

Liquid Biopsies for Genotyping and Monitoring Breast Cancer: Ready for Prime Time?

Pro:

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Disclosures

- Circulating MUC1
 - Was involved in early studies that established CA15-3, but received no royalties (although I did get academic promotion)
- Circulating Tumor Cells
 - Have received financial support for laboratory and clinical research from Immunicon/Veridex/Janssen Diagnostics (serial manufacturers of CellSearch[®])
 - Have patent for CTC-Endocrine Therapy Index
 - Have patent pending for novel mechanisms of capturing and evaluating CTC

Are Liquid Biopsies Ready for Prime Time?

- **What is a liquid biopsy?**
- **What is Prime Time?**
- **What is Ready?**

What is a Liquid Biopsy?

- Ideally, one would like to do serial biopsy of all metastases
 - **Pro**
 - Permits Body-wide analysis of tumor heterogeneity
 - Permits monitoring of emerging genetic and phenotypic differences
 - **Con**
 - Invasive, associated with risk
 - Impractical (not all metastatic sites are accessible)
 - Expensive
- **Blood tests:** May get around all of these
- **“Liquid Biopsy”:** Term first coined by Klaus Pantel and colleagues to refer to phenotypic analysis of circulating tumor cells (CTC)
 - *Alix-Panabieres, et al., Curr Opin Oncol 19:558-63, 2007*

“Liquid Biopsies”

Pro

- **Increasing standardization**
 - Pre-Analytical
 - Analytical
- **Permits interrogation of the liquid phase of the tumor**
 - Biologically determined
 - Not just bulk/tumor burden
 - Some of what we are capturing is biologically not important, some is
 - We need to better understand how it relates to tissue phase

What is a Liquid Biopsy?

- **CTC enumeration**
- **CTC genotype and phenotype**
- **? Circulating free tumor DNA**
- **? Circulating free miRNA**
- **? Circulating soluble protein**
- **? Circulating exosomes**

Are Liquid Biopsies Ready for Prime Time?

- **What is Prime Time?**
 - **First coined in USA to describe a time of the evening when most Americans would be watching TV: 7-10PM**
 - **Made famous by the “Not – Ready – for – Prime Time Actors” in Saturday Night live**

Are Liquid Biopsies Ready for Prime Time?

- **What is Prime Time?**
- **For a Tumor Biomarker:**
 - **Application for a specific use in clinical care**
 - Risk, Screening, Diagnosis, Prognosis, Prediction, Monitoring
 - **Application in a clinical trial**
 - Correlative
 - Direct Care within the Trial

When is a Tumor Biomarker Ready for Prime Time?

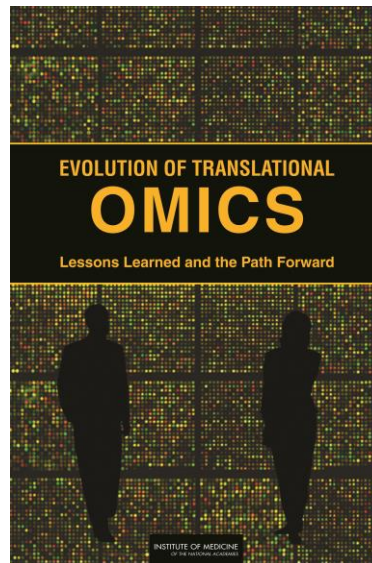
- **When the Analytical aspects of the assay for the biomarker are reliable**
- **When Clinical Utility has been demonstrated**

Tumor Biomarker Publications and Use: Definitions

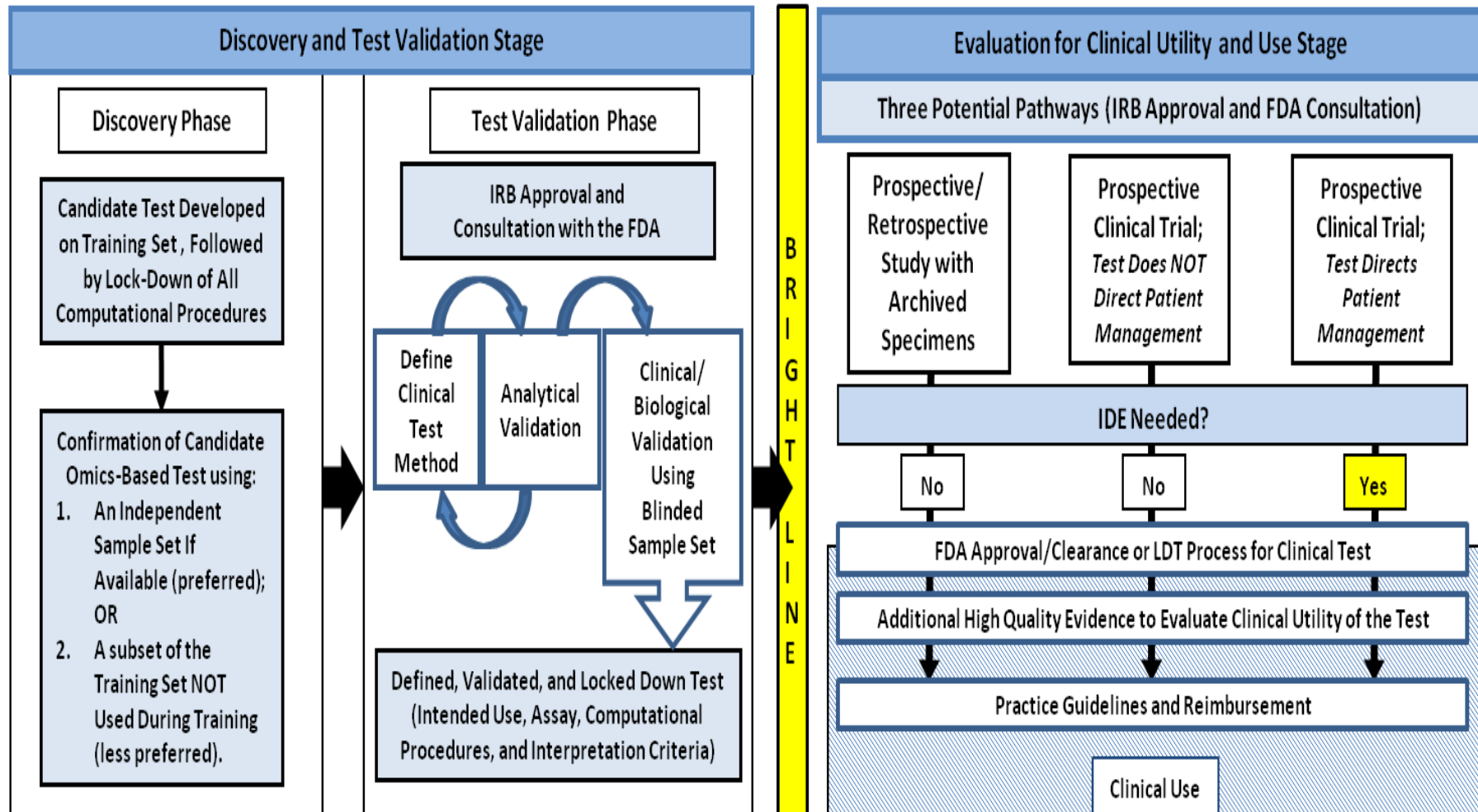
- **Analytical Validity**
 - Does the assay accurately and reproducibly measure what you say?
- **Clinical (or “Biologic”) Validity**
 - Does the assay actually identify a biologic difference (“pos” vs. “neg”) that may or may not be clinically useful?
- **Clinical Utility**
 - Do results of the assay lead to a clinical decision that has been shown with high level of evidence to improve outcomes?

Overview

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Evaluation for Clinical Utility and Use



When is a Marker Clinically Useful?

- It is either **prognostic** or **predictive**
- The **magnitude** of effect is sufficiently large that clinical decisions based on the data result in outcomes that are acceptable
 - *Greater chance for benefit*
 - *Smaller toxicity risk*
- The estimate of magnitude of effect is **reliable**
 - *Assay is reproducible*
 - *Clinical trial/marker study design is appropriate*
 - *Results are validated in subsequent well-designed studies*

Are Any Circulating Biomarkers Ready for Prime Time:

Standard Care?

- **YES**

- Circulating MUC-1 (CA15-3, CA37.29) and CEA

- Monitoring patients with metastatic disease

- **NO**

- Circulating nucleic acids for any use

- Circulating proteomics for any use

- Any for Prognosis in Early Stage Disease

Are Any Circulating Biomarkers Ready for Prime Time: **Standard Care?**

- **MAYBE?**

- Enumeration of CTC in metastatic disease

- **Prognosis**

- Baseline: Probably not

- After one cycle of first-line chemotherapy for metastases; S0500

- **Decrease radiographic and scintigraphic staging**

- If history, physical, circulating MUC1 and CEA, and CTC are NOT rising – odds of progression are nearly 0.

- After one cycle of first-line chemotherapy for metastases: SWOG S0500

Are Any Circulating Biomarkers Ready for Prime Time: Clinical Trials?

- **YES: CTC with genotype or phenotype; circ cftumorDNA; ? Circ miRNA**
 - Correlate with outcomes to see if the circulating marker is a good surrogate of outcome (Response, PFS or OS)
 - *Example: PSA in prostate cancer*
 - Use to direct patient care or stratify on different arms
 - *Example: ER, HER2*
 - As pharmacodynamic monitoring tool
 - *Example: reduction of ER after fulvestrant*
 - Direct patient onto innovative genomics trials

Are Any Circulating Biomarkers Ready for Prime Time

- **Conclusions**

- **Standard Care**

- CA15-3, CEA YES
 - Others NO or MAYBE

- **Clinical Trials**

- CTC Yes
 - Circ cell free DNA MAYBE
 - Proteomics MAYBE

But He Is a Good Grandfather!!



