

I SIMPOSIO NACIONAL de ONCOLOGÍA de PRECISIÓN

Vigo, del 28 de febrero al 1 de marzo de 2019

Nuevos tumores listos para biopsia líquida

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oncomet
oncología médica traslacional

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Speaking: Novartis, Astra Zeneca, Bristol, Jansen,
Pfizer

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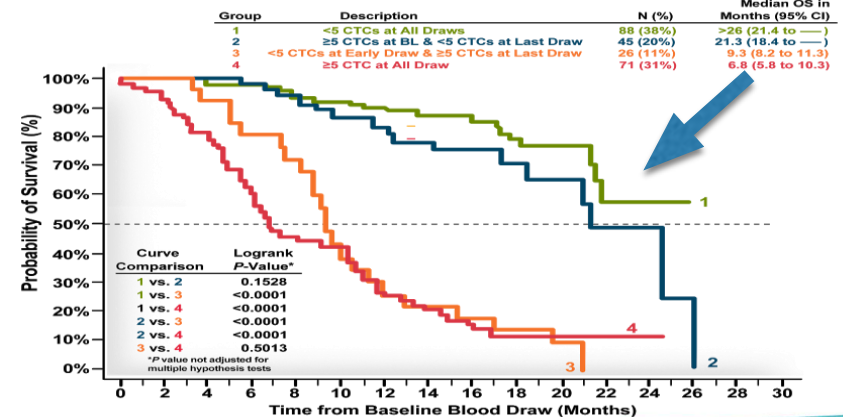
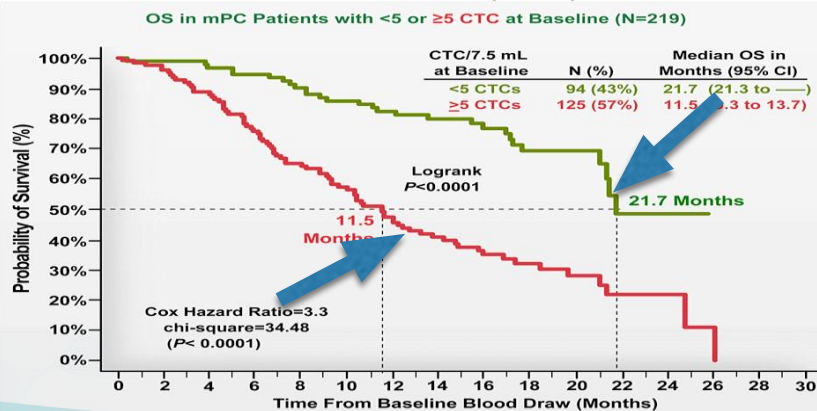
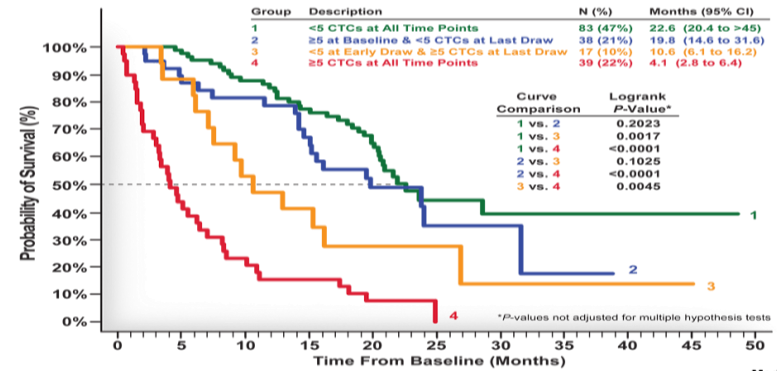
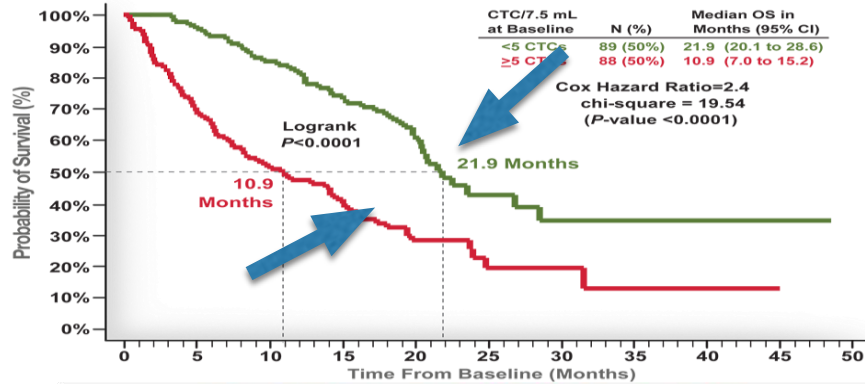
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Sergio Vázquez: "Hemos pasado de la bomba atómica a atacar justo aquello que hace crecer el tumor"

El I Simposio Nacional de Oncología de Precisión reúne por primera vez a clínicos, investigadores y gestores para agilizar nuevos tratamientos

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FDA Approved Companion Diagnostics	Therapeutic Products				
	Afatinib	Gefitinib	Erlotinib	Osimertinib	Dacomitinib
Therascreen EGFR RGQ PCR Kit	X	X	-	-	X
Cobas EGFR Mutation Test V2	-	X	X	X	-
Oncomine Dx Target Test	-	X	-	-	-
FoundationOne CDx	X	X	X	-	-

Circulating Tumor DNA Analysis in Patients With Cancer: American Society of Clinical Oncology and College of American Pathologists Joint Review

Jason D. Merker, Geoffrey R. Oxnard, Carolyn Compton, Maximilian Diehn, Patricia Hurley, Alexander J. Lazar,

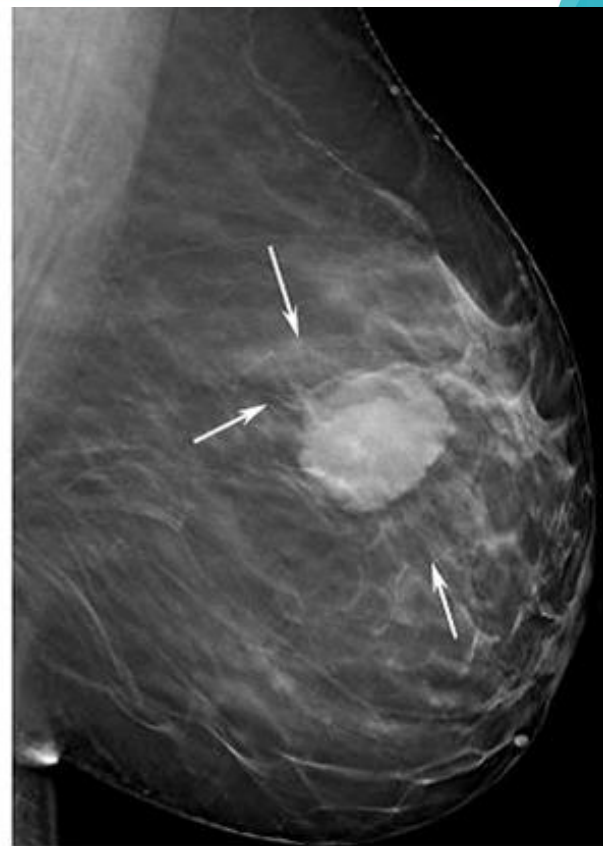
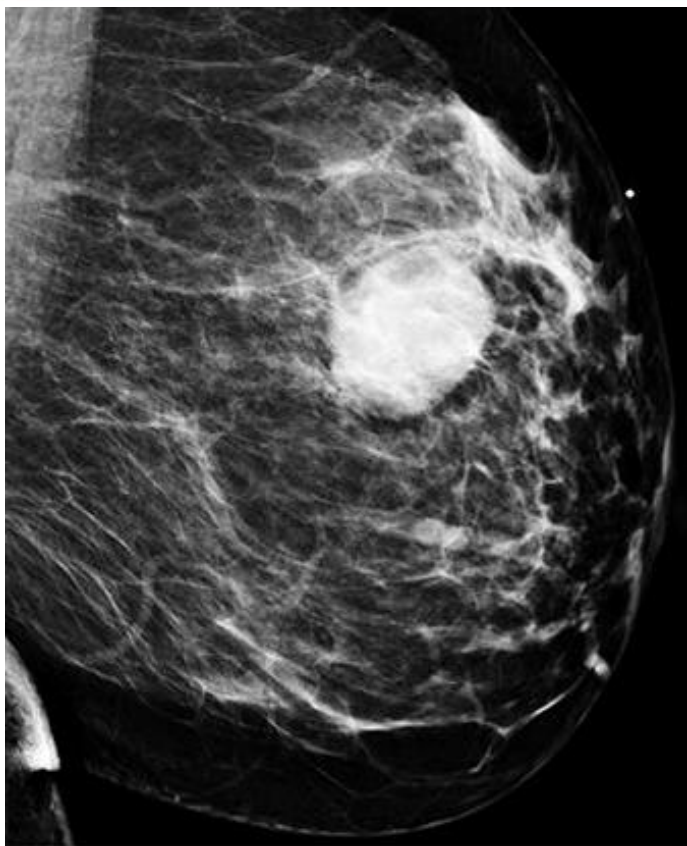
Table 3. Comparison of ctDNA Versus Tumor Tissue Testing

Consideration	ctDNA Assay	Tissue Assay
Logistics	Easy to draw Variable venipuncture risks Easy serial testing	Invasive, more challenging to obtain Variable biopsy risks Serial testing more difficult
Biology	Cannot directly correlate ctDNA results with histology or cellular phenotype More likely to represent whole tumor, but differential tumor cell turnover may bias representation	Can correlate with histology and cellular phenotype Represents one small tumor region
Pre-analytical	Easier to standardize across sites Requires special processing and handling unless using cell-stabilization tubes	More difficult to standardize across sites Uses existing, validated tissue processing and handling approaches
Clinical utility	Limited data on confounding patient-related factors Limited evidence for treatment selection in advanced cancer No evidence for other potential indications	Substantial evidence for treatment selection in multiple malignancies for early and advanced cancers

Abbreviation: ctDNA, circulating tumor DNA.

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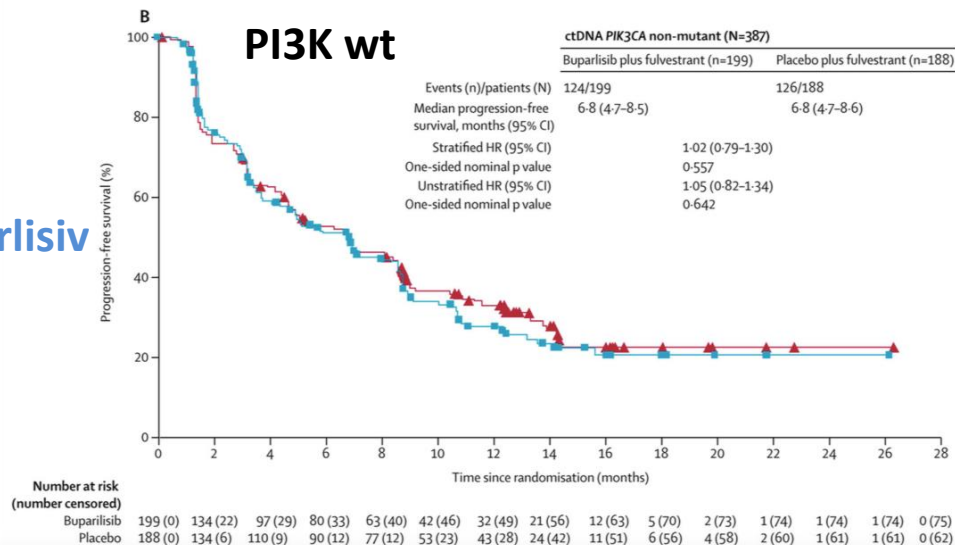
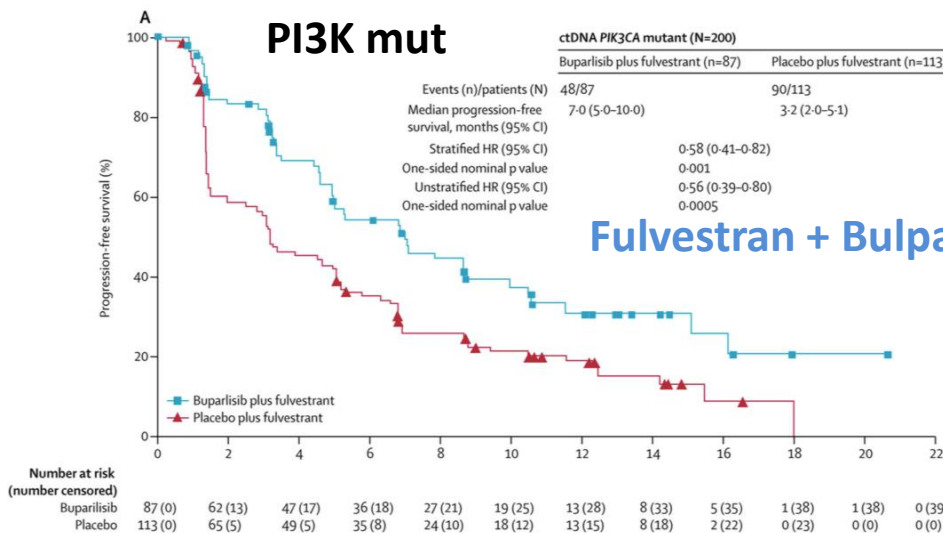
Analyte	Marker	Prognostic/Predictive Value in IBC-Primary Tumour	Successfully Applied in CTCs
DNA	<i>HER2</i> amplification	Strong predictive value.	Yes, can be robustly assessed.
	<i>PIK3CA</i> gain-of-function mutation	Prognostic factor linked to good prognosis; not applied in routine clinical practice.	Yes, can be robustly assessed.
	<i>TP53</i> loss-of-function mutation	Prognostic factor linked to poor prognosis; no predictive value in routine clinical practice.	Yes, can be robustly assessed.
	<i>RB1</i>	Prognostic factor linked to poor prognosis. Predictive value—low <i>RB1</i> expression in triple negative/ER-negative breast cancers related to good prognosis in patients treated with chemotherapy.	Yes, can be assessed.
	<i>ESR1</i> mutations	Prognostic factor linked to poor prognosis, potentially to be applied in clinics as a negative predictive factor (hormone resistance).	Yes, can be robustly assessed.
	Ion AmpliSeq™ Cancer Hotspot Panel v2	Not assessed.	Yes, can be robustly assessed.

Braun Cancers 2019

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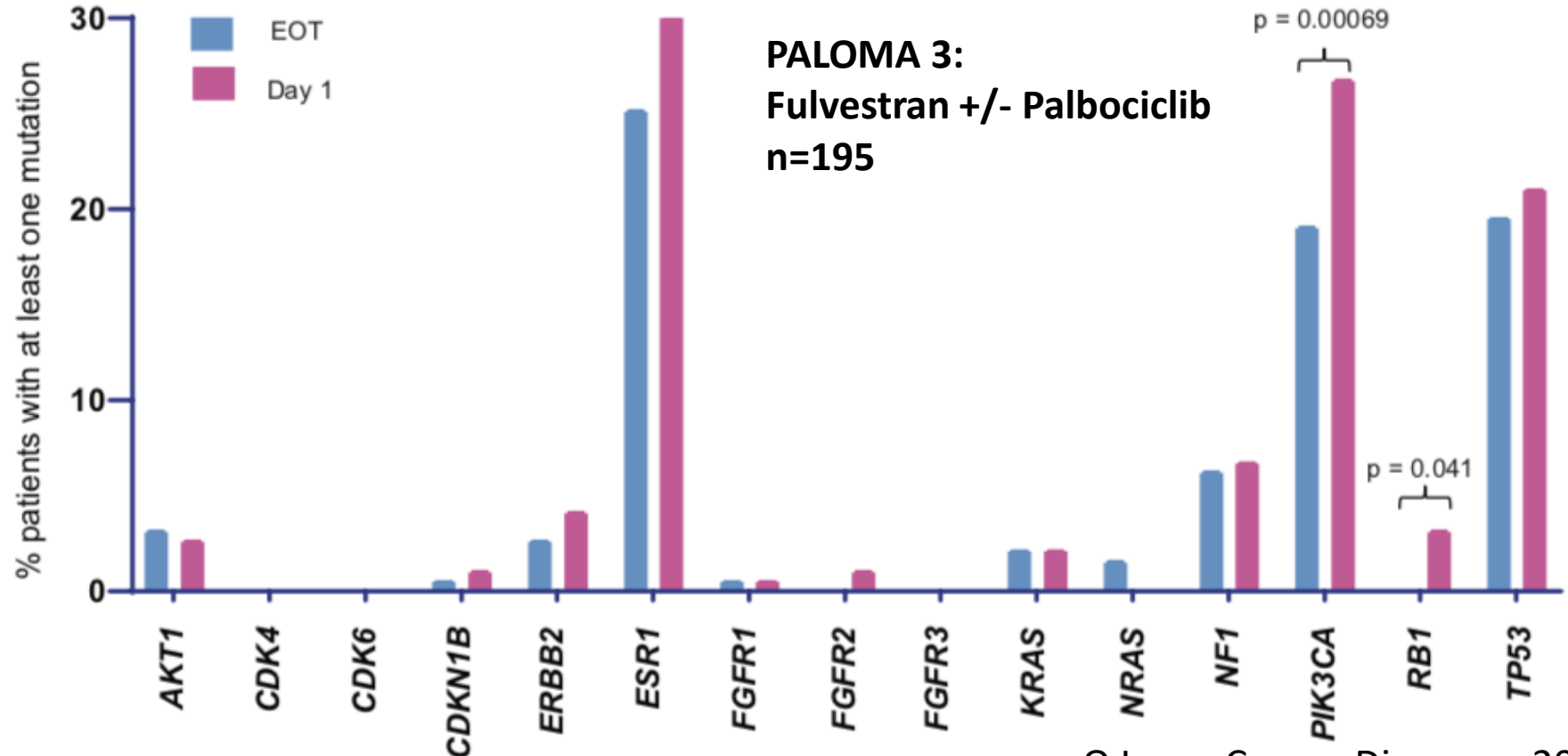
Estudio BELLE. PI3K mut mejor PFS, no mejor OS



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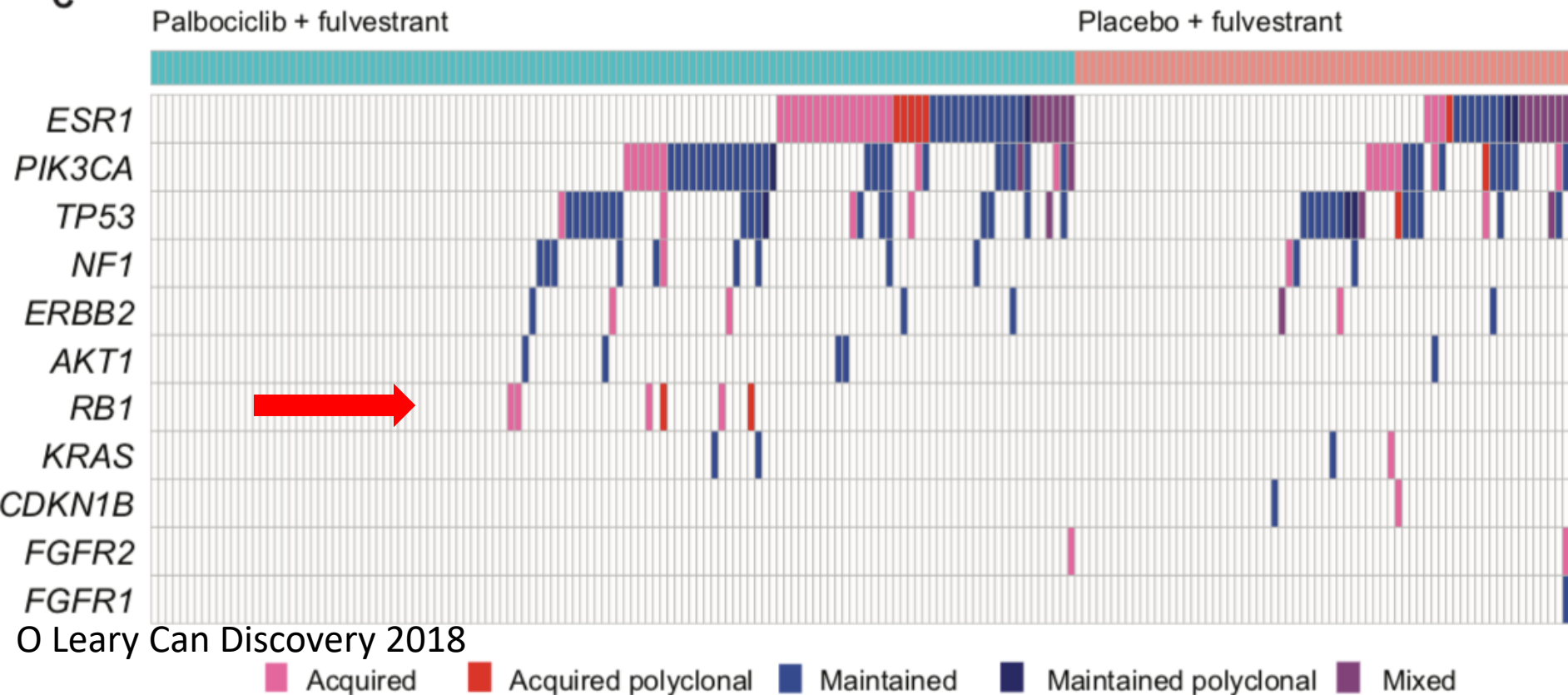
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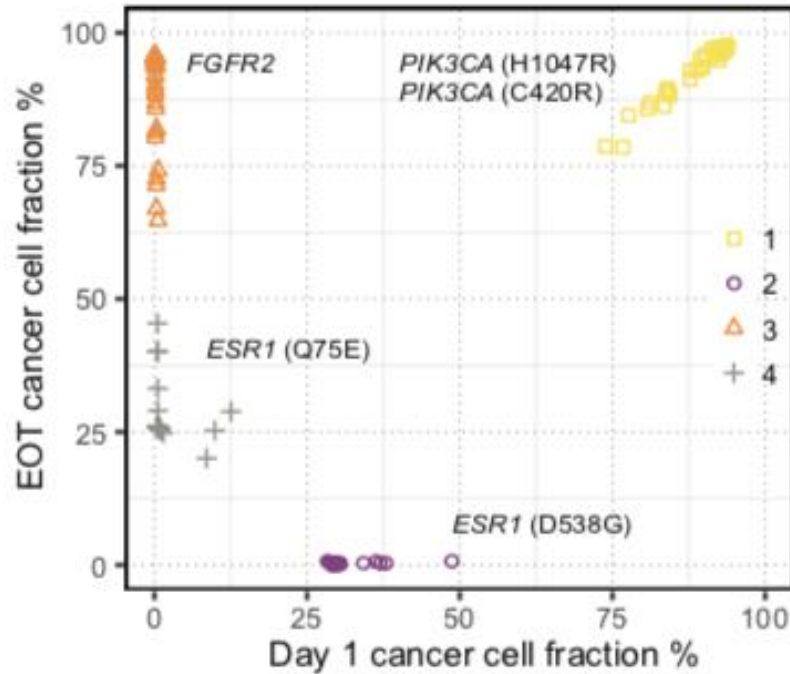
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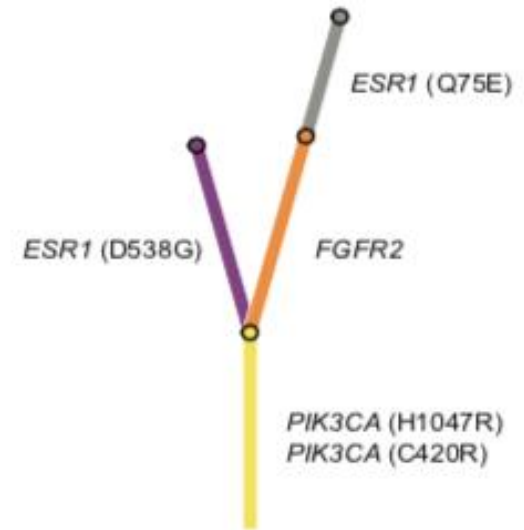
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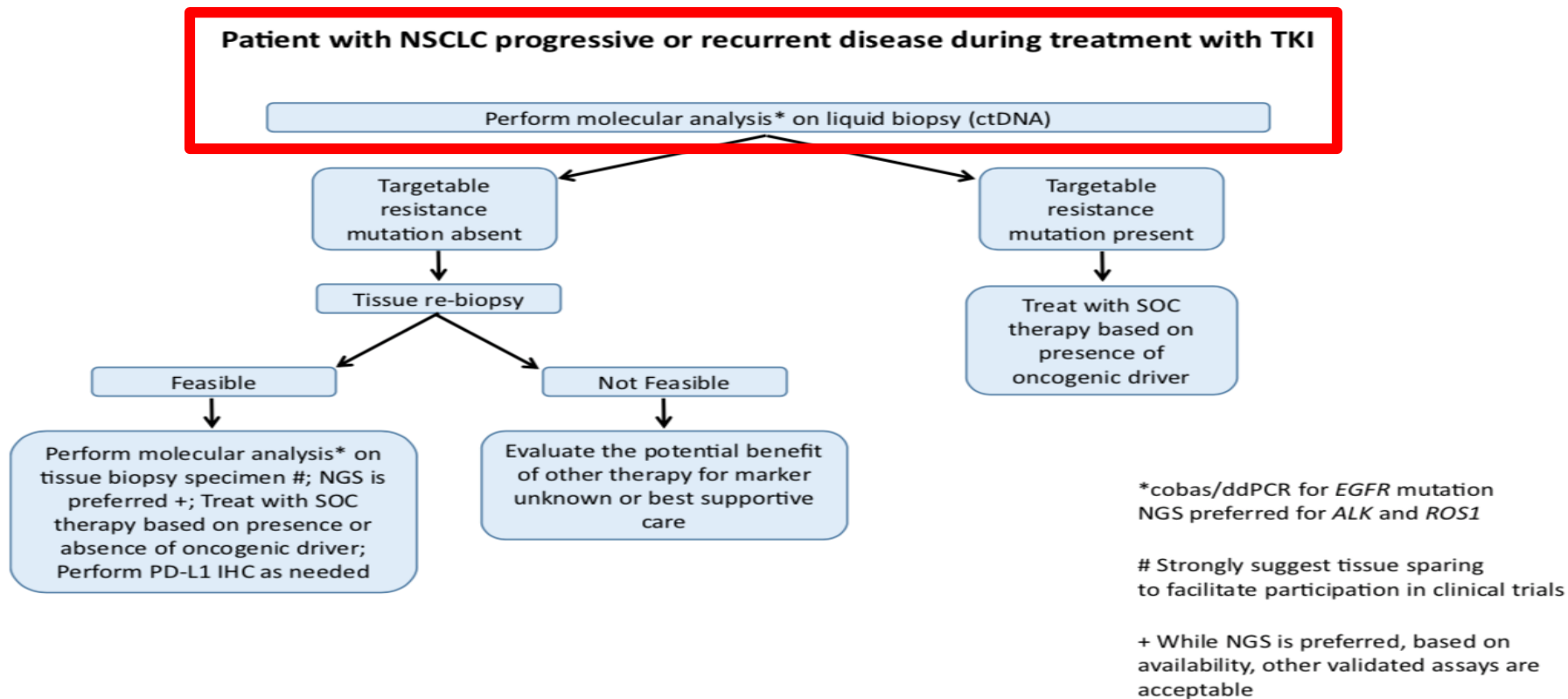
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O Leary Cancer Discovery 2018



Liquid biopsy for advanced Non-Small Cell Lung Cancer (NSCLC): A Statement Paper from the IASLC

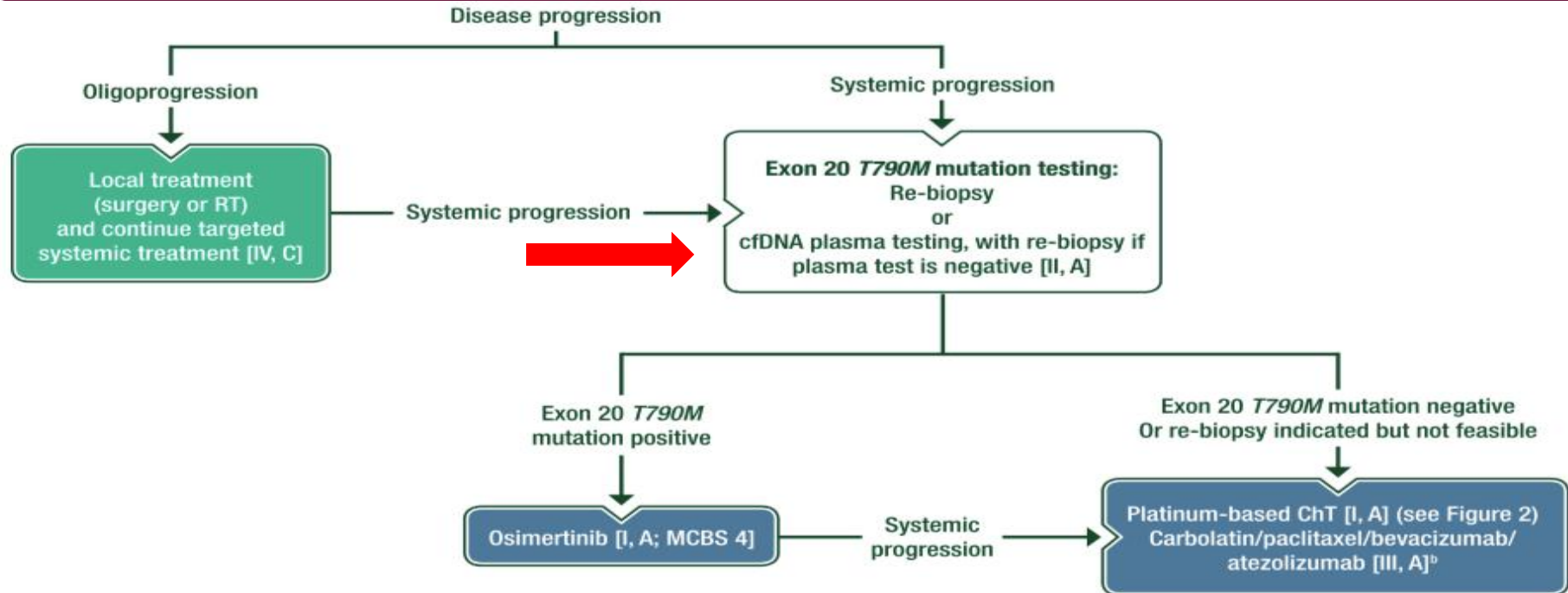


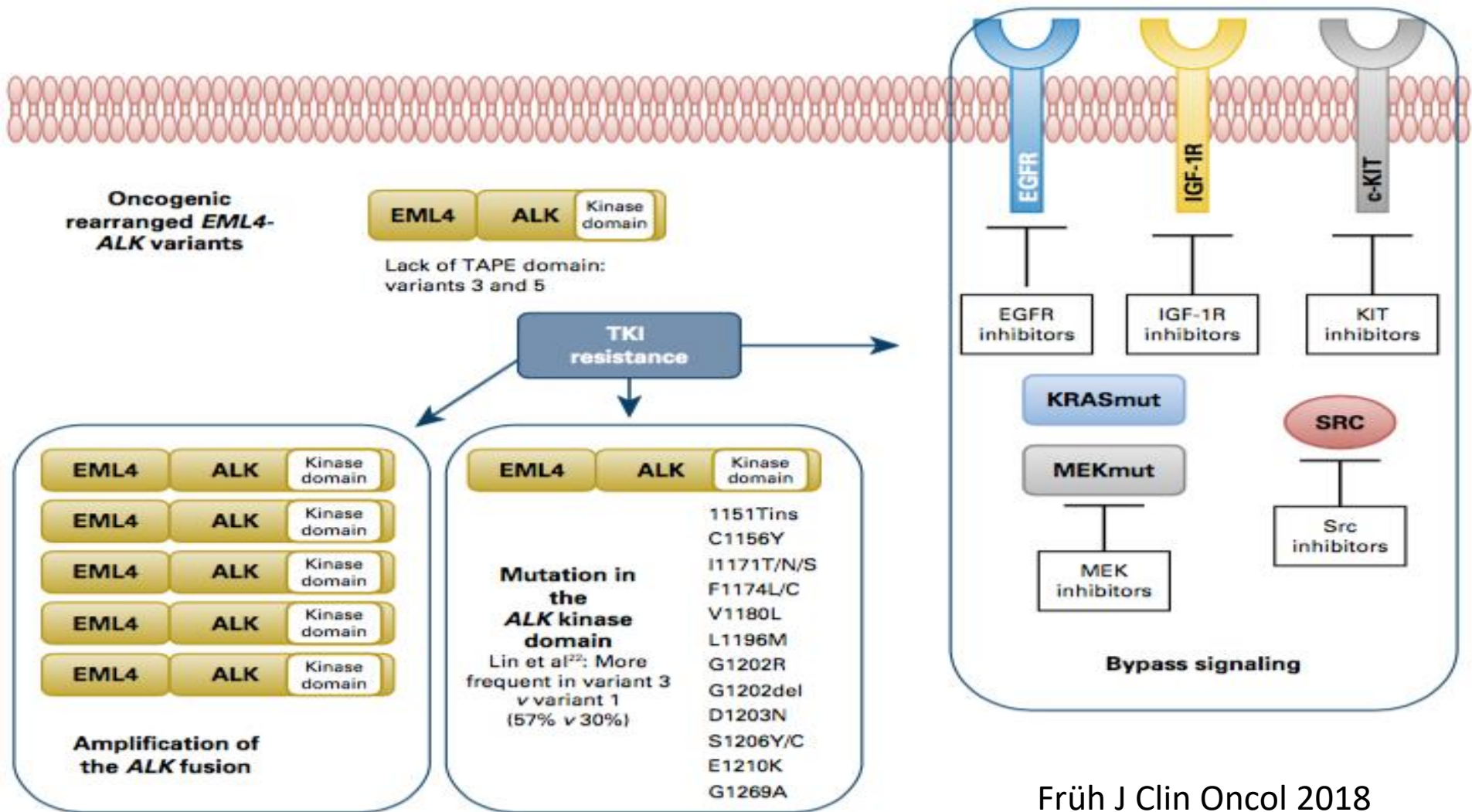
Metastatic non-small cell lung cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up[†]

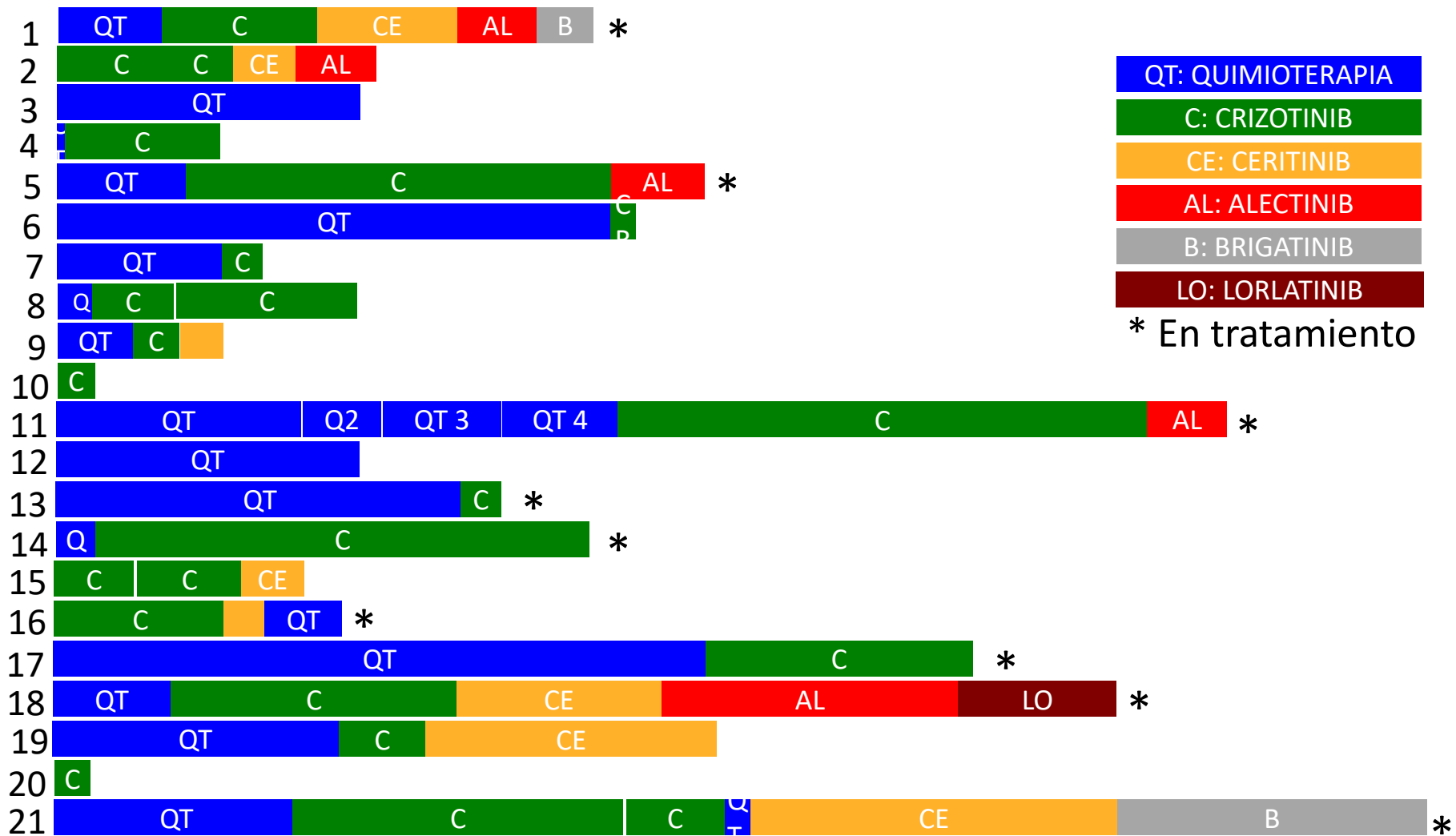
Ann Oncol 29 (supp 4): iv192-1v237, 2018

D. Planchard¹, S. Popat², K. Kerr³, S. Novello⁴, E. F. Smit⁵, C. Faivre-Finn⁶, T. S. Mok⁷, M. Reck⁸, P. E. Van Schil⁹, M. D. Hellmann¹⁰ & S. Peters¹¹, on behalf of the ESMO Guidelines Committee*

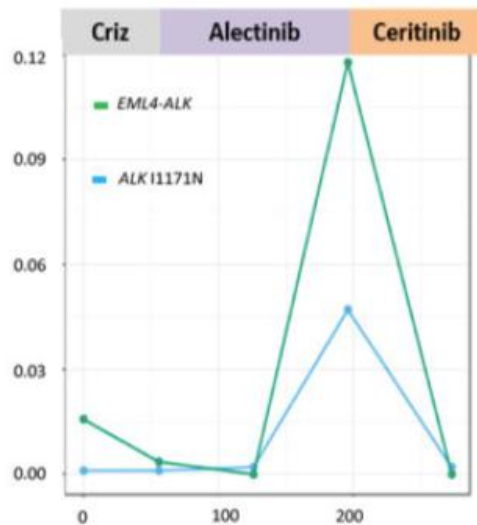
Stage IV lung carcinoma with *EGFR*-activating mutation



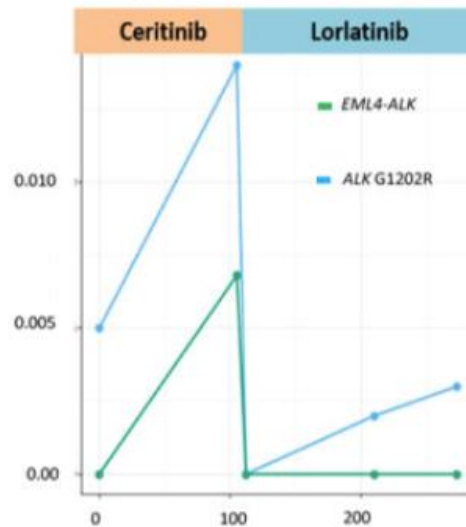




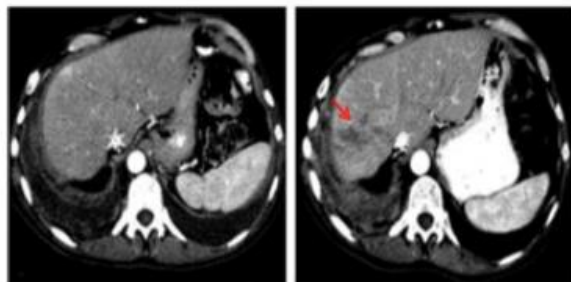
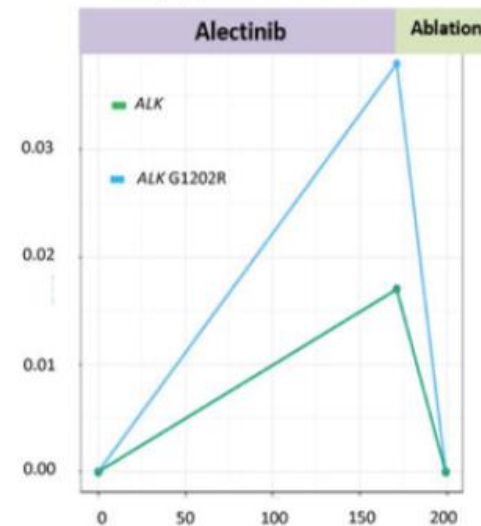
(A) MGH987



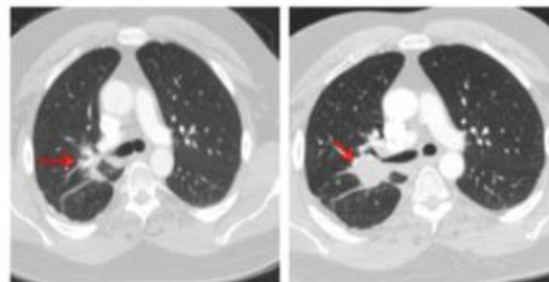
(B) MGH087



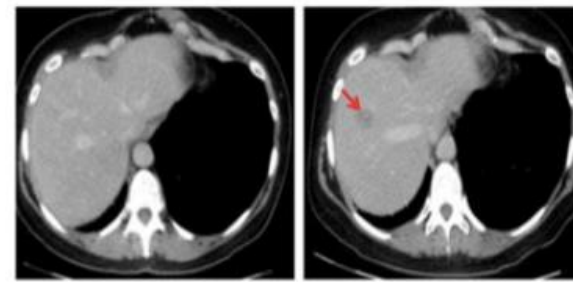
(C) MGH989



Appearance of new liver lesions on alectinib



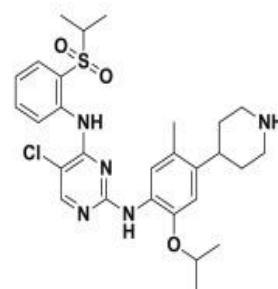
Progression of lung mass on ceritinib



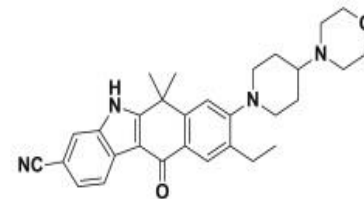
Liver oligoprogression on alectinib

Cellular ALK phosphorylation mean IC₅₀ (nmol/L)

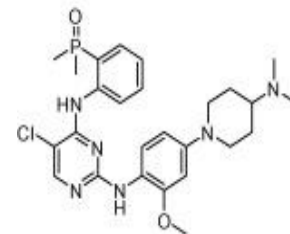
Mutation status	Crizotinib	Ceritinib	Alectinib	Brigatinib	Lorlatinib
Parental Ba/F3	763.9	885.7	890.1	2774.0	11293.8
<i>EML4-ALK</i> V1	38.6	4.9	11.4	10.7	2.3
<i>EML4-ALK</i> C1156Y	61.9	5.3	11.6	4.5	4.6
<i>EML4-ALK</i> I1171N	130.1	8.2	397.7	26.1	49.0
<i>EML4-ALK</i> I1171S	94.1	3.8	177.0	17.8	30.4
<i>EML4-ALK</i> I1171T	51.4	1.7	33.6 ^a	6.1	11.5
<i>EML4-ALK</i> F1174C	115.0	38.0 ^a	27.0	18.0	8.0
<i>EML4-ALK</i> L1196M	339.0	9.3	117.6	26.5	34.0
<i>EML4-ALK</i> L1198F	0.4	196.2	42.3	13.9	14.8
<i>EML4-ALK</i> G1202R	381.6	124.4	706.6	129.5	49.9
<i>EML4-ALK</i> G1202del	58.4	50.1	58.8	95.8	5.2
<i>EML4-ALK</i> D1203N	116.3	35.3	27.9	34.6	11.1
<i>EML4-ALK</i> E1210K	42.8	5.8	31.6	24.0	1.7
<i>EML4-ALK</i> G1269A	117.0	0.4	25.0	ND	10.0
<i>EML4-ALK</i> D1203N+F1174C	338.8	237.8	75.1	123.4	69.8
<i>EML4-ALK</i> D1203N+E1210K	153.0	97.8	82.8	136.0	26.6

IC₅₀ ≤ 50 nmol/LIC₅₀ > 50 < 200 nmol/LIC₅₀ ≥ 200 nmol/L

Ceritinib



Alectinib



Brigatinib

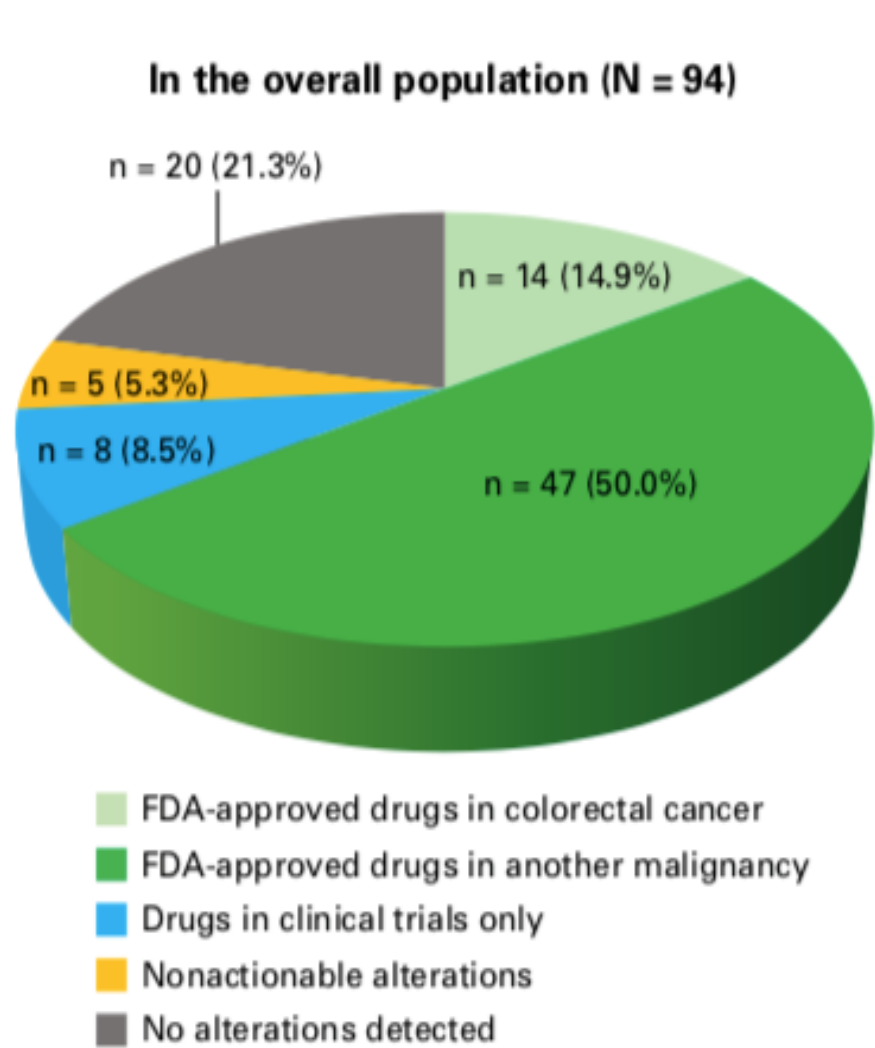
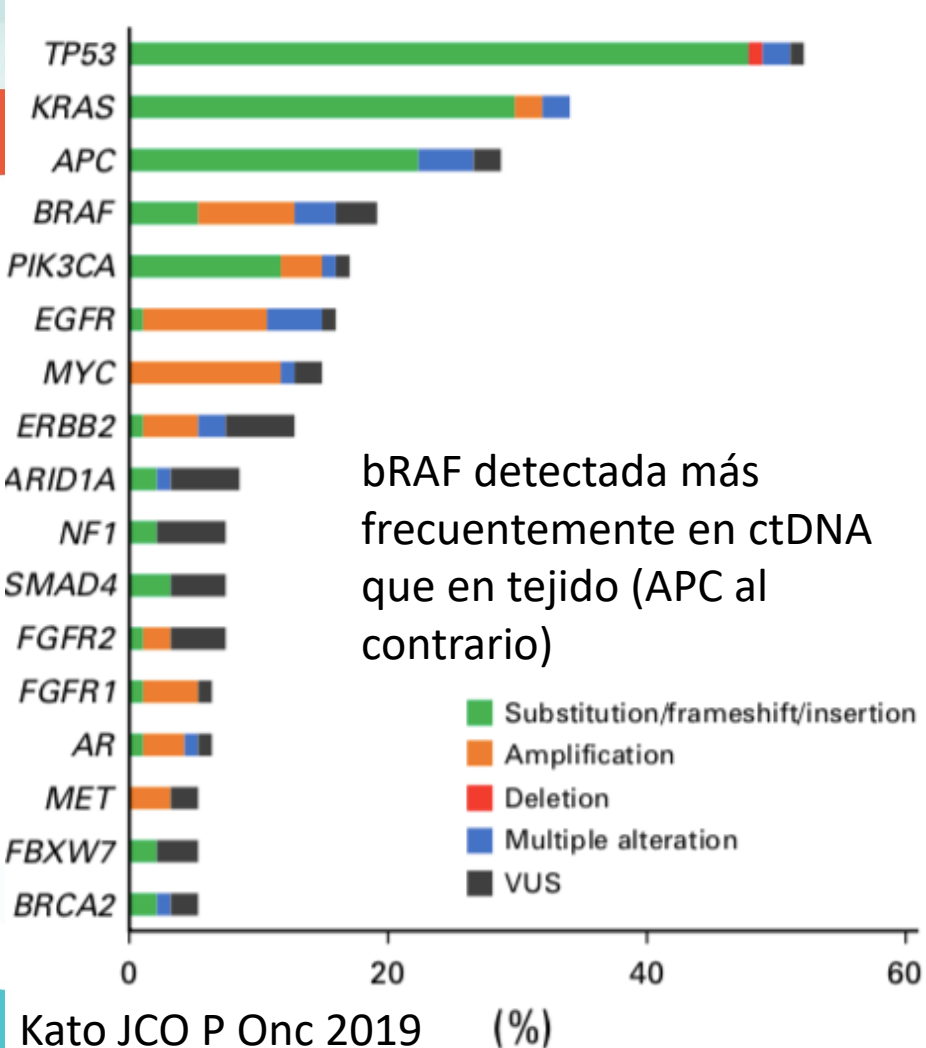
Gainor *Cancer Discov* 2016



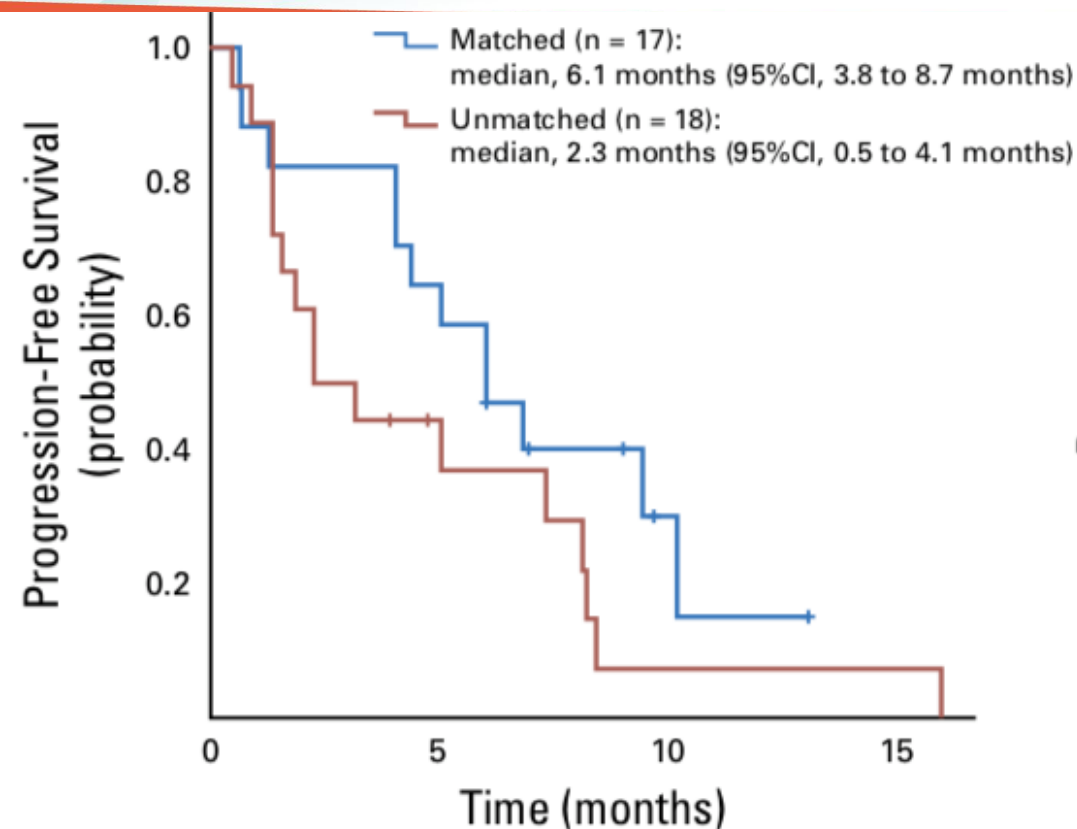
Genomic Assessment of Blood-Derived Circulating Tumor DNA in Patients With Colorectal Cancers: Correlation With Tissue Sequencing, Therapeutic Response, and Survival

Purpose Genomic alterations in blood-derived circulating tumor DNA (ctDNA) from patients with colorectal cancers were correlated with clinical outcomes.

Patients and Methods Next-generation sequencing of ctDNA (54- to 73-gene panel) was performed in 94 patients with colorectal cancer.

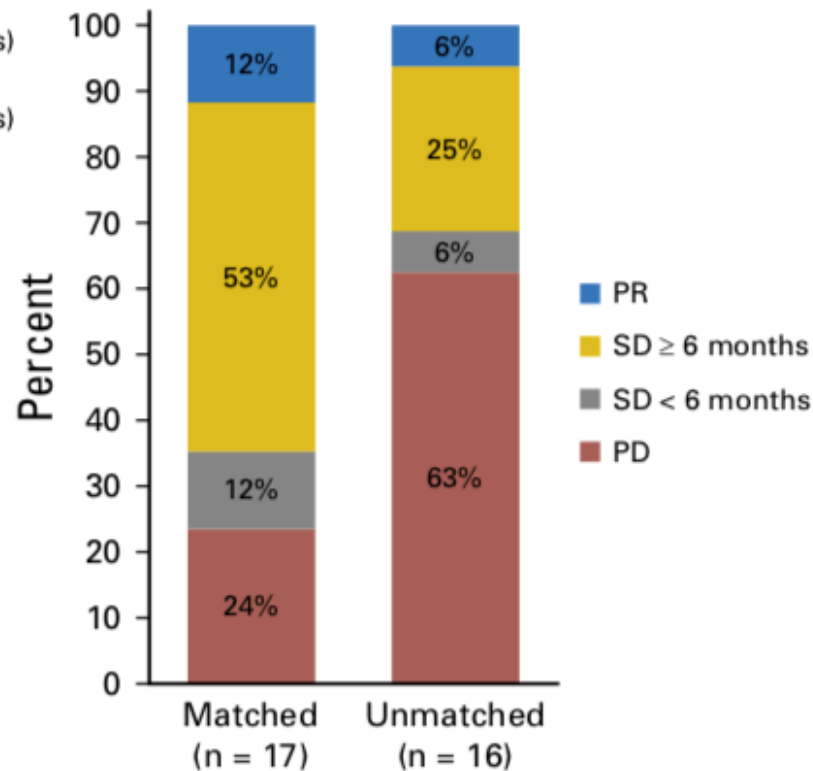


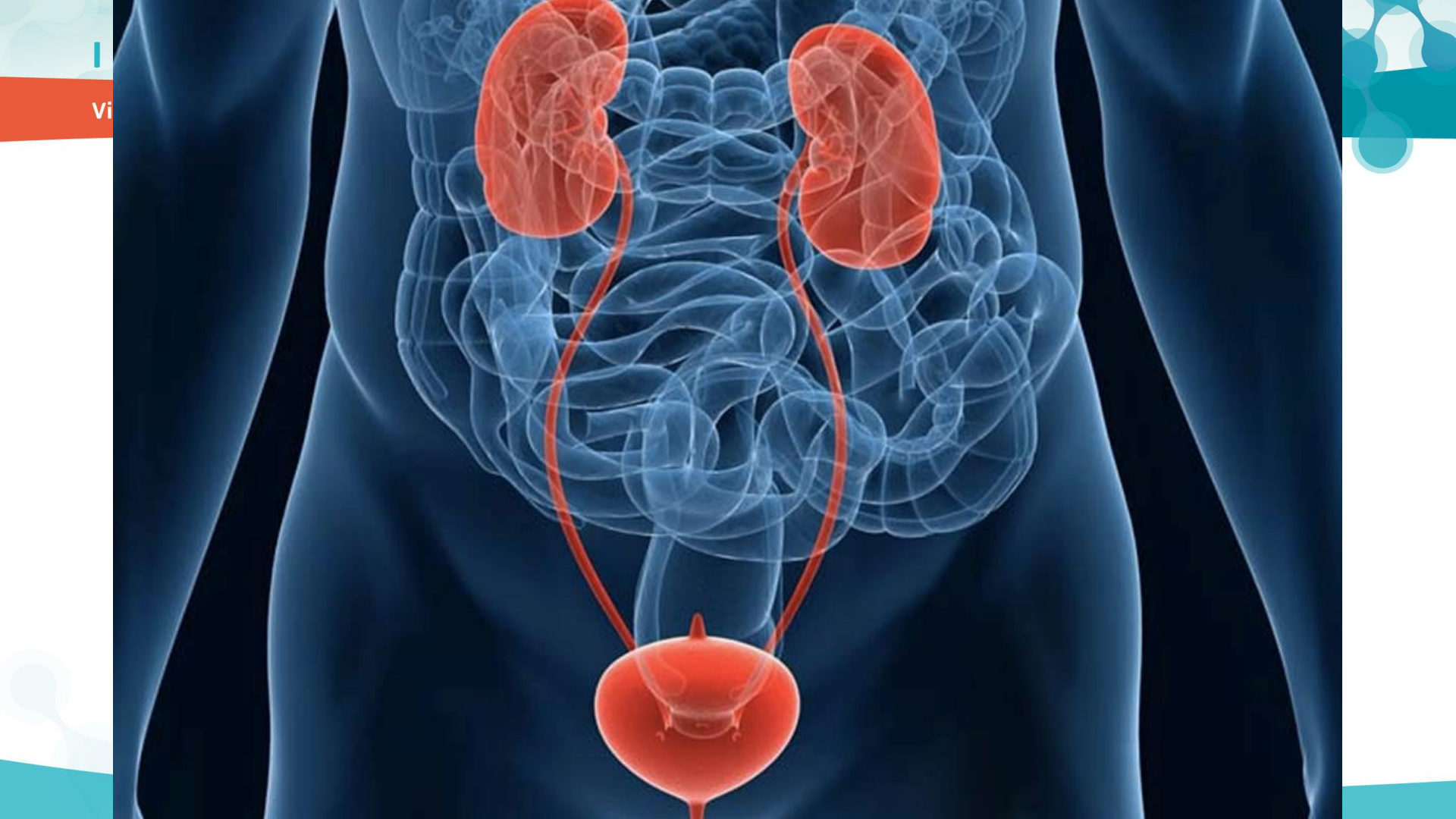
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No. at risk

17	11	2	0
18	6	1	1

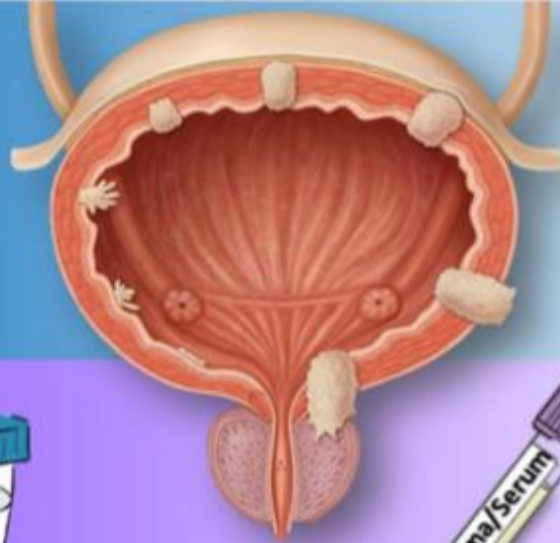




Type of tumor

NMIBC

MIBC



Type of biofluid



Purpose

Diagnosis

Prognosis

Surveillance

Therapy response

Cost-effectiveness of SelectMDx for prostate cancer in four European countries: a comparative modeling study

PROSTATE CANCER GENE 3

	France	Germany	Italy	Spain
<i>PCa detection</i>				
Probability PCa	47%	49%	37%	33%
Probability significant PCa	49%	64%	45%	58%
Probability insignificant PCa	51%	36%	55%	42%
<i>Treatment distribution significant PCa</i>				
RP	58%	67%	56%	34%
RT (extRT; BT)	15%	18%	19%	41% (36%; 5%)
ADT	24%	10%	19%	21%
WW	4%	5%	6%	4%

Cost-effectiveness of SelectMDx for prostate cancer in four European countries: a comparative modeling study

Costs associated with diagnosis

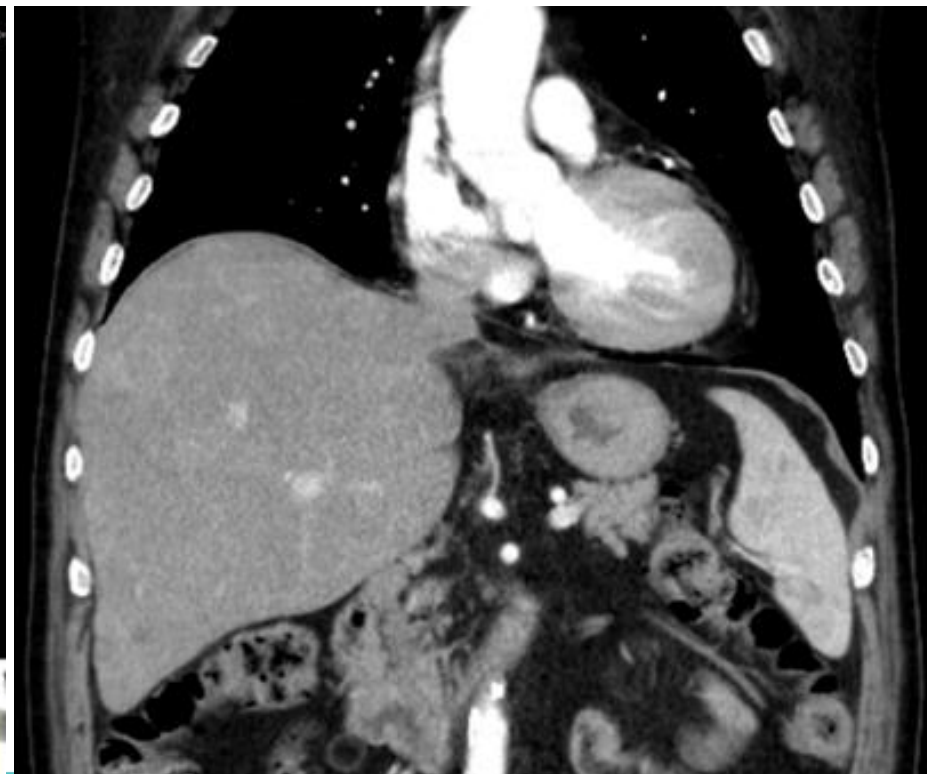
TRUS-Bx	€887	€559	€400	€166
SelectMDx	€270	€270	€270	€270

Costs associated with treatment

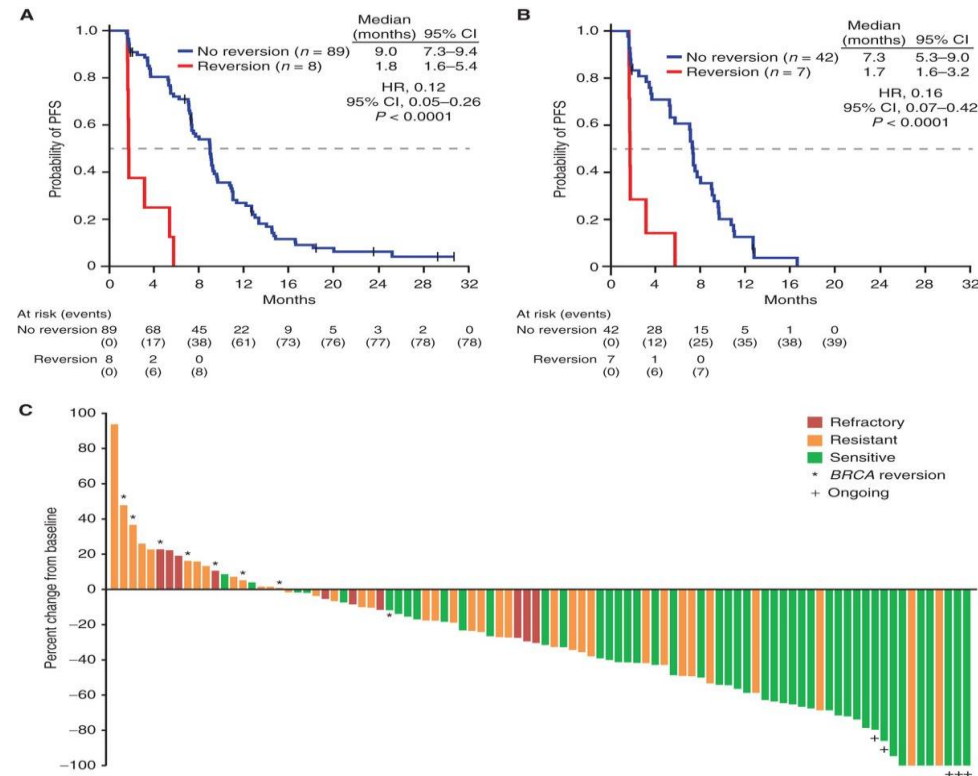
RP	€14,401 ^a	€7243	€10,000	€7197
RT (extRT; BT)	€18,414 ^a	€4727	€7030	(€2773; €5413)
ADT (yearly)	€14,775 ^a	€1777	€2000	€1521
AS (yearly)	€8222 ^a	€95	€208	€208

Genomic Analysis of Three Metastatic Prostate Cancer Patients with Exceptional Responses to Carboplatin Indicating Different Types of DNA Repair Deficiency

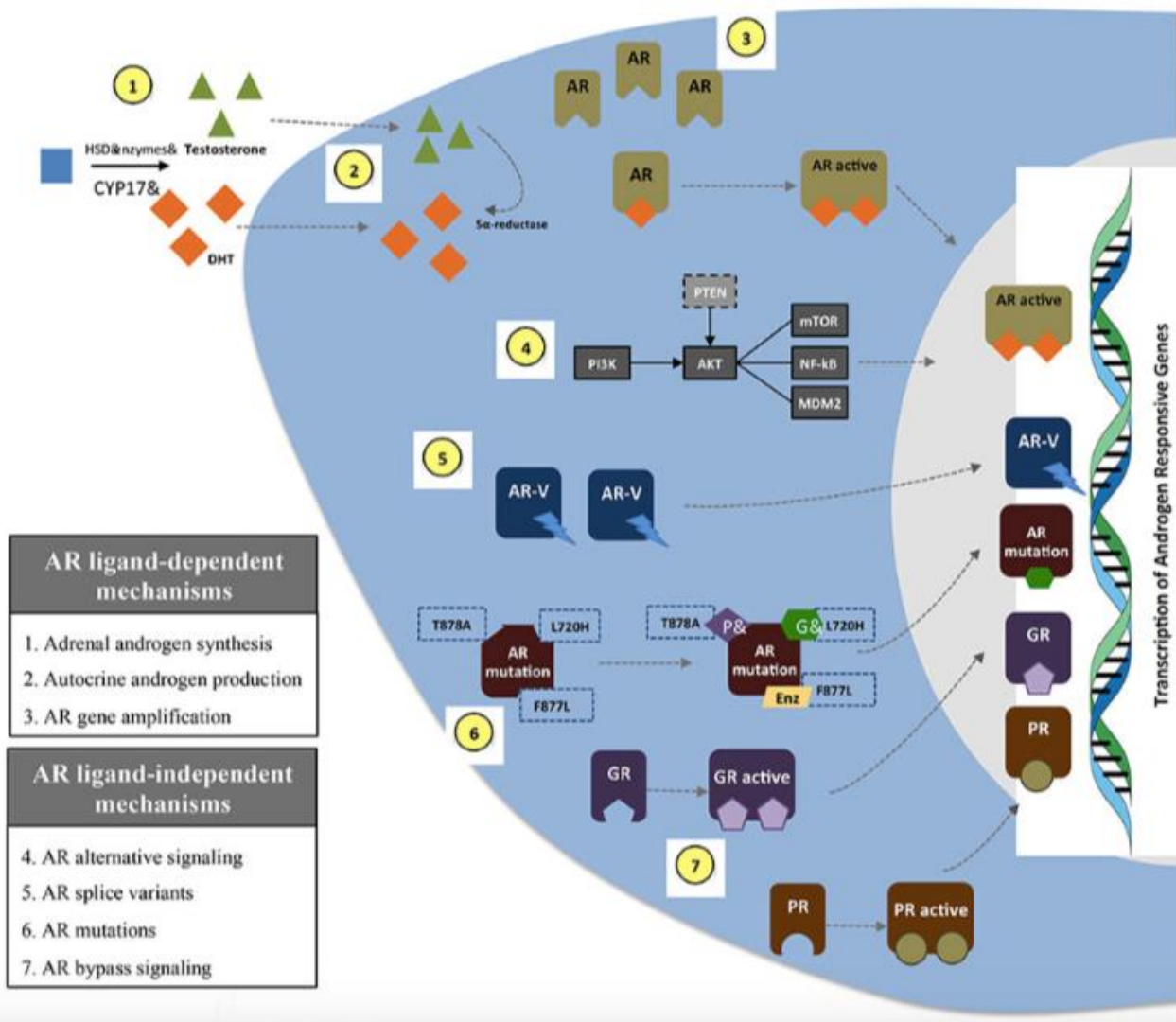
Zafeiris Zafeiriou^{a,b}, Diletta Bianchini^a, Robert Chandler^a, Pasquale Rescigno^{a,c}, Wei Yuan^a,



Patients without BRCA reversion mutations detected in pretreatment cfDNA have significantly longer rucaparib PFS in (A) all BRCA-mutant cases and (B) platinum-resistant or platinum-refractory BRCA-mutant



Kevin K. Lin et al. Cancer Discov 2019;9:210-219



I SIMP

Vigo, del



EN VENTA
673 201 466
PROPIEDAD KINV
mismo precio que el Local de al lado,
DOBLE DE METROS →

EN VENTA
576 282 715
PROPIEDAD de OTIMANSA S.L.

¿Nuevos tumores listos para biopsia líquida?

- BL debe ser fácil: tenemos poco tiempo
- Debe ser entendible: solo somos clínicos
- Debe ayudar a la toma de decisiones
- Debe añadir información útil para los pacientes
- Debe guiar el tratamiento: es nuestra misión como médicos

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