

Abstract # 2019: Biological and prognostic relevance of epigenetic regulatory genes in high-grade gliomas (HGGs).

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Background

- Gliomagenesis is regulated by dynamic epigenetic modifications of DNA methylation, deregulation of histones and alteration of the human Switch/Sucrose Non-Fermentable (SWI/SNF) chromatin remodeling complexes.
- These epigenetic genes are responsible for treatment resistance by inducing stemness of glioma cells and immune cells within the tumor microenvironment (TME).
- We evaluated the key chromatin remodeling (CR) genes and their interactions with other regulatory genes that are of prognostic importance.

Methods

- A total of 1856 HGGs underwent molecular profiling at Caris Life Sciences (Phoenix, AZ).
- Molecular analyses included next-generation sequencing of DNA (592 Genes, NextSeq or WES, NovaSeq) and RNA (WTS, NovaSeq).
- Cell infiltration in the TME was estimated by quanTiseq.
- X2/Fisher's-exact/Mann-Whitney U tests were used for comparison, and significance was determined as p-value adjusted for multiple comparison by the Benjamini-Hochberg method ($q < 0.05$).
- Overall survival (OS) was calculated from the start of temozolomide (TMZ) to last contact using insurance claims data.

Results

Table 1: Patient Characteristics

	Total	Wildtype	Mutant
Count (N)	1856	1264	181
Median Age (range)	59.0 (2 - >89)	59.0 (2 - 89)	57.0 (11 - 87)
Male	59.9% (1112/1856)	61.5% (777/1264)	58.0% (105/181)
Female	40.1% (744/1856)	38.5% (487/1264)	42.0% (76/181)

Table 2: Mutation frequency of chromatin remodeling genes in the 1856 high grade glioma tumors

Features	Positive (Cohort)	Negative (Cohort)	Mutation Percentage (the cohort of 1856 HGG)
DNA MeT	17	1800	0.94
His AceT	5	1836	0.27
Histone demethylase	4	1826	0.22
	2	1835	0.11
Histone methyltransferase	62	1750	3.42
	18	1823	0.98
	11	1827	0.60
	9	1824	0.49
	6	1836	0.33
	3	1838	0.16
	32	1804	1.74
SWI/SNF	15	1824	0.82
	14	1823	0.76
	12	1815	0.66
	10	1832	0.54
	5	1837	0.27
	3	1828	0.16
Transcription coactivator	16	1616	0.98

Results

Figure 1: molecular differences in CR-mutated vs. wild types in high grade glioma. 1a: comparison in all tumors (all shown differences significant); 1b: comparison in IDH WT/MSS tumors (green: significant ($q < 0.05$); purple: trending ($p < 0.05$ and $q > 0.05$))

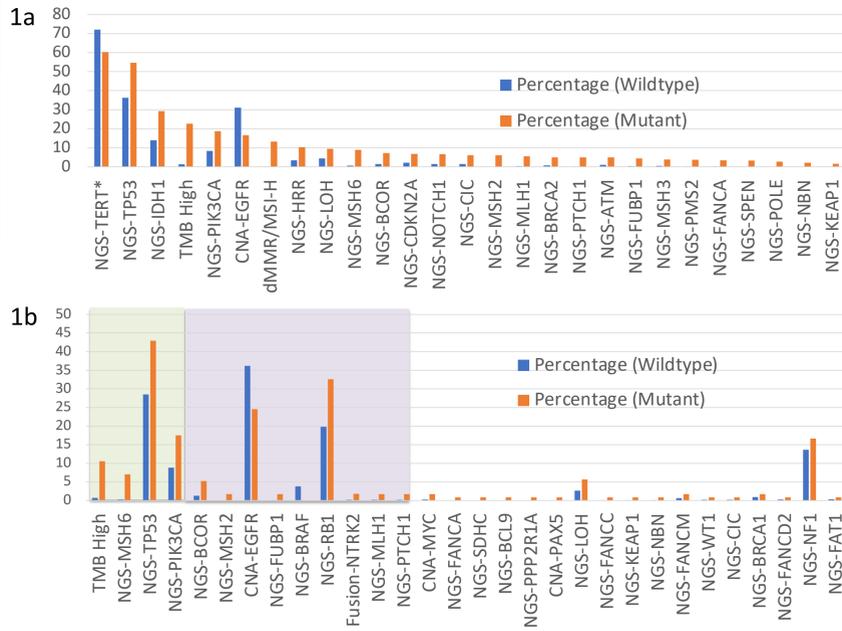
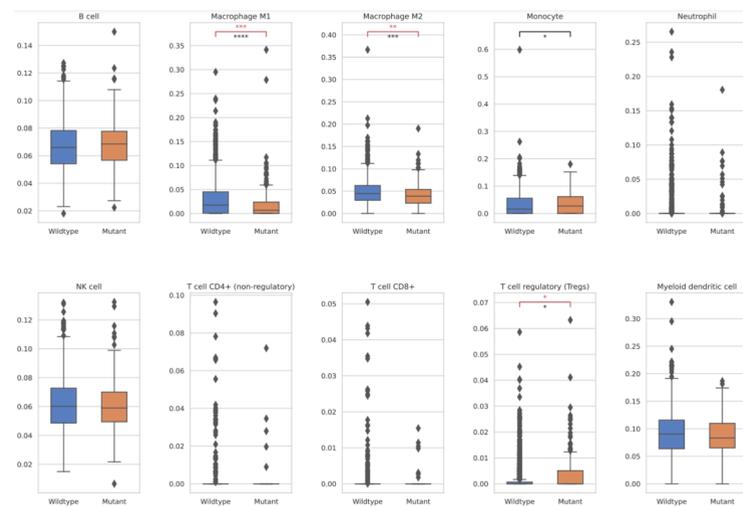


Figure 2: cell populations in the TME in CR-mutated vs. wild type in high grade glioma



Results

Figure 3: cell populations in the TME (3 a-b) and expression of selected immune-related genes (3c-d) in subgroups of CR mutations vs. wild type in high grade glioma

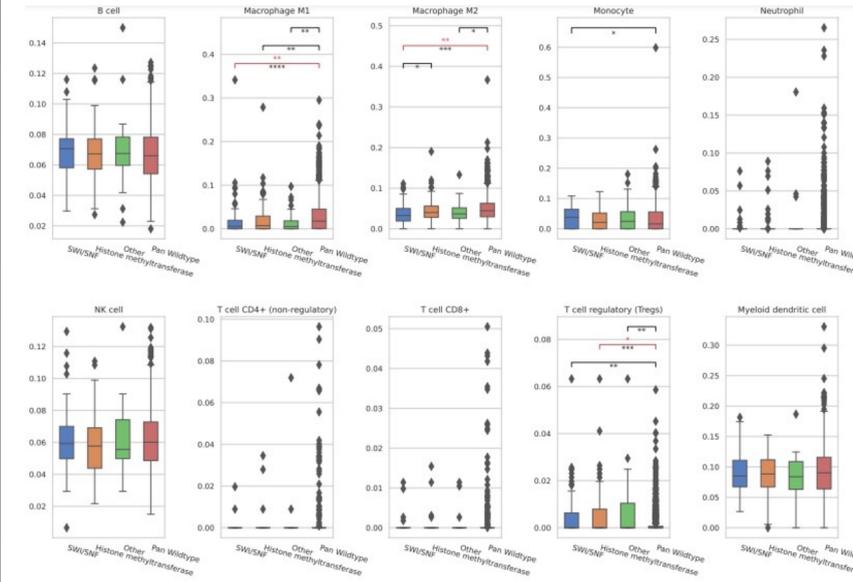


Figure 4: expression of selected immune-related genes in CR-mutated vs. wild type in high grade glioma.

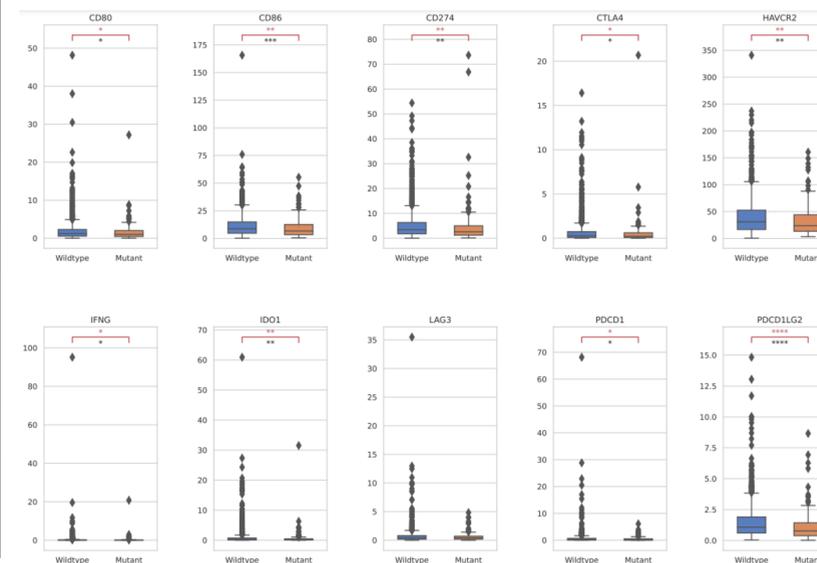
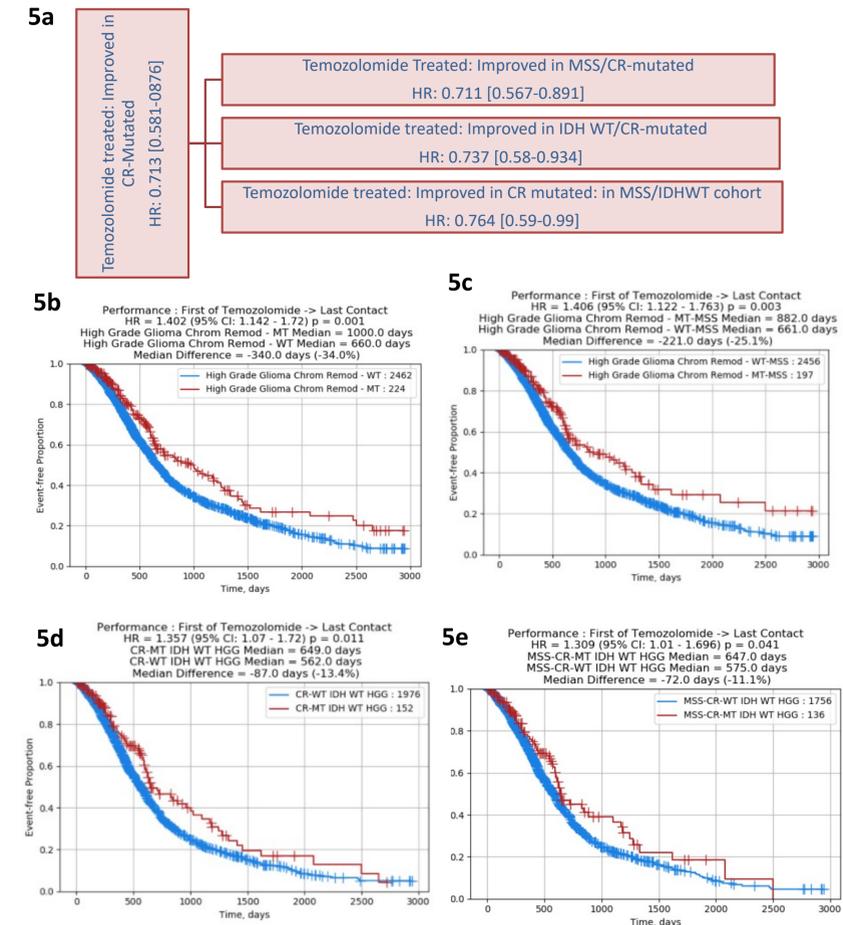


Figure 5: post-temozolomide survival in high grade glioma patients with or without chromatin remodeling mutations. 5a. Summary of Hazard Ratio (HR) in all HGG tumors and in molecular subgroups. 5b-e: Kaplan-Meier estimate of post-temozolomide survival in all HGG tumors(5b), in MSS-HGG tumors (5c), in IDH-WT HGG tumors (5d) and in IDH WT and MSS HGG tumors (5e)



Conclusions

Nearly 10% of HGGs carry mts in CR genes. CR-mt HGGs possess significantly more favorable genetic alterations and colder TME compared to the CR-WT HGGs and showed better OS when treated with TMZ in univariate analysis. Multivariate modeling and analysis of associations with specific targeted therapies is underway.