Translational Science in TARPSWG

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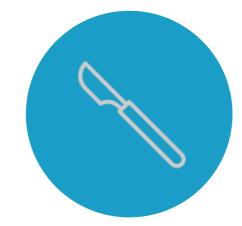




MISSION of TARPSWG



Evaluate current
outcomes and evidence in
the management
of patients with primary,
locally recurrent, and
metastatic retroperitoneal
sarcoma



Develop evidencebased expert consensus guidelines to standardize care of this complex and rare disease globally



Develop prospective clinical trials to address seminal clinical questions and enhance patient enrollment in prioritized clinical trials



Facilitate
translational
scientific research
to advance
fundamental
knowledge and
develop novel
therapies

TARPSWG: Global Collaboration for Translational Science

How can we innovate/lead scientific discovery in sarcoma?

How can I contribute?



- 1. Identify key biologic questions based on clinical observation
- Why do LMS patients have high rate of metastasis?
- Does GIST mutational status correlate with site?
- 2. Correlative science: evaluate responders vs. non-responders in clinical trials
- Not performed in STRASS1
- Goal to understand non-responders vs. responders in STRASS2
- 3. Biobank patient specimens linked with patient outcome data
- 4. Network with basic scientists, drug development, bioengineering etc. to secure funding and advance knowledge in this rare family of disease

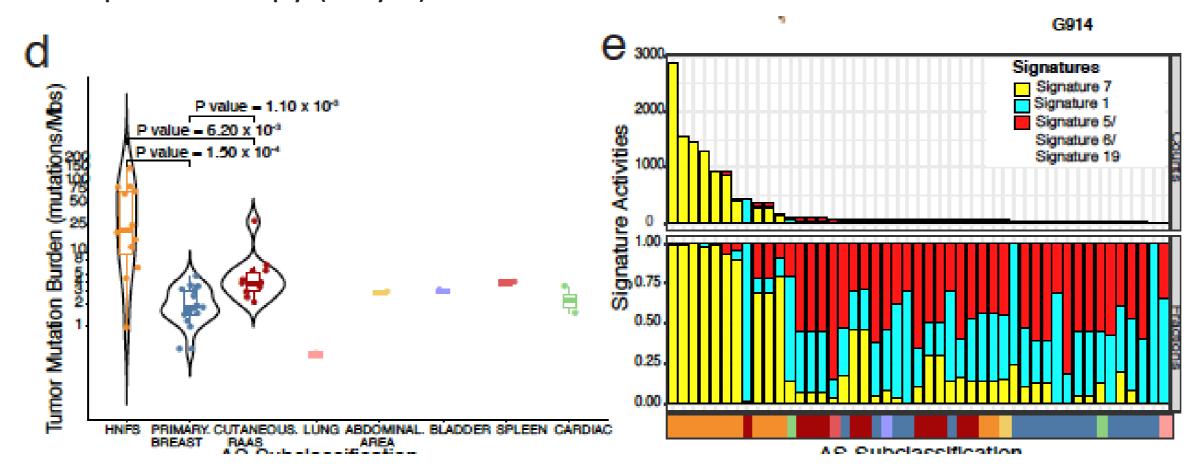


Example 2: Angiosarcoma project – Raut collaboration with Broad Institute

(Cambridge, MA)

Direct-to-patient study of patients with angiosarcoma (any site)

- 30 genes recurrently altered in 47 samples (WES of tumor + matched germline), including several not associated not previously reported with AS (PIK3CA, GRIN2A, NOTCH2) [figure a]
- Head and neck AS (HNAS) commonly had higher tumor mutational burden (TMB)
 than AS from other sites [figure d]
- HNAS with TMB had dominant mutation signatures associated with UV damage
 [figure e]
- Since TMB is associated with response to immune checkpoint inhibitors, response to
 off-label pembrolizumab was evaluated in 2 pts both had sustained response
 requiring no subsequent therapy (>2 yrs)



TMB 80 KDR 21% PIK3CA 19% POT1 17% PLCG1 13% NF1 LEGEND: Patient: ASCProject_KxFGsofW Clinical Trial Cyclophosphamia No treatment for angiosarcoma Pembrolizumab → Paclitaxel Protein (219 days) (767 days, at time of last record) Bound Crizotinib Pembrolizumab (27 days) No treatment for Angiosarcoma Clinical Cyclophosphamide (63 days) Patient: ASCProject_dyhLT8sG Ongoing complete No treatment for angiosarcoma with NED Pembrolizumab (836 days, at time of last record) Pembrolizumab Clinical (249 days) (120 days) Paclitaxel angiosarcoma Patient gender: Male (213 days) Paclitaxel Protein Bound Site of primary AS: Nose Protein Bound (60 days) No treatment for Age at primary AS diagnosis: 58 years (216 days) Diagnosis of metastatic AS: 414 days after 1° Dx angiosarcoma Biopsy sequenced: mandibular node metastasis (414 days after 1° Dx) (227 days) Tumor Mutational Burden: 138.9 Mut/Mb Dominant mutational signature: UV light exposure

Painter et al, *Nature Medicine* 2020



STRASS2 Correlative Studies

STRASS2 translational research - Eva Wardelmann, Paul Huang, Christina Messiou

Sample collection in STRASS 2

- Tissue Pre-treatment biopsies and surgical specimens (FFPE mandatory, frozen optional)
- Bloods At multiple time-points, (EDTA-mandatory, STRECK-mandatory, SST-optional)
- Primary aim is to identify biomarkers for NACT response and resistance
 - 1. Evaluating molecular/immune characteristics relevant to response
 - 2. Correlation of pathology and imaging features
 - 3. Radiomics for prediction of treatment outcome
- Funding has been obtained via the Sarcoma Accelerator Award to fund multi-omic analysis of tissue (WES, RNASeq, proteomics) with planned integration with radiomics and computational pathology

Virtual Biobanking: Navigating Specimen and Data Sharing



Virtual Biobanking for Retroperitoneal Sarcoma: A Transatlantic Australasian Retroperitoneal Sarcoma Working Group (TARPSWG) Initiative

Annals of Surgical Oncology – online July 2, 2020

- 1. Survey sent out in 2018, 42 centers replied (71% of TARPSWG centers)
- 2. Majority of centers engaged in biobanking, limited banking of germline (18%). Specimens include FFPE, fresh frozen, blood, primary cell lines
- 3. Standardized biobanking protocol developed and published, key ensure expert pathology review
- 4. TARPSWG members indicated willingness to participate in translational studies
- 5. Need to define working group to harmonize efforts: grant funding, contracts and scientific teams!

Invitation to participate in this effort:

- 1. Develop important biologic questions, protocols approved by Translational Working Group
- 2. Participation in correlative scientific studies from clinical trials
- 3. Ongoing biobanking with clinical outcomes
- 4. Grant collaboration, engaging sarcoma research network

All feedback welcome!

Propose first working group meeting: November 2020, focus on STRASS2 correlative studies

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