

# A novel imaging mass spectrometry method for visualizing chemical communication in metastasis

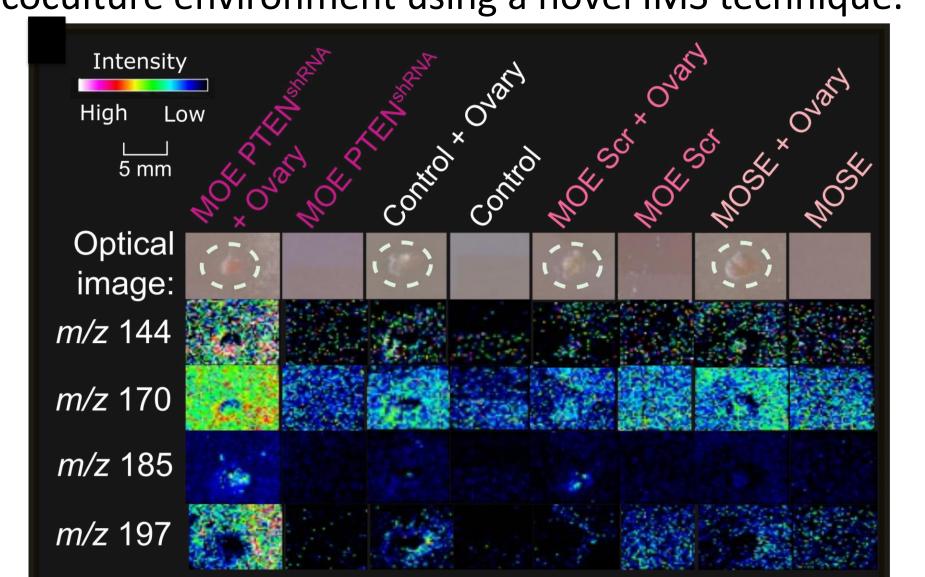


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### Introduction

# Ovary High grade serous ovarian cancer (HGSOC) is the leading gynecological malignancy due to a lack of reliable early detection methods.¹

HGSOC begins in the fallopian tube epithelium (FTE) and migrates to the ovary during ovulation.<sup>2</sup> Norepinephrine (NE) has been detected in the coculture environment using a novel IMS technique.<sup>3</sup>



This method is capable of detecting molecules using any cell type and a wide range of tissue types.

## Aims

**Aim I:** Detect signals being produced from the fallopian tube cells relevant to primary metastasis. Ascertain the order of communication between the organ structures.

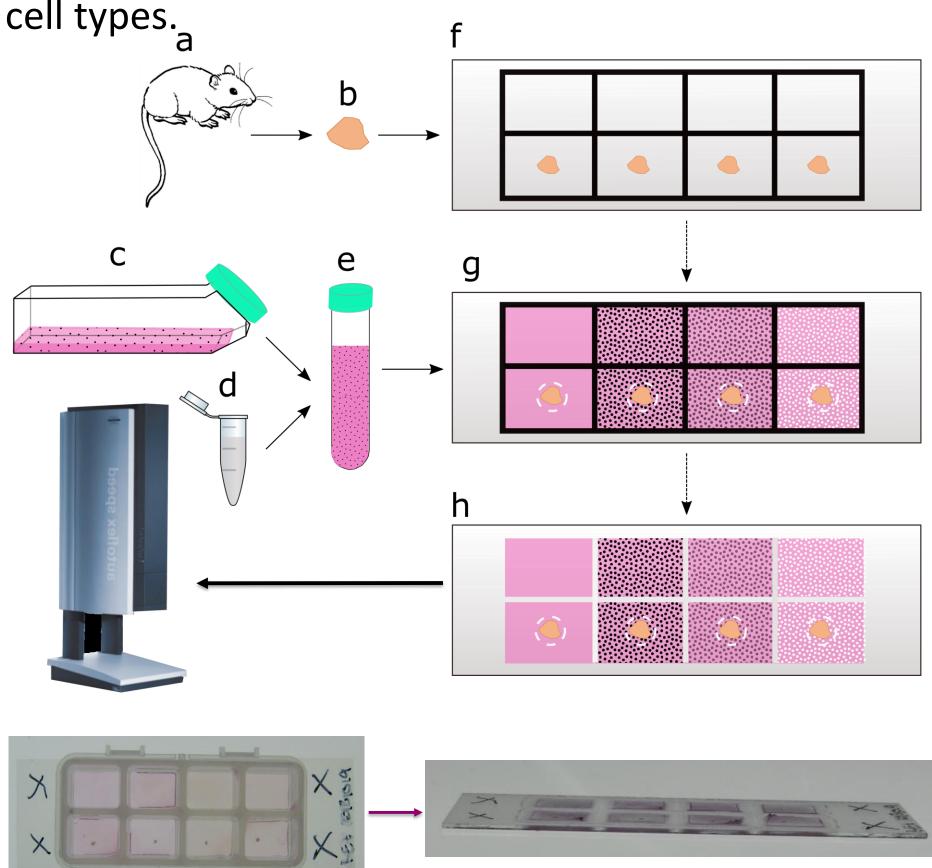
**Aim II:** Unveil chemical cues that indicate or drive secondary metastasis to the omentum.

# Hypothesis

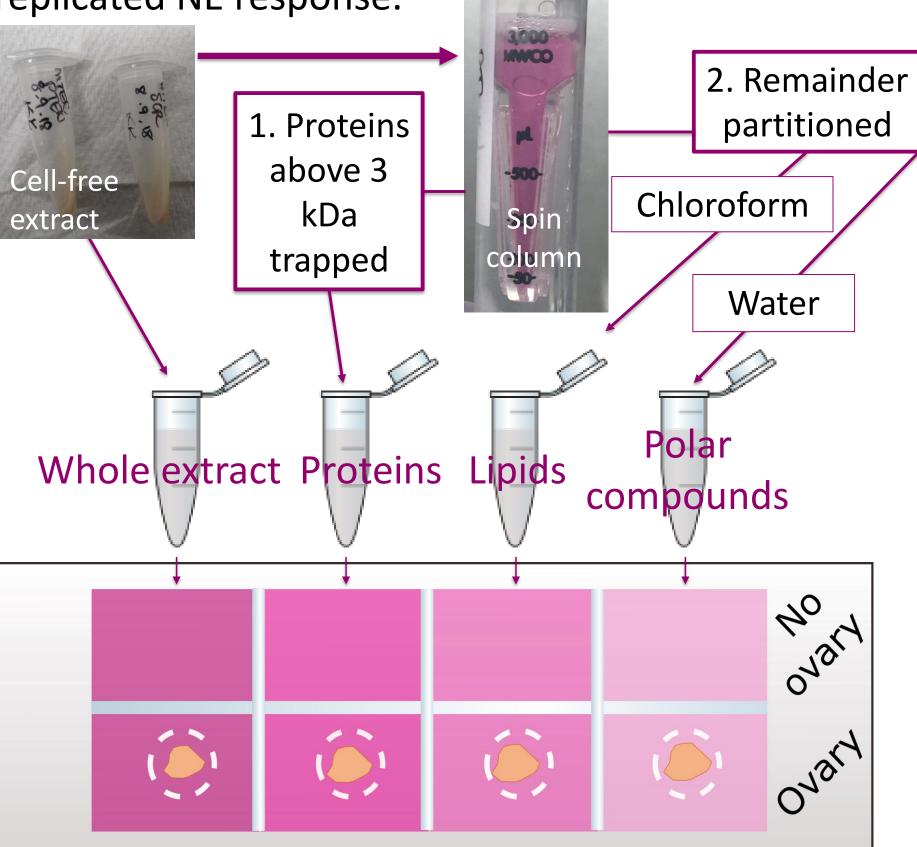
Small molecules may drive the communication that results in primary and secondary metastases of HGSOC, and can be detected using this novel IMS technique.

### A Novel IMS Method

Sample preparation<sup>3</sup>: Murine ovaries are collected from mice and cocultured with a cell culture of tumorigenic FTE cells embedded in agarose. The platform is IMS-compatible and is amenable to many

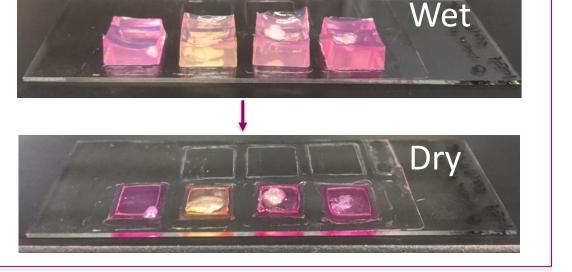


**Aim I:** Cell-free conditioned media from tumorigenic FTE cells is fractionated and evaluated via IMS for replicated NE response.



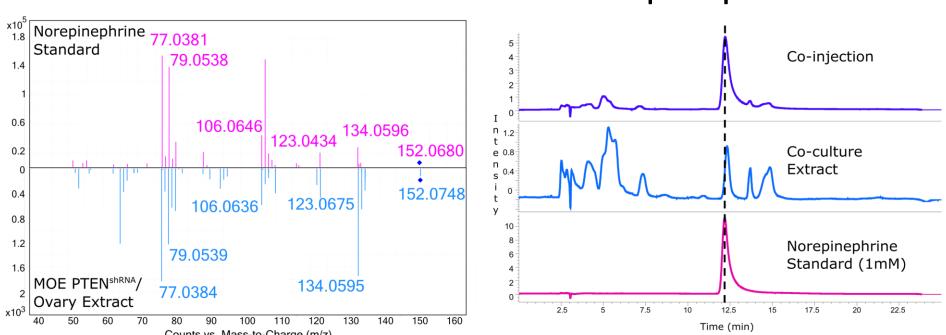
Aim II: Optimize conditions to embed omental tissue into agarose plug to discover drivers of secondary

metastasis.
The omentum is the site of secondary metastasis of HGSOC from the ovary.

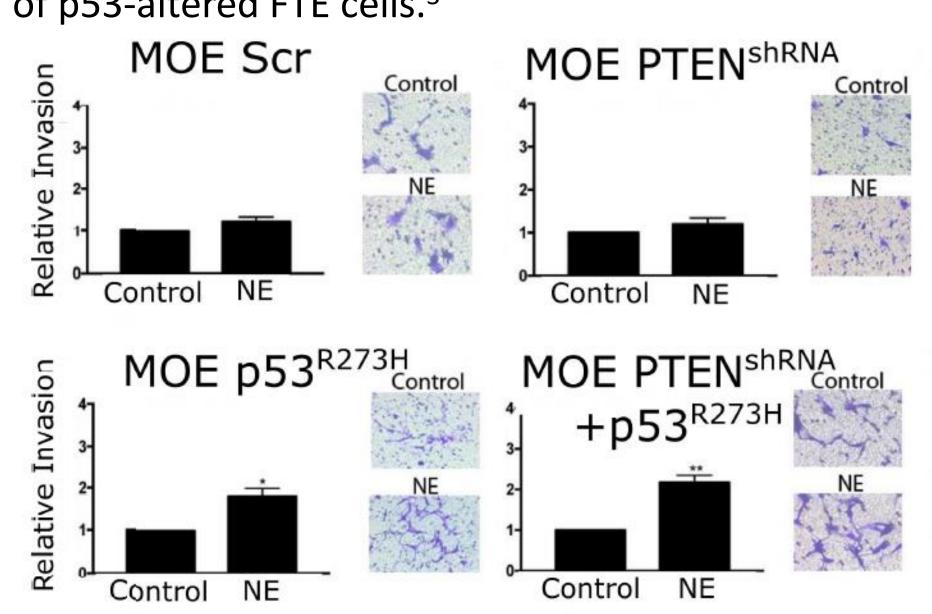


### Results

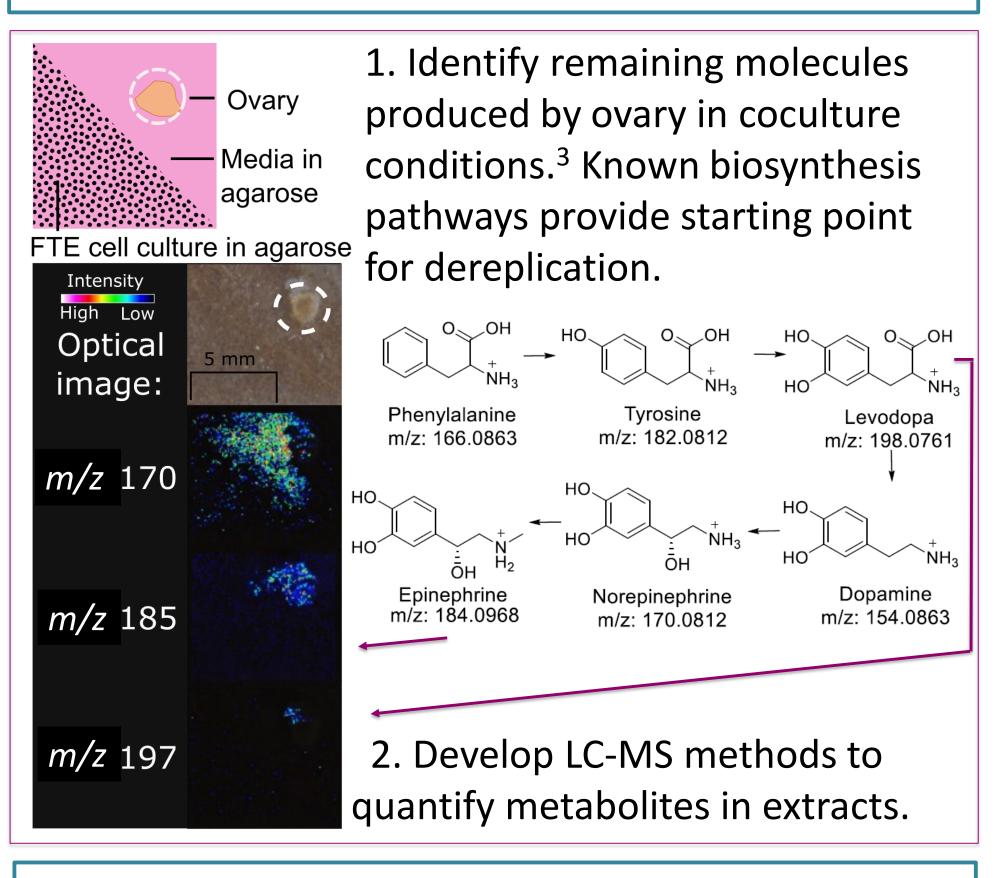
Orthogonal methods of dereplication have validated that the ovarian tissue releases norepinephrine.



NE has previously been implicated in HGSOC, and further evidence suggests it influences the invasion of p53-altered FTE cells.<sup>3</sup>



# **Future Directions**



# References & Acknowledgements

<sup>1</sup>Siegel et al, *CA Cancer J Clin.* **2018**, 68, 7–30 <sup>2</sup>Labidi-Galy, S. et al, *Nat. Commun.* **2017**, *8*, *1*, 1093 <sup>3</sup>Zink et al, ACS Cent Sci. **2018**, 4, 10, 1360-1370 Funding provided by the Chicago Biomedical Consortium with support from the Searle Funds at The Chicago Community Trust (C-076); the National Institute of Child Health and Human Development (NICHD) and the National Institutes of Health Office of Research on Women's Health (ORWH); UIC Startup Funds; T32 and the Ovarian Cancer Research Fund Alliance and UG3 ES029073.