

## Less frequently mutated genes in colorectal cancer: evidences from next-generation sequencing of 653 routine cases

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#### ABSTRACT

**Aims** The incidence of *RAS/RAF/PI3KA* and *TP53* gene mutations in colorectal cancer (CRC) is well established. Less information, however, is available on other components of the CRC genomic landscape, which are potential CRC prognostic/predictive markers.

**Methods** Following a previous validation study, ionsemiconductor next-generation sequencing (NGS) was employed to process 653 routine CRC samples by a multiplex PCR targeting 91 hotspot regions in 22 CRC significant genes.

**Results** A total of 796 somatic mutations in 499 (76.4%) tumours were detected. Besides *RAS/RAF/PI3KA* and *TP53*, other 12 genes showed at least one mutation including *FBXW7* (6%), *PTEN* (2.8%), *SMAD4* (2.1%), *EGFR* (1.2%), *CTNNB1* (1.1%), *AKT1* (0.9%), *STK11* (0.8%), *ERBB2* (0.6%), *ERBB4* (0.6%), *ALK* (0.2%), *MAP2K1* (0.2%) and *NOTCH1* (0.2%).

**Conclusions** In a routine diagnostic setting, NGS had the potential to generate robust and comprehensive genetic information also including less frequently mutated genes potentially relevant for prognostic assessments or for actionable treatments.

#### INTRODUCTION

Antiepidermal growth factor receptor (EGFR) therapy is not effective in patients with metastatic colorectal cancer (CRC) harbouring mutations at codons 12 and 13 in KRAS exon 2.1 More recent evidences showed that the so-called expanded RAS mutations (exon 3 and exon 4 of KRAS and exons 2, 3 and 4 of NRAS) also have negative predictive value.<sup>2</sup> The extension of community KRAS testing to all RAS mutations favoured the implementation multitarget testing methodologies. Nextgeneration sequencing (NGS), matched with multiplex capture of targeted gene regions and analysed by bioinformatics tools, enables the simultaneous detection of multiple mutations in multiple genes. The development of affordable benchtop sequencers, such as the Ion Torrent Personal Genome Machine (PGM; Life Technologies, Carlsbad), and of relatively small, focused gene panels, such as the Ion AmpliSeq Colon and Lung Cancer Panel,<sup>3</sup> enabled our laboratory to adopt NGS as a stand-alone diagnostic test to genotype KRAS NRAS and BRAF.<sup>4</sup> In a previous validation study, all point mutations detected in these genes by Sanger sequencing were also correctly identified by NGS.<sup>4</sup> The latter, however, proved to be more sensitive, and, remarkably, less costly.<sup>4</sup>

NGS may also identify rarer patient-specific somatic mutations. The latter are of unclear significance, as their incidence rates have not been established with certainty. In fact, while there is a wealth of data regarding RAS/RAF/PI3KA and TP53 gene mutations, the information on less frequently mutated genes is mostly derived by the genomic scale analysis of a limited number of CRC samples.<sup>5</sup> Conversely, in its daily diagnostic practice, our laboratory, an Italian accredited reference centre for RAS testing, has generated a large database of CRC samples sequenced with the PGM/ Colon Lung Cancer Panel, whose interrogation can be useful to better define the incidence rate of rare mutations. Thus, besides KRAS, NRAS, BRAF, PIK3CA and TP53 alterations, this paper focuses on mutations occurring in other receptor tyrosine kinase (RTK) genes (ALK, EGFR, ERBB2, ERBB4, FGFR1, FGFR2, FGFR3, MET, DDR2), in RTK signalling genes (AKT1, PTEN, MAP2K1, STK11) and in other well-known cancer-related genes (NOTCH1, CTNNB1, SMAD4, FBXW7).

#### METHODS

#### **Patients and samples**

This study includes a series of 653 CRC tissue samples (398 men and 255 women) referred from 18 institutions located all over South Italy between January 2014 and March 2015. Mean patient age was 66.8 years (range, 29–96 years). Following current international guidelines, one single tumour sample was tested for each patient.<sup>6</sup>

#### NGS analysis

Tumour cell enrichment, DNA extraction and NGS analysis on the Ion Torrent PGM by using the AmpliSeq Colon and Lung Cancer panel were performed, as previously described,<sup>4</sup> and detailed in online supplementary information (file 1). The Torrent Suite V.4.0 analysis pipeline was used to assess the sequencing data and to perform adapter trimming, alignment QC and base calling. Single-nucleotide polymorphisms, insertions and deletions (del) were identified using a Torrent Variant Caller plug-in (V.4.0-r76860), optimised for low-frequency variants assessment. The criteria for evaluation of any variant as reportable were the following: minimum coverage depth of  $100 \times$ , minimum variant frequency of 5% and confirmation by the Integrative Genomics Viewer visual inspection. Sequence variants, deemed real and reportable

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Table 1 Twenty-two multiple gene mutation analysis by the Ion
Torrent AmpliSeq Colon and Lung Cancer Panel in routine samples
of colorectal cancer

Total cases analysed	n=653
Wild type in all 22 gene analysed	n=154 (23.6%)
Mutated at $\geq$ 1 of 22 genes analysed	n=499 (76.4%)
Total mutations	n=796
Mutated genes	17/22

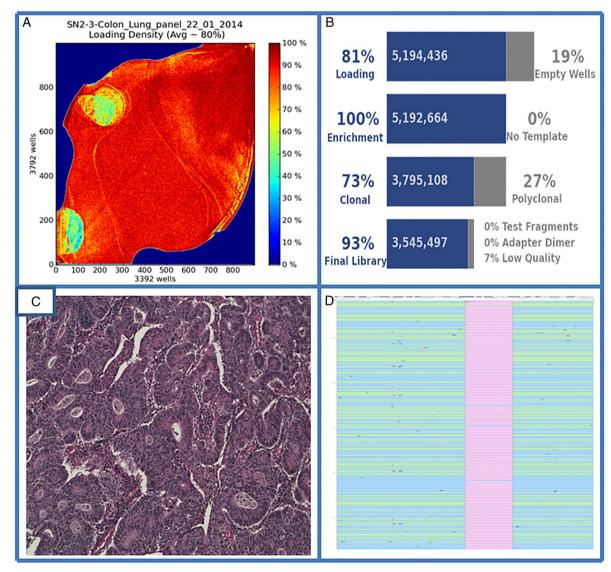
by criteria listed above, were further assessed by the ClinVar Database (http://www.ncbi.nlm.nih.gov/clinvar/, last accessed 30 November 2015) for classifying a genetic alteration as germline or somatic.

#### RESULTS

One or more gene mutations were detected in 499/653 (76.4%) tumours in 17 of the 22 genes included in the panel (table 1),

for a total of 796 mutations that are listed in online supplementary information (file 2). A representative case is reported in figure 1. Only three genes (*DDR2*, *FGFR1* and *FGFR2*) did not harbour any alteration, while two genes (*FGFR3* and *MET*) only harboured germline variants as reported in online supplementary information (file 3). Single mutations were found in 274 patients (41.9%), double mutations in 177 patients (27.1%) and 3 or more mutations were found in 48 patients (7.4%). Coexisting mutations in different genes are reported in online supplementary table S1.

Mutations occurred in TP53 (n=240; 38.8%), KRAS (n=247; 37.8%), NRAS (n=30; 4.6%) and BRAF (n=63; 9.6%). KRAS and NRAS mutations were mutually exclusive. KRAS and NRAS coexisted with BRAF mutations in four and in one instances, respectively. In most of these cases (4/5), BRAF mutations occurred outside of codon 600. PIK3CA gene mutations occurred in 98 (15%) cases. More frequently, PIK3CA mutations were detected together with other gene mutations; PIK3CA was the only mutated gene in 15/98 (15.3%) samples.



**Figure 1** Loading density (A) and performance parameters (B) of an Ion Torrent sequencing run, carried out using a 316 chip, are shown. DNA extracted from the colorectal cancer (CRC) shown in (C) harboured an epidermal growth factor receptor p.E746\_A750delELREA mutation. (D) was observed with a Genome Brower web app.

Table 2	Number and percentage of cases of each gene sequenced
by the lor	n Torrent AmpliSeq Colon and Lung Cancer Panel

Gene	Number of mutated cases (%)
KRAS	247* (37.8%)
TP53	240† (36.8%)
РІКЗСА	98‡ (15%)
BRAF	63 (9.6%)
FBXW7	39 (6%)
NRAS	30 (4.6%)
PTEN	18 (2.8%)
SMAD4	14 (2.1%)
EGFR	8 (1.2%)
CTNNB1	7 (1.1%)
AKT1	6 (0.9%)
STK11	5 (0.8%)
ERBB4	4 (0.6%)
ERBB2	4 (0.6%)
NOTCH1	1 (0.2%)
ALK	1 (0.2%)
MAP2K1	1 (0.2%)

Note: DDR2, FGFR1, FGFR2, FGFR3 and MET genes did not harbour any alteration.

\*4/247 cases harboured 2 KRAS mutations.

+5/240 cases harboured 2 *TP53* mutations. +1/98 cases harboured 2 *PIK3CA* mutations.

THE Cases Harboureu z FIKSCA Mutations.

Number and percentage of mutated cases of each gene are reported in table 2 and exons and codons involved are detailed in online supplementary information (file 4).

Besides *RAS/RAF/PI3KA* and *TP53* gene mutations, the Ion AmpliSeq Colon and Lung Cancer Panel provided information on additional targets, such as RTK genes, RTK signalling genes and other well-known cancer-related genes, as it follows.

#### **RTK** gene mutations

*ALK*: in one case (0.2%) the p.L1196M mutation was detected in association with two mutations of the *TP53* gene. *EGFR*: mutations occurred in eight (1.2%) cases, with exon 19 deletion evident in four instances (n=3 p.E746\_E749delELRE; n=1 p.E746\_A750delELREA, as shown in figure 1). Most cases (7/8) were associated with other gene alterations; in particular, five cases harboured a KRAS mutation. *ERBB2*: mutations occurred in four (0.6%) cases, with the V842I being detected in three instances. *ERBB4*: mutations occurred in four cases (0.6%).

#### **RTK signalling genes mutations**

*AKT1*: the E17K mutation occurred in six cases (0.9%). *PTEN*: mutations occurred in 18 (2.8%) cases. *MAP2K1*: in one case (0.2%) the K57N mutation was associated with *PIK3CA* mutation. *STK11*: mutations occurred in five cases (0.8%).

#### Other cancer-related genes

**NOTCH1:** mutation occurred in one case (0.2%) and remarkably this case had five additional gene mutations occurring in *TP53, KRAS, PTEN, ERBB4* and *PIK3CA. CTNNB1*: mutations were detected in seven cases (1.1%), being always associated with at least one other concurrent mutation. In particular, *CTNNB1* mutations were consistently associated with the constitutive activation of the *RAF/MEK/ERK* pathway by either *KRAS* (n=4) or *BRAF* (n=3) concurrent mutations. *SMAD4*: mutations were found in 14/653 (2.1%) samples, and in combination

#### DISCUSSION

This study evaluated in CRC routine samples a broad set of genes for mutational events. Previous evidences regarding the *RAS/RAF/PI3KA* gene were confirmed. *KRAS* and *NRAS* mutations were always mutually exclusive,<sup>5</sup> whereas occasionally *BRAF* (mostly no V600E) mutations coexisted with an *RAS* gene alteration.<sup>7</sup> The frequent association of *PIK3CA* mutations with the *RAS/RAF* alterations was also confirmed.<sup>5</sup> Our data straighten the view that the simple distinction of tumours in *RAS*, *BRAF* or *PIK3CA* does not apply to CRC with combined *RAS/RAF* genetic changes.<sup>7</sup> We also confirmed that one of the most frequently mutated genes in CRC is *TP53*, whose mutation rate in our study was 38.8%.

Additional information was generated on other potentially actionable components of the CRC genomic landscape, such as RTK genes. Remarkably, the ALK p.L1196M gatekeeper mutation, which confers high-level resistance to crizotinib in lung cancer, was for the first time detected in CRC. EGFR mutations were also detected, as shown in figure 1, and their mutation rate (1.2%) was lower than that (4.5%) reported in the Tumor Cancer Genome Atlas (TCGA).<sup>5</sup> While KRAS and EGFR mutations are normally exclusive, concomitant KRAS and EGFR mutations were also detected (see online supplementary table S1), confirming previous NGS findings.<sup>8</sup> Other mutations include those involving ERBB2; in particular, the V842I ERBB2 mutation associated with breast cancer<sup>9</sup> was detected in three instances. Remarkably, in CRC preclinical models HER2 mutations were resistant to cetuximab and panitumumab and responsive to second-generation HER2/EGFR irreversible tyrosine, afatinib and neratinib.<sup>10</sup> Clinical trials targeting HER2 activating mutations in metastatic CRC are ongoing.<sup>11</sup> ERBB4 mutations occurring in 0.6% of the cases have an uncertain prognostic significance. In fact, the TCGA data set indicated a survival disadvantage in colorectal carcinoma with ERBB4,5 12 whereas another study showed that the ERBB4 mutant clones are not selected in metastatic spread.13

A number of rare mutations occurring in the PI3K/AKT/ mTOR pathway are potentially actionable. As an example, AKT1 mutations were associated with primary resistance to anti-EGFR therapy.<sup>14</sup> In our study, AKT1 was mutated in 0.9% of cases, being mutually exclusive with PIK3CA alterations, as previously shown.14 The recent association between E17K AKT1 and tumours with mucinous morphology was observed only in one of our six cases.<sup>14</sup> Previous studies showed a wide range of PTEN mutation rates  $(0.7\%^{15}$  to  $6\%^{16})$ . In our study, the mutation rate of PTEN was 2.8%. Interestingly, a total of 11 different mutations were found, according to the notion that mutations in tumour suppressor genes do not strongly cluster in single mutational hot spot.<sup>17</sup> Another RTK signalling gene included in our panel is the STK11 gene. We confirm that somatic STK11 mutations rarely occur in somatic CRC (0.8%).<sup>18</sup> Earlier studies reported that STK11 mutant neoplasms had alterations in nucleotide metabolism that confer hypersensitivity to deoxythymidylate kinase inhibition, proposing that deoxythymidylate kinase is a possible therapeutic target.<sup>1</sup>

Interestingly, *CTNNB1* mutations detected in 1.1% of the cases were always associated with at least one other concurrent mutation (see online supplementary table S1). In particular, *CTNNB1* mutations were consistently associated with the constitutive activation of the *RAF/MEK/ERK* pathway by

either KRAS (n=4) or BRAF (n=3) concurrent mutations, in keeping with the notion that CTNNB1 mutations are early events in CRC carcinogenesis.<sup>20</sup> Conversely, our data confirm that the occurrence of SMAD4 mutations (2.1%) is a late event.<sup>21</sup> In fact, in our study 64.3% of SMAD4 mutations occurred in combination with other alterations. SMAD4 loss of function was associated with a worse prognosis and decreased disease-free survival and with resistance to 5fluorouracil chemotherapy.<sup>22</sup><sup>23</sup> In this present study, FBXW7, a major tumour suppressor gene crucial in promoting exit from the cell cycle, was mutated in 6% of cases, which is in line with the estimated 9% of CRCs containing FBXW7 mutations.<sup>24</sup> <sup>25</sup> Preclinical data have suggested that inactivating mutations of FBXW7 could predict sensitivity either to the *mTOR* inhibitor rapamycin,<sup>26</sup> or to the histone deacetylase inhibitor MS-275.<sup>27</sup> Noteworthy, as it was shown in previous reports FBXW7 were often (51.2%) associated with KRAS mutations.<sup>28</sup> <sup>29</sup> Interestingly, concurrent molecular aberrations can contribute to limited therapeutic efficacy of mTORinhibitors in the presence of FBXW7 mutations.

Certain genes included in our panel, such as *MAP2K1*, may have a future role in sensitivity, resistance or both, to a variety of preclinical drugs. Targeting of *NOTCH* signalling may be of therapeutic value in colon cancers, as activating mutations in *NOTCH-1* have been previously reported in colon cancer.<sup>30</sup> In our study *NOTCH* mutation occurred in one case (0.2%) and remarkably this case had five additional gene mutations occurring in *TP53, KRAS, PTEN, ERBB4* and *PIK3CA*.

In conclusion, our data confirm that CRCs consist of a group of heterogeneous disorders with a large number of diverse sets of genetic changes in oncogenes and tumour suppressor genes. In a routine diagnostic setting, the Ion PGM and AmpliSeq colon and Lung Cancer Panel had the potential to exploit even a low-input DNA to uncover multiple common mutations simultaneously and to generate robust and comprehensive genetic information. Several updates of the Ion Torrent system may soon enable to detect also gene copy number alterations and translocations to more comprehensively cover the whole spectrum of genomic alterations refining the identification of reliable and reproducible biomarkers of response/resistance to the targeted treatment of CRC.

#### Take home messages

- Ion Torrent Personal Genome Machine (PGM), and the Ion AmpliSeq Colon and Lung Cancer Panel, enabled our laboratory to adopt next-generation sequencing.
- Less information is available on the uncommon mutated genes of the CRC genomic landscape.
- In a routine diagnostic setting, the AmpliSeq Colon and Lung Cancer Panel had the potential to generate robust and comprehensive genetic information.

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**Contributors** UM, PP and GT conceived the study and wrote the paper. RS performed the experimental part. EV, GG and CB contributed as pathologists. CC and MB contributed as oncologists.

Competing interests None declared.

#### Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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**Introduzione.** L'incidenza delle mutazioni nei geni RAS/RAF/PI3KA e TP53 sono ben stabilite nel carcinoma del colon-retto (CRC). Invece, relativamente alle altre componenti del panorama genomico del CRC, che potrebbero essere potenziali marcatori prognostici/predittivi, sono disponibili minori informazioni. **Metodi**. In seguito ad uno studio precedente di validazione, la piattaforma *Personal Genome Machine* (PGM) di sequenziamento di nuova generazione (NGS) è stata poi impiegata per processare 653 campioni di routine del CRC impiegando un pannello di 22 geni significativi per CRC. **Risultati.** Sono state rilevate 796 mutazioni somatiche in 499 (76.4%) tumori. Insieme a RAS/RAF/PI3KA e TP53, altri 12 geni hanno mostrato almeno una mutazione, tra questi FBXW7 (6%), PTEN (2.8%), SMAD4 (2.1%), EGFR (1.2%), CTNNB1 (1.1%), AKT1 (0.9%), STK11 (0.8%), ERBB2 (0.6%), ERBB4 (0.6%), ALK (0.2%), MAP2K1 (0.2%) e NOTCH1 (0.2%). **Conclusioni.** Nella pratica diagnostica routinaria, il sequenziamento genico di nuova generazione ha il potenziale di generare molte informazioni e robuste anche riguardo mutazioni geniche meno frequenti ma potenzialmente rilevanti come marcatori prognostici e predittivi di risposta al trattamento.

# Methods for molecular profiling of tumor samples by next generation sequencing.

## **Protocol and Ethical issues.**

Our molecular laboratory is an accredited Italian Society of Pathology reference centre for RAS testing and the organiser in Italy for the ESP Colon External Quality Assessment Scheme. After obtaining the patient's consent, oncologists and the primary pathologists from outside institutions record the clinical and pathological data (including the original pathology report) on a dedicated website. Then, the corresponding tissue sample is express-mailed to our central laboratory. Upon receipt of each sample, a representative H&E stained slide is reviewed by a pathologist and the area with the highest density of neoplastic cells is marked, annotating the percentage of neoplastic cells.

Since RAS mutational analysis is the standard of care in diagnostic workup of patients with CRC, and our analysis did not interfere anyhow with the patient management, the need for ethic committee's approval was not necessary for this study, in accordance with medical ethical guidelines of the Università degli Studi di Napoli Federico II and in accordance with general authorisation to process personal data for scientific research purposes from 'The Italian Data Protection Authority', All samples and clinical data used in this study have been irreversibly anonymized.

Depending on the complexity of histology and on the density of the tumour, DNA was extracted using the QIAamp DNA Mini Kit (Qiagen, Crawley, West Sussex, UK) from two (resection specimens) or three (biopsy specimens) 10  $\mu$ m-thick serial sections. An additional section (biopsy specimens only) was stained by H&E to confirm tumour cell percentage. DNA was extracted from cell lines and clinical tissue samples using the QIAamp DNA Mini Kit (Qiagen) according to the manufacturer's instructions. DNA was suspended in 30  $\mu$ L of molecular biology water. DNA quantity and quality were assessed using the Qubit photometer (Life Technologies) and the Qubit dsDNA HS (High Sensitivity) Assay Kit according to the manufacturer's instructions.

According to the manufacturer's protocols, 10 ng of DNA for each sample was used for library preparation with the Ion AmpliSeq Library 96LV Kit 2.0 (Life Technologies) and the Colon and Lung Cancer Panel (Life Technologies). This panel gives 90 amplicons covering 504 mutational hotspot regions in 22 genes (AKT1, ALK, BRAF, CTNNB1, DDR2, EGFR, ERBB2, ERBB4, FBXW7, FGFR1, FGFR2, FGFR3, KRAS, MAP2K1, MET, NOTCH1, NRAS, PIK3CA, PTEN, SMAD4, STK11, TP53), with performance of at least 500× sequence coverage for eight samples on one Ion 316 chip. For samples yielding less than 10 ng DNA input, additional cycling conditions were used for library preparation as recommended by

the manufacturer. Each library was barcoded with the Ion Xpress Barcode Adapters 1-16 Kit (Life Technologies). Barcoded libraries were combined to a final concentration of 100 pM. Template preparation by emulsion PCR (emPCR) was performed on the Ion OneTouch 2 system (Life Technologies). Library quality control was performed using the Ion Sphere Quality Control Kit according to the manufacturer's instructions, ensuring that 10-30% of template positive Ion Sphere particles (ISP) were targeted in the emPCR reaction. Sequencing primer and polymerase were added to the final enriched ISPs prior to loading onto 316 (100 Mb output) chips. Sequencing was carried out on the PGM (Life Technologies). Data analysis was carried out with Torrent Suite Software V.3.2 (Life Technologies). After alignment to the hg19 human reference genome, the Variant Caller plug-in was applied using the Colon and Lung hotspot file as a reference (downloaded from Ion http://www.ioncommunity.lifetechnologies.com, Community, last accessed 1 September 2015). The Ion Reporter suite (Life Technologies) was used to filter polymorphic variants. In addition, all nucleotide variations with less than a 5% variant frequency were masked. All detected variants were manually reviewed with the Integrative Genomics Viewer (IGV V.2.1, Broad Institute, Cambridge, Massachusetts, USA) or with Genome Brower web app.

## **Performance parameters**

In all cases analyzed, a 100 pM DNA library was obtained; only in 24 cases, the library preparation procedure was repeated, after an initial failure. While most cases yielded a DNA input > 10 ng, eight samples did not satisfied this request. However, even for these cases an increase in the number of amplification cycles enabled to get an adequate library. An average of 3.9 million of the total 6.3 million addressable wells in the Ion 316 chip were consistently loaded with ISPs, and 3.2 million (92%) of these particles contained library templates. After subtraction of multiple-templated beads and poor quality sequence reads, an average of 2.7 million reads were obtained. Samples averaged 193,000 mapped sequence reads (range, 10,331 to 1,010,971) with a mean read length was 115 bp. Multiplex PCR mediated target capture was very effective, as an average of 93.5% of the sequence reads mapped to targeted gene regions. The distribution of reads across the 90 amplicons was consistent across samples and there was an average of 1930 reads per amplicon (range, 102 to 10982).

patient	cr 1 DDR2	cr 1 NRAS	cr 2 ALK	cr 2 ERBB4	cr 3 CTNNB1
	1				
	2 3				
	4				
	5				
	6				
	7				
	8 9				
	9 10				
	11				
	12				
	13				
	14				
	15				
	16 17	Q61H			
	17 18				A13T
	19				/131
	20				
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	39				
	40 41	0611			
	41 42	Q61K			
	43				
	44	Q61R			
	45				

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cr 3	cr 4	cr 4	cr 7	cr 7
РІКЗСА	FBXW7	FGFR3	BRAF	EGFR

G466E

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E542К E542К H1047R R385С E542К R278\* H1047R R385C

R465H

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	R385C
	R465H
E545K	
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H1047R

E545K

polyT ex20

V600E

V600E

G469E

V600E

delELRE

### E542Q

R465H

## E542K

E545K

H1047L

Q546K

E545K E542K

R465H

V600E

V600E

V600E

G466E

Е545К			delELRE
H1047R			R776H
	R278*		
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		V600E	
E542K E542K			
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E545K			
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Е545К			
E545K M1040I	R385C		

Q546H E542K	
E545K	
	T599I V600E
	V600E
E542K	V600E

Q546R

E545K

V600E

E545K R465H

Е542К Е545К

R385C V600E

E542K + H1047Y V600E

H1047R E545K

E542K

Е542К	V600E
	D594N
E545Q	

	R465H
Q546K	

H1047R		V600E
	R465H	V600E

	G469R
R385C	V600E

R266C

N200C

R278\*

Q546K E545K E542K

Q546K

	R266C	V600E
E545K		
Е545К		
H1047L		
E545K		
H1047R		
H1047R		
		V600E
		V600E

R465H

R266C

E545K		
E545K		

H1047R		

R776C

V600E

#### E542K

Е542К		V600E	
	R505L		
H1047R			
			delELREA
M1043I			
H1047R H1047R			
T1025A			
Q546K			
		N581S	

R266C

N581S

H1047L

E545K		
Е542К		
	R266C	G466V
Е545К	R465H	
Е545К	R266C	
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E542K E542K		
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E542K E542K		L597R L597R
H1047R		
Е545К		

H1047R	V600E
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R266C

G469A

V600E

S582L

E545K polyT ex20

R278\*

T1025A

V600E \$784F

G874S

V600E

E542K

E545K

G1049R

E542K R465H

R266C

V600E

polyT ex20		V600E
Е545К		
Е542К	R385C R385C	V600E V600E

R266C

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V600E

H1047Y	R465H	
		V600E V600E
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		N581S
H1047R		
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		G466V
E545K		
Y1021C		
		V600E
	R278*	G466V

cr 7 MET	cr 8 FGFR1	cr 9 NOTCH1	cr 10 FGFR2	cr 10 PTEN	cr 12 KRAS G13D G12V G12D	cr 14 AKT1	cr 15 MAP2K1
					G12D		
					G12D		
				E242fs*	G12D		
					G12D		
					G12C		
					Q61R		
					G12V		
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					A146T		
					G13C		
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	G13D A146T G12C
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	G13D + G12C G12V
	G12D G13D
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p.?	G12V
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	G12V G12D
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G12V

G12D A59T
G12V G13D
Q61H
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G13D G12D
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Q22K
G12C
G12V G12R
G12D
G12A G12V

G12D Q61H

G12D G12D A146T G12V G12D G12D
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A146T G12V
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L57fs\*

D252Y

G13D	

T321fs*	
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p.?	
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G165E	G12S
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T321fs*	G12V
	G12D G12D G12D
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I253N	G12D	
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A146T	
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G12D	
G12C	

G12V G12D G12C

G12V G12V Q61K G12V

R173H	A146T
	G12V
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G12D G12V

G12A

V1578delV	D252Y	G12V
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G13D	
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A146P Q61L G12V

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L318fs*			
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	A146P		
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Q61L A146T

K117N
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p.?	A146T
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E242*	
	A146T G13D + G12V

G13D + G12D

E17K

G12D

	A59E
	Q61H G12V
L318fs*	
	K117N Q61H
	А59Т
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G12A
G12D Q61H
G12D A146T
A146V
G12S
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G12V

S170N

Q61L

K117N

E17K

R173H Q61L

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L19F

cr 17 ERBB2	cr 17 TP53	cr 18 SMAD4	cr 19 STK11
	R156fs*		
	E286fs* Y205H		P281fs*
			P281fs*
	Y234N		
	R175H		
	Е198К		
	R306*		
	R342* A276D		
	R175H		

R283C

## R175H K132R P278fs\*

Q104\* R213fs\*

### C238R

G199V

### R306\* R196\*

S166\* R306\*

E171\*

H179N

R175H

R361H

P190T

M246K N200fs\*

V272L R196\*

Y220C R196\* N247T R306\* V274A P250L

Y234H E204\* Q104\*

R65H

E285K
R306*
I195T
R175H
R306*
E285K
K132N
W91*
S241fs* R175H
К1/ЭП
V80M
S166*
R342*
R306*
L265R p.?
p.r E271K + R175H
S215R
R196*
R306*

A118V

N200fs\* P152S

R175H		
R306*		
Y220C		
E298*		

G105fs\*

### R361H

P281fs\*

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I255S

V842I

R175H	
R342*	
P219S	

R175H

R361H

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R175H			
R306*			
R175H			
p.?			
C135F			
C1331			

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E204* F212fs* R175H R175H
R196*
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R280K R175H R65H
G245V Y220C
P190fs*
G187S G266E Y236C G266E R175H

P152L E204\* E171\* E294fs\* R213\* R196\*

P152L

p.? A118V

R175H

P278R + F270V

C242F

R196\*

C238Y N239S R209fs\* C229fs\* R175H K132R R175H R175H I251fs\* I254S R283H C238Y

G168\*

I195T

H179Q

R65H

R342\* + P295S

L282fs\*

### C242fs\* C242fs\* р.? P278R

I255S R213\*

### R175H H193Y

## R65H

E271K

# R342\*

R175H

K132Q

### R175H

R196\*

R175H R196\*

E298\* + V80M

### R361H

A118V

G245V S183\*

R65H R175H

S241Y

R175H

V80M

I195S R213\* R306\*

R361H

R175H

R175H C176F R175H p.?

S94\*

T231I

V842I

R175H

I232S

R175H

R280G R175H			
R110C I195T R267W			
E204* N288fs* R156fs*			
S215G			
Y220C R175H			
p.? Y236N R175H			

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Y236	N				
R175	H				
R175	н				
					P281

R306*	R361H
C135F	

R175H

R213\* R306\*

R175H

H168R

R342\*

R249S

T253P

G776V

R175H
R175H
R342*
R342*
R213*
R213*
R175H
R267W
R267W C242fs*
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C242fs*

C275F	
E336*	
G187S	

## R196\* R196\* R175H R283C P177R р.?

### R306\* + R283C

R213\* E285K

### C135F

R175H

R213\*

E271K

R213\* R175H Y220C

R175H R196\*

Q245\*

I195T

### V842I

р.?
R175H
R175H

R306\*

## R65H

R213\*

P190L

C176F

R306\*

V80M R249M A159D R306\*

V274F

P152L

N131delN

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cr 1	cr 1	cr 2	cr 2	cr 3
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cr 3	cr 4	cr 4	cr 7	cr 7
РІКЗСА	FBXW7	FGFR3	BRAF	EGFR

F384L

F384L

cr 7	cr 8	cr 9	cr 10	cr 10	cr 12	cr 14	cr 15
MET	FGFR1	NOTCH1	FGFR2	PTEN	KRAS	AKT1	MAP2K1

N375S

T1010I

R173C

N375S

T1010I

E168D

T1010I N375S

T1010I

N375S

N375S

R173C

cr 17	cr 17	cr 18	cr 19
ERBB2	TP53	SMAD4	STK11

R282W

G245S

R273H + R213Q

R248W

R273C

R248Q R282W

R273C

R282W

R273H

F354L

R248W Y236D

R361C

R248W

V272M R248Q R273H

R248W

G245D

R273C

R273C

R273C

G245C

R273H

Y163C

R273H

R361C

R282W

R248W C176Y

R273C

G245S

R248Q R361C

R267Q

R248Q R248Q

F354L

R248W R248W R282W R273C

R248Q

G245S

G245S V272M V272M G245D R273C

R282W

R273C

G266R G245S

R361C

G245S

R248W

R248Q

R248W M237I

V272M

P281L

R248Q				
R273H				

R273H R361C

C275Y

R361C

R361C H193L

R337C R361C

R273H R248Q D208V

R273H

G245D

R361C

Y126D

V216M

R282W R248W

S127F + S99F R273C

G245S G244D R273H R273C

R273H

R273H

R273H R248W

R282W

R249K G244D

R248Q

R282W

F354L

R337C

R273H

R273H

R282W

G245S

R273H

G245S R273H R273C R361C

R273C

R248Q R282W R273H R273C

R273C R213Q M237I G245S R213Q R248Q E285K R248Q G244D

R273C R273C

R282W

R282W

R273C

R248Q

F354L

R282W

R248Q

R273H R273H

G245S R273H

G245S V216M R337L R248W R282W R248Q R181C Y163C

F354L

R282G

F354L

G245S

D281G

R248Q

R248W

R273C

R248Q

G244D

R248W

R248W

R273H

R248W

M237I

G245S

R273C R282W

V216M

G245S

G245S M237V

Y236H R248W

E286K

G245D

R248Q

### KRAS

Total: 251

Exon 2: 204/251 (A11V; G12A/C/D/F/R/S/V; G13C/D; G13insG; L19F; Q22K)

Exon 3: 19/251 (A59E/T; Q61H/K/L/R)

Exon 4: 28/251 (K117N; A146P/T/V)

# NRAS

Total: 30

Exon 2: 12/30 (G12C/D/V; G13R/V)

Exon 3: 18/30 (Q61H/K/L/R)

## BRAF

Total: 63

Exon 11: 8/63 (G466E/V; G469A/E/R)

Exon 15: 55/63 (N581S; D594G/N; L597R; T599I; V600E)

#### PIK3CA

Total: 99

Exon 9: 68/99 (E542K/Q; E545K/Q; Q546H/K/P/R)

Exon 20: 31/99 (Y1021C; T1025A; M1040I; M1043I; H1047L/R/Y; G1049R; polyT ex20)

#### TP53

Total: 245

Exon 4: 16/245 (R65H; V80M; W91\*; S94\*; Q104\*; G105fs\*; R110C)

Exon 5: 83/245 (N131delN; K132N/Q/R; C135F; P152L/S; R156fs\*; A159D; S166\*; H168R; E171\*; R175H; C176F; P177R; H179N/Q; S183\*; p.?)

Exon 6: 57/245 (G187S; p190fs\*; p190L/T; H193Y; I195S/T; R196\*; E198K; G199V; N200fs\*; E204\*; Y205H; R209fs\*; F212fs\*; R213fs\*; S215G/R; P219S; Y220C; p.?)

Exon 7: 29/245 (C229fs\*; T231I; I232S; Y234H/N; Y236C/N; C238R/Y; N239S; S241fs\*; S241Y; C242F; C242fs\*; G245V; M246K; N247T; R249M/S; P250L; I251fs\*; T253P; I254S; I255S)

Exon 8: 50/245 (L265R; G266E; R267W; F270V; E271K; V272L; V274A/F; C275F; A276D; P278fs\*; P278R; R280G/K; R283C/H; E285K; E286fs\*; N288fs\*; E294fs\*; P295S; E298\*; R306\*)

Exon 10: 10/245 (E336\*; R342\*)

# SUPPLEMENTARY TABLE 1

# **Co-existing mutations in different genes**

Multiple gene mutations in KRAS mutated tumors	
Type of mutations	n
KRAS only (no other mutation detected)	99
KRAS + TP53	62
KRAS + PIK3CA	31
KRAS + PTEN	4
KRAS + FBXW7	4
KRAS + STK11	2
KRAS + AKT1	2
KRAS + SMAD4	2
KRAS + EGFR	2
KRAS + BRAF	1
KRAS + ERBB2	1
KRAS + CTNNB1	1
KRAS + PIK3CA + TP53	10
KRAS + FBXW7 + TP53	6
KRAS + PIK3CA +FBXW7	3
KRAS + PIK3CA + BRAF	1
KRAS + PIK3CA +EGFR	1
KRAS + PIK3CA + PTEN	1
KRAS + PIK3CA + ERBB2	1
KRAS + FBXW7 + EGFR	1
KRAS + FBXW7 + AKT1	1
KRAS + BRAF + TP53	1
KRAS + PTEN + TP53	1
KRAS + TP53 + SMAD4	1
KRAS + CTNNB1 + PIK3CA + FBXW7	2
KRAS + CTNNB1 + PIK3CA + TP53	1
KRAS + PIK3CA + FBXW7 +TP53	1
KRAS + BRAF + FBXW7 + TP53	1
KRAS + ERBB4 + PIK3CA + FBXW7 + TP53	1
KRAS + ERBB4 + PIK3CA + EGFR + TP53	1
KRAS + + ERBB4 + PIK3CA + NOTCH1 + PTEN + TP53	1
Total KRAS mutated cases	247
4 tumor had two concomitant KRAS mutations	

Multiple gene mutations in TP53 mutated tumors	1
Type of mutations	n
TP53 only (no other mutation detected)	103
TP53 + KRAS	62
TP53 + NRAS	13
TP53 + PIK3CA	10
TP53 + BRAF	10
TP53 + FBXW7	3

TP53 + PTEN	2
TP53 + EGFR	1
TP53 + ALK	1
TP53 + STK11	1
TP53 + PIK3CA + KRAS	10
TP53 + FBXW7 + KRAS	6
TP53 + PIK3CA + NRAS	1
TP53 + NRAS + PTEN	1
TP53 + CTNNB1 + BRAF	1
TP53 + BRAF + KRAS	1
TP53 + BRAF + PTEN	1
TP53 + EGFR + AKT1	1
TP53 + PTEN + KRAS	1
TP53 + PTEN + SMAD4	1
TP53 + KRAS + SMAD4	1
TP53 + ERBB2 + SMAD4	1
TP53 + PIK3CA + FBXW7 + KRAS	1
TP53 + NRAS +PIK3CA + BRAF	1
TP53 + PIK3CA + CTNNB1 + KRAS	1
TP53 + FBXW7 + BRAF + SMAD4	1
TP53 + FBXW7 + BRAF + KRAS	1
TP53 + ERBB4 + PIK3CA + FBXW7 + KRAS	1
TP53 + ERBB4 + PIK3CA + EGFR + KRAS	1
TP53 + ERBB4 + PIK3CA + NOTCH1 + PTEN + KRAS	1
Total TP53 mutated cases	240
5 tumor had two concomitant TP53 mutations	

Multiple gene mutations in PIK3CA mutated tumors		
Type of mutations	n	
PIK3CA only (no other mutation detected)	15	
PIK3CA + KRAS	31	
PIK3CA + TP53	10	
PIK3CA + BRAF	7	
PIK3CA + NRAS	3	
PIK3CA + FBXW7	2	
PIK3CA + PTEN	1	
PIK3CA + MAP2K1	1	
PIK3CA + KRAS + TP53	10	
PIK3CA + FBXW7 + KRAS	3	
PIK3CA + BRAF + CTNNB1	1	
PIK3CA + NRAS + PIK3CA	1	
PIK3CA + FBXW7 + BRAF	1	
PIK3CA + BRAF + KRAS	1	
PIK3CA + EGFR + KRAS	1	
PIK3CA + PTEN + KRAS	1	
PIK3CA + KRAS + ERBB2	1	
PIK3CA + CTNNB1 + FBXW7 + KRAS	2	
PIK3CA + NRAS + BRAF + TP53	1	

PIK3CA + CTNNB1 + KRAS + TP53	1
PIK3CA + FBXW7 + KRAS + TP53	1
PIK3CA + ERBB4 + FBXW7 + KRAS + TP53	1
PIK3CA + ERBB4 + EGFR + KRAS + TP53	1
PIK3CA + ERBB4 + NOTCH1 + PTEN +KRAS + TP53	1
Total PIK3CA mutated cases	98
1 tumor had two concomitant PIK3CA mutations	

Multiple gene mutations in BRAF mutated tumors	
Type of mutations	n
BRAF only (no other mutation detected)	26
BRAF + TP53	10
BRAF + PIK3CA	7
BRAF + FBXW7	5
BRAF + PTEN	2
BRAF + SMAD4	1
BRAF + KRAS	1
BRAF + CTNNB1	1
BRAF + PIK3CA + FBXW7	1
BRAF + CTNNB1 + TP53	1
BRAF + PIK3CA + CTNNB1	1
BRAF + KRAS + PIK3CA	1
BRAF + PTEN + SMAD4	1
BRAF + PTEN + TP53	1
BRAF + KRAS + TP53	1
BRAF + NRAS + PIK3CA + TP53	1
BRAF + FBXW7 + SMAD4 + TP53	1
BRAF + FBXW7 + KRAS + TP53	1
Total BRAF mutated cases	63

Multiple gene mutations in FBXW7 mutated tumors	
Type of mutations	n
FBXW7 only (no other mutation detected)	7
FBXW7 + BRAF	5
FBXW7 + KRAS	4
FBXW7 + TP53	3
FBXW7 + PIK3CA	2
FBXW7 + KRAS + TP53	6
FBXW7 + PIK3CA + KRAS	3
FBXW7 + PIK3CA + BRAF	1
FBXW7 + EGFR + KRAS	1
FBXW7 + KRAS + AKT1	1
FBXW7 + CTNNB1 + PIK3CA + KRAS	2
FBXW7 + PIK3CA + KRAS + TP53	1
FBXW7 + BRAF + TP53 + SMAD4	1

FBXW7 + KRAS + BRAF + TP53	1
FBXW7 + ERBB4 + PIK3CA + KRAS + TP53	1
Total FBXW7 mutated cases	39

Multiple gene mutations in NRAS mutated tumors	
Type of mutations	n
NRAS only (no other mutation detected)	11
NRAS + TP53	13
NRAS + PIK3CA	3
NRAS + PIK3CA + TP53	1
NRAS + PTEN + TP53	1
NRAS + PIK3CA + BRAF + TP53	1
Total NRAS mutated cases	30

Multiple gene mutations in PTEN mutated tumors	
Type of mutations	n
PTEN only (no other mutation detected)	2
PTEN + KRAS	4
PTEN + BRAF	2
PTEN + TP53	2
PTEN + PIK3CA	1
PTEN + KRAS + TP53	1
PTEN + BRAF + SMAD4	1
PTEN + PIK3CA + KRAS	1
PTEN + NRAS + TP53	1
PTEN + BRAF + TP53	1
PTEN + TP53 + SMAD4	1
PTEN + ERBB4 + PIK3CA + NOTCH1 + KRAS + TP53	1
Total PTEN mutated cases	18

Multiple gene mutations in SMAD4 mutated tumors		
Type of mutations	n	
SMAD4 only (no other mutation detected)	5	
SMAD4 + KRAS	2	
SMAD4 + BRAF	1	
SMAD4 + AKT1	1	
SMAD4 + BRAF + PTEN	1	
SMAD4 + ERBB2 + TP53	1	
SMAD4 + PTEN + TP53	1	
SMAD4 + KRAS + TP53	1	
SMAD4 + FBXW7 + BRAF + TP53	1	
Total SMAD4 mutated cases	14	

Multiple gene mutations in EGFR mutated tum	ors
Type of mutations	n
EGFR only (no other mutation detected)	1
EGFR + KRAS	2
EGFR + TP53	1
EGFR + PIK3CA + KRAS	1
EGFR + AKT1 + TP53	1
EGFR + KRAS + FBXW7	1
EGFR + ERBB4 + PIK3CA + KRAS + TP53	1
Total EGFR mutated cases	8

Multiple gene mutations in CTNNB1 mutated tumors
Type of mutations n
CTNNB1 only (no other mutation detected) 0
CTNNB1 + BRAF 1
CTNNB1 + KRAS 1
CTNNB1 + BRAF + TP53 1
CTNNB1 + PIK3CA + BRAF 1
CTNNB1 + PIK3CA + FBXW7 + KRAS 2
CTNNB1 + PIK3CA + KRAS + TP53 1
Total CTNNB1 mutated cases 7

Multiple gene mutations in AKT1 mutated tum	ors
Type of mutations	n
AKT1 only (no other mutation detected)	1
AKT1 + KRAS	2
AKT1 + SMAD4	1
AKT1 + EGFR + TP53	1
AKT1 + FBXW7 + KRAS	1
Total AKT1 mutated cases	6

Multiple gene mutations in STK11 mutated tum	ors
Type of mutations	n
STK11 only (no other mutation detected)	2
STK11 + KRAS	2
STK11 + TP53	1
Total STK11 mutated cases	5

Multiple gene mutations in ERBB4 mutated tumors	s
Type of mutations	n
ERBB4 only (no other mutation detected)	1
ERBB4 + PIK3CA + FBXW7 + KRAS + TP53	1
ERBB4 + PIK3CA + EGFR + KRAS + TP53	1
ERBB4+ PIK3CA + NOTCH1 + PTEN + KRAS + TP53	1
Total ERBB4 mutated cases	4

Multiple gene mutations in ERBB2 mutated tum	ors
Type of mutations	n
ERBB2 only (no other mutation detected)	1
ERBB2 + KRAS	1
ERBB2 + TP53 + SMAD4	1
ERBB2 + PIK3CA + KRAS	1
Total ERBB2 mutated cases	4

Multiple gene mutations in NOTCH1 mutated tume	ors
Type of mutations	n
NOTCH1 only (no other mutation detected)	0
NOTCH1 + ERBB4 + PIK3CA + PTEN + KRAS + TP53	1
Total NOTCH1 mutated cases	1

Multiple gene mutations in ALK mutated tum	ors
Type of mutations	n
ALK only (no other mutation detected)	0
ALK + TP53	1
Total ALK mutated cases	1

Multiple gene mutations in MAP2K1 mutated tumorsType of mutationsnMAP2K1 only (no other mutation detected)0
MAP2K1 only (no other mutation detected) 0
MAP2K1 + PIK3CA 1
Total MAP2K1 mutated cases 1