

# MONOGRAM BIOSCIENCES

## CAPABILITIES FOR SUPPORTING CLINICAL TRIALS | 2016



# MONOGRAM BIOSCIENCES OVERVIEW

**Monogram was founded in November 1995 and acquired by LabCorp in August 2009**

**Monogram is a member of LabCorp's Specialty Testing Group with a focus on Virology, Infectious Disease and Oncology**

- HIV – Leader in drug resistance testing
- HCV – Comprehensive portfolio
- Respiratory viruses – Novel services
- Oncology- Assay development

## **Established Clinical Reference Laboratory**

- Fully CLIA/CAP accredited
- Testing for clinical patient management and drug/vaccine development



Monogram has supported development of many clinically available HIV antiretroviral therapy

Monogram's assays for clinical trials are offered through Covance Clinical Trials and directly with Monogram

# Assays For Infectious Disease

# MONOGRAM HIV ASSAYS AND SERVICES FOR CLINICAL RESEARCH AND DEVELOPMENT

- Protease/Reverse Transcriptase Inhibitor Resistance Assays
  - PhenoSense® (phenotype; infectivity assay)
  - GenoSure® MG (genotype; DNA sequencing assay)
  - PhenoSense® GT≤ (combination phenotype/genotype)
- GenoSure Archive® – DNA resistance testing for patients with undetectable VL
- Entry Inhibitor Susceptibility Assays (inhibitors of attachment, co-receptor engagement and membrane fusion)
- Trofile®, Trofile® DNA (co-receptor tropism determination)
- Integrase Inhibitor Resistance Assays (phenotype; genotype)
- GenoSure PRIme® (combination PR/RT, INI genotype)
- Assembly Inhibitor Resistance Assays (phenotype; genotype)
- Replication Capacity Assays (viral “fitness” ) for HIV
- Subtype/clade determinations (A, B, C, D, F, AE, AG, BF, etc.)
- Neutralizing Antibody Assay for HIV
- Quasispecies characterization (clonal analysis)
- Next Generation Sequencing (minor variant characterization)
- HIV Curative Strategy assays
- PhenoScreen® Novel Drug Testing (lead compound characterization)
- Other supportive assays – Viral Load (Roche COBAS®, Abbott RealTime), RVP

# PHENOSENSE GT REPORT FORM

**PhenoSENSE GT™**  
REPLICATION CAPACITY  
COMBINATION HIV DRUG RESISTANCE ASSAY

**Monogram**  
BIOSCIENCES  
LabCorp Specialty Testing Grp

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Patient Name:	DOB	Patient ID/Medical Record #	Gender	Monogram Accession #
Date Collected	Date Received	Date Reported	Mode	Report Status
				Reference Lab ID/Order #
Comments				HIV-1 Subtype: <b>B</b>

	DRUG		PHENOSENSE™ SUSCEPTIBILITY			Evidence of Susceptibility		Net Assessment		
	Generic Name	Brand Name	Cutoffs (Lower - Upper)	Fold Change	Increasing Drug Susceptibility	Decreasing	Pheno Sense	Gene Seq		
<b>NRTI</b>	Abacavir	Ziagen	(4.5 - 8.5)	3.98			Y	N	Sensitive	16
	Didanosine	Videx	(1.3 - 2.2)	1.98			P	N	Partially Sensitive	
	Emtricitabine	Emtriva	(3.5)	>MAX			N	N	Resistant	
	Lamivudine	Epivir	(3.5)	>MAX			N	N	Resistant	
	Stavudine	Zerit	(1.7)	1.51			Y	N	Sensitive	3
	Zidovudine	Retrovir	(1.0)	7.91			N	N	Resistant	3
	Tenofovir	Viread	(1.4 - 4)	1.16			Y	N	Sensitive	3
<b>NRTI Mutations</b>			<b>M41L, M184V, T215Y</b>							

<b>NNRTI</b>	Delavirdine	Rescriptor	(0.2)	3.91			Y	N	Sensitive	1
	Efavirenz	Sustiva	(3)	30			N	N	Resistant	
	Etravirine	Intencele	(2.9 - 10)	0.56			Y	N	Sensitive	1
	Nevirapine	Viramune	(4.5)	>MAX			N	N	Resistant	
	Rilpivirine	Edurant	(2)	1.29			Y	N	Resistant	1
<b>NNRTI Mutations</b>			<b>Y188Y/F/L, H221H/Y</b>							

<b>PI</b>	Atazanavir	Reyataz	(2.2)	4.96			N	N	Resistant	
		Reyataz / ++	(5.2)	4.96			Y	N	Sensitive	16
	Darunavir	Prezista / ++	(10 - 80)	1.34			Y	Y	Sensitive	
	Fosamprenavir	Lexiva / ++	(4 - 11)	4.00			Y	Y	Sensitive	
	Indinavir	Crixivan / ++	(10)	5.51			Y	Y	Sensitive	
	Lopinavir	Kaletra+	(9 - 55)	1.69			Y	Y	Sensitive	
	Neftinavir	Viracept	(3.0)	17			N	N	Resistant	
	Ritonavir	Norvir	(2.5)	4.30			N	N	Resistant	
	Saquinavir	Invirase / ++	(2.3 - 12)	3.88			P	N	Partially Sensitive	
	Tipranavir	Aptivus / ++	(2 - 8)	2.87			P	N	Partially Sensitive	
<b>PI Mutations</b>			<b>L10V, H13V, K20T, E35G, M36I, I62V, L63T, T74S, L90M</b>							

Lower Clinical Cutoff (In bold)  
Upper Clinical Cutoff (In bold)  
Biological Cutoff

Hypersusceptibility  
Cutoff

Sensitive  
Partially Sensitive  
Resistant

Y Evidence of Drug Sensitivity  
P Evidence of Partial Drug Sensitivity  
N Evidence of Drug Resistance

# MONOGRAM BIOSCIENCES

## RESPIRATORY VIRUS TESTING CAPABILITIES

- **GenMarkDx<sup>®</sup> Respiratory Virus Panel (RVP)**
  - Validated in multiple sample types for up to 14 virus targets
  - Can test for 10, 14 or 19 virus panels
  - Includes subtyping of Influenza and RSV
- **Cell-Based Neutralizing Antibodies Assay**
  - High throughput
  - Influenza A and B, RSV A and B
- **Sequencing (NGS)**
  - RSV
  - Influenza
  - HRV
- **qRT/PCR**
  - Qualitative/Quantitative qRT/PCR assays (i.e. for RSV): for specific viruses, please contact Monogram for more information
- **Phenotyping**
  - RSV, Influenza A and B
  - High throughput characterization of new and existing anti-viral compounds against a panel of clinical isolates and reference strain

# PSEUDOTYPING HIV-1 CORES WITH INFLUENZA HA/NA PROTEINS



Patient HIV-1 *env*



Influenza HA and NA

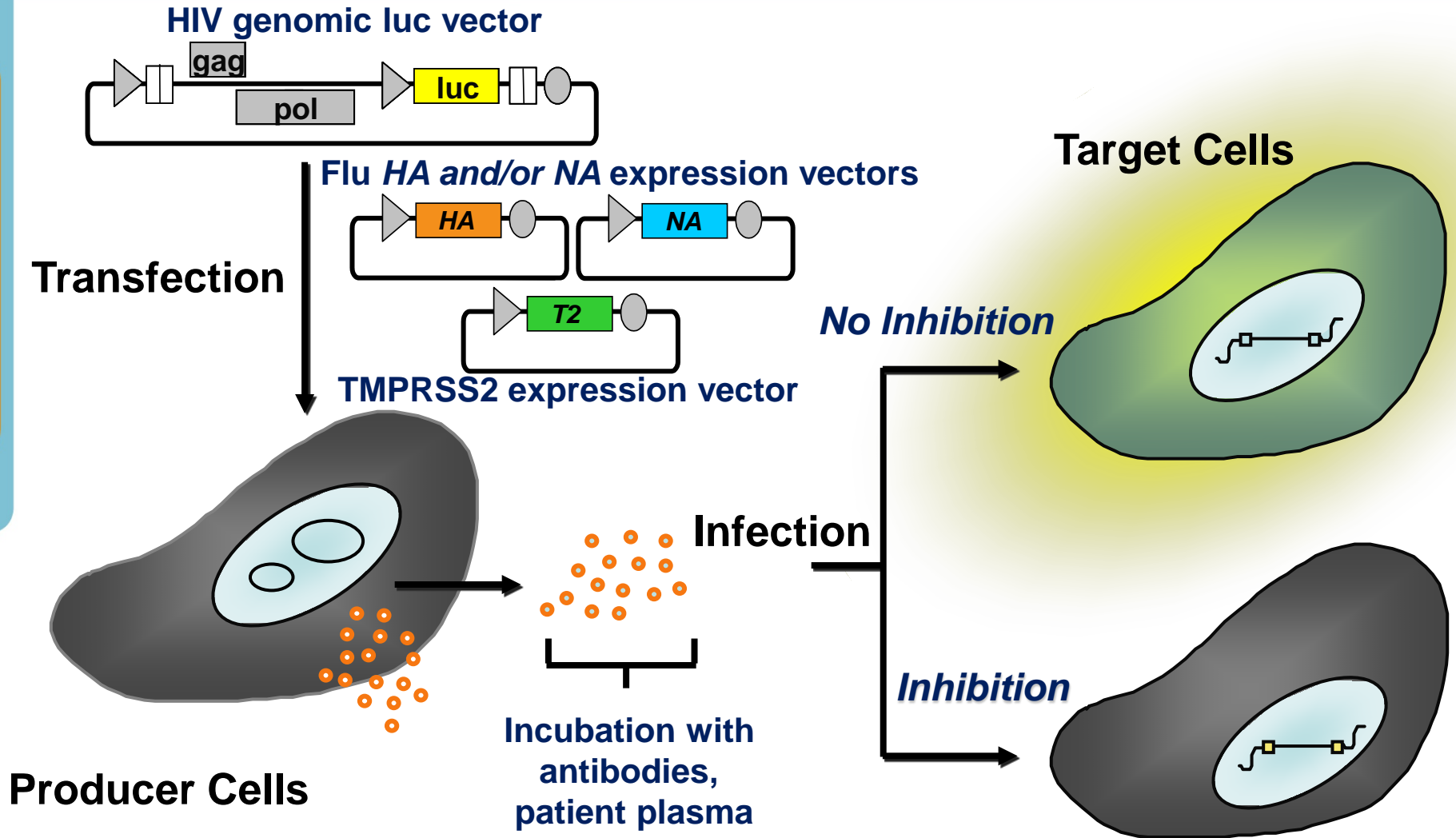
# MONOGRAM NEUTRALIZATION ASSAY FOR INFLUENZA

- **Recombinant pseudovirion, single cycle assay; patented technology**
- **Pseudovirion library: >60 HA and >50 NA expression vectors**
  - Clinical HA and/or NA sequences
  - Cultured and well-characterized isolates
  - Synthetic gene sequences
- **Inter-assay variation:  $IC_{50} \leq 2.5$ -fold**
- **~10-100x more sensitive than HAI and micro-neut assays**
- **Automated processes**
  - HA and NA cloning and vector construction
  - Cell assay throughput and reproducibility
- **Assay throughput**
  - Currently 1000 titrations ( $IC_{50}$ ) per day (100 sera x 10 viruses)



# INFLUENZA A/B

nAb ASSAY



TMPRSS2: human airway trypsin-like serine protease

# SEQUENCE-BASED HCV RESISTANCE ASSAYS

## BY SUBTYPE

### ASSAY DEVELOPMENT STATUS

Genotype/ Subtype	NS3/4A	NS5A	NS5B	Platform
GT1a,1b	CLIA/CAP*	CLIA/CAP*	CLIA/CAP*	Sanger/NGS
	Development (DEV)			NGS
GT2a,2b	CLIA/CAP	CLIA/CAP	RUO	Sanger/NGS (CLIA/CAP - Sanger)
GT3	RUO	CLIA/CAP*	RUO	Sanger and/or NGS
GT4	RUO	RUO	RUO	Sanger and/or NGS
GT6	RUO	RUO	DEV	NGS

\*Commercially available for clinical testing (NGS, 10% variant reporting threshold)

# PHENOTYPIC HCV RESISTANCE ASSAYS

## BY SUBTYPE

- For preclinical and clinical drug development, research studies, genotypic algorithm development
- Includes drug susceptibility and replication capacity assessment for plasma-derived sequences, virus panels including DAA-naïve and resistant samples, reference viruses and SDMs

### ASSAY DEVELOPMENT STATUS

Genotype/ Subtype	NS3 protease	NS5A	NS5B
GT1a,1b	RUO	RUO	RUO
GT2a,2b	-	DEV	RUO
GT3	-	DEV	RUO
GT4	-	DEV	RUO

# NEXT GENERATION SEQUENCING: ILLUMINA MiSeq PERFORMANCE

- **Illumina® MiSeq® platform**
  - 2x300bp paired end reads (2x150bp also available)
  - 25 million paired end reads/run
  - 15 Gb of data/run
  - High quality sequence data
- **Nextera XT sample prep**
  - 1ng input DNA requirement
  - “If it can be amplified, it can be sequenced”
    - PCR amplicons >300bp (RT-PCR or PCR)
    - Plasmids
  - Barcode and multiplex up to 96 samples/run
- **Ultra deep sequencing**
  - Coverage >10,000X
  - Reliable detection of variants at  $\geq 0.5\%$

# NEXT GENERATION SEQUENCING ASSAYS

## ON THE ILLUMINA MiSeq PLATFORM

Virus	Target	Length (bp)	Amp	NGS	Analysis
HCV GT1a/1b	NS3/4A protease	~2000	Yes	Yes	Yes
	NS5A	~1400	Yes	Yes	Yes
	NS5B polymerase	~1700	Yes	Yes	Yes
HCV GT2,3,4	NS3/4A protease	~2000	Yes	Yes	Yes
	NS5A	~1400	Yes	Yes	Yes
	NS5B polymerase	~1700	Yes	Yes	Yes
HIV-1 (all subtypes)	PR/RT*	~1600,~2100	Yes	Yes	Yes
	RH/integrase**	~1600	Yes		
	PR/RT/IN***	~3200	Yes	Yes	Yes
	Envelope	~2600	Yes	Yes	Yes
	Gag-protease	~1800	Yes	Yes	Yes
SIV	Envelope	~2600	Yes		

\*protease/reverse transcriptase, \*\*RNaseH/integrase, \*\*\*protease/reverse transcriptase/integrase

# ADDITIONAL NEXT GENERATION SEQUENCING ASSAYS BY VIRUS

Virus	Target	Length (bp)	Amp	NGS	Analysis
Influenza A&B	hemagglutinin	~1700	Yes		
	neuraminidase	~1400	Yes		
RSV	F protein	~2000	Yes	Yes	Yes
	G protein	~1000	Yes		
	SH protein	~500	Yes		
	L protein	~1600		Yes	
HBV	reverse transcriptase	~2500	Yes	Yes	DEV
HRV	VP1	~850	Yes	Yes	DEV
CMV					
Others?	amplification dependent				

**NOTE:** Any region that can be successfully amplified (Amp) can be also be sequenced using the Illumina MiSeq platform (NGS), and can be analyzed using MGRM's proprietary NGS sequence analysis pipeline.

# ASSAYS FOR CANCER

# VERATAG® TECHNOLOGY

## FOR CANCER BIOMARKER INTERROGATION

- Monogram offers our proprietary VeraTag® technology to pharmaceutical partners and academic collaborators for drug development and clinical research
- Proximity binding-based assays that quantify protein expression, activation, and/or protein complex formation
- VeraTag assays provide sensitive and quantitative measurements of protein biomarkers in formalin-fixed paraffin-embedded (FFPE) samples.
- Biomarkers include:
  - cell-surface receptors
  - activated proteins including phospho-proteins
  - protein complexes (homo- and heterodimers, ligand-receptor, etc.)
  - Immune checkpoint proteins



# HERMARK® BREAST CANCER ASSAY

## (MEASURES HER<sub>2</sub> TOTAL RECEPTOR)

- HERmark® refers specifically to a HER2 total VeraTag® assay that is CLIA-validated and used in the clinic for Breast Cancer classification
- Launched commercially by Monogram in 2008, HERmark is available through LabCorp, Integrated Oncology and direct from Monogram
- Clinical studies have demonstrated the utility of accurate and quantitative HER-2 protein expression determinations as an addition to IHC and FISH testing<sup>1-5</sup>
- HERmark is currently being used in a prospective clinical trial as a companion diagnostic

1. Chumsri S, Weidler J, Ali S, et al. Prolonged Response to Trastuzumab in Patient With HER2-Nonamplified Breast Cancer With Elevated HER2 Dimerization Harboring ERBB2 S310F Mutation. (J Natl Compr Canc Netw 2015;13:1066–1070)
2. Yardley DA, Kaufman PA, Huang W, et al. Quantitative measurement of HER2 expression in breast cancers: comparison with 'real-world' routine HER2 testing in a multicenter collaborative biomarker study and correlation with overall survival. Breast Cancer Res. 2015;17:41. doi: 10.1186/s13058-015-0543-x.
3. Scaltriti M, Nuciforo P, Bradbury I et al. High HER2 Expression Correlates with Response to the Combination of Lapatinib and Trastuzumab. Clin Cancer Res. February 1, 2015 21; 569. DOI: 10.1158/1078-0432.CCR-14-1824. Epub 2014 Dec 2.
4. Duchnowska R, Biernat W, Szostakiewicz B, et al. Correlation between quantitative HER2 protein expression and risk of brain metastasis in HER2-positive advanced breast cancer patients receiving trastuzumab-containing therapy. The Oncologist. 2012;17(1):26-35. doi: 10.1634/theoncologist.2011-0212. Epub 2012 Jan 10 Oncologist. 2012;17(1):26-35.
5. Bates M, Sperinde J, Köstler WJ, et al. Identification of a sub-population of metastatic breast cancer patients with very high HER2 expression levels and possible resistance to trastuzumab. Ann Oncol 2011; 22(9): 2014-2020.



# VERATAG® ASSAYS

## CUSTOM DEVELOPMENT THROUGH CLIA VALIDATION

### Total Receptors

- HERmark HER2 (Tier 3)
- EGFR/HER1, p95HER2, and HER3 (Tier 2)
- cMET (Tier 1)

### Receptor Dimers

- Homodimers: HER1:HER1 & HER2:HER2 (Tier 2)
- Heterodimers: HER1:HER2, HER1:HER3, HER2:HER3 (Tier 1)

### Activation Markers

- phosphoHER1 & phosphoHER3 (Tier 1)
- HER3-PI3k complex (Tier 1)

### Receptor Ligands and Complexes

- HGF Ligand (Tier 1)
- cMET-HGF complex (Tier 1)

### Immune Markers

- CD3 (Tier 1)
- PD-L1 (In Development)
- PD1 (In Development)
- PD1/PDL1 Complex (In Development)

### Tier 0 – Custom / Contract Assay Development

### Tier 1 – Experimental Assay with Characterized Performance

Utilized for pre-clinical and other experimental analyses (e.g. MOA)

### Tier 2 – RUO Analytically-Validated Assay

Utilized for retrospective clinical trial analyses

### Tier 3 – Fully CLIA-Validated Assay

Utilized for prospective clinical trials where data contributes to treatment decisions

# MONOGRAM'S COMMITMENT TO QUALITY ASSURANCE

- **Major QA Systems and Processes**

- Documentation – Controlled documents processing, MasterControl® Document Management System
- Computer Validation/IT Change Control – Applications/software, Instruments, Customized Data (client) Deliverables
- Sample/Records Management – Lab records review, Double Data Entry (accessioning TRF verification), Long Term Sample Storage (filing, retrieval and destruction), Sample Investigations
- Clinical QA – Proficiency testing, Occurrence Management, Internal Audit program

- **Other QA systems**

- Equipment Records Management, Calibration Review
- Document Archiving, Employee Training Records
- Inspection Preparedness/External Audit Hosting (partnership with the CRL)

# CURRENT/FUTURE AREAS OF FOCUS

## AT MONOGRAM

- **Antiviral Drug Development and Resistance**
  - Chronic Virus Infections (HIV-1, HCV, HBV, HDV, CMV)
  - Respiratory Virus Infections (RSV, HRV)
  - Hemorrhagic Virus Infections (Ebola, Dengue)
- **Viral Vaccine Development**
  - HIV-1, Influenza, RSV, Ebola, Dengue
- **HIV-1 Curative Strategies**
  - Molecular assays, Infectivity assays, Proteomic assays
- **Oncology Biomarker and Drug Development**
  - Receptor signaling, Immune checkpoints
  - Oncogene mutations, expression signatures