

3D-bioprinted cancer models for prediction of nanomedicine response driven by H&E-based AI algorithm

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@RSFLab

CRS, Philadelphia, 15th July, 2025

Prof. Ronit Satchi-Fainaro, Ph.D.

Head, Cancer Research and Nanomedicine Laboratory

Kurt and Herman Lion Chair in Nanosciences and Nanotechnologies

Director, Kahn 3D-BioPrinting Initiative

Director, Cancer Biology Research Center

Head, Gray School of Medical Sciences, Tel Aviv University, Israel

Disclaimers

Co-Founder, Selectin Therapeutics Inc.

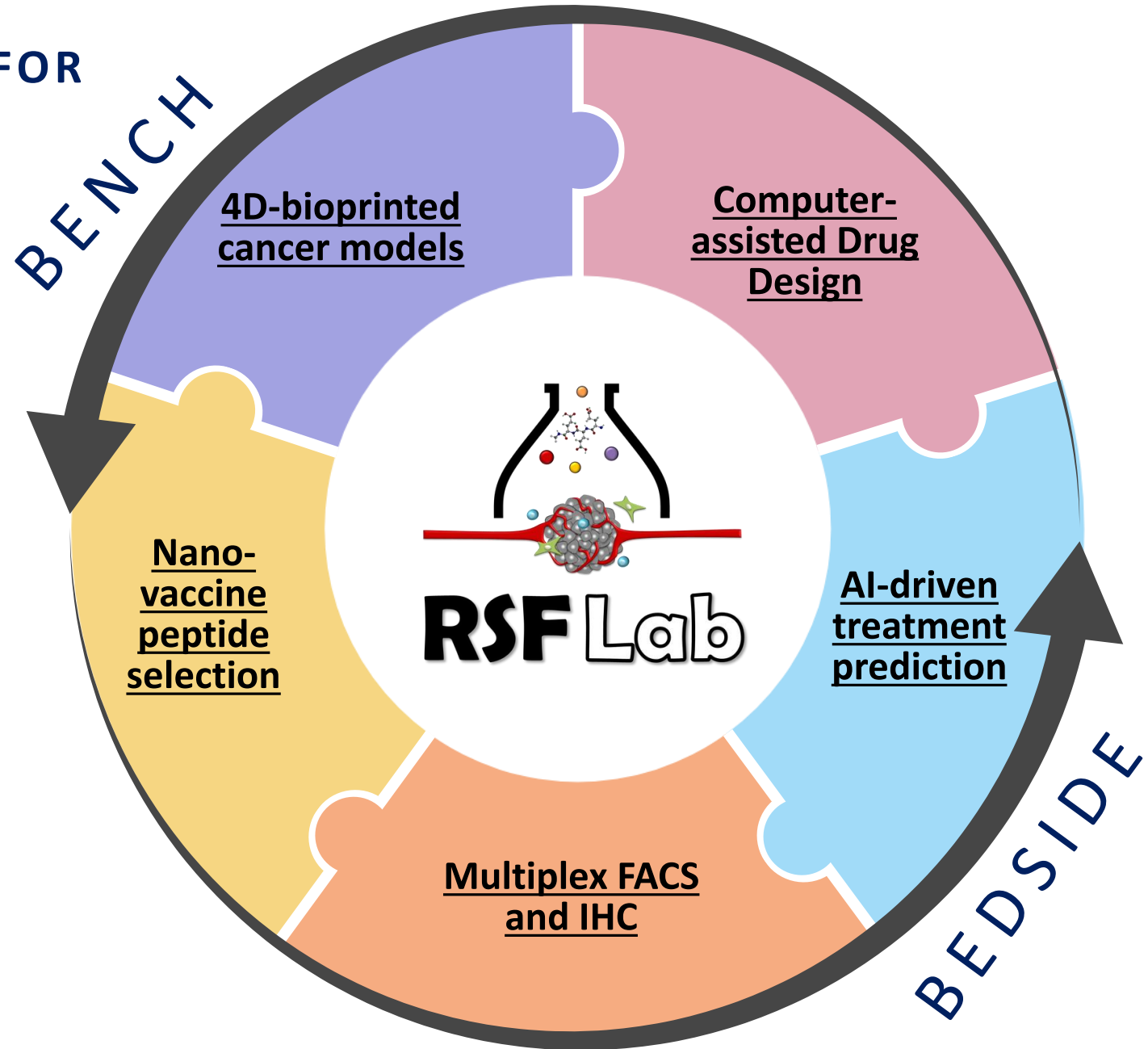
Co-Founder, ImmuNovation Ltd.

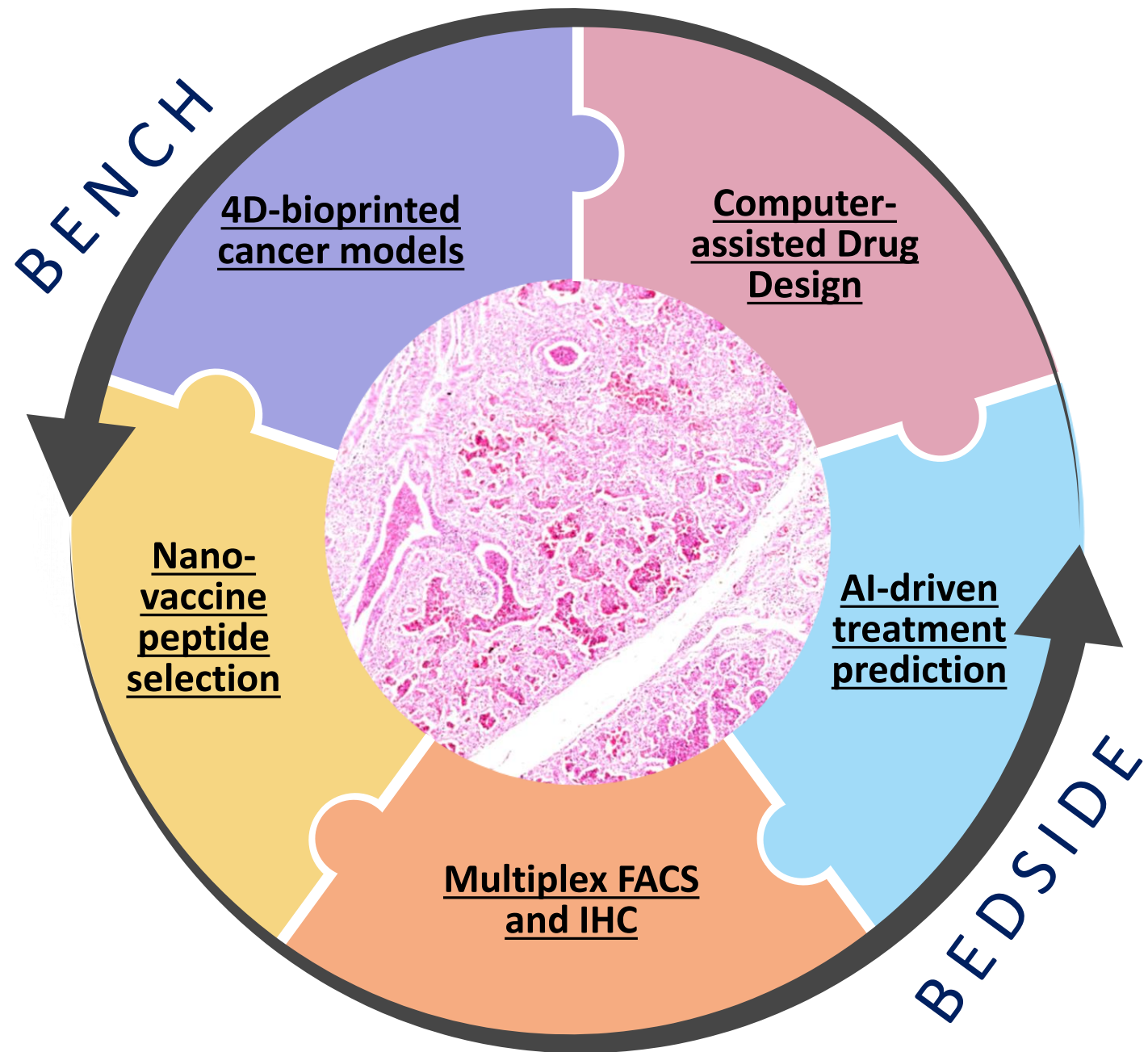
Founder, 3DCanPredict Ltd.

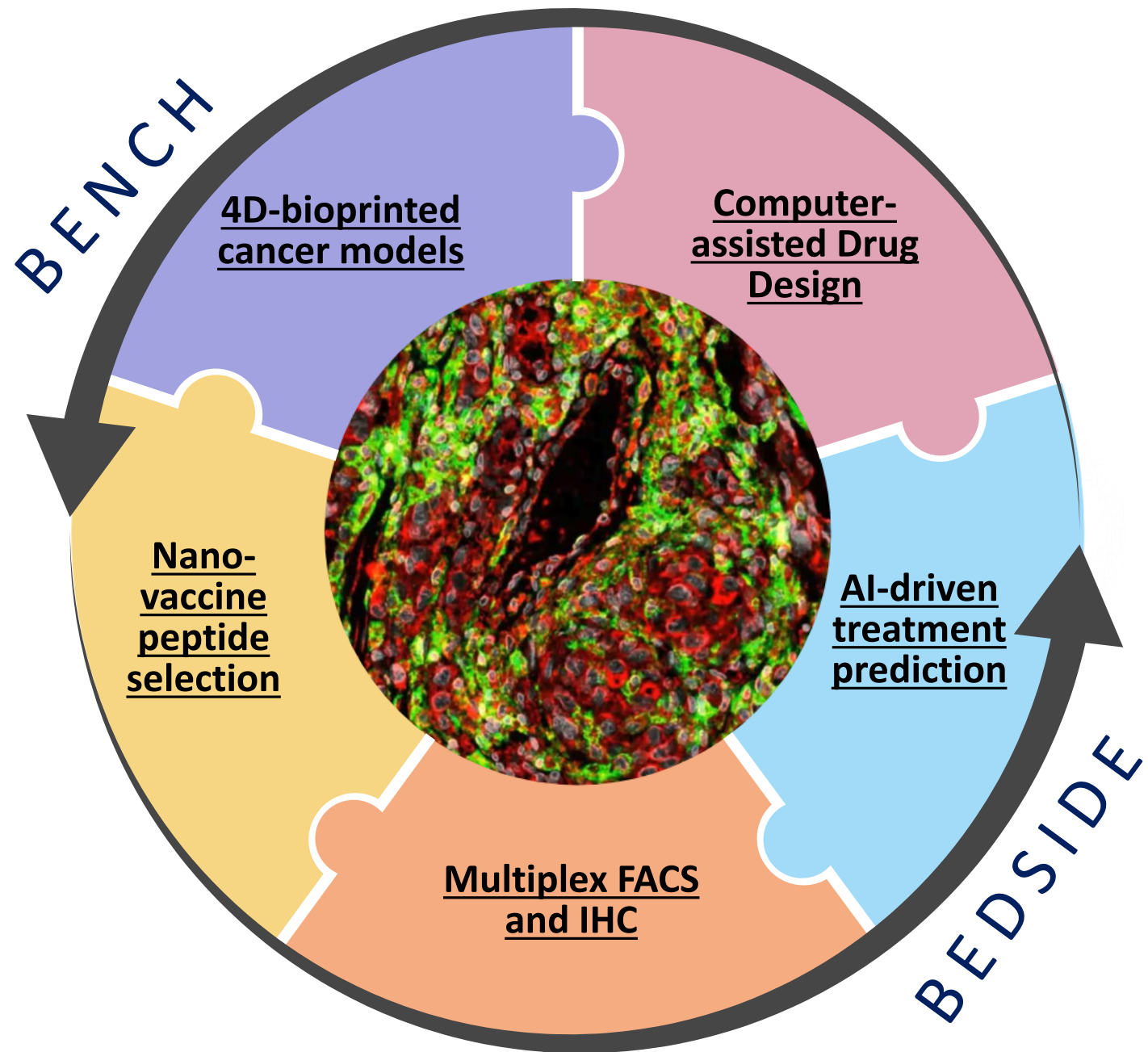
Director, BoD, Teva Pharmaceutical Industries Ltd.

Sponsored Research, Merck

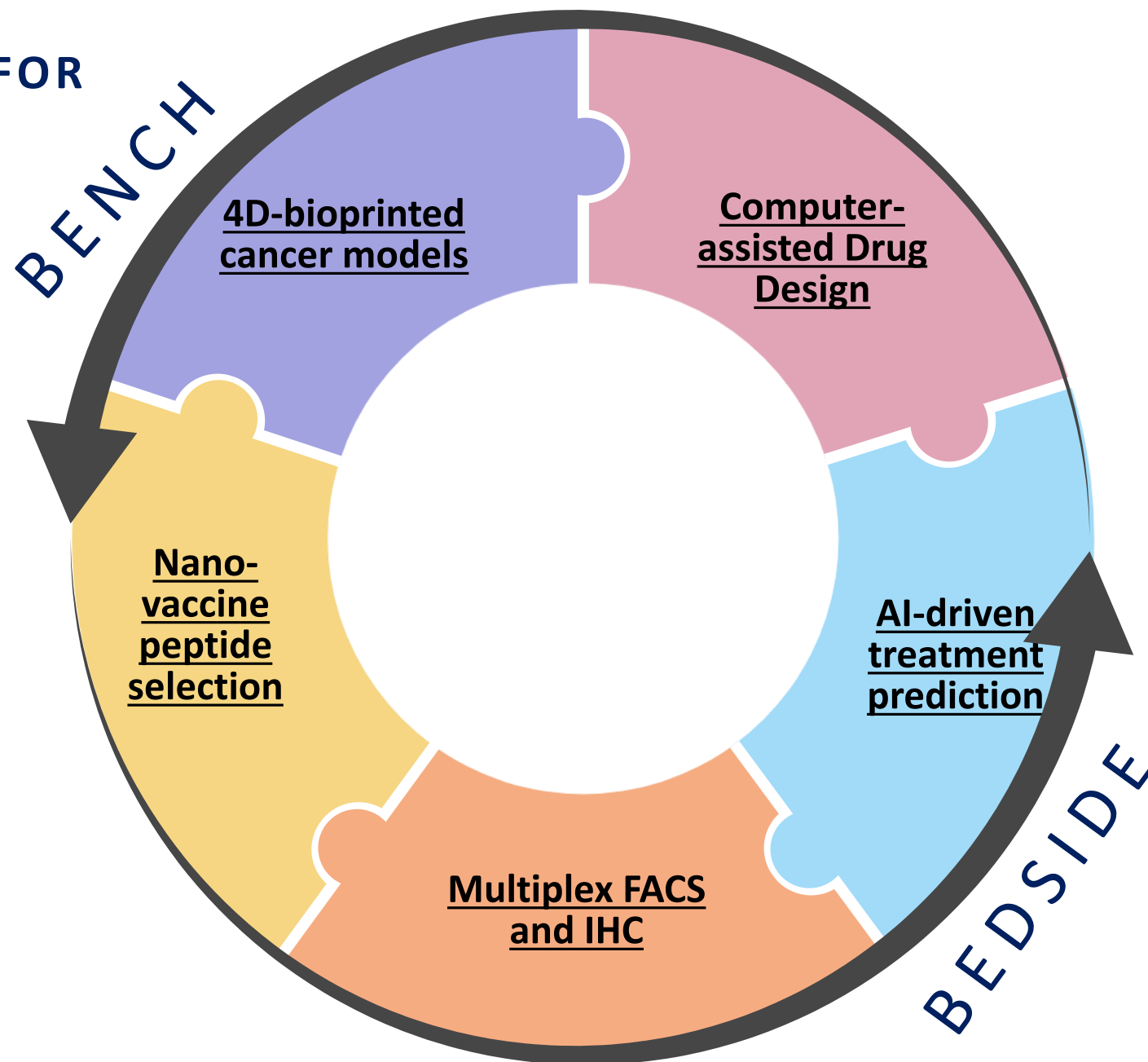
CUTTING-EDGE
TECHNOLOGIES FOR
BREAKTHROUGH
DISCOVERIES

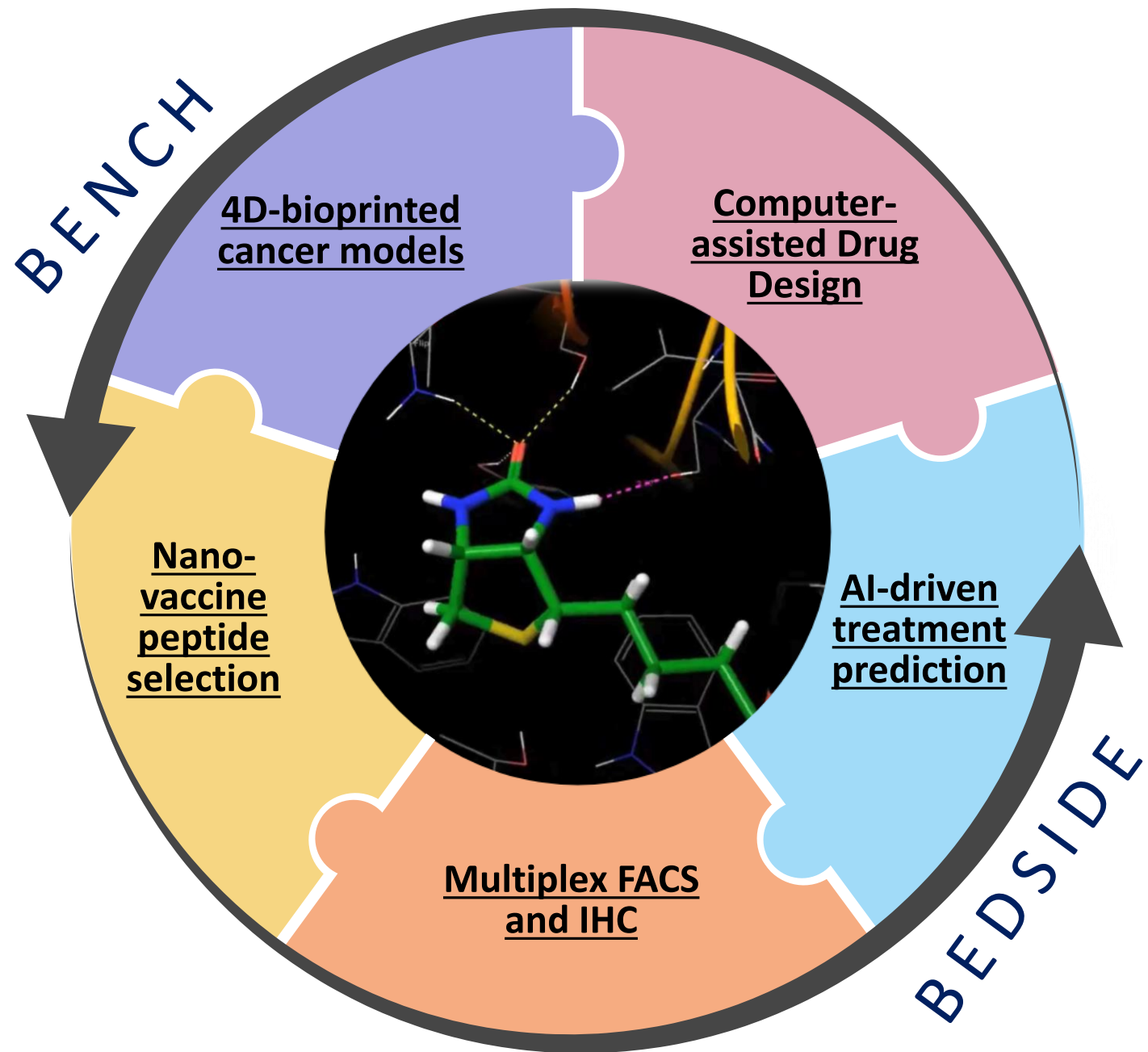


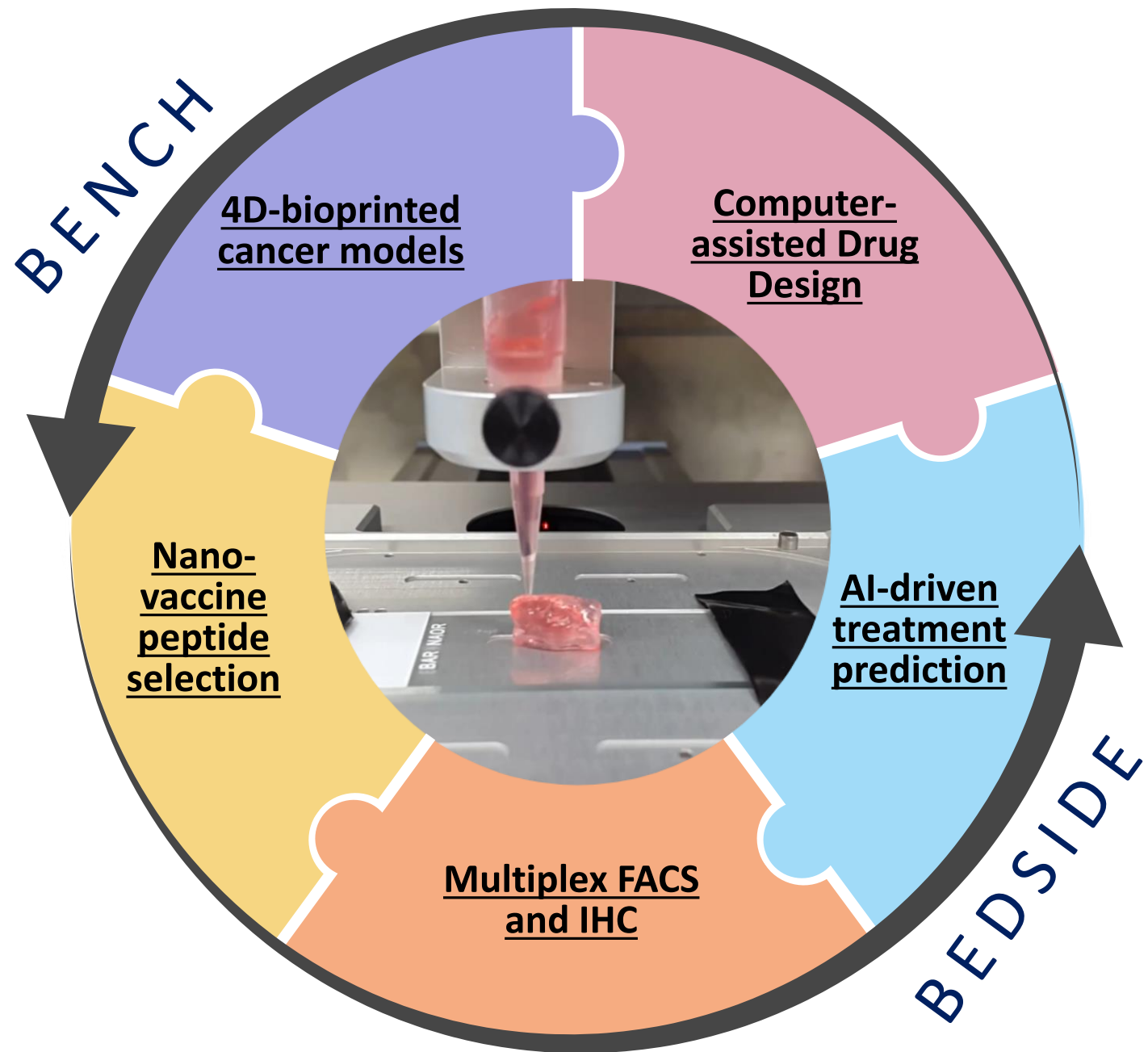




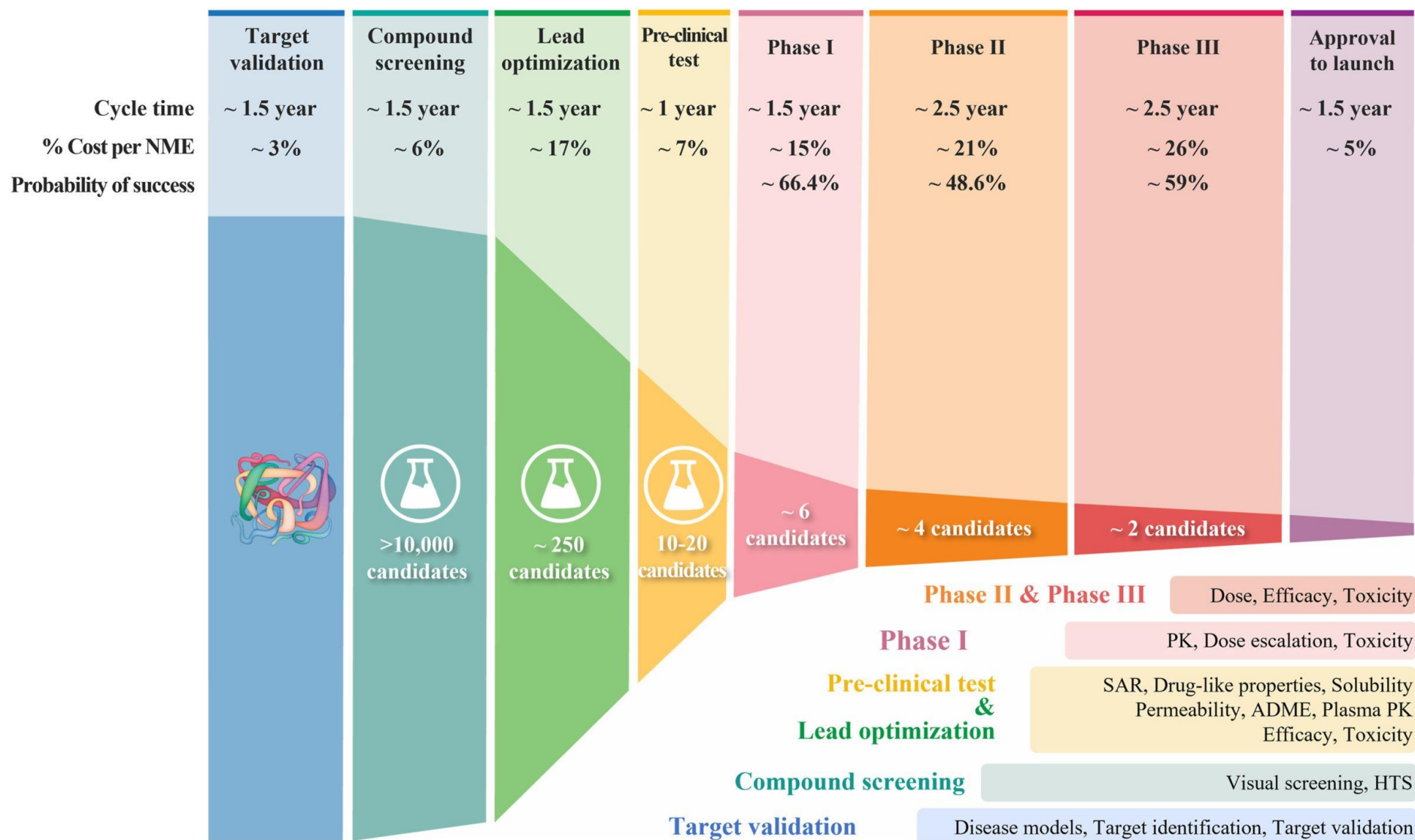
**CUTTING-EDGE
TECHNOLOGIES FOR
BREAKTHROUGH
DISCOVERIES**







➤ Biopharmaceutical drug development: Attrition rates



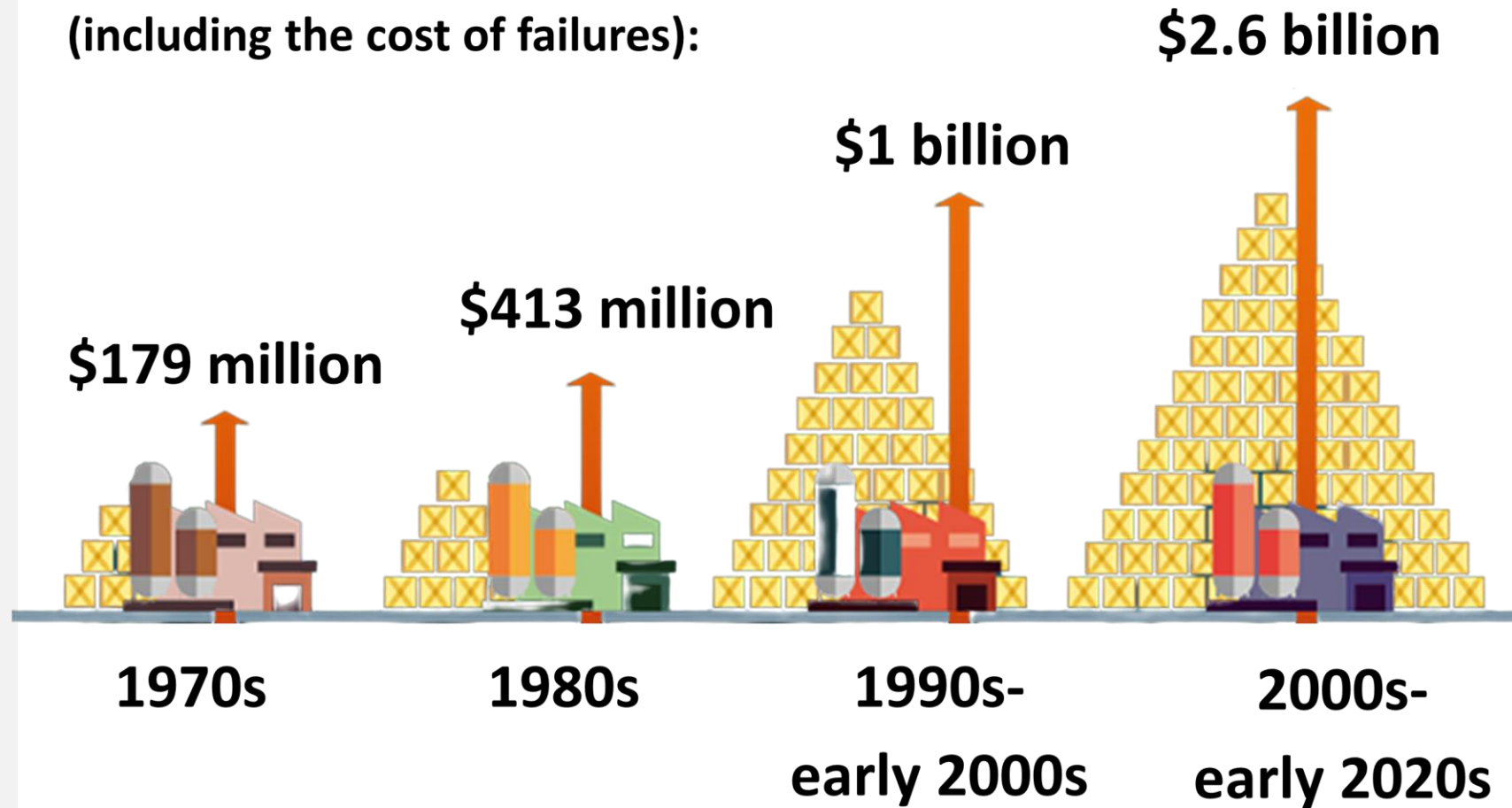
<https://www.sciencedirect.com/science/article/pii/S2211383522000521>

> Development costs

Success rates in bringing a drug from discovery through to commercialization are low and getting worse.

Only 11.3% of drugs that enter clinical testing will be approved in the United States, down from a 16.4% success rate ten years ago.

**Average cost to develop a drug
(including the cost of failures):**



1. PhRMA, 2016

2. A New Look at the Arsenal of Tech Solutions, Applied Clinical Trials, October 1, 2015, Kenneth A. Getz

➤ Likelihood of approval from Phase I

The overall likelihood of approval (LOA) from Phase I for all developmental candidates over 2011–2020 was 7.9%.

Unmet clinical needs in cancer, especially the advanced stage of this disease

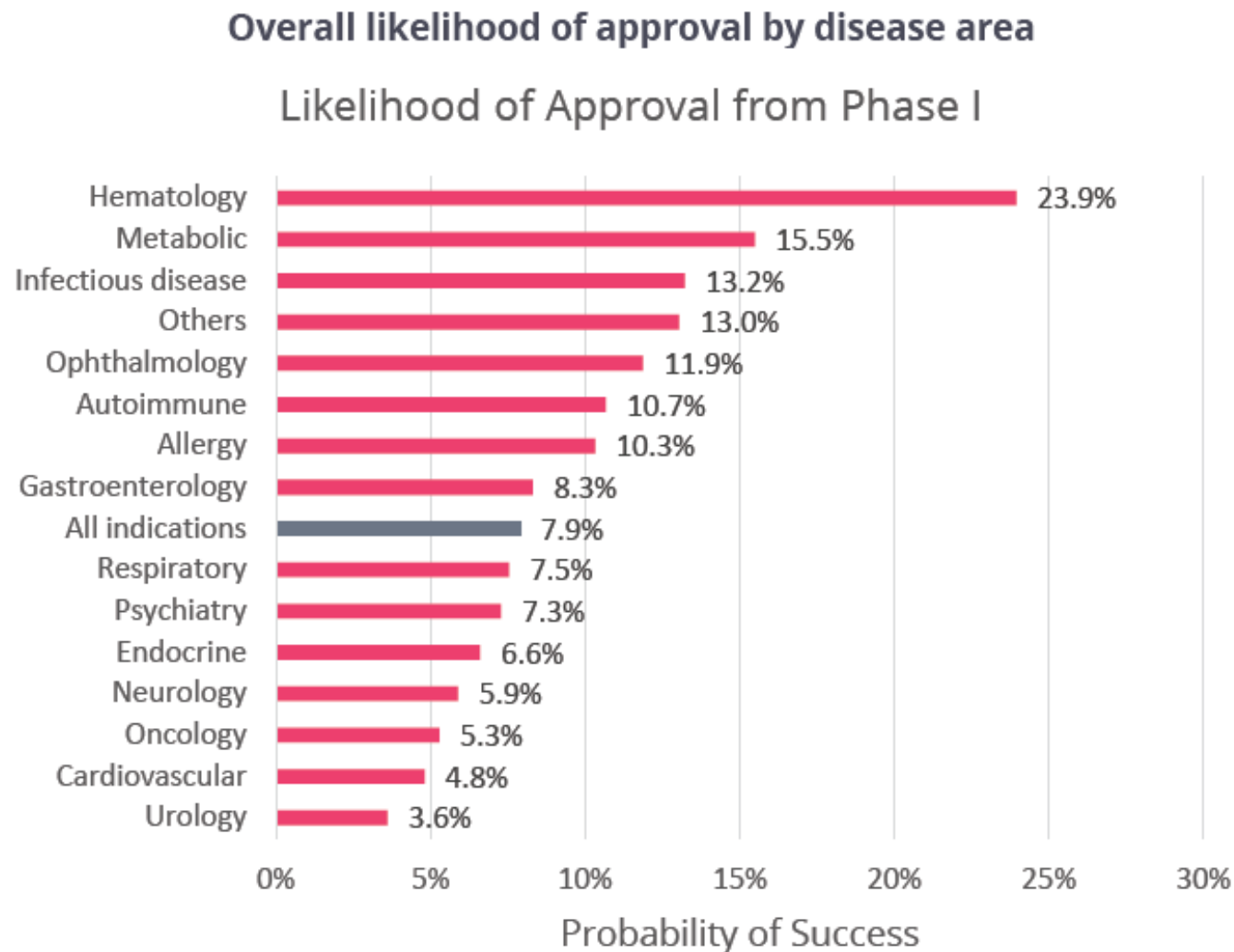


Figure 5a: Chart of LOA from Phase I, displayed highest to lowest by disease area. Source: Biomedtracker® and Pharmapremia®, 2020

How to address these challenges?



117TH CONGRESS
2D SESSION

Modernization Act 2.0

S. 5002

To allow for alternatives to animal testing for purposes of drug and biological product applications.

IN THE SENATE OF THE UNITED STATES

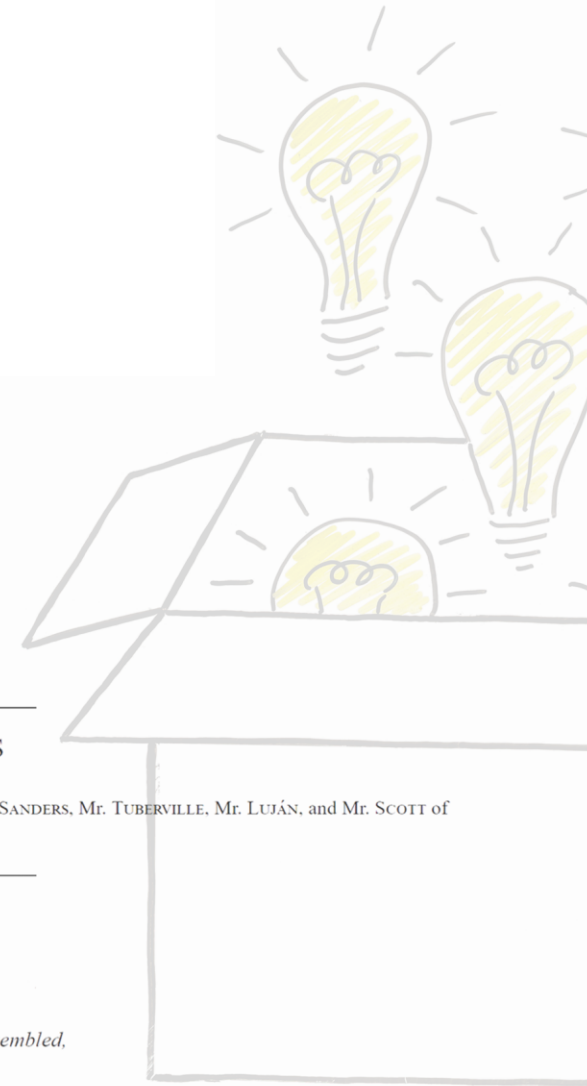
SEPTEMBER 29, 2022

Mr. PAUL (for himself, Mr. BOOKER, Mr. BRAUN, Mr. CRAPO, Mr. MARSHALL, Ms. COLLINS, Mr. KING, Mr. PADILLA, Mr. SANDERS, Mr. TUBERVILLE, Mr. LUJÁN, and Mr. SCOTT of Florida) introduced the following bill; which was read twice, considered, read the third time, and passed

A BILL

To allow for alternatives to animal testing for purposes of drug and biological product applications.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

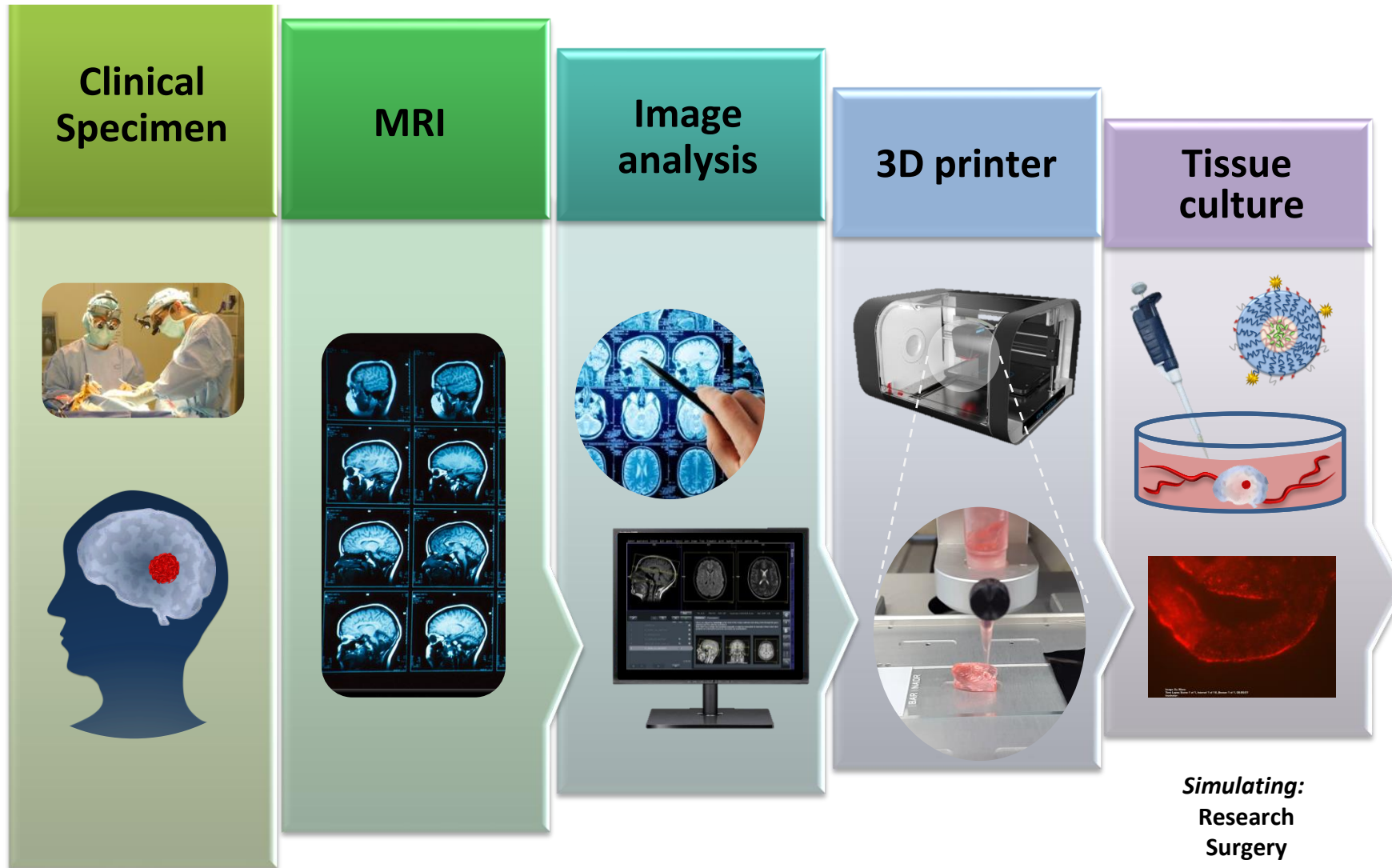


➤ How to address these challenges? – 3D-bioprinted tumors for simulations of research, surgery, and treatment



Lena Neufeld

A simulation-based process that takes only 2 weeks!

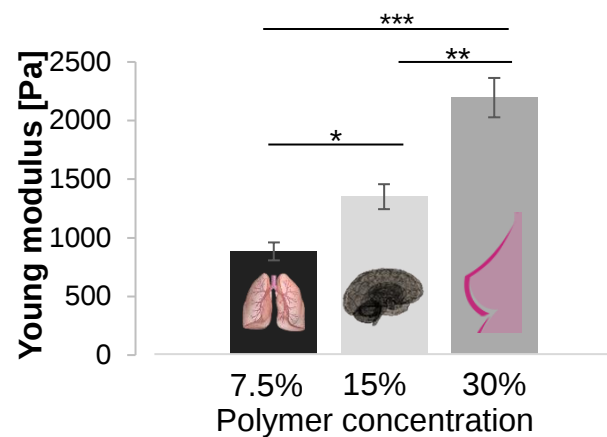


Simulating:
Research
Surgery
Treatment



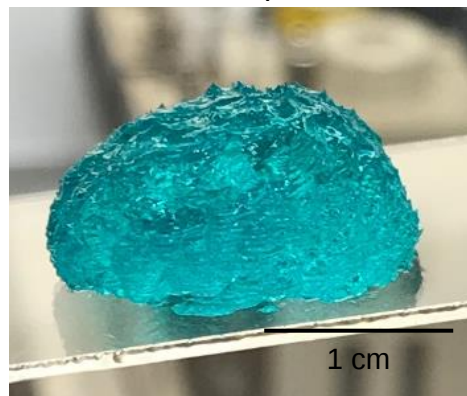
➤ Proof of concept: Generation of 4DCanPredict platform

Bio-ink characterization



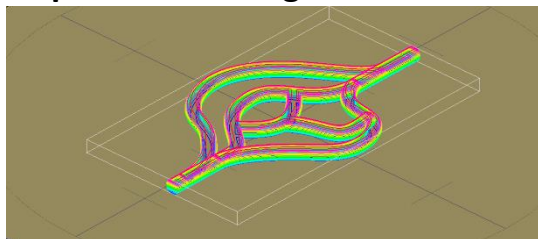
3D-BioPrinted brain

~ 10 minutes per model

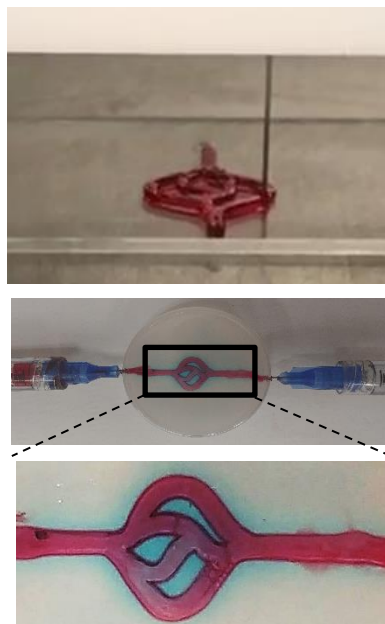


4DCanPredict vascular network

Computational design of blood vessels

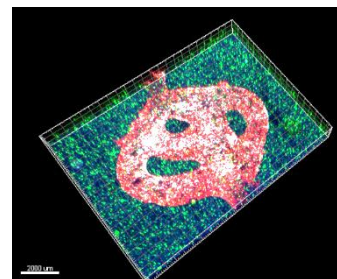


3D-BioPrinted vascularized tumor model created with 2 bio-inks

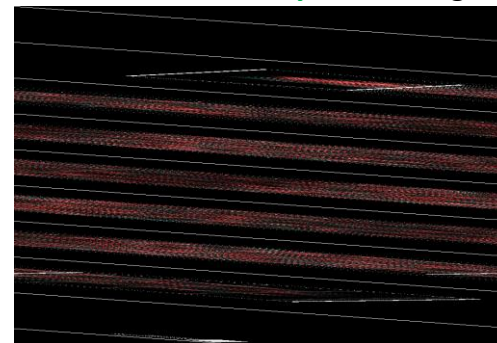


Recapitulating tumor microenvironment

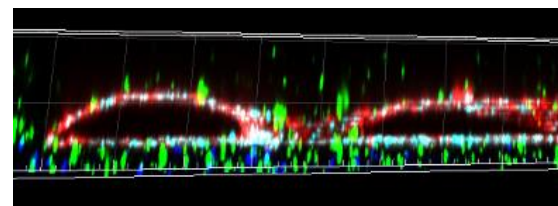
3D-BioPrinted tumor



Endothelial cells hPericyte
Cancer cells hAstrocytes hMicroglia

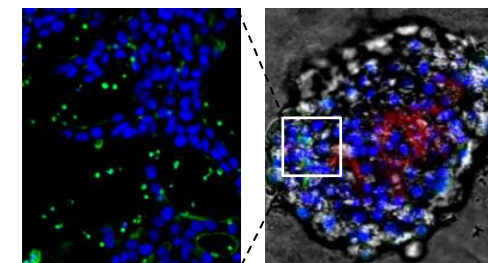


Confocal Z-stack



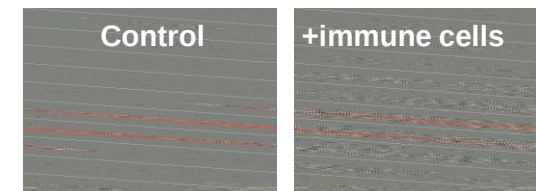
Immunology and drug permeability

Infiltration of immune cells into spheres



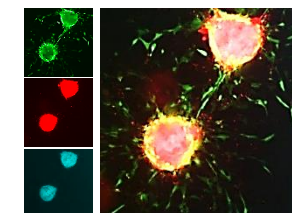
Cancer cells T cells CD8⁺ DAPI

Immune cells cytotoxicity



Cancer cells immune cells

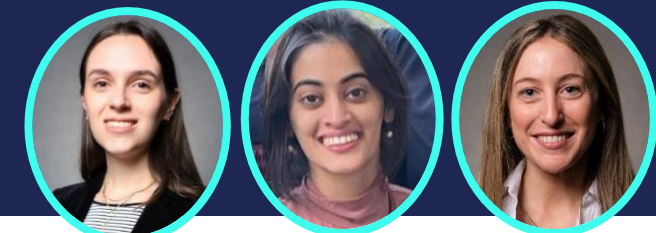
Internalization of drugs



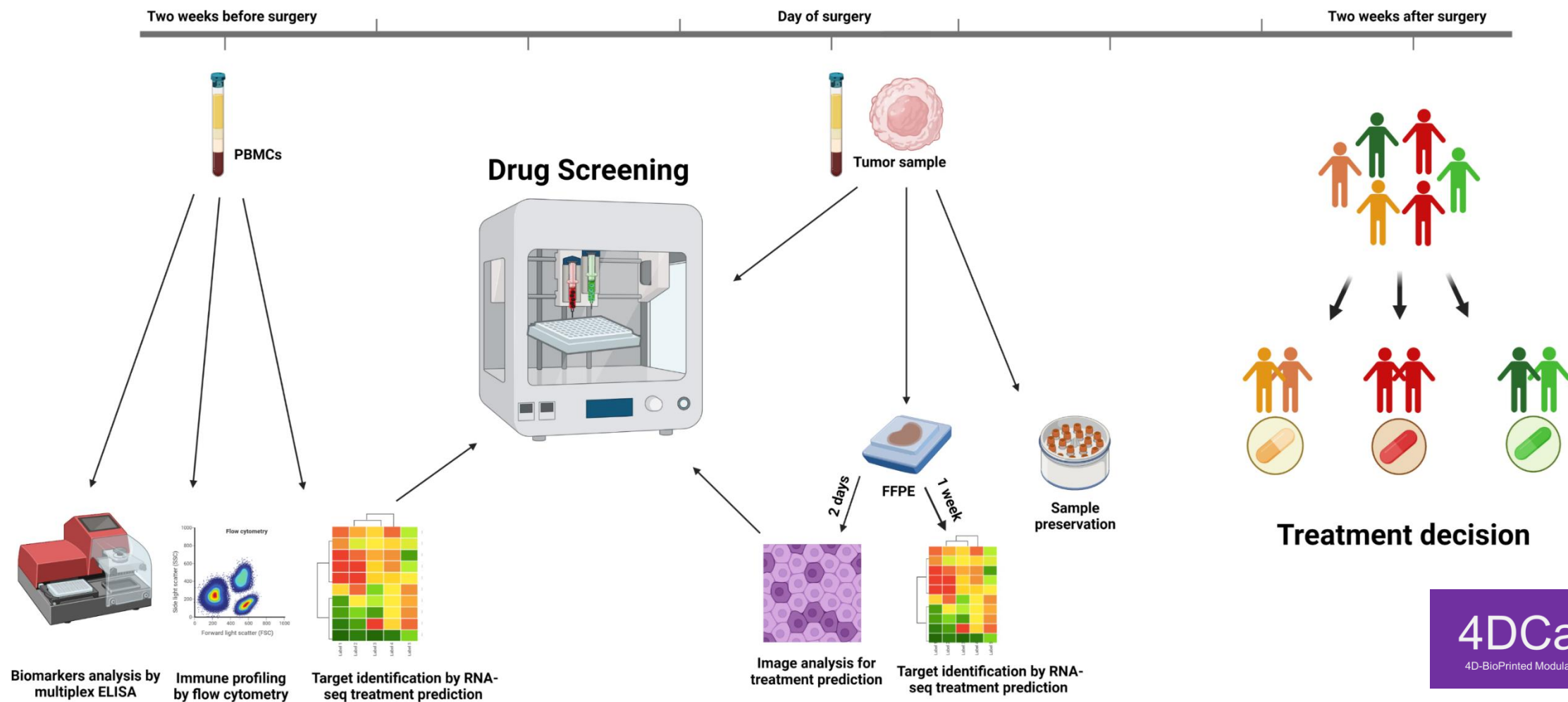
Cancer cells Endothelial cell
hAstrocytes Cy5-labeled drugs

4DCanPredict has established the first immunocompetent personalized 4D-BioPrinted vascularized & perfusable cancer model

> Clinical trial workflow



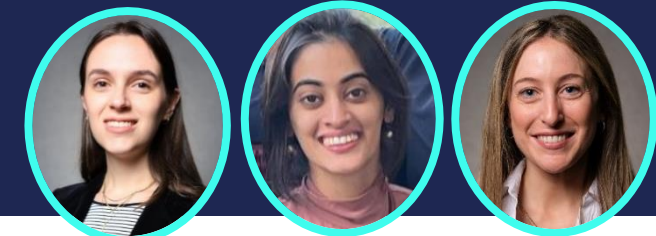
Anne Krinsky Anshika Katyal Opal Avramoff



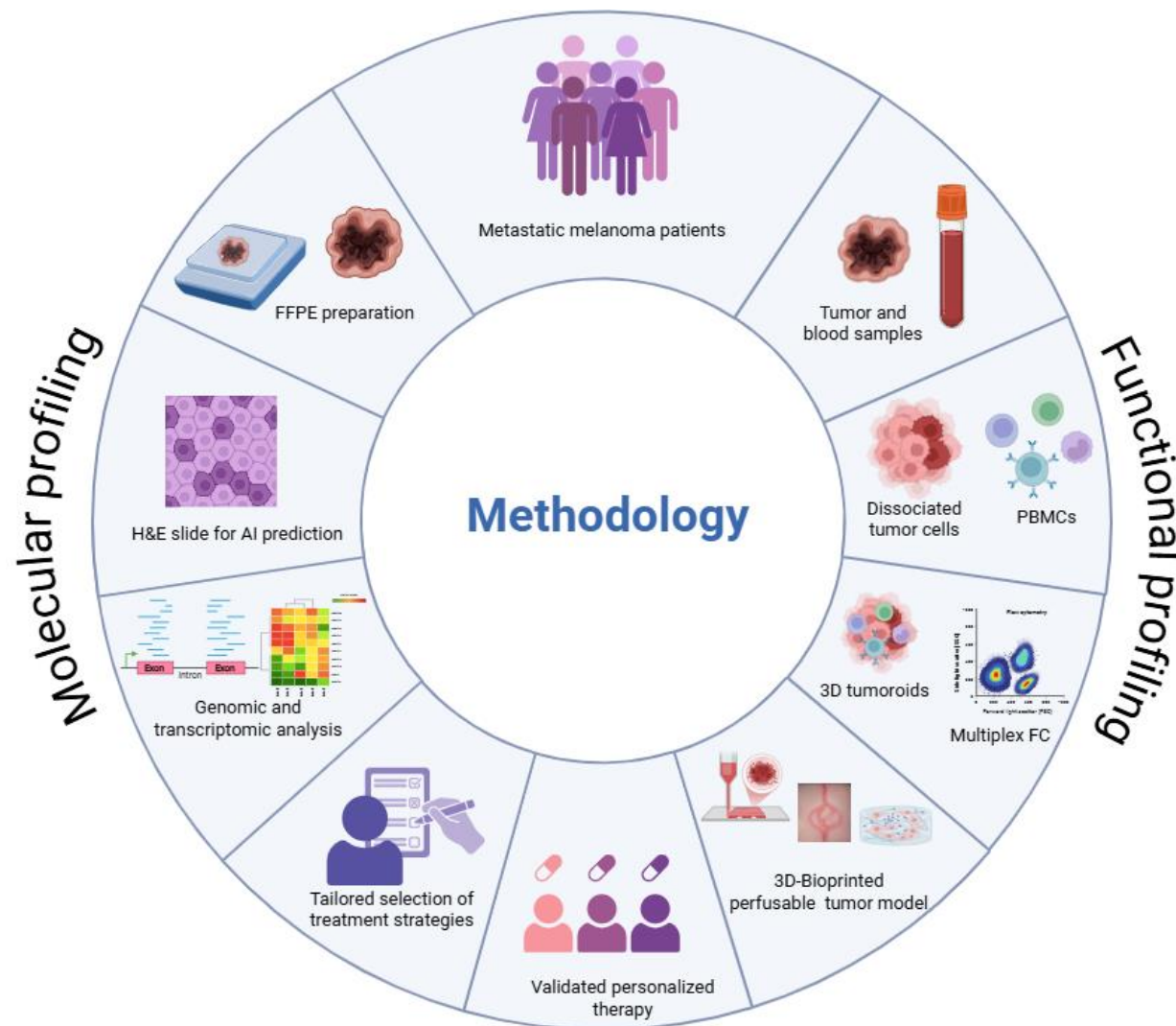
4DCanPredict

4D-BioPrinted Modular Drug Screening Platform for Cancer

> Clinical trial workflow



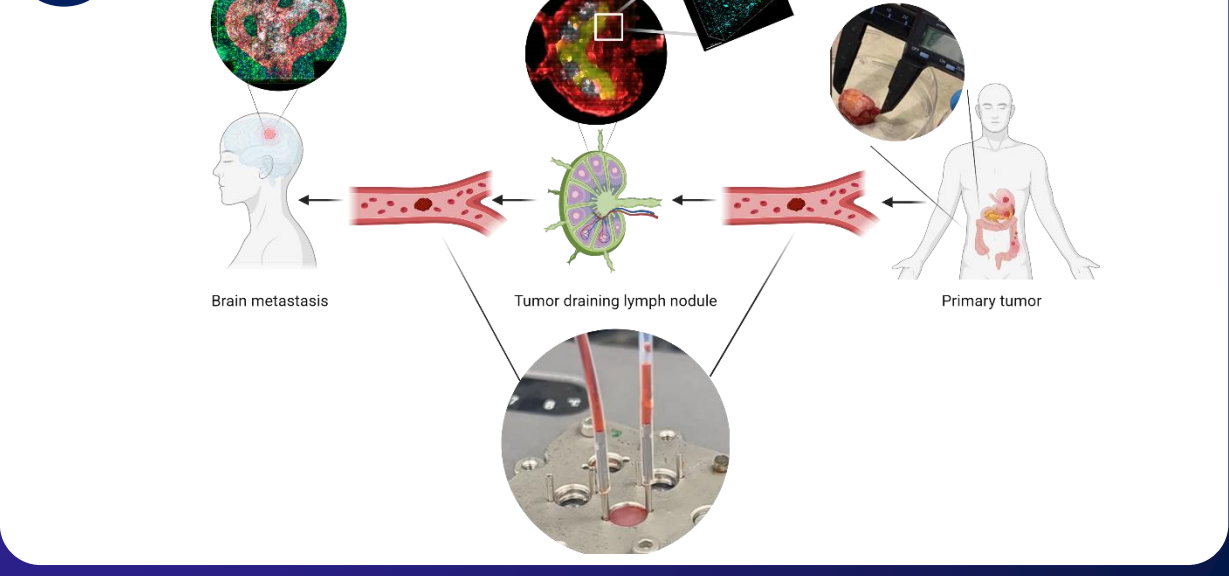
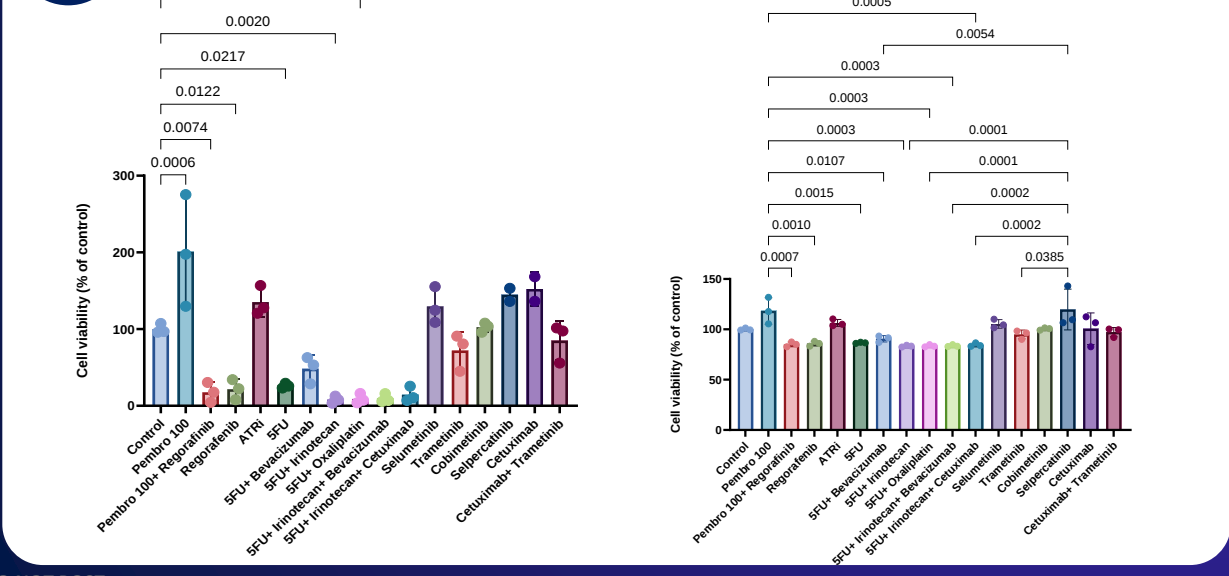
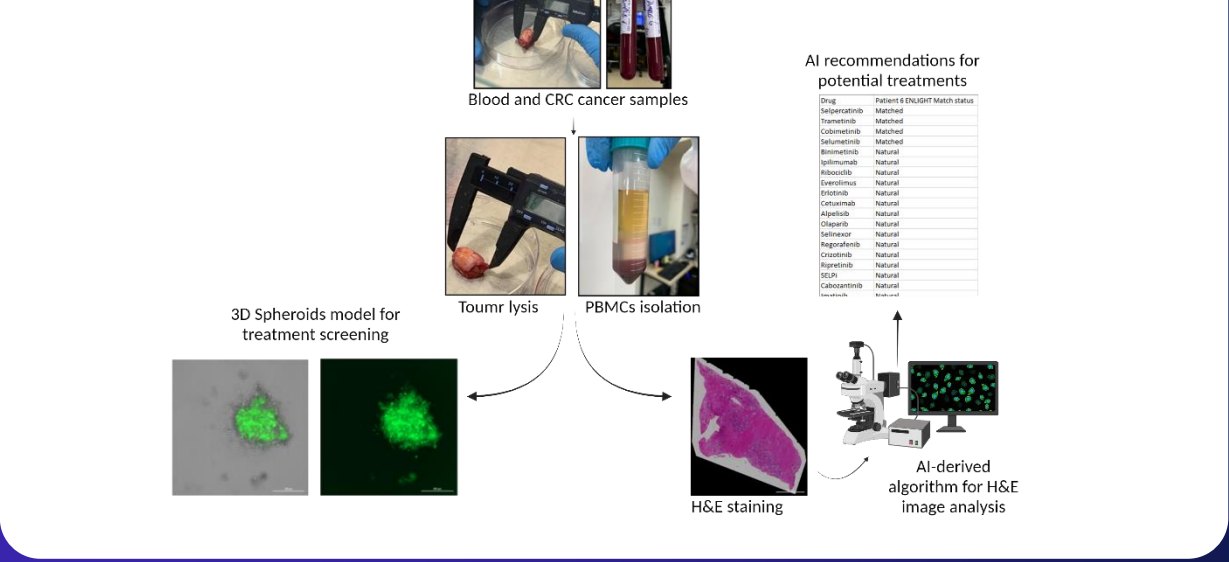
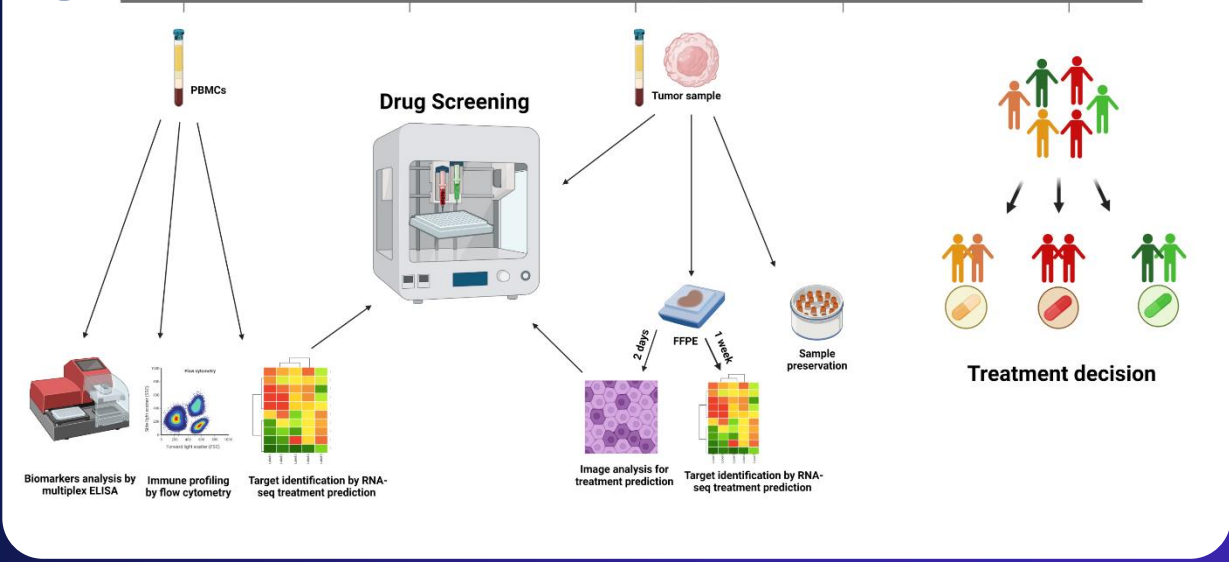
Anne Krinsky Anshika Katyal Opal Avramoff



4DCanPredict

4D-BioPrinted Modular Drug Screening Platform for Cancer

With Ronnie Frommer-Shapira, Sheba Medical Center - Pangea



> #9 Mucosal melanoma patient

Female, 58, malignant mucosal melanoma.

Tissue site: resected from the groin lymph node.

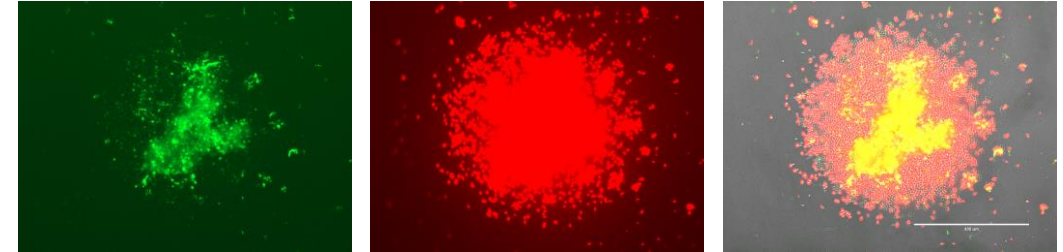
ECOG PS: 1

Neoadjuvant therapy: Ipilimumab + Nivolumab (4 cycles)

Adjuvant therapy: Nivo (since 5.12.23, 20.12.23, 3.1.24)

Clinical outcome: PD (evaluated in Jan 2024)- 9.1 PET CT

Residual frozen cell suspension or PBMCs: Cell suspension (10 vials * low viability) and PBMCs (1 vial)

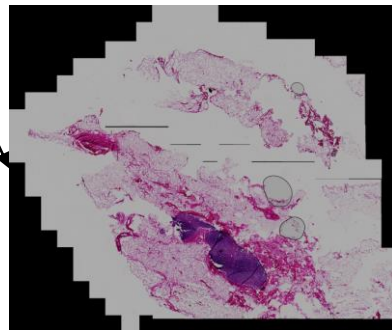
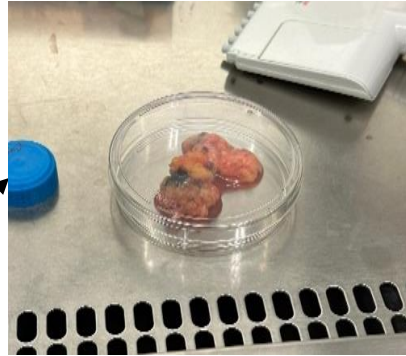


U-shape spheroids with 15,000 cells/well.

Cells from the tumor tissue were stained with CellBrite green and the PBMCs were stained with CellBrite red

Cells from the tumor tissue: PBMCs 2:1

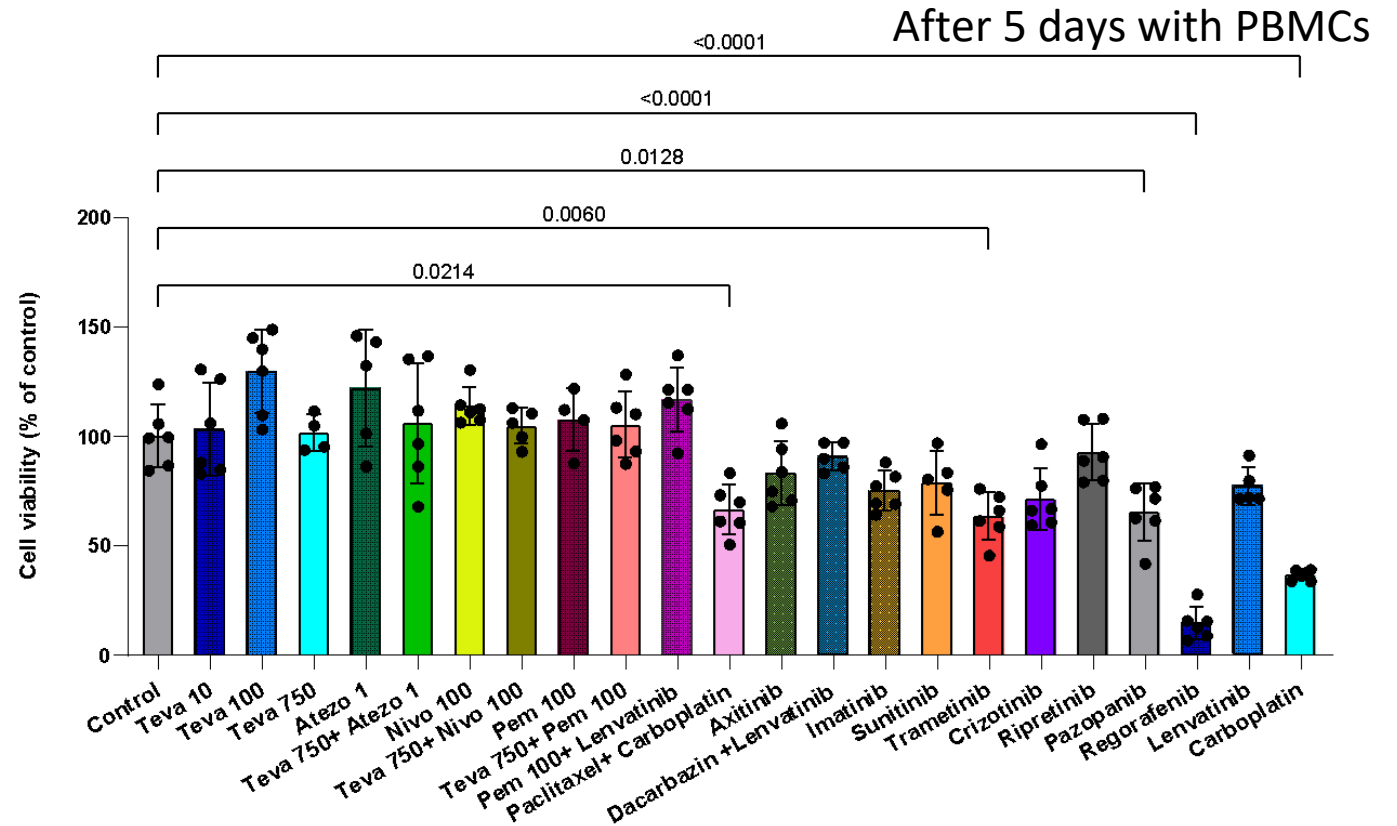
Drug	Patient 9 ENLIGHT Match status
Pembrolizumab	Matched
Ripretinib	Matched
Crizotinib	Matched
Pazopanib	Matched
Ramucirumab	Matched
Axitinib	Matched
Regorafenib	Matched
Tivozanib	Natural
Cabozantinib	Natural
Cobimetinib Selumetinib	Natural
Lenvatinib	Natural
Sorafenib	Natural
Ipilimumab	Natural
Bevacizumab	Natural
Selinexor	Natural
Trametinib	Unmatched
Binimetinib	Unmatched
Olaparib	Unmatched
Alpelisib	Unmatched
Sunitinib	Unmatched
Everolimus	Unmatched
Ribociclib	Unmatched
Cetuximab Erlotinib	Unmatched
Imatinib	Unmatched
Selpercatinib	Unmatched
SELPI	Unmatched



> #9 Mucosal melanoma patient – Viability assay

Cell viability (CellTiter-Glo®)
according to the calibration curve

Drug efficacy in 3D model (% Response)	Oncologists	H&E- based AI Algorithm
1. Regorafenib (93%)		Matched
2. Carboplatin (63%)	6	-
3. Trametinib (37%)	4	Unmatched
4. Pazopanib (35%)	2	Matched
5. Paclitaxel+ Carboplatin (33%)	6	-
6. Crizotinib (29%)		Matched
7. Imatinib (25%)	1	Unmatched
8. Lenvatinib (23%)	5	Neutral
9. Sunitinib (22%)	3	Unmatched
10. Axitinib (17%)		Matched
11. Dacarbazine+ Lenvatinib	7	-
All the other drugs (Teva, Atezolizumab, Nivolumab , Pembro, Teva+ Pembro, Pembro+ Lenvatinib) showed 0% response.- Also UNMATCHED by our H&E-based AI Algorithm		



Clinical status- Progressive disease
Tx: 4 cycles Ipi-Nivo, surgery, 2 cycles of Nivolumab
Adjuvant- Regorafenib?

Axitinib
VEGFR inhibitor

Crizotinib
Tyrosine kinase inhibitor,
targeting (EML4)-ALK
fusion protein

Carboplatin
antineoplastic
alkylating agent

Dacarbazine
Antineoplastic
agent

Imatinib
Tyrosine
kinase
inhibitor

Lenvatinib
RTK inhibitor,
targeting VEGFR,
FGFR, PDGFRa,
KIT, RET

Trametinib
MEK inhibitor

Atezolizumab
Anti-PD-L1 antibody
immunotherapy

Paclitaxel
taxoid
chemotherapeutic
agent

Pazopanib
inhibitor of multiple protein
tyrosine kinases with
potential antineoplastic
activity.

Pembrolizumab/
Nivolumab
Anti PD-1
receptor

Regorafenib
A kinase
inhibitor
(VEGFR)

Ripretinib
kinase inhibitor
targeting KIT and
PDGFRa

Sunitinib
targeting multiple
RTK, including
PDGFR, VEGFR, KIT,
RET, FLT3

Teva
Immunotherapy

> PD-1/ PD-L1 small-molecule modulators versus mAbs



Rita Guedes

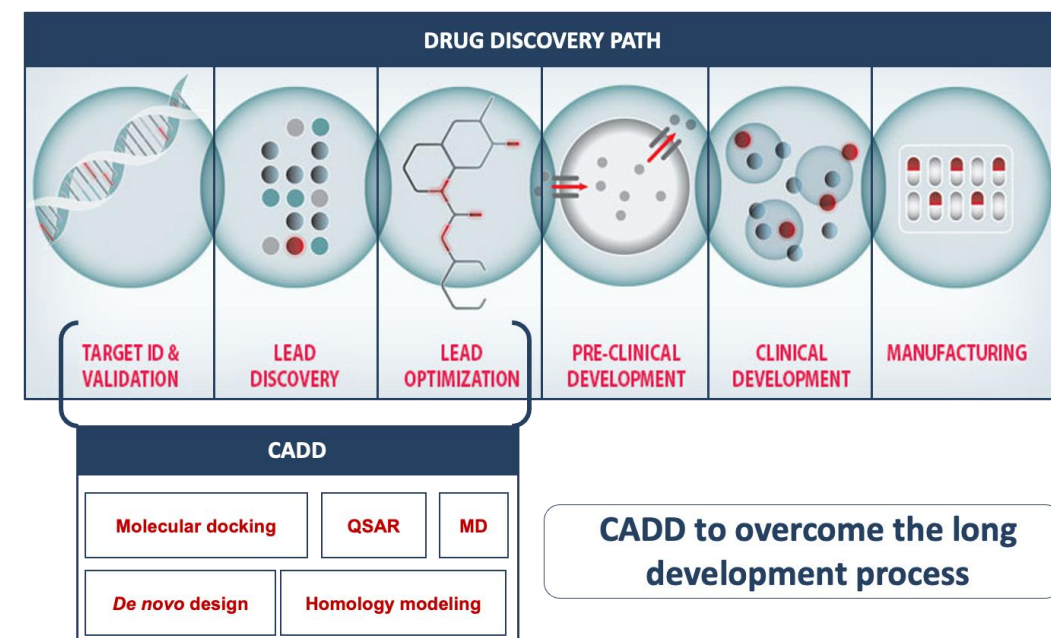
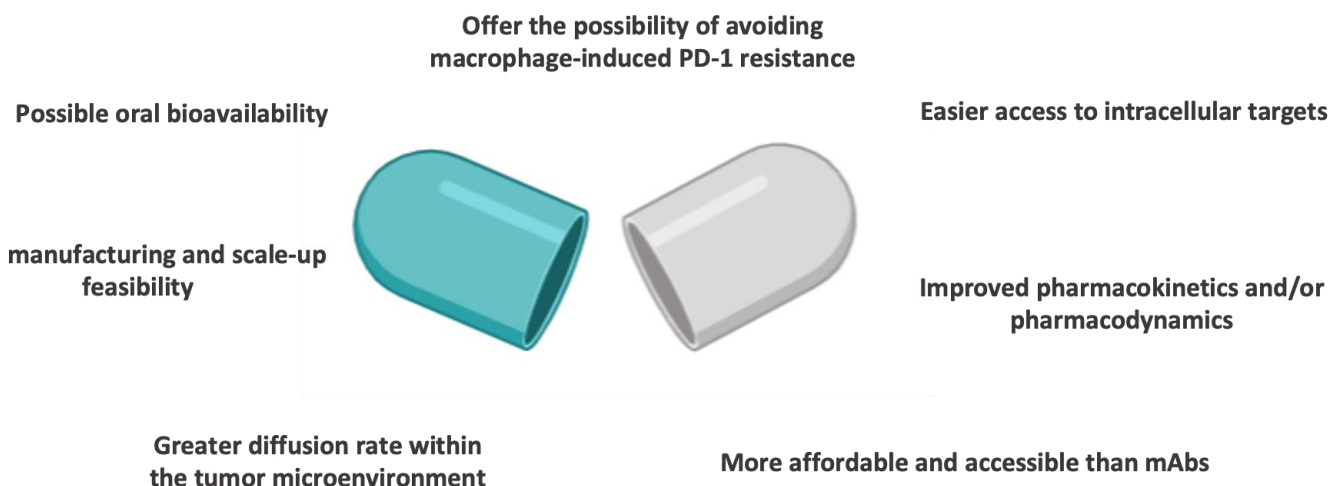


Helena Florindo



Rita Acúrcio

Discovery of new small-molecule immune system modulators targeting PD-1/PD-L1 interaction using computer-assisted drug design (CADD) approach



No PD-1/PD-L1 small-molecule modulators have been ever approved

PD-1/ PD-L1 small-molecule modulators: our strategy



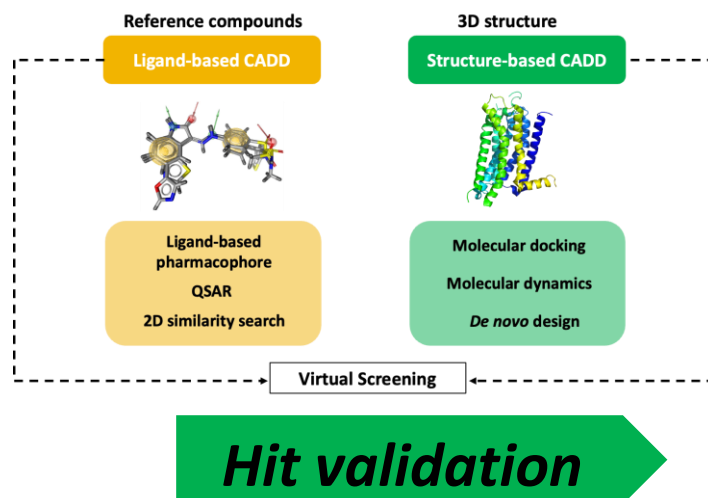
Rita Guedes



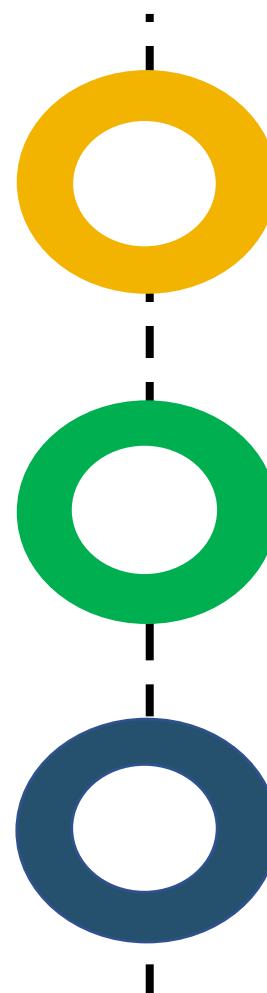
Helena Florindo



Rita Acúrcio



- *In vitro* & *ex vivo* assessment of PD-1/PD-L1 inhibition.
- T-cell activation by PD-1/PD-L1 inhibition
- Anti-tumor efficacy
- Impact on tumor immune cell profiling



In silico

PD-1/PD-L1 binding assays
(High Throughput Format,
Differential Scanning Fluorometry,
WaterLOGSY NMR)

In vitro & Ex

In vivo

Discover and develop PD-1/PD-L1 small molecule modulators

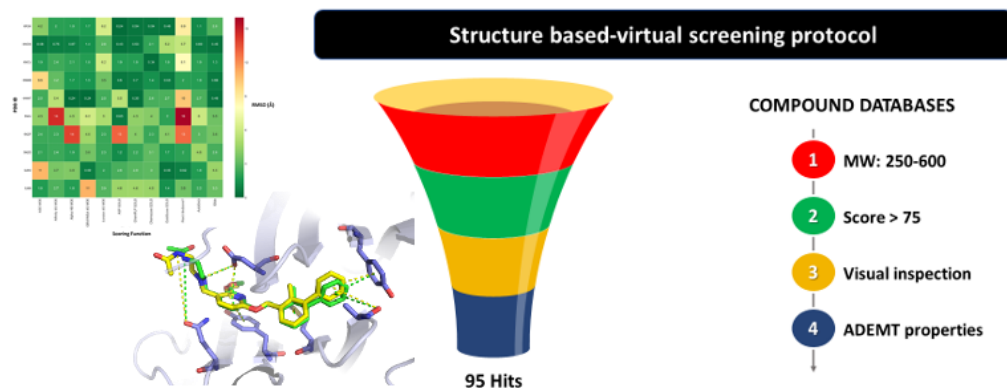


Rita Guedes

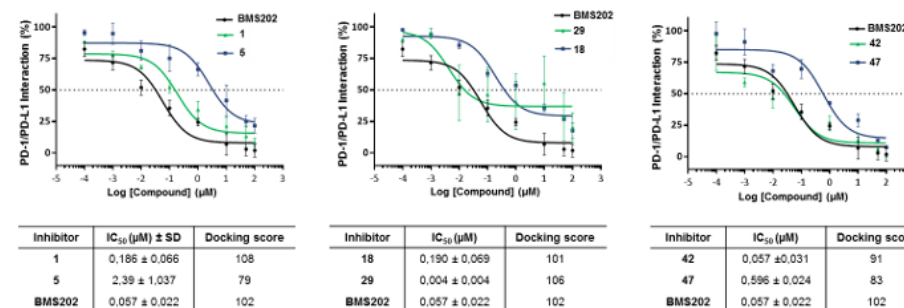
Helena Florindo

Rita Acúrcio

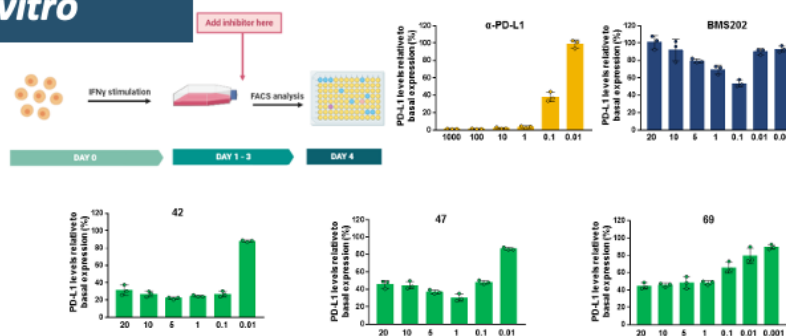
In silico



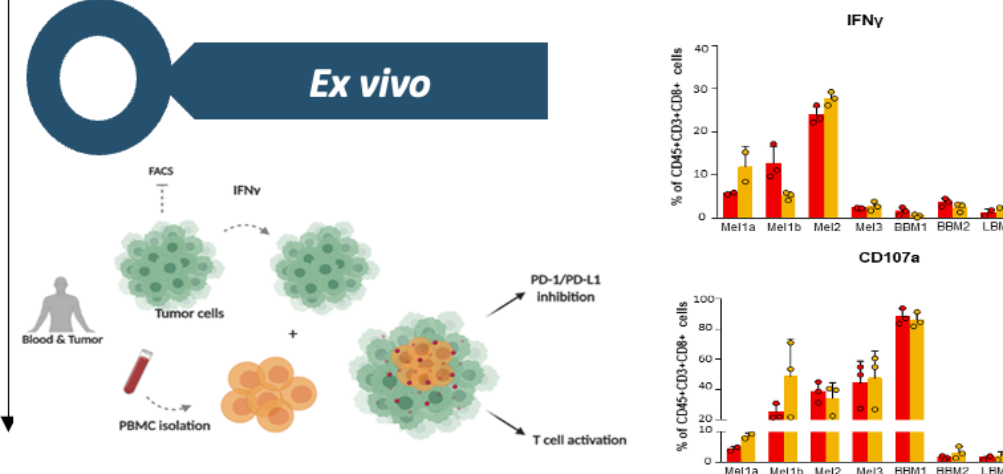
Hit validation



In vitro



Ex vivo



➤ PD-1/ PD-L1 small-molecule modulators: our strategy

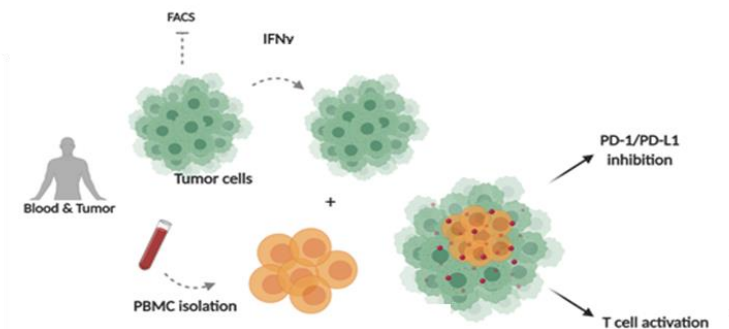


Rita Guedes Helena Florindo Rita Acúrcio



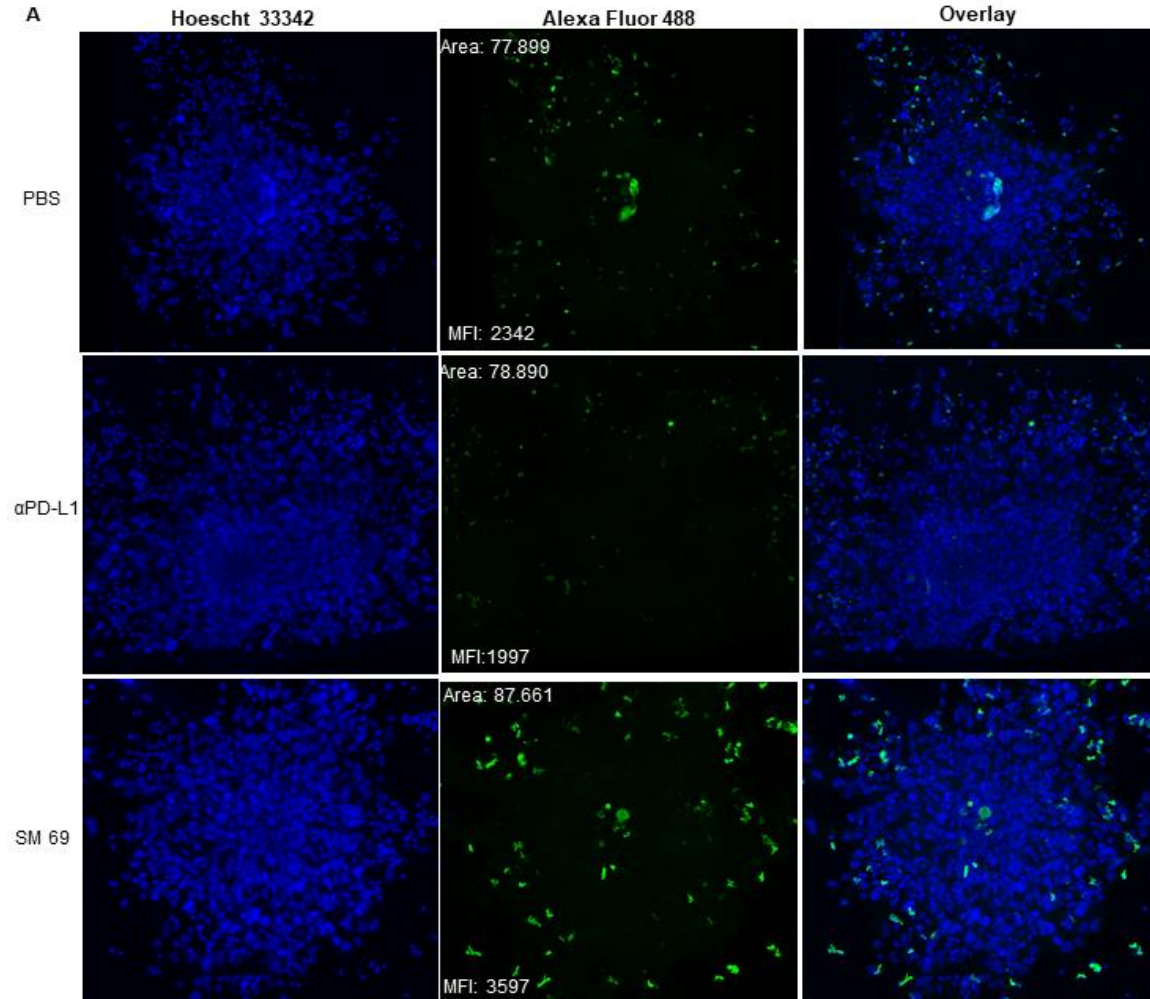
In vitro & Ex vivo

CD8⁺ T-cell infiltration on 3D spheroids of melanoma composed of patient-derived melanoma cells and autologous PBMC



PD-1/PD-L1 small molecule inhibitor promote T-cell infiltration and decrease tumor cell sprouting.

Mean ± SD, N = 3, from one independent experiment performed in triplicate or duplicate (limited amounts of patient tumor or blood available).



> PD-1/ PD-L1 small-molecule modulators: our strategy



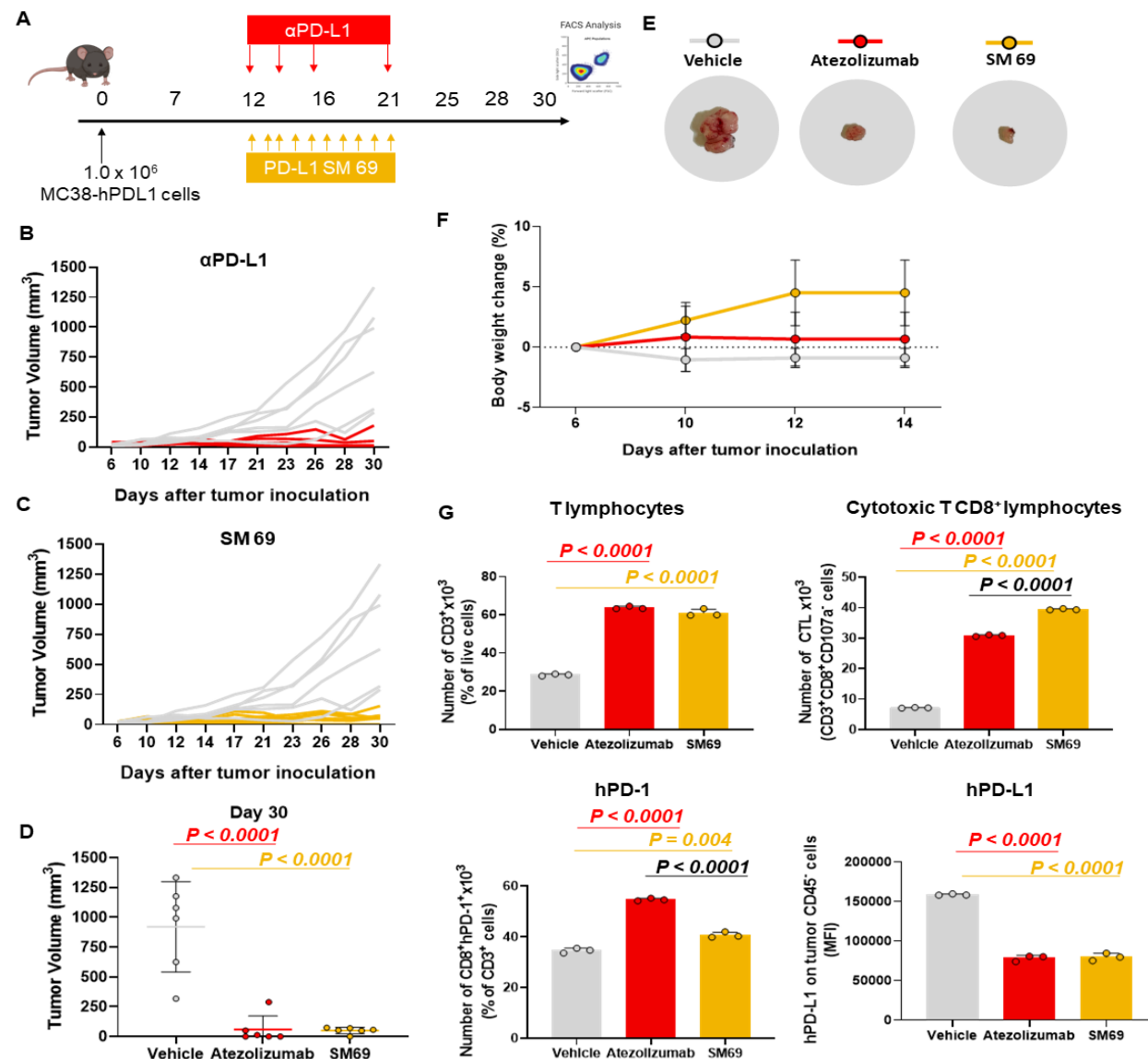
Rita Guedes

Helena Florindo

Rita Acúrcio



- We discovered small molecules that are effective alternatives to PD-L1 monoclonal antibodies:
 - Restores T-cell function
 - Control tumor growth
 - Suitable for different routes of administration

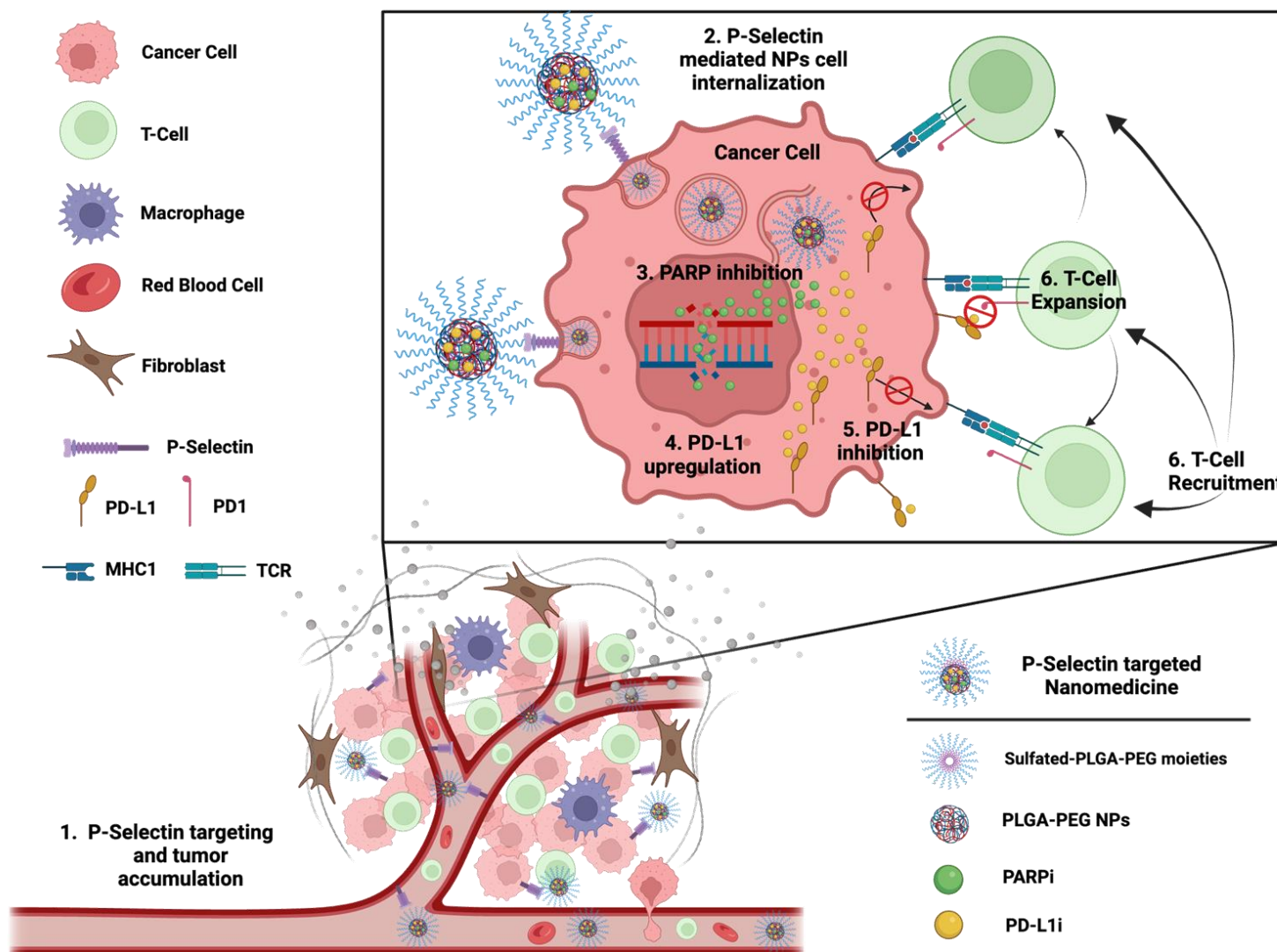




P-Selectin-targeted Polymeric Nanomedicine for BRCA-mutated BC



Daniel Rodriguez Shani Koshrovski- Pradip Dey
Michael



Koshrovski-Michael *et al.*, *Science Advances*, 2024

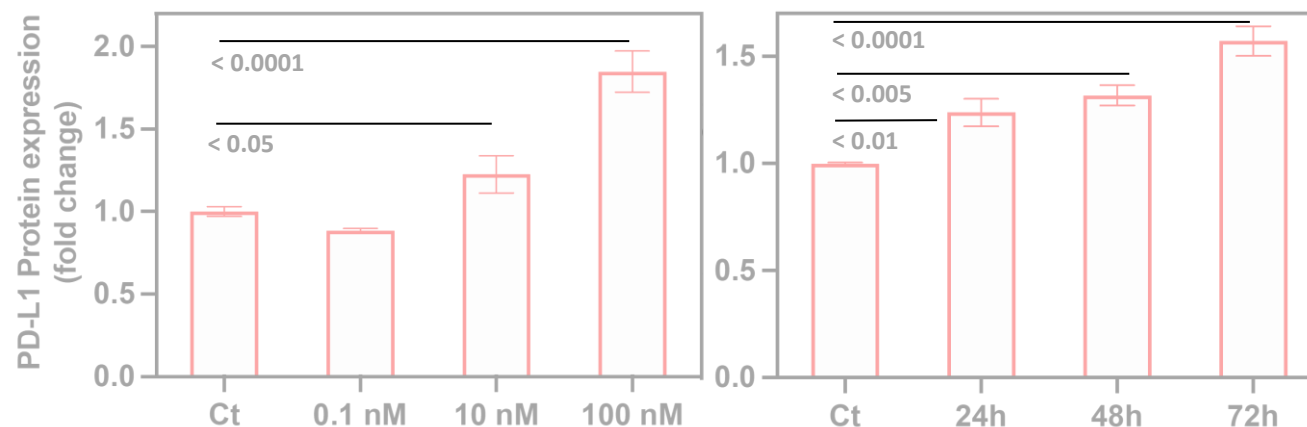


PARPi Treatment Induces PD-L1 Expression

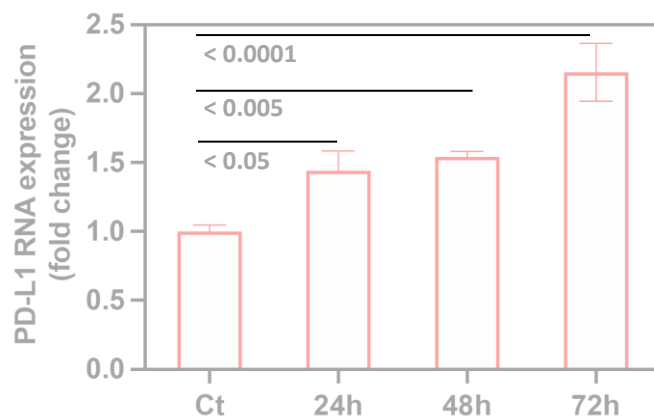


Daniel Rodriguez Shani Koshrovski- Pradip Dey
Michael

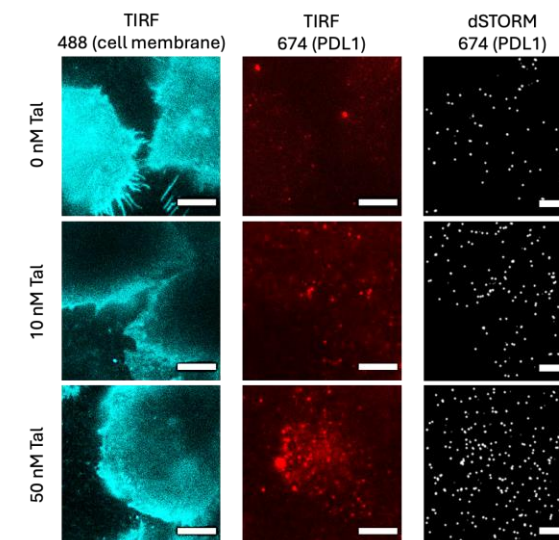
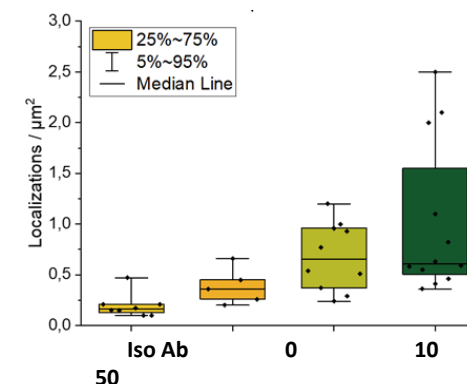
PARPi-induced PD-L1 **Protein** Expression in a Dose-(left) and Time-(right)
Dependent Manner



PARPi-induced PD-L1 **RNA** Expression in a Time-
Dependent Manner



dSTORM localizations per cell after PARPi treatment



Computer-assisted drug designed PD-L1i Small Molecule Immunotherapy (SMi)



Adi Yona



Shir Shahar



America Garcia
Alvarado



Marina Green
Buzhor

1. BRCA mutation is associated with $\uparrow$ TILS

2. PARPi therapy might impact the TME

- Downregulate proinflammatory cytokines
- Can recruit DC, NK and macrophages
- Increase neoantigen production
- Increase ICI's expression



PARPi- Talazoparib

Atezolizumab

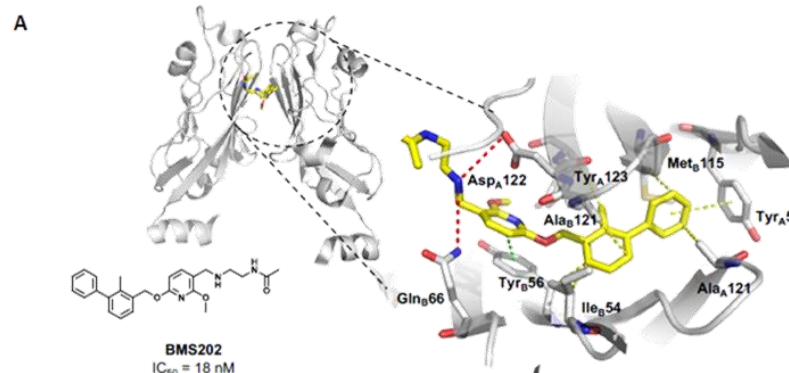
+



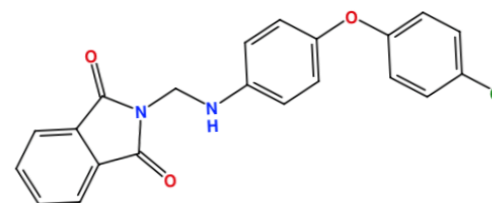
Koshrovski-Michael *et al.*, *Science Advances*, 2024

Identification of novel small molecules *in silico*:

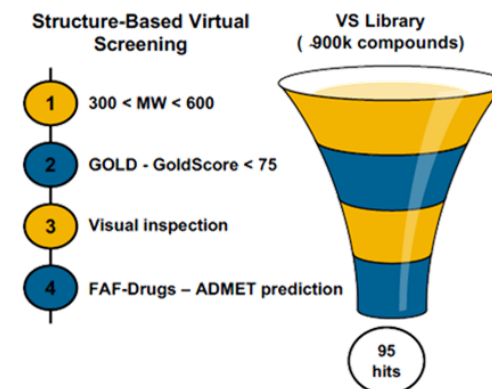
- 3D protein modelling
- Molecular docking
- Chemical filtering



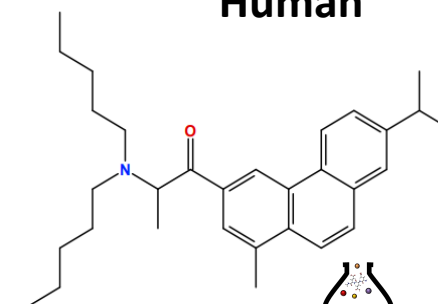
Murine



Acurcio *et al.*, JITC 2024



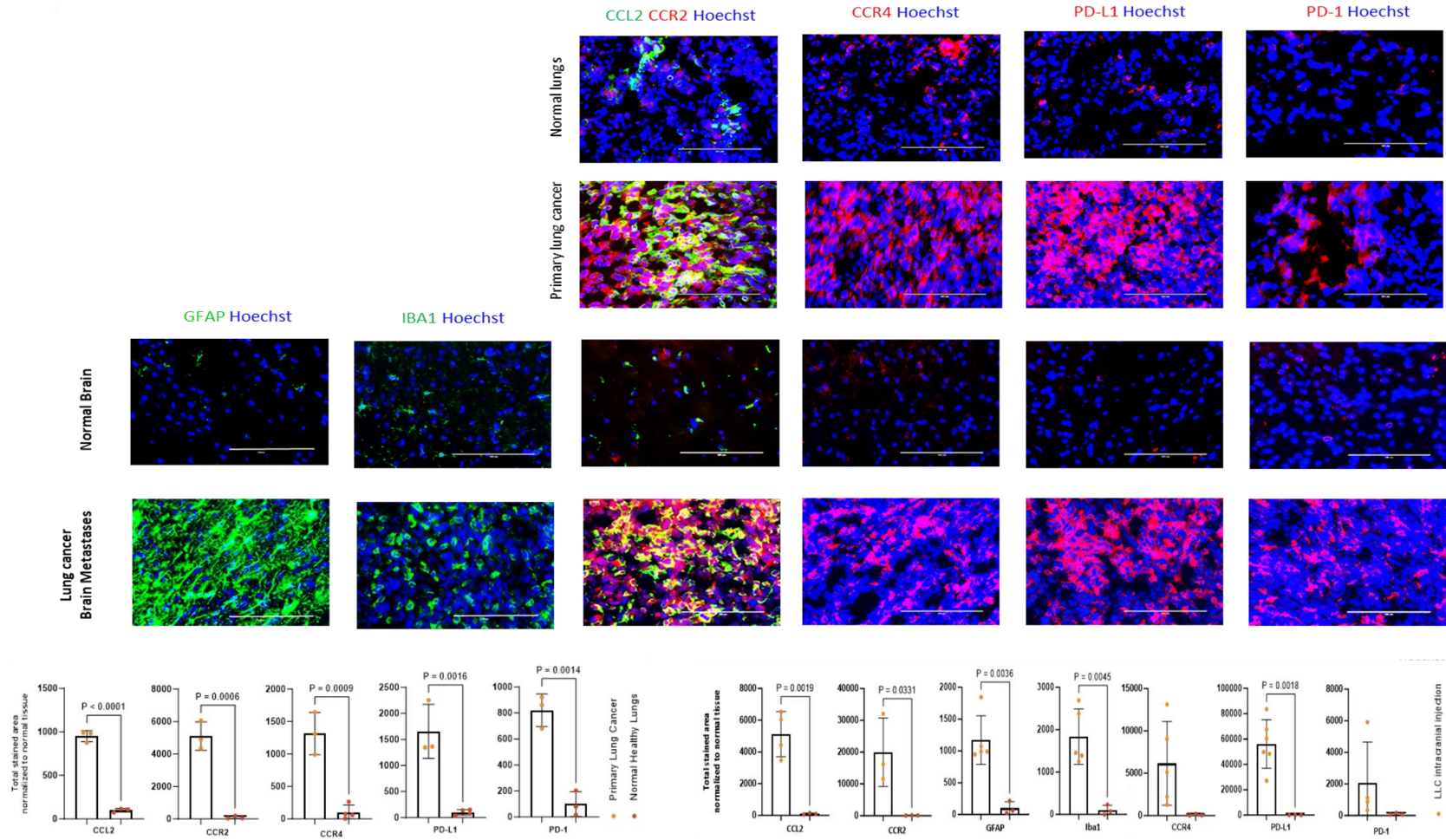
Human



> P-selectin, CCL2, and PD-L1 are overexpressed in melanoma, breast and lung cancer brain metastases



Sabina Pozzi Sahar Israeli Dangoor Adan Miari





Tumor and endothelial cells upregulate P-selectin's expression upon low-dose irradiation



Tania Barnatan

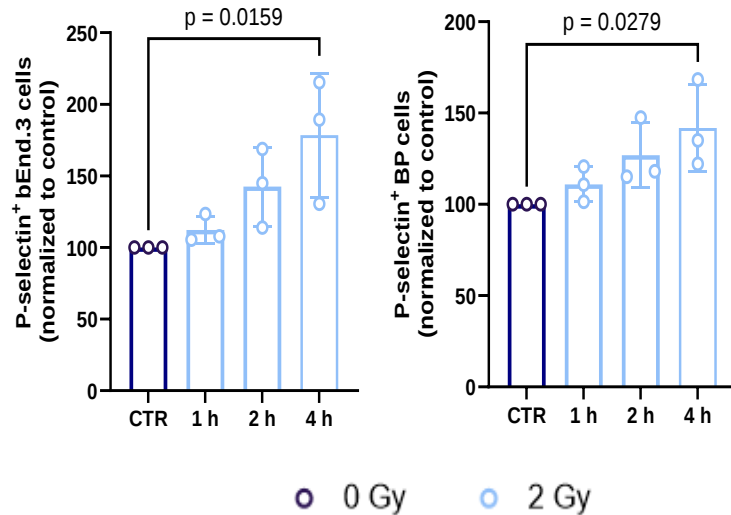
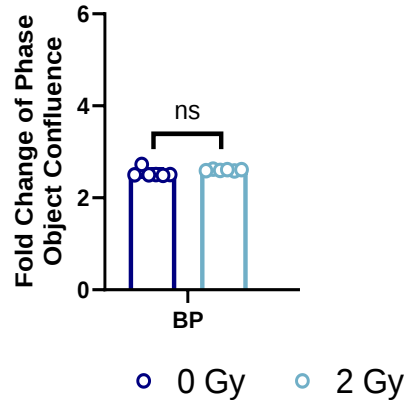


Giuseppe Longobardi

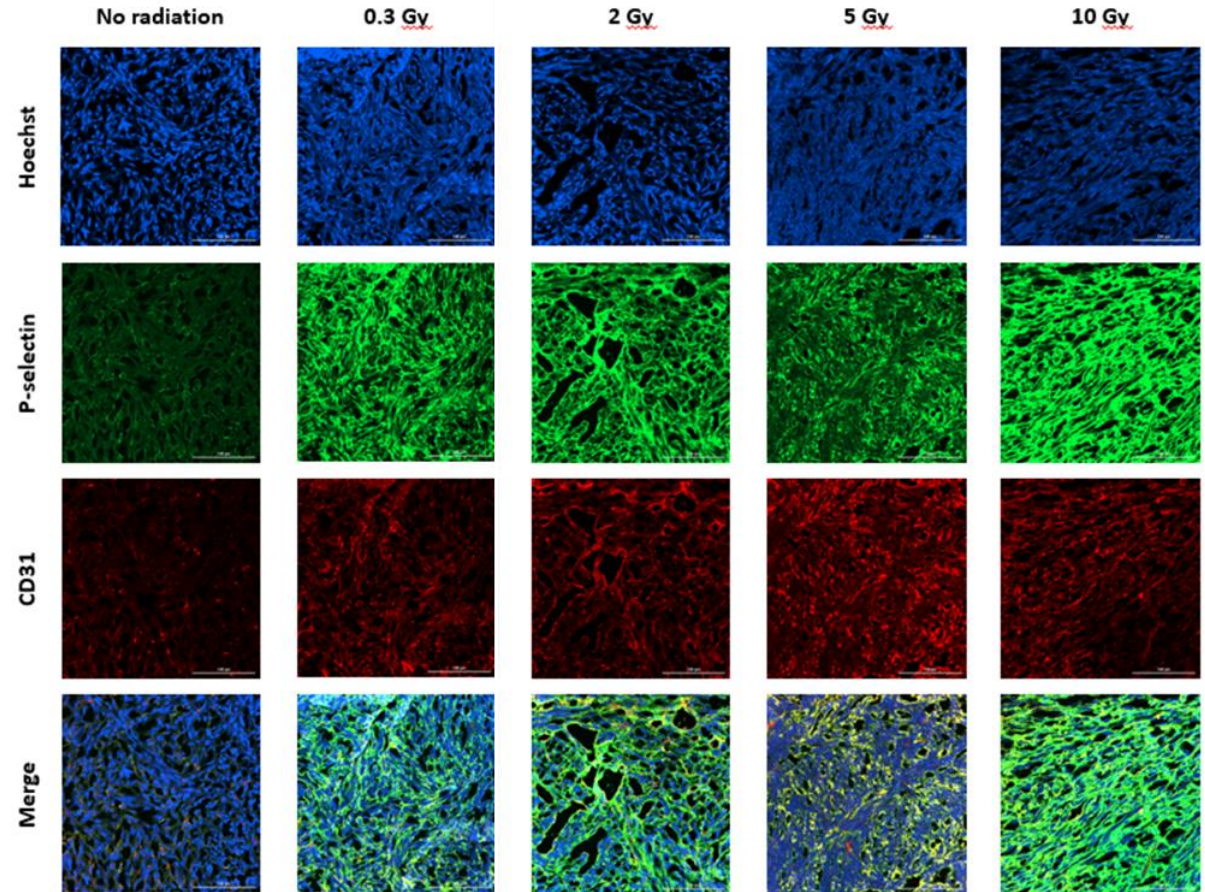


Rami Khoury

in vitro



in vivo



> P-Selectin overexpression on tumor-adjacent blood vessels of pediatric brain tumors

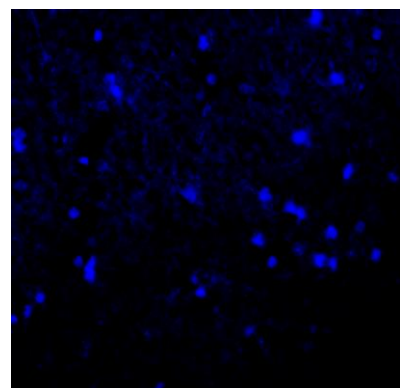


Dana Venkert Tania Barnatan Giuseppe Longobardi Rami Khoury

P-selectin in pediatric brain tumors

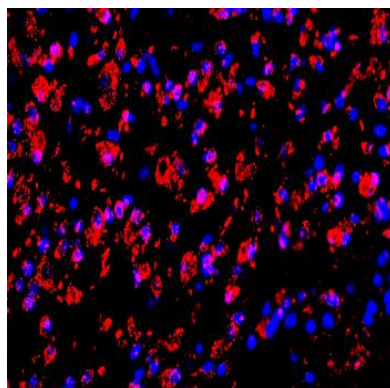
In vitro 3D microfluidic tumor-on-a-chip model

Normal brain



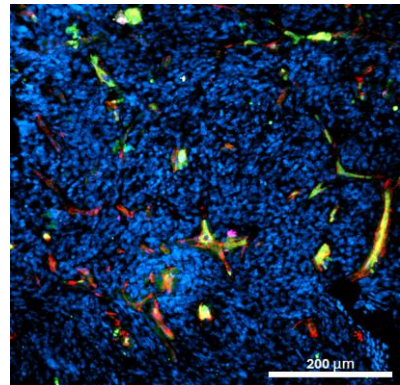
HOECHST P-Selectin

Pediatric DIPG



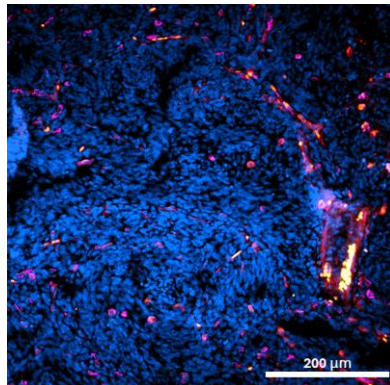
HOECHST P-Selectin

Pediatric LGG

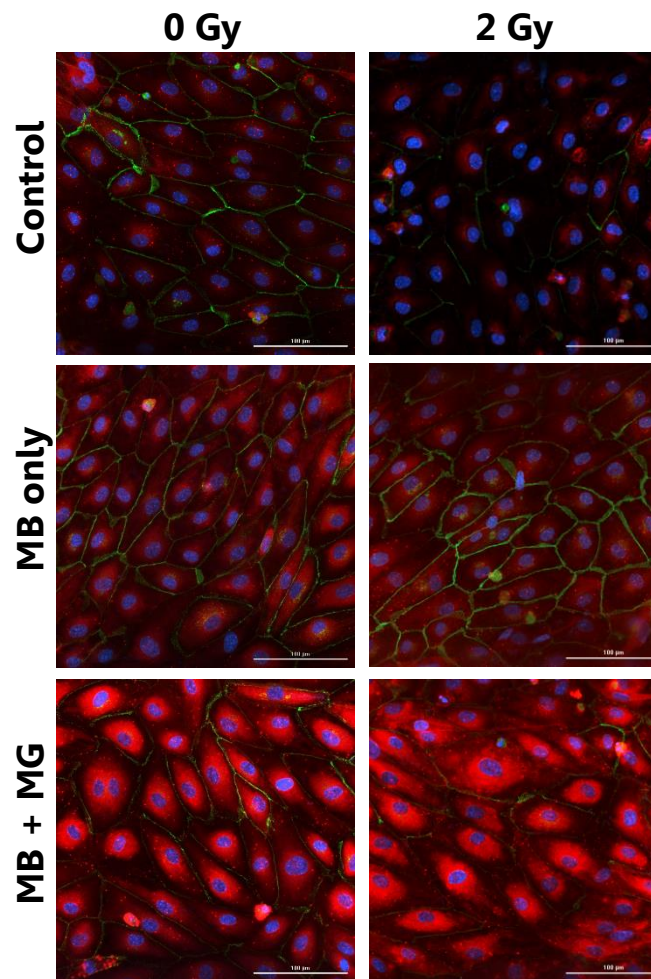


HOECHST CD31
P-Selectin PSGL-1

Pediatric MB

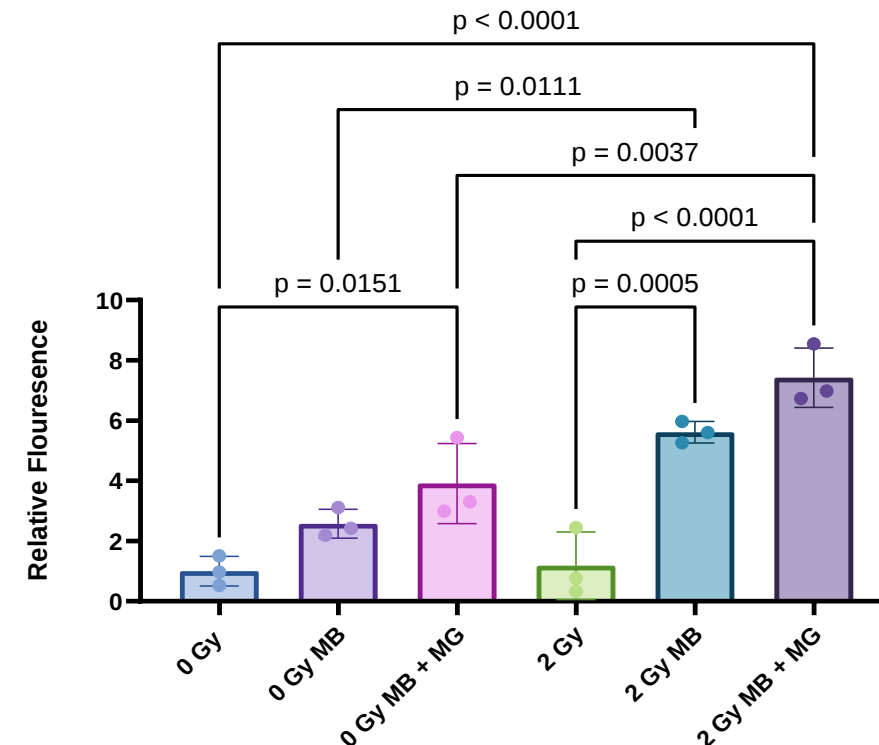


HOECHST CD31
P-Selectin PSGL-1



DAPI P-Selectin VE-CAD

P-Selectin Relative expression on Endothelial Cells in MB-BBB microfluidic chips



> Mimicking the natural endogenous P-selectin ligand-1 by synthesizing sulfated polymers



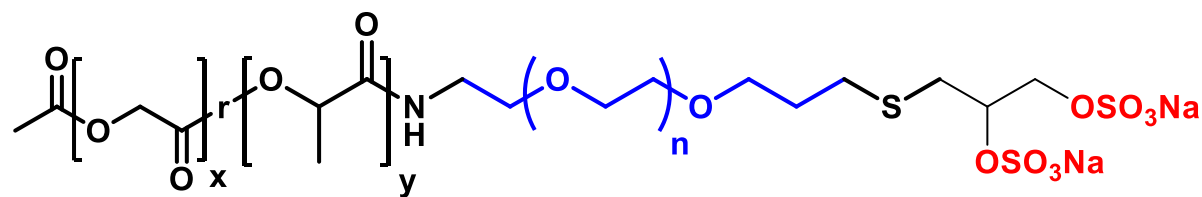
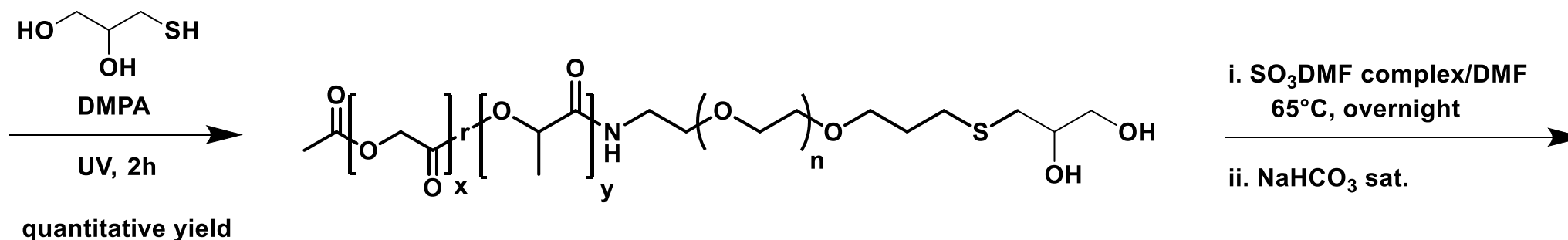
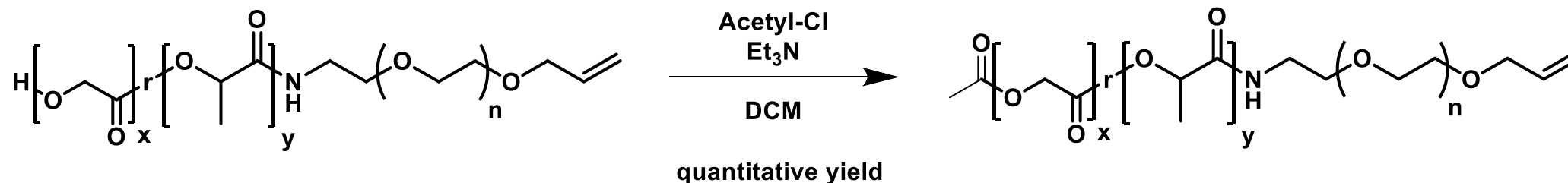
Ohad Hasin



Adi Yona



Marina Green
Buzhor

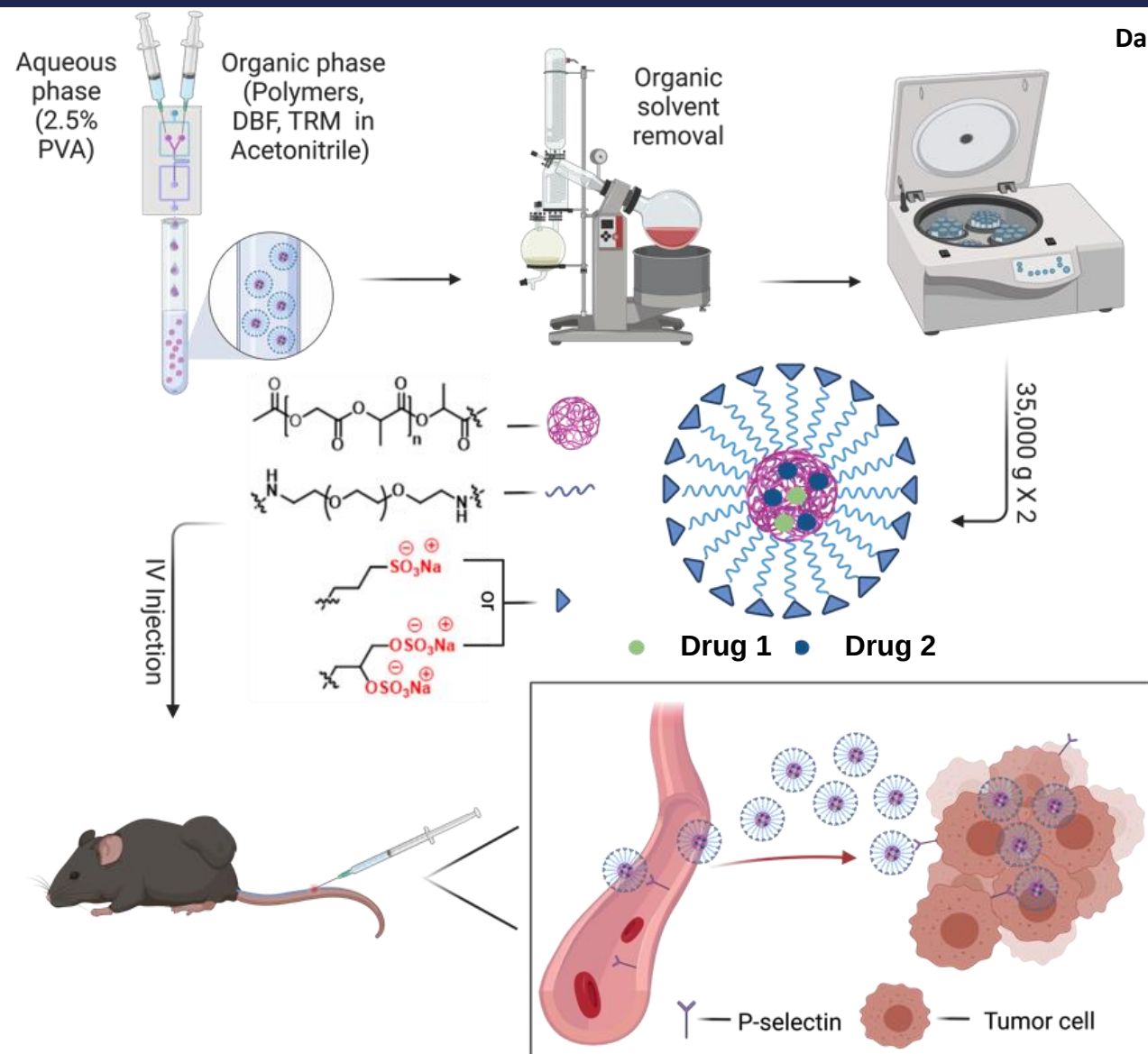


PLGA-PEG-GLY-(OSO₃Na)₂

➤ Altering the PK profile of PARP and PD-L1 inhibitors with P-selectin-targeted NPs leads to better and safer therapy



Daniel Rodriguez Shani Koshrovski- Pradip Dey
Michael



Koshrovski-Michael et al., Science Advances, 2024



Female, 48, Moderately differentiated adenocarcinoma

Hemicolectomy, Stroke

The mass shows moderately differentiated adenocarcinoma, mucinous carcinoma, extending to serosa. Focal vascular invasion.

MSS, TMB 7 (intermediate), BRAF V600E, **TP53** c.844C>T p.Arg282Trp, **SMAD4** c.1324C>T p.Gln442Ter, **CHEK2** c.1283C>T p.Ser428Phe

Tissue site: Ovary

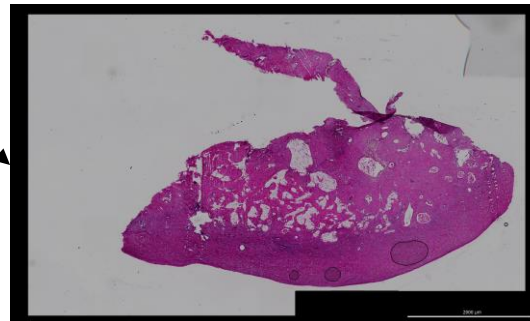
ECOG PS: 0

Neoadjuvant therapy: Folfox (4 cycles), Folfiri (1-cycles) (5FU- 2 doses of 3700mg)

Adjuvant therapy: Irinotecan (514mg)+ Encorafenib+ Cetuximab (400mg) -> Irinotecan+ Cetuximab (suffered from side effects of Myalgia)

Clinical outcome: Pet CT from 22.6.24 showed NED. Next scan in September 2024

Residual frozen cell suspension or PBMCs: only PBMCs (1 vial)



U-shape spheroids with 15,000 cells/well.

Cells from the tumor tissue were not stained while the **PBMCs** were stained with **CellBrite orange**

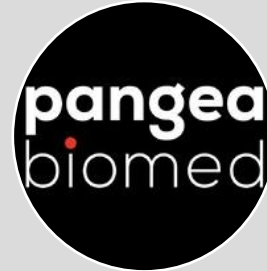
Cells from the tumor tissue: **PBMCs 2:1**

Drug	ENLIGHT Match status	Score
SELPi	Strong matched	0.76
Trametinib	Strong matched	0.66
Cobimetinib Selumetinib	Strong matched	0.66
Crizotinib	Strong matched	0.65
Imatinib	Strong matched	0.64
Cabozantinib	Strong matched	0.63
Sorafenib	Matched	0.6
Sunitinib	Matched	0.6
Everolimus	Matched	0.6
Cetuximab Erlotinib	Matched	0.6
Axitinib	Matched	0.58
Tivozanib	Matched	0.58
Ramucirumab	Matched	0.56
Pazopanib	Matched	0.56
Pembrolizumab	Neutral	0.55
Selpercatinib	Matched	0.54
Vemurafenib	Matched	0.54



The oncologists' recommendations

1. Braf+ Cetuximab
2. Braf+ MEK+ Cetuximab
3. Irinotecan+ Vemurafenib+ Cetuximab
4. Braf+ MEK
5. Everolimus



Pangea's recommendations

1. SELPi
2. Trametinib
3. Cobimetinib | Selumetinib
4. Crizotinib
5. Imatinib
6. Cabozantinib
7. Sorafenib
8. Sunitinib
9. Everolimus
10. Cetuximab | Erlotinib
11. Axitinib
12. Tivozanib
13. Ramucirumab
14. Pazopanib
15. Pembrolizumab
16. Selpercatinib
17. Vemurafenib



Investigational drugs

Teva

Crizanlizumab

Dabrafenib+ Trametinib NPs

Crizalimumab
a P-selectin inhibitor

Dabrafenib/ Vemurafenib
BRAF inhibitor

Teva
Immunotherapy

Trametinib
MEK inhibitor

Axitinib
VEGFR and kinase inhibitor

Sunitinib
RTK inhibitor

Crizotinib
Receptor tyrosine kinase inhibitor

Cetuximab
IgG1 monoclonal antibody against EGFR

Pembrolizumab
Anti-PD-1 antibody immunotherapy

Irinotecan
antineoplastic enzyme inhibitor

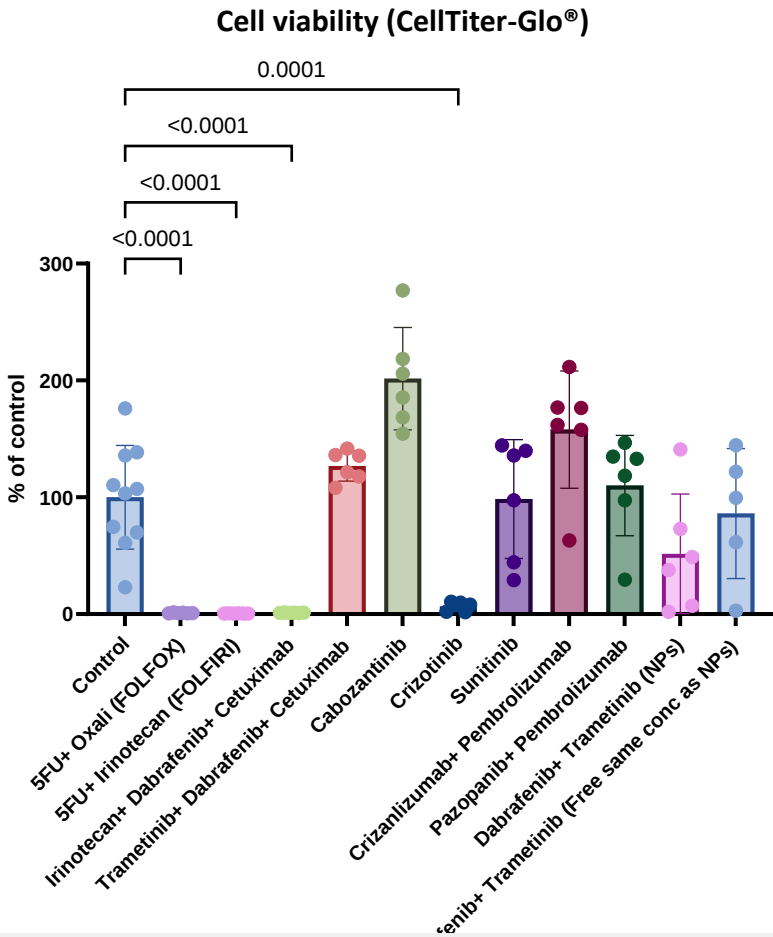
Regorafenib
a kinase inhibitor

Crizanlizumab
Anti P-selectin

Cabozantinib
TKI

Pazopanib
small molecule inhibitor of multiple protein tyrosine kinases with potential antineoplastic activity

Drug efficacy in 3D model (% Response)	Oncologists	Pangea
5FU+ Oxaliplatin (99%)		
5FU+ Irinotecan (99%)		
Irinotecan+ Dabrafenib+ Cetuximab (99%)		Cetuximab 10
Crizotinib (92%)		4
Dabrafenib+ Trametinib as NPs (49%)		
Dabrafenib+ Trametinib as free drug (14%)		
Sunitinib (2%)		8



Cabozantinib, Teva, Crizanlizumab, and Pazopanib showed 0% response.

Crizaliumab 2.6 µg/mL a P-selectin inhibitor	Dabrafenib 10nM (NPs)/ 10ng/mL/ Vemurafenib BRAF inhibitor	Teva Immunotherapy	Trametinib 1nM (NPs)/12 ng/mL MEK inhibitor	5FU 25µg/mL Pyrimidine analog	Crizotinib 2.32 ug/mL Receptor tyrosine kinase inhibitor	Sunitinib 31.8 ng/mL RTK inhibitor
Cetuximab 0.3mg/ml IgG1 monoclonal antibody against EGFR	Pembrolizumab pem 100ug/mL Anti-PD-1 antibody immunotherapy	Irinotecan 9µg/mL antineoplastic enzyme inhibitor	Cabozantinib 2.5 ng/mL TKI	Oxaliplatin 385µg/mL Platinum-based chemotherapy agent	Pazopanib 175 ng/mL small molecule inhibitor of multiple protein tyrosine kinases with potential antineoplastic activity	

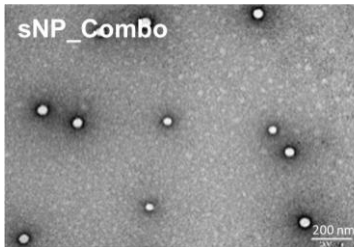
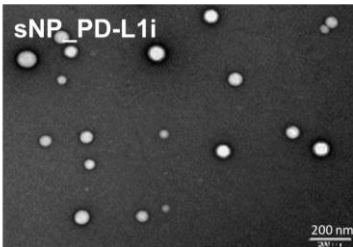
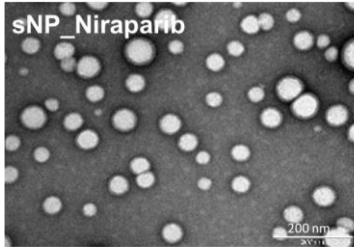
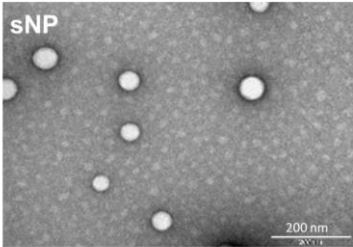
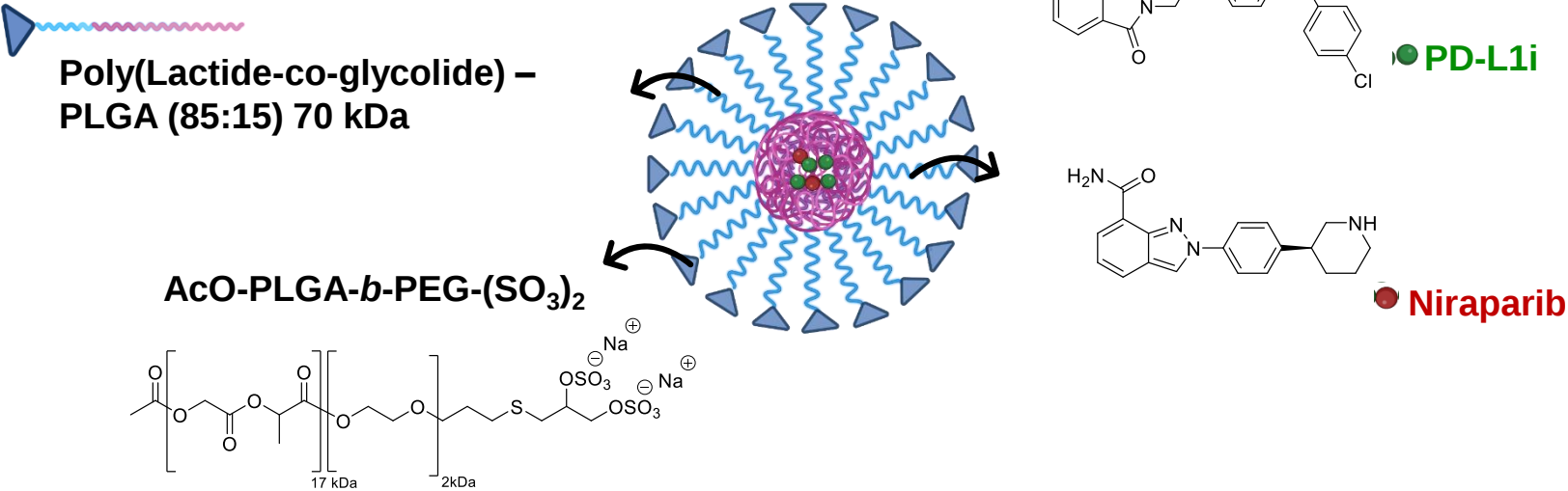
Sulfated-PLGA-PARPi/PD-L1i NPs are highly monodisperse, reproducible and scalable



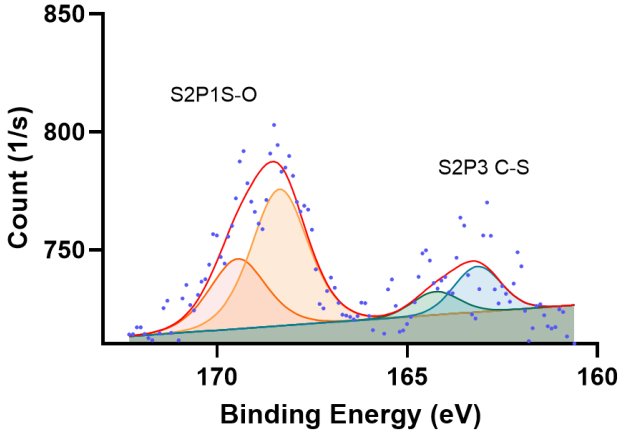
Shir Shahar



America Garcia Alvarado



Sample name	Size by TEM (nm)	Size by DLS (nm)		ζ (mV)		PDI		DLC (wt %)		DLE (%)		Yield [%]
		Before lyophilization	After lyophilization	Before lyophilization	After lyophilization	Before lyophilization	After lyophilization	Niraparib	PD-L1i	Niraparib	PD-L1i	
sNP	42 ± 8.0	110 ± 1.5	119 ± 1.5	-33 ± 9.0	-26 ± 0.8	0.16 ± 0.01	0.19 ± 0.01	-	-	-	-	55 ± 4.8
sNP_Nir	52 ± 14.0	108 ± 6.0	124 ± 0.9	-30 ± 5.0	-20 ± 0.4	0.20 ± 0.01	0.20 ± 0.01	4 ± 0.5	-	59 ± 3.2	-	55 ± 10
sNP_PD-L1i	45 ± 8.0	113 ± 2.0	118 ± 1.8	-29 ± 4.0	-23 ± 4.5	0.19 ± 0.01	0.20 ± 0.01	-	16.9 ± 2.9	-	84 ± 7.2	60 ± 5.7
sNP_Combo	42 ± 8.0	110 ± 1.5	119 ± 1.5	-33 ± 9.0	-26 ± 0.8	0.16 ± 0.01	0.19 ± 0.01	4.5 ± 0.4	17 ± 0.8	53 ± 4.8	87 ± 1.3	55 ± 4.8



Radiation enhances the accumulation of sNPs in advanced tumor-on-a-chip model



Tania Barnatan

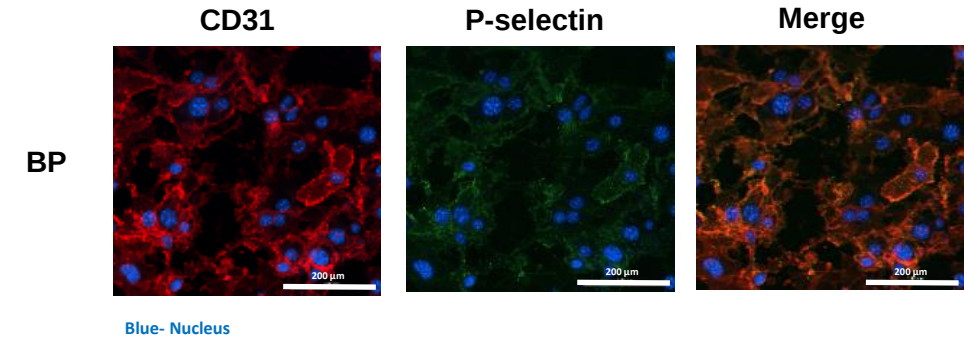
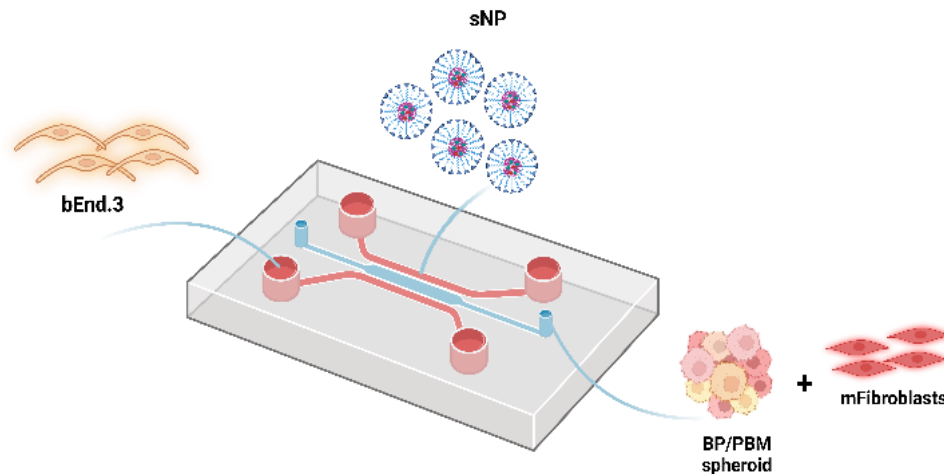


Giuseppe Longobardi

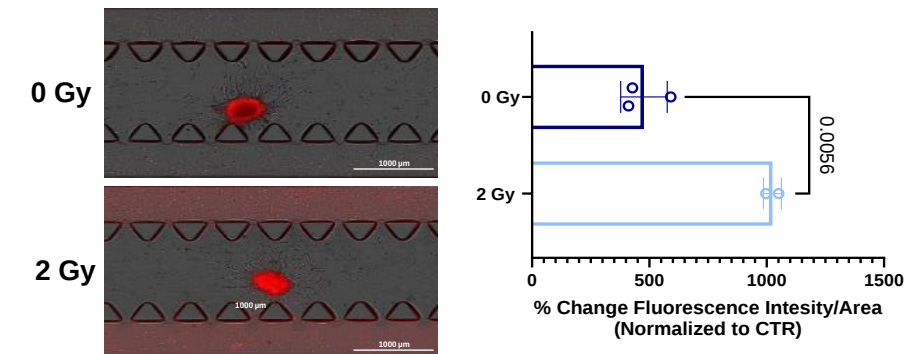


Rami Khoury

Development of a tumor-on-a-chip model



sNP-Cy5 internalization in the tumor-on-a-chip model



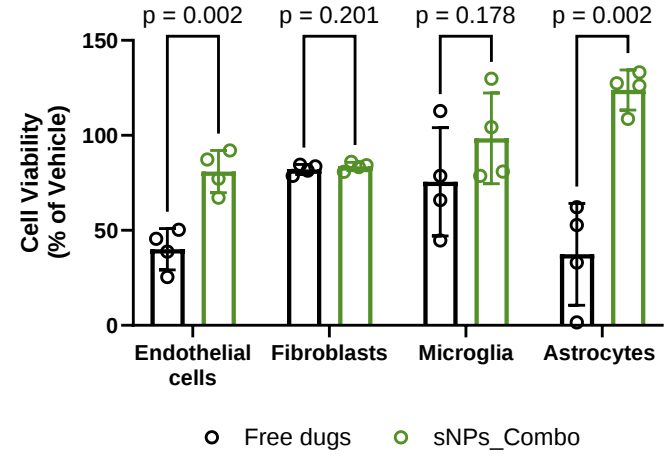
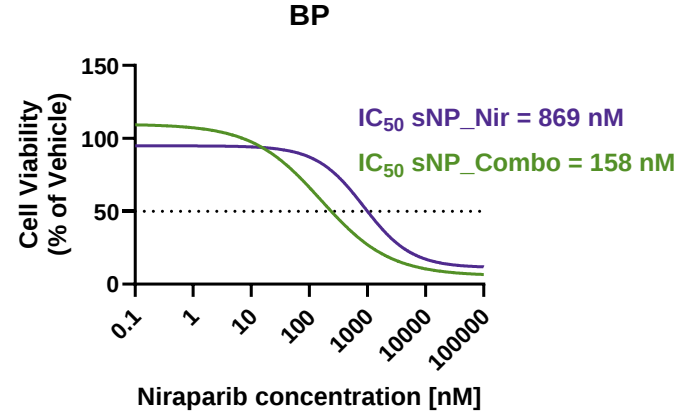


sNPs enhance Niraparib sensitivity when combined with PD-L1 inhibitors in both 2D and 3D models

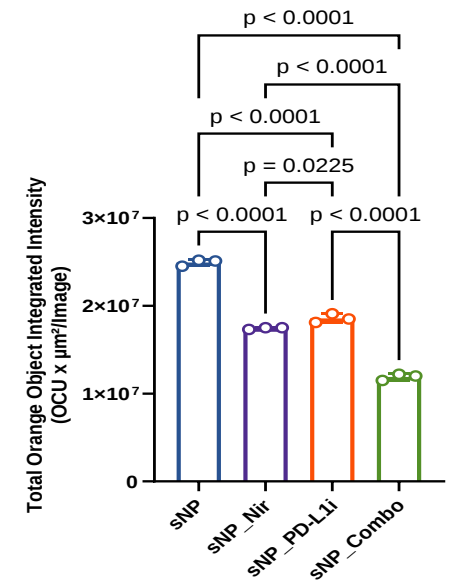


Tania Barnatan Giuseppe Longobardi Rami Khoury

2D

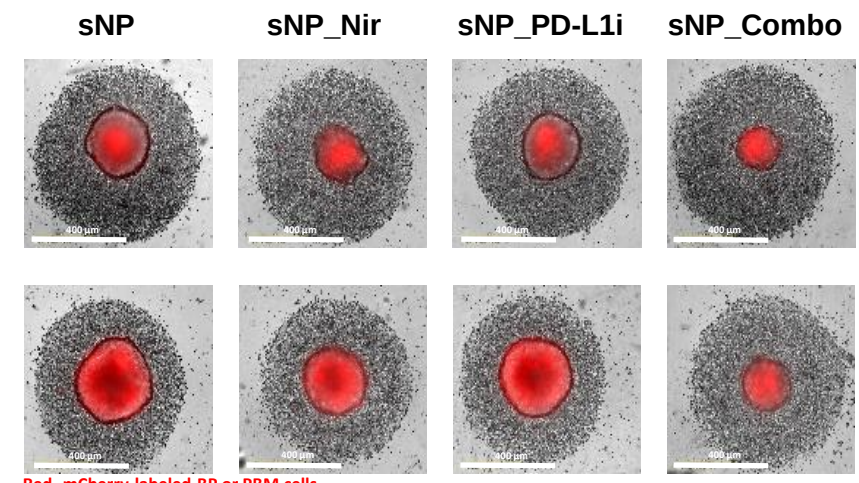


3D



BP

PBM



Red- mCherry-labeled BP or PBM cells
Gray- Splenocytes



> Intracranial, Intracardiac, and Spontaneous BRCA-mut/null breast cancer brain metastases models



Rami Khoury

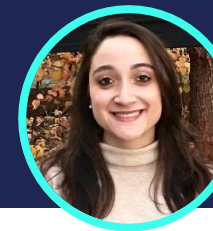
- **Intracranial injection of BP and BPB cell lines, after primary tumor resection**
- **Intracardiac injection of brain tropic BP or BPB cell lines (termed BP- or BPB-BrM)**
Pros: A good model to study interactions between cells and TME immunophenotyping.
Cons: Not a good model for intervention, due to other organ metastasis.

BP			
<i>In vivo</i> selection round	Cell line injected	Number of cells injected/ mouse	% BrM formation
1	Parental BP	1×10^6	20%
2	BP-BrM1	1×10^6	40%
3	BP-BrM2	1×10^6	60%
4	BP-BrM3	1×10^6	70%
5	BP-BrM4	1×10^5	80%
6	BP-BrM4	1×10^5	ongoing

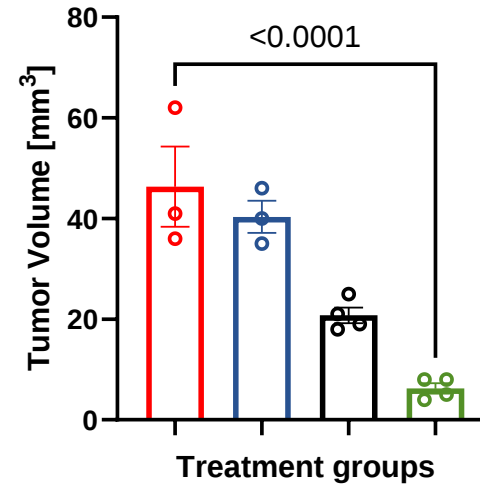
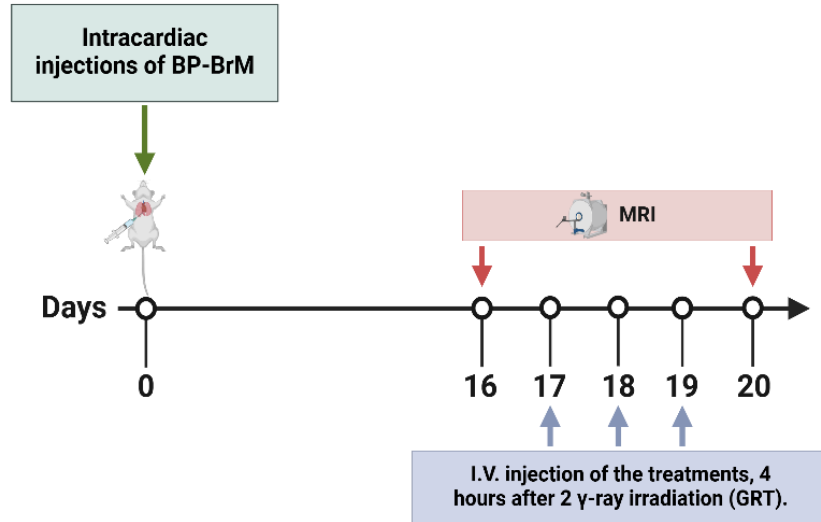
BPB			
<i>In vivo</i> selection round	Cell line injected	Number of cells injected/ mouse	% BrM formation
1	Parental BPB	1×10^6	20%
2	BPB-BrM1	1×10^6	30%
3	BPB-BrM2	1×10^6	ongoing
4			
5			
6			

- **Intracranial injection of brain tropic BP or BPB cell lines (termed BP- or BPB-BrM)**
Pros: Enables interventional studies on brain-tropic cells that are already enriched with BrM-specific traits.
Cons: Bypasses the natural metastatic steps.

➤ sNP_Combo has a stronger anti-tumor effect on BRCA1-deficient breast cancer BrM, in comparison to free drugs

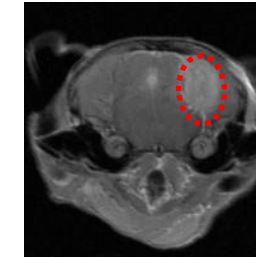


Tania Barnatan Giuseppe Longobardi Rami Khoury

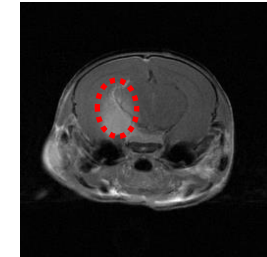


○ 2 Gy + Vehicle ○ 2 Gy + sNP ○ 2 Gy + Free drugs ○ 2 Gy + sNP_Combo

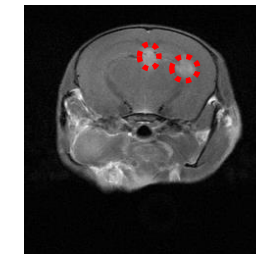
2 Gy + Vehicle



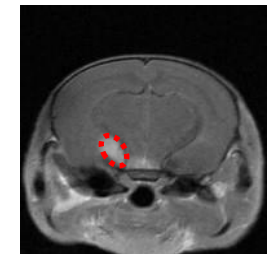
2 Gy + sNP_Empty



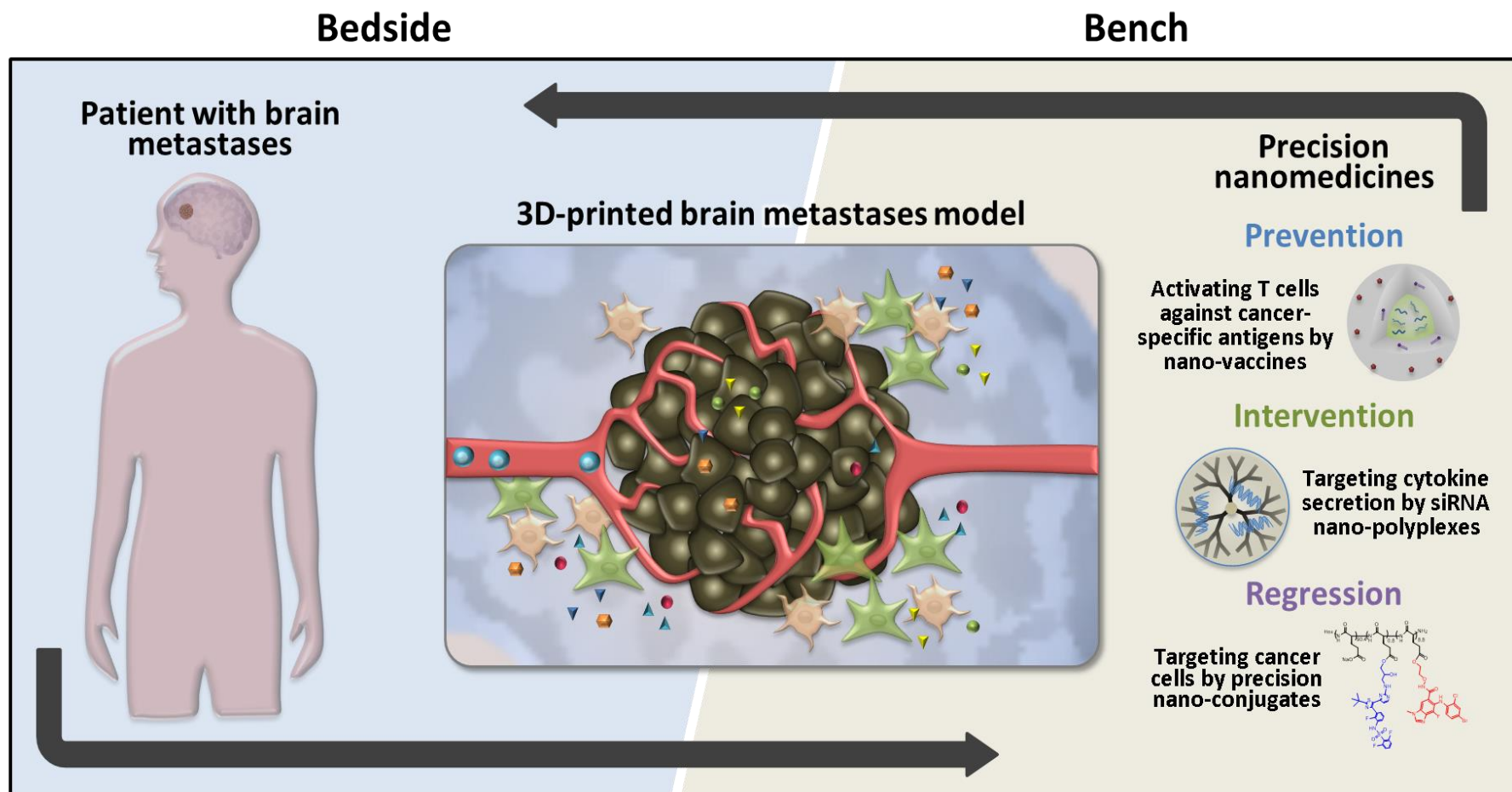
2 Gy + Free drugs



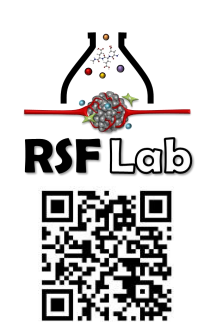
2 Gy + sNP_Combo



➤ From Bench to bedside and back

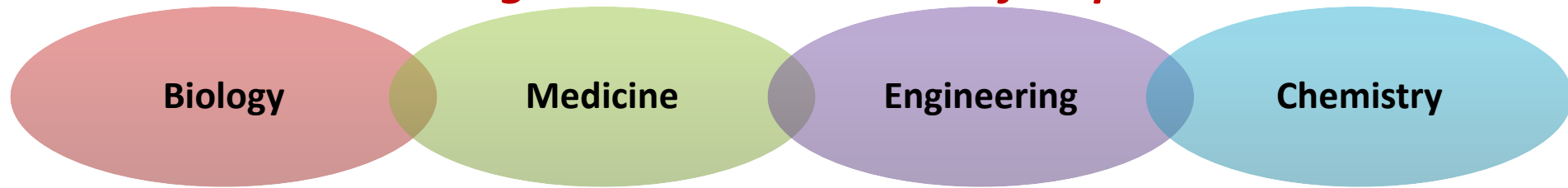


3DBrainStrom: Bridging the translational gap - bedside to bench and back



RSF's Multidisciplinary research team

The whole is greater than the sum of its parts ...



Establishment and molecular characterization of dormant vs fast-growing, primary vs metastatic, resistant vs drug-sensitive orthotopic tumor models

Collaborators:

University of Lisbon

Tel Aviv University:

Administration

Clinical Collaborators:

Helena Florindo, PhD
Rita Guedes, PhD
Asaf Madi, PhD
Dinorah Friedmann-Morvinski, PhD
Adi Barzel, PhD
Doron Shabat, PhD
Roey Amir, PhD
Ben Maoz, PhD
Lih Adler-Abramovich, PhD
MSKCC/Selectin Therapeutics
Dan Heller, PhD
UCSD/Selectin Therapeutics
Praveen Raju, MD
PreciseBio, Claro3D:
Aryeh Batt
Rotem Golan

Yulia Liubomirski, PhD
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Koren Salomon
Adan Miari
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Paula Ofek, PhD
Keren Miller, PhD
Anat Eldar-Boock, PhD
Eilam Yeini, PhD
Sabina Pozzi, PhD
Galia Tiram, PhD
Shiran Ferber, PhD
Hadas Gibori, PhD
Hagit Mann-Steinberg, PhD
Dikla Ben-Shushan, PhD
Christian Burgos
Noa Reisman
Sapir Golan
Roni Blatt
Liron Stern
Nitzan Albeck
Audrey Slupowski

Daniella Vaskovich-Koubi
Anne Krinsky
Yair Roth
Rami Khoury
Neta Frommer
Saeed Sirhan, MD
Lidar Fridrich, MD
Miki Goldenfeld, MD
Shelly Sofer, MD
Rony Shreberk-Hassidim, MD
Ilanit Shetzigovski-Meller, MD
Gal Bachar, MD
Yael Shtilerman, MD
Ori Hadad, MD

Ron Kleiner
Dana Venkert
Anshika Katyal
Giuseppe Longobardi, PhD
Maya Elbaz
Ehud Segal, PhD
Lena Neufeld, PhD
Gal Shenbach-Koltin
Tal Zur
Zohar Shatsberg
Liora Omer
Shlomit Levy

Design, synthesis and characterization of novel nanomedicines

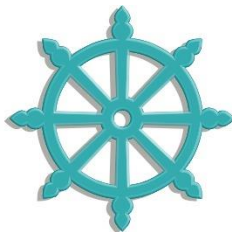
Marina Green Buzhor, PhD
Rina Sevostianov
Adi Yona
America Garcia Alvarado
Ohad Hasin, PhD
Or Kandli
Daniel Ajamil Rodriguez, PhD
Yana Epshtein, PhD
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Ela Markovsky, PhD
Dina Polyak, PhD
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Racheli Blau, PhD
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Rachel Grossman, MD
Dov HersHKovitz, MD
Sheba Medical Center:
Ronnie Shapira, MD
Alicia Talianski, MD
Iris Barshack, MD
Jair Bar, MD
Johns Hopkins University:
Henry Brem, MD
Thomas Hyde, MD
Rambam Medical Center:
Irit Ben-Aharon, MD
Tal Goshen, PhD





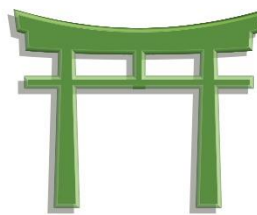
CHRISTIANITY



BUDDISM



ISLAM



SHINTO



TAOISM



HINDUISM



JUDAISM

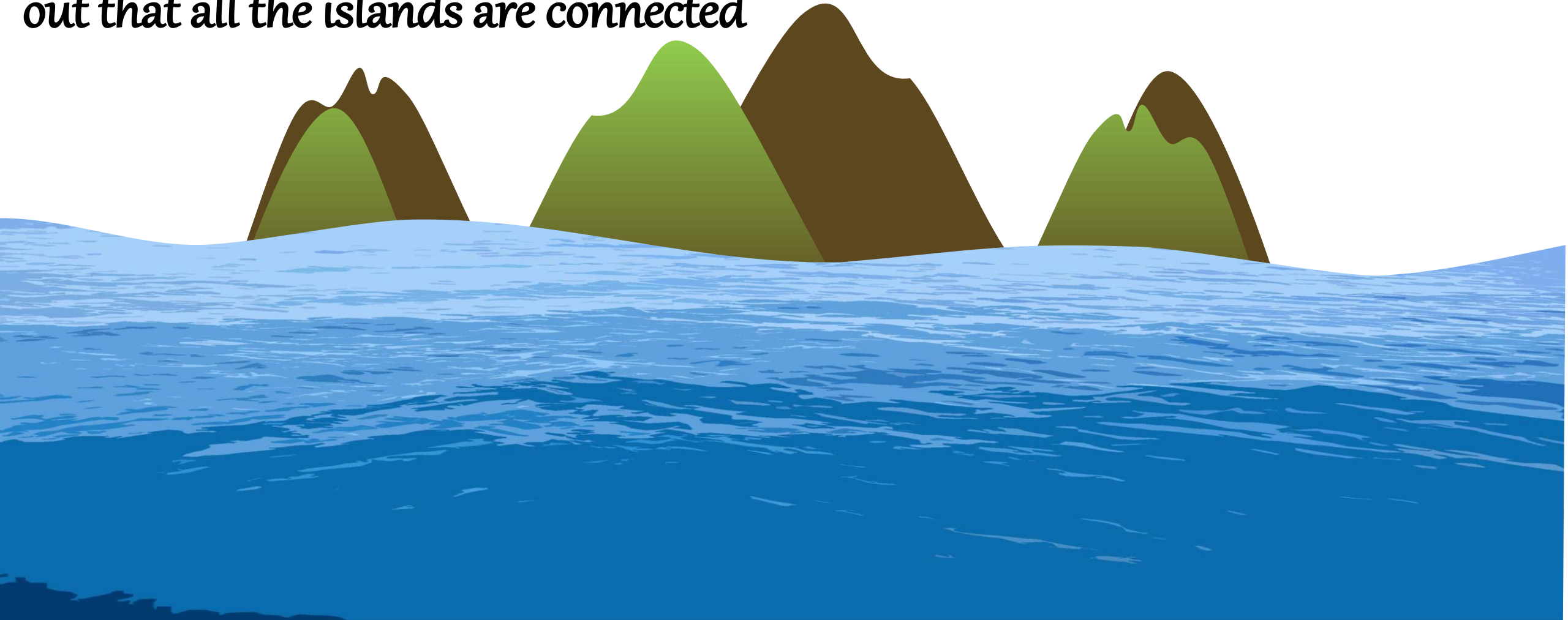


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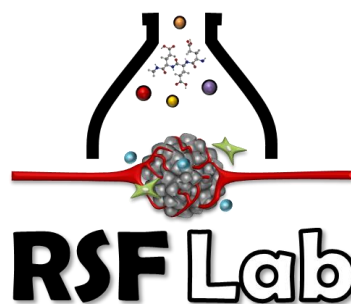
➤ Multidisciplinary Bioconvergent Research Team-
The whole is greater than the sum of its parts ...

When you drain the water from the ocean you will find out that all the islands are connected





TEL AVIV אוניברסיטת
UNIVERSITY תל אביב



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Melanoma
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Marian Gertner Institute
Faculty of Engineering and Faculty of Medicine
Tel Aviv University