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# Target Selector<sup>™</sup> DNA EGFR kit for tissue demonstrates high sensitivity without the need for macro-dissection

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#### Introduction

Biocept's Target Selector<sup>™</sup> ctDNA platform was originally developed to detect and track cancer-related mutations (EGFR, KRAS, BRAF) from a simple blood draw for use in analyzing biomarkers from circulating tumor cells (CTCs) and circulating tumor DNA (ctDNA). We have previously reported extensive analytical performance characteristics and clinical concordance of the Target Selector<sup>™</sup> ctDNA assays. Here we demonstrate the expanded use of our Target Selector<sup>™</sup> ctDNA assay on formalinfixed paraffin-embedded tissue (FFPE). The high sensitivity of Target Selector<sup>™</sup> DNA assays (LOD, 0.01-0.03%) allows molecular analysis of pathological tissue sections without tumor content enrichment by macro-dissection, potentially streamlining molecular testing processes in a cost-effective and time efficient manner. To test this kit, DNA was extracted from cancer patient FFPE tissue slides, analyzed by Target Selector<sup>™</sup> qPCR assays, followed by Sanger sequencing. The mutational profile was compared to the pathological case report for each patient.

### **Materials and Methods**

Unstained FFPE slides (5µm sections) and corresponding H&E slide from tumor cases with EGFR (L858R, Del19 or T790M), BRAF V600 or KRAS mutations (codon 12/13) were obtained from Discovery Life Sciences or Reprocell. The H&E slides were analyzed by in-house pathologist and marked for tumor content. The tumor-marked H&E slides were used to mark unstained slides for each case for macrodissection.



Figure 1. FFPE tissue from unstained slides was scraped for DNA extraction either from whole slide non-macrodissected) or only from area marked by pathologist as tumor on corresponding H&E slide nacro-dissected).

Frozen slides from normal tissue 5µm sections (lung, colon or breast obtained from Origene) were also used as negative controls. DNA was extracted from the FFPE or normal tissue using QS GeneRead DNA FFPE treatment and QIAsymphony DSP DNA Mini kits on a QIAsymphony instrument (QIAGEN). Purified DNA was used in Target Selector<sup>™</sup> reactions on QS5 followed by Sanger sequencing (3500Dx) to confirm mutations. EGFR exon 20 (WT) amplification was also performed in addition to mutant testing for normalization of the data to amplifiable DNA in the tissue slide samples.



Figure 2. Summary of cancer patient cases analyzed with Target Selector<sup>™</sup> assays using FFPE tissue slides. Clinical characteristics, tumor content and number of cases for each of the mutant EGFR L858R, del19, T790M, BRAF V600 and KRAS codon 12/13 Biomarker patient cases are indicated

# **Technology**

A. Target Selector<sup>™</sup> kit workflow



#### B. Target Selector<sup>™</sup> FFPE slide experimental procedure



#### C. Target Selector<sup>™</sup> mutant enrichment



Figure 3: A) Target Selector<sup>™</sup> kit assays utilize gPCR followed by DNA sequencing to verify mutations. B) For FFPE Target Selector<sup>™</sup> kit assays FFPE DNA is prepared on QIAsymphony and used in Target Selector<sup>™</sup> mutant enrichment. C) Target Selector" mutant enrichment applies a blocker (switch + anchor) to block WT DNA amplification while allowing mutant DNA amplification.

### Results

FFPE DNA represents challenging material for molecular analyses of cancer-related mutations because of DNA fragmentation due to long-term storage as well as crosslinks (DNA:DNA and DNA:protein) due to formalin treatment that have to be reversed. Also, hydrolytic cytosine deamination which converts cytosine to uracil has been identified as a major source for artifacts in FFPE tissue. To overcome these challenges: First, we used EGFR exon 20 (WT) amplification as a normalization factor for amplifiable DNA in FFPE DNA. To this end, 3ul of DNA purified from non-macrodissected or macrodissected FFPE slides and from frozen normal tissue slides was performed in EGFR WT Target Selector<sup>™</sup>. EGFR WT copy number was determined by performing on the same plate QPCR using a standard curve of serial dilutions with EGFR copy numbers of 5000, 625, 78 and 10 respectively. Second, the purification of FFPE DNA was done using an Uracil-N-Glycosylase treatment which eliminates uracil in U:G mismatches. Third, we established a cut-off for each Target Selector<sup>™</sup> assay using the data from negative samples for each respective mutation Target Selector<sup>™</sup> assay.



DNA from 30 cancer patient cases (prepared from either nonmacrodissected or macrodissected FFPE slides) or from 3 normal tissue slide was then used in Target Selector assays specific for mutations in Biomarkers: T790M, L858R, Del19, BRAF V600 or KRAS codon 12/13. A standard curve was used for each mutant assay to quantify the mutant copies and the ratio of mutant copies to EGFR WT copies was used to determine the mutant allele frequency. The data from negative samples for each mutant assay were tabulated to establish a cut-off and determine sensitivity and specificity for each assay using the cut-off value. The cut-off was set as the mean of the allele frequency (%) + 3\*Standard deviations. All QPCR reactions showing amplification by Target Selector<sup>™</sup> were analyzed by Sanger sequencing for confirmation of presence of mutant.

#### Results

27294

1513

2900

8593

1297

2725

N/A

Target Selector<sup>™</sup> cut-off setting for FFPE tissue Using the calculated cut-off of 1.7% for the T790M mutation the T790M Target Selector<sup>™</sup> assay has a sensitivity of 100% (5/5 for both non-macrodissected and macrodissected) and a specificity of 96% (24/25) for non-macrodissected or 100% (25/25) for macro-dissected respectively. The cutoff setting for each of the Target Selector assays are shown below in Fig 5 and the accuracy, sensitivity and specificity for each assay based on these cutoffs is summarized in Fig 6.



Biomarker	Cut-off (%)	Accuracy		Sensitivity		Specificity	
		Non- macrodissected	Macrodissected	Non- macrodissected	Macrodissected	Non- macrodissected	Macrodissected
L858R	0.17	97% (29/30)	93% (28/30)	100% (16/16)	94% (15/16)	93% (13/14)	93% (13/14)
Del19	0.17	100% (30/30)	100% (30/30)	100% (5/5)	100% (5/5)	100% (25/25)	100% (25/25)
T790M	1.7	97% (29/30)	100% (30/30)	100% (5/5)	100% (5/5)	96% (24/25)	100% (25/25)
BRAF	0.46	100% (30/30)	100% (30/30)	100% (5/5)	100% (5/5)	100% (25/25)	100% (25/25)
KRAS	1.64	93% (28/30)	100% (30/30)	100% (4/4)	100% (4/4)	92% (24/26)	100% (26/26)
Total	N/A	97.3% (146/150)	98.7% (148/150)	100% (35/35)	97.1% (34/35)	96.5% (111/115)	99.1% (114/115)

Figure 6: Target Selector<sup>™</sup> cut-off setting is indicated for each Biomarker and was used to determine accuracy, sensitivity and specificity of Target Selector" assays using FFPE tissue (non-macrodissected or macrodissected)

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#### Results

# T790M T790M T790M T790M T790M N/A T790M T790M T790M T790M N/A N/A T790M T790M T790M T790M T790M T790M 1858 svn. mut N/A V600M T790M L858 syn. mut. N/A V600C ins Gly T790N L858 svn. mut. N/A: Not applicable (No qPCR amplificatio

# Conclusions

- Analysis of Target Selector<sup>™</sup> mutation data obtained using FFPE DNA from non-macrodissected or macro-dissected tissue slides indicate that specific mutations for patient cases were detected with high sensitivity and specificity.
- Because of artifacts introduced by formaldehyde fixation and removal for FFPE DNA preparation, cutoffs were established for each of the mutant Target Selector<sup>™</sup> assays based on FFPE tissue not containing the mutation or normal frozen tissue slides.
- FFPE DNA is a suitable input for Target Selector<sup>™</sup> assays and allows mutation analysis without prior macro-dissection of FFPE tumor sections.

#### References

- 1. Poole JC, et al. (2019) Analytical validation of the Target Selector ctDNA platform featuring single copy detection sensitivity for clinically actionable EGFR, BRAF, and KRAS mutations. PLoS ONE 14(10): e0223112. https://doi. org/10.1371/journal.pone.0223112
- 2. Kim, S. S., et al. (2018) Droplet digital PCR-based EGER mutation detection with an internal quality control index to determine the quality of DNA. Scientific reports, 8(1), 543. doi:10.1038/s41598-017-18642-x



#### FEPE DNA Summary: Accuracy, Sensitivity and Specificity