

Background

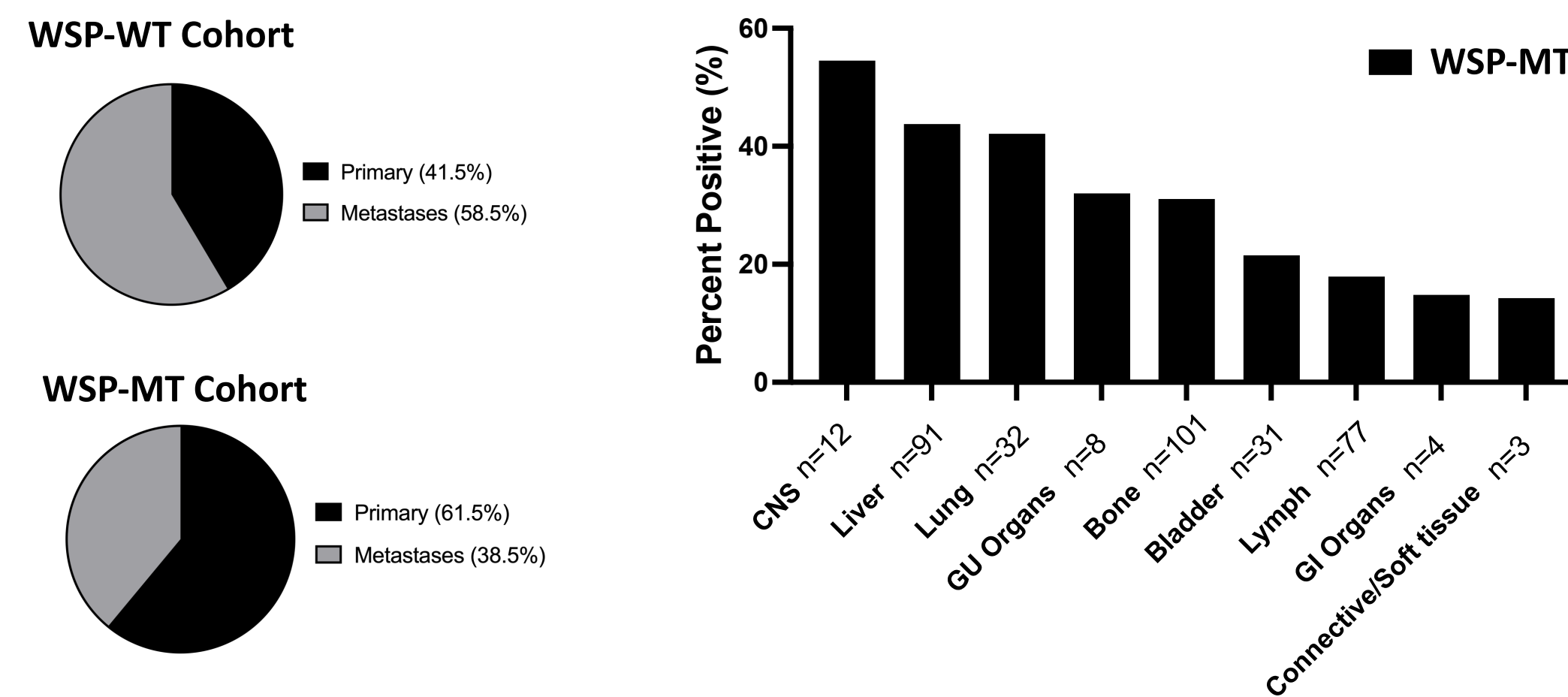
- The Wnt signaling pathway (WSP), which is comprised of the canonical (β -catenin dependent) and non-canonical pathways, is an evolutionarily conserved pathway that plays a key role in regulating multiple cellular events during embryonic development and normal adult tissue homeostasis.
- Wnt signaling is frequently altered in many cancers, including prostate cancer, and has been associated with tumorigenesis, progression, and metastasis.
- In addition to mediating downstream effector cascades that promote cancer growth and metastatic spread, the WSP has also been shown to cooperate with other cell signaling pathways, including the AR pathway, to mediate prostate cancer progression and transition to castration resistance.
- We utilized a multi-institutional real-world dataset to characterize molecular alterations in the canonical WSP in men with prostate cancer, and correlate alteration status with overall survival (OS).

Study Design

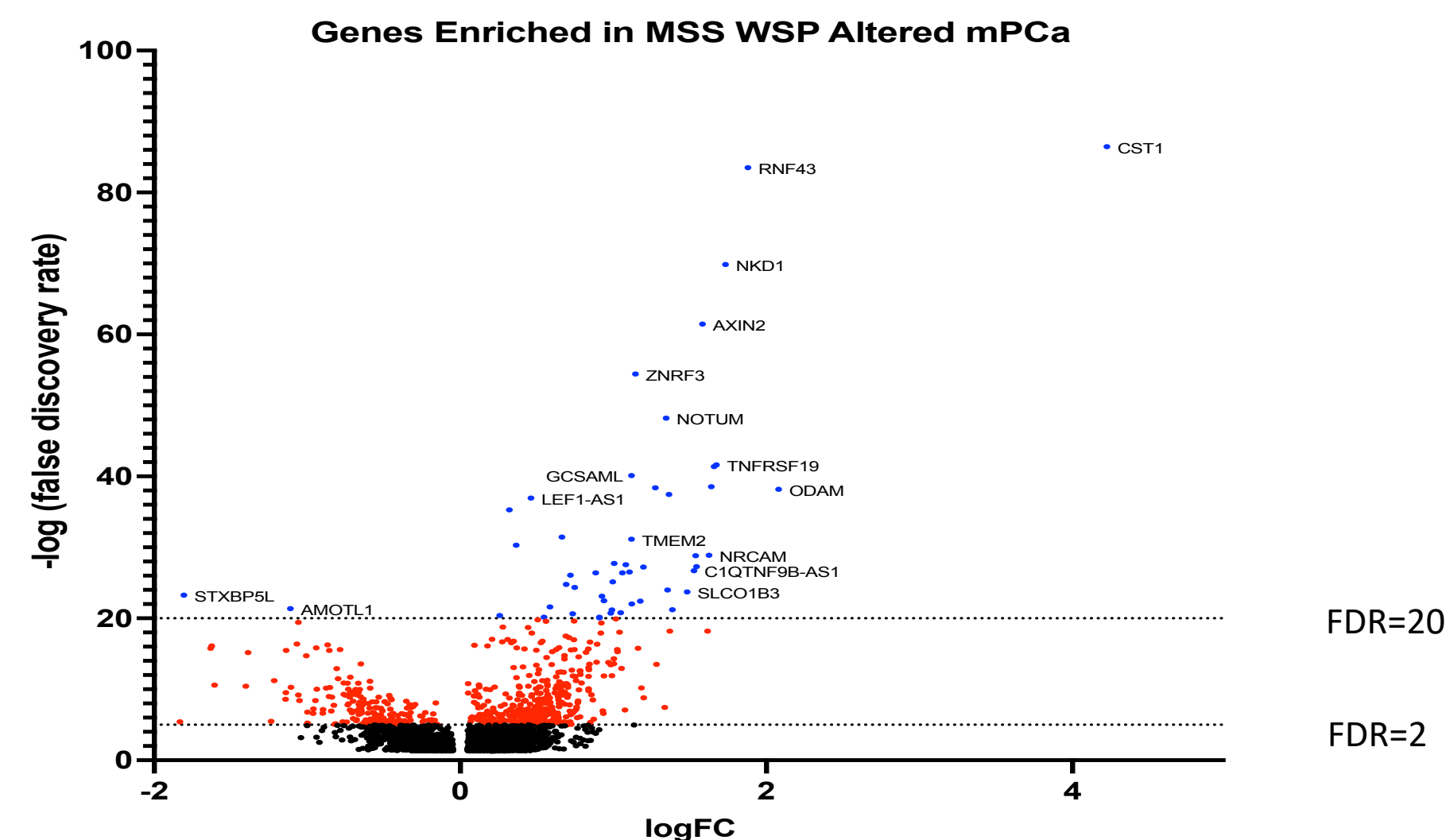
- Prostate cancer patients who underwent tissue-based DNA and RNA sequencing utilizing a commercially available CLIA-certified assay (Caris Life Sciences) were investigated.
- Next generation sequencing (NGS)/whole exome (WES) and transcriptome sequencing (WTS) was performed on prostate cancer tissue derived from prostatic and/or metastatic sites.
- Patients with somatic activating mutations in *CTNNB1*, pathogenic fusions in *RSPO2*, or inactivating mutations in *APC* or *RNF43* were characterized as having aberrant canonical Wnt signaling (WSP-MT).
- Patients with microsatellite stable (MSS) tumors with somatic activating mutations in *CTNNB1*, pathogenic fusions in *RSPO2*, or inactivating mutations in *APC* or *RNF43* (excluding tumors with a *RNF43* (G659fs*) mutation) were classified as having aberrant canonical Wnt signaling (WSP-MT).
- Subset analyses were conducted in metastatic prostate cancer samples with microsatellite stable (MSS) tumors excluding *RNF43* (G659fs*) mutations as WSP-MT.
- Comparative analyses were done using Fisher-Exact or X2 tests, and significance was determined by adjusted p value using Benjamini-Hochberg correction ($q < 0.05$).
- OS was obtained from insurance claims data and calculated using Kaplan-Meier estimates. Enriched mRNA transcripts were identified as those with an adjusted p value < 0.001 , $\log_{2}FC > 1.5$, and $(-)\log_{10} FDR > 20$.

- Canonical WSP alterations are enriched in metastatic **vs. primary** tumors, with highest prevalence in visceral (CNS, liver, lung) metastases
- WSP alterations co-occur with *SPOP* mutations and are depleted for *RB1* alterations**
- Clinical outcomes in WSP-mutant cancers are worse with both hormonal and chemotherapies; **thus novel therapeutics are urgently needed** for such patients.

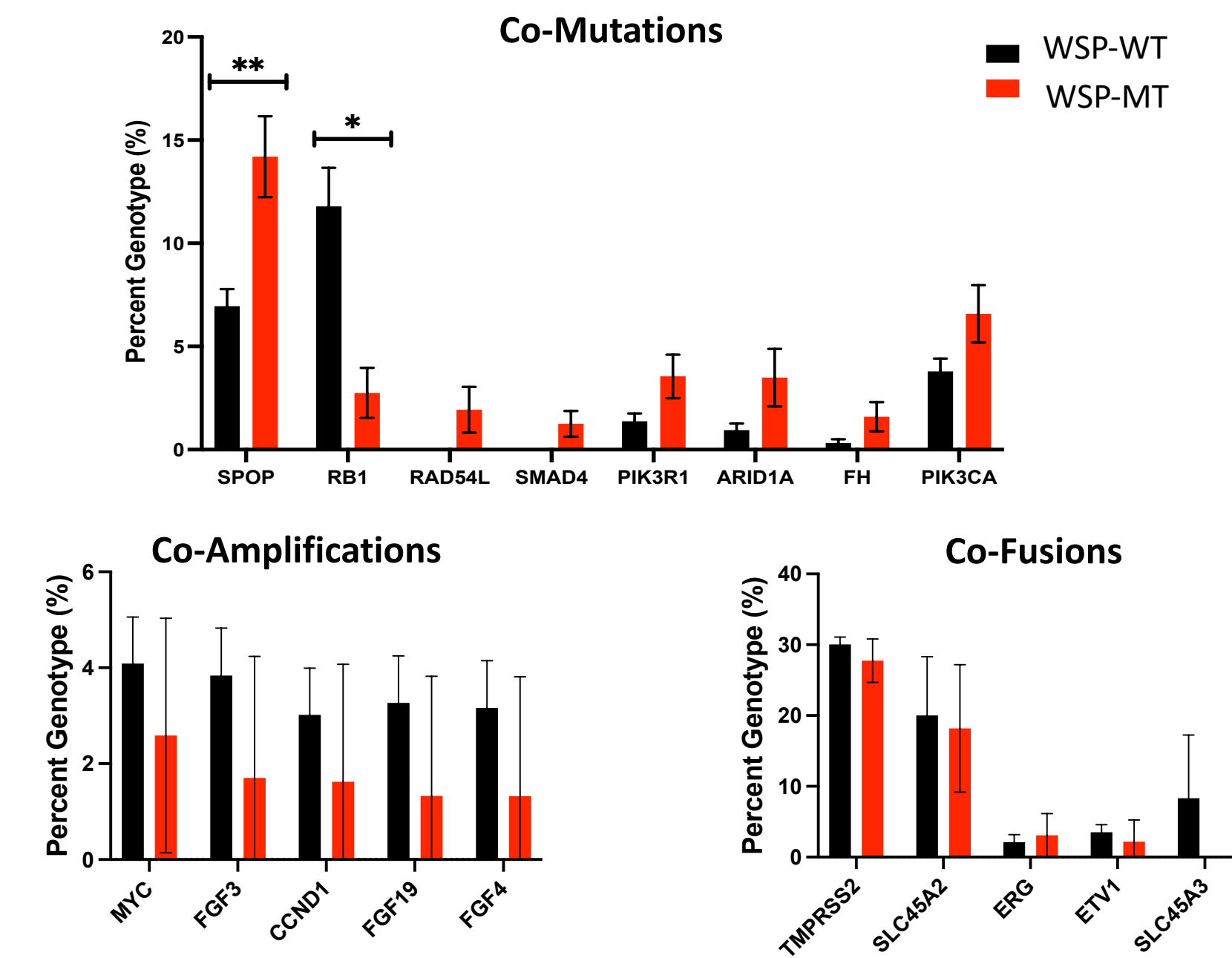
Distribution of WSP-MT by Site of Metastasis



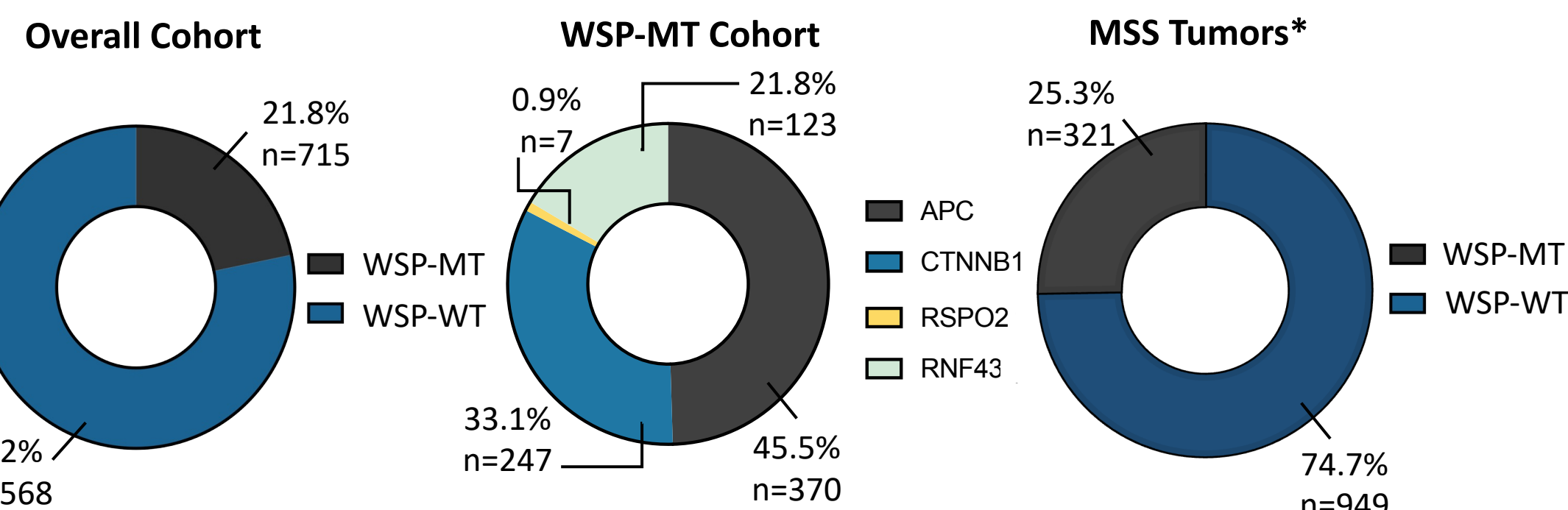
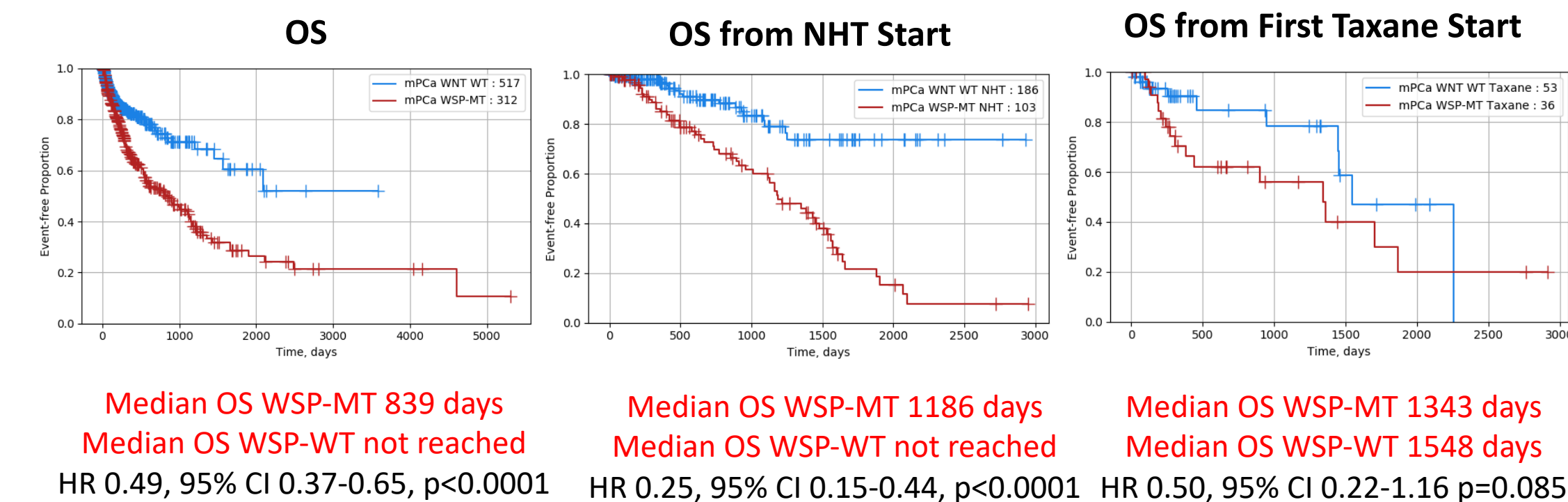
Transcripts Enriched in MSS WSP-MT Tumors



Co-Occurring Alterations in MSS WSP-MT Tumors



Association with Overall Survival



*WSP-MT tumors had a greater frequency of dMMR/MSI-H status (18% versus 2%, $q < 0.001$), therefore analysis conducted in MSS tumors excluding *RNF43* (G659fs*) mutations as WSP-MT.

```
[96]: df_info.loc[wnt_dict['WNT WT'], 'Met Site'].value_counts()
```

```
[96]: Prostate          1612  
      Lymph            361  
      Bone             232  
      Bladder          120  
      Liver            116  
      Other            71  
      Lung             46  
      GI organs        27  
      GU organs        19  
      Connective/Soft Tissue 19  
      Brain            10  
      Name: Met Site, dtype: int64
```

```
[97]: df_info.loc[wnt_dict['WNT Mut'], 'Met Site'].value_counts()
```

```
[97]: Prostate          264  
      Bone            101  
      Liver           92  
      Lymph           77  
      Lung            32  
      Bladder         31  
      Other           27  
      Brain           12  
      GU organs        8  
      GI organs        4  
      Connective/Soft Tissue 3  
      Name: Met Site, dtype: int64
```