

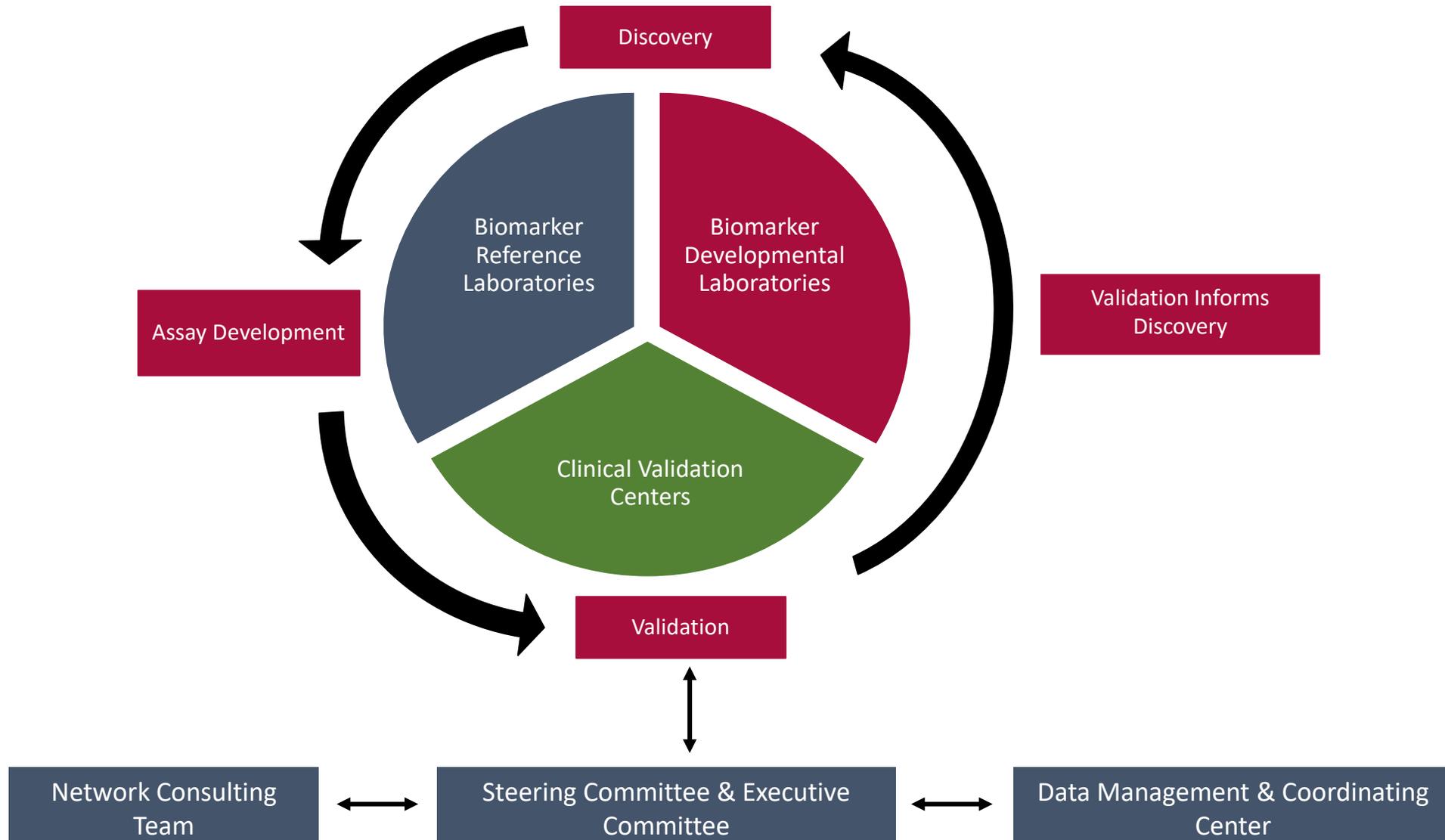
35th EDRN Steering Committee Meeting (Virtual)

Early Detection Research Network (EDRN): Program Objectives

An investigator-initiated infrastructure to:

- Support the development and validation of early detection biomarkers and markers of progression
- Interaction among academic, clinical and industrial leaders
- Standardize biomarker validation criteria
- Develop quality assurance in biomarker measurement
- Bring biomarkers to clinical use

EDRN: Organizational and Operational Structure



State-of-the-Cancer Biomarkers: “Water, water everywhere, and not a drop to drink”

- Most studies fail to use biomarker science
 - Poor study design
 - Lack of appropriate specimens and reagents
 - Lack of quality control of preanalytical variables
 - Inappropriate statistical methods
 - Bias, chance and overfitting
 - Incomplete protocol reporting
- Biology of early disease not well explored
- Unintentional selective reporting
- Lack of collaboration
 - It takes a multidisciplinary village

Lack of Collaboration



EDRN-Led Rigor and Reproducibility Criteria: Study Designs for Biomarker Development

Phases of Biomarker Discovery and Validation

<i>Preclinical Exploratory</i>	PHASE 1	<i>Promising directions identified</i>
<i>Clinical Assay and Validation</i>	PHASE 2	<i>Clinical assay detects established disease</i>
<i>Retrospective Longitudinal</i>	PHASE 3	<i>Biomarker detects preclinical disease and a “screen positive” rule defined</i>
<i>Prospective Screening</i>	PHASE 4	<i>Extent and characteristics of disease detected by the test and the false referral rate are identified</i>
<i>Cancer Control</i>	PHASE 5	<i>Impact of screening on reducing burden of disease on population is quantified</i>

PRoBE Study Design:

Prospective-
Specimen-
Collection,
Retrospective-
Blinded-
Evaluation

Phases of Biomarker Development for Early Detection of Cancer

Margaret Sullivan Pepe et al.

J Natl Cancer Inst, Vol. 93, No. 14, July 18, 2001

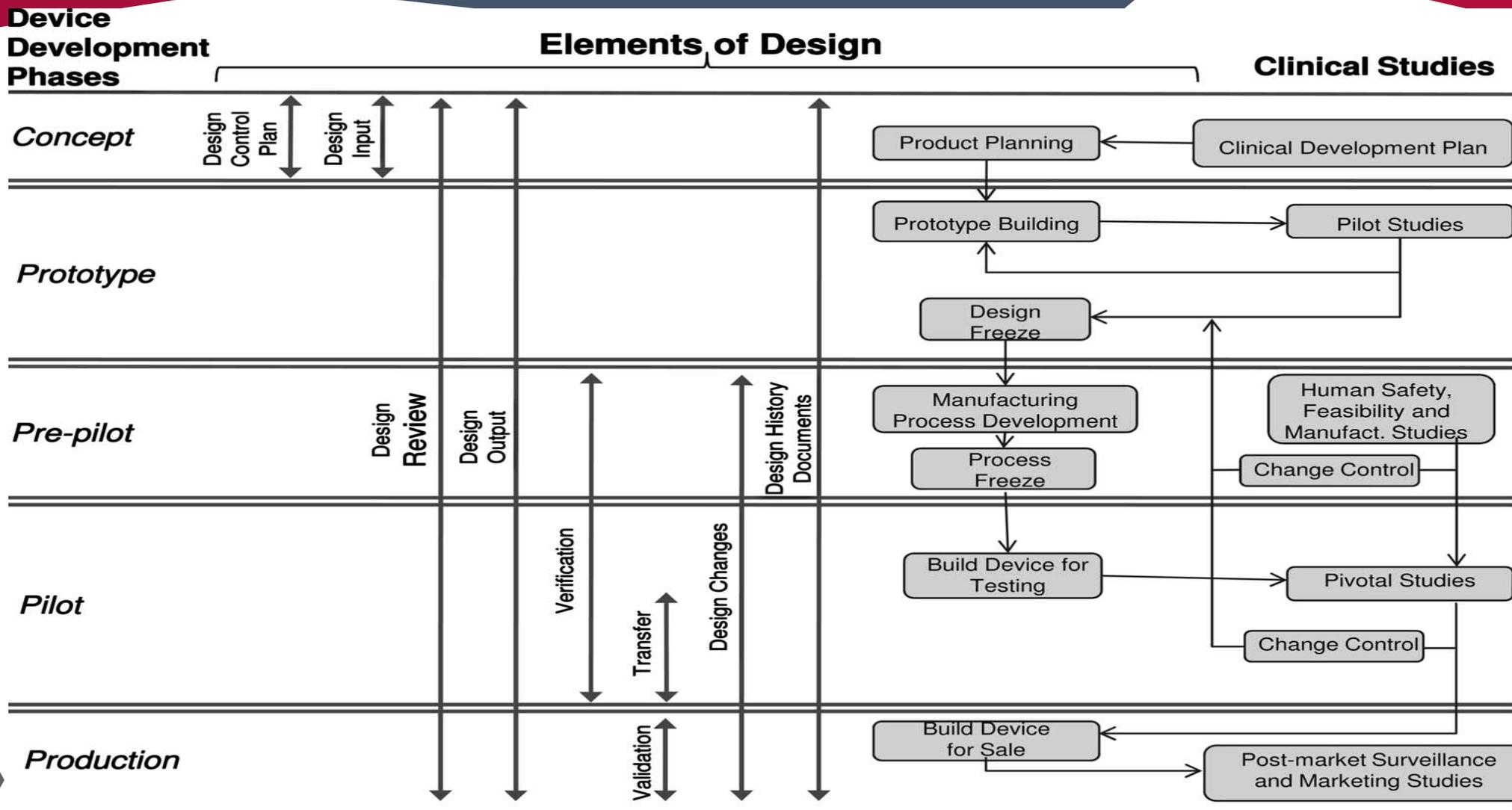
Pivotal Evaluation of the Accuracy of a Biomarker Used for Classification or Prediction: Standards for Study Design

Margaret Sullivan Pepe et al.

J Natl Cancer Inst 2008; 100:1432-1438

Long Development Cycle of Diagnostic Devices

From Bench to Bedside



EDRN: Addressing the Challenges

- Scientists in the business of discovery
- Scientific laboratory experts to validate and standardize assays
- Clinician-scientists who:
 - Identify clinical applications for biomarkers
 - Determine the criteria for clinical success
 - Identify or develop reference sets for biomarker validation
 - Pursue formal prospective validation trials
- Biostatisticians who oversee process at every juncture
 - Data management
 - Biomarkers reaching milestones as they move from step to step
 - Quality assurance
- Infrastructure
 - Data management
 - Biorepositories

35th EDRN Meeting Topics

- Highlight of EsoCheck and EsoGuard
- Universal Cancer Screening
- SWOT Analysis, Organ by Organ
- Big Data and Biomarker Research
- International Partnership
- Industrial Collaborations

Discussion on Universal (Pan Cancer) Cancer Screening

- Paucity of single markers that have the prerequisite sensitivity and specificity to detect a particular cancer type (single organ screening);
- Potential efficiency of universal cancer screening (UCS) in detecting cancers originating from multiple organ sites using markers that are either specific for a cancer type or common for multiple cancers;
- Aggregate sample size provides better statistical power with screening for multiple cancers compared to single cancer screening.

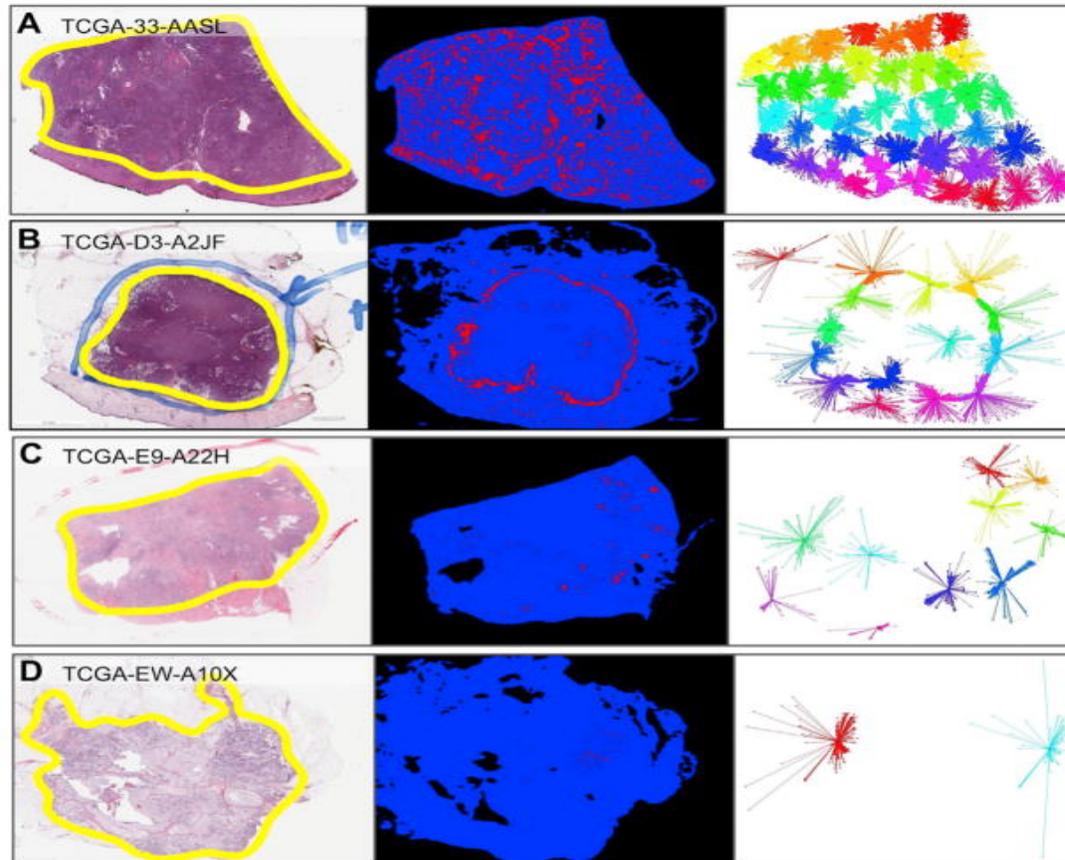
In 2017, the authorization by the FDA for **digital pathology** in the US, the world's largest healthcare market, constitutes a **watershed moment** for the healthcare industry. ... **Digital pathology** enables them to view and diagnose **digital** images of surgical **pathology** slides prepared from biopsied and resected tissue.

Biomarker Research Going Digital

Data science/systems approaches and modeling for the analysis, integration and interpretation of experimental data (genomics, epigenomics, proteomics, metabolomics, imaging etc.) to define “disease dynamics” in screen-detected early lesions

- Increasing trends toward digitizing histopathology, histochemistry along with imaging and molecular approaches to elucidate dynamic changes occurring during progressive disease
- Need for making a compendium of precancer images to study semantic and phenotypic features and apply radiomic tools to decipher distinct features of screen-detected and interval cancers
- Making data available to others for developing AI including Machine Learning Language (MLL) to develop rendition of hard-to-read early stage images for better interpretability and visualization

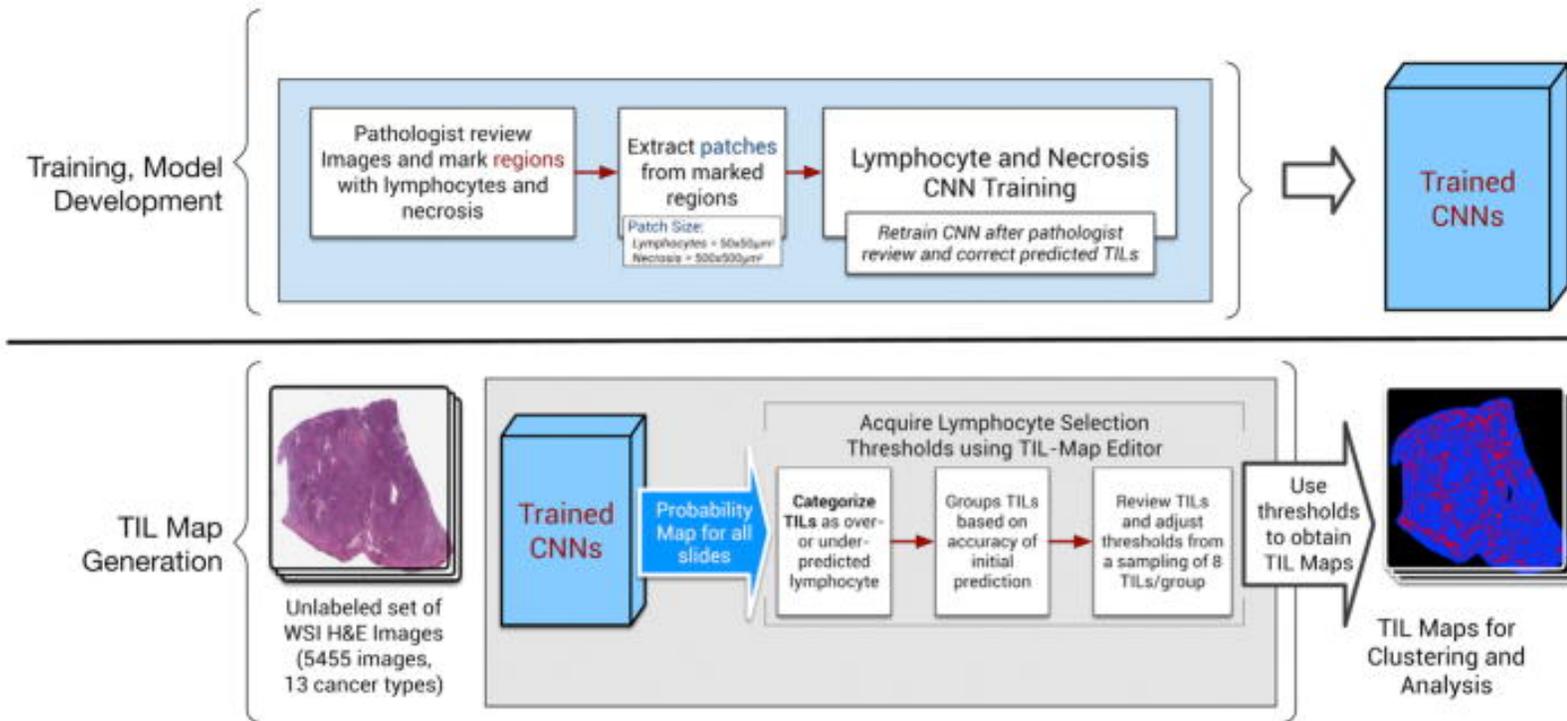
Histopathology and Histochemistry Digitization of Whole Mount Slides



E

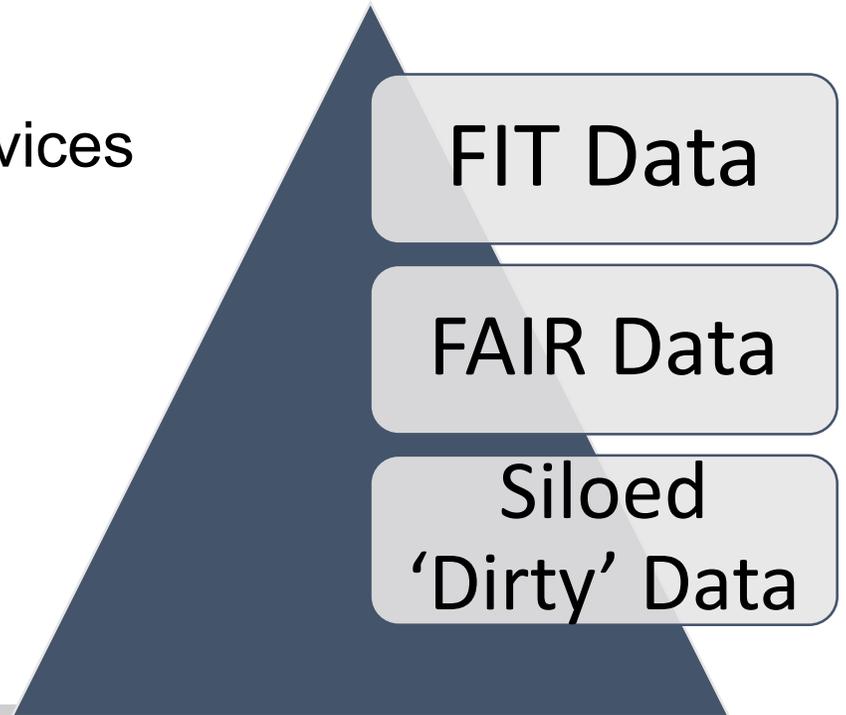
Participant Barcode	Study	Number of TIL Patches	TIL fraction	Number of TIL Clusters	Cluster Size Mean	Within-Cluster Dispersion Mean	Cluster Extent Mean	Ball Hall Index	Banfield Raftery Index	C Index	Determinant Ratio Index	Global Pattern
TCGA-33-AASL	LUSC	26245	20.6	40	656.1	293456	41.0	447	159518	0.015	2065.4	Brisk Diffuse
TCGA-D3-A2JF	SKCM	6832	4.9	18	379.6	238600	82.1	771	43456	0.022	790.0	Brisk Band-like
TCGA-E9-A22H	BRCA	10000	1.5	10	100.0	54876	51.9	560	6174	0.025	343.0	Non-Brisk Multifocal
TCGA-EW-A10X	BRCA	285	0.1	2	142.5	430332	223.0	3093	2283	0.000	29.6	Non-Brisk Focal

How Digitization Can Help Quantitative Analysis



EDRN Needs a Plan to Address BIG Data Challenges: *In silico Biomarker Discovery*

- Cancer Biomarker Data Commons Think Tank recommendation*
 - Open data sharing platform
 - Access to FIT (fit-for-purpose) datasets
 - Co-localized with analytical tools and services
- **Cancer Biomarker Data Common**
 - Build Interoperable Data Systems
 - Standardized Reporting to Minimize Selective Reporting, Chance, Bias
 - Reproducible and Sustainable Data



*NCI Cancer Biomarker Data Commons Think Tank, Bethesda, MD, 2018

Crowdsourcing and BIG Data in Biomarker Discovery and Validation

Enlarge Available Datasets	Solve Complex Problems	Leverage Multidisciplinary Expertise	Improve Patient Care	Compare with FDA-approved Technologies
Incent data sharing (open science), explore access to new data sources (PRO)	Develop and test novel methods (data integration, modeling, predictive analytics, etc.)	Identify SMEs, solicit help on key challenges (AI, machine learning, data reduction, selection bias, etc.)	Engage patients and stakeholders (23andMe, CrowdMed, advocacy, etc.)	Compare new ideas and technologies against FDA approved biomarkers (e.g., imaging)

Incentives to facilitate Crowdsourcing: Prizes, Publications, IP Ownership/Commercialization Support, Grants, Goodwill

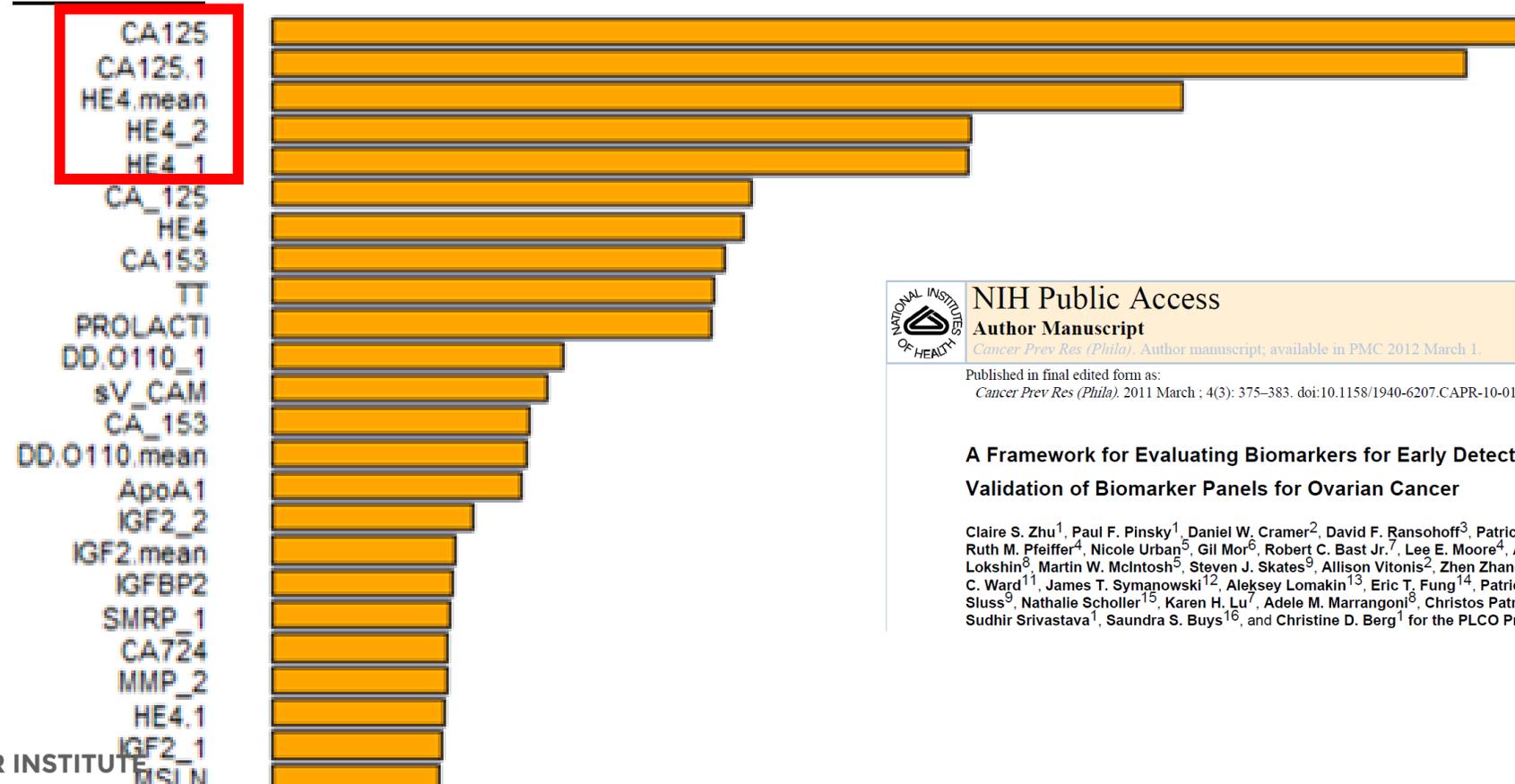
Source: Juergen Klenk, Jonathan Baba; See Deloitte posters for detail

Value of Data Science: Independent Validation Of Ovarian Cancer Biomarkers

FHCRC Model: CA125, HE4, HK11, B7-H4, DcR3, SMR, Spondin-2

Boston-NW Model: CA125, HE4, CA72.4, CA15.3, SMR

JPL Model:



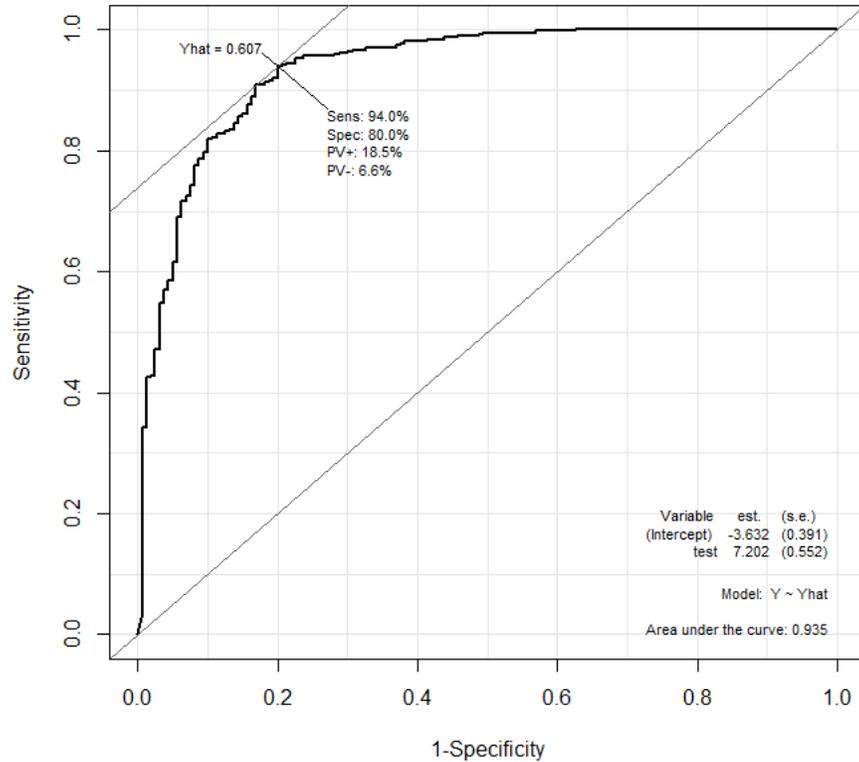
 **NIH Public Access**
Author Manuscript
Cancer Prev Res (Phila). Author manuscript; available in PMC 2012 March 1.
 Published in final edited form as:
Cancer Prev Res (Phila). 2011 March ; 4(3): 375-383. doi:10.1158/1940-6207.CAPR-10-0193.

**A Framework for Evaluating Biomarkers for Early Detection:
 Validation of Biomarker Panels for Ovarian Cancer**

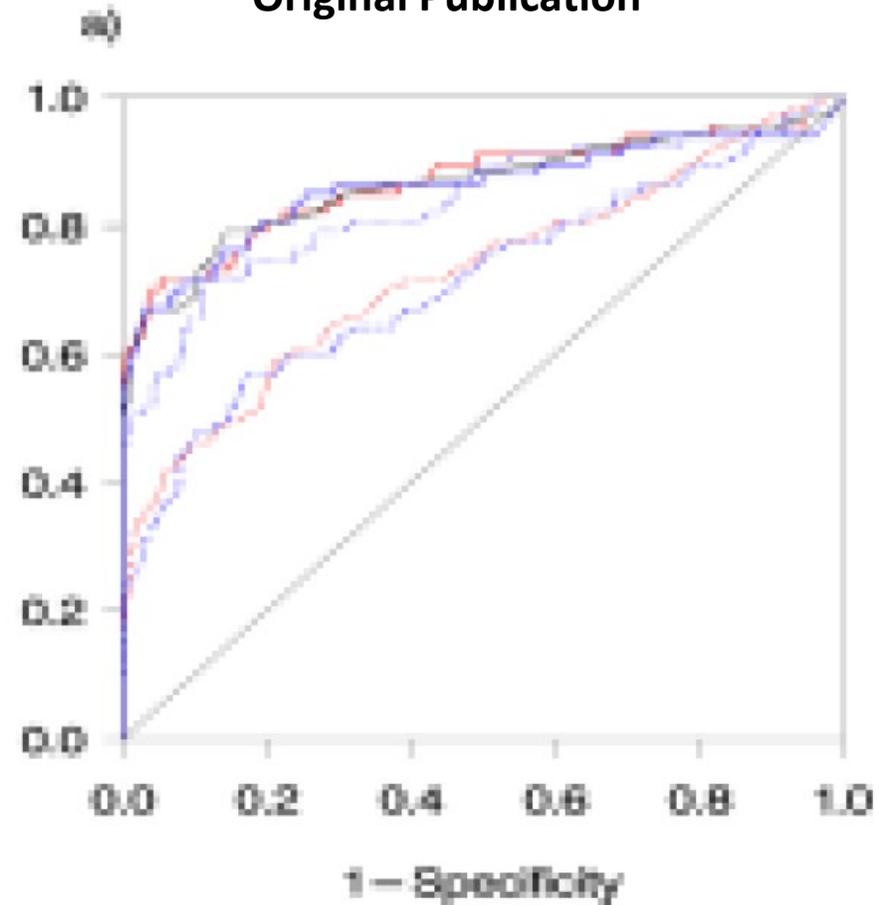
Claire S. Zhu¹, Paul F. Pinsky¹, Daniel W. Cramer², David F. Ransohoff³, Patricia Hartge⁴, Ruth M. Pfeiffer⁴, Nicole Urban⁵, Gil Mor⁶, Robert C. Bast Jr.⁷, Lee E. Moore⁴, Anna E. Lokshin⁸, Martin W. McIntosh⁵, Steven J. Skates⁹, Allison Vitonis², Zhen Zhang¹⁰, David C. Ward¹¹, James T. Symonowski¹², Aleksey Lomakin¹³, Eric T. Fung¹⁴, Patrick M. Sluss⁹, Nathalie Scholler¹⁵, Karen H. Lu⁷, Adele M. Marrangoni⁶, Christos Patriotis¹, Sudhir Srivastava¹, Saundra S. Buys¹⁶, and Christine D. Berg¹ for the PLCO Project Team

ROC curve

JPL Model: **AUC = 0.935**



Original Publication



Discussion on BIG Data and Digitizing Biomarker Research

- Short-term benefits
 - Standardization and access to high-value datasets
 - Standardization and access to statistical algorithms and other tools such as MLL
 - Incentive models for sharing of data, tools, expertise, biospecimens, etc. and for improving standard adoption
 - Evaluation of crowdsourcing-based approaches to stakeholder engagement in the NCI Data Commons efforts – community input
 - Early public-private collaborations
- Long-term benefits
 - Biomarkers for cancers with no screening tests available
 - Improved performance of existing tests
 - Optimal stakeholder engagement and talent distribution

Attendee Profile

- More than 250 registered
- Representations from Academia, Industry and Foundations
- Non-Government Funding Agencies: CR-UK, PanCAN, Kenner Family Research Foundation
- Advocacy Groups: PanCan, Kenner's Family Research Foundation, and others

Thank You!



**NATIONAL
CANCER
INSTITUTE**

www.cancer.gov

www.cancer.gov/espanol