

Medicina Personalizada en Cáncer: Perspectiva Bioinformática

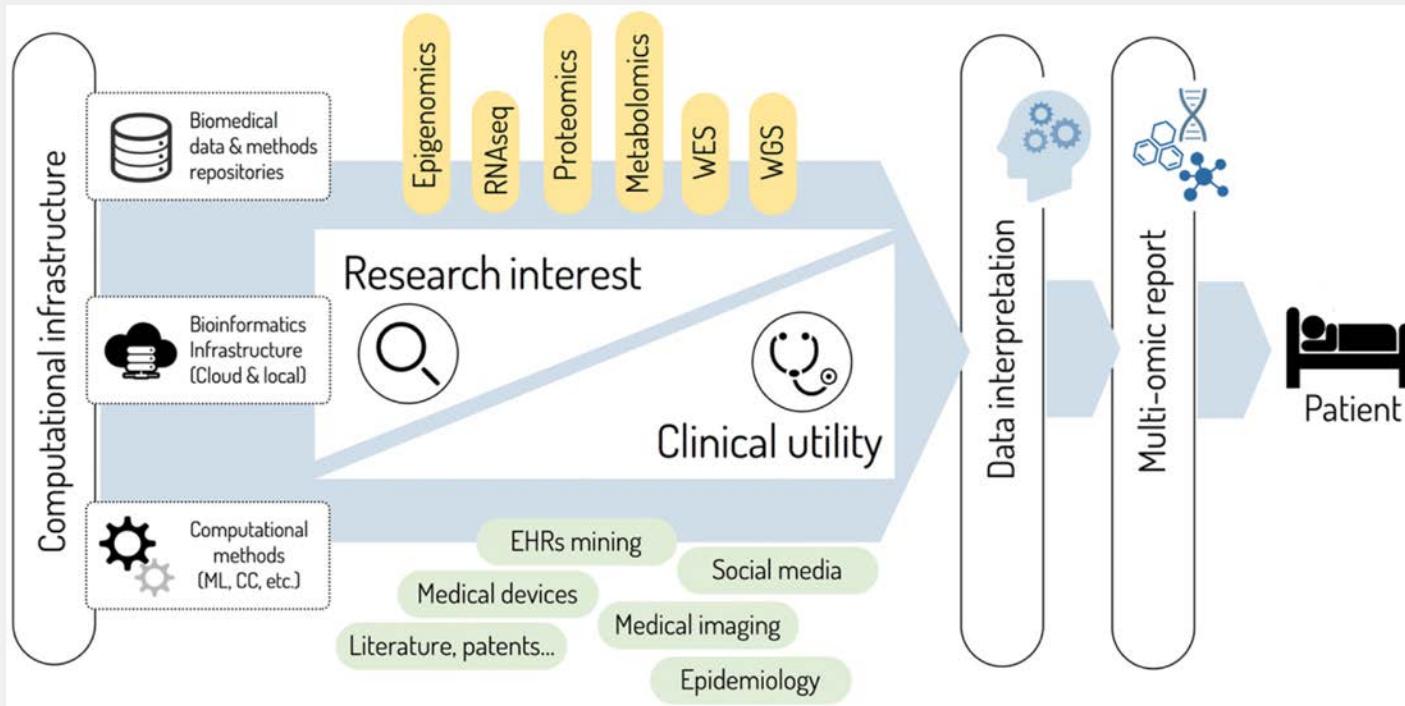
Fátima Al-Shahrour, PhD

Bioinformatics Unit - Spanish National Cancer Research Centre (CNIO)

<https://bioinformatics.cnic.es/>

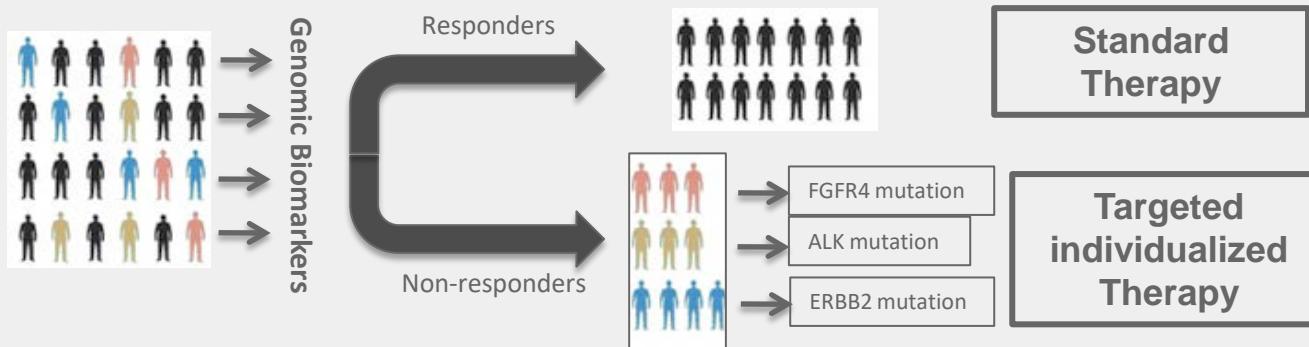
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Precision medicine (PM) workflow

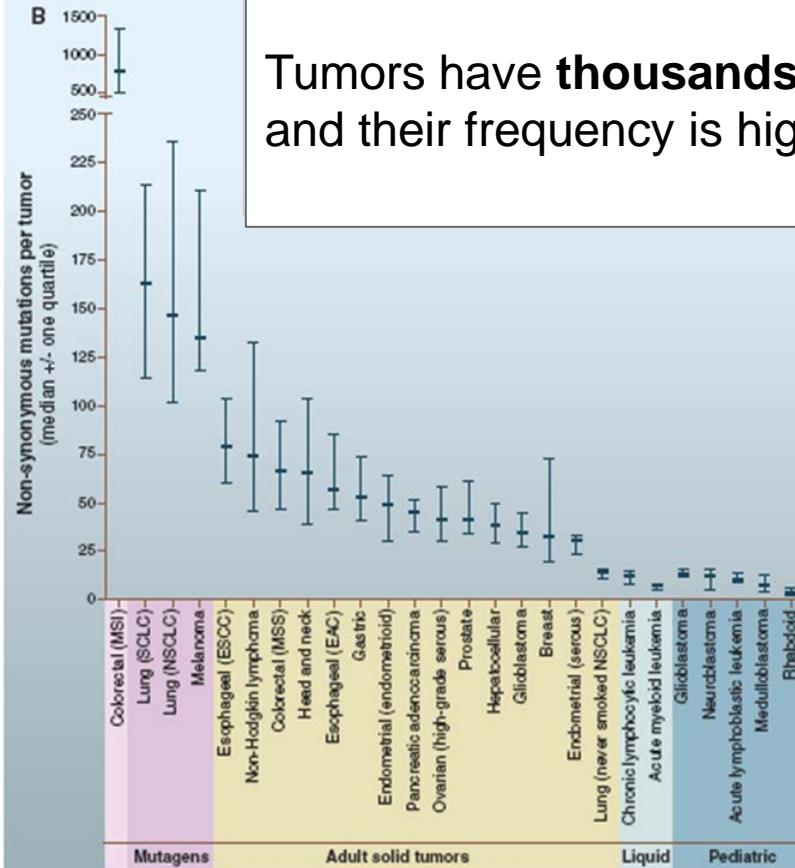


The Goal of Cancer Personalized Medicine

- To fulfill the promise of delivering the right dose for the right indication to the right patient at the right time.
- Personalized medicine uses an individual's genetic profile and individual information to guide decisions made in regard to the prevention, diagnosis, and treatment of cancer.

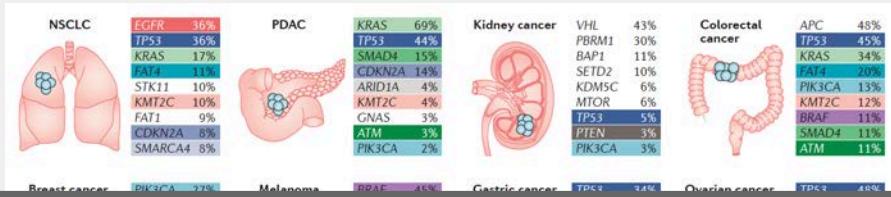


Cancer Genome Landscape



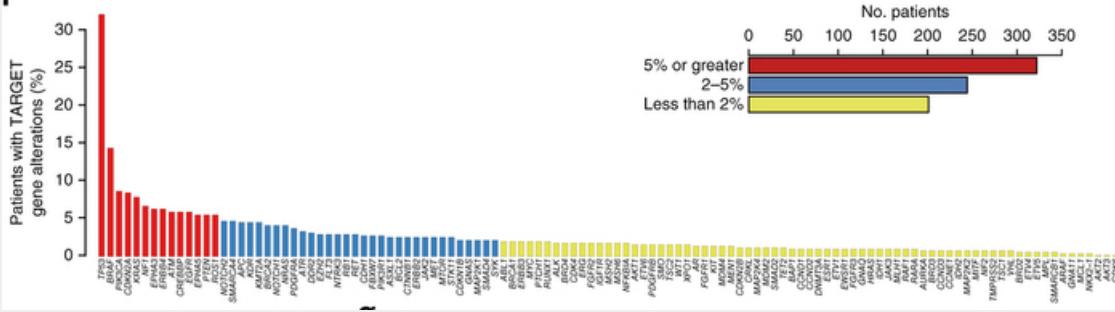
Tumors have **thousands** of molecular alterations and their frequency is highly **heterogeneous**.

Top genes frequently mutated in cancer



It is important to identify and understand the molecular landscape for each patient beyond the tumoral type

Long-tail of potentially clinically relevant alterations in cancer genes



Genetic Biomarkers and new targeted therapies

Figure

A



U.S. Food and Drug Administration
Protecting and Promoting Your Health

10

8

6

4

2

Percentage

**Cancer therapeutic options are
still very limited and most
patient acquire resistance to the
treatment**

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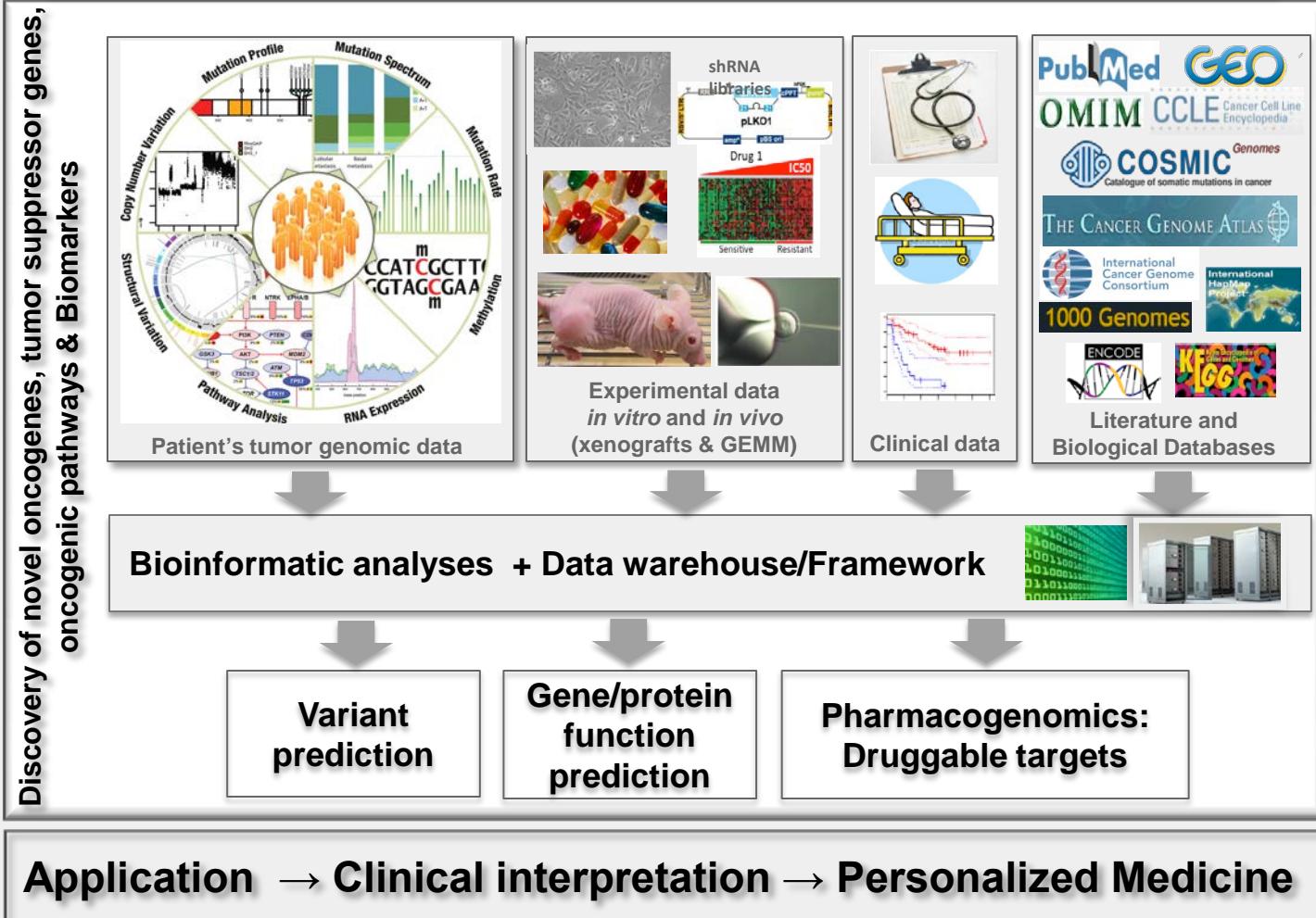
otinib,

.17%)

In 2006: eligible, 5.09 %
In 2018: eligible, 8,33%

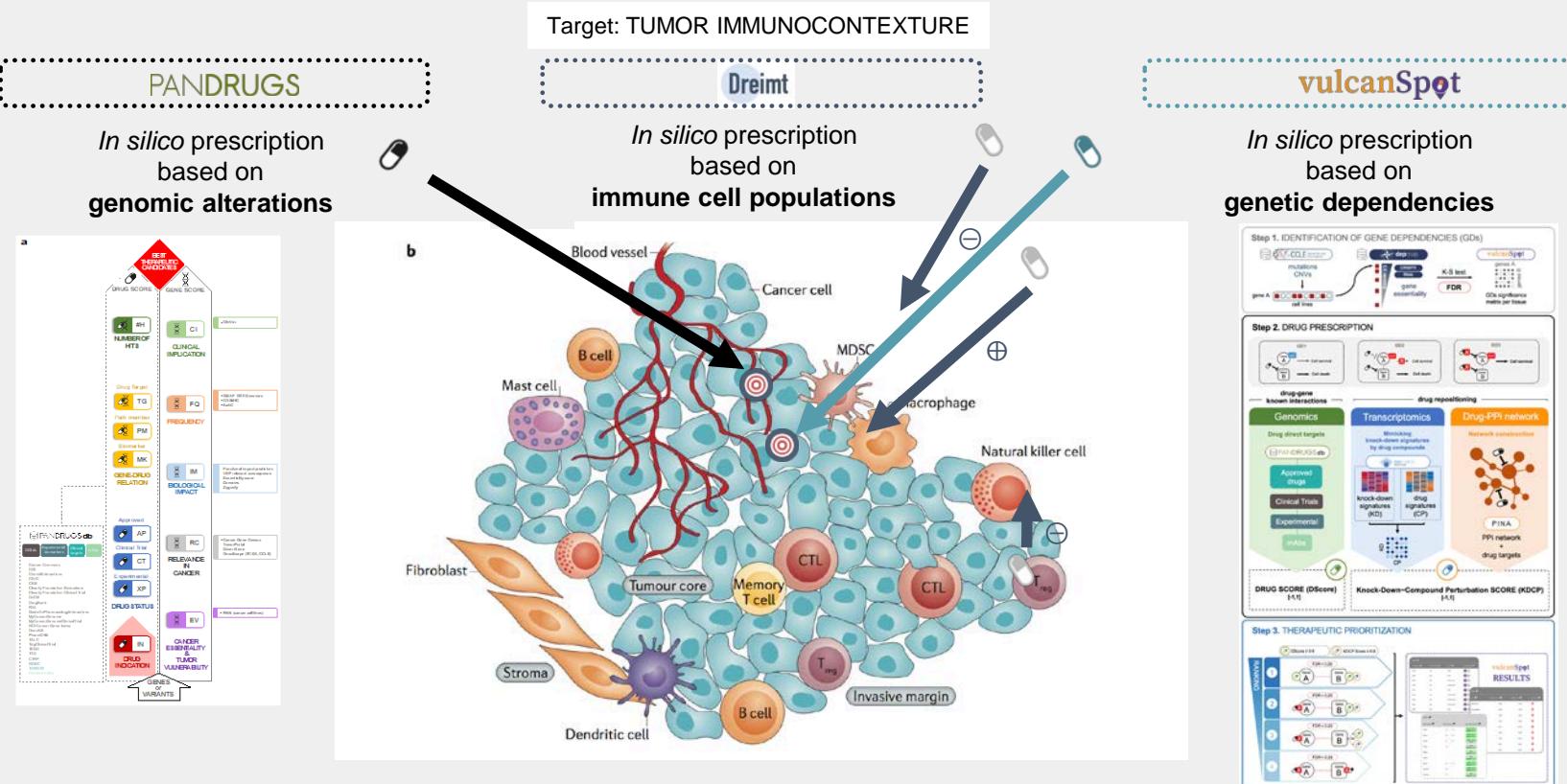
In 2006: benefit, 0.70 %
In 2018: benefit, 4.90 %

Integrative Genomics Tools Needed for Prediction and Personalized Care



Knowledge-driven hypothesis generation for cancer treatment

CNIO Bioinformatics Unit approach



PanDrugs: in silico drug prescription <http://www.pandrugs.org>

A tool to guide the selection of therapies from the results of genome-wide studies in cancer disease.



PANDRUGS Home Query PanDrugs in TCGA API Help Login version: 2018.04.30

Welcome to PANDRUGS

A novel method for prioritizing therapies using individual genomic data

Query! ✓

What is PanDrugs?

PanDrugs provides a bioinformatics platform to prioritize anticancer drug treatments according to individual genomic data. PanDrugs current version integrates data from 24 primary sources and supports 56297 drug-target associations obtained from 4804 genes and 9092 unique compounds.

Data input: standard VCF file, RNK file, gene lists and drug query.

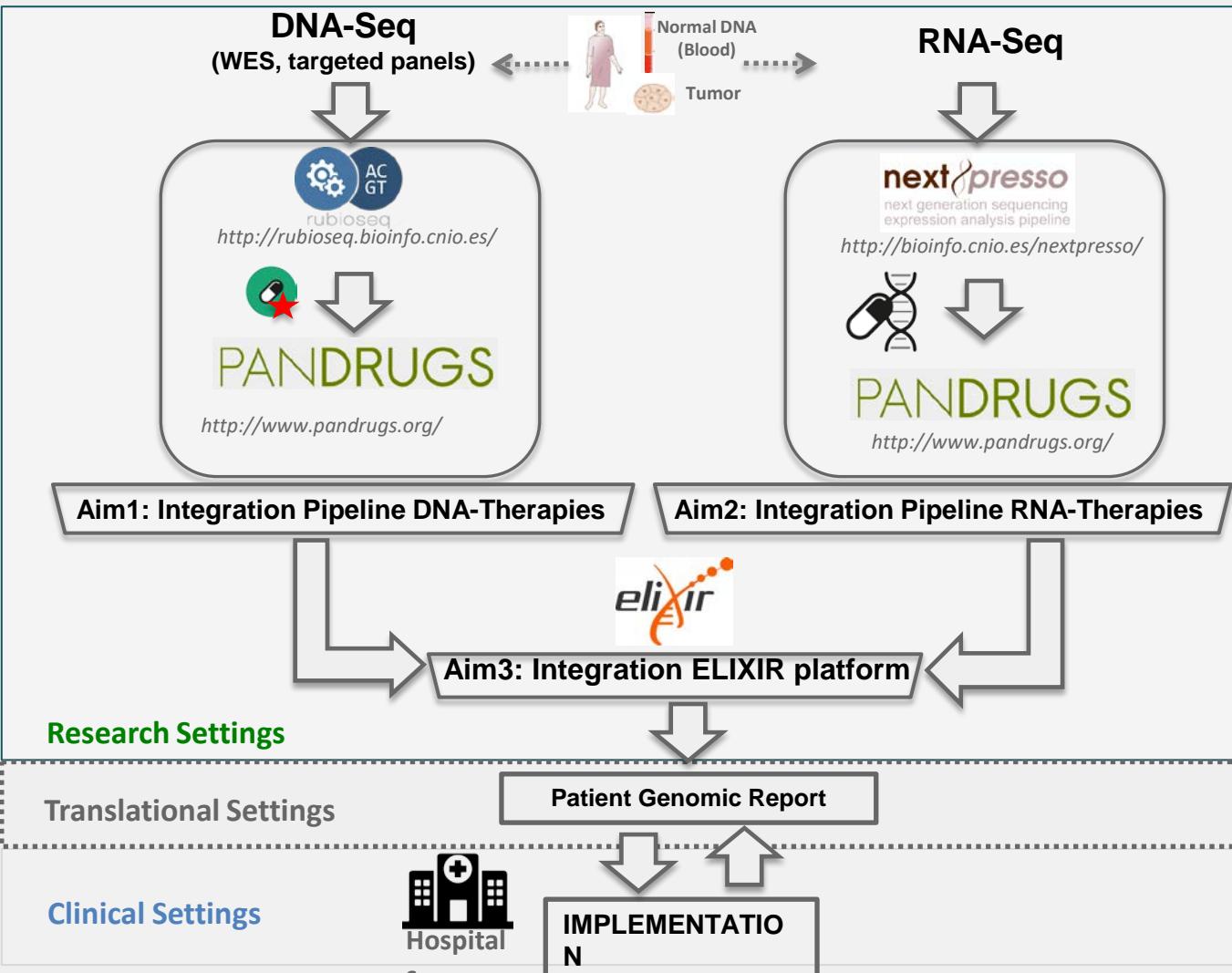
Please note the PanDrugs terminology for druggable genes:

- I. **Direct targets:** Genes that contribute to disease phenotype and can be directly targeted by a drug (e.g. BRAF is a direct target for vemurafenib).
- II. **Biomarkers:** Genes showing a genetic status associated with drug response which protein product is not the drug target itself (e.g. BRCA-mutated cancers responding to PARP inhibitors).
- III. **Pathway members:** Genes located downstream in the biological pathway of a given undruggable gene (e.g. patients with mutations in TSC1/2 respond to a downstream inhibition of the mTOR pathway).


DIRECT TARGET

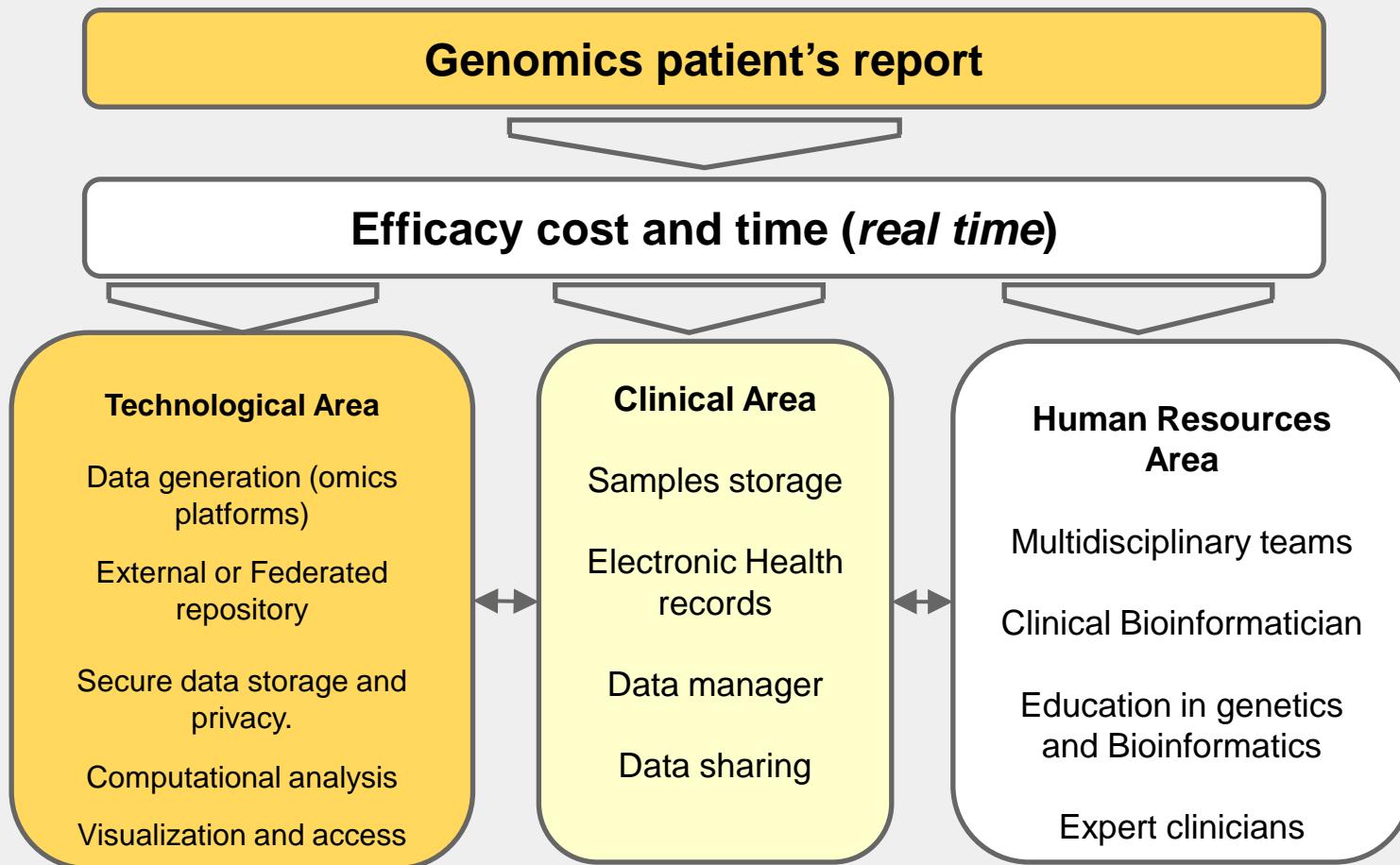

BIOMARKER


PATHWAY MEMBER



Aim 4: TRAINING

PM requires coordination across multiple stakeholders



1. Infrastructure and technological area



A distributed infrastructure to scale with the challenge

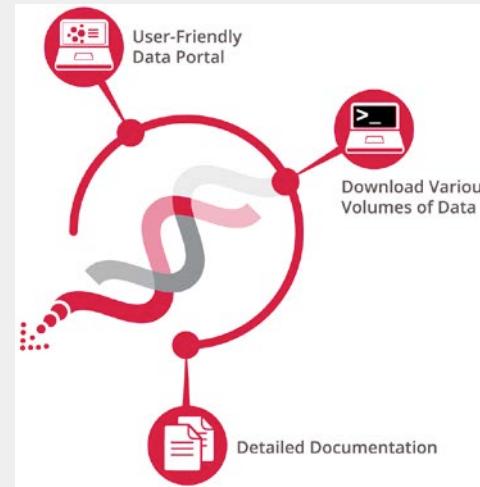
ELIXIR data
infrastructure for
Europe's life science
research sector

ELIXIR Nodes build local
bioinformatics capacity
throughout Europe

ELIXIR Nodes build on
national strengths and
priorities



NIH NATIONAL CANCER INSTITUTE
Genomic Data Commons



2. Clinical Area



A distributed infrastructure to scale with the challenge

eLIXIR data infrastructure for Europe's life science research sector

eLIXIR Nodes build local bioinformatics capacity throughout Europe

eLIXIR Nodes build on national strengths and priorities

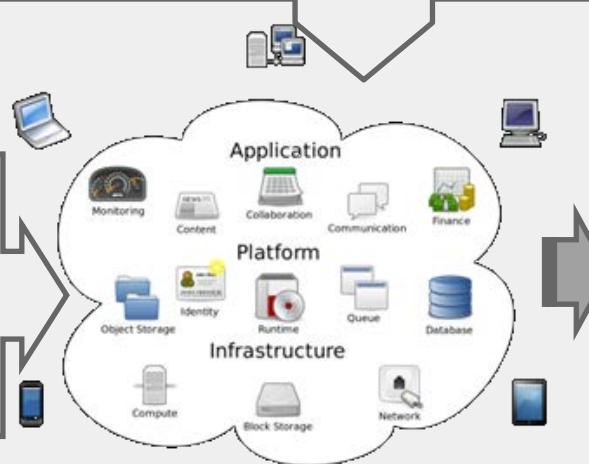


Prospective and retrospective cohorts,
clinical trials, basket trials, umbrella trials,
200,000 patients in 2024



NATIONAL CANCER INSTITUTE
Genomic Data Commons

- Demographic data
- Environmental factors
- Genomic data
- Clinical data
- Treatments
- Evolution



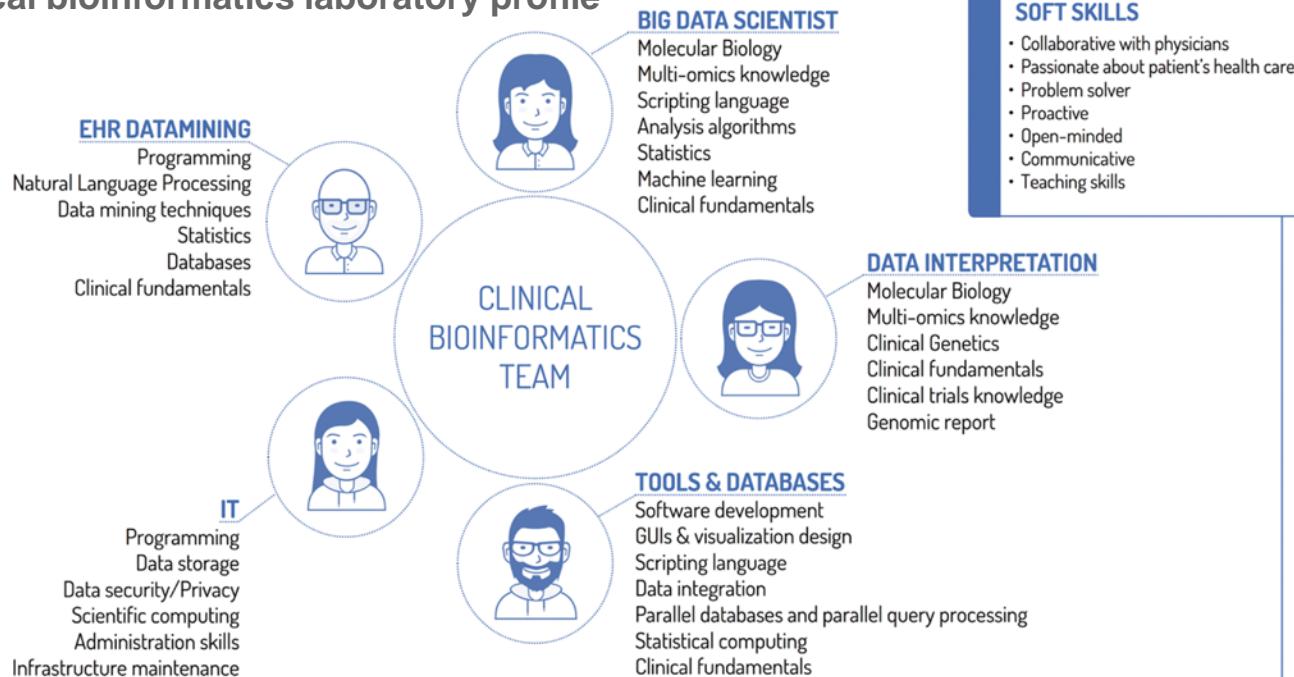
Correlation
between genomic
data (biology) and
disease evolution

Knowledge will come from the aggregation of the diversity (diseases, ethnicities, geography, exposures, treatment.... And Sharing!

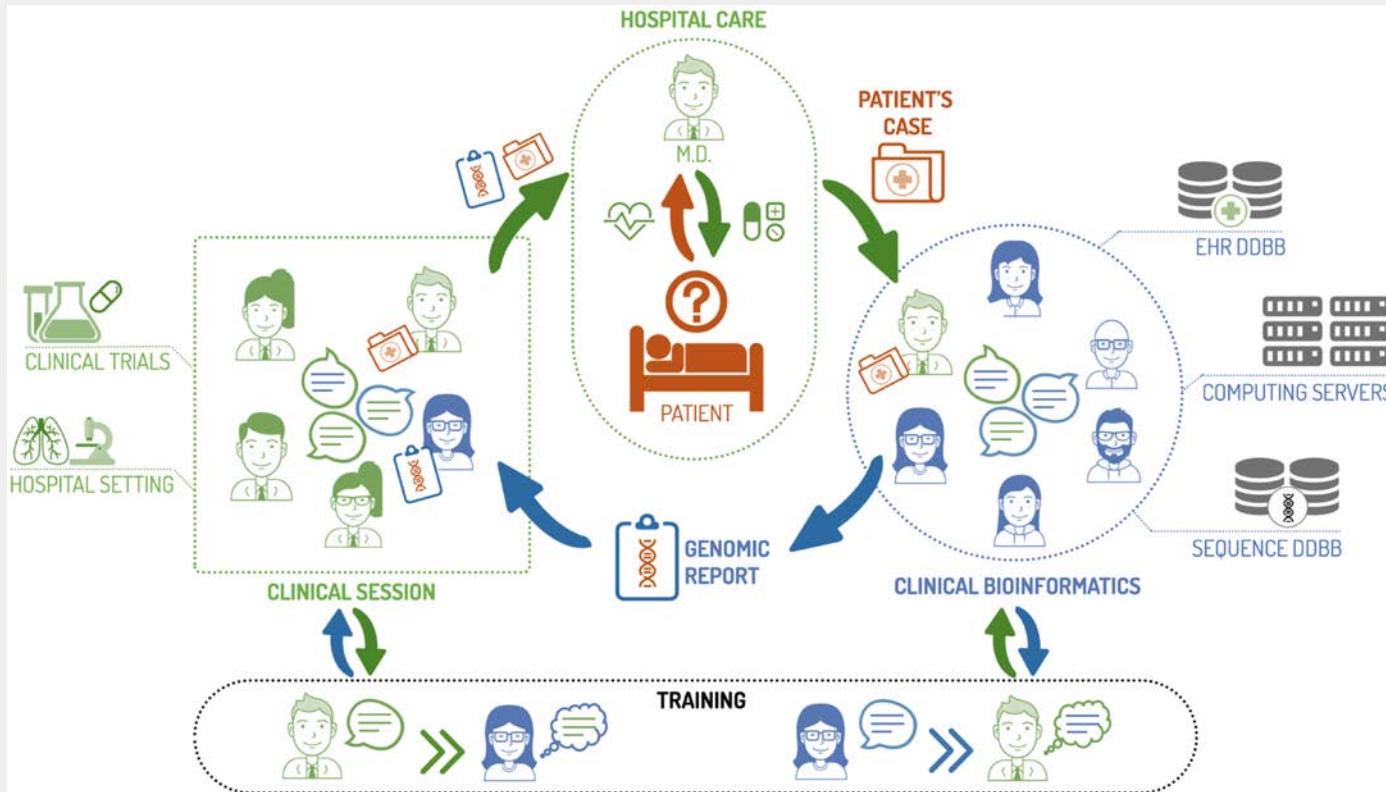
3. Human Resources Area

Clinical bioinformatics teams require multidisciplinary experts to perform regular tasks.

Clinical bioinformatics laboratory profile



Multidisciplinary team: Training



Bioinformatics Training

<http://www.masterbioinformatica.com/>

2ª edición del Máster en Bioinformática Aplicada a Medicina Personalizada y Salud (Curso 2018-2019), organizado por la Escuela Nacional de Sanidad – ISCIII. Colabora el Centro Nacional de Investigaciones Oncológicas y Barcelona Supercomputing Center.

Abierto el plazo de inscripciones Curso 2019-2020.

The screenshot shows the official website of the Instituto de Salud Carlos III. At the top, there's a banner with the Spanish flag and the institution's name. Below the banner, there are several navigation links: 'Inicio', 'El Instituto', 'Investigación', 'Servicios Científico-Técnicos', 'Formación', and 'Internacional'. Under the 'Investigación' link, there's a sub-link for 'Financiación'. The main content area is titled 'Financiación' and contains several bullet points: 'Contratos predoctorales de formación en investigación en salud (FPIIS)', 'Contratos I+D: Doctorados IID empresa en Ciencias y Tecnologías de la Salud', 'Ayudas de formación en gestión de la investigación en salud (FGIN)', 'Contratos Río Horrigo', 'Subprograma Estatal de Incorporación', and 'Contratos de Gestión en investigación en salud en los IIS acreditados'. At the bottom of this section, there's a red box containing the text 'Contratos de técnicos bioinformáticos de apoyo a la investigación en los IIS'.

Programa de clases

Asignatura

GENÉTICA CLÍNICA

INTRODUCCIÓN A LA INVESTIGACIÓN
CLÍNICA

HERRAMIENTAS PARA EL MANEJO DE
DATOS EN SALUD

ANÁLISIS E INTERPRETACIÓN DE DATOS
'ÓMICOS'

SEMINARIOS BIOINFORMÁTICA APLICADA
A MEDICINA PERSONALIZADA Y SALUD

Ayudas Acción estratégica de Salud - ISCIII
Clinical Bioinformaticians

Conclusions

- More genomic efforts should define markers to predict response and outcome (cure!) and prevention.
- **Clinical – Pharma actions:**
 - Genomic-driven clinical trials recruitment are needed.
 - Retrospective studies will allow the identification of new predictive biomarkers of drug response.
 - **Sharing data (molecular and clinical) is the key.**
- Guarantee the implementation of **omics platforms** in the National Health System network.
- High-performance **computing infrastructures**.
- **Training multidisciplinary teams.**

Thanks and....

Please

**SUPPORT
CANCER
RESEARCH**



ONCONET-SUDOE Workshop on Innovative IT for healthcare

“The patient journey: Information Technologies focused on the cancer patient”

3rd- 4th April, 2019

CNIO Auditorium. C/ Melchor Fernández Almagro 3, Madrid, Spain

cnio stop cancer

<https://bioinformatics.cnio.es/>
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