

Gastric cancer in Chile

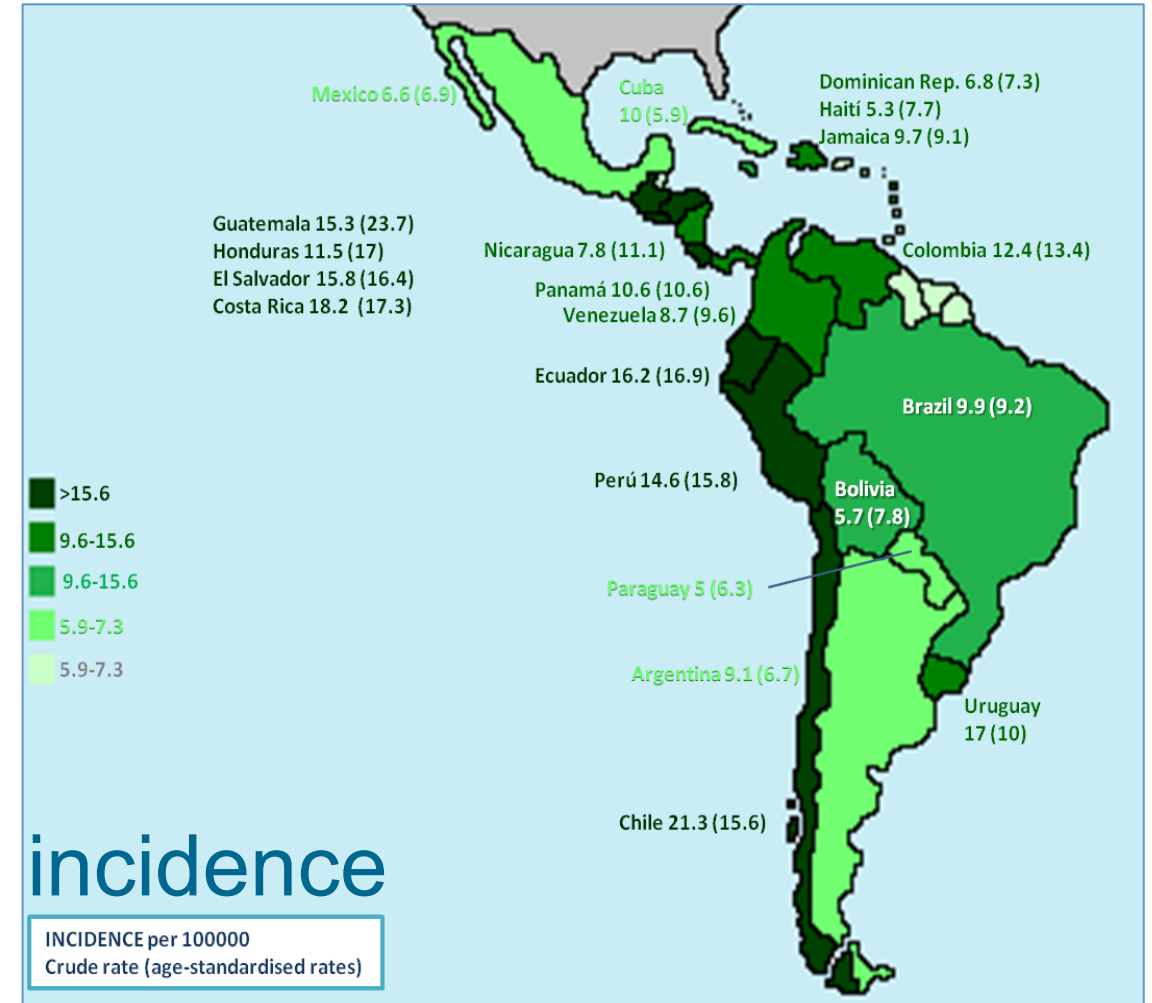
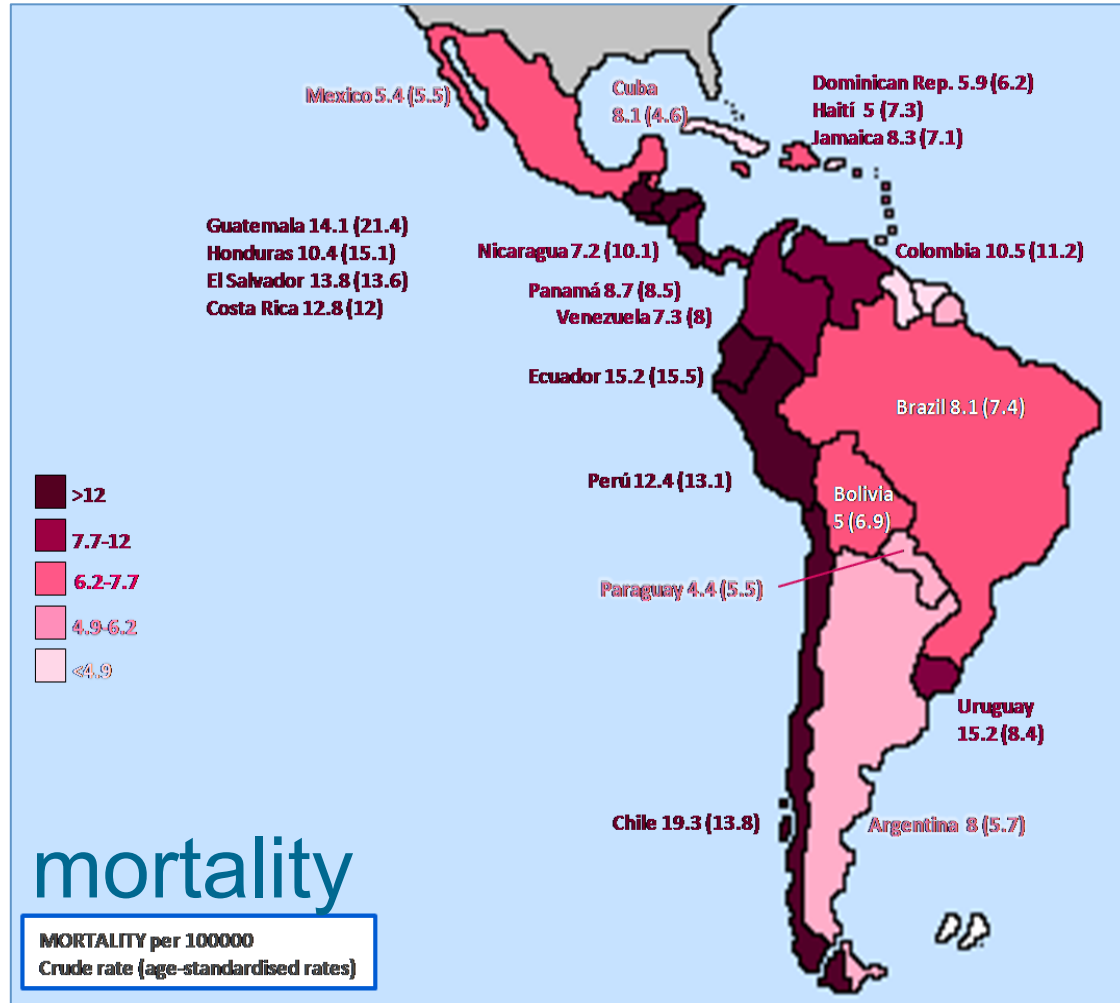
Molecular and clinical profiling of
patients in a high incidence/high
mortality country

Mauricio P. Pinto, PhD





- Facts & Figures
- Gastric Cancer Task Force One
- Clinical profiling
- Molecular profiling
- Molecularly-based stratification
- Future challenges



GC is the leading cause of cancer death in Chile

Variable	Chile	China	S. Korea
Incidence (per 100,000/year)	15.6	19.5	35.8
Mortality (per 100,000/year)	13.8	13.4	24.3

Chilean population: ~17.5 M

>73% is *H. pylori*+

High prevalence of EBV+

Incidence and mortality is higher in males

Total GC deaths: >3,300 a year

Caglevic, C., Silva, S., Mahave, M., Rolfo, C., & Gallardo, J. (2016). The current situation for gastric cancer in Chile. *Ecancermedicalscience*, 10, 707. <https://doi.org/10.3332/ecancer.2016.707>

Yang L, Zheng R, Wang N, et al. Incidence and mortality of stomach cancer in China, 2014. *Chin J Cancer Res*. 2018;30(3):291-298. doi:10.21147/j.issn.1000-9604.2018.03.01

Eom BW, Jung KW, Won YJ, Yang H, Kim YW. Trends in Gastric Cancer Incidence According to the Clinicopathological Characteristics in Korea, 1999-2014. *Cancer Res Treat*. 2018 Oct;50(4):1343-1350. doi: 10.4143/crt.2017.464.

Chilean Gastric Cancer Task Force (FORCE 1) (FORCE-1)

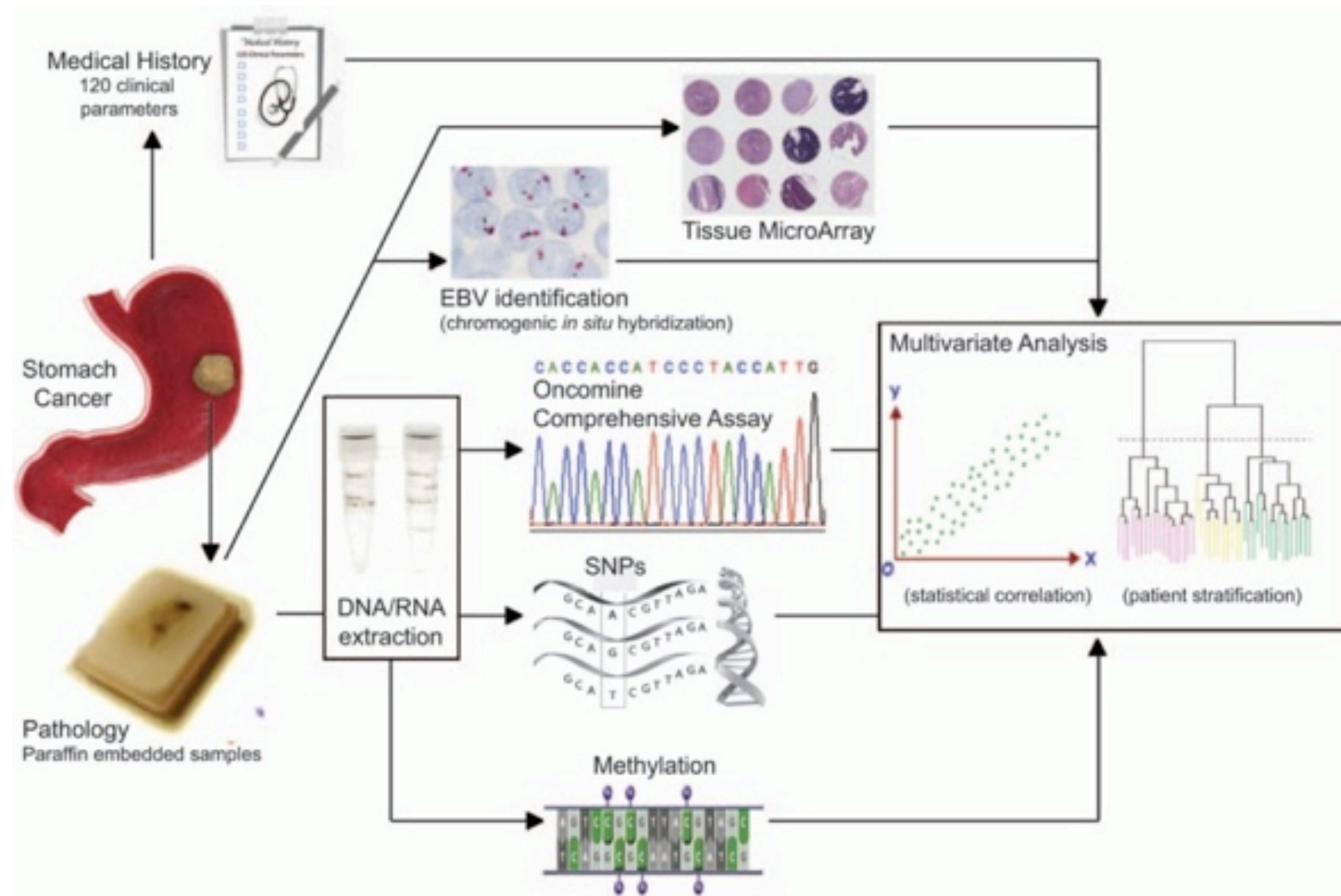
ClinicalTrials.gov Identifier: NCT03158571

Started in 2015 this project sought to stratify GC patients according to their clinical and molecular characteristics

Recruited a total of 224 patients



The Gastric Cancer Task Force One Study (FORCE1)



Owen, G. I., Pinto, M. P., Retamal, I. N., ... Garrido, M. (2018). Chilean Gastric Cancer Task Force: A study protocol to obtain a clinical and molecular classification of a cohort of gastric cancer patients. *Medicine*, 97(16), e0419. <https://doi.org/10.1097/MD.00000000000010419>



legacy

Clinical profiling

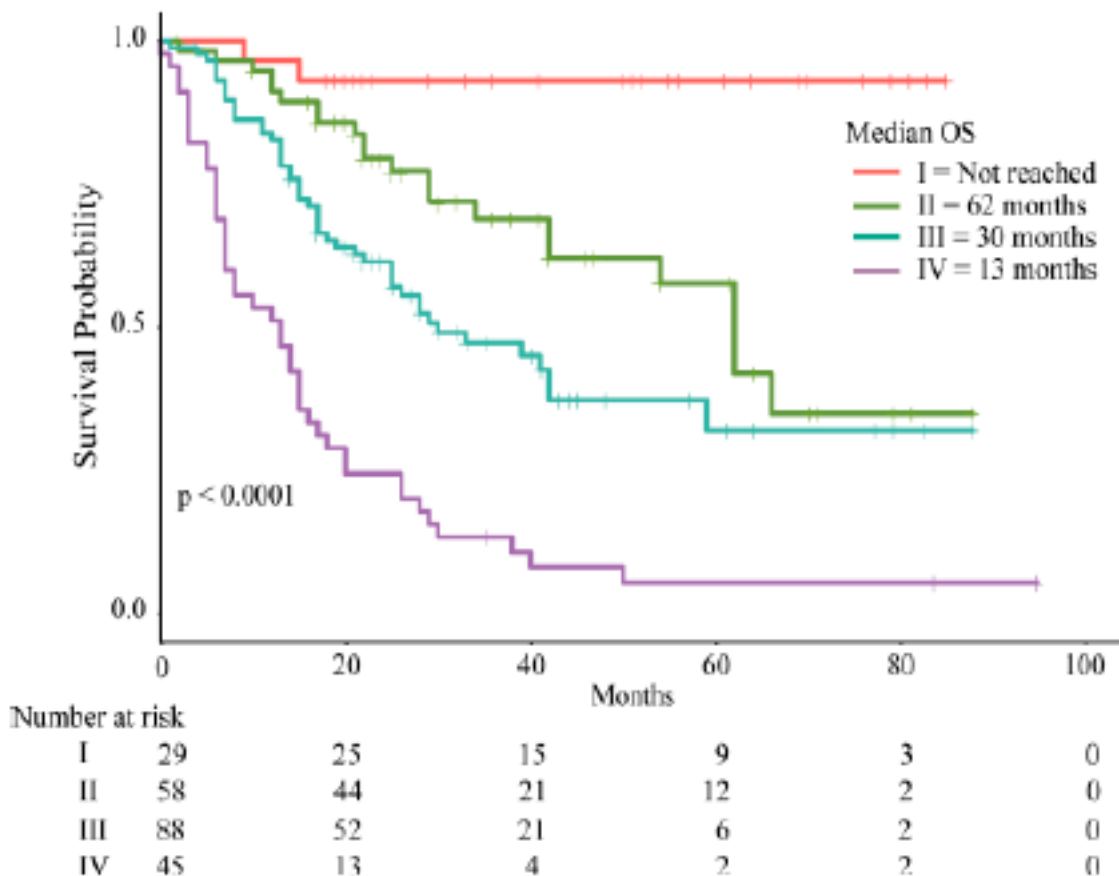
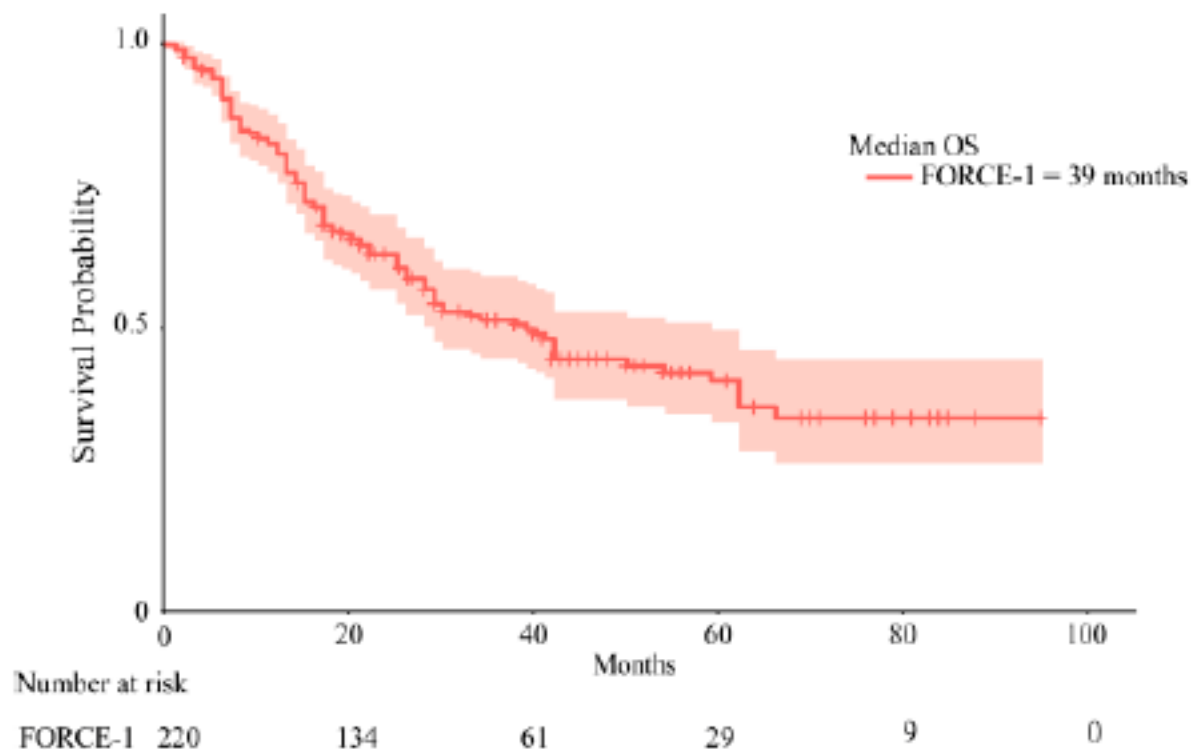
Characteristic	FORCE-1 <i>n</i> (%)	Characteristic	FORCE-1 <i>n</i> (%)
Gender		Lauren histological type	
Male	142 (63.4)	Intestinal	76 (33.9)
Female	82 (36.6)	Diffuse	61 (27.2)
Stage at diagnosis		Mixed	17 (7.6)
I	30 (13.4)	NA	70 (31.3)
II	57 (25.4)	WHO histological type	
III	88 (39.3)	Adenocarcinoma	171 (76.3)
IV	49 (21.9)	Undifferentiated carcinoma	9 (4.0)
ECOG Performance Status		Adenosquamous cell carcinoma	3 (1.3)
0	69 (30.8)	NA	41 (18.3)
1	69 (30.8)	Signet-ring cell presence	
2	6 (2.7)	No	122 (54.5)
≥3	1 (0.4)	Yes	74 (33.0)
NA	79 (35.3)	NA	28 (12.5)
Location of primary tumor		Comorbidities at diagnosis	
Distal esophagus and GEJ	49 (21.9)	Two or less	192 (85.7)
Fundus	12 (5.3)	Three or more	32 (14.3)
Corpus	86 (38.4)	Age	
Antrum	54 (24.1)	Mean, median (range)	61.4, 62 (26–89)
Pylorus	8 (3.6)		
Multiple	9 (4.0)		
NA	6 (2.7)		

Cordova-Delgado M, Pinto MP, ..., Garrido M. High Proportion of Potential Candidates for Immunotherapy in a Chilean Cohort of Gastric Cancer Patients: Results of the FORCE1 Study. *Cancers (Basel)*. 2019 Aug 30;11(9):1275. doi: 10.3390/cancers11091275. PMID: 31480291; PMCID: PMC6770659.



legacy

Clinical profiling



Cordova-Delgado M, Pinto MP, ..., Garrido M. High Proportion of Potential Candidates for Immunotherapy in a Chilean Cohort of Gastric Cancer Patients: Results of the FORCE1 Study. *Cancers (Basel)*. 2019 Aug 30;11(9):1275. doi: 10.3390/cancers11091275. PMID: 31480291; PMCID: PMC6770659.



legacy

Molecular profiling

Mutation Gene	Frequency <i>n</i> (%)	Mutation Gene	Frequency <i>n</i> (%)
SNVs		CNVs	
<i>TP53</i>	49 (48.51)	<i>MYC</i> ^a	5 (4.95)
<i>PIK3CA</i>	15 (14.85)	<i>CCND1</i> ^a	4 (3.96)
<i>VHL</i>	6 (5.94)	<i>CCNE</i> ^a	4 (3.96)
<i>NRAS</i>	7 (6.93)	<i>FGFR2</i> ^a	4 (3.96)
<i>KRAS</i>	6 (5.94)	<i>ERBB2</i> ^a	3 (2.97)
<i>BRAF</i>	5 (4.95)	<i>MDM2</i> ^a	3 (2.97)
<i>APC</i>	5 (4.95)	<i>CDKN2A</i> ^b	2 (1.98)
<i>PTEN</i>	5 (4.95)	<i>KRAS</i> ^a	2 (1.98)
<i>RHOA</i>	4 (3.96)	<i>AKT1</i> ^a	1 (0.99)
<i>CDKN2A</i>	3 (2.97)	<i>CDK6</i> ^a	1 (0.99)
<i>CTNNB1</i>	3 (2.97)	<i>GAS6</i> ^a	1 (0.99)
<i>ATM</i>	2 (1.98)	<i>ZNF217</i> ^a	1 (0.99)
<i>PIK3R1</i>	2 (1.98)	Fusions	
<i>PTPN11</i>	2 (1.98)	<i>EML4_ALK</i>	4 (4.65)
<i>ERBB3</i>	1 (0.99)	<i>EGFR_EGFR</i>	1 (1.16)
<i>FBXW7</i>	2 (1.98)	<i>SLC34A2_ROS1</i>	1 (1.16)
<i>DNMT3A</i>	2 (1.98)	<i>TBL1XR1_ETV1</i>	1 (1.16)
<i>SMAD4</i>	2 (1.98)	<i>TRIM24_BRAF</i>	1 (1.16)
<i>CDH1</i>	2 (1.98)		
<i>ERBB2</i>	2 (1.98)		

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Gene	Aminoacidic Mutational Change	Function	Total Samples <i>n</i>	101	100	30	295	66
				Chilean FORCE-1 <i>n</i> (%)	UHK TCGA <i>n</i> (%)	UTOKIO TCGA <i>n</i> (%)	TCGA Nature 2014 <i>n</i> (%)	Brazil TCGA <i>n</i> (%)
TP53	R273C	Missense		4 (4.0%)	4 (4.0%)	NR	6 (2.0%)	1 (1.5%)
	R213 *	Nonsense		3 (3.0%)	1 (1.0%)	NR	5 (1.7%)	NR
	R175H	Missense		2 (2.0%)	NR	1 (3.3%)	6 (2.0%)	1 (1.5%)
	R248Q	Missense		2 (2.0%)	4 (4.0%)	NR	5 (1.7%)	3 (4.5%)
	R248W	Missense		2 (2.0%)	1 (1.0%)	NR	1 (0.3%)	NR
	P98S	Missense		2 (2.0%)	NR	NR	NR	NR
	Y220H	Missense		2 (2.0%)	NR	NR	NR	2 (3%)
	C242F	Missense		2 (2.0%)	NR	NR	NR	NR

Some TP53 variants in the Chilean population have not been previously reported

Owen, G. I., Pinto, M. P., Retamal, I. N., ... Garrido, M. (2018). Chilean Gastric Cancer Task Force: A study protocol to obtain a clinical and molecular classification of a cohort of gastric cancer patients. *Medicine*, 97(16), e0419. <https://doi.org/10.1097/MD.00000000000010419>



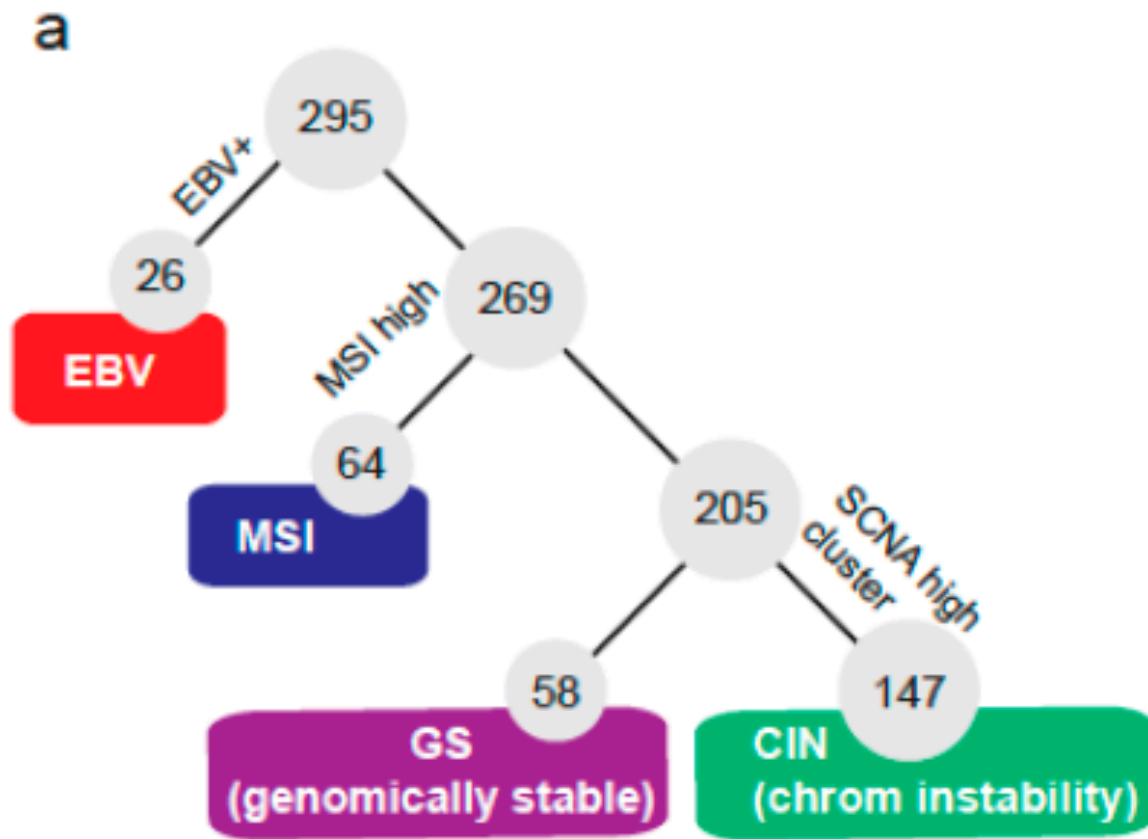
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PIK3CA	E542K	Missense		4 (4.0%)	NR	NR	5 (1.7%)	2 (3%)
	C378R	Missense		2 (2.0%)	NR	NR	1 (0.3%)	NR
	E545K	Missense		2 (2.0%)	NR	NR	11 (3.7%)	2 (3%)
	R88Q	Missense		2 (2.0%)	NR	NR	4 (1.4%)	1 (1.5%)
	T1025A	Missense		2 (2.0%)	NR	NR	NR	NR
VHL	S68L	Missense		6 (5.9%)	NR	NR	NR	NR
NRAS	G13V	Missense		5 (5.0%)	NR	NR	NR	NR
	G12D	Missense		2 (2.0%)	NR	NR	NR	NR
KRAS	G12D	Missense		3 (3.0%)	2 (2%)	NR	7 (2.4%)	1 (1.5%)
BRAF	D594G	Missense		3 (3.0%)	NR	NR	NR	NR
RHOA	Y42C	Missense		3 (3.0%)	NR	4 (13.3%)	3 (1%)	NR
APC	D156fs	Frameshift deletion		2 (2.0%)	NR	NR	NR	NR

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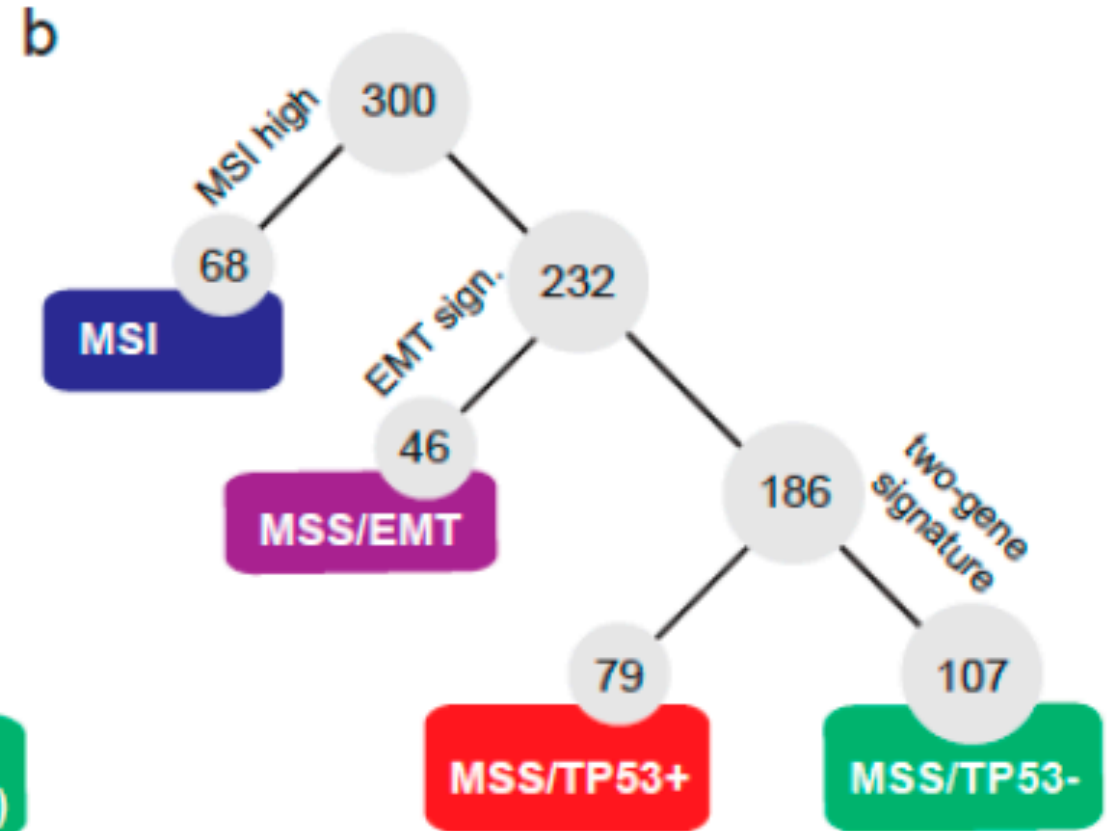
Given the existence of specific variants on the Chilean population

Can we define molecular subtypes?

GC molecular subtypes



The Cancer genome Atlas



Asian Cancer Research Group



TCGA

Subtype	EBV+ (9%)	MSI (22%)	Genomically stable (20%)	CIN (50%)
Molecular alterations	<i>PIK3CA</i> mutation <i>CDKN2A</i> silent <i>JAK2</i> amplification PDL1/PDL2 amp.	<i>MLH1</i> silencing Hypermutation	<i>RHOA</i> mutation <i>CDH1</i> mutation Most diffuse type	RTK amplification/ overexpression <i>TP53</i> mutation Aneuploidy

ACRG

Subtype	MSS/TP53+ (26%)	MSI (23%)	MSS/EMT (15%)	MSS/TP53- (36%)
Molecular alterations	Frequent <i>APC</i> , <i>ARID1A</i> , <i>PIK3CA</i> and <i>SMAD4</i> mutations intact <i>TP53</i>	Hypermutation Frequent mutations: <i>KRAS</i> , <i>PI3K</i> , <i>PTEN</i> <i>MTOR</i> , <i>ALK</i> and <i>ARID1A</i>	Low mutational load <i>CDH1</i> loss Most diffuse type	<i>TP53</i> mutation RTK amplification HER2, EGFR overexpression.
Clinical phenotype	EBV+ intermediate-risk prognosis/ recurrence	Best prognosis Low-risk recurrence early stage diagnosis	Worst prognosis High-risk recurrence Late stage III-IV	intermediate-risk prognosis/ recurrence


ACRG and TCGA are too expensive and hard to apply into the clinic

Is it possible to elaborate a molecular stratification based on IHC/ISH?

[nature](#) > [modern pathology](#) > [original article](#) > [article](#)

Published: 01 April 2016

A protein and mRNA expression-based classification of gastric cancer

Namrata Setia, Agoston T Agoston, Hye S Han, John T Mullen, Dan G Duda, Jeffrey W Clark, Vikram Deshpande, Mari Mino-Kenudson, Amitabh Srivastava, Jochen K Lennerz, Theodore S Hong, Eunice L Kwak & Gregory Y Lauwers 

Modern Pathology **29**, 772–784(2016) | [Cite this article](#)

1629 Accesses | **60** Citations | **17** Altmetric | [Metrics](#)

ORIGINAL ARTICLES

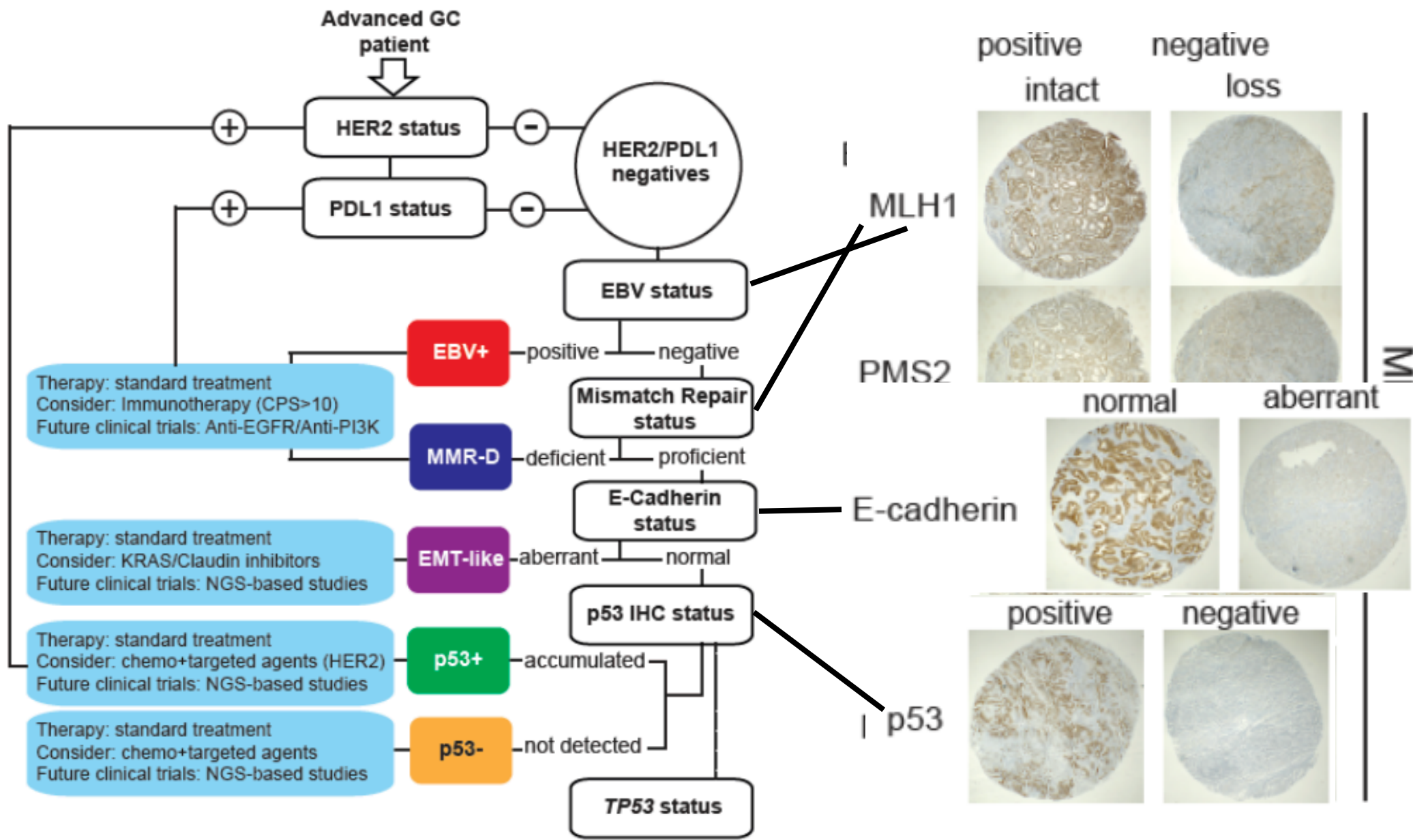
High-throughput Protein and mRNA Expression-based Classification of Gastric Cancers Can Identify Clinically Distinct Subtypes, Concordant With Recent Molecular Classifications

Ahn, Sangjeong MD, PhD^{*,†}; Lee, So-Jeong MD^{*}; Kim, Yonugkeum MD^{*}; Kim, Ahrong MD^{*}; Shin, Nari MD[‡]; Choi, Kyung Un MD, PhD^{*}; Lee, Chang-Hun MD, PhD^{*}; Huh, Gi Yeong MD, PhD[§]; Kim, Kyong-Mee MD, PhD[‡]; Setia, Namrata MD[¶]; Lauwers, Gregory Y. MD[#]; Park, Do Youn MD, PhD^{*}

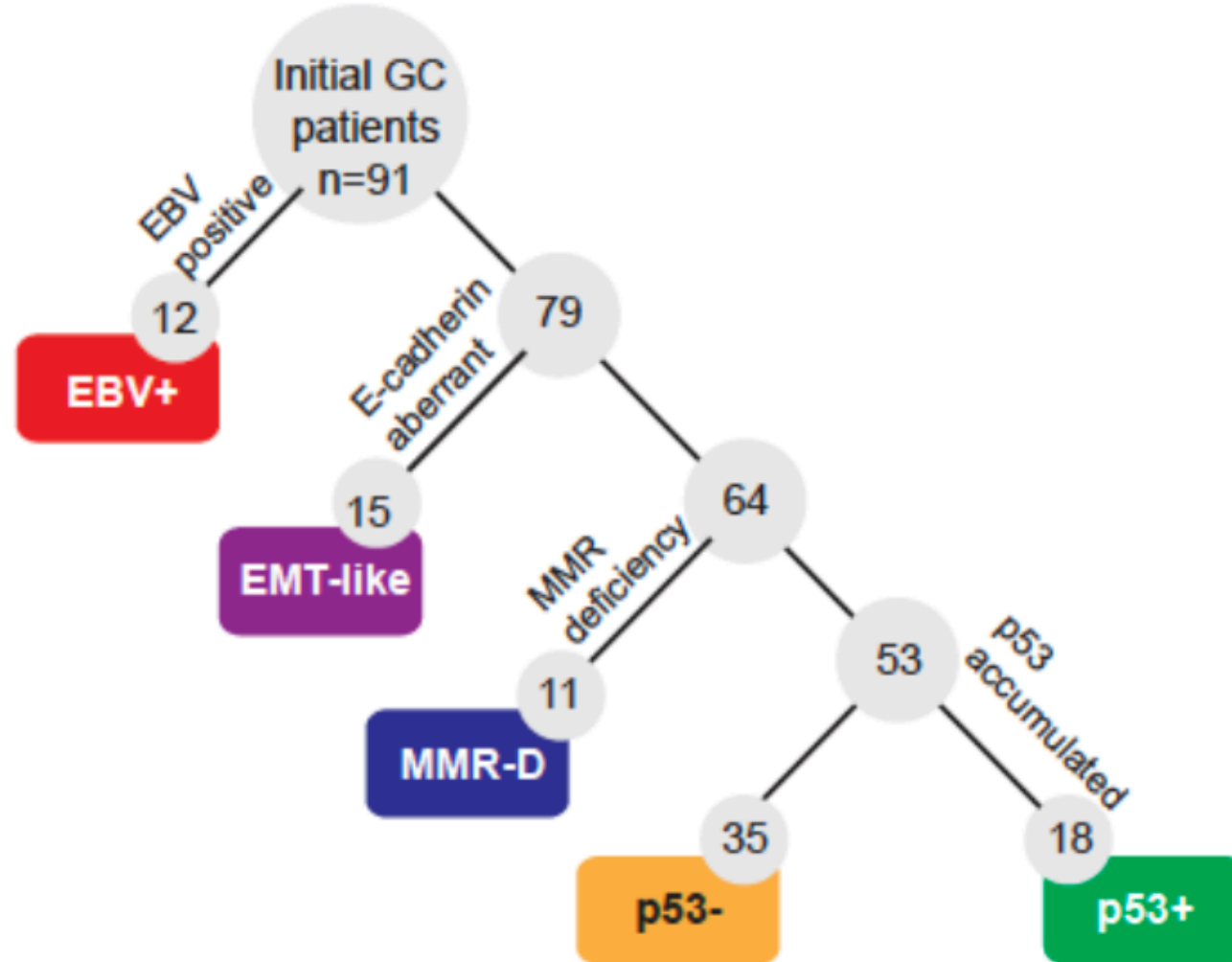
Author Information

The American Journal of Surgical Pathology: [January 2017 - Volume 41 - Issue 1 - p 106-115](#)

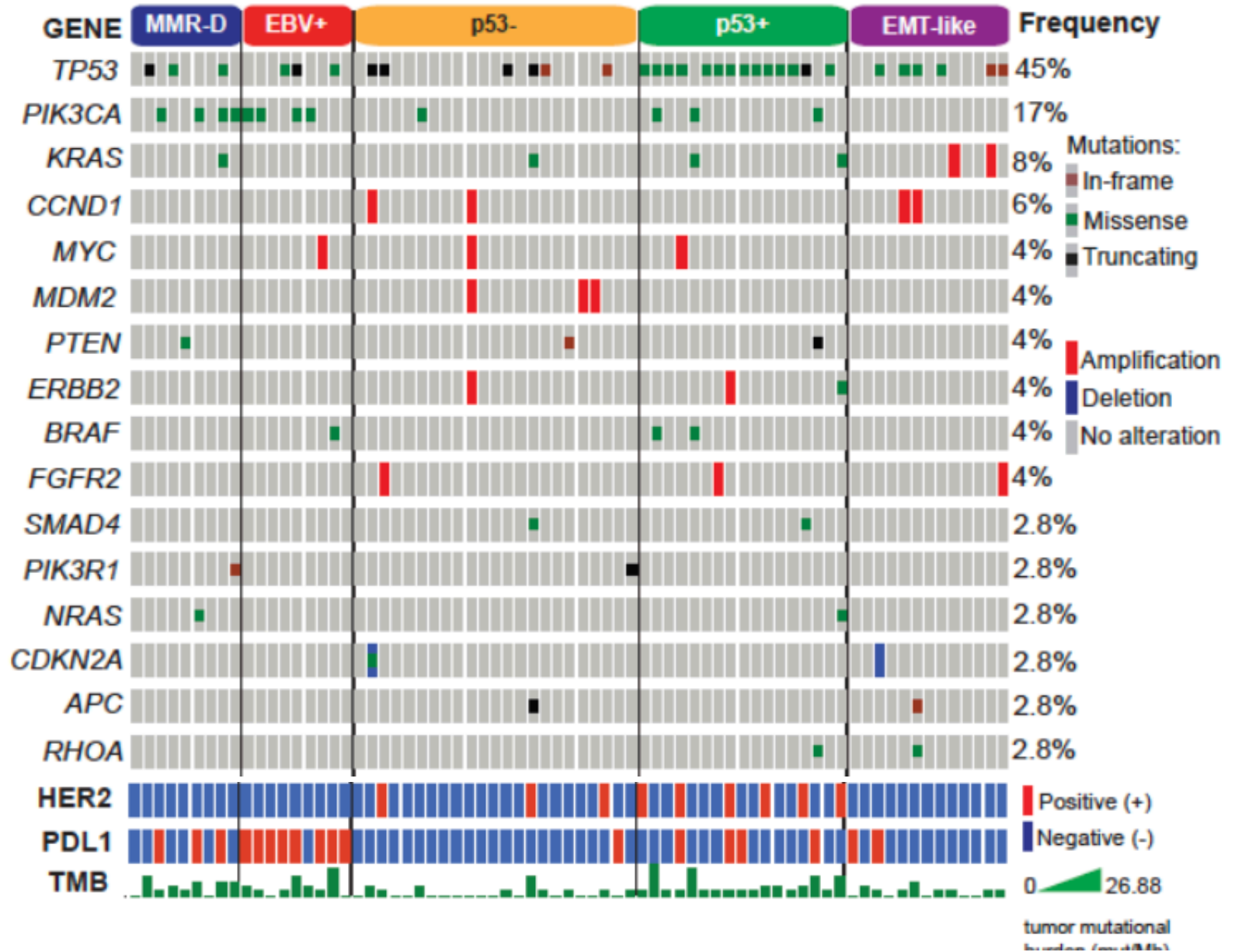
doi: [10.1097/PAS.0000000000000756](#)



Pinto, M.P.; Córdova-Delgado, M.; Retamal, I...; Garrido, M. A Molecular Stratification of Chilean Gastric Cancer Patients with Potential Clinical Applicability. *Cancers* 2020, 12, 1863.



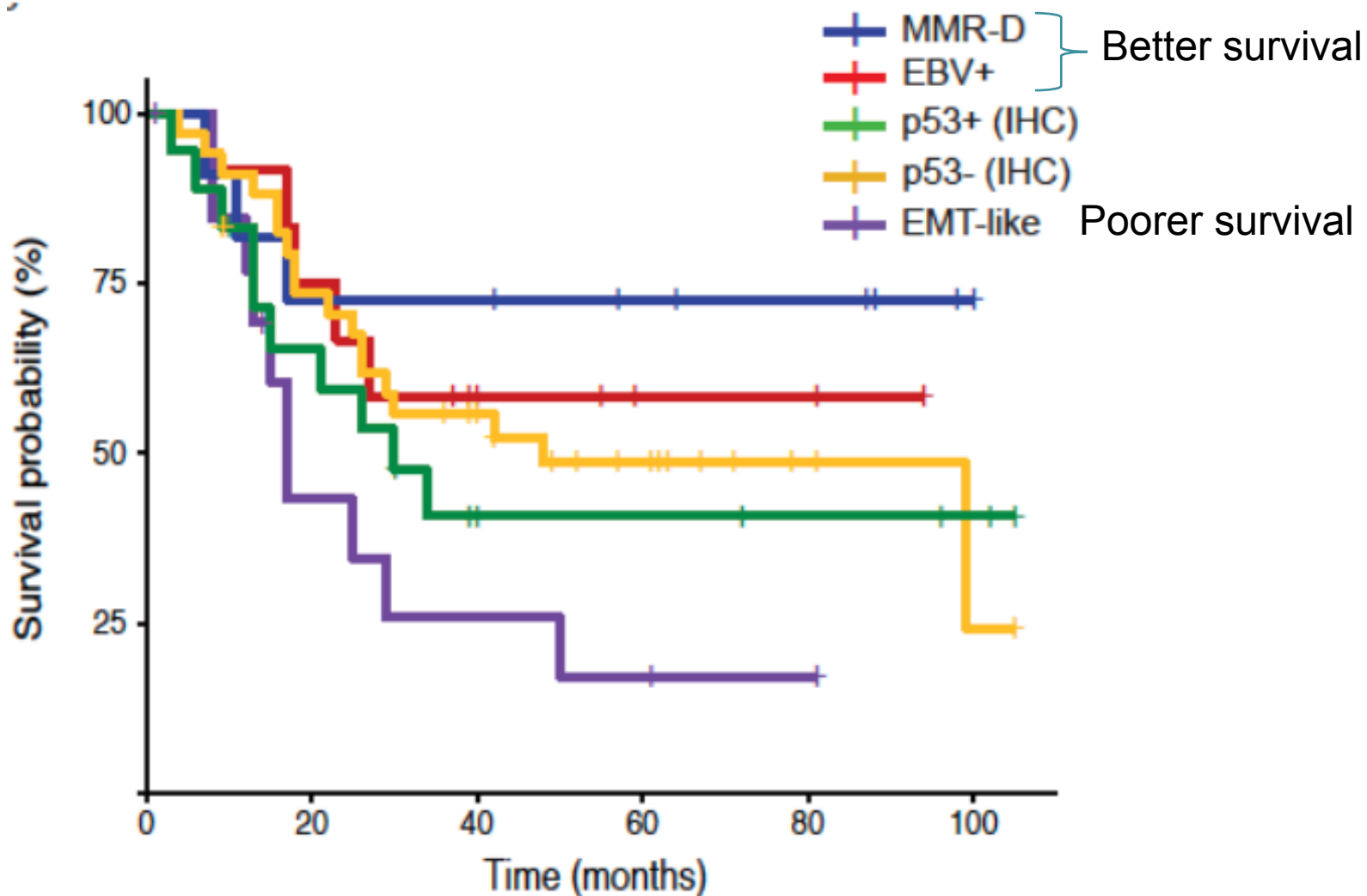
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Pinto, M.P.; Córdova-Delgado, M.; Retamal, I...; Garrido, M. A Molecular Stratification of Chilean Gastric Cancer Patients with Potential Clinical Applicability. *Cancers* 2020, 12, 1863.



Molecular subtypes correlate with survival

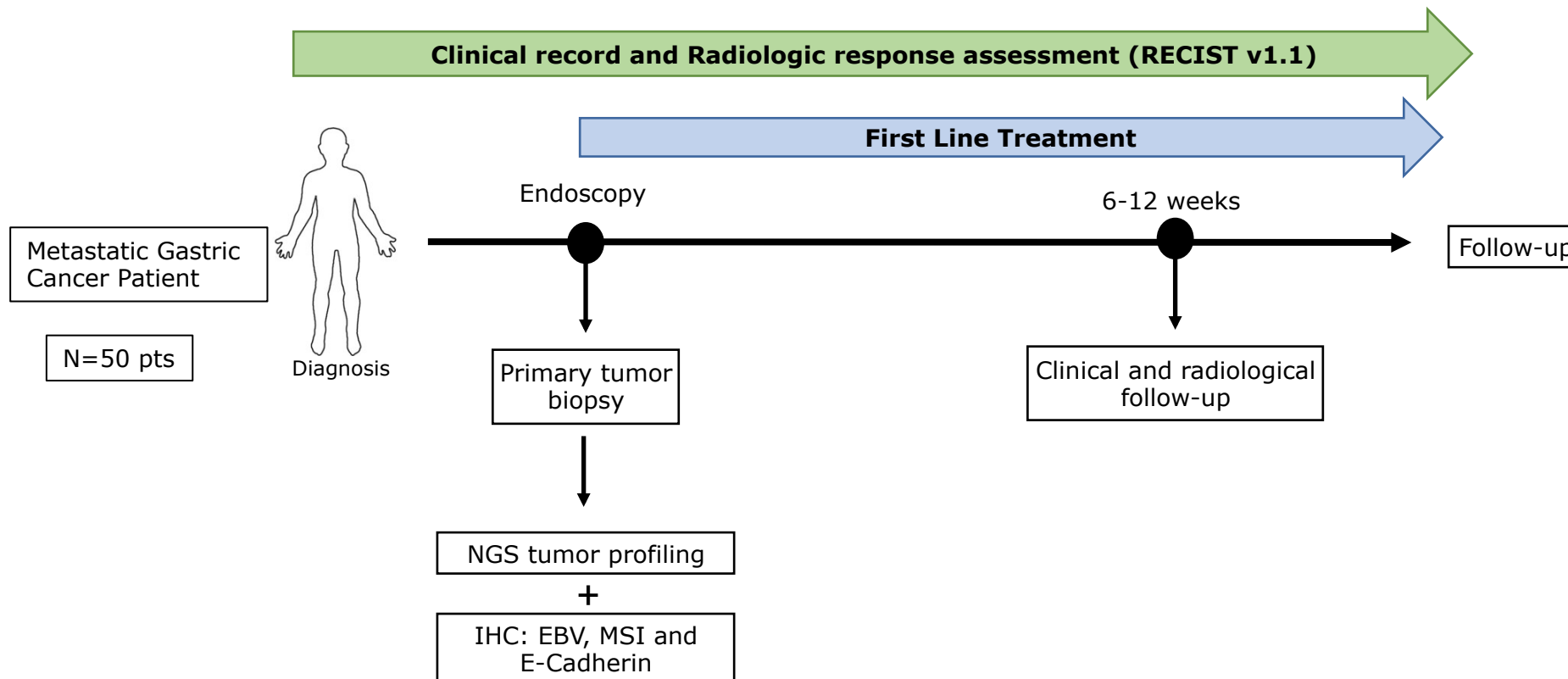


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Distribution of GC subtypes



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Clinical Trials Team

- María Fernanda Fernández, Study Coordinator
- Alejandra Daza, Study Coordinator
- Helda González, Study Coordinator
- Valentina Garate, Study Coordinator
- Bernardita Montt, Study Coordinator
- Liliana Bravo, Regulatory Affairs
- Lisseth Escobar, Study Coordinator
- Cesar Bravo, Study Coordinator
- Karla Ramos, Quality Control
- Daniela Araya, Data Entry
- Joyce Cisternas, Data Entry
- Yorkally Riquelme, Study Coordinator
- Gonzalo Peterli, Administrative Coordinator
- Valeska Borquez, Nurse Technician
- Francisco Gajardo, Administrative Coordinatur

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- Arnoldo Riquelme, Gastroenterology
- Allan Sharp, Digestive surgery

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- Francisco Villanueva, PhD Registry Coordinator
- Gareth Owen, PhD Chief Preclinical Lab
- Valentina Ortiz, Nurse Technician
- Margarita Pizarro, Biochemistry
- Matías Muñoz, Data Entry Senior
- Mauricio Pinto, PhD Protocol and Paper Writer
- María Loreto Bravo, PhD Study Coordinator

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- Piga Fernandez, Patients Foundation
- EDUMED, Educational web resources
- Wladimir Flores, Project Manager in Oncology

Precision Oncology and Artificial Intelligence Team

- Nicolás Monge, MSc, innovation & AI Specialist
- Miguel Córdova, PhD Genomic and Ph specialist



THANK YOU!!

2020 was crazy

Let's hope 2021
Will bring

PEACE and
SANITY





legacy



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