#I014: Analytical Validation of a Homologous Recombination
Deficiency Signature (HRDsig) in Pan-Tumor Tissue Samples

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Introduction

Homologous recombination repair (HRR) is a cellular pathway for high-fidelity double strand DNA break repair that uses the sister chromatid as a guide to ensure chromosomal integrity and cell viability. Deficiency in the HRR pathway (HRD) can sensitize tumors to poly (ADP-ribose) polymerase inhibitors and platinum-based chemotherapy, offering an avenue to select patients who may benefit from relevant therapies

HRD signature (HRDsig) is a pan-solid tumor biomarker on the FoundationOne®CDx assay. HRDsig does not rely on HRR gene alterations and instead employs a DNA scar-based approach to calculate a score based on copy number features, thus enabling detection of both genomic and non-genomic mechanisms of HRD.

We examine the analytical performance of FoundationOne®CDx assay for detecting HRDsig. The results demonstrate high analytical concordance to an independent HRD biomarker (reversion of biallelic loss of function in an HRR gene), a low false positive rate, high reproducibility, and robustness to interfering substances of the FoundationOne®CDx HRDsig calling methodology.

Methods

Table 1. Study Designs

Study Type	Sample Number	Study Description	
Limit of Blank (LoB)	5	12 replicates per sample	
Limit of Detection (LoD)	3	 Biomarker-positive samples were diluted with matched normal DNA through a series of titration levels 96 total replicates per sample Represented Disease Ontologies: Breast 	
Precision	22	 11 biomarker-positive samples; 11 biomarker-negative samples 36 replicates per sample Represented Disease Ontologies: Biomarker-positive: Ovary, Breast, Prostate Biomarker-negative: Ovary, Breast, Prostate, Lung, Skin, Colon 	
Interfering Substances	17	 Interfering Substances Assessed: unconjugated and conjugated bilirubin, hemoglobin, triglycerides, xylene, ethanol, proteinase K, MIB, melanin, necrosis. 5 biomarker-positive samples, 6 biomarker-negative samples, 6 samples with undetermined biomarker status Represented Disease Ontologies: Ovary, Lung, Breast, Colon, Liver, Prostate, Skin 	
Concordance	231	 True positives were defined as those with a reversion of loss of function in an HRR gene (101) True negatives were defined as those that lacked an alteration in any of 14 HRR pathway genes (130) Represented Disease Ontologies: Breast, Ovary, Prostate, Pancreas, Other 	

High Concordance to Independent HRD biomarker

Table 2. HRDsig Concordance Study Results

	LOF-REV*	HRR Negative**	Total
HRDsig Positive	90	7	97
HRDsig Negative	10	119	129
HRDsig Unknown	1	2	3
Total	101	128	229
	PPA = 90.00%	NPA = 94.44%	

PPA = 90.00% NPA = 94.44 (90/100)* (119/126)*

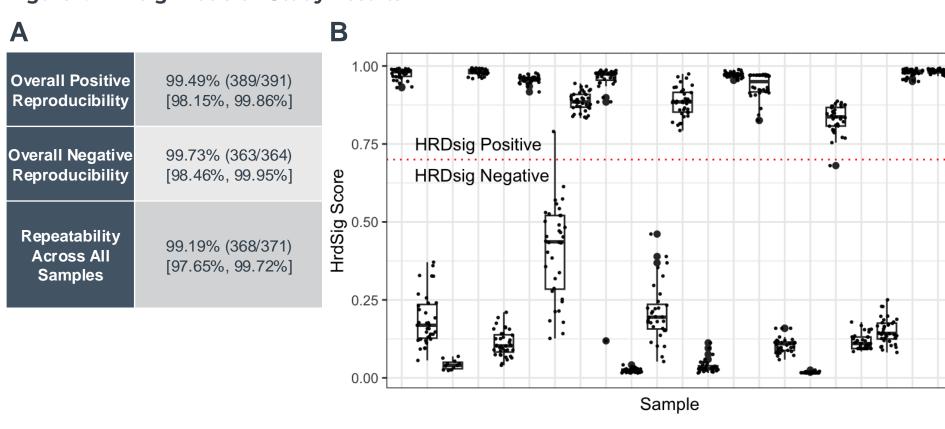
*Reversion of biallelic loss of function in an HRR gene (e.g., a frameshift mutation restoring the open reading frame of a primary frameshift mutation) was used to define <u>positive truth</u> status. Samples with reversion alterations in *BARD1*, *BRCA1*, *BRCA2*, *PALB2*, *RAD51B*, *RAD51C*, and *RAD51D* were included in the analysis.

**Lack of detection of any alteration in any HRR pathway gene was used to define negative truth status

#HRDsig Unknown samples were excluded from concordance analysis

Excellent Precision of HRDsig Calling

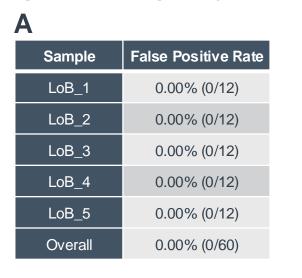
Figure 1. HRDsig Precision Study Results

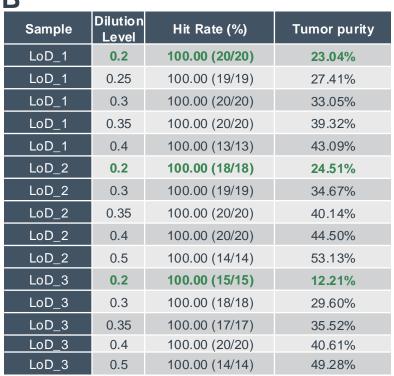


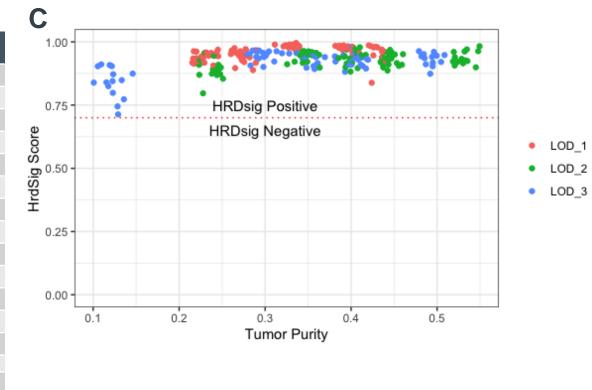
(a) Inter-run reproducibility and intra-run repeatability were evaluated for each sample and all samples combined. (b) The boxplot of HRDsig score of each study sample. The HRDsig scores were largely consistent across 36 replicates for each sample.

High Analytical Sensitivity

Figure 2. HRDsig Analytical Sensitivity Study







(a) LoB was confirmed by a false positive rate < 5%. (b) LoD was determined as the lowest tumor purity at which a ≥ 95% hit rate was achieved. (c) The distribution of HRDsig scores of LoD study samples

Limited Impact of Interfering Substances

Table 3. HRDsig Interfering Substances Study Results

Sample Baseline H	RDsig Status	Interfering Substances	Percent Agreement
IF_1 Ne	gative	gated Bilirubin, DMSO Control, Hemoglobin, Triglycerides, Unconjugated Bilirubin	100.00% (12/12)
IF_2 Neç	gative	Igated Bilirubin, DMSO Control, Hemoglobin, Triglycerides, Unconjugated Bilirubin	100.00% (12/12)
IF_3 Ne	gative	Igated Bilirubin, DMSO Control, Hemoglobin, Triglycerides, Unconjugated Bilirubin	100.00% (12/12)
IF_4 Po	sitive	Molecular Index Barcodes, Proteinase K	100.00% (10/10)
IF_5 Po	sitive	Melanin, Molecular Index Barcodes, Proteinase K	100.00% (12/12)
IF_6 Po	sitive	Unconjugated Bilirubin	100.00% (5/5)
IF_7 Po	sitive	Molecular Index Barcodes, Proteinase K	100.00% (10/10)
IF_8 Po	sitive	Triglycerides, Xylene	100.00% (7/7)
IF_9 Undet	termined	Necrotic 5%	100.00% (2/2)
IF_10 Undet	termined	Necrotic 10%	100.00% (2/2)
IF_11 Undet	termined	Necrotic 15%	100.00% (2/2)
IF_12 Undet	termined	Necrotic 25%	100.00% (2/2)
IF_13 Undet	termined	Necrotic 40%	100.00% (2/2)
IF_14 Undet	termined	Necrotic 50%	50.00% (1/2)
IF_15 Neg	gative	Melanin, Proteinase K	100.00% (8/8)
IF_16 Neg	gative	Melanin, Molecular Index Barcodes, Proteinase K	100.00% (12/12)
IF_17 Neg	gative	Melanin, Molecular Index Barcodes, Proteinase K	100.00% (12/12)

Single discordance at the highest necrosis level (50%) 50% necrotic content

- potentially had an impact on HRDsig status calling
 Basline HRDsig status in necrotic sample was not determined
- The HRDsig score in the two replicates was close to the HRDsig positivity cut-off of 0.7, with the negative replicate presenting with a score of 0.6774

Conclusion

The analytical validation results demonstrate high analytical concordance compared to an independent HRD biomarker, a low false positive rate, high reproducibility, and robustness to interfering substances of HRDsig calling.

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