized by hypoxia, low pH and high interstitial fluid pressure.

We next hypothesized that agents that induce “normalization” of the microenvironment should improve the treatment outcome. Our work in this area has come to fruition and led to two novel strategies: vascular and matrix normalization. The Steele Laboratories are now recognized worldwide for discovering that direct and indirect antiangiogenic therapies can “normalize” tumor vessels, thus improving blood perfusion, oxygenation and treatment efficacy in cancer patients. This revolutionary concept explained how bevacizumab (Avastin®)—the first antiangiogenic drug to receive FDA approval—works in

patients and has spawned a number of basic and clinical studies. Indeed, we demonstrated that judicious use of antiangiogenic agents—originally designed to starve tumors—could transiently “normalize” tumor vasculature, alleviate hypoxia, increase delivery of drugs and anti-tumor immune cells, and improve the outcome of various therapies, including immunotherapy (Science 2005, 2019, 2020). In parallel, we provided compelling evidence for vascular normalization in cancer patients treated with antiangiogenic agents. In fact, vascular normalization and the resultant improvement in tumor perfusion and oxygenation associated with longer survival in patients. Our hypothesis has also been validated by several laboratories worldwide and has changed the thinking about how antiangiogenic agents work alone and in combination with conventional and emerging therapeutics. Our 2012 preclinical finding that vascular normalization can improve immunotherapy was confirmed by others in randomized phase III trials on combining antiangiogenic therapy with immune-checkpoint inhibitors for lung, kidney, liver, and endometrial cancers and led to the FDA approvals of seven such combinations of antiangiogenic therapy and immune-checkpoint inhibitors for these cancers.

The vascular normalization hypothesis also explained how bevacizumab and other anti-VEGF drugs improve vision in patients with wet age-related macular degeneration and opened doors to treating other non-malignant diseases harboring abnormal vasculature that afflict more than 500 million people worldwide. These include tuberculosis and neurofibromatosis-2 (NF2). In 2014, our clinical findings showing the reversal of hearing loss in NF2 patients by normalizing their blood vessels led to the approval of bevacizumab for these patients in the UK.

In parallel, by imaging collagen and measuring perfusion in tumors in vivo, we discovered that the extracellular matrix compresses blood vessels and impedes drug delivery in desmoplastic tumors (e.g., pancreatic cancer, hepatocellular carcinoma, certain breast cancers). We subsequently discovered that widely prescribed angiotensin blockers to control hypertension are capable of “normalizing” the extracellular matrix, opening compressed tumor vessels and improving the delivery and efficacy of therapy. This finding offers new hope for improving the

treatment of highly fibrotic tumors and led to a phase II clinical trial in 2013 at MGH on testing the benefit of adding losartan to the standard of care (chemotherapy and radiation followed by surgery) in patients with locally advanced pancreatic ductal adenocarcinoma (NCT01821729). This trial provided compelling evidence in support of this emerging concept and has spawned a multi-institutional randomized clinical trial (NCT03563248) in pancreatic ductal adenocarcinoma. If successful, this will represent a major paradigm shift in the treatment of this uniformly fatal disease and open doors for improving treatment of other malignant and non-malignant diseases.

The Edwin L. Steele Laboratories for Tumor Biology were founded in 1975 with a generous gift by Mrs. Jane Bancroft Cook in memory of her late husband Edwin L. Steele. In addition, she endowed the Andrew Werk Cook Professorship of Radiation Oncology at Harvard University/MGH in honor of her second husband, Andrew Werk Cook. These donations to cancer research at MGH have been critical in the growth of tumor biology research at MGH, which over the years has led to improved understanding and treatment of cancer. The continued support of Ms. Elizabeth Steele (daughter of Mrs. Cook) and Jane's Trust Foundation has allowed us to translate our discoveries from bench to bedside. In September 1991, I was recruited to be the director of the Steele Laboratories. Starting with a small team of six people, we have since grown to approximately 65 members. The Steele Labs have fostered the careers of the 9 current faculty members, who collectively have trained over 220 graduate students and post-doctoral fellows from more than 25 countries. We have developed a leading, multidisciplinary research and education program in the integrative biology of cancer.

In addition to the research within our laboratory, we have several collaborative projects with clinicians and scientists at the MGH and other medical research centers worldwide. Results from the Steele Laboratories, as well as those from these collaborations, have been reported in more than 900 publications and have been presented at national and international meetings. In recognition of our past research accomplishments and future research plans, members of the research group have received more than 550 honors and awards, including membership in all three branches of the US National Academies – Medicine, Engineering and Sciences, US National Academy of Inventors, the 2013 US Medal of Science and more than 200 grants from various private and government agencies including the NCI

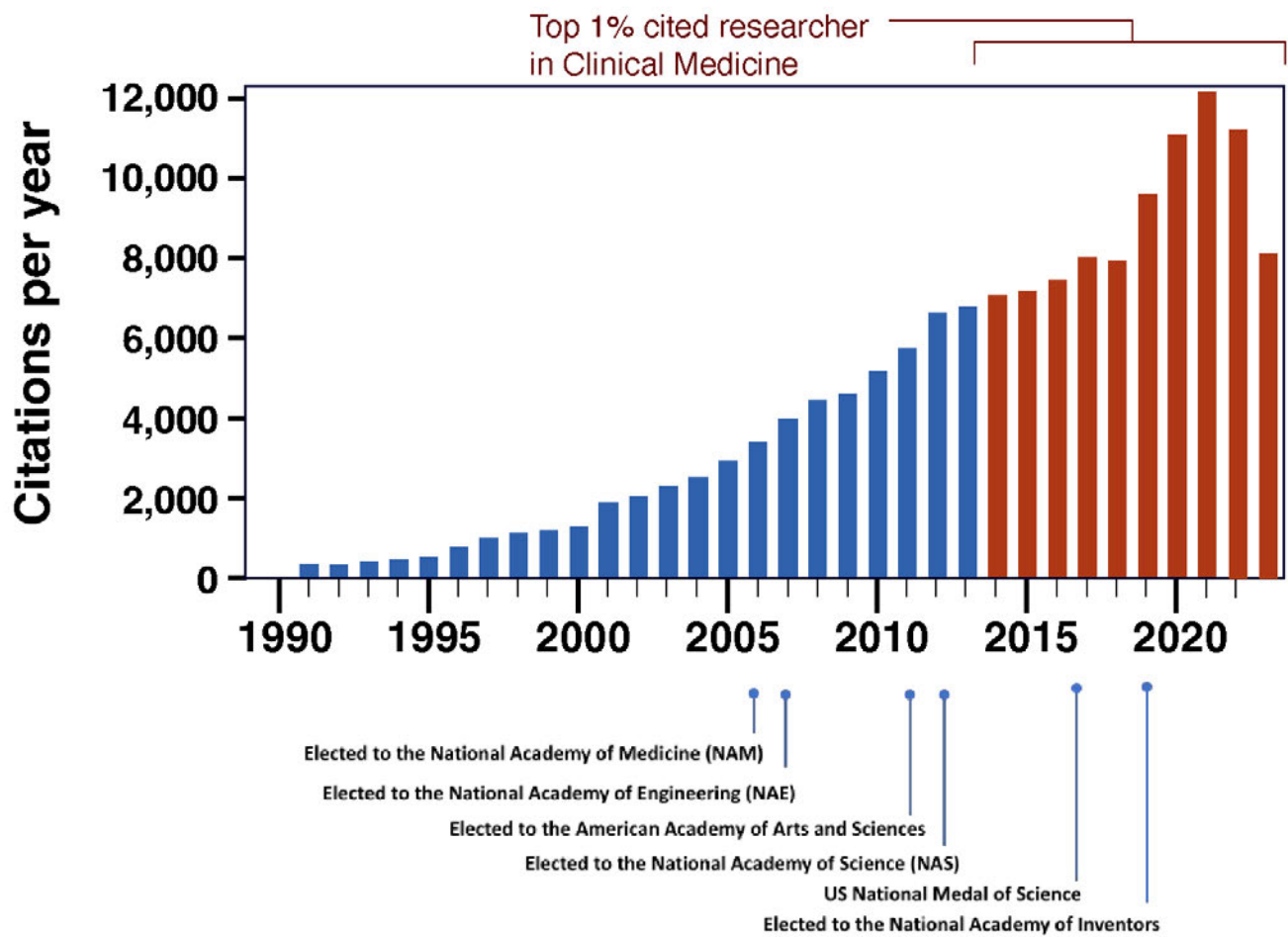
Outstanding Investigator Grant (twice), the Advanced Medical Research Foundation, the Alex's Lemonade Stand Foundation, the American Association for Cancer Research, Brain Tumor Society, American Cancer Society, Burroughs Wellcome Fund, Cancer Research Institute, the Charles A. King Trust, Children's Tumor Foundation, Cholangiocarcinoma Foundation, Damon Runyon Foundation, Ellison Foundation, Fat Disorders Research Society, Fund for Medical Discovery, the Bill and Melinda Gates Foundation, German Cancer Foundation, Goldhirsch Foundation, Humboldt Foundation, Jane's Trust Foundation, Lymphatic Education and Research Network, Ludwig Center at Harvard, Lustgarten Foundation, the National Institutes of Health, the National Foundation for Cancer Research, the National Science Foundation, Neuroendocrine Tumor Research Foundation, Susan Komen Foundation, United Negro College Fund, Innovator Award from the U.S. Army Breast Cancer Program, Yvonne Silverman Bequest and the Whitaker Foundation.

The Steele Laboratories are also dedicated to education, offering a bi-annual course in tumor pathophysiology to Harvard-MIT students. Annually, we also offer a continuing medical education course at Harvard Medical School on tumor microenvironment (angiogenesis, metastasis and Immunology) for national and international students, with the 39th offering scheduled for October 28 – November 1, 2024.

Rakesh K. Jain



Rakesh K. Jain, Ph.D.
Andrew Werk Cook Professor of Radiation Oncology (Tumor Biology)
Director, E.L. Steele Laboratories



A close-up photograph showing a person's hands holding a black, cylindrical device over a white box. The box has some technical markings, including a CE mark and some text that is partially obscured. The background is blurred, showing what appears to be a laboratory or office setting.

MISSION

Research

Understand how the tumor microenvironment fuels tumor progression and metastasis, and confers resistance to chemo-, radio- and immunotherapy

Develop and test new strategies in animal models to overcome the barriers posed by the tumor microenvironment for improved detection and treatment of primary and metastatic tumors

Translation

Translate these strategies from bench to bedside

Education

Educate basic scientists, bioengineers, and oncologists in the integrative biology of cancer

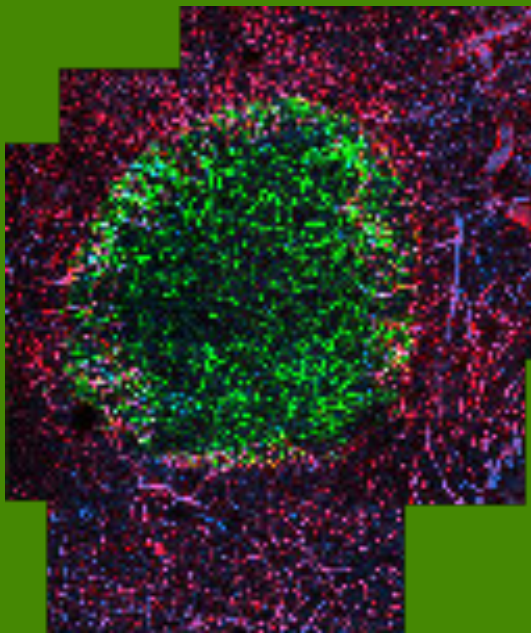
STRATEGIES

Research

- Unravel causal relationships between genetic and physiological function in various micro-environments using in vitro and in vivo microscopy, image analysis, genetic and pharmacological approaches.
- Analyze experimentally and mathematically the physical and physiological barriers and pharmacokinetics, and integrate the resulting information.
- Overcome barriers by creative manipulation of the tumor microenvironment.
- Emphasize multidisciplinary approaches, integration of engineering with tumor biology, and bench-to-bedside translation.

Education

- Develop and implement integrative tumor biology and bioengineering courses.
- Provide close mentorship by the faculty on individual research projects.



ACCOMPLISHMENTS

- Recruited and sustained a “critical” number of outstanding faculty, post-doctoral fellows, graduate students and technical staff to support core research.
- Initiated and continued collaborations with members of Massachusetts General Hospital, Harvard, MIT and other institutions.
- Established state-of-the-art intravital microscopy facilities.
- Developed unique in vivo tumor models.
- Published over 900 original and review articles in peer-reviewed journals, patents, and books in seven core research areas: Angiogenesis and blood flow, Tumor microenvironment, Transvascular transport, Interstitial and lymphatic transport, Cell mechanics and transport, Mathematical modeling, and Bench-to-bedside translation.
- Obtained research support from the National Cancer Institute and other government and private sources.
- Received more than 550 honors and awards from various scientific societies and academic institutions.
- Developed innovative courses in the integrative biology of cancer.
- Translated laboratory findings to cancer patients: e.g., the first treatment of schwannomas by bevacizumab and completion of more than three dozen multi-disciplinary clinical trials of anti-angiogenic therapy on cancer patients with brain, colorectal, liver, ovarian and connective tissue.
- Proposed the vascular normalization hypothesis that has changed the thinking in the field of oncology about how anti-VEGF targeted therapies work.
- Our preclinical work on the benefit of combining vascular normalization with immunotherapy laid the foundation of 7 FDA approvals of combining anti-VEGF/R agents with immune-checkpoint blockers for lung, liver, kidney and endometrial cancers.
- Proposed the matrix normalization hypothesis and showed the benefit of normalizing the tumor microenvironment using angiotensin system inhibitors in cancer in preclinical and clinical studies.

RESEARCH GRANTS AND AWARDS

1976-1999	National Science Foundation
1980-	National Institute of Health – Jain; Munn (2000 -); Fukumura (2002-); Boucher (2003-); Padera (2009-); Duda (2009-)
1980-	American Cancer Society – Jain; Burton (2000 - 2001); di Tomaso (2001-2003); Brown (2003-2004); Xu (2012-2016, 2020-)
1991-	Humboldt Fellowships - Leunig, Dellian, Sckell
1992-	National Research Service Awards - Berk, Munn, Litchtenbeld, Kadambi, Ramanujan, Koenig, Brown, Luong
1992	Kurt Wohl Lecturer (U. Delaware) - Jain
1992-1996	Howard Hughes Fellowship - Gazit, Ang
1992-1993	Hybritech-Lilly
1993-2000	Outstanding Investigator Grant, National Cancer Institute – Jain
1993, 1994	Instrumentation Awards, American Microcirculation Society - Berk, Leunig, Yuan, Jain
1994-1996	DuPont-Merck
1994-1996	Enzon
1994-2012	Deutsche Forschungsgemeinschaft - Patan, Hansen-Algenstaedt, Gralla, Kunert
1994	Outstanding Alumnus Award, Indian Institute of Technology – Jain
1995	Whitaker Award, Biomedical Engineering Society – Jain
1996-2002	US Army Breast Cancer Program
1996-2000	Whitaker Foundation (Munn)
1996-1999	Whitaker Junior Faculty Award - Berk, Munn
1996	Landis Award, Microcirculatory Society - Jain
1996-1998	Whitaker BERE Fellowship - Fukumura
1997-	National Science Foundation Fellowship – Padera, Lin, Pathak, Tong
1998-	National Foundation for Cancer Research
1998-	Election to Sigma Xi - Padera
1999-2000	Stewart Trust Award – Fukumura
1999	Kaplan Lecture (HMS), Berkeley Lecture (UCB) – Jain
2000	Pharmaceutical and Bioengineering Award, American Institute of Chemical Engineers – Jain
2000-2001	Human Science Foundation Fellowship –Izumi
2000-	Japanese Ministry of Health and Welfare Fellowship – Izumi, Kohno
2000-2001	Japanese Science and Technology Agency Fellowship – Ushiyama
2000-2002	Mildred-Scheel-Stiftung Deutsche Krebshilfe Fellowship – Bockhorn
2000-2001	Genentech
2000-2001	Miravant
2000-2001	ImClone

2000-2001	Whitaker Health Sciences Fund Fellowship – Padera
2000-2003	Biotechnology Training Program Fellow – McKee
2001-2002	Susan Komen Foundation Fellowship – Dolmans
2001-2003	University of Copenhagen Fellowship – Junker
2001-2003	Whitaker Foundation Graduate Fellowship – Cochran
2001	Honorary Fellow, Indian Institute of Chemical Engineers – Jain
2001-	Whitaker Foundation Graduate Fellowship – Tam
2001	Netherlands America Commission for Educational Exchange Fulbright Fellowship – Hagendoorn
2001-2003	Clafin Distinguished Scholar – Xu
2001-2003	University of Tsukuba, Ministry of Education Science and Culture of Japan - Koike
2001-2003	Foundation for Science and Technology of Portugal – Sousa
2002	Bioengineering Division Award of the American Institute for Chemical Engineers –Jain
2002-2006	The Goldhirsh Foundation
2002	Gerritsen Award, Microcirculatory Society – Jain
2002- 2005	Cancer Research Institute – Duda
2002-	Whitaker Foundation Graduate Fellowship – Mok
2003	Alumni Wall of Fame, University of Delaware - Jain
2003-2005	Emmy-Noether grant of the German Research Foundation –Winkler
2003-2005	Susan Komen Foundation Fellowship –Tong
2003-2008	NIH Research Career Development Award – Munn
2003	Institute of Medicine, the National Academy of Sciences – Jain
2003-2005	American Association for Cancer Research Career Development Award – Duda
2003-2005	Japan Society for the Promotion of Science – Nagano
2004	National Academy of Engineering, the National Academy of Sciences – Jain
2004	Robert Bras Lecturer, Princess Margaret Hospital and National Cancer Institute of Canada – Jain
2004-2024	NFCR Grant - Jain
2004-2005	National Defense Medical College Fellowship – Miyazaki
2005-2008	Damon Runyon Foundation Fellowship – Lahdenranta
2005	John S. Laughlin Lecturer, Memorial Sloan-Kettering Cancer Center, New York – Jain
2005	AstraZeneca
2005	French Medical Research Foundation Fellowship- LaCorre
2005	Academic Scientist of the Year, 2005 Pharmaceutical Achievement Awards – Jain
2006-2008	Brain Tumor Society
2006-2008	Clafin Distinguished Award – di Tomaso

2006	Ford Foundation Diversity Fellowship – Dawson
2006-2009	Susan Komen Fellowship – Lacorre
2006-2009	Department of Defense Pre-doctoral Award – Lanning
2005-2008	Department of Defense Pre-doctoral Award – Pieters
2006	Distinguished Service Award, Nature Biotechnology - Miami Symposium on Angiogenesis – Jain
2006	Outstanding Achievement Award, Society of American Asian Scientists in Cancer Research – Jain
2006	Robert L. Krigel Lecture, Fox Chase Cancer Center, Philadelphia – Jain
2006	Alpha Chi Sigma Research Award, American Institute of Chemical Engineers – Jain
2006	Benjamin Zweifach Distinguished Lecture, The City College, New York – Jain
2007	Research Team Award, Clinical Research Day, MGH – Jain, di Tomaso, Duda, Kozak
2007	Uehara Memorial Foundation Fellowship – Yamashita
2007	Sam Gerson Leadership Chair of Research, Brain Tumor Society – Jain
2007	Drug Discovery Initiative Award, Children’s Tumor Foundation – di Tomaso
2008	Sir Godfrey Hounsfield Lecture, Imperial College, London – Jain
2008	Richard D. Frisbee III Oncology Lecture, Yale University–Jain
2008	Sir Godfrey Hounsfield Lecture, Imperial College, London – Jain
2008	Peter C. Reilly Lecture, University of Notre Dame, Indiana–Jain
2008	Charles G. Moertel Lecture, Mayo Clinic, Rochester, Minnesota – Jain
2008	Ashland Distinguished Lecture, University of Kentucky, Lexington, Kentucky–Jain
2008	William E. Schiesser Lecture, Lehigh University, Bethlehem, Pennsylvania – Jain
2008	American Academy of Arts and Sciences–Jain
2008	Spiro Translational Research Award - Duda
2008	Susan Komen Fellowship - Kamoun
2008	Federal Share (Boucher)
2008	Tosteson Postdoctoral Fellowship Award from the Massachusetts Biomedical Research Corporation- Liao
2008	NIH Pathway to Independence Award-Padera
2009	National Academy of Sciences–Jain
2009	Dyax
2009	Zweifach Lecture, UCSD - Jain
2009	Susan Komen Fellowship - Stylianopoulos
2009	Merck Fellowship (Sodunke)
2009	Ruckenstein Lecture, University at Buffalo NY- Jain
2010	DoD Innovator Award (Jain)

2010	Pirkey Lecture, University of Texas at Austin - Jain
2010	Kelley Lectures, Purdue University - Jain
2010	William B. Lowrie Lecture, Ohio State Univ. - Jain
2010	Wagner Lecture, University of Michigan - Jain
2010	Spiro Translational Research Award - Duda
2010	Martin Research Prize for Excellence in Clinical Research-Padera, Tyrrell, Jain, di Tomaso
2011-	Federal Share (Boucher, Fukumura, Duda, Jain, Garkavtsev, Huang, Munn, Xu)
2011	Gates Foundation
2011	MedImmune (SRA)
2011	Roche (SRA)
2011	NIH Director’s New Innovator Award - Padera
2011	Charles A. King Trust Fellowship Award - Liao
2011	Roland T. Lakey Award, Wayne State University - Jain
2011	American Cancer Society Basic Science Lecture, Society of Surgical Oncology - Jain
2011	Rous-Whipple Award, American Society of Investigative Pathology - Jain
2011	Irving O. Shoichet Lecture, University of Toronto, Canada – Jain
2011	Distinguished Research Lecturer; Carnegie Mellon - Jain
2012	NIH Pathway to Independence Award - Liao
2012	One of the 18 Indians Doing Cutting-Edge Research, Forbes (India) - Jain
2012	Herman Schwan Lecture, University of Pennsylvania- Jain
2012	ASCO Science of Oncology Award and Lecture, American Society of Clinical Oncology - Jain
2012	Election as an Honorary Member of the Academy of Medical Sciences of Romania - Duda
2012	2012 Children’s Tumor Foundation – Clinical Research Award - Xu
2013	M. Gerritsen Award, Microcirculation Society - Fukumura, Duda, Munn, Jain
2013	Spiro Translational Research Award - Huang
2013	Max Kade Foundation - Reiberger
2013	Children’s Tumor Foundation- Drug Discovery Initiative - Xu
2013	AACR-Boucher
2013-2023	Jane’s Trust Foundation Grant - Jain
2014	M. Gerritsen Award, Microcirculation Society - Fukumura, Duda, Munn, Jain
2014-	One of the top 1% cited researchers in Clinical Medicine – Jain
2014	Earl Bakken Distinguished Lecture, Amer. Institute for Medical and Biological Engineering - Jain
2014	Spiro Translational Research Award - Huang
2014	AACR-Princess Takamatsu Lecture/Award, American Association for Cancer Research - Jain
2014	One of 50 Oncology Luminaries, American Society of Clinical Oncology (ASCO) - Jain

2014	Most cited paper (2013), Annals of Biomedical Engineering – Jain
2014	Fellow, American Association for the Advancement of Science (AAAS) - Jain
2014	Keio Medical Society Lecture, Japan - Duda
2014-2016	Warshaw Institute for Pancreatic Cancer Research Award - Duda
2015	NIH R01 - Munn, Padera, Jain
2015	Rice University Distinguished Alumnus Award – Munn
2015	Secretary General, IASGO – Duda
2015	“Eugene M. Landis Award” The Microcirculatory Society - Fukumura
2015	Honorary Doctorate, Katholieke Universiteit Leuven, Belgium – Jain
2015	MCS Landis Award Lecture, Annual Microcirculation Society Meeting, Boston
2015	Honorary Doctorate, Indian Institute of Technology (IIT), Kanpur, India - Jain
2015	Honorary Doctorate, Duke University -Jain
2015	Capussotti Award (International Association of Surgeons, Gastroenterologists, and Oncologists) – Duda
2015	Honoree of the One Hundred, Mass General Cancer Center – Duda
2015	Foreign Fellow, Indian National Science Academy (INSA) – Jain
2015	LE&RN/FDRS Lipedema Postdoctoral Fellowship - Bouta
2015	Schrodinger Fellowship by the Austrian Science Funds – Pinter
2015	Herman-Holtheusen Award of the German Society for Radiation Oncology - Askoxylakis
2015	Humboldt Foundation Feodor Lynen Research Fellowship – Schanne
2015	Susan G. Komen Foundation Postdoctoral Grant; FSQ Fellowship; FMD ECOR - Ferraro
2015	Tufts Graduate School of Arts and Sciences Travel Award, School of Engineering Travel Award, AACR Scholar in Training Award - Datta
2015	Poster of Distinction Award at MGH ECOR SAC Meeting - Ferraro, Datta
2015	De Beaumont Bonelli Foundation Travel Award, Lorini Foundation Award - Seano
2015	ABTA Fellowship - Chatterjee
2015	Keynote Speaker, Wolfsberg/ESTRO Radiation Biology Meeting - Duda
2015	AACR-Aflac, Incorporated Scholar in Training Award, Keystone Global Helath Award - Jung
2015	Tohoku Medical Society Lecture, Japan - Duda
2015	Award of the State Scholarship Fund by the China Scholarship Council (CSC) - Zhao
2015	Spiro Award - Padera, Xu
2015	Merrimack Pharma SRA - Duda

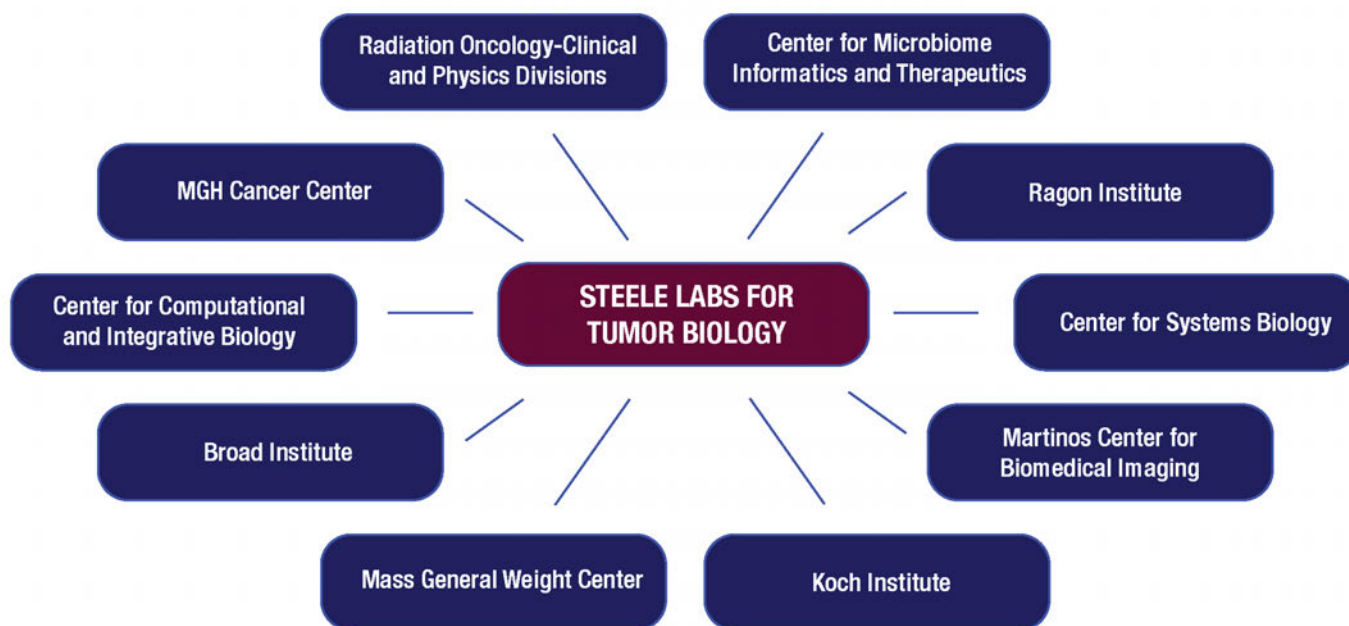
2015	Warshaw Institute for Pancreatic Cancer Research Award - Fukumura
2015	Nikon Small World Competition, 5th place - Seano
2015	Keynote Speaker, Neurooncology Group (NOA) Winterschool, Germany - Duda
2015	SPARC SRA - Garkavstev
2015	North America Vascular Biology Organization Outstanding Poster Award - Bazou
2015	Pierre Gilles de Gennes Fondation pour la Recherche Fellowship, Consejo Superior de Investigaciones Cientificas Award - Bazou
2015	Children's Tumor Foundation Drug Discovery Award - Xu
2015	NIH Outstanding Investigator Award - Jain
2015	Bill and Melinda Gates Foundation Grand Challenges: New Interventions in Global Health Award -Jain
2015	Ludwig Institute Grant - Jain
2015	Bayer, BMS SRAs - Duda
2015	Rice University Distinguished Alumnus Award – Munn
2016	Inductee, American Institute of Medical and Biological Engineering - Munn
2016	Heroes of Hope Award Granara-Skerry Trust for Pancreatic Cancer Research - Duda
2016	Won Partners in Excellence Award - Roberge
2016	DoD New Investigator Award – Xu
2016	2016 AACR-GYRIG Scholar-in-Training Award – Jung
2014, 14, 16	One of the top 1% cited researchers in Clinical Medicine, Thomson Reuters - Jain
2016	Princess Takamatsu Cancer Research Fund International Lecturer, Japan - Jain
2016	SRA - Xu
2016	One of the Most Influential/Cited Authors on the 75 th Anniversary of <i>Cancer Research</i> – Jain
2016	R. B. Trull Lecture, University of Texas, Austin – Jain
2016	United States National Medal of Science (for 2013) – Jain
2016	NIH F31 Fellowship – Datta
2016	AACR Postdoctoral Fellowship – Wong
2016	Tosteson Postdoctoral Fellowship – Nia
2016	Uehara Foundation Postdoctoral Fellowship – Shigeta
2016	NIH R01 – Padera, Munn
2016	Feodor-Lynen Postdoctoral Research Fellow – Ghosh
2016	The Kyoto Univ. Foundation – Kawaguchi
2016	Resource Center for Health Science (RECHS) – Kawaguchi
2017	2017 NIH R01 BRG – Fukumura/Jain
2017	NIH U01 – Jain/Pittet

2017	NIH R41 – Duda
2017	NCI/NIAID R01 BRG, Supplement – Jain/Pittet
2017-2021	Exelixis – Duda
2017-2019	Leap Tx SRA – Duda
2017	ECOR ISF Grants – Fukumura, Duda
2017	Lifetime Achievement Award, American Assoc. of Indian Scientists in Cancer Research – Jain
2017	Ramzi Cotran Lecture, Harvard Medical School – Jain
2017	Plenary Lecture, Hong Kong International Oncology Forum 2017 (HKIOF 2017) – Duda
2017	New England Choice Award – Jain
2017	Elected to the National Academy of Inventors - Jain
2017	Election to College of Fellows of American Institute of Medical and Biological Engineering - Fukumura
2017	Swedish Research Council Fellowship - Andersson
2017	Keio Medical Society Lecture, Japan - Duda
2017-2025	Ludwig Center at Harvard Grant - Jain
2018	Maud Menten Lecture, University of Pittsburgh - Jain
2018	NIH Training Grant - Posada
2018	Cancer Research Institute Postdoctoral Fellowship - Talele
2018	One of the top 1% cited researchers in Clinical Medicine - Jain
2018	Totally “Rad” Researcher Employee of the year in Research - Huang
2018	IASGO Achievement Award - Duda
2018	NETF Pilot Grant – Duda
2018	Earl Benditt Award, North American Vascular Biology Organization -Jain
2018	One of the top 1% cited researchers in Clinical Medicine - Jain
2018	Cholangiocarcinoma Foundation – Aoki
2018	R21 - Padera
2018	Excellence Award, Romania-USA Chamber of Commerce - Duda
2018	Children’s Tumor Foundation Drug Discovery Award - Xu
2019	Election to College of Fellows of American Institute of Medical and Biological Engineering - Padera
2019	One of the top 1% cited researchers in Clinical Medicine – Jain, Fukumura
2019	Judah Folkman Lecture, Harvard Medical School/Boston Children’s Hospital - Jain
2019	Jeffrey M. Isner Memorial Lecture, Tufts University School of Medicine – Jain
2019	ECOR ISF Grants - Xu
2019	ACR-Loxo Oncology Pediatric Cancer Research Fellowship - Datta

2019	Cancer Research Institute Postdoctoral Fellowship- Ren
2019	MGH Cancer center excellence award - Amoozgar
2019	DOD Horizon award - Krishnan
2019-2022	DOD Impact Award - Duda
2019-2021	DOD Idea Award - Duda
2019	Tosteson Fellowship – Ren
2019	German Cancer Aid DAAD Fellowship - Hauth
2019	Nile Albert Research Foundation Grant -Jain
2020	Election to College of Fellows of American Institute of Medical and Biological Engineering - Duda
2020	Election as AACR Academy Fellow - Jain
2020-2022	NF Therapeutics SRA - Xu
2020-2023	DOD Investigator-Initiated Research Award - Xu
2020	One of the top 1% cited researchers in Clinical Medicine – Jain, Fukumura
2020	Excellence Award – World Ambassador of Romanian Medicine, Romanian Academy and Tarus Media - Duda
2021-2026	NIH R01 (x2) - Duda
2021-2026	NIH R01 – Munn/Duda
2021	NIH R01- Jain/Vander Heiden
2021	NIH U01- Munn/Jain
2021-2023	NIH R03 - Duda
2021-2024	DOD Idea Award - Duda
2021-2026	Rullo Family MGH Research Scholar - Padera
2021	One of the top 1% cited researchers in Clinical Medicine – Jain, Fukumura
2021	Doctor Honoris Causa, University of Medicine Iasi, Romania - Duda
2021-2023	Japan Society for the Promotion of Science Fellowship - Morita
2022	Election Fellow of the American Association for the Advancement of Science (AAAS) - Duda
2022	NIH R01 – Jain
2022-2023	Warsaw Institute for Pancreatic Cancer Research Award - Duda
2022	One of the top 1% cited researchers in Clinical Medicine – Jain, Fukumura
2022	Szent-Györgyi Prize for Progress in Cancer Research from The National Foundation for Cancer Research (NFCR) - Jain
2022-2027	NIH R01 - Jain
2022	Inaugural Dr. Youcef Rustum Lecture, Roswell Park Cancer Center, Buffalo - Jain
2022	Keio Medical Society Lecture, Japan - Duda
2022	International Honorary Member, Japanese Cancer Association - Jain
2022	Seiki Matsuno State-of-the-Art Lecture Joint Congress – 26th IAP and 53rd JSP Meetings, Kyoto, Japan - Duda

2022	Team Science – Honorable Mention, MGH Clinical Research Day – Jain, Duda
2022-2024	DOD Impact Award - Xu
2022-2024	Children's Tumor Foundation Award - Xu
2022	Erudite Scholar-in-Residence Kerala State Higher Education Council (KSHEC), India - Duda
2023	One of the top 1% cited researchers in Clinical Medicine – Jain
2023	Smith Family Foundation Lecture, MD Anderson Cancer Center - Jain
2023	Induction into the College of IASGO Fellows (FASGO) - Duda
2023	Election Fellow of the American Association for the Advancement of Science (AAAS) - Padera
2023	Appointed to the Congressionally mandated National Commission on Lymphatic Diseases - Padera

2023	Children's Tumor Foundation Young Investigator Award - Yin
2023-2024	Children's Tumor Foundation Award - Xu
2023	Foreign Member, Academia Europaea (The Academy of Europe) - Duda
2023-2027	Takeda Science Foundation Fellowship - Ando
2023	MGH ECOR Fund for Medical Discovery (FMD) Fundamental Research Fellowship - Morita
2023	MGH ECOR Fund for Medical Discovery (FMD) Fundamental Research Fellowship - Subudhi
2023-2028	NIH R01 – Munn/Padera
2023-2028	NIH R01 - Padera
2023-2028	NIH R01 (x2) – Xu
2023	Honorary Doctorate, University of Delaware - Jain
2023	"Best Scientist" by Research.com - Jain



RESEARCH GOALS

The long-term goal of our research is to reveal the role of host-tumor interactions in the biology and therapeutic response of tumors and to translate this insight into improved cancer detection, prevention and treatment. A quantitative understanding of pathophysiology of solid tumors is developed using five unique yet complementary approaches in our research

1 a microscopic approach to directly visualize gene expression, physiological function and delivery of therapeutics *in vivo*.

2 a macroscopic approach using tissue-isolated tumors to access and monitor arterial and venous blood in rodent and human tumors.

3 *in vitro* characterization of deformability, permeability, migration, adhesion and force generation in cells

4 molecular and genetic approaches as well as the development of transgenic cell lines and animals

5 mathematical modeling to integrate existing data and to guide new clinical and experimental studies.

These five approaches are intertwined in seven multi-disciplinary projects

1. tumor angiogenesis and blood flow
2. metabolic microenvironment
3. transvascular transport
4. interstitial and lymphatic transport
5. cell mechanics and transport;
6. mathematical modeling
7. translation of laboratory findings to the clinic

The goals of the first project are to understand the molecular and physical mechanisms underlying the temporal and spatial heterogeneities in tumor vasculature; and to develop strategies for manipulating these parameters to “normalize” the tumor vasculature. The goals of the second project are to determine molecular and cellular mechanisms that lead to the abnormal tumor microenvironment and to develop strategies to “normalize” the microenvironment.

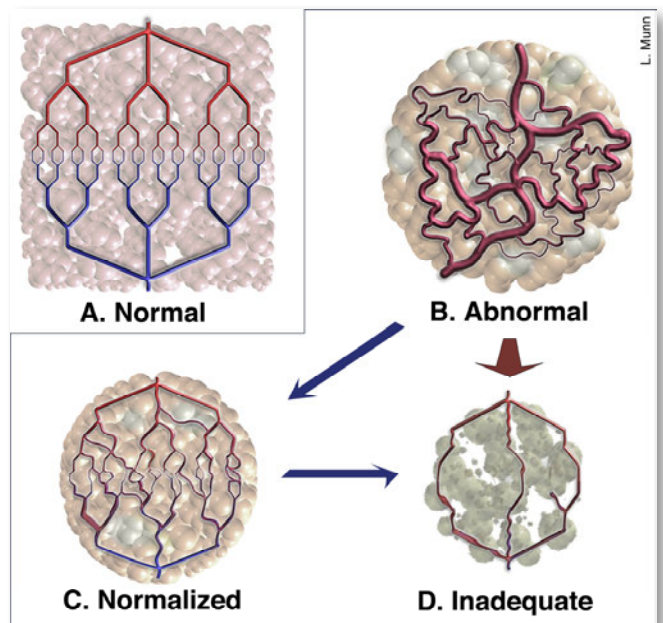
The goals of the third project are to characterize transvascular transport pathways in tumors, to identify molecular mechanisms that govern transport of molecules across the vessel wall, and to develop molecular and physiological strategies for improved transport. The goals of the fourth project are to characterize transport in the interstitium and relate it to the interstitial structure, to determine the causes of interstitial hypertension, to develop strategies to alter pressure in solid tumors, and to examine the diagnostic and prognostic value of tumor interstitial pressure in the management of cancer. Since lack of functioning lymphatics is a major cause of interstitial hypertension, a related goal is to further our understanding of lymph transport, and to identify inhibitors of lymphangiogenesis and lymphatic function in tumors. The goals of the fifth project are to quantify the structural rigidity, force generation, and motility of cancer cells and of various lymphocyte subpopulations, to measure the adhesive interactions among lymphocytes, endothelial cells and tumor cells, to define the mechanisms which control these structural and functional properties, to relate these biophysical parameters with the in vivo movement of lymphocytes and cancer cells and to develop novel technologies for separating rare cells from blood based on this understanding.



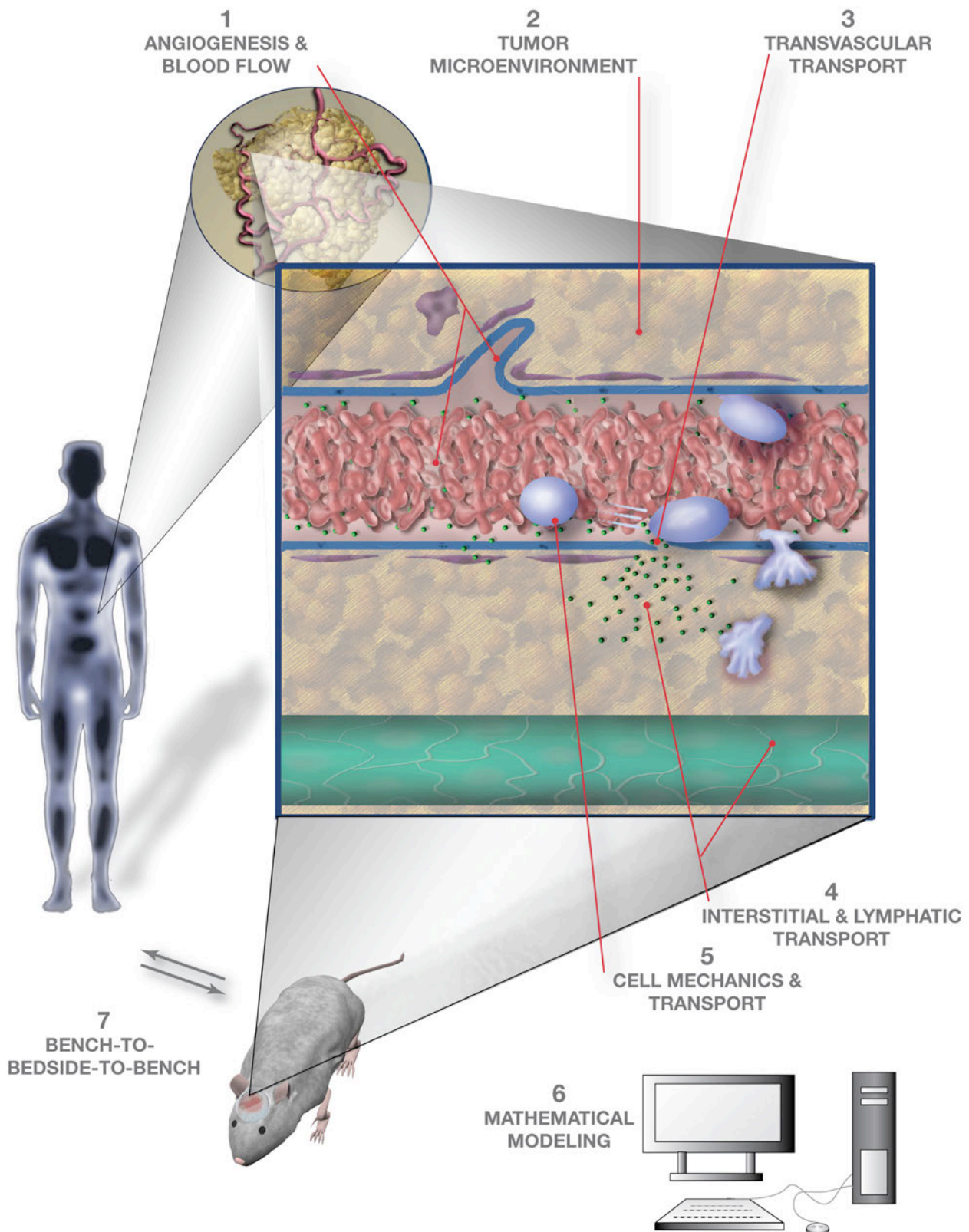
Vascular cast of human colon tumor vessels used to study vascular abnormalities. The plastic material was injected and polymerized after the surgical resection of a tumor from the colon of a patient.

The goal of the sixth project is to bring together the knowledge generated in the first five projects by developing appropriate mathematical models. Current efforts are focused on improving the delivery of therapeutic agents to tumors using various approaches, scale-up of rodent data to humans, fractal analysis of vascular networks, mathematical modeling of angiogenesis and leukocyte-endothelial interactions and development of new transport and growth equations for solid tumors based. The goal of the seventh project is to translate our laboratory findings in the clinic with the goal of improving current therapies and to develop new molecular and cellular biomarkers for individualizing cancer treatment. We believe that our work will continue to provide valuable insight into tumor pathophysiology and suggest novel strategies for improved detection, prevention and treatment of solid tumors.

Normalization hypothesis: Anti-angiogenesis drugs cause abnormal tumor vessels (B) to become more normal with better function (C), allowing uniform drug delivery and more effective radiation therapy.



RESEARCH HIGHLIGHTS



RESEARCH HIGHLIGHTS

1 Angiogenesis and Blood Flow

- Developed sophisticated animal models for studies of tumor angiogenesis, microcirculation, progression, metastases and treatments including dorsal window (Leunig et al., 1992b, Leunig et al., 1995, Leunig et al., 1997), cranial window (Yuan et al., 1994b), liver (Fukumura et al., 1997b), gallbladder (Gohongi et al., 1999), pancreas (Tsuzuki et al., 2001), mammary fat pad (Monsky et al., 2002), tissue-isolated tumor (Kristjansen et al., 1994, Kristjansen et al., 1996).
- Developed state of the art imaging techniques for in vivo studies including multiphoton laser-scanning microscopy (Brown et al., 2001; Padera et al., 2002), Quantum dots (Stroh et al., 2005; Allen et al., 2010; Liu et al., 2010; Chen et al., 2013), Life time imaging (Kumar et al., 2009), OFDI (Vakoc et al., 2009), (Kim et al., 2010), (Kamoun et al., 2010), video-rate MPLSM (Kirpatrick et al., 2012),
- Developed a noninvasive model to visualize angiogenesis and adipogenesis and found provocative reciprocal regulation between them, suggesting a novel therapy for obesity related diseases including cancer (Fukumura et al., 2003; Tam et al., 2009b). Established a physiologically based mathematical model to study body weight balance (Tam et al., 2009a).
- Provided the first quantitative measurements of geometric resistance to blood flow and of branching patterns in the rat and human tumor vasculature (Less et al., 1991).
- Established and tested a network model to explain the effect of vasoactive agents on tumor blood flow and interstitial fluid pressure (Zlotecki et al., 1995).
- Developed a novel scheme to quantify the vascular architecture in a tumor (Gazit et al., 1995, Gazit et al., 1997). This analysis has allowed us to calculate the role of vascular heterogeneity in nutrient and drug delivery of tumors (Baish et al., 1997, 2011, Baish and Jain, 2000, 2001).
- Utilized tissue-isolated tumors for residence time distribution studies to examine the accuracy of models used to estimate blood flow (Eskey et al., 1994) and for drug uptake studies to investigate barriers to drug delivery (Kristjansen et al., 1996, Heijn et al., 1999).
- Discovered new mechanisms of tumor angiogenesis (Patan et al., 1996) and vascular anastomosis (Cheng et al., 2011).
- Discovered a new mechanism of intermittent blood flow in tumors (Netti et al., 1996, 2001).
- Demonstrated roles of nitric oxide (Fukumura and Jain, 1998; Fukumura et al., 2006) on the regulation of tumor blood flow (Kristensen et al., 1997; Fukumura et al., 1997a), angiogenesis (Fukumura et al., 2001) and pericyte recruitment (Kashiwagi et al., 2005), and that perivascular nitric oxide gradients normalize tumor vasculature (Kashiwagi et al., 2008) and Tie-2 activation potentiate it (Goel et al., 2013).
- Measured the stress generated by tumor growth to explain vascular collapse (Helmlinger et al., 1997b; Koike et al., 2002) and showed that relieving stress by inducing tumor cell apoptosis could open vessels (Griffon-Etienne et al., 1999; Padera et al., 2004).
- Demonstrated the importance of host organ in tumor angiogenesis, microcirculation (Fukumura et al., 1997b; Tsuzuki et al., 2001; Monsky et al., 2002) and VEGF/bFGF induced vessels (Dellian et al., 1996a), suppression of secondary angiogenesis (Sckell et al., 1998, Gohongi et al., 1999; Hartford et al., 2000) and response to anti-VEGF and HER2 therapies (Bockhorn et al., 2003; Kodack et al., 2012).
- Discovered that tumor induces VEGF-promoter activity in the host fibroblasts (Fukumura et al., 1998), these activated fibroblasts play an active role in angiogenesis (Brown et al., 2001) and the host cells contribute significantly to VEGF production (Tsuzuki et al., 2000) and compensate tumor cells' production (Izumi et al., 2002)
- Discovered indirect pro-/anti-angiogenic effects such as hormone therapy/withdrawal (Jain et al., 1998a; Kristensen et al., 1999b) on blood flow and microcirculation in tumors angiogenesis. Anti-HER2 therapies (Izumi et al., 2002; Kodack et al., 2012)
- Demonstrated that VEGF produced by endothelial cells in oxygen gradients can lead to vascular network formation in vitro (Helmlinger et al., 2000).
- Quantified the frequency of mosaic vessels in tumors (Chang et al., 2000).
- Demonstrated that anti-VEGF and anti-VEGF-R2 antibodies potentiate radiation-induced short- and long-term tumor control (Lee et al., 2000; Kozin et al., 2001).
- Demonstrated that decorin inhibits angiogenesis in vitro (Davies et al., 2001).
- Proposed that judiciously applied anti-angiogenic therapy can normalize tumor vasculature (Jain, 2001).
- Discovered the mechanism of blood flow shutdown by PDT (Dolmans et al., 2002a,b).
- Demonstrated that VEGF blockade can retard the growth of spontaneous autochthonous tumors (Izumi et al., 2003).
- Created long-lasting blood vessels in vivo using endothelial cells and mesenchymal precursor cells (Koike et al., 2004), hES cells (Wang et al., 2007), EPCs (Au et al., 2008a), MSCs (Au et al., 2008b), human iPS cells (Samuel et al., 2013).
- Discovered the differential transplantability of tumor stromal cells and stromal cell metastasis (Duda et al., 2004, 2010).
- Demonstrated normalization of tumor vasculature by an anti-angiogenic therapy (Tong et al., 2004; Winkler et al., 2004; Kashiwagi et al., 2008; Kamoun et al., 2009; Huang et al., 2012)
- Characterized nanoparticle transport (Stroh et al., 2005) and the effect of size (Popović et al., 2010; Chauhan et al., 2012), charge (Campbell et al., 2002; Stylianopoulos et al., 2010 & 2013; Han et al., 2013), shape (Chauhan et al., 2011), multistage system (Wong et al., 2011), and vascular normalization (Chauhan et al., 2012)
- Discovered Ang-2 as a potential target for anti-VEGF therapy resistance (Chae et al., 2010; Peterson et al., 2016; Kloepper et al., 2016).
- Demonstrated that CXCR4 promotes metastasis via Gr-1+ BMDC recruitment (Hiratsuka et al., 2011a).
- Discovered that tumors prime metastatic "soil" by inducing focal hyperpermeability in the lungs (Hiratsuka et al., 2011b).
- Determined how fluid forces and VEGF cooperate to control angiogenic sprouting (Song & Munn, 2011)
- Discovered PIGF/NRPI as a novel therapeutic target in pediatric medulloblastoma (Snuderl et al., 2013)
- Discovered obesity induces anti-VEGF therapy resistance via IL-6 and bFGF (Incio et al., 2018).
- Used experimental and computational analyses to reveal the dynamics of tumor vessel cooption and optimal treatment strategies to prevent brain tumor escape from antiangiogenic therapy (Vouturi et al., 2019).
- Demonstrated that normalizing tumor blood vessels may improve immunotherapy against brain cancer (Dong et al., 2023)

2 Tumor Microenvironment

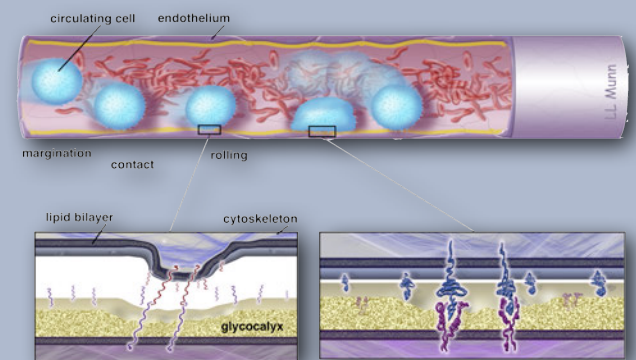
- Adapted and developed fluorescence ratio imaging microscopy (FRIM) to measure pH *in vivo* in normal and tumor microcirculation in the rabbit ear chamber and mouse dorsal chamber (Martin and Jain, 1993, Martin and Jain, 1994, Dellian et al., 1996b).
- Provided the first combined measurement of pH and pO₂ profiles in human tumor xenografts (Helmlinger et al., 1997a).
- Demonstrated that VEGF produced by endothelial cells in oxygen gradients can lead to vascular network formation *in vitro* via an autocrine mechanism (Helmlinger et al., 2000).
- Measured oxygen consumption of endothelial cells *in vitro* (Helmlinger et al., 2000) and during various treatments (Hansen-Algenstaedt et al., 2000).
- Delineated the mechanisms of low pH in tumors (Helmlinger et al., 2002).
- Measured glucose metabolism and vascular parameters in lung cancer patients using PET and MRI (Hunter et al., 1998).
- Measured the effect of creatine and cyclocreatine on energy levels in tumors (Kristensen et al., 1999a).
- Determined increase in tumor pO₂ by modified hemoglobins (Nozue et al., 1996).
- Examined the feasibility of the Eppendorf histogram for pO₂ measurements (Nozue et al., 1997a, 1997b).
- Demonstrated a lack of universal correlation between pO₂ and IFP (Boucher et al., 1995).
- Discovered that HIF1 α deletion leads to lower VEGF expression, angiogenesis and oxygenation, yet the tumors grow more rapidly (Carmeliet et al., 1998), and HIF1 α (-/-) cells localize in hypoxic regions (Brown et al., 2001).
- Discovered that low pH and pO₂ independently regulate VEGF (Fukumura et al., 2001), and delineated the signaling pathways for low pH induced VEGF upregulation (Xu et al., 2002).
- Demonstrated signaling pathways in hypoxia-induced IL-8 expression (Xu et al., 2004).
- Demonstrated that HIF-2 α acts as a tumor suppressor (Acker et al., 2005).
- Discovered that the judicious application of anti-angiogenic therapy alleviates hypoxia in tumors (Winkler et al., 2004).
- Developed "smart" nanoparticles that become smaller in size once they enter the tumor microenvironment and penetrate deeper into tumors (Wong et al., 2011).
- Discovered that medulloblastoma cells stimulate stromal granule cells via Shh to produce PlGF, which promotes medulloblastoma cell growth and spread (Snuderl et al., 2013).
- Discovered that reprogramming liver tumor microenvironment using CXCR4 inhibition can facilitate immunotherapy (Chen et al., 2015).
- Discovered that obesity induces inflammation, desmoplasia and resistance to anti-angiogenic therapy in breast cancer via IL-6 and bFGF (Incio et al., 2018) and chemotherapy in pancreatic cancer via IL-1 (Incio et al., 2016).
- Demonstrated the role of the liver immune microenvironment in colon cancer resistance to immunotherapy (Ho et al., 2020).
- Demonstrated the role of the brain metabolic microenvironment in breast cancer resistance to therapy (Ferraro et al., 2021).

3 Transvascular Transport

- Found that decompressing vessels with angiotensin inhibition can enhance oxygen delivery to tumors (Chauhan et al., 2013).
- Provided the first measurement of microvascular permeability in a human tumor xenograft using intravital fluorescence microscopy (Yuan et al., 1993).
- Demonstrated that the local microenvironment of tumors can control permeability (Yuan et al., 1994b; Fukumura et al., 1997b).
- Showed that anti-VEGF antibody or hormone withdrawal can lower tumor permeability and lead to vascular regression (Yuan et al., 1996, Jain et al., 1998a, Lichtenfeld et al., 1999, Jain et al., 1998), yet VEGF showed no correlation with vascular permeability in different sites (Fukumura et al., 1997b).
- Measured the molecular weight and charge dependencies of vascular permeability (Yuan et al., 1994a, 1995; Dellian et al., 2000; Campbell et al., 2002) and discovered that the pore size cut-off for transvascular pathways depends on tumor-host interaction and changes in response to therapy (Hobbs et al., 1998).
- Discovered that hyperpermeability of tumor vessels coupled with high interstitial pressure can lead to vascular stasis (Netti et al., 1996, Baish et al., 1997).
- Measured the hydraulic conductivity (Sevick and Jain, 1991a) and distribution of water channel protein (AQP1) in tumors (Endo et al., 1999).
- Discovered that increase in vascular permeability by VEGF depends on the host-origin of endothelium (Chang et al., 2000) and host-tumor interaction (Monsky et al., 1999).
- Demonstrated that the gaps between endothelial cells cause hyperpermeability in tumors (Hashizume et al., 2000).
- Measured the effect of PlGF and VEGF on the hydraulic conductivity of endothelium *in vitro* (Dull et al., 2001).
- Demonstrated induction of vascular permeability by nitric oxide in tumors and VEGF-induced angiogenic vessels (Fukumura et al., 1997a and 2001).
- Demonstrated that anti-VEGFR2 antibody reduces vascular permeability and normalizes tumor vasculature (Tong et al., 2004; Winkler et al., 2004).
- Examined how focal vessel hyperpermeability can influence network flow patterns (Sun et al., 2008).
- Found that modulating nanoparticle shape can enhance the penetration of tumors (Chauhan et al., 2011).
- Determined that vascular normalization can enhance the penetration of small but not large nanomedicines in tumors (Chauhan et al., 2012).
- Discovered that inhibiting VE-PTP, which itself inhibits the vessel maturation activities of Tie-2, matures vessels in primary and metastatic lesions to prevent disease progression and enhance radiation sensitivity (Goel et al., 2013).
- Demonstrated focused ultrasound-induced BTB destruction and enhanced drug delivery in brain metastasis (Arvanitisa et al., 2018).
- Demonstrated that optimized exercise therapy induces vessel normalization, boosts antitumor effector cell infiltration and function, and delays tumor growth in a CXCR3 pathway/CD8⁺ T cell- dependent manner (Gomes-Santos et al., Cancer Immunol Res 2021).

- Provided evidence that microvascular pressure is the principal driving force for interstitial hypertension in tumors (Boucher et al., 1992, Zlotecki et al., 1993, 1995), and that interstitial pressure goes up with the onset of angiogenesis (Boucher et al., 1996).
- Theoretically predicted and experimentally confirmed the time constants of transvascular and interstitial fluid exchange in tumors (Netti et al., 1995) and developed a novel strategy for improving drug delivery based on these findings (Netti et al., 1999).
- Demonstrated that it is possible to lower tumor pressure using nicotinamide (Lee et al., 1992), dexamethasone (Kristjansen et al., 1993), pentoxifylline (Lee et al., 1994a), hemodilution (Lee et al., 1994b), TNF α (Kristensen et al., 1996, Kristensen et al., 1997), taxanes (Griffon-Etienne et al., 1999), radiation (Znati et al., 1996) and various vasoactive agents (Zlotecki et al., 1995).
- Suggested the possibility that pressure could be used as a prognostic marker (Leunig et al., 1992a, Leunig et al., 1994a).
- Demonstrated a lack of universal correlation between pO₂ and IFP (Boucher et al., 1995).
- Adapted fluorescence recovery after photobleaching (FRAP) to thick samples (Beck et al., 1993) and used it to measure the effect of charge, molecular weight and configuration on diffusion in gels (Johnson et al., 1995, Johnson et al., 1996a, Johnson et al., 1996b, Pluen et al., 1999).
- Measured the hydraulic conductivity of the tumor interstitial matrix (Boucher et al., 1998).
- Discovered that collagen network contributes to resistance (Netti et al., 2000; Davies et al., 2002; Ramanujan et al., 2002), and to host-organ dependence of interstitial transport in tumors (Pluen, et al, 2001).
- Adapted FRAP to measure binding kinetics between antibody and tumor associated antigens in vitro (Kaufman et al., 1991, Kaufman et al., 1992a, Kaufman et al., 1992b) and in vivo (Berk et al., 1997).
- Demonstrated that VEGF-C, the first lymphangiogenic molecule, leads to lymphatic hyperplasia in skin (Jeltsch et al., 1997), in the tumor margin (Padera et al, 2002), and angiogenesis in tumors (Kadambi et al, 2001).
- Developed a new model for lymphatic transport (Leu et al., 1994) and measured flow velocities in lymph capillaries of the tail skin of mice using RTD and FRAP (Swartz et al., 1996, Berk et al., 1996).
- Provided the first measurements of oncotic pressure in tumors (Stohrer et al, 2000).
- Demonstrated the absence of functional lymphatics in tumors despite the presence of VEGF-C and its receptors (Leu et al., 2000; Padera et al., 2002).
- Demonstrated that LYVE-1 is not specific to lymphatics, and LYVE-1 Prox1 structures, presumably lymphatics are absent in primary and secondary tumors in livers of patients (Mouta-Carreira, et al, 2001)
- Developed a new model for acute lymphedema in the tail and alleviated edema using a flap transfer (Slavin et al., 1999, Losken et al, 2001).
- Developed a technique for optically imaging collagen in tumors in vivo using second harmonic generation (Brown et al., 2003).
- Quantified the dynamics of collagen modification after pharmacologic intervention and provided mechanistic insight into improved diffusive transport induced by the hormone relaxin (Brown et al., 2003).
- Demonstrated that radiation enhances the production of collagen I and reduces fluid flow in tumors (Znati et al., 2003).
- Developed a two-photon correlation microscopy technique and found two-phase nature of interstitial transport in tumors (Alexandrakis et al., 2004).
- Demonstrated that compressive mechanical forces generated by proliferating cancer cells can cause the collapse of intratumor blood and lymphatic vessels (Padera et al., 2004).
- Demonstrated that VEGF-C overexpression leads to the formation of lymphatic vessels that demonstrate retrograde flow and implies that the VEGF-C alone can not produce mature, functional lymphatic vessels (Isaka et al., 2004).
- Demonstrated that nitric oxide and eNOS act on the collecting lymphatic vessels, but not the initial lymphatic vessels, of the mouse tail and alters the rate of lymph flow in these vessels (Hagendoorn et al., 2004).
- Demonstrated that VEGF signaling blockade reduces the tumor interstitial fluid pressure in experimental tumors (Lee et al., 2000; Tong et al., 2004).
- Evaluated tadpole model as a novel system to study lymphangiogenesis (Ny et al., 2005)
- Discovered elevated IFP and abnormal lymphatics in premalignant lesions (Hagendoorn et al., 2006).
- Imaged each step in the process of lymphatic metastasis and found that VEGF-C increases cancer cell arrival in the lymph node and thereby increases metastasis formation (Hoshida et al., 2006).
- Demonstrated a lack of efficacy of VEGFR TKIs against lymphatic metastasis in the adjuvant setting (Padera et al., 2008)
- Demonstrated the critical function of NO in the autonomous contraction of collecting lymphatic vessels (Liao et al., 2011).
- Discovered that the widely prescribed anti-hypertensive drugs can "normalize" the collagen matrix and improve the delivery and efficacy of drugs in desmoplastic tumors (Diop-Frimpong et al, 2011).
- Found that TGF-beta inhibition can enhance the penetration and efficacy of nanomedicines in tumors (Liu et al., 2012)
- Discovered that VEGF-C sensitizes lymphatic endothelial cells to radiation (Kesler et al., 2014)
- Found that lymph node metastasis do not require sprouting angiogenesis in order to grow (Jeong, Jones et al., 2015).
- Developed mathematical model to characterize the role of mechanobiological inputs in driving lymphatic pumping (Kunert et al., 2015).
- Demonstrated the first dynamic lymph flow measurement without injected contrast in vivo (Blatter et al., 2016).
- Showed that MRSA infections permanently impair lymphatic pumping by killing lymphatic muscle cells (Jones et al., 2018).
- Showed that lymph node metastasis can invade lymph node blood vessels, escape the lymph node, and colonize distant metastatic sites (Pereira et al 2018).
- Showed that tumor draining lymphatic vessels have impaired pumping (Liao et al 2019)
- Demonstrated that cancer-related solid stress impairs lymphocyte infiltration into lymph-node metastases (Jones et al., 2021).
- Simulated the effects of gravity on lymphatic pumping (Li et al., 2022).
- Showed that cancer cells in metastatic lymph nodes can cause the formation of immune suppressive regulatory T cells by expressing MHCI molecules (Lei et al., 2023).

- Adapted and further developed rectangular and cylindrical systems to quantify deformation, rolling and adhesion of lymphocytes (Munn et al., 1994, Yuan et al., 2000).
- Developed a new technology to measure membrane-associated antigen in intact cell monolayers (Munn et al., 1995).
- Demonstrated that interleukin-2 (IL-2) increases the rigidity of NK cells (Melder and Jain, 1992) and that thioglycollate can reduce the rigidity of IL-2 activated NK cells without affecting their cytotoxicity or adhesiveness (Melder and Jain, 1994), and thus avoid entrapment in the lungs (Melder et al, 2001)
- Discovered that RBCs augment selectin and integrin mediated rolling and adhesion of lymphocytes to the vascular endothelium both in vitro and in vivo (Melder et al., 1995b, Munn et al., 1996, Melder et al., 2000; Yuan et al., 2001).
- Demonstrated that rolling in the dorsal skin is reduced but not eliminated in P-selectin deficient mice (Yamada et al., 1995a), and that rolling increases with age (Yamada et al., 1995b).
- Discovered that rolling is normal, but adhesion is reduced in E-selectin Mice (Milstone et al., 1998).
- Demonstrated using three different in vivo tumor models that IL-2 activated NK cells preferentially adhere to the tumor vasculature (Ohkubo et al., 1991, Sasaki et al., 1991, Melder et al., 1993, Melder et al., 1994, Melder et al., 1995a), even though the leukocyte-endothelial interaction in tumors is heterogeneous (Fukumura et al., 1995) and differs among subpopulations of lymphocytes (Melder et al., 1997, Koenig et al., 2000).
- Discovered the connection between angiogenesis and leukocyte adhesion (Melder et al., 1996, Detmar et al., 1998, Moulton et al., 1999).
- Discovered that VEGF upregulates while bFGF downregulates adhesion molecules in vascular endothelium in vitro and in vivo (Melder et al., 1996, Detmar et al., 1998, Jain et al., 1998) and PKC γ , PLD and PKC signaling is involved in inhibition by bFGF (Koenig et al., 2000).
- Developed a physiologically based model of cell biodistribution in mice and humans (Zhu et al., 1996).
- Developed a new method for labeling cells for in vivo biodistribution studies using PET and MRI (Melder et al., 1993, Melder et al., 1994, Schoepf et al., 1998).
- Using a chorioallantoic membrane model and in vivo microscopy, characterized the early events in metastasis and examined the induction of metastasis-related genes (Shioda et al., 1997).
- Showed increased rate of lymphocyte turnover in SIV-injected macaques (Rosenzweig et al., 1998), and differential proliferation in lymphocytes in acute SIV infection (Kaur et al., 2000).
- Demonstrated tumor targeting by salmonella and showed that salmonella accumulation in tumors is due to selective growth in necrotic regions rather than active migration (Forbes et al., 2003).
- Demonstrated that bone marrow stem cells can be labeled with quantum dots for improved in vivo detection (Stroh et al., 2005).
- Quantified bone-marrow cell-derived neovascularization in transplanted and spontaneous tumors and demonstrated its dependence on mouse strain and tumor site (Duda et al., 2005)
- Demonstration that telopeptide-free collagen I enhances RhoA activity and the invasion of a metastatic breast tumor cell line (Demou et al., 2005).
- Demonstrated that platelets play a role in angiogenesis (Kisucka et al., 2006).
- Evaluated circulating endothelial cells (CECs) as a biomarker for antiangiogenic therapy in cancer patients, and characterized the phenotype of CECs (Willett et al., 2004; Willett et al., 2005; Duda et al., 2006).
- Discovered that mechanical compressive stresses can make cancer cells more invasive (Tse et al, 2011).
- Identified the components of tumors that contribute to compressive mechanical stresses in tumors (Stylianopoulos et al., 2012) and anti-VEGF therapy and obesity induces ECM deposition and mechanical stress that compress blood vessels (Rahbari et al, 2016; Incio et al, 2015 & 2016)
- Demonstrated that targeting cancer-associated fibroblast activity can reduce compressive mechanical stresses in tumors to decompress vessels, increase perfusion, and enhance chemotherapy efficacy (Chauhan et al., 2013) and targeting fibroblasts by angiotensin receptor blocker (ARB) significantly improved pancreatic cancer surgery (Liu et al, 2017; Murphy et al, 2018)
- Reported that patients with hypertension who were concomitantly taking a renin-angiotensin-aldosterone system (RAAS) inhibitor during immune checkpoint inhibitor therapy had better overall survival (Drobni et al, 2022)



Cell adhesion to vascular endothelium can be facilitated by specific adhesion molecules.

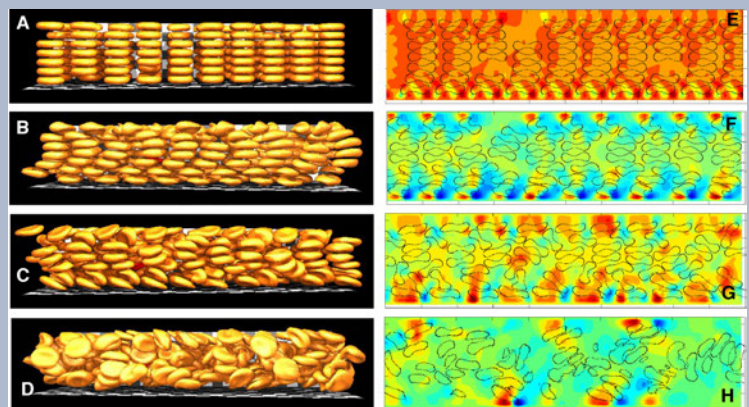
RESEARCH HIGHLIGHTS

6 Mathematical Modeling

- Developed macro- and microscopic distributed models for antibody distribution in tumors to demonstrate the role of binding (Baxter and Jain, 1991a, Baxter and Jain, 1991b).
- Developed lumped and distributed models for bifunctional antibodies and haptens and described the data available in the literature (Yuan et al., 1991; Baxter et al., 1992).
- Developed a physiologically based pharmacokinetic model for antibody using one- and two-step approaches. The model described the data in mice (Baxter et al., 1994) and predicted the human data (Baxter et al., 1995), and allowed dose estimations (Zhu et al., 1997, Zhu et al., 1998).
- Developed a physiologically based model of cell biodistribution in mice and humans (Zhu et al., 1996; Melder et al., 2002; Friedrich et al., 2002).
- Response to anti-VEGF treatment in rectal cancer. Top: before treatment; bottom: after treatment. Arrow shows location of shrinking, paler tumor.
- Developed a distributed parameter model for microscopic distribution of drugs in ADEPT approach (Baxter and Jain, 1996).
- Developed a poro-elastic model of tumors and suggested a novel strategy to improve the drug delivery to solid tumors (Netti et al., 1995, 1997, 1999).
- Developed the theoretical framework to calculate residual stress in tumors (Skalak et al., 1996).
- Calculated solid stress generated by tumor spheroids (Helmlinger et al., 1997b) and proposed the hypothesis that the tumors lack functional lymphatics due to their collapse by solid stress.
- Developed a novel scheme to quantify the vascular architecture in a tumor (Gazit et al., 1995, 1997). This analysis has allowed us to calculate the role of vascular heterogeneity in nutrient and drug delivery to tumors (Baish et al., 1997, Baish and Jain, 1998, 2000).
- Developed a poro-elastic model for interstitial lymphatic transport (Swartz et al., 1999a).
- Developed a mathematical model for necrosis and dormancy in primary tumors and suppression of angiogenesis in distal tumors based on the transport and generation of angiogenic and anti-angiogenic molecules (Ramanujan et al., 2000).
- Developed a lattice Boltzmann model if leukocyte-RBC-endothelial interaction (Migliorini et al., 2002)
- Developed a linear poroelasticity model for the solid stress generated by spheroid growth as a model of tumor expansion (Roose et al., 2003).
- Developed a mathematical model of the contribution of endothelial progenitor cells to angiogenesis in tumors (Stoll et al., 2003).
- Developed a model for temporal heterogeneities of tumor blood flow (Mollica et al., 2003).
- Used microfluidics to separate blood components (Shevkoplyas et al., 2005).
- Analyzed blood rheology based on the particulate nature of blood using lattice Boltzmann analysis (Sun et al. Biophys. J., 2005).
- Analyzed the effect of erythrocytes in the margination of leukocytes in vessel expansions (Sun et al., Physica A, 2005).
- Provided the first measurements of interstitial hypertension in various human tumors (Boucher et al., 1991, Roh et al., 1991, Gutmann et al., 1992, Less et al., 1992, Jain, 1994c, Boucher et al., 1997, Padera et al., 2002, Willett et al., 2004).
- Analyzed the effects of fiber geometry and charge on drug transport (Stylianopoulos et al Biophys J 2010a, 2010b).
- Developed a 2-parameter model to describe network efficiency (Baish et al., PNAS 2011).
- Predicted that combining 'vascular normalization' and 'stress normalization' can greatly enhance chemotherapy delivery in tumors (Stylianopoulos et al., 2013)
- Demonstrated that modelling of COVID-19 pathobiology can suggest biomarkers that predict optimal response to a given immunomodulatory treatment (Subudhi et al, 2022).

Mathematical modeling of blood flow. Erythrocytes flow from left to right (time sequence--A-D). E-H give the corresponding pressure profiles in the plasma.

- **Mathematical modeling of blood flow. Erythrocytes flow from left to right (time sequence--A-D). E-H give the corresponding pressure profiles in the plasma.**



7 Bench-to-bedside translation

- Provided the first quantitative measurements of geometric resistance to blood flow and of branching patterns in the rat and human tumor vasculature (Less et al., 1997).
- Provided the first glimpse of how anti-angiogenic drug Avastin works in cancer patients (Willett et al., 2004, 2005, 2007).
- Provided the first evidence for vascular normalization by an antiangiogenic agent in rectal carcinoma patients (Willett et al., 2004).
- Demonstrated that VEGF signaling blockade reduces the tumor interstitial fluid pressure in human rectal cancer (Willett et al., 2004; 2005).
- Provided the first evidence that Avastin increases the level of VEGF and PIGF in patients' circulation (Willett et al., 2005).
- Found the presence of PDGFR- β on the lymphatic vessels of Gorham's lymphangiomatosis (Hagendoorn et al., 2006)
- Provided the first evidence that an oral antiangiogenic agent creates a window of normalization in recurrent gliomas and alleviates edema in the brain of these patients (Batchelor et al., 2007). This has led to the recently completed pivotal trial of cediranib in glioblastoma patients.
- Discovered that glioblastoma re-growth after antiangiogenic treatment is associated with increases in plasma levels of bFGF, stromal-derived factor 1 alpha (SDF1 α), and blood circulating endothelial cells (CECs) (Batchelor et al., 2007).
- Discovered that liver cancer response may be predicted by MRI and plasma measurements of interleukin 6, and that re-growth after antiangiogenic treatment is associated with increases in plasma levels of interleukin 6, stromal-derived factor 1 alpha (SDF1 α), and blood circulating progenitor cells (CPCs) (Zhu et al., 2009).
- Discovered that antiangiogenic therapy with bevacizumab benefits patients with benign tumors (schwannomas) (Plotkin et al., 2009).
- Established a "vascular normalization index" in glioblastoma patients that might predict response to anti-VEGF therapy as early as 1 day after treatment (Sorensen et al., 2009).
- Discovered that blocking VEGF increases SDF1 α , CXCR4, NRP-1 and CXCL6 in rectal cancer by laser-capture microdissection in serial patient biopsies (Xu et al., 2009).
- Demonstrated that the brain tumor patients whose tumor blood perfusion improved due to vascular normalization by anti-angiogenic therapy survive longer (Sorensen et al, 2011; Emblem et al, 2013; Batchelor et al, 2013).
- Demonstrated that vascular normalization and not pruning after antiangiogenic therapy with chemotherapy is the mechanism of benefit in breast and lung cancer patients (Heist et al., 2015; Tolaney et al., 2015)
- Discovered that the anti-VEGFR2 agent cabozantinib has immunomodulatory effects in breast cancer patients (Tolaney et al., 2017)
- Demonstrated that adding losartan – to normalize the tumor matrix – to chemoradiotherapy was associated with high complete resection rates in locally advanced pancreatic ductal adenocarcinoma patients (Murphy et al., 2018; Saulnier-Sholler et al 2022; Plotkin et al 2023).



Response to anti-VEGF treatment in rectal cancer. Top: before treatment; bottom: after treatment. Arrow shows location of shrinking, more pale tumor.

We are pleased with our progress, which is a result of the hard work, dedication, innovation, organization, and cooperation of the members of the Steele Laboratories, as well as the collaborative support of various members of the MGH/Harvard/MIT community.



Faculty Research Summaries

Normalizing the Tumor Microenvironment to Improve Cancer Treatment: Bench to Bedside & Back



Rakesh K. Jain, PhD, A.W. Cook
Professor of Radiation Oncology
(Tumor Biology) & Director,
Steele Laboratories

My research goals are (i) to understand how the abnormal tumor microenvironment confers resistance to various cancer treatments (e.g., chemotherapies, targeted therapies, nanomedicine, radiation and immunotherapy), (ii) to develop innovative strategies for manipulating the tumor microenvironment to overcome this resistance, and (iii) to translate these strategies from bench to bedside through multi-disciplinary clinical trials.

This tight integration between bench and bedside, and application of engineering/physical science principles to oncology is a hallmark of my research.

To unravel the complex biology of tumors, we developed an array of imaging technologies, mathematical models, and sophisticated animal preparations. This undertaking has provided unprecedented molecular, cellular, anatomical, and functional insights into the barriers in the tumor microenvironment and how to overcome them.

In 2001, I proposed the hypothesis that “normalizing” the tumor microenvironment should improve the treatment outcome. Indeed, our team demonstrated that judicious use of antiangiogenic agents—originally designed to starve tumors—could transiently “normalize” the tumor vasculature, improve perfusion, alleviate hypoxia, increase delivery of drugs and anti-tumor immune cells, polarize macrophages to anti-tumor phenotype, and improve the outcome of radiation, chemotherapy, and immunotherapy in multiple animal models. Moreover, the trials - led by our clinical collaborators - on antiangiogenics in brain, liver, colorectal and breast cancer patients supported this concept. They revealed that the patients whose tumor blood perfusion/oxygenation increased in response to anti-VEGF therapy survived longer than those whose blood perfusion/oxygenation did not increase.

In parallel, by imaging the extracellular matrix and perfusion in tumors in vivo, we discovered that the extracellular matrix could compress blood vessels and impede drug and oxygen delivery in tumors. We also discovered that blocking TGF β -signaling using losartan, an angiotensin receptor blocker, can “normalize” the extracellular matrix by reprogramming carcinoma associated fibroblasts, opening compressed tumor vessels, activating both innate and adoptive immune pathways, and improving the delivery and efficacy of various treatments, including immunotherapy, in multiple murine models of cancer.

These discoveries have led to 40+ clinical trials in the past 20 years and underpinned the approval of bevacizumab for NF2-associated schwannomas in UK in 2014 as well as the US FDA approval of 7 different combinations of anti-VEGF drugs and immune-checkpoint blockers for kidney, lung, liver and endometrial cancers since 2018.

I have had the good fortune of mentoring more than 225 doctoral and postdoctoral fellows from diverse backgrounds including engineering, mathematics, physics, chemistry, molecular and cellular biology, immunology, pathology, radiology, radiation-, medical-, neuro- and surgical-oncology. I have also had productive collaborations with a similar number of basic scientists and clinicians from all over the world. Many of my trainees are now leaders in academia, government and industry.

For our multi-disciplinary contributions to tumor biology and therapy, I have received more than 90 awards and honors, including election to all three US National Academies— Science (NAS), Engineering (NAE) and Medicine (NAM) – and National Academy of Inventors. Since 2014, I am among the top 1% cited researchers (Web of Science). I received the 2013 US National Medal of Science from President Obama – “For pioneering research at the interface of engineering and oncology, including tumor microenvironment, drug delivery, and imaging; and for discovering groundbreaking principles guiding the development and novel use of drugs for cancer and non-cancerous diseases.”

Selected Publications

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Dan G. Duda, DMD, PhD
Associate Professor of
Radiation Oncology

New Therapy Approaches for Hepato-Biliary-Pancreatic (HBP) Malignancies and Metastatic Diseases

Dr. Duda obtained a DMD from the University of Medicine Iasi, Romania, in 1993 and then earned a PhD in Medical Sciences from Tohoku University Graduate School of Medicine, Sendai, Japan, in 2001. After graduation, he pursued postdoctoral training with Professor Rakesh K. Jain in

the Steele Laboratories for Tumor Biology, Department of Radiation Oncology, MGH, and Harvard Medical School in Boston for 3 years. In 2004, Dr. Duda became a Junior Faculty member at Harvard (Instructor). He then rose through the ranks to Full Investigator at MGH Research Institute in 2016 and Associate Professor of Tumor Biology (Radiation Oncology) in 2012. In 2016, Dr. Duda was appointed Director of Translational Research in Gastrointestinal Radiation Oncology at MGH. In 2021, he received the honorary degree "Doctor Honoris Causa" from the University of Medicine Iasi, Romania, his Alma Mater.

Over the last decade and a half, Dr. Duda has built a productive Liver Cancer Research Program. The translational goal of this program is to increase the durability of response to the most effective available therapies. The approach is to identify new cellular and molecular mechanisms of local and metastatic tumor progression and treatment resistance and validate them as new targets for combination therapies for these cancers.

His group studies the activity of agents targeting the tumor microenvironment (antiangiogenic or antifibrotic agents) or targeting the cancer cells (radiotherapy, chemotherapy, targeted agents) combined with immunotherapy approaches. To this end, they developed preclinical models that reproduce hallmarks of human cancers, including genetically engineered models of primary hepatocellular carcinoma and cholangiocarcinoma, and metastatic pancreatic, breast, and prostate carcinomas. In parallel, they are conducting correlative studies of biomarkers of response to the same approaches in clinical trials in cancer patients in a CLIA-certified environment. Dr. Duda's research is supported by multiple National Cancer Institute (NCI) grants, and Department of Defense (DoD) awards.

Dr. Duda has authored 261 publications, including basic research published in *Nature*, *Nature Medicine*, *Nature Biotechnology*, *Nature Genetics*, *Nature Communications*, *Cell*, *Cancer Cell*, *Science Translational Medicine*, *JNCI*, *Gut*, and *Hepatology*, and clinical reports published in *Journal of Clinical Oncology*, *npj Precision Oncology*, and *JAMA Oncology*. Over the last two decades, he has been invited to present our results at over 250 local, national, and international meetings, including in Grand Rounds (Harvard,

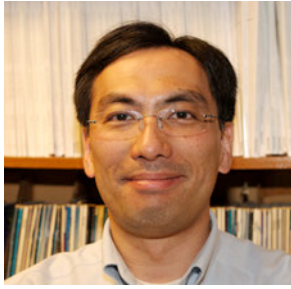
Mayo Clinic, Yale, Fred Hutchinson Cancer Center, UPMC), Plenary and State-of-the-art Talks (AACR, ISSCR, IASGO, IAP), and Keynote Lectures. Dr. Duda has received multiple awards for his research, including from the AACR, Cancer Research Institute (CRI), IASGO, and MGH. He became an Honorary Member of the Academy of Medical Sciences of Romania in 2012, was inducted into the College of Fellows of the American Institute for Medical and Biomedical Engineering (AIMBE) in 2020, was elected as a 2021 American Association for the Advancement of Science (AAAS) Fellow in 2022, and was elected as an IASGO Fellow (FASGO) in 2023. He was elected a Foreign Member of the Academy of Europe in 2023.

Dr. Duda has been a chartered or ad-hoc Member and Chair of multiple expert panels (currently Chair of the Cancer Diagnostics and Treatments Study Section since 2022). Since 2015, he has been serving as the Secretary-General of the IASGO. Dr. Duda is Chair of the SWOG Translational Medicine GI Committee. Dr. Duda chaired the Forbeck Forum on "*The Biology and Treatment of Hepatocellular Carcinoma*" in 2023 and will chair the "*Boston Angiogenesis Meeting*" (BAM) in 2024.

Dr. Duda teaches tumor biology and translational oncology through the daily supervision of 50+ postdoctoral research fellows and graduate and undergraduate students. As a passionate supporter of IASGO's mission to globalize the best medical practice and knowledge worldwide, he has been coordinating, teaching, and directing Postgraduate Courses in 29 countries in Asia, Europe, Africa, and the Americas since 2013.

Selected Publications

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Dai Fukumura, MD, PhD
Associate Professor of
Radiation Oncology

Angiogenesis and Tumor Microenvironment

I have three decades of research experience and teaching in the areas of vascular biology and tumor microenvironment (TME) and two decades of experience in serving as PI in NIH grants (P01, R01s, R24s). I joined the Steele Laboratories in 1994

rose through the ranks at MGH and Harvard, and I am currently a Full Investigator (MGH Research Institute), Deputy Director of the Steele Laboratories for Tumor Biology (MGH), and an Associate Professor at Harvard Medical School (HMS). In 2019, 2020, 2021, and 2022 I was ranked among the top 1% Highly Cited Researchers by the Web of Science. I received multiple awards and honors including Eugene M. Landis Award (2015) and election to the American Institute for Medical and Biological Engineering (AIMBE) College of Fellows (2017). The long-term goal of my research is to advance fundamental understanding of vascular biology and TME, exploit this new knowledge for uncovering mechanisms of TME-induced resistance to various cancer treatments, and develop novel strategies to overcome these barriers.

Role of obesity and exercise in TME and treatment response.

Obesity is world-wide pandemic causing and/or aggravating many diseases, including cancer. Using my expertise in vascular biology, anti-angiogenic therapy, and immunotherapy, I have been revealing the mechanisms of, and strategies to overcome, obesity-induced resistance to cancer treatments. I revealed provocative reciprocal regulation of adipogenesis and angiogenesis, and resistance to diet-induced obesity. Then, I uncovered cellular and molecular mechanisms – inflammatory and immune pathways – underlying induced cancer aggravation and demonstrated improvement of pancreatic and breast cancer treatment by targeting these pathways. Exercise is a standard of care for obesity and recommended to cancer patients. However, its effect and mechanisms are not known. To uncover underlying mechanisms and fact-promote fact-based integration of exercise into cancer treatment, I have been studying the role of exercise in tumor vasculature, TME and its effect on immunotherapy. Indeed, I found normalization of vasculature and immune profile in breast cancers following exercise. I have been dissecting molecular mechanisms.

Role of tumor-host interactions in angiogenesis, tumor growth and metastasis

Using sophisticated animal models and imaging techniques, we found for the first time that nontransformed stromal cells –including activated fibroblasts, bone marrow derived cells – are a major inducer of tumor angiogenesis and mediate the formation of abnormal microenvironment. Furthermore, various anti-angiogenic or molecularly targeting treatments result in the activation of host stromal cells leading to treatment resistance. We also showed that stromal cells in the primary tumor travel with tumor cells and

facilitate survival and growth of metastatic tumors. Controlling tumor-host interaction is a promising approach to facilitate tumor treatment. For example, dual blockade of angiotensin 2 and vascular endothelial growth factor signaling can normalize tumor vasculature, reprogram immune cells, and prolong survival in glioblastoma.

Role of NO in tumor vasculature

Nitric oxide (NO) is a highly reactive mediator with a variety of physiological and pathological functions. NO increases and/or maintains tumor blood flow, decreases leukocyte-endothelial interactions, and increases vascular permeability. Furthermore, NO mediates angiogenesis and vessel maturation predominantly through endothelial NO synthase (eNOS). We also found that eNOS mediates lymph-angiogenesis, lymphatic function, and metastasis. On the other hand, we also found that tumor cell-derived NO disrupts perivascular NO gradients resulting in abnormal structure and function of tumor vasculature. We have shown that targeting tumor cell NO production to restores perivascular NO gradients and improves TME.

Probing tumor microenvironment using nanotechnology

To characterize transport properties of nanoparticles in tumors, we did imaging studies of nanoparticles with different characteristics. We found that relatively large nanoparticles – size of current nanomedicine – can take advantage of enhanced permeability and retention effect for transvascular transport but are unable to penetrate tumor tissues. We also found superior transvascular transport of rod-shape over spherical nanoparticles. Furthermore, we discovered that neutral charge is the best for interstitial transport. These findings led us to develop multistage nanotherapeutics that shrink upon the entry to the tumor microenvironment to facilitate interstitial transport.

Engineering blood vessels

A major limitation of tissue engineering is the lack of functional blood and lymph vessels. We established, for the first time, a model of tissue engineered blood vessels that generates durable functional blood vessels from endothelial cells and perivascular cell precursors *in vivo* which last the rest of host animal life. Using this tissue engineered blood vessel model, we further successfully generated endothelial cells from human ES cells and cord blood and peripheral blood-derived progenitor cells, perivascular cells from human bone marrow derived mesenchymal stem cells, and functional blood vessels using them. Finally, we could generate functional blood vessels endothelial cells and perivascular cells both derived from the same iPS cells.

Selected Publications

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- Incio J, – Fukumura D, Jain RK. Obesity promotes resistance to anti-VEGF therapy in breast cancer by upregulating IL-6 and FGF-2. *Sci Transl Med* 2018;10. pii: eaag0945.
- Jung K, – Fukumura D. Ly6Clo monocytes drive immunosuppression and confer resistance to anti-VEGFR2 cancer therapy. *JCI* 2017;127:3039-51.

Spontaneous Tumors and their Isograft Models: Histopathology/Pathophysiology Studies and Applications in Experimental Cancer Therapy



Peigen Huang, MD, MS
Assistant Professor of
Radiation Oncology

First, our research focuses on the development of spontaneous tumors in mice and on how the age, genetic background, and immune status of the mice - as well as the presence or absence of specific genes affect the histopathological characteristics of the tumors.

We study the incidence of spontaneous tumors and their pathological pattern in the natural setting of aged mice, which are kept alive for nearly their full

normal life span. The animals are raised within a gnotobiotic colony that is free of life-shortening intercurrent infectious diseases. We have found a high incidence of subcutaneous sarcoma in our aging C3Hf/Sed female mice.

In our aging, retired FVB/N breeder mice, tumors are most commonly found in the lungs. The incidence of spontaneous T-cell thymic lymphomas in severe combined immunodeficient (SCID) mice is strikingly high. We have also published the first comprehensive report of spontaneous nonthymic tumors, including 8 myoepitheliomas and 3 rhabdomyosarcomas, from our SCID retired breeders. Our results show that the incidence of spontaneous tumors and their morphological changes are markedly strain dependent, and are immune status and age associated. We are also documenting the development, growth, and histopathological characteristics of spontaneous tumors in the GFP transgenic mice with FVB background (such as VEGF-GFP/FVB, and Tie2-GFP/FVB mice). Our goal is to test the hypotheses that (a) the insertion of GFP reporter genes affects the incidence of spontaneous tumors in aging FVB genotobiotic mice, as well as changes their pathological patterns, and (b) spontaneous tumors developed in FVB-GFP transgenic mice exhibit different biological and molecular biological characteristics, such as different growth and metastatic potential, and different GFP expression in tumors as compared to the tumors in wild-type FVB mice.

Second, we are interested in developing novel tumor lines that are derived from the spontaneous tumors found in our laboratory. These tumor lines are used to study tumor pathophysiology in specific strains of transgenic mice derived from the same genetic background as the spontaneous tumors. One of our tumor lines, Os-P0107, is derived from a spontaneous osteosarcoma in a VEGF-GFP transgenic mouse; each of the cells in an Os-P0107 tumor expresses green fluorescent protein (GFP), which makes them easy to locate and track with intravital microscopy. Another tumor line, LAP0297, is a lung adenocarcinoma with a high incidence of distant lung metastases. This line, which is ideal for the study of metastasis, is derived from a

spontaneous lung tumor in an FVB/N mouse. For pre-clinical studies of antiangiogenesis therapy, we have used spontaneous autochthonous tumors and their isografts, implanted in aged C3Hf/Sed mice, to more accurately simulate the clinical conditions that affect many human cancer patients.

Most recently, we established and characterized two novel in vitro and in vivo tumor models (MCA-M3C and MCA-PSTC) from the spontaneous adenocarcinomas arising in MMTV-PyVT/FVB transgenic mice. MCA-M3C is a high-selected HER2/neu-positive metastatic mammary tumor line, which has been considered a very useful model for several new research projects in our laboratory. We have made significant progress in the studies of combining Losartan with radiotherapy for the treatment of MCA-M3C metastatic breast cancer, resulting significantly decreased MCA-M3C MFP-to-lung macro metastases and increased host survival.

During the last decades, several novel tumor lines have been established and characterized, including Os-P0107, MCA-P0008, LAP0297, MCA-M3C, MCA-PSTC, and MCA-P1362 from spontaneous tumors in our laboratories. These novel tumor lines have been widely used for the study of tumor pathophysiology and experimental treatment in our Steele laboratories and many other institutes around the world.

Selected Publications

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Lance L. Mun, PhD,
Associate Professor of Radiation
Oncology

Tumor Mechanobiology and Vascular Physiology

The Munn Laboratory focuses on mechanobiology of cancer and the vascular systems:

Lymphatic Pumping

Flow of fluid within the lymphatic system is central to many aspects of physiology, including fluid homeostasis and immune function, and poor lymphatic drainage results in significant morbidity in millions of patients each year. We are investigating the mechanisms of lymphatic pumping, considering the nitric oxide and calcium dynamics driven by mechanobiological mechanisms.

Vascular Anastomosis

To form new, patent blood vessels, angiogenic sprouts must connect. The process by which this happens - anastomosis - is poorly understood, but represents new targets for vascular therapy. Using intravital microscopy and engineered vascular devices, we are following the steps of anastomosis to identify cellular and molecular mechanisms that may eventually be targeted for enhancing wound healing or inhibiting pathological angiogenesis.

Blood Vessel Remodeling

In many normal physiological responses, endothelial cells and the blood vessel networks they form undergo dramatic changes in morphology and function. Examples include angiogenesis in wound healing, vessel dilation/hyperpermeability in inflammation, and endometrial angiogenesis in the female reproductive cycle.

Endothelial cells, in cooperation with other stromal cells, have to accomplish these diverse changes by responding to a limited number of growth factors including VEGF, PlGF and bFGF. We are using a systems biology approach to understand how the various growth factors and cells cooperate to produce these seemingly diverse functions. Because tumor angiogenesis relies on many of these same growth factors and cellular mechanisms (but in an abnormal, poorly controlled way), these studies will allow a better understanding of tumor angiogenesis and anti-angiogenic therapy.

Cancer Cell Invasion

During the initial stage of metastasis, cancer cells must breach the vessel wall and enter the circulation. Despite intense research in this area, the cellular mechanisms by which this occurs are poorly understood. Some tumors seem to metastasize as single rogue cells, while others travel in groups or clusters; some seem to actively migrate into the vessel, while others may be passively pushed. Using gene array analysis and carefully designed coculture

systems, we are assessing the mechanical and cellular determinants of the initiation of metastasis.

Angiogenic Sprouting

During angiogenesis, endothelial cells abandon their normal arrangement in the vessel wall to migrate into the extravascular matrix. This process is controlled by multiple signals and is necessary for tissue regeneration and tumor growth. Using in vitro models and microfluidic devices, we are investigating the biochemical and mechanical determinants of this morphogenic transformation.

Mathematical Modeling

With sufficient understanding of the underlying mechanisms, mathematical models can be assembled to validate existing hypotheses and generate new ones.

Selected Publications

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The lymphatic system in disease processes and cancer progression

Lymphatic vessels are responsible for draining interstitial fluid from tissues and for transporting immune cells to lymph nodes to maintain the body's immune surveillance. Thus, lymphatic vessels are important in maintaining both tissue fluid balance and proper function of the immune system. Predictably, disruptions of the lymphatic system lead to lymphedema and set the conditions for chronic infections. Lymphatic vessels also facilitate the dissemination of cancer cells from a primary tumor to regional lymph nodes. My research group looks to understand the mechanisms behind the growth, maturation and function of lymphatic vessels and how these mechanisms can contribute to the pathogenesis of lymphedema, chronic infections and cancer dissemination. Currently, there are no FDA approved drugs indicated to alter lymphatic function, which presents an important opportunity to develop such drugs for the first curative treatments for lymphedema and other lymphatic related disorders.

In order to study the role of the lymphatic system in a variety of disease states, we have developed novel animal models which mimic certain aspects of human disease. Using intravital microscopy, we have investigated the individual steps of lymphatic metastasis. We can monitor the lymphatic vessels in the tumor margin, observe tumor cells moving in lymphatic vessels, measure lymph flow and quantify the number of tumor cells that arrive in the draining lymph node. Our studies have shown that tumors lack functional intratumor lymphatic vessels due to compressive forces inside tumors that cause their collapse. Our studies have also shown that VEGF-C, which is associated with lymphatic metastasis in patients, increases the size of the tumor margin lymphatic vessels, making them more vulnerable to invasion. Our data suggests that VEGF-C needs to be blocked very early in the metastatic process to be able to reduce VEGF-C enhanced lymphatic metastasis. To further study the growth of metastasis in the lymph node, we have developed a novel model that allows chronic imaging of a tumor draining lymph node. Using our model, we have shown that lymph node metastases do not require sprouting angiogenesis in order to grow and do not respond to anti-angiogenic therapies, identifying one possible mechanism of the lack of efficacy of anti-angiogenic therapy in patients. We have also shown that cancer cells from lymph node metastases can invade lymph node blood vessels, escape the lymph node and colonize distant metastatic sites. Thus, lymph node metastases can be a source of distant metastases.

Lymph nodes are the critical organs for the generation of adaptive immune responses and these responses must be suppressed in order for cancer cells to grow in the lymph nodes. We have shown that metastatic cancer cells remodel lymph node blood vessel, preventing lymphocytes from entering the metastatic lesions. Further, we showed that cancer cells in metastatic lymph nodes can induce the formation of immune suppressive regulatory T cells by expressing MHCII molecules.



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Associate Professor of
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In addition, we have begun to study the pathogenesis of lymphedema by unraveling the molecular underpinnings of autonomous contraction of collecting lymphatic vessels using a novel animal model. We have shown that the spatial and temporal gradients of nitric oxide, which are disrupted during inflammation, are critical for lymphatics to drive lymph forward. Furthermore, when lymphatic contractions are disrupted, the immune response to a foreign antigen is muted. Thus, disruption of lymphatic function has consequences for the overall immune function. We have also shown the *S. aureus* infections permanently impair lymphatic pumping and flow by destruction of lymphatic muscle cells. We have identified a bacterial regulatory element in *S. aureus* that controls the toxins responsible for this lymphatic muscle cell death.

In order to better understand the relationship between lymphatic vessel contraction and lymph flow, we have developed the first method to measure dynamic lymph flow *in vivo* without the need for injected contrast. Our future studies will continue to dissect the physical and molecular determinants of lymphatic vessel function, lymph flow, lymphangiogenesis and lymphatic metastasis. Through the use of our novel imaging technologies and animal models, we will answer timely questions that can lead to the development of treatments for lymphedema, chronic infections and lymphatic metastasis.

Selected Publications

- P.J. Lei#, E.R. Pereira#, P. Andersson, Z. Amoozgar, J.W. Van Wijnbergen, M. O'Melia, H. Zhou, S. Chatterjee, W.W. Ho, J.M. Posada, A.S. Kumar, S. Morita, L. Menzel, C. Chung, I. Ergin, D. Jones, P. Huang, S. Beyaz*, T.P. Padera*. "Cancer cell plasticity and MHC-II-mediated immune tolerance promote breast cancer metastasis to lymph nodes." *Journal of Experimental Medicine*, 2023; doi: 10.1084/jem.20221847.
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Computational and Experimental Approaches in Cancer Immunopathology and Metabolism

The synergy between cutting-edge computational tools and experimental efforts can delve deep into the complex landscape of cancer biology. In my research program, I would integrate computational biology, clinical informatics, immunopathology, cancer biology and metabolism to identify and evaluate novel cancer therapies with the goal of improving patient care.



Sonu Subudhi, MBBS, PhD
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Transcriptomics analysis of human diseases to understand pathogenesis

The pathophysiology of Non-alcoholic fatty liver disease (NAFLD) is complex and disease pathogenesis of distinct stages is challenging to study. By leveraging next generation sequencing techniques and computation biology tools, I identified new pathways pathways that were altered in the early stages of NAFLD, which is beneficial to develop therapeutic interventions accordingly. Extending this approach into cancer, we investigated Pancreatic Ductal Adenocarcinoma (PDAC). The focus was to understand the impact of losartan in a neoadjuvant setting.

Role of the immune system in chronic viral hepatitis

Using extensive computational pipelines, we analyzed the specific T cells in hepatitis C virus infection. Towards the goal of understanding T cell behavior, I studied the recovery of functionality of specific T cells after removal of chronic HCV infection, as this is critical to understand the dynamics of HCV re-infection. Analyzing the RNA-seq data indicated that T cells partially recover from exhaustion after virus antigen is removed. Additionally, we characterized the immune landscape of normal human liver using single-cell RNA sequencing, which helps to understand the biology of immune cells in liver vs blood.

Application of computational biology on clinical data to predict disease outcomes

Using bioinformatic skills, I applied my knowledge of machine learning model development and predicted severity of COVID-19 using clinical parameters. Ensemble-based algorithms outperformed other algorithms in predicting COVID-19 disease severity and mortality. We also developed a treatment score to predict therapeutic outcomes in a COVID-19 mathematical model which demonstrated a potential method of minimizing heterogeneity in clinical trials.

Exploiting metabolic vulnerabilities of cancer for therapy

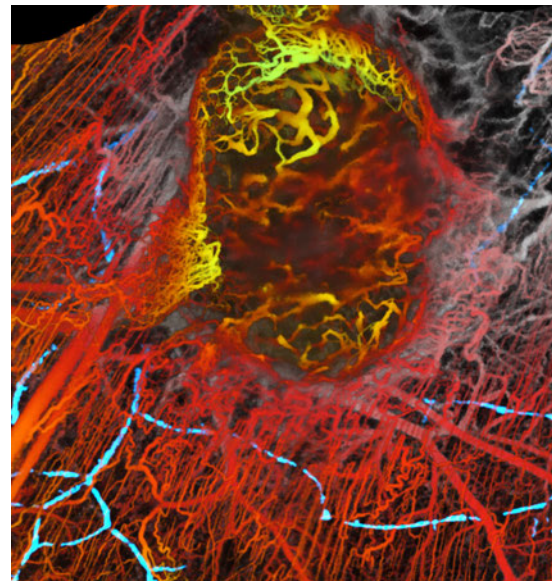
Cancer metabolism and particularly immunometabolism is an exciting emerging area of research. Breast cancer brain metastasis is a significant clinical problem as existing therapies targeting the genetic drivers of breast cancer often prove ineffective against brain metastases. This ineffectiveness can be attributed to two main factors: limited drug penetration through the blood-brain barrier and the influence of external factors within the brain tumor

environment. We discovered that metastatic breast cancer cells in the brain increase the production of critical metabolites through elevated *de novo* synthesis. Selective disruption of key biosynthetic enzymes allow us to pinpoint genes vital for the survival and proliferation of breast cancer cells within brain. Our ongoing hypothesis is that such tissue specific metabolic adaptations exists in other cancer types and the same also affects immune cell populations in the tumor microenvironment.

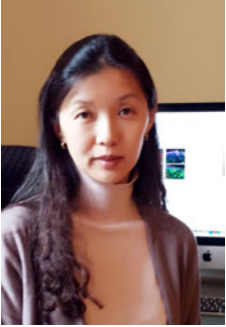
An interdisciplinary approach which combines bioinformatics, molecular biology and immunopathology, has the potential to accelerate translational research and make meaningful impact on patient care and public health.

Selected Publications

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- Subudhi S, Voutouri C, Hardin CC, et al. Strategies to minimize heterogeneity and optimize clinical trials in Acute Respiratory Distress Syndrome (ARDS): Insights from mathematical modelling. EBioMedicine 2022;75:103809.
- Osganian SA, Subudhi S, Masia R, et al. Expression of IGF-1 receptor and GH receptor in hepatic tissue of patients with nonalcoholic fatty liver disease and nonalcoholic steatohepatitis. Growth Horm IGF Res 2022;65:101482.
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Tumor-Host Interaction in Tumor Angiogenesis and Metastasis



Lei Xu, MD, PhD
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The goals of my research team are to develop innovative strategies to enhance treatment efficacy and improve patient quality of life. My current research is focused on three diseases:

Neurofibromatosis type 2

Neurofibromatosis type 2 (NF2) is a genetic disorder characterized by non-malignant tumors grown on the hearing nerve, disrupting hearing, and causing social impairment and clinical depression. No drug is FDA-approved to treat the tumor or the associated hearing loss.

The NF2 research is limited by i) the lack of orthotopic mouse models that reproduce tumor-induced hearing loss, ii) the lack of patient-derived cell lines, and iii) the lack of a targeted therapy that can simultaneously prevent hearing loss and control tumor growth.

I have made several contributions to advance NF research and management. First, my group established novel mouse models that faithfully reproduce schwannoma-induced hearing loss and neurologic deficit (*PNAS 2015; Nature Protocol 2019, Experimental Neurology 2018, NeuroMethods 2021*). In mice, the short length and small caliber of the vestibular nerves, and their encasement in the bony internal auditory canal pose significant technical challenges for orthotopic tumor implantation. My group developed a novel cerebellopontine angle (CPA) model that allows the measurement of hearing function in tumor-bearing mice. This model addresses a major bottleneck in the NF field and provides the NF research and clinical community with a robust and biologically relevant tool to explore new therapeutic targets to tackle this devastating disease. Using this new model, we identified cMET and angiotensin signaling are potential targets for NF2 (*PNAS 2018; Science Translational Medicine 2021*). Based on our compelling data, the Department of Radiation Oncology at MGH has amended the current ongoing clinical trial (NCT01199978), to include 10 patients to be treated with losartan concurrently with fractionated proton therapy, with follow-up evaluations for hearing function.

Ovarian cancer

Ovarian cancer (OvCa) is the most lethal gynecologic malignancy. My ovarian cancer research is focused on: i) deciphering mechanisms of treatment resistance, ii) identifying novel strategies to enhance treatment efficacy, and iii) reducing malignant ascites, which contribute to poor quality of life in patients with OvCa.

I discovered that normalizing the ovarian cancer tumor microenvironment by targeting TGF- β (*Clinical Cancer Research 2011; PNAS 2012*) and angiotensin signaling (*PNAS 2019*) not only enhances the delivery and efficacy of chemotherapy but also improves the diaphragm lymphatic vessel drainage function, leading to reduced ascites. These findings suggest a potential treatment to improve patients' quality of life. In collaboration with MGH Gynecological Oncologists, I further demonstrated that in ~300 ovarian cancer patients treated at two Harvard Medical School-affiliated teaching hospitals (MGH and Brigham and Women's Hospital) who received losartan survived 30 months longer than those taking other anti-hypertension drugs (*PNAS 2019*).

Schwannomatosis

Schwannomatosis (SWN), a type of neurofibromatosis, is a rare genetic disorder characterized by multiple non-malignant schwannomas growing on the spine and peripheral nerves. Patients with SWN overwhelmingly present with intractable, debilitating chronic pain severe enough to cause permanent disability.

Recognizing that one of the biggest challenges in finding a cure for SWN is the lack of clinically relevant models, I collected patient samples and successfully established a biobank of patient-derived SWN cells. I also developed the first orthotopic patient-derived xenograft (PDX) SWN spine model in mice. Currently, using my novel PDX models, I'm investigating the etiology of tumor-induced pain response and testing the treatment efficacy of potential targets.

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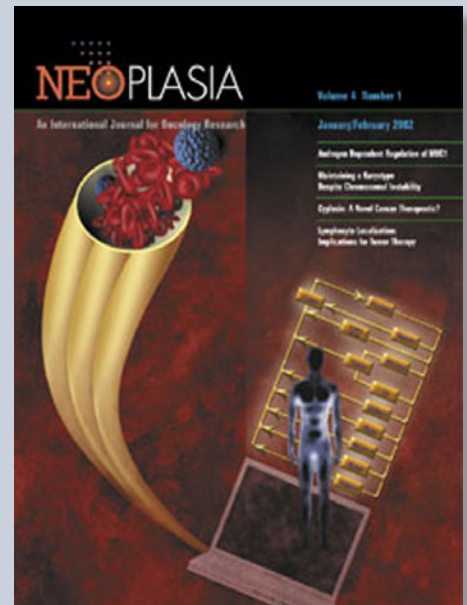
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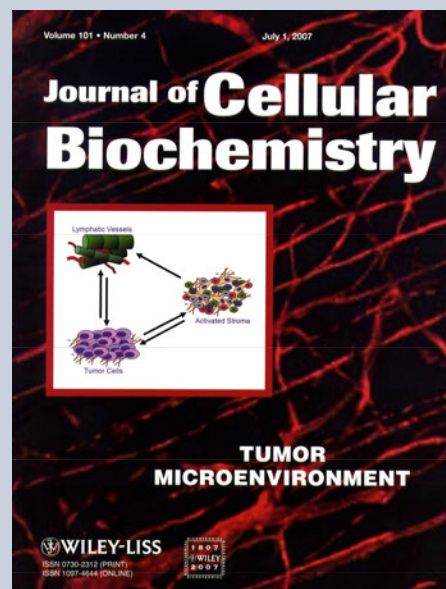
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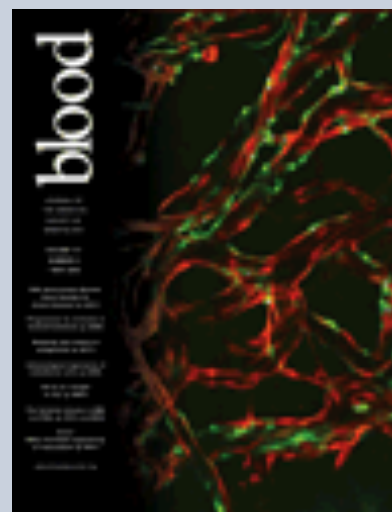
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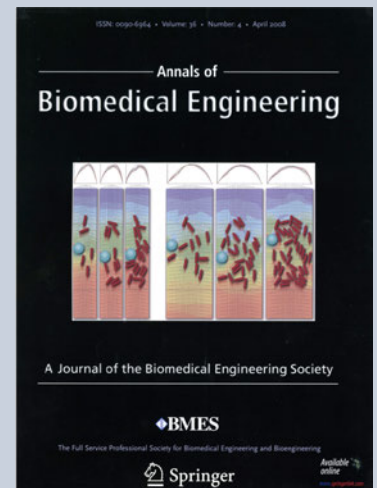
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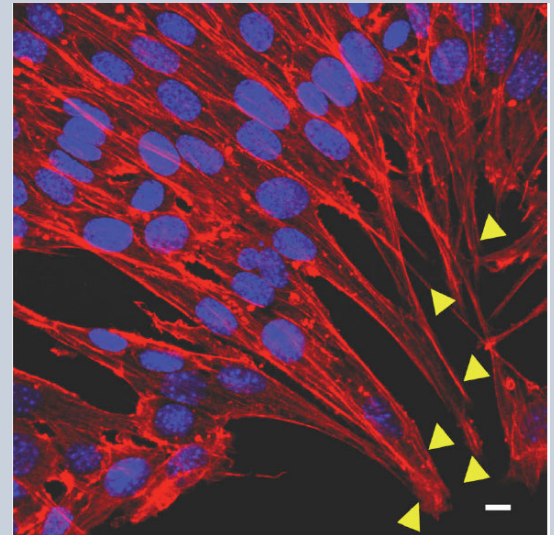
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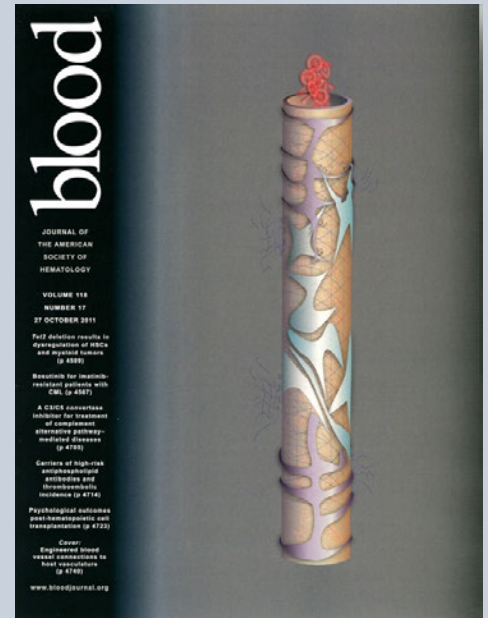
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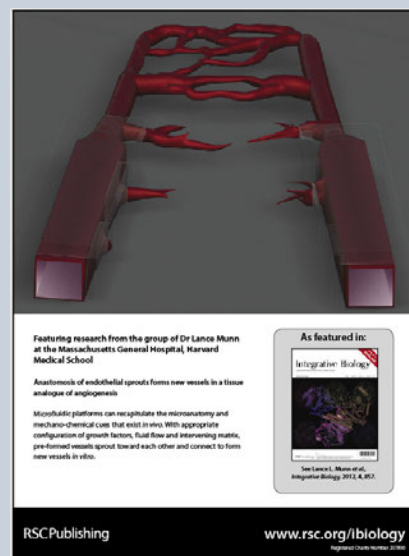
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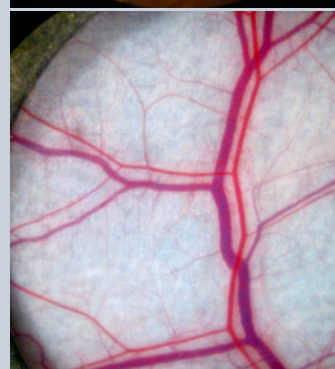
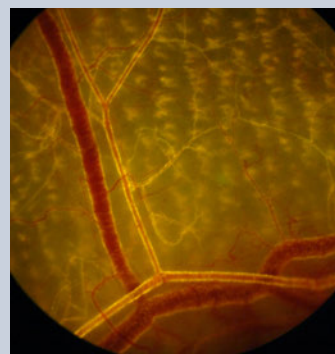
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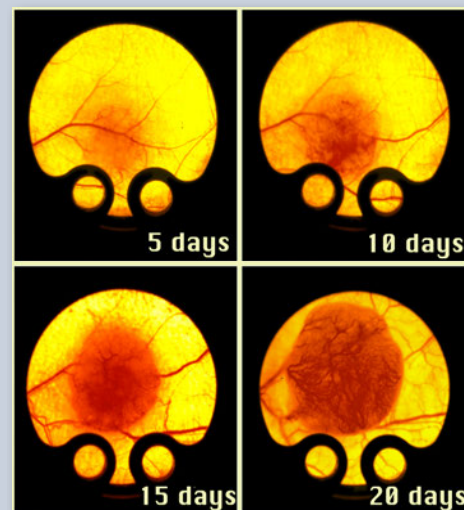
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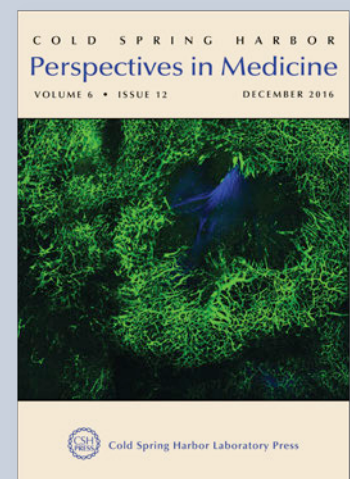
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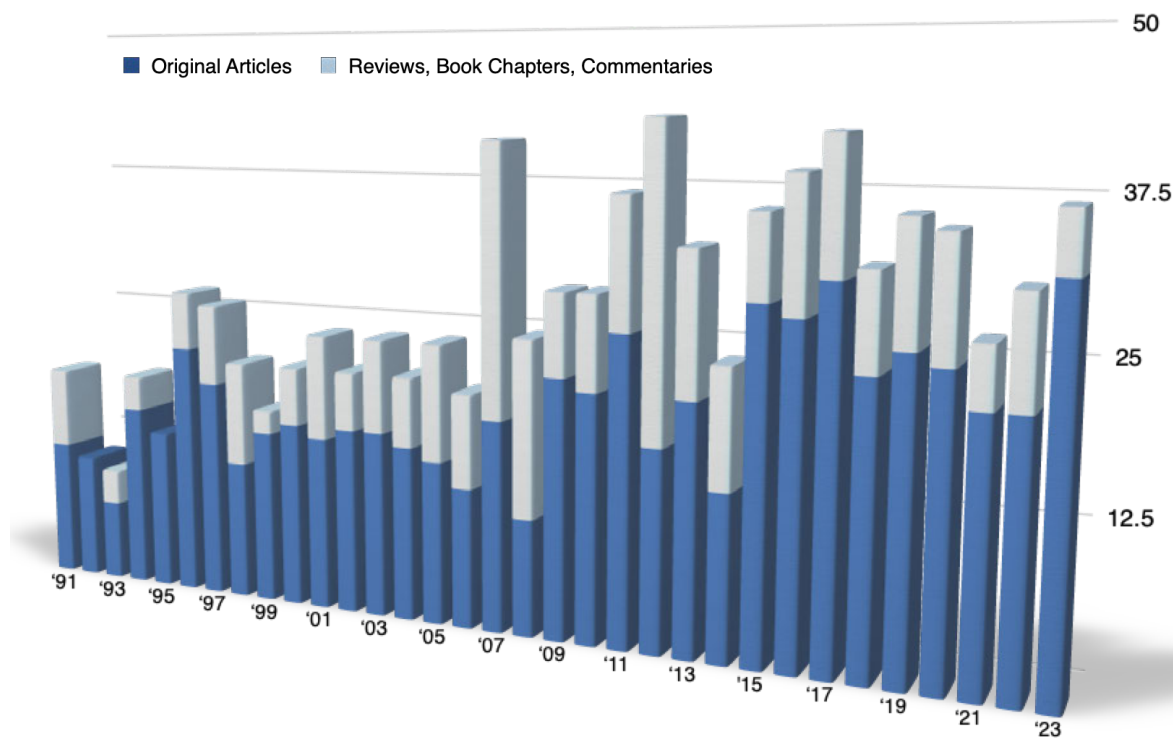
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Igor Garkavtsev and Rakesh Kumar Jain. "Compounds for Targeting Cancer Stem Cell". US Patent No. 11,427,543 August 30, 2022.

Dan G Duda and Jinjun Shi. "Lipid-based Composition and Methods Thereof". Application Number: PCT/US22/52158, filed on December 7, 2022.

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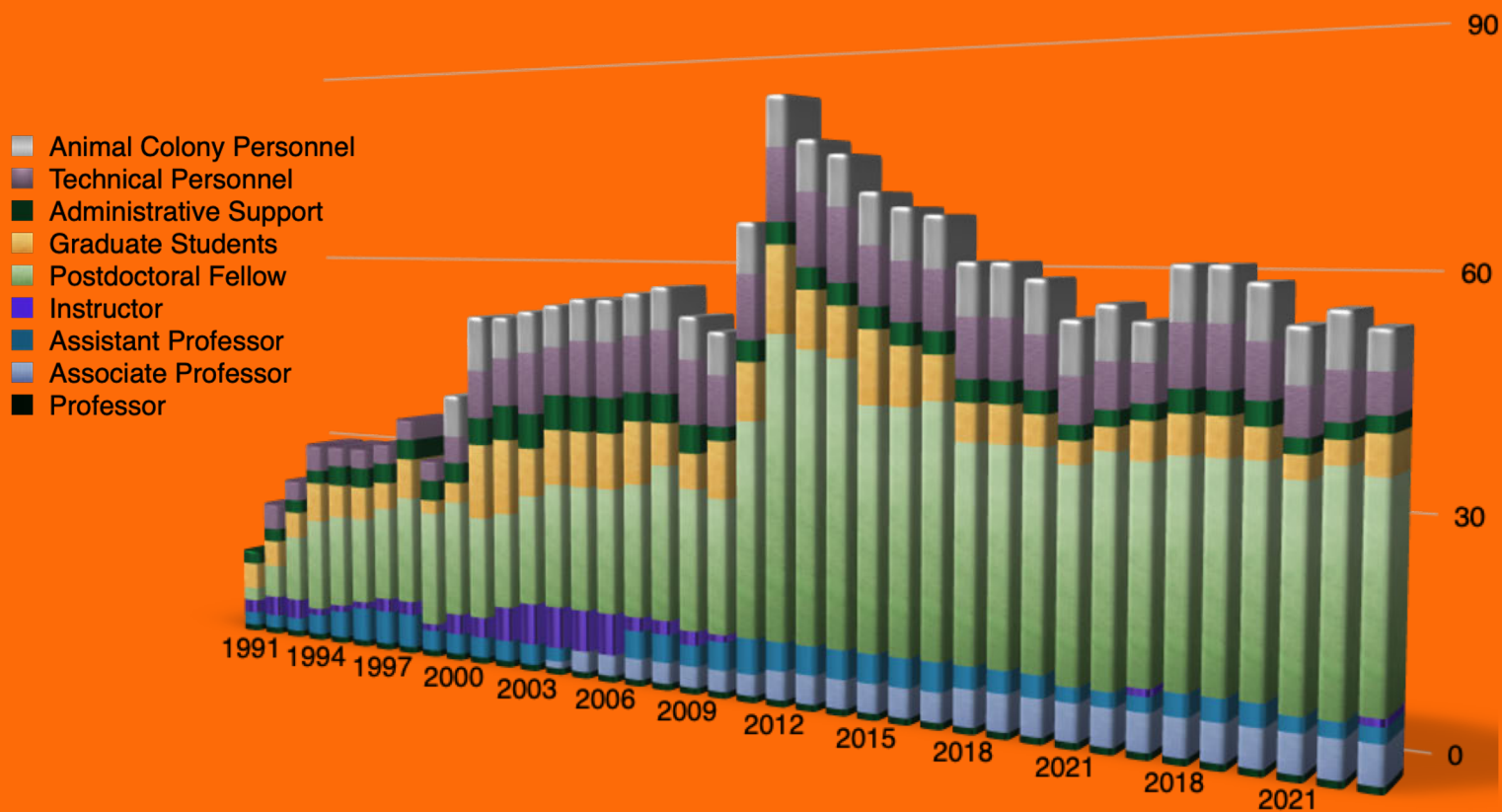
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RESEARCH TEAM

In September 1991, we started with a small team of six people, and we have since grown to approximately 60 members, and have developed a **leading, multidisciplinary research and education** program in the integrative biology of cancer. We have trained more than 230 graduate and post-graduate students - several of them have become leaders in academia, government, and industry.



ALUMNI

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Robert J. Melder 1989 – 98

Fan Yuan 1990 – 96

Laurence T. Baxter 1991 – 98

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Emmanuelle diTomaso 1998 – 09

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Intae Lee 1991 – 94

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Paul Kristjansen 1992 – 94

Anders Leu 1993 – 94

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Johanna Lahdrenranta 2005 – 08

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Dennis Jones 2012- 18

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Daniel Schanne 2013- 17

Tai Hato 2013- 16

Giorgio Seano 2013 -18

Rosa Ng 2013 -18

Shuang Yan 2014 -15

Shuji Kitahara 2014- 17

Sen Li	2014 - 16
Hadi Nia	2014 - 18
Louis Larrouquere	2015 - 17
Yingchao Zhao	2015 - 16
Eelco Meijer	2015 - 17
Yuhui Zhao	2015 - 17
Matthias Pinter	2015 - 17
Ivy Chen	2015 - 19
Mitrajit Ghosh	2016 - 17
Emilie Mamessier	2016 - 17
Keehoon Jung	2016 - 18
Christina Wong	2016 - 18
Kohei Shigeta	2016 - 18
Kosuke Kawaguchi	2016 - 18
Shuichi Aoki	2016 - 19
Nojiri Takashi	2017 - 18
Som Nath Pandey	2019 - 21
Patrik Andersson	2017 - 22
Zohreh Amoozgar	2015 - 21
Jiang Chen	2018 - 21
Sampurna Chaterjee	2014 - 21
Yoon Sun Choi	2018 - 19
Meenal Datta	2018 - 21
Gino Ferraro	2013 - 21
Lei Gao	
Koetsu Inoue	2018 - 21
Kazumichi Kawakubo	2019 - 20
Hiroto Kikuchi	2018 - 21
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Shanmugarajan Krishnan	2016 - 21
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Chong Liu	
Aya Matsui	2015 - 20
Bhushan Patel	
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Nilesh Talele	2017 - 21
Mina Kim	2017 - 18
Jessica Posada	2018 - 21
Nick (Xiaoling) Qi	
Jun Ren	2016 - 20
Kangsan Roh	2019 - 21
Zhiping Ruan	2019 - 21
Ze-Long Liu	2019 - 22
Franziska Hauth	2020 - 22
Yao Sun	
Wei Yang	
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Changli Yue	2017 - 19
Yanxia Zhao	2015 - 17
Gustavo Cruzeiro	2019 - 20
Xinyue Dong	2020 - 22
Hans Prufer	2019 - 21

Yue Shi	2021 - 22
Evelin Krajnc	2022 - 23
Si Chen	2021 - 23
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Hassan Salehi	1993 - 94
Brian Witwer	1994 - 95
Daniel Greif	1995
Albert Loskin	1995 - 96
Nina Safabakhsh	1995 - 96
Jennifer Ang	1998 - 99
Aloke Finn	2005 - 06
Michael Awad	2001 - 03
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Sebastian Klein	2014 - 15
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Glenn Geidel	2015 - 16
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Sue Hobbs	1993 - 98
Cecilia Capello	1994
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Melody Swartz	1994 - 98
Brian Stoll	1998 - 2003
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Janet Tse	2007 - 11
Abhishek Jain	2008 - 12
Yuhui Huang	2008-13
Shom Goel	2009 - 12
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Joao Incio	2010 -16
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Nisha Gupta	2012-17
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Patrick Yoon	1993
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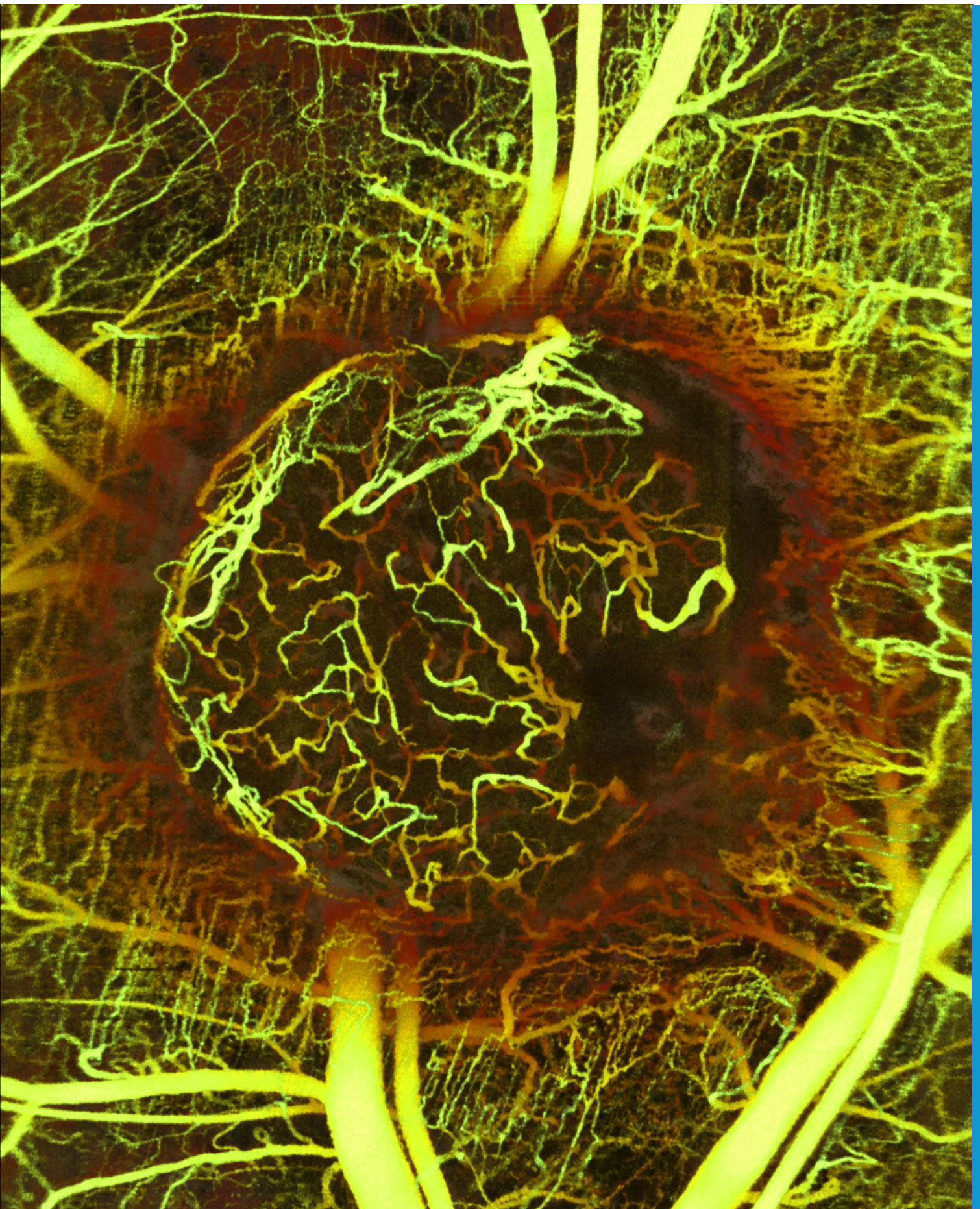
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Visiting Scholars	
James Baish	1994, 2013, 2017
Catharina Davies	1997 - 98

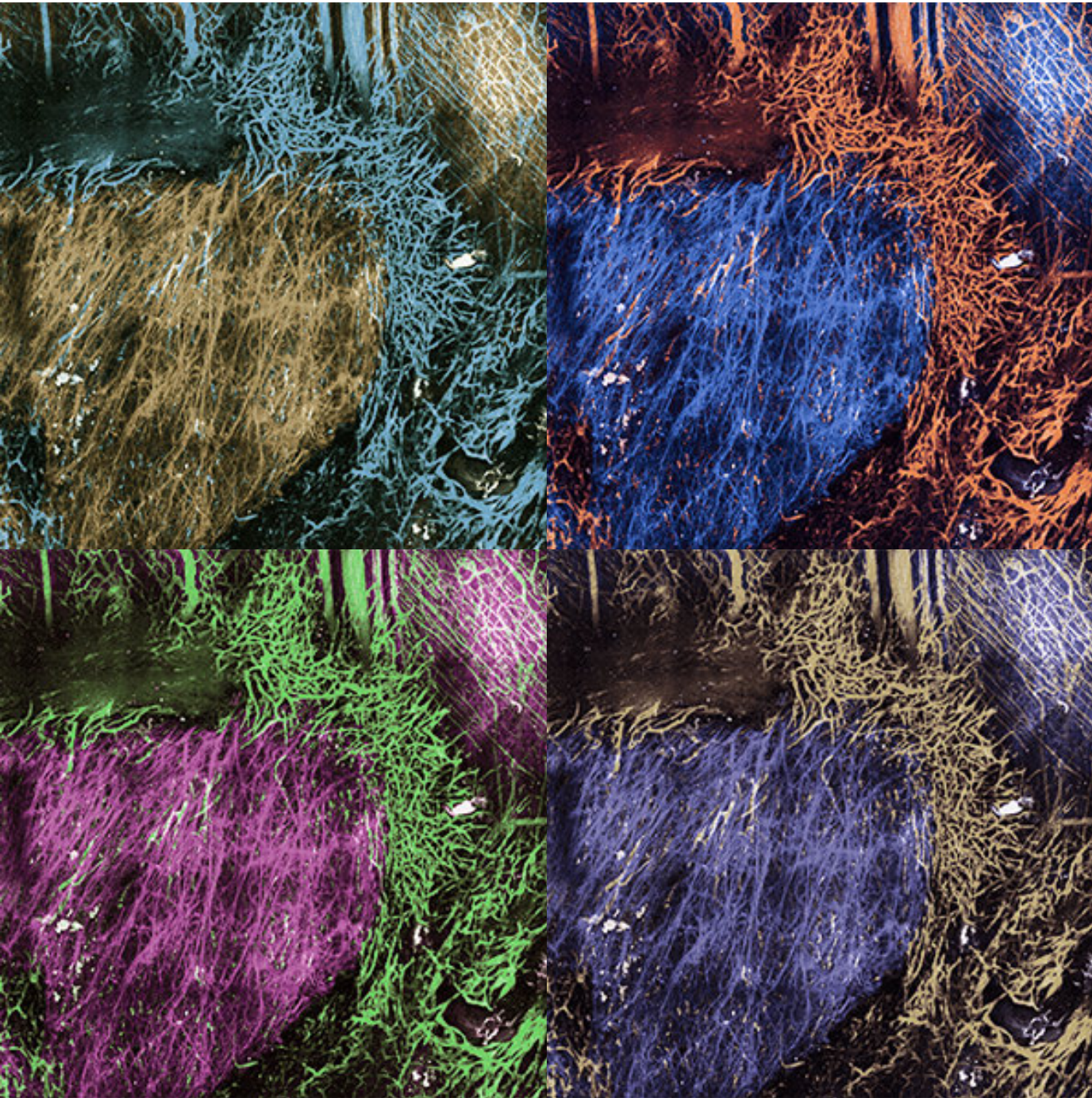
John Tarbell	1997 - 98
Donald Buerk	1998 - 99
Robert Feil	2012 - 13

RESOURCES AND ENVIRONMENT

The Steele Laboratories are located at two different sites. A facility for defined flora and immunodeficient rodents and about 1500 ft² of laboratory space, including two microscopy suites and multipurpose bench area and offices, are located at the Massachusetts General Hospital (MGH). Additional laboratory space (approximately 5,000 ft²) which includes a microscopy suite, tissue culture facility, surgical area, clinical research studies, multipurpose bench space and offices, is located at the MGH-East facility in Charlestown. Investigators divide their time between these sites via a shuttle system.

Facility	Use
Intravital fluorescence microscopy laboratory #1	In vivo quantitative fluorescence microscopy measurement of hemodynamics and transport in tissues
Intravital fluorescence microscopy laboratory #2	In vivo quantitative fluorescence microscopy, including fluorescence photobleaching
Intravital fluorescence microscopy laboratory #3	In vivo quantitative fluorescence microscopy, on-line digitization of images and digital image analysis, and optical measurement of pH, pO ₂ , etc.
Intravital fluorescence microscopy laboratory #4	In vivo quantitative fluorescence microscopy for single vessel perfusion
Intravital fluorescence microscopy laboratory #5	In vivo two-photon laser scanning microscopy/ Animal colony
Intravital fluorescence microscopy laboratory #6	Video rate multiphoton microscopy
Intravital fluorescence microscopy laboratory #7	Multiphoton microscopy with oxygen sensing and permeability measurement capabilities
Optical frequency domain microscope suite	Imaging of tissue and blood vessels with high depth penetration base on doppler optical frequency domain technology; high frequency ultrasound imaging.
Histology facility	Serial sections, immunohistology, etc.
Pathophysiology laboratory	In vivo and ex vivo perfusion of isolated tumors and measurement of blood flow, blood pressure, interstitial fluid pressure, pO ₂ , etc.
Cellular biophysics laboratory	Measurement of cell deformability and dynamic adhesion; Time-lapse live cell imaging
Molecular biology laboratory	Molecular techniques
Cell culture facility	Mammalian cell culture
Tumor metabolism	Measurement of blood flow, pO ₂ , pH
Computing facilities	Various computer workstations, desktop and portable computers; 32 node cluster for parallel computation
Cox Animal facility	Gnotobiotic mice (33 strains)
Clinical research laboratory	Measurement in cancer patients of blood and urine markers, interstitial fluid pressure, pO ₂ , immunohistology, molecular and cellular studies etc





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