

Clinical Study to Validate a Universal Panel for Liquid Biopsy

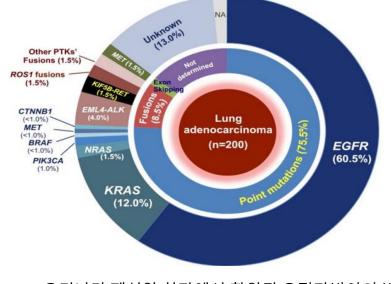
Jin-Han Bae¹, Jae-Cheol Lee², In-Jae Oh³, Shin Yup Lee⁴, Jeong Eun Lee⁵, Byung Chul Kim¹, Sung-Hun Lee^{1,*}, and Mi-Hyun Kim^{6,*}

¹Clinomics Inc., Korea

²Departments of Oncology, Asan Medical Center, University of Ulsan College of Medicine, Korea ³Department of Internal Medicine, Chonnam National University Medical School and Hwasun Hospital, Korea ⁴Department of Internal Medicine, School of Medicine, Kyungpook National University, Korea ⁵Department of Internal Medicine, College of Medicine, Chungnam National University, Korea ⁶Department of Internal Medicine, School of Medicine, Pusan National University, Korea

Background

Lung cancer has a high mortality and incidence worldwide. In Korea, the incidence rate of lung cancer ranks second, and the incidence rate is increasing every year. In particular, more than 80% of lung cancers are NSCLS. Early detection is most important for the patient survival. Recently, low-dose CT is a representative diagnostic method, but there is high false-positive rate. Therefore, many people are focusing on the development of molecular diagnostics and more accurate early diagnosis methods. More recently, liquid biopsy has been used to overcome the limitations of tissue biopsy. Liquid biopsy has been used to diagnose various diseases including cancer. Various fluids contain many substances, such as cells, proteins, and nucleic acids from normal tissues, but very few substances from the disease area. The investigation and analysis of these substances in the liquid play a pivotal role in diagnosis of various disease. Therefore, it is important to accurately isolation and analysis of the required substances, and many techniques are used for this.



우리나라 폐선암 환자에서 확인된 유전자변이의 빈도 (Seo, et al., Genome Res. 2012;22:2109-2119)

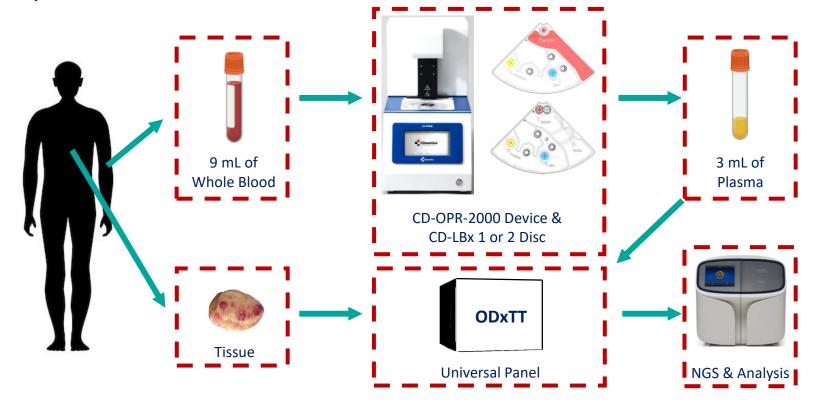
KALC 2022 November 10-11, 2022 Lotte Hotel World, Seoul, Korea

Materials and Methods

Clinical Information in Study					
Pathological Information	N=100				
Histology					
Squamous cell carcinoma	13(13%)				
Adenocarcinoma	81(81%)				
NSCLC_NOS	4(4%)				
Other	2(2%)				
Site of biopsy					
Lung	65(65%)				
Lymph node	34(34%)				
Pleural	1(1%)				
Clinical stage	3(3%)				
IA	0(0%)				
IB	1(1%)				
IIA	6(3%)				
IIB	9(6%)				
IIIA	3(3%)				
IIIB	4(4%)				
IIIC	21(21%)				
IVA	53(53%)				
IVB	10(10%)				
Recurrence	3(3%)				

Many cancer-related molecular markers are already known. Recently, NGS panels that can analyze a large number of markers at once have been widely used. However, most of the panels still mainly use tissues. The need for a panel that accurately detects a small amount of material, such as liquid biopsied substances, has emerged. In this study, we confirmed the performance of ODxTT panel that can be universally used in cfDNA and tissues. For this study, tissues and blood were collected individually from 100 lung cancer patients.

Experiment Schematic



KALC 2022 November 10-11, 2022 Lotte Hotel World, Seoul, Korea

Concordance of Results

Summary of Detection

Mutation Status Information	N=100
EGFR Mutation status	
Negative	72(72%)
Positive	24(24%)
Not done	4(4%)
EGFR Mutation type	
Exon 19 deletion	12(50%)
Exon 20 insertion. 3 dup	1(4%)
S768I	1(4%)
L858R	9(38%)
L861Q	1(4%)
ALK Fusion status	
Negative	92(92%)
Positive	2(2%)
Not done	6(6%)
ROS1 Fusion status	
Negative	82(82%)
Positive	4(4%)
Equivocal	2(2%)
Not done	12(12%)
BRAF Mutation status	
Negative	11(11%)
Positive	0(0%)
Not done	89(89%)

In our results, the concordance rate was 58.06% (54/93) between tissue and plasma. In particular, the EGFR mutation detection result shows a sensitivity of about 85.71% (18/21) in tissue and 28.57% (6/21) in plasma compared to qRT-PCR. In addition, the specificities are approximately 89.86% (62/69) and 98.55% (68/69), respectively. PPV was 72% in tissue and 85.71% in plasma, and NPV were 95.38% and 81.61%, respectively. Comparisons with more panels, such as liquid biopsy panels, are needed, but we found the possibility that ODxTT could also be used for liquid biopsy.

1.01

Concordance between Tissue and Plasma				
Platform	ODxTT			ODxTT
Specimen	Tissue	Plasma		Tissue and Plasma
Positive	Positive 45 14 Concordance	Concordance	58.06%	
POSITIVE	45	14	Concordance	(54/93)
Negative	48	83		
ND	3(*4)	2(*1)		
* QC failed				



Sensitivity and Specificity of EGFR, ROS1, ALK and BRAF

EGFR							
Specimen	Tissue		Т	issue	Plasma		
Platform	qPCR		0	DxTT	ODxTT		
Positive	24	Sensitivity		5.71%	28.57%		
	27	Schlarvity	(1	8/21)	(6/21)		
Negativa	72	Crocificity	89	9.86%	98.55%		
Negative	12	Specificity	(6	2/69)	(68/69)		
ND	4	PPV	72	2.00%	85.71%		
ND	4	PPV	(1	8/25)	(6/7)		
			95	5.38%	81.61%		
		NPV	(6	2/65)	(71/87)		
19del	10		75	5.00%	33.33%		
19061	12		(9	9/12)	(4/12)		
20ins	1]	0	.00%	0.00%		
ZUINS	1		(0/1)	(0/1)		
		Sensitivity	10	0.00%	25.00%		
L858R	9		(8/8)	(2/8)		
L861Q	1]		-	-		
S768I,	1]	10	0.00%	0.00%		
G719C	1		(1/1)		(0/1)		
KRAS							
Case	Case ODXTT Case Case				ODxTT Plasma		

	Case	ODxTT		Case	ODxTT	
		Tissue	Plasma	Case	Tissue	Plasma
	1	Р	P	9	Р	N
	2	Р	N	10	N	N
	3	Р	N	11	Р	Р
	4	Р	N	12	Р	N
	5	Р	N	13	N	N
	6	N	N	14	Р	N
	7	-	N	15	N	N
	8	Р	N	16	N	Р
	P : Positive, N : Negative					
KALC	2022	November 10-11, 2022 Lotte Hotel World, Sec	oul, Korea			

		ROS1			
Specimen	Tissue		Tissue Plasma		
Platform	qPCR		ODxTT		
Positive	3	Sensitivity	0.00% (0/3)	0.00% (0/3)	
Negative	82(*3)	Specificity	91.46% (75/82)	0.00% (0/82)	
ND	13(*1)				
* QC failed					
		ALK			
Specimen	Tissue		Tissue	Plasma	
Platform	IHC		ODxTT		
Positive	1	Sensitivity	0.00% (0/1)	0.00% (0/1)	
Negative	89(*4)	Specificity	96.63% (86/89)	0.00% (0/89)	
ND	6				
* QC failed		BRAF			
Specimen	Tissue		Tissue	Plasma	
Platform	??		ODxTT		
Positive	0	Sensitivity	-	-	
Negative	10(*1)	Specificity	100.00% (10/10)	100.00% (10/10)	
ND	86(*3)		/		
* QC failed					