## INDEPENDENT EVALUATION OF A FULLY INTEGRATED NEXT-GENERATION SEQUENCING TECHNOLOGY FOR THE ACCURATE DETECTION OF ONCOGENIC RNA FUSIONS AND ABERRANT SPLICING EVENTS IN LUNG CANCER

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## **SUMMARY**

- The QuantideX<sup>®</sup> NGS RNA Lung Cancer Kit\* is a research tool for analyzing recurrent gene fusions, MET exon 14 skipping and gene expression in lung cancer specimens.
- The kit demonstrated concordant results across two laboratories using 30 total nucleic acid (TNA) isolates derived from clinically-relevant specimens such as FFPE tumor biopsies.
- Agreement was also achieved for 8 residual clinical FFPE samples comparing the QuantideX NGS RNA Lung Cancer Kit\* and FISH.
- Results comparing the QuantideX NGS RNA Lung Cancer Kit\* and the nCounter® Vantage<sup>™</sup> Lung Gene Fusion Panel were in agreement for both the original cohort and residual FFPE samples.

## INTRODUCTION

**MATERIALS AND METHODS** 

RNA fusions and splice variants, such as MET exon 14 skipping, are recognized as important therapeutic targets in non-small cell lung cancer (NSCLC) and a growing number of other solid tumors. Despite the emerging importance of these targets to cancer research, NGS assays that analyze RNA markers currently lag behind DNA sequencing efforts in workflow efficiency and in the rigor of analytical performance evaluations. We present a new targeted RNA-Seq Lung Cancer assay that can report 107 known oncogenic gene fusions, MET exon 14 skipping, 26 expression markers, and 5 imbalance markers for novel fusion detection using a streamlined sample-to-answer workflow.





PDGFRA FGFR1 FGFR2 MRIE PDGFRA 11 fusion genes-107 kn CDKN2A MSLN ABCB1 ESR1 IFNGR PTEN TERT TUBB3 BRC A1 CTLA4 EGER1 ISG15 PDCD1 RRM1 TLE3 TYMS CD274 (PDL1) FGFR2 ERCC1 MET PDCD1LG2 (PDL2) TDP1 TOP1 Endogenous Ctrls. Content sourced from: NCCN Guidelines, customer needs, COSMIC, Clinicaltrials.gov, publications & other database

Figure 1. QuantideX NGS RNA Lung Cancer Kit\* content. The panel covers 107 recurrent gene fusions including ALK, RET and ROS1, MET ex14 skipping, 23 mRNA markers of prognostic and theranostic value and 3 internal control mRNA markers



Figure 2. Overview of QuantideX NGS RNA Lung Cancer Kit\* from wet lab to dry bench analytics. The workflow is designed to minimize the mber of steps, operator hands-on-time, and overall turn-around-time. Time-Motion Analysis shows both operator hands-on-time and instrument time. The bundled QuantideX® Reporter software package runs locally on a standard computer



Figure 3. Summary of the site evaluation study design. The study was designed with three phases for NGS evaluation: Training (8 libraries), Proficiency & Concordance (32 libraries), and Reproducibility & Method Concordance (16 libraries in duplicate plus additional evaluator libraries). Specifically, Jewish General Hospital was trained within two days, and they achieved a successful proficiency run in the second phase (Table 1). A subset of samples were evaluated by NanoString's Vantage Lung Gene Fusion Panel. Eight additional samples that were previously annotated by FISH were evaluated using both systems (Table 2). Analysis of mRNA expression was not part of this evaluation



Figure 4. Quantification of both the RNA functional copy number and the on-target coverage for fusions and splice events was consistent between sites. A) Comparison of the functional copy input measured using the QuantideX RNA Assay (Lung). Results were consistent between sites (1.4-fold mean difference with a standard deviation of 0.5-fold). B) Comparison of the on-target coverage for each of the positive samples. Results were consistent between sites (1.1-fold mean difference with a standard deviation of 0.9-fold). Even coverage across titration series libraries demonstrated successful normalization and pooling

	Asuragen Annotations			Concordance (32)			Reproducibility Set 1 (16)			Reproducibility Set 2 (16)				
			Imbalance Status	Expected Fusion	Expected Imbalance		Expected Fusion	Expected Imbalance		Expected Fusion	Expected Imbalance			
NTC	Control	Neg	Neg	none	none	none	none	none	none	none	none	none		
Pos	Control	Synthetic ALK	Neg	1	none	none	1	none	none	1	none	none		
ERL1	FFPE	EML4:ALK	ALK	1	1	none	1	1	none	∕†	1	none		
ERL2	FFPE	EML4:ALK	ALK	1	1	none	1	1	none	Failed	Failed	Failed		
ERL3	FFPE	Neg	Neg	none	none	none	none	none	none	none	none	none		
ERL4	FFPE	Neg	Neg	none	none	none	none	none	none	none	none	none		
ERL5	FFPE	Neg	Neg	none	none	none	none	none	none	none	none	none		
ERL6	FFPE	Neg	Neg	none	none	none	none	none	none	none	none	none		
ERL7	FFPE	EML4:ALK	ALK	1	1	none	1	1	none	✓†	1	none		
ERL8	FFPE	EML4:ALK	ALK	1	1	none	1	1	none	∕†	1	none		
ERL9	FFPE	EML4:ALK	ALK	1	1	none	1	1	none	∕†	1	none		
ERL10	FFPE	Neg	Neg	none	none	none	none	none	none	none	none	none		
ERL11	Cell	MET e13:e15	Neg	none	none	1	none	none	1	none	none	1		
ERL12	Cell	FGFR3:TACC3	Neg	1	none	none	~	none	none	~	none	none		
ERL13	Cell	SLC32A2:ROS1	ROS1	1	1	none	1	1	none	1	1	none		
ERL14	FFPE	Neg	Neg	none	none	none								
ERL15	FFPE	EML4:ALK	ALK	1	1	none								
ERL16	FFPE	EML4:ALK	ALK	1	1	none	Expected fusions, imbalance and splice variant calls were accurately called in 63 of 64 libraries One library, <i>ERL2</i> , failed both QC and NGS for Reproducibility Set 2 <sup>1</sup> Samples had low coverage false positive contaminants that were resolved based on plate position							
ERL17	FFPE	EML4:ALK	ALK	1	1	none								
ERL18	FFPE	EML4:ALK	ALK	1	1	none								
ERL19	FFPE	EML4:ALK	ALK	1	1	none								
ERL20	FFPE	EML4:ALK	ALK	1	1	none								
ERL21	FFPE	Neg	Neg	none	none	none								
ERL22	FFPE	Neg	Neg	none	none	none								
ERL23	FFPE	Neg	Neg	none	none	none								
ERL24	FFPE	Neg	Neg	none	none	none								
ERL25	FFPE	Neg	Neg	none	none	none								
ERL26	FFPE	Neg	Neg	none	none	none								
ERL27	FFPE	Neg	Neg	none	none	none								
ERL28	FFPE	Neg	Neg	none	none	none								
ERL29	FFPE	Neg	Neg	none	none	none								
EPI 20	EEDE	Nog	Nee											

Table 1. Jewish General Hospital NGS results compared to Asuragen sample annotations. Out of 64 libraries performed at Jewish General Hospital, 63 vielded the expected calls both for mutation and imbalance status (after resolving contamination events in reproducibility set 2). One sample failed analysis, which was identified at the QC step (not shown).

Concordance with Orthogonal Test Methods									
					Asuragen QuantideX Imbalance Calls				
	Neg	EML4(13):ALK(20)	EML4(13):ALK(20)	1	ALK	1			
	Neg	EML4(6):ALK(20)	EML4(6):ALK(20)	1	ALK	1			
	Neg	Neg	Neg	-	Neg	-			
	Neg	SLC34A2(4):ROS1(32)	SLC34A2(4):ROS1(32)	1	ROS1	1			
	Neg	Neg	Neg	-	Neg	-			
	Neg	EML4(6):ALK(20)	EML4(6):ALK(20)	1	ALK	1			
RL16	Neg	EML4(6):ALK(20)	EML4(6):ALK(20)	1	ALK	1			
RL17	Neg	EML4(6):ALK(20)	EML4(6):ALK(20)	1	ALK	1			
RL18	Neg	EML4(6):ALK(20)	EML4(6):ALK(20)	1	ALK	1			
RL19	Neg	EML4(6):ALK(20)	EML4(6):ALK(20)	1	ALK	1			
RL20	Neg	unknown ALK-fusion	EML4(6):ALK(20)	1	ALK	1			
RL21	Neg	Neg	Neg	-	Neg	-			
RL22	Neg	Neg	Neg	-	Neg	-			
RL23	Neg	Neg	Neg	-	Neg	-			
	Neg	Neg	Neg	-	Neg	-			
	Neg	Neg	Neg	-	Neg	-			
	Neg	Neg†	Neg	-	Neg <sup>†</sup>	-			
	ROS1 split	SLC34A2(4):ROS1(32)	SLC34A2(4):ROS1(32)	1	Neg*	Х			
	Neg	Neg	Neg	-	Neg	-			
	Neg	Neg	Neg	-	Neg	-			
GH6	Neg	Neg	Neg	-	Neg	-			
GH7	ROS1 split	EZR(10)-ROS1(34)	EZR(10)-ROS1(34)	1	ROS1	1			
GH8	ALK split	EML4(6):ALK(20)	EML4(6):ALK(20)	/	Neg*	x			

Table 2. Summary of QuantideX NGS RNA Lung Cancer Kit\* FFPE sample agreement with orthogonal methods. Samples identified as fusion positive by either FISH (8 residual clinical samples) or NanoString (8 residual clinical samples + 15 Asuragen subset samples) demonstrated 100% agreement for fusion-positive calls. Imbalances for two samples (\*) were not called but were near the positive threshold. One sample (!) was near threshold for an ALK imbalance for both NanoString and NGS technologie

## CONCLUSIONS

Phase II: Concordance

• An independent laboratory was trained to proficiency in two days using the QuantideX NGS RNA Lung Cancer Kit\*.

• The kit workflow, from sample to sequencer, can be completed in about 9 hours.

• High inter-operator, and intra- and inter-run reproducibility, was achieved at two different sites with FFPE samples using inputs down to <10 ng.

• NGS fusion results were in 100% agreement with ALK and ROS1 translocation calls from orthogonal assays performed with 23 FFPE samples.





