Development of an In Vitro Diagnostic Multivariate Index Assay (IVDMIA) for Aggressive Prostate Cancer

EDRN Biomarker Reference Laboratory (BRL) at Johns Hopkins



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June 30, 2020

JHU BRL Aims

The goals of the JHU BRL:

- Collaborative studies: Help accelerate the translation of biomarkers into clinical diagnostics by providing resources and support for the analytical and clinical validation of biomarker.
- Product Development: Develop an IVDMIA (In vitro diagnostic multivariate index assay) that combines a panel of serum biomarkers into a single-valued numerical index score. It is intended to evaluate the risk of aggressive prostate cancer in men prior to prostate biopsy.

JHU BRL Milestones Prostate Cancer

Candidate Biomarkers – Prostate								
Candidate Biomarker	Discovery			Pre-validation	Validation			
	Discovery	Predictive Analysis	Assay Refinement	Blinded Limited Cross-Sectional	Large Cross- Sectional			
BRL-IVDMIA for aggressive prostate cancer								
BRL-MiCheck, Minomic Ltd. Collaboration CLIA/LDT								
Collaborative projects- see reports from EDRN lab Pls								
Sanda CVC – Biomarker Panel – <i>phi</i> and PCA3								
Sanda CVC – <i>phi</i> in PASS study								
UTHSC Liss CVC – <i>phi</i> and imaging								
Collaborative group study – Imaging and Biomarkers (PI Wei)								

JHU BRL Milestones Ovarian, Pancreas, and Liver Cancers

		Discovery	,	Pre-validation	Validation				
	Discovery	Predictive	Assay	Blinded Limited	Large Cross-				
		Analysis	Refinement	Cross-Sectional	Sectional				
Candidate Biomarkers - Ovarian									
Collaborative projects- see reports from EDRN lab Pls									
Collaborative group study –									
Skates, Early detection biomarker panel (PI Skates)									
Collaborative group study –									
Uterine lavage biomarker panel									
study (PI Skates)									
Candidate Biomarkers - Pancreas									
BRL-Multiplex Immunoassay									
panel									
Candidate Biomarkers - Liver									
BRL - Biomarkers panel, Abbott									
Labs collaboration									

JHU BRL Product Development Biomarker Identification (1)

FDA approved Markers

PSA, %f PSA, phi

JHU BRL Discovered Markers

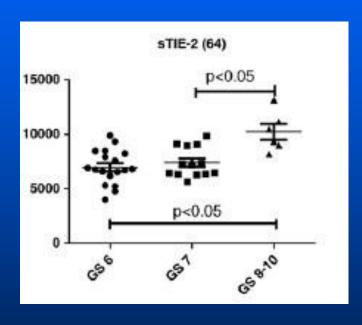
- Fucosylated PSA
- Tie-2 (soluble angiopoietin-2)

Markers in the Literature

- Associated with PCa/Aggressive PCa
- Commercial immunoassays

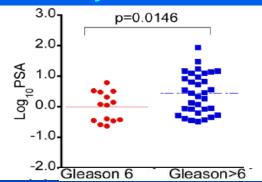
JHU BRL Product Development Biomarker Identification (2)

TIE-2 (soluble angiopoietin-2)

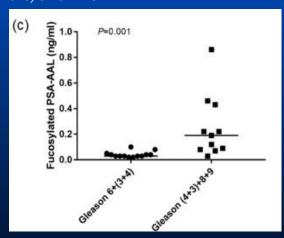


Danni Li, Hanching Chiu, Vinita Gupta, Daniel W. Chan. Clinica Chimica Acta, (2012)413:1506–1511

Fucosylated PSA



Qing Kay Li, Li Chen, MH Ao, Joyce Chiu, Zhen Zhang, Hui Zhang, Daniel W Chan. Theranostics (2015) 5:267-276.



Wang C, Höti N, Lih TM, Sokoll LJ, Zhang R, Zhang Z, Zhang H, Chan DW. Clinical Proteomics. (2019) Apr 6;16:13.

JHU BRL Product Development Biomarker Identification (3)

Literature Search
22 Targets Identified



Analysis in 40 Serum Specimens + PSA 20 Prostate Cancer; 20 Non-Cancer R&D Systems Luminex Multiplexed Asasy on Bio-Rad Bio-Plex 200



11 Complimentary
Targets Selected

JHU BRL Product Development – Pre-validation

FDA approved PSA, %fPSA, phi

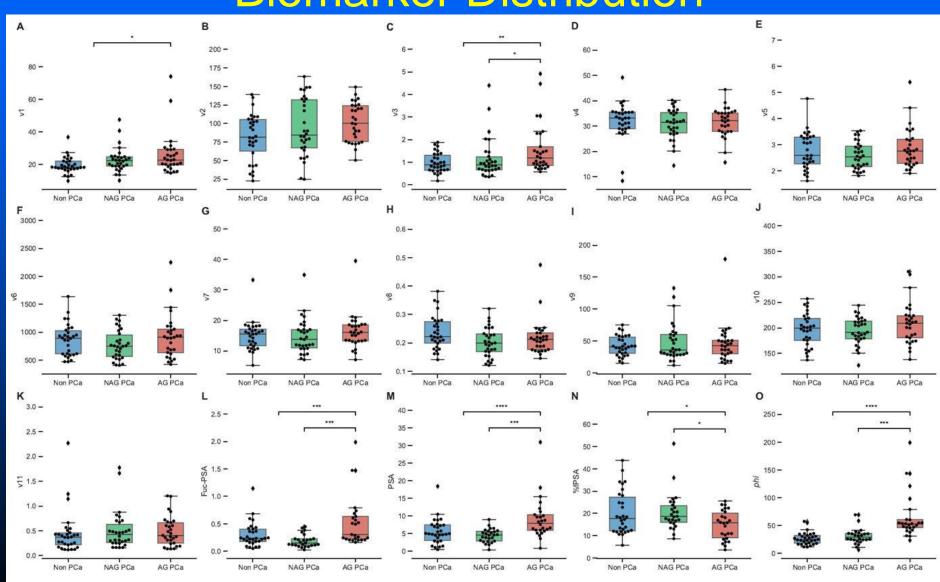
2 Discovered Biomarkers fucPSA, Tie-2

PCa-Associated Biomarkers

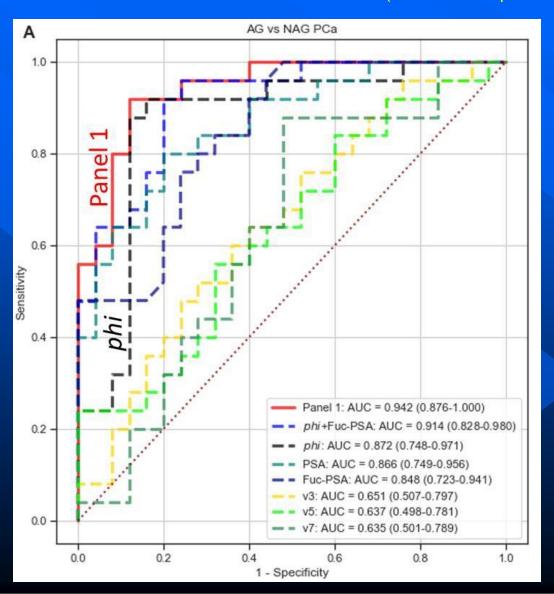
Pre-validation Sample Set -Emory CVC 30 PCa Gleason =<6 30 PCa Gleason =>7 30-Non-Cancer

Development of IVDMIA

JHU BRL Product Development Biomarker Distribution

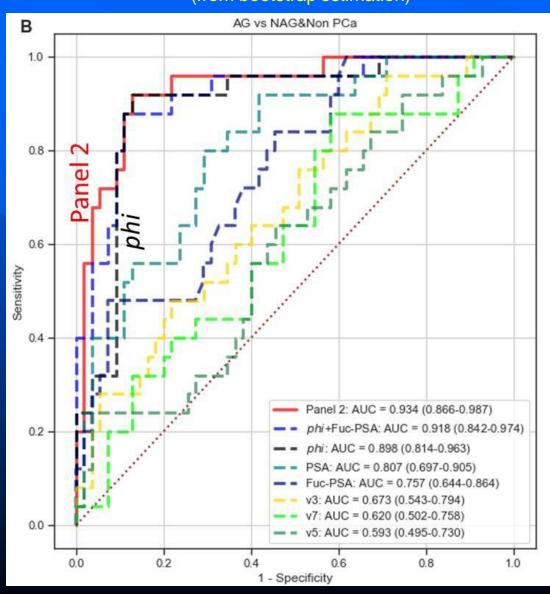


Panel Selection (using backward stepwise multivariate logistic regression): Complement *phi* to detect AG from NAG Pca (from bootstrap estimation)



Panel Selection (using backward stepwise multivariate logistic regression): complement phi to detect AG from NAG PCa + non PCa

(from bootstrap estimation)



Improvement in specificity at 95% sensitivity

	AUC (95% CI)	SN (%)	SP (%)	Neg	Pos	False-Neg	False-Pos
AG vs NAG							
Panel 1	0.942 (0.876-1.000)	95.0	76.0	19	24	1	6
phi + Fuc-PSA	0.914 (0.828-0.980)	95.0	76.0	19	24	1	6
phi	0.872 (0.748-0.971)	95.0	56.0	14	24	1	11
PSA	0.866 (0.749-0.956)	95.0	44.0	11	24	1	14
AG vs NAG &							
Non							
Panel 2	0.934 (0.866-0.987)	95.0	78.2	43	24	1	12
phi + Fuc-PSA	0.918 (0.842-0.974)	95.0	69.1	38	24	1	17
phi	0.898 (0.814-0.963)	95.0	65.5	36	24	1	19
PSA	0.807 (0.697-0.905)	95.0	36.4	20	24	1	35

Summary - JHU BRL Product Development

FDA approved PSA, %fPSA, phi

2 Discovered Biomarkers fucPSA, Tie-2

PCa-Associated Biomarkers

Pre-validation Sample Set -Emory CVC 30 PCa Gleason =<6 30 PCa Gleason =>7 30-Non-Cancer

Development of IVDMIA

Next Step

Test IVDMIA in EDRN Reference Set

Acknowledgments

JHU BRL Team

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Development and evaluation of the MiCheck test for aggressive prostate cancer

- MiCheck is an IVDMIA for aggressive prostate cancer using a logistic regression model with the following variables: PSA, patient age, DRE, Leptin, IL-7, VEGF, Glypican-1.
- Shore ND, Pieczonka CM, Henderson RJ, Bailen JL, Saltzstein DR, Concepcion RS, Beebe-Dimmer JL, Ruterbusch JJ, Levin RA, Wissmueller S, Le TH, Gillatt D, Chan DW, Campbell DH, Walsh BJ. Urol Oncol. 2020 Apr 16:S1078-1439(20)30097-1.
- Developed by Minomic Ltd.
- Agreement with Cirrus Dx, a CLIA lab, MiCheck performed as an LDT (lab developed test).

The MiCheck® Prospective Trial

- Principal Investigator: Dr Neal Shore
- Prospective, non-randomized case-control study at 12 US research centers, 320 subjects
- All subjects proceeding to Prostate Biopsy on the basis of an elevated, age-adjusted PSA score
- Total 320 patients falling in to three groups as follows:

Group A: 141 patients (44%), no cancer

Group B: 62 patients (19%), GS = 3+3, CaP

Group C: 117 patients (37%), GS ≥ 3+4, CaP

- Serum + plasma samples collected
- Standardized PSA test + centralized pathology review by Dr Scott Lucia (both Gleason and ISUP scores)
- Algorithm developed for differentiation of aggressive (GS ≥ 3+4) v non-aggressive cancer (GS=3+3)/ no cancer

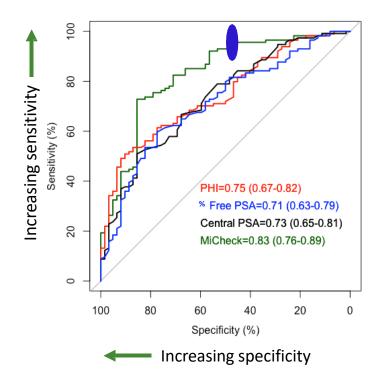
Study designed by Minomic and its International clinical advisory panel





Past President Neal D. Shore, MD, FAC Myrtle Beach, SC

Key MiCheck® Prostate Test Outcomes



- ✓ Highest AUC when directly compared to PSA, PHI and % free PSA.
- ✓ Best test specificity at an extremely high test sensitivity (95%)
- ✓ Results in 43% fewer unnecessary biopsies
- ✓ High Negative Predictive Value (97%)
- MiCheck® has demonstrated ability to differentiate aggressive from nonaggressive cancer and no cancer
- MiCheck® demonstrates a compelling advantage in specificity over existing products shown here
- The other test's lack of specificity has led to criticism due to the resulting unnecessary biopsies clinicians uniformly desire high specificity
- The MiCheck® technology helps fill this substantial unmet clinical need by allowing a reduction in number of biopsies

When finding aggressive cancer MiCheck® wins hands down

