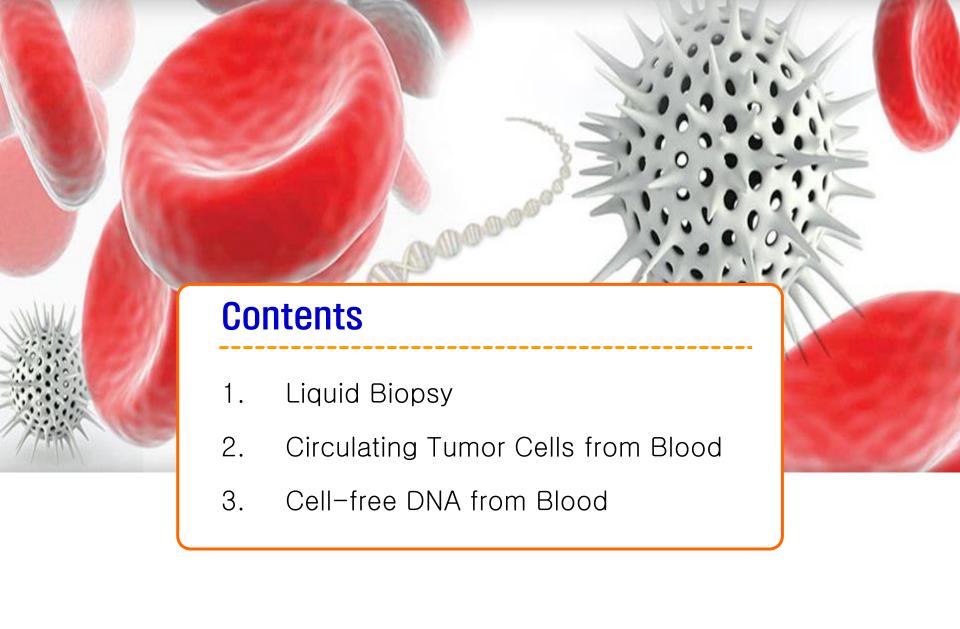
Circulating Tumor-specific Molecules: Approaches to Ultrasensitive Isolation, Analysis, and Clinical Applications



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National Cancer Center
Biomarker Branch

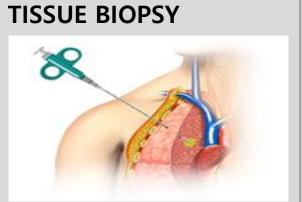


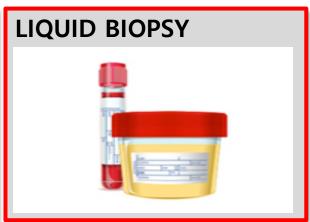
1. Liquid biopsy

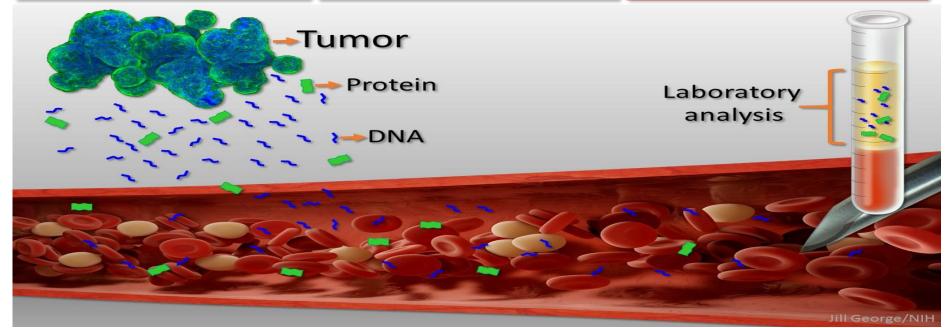


Cancer Diagnosis











Tissue biopsy vs. Liquid biopsy

Tissue sample



Ad

Challenges

- Comple > Invasive procedure tumor p
 - express > Limited quantity
- Best sar ≽ Difficulties in serial repetitive stratifica collection
 - Not always representative therapy > for the entire variety of malignant clones: TUMOR **HETEROGENEITY**
- Still the tumor cl

& non-re

Liquid sample



Ad

Challenges

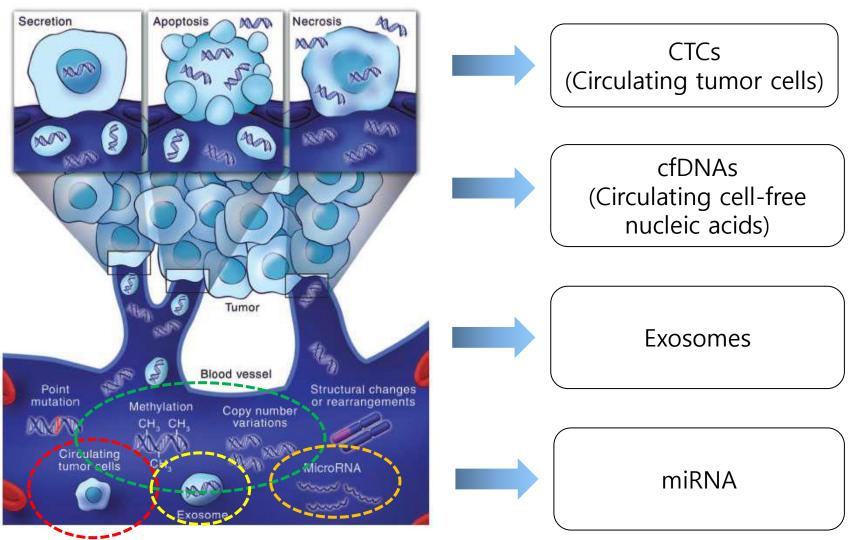
- Non-inv >
 - concentration
- Fast & I
- Complexity

Low biomarker

- Serial, r
- Lack of standardization, still used mainly in translational research
- Informa heterog



Blood as a real-time liquid biopsy



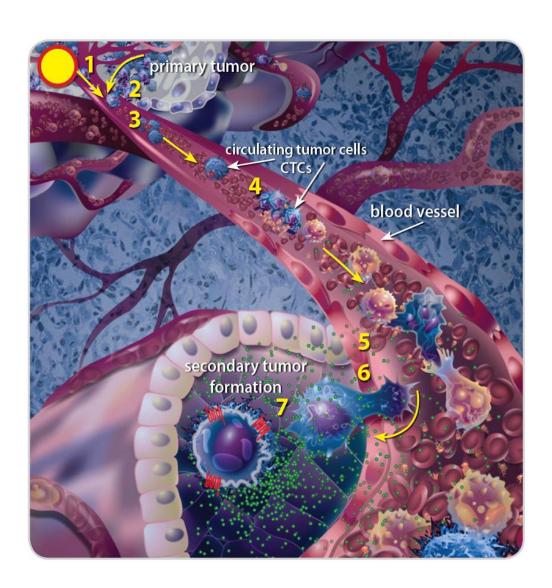
Genome Biology, 2014, 15, 229

2. Circulating Tumor Cells from blood

Theranostics, 2017, 8, 505-517 Gynecol. Oncol., 2017, 145, 361-365 Biomaterials, 2016, 106, 78-86 Biosen. Bioelectron.. 2016, 86, 921-926 Angew. Chem. Int. Ed, 2014, 25, 4597-602 Biomaterials, 2014, 35, 9573-9580



Circulating Tumor Cells are the Message of Metastasis

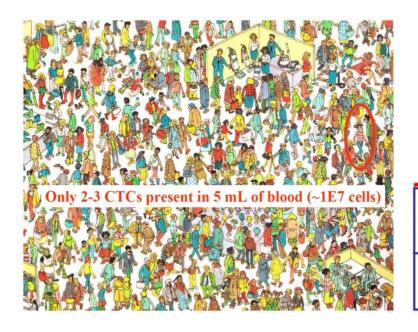




Technical Issues #1

1) Extremely rare in the bloodstream

- 109 RBC / 1 mL Blood
- 10⁷ WBC / 1 mL Blood



10-100 cells per mL

Cell Type	стс	Erythrocyte	Leukocyte
Size (µm)	12-25	5-7	7-15

Cell Type	Neutrophil	Lymphocyte	Monocyte	Eosinophil	Basophil
Size (µm)	12-15	7-10	15-25	12-15	12-15
% of Pop	60-70	20-45	2-10	1-3	0.5-1

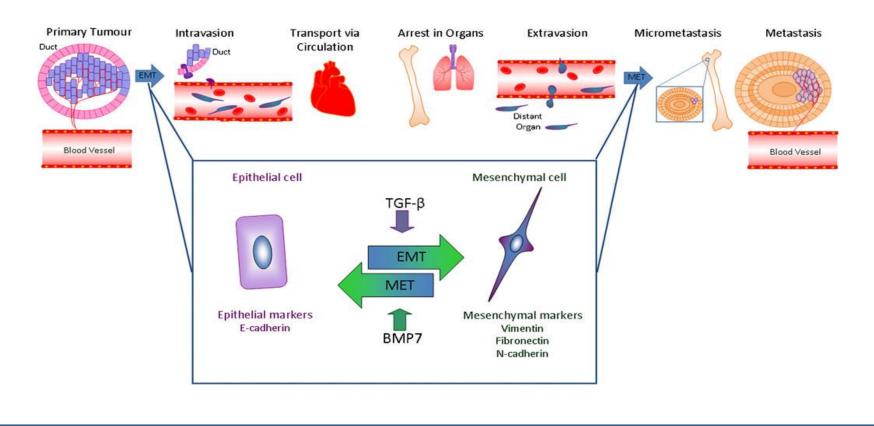
1,000,000 cells per mL



Technical Issues #2

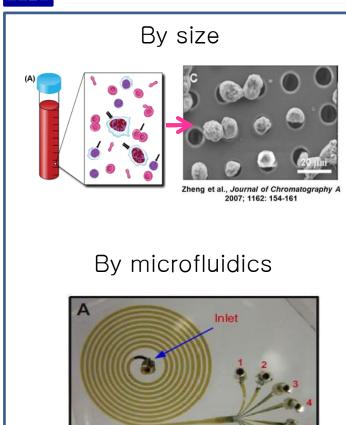
2) No known universal marker

- Epithelial cellular adhesion molecule (EpCAM) is most widely used in research but not present on 100% of CTCs
- Epithelial mesenchymal transition (EMT)

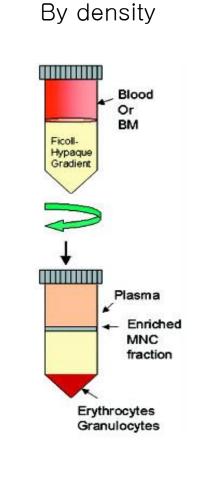


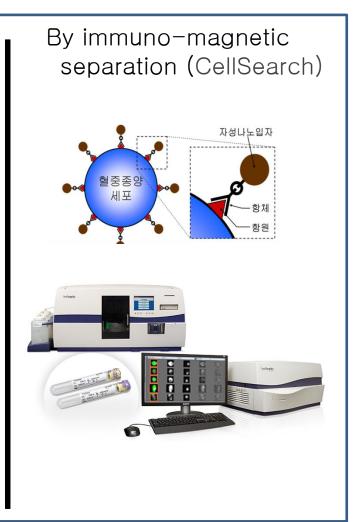


CTC Separation



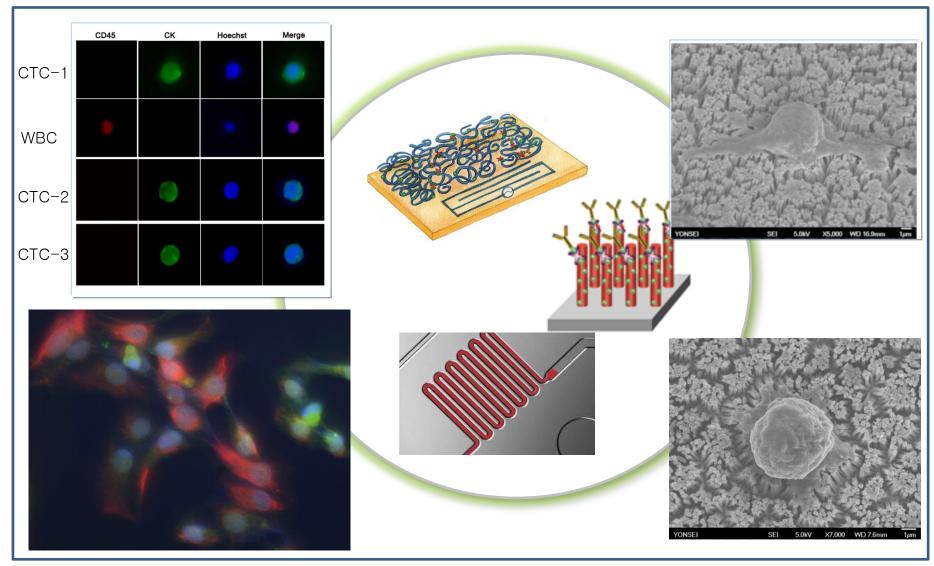
Outlets







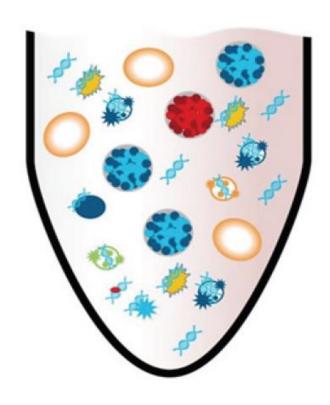
Circulating Tumor Cells: Nanochip & Microfludics





Magnetic Nanowires (MagWires)

Whole blood





Erythrocytes (~5×10e9/mL blood)



Leukocytes (~7×10e⁶/mL blood)



Circulating tumor cells (~0-10/mL blood)



Thrombocytes (~3×10e8/mL blood)



Normal exosomes (~10e¹¹/mL blood)



Tumor stroma exosomes (unknown)



Tumor exosomes (~0-5×10e10/mL blood*)



Normal cfDNA (~5×10e9/mL blood)



Tumor cfDNA (~5×10e9/mL blood)



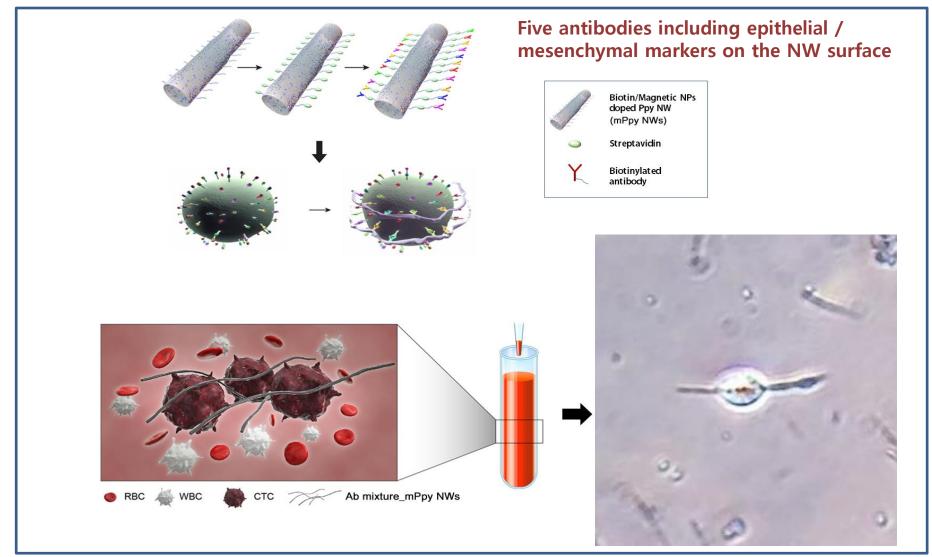
Ago2 associated miRNA (~5×10e9/mL blood)



HDL associated miRNA (~5×10e9/mL blood)



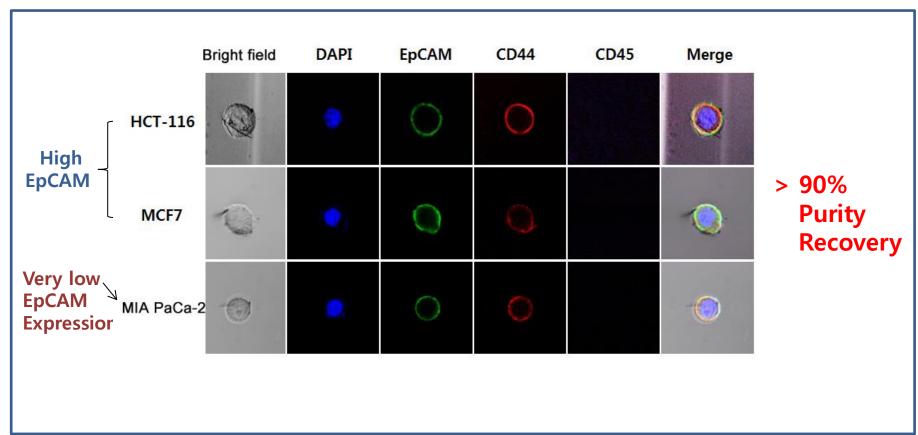
Circulating Tumor Cells: Magnetic NWs





Cell Recovery and Purity

: In vitro cancer cells were spiked into the blood



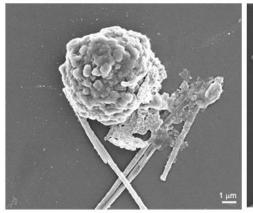
Five different types of antibodies on the nanowire

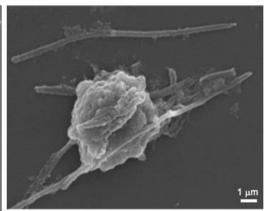


Higher isolation efficiency regardless of the EpCAM expression levels in tumor cells

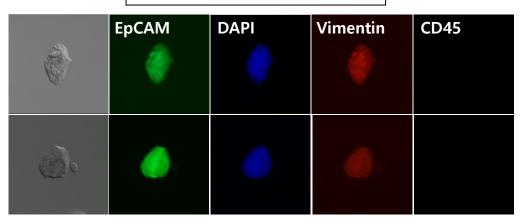
Circulating Tumor Cells from Cancer Patients

SEM



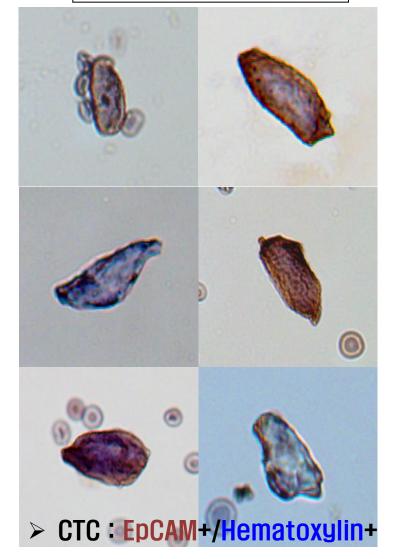


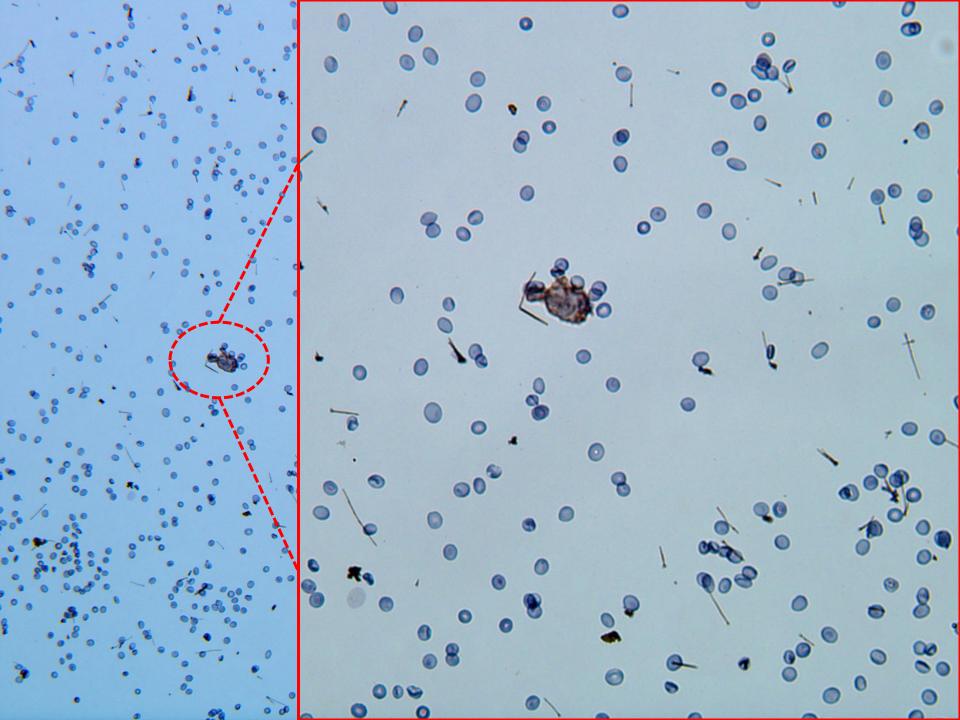
Immunofluorescence



CTC : EpCAM + / DAPI + / CD45 -

Immunohistochemistry

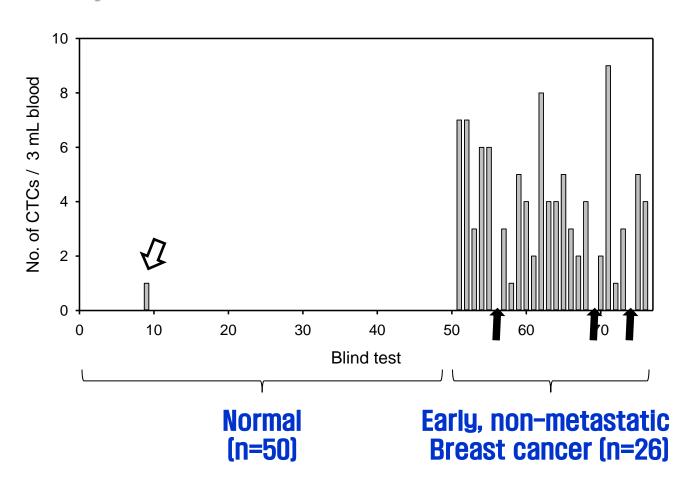






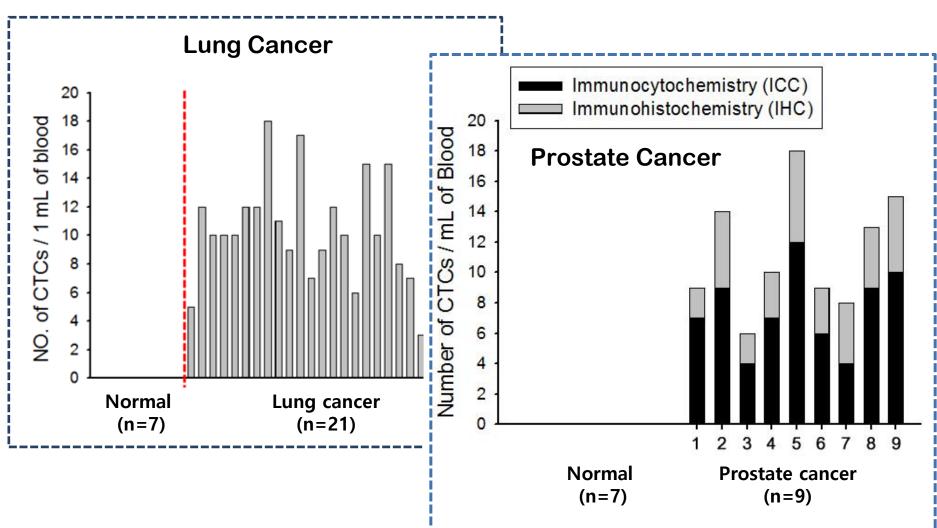
Circulating Tumor Cells_Blind Test

Early, non-metastatic Breast Cancer vs. Normal





Circulating Tumor Cells Test



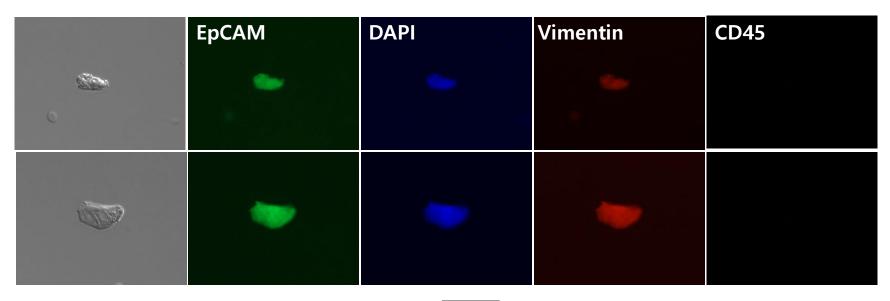


Lung Cancer Patient_Circulating Tumor Cells

Study No: 0185-001

The changes in CTC numbers before and after surgery in LC patients

Before surgery (6 CTCs / 3 mL blood)



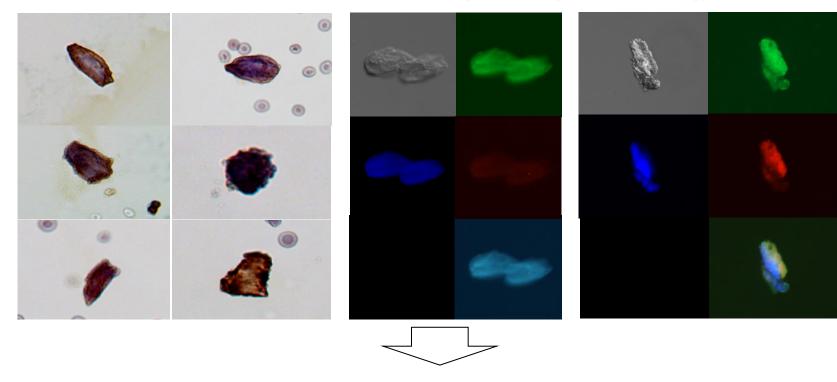
After surgery (0 CTCs / 3 mL blood)



Lung Cancer Patient_Circulating Tumor Cells

Study No: 0185-003

Before surgery (21 CTCs / 3 mL (3 clusters))



After surgery (9 CTCs / 3 mL (1 clusters))

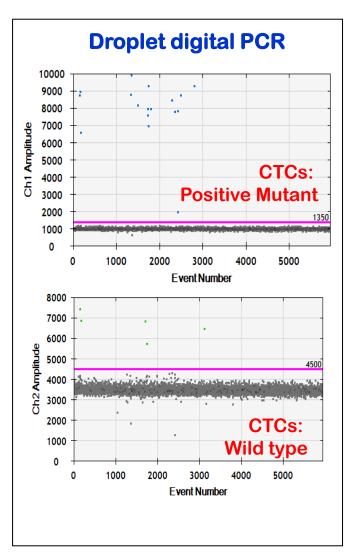




The Assessment of *EGFR* Mutations by CTCs

- Droplet Digital PCR

Sample ID	Stage	Primary tumor EGFR mutation		CTCs		
			No. of CTCs / ml	Mutation type	Mutant allele of CTCs, coples/Ml	
NSCLC-1	IV	L858R	10	L858R	900	
NSCLC-2	IV	Exon 19 Del	10	Exon 19 Del	280	
NSCLC-3	IV	Exon 19 Del	12	-	0	
NSCLC-4	IV	Exon 19 Del	12	-	0	
NSCLC-5	IV	Exon 19 Del	18	Exon 19 Del	490	
NSCLC-6	IV	L858R	11	-	0	
NSCLC-7	IV	Exon 19 Del	17	-	0	
NSCLC-8	IV	L858R	7	L858R	180	
NSCLC-9	IV	Exon 19 Del	9	_	0	
NSCLC-10	IV	L858R	12	-	0	
NSCLC-11	IV	L858R	10	_	0	



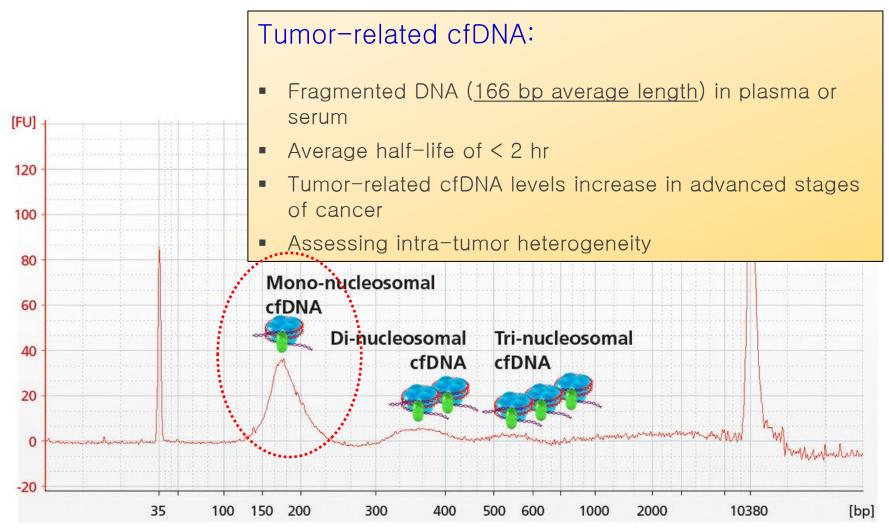
In four out of 11 patients, the same mutation type was confirmed in both CTCs and the primary tumors

3. Circulating Tumor DNA from blood

Theranostics, 2017, 8, 399-409
Biomaterials, 2016, 101, 251-257
Theranostics, 2016, 6, 828-836
Biosen. Bioelectron., 2016, 106, 78-86
Theranostics, 2017, 8, 505-517
Biosen. Bioelectron.. 2016, 86, 864-



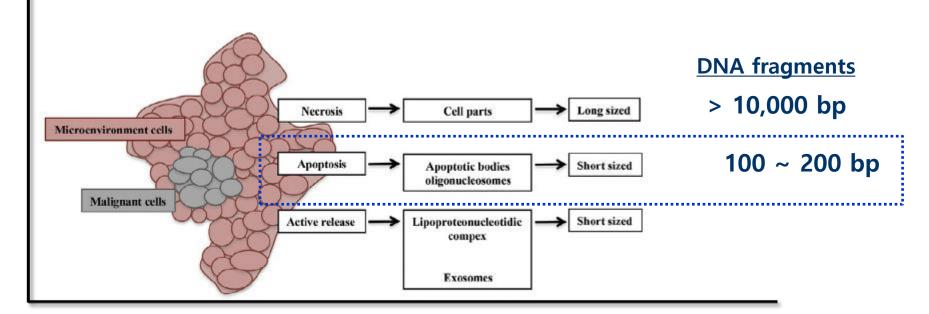
Circulating Cell-free DNA (cfDNA)



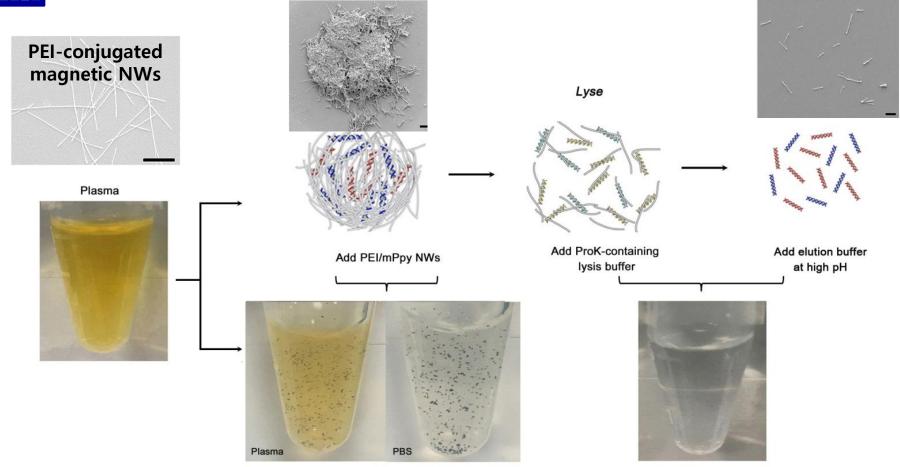


Problems with cfDNA

- Most tumor-related cfDNA is released from the apoptotic cancer cells with small fragments
- Only obtain 30ng of cfDNA per 5 mL plasma extraction
- The technique used must be sensitive enough to pick up the low level variants for discovering gene mutations using cfDNA



cfDNAs extraction Strategy: Magnetic nanowires



- DNA-NW aggregates increase the <u>capture</u> of cfDNA
- Proteinase K-containing lysis buffer enables the conversion of the aggregated structures into a homogeneous distribution of individual NWs to <u>release</u> cfDNA

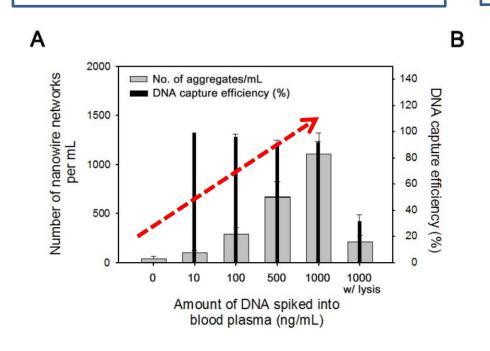


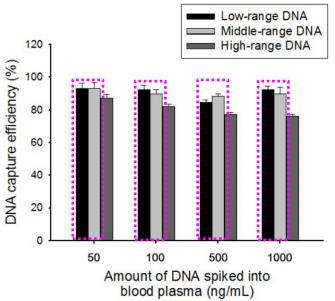
cfDNAs extraction Strategy: Magnetic nanowires

NW aggregates vs. cfDNA recovery yield

NW Capture Efficiency

(Tumor-derived cfDNAs : 100-200 bp)





The mean number of DNA-NW aggregates is proportional to the DNA concentration

Low-range DNA: 10-100 bp

Middle-range DNA: 100-2000 bp

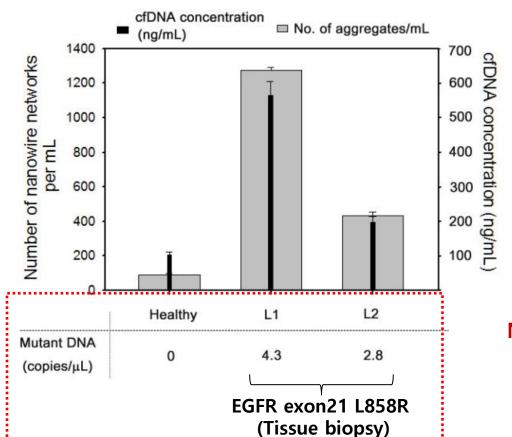
High-range DNA: >3.5 kb

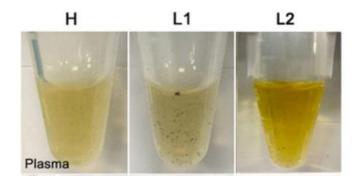


cfDNAs extraction Strategy: Magnetic nanowires

NW aggregates vs. cfDNA recovery yield vs. cfDNA in copies of EGFR mutation/µL

NW aggregates in plasma of healthy control (H) vs. patients with lung cancer (L1, L2).

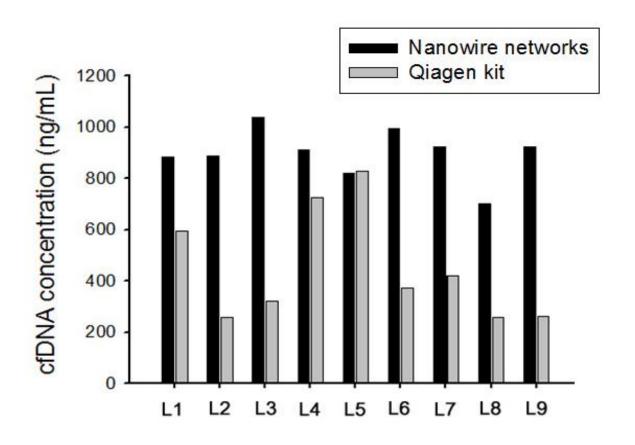




NW aggregates enable highly efficient isolation of small-fragmented, tumor-related cfDNA

.

cfDNAs extraction Strategy: Magnetic nanowires



NWs efficiently bind extremely low levels of cfDNA in the plasma of lung cancer patients



Answering questions about unmet medical need

- By rapid biomarker assessment in cancer patients for whom solid biopsies are impossible due to restricted or extremely risky access possibilities
- By repeated monitoring during cancer patient follow-up to control treatment efficiency
- By detecting genomic alterations occurring as result of resistance to therapy





Obtaining cancer-related biomarkers as much as possible



Acknowledgements

Present Group Members

- Mihae Choi
- Hyungjae Lee
- Minkyung Cho
- Hyunjoo Noh
- Yena Ha
- Jiyoon Lim

Seoul National University Hospital

- Dr. Taemin Kim
- Soojung Hur
- Soyoun Kim

Genopsy Inc.

- Dr. Hyunho Jung
- Dr. Wijung Jeon
- Eunsook Jung
- Seungwook Cho

National Cancer Center

- Breast cancer team
 - Dr. Eunsook Lee
- Lung cancer team
 - Dr. Jiyoun Han
 - Dr. Youngjoo Lee
 - Dr. Jinsoo Lee
- Prostate cancer team
 - Dr. Kanghyun Lee
 - Dr. Jaeyoung Jung
 - Dr. Sunghan Kim
- Thyroid cancer team
 - Dr. Eunkyung Lee
- Bladder cancer team
 - Dr. Hokyung Seo

Thanks!

