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

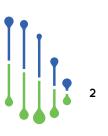
The authors specifically investigated the influence of gene panel size on the precision of TMB measurement by considering certain core parameters, including the confidence intervals of TMB reporting, use of all mutations versus only missense mutations, and sensitivity and specificity for detection of 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 ABCB1 BRIP1 CRLF2 ERCC3 ERS2 11 7 R MFD12 PAG1 PTPN11 SLC31A1 TIF4 PTPN2 ABCC2 BTG1 CSF1R ERCC4 FSTL5 INHBA MED13 PAK3 SLC34A2 TMPRSS2 PTPN6 MEF2B ABL1 BTG2 CSF3R ERCC5 FUBP1 INPP4B PALB2 SLC45A3 TNFAIP3 ABL2 BTK CTCF ERG GABRA6 INPP5D MEN1 PARK2 PTPRO SLCO1B1 TNFRSF14 GADD45B ACTB BTLA CTLA4 ERRFI1 IRAK4 MET PAX5 SLIT2 TNFRSF17 OKI ACVR1B BUB1B CTNNA1 ESR1 GATA1 IRF1 MGMT PBRM1 RAC1 SMAD2 TNFRSF19 ADH1B C11orf30 CTNNB1 ESR2 GATA2 IRF2 MITE PC RAD21 SMAD3 TOP1 CALR CUL3 GATA3 MLH1 PCGF2 AIP ETV1 IRF4 RAD50 SMAD4 TOP2A TP53 AKT1 CARD11 CUX1 ETV4 GATA4 IRF8 MLL PDCD1 RAD51 SMAD7 CBFB MLL2 PDCD1LG2 RAF1 SMARCA4 AKT2 CXCR4 ETV5 GATA6 IRS2 TP63 AKT3 CBL CYLD EWSR1 GU1 ITCH MLLT10 PDGFB RANBP2 SMARCB1 TPMT ALDH2 CCND1 CYP19A1 EXOC2 GNA11 JAK1 MPL PDGFRA RARA SMC1A TRAF2 ALK CCND2 CYP2A6 EXT2 GNA13 JAK2 MRE11A PDGFRB RARB SMC3 TRAF3 AMER1 CCND3 CYP2B6 EZH2 GNAQ. JAK3 MSH2 PDK1 RARG SMO TRAF5 AP3B1 CCNE1 CYP2C19 FAM123B GNAS JARID2 MSH3 PHF6 RASGEF1A SNCAIP TRRAP CCT6B CYP2C9 FAM46C JUN SOCS1 TSC1 APC GPR124 MSH6 PHOX2B RB1 AR CD22 CYP2D6 FANCA GRIN2A KDM2B MST1R PICK3R1 RBM10 SOS1 TSC2 ARAF CD274 CYP3A4 FANCB GRM3 KDM5A MTHFR PIK3C2B RECQL4 TSHR SOX10 ARFRP1 CD58 CYP3A5 FANCC GSK3B KDM5C MTOR PIK3C3 RELN TTF1 SOX2 CD70 DAXX FANCD2 GSTM1 KDM6A MUC16 PIK3CA RET SOX9 TUBB3 ARID1A AR1D2 CD79A DDR1 FANCE GSTP1 KDR MUTYH PIK3CB RHOA SPEN TYK2 AR1D5B CD79B DDR2 FANCF GSTT1 KEAP1 MYC PIK3CD RICTOR SPOP TYMS DDX3X H3F3A RNF43 ASXL1 CDA FANCG KEL MYCL1 PIK3CG SPRED1 U2AF1 ATM CDC73 DHFR FANCL HBA1 LIT MYCN PIK3R1 ROS1 SPTA1 UGT1A1 UNC13D ATR CDH1 DICER1 FAS HBA2 KLHL6 MYD88 PIK3R2 RPS6KB1 SRC CDK10 DLG2 FAT1 HBB KMT2A MYST3 PLCG2 RPTOR SRSF2 VEGFA ATRX CDK12 DMNT3A FBXO11 HDAC1 KMT2B NBN PLK1 RRM1 STAG2 VHL AURKA AURKB CDK4 DNM2 FBXO32 HDAC2 KMT2C NCOR1 PMS1 RUNX1 STAT3 WEE1 AXIN1 CDK6 DNMT3A FBXW7 HDAC4 KRAS NCSTN WISP3 PMS2 RUNX1T1 STAT4 AXL CDK8 DOT1L FCGR2B HDAC7 LAMA2 NEK2 POLD1 RXRA STAT5A WRN B2M CDKN1A DPYD FGF10 HGF LCK NELL2 POLE RXRB STAT5B WT1 BAP1 CDKN1B DUSP2 FGF14 LEF1 NF1 POT1 RXRG STIL XIAP HNF1A HNF1B BARD1 CDKN1C EBF1 FGF19 LMO1 NF2 PPM1L SBDS STK11 XPC XPO1 BCL2 CDKN2A ECT2L FGF23 HRAS LRP1B NFE2L2 PPP2R1A SDHA STMN1 BCL2L1 CDKN2B FGF3 HSD3B1 LTK NFKBIA PRDM1 STX11 XRCC1 EED SDHB HSP90AA1 BCL2L11 CDKN2C EGFR FGF6 LYN NKX2-1 PREX2 SDHC STXBP2 YAP1 BCL2L2 CEBPA EGR1 FGFR1 ID3 LYST NOTCH1 PRF1 SDHD SUFU YES1 ZAP70 BCL6 CEP57 EP300 FGFR2 IDH1 LZTR1 NOTCH2 PRKAR1A SEPT.9 SUZ12 BCOR CHD2 EPCAM FGFR3 MAGI2 NPM1 PRKCI SERP2 ZBED4 IDH2 SYK BCORL1 CHD4 EPHA3 FGFR4 IGF1R MAP2K1 NQ01 PRKDC SETBP1 TAF1 ZBTB2 BCR CHD7 EPHA5 FΗ IGF2 MAP2K2 NRAS PSMB1 SETD2 TAS2R38 ZMYM3 BIRC3 CHEK1 EPHA7 FIP1L1 IKBKE MAP2K4 NRG1 PSMB2 SF3B1 TEK ZNF217 BLM CHEK2 EPHB1 FLCM IKZF1 MAP3K1 NSD1 PSMB5 SGK1 TEKT4 ZNF703 **BMPR1A** CHIC2 ERBB2 FLT1 IKZF2 MAPK1 NT5C2 PSMD1 SH2D1A TERC ZRSR2 BRAF CIC ERBB3 FLT3 IKZF3 MCL1 NTRK1 PSMD2 SHH TERT BRCA1 CKS1B ERBB4 FLT4 IL2RA MDM2 NTRK2 PTCH1 SHOC2 TET2 BRCA2 CREBBP ERCC1 NTRK3 SLC22A1 FOXL2 IL2RB MDM4 PTEN TGFBR2 BRD4 CRKL ERCC2 FOXP1 IL2RG MECOM NUP93 PTGFR SLC22A2 TLE1

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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