

# **RSI**:

### A genomic signature of radiosensitivity

Peter A. S. Johnstone, M.D., FACR

Senior Member Professor of Oncology Sciences, University of South Florida



# **Disclosures**

Clinical Advisory Board, Novocure















- Molecular signature of tumor radiosensitivity
  - extensive clinical and analytical validation
- Linear regression equation developed to correlate gene expression and SF2
  - 48 cell lines.
  - Final algorithm involves 10 genes
  - validated in 12 independent datasets totaling over 2,200 patients
    - · Various cancers,
    - International data





Int. J. Radiation Oncology Biol. Phys., Vol. 75, No. 2, pp. 497–505, 2009

Copyright © 2009 Elsevier Inc.

Printed in the USA. All rights reserved

0360-3016/09/\$—see front matter

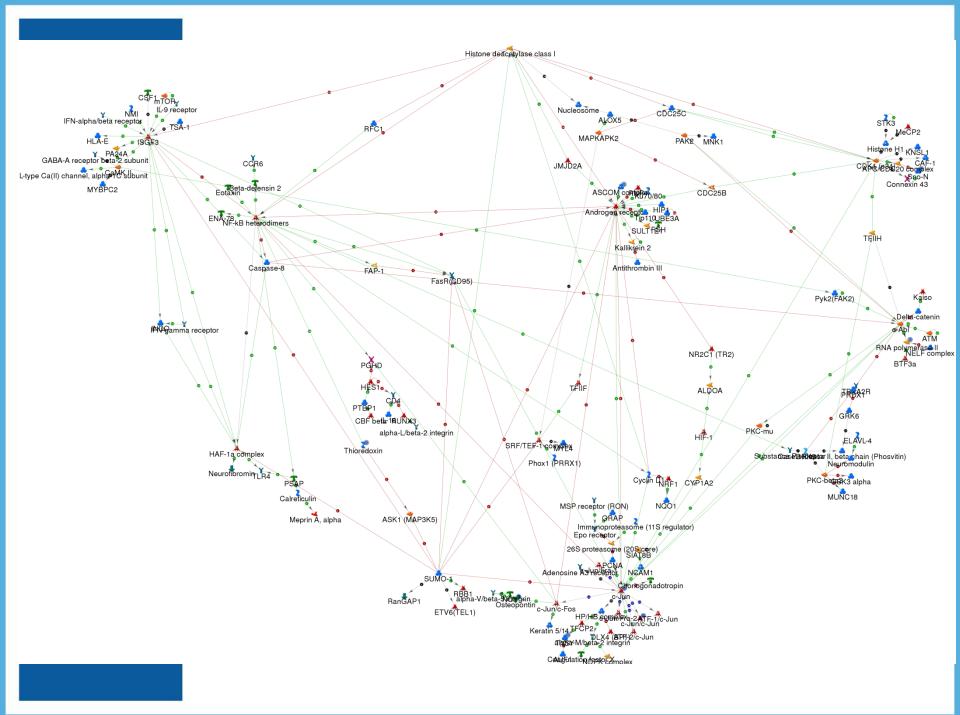
doi:10.1016/j.ijrobp.2009.05.056

#### **BIOLOGY CONTRIBUTION**

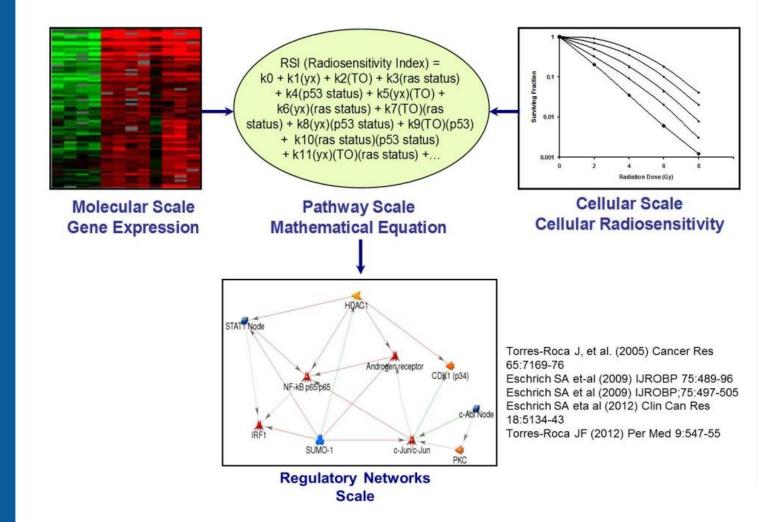
#### SYSTEMS BIOLOGY MODELING OF THE RADIATION SENSITIVITY NETWORK: A BIOMARKER DISCOVERY PLATFORM

Steven Eschrich, Ph.D.,\* Hongling Zhang, Ph.D.,† Haiyan Zhao, B.S.,† David Boulware, M.S.,‡ Ji-Hyun Lee, Dr.Ph.,‡ Gregory Bloom, Ph.D.,\* and Javier F. Torres-Roca, M.D.,†§

Division of \*Biomedical Informatics, †Experimental Therapeutics, †Biostatatistics, and <sup>§</sup>Radiation Oncology, H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL









### **Platform comparison for assay**

Gene Expression Platform	Overall Accuracy (Class Prediction)
Microarray (HU 6800)	81%
Microarray (U133Plus)	77%
RT-PCR-Preamplification	81%
RT-PCR-No Preamplification	90%
Nanostring	73%
HT Genomics	81%
FFPE-RT-PCR-Preamplification	79%



Published in final edited form as:

Per Med. 2012 July; 9(5): 547–557. doi:10.2217/pme.12.55.

# A molecular assay of tumor radiosensitivity: a roadmap towards biology-based personalized radiation therapy

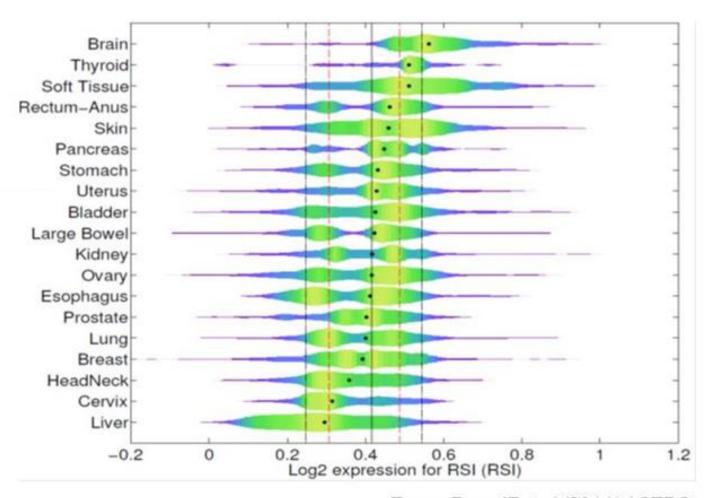
#### Javier F Torres-Roca

Department of Experimental Therapeutics & Radiation Oncology, Moffitt Cancer Center & Research Institute, Tampa, FL, USA, Tel.: +1 813 745 1824



		Number		Mean (RSI	Median (RSI		Fisher's
Tissue Type	# Samples	RR	% RR	Score)	Score)	Std	Exact p Value
Brain	220	211	95.91	0.58	0.56	0.12	4.59E-38
Thyroid	68	58	85.29	0.48	0.51	0.11	2.78E-06
Soft Tissue	127	104	81.89	0.51	0.51	0.16	1.91E-08
Pancreas	452	348	76.99	0.43	0.45	0.11	4.35E-17
Skin	617	433	70.18	0.45	0.46	0.14	8.56E-10
Uterus	722	498	68.98	0.41	0.43	0.13	2.49E-09
Rectum	163	108	66.26	0.43	0.46	0.13	4.54E-02
Stomach	118	75	63.56	0.41	0.43	0.12	3.02E-01
Bladder	248	154	62.1	0.41	0.43	0.14	2.43E-01
Prostate	197	118	59.9	0.39	0.40	0.11	7.16E-01
Kidney	832	484	58.17	0.40	0.42	0.12	8.85E-01
Ovary	686	397	57.87	0.39	0.42	0.14	7.81E-01
Large Bowel	2,066	1,165	56.39	0.39	0.42	0.11	4.14E-02
Breast	3,790	2,063	54.43	0.39	0.39	0.12	3.98E-09
Lung	2,592	1,392	53.7	0.39	0.40	0.11	5.96E-08
Esophagus	83	44	53.01	0.37	0.41	0.12	3.17E-01
HeadNeck	221	97	43.89	0.37	0.36	0.11	1.29E-05
Cervix	65	23	35.38	0.35	0.31	0.10	2.08E-04
Liver	69	21	30.43	0.30	0.30	0.13	3.38E-06
Totals:	13,336	7,793					





Torres-Roca JF et al (2014) ASTRO



### Clinical Validation of RSI in RT-treated patients

			Hazard Ratio	Clinical Outcome	
Disease Site	N	Endpoint	Ref. Radioresistance	RS vs RR	p-value
Breast (Karolinska)	77	RFS	0.13 (0.02-1.0)	95% vs. 75% (5 yr)	0.02
Breast (Erasmus)	288	DMFS	0.57 (0.33-0.98)	77% vs. 64% (5 yr)	0.04
Breast (Curie,NKI	343	LRFS	0.23 (0.1, 0.531)		0.0006
Lung (Moffitt)	53	DFS	0.42 (0.25-0.92)	63% vs. 22% (5 yr)	0.02
Lung (Dir Chall)	27	DFS	0.44 (0.16, 1.18)		0.09
Lung (Korea)	16	DFS	0.27 (0.03, 2.17)	75% vs. 25% (5 yr)	0.18
GBM (TCGA)	214	os	0.57 (0.38-0.85)		0.005
Pancreas* (Moffit)	49	os	0.10 (0.02, 0.45)	78% vs. 42% vs. 8% (3 yr)	0.003
Prostate (Mayo)	82	DMFS		94% vs. 72% (10 yr)	0.03
Prostate (TJU)	132	BFFS		80% vs. 60% (5 yr)	0.026
Head and Neck					
(NKI)	92	LRFS		86% vs. 61% (2 yr)	0.05



#### **But not in those without RT**

			Hazard Radio	Clinical Outcome	
Disease Site	N	Endpoint	Ref. Radioresistance	RS vs RR	p Value
Breast (Karolinks)	82	RFS	1.21 (0.50-2.91)	77% vs. 71% (5 yr)	0.67
Breast (Erasmus)	62	DMFS	1.06 (0.23-4.83)	80% vs. 81% (5 yr)	0.94
Lung (Moffitt)	42	RFS	1.09 (0.45-2.65)		0.98
Lung (Dir Chall)	47	DFS	0.93 (0.50, 1.79)	19% vs. 14% (5 yr)	0.84
GBM (TCGA)	52	os		5% vs. 5% (1 yr)	0.64
Pancreas (Moffitt)	31	os	0.76 (0.29, 1.99)	69% vs. 67% (2 yr)	0.58
Prostate (Mayo)	536	DMFS		70% vs 71% (10 yr)	0.58



- RSI predicts outcome only in RT-treated patients.
- Site-agnostic
- Selected by NCI for further development through CADP.



www.impactjournals.com/oncotarget/

Oncotarget, Vol. 6, No. 33

# The radiosensitivity index predicts for overall survival in glioblastoma

Kamran A. Ahmed<sup>1</sup>, Prakash Chinnaiyan<sup>4</sup>, William J. Fulp<sup>2</sup>, Steven Eschrich<sup>3</sup>, Javier F. Torres-Roca<sup>1,\*</sup>, Jimmy J. Caudell<sup>1,\*</sup>

#### Correspondence to:

Jimmy J. Caudell, e-mail: jimmy.caudell@moffitt.org

Javier F. Torres-Roca, e-mail: javier.torresroca@moffitt.org

Keywords: radiosensitivity, signature, glioblastoma

Received: July 15, 2015 Accepted: September 21, 2015 Published: October 03, 2015

Department of Radiation Oncology, H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL 33612, USA

<sup>&</sup>lt;sup>2</sup>Department of Biostatistics, H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL 33612, USA

<sup>&</sup>lt;sup>3</sup>Department of Bioinformatics, H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL 33612, USA

<sup>&</sup>lt;sup>4</sup>Department of Radiation Oncology, William Beaumont Hospital, Royal Oak, MI 48073, USA

Senior authors



# Ahmed et al

- RSI as predictor of clinical outcome in GBM pts
  - TCGA data downloaded
  - Clinical and array based gene expression (Affymetrix HT Human Genome U133 Array Plate Set) level 2
- n = 270 patients identified
  - 214 RT and TMZ
  - 56 who did not undergo RT .
- RSI significant
  - OS on univariate and multivariate analyses
  - K-M OS @ 12 / 24 m:
    - 77.1% and 32.1% in quartile 4
    - 52.4% and 17.5% in quartile 1



# Ahmed et al

- Sub-group analysis:
  - RSI is most predictive in MGMT-high patients.
- In GB patients with low MGMT:
  - age (p=0.03), PS (p<0.001) significant for OS
  - − RSI (*p*=NS)
- RT dose escalation has not been proven beneficial in large trials of unstratified GB patients.
  - Perhaps explained by the smaller number of patients who could benefit from dose escalation being overwhelmed by the larger effect of MGMT promoter silencing and the radioresistant cadre of high-MGMT patients.



## **ASTRO 2015**

www.redjournal.org

Clinical Investigation

### Differences Between Colon Cancer Primaries and Metastases Using a Molecular Assay for Tumor Radiation Sensitivity Suggest Implications for Potential Oligometastatic SBRT Patient Selection



Kamran A. Ahmed, MD,\* William J. Fulp, MS,†
Anders E. Berglund, PhD,† Sarah E. Hoffe, MD,\*
Thomas J. Dilling, MD,\* Steven A. Eschrich, PhD,‡
Ravi Shridhar, MD, PhD,\* and Javier F. Torres-Roca, MD\*

\*Department of Radiation Oncology, †Department of Biostatistics, and ‡Department of Bioinformatics, H. Lee Moffitt Cancer Center and Research Institute, Tampa, Florida



# **ASTRO 2015**

- N=139 patients with primary colon cancer lesions + mets
  - Significant ∆ RSI between primaries and mets
  - Significant ∆ RSI between mets at different sites
    - · Corresponds with LC after SBRT