Datasheet Cell3[™] Target: Pan-Cancer (524), TMB, MSI panel

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An NGS panel of 524 oncogenes that allows you to profile and stratify all common cancers and predict response to immunotherapy.

Highlights

Comprehensive 524 gene Pan-Cancer panel

Pan-Cancer comprehensive design allows for a streamlined laboratory workflow, allowing processing of all oncology samples through a single, simple workflow.

Predict positive response to immunotherapy treatment through a combined tumor genomic instability measurement: Tumor Mutational Burden (TMB) and MicroSatellite Instability (MSI) analysis within a single Pan-Cancer panel

Using a 1.58 Mb exon focused design, this Pan-Cancer panel has been designed with analysis of both TMB and MSI in mind and our Cell3 Target library prep makes this panel ideal for measuring TMB in either FFPE or ctDNA.

Cell-Free DNA (ctDNA) and FFPE optimized target enrichment system

Developed for, and validated on, ctDNA to enable genomic analysis of liquid biopsy using a comprehensive Pan-Cancer panel, also validated on FFPE to allow genomic analysis and combined TMB / MSI profiling in either the primary or metastatic biopsies.

We have it covered, exon focused design also covers key intronic and promoter regions

The Pan-Cancer panel was carefully selected to cover all relevant genes and regions from >500 oncogenes and allows for confident calling of targeted SNV, Indels, fusions, translocations and copy number variation.

Introduction

Immunotherapy treatment, such as checkpoint inhibitors, show great potential across a number of cancers including melanoma, non-small cell lung cancer (NSCLC), bladder cancer and kidney cancer among others. However only a subset of patients will benefit and so the need for positive biomarkers for response to immunotherapy are needed.



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Tumor genomic instability has been shown to correlate positively with immunotherapy response and two genomic biomarkers of tumor genomic instability are known: Micro Satellite Instability (MSI) and Tumor Mutational Burden (TMB). Recently the FDA has approved MSI-H (high MSI) as an approved biomarker of likely response to immunotherapy.

The overall load of somatic mutations in the tumor, or tumor mutational burden (TMB), has become increasingly utilized as a biomarker for response prediction. Numerous clinical studies have demonstrated that higher mutational burden correlates to improved survival benefits in patients receiving checkpoint inhibitor therapies for cancers such as melanoma, colon, and NSCLC. Recent data from clinical trials such as CheckMate 227 have demonstrated that in NSCLC, higher TMB is associated with improved clinical outcomes, and there are additional trials currently underway using TMB as a biomarker.

Initial studies used whole exome sequencing (WES) as the gold standard for measuring TMB; however, cost, computational complexity, and time for WES make targeted panel sequencing more attractive for routine use at present when considering the use of TMB for predicting response to immunotherapy.

Dr. Albrecht Stenzinger, a pathologist at University Hospital in Heidelberg, Germany, and his colleagues, recently performed in-silico analysis (using combinatorial calculations and extensive simulations) of TCGA data of 8371 tumors, across 25 different cancer types, including lung, melanoma, pancreatic, breast, head, and neck among others.¹

The authors specifically investigated the influence of gene panel size on the precision of TMB measurement by considering certain core parameters, including the confidence intervals of TMB reporting, use of all mutations versus only missense mutations, and sensitivity and specificity for detection of hypermutated tumors. Their findings were recently published in the International Journal of Cancer and their research highlights the following:

• Smaller panels result in imprecise measurement of TMB, especially for tumors with low TMB values: "The data suggests that TMB estimation usin small gene panels can be highly imprecise and thus clinically suboptimal for patient stratification and response prediction." • TMB cut-off to identify hypermutated tumors is dependent on panel size, as well as on specific histology: "Larger gene panels are associated with reasonable cutoff values that help identify true signals from background noise in routine diagnostics."

They recommend that a panel be between 1.5 Mb to 3 Mb to balance benefits with cost, whilst also recommending using both missense and nonsense mutations to calculate TMB.

For the Nonacus Pan-Cancer panel we carefully selected 524 genes with most clinical relevance and composed of 63 genes from NCCN/FDA cancer treatment guidelines, 116 cancer driver genes and 345 genes in vital cancer signaling pathways. It is a comprehensive panel that allows the combination of genetic mutation testing and treatment recommendation.

In addition, the design while exon focused covers key intronic and promoter regions and contains a selection of genome-wide CNV probes to assist with copy number calling across the genome.



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Comprehensive cancer panel INPP5D ABCB1 BRD4 CRKL ERCC3 FUBP1 MED13 PBRM1 RAC1 SMAD2 TNFRSF14 BRIP1 GABRA6 IRAK4 РC ABCC2 CRLF2 ERCC4 MEF2B RAD21 SMAD3 TNFRSF17 ERCC5 GADD45B ABL1 BTG1 CSF1R IRF1 MEN1 PCGF2 RAD50 SMAD4 **TNFRSF19** ABL2 BTG2 CSF3R ERG GATA1 IRF2 MET PDCD1 RAD51 SMAD7 TOP1 ACTB BTK CTCF ERRFI1 GATA2 IRF4 MGMT PDCD1LG2 RAF1 SMARC4 TOP2A ESR1 IRF8 ACVR1B BTLA CTLA4 GATA3 MITF PDGFB RANBP2 SMARCB1 TP53 ADGRA2 BUB1B CTNNA1 ESR2 GATA4 IRS2 MLH1 PDGFRA RARA SMC1A TP63 CTNNB1 GATA6 ITCH PDGFRB SMC3 ADH1B CALR ETV1 MLLT10 RARB TPMT CUL3 ETV4 GLI1 AIP CARD11 JAK1 MPL PDK1 RARG SMO TRAF2 CBFB CUX1 ETV5 GNA11 JAK2 PDKF6 RASGEF1A SNCAIP TRAF3 AKT1 MRE11 CXCR4 GNA13 SOCS1 TRAF5 AKT2 CBL EWSR1 JAK3 MSH2 PHOX2B RB1 CCN6 SOS1 CYLD EXOC2 JARID2 MSH3 PIK3C2B RBM10 TRRAP AKT3 GNAQ ALDH2 CCND1 CYP19A1 EXT2 GNAS JUN MSH6 PIK3C3 RECQL4 SOX10 TSC1 CCND2 GRIN2A KAT6A PIK3CA ALK CYP2A6 E7H2 MST1R RELN SOX2 TSC2 AMER1 CCND3 CYP2B6 FANCA GRM3 KDM2B MTHFR PIK3CB RET SOX9 TSHR AP3B1 CCNE1 CYP2C19 FANCB GSK3B KDM5A MTOR PIK3CD RHOA SPEN TTF1 APC CCT6B CYP2C9 FANCC GSTM1 KDM5C MUC16 PIK3CG RICTOR SPOP TUBB3 CD22 CYP2D6 FANCD2 KDM6A PIK3R1 RNF43 SPRED1 TYK2 AR GSTP1 MUTYH CD274 CYP3A4 FANCE SPTA1 ARAF GSTT1 KDR MYC PIK3R2 ROS1 TYMS ARFRP1 CD58 CYP3A5 FANCF KEAP1 MYCL PLCG2 RPS6KB1 SRC U2AF1 H3-3A ARID1A CD70 DAXX FANCG HBA1 KEL MYCN PLK1 RPTOR SRSF2 UGT1A1 ARID2 CD79A DDR1 FANCL HBA2 KIT MYD88 PMS1 RRM1 STAG2 UNC13D PMS2 ARID5B CD79B DDR2 FAS HBB KLHL6 NBN RUNX1 VEGFA STAT3 CDA DDX3X FAT1 HDAC1 KMT2A NCOR1 POLD1 RUNX1T1 STAT4 VHL ASXL1 NCSTN ATM CDC73 DHFR FBXO11 HDAC2 KMT2B POLE RXRA STAT5A WEE1 ATR CDH1 DICER1 FBXO32 HDAC4 KMT2C NEK2 POT1 RXRB STAT5B WRN CDK10 DLG2 FBXW7 HDAC7 KMT2D NELL2 PPM1L RXRG STIL WT1 ATRX AURKA CDK12 DNM2 FCGR2B HGF KRAS NF1 PP2R1A SBDS STK11 XIAP AURKB CDK4 DNMT3A FGF10 HNF1A NF2 PRDM1 SDHA STMN1 XPC LAMA2 NFE2L2 STX11 CDK6 DOT1L FGF14 HNF1B LCK PREX2 SDHB XPO1 AXIN1 AXL CDK8 DPYD FGF19 HRAS LEF1 NFKBIA PRF1 SDHC STXBP2 XRCC1 B2M DUSP2 FGF23 HSD3B1 LMO1 SDHD SUFU YAP1 CDKN1A NKX2-1 PRKAR1A BAP1 CDKN1B EBF1 FGF3 HSP90AA1 LRP1B NOTCH1 PRKCI SEPTIN9 SUZ12 YES1 PRKDC BARD1 CDKN1C ECT2L FGF6 ID3 LTK NOTCH2 SERP2 SYK ZAP70 BCL2 CDKN2A EED FGFR1 IDH1 LYN NPM1 PRKN SETBP1 TAF1 ZBED4 ZBTB2 BCI 211 CDKN2B FGFR FGFR2 IDH2 LYST NQ01 PSMB1 SETD2 TANK BCL2L11 CDKN2C EGR1 FGFR3 IGF1R LZTR1 NRAS PSMB2 SF3B1 TAS2R38 ZMYM3 SGK1 BCL2L2 CEBPA EP300 FGFR4 IGF2 MAGI2 NRG1 PSMB5 TEK ZNF217 BCL6 CEP57 EPCAM FH IKBKE MAP2K1 NSD1 PSMD1 SH2D1A TEKT4 ZNF703 BCOR CHD2 EPHA3 FIP1L1 IKZF1 MAP2K2 NT5C2 PSMD2 SHH TENT5C ZRSR2 BCORL1 CHD4 EPHA5 FLCN IKZF2 MAP2K4 NTRK1 PTCH1 SHOC2 TERC BCR CHD7 EPHA7 FIT1 IKZF3 MAP3K1 NTRK2 PTFN SLC22A1 TERT BIRC3 CHEK1 EPHB1 FLT3 IL2RA MAPK1 NTRK3 PTGFR SLC22A2 TET2 BLM CHEK2 ERBB2 FLT4 IL2RB MCL1 NUP93 PTPN11 SLC 31A1 TGFBR2 CHIC2 ERBB3 IL2RG MDM2 PAG1 SLC34A2 **BMPR1A** FOXL2 PTPN2 TLE1 CIC BRAF ERBB4 FOXP1 IL7R MDM4 PAK3 PTPN6 SLC45A3 TLE4 BRCA1 CKS1B ERCC1 FRS2 INHBA MECOM PALB2 PTPRO SLCO1B1 TMPRSS2 BRCA2 CREBBP ERCC2 FSTL5 INPP4B PAX5 SLIT2 MED12 QKI TNFAIP3

Table 1. Nonacus Pan-Cancer, (524) TMB/MSI Panel gene content, panel also includes relevant promoter regions, copy number calling probes and intronic regions for key translocations.

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Summary

- Cell3[™] Target offers a quick and flexible protocol for targeted enrichment of selected regions ahead of Illumina Next Generation Sequencing
- Validated for cell-free DNA (ctDNA) as well as FFPE / FF tissue and genomic DNA
- Use of unique molecular identifiers and unique dual indexes up to (upto 384 indexes) allows highly sensitive variant calling by removing PCR / sequencing errors and allowing removal of index hopping, while catering for even the highest throughput laboratories

Learn more

To learn more about Cell3[™] Target and to download the protocols, application notes, and white papers please visit: www.nonacus.com

References

 https://doi.org/10.1002/ijc.32002 Endris V, Buchhalter I, Allgäuer M et al. Measurement of tumor mutational burden (TMB) in routine molecular diagnostics: In-silico and real-life analysis of three larger gene panels. Int J Cancer 2019; 144: 2303-2312.

Ordering information All Cell3 [®] Target panels are available with three fragmentation options: A = Non-fragmentation eg (cffDNA/ctDNA), B = Fragmentation eg gDNA or FFPE,		
C = Both Fragmentation and Non-Fragmentation (half of each)		
Product	Catalogue No.	
Cell3 [®] Target Pan-Cancer (524), Tumor Mutational Burden/MSI Panel, (16 samples)	C3299TM	(options A/B/C)
Cell3 [™] Target Pan-Cancer (524), Tumor Mutational Burden/MSI Panel, (96 samples)	C3300TM	(options A/B/C)

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