

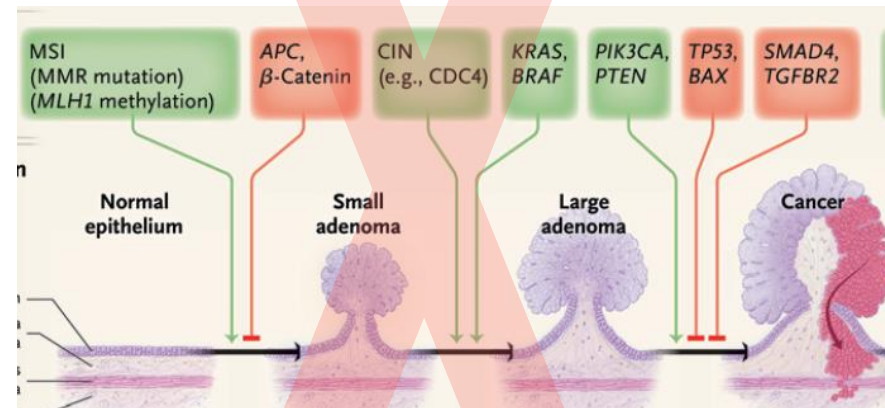
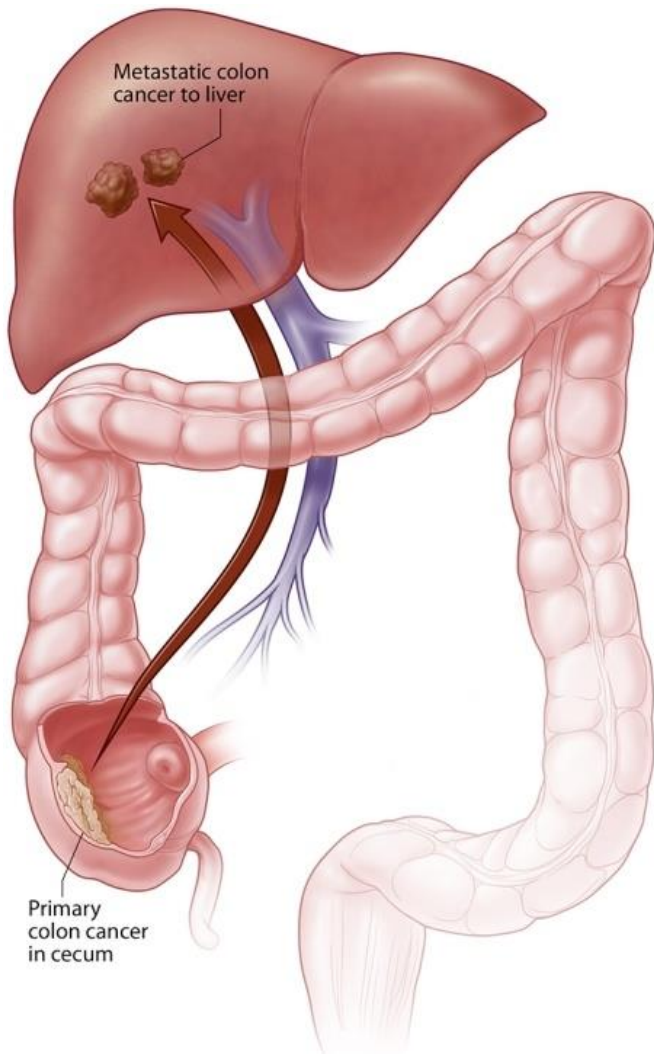
# **Are we making progress in the molecular taxonomy of colon cancer?**

Sabine Tejpar

University of Leuven

Belgium

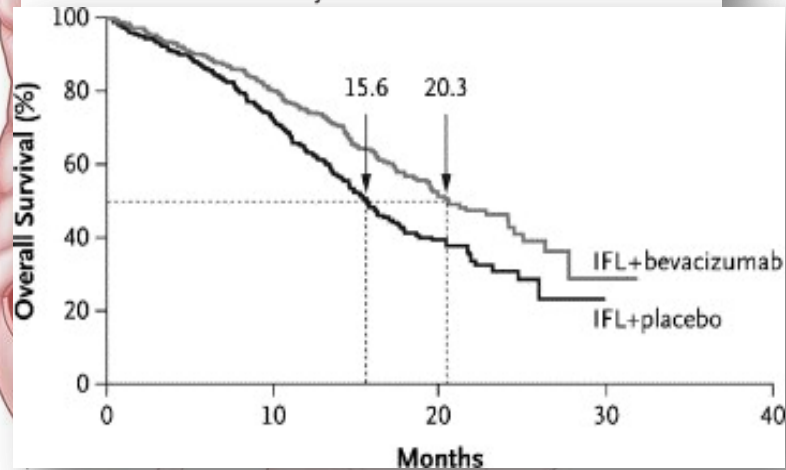
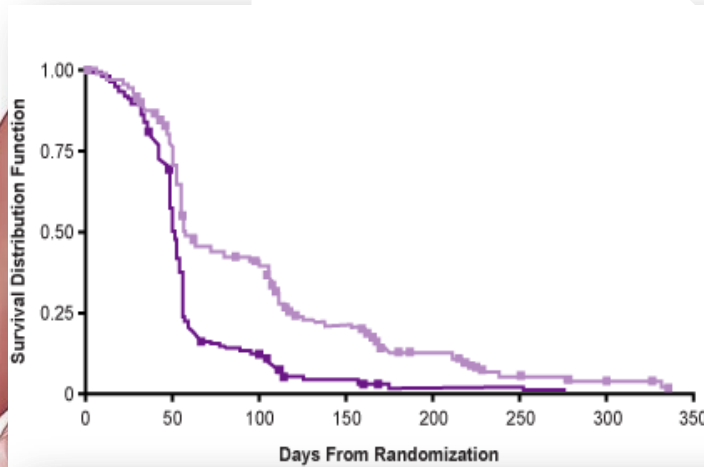
# Colorectal cancer: from one disease to heterogeneous entities



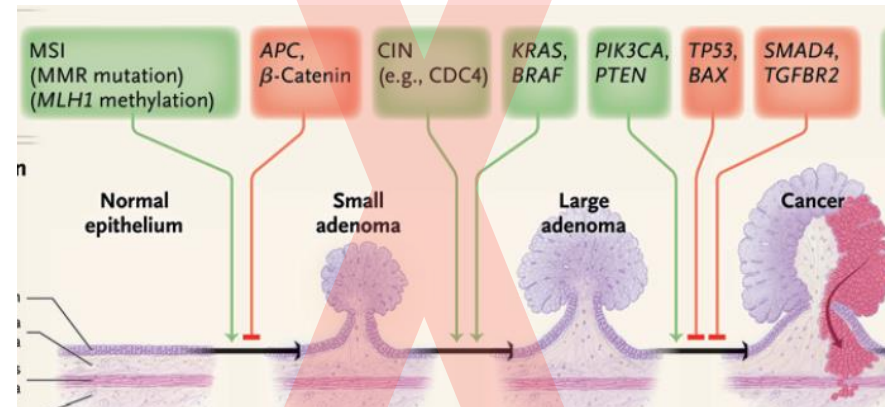
Many diseases hitting the same organ



# Colorectal cancer: from one disease to heterogeneous entities



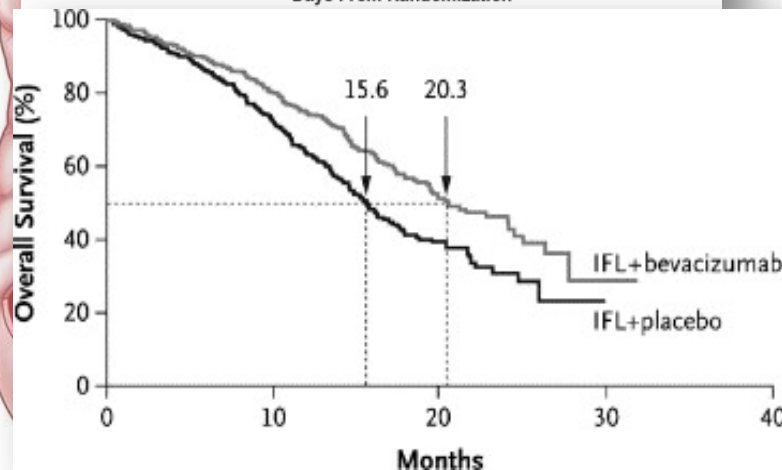
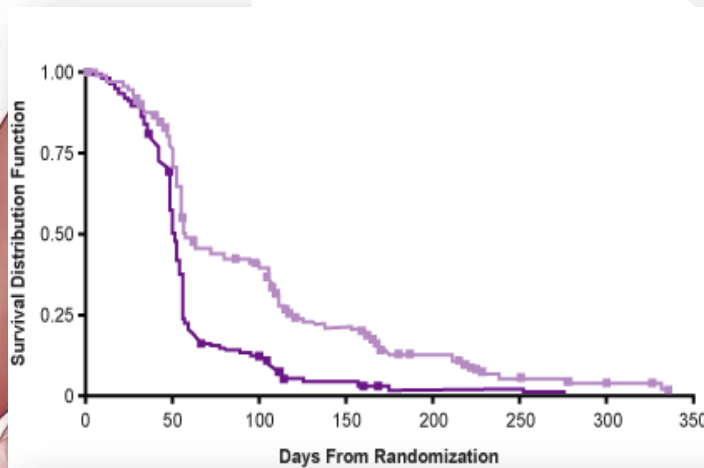
Primary  
colon cancer  
in cecum



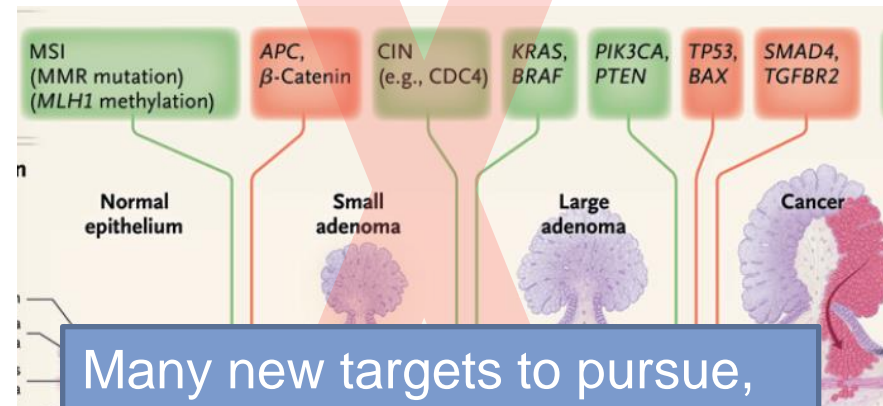
Many diseases hitting the same organ



# Colorectal cancer: from one disease to heterogeneous entities

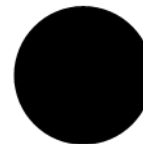


Primary  
colon cancer  
in cecum



Many new targets to pursue,  
new ways to pursue them

Many diseases hitting the  
same organ



# Progress in molecular taxonomy

- Knowledge
- Application



# Colorectal cancer subtyping consortium (CRCSC) identifies consensus molecular subtypes

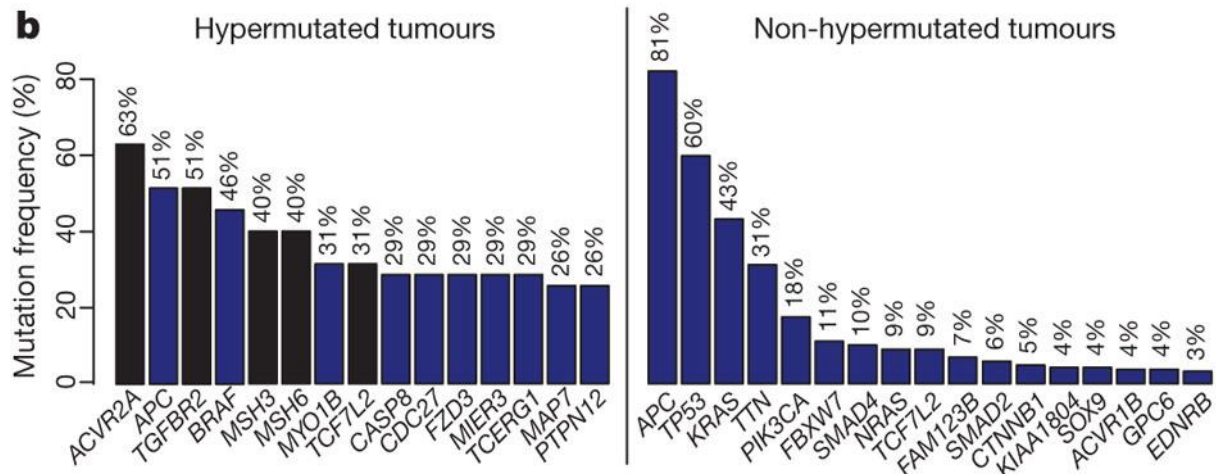
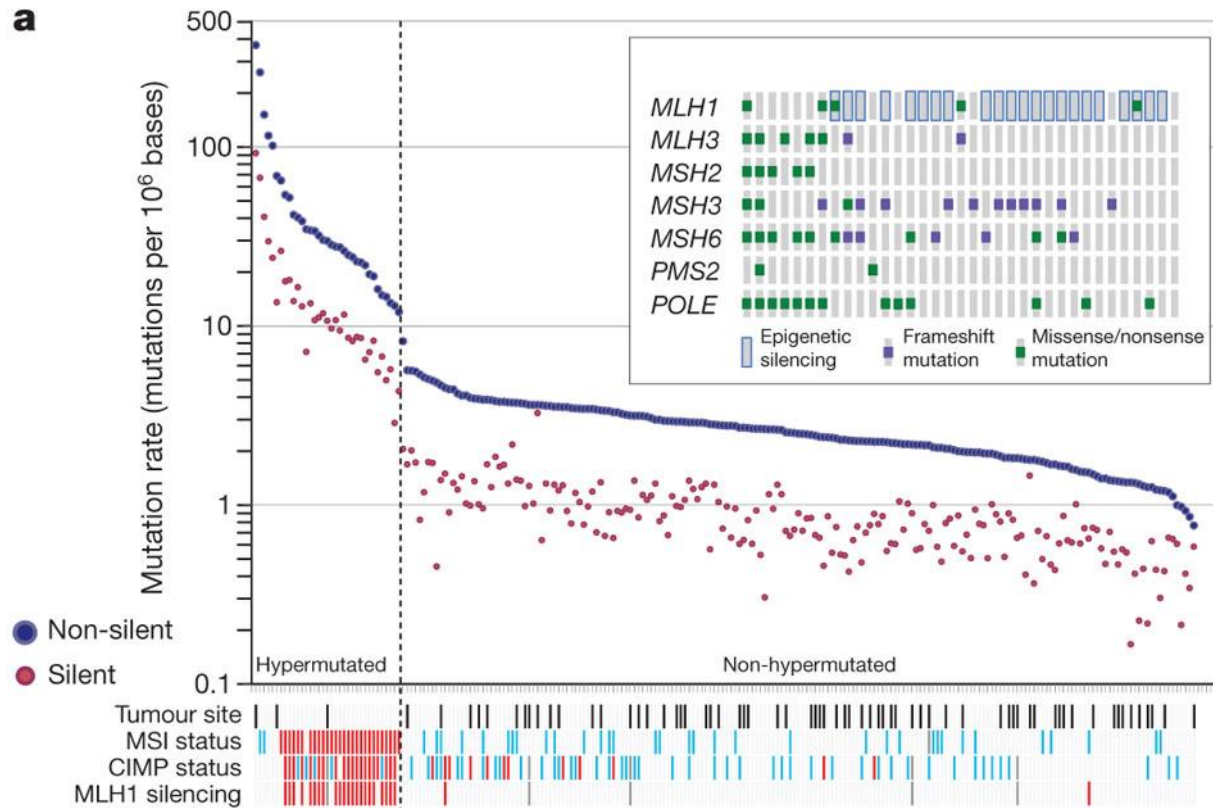
Rodrigo Dienstmann, Justin Guinney, Mauro Delorenzi, Aurelien De Reynies, Paul Roepman, Anguraj Sadanandam, Louis Vermeulen, Andreas Schlicker, Edoardo Missiaglia, Charlotte Soneson, Laetitia Marisa, Krisztian Homicsko, Xin Wang, Iris Simon, Pierre Laurent-Puig, Lodewyk F. A. Wessels, Jan Paul Medema, Scott Kopetz, Stephen H. Friend, Sabine Tejpar, **Colorectal Cancer Subtyping Consortium**

# CRCSC – Results Summary

<b>CMS1</b>	<b>13%</b>	Females, older age, right colon, MSI, hypermutation, <i>BRAF</i> mut, immune activation	Better RFS, intermediate OS, worse SaR
<b>CMS2</b>	<b>35%</b>	Left colon, epithelial, MSS, high CIN, <i>TP53</i> mut, WNT/MYC pathway activation	Intermediate RFS, better OS, better SaR
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<b>CMS4</b>	<b>20%</b>	Younger age, stage III/IV, mesenchymal, CIN/MSI, TGF $\beta$ /VEGF activation, NOTCH3 overexpression	Worse RFS, worse OS Intermediate SaR
<b>Unclassified</b>	<b>21%</b>	Mixed subtype with variable epithelial-mesenchymal activation?	Intermediate RFS, OS and SaR



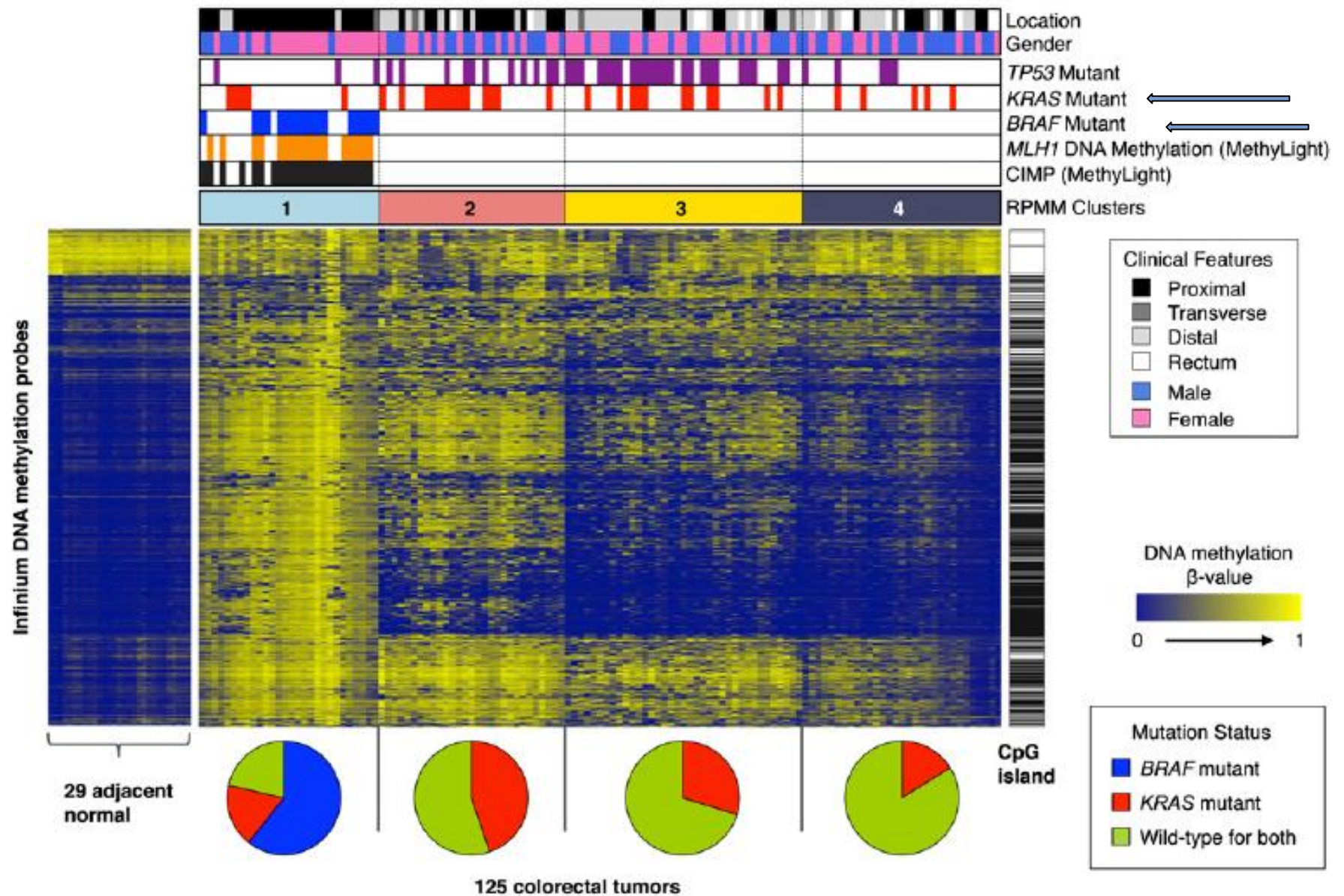
# Mutation frequencies in human CRC.



nature



# Methylation based subgrouping

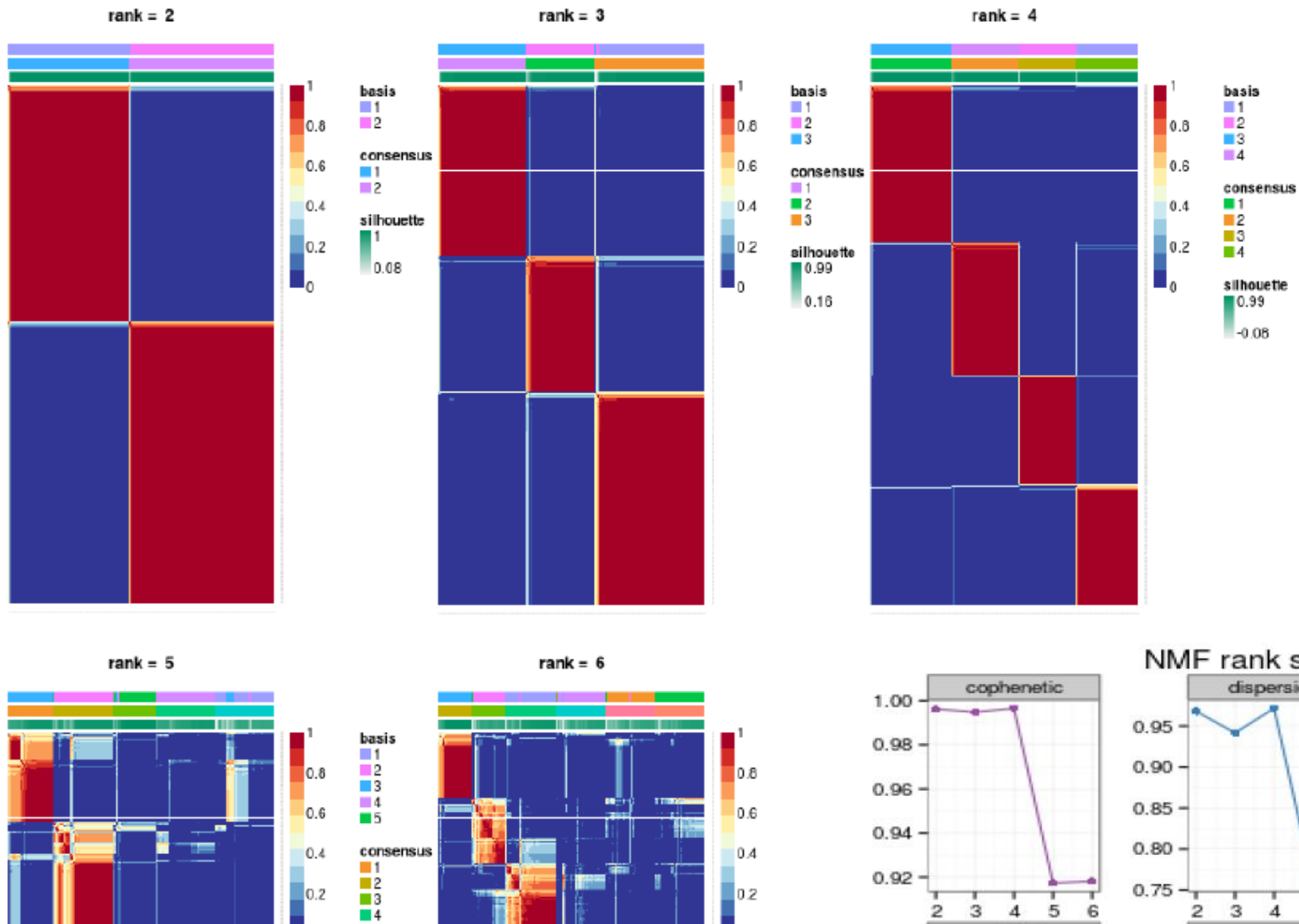


# miRNA based subgrouping. 960 colon specific miRNA

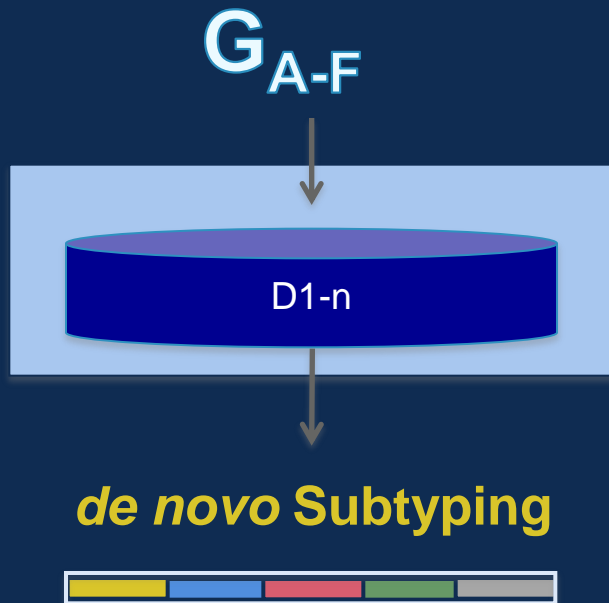
Bioinformatics Core Facility  
Swiss Institute of Bioinformatics



PETACC-3 miRNA  
April 14, 2014



# CRCSC – Future directions

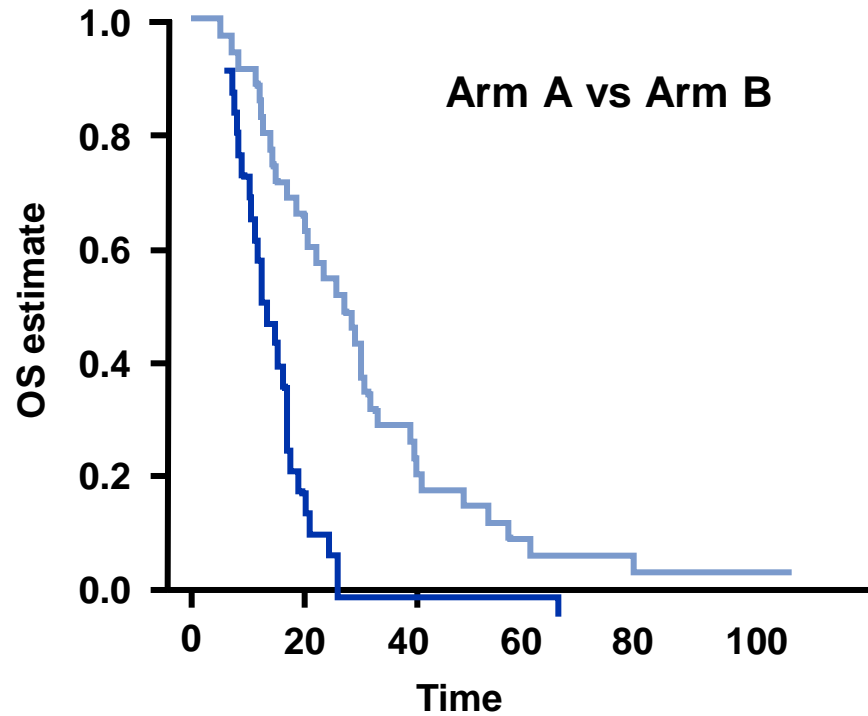


Ongoing work (complete analyses Fall 2014):

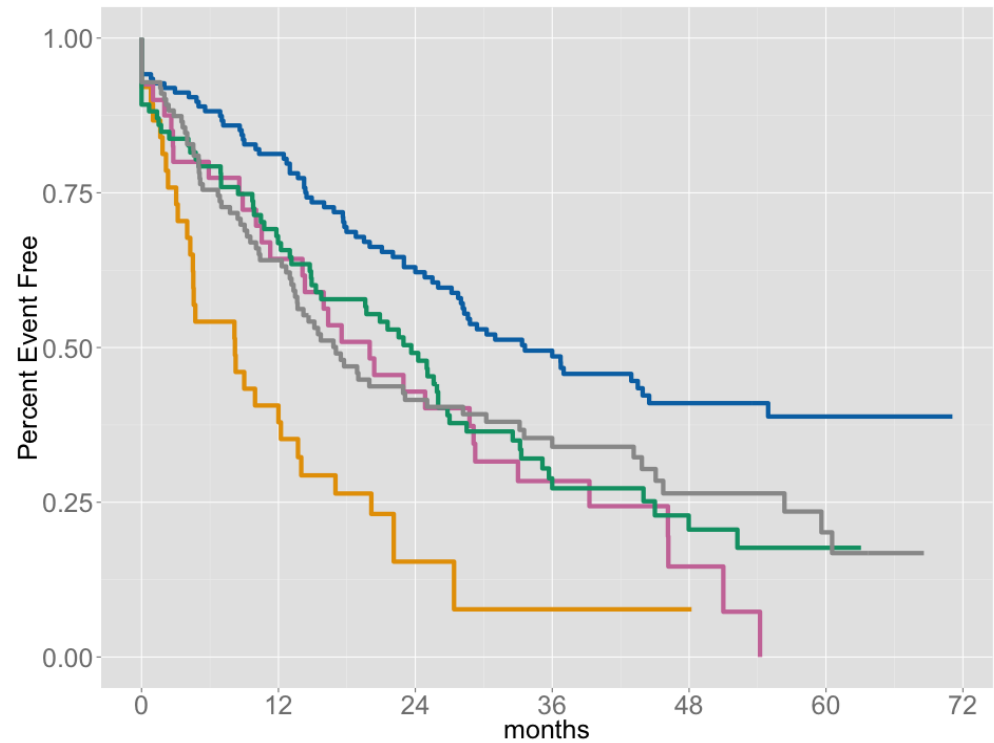
- Refinement of potential “mixed” subtype (CMS5)
- Development of a CRC subtype classifier that is robust and reproducible
- Integrate other markers

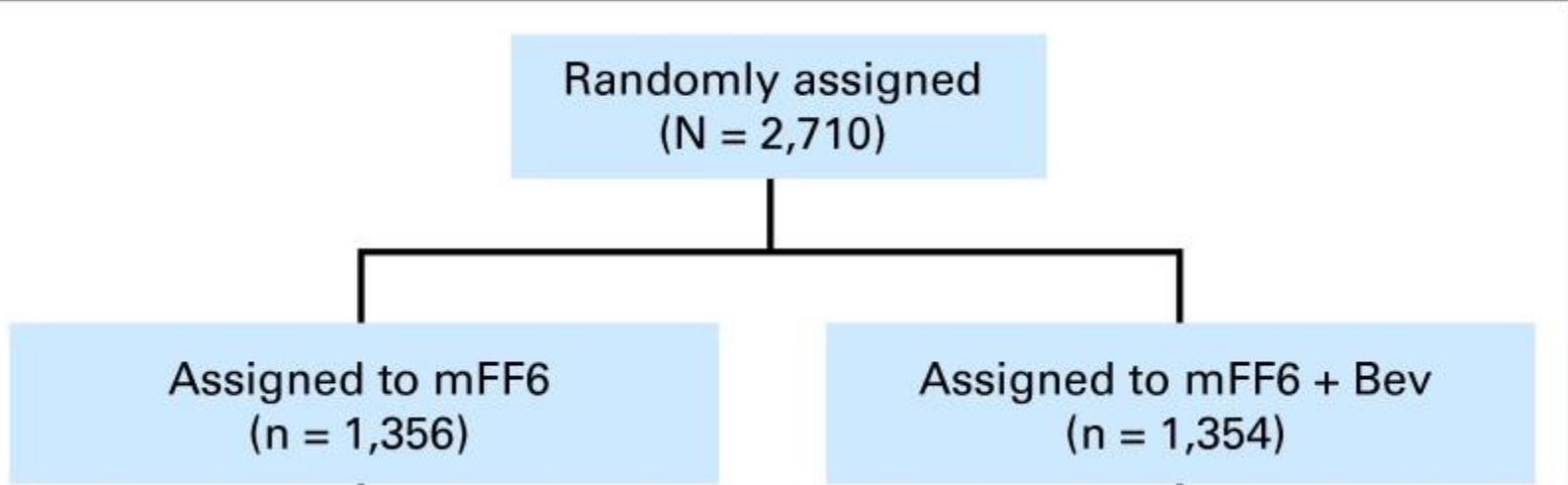
Collaborations to assess predictive value and differential drug sensitivity patterns across CMSs.

# Retrospective stratification

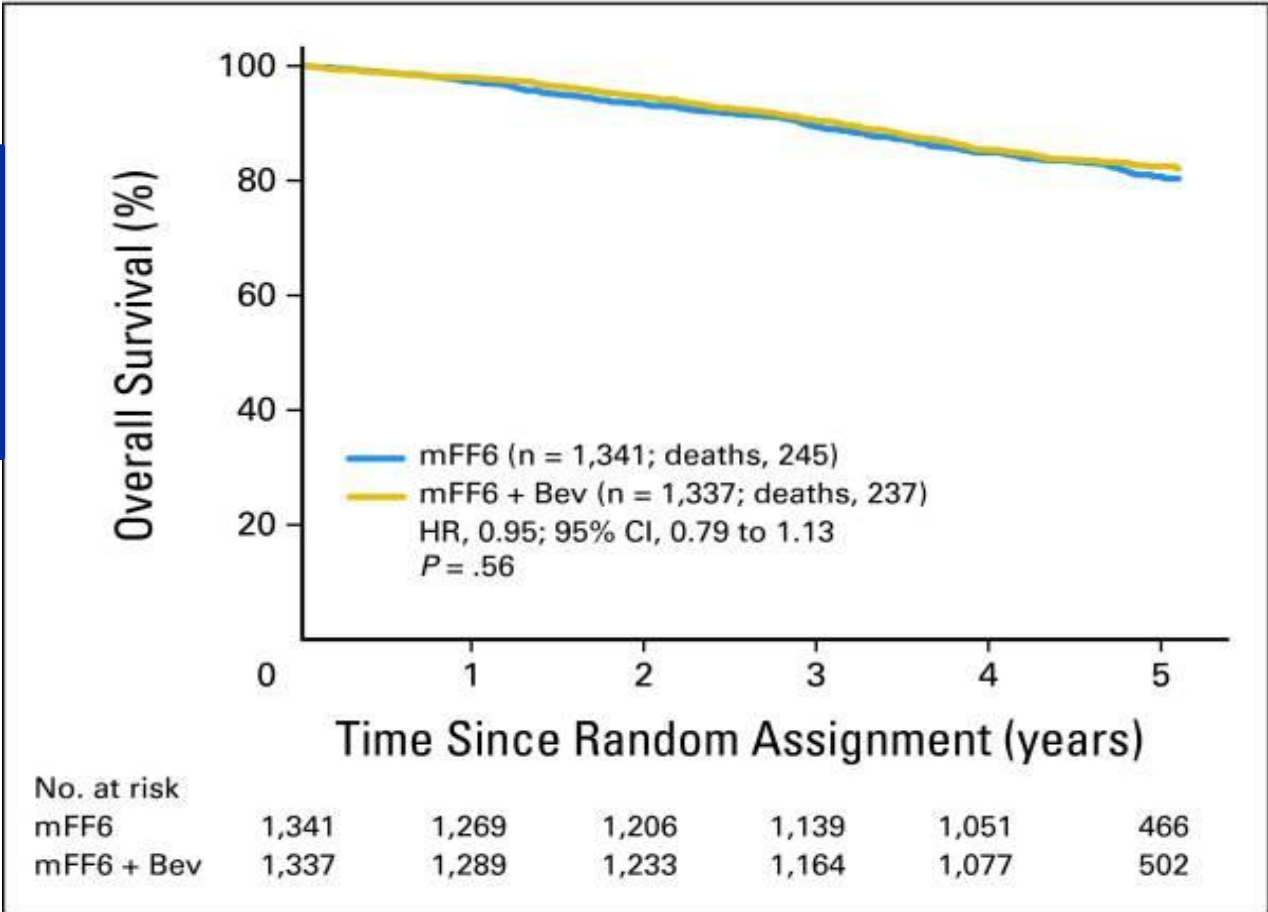


## Survival after relapse of CMS





Bevacizumab in Stage II-III  
Colon Cancer: the National  
Surgical Adjuvant Breast  
and Bowel Project  
**C-08 Trial**

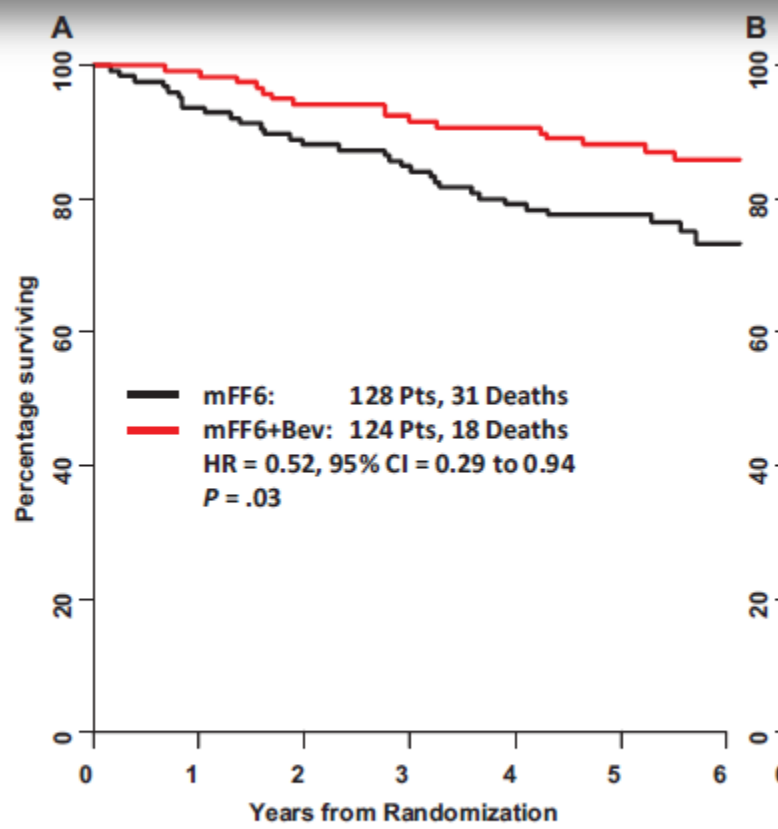


# Defective Mismatch Repair and Benefit from Bevacizumab for Colon Cancer: Findings from NSABP C-08

Kay Pogue-Geile, Greg Yothers, Yusuke Taniyama, Noriko Tanaka, Patrick Gavin, Linda Colangelo, Nicole Blackmon, Corey Lipchik, Seong Rim Kim, Saima Sharif, Carmen Allegra, Nicholas Petrelli, Michael J. O'Connell, Norman Wolmark, Soonmyung Paik

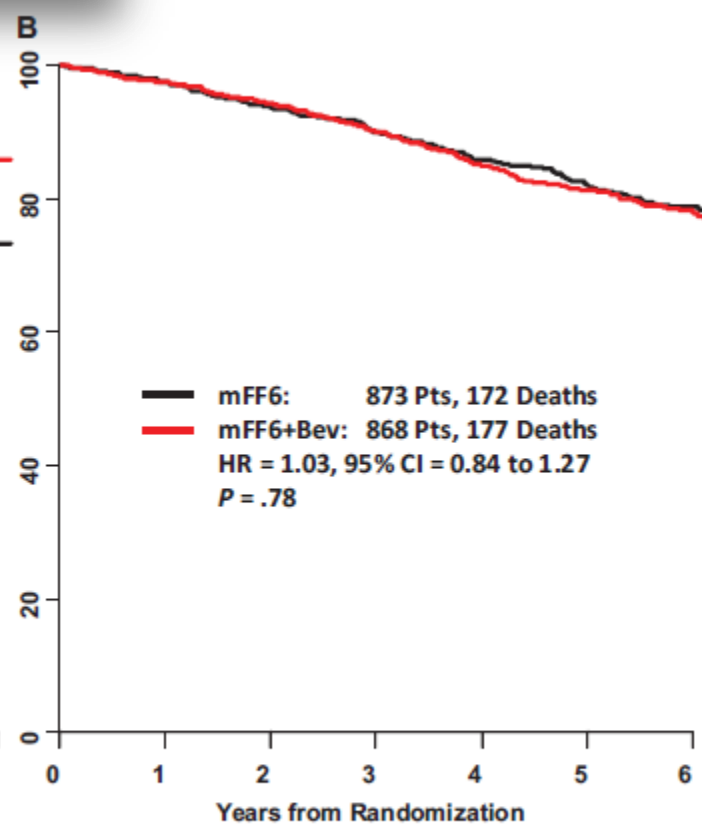
Manuscript received December 21, 2012; revised May 1, 2013; accepted May 6, 2013.

MSI



No. at risk

—	118	111	106	95	85	28
—	119	112	107	106	90	49



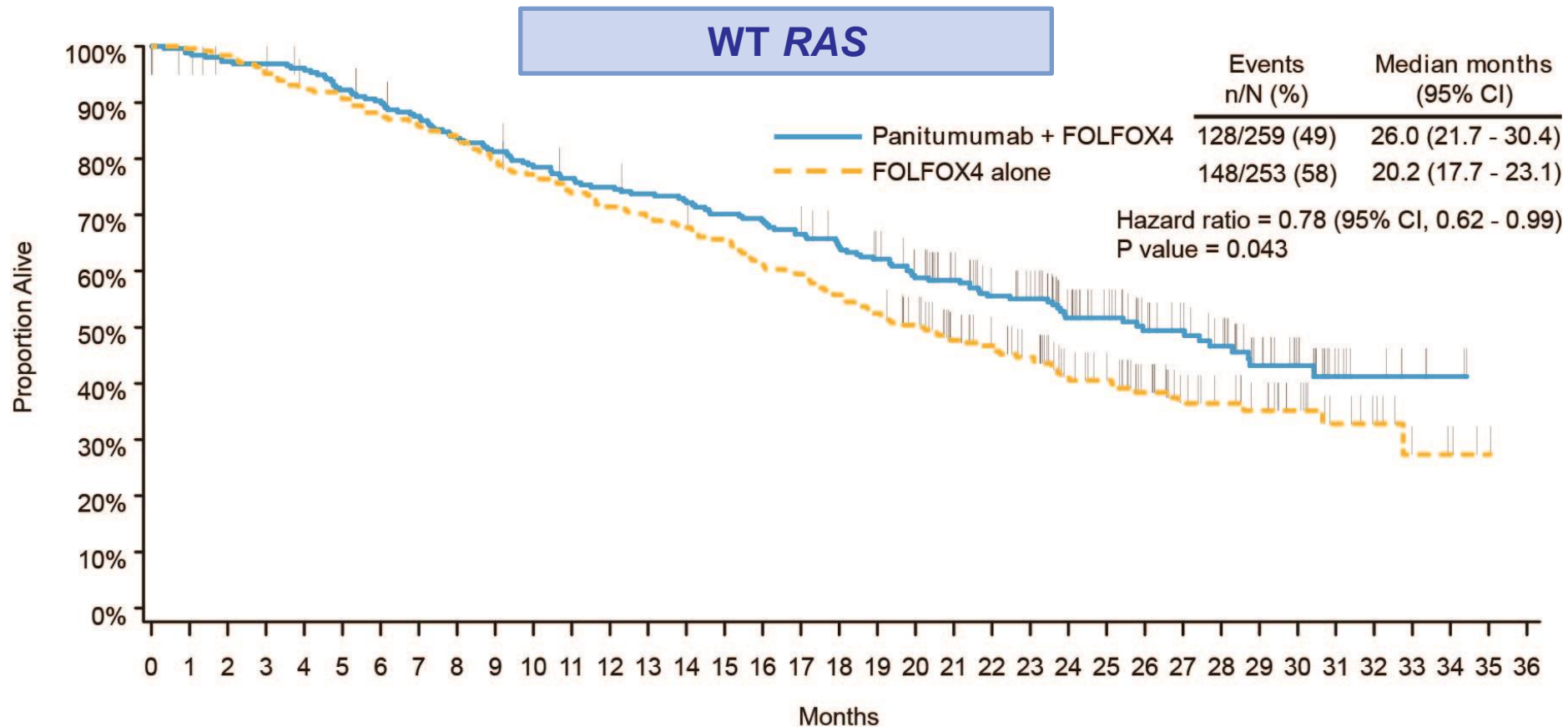
No. at risk

—	831	794	754	706	571	214
—	837	800	760	711	565	217

MSS

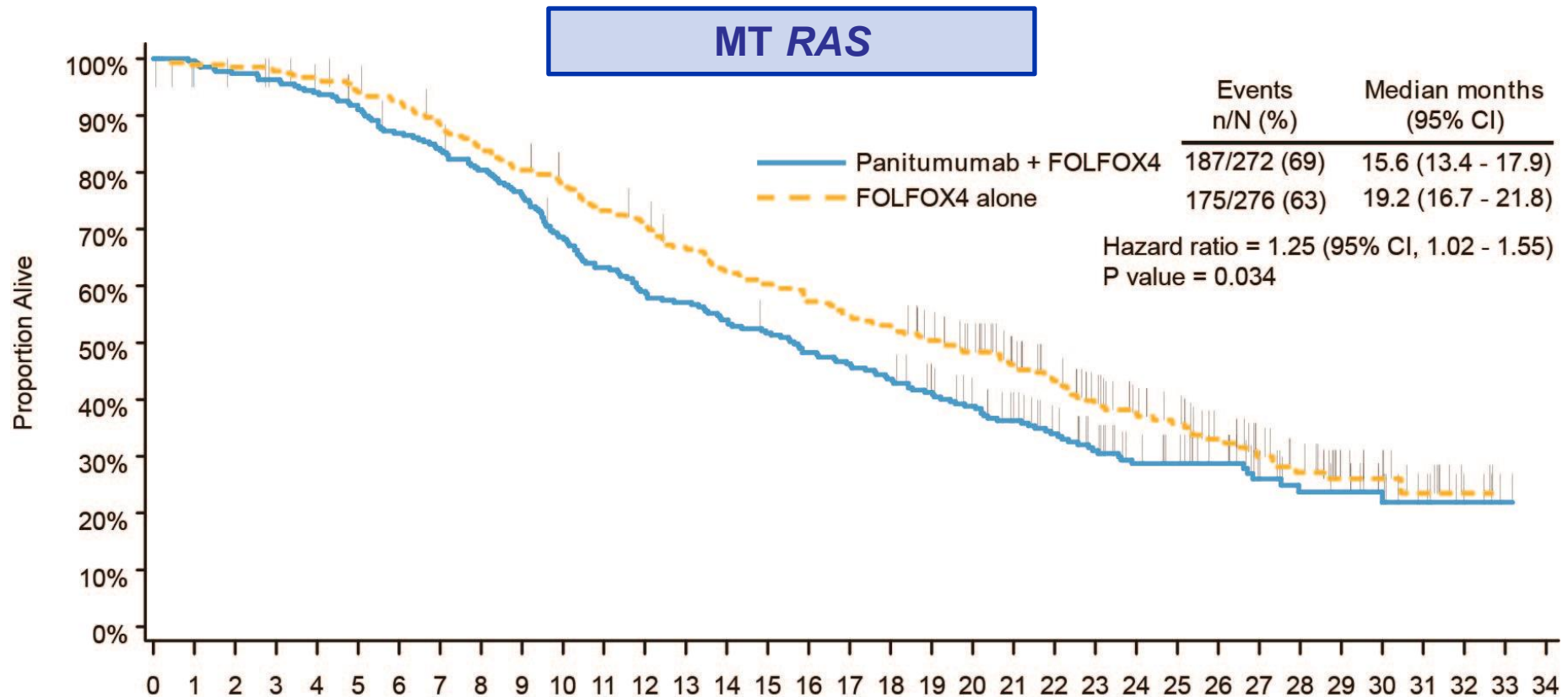


# OS in Patients With WT RAS mCRC

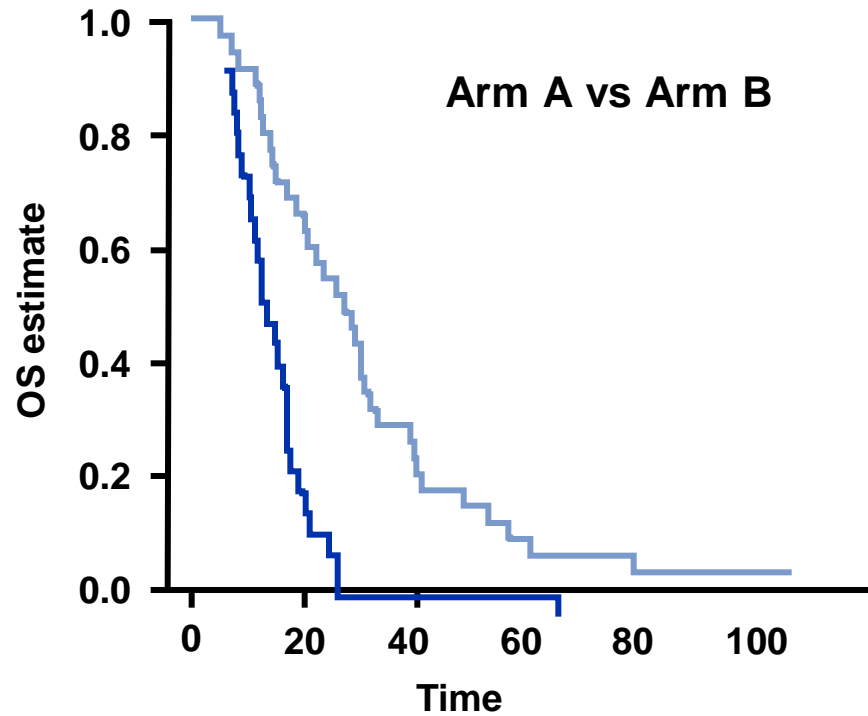




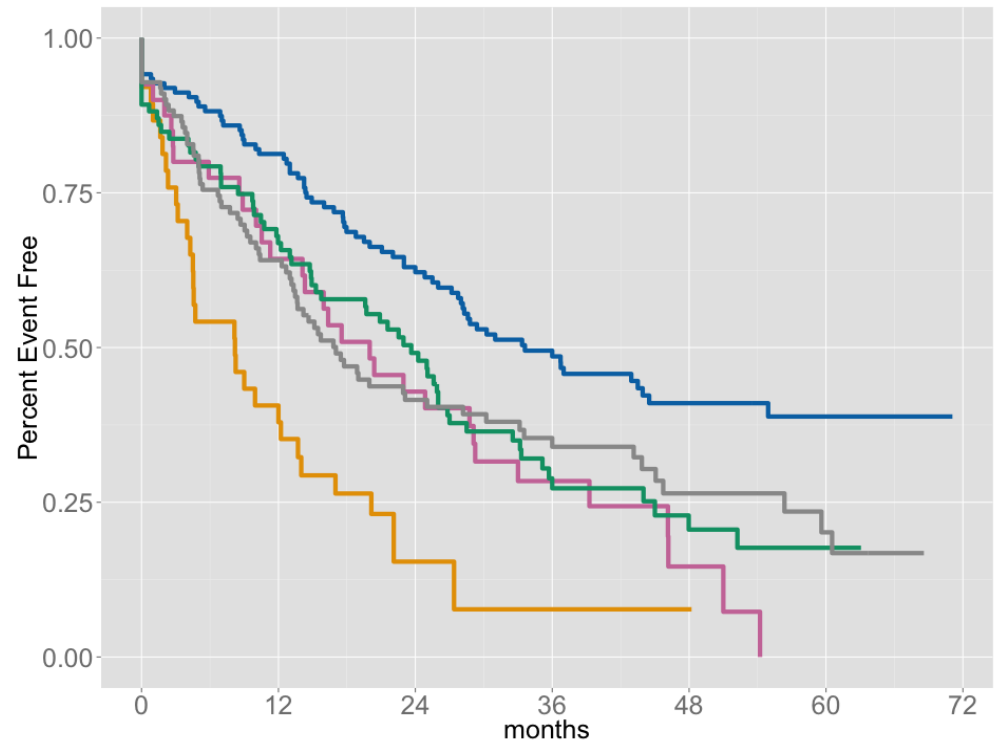
# OS in Patients With MT RAS mCRC



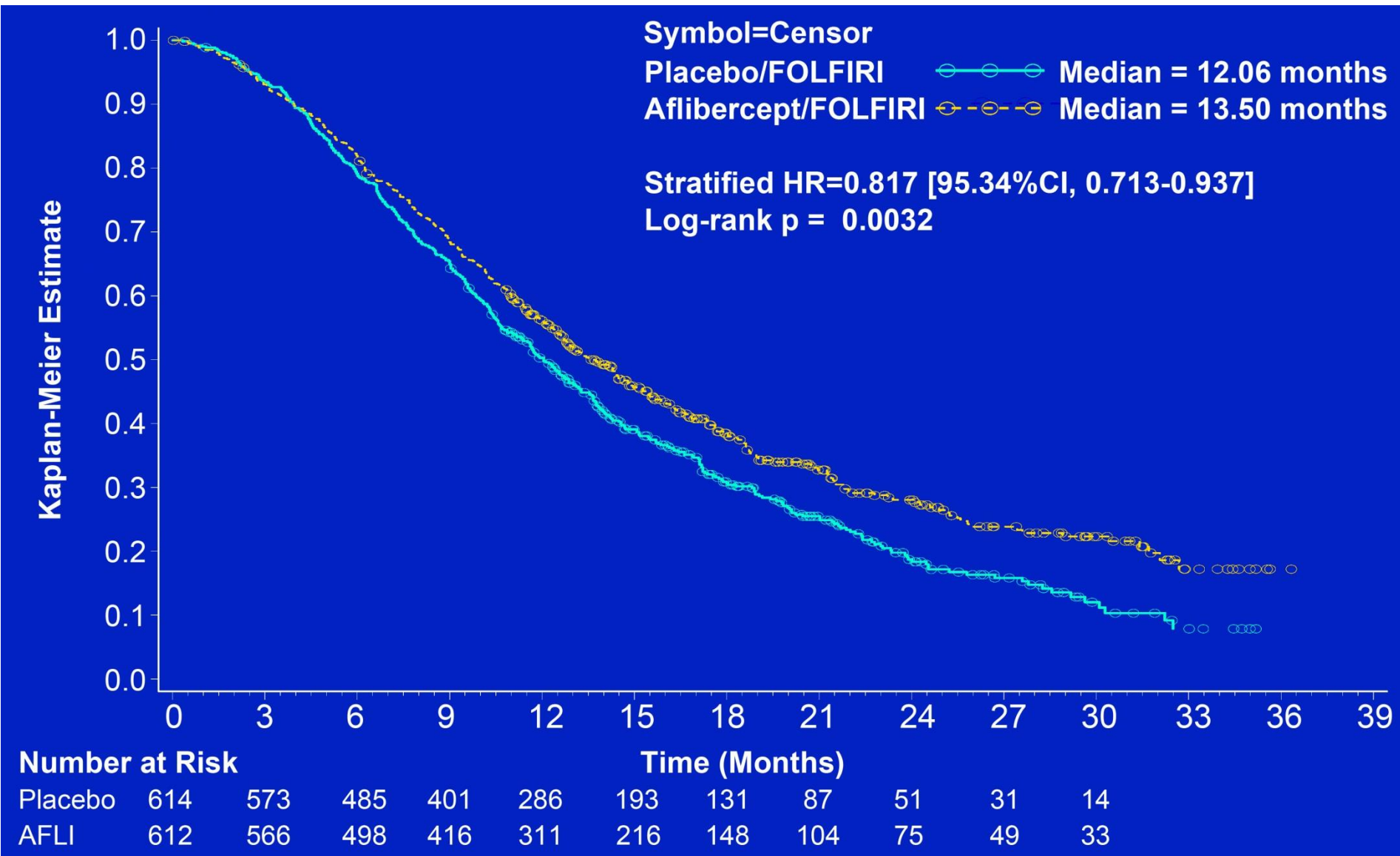
# Retrospective stratification



## Survival after relapse of CMS

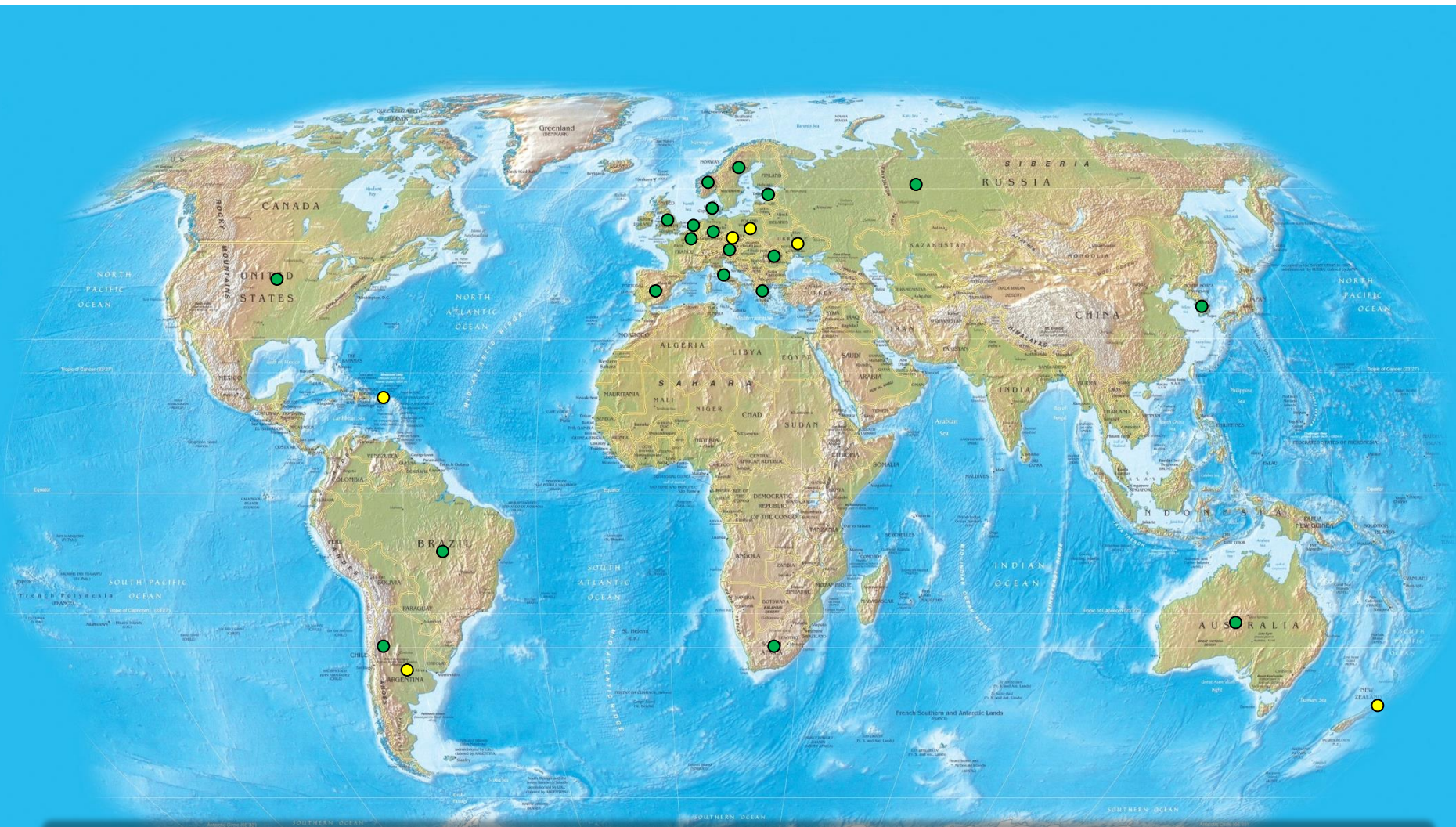


# Overall Survival - ITT Population



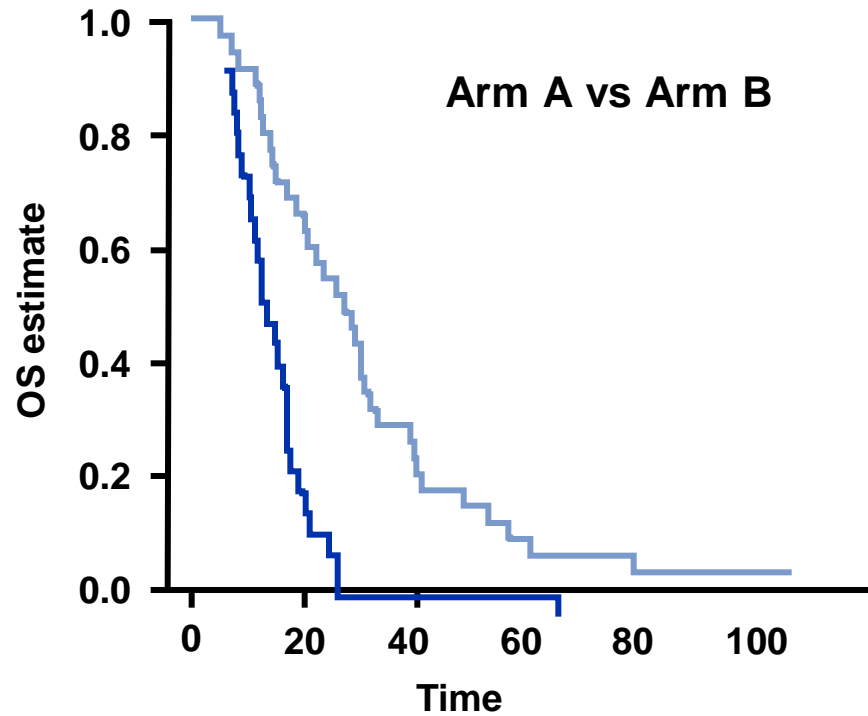


# Sample collection 128 sites worldwide , 28 countries, 1186 patients

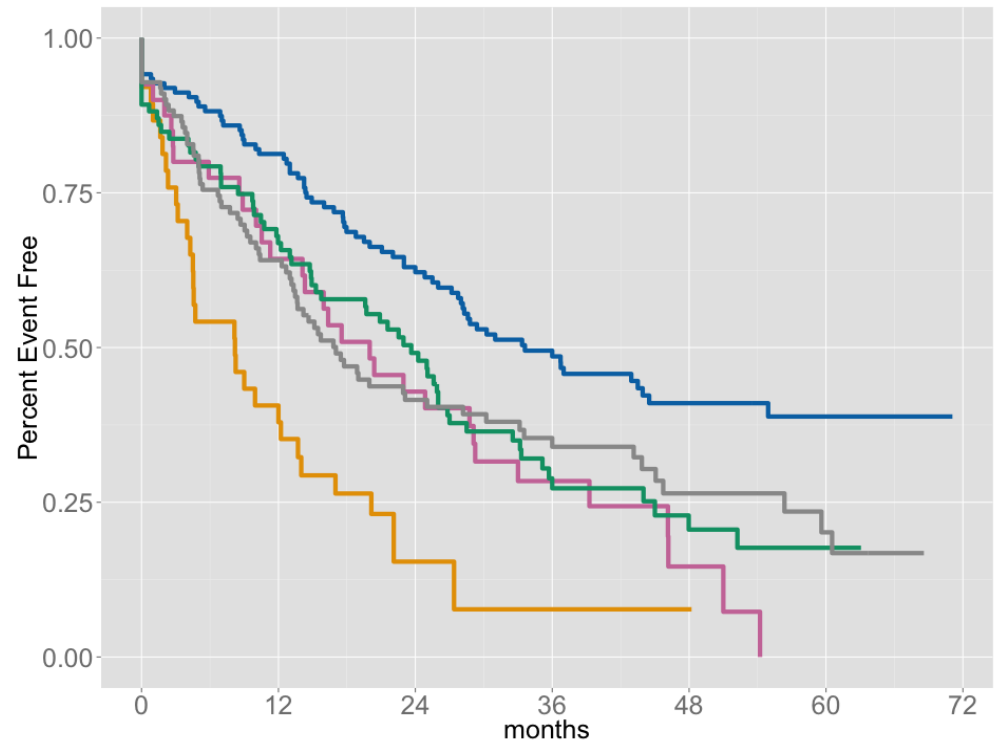


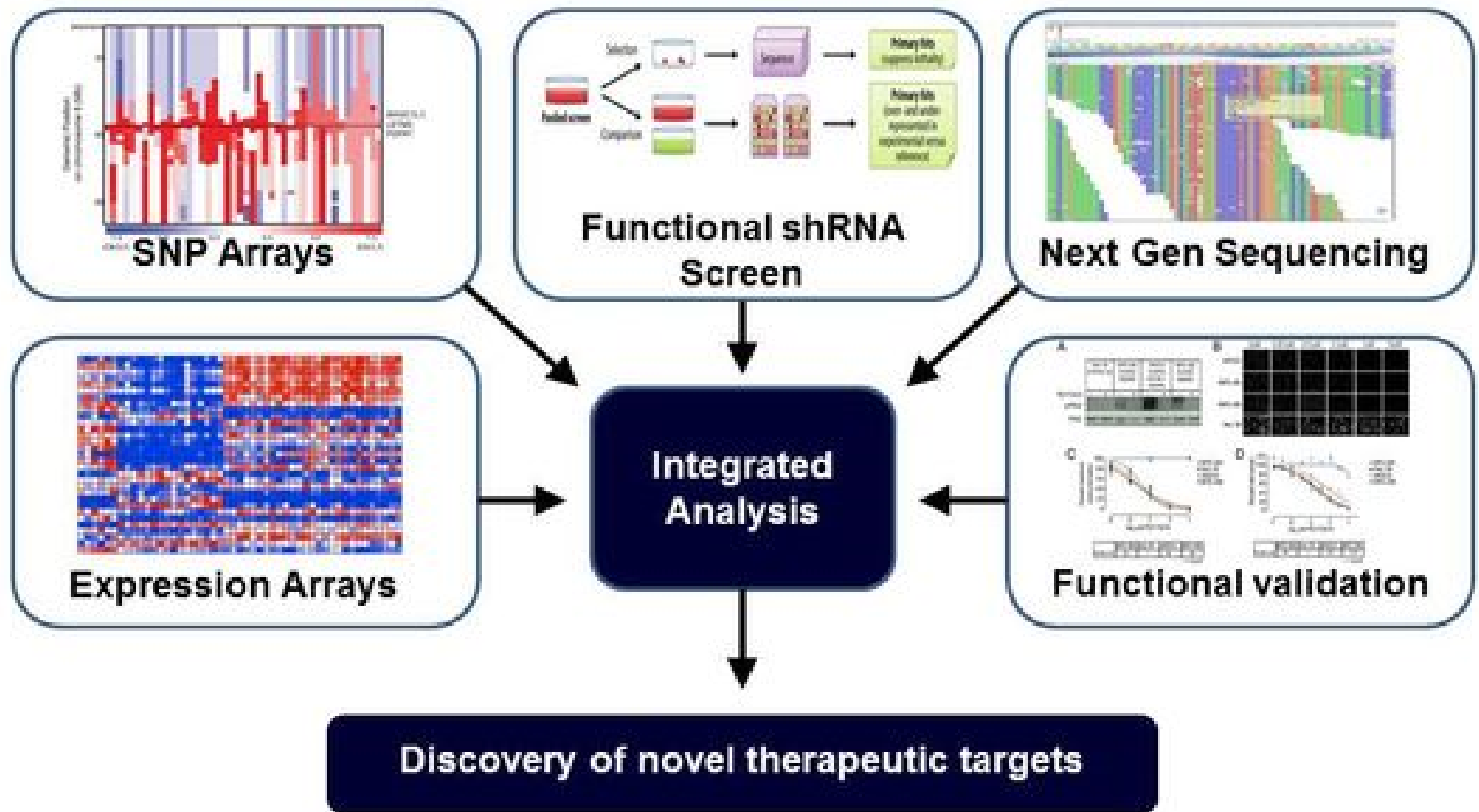
## Aflibercept biomarker analysis

# Retrospective stratification

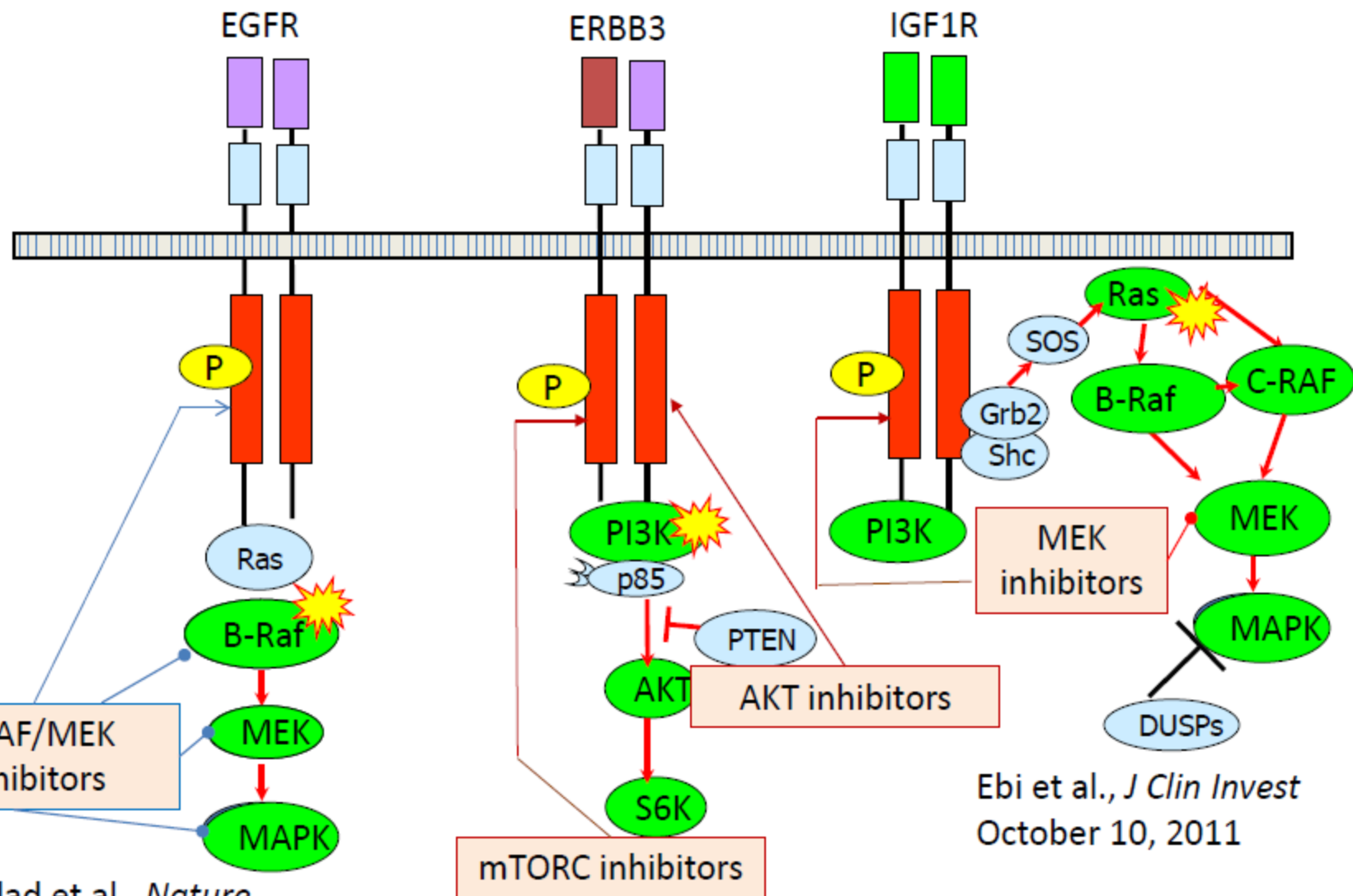


Survival after relapse of CMS





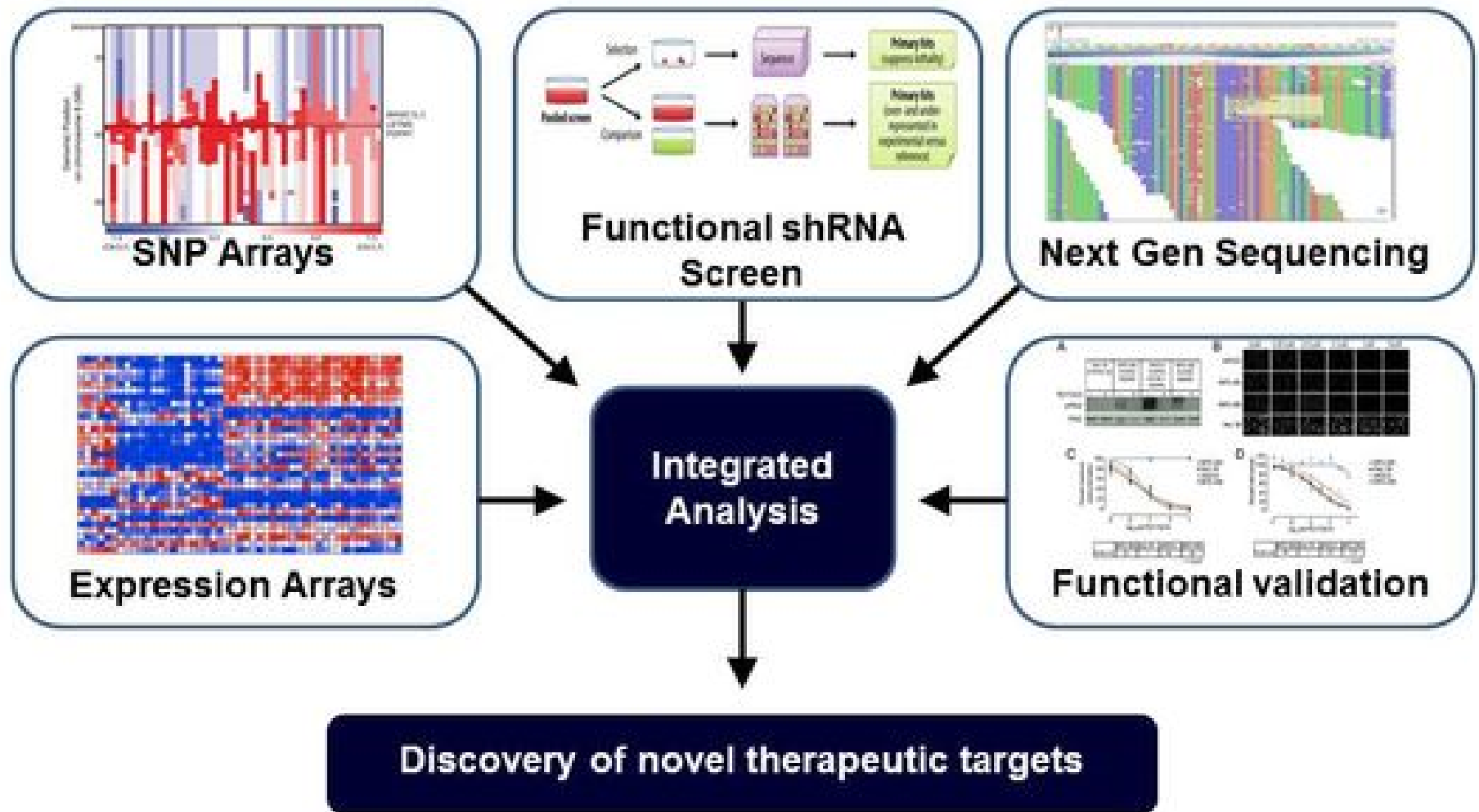
# RTKs activation by effectors inhibition



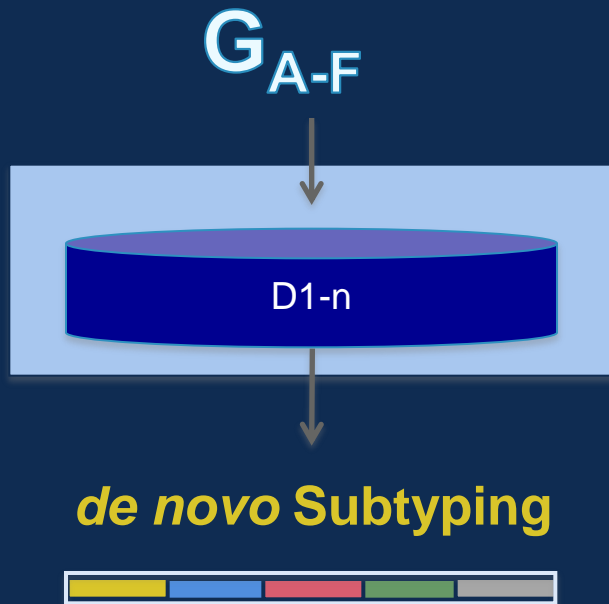
Prahallad et al., *Nature*  
January 26, 2012

Chandarlapaty S et al., *Cancer Cell*. 2011 Jan 18;19(1):58-71  
Rodrik-Outmezguine et al., *Cancer Discovery* 2011;1:248-259





# CRCSC – Future directions



Ongoing work (complete analyses Fall 2014):

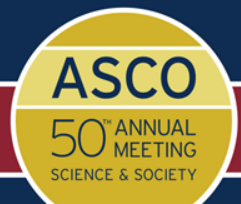
- Refinement of potential “mixed” subtype (CMS5)
- Development of a CRC subtype classifier that is robust and reproducible
- Validation in external datasets

Collaborations to assess predictive value and differential drug sensitivity patterns across CMSs.



Prospective testing of selected drugs based on subclass biology

PRESENTED AT:



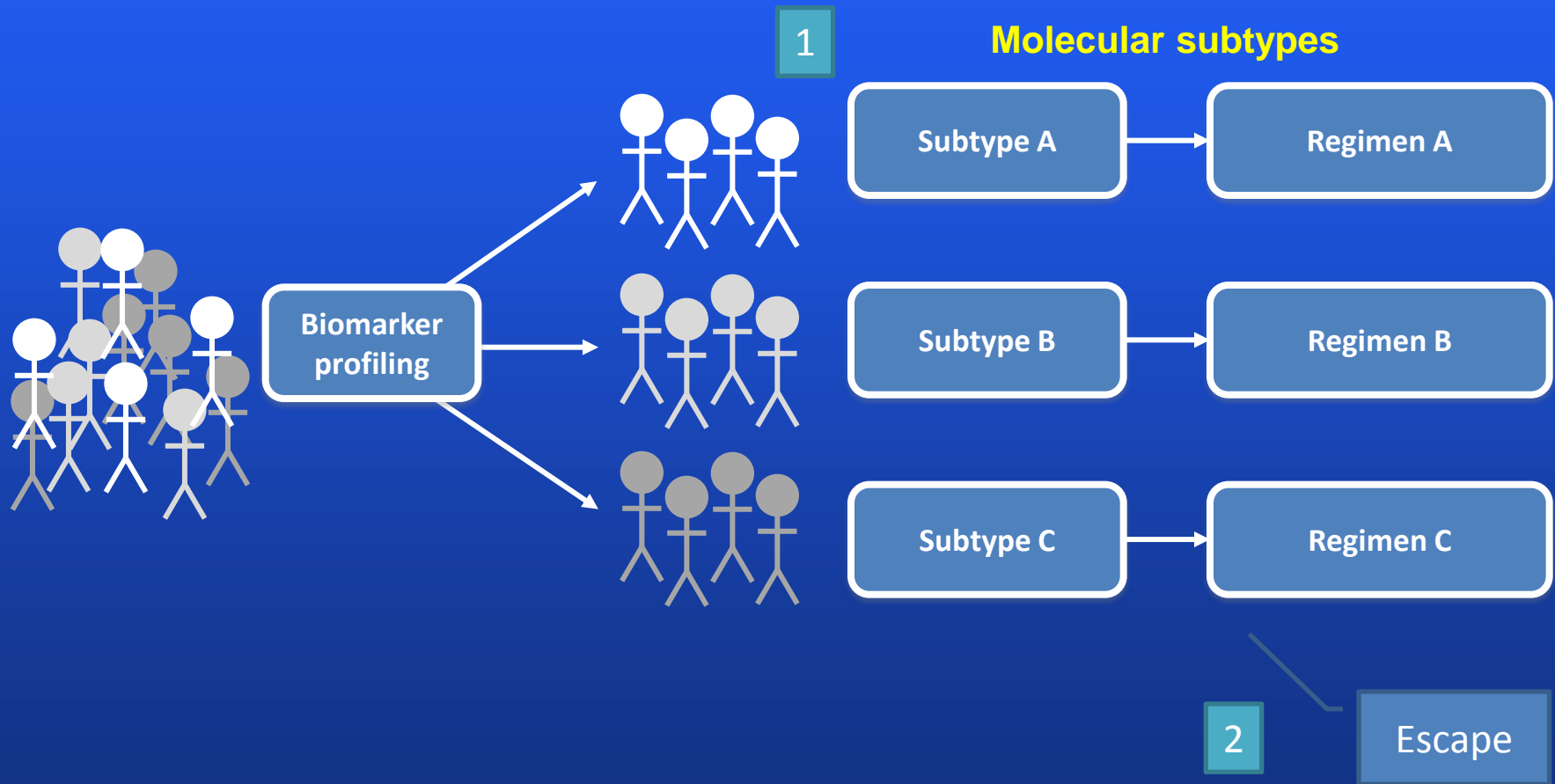
# Prospective drug testing

## Enrich stratify

<b>CMS1</b>	<b>13%</b>	Females, older age, right colon, MSI, hypermutation, <i>BRAF</i> mut, immune activation	Better RFS, intermediate OS, worse SaR
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<b>Unclassified</b>	<b>21%</b>	Mixed subtype with variable epithelial-mesenchymal activation?	Intermediate RFS, OS and SaR

# SPECTAcolor

## Biomarker Screening Platform for Efficient Clinical Trials Access in Advanced Colorectal Cancer



# EORTC SPECTAprogram

*Screen and Treat*

## SPECTAplatforms

SPECTAcolor  
SPECTAbrain  
SPECTAmel  
SPECTAlung  
SPECTApros

## SPECTApath

PathoBiology  
Biobanking  
Scientific/operational support

## SPECTAforum

Patient representatives  
Industry  
Regulators  
Technology companies  
Governments  
Payers

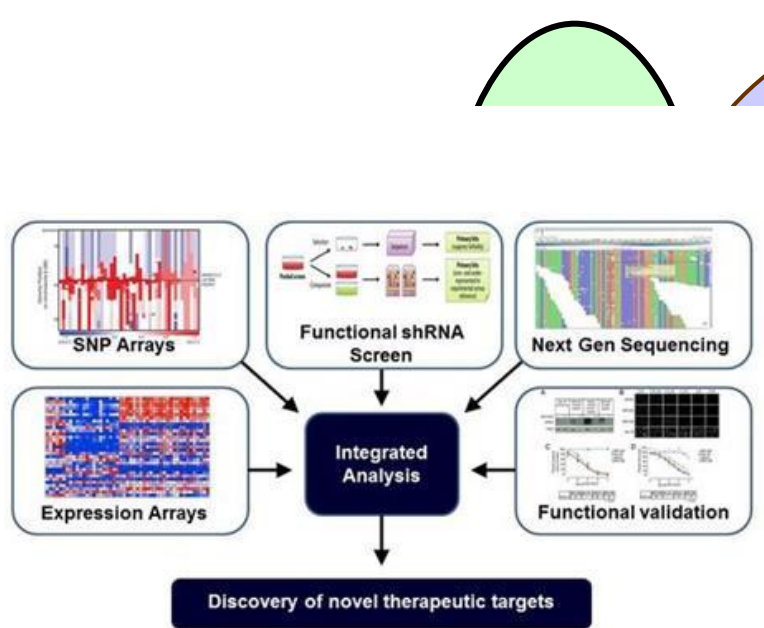
## SPECTAreg

Competent bodies  
Regulatory affairs research



*The future of cancer therapy*

# Let's organize it for CRC



Patients  
Organizations

Charities

New Model of  
Collaboration

Academi

**CMS1** 13%

Females, older age, right colon, MSI, hypermutation, *BRAF* mut, immune activation

Better RFS, intermediate OS, worse SaR

**CMS2** 35%

Left colon, epithelial, MSS, high CIN, *TP53* mut, WNT/MYC pathway activation

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Epithelial, CIN/MSI, *KRAS* mut, *MYC* ampl, IGFBP2 overexpression

Intermediate RFS, OS and SaR

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Worse RFS, worse OS, Intermediate SaR

Unclassified 21%

Mixed subtype with variable epithelial-mesenchymal activation?

Intermediate RFS, OS and SaR

**EFFICI**

# Let's organize it for CRC

