

# Systematic and Robust Prediction of Gene Expression Using Comprehensive Epigenomic Profiling of Plasma cfDNA

Khoi Nguyen<sup>\*1</sup>, Justin Finkle<sup>\*1</sup>, Anthony D'Ippolito<sup>\*1</sup>, Jonathan Beagan<sup>\*1</sup>, Aparna Gorthi<sup>\*1</sup>, Travis Clark<sup>1</sup>, Amy Donahue<sup>1</sup>, Baovy Tran<sup>1</sup>, Tyrone Tamakloe<sup>1</sup>, Charlene O'Brien<sup>1</sup>, Michael Coyne<sup>1</sup>, Jenna I. Wurster<sup>1</sup>, Kristian Cibulskis<sup>1</sup>, Corrie Painter<sup>1</sup>, Mike Zhong<sup>1</sup>, Humphrey Gardner<sup>1</sup>, Jacob Berchuck<sup>2</sup>, Jayne Stommel<sup>3</sup>, SMMaRT Clinical Trials Program<sup>3</sup>, Gordan Mills<sup>3</sup>, J. Carl Barrett<sup>1</sup>, Matthew L. Eaton<sup>1</sup>

<sup>1</sup>Precede Biosciences, Boston, MA, <sup>2</sup>Winship Cancer Institute of Emory University, Atlanta, GA, <sup>3</sup>SMMaRT Clinical Trials Program, Knight Cancer Institute, Oregon Health & Science University, Portland, OR

## BACKGROUND

Accurate prediction of RNA transcript levels from circulating tumor DNA (ctDNA) offers a promising approach for dynamic non-invasive cancer biomarker characterization and longitudinal monitoring. By leveraging epigenomic signals proximal to individual genes, we developed transcript level machine learning prediction models for breast and prostate cancer using simulated plasma and validated them in patient plasma.

## METHODS and RESULTS

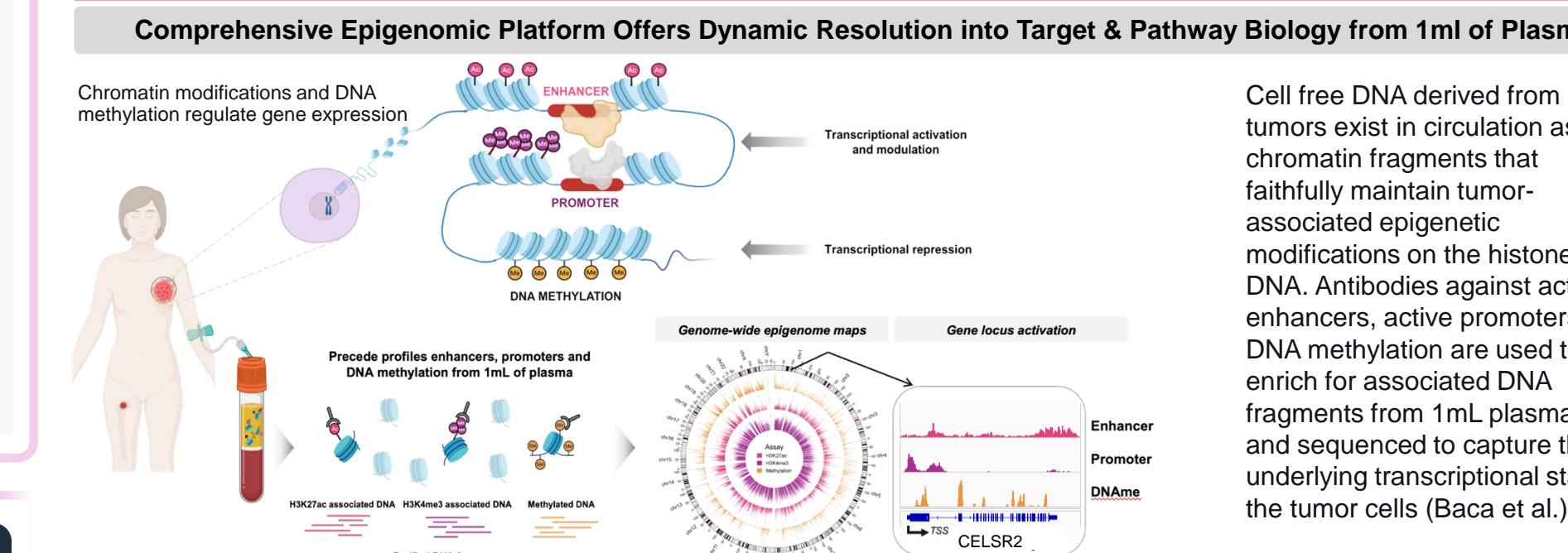
In breast cancer, our models predicted expression for a panel of 2622 key breast cancer oncogenes and transcriptional drivers in simulated plasma at 10% ctDNA or lower, enabling clinically relevant prediction of cancer gene transcription. At 10% ctDNA, we can evaluate all models in ~40% of stage IV patients, but many models remain performant at lower ctDNA levels, expanding the evaluable patient population.

These models are tuned to separate healthy plasma signal from cancer cells' contribution to the plasma. The panel is enriched for genes important for transcriptional regulatory identity and breast cancer subtypes, as well as targets for antibody drug conjugates (ADCs) and radio immune conjugates (RICs), including HER2, PSMA, Nectin-4, B7-H4, MET, and EGFR.

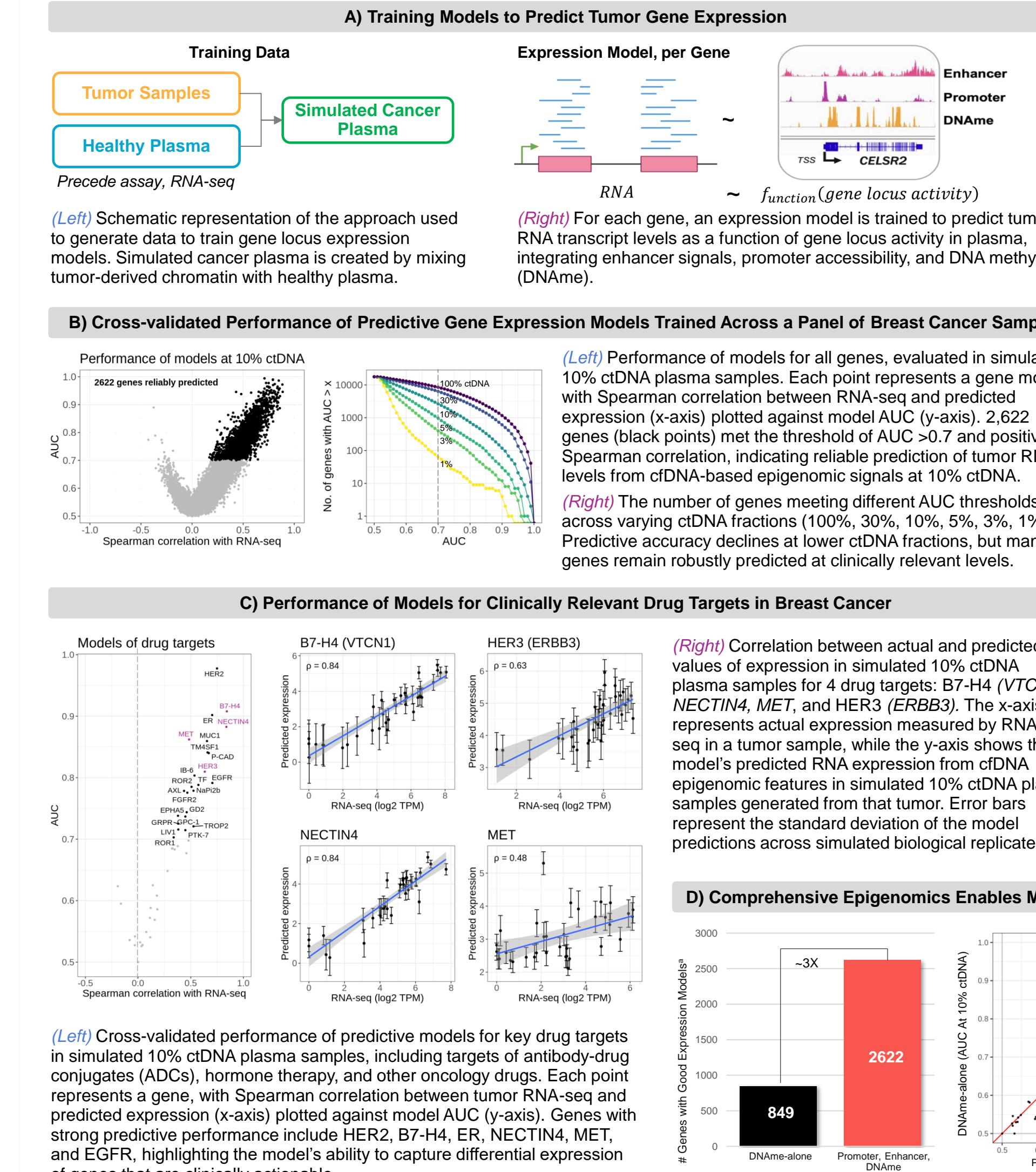
Our models demonstrated direct applicability in patient plasma with orthogonal validation. For example, they accurately predicted prostate cancer PSA and PSMA PET SUVmean, as well as breast cancer HER2, ER, and PR status. Additionally in a cohort of patients with matched tissue RNA-seq there was a strong correlation between RNA-seq and plasma-based predictions.

Further improvements were achieved with bespoke feature engineering and multi-gene aggregation. These strategies improved AUC for predicting HER2, ER, and PR IHC positivity in breast cancer, as well as the performance of our predictor for PSMA PET SUVmean. Similarly, for a multi-gene DLL3 predictor in lung cancer, we reduced the ctDNA threshold from 4% to 1.9% ctDNA by incorporating predicted expression of three highly correlated genes.

**Figure 1. Epigenomic Platform**



**Figure 2. Training & Testing of Predictive Gene Locus Expression Models in Simulated Cancer Plasma**



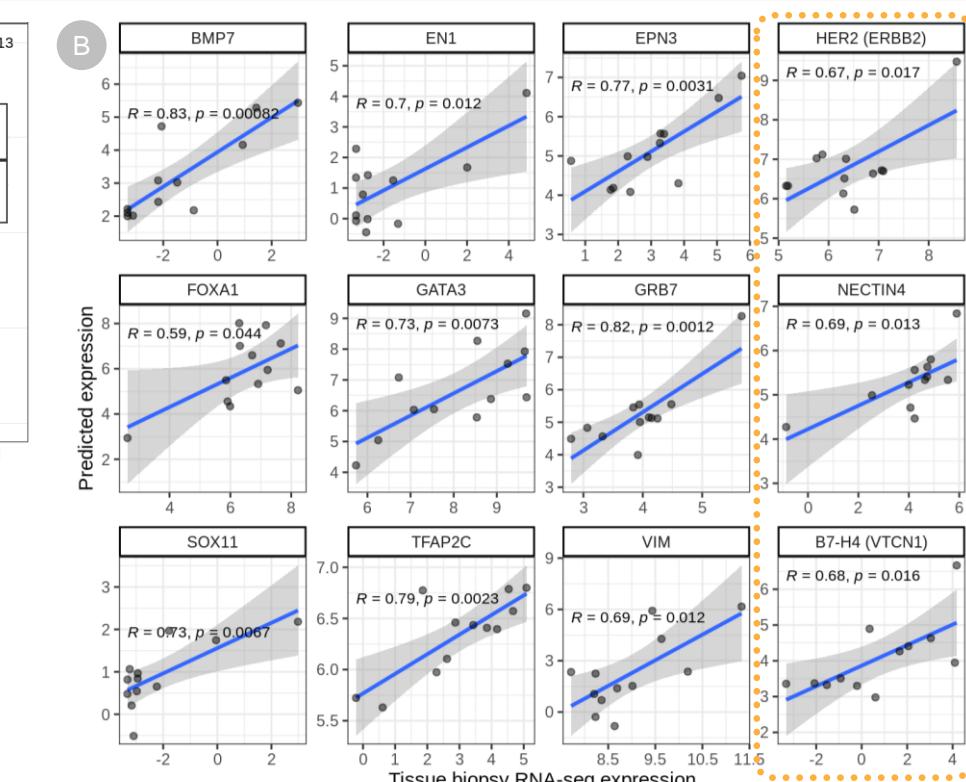
## RESULTS

**Figure 3. Gene Expression Predictions in Clinical Patient Plasma Validate in Tumor RNA-seq**

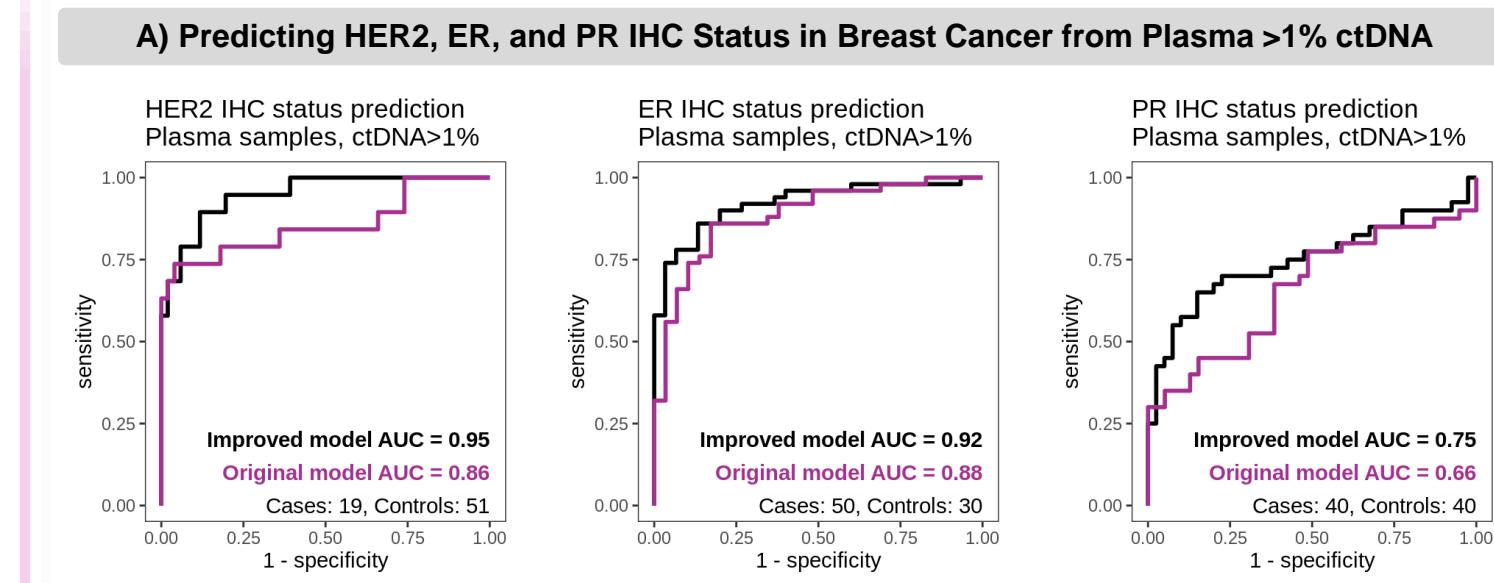
**A, B) Correlation Between Model-predicted Gene Expression in Breast Cancer Patient Plasma and RNA-seq from Tumor Biopsies of the Same Patients**

A) We used our models to predict gene expression from patient plasma samples ( $N=12$ , ctDNA > 3%) for which we have matched tumor biopsies. Boxplots show the distribution of Pearson correlation between predicted and measured RNA-seq expression across genes (Observed), compared to the distribution of correlations in a randomized control (Shuffled,  $N=100$ ). Model predictions are significantly more correlated with RNA expression than expected by chance.

B) Examples of 12 genes with strong correlation between predicted and measured expression. Scatter plots show tumor biopsy RNA-seq expression (x-axis) vs predicted expression from plasma (y-axis). Genes include ADC targets (e.g., HER2, NECTIN4, B7-H4 in dotted box) and breast cancer-relevant markers. Blue regression lines indicate model fit, and shaded regions represent confidence intervals.

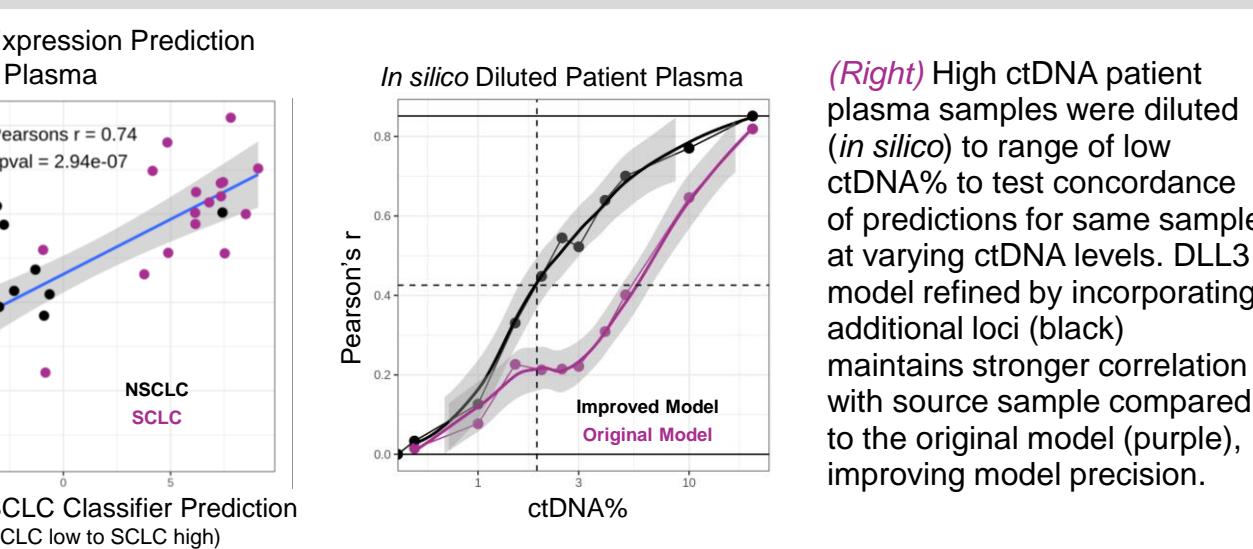


**Figure 4. Development of Clinically Relevant Tests with Gene Expression Models**



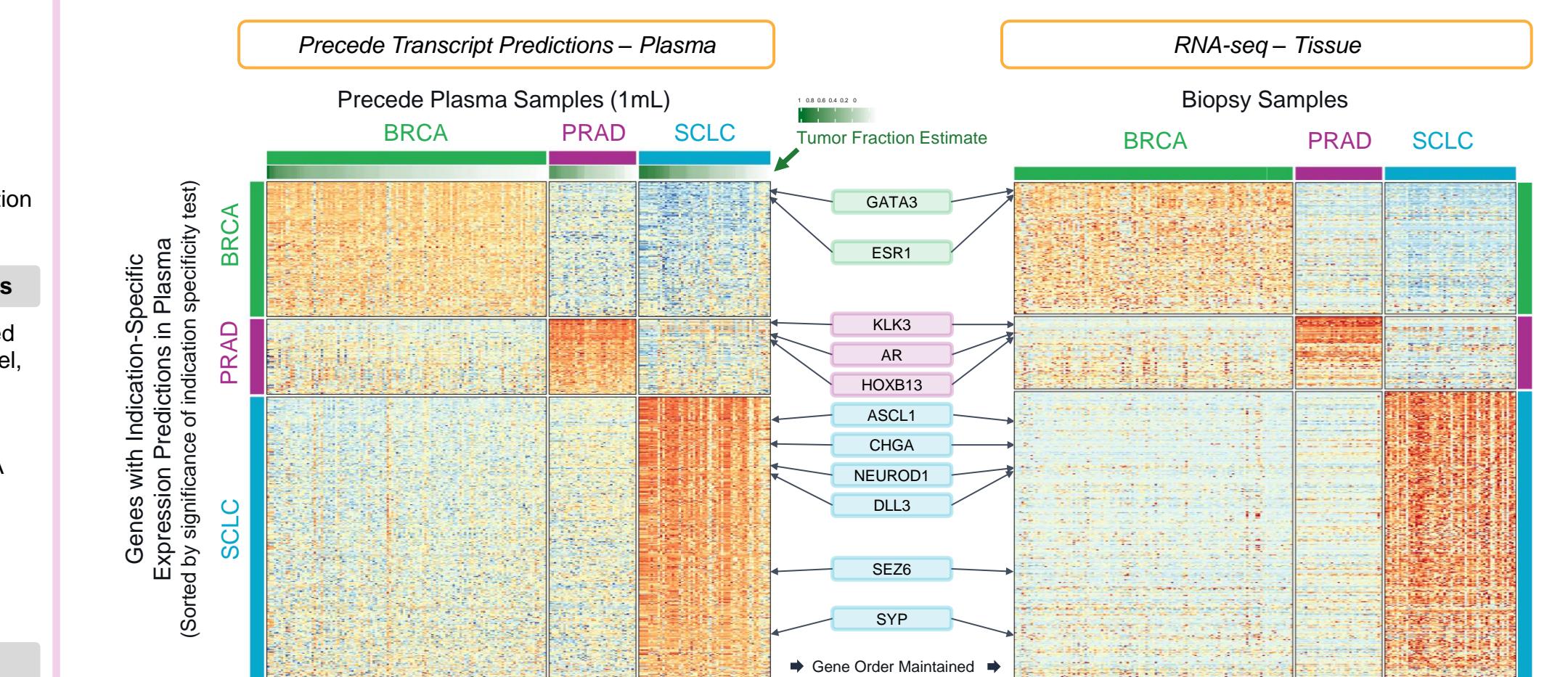
Original locus expression models (purple) can predict IHC status. Refined models (black) outperform original models, improving AUC through feature engineering (HER2) and incorporation of additional loci (ER, PR).

**B) Predicting DLL3 Expression in Lung Cancer from Plasma**



(Right) High ctDNA patient plasma samples were diluted (*in silico*) to range of low ctDNA% to test concordance of predictions for same sample at varying ctDNA levels. DLL3 model refined by incorporating additional loci (black) maintains stronger correlation with source sample compared to the original model (purple), improving model precision.

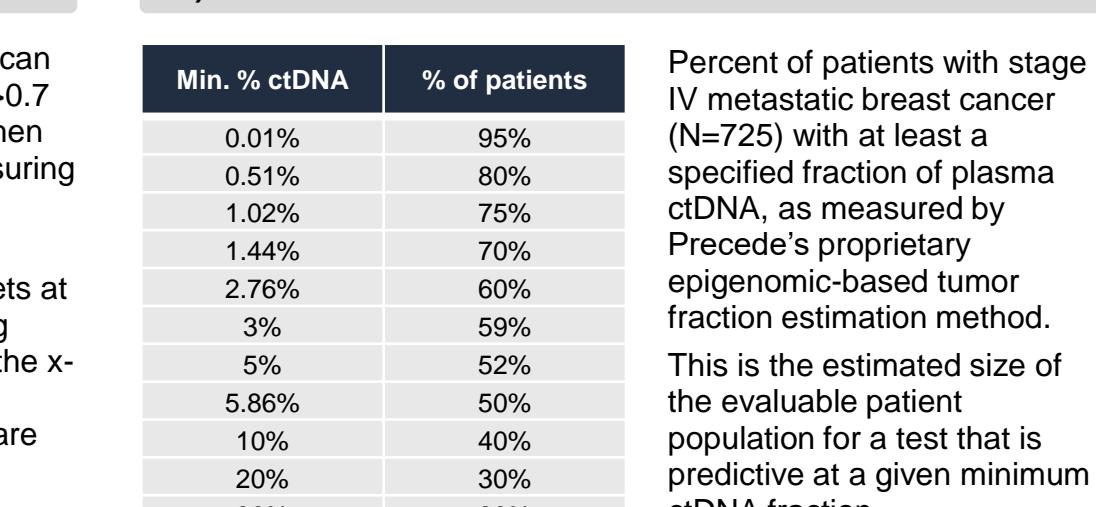
**C) Gene Expression Predictions in Patient Plasma Recapitulate Indication-specific Transcriptional Programs at Scale**



(Left) Heatmap showing model-predicted gene expression in plasma samples from breast (BRCA), prostate (PRAD), and small cell lung cancer (SCLC) patients. Genes displayed in the heatmap had higher predicted expression in plasma samples from one indication compared to the others, and include well known cancer type markers such as GATA3, KLK3, and ASCL1.

(Right) Heatmap showing publicly available RNA-seq expression data of tumor samples from the same indications, for the same genes shown on the left (TCGA Research Network, George et al.). Despite no direct matching between plasma and these tumor samples, 94% of the genes identified in plasma as indication-specific were significantly elevated in the expected cancer type in tissue biopsies. Further, gene network structures were highly similar between plasma predictions and tumor RNA-seq (Mantel test,  $p<2.2e-16$ ).

**E) ctDNA Content in Patients with Metastatic Breast Cancer**



Percent of patients with stage IV metastatic breast cancer ( $N=725$ ) with at least a specified fraction of plasma ctDNA, as measured by Precede's proprietary epigenomic-based tumor fraction estimation method.

This is the estimated size of the evaluable patient population for a test that is predictive at a given minimum ctDNA fraction.

## CONCLUSIONS

Comprehensive epigenomic profiling enables accurate prediction of tumor-specific RNA transcription in cfDNA, even at low ctDNA levels. This approach enhances ADC target profiling and enables tumor transcriptional profiling in patients from blood. Expanding beyond proof-of-concept models promises improved predictive accuracy at lower tumor fractions and broader applications in diagnostics and therapeutic targeting.

### Contact

J. Carl Barrett, PhD  
Precede Biosciences  
Email: carl.barrett@precede.bio

### References

Baca et al., *Nature Medicine*, 2023 (PMID: 37865722)  
TCGA Research Network: <https://www.cancer.gov/tcga>  
George et al., *Nature*, 2015 (PMID: 26168399)

This presentation is the intellectual property of the author/presenter. Contact them at [carl.barrett@precede.bio](mailto:carl.barrett@precede.bio) for permission to reprint and/or distribute.