

# BIO SKETCH FORM & Abstract

**First Name:** JORGE

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**Please send us a picture in a Jpeg format**

Title: Homer T. Hirst III Professor of Oncology, and Vice-Chair for Cell and Cancer Pathobiology, Department of Pathology

Organization Weill Cornell Medical College of Cornell University

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Current position: Chief, Division of Cell and Cancer Pathobiology, Vice-Chair for Cell and Cancer Pathobiology

**Past positions:**

2017-2019	Director, Metabolism Initiatives, Sanford Burnham Prebys Institute, La Jolla, CA
2015-2017	Deputy Director/Associate Director, NCI-designated Cancer Center, Sanford Burnham Prebys Institute, La Jolla, CA
2013 - 2019	Director, Cancer Metabolism and Signaling Networks Program, NCI-designated Cancer Center, Sanford Burnham Prebys Institute, La Jolla, CA
2012 - 2019	Scientific Director, Cancer Metabolism, Sanford Burnham Prebys Institute, La Jolla, CA
2011 - 2019	Professor, Sanford Burnham Prebys Institute, La Jolla, CA
2008 - 2011	Professor and Chair, Department of Cancer and Cell Biology, University of Cincinnati College of Medicine, Cincinnati, OH
2007 - 2008	Interim Chairman, Department of Genome Science/Molecular Oncogenesis, University of Cincinnati College of Medicine, Cincinnati, OH
2006 - 2008	Professor, Department of Genome Science, University of Cincinnati College of Medicine, Cincinnati, OH
2004 - 2006	Scientific Director of Biology and Biomedicine, National Research Council, Madrid (Spain)
1998 - 2002	Director of the Institute of Molecular Biology, CSIC, Madrid (Spain)
1993 - 2006	Professor, Centre for Molecular Biology, Madrid (Spain)

**Grants / Awards**

**Ongoing NIH grants:**

R01CA275846-01 PI: **Moscat, J** 12/01/2022 - 11/30/2027

Cholesterol metabolism in mesenchymal colorectal cancer

The goal is to determine the role and function of the cholesterol metabolism in the initiation and progression of mesenchymal intestinal tumors.

R01CA265892 PI: **Moscat, J** 12/01/2021 - 11/30/2026

Interferon regulation by NBR1-driven chaperone-mediated autophagy in stellate cells in liver cancer

The goal of this project is to establish the role and mechanism of actions of stromal NBR1 in the progression of hepatocellular carcinomas.

R01CA250025 PI: **Moscat, J** 03/17/2021 - 02/28/2026

Molecular Mechanisms Driving Mesenchymal Colorectal Cancer

The scope of this proposal is to investigate the molecular mechanisms that drive the poor prognosis mesenchymal type of colorectal cancer.

R01 CA246765 PI: Diaz-Meco, MT 05/01/2020 - 04/30/2025

Novel pathways in the control of lineage plasticity in neuroendocrine prostate cancer

To investigate the role and mechanism of action of PKC*l*/i to orchestrate serine metabolism and epigenetic regulation in NEPC.

## Recently completed NIH grants:

R01DK108743 PI: **Moscat, J** 04/01/2016 - 03/31/2022

Control of stellate cells-driven liver cancer by the p62/NBR1 adapters

To determine the mechanisms whereby the stromal microenvironment impacts liver cancer.

R01CA207177 PI: **Moscat, J** 03/21/2017 - 02/28/2022

Mechanisms of cell death and autophagy in intestinal epithelial cells in inflammation and cancer

To define the mechanisms whereby PKC $\lambda$ /i regulates apoptosis and autophagy.

R01CA211794 MPI: **Moscat, J** and Karin, M 02/15/2017 - 01/31/2022

Role of p62/SQSTM1 in obesity-induced liver cancer

To establish the role of autophagy adaptors in tumor hepatocytes

## Abstract

Title of your presentation:

### ***Adult stem cell loss and metaplasia during initiation and malignancy in colorectal cancer***

Summary of your presentation:

Mesenchymal colorectal cancer (mCRC) is a microsatellite stable (MSS) subtype marked by high desmoplasia, with CD8<sup>+</sup> T cells restricted to the stromal periphery, making it resistant to immunotherapy. Low levels of atypical protein kinase Cs (aPKCs) in the intestinal epithelium are linked to poor survival in mCRC. A key feature of mCRC is the accumulation of hyaluronan (HA), which fosters epithelial diversity and leads to the emergence of tumor fetal metaplastic cells (TFMCs) with invasive traits through interactions with activated fibroblasts. TFMCs, which are influenced by HA, have metaplastic markers that serve as prognostic indicators. Experiments show that degrading HA with hyaluronidase reduces tumor growth and liver metastasis in mCRC, enabling immune checkpoint blockade therapy by increasing the infiltration of CD8<sup>+</sup> T and B cells, some with resident memory characteristics, and countering immunosuppression. In the early stages of tumor formation, reduced aPKC levels are associated with the loss of intestinal stem cells (ISCs) and activation of revival and metaplastic programs in precancerous lesions. Experimental PKC $\lambda$ /i inactivation in mouse models and organoids activates JNK signaling in normal intestinal epithelial cells (IECs), leading to ISC depletion, including LGR5<sup>+</sup> stem cells, followed by the emergence of revival stem cells (RSCs) at the crypt base and fetal-metaplastic cells (FMCs) at the surface. These cell types depend on JNK-induced AP-1 and YAP signaling pathways, and their presence persists throughout cancer progression, promoting aggressive CRC characteristics regardless of their serrated or conventional origin. This understanding of HA and aPKC roles in CRC highlights potential therapeutic strategies, such as HA degradation and combination immunotherapies, to improve outcomes in resistant CRC types.

[<https://www.moscatdiazmecolab.org>]