

Detection of homologous recombination deficiency using cell-free DNA whole-genome sequencing profile in ovarian cancer

6th Central - Eastern European congress on cell free DNA and medical practice
7-8 March 2024, Olomouc

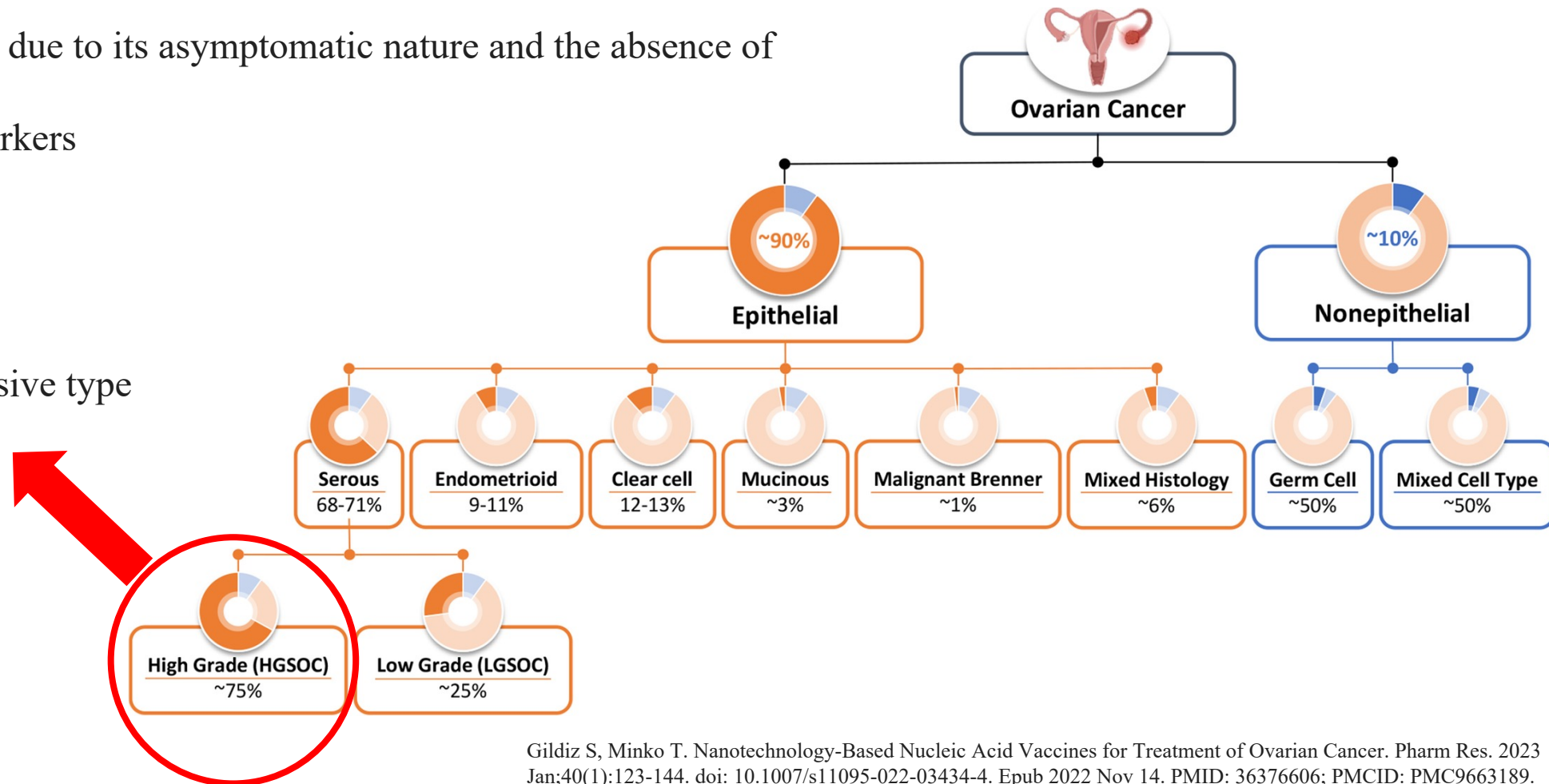
Abigél Balla, Péter Hunyadi, Szabolcs Máté, Ágnes Égető, János Rigó Jr., Jakub Styk, Silvia Bokorová,
Tatiana Sedláčková, Orsolya Biró & Tomas Szemes



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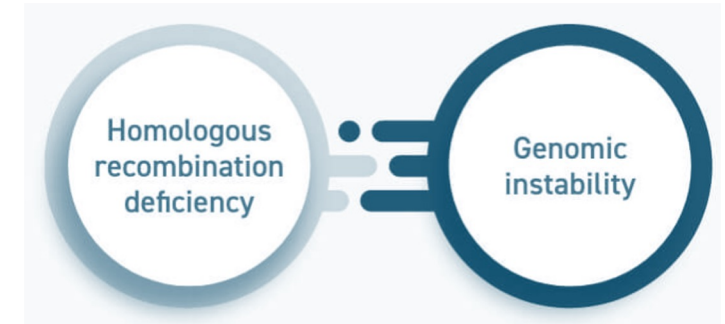
- Ovarian cancer - gynecological malignancy with the highest mortality rate
- **5-year survival rate** of approximately 50%
- **Diagnosis:** at later stages - due to its asymptomatic nature and the absence of efficient early-stage biomarkers

most frequent and aggressive type



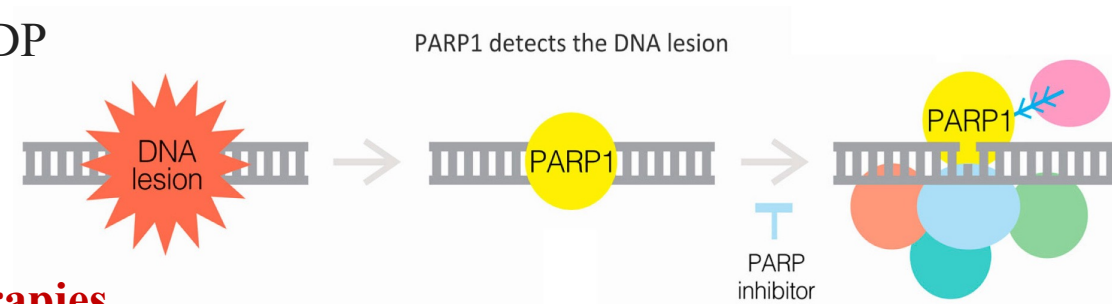
Homologous recombination deficiency:

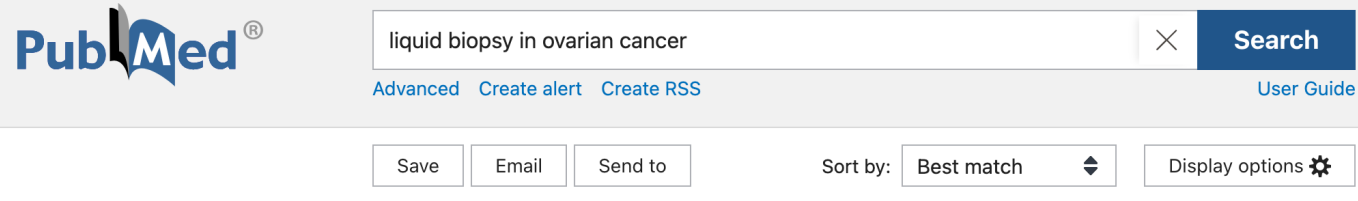
- Approximately 50% of HGSOC exhibit HRD
- HRD prevents cells from repairing double-stranded DNA damage with high fidelity – leading to the accumulation of DNA damage and **genomic instability** known as homologous recombination deficiency



PARP inhibitor therapies:

- Cancer cells with HRD are sensitive to targeted inhibition of poly-ADP ribose polymerase (PARP)
- **Identifying** patients with cancer with **HRD** biomarkers allows the identification of patients likely to **benefit from PARP inhibitor therapies**





- Currently, determining HRD status is analyzed by **expensive** and **time-consuming genomic profiling** from **tissue** samples
- Unfortunately, HRD testing on formalin-fixed, paraffin-embedded (FFPE) tumor samples yields **non-contributive results** in substantial cases **due to low tumor cellularity or poor-quality DNA**



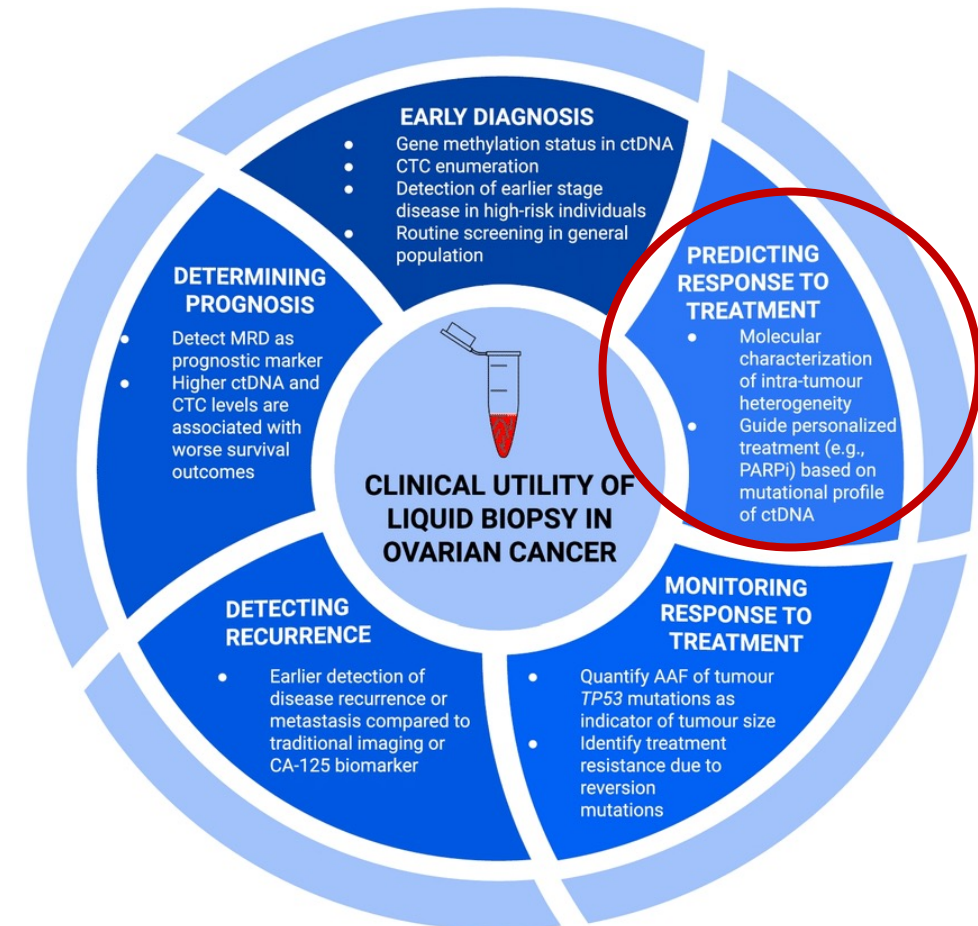
Therefore, the development of new, broadly applicable cost-effective methods is of great importance.

The application of circulating tumor cell and cell-free DNA liquid biopsies in ovarian cancer

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Affiliations + expand

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Objective of this study:

To investigate the potential of **shallow whole-genome sequencing (sWGS)**
on **cell-free DNA (cfDNA)**
for **therapy optimization** in ovarian cancer

- 17 histologically confirmed HGSOC samples + 8 control samples
- K2EDTA whole blood
- Average age: ~60 years

Sample collection

1

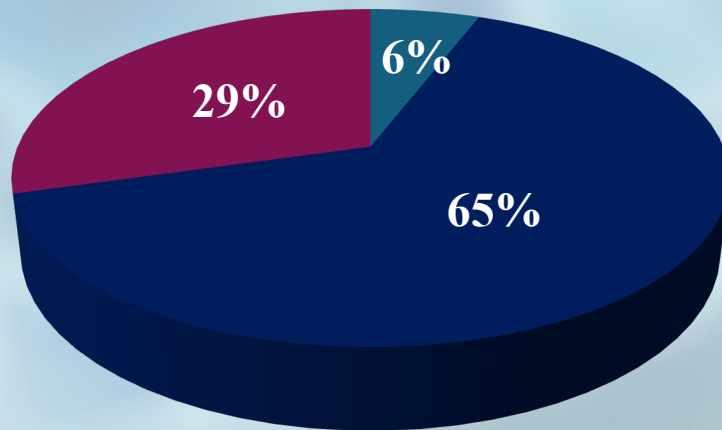
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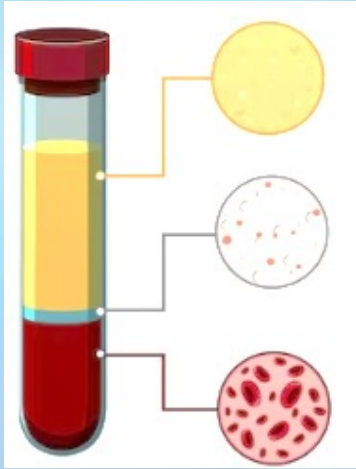
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Distribution of HGSOC samples by FIGO stage



■ II ■ III ■ IV stage



cfDNA extraction from plasma samples

Kit: QIAamp Circulating Nucleic Acid Kit
(Qiagen)

Sample collection

1

cfDNA extraction

2

3

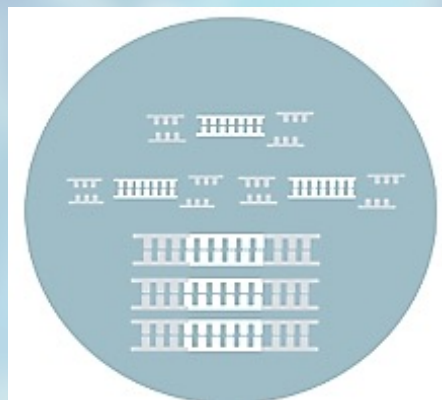
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Library preparation

Kit: TruSeq DNA Nano kit
(Illumina)



Sample collection

1

cfDNA extraction

2

Library preparation

3

4

5

Sample collection

1

cfDNA extraction

2

Library preparation

3

Sequencing

4

5

Shallow whole genome sequencing (sWGS)

Illumina NextSeq 2000 platform

(~1x coverage)



Sample collection 1

cfDNA extraction 2

Library preparation 3


Sequencing 4

Data analysis 5

Data analysis:
ichorCNA software



Scalable whole-exome sequencing of cell-free DNA reveals high concordance with metastatic tumors

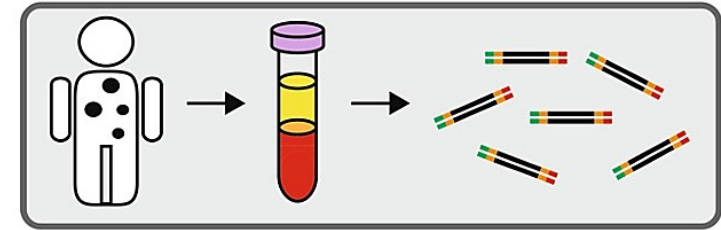
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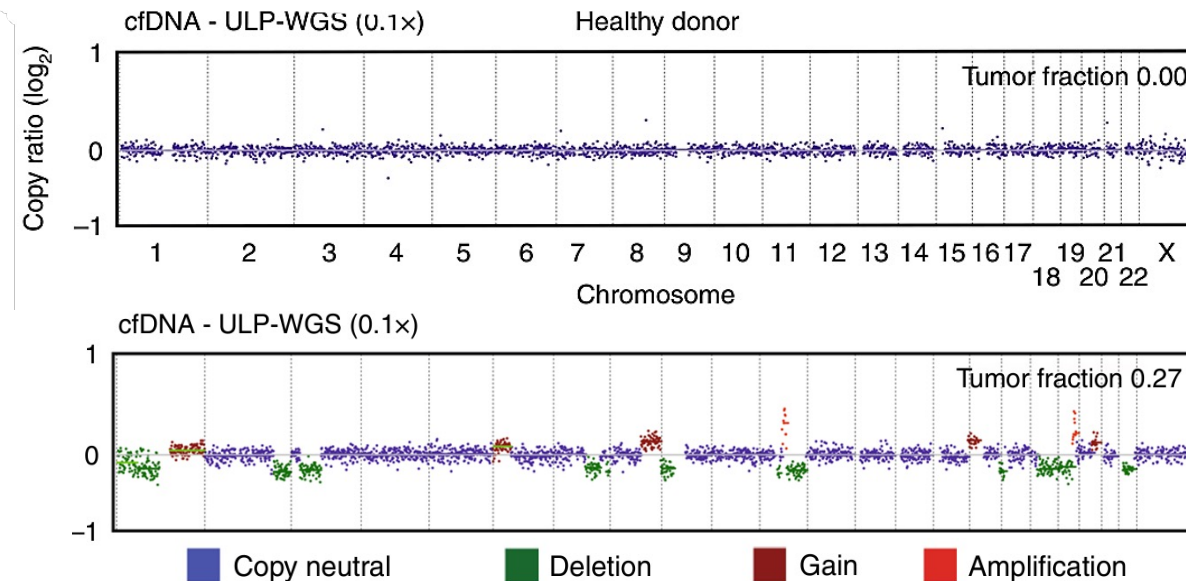
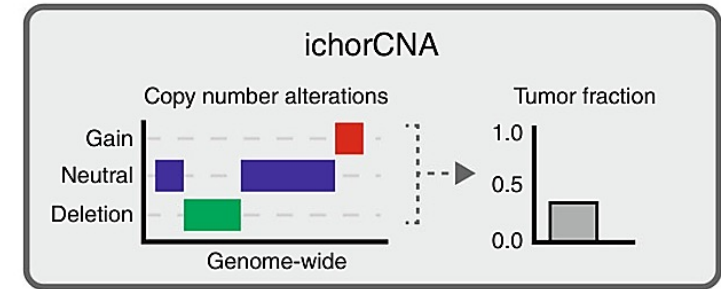
[Nature Communications](#) **8**, Article number: 1324 (2017) | [Cite this article](#)

- first reported the ichorCNA software
- feasibility of shallow whole genome sequencing of cfDNA
- ichorCNA:
 - **Copy number alteration (CNA) prediction**
 - estimation of **tumor fraction** of cfDNA

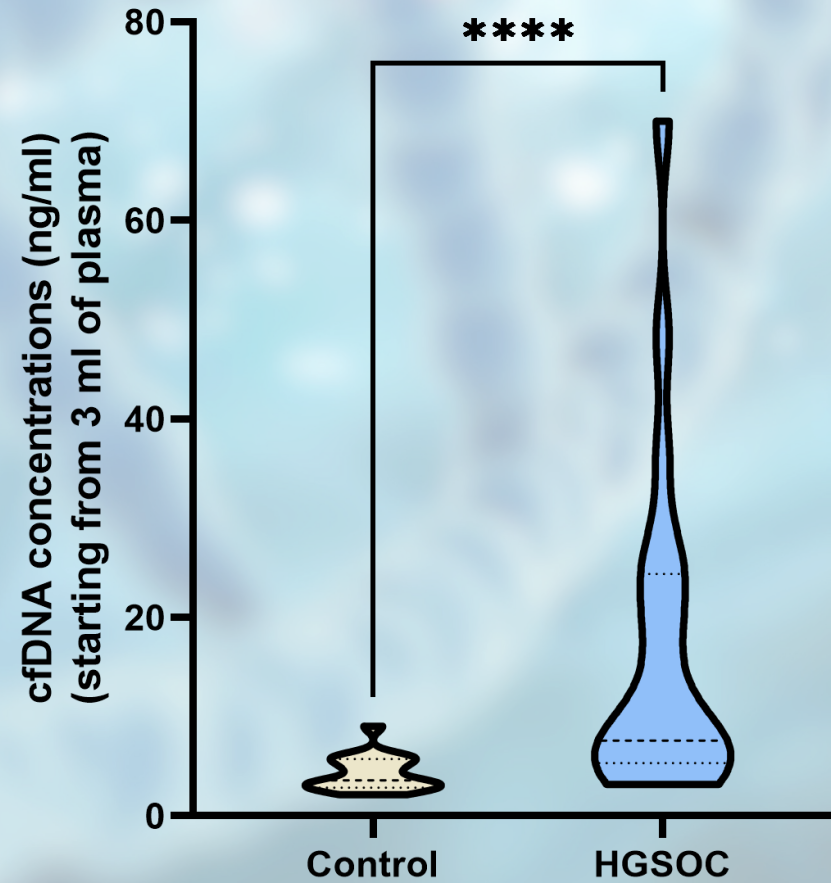
1) Cell-free DNA library construction



2) Ultra low-pass whole-genome sequencing (0.1x)

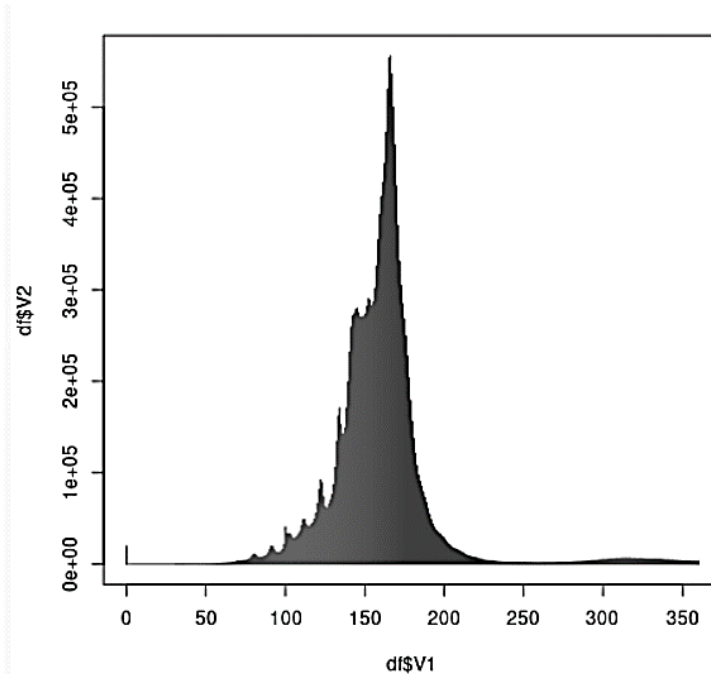


Distribution of plasma cfDNA concentration



Based on cfDNA concentrations, the HGSOc patient and control groups are **significantly different**.

Fragment length distribution



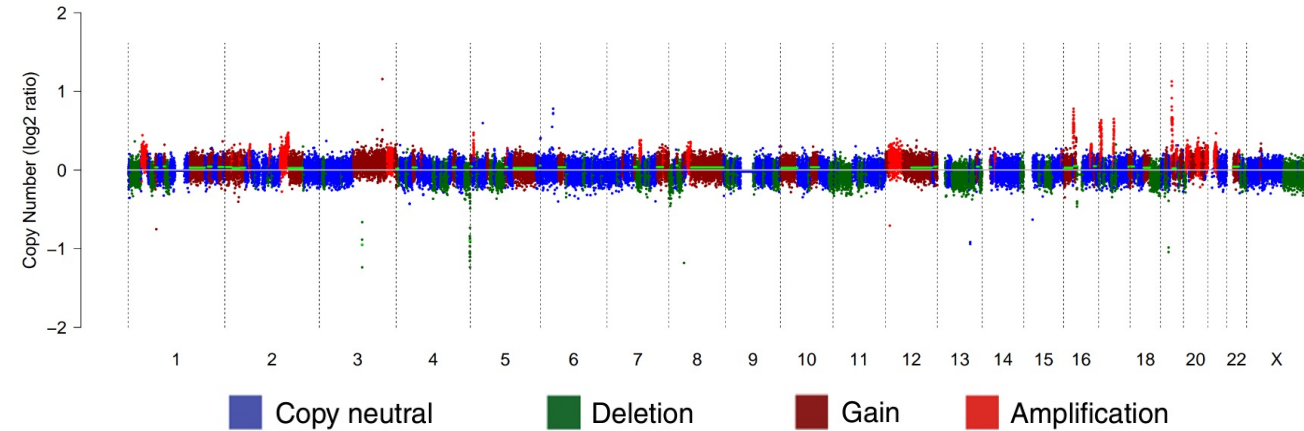
Mean fragment size comparison:

- Mean of **ovarian cancer** samples: **172,31** bp
- Mean of **controls**: **177,25** bp

Welch Two sample t-test: $t = -2.8197$, $df = 22.555$, $p\text{-value} = 0.009832$

- the **average length of cfDNA fragments** is typically longer than the size of tumor-derived fragments
- **significant differences** between cfDNA fragments from control and HGSOC samples

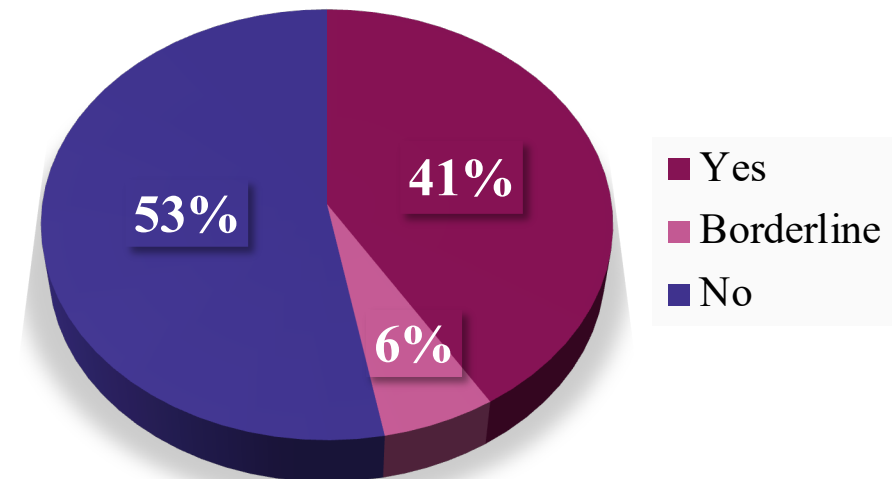
Representative figure of genome-wide copy number from sWGS (~1x coverage):



- **Large Genomic Alteration:**
CNA length ≥ 10 mbp
- **HRD:**
cut-off value: LGA > 20 variants



Distribution of HRD status



HRD status	Number of samples	LGA variants range
Yes	7	25-48
Borderline	1	19
No	9	0-7

Shallow whole genome
sequencing
of cell-free DNA



cost-effective
method



selection of
personalized therapy
for ovarian cancer patients
based on their HRD status

Further plans:

- Comparison of our HRD results with results from tissue samples
- detecting HRD status in follow-up HGSOE plasma samples
- further investigations are planned on a larger patient cohort

Thank you for your attention!

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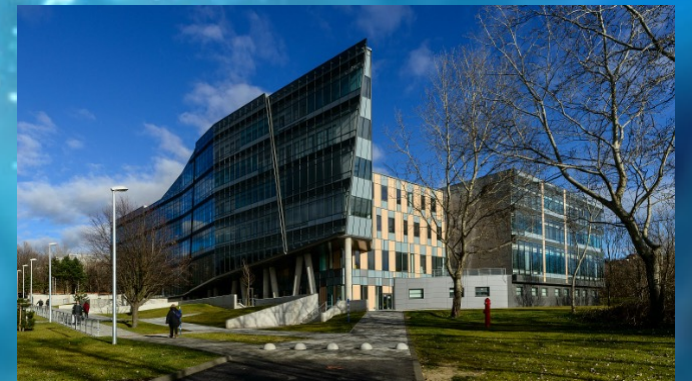
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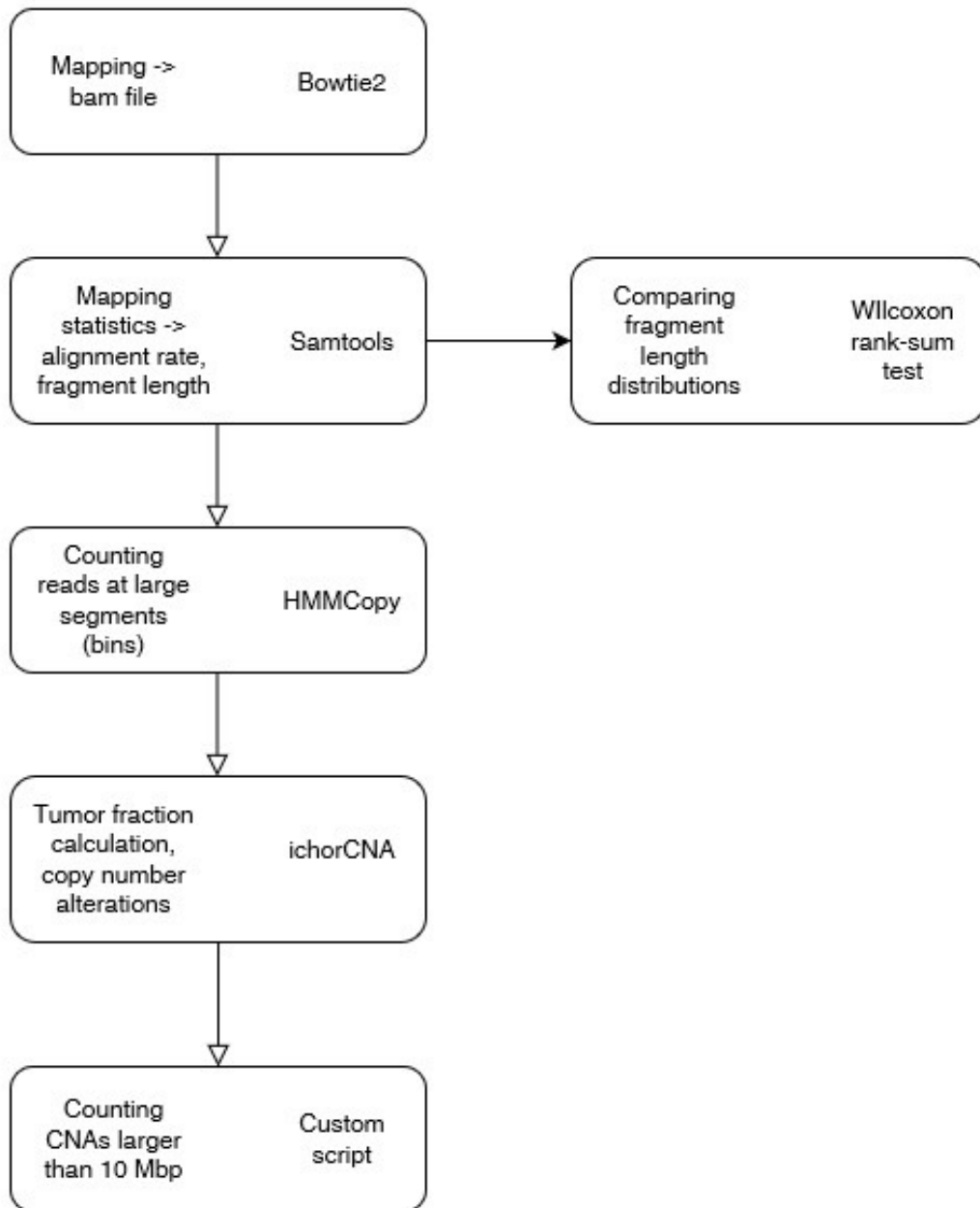
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sWGS workflow
2024jan



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