



2020 Target Therapy Forum

AM Question and Answer Panel

The Role of Liquid Biopsies to Track Disease Response and the Potential for Acquired Resistance

Dr. Jack West-City of Hope, Duarte, CA, Founder, President, and CEO of GRACE

Dr. Luis Raez-Memorial Cancer Institute, Florida International University

Dr. Jared Weiss-University of North Carolina, Vice President of GRACE

Dr. Pasi Janne-Lowe Center for Thoracic Oncology, Harvard Medical School

Dr. Jack West: But I'd like to ask one other thing that I see there is a question about, and that is I'm interested certainly at Memorial Sloan Kettering and a few other places there, they're doing studies of the role of liquid biopsies potentially to identify to track disease response, and anticipate, anticipate acquired resistance. So maybe Pasi first, if you can speak. And if others have comments on what you see as the emerging or future role of liquid biopsies? Not just as an initial diagnostic but as a serial tool, right?

Dr. Pasi Janne: No, I think I sort of take that into two categories for the disappearance of detectable CF DNA. And I think we see several studies whereby in individuals where the CF DNA disappears at the onset of a therapy versus where it doesn't, that that predicts for a better outcome. So I think that has been established a number of studies, what to do with that information at the moment, I think is less clear. And I think still in the area of investigation. In terms of the resistance mechanism, you can of course detect resistance mechanisms sometimes before actual clinical resistance happens. Most of the time, this happens usually one to two months prior to clinical resistance, it doesn't happen 10



months or a year before clinical resistance. And I think that helps as Jack framed it, anticipate what to do next. I think the, do you change someone's therapy when you see that and they're clinically doing well? I think at least my own viewpoint on that is that you change therapy when the patient needs it, not based necessarily on a test. And I think it helps you anticipate what potentially to do next.

Dr. Luis Raetz:

I think that's very important because as the future of oncology, if you think about now, how we assess response now, is very a [inaudible]. You know, every two or three months, we [inaudible] send the patient for a cat scan, we try to see what's going on, but makes more sense to do we, first of all, doing something more rational, like testing the DNA or RNA in the blood are changing for resistance or for benefit of the patient. The problem is that the limitation in technology that we have, because we know about DNA for more than 40 years now, we still don't have an accurate way to track, but I think for the future that's what needs to be done.