

QUALITY CONTROL WORKFLOWS DEVELOPED FOR THE NCI PATIENT-DERIVED MODELS REPOSITORY USING LOW PASS WHOLE GENOME SEQUENCING AND WHOLE EXOME SEQUENCING

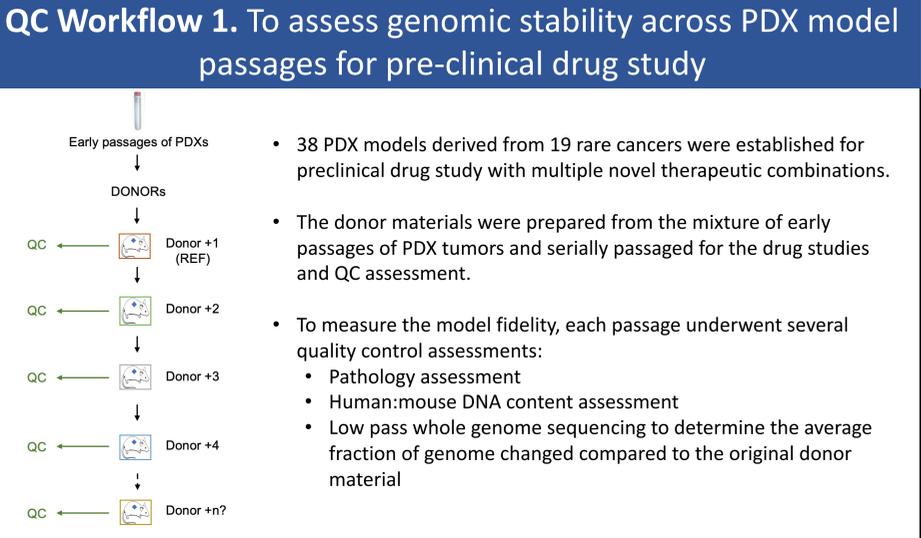
Ting-Chia Chang¹, Li Chen¹, Biswajit Das¹, Yvonne A. Evrard¹, Chris A. Karlovich¹, Tomas Vilimas¹, Alyssa Chapman¹, Nikitha Nair¹, Luis Romero¹, Anna J. Lee Fong¹, Amanda Peach¹, Brandie Fullmer¹, Lindsay Dutko¹, Kelly Benauer¹, Gloryvee Rivera¹, Erin Cantu¹, Shahanawaz Jiwani¹, Nastaran Neishaboori¹, Tomas Forbes¹, Corinne Camalier¹, Luke Stockwin¹, Michael Mullendore¹, Michelle A. Eugeni², Dianne Newton¹, Melinda G. Hollingshead², P. Mickey Williams¹, James H. Doroshow³

¹Leidos Biomedical Research Inc., Frederick National Laboratory for Cancer Research, Frederick, MD, ²National Cancer Institute at Frederick, Biological Testing Branch, Developmental Therapeutics Program, Frederick, MD and ³National Cancer Institute, Division of Cancer Treatment and Diagnosis, Bethesda, MD

Abstract Number: 1913

Background

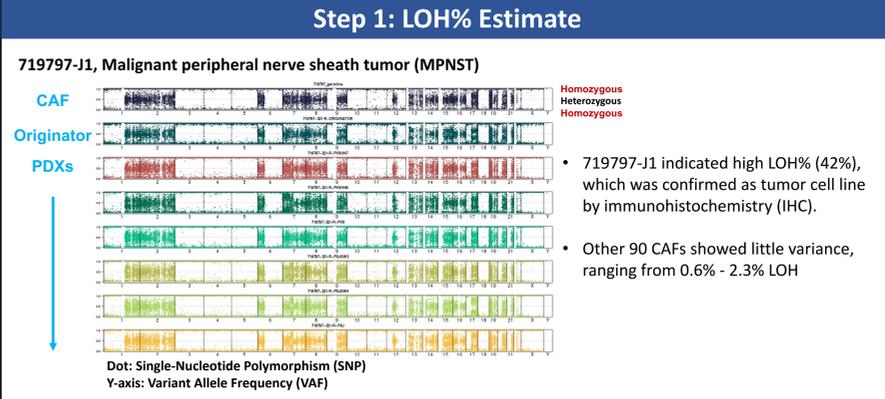
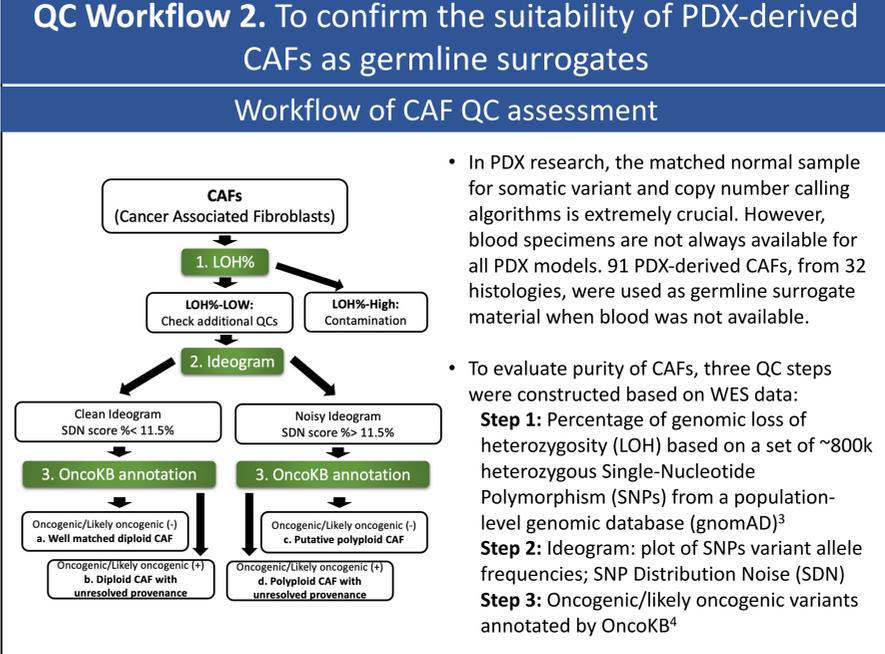
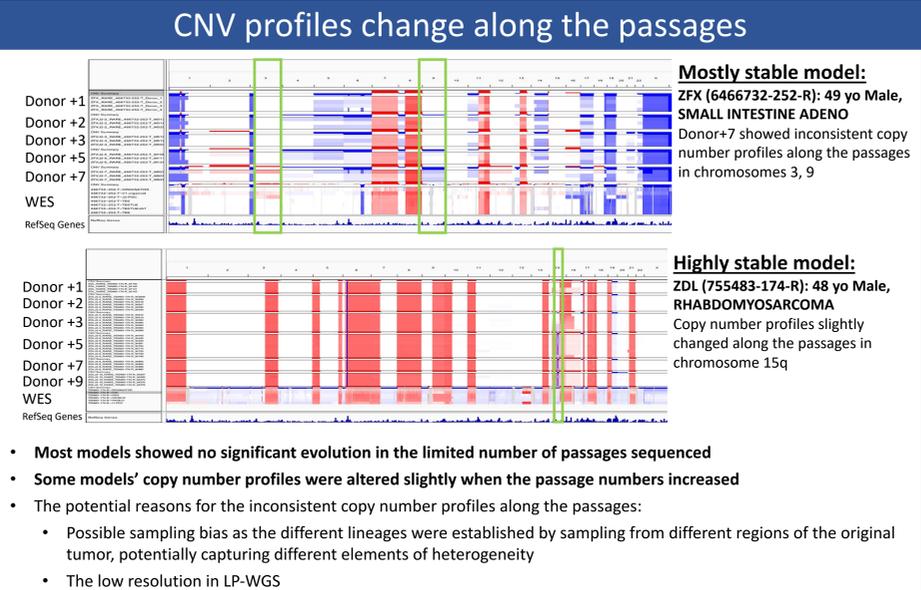
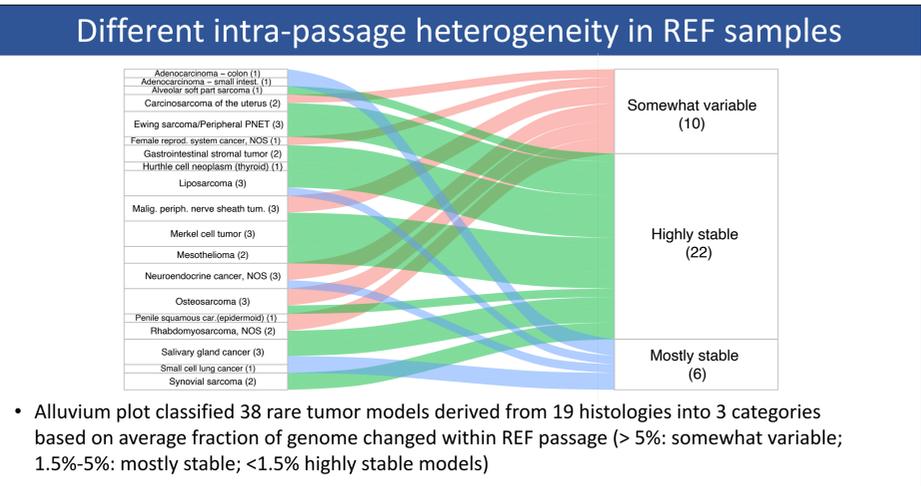
The National Cancer Institute's Patient-Derived Models Repository (NCI PDMR; <https://pdmr.cancer.gov/>) is developing a variety of patient-derived xenograft (PDX) models for pre-clinical drug studies. All NCI PDMR models undergo quality control (QC) processes. Two unique QC workflows were established a) to assess genomic stability across PDX model passages and b) to confirm the suitability of PDX-derived cancer associated fibroblasts (CAFs) as germline surrogates when blood was not available. Multiple bioinformatics QC assessments have been developed to measure the genomic fidelity in these PDX models using low-pass whole genome sequencing (LP-WGS) and in CAFs using whole exome sequencing (WES).



Average % human reads estimation of 38 PDX models

Passage	# of Models	Range of Actual Passage	Avg. # of PDX samples/model (Range)	Avg. % human reads	Avg. STDEV% human reads
Donor +1	38	1.5-3	4.68(2-8)	82.70	4.62
Donor +2	17	2-4	4.29(3-7)	76.93	4.73
Donor +3	25	3.5-4.5	4.72(2-10)	82.68	3.43
Donor +4	5	4-6	4.00(3-5)	84.03	2.51
Donor +5	9	5.5-6.5	4.67(2-9)	79.58	3.91
>= Donor +6	7	6.5-10	5.08(3-9)	81.17	5.36

- 502 PDX samples derived from 38 models have been sequenced by LP-WGS
- The percentages of human contents were very consistent, approximately 76-84% on inter-passages

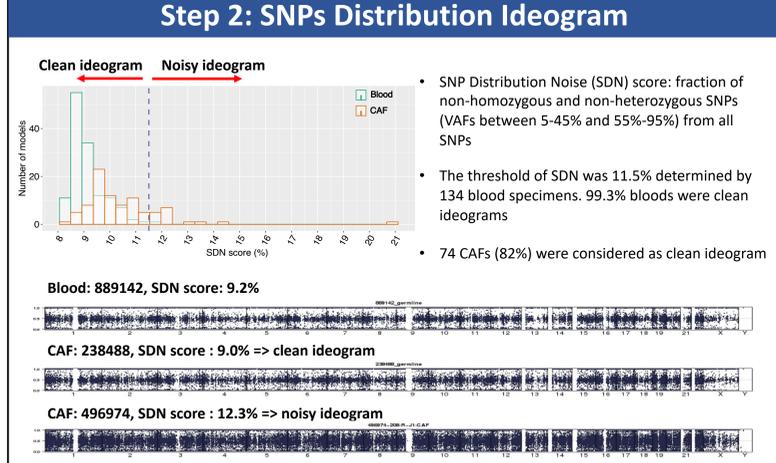


Summary

- We developed standard QC workflows to evaluate genomic stability of PDX models during pre-clinical study for model validation and qualify CAFs as germline surrogates.

Reference

- Bishnell et al. BBMerge - Accurate paired shotgun read merging via overlap (2017), 12(10): e0185056.
- Talovich et al. CNVkit: Genome-wide copy number detection and visualization from targeted sequencing (2014), 12(4):e1004873
- Karczewski et al. The mutational constraint spectrum quantified from variation in 141,456 humans (2020), 581, 434-443
- Chakravarty et al. OncoKB: A Precision Oncology Knowledge Base (2017), 10.1200/PO.17.00011

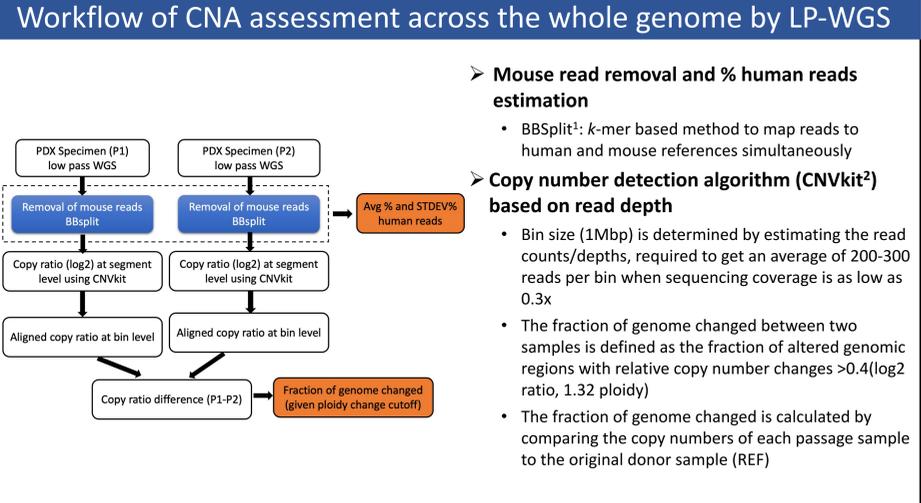


Step 3: OncoKB Annotation and Categorization

- OncoKB annotation was used for identifying the oncogenic and likely oncogenic variants in CAFs

Ideogram/OncoKB	Clean ideogram	Noisy ideogram
Oncogenic/likely oncogenic (-)	a. Well matched diploid CAF- 75.6% (68/90)	c. Putative polyploid CAF- 10% (9/90)
Oncogenic/likely oncogenic (+)	b. Diploid CAF with unresolved provenance- 6.6% (6/90)	d. Polyploid CAF with unresolved provenance- 7.7% (7/90)

- Majority of CAFs were well matched diploid
- 6.6% diploid CAF with unresolved provenance had ≥ 1 germline oncogenic variants confirmed with PDX samples
 - CAF in category a and b are suitable as germline surrogates
- 10% of CAFs showed putative polyploidy on SNP ideograms with no oncogenic variants
 - This category is suitable for somatic variant calling
- 7.7% of CAFs had polyploidy and oncogenic variants present
 - Further derived PDX samples to confirm or IHC evaluation are needed
 - Perform WES with any leftover originator specimen for CAF unresolved provenance to resolve some of these cases



Frederick National Laboratory for Cancer Research

sponsored by the National Cancer Institute

This project has been funded in whole or in part with federal funds from the National Cancer Institute, National Institutes of Health, under contract HHSN261200800001E. The content of this publication does not necessarily reflect the views or policies of the Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.