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Circulating tumor DNA-based analyses of solid tumors

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INSTITUTE OF MOLECULAR AND
TRANSLATIONAL MEDICINE



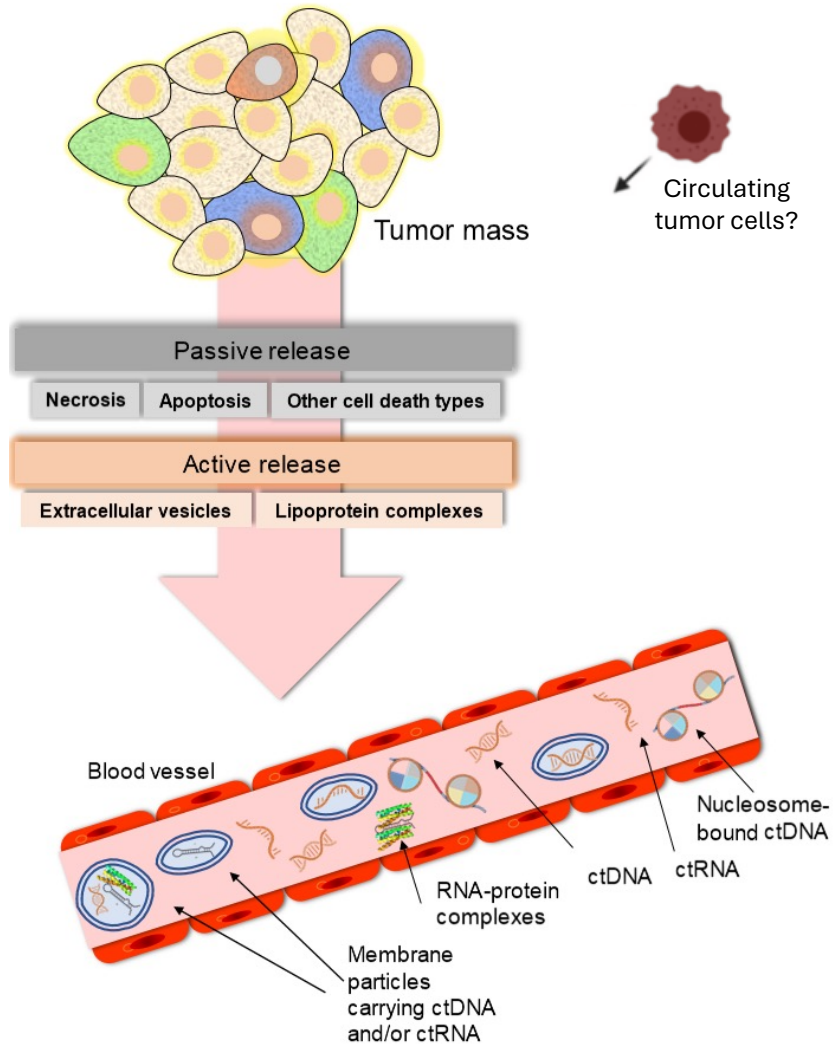
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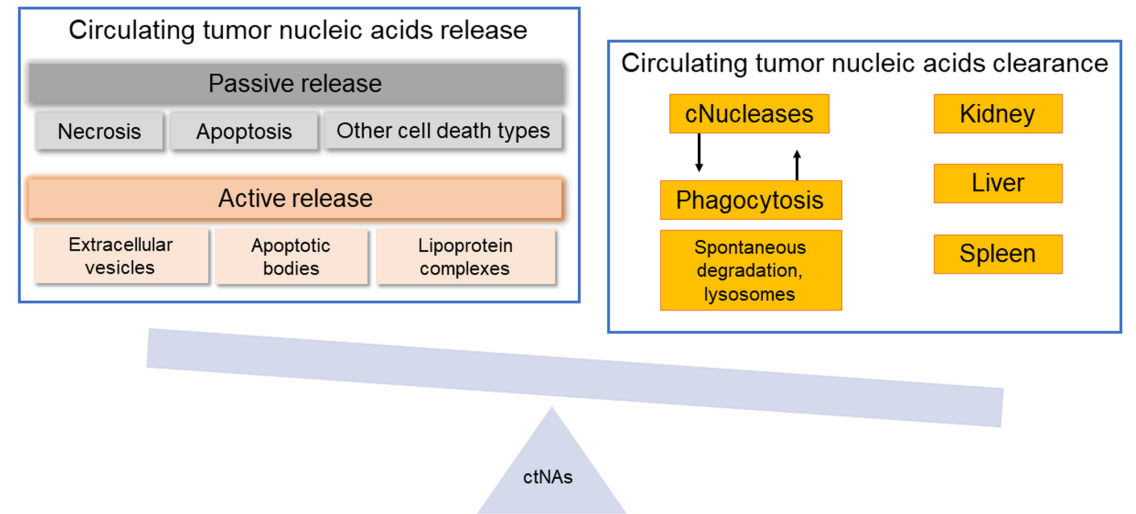
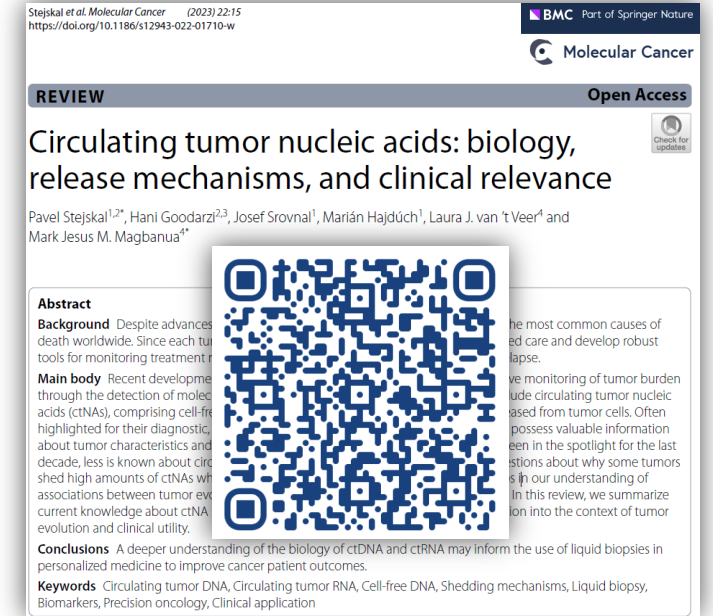


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Circulating Cell-free/Tumor DNA (cfDNA/ctDNA)



Circulating tumor nucleic acid release mechanisms



Factors determining the levels of circulating tumor nucleic acids



The Potential of ctDNA and Liquid Biopsies in Cancer

Diagnosis

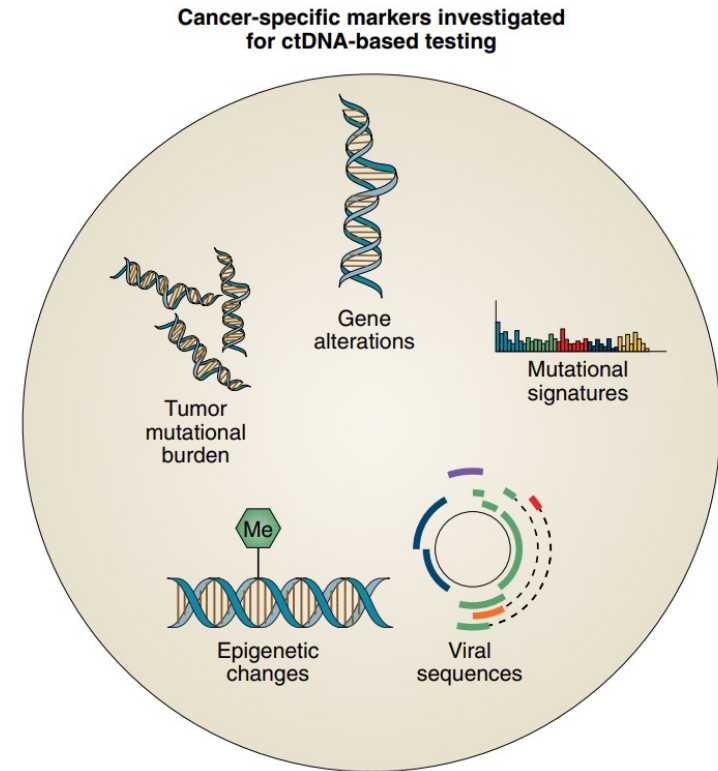
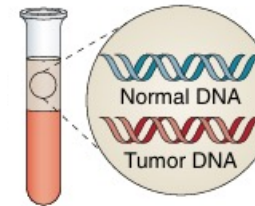
- Early detection
- Identification of actionable alterations
- Measuring tumor heterogeneity

Monitoring for Residual Disease

- Determining treatment efficacy
- Testing for new actionable alterations
- Drug resistance

Monitoring for Therapeutic Response

- Assessing remission or progression

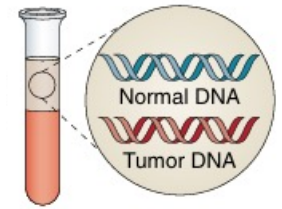


Cescon, D.W., et al. *Nat Cancer* 1, 276–290 (2020).

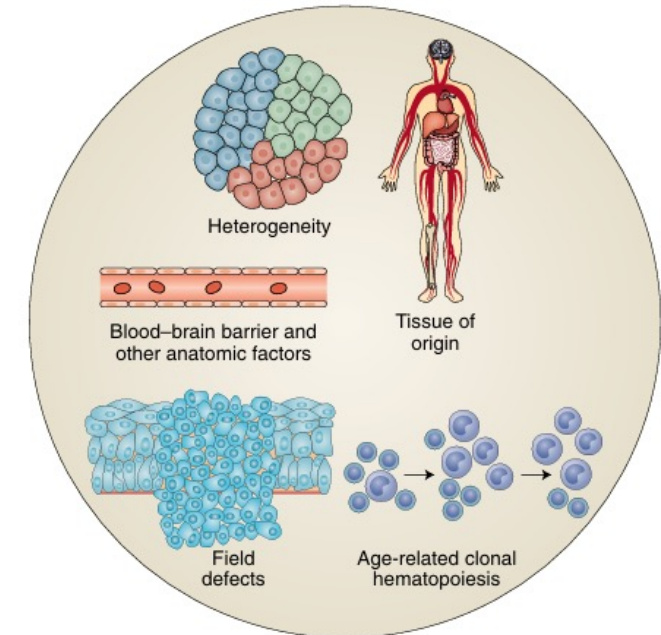
Approved diagnostic tests for detecting altered genes in cfDNA

Test	Approval	Cancer type	Analyte	Technology	Target
Cobas [®] EGFR Mutation Test v2	FDA, EMA	Non-small cell lung	Blood (cfDNA), tissue DNA (FFPE)	RT-PCR	<i>EGFR</i> gene
FoundationOne [®] Liquid CDx	FDA	Multiple	Blood (cfDNA)	NGS	Panel (300 genes)
Guardant360 CDx	FDA	Multiple	Blood (cfDNA)	NGS	Panel (55 genes)
Qiagen <i>therascreen</i> PIK3CA RGQ PCR Kit	FDA	Breast (selection of patients eligible for treatment with alpha-selective PIK3-inhibitor alpelisib)	Blood (cfDNA), tissue DNA (FFPE)	RT-PCR	<i>PIK3CA</i> gene
Epi proColon [®]	FDA	Colorectal	Blood (cfDNA)	RT-PCR	Methylated <i>SEPT9</i> gene

The Challenges of ctDNA and Liquid Biopsies in Cancer



Potential issues and drawbacks for ctDNA-based testing



Limitations		Implications
Low sensitivity	Low ctDNA to cfDNA ratio owing to the predominance of clonal haematopoiesis	Negative results may be non-informative
Non-uniform ctDNA shedding	Heterogeneity in ctDNA shedding from lesions (eg, brain metastases), anatomic barriers	Potentially low ctDNA levels for detection, thus limiting the clinical application
Subclone origination/specificity	Difficult to identify the origin of ctDNA from multiple lesions or anatomically restricted tumors (early-stage NSCLC and sarcomas)	Identification of subclone origination by ctDNA may require tumor biopsy assessment
Lack of standardization	Preanalytical as well as analytical approaches vary across sample types and laboratories	Limited use in the clinical settings

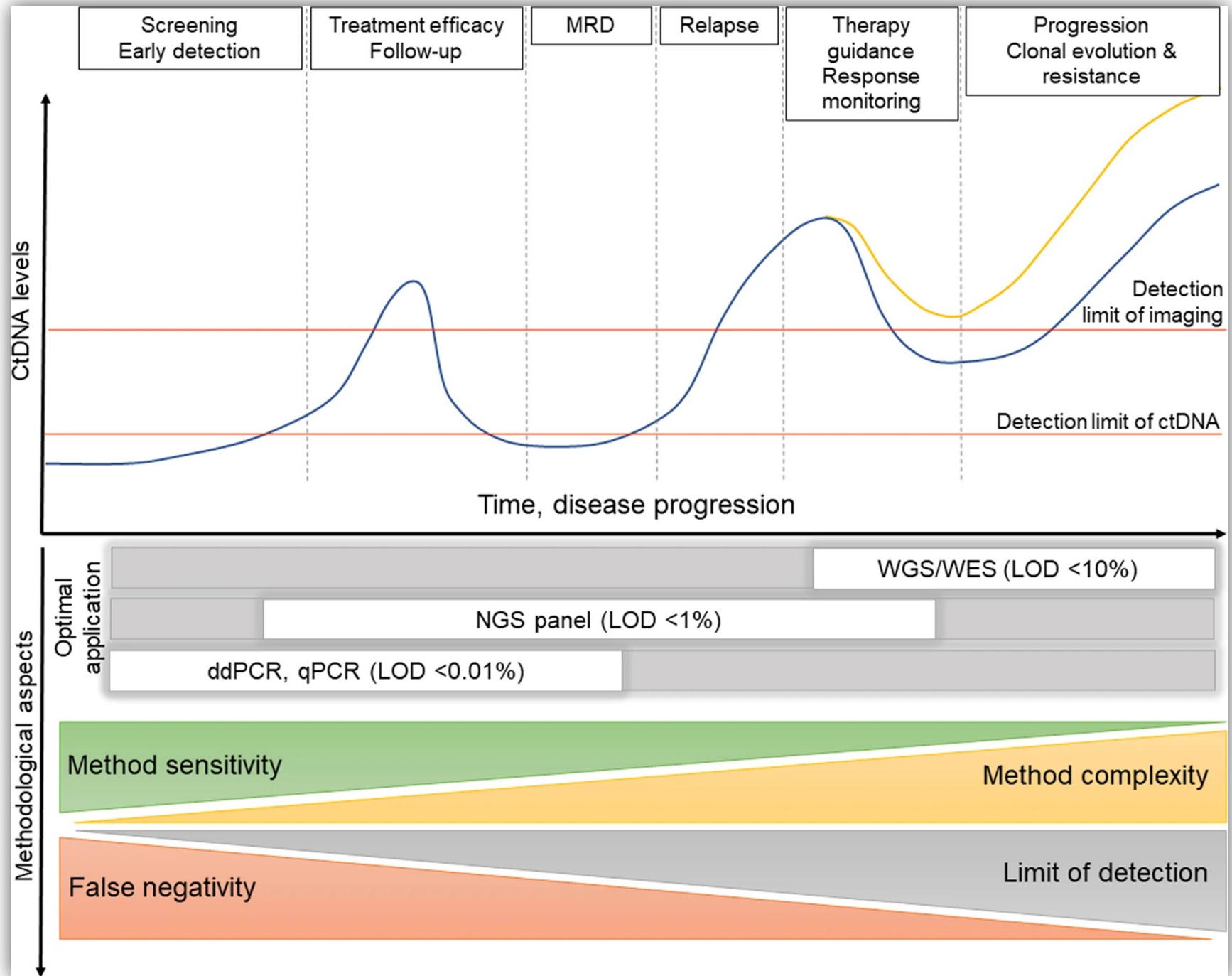
Tivey, A., et al. *Nat Rev Clin Oncol* **19**, 600–612 (2022), Domínguez-Vigil IG, et al. *Oncotarget* **9**:2912-2922 (2017), Stejskal, P., et al. *Mol Cancer* **22**, 15 (2023).

Cesccon, D.W., et al. *Nat Cancer* **1**, 276–290 (2020).

International and interdisciplinary partnerships and consortia

SPIDIA4P consortium - Standardization and improvement of generic Preanalytical tools and procedures for In-vitro DIAgnostics, **Cancer-ID**, **ISLB** - International Society for Liquid Biopsy, **ILSA** - International Liquid Biopsy Standardization Alliance, **ELBS** – European Liquid Biopsy Society, **BLOODPAC** - US Blood Profiling Atlas of Cancer

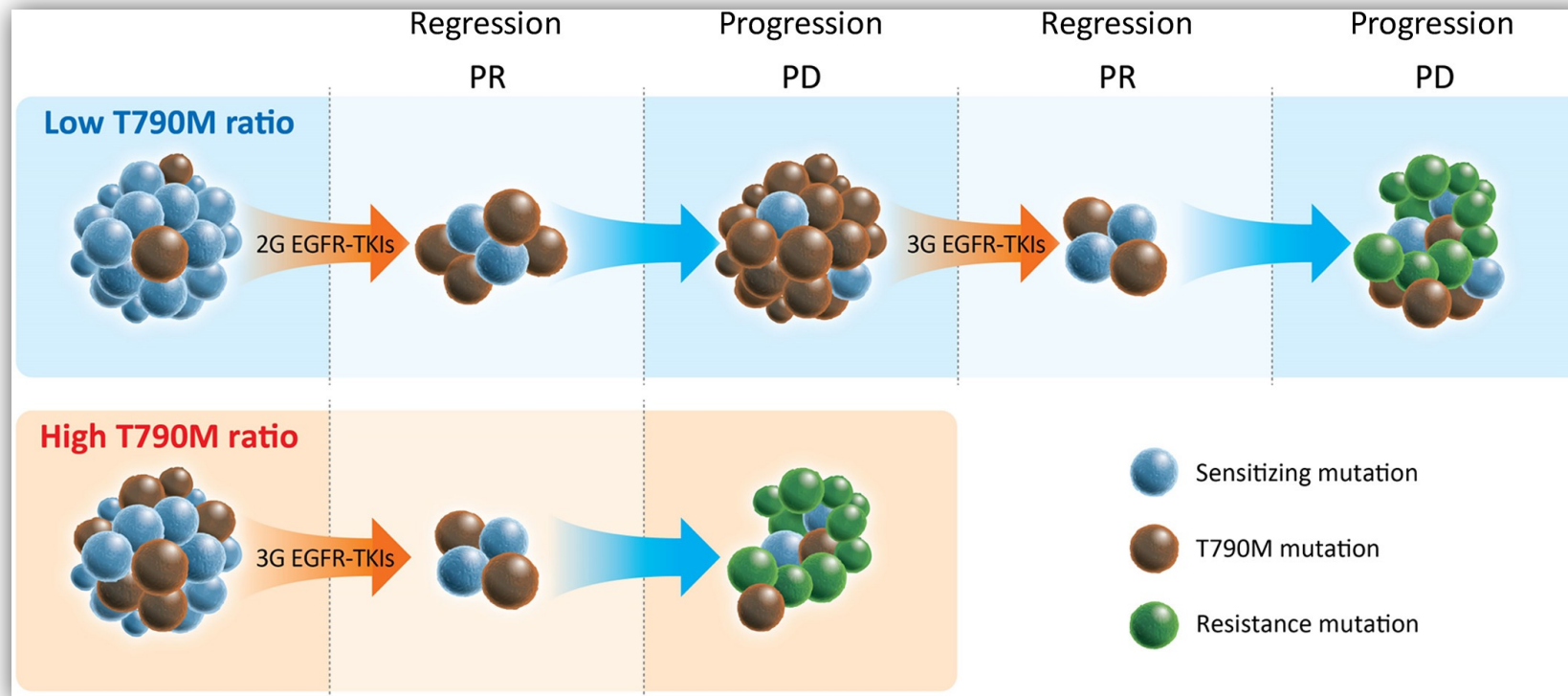
Clinical Utility in Context of Disease Evolution Over Time and Methodological Aspects of ctDNA Testing



EGFR T790M Mutation Detection in cfDNA

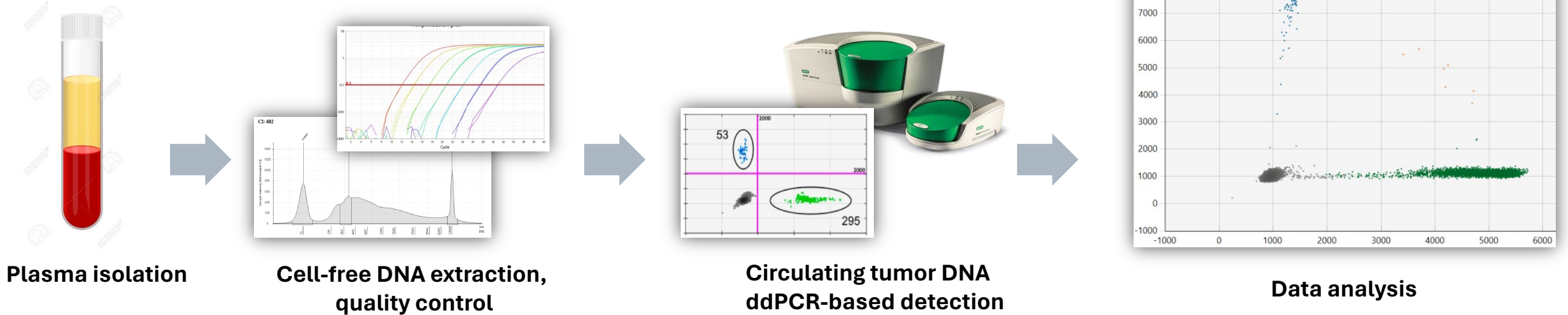
Non-small cell lung cancer (NSCLC)

- **Despite the initial response** to anti EGFR receptor-tyrosine kinase inhibitors (TKIs), **most** patients progress within 9–14 months
- **Resistance to EGFR-TKIs** - the occurrence of a secondary *EGFR* kinase domain mutation in exon 20, **the T790M**
- **Third generation of EGFR-TKIs** developed - irreversible blockage of T790M mutant *EGFR*
- Many patients on progression develop lesions in inaccessible locations + poor performance status of the patients difficult to re-biopsy
- Up to 40% of relapsed NSCLC patients unable to provide a tumor tissue sample for molecular analysis





EGFR T790M Mutation Detection in cfDNA



Plasma isolation

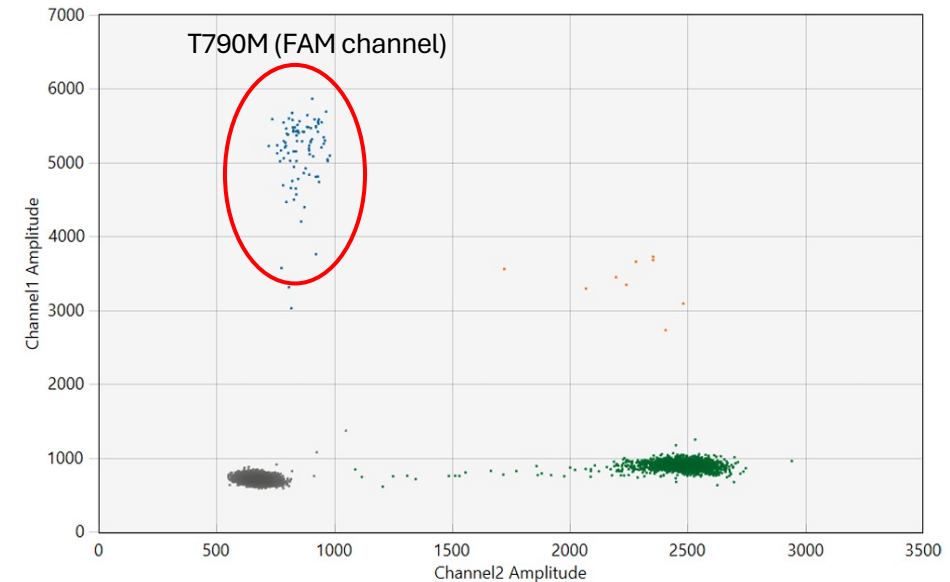
Cell-free DNA extraction, quality control

Circulating tumor DNA ddPCR-based detection

Data analysis

Sample	Channel (target)	Copies/ μ l Average \pm StDev
5% T790M	FAM (MUT)	3,60 \pm 0,31
	HEX (WT)	48,25 \pm 6,08
1% T790M	FAM (MUT)	0,76 \pm 0,21
	HEX (WT)	40,94 \pm 5,02
0.1% T790M	FAM (MUT)	0,08 \pm 0,01
	HEX (WT)	51,46 \pm 3,64
0% T790M (WT)	FAM (MUT)	0,00 \pm 0,00
	HEX (WT)	54,25 \pm 1,98

Patient	Channel (target)	Copies/ μ l Average \pm StDev
1	FAM (MUT)	4,81 \pm 0,81
	HEX (WT)	308 \pm 11,31
2	FAM (MUT)	2,13 \pm 0,36
	HEX (WT)	62,35 \pm 4,17
3	FAM (MUT)	4,27 \pm 0,26
	HEX (WT)	141 \pm 1,41
4	FAM (MUT)	6,91 \pm 0,44
	HEX (WT)	142 \pm 2,83



Limit of detection for ddPCR-based EGFR-T790M testing (using Horizon reference cfDNA)

EGFR-T790M detection in plasma of patients with EGFR-T790M positive NSCLC tumors

Amplitude 2D Chart FAM/HEX Channels, patient 4

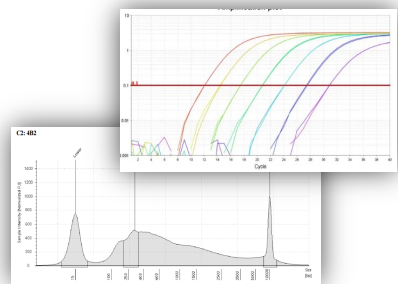
CfDNA and ctDNA as Linked Reflection of Therapy

- hLINE-1 sequences (human long interspersed nuclear element-1)
 - ~100,000 of these elements spread across the human genome
 - sensitive approach for quantifying human DNA in small volumes of samples
- Plasma hLINE-1 DNA concentration shown to be related to tumor volume
- Indicator of the response to therapy

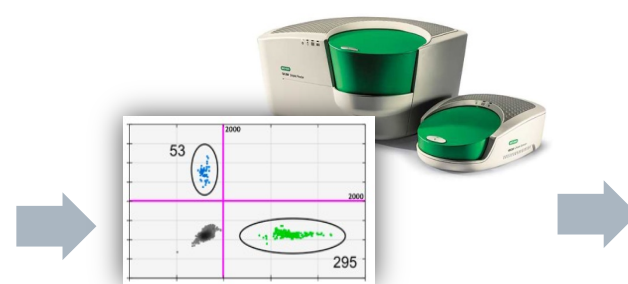
Rago, C., (2007). *Cancer research*, 67(19), 9364-9370.
 Rostami, A., (2020). *STAR protocols*, 1(3), 100145.

Sample (in time)	Total cfDNA qPCR (ng/μL)	Concentration (copies/μL) by ddPCR			
		E545K MUT	E545K WT	H1047R MUT	H1047R WT
1	26,57	197,32	1364,15	18,65	549,01
2	9,72	200,87	442,39	1,93	291,12
3	4,52	153,20	282,63	2,76	165,93

Quantitative analysis of cfDNA and ctDNA extracted from pleural effusion of metastatic breast cancer patient

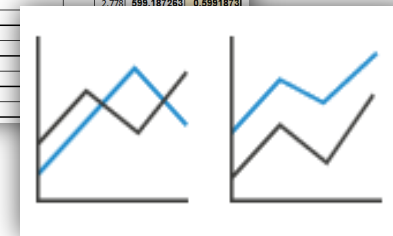


cfDNA extraction,
Qualitative and quantitative analyses



ctDNA quantification

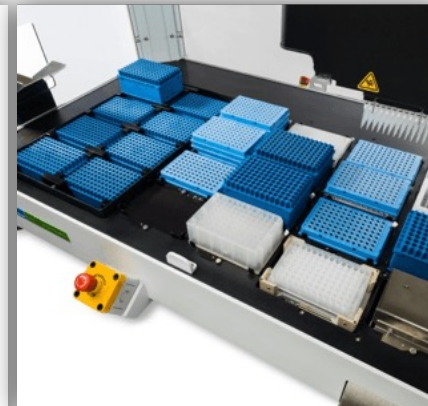
Sample	Sample ID	CT mean	log ₁₀ conc. in pg/μL	conc. in ng/μL
Sample 1	1A1	12,104	3,504	3,192,3977
Sample 2	1B1	13,320	3,136	1,367,33541
Sample 3	1A2	14,503	2,778	899,187263
Sample 4	1B2	14,812		0,8991873
Sample 5	2A2	13,867		
Sample 6	2B2	14,895		
Sample 7	3A2	14,356		
Sample 8	3B2	14,116		
Sample 9	4A2	13,063		
Sample 10	4B2	12,926		



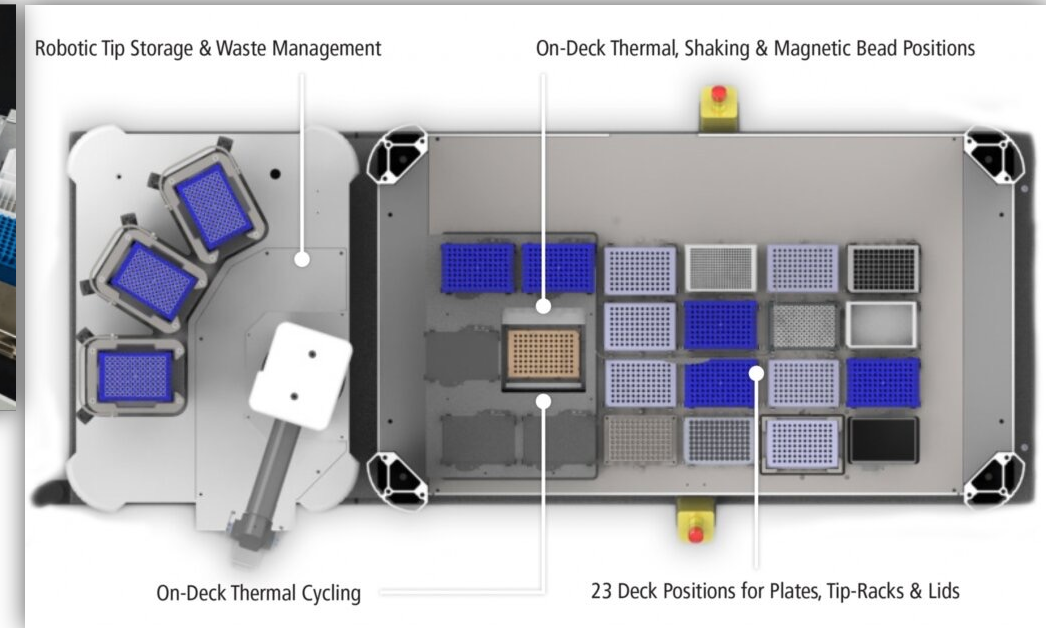
Data analysis, interpretation
 - Mutation load as percentage of the total cfDNA

Following Latest Solutions for ctDNA Sequencing

- New generation of Illumina TSO 500 ctDNA NGS panel recently released
 - Faster turnaround time, greater analytical sensitivity with lower cfDNA input requirements, more streamlined workflow
 - Will be implemented at IMTM soon for PDAC and CRC patient plasma samples
- Sciclone G3 NGSx iQ Workstation recently installed to the lab
 - Full automation of PCR preparation and walk-away NGS library preparation with integrated on-deck thermal cycler and Twister III robotic arm to perform library preparation workflows
 - Eliminating variability and risks related to incubation and PCR timing

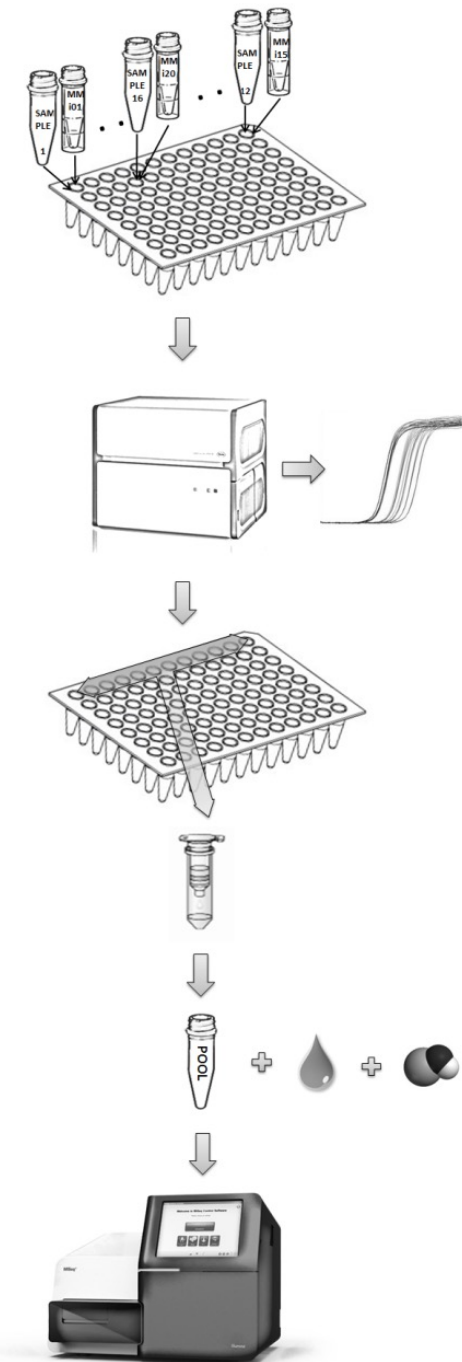


Sciclone G3 NGSx iQ Workstation



Tumor Testing “in a Fast Way” - fastGEN

- User-friendly diagnostic kit with excellent analytical parameters and extremely fast processing developed by IMTM
- Designed to rapidly prepare the sequencing library required for genotyping and indicating the correct therapy
- Robustness achieved by the use of short amplicons obtained by a single polymerase chain reaction with special labelled hybrid primers
- Thanks to the improved sensitivity – applicable also for cfDNA testing



Future Perspectives

- Unprecedented development of liquid biopsy by combining molecular biology, genetics, and computational approaches.
- Generation of vast amounts of data potentially revealing new associations
- Fragmentomic and epigenetic features of cfDNA promising for detecting targets closely reflecting the tissue of origin
- Machine learning algorithms are promising tools facilitating the clinical use of epigenetic and fragmentomic features of ctDNA as well as cancer-related ctRNA signatures
- The clinical implementation of ctNA data can lead to routine preventive screening for predisposition to cancer, monitoring drug efficacy, and predicting the potential for distant recurrence
- CtDNA analysis - potential to transform cancer diagnosis and management

Stejskal et al. *Molecular Cancer* (2023) 22:15
<https://doi.org/10.1186/s12943-022-01710-w>

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Circulating tumor nucleic acids: biology, release mechanisms, and clinical relevance

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Abstract

Background Despite advances in early detection and therapies, cancer is still one of the most common causes of death worldwide. Since each tumor is unique, there is a need to implement personalized care and develop robust tools for monitoring treatment response to assess drug efficacy and prevent disease relapse.

Main body Recent developments in liquid biopsies have enabled real-time noninvasive monitoring of tumor burden through the detection of molecules shed by tumors in the blood. These molecules include circulating tumor nucleic acids (ctNAs), comprising cell-free DNA or RNA molecules passively and/or actively released from tumor cells. Often highlighted for their diagnostic, predictive, and prognostic potential, these biomarkers possess valuable information about tumor characteristics and evolution. While circulating tumor DNA (ctDNA) has been in the spotlight for the last decade, less is known about circulating tumor RNA (ctRNA). There are unanswered questions about why some tumors shed high amounts of ctNAs while others have undetectable levels. Also, there are gaps in our understanding of associations between current knowledge, evolution and clinical outcomes.

Conclusions This review summarizes the current knowledge of ctNAs and their potential in personalized medicine.

Keywords Circulating tumor nucleic acids, Biomarkers, Personalized medicine, Liquid biopsy, ctDNA, ctRNA





Thank you for your attention!

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