Sequencing of neuroblastoma From Mutations to Phenotypes

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# Neuroblastoma

- Neuroblastoma
  - Childhood neuro endocrine tumor
  - Peripheral nervous system
    - Neural crest derived
    - Neuroblast should normally form neurons
  - Young children (mostly 0-3 years)





# Neuroblastoma

- Pathogenesis of neuroblastoma
  - Variable clinical outcome
    - Low INSS stages (1,2)
      - Good prognosis
      - Numeric changes of chromosomal copy numbers
    - High INSS stages (3,4)
      - Poor prognosis
      - Structural chromosomal defects (LOH1p / 11q etc)
    - Special stage (4S)
      - Spontaneous regression





# High stage neuroblastoma

- Poor prognosis
- Subgroup (~1/3) characterized by MYCN amplification
- Rest unknown





# Gene defects in neuroblastoma

MYCN amplification	20%	(Schwab et al., 1983)
ALK	7%	(George/Mosse/Janoueix-Lerosey/Chen 2008)
Cyclin D1 amplification	4%	(Molenaar et al., 2003)
PHOX2B	4%	(van Limpt et al., 2004)
PTPRD	4%	(Stallings et al. 2006)
NF1	3%	(Hölzel et al., 2010)
PTPN11	2%	(Merks et al., 2004, Bentires-Alj et al., 2004)
FOXR1	1%	(Santo et al., 2011)
LIN28B	1%	(Molenaar et al., 2012)



# Some defects can be targeted in therapy

- Gene defects can make tumors susceptible to intervention
  - Activated ALK (F1174L) can be inhibited by TAE-684





George et al, Nature, 2008

# Which are the potential targets in NB?

- Assess the composition and copy number of every base in the entire genome
- Recent developments in sequencing technology make whole genome sequencing possible and affordable







#### **BGI/Complete Genomics WGS technology**



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# Somatic variants

- Compare tumor genome to normal genome
  - Subtract all events that are in common to both
  - Apply some quality filters



Differences with respect to Reference genome



# Somatic Tumor/Lymphocyte comparisons



# Somatic Tumor/Lymphocyte comparisons



# Somatic Tumor/Lymphocyte comparisons



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# Pediatric whole genome sequencing

Paucity of somatic mutations is becoming a recurrent theme in pediatric cancers



**Figure 2** Genetic landscape of 15 different types of pediatric cancers determined from whole-genome sequencing of 260 tumors and matching germline samples.



### Pediatric whole genome sequencing



**Figure 2** Genetic landscape of 15 different types of pediatric cancers determined from whole-genome sequencing of 260 tumors and matching germline samples. The number of somatic mutations in each sample,

-Head and neck cancer (66) Lung cancer (non-small cell)(147) Lung cancer (small cell)(163) Esophageal adenocarcinoma (57) L Esophageal squamous cell carcinoma (79) Gastric cancer (53) Colorectal cancer (66) Endometrial cancer (49) Prostate cancer (41) lanoma (135) Non-synonymous mutations per tumor (median +/- one quartile) 175 150 125 100-75-50 25 Lung (SCLC) Colorectal (MSI) UNSCLC) ohageal (ESC orectal (M Head and Globk Hepato (high-grade etrial (endo lymphocytic Endo ancreatic Acute 0 ć t Adult solid tumors Pediatric Mutagens Liquid

Vogelstein et al, Science, 2013

Genomics

# # Mutations correlate with stage and survival





# Conclusions from WGS of neuroblastoma

1 Low frequency of somatic mutations



# Patient WGS Coverage

 On average, every base in a tumor, as well as its corresponding lymphocyte sample has been seen ~50 times (Coverage). This can be plotted on the genome





# Patient WGS Coverage



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# Ultra high resolution



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# Paired-end sequencing to identify structural variants



Event Type in sequenced genome	Manifestation when mapped to reference genome
Insertion	Mate distance << 500
Deletion	Mate distance >> 500
Inversion	Conflicting mate orientations
translocation	Conflicting mate chromosomes



#### Structural variants





### Somatic structural variants



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# Structural variation affects single genes



- ATRX gene
  - Broken -> Alternative lengthening of telomeres (ALT)
- Cheung et al, JAMA 2012
  - ATRX mutations in older neuroblastoma patients with dismal prognosis

#### age at diagnosis (Y)

N479T	3.7
N576T	4.6
N683T	3.9
N718T	3.5
N744T	17.0



# Structural variation affects single genes





- PTPRD (5)
  - Involved in Growth Cones

- ODZ family (10)
  - Axon Guidance / Neuritogenesis
  - ODZ3: 5 structural defects
  - ODZ2: 2 missense defects
  - ODZ4: 1 structural + 2 missense



Molenaar & Koster et al, Nature, 2012

# Structural variation affects single genes



- Select events that affect limited number of genes
  - Deletion/duplication within 1 gene
  - Inversions
  - Potential fusion genes



451 events



# Integration of mutation and SV data

Splice junctions (n=37) Variants within 2 bases around the exonbounderies

#### Somatic mutation (n=586 genes)

Amino change or worse Keep all validated and true Remove validated and NOT true Somatic>0.1 Not in CG reference samples Not in lymphocytes No insertions or substitutions If a gene has 0% present calls in nb119 but >0% in normal504, then skip



#### Somatic Structural Variants (n=451)

(no baseline genome\_v2; no under represented Repeats; length>=70; mates>=10; no artifact) Break by inversion Exon bites <=5 expressed genes in region <=1,000,000 Potential fusion strand match

Combined table (n=1,041)



# Integration of mutation and SV data

Recurrent gene defects:

- 11 genes >=3 patients
- Most recurrent genes involved in neuritogenesis / growth cones
  - PTPRD / ODZ3



Many of the recurrent genes have also been identified in other sequencing efforts



#### Neuritogenesis defects cluster in high stage Neuroblastoma





Molenaar & Koster et al, Nature, 2012

# RAC/Rho signaling in neuritogenesis



# RAC/Rho signaling in neuritogenesis



# RAC/Rho signaling in neuritogenesis



#### Inducible RhoA knockdown



Ellen Westerhout

#### Inducible RhoA knockdown



Ellen Westerhout

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# Conclusions from WGS of neuroblastoma

1 Low frequency of somatic mutations

2 Neuritogenesis signaling frequently affected in high stage neuroblastoma



# Chromosome shattering in neuroblastoma





### Chromosome shattering in neuroblastoma


## Chromosome shattering in neuroblastoma



- Chromothripsis (2011)
  - Greek for 'chromosome' (*chromo*) and 'shattering into pieces' (*thripsis*)
  - Single catastrophic event (limited state changes)



#### Chromothripsis in neuroblastoma



#### Chromothripsis in neuroblastoma





## Chromothripsis in neuroblastoma



- 10 cases
  - All high stage (18% of high stage)
    - 9 times inss 4
    - 1 times inss 3
  - 4 patients MYCN amplification
  - 8 patients diseased
  - 2 cases patient derived cell lines are being maintained



## cause/mechanism chromothripsis elusive

- Limited state changes
  - Single event
- Usually localized to chromosome or region
  - Most likely when chromosomes are condensed (mitosis)
- Micronuclei
  - Occur upon segregation errors
  - Shown to generate structural chromosome alterations



## Potential targets of chromothripsis

- Genes known to be of importance to NB
  - MYCN
  - MYC
  - CDK4
- Also number of unknowns
  - Chromosome 5









## Associations with chromothripsis

- Rausch et al, Cell, 2012
  - SHH subtype of medulloblastoma
  - Frequent chromothripsis
  - Ass. with germline p53 mutations









## Associations with chromothripsis

- FANCM microdeletion
  - DNA damage response
    - Stalled replication forks





## Conclusions from WGS of neuroblastoma

1 Low frequency of early tumor driving mutations

2 Neuritogenesis signaling frequently affected in high stage neuroblastoma

3 Chromotripsis associated with high stage neuroblastoma, poor prognosis and aberrations in DNA damage signaling



## Neuroblastoma relapses (n=23 trio's)



Eleveld et al, Nature Genetics, 2015

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Eleveld et al, Nature Genetics, 2015

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## Conclusions from WGS of neuroblastoma

1 Low frequency of early tumor driving mutations

2 Neuritogenesis signaling frequently affected in high stage neuroblastoma

3 Chromotripsis associated with high stage neuroblastoma, poor prognosis and aberrations in DNA damage signaling

4 Relapsed neuroblastoma landscape different from primary tumors and reveals new targets for therapy



## **Survey Structural Variation**

Are there hotspots of SV in the neuroblastoma genome?



## TERT region has gains, losses and inversions in 23% of high stage NB





### **TERT** expression affected



# TERT upstream region mostly quiescent / repressed



NIH epi roadmap HMM15 Active TSS Flanking Active TSS Transcr. at gene 5 and 3 Strong transcription Weak transcription Genic enhancers Enhancers ZNF genes & repeats Heterochromatin Bivalent/Poised TSS Flanking Bivalent TSS/Enh Bivalent Enhancer Repressed PolyComb Weak Repressed PolyComb Quiescent/Low Valentijn & Koster et al 2015 Nat. Genet



#### TERT rearrangements have many different translocation partners



Valentijn & Koster et al 2015 Nat. Genet



#### Enhancers



http://www.cell.com/trends/genetics/fulltext/S0168-9525(12)00033-9

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### TERT translocates to super-enhancers



#### TERT translocates to super-enhancers



#### TERT translocates to super-enhancers



	r100k	r250k	r500k	r750k	r1000k
p count>=5	0.00034				
p count>=6		0.0011			
p count>=7			0.00306		
p count>=9				0.00045	0.00234

100,000 iterations of random breakpoints



## ATRX impairment => ALT



Valentijn & Koster et al 2015 Nat. Genet

am Onco Genomics

## **Telomeres length NGS**



Telomeres are (TTAGGG)<sub>n</sub> Search for reads containing multiple instances (>=4) of this sequence and relate to total reads



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Genomics

Valentijn & Koster et al 2015 Nat. Genet

#### Telomere length TRF analysis





## Chromothripsis

• 5 chromothripsis cases directly affect TERT





## Clinical / Molecular association



- ATRX inactivation MYCN amplification MYC amplification
- chromosome 1p lossstage 4chromothripsisstage 3ALK mutation> 18 monthswt<= 18 months</td>



#### Clinical / Molecular association





## Take home messages on TERT

- TERT region is frequently affected by structural variations in high stage Nb
  - Which leads to upregulation of TERT expression
  - Potentially through enhancer hijacking
  - Is associated with longer telomeres
- TERT affected patients show adverse prognosis
- Subgroup of Nb may be a telomere driven disease
- Pharmacological inhibition of TERT/ALT should be explored for this group
  - ATR inhib. for ALT in osteosarcoma (Flynn et al. Science 2015)
  - Telomerase inhib. In neuroblastoma (Kremer et al., ANR2016)



#### Neuroblastoma sub-clones

- Patient derived cell lines
  - Multiple lines from same patient
  - Different phenotypes
    - 'Stem cell' marker CD133
    - Mesenchymal properties







### Pairs segregate along a MES/ADN axis





## Pairs can interconvert into one another

- Pairs are vastly different on mRNA level
- N700 parental line is mixed (MES/ADN)
  - FACS sorting (CD133) for one always results in mixture containing a small sub population of the other
  - Even after single cell sorting
  - In mice, also tumors from CD133<sup>-</sup> cells were always heterogeneous
- Interconversion occurs
- Incompatible with genetic differences
- Enhancer driven?



### **Enhancer Landscape**

- Assessed enhancer landscape in 9 samples
  - 4 X MES







Align regions SE>= 2 cell lines	Cluster Profiles	Prepare for visualization
	Exclude transcription induced signals Merge to point estimates Cluster on samples Order on diff. Signals (MES/ADN)	Replace point estimates by SE peak profiles (+/- 1mb)



## SuperEnhancer Landscape MES/ADN





## SuperEnhancer Landscape MES/ADN



## Transcription Factors amongst most differentially expressed genes



van Groningen & Koster et al 2017 Nat. Genet (in revision)



# Introduction of PRRX1 into ADN cell line leads to MES transformation

c






## MES cells are more resistent to therapy





## MES cells do exist *in-vivo* and may be enriched upon treatment







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## Take home messages subclones

- Neuroblastoma contains at least 2 sub-types of cells
   ADN / MES
- Sub-types can interconvert
  - Associates with different SE landscapes and gene expression profiles
- PRRX1 can impose a MES switch in ADN cells

   And SE landscape
- MES cells more resistent to therapy
  - Enriched upon treatment / and relapse
- Could have profound implications for patient treatment



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