Diagnosis of early stage pancreatic ductal adenocarcinoma using a serum biomarker signature

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Introduction

Pancreatic ductal adenocarcinoma (PDAC) shows a very poor survival rate with less than 7% 5-year survival. By resecting more tumors when they are still confined to the pancreas, the overall 5-year PDAC patient survival rate would increase significantly. In an effort to achieve reliable early detection we have developed IMMray™ PanCan-d, a microarray-based blood test for diagnosis of PDAC patients.

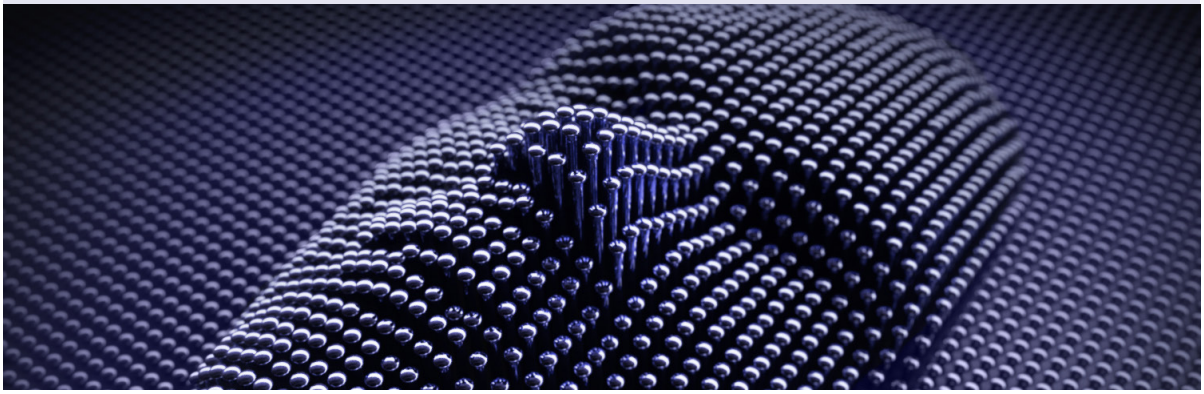
Objective

The purpose of the IMMray™ PanCan-d microarray-based test is to detect both early and late stage PDAC from a blood sample.

The purpose of the IMMray™ PanCan-d microarray-based test is to detect serum biomarkers associated with PDAC.

Conclusions

- PDAC stage I and II patients were detectedwith 96% accurcy* and validated with a distinct patient cohort.
- PDAC stage I to IV patients were detected with 98% accuracy* and validated with a distinct patient cohort.
- Chronic pancreatitis was discriminated from PDAC with an accuracy* of 83%.
- IPMN samples of all grades were classified as positives.
- Six studies covering 2482 samples demonstrated robustness and high accuracy of the IMMray™ PanCan-d platform.

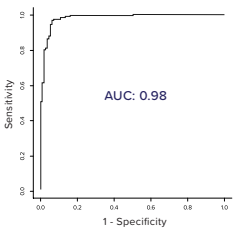


*This document is a copy of the poster presented at the 49th Meeting of the European Pancreatic Club, Budapest, Hungary, June 28 – July 1, 2017.

Results

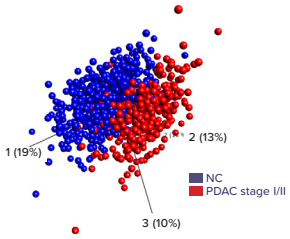
Discovery: In a retrospective study on a South Scandinavian cohort, 1355 blood samples were analyzed.

NC vs. PDAC stage I-IV



The IMMray™ PanCan-d signature discriminated PDAC from healthy controls very accurately.

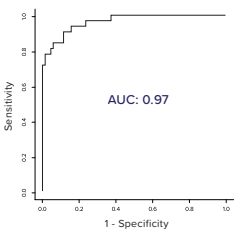
NC vs. PDAC stage I/II



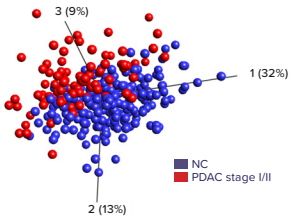
The signature discriminated 148 patients in PDAC stage I and II from 888 healthy controls with an accuracy* of 96%.

Validation: In a retrospective study on a North American cohort, 429 blood samples were analyzed.

NC vs. PDAC stage I/II



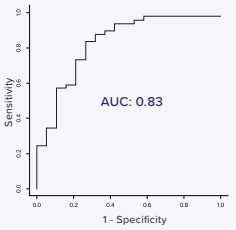
NC vs. PDAC stage I/II



The IMMray™ PanCan-d signature discriminated 90 patients in PDAC stage I and II patients from 219 healthy controls very accurately.

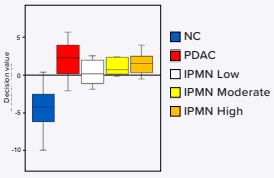
Chronic pancreatitis and IPMN

CP vs. PDAC stage I-IV



Fiftyseven CP samples were included in the validation cohort. The IMMray™ PanCan-d signature discriminated them from PDAC very accurately.

NC vs. IPMN



Twenty IPMN samples were included in the validation cohort. The IMMray™ PanCan-d signature classified a majority of them as positives.

Studies performed on the IMMray™ PanCan-d platform

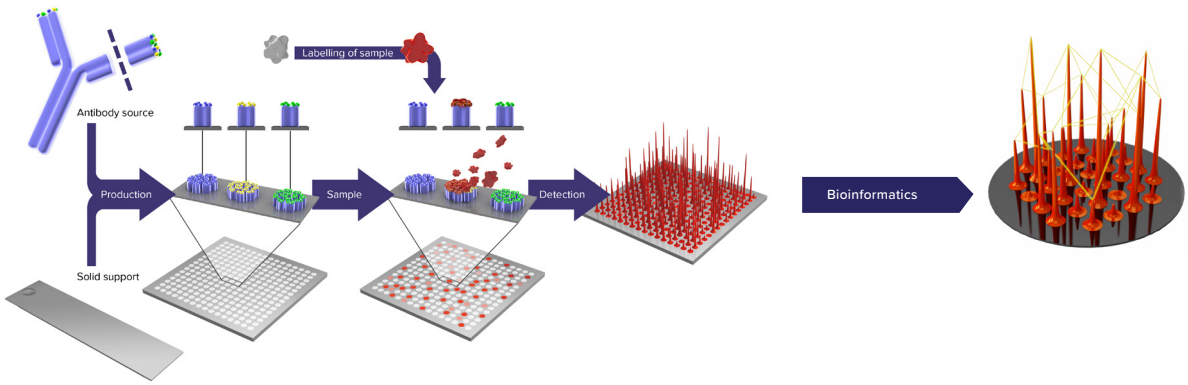
STUDY	NO. OF SUBJECTS	AUC**
Ingvarsson *et al.* 2008[1]	44	1
Wingren *et al.* 2012[2]	103	0.95
Gerdtsson *et al.* 2015[3]	338	0.98
Gerdtsson et al. 2016[4]	213	0.96
South Scandinavian Study[5]	1355	0.98
North American Validation Study[5,6]	429	0.96
Total no. of subjects	2482	

Analyses of pancreatic cancers in several retrospective studies proved that the test could classify the samples consistently and with a ROC-AUC of ≥ 95%.

**Based on specificity and sensitivity values generated by the classification model. **Healthy controls vs PDAC patients.*

Methods

Antibody micorarray slides are printed and incubated with biotinylated patient serum. Levels of bound antigens are detected by fluorescence scanning. State-of-the-art machine learning algorithms were employed in the development of the IMMray™ PanCan-d signature. Hundreds of analytes were thus reduced to generate a comprehensive signature capable of distinguishing PDAC from controls.



References

1. Ingvarsson J et al. Proteomics 2008 8(11):2211-9. 2. Wingren et al. Cancer Res. 2012 15;72(10):2481-90. 3. Gerdtsson et al. Int Journal of Proteomics 2015;2015:587250. 4. Gerdtsson et al. Mol Oncol. 2016 Oct;10(8):1305-16. 5. Manuscript submitted. 6. In collaboration with OHSU Knight Cancer Institute and the Brenden-Colson Center for Pancreatic Care.