



SAPIENZA  
UNIVERSITÀ DI ROMA



SISTEMA SANITARIO REGIONALE



AZIENDA OSPEDALIERA UNIVERSITARIA  
POLICLINICO UMBERTO I

# Medicina di precisione: realtà italiana oggi e aspettative future

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**40**  
CONGRESSO  
NAZIONALE  
ANDOS.ROMA  
18-19-20 MAGGIO 2023



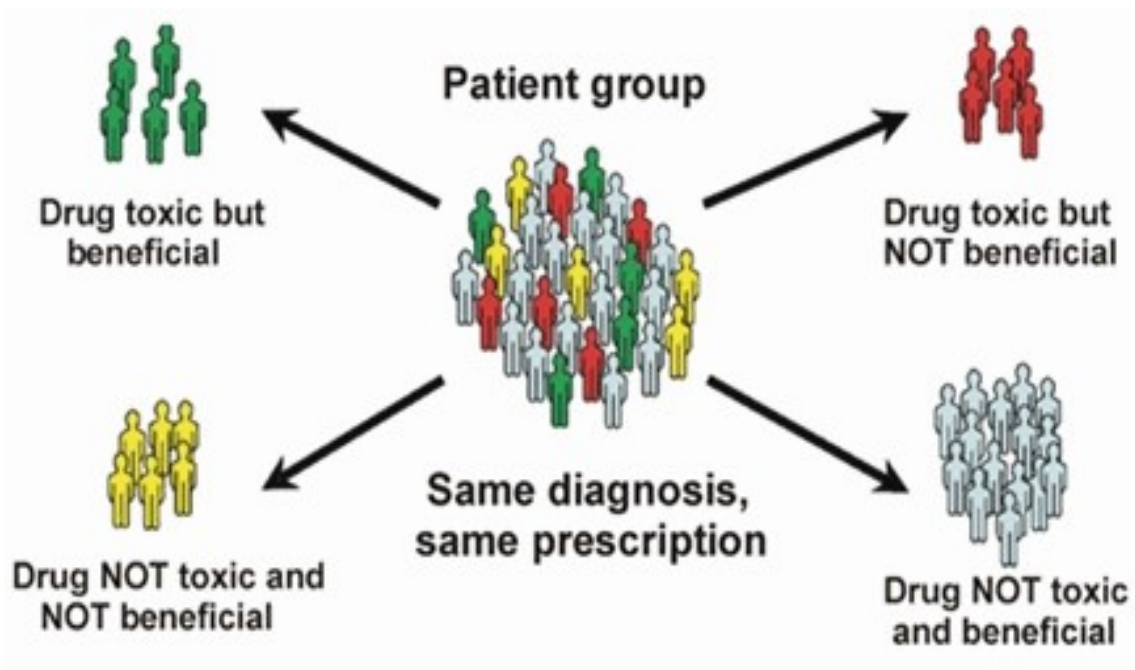
**L'ARTE DELLA CURA PERSONALIZZATA**

# **PATIENT'S JOURNEY**

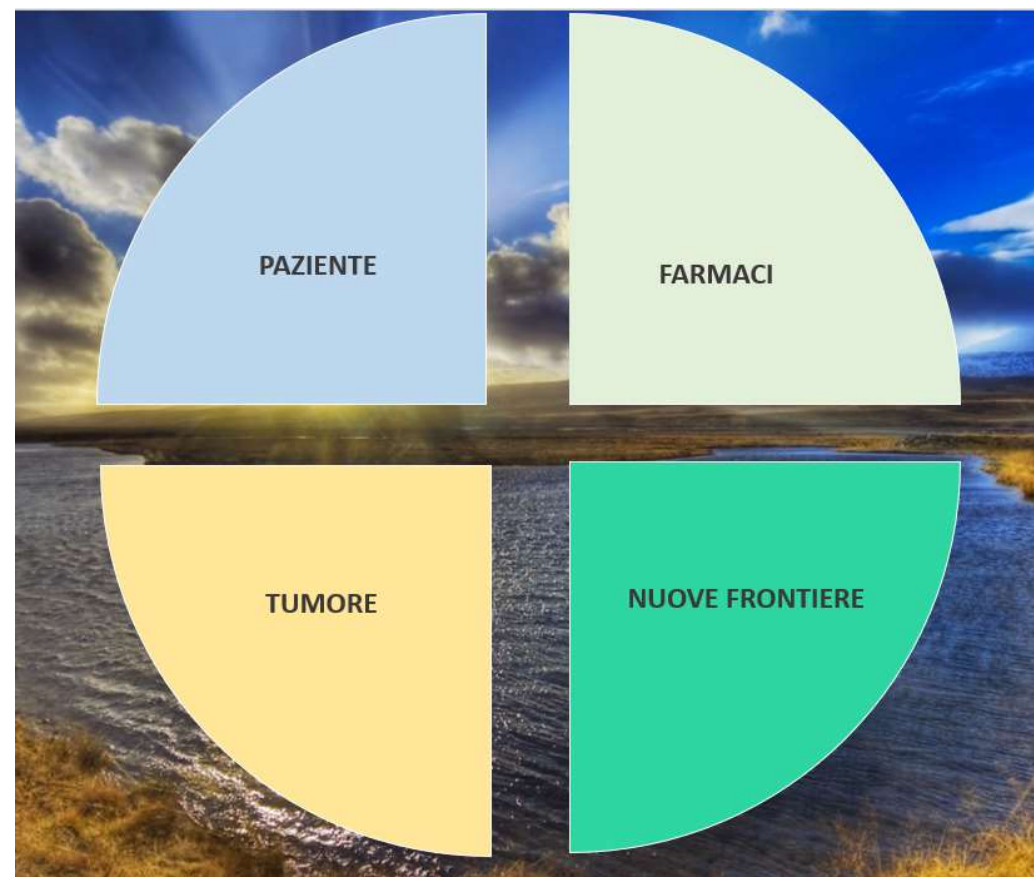


# PATIENT'S JOURNEY

# VARIABILITÀ NELLA RISPOSTA AI FARMACI



**IDENTIFICARE PAZ RESPONSIVI/RESISTENTI**  
**IDENTIFICARE CHE SVILUPPERANNO TOSSICITÀ**





- Età**
- Comorbidità**
- Stato funzionale:**  
performance status,  
scala di Karnofskj
- Funzionalità di  
organi vitali**
- Stato sociale**
- Composizione  
corporea:** massa  
grassa e massa magra

Clinical Research Paper

**Lean body mass wasting and toxicity in early breast cancer patients receiving anthracyclines**

Federica Mazzuca<sup>1,2</sup>, Concetta Elisa Onesti<sup>1,3</sup>, Michela Roberto<sup>1,2</sup>, Marco Di Girolamo<sup>4</sup>, Andrea Botticelli<sup>1</sup>, Paola Begini<sup>5</sup>, Lidia Strigari<sup>6</sup>, Paolo Marchetti<sup>1,2</sup> and Maurizio Muscaritoli<sup>7</sup>

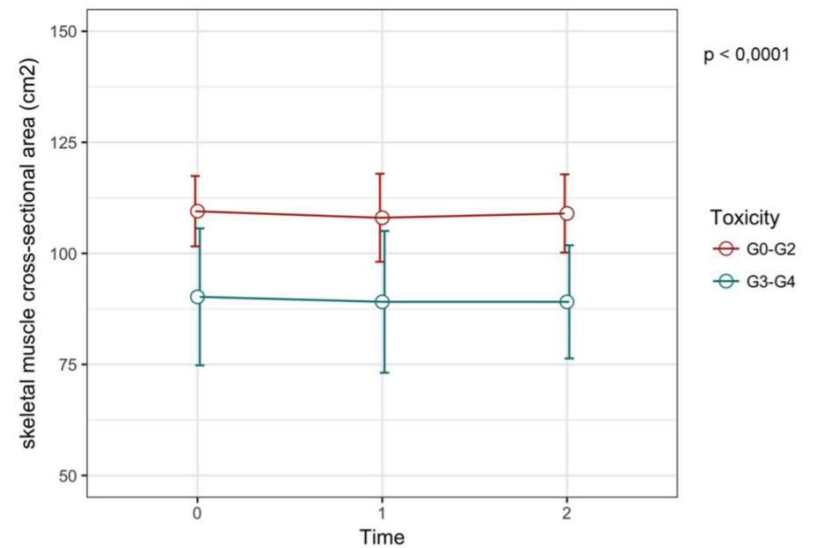
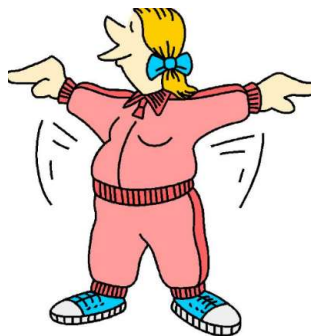


Figure 3: Skeletal muscle cross-sectional area variation according to toxicity grade. The red line show the skeletal muscle CSA at T0, T1 and T2 for the group of patients with G0-2 toxicities, while the blue line represent the variation of skeletal muscle CSA for

## **Efficacia**

### **Farmacologia:**

#### ***Farmacocinetica***

(Assorbimento,  
Distribuzione,  
Metabolismo,  
Escrezione) e

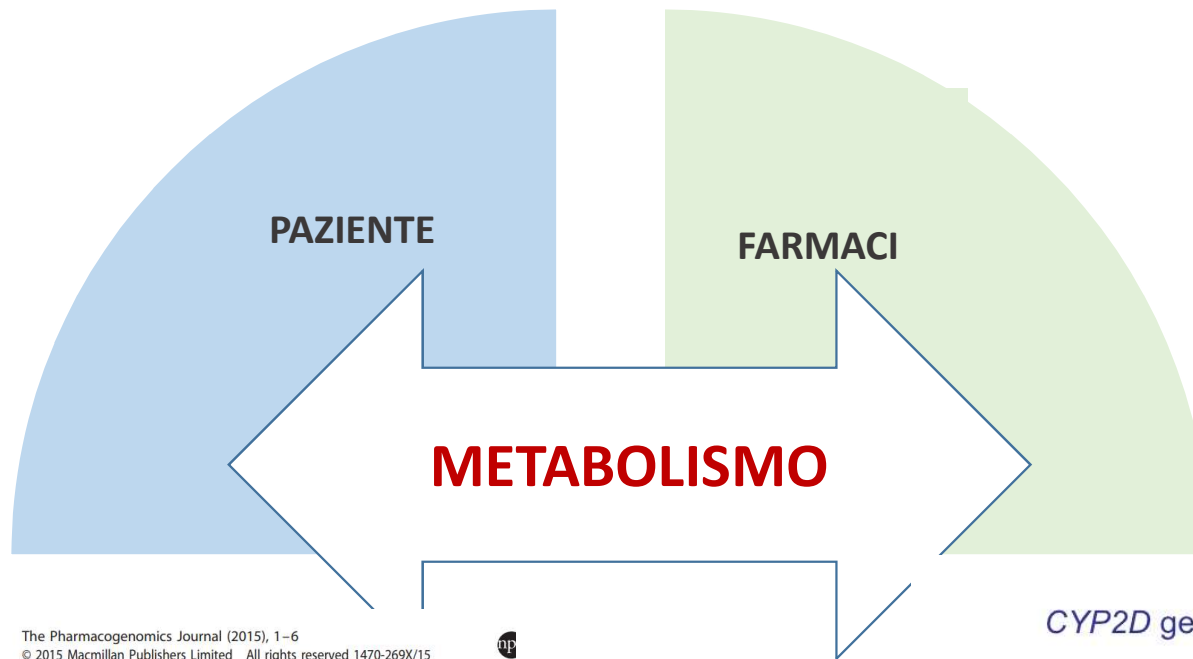
#### ***Farmacodinamica***

(recettori target,  
meccanismo d'azione,  
pathway)

### **Profilo tossicologico**

**FARMACI**





The Pharmacogenomics Journal (2015), 1–6  
 © 2015 Macmillan Publishers Limited All rights reserved 1470-269X/15  
 www.nature.com/tpj

CYP2D gene locus

chromosome 22

CYP2D8 (pseudogene)

duplicated alleles  
 \*1x2, \*2x2, \*35x2

functional alleles  
 \*1, \*2, \*35

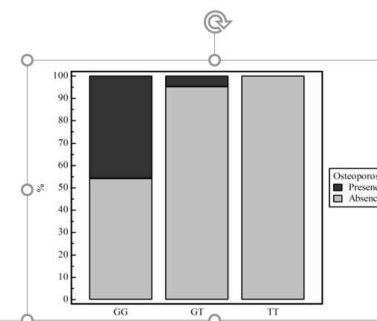
low function alleles

CYP19A1 Genetic Polymorphisms rs4646 and Osteoporosis in Patients Treated with Aromatase Inhibitor-Based Adjuvant Therapy

Table 2. Incidence of adverse effects, separately by CYP19A1 genotypes (n and %)

	CYP19A1 genotypes				p-value <sup>a</sup>
	Total sample n=45	GG (n=24; 53.3%)	GT (n=19; 42.2%)	TT (n=2; 4.4%)	
Fatigue	27 (60.0)	13 (54.2)	12 (63.2)	2 (100)	0.325
Pain	23 (51.1)	12 (50.0)	9 (47.4)	2 (100)	0.603
Hyper Cholesterolemia	20 (44.4)	11 (45.8)	8 (42.1)	1 (50.0)	1.000
Vaginal dryness	16 (35.6)	11 (45.8)	4 (21.1)	1 (50.0)	0.190
Nausea & vomiting	13 (28.9)	6 (25.0)	5 (26.3)	2 (100)	0.118
Osteoporosis	11 (24.4)	11 (45.8)	0 (0.0)	0 (0.0)	0.001
Sleep disturbances	11 (24.4)	7 (29.2)	2 (10.5)	2 (100)	0.031
Cephalalgia	5 (11.1)	1 (4.2)	4 (21.1)	0 (0.0)	0.255
Cutaneous rash	5 (11.1)	3 (12.5)	2 (10.5)	0 (0.0)	1.000
Diarrhoea	5 (11.1)	2 (8.3)	2 (10.5)	1 (50.0)	0.333
Anorexia	5 (11.1)	2 (8.3)	3 (15.8)	0 (0.0)	0.717
Hyper Triglyceridemia	4 (8.9)	2 (8.3)	2 (10.5)	0 (0.0)	1.000
Dysthyroidism	4 (8.9)	4 (16.7)	0 (0.0)	0 (0.0)	0.269

<sup>a</sup>Chi squared, Fisher's exact test  
 Hyper Cholesterolemia (>200 mg/dL), Hyper Triglyceridemia (>150 mg/dL)



ORIGINAL ARTICLE

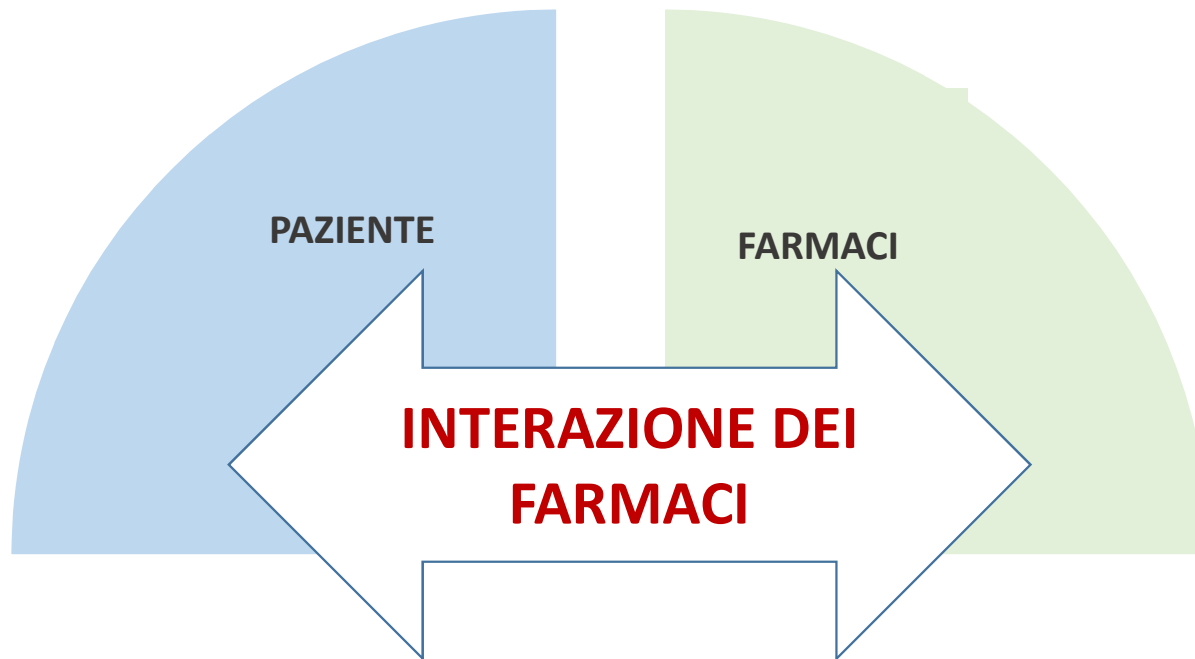
Genotype–phenotype correlations in 5-fluorouracil metabolism: a candidate for pharmacogenetic prediction

G Gentile<sup>1,2,5</sup>, A Botticelli<sup>3,5</sup>, L Lionetto<sup>2</sup>, F M...

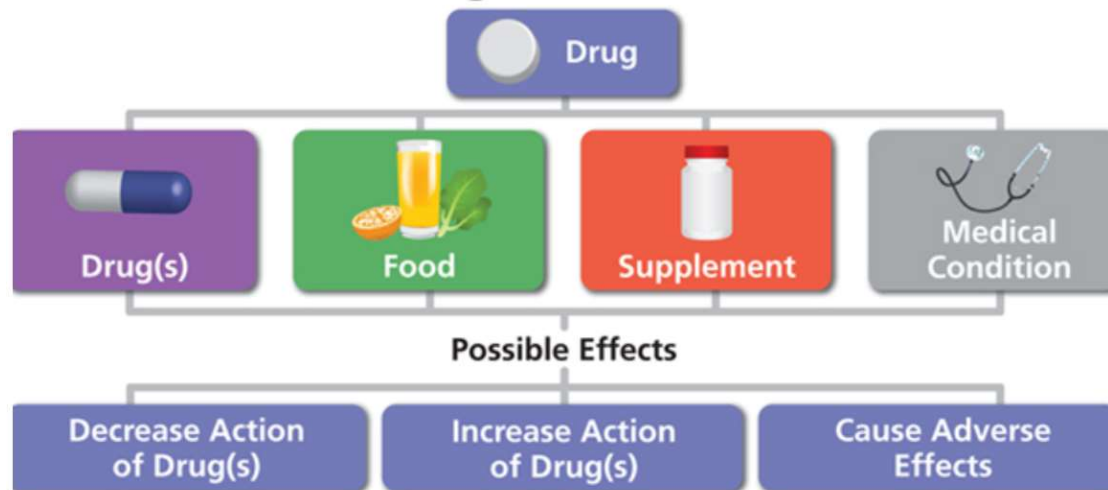
Raccomandazioni 2019  
 per analisi  
 farmacogenetiche

Ottobre 2019





### Drug Interaction



# COMORBIDITÀ E POLIFARMACOTERAPIA

- 2/3 degli anziani **>65aa** assume **1 o più farmaci al giorno**
- Gli anziani **>70 aa** assumono **3 o più farmaci al giorno**
- Gli anziani istituzionalizzati assumono da **4 a 8 farmaci al giorno**



## PATIENT INFO

 Internal Patient ID **345**

Patient synonym

Date of birth

Patient height

 cm

Patient weight

 kg

Gender

Ethnicity Supertype

Coffee consumption

 No  Little  Moderate  A lot

Smoking habits

 No  Little  Moderate  A lot

Drinking habits

 No  Little  Moderate  A lot

Diagnosis

LAB DATA

GENE DATA

## PATIENT INFO

Last Version: 20/12/2018 10:43





Drug Name	Effective Ingredient	Class Therapeutica	Dose	Alternative	Score as Mono	Last Change	Irreplaceable (No Alternative)	Cancel
Ibuprofen	Ibuprofen	Nome Classe Therapeutica	3.5 mg	Drug Alternative	54%	20/12/2018 10:43	<input type="checkbox"/>	<input type="checkbox"/>
Alfacains	Alfacains	Nome Classe Therapeutica	2.5 mg		20%	20/12/2018 10:43	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clopidogrel Actavis	Clopidogrel	Nome Classe Therapeutica	300 mg	Drug Alternative	92%	20/12/2018 10:43	<input type="checkbox"/>	<input type="checkbox"/>
Prilosec	Lidocaine	Nome Classe Therapeutica	2%	Drug Alternative	63%	20/12/2018 10:43	<input type="checkbox"/>	<input type="checkbox"/>
Nitrazepam	Nitrazepam	Nome Classe Therapeutica	150 mg		47%	20/12/2018 10:43	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Atropin	Atropin	Nome Classe Therapeutica	5 mg	Drug Alternative	54%	20/12/2018 10:43	<input type="checkbox"/>	<input type="checkbox"/>

Comment

Anesthetics have been used for thousands of years. In fact, the first recorded use of anesthetics was actually in the 'pre-history' era, an era of human history predating written text. Early Uses of Herbal Anesthetics.

In the pre-history era, anesthetics were herbal in nature. Opium poppies are known to have been harvested as early as 4200 BC, and these plants were farmed first in the Sumerian Empire. The first recorded uses of anesthetics containing opium preparations was in 1500 BC, and by 1100 BC, civilizations in Cyprus and other locations were

VIEW ALL VERSIONS

SAVE AS LAST VERSION

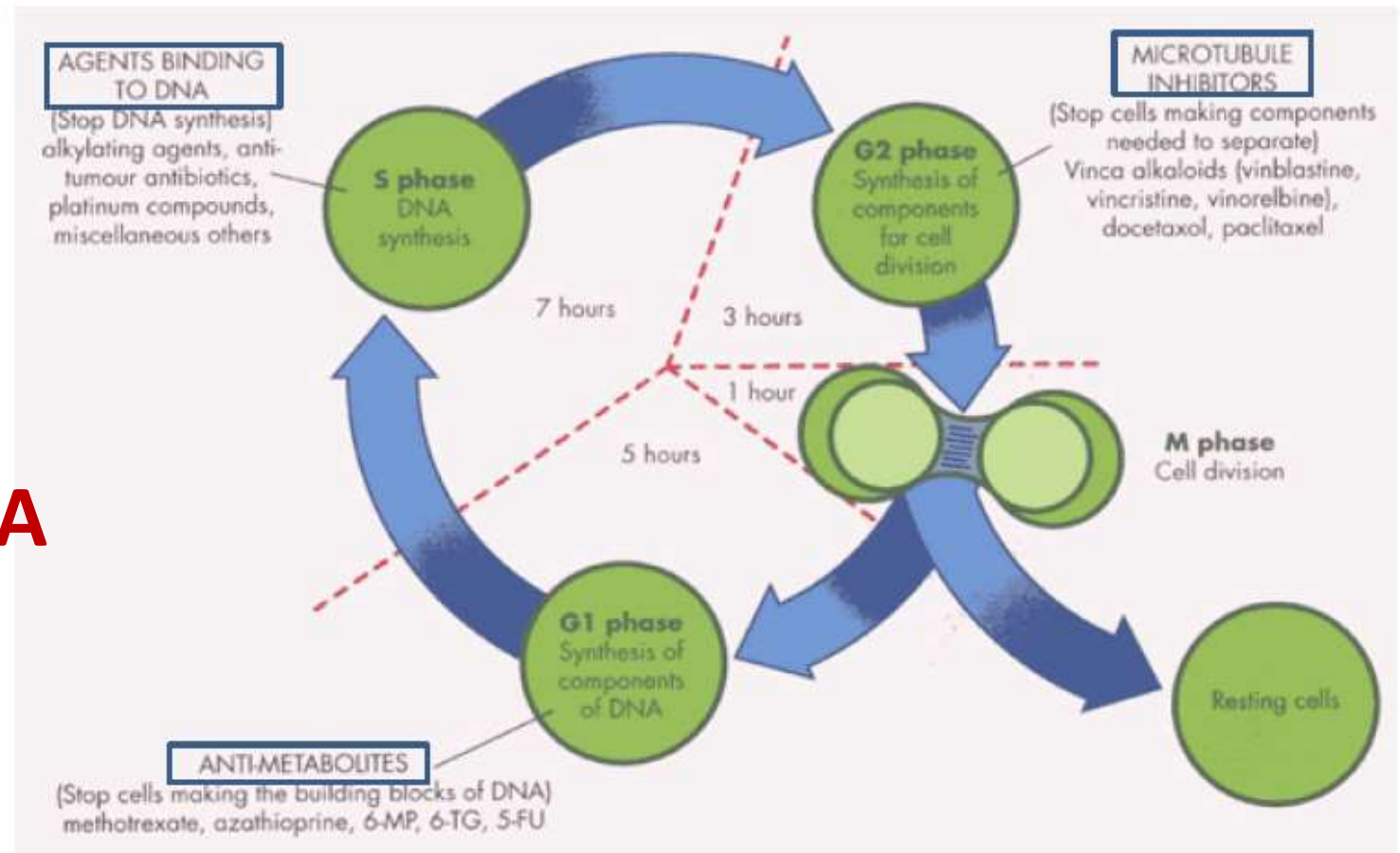
# Presentazione del progetto di ricerca: Carta d'identità del Paziente

CA





## AGISCE SUL CICLO CELLULARE

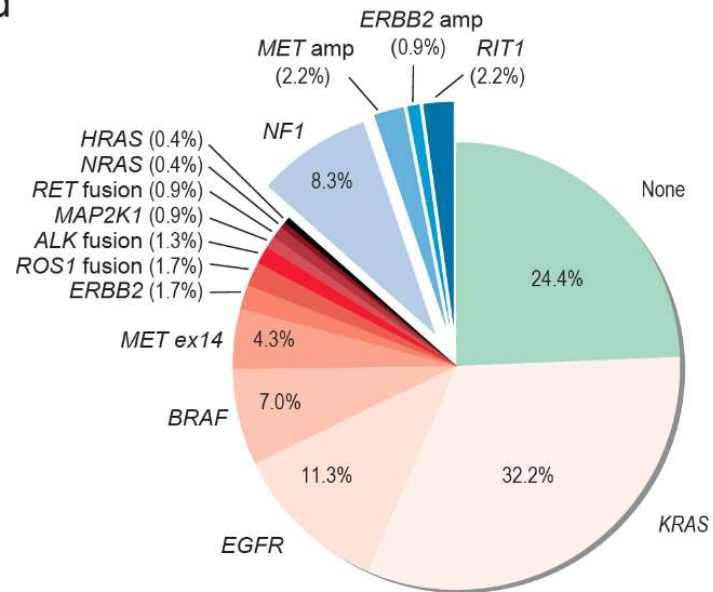


**SIAMO PARTITI  
CON LA  
CHEMIOTERAPIA**

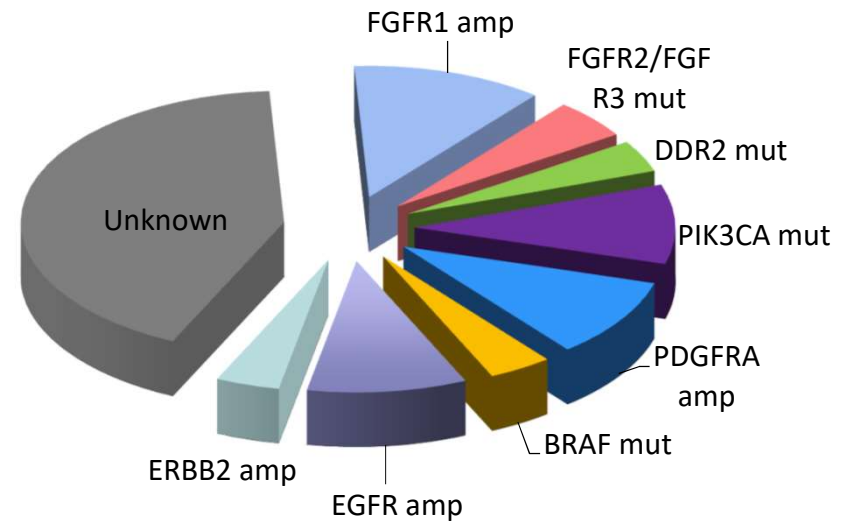
But are they able to discriminate between cancer cells and normal cells?

# DOBBIAMO CONOSCERE LE MUTAZIONI...

q



Adenocarcinoma



Squamous Cell carcinoma

# PROFILAZIONE MOLECOLARE



PATIENT  
03-2021-00033917, IT

REPORT DATE  
27 Jan 2021  
ORDERED TEST #  
ORD-0997078-01

**ABOUT THE TEST** FoundationOne®Liquid CDx is a next generation sequencing (NGS) assay that identifies clinically relevant genomic alterations in circulating cell-free DNA.

## PATIENT

MEDICAL FACILITY ID 320941  
PATHOLOGIST Not Provided

## SPECIMEN

SPECIMEN ID 61/1/1958  
SPECIMEN TYPE Blood  
DATE OF COLLECTION 15 January 2021  
SPECIMEN RECEIVED 18 January 2021

## Genomic Signatures

**Microsatellite status** - MSI-High

**Blood Tumor Mutational Burden** - 37 Muts/Mb

**Tumor Fraction** - Cannot Be Determined

## Gene Alterations

*For a complete list of the genes assayed, please refer to the Appendix.*

<b>BRCA2</b> N2556fs*10	<b>194-1G&gt;T</b> , p16INK4a R80* and p14ARF P94L
<b>ERBB2</b> V842I	<b>FGF23</b> R176Q
<b>FBXW7</b> R278*	<b>MAP3K13</b> R478W
<b>PIK3CA</b> R88Q	<b>MLL2</b> P2354fs*30
<b>PTEN</b> K267fs*9	<b>MSH6</b> E1272fs*3
<b>ARID1A</b> P225fs*175, D1850fs*33	<b>QKI</b> K134fs*14
<b>KRAS</b> G13D	<b>SETD2</b> R2094fs*53
<b>RNF43</b> G659fs*41, R113*	<b>SRC</b> E527K
<b>SUFU</b> P24fs*72	<b>TGFBR2</b> K128fs*3
<b>CDH1</b> A634V	<b>TP53</b> R273C
<b>CDKN2A/B</b> p16INK4a splice site 151-1G>T and p14ARF splice site	

19 Therapies Approved in the EU  
0 Therapies with Lack of Response

58 Clinical Trials





Emp



# Molecular Tumor Board

From a standard pre-defined therapy  
to a personalized treatment

**ONCOLOGO, BIOLOGO MOLECOLARE,  
IMMUNOLOGO, ANATOMOPATOLOGO,  
GENETISTA, FARMACOLOGO...**





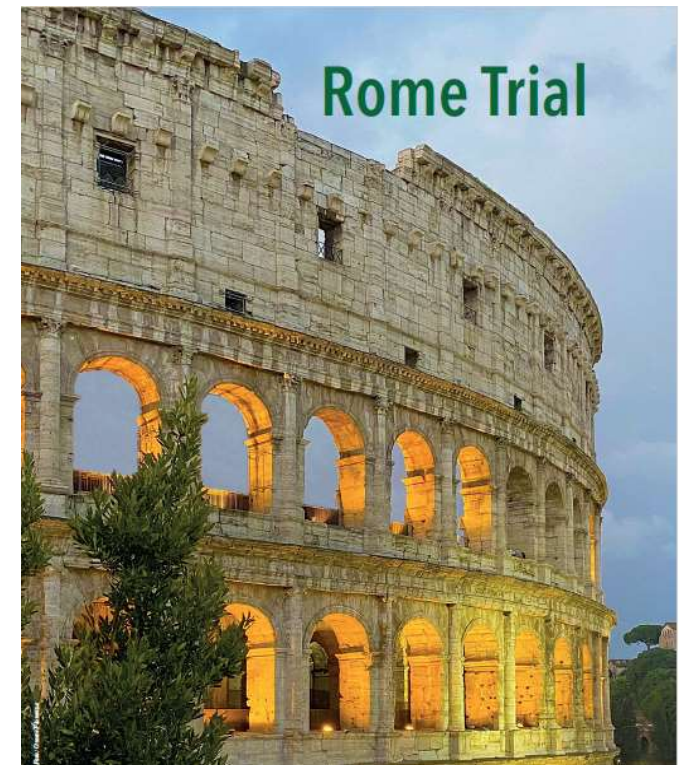
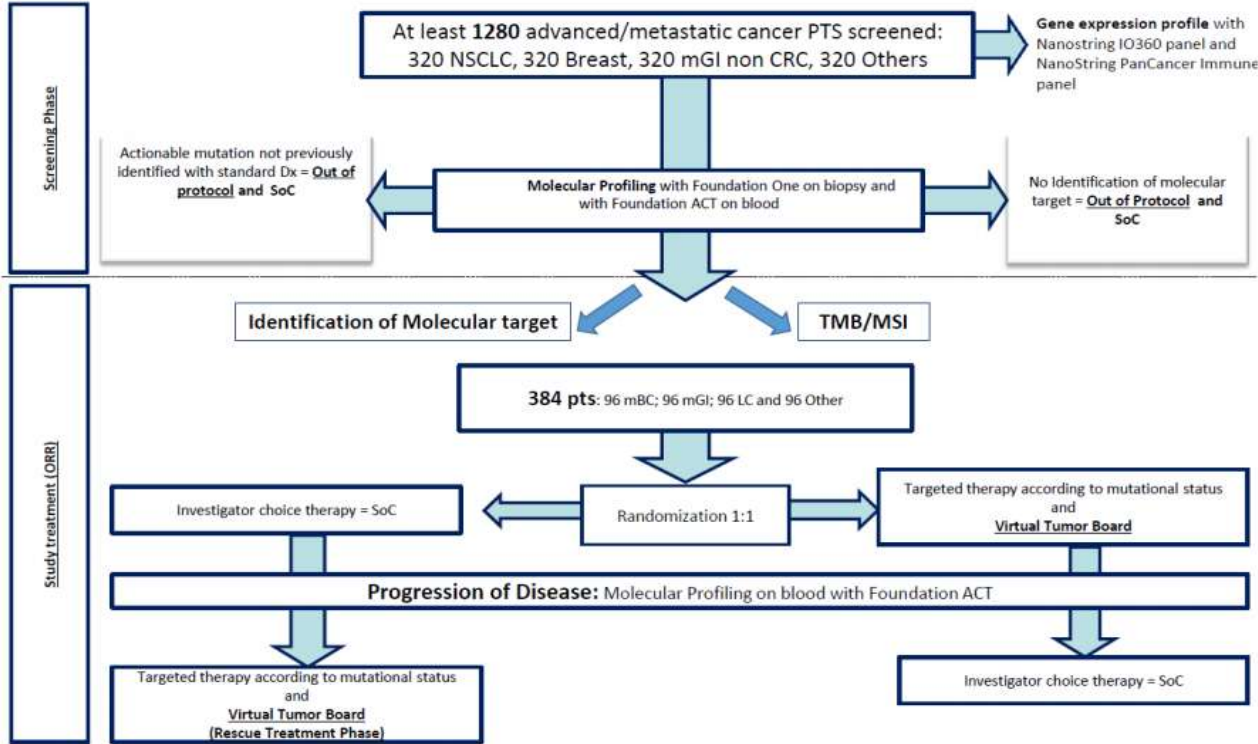
# The ROME trial from histology to target: the road to personalize



## target therapy and immunotherapy



### Study Design:



41 CENTERS IN ITALY

# ONCOTYPE DX :



DOPO L'INTERVENTO CHIRURGICO

QUALE È IL RISCHIO CHE TORNÌ LA MALATTIA ?

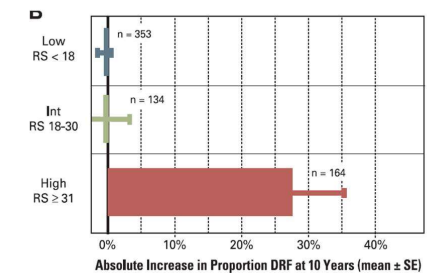
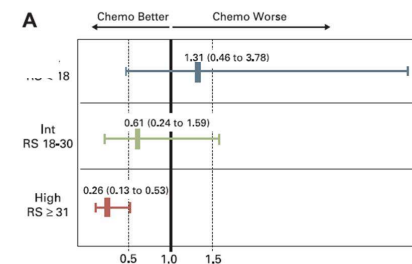


CHEMIO O NON CHEMIO ?

## Oncotype DX<sup>®</sup> in Node Negative BC

Paik, JCO 2006

- NSABP B-20 :ER+, N0, CT (CMF regimen); 651pts (227 TAM /424 TAM+CT)
- **High RS ( $\geq 31$ ): benefited from CT** (RR 0.26 (95% CI, 0.13 -0.53), relative risk reduction in 10 yrs **27.6%** (SE 8.0%))
- **Low RS ( $< 18$ ) no significant benefit from CT** (RR 1.31 (95% CI, 0.46 – 3.78), relative risk reduction in 10 yrs **-1.1%** (SE 2.2%))

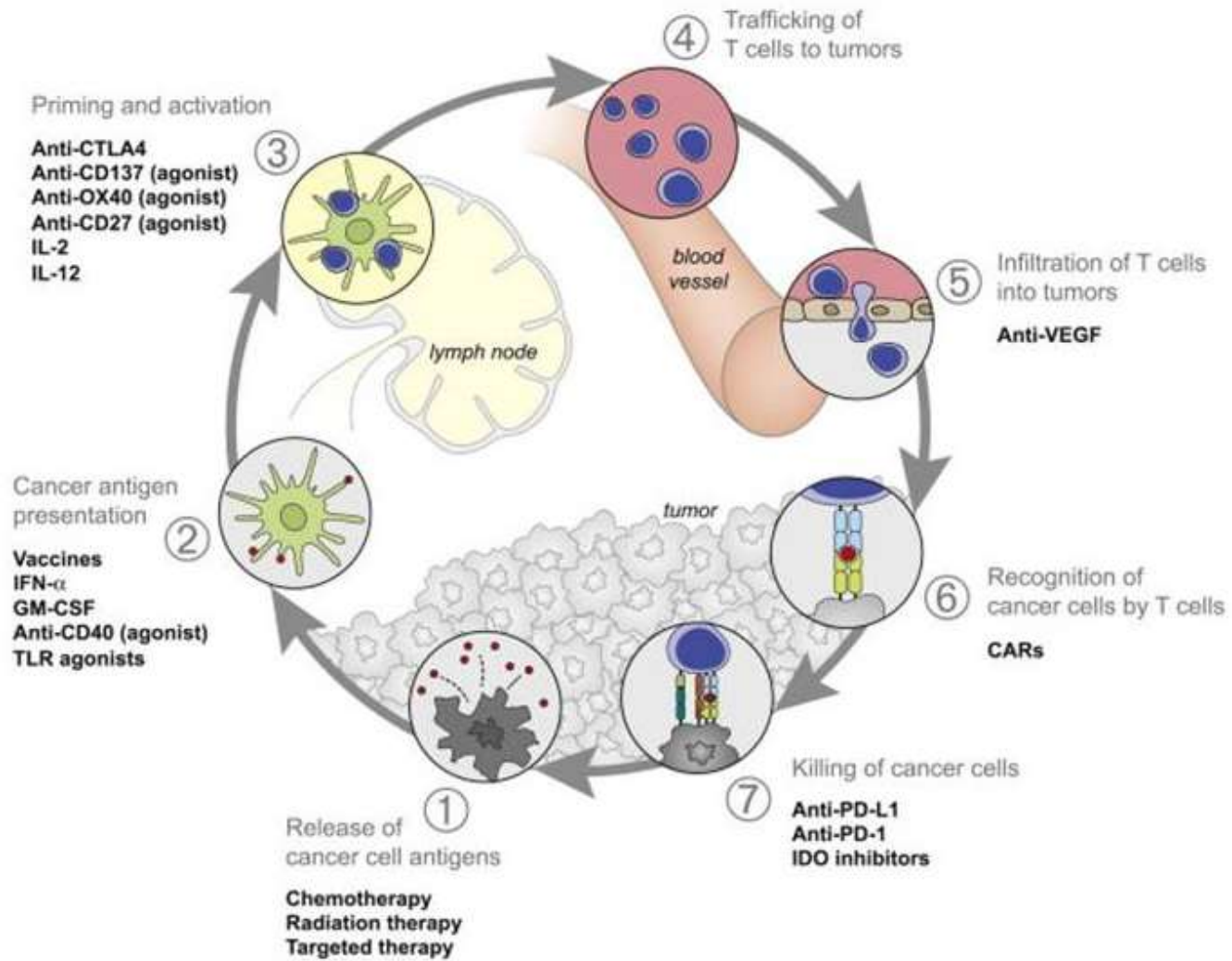






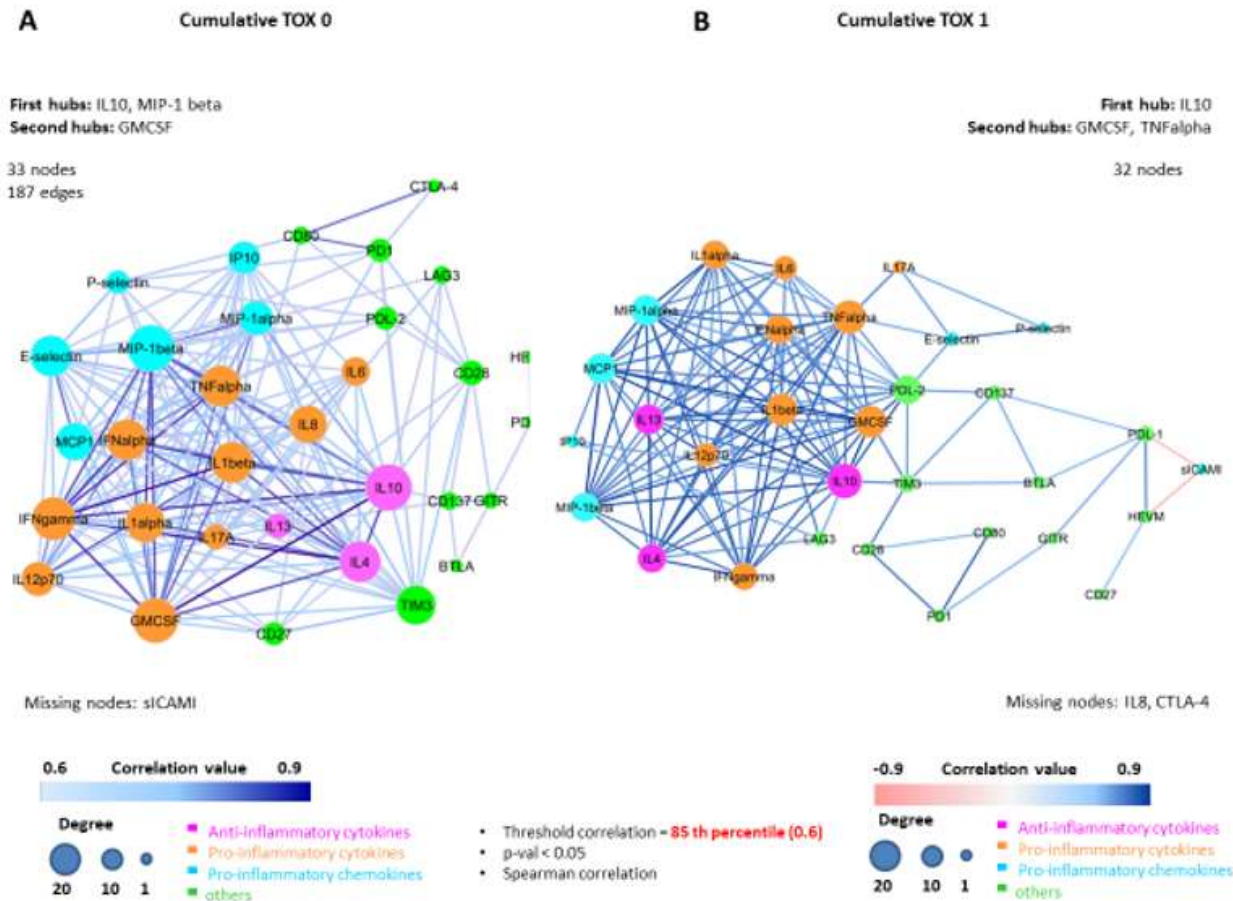
# IMMUNOTHERAPY: Using the Body To Fight Cancer

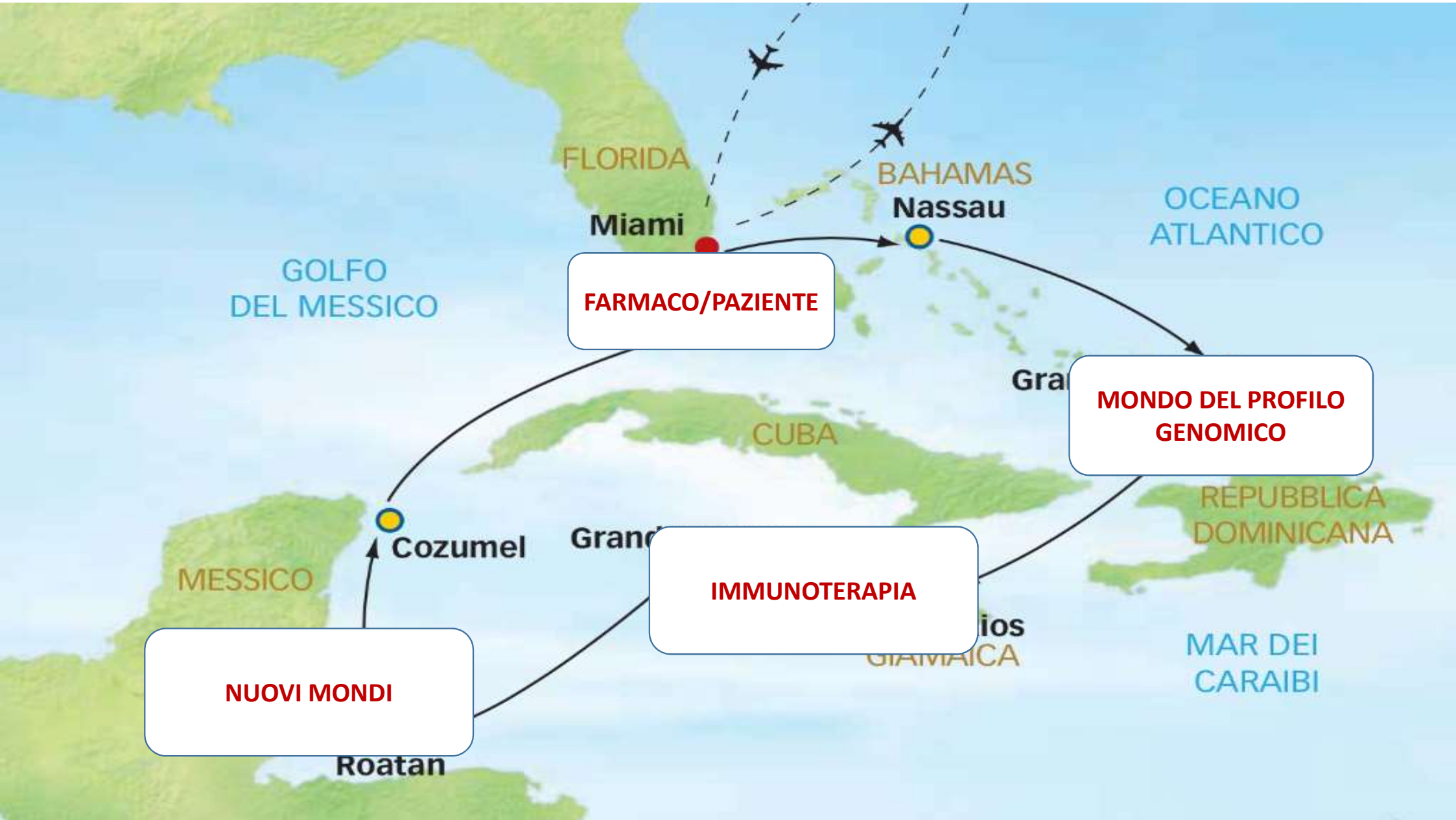
# CICLO CANCRO-IMMUNITÀ



**NON TUTTI I  
PAZIENTI  
RISPONDONO !!!!**

# CARTA DI IDENTITÀ IMMUNOLOGICA



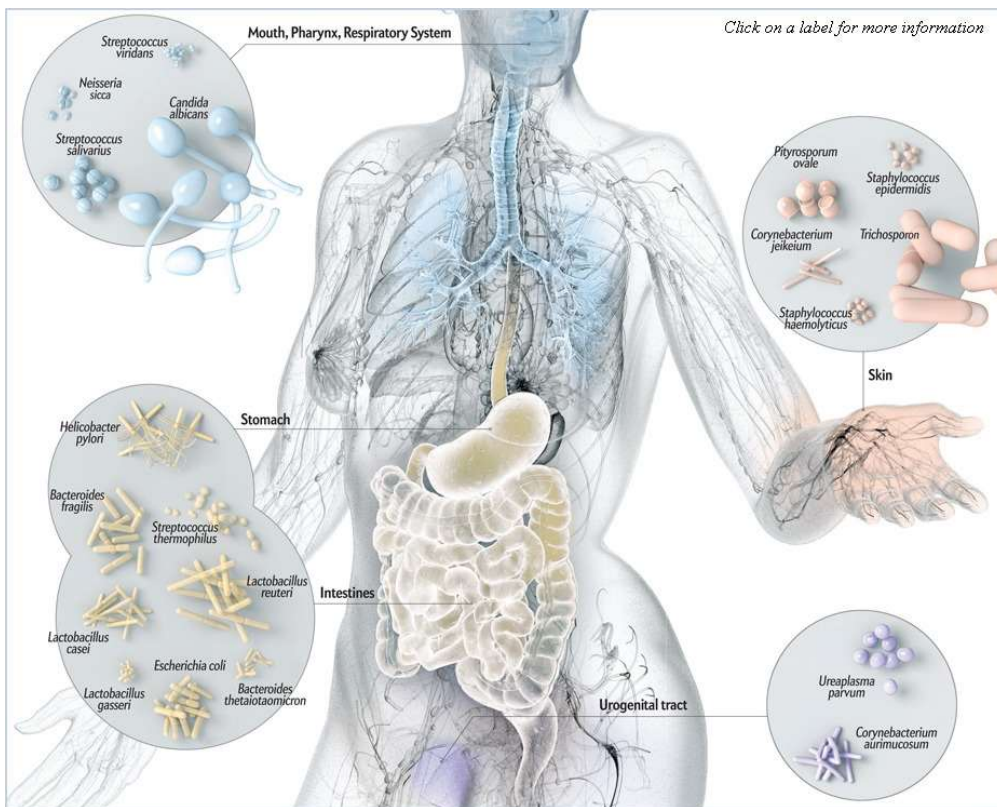




A dense field of colorful, rod-shaped bacteria, likely representing a diverse microbial community. The bacteria are in various shades of blue, green, and purple, and are oriented in different directions, creating a complex, textured appearance.

# **MICROBIOTA**

# CHI È IL MICROBIOTA ?



BATTERI E ALTRI MICROORGANISMI  
(funghi, protozoa, viruses)

NEL CORPO SONO STIMATI **10 VOLTE** Più  
BATTERI CHE CELLULE UMANE (  **$10^{14}$**  )

300-500 SPECIE (main phyla: Firmicutes,  
Bacteroidetes, Actinobacteria,  
Proteobacteria)

# MUTUALISMO DEL MICROBIOTA

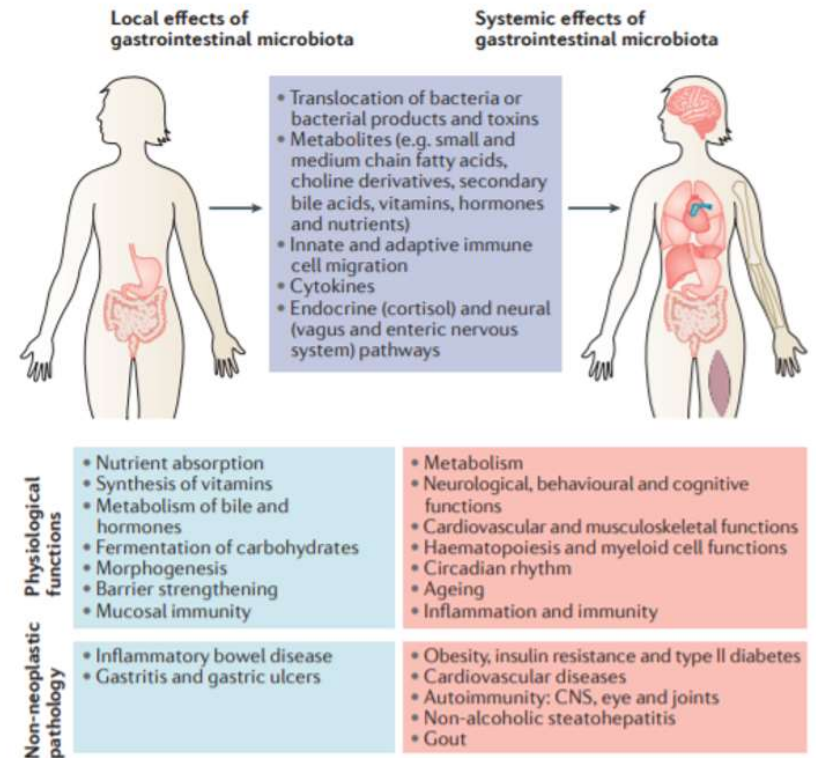


il microbiota intestinale interagendo con cellule intestinali epiteliali e stromali :

- ✓ regola le funzioni di barriera,
- ✓ modula l'immunità,
- ✓ l'omeostasi immunitaria delle mucose,
- ✓ previene l'infestazione da parte di agenti patogeni,
- ✓ Trasforma le fibre alimentari,
- ✓ sintetizza le vitamine,
- ✓ metabolizza gli ormoni
- ✓ promuove l'ematopoiesi del midollo osseo

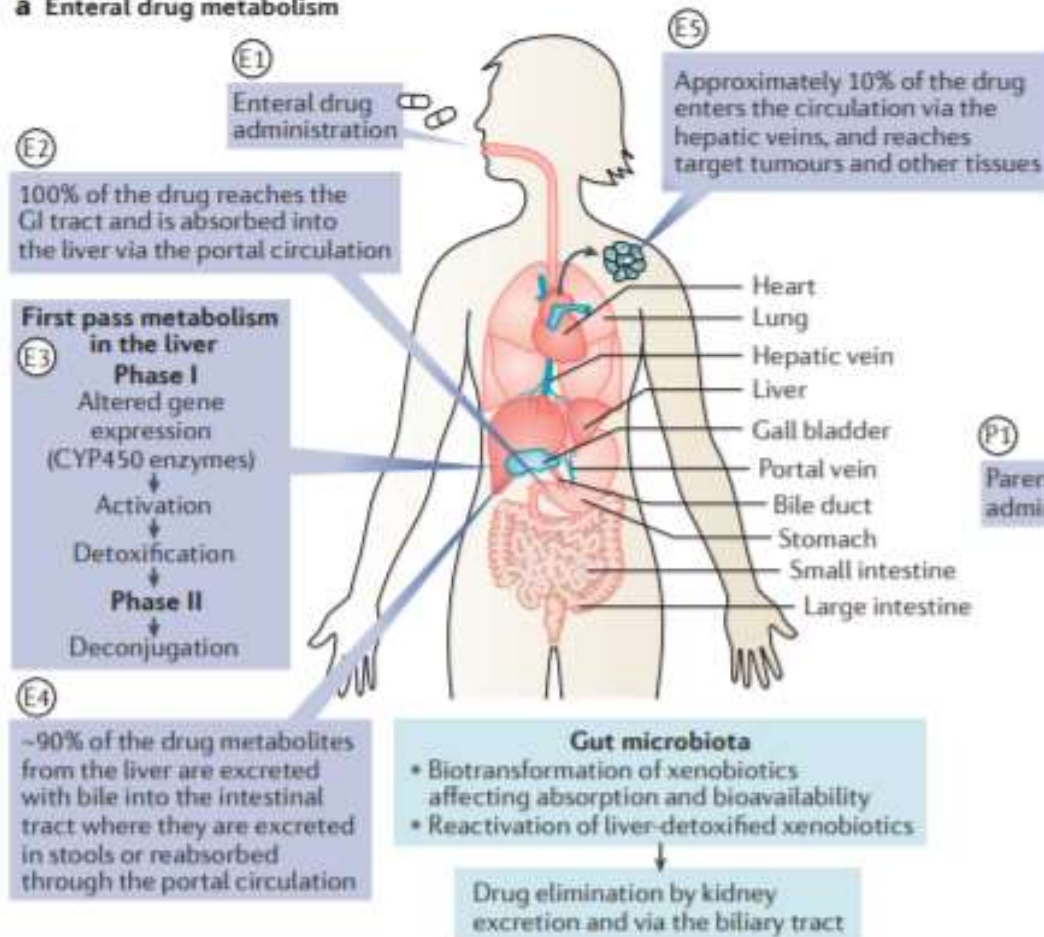
detta anche simbiosi mutualistica, che comporta un **VANTAGGIO RECIPROCO** per gli individui associati

## REVIEWS

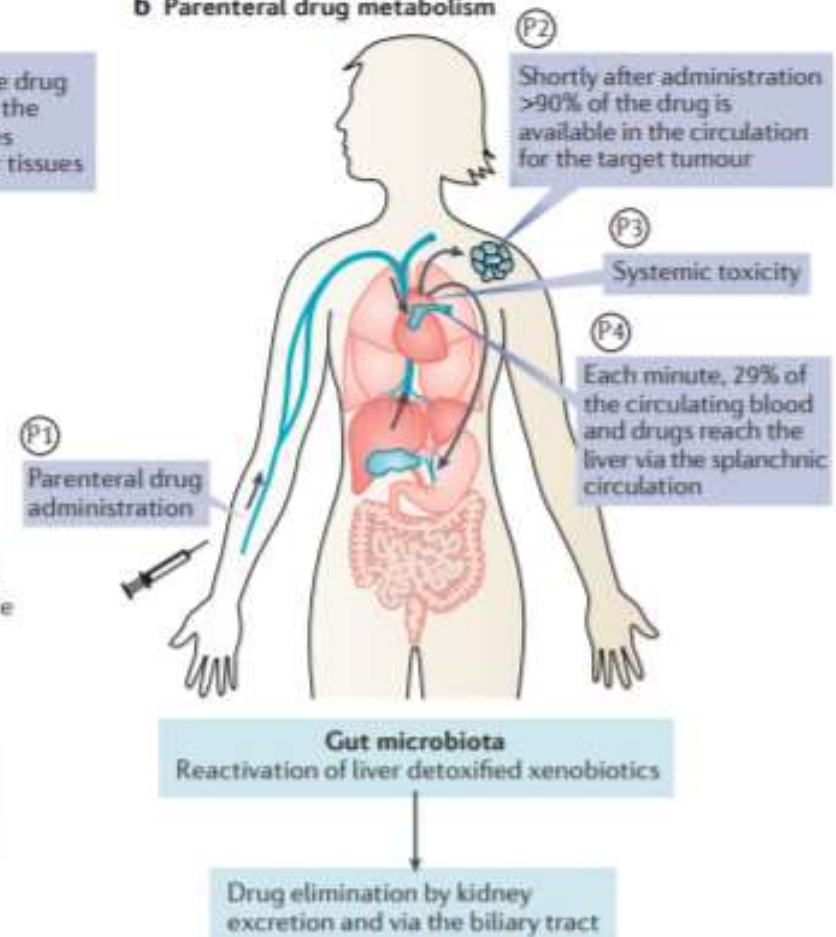


# IL MICROBIOTA METABOLIZZA FARMACI

**a Enteral drug metabolism**



**b Parenteral drug metabolism**



# POSSIAMO MODULARLO

C.J. Walsh et al. / FEBS Letters 588 (2014) 4120–4130

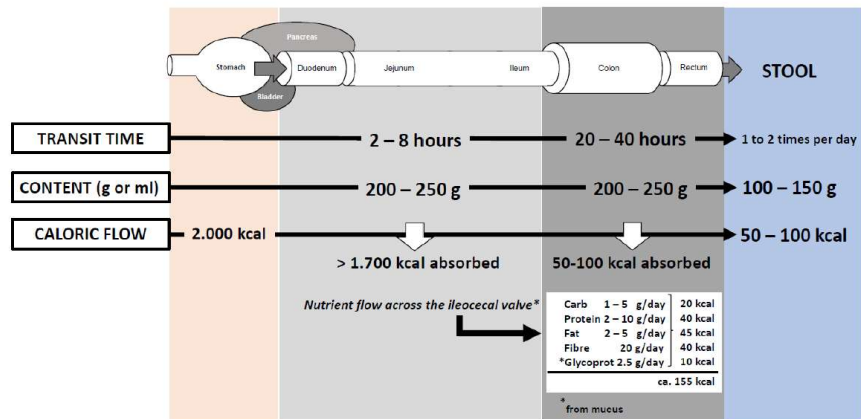


Fig 2: Selected gastrointestinal functions and parameters known to affect stool sample mass and composition as well as substrate flow across the ileocecal valve for metabolic use by the microbiota (for details see text).

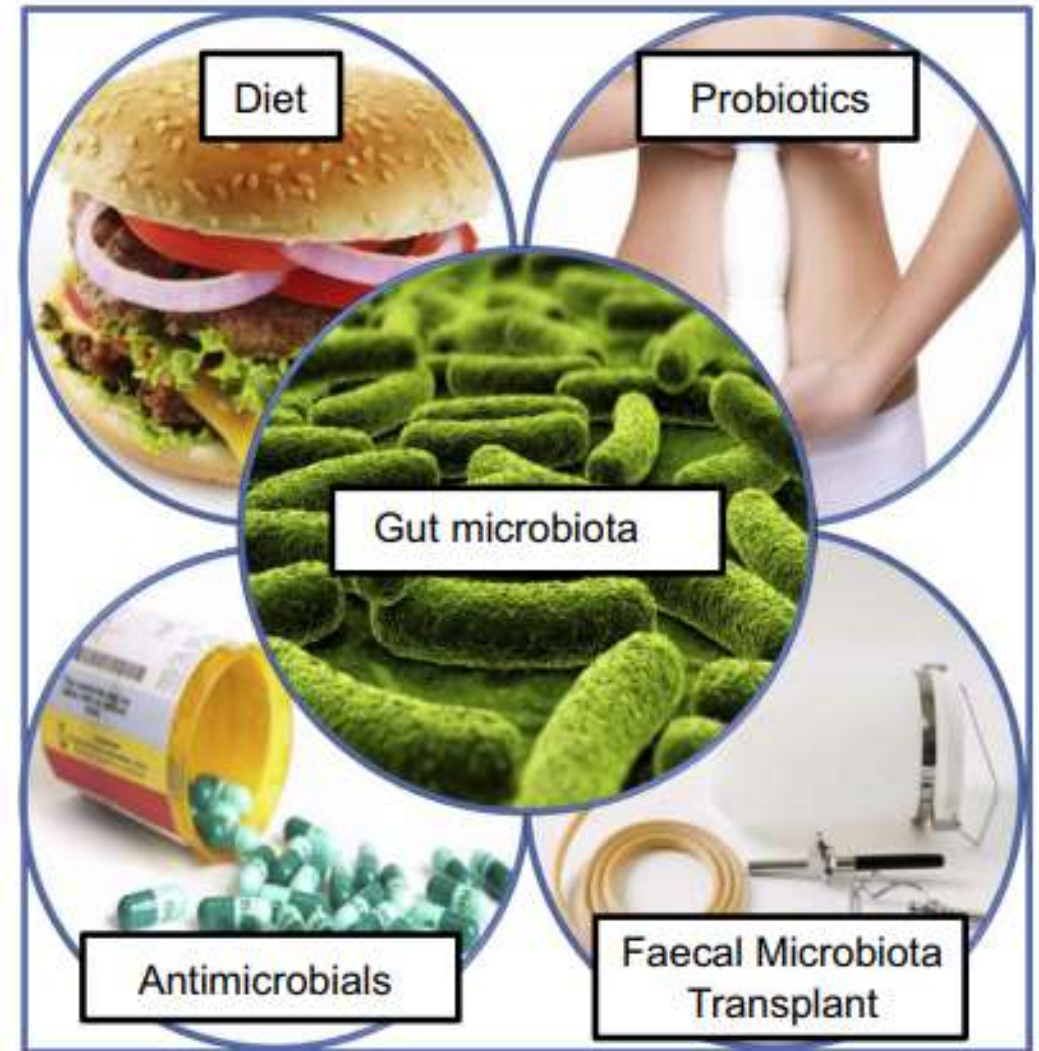


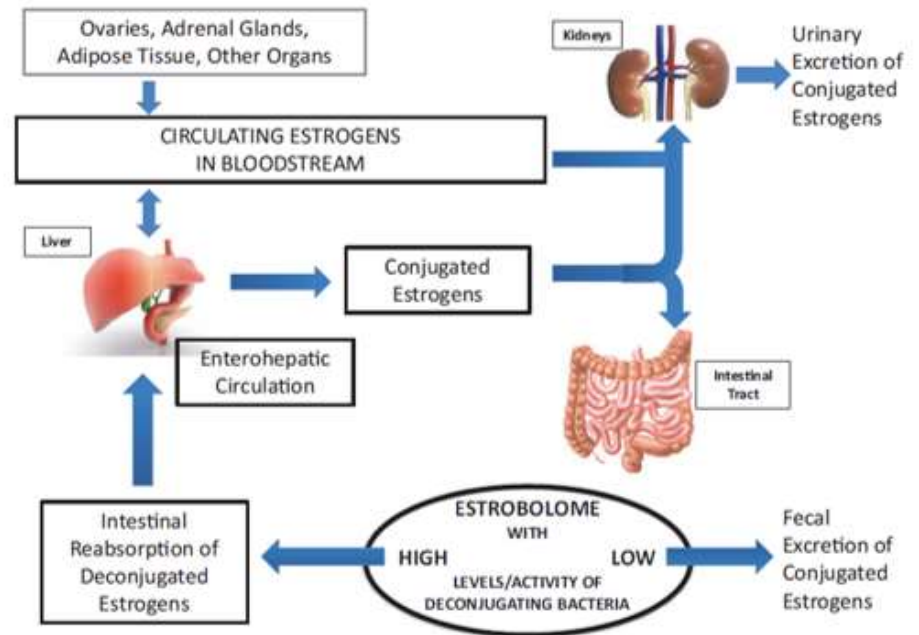
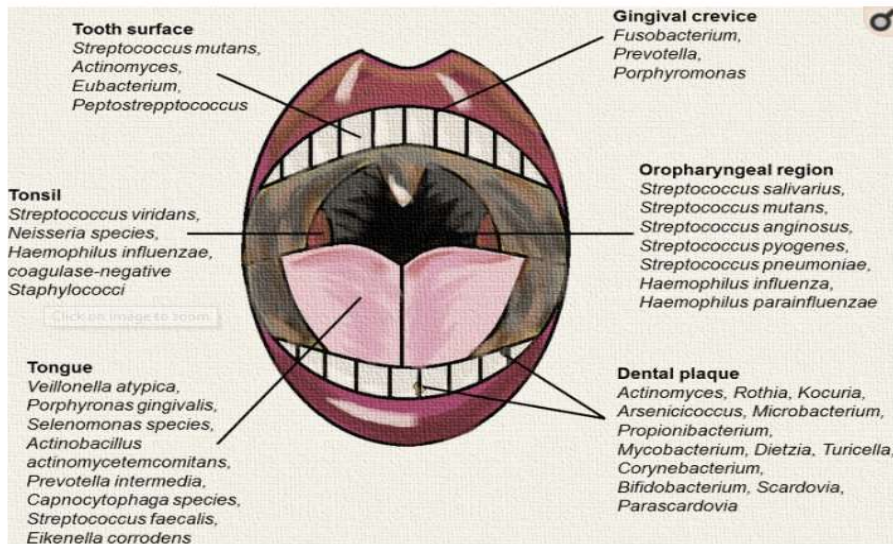
Fig. 1. Potential strategies for manipulation of the gut microbiota.

# IL MICROBIOTA SI ASSOCIA A TIPI DIVERSI DI NEOPLASIA

Mini-Review

## Gut Microbiota and Colorectal Cancer

M. Kwa et al. | 3 of 10



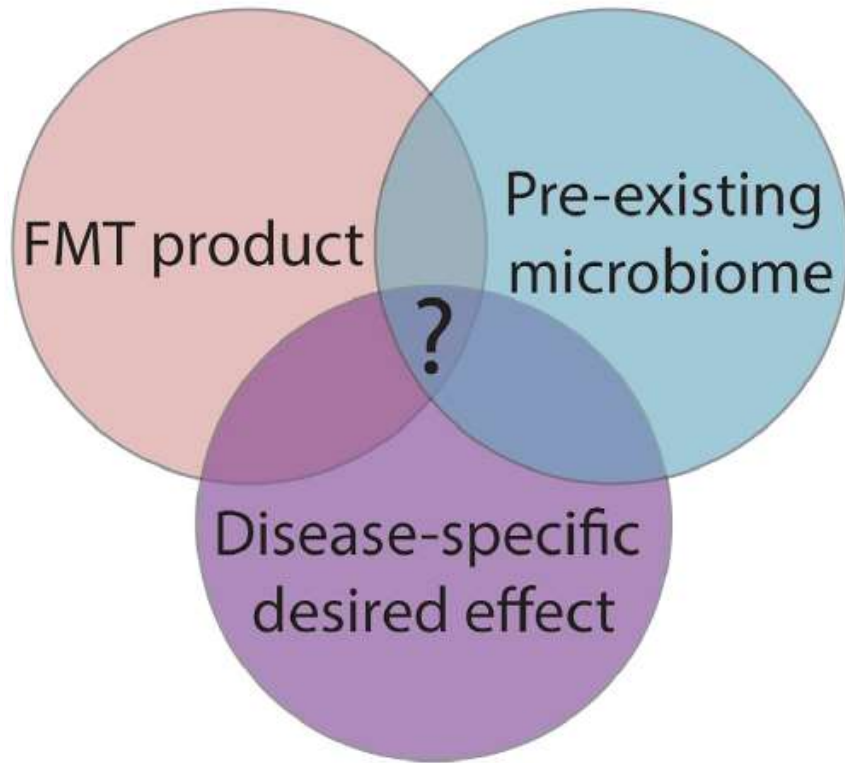
## The Intestinal Microbiome and Estrogen Receptor-Positive Female Breast Cancer

Maryann Kwa, Claudia S. Plottel, Martin J. Blaser, Sylvia Adams

From Breast Cancer to Antimicrobial:  
 Combating Extremely Resistant Gram-Negative  
 “Superbugs” Using Novel Combinations of Polymyxin B  
 with Selective Estrogen Receptor Modulators

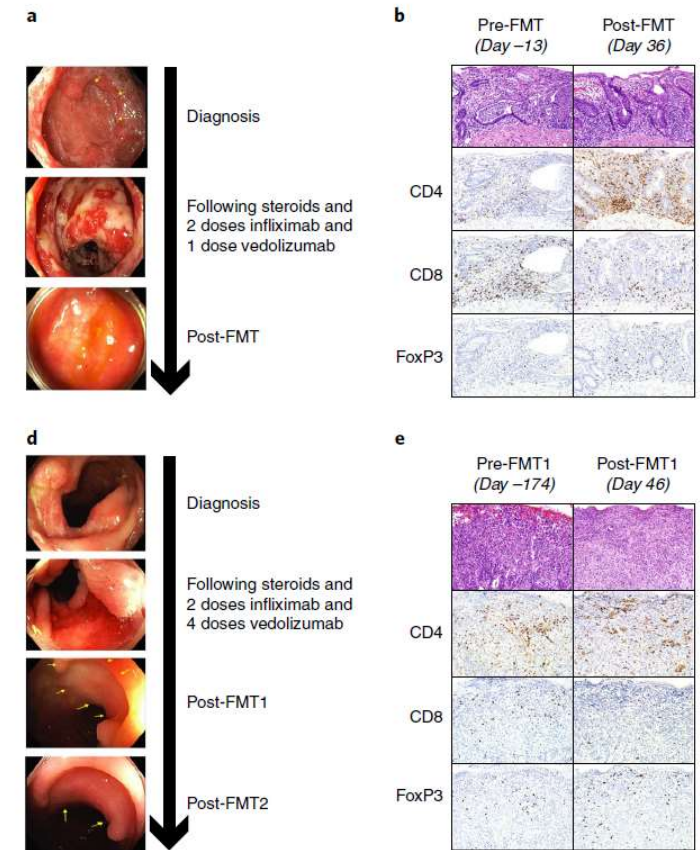
*Yu, Gastrointestinal Tumor 2015  
 Routy, 2017  
 Kwa, J Natl Cancer Inst 2016*

# NUOVE FRONTIERE



**Figure 1. The Challenge of Optimizing FMT**  
Venn diagram highlighting the intersecting challenges of FMT as a therapy.

## Fecal microbiota transplantation for refractory immune checkpoint inhibitor-associated colitis







# PREVENZIONE PERSONALIZZATA

<https://doi.org/10.1093/eurpub/ckac103> Advance Access published on 7 November 2022

## Editorial

Personalized prevention in oncology: integrating the current approaches for the benefit of population health

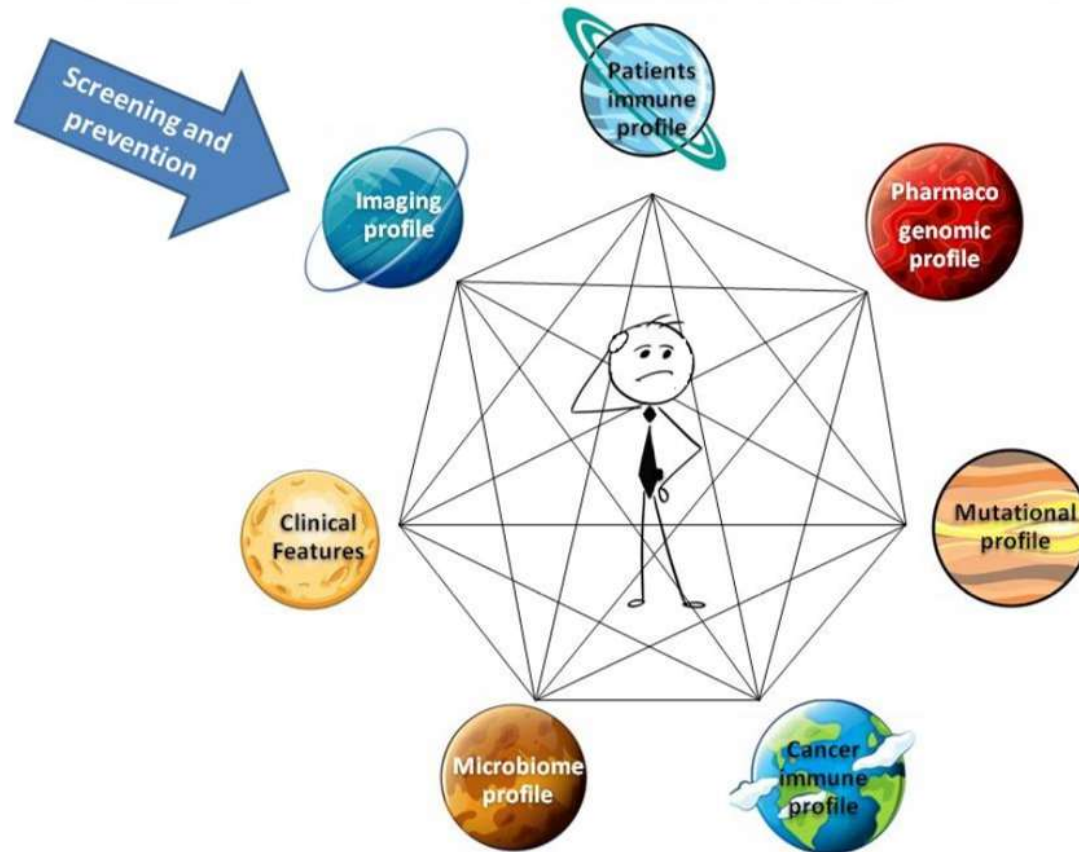
- Sviluppare nuove metodiche e tecnologie per lo screening e diagnosi precoce (approccio integrato di immagini, tessuti, Biomarcatori e intelligenza artificiale)
- sviluppare marcatori precoci

## Modificare il modificabile

Ecco alcuni dei fattori di rischio modificabili per il tumore al seno, ovvero aspetti sui quali è possibile agire per ridurre la probabilità di ammalarsi:

1. **Sedenterietà:** l'esercizio aiuta a ridurre il rischio;
2. **Sovrappeso / obesità:** i chili in eccesso aumentano sempre il rischio;
3. **Ormoni:** alcune forme di terapia ormonale sostitutiva possono aumentare il rischio;
4. **Storia riproduttiva;** il rischio è più elevato nelle donne che non hanno figli, hanno partorito dopo i 30 anni e non hanno allattato al seno;
5. **Consumo di alcol:** per ridurre il rischio meglio evitare di consumare alcol in eccesso.

# INTEGRATIVE PROFILE



*GRAZIE PER L'ATTENZIONE*

