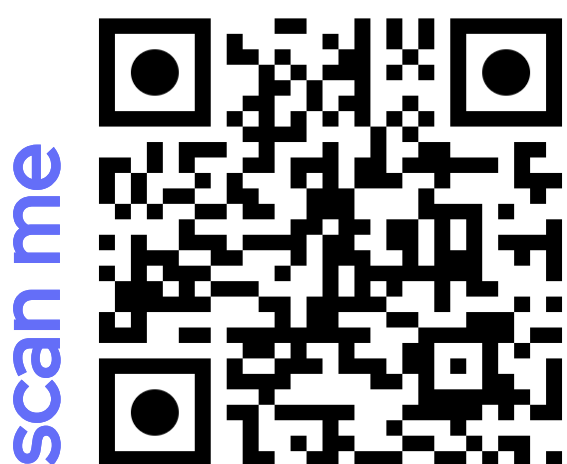


# Performance of a novel NGS-based Bridge Capture™ technology for mutation profiling in liquid biopsies derived from metastatic colorectal cancer patients

Anttoni Korkiakoski<sup>1,2</sup>, Simona Adamusová<sup>1,2</sup>, Aparna Ganesan<sup>3,4</sup>, Anna Musku<sup>1</sup>, Tuula Rantasalo<sup>1</sup>, Nea Laine<sup>1</sup>, Emma Andersson<sup>5</sup>, Emerik Österlund<sup>6,7</sup>, Ali Ovissi<sup>8</sup>, Päivi Halonen<sup>9</sup>, Tatu Hirvonen<sup>1</sup>, Jorma Kim<sup>1</sup>, Jukka Laine<sup>1,10</sup>, Antti Silvoniemi<sup>10,11</sup>, Heikki Minn<sup>10</sup>, Juuso Blomster<sup>1</sup>, Anna-Kaisa Anttonen<sup>5</sup>, Soili Kytölä<sup>5</sup>, Pia Osterlund<sup>9,12,13</sup>, Juha-Pekka Pursiheimo<sup>1</sup>, Pirjo Nummela<sup>3,4</sup>, Manu Tamminen<sup>1,2</sup> & Ari Ristimäki<sup>3,4</sup>



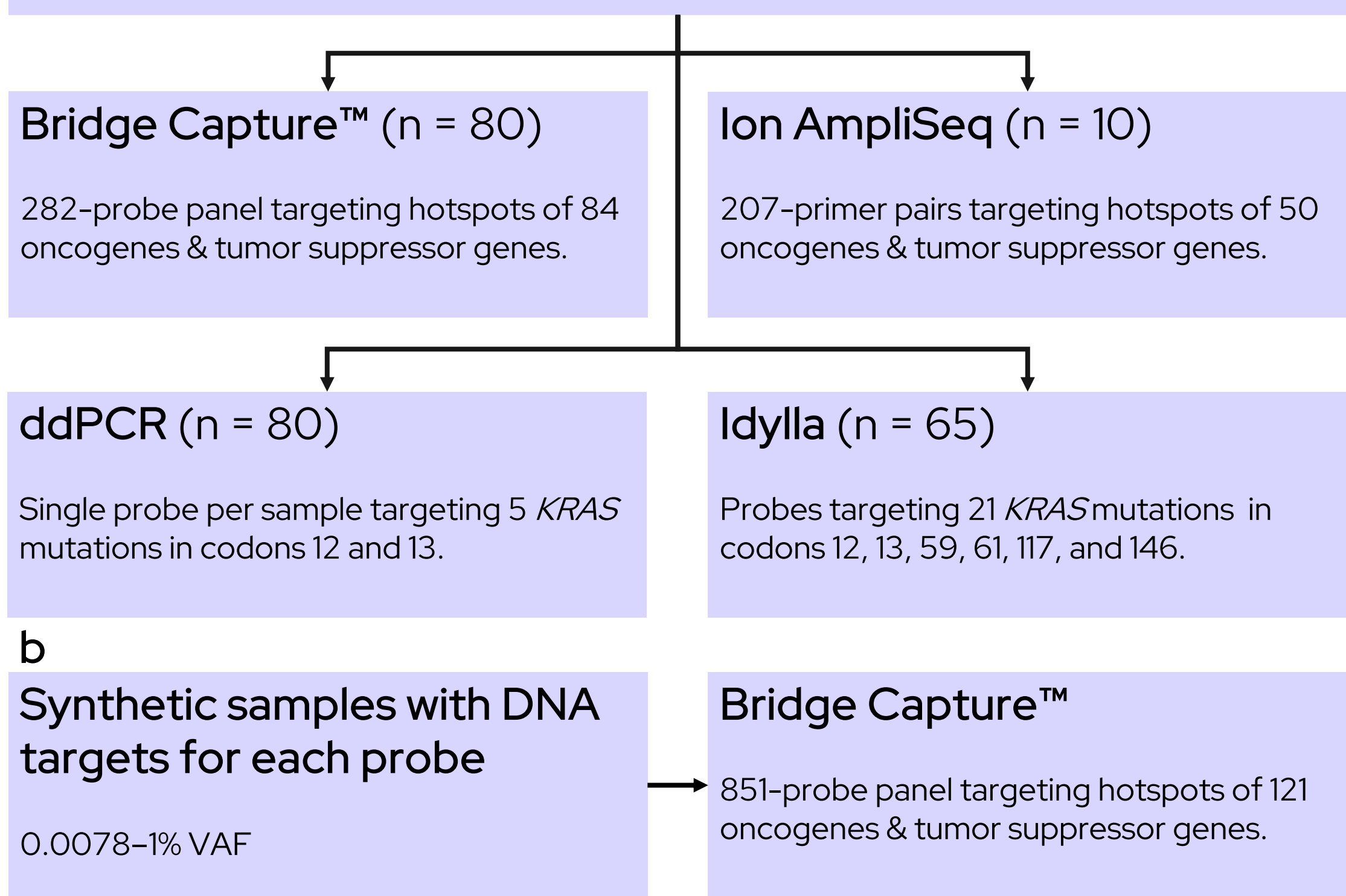
## Background

Liquid biopsy is a minimally invasive alternative to tissue biopsy and imaging modalities for cancer diagnostics. **Circulating tumor DNA (ctDNA)**, tumor-derived DNA in the bloodstream, can be used to monitor treatment response, detect **minimal residual disease (MRD)**, and identify resistance-associated mutations. This is the first study to evaluate the performance of a novel NGS-based **Bridge Capture™** technology for mutation profiling and MRD detection in ctDNA from patients with metastatic colorectal cancer (mCRC).

## Study Design

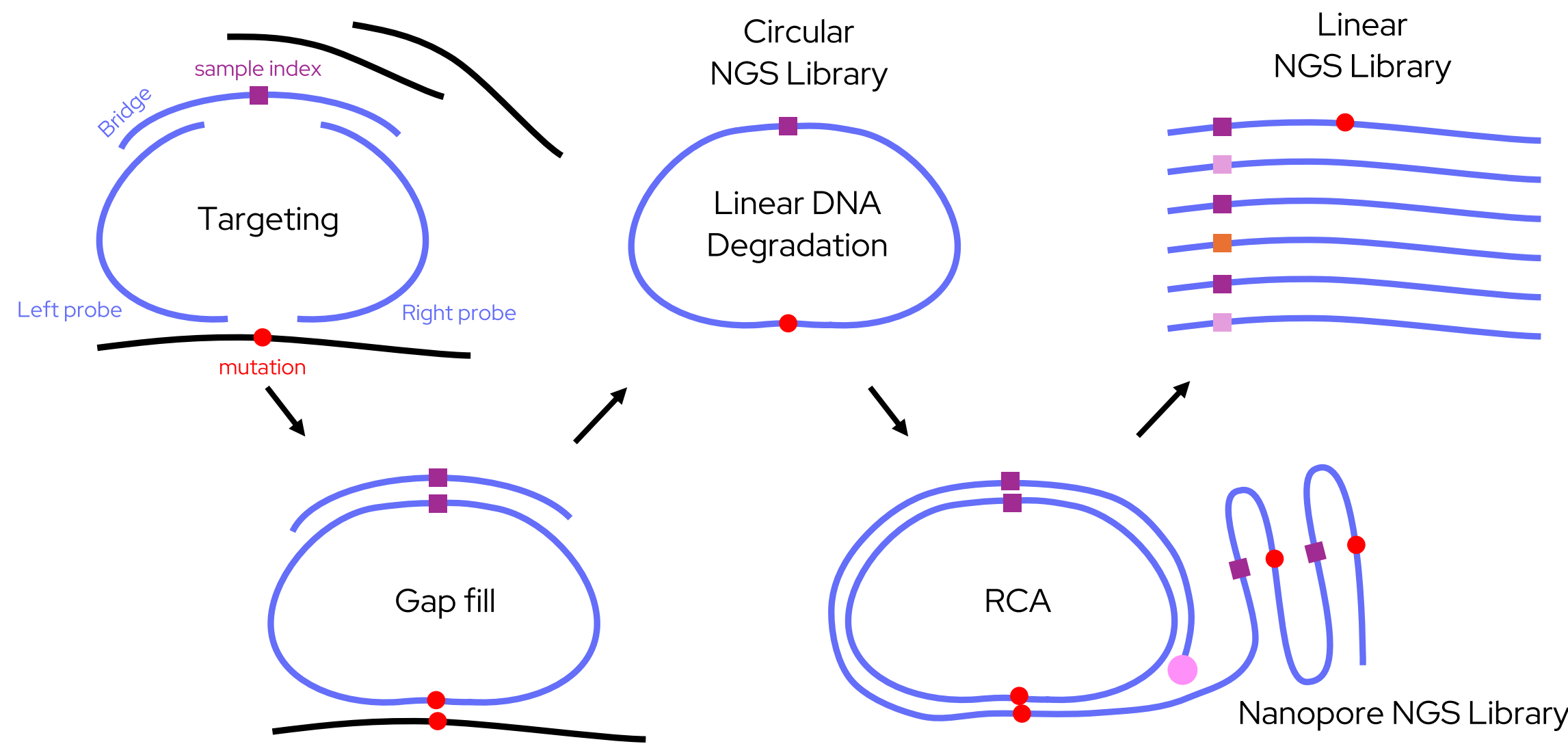
The performance of **Bridge Capture™** technology was compared to droplet digital PCR (**ddPCR**), **Ion AmpliSeq** Cancer Hotspot Panel v2 (CHPv2), and RT-qPCR based **Idylla** ctKRAS Mutation Assay. Additionally, the analytical performance and scalability of the technology were assessed using synthetic DNA targets.

**a**  
Serial plasma samples from ten patients with **KRAS** mutation in the primary tumor tissue (n = 80)



**Figure 2.** Evaluation of Bridge Capture™ using (a) ctDNA extracted from plasma samples of mCRC patients and (b) synthetic DNA targets. ddPCR: droplet digital PCR; NGS: next generation sequencing; RCA: rolling circle amplification; VAF: variant allele frequency

## Bridge Capture™



**Figure 1.** Bridge Capture™ single-tube workflow is simple and rapid. It allows first-step sample indexing, and after only few steps libraries for new generation sequencing platforms can be produced. Red circle depicts a **mutation**, purple, pink, and orange squares depict a **sample index**, and pink circle is a **RCA polymerase**.

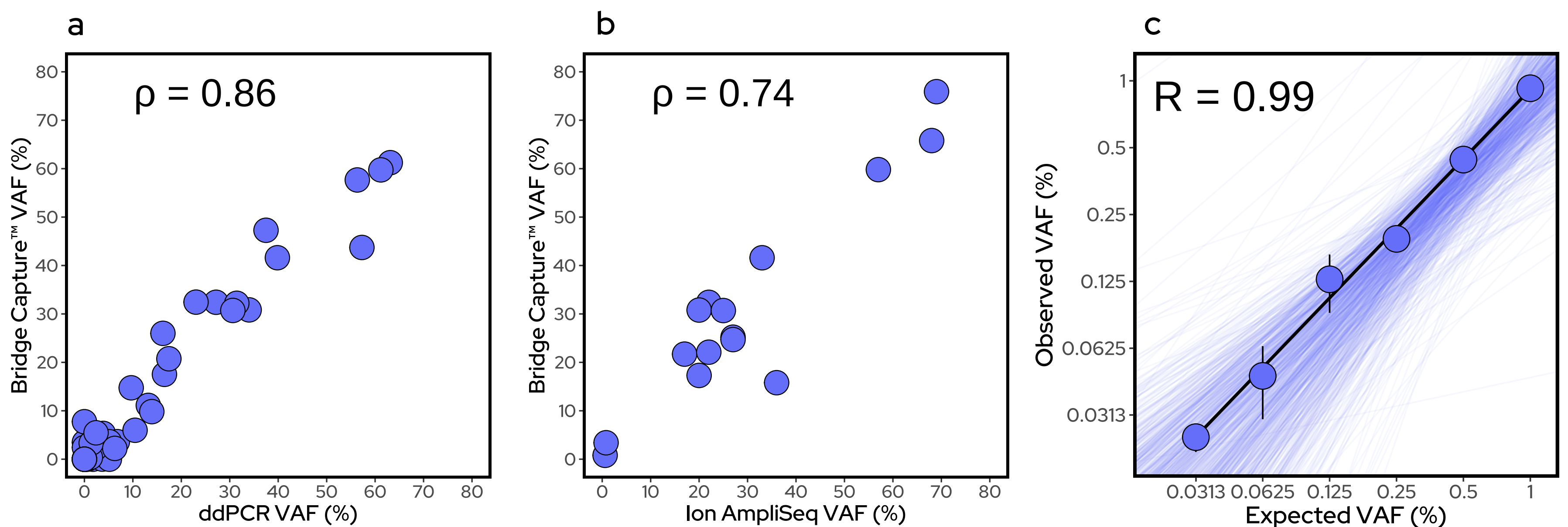
## Results

Bridge Capture™ showed **substantial agreement and perfect agreement** with ddPCR (Cohen's Kappa 0.70), and Idylla (Cohen's Kappa 0.79), and with Ion AmpliSeq CHPv2, respectively (Table 1). Bridge Capture™ displayed **very strong correlation** between both ddPCR ( $\rho = 0.86$ ) (Figure 3a) and Ion AmpliSeq ( $\rho = 0.74$ ) (Figure 3b). Bridge Capture™ **expanded 851-probe panel** showed very strong correlation until 0.03% ( $R = 0.99$ ) (Figure 3c). Figure 4 displays serial samples of four mCRC patients with **KRAS** mutations detected by ddPCR and Bridge Capture™, including eight **additional CRC driver mutations** in other genes mirroring the **KRAS** mutations.

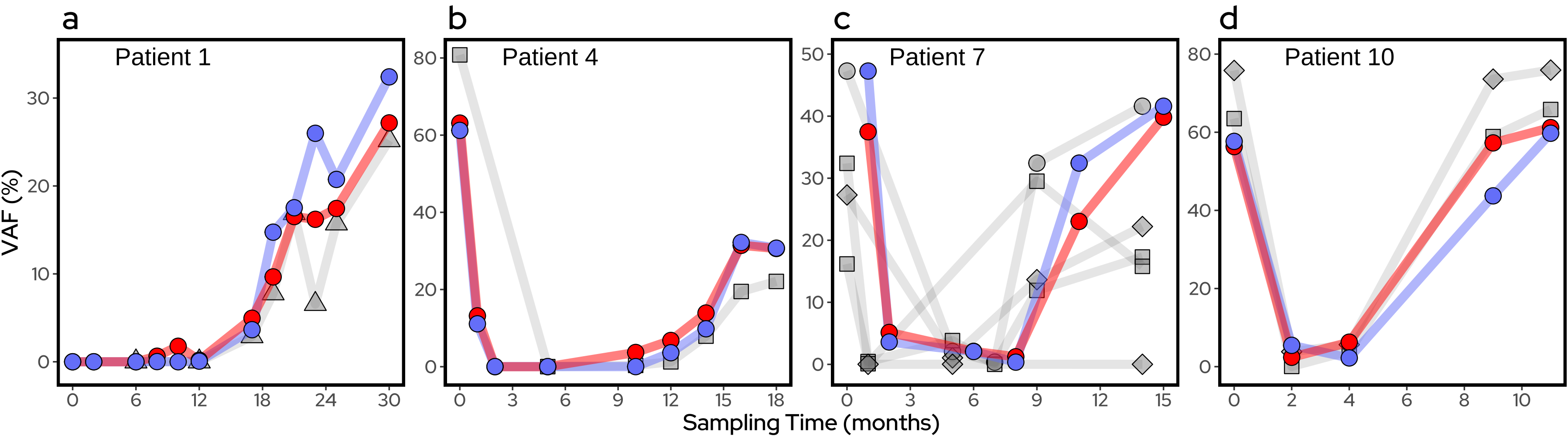
**Table 1.** Concordance between Bridge Capture™ and ddPCR, Idylla, and Ion AmpliSeq CHPv2 in detecting **KRAS** mutations from ctDNA of mCRC patients. Cohen's Kappa measures the agreement between two raters. The range between 0.61–0.8 is regarded as substantial agreement.

		Bridge Capture™		Cohen's Kappa
		+	-	
ddPCR (n = 80)	+	35	4	0.70
	-	8	33	
Idylla (n = 58)*	+	31	4	0.79
	-	2	21	
Ion AmpliSeq (n = 10)	+	7	0	1.0
	-	0	3	

\*7 samples failed (1 positive and 6 negative for Bridge Capture™).



**Figure 3.** Correlation of ctDNA VAF values from mCRC patients between Bridge Capture™ and other methods. (a) Comparison with ddPCR for **KRAS** mutations across 80 patient samples ( $\rho = 0.86$ ). (b) Comparison with Ion AmpliSeq CHPv2 across 10 patient samples ( $\rho = 0.74$ ). (c) Dilutions from 0.0313–1% displayed strong linear correlation between the observed and expected total specific VAF values (Pearson  $R = 0.99$ ). Violet circles are mean values of 5 replicates and SD is displayed as error bars. Individual linear regressions of each probe are displayed as violet lines.



**Figure 4.** Serial samples of four mCRC patients with **KRAS** (circle) mutations detected by **Bridge Capture™** (violet) and **ddPCR** (red). Bridge Capture™ reported additional oncogenic mutations (gray) in **TP53** (square), **APC** (diamond), and **PIK3CA** genes (triangle).

## Conclusions

Bridge Capture™ is simple, rapid and sensitive targeted sequencing technology **compatible with all new generation sequencing platforms**. The technology's unique features enable **first-step sample indexing** which simplifies even further the already few-step **single-tube** sample processing enabling increased cost benefits.

Bridge Capture™ improved mutation profiling and MRD detection in mCRC ctDNA samples by reporting the **broader mutational landscape without sacrificing sensitivity**. It displayed substantial agreement with other technologies and the observed scalability enables even more comprehensive view of the mutational landscape **without the need for extremely deep sequencing**.

<sup>1</sup>Genomill Health Inc, Turku, Finland; <sup>2</sup>University of Turku, Department of Biology, Turku, Finland; <sup>3</sup>University of Helsinki, Applied Tumor Genomics Research Program, Helsinki, Finland; <sup>4</sup>Helsinki University Hospital and University of Helsinki, Department of Pathology, Helsinki, Finland; <sup>5</sup>Helsinki University Hospital and University of Helsinki, Department of Genetics, Helsinki, Finland; <sup>6</sup>Helsinki University Hospital and University of Helsinki, Department of Surgery, Helsinki, Finland; <sup>7</sup>Uppsala University, Department of Immunology, Genetics and Pathology, Uppsala, Sweden; <sup>8</sup>Helsinki University Hospital and University of Helsinki, Department of Radiology, Helsinki, Finland; <sup>9</sup>Helsinki University Hospital and University of Helsinki, Department of Oncology, Helsinki, Finland; <sup>10</sup>Turku University Hospital, Department of Oncology, Turku, Finland; <sup>11</sup>Turku University Hospital and University of Turku, Department of Otorhinolaryngology, Turku, Finland; <sup>12</sup>Tampere University Hospital and University of Tampere, Department of Oncology, Tampere, Finland; <sup>13</sup>Karolinska University Hospital and Karolinska Institute, Department of Oncology/Pathology, Stockholm, Sweden