

Validation of an Automated Method for Library Preparation for a Next-Generation Sequencing-Based Assay for Oncology

RESULTS

Figure 2. Cross-contamination (Checkerboard Experiments)

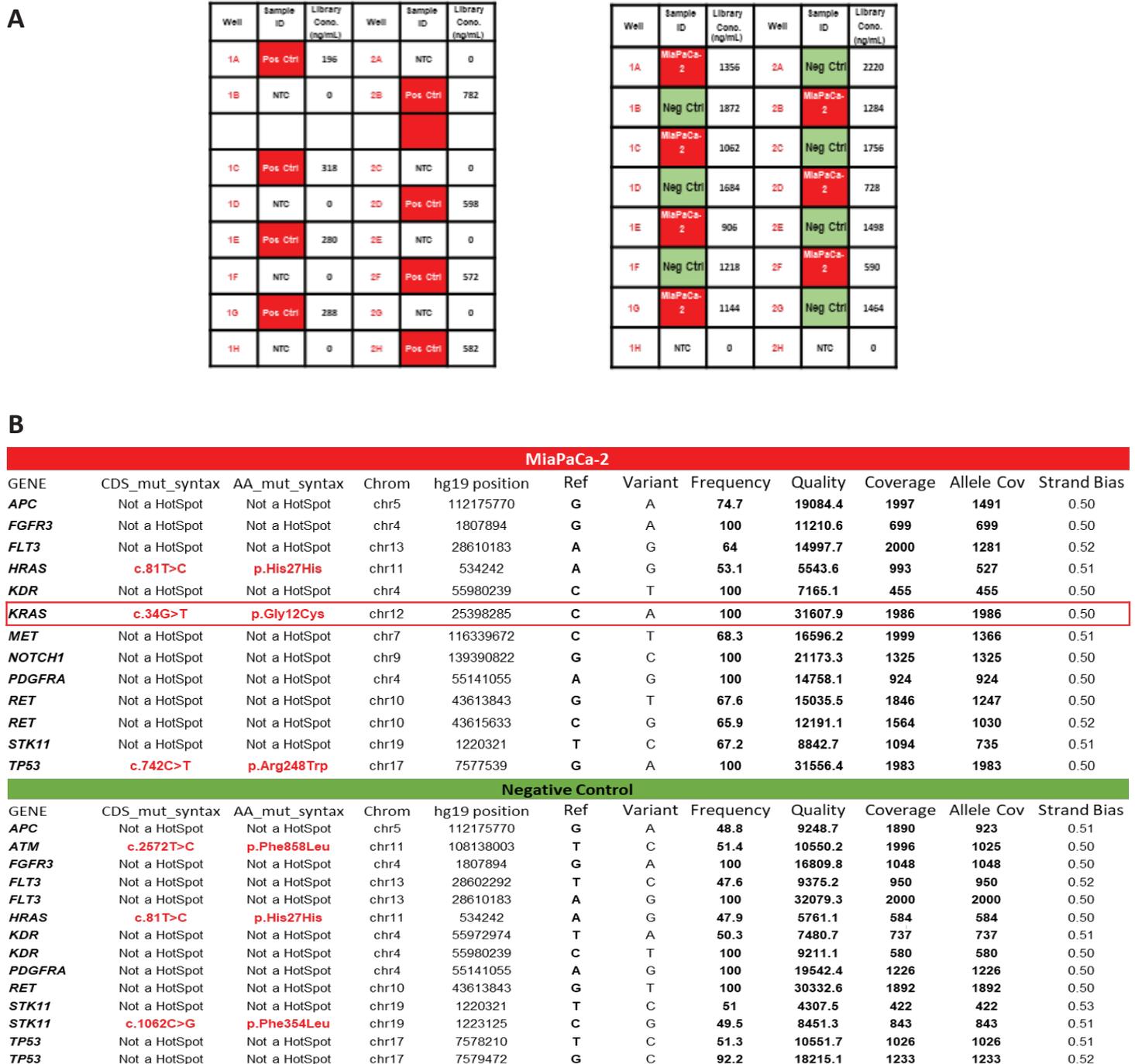


Figure 2. Checkerboard library preparation

A- Library concentrations measured by the Qubit dsDNA HS Assay for the two checkerboard experiments. B- Representative variants called for the KRAS homozygous mutant pancreatic cancer-derived cell line, MiaPaCa-2, and the Negative Control libraries from the second checkerboard experiment. The expected p.Gly12Cys KRAS mutation in the red box was systematically detected in the MiaPaCa-2 libraries at 100% frequency, whereas it was not detected on any of the Negative Control libraries prepared by the VERSA 1100 GENE

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RESULTS CONT.

Figure 3. Reproducibility

A

Well	Sample ID	Library Conc. ng/ml	Well	Sample ID	Library Conc. ng/ml
1A	Pos Ctrl	1330	2A	NTC	0
1B	Neg Ctrl	2120	2B	Pos Ctrl	1302
1C	NTC	0	2C	Neg Ctrl	1530
1D	Pos Ctrl	930	2D	NTC	11.2
1E	Neg Ctrl	1704	2E	Pos Ctrl	746
1F	NTC	0	2F	Neg Ctrl	1564
1G	Pos Ctrl	1140	2G	NTC	0
1H	Neg Ctrl	2700	2H		

Sample ID	Library prep Method	No. of Variants	Pearson's r (against Manual library prep)
Pos Ctrl	Manual	36	N/A
Pos Ctrl	VERSA 1100	36	0.997
Pos Ctrl	VERSA 1100	36	0.995
Pos Ctrl	VERSA 1100	36	0.995
Pos Ctrl	VERSA 1100	36	0.993
Pos Ctrl	VERSA 1100	36	0.994
Neg Ctrl	Manual	14	N/A
Neg Ctrl	VERSA 1100	14	0.998
Neg Ctrl	VERSA 1100	14	0.998
Neg Ctrl	VERSA 1100	14	0.999
Neg Ctrl	VERSA 1100	14	0.992
Neg Ctrl	VERSA 1100	14	0.995

B

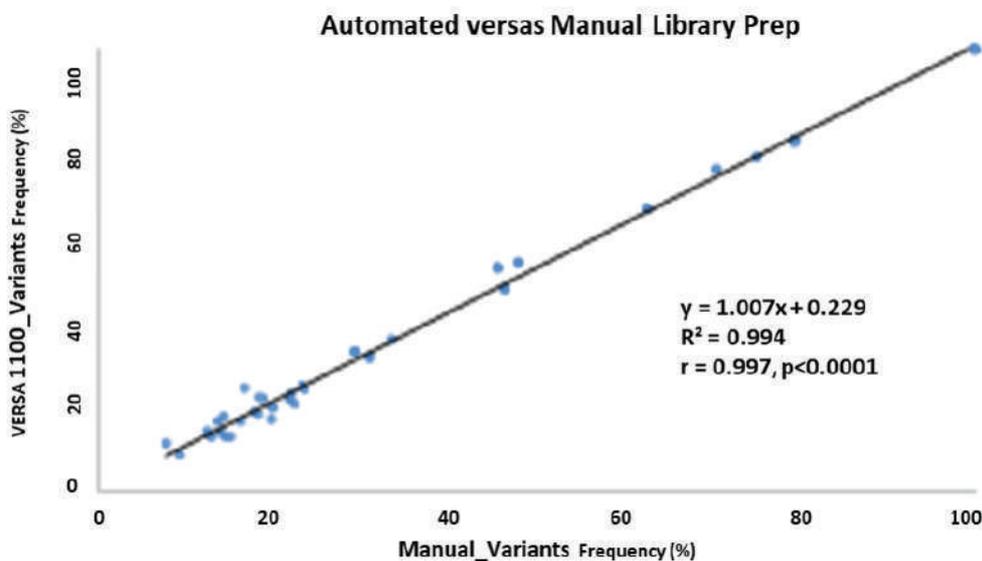


Figure 3. Reproducibility of Control Samples

A-Library concentrations measured by the Qubit dsDNA HSAssay for five Positive and Negative control samples each (Left Panel) and number of variants and Pearson's correlations of variant frequencies with those obtained from manual library preparations (Right Panel). B-Representative curve showing Pearson correlation of the 36 variants frequency identified in the Positive Control sample by both library preparation methods.

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Figure 4. Accuracy

Sample ID	No. of PCR Cycles	Library prep Method	No. of Variants	Pearson's r (against Manual library prep)
Case_1	20	Manual	N/A (library failed)	N/A
Case_1	23	Manual	19	N/A
Case_1	20	VERSA 1100	19	0.992
Case_1	23	VERSA 1100	19	0.992
Case_2	20	Manual	N/A (library failed)	N/A
Case_2	23	Manual	17	N/A
Case_2	20	VERSA 1100	17	0.996
Case_2	23	VERSA 1100	17	0.997
Case_3	23	Manual	12	N/A
Case_3	23	VERSA 1100	12	0.995

Figure 4. Accuracy in the variants called on FFPE patient samples

Difficult to amplify samples were chosen to compare the library yields and variants called from automatic versus manual library preparation protocols were used. Cases 1 and 2 failed to generate libraries using the manual protocol, so they were subjected to higher number of PCR cycles to generate libraries. For those samples, the VERSA 1100 GENE was used under both conditions, obtaining libraries even at fewer PCR cycles. The number and frequency of the variants found in every case were highly correlated.

CONCLUSIONS

From the checkerboard experiments, we concluded that this automated liquid handling system shows no evidence of cross-contamination, by either no library on the no template control (NTC) wells, or no variants called on negative samples after sequencing using the CHP2 assay.

Also, high reproducibility was observed in both, library yields and variants called across all technical replicates of the Quality Control materials.

All patient DNA samples yield good quality libraries, including those difficult samples that had previously failed using the manual library preparation method, and variants were called with highly correlated (Pearson's $r > 0.990$) frequencies to those obtained with the manual method.

Altogether, our results show that the performance of the VERSA™ 1100 Gene automated liquid handling workstation is very robust and might eliminate human-introduced errors, when compared to the manual library preparation method for the CHP2 assay.

Reference

1- Dumur CI *et al.* Quality control material for the detection of somatic mutations in fixed clinical specimens by next-generation sequencing. *Diagn Pathol.* 2015;10(1):169. PMID: 26376646, PMCID: PMC4573924