

School/Department:	Department of Internal Medicine, Division of Endocrinology, Erasmus MC, Rotterdam, The Netherlands Clinical and Experimental Neuroendocrinology PhD program is part of the post-graduate school Molecular Medicine (www.molmed.nl)
Project Title:	Characterization of molecular determinants of effectiveness of medical treatment of patients with neuroendocrine tumors: the road to personalized medicine
Abstract:	<p>Neuroendocrine tumors (NET) originate from enterochromaffin cells that are part of the neuroendocrine system of the bronchial and gastrointestinal tracts. NET located in the gastrointestinal tract and pancreas are also referred as gastroenteropancreatic neuroendocrine tumors (GEP-NET). NET are considered as rare tumors, but recent studies indicate that the incidence of NET is increasing, in part due to the increased use of advanced diagnostic procedures. NET can be divided into functional and non-functional tumors. Functional tumors are able to produce, store and secrete bioactive peptides with related clinical signs and symptoms. The clinical course of NET can be highly variable and includes a spectrum ranging from well-differentiated, indolent growing tumors to aggressive, highly proliferative tumors. Surgery is the primary treatment option for GEP-NET patients with localized disease in order to achieve cure. However, at presentation many patients already have metastasized disease. Medical therapy with somatostatin (SS) analogs (SSA) plays an important role in the management of NET. This is due to the expression of a high density of SS receptors (SSR) on the NET cells. In addition to SSA, also other medical therapies, such as Interferon-alpha, chemotherapy and inhibitors of growth factor action (e.g. bevacizumab, and VEGF-inhibitor; Everolimus, an mTOR inhibitor and Sunitinib, a tyrosine-kinase inhibitor) are applied or currently tested in the treatment of patients with NET. However, a main concern with most medical therapies is that their effect is either transient (e.g. tachyphylaxis in case e.g. SSA) or that only a small proportion of patients show a significant tumor response. Currently, it is not clear which factors cause this tachyphylaxis to treatment with SSA, nor which mechanisms are responsible for the variable response of NET patients to newly developed biotherapies. A better understanding of these factors and mechanisms will help to select those patients that will benefit best from a particular medical treatment.</p>

	<p>The Division of Endocrinology of the Department of Internal Internal Medicine of the Erasmus MC has a longstanding track record in translational research on the medical treatment of patients with (neuro-)endocrine tumors, including the role of SSA. In the laboratory of Clinical and Experimental Neuroendocrinology there is ample experience with techniques as cell culture (cell lines and primary cultures), mRNA and protein detection by real-time PCR, Western blot and immunohistochemistry, and with the measurement of cell growth and apoptosis.</p> <p>The anticipated PhD candidate will be involved in studies to identify the molecular determinants of sensitivity or resistance to the various currently available medical treatment modalities. The work will include studies on NET tissues, as well as functional studies and molecular biological studies on primary NET cultures and well-defined NET cell lines.</p>
Requirements of candidate:	<p>Background: Physician with laboratory experience or Medical Biologist. A strong affinity with translational research is required.</p> <p>Master degree: Yes IELTS Grade: 7.0 (<i>minimal 6.0 per component</i>) or TOEFL: 100 (<i>minimal 20 per component</i>)</p>
Supervisor information:	<p>Prof. dr. Leo J. Hofland E-mail: l.hofland@erasmusmc.nl Website: http://www.erasmusmc.nl/inwendige_geneeskunde/endocrinologie/research/neuroendocrinology/3605838/</p> <p>Selected publications 2010-2014</p> <p>Gatto F, Feelders R, van der Pas R, Kros JM, Dogan F, van Koetsveld PM, van der Lelij AJ, Neggers SJ, Minuto F, de Herder W, Lamberts SW, Ferone D, and Hofland LJ. beta-Arrestin 1 and 2 and G Protein-Coupled Receptor Kinase 2 Expression in Pituitary Adenomas: Role in the Regulation of Response to Somatostatin Analogue Treatment in Patients With Acromegaly. <i>Endocrinology</i> 2013; 154:4715-25</p> <p>Gatto F, Feelders RA, van der Pas R, Kros JM, Waaijers M, Sprij-Mooij D, Neggers SJ, van der Lelij AJ, Minuto F, Lamberts SW, de Herder WW, Ferone D, and Hofland LJ. Immunoreactivity score using an anti-ss2A</p>

	<p>receptor monoclonal antibody strongly predicts the biochemical response to adjuvant treatment with somatostatin analogs in acromegaly. <i>J Clin Endocrinol Metab</i> 2013; 98:E66-71</p> <p>van der Pas R, Feelders RA, Gatto F, de Bruin C, Pereira AM, van Koetsveld PM, Sprij-Mooij DM, Waaijers AM, Dogan F, Schulz S, Kros JM, Lamberts SW, and Hofland LJ. Preoperative Normalization of Cortisol Levels in Cushing's Disease After Medical Treatment: Consequences for Somatostatin and Dopamine Receptor Subtype Expression and In Vitro Response to Somatostatin Analogs and Dopamine Agonists. <i>J Clin Endocrinol Metab</i> 2013; 98:E1880-90</p> <p>van Koetsveld PM, Vitale G, Feelders RA, Waaijers M, Sprij-Mooij DM, de Krijger RR, Speel EJ, Hofland J, Lamberts SW, de Herder WW, and Hofland LJ. Interferon-beta is a potent inhibitor of cell growth and cortisol production in vitro and sensitizes human adrenocortical carcinoma cells to mitotane. <i>Endocr Relat Cancer</i> 2013; 20:443-54</p> <p>Varewijck AJ, Brugts MP, Frystyk J, Goudzwaard JA, Uitterlinden P, Waaijers AM, Feng Y, Dimitrov DS, Lamberts SW, Hofland LJ, and Janssen JA. Circulating insulin-like growth factors may contribute substantially to insulin receptor isoform A and insulin receptor isoform B signalling. <i>Mol Cell Endocrinol</i> 2013; 365:17-24</p> <p>Varewijck AJ, Lamberts SW, Neggers SJ, Hofland LJ, and Janssen JA. IGF-I bioactivity might reflect different aspects of quality of life than total IGF-I in GH-deficient patients during GH treatment. <i>J Clin Endocrinol Metab</i> 2013; 98:761-8</p> <p>Veenstra MJ, de Herder WW, Feelders RA, and Hofland LJ. Targeting the somatostatin receptor in pituitary and neuroendocrine tumors. <i>Expert Opin Ther Targets</i> 2013; 17:1329-43</p> <p>de Bruin C, Hofland LJ, Nieman LK, van Koetsveld PM, Waaijers AM, Sprij-Mooij DM, van Essen M, Lamberts SW, de Herder WW, and Feelders RA. Mifepristone effects on tumor somatostatin receptor expression in two patients with Cushing's syndrome due to ectopic adrenocorticotropin secretion. <i>J Clin Endocrinol Metab</i> 2012; 97:455-62</p>
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	<p>De Martino MC, van Koetsveld PM, Feelders RA, Sprij-Mooij D, Waaijers M, Lamberts SW, de Herder WW, Colao A, Pivonello R, and Hofland LJ. The role of mTOR inhibitors in the inhibition of growth and cortisol secretion in human adrenocortical carcinoma cells. <i>Endocr Relat Cancer</i> 2012; 19:351-64</p> <p>Gatto F and Hofland LJ. The role of somatostatin and dopamine D2 receptors in endocrine tumors. <i>Endocr Relat Cancer</i> 2011; 18:R233-51</p> <p>De Martino MC, Hofland LJ, and Lamberts SW. Somatostatin and somatostatin receptors: from basic concepts to clinical applications. <i>Prog Brain Res</i> 2010; 182:255-80</p> <p>Feelders RA, de Bruin C, Pereira AM, Romijn JA, Netea-Maier RT, Hermus AR, Zelissen PM, van Heerebeek R, de Jong FH, van der Lely AJ, de Herder WW, Hofland LJ, Lamberts SW. Pasireotide alone or with cabergoline and ketoconazole in Cushing's disease. <i>N Engl J Med</i> 2010; 362:1846-1848</p> <p>De Martino MC, van Koetsveld PM, Pivonello R, and Hofland LJ. Role of the mTOR pathway in normal and tumoral adrenal cells. <i>Neuroendocrinology</i> 2010; 92 Suppl 1:28-34</p> <p>Hofland LJ, Feelders RA, de Herder WW, and Lamberts SW. Pituitary tumours: the sst/D2 receptors as molecular targets. <i>Mol Cell Endocrinol</i> 2010; 326:89-98</p> <p>Hofland LJ, Lamberts SW, and Feelders RA. Role of somatostatin receptors in normal and tumoral pituitary corticotropic cells. <i>Neuroendocrinology</i> 2010; 92 Suppl 1:11-6</p>
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