

EQA scheme on liquid biopsy Results

Joined collaboration between 5 EQA providers

AIOM - Italy

EMQN - UK

ESP QA - Belgium

GenQA - UK

Gen&Tiss - France

Kaat Van Casteren



Results

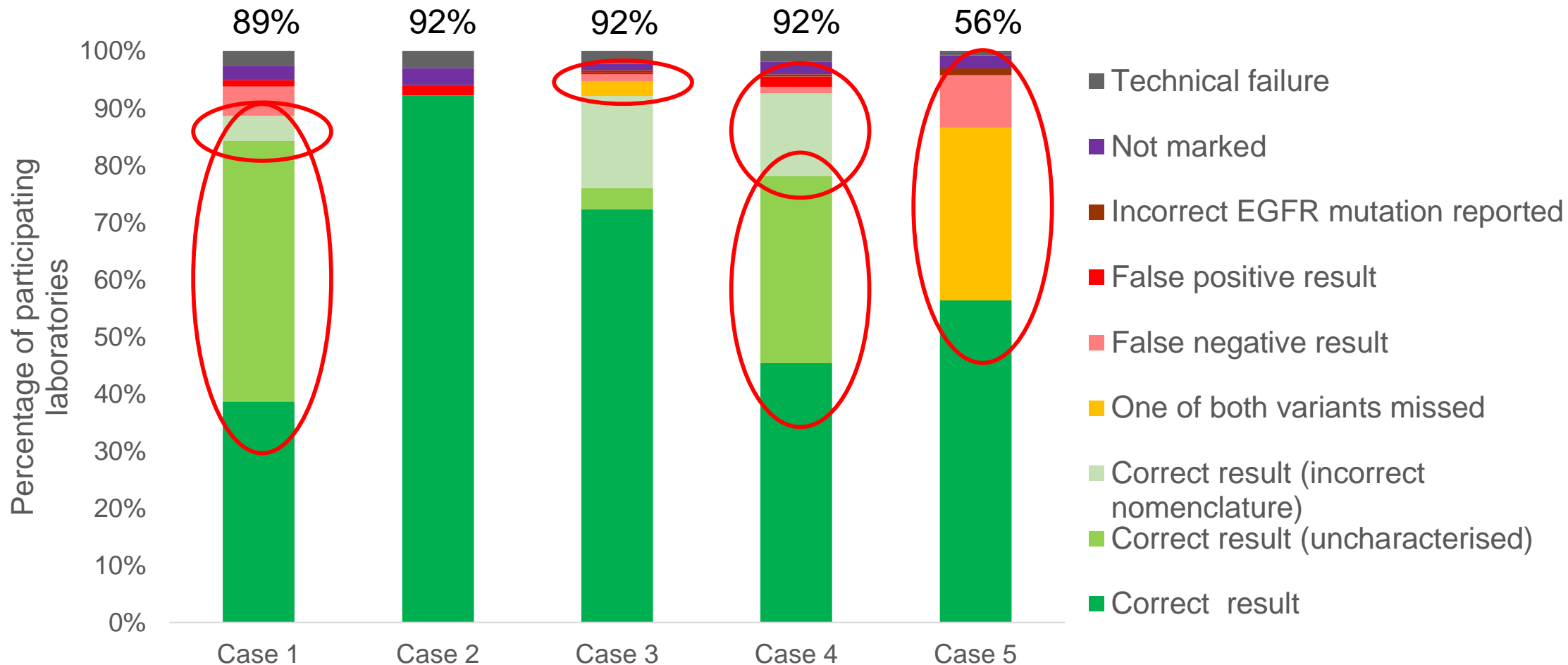
- 264/304 (87%) submitted results
- Genotyping results per case

! 2016 pilot scheme:
1,79/2 for *EGFR* genotyping

Category	Case 1 (exon 19 deletion, 1% VAF)	Case 2 (WT)	Case 3 (L858R & T790M, 5% VAF)	Case 4 (Exon 19 deletion, 5% VAF)	Case 5 (L858R & T790M, 0,5% VAF)
Average Genotyping Score (/2)	1.83	1.93	1.82	1.86	1.83
Performance rate (%)*	89%	92%	92%	93%	56%
Error rate (%)*	6%	2%	4%	3%	41%
Technical failures (%)	3%	3%	2%	2%	1%

*Calculated based on the (in)correct identification of all clinically relevant variants in the sample

Results



Results – Case 5

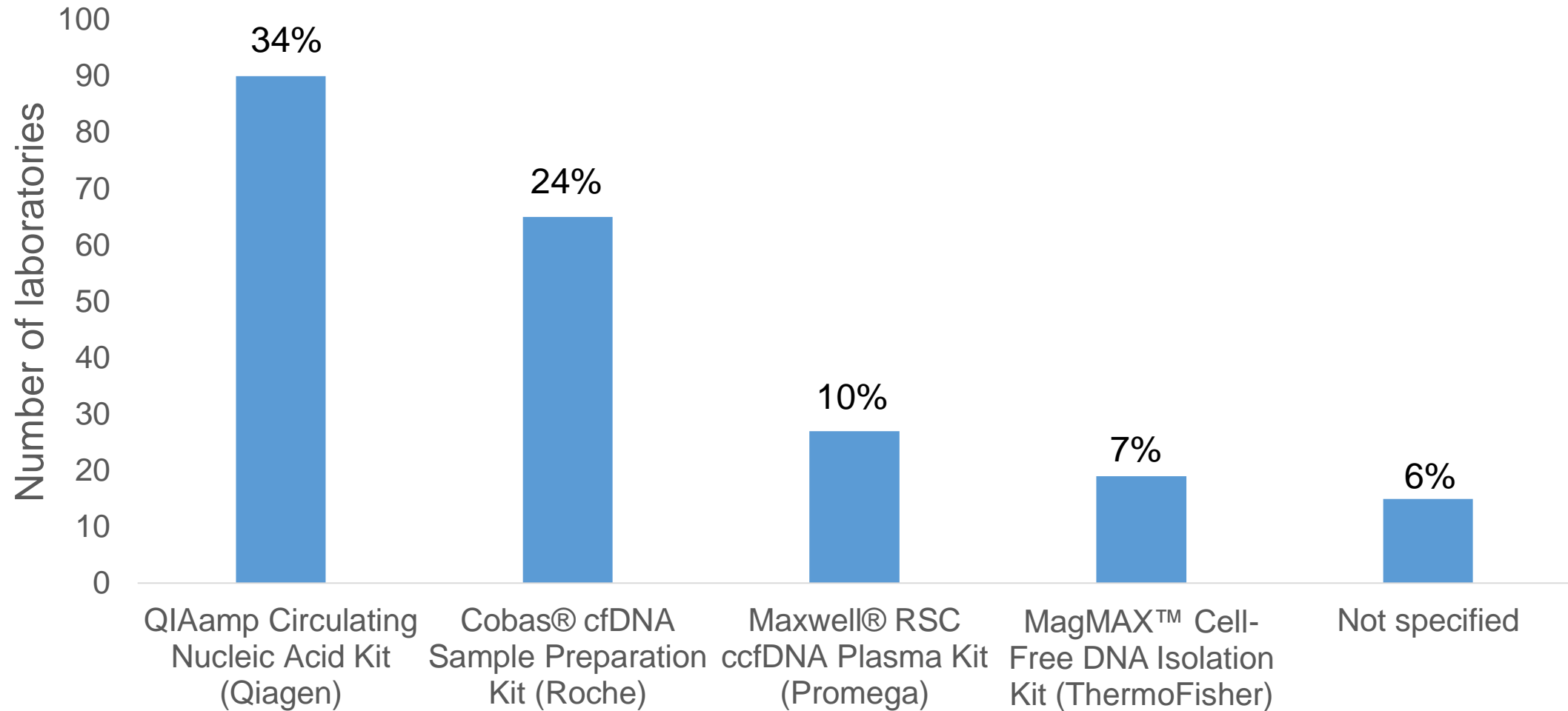
- Challenging case:
 - *EGFR*: c.2573T>G p.(Leu858Arg) at 0,49% VAF
 - *EGFR*: c.2369C>T p.(Thr790Met) at 0,81% VAF
- Adjusted scoring criteria → more lenient
- Overview:

! 2016 pilot scheme: a similar challenging case (VAF 1%) was also excluded from score calculations (61% correct)

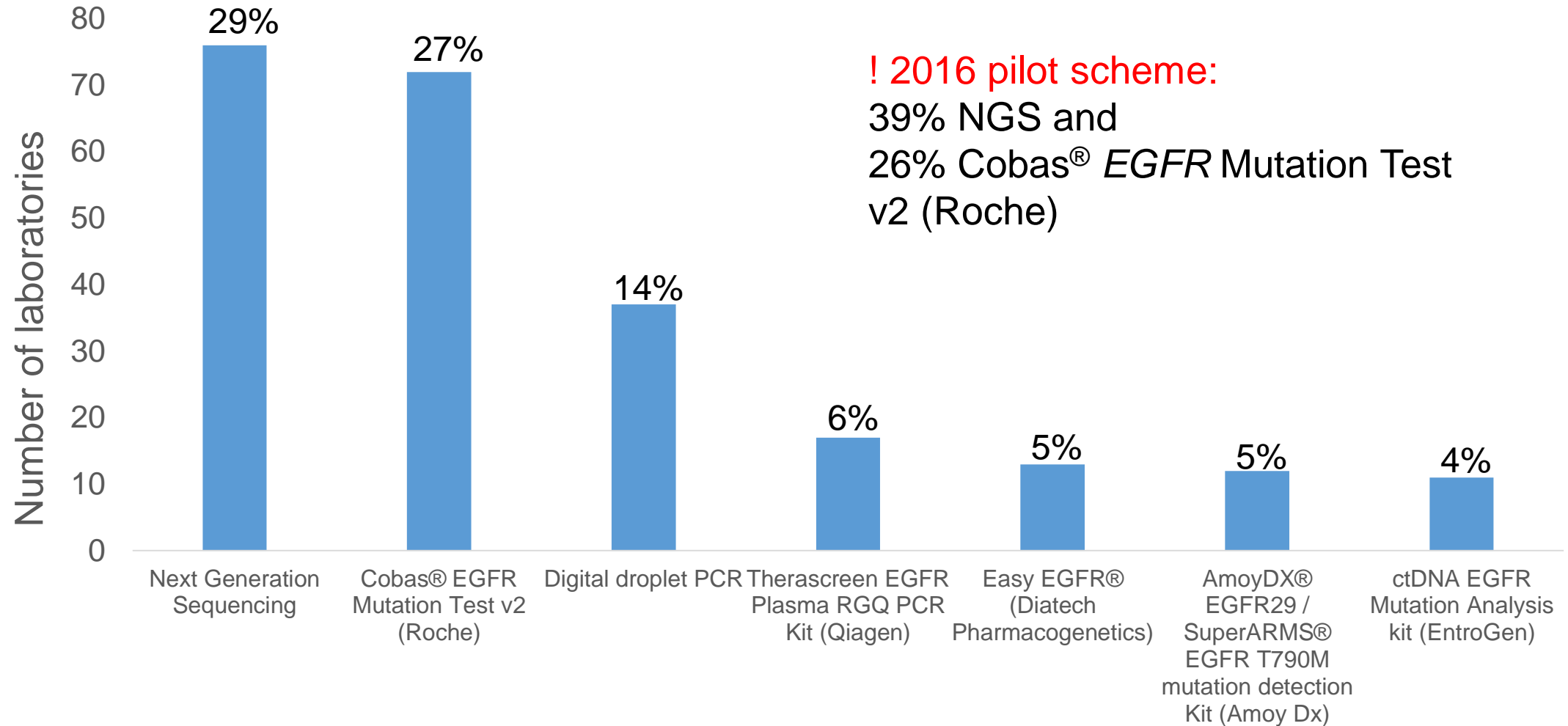
Missed both variants	Missed one variant		Incorrect <i>EGFR</i> variant reported
24/264 (9%)	79/264 (33%)		3/264 (1%)
	T790M (VAF 0,81%) missed	L858R (VAF 0,49%) missed	
	17/79 (22%)	62/79 (78%)	

➔ Only 56% correct but average score 1,83/2

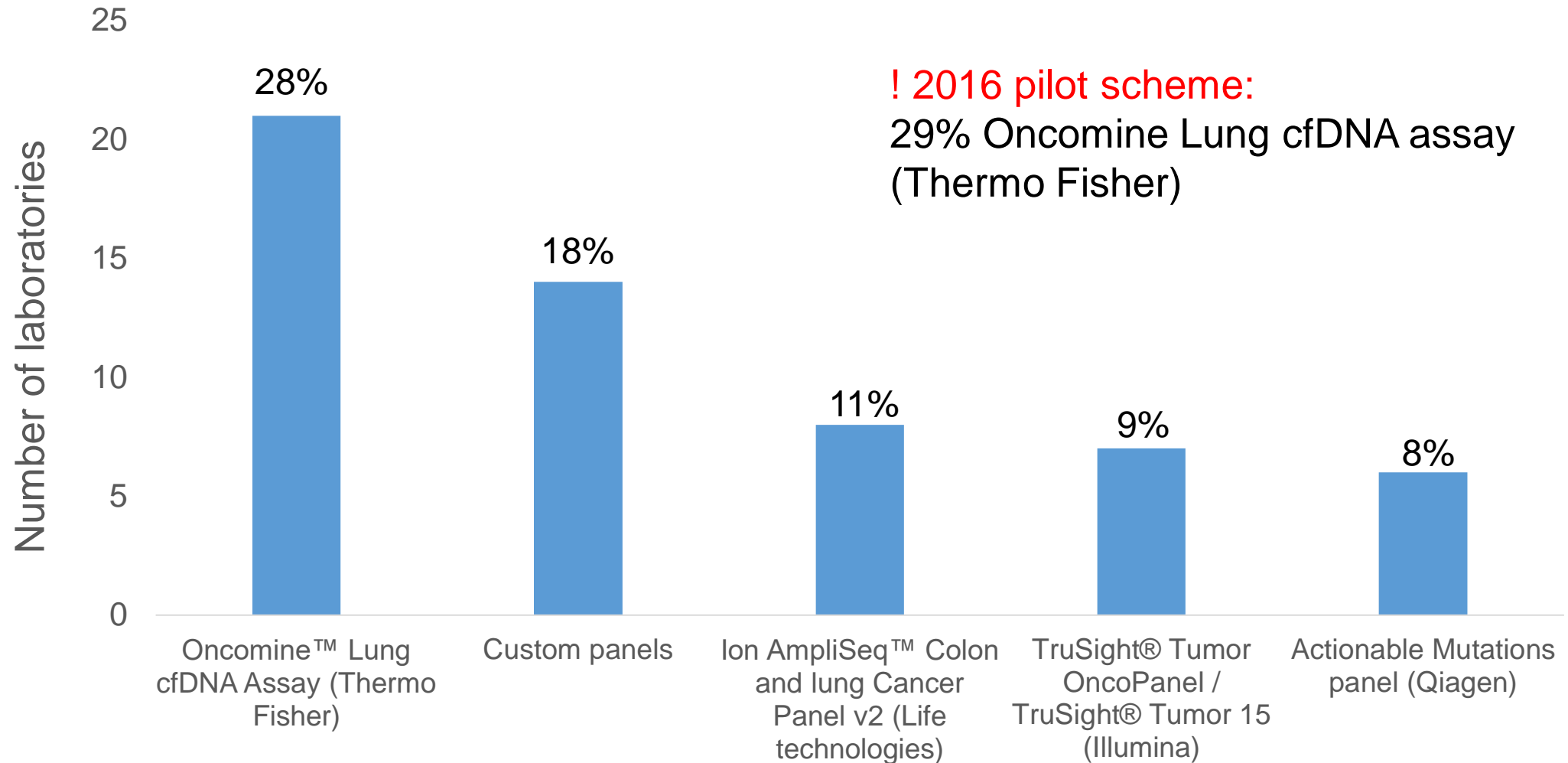
Results – DNA extraction methods



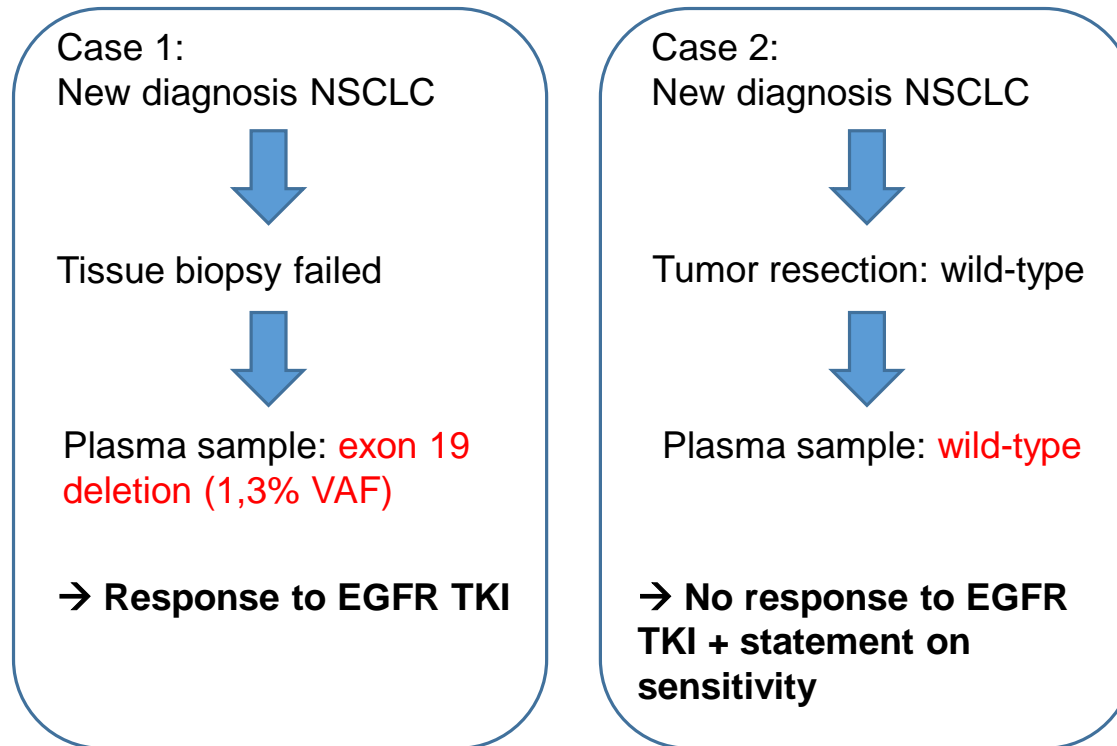
Results – Variant detection methods



Results – NGS methods



Results - Reporting



Average Interpretation (I2)*	1.58	1.45
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* AIOM results not included

Results - Reporting

- Important issues - Interpretation:

Case 2:

WT test result at diagnosis

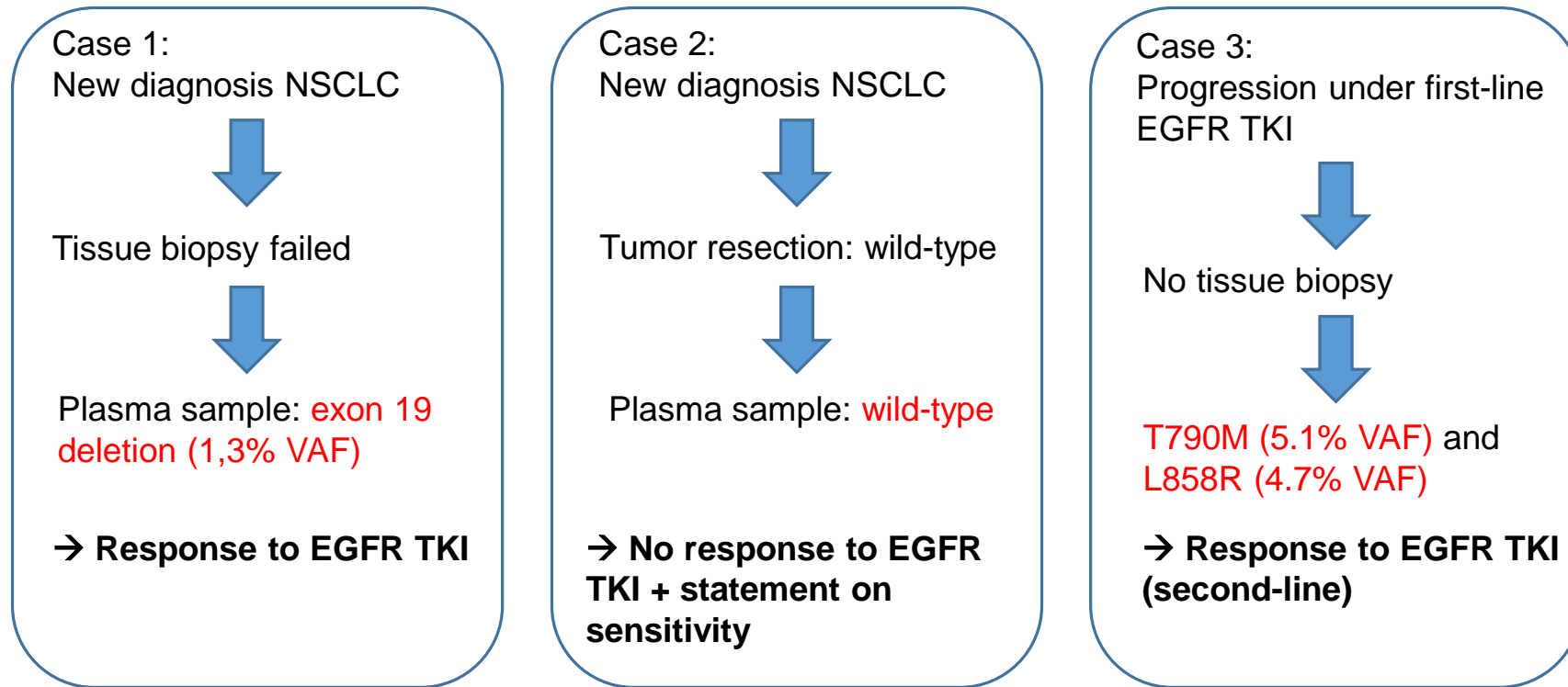
→ No response to EGFR TKI +
statement on sensitivity

→ 11% Overinterpretation:
Patient not likely to respond to EGFR
TKI*

→ 25% No statement on sensitivity*

* Findings based on ESP QA and GenTiss data only (n=96)

Results - Reporting



Average Interpretation (/2)*	1.58	1.45	1.54
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* AIOM results not included

Results - Reporting

Case 4:
Progression under first-line EGFR
TKI



Tissue biopsy failed



Plasma sample: **exon 19 deletion**
(6,2% VAF)

→ **No resistance mutation detected/
no response to second-line EGFR
TKI**

Average
Interpretation
(/2)*

1.40

* AIOM results not included

Results - Reporting

- Important issues - Interpretation:

Case 2:

WT test result at diagnosis

→ No response to EGFR TKI +
statement on sensitivity

→ **11%** Overinterpretation:
Patient not likely to respond to EGFR
TKI*

→ **25%** No statement on sensitivity*

Case 4:

Exon 19 deletion at progression

→ No resistance mutation detected/
no response to second-line EGFR
TKI

→ **23%** No indication of progressive
disease state*

* Findings based on ESP QA and GenTiss data only (n=96)

Results - Reporting

Case 4:
Progression under first-line EGFR
TKI



Tissue biopsy failed



Plasma sample: **exon 19 deletion**
(6,2% VAF)

→ **No resistance mutation detected/
no response to second-line EGFR
TKI**

Case 5:
Progression under first-line EGFR
TKI



Tissue biopsy not tested



T790M (0,81% VAF) and L858R
(0,49% VAF)

→ **Response to EGFR TKI (second-
line)**

Average
Interpretation
(/2)*

1.40

1.49

* AIOM results not included

Results - Reporting

- Clerical accuracy - Evaluated criteria:
 - Patient name
 - Date of birth
 - Patient gender
 - Overall layout of report
 - Sample reference number

Category	Case 1 (exon 19 deletion)	Case 2 (WT)	Case 3 (L858R & T790M)	Case 4 (Exon 19 deletion)	Case 5 (L858R & T790M)
Average Clerical Accuracy (/2)*	1.89	1.9	1.9	1.89	1.89

* AIOM results not included

Results

- Reporting – other issues
 - HGVS nomenclature and correct reference sequence not always used¹
 - Sample type (FFPE instead of plasma)
 - No separate template for liquid biopsy reports
 - Testing limitations (copies/mL or %) → standardisation necessary
 - Scope of testing (e.g. only T790M was tested)
 - Not correct in case of first-line treatment

¹ Tack V. et al., 2016. What's in a name? A coordinated approach towards the correct use of a uniform nomenclature to improve patient reports and databases. Hum Mutat 37:570–575.

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The technical and medical experts
The validating laboratories
The assessors