



Comprehensive –omic analysis of 152 CRC patients allows greater subclassification than CMS or sidedness alone

CONTRIBUTING RESEARCHERS

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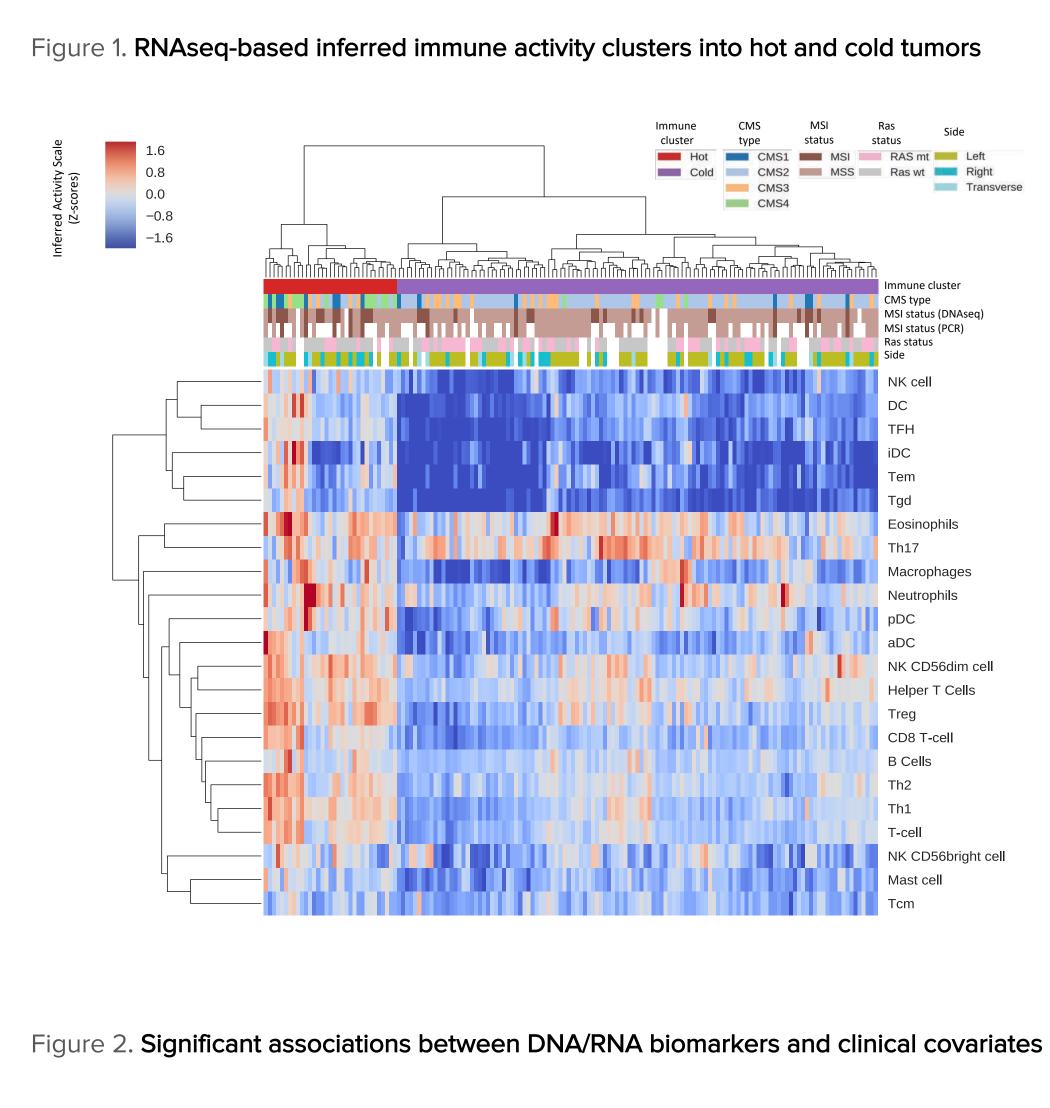
BACKGROUND

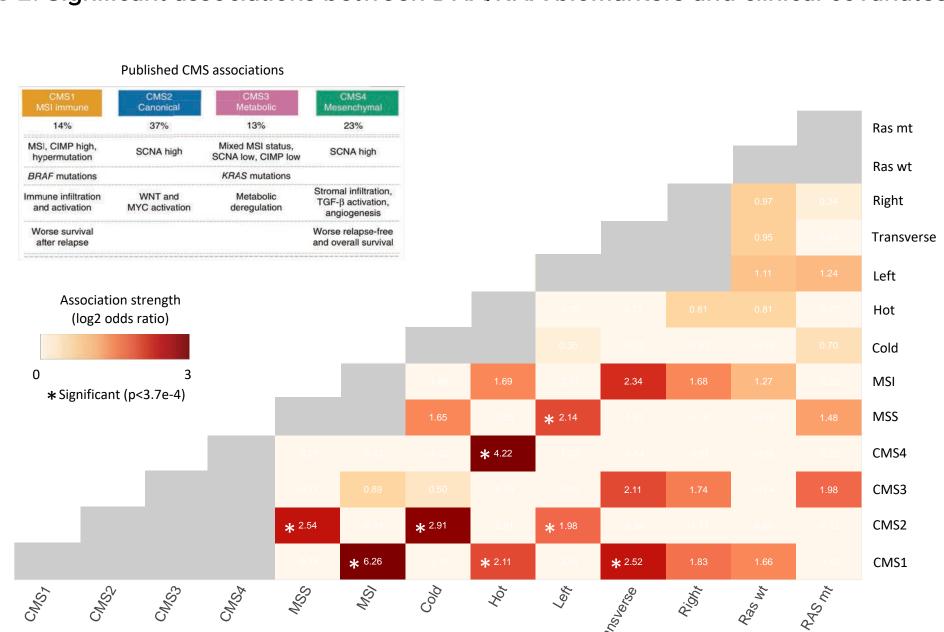
Despite relatively high TMB in CRC, immune checkpoint inhibition (ICI) **response is lower** than in similarly mutated tissues such as melanoma (ORR 10-20% vs. 20-50%). MSI-status can be used to pre-select likely-responders, however **MSI is rare**. There is a **need to further guide ICI candidacy** in CRC. Four transcriptomic-based **CRC consensus molecular subtypes** (CMS) have been described with *ad hoc* clinical associations. We sought to **confirm** these subtypes in proteomic assays and their clinical associations.

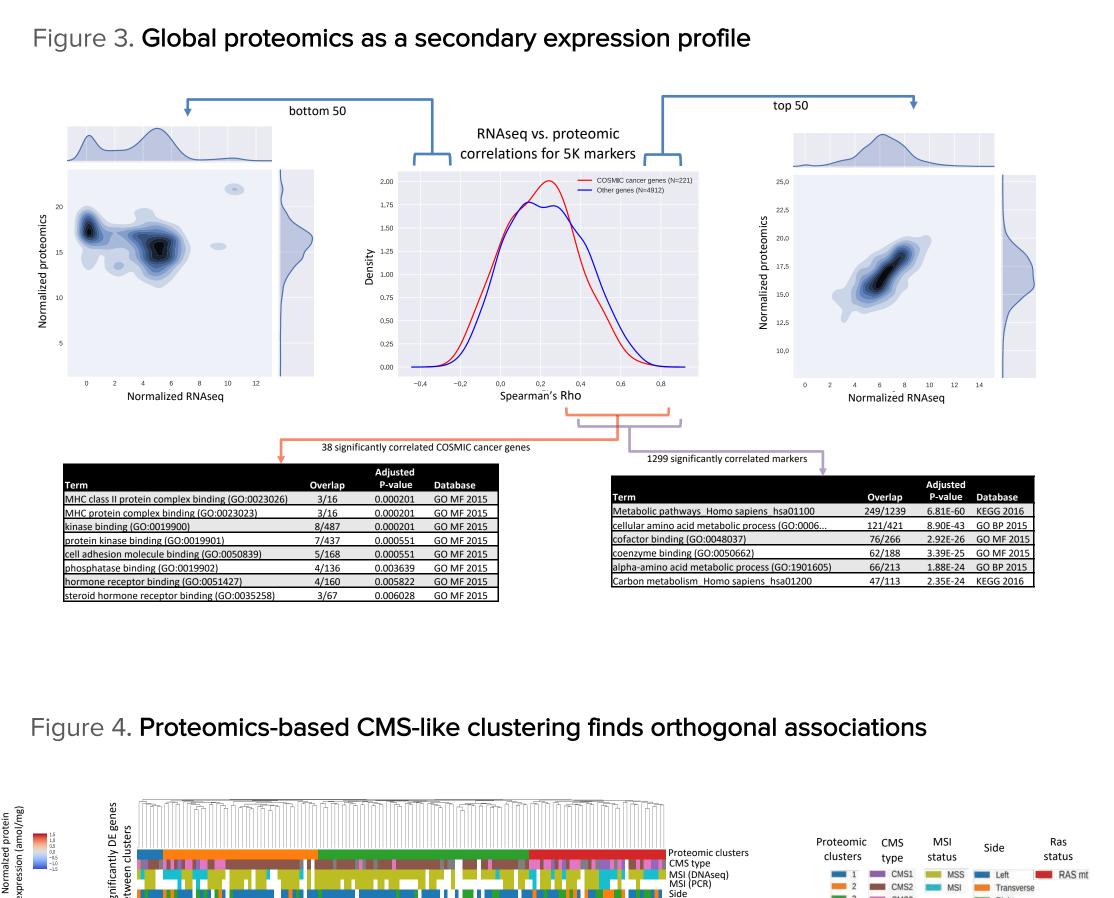
METHODS

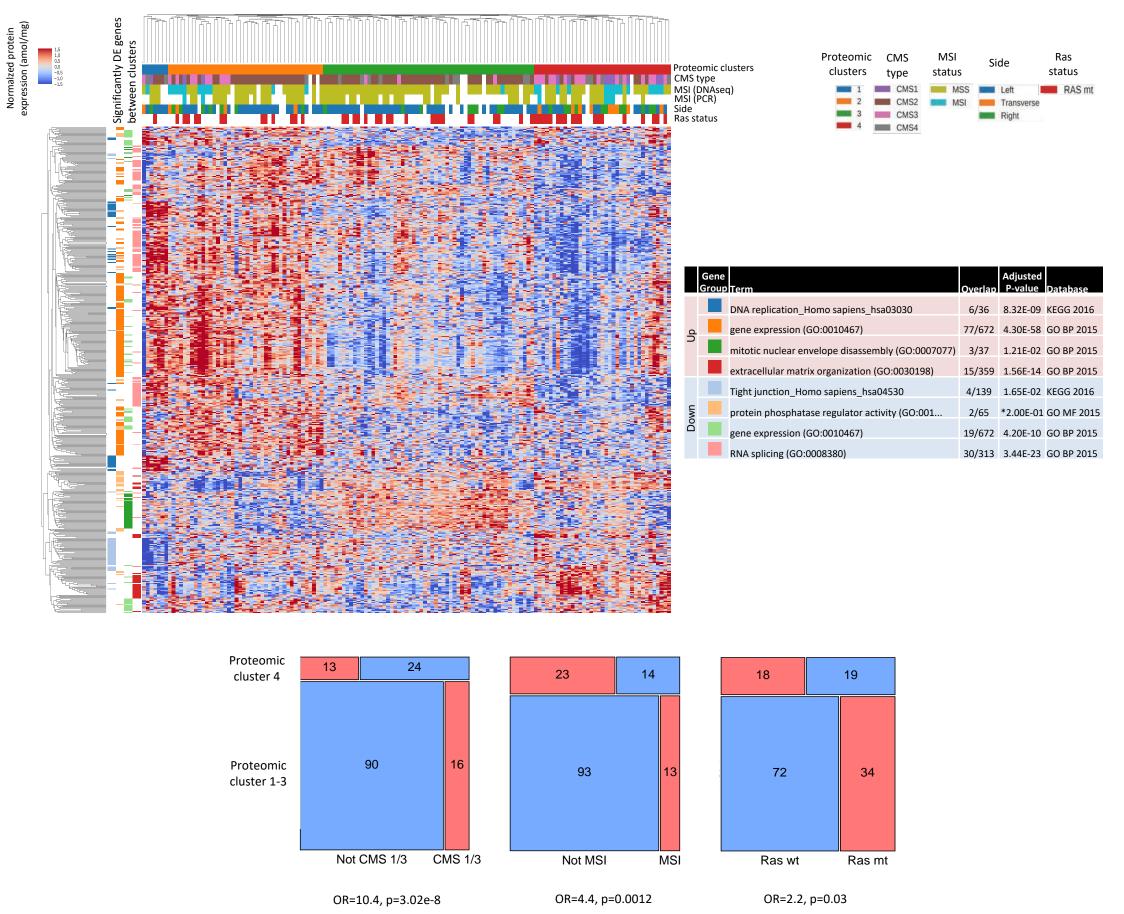
- 152 CRC tumors from the National Cancer Centre Singapore were available for analysis
- Tumor/normal-paired DNAseq (WGS or WES) and deep RNAseq was performed
- MSI-status was determined by both PCR and WGS/WES profiles
- CMS types, checkpoint expression, and immune-infiltration deconvolution were calculated upon RNAseq data
- Significant enrichment for MSI, immune status, CMS types, and clinical covariates was analyzed
- Mass-spec based global proteomics was successfully performed on 143/152 samples. Consensus between RNAseq and global proteomics was confirmed by correlation significance analysis
- A CMS-like clustering of proteomic data was identified by analyzing homogeneity of candidate clusterings with CMS types

RESULTS









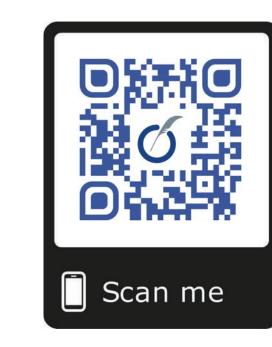
KEY FINDINGS

- Clustering of immune-expression deconvolution bifurcated into hot and cold tumors
- DNAseq-based MSI and PCR-based MSI were statistically equivalent
- 3075/5135 genes were significantly correlated between RNAseq and global proteomic assays (1299 after multiple test correction). The most correlated genes within COSMIC cancer-related genes were enriched for MHC binding processes
- Significant association was found between CMS1, MSI, transverse sides, and being immune hot. Conversely, CMS2 was found to be significantly MSS, left-sided, and immune cold.
- A semi-supervised clustering of global proteomic data significantly recapitulated some CMS subtypes, but grouped CMS1 (MSI enriched) & CMS3 (Ras mt enriched) subtypes. Genes driving this association were significantly enriched for ECM organization.

CONCLUSIONS:

CMS1 tumors are the best candidates for ICI therapy. CMS3 co-clusters with CMS1 in ECM genes within proteomic data, warranting further research of CMS3 ICI outcomes

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