The background features a dark grey to black gradient. On the left side, there is a large, semi-circular scale with numerical markings from 140 to 260 in increments of 10. Several concentric circles and arcs are scattered across the image, some with arrows indicating a clockwise or counter-clockwise direction. The overall aesthetic is technical and scientific.

MOLECULAR SEQUENCING AND NOVEL THERAPEUTICS IN PANCREATIC CANCER

GREGORY BOTTA, MD/PHD

PANCREATIC CANCER PROGRAM: MED ONCOLOGY LEAD

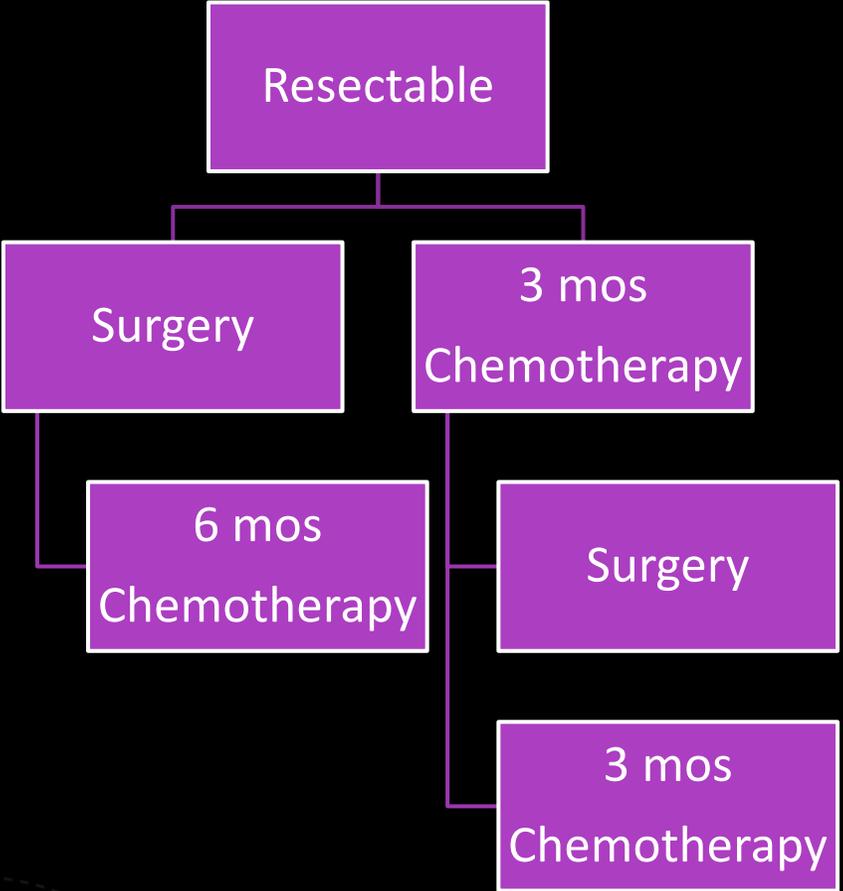
SOLID TUMOR CELL THERAPY: GI ONCOLOGY LEAD

ASSOCIATE PROFESSOR OF SURGERY, UC SAN DIEGO HEALTH

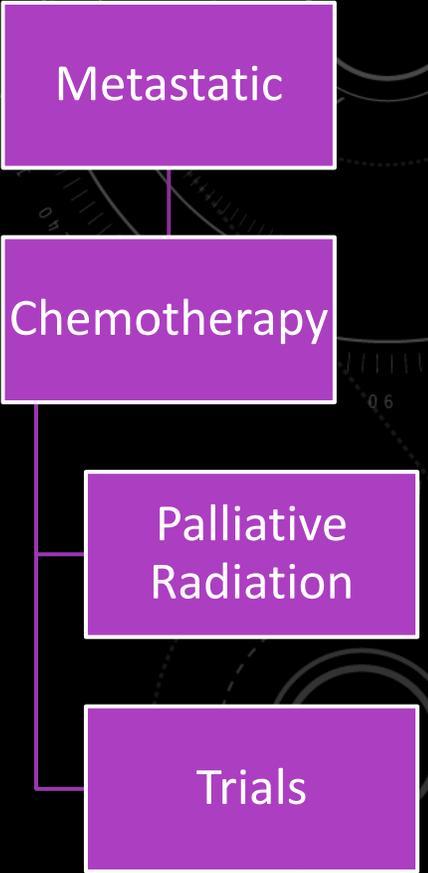
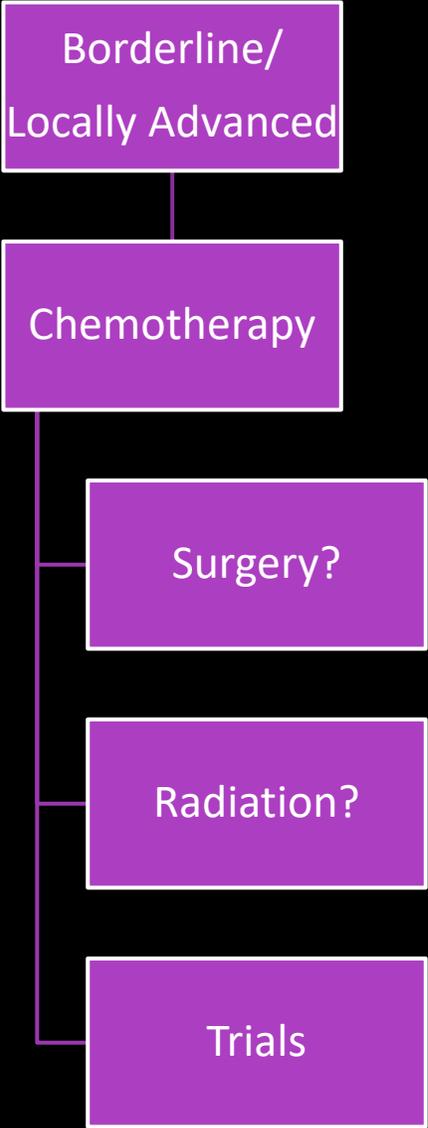
LEARNING OBJECTIVES

- When and How to Order Molecular and Genomic Tests
- Interpreting the Molecular and Genomic Information
- Applying the Molecular and Genomic Information to Practice/Trials
- Integrating ctDNA into Practice

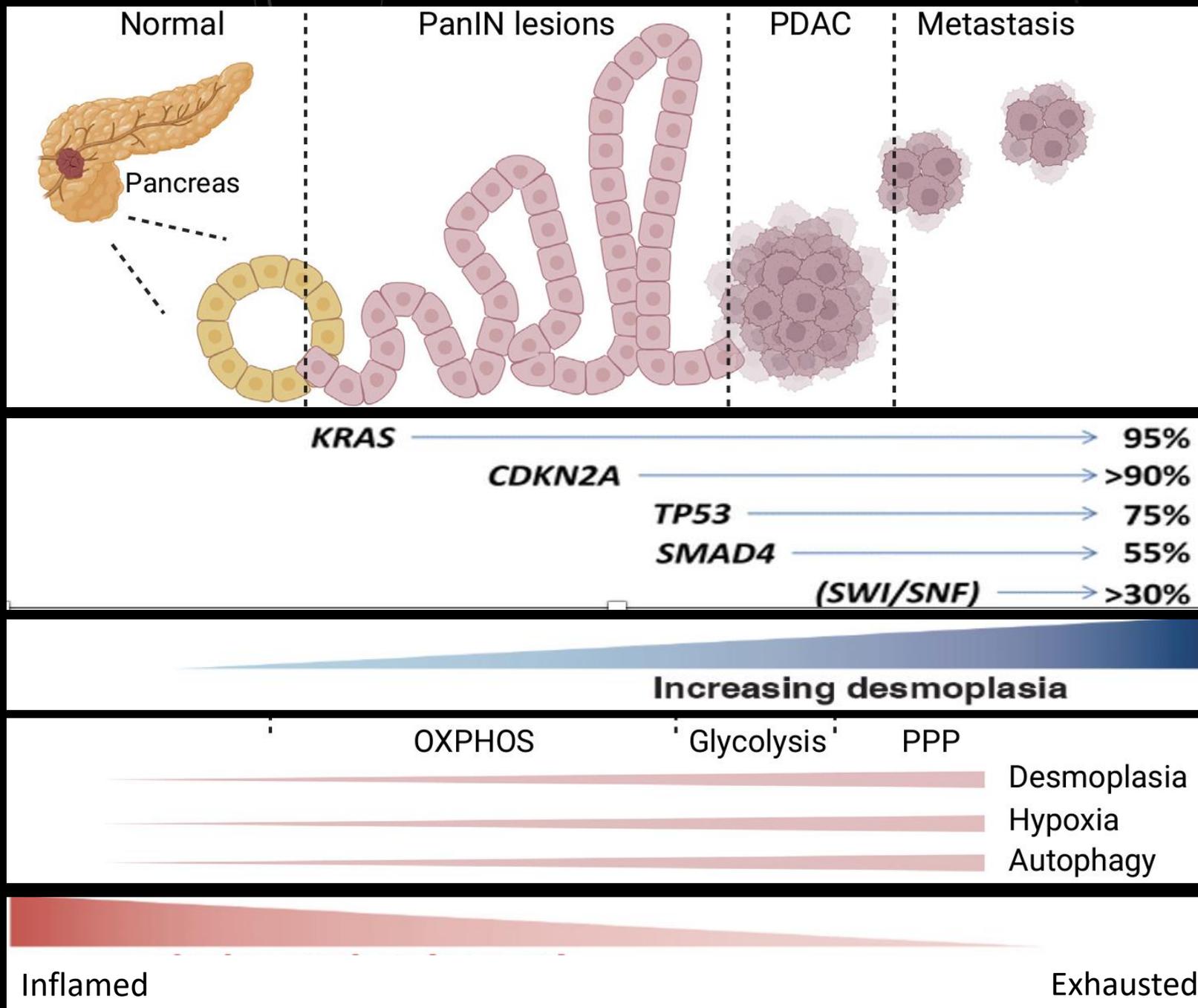
PANCREATIC CANCER CARE 2024



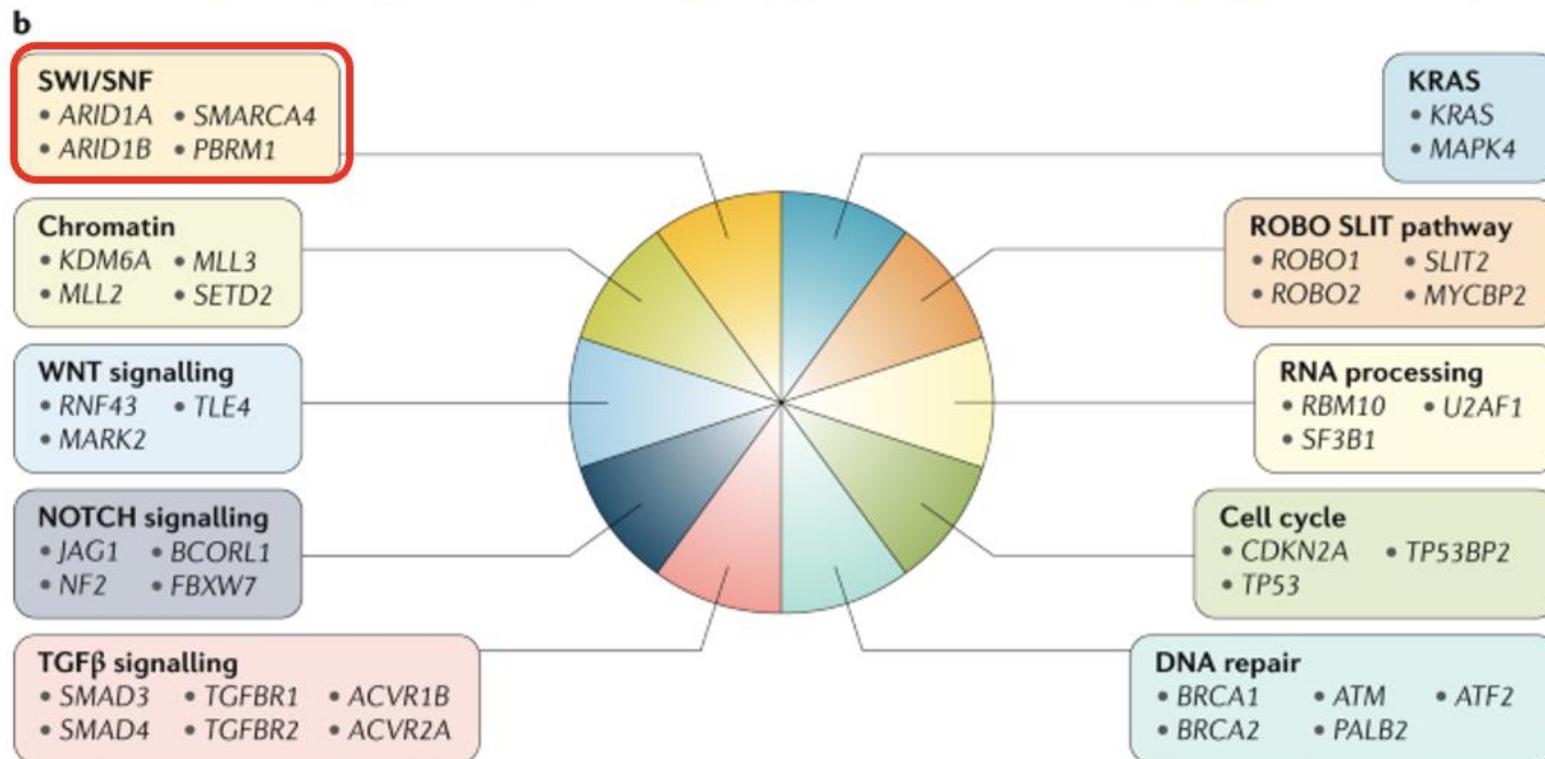
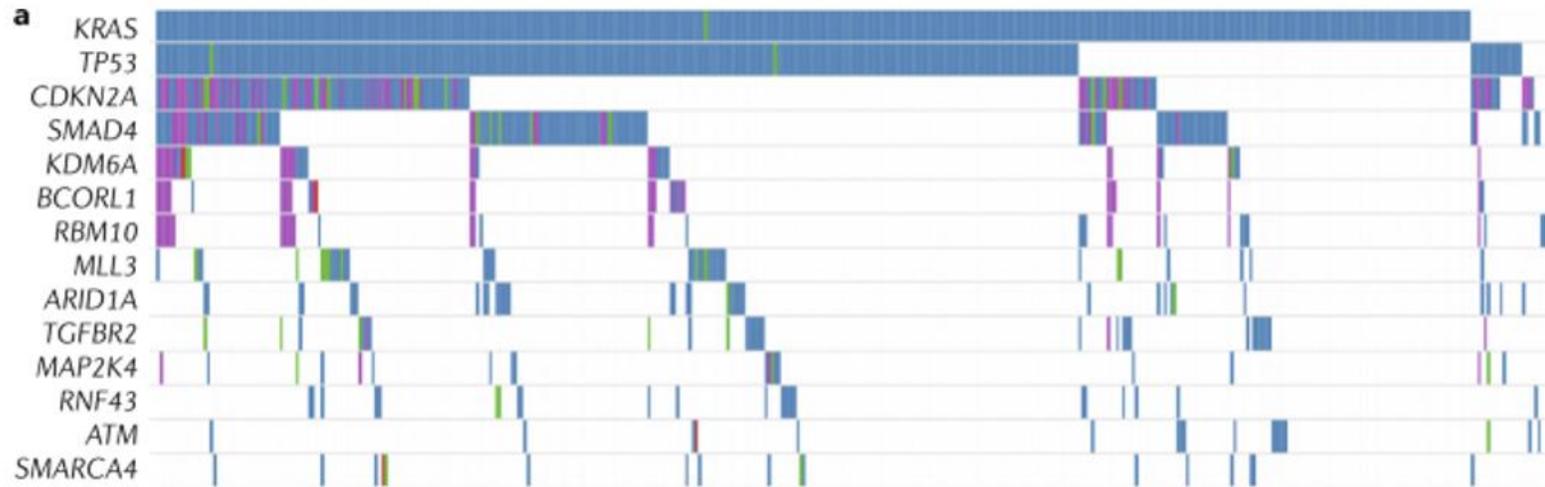
Only Potentially Curable Pathway



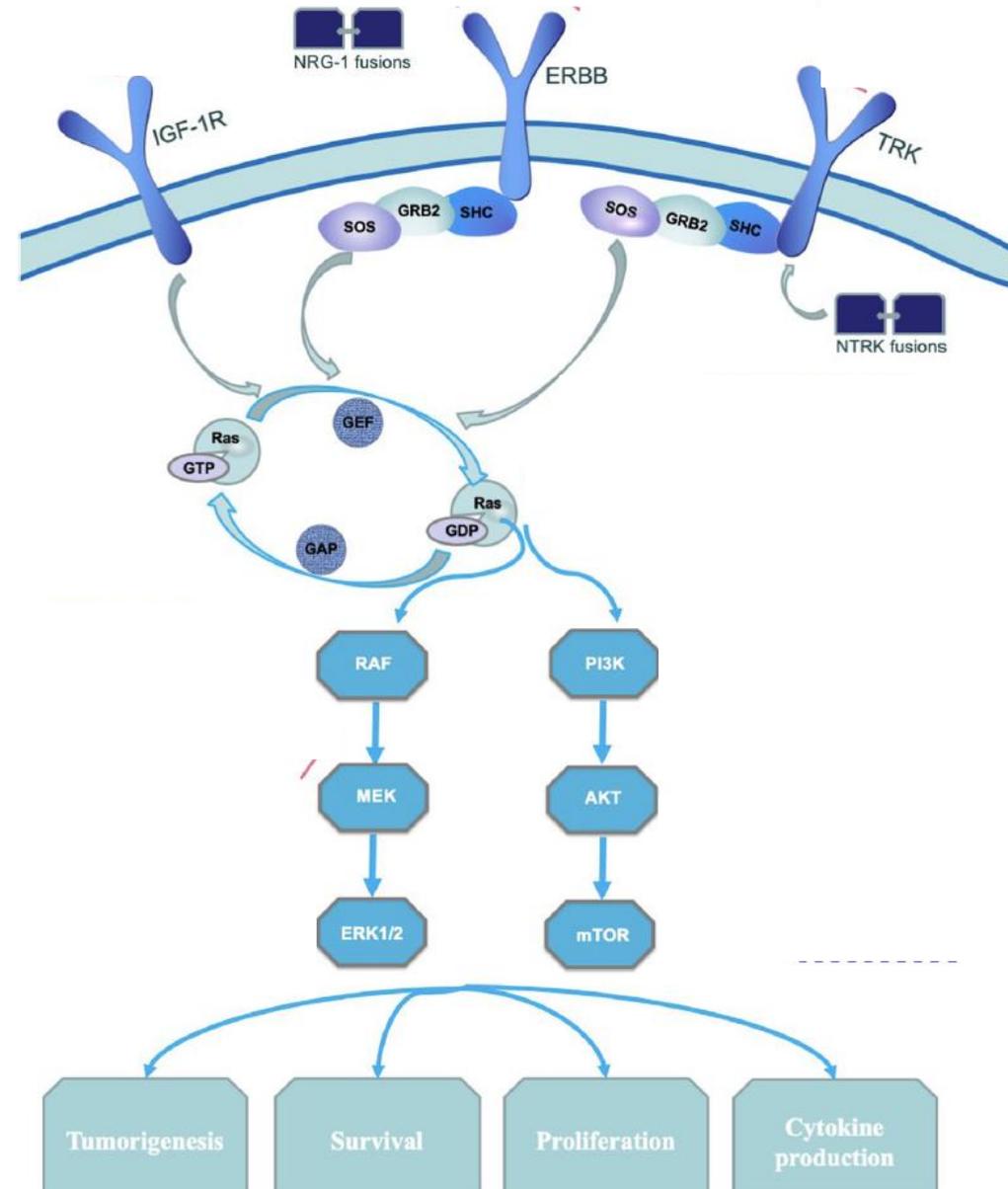
Not Curable



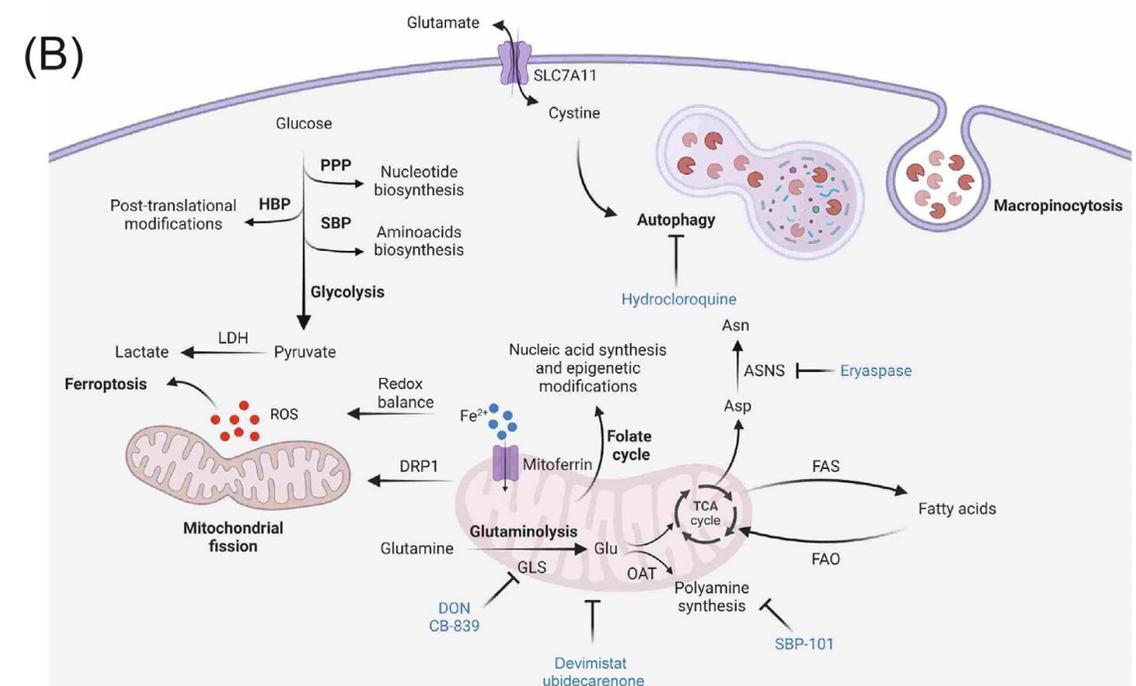
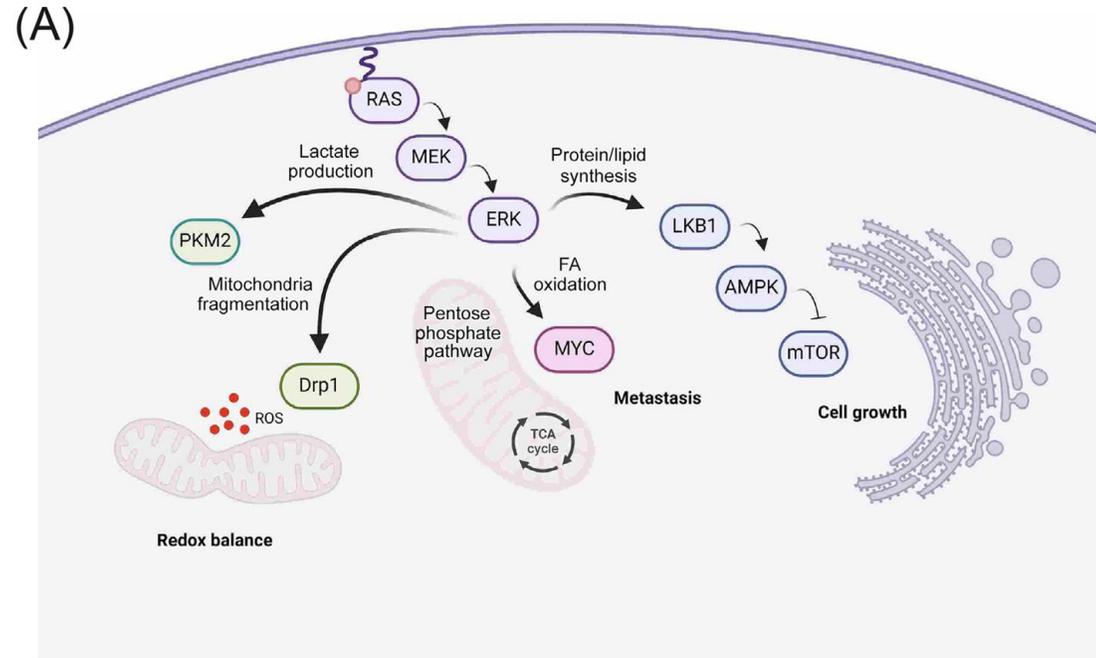
Hruban et al. 2000
 De Santis et al. 2024
 Orth et al. 2019



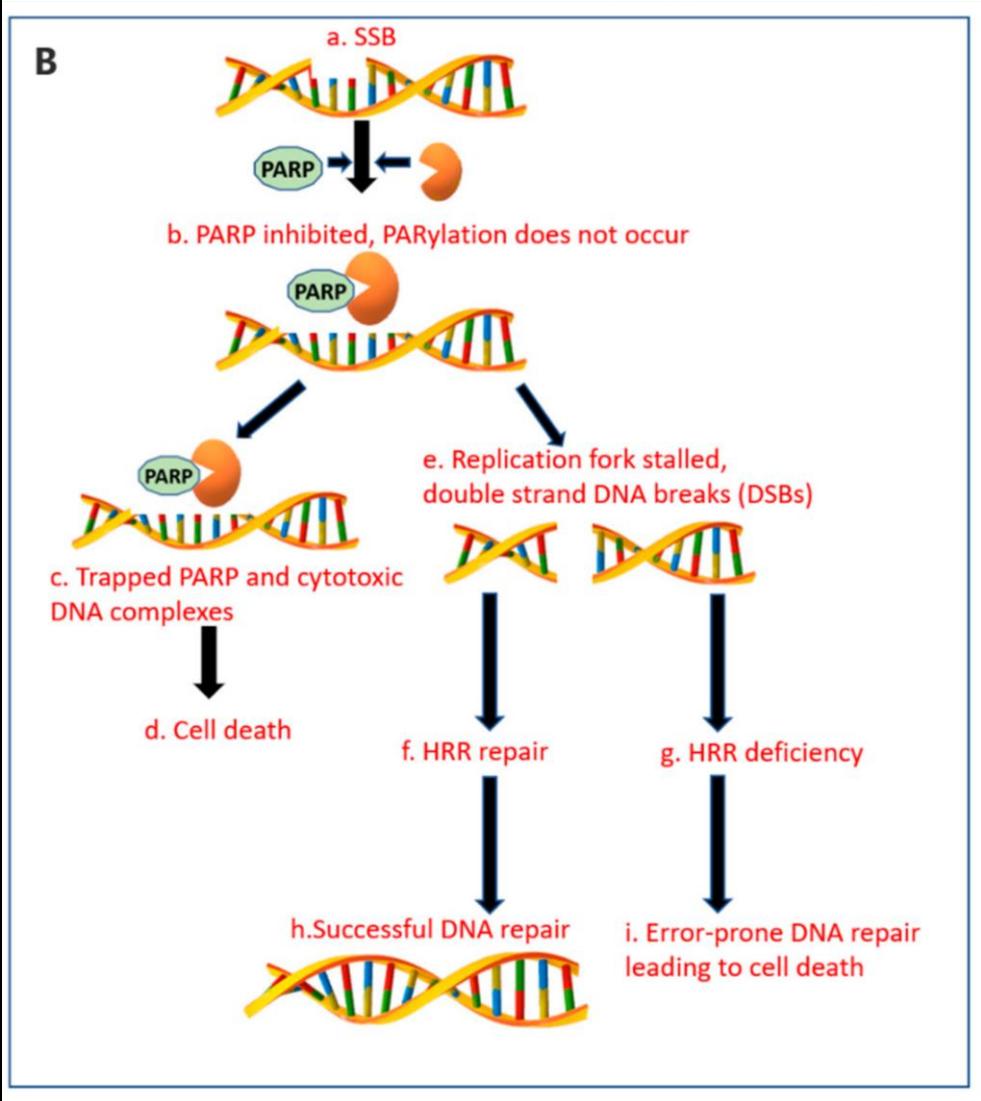
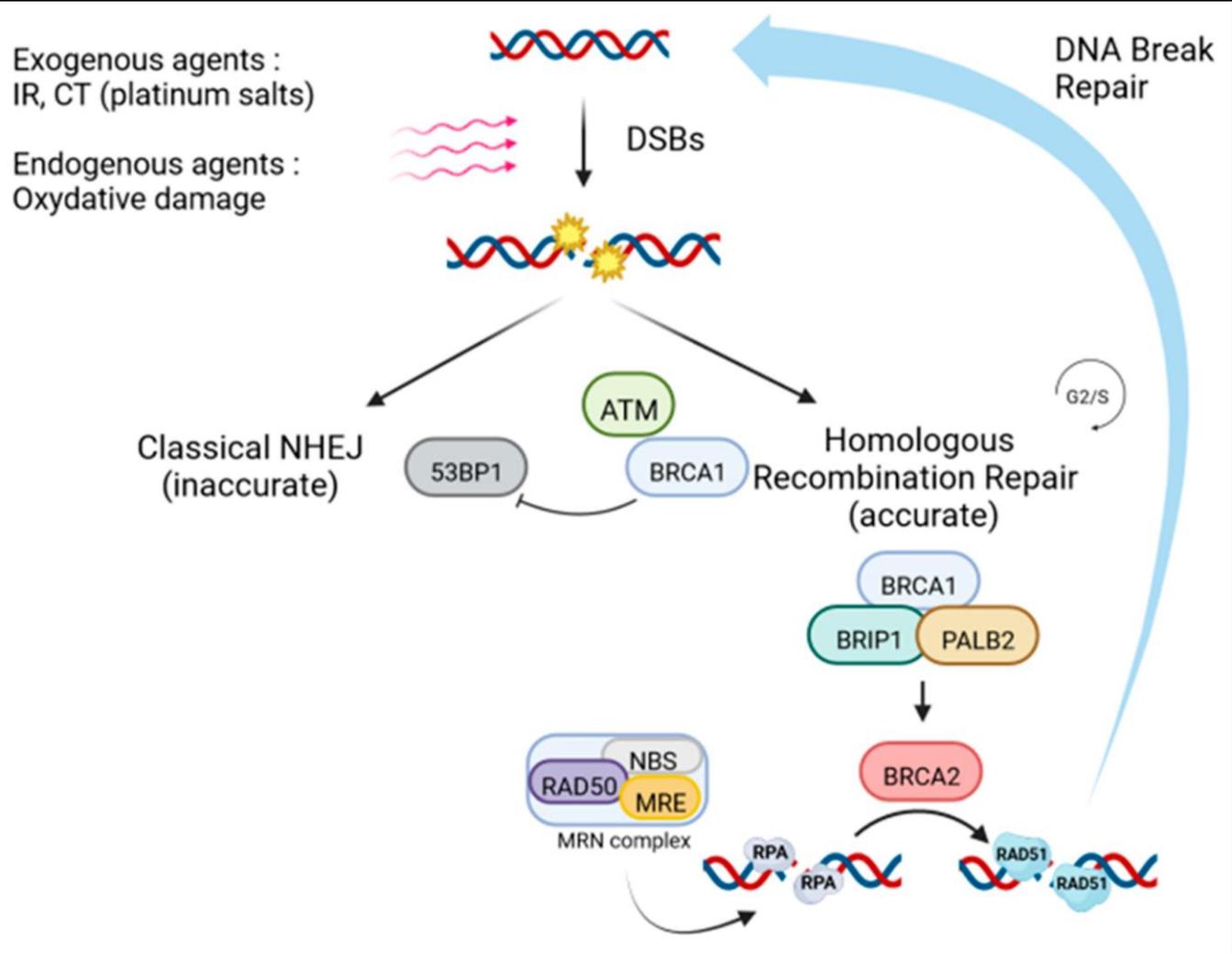
Pancreatic Cancer: Molecular Signaling of Growth Factors



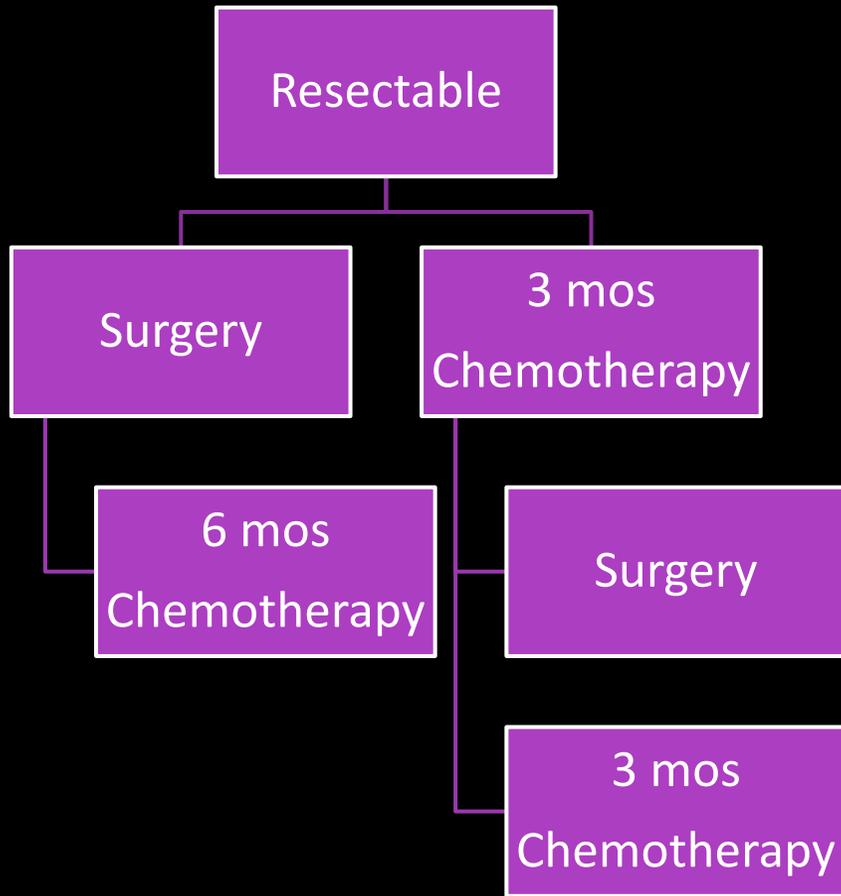
Pancreatic Cancer: Molecular Signaling of Metabolism



Pancreatic Cancer: Molecular Signaling of DNA Repair

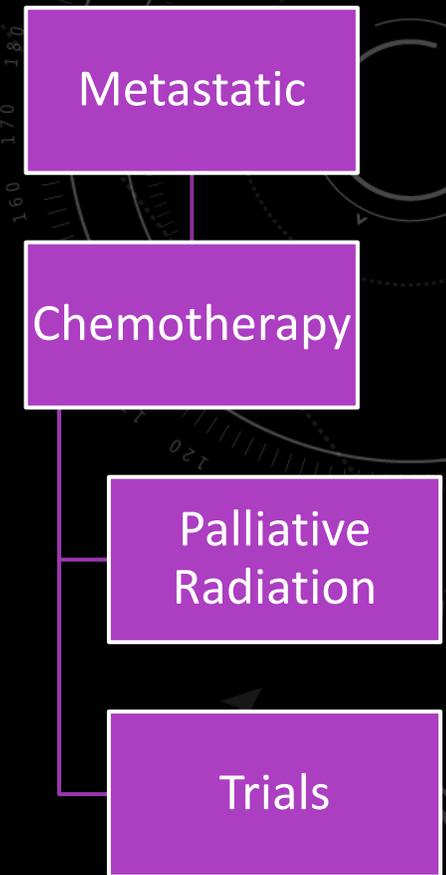
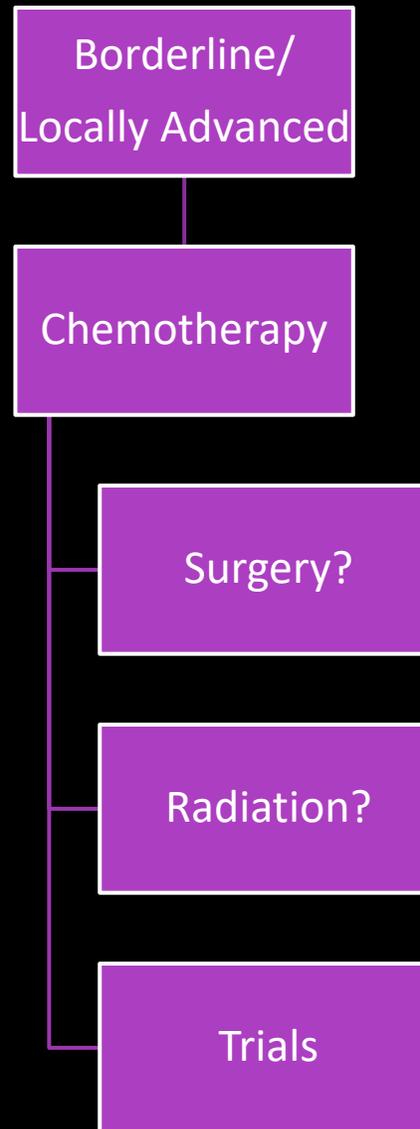


PANCREATIC CANCER CARE 2024



Only Potentially Curable Pathway

ORDER GERMLINE SEQUENCING:
BRCA/HRR for PLATINUM SENSITIVITY



TISSUE:

1. Order Whole Exome Sequencing + ctDNA
2. Order Targeted Gene Panel

BLOOD:

1. Order Targeted Gene Panel

PANCREATIC CANCER: ACTIONABLE TARGETS 2024

Current Pancreatic Cancer Targets

- NTRK
- HER2
- BRAFV600E
- RET Gene Fusion
- BRCA1/BRCA2
- KRAS^{Wild-Type}
- MSI-H
- TMB-H

Future Pancreatic Cancer Targets

- CLDN18.2
- KRAS^{Mutant}
- KRAS^{Wild-Type}
- Glutamine/Adenosine
- CD40
- SWI/SNF
- STING
- CSF-1R Inhibitor
- IDO Inhibitors
- iRGD
- Glutamine/Adenosine
- Vaccines

“Failed” Pancreatic Cancer Targets

- Hedgehog
- PEGPH20
- Bruton’s Tyrosine Kinase
- CTGFR
- SM-88 + DMS

CURRENT UCSD PANCREATIC CANCER TRIALS PORTFOLIO 7/2024

Resectable

ALLIANCE 021806: A phase III trial of perioperative versus adjuvant chemotherapy for resectable pancreatic cancer

Borderline and Locally Advanced

ARCUS: a pilot study of Zimberelimab and Quemliclustat in combination with chemotherapy

Locally Advanced

CD40 Antibody: IRE + IT Mitazalimab

Metastatic

RMC: KrasG12D Inhibitor (pending)

TAK-500: ADC of STING to CCR2 Ab +/- Pembrolizumab

FORLONG: Long Acting IL-15 agonist

Immuneering: Dual MEK 1/2 Inhibitor

ETCTN 10486: BET inhibitor (ZEN003694) + PARP Inhibitor (Talazoparib)

Solid Tumor CAR-T Trials

BASECAMP-1: HLA-A*02 Heterozygosity for pre-screening study to identify patients for potential treatment in our clinical trials.

EVEREST-1: a phase 1/2, multi-center, open-label study to evaluate the safety and efficacy of A2B530, an autologous logic-gated Tmod CAR T cell therapy.

EVEREST-2: a phase 1/2, multicenter, open-label study to evaluate the safety and efficacy of A2B694, an autologous logic-gated Tmod CAR T cell therapy

TACTIC: a Phase I/II study investigating the safety and efficacy of autologous TAC-T cell asset, TAC101-CLDN18.2, targeting Claudin 18.2+ solid tumors

POSEIDA: a Phase 1, open label, dose escalation and expanded cohort study of P-MUC1C-ALLO1 in adult subjects with advanced or metastatic epithelial derived solid tumors

Abbisko: potent FGFR inhibitor with activity against resistant FGFR mutations

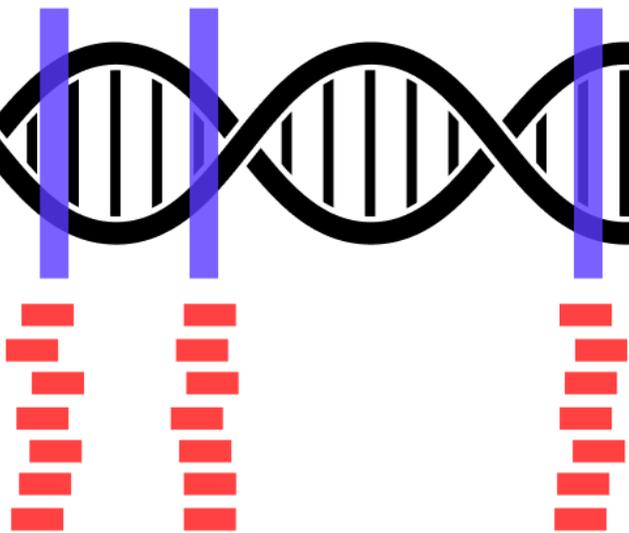
Investigator-Initiated Trials

SWITCH: a Phase 2 open-label trial of Gemcitabine + Cemiplimab in SWI/SNF Altered Metastatic Pancreatic Cancer (pending)

CURE PRIZE: Perioperative Fostamatinib + Chemotherapy for Resectable Pancreatic Cancer (pending)

ORDERING NGS

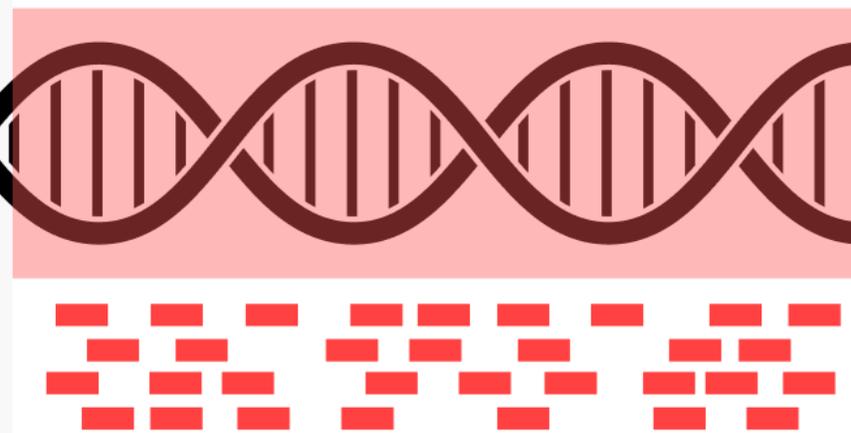
Targeted Sequencing (Panels)



Whole Exome Sequencing (WES)



Whole Genome Sequencing (WGS)



Tissue
Blood

Tissue

Tissue

Pancreatic
Cancer Patient



Blood Sample
Pre-Treatment or
Pre-Surgery



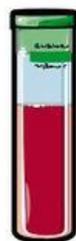
Biopsy or
Curative
Resection



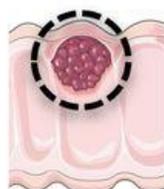
Blood Sample
Post-Treatment or
Post-Surgery



Patient sample set



Blood sample

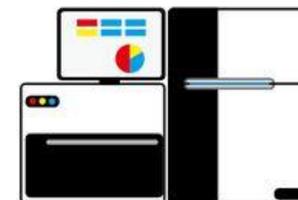


Tumor biopsy



Blood sample

Next-Generation
Sequencing



PANCREATIC CANCER: NEXT GENERATION SEQUENCING REPORTS

Patient #1: Blood Panel

Diagnosis
Malignant neoplasm of pancreas

xF+

Date of Birth

Sex
Male

Physician
Gregory Botta

Institution
UCSD Health - Moores Cancer Center

TEMPUS | xF+
523 gene liquid biopsy

cfDNA specimen:
Peripheral Blood
Collected 5/29/2024
Received 5/30/2024

NO POTENTIALLY ACTIONABLE VARIANTS AND NO REPORTABLE TREATMENT OPTIONS FOUND.

GENOMIC VARIANTS

Biologically Relevant	Variant Allele Fraction
KRAS p.G12D Missense variant (exon 2) - GOF	9.6%
TP53 p.L43fs Frameshift - LOF	6.3%

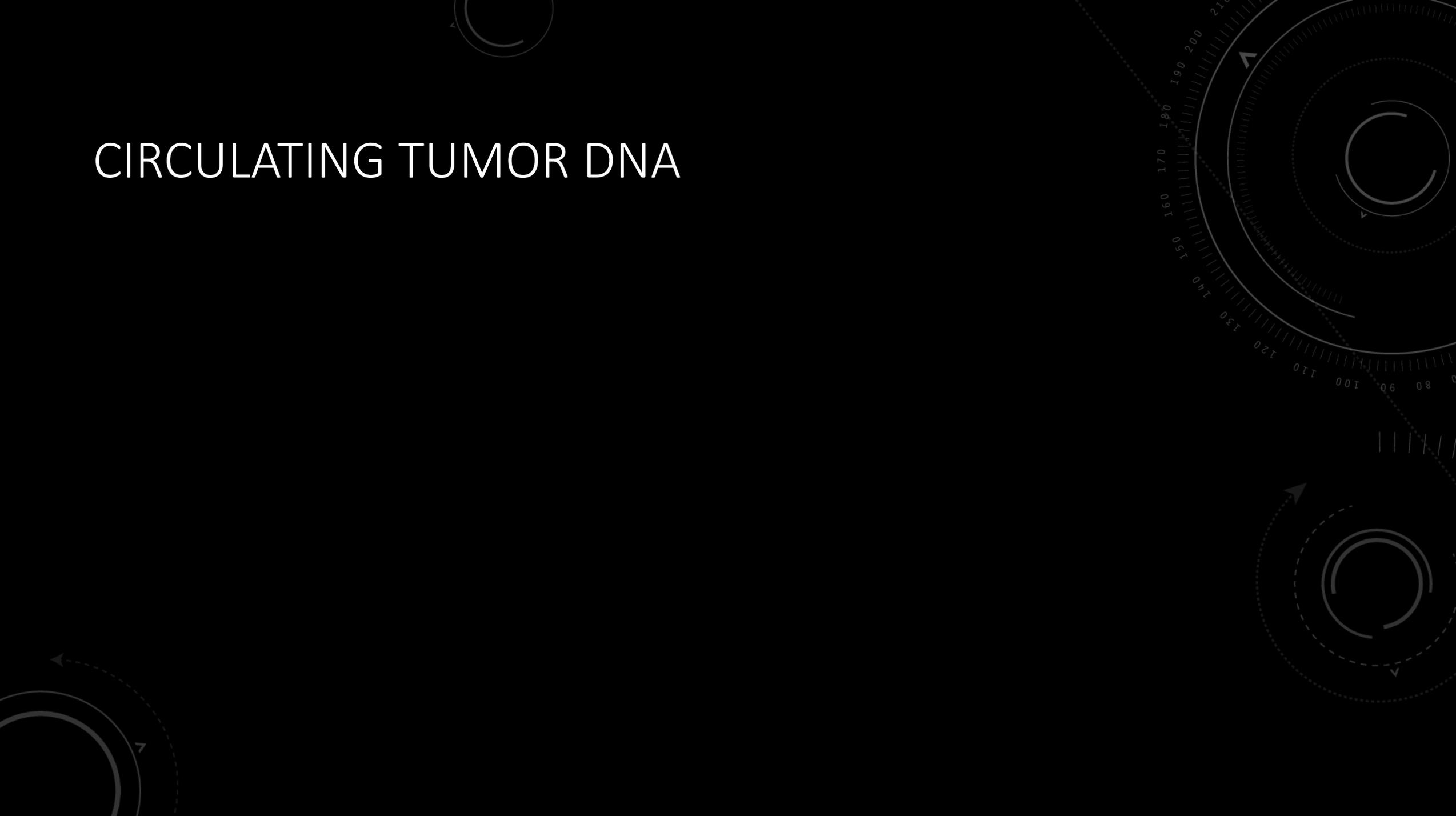
ctDNA Tumor Fraction
10.0%

ctDNA tumor fraction is a quantitative measure of circulating tumor DNA.

Patient #2: WES

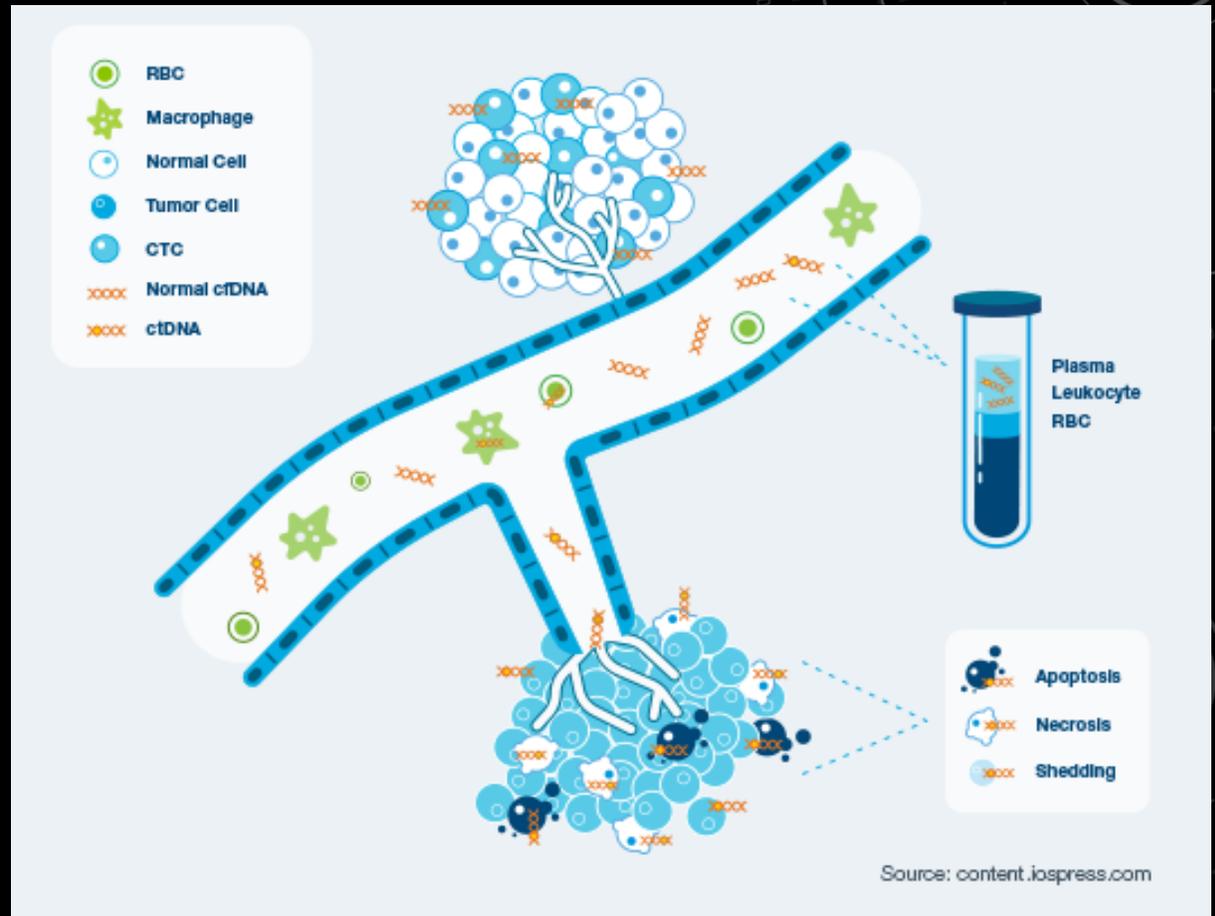
GENOMIC TARGETS	FDA-APPROVED DRUGS -for patient's cancer	FDA-APPROVED DRUGS -for another cancer	DRUGS PREDICTED NON-BENEFICIAL	POTENTIAL CLINICAL TRIALS
18	1	16	0	Yes
ARID1A (K1072fs)				Yes
AXIN2 (A599fs)				Yes
BRCA2 (1605fs) 2		niraparib, olaparib, rucaparib, talazoparib		Yes
CDKN2A (D84N)				Yes
FANCM (Y622fs)				Yes
KRAS (G12D)		binimetinib		Yes
MLH1 (c.545+1G>A)				Yes
MSH6 (F1088fs)				Yes
MSH6 (F1104fs)				Yes
PPM1D (N512fs)				Yes
PTEN (N323fs)		copanlisib, everolimus, temsirolimus		Yes
RAD50 (N934fs)				Yes
SLX4 (I1478fs)				Yes
SMARCA4 (T1264fs)		tazemetostat		Yes
SMARCB1 (R53*)		tazemetostat		Yes
TP53 (Y220C)				Yes
TUMOR MUTATION BURDEN (TMB)				
HIGH (52 mut/Mb)	pembrolizumab	atezolizumab, avelumab, cemiplimab, durvalumab, nivolumab, nivolumab + ipilimumab		Yes
MICROSATELLITE STATUS (MSI)				
HIGH	pembrolizumab	atezolizumab, avelumab, dostarlimab-gxly, durvalumab, nivolumab, nivolumab + ipilimumab		Yes

CIRCULATING TUMOR DNA

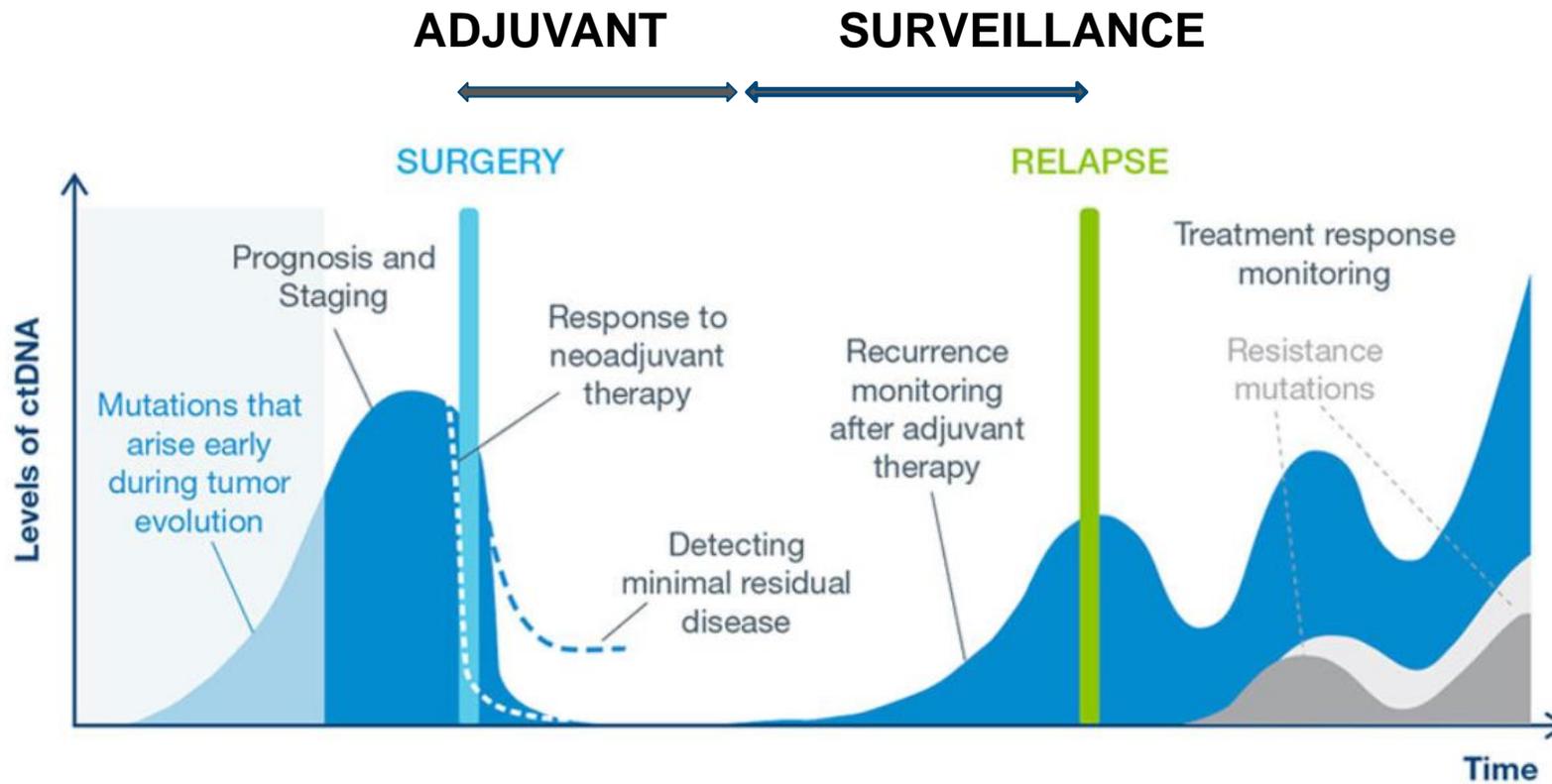


USING CIRCULATING TUMOR DNA FOR MRD ASSESSMENT

- Cancer cells release circulating tumor DNA (ctDNA) into the bloodstream
- ctDNA is a powerful tool that can be measured to assess the absence or presence of molecular residual disease (MRD)
- Dynamic real-time biomarker: the normal half-life is less than an hour



CLINICAL APPLICATIONS OF CTDNA TO MEASURE MOLECULAR RESIDUAL DISEASE (MRD)



Common MRD Use Cases

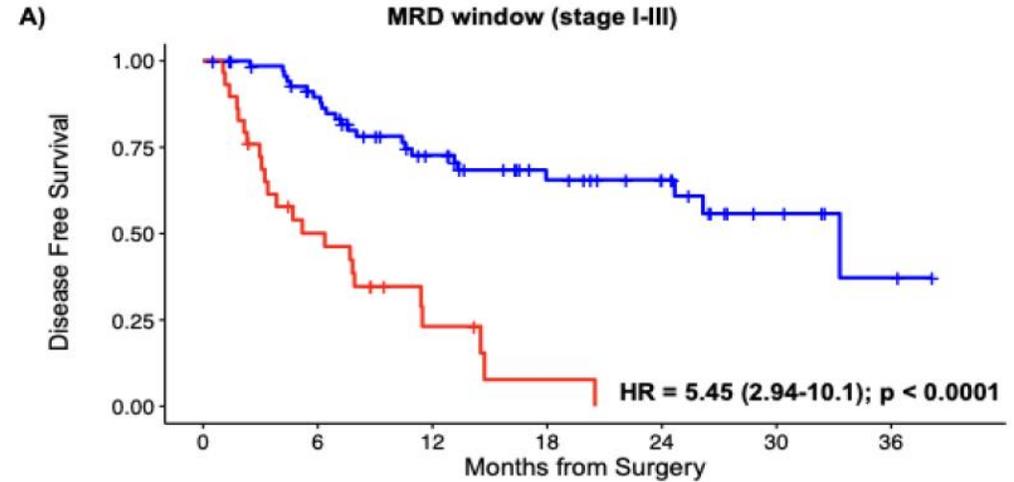
- A** Post-surgery to inform adjuvant treatment decisions
- B** Serial testing to rule in / rule out recurrence earlier
- C** Treatment response monitoring to assess treatment strategies

ASSOCIATION OF PERSONALIZED AND TUMOR-INFORMED CTDNA WITH PATIENT SURVIVAL OUTCOMES IN PANCREATIC ADENOCARCINOMA

BOTTA ET AL. 2024

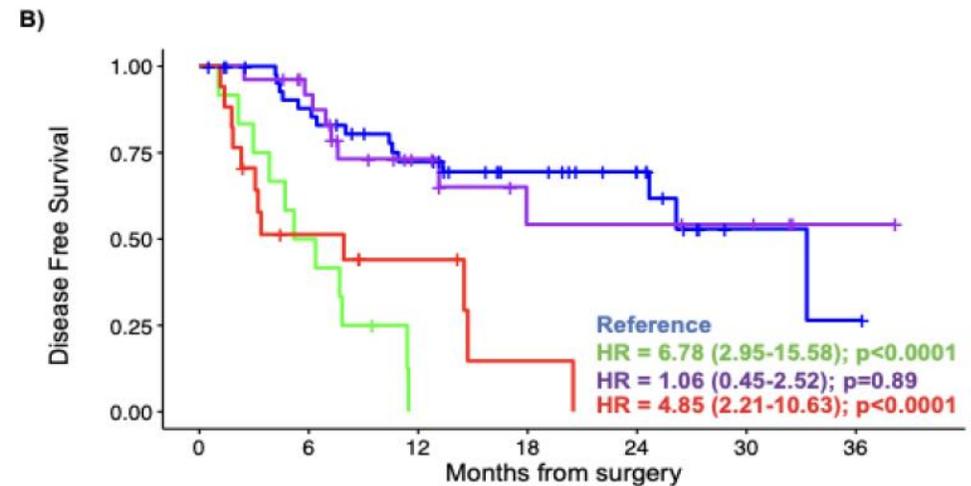
PERI-OPERATIVE

- ctDNA Negativity has less disease recurrence and improved prognosis after Neoadjuvant chemotherapy or surgery in pancreatic cancer



Number at risk

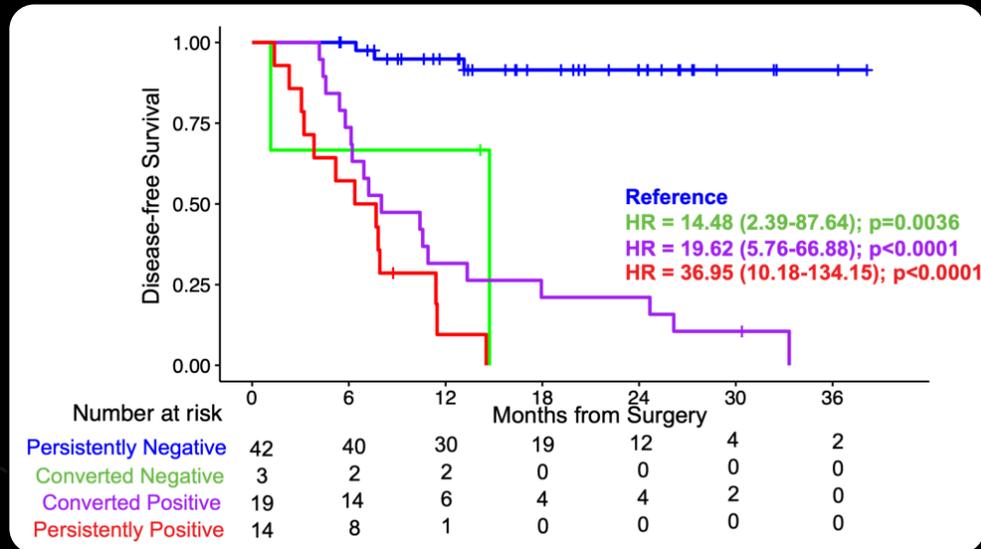
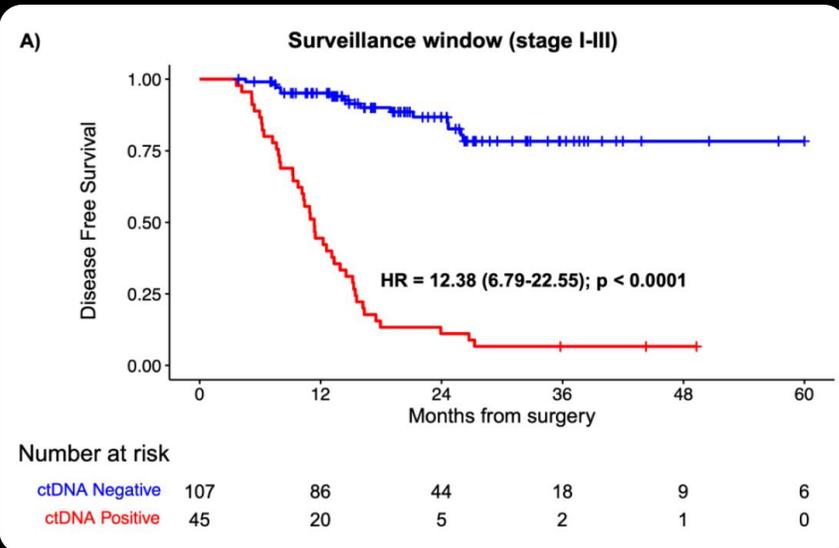
ctDNA Negative	71	57	37	23	16	6	2
ctDNA Positive	29	13	4	1	0	0	0



Number at risk

								median DFS (months)
NAC & ctDNA(-)	45	36	27	18	11	2	1	33.31
NAC & ctDNA(+)	12	6	0	0	0	0	0	5.78
Surgery & ctDNA(-)	26	21	10	5	5	4	1	NA
Surgery & ctDNA(+)	17	7	4	1	0	0	0	7.92

SURVEILLANCE



- Persistent ctDNA Negativity after curative intent therapy has less disease recurrence and improved prognosis for patients on surveillance

Pancreas Cancer

- Diagnostic vs Informative Biopsy
- Previous Tissue or new blood

Assay Type

- Blood/Tissue Panel
 - WES
 - WGS

Order

- Formalin Fixed
- Fresh Frozen
- Blood
- ctDNA: Germline, Somatic

Clinical Integration

- Choose Targeted Therapy
 - Select Clinical Trial
 - Avoid Non-Responsive Treatment

Genomic Databases

- Actionable Mutations
 - VUS
- Prognostic/Predictive

Bioinformatics

- Align Genome
- Call SNPs
- Multiplex Signatures

Liquid NGS/ctDNA

- Evaluate allele fluctuations over time
- Target reduction or increase

Monitor Response/Resistance

- Dynamic ctDNA changes
- Dynamic Clonal Evolution
- New/refractory Mutations

Clinical Decision Making

- Continue therapy
- Taper intensity
- Increase Intensity
- Change Therapy