

Memorial Sloan Kettering Cancer Center

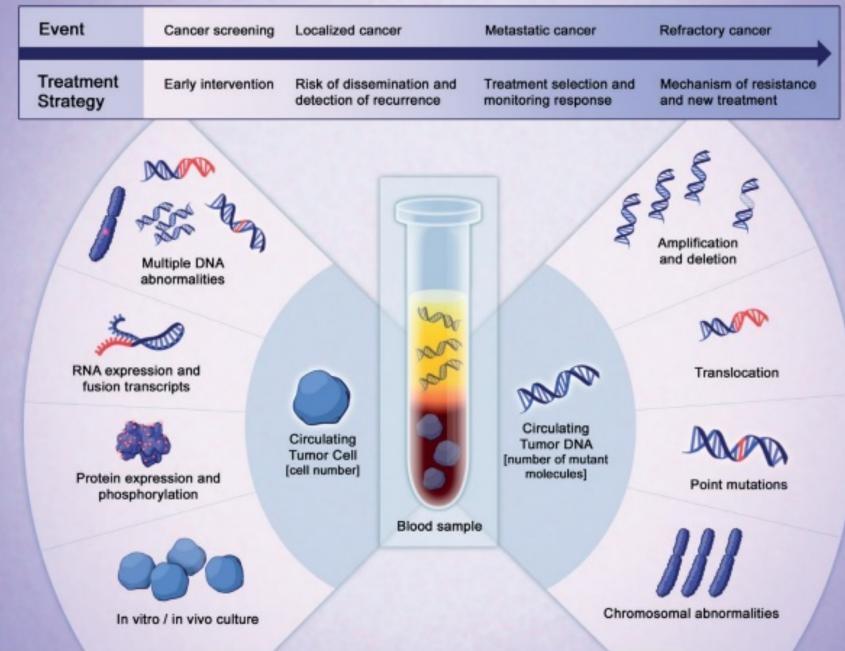
A Clear and Balanced Look at Liquid Biopsy

Dana Tsui, Ph.D. Assistant Attending Faculty Department of Pathology Center for Molecular Oncology

Outline

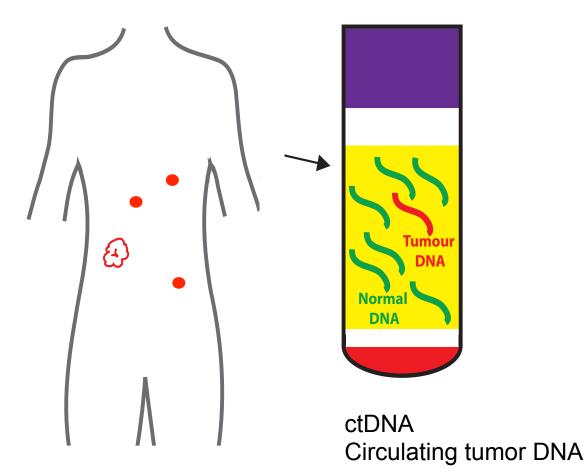
- Definition of liquid biopsy
- Clinical applications
- Current state of research
- Promises and challenges





Haber et al Cancer Discovery 2014

Cell-free circulating tumor DNA





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Background about cfDNA

The potential of cfDNA profiling was long recognized

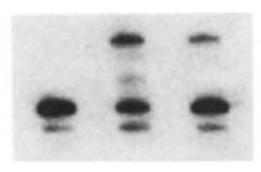
Microsatellite alterations in serum DNA of head and neck cancer patients

Homaira Nawroz¹, Wayne Koch¹, Philippe Anker², Maurice Stroun² & David Sidransky¹

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¹Johns Hopkins, ²Uni of Geneva





D2151245

Nature Medicine 1996

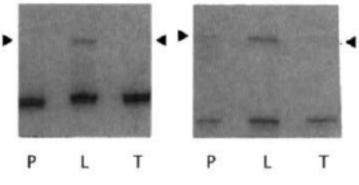
Microsatellite alterations in plasma DNA of small cell lung cancer patients

XU QI CHEN¹, MAURICE STROUN¹, JEAN-LUC MAGNENAT², LAURENT P. NICOD², ANNE-MARIE KURT³, JACQUELINE LYAUTEY¹, CHRISTINE LEDERREY¹ & PHILIPPE ANKER¹

¹Pavillon des Isotopes, ^{2,3}Uni of Geneva

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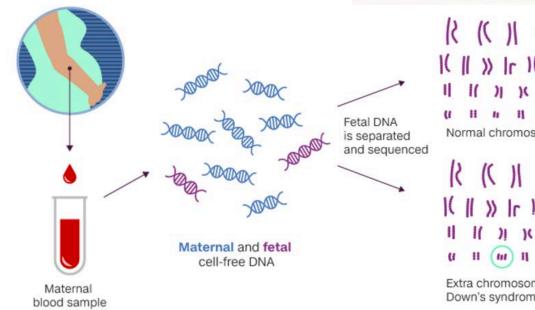
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NEW	/S						
Home UK	World Business	Politics	Tech S	cience He	alth Educa	tion	Entertair
Health							

Health

Blood test for Down's syndrome 'gives better results'

By James Gallagher Health editor, BBC News website

() 1 April 2015 Health



CINN Health » A blood test before birth could predict your medical destiny

A blood test before birth could predict your medical destiny

By Jenni Marsh, CNN

Updated 7:39 AM ET, Tue March 29, 2016



(()) 1 1» Ir 11)c 11 Илки и H H H H Normal chromosomes

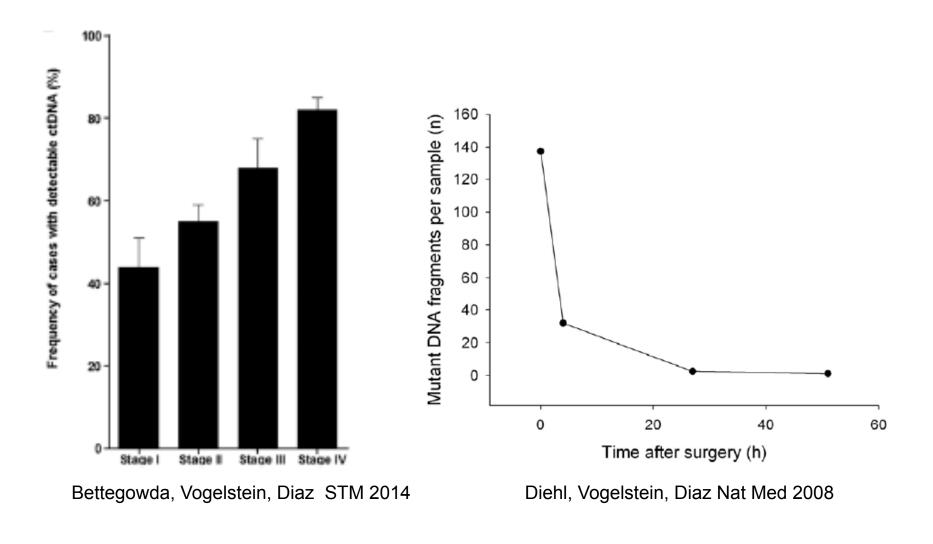
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Extra chromosome 21: Down's syndrome



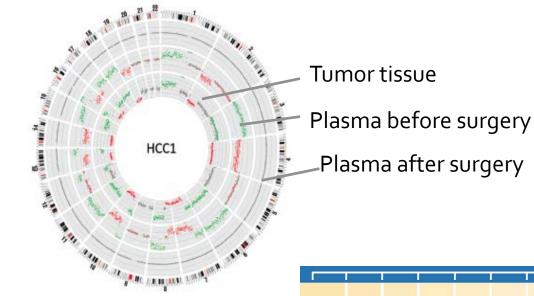
Picture from http://www.cnn.com/2016/03/24/health/dennis-lo-dna-discovery/

Dynamics of cfDNA in plasma correlate with clinical status





Comprehensive representation of cancer genome



Chan, Lo et al Clin Chem 2012

Patient A: Tissue and plasma cfDNA concordance 73yo female metastatic urothelial carcinoma to lung, liver, bone, and lymph nodes

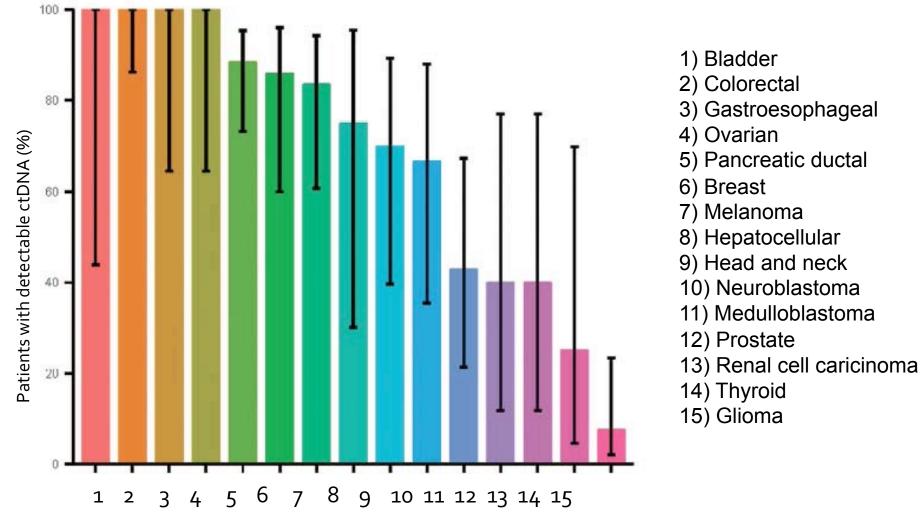
			0	 1000	mcitabin		
		Tiss	ue biopsy	cfDNA	draw		
Gene		Allele fr	action	Gene		Allele f	raction
ERBB2	S310Y	0.772	(3852/4992)	ERBB2	S310Y	0.721	(1733/2405)
PIK3CA I	E81K	0.268	(268/1000)	PIK3CA	E81K	0.254	(543/2138)
ATRX s	splice	0.591	(159/269)	ATRX	splice	0.506	(249/492)
BRCA1	Q1396H	0.181	(143/790)	BRCA1	Q1396H	0.147	(78/530)
CTLA4 I	R70Q	0.142	(71/500)	CTLA4	R70Q	0.161	(120/745)
MAX Y	V9L	0.302	(304/1008)	MAX	V9L	0.258	(134/520)
KMT2A I	D2488N	0.330	(243/737)	KMT2A	D2488N	0.281	(291/1037)
PDGFRA I	E1065K	0.377	(339/899)	PDGFRA	E1065K	0.302	(261/863)
TERT	promoter	0.712	(588/826)	TERT	promoter	0.461	(514/1114)
TP53 9	splice	0.460	(291/632)	TP53	splice	0.376	(213/566)
NUP93 I	E105D	0.258	(131/508)	NUP93	E105D	0.155	(160/1033)
FGF19	V133M	0.233	(275/1178)	FGF19	V133M	0.194	(151/779)
ARID5B	E765D	0.407	(468/1149)	ARID5B	E765D	0.324	(112/346)
-							

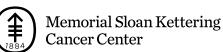
Michael Cheng, Maha Shady, Preethi Srinivasan, Dana Rathkopf, Gopakumar Iyer, Mike Berger, David Solit



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Tumor-derived cfDNA in different types of cancers





cfDNA in multiple body fluids

Tumor DNA fragments from plasma

Tumor DNA fragments from saliva

Saliva

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Saliva or plasma

100%

Saliva Plasm

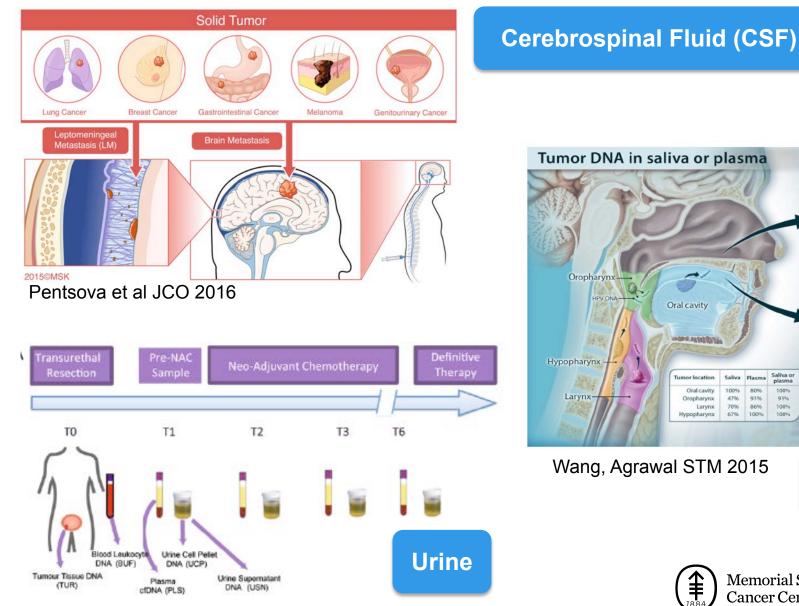
1009 80% 100%

47% 91% 91%

70% 86% 100%

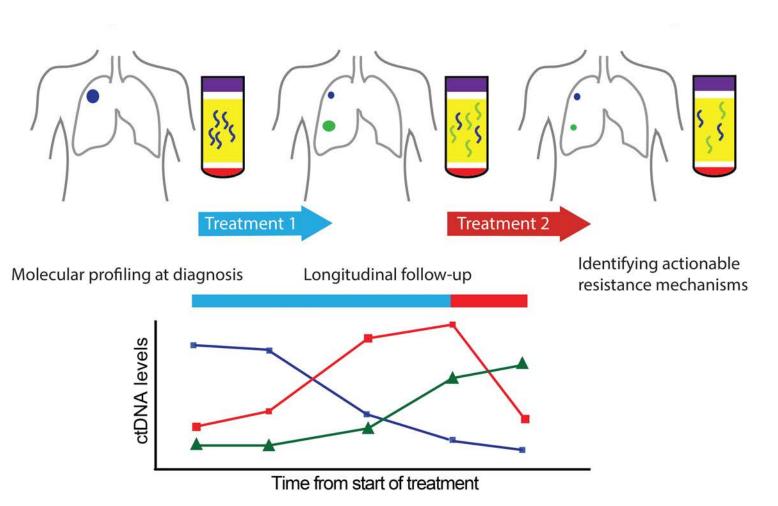
67% 100% IPV DNA

HPV DNA



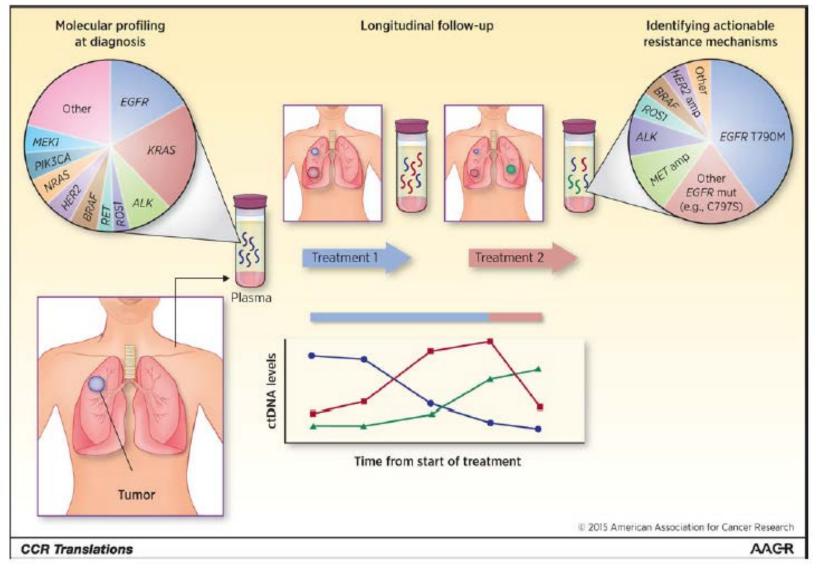
Petal et al Scientific Reports 2017

Clinical applications





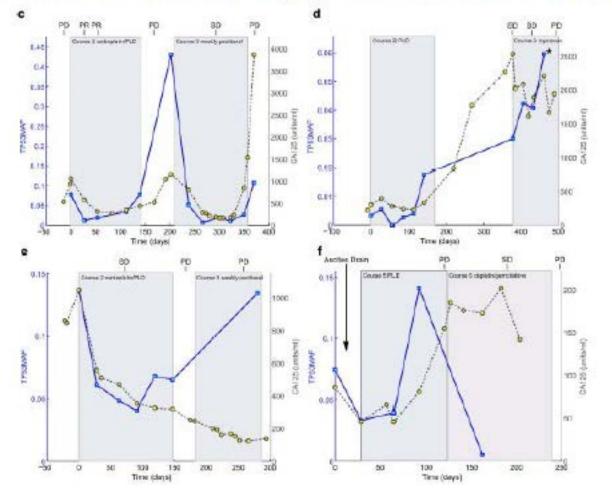
Molecular profiling using plasma





Molecular tumor responses

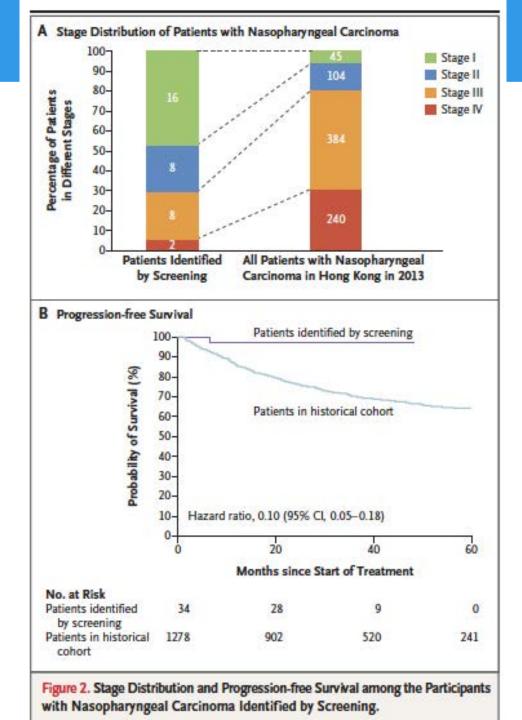
Dynamics of TP53 cfDNA in High-grade serous ovarian cancer



Parkinson et al PloS Medicine 2016



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Early detection of cancer

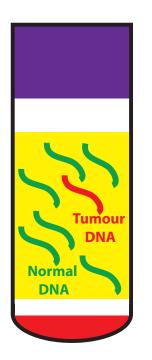
Targeting cancer-specific markers:

Detecting EBV viral DNA in plasma for detection of nasopharyngeal carcinoma

Chan, Lo et al NEJM 2017



Analytical challenges: ctDNA present at a low fraction in plasma



Low total cfDNA yield from plasma

Healthy volunteers <1 – 12.5 ng/ml of plasma

Cancer patients 10 ng DNA = ~3000 genome equivalent

Low fraction of tumor-derived DNA

~5%, average 8-10%

Mutant allele fraction:

Tumor-derived DNA [Normal+tumor derived DNA]

Early stage <1%

Metastatic



Analytical strategies

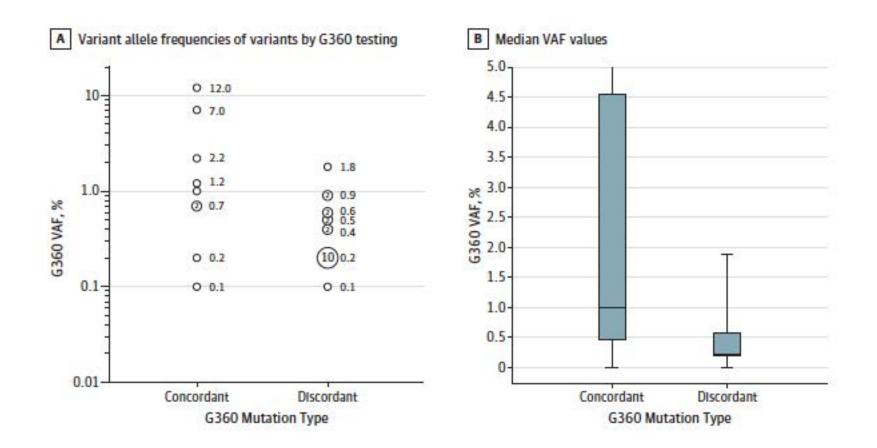
	Single-locus assay	Targeted sequencing	Whole genome analysis
Genomic bases screened	1~10	10 ⁴	10 ⁸
Mutation detection	<0.1%	1%	10%

Increasing sensitivity for rare mutations

Increasing genomic coverage



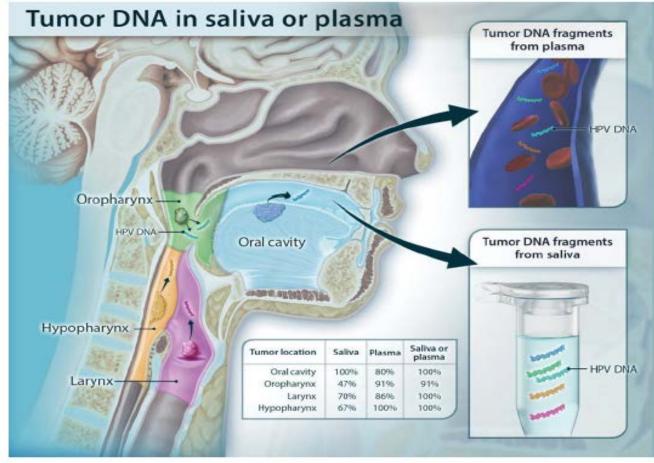
False positives and negatives





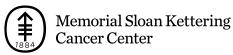
Kuderer et al JAMA Oncology 2016

Leverage the power of multiple body fluids



HPV – Human papillomaviruses

Wang, Agrawal STM 2015



Quality control: Assay validation

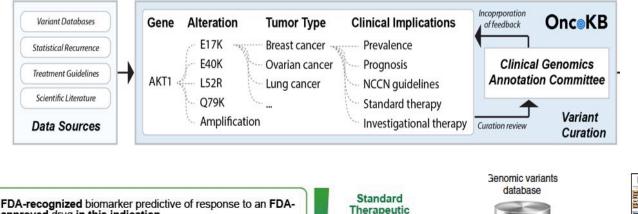
New York State Department of Health NGS assay validation guideline

NYSDOH Guideline	es for NGS-based somatic genetic variant detection
SOP	Laboratory protocols
QC	Bioinformatic criteria for read quality, depth, coverage, etc.
Controls	No template control, negative control and positive control
Reports	Criteria for reporting
Validaiton	
Accuracy	A minimum of 3 well-characterized reference samples
Initial validation	A minimum of 50 patient samples of intended context
Full validation	10 positive samples for each type of intended variant
Precision (within run)	A minimum of 3 positive patient samples containing variants in the same run using different barcodes
Reproducibility (Between runs)	A minimum of 3 positive patient samples containing variants in three separate runs on 2 different days by 2 different technologists.
Contamination assessment	Verify no cross talk between samples and barcodes
Analytical sensitivity	Establish the analytical sensitivity for each type of variant using control materials



What does it mean? Clinical annotations

OncoKB: MSK precision oncology knowledgebase of clinically relevant alterations



approved drug in this indication

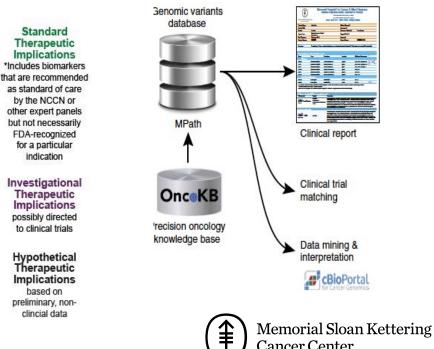
Standard of care biomarker predictive of response to an FDAapproved drug in this indication*

Standard of care biomarker predictive of response to an FDAapproved drug in another indication, but not standard of care for this indication

Compelling clinical evidence supports the biomarker as being predictive of response to a drug in this indication, but neither biomarker nor drug are standard of care

Compelling clinical evidence supports the biomarker as being predictive of response to a drug in another indication, but neither biomarker nor drug are standard of care

Compelling biological evidence supports the biomarker as being predictive of response to a drug, but neither biomarker nor drug are standard of care



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Level

Level

2A

Level

Level

3A

_eve

3B

Level

Liquid biopsy: promises and challenges

