

The Development of Multigene Prognostic and Predictive Tests For Cancer Management


Paul Harkin

President of Almac Diagnostics
Professor of Molecular Oncology
Queens University Belfast



Overview

- ❑ Critical factors in development of multigene assays
- ❑ DSA™ and Xcel Array technology
- ❑ Almac Col-Dx assay

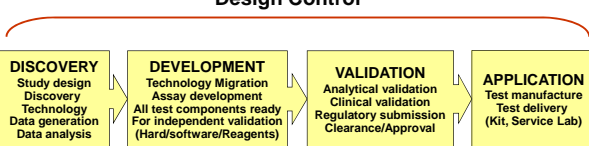


Product Development Cycle


❑ In order for a biomarker to be successful it must address the following;

- Clinical Utility
- Clinical validation
- Analytical validation

Design Control




Product Development Cycle



Almac - Biomarker Discovery Process

Planning Phase
Reagent & Materials
Initial study design
Data generation & assessment
Post processing: secondary study design & data matrix preparation
Exploratory analysis
Preliminary repeatability analysis
Model generation
Model evaluation & selection
Candidate model threshold selection
Candidate model repeatability analysis



Study Design


Two critical components to study design:

❑ **Biological:**

- Representative population
- Inclusion/exclusion criteria
- Balancing for existing factors

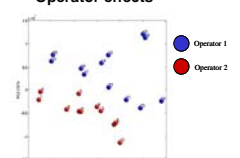
❑ **Technical**

- Tissue type
- Instrumentation
- Reagents (RUO Vs GMP)
- Processing randomization

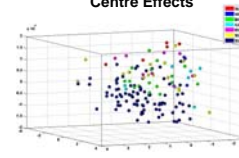


Importance of Randomization

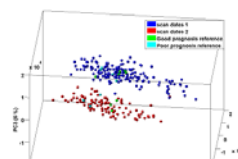
Operator effects




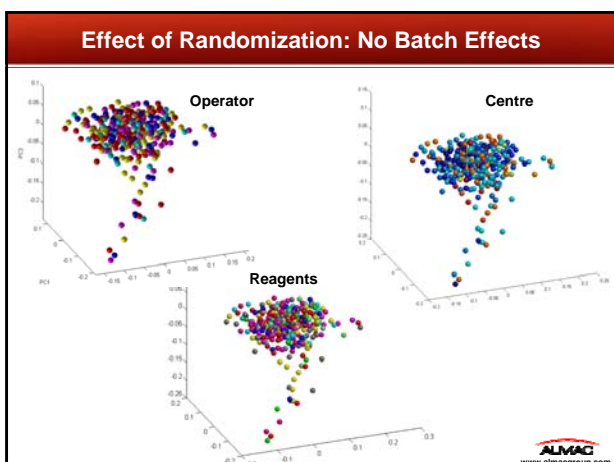
Centre Effects



Reagent Effects







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ALMAC
www.almacgroup.com

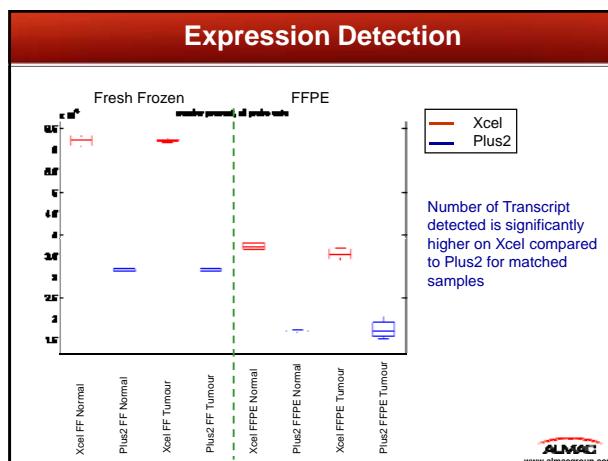
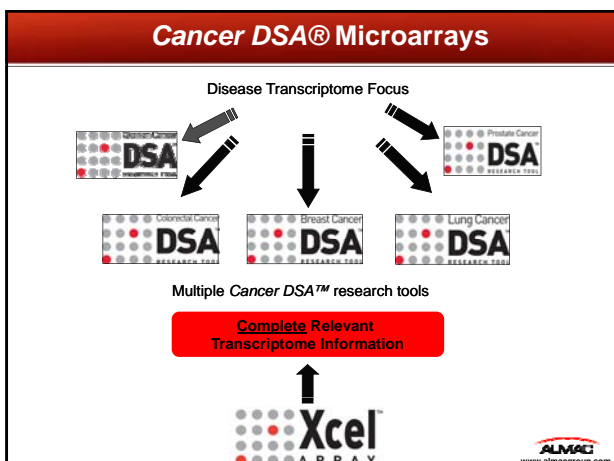
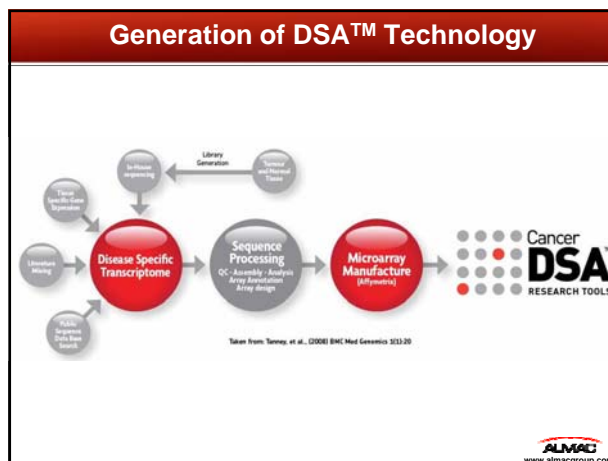
Rationale

- Required a stable solution the was optimally designed for biomarker discovery and validation
- Design considerations
 - RNA based biomarker discovery (Microarray)
 - Maximum relevant content (Transcriptome based)
 - Disease Specific and cross disease application
 - Gold standard technology platform (Affymetrix)
 - GMP Manufacture
 - Optimised to work from FFPE

Xcel
ARRAY


Cancer
DSA
RESEARCH TOOLS

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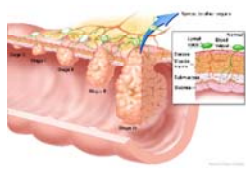
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Col-Dx Test

- ❑ 80% of patients with stage II Colon cancer are cured by surgery alone.





- ❑ 20% will develop recurrence and should be offered chemotherapy following surgery.
- ❑ Aim is to develop a test to identify patients at high risk of relapse following surgery



Balancing Factors For Test Generation

- 1) Sex
- 2) Hospital
- 3) Tumour content
- 4) Anatomical Site
- 5) FFPE block age
- 6) T-classification (T3/T4)
- 7) Patient age
- 8) Tumour differentiation
- 9) Lymphovascular involvement
- 10) Relapse time
- 11) Ethnicity
- 12) Patient performance score
- 13) Emergency presentation / residual tumor
- 14) Mucinous components
- 15) Number of lymph nodes retrieved
- 16) MSI

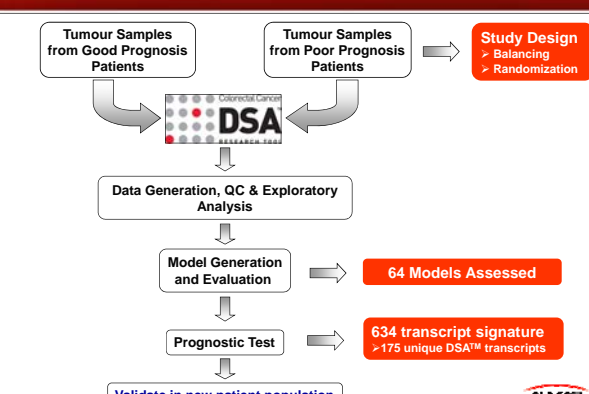




Contributing Clinical Centres

- ❑ St Vincents University Hospital, Dublin, Ireland – Dr. Diarmuid O'Donoghue
- ❑ Beaumont Hospital - Professor Elaine Kay
- ❑ Belfast, Northern Ireland – Dr Ultan McDermott
- ❑ University of Alabama, Birmingham, USA – Dr. Upender Manne
- ❑ Suburban Hospital, Bethesda, USA – Mr. William Smith
- ❑ University of Calgary, Alberta, Canada – Dr. Oliver Bathe
- ❑ Georgetown University, Washington, USA – Dr. John Marshall
- ❑ Karolinska Institute, Stockholm, Sweden – Dr. Ola Winqvist
- ❑ University Hospital Schleswig-Holstein, Kiel, Germany – Professor Holger Kalthoff
- ❑ Massachusetts General Hospital, Boston, USA – Dr. Sridhar Ramaswamy
- ❑ University of Pittsburgh Medical Centre, Pittsburgh, USA – Mr. Rajiv Dhir




Overview of the Study

Next Steps for Col-Dx

- ❑ Studies for this year:
 - Final clinical validation
- ❑ Launch 2011
 - CLIA assay initially
 - 510K approach agreed with FDA



Conclusions

- ❑ **Study design and planning essential for biomarker discovery and validation**
- ❑ **DSA™ / Xcel technology represents a robust platform for biomarker discovery and validation from FFPE**
- ❑ **Using this approach we have developed the Col-Dx assay designed to improve the management of stage II colon cancer patients.**



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- Keith Kerr
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- Patrick Johnston

Collaborators

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