

91P Liquid biopsy, a tool to detect genetic alterations with therapeutic impact in International patients: Prospective data on 47 patients from Gustave Roussy

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## **BACKGROUND**

- Liquid biopsy (LB), or cell-free DNA analysis (cfDNA), is a novel non-invasive approach to detect molecular alterations (MAs) in cancer patients allowing personalised treatment.
- It has been validated in clinical trials, however, the real world evidence is still in its initial steps.

#### **OBJECTIVE**

• The aim of this study is to evaluate the outcomes of LB in international patients with the intention of offering novel therapeutic options.

### PATIENTS AND METHODS

- We included in this prospective real world study pts with advanced solid cancer admitted in the international department at Gustave Roussy, Villejuif, France, starting the 1<sup>st</sup> of December 2021.
- cfDNA was extracted from peripheral blood using streck tubes which were sent to FoundationOne®Liquid CDx for sequencing.

## **RESULTS**

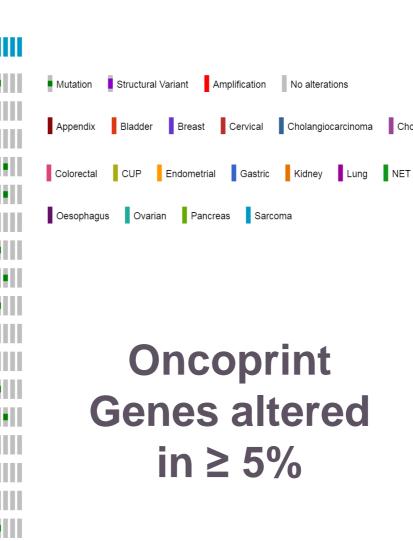
- 47 pts => median age of 60 yrs.
- 46.8% (22 pts) were males.
- Gastro-intestinal cancers were the most common in 20 pts (42.5%).
- 17 were treatment-naïve (36.2%).
- On day of LB, 43 were already metastatic (91.5%).

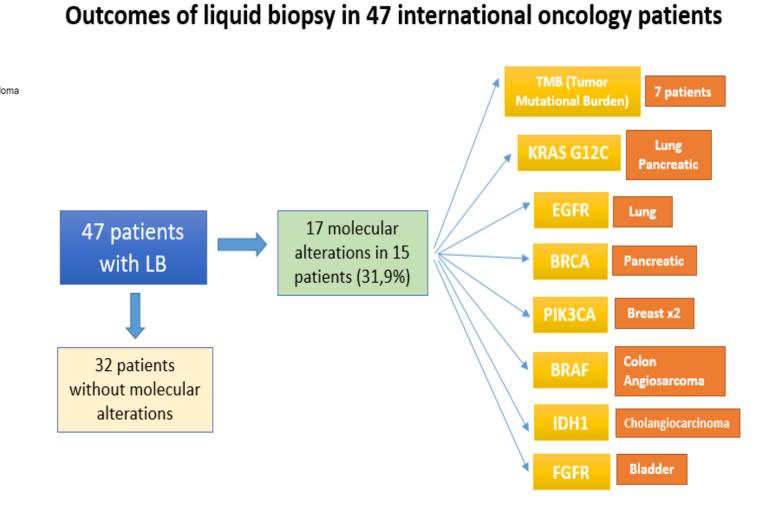
•	Median number of MA detected was 5. Tumor mutational
	burden (TMB) ≥ 10 was found in seven patients (14.9%)
	pertaining an option for immunotherapy.

- Beyond TMB, 10 MAs were detected in 9 pts (19.1% of pts). Detailed findings are in the attached figure.
- 15 pts with 17 MAs were offered an innovative approach based on LB outcomes (31.9%).
- An additional 22 MAs were detected in 16 pts with available phase 1 or 2 clinical trials.

Demographic and Clinical C	haracteristics		
Variable	Value (N=47)		
Age	60 (Median)		
Sex			
Male	25 (53%)		
Female	22 (47%)		
Primary Site			
Digestive	20 (41%)		
Lung	9 (19%)		
Sarcomas	6 (13%)		
Breast	5 (11%)		
Other	7 (16%)		
Previous lines			
Chemotherapy	34 (72%)		
Targeted Therapy	7 (15%)		
Hormonal Therapy	5 (11%)		
Immunotherapy	16 (34%)		
Initial Stage at Diag	nosis		
Localized	32 (68%)		
Locally advanced	13 (28%)		
Metastatic	2 (4%)		
ECOG Score	· ,		
0-1	24 (50%)		
≥ 2	24 (50%)		
Number of previous lines	1 (Median)		

CANCER_TYPE		
TP53	43%	••               •• •• ••   ••   ••
KRAS	20%	
TET2	14%	
ARID1A	11%	•
ASXL1	11%	
APC	9%	
RB1	9%	
PIK3CA	9%	14.14.11.11.14.11.11.11.11.11.11.11.11.1
MLL2	7%	
BRCA2	7%	
EGFR	7%	
MYC	7%	111.
BRAF	5%	
SMAD4	5%	
<b>NOTCH3</b>	5%	•
KDM6A	5%	•
TERT	5%	•
CTNNB1	5%	111111111111111111111111111111111111111
DNMT3A	5%	
GNAS	5%	
CASP8	5%	
BCOR	5%	111111111111111111111111111111111111111





# **Conflict of Interest**

None to declare.

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#### CONCLUSION



LB proved to be an easy and attractive tool to pinpoint MAs with a significant diagnostic and therapeutic impact. It is an alternative mean to carefully spot MAs in international patients with 31.9% of pts with an additional therapeutic option.