Ricerca traslazionale: la biopsia liquida nel tumore dell'ovaio







A test done on a sample of blood to look for cancer cells from a tumor that are circulating in the blood or for pieces of DNA from tumor cells that are in the blood. A liquid biopsy may be used to help find cancer at an early stage. It may also be used to help plan treatment or to find out how well treatment is working or if cancer has come back. Being able to take multiple samples of blood over time may also help doctors understand what kind of molecular changes are taking place in a tumor.

From the "NCI's Dictionary of Cancer Terms"

Liquid biopsy

A new path



SNV as well as SCNA can be identified in the plasma to discriminate cfDNA from ctDNA

ctDNA in the clinical practice

Introduction

















Tracking tumor evolution over time is mandatory to improve clinical outcome of HGS-EOC patients



Turn that "strength" into a "weakness".







Cohort Selection

Pandora selection

Clinical and demographic characteristics							
Clinical appotations	N. of patients						
Clinical annotations	(%)						
Number of patients	46						
Median Age (years)	62						
Age Range (years)	21-81						
Follow up time (range) years	2 (0-4)						
Hystological type							
Serous	46 (100)						
FIGO classification							
III NA	-						
IIIA	-						
III B	1 (2)						
III C	29 (62)						
IV 16 (2) Platinum Status 24 (2) Sensitive 10 (2) Partially sensitive 10 (2) Resistant 5 (1) Refractory 5 (1) NA 2 (2)							
Platinum Status							
Sensitive	24 (52)						
Partially sensitive	10 (22)						
Resistant	5 (11)						
Refractory	5 (11)						
NA	2 (4)						
Chemotherapy							
Neo-adjuvant chemotherapy (NACT)	24 (52)						
Adjuvant chemotherapy (CT)	22 (48)						
Line of chemotherapy	/						
1	46 (100)						
1	33 (71)						
	20 (43%)						
BRCA status							
gBRCA1 mut	7 (15)						
gBRCA2 mut	3 (7)						
BRCA wt	13 (28)						
NA	23 (50)						
CA125 levels at time of diag	gnosis						
CA125 < 35 U/mL	2						
CA125 > 35 U/mL	38						
Interquantile range	264-2581						
Total number of biopsies	109						
Average biopies per patient (range)	2 (0-6)						
Total number of plasma samples	185						
Average plasma samples per patient (range)	4 (2-8)						

Retrospective study

✓ 46 HGS-EOC patients

✓ 109 solid tumor biopsies (average 2 per patient)

✓ 185 plasma samples (average 4 per patient)





Concordance analysis

ctDNA vs tDNA



At basal level, 56,8% of identified genomic regions in gain or loss are in common between plasma and matched tumor biopsies



В

Concordance analysis

Tisue Plasma

Chromosome	Cytoband	Start	End	Length (Mbp)	Туре	Frequency tissue	Frequency plasma	p-value
chr3	3q26.2	162990001	185010000	22.02	Amp	97%	87.8%	0.12
chr8	8q24.23	122490001	145138636	22.65	Amp	89%	78.05%	0.18

GISTIC analysis identified 35 recurrent genomic regions between ctDNA and tDNA.

- i. Of these, 33 have been previously annotated in TCGAtlas, as a hallmark of HGS-EOC.
- iii. 3q26.2 and 8q24.3 were the most frequenlty observed in matched plasma and tumor biopsies



Conclusions





Α

Epithelial Ovarian Cancer





The %TF in the ctDNA at basal is independently associated to PFS



Epithelial Ovarian Cancer

Post Treatment: NACT





Epithelial Ovarian Cancer

F10 5

1.5

1.0 듺

-0.5

0.0

(%)





TF outperformed CA-125 in anticipating clinical and radiological progression by 240 days (37-491)

Pt-s

Days since diagnosis

Days since diagnosis



Clonal evolution

Issues

Dynamic changes in the clonal heterogeneity composition of HGS-EOC is a critical therapeutic challenge confounding treatment of relapsed disease.



Group	Chromosome	Cytoband	Start	End	Length (Mbp)	Туре	Frequency Plasma (T0)	Frequency Plasma (follow up)	pvalue (T0 vs follow up)	pvalue (follow up vs T0)
	chr11	11q13.3	63990001	78510000	14,52	Amp	68.29%	56.58%	0.21	1
	chr19	19p13.11	13490001	23010000	9,52	Amp	65.85%	85.53%	1	0.16
	chr19	19q13.42	49490001	58617616	9,13	Amp	60.98%	86.84%	1	0.05

The genomic landscape composition of post-treatment is less heterogeneous than that reported in paired pre-treatment samples





21543-BRCA1



- As a proxy for tumor tissue profiling, successful blood biopsy analysis can help to select appropriate patients for clinical trials, provide useful data for treatment monitoring, and discover genomic features of relapsed disease.
- TF and CNI parameters can be derived from shallow whole genome sequencing and can be used to:
 - predict time to relapse better than CA-125
 - •Dissect the biology of relapsed disease (at both SNV and SCNA level)
 - Independent prognostic biomarker
- We do strongly believe that , after additional validation experiments, sWGS anlaysis of ctDNA should be enter into MaNGO in clinical trial as:
 - Cheap
 - Short tourn-around time
 - Informative on the biology and outcome of HGS-EOC patients

Dept. of Oncology Antitumoral Farmacology Lab.

Lara Paracchini Luca Beltrame Alessia Inglesi Maurizio D'Incalci

CLOUD 4 CARE

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Alessandra Bono FONDAZIONE ONLUS



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