

Exome sequencing of refractory Diffuse Large B-Cell Lymphomas highlights candidate genes for targeted resequencing

Sylvain Mareschal¹, Sydney Dubois^{1a}, Pierre-Julien Viailly¹, Philippe Bertrand¹, Elodie Bohers¹, Jean-Philippe Jais², Martin Figeac³, Thierry Jo Molina⁴, Fabienne Desmots⁵, Thierry Fest⁵, Gilles Salles⁶, Corinne Haioun⁷, Hervé Tilly¹, Karen Leroy⁸, Fabrice Jardin¹

¹ INSERM U918, Centre Henri Becquerel, Rouen, France
² INSERM UMRS 872, APHP Necker Hospital, Paris, France
³ Functional Genomic Platform, IRCL, Lille, France

⁴ Department of Pathology, APHP Necker Hospital, Paris, France
⁵ INSERM U917, CHU Pontchaillou, Rennes, France
⁶ CNRS UMR 5239, HCL, Lyon, France

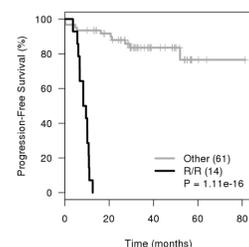
⁷ Unité Hémopathies Lymphoïdes, APHP Henri Mondor Hospital, Créteil, France
⁸ INSERM U955 team 09, APHP Henri Mondor Hospital, Créteil, France
^a Late addition



As the most common lymphoid malignancy, Diffuse Large B-Cell Lymphoma (DLBCL) has largely benefited from immunochemotherapy combinations developed in the past decade. However 30% to 40% of patients still do not respond to treatment, or relapse in a few months. The mechanisms involved in short term treatment failure are poorly understood, and biomarkers to predict refractoriness in newly diagnosed patients are still lacking.

Patients & Methods

14 Refractory / Relapsing DLBCLs (R/R)



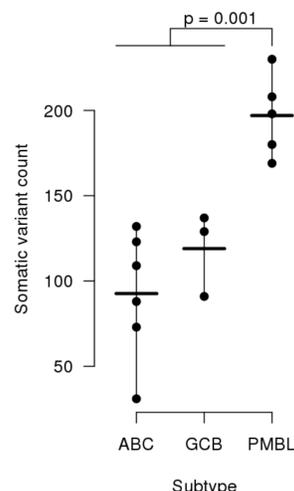
14 of 75 patients with de novo DLBCL were selected from a multicentric clinical trial led by the GELA, according to their clinical presentation (**relapse under treatment in less than a year**) and DNA sample availability. Molecular subtyping was performed using Affymetrix U133+2 transcriptomic arrays, revealing **6 ABC**, **3 GCB** and **5 PMBL** tumors.

Whole-Exome Sequencing (WES)

Normal and tumoral DNA pairs were sequenced on an **Illumina HiSeq 2000™** platform by a subcontractor (Integragen SA, Evry, France), producing an average of 92x10⁶ 76-bp long reads per sample in a “paired-end” fashion. A local analysis pipeline was set-up following the Broad Institute recommendations, including BWA-MEM, GATK BQSR, GATK near-indel realignment, and duplicate read filtering by Picard. An average sequencing depth of **79x [68-114]** was achieved across the coding exons defined in the Ensembl 72 database.

Single Nucleotide Variations (**SNVs**) and short insertion / deletions (indels) were called by VarScan 2, after estimating tumor cellularity. Copy Number Variations (**CNV**) and Copy-Neutral Loss of Heterozygosity (**CN-LOH**) were detected by ADTEX.

1 621 somatic SNVs and 277 somatic indels were called across the 14 samples, for an average of **135.6 variants per patient** [31-230]. The average mutation rate of 3.5 per Mb observed in these samples was consistent with previous reports, and significantly **higher in the PMBL subtype** (Mann-Whitney's p=0.001).

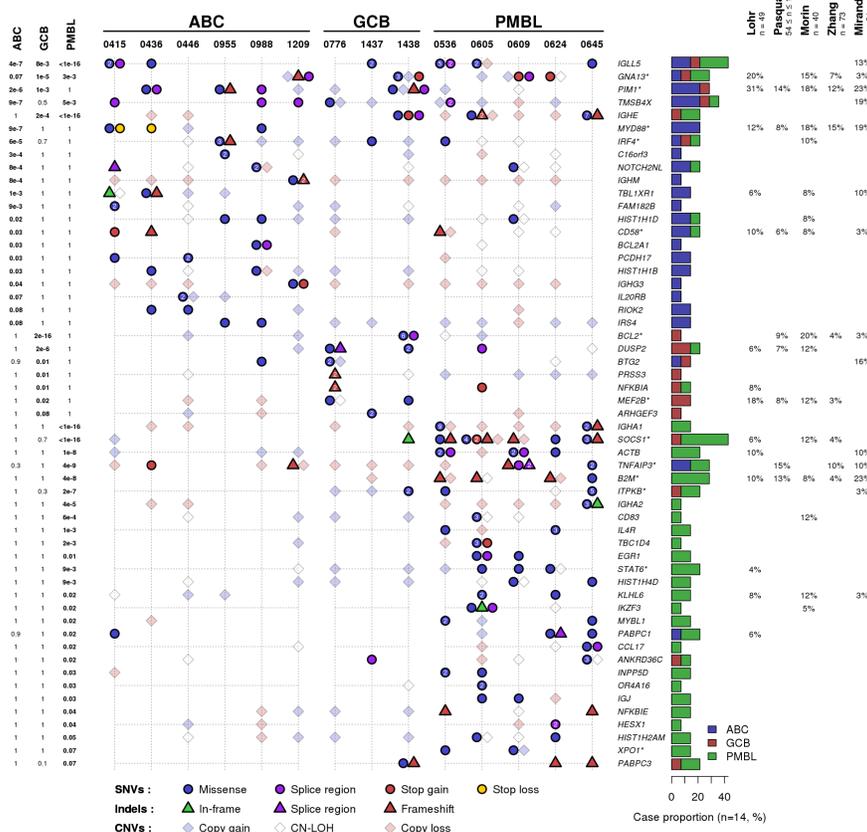


PGM™ validation

34 genes were resequenced in 12 tumoral samples using an orthogonal method (Life Technologies PGM™), allowing to estimate the true positive rate as [97;100] % and the false positive rate as [6;17] %.

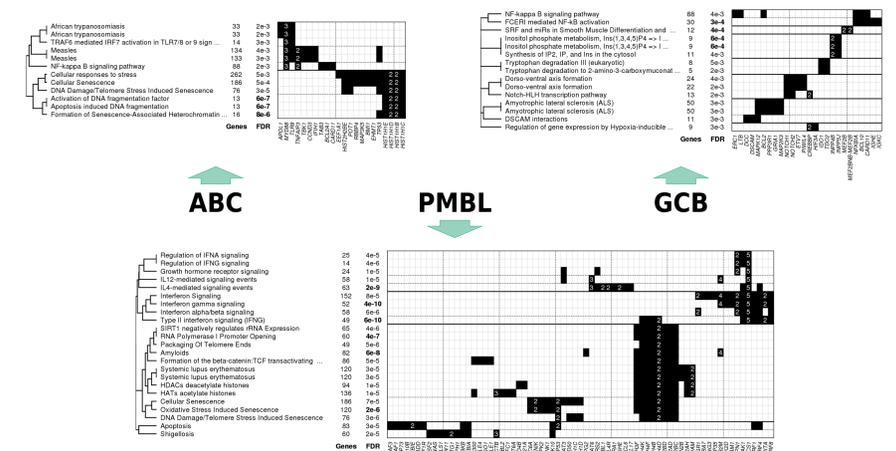
Gene-level analysis

55 significantly mutated genes



Pathway-level analysis

118 significantly mutated pathways



2 632 pathways from the NCBI BioSystems database were screened for enrichment in mutations using Path-Scan (FDR < 1%). **Histone monomers** were found frequently mutated as previously reported, but pathway analysis proposed interesting relationships with mutations in *POT1* (telomere related senescence) or *TNIK* (oxidative stress related senescence). **Interferon and interleukins 4 / 12 signaling** pathways were also particularly disrupted in PMBLs, coupling to known *SOCS1*, *STAT6* and *PTPN1* mutations events in genes such as *B2M*, *CIITA*, *IL4R*, *IGHE* ... Frequent truncations of *B2M* observed here were confirmed in a larger validation cohort (6 truncating events out of 9/18 mutated PMBL patients).

Comparison with non-R/R cohorts

Simplified enrichment analyses based on the same principles and pathways were conducted in two published series of 39 DLBCL genomes (*Morin et al, Blood 2013*) and 73 exomes (*Zhang et al, PNAS 2013*) respectively. As our R/R cohort presented an **unexpectedly high proportion of PMBL** patients (a subtype known for its good prognosis), several PMBL-related pathways were found more enriched in our series (such as IL4 signaling pathways).

Non-PMBL pathways enriched exclusively in our R/R cohort included **tryptophan degradation** in ABC patients, which has been reported as an immune escape mechanism in several cancer types.

Genes significantly more mutated than expected according to the background mutation rate observed throughout the exomes were detected by MuSiC SMG (FDR < 1%). Several genes were confirmed as frequently mutated in DLBCLs, such as *MYD88* and *CD58* in ABC samples, *BCL2* and *MEF2B* in GCB samples, *SOCS1* and *STAT6* in PMBLs.

While the involvement of the **NFκB complex** is a well-established fact in ABC DLBCLs (via *MYD88* mutations notably), truncating events in *NFKBIA* and *NFKBIE* (NFκB inhibitors α and ε) in GCB and PMBL samples suggests this pathway as an interesting lead there too.

XPO1 was also revealed as a promising lead in PMBLs, with two E571K mutations that proved to be recurrent in a larger validation cohort (7/18 PMBLs, regardless of the R/R character). As a nucleus exportin with hundreds of identified cargos (P53, REL, BRCA1 ...), it represents a valuable target with experimental drugs in development (KPT-330).