

Norris Comprehensive Cancer Center Keck School of Medicine of USC



## **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 592gene 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

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## IDH1/2 Mutation Frequency in BC







Pathogenic Mutations for IDH2



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## IDH1/2 Mutation Frequency in CRC and Other GI



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



#### Pathways associated with IDH-WT cohort

p53 pathway feedback loops 2_Homo sapiens_P04398	
p53 pathway by glucose deprivation_Homo sapiens_P04397	
P53 pathway feedback loops 1_Homo sapiens_P04392	
Wnt signaling pathway_Homo sapiens_P00057	
Angiogenesis_Homo sapiens_P00005	
Cadherin signaling pathway_Homo sapiens_P00012	
Ras Pathway_Homo sapiens_P04393	
p53 pathway_Homo sapiens_P00059	
TGF-beta signaling pathway_Homo sapiens_P00052	
Alzheimer disease-presenilin pathway_Homo sapiens_P00004	

#### Pathways associated with IDH-MT cohort



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



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



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



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# 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

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## 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.  $\bullet$
- *IDH1/2* mutations are more prevalent in BC compared to other GI malignancies. ullet
- 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.

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