Precode: a precision medicine program in oncology in Region of Southern Denmark and its coordination with similar efforts at other Danish cancer units and the Danish National Genome Center.



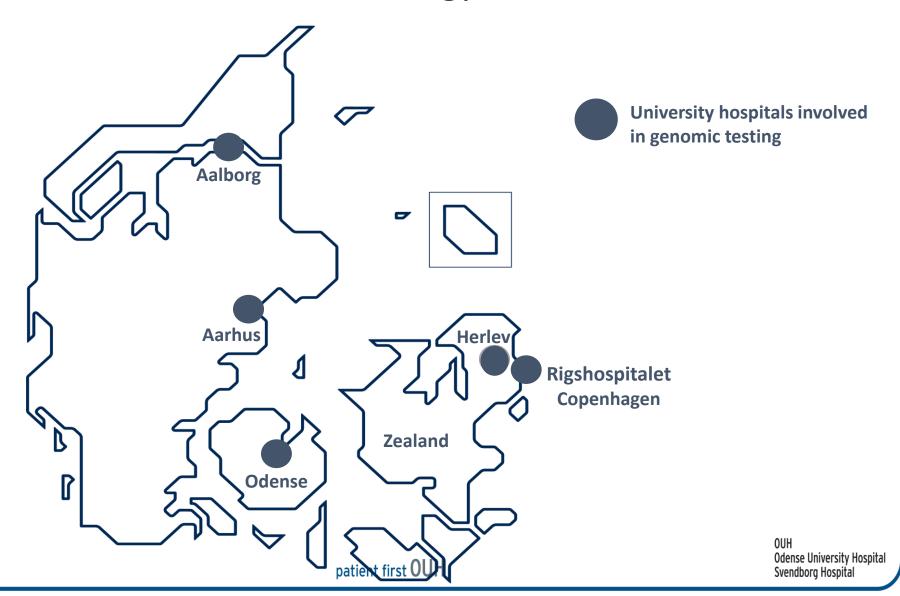
Henrik J. Ditzel

Professor, Chief physician, Head of Research

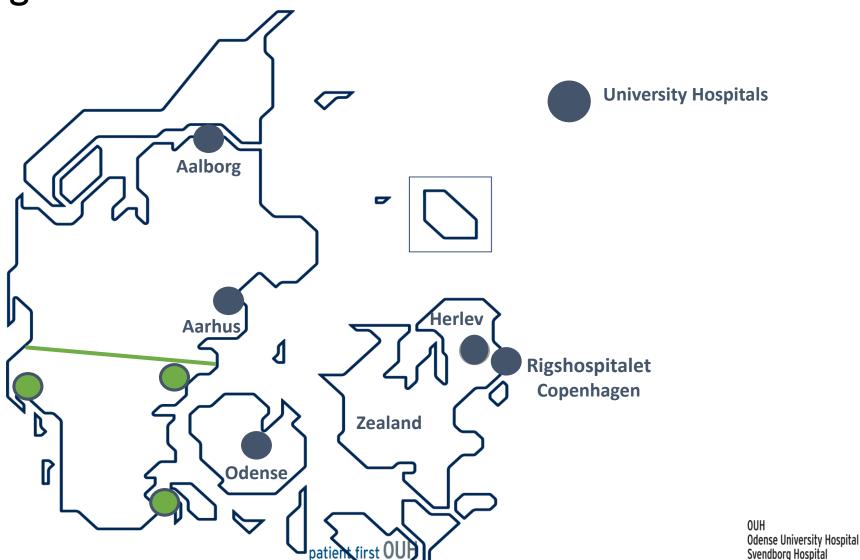
Dept. of Oncology, Odense University Hospital and University of Southern Denmark



Precision medicine in Oncology in Denmark



Precision medicine in Oncology in Region of Southern Denmark



PREcision medicine in Cancer in Odense, Denmark



The strategy of personalized medicine in oncology requires genomic profiling of the primary tumor or metastatic lesions

- Treatment is tailored to the molecular profile of the tumor
- But do we have matching targeted drugs available when genomic mutations are identified?
- •Patients are not guaranteed an experimental treatment after genomic examination
- Shared decision making important



PREcision medicine in Cancer in Odense, Denmark



Background:

- In Dec 2016, the Danish Regions published a national strategy for Personal Medicine
 - This is a high priority area
- Few cancer patients from OUH were referred to the Phase 1 unit and the health authority's second opinion committee when the treatment options are exhausted
 - long case management is unsatisfactory for patients (6-8 weekes)
- The Region of Southern Denmark has granted money for genomic examination of 700 cancer patients annually
- During 2018 Dept. of Clinical Pathology, OUH, has established a setup around gene panel analysis
- Dept. of Oncology has expanded the experimental unit



PRECODE a prospective cohort study



Purpose:

 to evaluate a new infrastructure for the investigation of patients with incurable cancer where treatment options are depleted

 to investigate whether genetic changes in the patients' tumor tissue can give rise to an experimental treatment offer



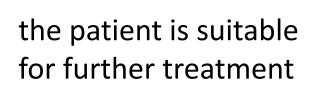




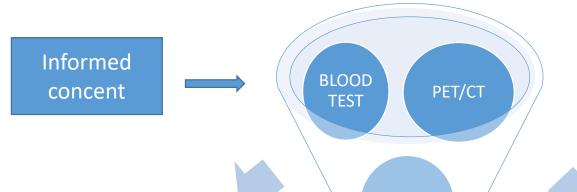
Inclusion Criteria in PRECODE



- Age > 18 år
- •The participant provides written informed consent
- •Solid tumor (all types) of patients who are not eligible for curative treatment
- No standard treatment available
- Performance Status, PS, 0-2
- Adequate organ function
- Life expectancy of at least 3 months









Blood is:

- examined for organ function
- stored in biobank for further analysis

 Histopathological analysis

BIOPSY

Genomic profiling



Tumor Board Meeting

patient first OUH

PET/CT:

- metastasis pattern
- choose tumors available for full thickness biopsy (16/18G)





Oncomine Comprehensive Assay v3

Hotspot genes				Full-length genes			Copy number genes		Gene fusions (inter- and intragenic)		
AKT1 ALK AR ARAF BRAF BRAF BTK CGBL CDK4 CHEK2 CSF1R CTNNB1 DDR2 EGFR EGFR ERBB2 ERBB2 ERBB4 ESR1 EZH2 FGFR1 FGFR2 FGFR3 FLT3	FOXL2 GATA2 GNA11 GNAQ GNAS HNF1A HRAS IDH1 IDH2 JAK1 JAK2 JAK3 KDR KIT KNSTRN KRAS MAGOH MAP2K1 MAP2K1 MAPK1 MAX MED12	MET MTOR MYD88 NFE2L2 NRAS PDGFRA PIK3CA PPP2R1A PTPN11 RAC1 RAF1 RET RHEB RHOA SF3B1 SMO SPOP SRC STAT3 U2AF1 XPO1	AKT2 AKT3 AXL CCNDH CDK6 ERCC2 FGFR4 H3F3A HISTHH3B MAP2K4 MDM4 MYC MYCN NTRK1 NTRK1 NTRK2 PDGFRB PIK3CB ROS1 SMAD4 TERT TOP1	ATM BAP1 BRCA1 BRCA2 CDKN2A FBXW7 MSH2 NF1 NF2 NOTCH1 PIK3R1 PTCH1 PTEN RB1 SMARCB1 STK11	TP53 TSC1 TSC2 ARID1A ATR ATRX CDK12 CDKN1B CDKN2B CHEK1 CREBBP FANCA FANCA FANCD FANCI MLH1 MRE11A	MSH6 NBN NOTCH2 NOTCH3 PALB2 PMS2 POLE RAD50 RAD51B RAD51B RAD51C RAD51D RNF43 SETD2 SLX4 SMARCA4	AKT1 AR CCND1 CCNE1 CDK4 CDK6 EGFR ERBB2 FGFR1 FGFR3 FGFR3 FGFR3 FGFR8 KIT KRAS MDM2 MDM4 MET MYC MYCL MYCN PDGFRA PIK3CA	PPARG TERT AKT2 AKT3 ALK AXL BRAF CCND2 CCND3 CDK2 CDKN2A CDKN2A CDKN2A CDKN2A CMN2A	ALK AXL BRAF EGFR ERBB2 ERG ETV1 ETV4 ETV5 FGFR1 FGFR2 FGFR3 NTRK1 NTRK3 PDGFRA PPARG RAF1	RET ROS1 AKT2 AR BRCA1 BRCA2 CDKN2A ERB84 ESR1 FGR FLT3 JAK2 KRAS MDM4 MET MYBL1	NF1 NOTCH1 NOTCH4 NRG1 NTRK2 NUTM1 PDGFRB PIK3CA PRKACA PRKACB PTEN RAD51B RB1 RELA RSPO2 RSPO3 TERT

Figure 1. List of gene targets in Oncomine Comprehensive Assay v3. Genes in blue are additional targets in the Oncomine Comprehensive Assay v3 that were not included in the first version.

Covers 161 of the most relevant cancer driver genes



Result of genpanel analysis is discussed on tumor board meeting





Tumor Board
OUH &
National

Genomic mutations identified

Fase I, II, III trials Off label treatment

Best supportive care

Clinical trials

No genomic mutations

Less evidens-based treatment

Best supportive care

Experimental protocols have first priority



PRECODE status



Study initiated 01.03.19



• First patient included 04.03.19

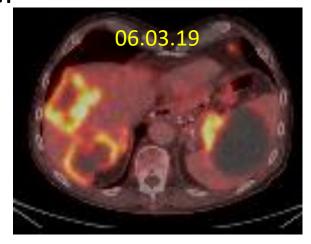
• Patient no 136 included 08.10.19



Patient no. 1 PRECODE



- Metastatic recurrence of gastric cancer
 - adenocarcinoma
- Liver and spleen matastases
- 2 lines of chemotherapy
- Treatment options are depleted
- 04.03.19: informed concent PRECODE
- PET/CT: 06.03.19
- Liver biopsy 11.03.19
- Tumor board 18.03.19





Result of gene panel analysis



OUH Odense Universitetshospital Svendborg Sygehus



Molekylærpatologisvar

20.03.19: informed consent in a Fase 2, PARB inhibitor Olaparib study

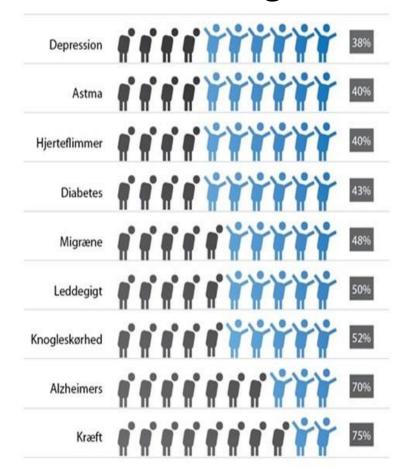
The gene panel analysis resulted in a possible treatment offer....

NOTCH2 c.4999G>A
PIK3CB c.3200A>T
BRCA2 c.8878C>T

p.Val1667lle 12% (1770/230) p.Asp1067Val 14% (1714/283) p.Gln2960Ter 12% (1765/235)



Starting point: Many patients suffer from inadequate health care treatment as drugs are ineffective





(FDA "Paving the way for personalized medicine", 2013)

The Danish Landscape for Precision Medicine

Danish strongholds

- National registries, biobanks and quality databases
- IT- infrastructure and high level of digitisation
- Strong research traditions
- A large life science industry
- Many relevant activities within and across healthcare and research

National Strategy for Personalised Medicine 2017 2020

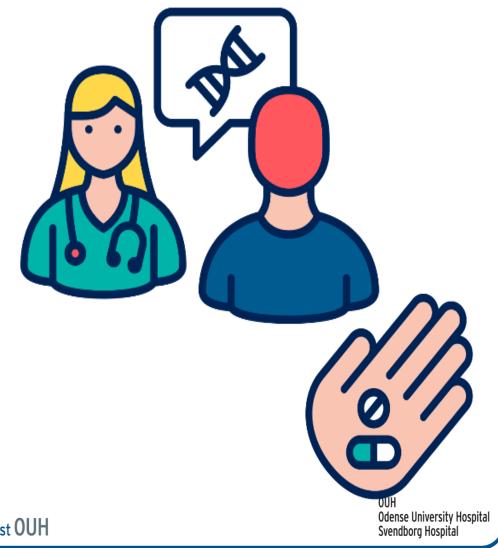
- National governance structure
- Danish National Genome Centre (NGC)





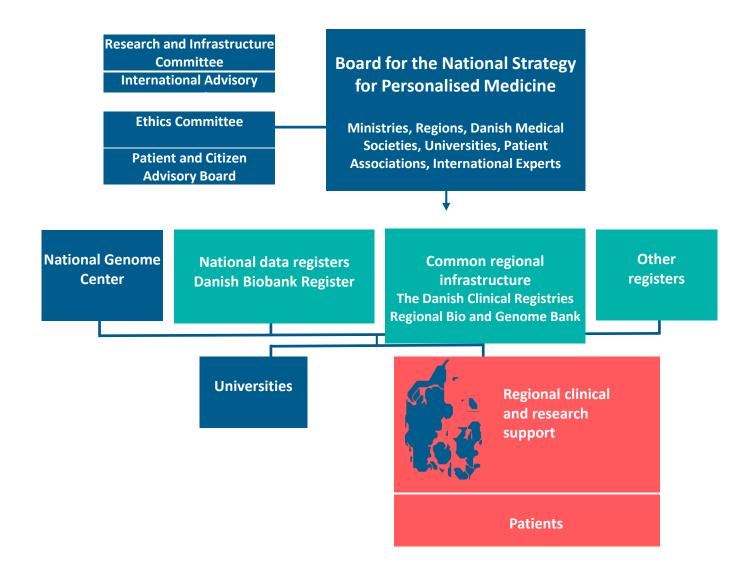
The vision for Danish National Genome Center

- Better use of new technologies and knowledge about genetics
- Support to doctors and researchers to achieve knowledge about genes so we can understand disease better and it becomes possible to diagnose more precisely and target treatment more accurately
- Through research carried out with the many we can make a difference for the individual





Governance for The National Strategy for Personalised Medicine



New government agency and an authority

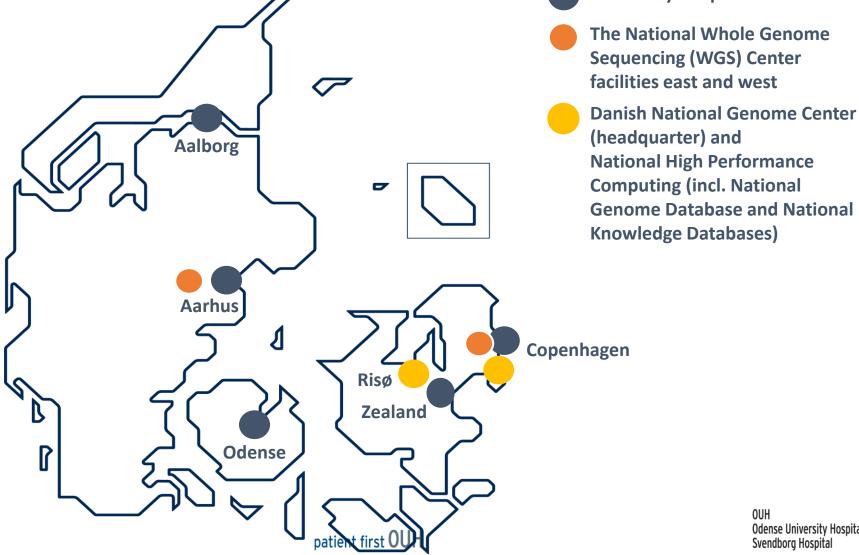
- Danish National
 Genome Center
 (NGC) is a new
 government agency
 and an authority
 within the Danish
 Healthcare system.
- NGC's primary task is to lay the foundation for the development of better diagnostics and more targeted treatments for patients using wholegenome sequencing (WGS).

Danish Health Authority Danish Medicines Agency Danish Patient Safety Authority Ministry of Health **Danish Agency for Patient Complaints** The Danish Health Data Authority SSI (Statens Serum Institut) The Danish National Committee on Health Research Ethics The Danish Council on Ethics **Danish National Genome Center** nationt first OHH



Danish National Genome Center: Infrastructure for

precision medicine **University Hospitals**



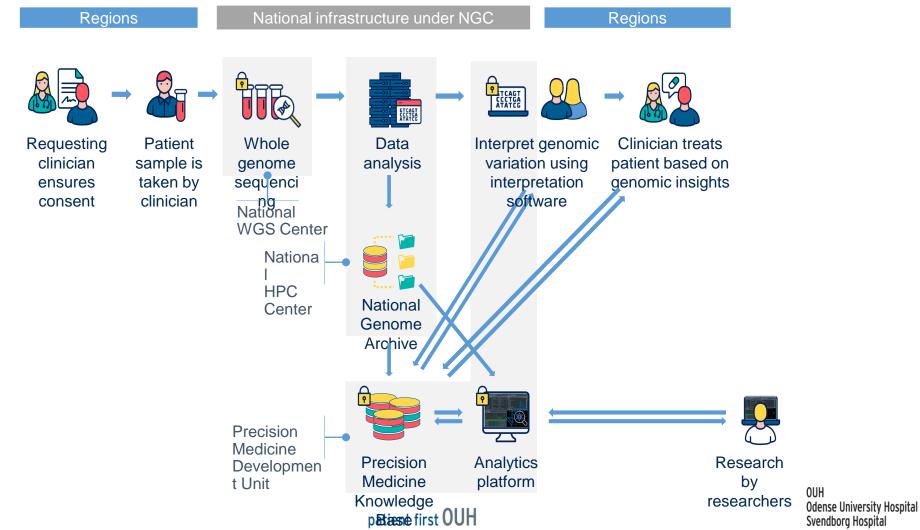
Regional data support centers

- ② Counseling and sparring on clinical use as well as suggestions for research, development and implementation projects.
- Sample collection and biobanking
- Data generation genomic and clinical data
- Data retention genomic and clinical data
- Data analysis biostatistics and bioinformatics
- ② Data interpretation

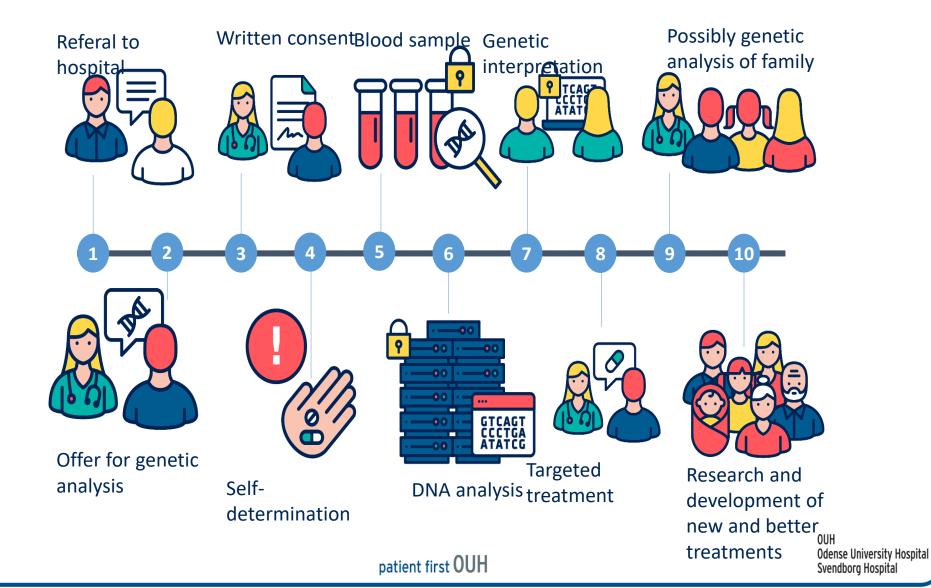


Relationship between elements in the infrastructure

Illustrates points of entry to NGC where data is either uploaded or accessed with strict security mechanisms implemented



The course of a patient gene test – step by step



Thank you for your attantion!



