



Novel Driver Genes and Prognostic Mutation Signatures Identified by Genomic Analyses of Gastric Cancer

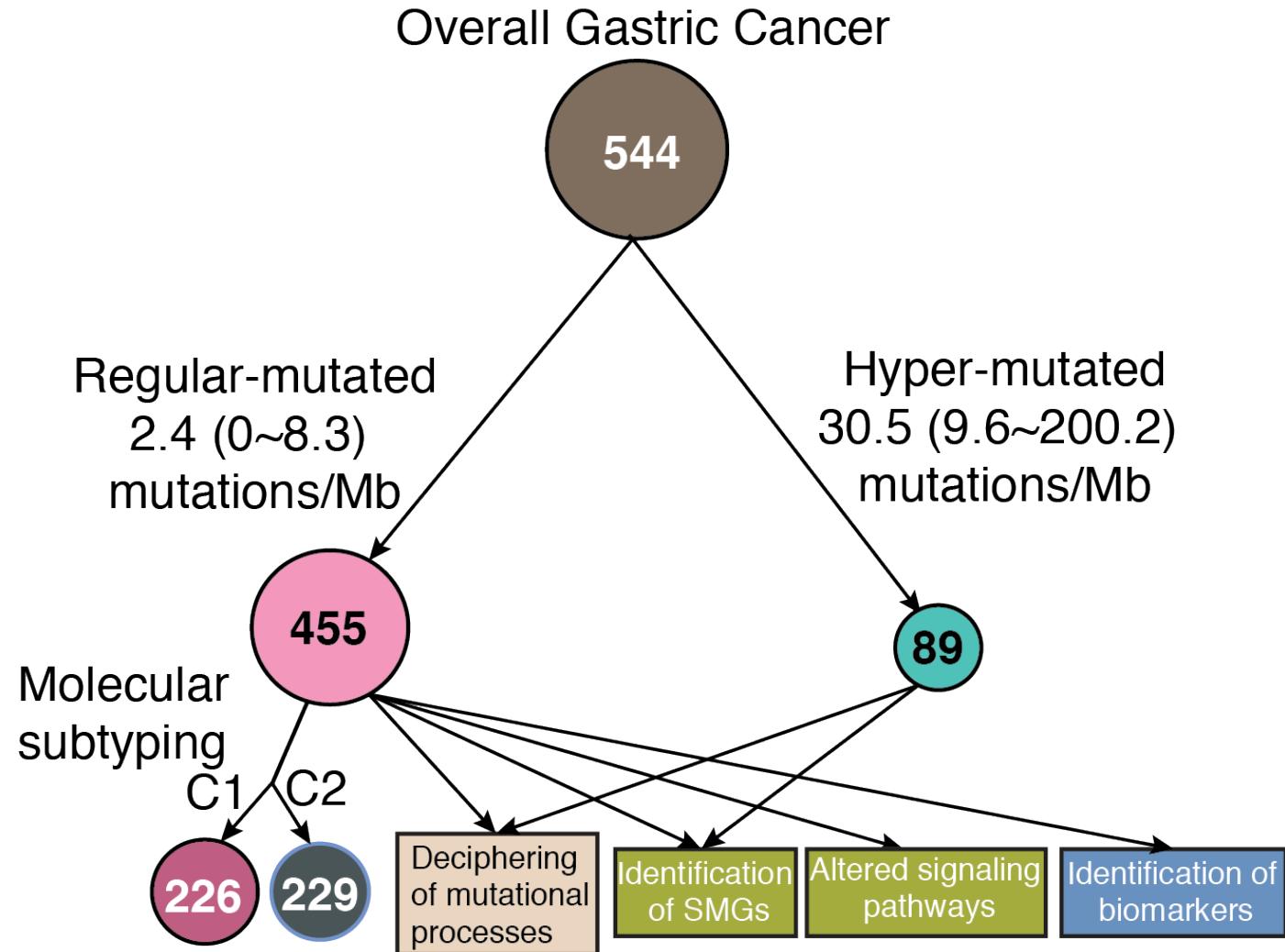
Xiangchun Li, William KK Wu, Rui Xing, Sunny H. Wong,
Kexin Chen, Huanming Yang, Wei Zhang, Matthew T.V.
Chan, Youyong Lu, Joseph JY Sung, Jun Yu

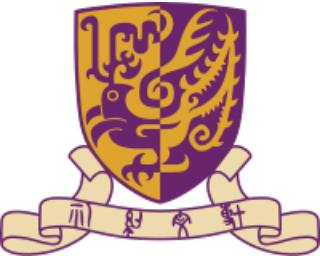
Oct. 26th, 2015 at 23rd UEG

The authors declare no conflict of interest



The analysis workflow





Source of genomic data

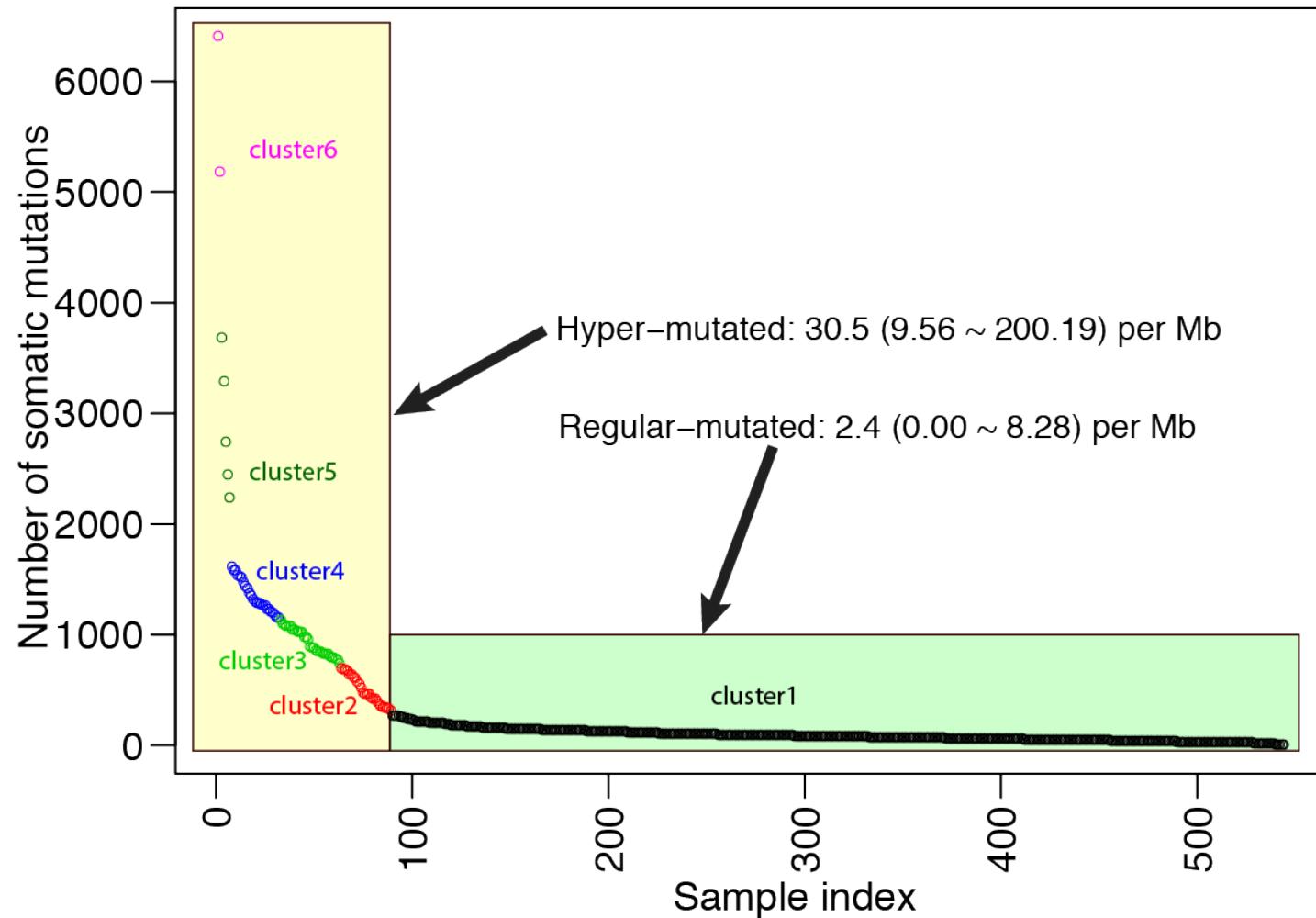
Published publications

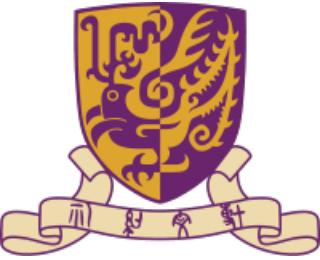
- Chen K, Yang D, Li X, et al: Mutational landscape of gastric adenocarcinoma in Chinese : Implications for prognosis and therapy. Proc Natl Acad Sci 6:1–6, 2015 Cohort: Tianjin China
- Cancer T, Atlas G: Comprehensive molecular characterization of gastric adenocarcinoma. Nature , 2014 Cohort: TCGA
- Wang K, Yuen ST, Xu J, et al: Whole-genome sequencing and comprehensive molecular profiling identify new driver mutations in gastric cancer. Nat Genet 46:573–82, 2014 Cohort: Hong Kong
- Wong SS, Kim K-M, Ting JC, et al: Genomic landscape and genetic heterogeneity in gastric adenocarcinoma revealed by whole-genome sequencing. Nat Commun 5:5477, 2014 Cohort: S. Korean
- Kakiuchi M, Nishizawa T, Ueda H, et al: Recurrent gain-of-function mutations of RHOA in diffuse-type gastric carcinoma. Nat Genet 46:583–7, 2014 Cohort: Japan



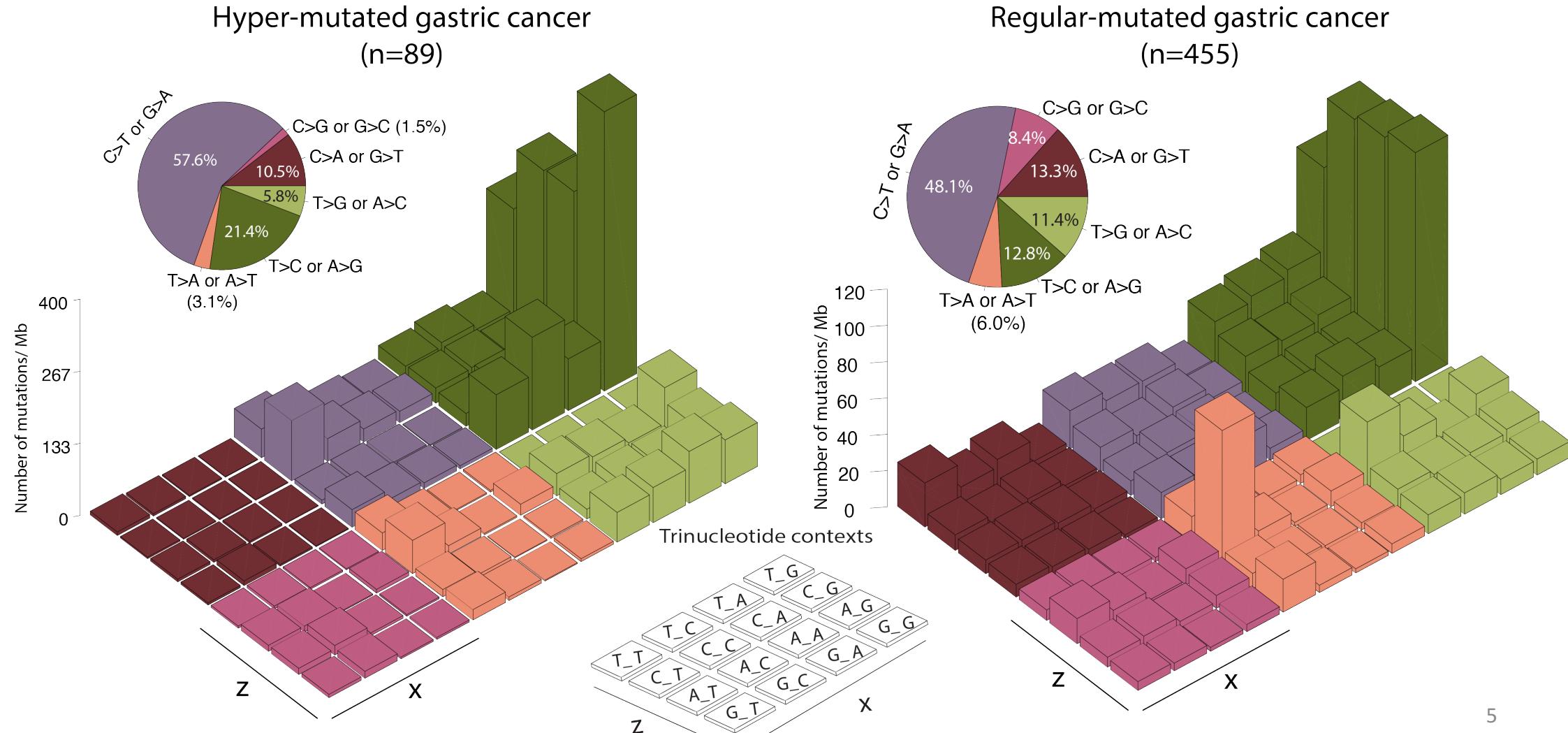
Stratification of GC according to mutation burdens

Distribution of somatic mutations



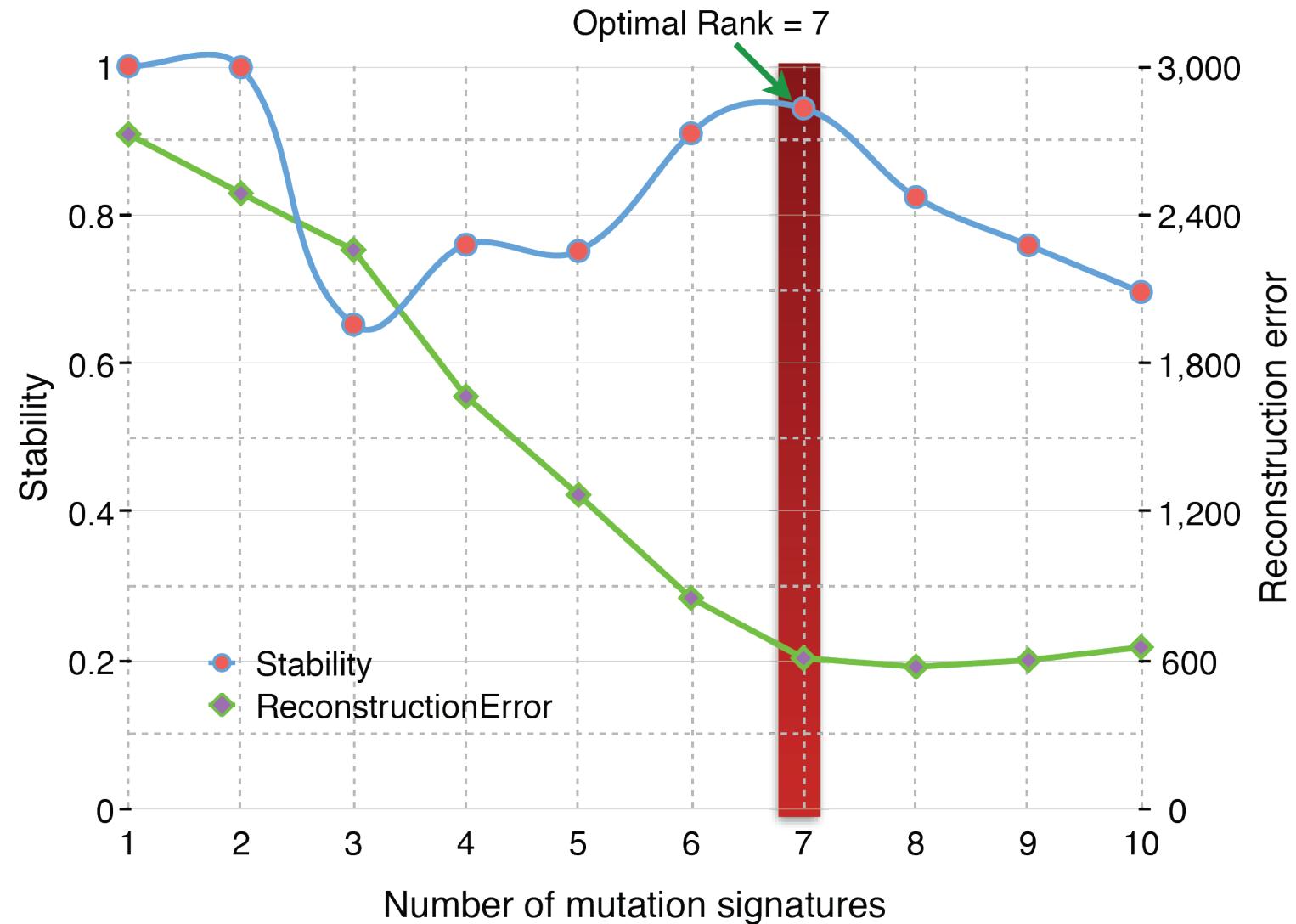


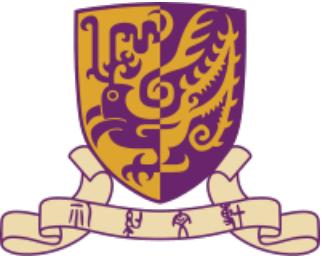
Mutation spectrum of GC with different mutation burdens



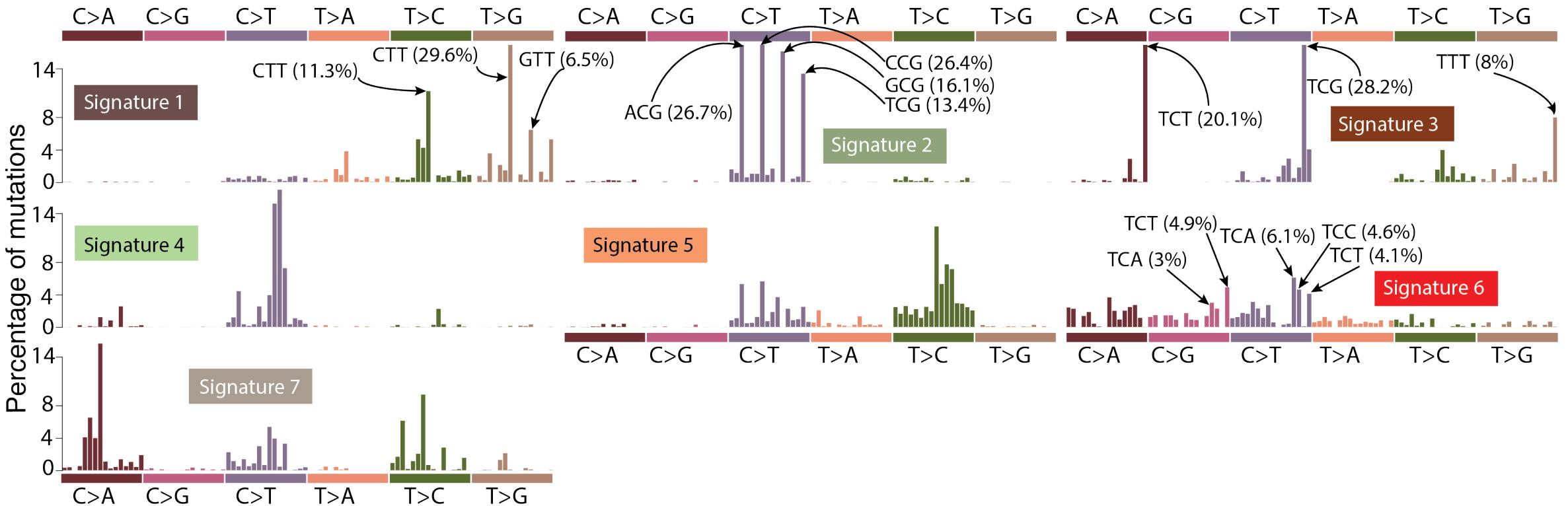


Mutational signature deciphering



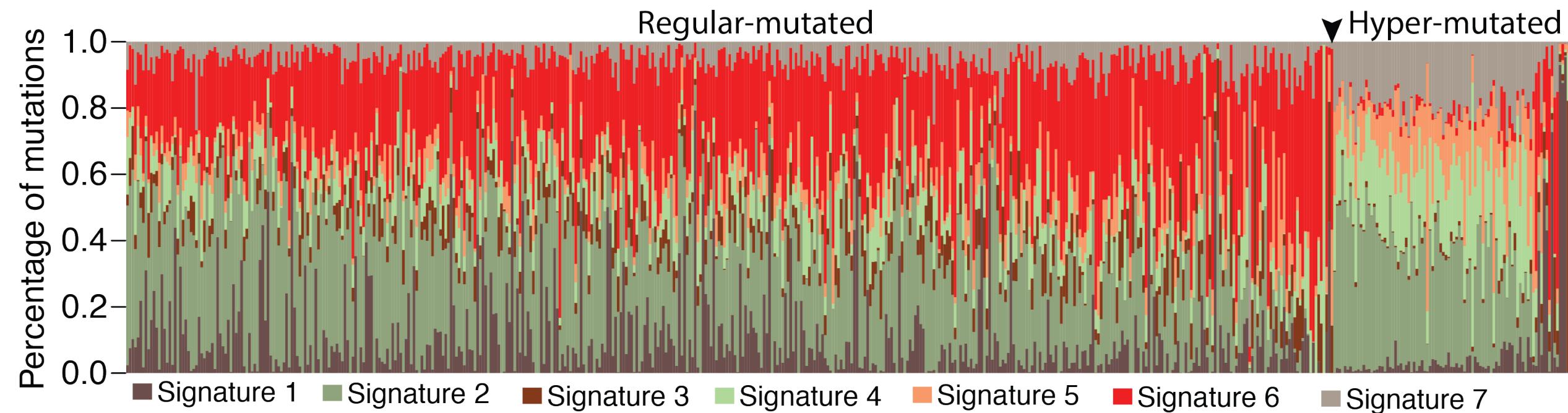


Mutational signatures operative in gastric cancer





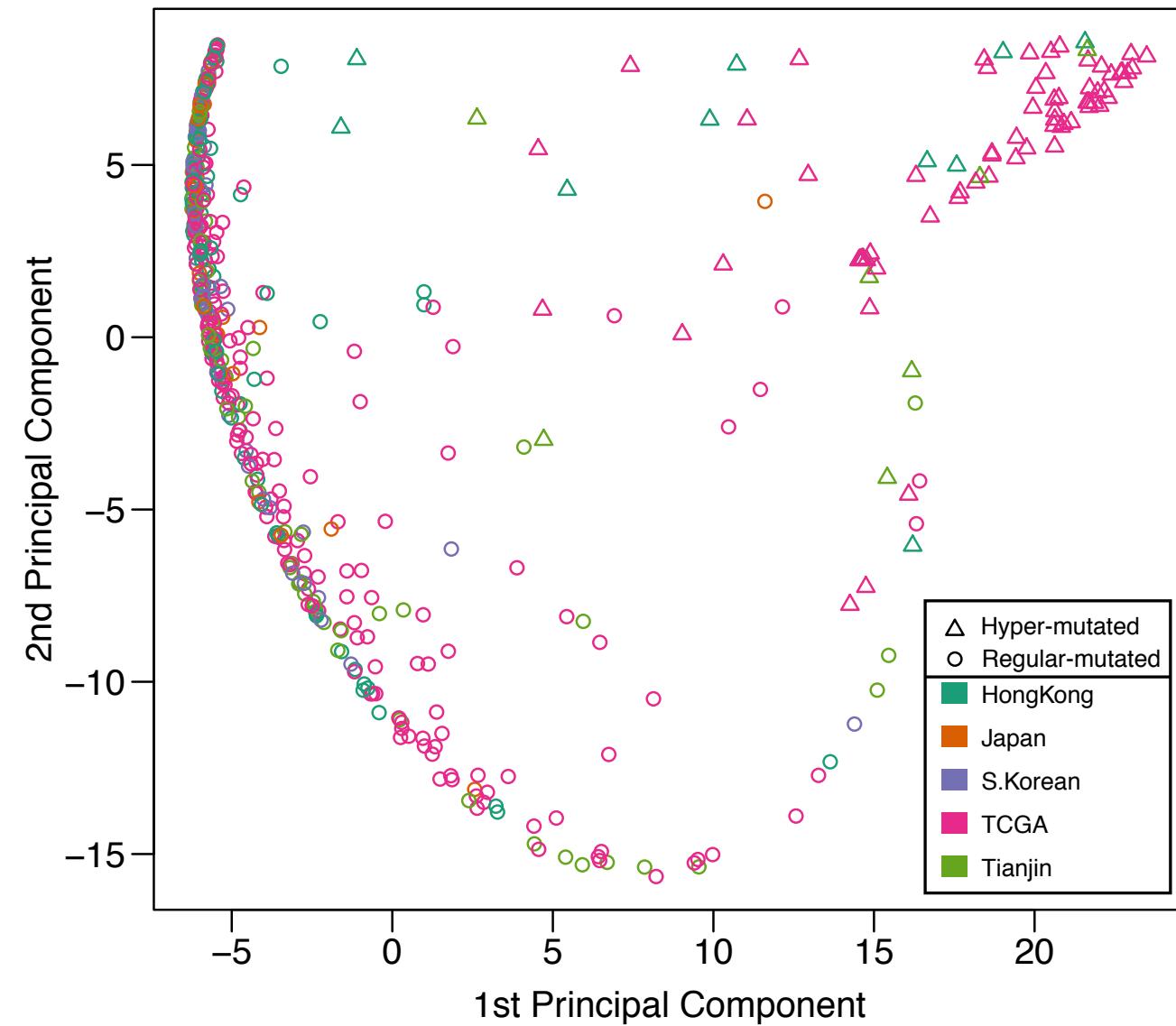
Mutational signatures operative in gastric cancer

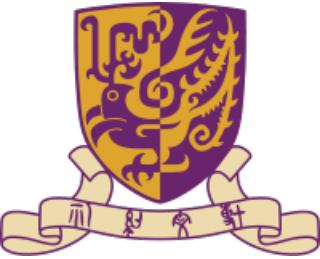




Kernal PCA of mutational signatures

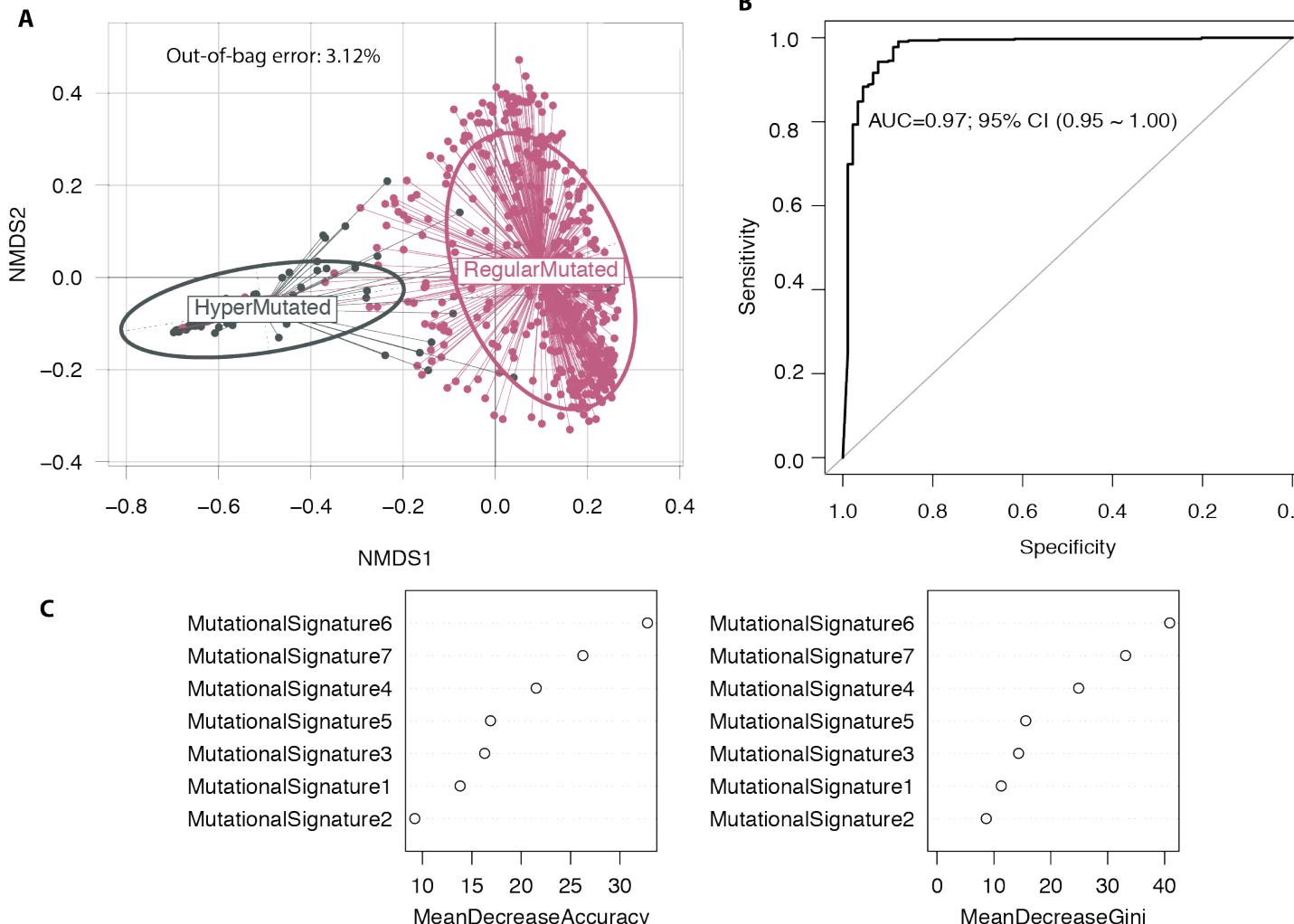
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BGI

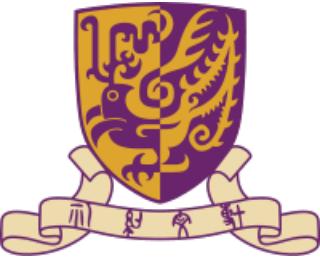




The importance of mutational signature in distinguishing between RGC and HGC

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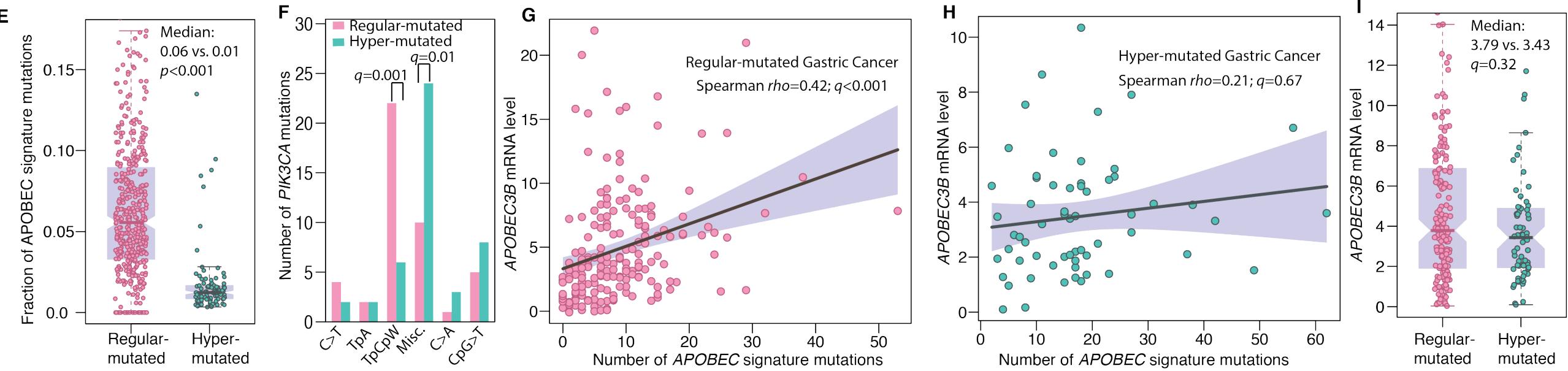
The presence of mutational signatures

Mutational signature	Operativ in RGC	Operativ in HGC	Mutation in RGC	Mutation in HGC	Association in RGC	Association in HGC
Signature 1	11.9%	10.1%	15.5%	5.7%		
Signature 2	59.3%	82.0%	26.6%	26.3%	Age	
Signature 3	0.7%	3.4%	5.9%	6.1%		
Signature 4	2.0%	80.9%	8.6%	22.2%		
Signature 5	1.1%	51.7%	4.8%	20.2%		
Signature 6	70.8%	10.1%	32.5%	3.2%	APOBEC	APOBEC
Signature 7	0.4%	80.9%	6.2%	16.2%		

APOBEC signature mutation: **TCW** (where W = A or T)



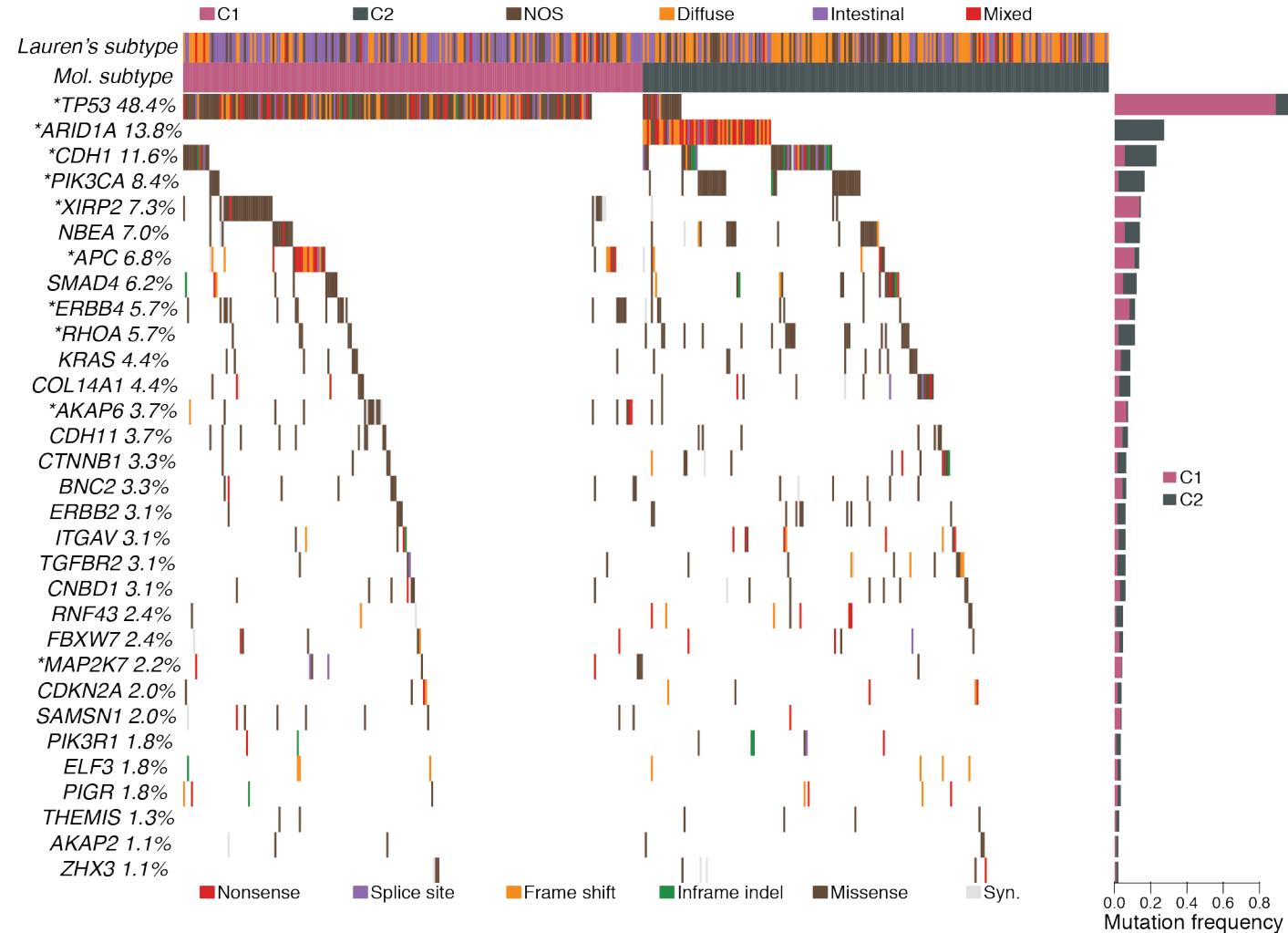
The APOBEC signature mutation



APOBEC signature mutation: TCW (where W = A or T)

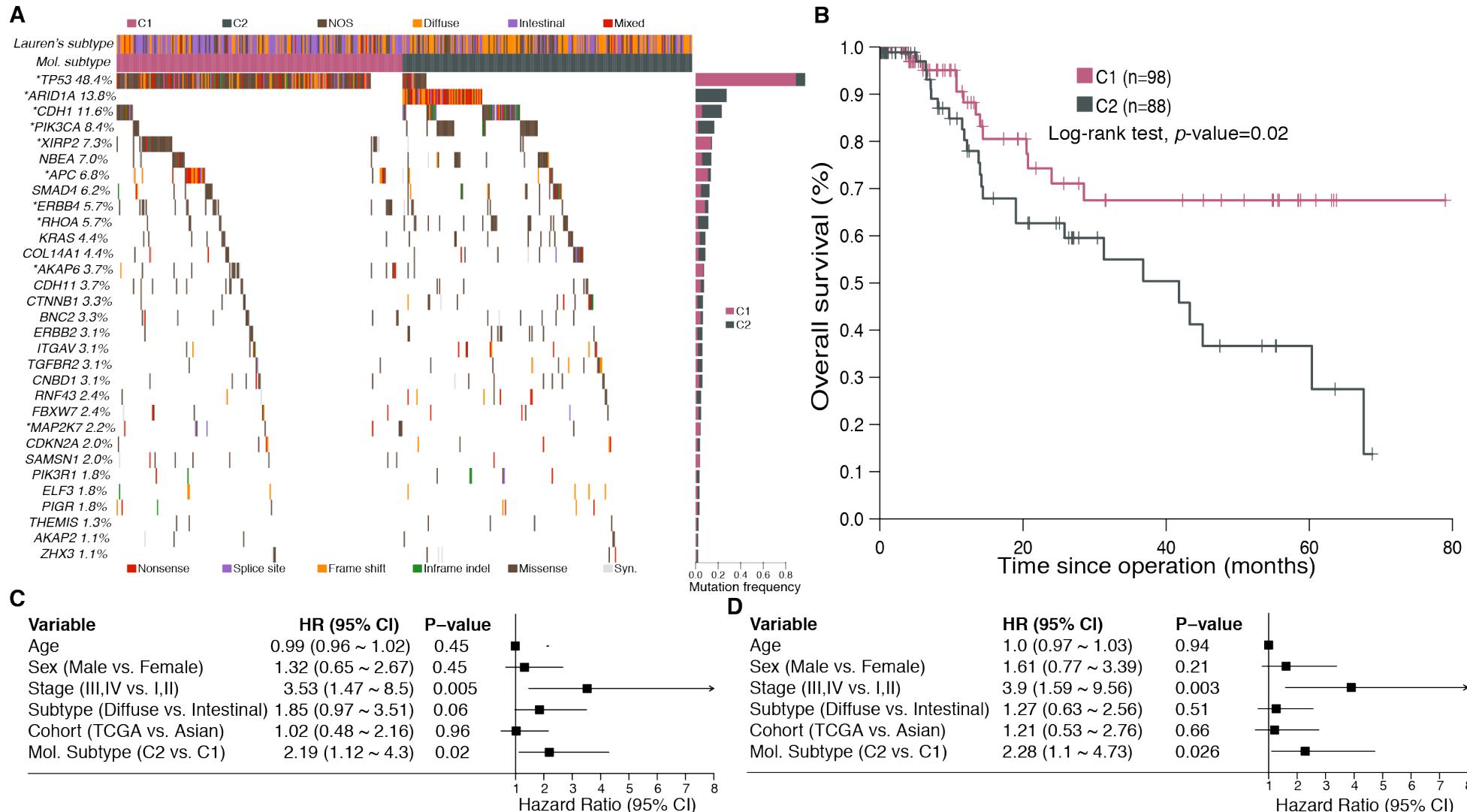


Mutational landscape in regular-mutated GC





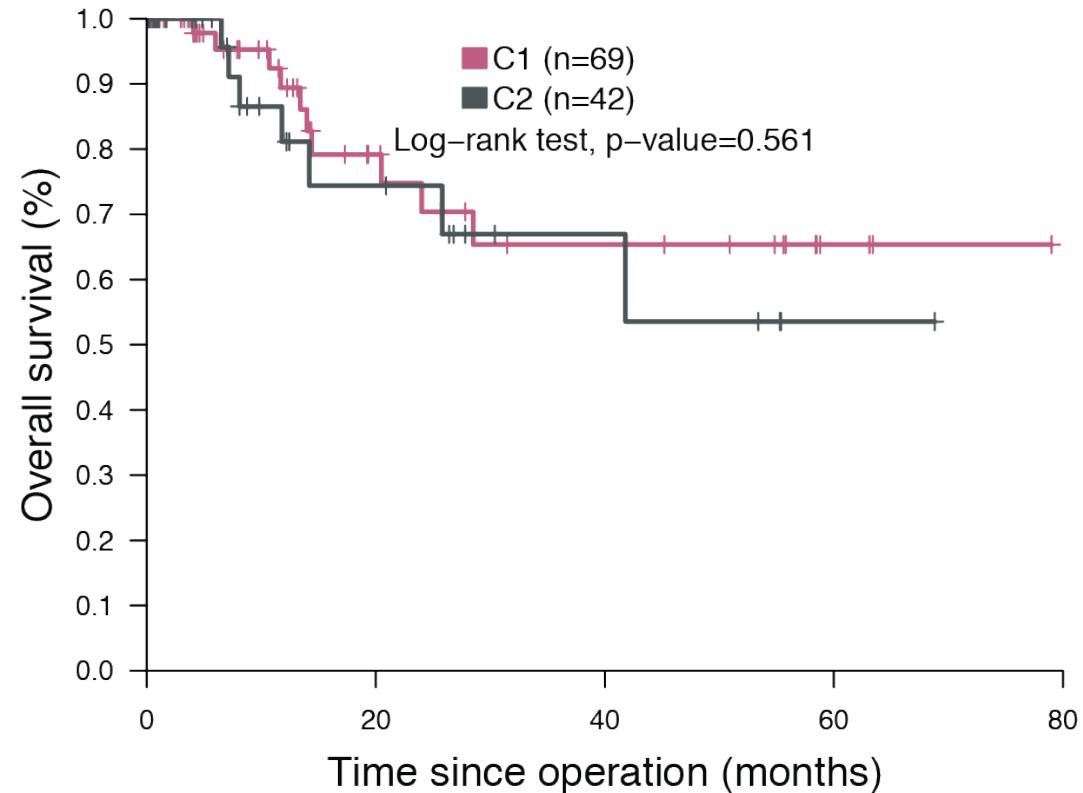
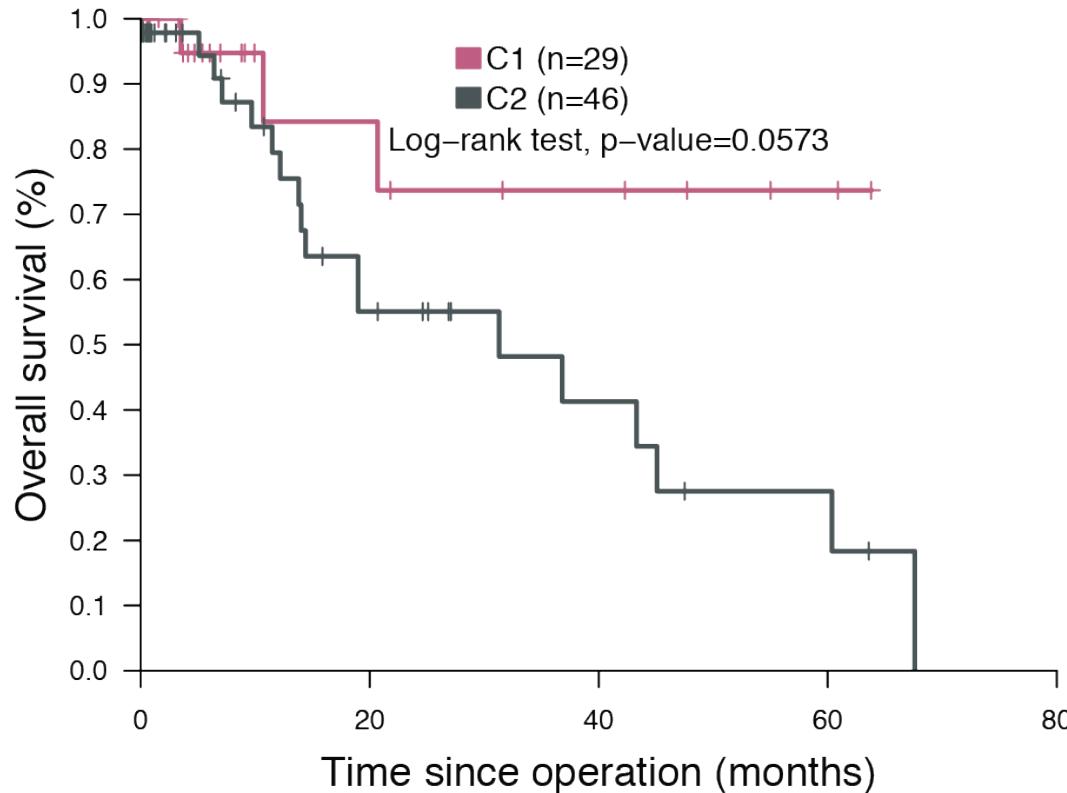
Prognostic significance of C1/2 in RGC

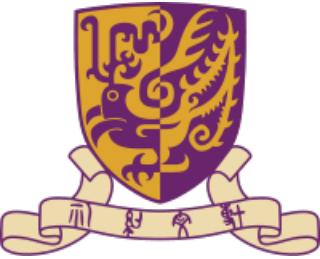




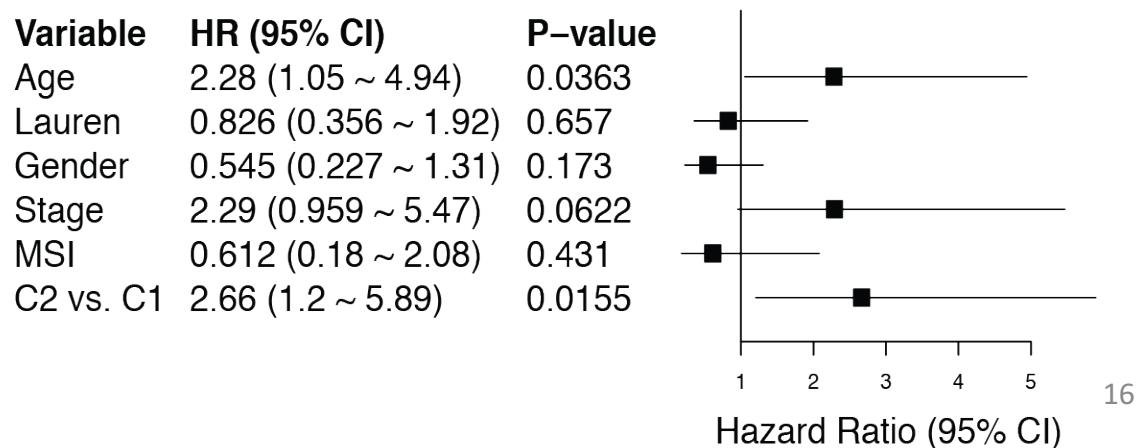
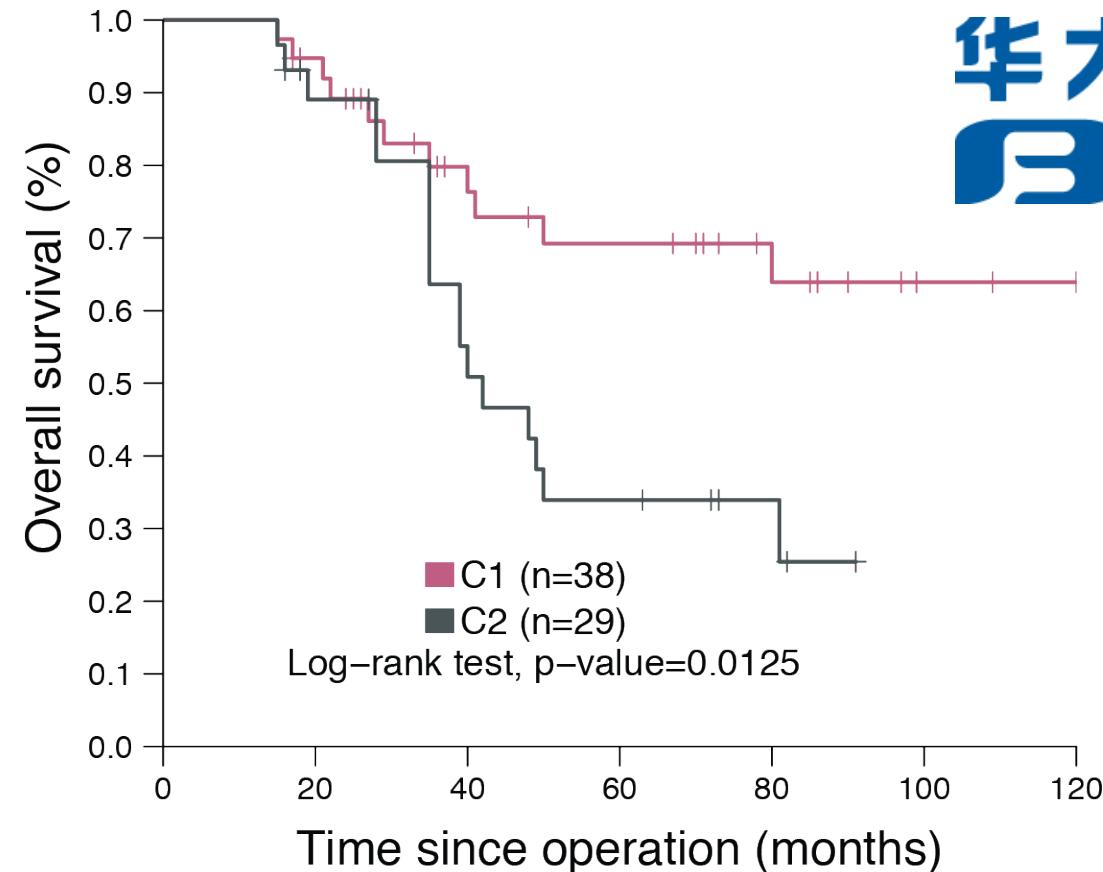
Prognosis of C1/2 stratified by Lauren's classification

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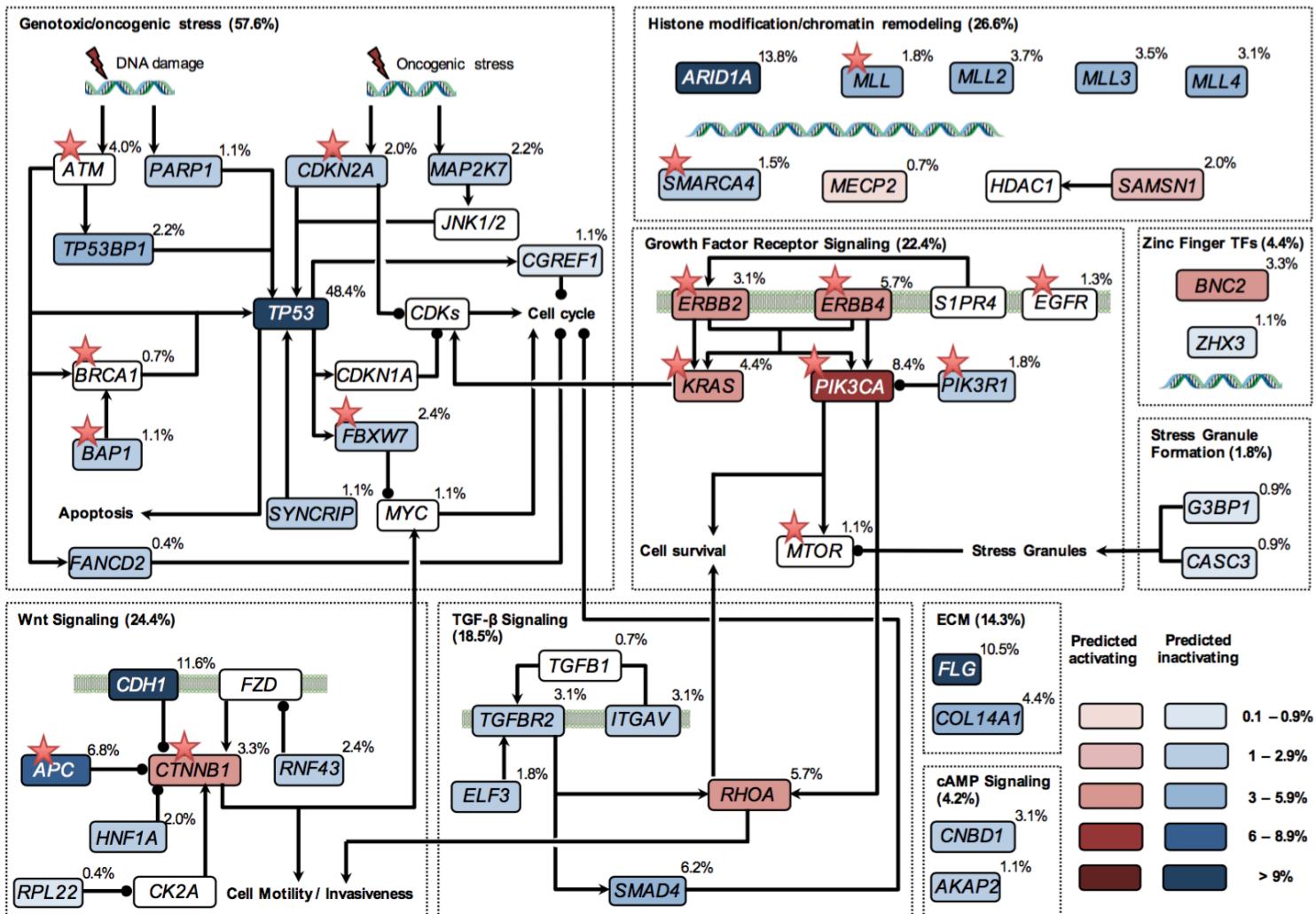
Prognostic significance of C1/2 in the 2nd cohort

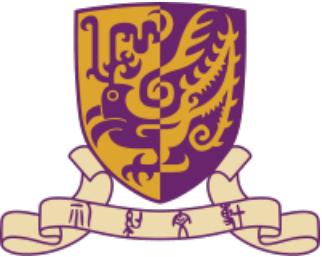




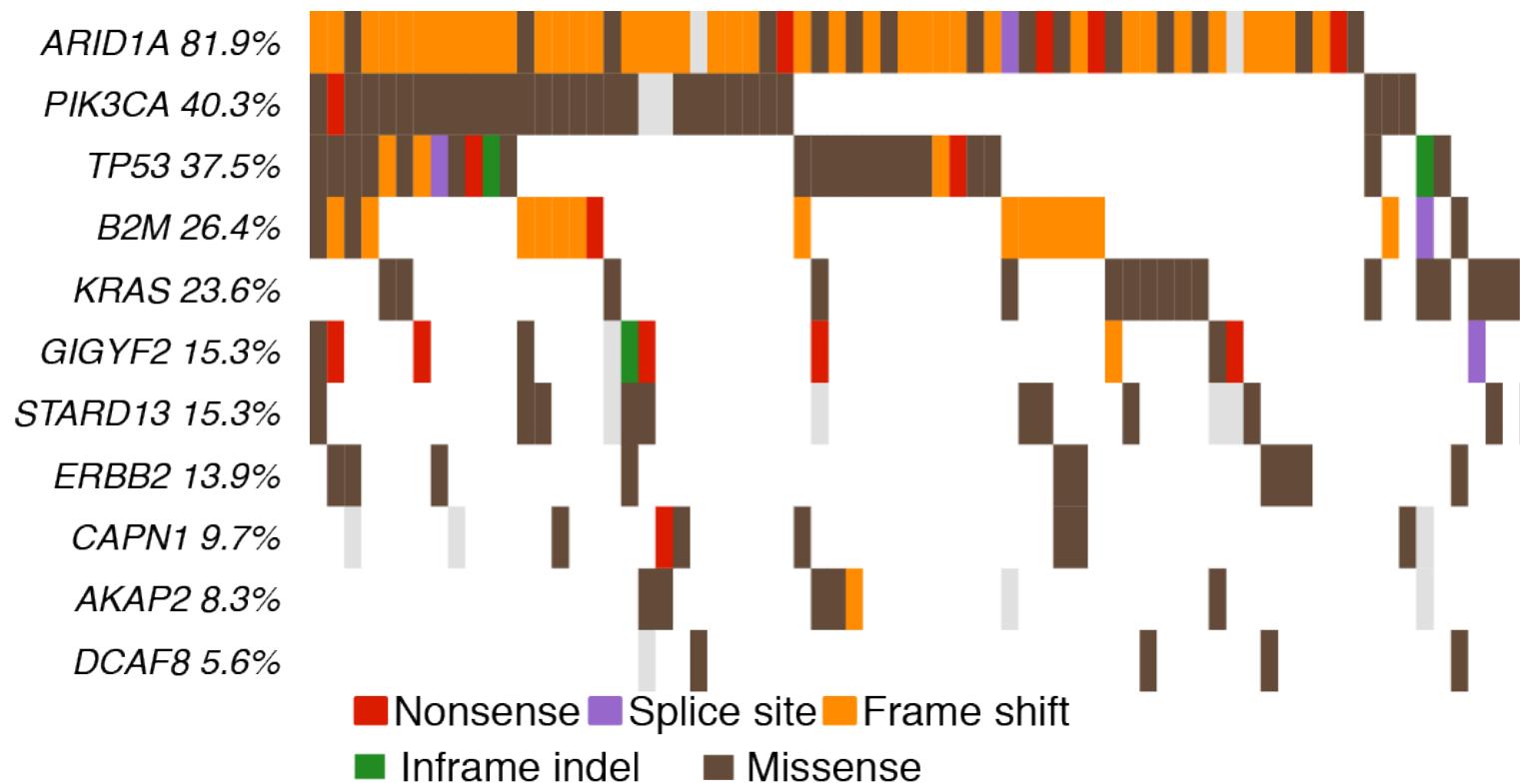
Altered signalling pathways in regular-mutated GC

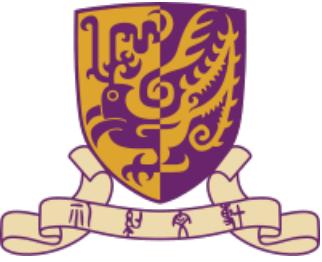
Genetic Alterations of Signaling Pathways in Regular-mutated Gastric Cancer



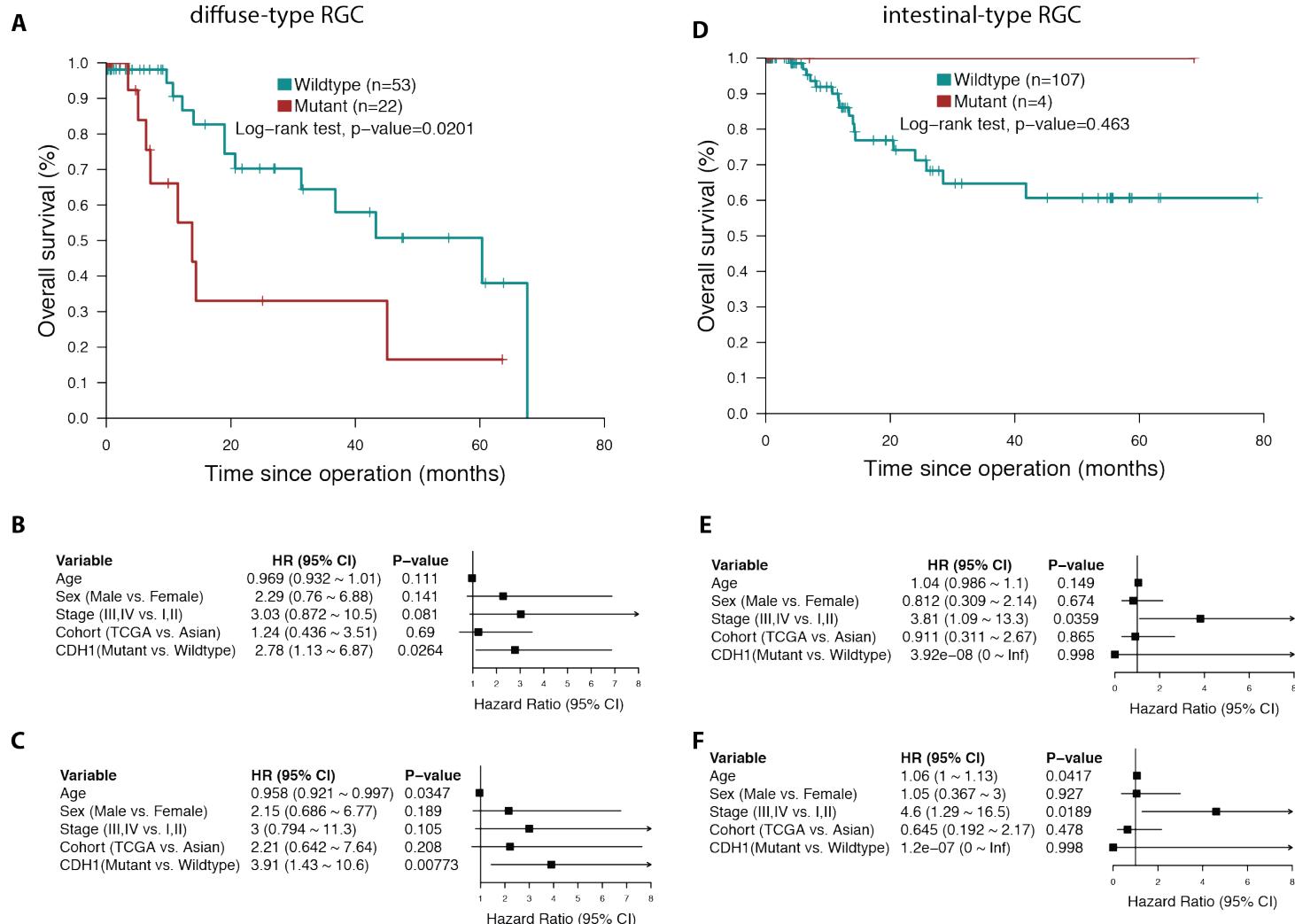


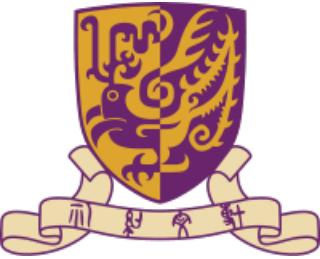
Mutational landscape in hyper-mutated GC



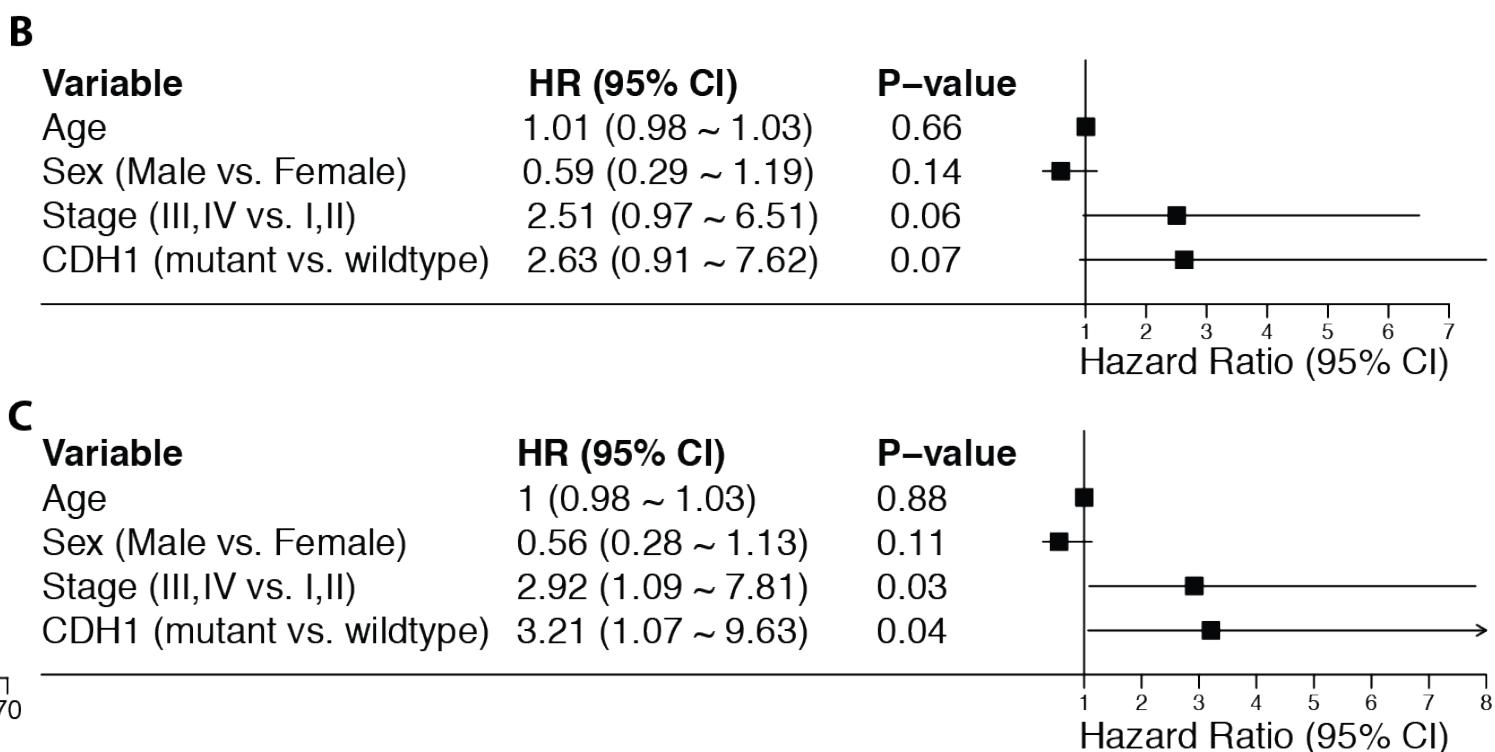
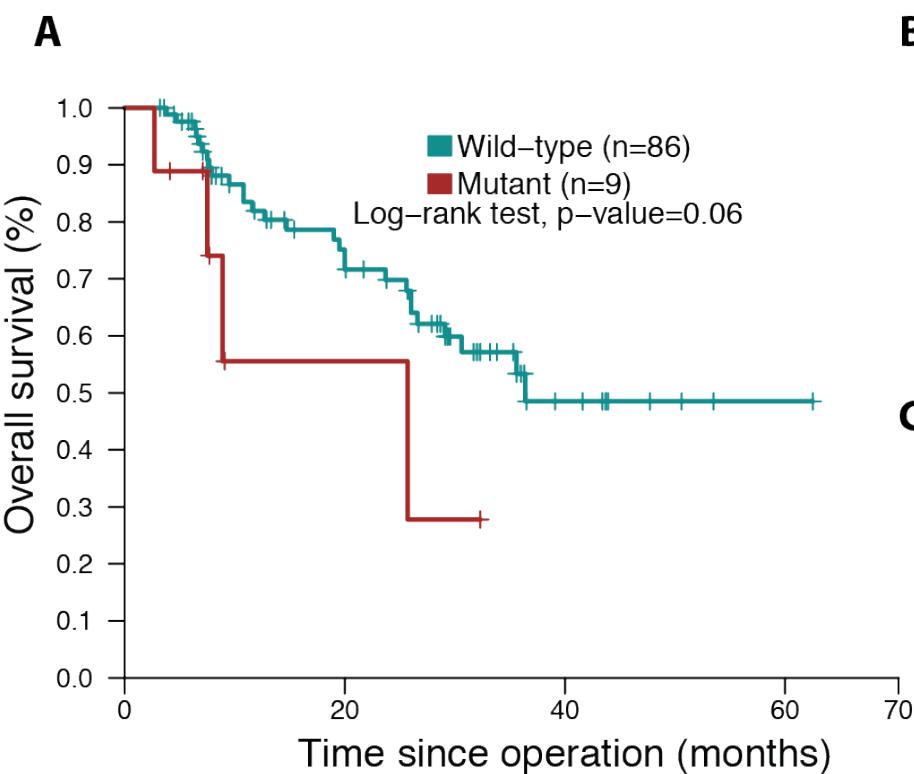


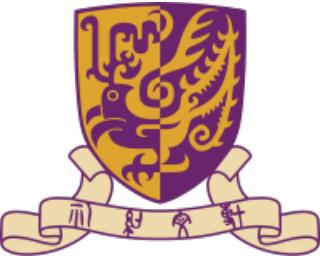
Prognosis of *CDH1* mutation in diffuse-/intestinal-type GC





Prognosis of *CDH1* mutation in the 2nd diffuse-type GC cohort





Conclusions

- There are ubiquitous and specific mutational processes underlying the pathogenesis of different subtypes of GC with varying mutation burdens.
- Several novel SMGs that are mutated at intermediate or low prevalence were identified.
- Regular-mutated GC can be further stratified into two subtypes (i.e. C1/2) with distinct clinical outcomes.
- *CDH1* mutation is an independent prognostic factor for poorer survival in patients with diffuse-type GC.



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State Key Laboratory of Digestive Disease