

### **APPLICATION NOTE**

Proteogenomics Analysis of Colorectal Cancer Using the Indivumed Multi-omics Database



## **INTRODUCTION**

Here we present the power of our multi-omics discovery platform, nRavel<sup>®</sup>, to drive cutting edge analytics within oncology informatics. We combine genomics, transcriptomics, and proteomics datasets generated from high-quality patient tissue to accelerate precision medicine approaches. We used the nRavel<sup>®</sup> platform to drive an integrated proteogenomics approach to aid the identification of putative therapeutic targets in a colorectal cancer (CRC) cohort of 500 patients, consisting of 388 patients with primary tumor and matching adjacent normal samples, as well as 112 patients with metastatic CRC (Figure 1). We identified hundreds of proteins dysregulated in CRC that are dependent on the genetic background of the patient. Further, we characterized these proteins using clinical parameters from the nRavel® database to prioritize targets for precision medicine approaches. This project highlights the utility of using multiple omics levels to better describe the molecular mechanisms underpinning cancer.





# **MATERIALS AND METHODS**

### **Collection of Patient Tissue Samples**

- Patients with colorectal cancer gave informed consent and institutional review board approval was obtained from partner clinical sites. The use of human tissue was approved, and anonymization of patient data and samples was in compliance with data protection regulations.
- Tumor tissue of CRC and matched normal adjacent tissue were collected according to Indivumed's standard operating procedures within 10 minutes of surgical resection and tissue samples were snap frozen in liquid nitrogen.

### Genomics

- For each sample, ≤20 mg tissue was homogenized, and DNA was extracted using Qiagen's QIAamp DNA Mini Kit.
- The library was prepared using the Zymo clean up kit and Nextera DNA Flex kit.
- Whole genomes were sequenced to a depth of 35x (normal) and 70x (tumor/metastasis) using a NovaSeq 6000 sequencer (Illumina).
- Short somatic variation dataset was generated using a consensus calling approach from four variant callers.

### **Proteomics**

- For each sample, ≤20 mg tissue was lysed and homogenized prior to trypsin and LysC protein digestion.
- Electrospray ionization was followed by MS/MS quadropole / using CID on FUSION LUMOS (Thermo Scientific™).
- Data dependent acquisition of ions was performed prior to peptide identification using MaxQuant software.

### **Transcriptomics**

- For each sample, ≤20 mg tissue was homogenized, and RNA was extracted using Qiagen's miRNeasy Mini Kit.
- Library was prepared using TruSeq Stranded Total mRNA kit (Illumina).
- Sequencing was performed using Illumina's NovaSeq 6000 sequencer with 100bp paired end reads, finally obtaining-70 million reads per sample.

### **qPCR** Validation

- qPCR validation analysis was done with the same RNA samples used for RNA-Seq.
- cDNA synthesis was performed with oligo-dT and random primers.
- DPEP1 expression levels were measured in triplicates using a SYBR<sup>®</sup> Green-based assay on a CFX96 Real-Time Cycler (BioRad). EEF1A1, GAPDH and RPLP0 were used as reference genes.

### **Bioinformatics analysis**

• All analysis was undertaken using R studio, a software environment for statistical computing and graphics, using custom built scripts.



## RESULTS

### Genomics

The selected CRC cohort was characterized at the genomic level, identifying many known and novel protein coding somatic variants. We found 307 of 388 primary tumor cases and 96 of 112 metastatic tumor cases to be APC mutant and so decided to use APC as an example to demonstrate a proteogenomics workflow for target discovery (Figure 2).

### **Proteomics**

The CRC cohort was characterized by proteomics analysis and hundreds of dysregulated proteins were identified in the tumor samples as compared to the matching normal samples (Figure 3A), encompassing many known and novel proteins underlying CRC biology. When the sub-cohorts of



distinct CRC subtypes. The mutation frequency of all hypermutated and non-hypermutated tumors is shown.

patients defined by the mutational status of APC were compared, we observed the impact of the genetic background on protein expression (Figure 3B). We found over three-fold more differentially expressed proteins in tumor samples that were dependent on genetic background, in comparison to the corresponding normal samples (Figure 3C).



Figure 3 (A) Volcano plot of protein fold change with p-value in primary tumor vs normal samples. (B) Volcano plot of protein fold change in APC mutant tumor samples vs wild-type against p-value. (C) 2166 and 678 proteins were significantly differentially expressed in APC mutant vs wild-type primary tumor samples and normal samples, respectively. No significant differences in protein expression were observed in metastatic samples possibly because of the small cohort size included in this analysis.





### **Target Discovery and Therapeutic Potential**

Next, we used multiple open source resources (e.g. CanSar, OpenTarget) to systematically prioritize APC dependent differentially expressed proteins for their actionability using either antibody or small molecule-based approaches.

### **Example of APC Mutant-Dependent Expression, DPEP1**

One of the top targets identified was Dipeptidase 1 (DPEP1). DPEP1 is involved in metabolism of glutathione by dipeptide hydrolysis. There is an approved drug for DPEP1, cilastatin, which is used to treat bacterial infections (Figure 4A). Cilastatin is being independently tested in CRC [2]. DPEP1 overexpression is reported to cause significant increase in colon cancer cell adhesion, invasion and metastasis (Figure 4B) [2].

Using our bioinformatics platform nRavel<sup>®</sup>, we observed DPEP1 protein levels in APC mutant tumor samples were higher as compared to wild-type (Figure 5A), a trend replicated in RNA-Seq data (Figure 5B). In order to experimentally validate DPEP1 expression data, we performed qPCR on both tumor and normal samples. DPEP1 fold changes were highly correlated between the RNA-Seq and qPCR results (Figure 5C).





### **Relapse-Free Survival**

Finally, we assessed if DPEP1 expression levels could be a prognostic factor for CRC relapse-free survival. We performed survival analysis on protein expression in both, the entire colon cohort and the sub-cohort dependent on APC genetic background (Figure 6A). Patients with higher DPEP1 levels showed worse prognosis for both APC mutant and wild-type sub-cohorts. DPEP1 expression also had prognostic value at the RNA level when it was assessed for the colon cohort (Figure 6B).



Figure 6 (A) Triaging patients based on DPEP1 log2 fold change (FC) median illustrates worse relapse-free survival for patients with higher protein expression FC in primary tumor vs normal samples. (B) Analysis of the colon cancer sub-cohort shows worse survival with higher DPEP1 expression on both RNA and protein levels.

## CONCLUSIONS

We have demonstrated how nRavel<sup>®</sup>'s proteogenomics workflow successfully identified potential drug targets for colorectal cancer. Availability of high-quality multi-omics data enabled the in-depth characterization of the CRC cohort used in this study. The integration of genomics, transcriptomics, proteomics, and clinical data makes nRavel<sup>®</sup> a powerful tool to advance target and biomarker discovery. As DPEP1 has pre-existing therapeutics that are being evaluated for CRC, it was not taken forward into experimental functional validation. A prioritized shortlist of proprietary therapeutic targets based on this analysis was moved forward into experimental validation.

## REFERENCES

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