# Visualising the true spectrum of cancer by molecular sequencing

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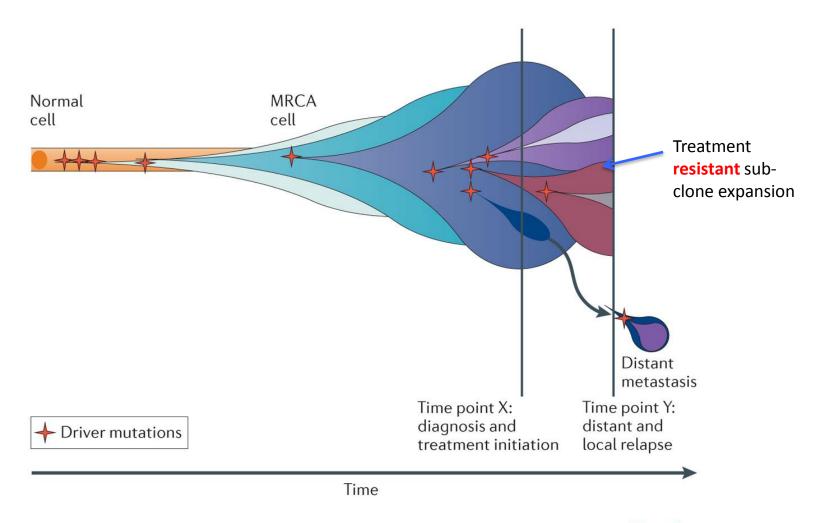
# Cancer Genome Project Wellcome Trust Sanger Institute



## **Disclosures**

No financial interests to disclose Research funding from the Wellcome Trust

# **Cancer Evolution & Genomic Heterogeneity**

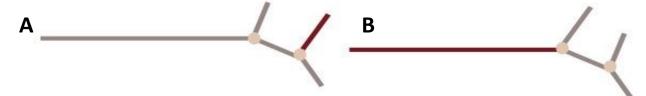


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## **Three Questions**

1. How do aggressive hallmarks of cancer relate to the sub-clonal composition of breast cancers?



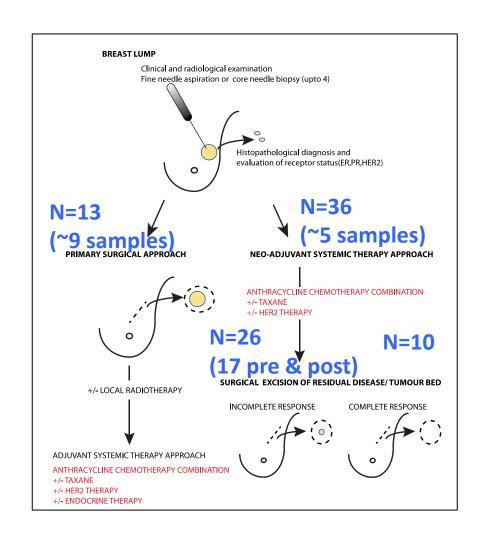
2. Is sub-clonal heterogeneity geographically defined?



1. How does heterogeneity relate to clinical features of disease?

## Sampling & Sequencing

- 49 patients with >1 sample from the primary tumor and a matched normal
- 295 tumor samples
- Whole genome sequencing: 29 samples, 13 patients (40-60X)
- Targeted gene capture: 282 samples,
   48 patients (165X)
  - Bait design targets ~400 cancer related genes & SNPs for copy number analysis



## **Extent of Spatial Heterogeneity**

- Two thirds of patients have heterogeneity of any mutation/ copy number
- 11/49 patients have heterogeneity of driver mutations or copy number changes
- Affected cancer genes: TP53, PIK3CA,PTEN, BRCA2, CDKN2A
- Affected copy number changes:
  - Arm level 1q, 8q gain, 17p loss
  - Focal amplifications: MYC, FGFR1, CDK6

## **Conclusions**

1. Understanding **sub-clonal diversification** is clearly important for understanding the origins of aggressive characteristics of cancer in some breast cancers

- 2. The degree of sub-clonal diversification varies from cancer to cancer:
  - In 11/49 patients we identified geographically defined heterogeneity of driver point mutations/ copy number changes
  - This is enriched in the systematically sampled 12 patients (50%) which may reflect limitations of blindly attained samples

#### 1. Clinically

- Heterogeneity is associated with a trend for increasing grade & ductal sub-type but not response
- Number of mutations may be important

### With Thanks!

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