

ESMO ADVANCED COURSE ON BIOMARKERS FOR PRECISION MEDICINE:

Session 2: New Technologies for Precision Medicine

GENE FUSIONS

Caterina Marchiò - *University of Turin, Pathology Unit at FPO-IRCCS Candiolo Cancer Institute*

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caterina.marchio@unito.it



DISCLOSURE OF INTEREST

Consultancy fees from Daiichi Sankyo, MSD, Bayer, Roche, Cor2ED

OUTLINE

Gene Fusions

- Gene fusions: what are they?
- Gene fusions in cancer
- Identification/testing methodologies and challenges
 - Available techniques: rationale, outputs, caveats
 - Strategy for testing: possible algorithms
 - Open questions, challenges

CANCER DEVELOPMENT AND GENETIC ABNORMALITIES



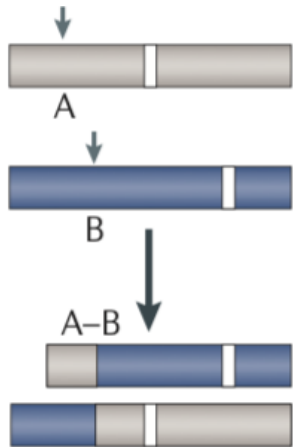
Cancer is a genetic disease at the cellular level, with two dominating types of initiating genetic events identified:

- ① the **inactivation of genes** by *deletion, mutation* or *epigenetic mechanisms*
- ① the **activation or deregulation of genes** as a consequence of *point mutation, amplification* or *balanced cytogenetic abnormalities*

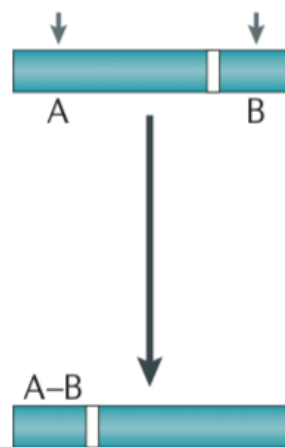
GENE FUSION

A hybrid gene formed from two previously separate genes
=> It can occur as a result of:

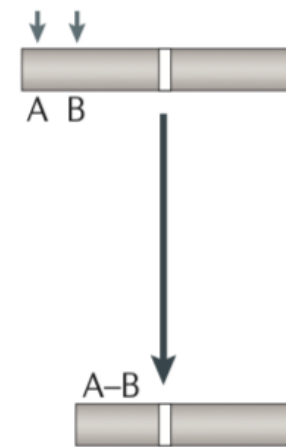
Translocation



Chromosomal inversion

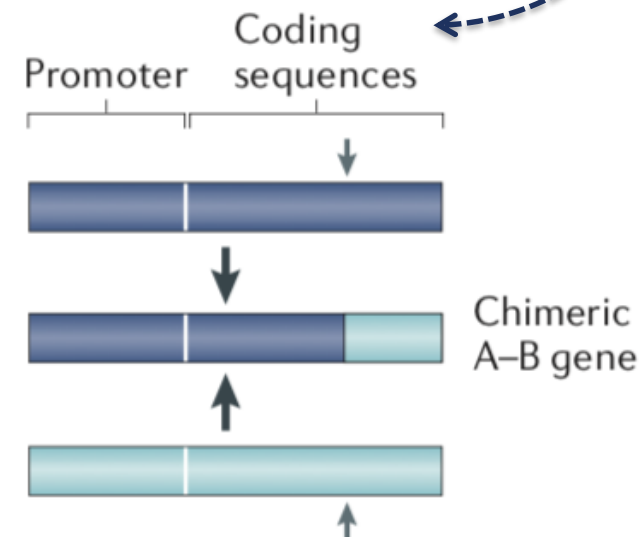
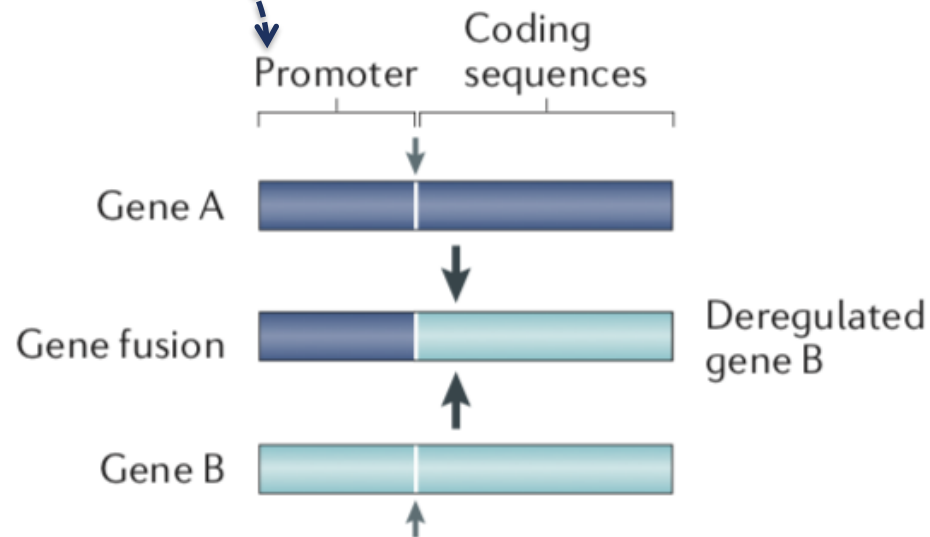


Interstitial deletion



EFFECT OF A GENE FUSION

Gene fusions exert their tumorigenic action by two alternative mechanisms: overexpression of a gene in one of the breakpoints or the creation of a hybrid gene through the fusion of two genes, one in each breakpoint.



Deregulated gene B

Chimeric A-B gene

In-frame fusion

One partner in such fusions is often a kinase and the fusion event often maintains kinase activity



Transcription and translation

Expression of the protein

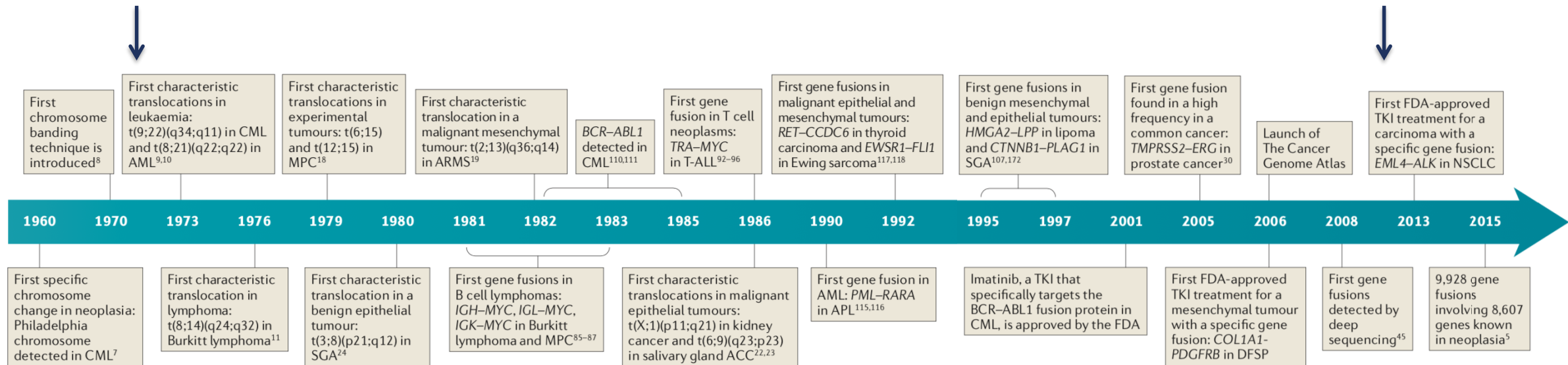
Constitutive activation and augmented downstream signaling with deregulation of the function of genes affecting cell growth and physiological processes:

- Proliferation (↑)
- Apoptosis (↓)
- Differentiation (↓)

Fusion genes have oncogenic properties

FUSION GENES IN CANCER AND THERAPEUTIC OPPORTUNITIES

The first specific translocation identified in human neoplasia:
t(9;22)(q34;q11) => resulting in the Philadelphia chromosome,
revealing a fusion of the *BCR* and *ABL1* genes

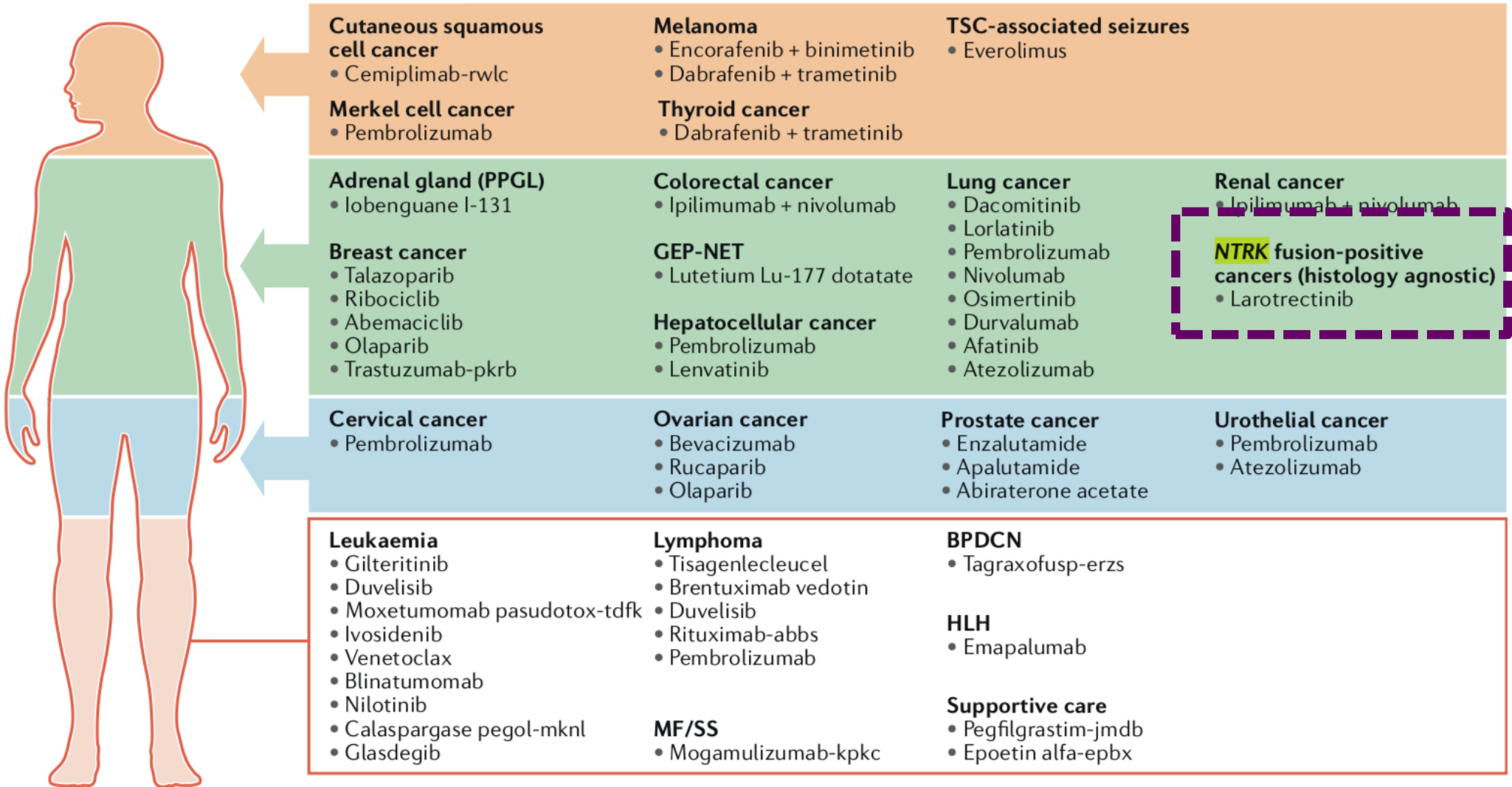


Approvals in 2018: a histology-agnostic new molecular entity, novel end points and real-time review

Gideon M. Blumenthal* and Richard Pazdur

2019 update:
FDA approval
- Larotrectinib
- Entrectinib

EMA approval
Larotrectinib



Sept 2019

CANCER DISCOVERY

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Nov 18, 2019

First RET Inhibitor on Path to FDA Approval

LIBRETTO-001 phase I/II trial

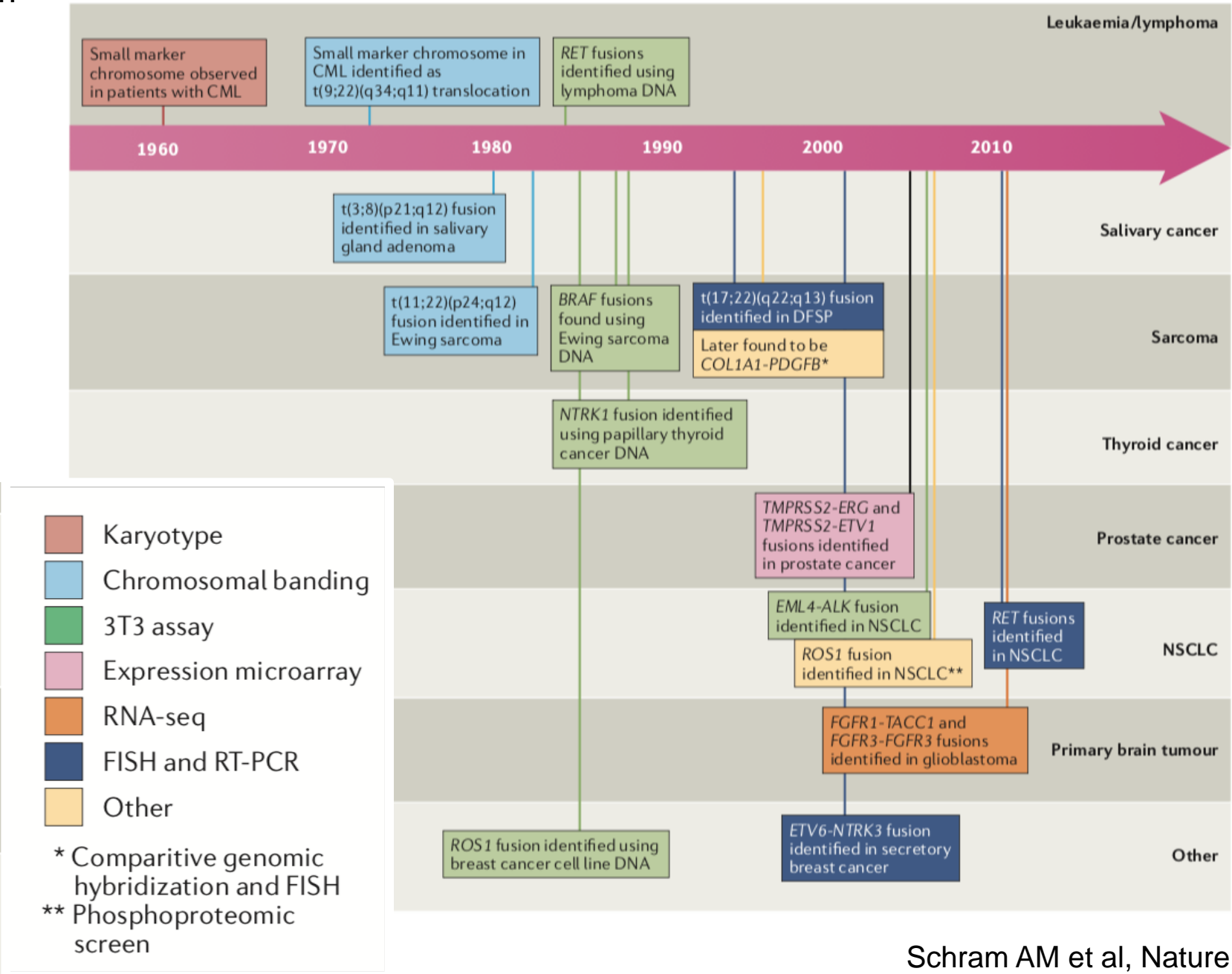


RET inhibitor selpercatinib (Loxo-292) in patients with advanced solid tumors, including *RET* fusion-positive solid tumors, MTC, and other tumors with *RET* activation

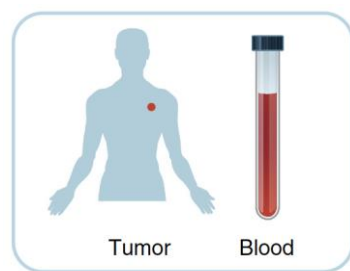
Investigators in the LIBRETTO-001 phase I/II trial presented new data on the experimental RET inhibitor selpercatinib at the 2019 World Conference on Lung Cancer. The agent produced robust responses in patients with *RET*-altered non–small cell lung cancer who had already received multiple therapies, raising hopes that it will soon receive FDA approval.



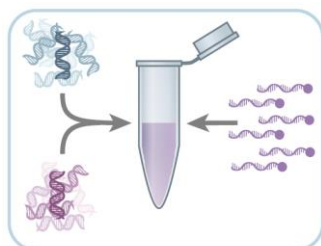
Identification of selected oncogenic fusions in various malignancies and the methods used to detect them



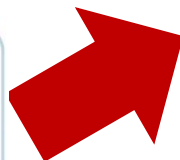
NEXT GENERATION SEQUENCING



2. Sample accessioning



3. Sample preparation



Sequencing

Bioinformatics

Mutations

Amplifications

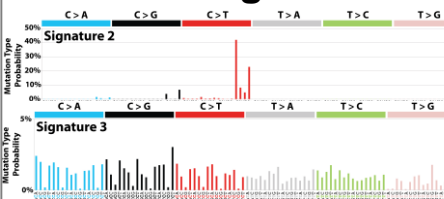
Homozygous deletions

Rearrangements



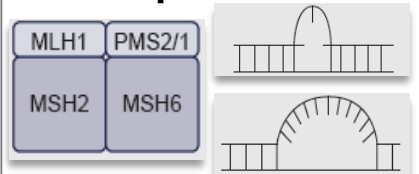
Fusion genes

Mutation signatures



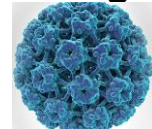
Carcinogens (smoking, UV)
DNA repair defects (HRD, MSI)
Genotoxic insults

DNA repair defects



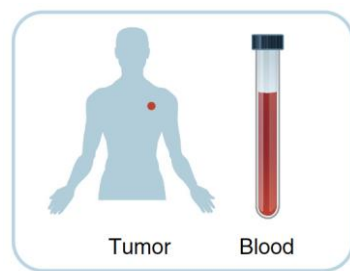
HRD
Microsatellite instability

Pathogens

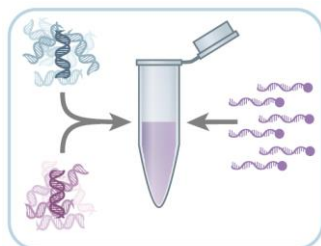


Viruses (HPV)
Bacteria

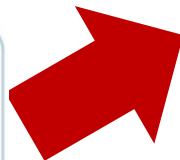
NEXT GENERATION SEQUENCING



2. Sample accessioning



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Sequencing

Bioinformatics

Mutations

Amplifications

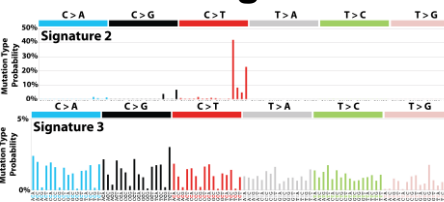
Homozygous deletions

Rearrangements



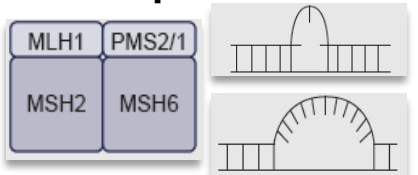
Fusion genes

Mutation signatures



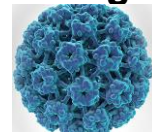
Carcinogens (smoking, UV)
DNA repair defects (HRD, MSI)
Genotoxic insults

DNA repair defects



HRD
Microsatellite instability

Pathogens

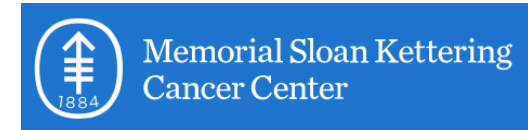


Viruses (HPV)
Bacteria

DETECTION OF GENE REARRANGEMENTS ACROSS DIFFERENT TUMOR TYPES



Mutational landscape of metastatic cancer revealed from prospective clinical sequencing of 10,000 patients



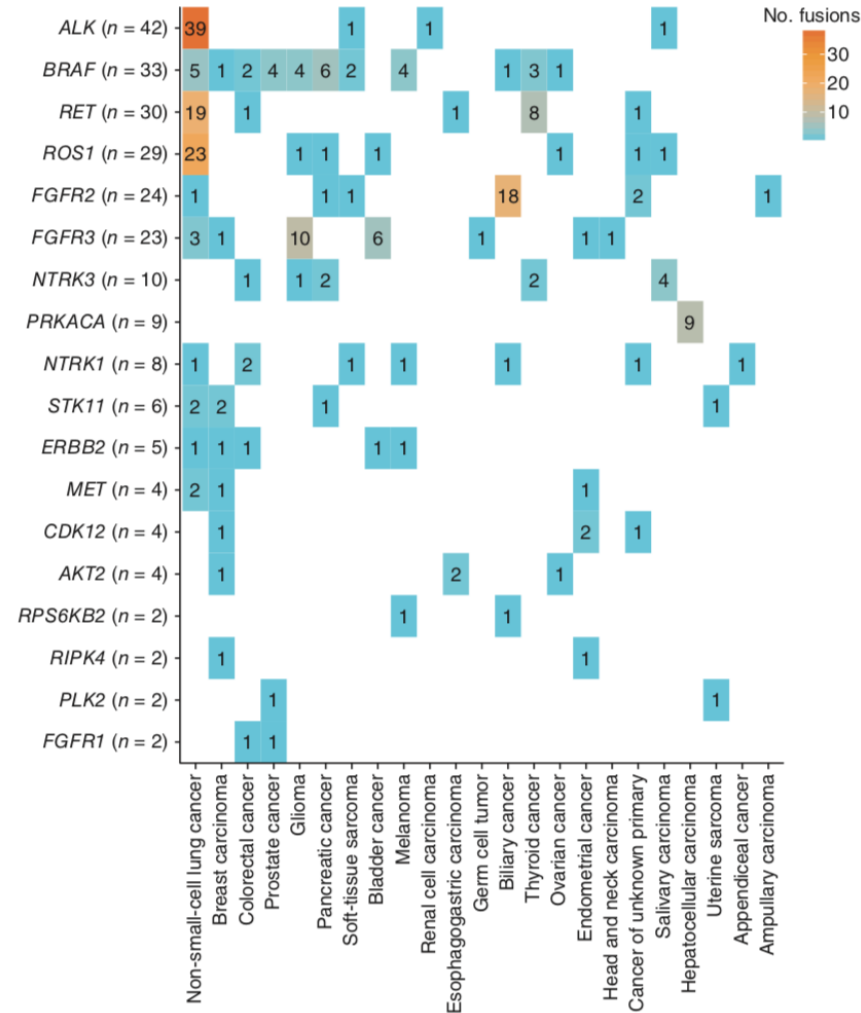
- Genomic rearrangements, many of which produced putative gene fusions, were reported in 1,597 individuals (15%)
- Of all the gene fusions identified by MSK-IMPACT, 35% (n = 268 fusions) involved kinase genes and encompassed all or part of the kinase domain

DETECTION OF GENE REARRANGEMENTS ACROSS DIFFERENT TUMOR TYPES

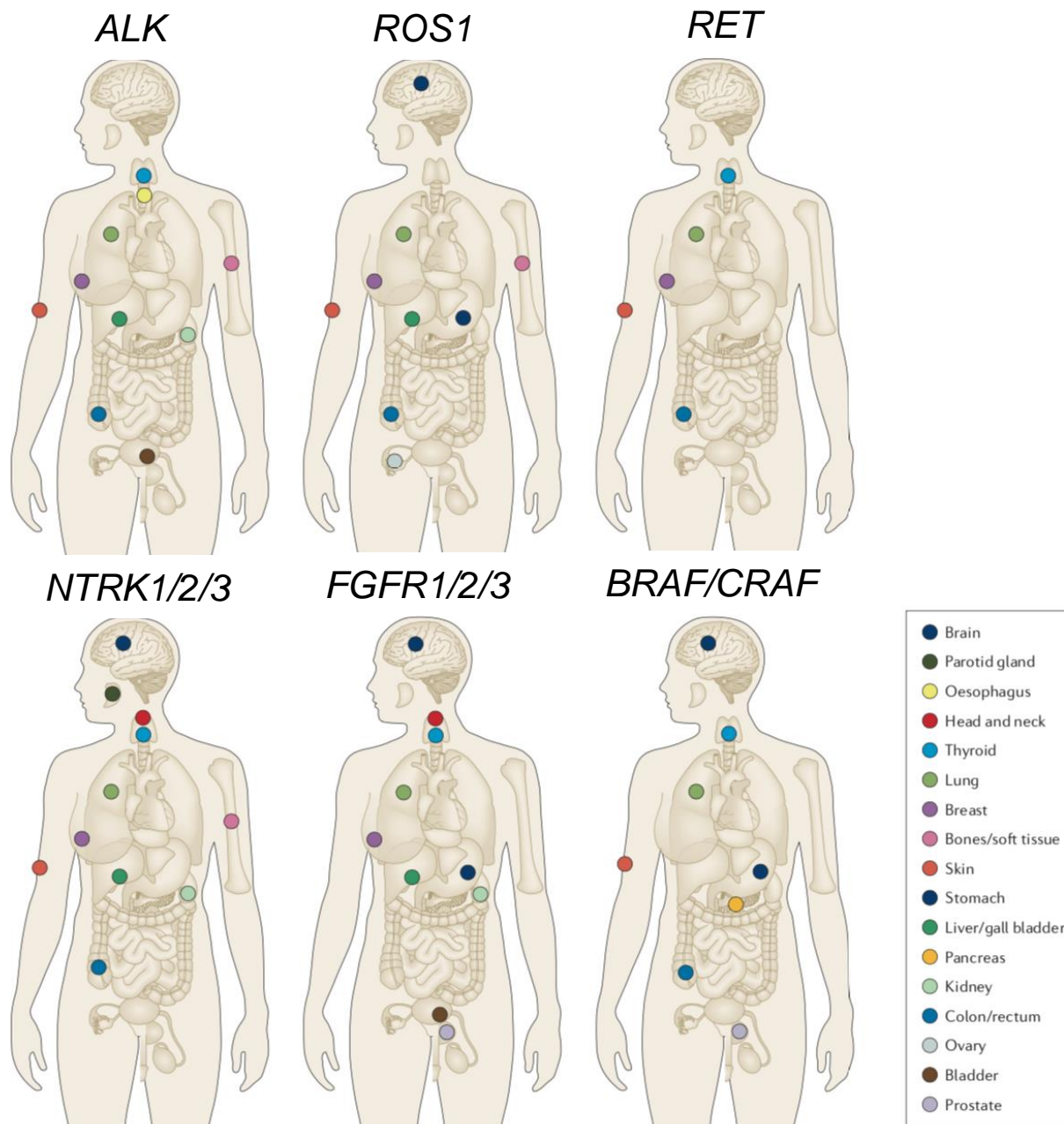


Spectrum of kinase
fusions identified by **MSK-
IMPACT** in a **clinical
sequencing of 10,000
malignancies**

N=268, $\cong 2.7\%$



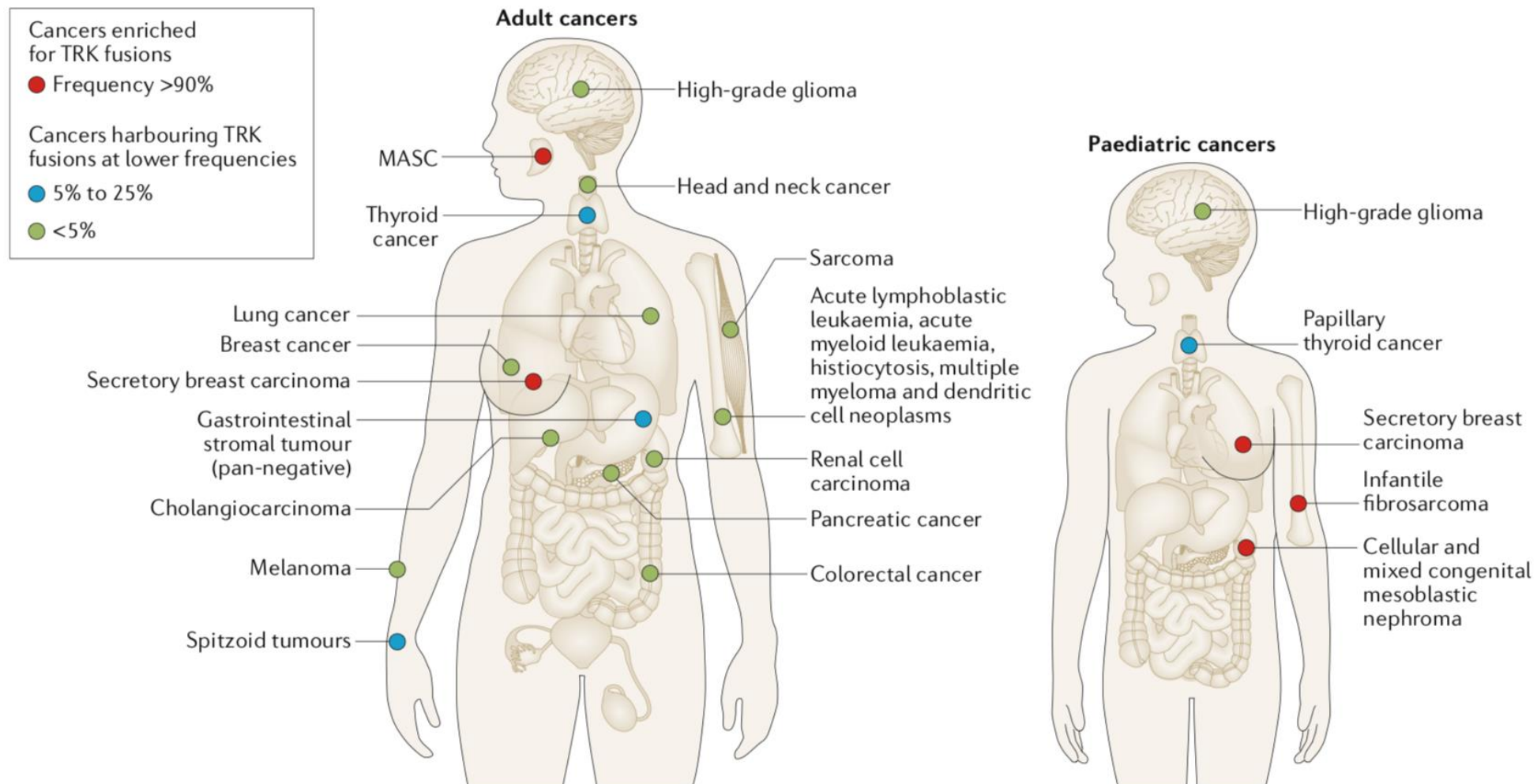
=> Although certain
kinase fusions were
enriched in particular
lineages, others occurred
widely across cancers



=> In the MSKCC series, gene fusions involving *ALK*, *RET* and *ROS1*, for which effective targeted therapies exist in lung cancer, were found in 11 additional tumor types

Zehir A et al, Nature Medicine 2018

NTRK FUSIONS ACROSS TUMOR TYPES



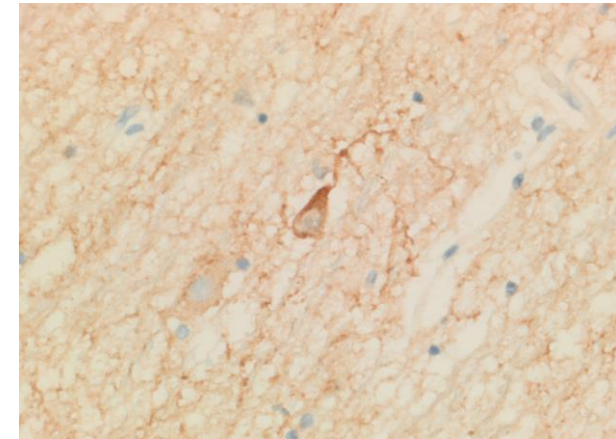


NEUROTROPHIC TROPOMYOSIN RECEPTOR KINASE (NTRK)

- ***NTRK1***
 - 1q21-q22 – TRKA
- ***NTRK2***
 - 9q22.1 – TRKB
- ***NTRK3***
 - 15q25 – TRKC
- Tyrosine kinases that play roles in
 - Neuronal differentiation and development, including the growth and function of neuronal synapses and memory development

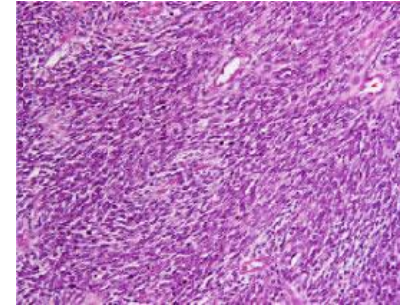
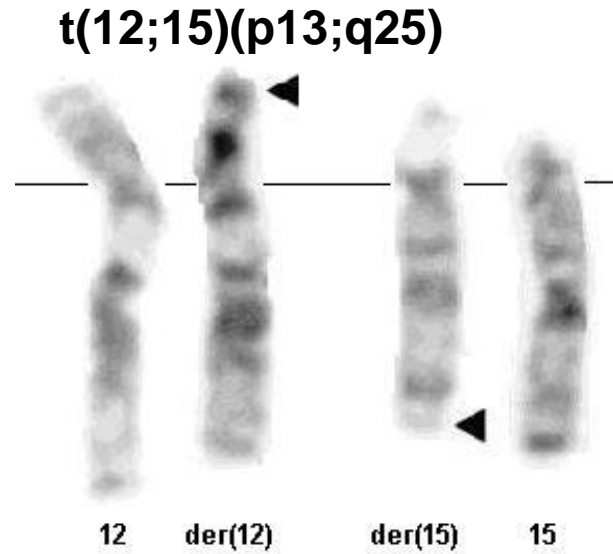
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- ***NTRK1***
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- ***NTRK3***
 - 15q25 – TRKC
- Tyrosine kinases that play roles in
 - Neuronal differentiation and development, including the growth and function of neuronal synapses and memory development
 - **Expression restricted to specific tissues** →
(*in adult tissues: smooth muscle, testes and neuronal components*)

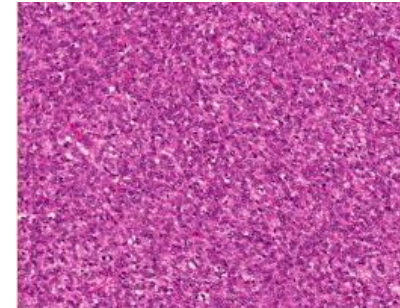


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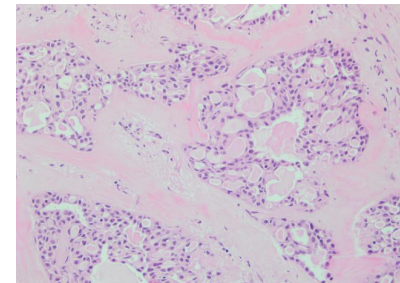
- *NTRK1*
 - 1q21-q22 – TRKA
- *NTRK2*
 - 9q22.1 – TRKB
- *NTRK3*
 - 15q25 – TRKC



**Congenital
fibrosarcoma**



**Cellular
mesoblastic
nephroma**



**Secretory
carcinoma**

NTRK FUSIONS ACROSS TUMOR TYPES



High frequency in special histologic types

- Secretory breast carcinoma
- Mammary analogue secretory carcinoma of the salivary glands (MASC)
- Congenital infantile fibrosarcoma

ETV6-NTRK3 rearrangement

>95%

Low frequency in common forms of different types of cancers

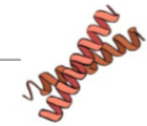
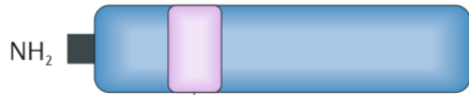
- Thyroid PTC
- GIST (lacking canonical *KIT/PDGFR*/*RAS* alterations)
- Lung cancer
- Carcinomas of the GI tract
- Melanoma
- Sarcomas
- Gliomas
- Acute myeloid and acute lymphoblastic leukemias

NTRK1, NTRK2, NTRK3 rearrangements

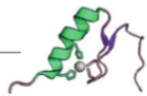
<1% (\cong 0.2%)

NTRK rearrangements create chimaeric genes

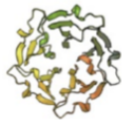
Known dimerization domain



Coiled coil domain



Zinc finger domain



WD domain

MPRIIP	TPM3	TPR
TFG	ARHGEF2	LMNA
SQSTM1	TRIM63	PPL
TRIM24	PAN3	SQSTM1
TPM4	TFG	MYO5A

IRF2BP2
TRAF2

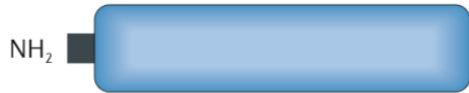
RFWD2
STRN
EML4

Alternate dimerization mechanism

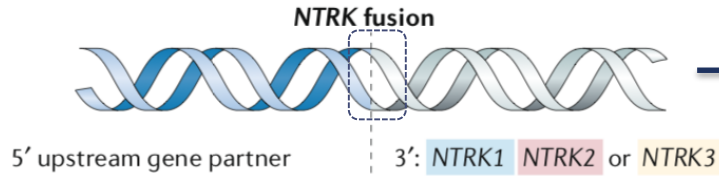


CD74	QKI	ETV6
NFASC	ETV6	BTBD1
BCAN	NACC2	
TP53	BCR	
CTRC	TLE4	

Unknown mechanism



RABGAP1L	CHTOP	AFAP1	IGFBP7
GRIPA1	LRRC71	SSBP2	MRPL24
PLEKHA6	PDE4DIP	MIR548F1	SCYL3
DAB2IP	VCL	AGBL4	AFAP1
LYN	RBPMS	UBE2R2	HNRNPA2B1



This may stem from intra-chromosomal or inter-chromosomal rearrangements

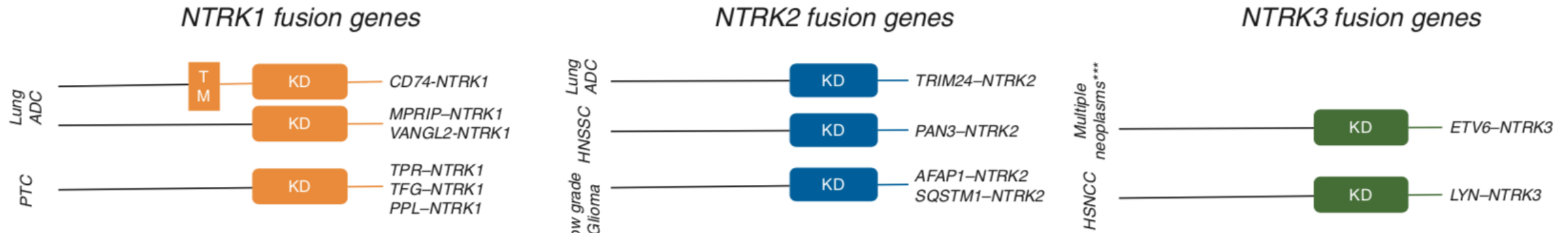


Tyrosine kinase domain

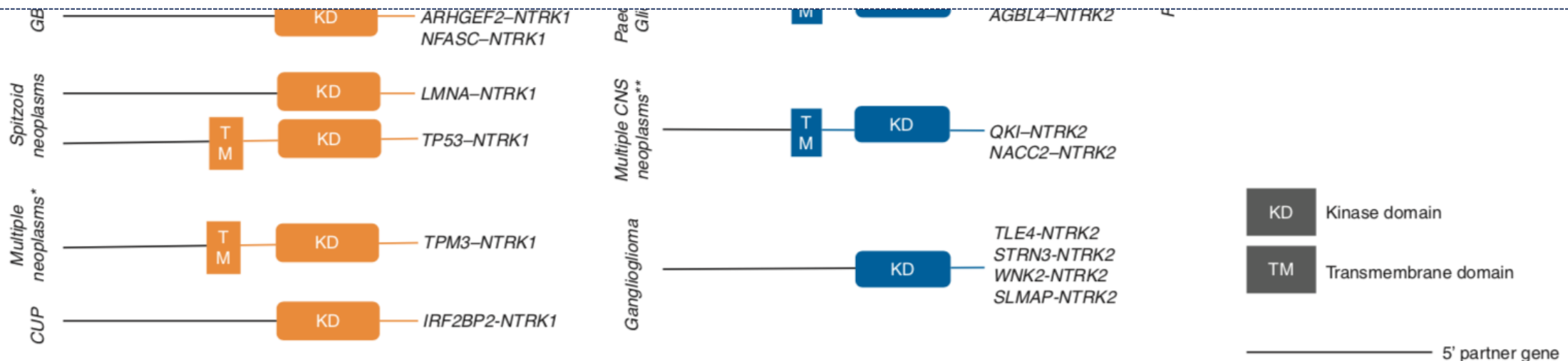


Transmembrane domain

NTRKs are promiscuous: multitude of 5' partners



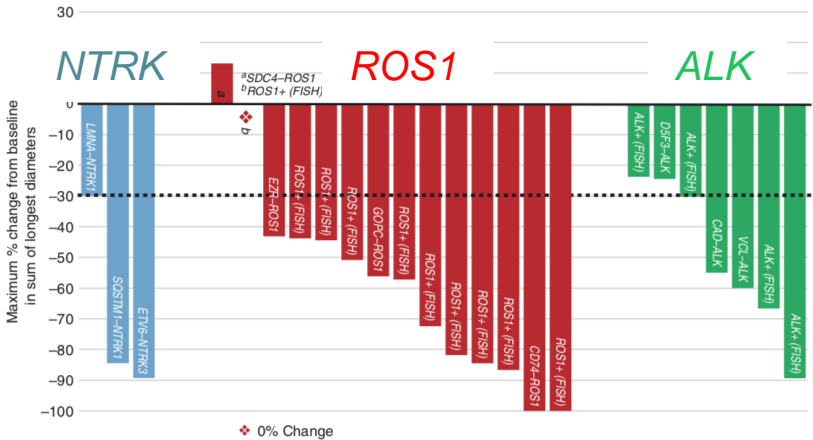
Many 5' gene partners (at least 25) described
All rearrangements share an in-frame, intact kinase domain



EFFICACY OF NTRK INHIBITORS

Drilon A et al, Cancer Discovery 2017

Safety and Antitumor Activity of the Multitargeted Pan-TRK, ROS1, and ALK Inhibitor Entrectinib: Combined Results from Two Phase I Trials (ALKA-372-001 and STARTRK-1) ^{AC}



Change in tumor diameter

Drilon A et al, NEJM 2018

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Efficacy of Larotrectinib in TRK Fusion-Positive Cancers in Adults and Children

A Maximum Change in Tumor Size, According to Tumor Type

Legend: Thyroid tumor, Soft-tissue sarcoma, Appendix tumor, Salivary-gland tumor, Colon tumor, Lung tumor, IFS, Cholangiocarcinoma

153 patients
Median DOR: 35.2 months
Median PFS: 26.8 months
Median OS: 44 months

BARCELONA 2019 **ESMO** congress

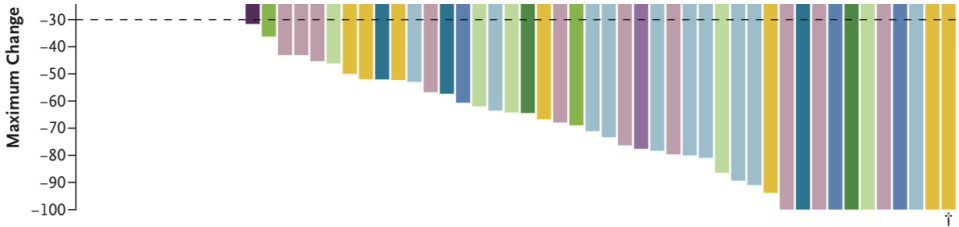


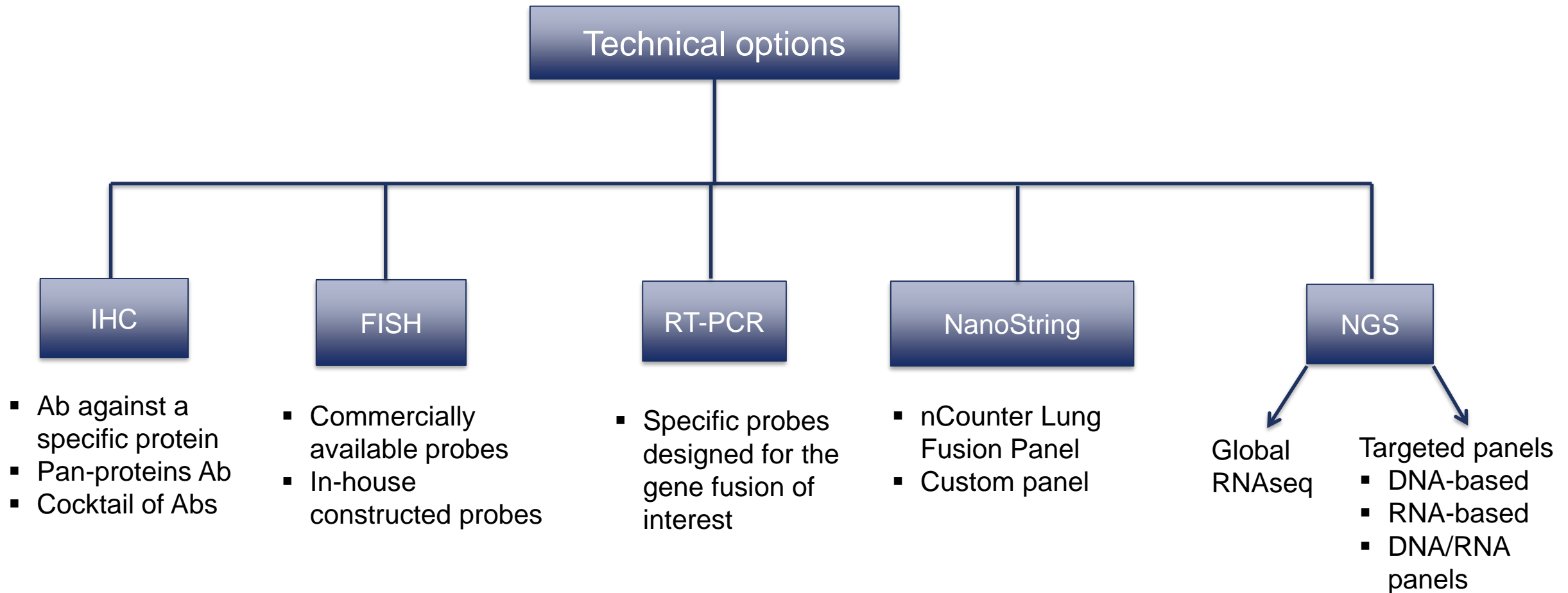


Table 2 | **FDA-approved drugs targeting gene fusions in malignant disorders***

Gene fusion	Drug	Disease	Year of approval
ALK fusions	Crizotinib	NSCLC	2011
	Ceritinib	NSCLC	2014 [‡]
BCR–ABL1	Imatinib	CML and ALL	2001
	Dasatinib	CML and ALL	2006
	Nilotinib	CML	2007
	Bosutinib	CML	2012
	Ponatinib	CML and ALL	2012
COL1A1–PDGFRB	Imatinib	DFSP	2006
FIP1L1–PDGFRA	Imatinib	HES/CEL	2006
PDGFR fusions	Imatinib	MDS/MPN	2006
<i>NTRK1/2/3</i> fusions	Larotectinib	NA (<i>histology agnostic</i>)	2018
<i>NTRK1/2/3</i> fusions	Entrectinib	NA (<i>histology agnostic</i>)	2019
<i>ROS1</i> fusions	Entrectinib	NSCLC	2019
<i>FGFR2/3</i> fusions	Erdafinib	Urothelial carcinoma	2019

HOW CAN WE DETECT FUSION GENES?

GENE FUSION DETECTION: POSSIBLE TOOLS



IMMUNOHISTOCHEMISTRY (IHC)



Advantages:

- ♦ it is a rapid method that can be easily employed in different laboratory environments => quick turnaround time
- ♦ it is able theoretically to detect only transcribed and translated fusion proteins
- ♦ It is (relatively) inexpensive: LDT *versus* Kit preparation

EXAMPLE: IHC FOR NTRK

- anti-TRKA Ab
- anti-TRKB Ab
- panTRK Ab
- Cocktail of Abs

Pos controls

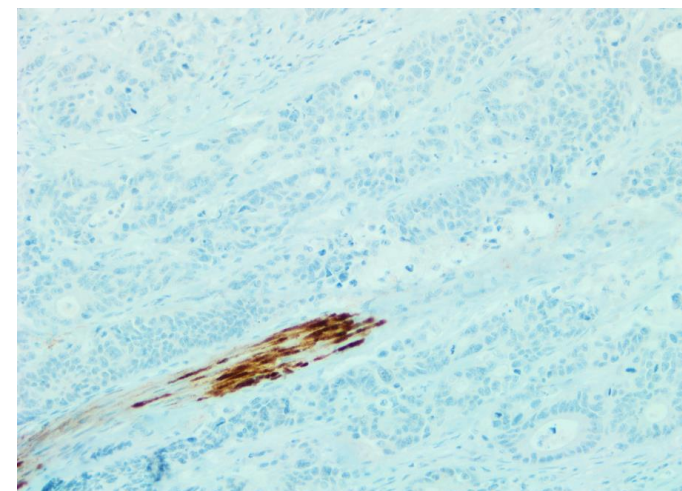
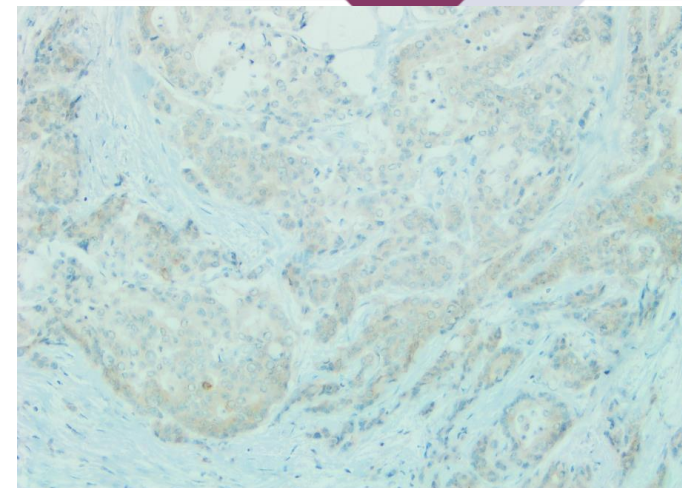
- KM12 (*TPM3-NTRK1*), MO-91 (*ETV6-NTRK3*) and CUTO-3.29 (*MPRIP-NTRK1*) cells
- Peripheral nerves

Neg controls

Non-neoplastic tissues

Tissue in which the protein are expressed

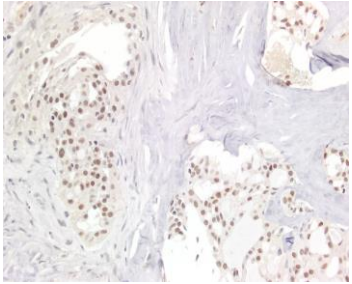
Neuronal components => NOT good for CNS tumors!



Colorectal adenocarcinoma

USE OF IHC

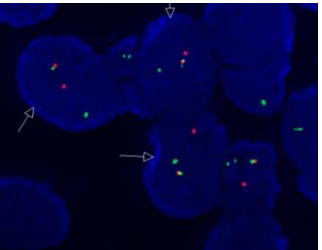
“Two-step approach”



IHC as a screening method



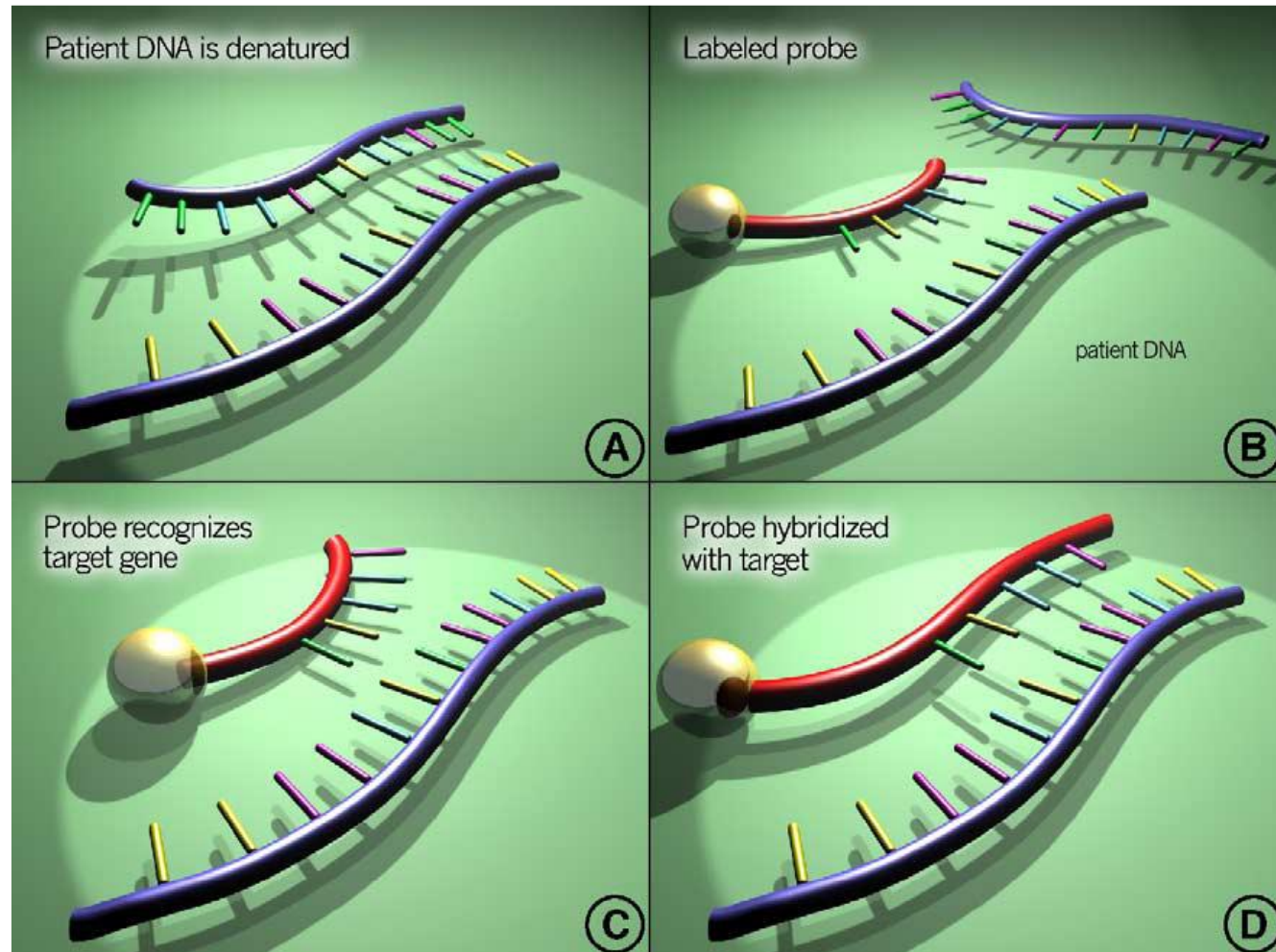
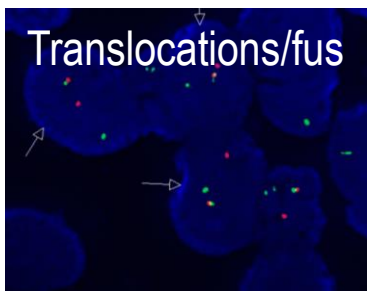
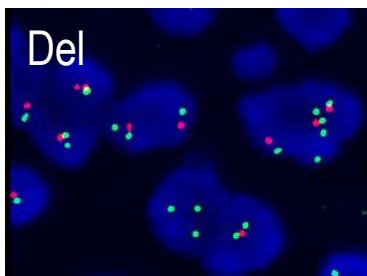
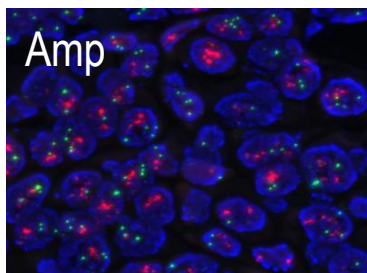
Sensitivity is
crucial



FISH or NGS
to confirm the presence of rearrangement

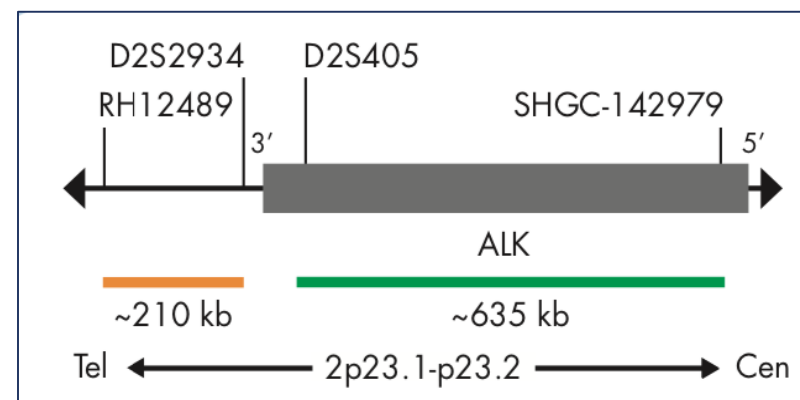
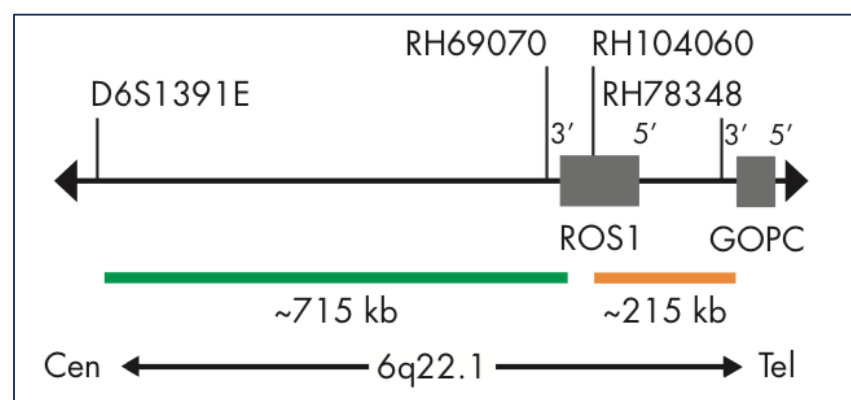
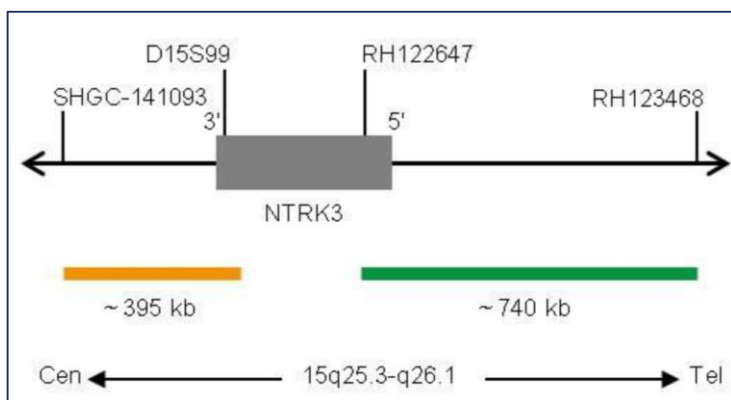
FISH

- ♦ Genes on a glass slide

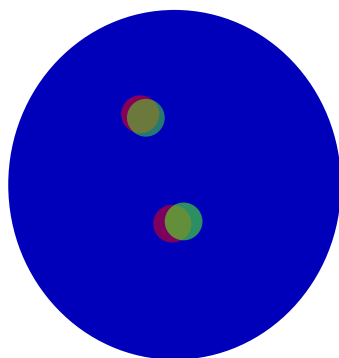
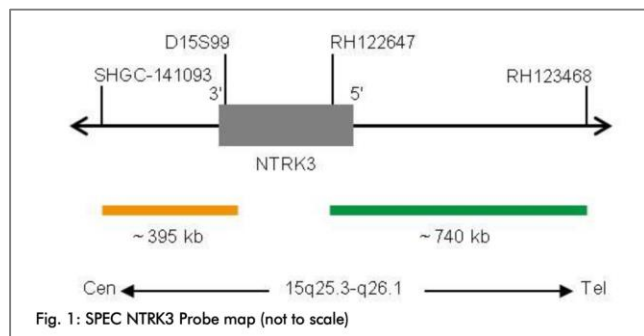


FISH

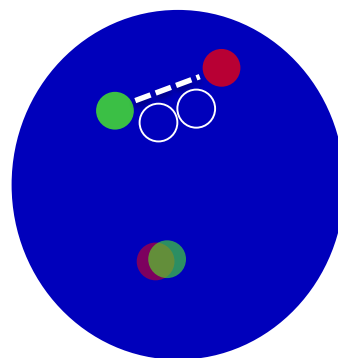
- It is a commonly used method for detecting chromosomal rearrangement fusions in solid tumours (see *ALK*, *ROS1* and *RET*...)
- **Split-apart** rearrangement **probes** are invariably easier in FFPE samples



FISH

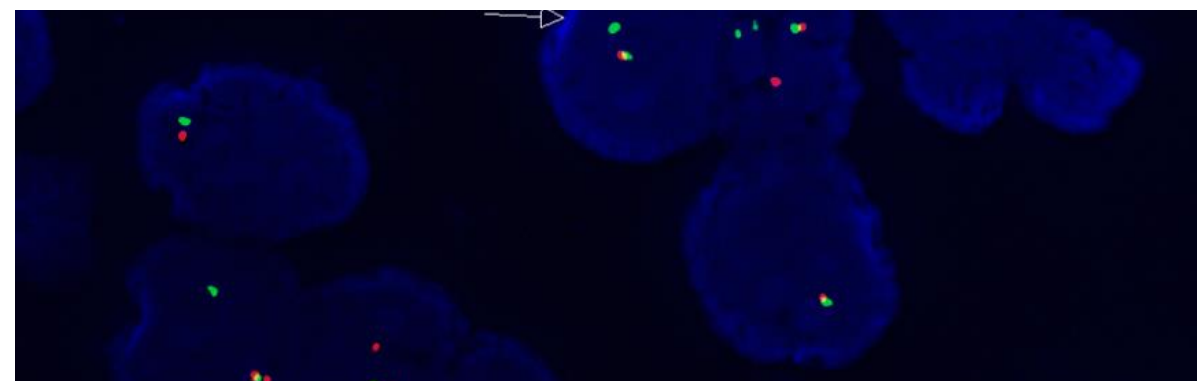


Normal



Aberrant

⇒ FISH cannot ascertain the 5' partner or whether the rearrangement results in a productive in-frame chimaeric transcript



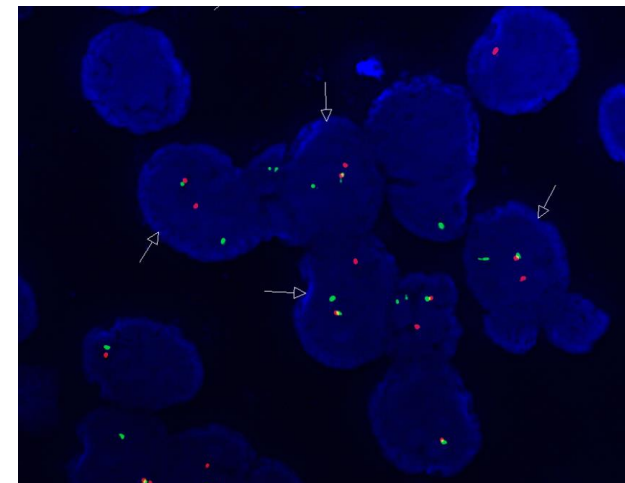
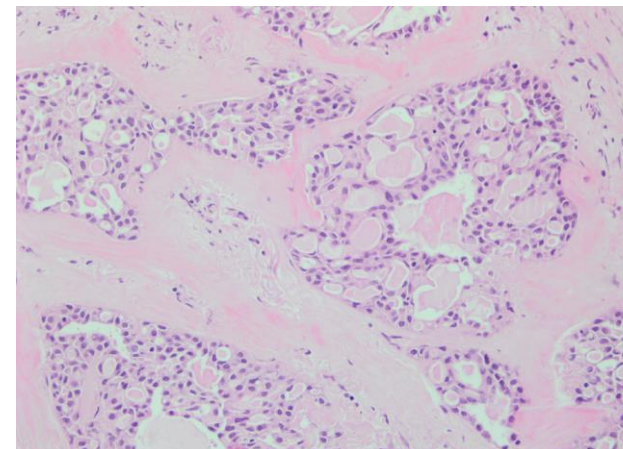
Secretory carcinoma of the breast
ETV6/NTRK3 split apart probe

FISH

The utility of FISH for screening cancer when more than one gene has to be assayed (e.g. *NTRK1/2/3* fusions) is limited, given the multitude of partners involved, the expertise required and its labour-intensive nature

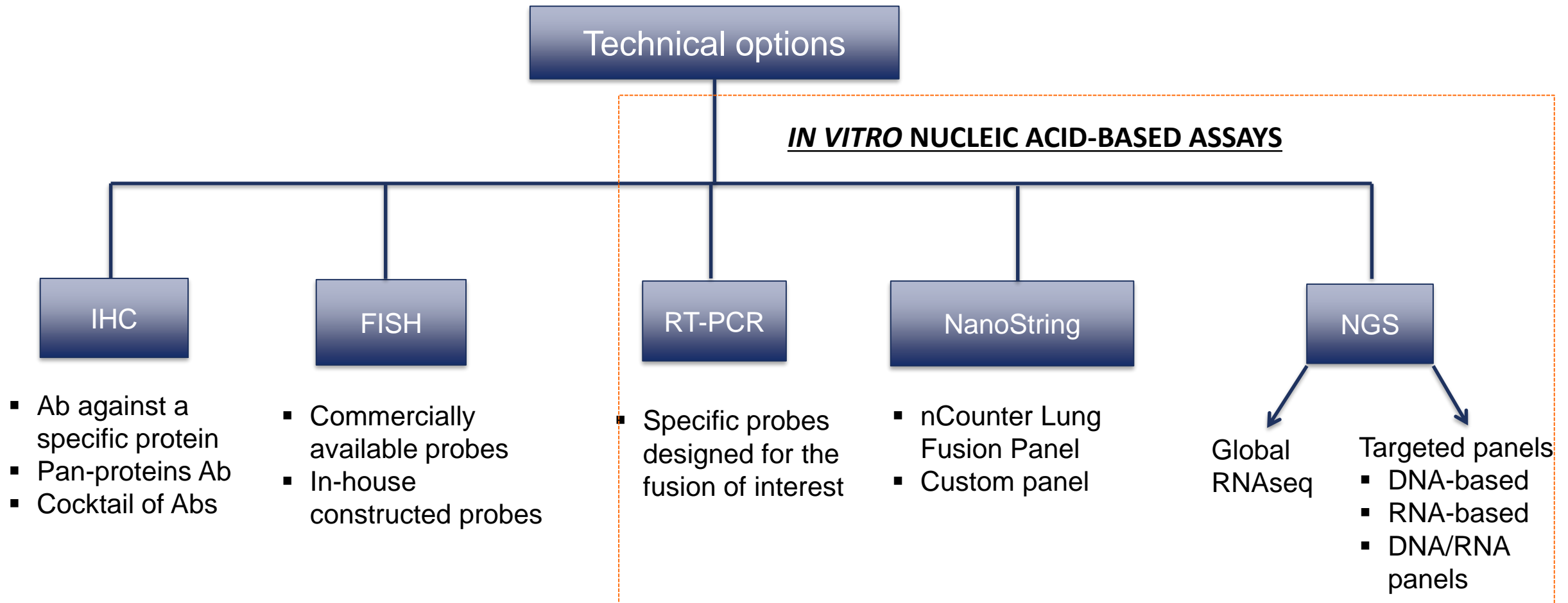
- ⇒ Ideal technique when we have to ***confirm the presence of a fusion***
- ⇒ For *NTRK* rearrangements: useful in lesions where it is predicted to be found at high frequency => ***ETV6-NTRK3***

Secretory carcinoma of the breast



ETV6/NTRK3 split apart probe

GENE FUSION DETECTION: POSSIBLE TOOLS



IN VITRO NUCLEIC ACID-BASED ASSAYS OTHER THAN NGS



RT-PCR

- Typically used as an orthogonal validation method in studies exploring the genetic landscape of subgroups of neoplasms by high-throughput techniques
- The partner has to be known
- Specific primers to be designed
- Used in the context of confirmation of *ETV6-NTRK3* in several studies

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Nanostring

- nCounter Lung Fusion Panel (only selected fusions)
- Custom-made panels
- Technology used also for other types of diagnostic testings
- Not many studies so far

Real Time PCR

- Commercially kits available (even suggested as companion diagnostic)
- Simple workflow and short TAT
- Low costs
- Detection of specific alterations

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Confirmatory technique

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RNA next generation targeted sequencing assays

They enable *de novo* detection of fusion genes that are transcribed

- ♦ the Oncomine assays (ThermoFisher Scientific) cover fusion variants (including *NTRK1*, *NTRK2* and *NTRK3*)
- ♦ GeneTrails Solid Tumor Fusion Gene Panel (Knight Diagnostic Laboratories), designed to detect fusions involving 20 target genes (including *NTRK1*, *NTRK2*, *NTRK3*)
- ♦ the Universal Fusion/Expression Profile (Neogenomics), an assay capable of detecting different classes of genomic abnormalities such as fusion transcripts and transcriptomic gene expression levels in 1,385 genes (*NTRK1*, *NTRK2*, *NTRK3* included)



RNA next generation targeted sequencing assays

Anchored Multiplex PCR (AMP) has become a widely adopted methodology for fusion gene detection

=> commercial ready to use kits and customisable assays

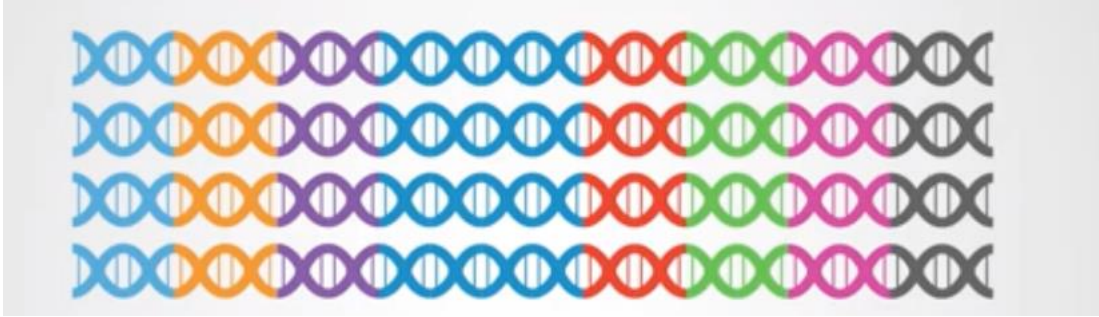
=> high technical sensitivity and specificity even in FFPE-derived RNA samples



The sequencing library targets fusion exons in multiple oncogenes
(including the three members of the NTRK family)

AMP

A target enriched chemistry that creates target enriched libraries for NGS

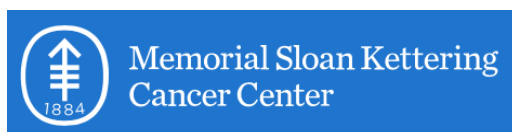


Able to detect and identify gene fusions without prior knowledge of fusion partners

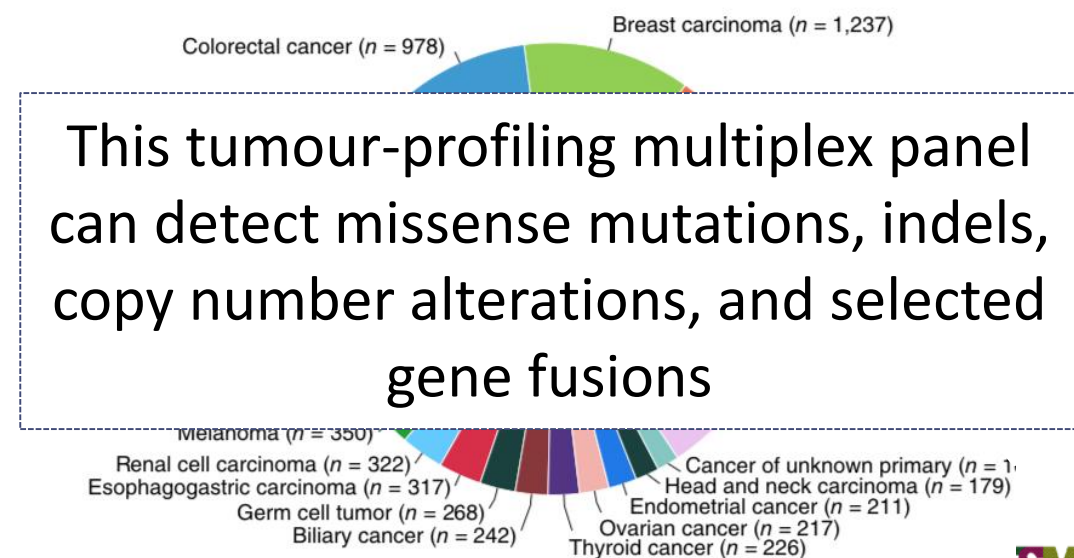
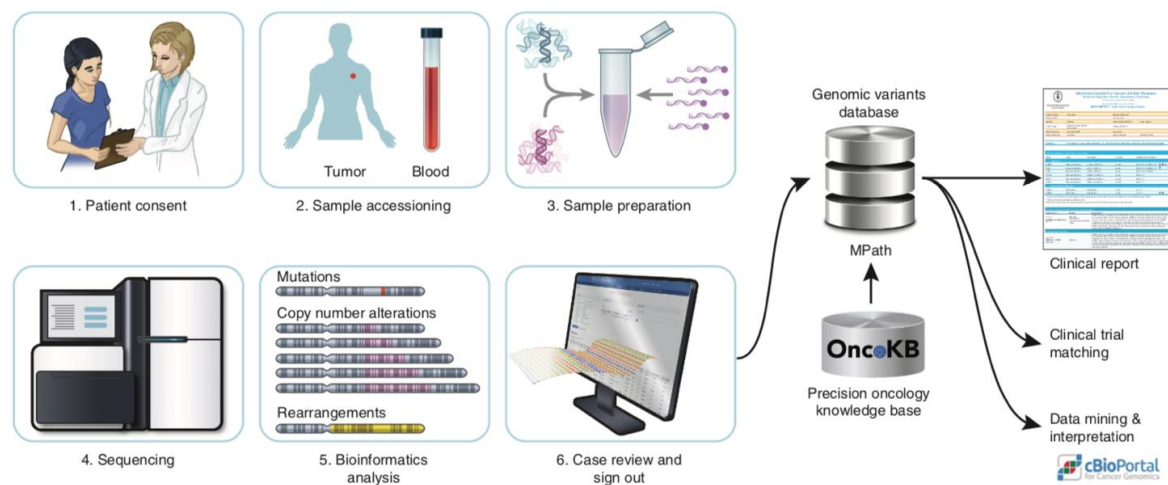
Works on both Illumina and Ion Torrent platforms



Targeted next generation DNA sequencing assays



Memorial Sloan Kettering Integrated Mutation Profiling of Actionable Cancer Targets (MSK-IMPACT™) assay, a deep-coverage assay encompassing the entire coding regions and selected intronic and regulatory regions of >400 key cancer genes





Other DNA targeted sequencing assays

- FoundationOneCDx test (Foundation Medicine)
- UW Oncoplex and the UCSF500 Cancer Gene Panel
- SmartGenomics Complete –(PathGroup) Expanded Solid Tumor
- Solid Tumor Focus Oncomine NGS Panel (Cancer Genetics)



Targeted next generation DNA sequencing assays – key concepts

- 1) DNA-based NGS has proven to be effective to detect gene rearrangements and predicted fusions
- 2) Detected rearrangements by DNA-based assays may not result in fusions
- 3) NOT ALL of the rearrangements can be practically detected using targeted assays: for instance, those fusions involving *NTRK2* and *NTRK3* where large intronic regions can render DNA-based detection challenging

OPEN QUESTIONS/CHALLENGES

Is there a strategy when we have to screen for fusion
in an agnostic way?

(e.g. *NTRK fusion genes*)

Sample to be investigated for the presence of *NTRK* fusions

As a confirmatory technique
use FISH, RT-PCR or
targeted RNA NGS assays
with specific probes for the
fusion involving the
known *NTRK* gene

YES

Is the histologic
tumour type known
to harbour highly
recurrent *NTRK*
fusions?

NO*

Is there a
sequencing
platform
available?

NO

YES

Use IHC as a screening tool

IHC to confirm
protein
expression in
positive cases

Use front line NGS
reliably detecting *NTRK*
fusions, preferably
including RNA testing
when possible

NO TRK expression

Detection of TRK
expression



SPECIAL ARTICLE

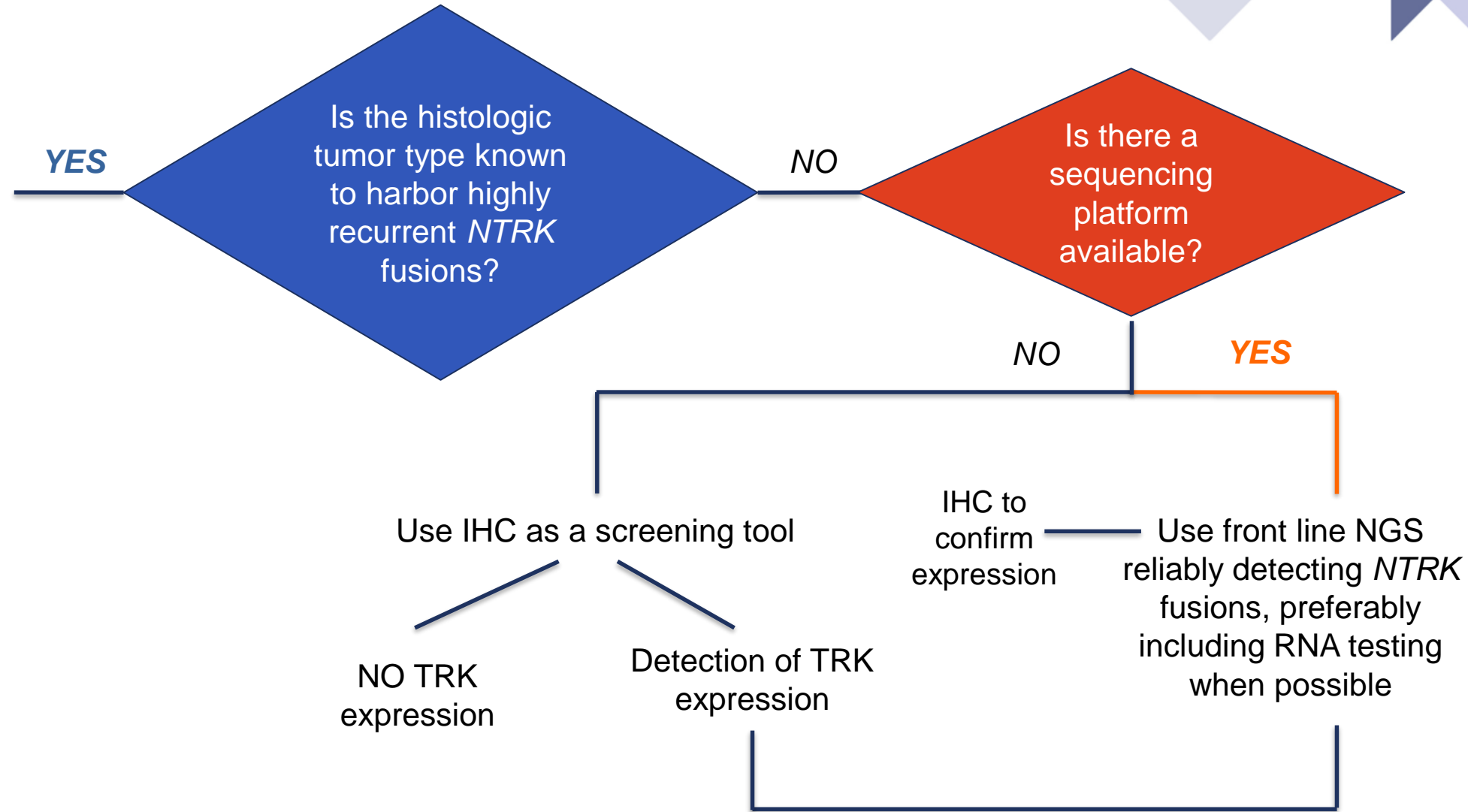
Annals of Oncology 0: 1–11, 2019
doi:10.1093/annonc/mdz204
Published online 3 July 2019

ESMO recommendations on the standard methods to
detect *NTRK* fusions in daily practice and clinical
research





As a confirmatory technique
use FISH, RT-PCR, or RNA-
NGS assays with specific
probes for the fusion
involving the
known *NTRK* gene



OPEN QUESTIONS/CHALLENGES

Any other relevant issues for gene fusion testing?

RESISTANCE TO THERAPY

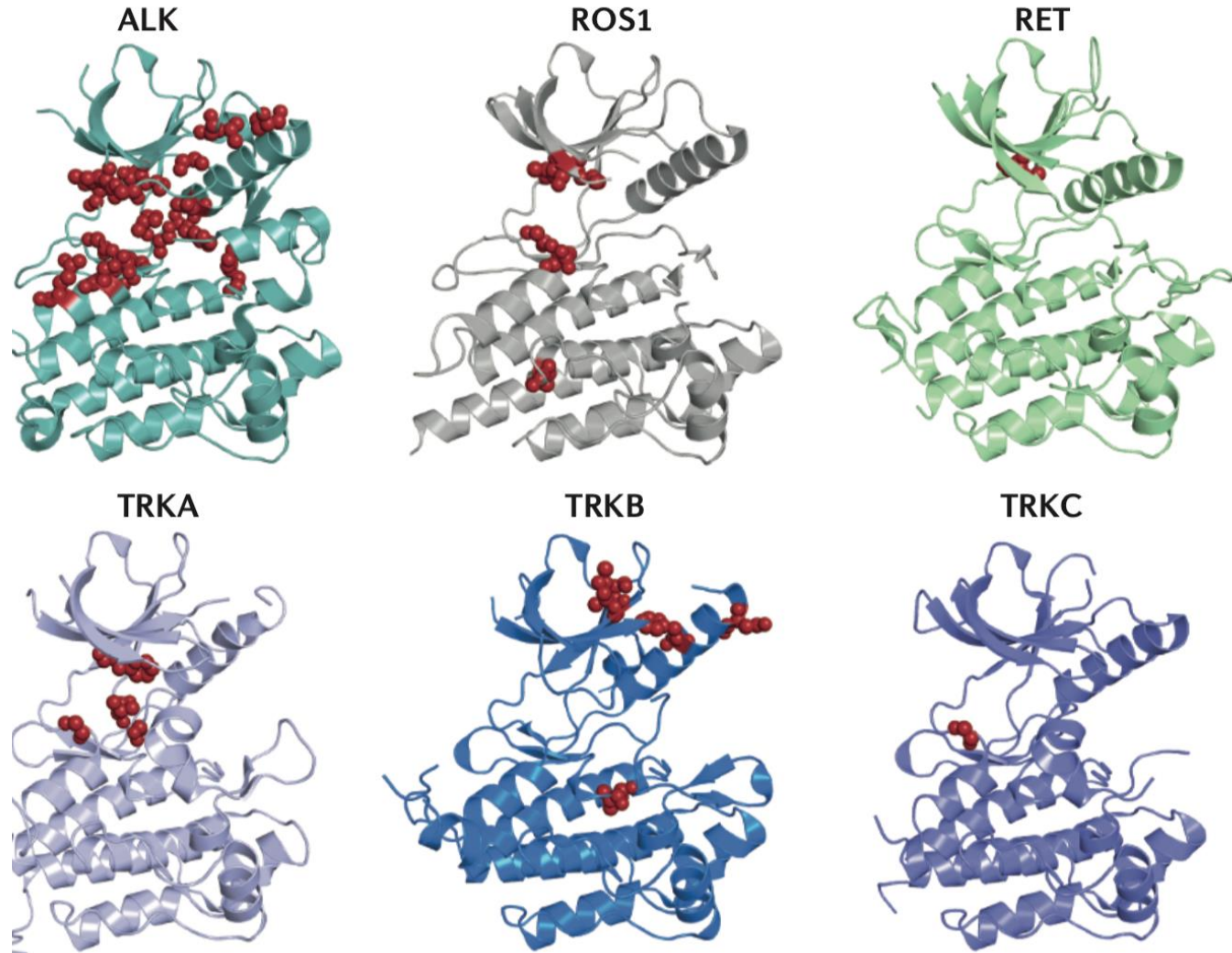


Despite durable responses to drugs targeting kinase fusions, it is expected that acquired resistance to therapy may ultimately emerge in most patients

- ① **‘on-target’ alterations:** mutation or amplification of the fusion itself
- ② **‘off-target’ alterations:** when there is activation of parallel bypass pathways

⇒ Acquired resistance mutations that cluster around the ATP-binding site of the kinase domain and solvent front

⇒ The existence of convergent evolution has been demonstrated across kinase fusions, with paralogous resistance mutations reported in several fusion transcripts



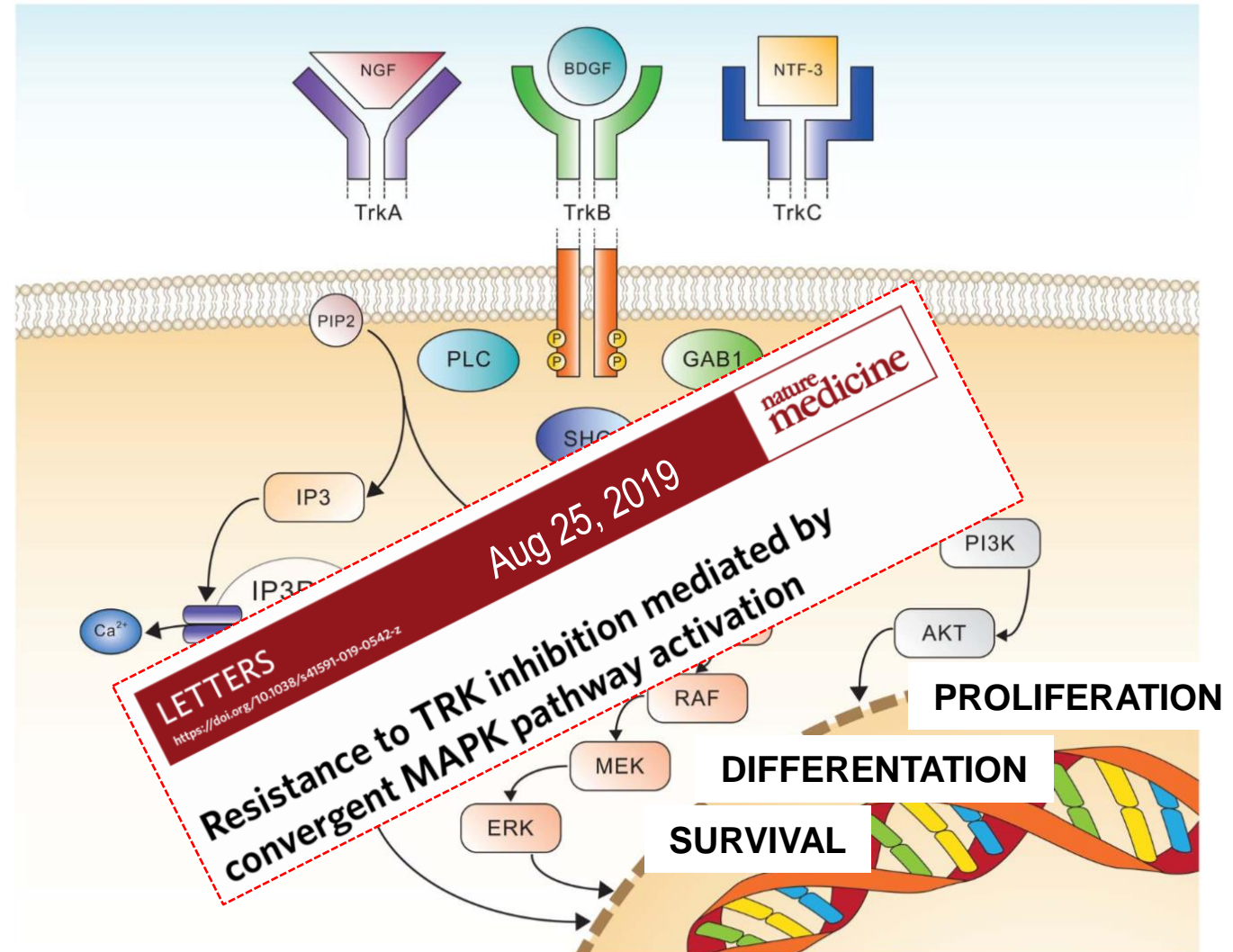
In silico structural modelling of the KD of ALK, ROS1, RET, TRKA, TRKB, and TRKC
by Schram AM et al, Nature Reviews Clinical Oncology 2017

“Off target” resistance

NTRK RECEPTOR SIGNALING

NTRK fusions lead to:

- activation of critical cancer-related downstream signaling pathways (e.g. MAPK and PI3K/AKT)

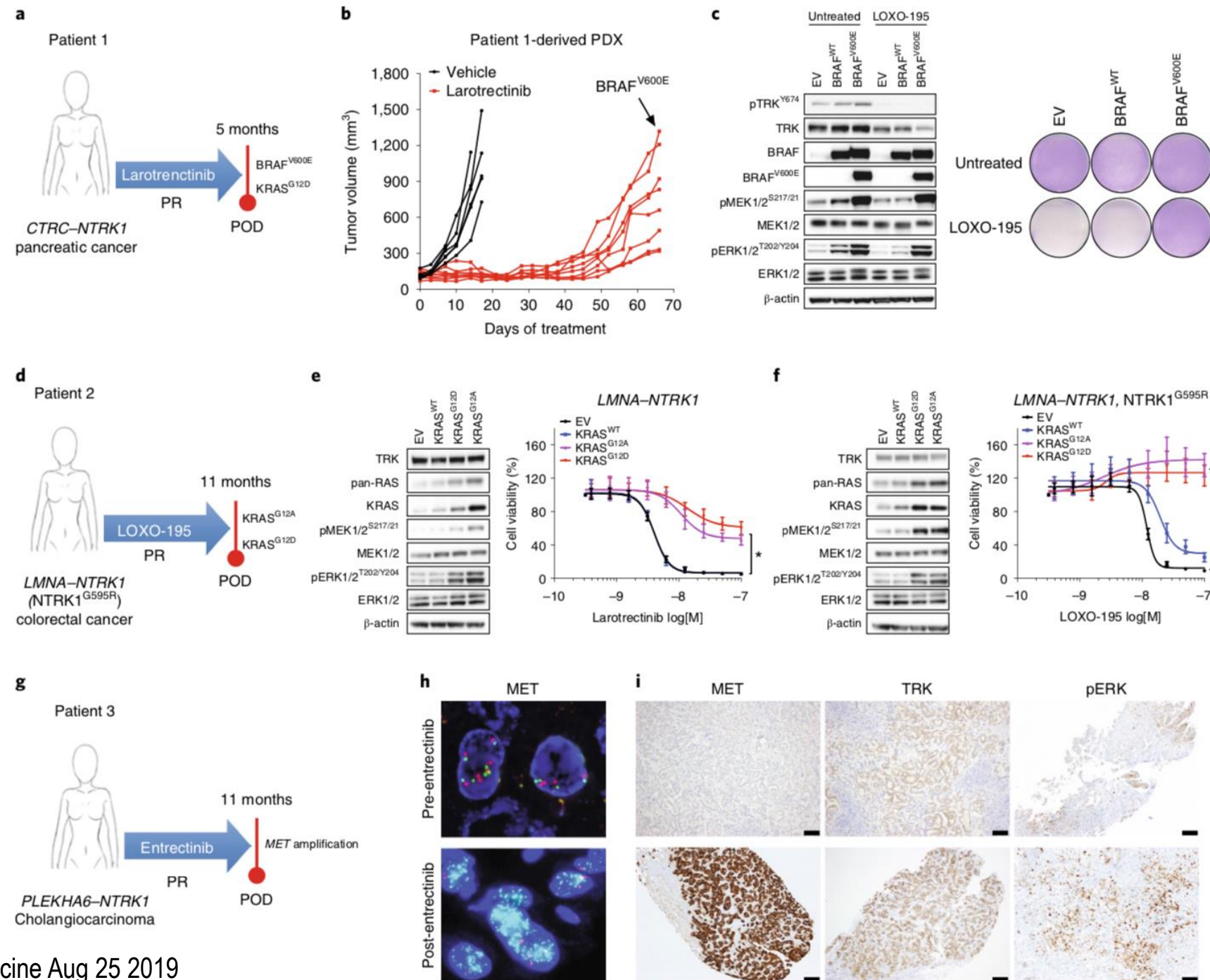


RESISTANCE TO THERAPY

“Off target” resistance

=> Convergent MAPK pathway activation:

KRAS/BRAF mut
MET amplification





DNA/RNA panels

Assay	Description
TruSight Tumor 170 (Illumina) TruSight Oncology 500 DNA + RNA* assay targeting 523 genes for assessment of small variants, TMB, MSI, splice variants, and fusions	Comprehensive NGS assay targeting DNA and RNA variants from the same FFPE sample, designed to cover 170 genes associated with common solid tumors, is an enrichment-based targeted panel that simultaneously analyzes DNA and RNA, covering a wide range of genes and variant types. <i>NTRK1</i> , <i>NTRK2</i> , <i>NTRK3</i> genes are included in the panel for the fusions.
Oncomine Assays (ThermoFisher Scientific)	Targeted, multi-biomarker assay that enables to target hotspots, SNVs, indels, CNVs, and gene fusions from DNA and RNA in a single workflow.
FoundationOne®Heme (Foundation Medicine)	A validated to detect all classes of genomic alterations in 405 cancer-related genes. In addition to DNA sequencing, FoundationOneHeme employs RNA sequencing across 265 genes to capture a broad range of gene fusions, common drivers of hematologic malignancies, and sarcomas.
Caris Molecular intelligence	Panel of 592 genes including fusion genes (<i>ALK</i> , <i>BRAF</i> , <i>NTRK1</i> , <i>NTRK2</i> , <i>NTRK3</i> , <i>RET</i> , <i>ROS1</i> , <i>RSPO3</i>)
Omniseq Comprehensive	It identifies somatic variants across 144 genes, including all of the genes that point to either an approved drug or clinical trial. The panel for RNA-seq (23 genes) includes <i>NTRK1</i> , <i>NTRK2</i> , <i>NTRK3</i> .
Paradigm Cancer Diagnostic (PCDx)	Comprehensive profiling test that has been designed to analyze solid tumor alterations to match the best therapies and clinical trials based on the latest clinical evidence. It measures DNA mutations, copy number alterations, gene fusions, mRNA expression and splice variants (Isoforms). In addition, proteins are tested by IHC.
HANDLE-LCP30 panel (AmoyDx)	Multiplex and targeted deep sequencing of variants in 30 driver genes, including <i>NTRK1-3</i> fusions. The assay allows detection of SNVs, InDels, Fusions and CNVs.

Modified from Supplementary material by Marchiò C et al, on behalf of the ESMO TR and PM Working Group, Annals of Oncology 2019

TAKE HOME MESSAGES

- Fusion genes are strong oncogenic drivers
 - *Gene fusions frequently involve tyrosine kinases and can cause constitutive kinase activation, augmentation of downstream signalling, and tumour proliferation*
- Oncogenic gene fusions are common in patients with solid tumours and occur across a wide spectrum of tumour types:
 - *The prevalence of gene fusions varies considerably, from 0–100%, among different tumour types*
- Targeted therapies are remarkably effective and are approved for patients with fusions
 - *Substantial and durable responses in particular with NTRK inhibitors*

TAKE HOME MESSAGES

- In the detection of gene fusions there are techniques strategically better in some scenarios than others (histology-driven *versus* histology-agnostic)
- There is not a single technique that outperforms the others
 - *RNA panels (and IHC) may be preferred but be aware of the limitations*
- Gene panels enable a more comprehensive profiling

THANK YOU FOR YOUR ATTENTION