

**9th International Symposium
on Minimal Residual Cancer**
September 25 -27, 2013
Pullman Paris Bercy, France

• **Organizers**

Jean-Yves Pierga, MD, PhD, Institut Curie, Paris Descartes University, France

Catherine Alix-Panabières, Ph.D, University Medical Centre Montpellier, UM1, Montpellier, France

Klaus Pantel, MD, Ph.D, University Medical Centre, Hamburg-Eppendorf, Hamburg, Germany



CTC molecular characterization: Are we ready to move forward with clinical testing ?

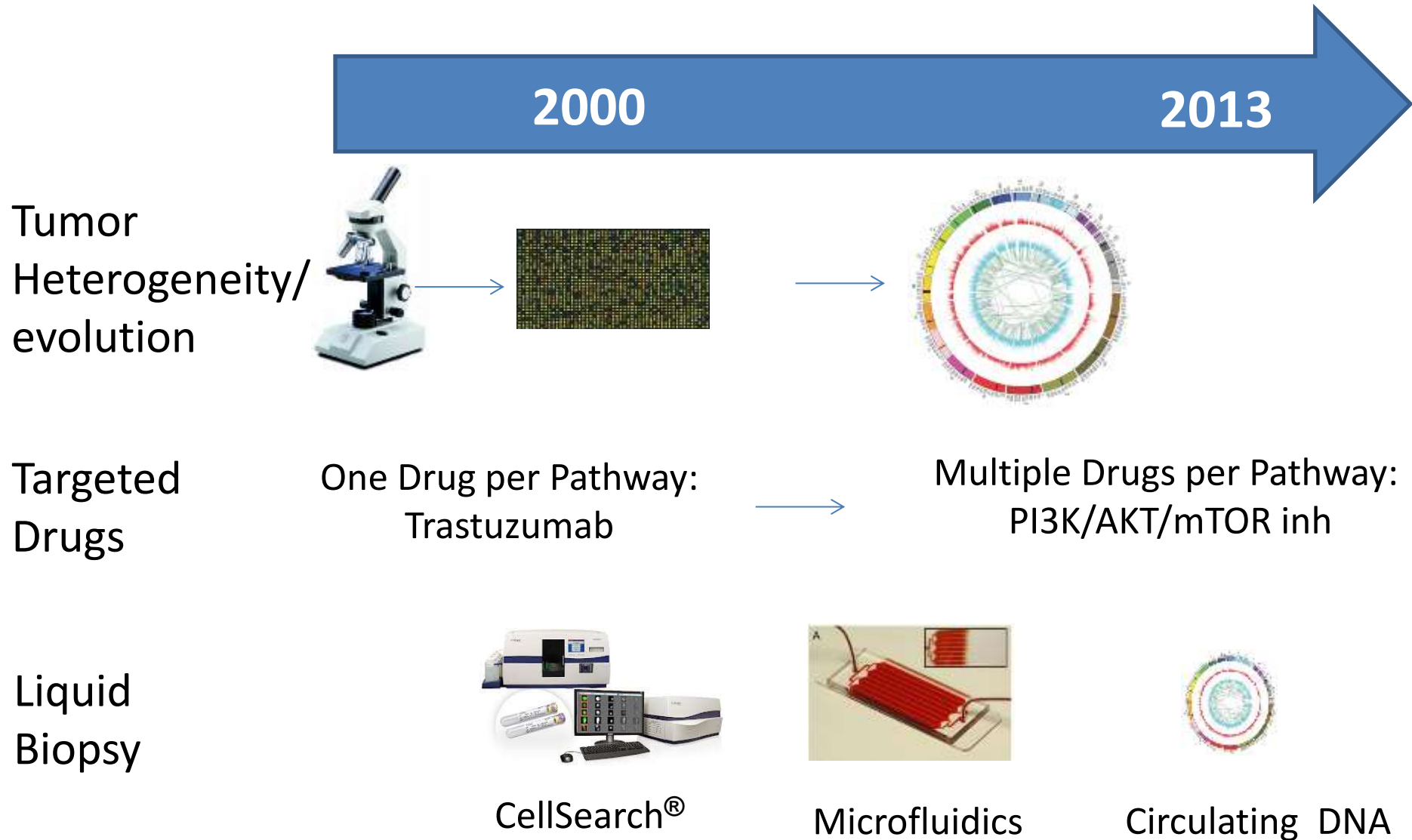
Michail Ignatiadis MD, PhD

Jules Bordet Institute, Université Libre de Bruxelles

Brussels, Belgium



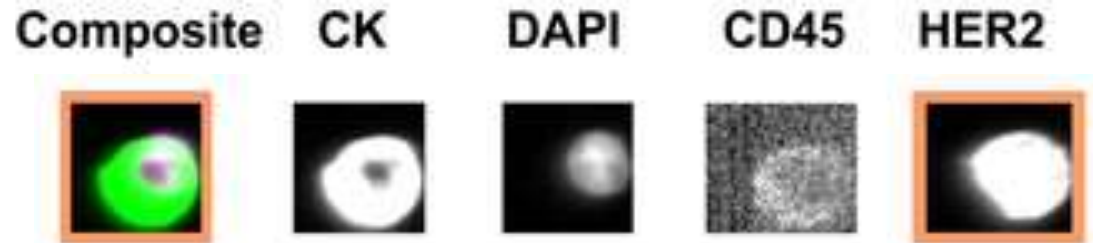
Breast cancer: Diagnostics / Treatment



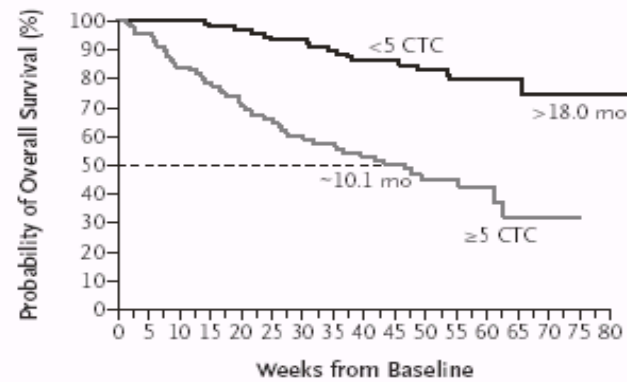
Where we stand?

- Active research for CTC molecular characterization
- >400 registered clinical trials using CTCs
- Almost all studies in metastatic disease
- Liquid biopsy: not yet in the routine clinical practice

CellSearch[®] (FDA-cleared)



F Full Set of Data



No. at Risk

<5 CTC	90	90	90	87	85	80	80	77	67	59	50	39	28	15	10	4	2
≥5 CTC	87	83	73	68	62	57	52	49	40	33	24	18	9	2	2	1	0

CTC enumeration for treatment decision

Ongoing trials

Trial	Question	Setting	Screen	Rx
SWOG 0500 (phase 3)	Does an early treatment change based on elevated CTC counts after 1 cycle of chemo lead to improved OS?	MBC starting 1st line chemo	610	120
CirCE 01 (phase 3)		MBC starting 3rd line chemo	600	304
STIC (phase 3)	CTC count vs clinician choice to decide whether to administer chemo vs hormono?	MBC ER+/HER2- starting 1st line	>994	994

CTC characterization using one marker
(e.g HER2) for treatment decision

Lapatinib monotherapy in HER2-neg MBC

HER2-positive CTCs

139 Pts screened



7 (5%) Pts had
>1 CTC/7.5 ml and
≥ 50% HER2+ CTCs
(CellSearch®)



No response, 1 SD

Pestrin et al BCRT 2012

EGFR-positive CTCs

43 Pts screened



16 (37%) Pts had
>1 CTC/7.5 ml and
≥ 1 EGFR+ CTCs
(CellSearch®)



No response, No SD

Stebbing et al Plos One 2013

Ongoing Trials

Trial	Question	Setting	Screen	Rx
Detect III (phase 3)	Can addition of lapatinib to standard treatment increase PFS?	M+ HER2- BC, 1 HER2+ CTC/7.5ml, 1st-3rd line	1428	228
CirCEX1 (phase 2)	Response rate with TDM1?	M+ HER2- BC, before 2 nd line, HER2+ CTCs by FISH	400	
COMETI P2 (phase 2)	CTC endocrine therapy index?	M+ ER+/HER2-, starting a new ET	200	

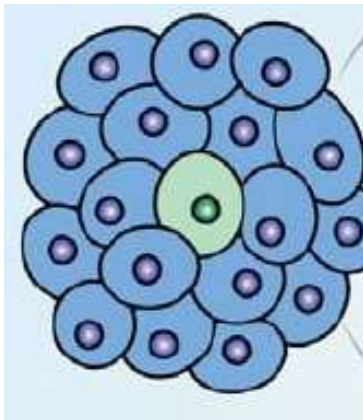
CTC characterization (beyond a single marker):

A better tool (compared to cell lines & mouse models) to study Tx response / resistance?

Example 1. Can characterization of EMT on CTCs helps understand and target treatment resistance?

Prevailing model of systemic treatment resistance in breast cancer

Tumor



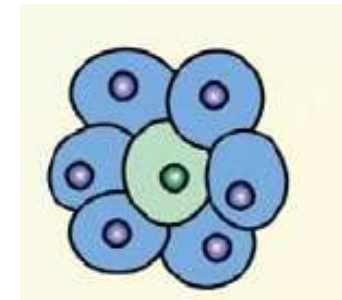
Resistant cells
EMT / CSC-like phenotype



Systemic
treatment



Relapse

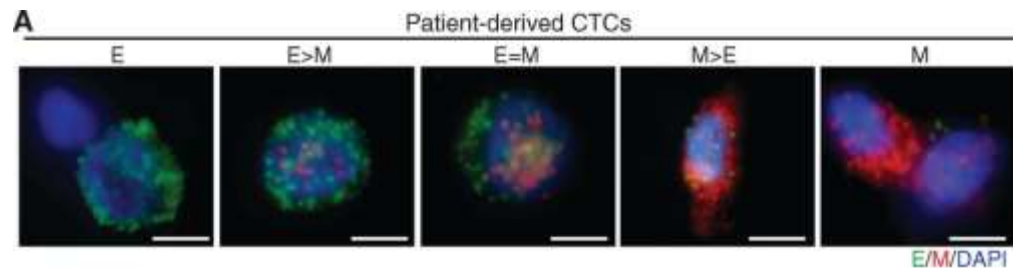
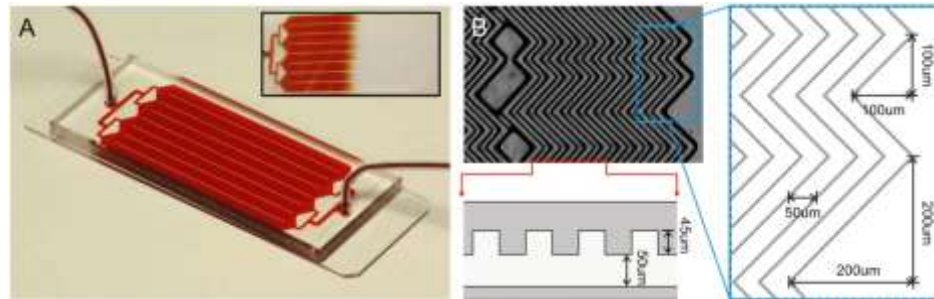


Circulating Breast Tumor Cells Exhibit Dynamic Changes in Epithelial and Mesenchymal Composition

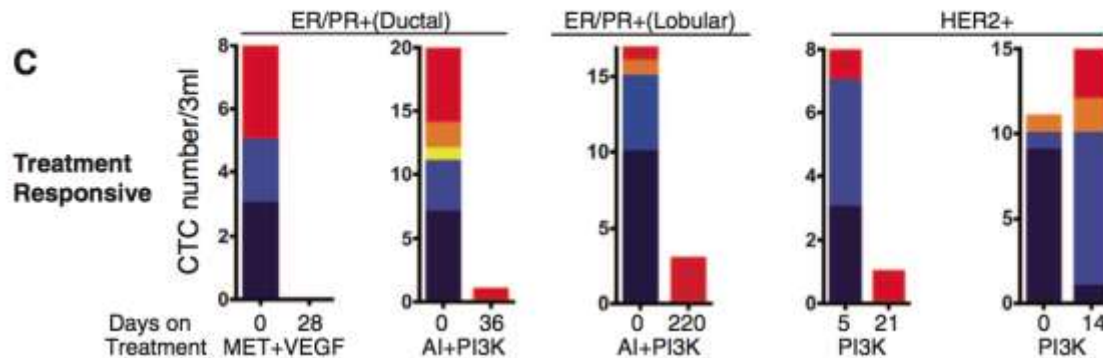
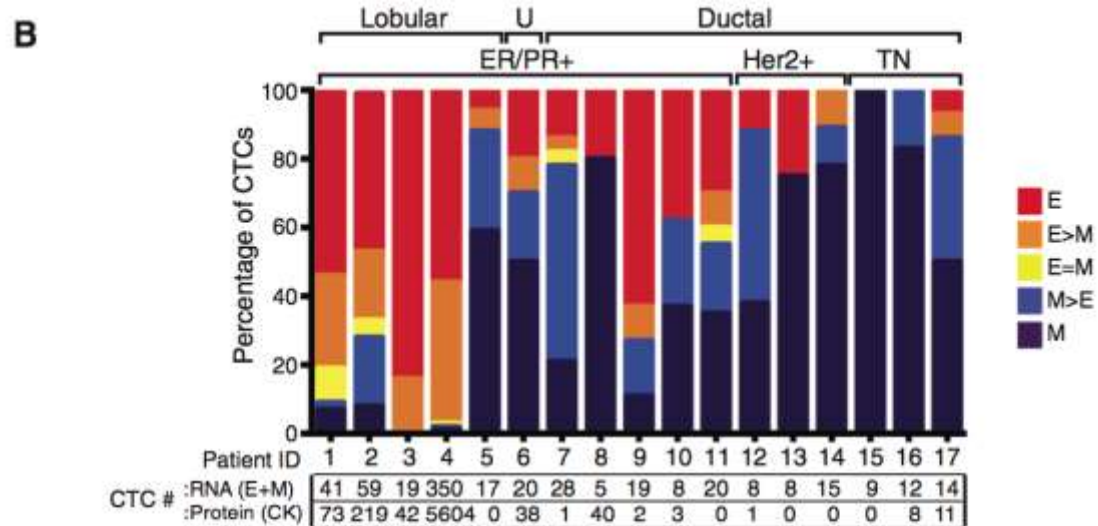
CTC Isolation



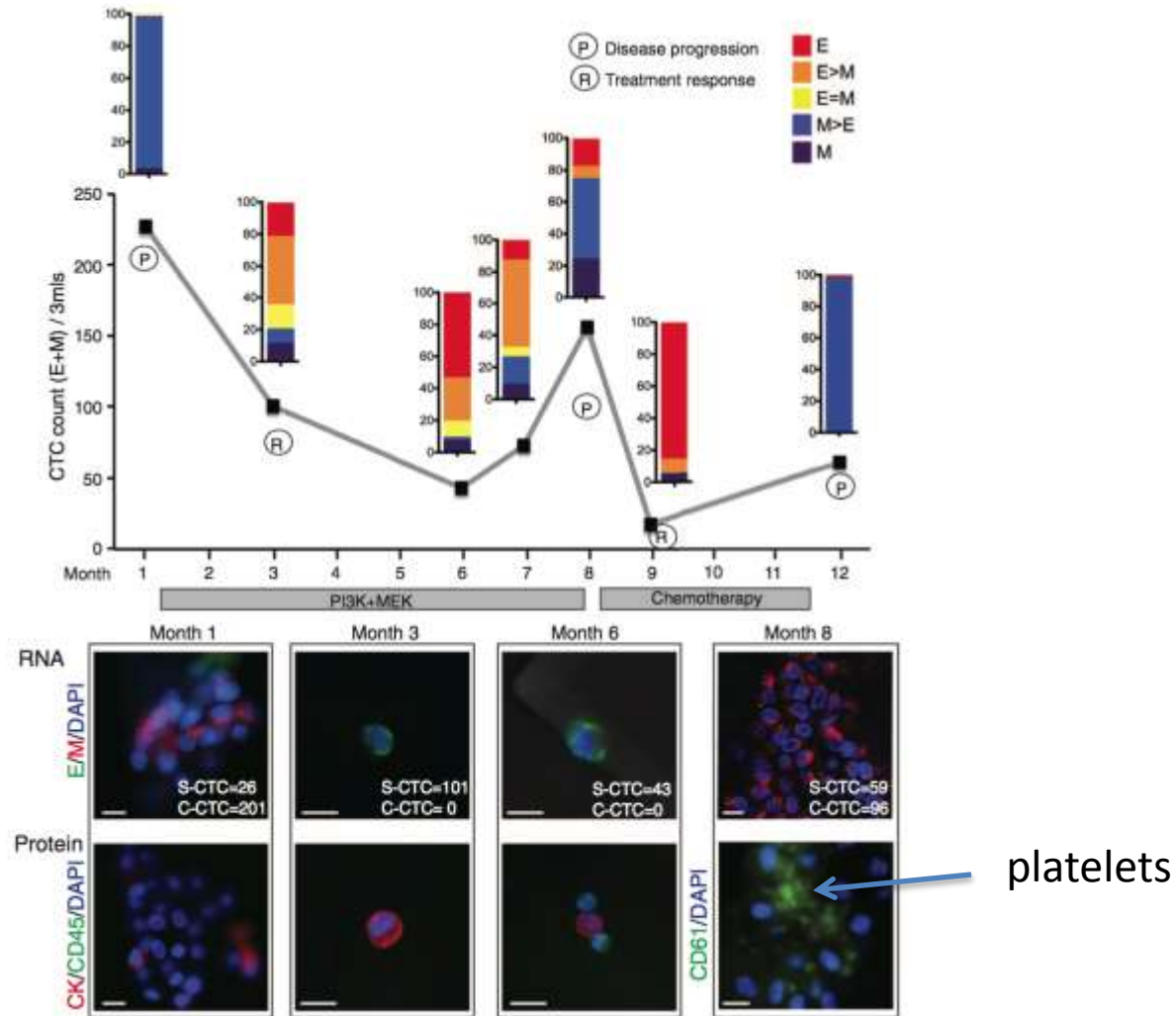
RNA ISH for a panel of Epithelial and Mesenchymal Markers



Contrary to the prevailing model, the E/M ratio on CTCs increases after treatment



Increase in Mesenchymal CTCs is associated with CTC clusters



Conclusion

The demonstration of dynamic changes in Epithelial and Mesenchymal composition of CTCs

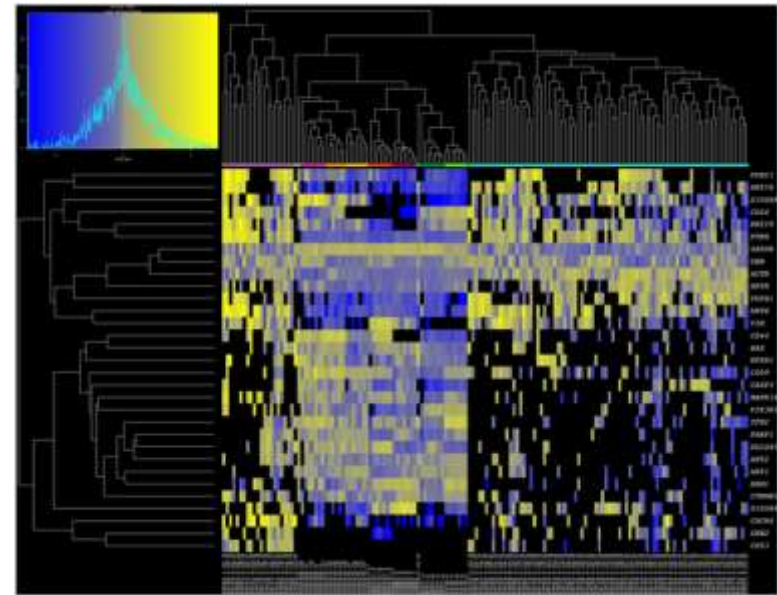
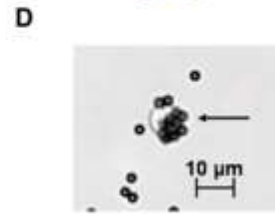
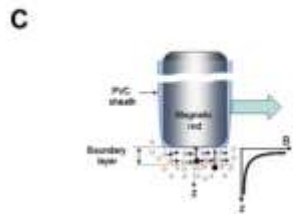
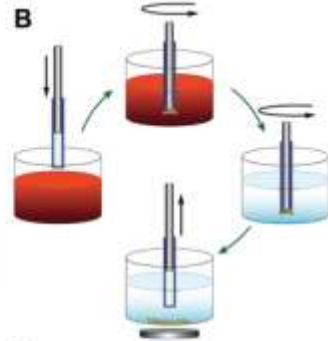
- sheds light into the mechanisms of treatment resistance
- suggests new treatment targets and,
- can serve as a surrogate efficacy marker in trials using agents that target 'stemness' and EMT

Example 2. Can the study of CTCs gene expression improve drug development?

Cell lines differ from CTCs in gene expression

CTC isolation using the MagSweeper

Single Cell Gene expression of a panel of 31 selected genes



↓
CTC
CI

↓
Cell Lines

↓
CTC
CII

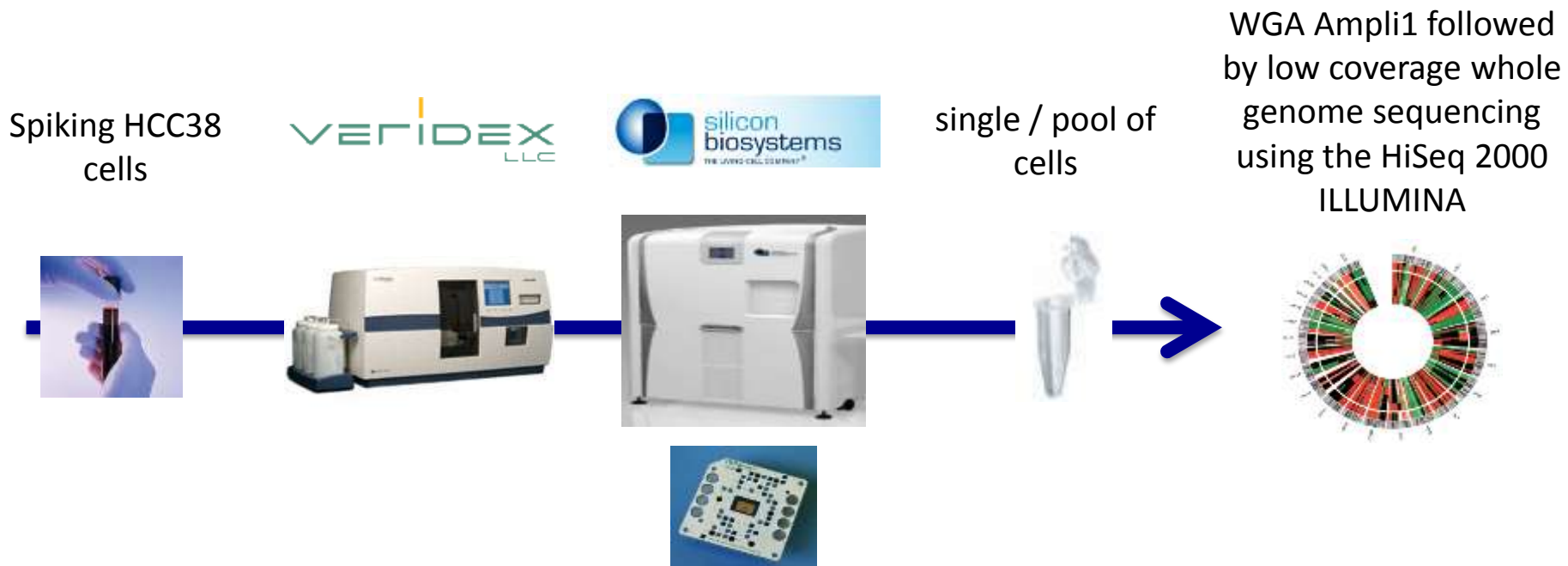
Drug development: CTCs vs cell lines

Differentially expressed transcripts	Names
Increased in CTCs	<i>FOXC1, KRT18, PTEN, NPTN, TGFβ1, KRT8, ZEB2, and CXCR4</i>
Increased in cell lines	<i>RRM1, AKT1, and AKT2</i>

For early trials using e.g. an AKT-inhibitor,
tailor drug dose based on PIK3CA/AKT pathway activity:
CTCs or cell lines?

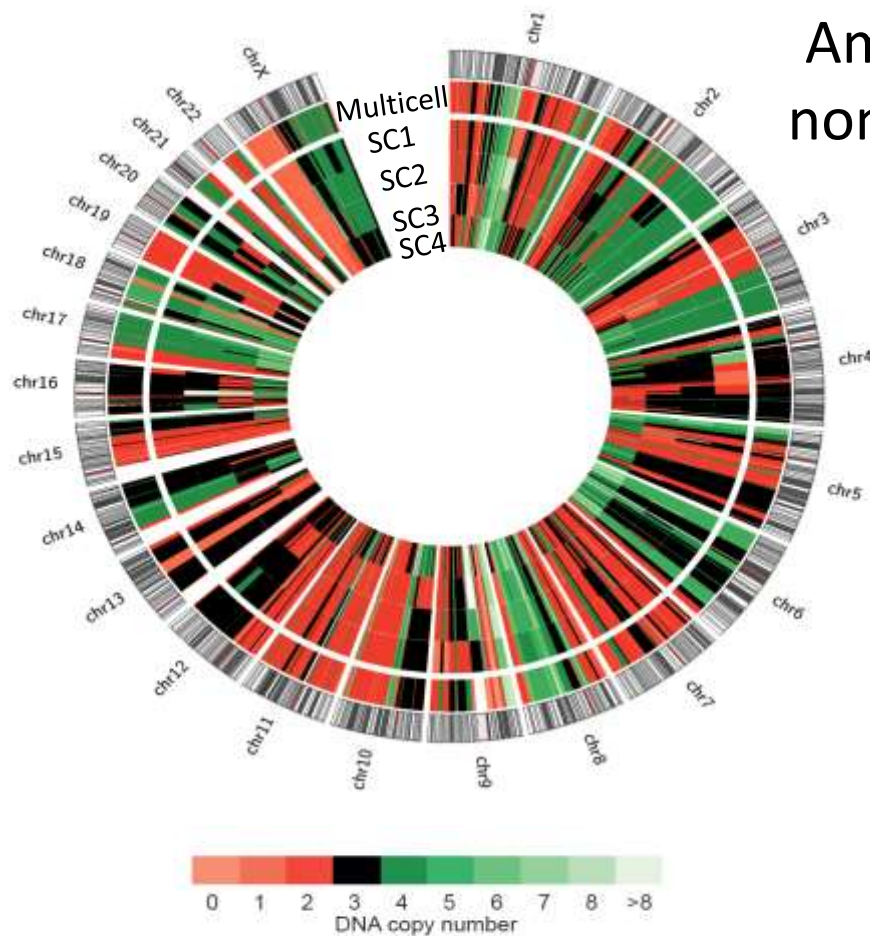
Example 3. Can we perform whole genome sequencing on single CTCs?

Whole genome sequencing of single cells



Copy Number Variation single cell profiles of the HCC38 breast cancer cell line

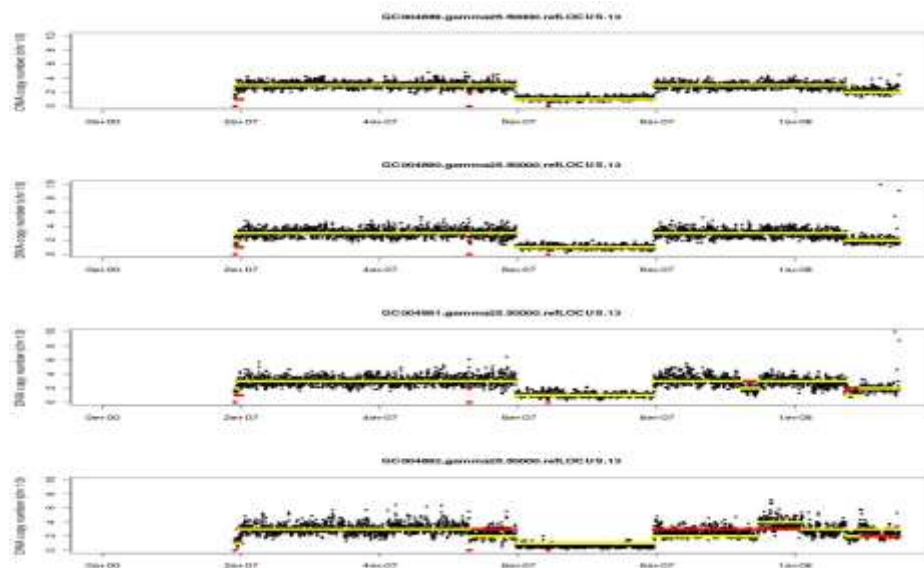
Amplified DNA from single cells vs non amplified DNA from many cells (HCC38 cell line)



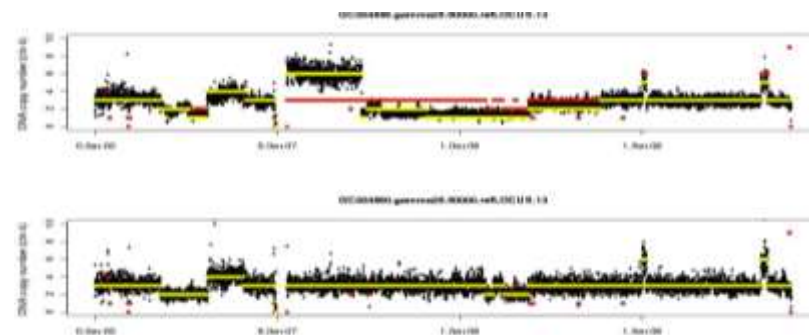
Sample	Copy Number Concordance
SC1	78.8%
SC2	88.7%
SC3	76.2%
SC4	44.5%

DNA Copy Number: amplified DNA from single cells vs non amplified DNA from pool of cells

Chr 13



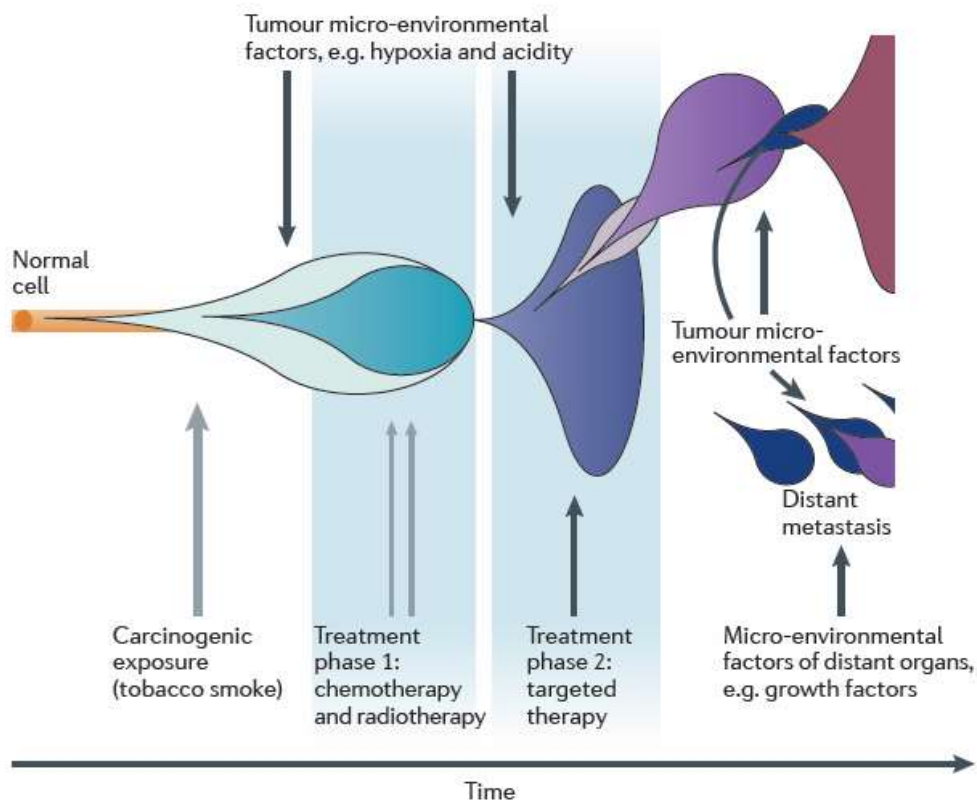
Chr 4



Yellow lines: amplified DNA
Red Lines: Non amplified DNA

Example 4. Is the study of CTCs suitable to capture tumor evolution?

Cancer evolution: Implications for treatment



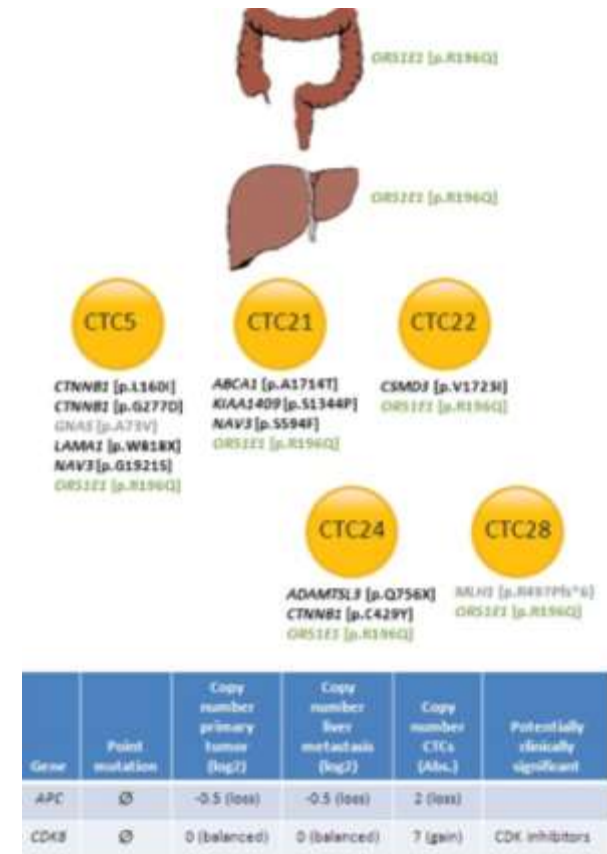
Multiple, serial biopsies are needed to capture spatial and temporal tumor heterogeneity

CTC analysis: a “druggable” CDK8 gain not present in primary tumor



CTC isolation using micromanipulation, WGA

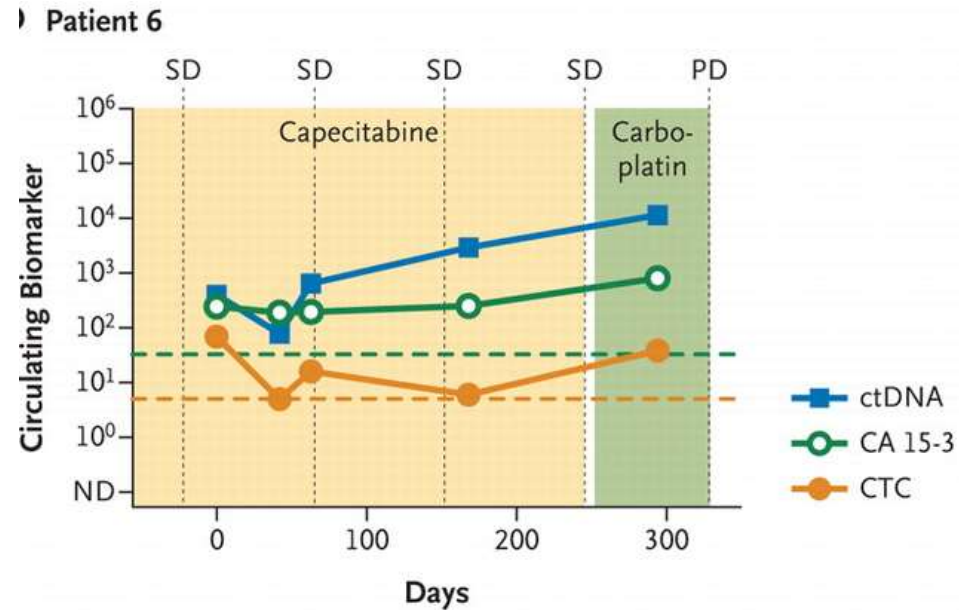
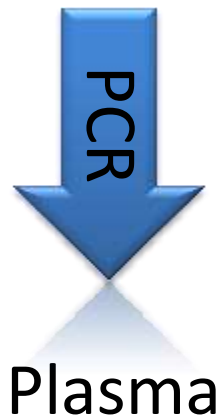
Array CGH, NGS panel 68 genes



Beyond CTCs: Circulating tumor DNA?

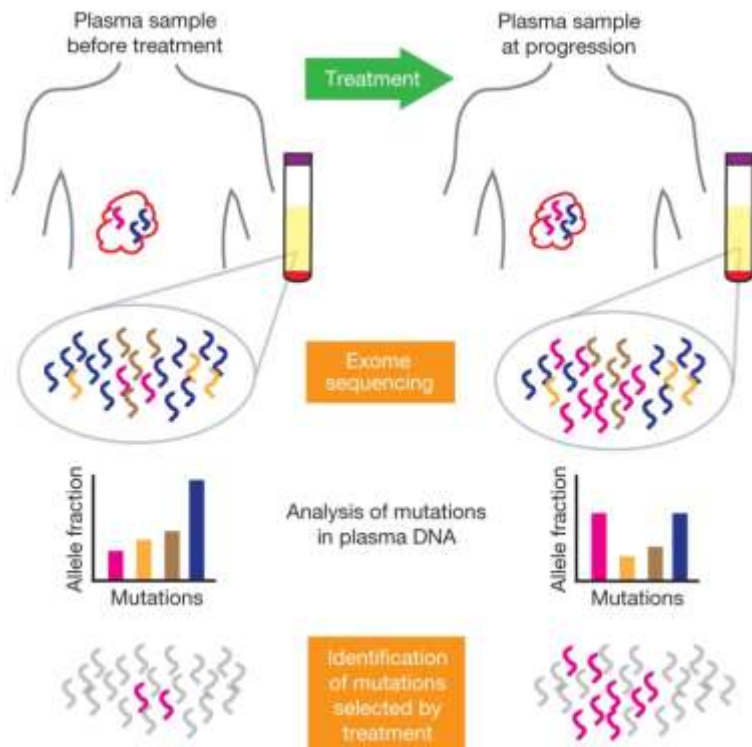
ctDNA: Targeted approach

Primary Tumors
(*low coverage whole genome or targeted gene screen for selected mutations e.g p53, PIK3CA*)



Targeted screen: feasible in samples with mutation present even in <1% of cDNA

ctDNA: Unbiased approach



Exome sequencing: feasible if mutation present in at least 10% of cDNA

CTC or ctDNA? Targeted or not?

Targeted approach

- ✓ Tumor or patient specific assays^{1,2,3,4}
- ✓ Feasible even when low disease burden in blood
- ✓ Better suited for non enriched samples (plasma cDNA)
- ✓ Lower cost

Unbiased approach

- ✓ Whole exome³ / genome sequencing
- ✓ Feasible only when high disease burden in blood
- ✓ Better suited for enriched samples (e.g. CTCs)
- ✓ Higher cost

Metastatic biopsies vs CTC vs cDNA

Who will be the winner?

Ongoing study
(N=10 metastatic breast cancer patients)



Metastatic biopsy



Plasma cDNA

Single CTCs /WBCs DNA

Normal DNA

Ion Torrent
Ion AmpliSeq™ Cancer Hotspot Panel v2:
50 genes



Illumina HiSeq 2000
Exome Sequencing



Personal opinion

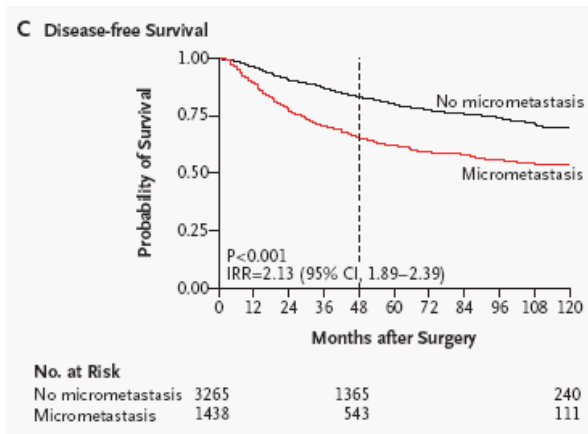
- Liquid biopsy will be the preferred option by physicians / patients for monitoring treatment resistance
- Circulating tumor DNA (apoptotic cells) to monitor known mutations that confer treatment resistance / sensitivity: Promising approach but no solid data today
- CTC molecular analysis (viable cells): **a unique window** to understand treatment resistance in humans

Early breast cancer:
Can the use of “liquid biopsy” increase
cure rates in breast cancer ?

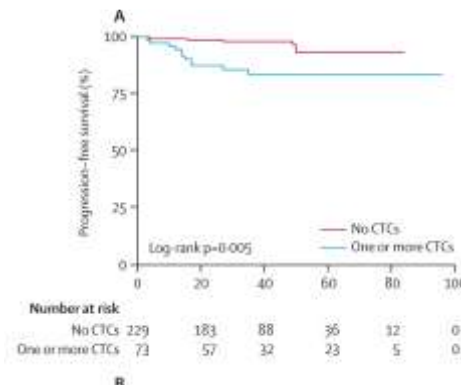
DTCs & CTCs: poor outcome in early breast cancer

4703 patients, detection rate 30%

2847 patients, detection rate 20% (CellSearch®)



Braun et al. NEJM 2005



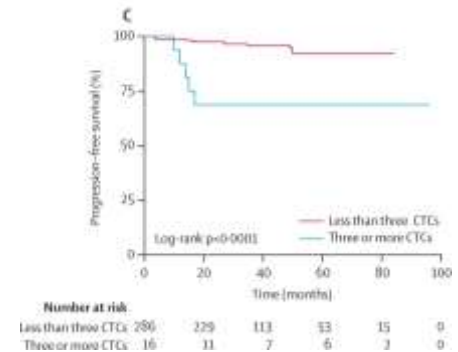
Pierga et al. CCR 2008

Bidard et al. Annals of Oncology 2010

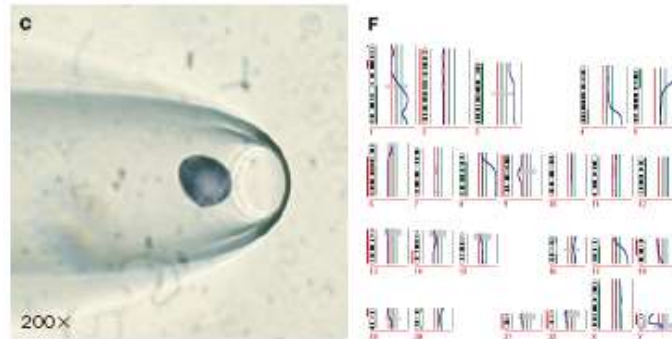
Rack et al. Recent Results Cancer Res 2012

Lucci et al. Lancet Oncology 2012

Franken et al. BCR 2012



Bone marrow DTCs display marked heterogeneity in early breast cancer: Is there a common driver?

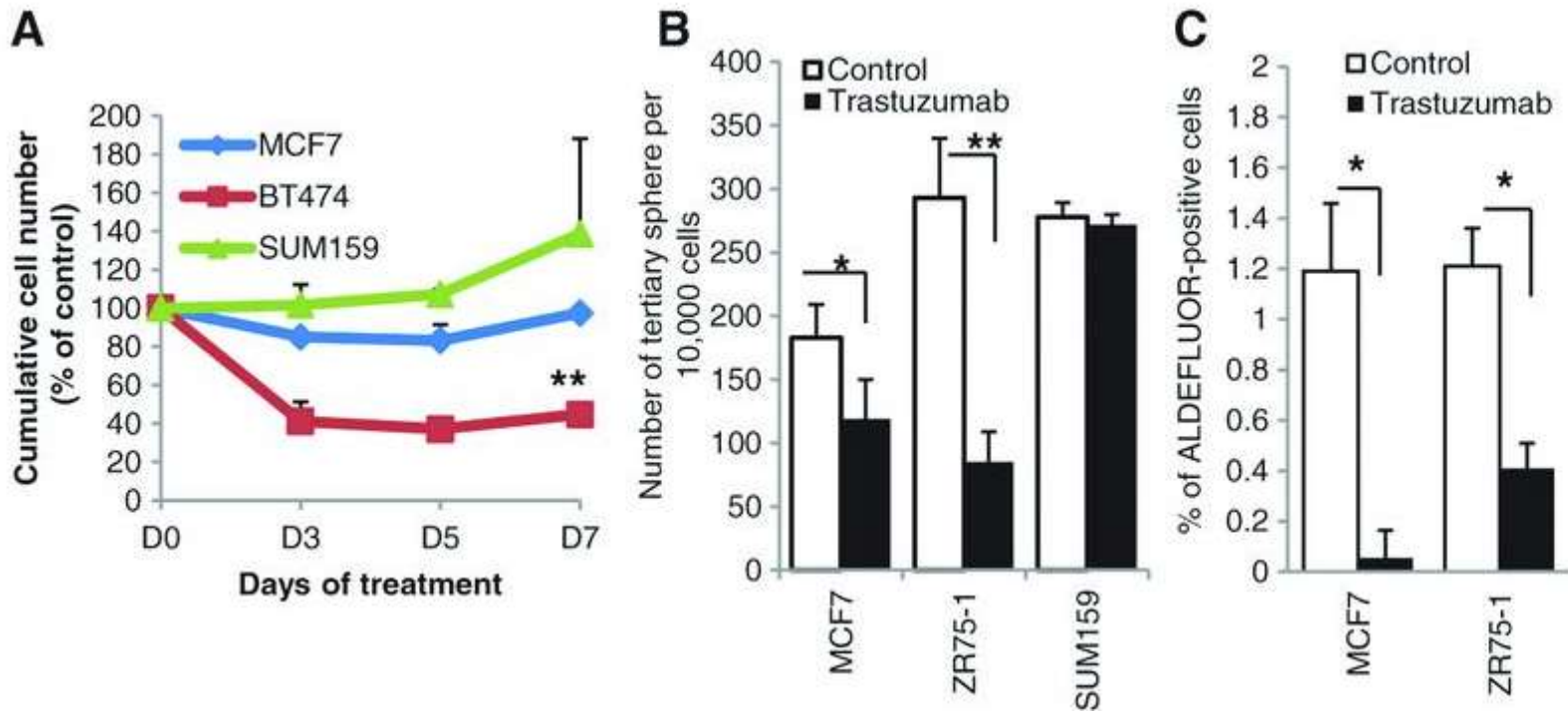


Early breast cancer (M0 DTCs)

Metastatic breast cancer (M1 DTCs)



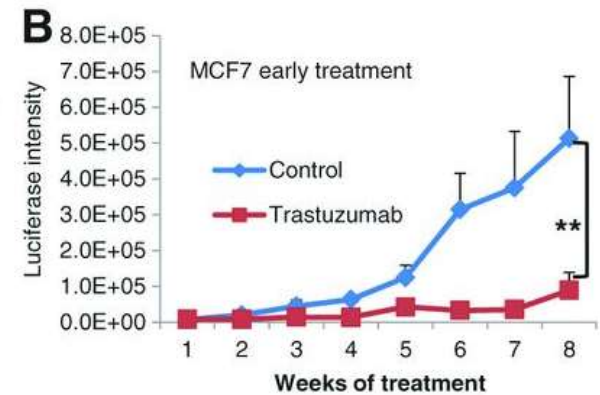
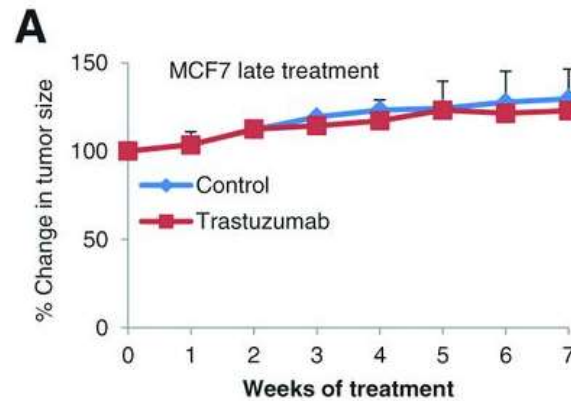
Trastuzumab targets CSCs in luminal breast cancer cells



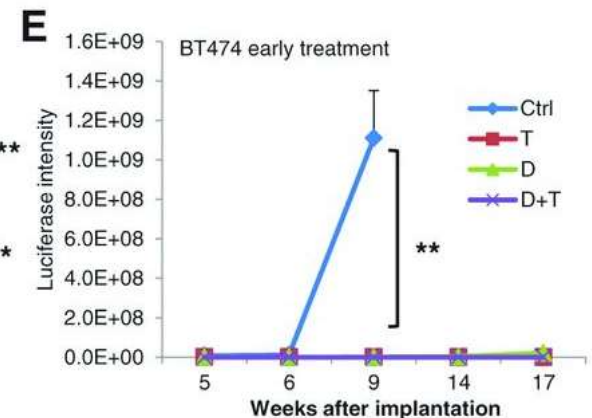
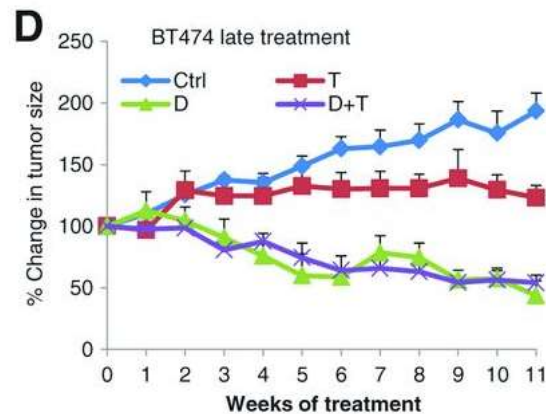
MCF7: HER2 non-amplified
BT474: HER2 amplified

Effect of trastuzumab on mouse tumor xenograft depend on the timing of administration

HER2 non-amplified

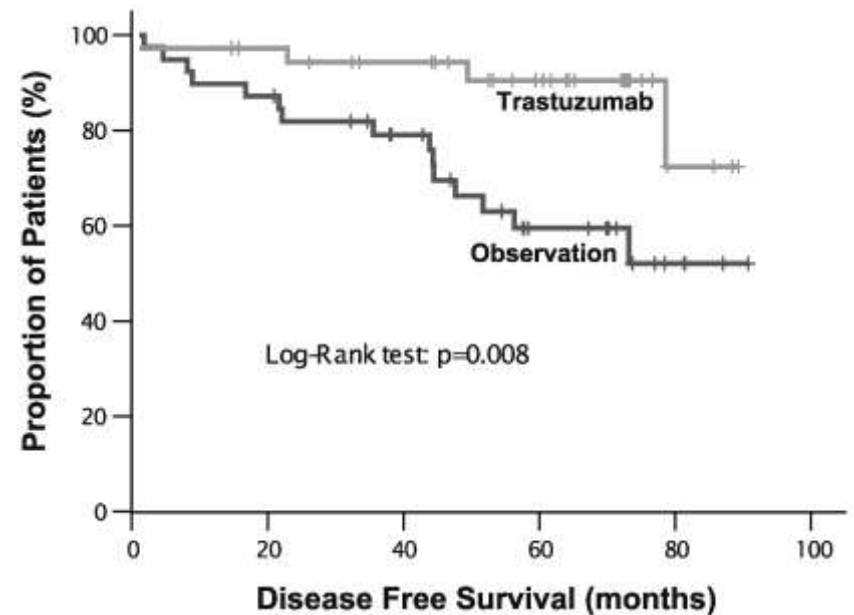


HER2 amplified



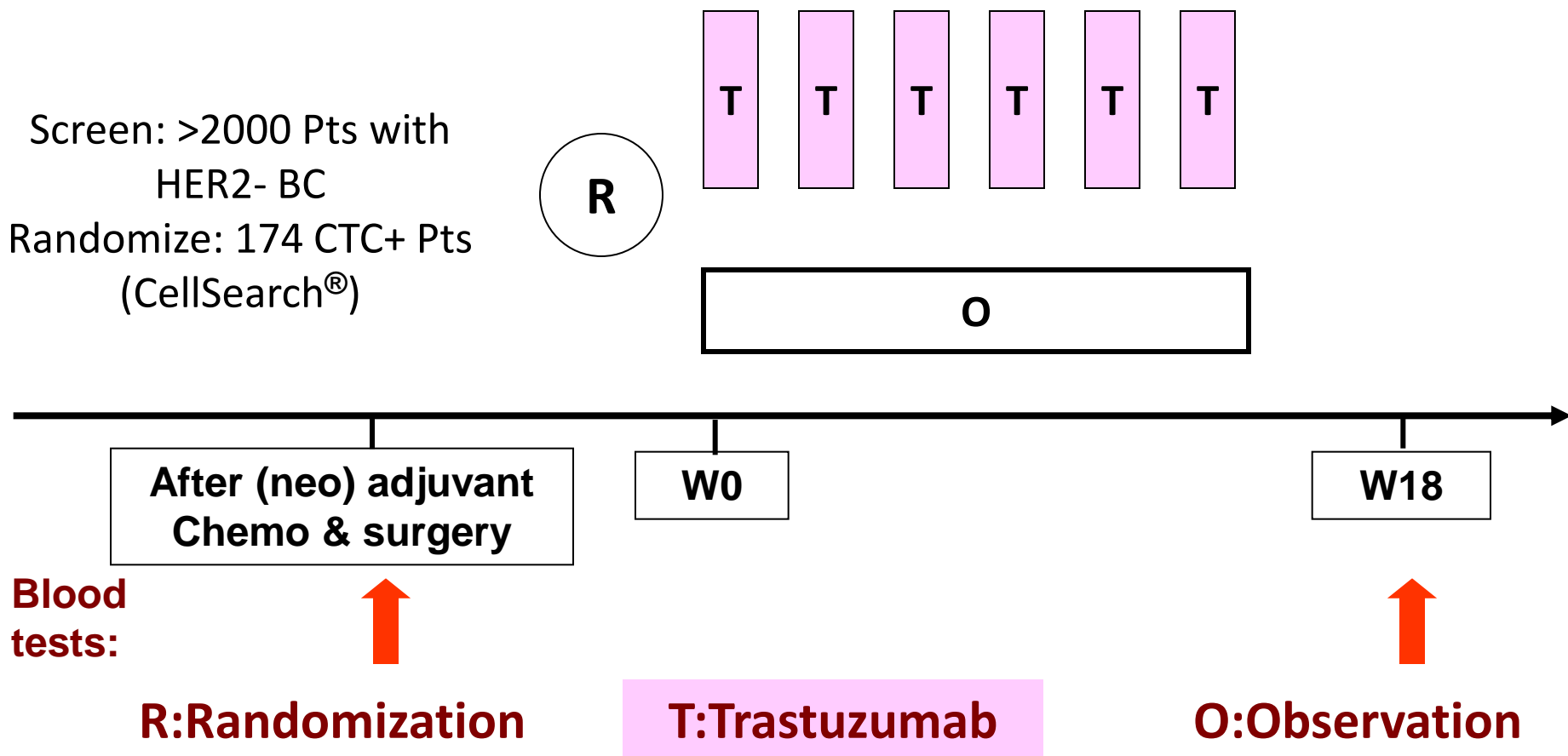
The first reported “liquid biopsy” trial

- Early Breast Cancer
- Patient selection based on CK19 mRNA
- Randomized phase 2 single center study
- Trastuzumab (x6) vs observation (N=75 pts)



“Treat CTC”

Screen: >2000 Pts with
HER2- BC
Randomize: 174 CTC+ Pts
(CellSearch®)

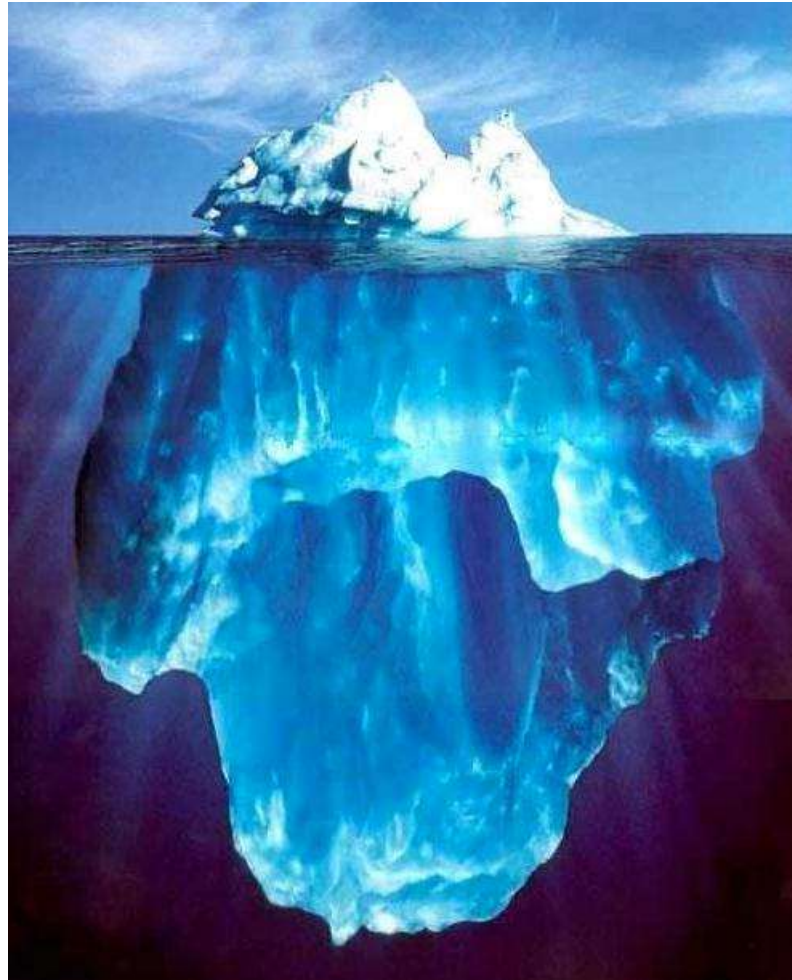


Study started in Belgium
5 more countries by the end of the year

PI : M Ignatiadis

Co-PIs: JY Pierga, C Sotiriou, B Rack, M Piccart

CTCs molecular characterization:
A lot to be discovered in the coming years...



Acknowledgements

Institut Jules Bordet

Françoise Rothé

Marion Maetens

Ghizlane Rouas

Christine Desmedt

Christos Sotiriou

Martine Piccart

University of Crete

Dimitris Mavroudis

Vassilis Georgoulas

University of Athens

Evi Lianidou

Sint-Augustinus Hospital

Dieter Peeters

Luc Dirix

KUL Leuven

Thierry Voet Group

Sanger, UK

Peter Campbell Group

OncoDNA

Jean-Francois Laes

Bio.be

Xavier Deghorain



Women with breast cancer

**MEDIC
Foundation**