



UNIVERSITÀ DEL PIEMONTE ORIENTALE

La fragmentomica

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**Convegno Regionale SIES
Delegazione Emilia Romagna**

Biopsia liquida:

**CHE TRAFFICO
IN PERIFERIA!**

Bologna

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Aula 1 – Complesso UniOne, Università di Bologna

Disclosures Riccardo Moia

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Abbvie					x	x	
BeiGene					x	x	
Astrazeneca					x		
Johnson & Johnson					x	X	

Agenda

- Definition and characteristics of fragmentomics
- Potential prognostic impact of fragmentomics
- EPIC-Seq

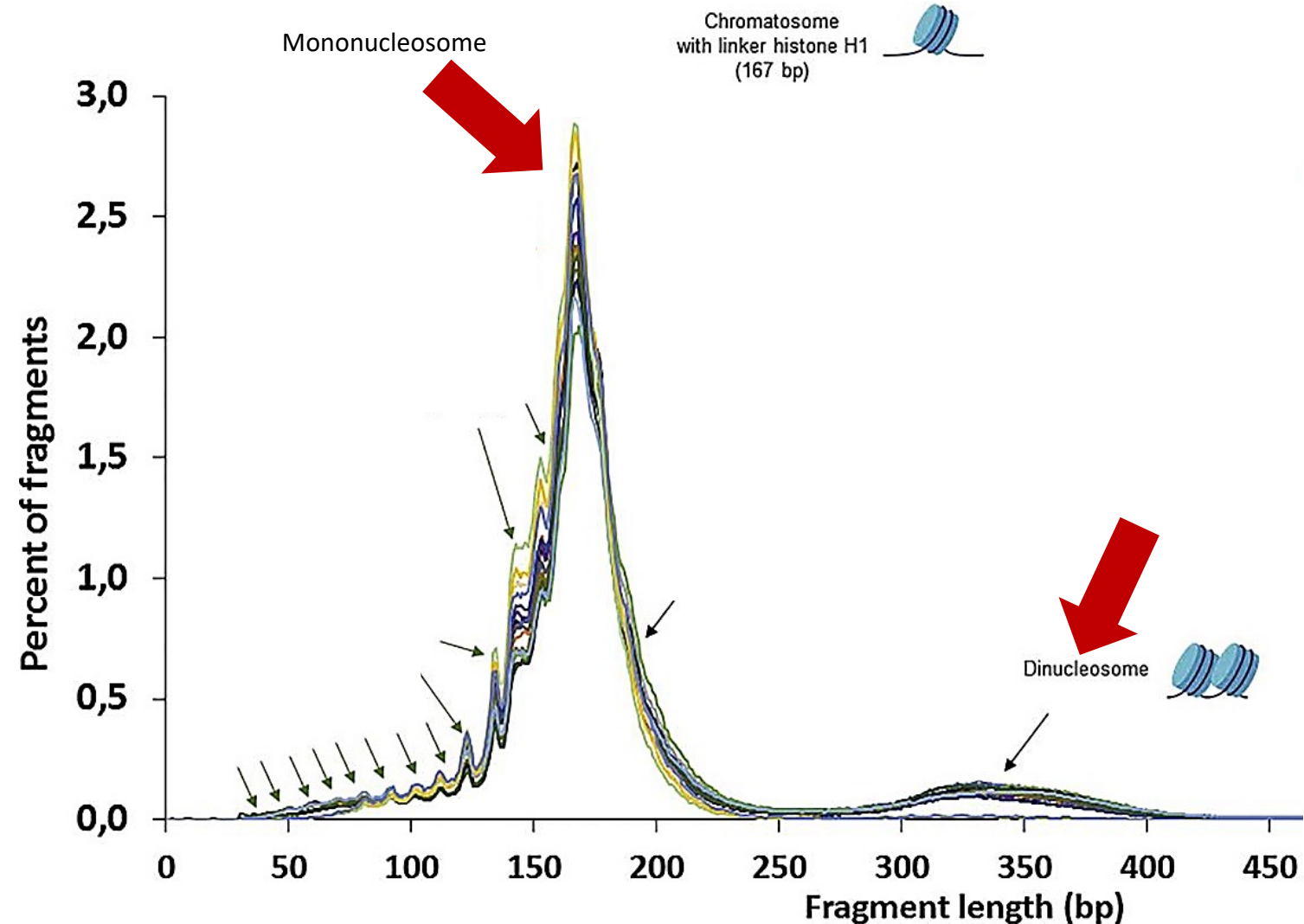
- **Definition and characteristics of fragmentomics**
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cfDNA fragment size profile and characteristics in healthy individuals

cfDNA fragmentation is influenced by chromatin organization

Mostly **mono-nucleosome** sized, with some **di-nucleosomes**

Shows **10 bp periodicity = Helical repeat**, and can be detectable down to 31 bp



cfDNA fragmentomics differs between cancer and healthy individuals

sWGS & N-qPCR findings:

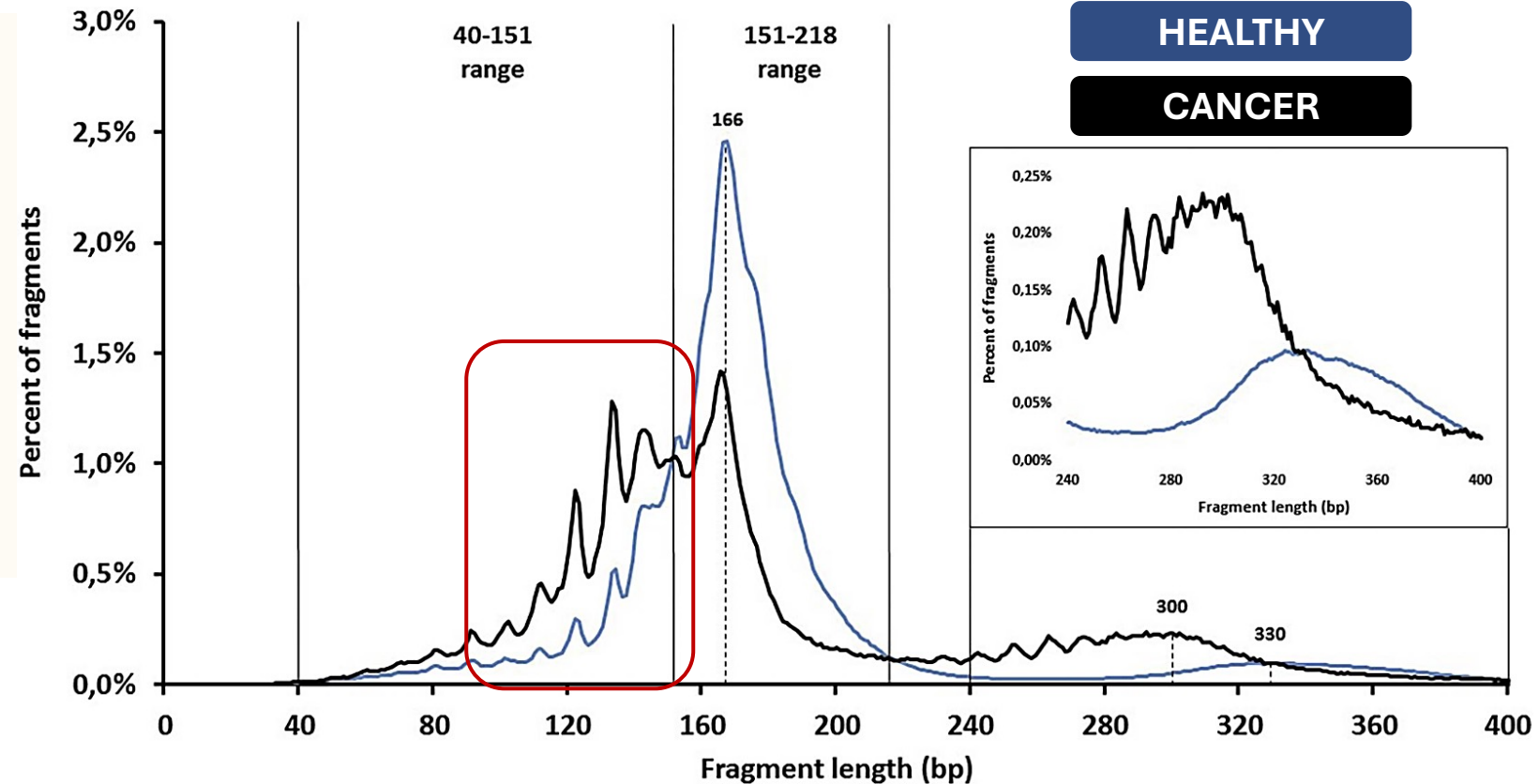
More <150 bp fragments in cancer

Fewer 151–218 bp fragments in cancer

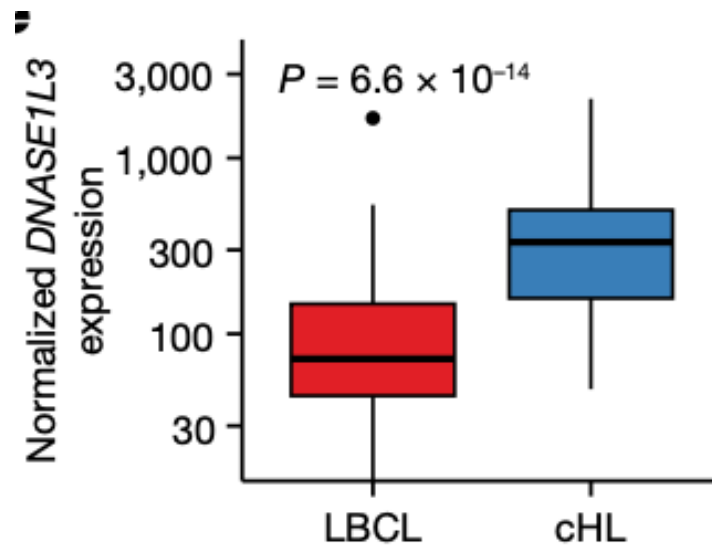
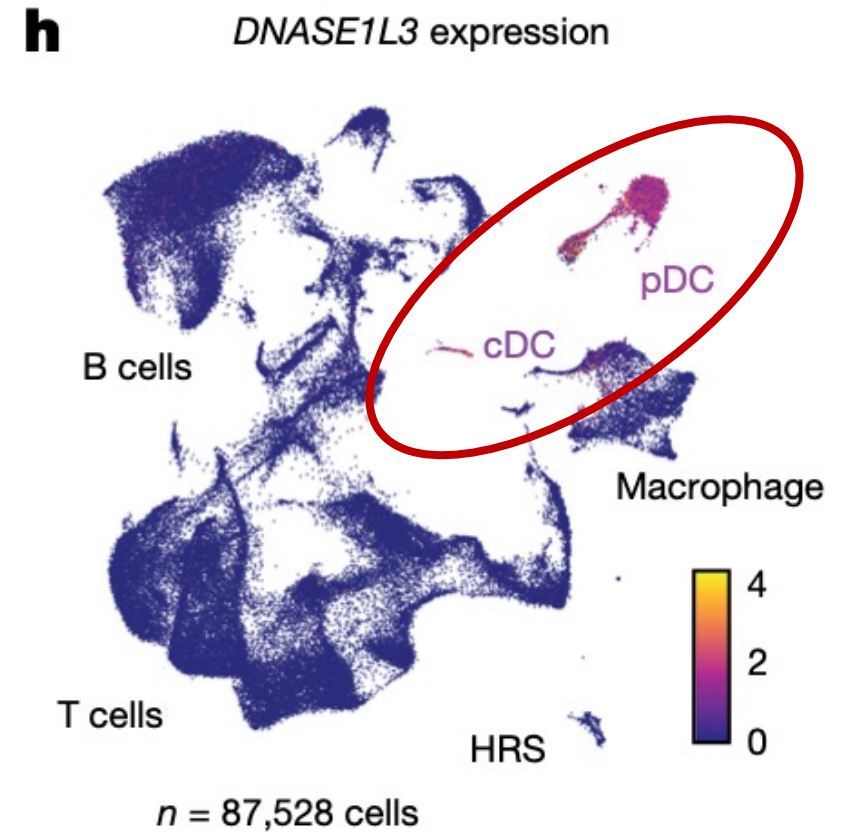
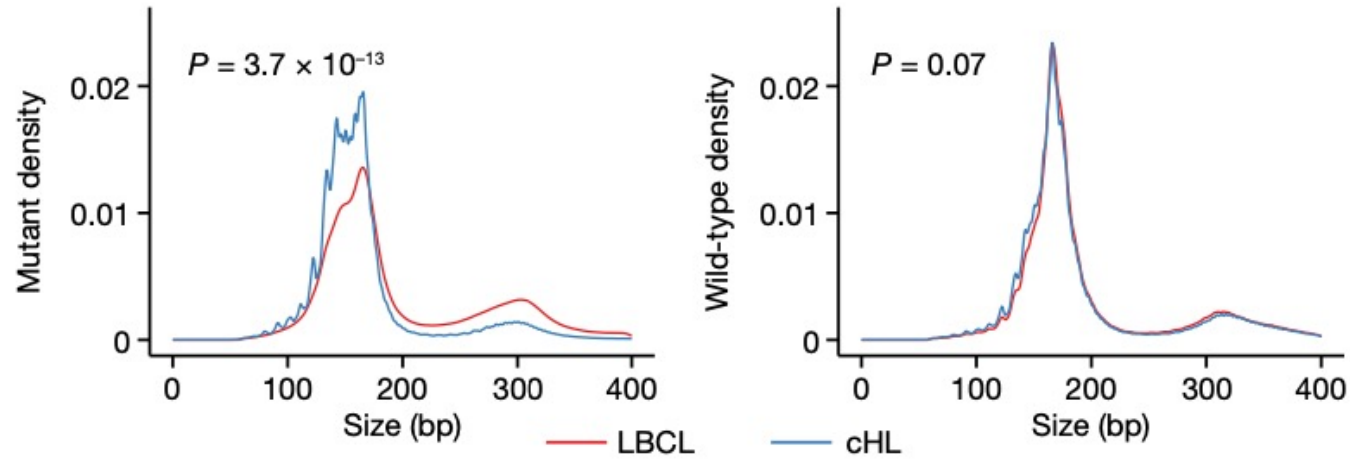
Di-nucleosome peak:

~**300 bp (cancer)** vs. ~**330 bp (healthy)**

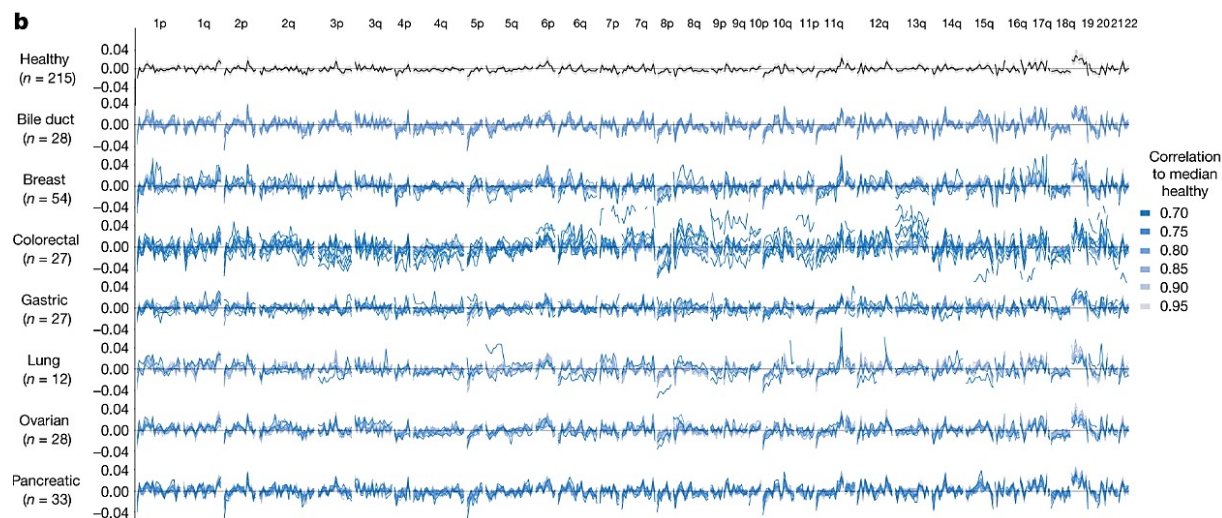
Fewer >1,000 bp fr. in cancer



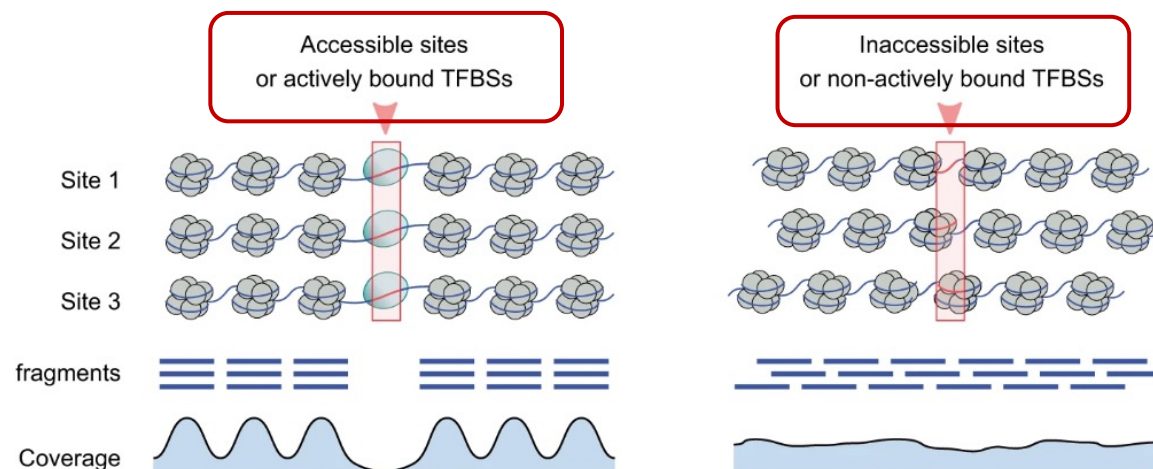
ctDNA fragmentation features of cHL vs non-Hodgkin lymphoma



Fragment length is not the only parameter

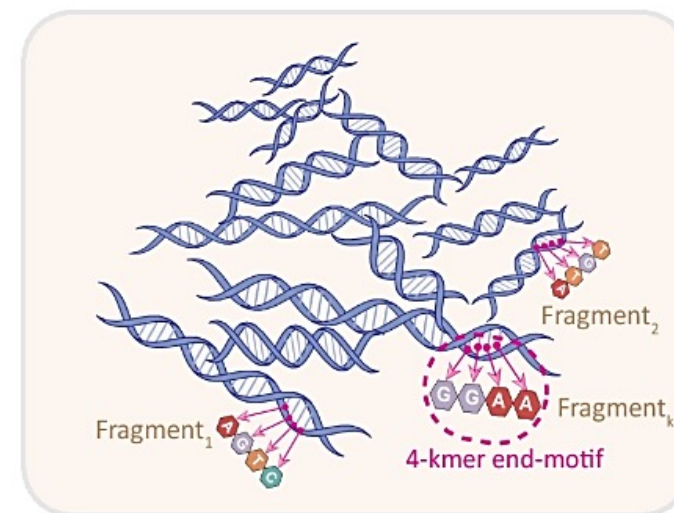
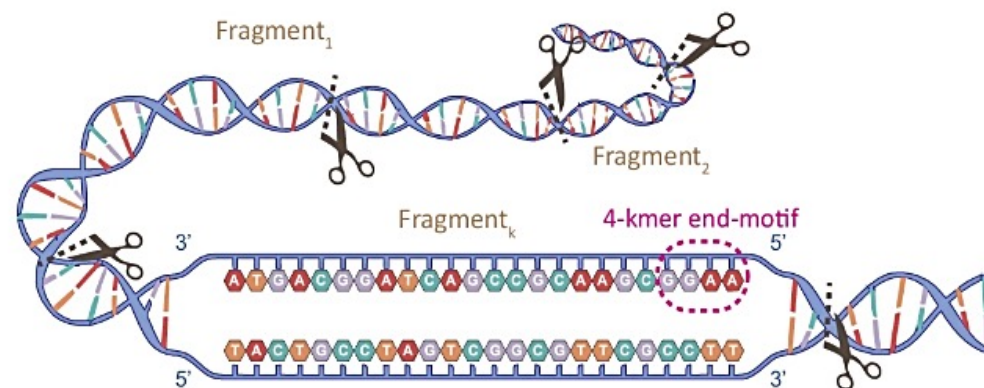


Non-Random Fragmentation Pattern



Transcription Factor Association Pattern

a Exemplars of cell free DNA (cfDNA) fragments



End Motif Pattern

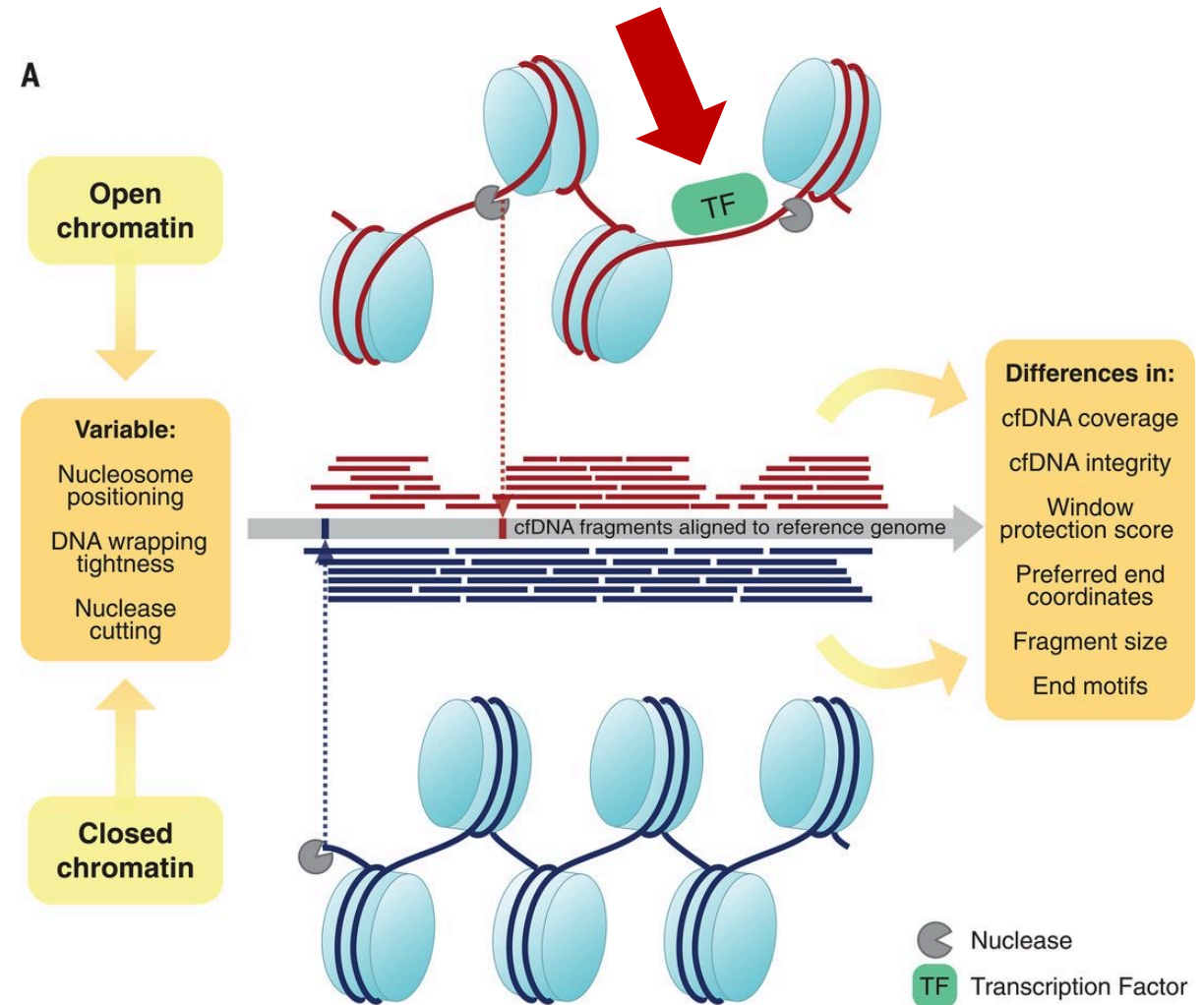
Transcription factor association pattern

This can infer which cell types contribute to cfDNA

Deep sequencing maps **nucleosome occupancy** in cfDNA

Short cfDNA fragments reveal **TF footprints** and **mutant alleles**

“Griffin”: predict estrogen receptor subtype in 139 patients with at least 5% detectable circulating tumor DNA with an area under the receive operator characteristic curve (AUC) of 0.89 and validate performance in independent cohorts (AUC = 0.96)



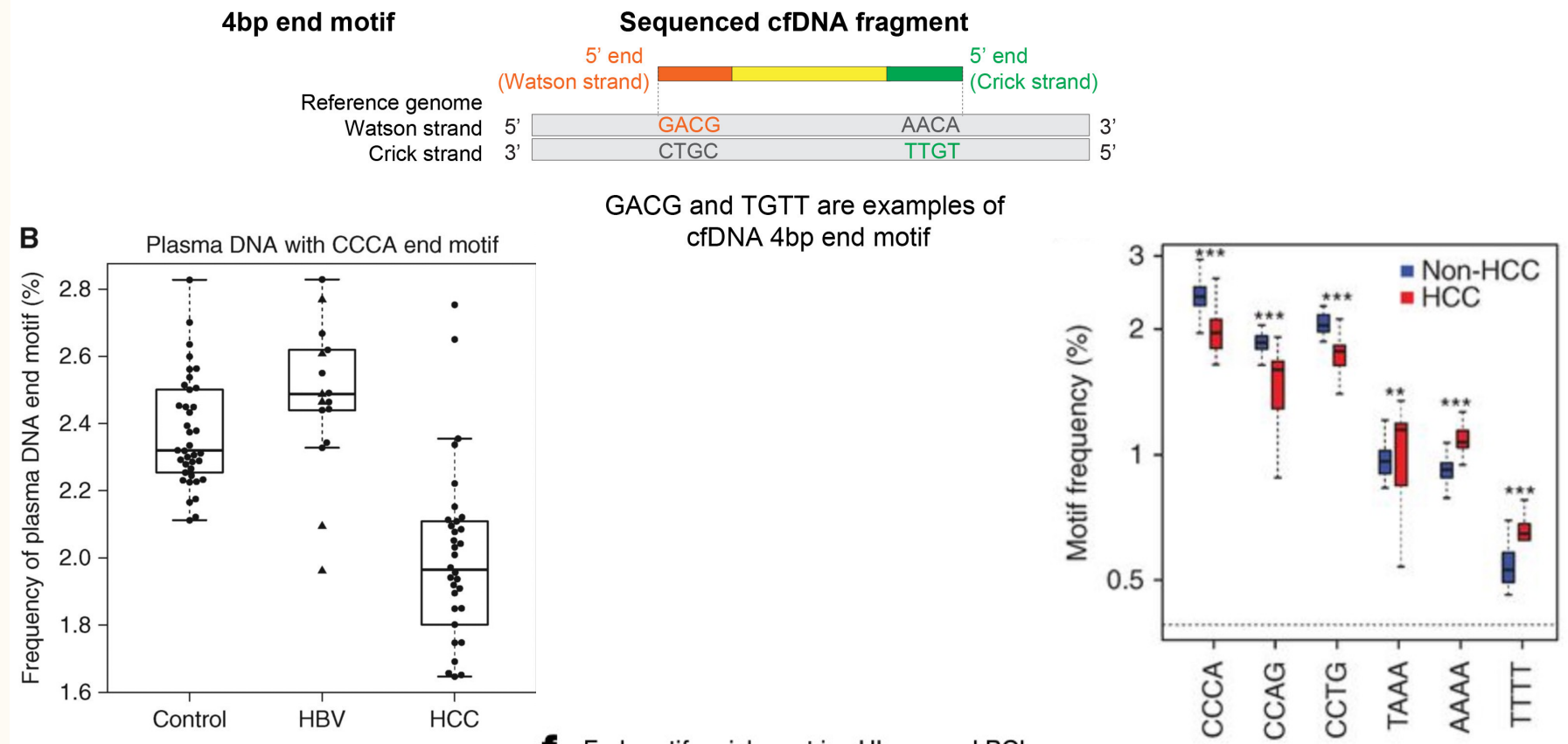
Fragment ends/end motif pattern

Tumour-derived DNA showed a distinct end motif distribution from non-tumoral DNA

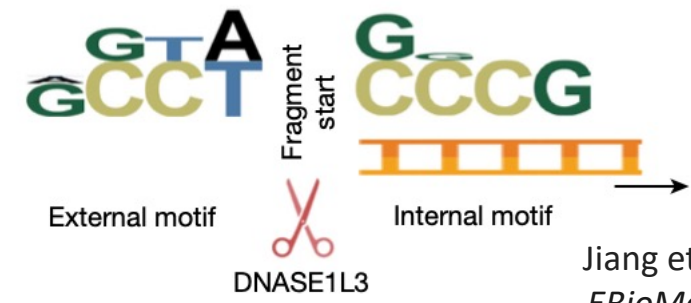
CCCA motif was less common in tumour DNA (HCC) than in other tumors

An enrichment of **CCCG** motifs in mutant cHL molecules compared with their LBCL counterparts

HCC: Hepatocellular Carcinoma



f End-motif enrichment in cHL versus LBCL

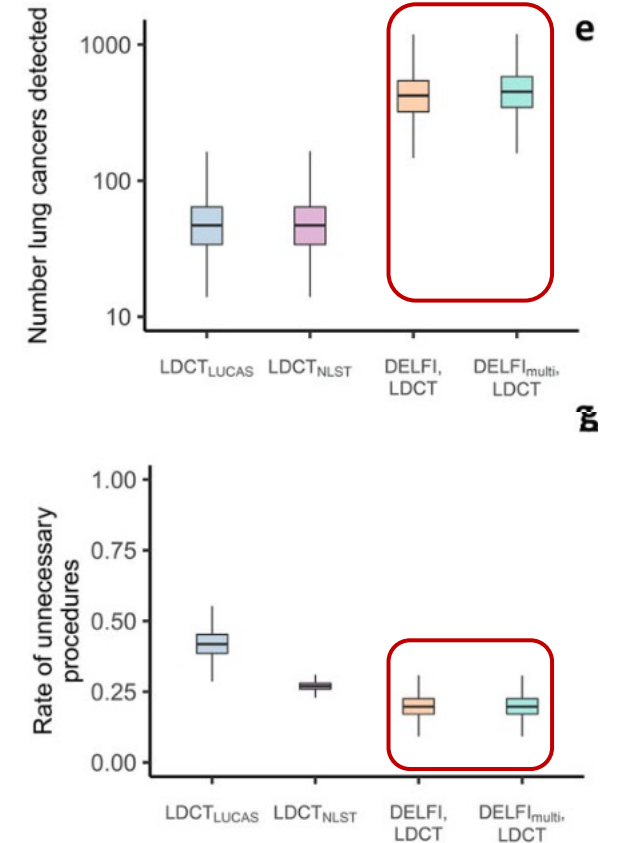
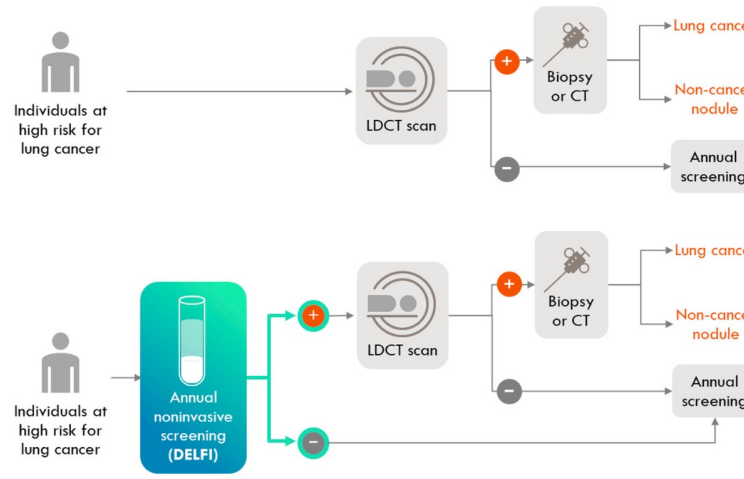
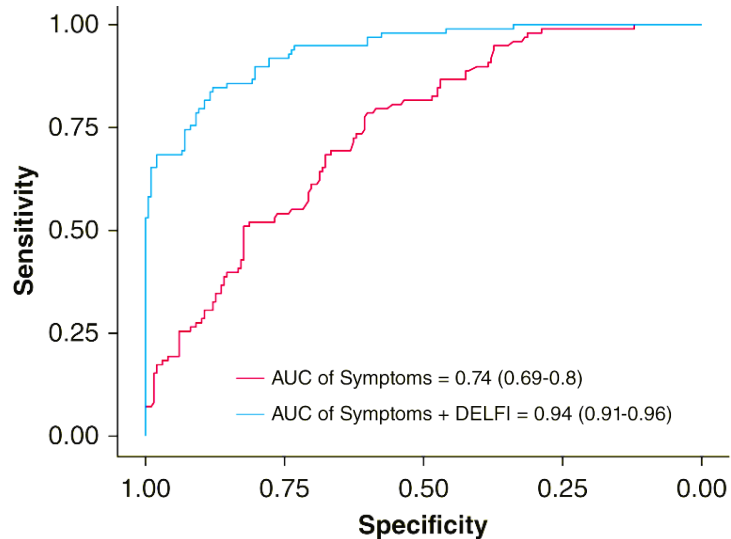
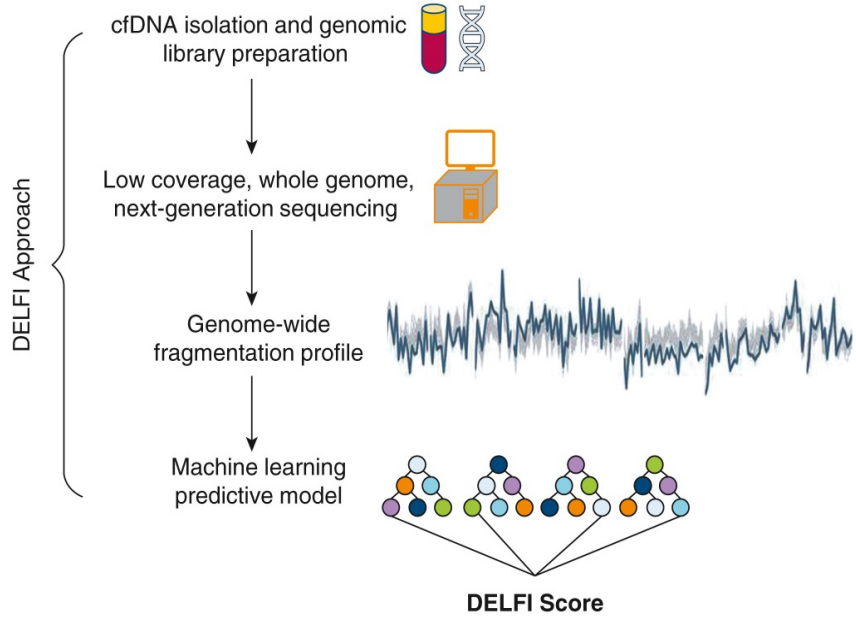


Jiang et al. *Cancer discovery*. 2020; Guo et al. *EBioMedicine*. 2022; Alig et al., *Nature*. 2024

Agenda

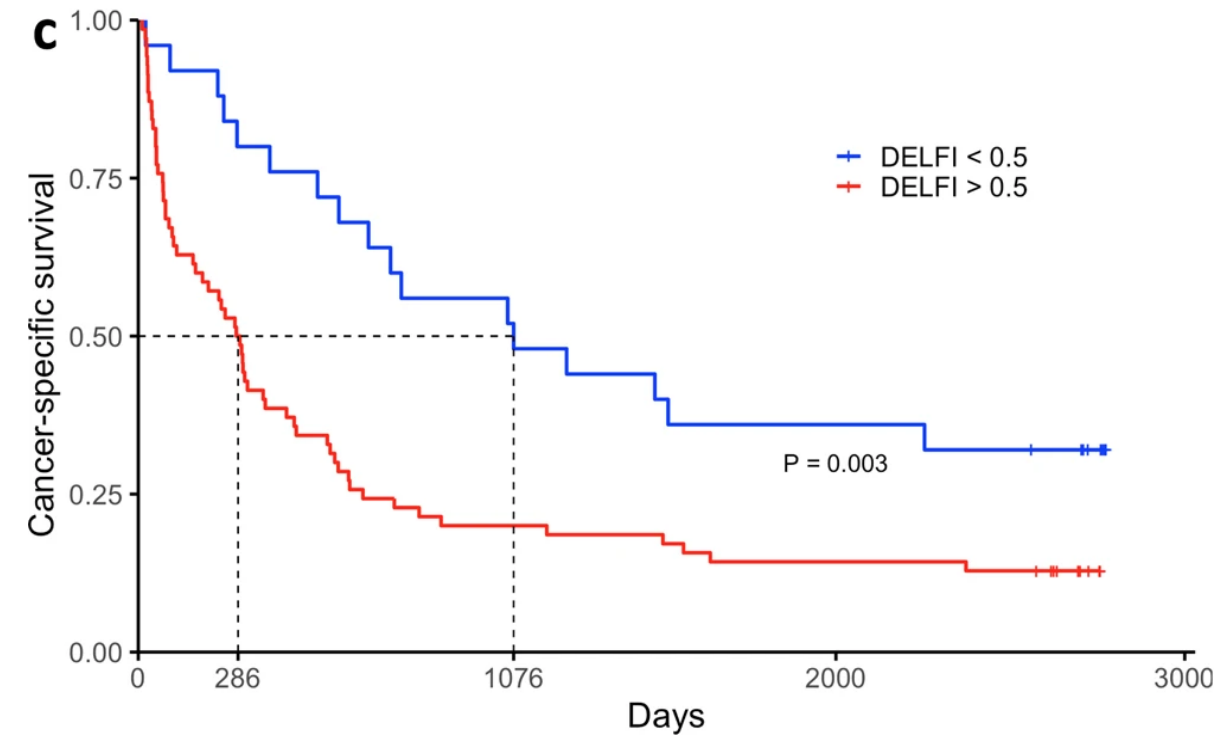
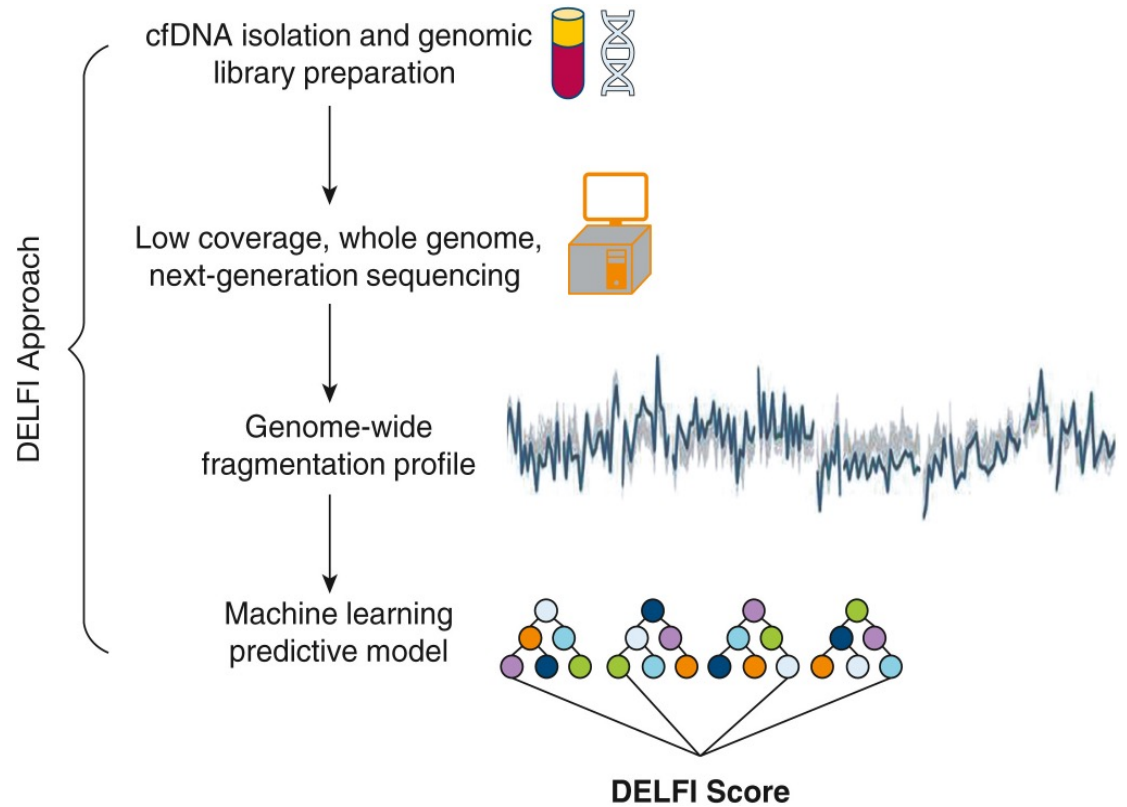
- Definition and characteristics of fragmentomics
- **Potential prognostic impact of fragmentomics**
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DELFI (DNA Evaluation of Fragments for Early Interception)



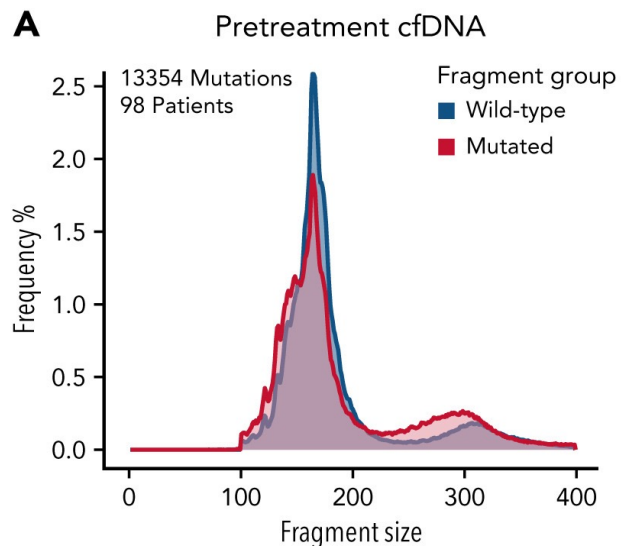
DELFI score improved the identification of patients with lung cancer when combined LDCT and reduced the rated of unnecessary LDCT

DELFI (DNA Evaluation of Fragments for Early Interception)



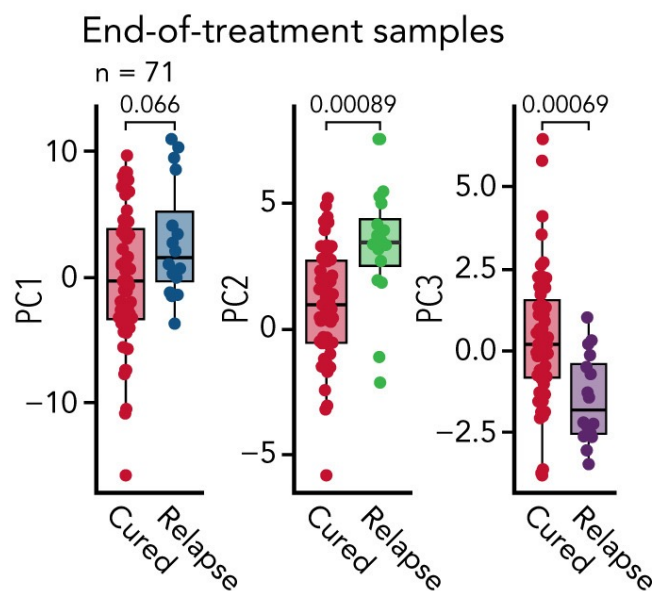
Patients with primary lung cancer were stratified in two groups based on a DELFI cutoff of 0.5 (n = 93)

Potential application of fragmentomics in DLBCL



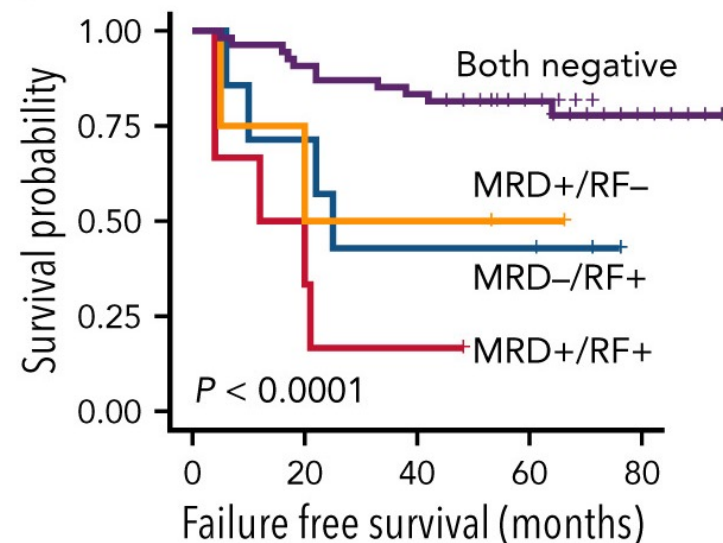
Mutated fragments tend to be **shorter** and favor submononucleosomal and subdinucleosomal lengths in **B cell lymphoma**

EOT of cfDNA profiles differ between **cured** and **relapsing** patients based on major principal components

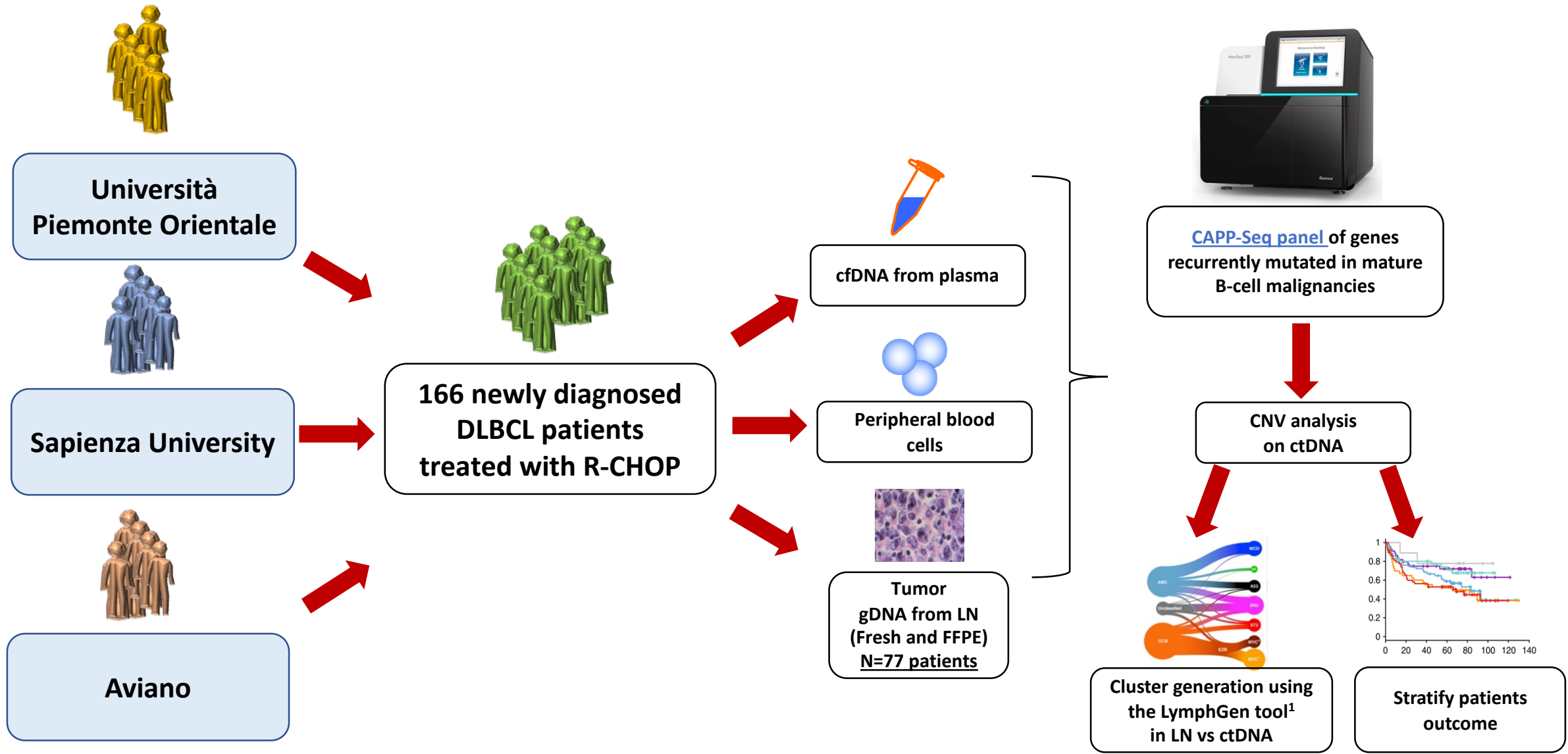


Fragmentome disparities can complement mutation-based MRD detection in predicting **survival**

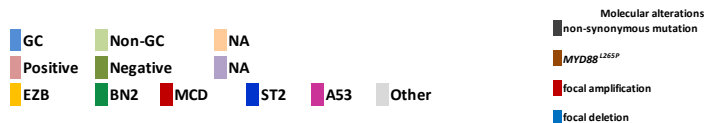
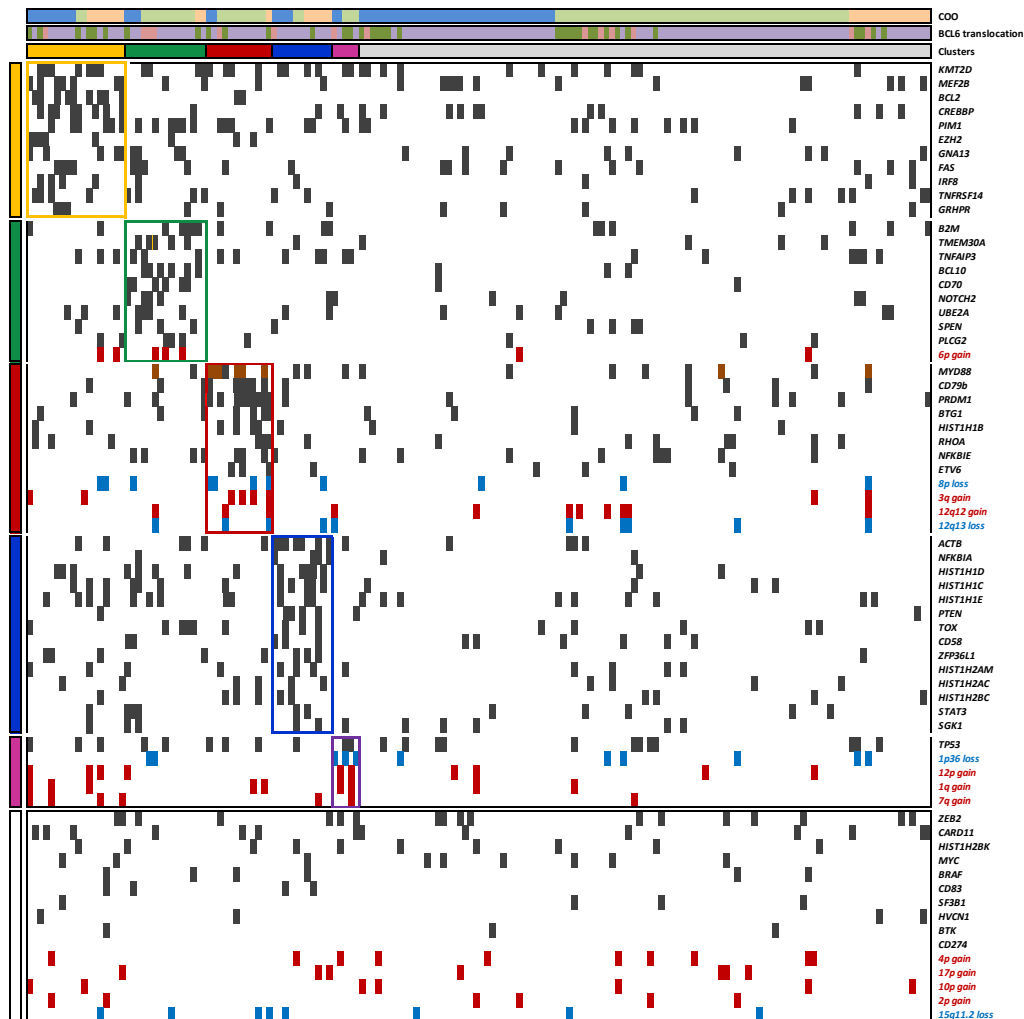
RF: Random Forest Classifier Relapse Predictor
MRD: Minimal Residual Disease
EOT: End of Therapy



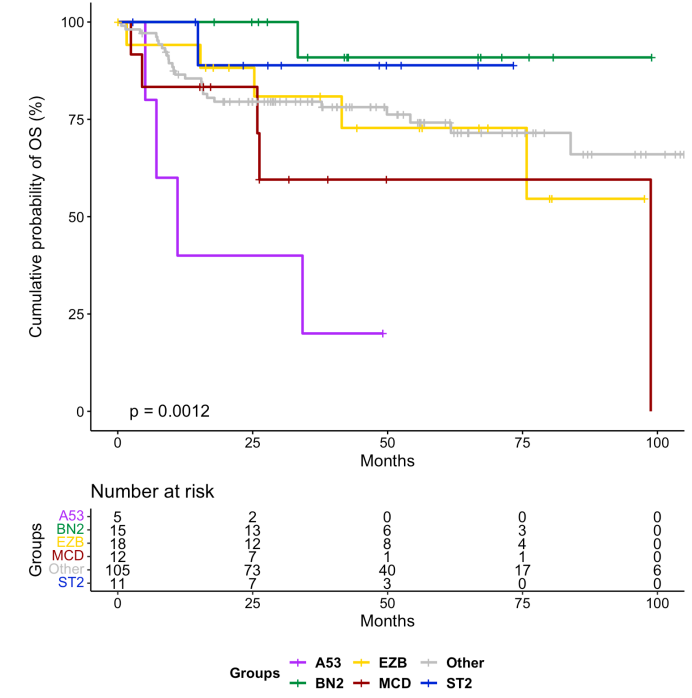
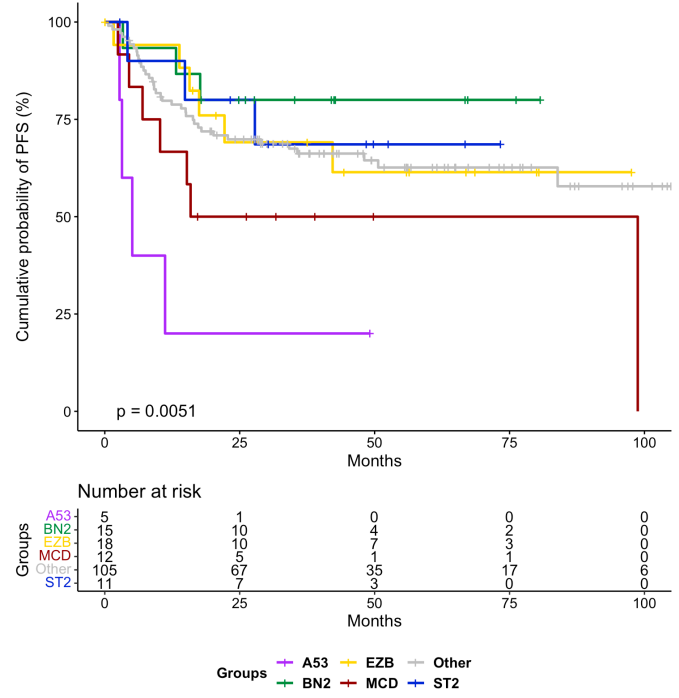
Experimental workflow



Molecular clusters on ctDNA

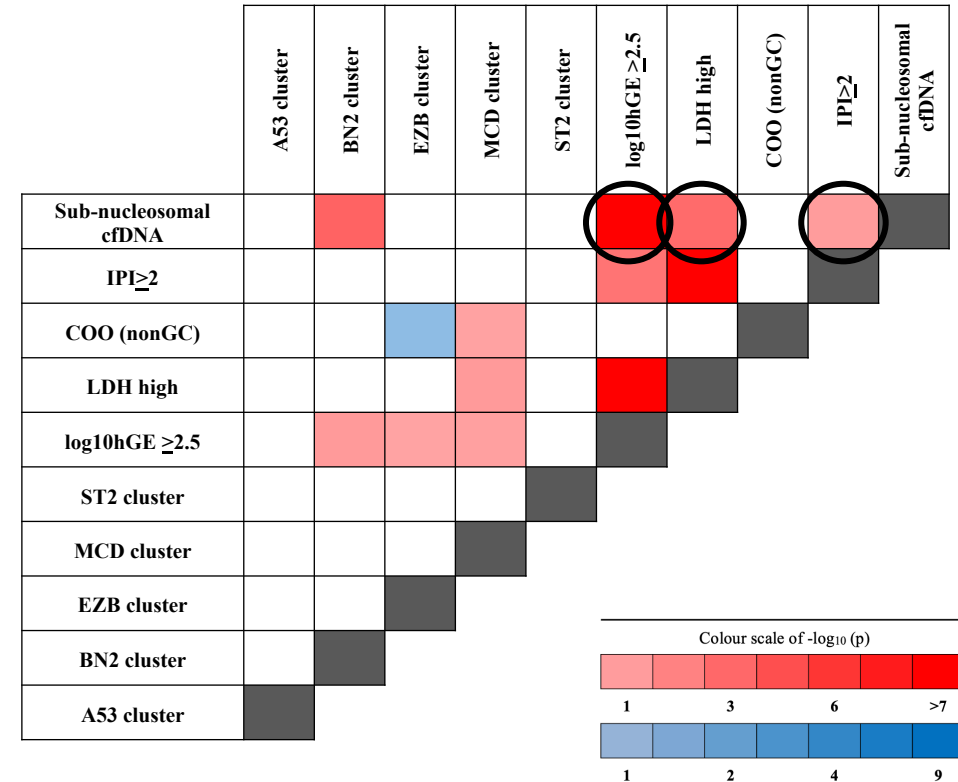
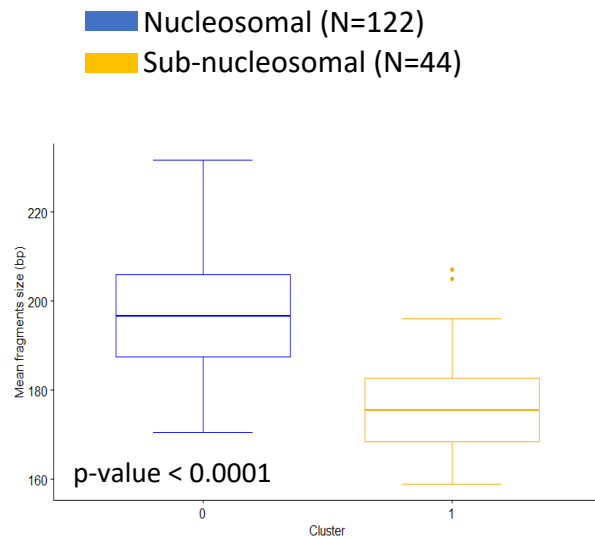
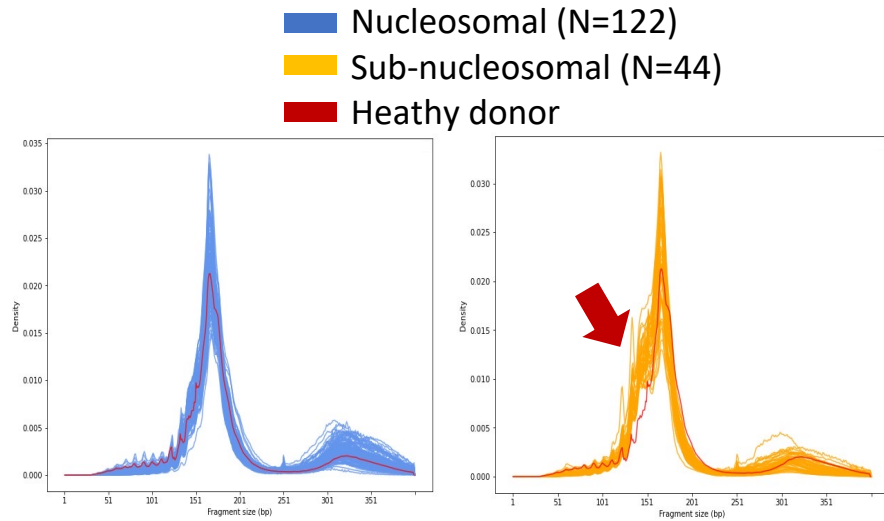


LymphGen toll allows the classification of 40-50% of patients



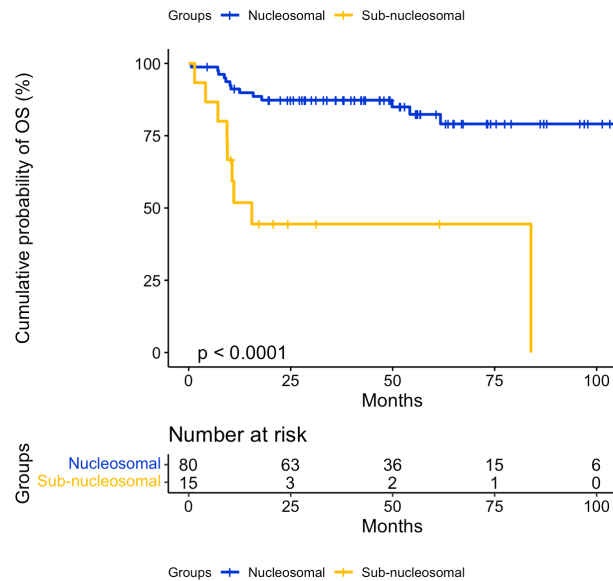
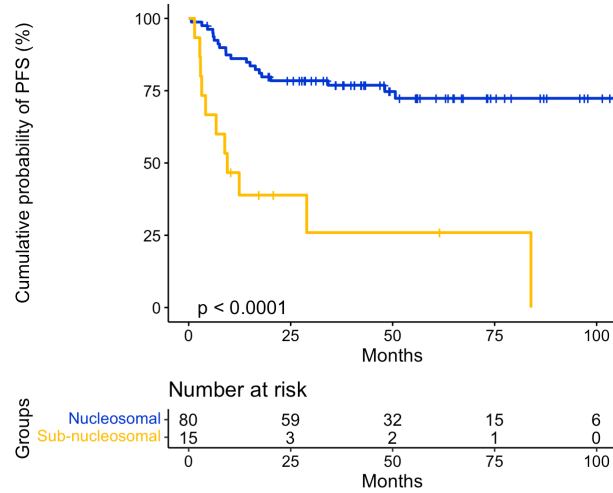
Can patients not assigned to any specific molecular cluster be further stratified?

Two different groups with different fragmentation profile have been identified



Patients with the subnucleosomal cfDNA fragmentation profile associate with BN2 cluster, high level of ctDNA, high LDH and with high IPI scores

The fragmentation profile of cfDNA predicts the outcome of DLBCL with no detectable mutation or not classified to specific molecular cluster



Variable	N	Hazard ratio	p
ctDNA \geq Log10hGE	95	3.18 (1.44, 7.02)	0.004
Sub-nucleosomal cfDNA	95	3.12 (1.36, 7.15)	0.007

Variable	N	Hazard ratio	p
ctDNA \geq Log10hGE	95	4.12 (1.60, 10.63)	0.003
Sub-nucleosomal cfDNA	95	3.06 (1.17, 8.02)	0.023

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- **EPIC-Seq**

EPIC-Seq (Epigenetic Expression Inference from cfDNA-sequencing)

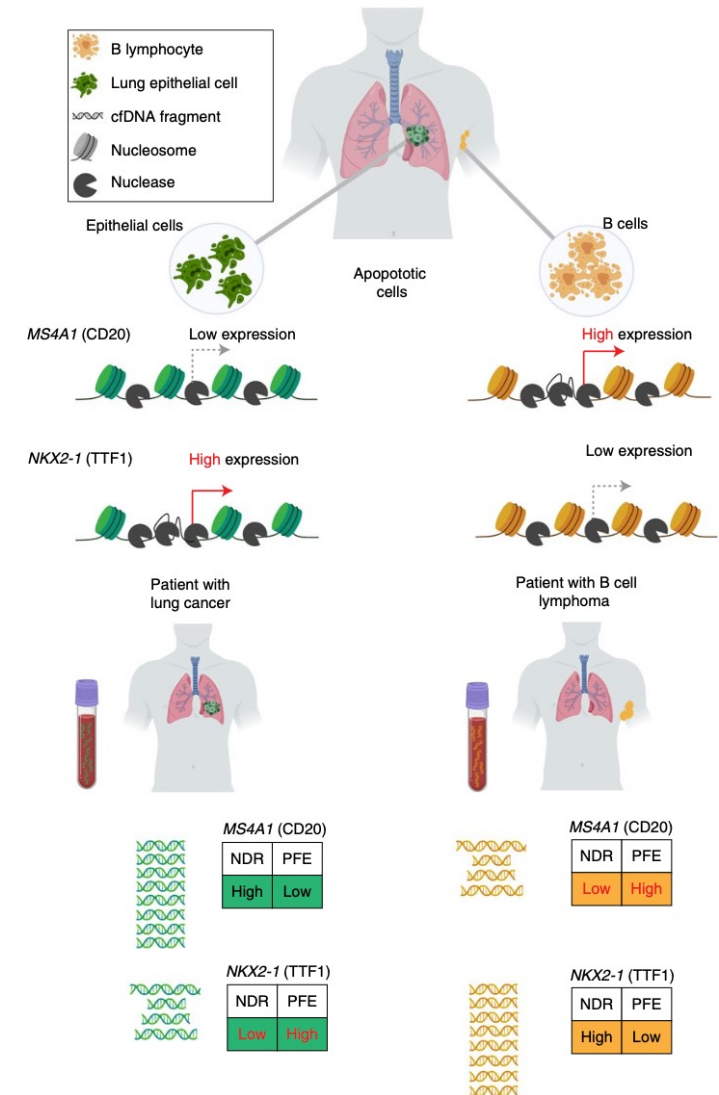
cfDNA fragments from active promoters (less nucleosome-protected) exhibit substantially more random fragmentation patterns than those from inactive promoters

EPIC-Seq

Uses deep **WGS** to analyse cfDNA fragmentation

Correlates cfDNA fragmentomic patterns with gene expression data from **RNA-seq** of tumor

WGS: Whole Genome Sequencing
DLBCL: Diffuse Large B-cell Lymphoma



NDR: nucleosome-depleted regions → Coverage

PFE: promoter fragmentation entropy → fragment length diversity

Application of EPIC-seq for DLBCL

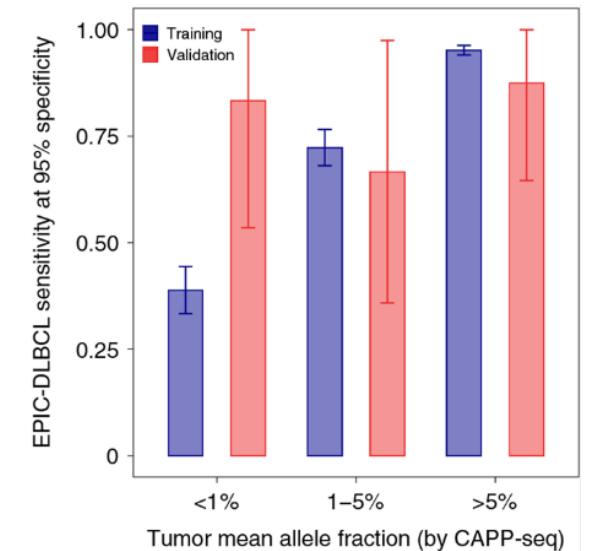
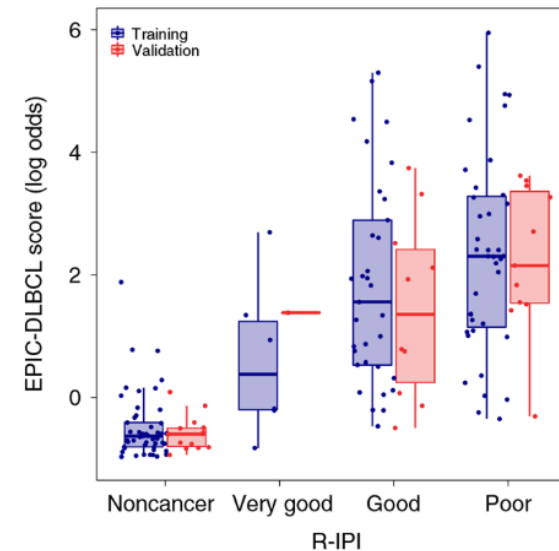
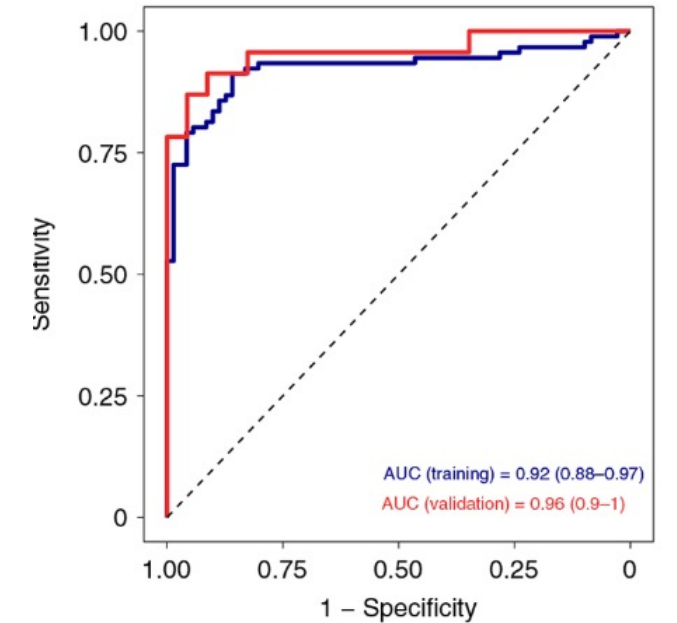
Training Cohort: A classifier trained on DLBCL and noncancer samples showed high accuracy in distinguishing cases

Validation Cohort: The classifier maintained strong performance in an independent patient set

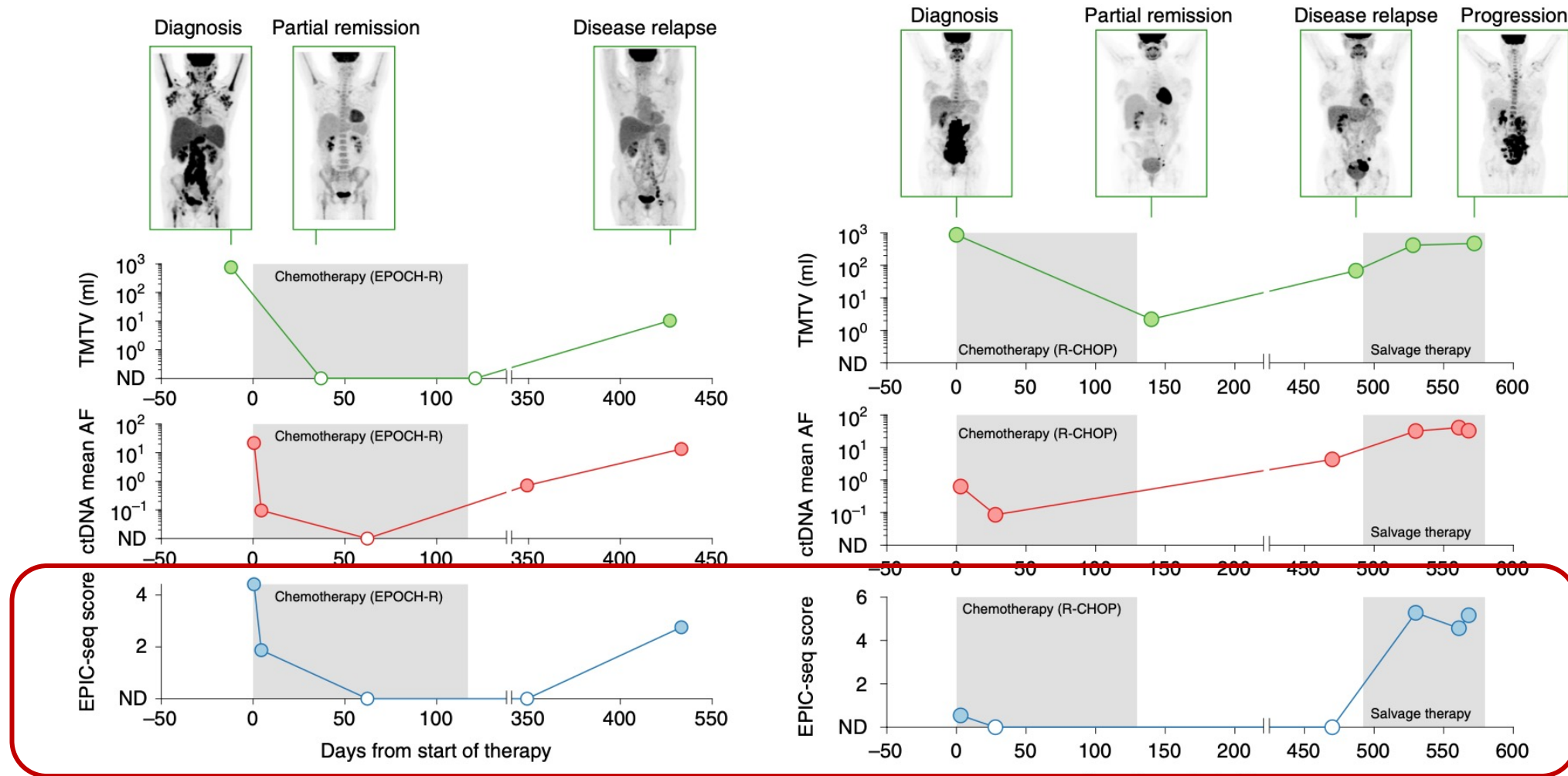
Higher epigenetic classifier scores **correlated** with worse prognosis (**R-IPI**)

Most effective when ctDNA levels were high
Still detected a significant number of **DLBCL** cases even at low ctDNA levels

a B cell lymphoma versus normal classification



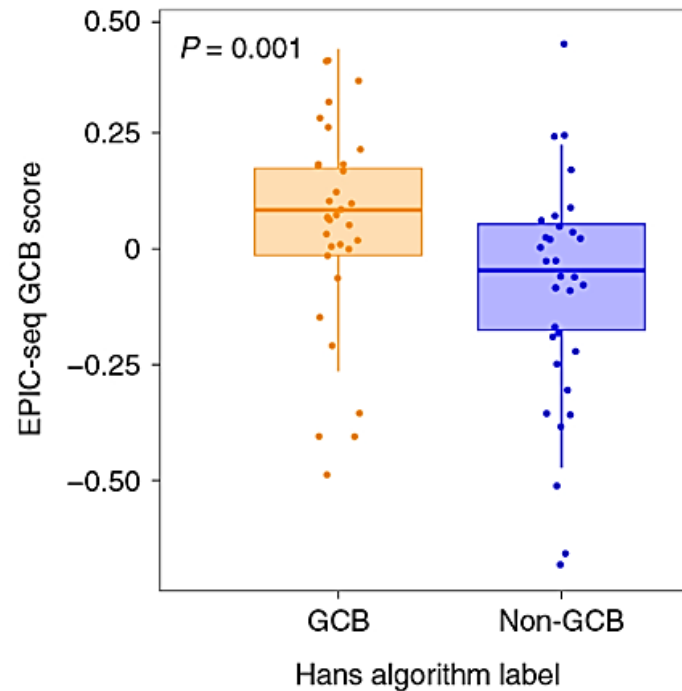
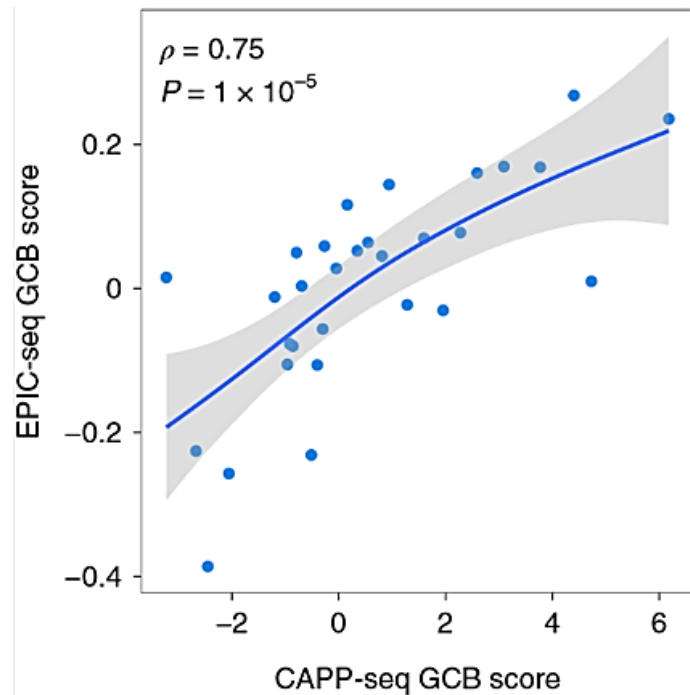
EPIC-seq for DLBCL



Expression inferences by EPIC-seq faithfully reflect disease burden before and after DLBCL therapy

Application of EPIC-seq for DLBCL COO classification

EPIC-Seq GCB score:
Showed **Strong correlation** with mutation-based GCB scores
Discriminated significantly between GCB and non-GCB DLBCL

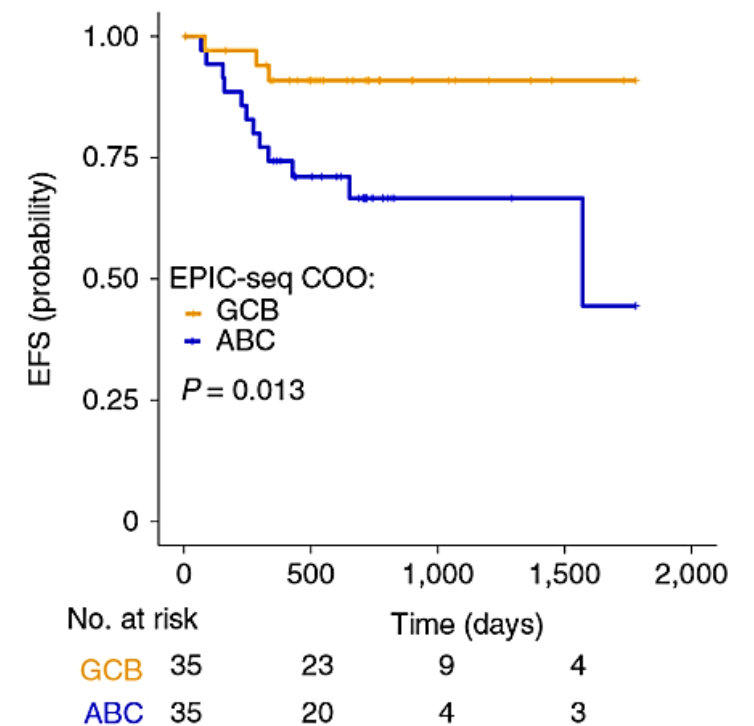


CoO: Cell of Origin

ABC: Activated B-cell Like

GCB: Germinal Center B-cell Like

Patients with higher EPIC-seq
GCB scores had significantly
better survival



Conclusions

- cfDNA shows different fragmentation patterns in healthy individual compared to cancer patients
- In solid cancers and in lymphomas cell-free DNA fragmentation patterns offer potential opportunity for early cancer detection, for assessing prognosis at diagnosis and for disease monitoring during therapy
- EPIC-Seq offers potential opportunity to extrapolate the transcriptomic profile of lymphoma patients according to cfDNA fragmentation patterns



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AGING PROJECT