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Combined Low-pass Whole Genome and Targeted Sequencing Identifies Causative Mutations and Associated Genomic Scarring Indicative of Homologous Recombination Deficiency

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INTRODUCTION

- Most targeted next generation sequencing (tNGS) approaches used in Comprehensive Genomic Profiling (CGP) are not designed to assess genomewide copy number variation (CNV) or the genomic scars associated with homologous recombination deficiency (HRD), such as loss of heterozygosity (LOH).
- In this study, a low-pass whole-genome sequencing (LP-WGS) based assay was developed to run in parallel with tNGS to support simultaneous evaluation of HRD causative mutations and genome-wide scarring.

METHODS



Figure 1: 96 FFPE tumor samples were processed for LP-WGS and tNGS using TruSight[®] Oncology 500 Assay. A subset of 8 samples were also evaluated using OncoScan[™] CNV Plus Assay (SNP Arrays).

 Regions of CNV were determined using CNVKit v0.9.6 and regions of LOH were estimated using a proprietary ancestry-aware method.

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- Small variant detection was performed using the TruSight[®] Oncology 500 v2.2.0.12 analysis pipeline.
- CNV and LOH estimates derived from LP-WGS, TSO500 (TruSight[®] Oncology 500 Assay) and SNP arrays (OncoScan[™] CNV Plus Assay) were calculated using Jaccard similarity index (Figure 2)



Figure 2: Jaccard similarity index for calculating CNV and LOH call concordance between LP-WGS and SNP arrays (OncoScan[™] CNV Plus Assay) . Jaccard similarity index equal to or near 1 is considered near perfect similarity.

RESULTS

◆ Near perfect levels of regional concordance for CN gains and losses between LP-WGS assay and SNP arrays (OncoScan[™] CNV Plus Assay) (Figure 3, Tables 1a and 1b).



Figure 3: Examples of CNV calls detectable via both SNP arrays (OncoScan[™] CNV Plus Assay) and LP-WGS assay demonstrating regional CNV call concordance.

CN Gains				CN Losses					
Sample	Intersection	Union	# of Segments	Jaccard Similarity Index	Sample	Intersection	Union	# of Segments	Jaccard Similarity Index
1*	0	50170	0	0	1	1344714	1344714	3	1.000
2	3032220	3032220	3	1 000	2	240128000	240128000	10	1.000
3	3520341	3520341	2	1.000	3*	0	0	0	N/A
4	33839981	33839981	6	1.000	4	363380567	363380567	32	1.000
5	1/3961/59	1/3861/150	23	1.000	5	361334918	361598944	21	0.999
5	1899/62	1899462	3	1.000	6	26422711	26422711	7	1.000
7	365505	365505	1	1.000	7	818344520	818344520	37	1.000
,	2002/277	20024277		1.000	8	953458143	953458143	39	1.000
o 87.5% (7/ gains.	8) samples have	100% region	al concorda	nce in CN	87.5% (7, Iosses.	/8) samples hav	e near 100% reg	ional concord	lance in CN
Note: Sample 1*- conv neutral some small CNVs in sequence							er clean fu		

te: Sample 1*- copy neutral, some small CNVs in sequence chromosome ga

Note: Sample 3*- euploid on many chromosomes, other clean fullchromosome gains, some segments gains, one full chromosome loss

Table 1: Jaccard Similarity Index scores for a) CN gains, and b) CN losses demonstrating high concordance between LP-WGS and SNP arrays (OncoScan[™] CNV Plus Assay).

High concordance between regions of the genome called LOH between LP-WGS assay and SNP arrays (Median Jaccard index=0.70, IQR=0.254), but noted an attenuation of sensitivity in samples where estimated tumor heterogeneity was high (Table 2).

LOH							
Sample	Intersection	Union	# of segments	Jaccard Similarity Index	Tumor Purity		
1	33145382	48861155	11	0.678	35%		
2	526916730	967829122	8	0.544	90%		
3	1585749525	2049379785	18	0.774	80%		
4	1621366824	1621366824	40	1.000	100%		
5	510871862	872888460	17	0.585	95%		
6	191569485	856853984	7	0.224	80%		
7	767653201	1060690481	31	0.724	70%		
8	977156343	980058838	19	0.997	60%		
Median Jaccard similarity index= 0.70, IQR=0.254							

Table 2: Jaccard Similarity Index scores for genomic regions of LOH demonstrating high concordance between LP-WGS and SNP arrays (OncoScan[™] CNV Plus Assay).

 High sensitivity (95.52%; 89.33%) and specificity (94.01%; 90.36%) for both CN gains and losses, respectively were observed by LP-WGS assay against TruSight[®] Oncology 500 Assay (TSO500) (Table 3).

LP-WGS Assay vs TSO500 Assay in CNV Calls for 96 FFPE Tumor Samples					
	CN Gains	CN Losses			
Sensitivity	95.52%	89.33%			
Specificity	94.01%	90.36%			
Accuracy	94.04%	90.32%			

Table 3: Sensitivity and specificity for both CNV calls by LP-WGSassay vs TruSight® Oncology 500 Assay (TSO500).

CONCLUSIONS

- CGP workflows incorporating LP-WGS with tNGS can support simultaneous evaluation of BRCA1/2 mutations, other HRD causative mutations and genome-wide scarring.
- This approach can provide a more complete assessment of HRD which is essential for identifying patients who may obtain clinical benefit from treatment with PARP inhibitors.



Notice: the abstract has minor revisions since submission.