

# Informatics to enable routine personalized cancer therapy [U01 CA180964]

Elmer V. Bernstam, MD

UT School of Biomedical  
Informatics

Funda Meric-Bernstam, MD

UT MD Anderson Cancer  
Center

# Problem

**From:** Xiong,Wen  
**Sent:** Thursday, June 12, 2014 10:13 AM  
**To:** Meric-Bernstam,Funda  
**Cc:** Piha-Paul,Sarina Anne  
**Subject:** mutation report [REDACTED]

Dr. Meric:

Please review the patient for BKM120. She has PIK3CA mutation.

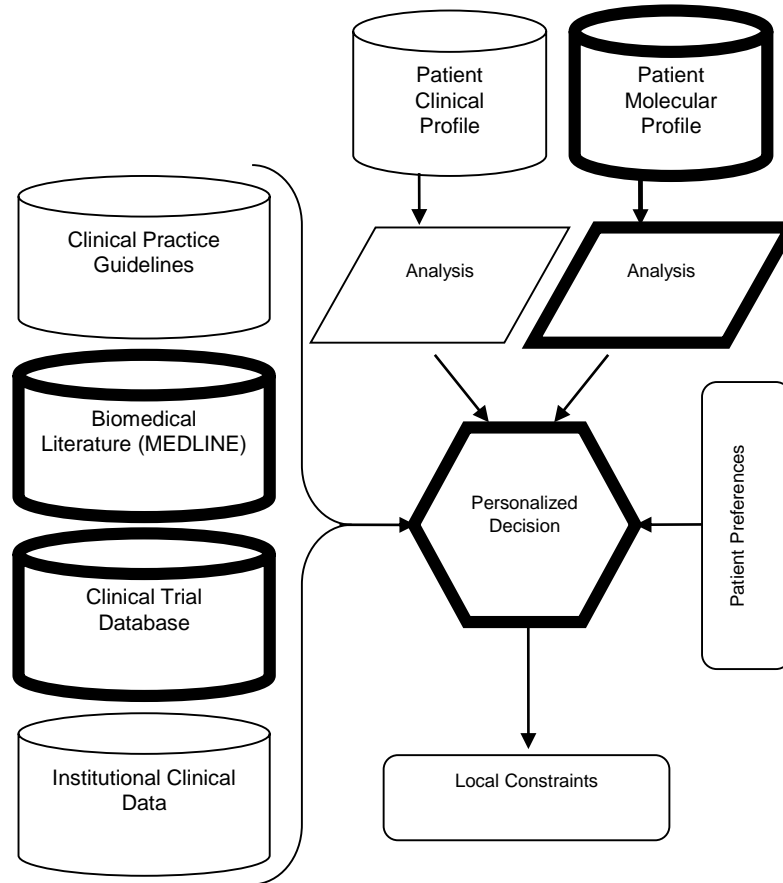
Name: [REDACTED]  
MRN: [REDACTED]  
Protocol: 2013-0682  
Diagnostics: Fallopian tube/Ovarian CA

Thanks,

Wendy Xiong.  
Clinical Studies Coordinator.  
Investigational Cancer Therapeutics.  
The University of Texas M. D. Anderson Cancer Center  
1400 Holcombe Blvd, Houston TX 77030  
Phone : 713-745-3029  
Pager: 713-745-3348  
Fax:713-792-3535  
[wxiong1@mdanderson.org](mailto:wxiong1@mdanderson.org)

5 page report attached

# Overview



# Real and immediate problem

- Clinical application at MD Anderson
  - The Khalifa Institute for Personalized Cancer Therapy (IPCT)
    - “Clearinghouse” protocol
      - >4000 patients with molecular profiles
    - Human-curated “gene sheets”
      - Gold standards for evaluation of automated methods
  - Department of Investigational Cancer Therapeutics
    - Phase I program
    - Primarily “trial-driven”
      - Problem is: given patient → assign to appropriate clinical trial
      - ~800 ongoing therapeutic trials at MD Anderson alone
- Plans discussed for UT System clinical trial recruitment

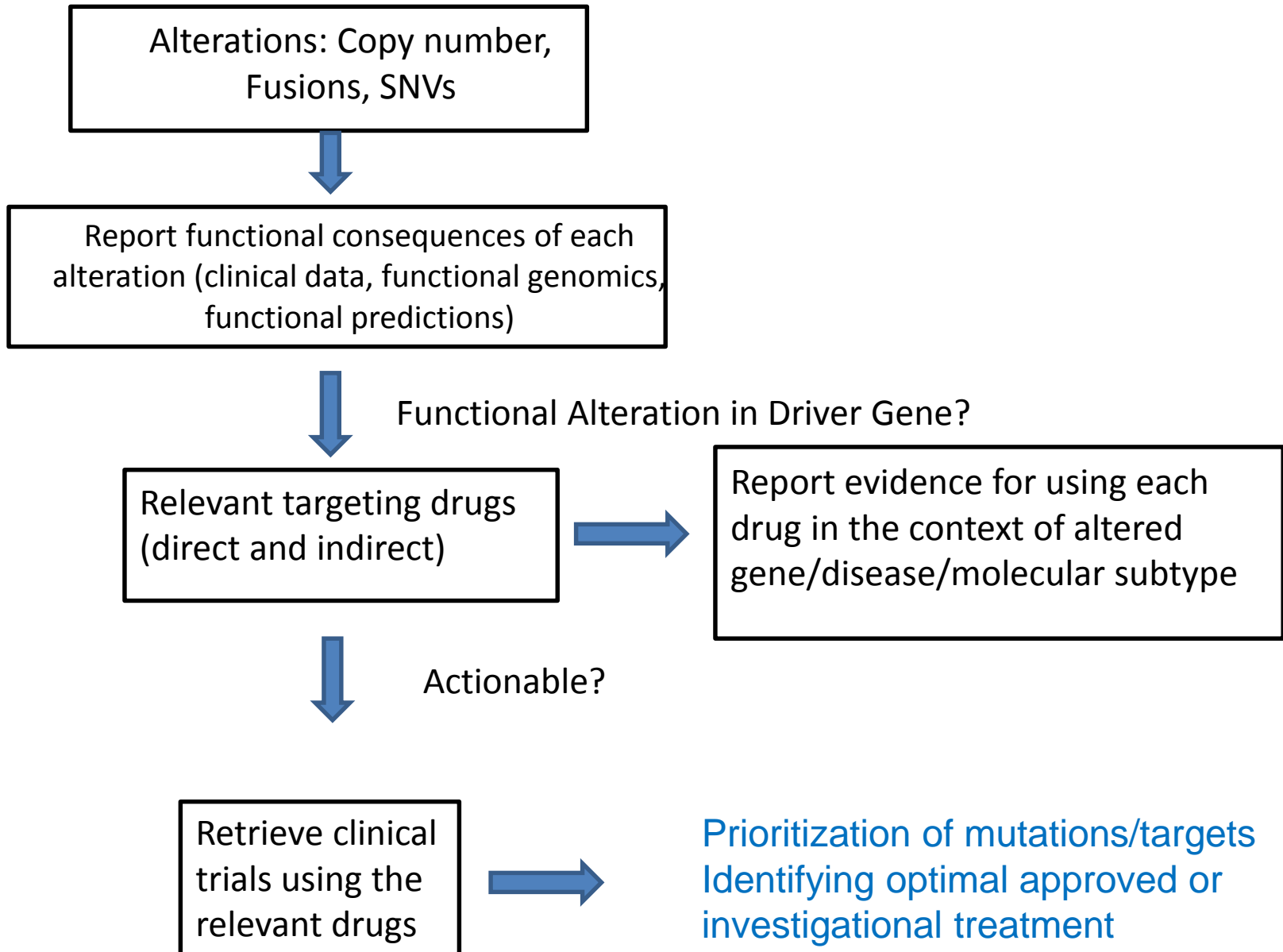
# Approach

- Adapt and apply existing informatics techniques (SBMI)
- Evaluate against human-curated gold standards (IPCT/ICT)
- Apply to clinical trial matching
  - Outcome = recruitment

# Current projects and progress

- Information curation for decision support
  - Gene knowledge sheets
  - Trials and drugs
  - Patient reports
  - Actionable gene panels
- Automated identification of molecular effects of drugs (AIMED)
  - Done, published
  - Working on improvements (e.g., ranking, statistical NLP)
- Creating a pipeline for literature curation
  - Ongoing

# Decision Support via Knowledgebase Development and Molecular Tumor Board



# Current Genomic Selection Strategies for Targeted Trials



97 unique trials with 53 unique genomic alterations and 62 drugs



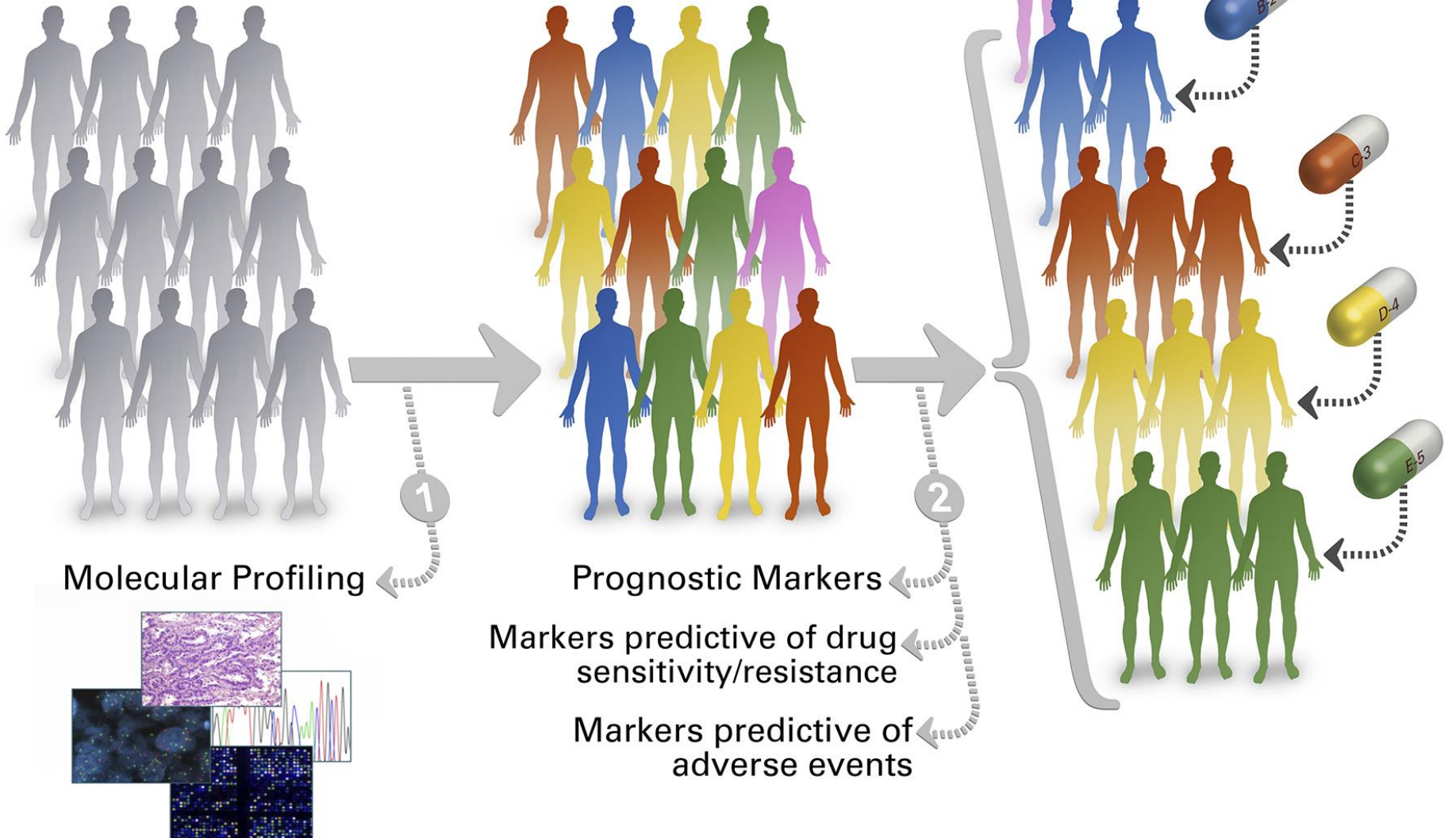
# Gene Knowledge Sheets

- Created “knowledge sheets” on 27 relevant genes
  - E.g., PIK3CA = 11 pages
- For each gene, detailed mutations
  - found to disrupt the protein structure
  - their therapeutic implications
  - targeted therapies
  - Trials
    - That select patients with this aberration
    - Of therapies targeting this aberration
- Open access (with registration) at <http://personalizedcancertherapy.org>
  - 95,469 page views during 41,562 visits by 22,728 unique users in the first year
  - Dropped after registration required

# Trials and Drugs

- Curated **over 1500** clinical trials
  - all MD Anderson trials + others
  - details of selection criteria in context of molecular evidence
- Curated **over 600** drugs
  - all drugs used in MD Anderson clinical trials + others
  - providing genes targeted by drugs

# Personalized Cancer Therapy



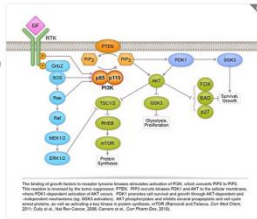
# Genomics Knowledgebase

## PIK3CA Alterations

How does this gene/protein work?

### Overview

The PIK3CA gene encodes the p110 $\alpha$  catalytic subunit of phosphatidylinositol 3-kinase (PI3K), an intracellular signaling molecule in the pathway driven by receptor tyrosine kinases, such as epidermal growth factor receptor (EGFR) and human epidermal growth factor receptor 2 (HER2/ERBB2). In its active form, PI3K consists of a regulatory p85 subunit and the catalytic p110 subunit. The oncogenic signaling cascade for PI3K is that activated PI3K converts PIP2 to PIP3, triggering increased phosphorylation of AKT protein kinase B and downstream activation of the mammalian target of rapamycin (mTOR) kinase. The PI3K/AKT/mTOR signaling pathway promotes tumorigenesis by regulating various cellular functions, including cellular proliferation, survival, metabolism and cytoskeletal reorganization (Cully et al., 2006).



### Alterations

Single nucleotide mutations and copy number gains of PIK3CA are common events in multiple cancer types. These alterations have been shown to be important tumor driving events as well as mechanisms of therapy resistance.

Mutations and Germline Copy number Fusion

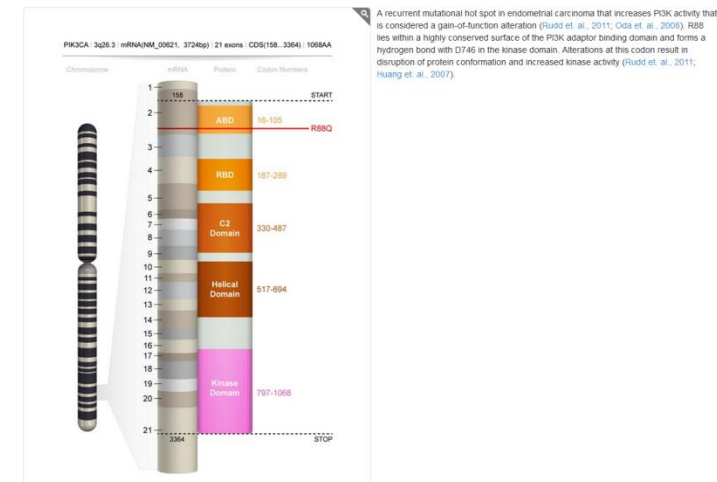
### How was this information retrieved?

Activating mutations of PIK3CA are found in a variety of cancer types, including glioblastomas, gastric cancers, lung cancers, ovarian cancers, hepatocellular carcinomas, endometrial carcinomas, brain cancers and breast cancers (Lilienthal and Weidman 2010). The somatic mutations found thus far in PIK3CA are oncogenic, and the majority of them are clustered within exon 10 and 21 (exon 10 and kinase domains), with 80% of the identified mutations found within three hotspots: E542K, E545K, and H1047R (Lynnepoulos et al., 2007; Ruud et al., 2011; Sorensen et al., 2009). These mutations in PIK3CA lead to increased PI3K activity (Choi et al., 2005; Sorensen et al., 2012), which may promote tumorigenesis in an AKT/mTOR-dependent or -independent manner (Vassilovska et al., 2009). One mechanism by which PIK3CA mutant tumors may promote tumorigenesis is an AKT-independent manner is through membrane recruitment and activation of phosphoinositide-dependent kinase-1 (PDK1). PDK1 initiates a phosphorylation cascade through

### Pick an Alteration

R88Q

### R88Q



- Gene and variant level information
- Mutations/copy number changes
- Frequency of alterations
  - in TCGA
  - In Cosmic
  - In MD Anderson IPCT experience
- Therapeutic Implications
- Drugs targeting alterations
- Clinical Trials
  - Genotype-specific Trials
  - Genotype-relevant trials

# Other Progress

- Hot spot testing on over 6000 pts
- Targeted exome sequencing /annotated almost 2000 samples
  - Unusual responder program
  - Clearinghouse testing
- Optimizing annotation
  - Functional? Driver? CANDriver
  - COSMIC and TCGA frequencies
  - Therapeutic Implications>
  - Level 1 or 2 of evidence– clinical data
  - Preclinical data
    - Functional genomics
- Germline calls/return of incidental results
  - First large scale return of incidental results initiative (Meric-Bernstam et al Ann Onc 2015)
- Tools for point care annotation of variants
- JAMIA special issue on precision medicine informatics
  - Near record submissions (within 2-3 for any special issue)
  - 17 papers accepted, coming out in print July 2016
  - Cancer was a common application area

# Personalized Results Reporting

- Leveraging in-house knowledge base → annotations for single patients
- Report that includes
  - Targetable aberrations
  - Targeted therapies
  - Summary context information (narrative)
  - Related genomic alterations
  - FDA approved therapy options
  - MD Anderson clinical trials
  - Clinical trials at other institutions

# Actionable Gene Panel

- Gene recognition tool
- Clinical trial pipeline
- In-house drug database
  - Clinical “actionability” of genes in CLIA-certified gene panels- panel agnostic
    - 3-tier system
- Help clinicians identify mutations with available therapeutic options
  - Future design of panels with only actionable genes

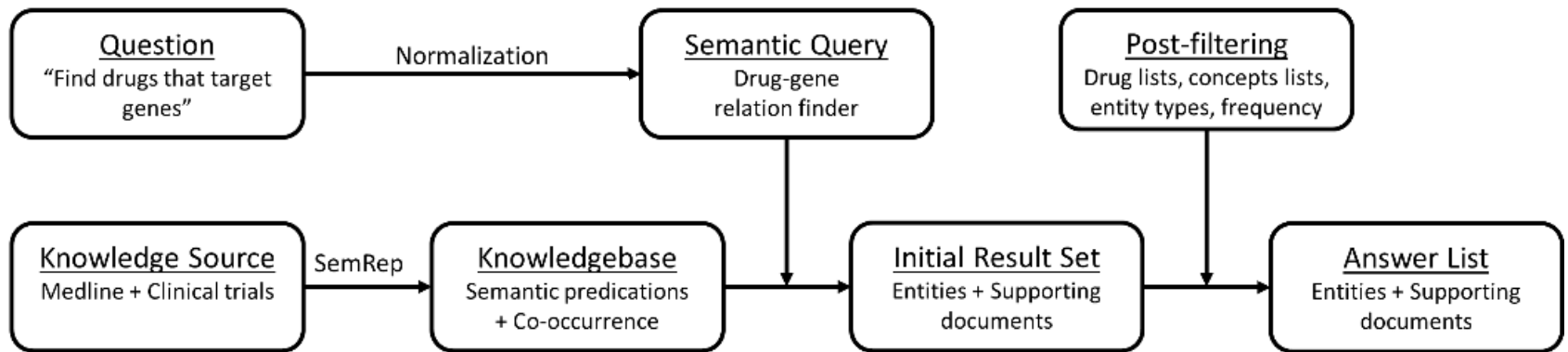
# Leveraging the literature to identify drugs and targets

Trevor Cohen MBBS, PhD (Co-I)

Associate Professor, UT SBMI



# AIMED pipeline



# Performance

Marketed	Yes	Pred.	>4	INHIBITS, INTERACTS_ WITH, COEXISTS_ WITH	phsu, orch	2,251	80	0.69	0.3	0.42	0.55
3	Yes	Pred.	-	INHIBITS, INTERACTS_ WITH, COEXISTS_ WITH	-	299	61	0.35	0.3	0.32	0.34
2	Yes	CoOcc Sen	-	-	-	4,723	205	0.5	0.17	0.25	0.36
1 / 2	Yes	CoOcc Sen	-	-	-	3,875	40	0.29	0.18	0.22	0.26
1	Yes	CoOccD oc	-	-	-	1,609	129	0.25	0.19	0.22	0.24
<b>All Phases</b>						<b>12,757</b>	<b>515</b>	<b>0.39</b>	<b>0.21</b>	<b>0.27</b>	<b>0.33</b>

- “False positive” results
  - ~26% actually true positive (i.e., should be on gold standard)
  - ~61% “should be considered” (i.e., not gold standard, but should be reviewed)

# Ongoing work

- Ranking
  - Heuristics
  - “Learning to rank”
- Develop annotation pipeline
  - Drugs → genes
    - Drugs
    - Papers
- Two tasks
  - New gene
  - Update gene
    - Avoid repeat review of papers/drugs

# Lessons learned

- Hard task
  - No real “gold standard”
    - Constantly changing
    - Inter-observer variability
  - Her2 intracellular domain protein = drug
- 100% recall is not what users actually want
  - Ranking is important
- Have to get workflow right

# Publications and products

1. Fathiamini S, Johnson AM, Zeng J, Araya A, Holla V, Bailey AM, Litzenburger BC, Sanchez NS, Khotskaya Y, Xu H, Meric-Bernstam F, Bernstam EV\*, Cohen T\* . Automated Identification of Molecular Effects of Drugs (AIMED). *J Am Med Inf Assoc*, in press. [ \* = co-senior/corresponding authors]
2. Xu J, Lee HJ, Zeng J, Wu Y, Zhang Y, Huang LC, Johnson A, Holla V, Bailey AM, Cohen T, Meric-Bernstam F, Bernstam EV, Xu H. Extracting genetic information for personalized cancer therapy from ClinicalTrials.gov. *J Am Med Inf Assoc*, in press.
3. Yu Z, Bernstam EV, Cohen T, Wallace BC, Johnson TR. Improving the Utility of MeSH terms Using the TopicalMeSH Representation. *J Biomed Inform*. 2016 Jun;61:77-86.
4. Rogith D, Yusuf RA, Hovick RS, Fellman BM, Peterson SK, Burton-Chase AM, Li Y, Bernstam EV, Meric-Bernstam F. Patient knowledge and information-seeking about personalized cancer therapy. *Int J Med Inform*. 2016 Apr;88:52-7. PMID: PMC 4789765
5. Chen G, Zhao J, Cohen T, Tao C, Sun J, Xu H, Bernstam EV, Lawson A, Zeng J, Johnson AM, Holla V, Bailey AM, Meric-Bernstam F, Zhen WJ. Using ontology fingerprints to disambiguate gene name entities in the biomedical literature. *Database (Oxford)*. 2015 Apr 8;2015. pii: bav034. doi: 10.1093/database/bav034.
6. Yusuf RA, Rogith D, Hovick SRA, Peterson SK, Burton-Chase am, Fellman BM, Li Y, McKinney C, Bernstam EV, Meric-Bernstam F. Attitudes towards molecular testing for personalized cancer therapy. *Cancer*, 2015 Jan 15;121(2):243-50. doi: 10.1002/cncr.28966
7. Joffe E, Pettigrew E, Reeder P, Herskovic JR, Bearden CF, **Bernstam EV**. Expert guided natural language processing using one-class classification. *J Am Med Inf Assoc*, 2015 Sep;22(5):962-6.
8. Meric-Bernstam F, Johnson A, Holla V, Bailey AM, Brusco L, Chen K, Routbort M, Patel KP, Zeng J, Kopetz S, Davies MA, Piha-Paul SA, Hong DS, Eterovic AK, Tsimberidou AM, Broaddus R, Bernstam EV, Shaw KR, Mendelsohn J, Mills GB. A decision support framework for genomically-informed investigational cancer therapy. *J Natl Cancer Inst*. 2015 Apr 11;107(7).
9. Rogith D, Yusuf RA, Hovick SR, Peterson SK, Burton-Chase AM, Meric-Bernstam F, Bernstam EV. Attitudes regarding privacy of genomic information in personalized cancer therapy. *J Am Med Inform Assoc*. 2014 Oct;21(e2):e320-5.
10. Zeng J, Wu Y, Bailey A, Johnson A, Holla V, Bernstam EV, Xu H, Meric-Bernstam F. Adapting a natural language processing tool to facilitate clinical trial curation for personalized cancer therapy. *AMIA Summits Transl Sci Proc*. 2014 pp.126-131. [Nominated for the Marco Ramoni Award]
11. Bailey AM, Mao Y, Zeng J, Holla V, Johnson A, Brusco L, Chen K, Mendelsohn J, Routbort MJ, Mills GB, Meric-Bernstam F. Implementation of biomarker-driven cancer therapy: existing tools and remaining gaps. *Discov Med*. 2014 Feb;17(92):101-14. PMID: PMC 4160907
12. Zhou W, Chen T, Zhao H, Eterovic AK, Meric-Bernstam F, Mills GB, Chen K. Bias from removing read duplication in ultra-deep sequencing experiments. *Bioinformatics*. 2014 Jan 21. [Epub ahead of print] PMID: PMC 3982159
13. Mao Y, Chen H, Liang H, Meric-Bernstam F, Mills GB, Chen K CanDrA: cancer-specific driver missense mutation annotation with optimized features. *PLoS One*. 2013 Oct 30;8(10):e77945. PMID: PMC 3813554
14. Meric-Bernstam F, Brusco L, Shaw K, Horombe C, Kopetz S, Davies MA, Routbort M, Piha-Paul SA, Janku F, Ueno N, Hong D, De Groot J, Ravi V, Li Y, Luthra R, Patel K, Broaddus R, Mendelsohn J, Mills GB. Feasibility of Large-Scale Genomic Testing to Facilitate Enrollment Onto Genomically Matched Clinical Trials. *J Clin Oncol* 2015; May 26 [Epub]. PMID: PMC 4550690
15. Meric-Bernstam F, Brusco L, Daniels MS, Strong LC, Shaw KR, Lu, KH, Qi Y, Lara-Guerra H, Litton JK, Zhao H, Eterovic AK, Arun B, Routbort M, Janku F, Davies MA, Kopetz S, Mendelsohn J, Mills GB, Chen K. Prevalence of incidental actionable germline mutations in 1,000 advanced cancer patients on a prospective somatic genomic profiling program. *J Clin Oncol* 2015; 33(Suppl, abstr 1510).
16. Zhou, W., et al., ClinSeK: a targeted variant characterization framework for clinical sequencing. *Genome Med*, 2015. 7(1): p. 34. PMID: PMC 4410453
17. Chen, K., et al., Clinical actionability enhanced through deep targeted sequencing of solid tumors. *Clin Chem*, 2015. 61(3): p. 544-53. PMID: PMC 4511273
18. Updated Semantic Predication file hosted by NLM: [https://skr3.nlm.nih.gov/SemMedDB/index\\_uth.html](https://skr3.nlm.nih.gov/SemMedDB/index_uth.html)

Thank you

Questions?