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Quantitative cell-free DNA (cfDNA) markers for prediction of early progression in patients undergoing immunotherapy



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BACKGROUND

immuno-oncology current issue predict in response major IS early the Of tO immunotherapy for cancer patients, ideally before the first imaging exam. Circulating DNA available from liquid biopsies are a promising and non-invasive surrogate to imaging to early assess response during treatment.

CFDNA

cell-free DNA : non-encapsulated fragments of DNA released, during apoptosis, necrosis or lysis, in body fluids as blood, urine, cerebrospinal fluid, saliva. Its halflife turn around 15 min, making its monitoring more representative of the real-time present quantities.

circulating tumor DNA (ctDNA) : portion of circulating cell-free DNA originating from tumor cells. By the detection of specific cancer mutations, studies found correlations between concentration of ctDNA and some outcomes of interest, such as progression-free survival, clinical benefit, radiographic response. Problems are :

OBJECTIVES

The ongoing SChISM (Size CfDNA Immunotherapies Signature Monitoring) clinical study proposes an innovative approach based on patented cfDNA quantification methods, providing concentration and size profile fluctuations of plasmatic circulating DNA for early therapeutic management of immune checkpoint inhibitors treated patients. The objective is to model real-time variations in concentration and size of cfDNA to early predict response and survival following immunotherapy for five cancer types, using a novel, patented, standardized and innovative technology provided by our partners, **ID-solutions and Adelis**. Final purpose will be to propose a new predictive method to suggest more suitable treatment to patient, such as chemotherapy.



Clinical Data:

Sex, Age, Cancer, ICI

treatment...



Circulating Tumor DNA Cell-free DNA Circulating tumor cell Healthy cell

- Finding tumor-specific mutations in cfDNA is expensive;
- Only 80% of patients harbor a genomic alteration that can be used as a biomarker target.

Current study aims to focus on measuring global cfDNA.

DATA

- **260** patients starting an anti-PD-L1/P1, currently 180 included, with :
 - Melanoma
 - Head and neck squamous cell carcinoma
 - Urothelial bladder carcinoma
 - Clear cell kidney cancer
 - Non-small cell bronchial cancer
- Clinical variables :
 - Comorbidities
 - Anterior anti-cancer treatments
 - Genetic mutations
 - Previous cancer treatment
 - Tumor size imaging
- Classical biological markers
- cfDNA variables, collected every two treatments infusion (~ every 2 weeks) before first imaging :



REFERENCES

- Diehl F, Schmidt K, Choti MA, Romans K, Goodman S, Li M, et al. Circulating mutant DNA to assess tumor dynamics. Nat Med. 2008;14(9):985-90.18670422
- 2. Moding, et al. « Circulating Tumor DNA Dynamics Predict Benefit from Consolidation Immunotherapy in Locally Advanced Non-Small Cell Lung Cancer ». Nature cancer 1, no 2 (février 2020): 176-83.
- 3. Moding, et al. « Circulating Tumor DNA Dynamics Predict Benefit from Consolidation Immunotherapy in Locally Advanced Non-Small Cell Lung Cancer ». Nature cancer 1, no 2 (février 2020): 176-83. Dawson SJ, Tsui DW, Murtaza M, Biggs H, Rueda OM, Chin SF, et al. Analysis of circulating tumor DNA to monitor metastatic breast cancer. N Engl J Med. 2013;368(13):1199-209.23484797
- Benzekry, S. Artificial intelligence and mechanistic modeling for clinical decision making in oncology. *Clinical pharmacology and therapeutics* (2020)
- 5. Benzekry S et al. Pharmacometrics modeling coupled with machine learning for early prediction of overall survival following atezolizumab monotherapy in non-small cell lung cancer, WCOP, 2022.

ML:

- logistic regression
- random forest
- single layer neural network
- naïve Bayes
- k-nearest neighbors
- support vector models
- decision tree