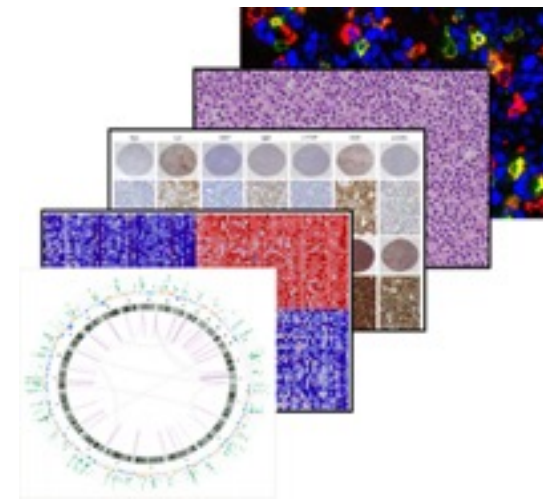


GIDO

grup d'investigació i divulgació en oncologia



Mesa 2 Proceso diagnóstico Biología Molecular

ELOISA JANTUS LEWINTRE, ^{1,2,3}

LABORATORIO ONCOLOGÍA MOLECULAR

FUNDACIÓN PARA LA INVESTIGACIÓN DEL HOSPITAL GENERAL UNIVERSITARIO DE VALENCIA

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² Profesor Asociado, Departamento de Biotecnología, Universidad Politécnica de Valencia

³ Red Temática de Investigación Cooperativa en Cáncer (RTICC)

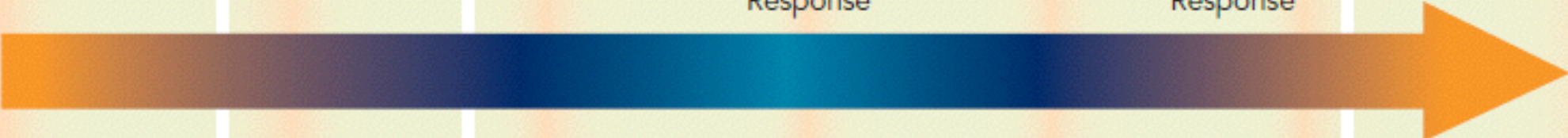
Determinaciones moleculares en cáncer de pulmón:

- Porqué hacemos análisis moleculares?
- Qué determinaciones?

TIPOS DE BIOMARCADORES

Característica que puede ser objetivamente medible y evaluable como un indicador de un proceso biológico normal, patológico o como respuesta farmacológica a una intervención terapéutica.

Uses of Biomarkers in Cancer Medicine						
Prior to Cancer	Diagnosis	After Cancer Diagnosis				Post Treatment
Risk Assessment	Diagnosis	Prognosis	Predicting Treatment Response	Pharmacokinetics	Monitoring Treatment Response	Recurrence
Am I at increased risk for cancer?	Do I have cancer? What type of cancer do I have?	What is the expected course of my cancer?	Will my cancer respond to this drug?	Should I receive a normal or lower dose or no dose?	How is my cancer responding to this treatment?	Will my cancer come back?



BIOMARCADORES: Predictivos

FÁRMACO (13)	DIANAS (12)	TUMOR (10)	BIOMARCADOR (7)
Imatinib	KIT, BCR-ABL, PDGFR	GIST	C-Kit, PDGFR
Trastuzumab	HER-2	Mama	HER 2
Pertuzumab	HER-2	Mama	HER-2
Lapatinib	TKI HER2	Mama	HER-2
Gefitinib Afatinib	EGFR TKI	NSCLC	EGFR
Erlotinib	EGFR TKI	NSCLC, Páncreas	EGFR
Cetuximab	EGFR (Mab)	CRC, Cabeza y Cuello	K-Ras
Panitumumab	EGFR (Mab)	CRC	K-Ras, N-Ras
Temsirolimus	mTOR	RCC	No
Everolimus	mTOR	RCC, Mama, NETs Pancreáticos	No
Vandetanib	EGFR, VEGF, RET	Medular Tiróides	No
Vemurafenib	BRAF	Melanoma	B-Raf
Crizotinib	EML4-ALK	NSCLC	ALK

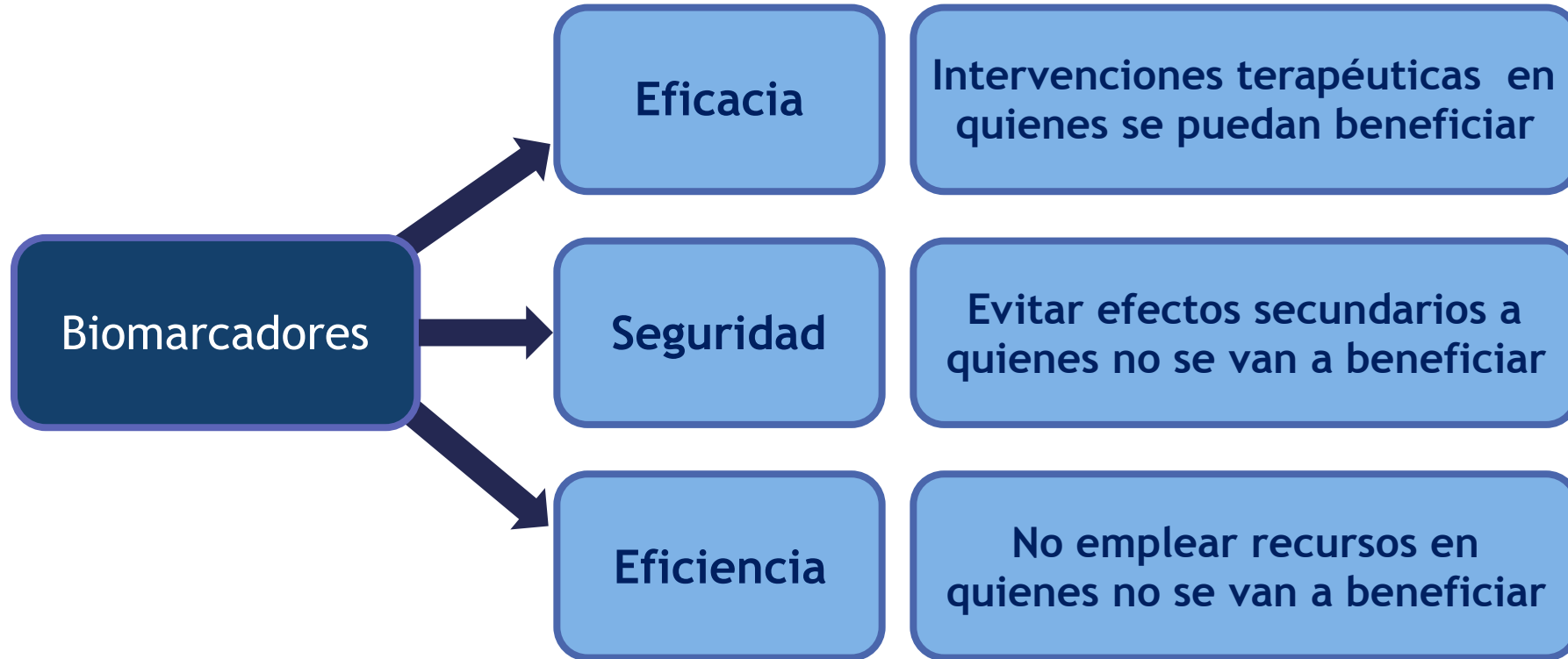
BIOMARCADORES: Predictivos

Lung	NSCLC	EGFR (HER1): mutations in tyrosine kinase domain	Sequencing, ISH	EGFR: Erlotinib, gefitinib, afatinib	15% adenocarcinomas in USA (higher in Asians, women and nonsmokers)	In clinical use	(76)
	Lung adenocarcinoma	ALK: Inversion in chromosome 2 leads to EML4-ALK fusion oncogene	FISH (IHC)	ALK: crizotinib, ceritinib (alectinib under development)	4% (mostly adenocarcinoma)	In clinical use	(77)
Multiple genes:						Continued validation	(43)
BRAF (V600E and non-V600E)		Multiplex sequencing	BRAF: AZD6244	2%			
EGFR (HER1): mutations in tyrosine kinase domain HER2: oncogene overexpression			EGFR: erlotinib, gefitinib, afatinib, cetuximab HER2: decinutubub, neratinib, lapatinib, trastuzumab	17% 3%			
KRAS: mutations activate RAS-RAF-MEK pathway and resistance to EGFR therapy ALK: inversion in chromosome 2 leads to EML4-ALK fusion oncogene MET			KRAS: erlotinib, tivantinib, everolimus, ridaforalimus, AZD6244 ALK: crizotinib, ceritinib MET: cizotinib	25% 8% <1%			

PDL-1 expression
(10-50%)

Anti-PDL1 immunotherapy

BIOMARCADOR



Conley BA, Taube SE. Dis Markers 2004;20:35-43;

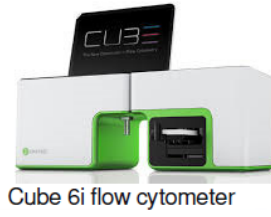
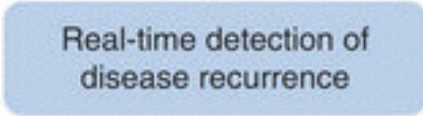
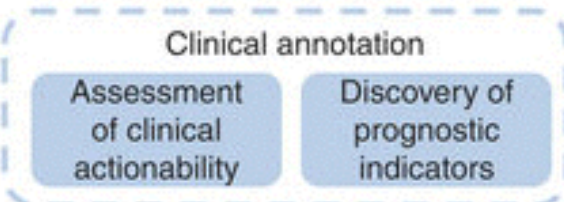
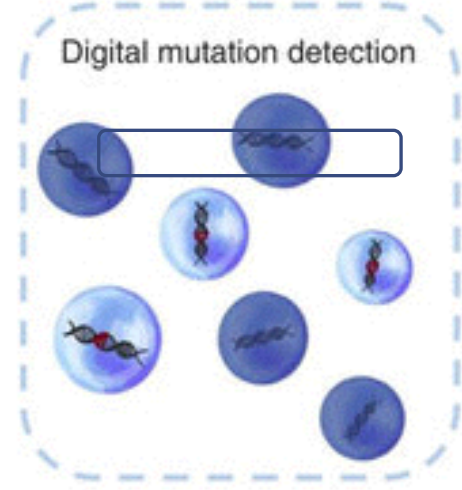
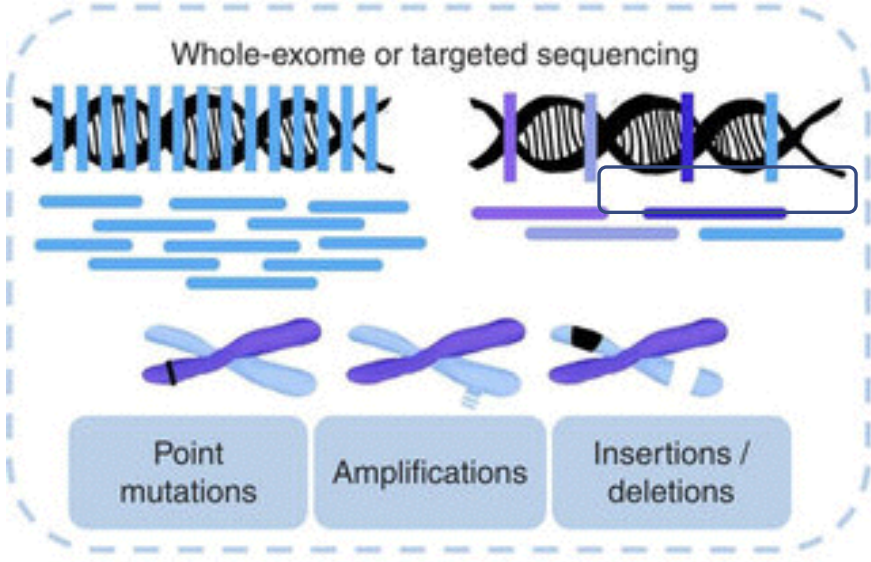
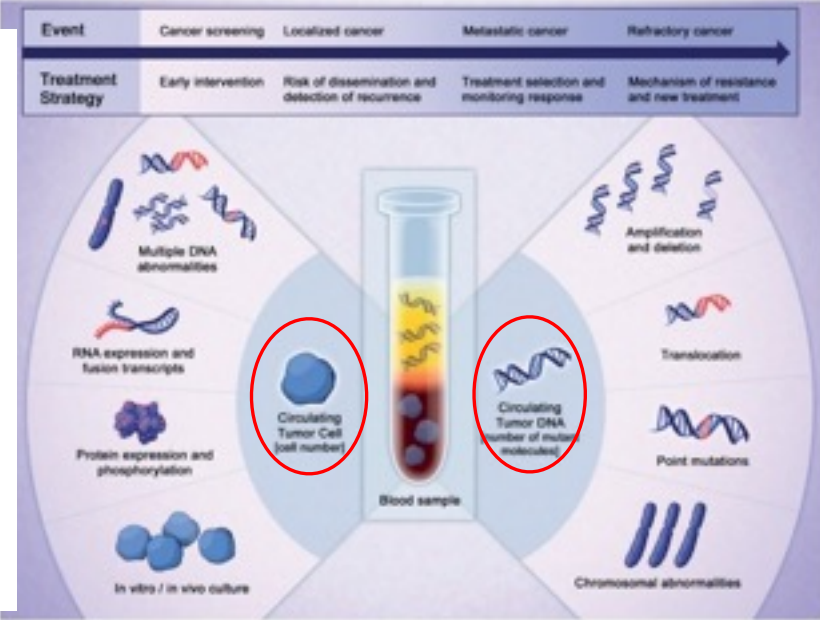
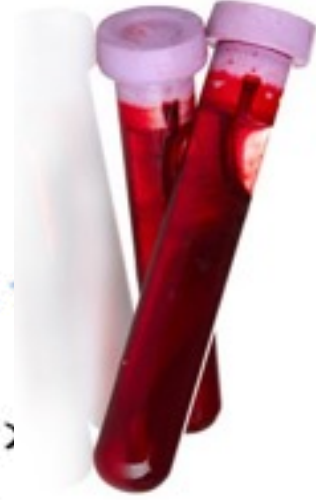
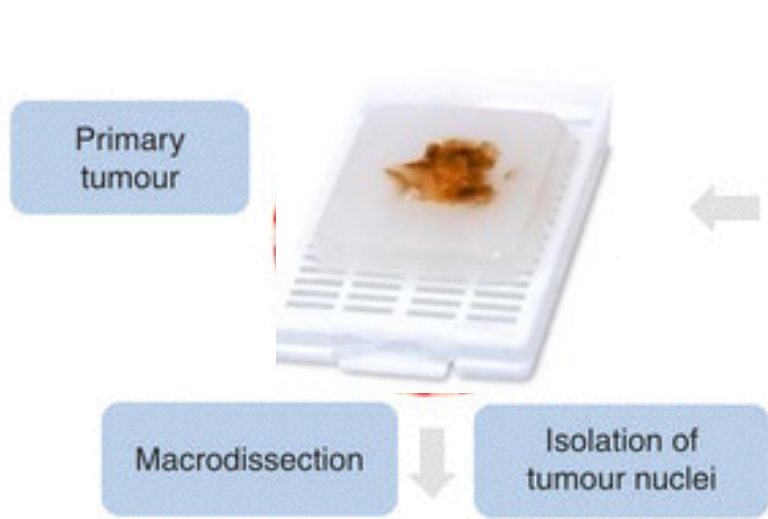
Kelloff GJ, Sigman CC. Eur J Cancer 2005;41:491-501;

President's Council of Advisors on Science and Technology (PCAST): 'Priorities for Personalized Medicine' September 2008;

Heinemann V, et al. Cancer Treat Rev 2013; 39:592-601.

Determinaciones Moleculares en cáncer de pulmón:

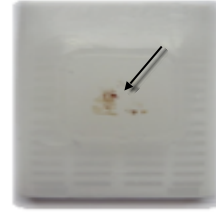
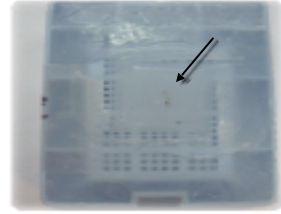
Dónde?



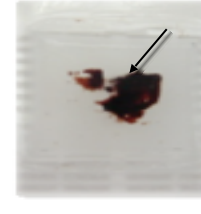
Determinaciones Moleculares en cáncer de pulmón:

Qué información necesitamos?
Cómo la obtenemos?

Lo Frecuente



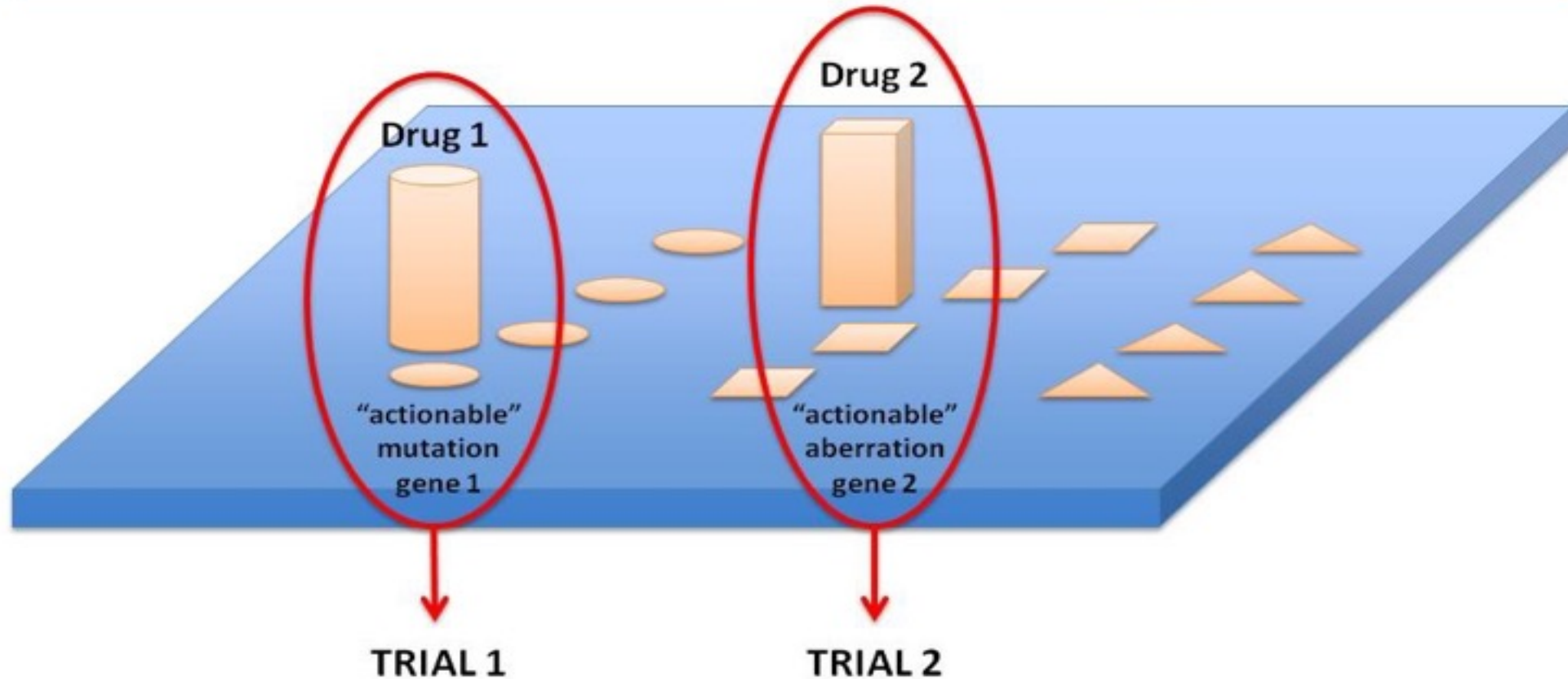
Lo Raro



Haciendo
MÁS
con
menos


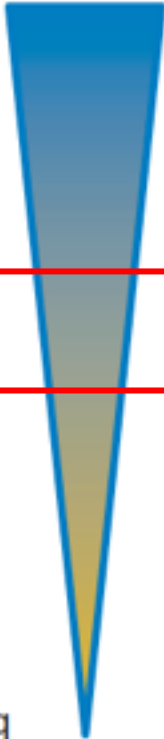
CAMBIAR LA ESTRATEGIA...

One actionable aberration ---> One targeted drug ---> One trial



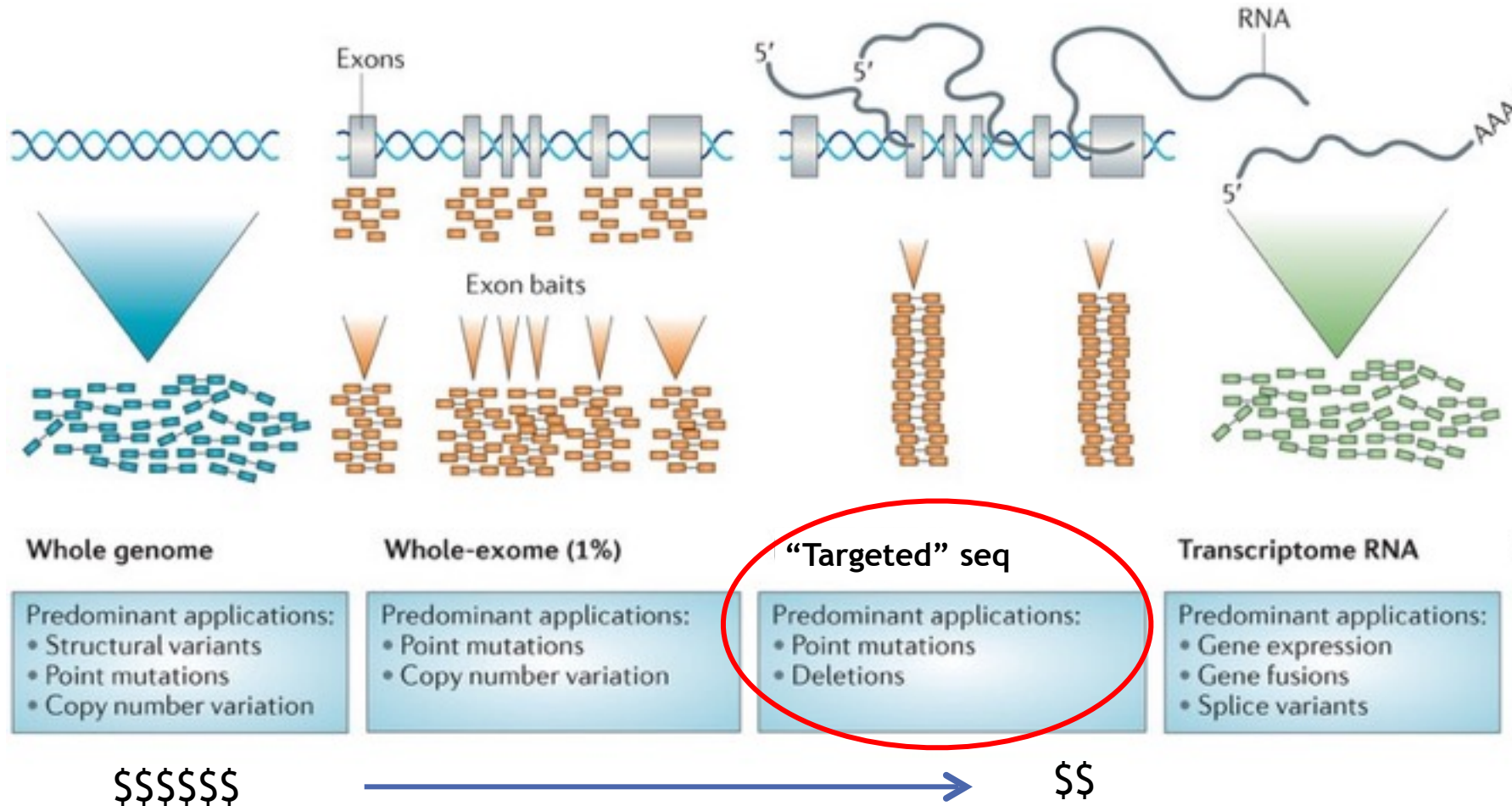
= an extremely time/energy consuming experience with low efficiency!!!

Metodología



Technique	Sensitivity	Optimal Application
Sanger sequencing	> 10%	Tumor tissue
Pyrosequencing	10%	Tumor tissue
Next-generation sequencing	2%	Tumor tissue
Quantative PCR	1%	Tumor tissue
ARMS	0.10%	Tumor tissue
BEAMing, PAP, Digital PCR, TAM-Seq	0.01% or lower	ctDNA, rare variants in tumor tissue

NGS: que tipo de información genera??



Next Generation Sequence
Data Analysis Services



Table 1: Gene Content on TruSight Tumor 15

<i>AKT1</i>	<i>GNA11</i>	<i>NRAS</i>
<i>BRAF</i>	<i>GNAQ</i>	<i>PDGFRA</i>
<i>EGFR</i>	<i>KIT</i>	<i>PIK3CA</i>
<i>ERBB2</i>	<i>KRAS</i>	<i>RET</i>
<i>FOXL2</i>	<i>MET</i>	<i>TP53</i>

Ampli Seq Cancer
The 50 targeted genes

Table 1: TSACP Cancer-Related Genes

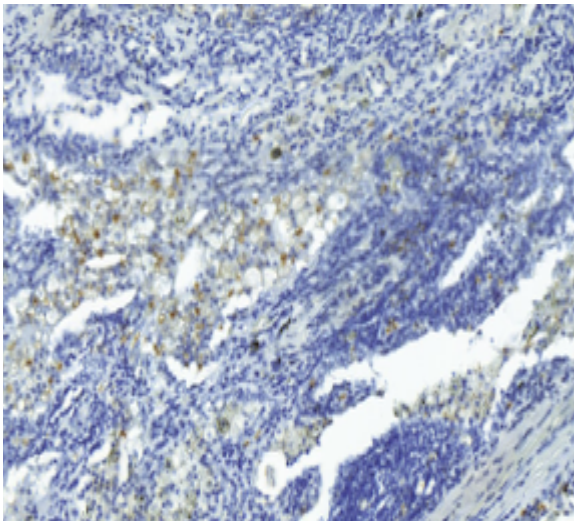
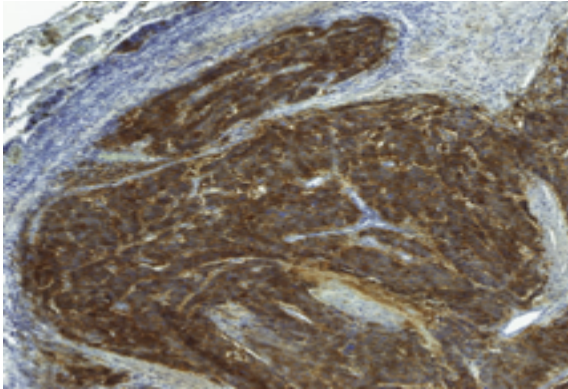
<i>ABL1</i>	<i>EGFR</i>	<i>GNAS</i>	<i>MLH1</i>	<i>RET</i>
<i>AKT1</i>	<i>ERBB2</i>	<i>HNF1A</i>	<i>MPL</i>	<i>SMAD4</i>
<i>ALK</i>	<i>ERBB4</i>	<i>HRAS</i>	<i>NOTCH1</i>	<i>SMARCB1</i>
<i>APC</i>	<i>FBXW7</i>	<i>IDH1</i>	<i>NPM1</i>	<i>SMO</i>
<i>ATM</i>	<i>FGFR1</i>	<i>JAK2</i>	<i>NRAS</i>	<i>SRC</i>
<i>BRAF</i>	<i>FGFR2</i>	<i>JAK3</i>	<i>PDGFRA</i>	<i>STK11</i>
<i>CDH1</i>	<i>FGFR3</i>	<i>KDR</i>	<i>PIK3CA</i>	<i>TP53</i>
<i>CDKN2A</i>	<i>FLT3</i>	<i>KIT</i>	<i>PTEN</i>	<i>VHL</i>
<i>CSF1R</i>	<i>GNA11</i>	<i>KRAS</i>	<i>PTPN11</i>	
<i>CTNNB1</i>	<i>GNAQ</i>	<i>MET</i>	<i>RB1</i>	

Cancer-related genes represented in the TSACP. For a full list of target regions, see the manifest file* (Myllumina login required).

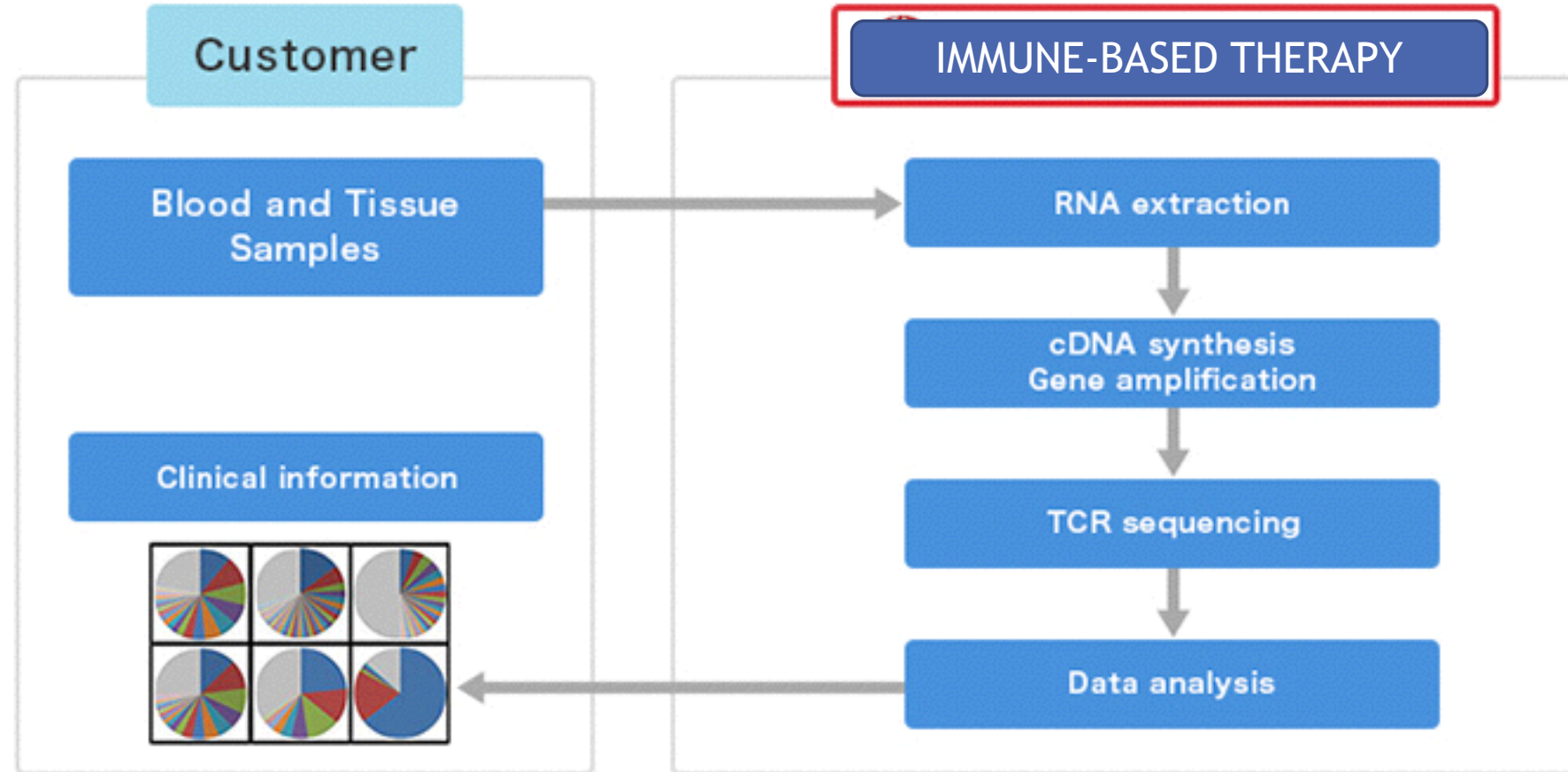
<i>ABL1</i>	<i>EZH2</i>	<i>JAK3</i>	<i>PTEN</i>
<i>AKT1</i>	<i>FBXW7</i>	<i>IDH2</i>	<i>PTPN11</i>
<i>ALK</i>	<i>FGFR1</i>	<i>KDR</i>	<i>RB1</i>
<i>APC</i>	<i>FGFR2</i>	<i>KIT</i>	<i>RET</i>
<i>ATM</i>	<i>FGFR3</i>	<i>KRAS</i>	<i>SMAD4</i>
<i>BRAF</i>	<i>FLT3</i>	<i>MET</i>	<i>SMARCB1</i>
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<i>CDKN2A</i>	<i>GNAS</i>	<i>MPL</i>	<i>SRC</i>
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<i>CTNNB1</i>	<i>HNF1A</i>	<i>NPM1</i>	<i>TP53</i>
<i>EGFR</i>	<i>HRAS</i>	<i>NRAS</i>	<i>VHL</i>
<i>ERBB2</i>	<i>IDH1</i>	<i>PDGFRA</i>	
<i>ERBB4</i>	<i>JAK2</i>	<i>PIK3CA</i>	

BIOPSIA TEJIDO: INMUNOTERAPIA

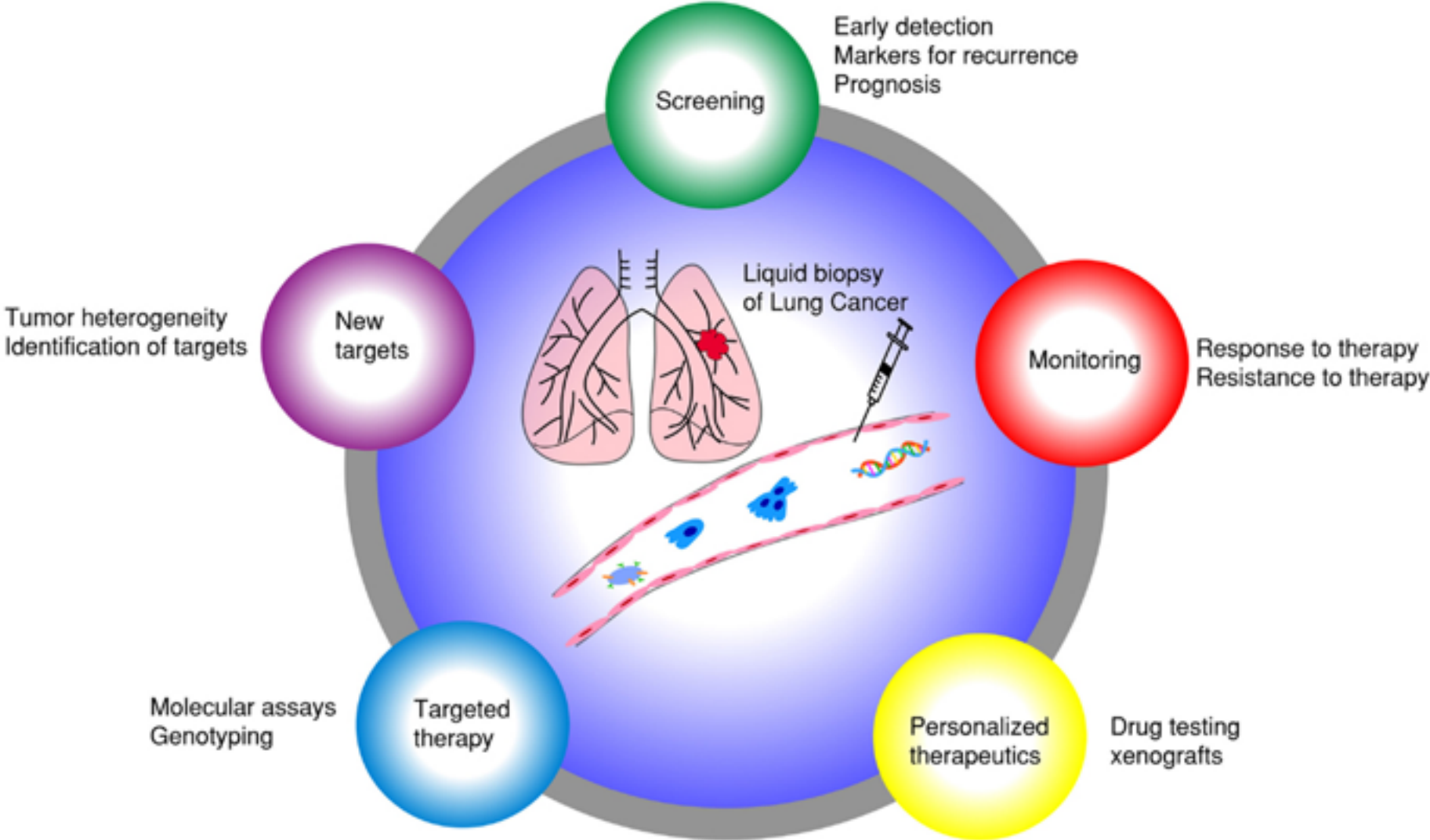
PDL-1 : IHC



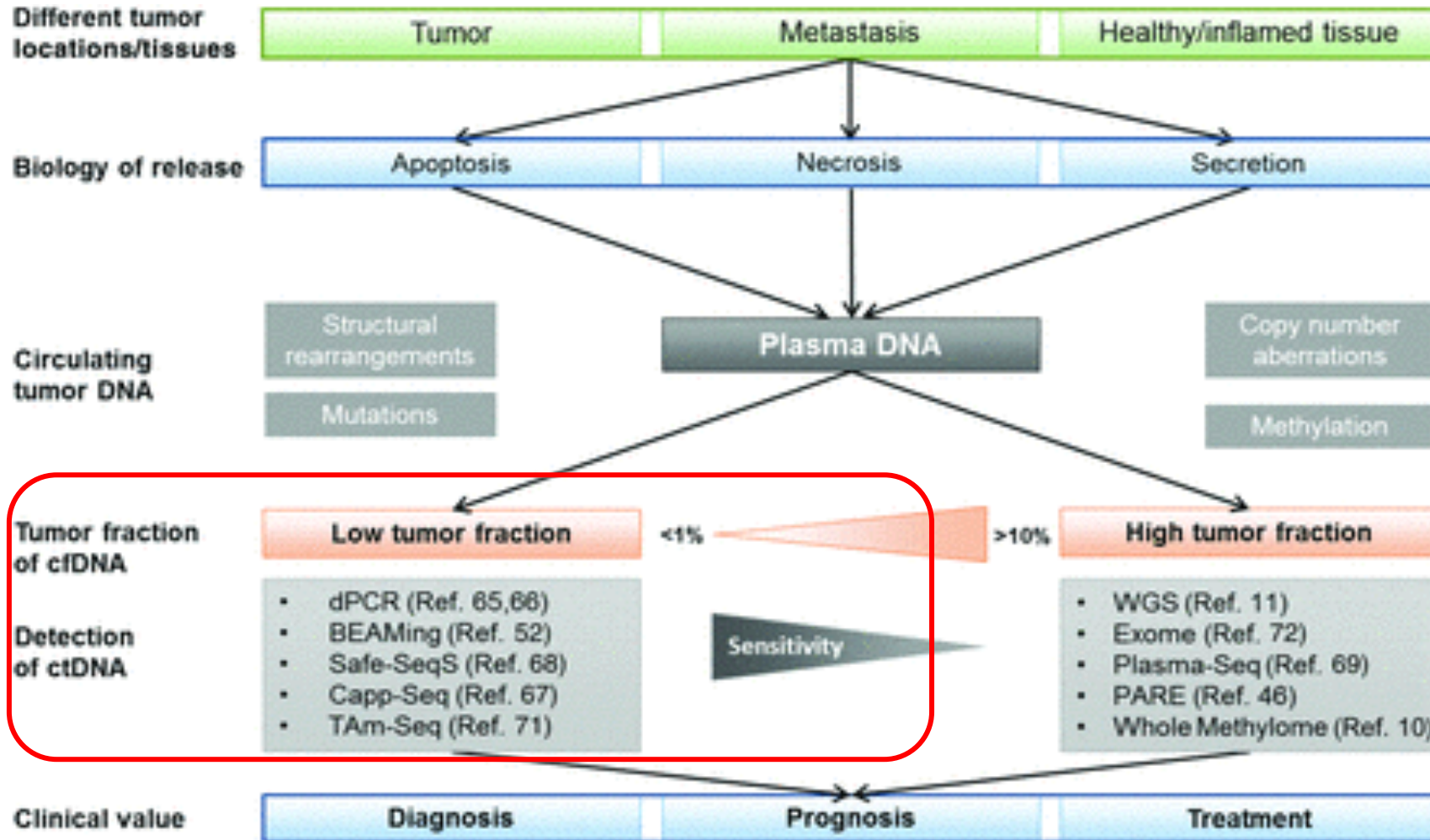
TCR - NGS : tissue/
blood



Biopsia líquida: qué información necesitamos??

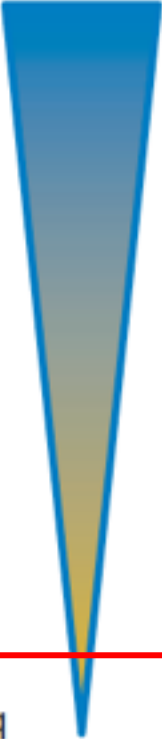


Biopsia líquida (cfDNA): que tipo de información me proporciona??



Taly et al., 2013, Vogelstein and Kinsler 1999, Diehl et al. 2008, Kinde et al. 2011, Newman et al. 2014, Forshew et al. 2012, Chan et al. 2013, Murtaza et al. 2013, Heitzer et al. 2013, Leary et al. 2012, Chan et al. 2013

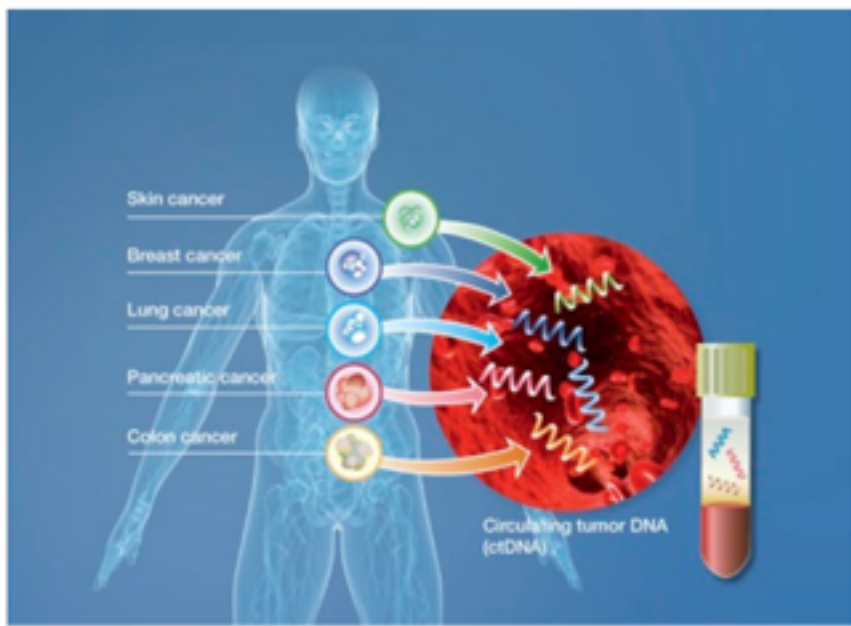
Metodología



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ARMS	0.10%	Tumor tissue
BEAMing, PAP, Digital PCR, TAM-Seq	0.01% or lower	ctDNA, rare variants in tumor tissue



Clinical Applications of ctDNA Testing



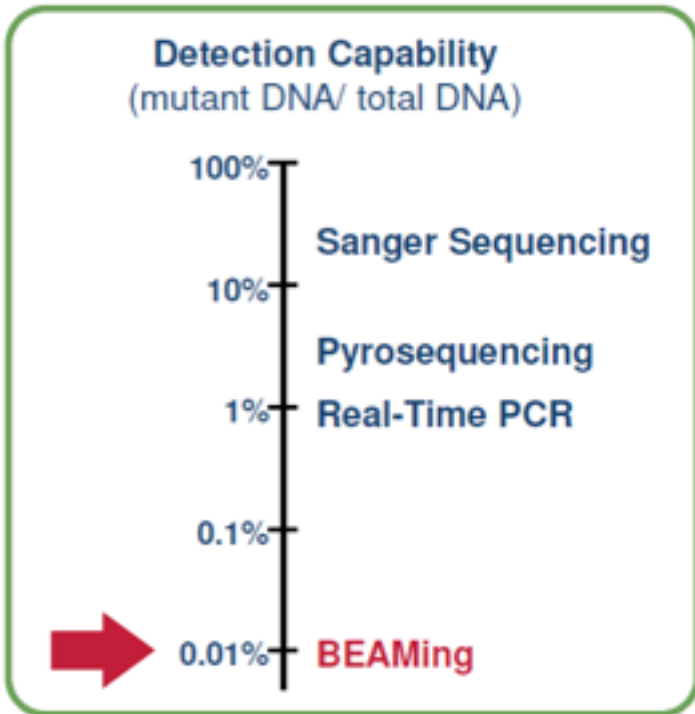
- ↑ Monitor tumour burden (surrogate marker)
- ↑ ↓ Detection of minimal residual disease,
- ↑ Mutational status
- ↑ Assessment of molecular heterogeneity
- ↑ Early detection of therapy resistance
- ↓ ↑ Early detection of disease.

Technique	
PCR-based approaches	
Nested real-time PCR	
PARE	
→	ARMS-Scorpion PCR EGFR
→	PAP-A amplification
BEAMing	
Microfluidic digital PCR	
→	Droplet-based digital PCR
Targeted deep sequencing	
TAm-Seq	
Safe-SeqS	
CAPP-Seq	
Ion-AmpliSeq™	
Whole exome sequencing	
Whole-genome sequencing	



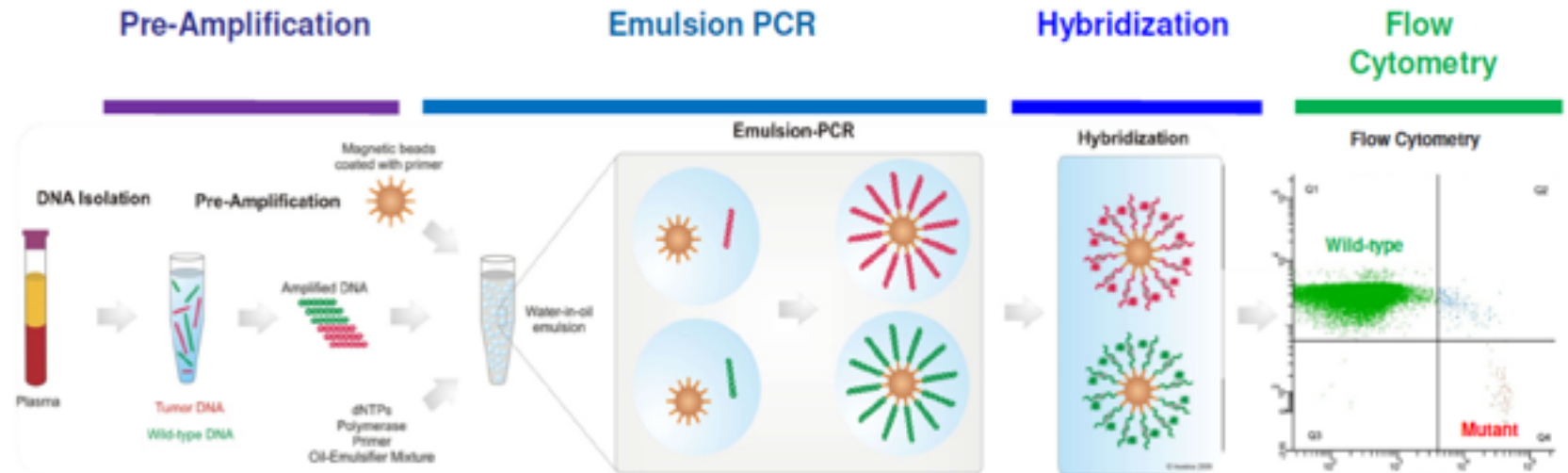
BEAMing

Named after four of its principal components: Beads, Emulsion, Amplification, Magnetics



BEAMing Digital PCR Technology

Highly sensitive **quantitative digital PCR technology** that employs bead-based amplification in water-in-oil emulsions and allele-specific hybridization followed by flow cytometry for detecting small amounts of mutated DNA released by tumors into the blood circulation



We must be **SCRUPULOUS** in the analytical phase to avoid erroneous results

Clinically irrelevant molecular changes due to the high sensitivity

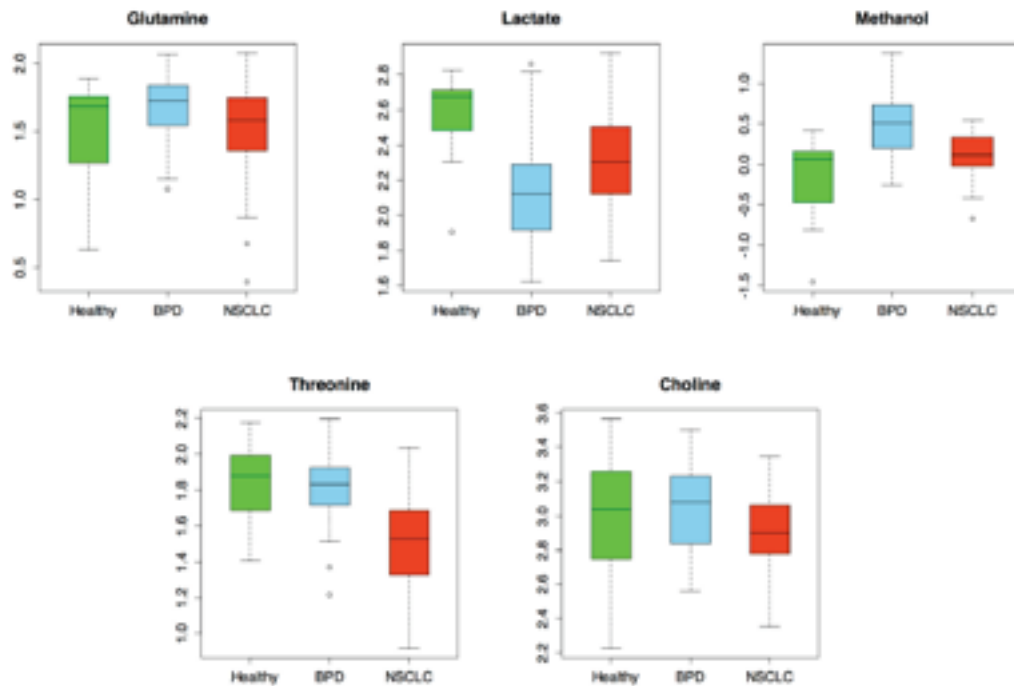
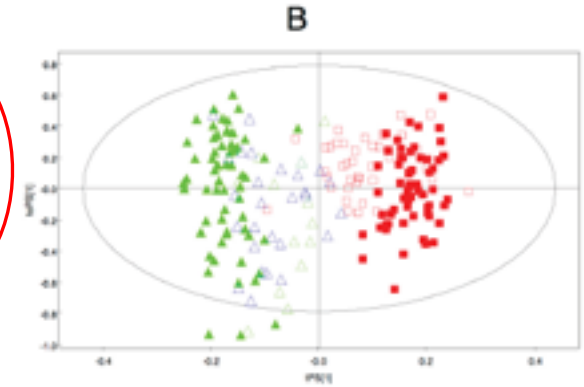
Biopsia líquida (cfDNA): que tipo de información me

Serum metabolomic profiling facilitates the non-invasive identification of metabolic biomarkers associated with the onset and progression of non-small cell lung cancer

Leonor Puchades-Carrasco¹, Eloisa Jantus-Lewintre², Clara Pérez-Rambla^{1,2,3}, Francisco García-García⁴, Rut Lucas², Silvia Calabuig², Ana Blasco⁵, Joaquín Dopazo^{4,6,7}, Carlos Camps^{2,5,8} and Antonio Pineda-Lucena^{1,3}

A

Validation set	Predicted as NSCLC	Predicted as healthy	Correctly classified
NSCLC patients (40)	38	2	95%
Healthy group (13)	1	12	92.31%
BPD group (27)	4	23	



Validation set	Predicted as NSCLC	Predicted as healthy	Correctly classified
NSCLC patients (40)	31	9	77.50%
Healthy group (13)	3	10	76.90%
BPD group (27)	9	18	

Determinaciones Moleculares en cáncer de pulmón

Quién?

TECNOLOGIA



Cube 6i flow cytometer



EXPERTISE



CALIDAD



illumina



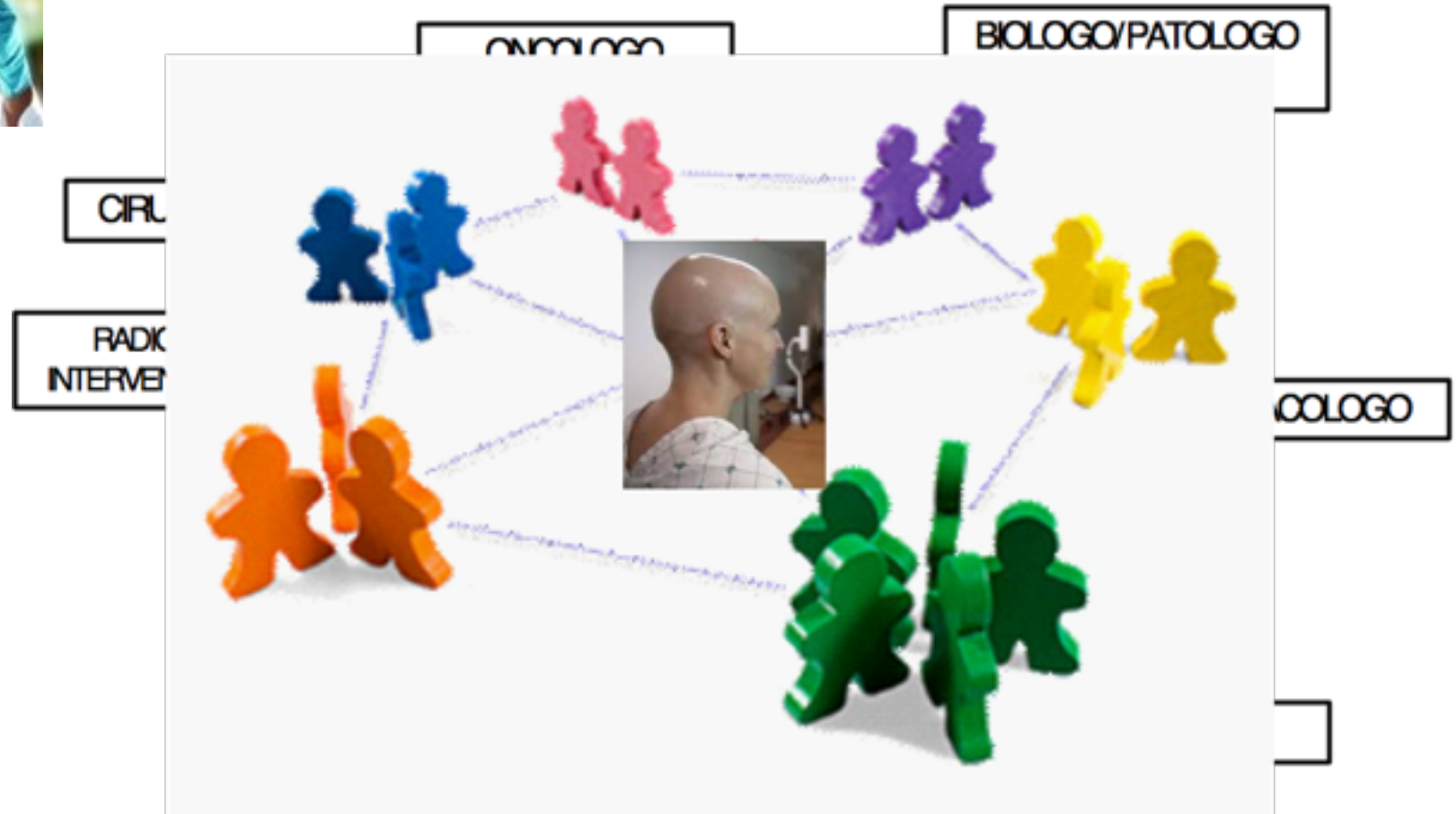
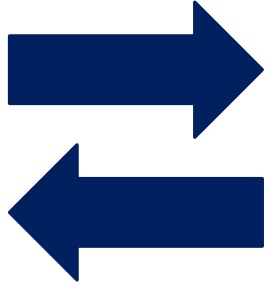
ion torrent

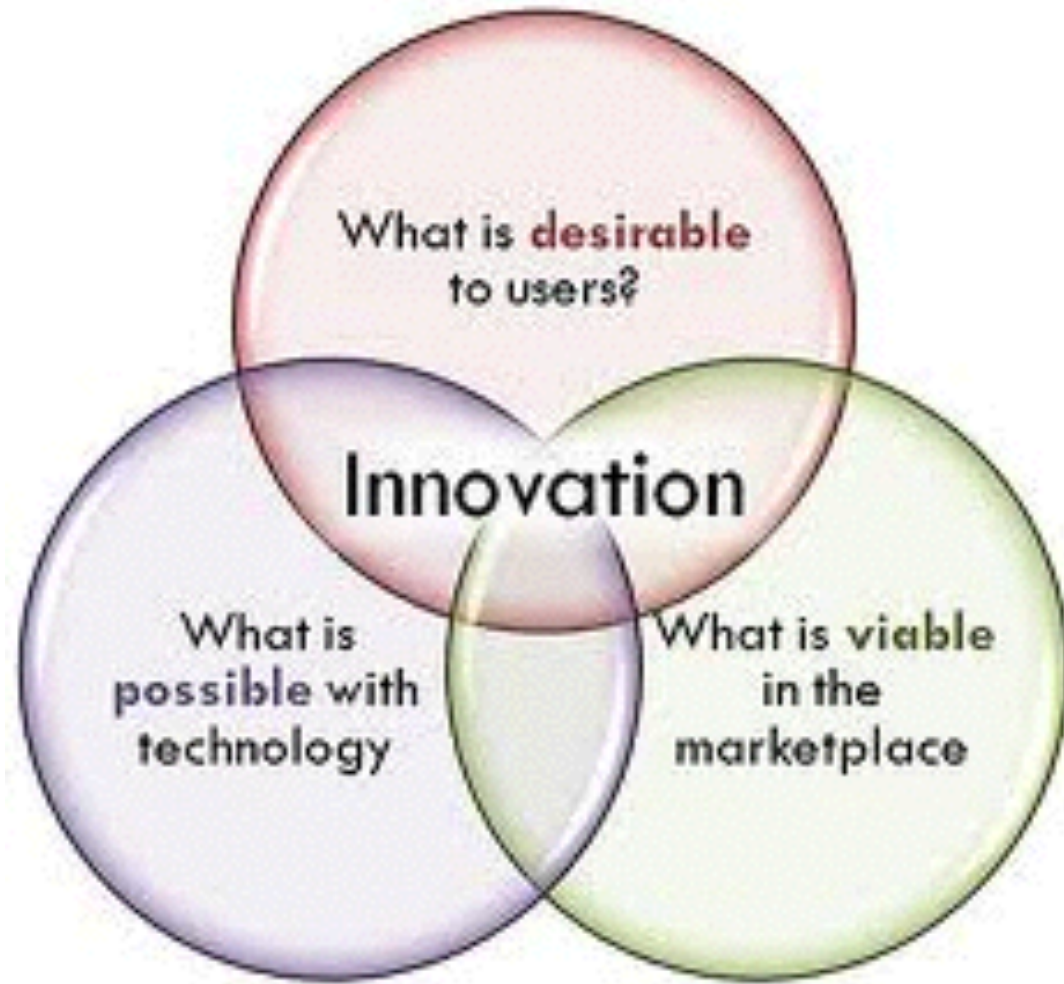


Roche



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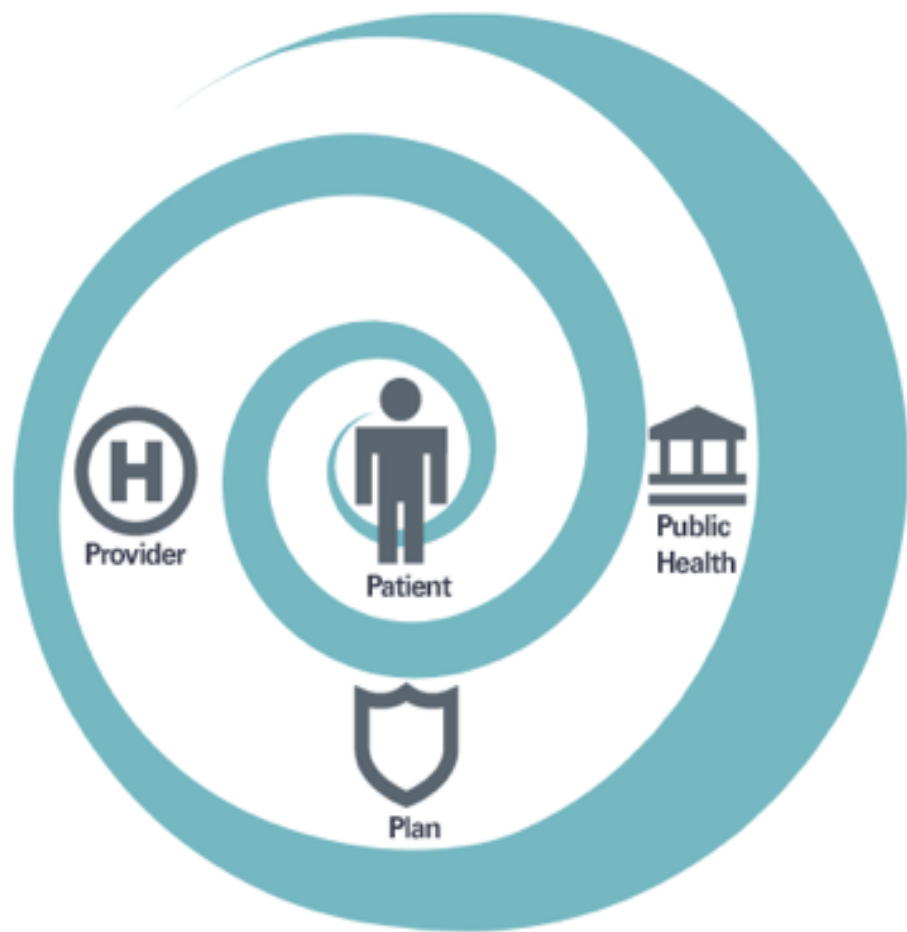
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Enrique Pastor
Eva García del Olmo
Aminta Martinez

SERVICIO DE ANATOMIA PATOLOGICA

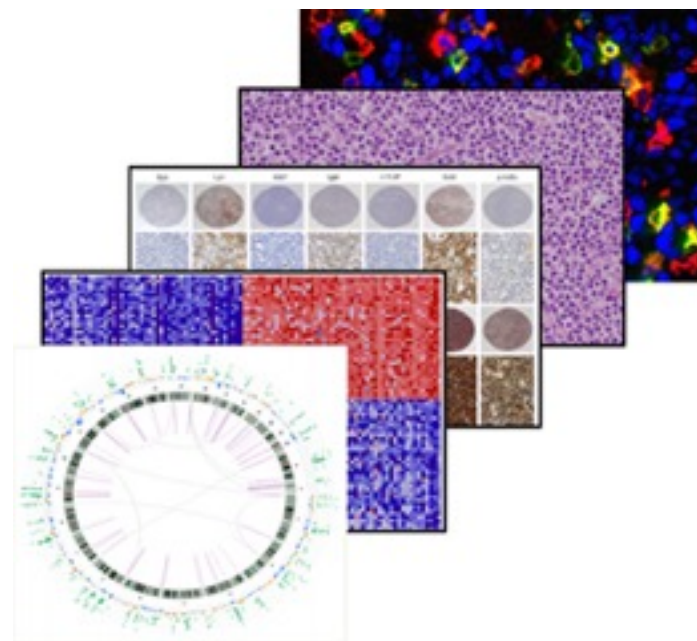
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Atilio Navarro
Jose Angel García



Antonio Pineda Jerónimo Forteza
María Jesús Vicent Rafael Sirera Rosa Farràs María Campos Segura Rut Lucas



**4 P's Of
Precision Medicine**



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