

Ian Ellis

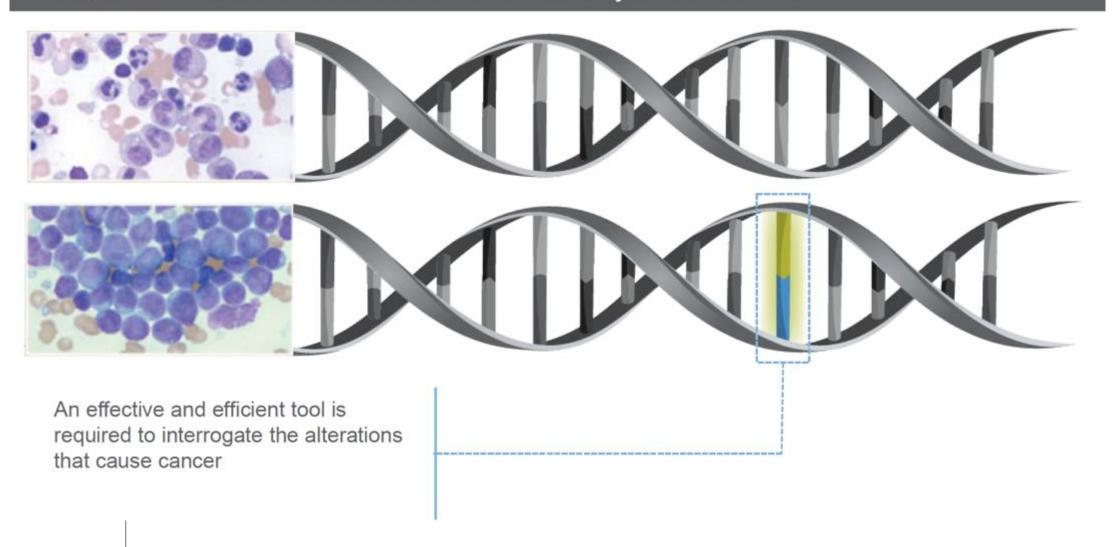


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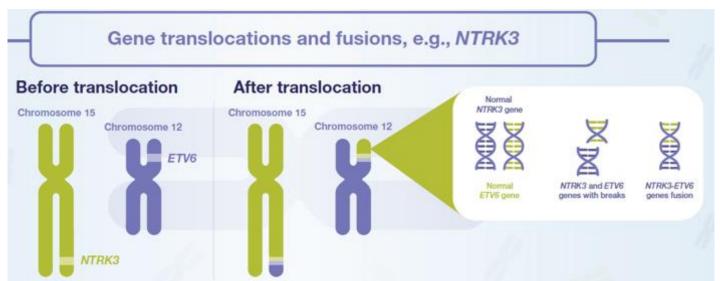


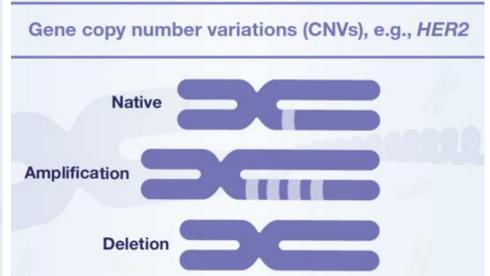
### Cancer is a Disease of the Genome Caused by its Alterations

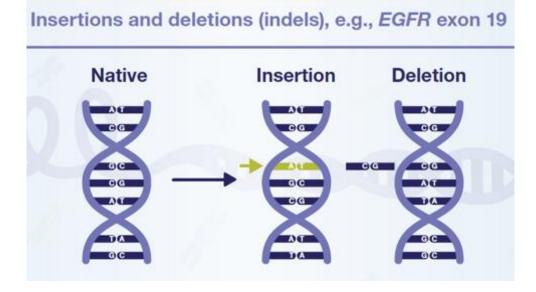


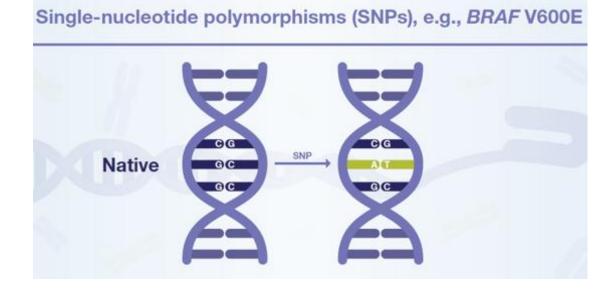


## **Molecular Alterations in Cancer**



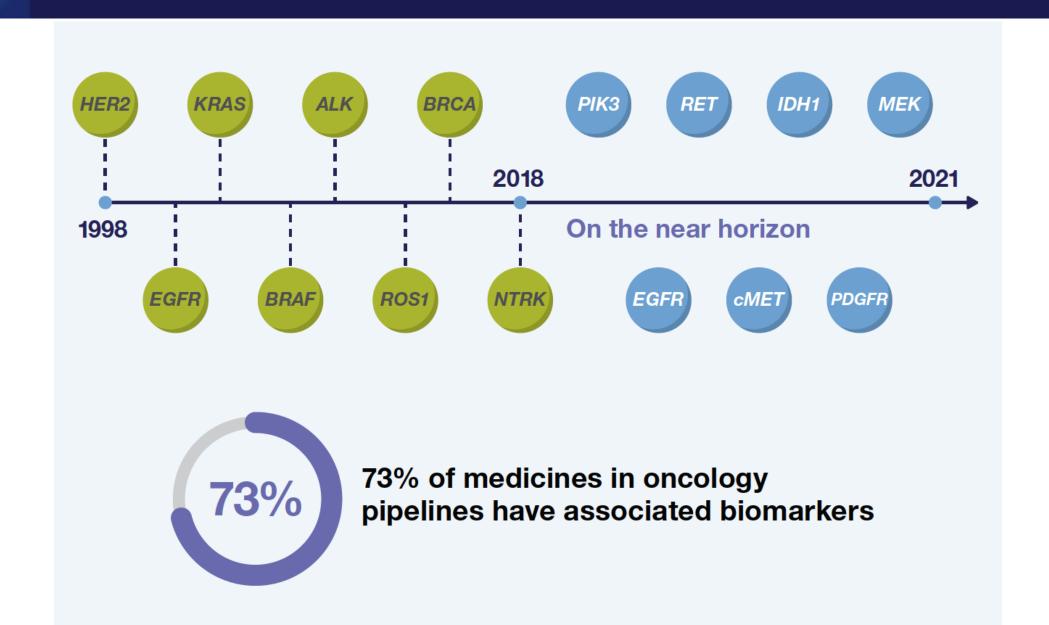






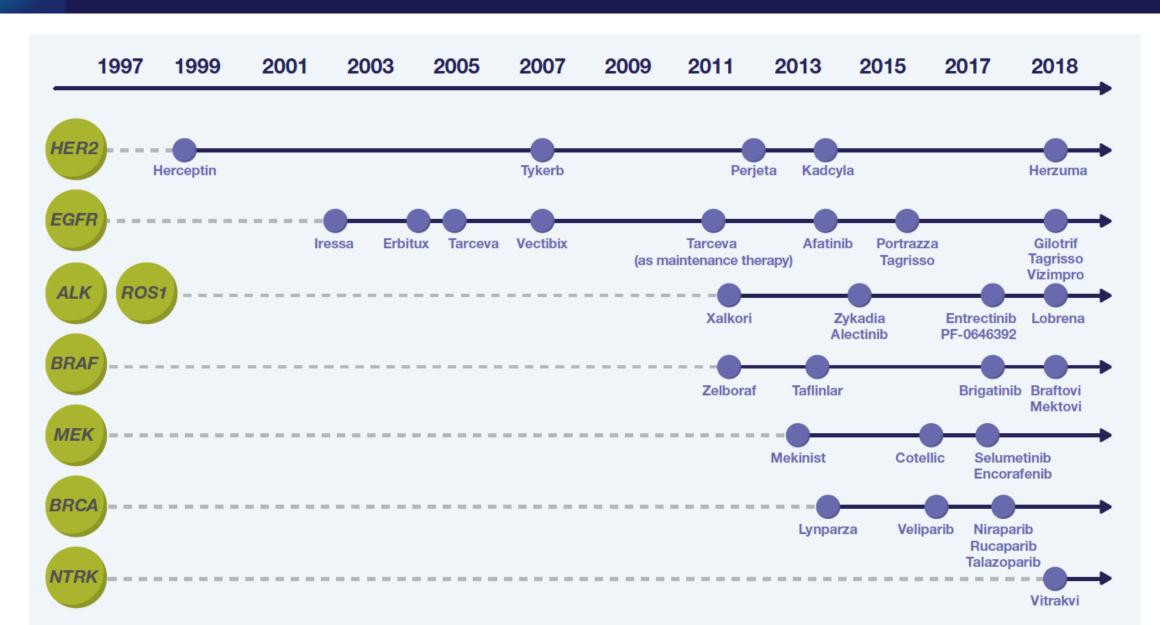


## Biomarker development is accelerating





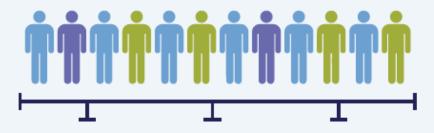
## Available targeted medicines – Solid tumours





## Precision medicine is enabled by molecular profiling

### **Traditional therapies**

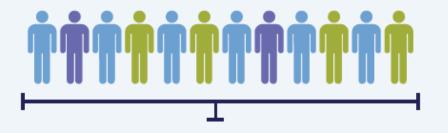




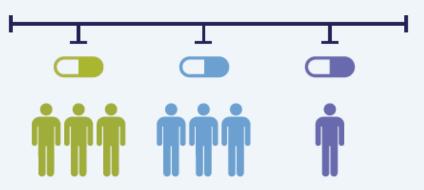


Some patients benefit, some patients do not benefit, and some patients experience adverse effects.

#### **Precision medicine**



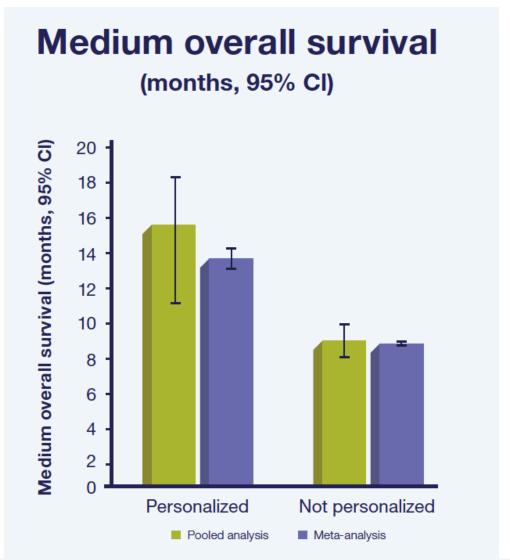




Each patient is given an individualized treatment.



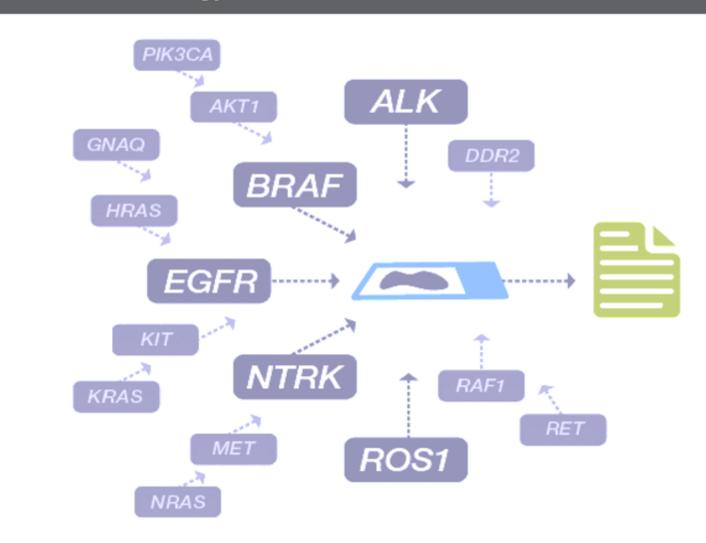
## Precision oncology helps improve patient outcomes





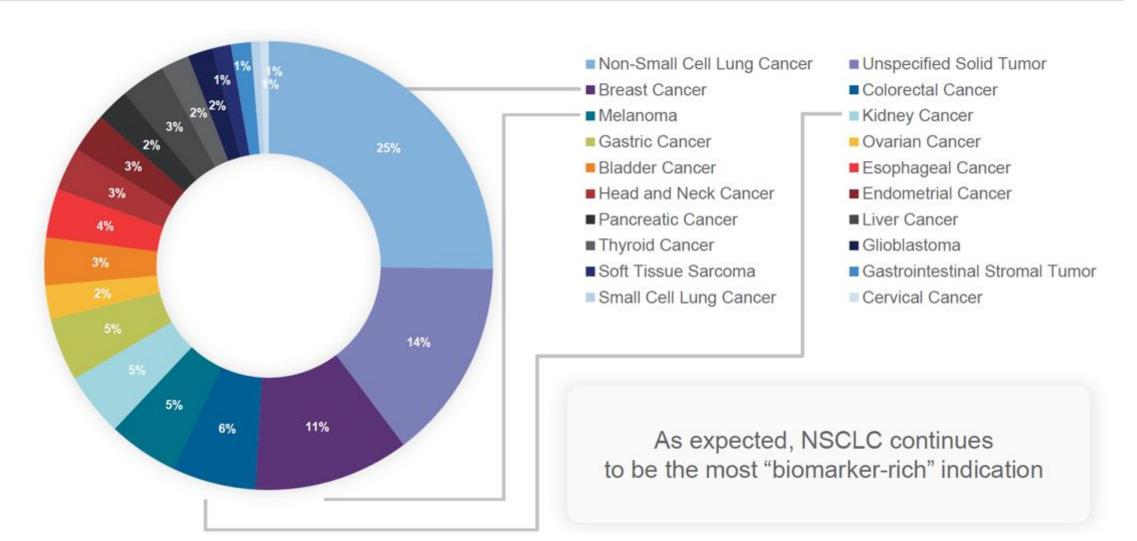
## NGS is a Foundation of Precision Oncology Clinical Research

NGS can detect many different types of biomarkers simultaneously from a single sample





#### Pan-Cancer Clinical Research Application of OPA



# **HKBCF** x Novartis: Gene Testing Financial Assistance Program







**Hong Kong** 

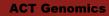
Sanatorium &

Hospital









- •ACTDrug® +
- ACTMonitor® Breast
- ACTOnco® +

#### **Hong Kong Molecular Pathology Diagnostic** Centre

- Cancer Hotspot NGS Panel
- PIK3CA Hotspot Mutation Test
- PIK3CA Hotspot Mutation Test (Tissue)

- PIK3CA by Sanger sequencing
  - PIK3CA by NGS
  - Somatic Breast Cancer Panel by NGS

#### **Lucence Diagnostics**

- Liquid HALLMARK
- Liquid MARK Breast
- Liquid MARK single PIK3CA gene
- •Tissue 500
- Tissue HALLMARK
- Tissue MARK Breast
- Tissue MARK single PIK3CA gene

#### Roche

- FoundationOne CDx
- FoundationOne Liquid CDx

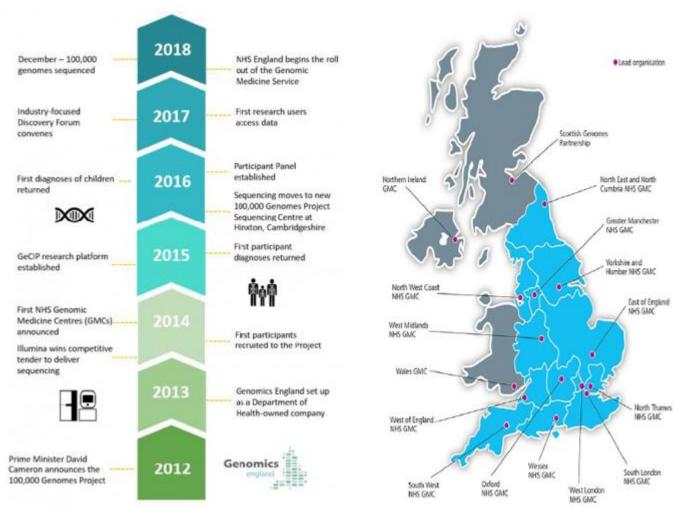
#### **University Pathology** Service, CUHK

- cfDNA PIK3CA test
- CUHK Somatic Mutation v3 Test for Solid Cancers (Tissue)
- Focused Mutation Panel for solid cancers (Tissue)
- •PIK3CA gene hotspot mutation detection (Exon 7, 9 and 20)
- Roche Avenio surveillance mutation panel for solid cancers on peripheral blood (197 genes)
- small RNA fusion panel (15 genes)





# UK 100,000 Genomes Project





# **UK Genomic Medicine Service**

# National Genomic Medicine Service

Genomic Medicine Centres
Providing Care

Genomic Laboratory Hubs National Laboratory Network

NHS Lead

UK Genomics Knowledgebase Informatics architecture and data store

Whole Genome Sequencing Provider

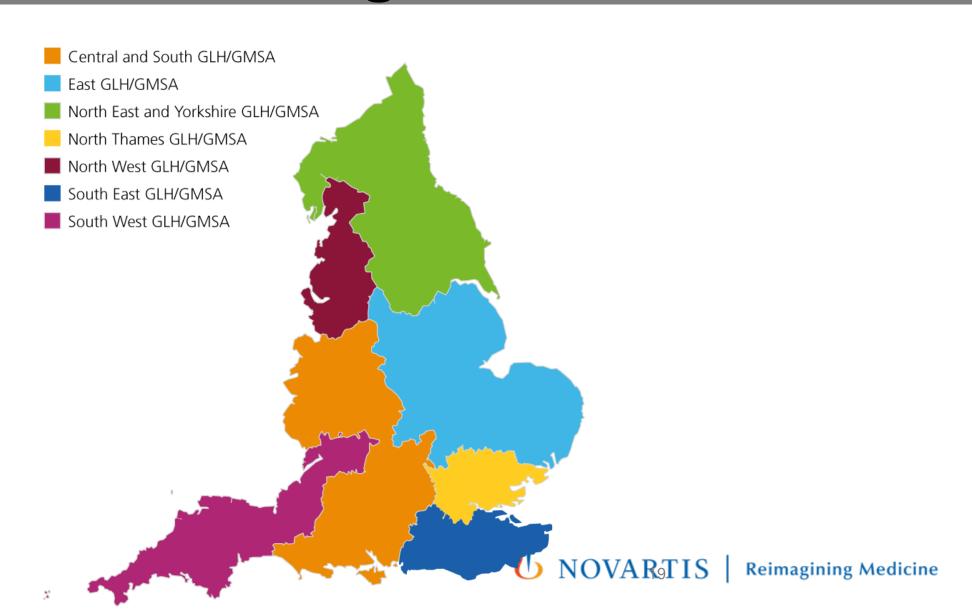
Clinical Interpretation Pipeline

GEL Lead

Workforce development Upskilling of existing staff Industry/ academic/ international partnerships Supporting ongoing research and development through clinical care



# UK NHS Genomic Medicine Service Regions





SOLID CANCER REQUEST FORM (31032022) CU-SR-FRM-35 Rev 2

PAGE 1 of 3

#### SOLID CANCER GENOMIC TEST ORDER FORM **East Genomics** PATIENT DETAILS REFERENCE INFORMATION NHS NO. SUBMITTER HOSPITAL HOSPITAL NO. CLINICIAN NAME **SURNAME** DEPARTMENT **FORENAME** CONTACT EMAIL Secure NHS.net CONTACT PHONE **ETHNICITY** MALE **FEMALE** OTHER SEX REQUEST DATE SPECIMEN INFORMATION SPECIMEN NO SPECIMEN TYPE BLOCK NO. TISSUE SITE DIAGNOSIS **COLLECTION DATE** REASON FOR REFFERAL % TUMOUR CELLS: CIRCLED DOTTED WHOLE SLIDE <10% 10-30% 30-50% 50-70% >70

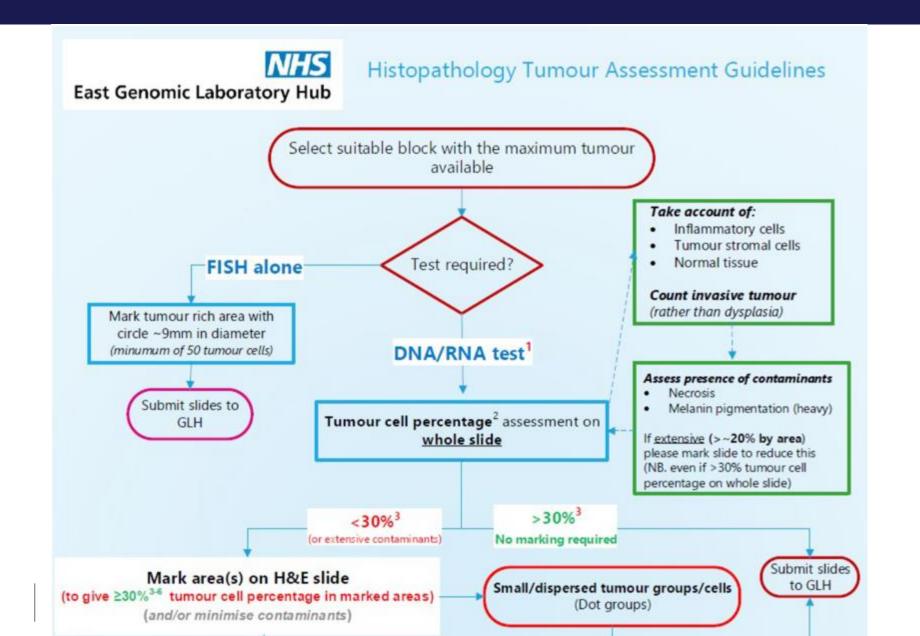


NGS SEQUENCING (tick required box)				
CLINICAL INDICATION	TEST CODE	GENES SCREENED (Bold: TSO500 large gene panel only)	ASSAY	
Colorectal Cancer	M1.1	BRAF, KRAS, NRAS, MLH1, MSH2, MSH6 PMS2, POLE, POLD1	DNA (SNV)	
Colorectal Cancer	M1.6	NTRK1/2/3	RNA (FUSION)	
Non Small Cell Lung Cancer	M4.1	ALK, BRAF, EGFR, KRAS, MET	DNA (SNV)	
Non Small Cell Lung Cancer	M4.2	ALK, ROS1, RET, MET (Ex14 skipping), NTRK1/2/3,	RNA (FUSION)	
Melanoma	M7.1	BRAF, KIT, NRAS	DNA (SNV)	
Melanoma	M7.3	NTRK1/2/3	RNA (FUSION)	
Gastrointestinal Stromal Tumour	M8.1	KIT, PDGFRA, BRAF	DNA (SNV)	
Gastrointestinal Stromal Tumour	M8.2	NTRK1/2/3	RNA (FUSION)	
Glioma	Specify	IDH1/2, BRAF, CDKN2A, EGFR, TP53, ATRX, TERT, VHL, YAP1	DNA (SNV, CNA)	
Glioma	Specify	BRAF, MYC, EGFRvIII, NTRK1/2/3	RNA (FUSION)	
Thyroid Cancer	Specify	BRAF, KRAS, NRAS, HRAS, RET	DNA (SNV)	
Thyroid Cancer	Specify	RET	RNA (FUSION)	
Other DNA Indication	Specify	Specify if known	DNA (SNV)	
Other RNA Indication	Specify	Specify if known	RNA (FUSION)	

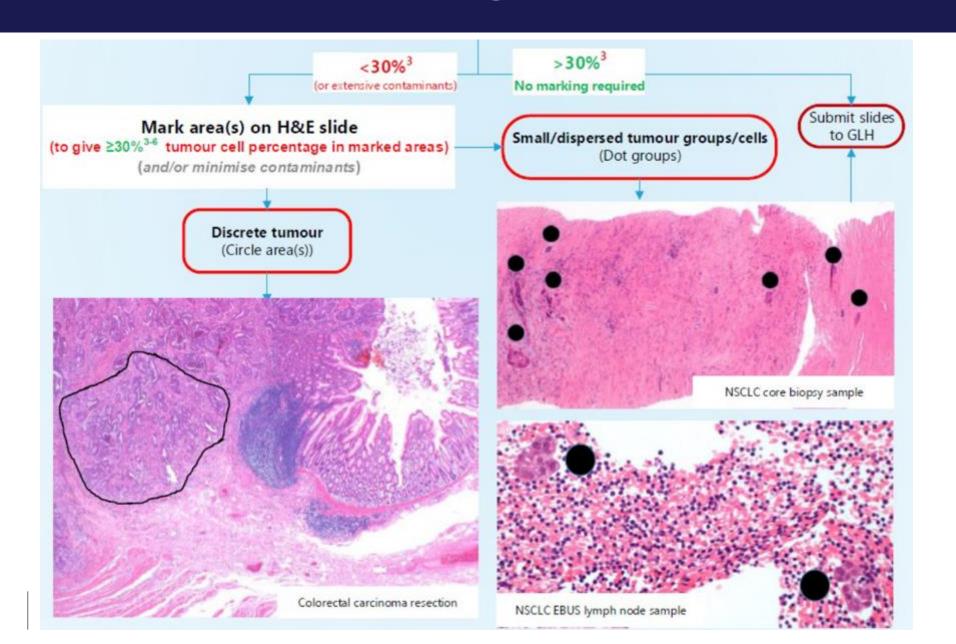


FISH (tick required box)							
CLINICAL INDICATION	GENES		CI	INICAL INDICATION	GENES		
Neuroblastoma	MYCN, TOP2A, 1	1q22,3 (ATM), 1p36	Inflammatory Myofibroblastic Tumour		ALK		
Ewing's Sarcoma	EWSR1			Angiosarcoma	MYC		
Rhabdomyosarcoma	FOX01, PAX3, PA	AX7		Oligodendroglioma	1p36, 19q13		
Dermatofibrosarcoma Protuberans	PDGFB			Medulloblastoma	MYC, MYCN		
Synovial Sarcoma	SS18	SS18		Gender Identification	CEP X/Y		
Infantile Fibrosarcoma	ETV6	ETV6		Non Small Cell Lung Cancer	ALK, ROS1		
Liposarcoma / Osteosarcoma	MDM2	MDM2		Renal Cell Carcinoma	TFE3		
Alveolar Soft Part Sarcoma	TFE3			Mammary Analogue Secretory Carcinoma of Salivary	ETV6		
OTHER ASSAYS (tick required box)							
ASSAY	CLINICAL INDIC		ATION				
Microsatellite Instability Specify if known							
MGMT Promoter Methylation		Specify if known					
MLH1 Promoter Methylation	Specify if known						
Tissue Identity Testing (STR Genotyping)  Specify if known							











Todays Challenges and Barriers for NGS Implementation in a Broader Lab Spectrum

#### Too slow



Requires days and often weeks to get the results

## Too complex



High level of user expertise required to run NGS

Modular workflows requiring multiple instruments and touchpoints

## **Too costly**



Cost of hiring and training staff

Cost penalty for running small sample batches

### **Too limited**



Tissue requirements / QNS (quantity not sufficient) related failures



#### Oncomine Precision Assay on Ion Torrent Genexus System

A new generation solution for genomic profiling

#### **Fast**



Single day sample-to-report.

#### Hands free



2 touch points and only 10 min of hands-on time.

## **Cost saving**



No more need to batch samples across multiple sequencing runs.

## Tissue saving



Minimum sample requirement

Maximum results obtained.



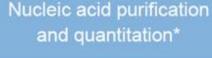
Genexus Software --

Library preparation to

variant interpretation

Up to 32 Samples per run

## Genexus System—Tomorrow's Specimen-to-Report NGS Workflow



 Frozen tissue Bone marrow

FFPE tissue

- · Whole blood
- · PBL
- · Urine
- Saliva



Report\*



## Oncomine Precision Assay Gene Content

[	ONA hotspot	ts	CNV		genetic ions	Intra-genetic fusions
AKT1	ESR1	MAP2K2	ALK	ALK	NTRK2	AR
AKT2	FGFR1	MET	AR	BRAF	NTRK3	BRAF
AKT3	FGFR2	MTOR	CD274	ESR1	NUTM1	EGFR
ALK	FGFR3	NRAS	CDKN2A	FGFR1	RET	MET
AR	FGFR4	NTRK1	EGFR	FGFR2	ROS1	
ARAF	FLT3	NTRK2	ERBB2	FGFR3	RSPO2	
BRAF	GNA11	NTRK3	ERBB3	MET	RSPO3	
CDK4	GNAQ	PDGFRA	FGFR1	NRG1		
CDKN2A	GNAS	PIK3CA	FGFR2	NTRK1		
CHEK2	HRAS	PTEN	FGFR3			
CTNNB1	IDH1	RAF1	KRAS			
EGFR	IDH2	RET	MET			
ERBB2	KIT	ROS1	PIK3CA			
ERBB3	KRAS	SMO	PTEN			
ERBB4	MAP2K1	TP53				



SOLID CANCER REQUEST FOR	(M VI			
Molecular Diagnostics City Campus Nottingham University H Hucknall Road Nottingham NG5 1PB		olecular Medicine ty Hospital NHS Trust //IC TEST ORDER	FORM	Tel: 0115 969 1169 x77711 E-mail: nuhnt.molecular.diagnostic s@nhs.net Website: https://www.nuh.nhs.uk/ molecular-diagnostics
PATIENT DETAILS		REFERRER INFORMATIO	N	
SURNAME		REFERRING HOSPITAL		
FORENAME		REFERRER NAME		
DOB		DEPARTMENT		
NHS NO.		CONTACT E-MAIL		
HOSPITAL NO.		CONTACT PHONE		
SEX	MALE FEMALE OTHER	REQUEST DATE		
SPECIMEN INFORMA	TION			
SPECIMEN NO		SPECIMEN TYPE		
BLOCK NO		TISSUE SITE		
DIAGNOSIS		COLLECTION DATE		
TISSUE TYPE	PRIMARY METASTASIS	BIOPSY	RESECTION	CYTOLOGY
REFERRAL TYPE	☐ DIAGNOSTIC ☐ TREATMENT-F	REFLEX TREATM	IENT-OTHER	
% TUMOUR CELLS	<20% 20-30%	30-50% 50-70	)%	0%
CELLULARITY	☐ VERY LOW ☐ LOW	☐ INTERMEDIA	ATE   H	IIGH



NGS PANEL TESTING (tick required box)			
CLINICAL INDICATION	TEST CODE <sup>∆</sup>	GENES SCREENED	ASSAY
Colorectal Cancer	M1.1*	BRAF, KRAS, NRAS	DNA (SNV)
Colorectal Cancer	M1.6	NTRK1/2/3	RNA (FUSION)
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Melanoma	M7.3	NTRK1/2/3	RNA (FUSION)
Gastrointestinal Stromal Tumour	M8.1	KIT, PDGFRA	DNA (SNV)
Gastrointestinal Stromal Tumour	M8.2	NTRK1/2/3	RNA (FUSION)
☐ Breast Cancer	M3.6	PIK3CA	DNA (SNV)
☐ Breast Cancer	M3.5	NTRK1/2/3	RNA (FUSION)
Glioma	Specify*	IDH1/2, BRAF, CDKN2A, EGFR, TP53	DNA (SNV)
Glioma	Specify*	BRAF, EGFRvIII, NTRK1/2/3	RNA (FUSION)
☐ Thyroid Cancer	Specify*	BRAF, KRAS, NRAS, HRAS, RET, TP53	DNA (SNV)
☐ Thyroid Cancer	Specify*	NTRK1/2/3, RET, ALK	RNA (FUSION)
Other DNA Indication	Specify*	Specify from Genexus OPA Panel	DNA (SNV)
Other RNA Indication	Specify*	Specify from Genexus OPA Panel	RNA (FUSION)



## **Example NGS Report**

#### Sample Cancer Type: Non-Small Cell Lung Cancer

#### **Relevant Non-Small Cell Lung Cancer Findings**

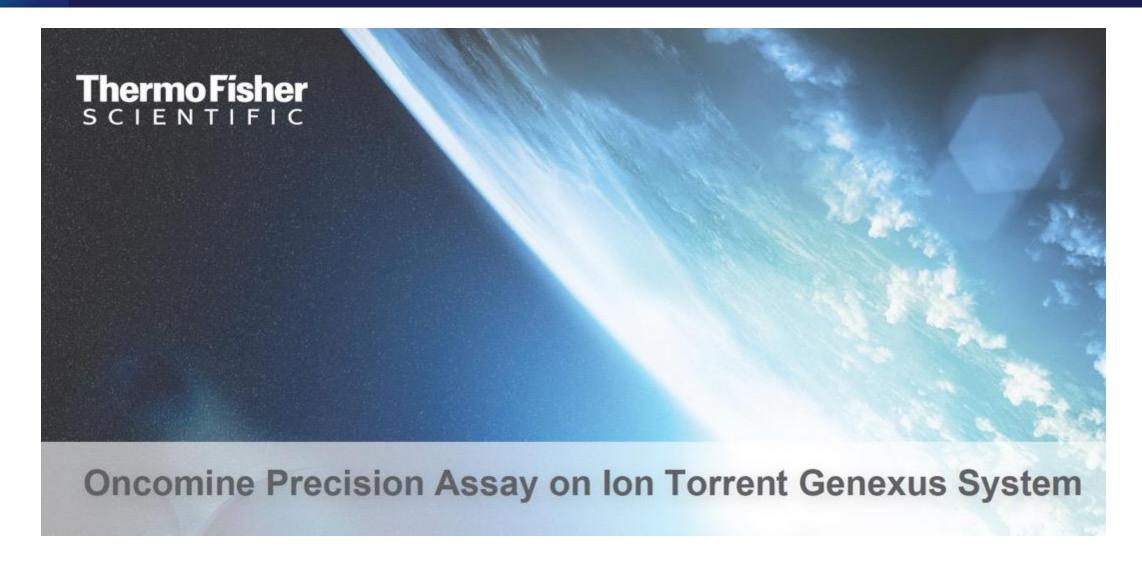
Gene	Finding	Gene	Finding
ALK	Not detected	NRAS	Not detected
BRAF	Not detected	NTRK1	Not detected
EGFR	Not detected	NTRK2	Not detected
ERBB2	Not detected	NTRK3	Not detected
KRAS	Not detected	RET	KIF5B-RET fusion
MET	Not detected	ROS1	Not detected

#### **Relevant Biomarkers**

Tier	Genomic Alteration	Annotations
IA	KIF5B-RET fusion kinesin family member 5B - ret proto-oncogene Locus: chr10:32317356 - chr10:43612032	
IIC	PIK3CA G1049R  phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha Locus: chr3:178952090  Transcript: NM_006218.4	







# HKBCF x Novartis: Gene Testing Financial Assistance Program







**Hong Kong** 

Sanatorium &

Hospital









#### **ACT Genomics**

- •ACTDrug® +
- ACTMonitor® Breast
- ACTOnco® +

#### Hong Kong Molecular Pathology Diagnostic Centre

- Cancer Hotspot NGS Panel
- PIK3CA Hotspot Mutation Test (Blood)
- PIK3CA Hotspot Mutation Test (Tissue)

- PIK3CA by Sanger sequencing
- •PIK3CA by NGS
- Somatic Breast Cancer Panel by NGS

#### **Lucence Diagnostics**

- •Liquid HALLMARK
- Liquid MARK Breast
- •Liquid MARK single PIK3CA gene
- •Tissue 500
- •Tissue HALLMARK
- Tissue MARK Breast
- •Tissue MARK single PIK3CA gene

#### Roche

- FoundationOne CDx
- •FoundationOne Liquid CDx

## University Pathology Service, CUHK

- cfDNA PIK3CA test
- CUHK Somatic Mutation v3 Test for Solid Cancers (Tissue)
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- •small RNA fusion panel (15 genes)



## **Overview of the Hong Kong market**

#### Background information and hands on experience

- Before the availability of alpelisib, standard therapies available for HR+/HER2- ABC do not require any molecular or genetic testing prior to treatment, hence precision medicine is not reflexive for most BC clinicians
- Low awareness on the prognostic value of PIK3CA mutation testing for breast cancer patients and how different genetic mutations can impact patient response to available treatments
- PIK3CA mutation testing is readily available through commercially available laboratories and in select government hospital pathology laboratories
  - Clinicians in private sector may opt to choose small or large panel NGS testing for affordable patients, resulting in patients being identified with PIK3CA mutation beyond HR+/HER2- aBC
- Government wide frontline testing using small panel (~52 gene) NGS will be rolled out for lung cancer in 2023 in phases, while plans for this in other solid tumour types are in discussion but pending

## **Proposed Topics to Discuss**

When and how to test?

- What genes would be important to test in breast cancer moving forward?
  - What genes would you include in a dedicated breast cancer panel?

 Best case sharing and learnings from UK on PIK3CA mutation testing and reimbursement of alpelisib

# **Proposed Panel Discussion Questions**

- Considering the prognostic value of PIK3CA mutation for patients in breast cancer, should we be testing for it upon initial diagnosis rather than just for treatment decision in advanced setting?
- Breast cancer is highly heterogeneous, how can we better characterize the genomic profile or incorporate genetic testing into routine clinical practice for better patient outcomes?
- How can oncologists and pathologists work together to improve patient outcomes?

