

National Oral Health Conference
Annual Meeting
Denver CO
May 1, 2007

Oral Cancer & Saliva Diagnostics

Enhancing Dentistry & Making Medicine Better

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Saliva as a Diagnostic Fluid

Biomarkers & Diseases

Saliva diagnostic alphabets

- Proteomic Biomarkers
- Genomic Biomarkers

Translational Application: Oral cancer
detection

NIDCR Initiatives

Technology Development \rightleftharpoons Salivary Proteome

- John McDervitt (U. Texas)
- Dan Malamud (NYU)
- David Walt (Tufts University)
- David Wong (UCLA)

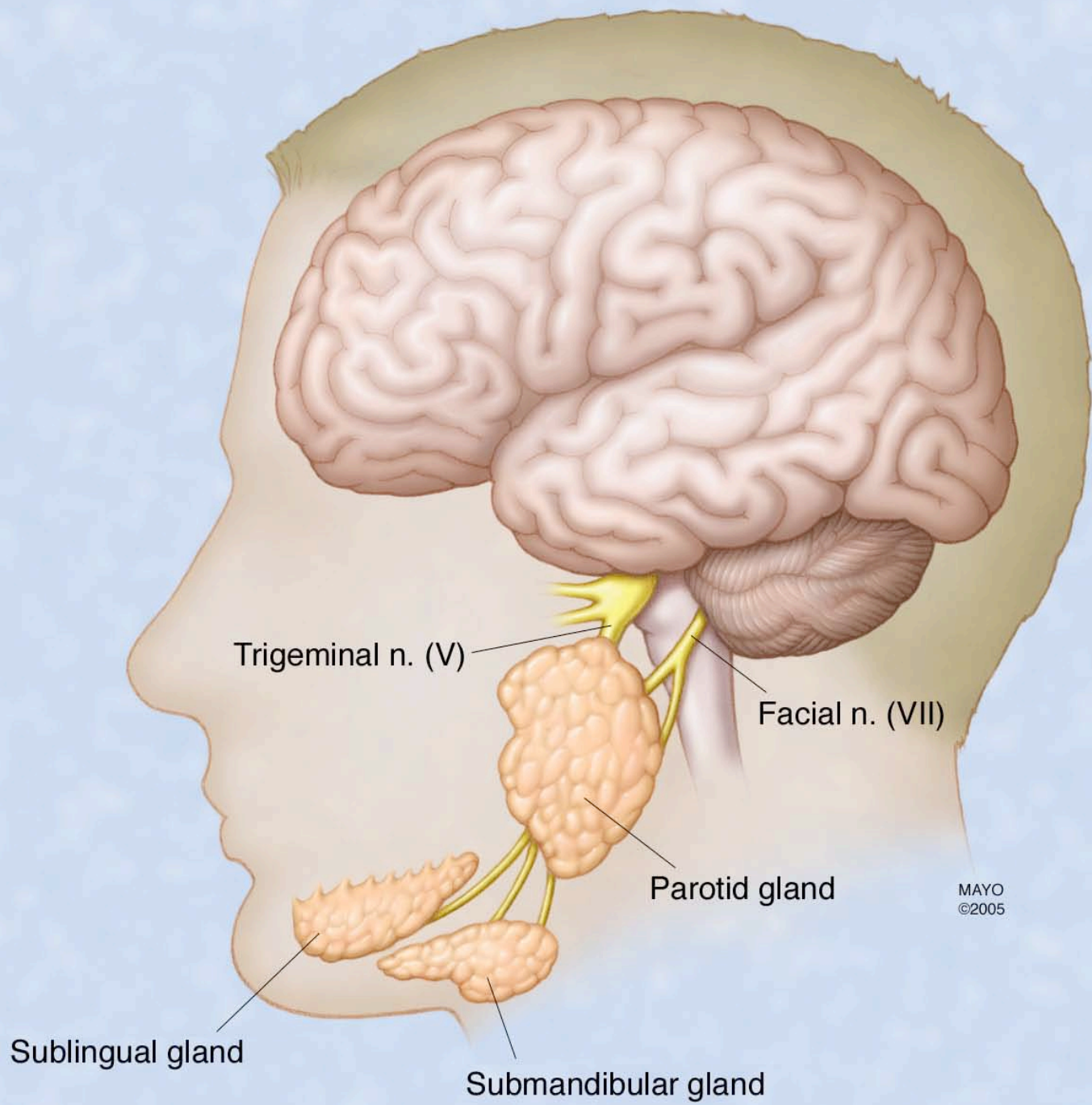
- Susan Fisher (UCSF)
- David Wong (UCLA)
- John Yates (Scripps)

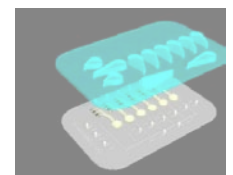
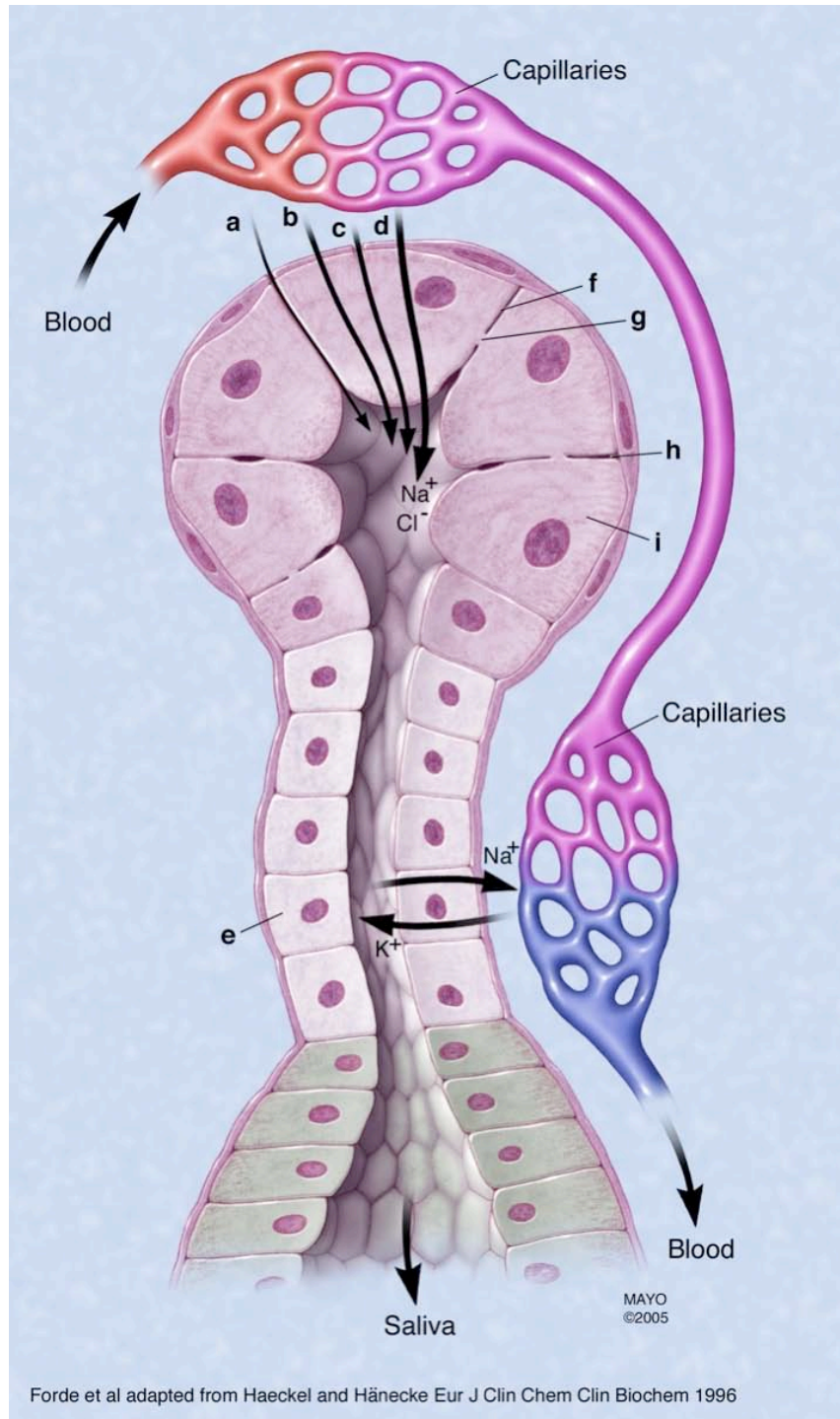




Vision

Use of Saliva for
Disease Diagnostics as
well as for
Normal Health
Surveillance

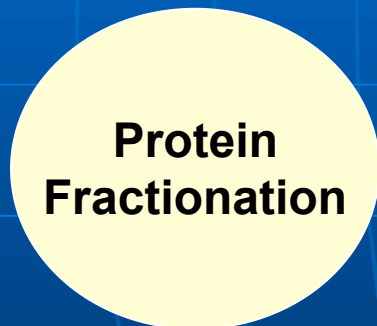




HUMAN SALIVARY PROTEOME



“Top Down”



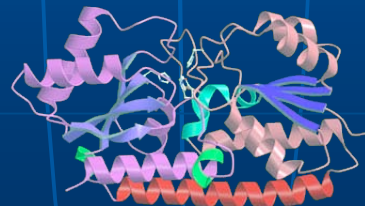
MS/MS

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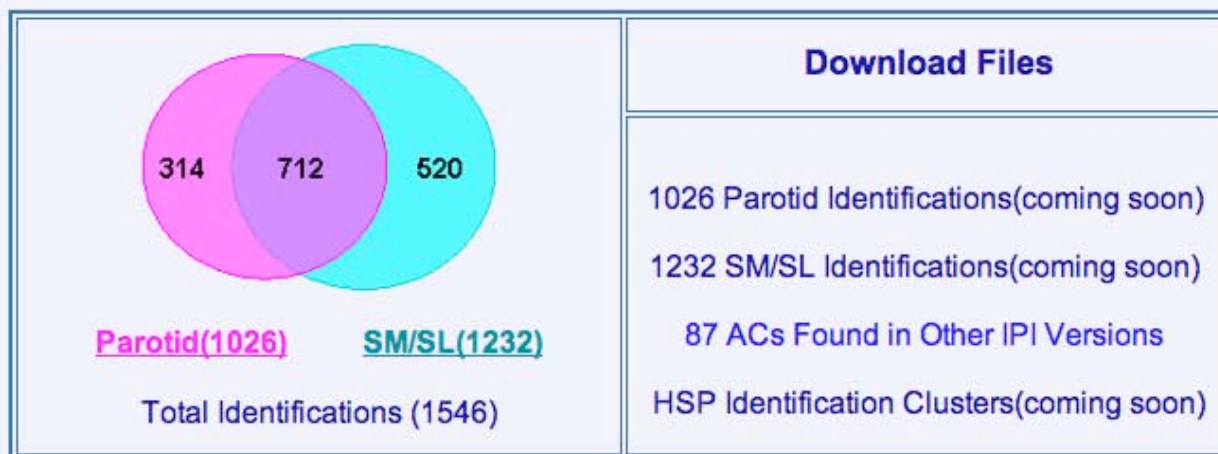
**Salivary
Proteome
Knowledge
Base**

“Bottom Up”

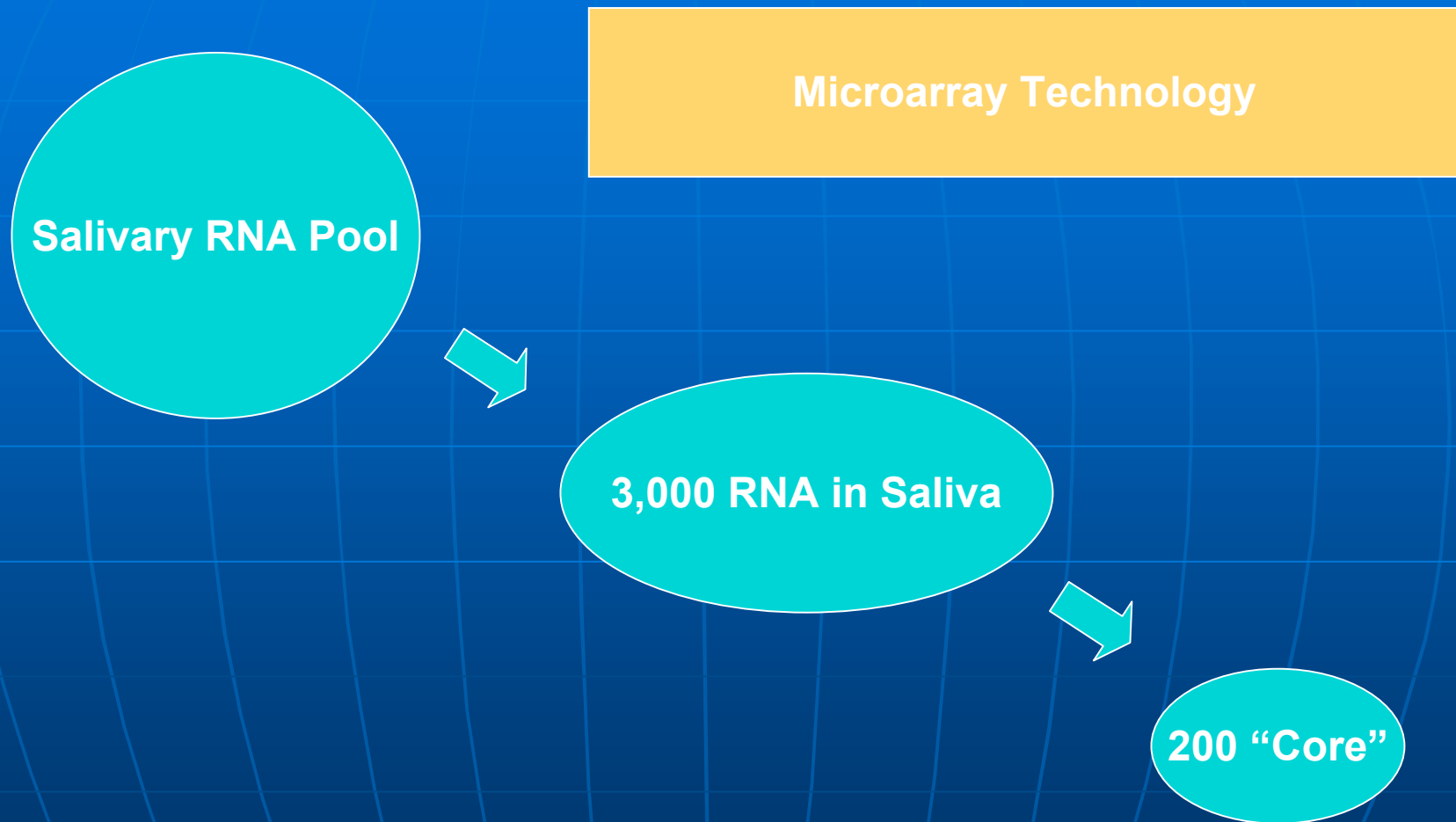


Daniel Malamud
Arjan Vissink

HSP Proteomics Central Repository

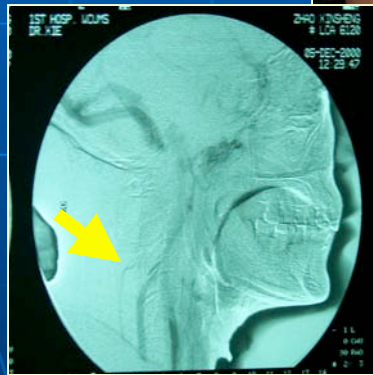
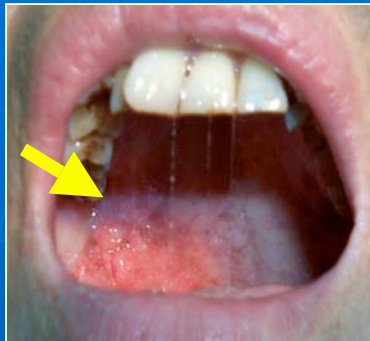


Discovery of the Salivary Transcriptome



Salivary Diagnostics for Oral Cancer Detection

Head & Neck Cancer



- Incidence : 6th
- 30,000 new cases annually
- 5-year survival rate < 50% not changed in the last 30y
- Squamous cell carcinoma (HNSCC) < 40% survival rate
- Increased risk of developing metastasis and second malignancies

Rationale: OSCC in salivary milieu

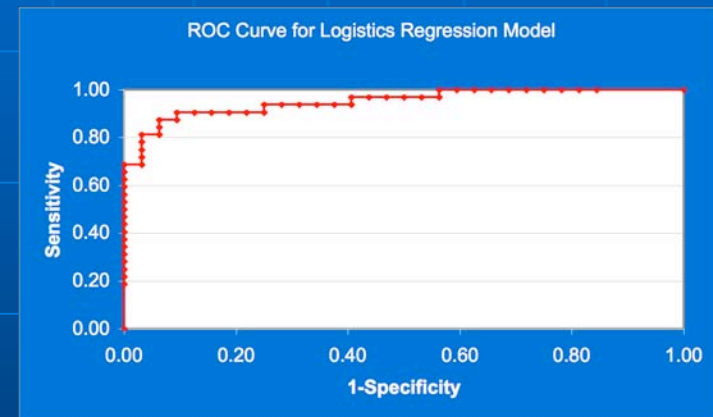
As proof-of-principle disease

Patient-based proteome-wide and genome-wide technologies to identify molecular biomarkers for HNSCC

Proof of Principle of Salivary Transcriptome for Oral Cancer Detection

Using 4 Saliva RNA Biomarkers:
IL-1B, OAZ1, SAT and IL-8

Area under ROC curve	Sensitivity	Specificity
0.95	0.91	0.91



Li Y, St John MA, Zhou X, Kim Y, Sinha U, Jordan RCK, Eisele D, Abemayor E, Elashoff D, Park NH and Wong DT. Salivary Transcriptome Diagnostics for Oral Cancer Detection. *Clin Cancer Res*: 10: 8442-8450, 2004.

Salivary Transcriptome Diagnosis is Better than Blood Tests for Oral Cancer Detection

Saliva and blood test of oral cancer detection

	Saliva Transcriptome Diagnosis*	Blood Tests**
Area under ROC curve	0.95	0.88

*Yang Li, et al. *Clinical Cancer Research*, 10: 8442-8450, 2004.

**Yang Li, et al., *J. Clin. Oncology*, 24: 1754-1760, 2006.



Spotlight

Rinse and Spit: Saliva as a Cancer Biomarker Source

It's home to more than 700 types of bacteria (by current estimates, at least), can be a source of infection, but also has wound-healing properties. It's essential for swallowing and digestion, but, in many cultures, to expel it at somebody is the ultimate insult. And now this slimy body fluid—saliva—is gaining a reputation in biomedical research circles as an effective source for detecting the hidden presence of disease, including some types of cancer.

Most research into cancer biomarkers has focused on blood components, such as plasma or serum. Saliva, on the other hand, has been largely overlooked as a source of biomarkers. It has long been considered a hostile environment, riddled with bacteria and other detritus that would yield adulterated samples incapable of generating reliable and reproducible results.

But that perception is beginning to change. According to Dr. Sudhir Srivastava, director of NCI's Early Detection Research Network (EDRN), which focuses on identifying and validating novel biomarkers, recent data on saliva-based biomarkers, although

tions, but often not until they have already progressed to late-stage disease—a big reason why 5-year survival rates have been mired in the 50 percent range for several decades.

Detecting these cancers at earlier stages, with the aid, for instance, of a saliva-based diagnostic test, could increase 5-year survival to 80 to 90 percent, according to Dr. Elizabeth Franzmann, of the Department of Otolaryngology at the University of Miami. This could help avoid some of the morbidity associated with treatment, including disfigurement and significant swallowing difficulties.

Public attention to saliva-based biomarker research received a significant boost last December with the publication of a pilot study conducted in the lab of Dr. David Wong, of the UCLA Jonsson Comprehensive Cancer Research Center. Elevated levels of seven different RNAs, they reported, could distinguish patients with oral squamous cell carcinoma (OSCC) from controls with 91 percent sensitivity and specificity.

Dr. Wong says that his lab has now

Saliva-based detection methods don't have to be limited to head and neck cancers, Dr. Wong argues. As-yet-unpublished studies by his lab using the same RNA approach to detect early-stage breast cancer, he says, "have been very promising."

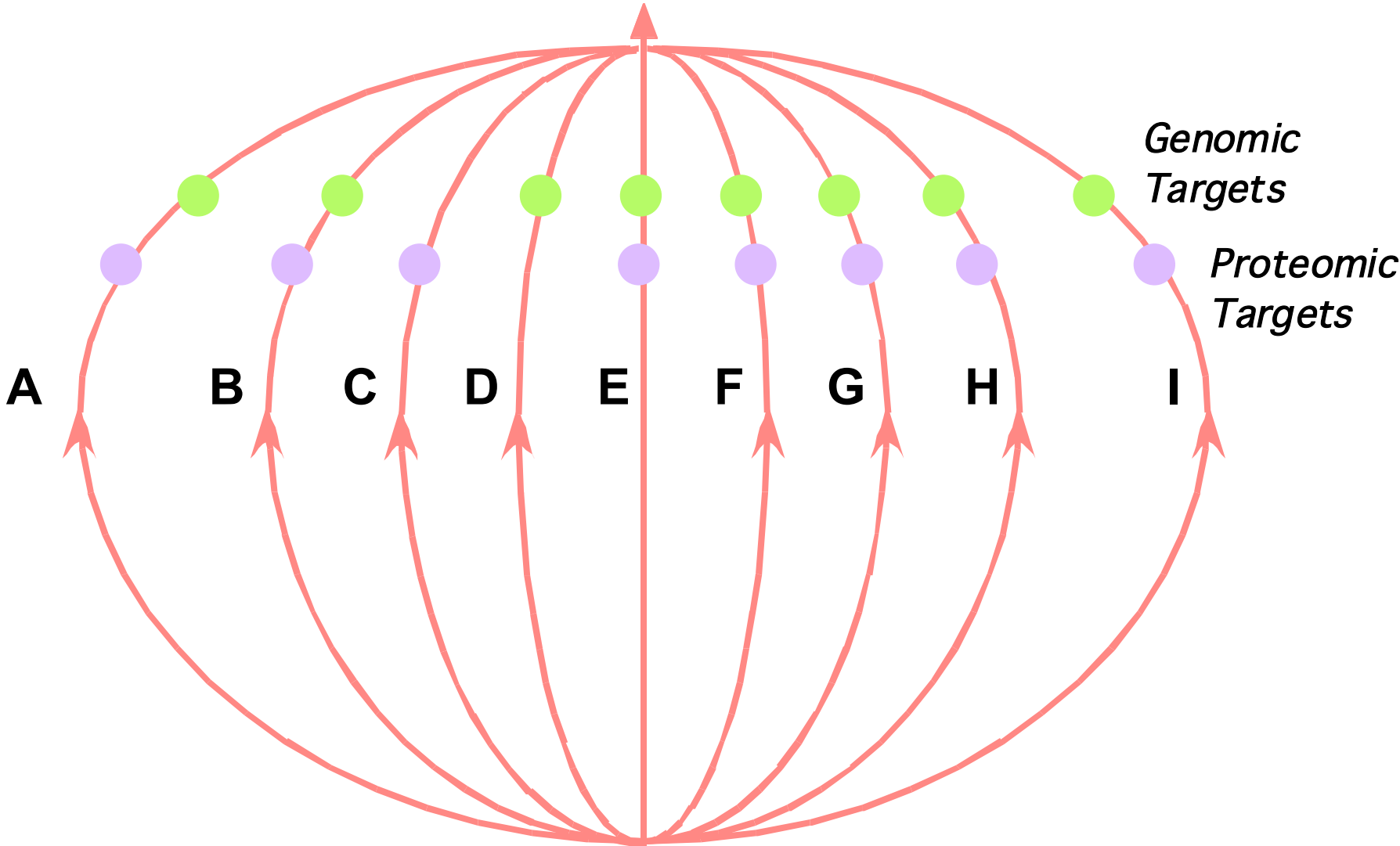
Dr. Wong's lab is working with newer testing technologies developed with funding from the National Institute of Dental and Craniofacial Research, which is investing significantly in this area. But other researchers are trying to tease out diagnostic clues from saliva using more conventional assays and are finding success.

Dr. Franzmann led a small study published earlier this year in which she used the conventional ELISA test to detect elevated levels of a soluble form of the protein CD44 (solCD44), which was found to reliably identify patients with head and neck squamous cell carcinoma (HNSCC), regardless of the tumor stage. The closer the cancer to the main oral cavity, the more sensitive the solCD44 levels.

"We've even had cancers where no tumor can be seen in the upper aerodigestive tract, but there is a metastasis to the lymph node," she says. "So that's telling us that it may be capable of picking up disease that we can't even see."

Like Dr. Wong's group, other researchers are also looking at more atypical markers. Dr. Joseph Califano of the Department of Otolaryngology-Head & Neck Surgery at Johns Hopkins Medical

Disease State



*Genomic
Targets*

*Proteomic
Targets*

A

B

C

D

E

F

G

H

I

Normal State

N0

N1

N1-3,M+

T1

I (>/= 80%)

T2

II (60-80%)

T3

III (40-60%)

T4

IV (20-40%)

(% survival)

Early Detection



Unsupervised screening for oral cancer

Handheld Oral Health Diagnostics Using Bio-active Nanoscale Detection

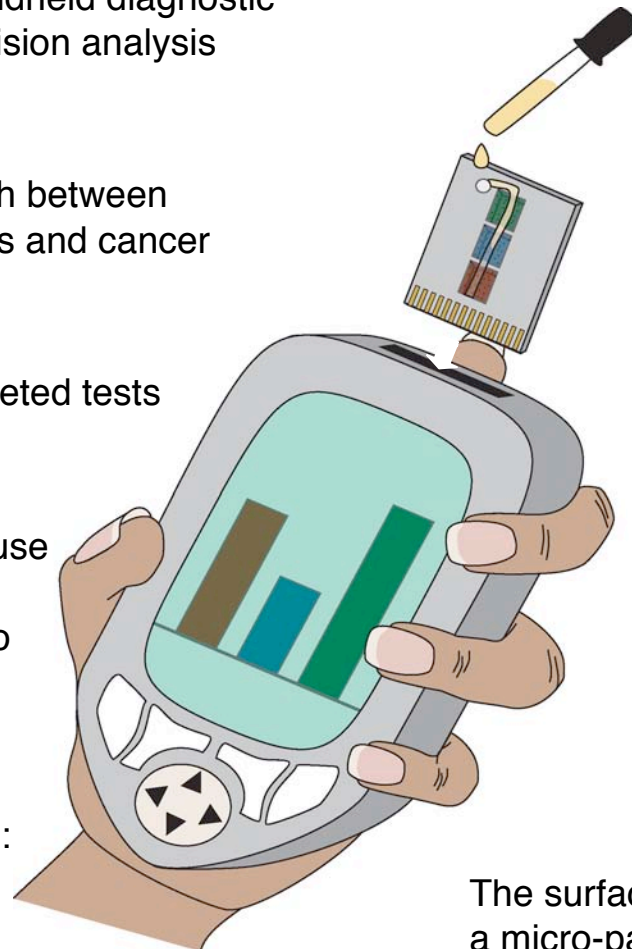
A next-generation handheld diagnostic platform delivers precision analysis of oral fluids.

It's **smart**. Distinguish between several oral pathogens and cancer biomarkers.

It's **fast**. Perform targeted tests in just minutes.

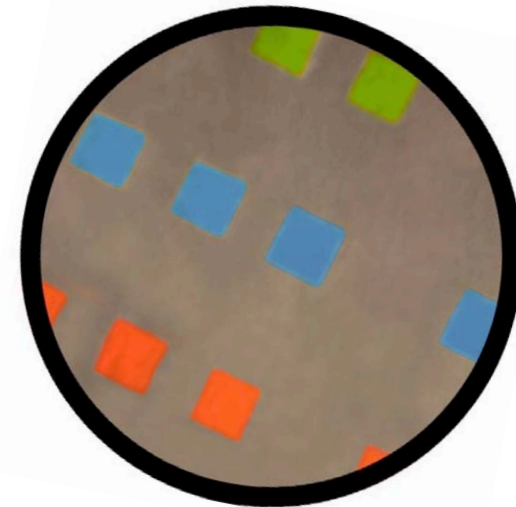
It's **painless**. Make use of the body's natural diagnostic medium, no needles required.

It's **easy to use**. A technological fusion: microfluidics, optical cell detection and nanobiotechnology come together in a compact diagnostic tool for any clinic.



Administer the patient sample directly into a disposable microfluidic cartridge.

The detector analyses the bio-content of the sample and provides a concise, reliable readout.



The surface of the fluid channel houses a micro-patterned array of active biomolecules.

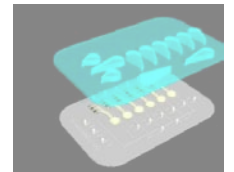
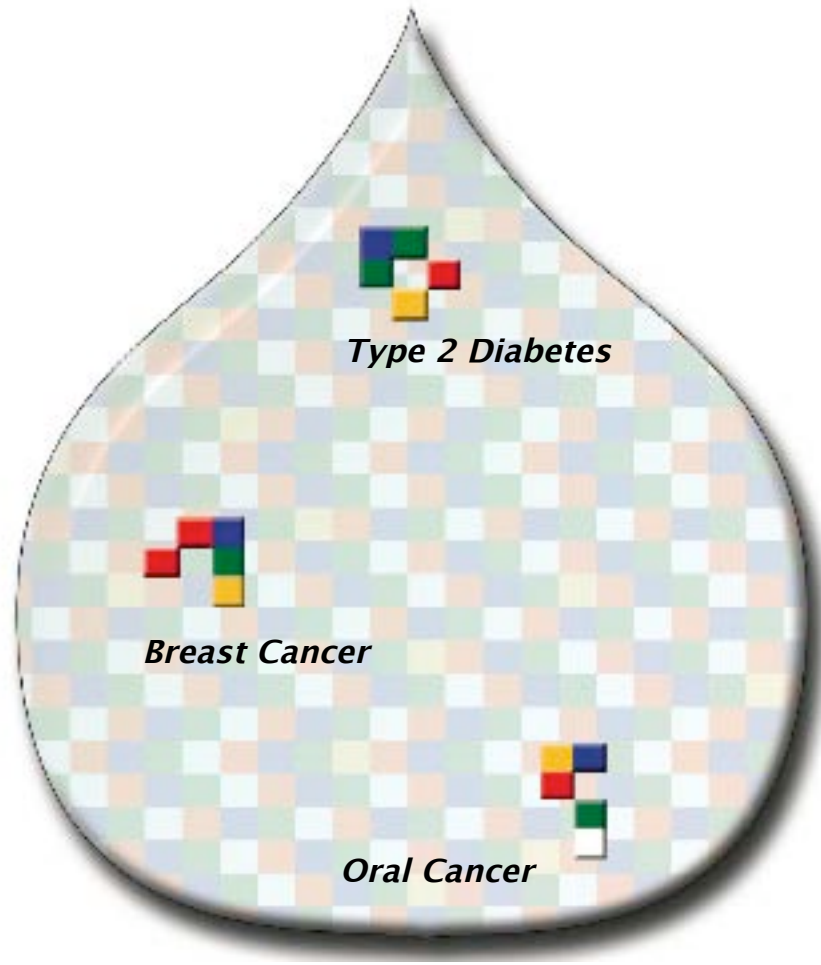


Oral Fluid NanoSensor Test (OFNASET)

“Saliva Health Screen”
at
the 2007 ADA
Health Screen Program



Saliva Diagnostics Powered by Nano-Technologies, Proteomics & Genomics



NIDCR