



Tackling Barriers to Genomic and Biomarker  
Testing in Precision Cancer Medicine:  
Integrating the Latest Evidence into Practice  
for Community Oncology Clinicians

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Part 1:  
Genetic Testing and Biomarkers in Cancer:  
A Community Oncology Approach

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**CME**  
**OUTFITTERS**



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**CME**  
OUTFITTERS



# Learning Objective

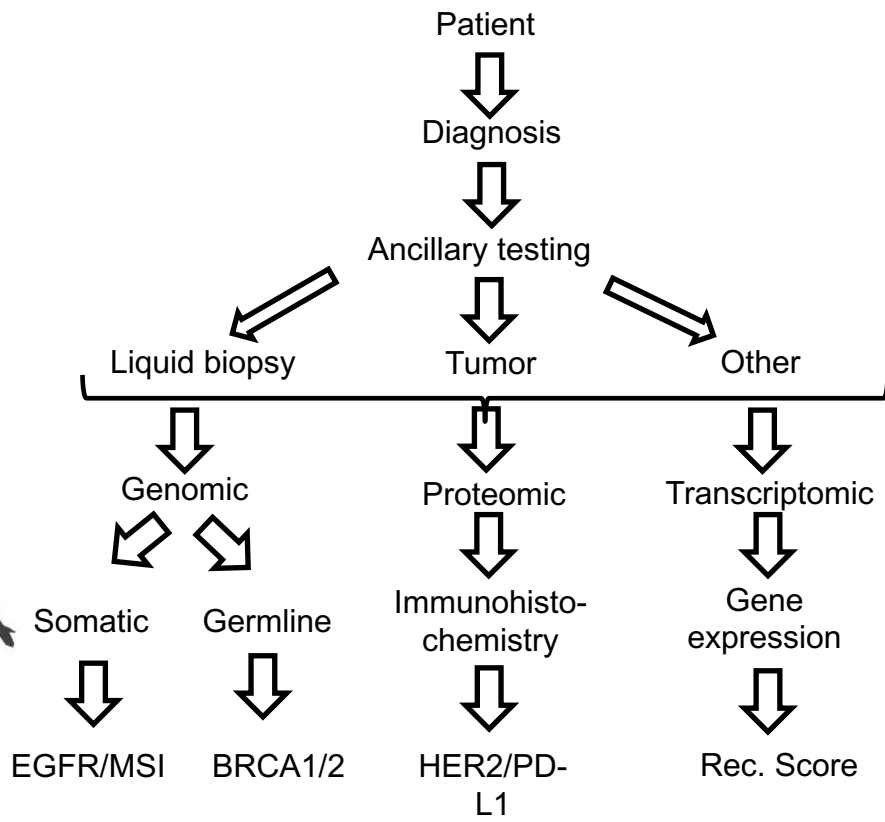
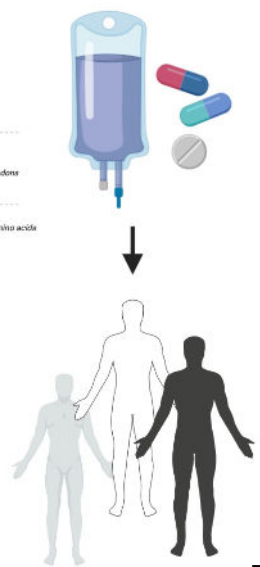
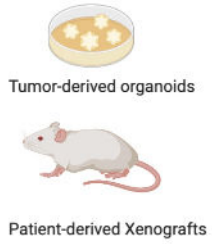
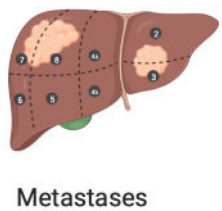
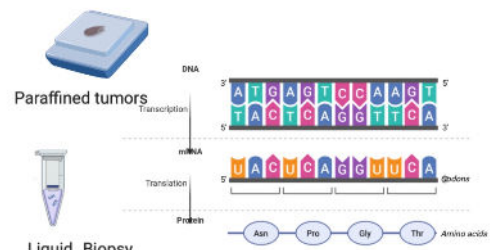
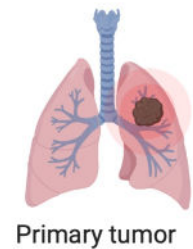
Implement best practices in genetic and biomarker testing for cancer immunotherapy



# Biomarkers in Oncology

- Concept: “A characteristic that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a therapeutic intervention”
- Classification:
  - Sample type: Tissue, tumor, circulating, body fluids, other
  - Analyte: Genomic, transcriptomic, proteomic, epigenetic, other
  - Aim: Diagnostic, pharmacodynamic, prognostic, predictive\*

# Landscape of Predictive Oncology Biomarkers



# Biomarkers for Common Solid Tumors

Targeted Therapies & PARPi	Immunotherapy
<p><b><u>Lung</u></b>: EGFR, KRAS, ALK, BRAF, HER2, ROS1, RET, MET, NTRK1-3</p> <p><b><u>Colorectal</u></b>: KRAS, NRAS, BRAF, HER2, NTRK1-3</p> <p><b><u>Melanoma</u></b>: BRAF, NRAS, KIT, ROS1, NTRK1-3.</p> <p><b><u>Breast</u></b>: HER2, PIK3CA, ESR1, BRCA1/2, NTRK1-3, RET</p> <p><b><u>Head &amp; neck</u></b>: HPV, NTRK1-3</p> <p><b><u>Gastric</u></b>: HER2, NTRK1-3</p> <p><b><u>Prostate</u></b>: BRCA1/2, HRD, AR</p>	<p><b><u>Lung</u></b>: PD-L1, TMB</p> <p><b><u>Colorectal</u></b>: MSI, TMB</p> <p><b><u>Melanoma</u></b>: PD-L1, TMB</p> <p><b><u>Breast</u></b>: PD-L1, TMB</p> <p><b><u>Head &amp; neck</u></b>: PD-L1, TMB</p> <p><b><u>Gastric</u></b>: PD-L1, MSI, TMB</p> <p><b><u>Prostate</u></b>: TMB, MSI</p>



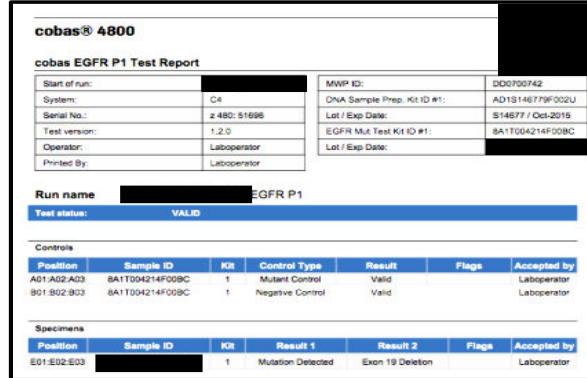
# Genomic Testing in Tumor and Plasma Samples: EGFR

- Multiple platforms for genomic testing available
- Different analytical properties and throughput
- Different cost, availability and reporting

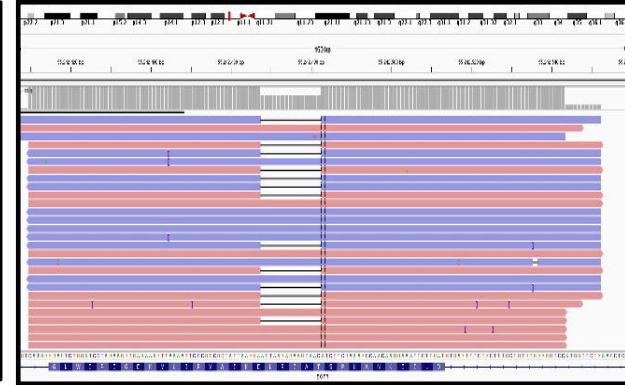
Sanger sequencing



qPCR (Cobas)



Next Gen Sequencing

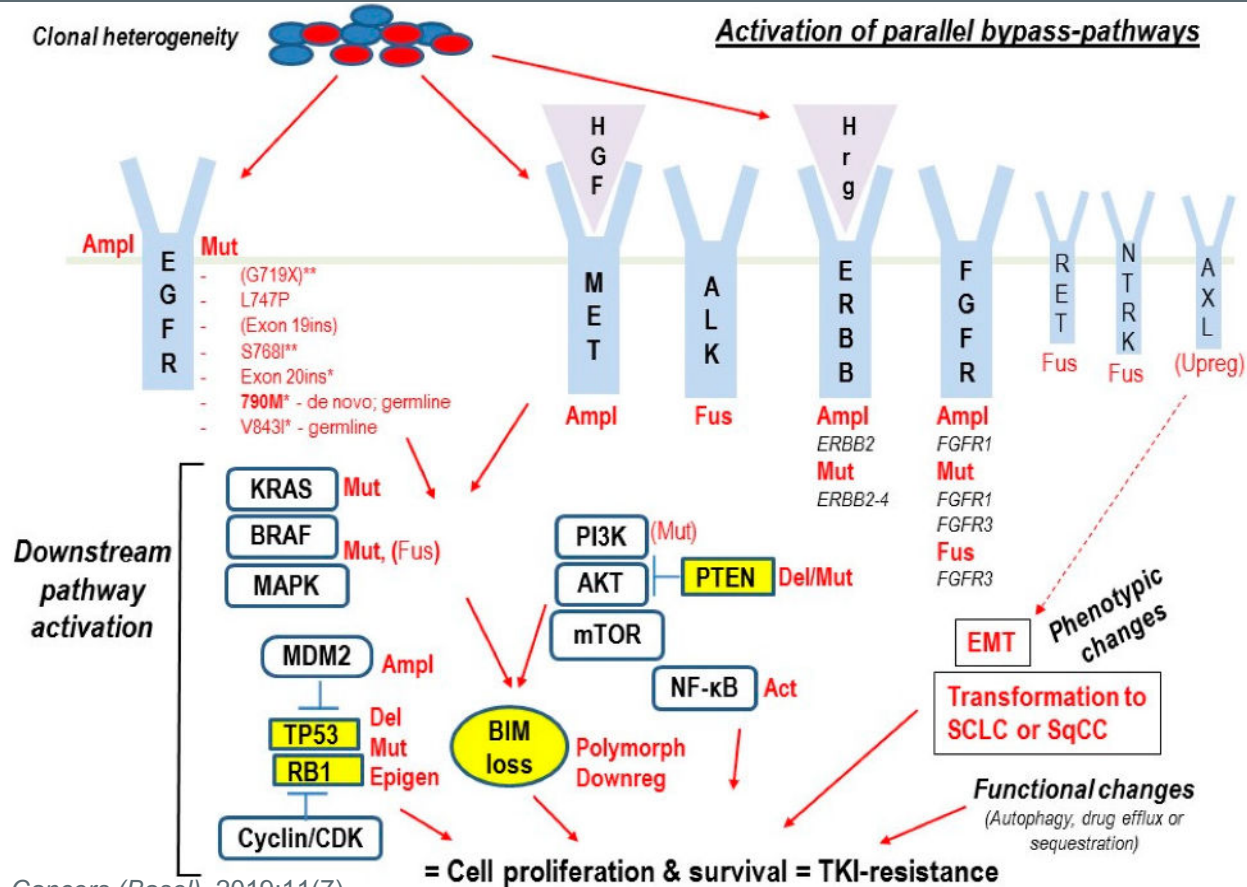


# Multiplex Genomic Testing

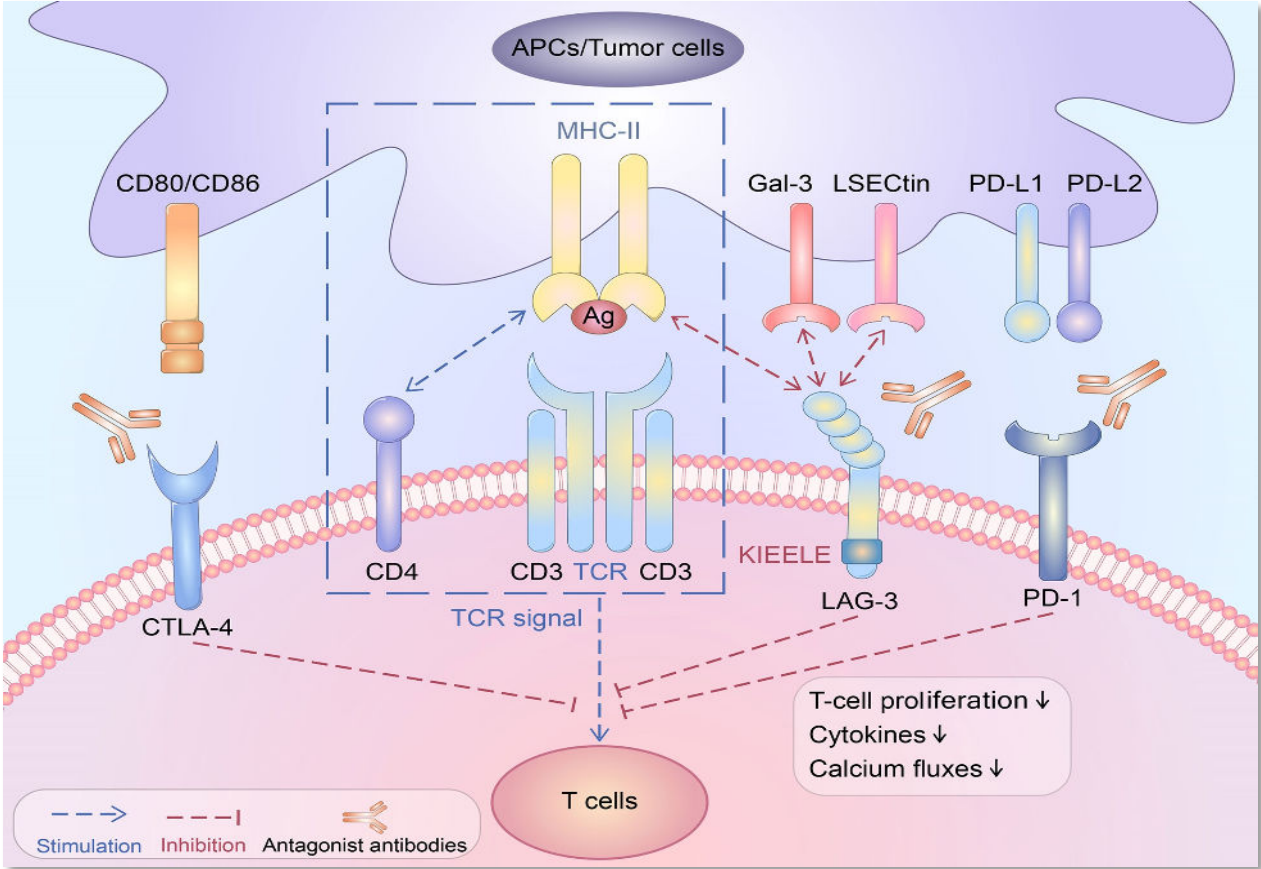
- Multiplex panel testing recommended, particularly for small samples
- TMB (only available in specific tests/assays)
- In selected cases, molecular testing can be done using liquid biopsy (ctDNA)
- Commercial panels available

Hotspot genes				Full-length genes			Copy number genes		Gene fusions (inter- and intragenic)		
AKT1	ESR1	KIT	PDGFRB	ARID1A	FBXW7	PTEN	AKT1	FGFR4	AKT2	FGFR2	NUTM1
AKT2	EZH2	KNSTRN	PIK3CB	ATM	MLH1	RAD50	AKT2	FLT3	ALK	FGFR3	PDGFRA
AKT3	FGFR1	KRAS	PIK3CA	ATR	MRE11	RAD51	AKT3	IGF1R	AR	FGR	PDGFRB
ALK	FGFR2	MAGOH	PPP2R1A	ATRX	MSH6	RAD51B	ALK	KIT	AXL	FLT3	PIK3CA
AR	FGFR3	MAP2K1	PTPN11	BAP1	MSH2	RAD51C	AXL	KRAS	BRCA1	JAK2	PRKACA
ARAF	FGFR4	MAP2K2	RAC1	BRCA1	NBN	RAD51D	AR	MDM2	BRCA2	KRAS	PRKACB
AXL	FLT3	MAP2K4	RAF1	BRCA2	NF1	RNF43	BRAF	MDM4	BRAF	MDM4	PTEN
BRAF	FOXL2	MAPK1	RET	CDK12	NF2	RB1	CCND1	MET	CDKN2A	MET	PPARG
BTK	GATA2	MAX	RHEB	CDKN1B	NOTCH1	SETD2	CCND2	MYC	EGFR	MYB	RAD51B
CBL	GNA11	MDM4	RHOA	CDKN2A	NOTCH2	SLX4	CCND3	MYCL	ERBB2	MYBL1	RAF1
CCND1	GNAQ	MED12	ROS1	CDKN2B	NOTCH3	SMARCA4	CCNE1	MYCN	ERBB4	NF1	RB1
CDK4	GNAS	MET	SF3B1	CHEK1	PALB2	SMARCB1	CDK1	NTRK1	ERG	NOTCH1	RELA
CDK6	H3F3A	MTOR	SMAD4	CREBBP	PIK3R1	STK11	CDK4	NTRK2	ESR1	NOTCH4	RET
CHEK2	HIST1H3B	MYC	SMO	FANCA	PMS2	TP53	CDK6	NTRK3	ETV1	NRG1	ROS1
CSF1R	HNF1A	MYCN	SPOP	FANCD2	POLE	TSC1	EGFR	PDGFRA	ETV4	NTRK1	RSPO2
CTNNB1	HRAS	MYD88	SRC	FANCI	PTCH1	TSC2	ERBB2	PDGFRB	ETV5	NTRK2	RSPO3
DDR2	IDH1	NFE2L2	STAT3				ESR1	PIK3CB	FGFR1	NTRK3	TERT
EGFR	IDH2	NRAS	TERT				FGF19	PIK3CA			
ERBB2	JAK1	NTRK1	TOP1				FGF3	PPARG			
ERBB3	JAK2	NTRK2	U2AF1				FGFR1	RICTOR			
ERBB4	JAK3	NTRK3	XPO1				FGFR2	TERT			
ERCC2	KDR	PDGFRA					FGFR3				

# EGFR Mutations and TKI Resistance



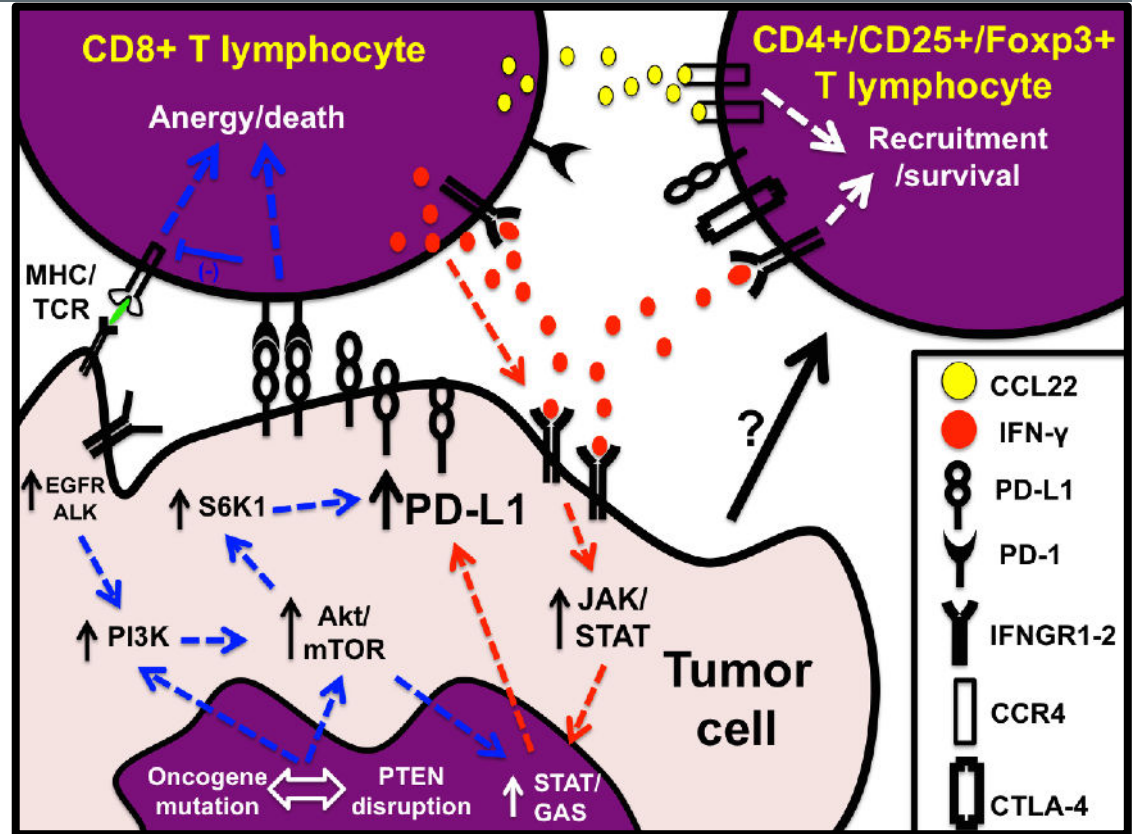
# Immune Checkpoint Inhibitors: T-Cell Inhibitory Signals



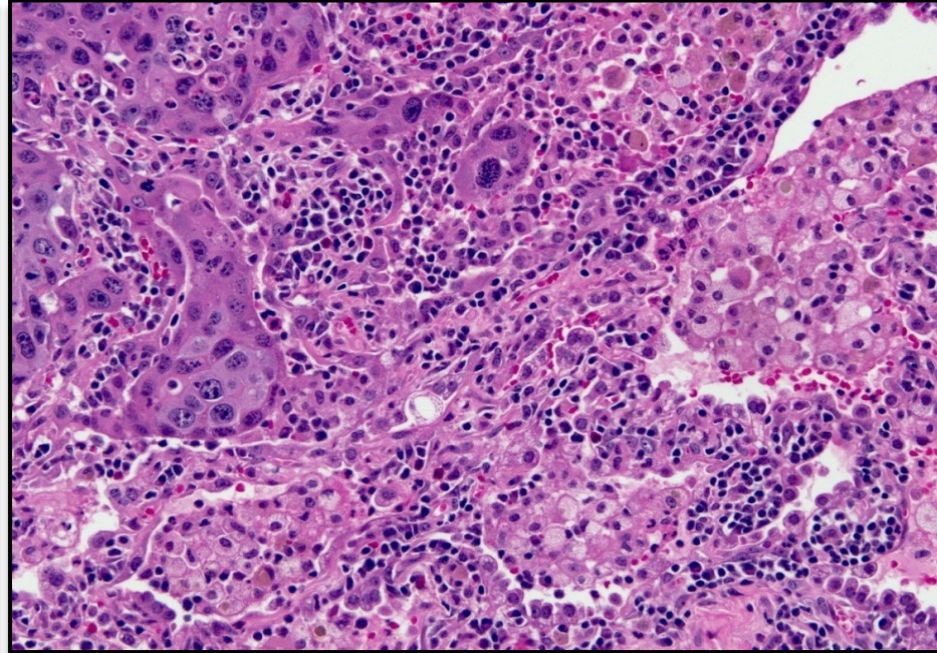
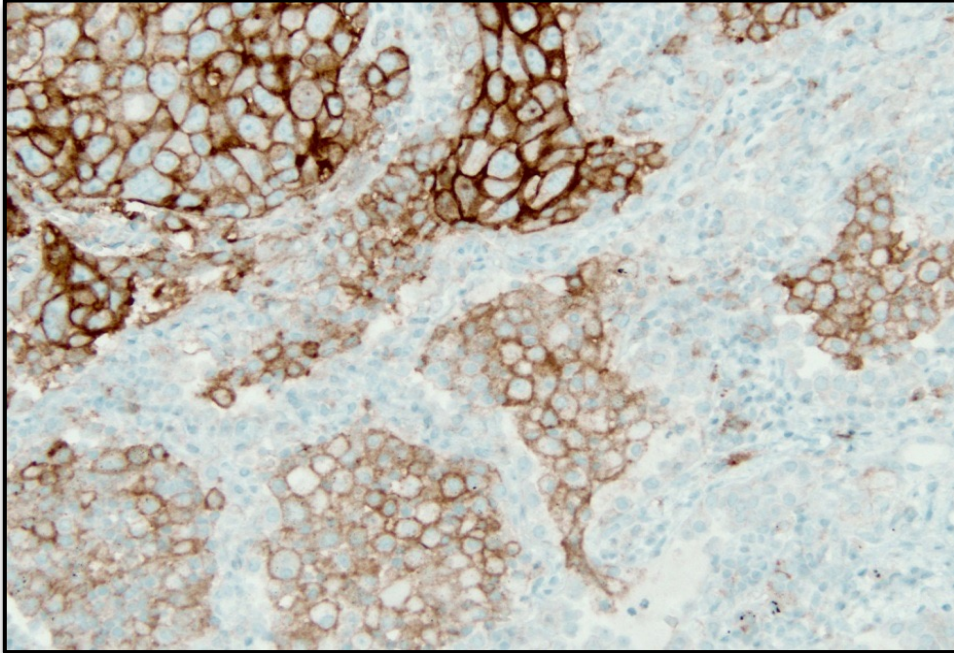
Wei Y, et al. *Front Oncol.* 2022;12:831407.

# PD-L1 and Peripheral Immune Tolerance

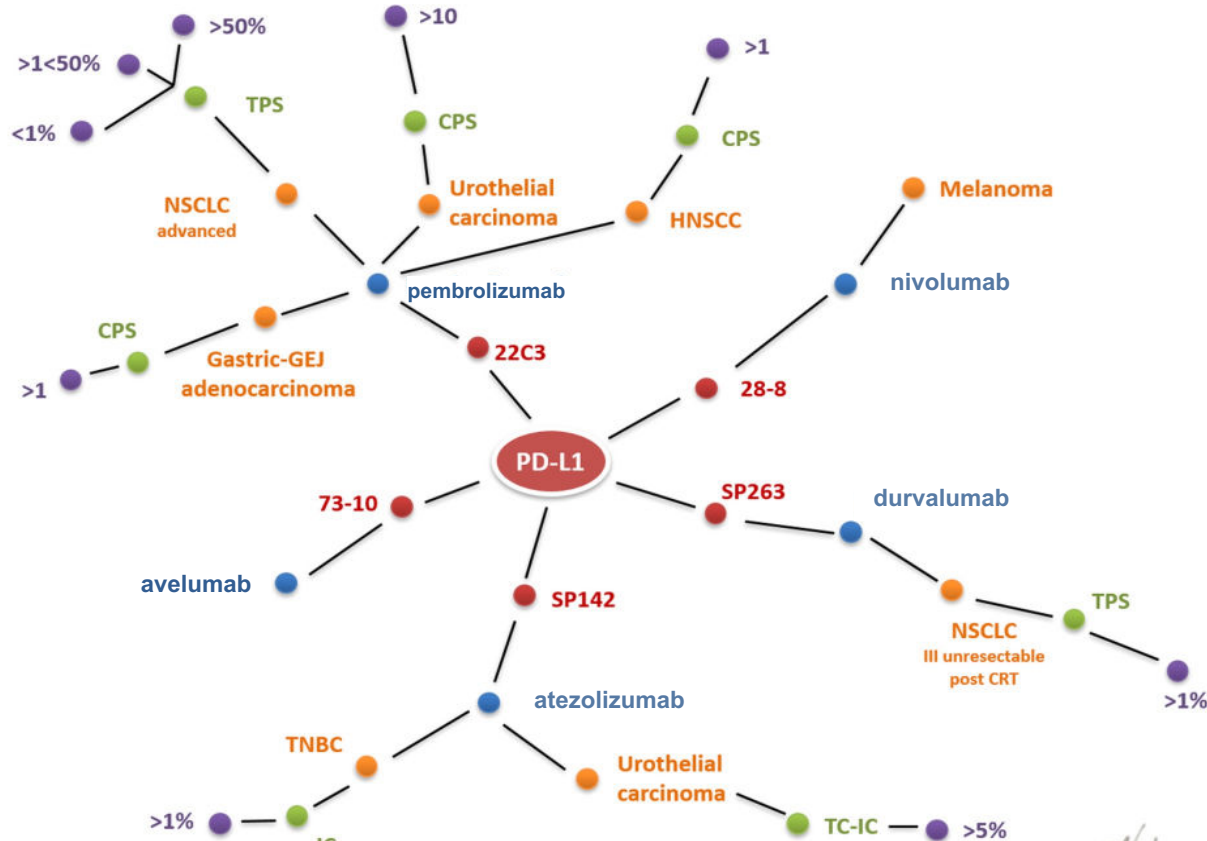
- Extrinsic pathway
  - IFN $\gamma$
  - Tumor/immune cells
  - T-cell inflamed tumors
- Intrinsic pathway
  - Oncogenic signaling
  - PI3K/PTEN pathway
  - T-cell “cold” tumors



# Tumor and Immune/Stromal Cells Can Express PD-L1

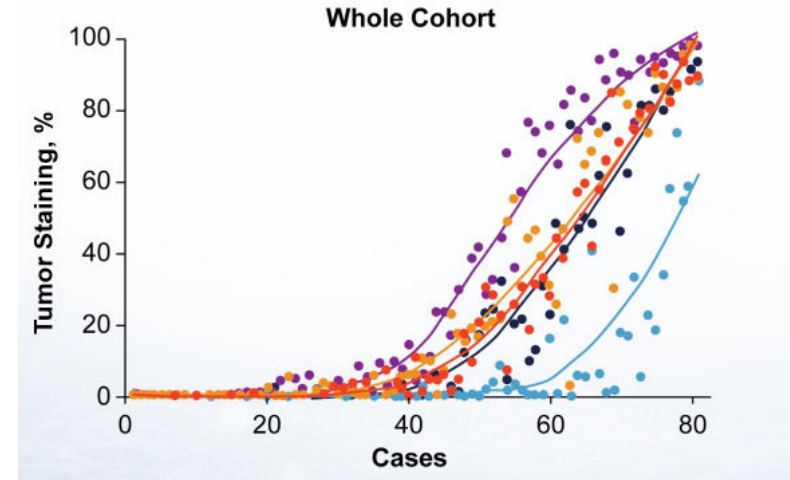
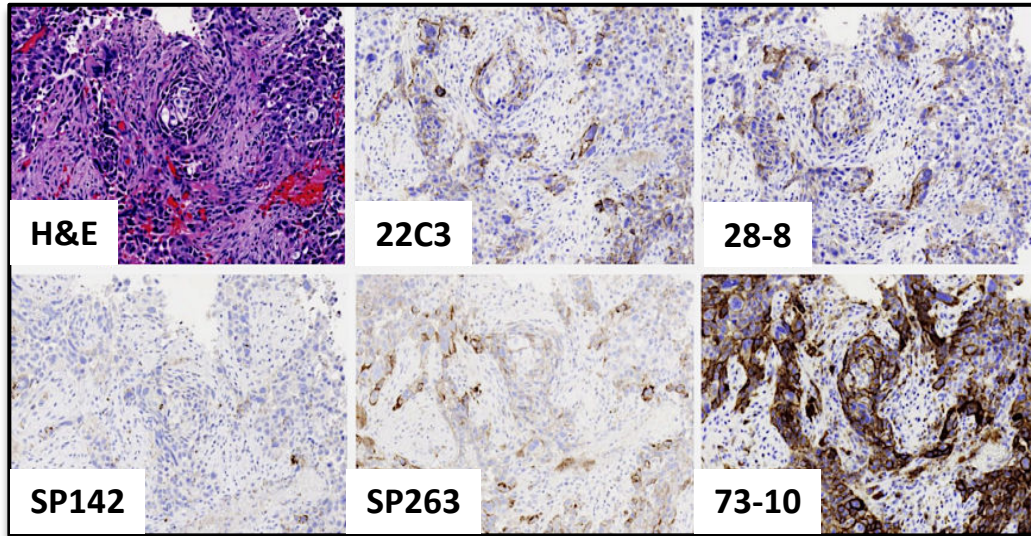


# PD-L1 Expression and PD-1 Axis Blockers Across Tumors



*E. Vigilar*

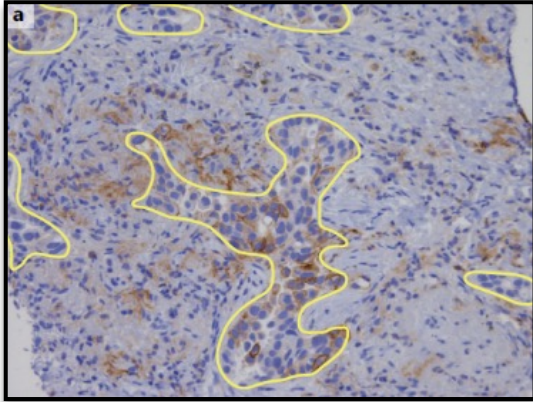
# Blueprint 2 Study: PD-L1 Staining



- High concordance in tumor scoring (Correlation 0.81-0.91)
- Low concordance stromal-cell scoring (Correlation **0.17-0.36**)

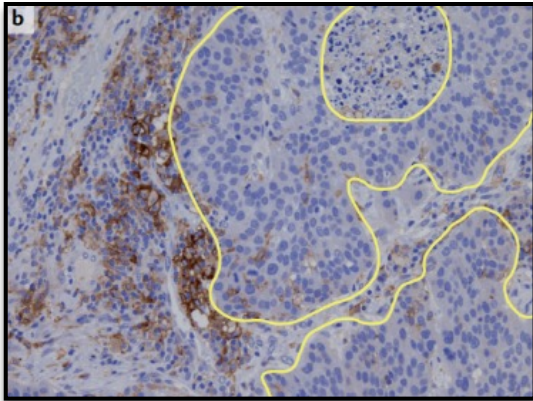


# PD-L1 Scoring Systems



$$\text{TPS (\%)} = \frac{\text{Number of PD-L1-stained tumor cells}}{\text{Total number of viable tumor cells}} \times 100\% \text{ (for 22C3 or SP263)}$$

$$\text{CPS (\%)} = \frac{\text{Number of PD-L1-stained cells (tumor cells, lymphocytes, and macrophages)}}{\text{Total number of viable tumor cells}} \times 100\% \text{ (for 22C3)}$$



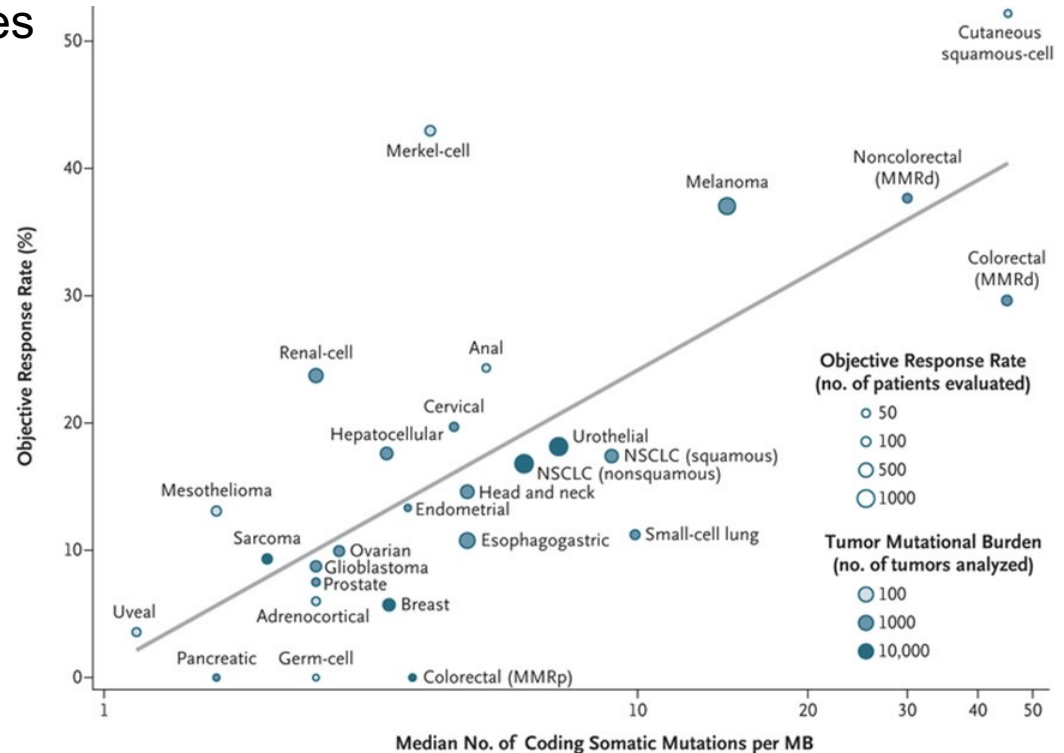
$$\text{TC (\%)} = \frac{\text{Number of PD-L1-stained tumor cells}}{\text{Total number of viable tumor cells}} \times 100\% \text{ (for SP142)}$$

$$\text{IC (\%)} = \frac{\text{Area of tumor infiltrated by PD-L1-stained immune cells}}{\text{Total tumor areas}} \times 100\% \text{ (for SP142)}$$

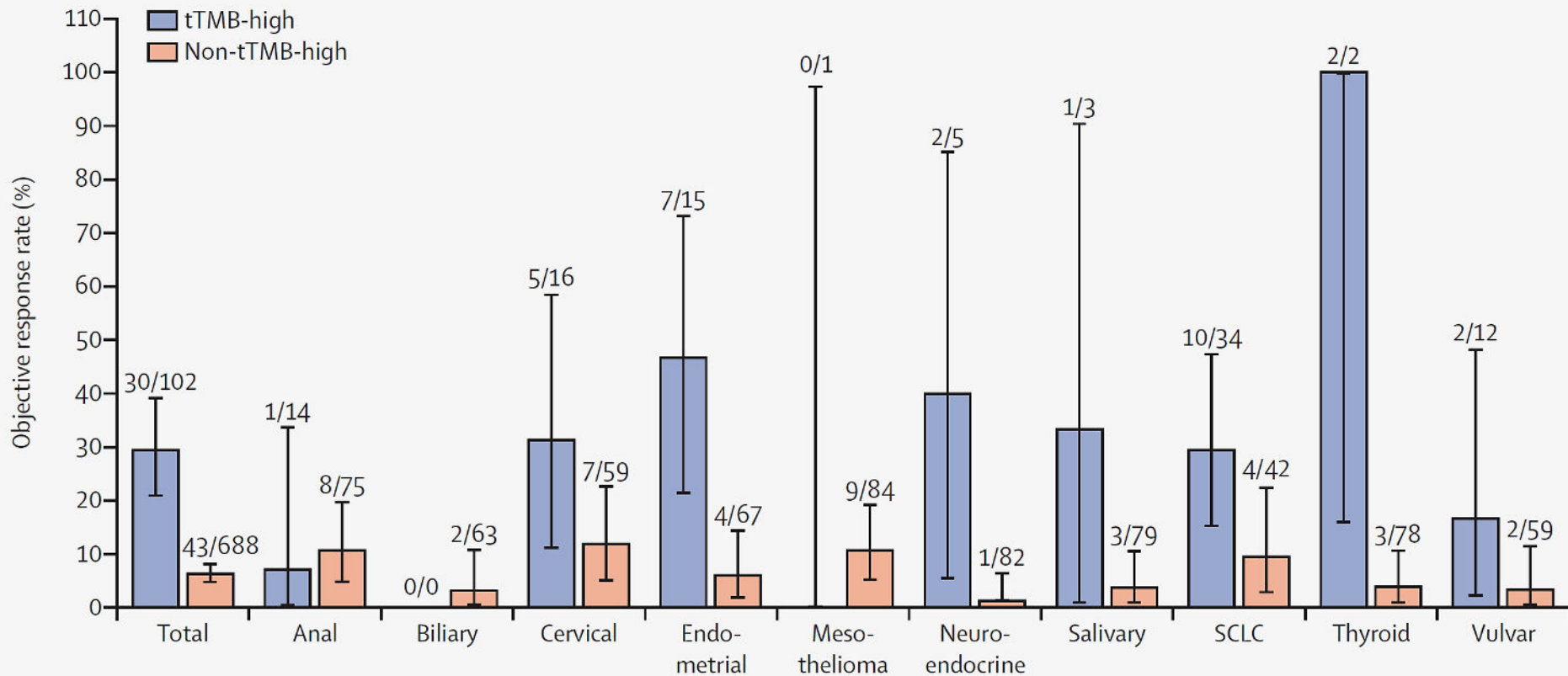
CPS = combined positive score; IC = tumor-infiltrating immune cell score; TPS = tumor proportion score

# TMB and Response to Immunotherapy

- Correlation between tumor mutational burden and ORR with anti-PD-1 or anti-PD-L1 therapy in 27 tumor types
- Significant correlation between TMB and the ORR ( $P < 0.001$ )
- Correlation coefficient = 0.74
  - Suggests that 55% of the differences in the ORR across cancer types may be explained by the tumor mutational burden



# Keynote 158: ORR in Tumors with TMB > 10 mut/mb

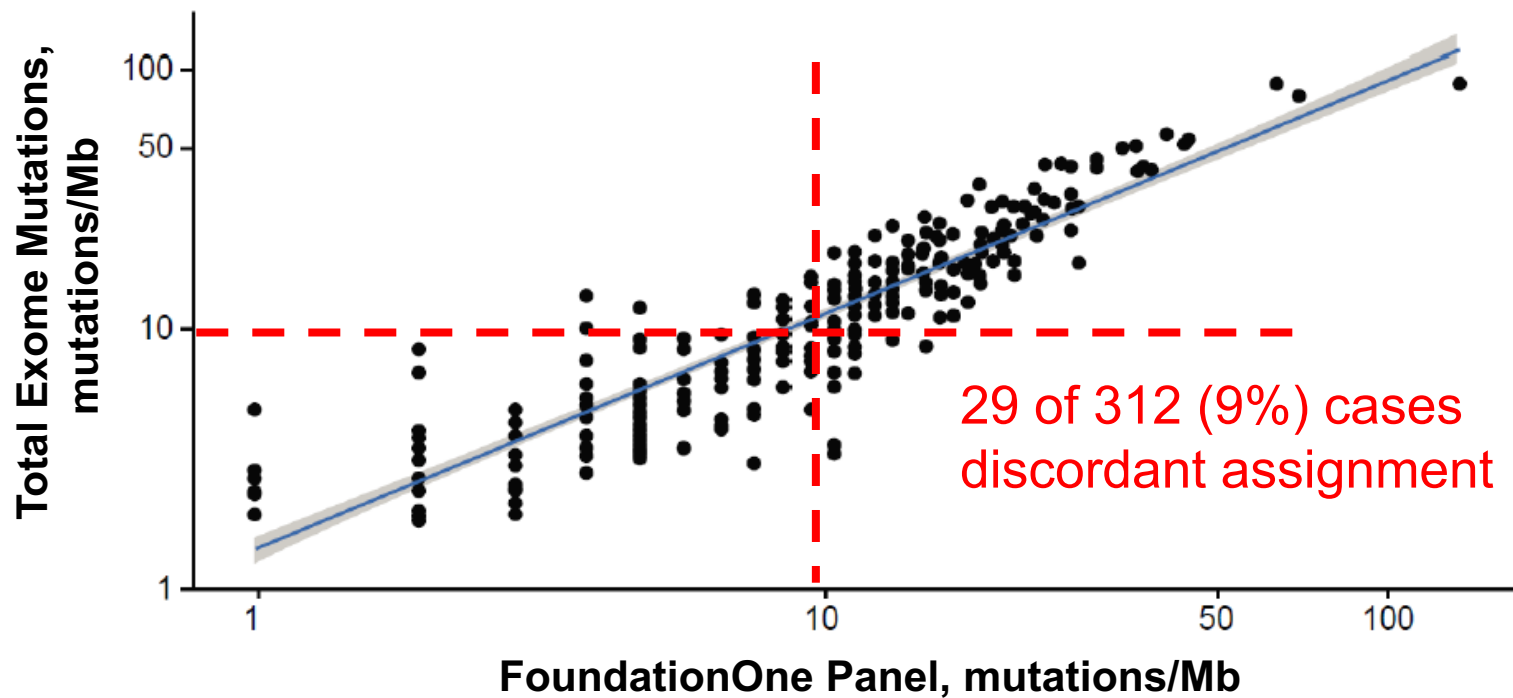


# Comparison of Select TMB Assays

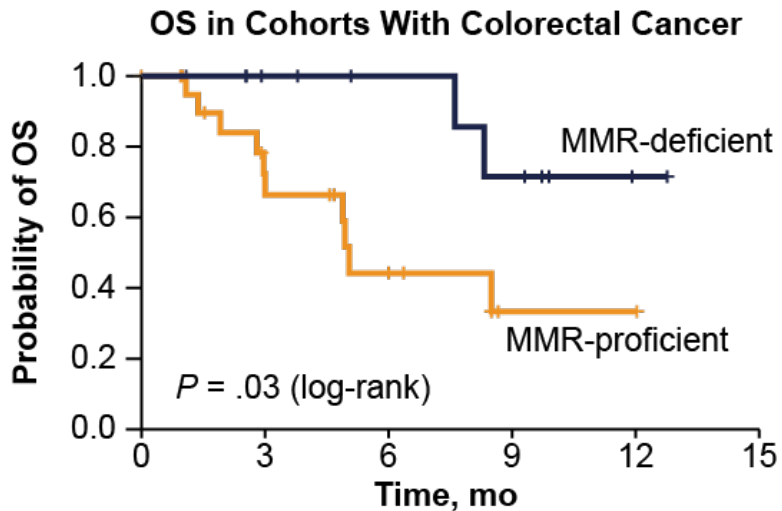
	Whole Exome	Foundation NGS	MSKCC NGS
No. of genes	~22,000	324 cancer-related genes	468 cancer-related genes
Coverage	~30 Mb	0.8 Mb	1.22 Mb
Types of mutations	Coding missense mutations	Coding, missense, and indel mutations per Mb	Coding missense mutation per Mb
Germline mutations	Subtracted using germline DNA	Estimated bioinformatically and subtracted	Subtracted using matched blood
TMB definition	No. of somatic, missense mutations in the tumor genome	No. of somatic, coding mutations (synonymous and nonsynonymous), short indels per Mb of tumor genome	No. of somatic, missense mutations per Mb of tumor genome
Turn around time	At least 4-6 weeks	2 weeks	2 weeks

# Effect of Using Different TMB Testing Methods from Checkmate 026

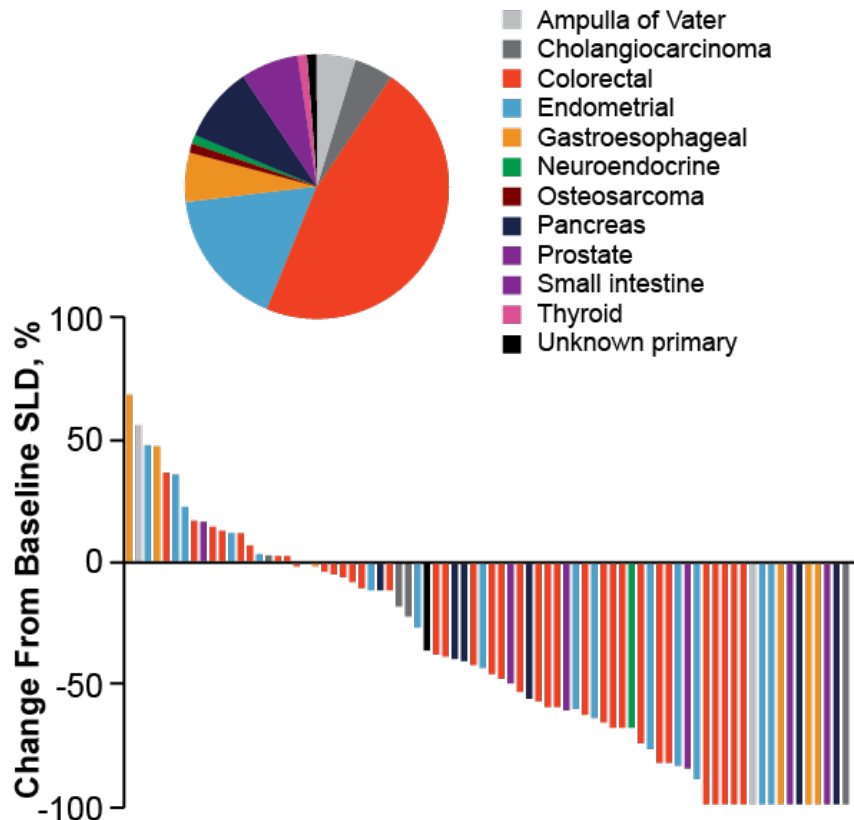
## Total Exome Mutations vs Genes in FoundationOne Panel



# Pan-Cancer Landscape of MMR Deficiency

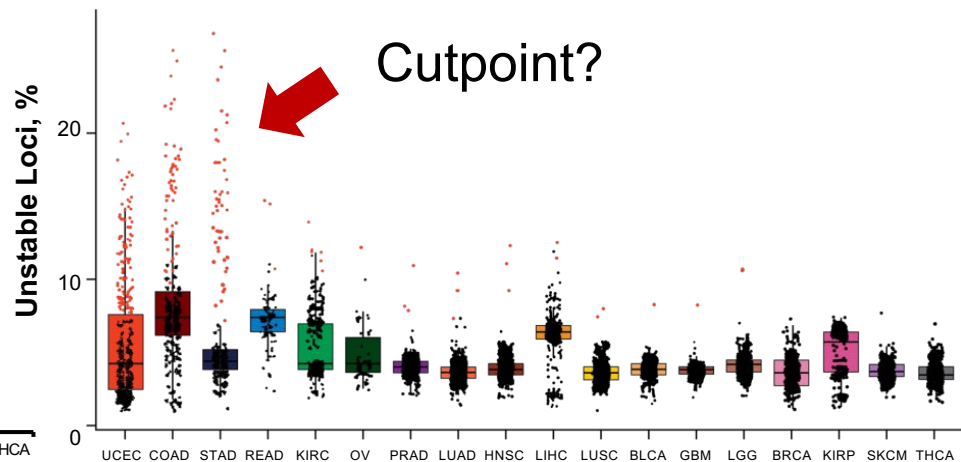
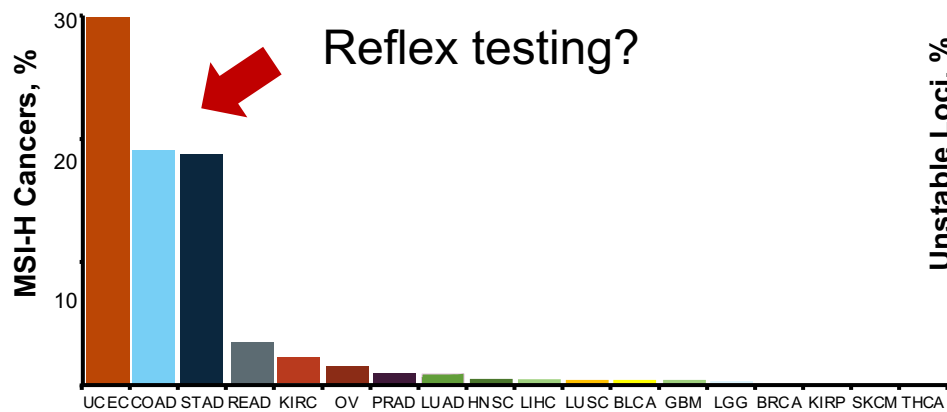


No. at Risk	0	3	6	9	12	15
MMR-deficient	11	9	7	5	1	0
MMR-proficient	21	12	5	1	1	0



# Classification and Characterization of MSI Across 18 Cancer Types

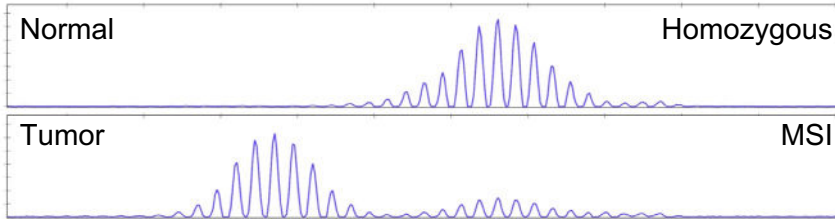
- 5,930 cancer exomes
- 18 cancer types
- >200,000 microsatellite loci



(A) Inferred proportion of MSI-H tumors identified for each cancer cohort. (B) Distributions of the overall percentages of unstable microsatellite loci identified for each cancer type. Overlaid points represent the number of unstable loci detected in individual tumor specimens; data for tumors classified as MSI-H are shown in red. UCEC, uterine corpus endometrial carcinoma (n = 437); COAD, colon adenocarcinoma (n = 294); STAD, stomach adenocarcinoma (n = 278); READ, rectal adenocarcinoma (n = 96); KIRC, kidney renal clear cell carcinoma (n = 279); OV, ovarian serous cystadenocarcinoma (n = 63); PRAD, prostate adenocarcinoma (n = 463); LUAD, lung adenocarcinoma (n = 480); HNSC, head and neck squamous cell carcinoma (n = 506); LIHC, liver hepatocellular carcinoma (n = 338); LUSC, lung squamous cell carcinoma (n = 443); BLCA, bladder urothelial carcinoma (n = 253); GBM, glioblastoma multiforme (n = 262); LGG, brain lower grade glioma (n = 513); BRCA, breast invasive carcinoma (n = 266); KIRP, kidney renal papillary cell carcinoma (n = 207); SKCM, skin cutaneous melanoma (n = 268); THCA, thyroid carcinoma (n = 484).

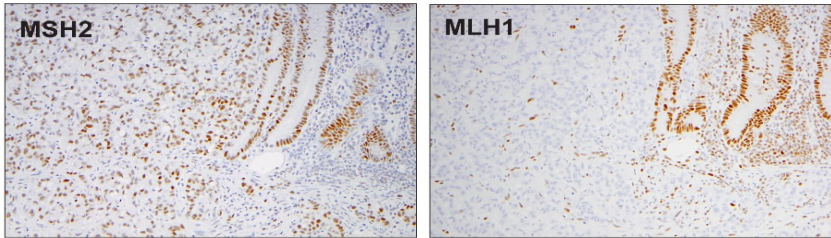
# Testing for Mismatch Repair Deficiency

## PCR for MSI



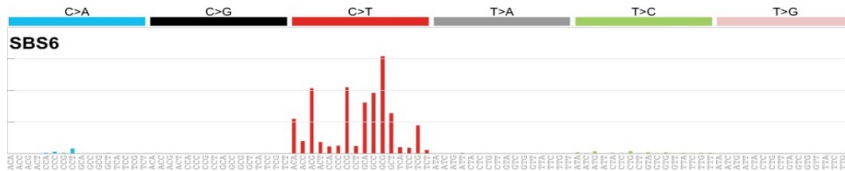
- > 20-30 ng DNA
- Requires tumor and paired normal sample
- 4-10 x 5- $\mu$ m sections
- > 25%-30% tumor cells
- Not always locally available

## IHC for MMR proteins



- No specific DNA requirement
- Only tumor biopsy/tissue
- 4 x 5- $\mu$ m sections
- Any tumor cell content
- Widely available

## Signature by NGS



- DNA requirements similar to MSI testing
- Can be tumor-only or paired tumor-normal
- Provides information beyond MMR status
- Longer TAT, expensive, not always locally available



# Summary

- Biomarkers can be used to support optimal cancer management
  - Different types and disease-specific context
- There are several ways to measure genomic biomarkers
  - ie, Sanger sequencing, qPCR, and next-generation sequencing
- Multi-gene panels are preferred over single-gene testing
- Immune checkpoint inhibitors block cancer-mediated immune tolerance
  - Different ICIs are supported by different PD-1 assays and scoring systems
- Biomarker tests vary
  - TMB assays can have significant differences
  - MSI is preferentially tested in tumor types with high prevalence using IHC/PCR

# SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

- Follow guideline recommendations for biomarker testing
- Utilize multigene panels where feasible for genomic biomarker testing
- Recognize the benefits and limitations of the testing method(s) that you employ
- Understand the implications of the test results
  - Pathogenic vs non-pathogenic mutation
  - Actionable vs nonactionable mutation
  - Tumor staining vs stromal staining
  - Requirement of testing for a given therapy

# To Receive Credit

To receive CME/CE credit for this activity, participants must complete the post-test and evaluation online.

Participants will be able to download and print their certificate immediately upon completion.



## Oncology Hub

Free resources and education to educate health care providers and patients on oncology <https://www.cmeoutfitters.com/oncology-education-hub/>

## Diversity and Inclusion Hub

Free resources and education to educate health care providers and patients on health-related inequities <https://www.cmeoutfitters.com/diversity-and-inclusion-hub/>