Comparative Analysis of Microsatellite Instability-High BRAF V600E–Mutated Versus MSI-H BRAF-Wild-Type Colorectal Cancers, Including Tumor Microenvironment, Associated Genomic Alterations, and Immuno-Metabolomic Biomarkers

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INTRODUCTION



The impact of coexisting BRAF V600E mutations on the tumor



			·· ·		Quarall	DDAE WT	BRAF	
The evaluated the relationship between BRAF mutations, TME, and mmunometabolic features in a patient cohort with MSI-H/dMMR				Characteristic	N=459	n=336	<i>V600E</i> ^{mut} , n=123	p-value
RC.				MSI-H, n (%)	444 (98%)	321 (97%)	123 (100%)	0.041*
METHODS				Unknown	4	4	0	
				TMB-H, n (%)	428 (96%)	305 (95%)	123 (100%)	0.008*
				Unknown	15	15	0	
De-identified records of p			ents (N=459) with	NTB, Median	15 (10 20)	15 (10 20)	15 (12 20)	04
	CRC sequenced by the Tempus xT next- generation sequencing (NGS) assay were retrospectively analyzed			(IQR)	10 (10, 20)	10 (10, 20)	10 (12, 20)	0.4
				Unknown	38	35	3	
/				[*] PDL-1+, n (%)	37 (26%)	27 (23%)	10 (36%)	0.2
			Unknown	316	221	95		
MSI-H was determined by assessment of 239 loci and dMMR by IHC Tumor mutational burden (TMB), neoantigen tumor burden (NTB, NeoScan), PD-L1 expression, immune infiltration, and canonical immuno-metabolomic pathways assessed				 *Indicates significance by BRAF V600E status following Pearson's Chi-squared test, Fisher's exact test, or Wilcoxon rank-sum test. †PD-L1 Status was only available for patients whose samples were assessed in-house by immunohistochemical staining. ‡ Percentages reflect number of patients for each metric out of all patients with reported data for that respective metric (total less missing population). Table 2. BRAF V600E^{mut} patient tumors were slightly more likely to be MSI-H and TMB-H (in fact, 100% in the current cohort for both) than BRAF V600E^{WT} patient tumors. In a reduced cohort of patient tumors that underwent internal IHC, BRAF V600E^{mut} tumors demonstrated a trond, towarda, marc, DD L1, pacific the substitute of backs. 				
Over	view of Cohor	t Demograph	ics	reduced cohort.	ле РО-стро	ositivity, aibei	t non-signinea	
naracteristic	Overall, N=459	<i>BRAF</i> ^{wт} , n=336	<i>BRAF V600E</i> ^{mut} , n=123	Genomic Differences Between BRAF V600E ^{mut} and BRAF ^{WT} MSI-H/dMMR CRCs				
ender, n (%)							% Patients	
emale	269 (59%)	185 (55%)	84 (69%)			_		20 40 60
าknown	1	0	1	BRAF V600E ^{mut}				
.ge, Median (IQR)	69 (57, 78)	62 (51, 73)	76 (70, 85)	BRAF V600E ^{WT}				10 M T
1known	126	108	18	VR2ANFAS ASHS M12 AI	DIANSHOPLE BENNERS	er of the part of the st	PINNE COR	oto and chiroft.
ace, n (%)		470 (000/)		PO K. K. P.		∑, ₹ x ,	· 4. 6.	ΥΫ́Υ, Ϋ́Ϋ́Υ,
1110 Nok/African Amarican	227 (83%) 20 (7.20/)	16 (7 70/)	57(80%)					
	∠∪ (1.3%) ス (1 10/)	10 (1.170) 2 (1 10/)	(0.170)	*Comparisons were made by Pearson's Chi-squared tests with false-discovery rate correction for multiple comparisons. Percentages reflect the proportion of patients in each group with a Pathogenic or Likely-				
iaii hor	3 (1.170) 21 (2.20/1)	3 (1.470) 10 (0 10/1)	5 (7 6%)	Pathogenic somatic short va	ariant.	,		y
known	עייע (0.0 /0 <i>)</i> 185	128	57	Fiaure 1. When	compared to	o <i>BRAF</i> ^{₩T} ti	imors. BRAF	V600E ^{mut}
and $n(\%)$	100	120		tumors harbored.	among other	differences,	a greater free	quency of
	19 (5.0%)	17 (6 0%)	2 (2 0%)	MSH6 (42% vs. 2	0%), <i>B2M</i> (33	3% vs. 16%),	BRCA2 (31%	vs. 12%),
age I	81 (21%)	60 (21%)	21 (21%)	ATM (23% vs. 12%	%), and <i>TP53</i>	(30% vs. 19%	6) but a lower	frequency
ade III	90 (21 %) 90 (24%)	63 (27%)	27 (27%)	of <i>MSH2</i> (3.3% vs	. 11%), all <i>q</i> <(0. 05.		. ,
ade IV	190 (27 /0) 190 (50%)	141 (50%)	Δ9 (Δ9%)	-	-			
	79	55	24					
known		Pearson's Chi-square	d toot Eigher's event toot or	Acknowledge	ements: W	e thank Am	rita A. Iyer, F	hD and
hknown licates significance by BRAF V coxon rank-sum test; Age refle ection. ‡ Percentages reflect nu respective metric (total less mi	600E status following F ects data at diagnosis umber of patients for ea ssing population).	; Stage reflects data ach metric out of all p	available closest to biopsy atients with reported data for	Mattnew Kase		assembly a	nd review.	





SUMMARY

- associated with broad metabolic reprogramming.
- <u>equally</u> likely to benefit from immune checkpoint inhibitors.

RESULTS

Hospital

In a cohort of 459 MSI-H/dMMR CRCs, BRAF V600E^{mut} CRCs exhibited hyperproliferative characteristics BRAF V600E^{mut} and BRAF^{wt} MSI-H/dMMR CRCs exhibited similar NTB and T cell infiltration, suggesting both are



5). *N_{Total} patient tumors with RNA-Seq. data available= 324.

Figure 2. Proportions of infiltrating immune cells were estimated through RNA-seq*. The proportion of natural killer (NK) cells was significantly higher in BRAF V600Emut compared with BRAFWT (median 21% vs. 15%, p < 0.001) while no significant differences were found amongst CD4+ and CD8+ T cells. IMMUNE_TH1_GALON showed significant up-regulation in BRAF V600Emut tumors (see Figure 5).



Cancer Stem Cell Pathways Are **Downregulated in BRAF V600E**^{mut} Tumors







*N_{Total} patient tumors with RNA-Seg. data available= 324.

p=0.003

Figure 3. Cancer Stem pathways showed Cell significant downregulation (see Figure 5), including and WNT/Catenin Notch signaling pathways.

*Unadjusted for false discovery.

Figure 5. Five pathways each showed significant upregulation and downregulation among BRAF V600E^{mut} tumors (p<0.05). Enrichment of pathways highlighted in red were significantly different following false discovery adjustment. Pathway enrichment scores computed through GSVA (full form) were compared between BRAF V600E^{mut} and BRAF V600E^{WT} via differential expression analysis. Differentially expressed pathways (at 5% alpha level) are shown. Pathways differentially expressed after false discovery adjustment are represented in red.





*N_{Total} patient tumors with RNA-Seq. data available= 324.

Figure 4. Five pathways demonstrated significant upregulation (see Figure 5) among BRAF V600Emut tumors, 4 of which included: cyclindependent cell signaling, glycerophospholipid metabolism, galactose metabolism and nucleotide metabolism.





Cell cycle/ Mitosis Pathways Immune Pathways

Metabolic pathways

Cancer Stem Cell Pathways





Atrium Health Levine Cancer Institute