



# III SIMPOSIO *Biopsia líquida*

EL CAMINO A LA ONCOLOGÍA DE PRECISIÓN



25 - 27 DE ENERO 2018 · JANUARY 25<sup>TH</sup> - 27<sup>TH</sup> · SANTIAGO DE COMPOSTELA



## Circulating tumor (ct)DNA captures intrapatient heterogeneity in metastatic colorectal patients progressing to FOLFIRI+panitumumab

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## Background

- CRC cells evade EGFR blockade by monoclonal antibodies (mAbs) cetuximab/panitumumab by several mechanisms of acquired resistance, mainly due to mutations in *RAS/BRAF* or *EGFR* extracellular domain (ECD), and amplifications in *MET* or *ERBB2*<sup>1,2</sup>.
- ctDNA is shed into the bloodstream by tumor cells and can be effectively used to track tumor heterogeneity and to evaluate acquired mutations at tumor progression<sup>3,4</sup>

1. Diaz, LA JCO 2014

2. Siravegna, S Nat.Med 2015

3. Arena S , CCR2015

4. Vidal J, Muinelo L, Ann Oncol 2017



## Objective

- To analyze the acquisition of gene mutations in plasma ctDNA from patients with mCRC progressing to antiEGFR treatment and to correlate with laterality of primary tumor



## Patients and Methods

- 16 Metastatic CRC patients treated within a fase II trial of FOLFIRI + panitumumab in irinotecan-refractory mCRC were included
- Plasma samples were collected at baseline and at the end of treatment and processed with the Oncomine™ Colon cfDNA Assay
- The resulting library was sequenced in the ION PGM NGS System and analyzed with the Torrent Suite Software
- The detectable cutoff mutation was 0.1%
- Subclonal mutations were defined as mutations with mutant allele fraction (MAF)  $\leq$  20% of the highest somatic MAF in the sample

### Oncomine™ Colon cfDNA Assay

#### GENE LIST

AKT1	KRAS
BRAF	NRAS
CTNNB1	PIK3CA
EGFR	SMAD4
ERBB2	TP53
FBXW7	APC
GNAS	
MAP2K1	



# Patients and Methods

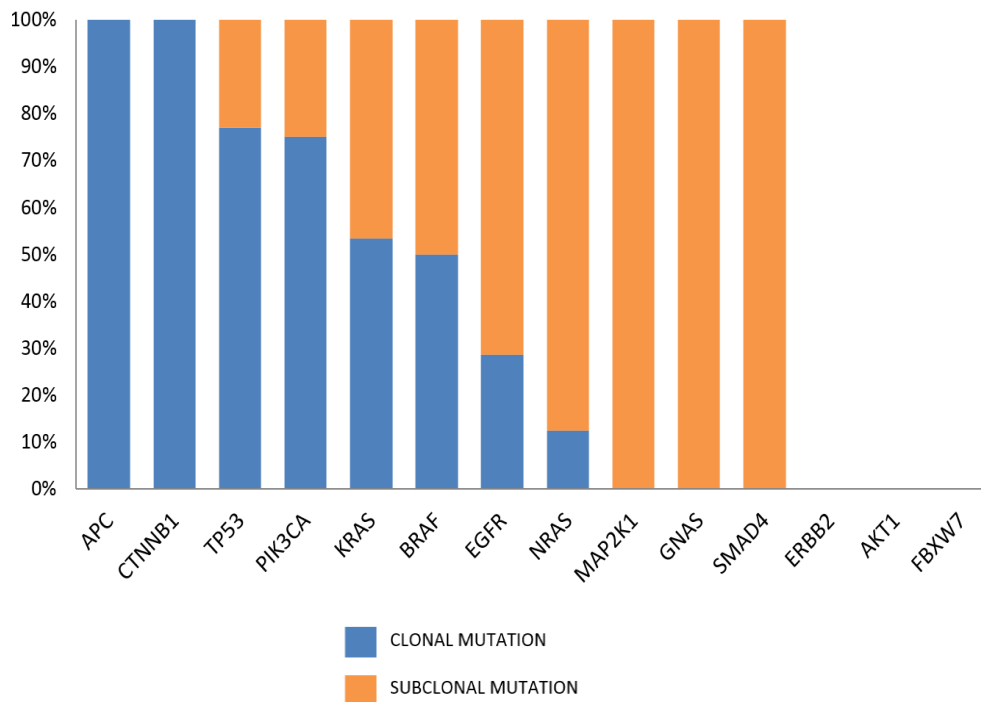
Patient Characteristics	STUDY pts N 16 (%)	ULTRA pts N 72 (%)
Age median (range)	61 (42-83)	62 (38-83)
Gender		
Male	11 (68.8%)	51 (70.8%)
Female	5 (31.3%)	21 (29.2%)
Stage at diagnoses		
III	2 (12.5%)	20 (27.8%)
IV	14 (87.5%)	52 (72.2%)
Primary site of disease		
Right colon	4 (25%)	10 (24.4%)
Left colon / Rectum	12 (75%)	62 (75.6%)
Surgery of primary tumor		
Yes	10 (62.5%)	53 (73.6%)
No	6 (37.5%)	19 (26.4%)
Adjuvant QT		
Yes	3 (18.7%)	30 (41.7%)
No	13 (81.3%)	42 (58.3%)
Number of metastatic sites		
1	8 (50%)	22 (30.6%)
2	5 (31.3%)	27 (37.5%)
3 or more	3 (18.8%)	23 (31.9%)
Metastasis Location		
Liver	13 (81.3%)	46 (63.9%)
Lung	4 (25%)	34 (47.2%)
Peritoneum	1 (6.3%)	11 (15.3%)
Node	4 (25%)	26 (36.1%)
Others	1 (6.3%)	19 (26.4%)







## Genomic heterogeneity at tumor progression according to ctDNA mutant allele fraction (MAF)



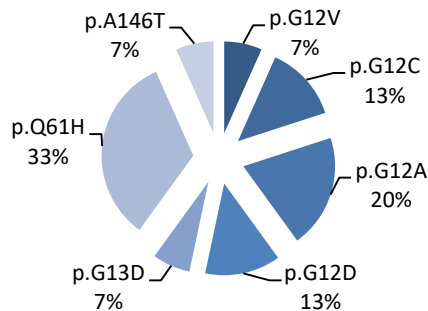
- Mutations most likely to be clonal: *APC* (100%), *CTNNB1* (100%), *TP53* (77%) and *PIK3CA* (75%)
- 53% of mutations in *KRAS* were clonal, while most *NRAS* mutations were subclonal (87.5%)
- *EGFR* ECD mutations were most likely to be detected as subclonal (71%)
- All *MAP2K1* mutations detected were subclonal
- No *ERBB2*, *AKT1* or *FBXW7* mutations were detected



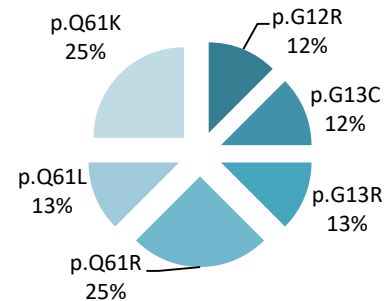


## Frequency of mutations at tumor progression detected in gene hotspots

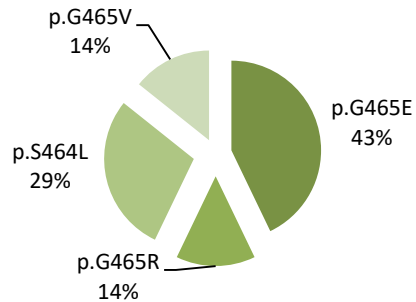
**KRAS acquired mutations (N=15)**



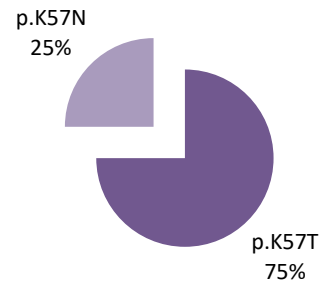
**NRAS acquired mutations (N=8)**



**EGFR ECD acquired mutations (N=7)**



**MAP2K1 acquired mutations (N=4)**

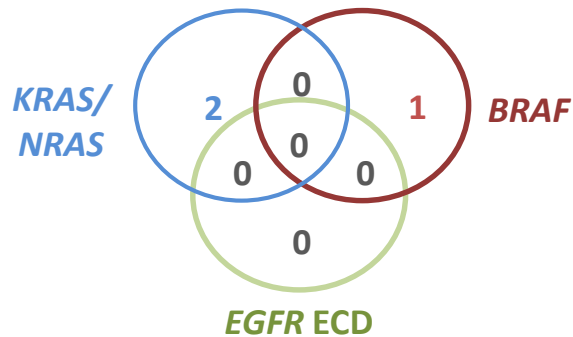




## Genomic heterogeneity according to sidedness of primary tumor

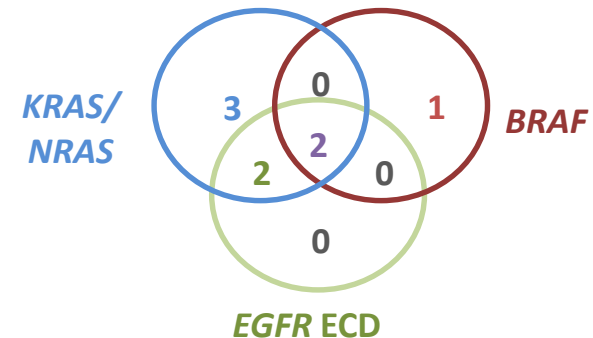
### Right colon

Median mutations 2.5 range 1-6  
All *RAS/BRAF* mutations were clonal  
No *EGFR* ECD mutation was detected



### Left colon

Median mutations 6 (range 3-13)  
50% of *RAS/BRAF* mutations were clonal  
only one patient with *EGFR* ECD mutations were clonal



Efficacy data	N 4 (%)
<b>Best Response</b>	
Partial Response	1 (25%)
Stable Disease	2 (50%)
Progression Disease	1 (25%)
<b>Progression Free Survival</b>	
median month (range)	6.18 (2.5-7.63)
<b>Overall Survival</b>	
median (range)	13.96 (3.82-17.04)

Efficacy data	N 12 (%)
<b>Best Response</b>	
Partial Response	7 (59%)
Stable Disease	4 (33%)
Progression Disease	1 (8%)
<b>Progression Free Survival</b>	
median month (range)	8.52 (1.36-14.3)
<b>Overall Survival</b>	
median (range)	24.29 (3.22-28.85)



## Conclusions

- ctDNA analysis captured intrapatient heterogeneity which developed as a result of EGFR inhibition
- All *EGFR* ECD mutations emerged in the left colon and always co-existed with several other mechanisms of acquired resistance, reflecting genomic complexity
- More acquired mutations were detected in left CRC compared to right primary tumors (6 vs. 2.5 respectively)



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**Muchas gracias!**

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