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# Data in Cancer Genomics

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05 September 2024



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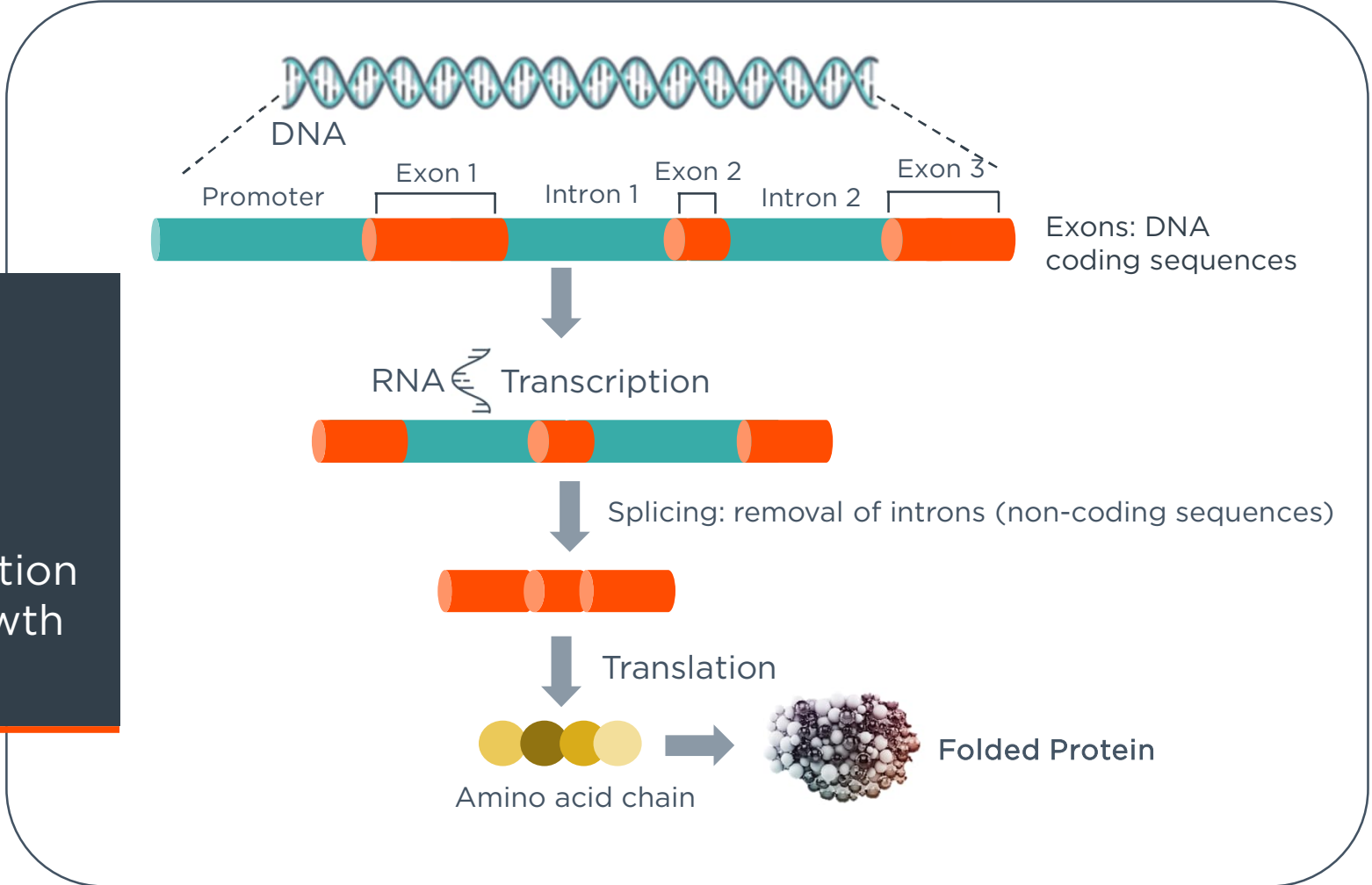
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# Introduction

# The Roles of Genes in Normal Cells

DNA provides instructions for transcription and RNA production, which directs translation/protein synthesis<sup>1</sup>

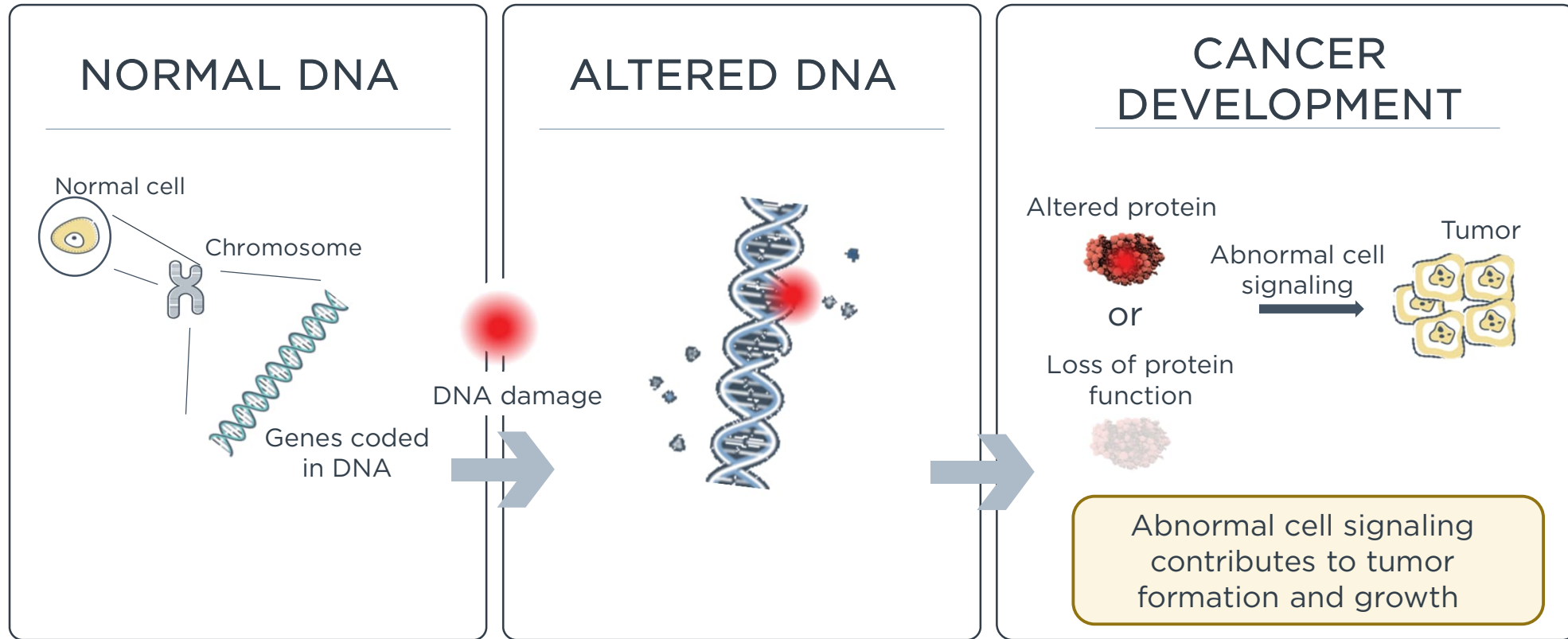
Protein folding is required for function in cellular processes including growth and death<sup>1</sup>



1. Kolch W. *Nature Reviews Cancer*. 2015;15:515-527.

# Studying Genomic Alterations in Cancer

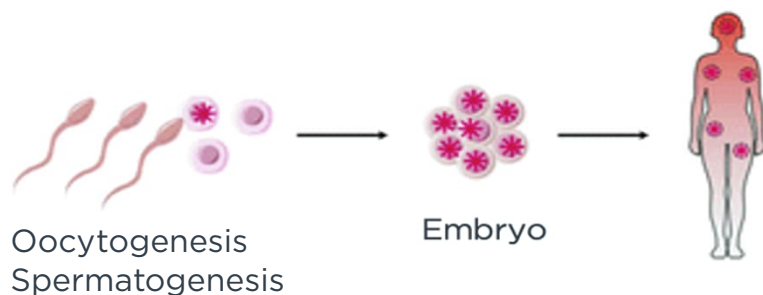
Multiple factors can introduce DNA alterations that may impact protein function and contribute to tumor formation<sup>1,2</sup>



1. Kolch W. *Nature Reviews Cancer*. 2015;15:515-527. 2. Roos WP. *Nature Reviews Cancer*. 2016;16:20-33.

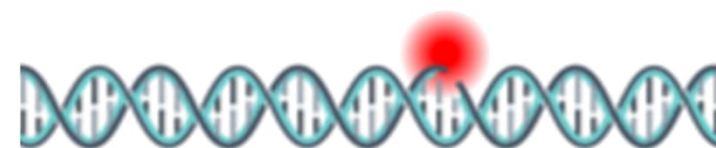
# Gene Alterations Can Be Germline or Somatic

## GERMLINE



- Some people have inherited mutations that increase their risk of cancer<sup>1</sup>
- Germline mutations occur in every cell in the body
- Examples: *BRCA1* and *BRCA2*<sup>2</sup>

## SOMATIC



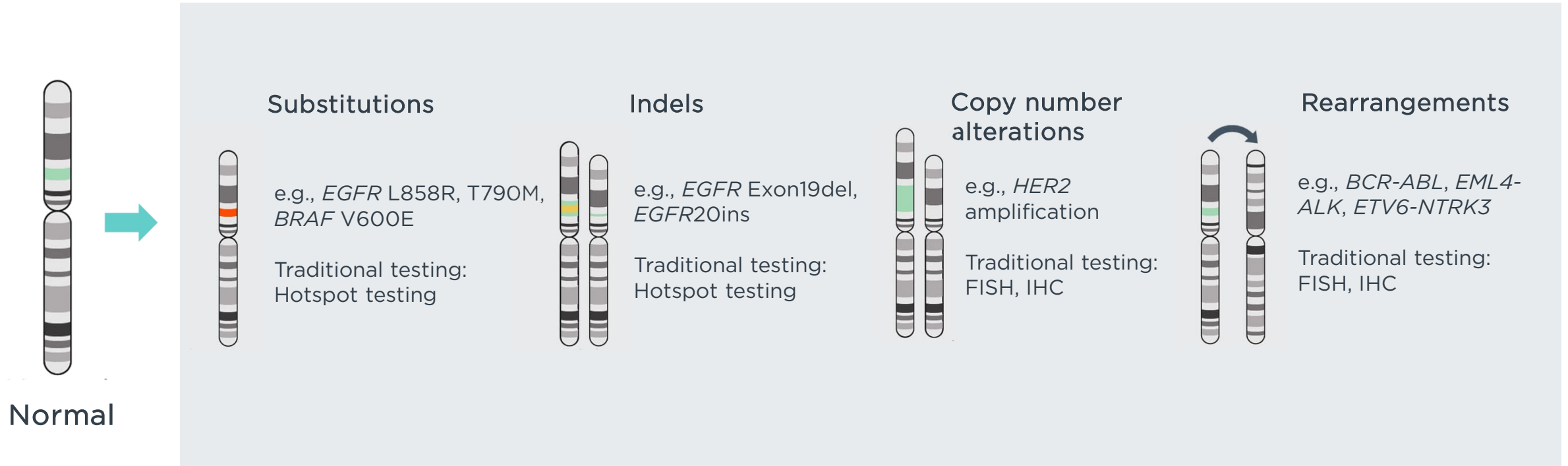
DNA breaks caused by:  
Cancer-causing agents | Radiation  
Mistakes in DNA copying | Viral infections

- DNA is exposed to damage every day; this may cause non-inherited gene mutations to occur<sup>1</sup>
- Exposure to risk factors increases the chances of gene mutations<sup>1</sup>
- Mutation rate is almost 100 times higher than the germline mutation rate

1. Vijg J. *Cell*. 2020;182(1):12-23; 2. Jiang M. *Acta Pharm Sin B*. Oct 2021;11(10):2983-2994.  
Image adapted from <https://www.ks.uiuc.edu/Research/dbps/dbp7.html>. Accessed February 2, 2024.

# DNA Alterations Contribute to Cancer Initiation and Progression

4 types of DNA alterations that are detected by CGP



Identification of actionable genetic alterations has led to development of molecularly targeted therapies in cancer

CGP = comprehensive genomic profiling, FISH = fluorescence in-situ hybridization, IHC = immunohistochemistry, indels = insertions/deletions  
Halliday PR. *Curr Oncol Rep.* 2019;21(3):21; Ross JS. *Cancer.* 2018;124(7):1358-1373; Stransky N. *Nat Commun.* 2014;5:4846.

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# Molecular Testing and Comprehensive Genomic Profiling Overview



# Molecular Testing Is Recommended by Professional Guidelines for a Growing Number of Cancer Types

## SOLID TUMORS

- ✓ Breast Cancer<sup>1</sup>
- ✓ Prostate Cancer<sup>2</sup>
- ✓ Non-Small Cell Lung Cancer<sup>\*3</sup>
- ✓ Colon Cancer<sup>4</sup> and Rectal Cancer<sup>5</sup>
- ✓ Cutaneous Melanoma<sup>6</sup>
- ✓ Bladder Cancer<sup>7</sup>
- ✓ Thyroid Cancer<sup>8</sup>
- ✓ Endometrial Cancer<sup>9</sup>
- ✓ Hepatobiliary Cancers<sup>10</sup>
- ✓ Pancreatic Cancer<sup>11</sup>
- ✓ Central Nervous System Cancers<sup>12</sup>
- ✓ Gastric Cancer<sup>13</sup>
- ✓ Esophageal & Esophagogastric Junction<sup>14</sup>
- ✓ Ovarian Cancer<sup>15</sup>
- ✓ Gastrointestinal Stromal Tumors<sup>16</sup>
- ✓ Bone Cancer<sup>17</sup>

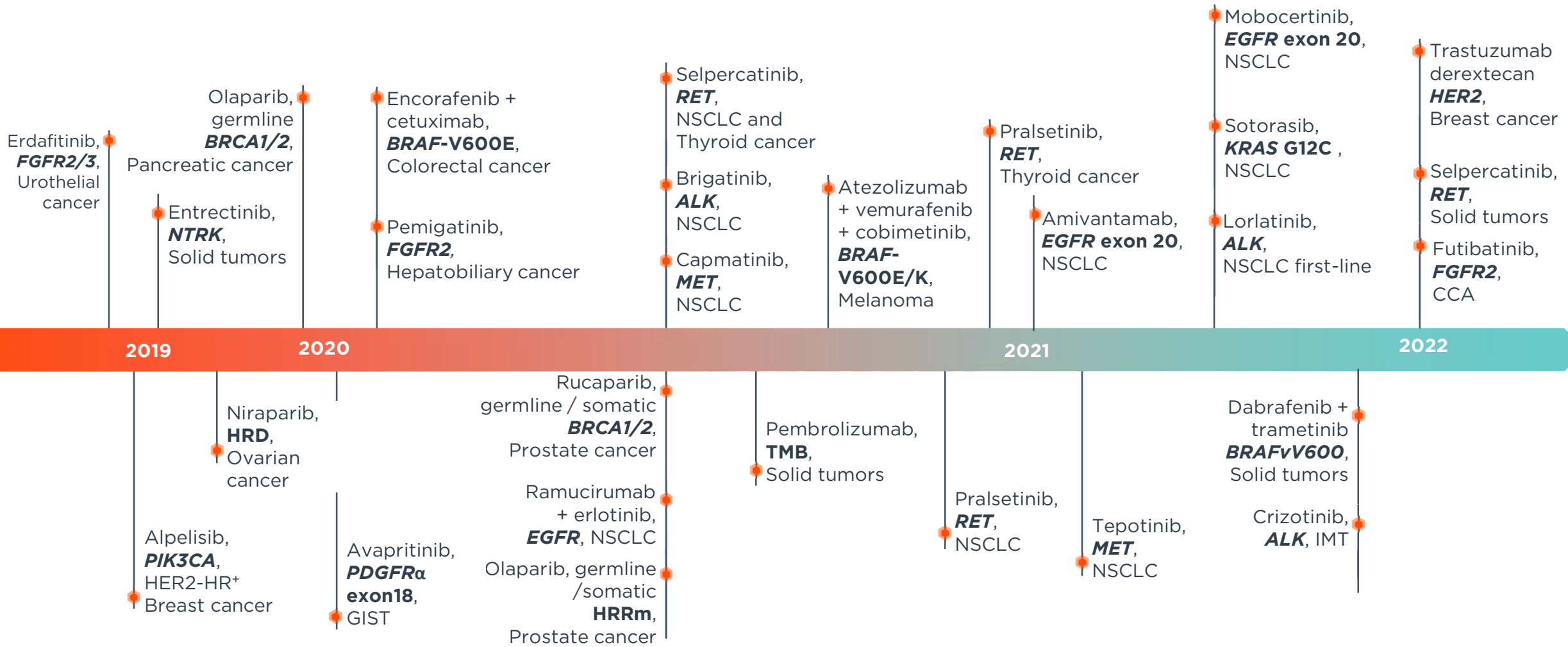
## HEMATOLOGIC MALIGNANCIES

- ✓ Chronic Myeloid Leukemia<sup>18</sup>
- ✓ Acute Myeloid Leukemia<sup>19</sup>
- ✓ Acute Lymphocytic Leukemia<sup>20</sup>
- ✓ Myelodysplastic Syndromes<sup>21</sup>
- ✓ Myeloproliferative Neoplasms<sup>22</sup>

\*The NCCN Clinical Practice Guidelines In Oncology (NCCN Guidelines<sup>®</sup>) for NSCLC provide recommendations for individual biomarkers that should be tested and recommend testing techniques but do not endorse any specific commercially available biomarker assays or commercial laboratories. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

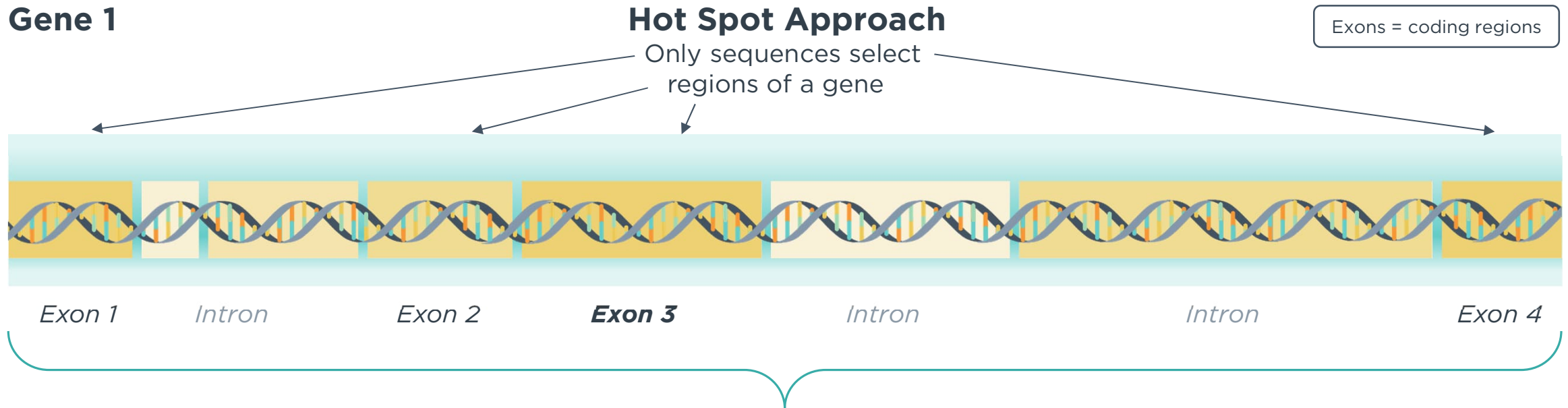
<sup>1-22</sup>For details of NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>) References, please see the reference slides.

# Wave of Recent Targeted Therapy Approvals



1. Mateo J. *Nat Med.* 2022;28(4):658-665.

# Comprehensive Genomic Profiling (CGP) Interrogates Entire Coding Sequences of Cancer-Relevant Genes

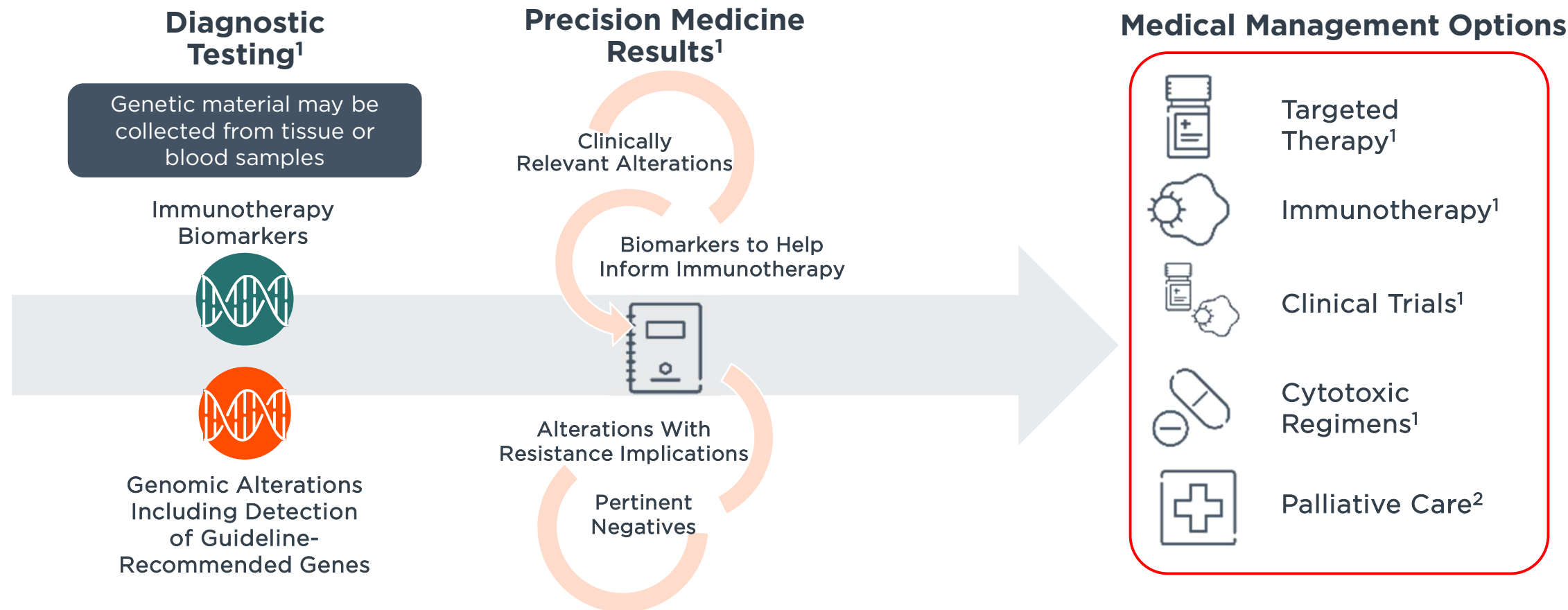


## Comprehensive Genomic Profiling: Sequences Entire Coding Regions of Genes

### Can identify:

- **ALL** base substitutions
- **ALL** insertions/deletions
- **ALL** copy number alterations
- **Select** rearrangements within those genes

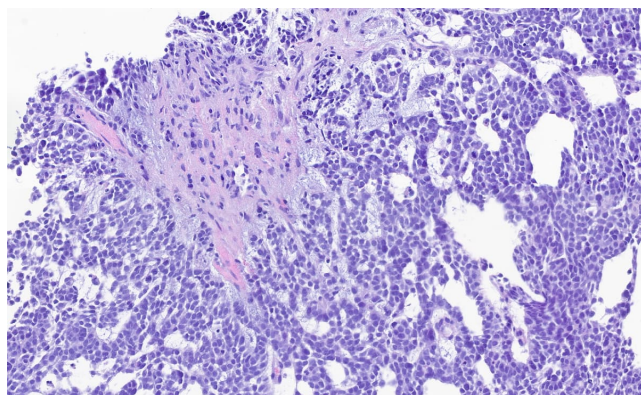
# Comprehensive Genomic Profiling (CGP) Can Help Identify the Right Treatment Approach



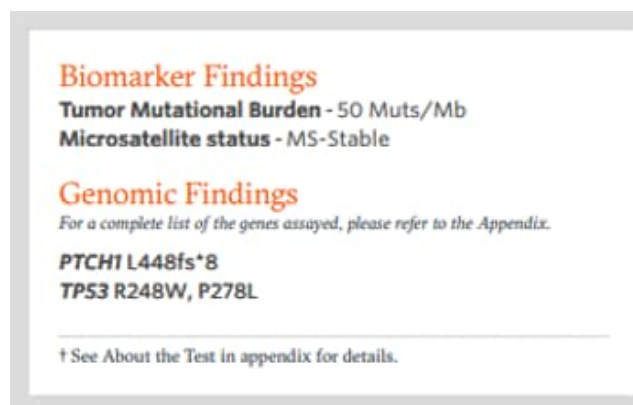
1. National Cancer Institute. Biomarker Testing for Cancer Treatment. Updated December 14, 2021. Accessed February 2, 2024. <https://www.cancer.gov/about-cancer/treatment/types/biomarker-testing-cancer-treatment>; 2. National Cancer Institute. Palliative Care in Cancer. Reviewed November 1, 2021. Accessed February 2, 2024. <https://www.cancer.gov/about-cancer/advanced-cancer/care-choices/palliative-care-fact-sheet>.

# CGP May Clarify Diagnosis and Inform Therapy Options

Patient with tumor diagnosed as metastatic small-cell carcinoma



CGP reveals an elevated TMB and inactivation of *PTCH1*

A snippet of a Comprehensive Genomic Profiling (CGP) report. It features a white background with a grey border. The text is organized into sections: 'Biomarker Findings' in orange, followed by 'Tumor Mutational Burden - 50 Muts/Mb' and 'Microsatellite status - MS-Stable' in black. Below this is 'Genomic Findings' in orange, followed by a note to refer to the Appendix. The specific findings listed are 'PTCH1 L448fs\*8' and 'TP53 R248W, P278L' in black. A small footnote at the bottom reads '† See About the Test in appendix for details.'

**Biomarker Findings**  
Tumor Mutational Burden - 50 Muts/Mb  
Microsatellite status - MS-Stable

**Genomic Findings**  
*For a complete list of the genes assayed, please refer to the Appendix.*

**PTCH1 L448fs\*8**  
**TP53 R248W, P278L**

† See About the Test in appendix for details.

CGP results in updated diagnosis of metastatic basal cell carcinoma

## PATHOLOGIST COMMENTS

*Douglas A. Mata, MD, MPH 20-Jan-2022*

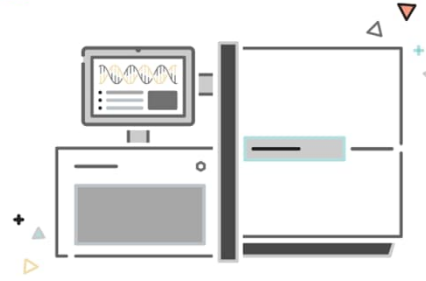
The test requisition form diagnosis of metastatic carcinoma with neuroendocrine differentiation involving a supraclavicular lymph node is noted. Review of the next-generation sequencing data reveals an elevated tumor mutational burden with an abundance of G>A,C>T and CC>TT,GG>AA transitions consistent with UV radiation-mediated mutagenesis, biallelic inactivation of TP53, and inactivation of the sonic hedgehog receptor PTCH1. Taken together, the findings are most consistent with metastatic cutaneous basal cell carcinoma with neuroendocrine differentiation. This case has therefore been curated with a disease ontology (DO) of "skin basal cell carcinoma" in order to highlight relevant therapies in association with the PTCH1 variant on the professional services page. Clinicopathologic correlation is advised.

CGP = comprehensive genomic profiling, TMB = Tumor Mutational Burden  
1. Mata, DA. *JAMA NOW*. 2022;5(3): e223833. doi:[10.1001/jamanetworkopen.2022.3833](https://doi.org/10.1001/jamanetworkopen.2022.3833).

# Key Takeaways – CGP Overview



Molecular testing is recommended by professional guidelines and may detect actionable genetic alterations with targeted therapy options



Comprehensive genomic profiling (CGP) identifies all 4 types of genomic alterations associated with cancer  
CGP may clarify diagnosis and treatment options



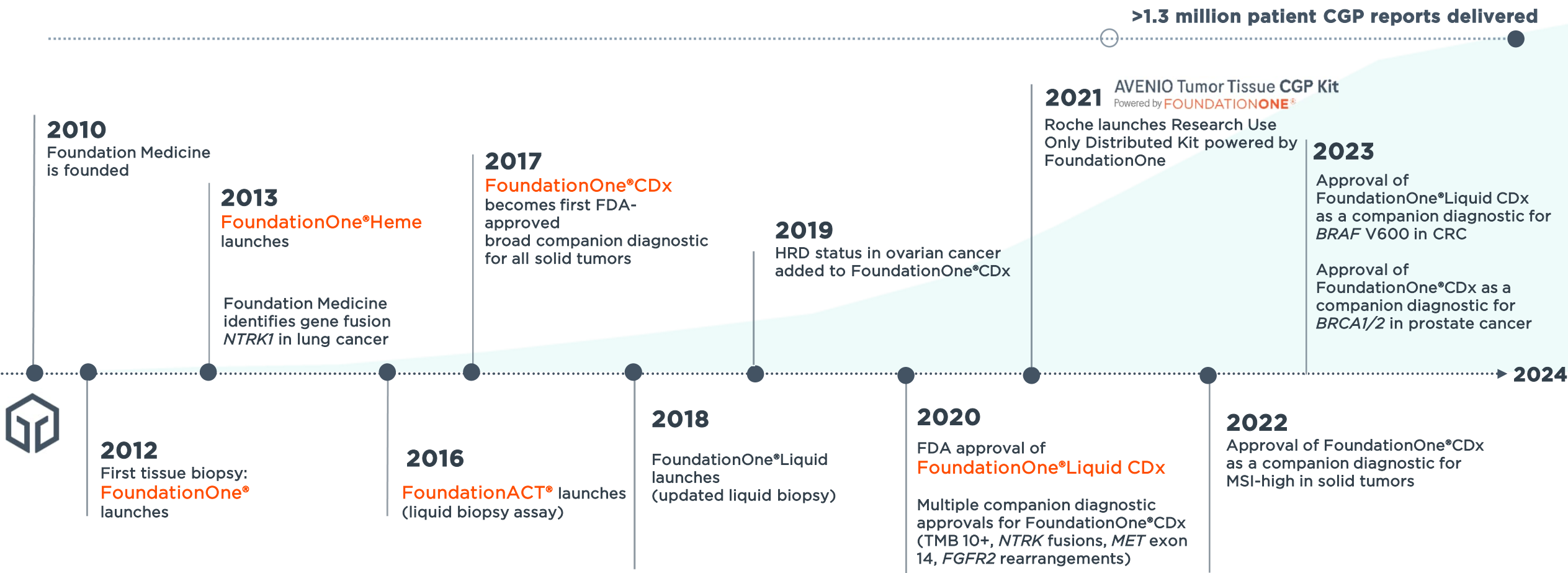
Foundation Medicine's CGP approach uses hybrid capture-based NGS to identify genomic alterations

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# CGP at Foundation Medicine

# Pioneering Advances for Precision Cancer Care

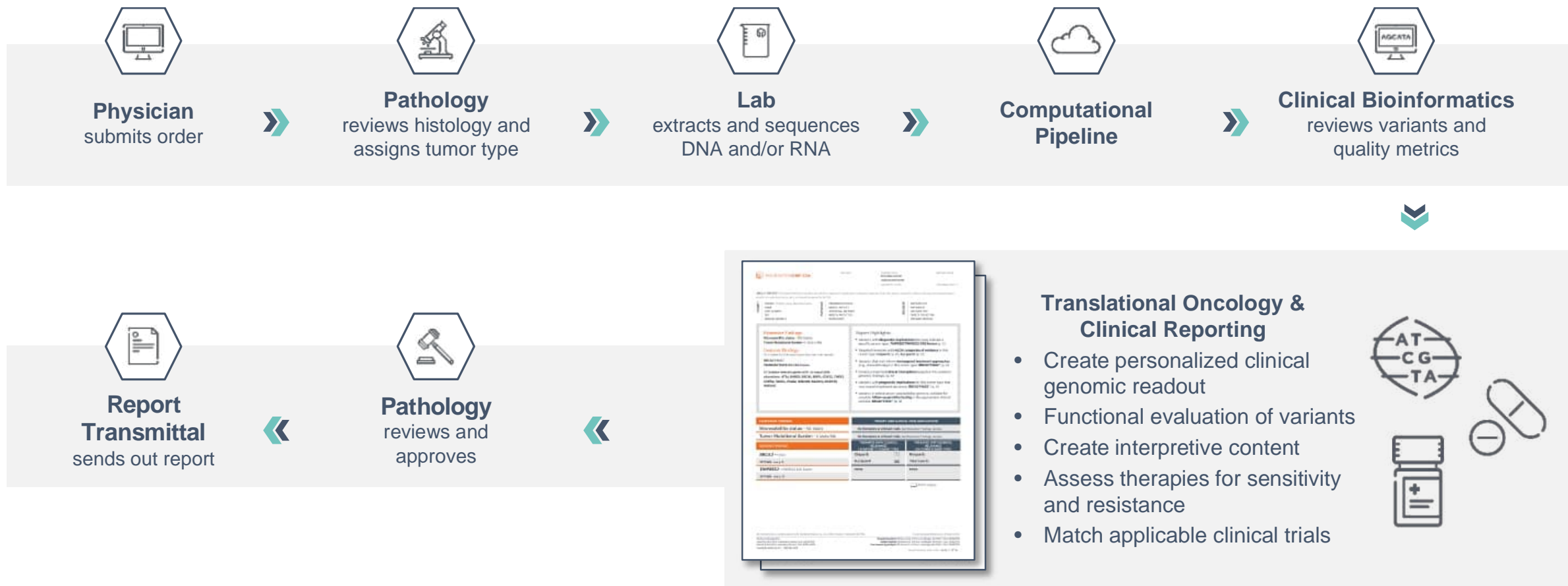


CGP = comprehensive genomic profiling, CRC = colorectal cancer, HRD = homologous recombination deficiency, MSI = microsatellite instability



# Workflow of Foundation Medicine CGP With NGS

Multiple teams involved in the process



CGP = comprehensive genomic profiling, NGS = next-generation sequencing.

# The Most Experience with Comprehensive Genomic Profiling in the Industry<sup>1</sup>

**1,300,000+**

PATIENT CGP REPORTS  
DELIVERED

**800+**

PEER-REVIEWED  
PUBLICATIONS

**~200**

PEOPLE IN DRY LAB  
R&D AND OPS

**THE MOST FDA-APPROVED**

COMPANION DIAGNOSTIC CLAIMS  
ON THE MARKET

 FOUNDATIONONE<sup>®</sup> CDx

**35+**

COMPANION  
DIAGNOSTIC  
CLAIMS

**5**

GROUP  
CLAIMS

 FOUNDATIONONE<sup>®</sup> LIQUID CDx

**10+**

COMPANION  
DIAGNOSTIC  
CLAIMS

**1**

GROUP  
CLAIM

1. Data on file. Foundation Medicine, Inc, 2022  
US-PF-2300019

MG35

Could replace next slide or a different slide?

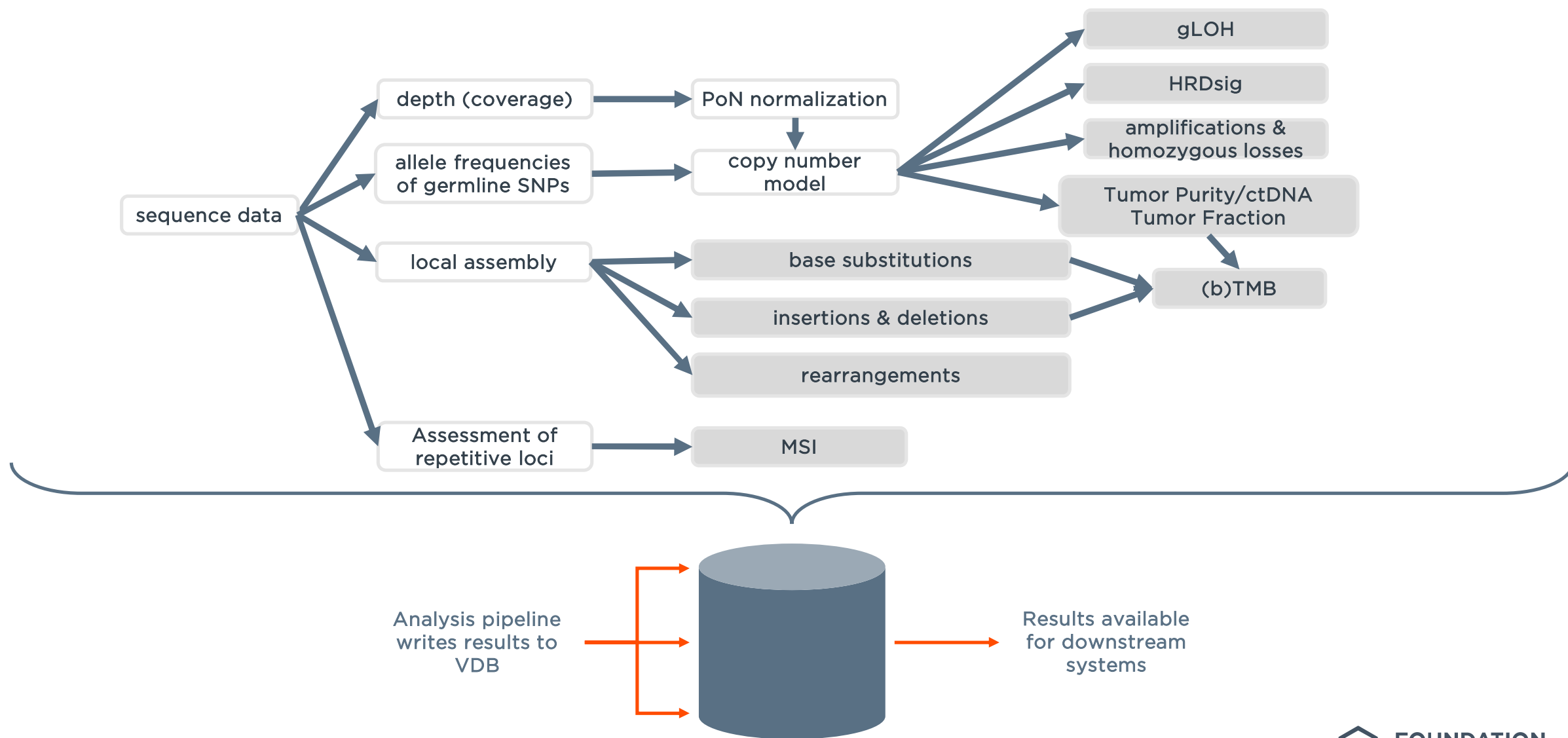
Mary Gearing; 07.09.2023

TW1

I added the R&D + Ops people working on CompBio and MR

Thomas Wieland; 08.09.2023

# Fully Automated Bioinformatics Pipeline



# Clinical Reporting Curation Process

Reporting requires extensive scientific and clinical expertise and judgment



## Analyze genomic alterations

- Impact on DNA/protein function
- Impact on molecular and cellular pathways



## Compile evidence

- Scientific publications and conferences
- Medical experts
- Online databases (COSMIC, cBioPortal, PubMed)



## Interpret in context of patient's disease

- Evidence of efficacy/lack of efficacy for approved therapies targeting recovered alteration
- Clinical trials
- Contraindications



## Communicate

- Summarize therapeutic implications
- Summarize gene interpretation

# FoundationOne® CDx Professional Services - Summary Page

## Example From Lung Cancer Report



PATIENT

TUMOR TYPE  
Lung adenocarcinoma  
COUNTRY CODE  
US

REPORT DATE

ORDERED TEST #

Biomarker and Genomic Findings  
(Including pertinent negatives)

1

2

Report Highlights

3

Findings and Actionability

Clinical Trials

4

5

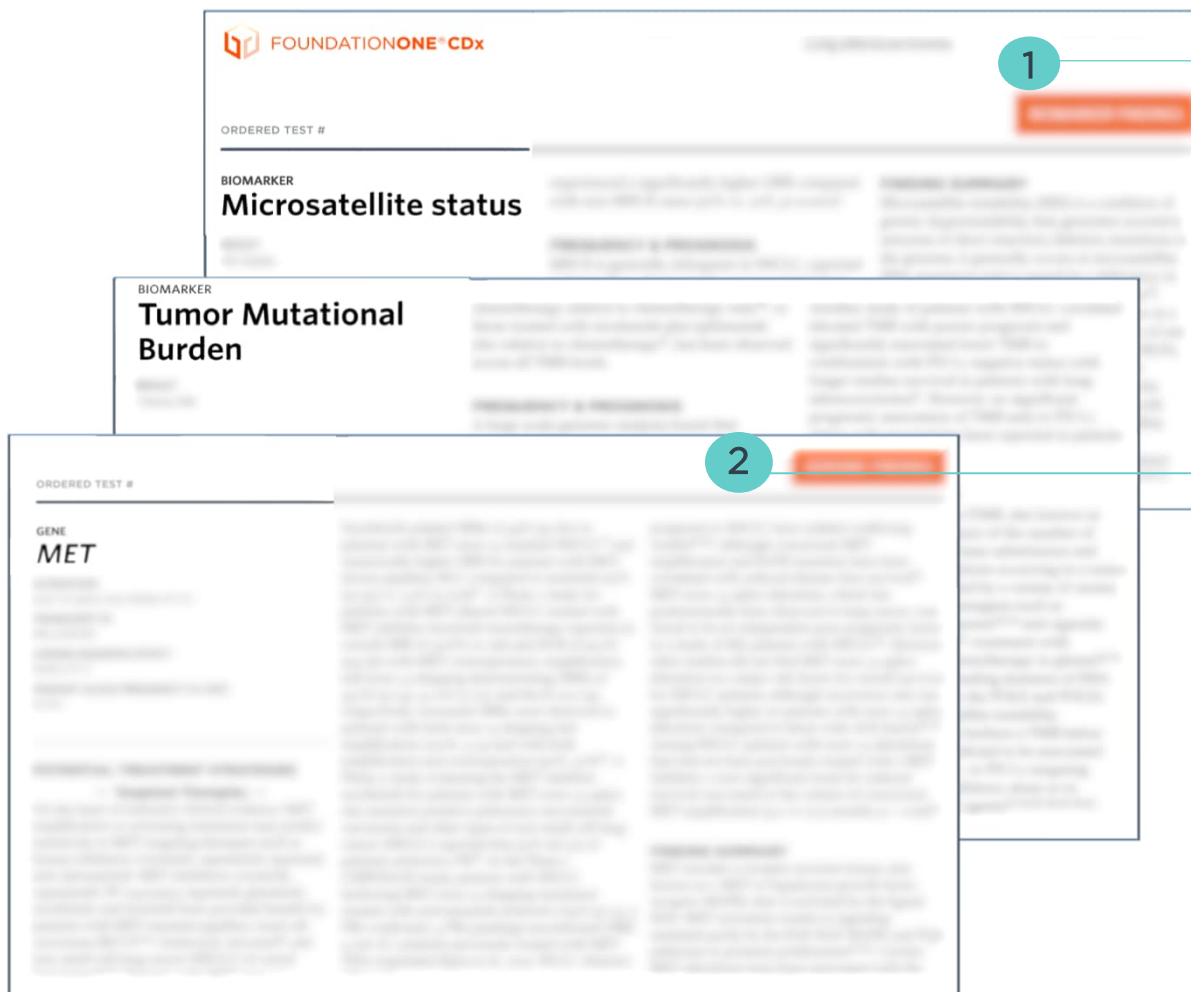
NCCN Categories of Evidence and Consensus

Findings without Reportable Therapeutic or Clinical Trial Options

6

# FoundationOne®CDx: Biomarker and Genomic Findings

## Example From Lung Cancer Report



### Biomarker Findings

- Result
- Potential Treatment Strategies (pre-clinical and clinical evidence)
- Frequency and Prognosis (disease-specific)
- Finding Summary (result, relevance)

### Genomic Findings

- Gene Variant Information
- Potential Treatment Strategies: Clinical relevance
- Frequency and Prognosis: In the specimen tumor type and/or other tumor types
- Finding Summary: Gene, function, biological implication of the alteration

# Cloud Architecture

## Sequencing Data Analysis is Computational Resource Heavy

- July 2024
  - 13.2M Core Hours/Month = 1,500 years
  - 90 PB of data
- Complex Architecture controlled by Infrastructure as Code
  - 200+ AWS accounts
  - Several 10 Gb/s direct connections for data upload
  - Dynamically growing compute clusters
  - Heavy use of spot instances



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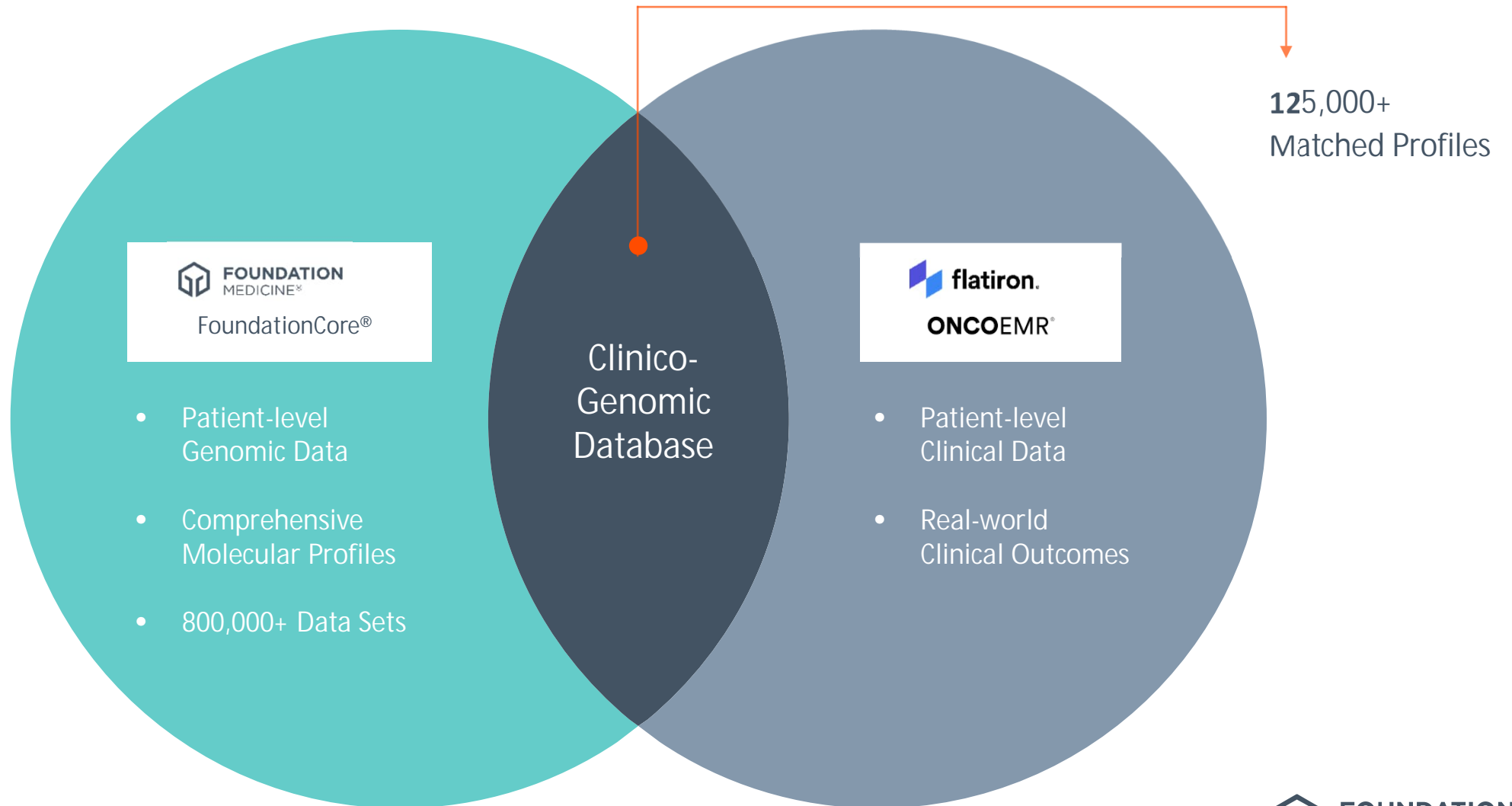
# Data & Research

# Foundation Medicine is on a Mission to Transform Cancer Care

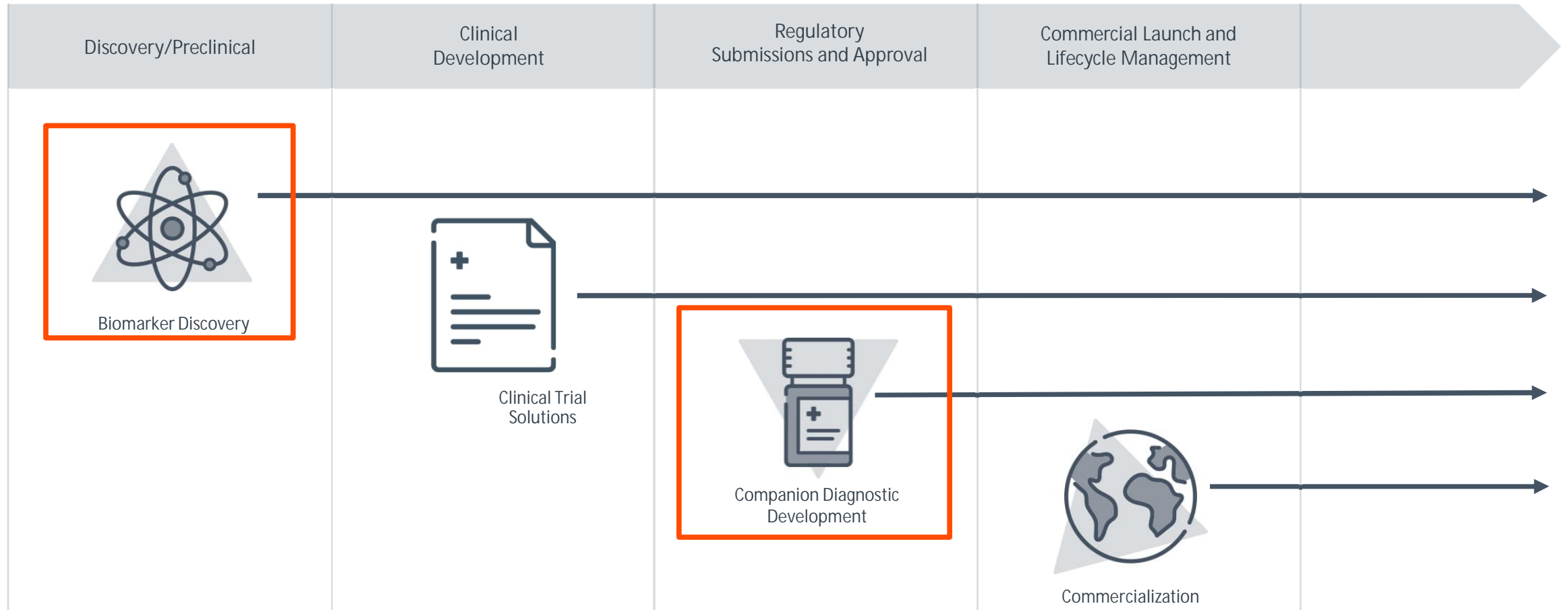
Our approach to precision medicine revolves around patients



# A Transformative Clinico-Genomic Database



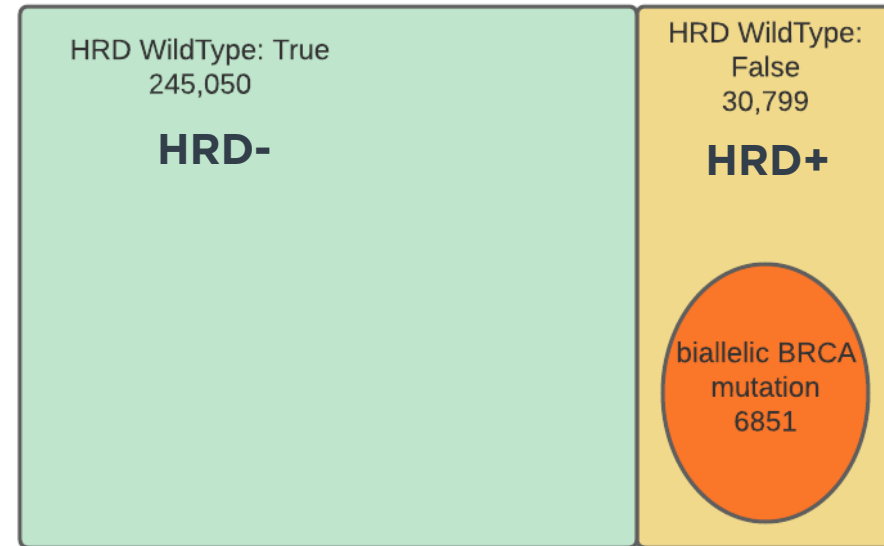
# Enabling Drug Discovery, Development and Commercialization



# HRD Signature (HRDsig) Biomarker Development

A comprehensive scar-based copy number signature reported on FoundationOne®CDx

- Developed using artificial intelligence (AI)
- Built with a diverse set of **>100 copy number features**
- Trained using a large pan-tumor genomic database (>500,000 samples)
- Performance was examined in a set of approximated “true positive” and “true negative” samples:
  - “True positive”: Biallelic *BRCA1/2*
  - “True negative”: HRR gene wild-type
- Performance down to at least 20% tumor purity



HRDsig uses >100 CN features to capture the nuanced HRD phenotype, representing an improvement over gLOH

gLOH = genomic loss of heterozygosity, HRD = homologous recombination deficiency, HRR = homologous recombination repair.

Antonarakis E, et al. *Cancer Res.* 2022;82(12\_suppl):1249.

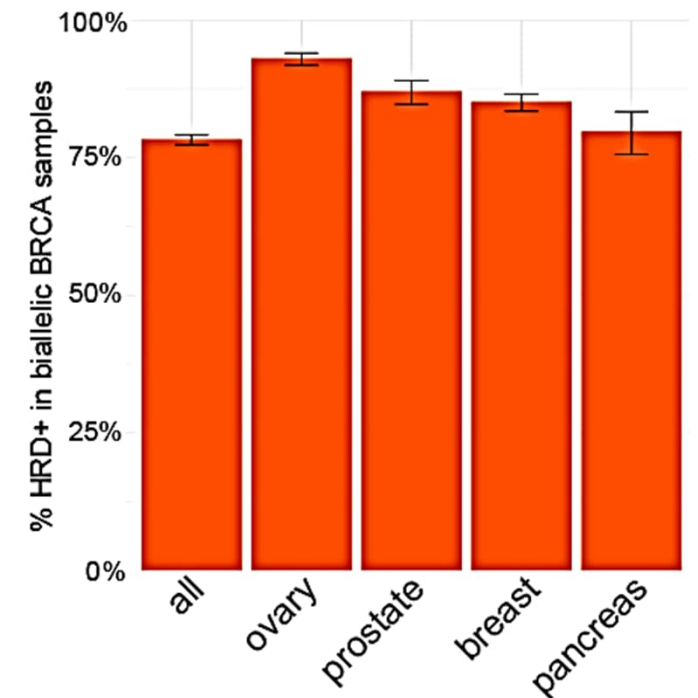
28 | ©2024 FOUNDATION MEDICINE, INC. ALL RIGHTS RESERVED.

# Biomarker Discovery: HRD Signature (HRDsig) Validation

A machine learning comprehensive scar-based CN signature that gives a functional HRD readout for multiple cancer types

- Does not rely on HRR mutations (can detect non-genomic mechanisms of HRD including BRCA methylation)
- Captures most biallelic *BRCA* and a subset of other HRRmut and HRRwt cases likely to truly have HRD, but distinguishes monoallelic HRR passenger mutations
- Has been analytically and clinically validated for use pan-tumor using our genomic dataset and CGDB, and through collaborative assessment of clinical trial cohorts

Able to detect majority of patients with *BRCA* biallelic loss across *BRCA*-associated tumor types



# Natural History Evaluation of Clinical Studies

„Virtual Control Arm“

Clinical Trial > [Lancet Oncol. 2020 Oct;21\(10\):1353-1365. doi: 10.1016/S1470-2045\(20\)30445-9.](#)

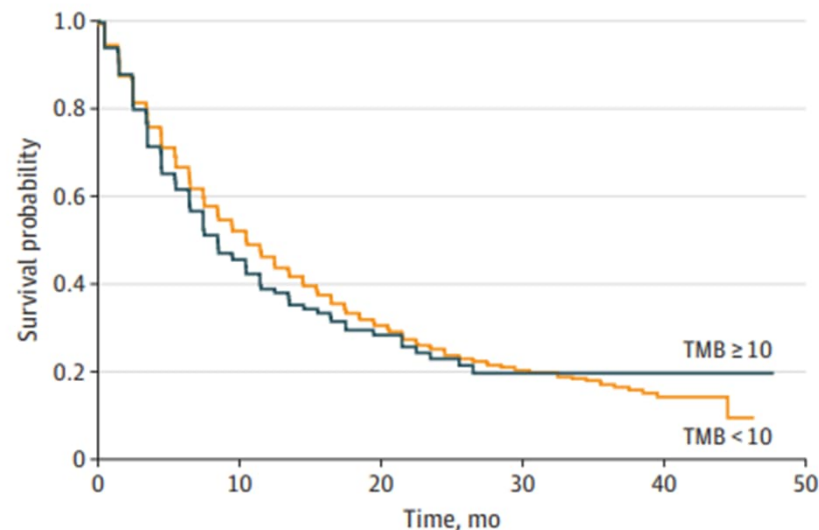
Epub 2020 Sep 10.

## Association of tumour mutational burden with outcomes in patients with advanced solid tumours treated with pembrolizumab: prospective biomarker analysis of the multicohort, open-label, phase 2 KEYNOTE-158 study

Observational Study > [JAMA Netw Open. 2020 Oct 1;3\(10\):e2025109.](#)

doi: 10.1001/jamanetworkopen.2020.25109.

## Prevalence of High Tumor Mutational Burden and Association With Survival in Patients With Less Common Solid Tumors



No. at risk	0	10	20	30	40	50
TMB < 10	1913	552	197	79	14	0
TMB ≥ 10	285	59	21	9	5	0

1. Marabelle A et al. Association of tumour mutational burden with outcomes in patients with advanced solid tumours treated with pembrolizumab: prospective biomarker analysis of the multicohort, open-label, phase 2 KEYNOTE-158 study. *Lancet Oncol.* 2020 Oct;21(10):1353-1365. doi: 10.1016/S1470-2045(20)30445-9. Epub 2020 Sep 10. PMID: 32919526.

2. Shao C et al. Prevalence of High Tumor Mutational Burden and Association With Survival in Patients With Less Common Solid Tumors. *JAMA Netw Open.* 2020 Oct 1;3(10):e2025109. doi: 10.1001/jamanetworkopen.2020.25109. PMID: 33119110; PMCID: PMC7596577.

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# Conclusions

- 1. CGP is a key diagnostic tool**
- 2. High quality results require standardization and automation**
- 3. High quality diagnostic data is instrumental in R&D and drug development**



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# Thank you for your attention!