

## Overview of Next Generation Sequencing technologies (and bioinformatics) in cancer



James Hadfield  
Head of Genomics at the CRUK Cambridge Institute

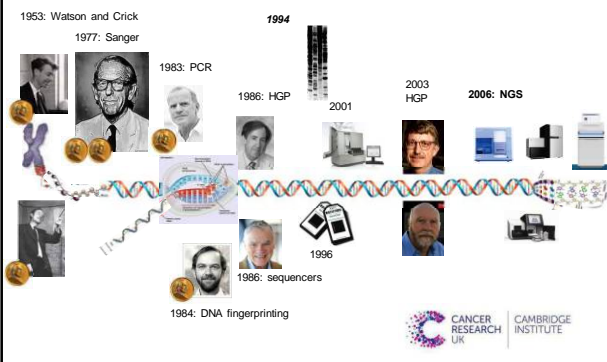


## Agenda

- What is NGS
- Understanding sequencing: NGS technologies described
- Applications in Cancer
  - ctDNA analysis as a liquid biopsy
  - A genomic case report
  - Copy-number profiling by shallow whole genome sequencing
- The future of NGS



## What is NGS: next-generation sequencing



## Understanding sequencing:

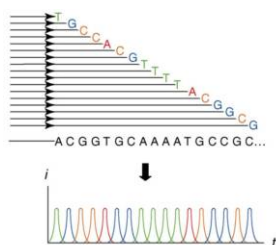
- A whistle stop tour of the major NGS platforms



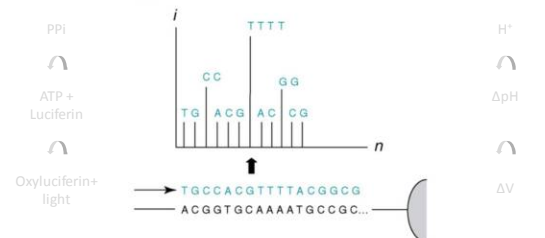
**Whole-genome re-sequencing**  
David R Bentley



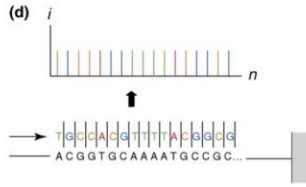
## Understanding sequencing: Sanger sequencing



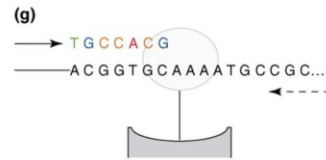
## Understanding sequencing: 454/Ion Torrent



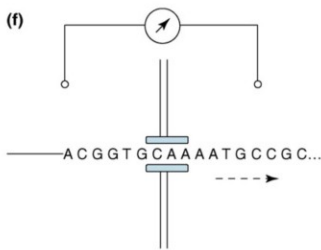
### Understanding sequencing: Illumina SBS



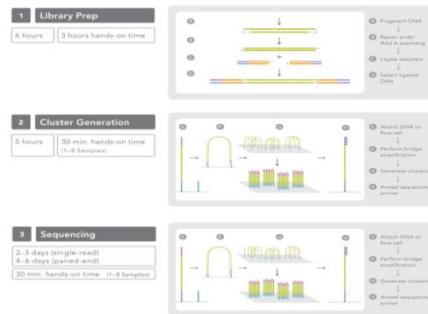
### Understanding sequencing: Pacific Biosciences



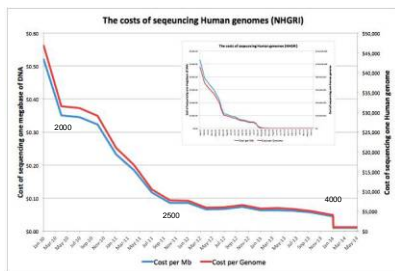
### Understanding sequencing: Nanopore sequencing



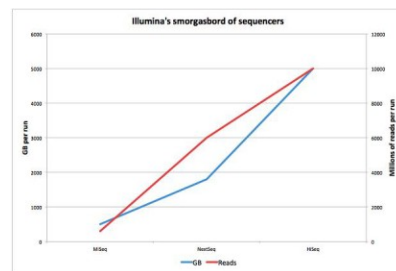
### How Illumina works



### The Moore's law slide



### Which sequencer to use



### NGS applications in cancer

- ctDNA analysis as a liquid biopsy
- Copy-number profiling by shallow whole genome sequencing
- A genomic case report

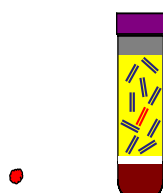


### ctDNA analysis as a liquid biopsy

- What is circulating tumour DNA
- Using ctDNA in personalised medicine
- ctDNA and tumour evolution
- What's the future for ctDNA analysis?



### ctDNA: what is circulating tumour DNA



### The use of ctDNA in personalised medicine

#### Non-invasive analysis of acquired resistance to cancer therapy by sequencing of plasma DNA

Mohammed Mariani<sup>1</sup>, Sarah-Jane Dawson<sup>1\*</sup>, Dana W.Y. Tsui<sup>1\*</sup>, Jennifer Goh<sup>1</sup>, Tim Foxworth<sup>1</sup>, Anna M. Ribicci<sup>1</sup>, Christine Parkhouse<sup>1</sup>, Sufi, Fuyang Chai<sup>1</sup>, Zoya Khajehpour<sup>1</sup>, Anis S. C. Wang<sup>1</sup>, Francesco Mania<sup>1</sup>, Sush Hembray<sup>1</sup>, James Halliday<sup>1</sup>, David Bentley<sup>1</sup>, Ian Mui Chia<sup>1\*</sup>, James D. Brenton<sup>1\*</sup>, Carlo Ceballos<sup>1\*</sup> & Nirvan Rosenfeld<sup>1</sup>

#### THE NEW ENGLAND JOURNAL OF MEDICINE Analysis of Circulating Tumor DNA to Monitor Metastatic Breast Cancer

Sarah-Jane Dawson, F.R.A.C.P., Ph.D., Dana W.Y. Tsui, Ph.D.,

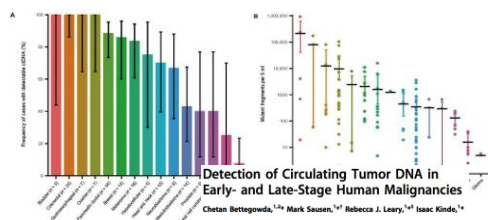
#### CANCER GENOMICS

#### Noninvasive Identification and Monitoring of Cancer Mutations by Targeted Deep Sequencing of Plasma DNA

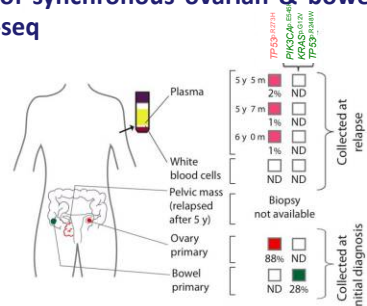
The Authors: <sup>1</sup>Mohammed Mariani, <sup>1\*</sup>Sarah-Jane Dawson, <sup>1\*</sup>Dana W.Y. Tsui, <sup>1</sup>Jennifer Goh, <sup>1</sup>Tim Foxworth, <sup>1</sup>Anna M. Ribicci, <sup>1</sup>Christine Parkhouse, <sup>1</sup>Sufi, <sup>1</sup>Fuyang Chai, <sup>1</sup>Zoya Khajehpour, <sup>1</sup>Anis S. C. Wang, <sup>1</sup>Francesco Mania, <sup>1</sup>Sush Hembray, <sup>1</sup>James Halliday, <sup>1</sup>David Bentley, <sup>1</sup>Ian Mui Chia, <sup>1\*</sup>James D. Brenton, <sup>1\*</sup>Carlo Ceballos, <sup>1\*</sup>Nirvan Rosenfeld



### The use of ctDNA in personalised medicine

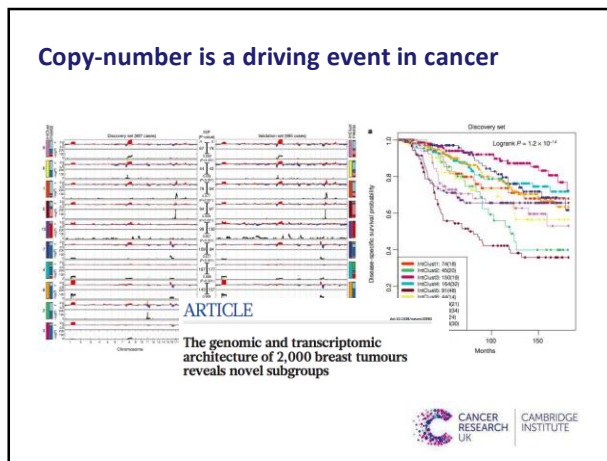
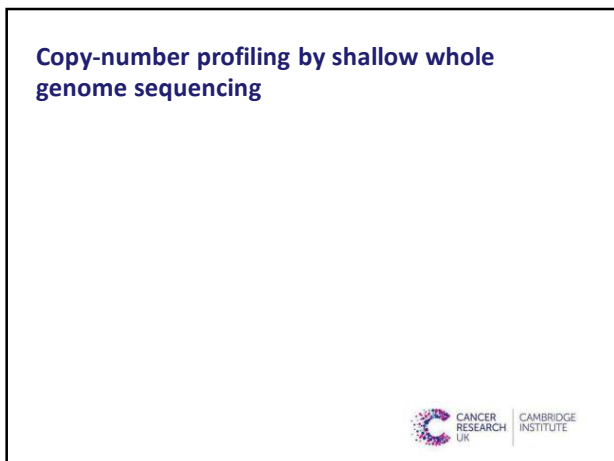
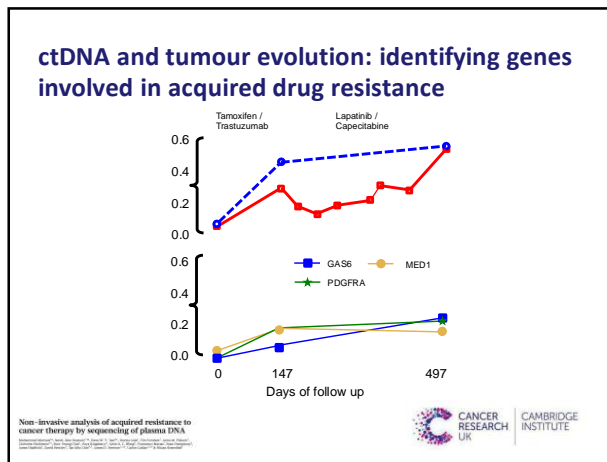
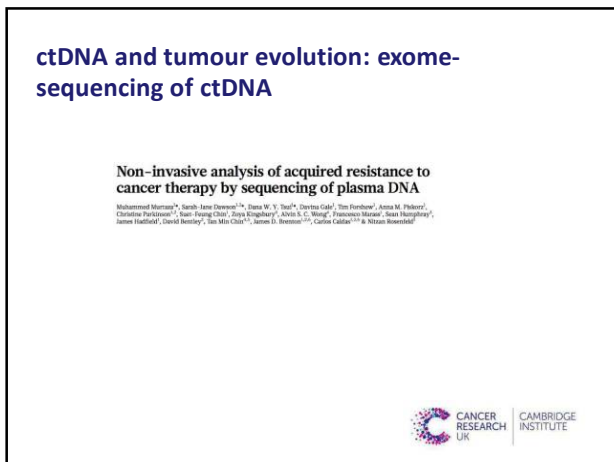
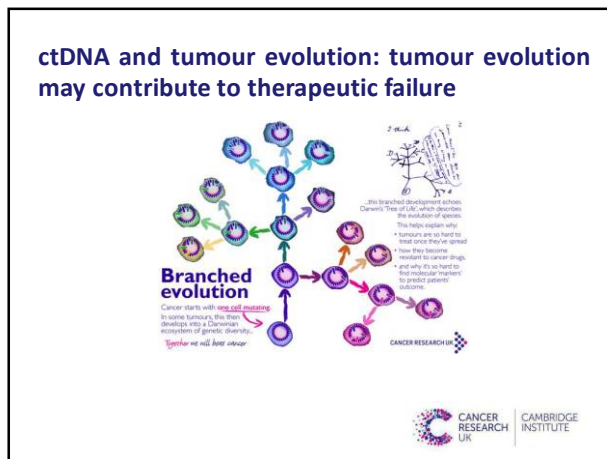
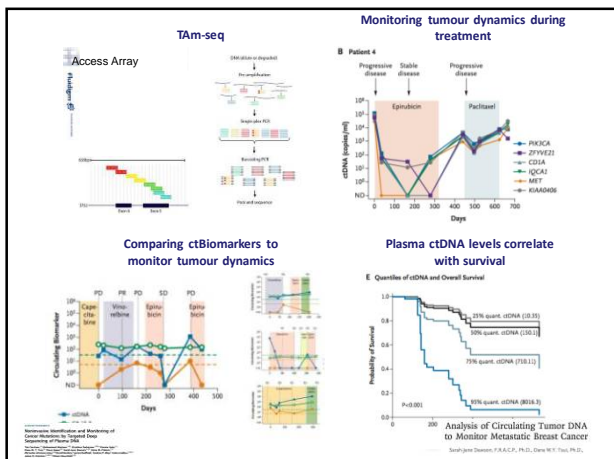


### Retrospective confirmation of site-of-origin in relapse of synchronous ovarian & bowel cancer by TAM-seq

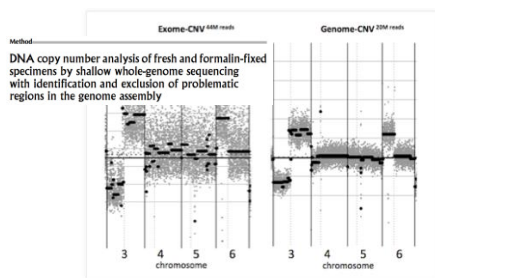


Noninvasive Identification and Monitoring of Cancer Mutations by Targeted Deep Sequencing of Plasma DNA





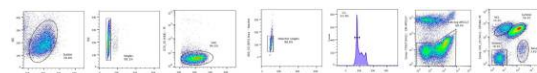
### Low-coverage WGS provides excellent CNV calls



### Single-cell CNV analysis – Flow-cytometry

#### FLOW-CORE

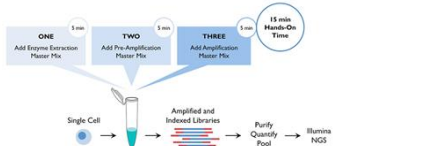
- Cells were stained with multiple markers: CD45, CD31, CD49f, EpCAM and CD24
- Viability and live cell cycle dyes (PI & Hoechst 33342) were used to exclude dead cells and to sort for G1 only
- Cells were sorted on a BD Influx directly into plates containing 2.5µl of lysis buffer at 4°C



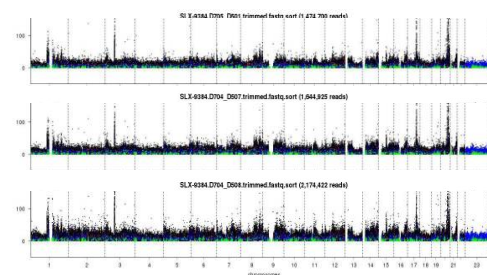
### Single-cell CNV analysis - Genomics

#### RUBICON PICOPLEX IS A SIMPLE AND ROBUST METHOD

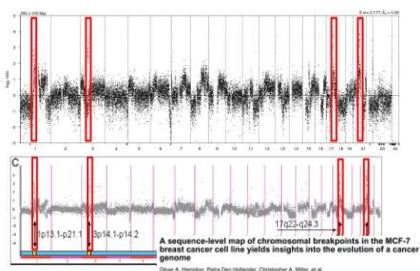
- A quick and simple 3-step workflow
- Used in many PGD labs
- Single-tube processing provides a low risk of contamination
- Average 1-3M single-end 50bp reads per cell



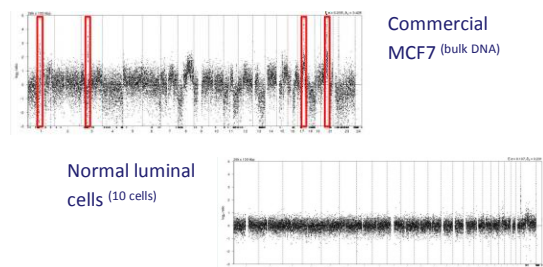
### Single-cell read counts are very similar



### Single-cell CNV-seq compares well to arrays



### Controls have the expected CNVs



### Single-cell CNV analysis

#### CONCLUSIONS

- Single-cells can be successfully index sorted and amplified for CNV-seq
- Single-cell CNV-seq is a viable method for use in cancer genomics studies
- Sorting costs are negligible, sequencing costs were around £20 per cell – but library prep costs need to drop to make Single-cell CNV-seq economical



### A genomic case report



### A genomic case report

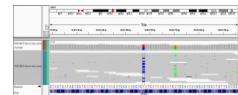
- 3 year old with a life-threatening immunodeficiency
- Routine immunological testing was uninformative
- Presentation suggested genetic component
- Possible STAT1 mutation
  - Led to debate about clinical path
  - HSCT considered ineffective

Desperately ill toddler needs bone marrow transplant to save her life



### A genomic case report

- Whole genome sequencing
  - Illumina TruSeq PCR-free
  - 30x coverage of trio
  - Interpretation of "exome"

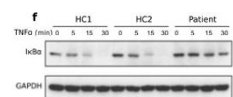


### A genomic case report

- Whole genome sequencing
  - Illumina TruSeq PCR-free
  - 30x coverage of trio
  - Interpretation of "exome"



- NFKB1A mutation
  - de novo het c.94A>G in NFKB1A
  - results in IκBα serine>glycine (p.S32G where serine usually phosphorylated)
  - Loss of IκBα phosphorylation prevents normal signaling via degradation
  - IκBα signaling is vital in the adaptive and innate immune response



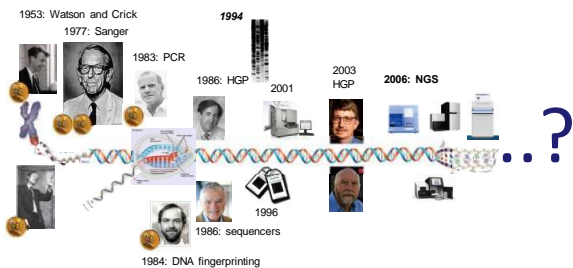
### A genomic case report

- NFKB1A mutation detected by rapid WGS
- Transplant was likely to be curative
  - 9/10 HLA-A-mismatched unrelated donor
  - one of two patients worldwide alive with this condition

Disseminated *Mycobacterium mageritense* and *Salmonella* infections associated with a novel variant in *NFKB1A*. *JCI* 2017



### The future of NGS



### Turn-around times for oncology testing

#### CURRENT TESTING

- EGFR, KRAS – ASSESS, FLAURA, AURAex 3-11 days
- BRCA – Myriad 7 days (Sanger)
- TP53 – Foundation Medicine 10 days

#### FUTURE TESTING

- A personal story of a breast cancer patient
- GP, wait, biopsy, wait, Follow up, wait, surgery, wait, follow up, wait, radiotherapy, wait, wait, wait



### Nanopore sequencing compared to Illumina

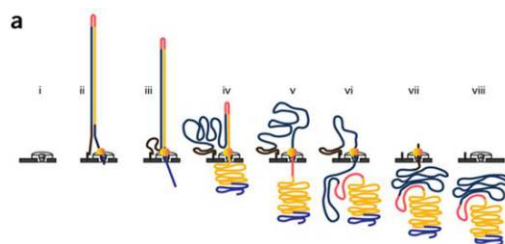


- High-throughput NGS
- Excellent accuracy
- High investment costs
- Long turnaround time
- Core facilities/testing hubs

- Disruptive technology
- Huge opportunities
- Point of care testing
- Non-invasive sample input
- Fast turn-around time



### How does a nanopore sequencer work



### Nanopore sequencing in ctDNA

#### THE VISION "ONE HOUR FROM PLASMA TO MUTATION CALL"

- ctDNA extraction without clean up
- Rapid PCR or Isothermal amplification
- MinION sequencing
- "Run-until" analysis

#### TESTING e.g. EGFR T790M

- Non-invasive same-day test
- 200,000 potential patients per year
- Saves 70,000 tests that currently fail on tissue biopsy



### What next...for Oxford Nanopore



## 20 years “working” on ERBB2



## 20 years “working” on ERBB2: single gene

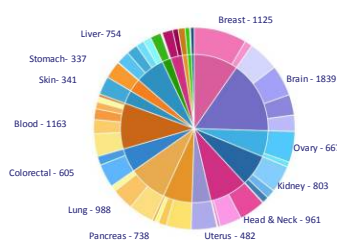
A differential PCR assay for the detection of c-erbB 2 amplification used in a prospective study of breast cancer  
*J Clin Pathol: Med Pathol* 1997;50:254-256

*Breast cancer is a heterogeneous disease. There may be many different mechanisms by which tumours grow, metastasise, and evade treatment response. Genetic markers that sub-classify these tumours could help identify those patients who would benefit most from adjuvant therapy.*

*Figure 1 The amplification products from the differential PCR of c-erbB 2 and the reference gene β globin from three normal DNA control (lanes 1-3), from three breast tumours with amplification of c-erbB 2 (lanes 4-6), and from a dilution of SKBR3 DNA in normal DNA, equivalent to eight copies (lane 7), five copies (lane 8), and three copies (lane 9) of c-erbB 2. The 174, 152, and 80 base pair bands from the molecular weight marker (pUC18 DNA digested with HindIII) are seen in lane 10.*



## 20 years “working” on ERBB2: whole genomes



## 20 years “working” on ERBB2: NGS panels

Fig 6.3: The potential for trastuzumab treatment

Cancer	UK Cases	Percent ERBB2 amplified	Cases ERBB2 amplified
Breast	50285	12.6%	6311
Bowel	41581	3.1%	1289
Lung	43463	2.3%	1000
Bladder	10399	5.8%	607
Prostate	41736	0.9%	384
Pancreas	8773	2.0%	175
Skin	13348	0.6%	80
Brain	9365	0.2%	14
Kidney	10144	0.1%	13
NHL	12783		0



## Acknowledgements

- CRUK and The University of Cambridge
- My lab (Paul, Hannah, Fatimah, Marta, Ros, Johanna and Joaquin)
- Bioinformatics Core (particularly Matt, Rory, Rich and Anne)
- (Nitzan Rosenfeld: Tim, Muhammad, Dana, Davina. Carlos Caldas: Sarah-Jane ctDNA Dawson. James Brenton: Christine Parkinson)
- NFKB1A (James Thaventhiran, Matt Eldridge, Emily Staples)
- Copy number (Sarah Leigh-Brown, Nina Lane)

