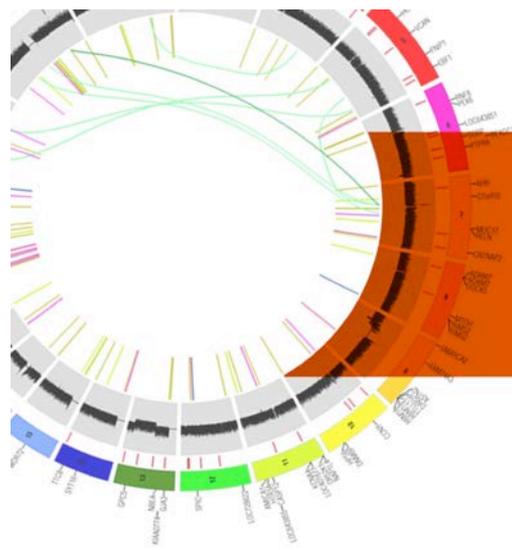


**What is the NCI  
Center for Cancer Genomics  
(CCG)?**

# NCI Center for Cancer Genomics Programs



The Cancer Genome Atlas 

**TCGA**

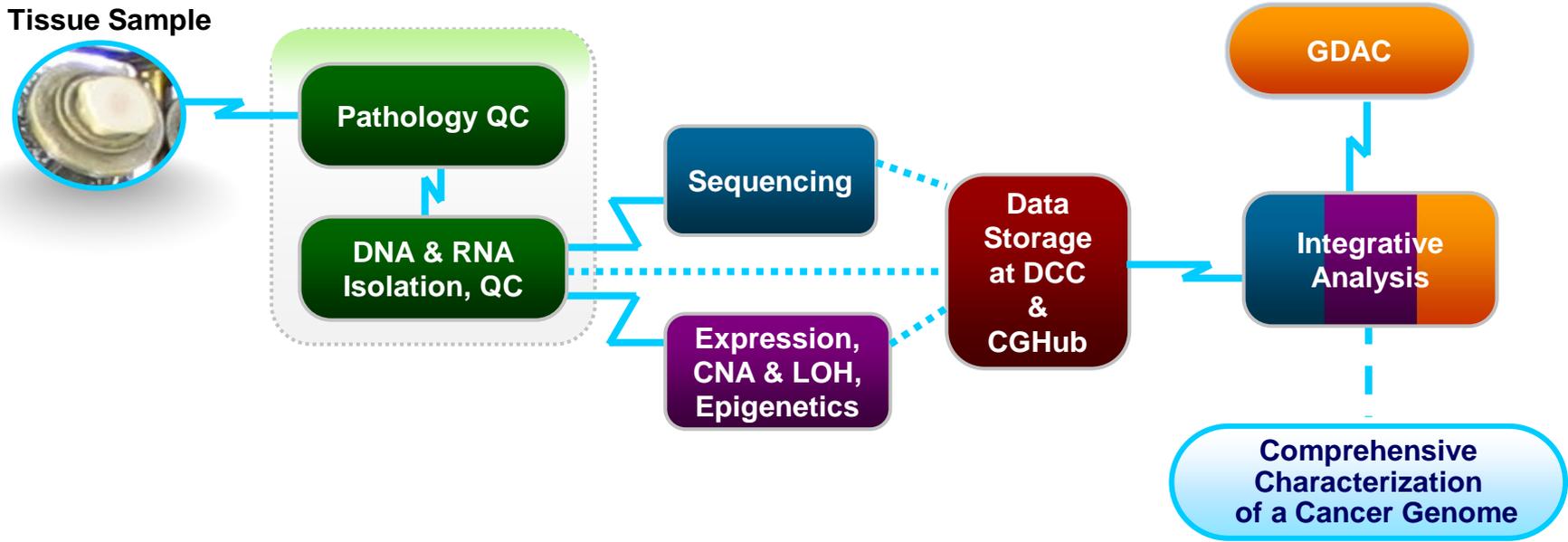
**TARGET**  
Therapeutically Applicable Research  
to Generate Effective Treatments

A banner for the TARGET program. On the left is the TARGET logo, which includes a stylized DNA double helix and a target symbol. To the right is a photograph of a young girl with blue eyes and brown hair, wearing an orange top. The background features faint chemical structures and a DNA helix.

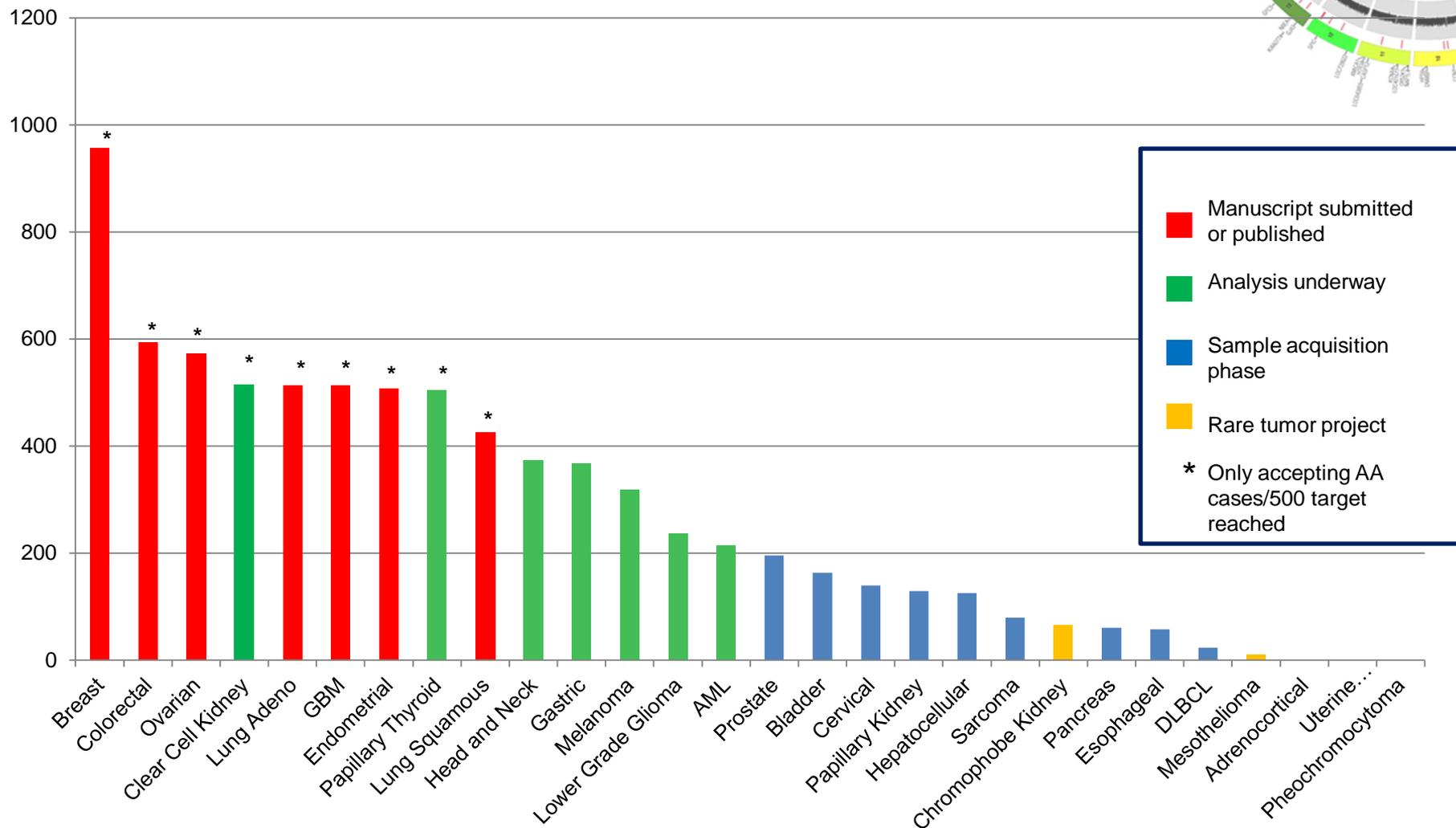
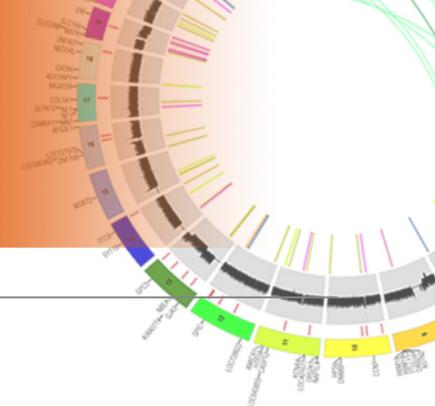
CTD<sup>2</sup>: A Bridge from Genomics to  
Cancer Therapeutics



# TCGA: The Pipeline for Comprehensive Characterization of the Tumor Genome



# TCGA Tumor Project Progress



**Whither the NCI  
Center for Cancer Genomics  
(CCG)?**

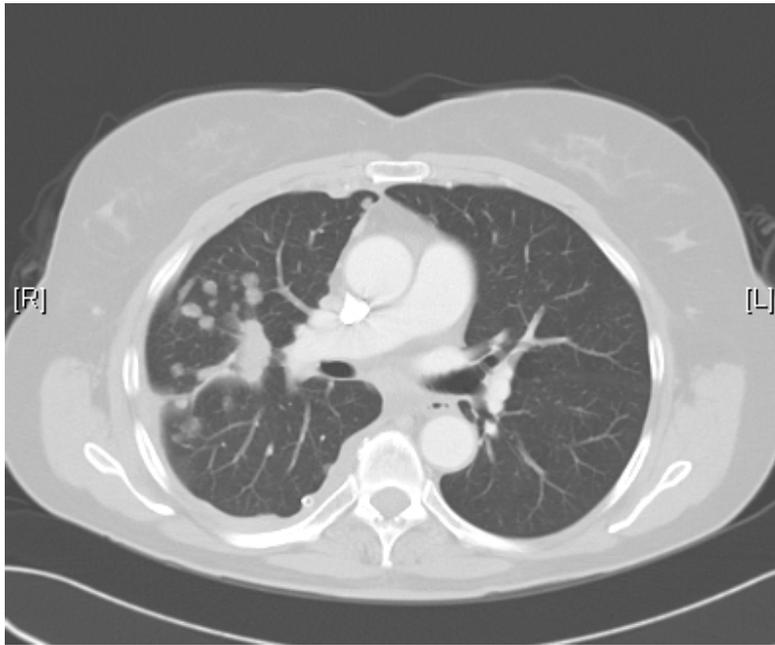
# Open Questions in Cancer Genomics

- What is the full extent of driver mutations and genetic pathways in cancer?
- What is the contribution of intratumor genetic heterogeneity to progression and treatment response?
- What is the genetic basis of metastasis?

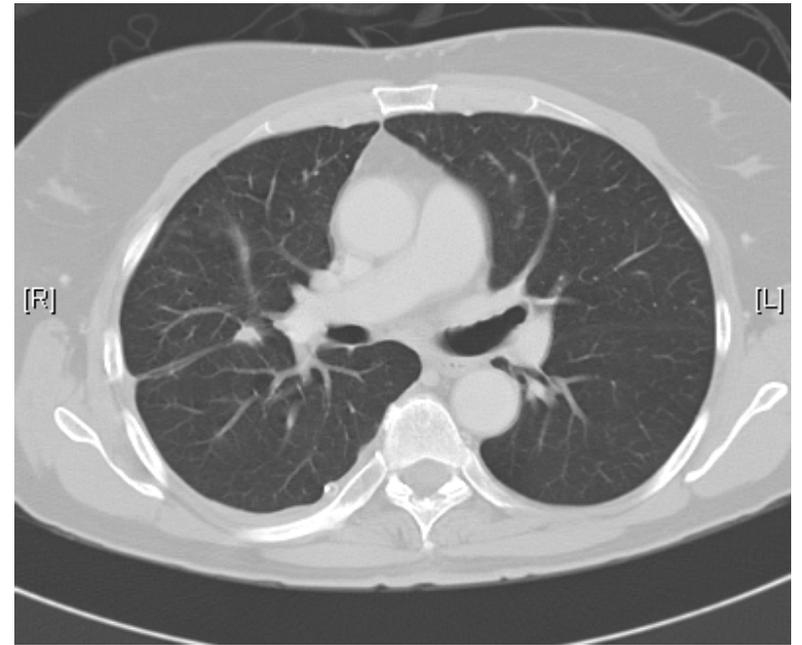
# The 10K Concept

# Targeted Therapy of Lung Adenocarcinoma From Cancer Genomics

Lung adenocarcinoma with *EGFR* deletion mutant in exon 19

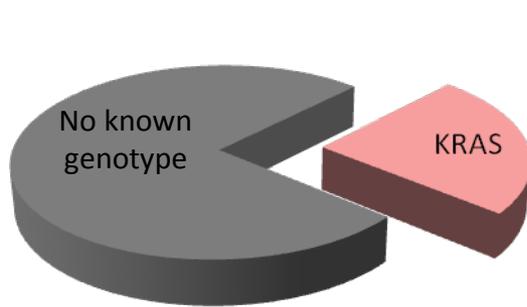


Before treatment

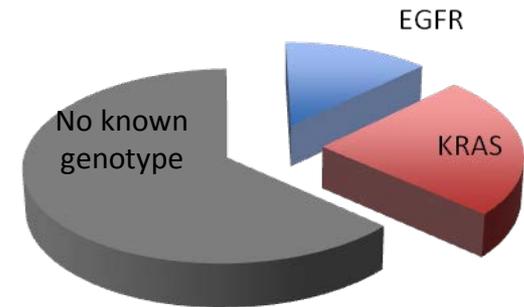


Erlotinib treatment (2 months)

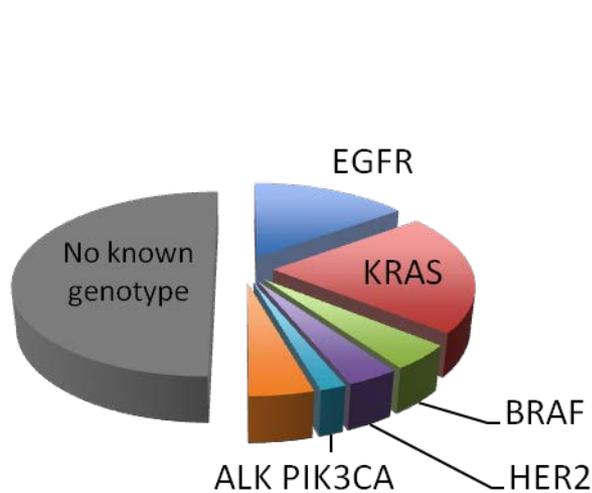
# Identifying Novel Genomic Targets in Lung adenocarcinoma



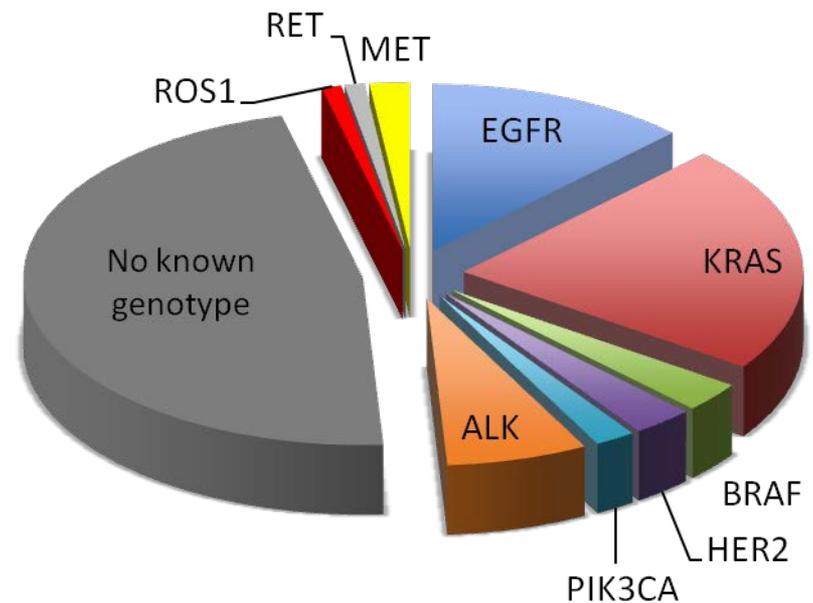
1984 - 2003



2004

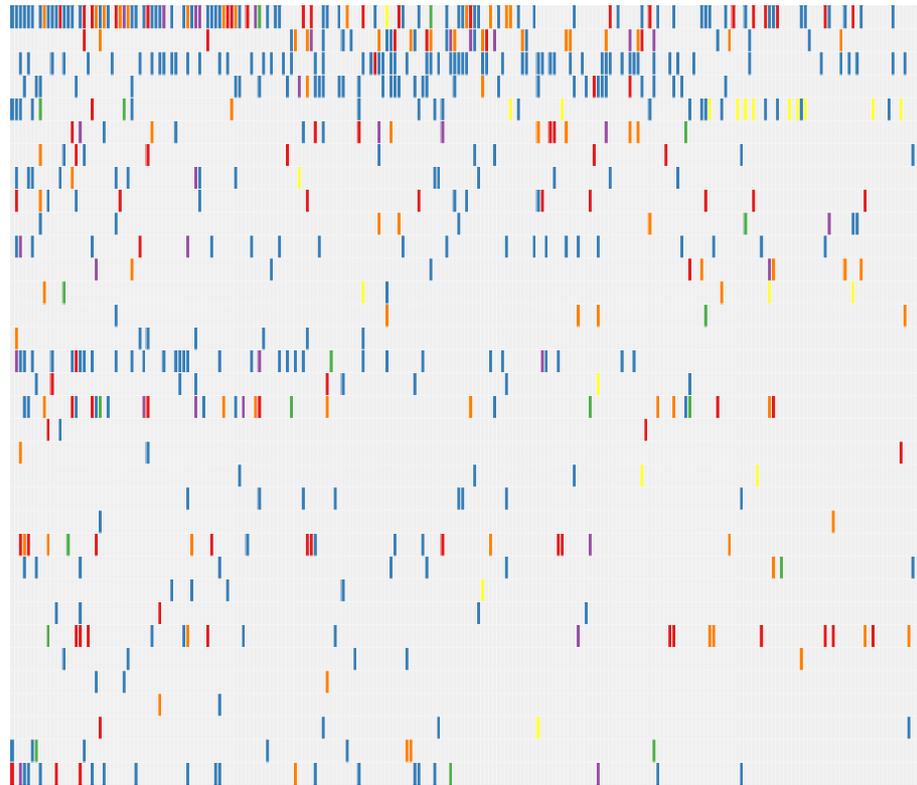


2009



2012

# Significantly mutated genes in 230 lung adenocarcinomas



Mostly  
known  
genes

Mixture of novel  
significant genes  
and false positives

# High lung cancer mutation rates pose a major problem in identifying significantly mutated genes

- Genes near statistical threshold may be true positives (oncogenes or tumor suppressors), or false positives
- Known recurrently mutated genes (e.g. *ERBB2*, *CTNNB1*) aren't detected as significant regardless of method used
- In the end, a much larger sample size will be required to elucidate "all" causative mutations in lung adenocarcinoma

# 10K Goals

- **Oncogenes and Tumor Suppressors**

Define comprehensive set of driver genes with  $\geq 1\%$  frequency in a particular cancer subtype

- **Genetic Pathways**

Identify epistatic or cooperative relationships between cancer genes that are altered in  $\geq 1\%$  cases

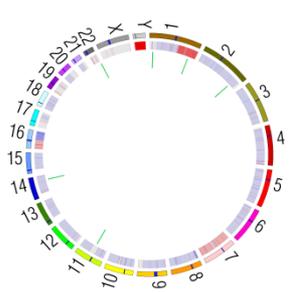
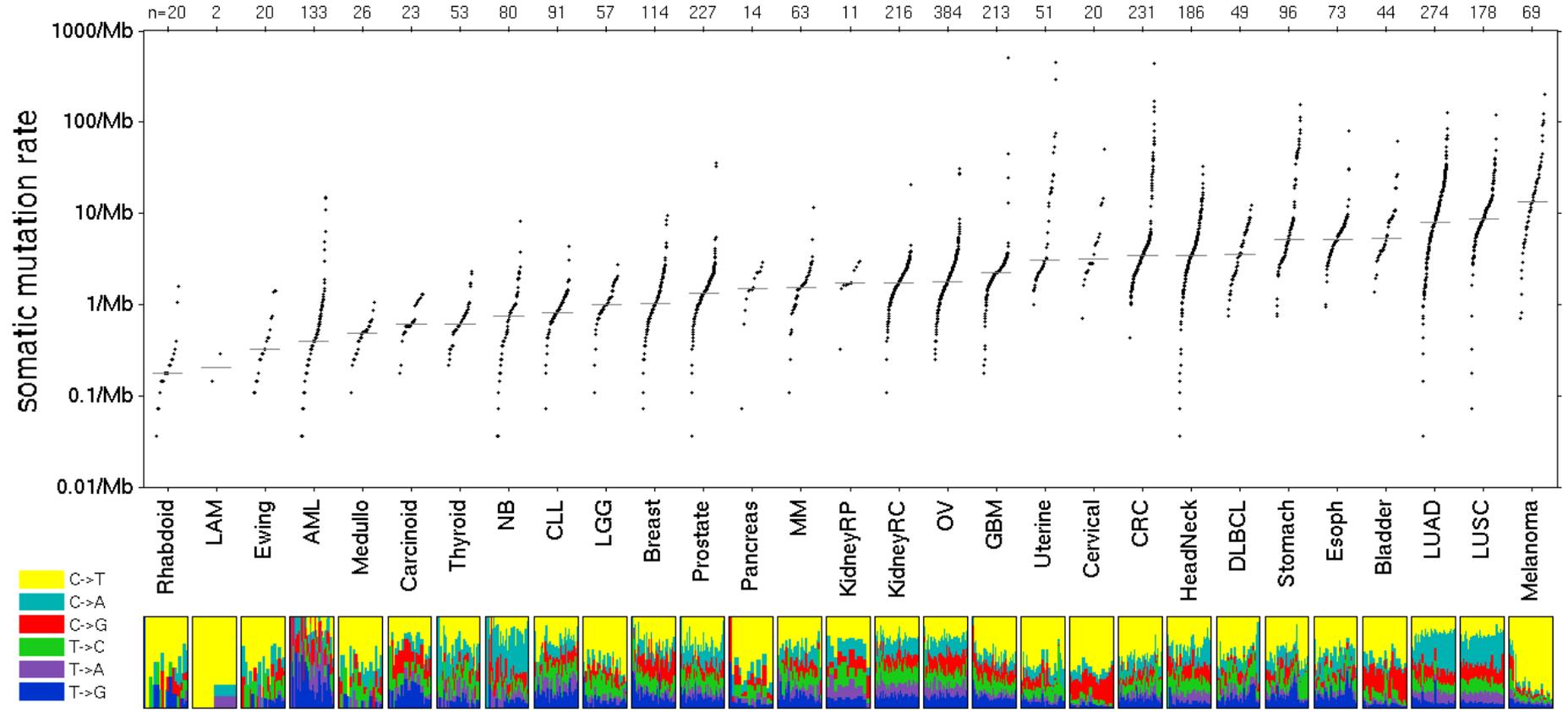
- **Interactions**

Investigate relationship of somatic alterations to germline variations & exposures (e.g. tobacco)

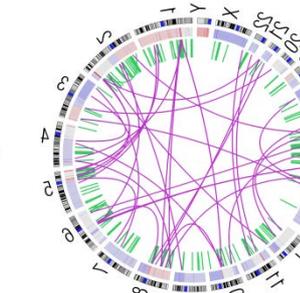
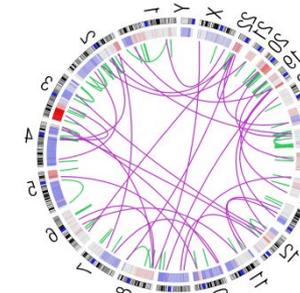
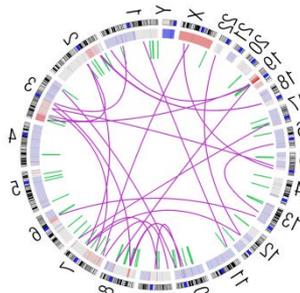
- **Clinical Implications**

Correlate genetics to clinical outcomes (e.g. local growth vs.  $1^\circ$  /  $2^\circ$  metastasis) and treatment response

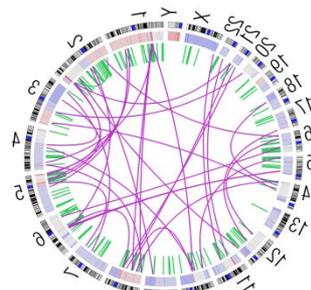
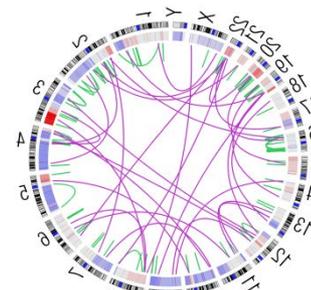
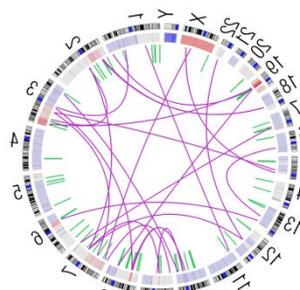
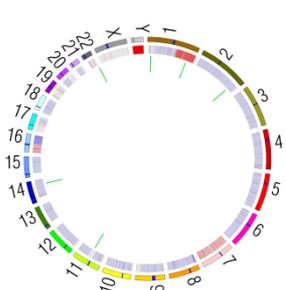
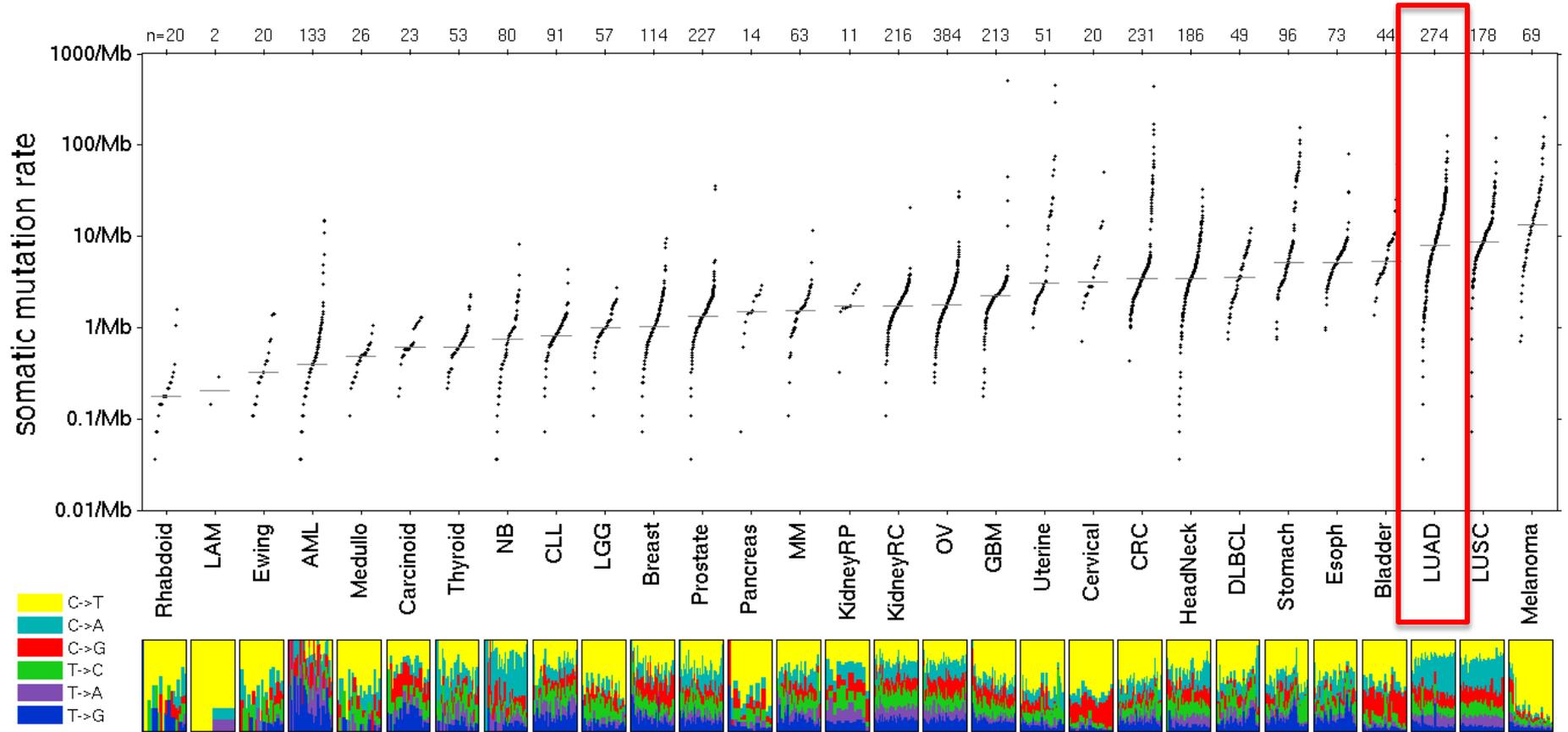
# The Problem: High Background Mutation Rate in Cancer



Mike Lawrence and Gaddy Getz



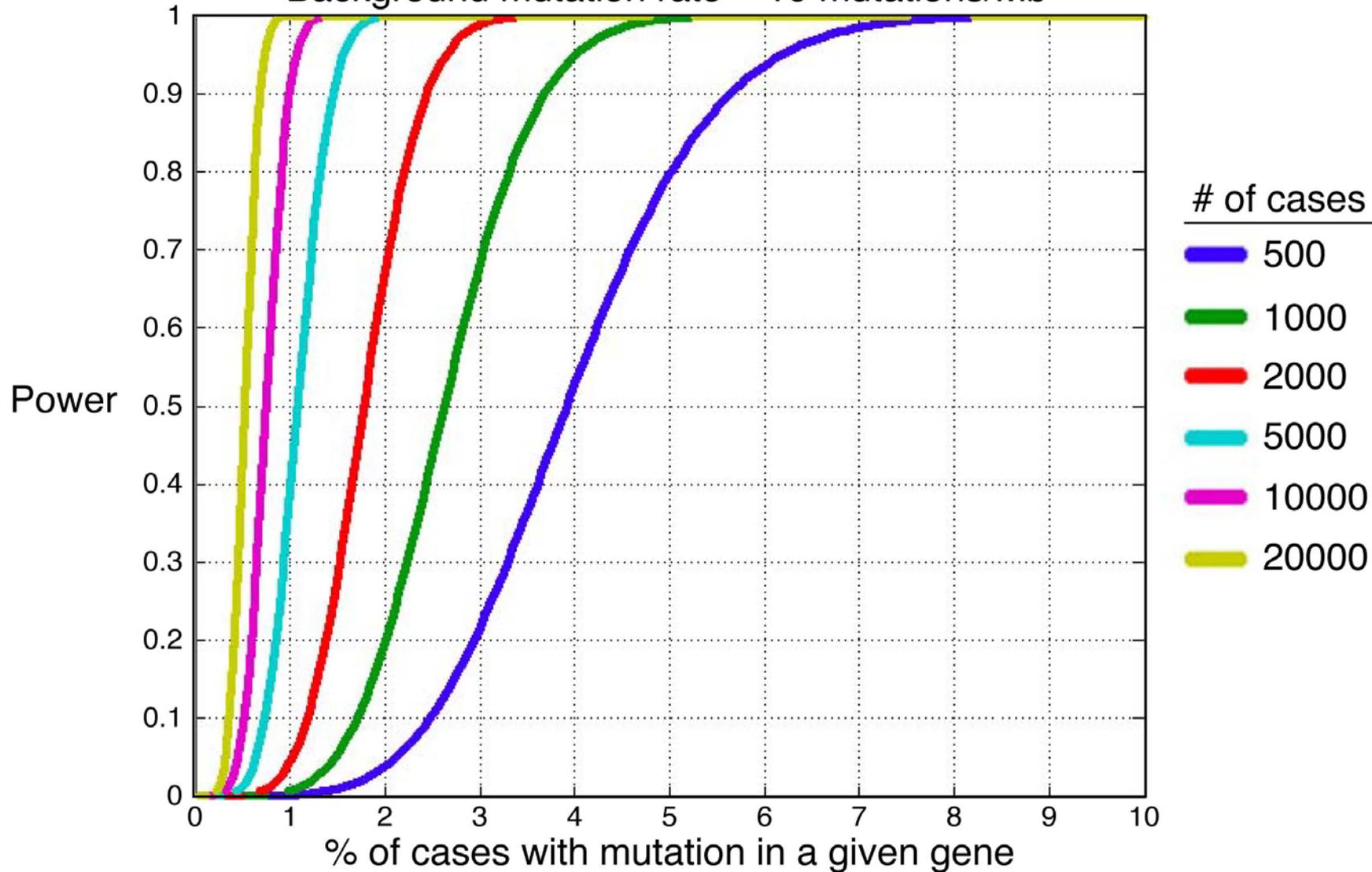
# Lung Adenocarcinoma has Extensive Genetic Damage



Mike Lawrence and Gaddy Getz

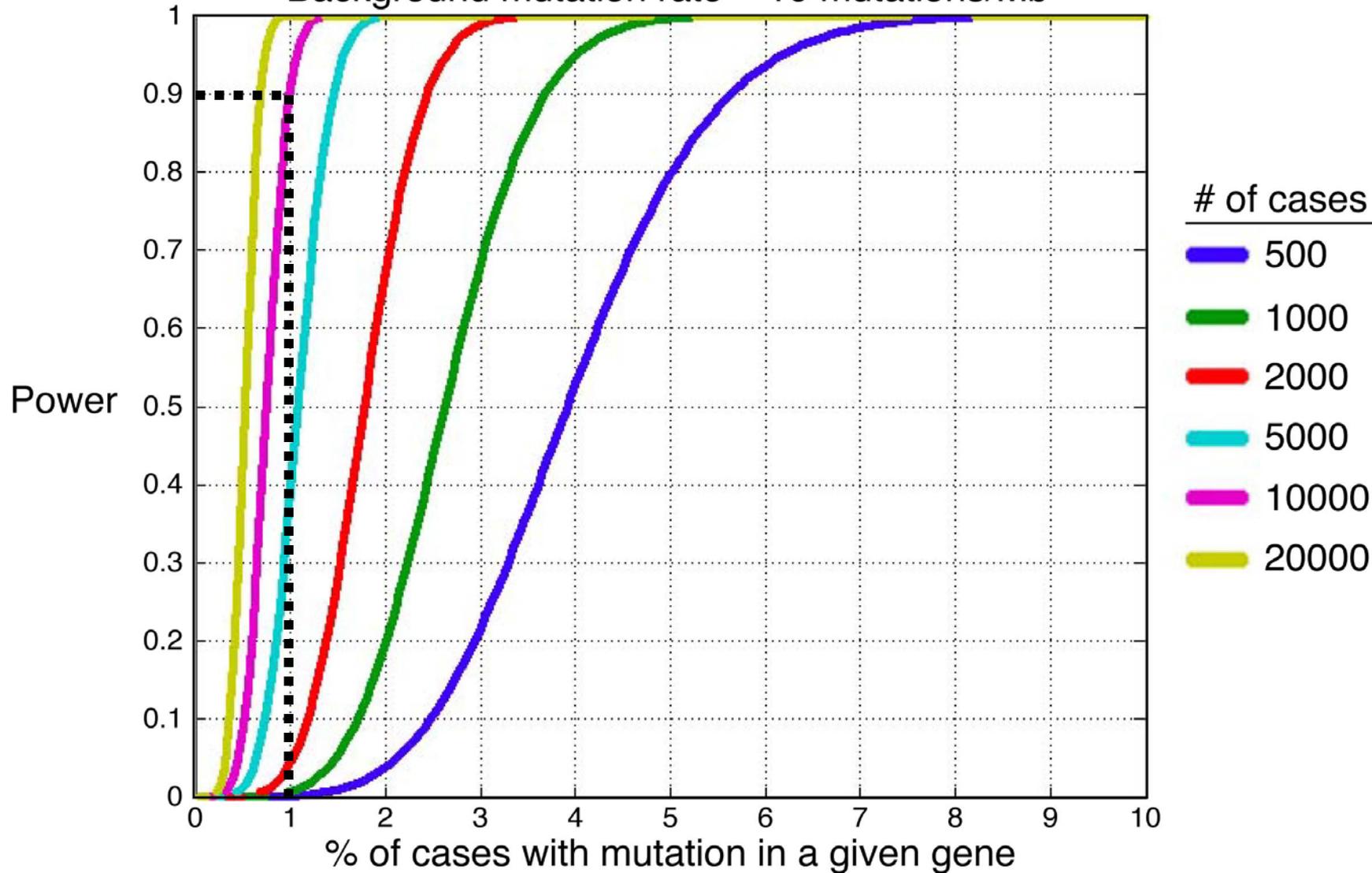
# Large Numbers of Tumors Needed to Discover Less Common Oncogenes and Tumor Suppressors

Background mutation rate = 10 mutations/Mb



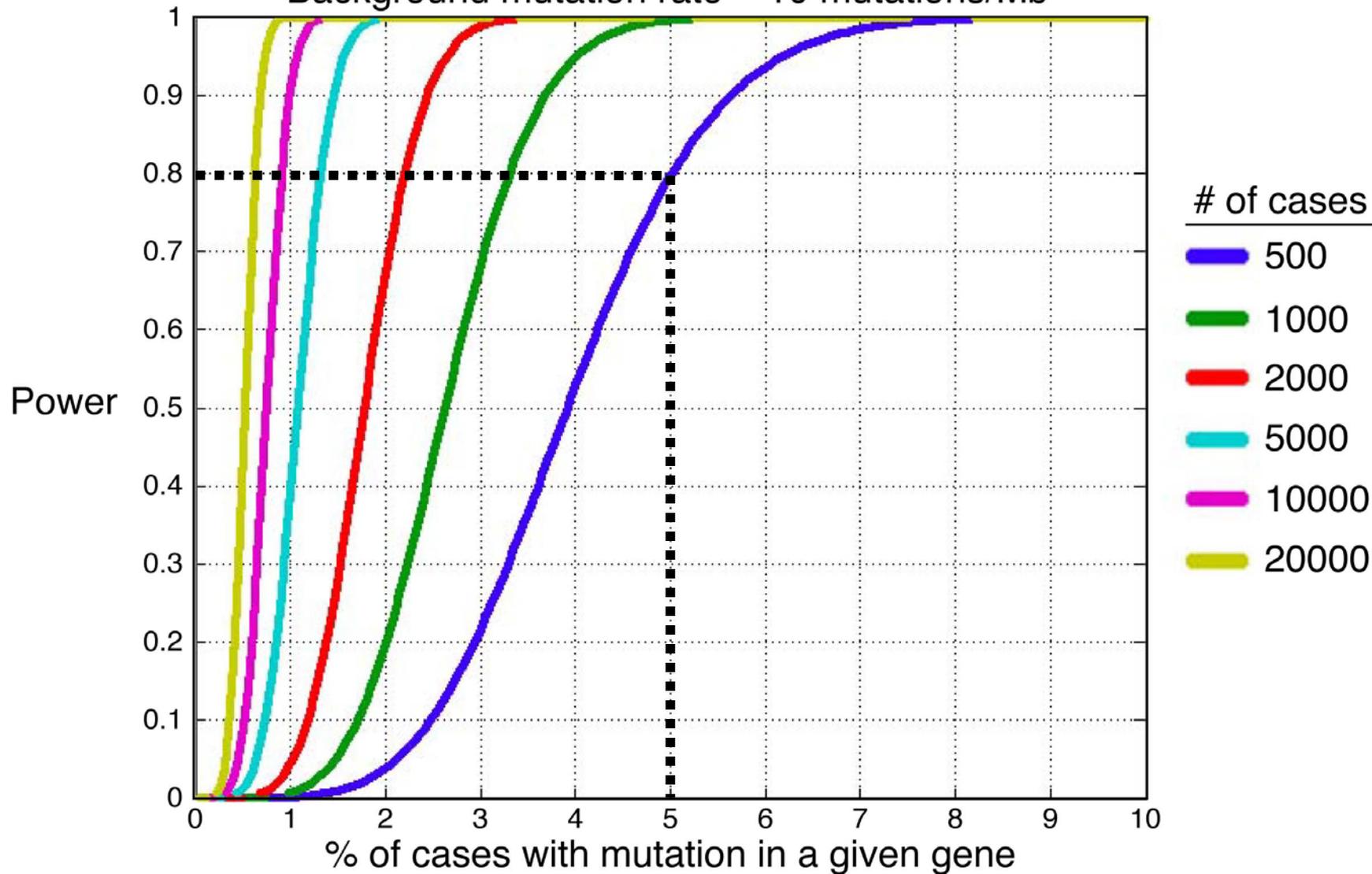
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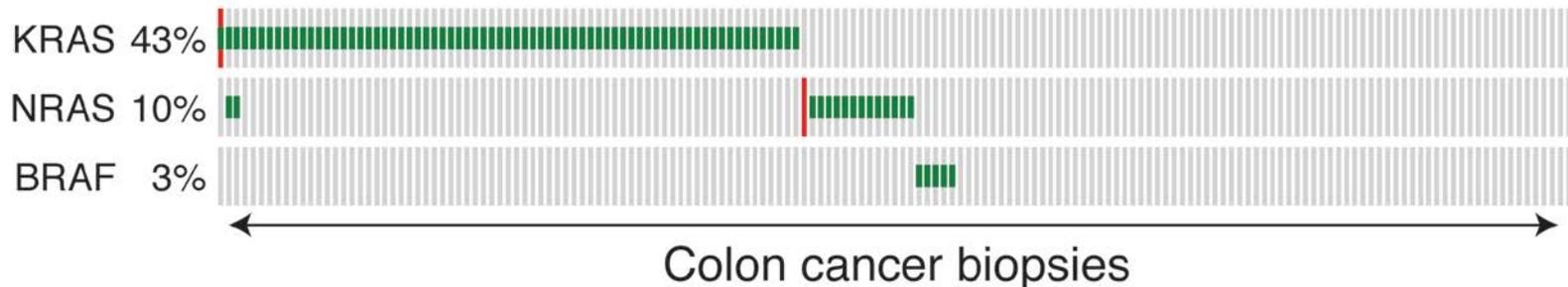
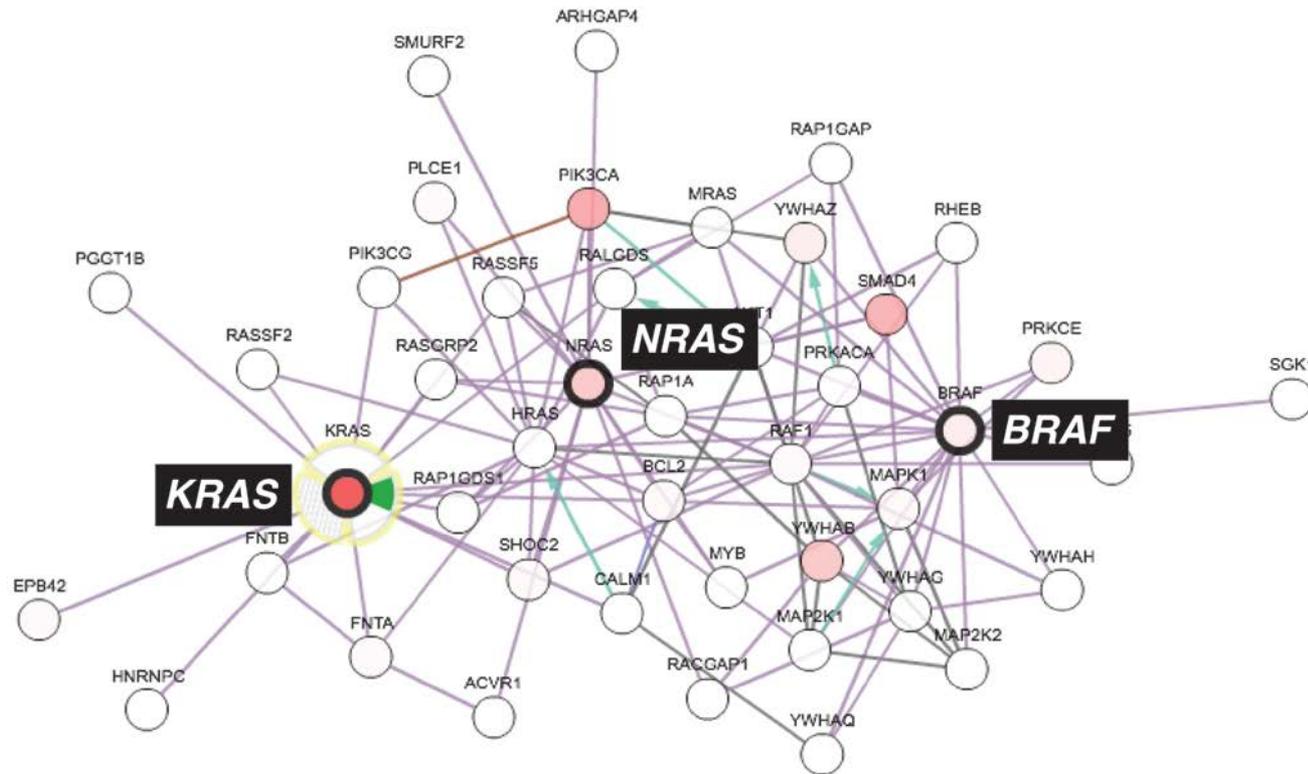


# Large Numbers of Tumors Needed to Discover Less Common Oncogenes and Tumor Suppressors

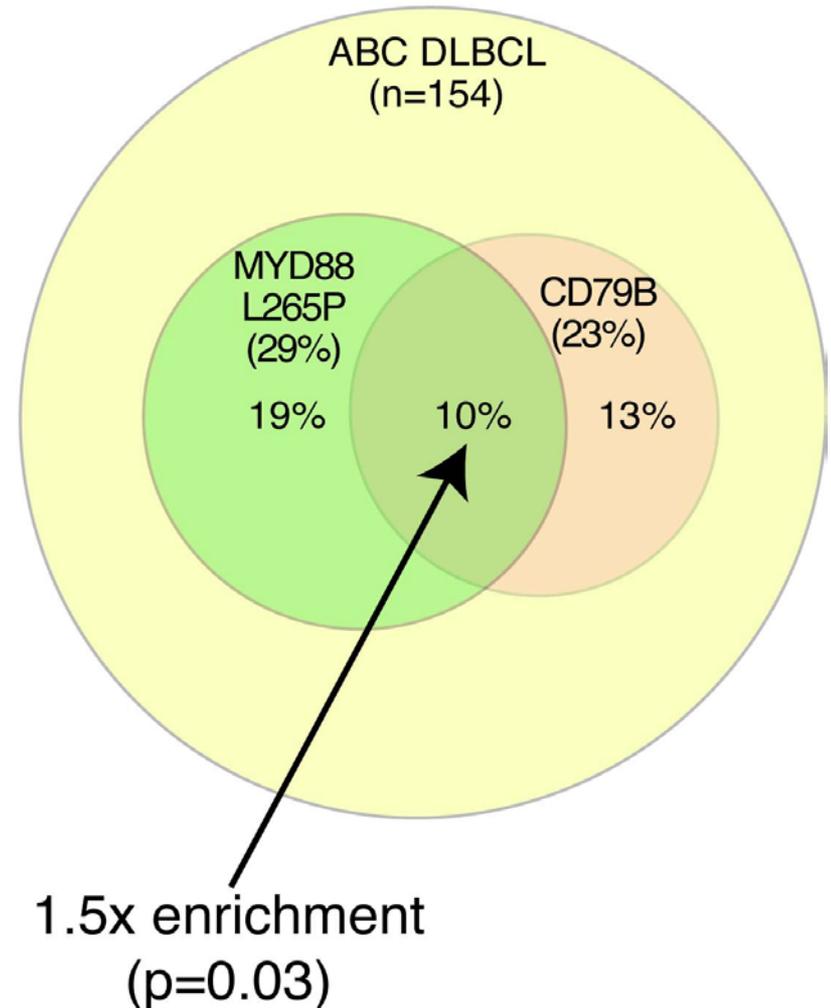
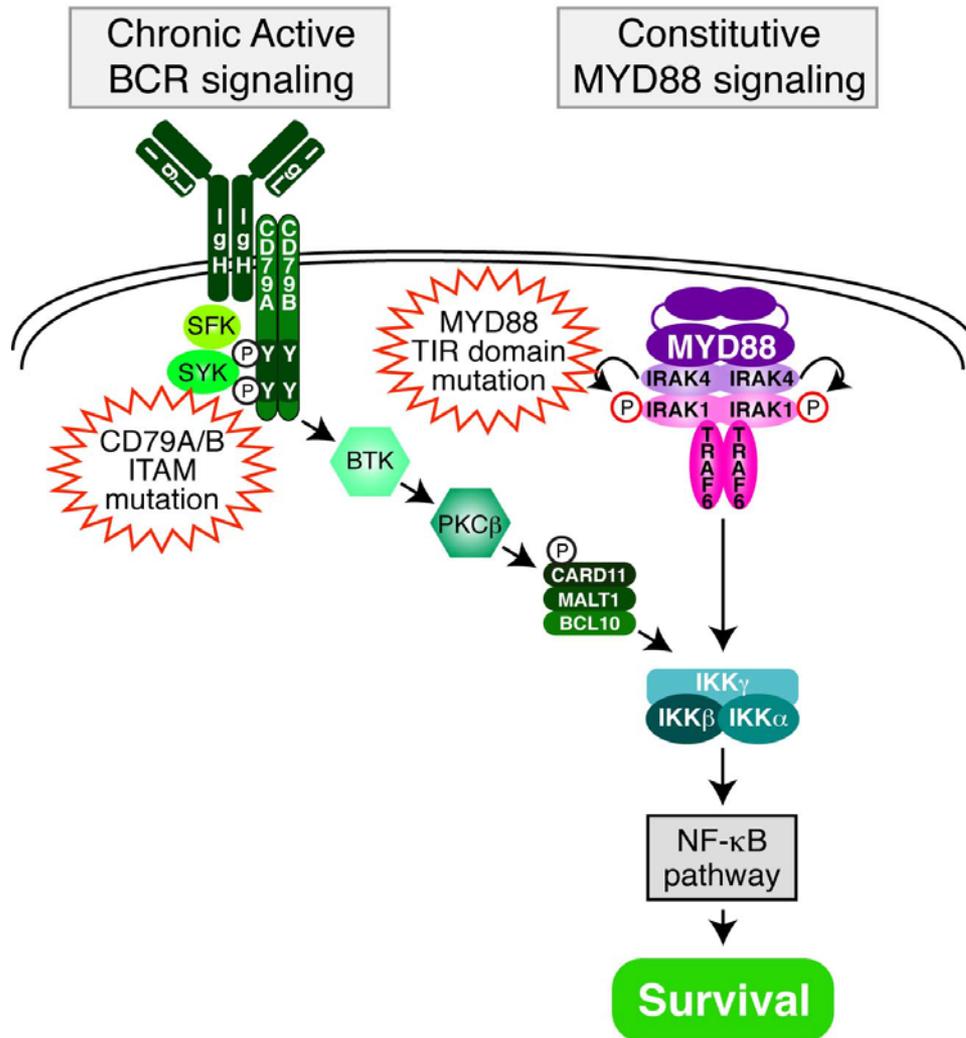
Background mutation rate = 10 mutations/Mb



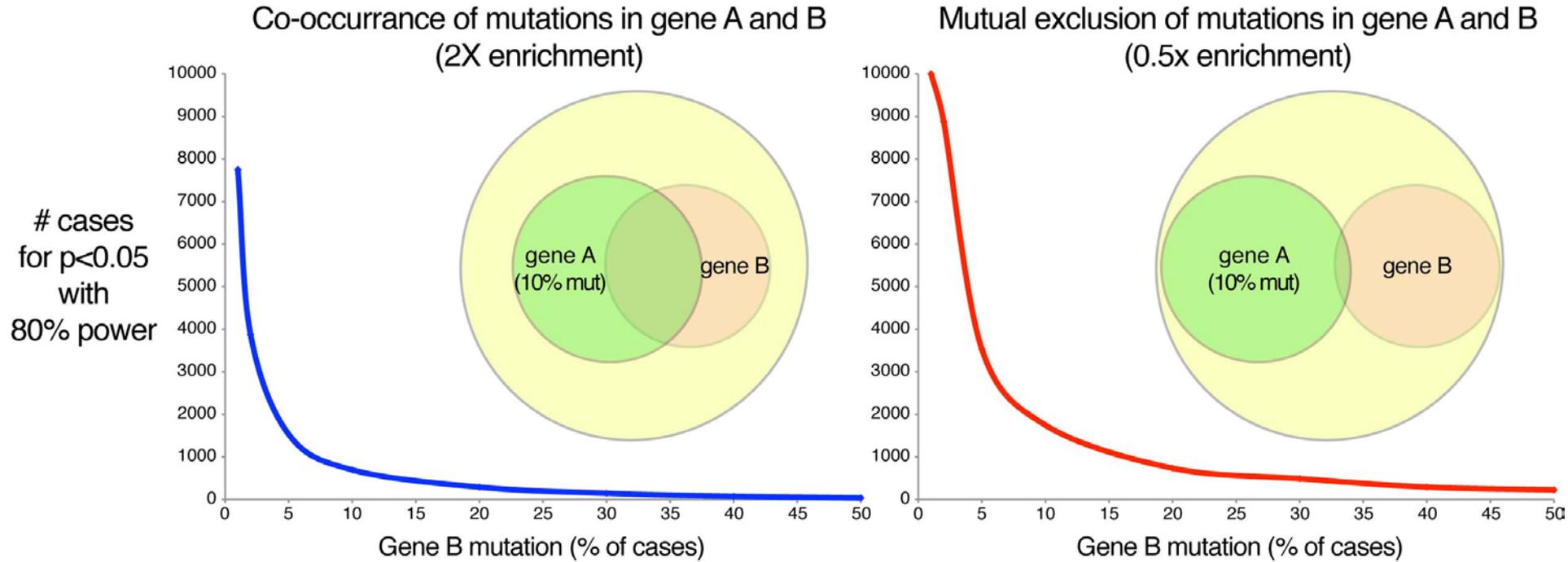
# Mutual Exclusion of Genetic Aberrations Defines Genetic Pathways in Cancer



# Co-occurrence of Genetic Aberrations Defines Genetic Pathways in Cancer



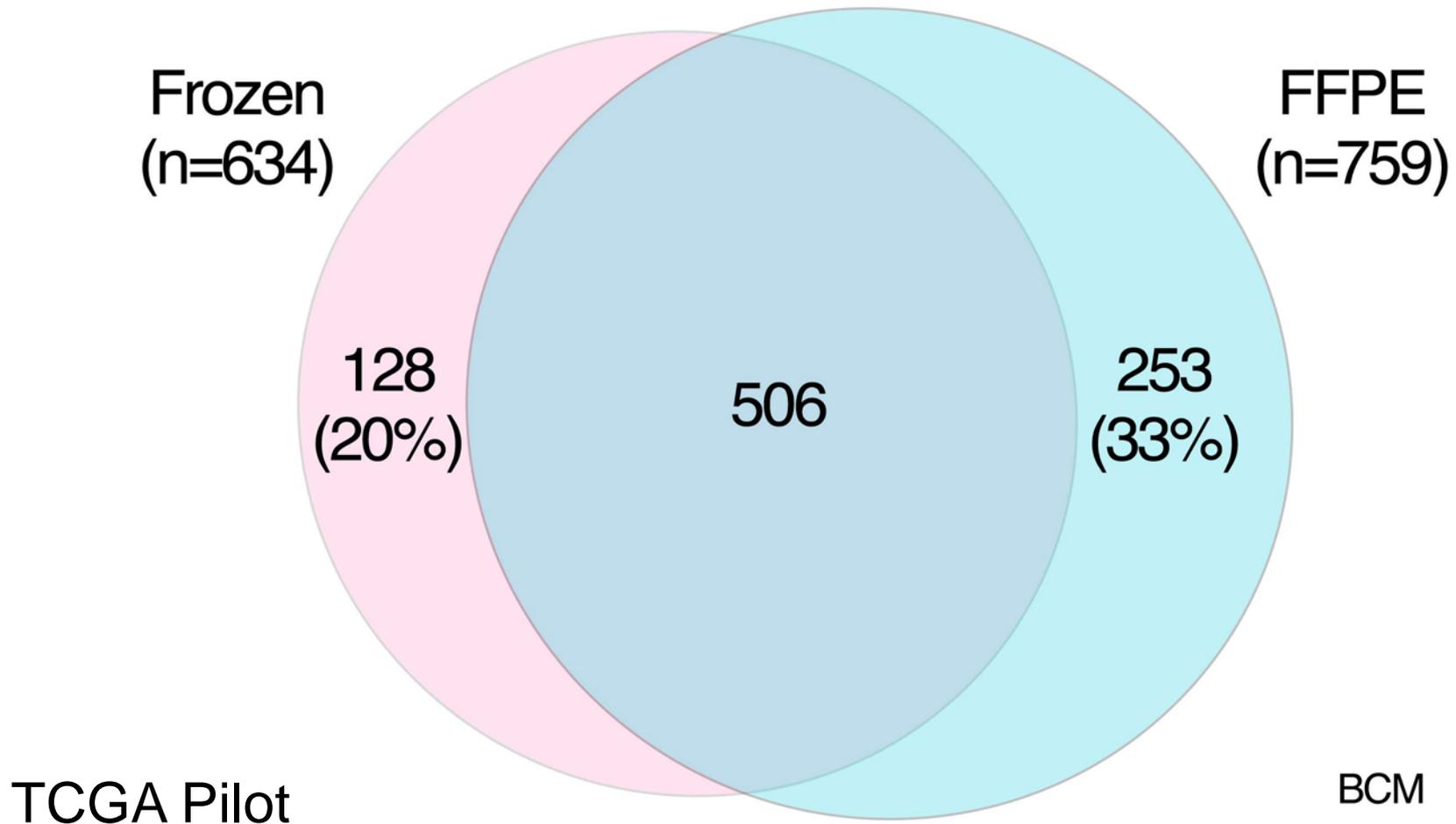
# Large Case Numbers Needed to Assign Less Common Cancer Genes to Genetic Pathways



**How to find 10K tumor biopsies?**

# Genomic Analysis of FFPE Biopsies: A Game Changer

## SNV Mutation Discovery



# 10K Tumor Biopsies

## Sample criteria

- FFPE or frozen biopsy samples large enough for whole exome and RNA-seq analysis (i.e not FNAs)
- Clinical annotation and treatment response necessary
- Matched normal tissue in most (maybe not all) cases
- Consent for genomic analysis
- Likely focus on common cancers (lung, colon, breast, prostate etc.)

# Building a 10K Study

**10K Study  
CCG**

*Study 1:*

TCGA

*Study 2:*

Completed  
Clinical Trials  
-NCI-sponsored  
-Institutional

*Study 3:*

Prospective  
Clinical Trials  
(e.g. Alchemist)

*Study 4:*

Epi cohorts  
-Completed  
case-control  
-Prospective  
(e.g. PLCO)

**Focused Investigation by Study**  
*10K Integration across Studies*

# ALChEMIST

## Drug Biomarkers in Lung Adenocarcinoma

TKI-sensitizing EGFR mutations:

**10%** in Western population

Up to 50% in Asian population

Enriched in:

- females
- non-smokers
- younger patients

Multiple tests in clinical use

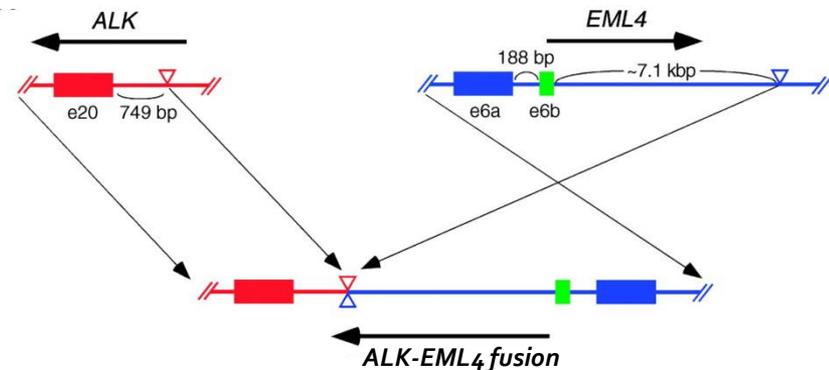
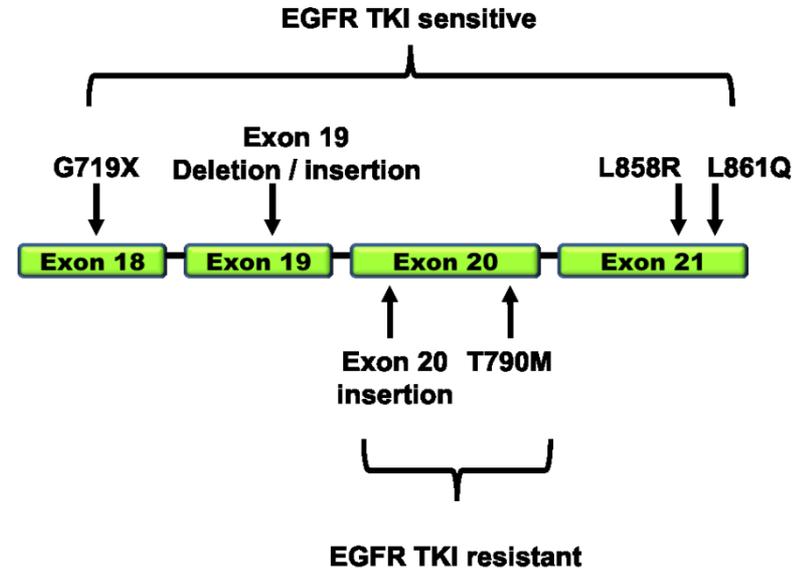
No FDA-approved clinical assay

### ALK Rearrangement

**5-7%** in Western population

FDA approved companion diagnostic:

Vysis Break Apart FISH probe



# ALChEMIST Tissue Flow

Consent & Register: A151216 Screening & Follow-up Protocol (n=~7000)

Pre-op Cohort

- SOP-driven FF/FFPE
- After resection, buffy coat

Post-op Cohort

- Assess FFPE
- buffy coat

CLIA-approved LAB

- EGFR mutation test (sequencing)
- ALK rearrangement (FISH)

TCGA pipeline

- Genomic sequencing
- Transcriptome
- Methylation

E4512: Erlotinib

A081105: Crizotinib

Other Adjuvant  
Studies

# ALChEMIST

## Beyond Treatment Endpoints

- Molecular profiling studies on large cohort (~ 7000 pts)
- Ability to re-profile at relapse in about 50% of cases (“natural genomic history”)
- Opportunity to collect epidemiologic info spanning tobacco, diet, alcohol and work exposures

**Questions?**

# Cost per Genome

