



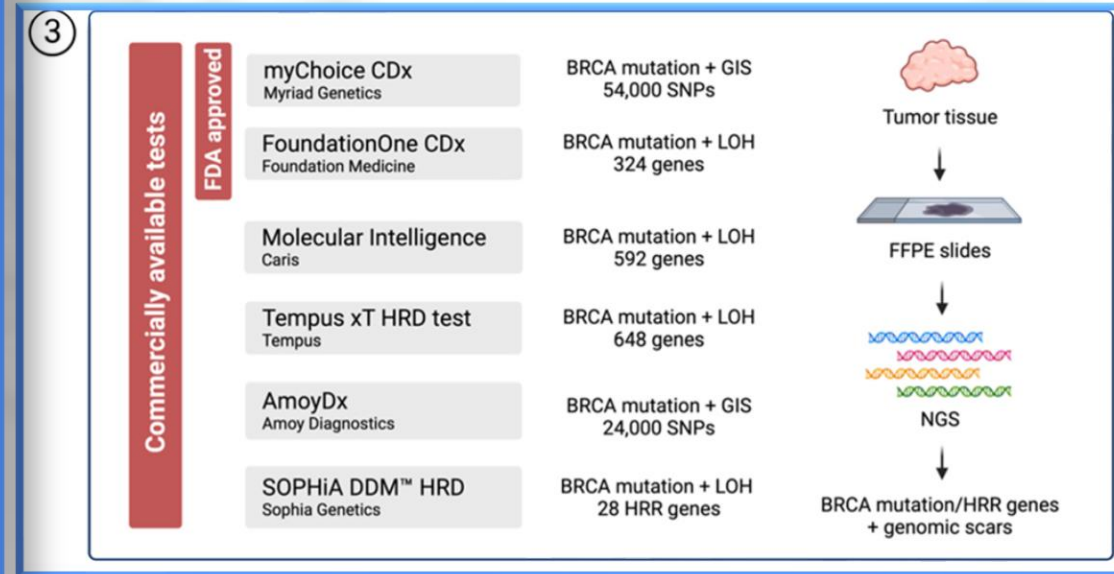
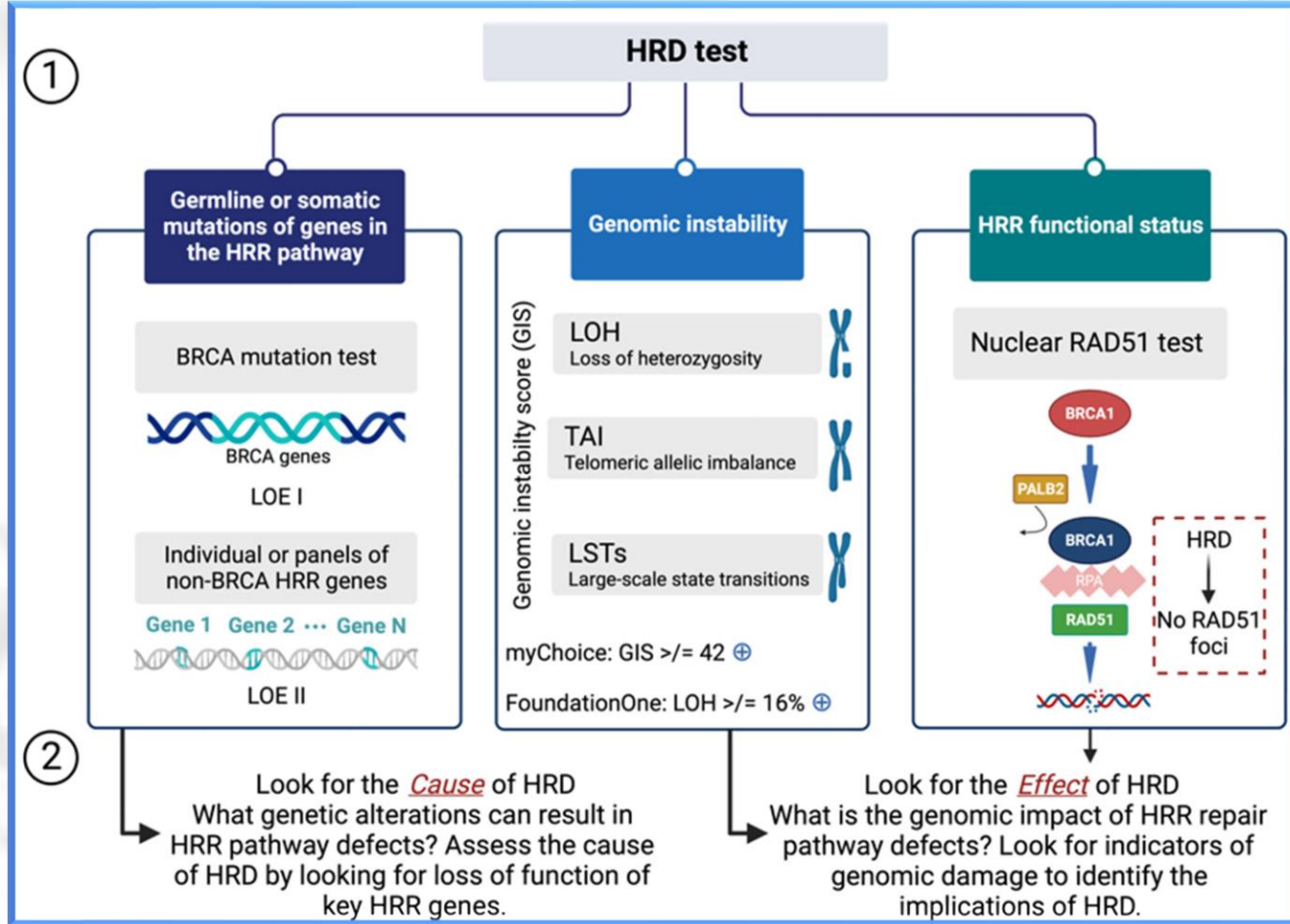
NEW PERSPECTIVES OF CLINICAL RESEARCH IN GYNECOLOGICAL CANCER
30 GIUGNO - 1 LUGLIO 2023 UNIVERSITÀ DEGLI STUDI DI PISA



TEST ACCADEMICI PER LA VALUTAZIONE DELL'HRD E IMPATTO SU PRATICA CLINICA

Sergio Marchini



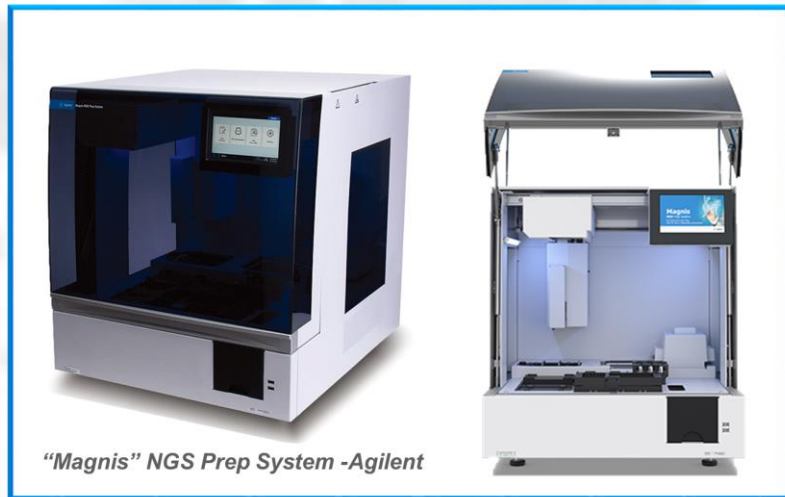


Mangogna et al., J. Pers. Med., 2023

- ✓ A library prep solution based on **hybrid-capture panel** was developed to detect in one single workflow both **SCNA (backbone-12Mb+ 2.37Mbp)** and **SNV (378 genes, 1,7Mb)**.
- ✓ Backbone was used to infer for **LOH, TAI, LST TD**.
- ✓ **378** genes belong to the HR pathway (**BRCA1/2,, BRIP1 BARD1, PALB2, RAD51C/D**) MMR, PARPi resistance (**TP53BP1**) and actionable targets..
- ✓ Pipeline analysis has been developed by our “Bio-informatic’ team” and locally run on our servers.

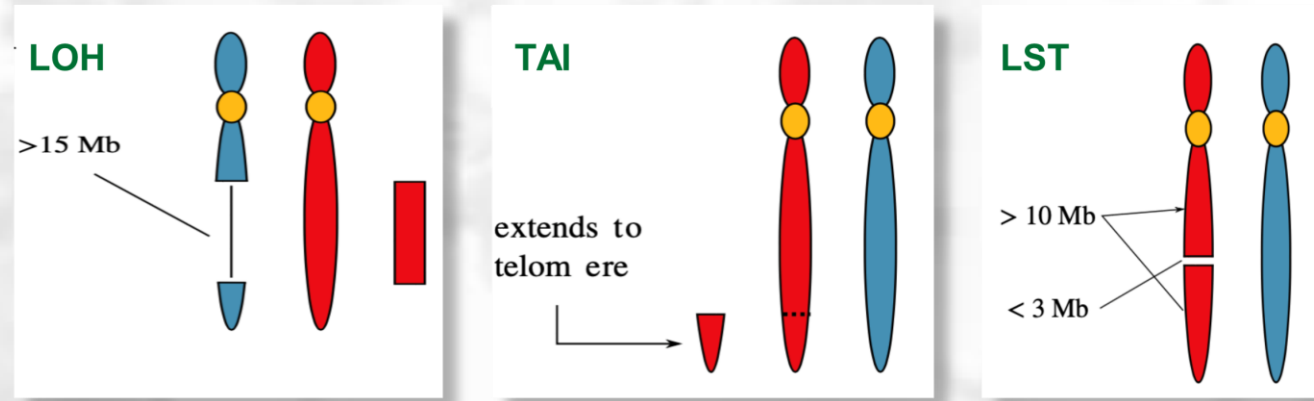


- ✓ It works with 50-70 ng of both snap frozen and FFPE tumor biopsies, with low tumor purity (< **30%**).
- ✓ Libraries are prepared by a “walkaway” liquid handling solution to reduce manual biases. .
- ✓ 25 libraries are pooled and run at **200x** coverage on a benchtop sequencers (NextSeq550-Illumina).
- ✓ Turnaround time (TAT): 21 days

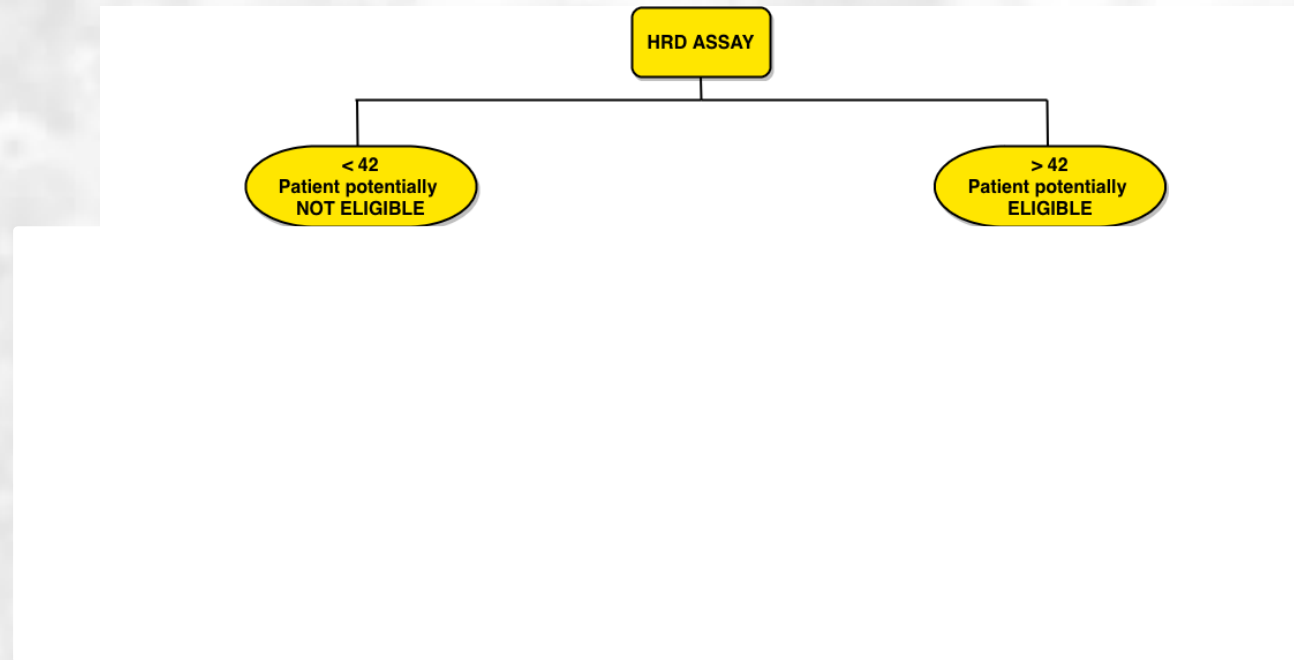




✓ Data generated allows us to infer the HRD status through the conventional parameters:



- ✓ However, the designed “**backbone**” provides the opportunity to develop **new metrics**, such as **TD** to intercept those cases with HR defects not intercepted by conventional parameters.
- ✓ The **SNV** analysis allows to analyze the mutational profiles of *BRCA* genes, CDK12 as well as other genes involved in the resistance to PARPi (*TP53BP1*).



We have developed a roadmap of experiments based on retrospective and prospective cohort of cases aimed to test the performances of our “Academic test”, in comparison with results obtained with to the benchmark test.



- 1- Ability to call the same set HRD cases
- 2- Compare the prognostic role
- 3- Evaluate whether additional biological information retrieved by our analysis improve 1 and 2.
- 4- Prospective validation: we will include our assay in a randomised clinical trials to test the clinical utility of our assay compared to the commercial available one
- 5 transfer to other clinical center for external validation of the workflow

Results from step 1 and 2 are available for the discussion

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

ESMO OPEN SCIENCE FOR OPTIMAL CANCER CARE

ORIGINAL RESEARCH

Alternative academic approaches for testing homologous recombination deficiency in ovarian cancer in the MITO16A/MaNGO-OV2 trial

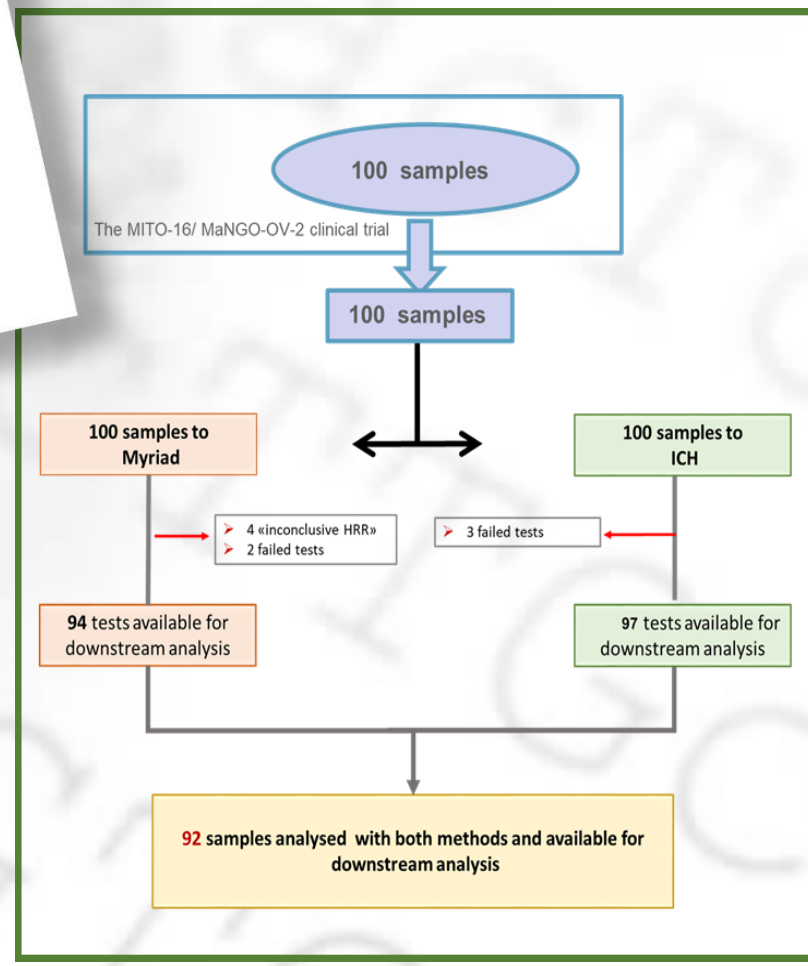
E. D. Capoluongo^{1,2†}, B. Pellegrino^{3,4,5†}, L. Arenare⁶, D. Califano⁷, G. Scambia^{8,9}, L. Beltrame¹⁰, V. Serra¹¹, G. L. Scaglione^{12,13}, A. Spina⁷, S. C. Cecere¹⁴, R. De Cecio¹⁵, N. Normanno¹⁶, N. Colombo¹⁷, D. Lorusso^{8,9}, D. Russo⁷, C. Nardelli¹², M. D'Incalci^{10,18}, A. Llop-Guevara¹¹, C. Pisano¹⁴, G. Baldassarre¹⁹, D. Mezzanatica²⁰, G. Artioli²¹, M. Setaro¹², G. Tasca²², C. Roma¹⁶, N. Campanini²³, S. Cinieri²⁴, A. Sergi^{10,25}, A. Musolino^{3,4,5}, F. Perrone⁷, P. Chiodini²⁶, S. Marchini^{10†} & S. Pignata^{14†*}

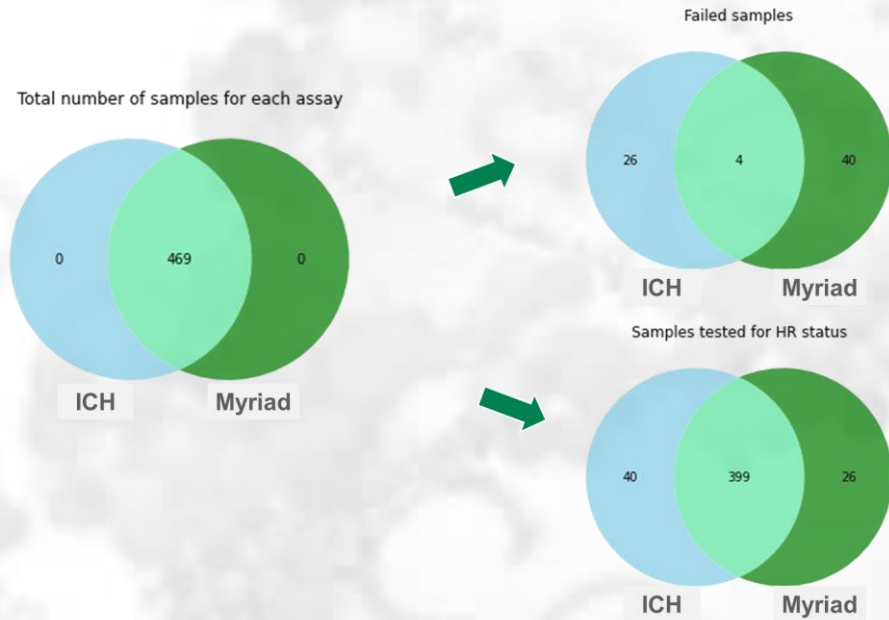
		Myriad			Total
		HRD	HRR	HRP	
ICH	HRD	53	6		59
	HRP	1	32		33
Total		54	38		92

		Myriad			Total
		HRD	HRR	HRP	
ICH	HRD	53	6		59
	HRP	1	32		33
Total		54	38		92

Sens: 98.1
 PPV: 89.8
 Spec: 84.2
 NPV: 97.0

- Agreement rate= 0.92 (0.87-0.98)
- K Cohen = 0.84 (0.72 – 0.96)





ICH assay	Myriad		Total
	HRD	HRP	
HRD	214	23	237
HRP	14	148	162
Total	228	171	399



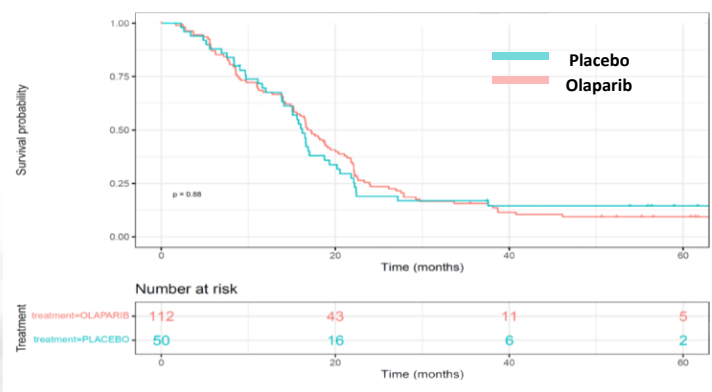
- ✓ Dropout rate= ICH 6,4%; Myriad= 9,4%
- ✓ Agreement Rate = 90.73%
- ✓ Sensitivity = 93.86% (95% CI: 89.91%- 96.60%)
- ✓ Specificity = 86.55% (95% CI: 80.50% -91.28%)
- ✓ Cohen's K = 0.809 (95% CI from 0.751 to 0.868)



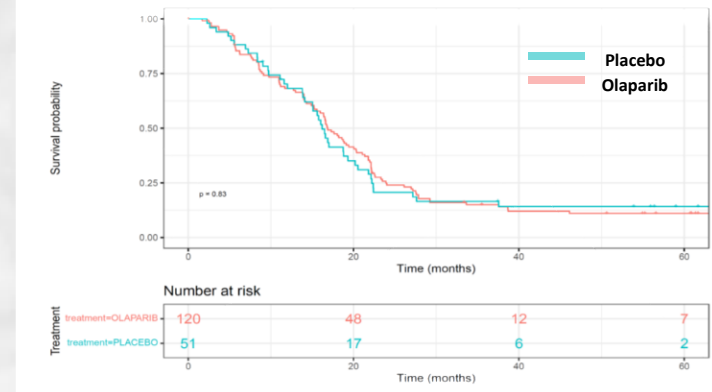
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Myriad

HRP

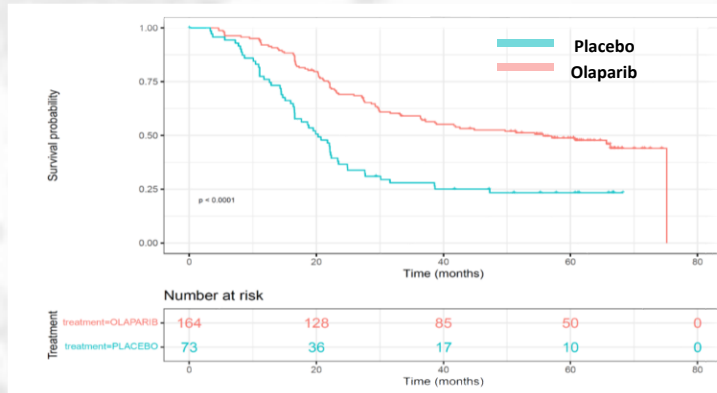


HR (Olaparib vs Placebo): 0,973 (0,71-1,477); $p=0,88$

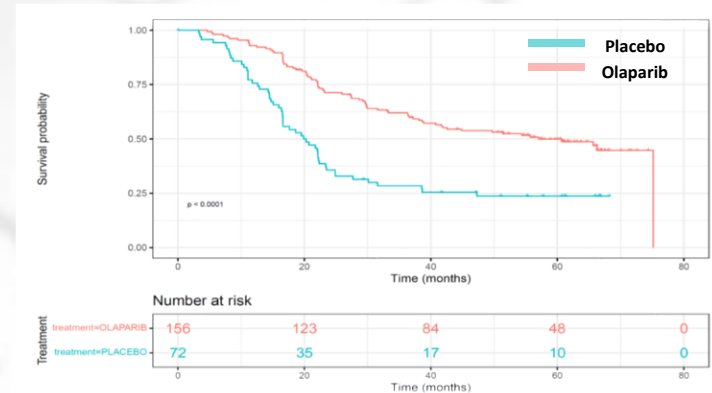


HR (Olaparib vs Placebo): 0,963 (0,72-1,48); $p=0,83$

HRD



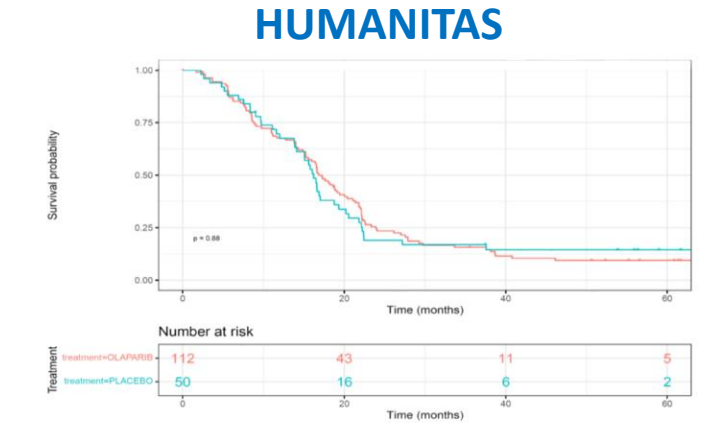
HR (Olaparib vs Placebo): 0,44 (0,31-0,62); $p<0,0001$



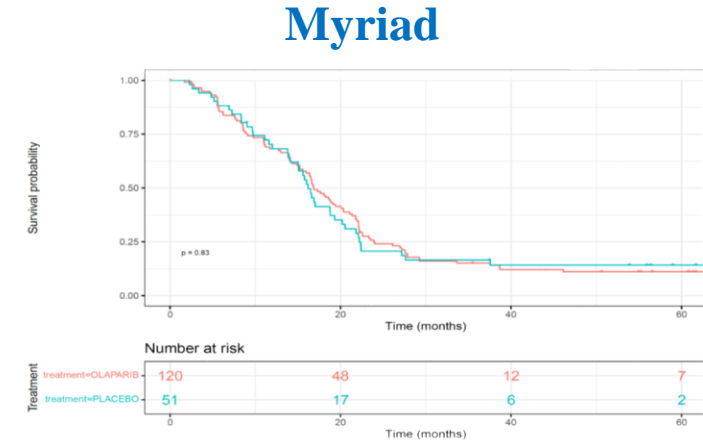
HR (Olaparib vs Placebo): 0,419 (0,294-0,595); $p<0,0001$



HRP
BRCA^{+/+}

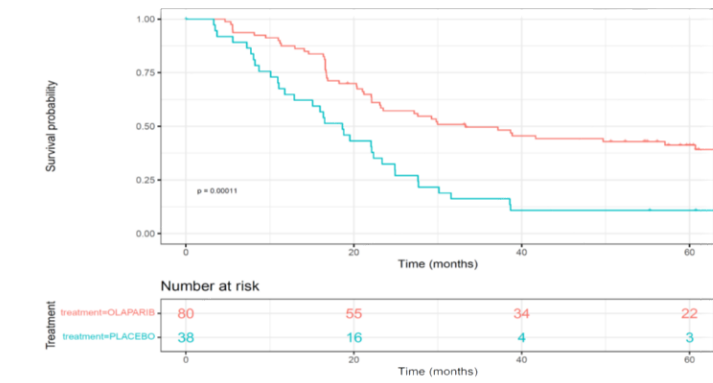


HR (Olaparib vs Placebo): 0,97 (0,677-1,39); p=0,88

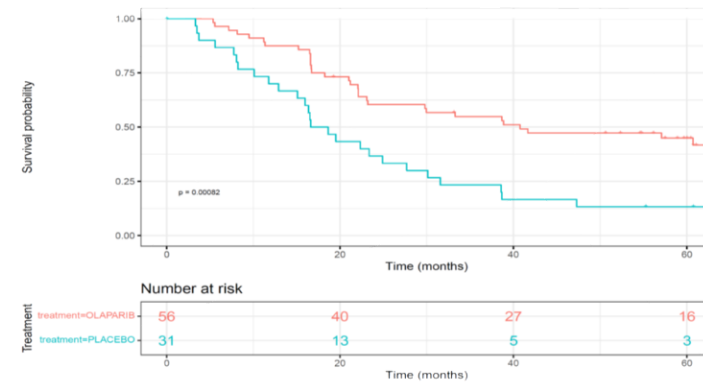


HR (Olaparib vs Placebo): 0,96 (0,674-1,375);p= 0,83

HRD
BRCA^{+/+}



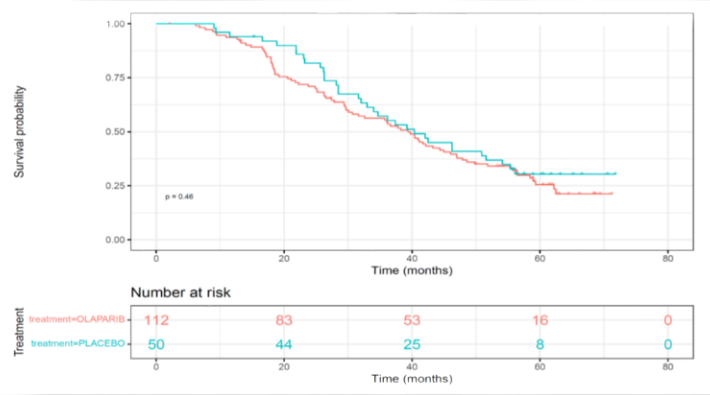
HR (Olaparib vs Placebo): 0,42 (0,27-0,66); p<0,00011



HR (Olaparib vs Placebo): 0,42 (0,25-0,71); p= 0,00082

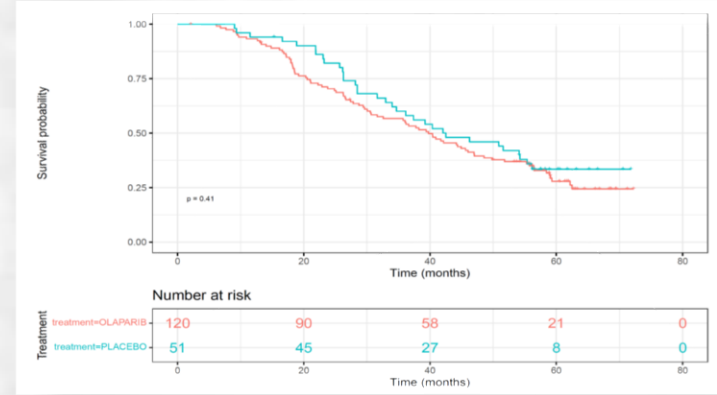


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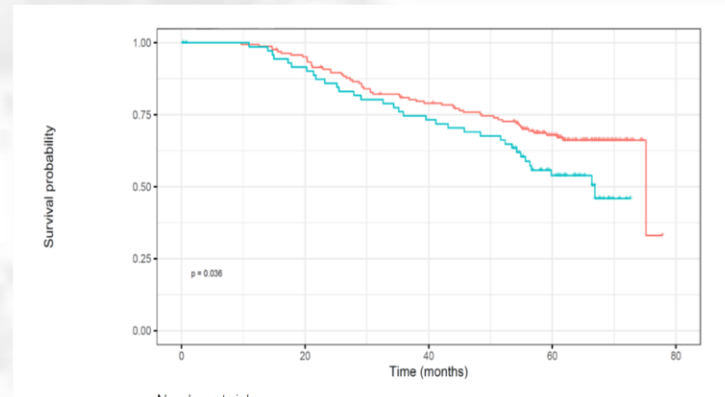
HR (Olaparib vs Placebo): 1,161 (0,77-1,7); $p=0,46$

Myriad

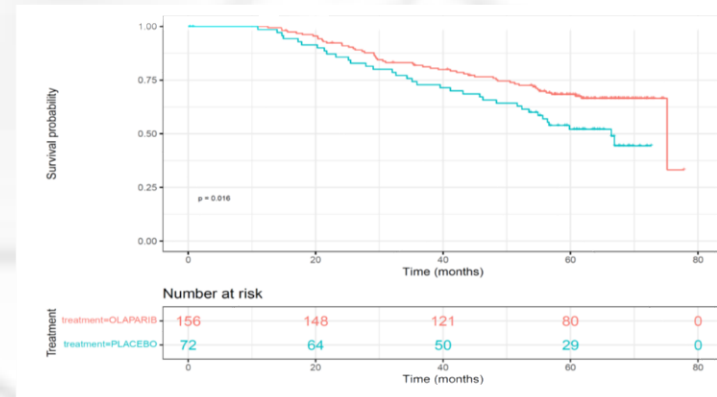


HR (Olaparib vs Placebo): 1,182 (0,78-1,78); $p=0,41$

HRP



HR (Olaparib vs Placebo): 0,63 (0,4-0,97); $p=0,036$



HR (Olaparib vs Placebo): 0,59 (0,38-0,9) $p=0,016$

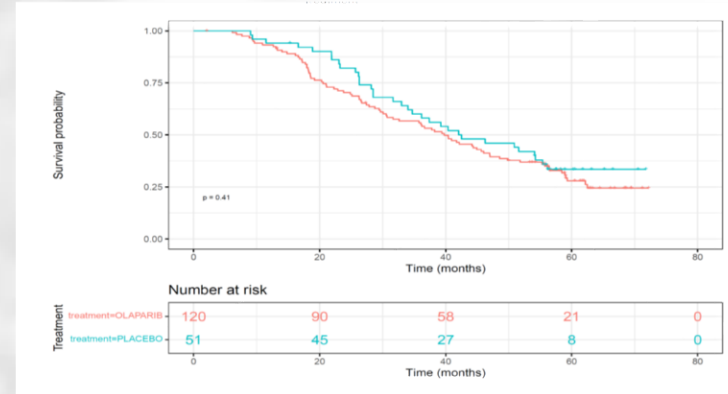
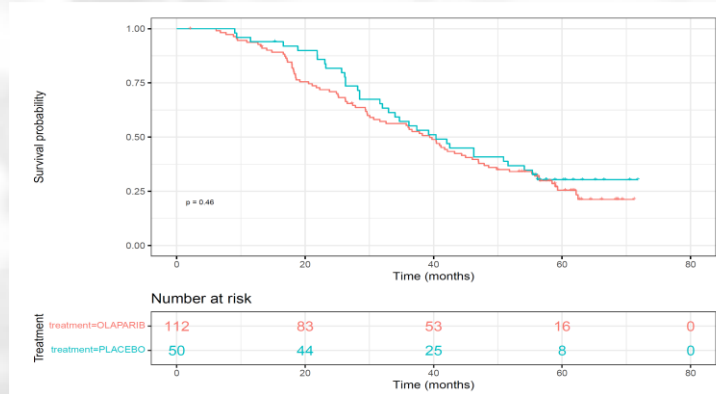
HRD



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Myriad

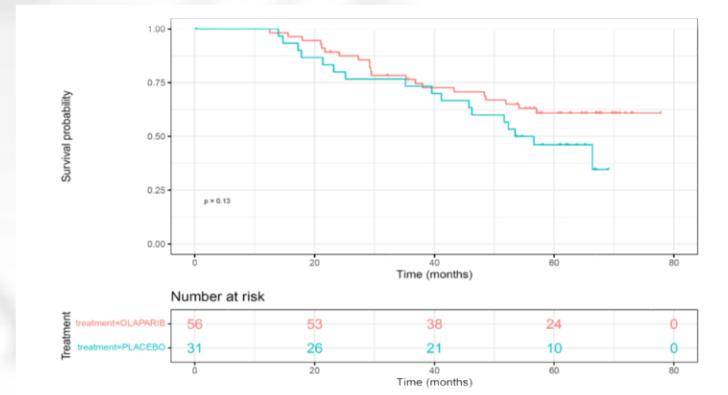
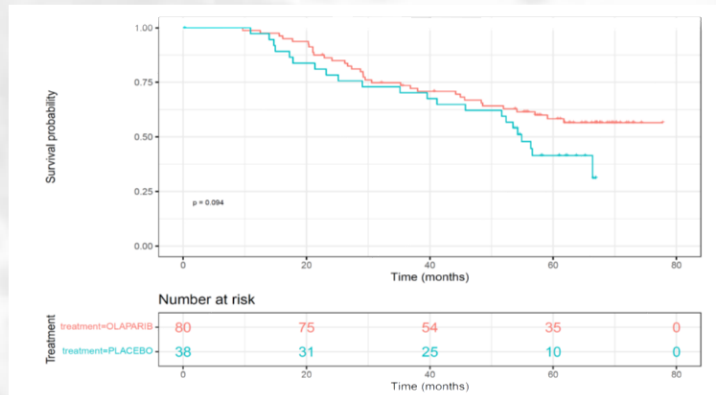
HRP
BRCA+/-



HR (Olaparib vs Placebo): 1,161 (0,86-1,7); $p=0,46$

HR (Olaparib vs Placebo): 1,182(0,78-1,7); $p=0,41$

HRD
BRCA+/-



HR (Olaparib vs Placebo): 0,632 (1,089-1,5); $p=0,094$

HR (Olaparib vs Placebo): 0,61 (0,32-1,16); $p=0,13$



TAKE HOME MESSAGE

- ✓ A high level of concordance of the **ICH** assay with the HRD status collected with benchmark test was reported.
- ✓ This high concordance was paralleled with a very low failure rate, therefore suggesting the feasibility of **ICH** assay.
- ✓ FTO analysis revealed a possible patent infringement with Myriad MyChoice assay.
- ✓ We are still working on the possibility to introduce novel metrics in the analysis to improve the selection of case eligible for PARPi therapy (TD) or to predict intrinsic resistance to PARPi treatment.



Acknowledgments



- ✓ Dr. Merce Guzman Vendrell
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- ✓ Eng. Laura Mannarino
- ✓ Dr. Luca Beltrame
- ✓ Eng. Aldo Sergi
- ✓ Prof. Maurizio D'Incalci



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