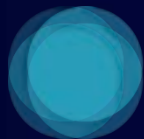




THE UNIVERSITY
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CANCER TREATMENT
TOXICITIES GROUP

Integrating the pathogenesis, prediction and prevention of cancer-related side effects

Samantha Korver, JM Bowen, IA White, J Tuke, RJ Gibson, RM Logan, A Richards, K Mead, CS Karapetis, DM Keefe & JK Coller

Personalized Supportive Care for Patients Receiving 5-FU: Interim analysis of multivariate SNP risk prediction for severe GI toxicity

seekLIGHT



Faculty Disclosure

<input checked="" type="checkbox"/>	No, nothing to disclose
<input type="checkbox"/>	Yes, please specify:

<i>Company Name</i>	<i>Honoraria/ Expenses</i>	<i>Consulting/ Advisory Board</i>	<i>Funded Research</i>	<i>Royalties/ Patent</i>	<i>Stock Options</i>	<i>Ownership/ Equity Position</i>	<i>Employee</i>	<i>Other (please specify)</i>

5-Fluorouracil (5-FU) induces GI Toxicity

- 5-FU = Antimetabolite that inhibits thymidylate synthase¹
- Breast, upper GI and colorectal solid tumors¹
- 20 - 40% of patients experience toxicity²
- Severe toxicity (grade ≥ 3 ⁵);
 - Treatment delays and dose reductions²
 - 2° consequences (pain, dehydration)²
 - financial burden³
 - ↓ quality of life⁴

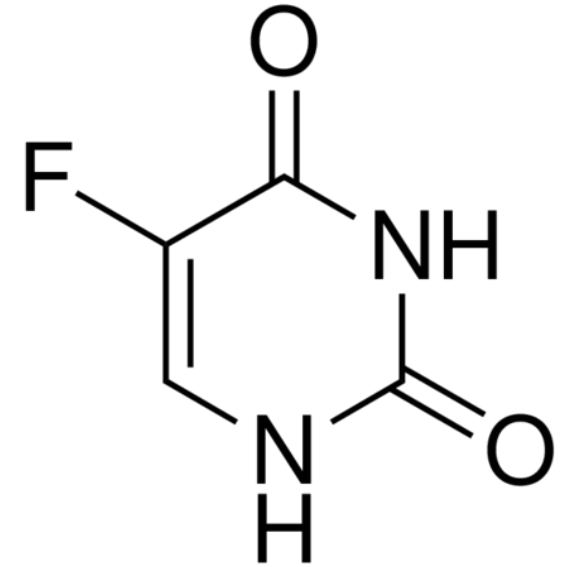
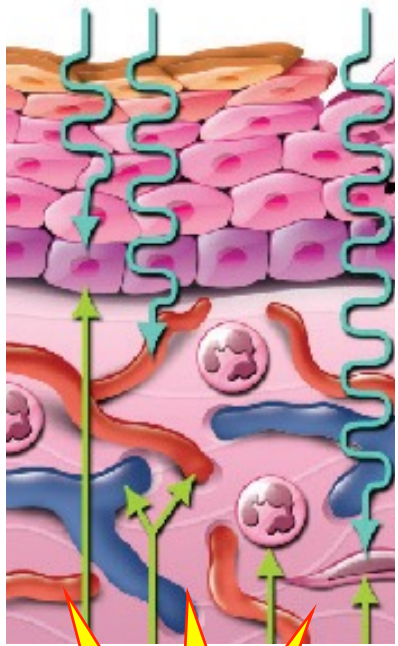


Image from Prof Richard Logan

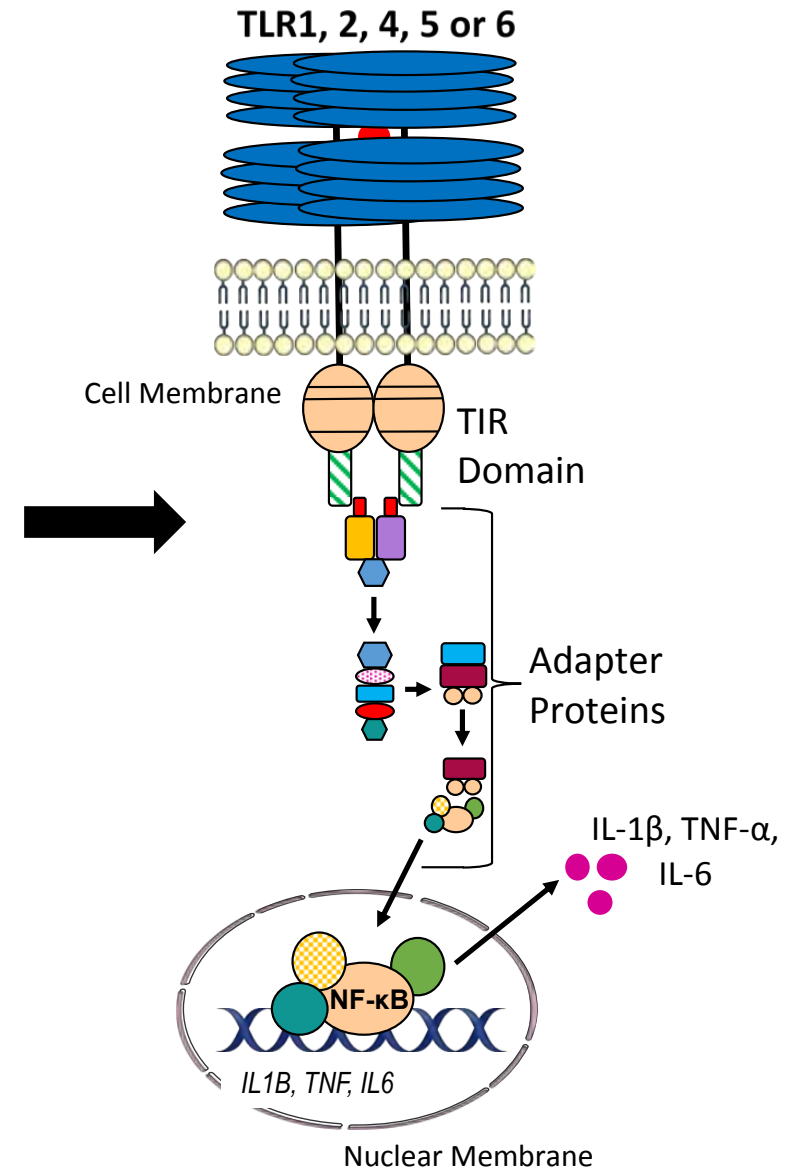
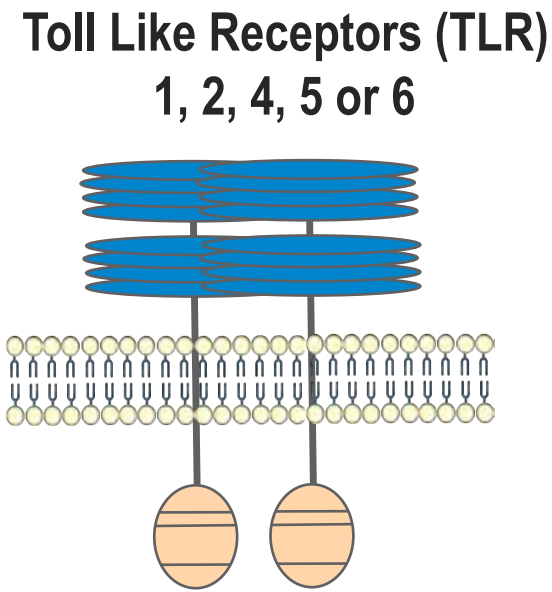
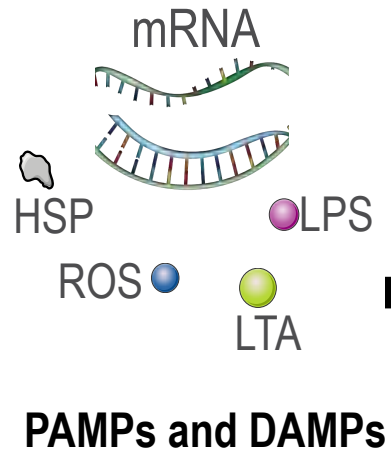
1. Thorn et al (2011) Pharmacogenet Genomics 21: 237-234; 2. Sonis (2004) Nat Rev Cancer 4: 277-284; 3. Carlotto et al (2013) Pharmacoeconomics 31: 753-766; 4. Keefe et al (1997) Clin Sci 92: 385-389; 5. Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0, https://evs.nci.nih.gov/ftp1/CTCAE/CTCAE_4.03_2010-06-14_QuickReference_8.5x11.pdf.

Pathophysiology of GI toxicity

Toll Interleukin-1 Receptor (TIR) domain pathway



5-FU



Adapted from Sonis (2004) J Support Oncol 1: 21-32 and Akira & Takeda (2004) Nat Rev Immunol 7: 499-511

The Problem

- Q: Why does 'Patient B' suffer GI toxicity and not 'Patient A'?

A: ????

We need a predictor for severe GI toxicity risk

- Personalization of supportive care to reduce GI toxicity severity

'Patient A'



Chemotherapy side effects

- Fatigue
- Grade 1 nausea

Demographics

Mid 40's | Female | Healthy BMI
Non-smokers | No medical history

Diagnosis

Left Breast Cancer
Grade 3 | 5-FU-based regimen

'Patient B'



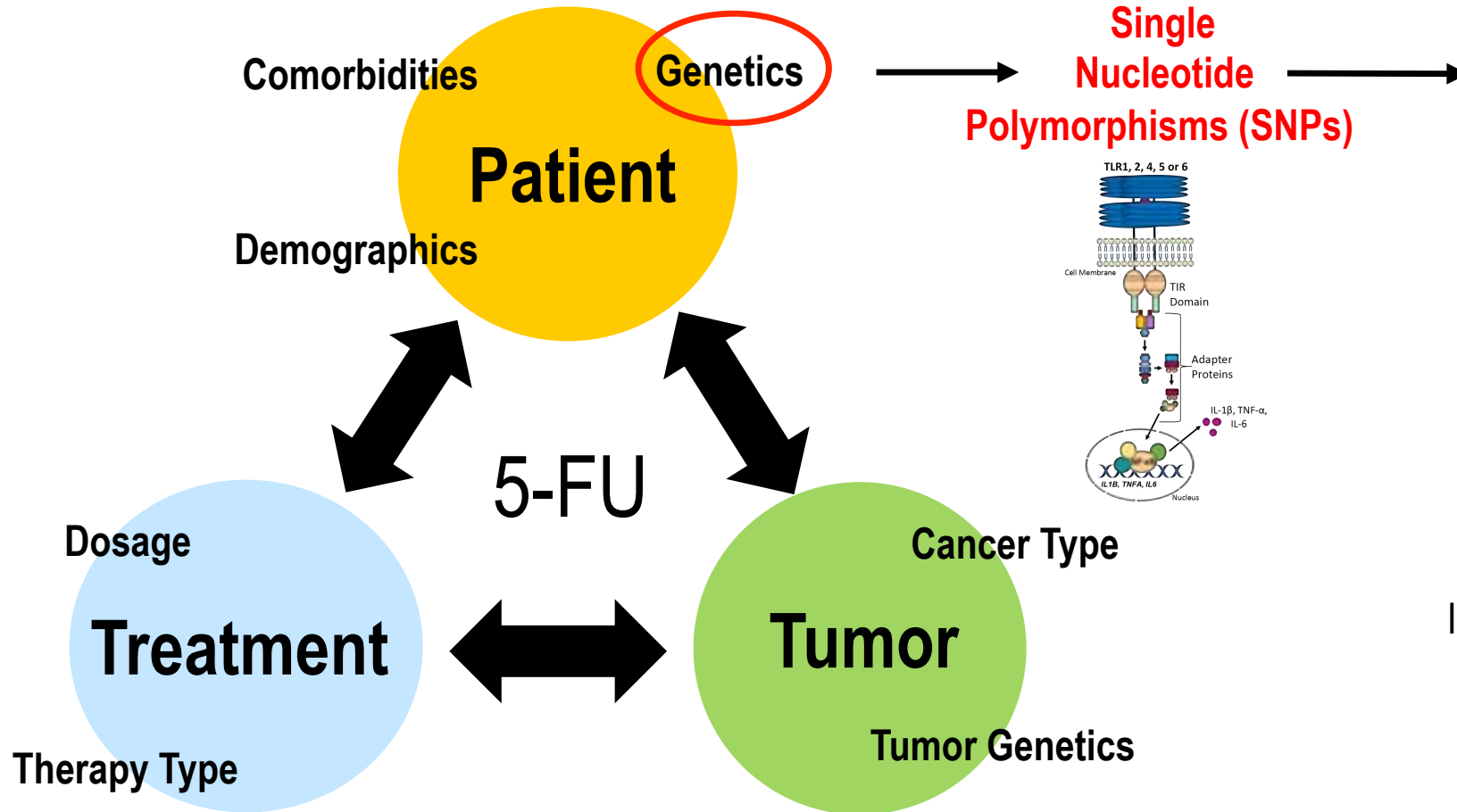
Chemotherapy side effects

- Fatigue
- **Grade 3 diarrhea**
- **Grade 2 mucositis**

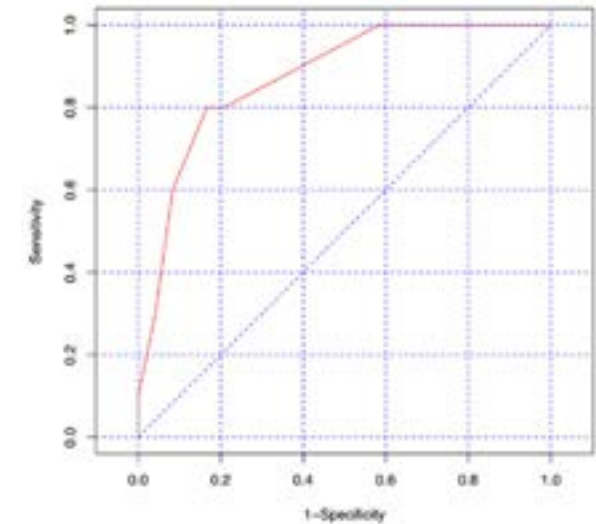


Hospitalisation

The Story So Far..



Salivary Predictors in Treatment (SPiT) Study



In 34 patients, severe GI toxicity risk model¹

- *TLR2* and *TNF*
- Colorectal and gastric cancer types
- ROC AUC 87%

1. Collier et al (2015) *Supp Care Cancer* 23: 1233-1236

SPiT Validation (SPiT-V) Study

Pilot study → Validation!!

Aim: To investigate the association between SNPs of the TIR domain innate immune signaling pathway and severe GI toxicity following 5-FU-based treatment

Methods

- Retrospective study; multi-site state-wide
- 5-FU-based therapy
- Clinical case notes = demographics, treatment and toxicity data
- Genomic DNA = genotype analysis¹



1. Collier *et al* (2015) *Supp Care Cancer* 23: 1233-1236

SPiT-V Study – Participant Demographics

- n = 114
- Two toxicity groups:
 - **No/mild** (≤ 2)¹
 - **Severe** (≥ 3 , treatment cessation or reduction)¹
- Cancer type and treatment protocol significant ($P < 0.02$)

	No/mild (n = 90)	Severe (n = 24)	P Value
Sex (n (%))			
Female	63 (71%)	11 (46%)	0.03
Male	27 (29%)	13 (54%)	
Cancer Type (n (%))			
Breast	55 (62%)	5 (21%)	0.001*
Colorectal	32 (35%)	16 (66%)	
Upper GI	3 (3%)	3 (13%)	
Hospital (n (%))			
Royal Adelaide Hospital	31 (35%)	7 (29%)	0.81
Flinders Medical Centre	59 (65%)	17 (71%)	
Treatment Protocol (n (%))			
5-FU monotherapy	10 (11%)	10 (42%)	<0.0001**
5-FU in combination	73 (82%)	6 (25%)	
Capecitabine	7 (7%)	8 (33%)	
Age			
Median (range)	61 (32 – 86)	68 (28 – 78)	0.03

1. Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0, https://evs.nci.nih.gov/ftp1/CTCAE/CTCAE_4.03_2010-06-14_QuickReference_8.5x11.pdf

SPiT-V Study – Building the Predictive Risk Model

Covariates

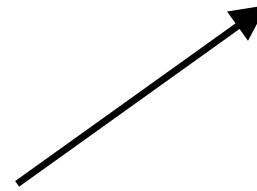
- Sex
- Age
- Hospital
- Cancer type
- Treatment protocol
- Number of treatment cycles

SNPs

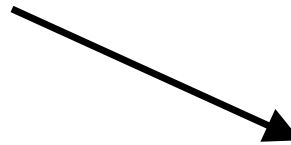
IL1B, IL12, IL6, TNF, IL10, TGF, ICE (CASP1), IL6R, TLR2, TLR4, MD2, MYD88, BDNF, CRP



Each predictor is added individually to the model



Improves model (ANOVA)



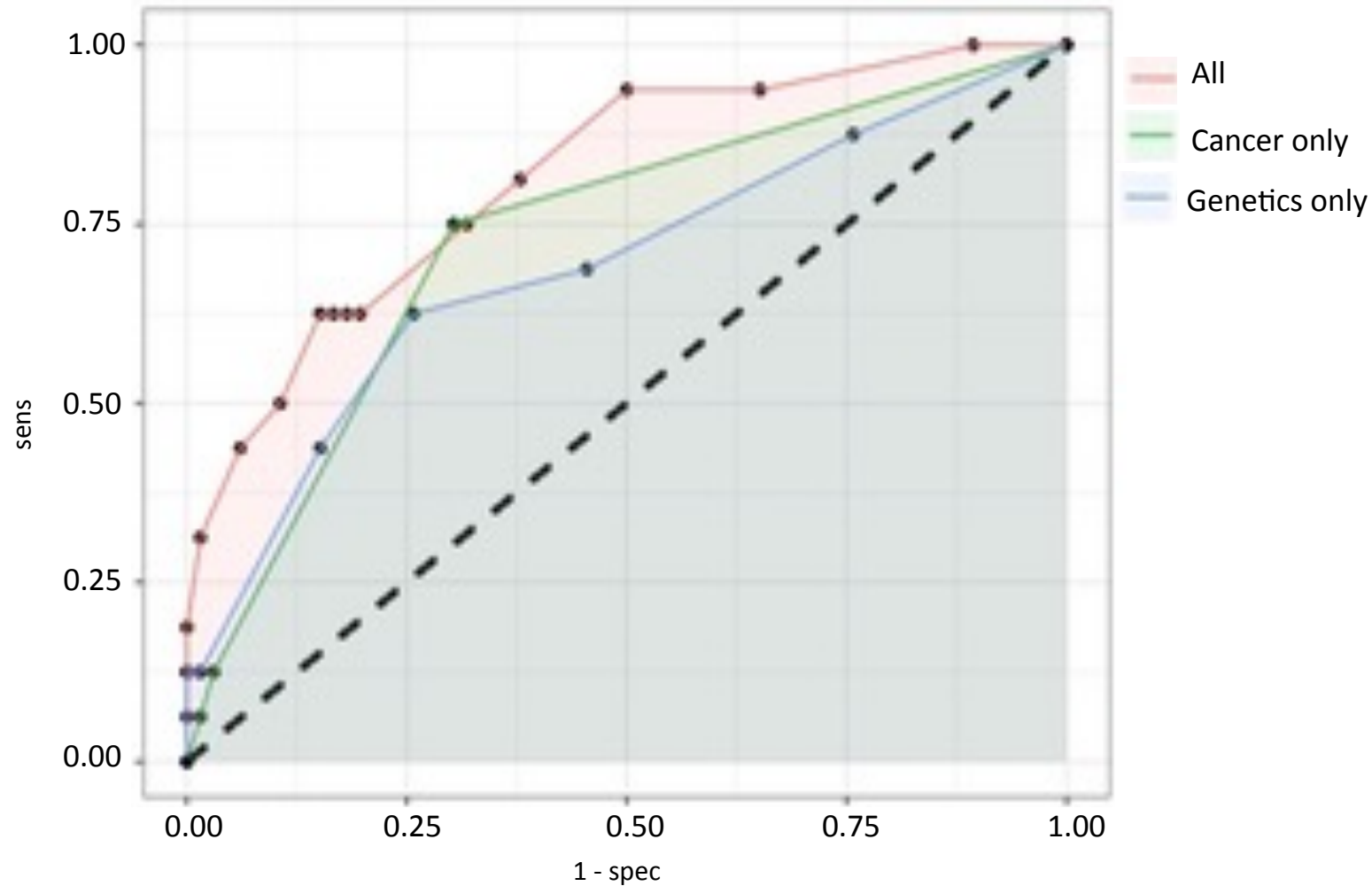
Does not improve model (ANOVA)



SPiT-V Study – Interim Predictive Risk Model

Predictive severe GI toxicity risk model

- n = 105
- *IL1B* rs16944 and rs1143634
- Colorectal and gastric cancer types
- ROC AUC 82%



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