Diagnostic protein quantitation of actionable targets in patient biopsies using clinical mass spectrometry **ÓNANTOMCS**



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Overview

- Characterizing multiple biomarkers in cancer patient tissue allows for personalized cancer treatment.
- Testing multiple targets by IHC or FISH, the traditional approach in oncology, is tissue and time-consuming.
- We developed a clinically-validated multiplex selected reaction monitoring (SRM) assay to simultaneously quantifies multiple biomarker proteins in FFPE tissues.
- Multiplexed SRM assay in tumor tissues ensures all patients who may benefit from targeted therapy receive optimal treatment as early as possible.
- This clinical mass spectrometry assay could conceivably quantify upwards of 100 actionable proteins in a single analysis. Currently, there are 28 analytes that are simultaneously run on our clinical menu.

Methods

Identify peptides unique to proteins of interest



Figure 1: Schematic view of assay development



Figure 2: Liquid Tissue[®]-SRM (LT-SRM) workflow for analysis of proteins from FFPE tissue

- Stable isotope-labeled peptides were synthesized
- Calibration curves were constructed to establish linearity of the assay and lower limits of detection and quantitation for each protein
- Formalin-fixed, paraffin-embedded (FFPE) human tumor tissue was used for assay validation and testing

OncoPlex Diagnostics Clinical Proteomic Menu

AR, ALK, AXL, CK-5, CK-7, EGFR, ERCC1, FGFR2, FR-alpha, hENT1, HER2, HER3, KRAS, MET, MGMT, MSLN, PD-L1, p16, RON, ROS1, RRM1, SPARC, TOPO1, TOPO2A, TP63, TUBB3, TTF1

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gµ/lug

Figure 5: Multiplex proteomic analysis allows for the simultaneous assessment of low-frequency tumor drivers and biomarkers for targeted therapies in NSCLC, including ALK or ROS1 protein from translocation positive cases.

87 % Pos. (141/163)	60 % Pos. (97/163)	ר10000	79 % Po (44/5	os. 6) 15(ר ⁰⁰⁰ ך	54 % Pos. (88/164)	I
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34	725	501		1957		1024	
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Figure 6: Lack of TOPO2A may cause poor response to anthracycline-based chemotherapies. ~14% of all TNBC are positive for folate receptor alpha (FRalpha) and negative for TOPO2A (*), suggesting that these patients may respond better to folate targeted therapy than anthracycline treatment. Multiplex targeted proteomics shows that ~30% of the TNBC are positive for both FOLR1 and TOPO2A. Simultaneous assessment of biomarkers give option for combination therapies and second line therapies.

- early as possible.
- menu easily.

Multiplexed proteomic analysis of TNBC tissues identifies potential chemotherapy targets

Conclusions

• Quantitative mass spectrometry is highly specific, absolutely quantitative, and insensitive to pre-analytical variation.

• LT-SRM assay simultaneously quantifies multiple biomarker proteins in FFPE tissues and avoids the triage of the specimens for molecular testings to ensure all patients whose cancers express clinicallyactionable markers have the opportunity to receive treatment as

• Developing and clinically validating new LT-SRM assays requires approximately 12 weeks. The OncoPlexDx platform allows for easy, "plug-n-play," multiplexing that new analytes can be added to our