

# Association of Genome-wide Copy Number Alterations with Metastasis of Clear Cell Renal Cell Carcinoma

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## OBJECTIVES

➤ To identify genomic copy number alterations (CNAs) associated with metastasis in clear cell renal cell carcinoma (ccRCC) and elucidate their effect on overall survival (OS).

## INTRODUCTION

➤ About 70% of ccRCC patients are diagnosed as Stage I-III; 20-30% of these relapse within 3 years post nephrectomy<sup>1</sup>.

➤ Estimated 5-year survival rates are above 60% for Stage I-III and 23% for Stage IV<sup>2</sup>.

➤ While Stages I-III are treated by nephrectomy, metastatic patients require additional therapy<sup>3</sup>.

➤ Choice of therapy depends on the prognosis and site of metastatic spread.

➤ ccRCC is characterized by a series of copy number changes<sup>4,5</sup>, but genomic signatures associated with metastasis/relapse and site of metastasis are not clearly understood.

➤ Identification of novel genomic copy number changes would be beneficial in selecting metastatic patients for appropriate therapy.

## MATERIALS & METHODS

➤ Surgically resected primary and metastatic ccRCC (unmatched, fresh frozen) specimens (n=144) were acquired from Memorial Sloan-Kettering Cancer Center for this IRB-approved study (MSK-144 dataset).

➤ Specimen characteristics of the cohort are provided below:

Clinical Stage	No. of specimens
Stage I-III	29
Stage IV	30
Unknown	22

**Primary (n=81)**

Site of Metastasis	No. of specimens
Lung	15
Bone	11
Other	29
Unknown	8

**Metastatic (n=63)**

## MATERIALS & METHODS

➤ Whole genome array comparative genomic hybridization (aCGH) was performed on DNA extracted from specimens in MSK-144 using 244K array (Agilent Technologies).

➤ Segments defined by Rank Segmentation algorithm using Nexus Copy Number 7.5 (BioDiscovery Inc.)

➤ Minimum average log ratio of 0.13 for gain and -0.13 for loss.

➤ Significantly enriched CNAs were determined between groups using Fisher exact test (P<0.05) and at 15% (primary-metastatic CNAs) and 25% (site-enriched CNAs) differential frequency thresholds.

➤ Effect on OS was estimated by Kaplan Meier method and compared between groups using log-rank test.

## STUDY DESIGN

### Primary-Metastatic CNAs:

- Identification of significantly enriched CNAs between:
  - 81 Primary (All Stages) vs 63 Metastatic
  - 29 Primary (Stage I-III) vs 63 Metastatic

➤ Verification of frequency of enriched CNAs in Stage I and Stage IV of TCGA-437 and UT-240 primary ccRCC datasets.

➤ Effect of significantly enriched metastatic CNAs on OS in locally-confined (Stages I-III) lesions of TCGA-437 & UT-240.

### Site-Enriched CNAs:

- Identification of significantly enriched CNAs between:
  - 25 Lung vs 40 Other Sites
  - 11 Bone vs 44 Other Sites

➤ Verification of frequency of enriched CNAs in primary ccRCC metastasized to either lung/bone versus other sites in UT-240 dataset.

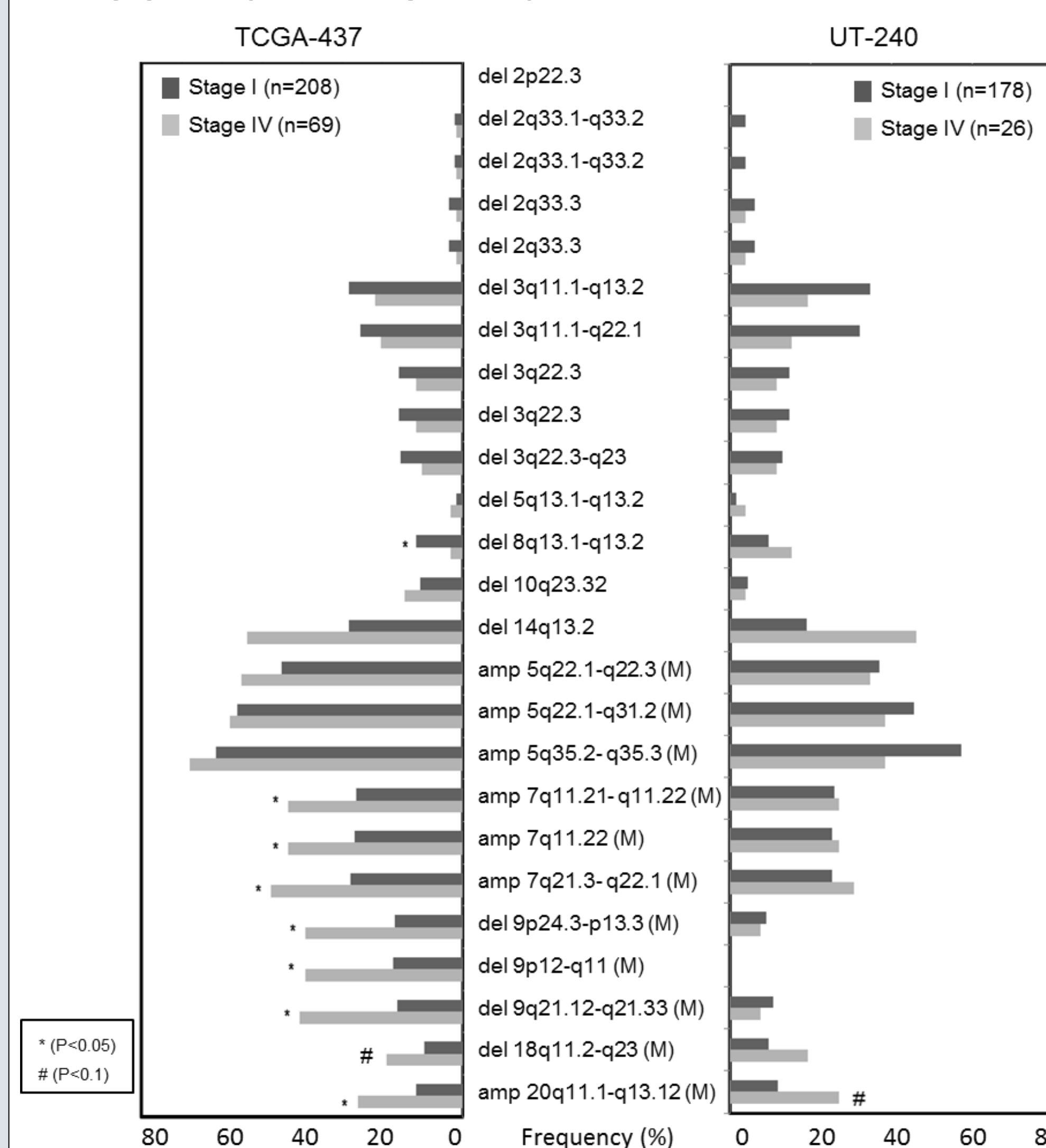
## RESULTS: Primary-Metastatic CNAs

**Table 1. Primary-metastatic CNAs in MSK-144 dataset.**

Aberration	Genomic Coordinates	Primary (%) <sup>*</sup>	Metastatic (%) <sup>*</sup>
<b>81 Primary (All Stages) vs 63 Metastatic</b>			
del 2p22.3	chr2: 32,189,545-32,610,016	24.63	7.94
del 2q33.1-q33.2	chr2: 203,011,138-204,488,652	26.96	6.35
del 2q33.3	chr2: 206,878,470-206,898,816	18.52	3.17
del 3q11.1-q13.2	chr3: 91,000,000-111,411,671	23.21	5.49
del 3q22.3	chr3: 135,749,215-136,620,779	27.69	4.67
del 5q13.1-q13.2	chr5: 68,318,311-68,777,505	23.09	6.30
amp 5q22.1-q31.2	chr5: 111,088,102-137,658,174	38.00	56.00
amp 5q35.2-q35.3	chr5: 175,246,582-180,648,778	44.48	62.23
amp 7q11.21-q11.22	chr7: 63,307,561-69,004,244	15.82	31.75
amp 7q11.22	chr7: 70,608,986-71,446,559	16.05	31.75
amp 7q21.3-q22.1	chr7: 97,875,840-98,658,621	20.90	38.10
del 9p24.3-p13.3	chr9: 1-33,816,201	25.60	43.70
del 9p12-q11	chr9: 42,710,743-49,000,000	23.79	40.64
del 9q21.12-q21.33	chr9: 73,749,752-90,080,594	24.69	41.27
del 18q11.2-q23	chr18: 19,406,882-78,077,248	15.11	32.27
amp 20q11.1-q13.12	chr20: 27,500,000-45,248,483	17.00	35.40
<b>29 Primary (Stage I-III) vs 63 Metastatic</b>			
del 2q33.1-q33.2	chr2: 203,061,477-204,563,938	23.97	6.19
del 2q33.3	chr2: 206,871,610-207,136,765	23.21	4.60
del 3q11.1-q22.1	chr3: 91,000,000-130,624,412	24.70	3.56
del 3q22.3	chr3: 135,726,356-136,588,904	26.91	4.61
del 3q22.3-q23	chr3: 138,386,397-138,747,680	17.24	1.59
del 8q13.1-q13.2	chr8: 67,582,497-68,022,127	24.14	7.94
del 10q23.32	chr10: 93,663,791-93,706,767	37.93	17.46
del 14q13.2	chr14: 35,680,178-35,768,604	65.52	41.27
amp 5q22.1-q22.3	chr5: 111,088,102-113,129,196	27.59	51.60

<sup>\*</sup> Weighted Average Frequency

**Figure 1. Verification of primary-metastatic CNAs in TCGA-437 and UT-240 datasets.**



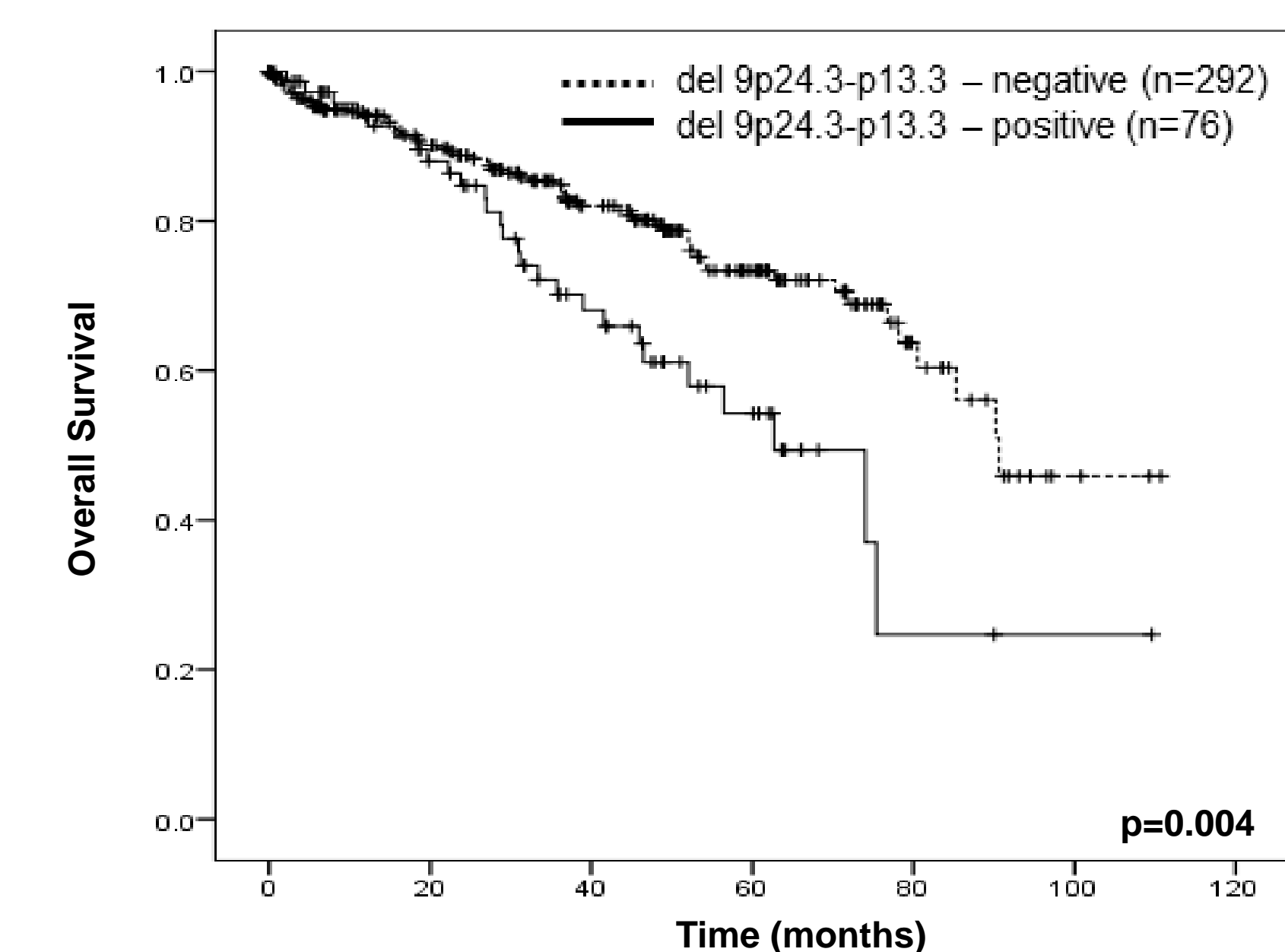
## RESULTS: Primary-Metastatic CNAs

**Table 2. Effect of metastatic CNAs on OS.**

Aberration	Kaplan-Meier Log Rank Test (P value <sup>*</sup> )	
	TCGA-437 (n=368)	UT-240 (n=214)
amp 7q11.21-q11.22	0.52	0.74
amp 7q11.22	0.38	0.73
amp 7q21.3-q22.1	0.86	0.73
del 9p24.3-p13.3	<b>0.004</b>	0.18
del 9p12-q11	<b>0.007</b>	---
del 9q21.12-q21.33	<b>0.011</b>	0.26
del 18q11.2-q23	0.913	<b>0.025</b>
amp 20q11.1-q13.12	0.338	0.16

<sup>\*</sup> statistically significant P-values are highlighted in red  
<sup>---</sup> none of the samples were positive for del-9p12-q11

**Figure 2. Kaplan-Meier plot for del 9p24.3-p13.3 in Stage I-III of TCGA-437 (n=368).**



## RESULTS: Site-Enriched CNAs

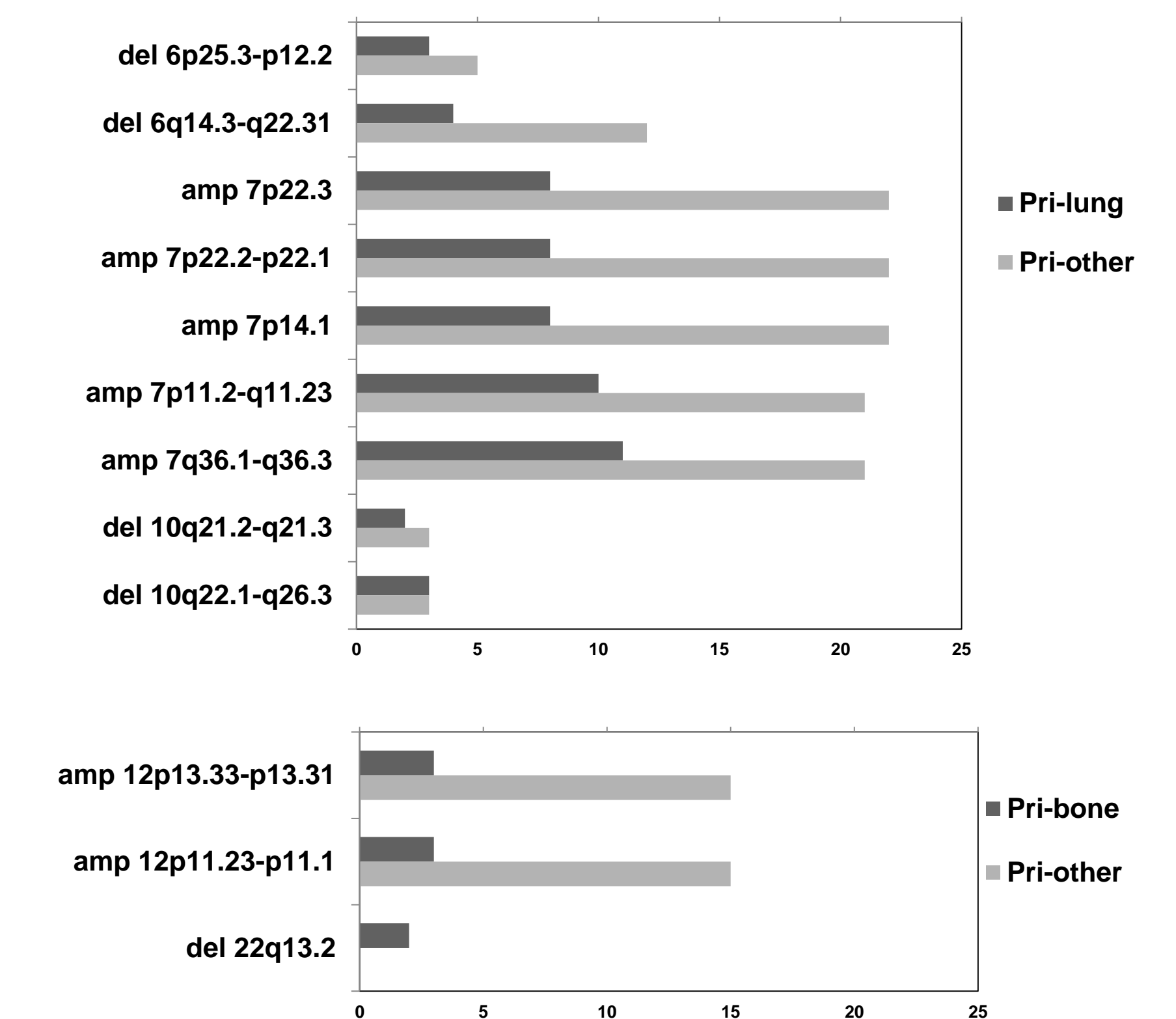
**Table 3. Site-enriched CNAs in MSK-144 dataset.**

Aberration	Genomic Coordinates	Lung/Bone (%) <sup>*</sup>	Other (%) <sup>*</sup>
<b>Lung-enriched CNAs</b>			
del 6p25.3-p12.2	chr6: 1-52,063,841	33.3	5
del 6q14.3-q22.31	chr6: 87,071,224-119,699,937	33.3	7.5
amp 7p22.3	chr7: 1-2,519,207	53.3	22.5
amp 7p22.2-p21.2	chr7: 3,980,964-15,491,937	53.3	18.3
amp 7p14.1	chr7: 39,558,094-40,410,895	53.3	21.3
amp 7p11.2-q11.23	chr7: 57,412,972-76,784,379	53.3	17.4
amp 7q36.1-q36.3	chr7: 148,529,712-157,856,060	53.3	22.4
del 10q21.2-q21.3	chr10: 63,150,893-69,552,141	33.3	2.5
del 10q22.1-q26.3	chr10: 71,052,098-135,534,747	45.9	7.6
<b>Bone-enriched CNAs</b>			
amp 12p13.33-p13.31	chr12: 1-9,108,404	54.8	17.2
amp 12p11.23-p11.1	chr12: 27,573,538-33,437,301	54.5	18.2
del 22q13.2	chr22: 42,189,008-42,419,424	36.4	7.9

<sup>\*</sup> Weighted Average Frequency

## RESULTS: Site-Enriched CNAs

**Figure 3. Verification of site-enriched CNAs in UT-240 dataset (n=127) with known metastatic status at 5 years after diagnosis.**



## CONCLUSIONS

➤ A set of 25 significant CNAs identified between primary and metastatic lesions; Among these 25 CNAs, 7 were validated in independent dataset and 4 associated with OS.

➤ Across metastatic lesions, 9 and 3 CNAs were found to be enriched in lung and bone sites respectively.

➤ Genomic signatures identified in this study has the potential to identify patients with high risk of metastasis.

## CONFLICTS OF INTEREST

B.G., V.T., C.M., A.G. and J.H. are full time employees and stock/stock option holders of Cancer Genetics, Inc.

## REFERENCES

- Janzen NK, et al. Surveillance after radical or partial nephrectomy for localized renal cell carcinoma and management of recurrent disease. *Urol Clin North Am.* 2003;30:843-852.
- Ries, L., et al. SEER Cancer Statistics Review, 1973-1999. National Cancer Institute, 2002.
- Vaishampayan U. Cabozantinib as a novel therapy for renal cell carcinoma. *Curr Oncol Rep.* 2013 Apr;15(2):76-82.
- Klatte T, et al.: Cytogenetic profile predicts prognosis of patients with clear cell renal cell carcinoma. *J Clin Oncol* 2009, 27: 746-753.
- Hagenkord JM, Gatalica Z, Jonasch E, Monzon FA. Clinical genomics of renal epithelial tumors. *Cancer Genet.* 2011 Jun;204(6):285-97.