

# **A BLOOD GENE EXPRESSION-BASED TEST FOR EARLY DETECTION OF COLORECTAL CANCER : AN INTERNATIONAL MULTI-CENTER CASE-CONTROL STUDY**

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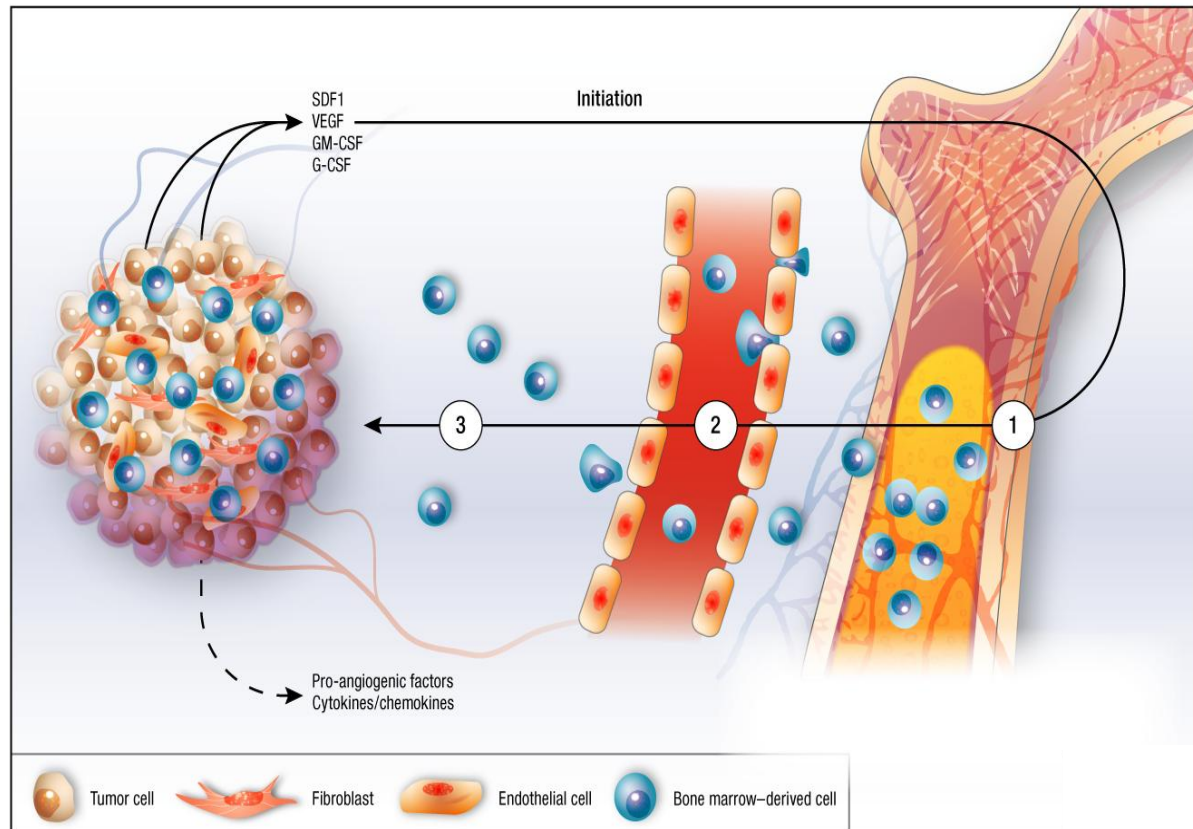
# Introduction

Colorectal cancer (CRC):

- ✓ 3<sup>rd</sup> most common cancer worldwide
- ✓ Often curable, when diagnosed at early stages
- ✓ Non-invasive, highly compliant and robust primary screening tests should be developed
- ✓ A pilot study demonstrated the feasibility of developing a test for CRC and adenomas detection from blood gene expression profiles (*DDW 2010, UEGW 2010*).

# Tumor-Host Interaction

## Early response to the tumour formation



# Aim of the Study

To develop a predictive multi-gene multi-classifier algorithm able to differentiate patients with CRC and adenomas from healthy controls.

# Test Workflow

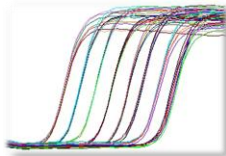


## ✓ **Sample Collection**

- Blood draw in 4 ml Vacutainer® CPT tubes
- PBMC purification within 6 hours



## ✓ **RNA extraction and cDNA synthesis**



## ✓ **Real-time PCR**

- Hydrolysis Probe Assays specific for 29 locked biomarkers + 3 housekeeping genes
- Preloaded on 384-well plates.
- Roche LightCycler 480 instrument

# DGNP-COL-0310 : Study design

- ✓ **A multi-center case-control study:** 1333 subjects, 2010-2013
  - Switzerland (N= 702): 6 centers
  - South Korea (N= 619): 3 centers
  
- ✓ **Main Patient Groups**
  - Controls
  - Adenomas >1cm
  - CRCs
  - Other benign diseases (inflammatory, infectious, gastrointestinal, genito-urinary)
  - Cancer other than CRC
  - Co-morbidities (Subjects who had more than one group-defining disease)
  
- ✓ **Main exclusion criteria**
  - first-degree family member with CRC <50y or a known predisposition for CRC
  - blood transfusion within the last 30 days
  
- ✓ **Study procedures**
  - Colonoscopy performed in all subjects (except for other cancers group)
  - Blood draw (4x4ml)
  - Histopathological evaluation by a central pathology board

# Statistical design

**Algorithm Development**

**Testing**

**Training set**

**Validation set**

**Test set**



**40%**

**20%**

**40%**

**Controls, Adenomas  $\geq 1$ cm, CRC**

- Biomarker discovery (sample subset)
- Models fitting (Penalized Logistic Regression)
- Rules generation (Fuzzy logic)

- Models/rules validation
- Multi-classifier algorithm definition

**Other Diseases/Cancers**

- Test the final algorithm

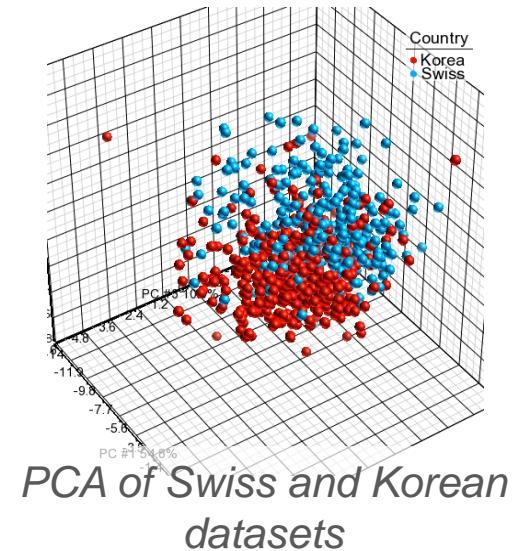
# Study population characteristics

	Swiss			Korean		
	Patients	Age (mean)	Male %	Patients	Age (mean)	Male %
<b>Controls</b>	<b>124</b>	<b>60.7</b>	<b>45.2</b>	<b>99</b>	<b>57.8</b>	<b>44.4</b>
<b>CRC</b>	<b>74</b>	<b>69.5</b>	<b>62.1</b>	<b>129</b>	<b>62.1</b>	<b>73.7</b>
I	20	70.7	65	40	61.7	82.5
II	15	70.3	60	28	66.8	71.4
III	21	68	57.1	29	60.3	62.1
IV	18	69.3	66.7	32	60.1	75
Unknown	8	70.4	87.5	4	63.3	75
<b>Adenoma ≥1cm</b>	<b>100</b>	<b>67.4</b>	<b>64</b>	<b>154</b>	<b>60.8</b>	<b>63</b>
Adenoma <1cm	62	65.5	77.4	37	60.5	73
Hyperplastic Polyps	56	60.6	58.9	7	55.7	42.9
Other cancers	63	67.2	71.4	0	/	/
Other diseases	53	63.1	38.9	56	58.5	21.1
Non per-protocol subjects	170	64.8	54.7	137	60.3	53.3



# Results

- ✓ **Gender:** No differences in gene expression
- ✓ **Age:** No differences in gene expression
- ✓ **Country:** Significant differences in gene expression between Korean and Swiss samples



**Development of 2 algorithms: Korean and Swiss**

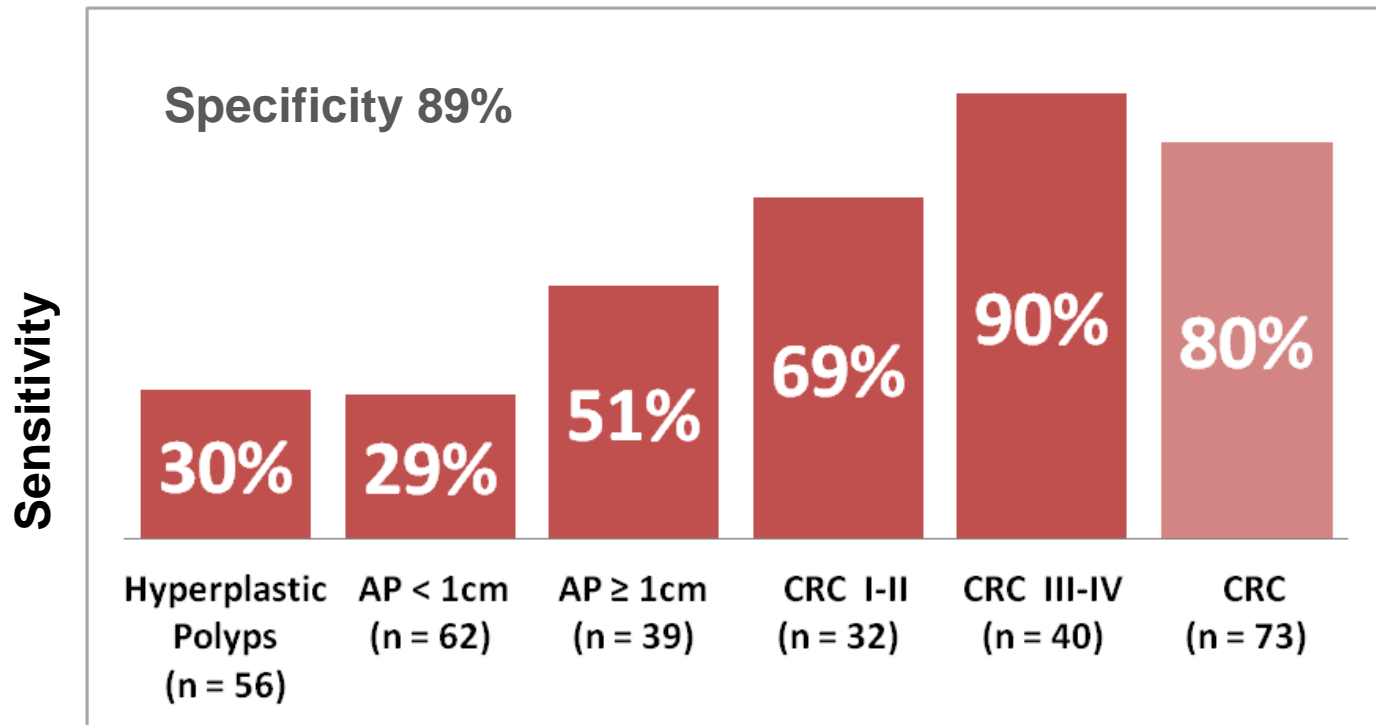
# COLOX Biomarkers

15 most significant biomarkers out of 29 included

Gene Symbol	Biological Function	Swiss		Korean	
		p-value CRC vs CON (Wilcoxon)	Fold Change in CRC	p-value CRC vs CON (Wilcoxon)	Fold Change in CRC
<b>S100A8</b>	Immune Response / Inflammation / Chemotaxis	5.07E-06	1.65	3.68E-02	1.29
<b>IL1B</b>	Immune Response / Inflammation / Chemotaxis	4.19E-04	2.14	6.76E-04	1.75
<b>CCR1</b>	Cell adhesion / Chemotaxis	4.42E-04	1.65	6.25E-02	1.23
<b>PTGS2</b>	Inflammation	7.68E-04	2.11	1.99E-03	1.87
<b>PPARG</b>	Transcription / Cell cycle / Regulation	3.59E-03	1.41	3.44E-03	1.31
<b>MAPK6</b>	Transcription / Cell cycle / Regulation	3.95E-03	1.15	3.00E-02	1.07
<b>TNFSF13B</b>	Immune Response / Inflammation / Chemotaxis	1.03E-02	1.21	5.53E-02	1.14
<b>CACNB4</b>	Ion transport	1.31E-02	-1.30	2.07E-01	-1.10
<b>MMP11</b>	Collagen degradation	1.66E-02	-1.30	6.25E-02	-1.17
<b>LTF</b>	Ion transport	2.14E-02	2.36	6.47E-02	1.75
<b>CD63</b>	Differentiation / Structure	3.14E-02	1.14	1.06E-02	1.14
<b>CES1</b>	Immune Response / Inflammation / Chemotaxis	5.70E-02	1.18	4.29E-01	-1.23
<b>CXCL10</b>	Immune Response / Inflammation / Chemotaxis	7.13E-02	-1.29	8.28E-01	-1.06
<b>MAP2K3</b>	Differentiation / Structure	9.89E-02	1.09	1.19E-02	1.24
<b>MMP9</b>	Collagen degradation	1.21E-01	1.35	3.79E-03	1.67

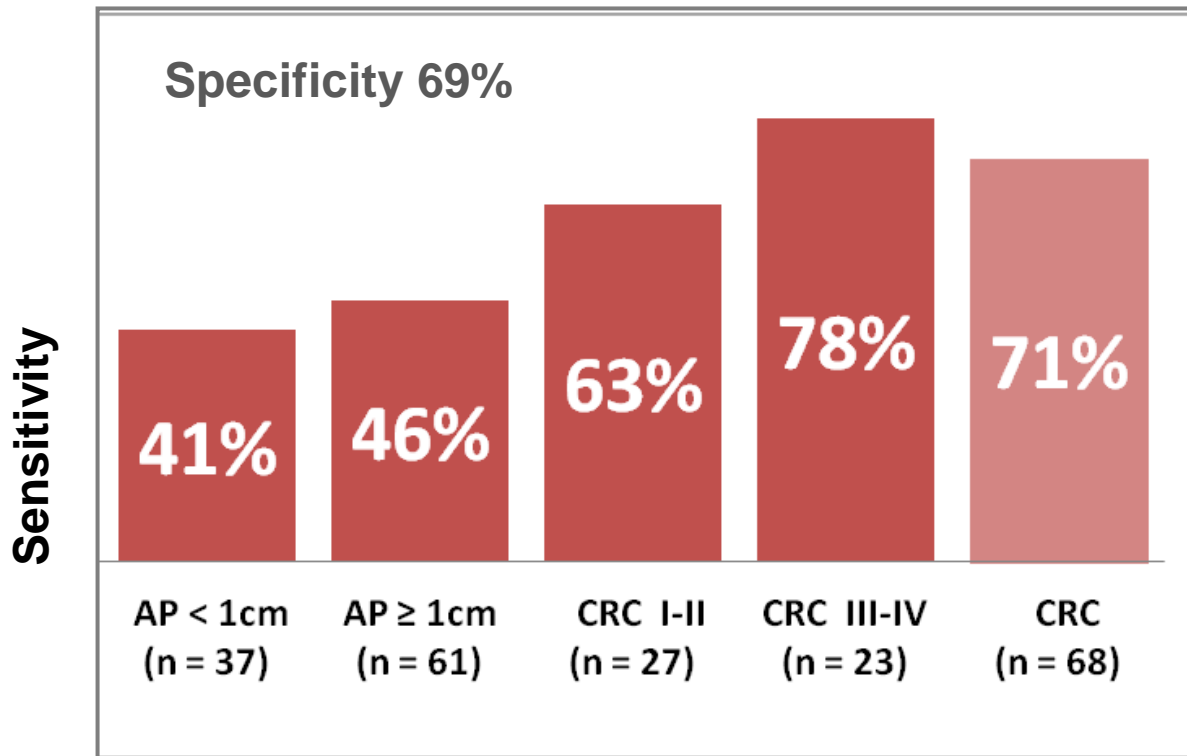
# Results: Test Set

## Swiss



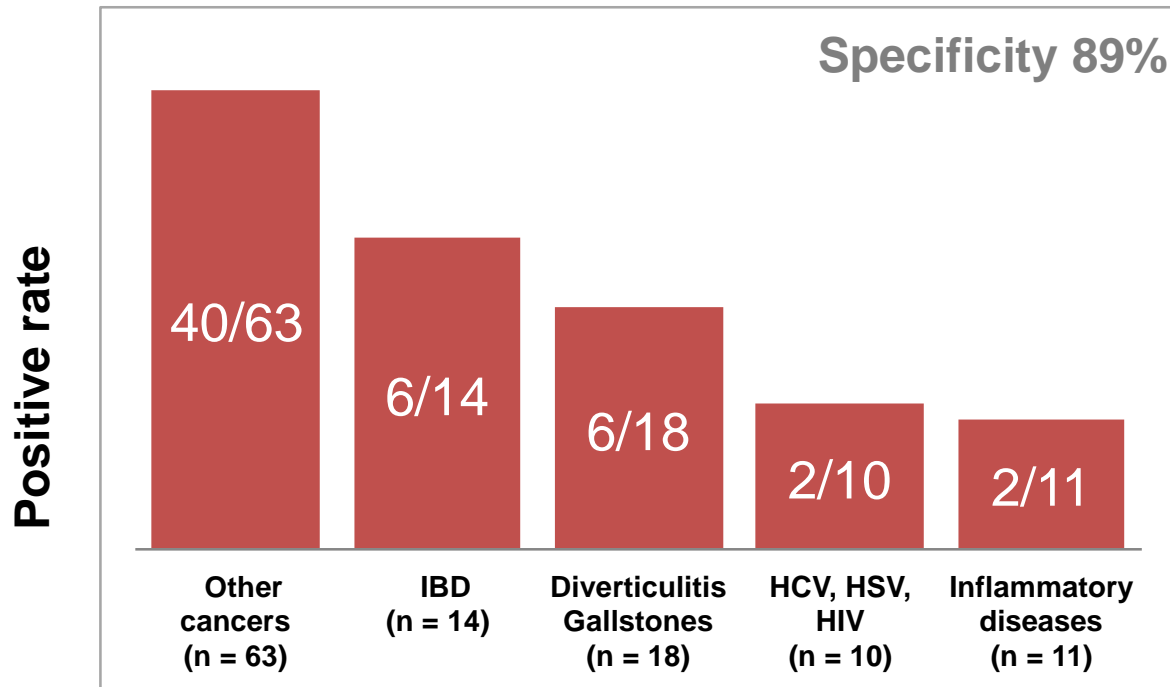
# Results: Test Set

## Koreans



# Results: benign diseases and other cancers

## Swiss



# Conclusions

- ✓ We developed an accurate, **blood-based test** (COLOX®) for detecting the presence of CRC and pre-neoplastic lesions.
- ✓ At a **specificity of 89%**, COLOX® showed a **sensitivity of 80%** and **51%** for CRC and AP  $\geq$  1cm detection, respectively, for the Swiss population.
- ✓ A **Swiss and a Korean algorithm** were developed separately because of the observed differences in gene expression. The disparities might depend on genetic and/or environmental factors and will be investigated in a separate study.
- ✓ A large **comparison study** between COLOX® and a commercially available FIT is in preparation

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