

# Expression of *GNAS*, *TP53*, and *PTEN* Improves the Patient Prognostication in SHH Medulloblastoma

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## Introduction

Medulloblastoma is the most frequent malignant brain tumor in children. Currently, four distinct medulloblastoma molecular subgroups have been identified: MB<sub>SHH</sub>, MB<sub>WNT</sub>, MB<sub>GRP3</sub> and MB<sub>GRP4</sub>. For medulloblastoma molecular classification, the NanoString is a high-throughput platform, highly sensitive, robust and useful for analysis of FFPE tissues. Although a 22-gene panel employing the NanoString technology was previously successfully developed for medulloblastoma molecular subgrouping, MB<sub>SHH</sub> may be sectioned into distinctive subgroups according clinical and molecular characteristics.

**Aim:** To apply the 22-gene panel for medulloblastoma molecular subgrouping with further key cancer-related genes in order to improve classification and subclassification of Brazilian MB<sub>SHH</sub> using NanoString.

Demographics	WNT	SHH	Group 3	Group 4
Age group	3-16 yrs	<3 yrs >16 yrs	3-16 yrs	3-16 yrs
Gender: M/F	1:1	1:1	2:1	2:1
<b>Clinical features</b>				
Histology	Classic, Rarely LCA	Classic, LCA desmoplastic/nodular	Classic, LCA	Classic, LCA
Metastasis	Rarely M+	Uncommonly M+	Frequently M+	Frequently M+
Prognosis	Very good	Good (<3y) and intermediate	Poor	Intermediate
<b>Genetics</b>				
Chromosomal				
Mutations Amp/del	CTNNB1 Mutation	PTCH1, SMO, SUFU Mutations MYCN/GLI2 Amplification	MYC Amplification	MYCN/CDK6 Amplification
Gene expression	WNT pathway MYC +	SHH pathway MYCN +	Photoreceptor/ GABAergic MYC +++	Neuronal/ Glutamatergic ↓ MYC/MYCN

Figure 1: Molecular subgroups of medulloblastoma. Adapted from Taylor et al., 2012 [1].

## Methods

FFPE samples from 149 medulloblastoma cases from four reference centers in Brazil were enrolled. Gene expression was assessed using the 22-gene panel previously developed by Dr. Taylor's group for medulloblastoma molecular sub-grouping [2] plus 11 additional genes. Raw data was normalized by housekeeping genes, followed by class prediction with Prediction Analysis of Microarrays (PAM) in R statistical environment. MB<sub>SHH</sub> sub-classification was performed by new genes low and high expression using median value of normalized expression. The molecular profile was associated with patients' clinical outcome with Kaplan-Meier and Log-Rank statistical test. R scripts were wrapped with Planemo for a local Galaxy instance in order to build a diagnostic tool of easy access for clinicians and biologists.

## Results

The medulloblastoma patients were distributed into MB<sub>SHH</sub> (47.7%), MB<sub>WNT</sub> (16.1%), MB<sub>GRP3</sub> (15.4%), and MB<sub>GRP4</sub> (20.8%). The molecular distribution may be visualized on a t-SNE representation considering the 22-gene panel expression in Figure 2 A.

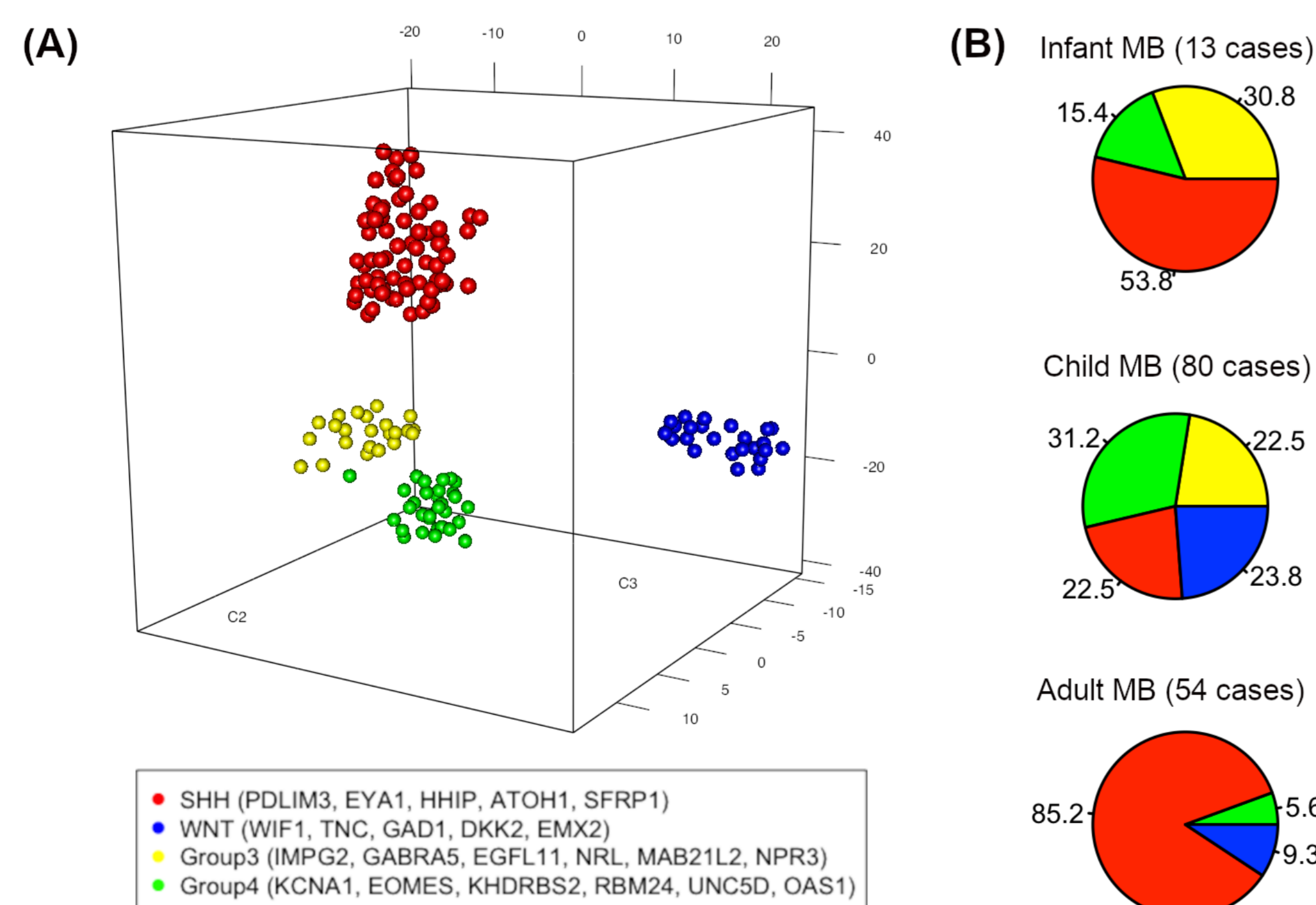


Figure 2: Cohort characterization. (A) Three components t-SNE representation of 149 Brazilian cohorts using the 22-gene panel for medulloblastoma classification. Patients are represented by spheres, colored by medulloblastoma subgroup (MB<sub>SHH</sub> in red, MB<sub>WNT</sub> in green, MB<sub>GRP3</sub> in blue, and MB<sub>GRP4</sub> in cyan). (B) Pie charts presenting the incidence of subgroups in adults and children.

All cases have been classified into the respective molecular subgroup with scores higher than 75% by PAM algorithm. *GNAS* presented the highest expression levels through all subgroups, with significantly higher expression in the MB<sub>SHH</sub>. *TP53*, *MYCN*, *SOX2*, and *MET* were also upregulated in the MB<sub>SHH</sub> subgroup, whereas *PTEN* was upregulated in the MB<sub>GRP4</sub> group as shown in Figure 3. *GNAS*, *TP53*, and *PTEN* low expression were associated with the unfavorable patient outcome only for the MB<sub>SHH</sub> subgroup ( $p = 0.04$ ,  $0.01$  and  $0.02$ , respectively) as shown in Figure 4.

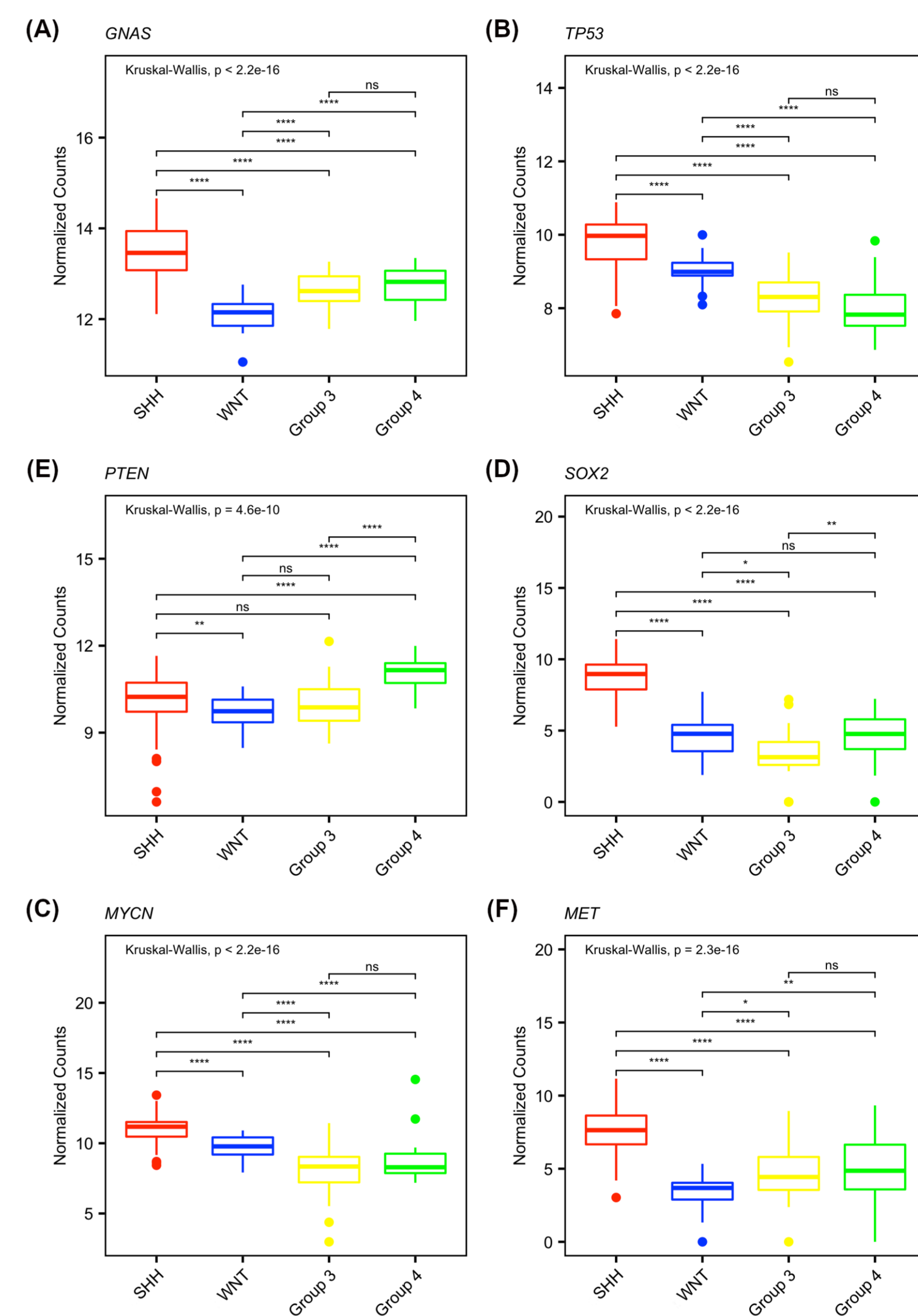


Figure 3: Boxplot of log<sub>2</sub> gene expression levels of the nine additional genes in the four medulloblastoma subgroups. Kruskal-Wallis and unpaired two-samples Wilcoxon tests were applied with significance threshold of  $p < 0.05$  (ns, non significant; \* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ ; \*\*\*\* $p < 0.0001$ ). MB<sub>SHH</sub> in red, MB<sub>WNT</sub> in blue, MB<sub>GRP3</sub> in yellow, and MB<sub>GRP4</sub> in green.

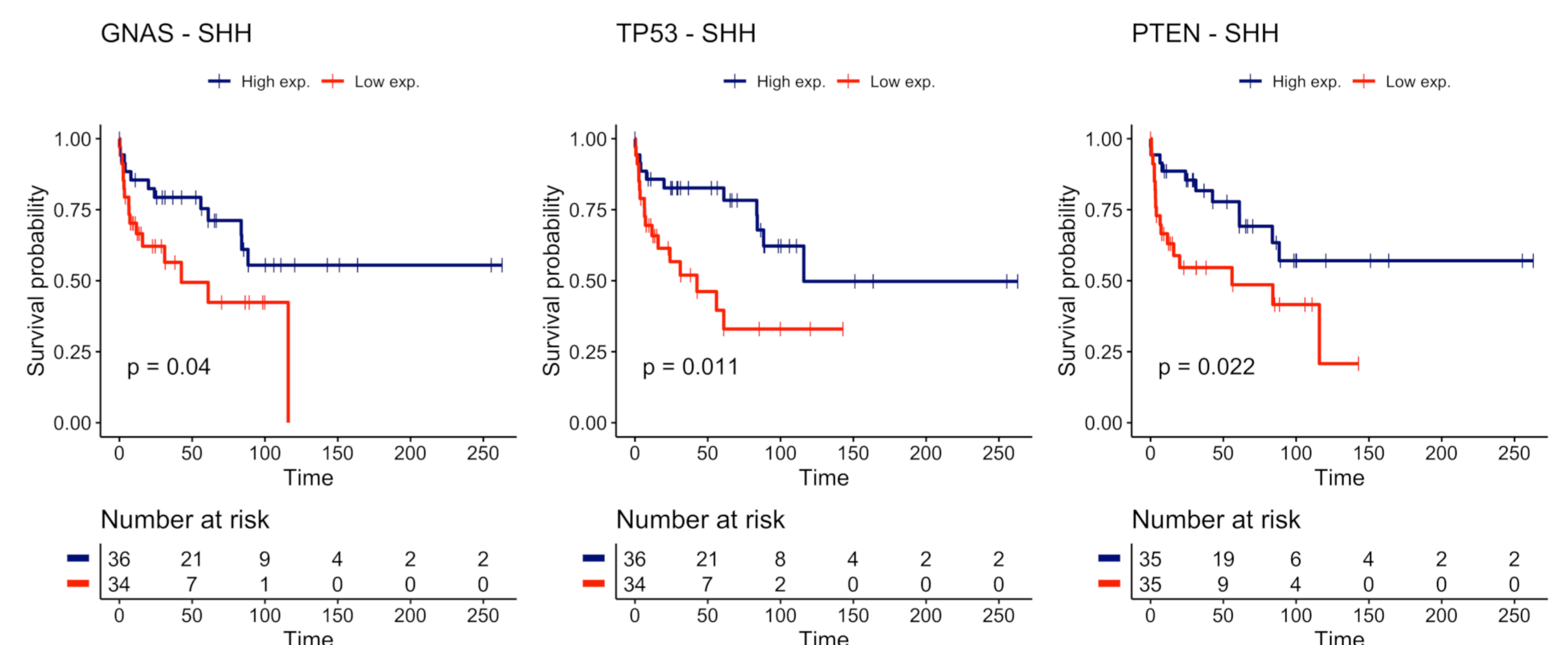


Figure 4: Kaplan-Meier plots for categories of high and low expression in MB<sub>SHH</sub> patients. Median values of gene expression were applied for the classification of high and low expression levels of (A) *GNAS*, (B) *TP53*, and (C) *PTEN*. The significance threshold was attributed to  $p < 0.05$  in Log Rank statistical test.

## Conclusions

We have implemented the NanoString platform for molecular classification as an effective diagnostic tool for personalized medicine [3] using Galaxy. The 22-gene panel for molecular classification of medulloblastoma associated with the expression of *GNAS*, *TP53*, and *PTEN* improve the patient prognostication in MB<sub>SHH</sub> subgroup and can be easily incorporated in the 22-gene panel without any additional costs.