

Detectie en relevantie van fusiegenen



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Relevantie en detectie van fusiegenen

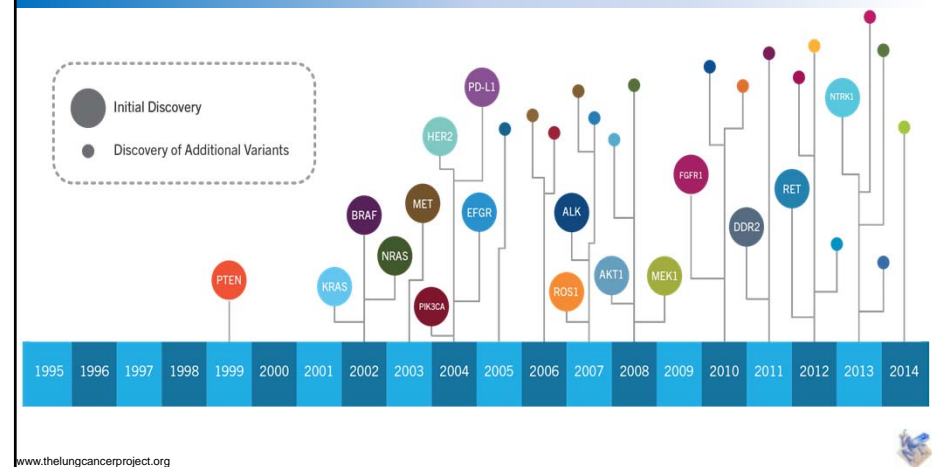


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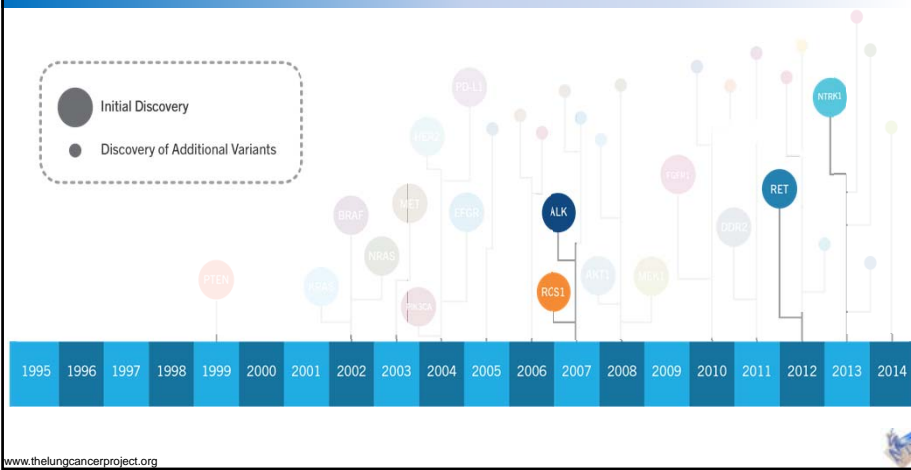
Disclosures

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Lung cancer (2002-2014) : An explosion of bio(marker) diversity



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Molecular diagnostics of NSCLC

Next generation sequencing: SNV, indels and CNV
EGFR (12%) Erlotinib, Gefitinib, Afatinib, Osimertinib
BRAF (3%) Dabrafenib
MET (3%) Crizotinib, Capmatinib, Tepotinib
ERBB2 (3%) Trastuzumab, Afatinib
KRAS (25%) Ph 1/2: p.G12D-specific inhibitor BI-2852, pG12C-specific inhibitor MRTX849, and others
NRAS (<1%) none



Gene fusion events

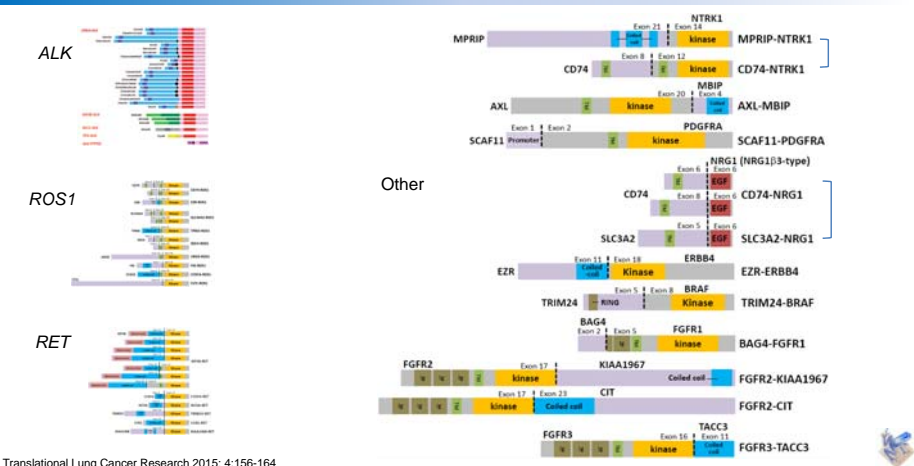
ALK (4%) Crizotinib, Ceritinib, Alectinib
ROS1 (2%) Crizotinib, Ceritinib
RET (1%) Alectinib, Blu-667 (phase II)
NTRK1 (0.2%) Entrectinib, Larotrectinib
NRG1 (0.2%) Afatinib
BRAF (0.2%) MEKi (preclinical), RAFi (preclinical)

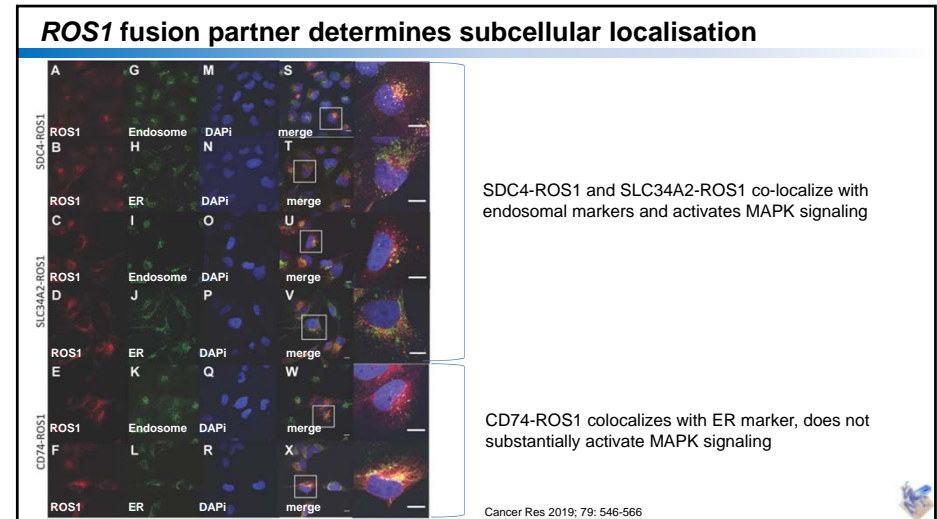
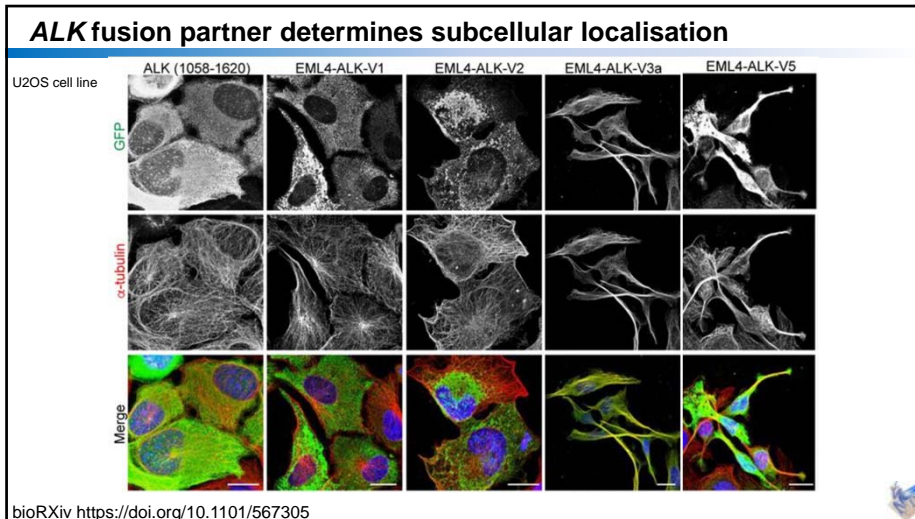
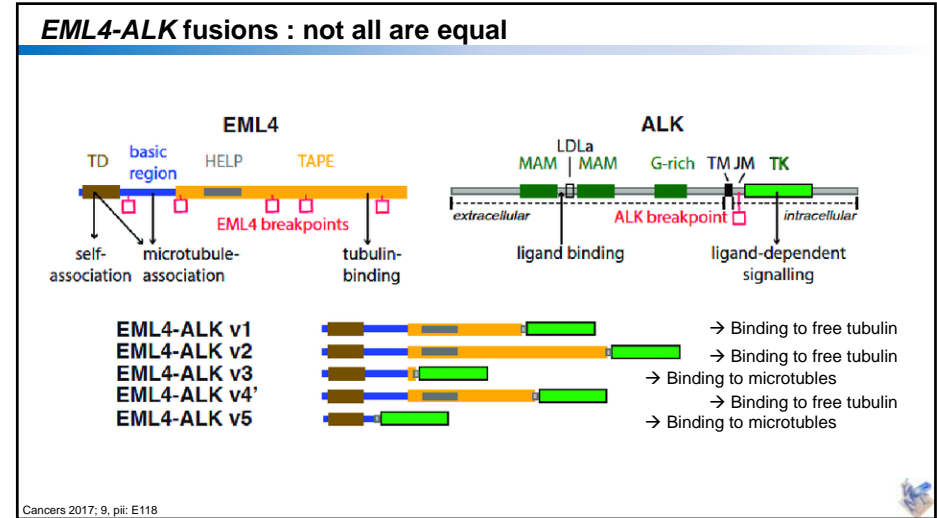
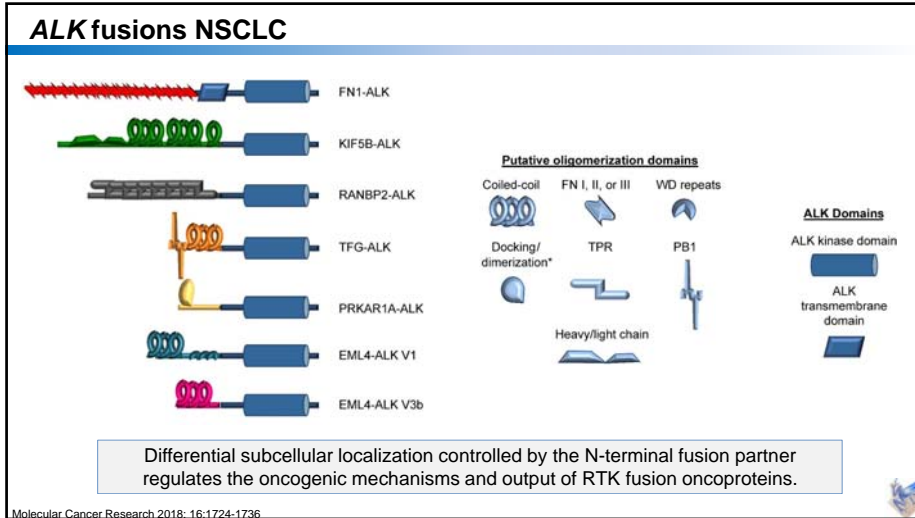


ALK, ROS1 and RET gene fusions in NSCLC



Gene fusions in NSCLC





Fusion transcript: does the partner matter clinically?

ALK

- YES:** Noh et al. *J Pathol*, 2017; 243:307-319 (n=46)
- EML4- ALK variant 3 correlates with more advanced stage and frequent metastases than variant 1
 - Variant 3 is associated with shorter PFS (crizotinib) than variant 1
 - More often crizotinib-associated resistance mutations in ALK variant 3
- YES:** Lin et al. *JCO*, 2018; 36:1199-1206
- Longer PFS with lorlatinib in EML4-ALK variant 3 than variant 1 (n=12)
 - Crizotinib-resistant mutations are more common in EML4-ALK variant 3 than in variant 1 (n=106 and n=77)

- YES:** Li et al. *Lung Cancer*, 2018; 118:128-133 (n=60)
- EML4-ALK variant 2 is associated with longer PFS (crizotinib).
 - EML4-ALK variant 3 correlates with a shorter duration of response to crizotinib

- NO:** Mitushkina et al. *Biochimica*, 2018; 154:9-24 (n=64)
- Distinct EML4-ALK translocation variants (short v3/v5 vs long v2/v4) render similar clinical responsiveness to crizotinib and ceritinib

ROS1

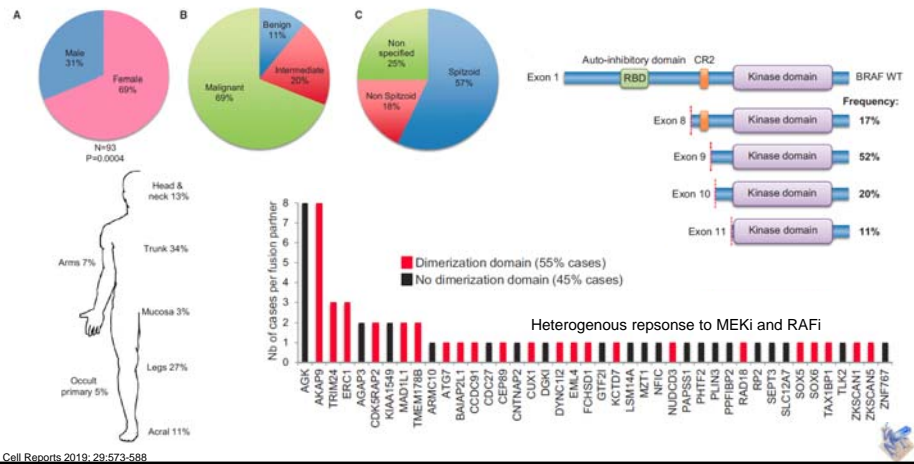
- YES:** Li et al. *J Thorac Oncol*, 2018; 7:987-995 (n=36)
- Pts with non-CD74 ROS1 fusion partners had a significant longer PFS (p=0.048) and OS (p=0.036)
 - Pts with CD74-ROS1 are more likely to present with brain metastases (p=0.020)

- NO:** Patil et al. *J Thorac Oncol*, 2018; 13:1717-1726 (n=17)
- Pts with CD74-ROS1 do not more often present with brain metastases (p=0.620)

- NO:** Zhang et al. *Oncotarget*, 2016; 7:75145-75154 (n=13)
- Comparable PFS among pts with SCL34A2, EZR and CD74 ROS1 translocation

- NO:** He et al. *Oncol Res*, 2019; 27:901-910 (n=38)
- Comparable OS and PFS between CD74 vs non-CD74 ROS1 translocation pts upon Crizotinib treatment

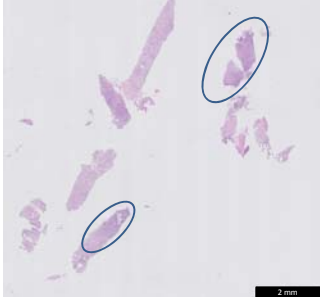
BRAF fusion transcripts in melanoma



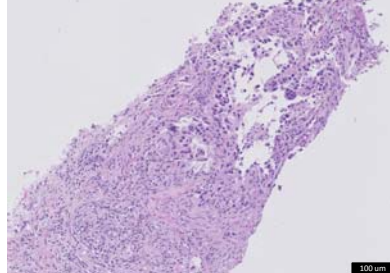
Tissue is an issue

Representative NSCLC biopsy

<5% tumor cells



30% tumor cells
Approx. 200 tumor cells



Problem: Consecutive FISH/IHC for *ROS1*, *RET*, *NTRK1*, *NRG1*, *MET*, *ERBB2* after ALK and PDL1 IHC, and mutation analysis.

→ Multiplex targeted analysis of fusion gene transcript expression in FFPE

PATH fusion gene analysis - round robin

Purpose

- Inventory of technologies that are used for fusion gene detection
- Assessment of interlaboratory reproducibility of fusion gene detection
- Comparison of fusion gene reporting



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RNA isolation method	Fusion transcript detection method
Promega® : ReliaPrep FFPE kit	ArcherDX® Fusionplex LUNG
Promega® : Maxwell RSC RNA FFPE Kit	ArcherDX® Fusionplex CTL
Siemens® : Versant TPS, TNA FFPE kit	Asuragen® QuantideX NGS RNA Lung Cancer
Qiagen® : RNeasy FFPE Kit	Illumina® TST170
	nCounter® nanoString



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Sample type (FFPE)	Fusion gene transcript (ref lab.)
Cell line	SLC34A2 exon 4 - ROS1 exon 23
Cell line	CCDC6 exon 1- RET exon 12
Cell line	TPM3 exon 8 - NTRK1 exon 9/11
Lung tissue	KIF5B exon 24 - ALK exon 20
Lung tissue	MET exon14 skipping



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Sample type (FFPE)	Fusion gene transcript (ref lab.)	Same result	No result
Cell line	SLC34A2 exon 4 - ROS1 exon 23	6 / 6	
Cell line	CCDC6 exon 1- RET exon 12	6 / 6	
Cell line	TPM3 exon 8 - NTRK1 exon 9/11	6 / 6	
Lung tissue	KIF5B exon 24 - ALK exon 20	5 / 6	1 / 6
Lung tissue	MET exon14 skipping	2* / 6	4# / 6

* With remark of poor RNA quality
insufficient RNA quality



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- CCDC6-RET fusie
- CCDC6-RET fusietranscript
- CCDC6-RET translocatie (exon 1- exon 12)
- RET fusietranscript positief: CCDC6_1-RET_12
- RET fusie, RET NM_020630 exon12 : CCDC6 NM_005436.4 exon1
- CCDC6 : RET fusie: CCDC6: NM_005436.4:exon:1 ; RET: NM_020630.4:exon:12
- CCDC6-RET, CCDC6{ENST00000263102};r.1_535_RET{ENST00000355710};r.2369_565



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➤ CCDC6-RET **KMBP overleg 4 okt 2019**

➤ CCDC6-RET **Microscopie:**

➤ CCDC6-RET CCDC6-RET fusietranscript
CCDC6 [NM_005436.4] exon 1; RET [NM_020630.4] exon12

➤ RET fusie **Moleculaire interpretatie:**

➤ CCDC6-RET CCDC6-RET fusietranscript positief

➤ CCDC6-RET, CCDC6(ENST00000263102):r.1_535_RET(ENST00000355710):r.2369_565



Conclusions

- Gene fusion events are infrequent in NSCLC, but are actionable
- Gene fusion events are not limited to NSCLC
- Number of actionable fusions proteins is increasing
- Biological and clinical relevance of the different fusion partners is unclear
- Gene fusion transcripts can be reproducibly identified with different technologies
- Consensus on description gene fusion transcripts (→ PALGA protocol module)



Acknowledgements



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