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Update on TRIDENT, a three-gene biomarker assay for colorectal neoplasia

EDRN Steering Committee-GI Collaborative Meeting 30 June 2020

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CHIEF INNOVATION OFFICER

better detection is essential to improving survival







COLVERATM

Product:

- 2-gene ctDNA blood test for CRC recurrence monitoring
- 68% sensitivity and 93% specificity (3)
- Sophisticated PCR methods deliver performance at low cost to deliver superior health economics

Goal:

- Detect recurrence when case amenable to curative intent (4)
 - 80% of recurrences occur within 2 years of primary treatment (4)
 - Detects > 2x the cancers as the current standard of care (5)

TRIDENT PROGRAM

Product:

- 3-gene ctDNA blood test with IC2 technology for CRC screening
- 74% sensitivity and 91% specificity (7)
- Sophisticated PCR methods deliver performance at low cost to deliver superior health economics even used on an annual basis

Goal:

- A blood test offers more compliant annual option (8)
- Address unscreened population
 - Blood test can be part of annual testing panel

TRIDENT PROGRAM

(in development)

Screening

Value Proposition:

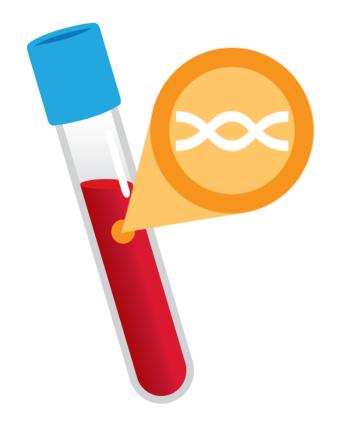
Improved detection saves lives (6)





- Engstrand et al, BMC Cancer 2018
- Pugh et al, Annals of Surg, 2016
- Pedersen et al, BMC Cancer, 2015; Symonds et al, Clin Trans Gastro, 2016
- NCCN Clinical Practice Guidelines (Colon and Rectal Cancer), 2020

- Symonds et al, Cancer, 2020
- American Cancer Society, www.cancer.org, 2020
- **UEGW 2019 Poster**
- Liles et al, Cancer Treat Res Comm, 2017



- TRIDENT identifies circulating fragments of tumor DNA (ctDNA) in blood
- Uses a sensitive PCR-based method to detect three genes (BCAT1/ IKZF1/IRF4)
 methylated (or silenced) in colorectal cancer
- **Does not** depend on the presence of specific gene mutations commonly found in subsets of CRC cases (i.e. KRAS, BRAF)

TRIDENT Biomarkers

IKZF1: IKAROS family zinc finger 1

- Involved in cell differentiation control through Notch signaling pathway
- Hypermethylation down regulates DNA repair (MSH2), up regulates cell-cycle progression genes, inhibits apoptosis and stem cell renewal
- Directly regulates c-myc and IRF4

IRF4: Interferon Regulatory Factor 4

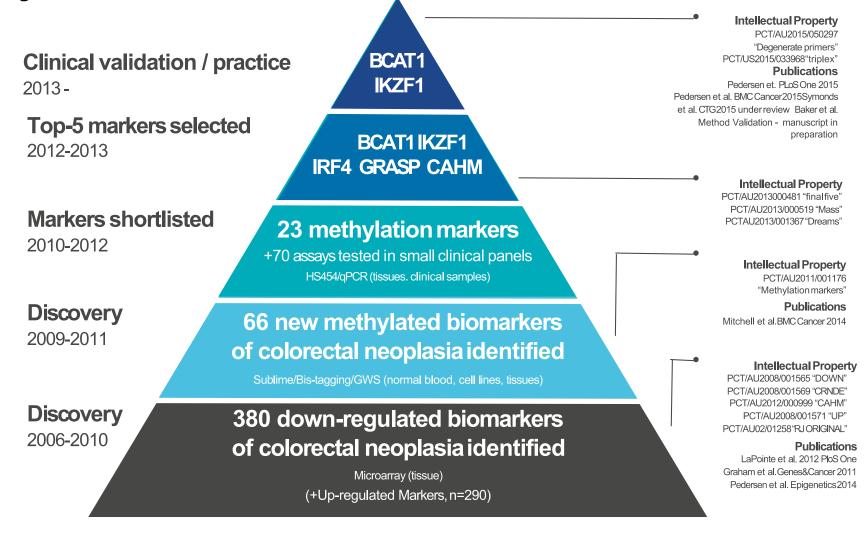
Regulation of immune response, apoptosis, cell-cycle control

BCAT1: Branched chain amino acid transaminase 1

- Regulates catabolism of essential branched-chain amino acids (VAL, LEU, ILE) for energy purposes
- Regulated by c-myc
- Implicated in methylation status through control of alpha keto-gluterate levels and



Discovery...





Validation.

https://www.clinicalgenomics.com/technology.html

2019

Symonds et al. A randomised controlled trial testing provision of fecal and blood test options on participation for colorectal cancer screening. Cancer Prevention Research, 2 July, 2019.

2018

Saluja et al. The Use of Circulating Tumor DNA for Prognosis of Gastrointestinal Cancers. Frontiers in Oncology, 24 July 2018.

Murray et al. Relationship between post-surgery detection of methylated circulating tumor DNA with risk of residual disease and recurrence-free survival. Journal of Cancer Research and Clinical Oncology, 10 July 2018.

Symonds et al. Circulating tumour DNA for monitoring colorectal cancer—a prospective cohort study to assess relationship to tissue methylation, cancer characteristics and surgical resection. Clinical Epigenetics, 16 May 2018.

Jedi et al. Methylation and Gene Expression of BCAT1 and IKZF1 in Colorectal Cancer Tissues. Clinical Medicine Insights: Oncology, 10 May 2018.

2017

Shapiro et al. A Comparison of Fecal Immunochemical and High-Sensitivity Guaiac Tests for Colorectal Cancer Screening. Am J Gastroenterol advance online publication, 10 October 2017; doi: 10.1038/ajg.2017.285

Murray et al. validation-of-a-circulating-tumor-derived-dna-blood-test-for-detection-of-methylated-bcat1-and-ikzf1-dna.pdfValidation of a Circulating Tumor-Derived DNA Blood Test for Detection of Methylated BCAT1 and IKZF1 DNA. JALM 2017, doi: 10.1373/jalm.2017.023135

2016

Mitchell et al. Evaluation of Methylation Biomarkers for Detection of Circulating Tumor DNA and Application to Colorectal Cancer. Genes 2016, 7(12), 125; doi:10.3390/genes7120125

Young et al. A Cross-sectional Study Comparing a Blood Test for Methylated *BCAT1* and *IKZF1* Tumor-derived DNA with CEA for Detection of Recurrent Colorectal Cancer. Cancer Medicine. doi:10.1002/cam4.868

Symonds et al. A Blood Test for Methylated *BCAT1* and *IKZF1* vs. a Fecal Immunochemical Test for Detection of Colorectal Neoplasia. Clin Trans Gastro. 2016; 7, e137.

2015

Pedersen et al. a-two-gene-blood-test-for-methylated-dnasensitive-for-colorectal-cancer.pdfA Two-Gene Blood Test for Methylated DNA Sensitive for Colorectal Cancer. PLoS One 2015;10(4):e0125041.

Symonds et al. Improving Participation in Colorectal Cancer Screening: a Randomised Controlled Trial of Sequential Offers of Fecal then Blood Based Non-Invasive Tests. Asian Pac J Cancer Prev, 16 (18), 8455-8460.

Pedersen et al. Evaluation of an Assay for Methylated *BCAT1* and *IKZF1* in Plasma for Detection of Colorectal Neoplasia. BMC CANCER 15(1):654. October 2015.

2014

Mitchell et al. A Panel of Genes Methylated with High Frequency in Colorectal Cancer. BMC Cancer. 2014:14:54.

Pedersen et al. CAHM, a Long Non-Coding RNA Gene Hypermethylated in Colorectal Neoplasia. Epigenetics. 2014 Aug;9(8):1071-82.



BCAT1/IKZF1 methylation

Of 91 tumor tissue samples, 90 methylated in one or both target genes

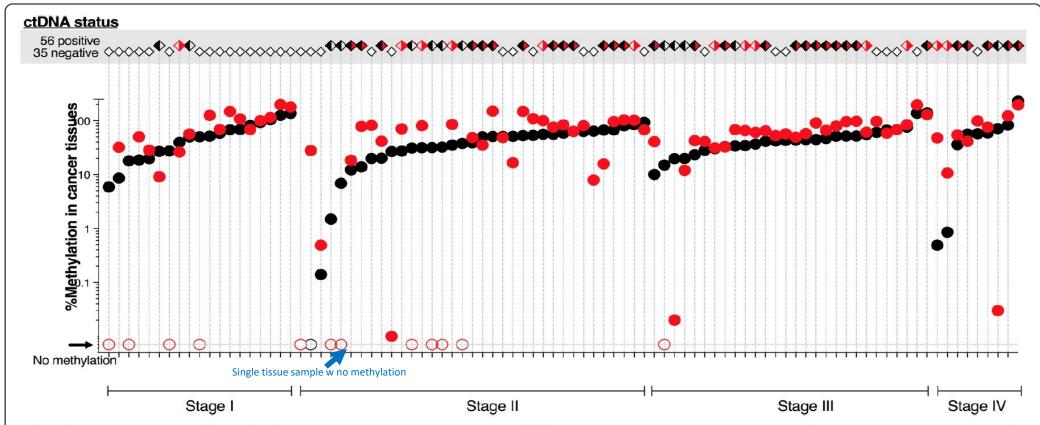
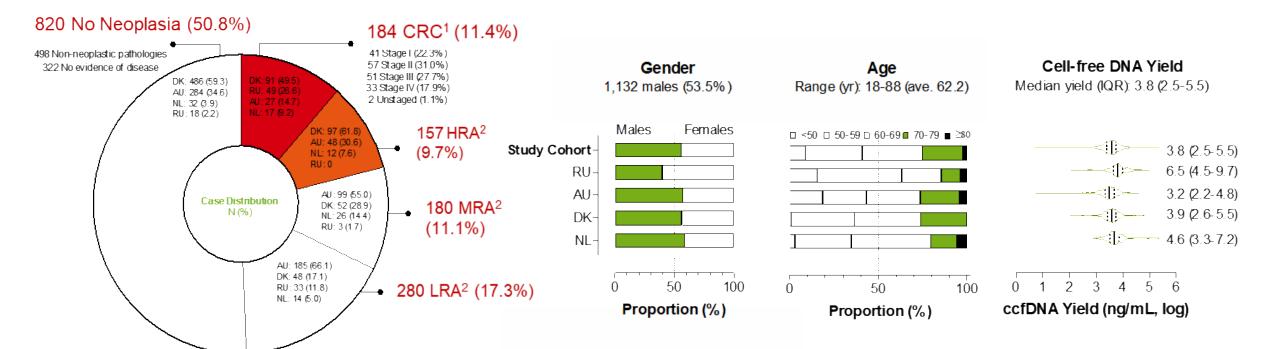


Fig. 3 The case-by-case relationship between methylation in tissue and ctDNA positivity according to cancer stage. The top grey panel shows ctDNA positivity; open diamonds, ctDNA negative; black/white, *BCAT1* positive only; white/red, *IKZF1* positive only; and black/red, ctDNA methylated in both genes. The bottom panel shows graphical representation of methylation levels in cancer tissues (closed circles: black, *BCAT1*; red, *IKZF1*). Tissues with no detectable *BCAT1* and/or *IKZF1* are indicated with open circles



TRIDENT: Initial validation cohort (2019)



¹ CRC – invasive adenocarcinoma

SK Pedersen, et al. DDW 2020, May 2-5, 2020..



² Adenomas were classified as high- (HRA), medium- (MRA) or low-risk (LRA). [Vieth M et al. Endoscopy 2012;44 (Suppl 3):131].

TRIDENT: Initial validation cohort (2019)

Diagnosis	N	Biomarker Positivity Rate (%, 95% Conf Interval)
CRC	184	73.9% (68-80)
Stage I	41	39.0% (23-55)
Stage II	57	87.7% (79-97)
Stage III	51	78.4% (67-90)
Stage IV	33	84.8% (72-98)
Stage Uncertain	2	100% (16-100)
Adenoma	616	12.8% (10-15)
Low-risk Adenoma	279	9.3% (6-13)
High-risk Adenoma	337	15.7% (12-20)
No Neoplasia	820	9.9% (8-12)
Non neoplastic pathology	498	11.6% (8.8-15)
Normal	322	7.1% (4-10)

SK Pedersen, et al. DDW 2020, May 2-5, 2020. Manuscript under review.

Clinical cohort:

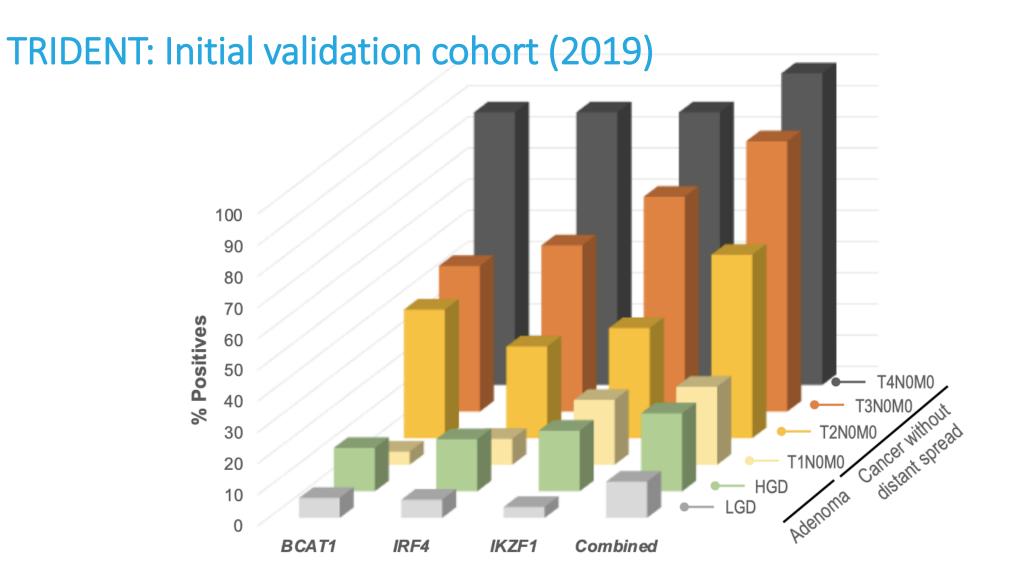
 1,620 plasma specimens from enriched, screening age population – all colonoscopically confirmed.

TRIDENT assay:

- BCAT1, IKZF1 and IRF4 genes.
- ~30 CpG targets

Sensitivity for CRC was 73.9% (67.1 – 79.7). Specificity for neoplasia was 90.1% (88.0-92.0).





SK Pedersen, et al. DDW 2020, May 2-5, 2020. Manuscript under review.



Next steps

Building from Colvera® foundation (>4,000 subjects assayed, published)

TRIDENT: Design complete

• Initial validation cohort (1,600+ patients) submitted for publication

Positive discussions with FDA and CMS

Collaboration with GLNE team @ EDRN

- Applying GLNE007 + GLNE010 specimens to FDA pivotal trial
- Challenge: ensuring specimens from screen-relevant subjects are used

Additional validation partnerships under way: Open door to collaborators



THANK YOU



5 minute Q&A

Chair/Co-Chair/NCI
feed Zoom Chat questions to presenter
and Track Time
NCI and Production Team
answer Chat questions not related to presentations

and use Slack