



nNGM

National Network
Genomic Medicine
Lung Cancer

Precision Medicine zum Wohl des Patienten!

Klinische Netzwerke als Behandlungsmodelle der Zukunft am Beispiel vom Lungenkrebs

Anna Kron

nNGM-Geschäftsstelle, Uniklinik Köln

DMEA Berlin – 11.04.2019



Network
Genomic Medicine
Lung Cancer

LungCancerGroup
Cologne



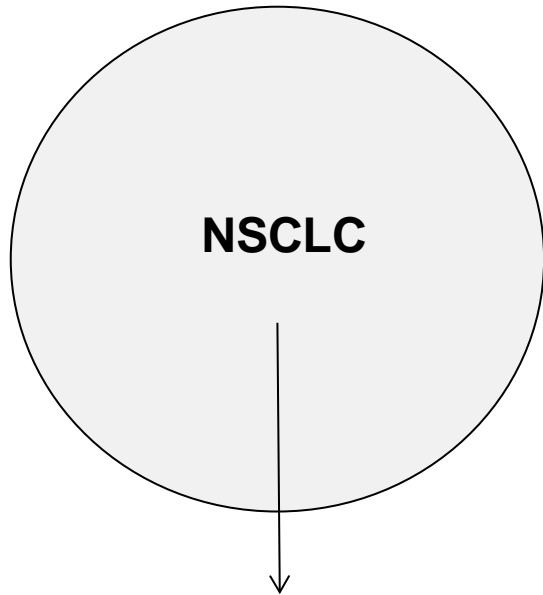
Centrum für
Integrierte Onkologie
Köln

Disclosures

- None

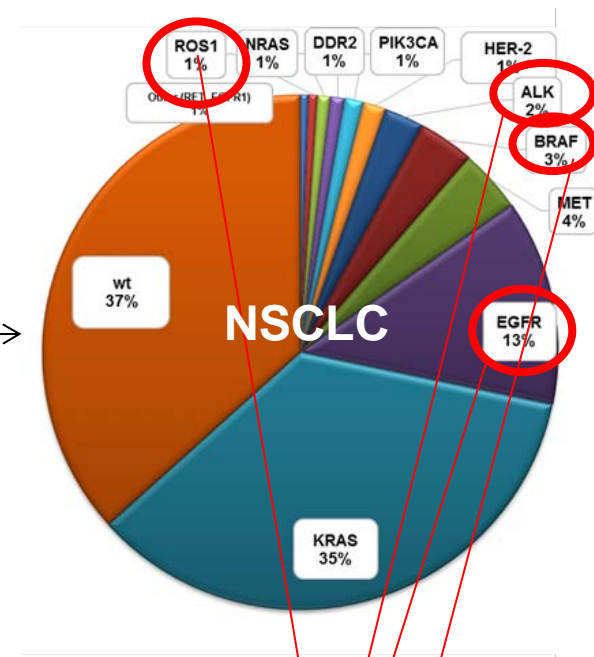
Systemic cancer therapy turns into personalized therapy: example non-small cell lung cancer (NSCLC)

10 years ago:
chemotherapy
in unselected patients



Response Rate: 20-30%
Med. Survival: 1 year

today:
targeted therapy (and immunotherapy)
in molecularly selected subgroups



Response Rates: 60 – 70%
Med. Survival 5 years and more
Better tolerability

Targetable mutations in NSCLC (Jan. 2019)

(without resistance mutations and without markers for immunotherapy)

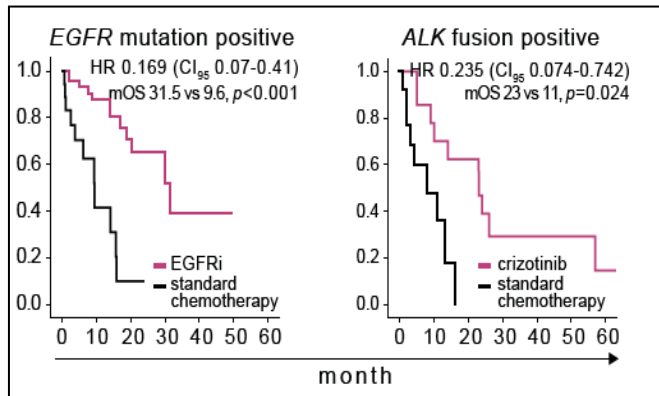
Gene	Alteration	frequency (NSCLC)	drugs
EGFR	activating mutation (ex 19 del., L858R)	10 %	erlotinib, gefitinib, afatinib, osimertinib
ALK	fusions	3%	crizotinib, alectinib, ceritinib,.....
ROS 1	fusions	1%	crizotinib, (cabozantinib, ponatinib....)
BRAFV600	mutation	2%	dabrafenib + trametinib
MET	amplification (GCN>9)	1%	crizotinib, capmatinib, tepotinib
MET	exon 14 skipping	2%	
MET	fusions	< 1%	
RET	fusions	< 1%	cabozantinib, vandetanib, alectinib, LOXO-292
NRG1	fusions	< 1%	afatinib
HER2	mutation	1-2%	(trastuzumab, pertuzumab)
NTRK 1-3	fusions	< 1% (?)	larotrectinib, entrectinib
EGFR	exon 20 insertion	< 1%	poziotinib
FGFR 1-3	fusions, mutations	1% (each)	erdafinib, BGJ398.....
KRAS	mutation	20%	LTT462 (ERKi.) + LXH254 (panRAFi.)

standard
 off-label, trial
 trial only

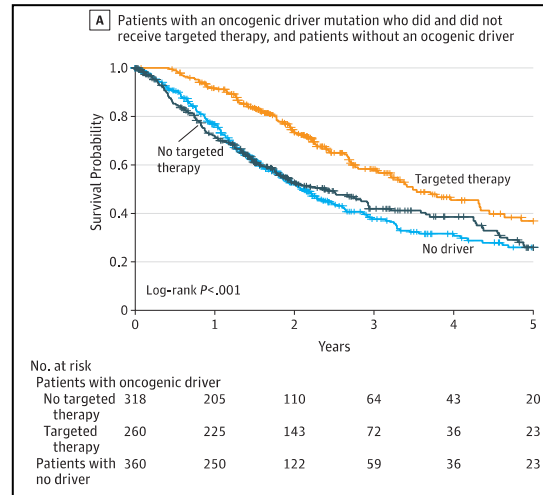
Personalized treatment prolongs survival substantially

Registry data

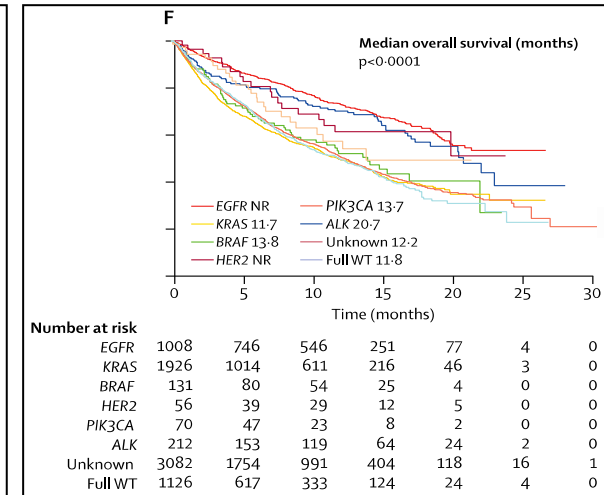
Germany: Network Genomic Medicine



USA: Lung Cancer Mutational Consortium



France: INCA cohort



The Clinical Lung Cancer Genome Project and Network Genomic Medicine. *Sci Transl Med* 2013;5:209ra153

Kris et al. *JAMA* 2014;311:1998-2006

Barlesi et al. *Lancet* 2016;387:1415-26

Molecular test rates are not acceptable in Germany

Nicht-Plattenepithel-Karzinom	HJ1 2016 (n=157)	HJ2 2016 (n=249)	HJ1 2017 (n=309)	HJ2 2017 (n=492)	HJ1 2018 (n=525)	Gesamt (n=1732)
Auf DrLTs getestet bei Erstlinie						
Yes	141 (89.8%)	232 (93.2%)	290 (93.9%)	464 (94.3%)	504 (96.0%)	1631 (94.2%)
DrLTs tested at 1st-line						
EGFR	117 (74.5%)	197 (79.1%)	233 (75.4%)	372 (75.6%)	396 (75.4%)	1315 (75.9%)
ROS-1	84 (53.5%)	141 (56.6%)	190 (61.5%)	333 (67.7%)	338 (64.4%)	1086 (62.7%)
PD-L1	31 (19.7%)	70 (28.1%)	162 (52.4%)	349 (70.9%)	391 (74.5%)	1003 (57.9%)
ALK	115 (73.2%)	183 (73.5%)	226 (73.1%)	369 (75.0%)	386 (73.5%)	1279 (73.8%)
BRAF	47 (29.9%)	74 (29.7%)	115 (37.2%)	258 (52.4%)	283 (53.9%)	777 (44.9%)

Possible Gain (OS in years)

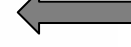
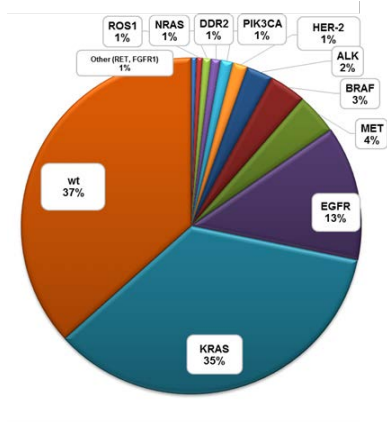
- Targeted Therapies OS 5yrs (n= 6.000 pts/y)
24.000 yrs
- IO-Therapies OS 2.5 yrs (n= 34.000)
51.000 yrs

Expected gain in life: 75.000 patient years

Lung cancer patients with ROS1 fusion: Molecular testing, off-label treatment and clinical trials save lives



Challenges for the implementation of personalized cancer care into clinical routine

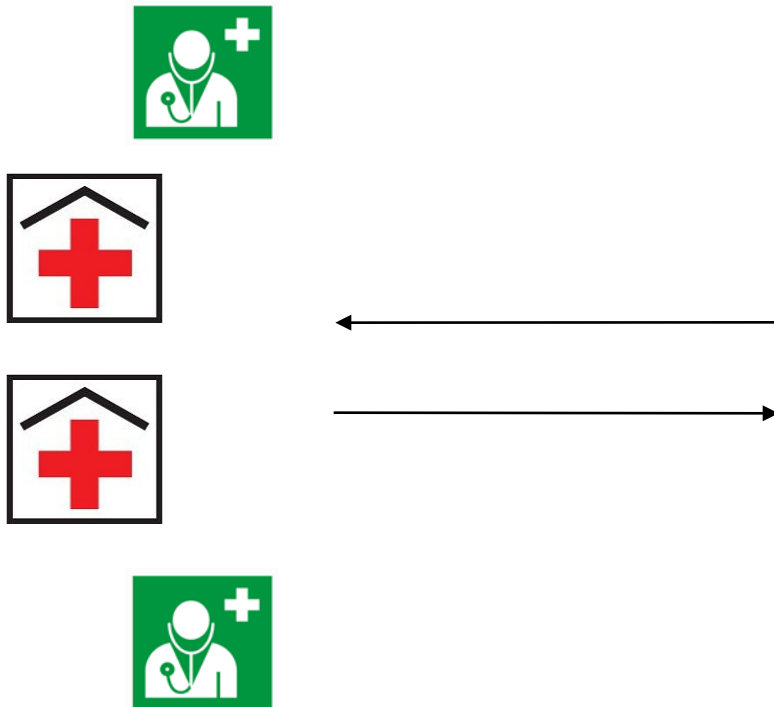


- Implementation of high-quality **molecular multiplex diagnostics**
- State-of-the-art **consultation** with regard to therapeutic consequences
- Rapid **innovation transfer** (new driver mutations) from the academic centers into broad cancer patient care
- **Evaluation** of post-approval and off-label personalized therapies
- Data-based **evidence-generation** (learning system)

Urgent need for building networks

treat close to home

*centralize diagnostics + consultation
+ evaluation*

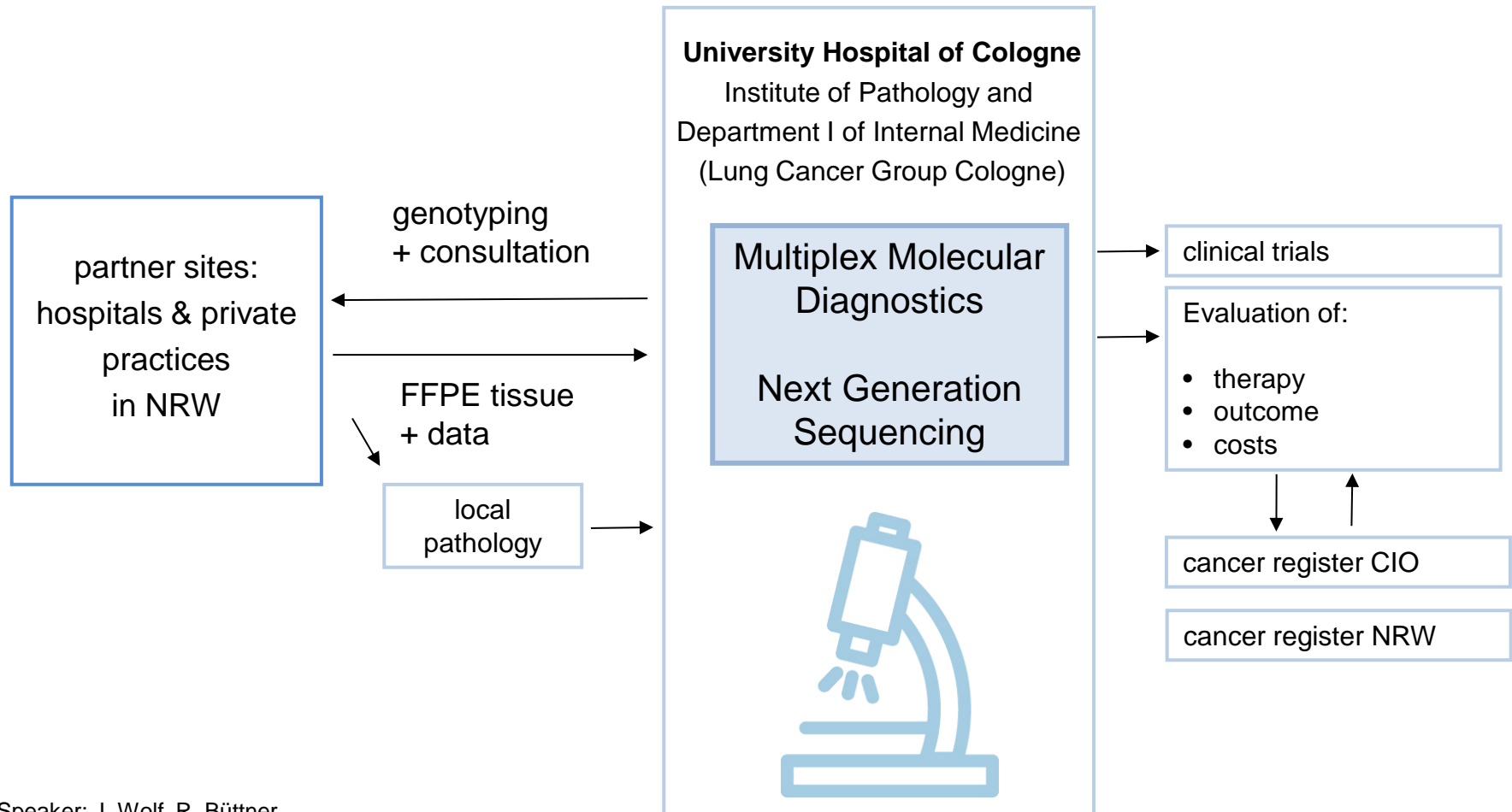


Oncology Centers of Excellence

- Molecular diagnostics (NGS, WGS, RNA)
- Molecular Tumorboards
- Therapy recommendations
- Translational research
- Databases

Network Genomic Medicine (NGM)

Founded in 2010 with funding from Ministry for Innovation and Research NRW

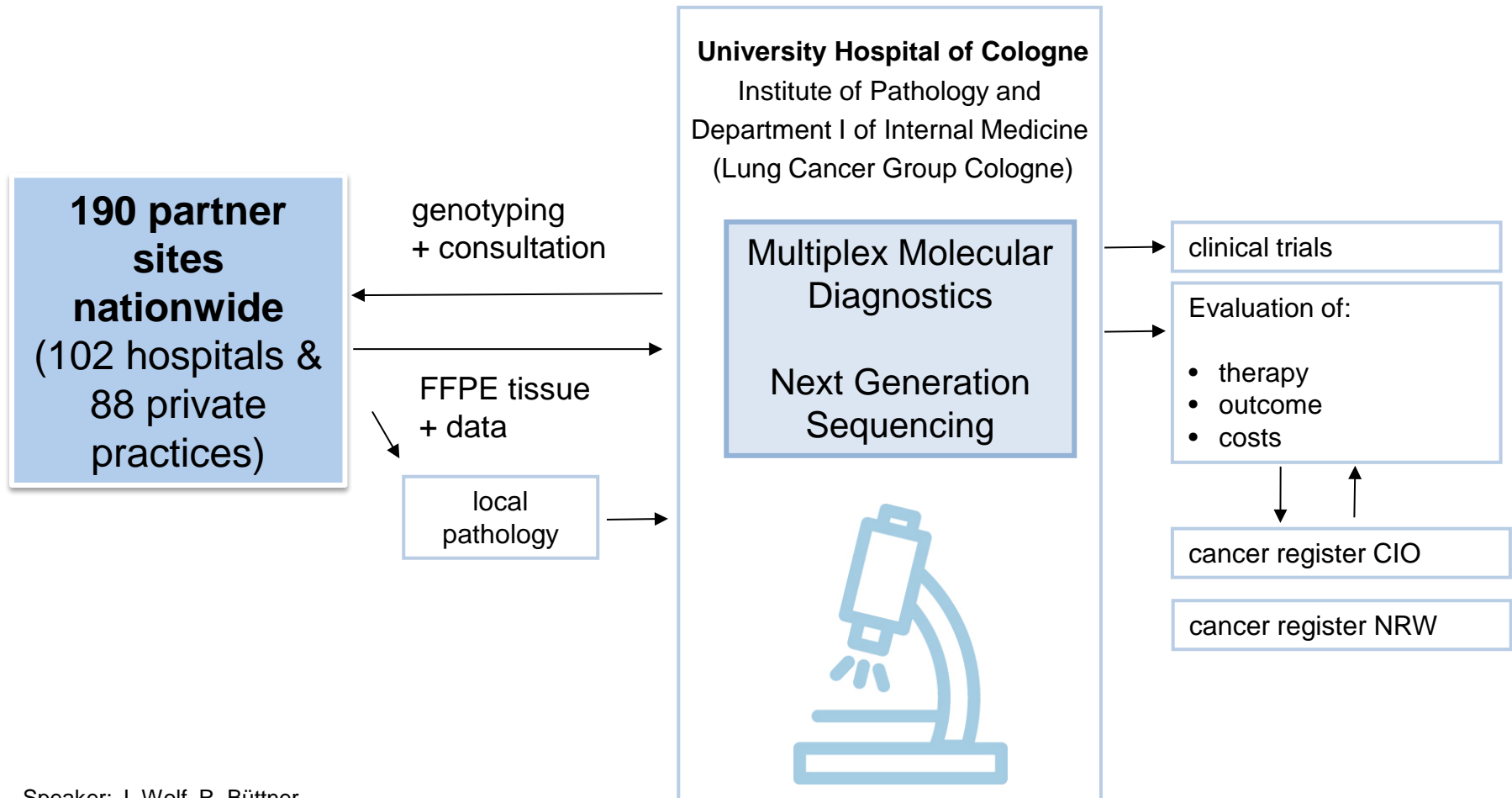


Speaker: J. Wolf, R. Büttner
Scientific Coordinator: A. Kron, S. Michels

CLCGP & NGM, Sci Transl Med 2013, Scheffler et al., Oncotarget 2014, Schildhaus et al., Clin Cancer Res 2015, Scheffler et al., Oncotarget 2015, Michels et al., JTO

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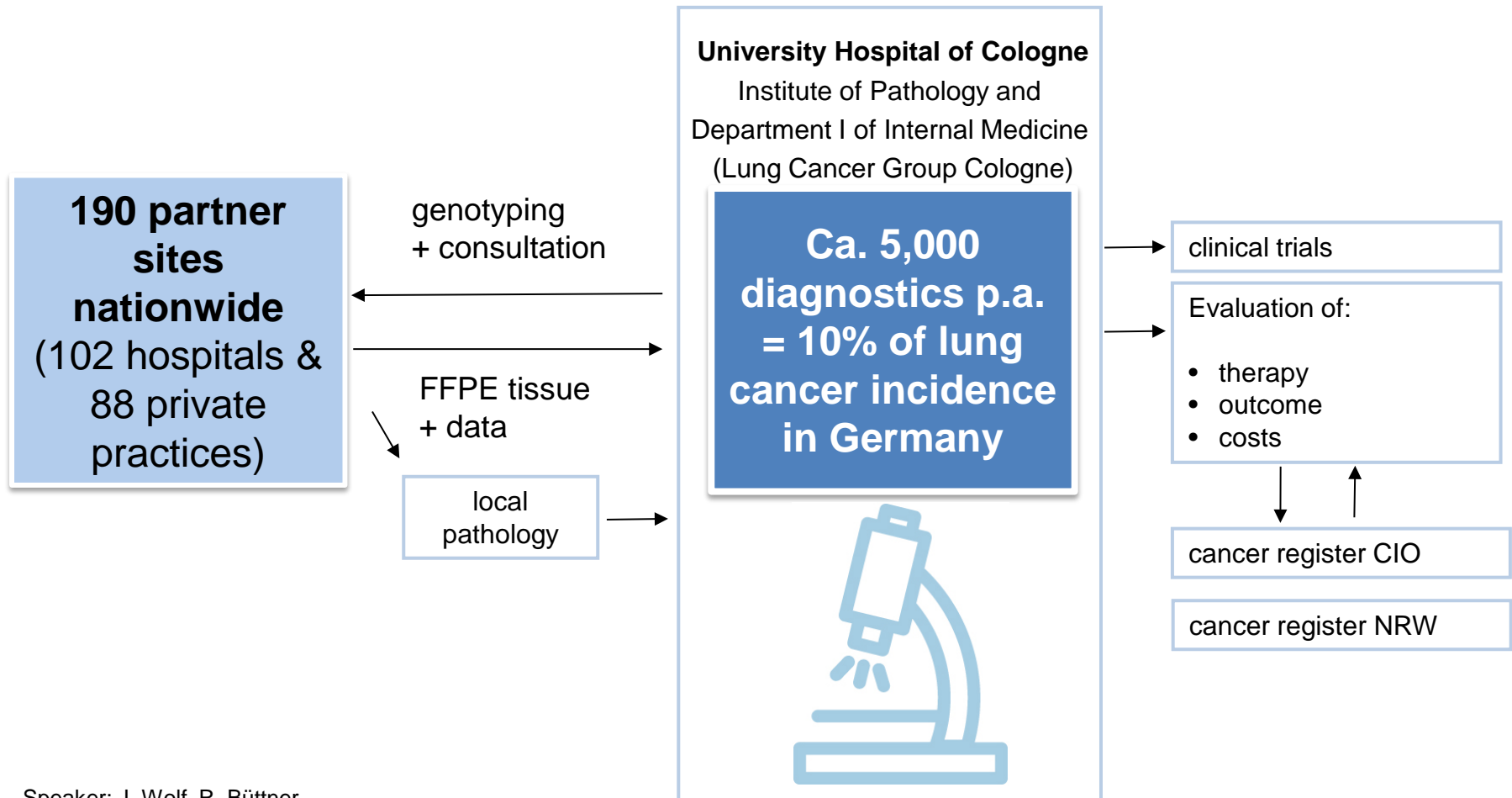


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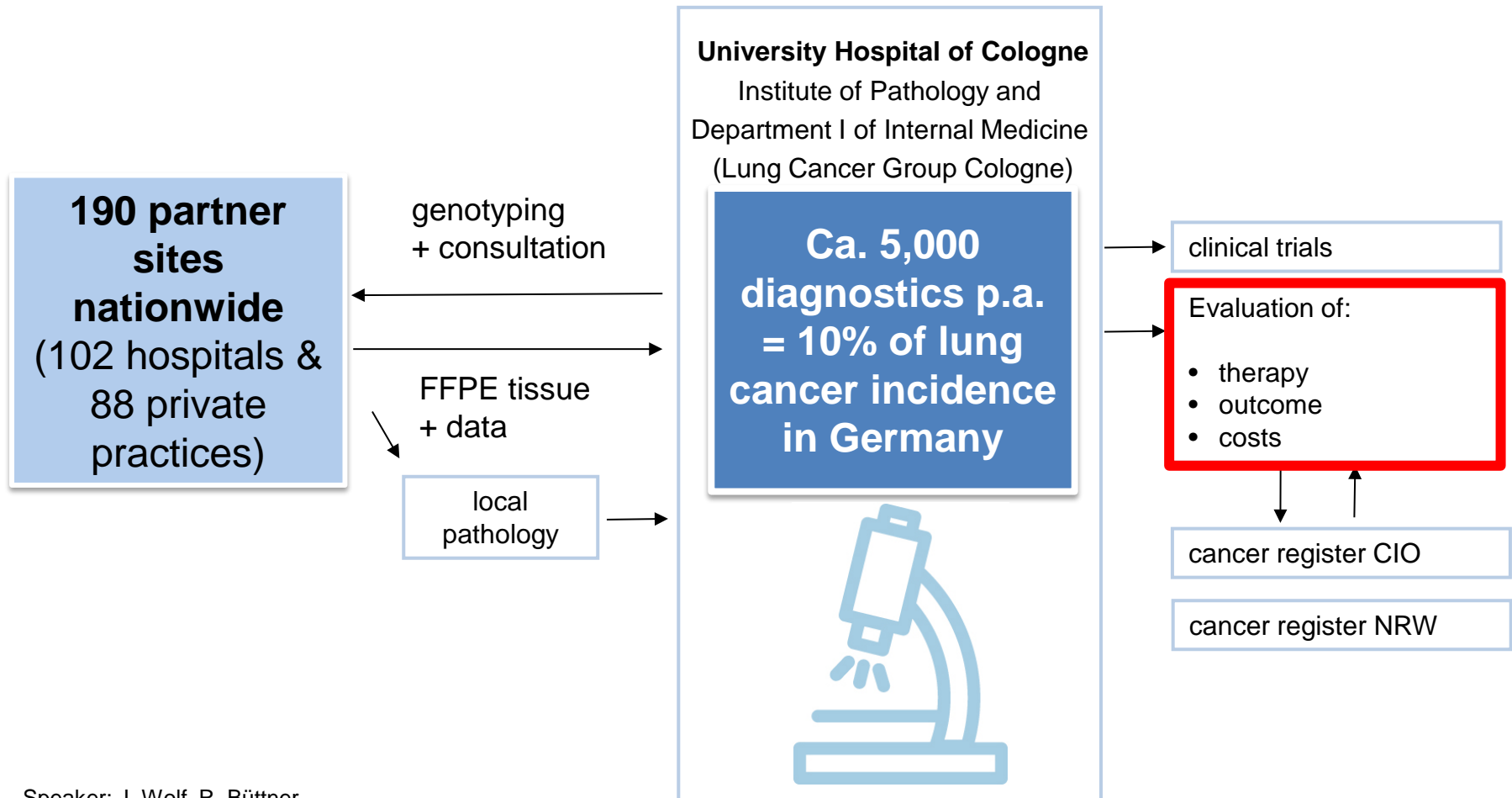


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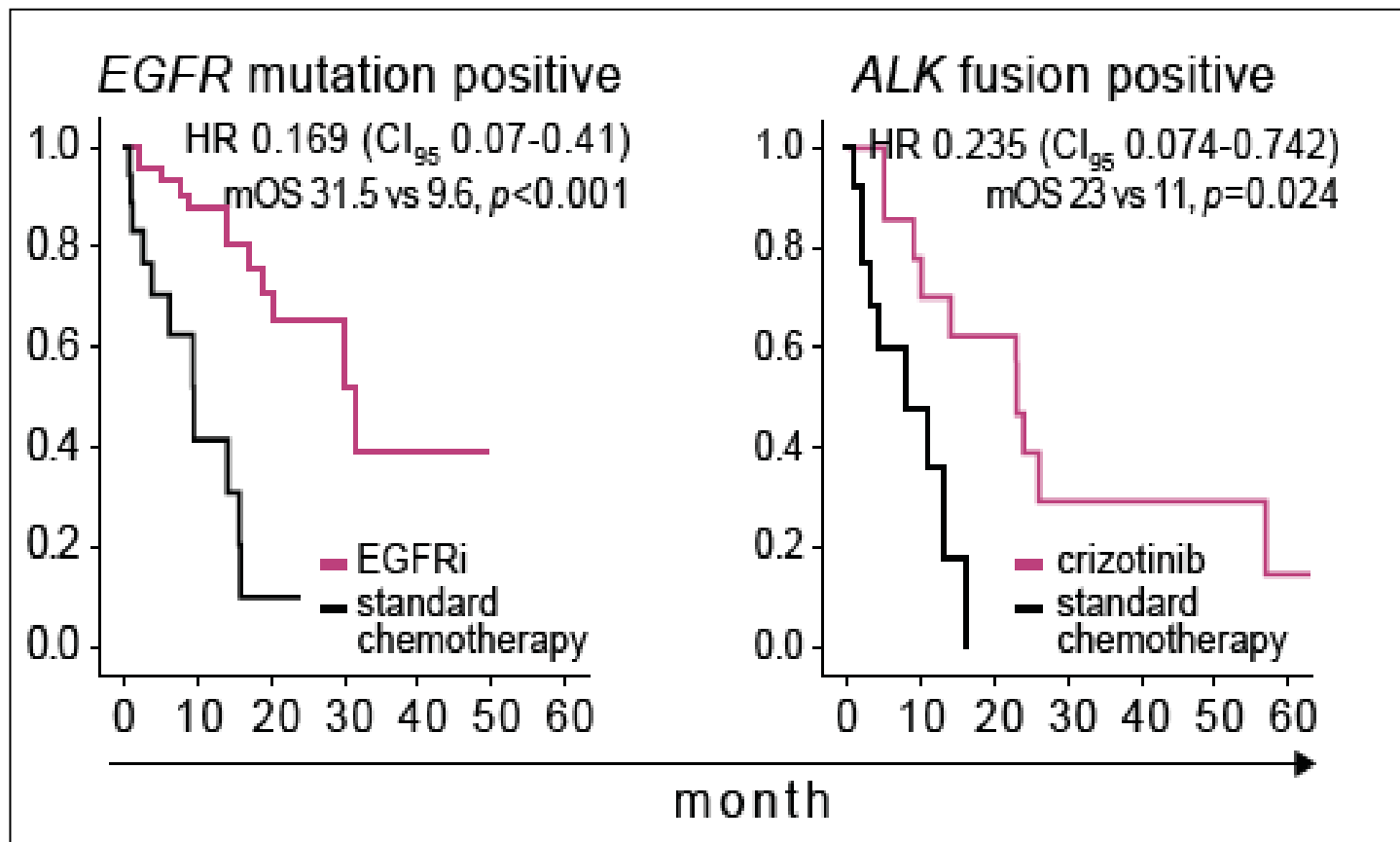
CLCGP & NGM, Sci Transl Med 2013, Scheffler et al., Oncotarget 2014, Schildhaus et al., Clin Cancer Res 2015, Scheffler et al., Oncotarget 2015, Michels et al., JTO

1st NGM Evaluation 2013:

OS benefit with personalized therapies



Network
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Lung Cancer



Integrated Care Contract (ICC)



- NGS-based genotyping + consultation potentially covered by ICC for circa 50 % of all **(statutory health insured)** annually newly diagnosed inoperable lung cancer patients in Germany



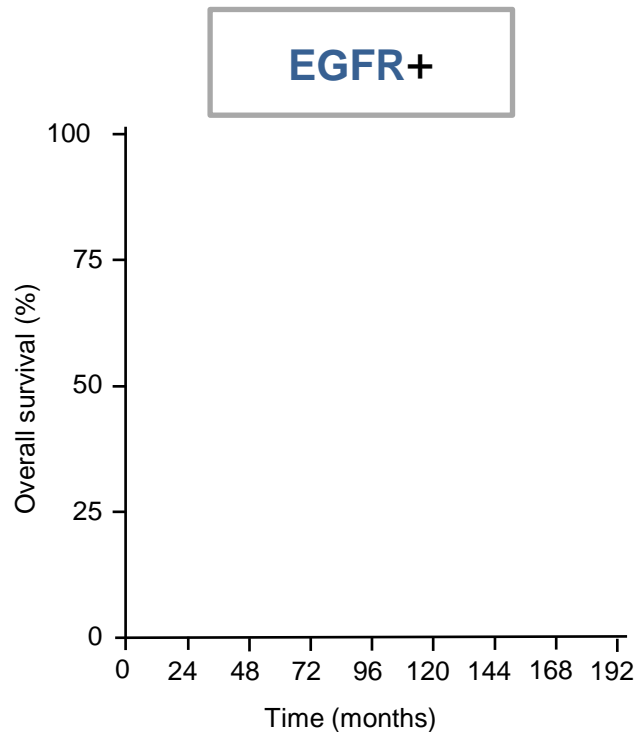
- first NGM contract covering the NGS-based genotyping + consultation of **private health insured** patients was finalized in 2019

2nd NGM Evaluation 2018:

OS benefit with sequential therapies



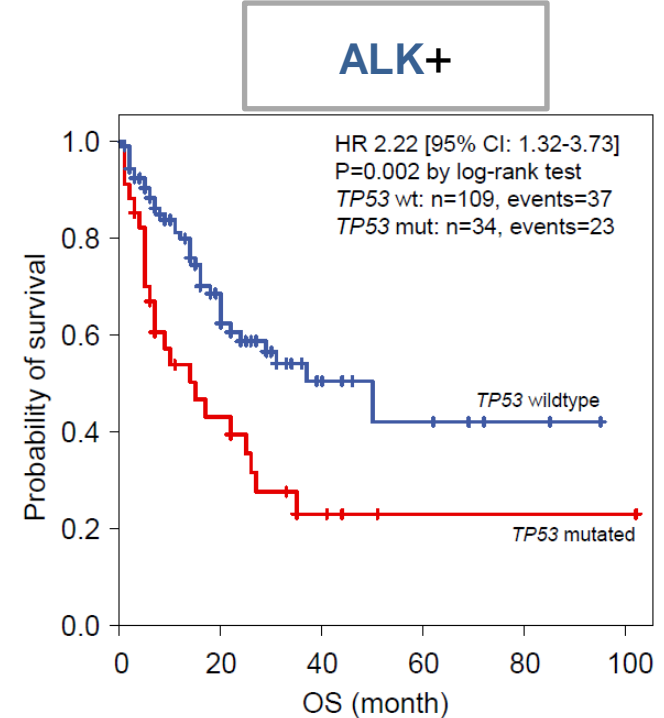
Network
Genomic Medicine
Lung Cancer



N° at risk:

Wt	43	39	19	6	3	1	1	1	0
Ampl.	4	1	0	0	0	0	0	0	0

Michels et al., JCO Precision Med 2018

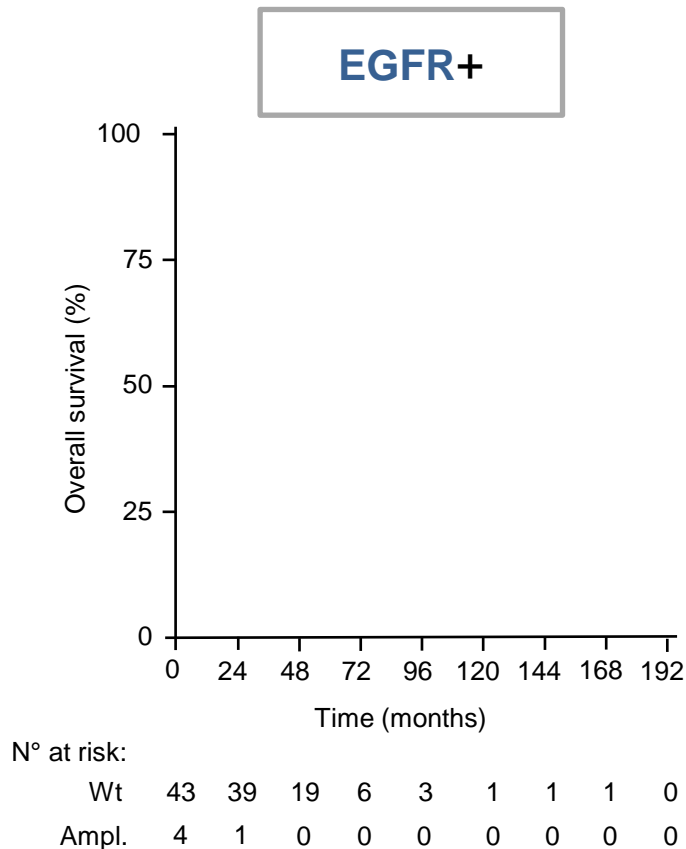


TP53 wt	109	44	11	5	2	0
TP53 mut	34	12	4	1	1	1

Kron et al., Ann Oncol. 2018 Oct; 29(10): 2068–2075.

2nd NGM Evaluation 2018:

OS benefit with sequential therapies



OVERALL SURVIVAL (OS)

P < 0.001

MET wildtype

55.3 mon

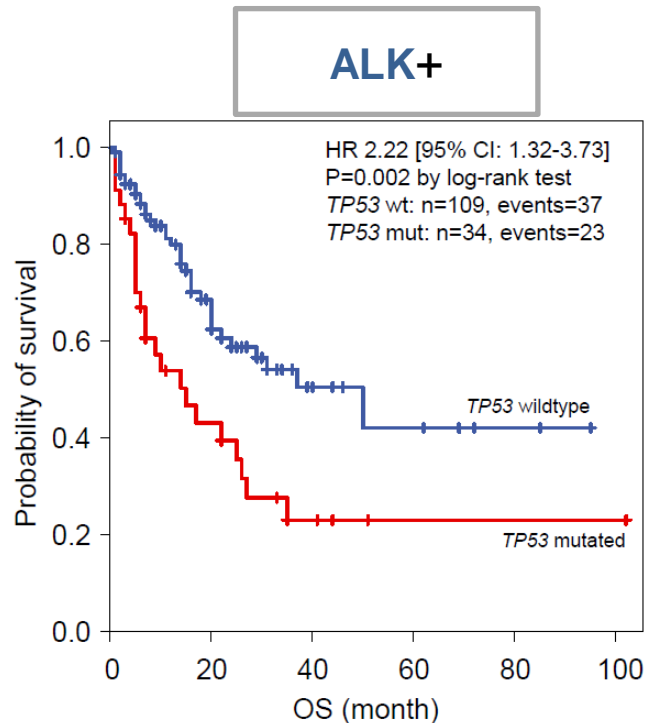
MET co-ampl. (high-level) **16 mon**

> new treatment approach ?

***MET* amplification mediates innate resistance to third-generation EGFR TKI treatment**

2nd NGM Evaluation 2018:

OS benefit with sequential therapies



OVERALL SURVIVAL (OS)

P = 0.002

TP53 wildtype

50 mon

TP53 co-mutation

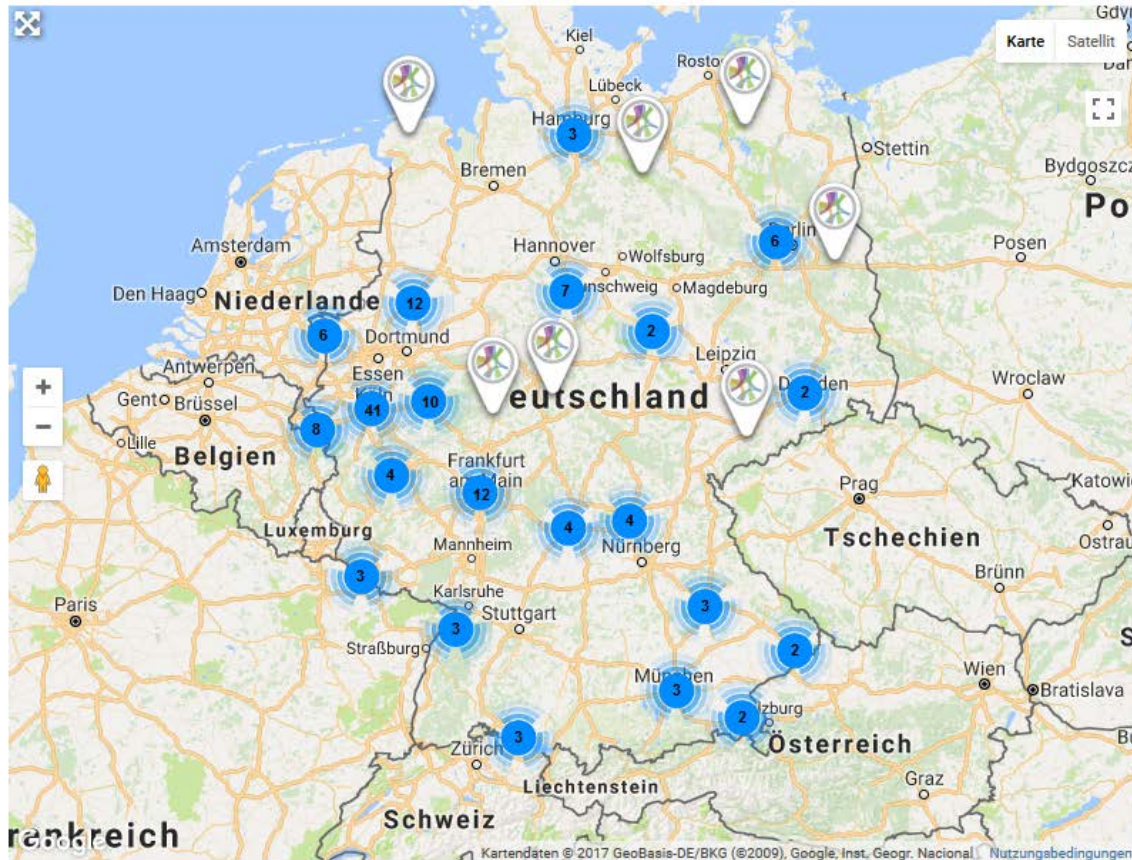
15 mon

> new treatment approach ?

TP53 wt	109	44	11	5	2	0
TP53 mut	34	12	4	1	1	1




Ärzte in Ihrer Nähe



Ärzte und Kliniken finden

Bitte geben Sie den gewünschten Suchbegriff, bzw. den Ort, in dem Sie suchen möchten in dem vorgesehenen Feld ein und drücken dann auf den Button.

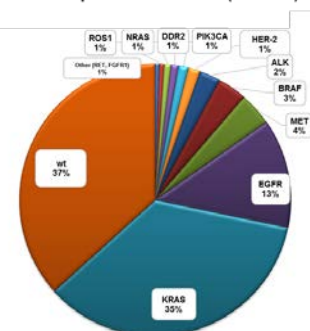
Alternativ können Sie über das Kompass-Symbol Ihren Standort übermitteln und nach Ärzten und Kliniken in Ihrem Umkreis suchen.



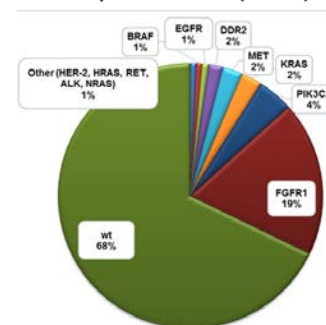
NGM-associated personalized clinical trial program

<p>Phase I/II platform (pharma trials)</p>	<p>EGFR (3rd gen.) mono and combos, FIM ALK (2nd gen.), FIM METamp, METex.14, phase II ROS1, phase I NTRK, BRAF, KRAS, FIM FGFRamp, FIM DLL3 (SCLC), phase II RETfus, phase II</p>
<p>Investigator-initiated trials</p>	<p>EGFR+MEK (EATON), phase I ROS 1 (EUCROSS), phase II HER2mut (TRY), phase II FGFRfus+mut (FIND), phase II TMB (I-O; BIOLUMA), phase II</p>

Non-Squamous NSCLC (n=4244)



Squamous NSCLC (n=1498)



- > to treat all patients according to the genetic vulnerability of her/his tumor
- > to allow patients early access to innovative drugs
- > to allow proof-of-concept
- > to develop new treatment approaches for small genetic subgroups



Nationwide extension of the NGM-model

> national Network Genomic Medicine (nNGM)

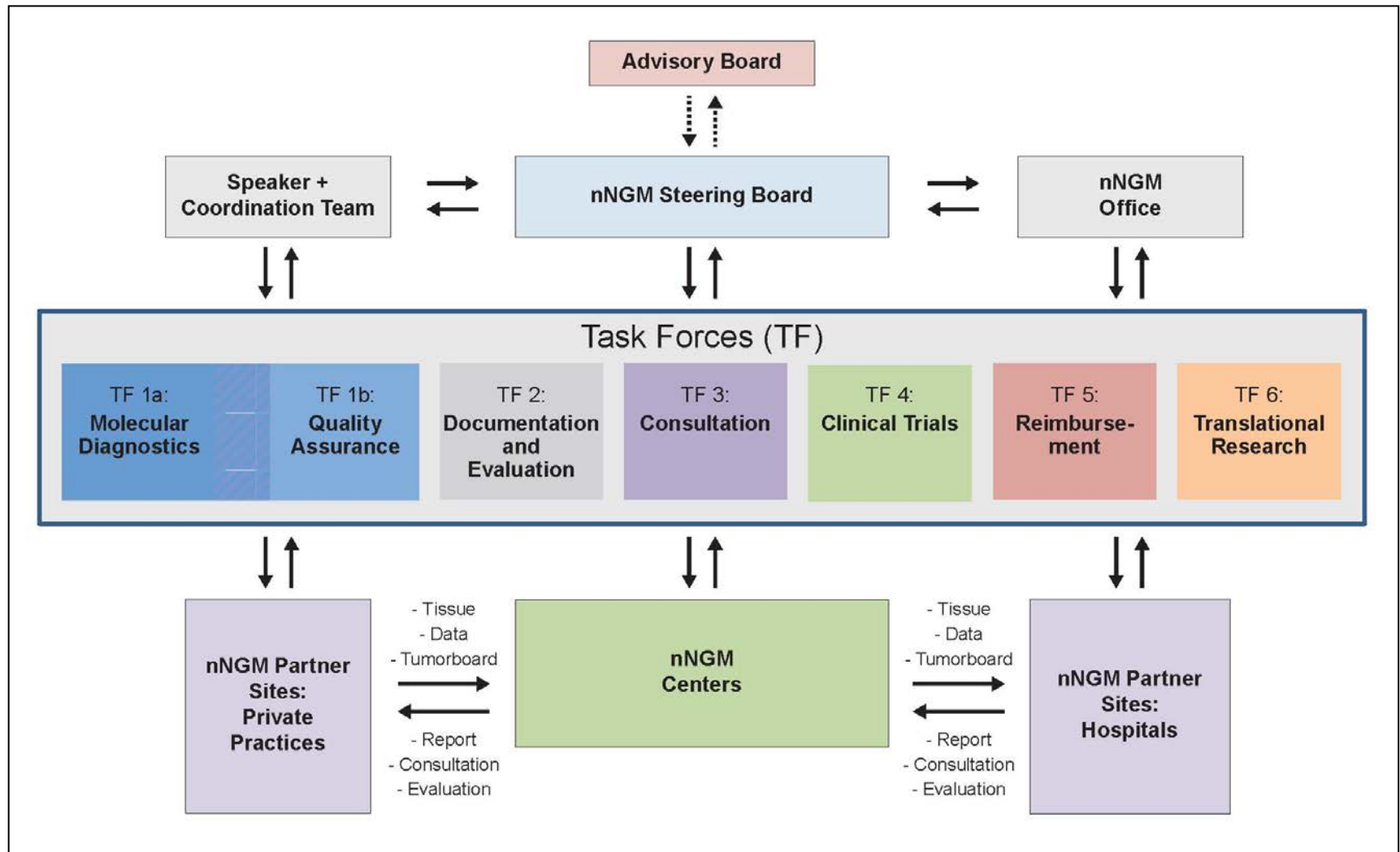
- 10 / 16 Grant application to German Cancer Aid (DKH)
- **04 / 18 Start funding of nNGM by DKH**

Initial nNGM centers = 15 DKH-funded Oncology Centers of Excellence (CCCs):

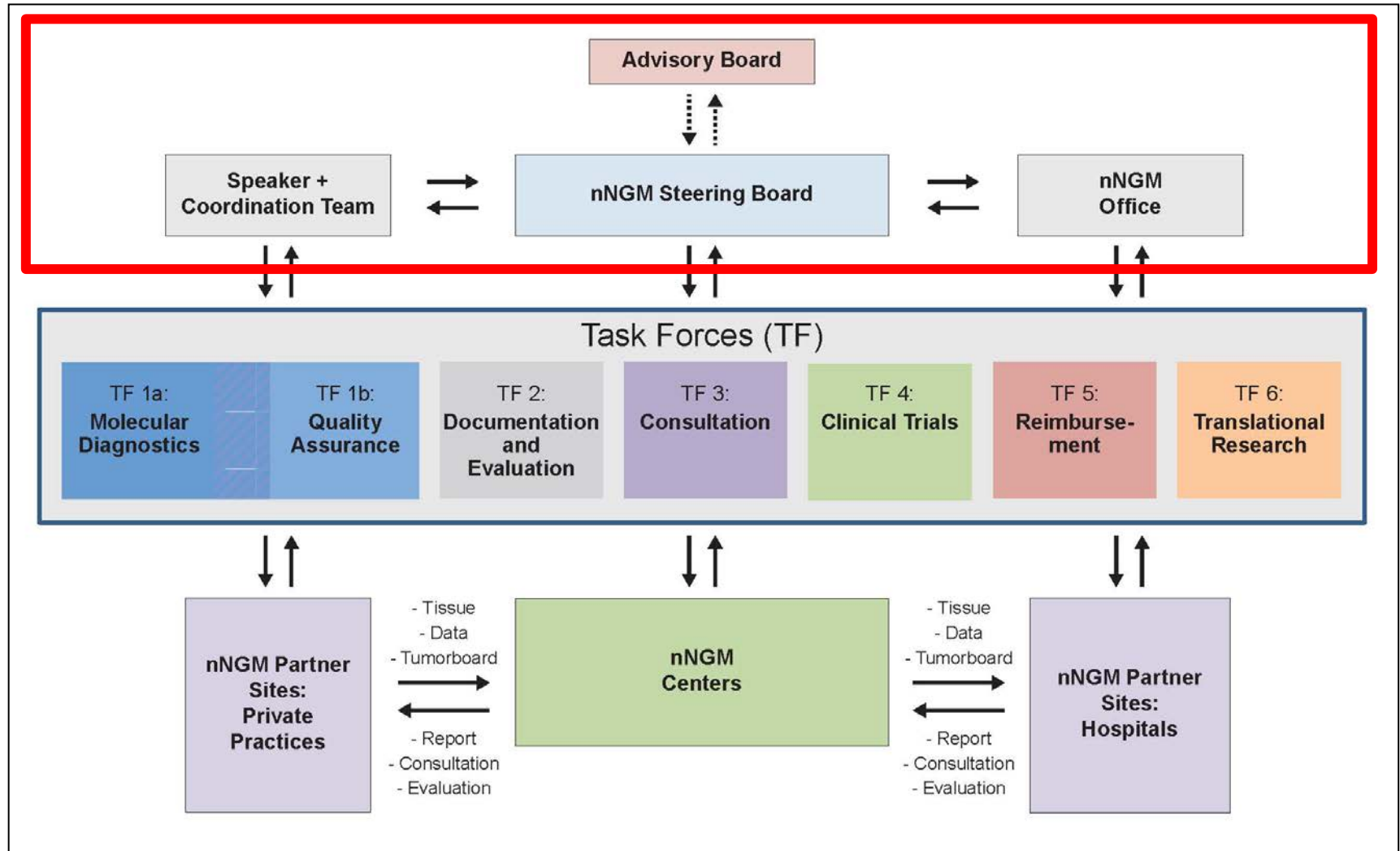
Berlin, Dresden, Düsseldorf, Erlangen, Essen, Frankfurt, Freiburg, Hamburg, Heidelberg, Köln/Bonn, Mainz, München (LMU/TU), Tübingen-Stuttgart, Ulm, Würzburg

- 11 / 18 1st positive evaluation by DKH reviewers

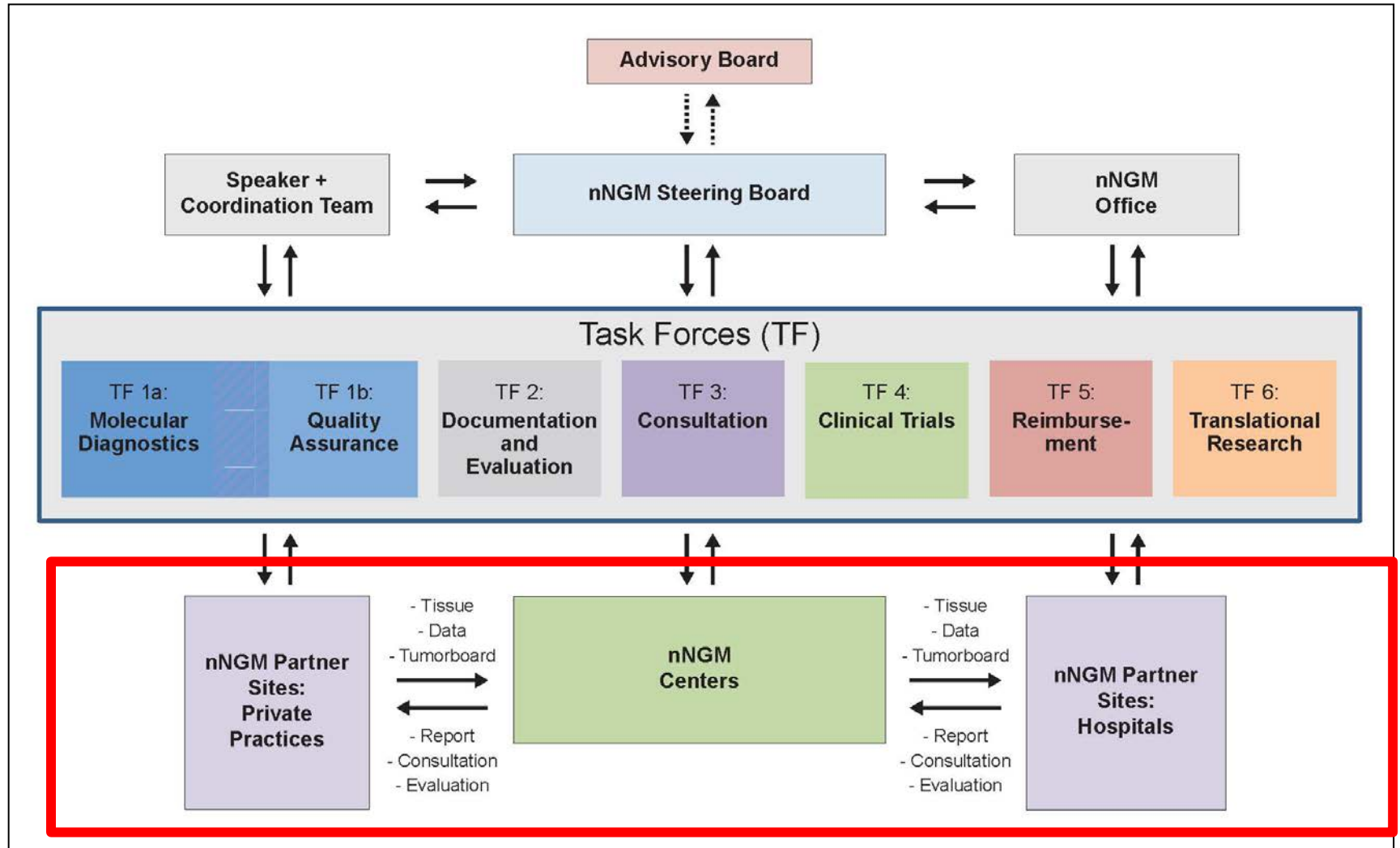
Structure of nNGM: governance, task forces, regional networks



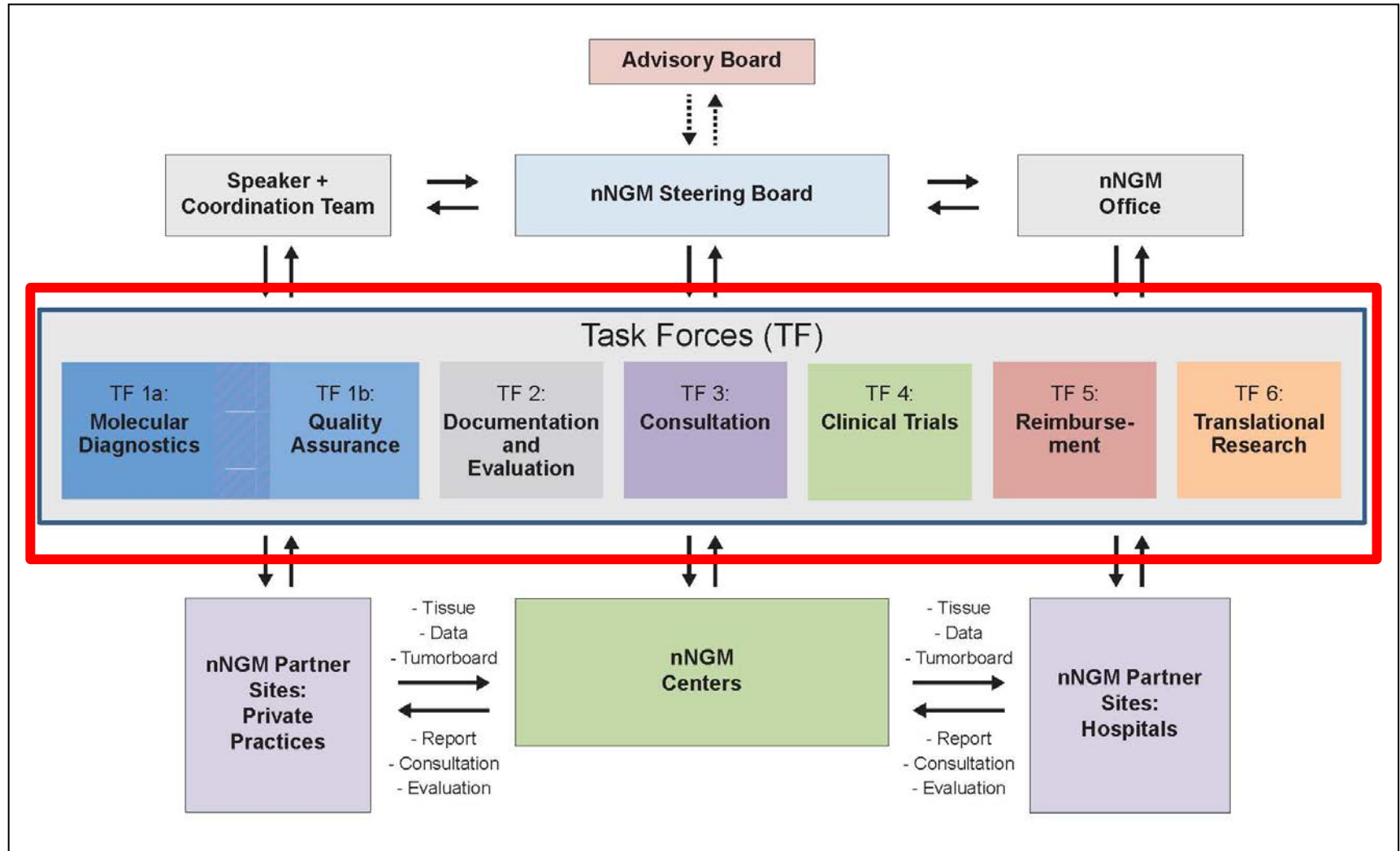
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Structure of nNGM: governance, task forces, regional networks



Structure of nNGM: governance, task forces, regional networks



TF 1a: Molecular Diagnostics

Speakers: R. Büttner, F. Haller, S. Merkelbach-Bruse

- **Joint NGS Panel**
 - **Joint SOPs for mol. diagnostics NGS, FISH....**
 - **Harmonized Reports**
- > **Hybrid-capture based NGS under development**
- > **TMB diagnostics under development**

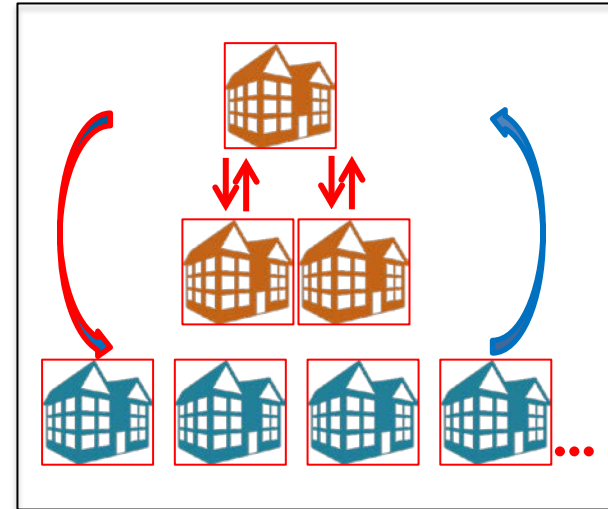
Marker	Transkript	Exone
ALK	NM_004304	22, 23, 24, 25
BRAF	NM_004333	11, 15
CTNNB1	NM_001904	3
EGFR	NM_005228	18, 19, 20, 21
ERBB2 (HER2)	NM_004448	8, 19, 20
FGFR1	NM_023110	4, 5, 6, 7, 10, 12, 13, 14, 15
FGFR2	NM_000141	Tr-A*: 6, 7, 8, 10, 11, 13, 14, 15; Tr-B*: 8, 9, 12, 18
FGFR3	NM_000142	3, 6, 7, 9, 10, 12, 14, 16, 18
FGFR4	NM_213647	3, 6, 9, 12, 13, 15, 16
IDH1	NM_005896	4
IDH2	NM_002168	4
KRAS	NM_033360	2, 3, 4
MAP2K1 (MEK1)	NM_002755	2, 3
MET	NM_001127500	14, 16, 17, 18, 19
MET	NM_001127500	Intron 13, ersten 100 bp von Intron 14
NRAS	NM_002524	2, 3, 4
PIK3CA	NM_006218	10, 21
PTEN	NM_000314	1, 2, 3, 4, 5, 6, 7, 8
ROS1	NM_000245	34, 35, 36, 37, 38, 39, 40, 41
TP53	NM_000546	4, 5, 6, 7, 8

TF 1b: QA Molecular Diagnostics

Speakers: P. Schirmacher, T. Kirchner, M. Hummel

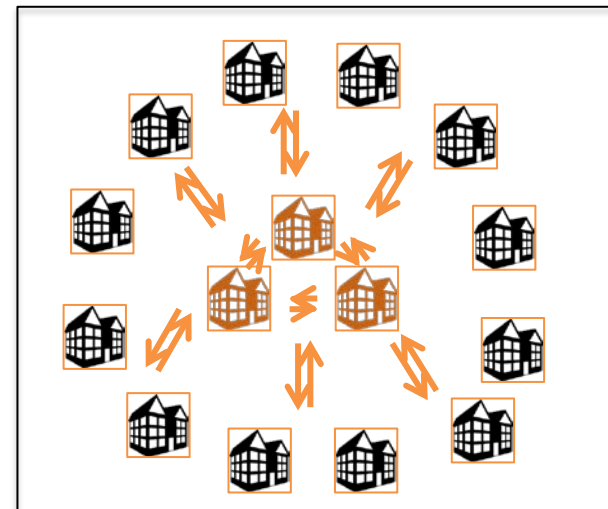
NGS Proficiency Testing

1. Samples tested and retested by reference centers
2. Test and reporting by all centers



NGS Performance Testing

1. Random sample identification in nNGM centers
2. Retesting by reference centers



TF 2: Dokumentation und Evaluation

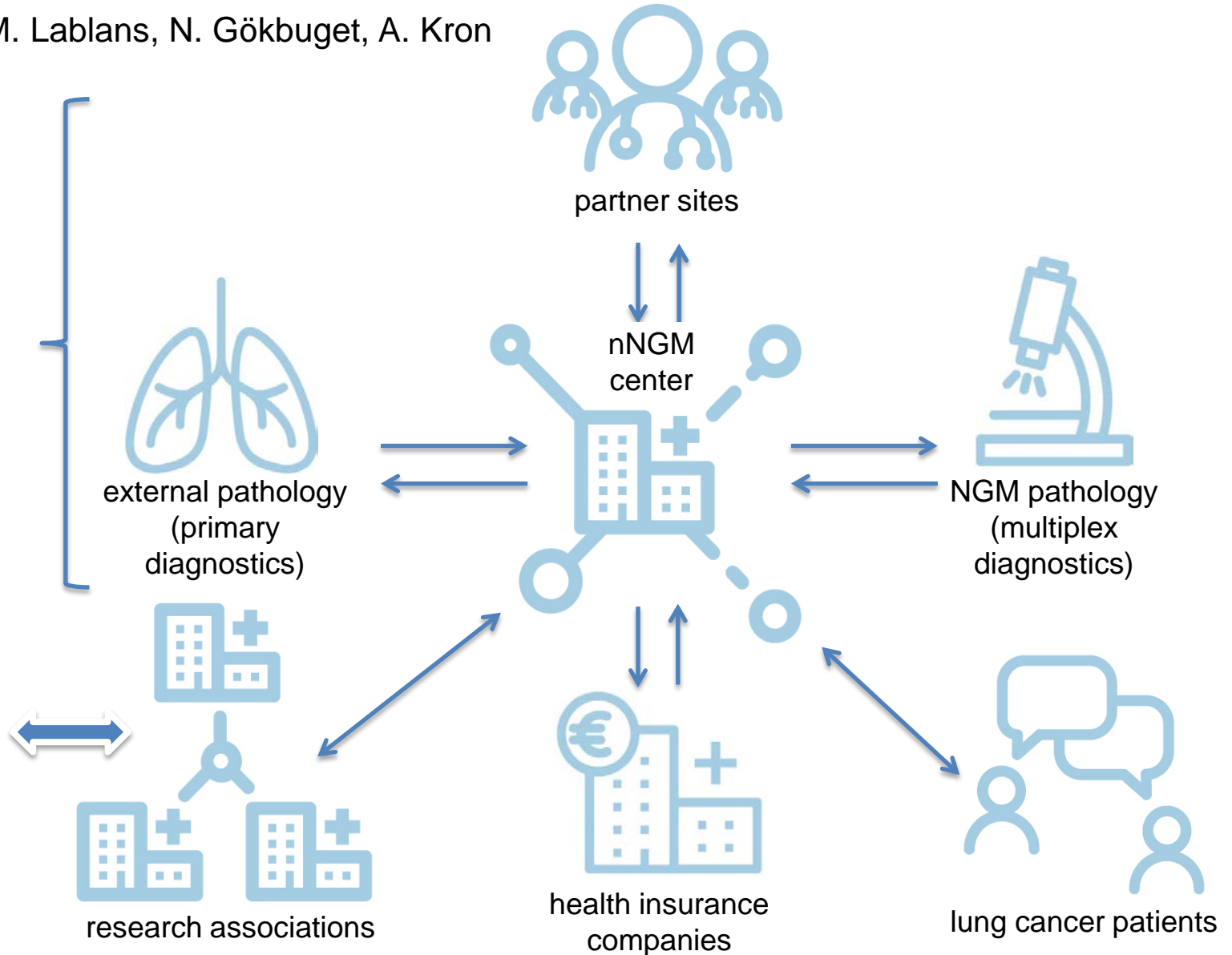


Speakers: M. Lablans, N. Gökbüget, A. Kron

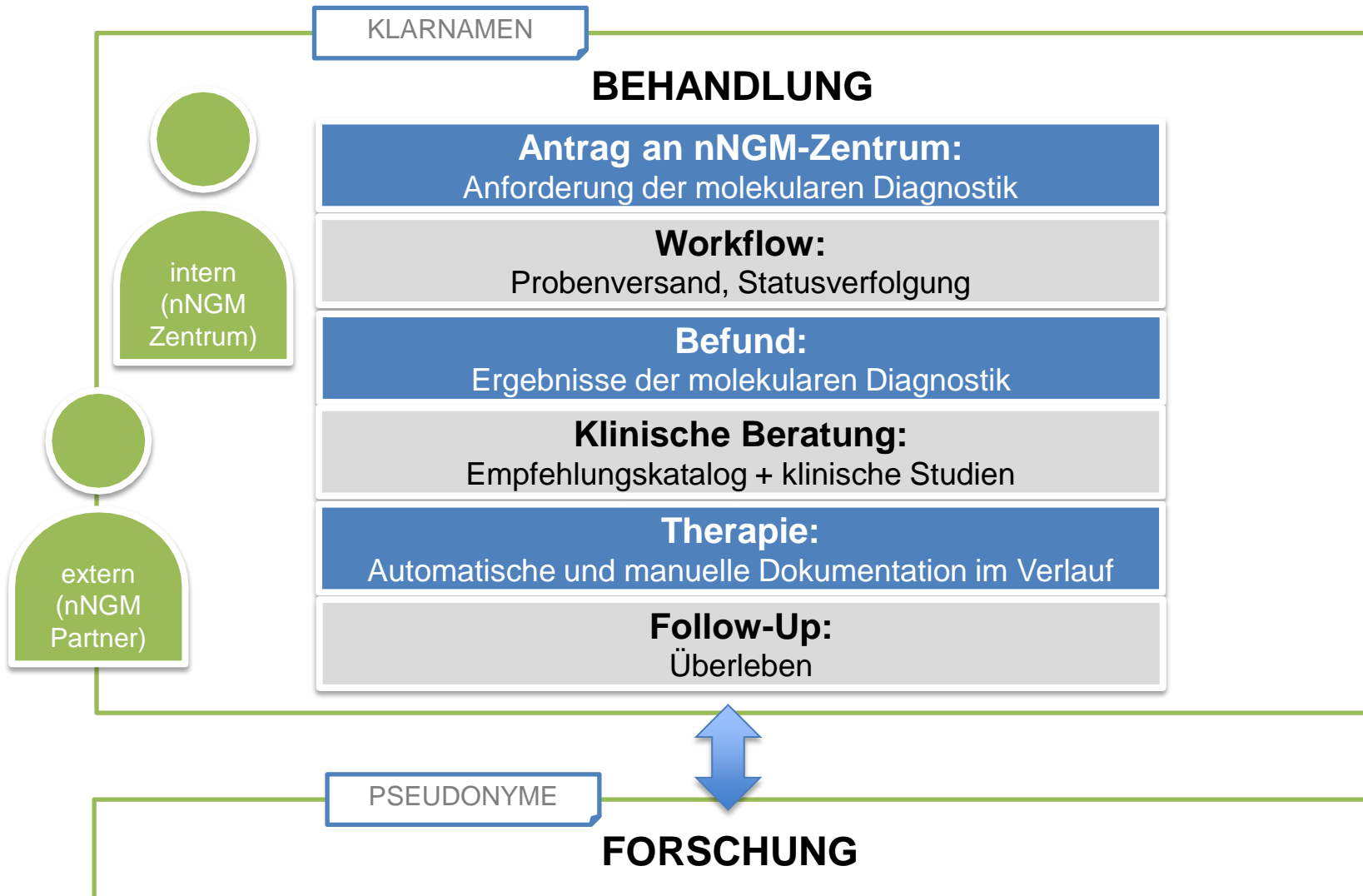
INTEGRATION
INTO
CLINICAL
ROUTINE
(FHIR)

+

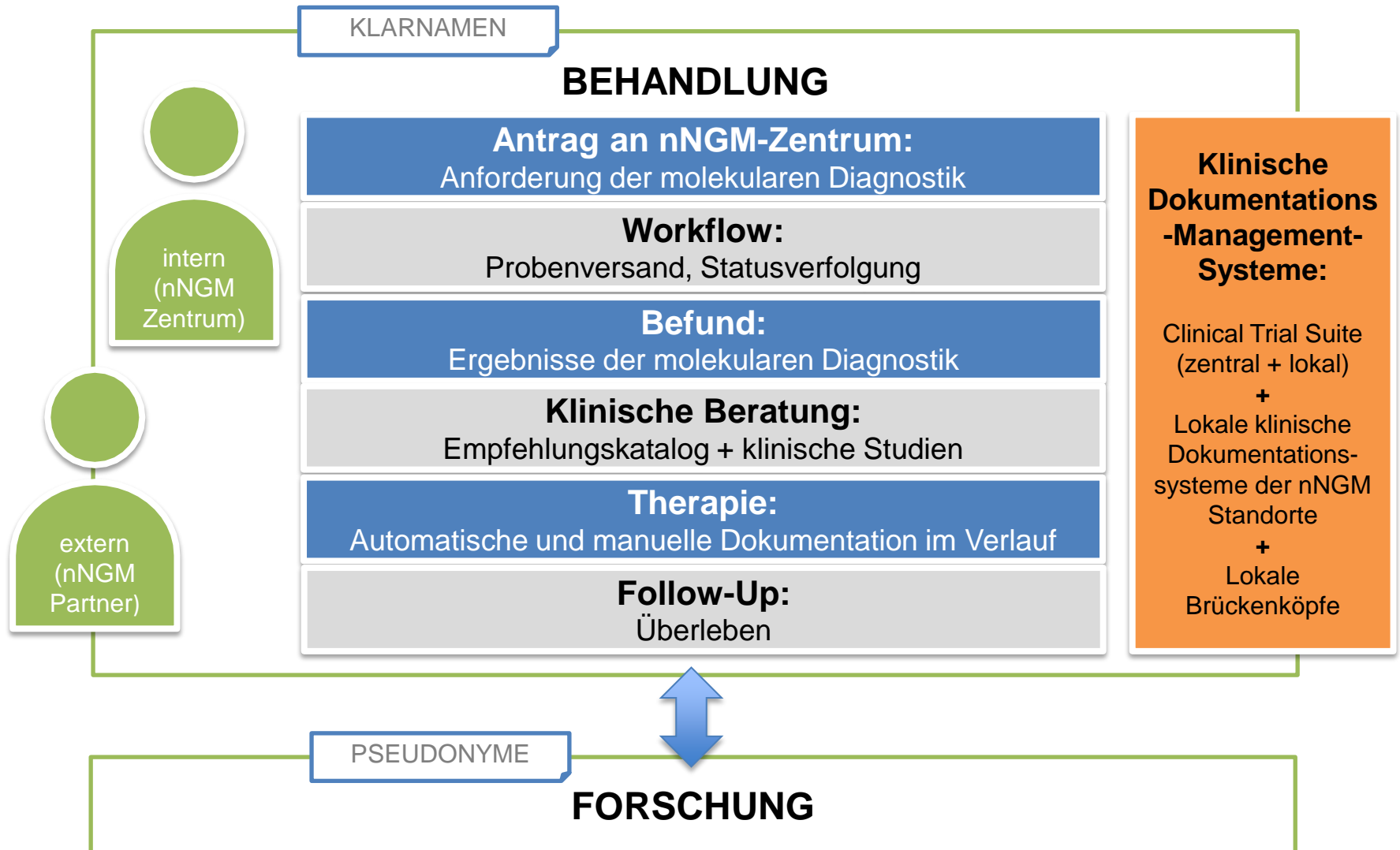
WORKFLOW
SUPPORT



TF 2: Dokumentation und Evaluation



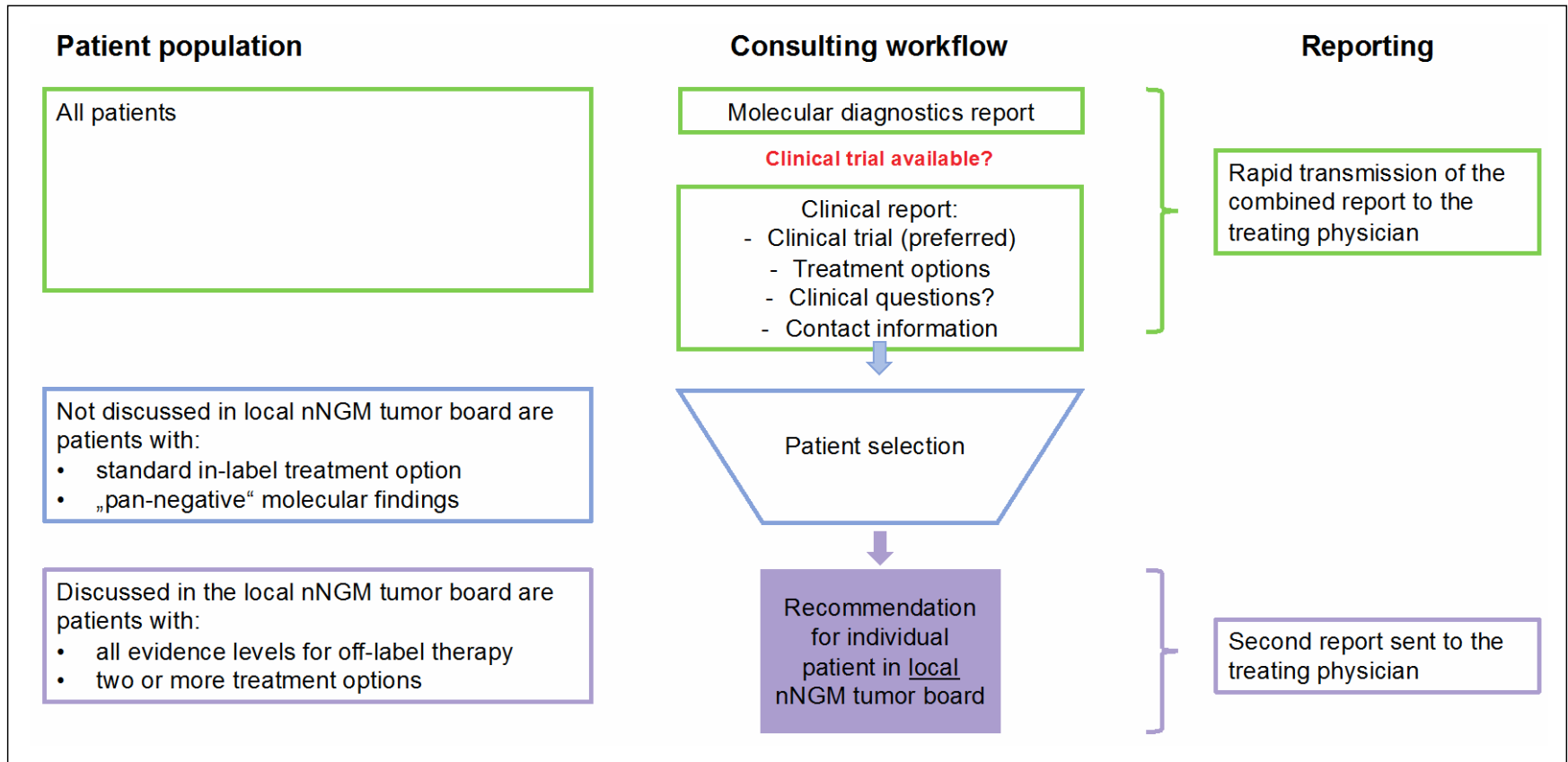
TF 2: Dokumentation und Evaluation



TF 3: Consultation > harmonized workflow

Speakers: C. Brandts, E. Schröck, N. v. Bubnoff

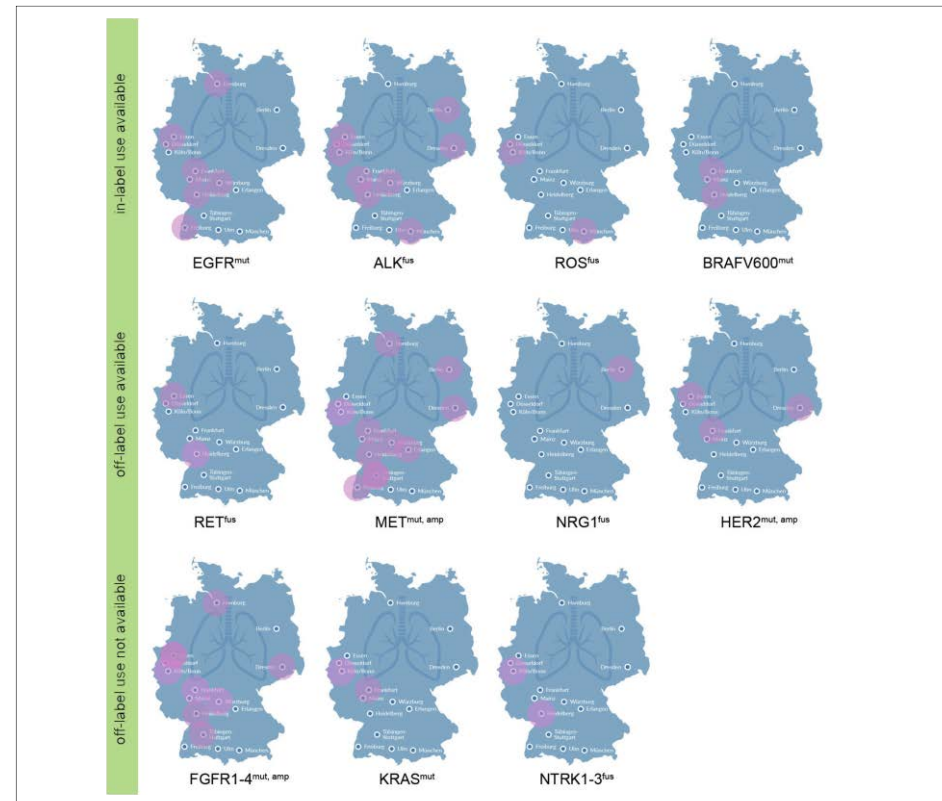
in collaboration with A. Heyll, MDK Kompetenzzentrum Onkologie



TF 4: Clinical Trials

Speakers: J. Wolf, M. Sebastian, M. Thomas

- **Status quo assessment of trial activity in nNGM centers**
> harmonization
- **Central Clinical Trial Registry in collaboration with DKTK**
> www.nngm.de (CCP-Office / TF 2)
- **1st nNGM trial launched in Q1 2019: FGFR-inhibition in squamous cell lung cancer (phase II IIT FIND)**



TF 5: Reimbursement

Speakers: J. Wolf, A. Kron



nNGM

National Network
Genomic Medicine
Lung Cancer

19.02.2019



Die Ersatzkassen



- First nNGM contract covering the NGS-based genotyping (tissue and T790M liquid biopsy) + consultation of **statutory health insured** patients

AOK BAYERN

AOK HESSEN

AOK NIEDERSACHSEN

AOK BREMEN

AOK RHEINLAND/HAMBURG

AOK NORTHWEST



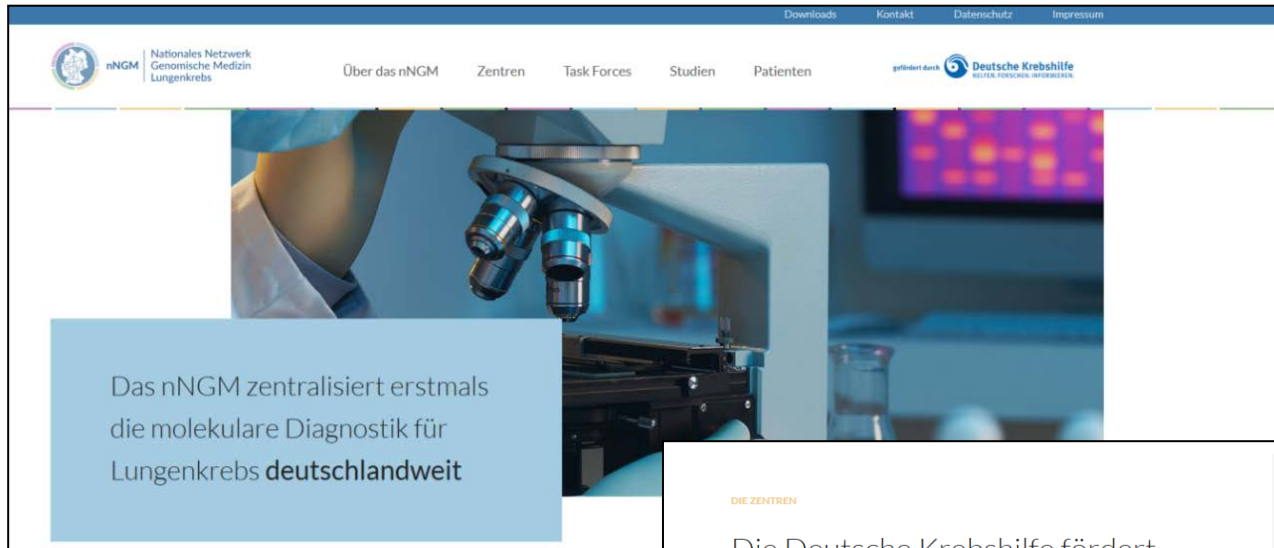
nNGM

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Genomic Medicine
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TF 6: Translational Research

Speakers: M. Schulter, R. Thomas, W. Weichert

- Pilot projekt 1: **Changes in the mutational landscape during therapy**
NGS-based rebiopsy analyses to detect and in future overcome the resistance mechanisms
- Pilot project 2: **Comparison of sequencing pipelines (WES, Panel) between Köln, Heidelberg, München**
- **Linking of nNGM to large research consortia in lung cancer:** consortial research coordination structure, which will oversee and harmonize research requests directed at the consortium



DIE ZENTREN

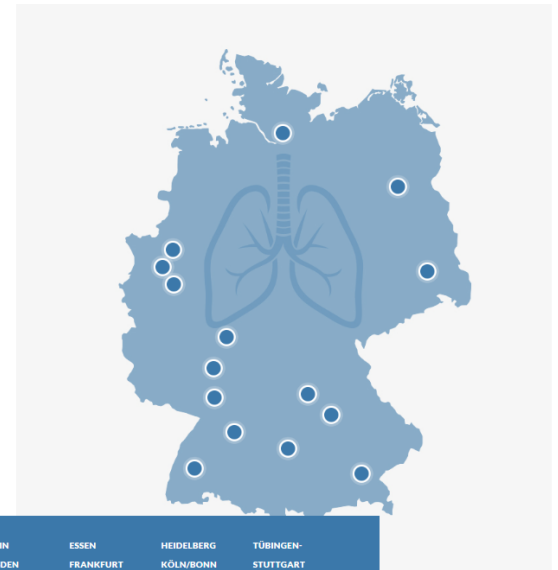
Die Deutsche Krebshilfe fördert 15 universitäre Krebszentren

Über ein bundesweites Netzwerk sollen in Deutschland künftig alle Patienten mit fortgeschrittenem Lungenkrebs Zugang zu molekularer Diagnostik und innovativen Therapien erhalten.

Dafür schließen sich 15 universitäre Krebszentren im „nationalen Netzwerk Genomische Medizin (nNGM) Lungenkrebs“ zusammen – darunter alle 13 onkologischen Spitzenzentren, die aktuell von der Deutschen Krebshilfe gefördert werden.

nNGM ist eine Weiterentwicklung des Kölner Netzwerks Genomische Medizin ([zur Website](#)), das sich seit 2010 erfolgreich für die Implementierung personalisierter Therapien in der Routineversorgung von Patienten mit Lungenkrebs einsetzt. Ziel des bundesweiten Netzwerks ist, den schwer kranken Patienten Zugang zu modernster molekularer Diagnostik und neuesten Therapien, auch im Rahmen klinischer Studien, zu ermöglichen.

Die Deutsche Krebshilfe unterstützt dieses Verbundprojekt seit dem 1. April 2018.



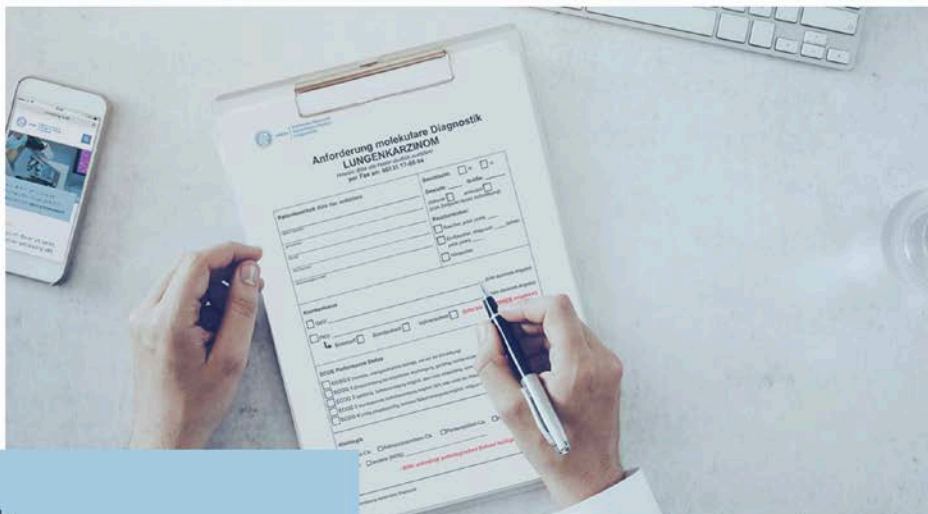
BERLIN	ESSEN	HEIDELBERG	TÜBINGEN
DRESDEN	FRANKFURT	KÖLN/BOHN	STUTTGART
DÜSSELDORF	FREIBURG	MAINZ	ULM
ERLANGEN	HAMBURG	MÜNCHEN	WÜRZBURG

DIE ZIELE DES



nNGM Verbunds

Aufbau einer gemeinsamen Dokumentations- und



Downloads

ANFORDERUNG

Für Zuweiser:
Anforderungscheine molekulare
Diagnostik Lungenkarzinom

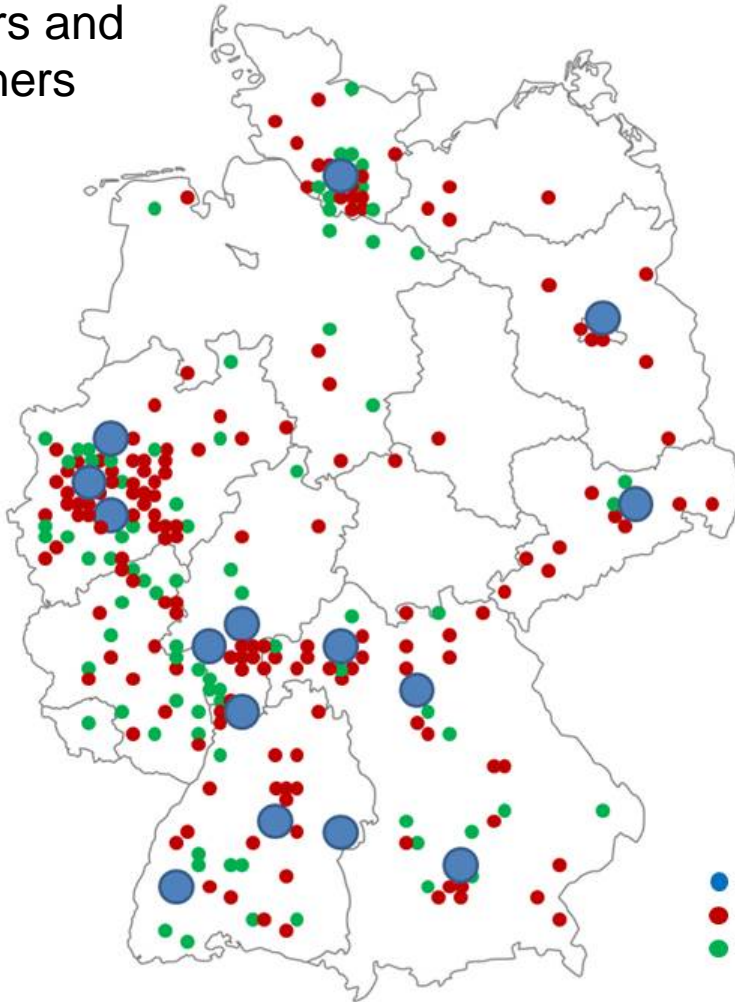
DRESDEN PDF	DÜSSELDORF PDF	ERLANGEN PDF
ESSEN PDF	FRANKFURT PDF	KÖLN Zur Website
BONN PDF	MAINZ PDF	MÜNCHEN LMU+TUM PDF
TÜBINGEN-STUTTART PDF	WÜRZBURG PDF	ULM PDF

Download:
Test requests for
all nNGM centers

Current status of nNGM



nNGM-centers and
network partners



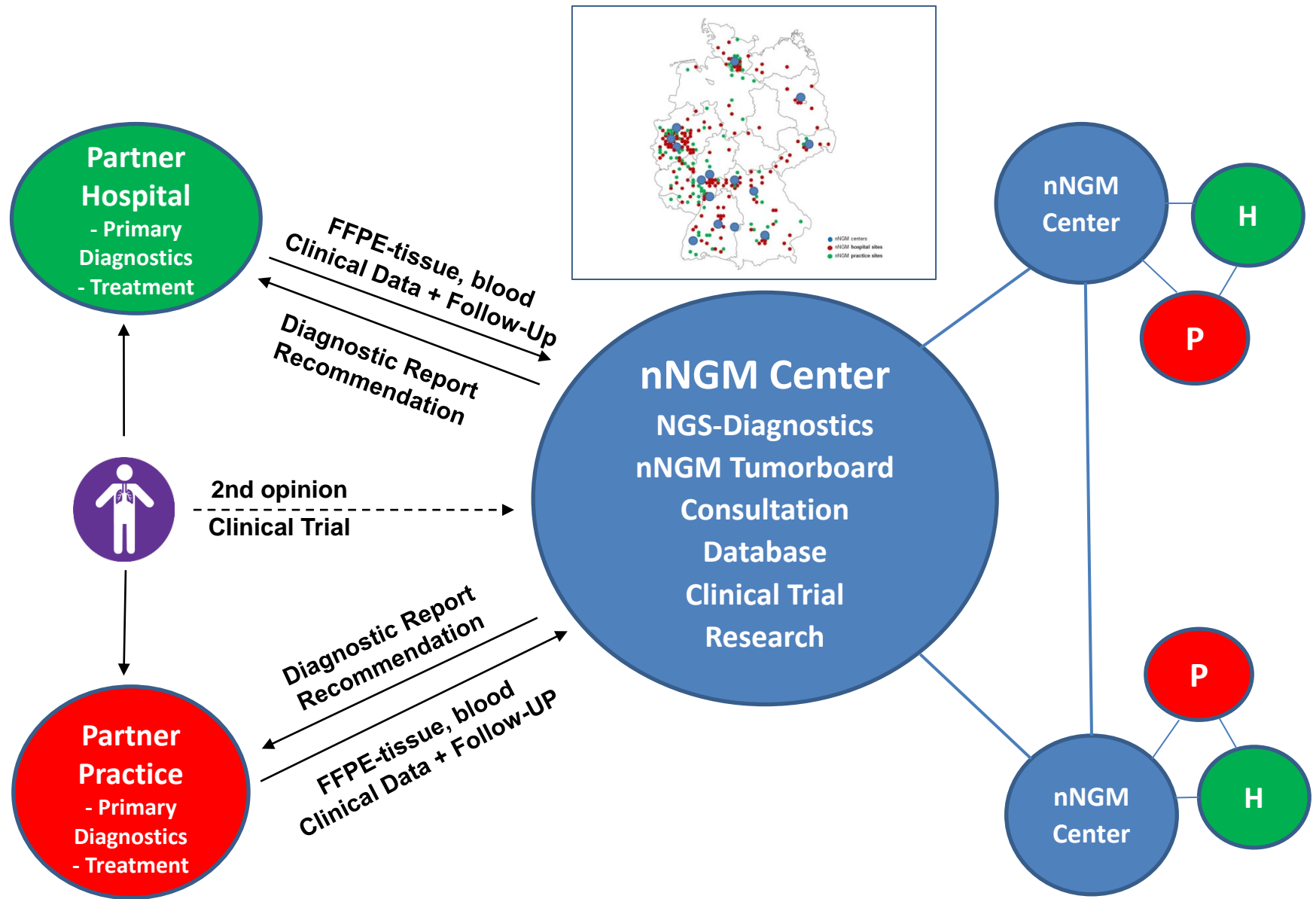
- nNGM centers
- nNGM hospital sites
- nNGM practice sites

**2018: molecular diagnostics
of ca. 10.000 pts.
with advanced NSCLC**

**= ca. 1/3 of the
target population**

> Personalized cancer medicine becomes reality

Our vision for all patients with (lung) cancer



Zusammenfassung



nNGM | National Network
Genomic Medicine
Lung Cancer

- *NGM = etabliertes Modell, das mit DKH-Förderung auf aktuell 15 Zentren ausgeweitet wurde*
- *nNGM ist offen für Beitritte weiterer Netzwerkzentren und vieler regionaler Netzwerkpartner*
- *Kostenerstattungsregelungen mit den Krankenkassen als wesentlicher Meilenstein wurde erreicht*
- *Zentrale klinische Datenbank in Köln + Kooperationen mit anderen Verbänden wie DKTK und MI-Initiativen*
- *nNGM modelhaft für die Zukunft anderer onkologischer Entitäten*

Thank you !



nNGM

National Network
Genomic Medicine
Lung Cancer

- nNGM-centers
 - Task Force - speakers
 - Center manager
 - nNGM-office
 - Patients
-
- **all regional network partners**

LungCancerGroup
Cologne

 **DKTK**
Deutsches Konsortium für
Translationale Krebsforschung

dkfz.
GERMAN
CANCER RESEARCH CENTER
IN THE HELMHOLTZ ASSOCIATION

- **all patients and their families**

THE ROSI
DERs
BRIDGING ROSI+ PATIENTS TO RESEARCH

- **Deutsche Krebshilfe**
- **Ministerium für Kultur und Wiss. NRW**
- **BMBF**



Ministerium für
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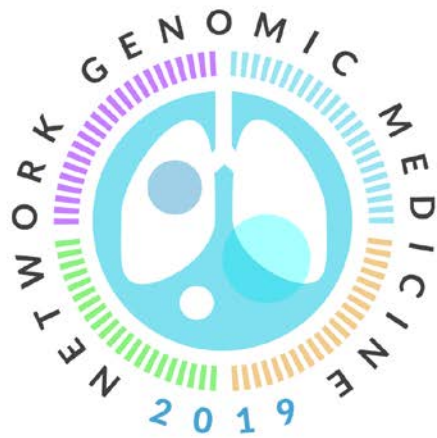


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