

# Overcoming Operational Challenges of Personalized Cancer Therapy

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# SAFIR01

- 423 patients consented
  - Out of how many new metastatic patients ?
- 195 “targetable” mutations
  - 23 (5%) had standard of care altered outside trials
  - 13 (3%) had clinical benefit from their therapy.....
- Important research topic
  - Didn’t change standard of care for 95% of patients
  - No evaluation of the psychological/QoL consequences of this unactionable extra knowledge

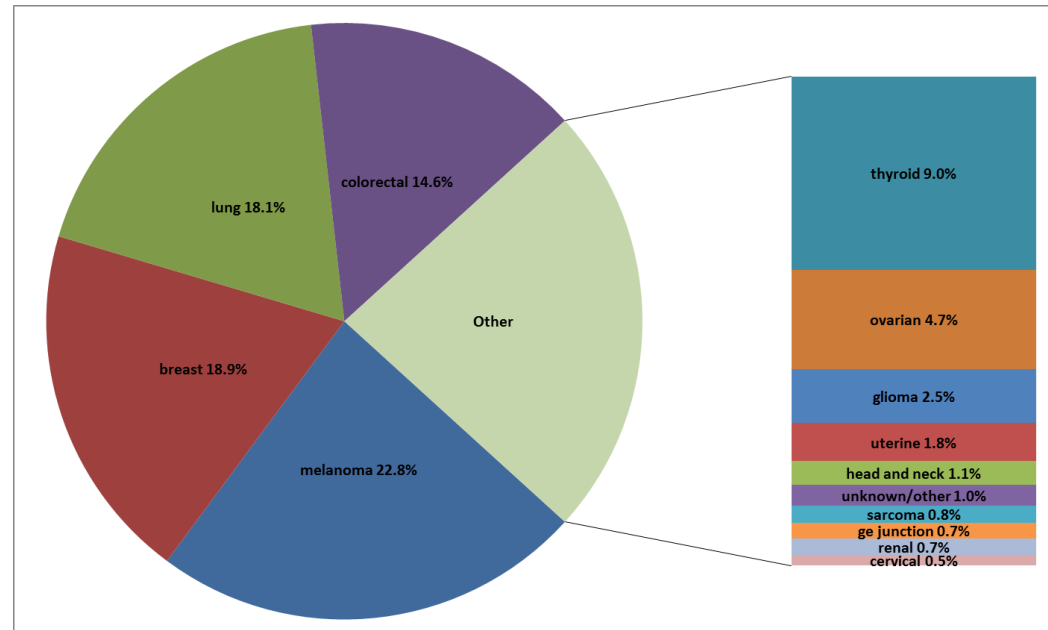
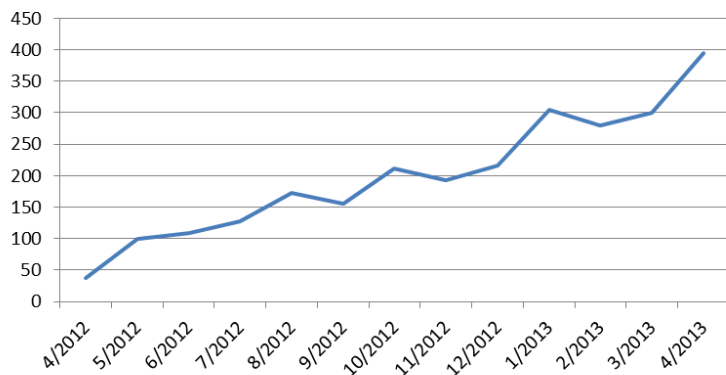
# Clinical Testing: Real Clinical Utility or Irrational Exuberance?

- Multidisciplinary decision team
- Distinguish between clinical validity based on level of evidence and “actionable” interest based on hypothesis
  - Outside of a clinical trial
- Avoid or manage conflicts
  - Academic (research intent as clinical service)
  - Competition (between institutions or with industry)

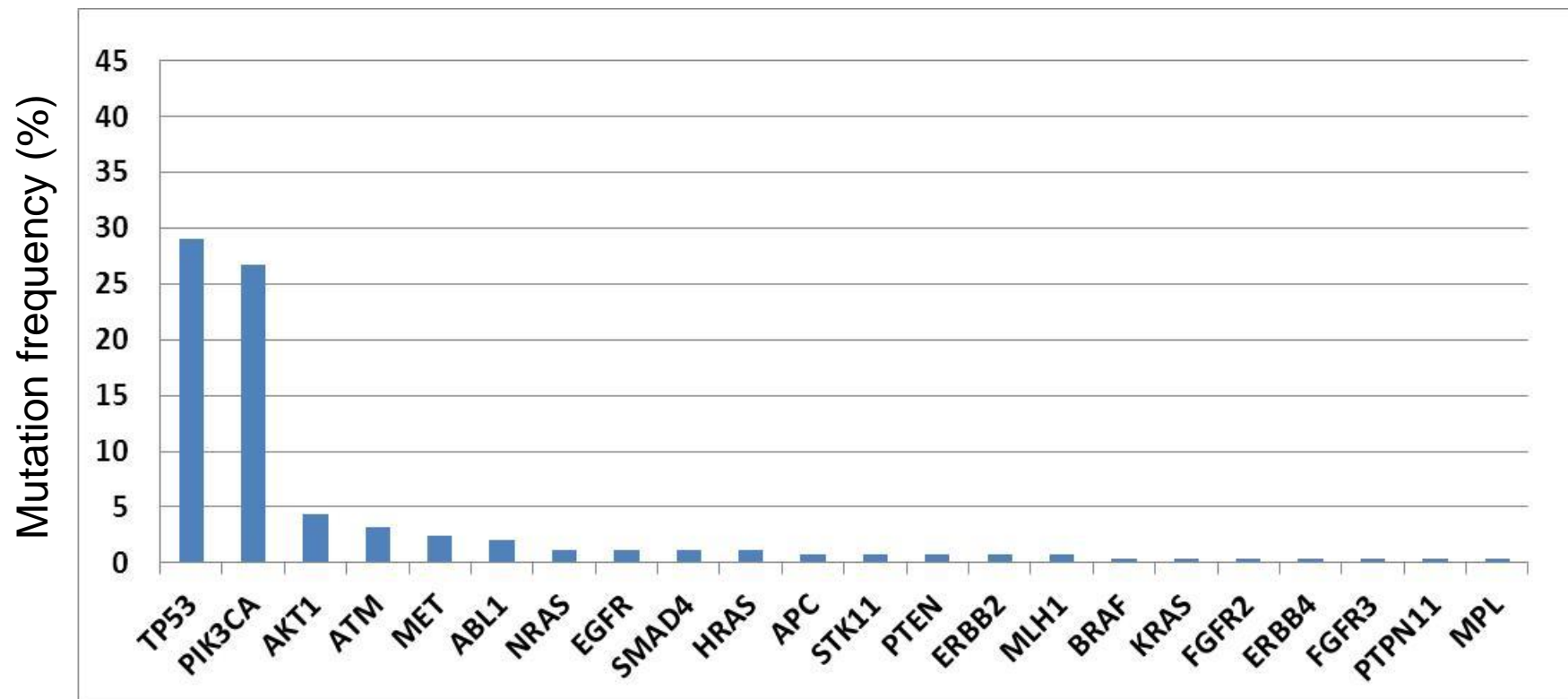
# NGS Clinical Test Volume Grows Rapidly

- DNA sequencing with 46-gene panel
- 3354 CMS46 reports 2012-2013
- 3035 unique patients at MDACC

Number of reports



# BREAST CANCER



# Clinical NGS requires high coverage depth

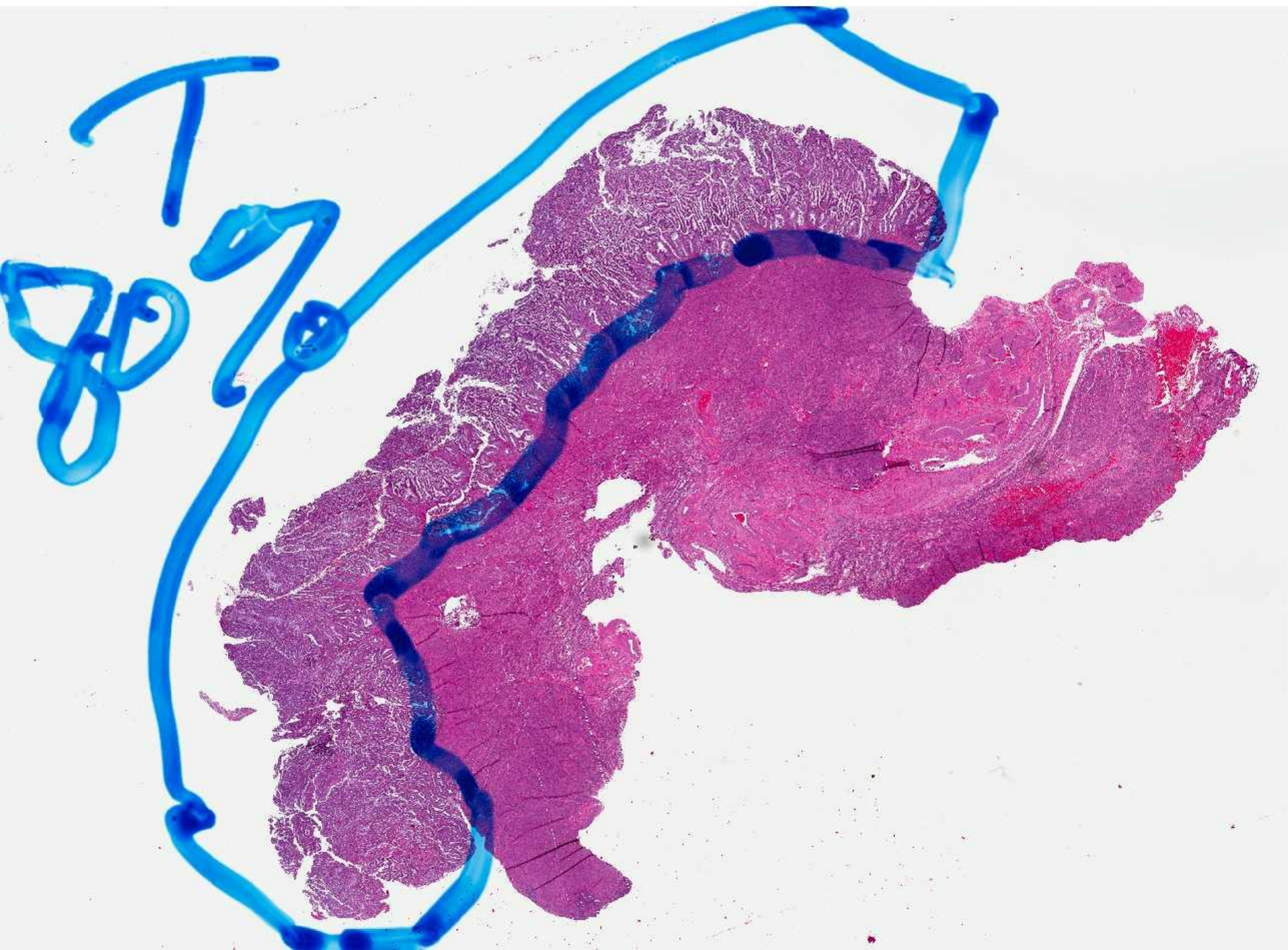
- the trade-off in generating so many parallel sequences using PCR /DNA polymerase is loss of accuracy.
- NGS platforms have approximately 10-fold higher error rates (1 in 1000 bases) versus Sanger sequencing (1 in 10,000 bases).
- For clinical accuracy, each template requires 100's of sequence reads to account for sequencing errors, non-neoplastic DNA “contamination”, and artifacts from formalin.

# CLIA next-gen sequencing of solid tumors

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- High coverage: multiple (~500x) reads of the same sequence to gain confidence in result
  - Critical when ratio of neoplastic to non-neoplastic cells is low
  - Allows signal to be sifted from the noise
- Examination of reads in both directions to rule out artifacts
- Confirm or rule out sequence variant using an additional method (e.g. Sanger)



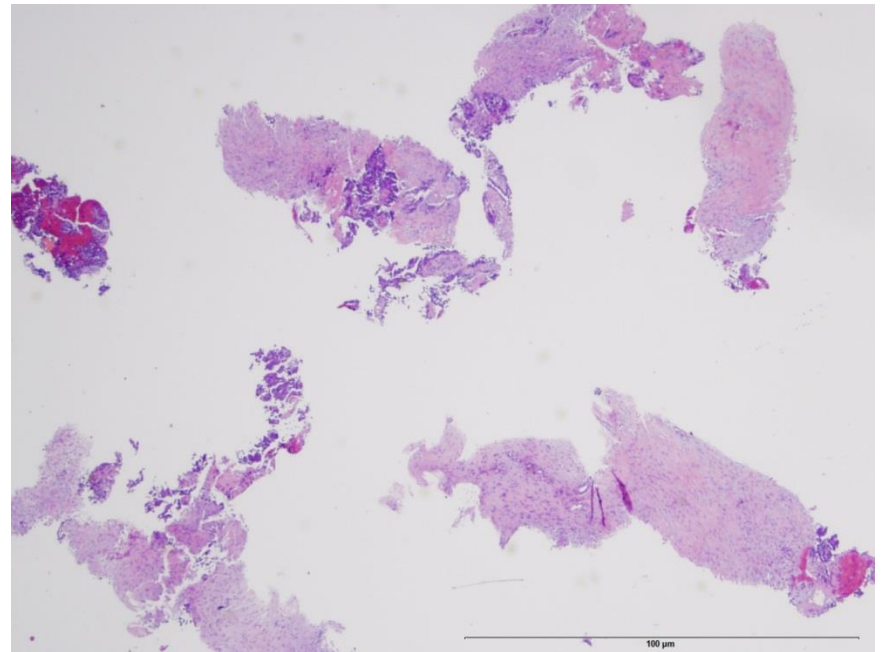
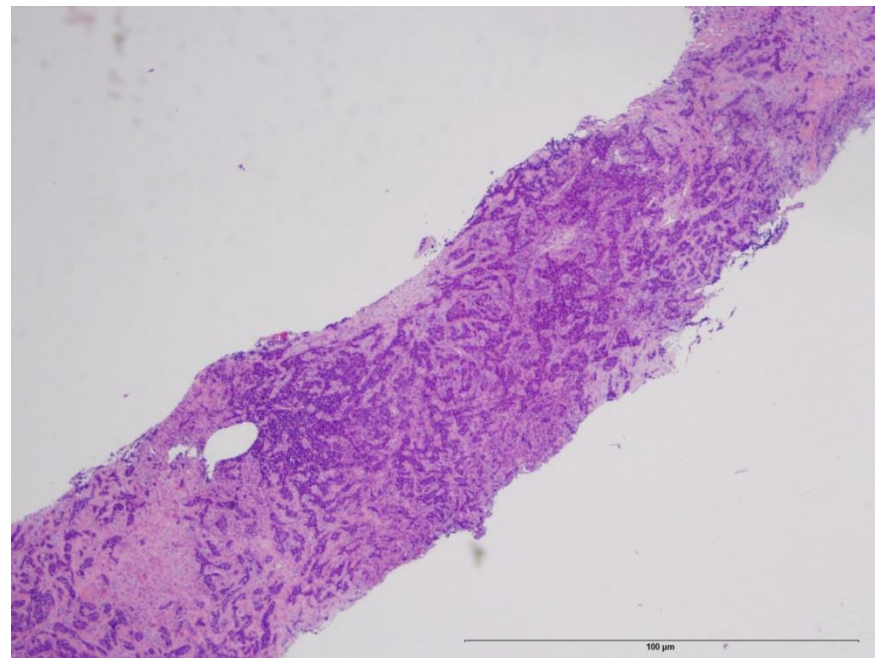




**Omental biopsy**



**Breast biopsy**



**Not all biopsies are equal!**

# **Adequacy for histologic diagnosis vs. adequacy for biomarker testing**

- Very difficult issue
- Not unusual to make a diagnosis of cancer from only a few cells
- These same cases might be unsuitable for molecular testing
- Focus on tissue qualification in Pathology
- Engage the interventional radiologists and the cytologists

# What about an FNA sample?

MODERN PATHOLOGY (2013), 1–14

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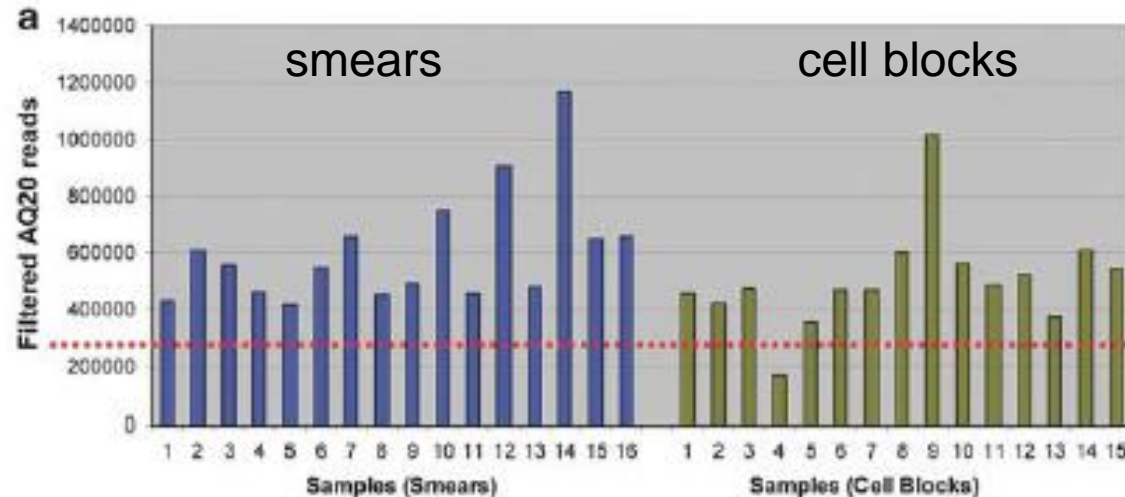
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## Methods in Pathology

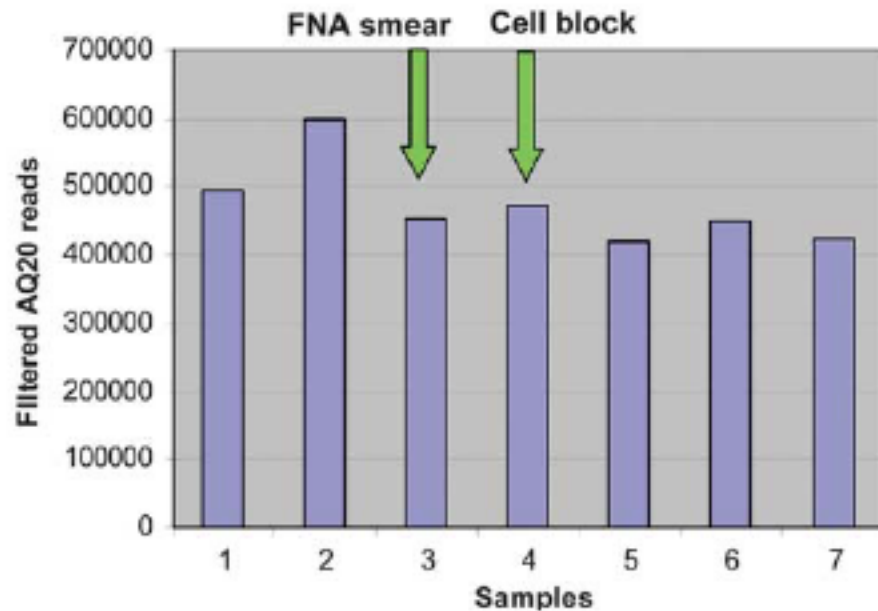
### **Next-generation sequencing-based multi-gene mutation profiling of solid tumors using fine needle aspiration samples: promises and challenges for routine clinical diagnostics**

Rashmi Kanagal-Shamanna, Bryce P Portier, Rajesh R Singh, Mark J Routbort, Kenneth D Aldape, Brian A Handal, Hamed Rahimi, Neelima G Reddy, Bedia A Barkoh, Bal M Mishra, Abhaya V Paladugu, Jawad H Manekia, Neda Kalhor, Sinchita Roy Chowdhuri, Gregg A Staerke, L Jeffrey Medeiros, Rajyalakshmi Luthra and Keyur P Patel

# FNA Direct Smears or Cell Block Sections (FFPE) Are Equivalent To Excised Tumor Tissue (FFPE) For Next-Gen DNASeq In The Clinical Lab



FNA samples from different NGS runs



A single NGS run

1 FNA smear

1 FNA cell block

5 excised tumors

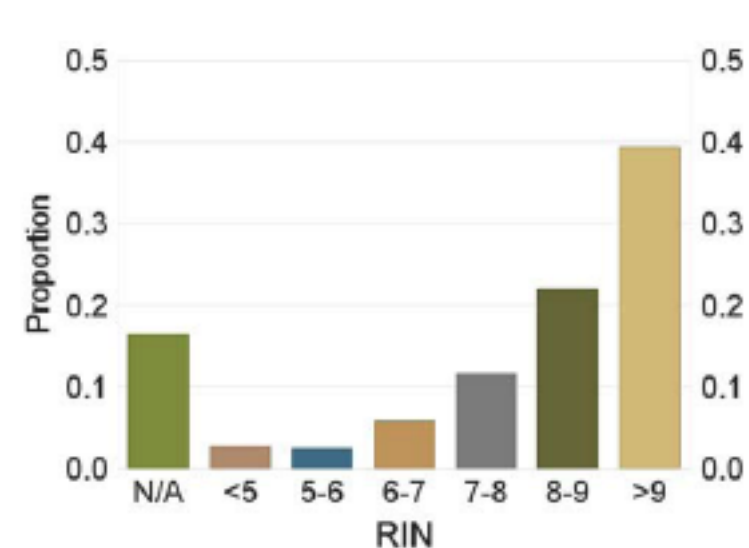
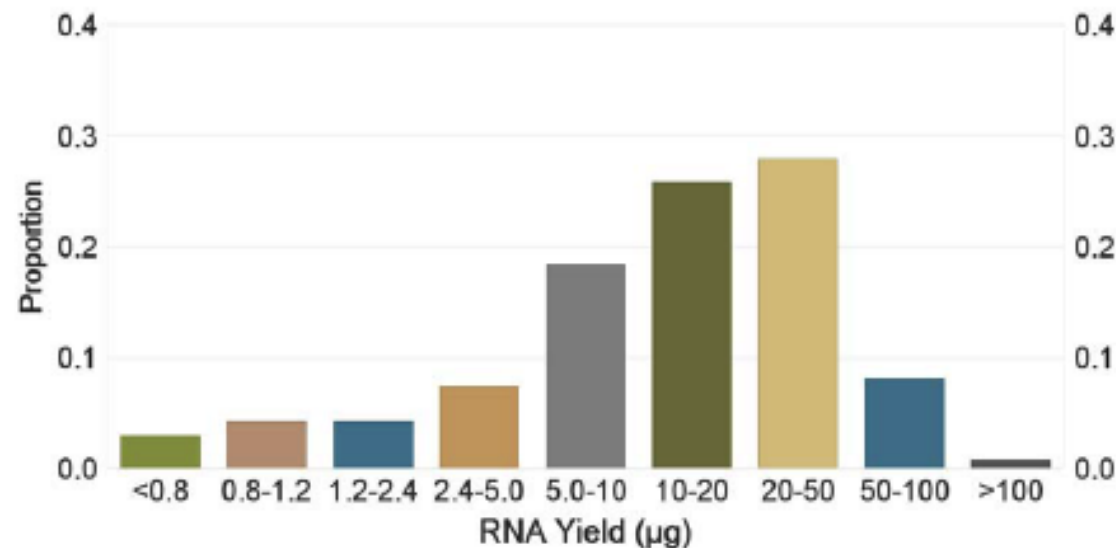
# What about Nucleic Acid Preservatives?

Prospective registry trial at MDACC (PI: Stacy Moulder).

Samples collected at time of clinical procedure following a SOP

Pass rates represent Dx, & yield & quality of RNA & gene expression microarray data

Sample Type	ER+/HER2-			TNBC		
	Pass	Fail	Rate	Pass	Fail	Rate
FNA	39	7	85%	24	5	83%
CBX	104	0	100%	39	2	95%
Surgical	74	5	94%	14	0	100%



# Clinical Testing For Personalized Cancer Therapy

1. Requires a truly multidisciplinary decision and active participation
2. Seek clinical validity and clinical utility before implementation as standard of care
  - Otherwise, it is reasonable to perform within a clinical trial
3. Only perform in an accredited diagnostic laboratory
  - Procedures and requirements are different from research
4. Quality of the sample is critical to success
  - Ideally collect samples with the best quality molecules
  - Otherwise, sample qualification is essential
    - Need to demonstrate feasibility with limited samples