



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

Linda D. Mellby^a, Andreas P. Holmér^a, Julia S. Johansen^b, Christer Wingren^c, Børge G. Nordestgaard^d, Stig E. Bojesen^d, Christopher Corless^e, Breeana I. Mitchell^e, Brett C. Sheppard^e, Rosalie C. Sears^e, Carl A.K. Borrebaeck^e

^aImmunovia AB, Medicon Village bldg. 402, Lund University, SE 223 81 Lund, Sweden, ^bDepartments of Medicine and Oncology, Herlev and Gentofte Hospital, Copenhagen University Hospital, Herlev. Faculty of Health and Medical Sciences, Denmark, ^cDepartment of Immunotechnology and CREATE Health Translational Cancer Center, Medicon Village bldg. 406, Lund University, SE 223 81 Lund, Sweden, ^dDepartment of Clinical Biochemistry, Herlev and Gentofte Hospital, Copenhagen University Hospital, Herlev. Faculty of Health and Medical Sciences, Copenhagen University. The Copenhagen General Population Study, Herlev and Gentofte Hospital, Copenhagen University Hospital, Herlev, Denmark, ^eBrenden-Colson Center for Pancreatic Care, Knight Cancer Institute, Oregon Health and Science University, Portland, Oregon, USA.

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.

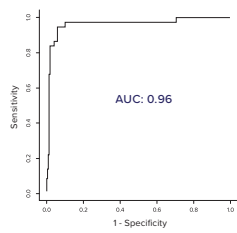
Conclusions

- PDAC stage I and II patients were detected with **96% accuracy*** 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.

Results

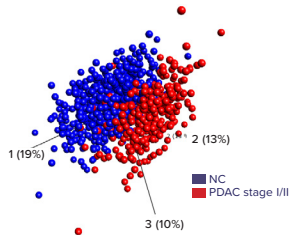
Discovery: In a retrospective study on a South Scandinavian cohort, 1355 blood samples were analyzed.

NC vs. PDAC stage I/II



The IMMray™ PanCan-d signature discriminated 148 patients in PDAC stage I and II from 888 healthy controls very accurately.

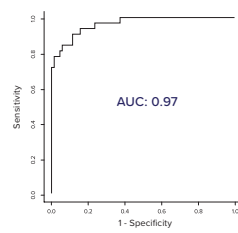
NC vs. PDAC stage I/II



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

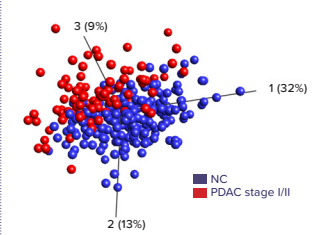
Validation: In a retrospective study on a North American cohort, 429 blood samples were analyzed.

NC vs. PDAC stage I/II



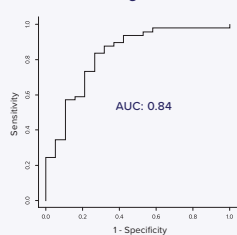
The IMMray™ PanCan-d signature discriminated 90 patients in PDAC stage I and II patients from 219 healthy controls very accurately.

NC vs. PDAC stage I/II



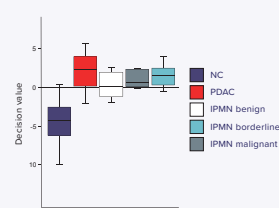
Chronic pancreatitis and IPMN

CP vs. PDAC stage I/II



Fiftyseven CP samples were included in the validation cohort. The IMMray™ PanCan-d signature discriminated them from PDAC stage I and II 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 <i>et al.</i> 2008 ¹	44	1
Wingren <i>et al.</i> 2012 ²	103	0.95
Gerdtsen <i>et al.</i> 2015 ³	338	0.98
Gerdtsen <i>et al.</i> 2016 ⁴	213	0.96
South Scandinavian ⁵	1355	0.98
North American ⁵	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 $\geq 95\%$.

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

Ref: 1. Ingvarsson *J et al. Proteomics* 2008 8(11):2211-9. 2. Wingren *et al. Cancer Res.* 2012 15;72(10):2481-90. 3. Gerdtsen *et al. Int Journal of Proteomics* 2015;2015:587250. 4. Gerdtsen *et al. Mol Oncol.* 2016 Oct;10(8):1305-16. 5. Mellby *et al. Manuscript submitted April 2018 in collaboration with OHSU Knight Cancer Institute and the Brenden-Colson Center for Pancreatic Care.*

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.

IMMray™ Microarray technology

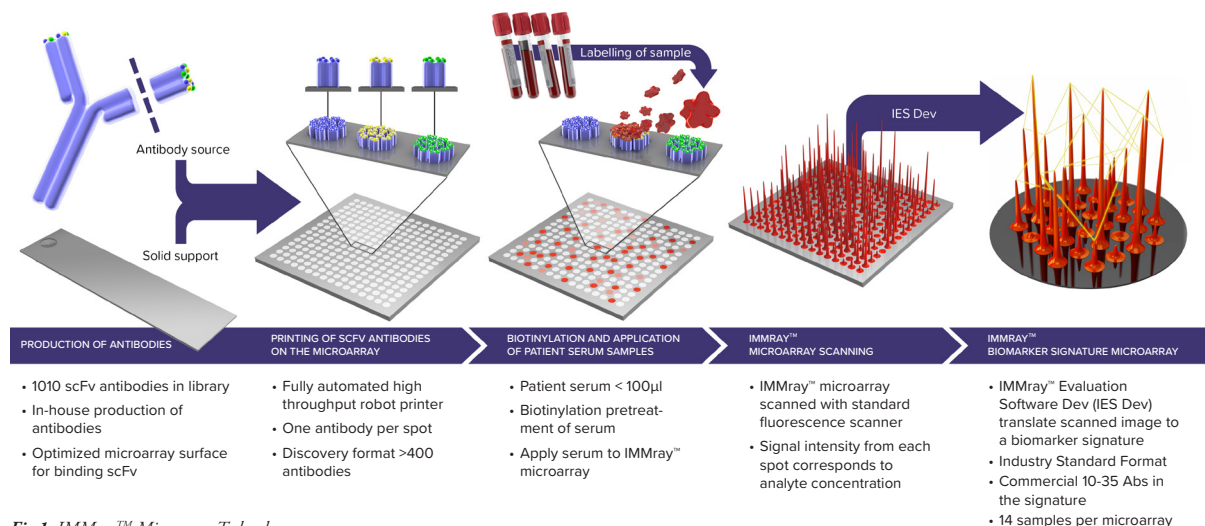


Fig 1. IMMray™ Microarray Technology

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. Gerdtsen *et al. Int Journal of Proteomics* 2015;2015:587250.
4. Gerdtsen *et al. Mol Oncol.* 2016 Oct;10(8):1305-16.
5. Mellby *et al. Manuscript submitted April 2018 in collaboration with OHSU Knight Cancer Institute and the Brenden-Colson Center for Pancreatic Care.*