

# Exome sequencing peri-hilar cholangiocarcinoma

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# Agenda



1 Introduction and background

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2 Study aims

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3 Methodology

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4 Results

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5 Ongoing validation

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# Next Generation Sequencing

## DNA SEQUENCING

## Whole Exome Sequencing

Exons – Protein coding

- 85% disease associated variations.
- Single nucleotide variants.
- Somatic mutations (non-germline).
- Non-synonymous, frameshifts.



# Sequencing Disparity

INTRA-HEPATIC

EXTRA-HEPATIC

N ≥ 1750

N = 251

Intra-hepatic only

pCCA and distal disease

International

Eastern predominance

Multi-omics platforms

Targeted studies in Western cohorts

Targeted clinical trials

Unmet need

# Peri-hilar Cholangiocarcinoma

EXOME REMAINS ILL DEFINED

- Nakamura et al, Nature Genetics, 2015.
- Jusakul et al, Cancer Discovery, 2017.
- Wardell CP et al, J Hepatology, 2018.
- Western cohorts targeted panels only.

Limited fluke  
negative  
pCCA



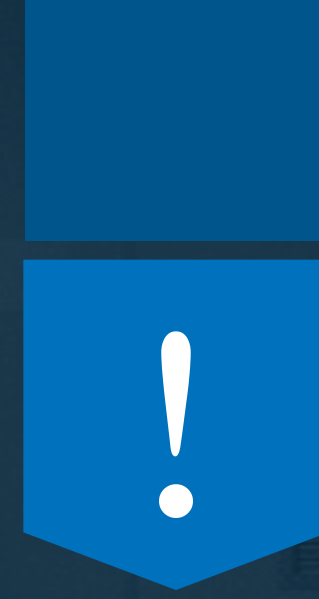
## Relevance to Western populations....

Absence of peri-hilar cholangiocarcinoma  
tailored chemotherapy?



# Aims

- 1 Characterize mutational landscape of UK pCCA
- 2 Validate Eastern mutations
- 3 Identify novel pCCA mutations
- 4 Elicit actionable targets
- 5 Functional analyses



# TISSUE PREPARATION

- 40 x pCCA FFPE
- Tumor and duct
- Consultant review
- Microdissection
- Qiagen DNEasy

**Fragment  
Analysis**

25 X TUMOR  
FOR SEQUENCING





# Liverpool Centre for Genomic Research

## FRAGMENT ANALYZER

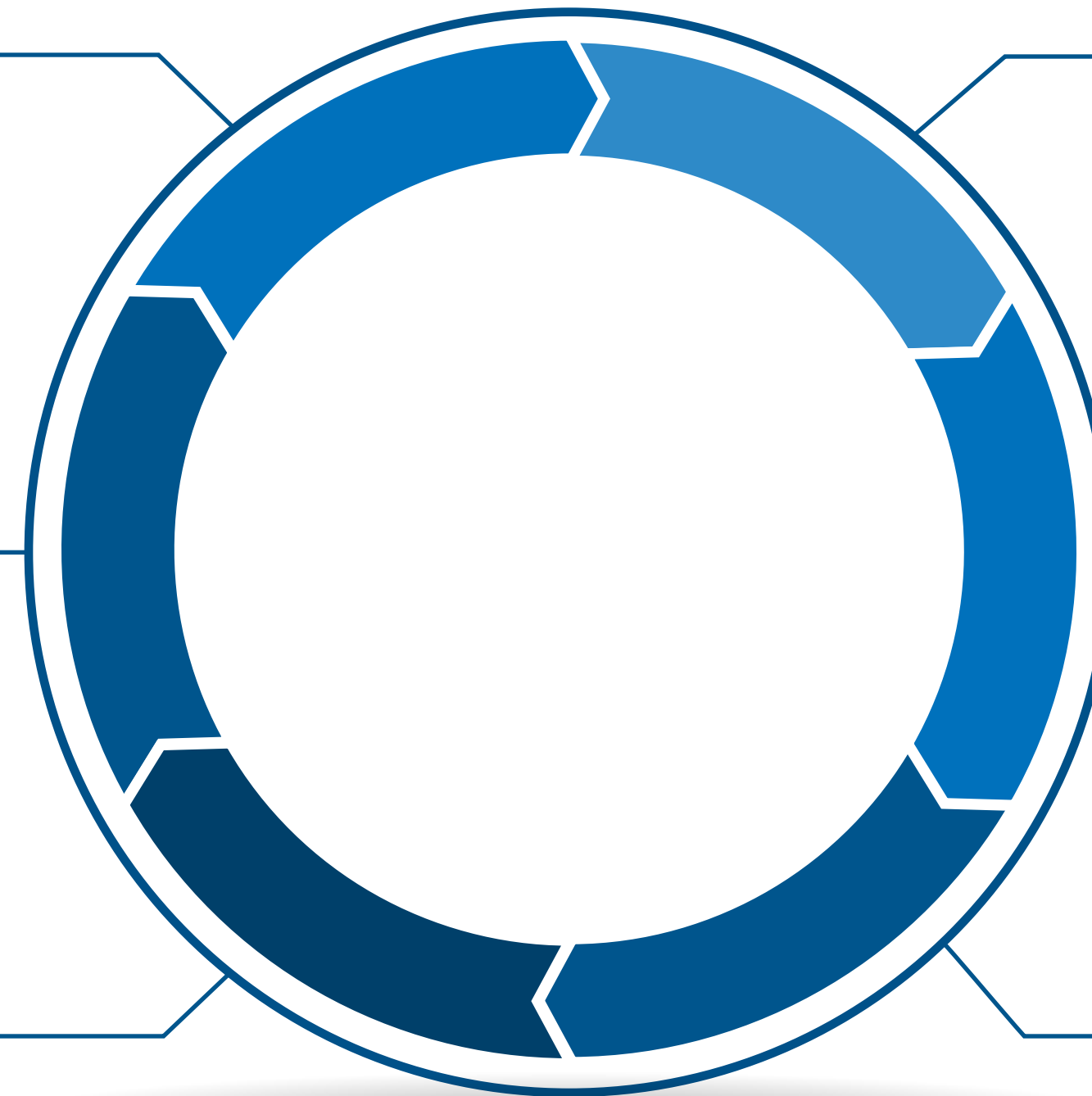
TUMOR X 25  
260:280 AND 260:230

## SANGER VALIDATION

SIGNIFICANT DIFFERENTIALLY  
EXPRESSED MUTATIONS

## >100X COVERAGE

AVERAGE NUMBER OF TIMES  
BASE IS READ



## DNA LIBRARY PREPARATION

AGILENT SURESELECT V6  
EXON CAPTURE  
MAGNETIC BEAD PROBES  
AMPLIFICATION

## ILLUMINA HISEQ 4000

2 X 150 BP  
PAIRED END SEQUENCING

## BASE CALL ACCURACY

TRIM Q<20 (1/100)  
REDUCE FALSE POSITIVES

# Bioinformatics Pathway

- Mapping
- Duplicate Removal
- Annotation

BWA hg38 (80% mapping).

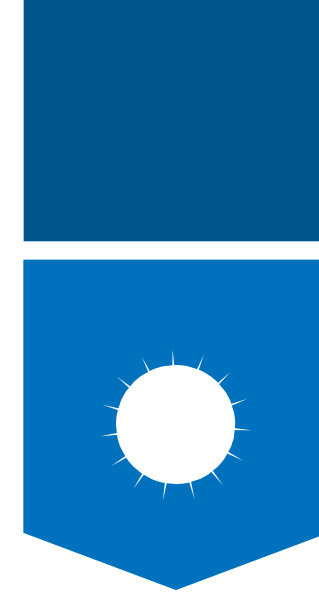
Reads <10% mapping quality removed.

Picard duplicate filtering.

Local realignment around small insertions and deletions (GATK).

Somatic SNV detection (STRELKA).

Significant difference between tumor/normal classified somatic (Fisher's exact – 5% cutoff).



# Spectrum of Inter-tumoral Heterogeneity

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- I. Tumor Mutational Burden (median) = 18/Mb
- II. Total mutations (median) = 1307 (IQR 1206 – 1653)
- III. Moderate impact (median) = 334 (IQR 213 – 454)
- IV. High impact (median) = 53 (IQR 46 – 97)



# Comparative Extra-hepatic Landscape

Published

Liverpool

50%

TP53

47%

40%

KRAS

10%

15%

SMAD4

38%

10%

ERBB2

15%

5%

BRAF

22%

# Validation ongoing

INSTITUTE OF TRANSLATIONAL MEDICINE

Higher Frequency  
Established  
Peri-hilar CCA Mutations

- 4 x known actionable cancer mutations
- Low frequency (published datasets)
- High frequency Liverpool (coding)
- Sanger sequencing (n=70)  
and IHC (n=98)

# Validation ongoing

INSTITUTE OF TRANSLATIONAL MEDICINE

High Frequency  
Novel mutations

- 6 x novel pCCA mutations
- Coding/promoter
- Cell cycle arrest/regulation
- Immune response regulation

# Summary

## UNMET NEED IN PERI-HILAR DISEASE



Significant inter-tumoral heterogeneity

Intra-tumoral heterogeneity?



Higher Western mutational burden

Progressive technology



Differing biological landscape

Need for new target based trials



Mutations – Old and new

Pathway analysis



# Thank you

AMMF

Mr Hassan Malik  
Professor Christopher Goldring  
Professor Daniel Palmer

