

Pan-sarcoma multi-omic analysis identifies sarcoma subtypes with immunogenic potential

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Background

- Immune checkpoint inhibitors (ICI) have limited efficacy against soft tissue sarcomas (STS)
- Response to ICI are seen both in individual sarcoma subtypes and in individual patients with otherwise resistant subtypes
- Traditional biomarkers for ICI responsiveness (i.e. PD-L1, TMB) have been insufficient for differentiating which patients with STS will benefit from ICI¹
- Upregulation of the T cell inflamed score (TIS)², an 18 gene expression signature reflective of an active tumor immune microenvironment (TME), has been associated with a response to ICI across multiple solid tumors
- We sought to investigate the prevalence of a high TIS across a large cohort of soft tissue sarcomas

Methods

- Next-generation sequencing of DNA (592 gene panel or whole exome) and RNA (whole transcriptome) was performed on 3605 sarcoma patient samples, representing 45 histologic subtypes, submitted to a CLIA-certified laboratory (Caris Life Sciences, Phoenix, AZ)
- TIS was calculated as an 18 gene weighted coefficient composite value from transcriptomic data²
- The Microenvironment Cell Populations-counter tool was used to quantify immune cell populations³
- TMB-High (\geq 10 mutations/Mb); PD-L1+ (SP142; 2+|5% = positive)
- Results were compared to NGS data from melanoma (n=1255), a • representative immunogenic tumor type. High TIS was defined as a score within the upper quartile of melanoma TIS (>5.5).
- P-values were adjusted for multiple hypothesis testing

Low-Grade Endometrial Stromal Sarcoma WDLS



Biomarker-positive Rate 0.0%

ANGS-Unclear

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Macrophage/Monocyte

Sarcoma Subtype	Abbreviation	N samples	Sarcoma Subtype	Abbreviation	N samples
Overall	Overall	3605	Uterine Sarcoma, Other	LGESS	35
Gastrointestinal Stromal Tumor	GIST	524	Uterine Adenosarcoma	OUSARC	35
Uterine Leiomyosarcoma	ULMS	454	Well-Differentiated Liposarcoma	UAS	35
Sarcoma, NOS	SARCNOS	421	Desmoplastic Small-Round-Cell Tumor	ES	32
Leiomyosarcoma	LMS	345	Angiosarcoma (Cutaneous)	ANGS-CUT	30
Pleomorphic Sarcoma	PLSARC	192	Ewing Sarcoma	PECOMA	30
Dedifferentiated Liposarcoma	DDLS	148	Fibrosarcoma	FIBS	24
Angiosarcoma (non-Cutaneous)	ANGS-nonCUT	133	Perivascular Epithelioid Cell Tumor	EHAE	24
Spindle Cell Sarcoma	SCSARC	97	Uterine Sarcoma/Mesenchymal	USARC	22
High-Grade Endometrial Stromal Sarcoma	HGESS	82	Epithelioid Hemangioendothelioma	PLLS	22
Uterine Carcinosarcoma/Uterine Malignant	UCS	75	Pleomorphic Liposarcoma	PT	21
Mixed Mullerian Tumor			Phyllodes Tumor of the Breast	RCSNOS	19
Synovial Sarcoma	SYNS	71	Round Cell Sarcoma, NOS	UELMS	18
Solitary Fibrous Tumor/Hemangiopericytoma	aSFT	64	Uterine Epithelioid Leiomyosarcoma	IMT	17
Malignant Peripheral Nerve Sheath Tumor	MPNST	59	Inflammatory Myofibroblastic Tumor	DDCHS	17
Liposarcoma	CHS	52	Dedifferentiated Chondrosarcoma	HPCCNS	16
Chondrosarcoma	RMS	51	Alveolar Rhabdomyosarcoma	DSRCT	15
Rhabdomyosarcoma	CHDM	49	Clear Cell Sarcoma	CCS	15
Chordoma	LIPO	47	Hemangiopericytoma of the Central Nervous		4.5
Undifferentiated Uterine Sarcoma	UUS	46	System	ARMS	15
Myxofibrosarcoma	MFS	43	Myxoid Chondrosarcoma	MYCHS	14
Osteosarcoma	OS	39	Epithelioid Sarcoma	ERMS	13
Myxoid/Round-Cell Liposarcoma	MRLS	37	Embryonal Rhabdomyosarcoma	EPIS	13
Desmoid/Aggressive Fibromatosis	DES	36	Pleomorphic Rhabdomvosarcoma	PLRMS	12

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Angiosarcoma (Unclear)

Table 1. Distribution of Sarcoma Subtypes included in the study.

Results

Figure 2. Proportion of TIS scores within Melanoma (MM) TIS score Quartiles by sarcoma subtype



Figure 3. Tumor microenvironment cell populations by sarcoma subtype







Biomarker-positive = mutated (mut), copy number amplified (amp), fusion-positive, IHC+, or TMB-High samples Biomarker-negative = wild type, IHC-, or TMB-Low samples



Conclusions

We found high median TIS and/or significant proportions of samples with a high TIS in sarcoma subtypes with previously demonstrated responsiveness to ICI, including MFS, PLSARC, LPS, and ANGS, while unresponsive tumor types such as RMS, DES, SYNS, and ES had low TIS.

We further identified subtypes with high TIS but limited prior clinical data supporting ICI use, such as IMT, EPIS, MPNST, SFT, and PEComa.

Our results warrant prospective exploration of TIS as a predictive biomarker for ICI use in sarcoma.

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