

# High throughput MSREqPCR for colon-cancer DNA-methylation biomarker testing

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# DIAGNOSTIC NEED & TECHNICAL OPTIONS

- **High need** for improving DX
  - Early diagnostic markers, predictive / stratification & monitoring markers
  - **DNA methylation** – is an epigenetic key player and a dysregulation an early event in cancerogenesis
- **DNA methylation biomarker** tools emerged over past >10 years ....
  - 2 major principles:
    - **Bisulfite** (SO<sub>3</sub>) deamination based distinction (**ME: mC>C**; **UM: C>T**,)
    - **MSRE** - methylation sensitive restriction enzymes (AciI, HpaII, ...)  
**UM MSRE-digested (not amplified)**, **ME undigested & amplified**
  - Technical approach from omics discovery to single “minimal invasive” assays
    - **Microarray** based discovery (from tissue DNA) very powerful... Illuminas EPIC array (SO<sub>3</sub> based)
    - **qPCR** based multiplexed confirmation & validation using cfDNA → MSRE best choice



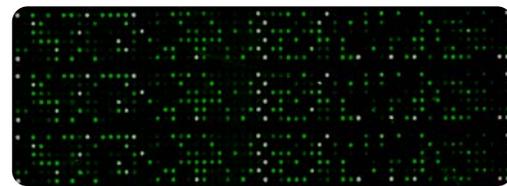
use PCR confirmed tissue derived candidates → SELECT best performing markers using **Plasma cfDNA** - PCR based



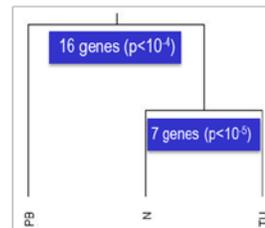
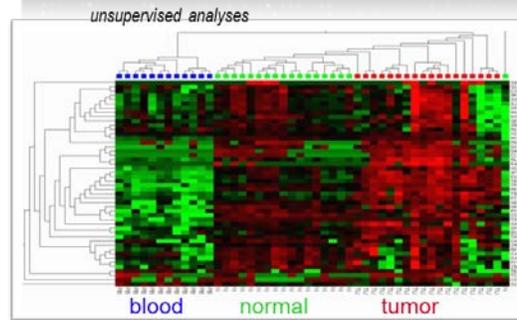
# RESULTS: Colon markers from AIT's 360plex panel

confirmation of markers derived from 360plex panel run on **Colon-tissue**:

AITs „CpG 360 Methylation-Test (320 genes) \*



- **48.48 upon preamp:**
  - 100% correct classification of „sex of samples“
  - 100% PB vs TU; 98% PB vs Colon; 100% TU vs N



No	Group 1	Group 2	Mis-classification
de	Classes	Classes	rate (%)
1	N, TU	PB (n=12)	0
2	N (n=18)	TU (n=18)	0

→ Successful transfer from arrays to MSRE-HTqPCR & confirmed by SO<sub>3</sub>-deamination based MSP

\* Methylation Assay. EP 09450020.4. (2009); WO2010086389 A1 (2010)

DNA methylation biomarkers for identification of **colorectal cancer**. EP2886659.4, (2013); WO2015091979 A1 (2015)

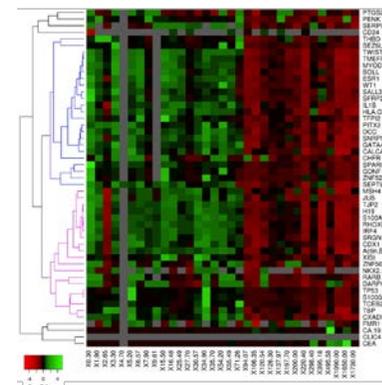
Exner, Ruth, Walter Pulverer, Martina Diem, Lisa Spaller, Laura Woltering, Martin Schreiber, Brigitte Wolf, u. a. „Potential of DNA Methylation in Rectal Cancer as Diagnostic and Prognostic Biomarkers“. *British Journal of Cancer* 113, Nr. 7 (29. September 2015): 1035–45. <https://doi.org/10.1038/bjc.2015.303>.

48 selected markers on plasma cfDNA:

**A) early DX** - plasma of treatment naïve patients (n=44) & controls (n=44) – 2ml plasma used  
 → 33 of the 48 markers remained signif (p<0.05)  
 → AUC = 0.84 (potential for further optimisation)

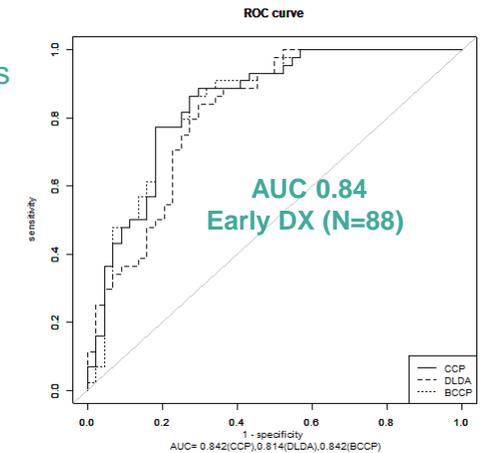
**B) patient stratification & therapy monitoring:**

in patients (n=34) with liver metastasis receiving chemotherapy  
 → Almost all markers remained significant for distinguishing “responders and non responders” (heatmap)

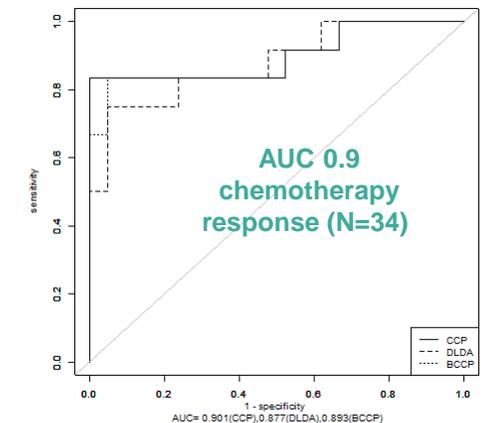


→ 19 markers have a high **correl ≥ 0.7** with tumor burden (volume)

→ Top-3 genes based on AUC upon 1st CTX:  
 BOLL 0.87  
 DCC 0.92  
 SFRP2 0.91  
 SEPT9 - 0.86 (EPIGENOMICS)



→ AUC 0.9 before and upon first CTX cycle

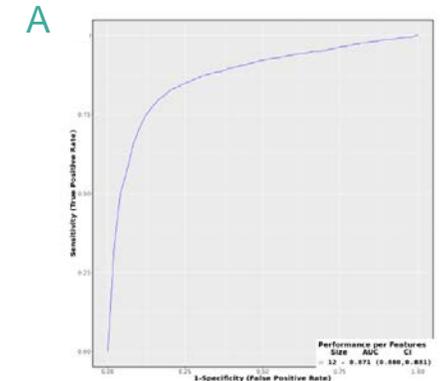


Bhangu, Jagdeep Singh, Andrea Beer, Martina Mittlböck, Dietmar Tamandl, Walter Pulverer, Hossein Taghizadeh, Stefan Stremitzer, u. a. „Circulating Free Methylated Tumor DNA Markers for Sensitive Assessment of Tumor Burden and Early Response Monitoring in Patients Receiving Systemic Chemotherapy for Colorectal Cancer Liver Metastasis“. *Annals of Surgery*, 3. August 2018. <https://doi.org/10.1097/SLA.0000000000002901>.

# Application of MSREqPCR to qualify markers derived from genomic screen

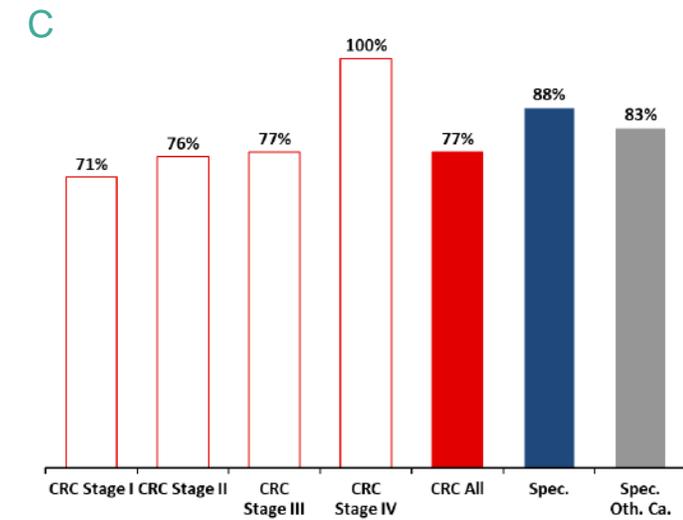
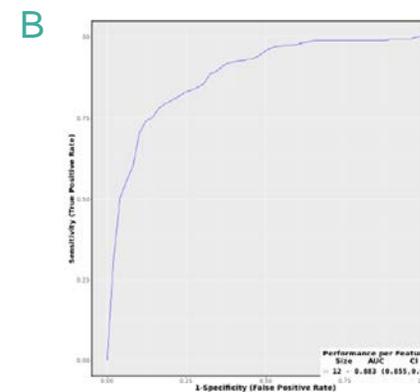
- **180 candidate markers** selected from colon cancer Human Methylation 450K data from The Cancer Genome Atlas (TCGA) consortium
- 2x 96plex MSREqPCR assay qualified
  - Run in 96.96 HTqPCR (6nl PCR vol)
- **53 markers significantly hypermethylated** in plasma samples
- 12-marker SVM prediction algorithm was built on Study 1 samples using reproducible markers leading to initial **Training Set (N=215)** prediction performance accuracy of **AUC 0.87** (Figure A)
- **12-marker classifier validated** on large independent Study 2 sample set (**N=774**) that included samples from colorectal cancer, NAA, control and also lung and breast cancer patients to test the marker-panel tissue-specificity towards colorectal cancer
- Model performance on Study 2 validation set can be seen on Figure 1 B with **AUC 0.88** (CI: 85.5-91%) and overall sensitivity of 77% and specificity of 88% (Figure B)

	CRC	Control + NAA	Control	NAA
Female	46	59	46	13
Male	47	63	45	18
<b>Total</b>	<b>93</b>	<b>122</b>	<b>91</b>	<b>31</b>
<b>Total sample</b>	<b>215</b>			



	CRC	Control + NAA	Control	NAA	Breast C.	Lung C.
Female	71	296	223	73	26	6
Male	81	274	199	75	0	20
Age (range)	65 (41-84)		61 (41-82)	66 (50-82)	55 (41-77)	61 (48-75)
<b>Total</b>	<b>152</b>	<b>570</b>	<b>422</b>	<b>148</b>	<b>26</b>	<b>26</b>
<b>Total samples</b>	<b>774</b>					

	CRC All	Breast C.	Lung C.
Stage 0-I	35	16	15
Stage II	49	8	4
Stage III	48	2	6
Stage IV	13		
Unknown	7		1
<b>Total</b>	<b>152</b>	<b>26</b>	<b>26</b>



# SUMMARY & CONCLUSIONS:

**DNA methylation** testing for **liquid biopsy** based diagnostics is a very powerful promising tool and is well suited for different a variety of applications.

- We have a **complete „methylation marker“ pipeline** from genome-wide discovery to cfDNA methylation analysis (applying EPIC arrays & NGS and PCR based SO<sub>3</sub> and MSRE-assays)
- we have confirmed a 48plex panel for a broad range of CRC-diagnostics applications
- early diagnostics, stratification & monitoring

**MSREqPCR** is a very **efficient approach** for marker confirmation and validation

- Best suited for bringing markers from tissue to „Liquid biospsy“ application
- targeted investigation of 96 DNA methylation sites using the cfDNA content of only 2 ml of plasma
  - Multiplexing, low input needed, can be run on **standard qPCR** cyclers
  - Works with low DNA amounts in almost all kind of clinical samples (also FFPE)

➤ ***We are open for cooperation and contract research services***

- Acknowledgements:

