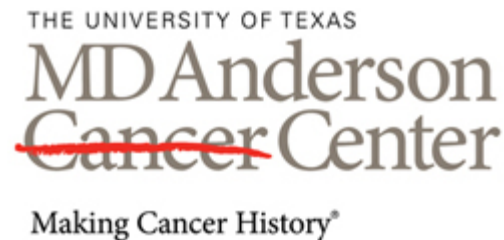




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**Clinical molecular profiling to detect targetable alterations in archival tumor tissue and cell-free DNA from patients with Erdheim-Chester disease**

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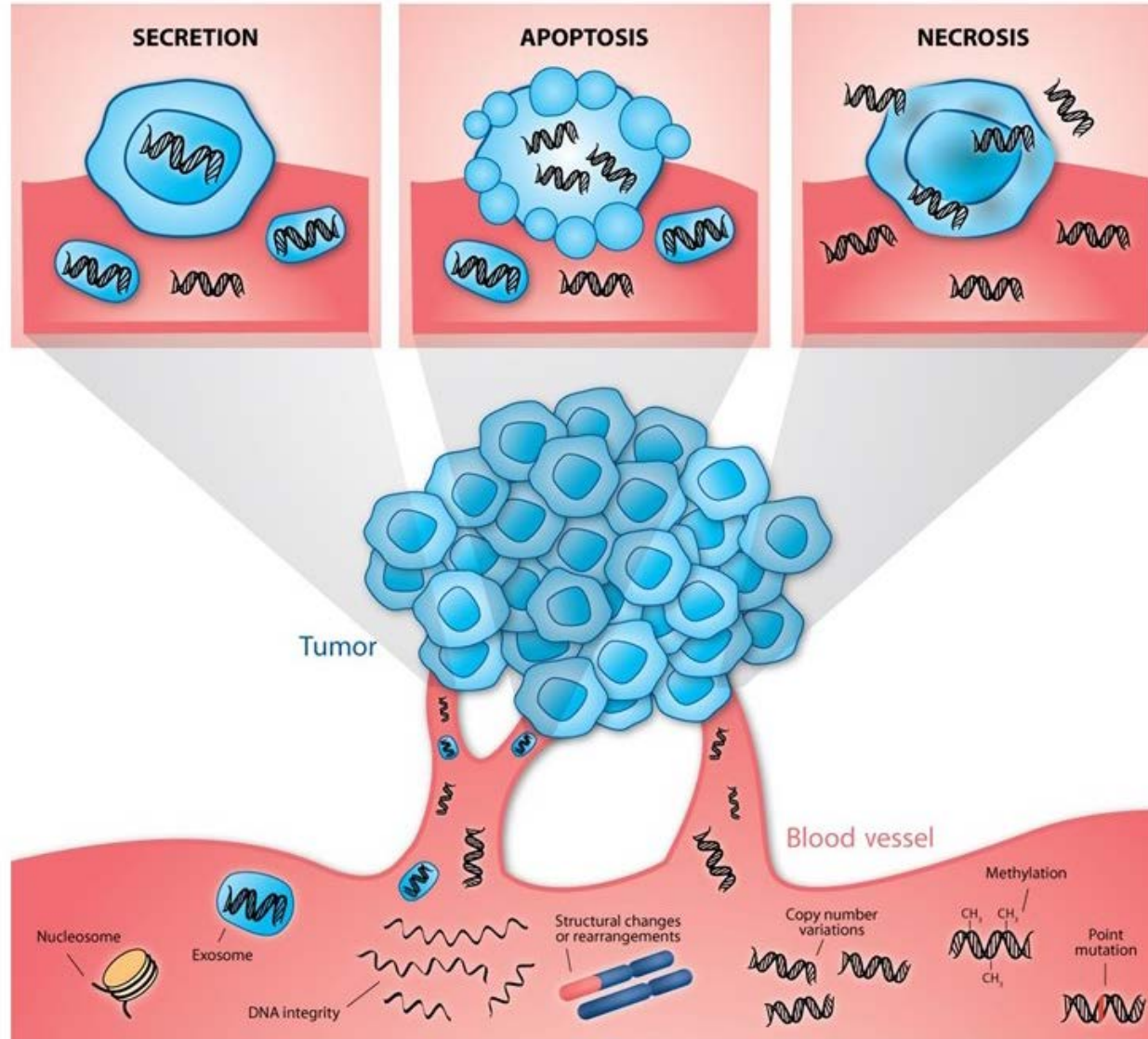
# Rationale

- *BRAF* V600E mutations and other druggable molecular alterations can be detected in majority of patients with Erdheim-Chester disease (ECD)
- ECD patients with *BRAF* V600E mutations and other druggable molecular alterations can respond to appropriately selected targeted therapies (e.g. *BRAF* and *MEK* inhibitors)
- Molecular testing of tumor tissue is often problematic in patients with ECD especially in patients with bone disease

*Haroche J. Blood 2012*

*Diamonnd EL. Cancer Discov 2016*

# Concept of "liquid" biopsy



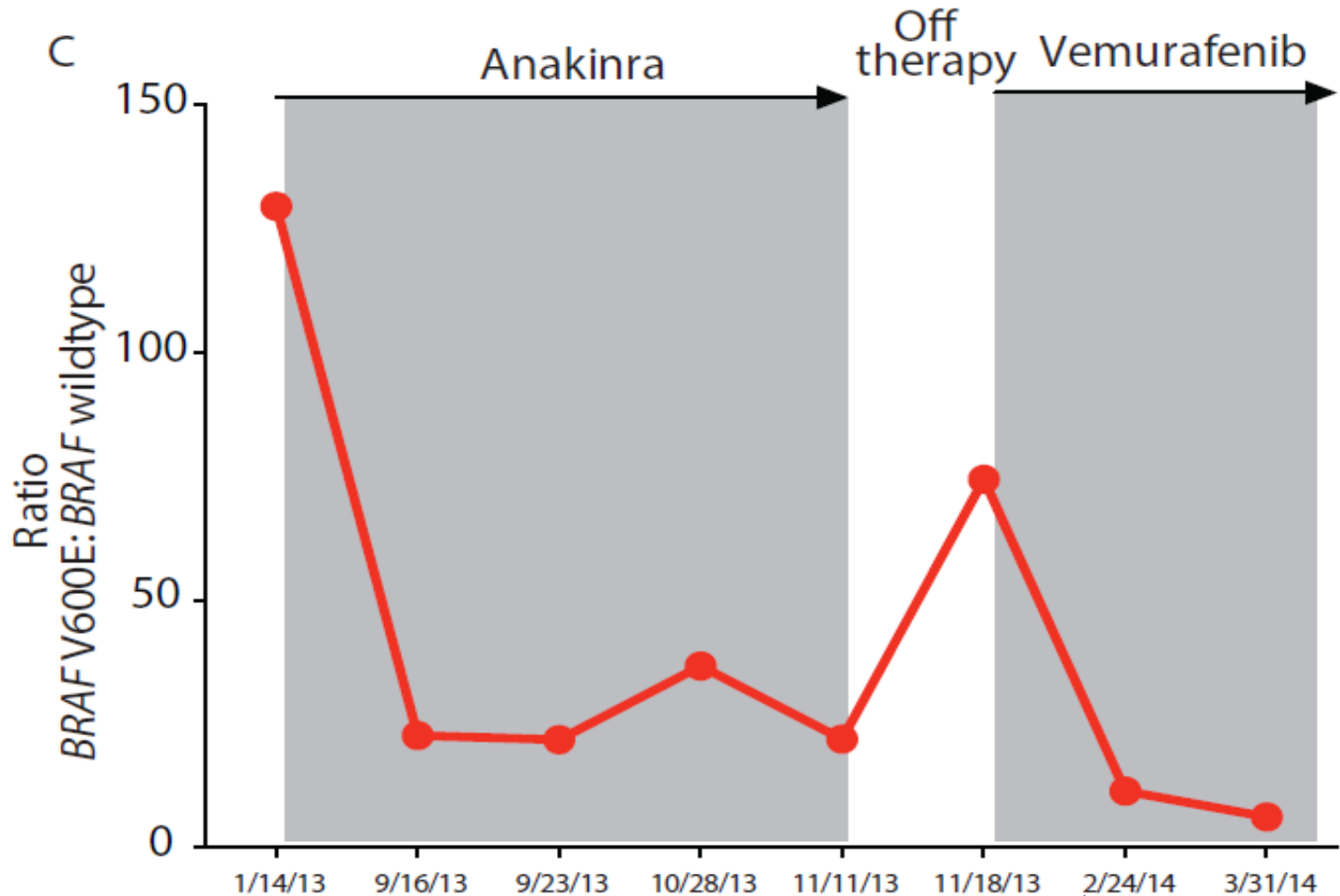
# ***BRAF* mutations in Erdheim-Chester disease (non-Langerhans cell histiocytosis) with droplet digital PCR**

<b>Patient #</b>	<b>Urine <i>BRAF</i> V600E/WT</b>	<b>Plasma <i>BRAF</i> V600E/WT</b>	<b>Patient Tissue <i>BRAF</i> status</b>
1	V600E (22.59%)	V600E (8.598%)	V600E
2*	V600E (0.311%)	V600E (1.522%)	V600E
3	Wild-type (0.010%)	Wild-type (0.063%)	Wild-type
4	V600E (0.159%)	Wild-type (0.047%)	Unknown**
5	V600E (4.940%)	V600E (0.261%)	Unknown**
6	Wild-type indeterminate (0.079%)	Wild-type (0.048%)	Unknown**

\*Urine and plasma collected on different dates

\*\* Insufficient tissue for molecular analysis

# 63-yo patient with Erdheim-Chester histiocytosis treated with BRAF inhibitor vemurafenib (ddPCR of urine cfDNA)



RECIST: -7%

RECIST: -26%

# Methods: all CLIA compliant

- Isolation of tumor DNA, plasma and urine cell-free (cf) DNA
- Molecular testing of tumor tissue
  - PCR
  - Targeted NGS (Ion Torrent, Foundation One)
- Molecular testing of plasma cfDNA
  - Targeted NGS (Guardant 360)
- Molecular testing of urine cfDNA
  - PCR (Trovagene)

# Results: at least one valid result was obtained in 19 of 25 (76%) patients

- **Tumor tissue PCR:** 14 patients
  - Molecular testing successful in 9/14 (64%)
- **Tumor tissue targeted NGS:** 16 patients
  - Molecular testing successful in 10/16 (63%)
- **Plasma cfDNA targeted NGS:** 11 patients (+2 pending)
  - Molecular testing successful in 11/11 (100%)
- **Urine cfDNA PCR:** 3 patients
  - Molecular testing successful in 3/3 (100%)

Patient No.	Tissue PCR	Tissue targeted NGS	Plasma targeted NGS	Urine PCR	Genotype driven therapy
MDA2	Not done	<b>MAP2K1</b> <sup>Q56P</sup>	Not done	Not done	MEKi
MDA4	<b>BRAF</b> <sup>V600E</sup>	Failed	Not done	Not done	BRAFi
MDA5	<b>None</b>	Not done	Not done	Not done	
MDA6	Failed	Not done	Not done	Not done	
MDA11	Failed	Not done	Not done	Not done	
MDA12	Not done	<b>BRAF</b> <sup>V600E</sup>	Not done	Not done	BRAFi
MDA13	Failed	Not done	Not done	Not done	
MDA14	Failed	Not done	Not done	Not done	
MDA15	Not done	<b>BRAF</b> <sup>V600E</sup>	<b>BRAF</b> <sup>V600E</sup> , <b>KRAS</b> <sup>G12R</sup>	<b>BRAF</b> <sup>V600E</sup>	
MDA16	Not done	<b>NTRK1 fusion</b>	Not done	Not done	
MDA17	Not done	<b>BRAF</b> <sup>V600E</sup>	Not done	*	BRAFi
MDA18	<b>None</b>	Failed	Pending	*	
MDA19	Failed	Not done	Not done	Not done	
MDA20	<b>None</b>	Failed	<b>None</b>	Not done	
MDA21	<b>BRAF</b> <sup>V600E</sup>	Not done	Not done	<b>None</b>	
MDA22	<b>None</b>	Failed	<b>None</b>	<b>None</b>	
MDA23	Not done	<b>BRAF</b> <sup>V600E</sup> , <b>ASXL1</b> <sup>E635fs*15</sup>	<b>BRAF</b> <sup>V600E</sup> , <b>CCNE1</b> <sup>P396L</sup>	Not done	MEKi
MDA24	Not done	<b>BRAF</b> <sup>V600E</sup>	<b>BRAF</b> <sup>V600E</sup>	Not done	BRAFi/MEKi
MDA25	<b>BRAF</b> <sup>V600E</sup>	Pending	<b>BRAF</b> <sup>V600E</sup> , <b>BRAF</b> <sup>L485W</sup> , <b>ERBB2 CNV</b>	Not done	MEKi
MDA26	Not done	Not done	Pending	Not done	
UCSD1	<b>BRAF</b> <sup>V600E</sup>	Not done	<b>NF1</b> <sup>H1494Y</sup> (on BRAFi)	Not done	BRAFi
UCSD2	<b>BRAF</b> <sup>V600E</sup>	<b>None</b>	<b>None</b> (on BRAFi)	Not done	BRAFi
UCSD3	Not done	Failed	<b>FGFR2</b> <sup>V274I</sup>	Not done	
UCSD4	Not done	<b>BRAF</b> <sup>V600E</sup>	<b>None</b>	Not done	
UCSD5	Not done	<b>BRAF</b> <sup>V600E</sup> , <b>ASXL1</b> <sup>R693</sup> , <b>U2AF1</b> <sup>Q157P</sup>	<b>JAK2</b> <sup>V617F</sup> , <b>NF1</b> <sup>S1407R</sup> , <b>NRAS</b> <sup>G60R</sup> (on BRAFi)	Not done	BRAFi, MEKi



# Results: concordance tissue and cfDNA

- 11 patients had valid results from both tumor tissue DNA and cfDNA
- Alterations detected in tissue were detected in 6 of 8 samples of cfDNA obtained before therapy
- All 3 cfDNA samples obtained after therapy failed to identify alterations detected in the tissue

# Results: turnarounds time

## The median turnaround times

- Tumor tissue PCR: 8 (5-41) days
- Tumor tissue targeted NGS: 37 (19-116) days
- Plasma cfDNA NGS: 15 (13-18) days
- Urine cfDNA: 12 (7-25) days

## Results: therapeutic implications

- 19 patients had at least one or more successful molecular testing
- 15 (79%) had targetable molecular alterations
- 11 (58%) received appropriate targeted therapy
- 3 patients with *BRAF* mutations from tumor tissue had plasma cfDNA targeted NGS after exposure to BRAF inhibitors and *BRAF* mutations could no longer be detected

# CONCLUSIONS

- ❑ Clinical molecular testing in patients with ECD identifies targetable molecular alterations in the majority of patients.
- ❑ Liquid biopsy approaches appear to have higher success rates, short turnaround times and excellent concordance with the results of conventional tumor tissue testing.