



## Immune-based Stratification and Evolutionary Biomarkers In Oral potentially malignant disorders

V1.3 of 28/05/2025

**Coordinating Investigator: Pr. Pierre SAINTIGNY, MD, PhD**

Sponsor: Centre Léon Bérard, Lyon, France

Coordinating Centre: DMT-DRCI / Centre Léon Bérard

Sponsor ID: ET23-414

Site Number:

Participating site:

# GENERAL

- **Fundings:**

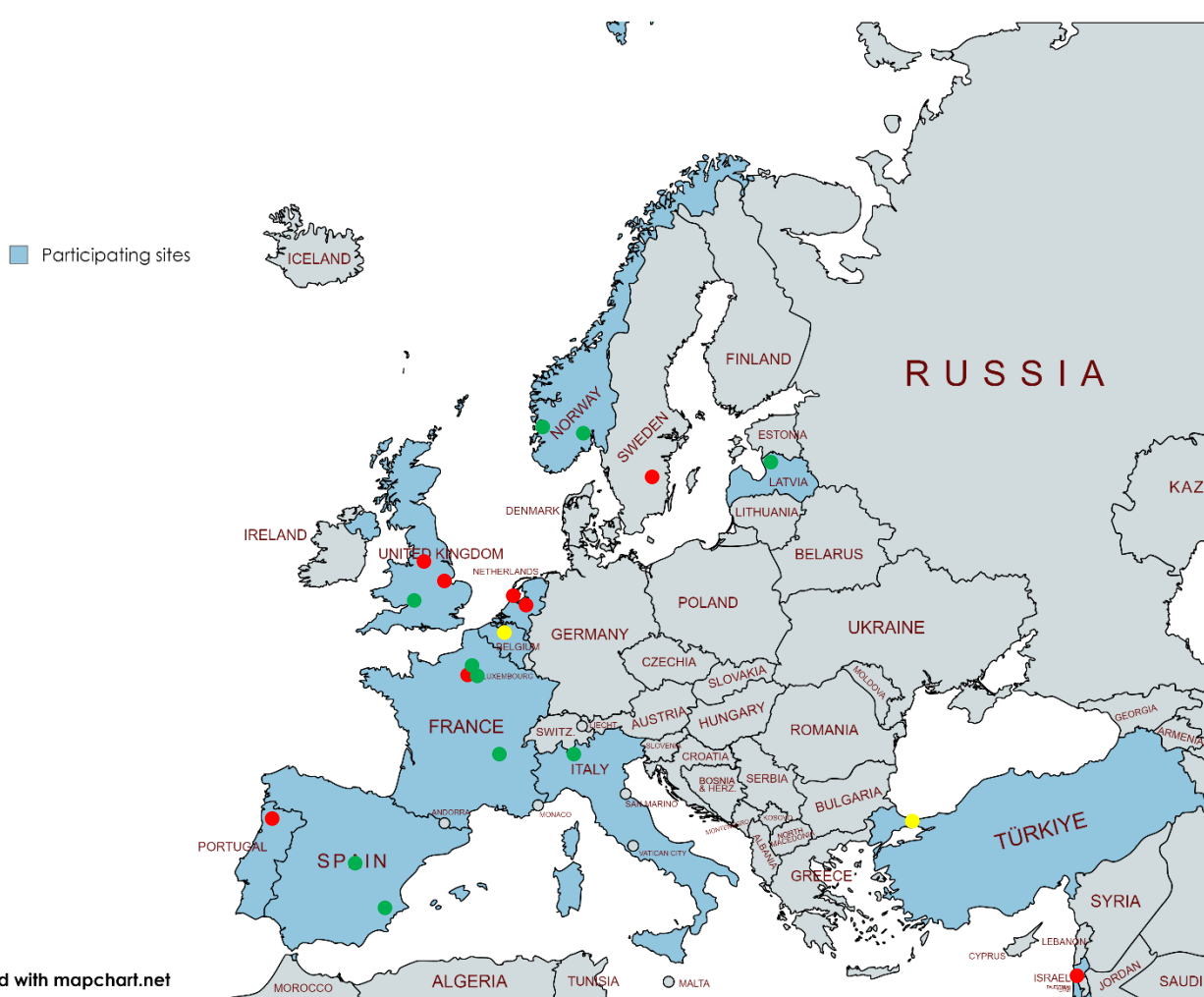
- CA21140 – INTERCEPTOR
- PREV-BIO21-008 ISEBIO
- SIRIC LyriCAN+ INCa-DGOS-INSERM-ITMO cancer\_18003



Lyon Recherche Innovation contre le CANCER

- **Regulatory approvals: Ethic committee / MR-004 approval at CLB : 04/01/2024** (French regulations)
- **Non-interventional, multicentric, retrospective cohort: RNIPH, MR-004** (French regulations)
- Sample size: **246 patients (minimum)**
- **Expected participating sites (20):** Hospices Civiles de Lyon (**France**); APHP – Hôpital Pitié-Salpêtrière (**France**); Institut Gustave Roussy (**France**); Institut Curie (**France**); Antwerp University Hospital (**Belgium**); Barzilai University Medical Center (**Israel**); Humanitas Cancer Center (**Italy**); Riga Stradiņš University (**Latvia**); Rijnstate hospital (**The Netherlands**); UMC - University Medical Centers - Cancer Center Amsterdam (**The Netherlands**); Haukeland University Hospital (**Norway**); Institute of Oral Pathology (**Norway**); Faculty of Medicine University of Porto (**Portugal**); University Complutense of Madrid (**Spain**); University of Murcia (**Spain**); Istanbul University (**Turkey**); University of Bristol (**United-Kingdom**); University of Liverpool (**United-Kingdom**); University of Sheffield School of Clinical Dentistry (**United-Kingdom**)
- **Estimated total duration: 36 months**
  - Inclusion period: **6 months**

# PARTICIPATING SITES



Created with mapchart.net

# BACKGROUND AND RATIONAL

- **Oral squamous cell carcinomas (OSCC):**
  - 8<sup>th</sup> most common cancer occurrence worldwide
  - 50% of patients with locally advanced OSCC die from recurrent disease
  - Diagnosis at **late stage**
- **Oral Potentially Malignant Disorders (OPMD):**
  - Most frequent: oral leukoplakia, erythroplakia or erythroleukoplakia
  - Oral cancer risk (7,7 to 22,0 %)

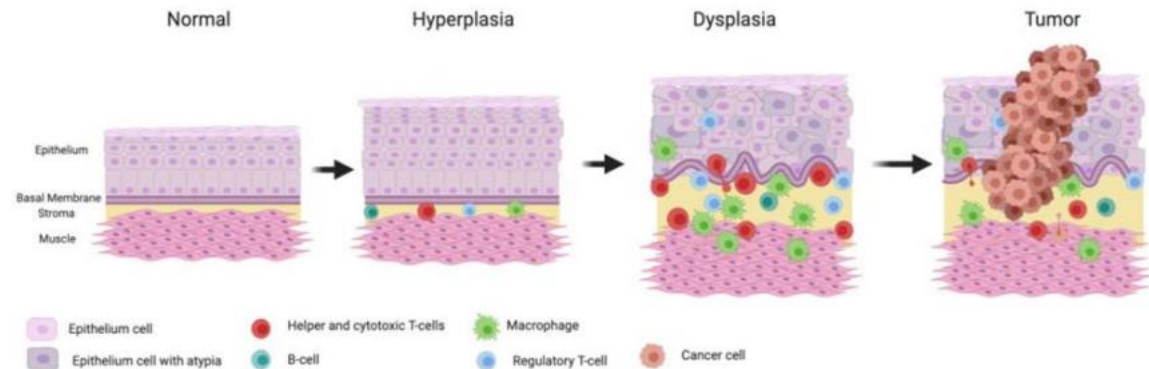


Figure 1. Schematic histological changes of the oral mucosa during malignant transformation.

**Prospectively validated biomarker for oral cancer:**

- Loss of heterozygosity (LOH)



# HYPOTHESIS

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- **Gene expression profile** and **genetic alterations** may **improve** oral cancer **risk assessment** in patients with oral leukoplakia, erythroplakia or erythroleukoplakia (E-/L)
- **ISEBIO** aims at testing this hypothesis in a **multicentric retrospective pan-European cohort**

# PRIMARY OBJECTIVE

PRIMARY OBJECTIVE	PRIMARY ENDPOINTS
To <b>improve stratification</b> of patients with oral leukoplakia, erythroplakia or erythroleukoplakia (E-/L) by <b>refining oral cancer-risk assessment</b>	<b>3 strategies:</b> <ul style="list-style-type: none"><li>• Genomic analysis</li><li>• Transcriptomic analysis</li><li>• IHC- based markers on FFPE sections</li></ul> <b>Biological biomarkers:</b> Copy-number alterations (including loss of heterozygosity (LOH)), targeted point mutations, gene expression signature

# SECONDARY OBJECTIVES

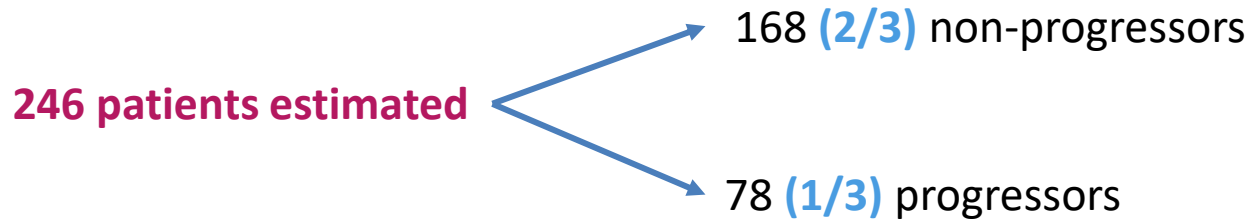
LONG TERM OBJECTIVES	LONG TERM ENDPOINTS
<ul style="list-style-type: none"><li>• To <b>determine</b> whether <b>novel therapeutic targets</b> can be leveraged for <b>immuno-prevention strategies</b></li><li>• To <b>reduce the incidence</b> of OSCC</li></ul>	<ul style="list-style-type: none"><li>• Maybe new data will be available</li><li>• No data will be provided from this study</li></ul>

# PROGRESSOR/NON PROGRESSOR RATIO

Number of cases expected:



**BEWARE:** The ratio **2/3** and **1/3** is very important



Ex of total number of patients	Non-progressors (68%)	Progressors (32%)
5	4	1
10	7	3
30	20	10
50	34	16
100	68	32

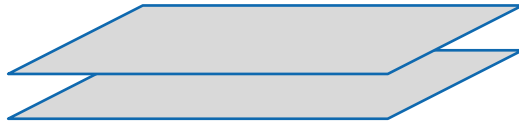


# SECTIONS' SLIDES SUMMARY



**H&E staining**

**1 section of 3 $\mu$ m**



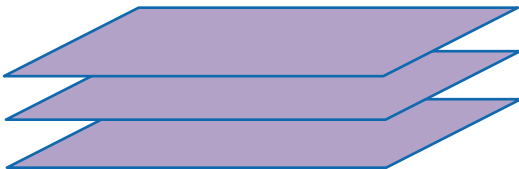
**RNA**

**2 sections of 10 $\mu$ m**  
**Whole section scraping**



**Unstained section**

**1 section of 4 $\mu$ m**



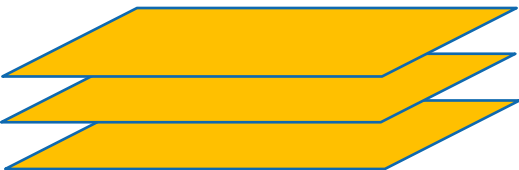
**IHC CK13 and CK17**

**3 sections of 3 $\mu$ m**



**Unstained section**

**1 section of 4 $\mu$ m**



**DNA**

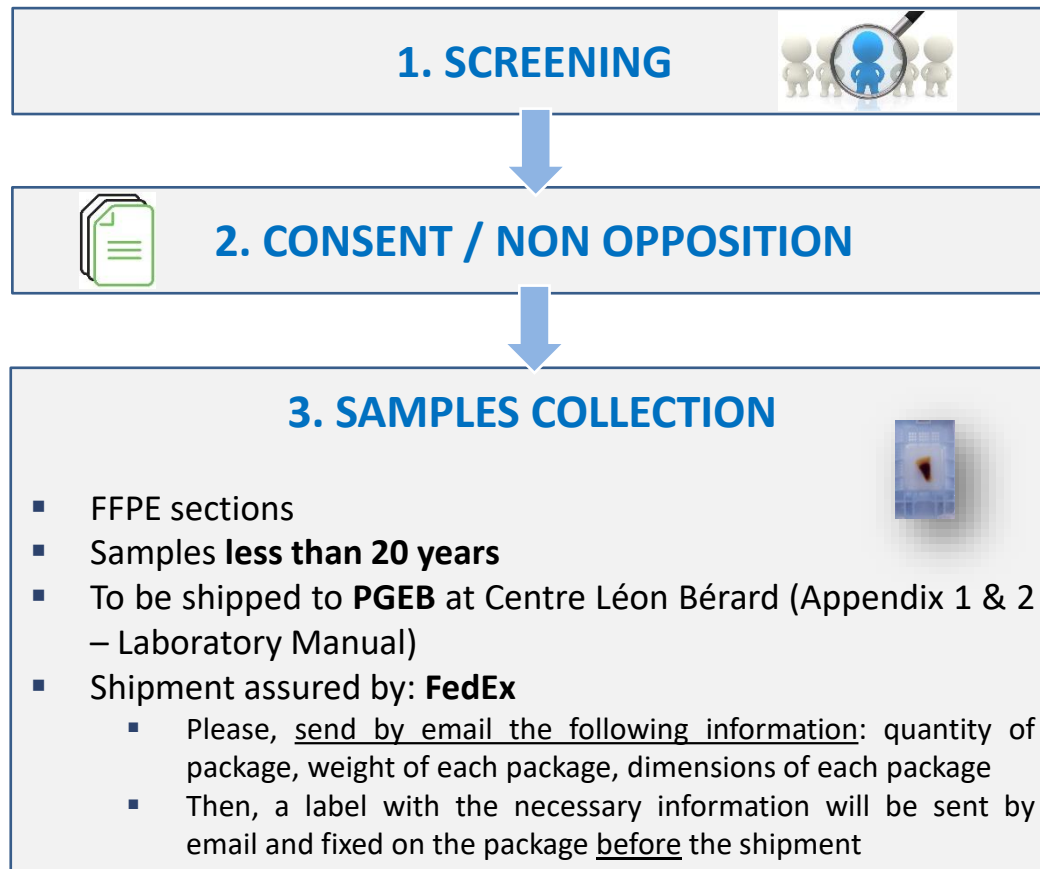
**3 sections of 10 $\mu$ m**  
**Macrodissection of the epithelial layer**

- **IHC** : CK13 and CK17
- **DNA sequencing** : Agilent OneSeq Target Enrichment approach
  - whole-genome "backbone" (300kb, CNAs)
  - targeted sequencing panel (435kb panel based on the 62 HNSCC driver genes)
- **RNA sequencing** : 3' Tag-Seq (Lexogen)

# OVERFLOW (1/2)



MR-004 authorization for French Centres  
Ethic approvals for other Centres



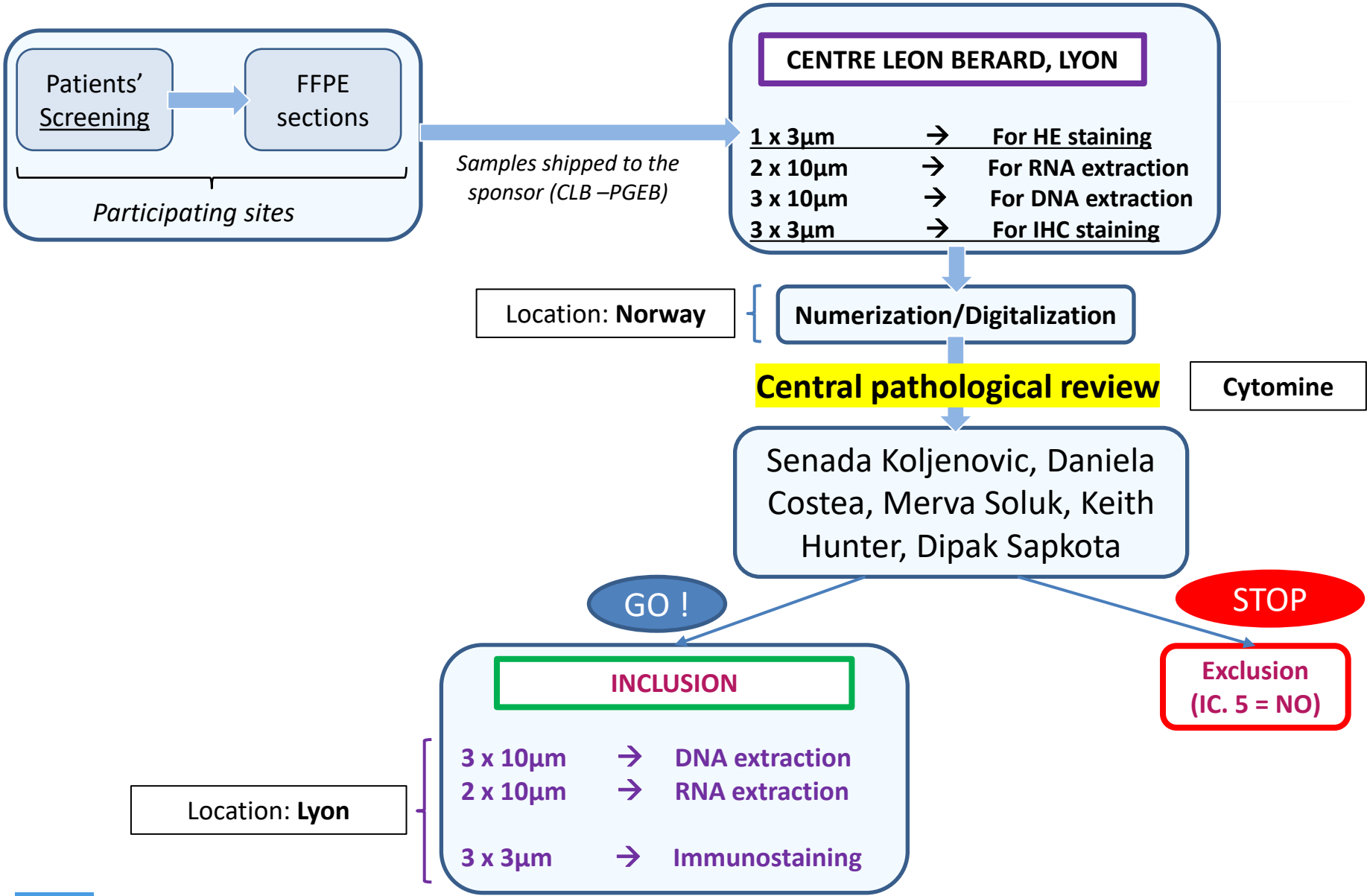
Documents

Patient Information Sheet

Samples form (Appendix 1 – Laboratory Manual)

Shipment form (Appendix 2 – Laboratory Manual)

# OVERFLOW (2/2)



# INCLUSION CRITERIA

→ Patients **must ALL meet** the following criteria:

- I1.** Male and female  $\geq 18$  years at time of non-opposition to participate to the study
- I2.** Patient with documented non-opposition to participate to the study
- I3.** Patient with clinically confirmed diagnosis of oral leukoplakia, erythroplakia or erythroleukoplakia (E-/L)
- I4.** Patient with availability of FFPE material, either a biopsy or surgically resected specimens, sampled less than 20 years
- I5.** Patient with evaluable sample meeting the following quality/quantity control criteria: sample size surface area  $\geq 5\text{mm}^2$  containing both stroma and epithelial cells

# EXCLUSION CRITERIA

→ Patients **must NOT meet ANY** of the following criteria:

- E1.** Patients who developed OSCC within 6 months after initial diagnosis of oral leukoplakia, erythroplakia or erythroleukoplakia (E-/L)
- E2.** Patients with less than 2 years follow-up AND 2 years without previous Oral Cancer (OC) at the time of oral leukoplakia, erythroplakia or erythroleukoplakia (E-/L)



# INCLUSION & EXCLUSION CRITERIA



Hyperplasia

Mild dysplasia

Moderate dysplasia

Severe dysplasia/CIS

Invasive OSCC

Inclusion of low, mild, moderate dysplasia only

NOT INCLUDED

# eCRF: DEMONSTRATION (1/3)



Step 1: PATIENT  
REGISTRATION



Step 2:  
ENROLMENT  
FORM

**Enrolment form**

PATIENT IDENTIFICATION	
Patient ID (allocated by eCRF)	FR-98-011
Patient initials (1 <sup>st</sup> letter of the last name + 1 <sup>st</sup> letter of the first name)	MS
Date of birth (mm/yyyy) [- / - - - -]	<input type="text" value="MM/YYYY"/> <input type="text" value=""/>
Gender	<input type="text" value=""/>
<i>Careful, the system verifies that this patient does not exist in the database (same initials, date of birth).</i>	
Is it a different patient?	<input type="text" value="-"/>

PATIENT ELIGIBILITY	
Date of inclusion (dd/mm/yyyy) [- - / - - / - - - -]	<input type="text" value="DD/MM/YYYY"/>
Investigator name	ZINVDMT

# eCRF: DEMONSTRATION (2/3)

## Step 3: ELIGIBILITY CRITERIA

FR-98-011

ISEBIO

Enrolment

1 - Enrolment form

**2 - Eligibility criteria**

Baseline

Follow-up: Head and neck events

Last follow-up

Deviations

### Eligibility criteria

The wordings of the eligibility criteria listed below have been reduced compared to the protocol. Please refer to the latest approved protocol version at the time of ICF signature to confirm the patient's eligibility according to the full wordings of these criteria.

INCLUSION CRITERIA		Yes / No
For this study, eligible patients must meet ALL of the following criteria		
I1.	Male and female ≥ 18 years at time of non-opposition to participate to the study	<input checked="" type="checkbox"/>
I2.	Patient with documented non-opposition to participate to the study.	<input type="checkbox"/>
I3.	Patient with clinically confirmed diagnosis of oral leukoplakia, erythroplakia or erythroleukoplakia	<input type="checkbox"/>
I4.	Patient with availability of FFPE material, either a biopsy or surgically resected specimens, sampled less than 20 years	<input type="checkbox"/>
I5.	Patient with evaluable sample meeting the following quality/quantity control criteria: sample size surface area ≥ 5mm <sup>2</sup> containing both stroma and epithelial cells	<input type="checkbox"/>

EXCLUSION CRITERIA		Yes / No
For this study, eligible patients must not meet ANY of the following criteria		
E1.	Patient who developed OSCC within 6 months after initial diagnosis of oral leukoplakia, erythroplakia or erythroleukoplakia	<input type="checkbox"/>
E2.	Patient with less than 2 years follow-up AND 2 years without previous OC at the time of oral leukoplakia, erythroplakia or erythroleukoplakia	<input type="checkbox"/>

## Step 4: OTHER PARTS

FR-98-011

ISEBIO

Enrolment

Baseline

3 - Baseline

**4 - 1st Head and Neck Event**

Follow-up: Head and neck events

5.01 - 2th Head and Neck Event

Last follow-up

6 - Last Follow-up

Deviations

### HISTOLOGY

Histology diagnosis date (dd/mm/yyyy) [- - / - - / - - - -]

Histology sampling method

If other histology sampling method, please specify

Histology result according to local report (most severe lesion)

If histology result according to local report is dysplasia, please specify range

If other histology result according to local report, please specify

**Histology result based on the centralized review (most severe lesion)**  ⚠

If histology result based on the centralized review is dysplasia, please specify range

If other histology result based on the centralized review, please specify



# eCRF: DEMONSTRATION (3/3)



- Important tools:

- To lock the pages



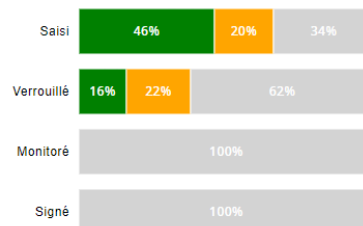
- Dashboard



## Queries

Aucune donnée à afficher

## Avancement des rubriques

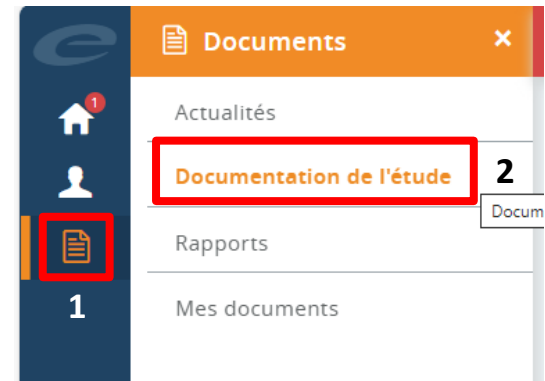


## Notifications

- 1 Commentaire
- 0 Email
- 0 Actualité
- 0 Document
- 0 Note
- 0 Alerte

# INVESTIGATOR MASTER FILE

- Investigator Master File: **HYBRID STRUCTURE**
  - Common documents:
    - Last version available on ENNOV CLINICAL
    - ENNOV CLINICAL's User guide available
  - Specific site documents:
    - Please, keep them on a paper master file





# MONITORING PLAN

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- **Online monitoring**
- After the central pathological review

# GOOD CLINICAL PRACTICE

## MAIN SPONSOR'S RESPONSIBILITIES

- To insure the suitability of resources involved in conducting the clinical study;
- To ensure that the clinical study is conducted in compliance with the current versions of the protocol and in accordance with the regulation in force;
- To adequately monitor the conduct of the clinical study in order to verify that the rights, safety and well-being of subjects are protected, that the reported data are reliable and robust, and that the conduct of the research is in compliance with the requirements of the regulation and laws in force;
- To declare the start and end of the trial and communicate a summary of the results to the appropriate Centre Léon Bérard MR004 Review Board within the requested time limits;
- To draw up a final report, to inform all investigators about the results and to communicate a summary of the results to the appropriate Centre Léon Bérard MR004 Review Board within requested time limits.

## MAIN INVESTIGATOR'S RESPONSIBILITIES

- To demonstrate the suitability of the research site with the conduct of the study;
- To identify investigators to assist in the conduct of the research. Qualification of the investigators will be documented in a current curriculum vitae and other relevant documents;
- To provide to persons duly appointed by the Study data processor documentation and personal data strictly necessary to the study monitoring, quality control and auditing;
- To collect subject's written patient's non-opposition in his medical record after having given her/him (orally and in writing) the required and necessary to his/her decision-making information; the investigator have to ensure that the patient has understood the information;
- To complete eCRF for each enrolled patient, to validate collected data in the eCRF and if necessary correct them following the procedures set up by the Study data processor to ensure traceability.

# DATA COLLECTION

- eCRF: <https://clb-lyon.ennov.com/CSOnline/>
- E-learning: <https://elearning-clinical.ennov.com/chamilo/>
  - Followed by a short test
  - Send by email the certificate to the Project Manager
- eCRF User Guide available: **V1.0 of 22/01/2024**
  - Specific point: Password expires **every 3 months**
- Connexion information: Send by email
  - **Nominative** and **strictly personal**
- **If any problems, please contact :**
  - **Project Manager DMT, Marine Benaissa**  
📧: [marine.benaissa@lyon.unicancer.fr](mailto:marine.benaissa@lyon.unicancer.fr)
  - **Project coordinator/CRA, Al Mostafa Mouhammad**  
📧: [mouhammad.almostafa@lyon.unicancer.fr](mailto:mouhammad.almostafa@lyon.unicancer.fr)



# CONTACTS

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# DOCUMENTS VERSION

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- **Protocol**: V1.0 of 12/12/2023
- **Synopsis**: V1.0 of 12/12/2023
- **Laboratory Manual**: V1.0 of 16/01/2024
- **Inclusion eCRF platform**:
  - eCRF: <https://clb-lyon.ennov.com/CSOnline/>
  - E-learning: <https://elearning-clinical.ennov.com/chamilo/>
  - ENNOV CLINICAL User Guide: V1.0 of 22/01/2024

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**THANKS FOR  
YOUR ATTENTION**

