

**HOT** Topics in OncoScan:  
Somatic Mutations  
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# AGENDA

- What are somatic mutations
- How to review results
- Factors affecting data quality



## Basic concepts (thanks Wikipedia!)

- Somatic mutation: acquired (not inherited) mutation not usually transmitted to descendants
- Oncogene: gene that has the potential to cause cancer. In tumor cells, they are often mutated or expressed at high levels.
- Tumor suppressor gene: gene that protects a cell from one step on the path to cancer. Loss-of-function mutations can play a role in formation of tumor cells.

# Somatic Mutation Example

BRAF V600E <b>Wild Type</b>	catcgagatttc <b>A</b> ctgtagctagaccaa
BRAF V600E <b>Mutant</b>	catcgagatttc <b>T</b> ctgtagctagaccaa

Single Base substitution from A to T leads to the activation of the BRAF oncogene.

~90% of BRAF reported mutation events are V600E. This makes it a juicy target for drug development: The downstream protein made by this oncogene is targeted by a drug vemurafenib.

~85% of OncoScan SM are single base changes, with the remainder being multiple base substitutions, insertions, deletions

# OncoGene BRAF

The screenshot shows a web browser window with the address bar displaying `http://en.wikipedia.org/wiki/BRAF_(gene)`. The search bar contains the text "V600E", and the results show "15 matches". The main content area is titled "Clinical significance" with an "[edit]" link. The text describes the clinical significance of the BRAF gene, mentioning that mutations can cause disease in two ways: inherited and acquired. It lists various cancers associated with BRAF mutations, including non-Hodgkin lymphoma, colorectal cancer, malignant melanoma, papillary thyroid carcinoma, non-small-cell lung carcinoma, and adenocarcinoma of the lung. It also mentions the V600E mutation and its association with hairy cell leukemia and Lynch syndrome. A section titled "Mutants" with an "[edit]" link follows. The text in this section describes the frequency of BRAF mutations in human cancers, from more than 80% in melanomas and nevi to as little as 0–18% in other tumors. It details the V600E mutation, which is a substitution of valine (V) for glutamate (E) at codon 600, and its association with various cancers, including papillary thyroid carcinoma, colorectal cancer, melanoma, and non-small-cell lung cancer. It also mentions a study by a team of scientists in 2010 that demonstrated the presence of BRAF-V600E mutation in 57% of Langerhans cell histiocytosis patients, and another study by a team of Italian scientists that used massively parallel sequencing to pinpoint the V600E mutation as a likely driver mutation in 100% of cases of hairy cell leukaemia.

**Clinical significance** [edit]

Mutations in the *BRAF* gene can cause disease in two ways. First, mutations can be inherited and cause birth defects. Second, mutations can appear later in life and cause cancer, as an **oncogene**.

Inherited mutations in this gene cause **cardiofaciocutaneous syndrome**, a disease characterized by heart defects, mental retardation and a distinctive facial appearance.<sup>[20]</sup>

Acquired mutations in this gene have been found in cancers, including **non-Hodgkin lymphoma**, **colorectal cancer**, malignant **melanoma**, **papillary thyroid carcinoma**, **non-small-cell lung carcinoma**, and **adenocarcinoma of the lung**.<sup>[6]</sup>

The **V600E** mutation of the *BRAF* gene has been associated with **hairy cell leukemia** in numerous **studies** and has been suggested for use in screening for **Lynch syndrome** to reduce the number of patients undergoing unnecessary **MLH1** sequencing.<sup>[21]</sup>

**Mutants** [edit]

More than 30 mutations of the *BRAF* gene associated with human cancers have been identified. The frequency of *BRAF* mutations varies widely in human cancers, from more than 80% in **melanomas** and **nevi**, to as little as 0–18% in other **tumors**, such as 1–3% in lung cancers and 5% in **colorectal cancer**.<sup>[22]</sup> In 90% of the cases, thymine is substituted with adenine at nucleotide 1799. This leads to valine (V) being substituted for by glutamate (E) at codon 600 (now referred to as **V600E**) in the activation segment that has been found in human cancers.<sup>[23]</sup> This mutation has been widely observed in **papillary thyroid carcinoma**, **colorectal cancer**, **melanoma** and **non-small-cell lung cancer**.<sup>[24][25][26][27][28][29][30]</sup> In 2010 a team of scientists demonstrated presence of *BRAF*-**V600E** mutation in 57% of Langerhans cell histiocytosis patients.<sup>[31]</sup> A team of Italian scientists used massively parallel sequencing to pinpoint mutation **V600E** as a likely driver mutation in 100% of cases of **hairy cell leukaemia**.<sup>[32]</sup>

# Certain somatic mutations are routinely tested (and reimbursed)

- BRAFv600E (predictive in melanoma)
  - Zelboraf® (**vemurafenib**) is a BRAF inhibitor that is able to block the function of the **V600E-mutated BRAF** protein
  - Vemurafenib received FDA approval for the treatment of late-stage melanoma on August 17, 2011, [\[2\] Health Canada](#) approval on February 15, 2012 [\[3\]](#) and on February 20, 2012, the European Commission approved vemurafenib as a monotherapy for the treatment of adult patients with BRAF V600 mutation positive unresectable or metastatic melanoma, the most aggressive form of skin cancer.

# OncoScan™ FFPE Assay Kit

## *Somatic mutations content*

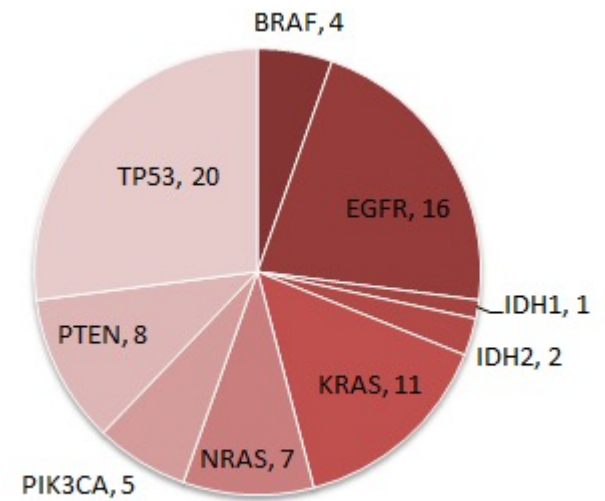
### Somatic mutation panel

- 64 probesets respond to 74 mutations
- 9 genes - BRAF, KRAS, EGFR, IDH1, IDH2, PTEN, PIK3CA, NRAS, TP53
- Concordance with orthogonal methods observed for multiple somatic mutations
- Tool provided for visualization of mutant call versus reference (wild type)

### Sensitivity

- Sensitivity claim validated by spike-in studies (oligos with mutant spiked in at various mutant % levels in normal FFPE DNA)
- Majority of mutations were detected at 20% sensitivity
- In real world samples, there were examples of detection down to ~10%

Distribution of 74 mutations by gene





# Somatic probe design with mutation in gap fill position

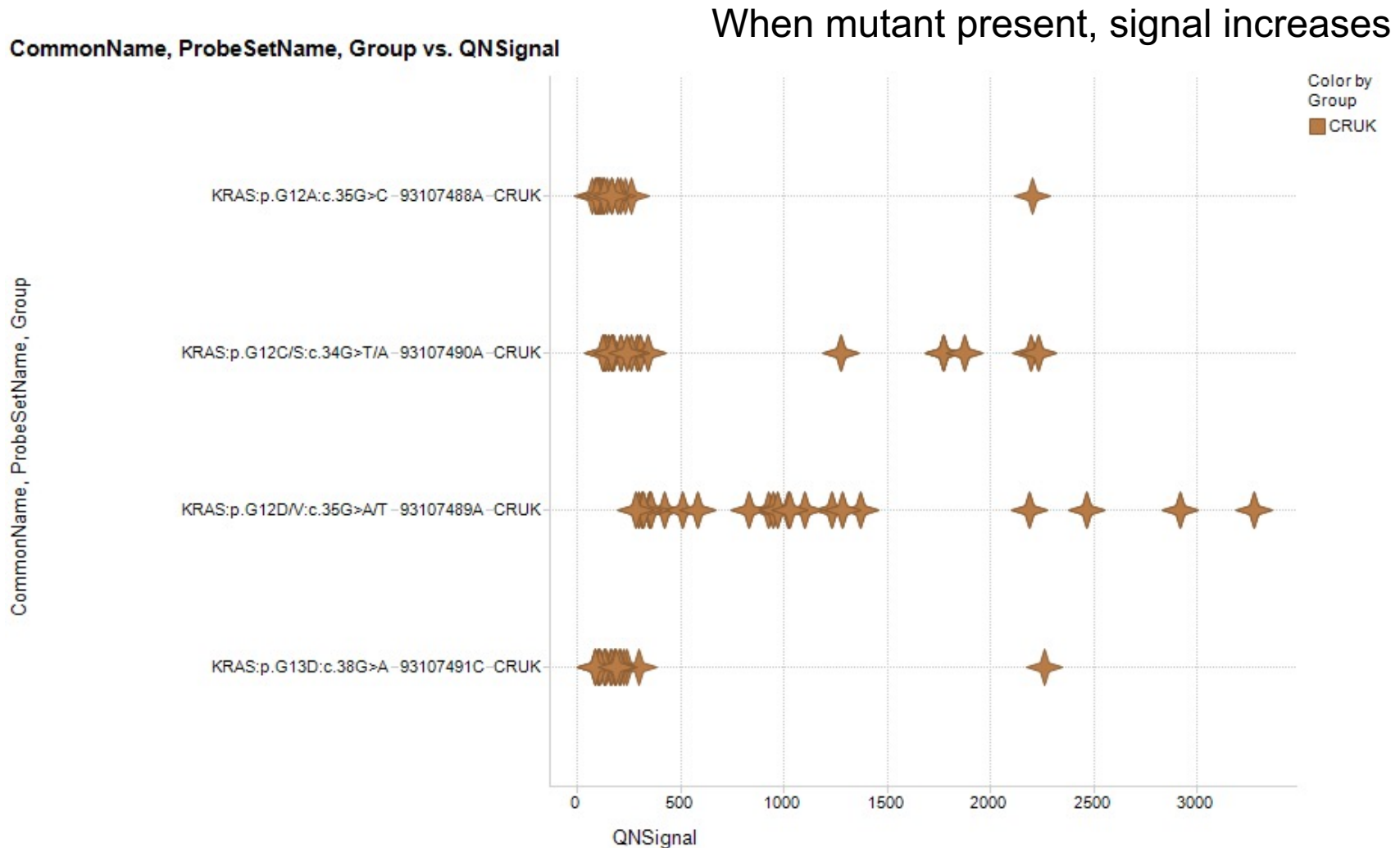
Description	type or probeset	Sequence	Hom strand	Coding strand
KRASp.G12	wild	tgaatataaaacttgtggtagttggagctgGtggcgtaggcaagagtgccttgacgatac	R	-
KRASp.G12Vc.35G>T	mutant	tgaatataaaacttgtggtagttggagctgTtggcgtaggcaagagtgccttgacgatac	R	-
KRASp.G12Dc.35G>A	mutant	tgaatataaaacttgtggtagttggagctgAtggcgtaggcaagagtgccttgacgatac	R	-
KRAS:p.G12D/V:c.35G>A/T	93107489A	TGTGGTAGTTGGAGCTG TGGCGTAGGCAAGAGTG	R	-

Molecular Inversion Probe

- The dNTP fills in the gap fill position
- When the G>A or G>T mutation is present, the signal in the AT channel signal increases
- In general, the MIP design and readout channel are chosen so that MIP shouldn't amplify if mutant not present



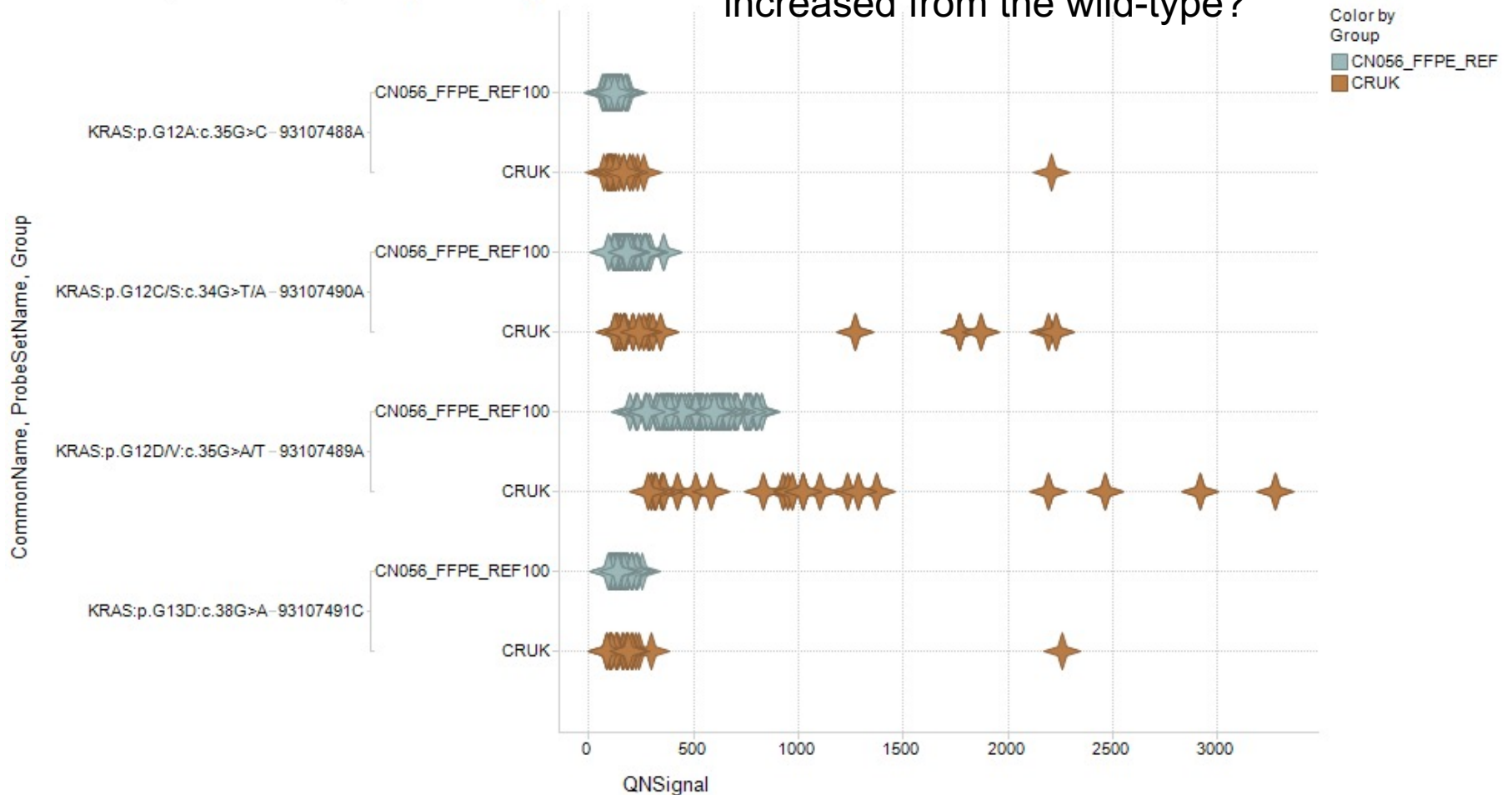
# Some data for 4 somatic mutation probesets 24 samples/probeset: Which have mutation?



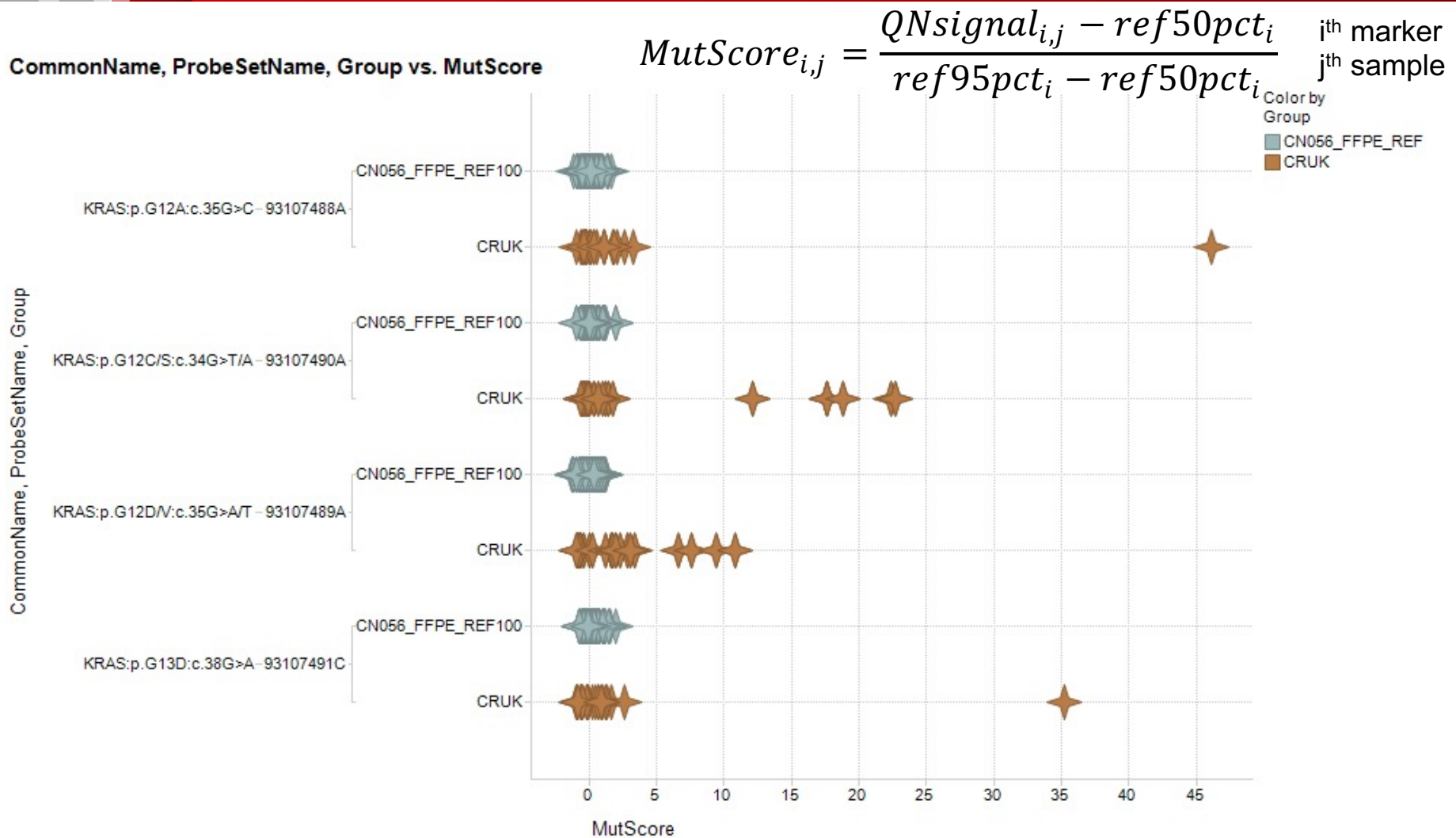
# Add wild-type signal distribution from .SOM\_REF\_MODEL

CommonName, ProbeSetName, Group vs. QNSignal

Which signals are significantly increased from the wild-type?

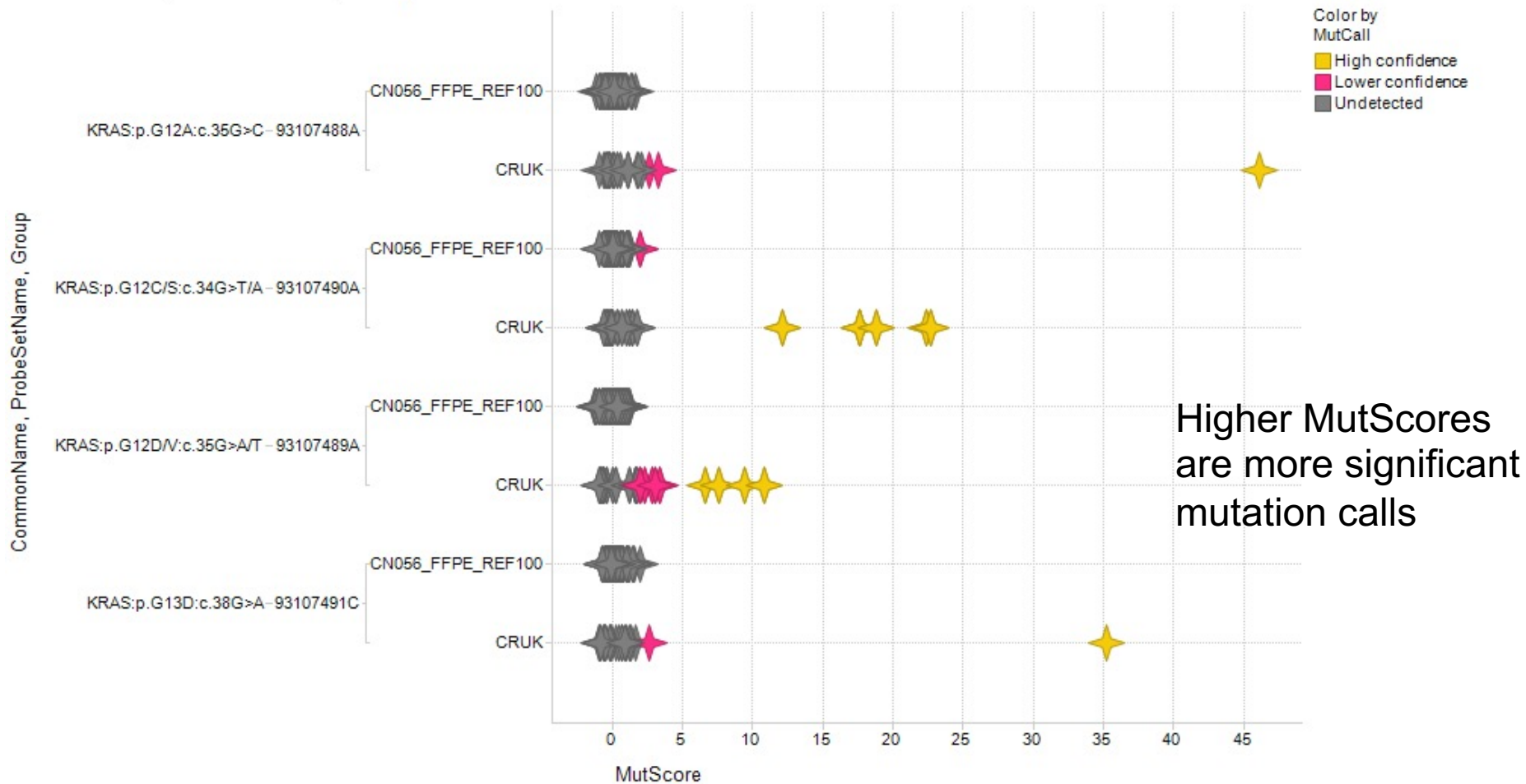


# Mutation Score normalizes signal across markers



# Apply MutScore thresholds to assign calls

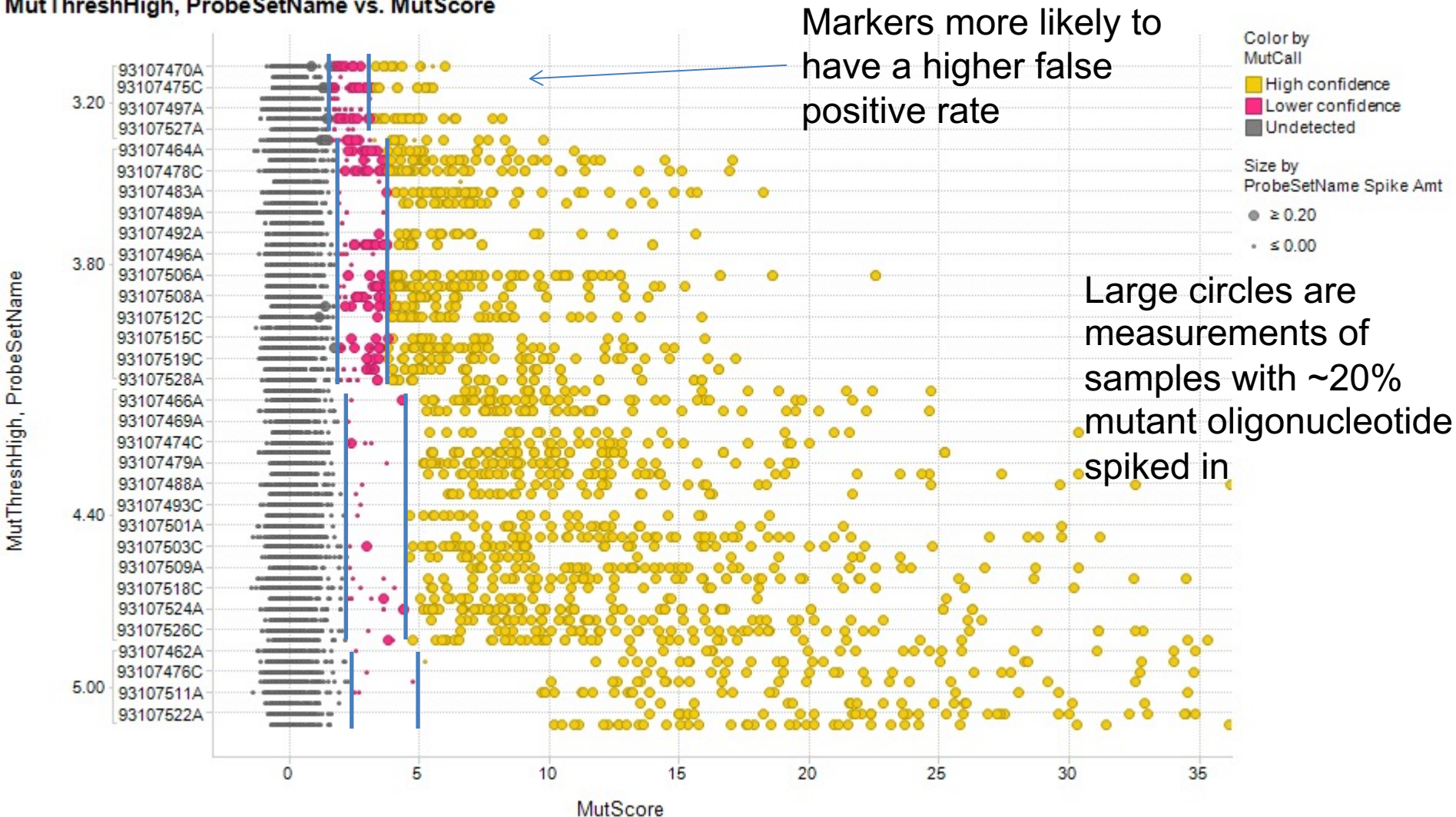
CommonName, ProbeSetName, Group vs. MutScore



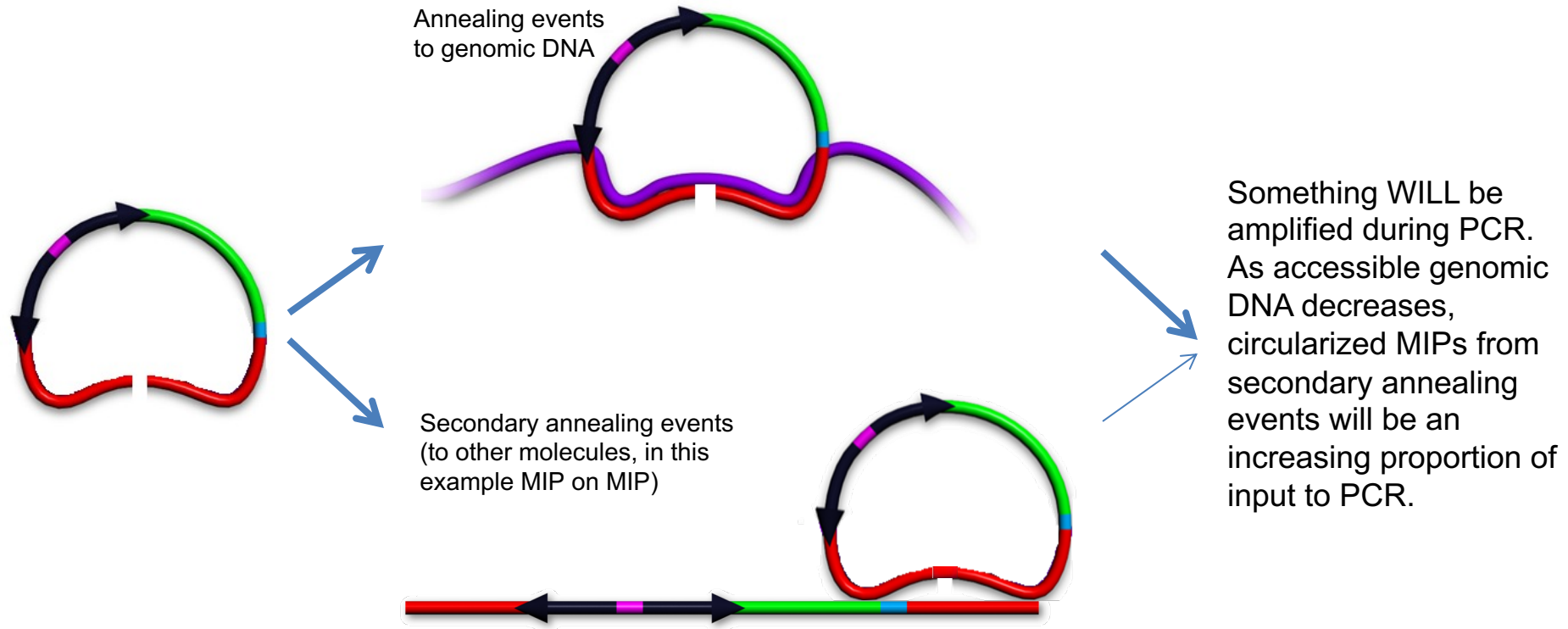


## 4 MutScore calling threshold bins, probesets assigned to bin based on apparent sensitivity to mutation

MutThreshHigh, ProbeSetName vs. MutScore



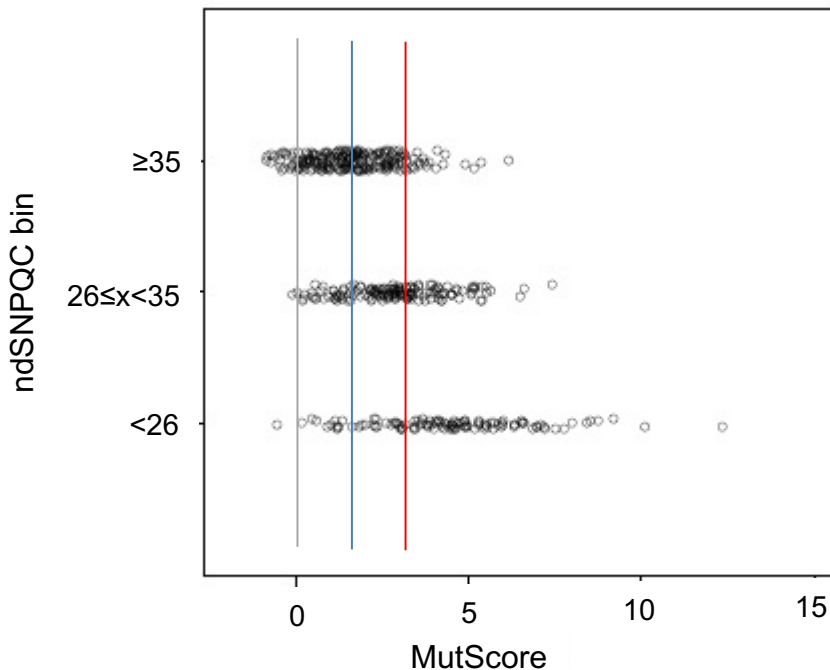
# Competitive annealing model



# Some markers show MutScore trend vs ndSNPQC, and vs input mass

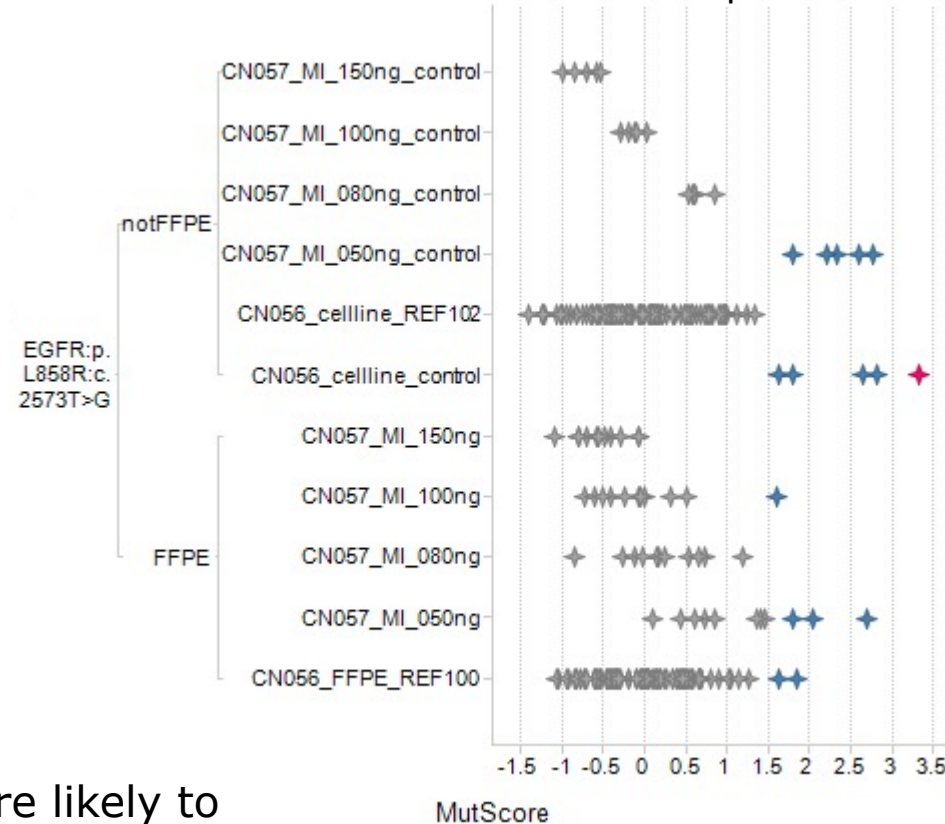
- EGFR:p.L858R:c.2573T>G

Example customer study (each data point a sample)



- Perhaps MIPs for some markers more likely to have secondary annealing events, leading to increased background signal

DNA mass titration experiment

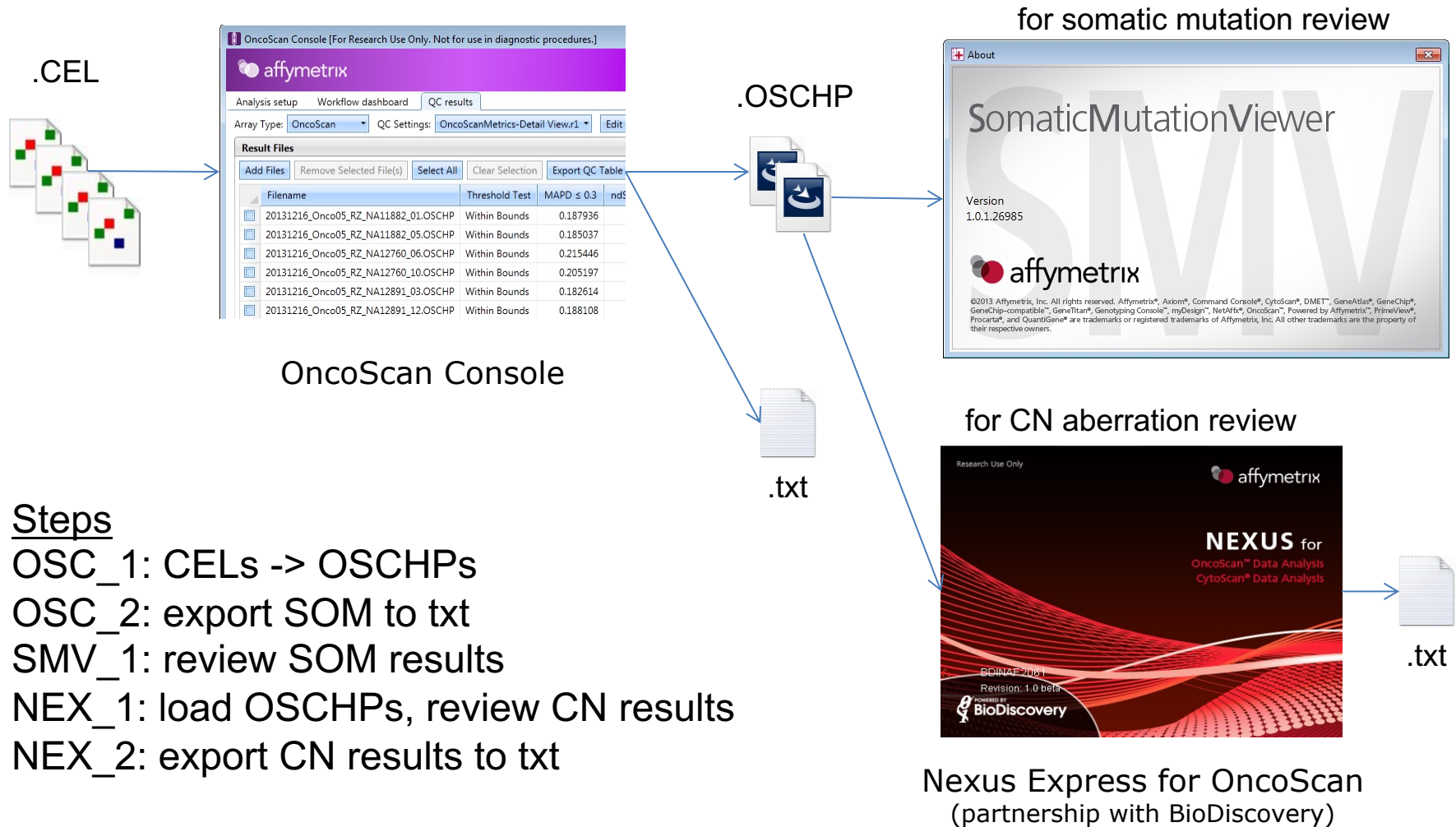




# You have a bunch of “High confidence” calls. Now what?

- For “in bounds” samples,
  - IF there are 0-2 real mutations per tumor sample out of these 64 measurements,
  - product specification targets a specificity of 99% (1 of 100 measurements is allowed to be false positive call),
- ...perhaps half of “High confidence” somatic calls can be false positives.
- Somatic calling algorithm is “single sample”: it doesn’t leverage information from other samples to set calling thresholds
  - By viewing somatic mutation data across samples, can sometimes make better calls to correct for any batch effects
- So....you should use Somatic Mutation Viewer to get a better feel for the data, and possibly re-call some measurements

# Review-only analysis pipeline



## Products

### Products

Microarray Solutions ▶

Panomics Quantitative Assays ▶

eBioscience Immunology Reagents ▶

PCR ▶

Molecular Biology Enzymes ▶

Molecular Biology Kits and Reagents ▶

Purification ▶

Biochemicals ▶

Detergents and Lipids ▶

Products Listed A-Z

Promotions

Home > Products > Microarray Solutions > Instruments and Software > Software > Cytogenetics research > **OncoScan™ Console 1.0 Software**

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# OncoScan™ Console 1.0 Software

Download Available below

Product  
Description

Technical  
Documentation

Required/Related  
Products

OncoScan™ Console 1.0 Software provides quality control (QC) and data summaries for OncoScan™ FFPE Assay Kit. The new OncoScan FFPE Assay Kit delivers an entirely new perspective on the cancer genome from even the most challenging solid tumor samples.

- **Low sample input, fast results** – from only 80 ng of FFPE-derived DNA to results in 48 hours

## Download information and instructions

Affymetrix GeneChip Command Console (AGCC) requires library files to scan OncoScan FFPE Assay Kit Arrays. Download the AGCC\_OncoScan\_Library\_Files.zip file to the Command Console workstation, extract the zip archive, and install by double-clicking on AGCC\_OncoScan\_Library\_File\_Installer.exe. OncoScan FFPE Assay Kit Array GeneChip Command Console Software library files are automatically installed when the AGCC\_OncoScan\_Library\_File\_Installer.exe file is run.

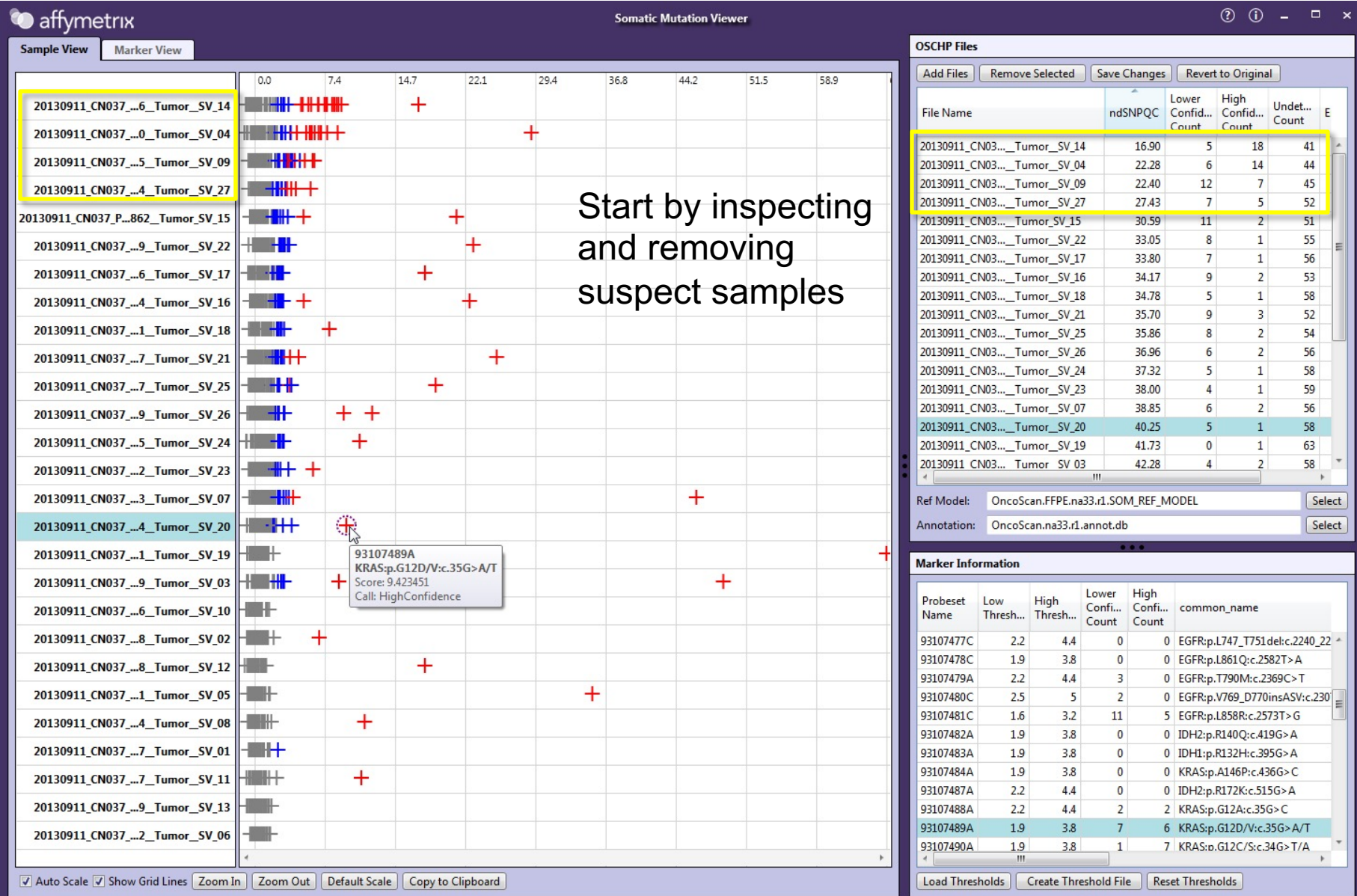
[Download the AGCC OncoScan Library Files \(zip, 97 KB\)](#)

[Download OncoScan Console 1.0.1 Software \(64-bit only\) \(zip, 104 MB\)](#)

[Download the Somatic Mutation Viewer 1.0 \(64-bit\) \(zip, 88 MB\)](#)

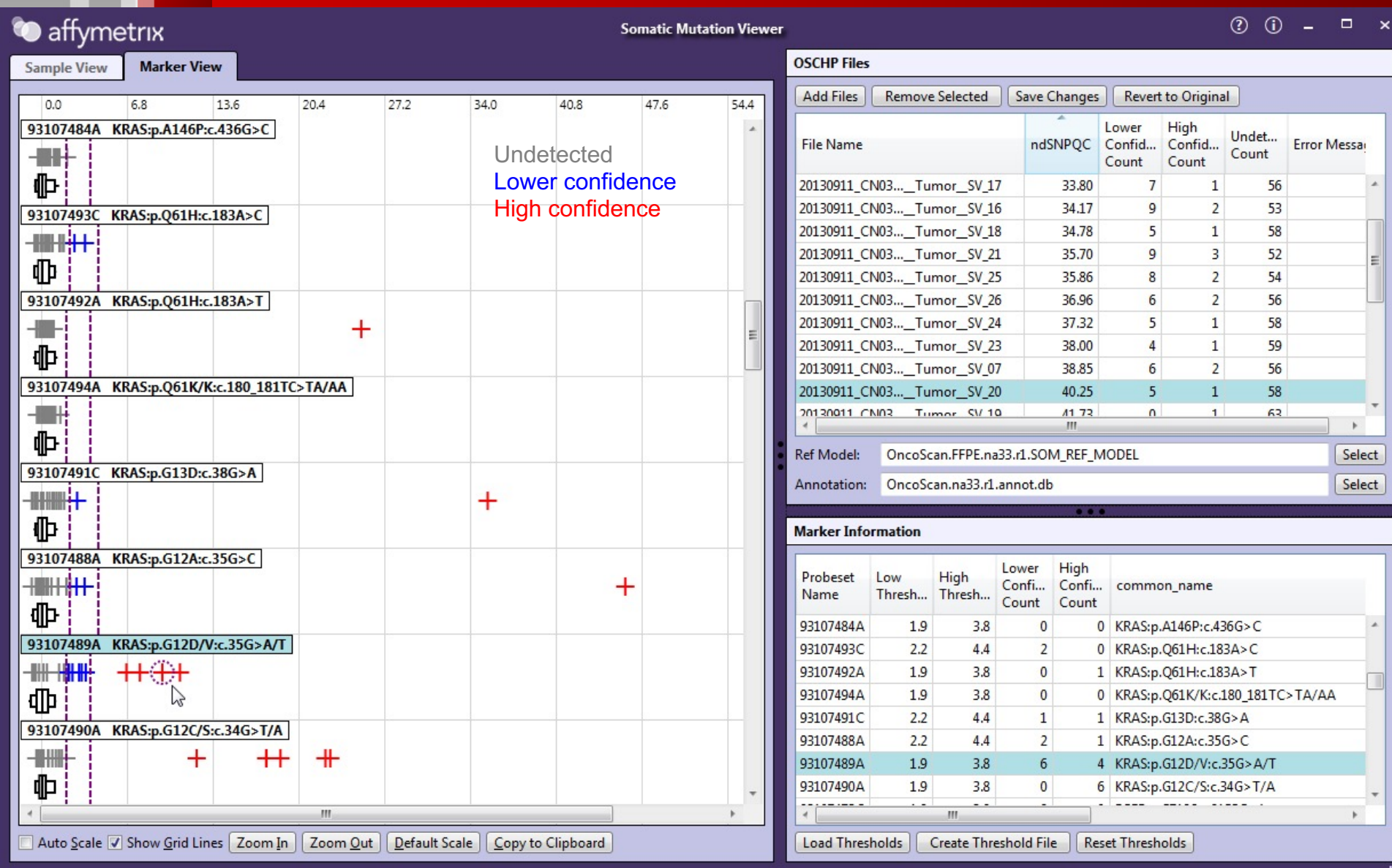
## Recommended system requirements

# Somatic Mutation Viewer

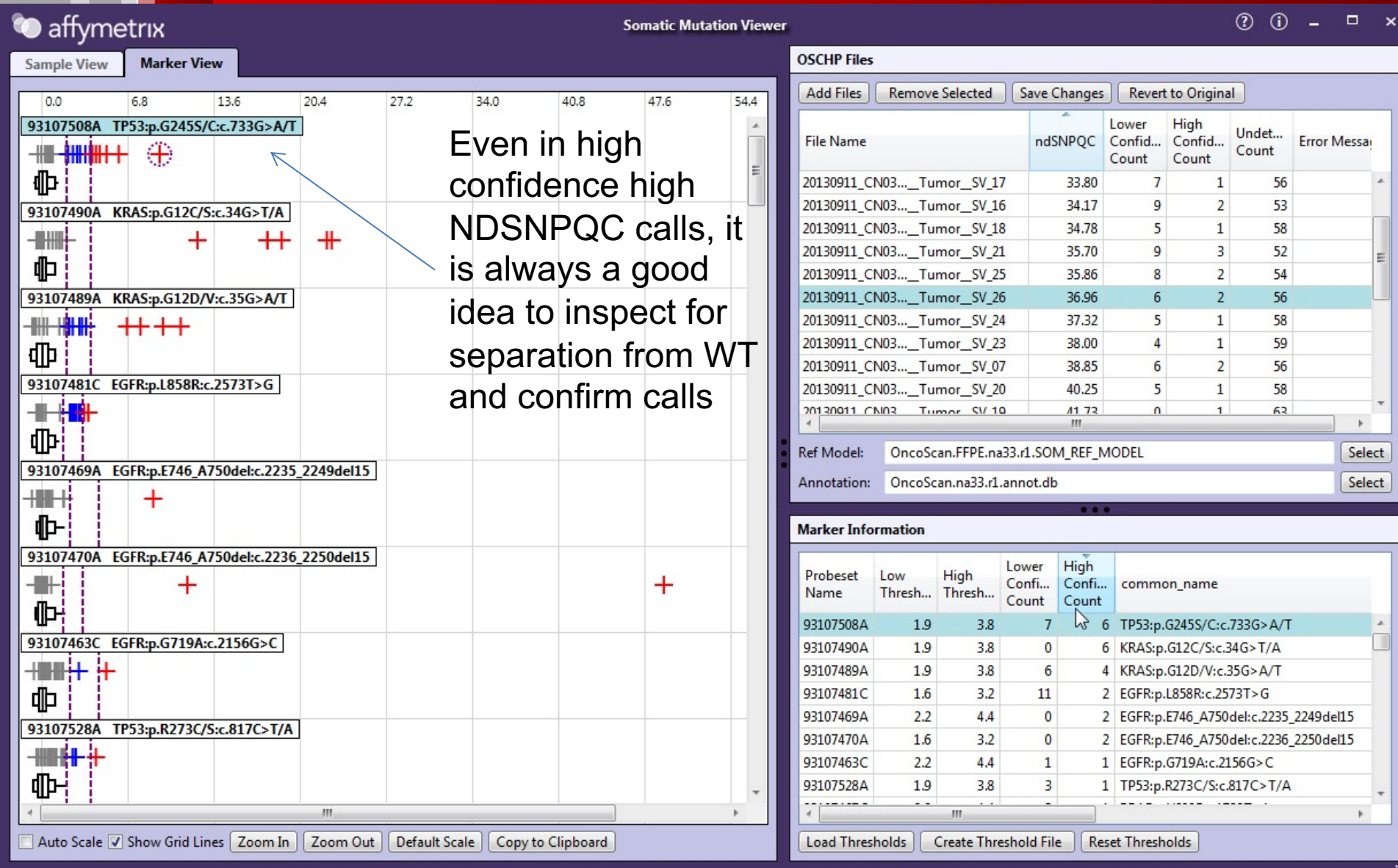




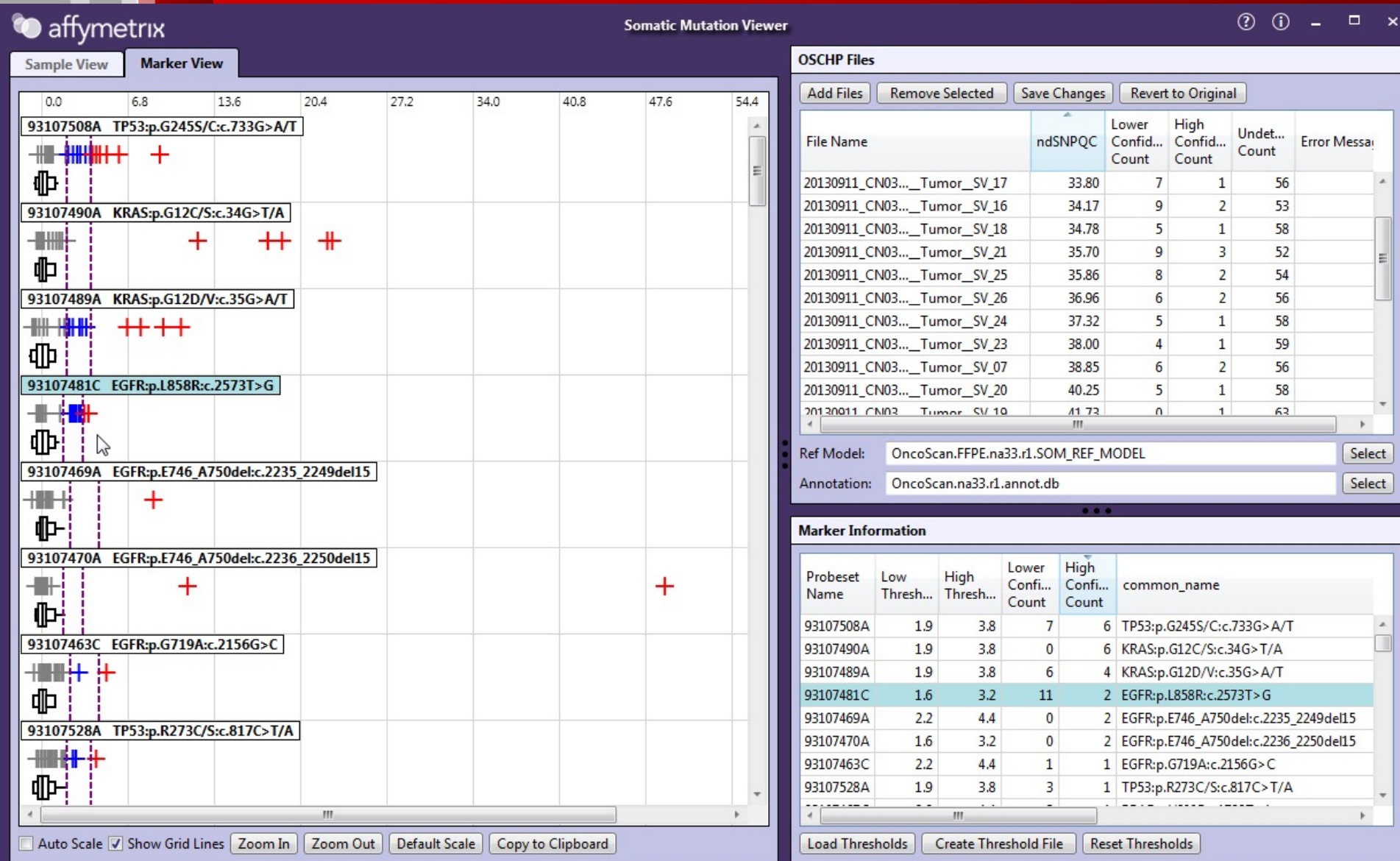
# Switch to Marker View



# Sort Marker Information table by High Confidence Count

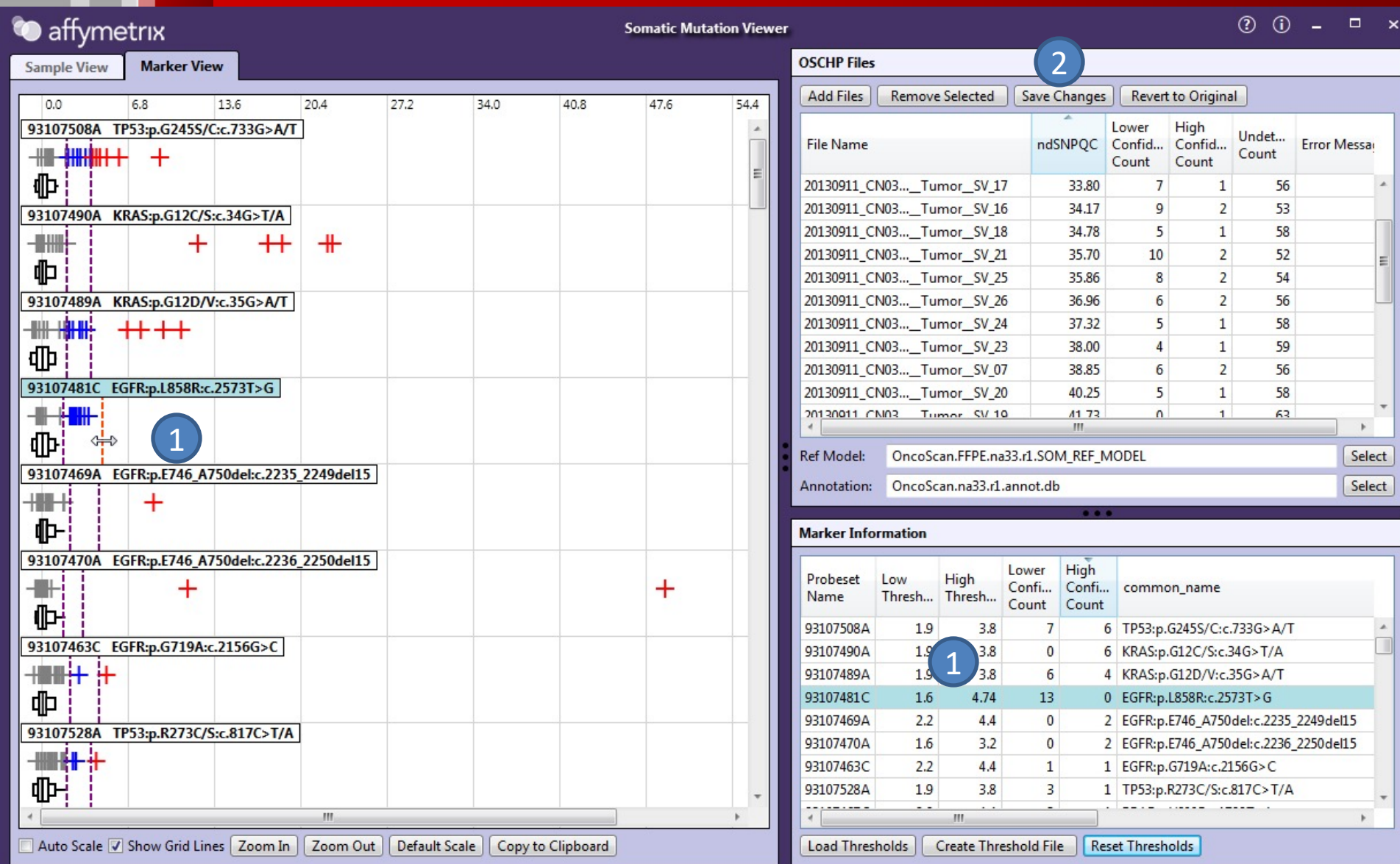


# Could edit and save changes to OSCHP file

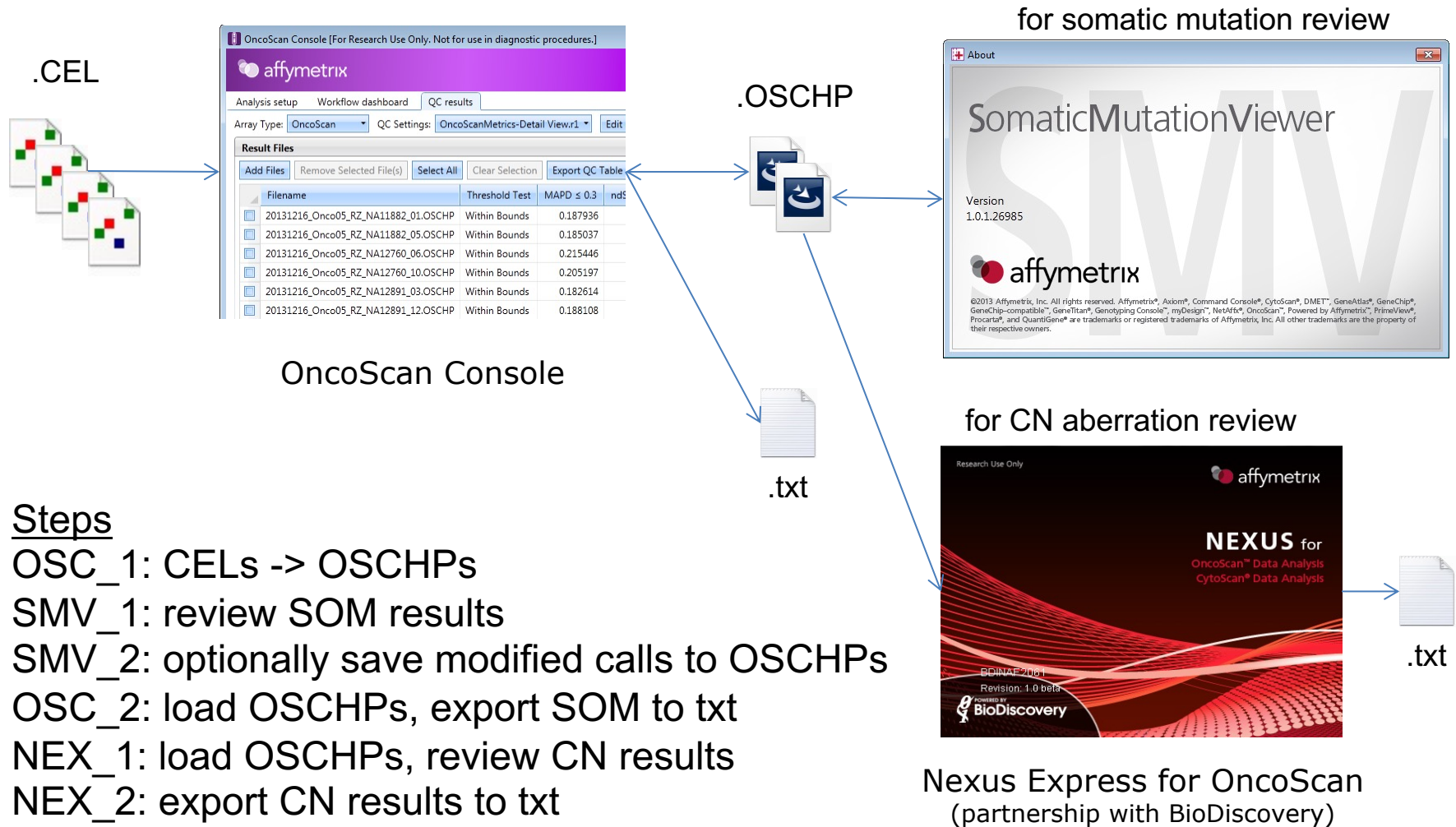




# Could edit and save changes to OSCHP file



# Edit-SOM-results analysis pipeline





## Factors affecting the false positive rate (or: Why so many “High confidence” calls?)

- Some markers with calling thresholds closer to MutScore=0 will have higher false positive rate
- Sample QC metrics like MAPD and ndSNPQC are “out of bounds” (ndSNPQC<26 or MAPD>0.3)
  - Chip signal too weak
  - Insufficient DNA mass or poor quality DNA
  - Reagent Lot issues
- Sample QC metrics are “in bounds”
  - Some markers have more MutScore variability across data sets and/or reagent lots
  - Recommend using Somatic Mutation Viewer to review and adjust calling thresholds as needed, and confirm calls



# Summary

- ndSNPQC more important for SM than CN
- when ndSNPQC is out of bounds SM calls are not reliable
- Good practice to examine calls in the viewer
  - You will observe that data quality improves with higher ndSNPQC eg., the number of lower confidence calls disappear