

# **Deep Sequencing for DNA Diagnostics Using Next-Gen Sequencing and COLD-PCR**

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**DANA FARBER CANCER INSTITUTE  
BRIGHAM AND WOMENS HOSPITAL  
CHILDREN'S HOSPITAL**

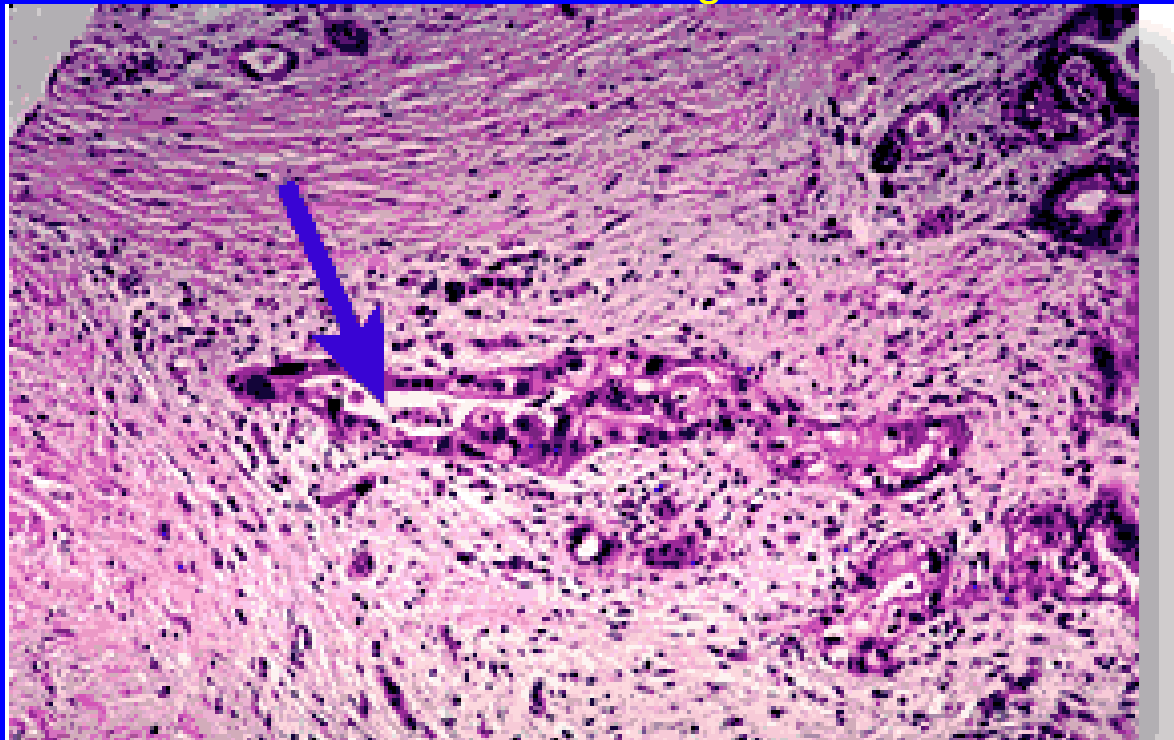
**DNA mutation detection has numerous applications in  
Cancer Diagnostics and Personalized Medicine**

**LOW-LEVEL MUTATIONS ARE ALWAYS A POTENTIAL  
PROBLEM IN CLINICAL SAMPLES**

# LOW-LEVEL MUTATIONS ARE ENCOUNTERED:

In clinical cancer samples with frequent stromal contamination

Pancreatic infiltrating adeno-CA



- LUNG CA (e.g. EGFR mutations); hematological CA (MDS, AML)
  - SAMPLES OBTAINED from SURGICAL MARGINS
- BODILY FLUIDS (DNA biomarkers from plasma, CTCs sputum, feces)
  - NON-MICRODISSECTED SAMPLES
  - GENETIC MOSAICISM

# DO LOW-LEVEL MUTATIONS IN SOLID TUMORS MATTER?

*The answer is case dependent*

for example

- **Low-abundance TET2 mutant clones in chronic myelo-monocytic leukemia confer no prognostic value**  
(Smith et al, Blood 2010)

but..

- **Low-abundance Kras mutations in colorectal CA enhance the prediction of anti-EGFR MoAb resistance**  
(Molinari et al, Clin Cancer Res 2011)

# DO LOW-LEVEL MUTATIONS IN SOLID TUMORS MATTER?

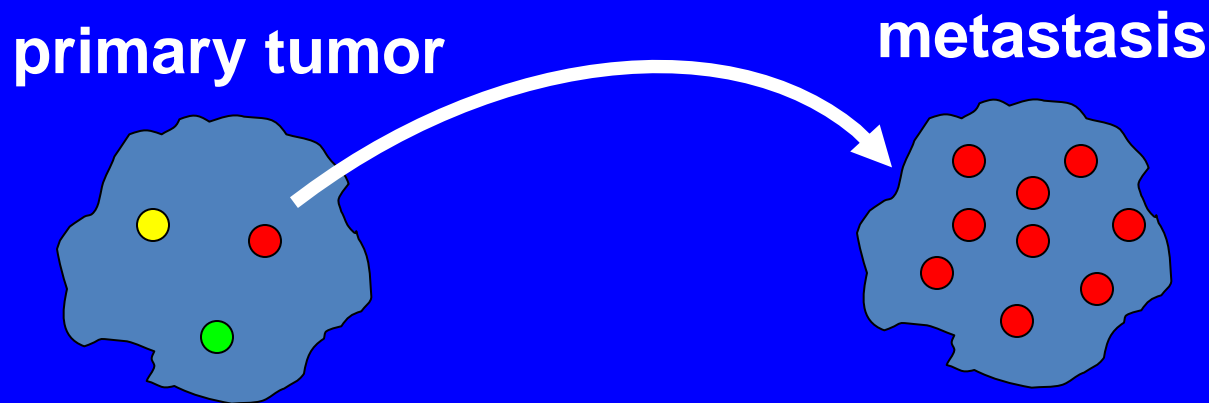
*Traces of mutations may cause drug resistance..*

for example

- traces of T790M mutation in EGFR cause resistance to small molecule inhibitors (erlotinib, imatinib) in lung CA  
(Kobayashi et al, NEJM 2005)
- traces of BCR-ABL mutations cause resistance to Gleevec in CML (Sawyers et al, Cancer Cell 2002)

# DO LOW-LEVEL MUTATIONS IN SOLID TUMORS MATTER?

*Low-level mutations in primary CA may drive metastasis..*



e.g. mutations in MORC1 AND KIF1C at the 1-4% level in primary breast CA  
can become prevalent mutations in brain metastasis  
(Shah et al, Nature 2010)

certain low-level mutations in primary tumor  
may define the propensity of tumors to metastasize

## LOW-LEVEL DNA VARIANTS ARE ALSO ENCOUNTERED:

- **In pre-natal diagnosis**

(i.e. detection of small amounts fetal circulating-DNA in maternal blood)

- **In infectious diseases**

(i.e. early detection of resistant strains emerging in a population of drug-responsive strains)

**LOW-LEVEL MUTATIONS ARE DIFFICULT TO IDENTIFY  
ESPECIALLY WHEN THEIR POSITION IS UNKNOWN**

Look: There is a mutation here!





**LOW-LEVEL MUTATIONS ARE DIFFICULT TO IDENTIFY  
ESPECIALLY WHEN THEIR POSITION IS UNKNOWN**

Next Task:  
Find All Other Mutations in the Universe  
- Without a Clue-

# OUR SOLUTION

## MAGNIFICATION OF UNKNOWN MUTATIONS via COLD-PCR

**COLD-PCR (Nature Medicine, May 2008)**

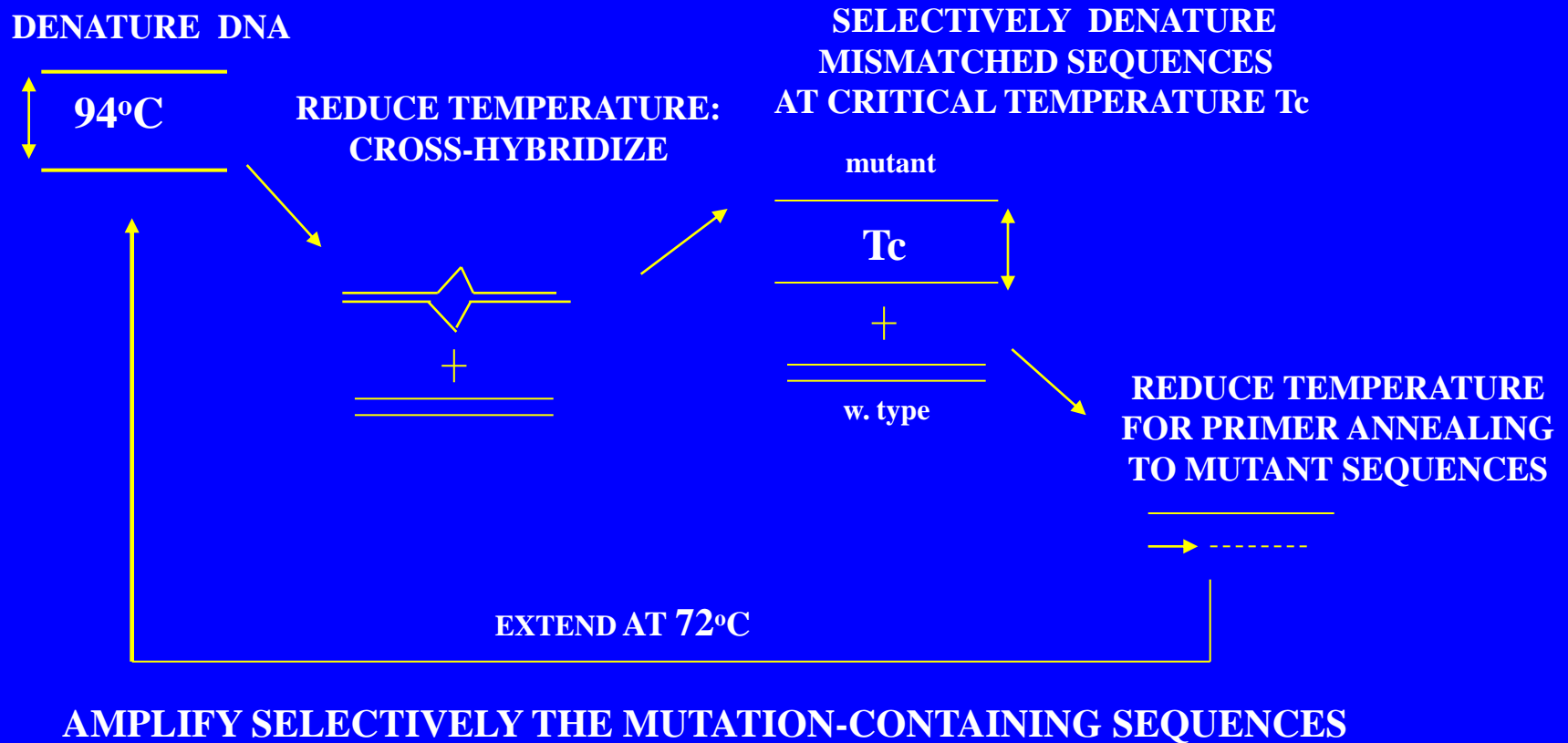
**ice-COLD-PCR (Nucleic Acid Res, January 2011)**

**Temperature-Tolerant COLD-PCR (Clinical Chem 2012)**

# PRINCIPLE OF COLD PCR

## Co-amplification at Lower Denaturation temperature

Li et al, Nature Medicine, May 2008

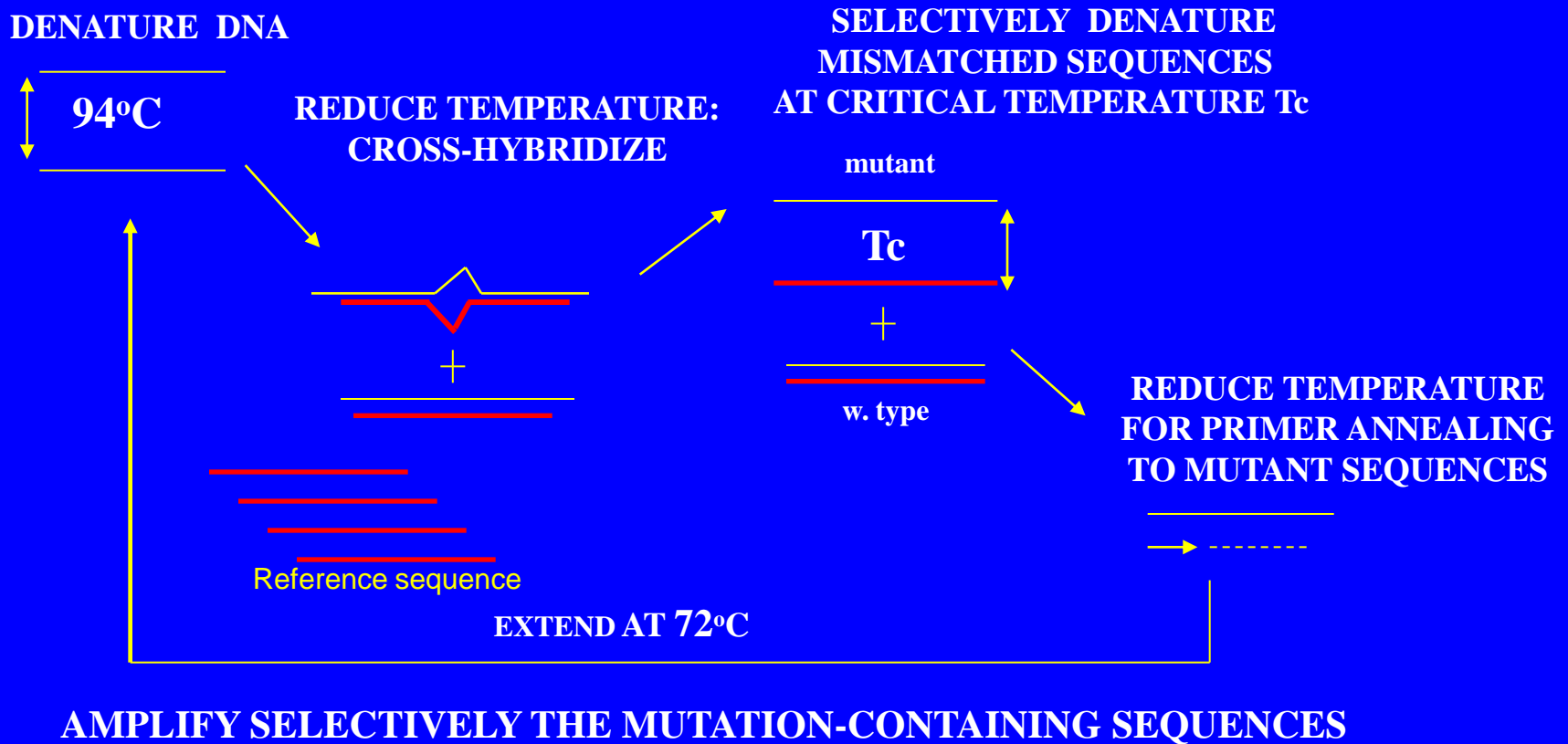


**Mutation enrichment occurs at ALL positions on the sequence**

# ice-COLD PCR

(improved and complete-enrichment COLD-PCR)

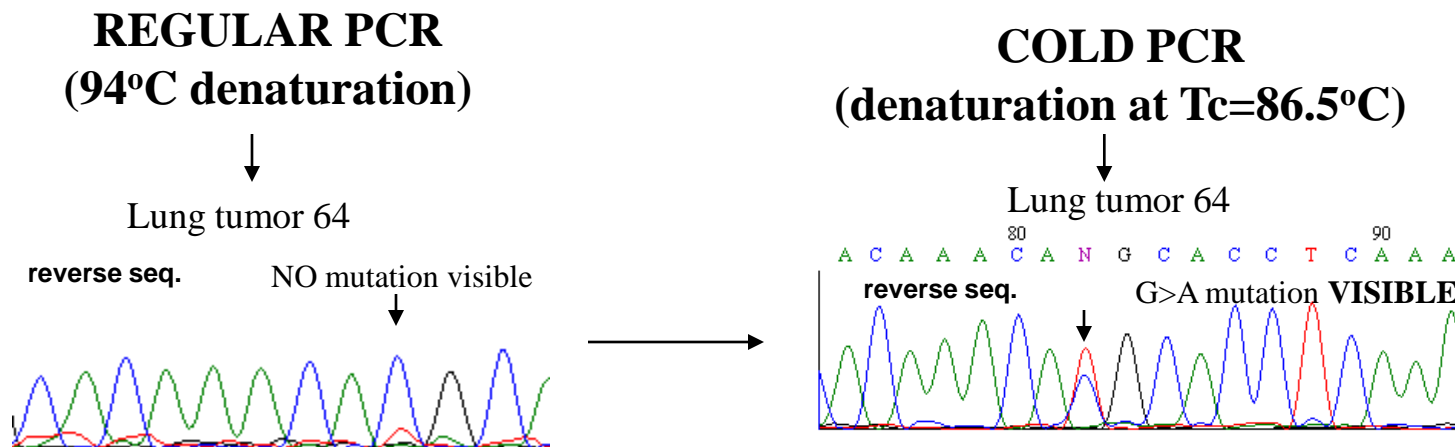
Milbury et al, Nucleic Acid Res, January 2011



Reference sequence enables improved hybridization kinetics

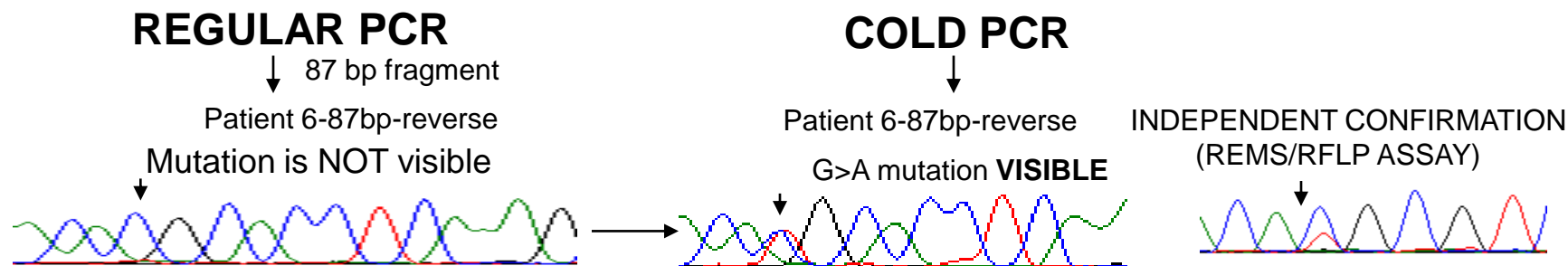
**EXAMPLES OF LOW-LEVEL MUTATIONS IN TUMOR CLINICAL SAMPLES, PREVIOUSLY 'INVISIBLE' VIA SANGER SEQUENCING, THAT BECOME DETECTABLE VIA COLD PCR**

Sanger-di-deoxy-sequencing of **CLINICAL** tumor samples for p53 exon 8 mutations

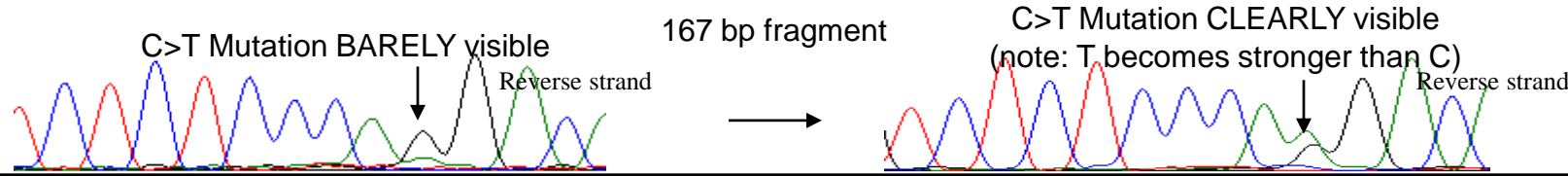


**EXAMPLES OF LOW-LEVEL MUTATIONS IN PLASMA AND FFPE SAMPLES, PREVIOUSLY 'INVISIBLE' VIA SANGER SEQUENCING, THAT NOW BECOME DETECTABLE VIA COLD PCR**

Detection of p53 mutations in **Plasma** of a radiation therapy patient



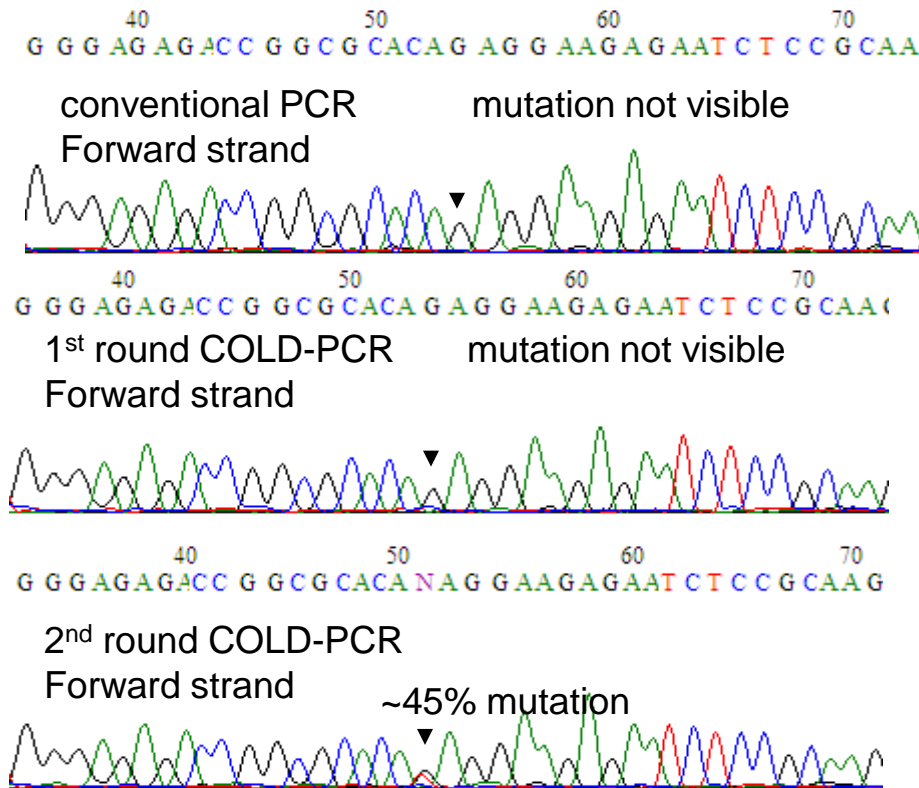
Detection of p53 mutations in clinical **FFPE** samples from lung NSCLC patients



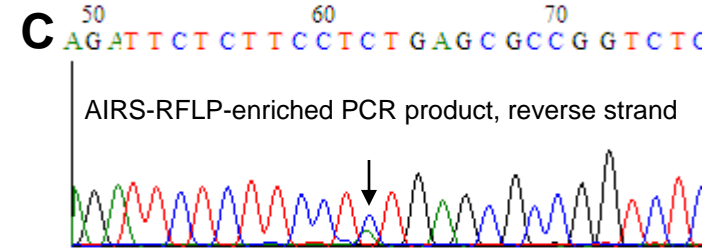
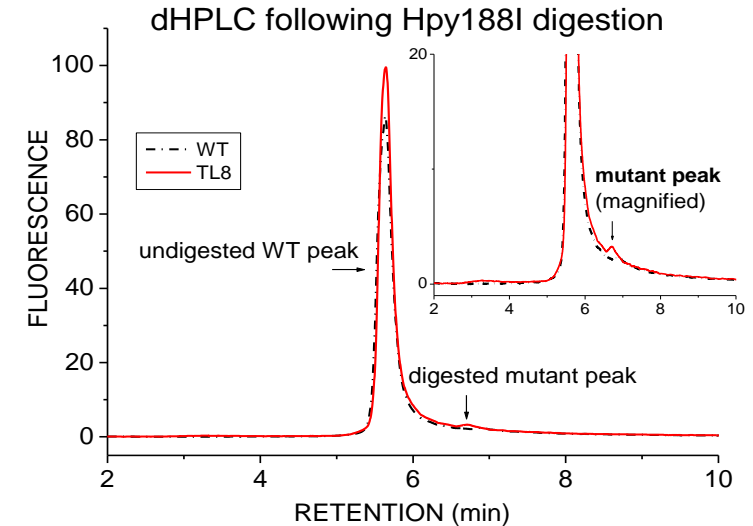
# 48 LUNG ADENOCARCINOMA SAMPLES SCREENED via 2-round COLD-PCR

TL8 ( Glu 285 **STOP**; GAG > TAG)

## A COLD-PCR



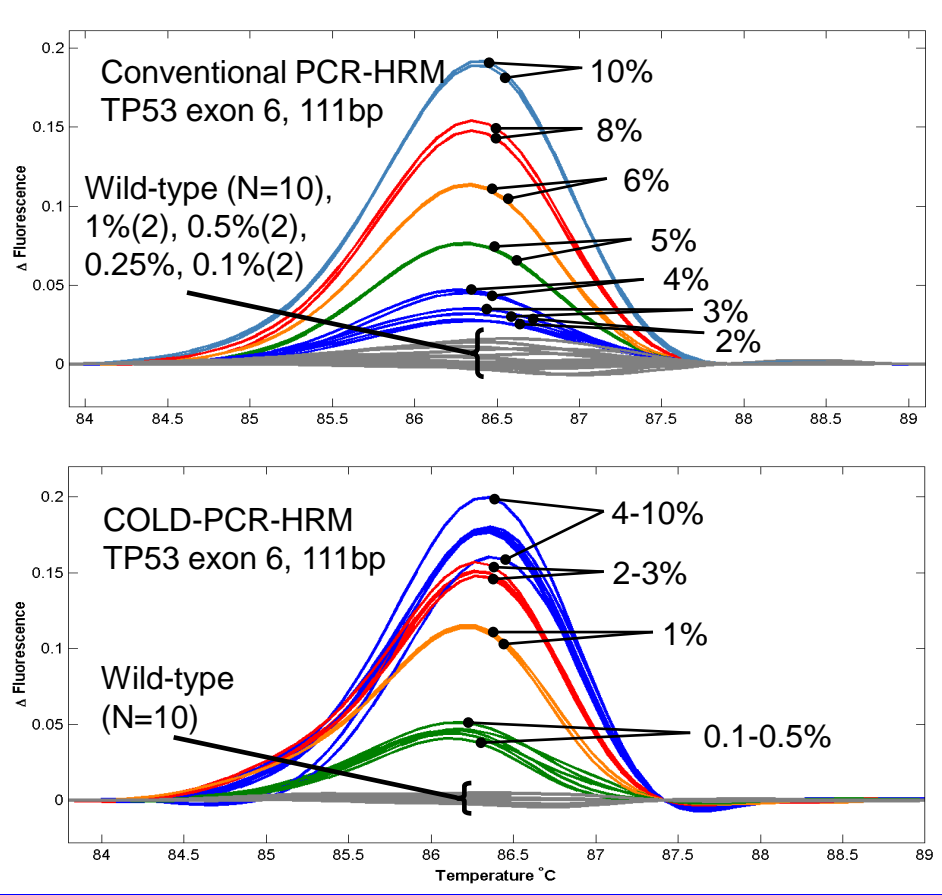
## B independent confirmation (AIRS-RFLP)



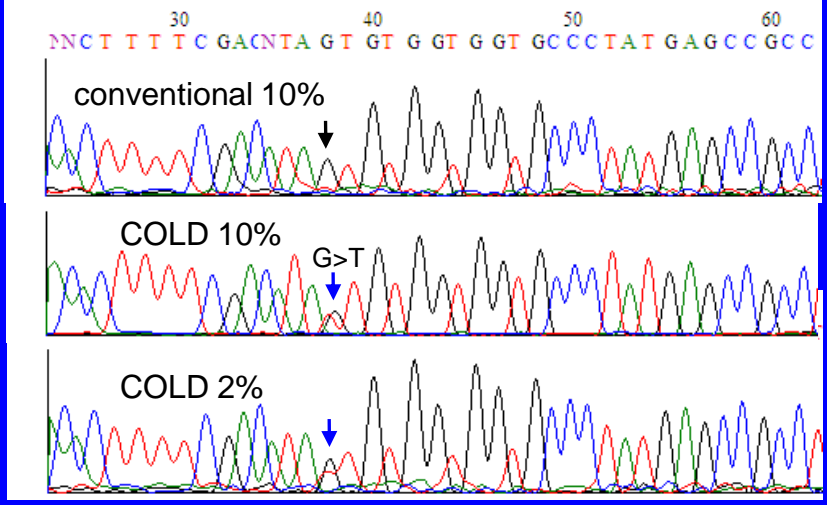
**27 mutations discovered, including 8 mutations  
at the 1-17% abundance and 3 below 1% abundance**

# IMPROVEMENT OF HIGH RESOLUTION MELTING (HRM) BY REPLACING PCR WITH COLD-PCR

A



B



**COLD-PCR RESULTS TO A 10-20-FOLD INCREASE IN HRM SENSITIVITY AND THE ABILITY TO SEQUENCE THE LOW-LEVEL VARIANTS**

# recent COLD-PCR reports by other groups

mostly using HRM or sequencing

- Boisselier et al, Human Mutation 2010: COLD-PCR-HRM for IDH1 mutations in brain tumors (application: testing of TUMOR MARGINS)

- Kristensen LS, et al, Human Mutation 2010: COLD-PCR-HRM for Kras mutations (application: CRC TREATMENT ASSESSMENT)

- Distel B, et al, AACR 2011, application of COLD-PCR in sequencing EGFR from CIRCULATING TUMOR CELLS

- Galbiati S et al, Clinical Chemistry, 2011 Laboratory of Laura Cremonesi, Milano, Italy (application: PRENATAL DIAGNOSIS)

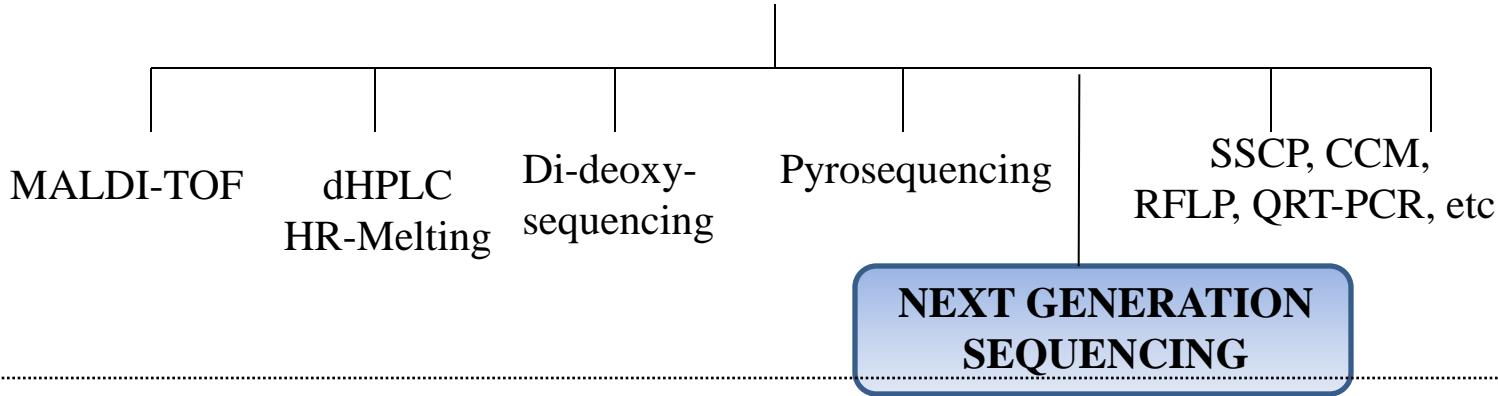
- Application of COLD-PCR sequencing for the early detection of HBV antiviral DRUG RESISTANT MUTATIONS

- Chen et al, BMC Plant Biology 2011: COLD-PCR-based mutation scanning in peach floral genes (CROP IMPROVEMENT)

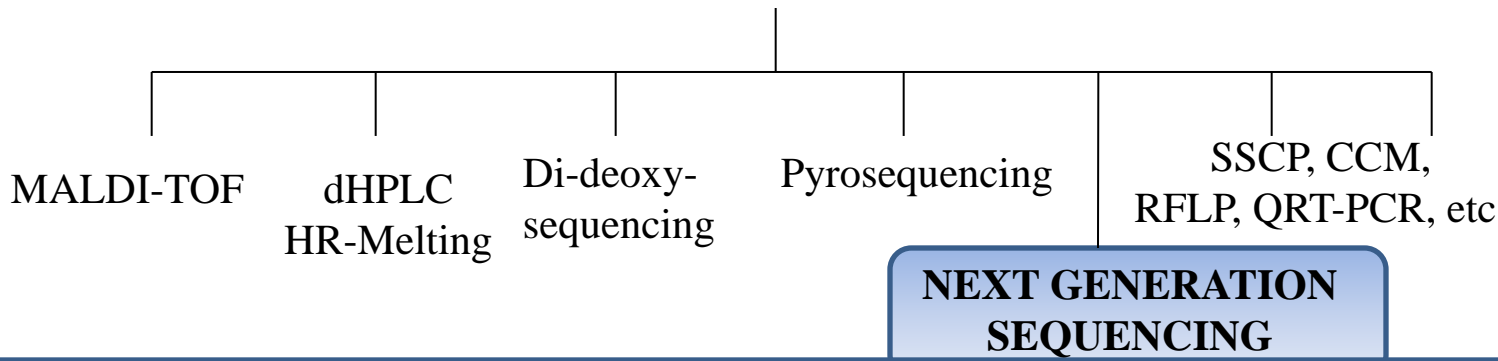


**PCR IS PERFORMED PRIOR TO ALMOST ALL PCR-BASED METHODS FOR MUTATION DETECTION**

**PCR**

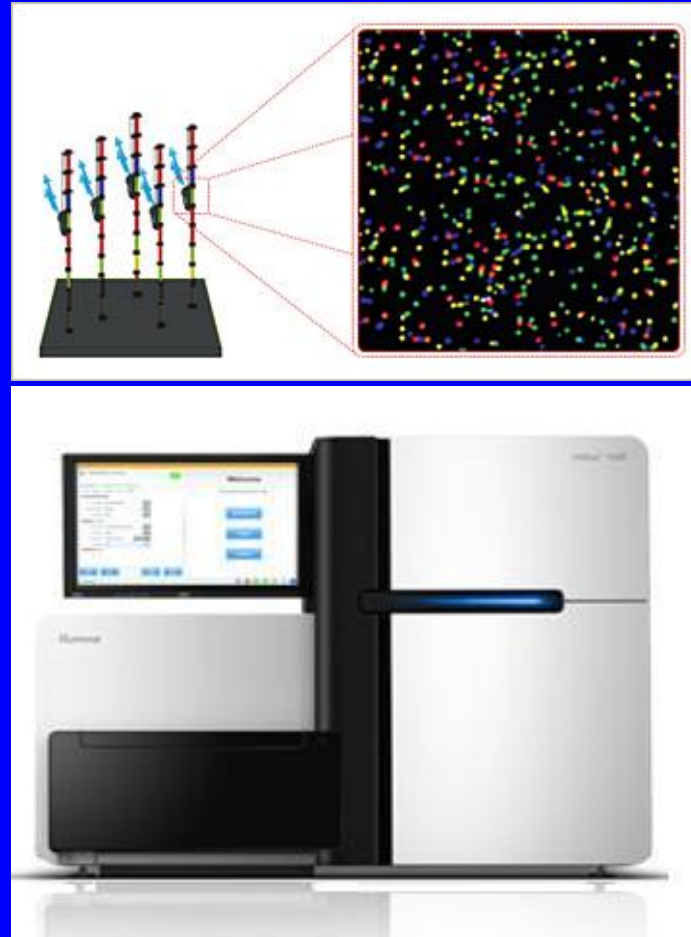


**COLD-PCR**



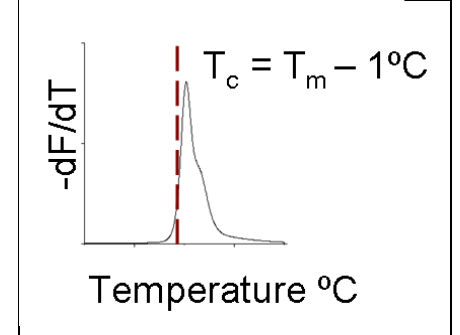
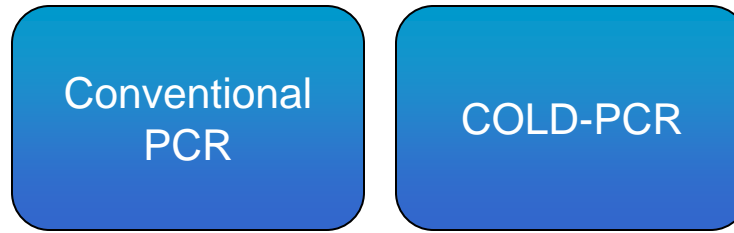
**THEREFORE THE SENSITIVITY OF ALL THESE METHODS INCREASES BY REPLACING PCR WITH COLD-PCR**

# Next Generation Sequencing Technology 2011: revolutionizing personalized medicine and tumor biology

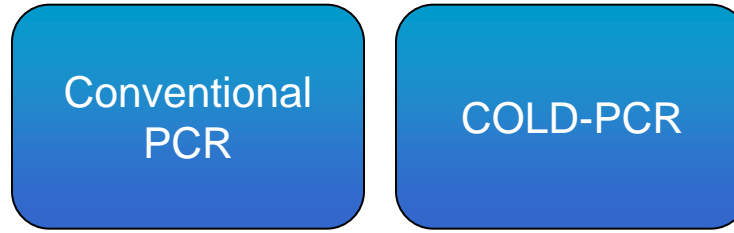


**but... good enough for detecting low-level mutations in heterogeneous tumors or mixed clinical samples??**

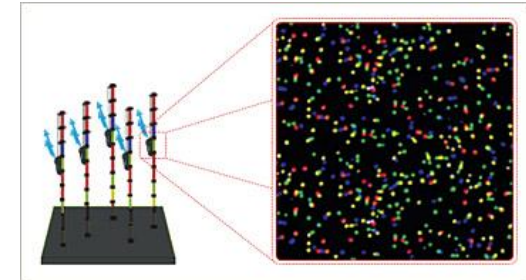
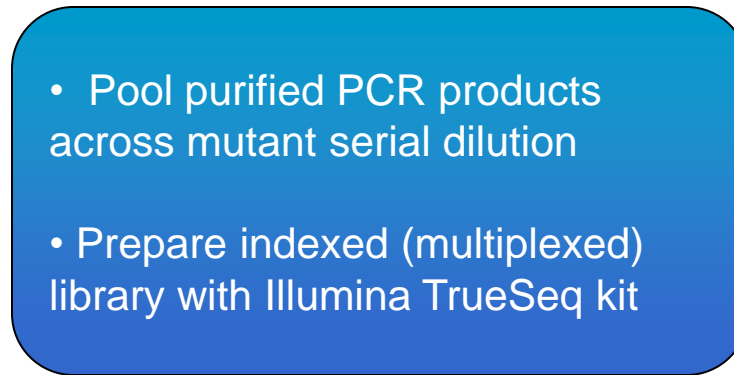
## Primary PCR amplification



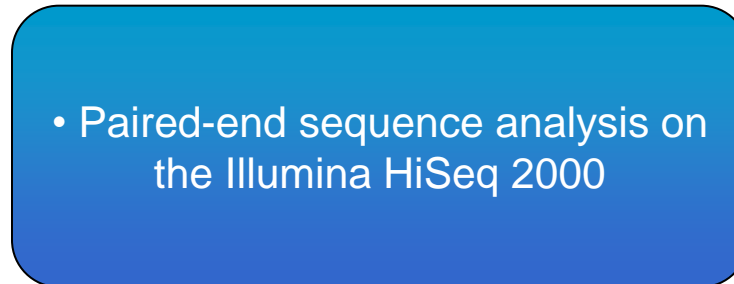
## Nested PCR amplification



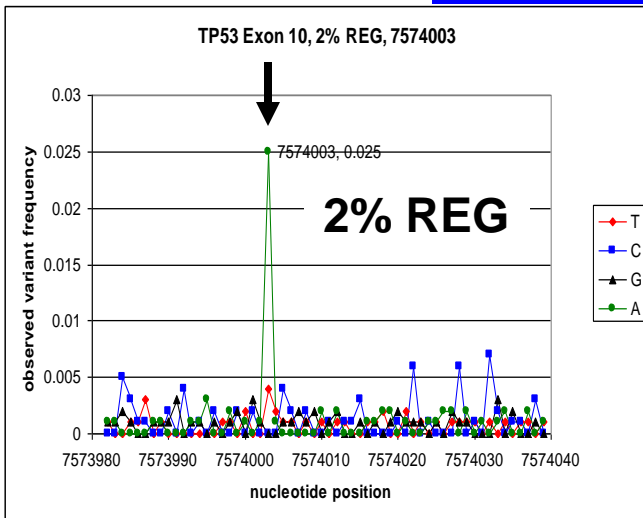
## Library preparation



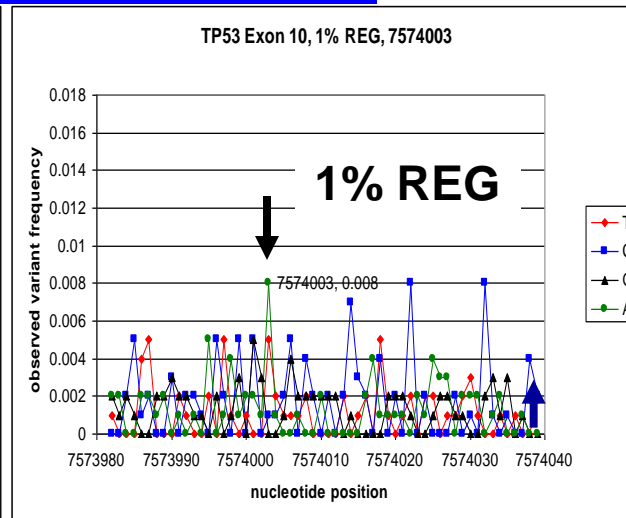
## NGS Sequencing



# CONVENTIONAL PCR



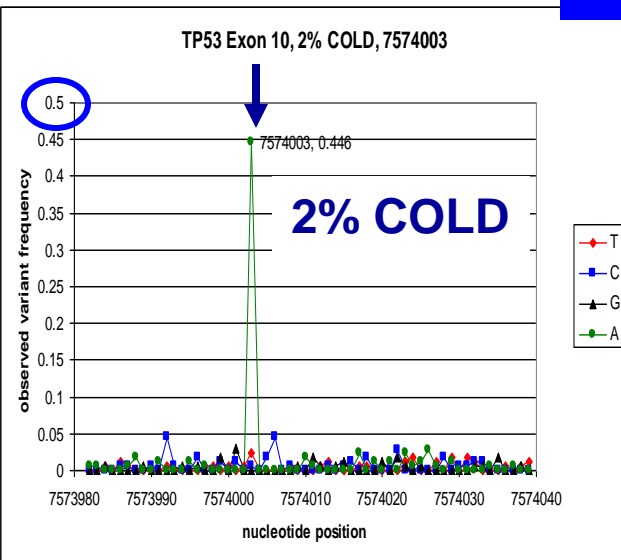
seq depth = 1629



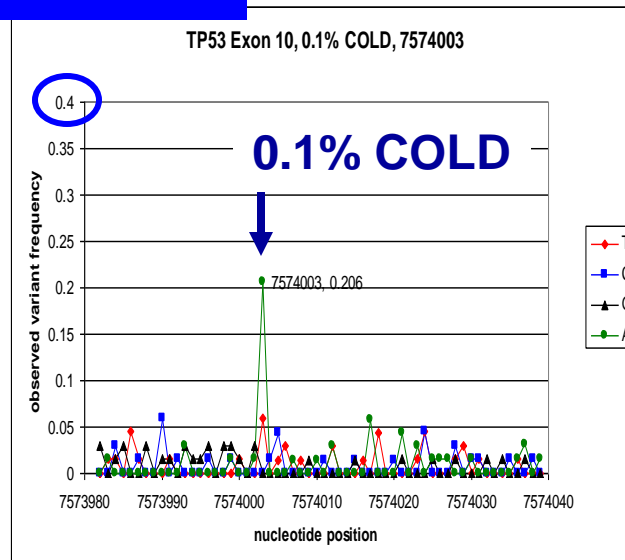
seq depth = 1300

In the end  
it comes  
down to:  
**mutation  
vs. noise,  
not depth**

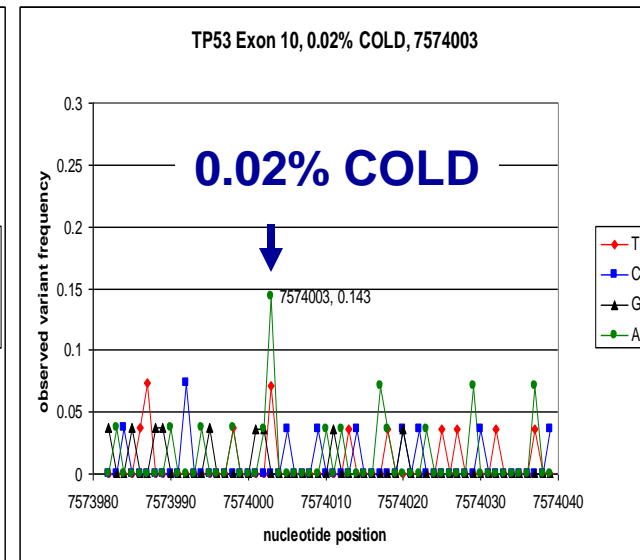
# COLD PCR



seq depth = 175



seq depth = 68



seq depth = 28

# CONVENTIONAL PCR-NGS vs. COLD-PCR-NGS

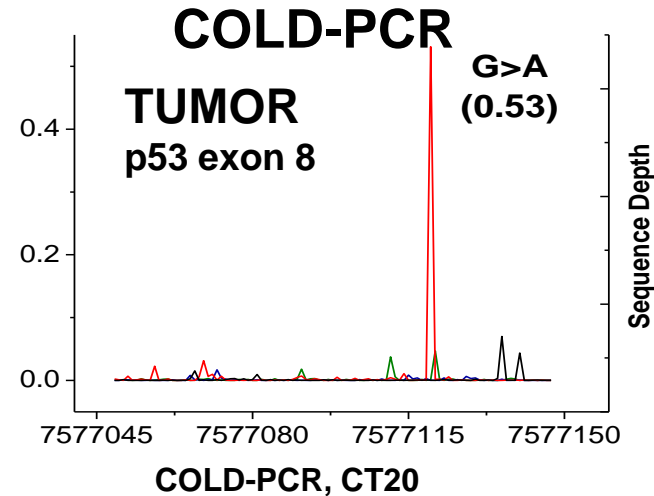
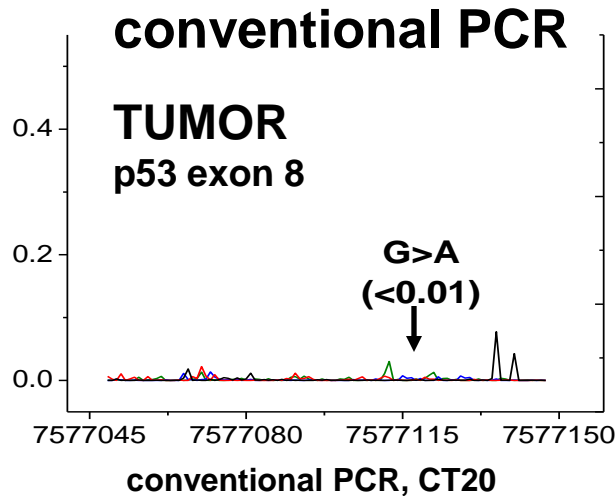
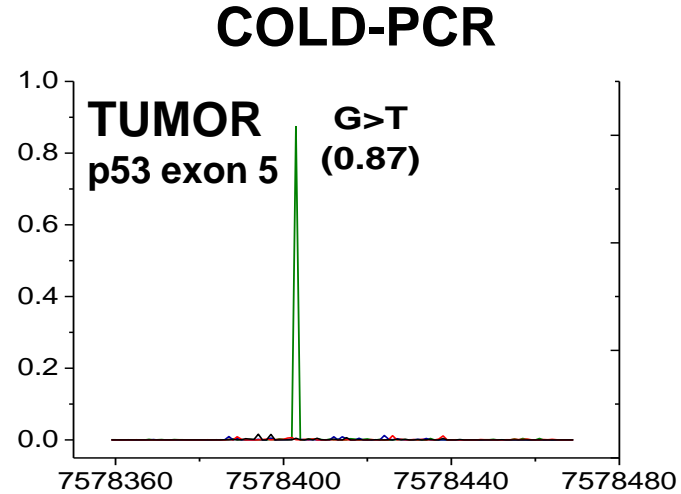
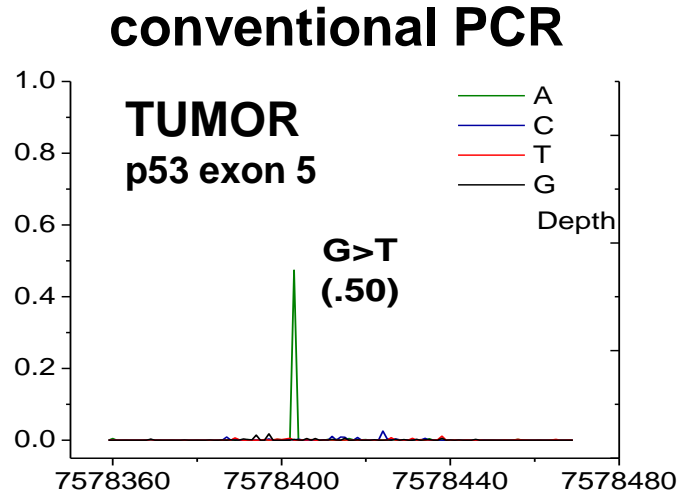
- Clinical specimens
  - Lung, colon adeno-carcinomas
  - Some contain low-abundance mutations ranging from <1% to ~17% (independently verified)
  - Including putatively normal match
- Sequenced on the Illumina HiSeq2000 sequencer

**Milbury et al, Clinical Chemistry, March 2012**

# Illumina variant and noise plots

Nucleotide Frequency

## Colon tumor #20

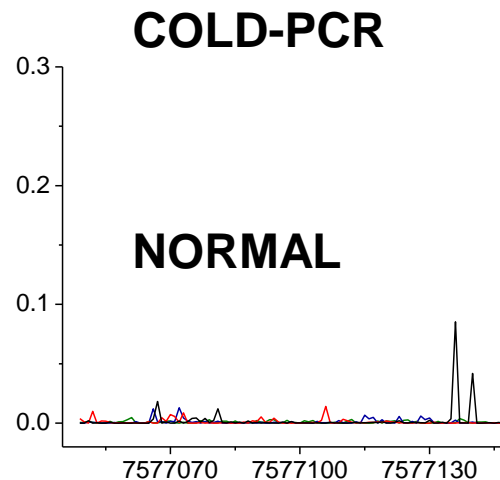
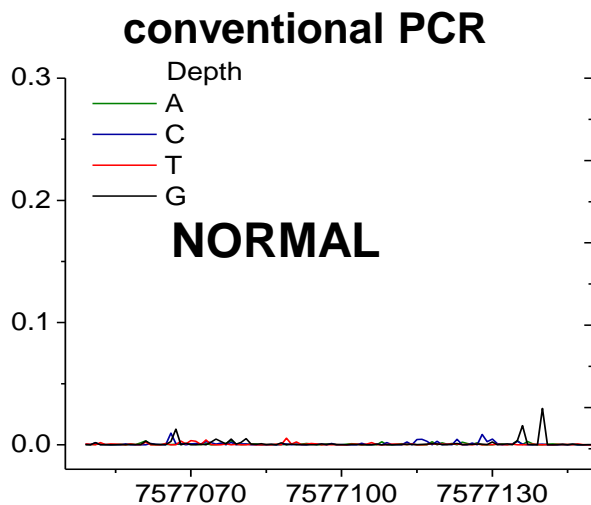
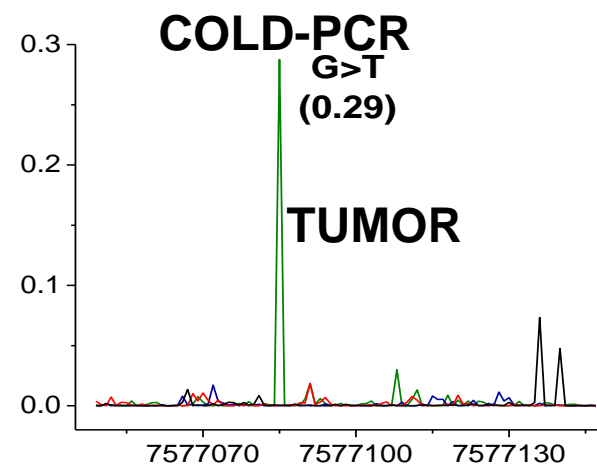
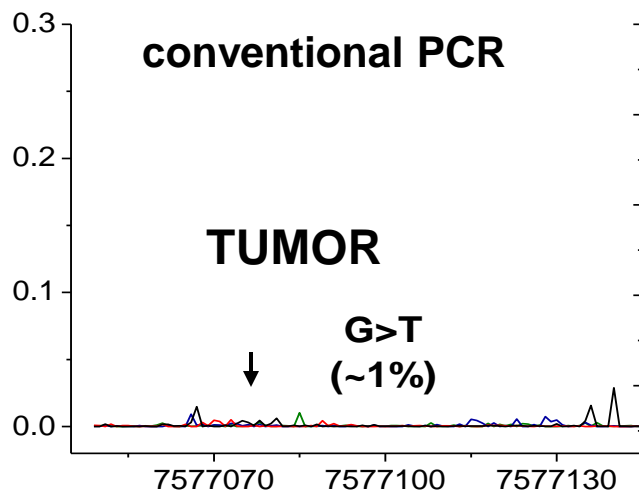


Nucleotide Position

# Illumina variant and noise plots

Nucleotide Frequency

## Lung adenocarcinoma #8

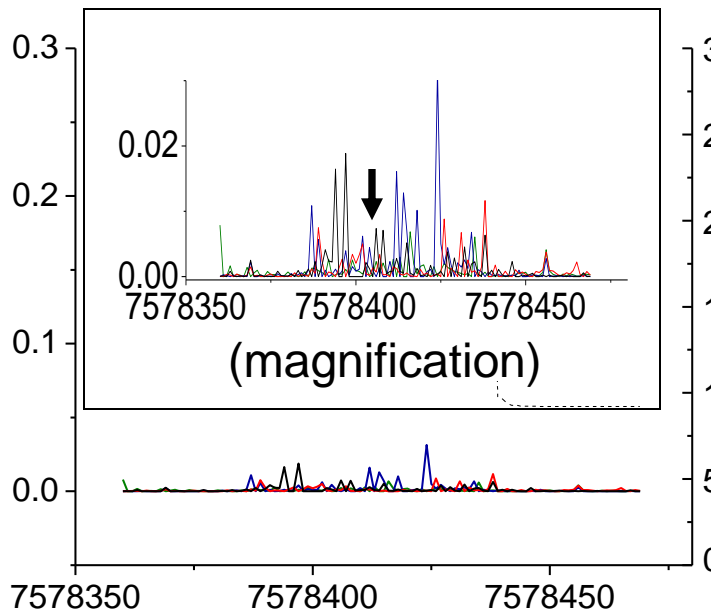


Nucleotide Position

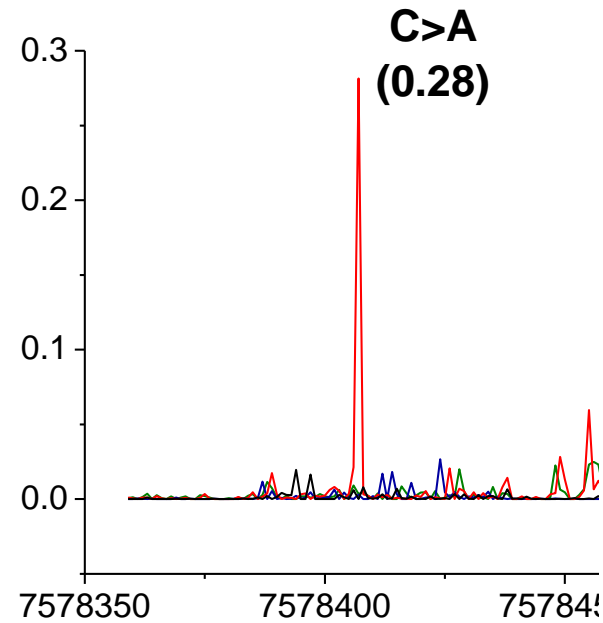
# Illumina variant and noise plots

## Colon tumor #2 p53 exon 5

conventional PCR



COLD-PCR

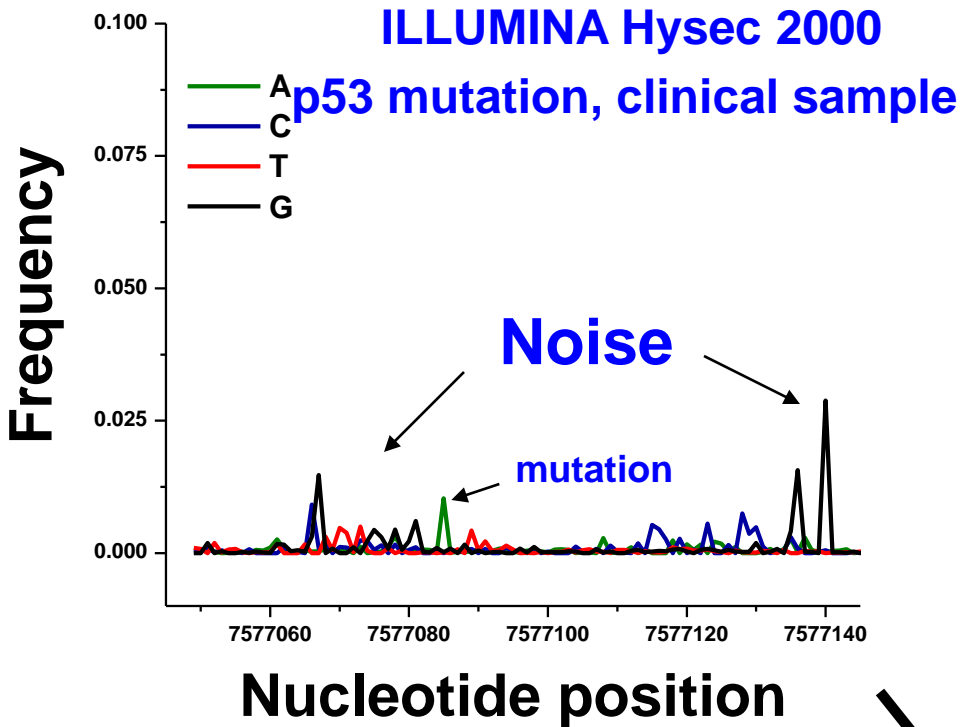


Nucleotide Frequency

Nucleotide Position



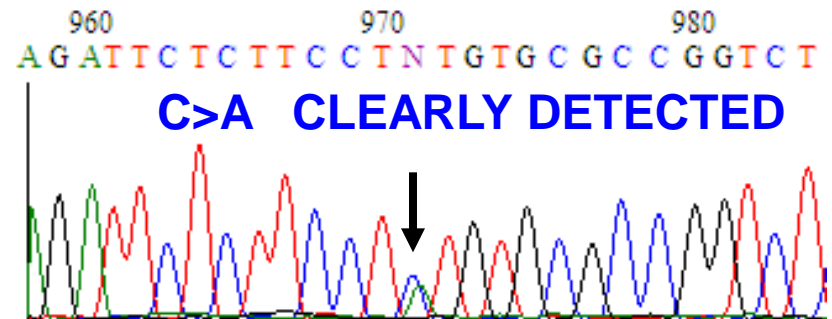
# Validating ambiguous Next Gen Sequencing data



**EXAMPLE: Lung CA sample  
with a low-level mutation:  
A fairly common situation in  
molecular diagnostics**

**validation via**

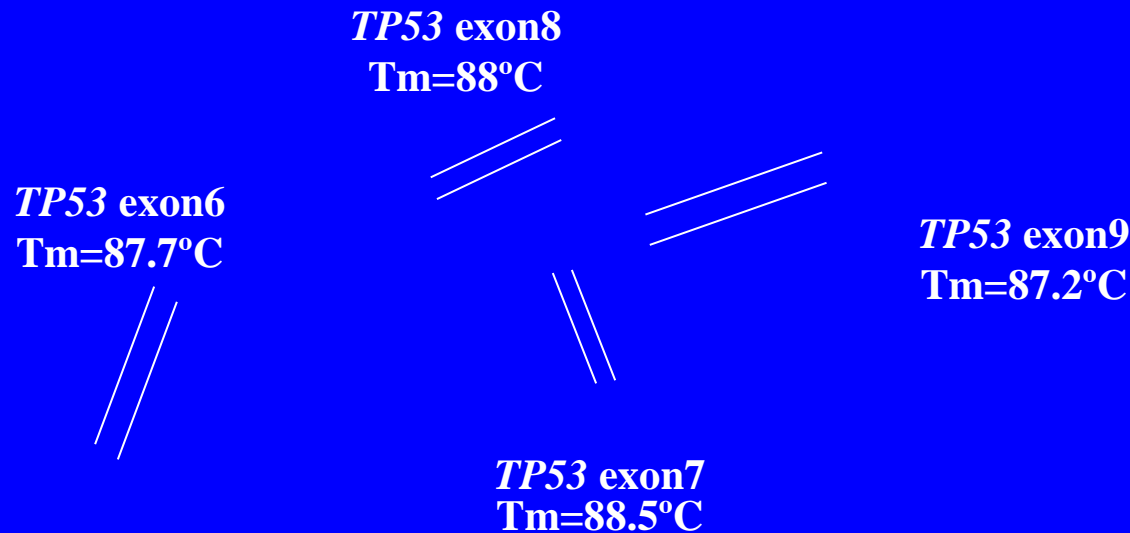
**COLD-PCR plus  
Sanger Sequencing**



# New development in COLD-PCR:

## Temperature-tolerant COLD-PCR

### Sequences with diverse $T_m$

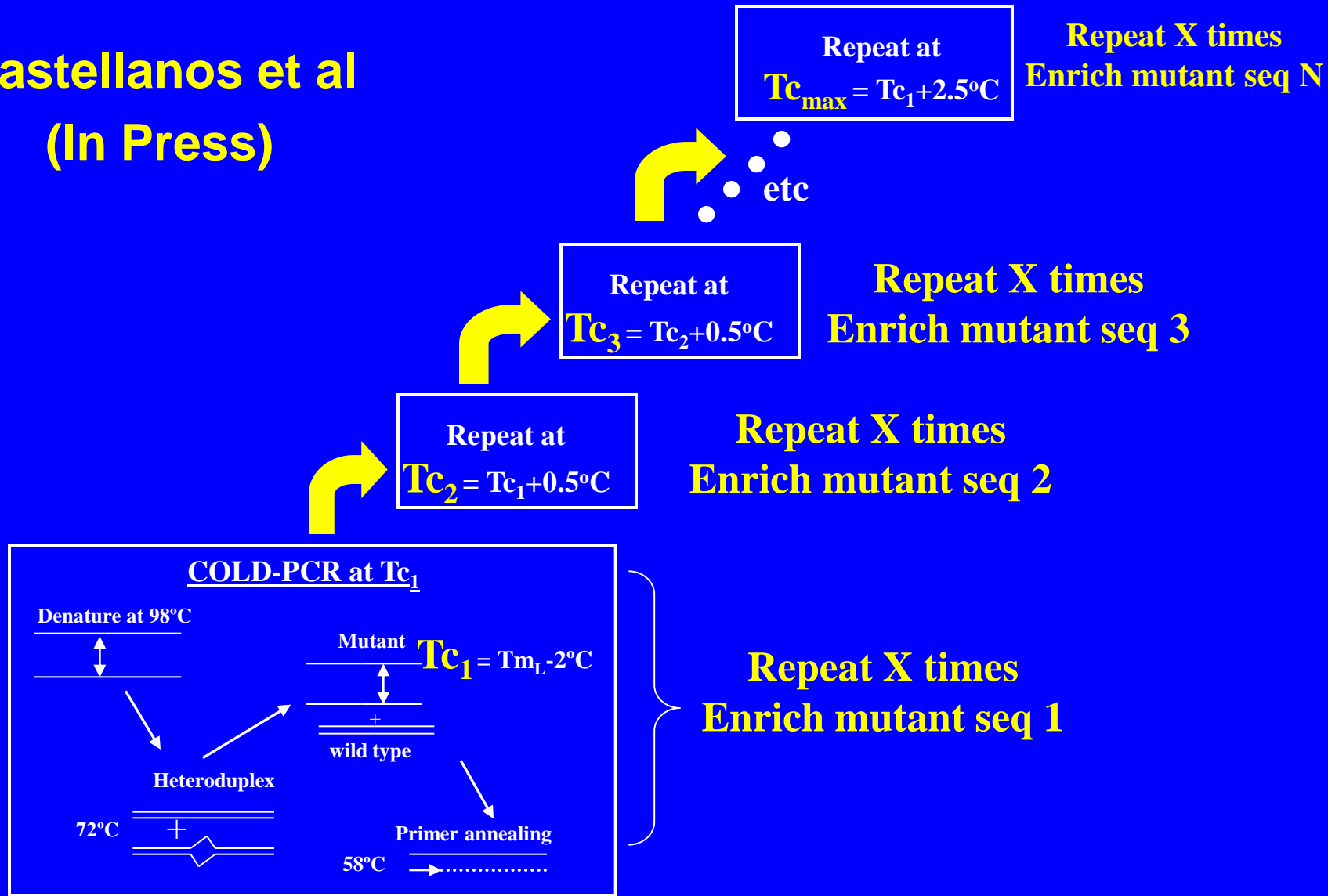


**Castellanos et al**  
**Clinical Chem 2012**

# Temperature-tolerant COLD-PCR

Enriching diverse mutant sequences  
(single PCR protocol across all PCR wells)

Castellanos et al  
(In Press)



# Temperature-tolerant tt-COLD-PCR:

enrichment of diverse mutant sequences using a single PCR protocol

Conventional PCR

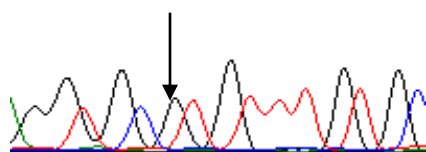
COLD PCR

tt-COLD PCR

Genomic DNA

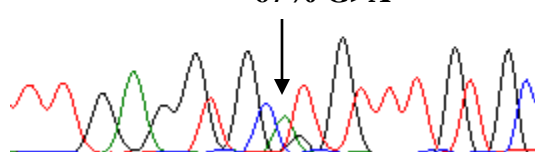
. G CT GC <sup>20</sup> GT GT TT GT GC

10% G>A



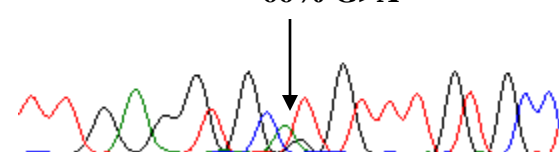
T T G A G CT <sup>20</sup> GCAT GT TT CT GC <sup>30</sup>

~67% G>A



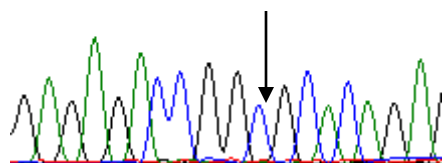
T T G A G CT <sup>20</sup> GCAT GT TT CT GC <sup>30</sup>

~66% G>A

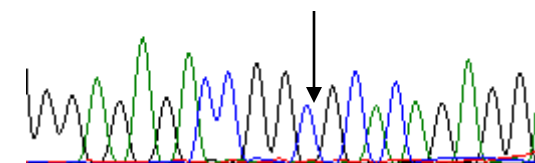


Circulating DNA (normal)

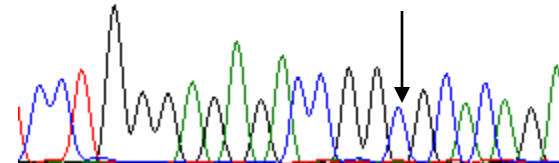
40 GAGAGACC G GC GCACA G A C 50



40 G GAGAGACC G GC GCACA G A G G 50

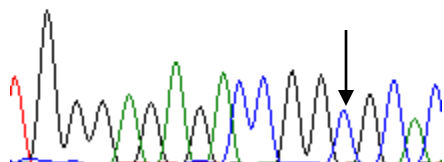


40 CCT G G GAGAGACC G GC GCACA G A 50



Circulating DNA (tumor)

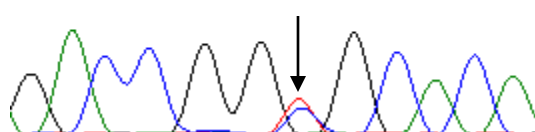
40 T G G GAGAGACC G GC GCAC 50



mutation NOT visible

40 G A C C G G T G C A C A 50

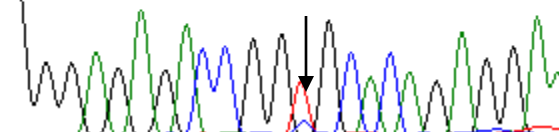
~57% C>T



mutation visible

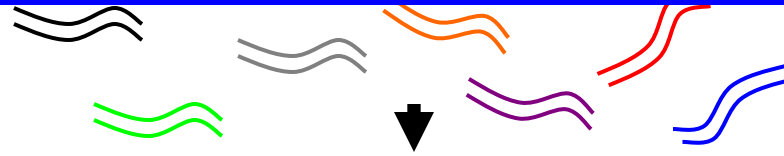
40 G GAGAGACC G GT GCACA G A G G A A 60

~77% C>T

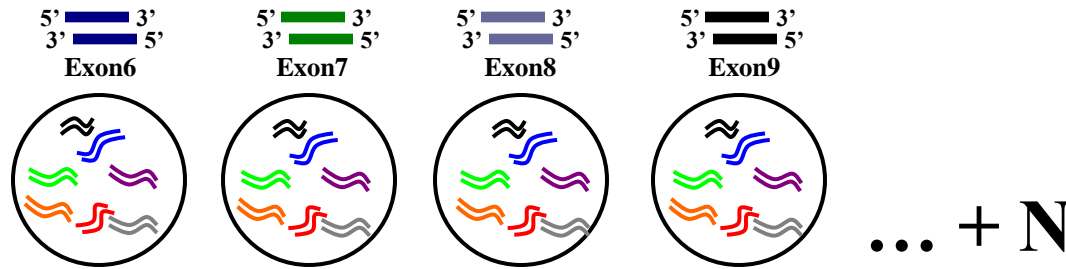
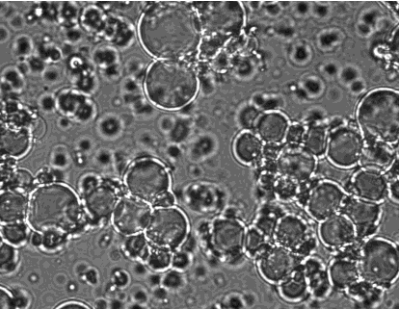


mutation visible

# TEMPERATURE-TOLERANT COLD-PCR IN EMULSION: MULTIPLEXED, SINGLE TUBE METHOD

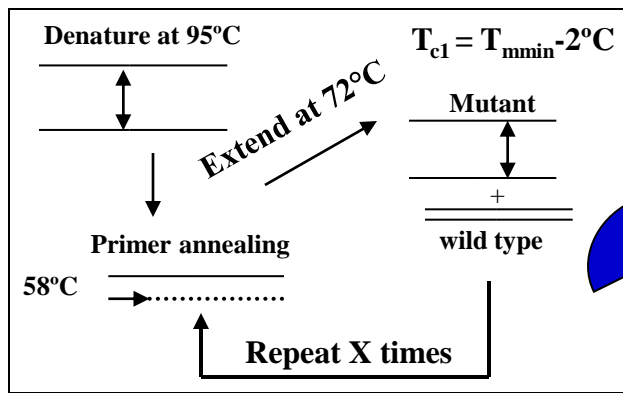


Emulsion



Mix in a  single tube

## TT-COLD-PCR



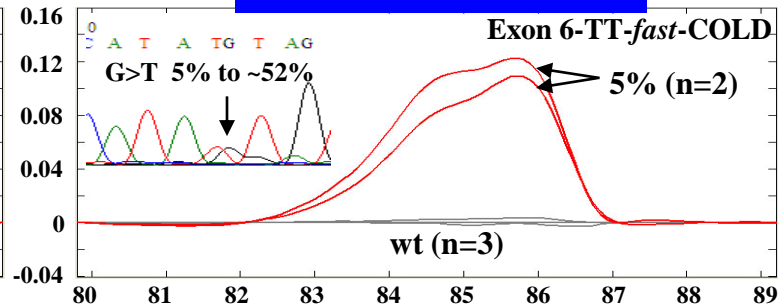
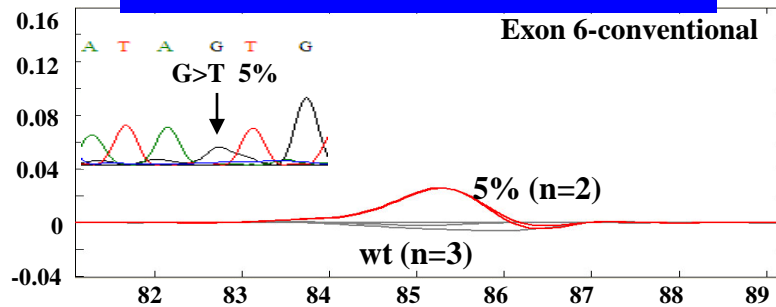
Repeat X times at  
 $T_{c2} = T_{c1} + 0.3^\circ\text{C}$

Repeat X times at  
 $T_{c3} = T_{c2} + 0.3^\circ\text{C}$

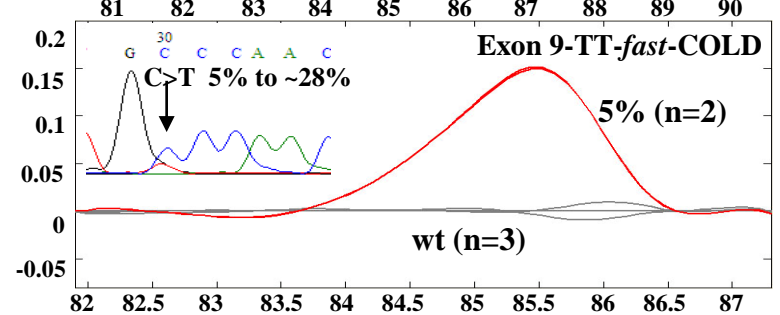
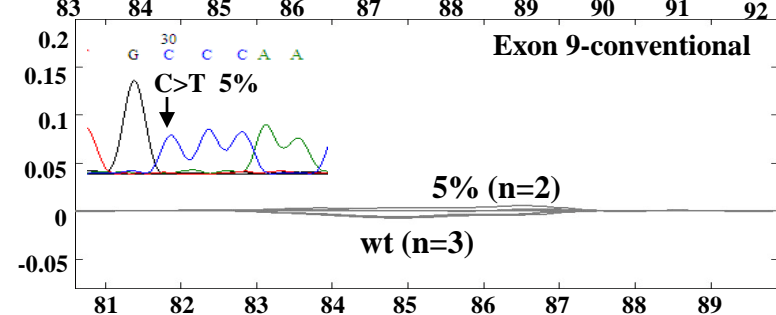
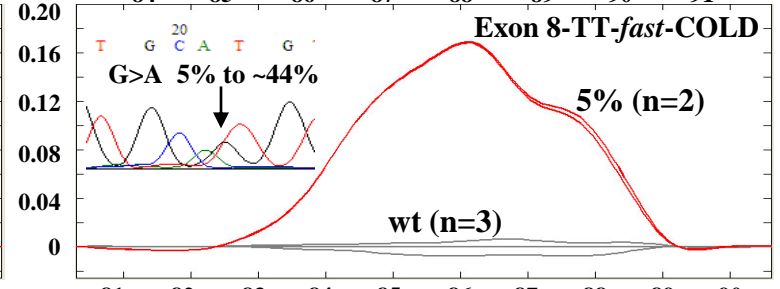
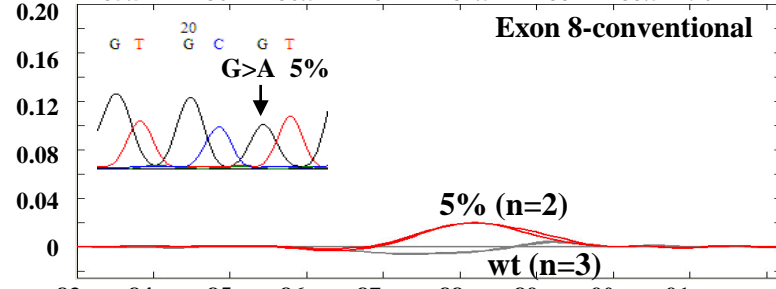
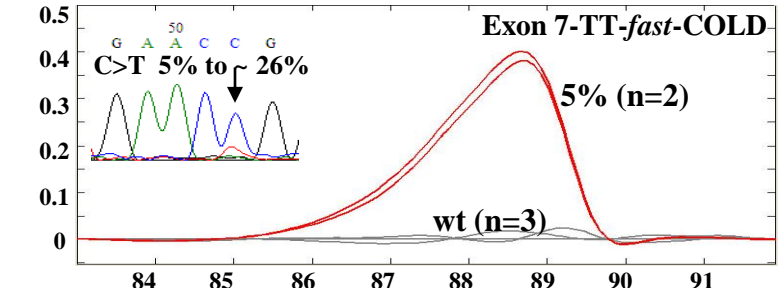
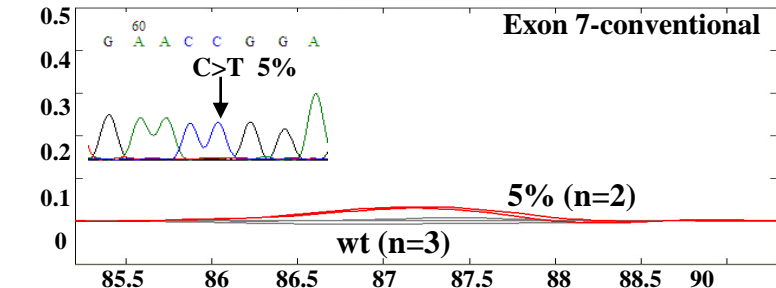
Repeat X times at  
 $T_{cFinal} = T_{c1} + \Delta T$

# TEMPERATURE-TOLERANT COLD-PCR IN EMULSION: p53 exons 6-9

## Conventional PCR



Δ Fluorescence



Temperature °C

# SUMMARY

**COLD-PCR technology:  
enables sensitive and reliable sequencing  
for personalized medicine**

**infiltrating, diffuse-type tumor specimens  
sub-optimally micro-dissected  
or heterogeneous tumor samples  
DNA from circulating DNA, circulating cells,  
sputum or other bodily fluids  
tumor margins, stromal cells, and others**

# PCR is best served COLD!

## THANK YOU

### Contributors and Collaborators

#### LAB

Elena Castellanos, Ph.D

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Pingfang Liu, Ph.D

Angela Brisci, Ph.D

Chen Song, Ph.D

Lilin Wang, MSc

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Shuji Ogino, MD, Ph.D

Brendan Price, Ph.D

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