



The background features a light blue gradient with several water droplets of varying sizes scattered across it. Faint, semi-transparent chemical structures and text are visible in the background, including phrases like "para attack" and "ortho effect".

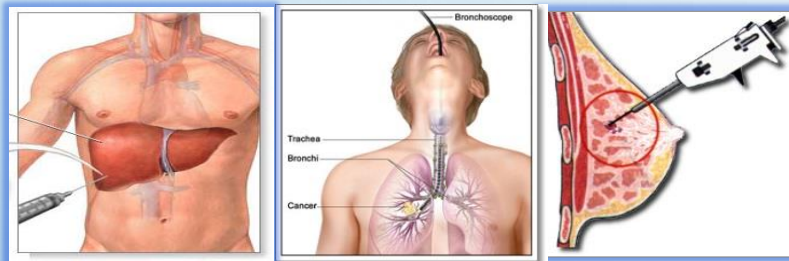
APPLICATIONS OF DIFFERENT LIQUID BIOPSY APPROACHES IN HEMATOLOGICAL MALIGNANCIES

DR. SIMONA BERNARDI

10 MAGGIO 2024

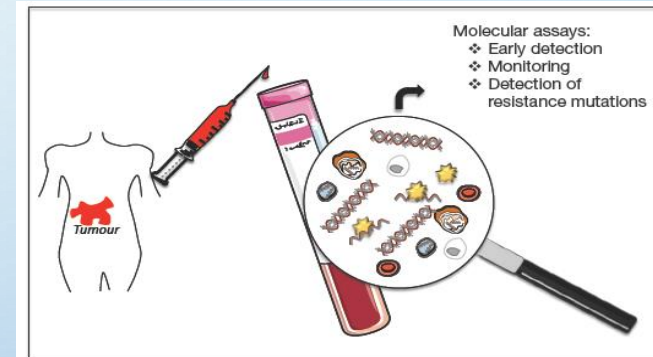
CONVENTIONAL BIOPSY VS LIQUID BIOPSY

Tumor Biopsy



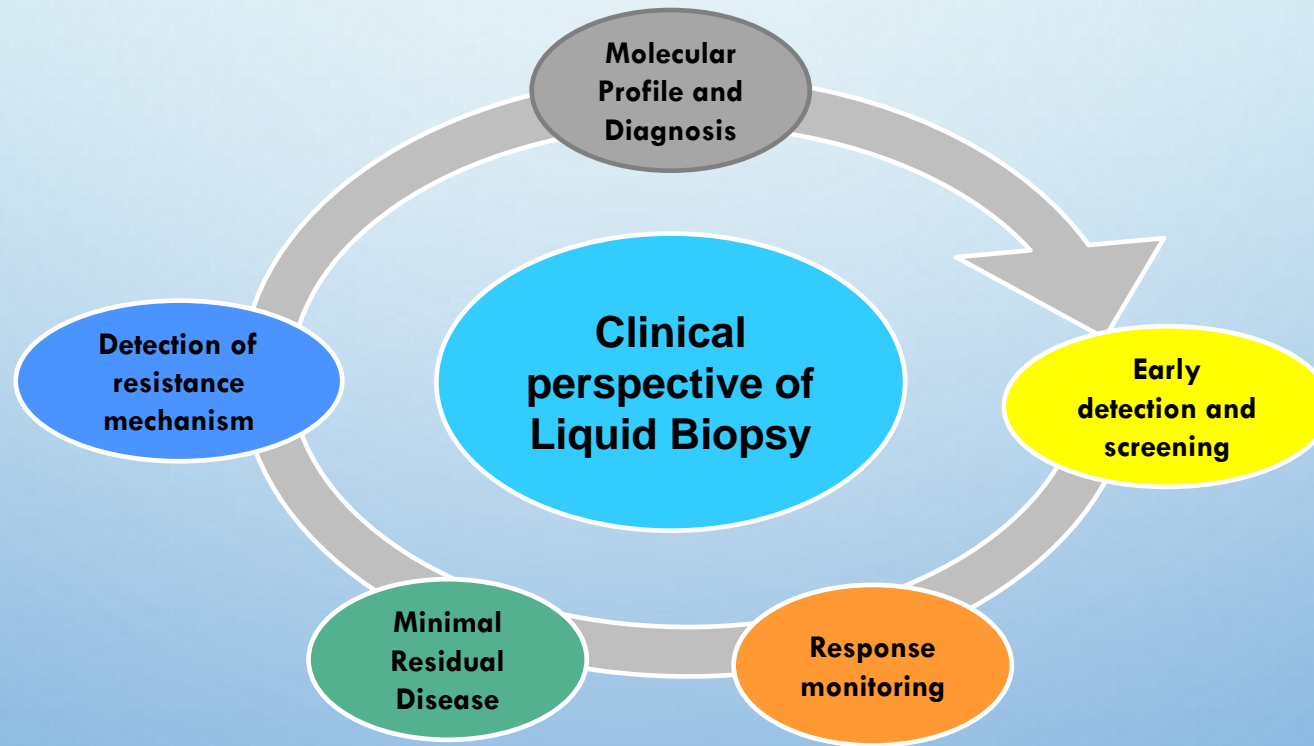
- Invasive, painful
- Expensive & time consuming
- Re-biopsy often not possible or accepted
- Not suitable for cancer monitoring
- Does not address tumor heterogeneity

Liquid Biopsy



- Minimally invasive, no risk for patients
- Cheap and quick
- Re-biopsy is not a problem
- Suitable for cancer monitoring
- Addresses tumor heterogeneity

CLINICAL APPLICATIONS FOR LIQUID BIOPSY



BIOMARKERS SOURCES

- **CIRCULATING CELL-FREE NUCLEIC ACIDS**

DNA, BUT ALSO RNA (MRNAS, MICRORNA
AND LONG NON CODING RNA)

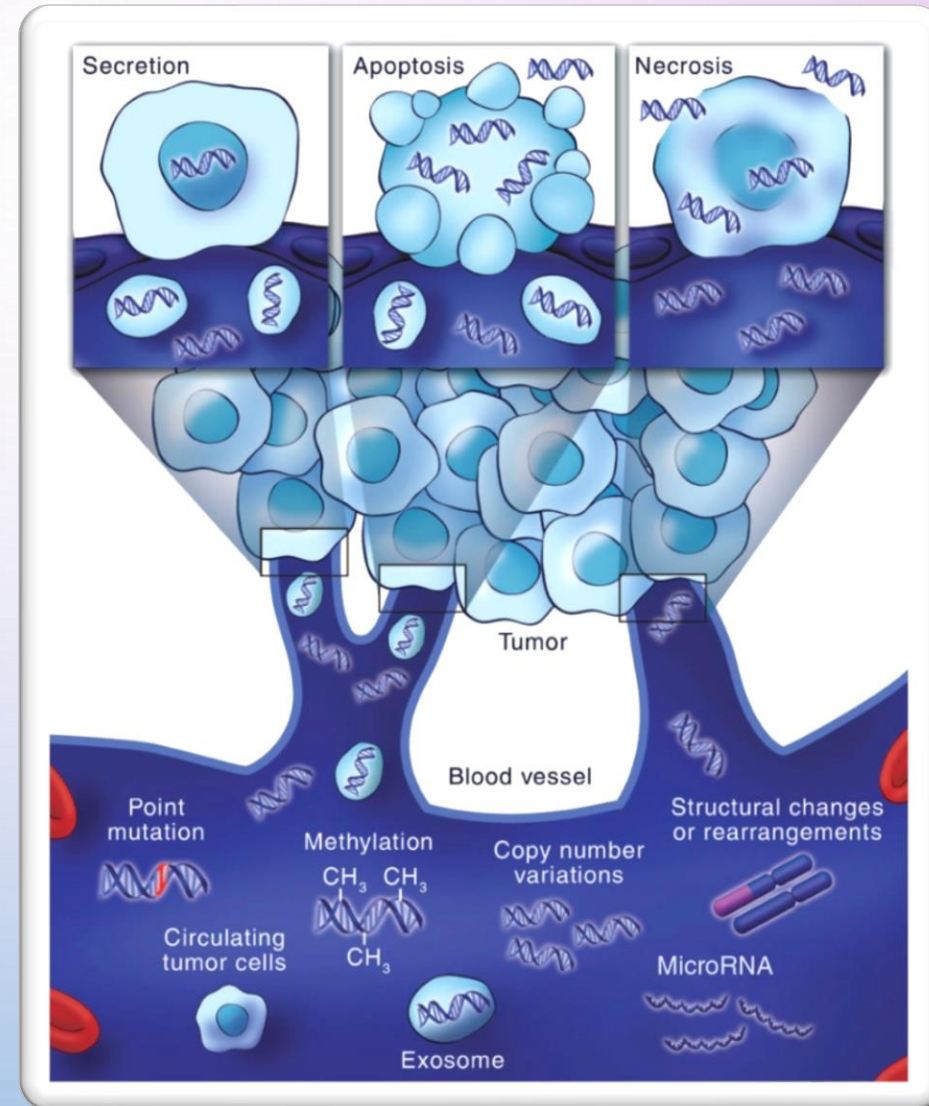
- **CIRCULATING TUMOR CELLS**

CANCER CELLS RELEASED BY THE PRIMARY
TUMOR

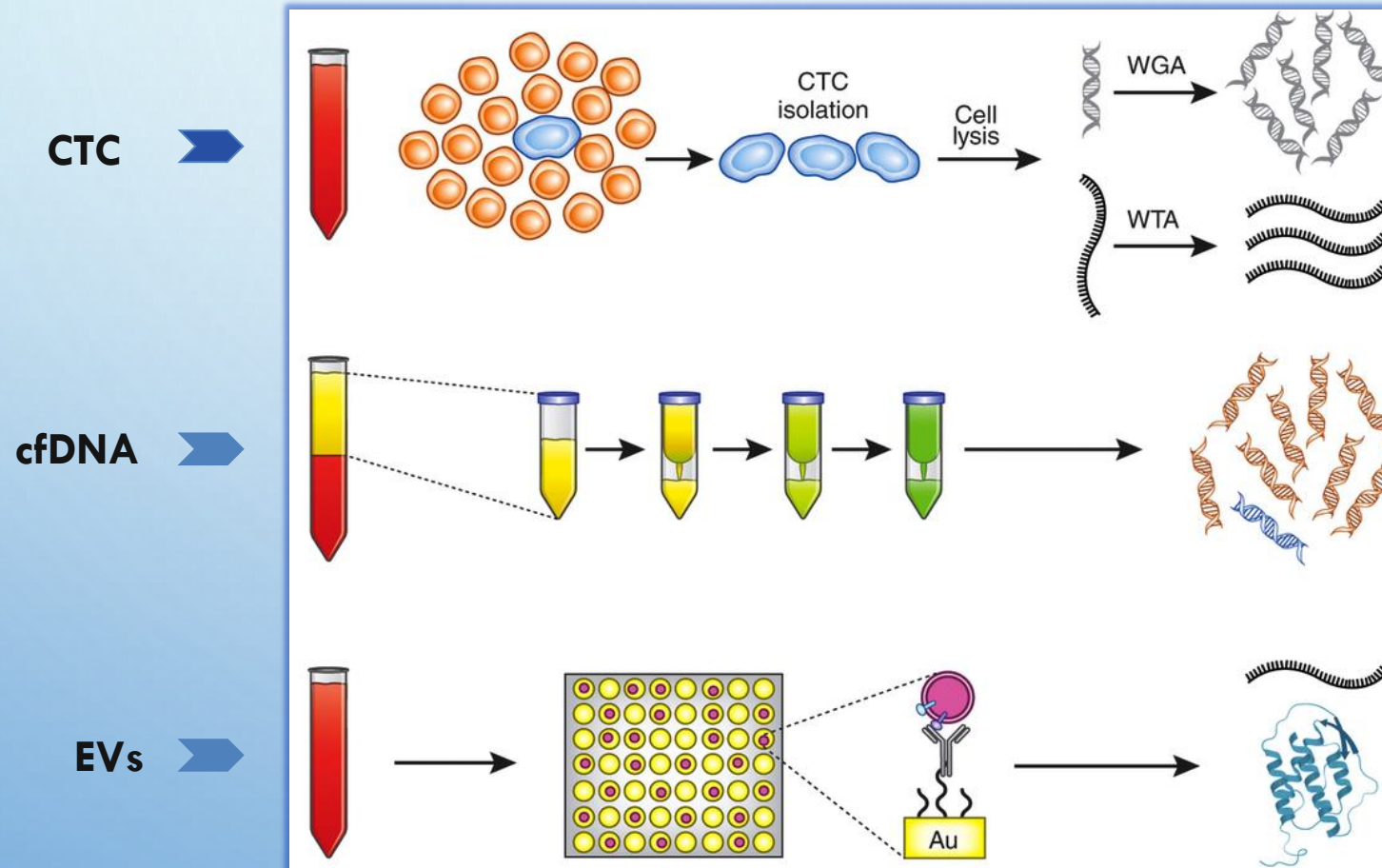
IN CIRCULATION TO FORM METASTASES AT
PERIPHERAL SITES

- **EXTRACELLULAR VESICLES**

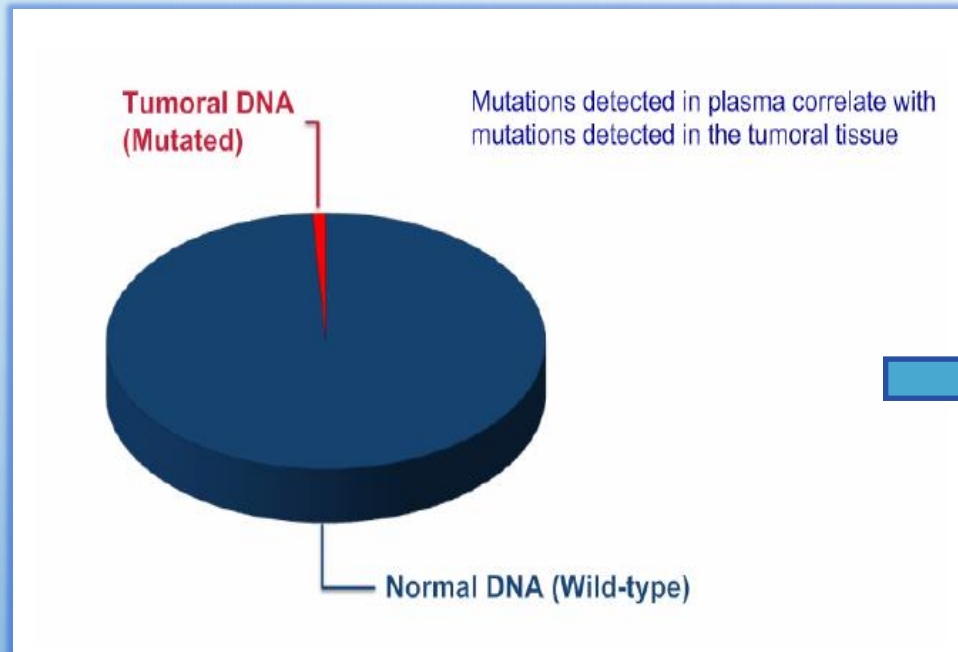
LIPID VESICLES CONTAINING PROTEINS AND
NUCLEIC ACIDS (RNAS AND DNA)



BIOMARKERS SOURCES



ctDNA

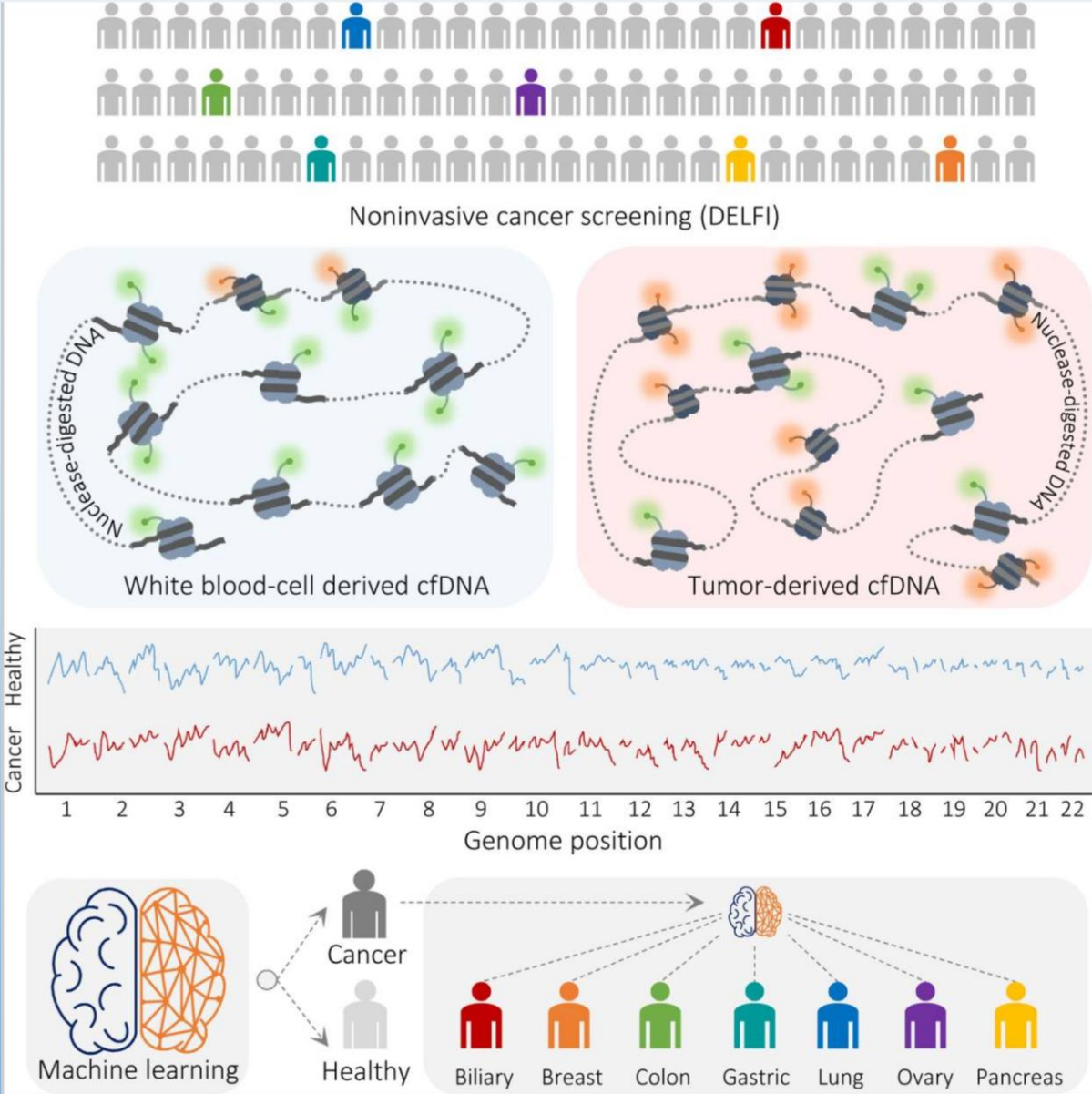


cfDNA is the vast majority (95% to 99%) of the total DNA extracted from blood

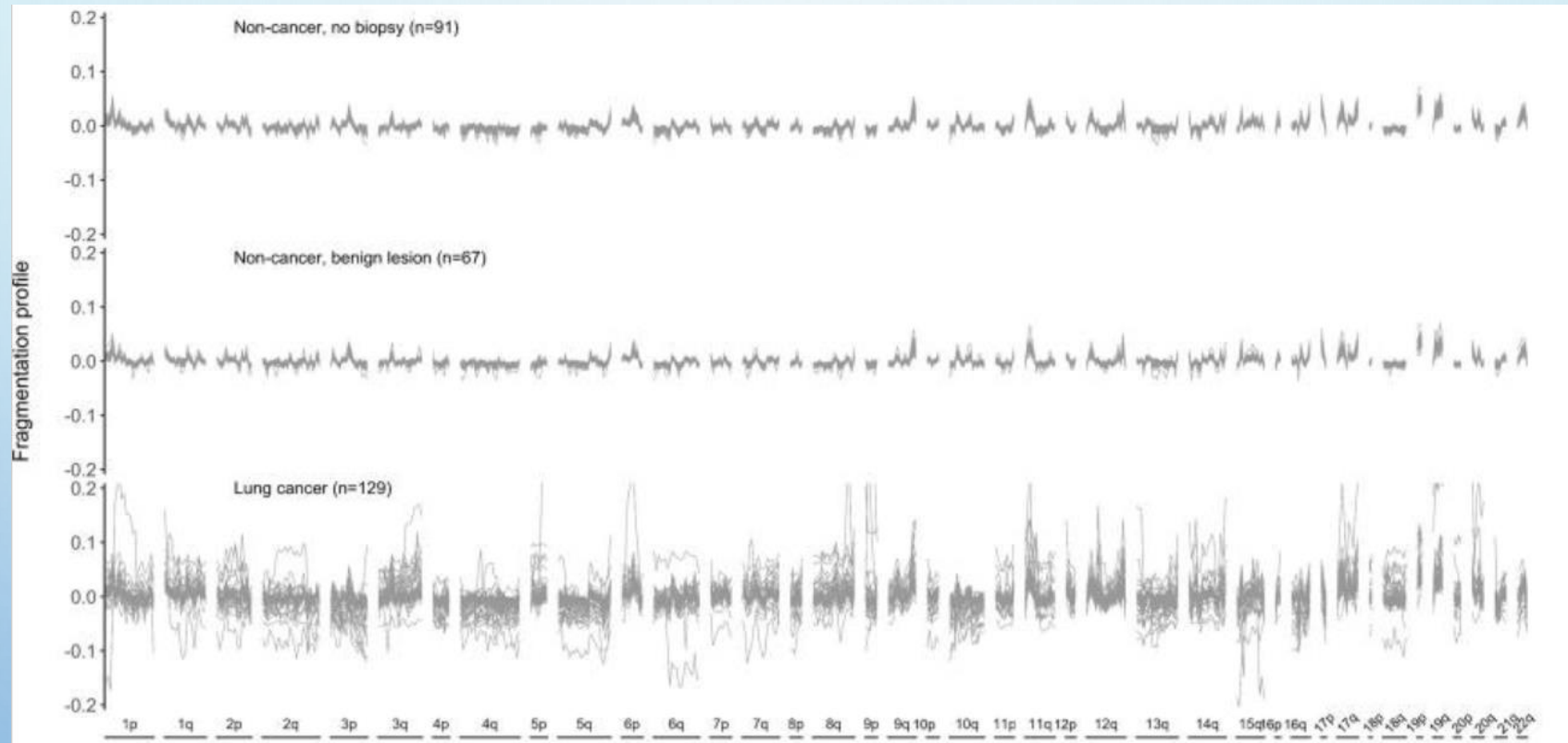


ctDNA CANNOT BE SELECTIVELY ISOLATED

The study of the FRAGMENTOMES: the hypothesis

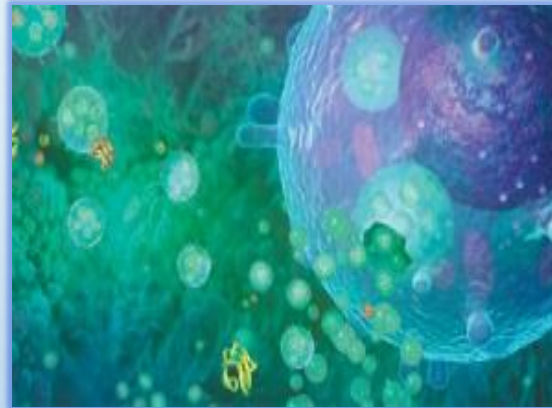


The study of the FRAGMENTOMES: the application



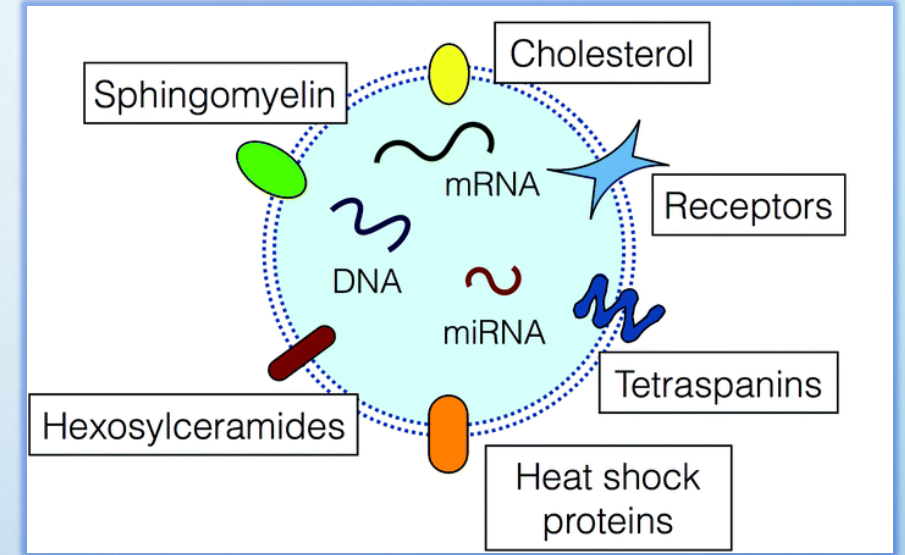
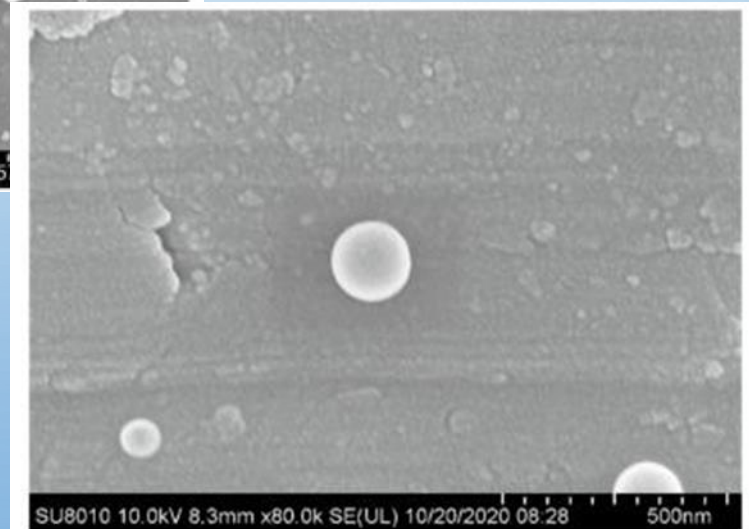
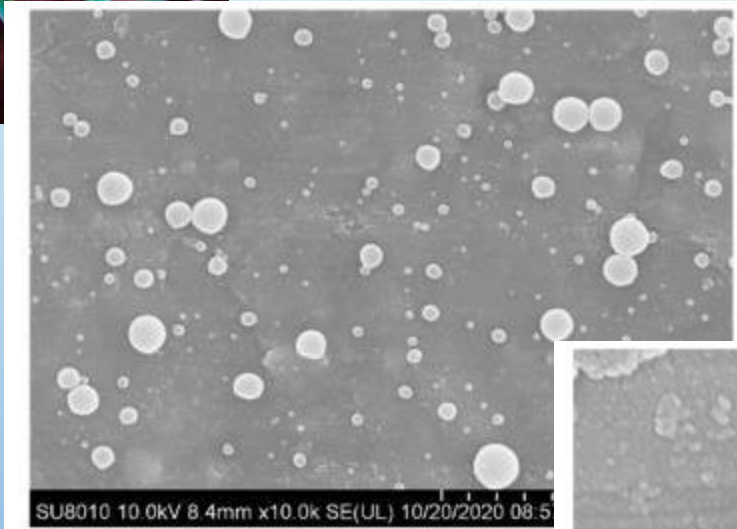
Extracellular Vesicles (EVs)

EVs



- ✓ Total EVs are $10^{7-8}/\text{ml}$, tumor-Evs estimated $10^{2-3}/\text{ml}$
- ✓ Easy to recover and analyzed from blood
- ✓ Heterogeneous population

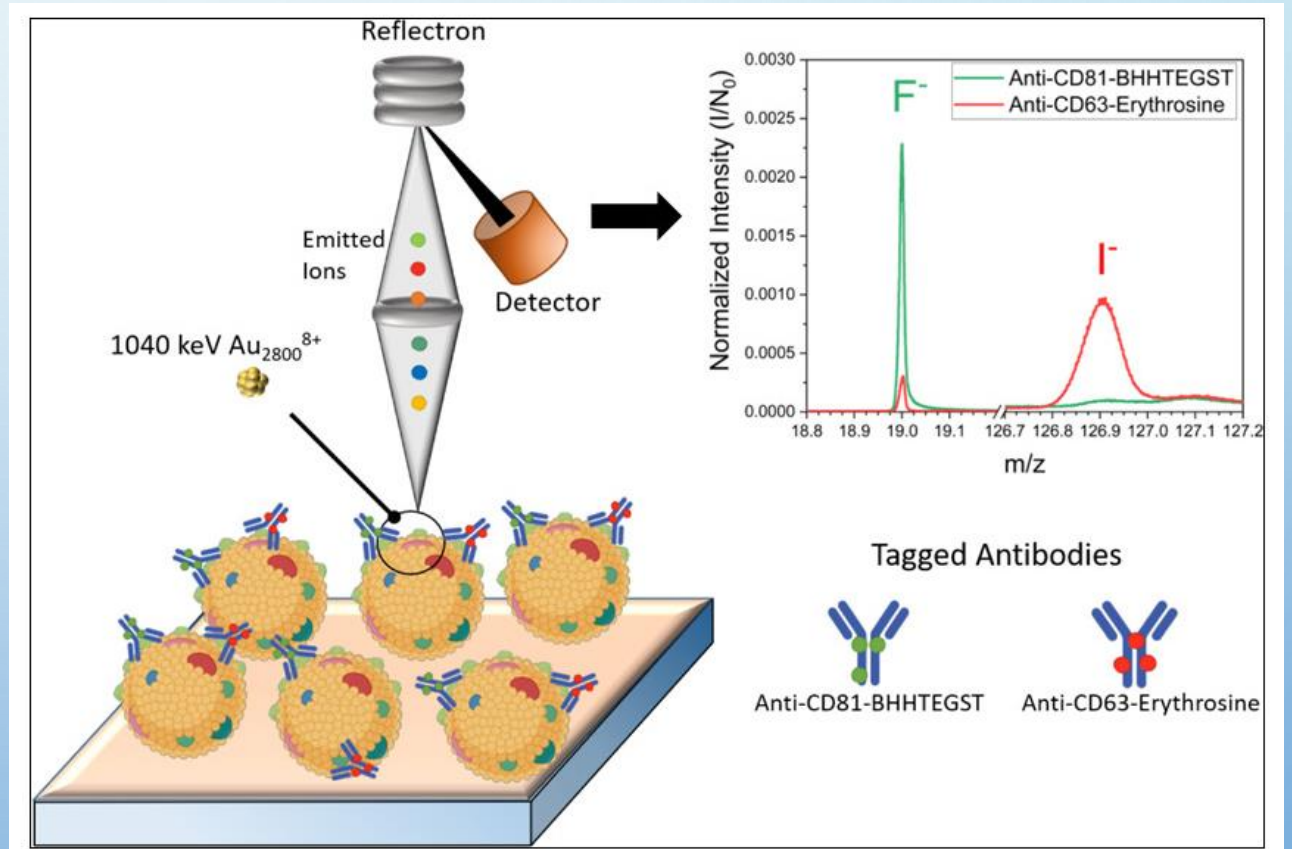
EVs



TECHNIQUES FOR LIQUID BIOPSY BIOMARKERS ANALYSIS

Proteic markers

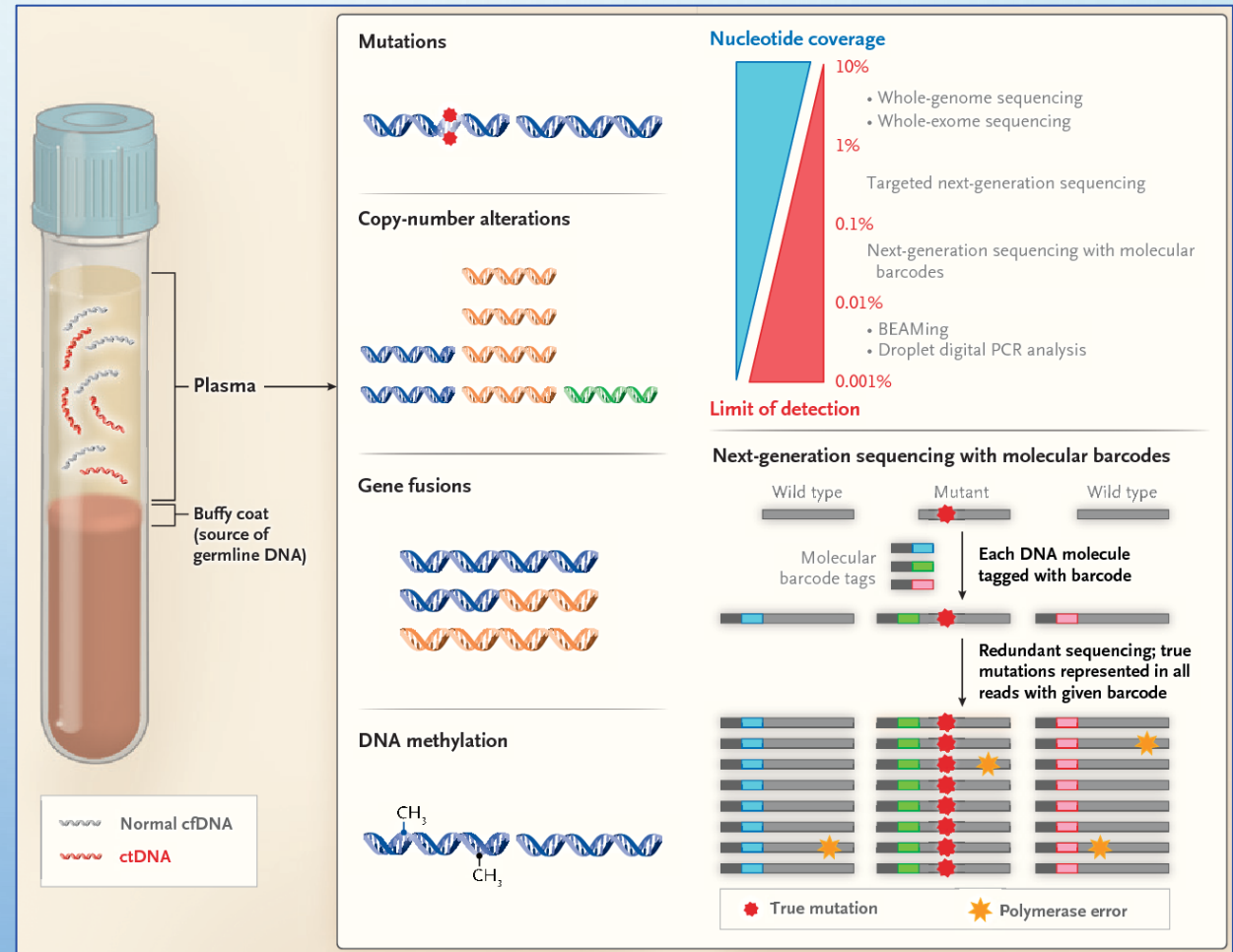
- **Western Blot:** CTC and vesicular biomarkers analysis
- **microBCA:** vesicular proteic biomarkers analysis
- **Mass spectrometry/Raman Technology:** CTC and vesicular proteomic analysis



TECHNIQUES FOR LIQUID BIOPSY BIOMARKERS ANALYSIS

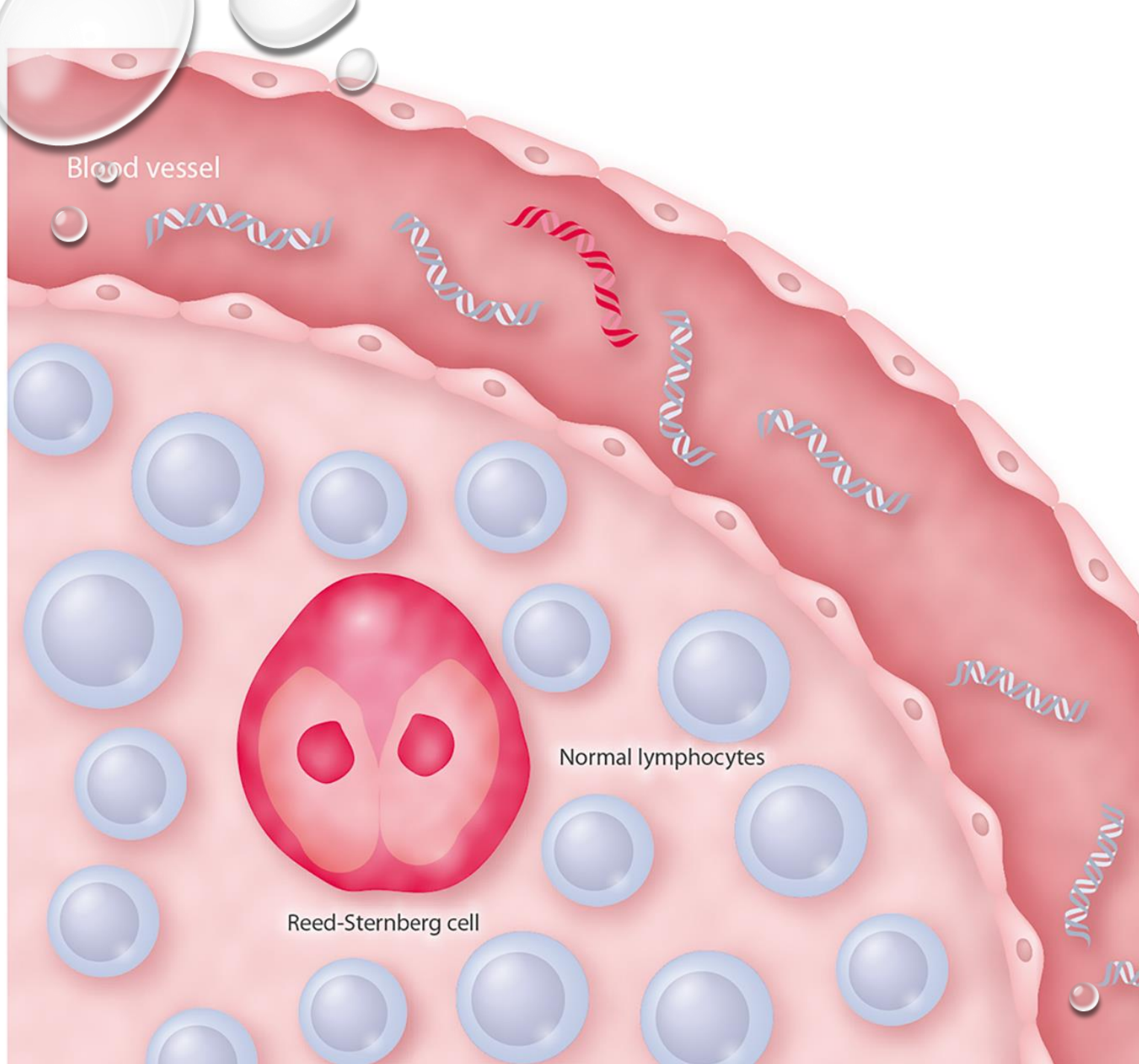
Nucleic Acids markers

- **Real-time PCR:** cfDNA analysis and vesicular biomarkers analysis
- **Next Generation Sequencing:** cfDNA analysis and vesicles cargo sequencing
- **Digital PCR:** cfDNA analysis and vesicular biomarkers analysis
- **Microarrays:** cfDNA analysis and vesicular biomarkers analysis

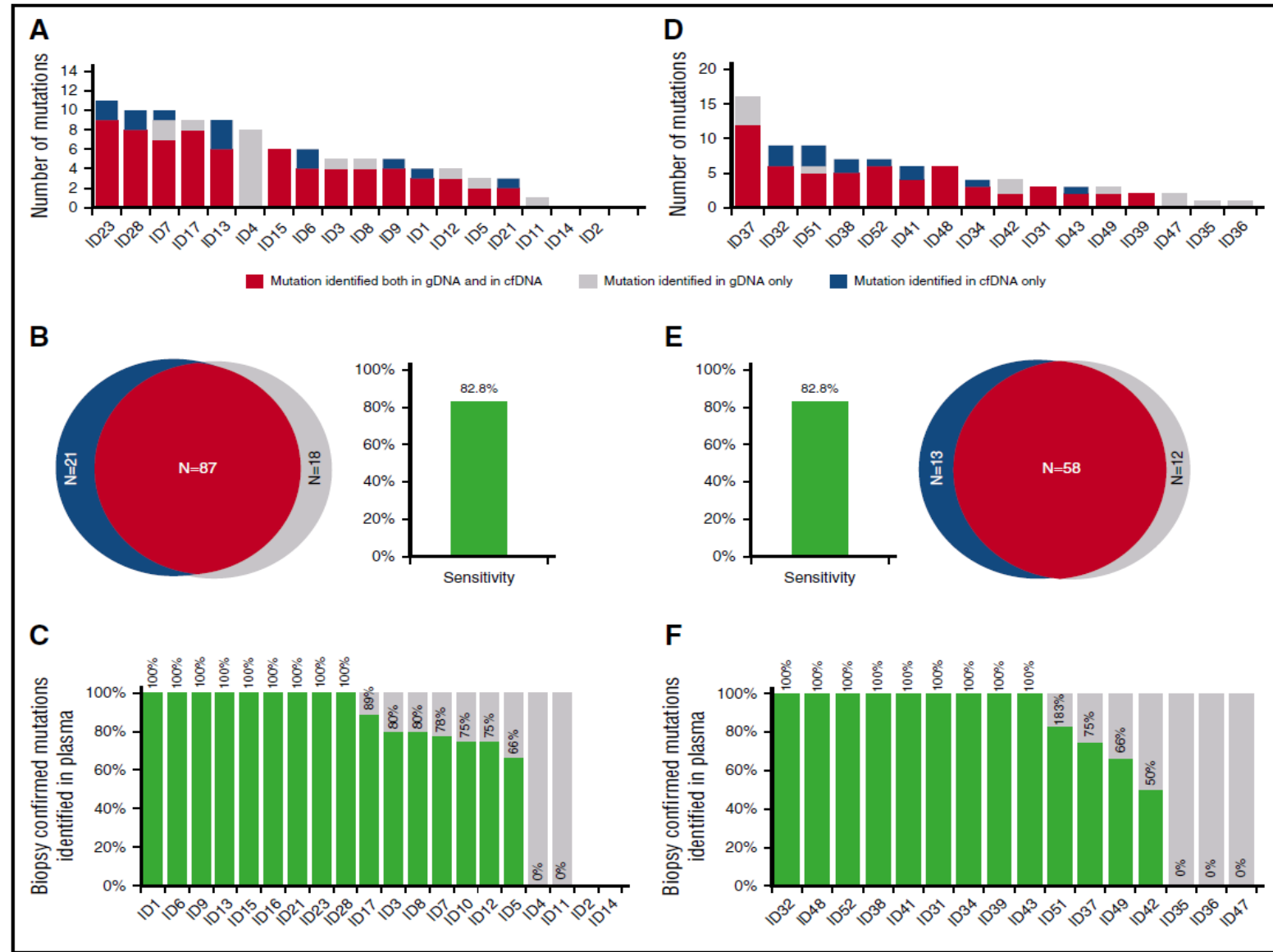


LIQUID BIOPSY IN HEMATOLOGY?

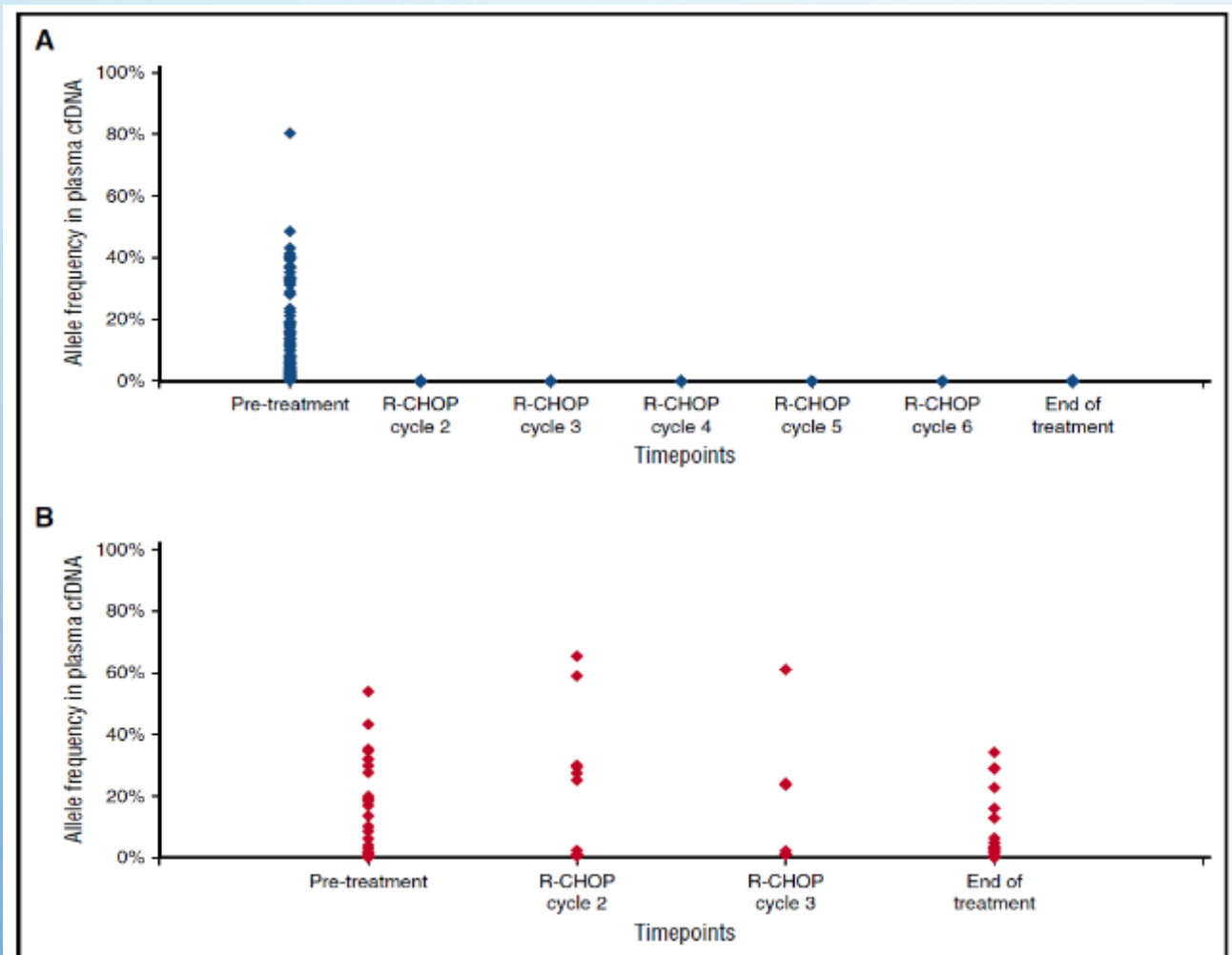
THE IDEAL AND IMMEDIATE
APPLICATION IS ON
LYMPHOMAS, THE SOLID
COUNTERPART OF
HEMATOLOGIC
MALIGNANCIES



THE LIQUID BIOPSY IN LYMPHOMAS



THE LIQUID BIOPSY IN LYMPHOMAS: THE MONITORING

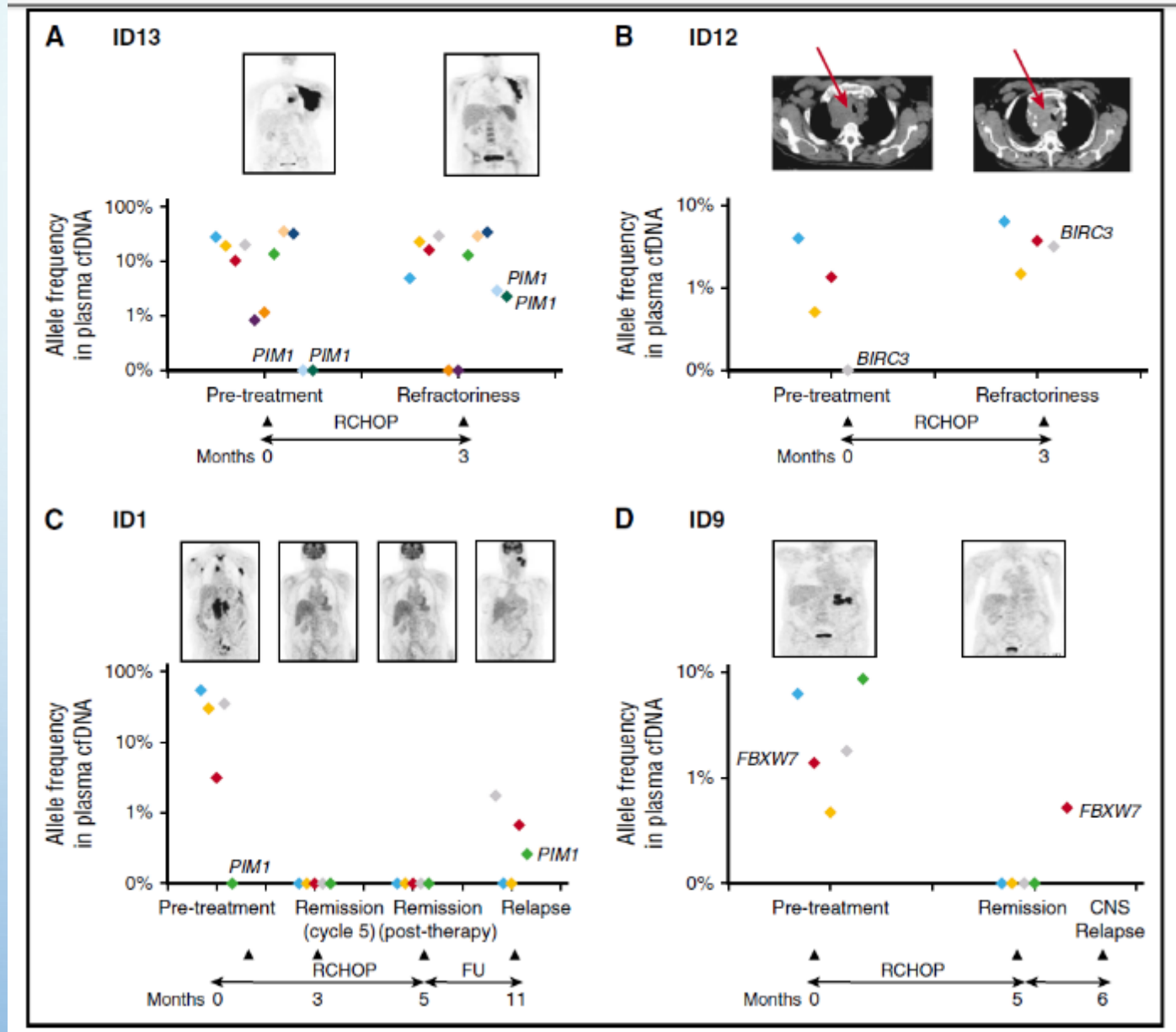


GOOD RESPONDERS

REFRACTORY PATIENTS

THE LIQUID BIOPSY IN LYMPHOMAS

CLONAL
EVOLUTION
MONITORING



LIQUID BIOPSY FOR LYMPHOMAS ANALYSIS IS THE PRESENT

Leukemia

www.nature.com/leu

ARTICLE

Check for updates

LYMPHOMA

Real-life disease monitoring in follicular lymphoma patients using liquid biopsy ultra-deep sequencing and PET/CT

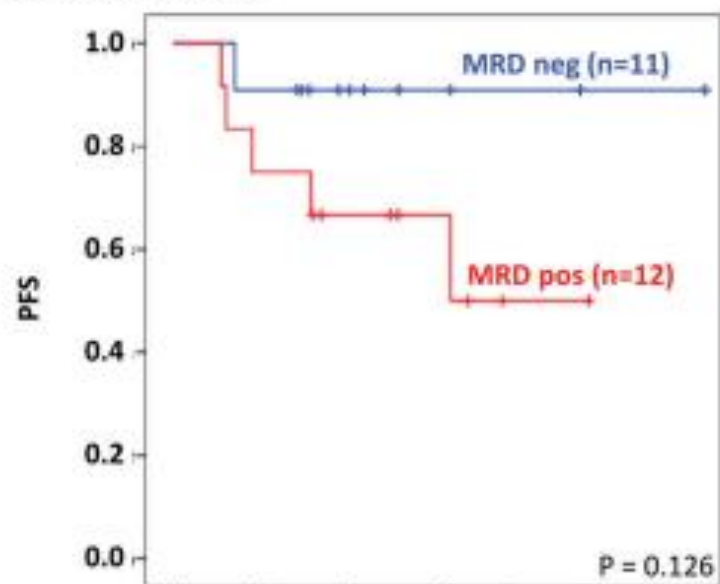
Ana Jiménez-Ubieto^{1,10}, María Poza^{1,10}, Alejandro Martín-Muñoz², Yanira Ruiz-Heredia^{1,2}, Sara Dorado^{2,3}, Gloria Figaredo⁴, Juan Manuel Rosa-Rosa¹, Antonia Rodríguez¹, Carmen Barcena⁵, Laura Parrilla Navamuel⁴, Jaime Carrillo², Ricardo Sánchez^{1,2}, Laura Rufian^{1,2}, Alexandra Juárez^{1,2}, Margarita Rodríguez^{1,2}, Chongwu Wang⁶, Paula de Toledo³, Carlos Grande⁷, Manuela Mollejo⁴, Luis-Felipe Casado⁴, María Calbacho¹, Tycho Baumann¹, Inmaculada Rapado¹, Miguel Gallardo^{1,8}, Pilar Sarandeses⁹, Rosa Ayala¹, Joaquín Martínez-López^{1,10} and Santiago Barrio^{1,2,10}

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- **84 FOLLICULAR LYMPHOMA PTS SCREENED BY NGS FOR MRD-SUITABLE MUTATIONS**
 - **TRACKABLE MUTATIONS IN 95% OF THE LYMPH NODE SAMPLES AND 80% OF THE LIQUID BIOPSY**

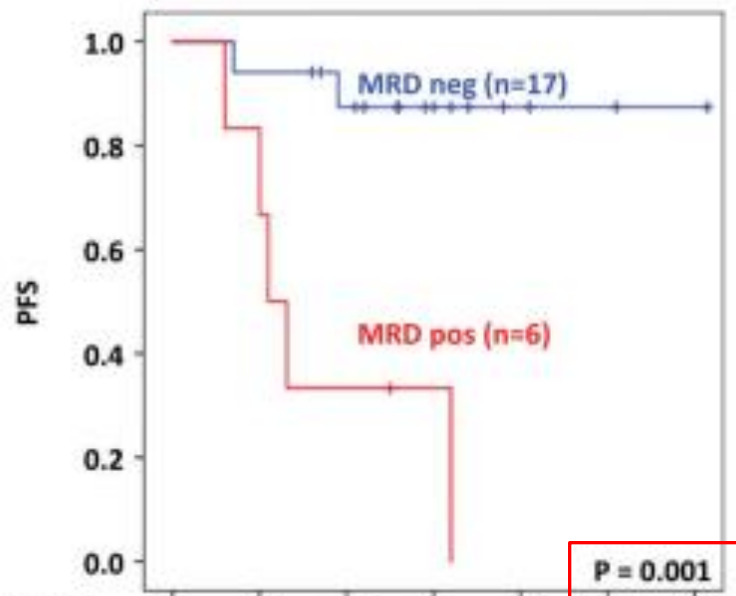
LIQUID BIOPSY by LiqBio-MRD on cfDNA

Early LiqBio-MRD.



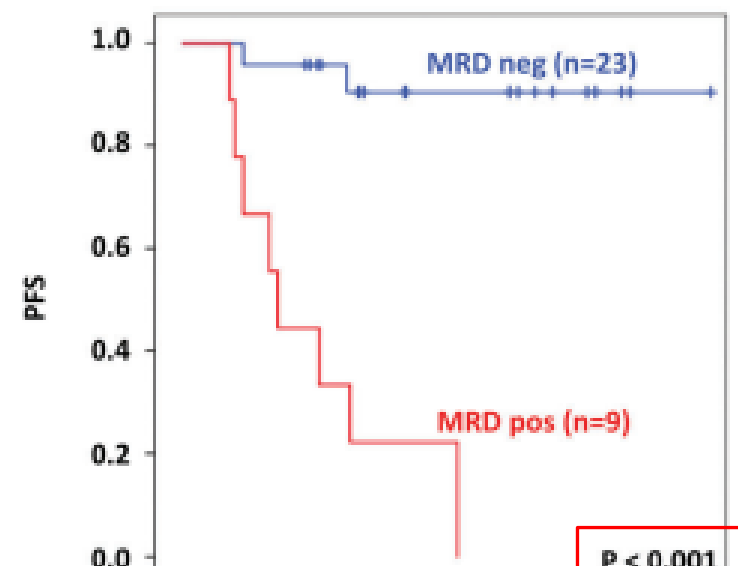
Months	0	10	20	30	40	50	60
MRD neg	11	10	6	3	2	1	1
MRD pos	12	9	6	4	1	0	0

Interim LiqBio-MRD.



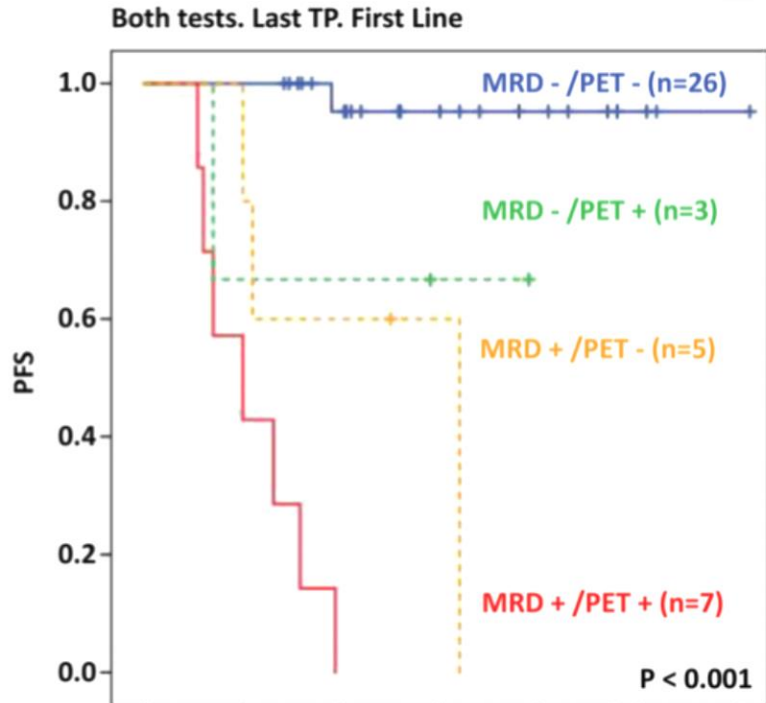
Months	0	10	20	30	40	50	60
MRD neg	17	16	13	7	3	2	1
MRD pos	6	5	2	1	0	0	0

Final LiqBio-MRD (EOT).



Months	0	10	20	30	40	50	60
MRD neg	23	22	17	11	8	3	1
MRD pos	9	6	2	2	0	0	0

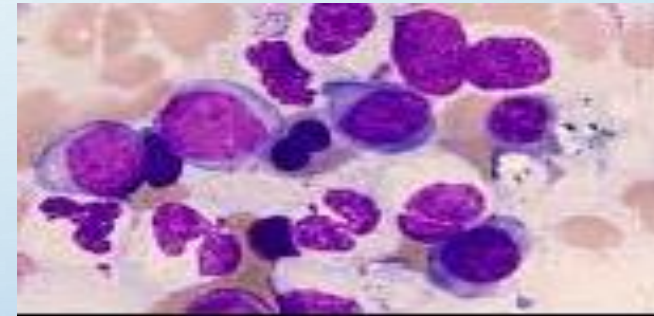
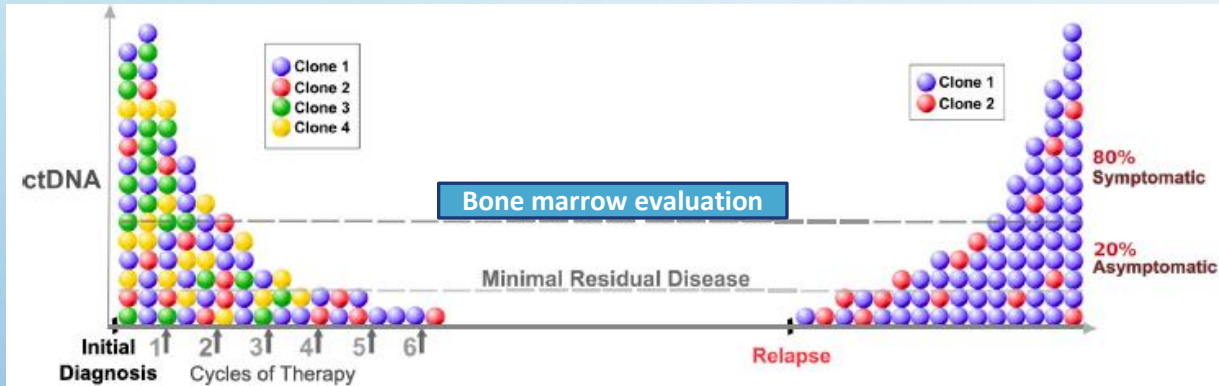
MRD IN FOLLICULAR LYMPHOMA: NEW AND OLD APPROACHES IN SINERGY



Months	0	10	20	30	40	50	60
MRD - /PET -	26	26	20	13	8	3	1
MRD - /PET +	3	2	2	2	1	0	0
MRD + /PET -	5	5	3	2	0	0	0
MRD + /PET +	7	4	0	0	0	0	0

- 54 FOLLICULAR LYMPHOMA PTS FOLLOWED-UP BY LIQBIO-MRD: 151 SAMPLES
 - POSITIVE LIQBIO-MRD AT FIRST-LINE THERAPY CORRELATED WITH A HIGHER RISK OF PROGRESSION BOTH AT THE INTERIM EVALUATION ($P = 0.005$) AND AT THE END OF TREATMENT ($P < 0.001$).
 - BY PET/CT DEAUVILLE SCORE, WITH A MEDIAN PFS OF 19 MONTHS VS. NR ($P < 0.001$) AT THE INTERIM AND 13 MONTHS VS. NR ($P < 0.001$) AT EOT.
 - LIQBIO-MRD AND PET/CT COMBINED IDENTIFIED THE PATIENTS THAT PROGRESSED IN LESS THAN TWO YEARS WITH 88% SENSITIVITY AND 100% SPECIFICITY.

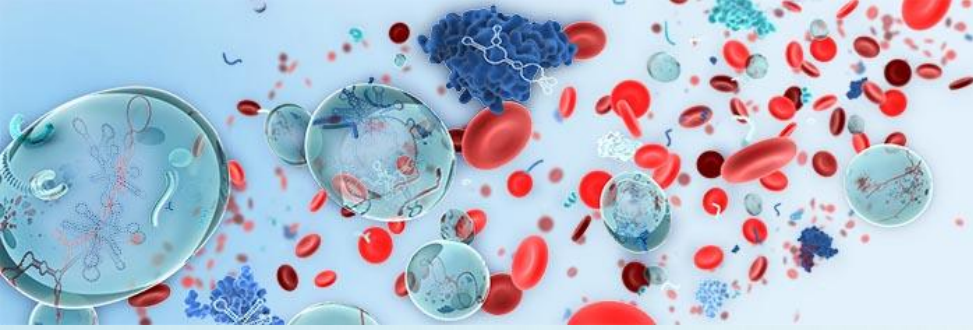
LIQUID APPROACH FOR LIQUID DISEASES???



Myelodysplastic syndromes

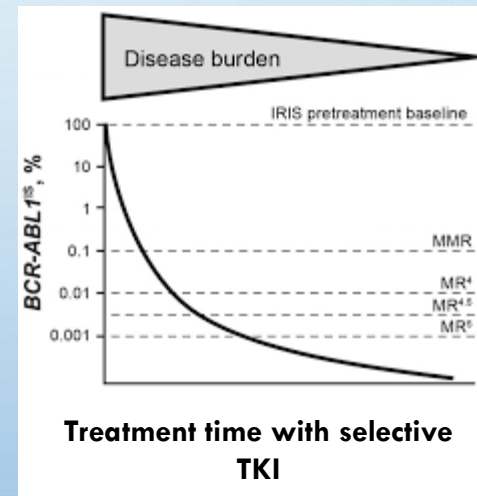


Punctio sicca



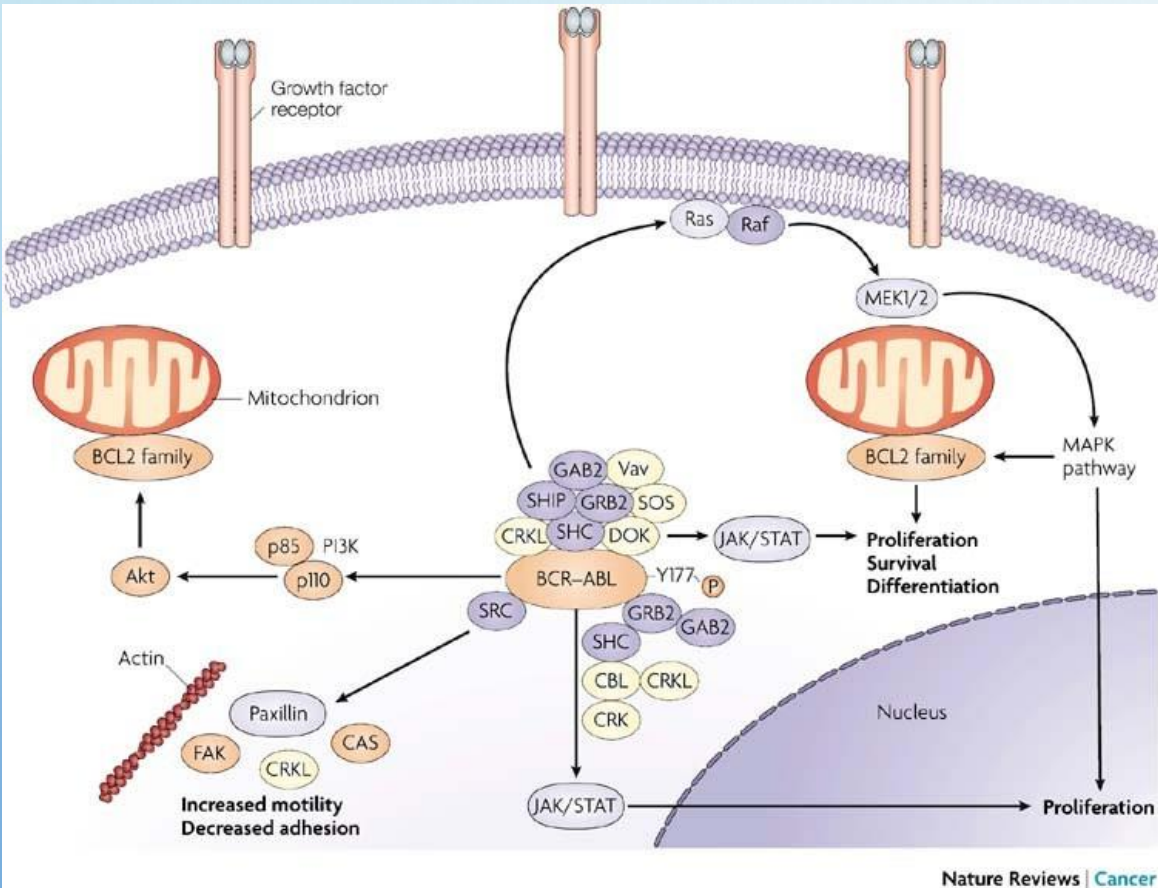
EXOSOMES: the experience in Chronic Myeloid Leukemia

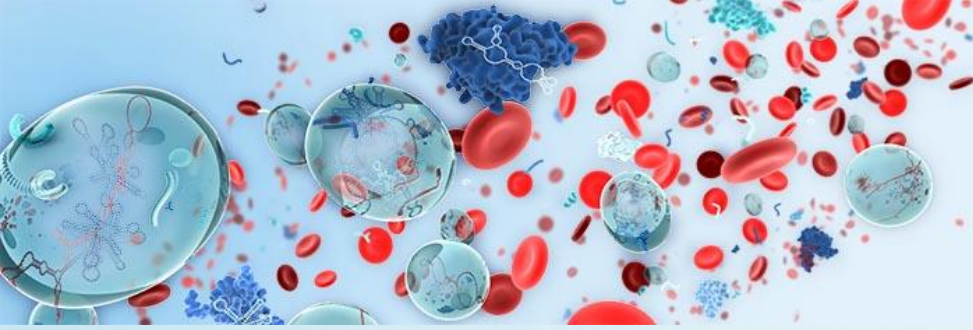
Minimal Residual Disease monitored by RT-qPCR quantifying BCR::ABL1 transcript.



Needs:

- More sensitivity
- Detection of active leukemic cells resident in BM





EXOSOMES: the experience in Chronic Myeloid Leukemia

Taking advantage from two innovative approaches



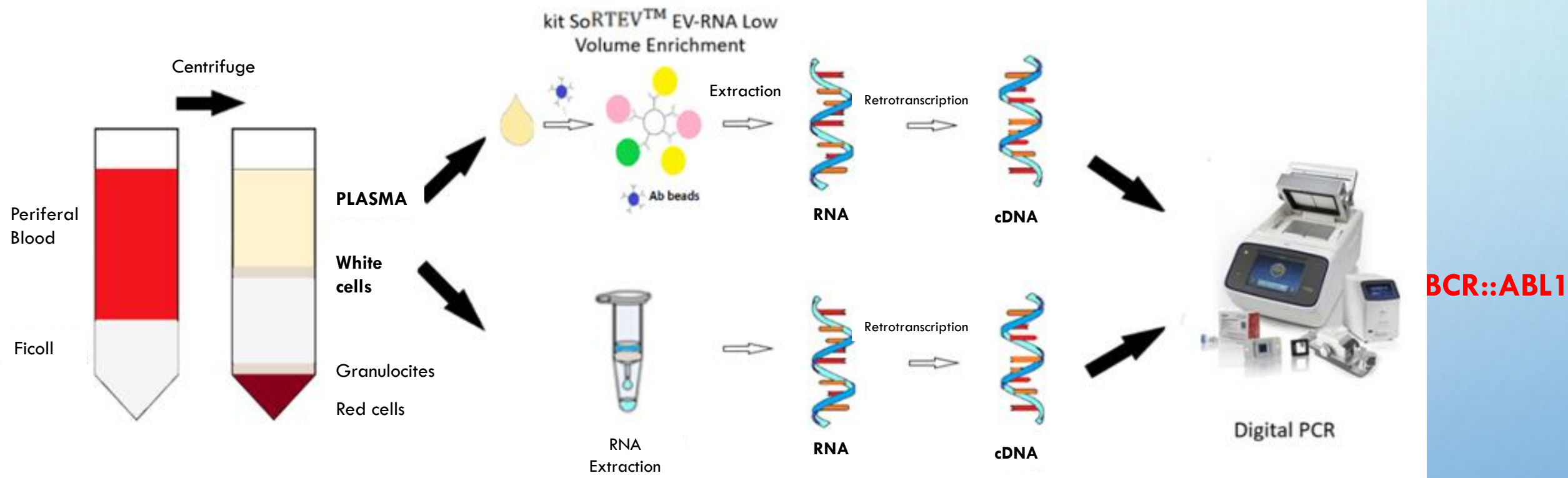
Digital PCR



Tumor-exosomes enrichment



Are we able to detect «something» more and not circulating cells?



BCR::ABL1

FEASIBILITY: PATIENTS AND CONTROLS

- 10 CHRONIC MYELOID LEUKEMIA PATIENTS
- 1 CHRONIC MYELOID LEUKEMIA PATIENT MONITORED FROM DIAGNOSIS
- 10 HEALTHY CONTROLS
- 4 PATHOLOGIC CONTROLS

	Ph 1	Ph 2	Ph 3	Ph 4
Sex	M	F	F	M
Diagnosis	Acute lymphoblastic leukemia B	Acute myeloid leukemia	Myelofibrosis	Multiple myeloma
Age (years)	38	67	64	49
Disease phase	Diagnosis	CR after consolidation therapy	CR at 3 months post allo-HSCT	Relapse

Ph, Philadelphia-negative; CR, complete remission; HSCT, hematopoietic stem cell transplantation.

Results on tumor derived exosomes

Case no.	RT-qPCR <i>BCR-ABL1/</i> <i>ABL1</i>		dPCR PB cells <i>BCR-ABL1</i>		dPCR EXO <i>BCR-ABL1</i>			dPCR EXO <i>Y4</i>		
	MR	IS	DOTS	Copies/ μ l of reaction	DOTS	Copies/ μ l of reaction	Copies/ml plasma	DOTS	Copies/ μ l of reaction	Copies/ml plasma
1	4.5	0.0013	2	0.161	3	0.256	6.67	294	28.239	1,058.9
2	4.5	0	1	0.0857	1	0.091	4.74	100	10.579	661.18
3	4.5	0.0031	3	0.226	2	0.158	8.23	251	22.711	1,419.44
4	5.0	0	5	0.439	4	0.324	20.25	2	0.299	37.37
5	5.0	0	0	0	2	0.226	14.12	11	0.848	35.3
6	5.0	0	2	0.188	3	0.219	13.69	6	0.432	54.0
7	5.0	0	1	0.0773	1	0.072	4.5	30	2.39	298.75
8	5.0	0	1	0.0781	5	0.407	12.72	11	0.915	57.19
9	5.0	0.0008	1	0.0853	4	0.329	10.28	8	0.613	38.31
10	4.0	0.0053	5	0.441	5	0.378	14.76	76	5.945	928.9

Improvement of sensitivity and detection



Results on tumor derived exosomes

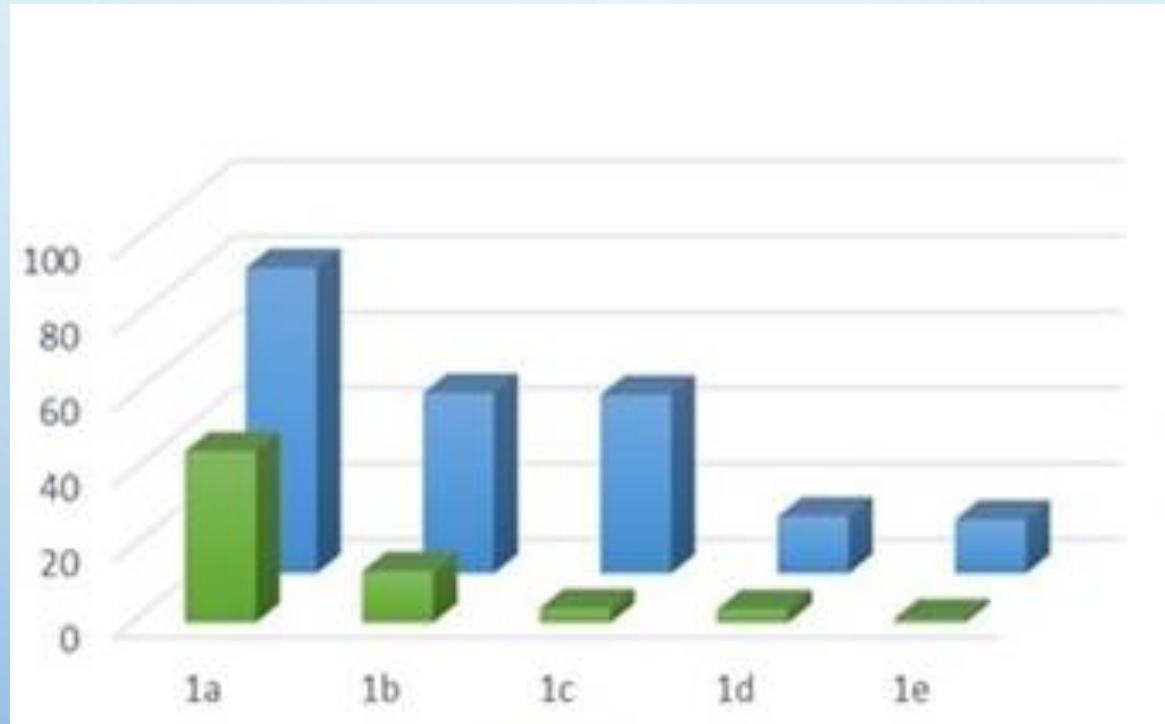
Case no.	RT-qPCR <i>BCR-ABL1/</i> <i>ABL1</i>		dPCR PB cells <i>BCR-ABL1</i>		dPCR EXO <i>BCR-ABL1</i>			dPCR EXO <i>Y4</i>		
	MR	IS	DOTS	Copies/ μ l of reaction	DOTS	Copies/ μ l of reaction	Copies/ml plasma	DOTS	Copies/ μ l of reaction	Copies/ml plasma
1a	0.0	19.528	49	3.014	8	0.645	80.625	97	9.146	1,143.25
1b	2.0	0.1021	11	0.905	5	0.381	47.625	58	4.973	621.625
1c	3.0	0.0112	3	0.250	5	0.377	47.125	18	1.288	161
1d	3.0	0.0707	3	0.234	3	0.241	15.0625	24	1.734	108.375
1e	4.0	0.0054	1	0.0725	3	0.228	14.25	11	0.909	56.813



- **Decrease of BCR::*ABL1* transcript in every evaluated matrix**
- **Linear correlation in case of high leukemic burden**

Results on tumor derived exosomes monitoring

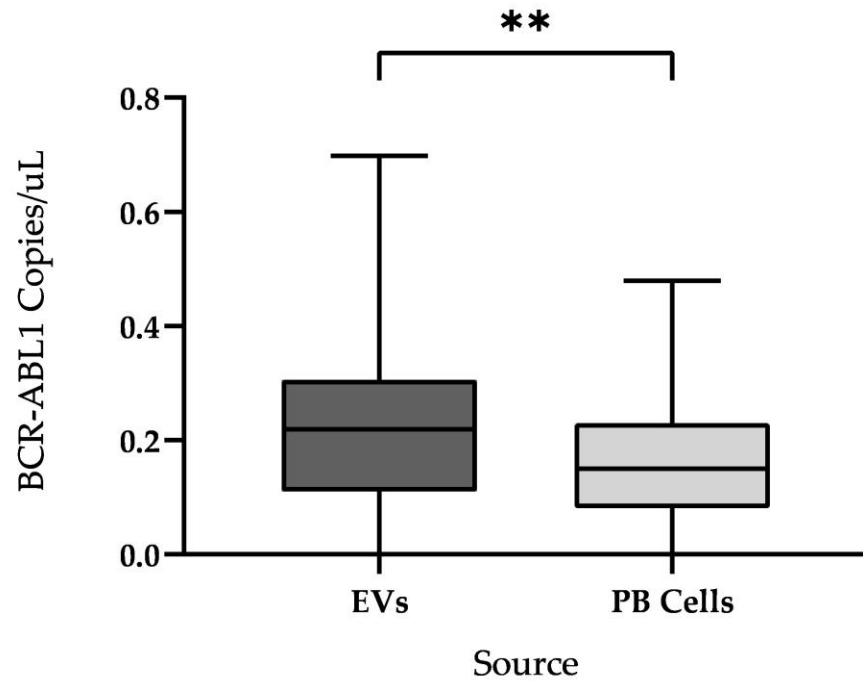
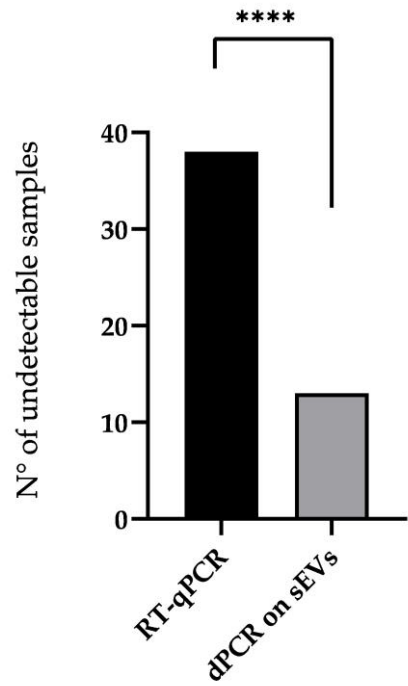
Exosomal BCR::ABL1 transcript



- Absolute number of exosomal BCR-ABL1 transcript
- Cellular BCR-ABL1 transcript normalized by ABL

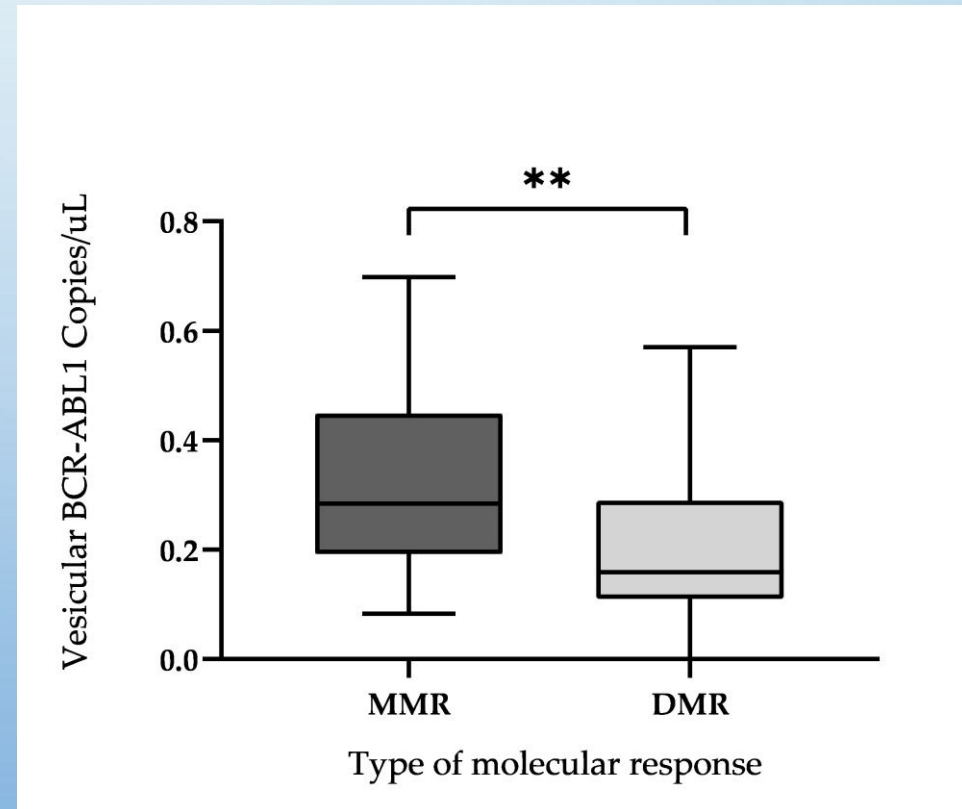
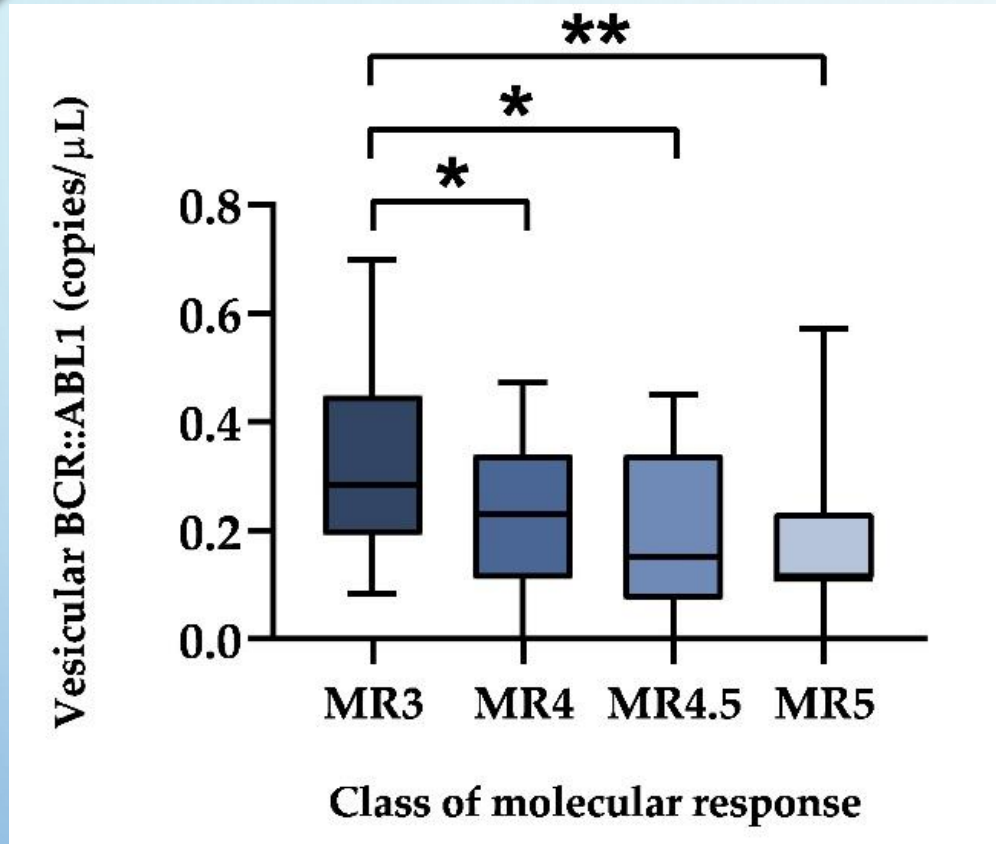
VALIDATION: PATIENTS AND CONTROLS

Variable	Total number of samples= 104
Sex (F-M)	42-62 (40%-60%)
Age	64.5 (34 – 90)
Ongoing Therapy	
Imatinib	21 (20%)
Nilotinib	14 (13.5%)
Dasatinib	6 (12%)
Bosutinib	1 (1%)
Intermittent	27 (26%)
TFR	24 (23%)
Class of MR	
MR ³	18 (17%)
MR ⁴	27 (26%)
MR ⁴ undetectable	0 (0%)
MR ^{4.5}	23 (22%)
MR ^{4.5} undetectable	6 (26% of total MR ^{4.5})
MR ^{5.0}	36 (35%)
MR ^{5.0} undetectable	32 (89%of total MR ^{5.0})

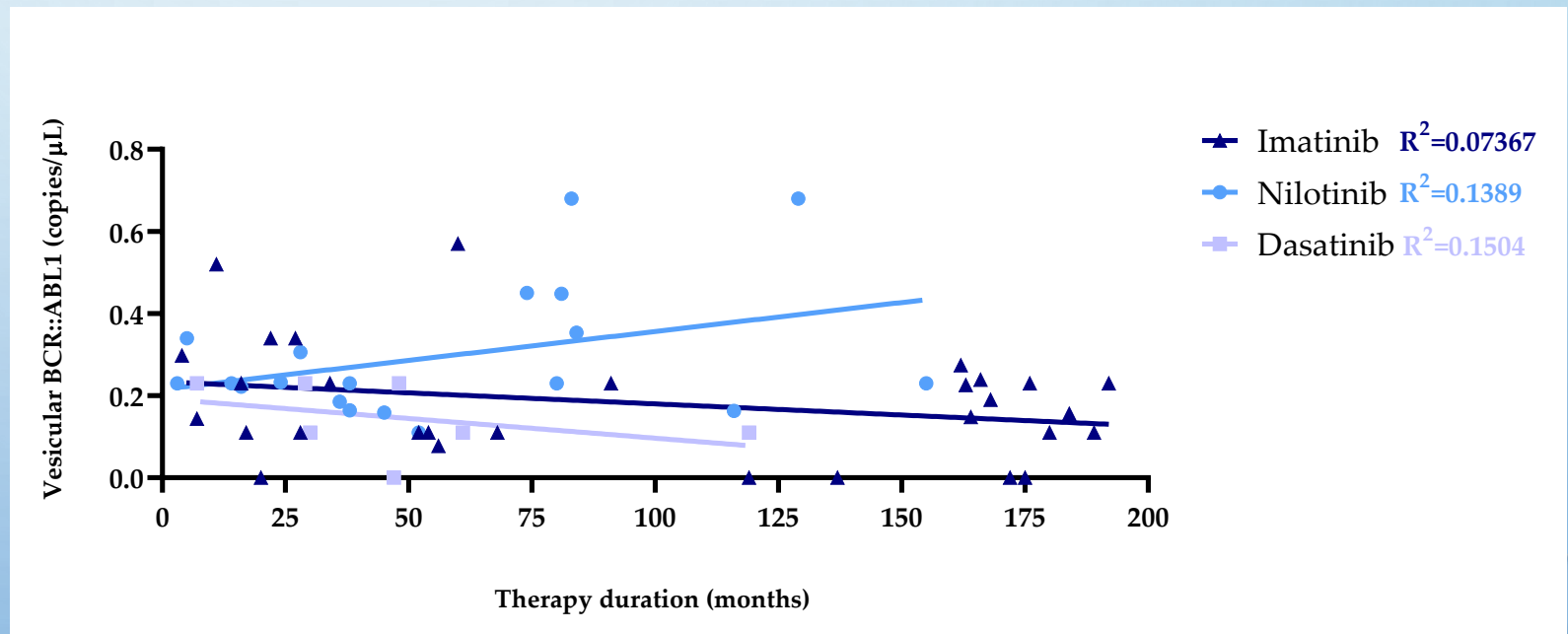
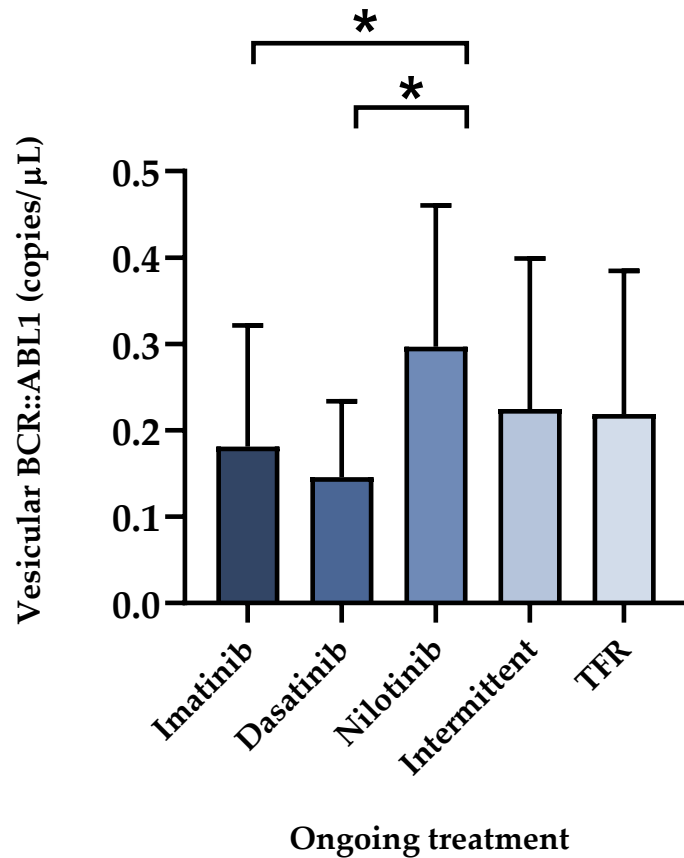


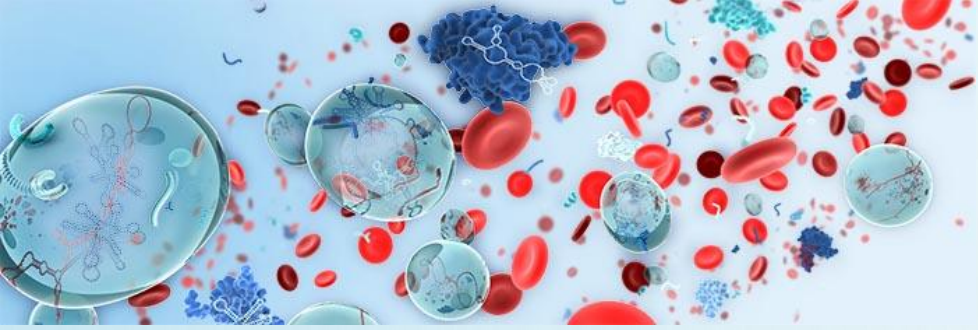
dPCR IS MORE SENSITIVE THAN RT-qPCR

VESICULAR BCR::ABL1 QUANTIFICATION IN DIFFERENT MR CLASSES



VESICULAR BCR::ABL1 QUANTIFICATION IS INFLUENCED BY the ONGOING THERAPY





EXOSOMES: the experience in Acute Myeloid Leukemia

Taking advantage from two innovative approaches



NGS

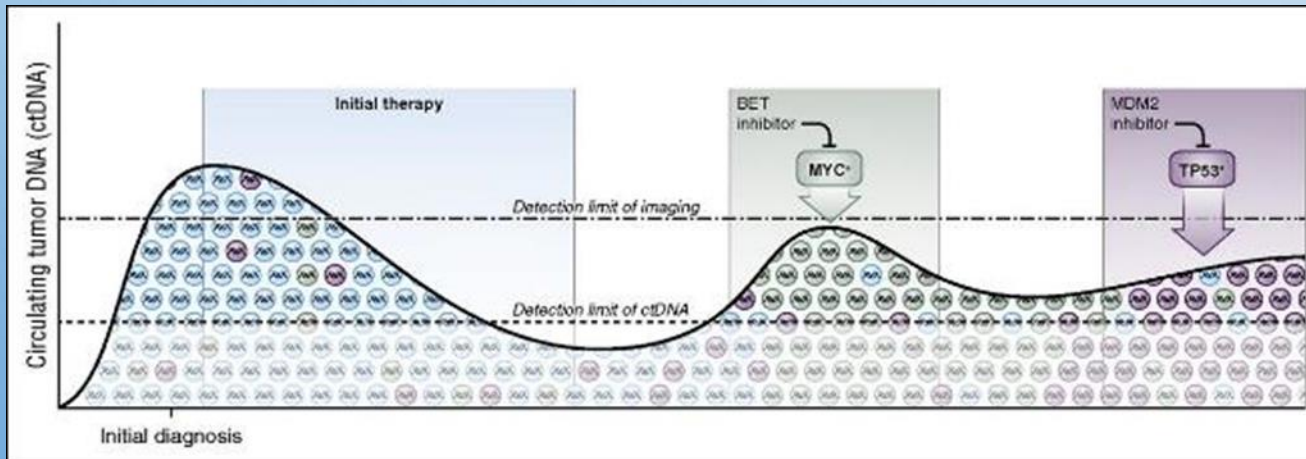


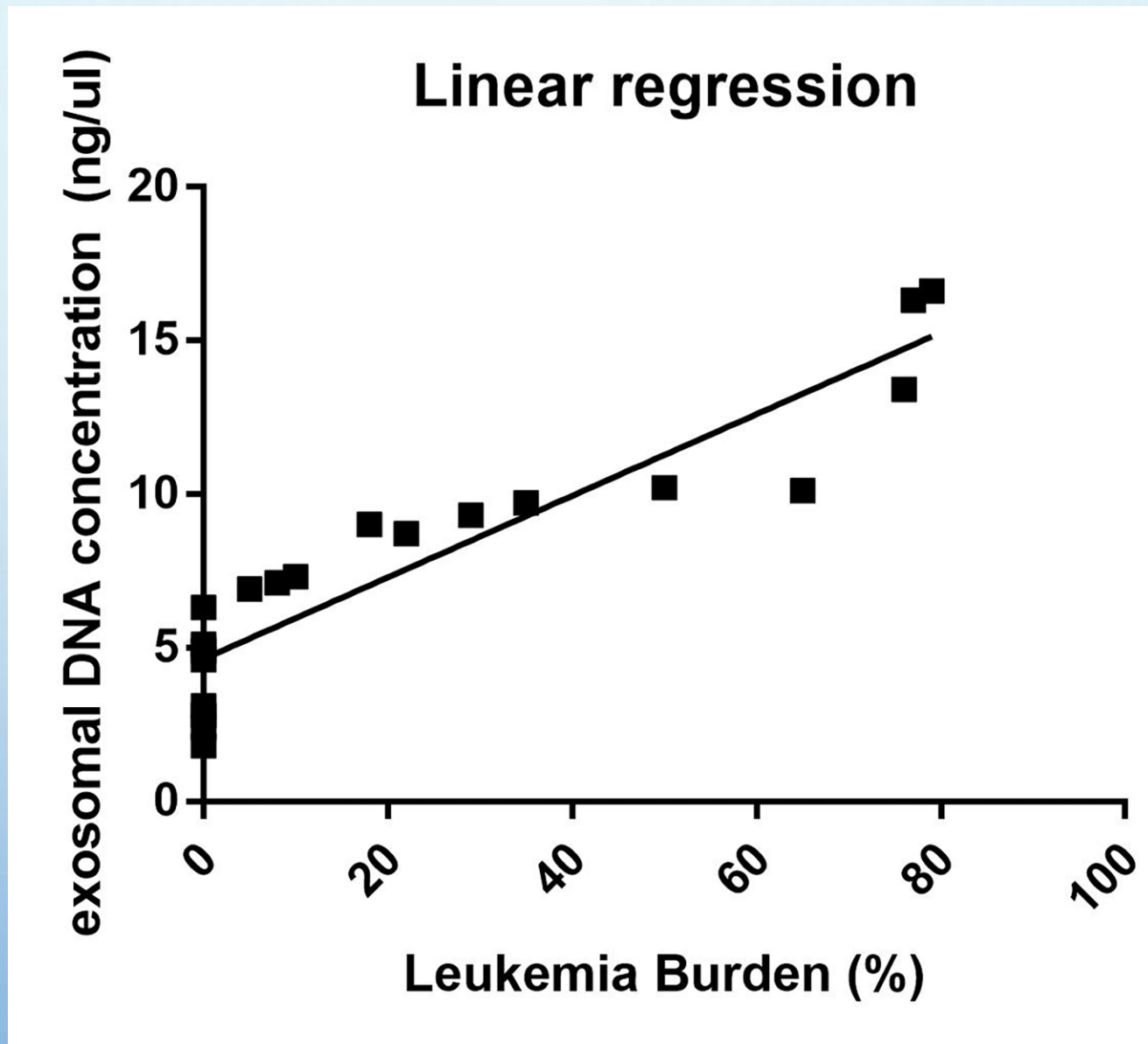
Tumor-exosomes enrichment



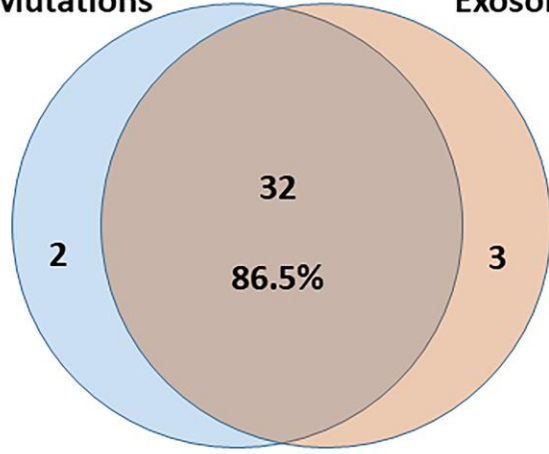
FEASIBILITY: PATIENTS AND CONTROLS

- 14 ACUTE MYELOID LEUKEMIA PATIENTS
- 8 ACUTE MYELOID LEUKEMIA PATIENTS MONITORED AT DIFFERENT DISEASE PHASES
- 3 HEALTHY CONTROLS

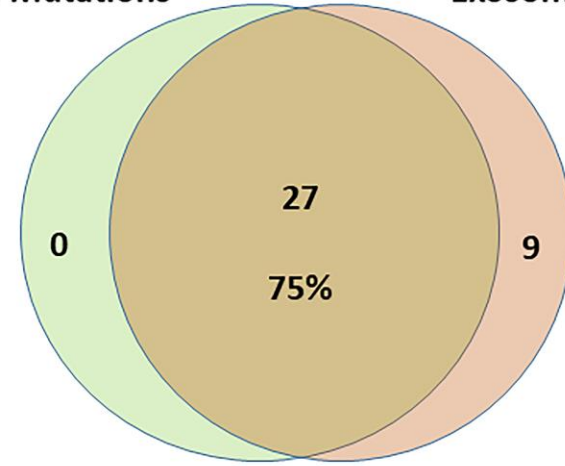




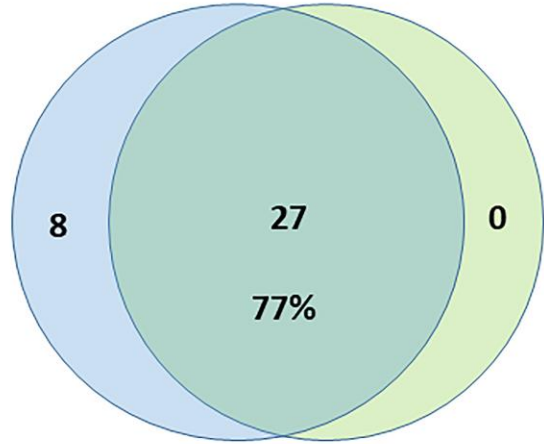
A
BM Mutations Exosomic Mutations



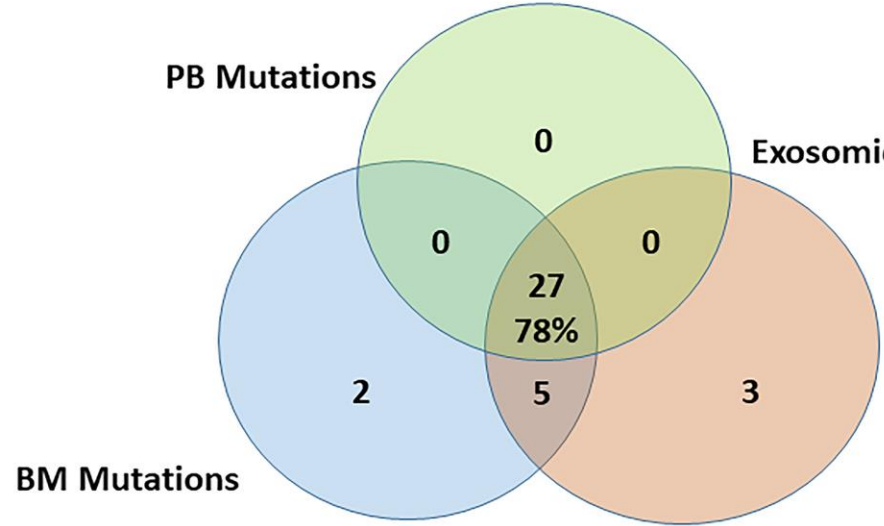
B
PB Mutations Exosomic Mutations



C
BM Mutations PB Mutations

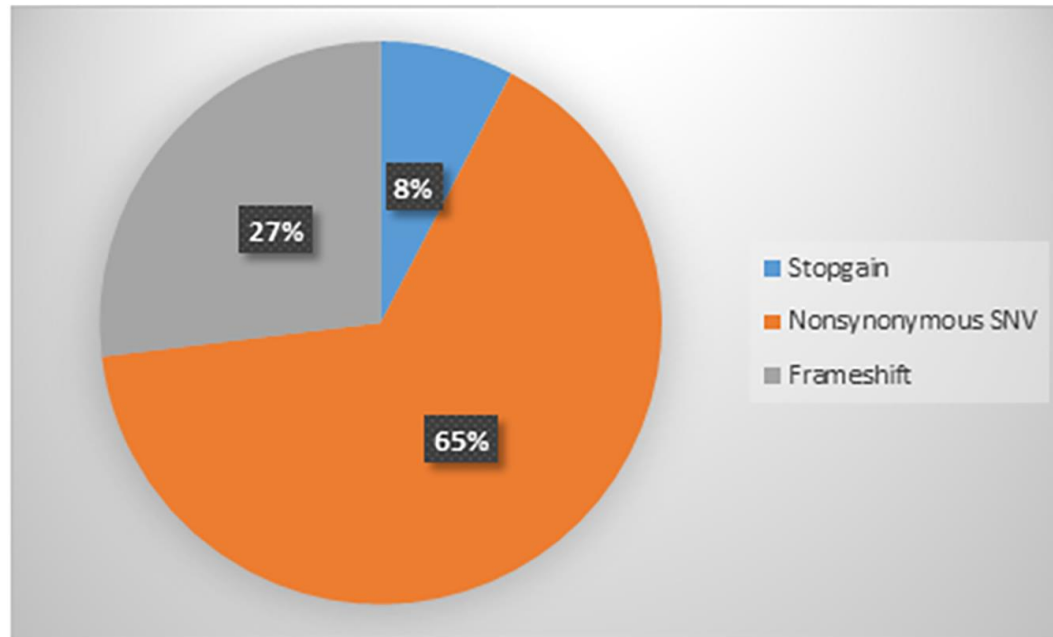


D
PB Mutations Exosomic Mutations

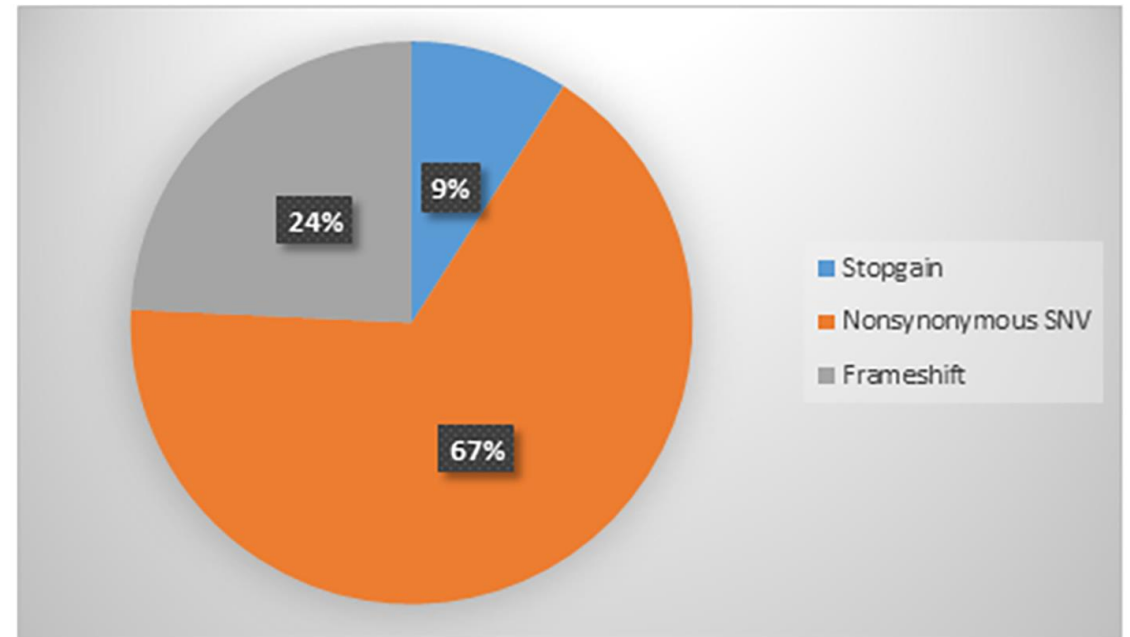


EVERY TYPES OF MUTATION ARE SHUTTLED

A

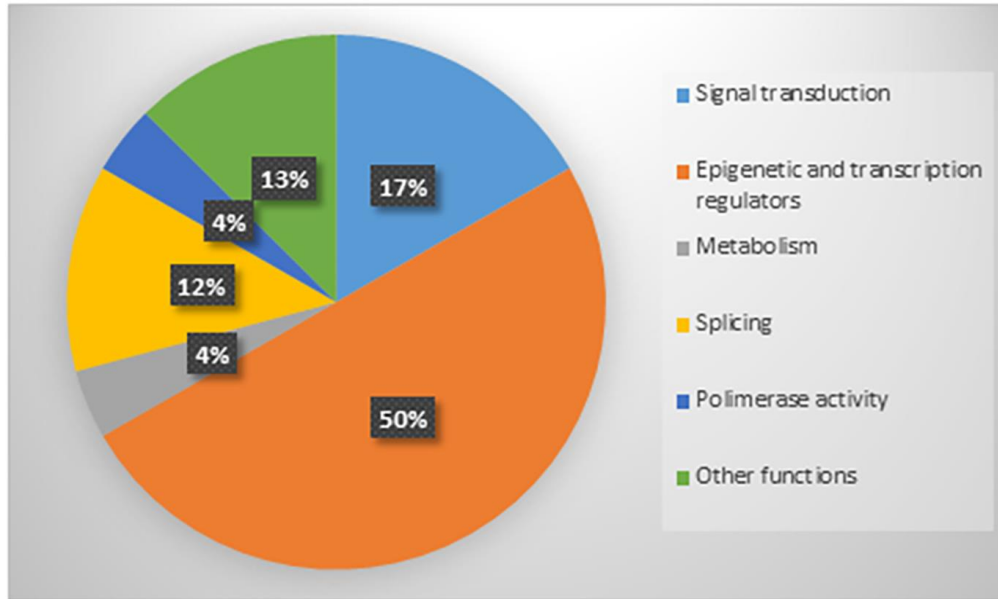


B

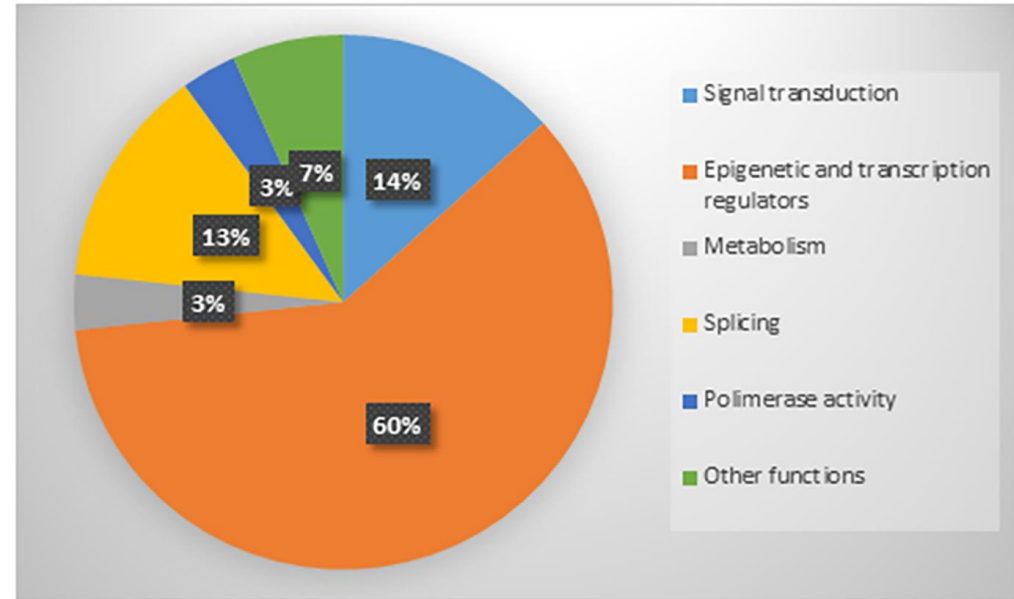


EVERY TYPES OF GENE ARE SHUTTLED

A



B



LIQUID BIOPSY IN HEMATOLOGY:

- **IT IS FEASIBLE**
- **IT IS USEFUL**
- **IT IS DIFFERENT**
- **IT IS INNOVATIVE**
- **IT IS RELIABLE**

