

Development of a lectin bead-based diagnostic test for oesophageal cancer

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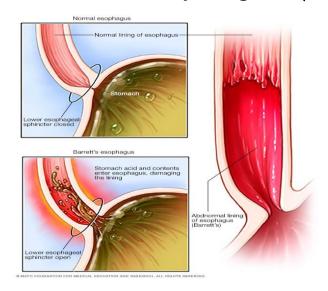
February 2023

Background



Barrett's Oesophagus (BO)

Oesophageal Adenocarcinoma (OAC)



Only known precursor



- OAC is the most common form of oesophageal cancer in Australia. The overall five-year survival rate for oesophageal cancer is ~20%, but survival rates can range from 5% to 47%.
- An estimated 10-15% of patients with chronic acid reflux develop BO, which estimated prevalence is 2-5%.
- Currently, patients with Barrett's Oesophagus (BO) usually undergo endoscopy-biopsy surveillance with the degree of
 dysplasia assessed by histology to monitor risk of neoplastic progression.
- There is an unmet need to develop a costly and minimally invasive diagnostic procedure for cost-effectiveness screening and surveillance of at-risk populations.

Aims



- This study aims to identify serum protein biomarkers associated with oesophageal adenocarcinoma by using the lectin magnetic bead array-coupled tandem mass spectrometry method.
- To develop a diagnostic model to differentiate samples from participants with oesophageal adenocarcinoma and Barrett's Oesophagus versus participants from healthy control group.

Study Design



 Serum samples from approximately 300 participants across four clinical groups were used to validate potential biomarkers using a proteomics (targeted mass spectrometry) workflow.

Group 1 Healthy controls Group 2 BO without/with low degree dysplasia Group 3 BO with high degree dysplasia Group 4
Oesophageal
Adenocarcinoma

Healthy controls with normal endoscopy and biopsy

Barrett's oesophagus with no dysplasia or low degree dysplasia by endoscopic and biopsy Barrett's oesophagus with high degree dysplasia by endoscopic and biopsy

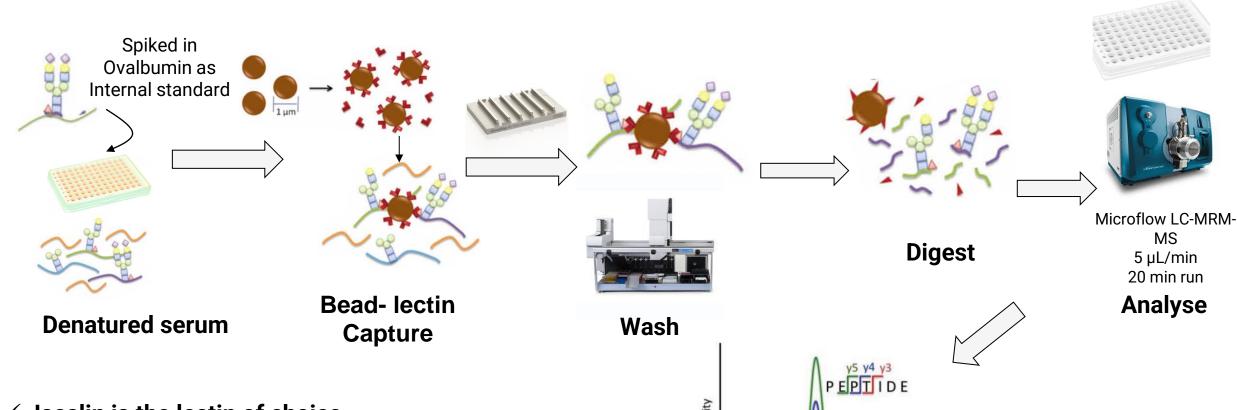
Oesophageal adenocarcinoma by endoscopic and biopsy

- Development cohort (N=249): Participants from The Progression of Barrett's Oesophagus to Cancer Network (PROBE-NET) study
- Validation cohort (N=49): Participants collected at Ochsner Healthy System, New Orleans, United States were analysed as validation cohort.
- Panels of biomarkers statistically associated with Barrett's Oesophagus with high degree dysplasia and oesophageal adenocarcinoma will be selected as candidate biomarker for further model development.

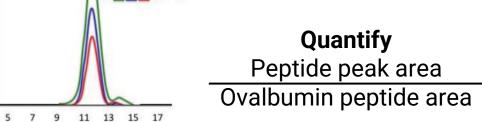
Methods



Lectin capture of glycoproteins, analysis by LC-MS/MS



- √ Jacalin is the lectin of choice
- ✓ Robust: 4 sample replicates over 3 days 33 peptides
 - Average intraday CV is 9.3%
 - Average interday CV is 11.5%

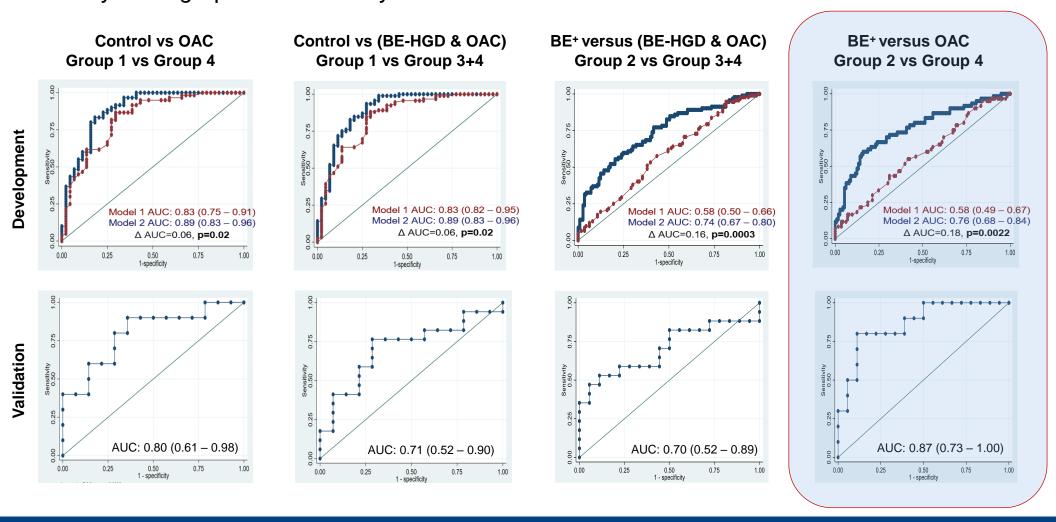


Retention Time (mins)

Results



Receiving Operative Curve (ROC) generated by selected biomarkers with demographic factors (age and sex) and ROC generated by demographic factors only showed as followed:

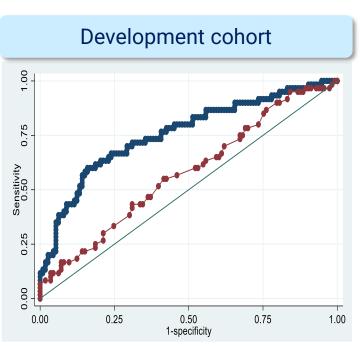


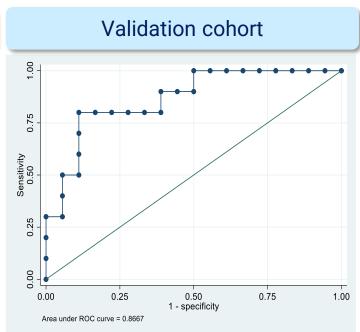
Results



BE+ versus OAC (Group 2 vs Group 4):

Model performance in Development cohort and Validation cohort



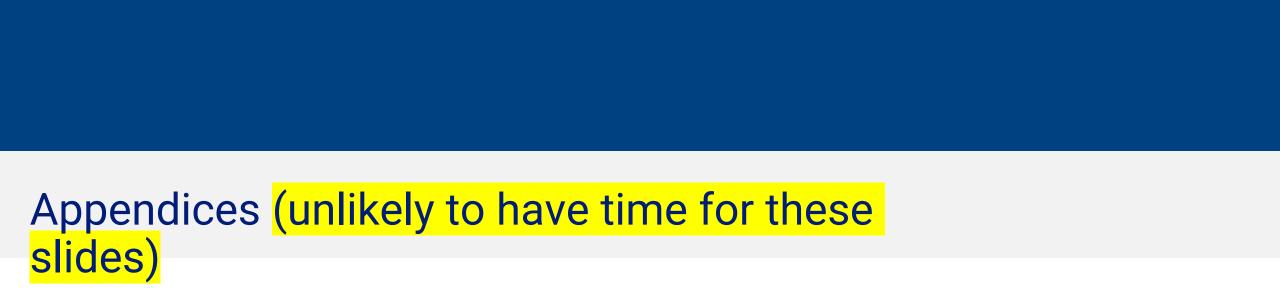


Model performance				
Development cohort:				
Base clinical model AUC (95% CI)	0.58 (0.49 – 0.67)			
Biomarker model AUC (95% CI)	0.76 (0.68 – 0.84)			
Sensitivity (%)	60%			
Specificity (%)	84%			
Δ AUC, p	0.18, <i>p</i> =0.0022			
Validation cohort:				
AUC (95% CI)	0.87 (0.73 - 1.00)			
Sensitivity (%)	80%			
Specificity (%)	89%			

Conclusions



- A panel of serum biomarkers associated with oesophageal adenocarcinoma and Barrett's oesophagus with high grade dysplasia.
- A series of diagnostic models were developed where novel plasma biomarkers added significant independent value to clinical variables for diagnosing oesophageal adenocarcinoma, including:
 - comparison to participants from healthy control group;
 - identifying patients who requires further treatment intervention;
- Proteomics International seeks clinical cohorts for the validation of a simple blood test to detect the early stages
 of oesophageal adenocarcinoma.
- For seeking collaboration: info@proteomics.com.au



Summary of model performance

14 vs 10

0.80(0.61-0.98)

90%

64%



18 vs 10

0.87(0.73 - 1.00)

80%

89%

	Control versus OAC	Control versus (BE-HGD	BE+ versus	BE+ versus
	Group 1 vs 4	& OAC)	(BE-HGD & OAC)	OAC
		Group 1 vs (3+4)	Group 2 vs (3+4)	Group 2 vs 4
Development cohort:				
Sample size	44 vs 60	44 vs 92	117 vs 92	117 vs 60
Clinical model (age, sex) AUC (95% CI)	0.83 (0.75 – 0.91)	0.83 (0.82 – 0.95)	0.58 (0.50 – 0.66)	0.58 (0.49 – 0.67)
Clinical + Biomarkers AUC (95% CI)	0.89 (0.83 – 0.96)	0.89 (0.83 – 0.96)	0.74 (0.67 – 0.80)	0.76 (0.68 – 0.84)
ΔAUC	0.06	0.06	0.16	0.18
p values	0.02	0.02	0.0003	0.0022
Sensitivity (%)	83%	93%	77%	60%
Specificity (%)	82%	73%	58%	84%
Validation cohort:				

14 vs 17

0.71(0.52 - 0.90)

76%

71%

18 vs 17

0.70(0.52-0.89)

53%

89%

AUC (95% CI)	,	
Clinical + Biomarkers	0.89 (0.83 – 0.96)	0.89
AUC (95% CI)	0.89 (0.85 – 0.90)	
ΔAUC	0.06	
p values	0.02	

Sample size

AUC (95% CI)

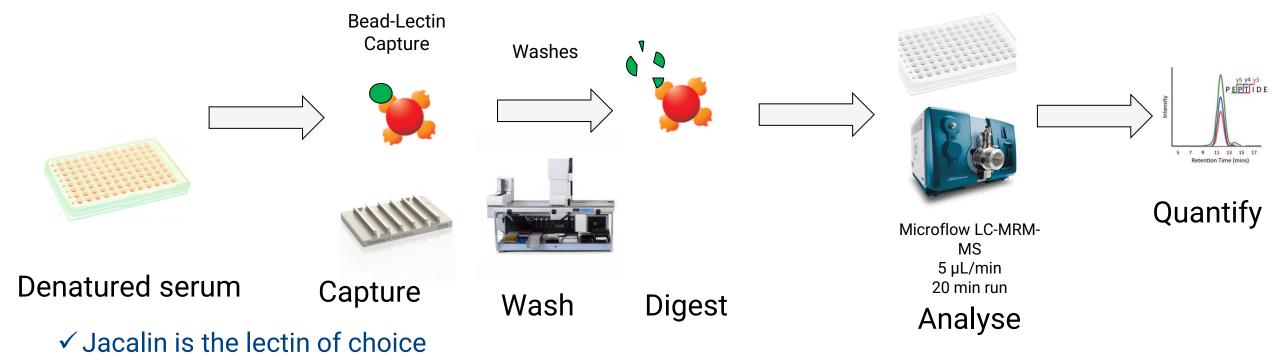
Sensitivity (%)

Specificity (%)

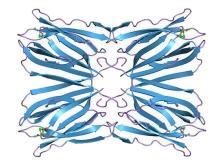
Method (old slide)



Lectin capture of glycoproteins, analysis by LC-MS/MS



- ✓ Robust:
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Statistical method



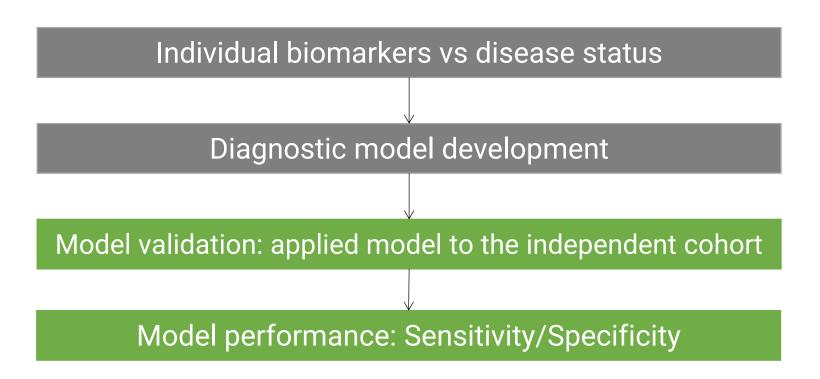
Group comparison:

Group 1 Control Group 2 BE⁺ Group 3 BE-HGD Group 4 OAC

Data analysis:

Development cohort (n = 253)

> Validation cohort (n = 49)

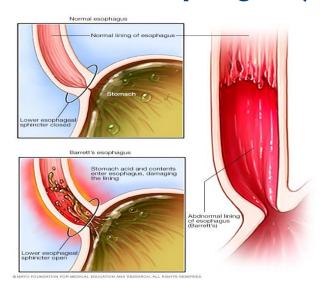


Background

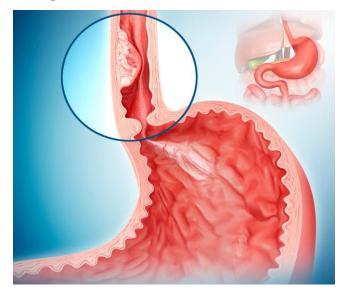


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