Program in Translational and Clinical HCC Research

NMRC Awards Ceremony and Research Symposium 2019 3 April 2019

Avoiding Red Oceans – playing to our strengths in Liver Cancer

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Senior Consultant Surgeon, Division of Surgical Oncology Professor, Duke-NUS Graduate Medical School





























Red Oceans - What are they?



Definition

• Cut-throat competition in existing industries that turns the competing space into an increasingly low-margin market.

What is Red Ocean Strategy?

- Centered on competition in existing markets. As the market space gets more and more crowded, companies compete fiercely for a greater share of limited demand.
- The competitor with the most resources eventually wins small players have no chance for survival unless they innovate to make the competition irrelevant
- Competing in red oceans = zero-sum game
 - A market-competing strategy that divides existing wealth between rival companies
 - As competition increases, prospects for profit and growth decline – marginal gains

Example of Red Ocean competition in History

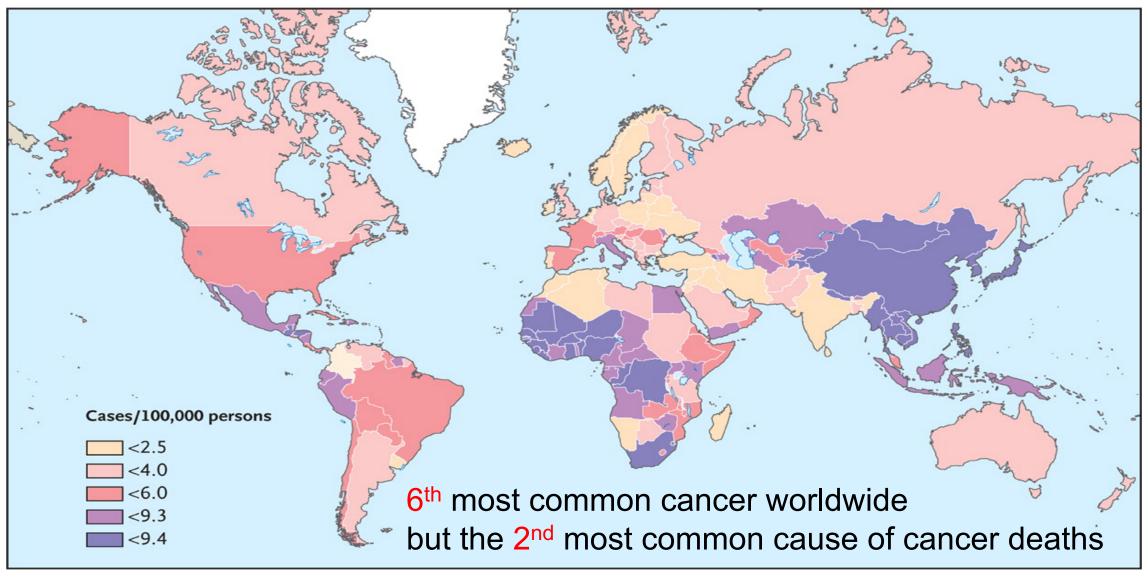


By Bairuilong - Own work, CC BY-SA 3.0, https://commons.wikimedia.org/w/index.php?curid=30744485

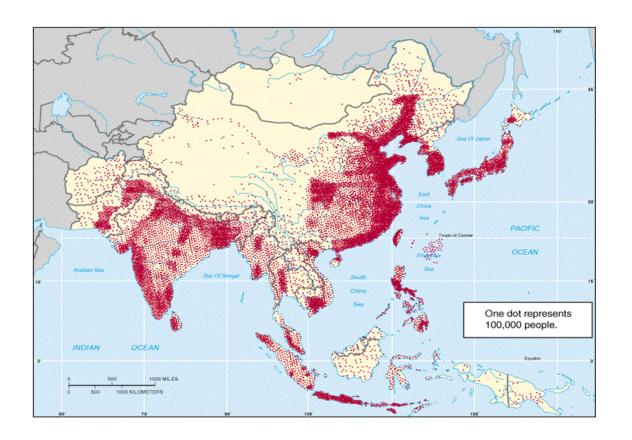
competing in the same **space/technology**, **weaker states** are doomed to succumb to stronger states

after massive slaughter, no increase in overall resources, wealth or quality of life

Regional Variation in the Estimated Age-Standardized Incidence Rates of Hepatocellular Carcinoma.



Singapore is a very small country in a very big continent



List of Asian countries by population

					National Ca
26	Cambodia	14,478,000		Total	4,227,067,000
25	Kazakhstan	16,381,000	51	Maldives	324,000
24	Syria	21,118,000	50	™ Brunei	413,000
23	Sri Lanka	21,224,000	49	Macau (China)[6]	567,000
22	Taiwan	_	48	Mutan Bhutan	750,000
21	North Korea	24,554,000	47	Cyprus	1,129,000
20	Yemen	25,569,000	46	Timor-Leste	1,187,000
19	Uzbekistan	28,077,000	45	B ahrain	1,359,000
18	Saudi Arabia	28,705,000	44	Qatar	1,939,000
17	Malaysia	29,322,000	43	Mongolia	2,844,000
16	Nepal	31,011,000	42	Kuwait	2,892,000
15	Afghanistan	33,397,000	41	Oman Oman	2,904,000
14	Iraq	33,703,000	40	Armenia	3,109,000
13	South Korea	48,588,000	39	Palestinian territories ^[5]	4,271,000
12	Myanmar	48,724,000	38	Lebanon	4,292,000
11	Thailand	69,892,000	37	# Georgia	4,304,000
10	C· Turkey	74,509,000	36	Turkmenistan	5,170,000
9	Iran	75,612,000 (35	Singapore	5,256,000
8	★ Vietnam	89,730,000	34	Kyrgyzstan	5,448,000
7	Philippines	96,471,000	33	Laos	6,374,000
- 6	Japan	126,435,000	32		6,457,000
5	Bangladesh	152,409,000	31	Tajikistan	7,079,000
4	C Pakistan	179,951,000	30	Hong Kong (China)[4]	7,196,000
3	Indonesia	244,769,000	29	srael	7,695,000
2	India	1,258,351,000	28	United Arab Emirates	8,106,000
1	China	1,353,601,000	27	Azerbaijan	9,421,00

^{*}United Nations Population Division estimates for 1 Jul 2012



Hepatocellular Carcinoma (HCC) in the Asia-Pacific



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	Cui	_	~	. •

	No. of new cases* (total)	No. of new cases* (male)	No. of new cases* (female)	ASR (total)	ASR (male)	ASR (female)
ASIA						
China	394	293	101	22.3	33.7	10.9
Japan	36	24	12	9.3	14.6	4.7
Korea	5	3	2	16.2	25.8	8.7
Vietnam	22	17	5	24.6	40.2	10.9
Indonesia	18	13	5	8.4	13.4	4.0
Thailand	21	15	6	22.3	34.8	11.3
Singapore	0.7	0.6	0.1	9.7	15.8	4.1
Philippines	7	5	2	11.4	17.1	6.5

*in '000, ASR = age-adjusted rate per 100,000

The changing epidemiology of hepatocellular carcinoma in Asia versus United States and Europe (doi: 10.18282/amor.v3.is1.182)

On an <u>annual</u> basis, Singapore has significantly fewer HCC compared to its neighbors such as China, Japan and Thailand

• Singapore: **700** | China: **394,000** | Japan: **36,000** | Thailand: **21,000**

What should our strategy in HCC be ?



The Numbers Game in HCC – Liver Transplantation



Thinking out of the Box: More transplantation and surgical resections do not address the unmet needs of patients with HCC

Transplantation/Surgical resection is potentially curative in early stage HCC

But 80% of HCC are not transplantable/resectable at diagnosis



Brief overview of HCC

- More than 1 million new cases a year, 80% in the Asia-Pacific, but:
 - few efficacious therapies, poor overall survival
 - 20% of patients are diagnosed at an early stage and benefit from potentially curative therapies
 resection, transplantation, radiofrequency ablation
 - No neo-adjuvant or adjuvant therapies recurrences are common

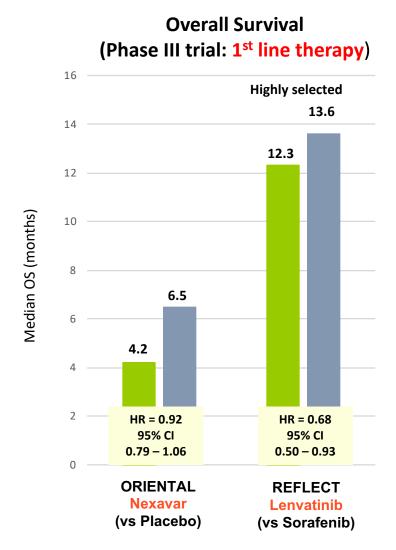
Huge Unmet Needs in HCC

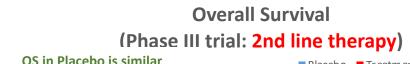
1. Paucity of efficacious therapies

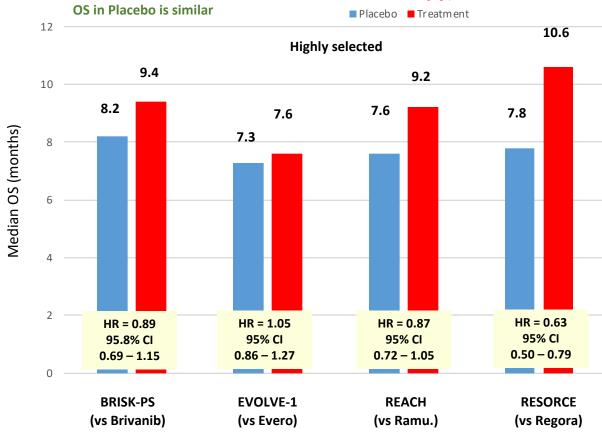
- Poorly efficacious systemic therapies with ORR of:
 - 2% (sorafenib) 16% (nivolumab) 19% (lenvatinib) 5% (carbozatinib) 7% (ramucirumab)
- Responses to a specific treatment vary among different HCC cases no validated biomarker
- No Precision Medicine in HCC



Systemic therapies have been poorly efficacious in HCC





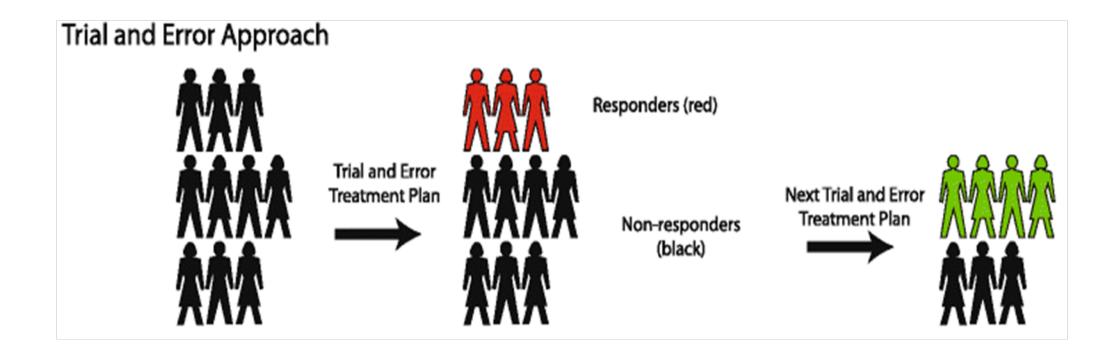


BRISK-PS: Llovet JM et al. J Clin Oncol 2013.31(28):3509-3516. EVOLVE-1: Zhu AX et al. JAMA 2014: 312(1):57-67. REACH: Zhu AX et al. Lancet Oncol. 2015 Jul:16(7):859-70. RESORCE. J Brutx et al. Lancet 2017



Conventional Treatment of Liver Cancer

No validated therapeutic bio-markers







.....the central problem in HCC is the absence of good systemic therapy......

....there is also no validated therapeutic biomarker in HCC......

Huge Unmet Needs in HCC

2. Poor understanding of HCC biology

- Underlying biological mechanism(s) leading to HCC remain unclear
- Highly heterogenous genome, immunome and metabolome
 - between patients and within tumors
- No validated therapeutic biomarker in HCC

3. No robust Real World Data on HCC in the Asia-Pacific

- Significant limitations with the current available information
- Sources of information: (1) national registries (very few countries), (2) some clinical trials and
 (3) retrospective case series
- Clinical trial data are idealized
 - Strict inclusion and exclusion criteria
 - Treatment limited to protocol approved therapies at stipulated doses

These unmet needs can only be addressed by better Science.

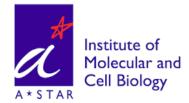
We do not need a large number of patients to do better science

We have inherent Strengths

- 1. research institutions with cutting-edge scientific capabilities within a small geography
- leadership in a multinational HCC trials group that can rapidly scale up patient numbers

These are what we leverage on























A Translational-Clinical Program addressing unmet needs in HCC

Multi-disciplinary Multi-institution

Asia-Pacific Hepatocellular Carcinoma Trials Group (AHCC)

Comprehensive Liver Cancer Clinic (CLCC) and Clinical Databases

Laboratory for Translational Liver Research

Joint Lab in IMCB

Singapore Liver Cancer Consortium (SLCC)

Translation

Application

Development of an Bio-artificial liver platform for drug

Poor understanding of HCC biology

NAFLD/NASH (with LKCSM NTU) NMRC TCR Flagship Program in Liver Cancer: Precision Medicine in Liver CaNcer across an Asia-Pacific Network.

A Clinical-Multi-omics prospective study. The PLANET Program with AHCC Trials Group (AHCC07)

Onco-metabolites (with Chugai

Circulating miRNAs (with MiRXES)

Radiogenomics

- Holmusk
- Bioinformatics Institute
- Institute of High Performance

BMRC IAF-PP: A patient-specific diagnostic and predictive platform for precision medicine in HCC. The PuRPOSE Program with Samsung Medical Center, NUS, and A*STAR IMCB & GIS

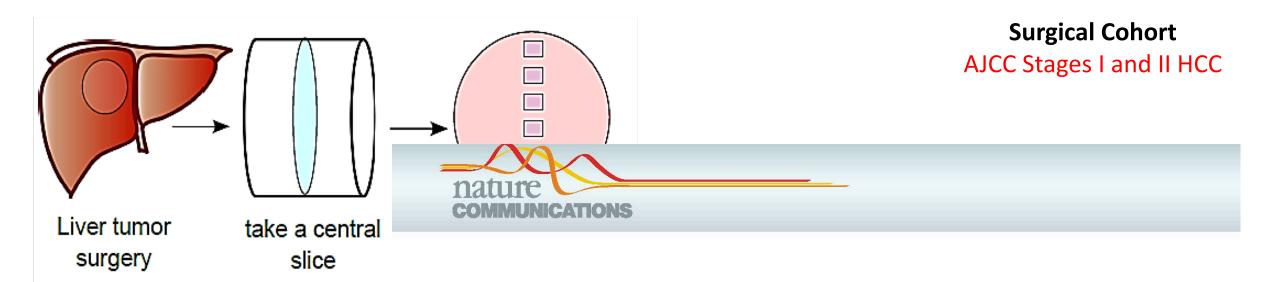
MRI evaluation of liver health in cancer (Perspectum Diagnostics)

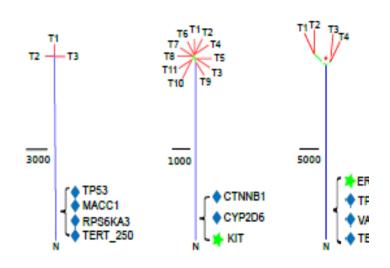
with AHCC Trials Group (AHCC08) and IQVIA

Branchytherapy in HCC

- Concomitant delivery of radio-sensitizing and brachytherapeutic agents in HCC (with NTU)
- Radiation sensitization in a mouse xenograft hepatoma model (with Industry)

few cancers are homogeneous A more rational approach to HCC





ARTICLE

Received 11 Oct 2016 | Accepted 12 Jan 2017 | Published 27 Feb 2017

DOI: 10.1038/ncomms14565

OPEN

The spatial organization of intra-tumour heterogeneity and evolutionary trajectories of metastases in hepatocellular carcinoma

Weiwei Zhai^{1,*,**}, Tony Kiat-Hon Lim^{2,*}, Tong Zhang^{1,*}, Su-Ting Phang³, Zenia Tiang¹, Peiyong Guan¹, Ming-Hwee Ng^{1,4}, Jia Qi Lim^{1,4}, Fei Yao¹, Zheng Li¹, Poh Yong Ng¹, Jie Yan¹, Brian K. Goh⁵, Alexander Yaw-Fui Chung⁵, Su-Pin Choo⁶, Chiea Chuen Khor¹, Wendy Wei-Jia Soon¹, Ken Wing-Kin Sung^{1,7}, Roger Sik-Yin Foo^{1,8,**} & Pierce Kah-Hoe Chow^{3,5,9,**}

Immunomic Heterogeneity

Singapore

SingHealth

General Hospita

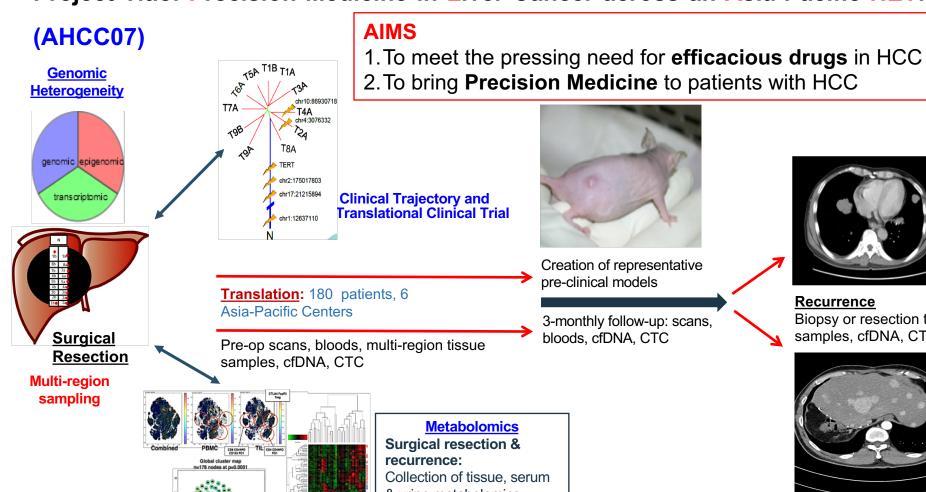
TRANSLATIONAL

TCR Flagship Program in Liver Cancer



Project Title: Precision Medicine in Liver Cancer across an Asia-Pacific NETwork

Collaborators







Creation of representative pre-clinical models

3-monthly follow-up: scans, bloods, cfDNA, CTC



Recurrence Biopsy or resection tissue samples, cfDNA, CTC



















Cancer

ngapore

Application:

Therapeutics selected on the basis of chr4:3076332 discoveries in this study T8A chr2:175017803



& urine metabolomics

Follow-up visits: Collection of serum & urine

metabolomics



AHCC07 - The PLANet Study 2019 **Asia-Pacific HCC Trials Group**

Ulaan Baator

Hanoi

Yangon

Bangkok (NCI

HCMC

Penang

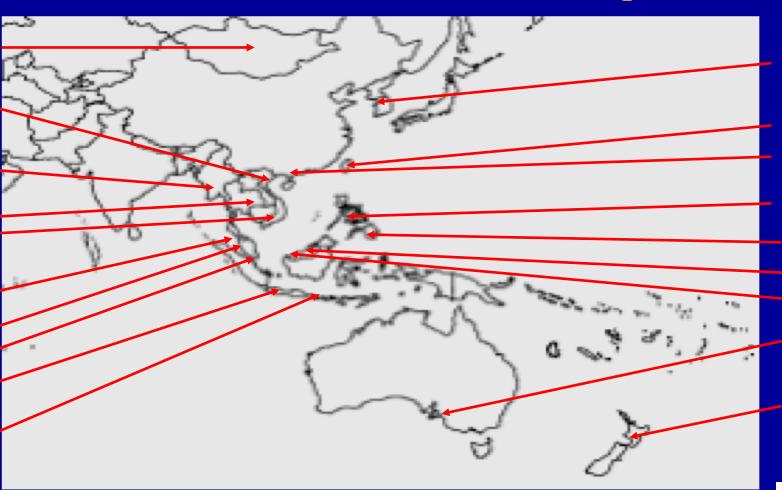
Kuala Lumpur

Singapore (2)

Jakarta

Bali

SGH – Surgery



Seoul, Bundang, Suwon

Taipei

Hong Kong

Manila

Davao City Brunei **Kuching**

Melbourne

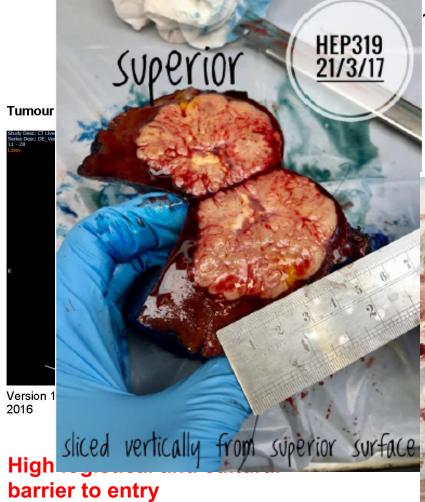
Auckland



6 randomized controlled trials since 1998







npling of HCC tumor

Highly integrated process – sample collection involves surgeons, anesthetists, clinical

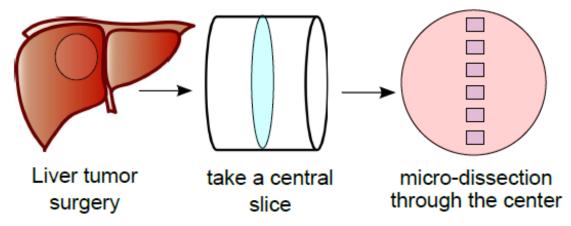








NMRC National Translation-Clinical Flagship Program in Liver Cancer





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Zhai Nat Comm 2017



A multi-layered –omics approach to Liver Cancer

Multi-region sampling

- Genomics: genome, transcriptome
- Immunomics
- Epigenomics
- Metabolomics
- PDPs and PDX models
- **Data integration** of the multi-omics layers

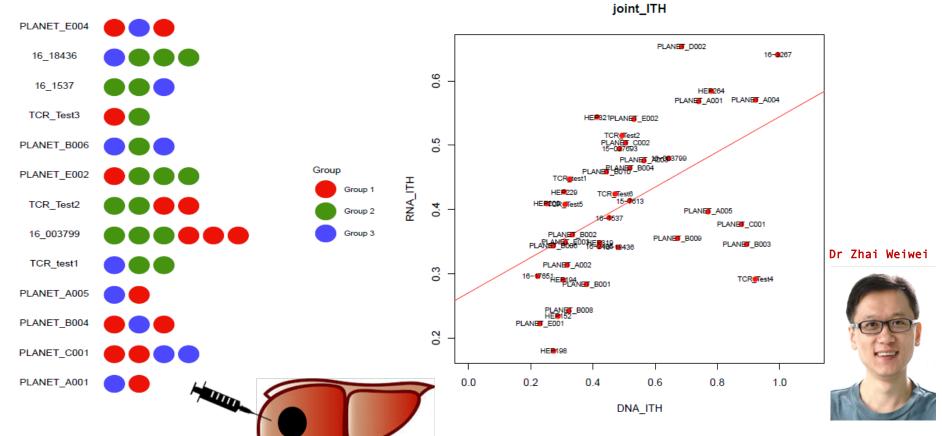
Centre Singapore

SingHealth



RNA mixed subgrouping and correlation with DNA heterogeneity

RNA subgrouping and mixing of subgroups

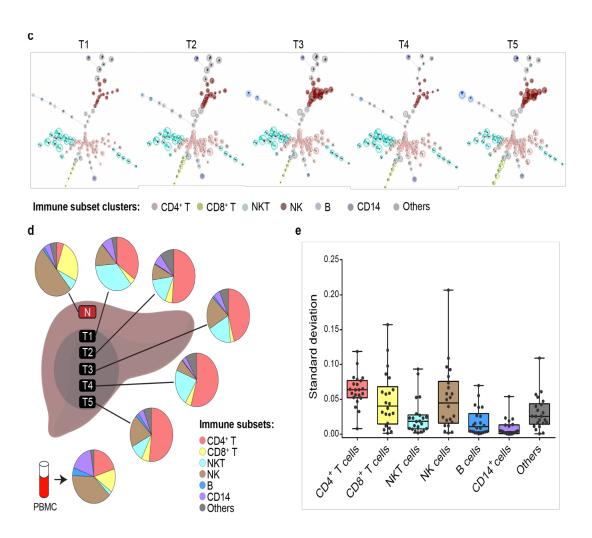








Intra-tumoral Immunomics Heterogenity in HCC



Intratumoral immune
heterogeneity across
different tumor sectors







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Circulating miRNAs (with MiRXES)

Radiogen Absence of
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Bioinfon biomarkers
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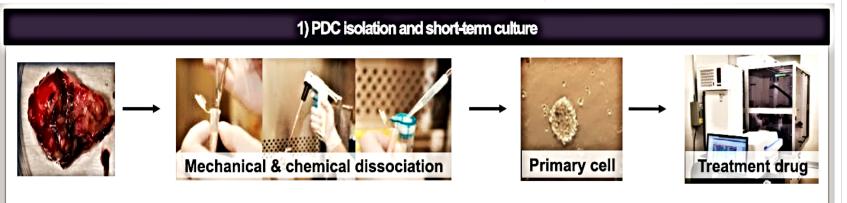
- Concomitant delivery of radio-sensitizing and brachytherapeutic agents in HCC (with NTU)
- Radiation sensitization in a mouse xenograft hepatoma model (with Industry)

APPLICATION The PuRPOSE Programme



Project Title: A patient-specific diagnostic and predictive platform for Precision Medicine in HCC

First reliable and robust patient-derived drug screening platform in precision oncology



Collaborators





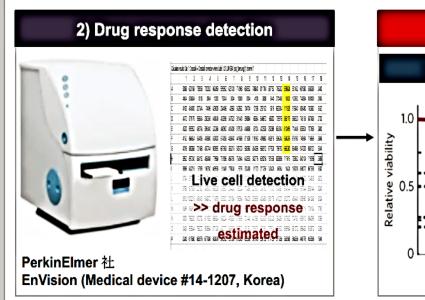


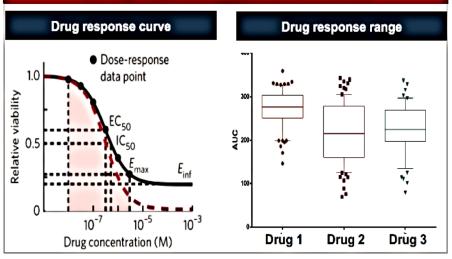


Proprietary AVATAR platform from Samsung: Very High throughput Platform - PDC Cultures and drug screens

Capabilities of the PuRPOSE Programme

- Unique short-term cancer cell system
- Based on direct patient's cancer cells
- Streamlined sample processing
- **Pharmacogenomics: Patient-Genome-Drug** response
- High throughput drug screening platform
- Real-time drug response prediction
- Clinically relevant readouts of 3 to 4 weeks



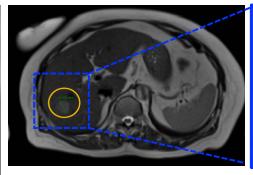


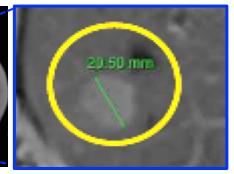
3) Drug response analysis (AVATAMED)

CASE: AVATASCAN DATA FROM LIVER CANCER PATIENT

Nature of	Case	ОР	Code	Diabetic	HepB/C	Stage/Grade (histopathology)		Sex Age	Tu. size	Tu	AFP	Pre	PVTT	Recu.	Surgeon	
Operation		Date		= -3:3000		Stage	Grade		6-	(cm)	Multiplicity	level	Treatment			
Resection of Seg VI	НСС	04 /2018	HEP- 468	Υ	Non	ТВА	ТВА	F	70	2.0 (Seg VI)	1	248	No	No	No	Prof. Pierce Chow

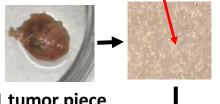




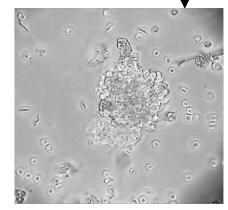




Patient derived Cancer Cells for drug screening

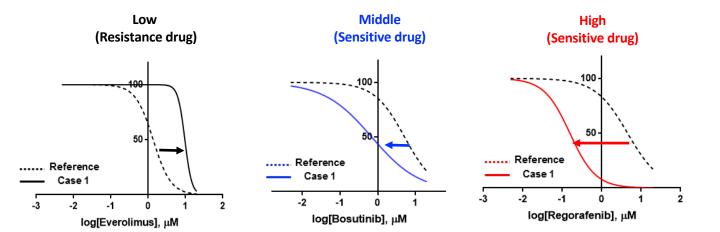






CASE 1: AVATASCAN DATA FROM

22 Screened Drugs using AVATASCAN® 500 400 AUC (Drug response) Dabraterill 232991 Milotinib Oxaliplatin Afatinib HolinibHCI Lapatinib Tamelinib Certifith Crizotinib bozantinib



Best 8 Recommended Drugs

Ranking	Drugs	Target	FDA-approved		
1	Lapatinib	EGFR	Breast cancer		
2	Oxaliplatin	DNA synthesis	Colon, Rectal, Pancreatic cancer		
3	Regorafenib	VEGFR/RAF-1 BRAF	Liver, Stromal tumours		
4	Sorafenib	VEGFR/RAF-1 BRAF	Liver, Stromal tumours		
5	Gefitinib	EGFR	Non-small cell lung cancer (NSCNC)		
6	Erlotinib	EGFR	Pancreatic cancer, NSCLC		
7	Panobinostat	HDAC	Multiple myeloma and other plasma cell neoplasms		
8	Vorinostat	HDAC	Non-Hodgkin lymphoma		

versus

Current Standard of Care for **ALL** liver cancer patients

Ranking	Drugs	Target	FDA-approved		
1	Sorafenib	VEGFR/RAF-1 BRAF	Liver, Stromal tumours		
2	Lenvatinib	VEGFR/RAF-1 BRAF	Liver, kidney		

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Radiogen

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Limited HCC data in the Asia-Pacific

APPLICATION

Hepatocellular Carcinoma (HCC) Registry in Asia AHCC08



ClinicalTrials.gov identifier: NCT03233360

China

- Nanjing Bayi Hospital, NJB
- Zhongshan Hospital, Fudan University Shanghai, ZSH
- Beijing Cancer Hospital, BCH
- Guangxi Medical University Cancer Centre, GXM
- Second Affiliated Hospital Zhejiang University School of Medicine, SAH
- Harbin Medical University Cancer Hospital, HMU

South Korea

- · Samsung Medical Center, SSM
- Ajou University Hospital, AUH
- · Asan Medical Centre, AMK
- Korea University Anam Hospital, KUA
- Seoul National University Bundang Hospital, SNU
- Severance Hospital, Yonsei University College of Medicine, SYH
- St Mary's Hospital, SMH
- St Vincent Hospital, Catholic University Medical College, SVH

Japan

- Kyorin University School of Medicine, KUM
- University of Tokyo, UTJ
- Kinki University Hospital, KKU
- National Cancer Centre, NCJ
- National Center of Global Health and Medicine, NCM

Taiwan

- National Taiwan University Hospital, NTU
- Taipei Veterans General Hospital, TVG
- Chang Gung Memorial Hospital KS, CGM
- China Medical University Hospital, CMU
- National Cheng Kung University Hospital, NCK

Thailand

- Siriraj Hospital, Mahidol University, SHM
- National Cancer Institute, NCI
- Chulabhorn Hospital, CHH

Singapore

- National Cancer Centre, NCS
- Singapore General Hospital, SGH
- National University Hospital, NUH

Australia

· Royal Prince Alfred Hospital, RPA

Hong Kong

Queen Mary Hospital, QMH

- Flinders Medical Centre, FMC
- Royal Adelaide Hospital, RAH

New Zealand

· Auckland City Hospital, ACH

Aim

To address the need for a complete longitudinal picture of HCC in the real world with clinical, associated health costs and patient reported outcomes data.

Background

Significant limitations on currently available information on HCC as they do not represent real world data e.g.:

- Randomized controlled trials
- Cases series from tertiary clinical centers

Real world data on the presentation, clinical trajectory and management of HCC in the Asia-Pacific must be prospectively collected on the ground in order to develop effective public health strategies and provide direction to the development of therapeutics.

Design: investigator-initiated multi-country cohort study of patients newly diagnosed with HCC.

Sample size of **2,500** patients from **9 countries**.

Status

Total of 34 sites.



Leveraging on our Strengths: Singapore

Hospitals

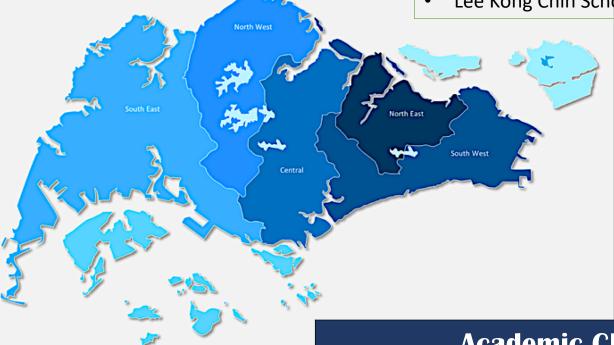
- National Cancer Centre Singapore
- Singapore General Hospital
- National University Hospital

Research Institutes

- Genome Institute of Singapore
- Institute of Molecular and Cell Biology
- Singapore Bioimaging Consortium
- Bioinformatics Institute
- Institute of High Performance
 Computing
- SingHealth Translational Immunology Inflammation Centre
- Singapore Phenome Centre
- Cancer Science Institute of Singapore

Academic Institutions

- Duke-NUS Medical School
- Yong Loo Lin School of Medicine, NUS
- Lee Kong Chin School of Medicine, NTU



Academic CRO

Singapore Clinical Research Institute



Leveraging on our Strengths : Asia-Pacific



- **■** Asia-Pacific
- **≖**Hepatocellular Carcinoma
- **⊢** Trials Group



AHCC Trials Group's General Meeting 2018



THANK YOU!





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Prof Pierce Chow

Pierce.chow.k.h@singhealth.com.sg





