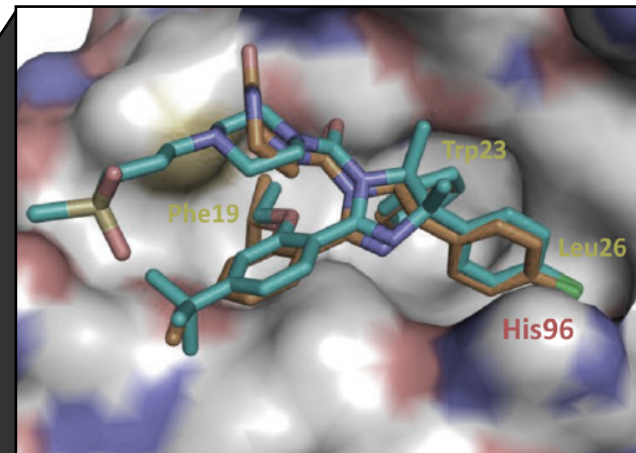
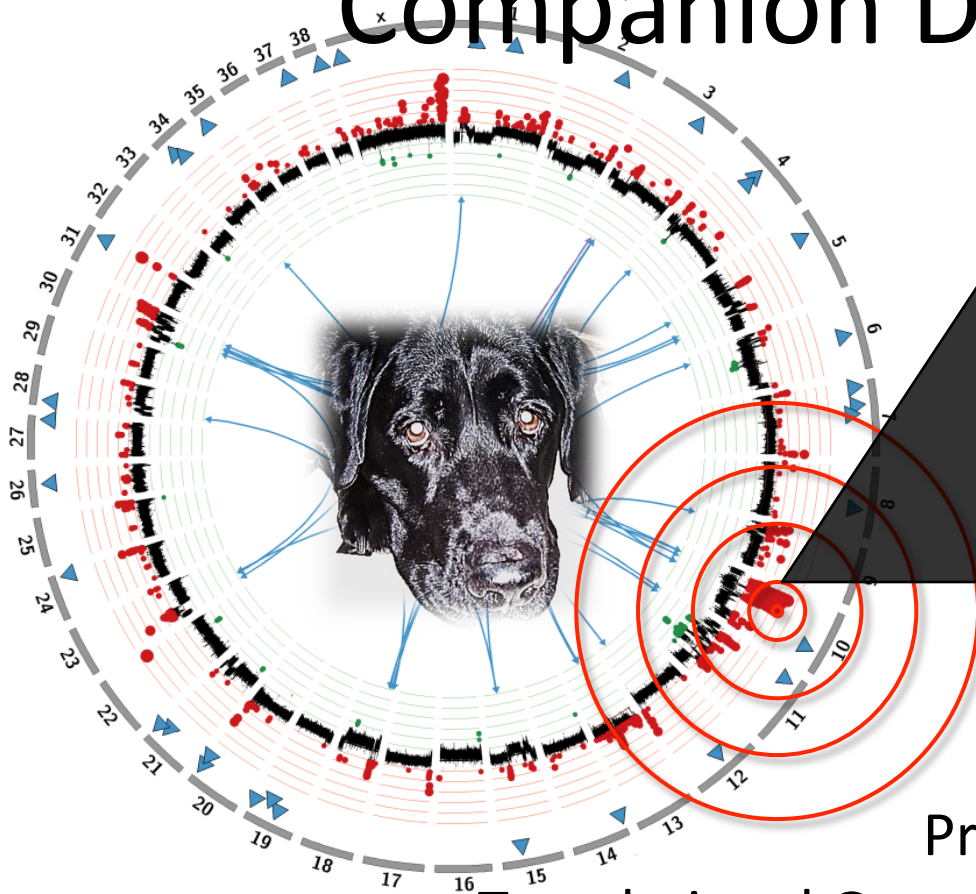


Enabling Precision Medicine for Companion Dogs with Cancer



June 8, 2015

Jeffrey Trent, PhD, FACMG.

President and Research Director

Translational Genomics Research Institute (TGen)

a non-profit biomedical research Institute



Deploying Investigational Agents, Biomarkers and Genomics within Canine Clinical Trials: From IND to Biology



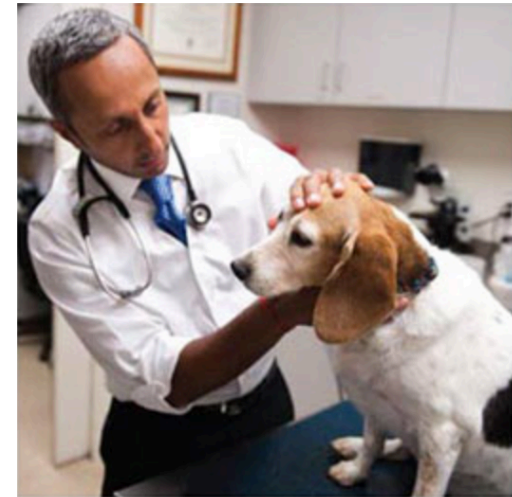
Pat LoRusso,
D.O.

Yale



Will Hendricks,
Ph.D.

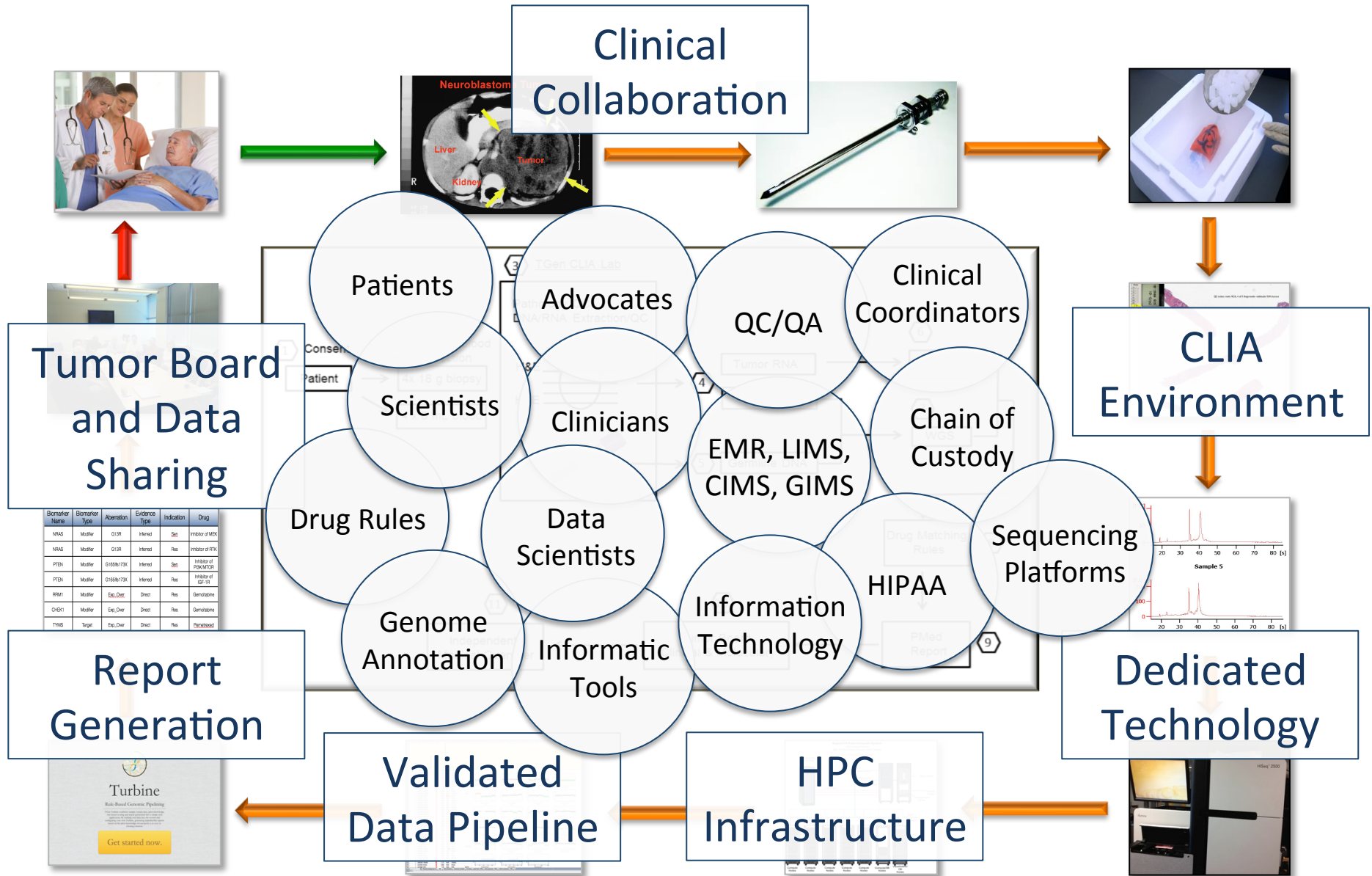
tgen[®]




Chand Khanna
D.V.M.Ph.D



NATIONAL
CANCER
INSTITUTE

- Precision Medicine in Human Cancer
- Canine Cancer Genomic Landscapes
- Emerging Canine PMed Tools
- Opportunities in Comparative Oncology







SU2C/MRA BRAFwt Melanoma
NCT02094872
 18 Sites
 DNaseq (T/N) + RNAseq
 7 patients enrolled to date
 Enrollment: 96

NMTRC: Relapsed Pediatric Cancers
NCT02162732
 3 phases
 >20 Sites
 DNaseq (T/N) + RNAseq
 81 patients enrolled to date
 Current Phase Enrollment: 56



Genomics-Enabled Medicine for Adult Glioblastoma: Feasibility Study



IVY Adult Glioblastoma
NCT02060890
 8 Sites
 DNaseq (T/N) + RNAseq
 Enrollment: 15


Translational Genomics Research Institute
 Jeffrey Trent, PhD
 John Carpten, PhD
 David Craig, PhD
 Michael Berens, PhD
 Sara Byron, PhD
 Nhan Tran, PhD

Memorial Sloan Kettering Cancer Center
 Ingo Mellinghoff, MD, PhD

University of Texas San Antonio
 John Kuhn, PharmD

Jeff Kiefer, PhD
Rebecca Halperin, PhD
Sara Nasser, PhD
Tyler Izatt, MS
Jessica Aldrich, MS
Jose Ramirez

Molecular Profiling for Individualized Treatment of DIPG



IVY/PNOC Pediatric DIPG
NCT02274987
 8 Sites
 DNaseq (T/N) + RNAseq
 Enrollment: 15

Translational Genomics Research Institute
 Jeffrey Trent, PhD
 John Carpten, PhD
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Memorial Sloan Kettering Cancer Center
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University of Texas San Antonio
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Jeff Kiefer, PhD
Rebecca Halperin, PhD
Sara Nasser, PhD
Tyler Izatt, MS
Jessica Aldrich, MS
Jose Ramirez

Integrating Genomic Profiling and Therapeutic Recommendation



John Carpten



David Craig



- **Deep exome sequencing** to identify low level mutations in heterogeneous samples
- **Long insert whole genome sequencing** to identify structural events and to accurately measure copy number changes
- **Sequencing matched normal DNA** from patient can identify important cancer predisposition genes
- **RNA-sequencing**
 - Confirm mutations
 - Can identify oncogenic fusions
 - Differential expression; isoforms, neoantigens

CLINICAL DATA INTEGRATION

In Depth Clinical Fields JSON or XML \leftrightarrow RNA/DNA Genome-wide VCFs/BAMs

Clinical: XML/JSON

Patient Entry Form

Patient Information Primary Dx Metastatic Disease Current Presentation

Patient Information

Form Completed
 Data ready for approval

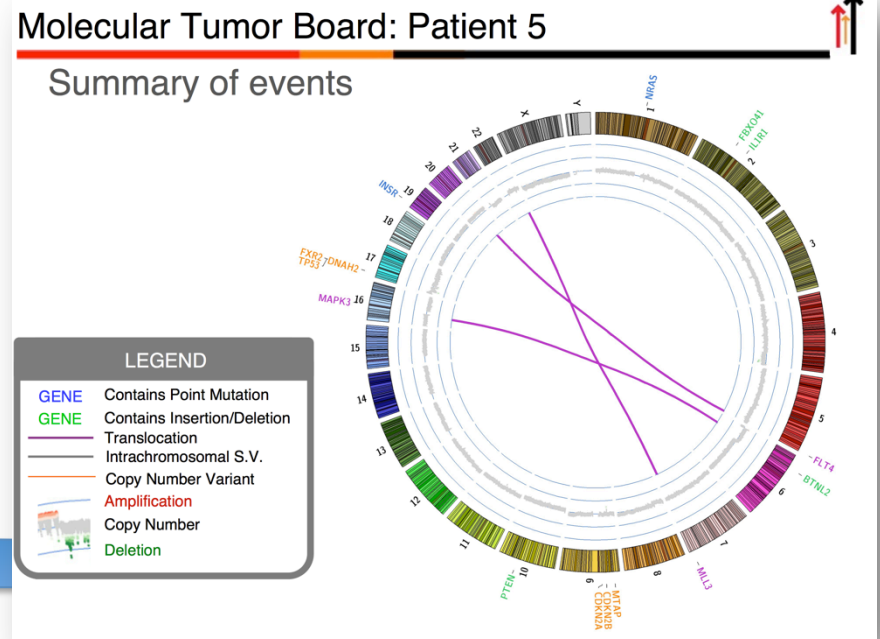
Consent Date * Current Presentation

Patient Number * Metastatic Disease

Patient Age * Primary Dx

Primary Tumor Date of Bx:	2010-12-20
Primary Tumor Report of Bx:	Ulcerated malignant melanoma, nodular type, showing invasion into reticular dermis
Paraffin block requested:	Yes
Date of Dx:	2010-12-20
Primary Tumor Site:	Left Upper Thigh
Lesion Site Type:	Cutaneous

Genomic: VCF/BAM



Somatic: cBioPorta/ICGC, Germline: dbGap

Clinical Collaboration Applications for Accessing Distributed Data Across Federated Network

All sites use a secure HIPPA compliant, cloud enabled, web accessible dashboard

real-time display of multi-media files (PDF, pictures, video, audio). Users experience the same configuration of information being presented (before, during, and after the meeting)

RESEARCH Open Access

RNAi phenotype profiling of kinases identifies potential therapeutic targets in Ewing's sarcoma

Shilpi Aora^{1,2}, Irma M Gonzalez^{1,2}, R Tanner Hagelstrom^{1,2}, Christian Besudny¹, Ashish Choudhary¹, Chao Sma¹, Raoul Tibbet¹, Spyros Mousas¹, David O Aora^{1,2}

Abstract

Background: Ewing's sarcomas are aggressive musculoskeletal tumors occurring most frequently in the long and flat bones as a solitary lesion mostly during the teen-age years of life. With current treatments, significant number of patients relapse and survival is poor for those with metastatic disease. As part of novel target discovery in Ewing's sarcoma, we applied RNAi mediated phenotypic profiling to identify kinase targets involved in growth and survival of Ewing's sarcoma cells.

Results: Four Ewing's sarcoma cell lines TC-32, TC-1, SKES-1 and RD-ES were tested in high throughput-RNAi screens using a siRNA library targeting 5/2 kinases. Knockdown of 26 siRNAs reduced the growth of all four Ewing's sarcoma cell lines in replicate screens. Of these, 16 siRNAs were specific and induced proliferation of Ewing's sarcoma cells as compared to normal Fibroblasts. Secondary validation and preliminary mechanistic studies highlighted the kinases STK10 and TMO as having important roles in growth and survival of Ewing's sarcoma cells. Furthermore, knockdown of STK10 and TMO by siRNA showed increased apoptosis.

Conclusion: In summary, RNAi-based phenotypic profiling proved to be a powerful gene target discovery strategy, leading to successful identification and validation of STK10 and TMO as two novel potential therapeutic targets for Ewing's sarcoma.

Introduction

Ewing's sarcoma of podiatric bone malignancy is an aggressive neoplasm that arises in the marrow. It translocates chromosomes 12 and 22, resulting in the fusion of Ewing's sarcoma translocation (EWS) gene on chromosome 22 to the FLI1 gene on chromosome 12. This fusion gene produces a chimeric protein that is the driving force in the development of Ewing's sarcoma.

fusion of EWS exon 7 to FLI1 exon 5. The newly

Identified by RNAi screening as Ewing's sarcoma cells

STK10
TMO
KIF11
KIF18A
KIF18B
KIF18C
KIF18D
KIF18E
KIF18F
KIF18G
KIF18H
KIF18I
KIF18J
KIF18K
KIF18L
KIF18M
KIF18N
KIF18O
KIF18P
KIF18Q
KIF18R
KIF18S
KIF18T
KIF18U
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KIF20B
KIF20C
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KIF20E
KIF20F
KIF20G
KIF20H
KIF20I
KIF20J
KIF20K
KIF20L
KIF20M
KIF20N
KIF20O
KIF20P
KIF20Q
KIF20R
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KIF98
KIF99
KIF100

Group Manager

Light Box

Community Forums

Data Journal

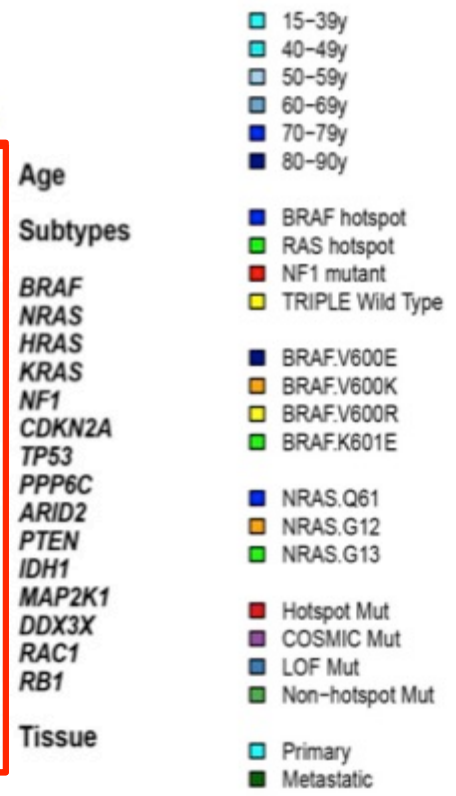
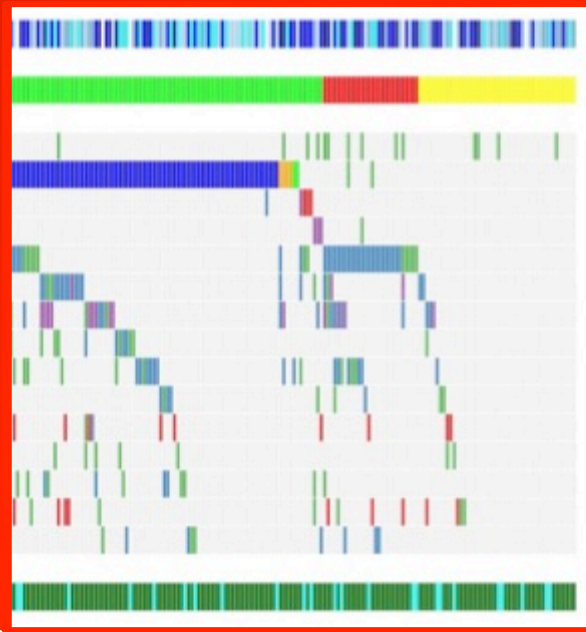
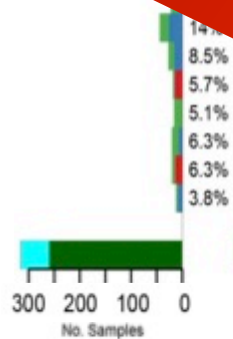
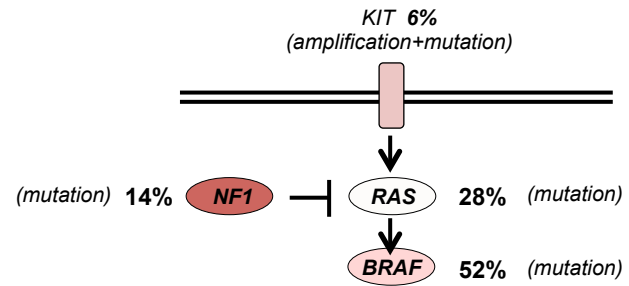
Dashboard

STAND UP TO CANCER

ACR
American Association for Cancer Research

Melanoma Research Alliance

Melanoma Dream Team
PI's Jeffrey Trent, Ph.D. and Patricia LoRusso, D.O.



Treatment of non-BRAF^{V600E} Metastatic Melanoma

Cancer Genome Atlas Research Network. Watson IR, Chin L, Gershenwald, J et al. (In Press Cell)

Project Phases for SU2C Genomics Medicine in Melanoma (G.E.M.M) Trial

- Clinical Trial Development (with FDA)
- Molecular Platform optimization/validation
- FDA mandated Pilot Clinical Trial (n=5)
- Formal FDA Review
- Approved IND as a Randomized Clinical Trial

Primary Objective:

- Best Overall Response Rate (BORR): targeted treatment vs. physician's choice of standard therapy

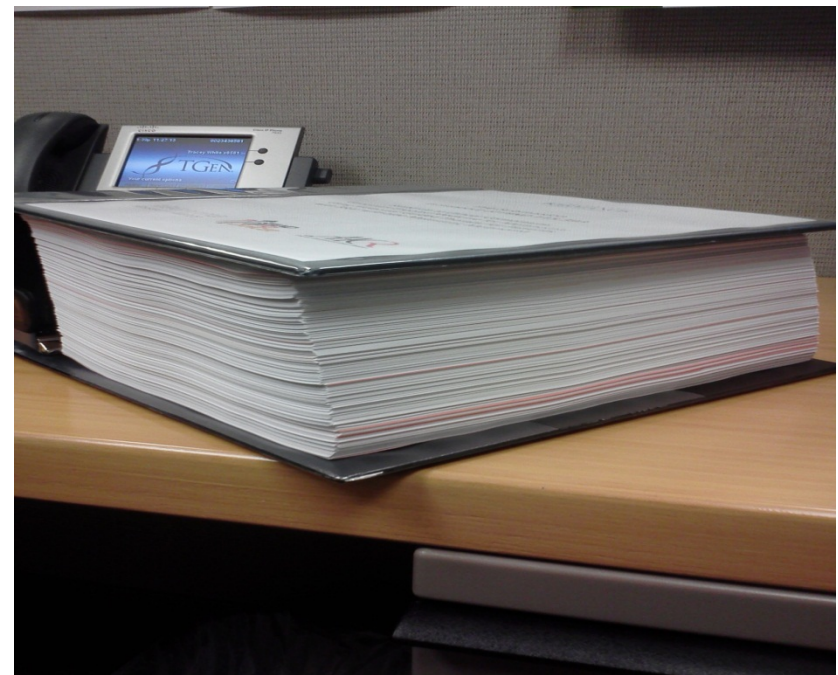
FDA IND and Pre-Submissions – 2,443 Pages of Documentation

Investigational New Drug Application



Number of pages = 1,517

“Pre-Submission” - alternative to the
Investigational New Device Exemption

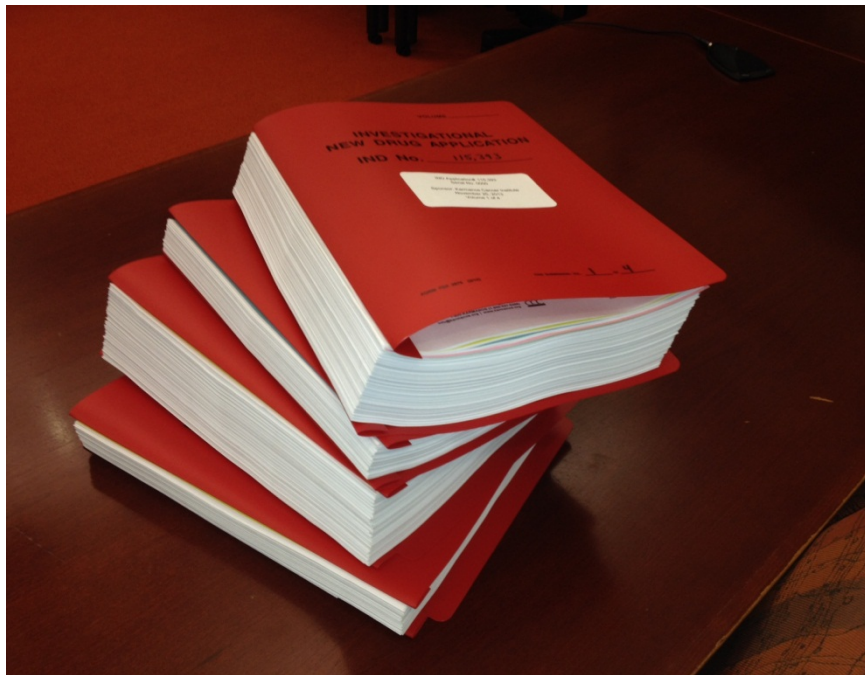


Number of pages = 926

Project Phases Developed over 3 YEARS!!

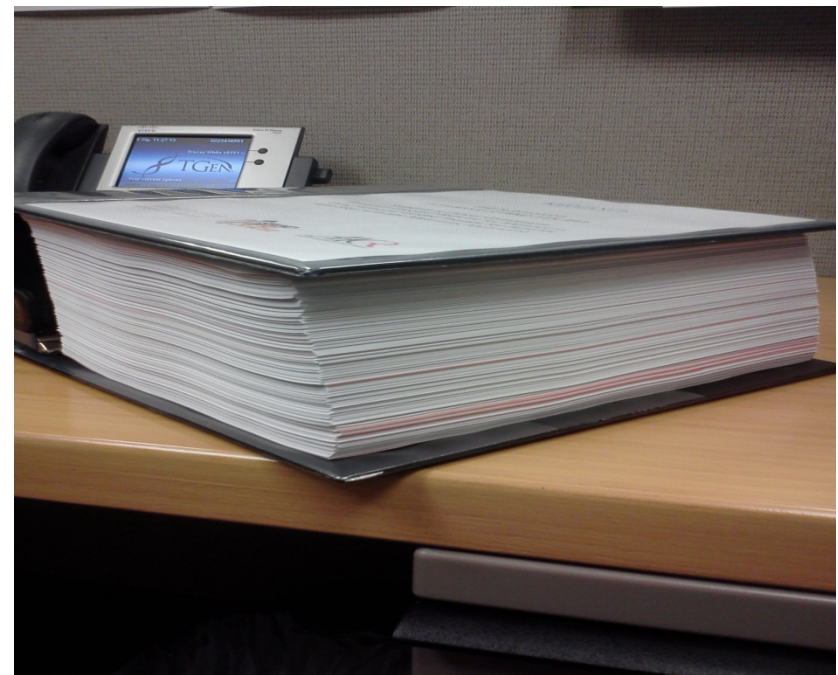
FDA IND and Pre-Submissions – 2,443 Pages of Documentation

Investigational New Drug Application



Number of pages = 1,517

“Pre-Submission” - alternative to the
Investigational New Device Exemption



Number of pages = 926

TRIAL IS CURRENTLY OPEN AND ENROLLING!

Yale, Mayo (3), UMI, IU

Melanoma
Research Alliance

S↑2C

Available Investigational Agents with Phase II dosing:

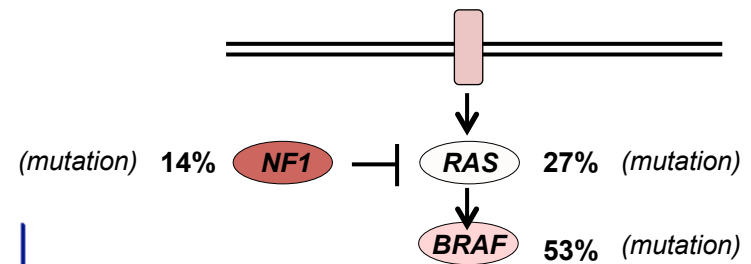
Company Name:	Drug Name:	Target:	Route
Millennium	MLN8237	Aurora A kinase	Oral
	MLN9708	proteasome protease inhibitor	Oral
Pfizer	PF-00299804	pan-erbB	Oral
	PD-0332991	CDK 4/6 inhibitor	Oral
Plexxikon	PLX3397	FMS, Kit and Fit3-ITD	Oral
Exelixis	XL184	Mult-kinase (VEGFR2, Met, FLT3, Tie2, Kit and Ret)	Oral
Novartis/Array	MEK162	MEK 1/2	Oral
Novartis	BGJ398		Oral
Other	Ongoing efforts at securing additional agents	Single and combination	N/A

Melanoma TCGA

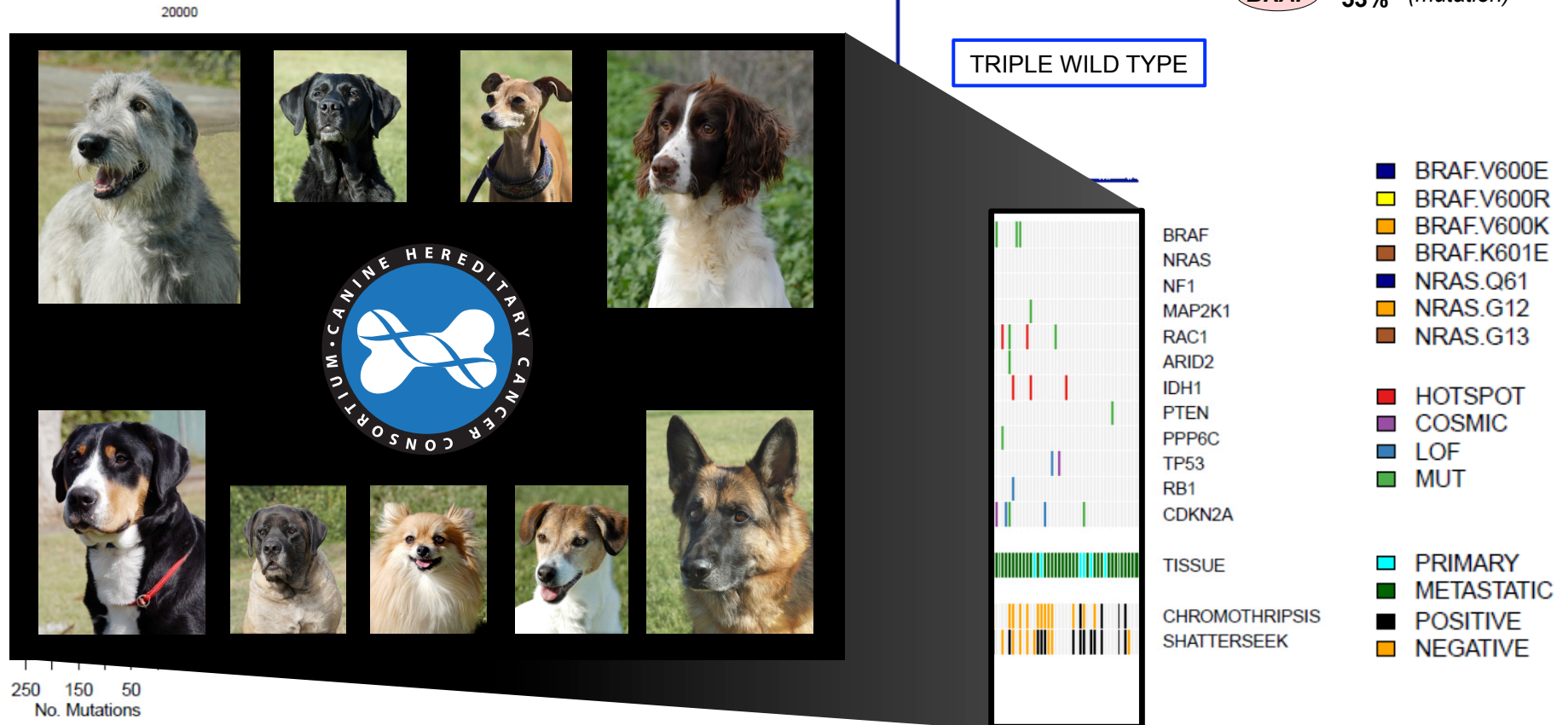
Cancer Genome Atlas Research Network.
Watson IR, Chin L, Gershenwald, J et al. (2014)

- Cutaneous melanomas
- Non-glabrous skin
- Mainly regional metastases
- Total accrual ~300

KIT 6%
(amplification+mutation)



TRIPLE WILD TYPE



250 150 50
No. Mutations

Deep Interrogation of Canine Melanoma as a Comparative Model to Improve Cancer Therapeutics for Triple Wild Type Human Melanoma

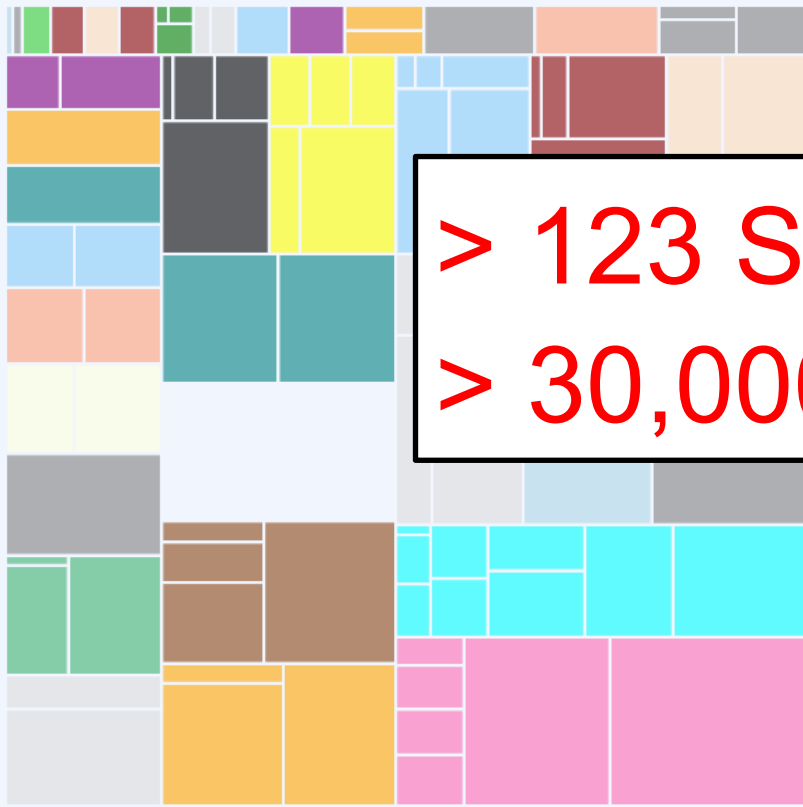
- Precision Medicine in Human Cancer
- **Canine Cancer Genomic Landscapes**
- Emerging Canine PMed Tools
- Opportunities in Comparative Oncology



ICGC Data Portal

Donor Distribution by Primary Site

The Portal contains data for **21441 tumor samples from 91 cancer studies.** [[Details](#)]



> 123 Studies
> 30,000 Tumors



Cancer projects	55
Cancer primary sites	18
Donors	12,807
Simple somatic mutations	12,942,642
Mutated genes	57,517

Type	Genetic basis - prior studies	# NGS Studies	Platform and Samples	Notable Findings	Reference
Mast cell tumor	KIT	0	n/a	n/a	n/a
Soft tissue sarcoma	Various	1	7 Exomes	- 16 mutations/tumor - Few CNVs - NF1, MLL3, PTCH1, MDM4, ATP7B, AIG1	<i>Roberts et al, 2014</i>
Lymphoma	TP53, MYC, KIT, RB1, PTEN, CDKN2A, NRAS	1	84 NHL - 5 exome	44% TRAF3	<i>Bushell et al, 2015</i>
Osteosarcoma	CDKN2A, TP53, RB, PTEN				n/a
Mammary carcinoma	BRCA1/BRCA2				<i>Beck et al, 2013</i>
			- 2 ctDNA - 20 ddPCR 12 cases - 3 WGS - 10 RNAseq - 4 exome	- 0-907 SNVs/tumor - Large CNVs - PTEN, BRAF, PIM1, CCND3, ZFAND3-MGAM, POLD1, BRCA1, IGFR2, FOXC2, DLG2, USH2A	<i>Liu et al, 2014</i>
TCC	Unknown	1	4 RNAseq 62 Sanger	80% BRAF V595E	<i>Decker et al, 2015</i>
CTVT	LINE1 insertion upstream of , MYC, TP53	1	2 WGS, FISH	- Clonal, Aneuploid/Diploid - 2118 SVs, 1.9M SNVs - MYC, CDKN2A, SETD2, ERG	<i>Murchison et al, 2014</i>

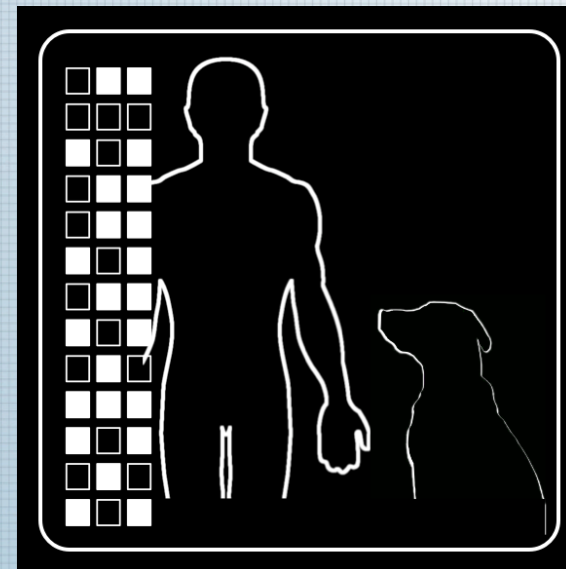
< 10 Studies
< 50 Tumors

The Canine Hereditary Cancer Consortium (CHCC)

An unprecedented alliance of researchers, veterinarians, physicians, and owners



Establishing a new paradigm for tackling complex canine disease



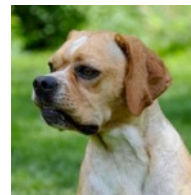
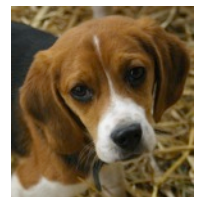
“From Bark to Bedside”

CANIS LUPIS FAMILIARIS

UC2 CA148149 NCI/NIH

Beginning with Canine Genome Sequencing WGS (Illumina)

- ~25 dogs sequenced at TGen (Matt Huentleman)
 - The database of variants from unaffected dogs can be subtracted in silico from the variants of the affected dog to identify putative causal variants under the association peak or potentially a somatic mutation



Cocker Spaniel with Melanoma

Canine Genome Sequencing Project - Phase I

No	Breed	Phenotype	Sequencing Complete as of Today
1	Border Collie	Deafness	100%
2	English Pointer	Ames Champion	100%
3	Rhodesian Ridgeback	Deafness	100%
4	Golden Retriever	Hip Dysplasia	100%
5	Great Pyrenees	Deafness/Dwarfism	100%
6	Beagle	Chondrodysplasia	100%
7	Italian Greyhound	Dermal Hemangiosarcoma	100%
8	Pug	Necrotizing Meningoencephalitis	100%
9	American Cocker Spaniel	Melanoma	100%
10	Lundehund	Isogenic	100%
11	Saluki	Cardiac Hemangiosarcoma	100%
12	Labrador	Hip Dysplasia	100%
13	Brittany	All-Age Champion	100%
14	Racing Greyhound	Osteosarcoma	100%
15	Clumber Spaniel	Visceral Hemangiosarcoma	100%
16	Australian Shepherd	Eye	100%
17	Doberman Shepherd	Deaf/Melanoma	100%
18	W Highland White Terr.	COPD	100%
19	Standard Poodle	CAH	100%
20	Portuguese Pointer	Pointing Breed	100%
21	Cav King Charles Span	Deaf	100%
22	Border Collie (#2)	EPSY	100%
23	Dogue de Bordeaux	Lymphoma	100%

MISSOURI

Robert Schnabel
Gary Johnson
Dennis O'Brien

UCLA

Robert Wayne
John Novembre

TEXAS A&M

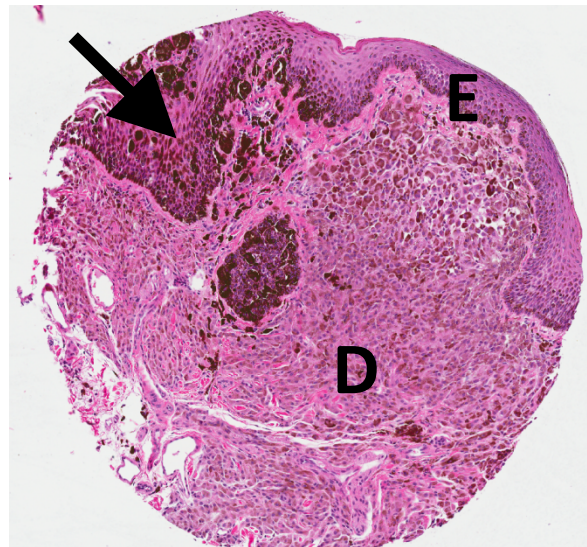
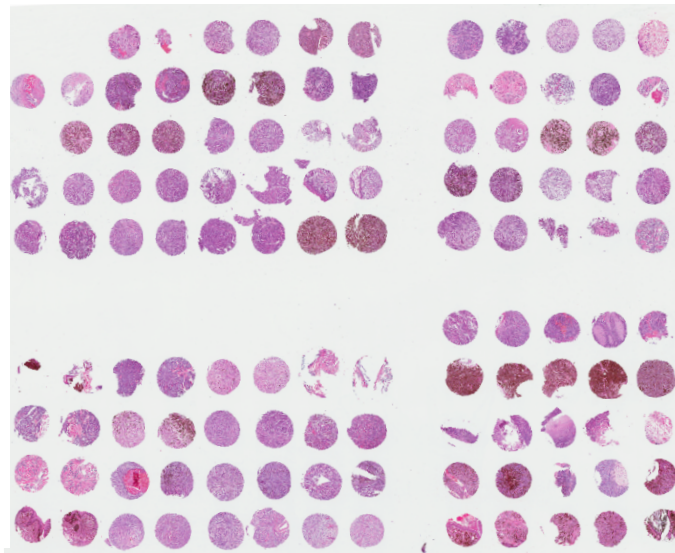
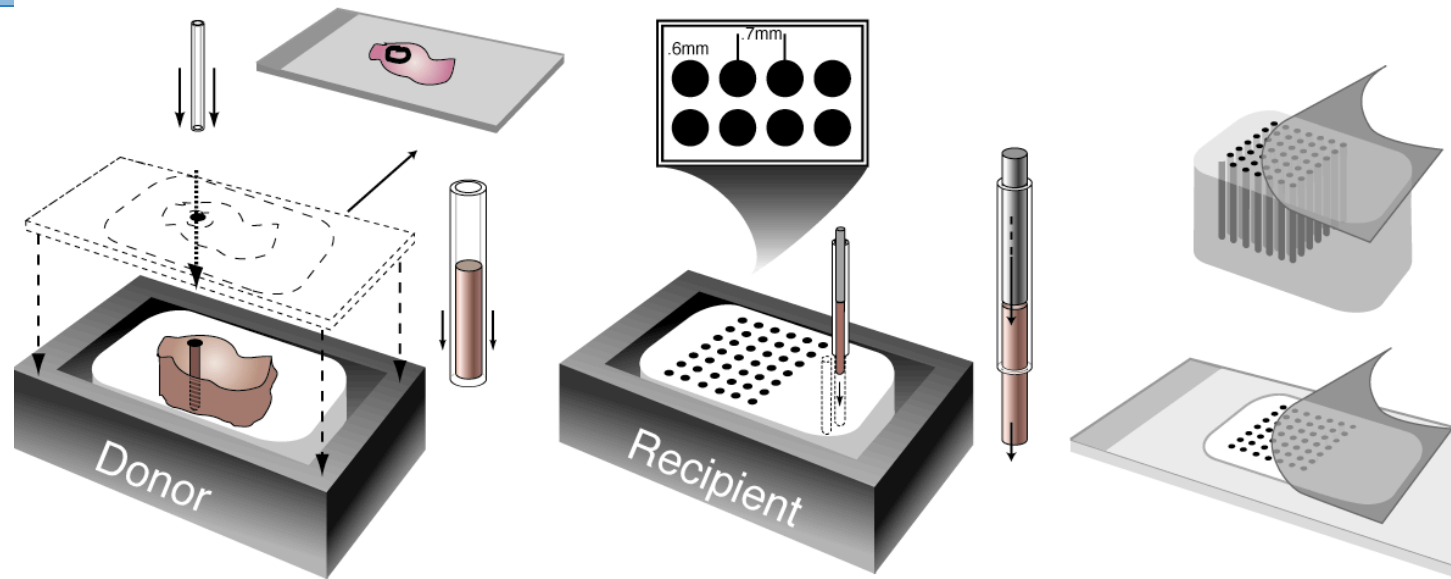
William Murphy

NHGRI

Elaine Ostrander
Brian David, Post-Doc

These groups these groups + ours have been sharing whole genome data to create a detailed database of breed specific variants.

Canine Tissue Microarrays (Dr. Barb Davis)



- Primary, invasive mucosal melanoma is seen arising from the epidermis (E) on the upper left (arrow) and filling the dermis (D) with large epithelioid melanoma cells

Human

Canine

Pigment Cell Melanoma Res. 27: 37–47

PERSPECTIVE

Sporadic naturally occurring melanoma in dogs as a preclinical model for human melanoma

R. Mark Simpson¹, Boris C. Bastian^{2,3}, Helen T. Michael¹, Joshua D. Webster^{1,19}, Manju L. Prasad⁴, Catherine M. Conway^{5,20}, Victor M. Prieto⁶, Joy M. Gary¹, Michael H. Goldschmidt⁷, D. Glen Esplin⁸, Rebecca C. Smedley⁹, Adriano Piris^{10,11}, Donald J. Meuten¹², Matti Kiupel^{9,13}, Chyi-Chia R. Lee⁵, Jerrold M. Ward^{14,15}, Jennifer E. Dwyer¹, Barbara J. Davis¹⁶, Miriam R. Anver¹⁷, Alfredo A. Molinolo¹⁸, Shelley B. Hoover¹, Jaime Rodriguez-Canales^{5,21} and Stephen M. Hewitt⁵

1 Laboratory of Cancer Biology and Genetics, Center for Cancer Research, National Cancer Institute, Bethesda, MD, USA 2 Departments of Dermatology and Pathology, University of California at San Francisco, San Francisco, CA, USA 3 UCSF Helen Diller Family Comprehensive Cancer Center, University of California at San Francisco, San Francisco, CA, USA 4 Department of Pathology, Yale School of Medicine, New Haven, CT, USA 5 Laboratory of Pathology, Center for Cancer Research, National Cancer Institute, Bethesda, MD, USA 6 Departments of Pathology and Dermatology, The University of Texas MD Anderson Cancer Center, Houston, TX, USA 7 Laboratory of Pathology and Toxicology, School of Veterinary Medicine, University of Pennsylvania, Philadelphia, PA, USA 8 Animal Reference Pathology Division, ARUP Laboratories, Salt Lake City, UT, USA 9 The Diagnostic Center for Population and Animal Health, Michigan State University, East Lansing, MI, USA 10 Dermatopathology Unit, Pathology Service, Massachusetts General Hospital, Boston, MA, USA 11 Department of Pathology, Harvard Medical School, Boston, MA, USA 12 Department of Population Health and Pathobiology, College of Veterinary Medicine, North Carolina State University, Raleigh, NC, USA 13 Department of Pathobiology and Diagnostic Investigation, Michigan State University, Lansing, MI, USA 14 Global Vet Pathology, Inc., Houston, TX, USA 15 Department of Pathology, University of Texas MD Anderson Cancer Center, Houston, TX, USA 16 Department of Pathology, University of Texas MD Anderson Cancer Center, Houston, TX, USA 17 Department of Pathology, University of Texas MD Anderson Cancer Center, Houston, TX, USA 18 Department of Pathology, University of Texas MD Anderson Cancer Center, Houston, TX, USA 19 Department of Pathology, University of Texas MD Anderson Cancer Center, Houston, TX, USA 20 Department of Pathology, University of Texas MD Anderson Cancer Center, Houston, TX, USA 21 Department of Pathology, University of Texas MD Anderson Cancer Center, Houston, TX, USA

KEYWORDS melanoma/animal model/comparative study/clinical trial design/image analysis/digital telepathology/signal transduction

PUBLICATION DATA Received 13 August 2013, revised and accepted for publication 11 October 2013, published online 15 October 2013

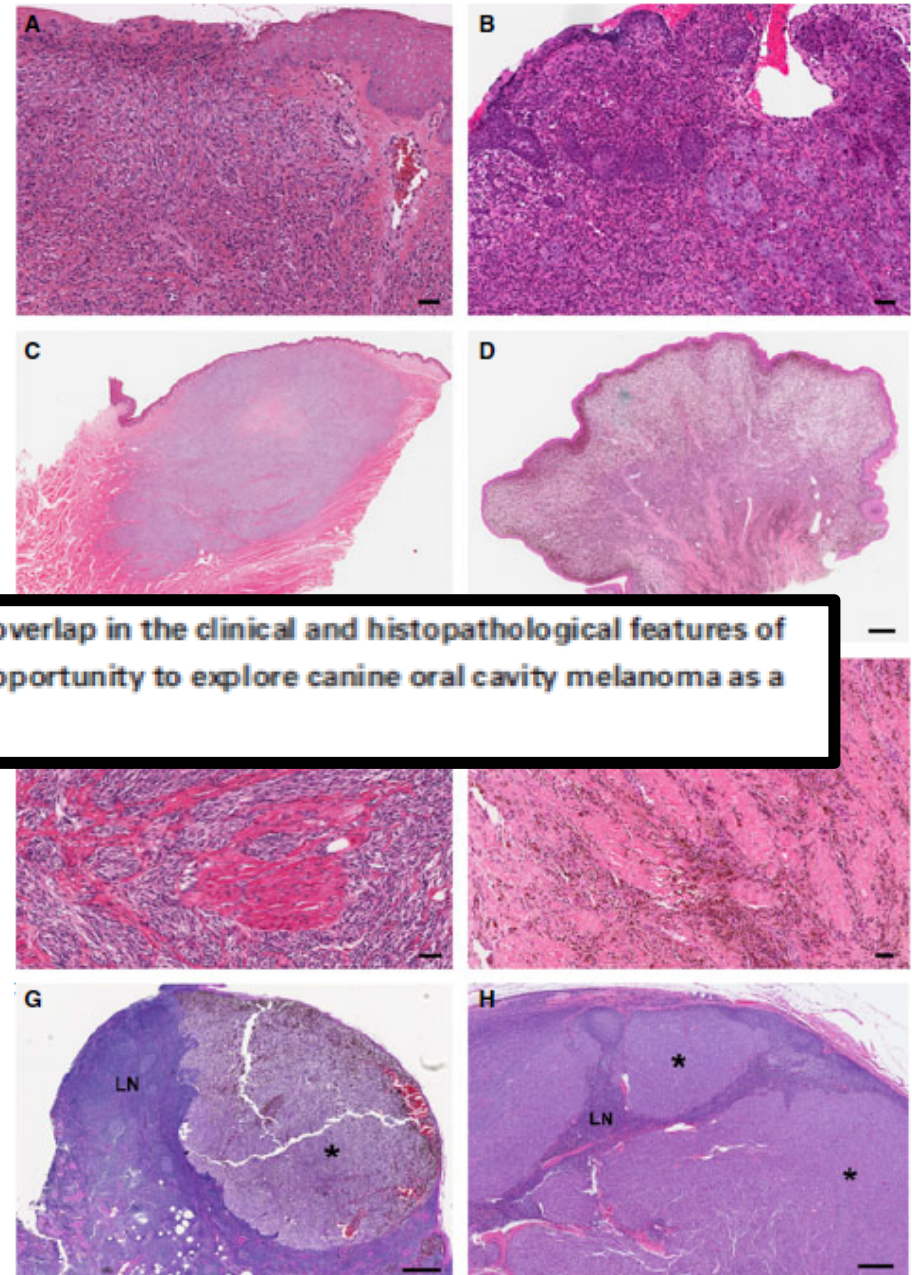
doi: 10.1111/pcm.12185

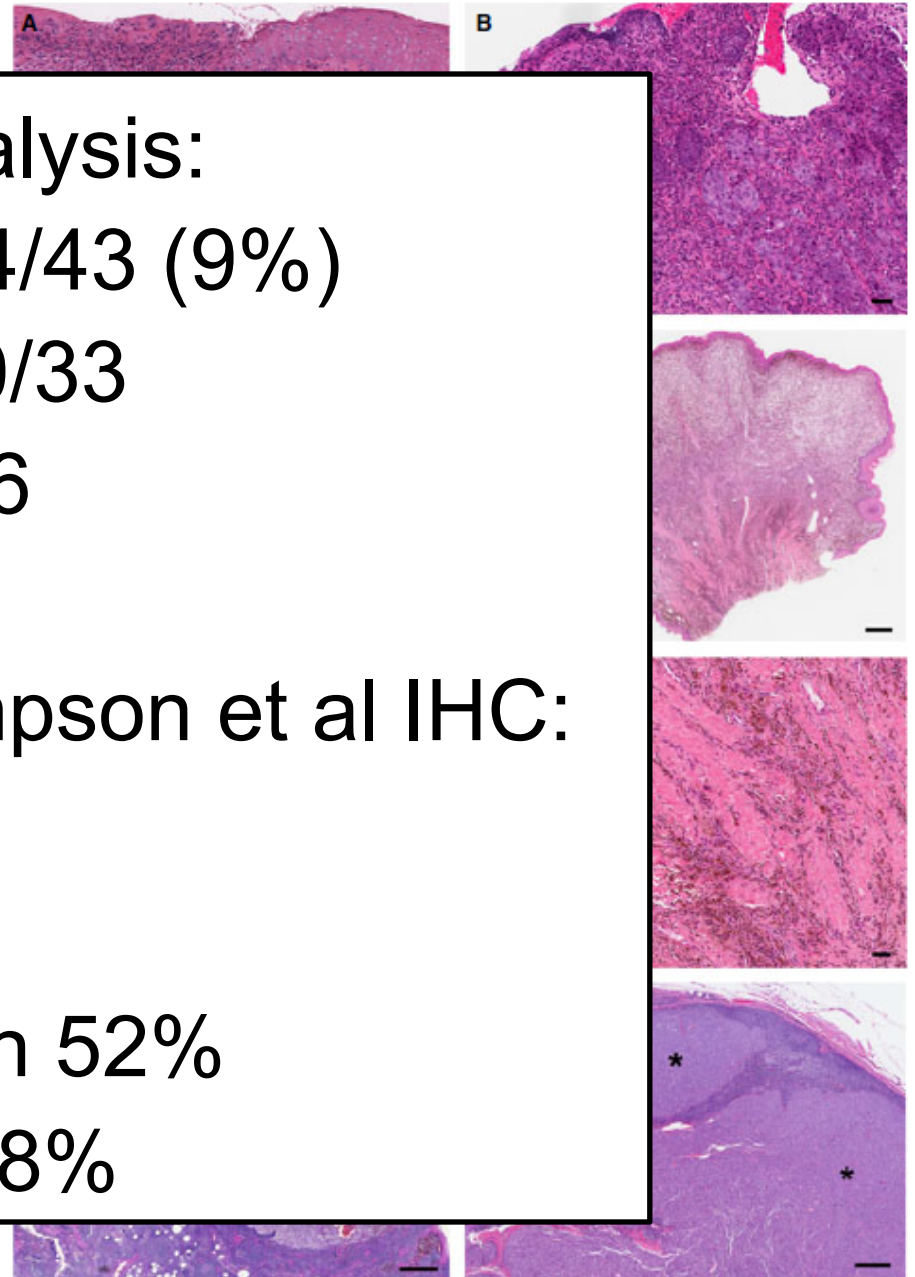
We conclude that there is significant overlap in the clinical and histopathological features of canine and human mucosal melanomas. This represents opportunity to explore canine oral cavity melanoma as a preclinical model.

CORRESPONDENCE R. Mark Simpson and Stephen M. Hewitt, e-mails: ms43b@nih.gov; genejock@helix.nih.gov

Summary

Melanoma represents a significant malignancy in humans and dogs. Different from genetically engineered models, sporadic canine melanocytic neoplasms share several characteristics with human disease that could make dogs a more relevant preclinical model. Canine melanomas rarely arise in sun-exposed sites. Most occur in the oral cavity, with a subset having intra-epithelial malignant melanocytes mimicking the in situ component of human mucosal melanoma. The spectrum of canine melanocytic neoplasia includes benign lesions with some analogy to nevi, as well as invasive primary melanoma, and widespread metastasis. Growing evidence of distinct subtypes in humans, differing in somatic and predisposing germ-line genetic alterations, cell of origin, epidemiology, relationship to ultraviolet radiation and progression from benign to malignant tumors, may also exist in dogs. Canine and human mucosal melanomas appear to harbor BRAF, NRAS, and *c-kit* mutations uncommonly, compared with human cutaneous melanomas, although both species share AKT and MAPK signaling activation. We conclude that there is significant overlap in the clinical and histopathological features of canine and human mucosal melanomas. This represents opportunity to explore canine oral cavity melanoma as a preclinical model.





Sporadic natural preclinical model

R. Mark Simpson¹, Boris C. Bastian², Catherine M. Conway^{5,20}, Victoria A. Miller³, Rebecca C. Smedley⁹, Adriano Salgado⁴, Jerrold M. Ward^{14,15}, Jennifer L. Hester⁶, Shelley B. Hoover¹, Jaime Rodriguez⁷

¹Laboratory of Cancer Biology and Genetics, Center for Cancer Research, National Cancer Institute, Bethesda, MD, USA ²Departments of Dermatology and Pathology, University of California, San Francisco, CA, USA ³UCSF Helen Diller Family Comprehensive Cancer Center, San Francisco, CA, USA ⁴Department of Pathology, Yale University School of Medicine, New Haven, CT, USA ⁵Department of Pathology and Dermatology, The University of Texas Medical Branch, Galveston, TX, USA ⁶Laboratory of Pathology and Toxicology, School of Veterinary Medicine, University of Pennsylvania, Philadelphia, PA, USA ⁷Animal Reference Pathology Laboratory, National Cancer Institute, Bethesda, MD, USA ⁸Diagnostic Center for Population and Animal Health, National Institute of Health, Beltsville, MD, USA ⁹Dermatopathology Unit, Pathology Service, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA ¹⁰Department of Pathology, College of Veterinary Medicine, North Carolina State University, Raleigh, NC, USA ¹¹Department of Pathology and Diagnostic Investigation, Michigan State University, East Lansing, MI, USA ¹²Pathology, Inc., Montgomery Village, MD, USA ¹³Immunogenetics, National Institute of Allergy and Infectious Diseases, Bethesda, MD, USA ¹⁴Pathology Consulting, Harvard, MA, USA ¹⁵Pathology, Inc., Cambridge, MA, USA ¹⁶Pathology Laboratory for Cancer Research, Science Applications, Inc., Fairfax, VA, USA ¹⁷Department of Pathology, National Cancer Institute, Bethesda, MD, USA ¹⁸Oral and Pharyngeal Cancer Branch, National Cancer Institute, Bethesda, MD, USA ¹⁹Present address: Department of Pathology, Leica Biosystems, Building 1, Swift Square, Houston, TX, USA

CORRESPONDENCE R. Mark Simpson and Stephen...

Summary

Melanoma represents a significant preclinical model, sporadic canine melanoma make dogs a more relevant preclinical model for the oral cavity, with a subset having features analogous to human mucosal melanoma. The similarity to nevi, as well as invasive melanoma subtypes in humans, differing in epidemiology, relationship to ultraviolet radiation, and genetic alterations exist in dogs. Canine and human melanoma are distinct entities, occurring uncommonly, compared with human melanoma. We conclude that the canine and human mucosal melanoma preclinical model.

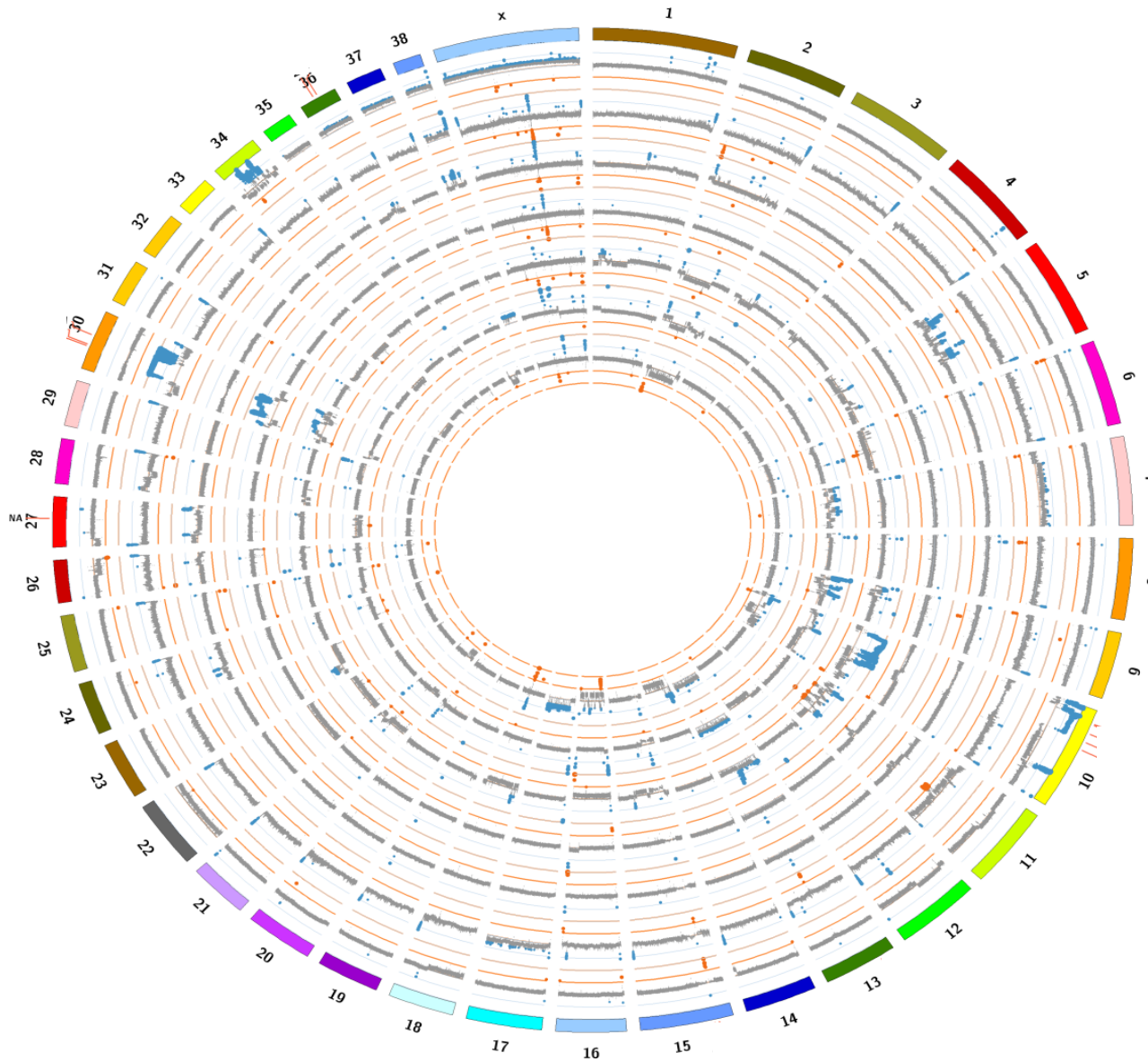
Prior targeted analysis:

- NRAS mut in 4/43 (9%)
- BRAF mut in 0/33
- KIT mut in 1/66

Pathways via Simpson et al IHC:

- pAKT in 66%
- pERK in 77%
- pAKT+pERK in 52%
- PTEN low in 48%

2/3 of canine mucosal tumors are “quadruple wild-type” (BRAFWt, RASwt, KITwt, NF1wt)

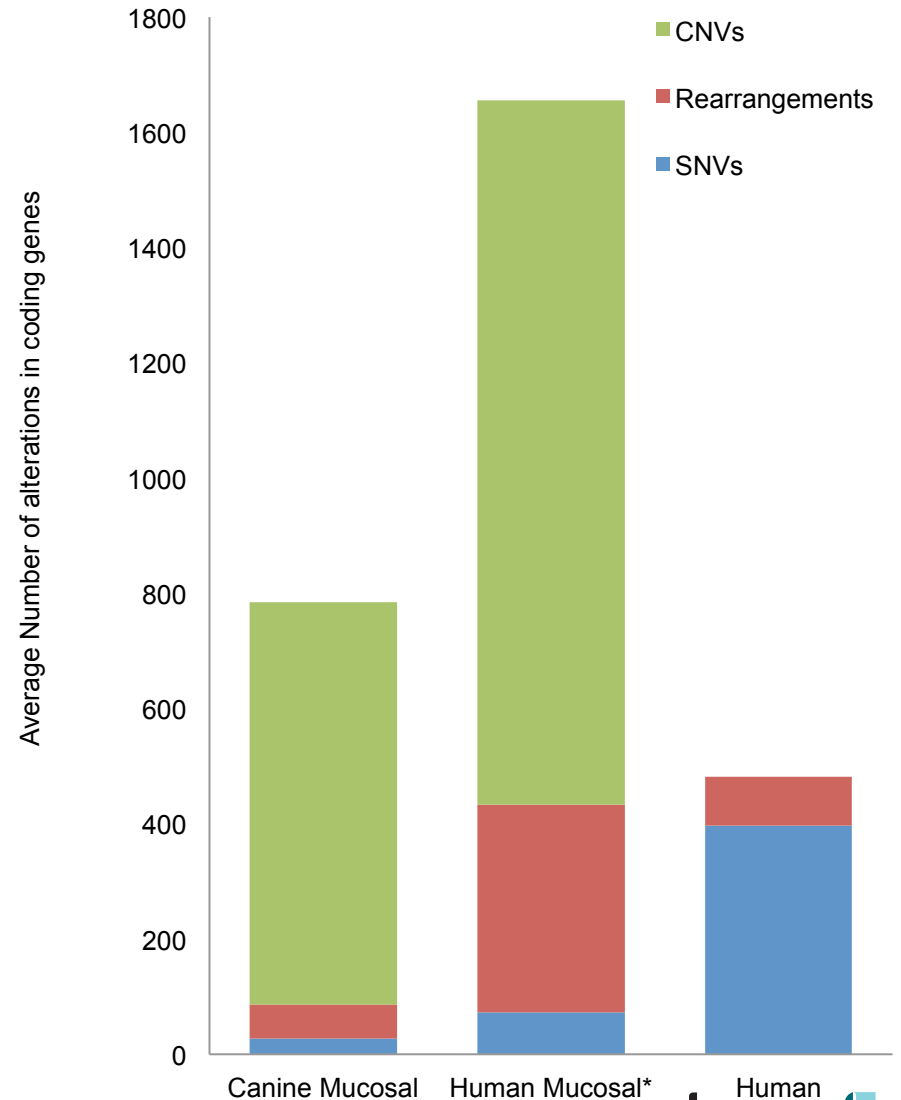
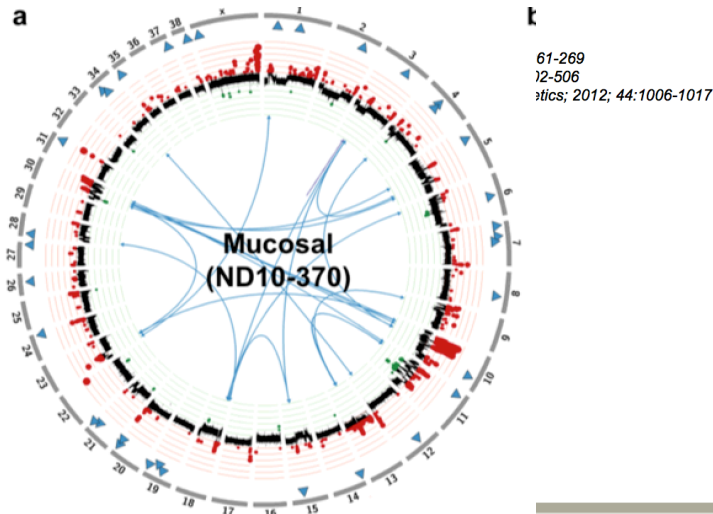
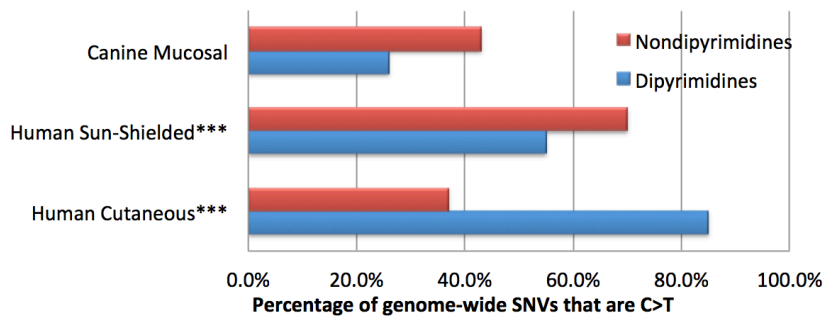


Canine Mucosal Melanoma Mirrors Human Mucosal Melanoma with CNV's >>SNV's and no UV-Signature

Mutation Rate

	Average SNVs per Mb
Canine Mucosal	1.1
Human Mucosal*	2.6
Human Cutaneous**	25.7

UV Signature: C>T Transitions



*adapted from Furney et al. *J Pathol* 2008; 230:261-269
**adapted from Berger et al. *Nature* 2012; 485:502-506

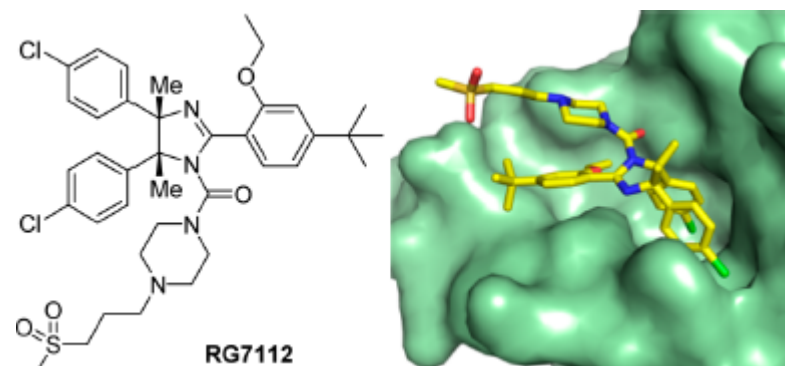
Therapeutic Implications of Genomic Landscapes

MEK and mTOR Inhibition

Table 4. Sensitivity of human and canine melanoma cells to AZD6244 and/or rapamycin

Cell line	AZD6244 IC ₅₀ (nM)	Rapamycin IC ₅₀ (nM)	C.I. range ^a ED ₅₀
<i>Human</i>			
A375	58	12	0.328–0.647
SKmel2	142	0.308	0.093–0.026
SKmel28	183	0.037	0.855–0.890
MeWo	113	0.042	0.552–0.771
<i>Canine</i>			
Jones	105	2.6	0.003–0.096
17CM98	5.7	0.118	0.063–0.438
CML-10C2	391	0.184	0.369–3.261
CML-6M	42	0.027	0.051–1.064

MDM2 Inhibition



**24% of cases with amplification,
exclusive with TP53 mutation**

**17% of cases positive for MDM2
by IHC (Barb Davis)**

Fowles et al, Vet Comp Onc, 2014; Vu et al, ACS Med Chem, 2013

- Precision Medicine in Human Cancer
- Canine Cancer Genomic Landscapes
- **Emerging Canine PMed Tools**
- Opportunities in Comparative Oncology

Continuous Reach-Through to Canine Patients



A life comprehensively recorded (and somewhat less comprehensively regulated) should more rapidly allow integration of genomic and clinical data



Members of the Comparative Oncology Trials Consortium

Auburn University
Auburn, AL

Colorado State University
Ft. Collins, CO

Kansas State University
Manhattan, KS

Michigan State University
East Lansing, MI

North Carolina State University
Raleigh, NC

Purdue University
West Lafayette, IN

Texas A&M University
College Station, TX

The Ohio State University
Columbus, OH

Tufts University
North Grafton, MA

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Madison, WI

Washington State University
Pullman, WA



Dr. Amy LeBlanc

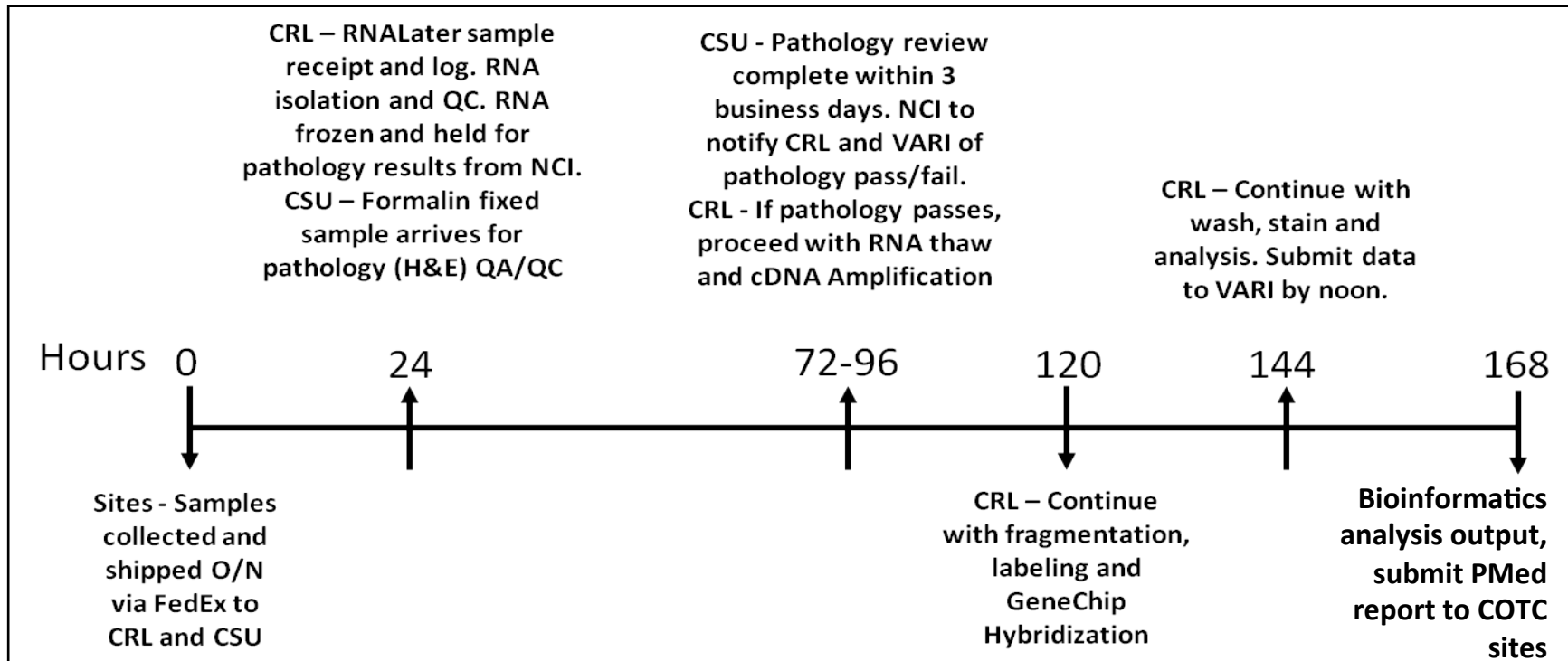
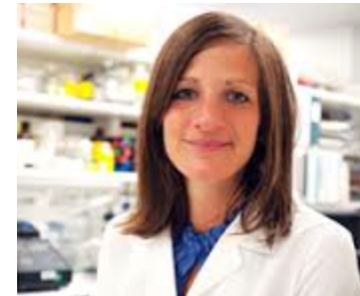


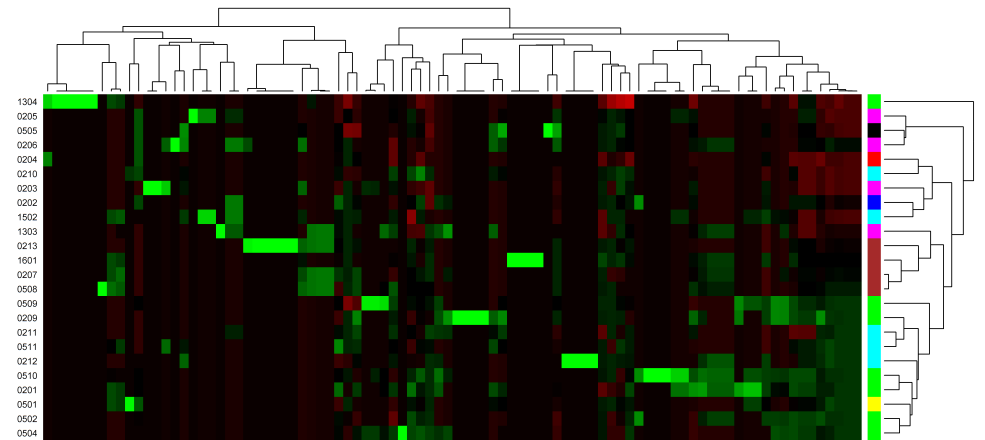
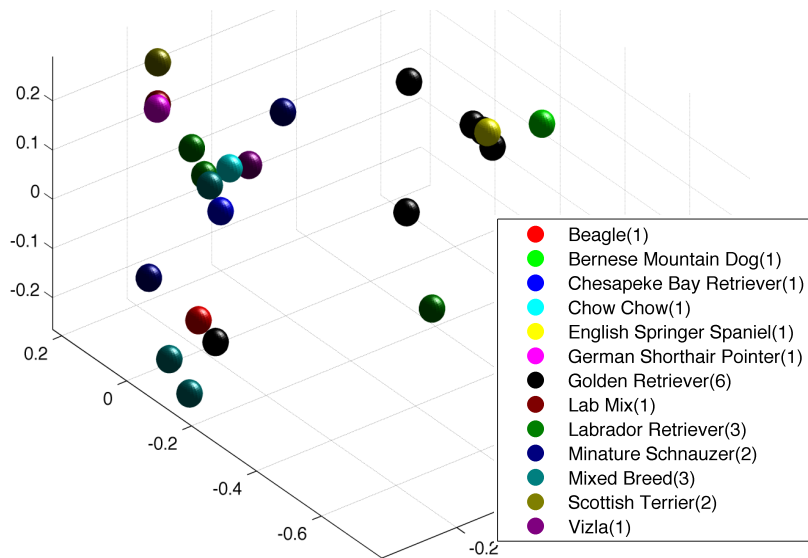
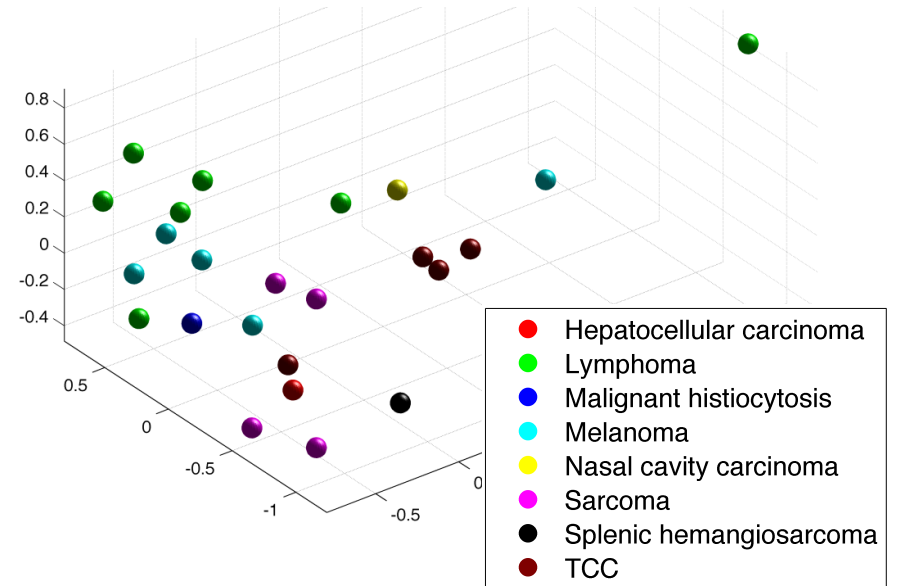
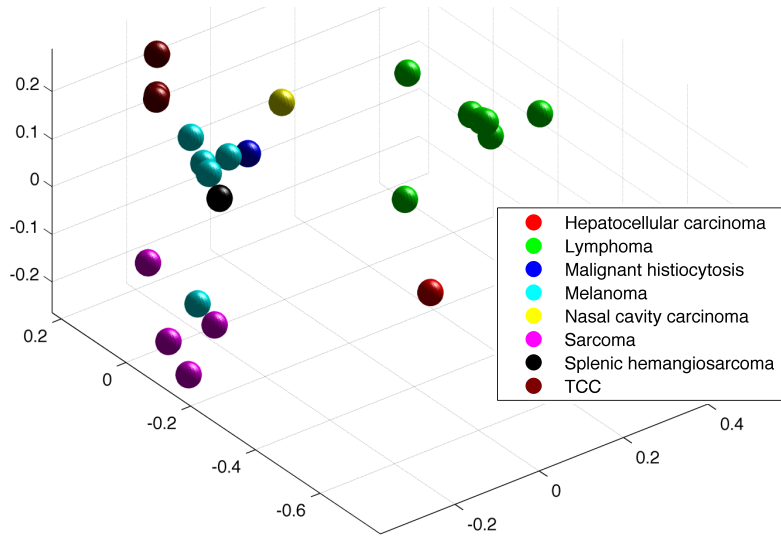
COTC016

Prospective Molecular Profiling of Canine Cancers Provides a Clinically Relevant Comparative Model for Evaluating Personalized Medicine (PMed) Trials

Melissa Paoloni^{1,3}, Craig Webb^{2,3}, Christina Mazcko¹, David Cherba², William Hendricks³, Susan Lana⁴, E. J. Ehrhart⁴, Brad Charles⁴, Heather Fehling⁵, Leena Kumar⁵, David Vail⁶, Michael Henson⁷, Michael Childress⁸, Barbara Kitchell⁹, Christopher Kingsley³, Seungchan Kim³, Mark Neff², Barbara Davis³, Chand Khanna^{1,3}, Jeffrey Trent^{2,3,9}

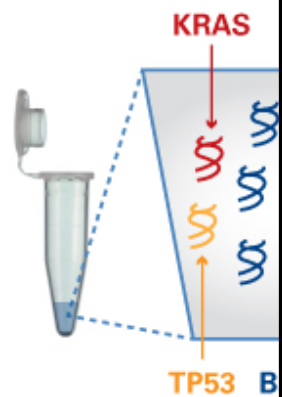
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Canine-Specific Resources

- » CanFam 3 exomes in development (Roche, Agilent others)
- » Targeted amplicon sequencing developed at TGen via Raindance/Illumina



Prepare Sample
Primers and PCR

Canine

TGen developed drug rule database

- Literature-derived
- Actively curated
- Lifted to canine, supplemented with canine-specific rules



Analyze with
Illumina NGS

ABL1	BCL6	EGFR	FGFR2	HRAS	KIT	NRAS	RB1	STK11
AKT1	BRAF	ERBB2	FGFR3	IDH1	KRAS	PDGFRA	RET	TP53
ALK	CDH1	ERBB4	FLT3	IDH2	MET	PIK3CA	SMAD4	VHL
APC	CDKN2A	EZH2	GNAQ	JAK2	MLH1	PTEN	SMARCB1	
ATM	CSF1R	FBXW7	GNAS	JAK3	NOTCH1	PTPN11	SMO	
BCL2	CTNNB1	FGFR1	HNF1A	KDR	NPM1	PTPRJ	SRC	

Canine Cancer Panel

Patient:	Ordering Client:
Gender:	Specimen Type:
DOB:	Specimen Site:
Medical Record #:	Tumor Collection Date:
Client Accession #:	Blood Collection Date:
Ordering Physician:	Received Date:

Diagnosis: Lung Cancer (Neuroendocrine Carcinoma)

TUMOR GENOMIC ALTERATIONS 1				
ERBB3 FBXW7 JAK2 TP53				
GENOMIC ALTERATION ²	FDA-APPROVED DRUGS -for patient's cancer	FDA-APPROVED DRUGS -for another cancer	DRUGS PREDICTED NON-BENEFICIAL	POTENTIAL CLINICAL TRIALS
4	0	2	0	5
ERBB3 (R475W)				Yes
FBXW7 (R367*)		Everolimus(Afinitor), Temozolimus(Torisel)		No
JAK2 Amplification				Yes
TP53 (Y234C)				Yes

Canine Cancer Panel – Drug Evidence Detail

Drug	Gene	Therapeutic Implication	Drug Evidence
Everolimus (Afinitor)	FBXW7(R367*)	PREDICTED BENEFICIAL	Evidence Type: <input type="checkbox"/> Phase III trial <input checked="" type="checkbox"/> Patient's disease <input type="checkbox"/> Other clinical trial <input type="checkbox"/> Other disease
Literature Supporting Therapeutic Implication A Phase 3 study (RADIANT-2) of everolimus plus octreotide long-acting repeatable (LAR) in 429 patients with low or intermediate grade neuroendocrine tumours reported a significantly improved median progression-free survival of 16.4 months in the everolimus plus octreotide LAR arm as compared to 11.3 months in the placebo plus octreotide LAR arm. http://www.ncbi.nlm.nih.gov/pubmed/22119496 (Pavel M et al., Lancet, 2011; 9808:2005-12)			
Temozolimus (Torisel)	FBXW7(R367*)	PREDICTED BENEFICIAL	Evidence Type: <input type="checkbox"/> Phase III trial <input checked="" type="checkbox"/> Patient's disease <input type="checkbox"/> Other clinical trial <input type="checkbox"/> Other disease
Literature Supporting Therapeutic Implication In a Phase 2 study of 85 unselected patients, administration of temozolimus after standard induction chemotherapy for extensive-stage SCLC did not appear to prolong progression-free survival. http://www.ncbi.nlm.nih.gov/pubmed/17975496 (Pandya K et al., Journal of Thoracic Oncology : official publication of the International Association for the Study of Lung Cancer, 2007; 11:1036-41)			

Canine Cancer Panel – Genomic Alterations Detail

Genomic Alteration	Therapeutic Implication	
Alteration:	Drug	Status
Alteration Type: Stop Gain	Everolimus (Afinitor)	PREDICTED BENEFICIAL
Coordinate: chr4:153251907	Temozolimus (Torisel)	PREDICTED BENEFICIAL

Biomarker Summary
 FBXW7-R367* is an inactivating mutation. FBXW7 encodes the F-box/WD repeat-containing protein 7, Fbxw7, which is a subunit of the SCF ubiquitin ligase complex responsible for recruitment of substrates for targeted degradation by the proteasome (Welcker and Clumman, 2008; PMID 18094723). Loss of Fbxw7 function may result in the stabilization of some oncoproteins, including mTOR, Notch1, Myc, Jun, and Cyclin E1, all of which are substrates for Fbxw7-targeted degradation by the proteasome (Mao et al., 2008; PMID 18787170, Akhondji et al., 2007; PMID 17909001). Preclinical studies have reported that inactivation of Fbxw7 results in stabilization of mTOR, suggesting that mTOR inhibitors may be relevant in a tumor with a loss of Fbxw7 (Mao et al., 2008; PMID 18787170). However, some clinical studies have reported limited success of mTOR inhibitors in the context of FBXW7 mutations in a variety of tumor types, perhaps because FBXW7 mutations often occur along with other concomitant alterations, which complicates the targeting of tumors with FBXW7 alterations (Jardin et al., 2014; PMID 24586741, Villaruz and Socinski, 2014; PMID 24360397, Watanabe et al., 2011; PMID 21421716).

Molecular Function
 The FBXW7 nonsense alteration reported here is expected to result in a truncated Fbxw7 protein that retains the conserved F-box domain, but lacks all or a portion of the WD40 repeat region (UniProt). The WD40 repeat region is responsible for substrate recognition; therefore, this mutation is predicted to result in a failure to target substrates for degradation, thus enhancing the stability of known oncogene substrates including Cyclin E, Notch1, Myc, Jun, and mTOR (Akhondji et al., 2007; PMID 17909001, Mao et al., 2008; PMID 18787170). As a consequence, this mutation is expected to be inactivating.

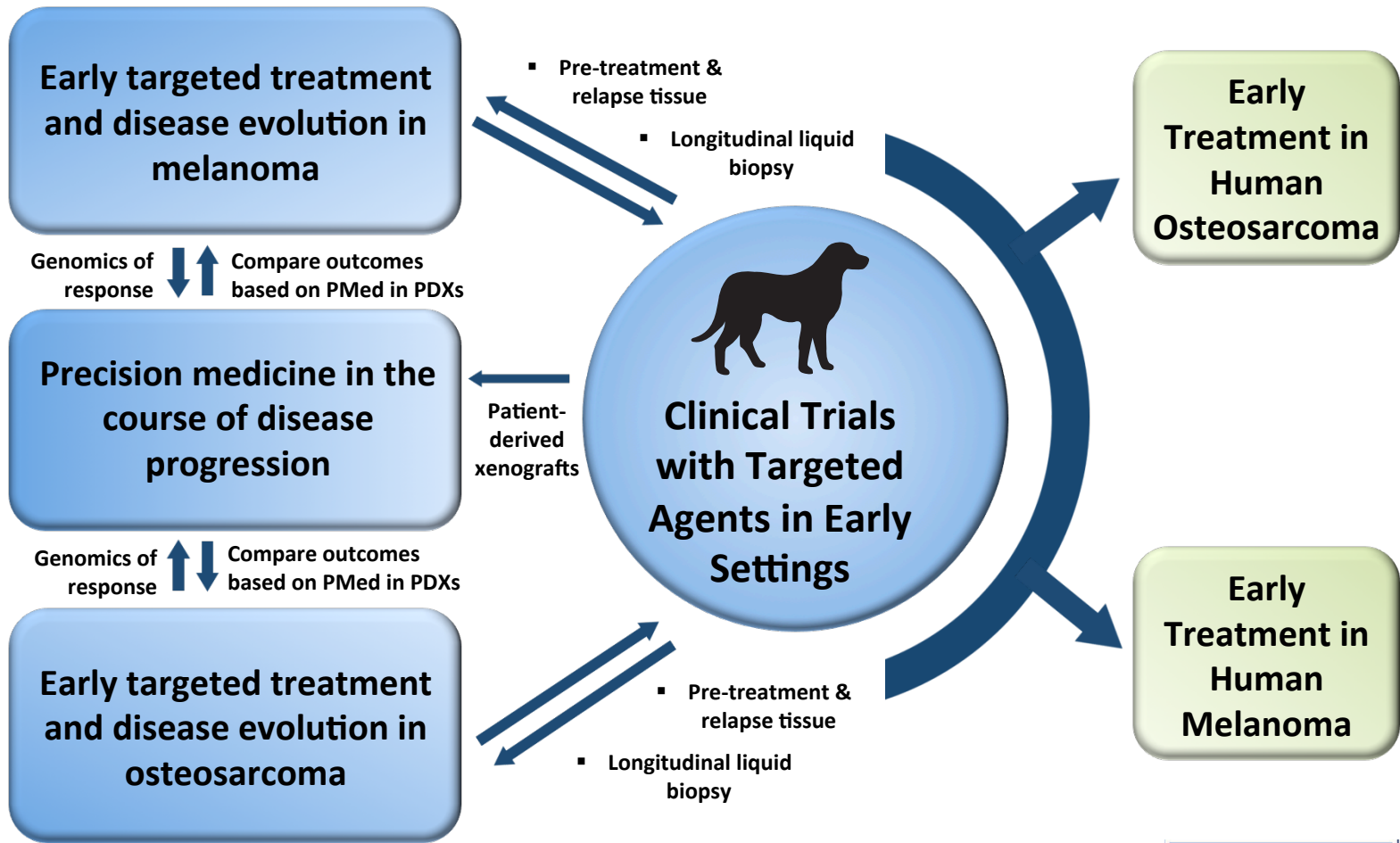
Incidence in Disease
 FBXW7 mutation has been reported in 1/92 lung neuroendocrine carcinoma cases analyzed in COSMIC, and in 1/42 sequenced small cell lung carcinoma (SCLC) tumors in the Small Cell Lung Cancer Johns Hopkins dataset (cBioPortal for Cancer Genomics, Mar 2015).

Role in Disease
 FBXW7 inactivating mutations have been reported in a large variety of tumors, and, combined with the oncogenic potential of several FBXW7 substrates, led to the conclusion that FBXW7 is a general tumor suppressor (Akhondji et al., 2007; PMID 17909001).

Canine Cancer Panel – Clinical Trials Detail

Gene	Drug(s) on Study	Trial ID	Trial Title	Location(s)
ERBB3	Neratinib	NCT01953926 Phase 2	An Open-label, Phase 2 Study of Neratinib in Patients With Solid Tumors With Somatic Human Epidermal Growth Factor Receptor (EGFR, HER2, HER3) Mutations or EGFR Gene Amplification	CA, MA, MI, MO, NY, TN, TX
JAK2	INCB052793; gemcitabine; nab-paclitaxel	NCT02265510 Phase 1a/1b	An Open-Label Study of a Novel JAK-inhibitor, INCB052793, Given to Patients With Advanced Malignancies	TN, TX
TP53	MLN9708, Vorinostat	NCT02042989 Phase 1	MLN9708 and Vorinostat in Patients With Advanced p53 Mutant Malignancies	TX
TP53	MK-1775 (AZD1775)	NCT01748825 Phase 1	MK-1775 for Advanced Solid Tumors	MD
TP53	Thioureido-butyrionitrile	NCT01664000 Phase 1	A Safety, Pharmacokinetic and Pharmacodynamic Study of Kevetrin in Patients With Advanced Solid Tumors	MA

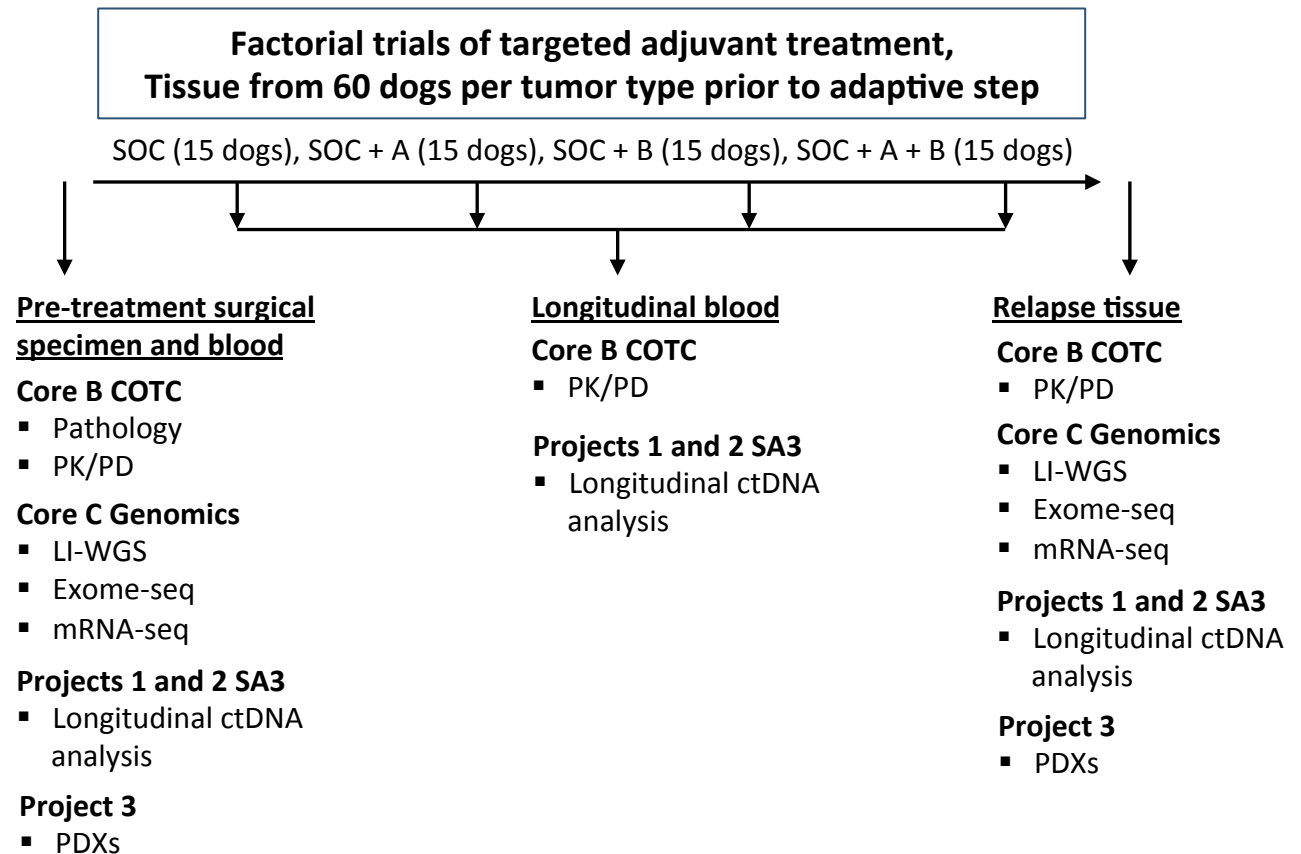
- Precision Medicine in Human Cancer
- Canine Cancer Genomic Landscapes
- Emerging Canine PMed Tools
- **Opportunities in Comparative Oncology**



Clinical Trial Sample Flowchart for Correlative Biology



Canine patient with primary melanoma or osteosarcoma.
Surgical resection to no evidence of disease at COTC site



Precision Medicine Studies

Rare childhood disorders



Multiple Myeloma



Adult Glioblastoma



Breast Cancer



Pediatric brain tumor



Melanoma



Neuroblastoma



Lung cancer



Childhood Cancer



Rare Cancers



Partners & Collaborators



Thank you for listening

