



Norris Comprehensive  
Cancer Center  
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# Comprehensive molecular profiling of *IDH1/2* mutant biliary cancers (BC)

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# Patients and Methods

GI cancer cases  
N = 27,954

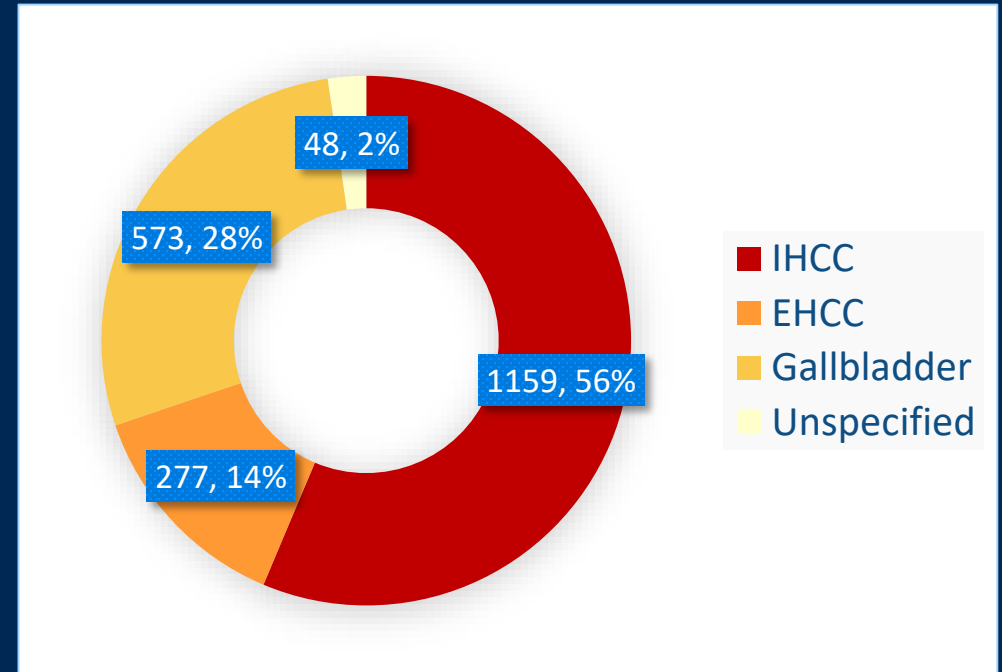
Biliary  
cancers (BC)  
N = 2,057

CRC  
N = 13,807

Other GI  
N = 7,243

## Multi-platform profiling, Caris Life Sciences:

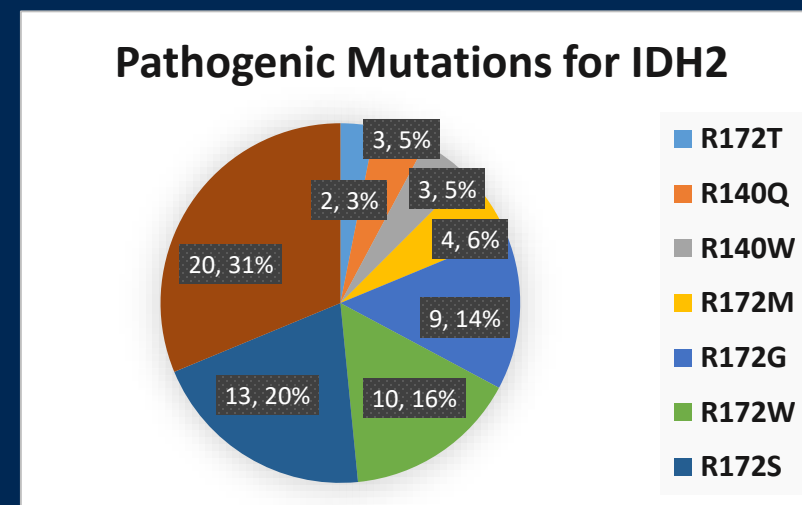
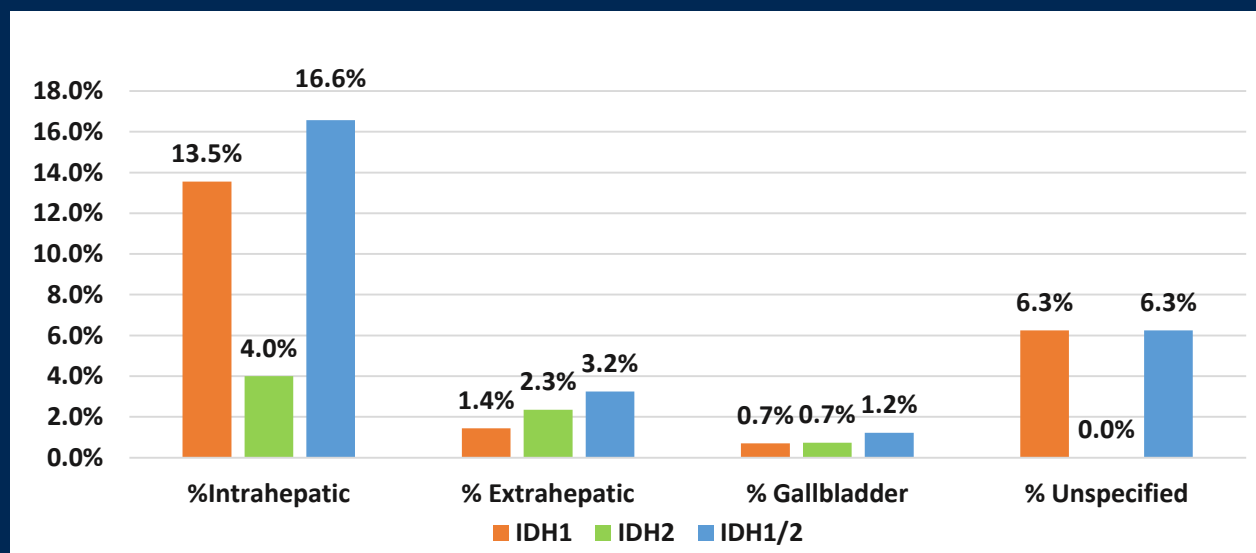
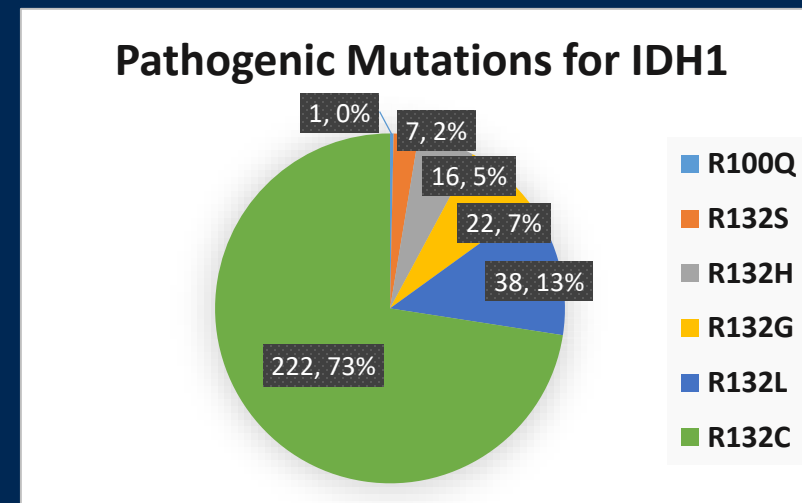
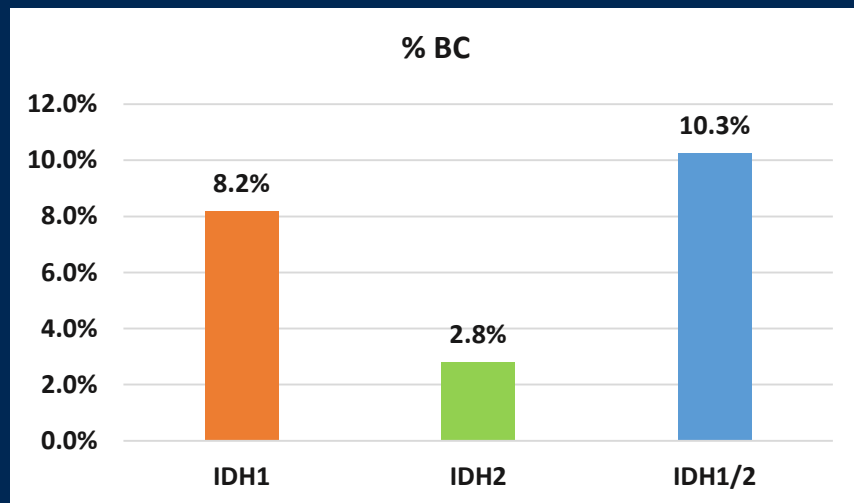
- Next Generation sequencing (NGS; 75% NextSeq 592-gene panel, 25% TruSeq 45-gene panel);
- Gene amplification (NGS, CISH);
- RNA sequencing (Whole Transcriptome Sequencing, n = 3,038; Archer Dx fusion assay, n = 3,025);
- Immunohistochemistry (IHC).



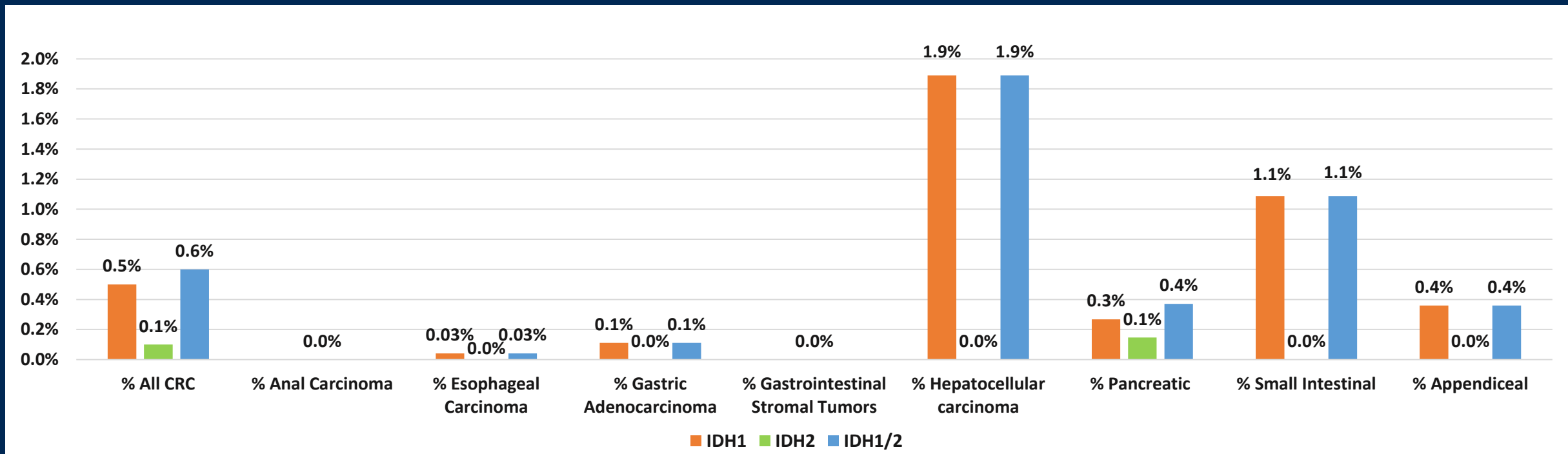
BC		
GENDER	N	MEDIAN AGE (range)
Female	1124	62.5 (25-91)
Male	933	63.9 (26-90)

IHCC: intrahepatic cholangiocarcinoma  
EHCC: extrahepatic cholangiocarcinoma

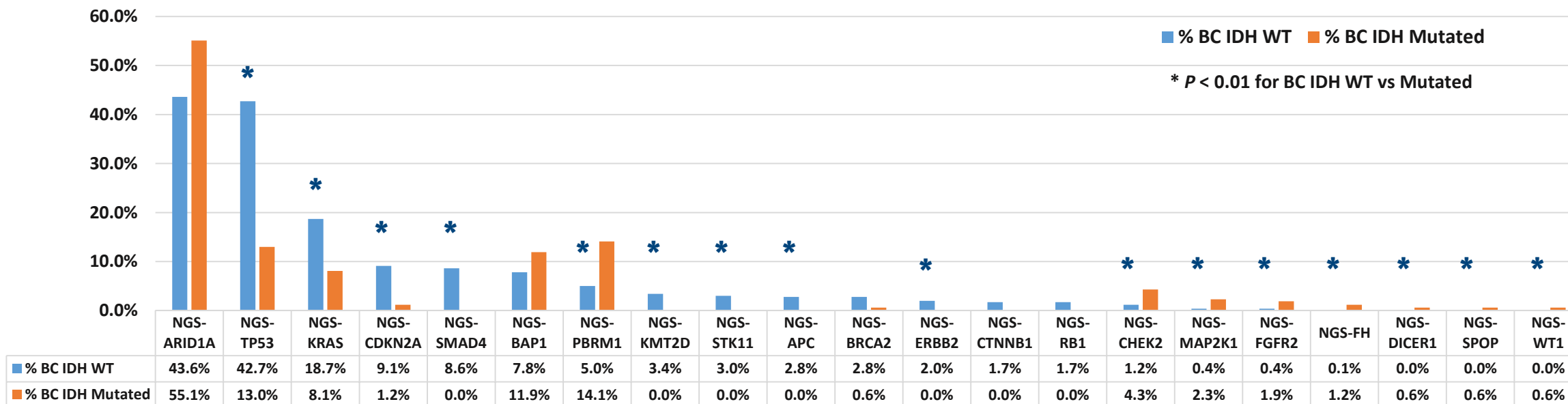
# IDH1/2 Mutation Frequency in BC



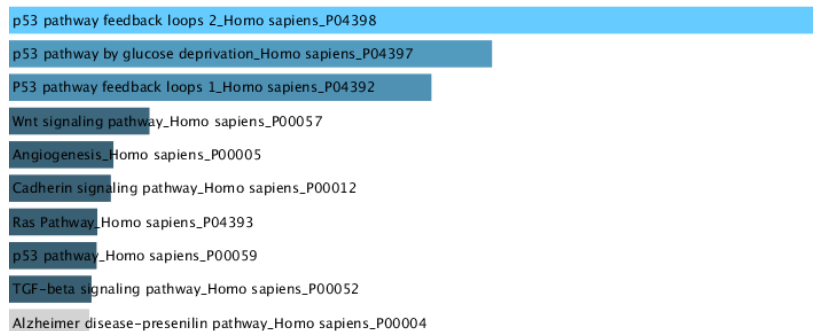
# IDH1/2 Mutation Frequency in CRC and Other GI



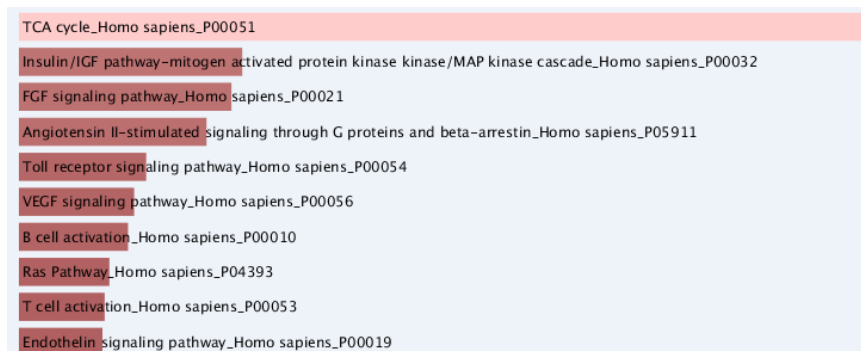
# Molecular Profiles of *IDH1/2* Mutant vs WT BC



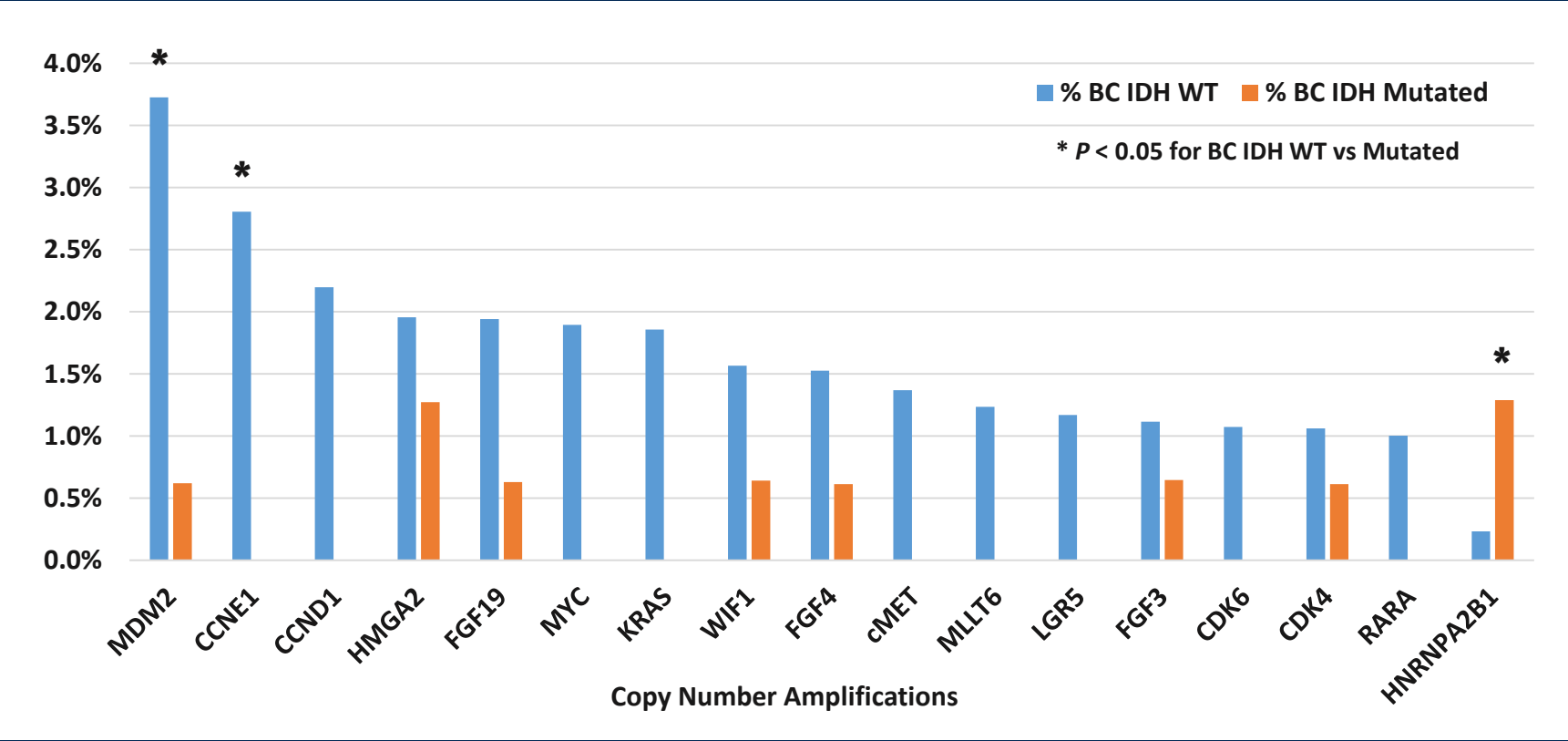
## Pathways associated with IDH-WT cohort



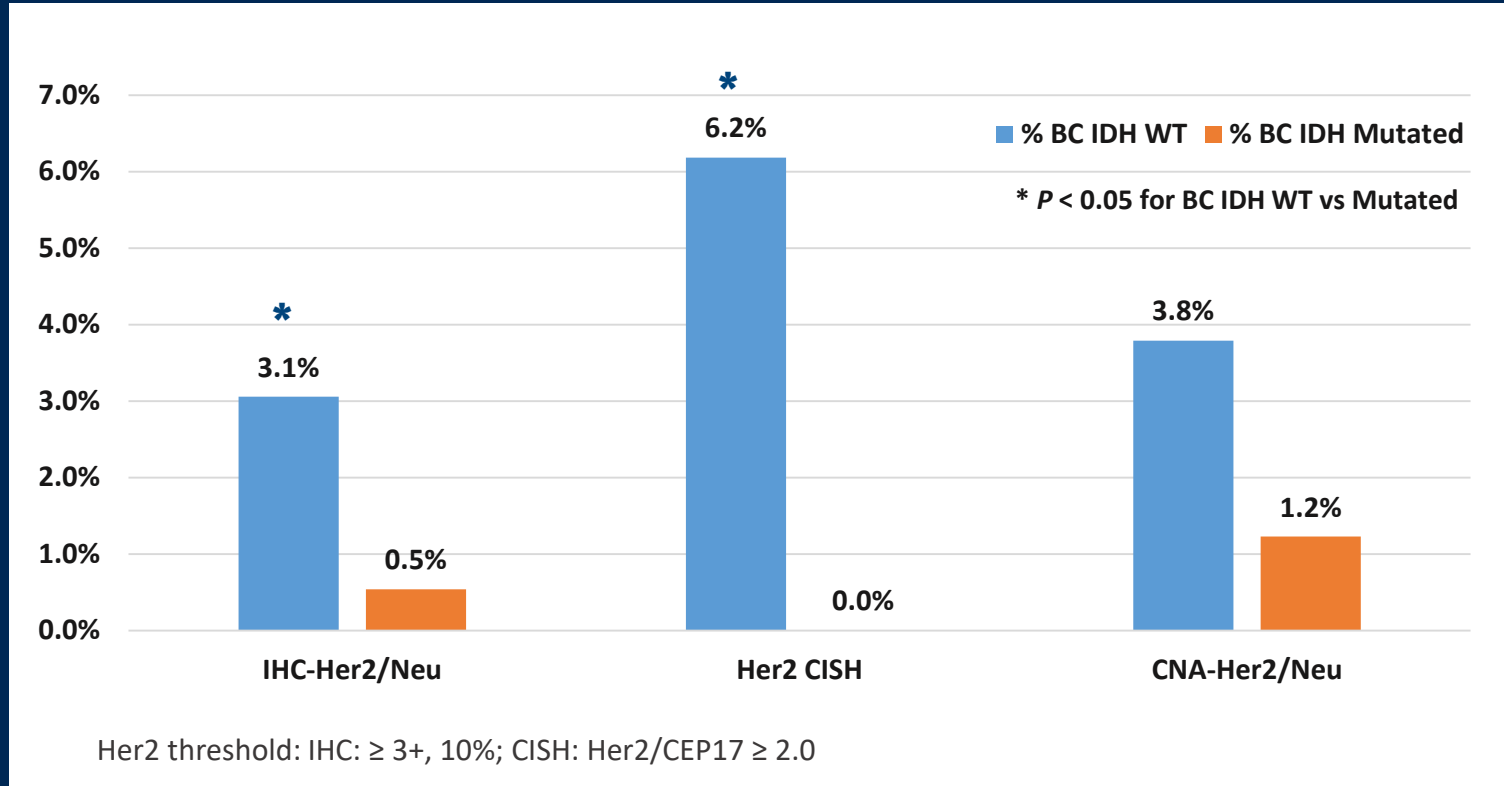
## Pathways associated with IDH-MT cohort



# Amplification rates (CNA) According to *IDH1/2* Status in BC

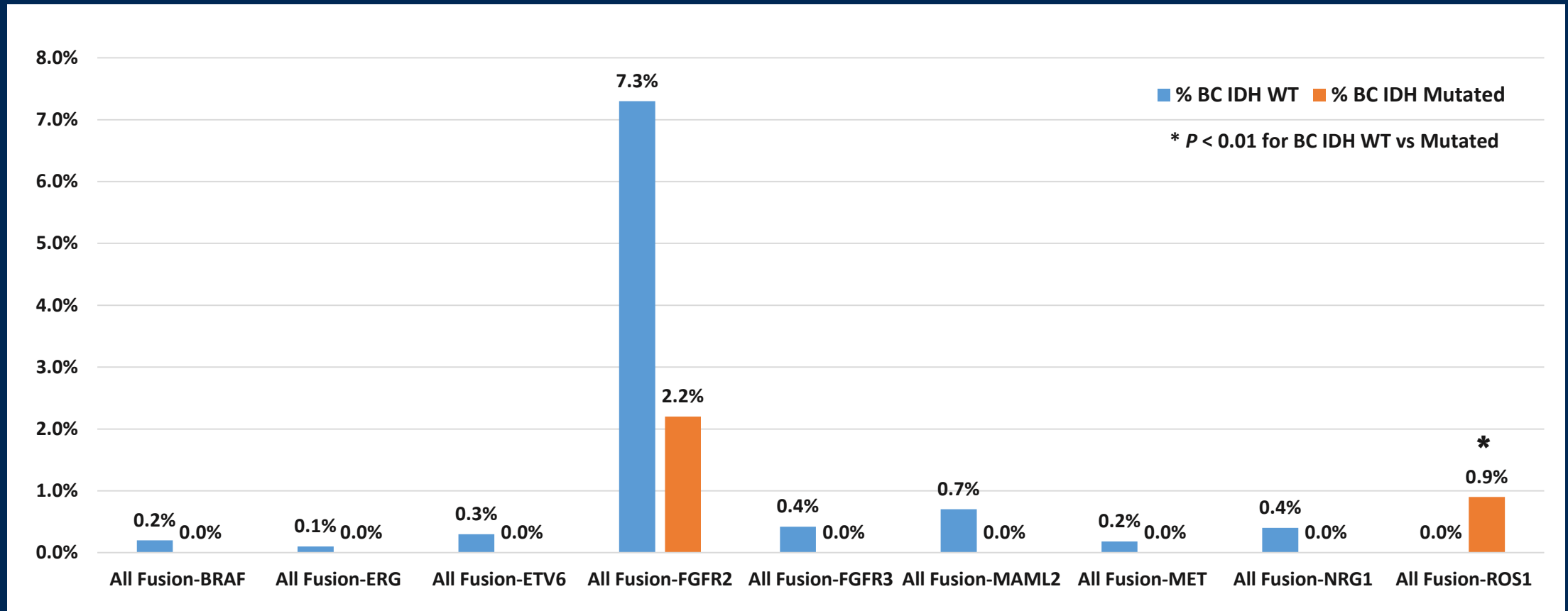


# HER2 Expression and Amplification According to *IDH1/2* Status in BC





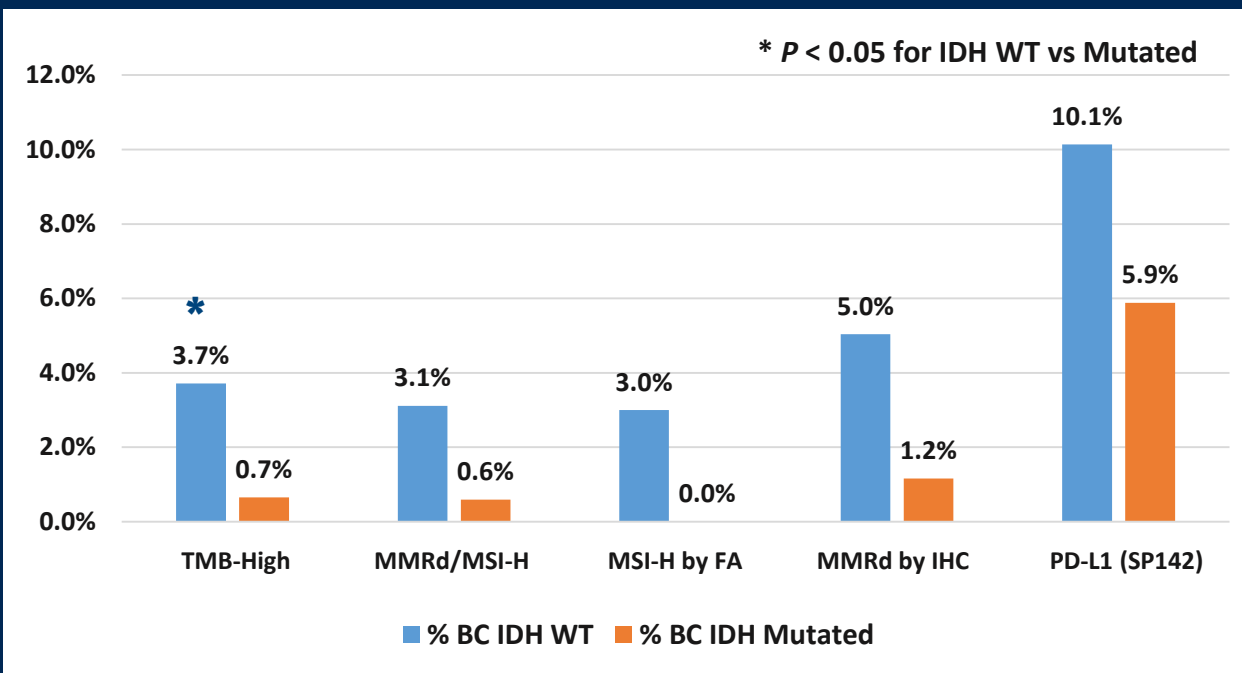
# Fusion Detection According to *IDH1/2* Status in BC



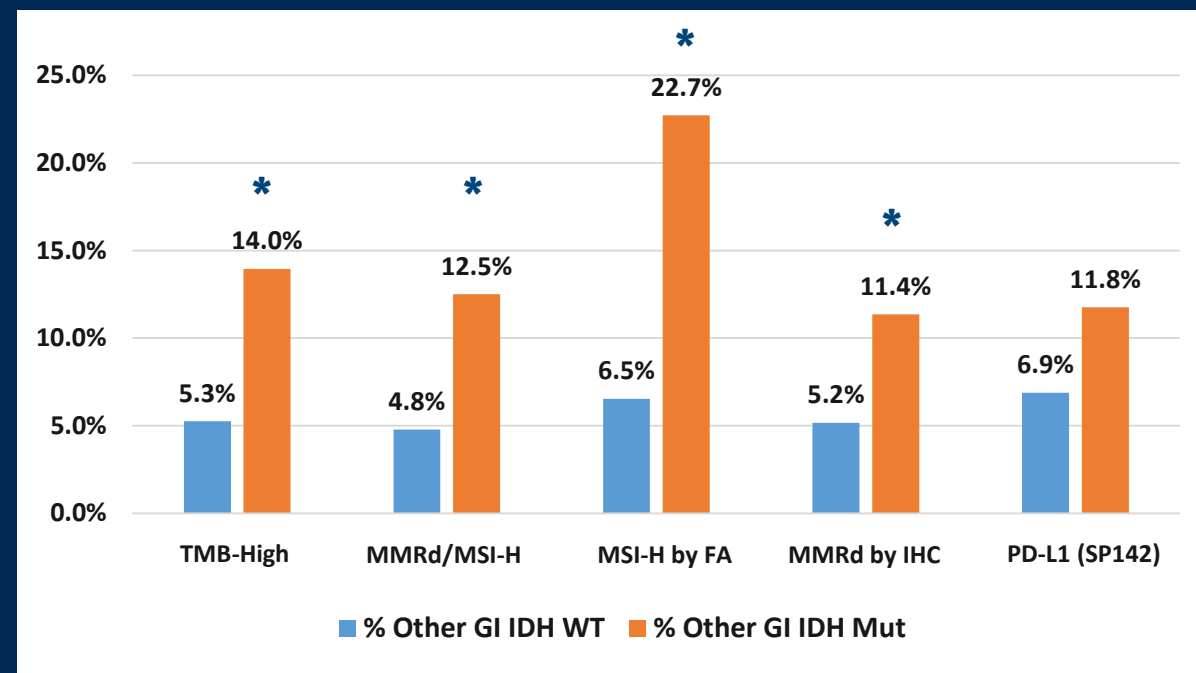


# Immune Checkpoint Related Markers According to *IDH1/2* Status

## Biliary Cancers



## Other GI Cancers



TMB cutoff  $\geq 17$  mt/MB

MMR/MSI status determined by IHC, FA (Fragment analysis) and NGS

# Conclusions

- This is the largest and most extensive profiling study to investigate the molecular makeup of *IDH1/2* mutated BC and GI tumors.
- *IDH1/2* mutations are more prevalent in IHCC compared to other BC.
- *IDH1/2* mutations are more prevalent in BC compared to other GI malignancies.
- Our data show distinct gene alteration patterns characterizing mIDH BC, involving genes related to chromatin remodeling and DNA repair, and a differential expression of immune related markers compared to other mIDH GI tumors.
- These findings could contribute to the development of rational combination therapies and to improved patient selection in the future.