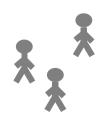


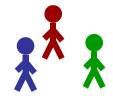


Translating Science to Personalized Medicine





Der Aufwand zur Qualitätssicherung bestimmt den wissenschaftlichen Nutzen einer Biobank



Prof. Dr. Hartmut Juhl CEO of Indivumed GmbH and IndivuTest GmbH Adjunct Professor, Georgetown University and Hamburg University <u>www.indivumed.com</u> juhl@indivumed.com

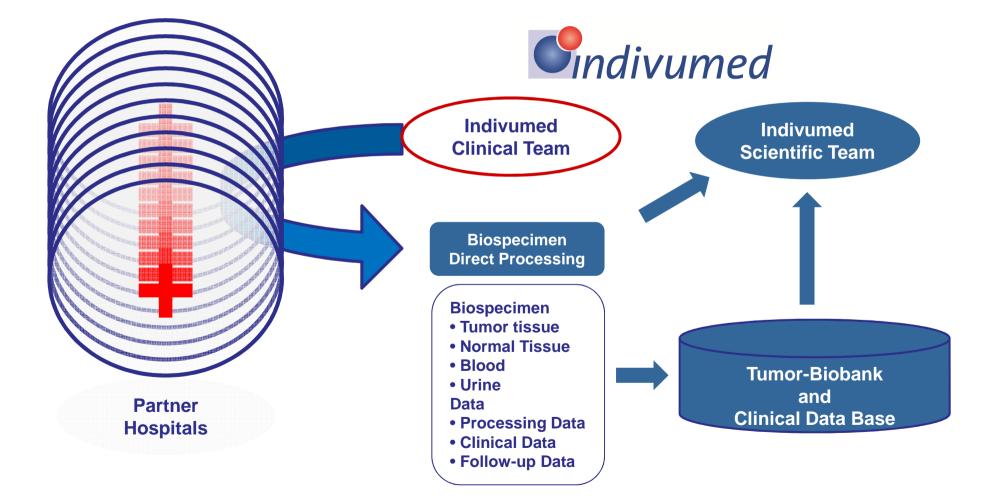


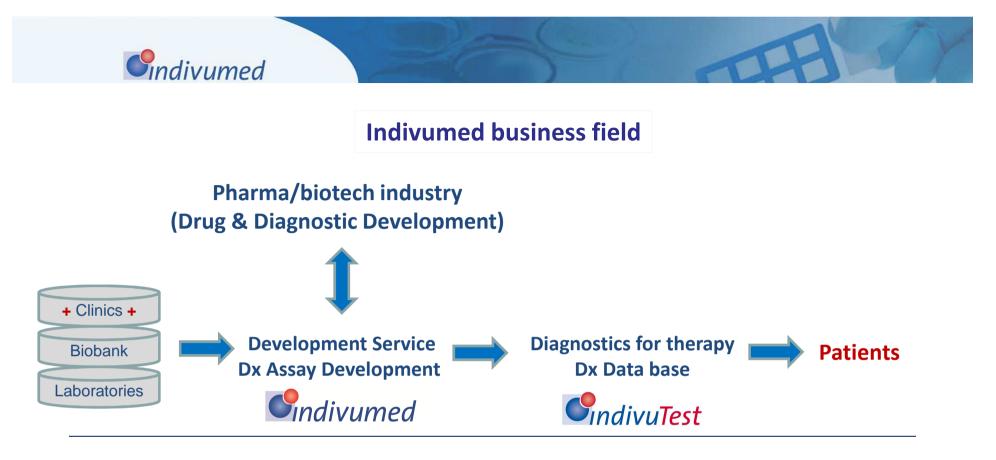
## **Overview Indivumed Groupe**

Founded:	September 2001, operative start April 2002
Shareholders:	Founder & private investors
Employee:	75
Locations:	Hamburg, Germany (Indivumed GmbH, Indivutest GmbH) Washington DC (Indivumed Inc);
Business Field:	Oncology: Products & Services for biomarker / drug development and patient care
Customers:	Pharmaceutical/Biotech Industry, Academia, Oncologists/Patients
Clinical Partner:	Hamburg: 9 Cancer Clinics and 10 Oncology Practices Washington DC: Georgetown University Medical Center & Washington Hospital Center Danville, PA: Geisinger Health System
Academic Partner:	Ludwig Institute at Kimmel Cancer Center, Johns Hopkins University Lombardi Cancer Center, Georgetown University University Clinic of Hamburg US-National Cancer Institute Stanford University Food and Drug Administration USA



#### Indivumeds Approach: Integration of Research, Surgery and Patient Care





#### **Business Areas:**

- **1. Fee-for-Service**
- Preclinical Development
- Clinical trial support
  - Tissue collection
  - Tissue analysis

#### 2. Development Partner

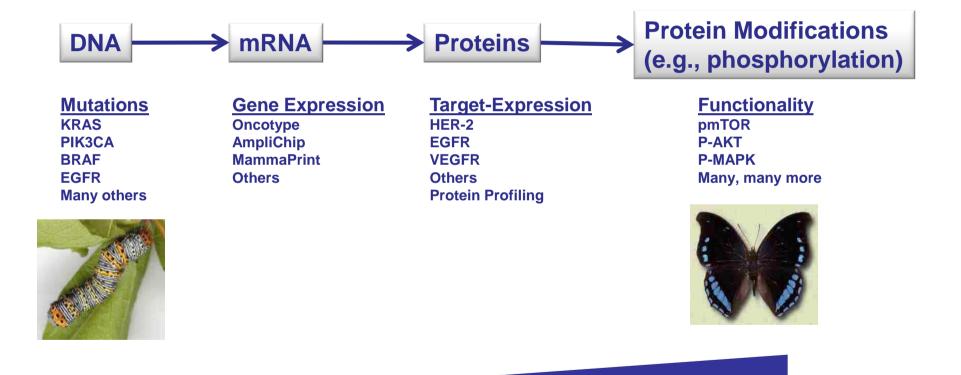
- Target discovery & validation
- Diagnostic Assay Development

#### Patient diagnostics:

- Testing for individualized therapy
- Diagnostic data base for future developments



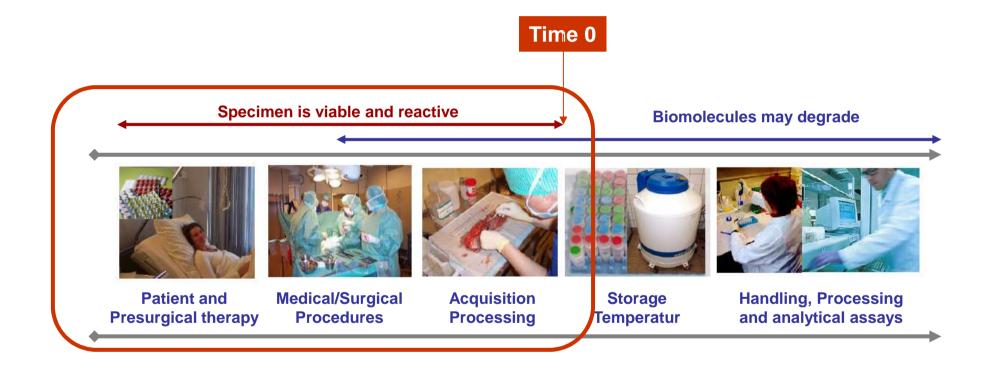
#### Tumor-Biobanking: to discover and validate findings for clinical use



**Clinical value and Importance of tissue quality** 



## Indivumeds Core Competence: To Solve the Quality Challenges of Tissue Based Research



Expression of Targets (e.g., Pathways) and Biomarker depend on Individual Variables and Tissue Processing



## Impact of Cold Ischemia: Controlled Tissue Study

Analysis:

Affymetrix

real-time RT-PCR

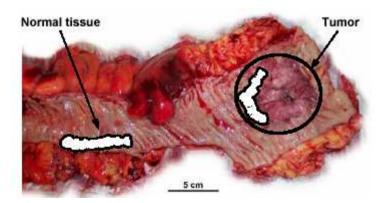
**SELDI-TOF-MS** 



Surgical removal of rectum

**Control of warm ischemia** 

#### Collection of normal and cancer tissue



Tissue collection following resection: Snap frozen in liquid N2

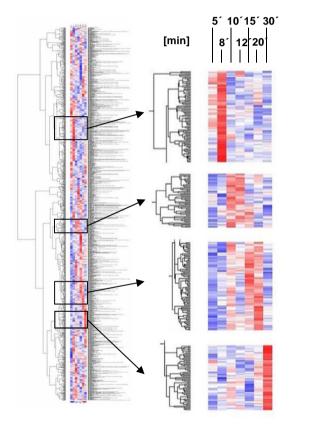
→ after 5 min 8 min 10 min 12 min 15 min 20 min 25 min 30 min

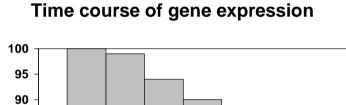


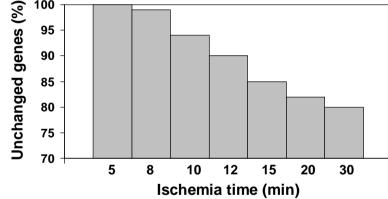


#### **Tissue Ischemia and Gene Expression Profiling**

(Affymetrix cDNA microarray)







Following tumor resection ~ 20-25% of genes are differentially expressed within the first 30 minutes !

Sprüssel et al, BioTechniques 2004



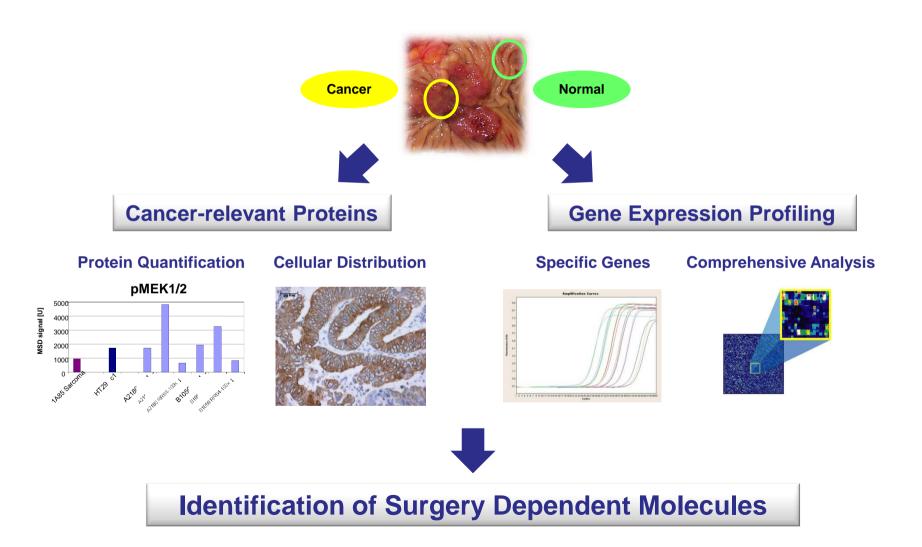
Research Studies on the Effect of Intra- and Post-operative Ischemia on Gene and Protein Expression Patterns in Liver (Project 1) and Colorectal Tissue (Project 2). An Exploratory Research Study (29XS111)

## Funded by NCI Contract No. HHSN261200800001E



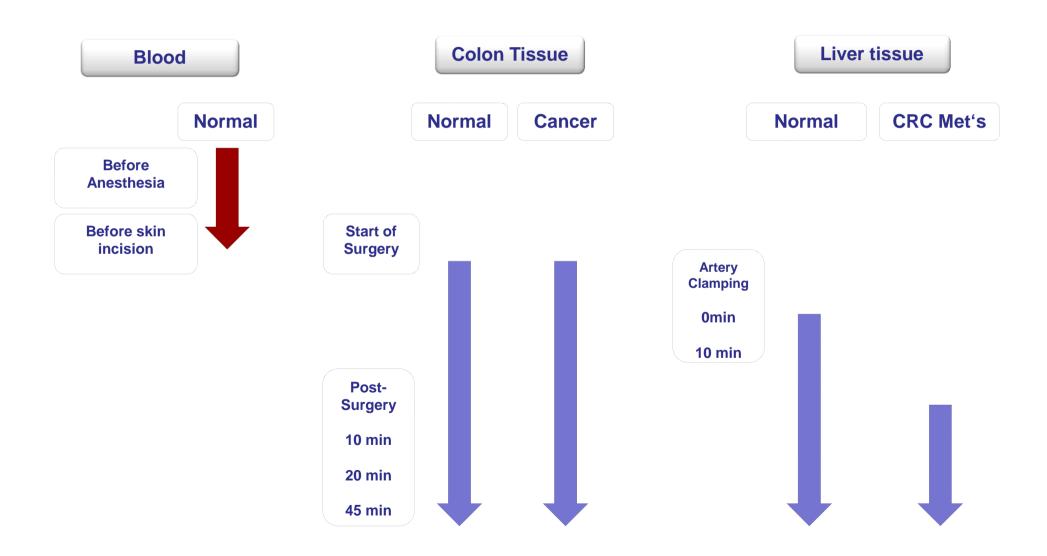


# Impact of anesthesia and surgery on gene and protein expression in colon and liver tissue : Study design





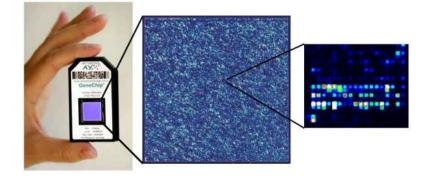
# Impact of anesthesia and surgery on gene and protein expression in colon and liver tissue





#### Gene expression analysis: Affymetrix whole genome array (Human Genome U133 Plus 2.0)

- Preparation of RNA RIN >7
- Chip analysis in biological replicates
- Statistical and bioinformatic analysis of data for
  - Each case time course
  - All cases time course
  - Comparison tumor/normal
  - Comparison with protein data







## Analysis of proteins: MSD technology

Frozen Tissue: MSD analysis

- pEGFR/total EGFR
- pMEK1/2/total MEK1/2 (Ser217/221)
- pERK1/2/total ERK1/2 (Thr202/Tyr204, Thr185/Tyr187)
- pAkt/total Akt (Ser473)
- pmTOR/total mTOR (Ser 2448)

•pP70S6K/total P70S6K (Thr421/Ser424)

- pGSK-3beta/total GSK-3beta (Ser9)
- pHSP27/HSP27
- Hif-1alpha





## Analysis of proteins: Immunohistochemistry

FFPE Tissue IHC (Ventana)



#### The H-Score was calculated as follows:

H-Score = 3x strongly stained tumor cells (%) + 2x moderately stained tumor cells (%) + 1x weakly stained tumor cells (%)

#### The H-Score categories:

- 0 50 negative
- 51 100 weak positive
- 101 200 moderate positive
- 201 300 strong positive



# Impact of anesthesia and surgery on gene and protein expression in colorectal and liver tissue

time (min)	normal (cryo)	normal (formalin)	tumor (cryo)	tumor (formalin)
before ligation	40/43	33/43	n/a	n/a
10' after ligation	36/43	34/43	n/a	n/a
Post 10'	40/43	39/43	42/43	39/43
Post 20'	40/43	37/43	42/43	40/42
Post 45'	40/43	36/43	41/42	38/43

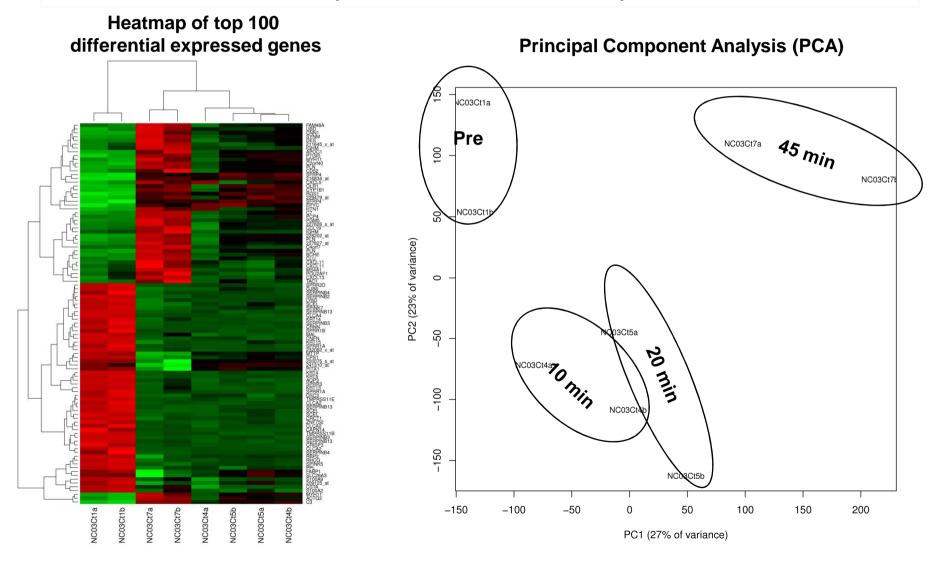
#### Liver and CRC metastases samples

#### Colon and CRC tumor samples

time (min)	normal (cryo)	Normal (formalin)	tumor (cryo)	tumor (formalin)
Endoscopy	48/50	47/50	48/50	47/50
Post 10'	49/50	49/50	49/50	43/50
Post 20'	49/50	49/50	49/50	43/50
Post 45'	49/50	49/50	49/50	43/50

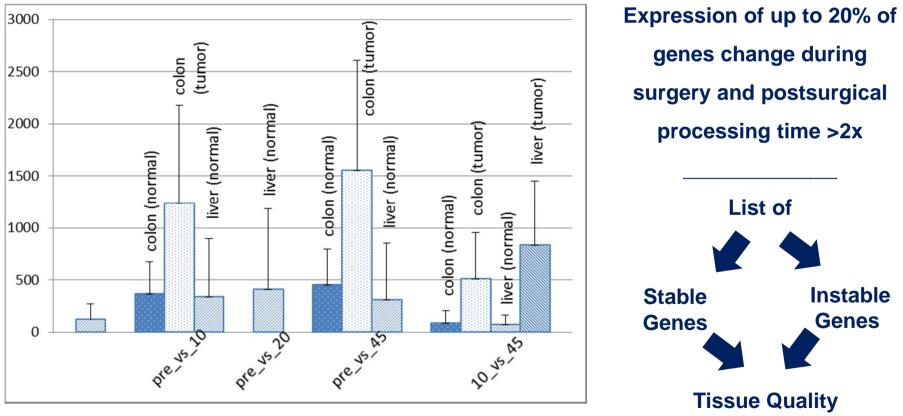


#### Impact of intra- and postoperative Factors on Tissue Analysis : Gene Expression (Affymetrix-Analysis) in CRC (NCI-Indivumed Studie, 2012)





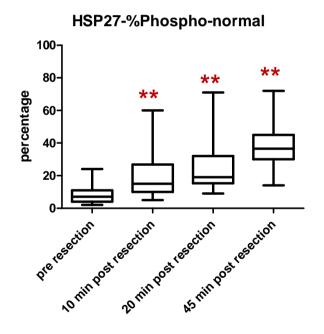
#### Impact of intra- and postoperative Factors on Tissue Analysis : >2-fold change of gene expression (NCI-Indivumed Studie, 2012)

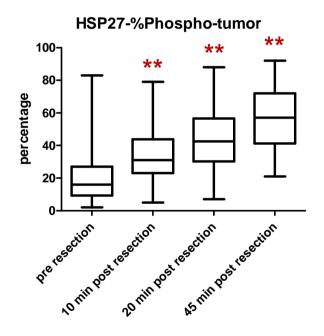


**Marker Panel** 



#### Impact of intra- and postoperative Factors on Tissue Analysis : Example phospho-HSP27 (MSD-Analytic) in CRC (NCI-Indivumed Studie, 2012)

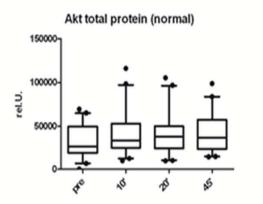


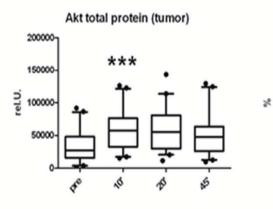


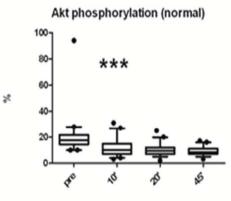
\*\*Significantly affected



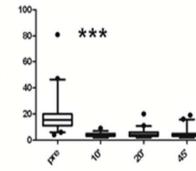
#### Impact of intra- and postoperative Factors on Colon Tissue Analysis by Immunohistochemistry (pAKT): (NCI-Indivumed Studie, 2012)

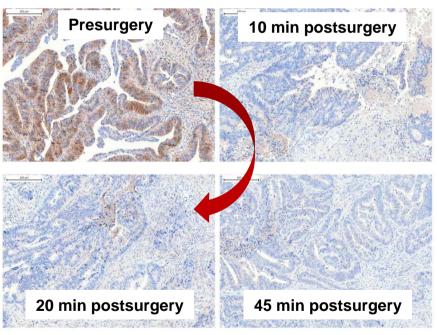






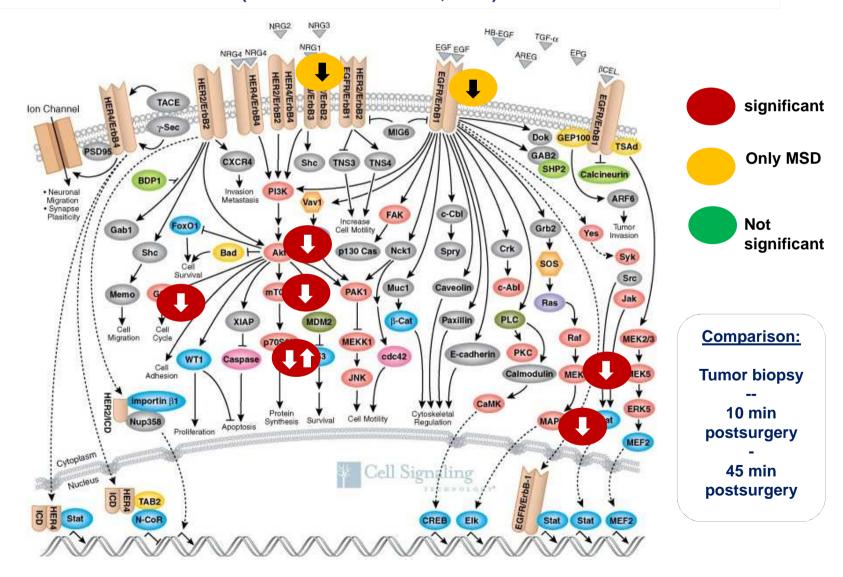
Akt phosphorylation (tumor)





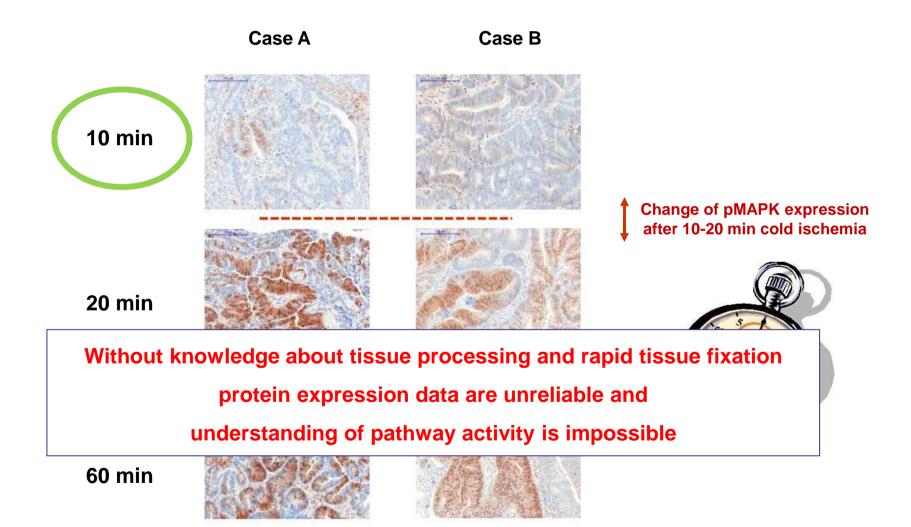


#### Change of EGFR-pathway activity by surgical manipulation and tissue processing in colorectal cancer tissue (NCI-Indivumed Studie, 2012)





## Phosphoprotein Expression: pMAPK Immunostaining (Ventana)





## Conclusion

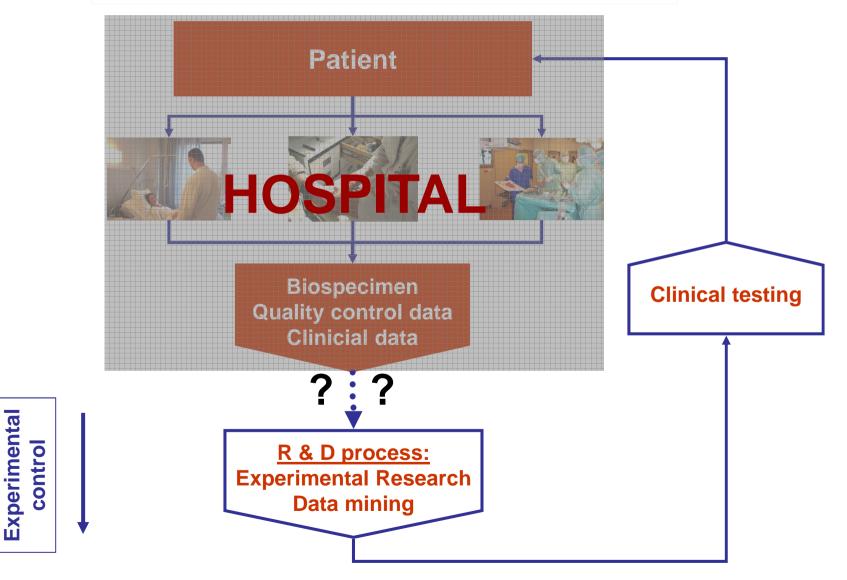
Rapid and highly controlled tissue collection is mandatory

for obtaining clinically meaningful data based on:

- Gene expression pattern
- Protein pattern
- Phosphoproteins



## Tissue Collection for Research: A Black Box as Research Tool ?!?





## **Basic Consideration for Achieving Science-Guided Bioanking:**



Take responsibility away from clinical staff! Biospecimen and data collection exclusively by specialized experts!



### Indivumed's Network of Collaborating Hospitals



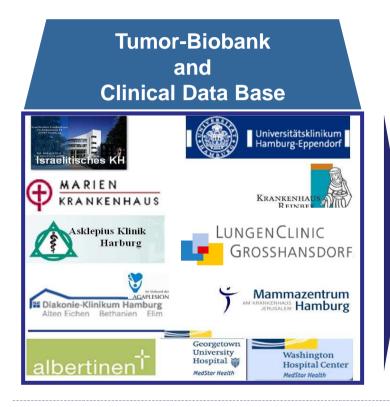


#### Indivumed's Network of Collaborating Hospitals





## Indivumed Solution: Integration of Clinical Care, Biobanking and Research

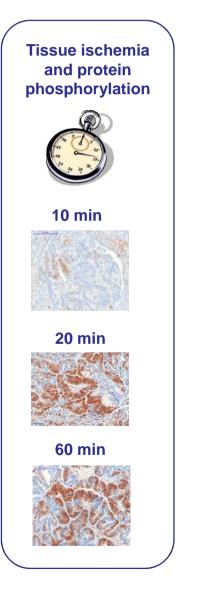


- Collection sides in Germany and the US
- Identical biospecimen processing in all clinics
- Identical and comprehensive patient data
- All major tumor entities





## **Indivumed Standard of Biobanking:**



- Exact documented and very short tissue cold ischemia times of < 12 min (mean 7 min)</p>
- $\checkmark$  Exact tissue localization and standardized fixation
- ✓ Complete biospecimen sets
- ✓ Highest tissue quality monitored by visual inspection, H&E staining and microscopic assessment
- ✓ Native and rapid fluid preparations
- ✓ Complete specimen data
- ✓ Complete clinical data
- ✓ Patients' confidentiality assured following international standards



## Biobank: Clinical Data and Biospecimen Data

#### **Clinical Data:**

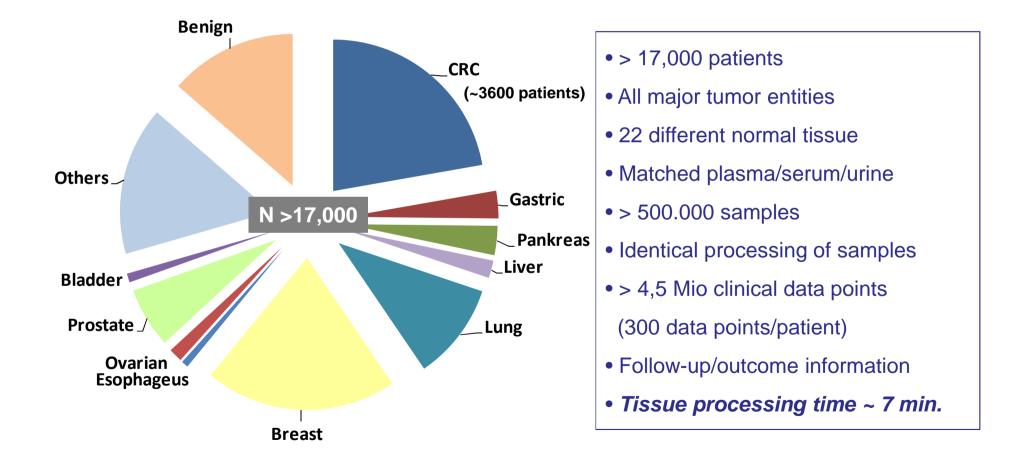
- 1. Medical History
- 2. Disease specific anamnesis
- 3. Diagnosis
- 4. Therapy
- 5. Follow-up
- 6. Comprehensive Lab-test Data

#### **Biospecimen Data:**

- 1. Drugs presurgery
- 2. Surgical steps precollection
- 3. Warm ischemia time
- 4. Cold ischemia time
- 5. Processing
- 6. Histology Control
- 7. Storage Conditions

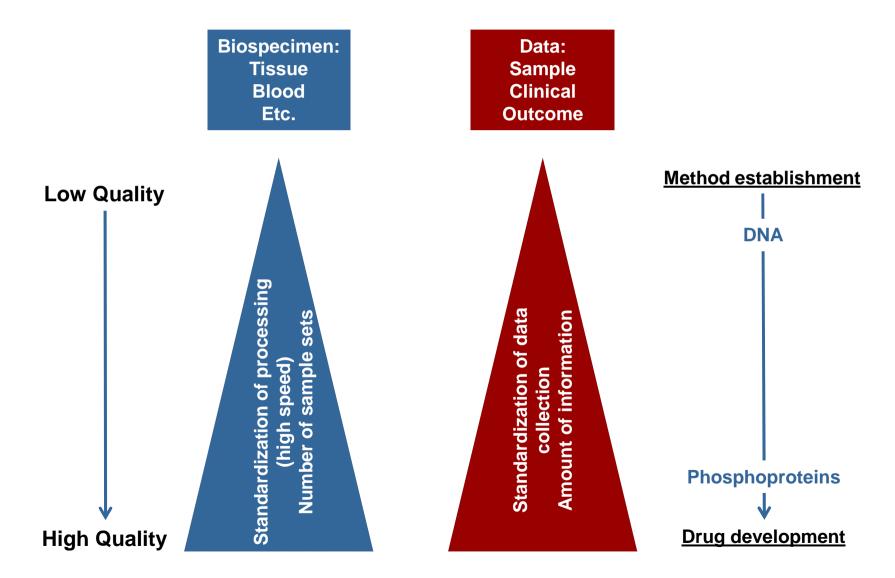


## Indivumed Biobank: The Gold Standard – Providing a Unique Research Tool



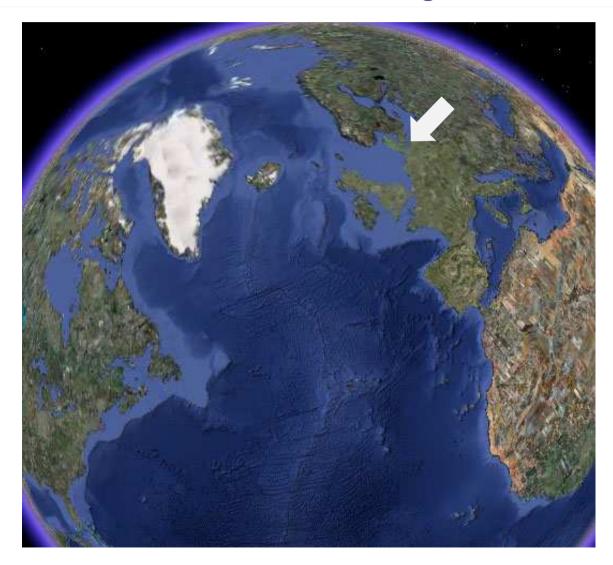


#### **Quality of Tumor-Biobanks**





## A long way to cure cancer: Status 1971: Nixon declared "War against Cancer"





A long way to cure cancer:

## Status 2013: translation of knowledge to individualized cancer therapies

