



NGS based Liquid Biopsy Tests

Genomic Profiling of Solid Tumors from Blood



MedGenome Liquid Biopsy NGS Assays

OncoTrack (EGFR, BRAF, KRAS, NRAS)

HRR Track (15 HRR Gene including BRCA1 & BRCA2) LungTrack Advance (SNVs, InDels, Fusions) OncoTrack Ultima (Solid Tumors)

Next Generation Sequencing (NGS) based Liquid Biopsy test

NGS based liquid biopsy is a test performed on the blood of the patient to evaluate tumor derived DNA (ctDNA) for molecular biomarker detection.

Cells in the body die continuously in a process known as "apoptosis", releasing DNA/RNA into the bloodstream. This freely circulating DNA in the blood stream is termed as **Cell free DNA (cfDNA)**.

Tumours cells also shed their contents including DNA into the blood stream. This tumour derived DNA present in the blood stream is called as **Circulating tumour DNA or ctDNA**.

Liquid Biopsy test is advised in the following situations:

Difficulty in obtaining tumor biopsy from cancer patients for practical and clinical reasons

> Biopsy material is degraded or damaged or improperly/poorly fixed

Tumour content is insufficient in the existing biopsy material

Treatment monitoring and Relapse

in cancer patients (MRD)

Determination of secondary **acquired resistance** mutations during the course of treatment (example: EGFR T790M or MET exome skipping mutation in NSCLC)

Clinical Applications of Liquid Biopsy



Liquid Biopsy Test can be used as a Complementary, Alternative, Reflex and Serial to Tissue Biopsy Test



Liquid Biopsy - Implications in Cancer Management

Ref: https://err.ersjournals.com/content/29/155/190052

MedGenome Liquid Biopsy NGS Assays

OncoTrack

Test code: MGM403 | TAT - 12 working days



• Screens for the presence of oncogenic mutations in four key genes: EGFR, KRAS, NRAS and BRAF.

- These genes have a **potential role in clinical decision making** for different lines of approved targeted therapy and those in clinical trials.
 - This assay also **screens for resistance mutations** that demonstrate the mechanism of acquired secondary/primary resistance to these drugs.

HRR Track

Test code: MGM2455 | TAT - 14 working days

- Indicated for Prostate, Ovarian, Breast and Pancreatic cancer
- Evaluates mutations in cfDNA (ctDNA) shed from dying cancer cells
- Screens for the mutations (SNVs and InDels) in 15 Homologous Recombination Repair(HRR) genes including BRCA1 and BRCA2 genes
- Informs PARPi eligibility (approved targeted therapies and in clinical trials.)
- Complete Coding regions and splice site boundaries (+ /-10 bp) are covered
- Detects both somatic and germline* variants.

Gene List (15 Genes)

ATM	BRCA2	CHEK1	PALB2	RAD51C
BARD1	BRIP1	CHEK2	PPP2R2A	RAD51D
BRCA1	CDK12	FANCL	RAD51B	RAD54L

*Germline variants to be confirmed on blood DNA

LungTrack Advance

Test code: MGM2623 | TAT - 14 working days

- NGS based CAP accredited assay to screen all the NCCN guided actionable biomarkers in Non-small cell Lung cancer (NSCLC)
- Detects SNVs, Indels and Fusions, all known / unknown fusion gene partners are detected
- Enhanced coverage of intronic region for key fusion genes and their reported partners
- Variants (SNVs, InDels) can be detected at 0.2% VAF; Fusions >3 read support
- Detects Primary driver mutation and Secondary resistance markers
- Enables Minimal Residual Disease (MRD) detection

LungTrack Advance - Gene List (24 Genes)							
ALK	CTNNB1	ERBB3	NTRK1	FGFR1	KIT	MET	RET
BRAF	EGFR	ERBB4	NTRK2	FGFR2	KRAS	NRAS	ROS1
CDKN2A	ERBB2	NRG1	NTRK3	FGFR3	MAP2K1	PIK3CA	TP53

Fusions will be determined in genes highlighted as bold | Novel fusion partners can also be detected

OncoTrack Ultima

Test code: MGM455 | TAT - 14 working days

 Tumor agnostic assay covering 117 Pan cancer genes as recommended by guidelines (FDA, NCCN, ASCO, ESMO etc.)



- Comprehensive coverage of complete coding regions of all the genes and intron/exon boundaries for SNVs & InDels detection
- Highly sensitive and can accurately detect low frequency mutations upto 0.2% Variant Allele Frequency (VAF) at high confidence
- Analysis and reporting as per ACMG/AMP/ASCO/CAP guidelines
- Detects Primary driver mutation and Secondary resistance markers
- Enables Minimal Residual Disease (MRD) detection
- All HRR genes are covered including BRCA1 and BRCA2

Gene List (117 Genes)

ABL1	BRIP1	ERCC2	HRAS	MSH2	PIK3CA	RIT1
ABL2	C11orf65	ESR1	IDH1	MSH6	PMS2	ROS1
AKT1	CCND1	EZH2	IDH2	MTOR	POLD1	SETD2
ALK	CDH1	FANCL	JAK1	MUTYH	POLE	SF3B1
APC	CDK12	FBXW7	JAK2	MYC	PPP2R2A	SMAD4
AR	CDK4	FGFR1	JAK3	MYCN	PTCH1	SMARCB1
ARAF	CDKN2A	FGFR2	KDM5C	MYD88	PTEN	SMO
ARID1A	CDX2	FGFR3	KDM6A	NF1	PTPN11	SPOP
ARID1B	CHEK1	FGFR4	KEAP1	NF2	RAD51B	SRC
ATM	CHEK2	FLT3	KIT	NOTCH1	RAD51C	STK11
ATR	CSF1R	FOXA1	KRAS	NPM1	RAD51D	TERT
ATRX	CTNNB1	FOXL2	MAP2K1	NRAS	RAD54L	TP53
BAP1	DDR2	GATA3	MAP2K2	NTRK1	RAF1	TSC1
BARD1	EGFR	GNA11	MAPK1	NTRK3	RB1	TSC2
BRAF	ERBB2	GNAQ	MET	PALB2	RET	VHL
BRCA1	ERBB3	GNAS	MLH1	PBRM1	RHEB	
BRCA2	ERBB4	HNF1A	MPL	PDGFRA	RHOA	

Validation of Liquid Biopsy for advanced non-small cell lung cancer

Lung Cancer: Targets and Therapy

open Access Full Text Art

n access to scientific and medical research

Dovepress

ORIGINAL RESEARCH

Validation of liquid biopsy: plasma cell-free DNA testing in clinical management of advanced non-small cell lung cancer

A total of 163 NSCLC cases were included in the validation, of which 132 patients had paired tissue biopsy and ctDNA. We chose to validate ctDNA using deep sequencing with custom designed bioinformatics methods that could detect somatic mutations at allele frequencies as low as 0.01%. Benchmarking allele specific real time PCR as one of the standard methods for tissue-based *EGFR* mutation testing, the ctDNA NGS test was validated on all the plasma derived cell-free DNA samples. We observed a high concordance (96.96%) between tissue biopsy and ctDNA for oncogenic driver mutations in Exon 19 and Exon 21 of the *EGFR* gene. The sensitivity, specificity, positive predictive value, negative predictive value, and diagnostic accuracy of the assay were 91.1%, 100% 100%, 95.6%, and 97%, respectively. A false negative rate of 3% was observed. A subset of mutations was also verified on droplet digital PCR. Sixteen percent EGFR mutation positivity was observed in patients where only liquid biopsy was available, thus creating options for targeted therapy. This is the first and largest study from India, demonstrating successful validation of circulating cell-free DNA as a clinically useful material for molecular testing in NSCLC.

Concordance- 96.96% Sensitivity: 91.1% Specificity: 100% PPV: 100% NPV: 95.6% Diagnostic accuracy: 97%

Limit of Detection (LOD) - Liquid Biopsy Assay

Alteration Type	Analytical Sensitivity [#]	Limit of Detection (LOD)	Analytical Specificity##	
		30ng		[#] Analytical Sensitivity defined as the Detection Bate for variants present
SNVs*	≥95%	>0.2 AF%	100%	at or above the limit of detection (LoD).
INDELS*	≥95%	>0.2 AF%	100%	##Analytical Specificity defined as 1 minus the
Fusions **	≥95%	≥3 Reads	100%	per-sample false positive rate
* Tested on cfDNA reference	standards			

Assay Specifications

Indications	Advance solid tumers
	Before first line therapy or at progression
Specimen Requirement	Peripheral Blood in Streck Tube (10ml X 2)
Shipping condition	Ship same or next day at room temperature. Do not freeze or refrigerate
Assay Type	Next Generation Sequencing (NGS)
Sequencing Platform	Illumina
Average Depth of sequencing (Pre UMI)	≥20,000X
Average Depth of sequencing (Post UMI)	≥1000X



helps the clinician take appropriate treatment decisions.

Tissue material insufficient

01

47-year-old male | case of NSCLC (ADCC); stage4

Due to limited tissue amount, only EGFR test was performed & found to be negative.

Test performed: LungTrack Advance

Treated with: First line chemotherapy (Carboplatin + Paclitaxel) and progressed after 4 cycles; now started on second line chemotherapy.

LungTrack Advance Test was performed to identify actionable driver mutations



Therapeutic response monitoring - Detection of resistance

62-year-old male

Diagnosed with Adenocarcinoma lung cancer 3 years ago.

Test performed: LungTrack Advance

Treated using EGFR TKIs & progressed. Test performed to determine resistance mechanism.

EGFRc.2237_2255 delinsT(ENST00 000275493.2)p.Glu746_Ser752 delinsVal/Exon 19925904X/16 %Osimertinib/Gefit inib/Dacomitinib/Afat inib/DacomitinibSensitive to EGFR TKIsEGFRc.2369C>T(ENST 00000275493.2)p.Thr790Met /Exon 20123188X/14 .9%Osimertinib (Tagrisso):Third generation TKIResistance to first/second generation TKI	Gene	CDS variant details	Amino acid change/ Exon No.	Overall Depth/Mutan Allele Percentage	FDA Approved drugs against variant	Drug response
EGFR c.2369C>T(ENST p.Thr790Met 123188X/14 (Tagrisso):Third first/second generation TKI generati	EGFR	c.2237_2255 delinsT(ENST00 000275493.2)	p.Glu746_Ser752 delinsVal/Exon 19	925904X/16 %	Osimertinib/Gefit inib/Erlotinib/Afat inib/Dacomitinib	Sensitive to EGFR TKIs
	EGFR	c.2369C>T(ENST 00000275493.2)	p.Thr790Met /Exon 20	123188X/14 .9%	Osimertinib (Tagrisso):Third generation TKI	Resistance to first /second generation TKIs

LungTrack Advance successfully identified resistance mutation in the cfDNA of the patient

Resistance mutation acquired by patient after treatment

Liquid biopsy test for HRR gene testing

56-year-old Male

Prostatic acinar adenocarcinoma, grade 5

Test Performed: HRR Track and HRR somatic mutation panel

Genomic alteration	Nucleotide change	Depth / VAF	AMP Classification^	Interpretation	Treatment Recommendation		
BRCA2 p.Gly3153Al afsTer10	c.9458del (ENST0000038 0152.8)	2720X/ 46%	Tier 1	Deleterious	Confers sensitivity to PARP inhibitors		
HRR track Liquid Biopsy test identified pathogenic mutation in BRCA2 gene at 46% VAF which can be useful for treatment decisions.							

HRR somatic mutation panel on Tissue Biopsy also detected same mutation at 65.6t%. Germline confirmation is under process

For more information on CAP accredited Liquid Biopsy test portfolio please write to our experts at techsupport@medgenome.com