

# Queensland Molecular Tumour Board Meeting 1

10<sup>th</sup> July 2019  
Room 2004, TRI, Princess Alexandra Hospital,  
Woolloongabba, QLD



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# Case Report

52 year old woman with  
metastatic breast cancer with  
multiple somatic gene  
mutations

# CASE REPORT

- Initial diagnosis at age of 37
  - L breast partial mastectomy June 2004
- Histo: Multifocal grade 3 invasive ductal ca, 30mm, 13mm, 10mm and others 1-2mm. ER+ve( weak 10%), PR -ve, HER 2 IHC 2+; 7/12 LN +ve
  - 6 cycles TAC followed by Tamoxifen

# CASE REPORT

## ■ Recurrence July 2009

- Total mastectomy and axillary dissection
- Histo: Grade 3 invasive ductal ca, 15mm and 2mm. ER+ve(strong +ve >95%),PR-ve(1%+ve), Her 2 +ve. 2LN negative
- Staging scan- no metastatic disease
- 6 cycles of TCH followed by Herceptin



# CASE REPORT

- Metastatic disease with bone mets April 2010
  - Sternal biopsy- metastatic adenocarcinoma, ER and PR negative, Her 2 +ve
  - R/V of previous scan- suggestive of bone metastasis
  - Start Zolandronic acid and continue Herceptin
  - Add Letrozole as original breast ca ER +ve
  - 2012- bilateral oophorectomy



# CASE REPORT

- Progressive disease Oct 2013
  - Treatment changed to Abraxane/Herceptin
  - Completed in April 2014 and continue on Herceptin
  - Added Exemestane

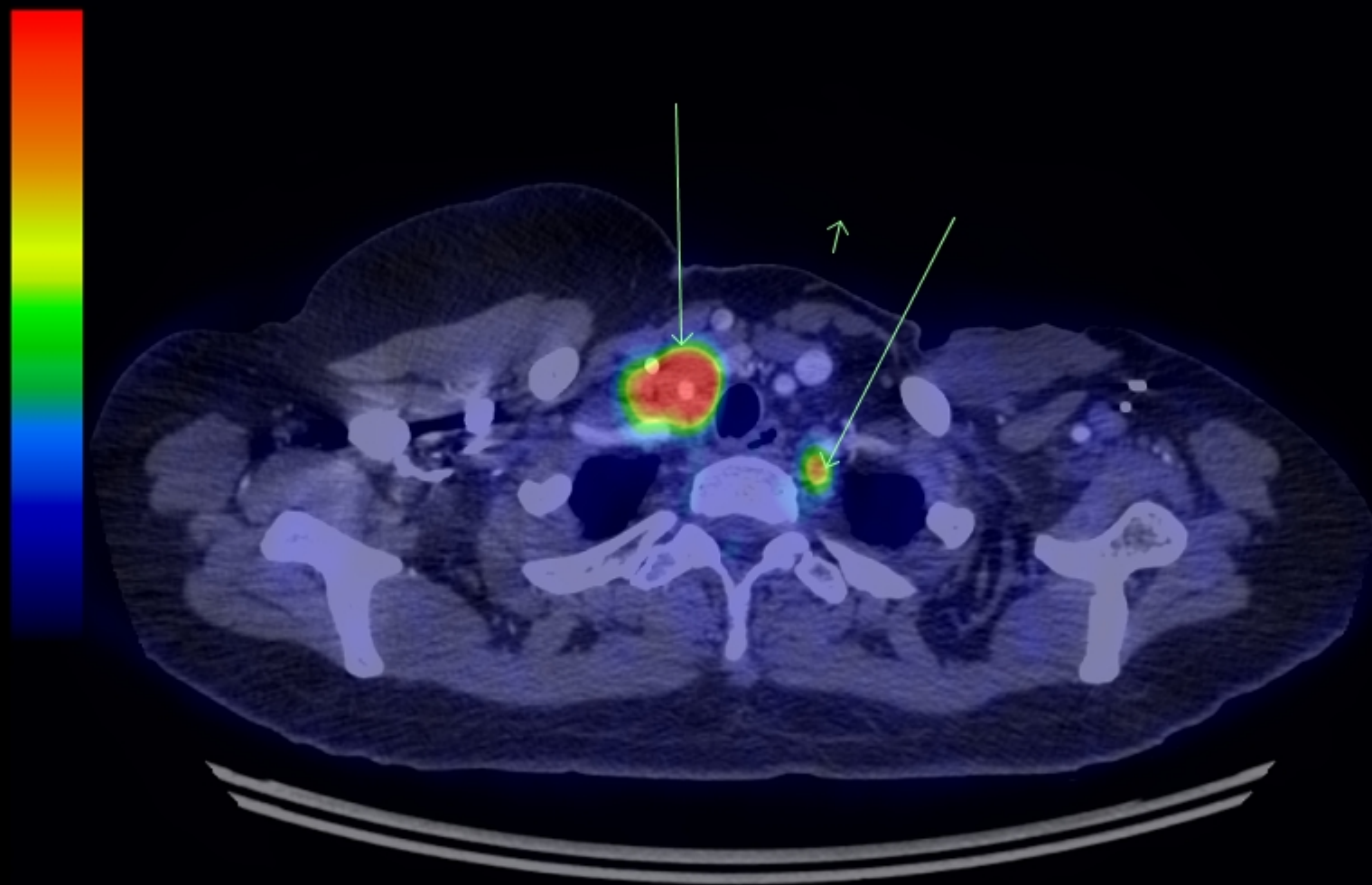


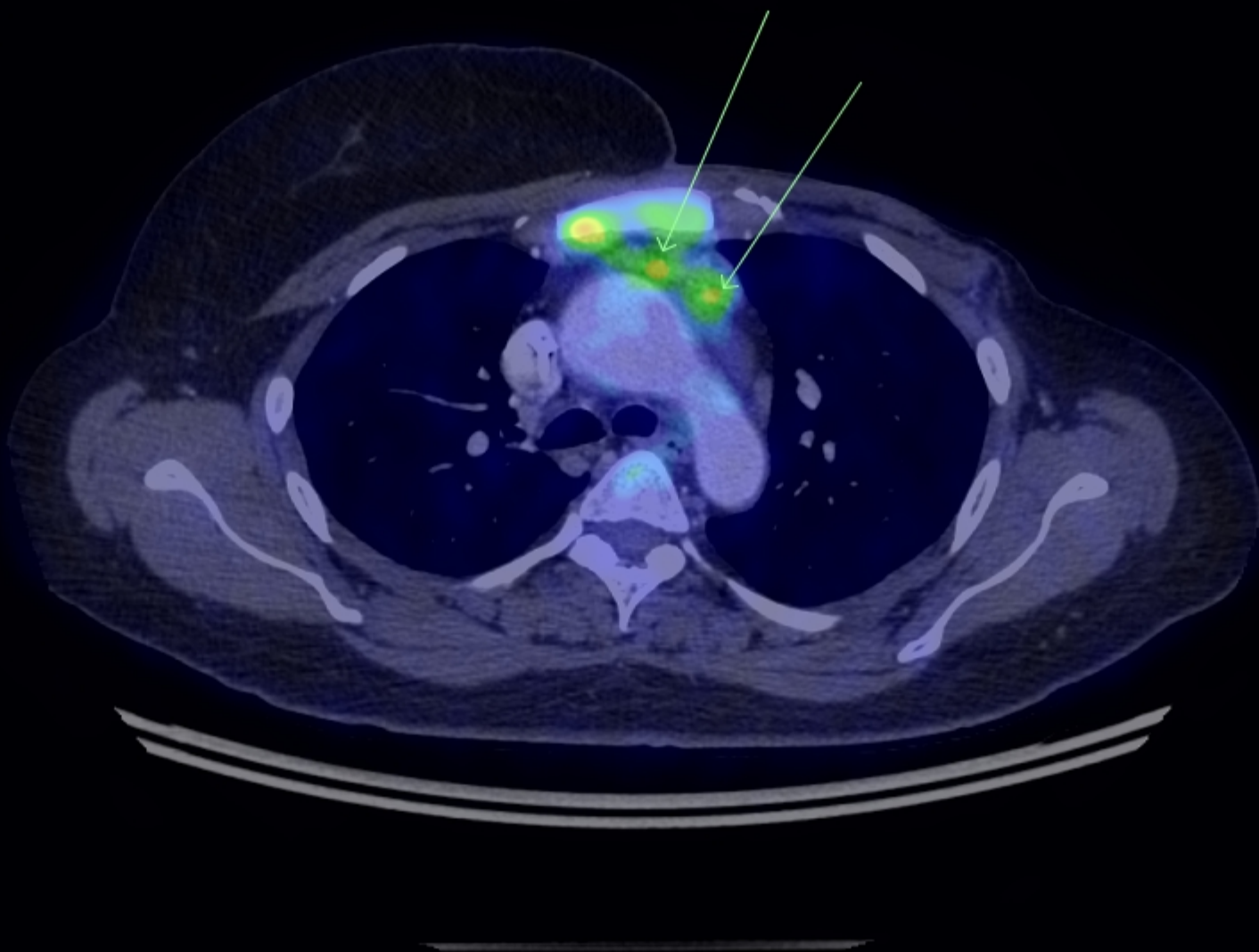
## ■ Progressive disease April 2016

- R supraclavicular LN Bx
- Histo: adenocarcinoma ER+ve, PR-ve HER2 +ve(SISH)
- Scan showed extensive
- Changed from Herceptin to Herceptin/Vinorelbine. Continue on Letrozole



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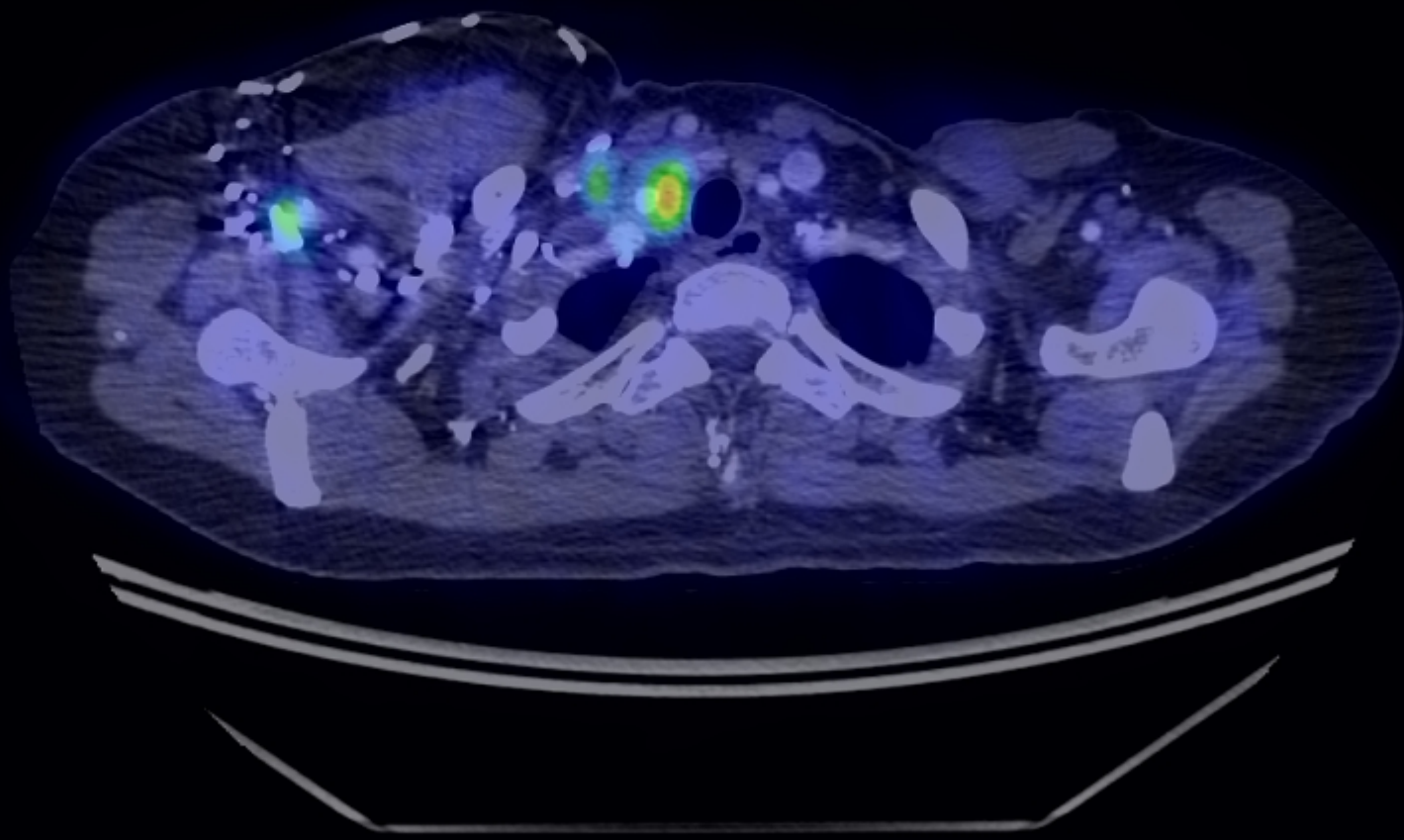






# CASE REPORT

- Progression in June 2017
  - Changed to Trastuzumab emtansine



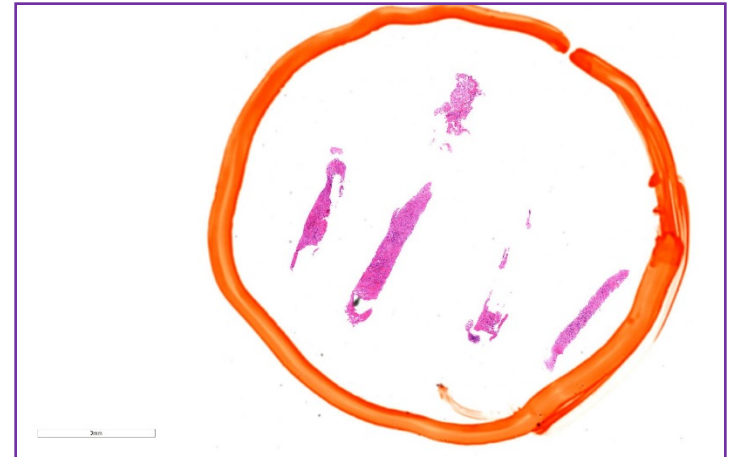


# CASE REPORT

- Progression March 2018
  - Changed treatment to Gemcitabine/Herceptin
  - Genomic testing discussed

**Results Summary:** GFL-190100114

Percentage of Tumour:	20%
Percentage of Tumour After Enrichment:	N/A





## Results Summary: GFL-190100114

### Somatic DNA Mutation Detected (Positive)

<p><b>ERBB2</b> Gene Amplification</p> <p>Oncogene Mean Coverage: 6233X Cytoband: 17q12(37868168-37882971), 14.803kb Copy Number Variation: 15.8 CNV Confidence 5%:9.63, 95%:24.12.</p>	<p><b>CDK12</b> Gene Amplification</p> <p>Oncogene Mean Coverage: 7736X Cytoband: 17q12(37618287-37687576), 69.289kb Copy Number Variation: 8.15 CNV Confidence 5%:5.8, 95%:10.9.</p>	<p><b>PIK3CA</b> c.3140A&gt;G p.H1047R</p> <p>Oncogene Known Driver Mutation PIK3CA Exon 21. Mean Coverage: 6474X. Variant Allele Fraction: 26%.</p>	<p><b>TP53</b> c.375+1G&gt;A Splice Site</p> <p>Tumour Suppressor Known Driver Mutation TP53 Intron 4. Mean Coverage: 5101X. Variant Allele Fraction: 34%.</p>	<p><b>SMARCA4</b> c.3108G&gt;T p.M1036I</p> <p>Chromatin Remodelling Predicted Driver Mutation SMARCA4 Exon 22. Mean Coverage: 294X. Variant Allele Fraction: 16%.</p>	<p><b>142 Genes Negative</b></p> <p>Mean Coverage: 727X.</p>
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### Tumour Mutational Load:

<p><b>TML Low</b></p> <p>Mutation Load per MB: 4.03.</p>	<p>The Possible Response Rate to single agent Immune Checkpoint Inhibitors is based on published data using TML analysis, <i>in vivo</i> mouse models and clinical trial data (Antonia, Goldberg et al. 2016, Tamkus and Joginpally 2016, Birendra, Hwang et al. 2017, Carbone, Reck et al. 2017, Crosby, Wei et al. 2017, Dua and Tan 2017, Heong, Ngoi et al. 2017, Skoulidis, Hellmann et al. 2017, Somasundaram and Burns 2017, Yarchoan, Hopkins et al. 2017, Overman, Lonardi et al. 2018, Rizvi, Sanchez-Vega et al. 2018).</p>
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## Results Summary: GFL-190100114

### Probable Germline DNA Mutation (Positive)

#### ***CDK12***

*c.3734C>T*  
p.Pro1245Leu

Genomic Stability  
*CDK12* Exon 13.  
Mean Coverage: 722X.  
Variant Allele Fraction: 69%.

#### ***PTCH1***

*c.1994G>A*  
p.Arg665His

Tumour Suppressor  
*PTCH1* Exon 14.  
Mean Coverage: 580X.  
Variant Allele Fraction: 71%.

### Somatic RNA Fusion – NOT Detected (Negative)

**51 Genes  
Negative**

Total Reads: 2864368X



## Results Summary: GFL-190100113

The *PIK3CA* c.3140A>G; p.H1047R mutation identified in the tumour sample was identified in the cfTNA sample. *ERBB2* (*HER2*) gene amplification was not identified in the cfTNA and this may be related to therapy changes, tumour heterogeneity or clonal evolution. Clinicopathological correlation is required.

### **PIK3CA**

c.3140A>G  
p.H1047R

Oncogene  
Known Driver Mutation  
*PIK3CA* Exon 21.  
Molecular Depth: 1444X.  
Mean Depth: 57289X.  
Variant Allele Fraction: 0.554%.  
Limit of Detection: 0.15%

### **ERBB2 Amplification Not Detected**

Oncogene  
Cytoband: 17q12(37863180-  
37882971), 19.791kb  
Copy Number Variation: 2.02  
Mean Depth: 70255X.

### **50 Genes Negative**

Mean Coverage: 57499X.

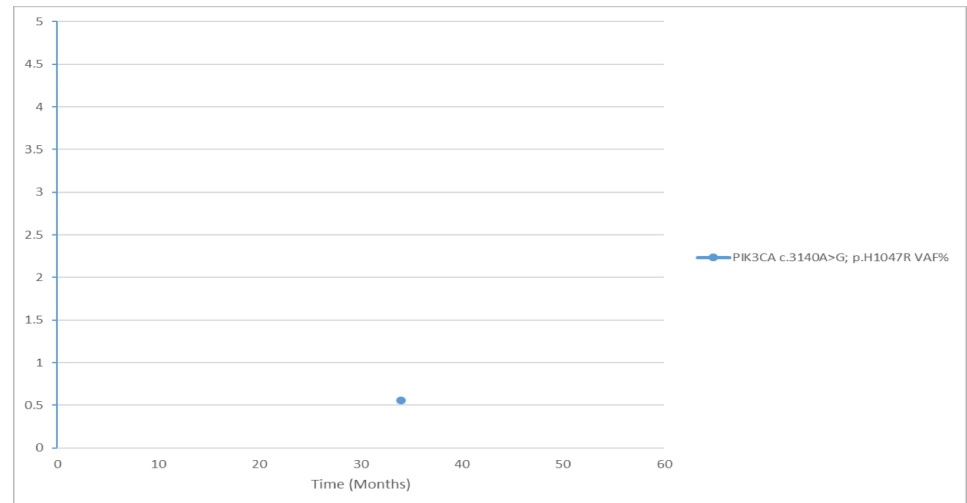


Figure 1: Graph of results for cfDNA showing cell-free tumour variant allele fraction (VAF).