

Personalized Cancer Therapy (a cohort of one)

Brent Zanke MD PhD FRCPC





Presenter Disclosure

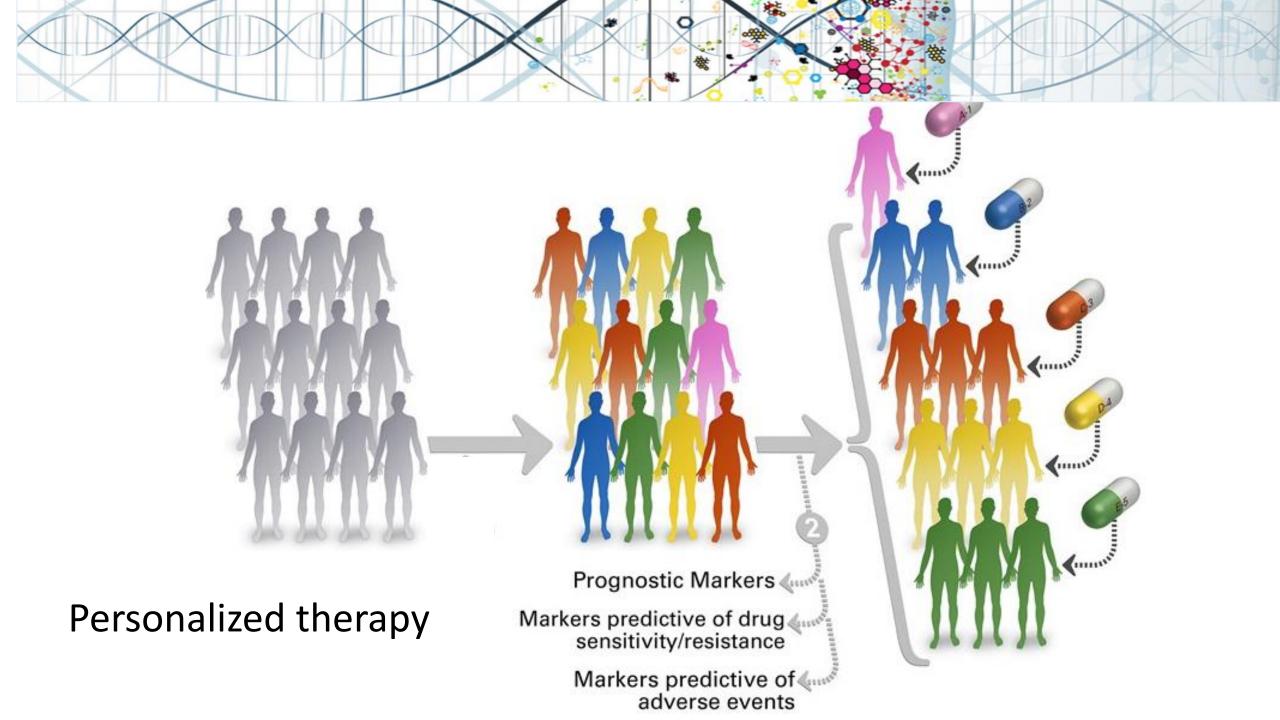
•Faculty/Speaker: Brent Zanke

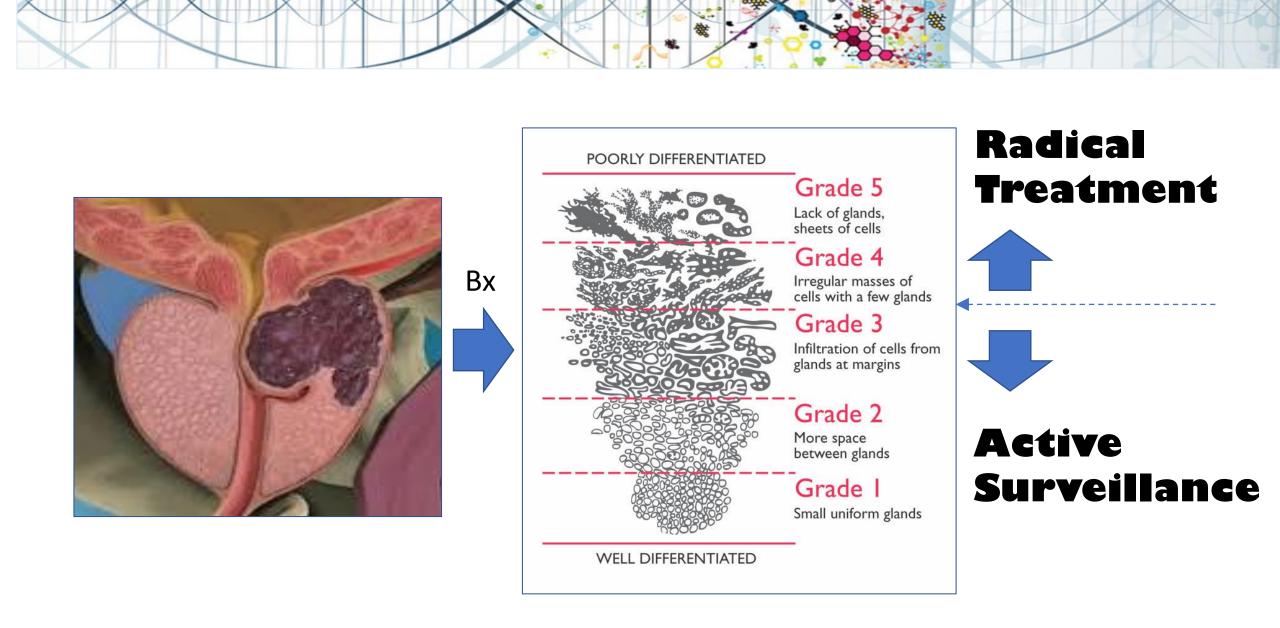
- •Relationships with financial sponsors:
 - -Grants/Research Support: None.
 - -Speakers Bureau/Honoraria: None
 - -Consulting Fees: None
 - -Other: Chief Medical Officer, Chairman and Founder of ArcticDx Inc.



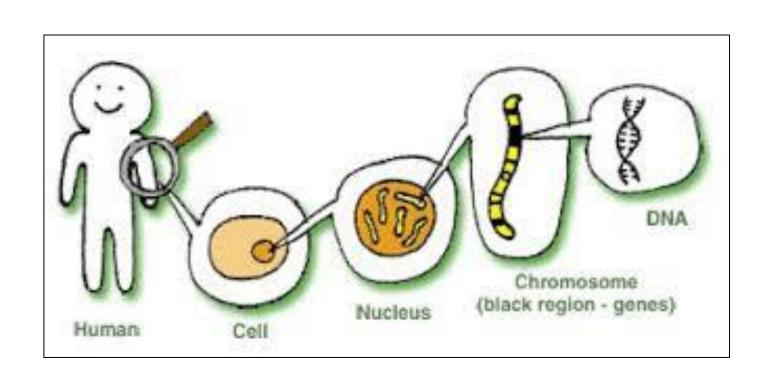
Learning Objectives

- To understand existing approaches to personalizing cancer therapy
- To learn about new approaches to cancer pharmacogenomics including liquid biopsy and NextGen sequencing.

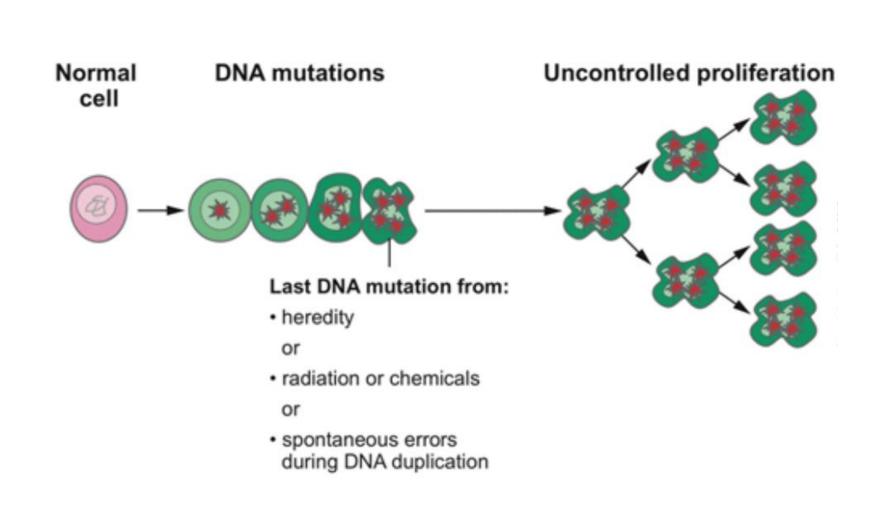




Current Prostate Cancer Personalized Therapy

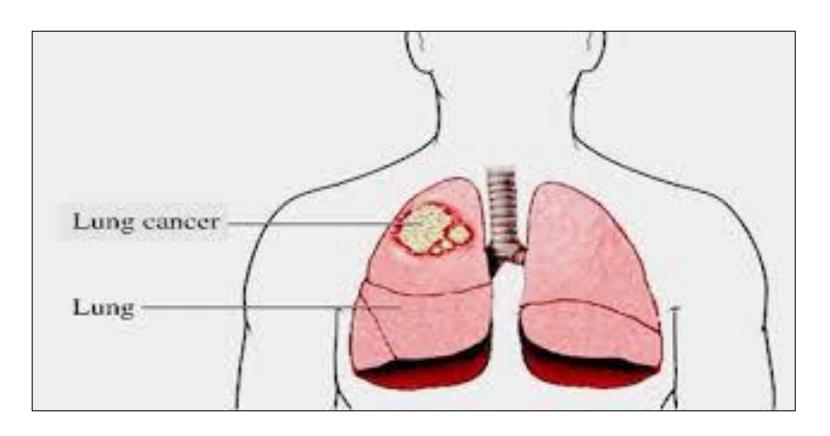


Personalized medicine: genetic/proteomic biomarkers distinguish predisposition/response/toxicity



Cancer arises from DNA mutations in cells



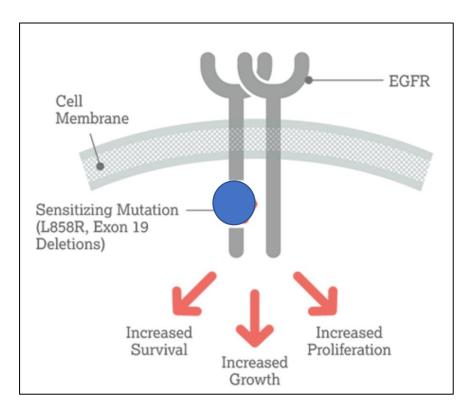


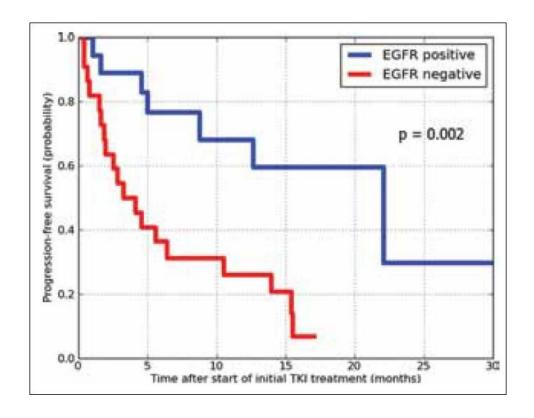
Genetic markers can predict individual sensitivity to lung cancer treatment.

Lung Cancer Genetic Variability affects TKI sensitivity

Epidermal Growth Factor Receptor (EGFR)

Most common sensitizing mutations: exon 19 deletion or L858R point mutation in exon 21



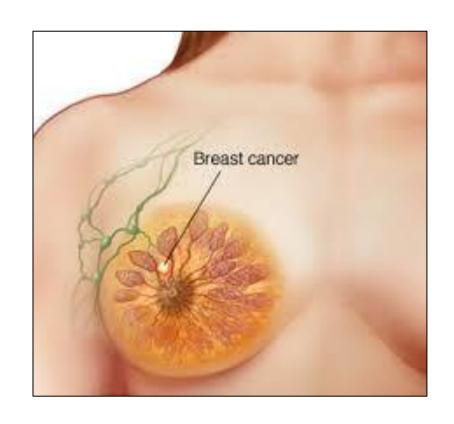


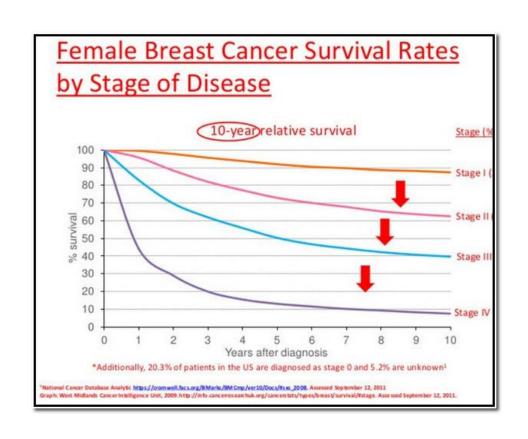
Non-Small Cell Lung Cancer Genetic Testing and Drug Sensitivity

Other important mutations

- ALK (Anaplastic Lymphoma Kinase) sensitivity to TKI Crizotinib
- ROS1 RTK fusion mutations = responsiveness to oral ROS1 TKI
- BRAF S/T Kinase V600E associated with responsiveness to combination therapy with oral inhibitors
 of BRAF and MEK
- KRAS. Activating mutations in codon 12 : reduced responsiveness to EGFR TKI
- PD-L1 expression determines sensitivity to check point inhibitors

Breast Cancer: Can good prognosis Stage 1, HR+, Her2neg adjuvant candidates be saved adjuvant chemotherapy? A personalized approach.





16 Cancer and 5 Reference Genes From 3 Studies

GSTM1

Onco*type*Dx

PROLIFERATION

Ki-67 STK15 Survivin Cyclin B1 MYBL2

OESTROGEN

ER PR Bcl2 SCUBE2 RS =

- + 0.47 x HER2 Group Score
- 0.34 x ER Group Score
- + 1.04 x Proliferation Group Score
- + 0.10 x Invasion Group Score
- + 0.05 x CD68
- 0.08 x GSTM1
- 0.07 x BAG1

INVASION

Stromelysin 3 Cathepsin L2

HER2 GRB7 HER2 CD68

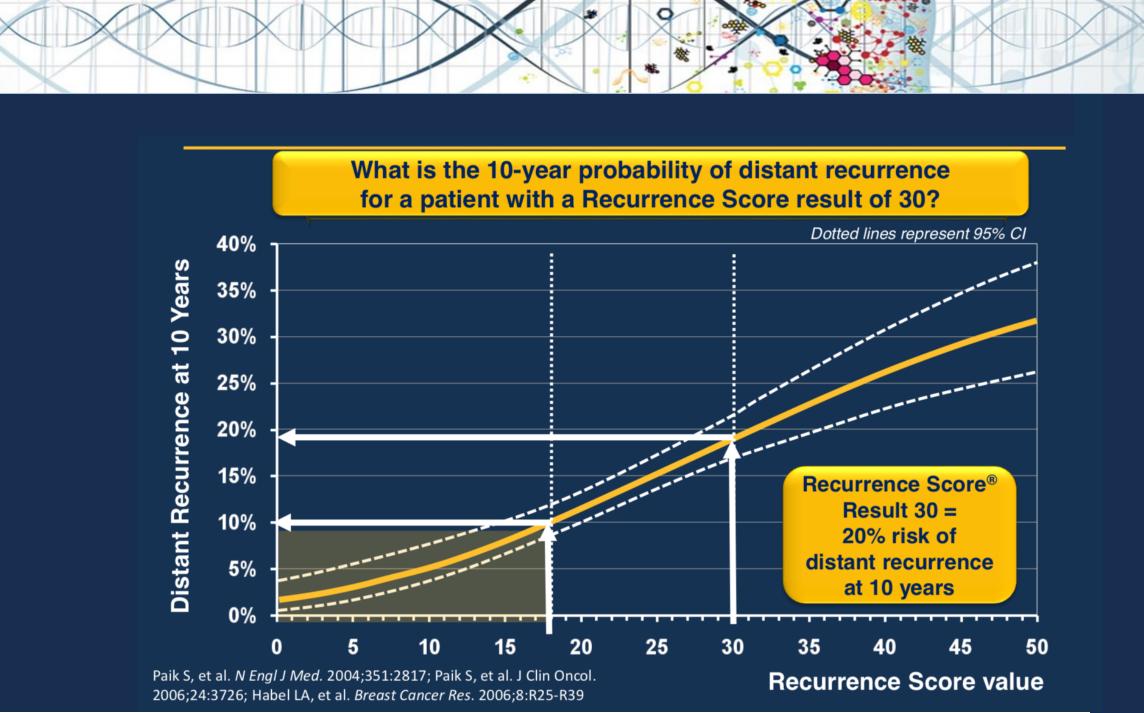
BAG1

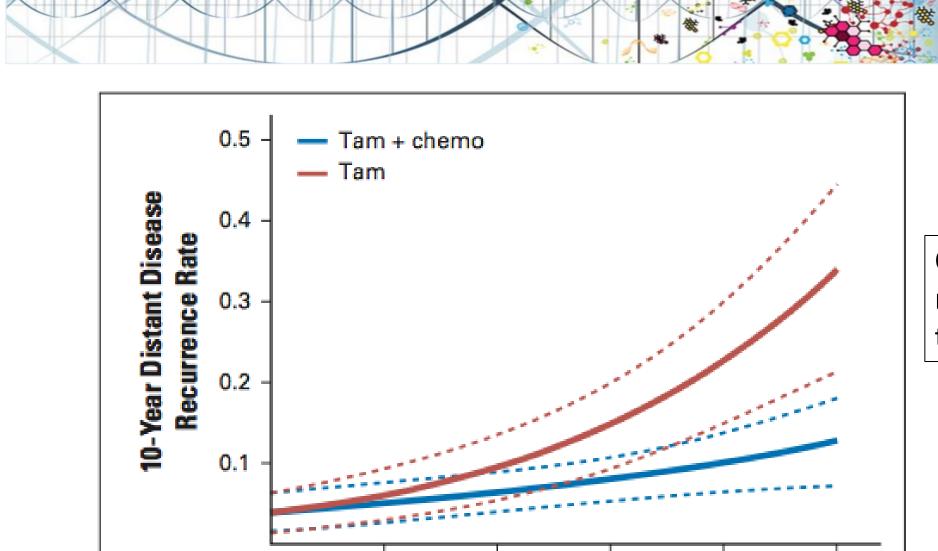
REFERENCE

Beta-actin GAPDH RPLPO GUS TFRC

Category	RS (0 -100)
Low risk	RS <18
Int risk	RS 18 - 30
High risk	RS ≥ 31

RS, Recurrence Score® result





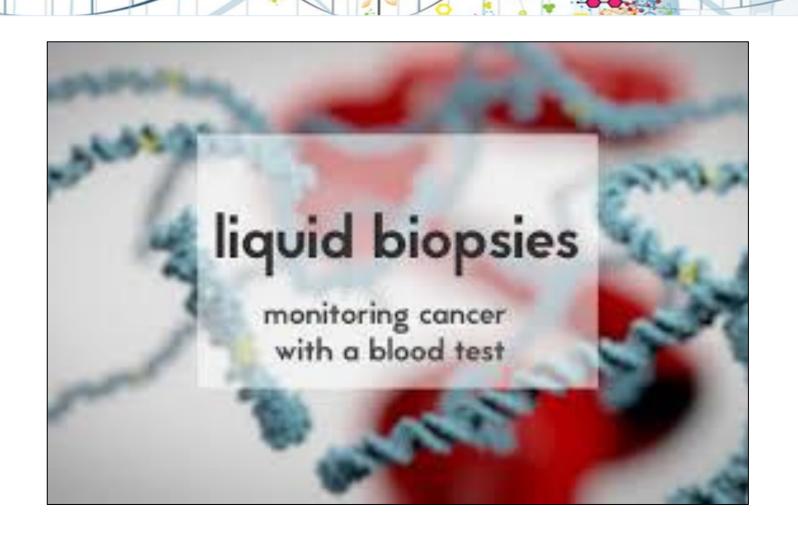
OncotypeDX score for node negative ER+ tumors (NSABP 20)

50

30

Recurrence Score

20

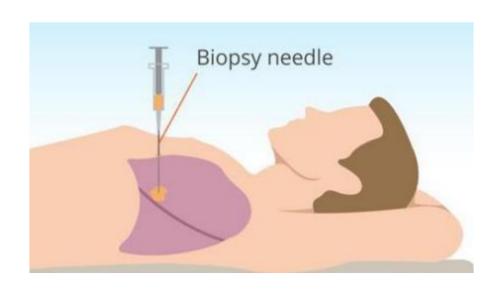


The future of personalized cancer treatment

The Problem

Diagnosis: Invasive Tumor Biopsy

 Tumor biopsies are costly, painful and can result in complications.

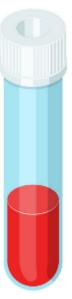




The Proposed Solution

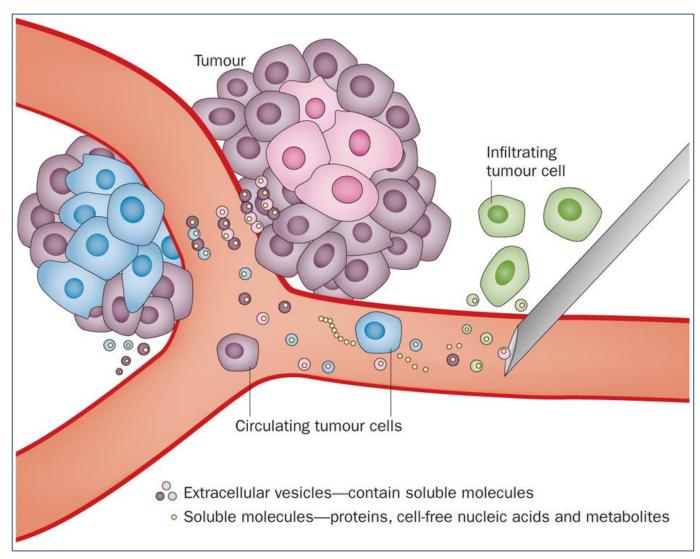
Diagnosis: Non-Invasive Liquid Biopsy



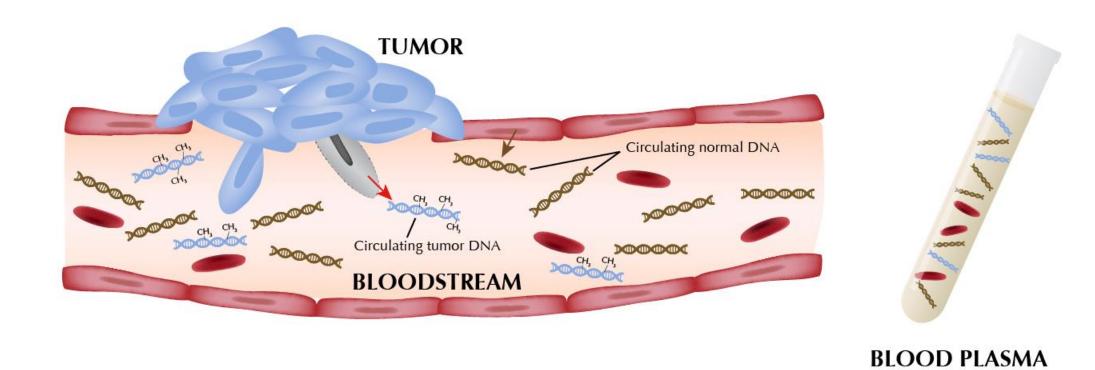


Liquid biopsy is less invasive than needle biopsy

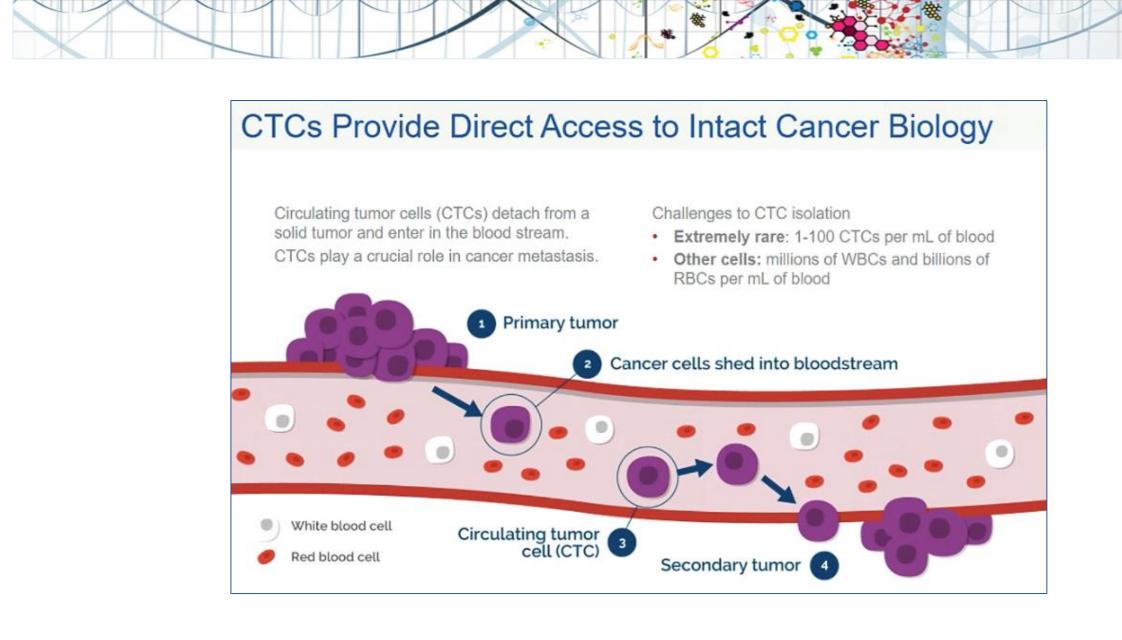




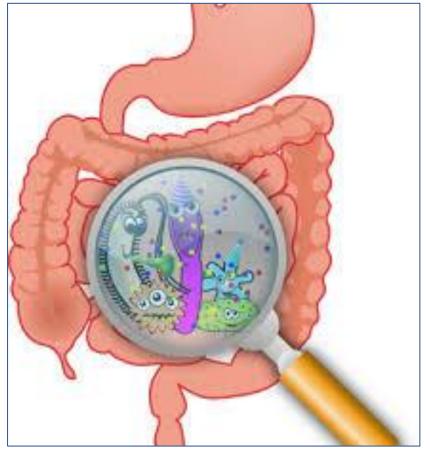




OR SERUM SAMPLE

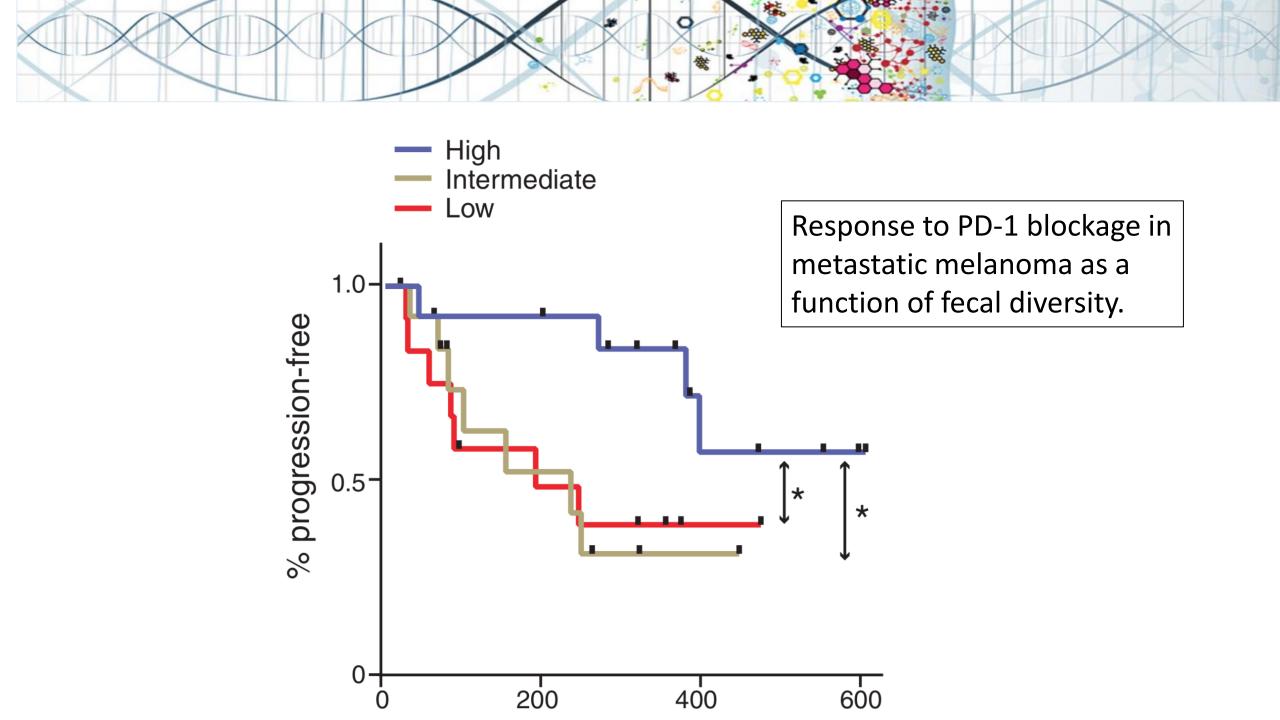


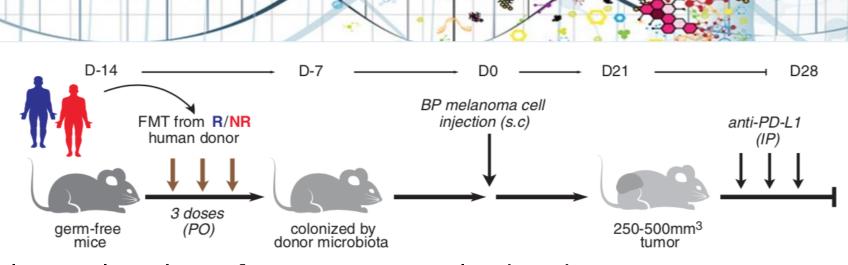




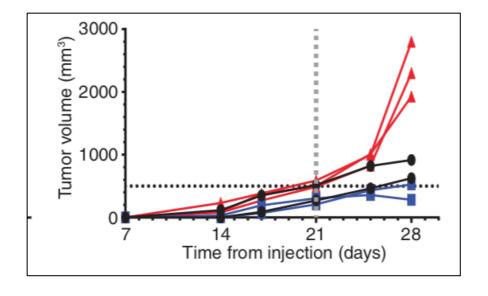
Bacterial diversity can affect efficacy of cancer treatment

Your DNA may not be the only thing personal about you!





Fecal transplant: A new frontier in personalized medicine

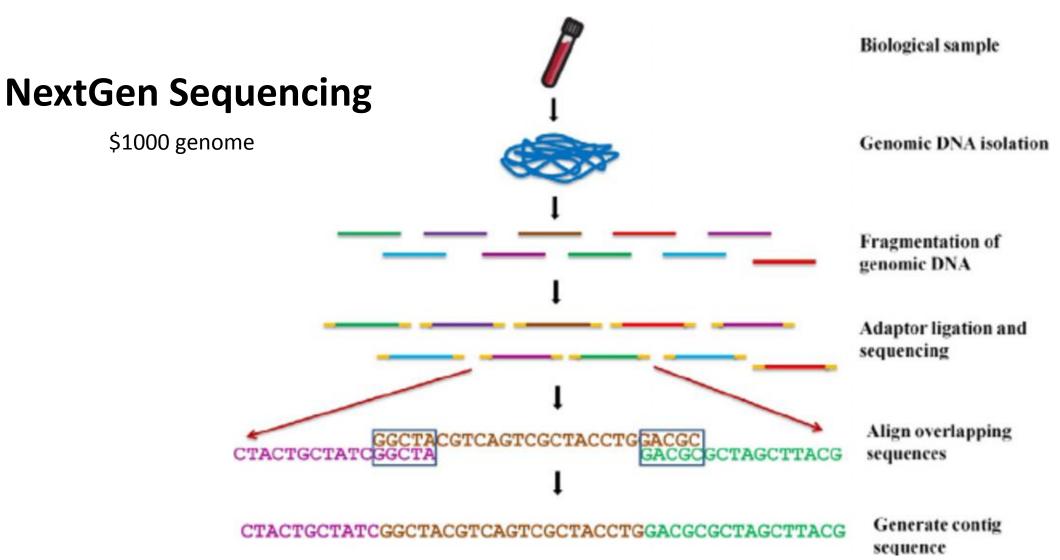


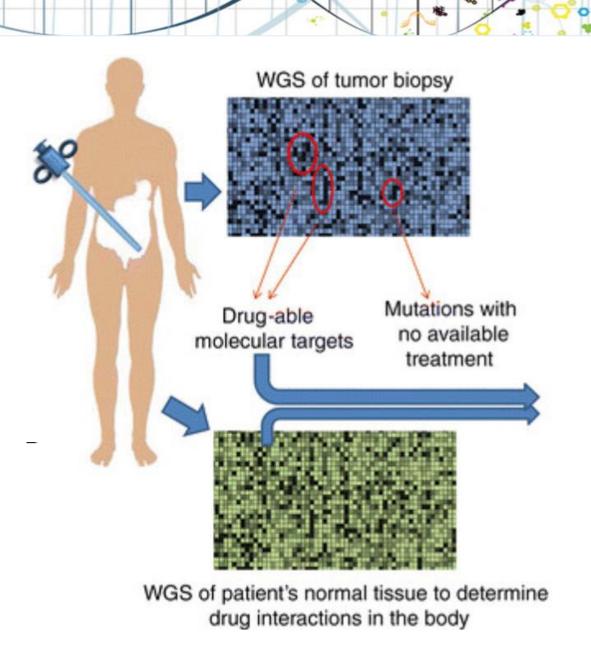
Drug sensitivity influenced by gut bacterial composition

An increasingly important management partner











Tumor whole genome sequencing to select treatment

Summary

- Sequencing technologies are becoming inexpensive
- Big data and artificial intelligence are resolving complexity into order
- Less invasive techniques are evolving to allow frequent sampling and personalized treatment selection.
- This will result in better outcomes and (?) less expensive care.