

Molecular markers associated with resistance to combined CDK4/6 inhibitor and endocrine therapy in advanced ER+ breast cancer

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Charlotte Karup Kindt

**Molecular markers associated with re-
sistance to combined CDK4/6 inhibitor
and endocrine therapy in advanced ER+
breast cancer**

PHD Thesis

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Preface and acknowledgements

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Charlotte Karup Kindt
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Manuscripts included in the thesis

Manuscript 1

Charlotte Karup Kindt, Sidse Ehmsen, Sofie Traynor, Monique F. Hundebøl, Lene E. Johansen, Martin Bak, Elsa Arbajian, Johan Staaf, Henrik Ditzel, Carla Alves. *RET inhibition overcomes resistance to combined CDK4/6 inhibitors and endocrine therapy in ER+ breast cancer*. In preparation.

Manuscript 2

Charlotte Karup Kindt, Carla Alves, Sidse Ehmsen, Amalie Kragh, Thomas Reinert, Marianne Vogsen, Annette Raskov Kodahl, Jeanette Dupont Jensen, Dilan Ardik, Rasmus Koefod Petersen, Johan Staaf, Henrik Ditzel. *Genomic alterations associated with CDK4/6 inhibitor resistance and serial circulating tumor DNA monitoring in CDK4/6 inhibitor treated patients with advanced estrogen receptor-positive breast cancer*. In preparation.

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Summary

Breast cancer is the leading cause of cancer-related deaths among women worldwide, with the estrogen receptor-positive (ER+) subtype accounting for 70% of cases. Patients with primary ER+ breast cancer are treated with endocrine therapy, while those with metastatic disease receive combined CDK4/6 inhibitor (CDK4/6i) and endocrine therapy. Although this therapy has improved clinical outcomes, resistance is inevitable, and optimal subsequent therapy is unclear. Therefore, metastatic breast cancer remains an incurable disease. This Ph.D. project aimed to identify possible resistance mechanisms and monitor disease progression in patients receiving combined CDK4/6i and endocrine therapy for advanced ER+ breast cancer.

The investigation into resistance mechanisms was tackled using two distinct methods. By using cell lines that were resistant to combined CDK4/6i and endocrine therapy, manuscript 1 identified high RET expression to be associated with CDK4/6i and endocrine therapy resistance in ER+ breast cancer. Furthermore, targeting RET with a specific inhibitor significantly reduced cellular growth of resistant cell lines.

Manuscript 2 performed sequencing on paired tumor and blood samples before and after therapy, and this revealed pathogenic *TP53* and *PIK3CA* mutations as potential mutations associated with resistance. Copy number variations of genes such as *PDK1*, were more common. Serial analysis of circulating tumor DNA for mutant *PIK3CA* revealed disease progression before clinical evidence in three of six patients 4-17 months prior to diagnosis of progression.

Collectively, our study suggests that RET inhibition in combination with CDK4/6i and endocrine therapy may be a promising therapeutic approach for advanced ER+ breast cancer patients who experience disease progression. Additionally, the use of serial circulating tumor DNA analysis could lead to earlier identification of progressive disease and be used for real-time monitoring of combined CDK4/6i and endocrine therapy response.

Dansk resume

Brystkræft er den førende årsag til kræftrelaterede dødsfald blandt kvinder verden over, og østrogenfølsom brystkræft udgør 70 % af alle tilfælde. Patienter med primær østrogenfølsom brystkræft er kandidater til endokrin behandling, mens patienter med metastatisk sygdom tilbydes CDK4/6-hæmmer kombineret med endokrin behandling. Selvom denne form for behandling sikrer en forsinkelse af sygdomsprogressionen, er resistens uundgåelig, og det er uklart, hvad den optimale efterfølgende behandling er. Dermed er metastatisk brystkræft stadig en uhelbredelig sygdom. Målet med dette Ph.d.-projekt er at identificere resistensmekanismer og overvåge sygdomsspredning i patienter, der modtager kombineret CDK4/6-hæmmer og endokrin behandling for metastatisk østrogenfølsom brystkræft.

I manuskript 1 undersøgte vi resistensmekanismer mod kombineret CDK4/6-hæmmer og endokrin behandling. Vi brugte genspressionsdata fra cellelinjer, der var resistente mod behandlingen, og vi identificerede et højt RET-udtryk, hvilket kunne være skyld i resistens mod kombineret CDK4/6-hæmmer og endokrin behandling. Når RET blev inhiberet med en RET-specifik hæmmer, blev resistente cellelinjers vækst signifikant reduceret.

I manuskript 2 evaluerede vi genomiske ændringer, herunder mutationer og copy number-forandringer. Vi udførte sekventering af parrede tumor og blodprøver taget før og efter kombineret CDK4/6-hæmmer og endokrin behandling. Dette afslørede patogene *TP53* og *PIK3CA* mutationer og copy number-forandringer i *PDK1*, der kunne være potentiel årsag til resistensen. Analyse af muteret *PIK3CA* i cirkulerende tumor DNA fra serielle blodprøver, taget under behandling med kombineret CDK4/6-hæmmer og endokrin behandling, afslørede sygdomsprogression i tre ud af seks patienter 4-17 måneder, før progression blev diagnosticeret med en PET-scanning.

Samlet indikerer dette studie, at en RET-hæmmer muligvis er en lovende behandling for patienter med metastatisk østrogenfølsom brystkræft, der oplever progression på CDK4/6-hæmmer og endokrin behandling. Derudover kan genomisk analyse af tumorer og blodprøver potentielt identificere patient-specifikke mutationer, der kan bruges til serial analyse af cirkulerende tumor DNA. Dette kan føre til overvågning af sygdomsspredning og tidligere opdagelse af progression blandt patienter, der modtager kombineret CDK4/6-hæmmer og endokrin behandling.

Overall goal and specific aims of the project

This Ph.D. project has an overall goal of determining possible resistance mechanisms towards combined CDK4/6i and endocrine therapy while identifying genomic alterations that can be used to monitor disease progression over time in blood samples of patients receiving this treatment. The following specific aims will be addressed:

- I. Investigating the role of the RET protein in resistance towards combined CDK4/6i and endocrine therapy, with a primary focus on breast cancer cell lines.
- II. Identifying genetic alterations that could potentially be associated with resistance towards combined CDK4/6i and endocrine therapy in both tumor and blood samples from patients with advanced ER+ breast cancer.
- III. Examining whether these genetic alterations can be used to monitor disease progression over time in serial blood samples from patients undergoing combined CDK4/6i and endocrine therapy.

Chapter 1: Breast cancer subtypes and therapy

Breast cancer is the most common cause of cancer related deaths in women in 2020 (1, 2). It accounts for 2.3 million cases each year and approximately 685,000 deaths worldwide (1, 2). In Denmark approximately one in ten women will be diagnosed with breast cancer before the age of 75 and every year the disease causes around 1000 deaths (1).

Breast cancer subtypes

Breast cancer is a very diverse disease, and several research groups have made an effort to improve responsiveness to treatment by subdividing it into subtypes. Perou and Sørli presented 4 subtypes of breast cancer based on microarray analysis of 65 breast cancer samples in 2000 (3). These were: ER+/luminal-like, basal-like, human epithelial growth factor receptor 2 positive (HER2+), and normal breast. Further studies showed that the luminal-like subtype can be divided further into two subtypes called luminal A and luminal B. Luminal A has a greater expression of ER-related genes and luminal B expresses more proliferative genes (4, 5). In 2007 a fifth subgroup was identified, when the claudin-low breast cancer was characterized (6), which is similar to basal-like tumors but with a different molecular profiling (7). Since these subtypes were described, it has been shown that molecular profiling is clinically relevant with significant differences in overall survival (OS) and response to chemotherapy (4, 8). Although several other techniques to evaluate subgroups have been described, immunohistochemical staining of tumor tissue to evaluate hormone receptor status is the golden standard in classification of the tumor (9-11). The classification into these subgroups rely on the three receptors: ER, progesterone receptor (PR) and HER2. These constructed subgroups consist of luminal A (ER+ or PR+ and HER-), luminal B (ER+ or PR+ and HER+), HER2 (ER- and PR- and HER2+) and basal (ER- and PR- and HER2-) (10, 12, 13). Basal is also referred to as triple negative. Overall, ER is expressed in 70-80% of breast cancer tumors (luminal subtype) (14), and HER2 enriched and triple negative subtypes represent 10-15% and 10% of breast cancers respectively (15). These are associated with a poorer overall prognosis than luminal cancers (16). Recent studies have shown that patients with tumors determined as HER2- benefit from treatment with trastuzumab deruxtecan which is based on an anti-HER2 monoclonal antibody. Even though they are deemed HER2- the more appropriate name is HER2-low since most of them express low amounts of HER2 receptor (17). Thus, the old classification system might be deemed obsolete as new treatments arrive.

Treatment

Treatment decision is based on tumor morphology, tumor grade, tumor size, nodal involvement, the expression of the abovementioned different receptors and expression of proliferation markers (e.g. Ki67) (18). Patients who present with early breast cancer is initially offered breast-conserving surgery, followed by adjuvant therapy based on the subtype of cancer (18). Patients with ER+ breast cancer is offered endocrine therapy - alone for luminal A cancers and following chemotherapy for luminal B cancers (18). ER+ breast cancer is dependent on ER signaling to promote growth and cell proliferation. When estrogens, such as 17β -estradiol, binds to the ER, it promotes homodimerization, which results in its translocation to the nucleus of the cell (Figure 1). Here it binds directly with parts of the DNA called estrogen-response elements and this attracts various co-regulators and thus acts as a transcription factor which induces the transcription of different growth factors (19). This is important in the normal setting where estrogens play an important role in growth and development of female mammary and reproductive physiology, but in ER+ breast cancer it has been shown to play a vital role in tumorigenesis (20).

Endocrine therapy consists of four different groups: selective estrogen receptor modulators (SERMs), selective estrogen receptor downregulators (SERDs), aromatase inhibitors (AIs), and ovarian function suppression (OFS). The basic mechanisms of function for SERDS and SERMS can be seen in figure 1. Introducing endocrine therapy has prolonged the progression-free survival but approximately 30% of breast cancer patients experience relapse over time, and resistance towards endocrine treatment remains a major clinical challenge (21, 22).

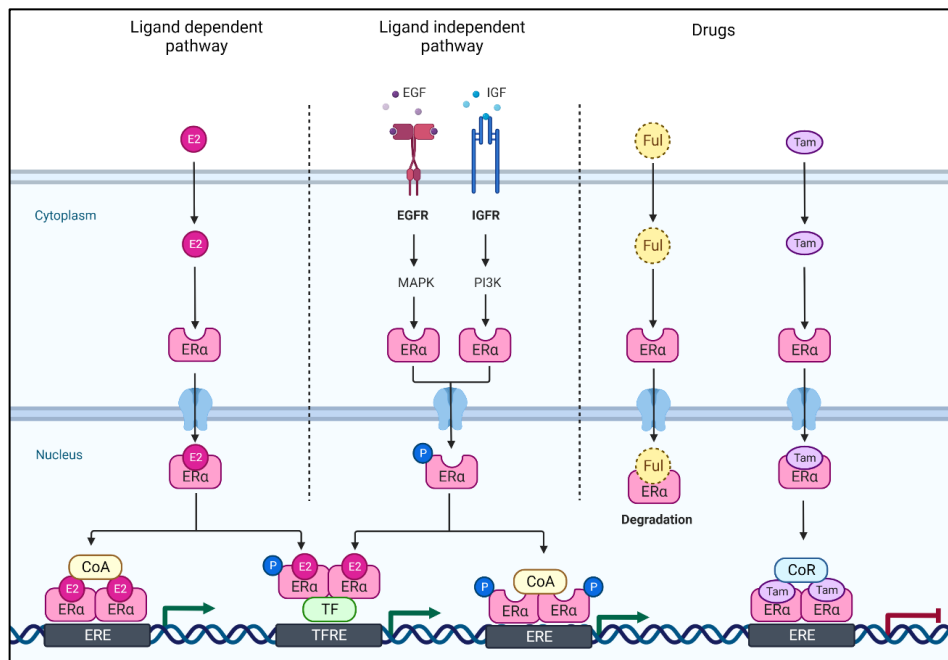


Figure 1: Estrogen signalling in ER+ breast cancer and mechanisms of action of the SERD fulvestrant (ful) and the SERM tamoxifen (Tam). CoA: Steroid receptor Coactivator, CoR: steroid receptor Corepressor, E2: Estradiol, ER: Estrogen receptor, ERE: Estrogen receptor response element, TF: transcription factor. Adapted from “Estrogen Receptor Signaling”, by BioRender.com (2023)

SERMs are estrogen receptor antagonists that compete with estrogen and modulate ER activity. When binding to the ER, it induces a conformational change different to what estrogen induces, thus changing which co-regulators bind to the homodimer. As a result, the activation of the receptor is blocked (23). The most widely used SERM is Tamoxifen. This is antagonistic in breast tissue, but has an agonistic effect in the uterus, bone and the heart (24). This drug has been used for over 30 years as an adjuvant therapy in pre- and postmenopausal women. It has been shown to significantly reduce breast cancer recurrence and mortality in patients with early breast cancer (25).

Post-menopausal women that present with early ER+ breast cancer are offered AI therapy (e.g. letrozole). This binds to the aromatase enzyme that is responsible for synthesizing estrogen from adrenal steroids in the post-menopausal setting (26). OFS is given to pre-menopausal women to prevent the release of estrogen from the ovaries. This can be done by surgery, radiation or drug administration and is also given in combination with either a SERM or an AI (27).

The most commonly used SERD is fulvestrant, which is approved for use in post-menopausal women with metastatic ER+ breast cancer after progression on earlier treatment with another endocrine therapy such as tamoxifen. It induces degradation by binding to ER, and inhibiting the dimerization and nuclear localization (Figure 1) (28).

Fulvestrant is also given in combination with a CDK4/6 inhibitor (CDK4/6i) (palbociclib, ribociclib or abemaciclib) to pre-and post-menopausal women who have progressed on prior endocrine therapy monotherapy (29-31). The addition of a CDK4/6i in this metastatic setting increased progression free survival (PFS) from 4.6 months to 9.5 months in patients with metastatic ER+ breast cancer who received placebo and fulvestrant or combined palbociclib and fulvestrant therapy, respectively (32, 33). CDK4/6 plays a key role in the progression from the G1 phase to S phase in the cell cycle. They interact with cyclin D, and hyperphosphorylates the retinoblastoma (Rb) protein, which leads to its inactivation and the release of transcription factors that allow progression to the S phase (34). CDK4/6is inhibits the CDK4/6 kinases, and thus arrest the cells in G1 phase. CDK4/6is are also approved in combination with an AI as first-line treatment for postmenopausal women with advanced ER+ breast cancer (35-37). In the first-line metastatic setting the PFS ranges from 23.8-28.8 months when treated with combined CDK4/6i and endocrine therapy (38-40).

A study has recently compared ribociclib and palbociclib, and the conclusion was that OS and quality-adjusted life years was significantly longer with ribociclib, which therefore is the first choice for first-line treatment in postmenopausal women with advanced ER+ breast cancer (41). Importantly, palbociclib has failed to show significant OS benefit, which riboclib has shown a consistent OS benefit that is independent from the menopausal status (42, 43). In table 1 there is an overview of the clinical trials conducted with different CDK4/6i and endocrine therapies.

Table 1: Efficacy of CDK4/6 inhibitors in ER+, HER2-negative advanced breast cancer phase III trials. Adapted from (53)

	Study name	ET partner	Sample size	Median PFS in months			Median OS in months		
				With CDK4/6i	Without CDK4/6i	Statistically Significant as per protokol	With CDK4/6i	Without CDK4/6i	Statistically Significant as per protokol
ET +/- Abemaciclib	MONARCH-2 (30, 45)	Fulvestrant	669	16.4	9.3	yes	45.8	37.3	yes
	MONARCH-3 (38, 46)	AI	493	28.2	14.8	yes	67.1	54.5	final analysis not yet reported
ET +/- palbociclib	PALOMA-2 (35, 43)	AI	666	24.8	14.5	yes	53.9	52.1	no
	PALOMA-3 (32, 52)	Fulvestrant	521	9.5	4.6	yes	34.9	28	no
ET +/- ribociclib	MONALEESA 2 (47, 48)	AI	668	25.3	16	yes	63.9	51.4	yes
	MONALEESA 3 (49, 42)	Fulvestrant	726	20.5	12.8	yes	53.7	41.5	yes
	MONALEESA 7 (50, 51)	OFS + Tamoxifen or fulvestrant	672	23.8	13	yes	58.7	48	yes

AI: Aromatase inhibitor, ET: endocrine therapy, OFS: ovarian function suppression, OS: overall survival, PFS: progression free survival.

References

1. Estimated cancer incidence, mortality and prevalence worldwide in 2020 <https://gco.iarc.fr/today/data/factsheets/cancers/20-Breast-fact-sheet.pdf>: International Agency for Research on Cancer and World Health Organization; 2020 [
2. Sung H, et al. Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA: A Cancer Journal for Clinicians*. 2021;71(3):209-49.
3. Perou CM, et al. Molecular portraits of human breast tumours. *Nature*. 2000;406(6797):747-52.
4. Sørlie T, et al. Gene expression patterns of breast carcinomas distinguish tumor subclasses with clinical implications. *Proc Natl Acad Sci U S A*. 2001;98(19):10869-74.
5. Sorlie T, et al. Repeated observation of breast tumor subtypes in independent gene expression data sets. *Proc Natl Acad Sci U S A*. 2003;100(14):8418-23.
6. Herschkowitz JI, et al. Identification of conserved gene expression features between murine mammary carcinoma models and human breast tumors. *Genome Biol*. 2007;8(5):R76.
7. Prat A, et al. Phenotypic and molecular characterization of the claudin-low intrinsic subtype of breast cancer. *Breast Cancer Research*. 2010;12(5):R68.
8. Rouzier R, et al. Breast Cancer Molecular Subtypes Respond Differently to Preoperative Chemotherapy. *Clinical Cancer Research*. 2005;11(16):5678-85.
9. Livasy CA, et al. Phenotypic evaluation of the basal-like subtype of invasive breast carcinoma. *Modern Pathology*. 2006;19(2):264-71.
10. Nguyen PL, et al. Breast Cancer Subtype Approximated by Estrogen Receptor, Progesterone Receptor, and HER-2 Is Associated With Local and Distant Recurrence After Breast-Conserving Therapy. *Journal of Clinical Oncology*. 2008;26(14):2373-8.
11. Dominici LS, et al. Impact of Breast Cancer Subtypes on Local-Regional Outcomes. *Current Breast Cancer Reports*. 2010;2(2):107-13.
12. Fragomeni SM, et al. Molecular Subtypes and Local-Regional Control of Breast Cancer. *Surgical Oncology Clinics of North America*. 2018;27(1):95-120.
13. Goldhirsch A, et al. Personalizing the treatment of women with early breast cancer: highlights of the St Gallen International Expert Consensus on the Primary Therapy of Early Breast Cancer 2013. *Annals of Oncology*. 2013;24(9):2206-23.
14. Keen JC, Davidson NE. The biology of breast carcinoma. *Cancer*. 2003;97(S3):825-33.
15. Harbeck N, et al. Breast cancer. *Nature Reviews Disease Primers*. 2019;5(1):66.
16. Cheang MC, et al. Ki67 index, HER2 status, and prognosis of patients with luminal B breast cancer. *J Natl Cancer Inst*. 2009;101(10):736-50.
17. Modi S, et al. Trastuzumab Deruxtecan in Previously Treated HER2-Low Advanced Breast Cancer. *New England Journal of Medicine*. 2022;387(1):9-20.
18. Cardoso F, et al. Early breast cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up†. *Annals of Oncology*. 2019;30(8):1194-220.
19. Yaşar P, et al. Molecular mechanism of estrogen-estrogen receptor signaling. *Reprod Med Biol*. 2017;16(1):4-20.
20. Holst F, et al. Estrogen receptor alpha (ESR1) gene amplification is frequent in breast cancer. *Nat Genet*. 2007;39(5):655-60.
21. Pan H, et al. 20-Year Risks of Breast-Cancer Recurrence after Stopping Endocrine Therapy at 5 Years. *New England Journal of Medicine*. 2017;377(19):1836-46.
22. Colleoni M, et al. Annual Hazard Rates of Recurrence for Breast Cancer During 24 Years of Follow-Up: Results From the International Breast Cancer Study Group Trials I to V. *J Clin Oncol*. 2016;34(9):927-35.
23. Romano A, et al. Identification of novel ER-alpha target genes in breast cancer cells: gene- and cell-selective co-regulator recruitment at target promoters determines the response to 17beta-estradiol and tamoxifen. *Mol Cell Endocrinol*. 2010;314(1):90-100.
24. Jordan VC. Tamoxifen: catalyst for the change to targeted therapy. *Eur J Cancer*. 2008;44(1):30-8.
25. Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials. *Lancet*. 2005;365(9472):1687-717.
26. Johnston SR, Dowsett M. Aromatase inhibitors for breast cancer: lessons from the laboratory. *Nat Rev Cancer*. 2003;3(11):821-31.

27. Scharl A, Salterberg A. Significance of Ovarian Function Suppression in Endocrine Therapy for Breast Cancer in Pre-Menopausal Women. *Geburtshilfe Frauenheilkd.* 2016;76(5):516-24.
28. Ozyurt R, Ozpolat B. Molecular Mechanisms of Anti-Estrogen Therapy Resistance and Novel Targeted Therapies. *Cancers (Basel).* 2022;14(21).
29. Turner NC, et al. Palbociclib in Hormone-Receptor–Positive Advanced Breast Cancer. *New England Journal of Medicine.* 2015;373(3):209-19.
30. George W, Sledge J, et al. MONARCH 2: Abemaciclib in Combination With Fulvestrant in Women With HR+/HER2– Advanced Breast Cancer Who Had Progressed While Receiving Endocrine Therapy. *Journal of Clinical Oncology.* 2017;35(25):2875-84.
31. Im S-A, et al. Overall Survival with Ribociclib plus Endocrine Therapy in Breast Cancer. *New England Journal of Medicine.* 2019;381(4):307-16.
32. Cristofanilli M, et al. Fulvestrant plus palbociclib versus fulvestrant plus placebo for treatment of hormone-receptor-positive, HER2-negative metastatic breast cancer that progressed on previous endocrine therapy (PALOMA-3): final analysis of the multicentre, double-blind, phase 3 randomised controlled trial. *Lancet Oncol.* 2016;17(4):425-39.
33. Loibl S, et al. Palbociclib Combined with Fulvestrant in Premenopausal Women with Advanced Breast Cancer and Prior Progression on Endocrine Therapy: PALOMA-3 Results. *Oncologist.* 2017;22(9):1028-38.
34. Lundberg AS, Weinberg RA. Control of the cell cycle and apoptosis. *Eur J Cancer.* 1999;35(14):1886-94.
35. Finn RS, et al. Palbociclib and Letrozole in Advanced Breast Cancer. *New England Journal of Medicine.* 2016;375(20):1925-36.
36. Hortobagyi GN, et al. Ribociclib as First-Line Therapy for HR-Positive, Advanced Breast Cancer. *New England Journal of Medicine.* 2016;375(18):1738-48.
37. Goetz MP, et al. MONARCH 3: Abemaciclib As Initial Therapy for Advanced Breast Cancer. *Journal of Clinical Oncology.* 2017;35(32):3638-46.
38. Johnston S, et al. MONARCH 3 final PFS: a randomized study of abemaciclib as initial therapy for advanced breast cancer. *NPJ Breast Cancer.* 2019;5:5.
39. Rugo HS, et al. Palbociclib plus letrozole as first-line therapy in estrogen receptor-positive/human epidermal growth factor receptor 2-negative advanced breast cancer with extended follow-up. *Breast Cancer Res Treat.* 2019;174(3):719-29.
40. Tripathy D, et al. Ribociclib plus endocrine therapy for premenopausal women with hormone-receptor-positive, advanced breast cancer (MONALEESA-7): a randomised phase 3 trial. *Lancet Oncol.* 2018;19(7):904-15.
41. Cameron DA, et al. 206 (PB-030) Poster - Cost-effectiveness of first-line ribociclib use vs palbociclib in the treatment of postmenopausal women with HR+/HER2– advanced breast cancer: analysis based on final OS results of MONALEESA-2 and PALOMA-2. *European Journal of Cancer.* 2022;175:S67.
42. Slamon DJ, et al. Ribociclib plus fulvestrant for postmenopausal women with hormone receptor-positive, human epidermal growth factor receptor 2-negative advanced breast cancer in the phase III randomized MONALEESA-3 trial: updated overall survival. *Annals of Oncology.* 2021;32(8):1015-24.
43. Finn RS, et al. Overall survival (OS) with first-line palbociclib plus letrozole (PAL+LET) versus placebo plus letrozole (PBO+LET) in women with estrogen receptor–positive/human epidermal growth factor receptor 2–negative advanced breast cancer (ER+/HER2– ABC): Analyses from PALOMA-2. *Journal of Clinical Oncology.* 2022;40(17_suppl):LBA1003-LBA.
44. Cardoso F, et al. 5th ESO-ESMO international consensus guidelines for advanced breast cancer (ABC 5). *Ann Oncol.* 2020;31(12):1623-49.
45. Sledge GWT, M.; Neven, P.; Sohn, J.; Inoue, K.; Pivot, X.; Okera, M.; Masuda, N.; Kaufman, P.A.; Koh, H.; et al. Final Final Overall Survival Analysis of MONARCH-2: A Phase 3 trial of Abemaciclib Plus Fulvestrant in Patients with Hormone Receptor-positive, Human Epidermal Growth Factor Receptor 2-Negative Advanced Breast Cancer. 2022 San Antonio Breast Cancer Symposium; 6-10 December; San Antonio, Tx, USA2022.
46. Goetz MP, et al. LBA15 MONARCH 3: Interim overall survival (OS) results of abemaciclib plus a nonsteroidal aromatase inhibitor (NSAI) in patients (pts) with HR+, HER2- advanced breast cancer (ABC). *Annals of Oncology.* 2022;33:S1384.

47. Hortobagyi GN, et al. Updated results from MONALEESA-2, a phase III trial of first-line ribociclib plus letrozole versus placebo plus letrozole in hormone receptor-positive, HER2-negative advanced breast cancer. *Annals of Oncology*. 2018;29(7):1541-7.
48. Hortobagyi GN, et al. Overall Survival with Ribociclib plus Letrozole in Advanced Breast Cancer. *New England Journal of Medicine*. 2022;386(10):942-50.
49. Slamon DJ, et al. Phase III Randomized Study of Ribociclib and Fulvestrant in Hormone Receptor–Positive, Human Epidermal Growth Factor Receptor 2–Negative Advanced Breast Cancer: MONALEESA-3. *Journal of Clinical Oncology*. 2018;36(24):2465-72.
50. Tripathy D, et al. Ribociclib plus endocrine therapy for premenopausal women with hormone-receptor-positive, advanced breast cancer (MONALEESA-7): a randomised phase 3 trial. *The Lancet Oncology*. 2018;19(7):904-15.
51. Lu YS, et al. Updated Overall Survival of Ribociclib plus Endocrine Therapy versus Endocrine Therapy Alone in Pre- and Perimenopausal Patients with HR+/HER2- Advanced Breast Cancer in MONALEESA-7: A Phase III Randomized Clinical Trial. *Clin Cancer Res*. 2022;28(5):851-9.
52. Turner NC, et al. Overall Survival with Palbociclib and Fulvestrant in Advanced Breast Cancer. *New England Journal of Medicine*. 2018;379(20):1926-36.
53. Nabieva N, Fasching PA. CDK4/6 Inhibitors-Overcoming Endocrine Resistance Is the Standard in Patients with Hormone Receptor-Positive Breast Cancer. *Cancers (Basel)*. 2023;15(6).

Chapter 2: Resistance to therapy

Resistance to endocrine therapy

Although endocrine treatment is the backbone for ER+ breast cancers, 30% of patients will develop either de novo or acquired resistance towards the treatment (1). Modification of the ER and a change in sensitivity to estrogen are the main mechanisms of endocrine resistance. Mutations in the gene encoding the ER (ESR1), truncated isoforms of ER, and loss of ER makes the tumor growth independent of ER signaling and thus the tumor cells develop resistance to endocrine therapy (2-6). Loss of ER is the cause of endocrine resistance in up to 20 % of cases (7). Growth factor signaling pathways that facilitate cell proliferation has also been shown to be the cause of resistance, by cross talk with the ER as seen on figure 1. These pathways include PI3K/AKT/mTOR, RAF/MEK/ERK, and HER2 pathways (8-10). Upregulation of HER2 is assumed to serve as an alternative survival pathway in the cells, and this can happen by either gene amplification or overexpression of HER2 (11, 12). Gain-of-function mutations in the PI3KCA gene or loss of PTEN can be the cause of activation of the PI3K/AKT/mTOR pathway (13-17), just like activating AKT mutations has been linked to worse prognosis in patients treated with endocrine therapy (18, 19). Furthermore, cyclin D is upregulated in 58% of luminal B cancers and 29% of luminal A cancers and is strongly connected to endocrine resistance (20, 21). Importantly, Rb protein remains functional during the development of endocrine resistance thus, these tumors are rendered responsive to CDK4/6i (22). The clinical success of CDK4/6i suggest that endocrine-resistant tumors maintain sensitivity to CDK4/6i, especially when combined with endocrine therapy. In the PALOMA-3 trial fulvestrant plus palbociclib improved the PFS of endocrine resistant tumors with and without activating ESR1 mutations, indicating that CDK4/6i are effective independent of ER mutation status (23).

RET protein

RET (REarranged during Transfection) is a receptor tyrosine kinase, which is dependent on RET is composed of an extracellular domain, a cysteine-rich region, a single pass transmembrane domain, and a cytoplasmic region with a split tyrosine kinase domain (24). It does not directly bind its ligands but depend on the glial-derived neurotrophic factor (GDNF) receptor α family (GFR α 1-4) coreceptors. GFR α forms homodimers that are recruited by specific GDNF family of ligands (GFLs) into a complex that activates RET homodimers leading to autophosphorylation of the tyrosine kinase domain (25). Activa-

tion of RET leads to activation of the MAPK/ERK, JAK/STAT and PI3K/AKT pathways leading to proliferation, survival, and migration (26, 27). RET has a complicated relationship with the ER, since it is a transcriptional target of ER but ER is also downstream of RET since RET activation has been shown to induce ER phosphorylation (28, 29). RET expression has been associated with tamoxifen and AI resistance in ER+ breast cancers (28, 30), and targeting RET potentiated the effect of tamoxifen, demonstrating greater reduction in tumor growth compared to single agent therapy in ER+ breast cancer cells (31). The RET inhibitor NVP-AST487 in combination with the AI letrozole was effective in inhibiting breast cancer cell line motility and growth (32). The effect of RET activation in AI and tamoxifen resistance is believed to be through estrogen-independent activation of ER transcriptional activity via the MAPK/ERK and PI3K/AKT pathways, where mTOR might play a key role (28, 30). Furthermore, another study have shown that overexpression of the RET ligand GDNF can cause resistance towards endocrine treatment in ER+ breast cancer cell lines (33). In thyroid carcinoma and non-small cell lung cancer constitutively active RET fusion proteins have been identified in 30% and 2% of patients respectively (34-36). Activating RET mutations are found in up to 70% of medullary thyroid carcinoma, but all RET alterations are rare in breast cancer. The selective RET inhibitor (RETi) selpercatinib was approved for the use in advanced NSCLC and PTC with RET fusion proteins and in MTC with activating RET mutations. Selpercatinib is effective towards RET fusions, mutant RET, and wildtype RET. Although RET has been associated with endocrine resistance in ER+ breast cancer, the role in resistance towards combined CDK4/6i and endocrine therapy has not been detailed.

Resistance to CDK4/6i

Metastatic breast cancer is an incurable disease with a median OS of 3 years and a 5-year survival of only 25% (37). A minority of metastatic ER+ breast cancer are so-called intrinsic resistant towards the treatment and relapse will occur within the first 3-6 months in 15% of patients receiving CDK4/6i with AIs and about 30% of patients receiving combined CDK4/6i an fulvestrant (38, 39), whereas 70% of the patients have PFS for 40 months (40-42).

The cyclin D-CDK4/6-retinoblastoma (Rb) axis is important for the progression through the cell cycle, specifically when cells move from G1 to S-phase. In quiescent cells, the Rb protein is hypophosphorylated and bound to E2F transcription factors. When mitogenic signals occur for the cells to enter the cell cycle, leading to the expression of cyclin D, which competes with CDK2 to bind to CDK4/6. The active cyclin D-CDK4/6 complexes phosphorylate Rb, which then releases the E2F transcription factors, who are respon-

sible for the transcription of factors which drive S phase entry (43). ER+ breast cancer is highly dependent on this pathway, since ER induces expression of cyclin D, leading to active cyclin D-CDK4/6 complexes thus inducing growth and proliferation of ER+ cells. Therefore, CDK4/6is are most efficient in ER+ breast cancer compared to other breast cancer subtypes (44). Furthermore, pre-clinical studies have shown that changes in cell cycle regulation was essential for cells to become resistant to fulvestrant (45). CDK4/6i binds to the ATP binding site of CDK4/6 and inhibits the kinase activity and halts the cells in G1 phase.

Acquired resistance towards CDK4/6i has been described to be caused by many different mechanisms in preclinical models (46, 47). CDK4/6i alone result in G0/G1 cell cycle arrest but in some ER+ breast cancer cell models the S-phase entry markers and Rb phosphorylation returned within days (46, 48). This effect was attenuated by the addition of a PI3K inhibitor (46), an mTOR1/2 inhibitor (49), and importantly endocrine therapy (50). Multiple mechanisms have been described to explain resistance, including loss or mutation in Rb, changes in CDK4/6 and CDK2 signaling, and activation of various growth signaling pathways (see figure 2):

Rb is the main target of CDK4/6i, and thus mutations in Rb have been observed in both pre-clinical models and patients (40, 46, 51), and in the PALOMA-3 trial polyclonal Rb mutations were identified in 4.7% of patients receiving combined CDK4/6i and endocrine therapy and in no patients receiving endocrine therapy alone (52). ER+ breast cancer patients with a loss of heterozygosity of the RB signature, which comprises several genes involved in the cell cycle such as *Rb*, *Myc*, *E2F1*, and *CDK6*, in their pre-treatment blood samples are likely to experience lower PFS when treated with combined CDK4/6i and endocrine therapy (53, 54).

Amplification of CDK6 has been identified as a mechanism of resistance towards CDK4/6i and endocrine therapy (55, 56). Furthermore, the amplification of cyclin D has also been shown to be implicated in resistance (47).

Cyclin E-CDK2 complexes further phosphorylates Rb following cyclin D-CDK4/6 complexes in the normal state, but when CDK4/6i inhibits the initial phosphorylation of Rb endogenous levels of cyclin E-CDK2 complexes cannot prime Rb. Additionally, cyclin E1 and E2 are transcriptional targets of E2F, thus the levels of these drops when CDK4/6i are present (57). CDK2 is inhibited by p21^{Waf1/Cip1} and p27^{Kip1} which are transcriptionally driven by TP53 (57). In CDK4/6i resistance cyclin E1, E2, and CDK2 has been described to be upregulated. Either via *CCNE1* gene (coding for cyclin E1) amplification and *CCNE2* gene (coding for cyclin E2) amplification (46, 47, 58). It can also be through TP53 and p21^{Waf1/Cip1} and p27^{Kip1}. If these are either nonfunctional or low, they do not

inhibit CDK2, which then can drive phosphorylation of Rb (59). Mutations in either TP53 or its regulators MDM2 or MDM4 have been observed in ER+ breast cancer resistant to CDK4/6i (56, 60), although some TP53-mutant cell lines are still sensitive to CDK4/6i (61).

Growth regulatory pathways control Rb, CDK4/6, and CDK2 to upregulate cell growth and cell cycle progression, and it is therefore not surprising that these pathways can be involved in resistance towards CDK4/6i. FGFR1/2 amplification and activating HER2 mutations have been shown in resistance towards combined CDK4/6i and fulvestrant therapy, but the mechanisms behind this is not fully understood (60, 62), although they might activate parallel CDK4/6-independent pathways promoting proliferation. FGFR1/2 amplifications or activating mutations have been identified in 14 of 34 patients after progression on CDK4/6i and endocrine therapy (62), and FGFR1 amplification identified in

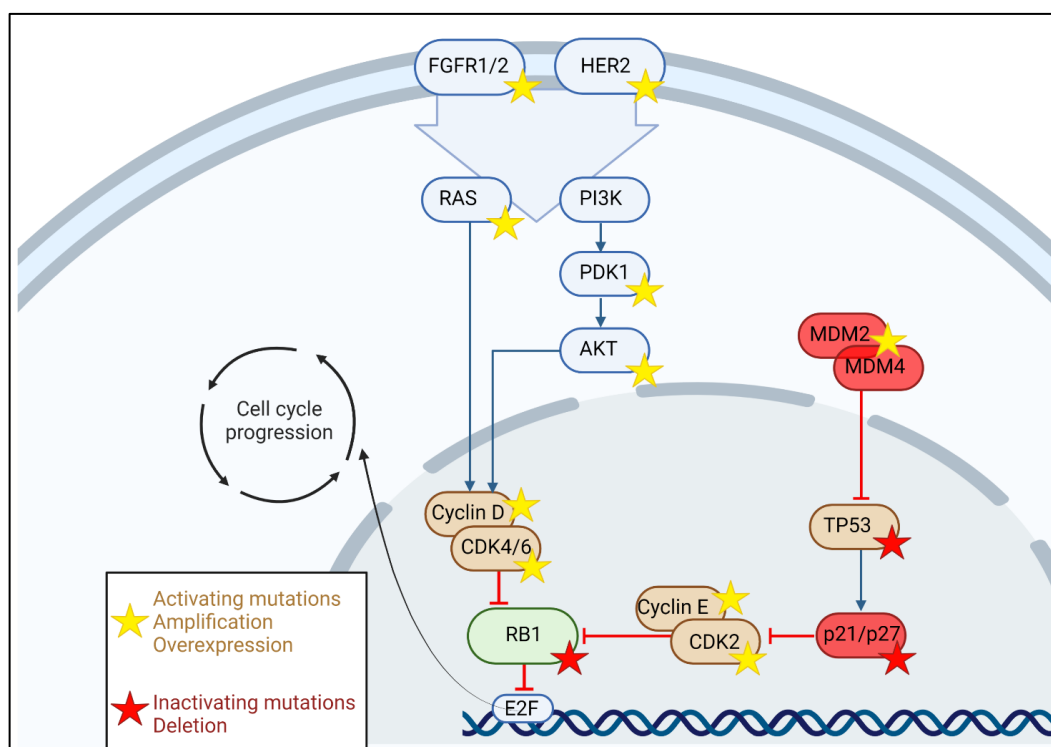


Figure 2: Resistance mechanisms to combined CDK4/6i and endocrine therapy. See text for further information. Created with BioRender.com

patient plasma is a predictor of poor prognosis of CDK4/6i in combination with endocrine treatment (63), but this has also been observed as a resistance towards endocrine treatment alone (64, 65). Alterations in the RAS/ERK and PI3K/AKT pathways has been observed, and specific mutations, overexpression, or constitutive activation of AKT1 and AKT3 has been shown to correlate with CDK4/6i resistance (46, 52, 60, 66). Furthermore, triple combinations of CDK4/6i, endocrine therapy and either a PI3K inhibitor or

AKT inhibitors are efficient in preclinical resistant models (46, 66), which shows that there is some dependency on this pathway in the resistant setting. The PI3K pathway kinase, PDK1 has been shown to be highly expressed in ribociclib resistant cells compared to ribociclib sensitive cells (67).

To detect resistance towards treatment tumor monitoring is crucial. This is based on imaging techniques, usually CE-CT or PET-CT, performed every 2-3 months. However, these techniques have several limitations, such as late detection of resistance and non-objective analysis of data. Techniques that more readily monitor tumor size in real time are desirable. Tissue biopsy is generally not a suitable approach for frequent monitoring of disease because it is an invasive procedure that may cause distress and complications for the patient. Furthermore, due to intratumor heterogeneity, the tissue of a biopsy might not be representative of the entire tumor. It may also be impossible to retrieve a tumor biopsy due to the location of the tumor.

References

1. Osborne CK, Schiff R. Mechanisms of endocrine resistance in breast cancer. *Annu Rev Med.* 2011;62:233-47.
2. Toy W, et al. ESR1 ligand-binding domain mutations in hormone-resistant breast cancer. *Nature Genetics.* 2013;45(12):1439-45.
3. Robinson DR, et al. Activating ESR1 mutations in hormone-resistant metastatic breast cancer. *Nat Genet.* 2013;45(12):1446-51.
4. Reinert T, et al. Implications of ESR1 Mutations in Hormone Receptor-Positive Breast Cancer. *Curr Treat Options Oncol.* 2018;19(5):24.
5. Fanning SW, et al. Estrogen receptor alpha somatic mutations Y537S and D538G confer breast cancer endocrine resistance by stabilizing the activating function-2 binding conformation. *Elife.* 2016;5.
6. Angus L, et al. ESR1 mutations: Moving towards guiding treatment decision-making in metastatic breast cancer patients. *Cancer Treat Rev.* 2017;52:33-40.
7. Gutierrez MC, et al. Molecular changes in tamoxifen-resistant breast cancer: relationship between estrogen receptor, HER-2, and p38 mitogen-activated protein kinase. *J Clin Oncol.* 2005;23(11):2469-76.
8. Miller TW, et al. Hyperactivation of phosphatidylinositol-3 kinase promotes escape from hormone dependence in estrogen receptor-positive human breast cancer. *J Clin Invest.* 2010;120(7):2406-13.
9. Tokunaga E, et al. Activation of PI3K/Akt signaling and hormone resistance in breast cancer. *Breast Cancer.* 2006;13(2):137-44.
10. Bosch A, et al. PI3K inhibition results in enhanced estrogen receptor function and dependence in hormone receptor-positive breast cancer. *Sci Transl Med.* 2015;7(283):283ra51.
11. Lipton A, et al. Serum HER-2/neu conversion to positive at the time of disease progression in patients with breast carcinoma on hormone therapy. *Cancer.* 2005;104(2):257-63.
12. Meng S, et al. HER-2 gene amplification can be acquired as breast cancer progresses. *Proc Natl Acad Sci U S A.* 2004;101(25):9393-8.
13. Clark AS, et al. Constitutive and inducible Akt activity promotes resistance to chemotherapy, trastuzumab, or tamoxifen in breast cancer cells. *Mol Cancer Ther.* 2002;1(9):707-17.
14. Kirkegaard T, et al. AKT activation predicts outcome in breast cancer patients treated with tamoxifen. *J Pathol.* 2005;207(2):139-46.
15. Shoman N, et al. Reduced PTEN expression predicts relapse in patients with breast carcinoma treated by tamoxifen. *Mod Pathol.* 2005;18(2):250-9.
16. Huang D, et al. PIK3CA mutations contribute to fulvestrant resistance in ER-positive breast cancer. *Am J Transl Res.* 2019;11(9):6055-65.
17. Cristofanilli M, et al. Fulvestrant plus palbociclib versus fulvestrant plus placebo for treatment of hormone-receptor-positive, HER2-negative metastatic breast cancer that progressed on previous endocrine therapy (PALOMA-3): final analysis of the multicentre, double-blind, phase 3 randomised controlled trial. *Lancet Oncol.* 2016;17(4):425-39.
18. Pérez-Tenorio G, Stål O. Activation of AKT/PKB in breast cancer predicts a worse outcome among endocrine treated patients. *Br J Cancer.* 2002;86(4):540-5.
19. Tokunaga E, et al. The association between Akt activation and resistance to hormone therapy in metastatic breast cancer. *Eur J Cancer.* 2006;42(5):629-35.
20. Comprehensive molecular portraits of human breast tumours. *Nature.* 2012;490(7418):61-70.

21. Jirström K, et al. Adverse effect of adjuvant tamoxifen in premenopausal breast cancer with cyclin D1 gene amplification. *Cancer Res.* 2005;65(17):8009-16.
22. Musgrove EA, et al. Cyclin D as a therapeutic target in cancer. *Nature Reviews Cancer.* 2011;11(8):558-72.
23. Fribbens C, et al. Plasma ESR1 Mutations and the Treatment of Estrogen Receptor–Positive Advanced Breast Cancer. *Journal of Clinical Oncology.* 2016;34(25):2961-8.
24. Gattelli A, et al. Ret Receptor Has Distinct Alterations and Functions in Breast Cancer. *J Mammary Gland Biol Neoplasia.* 2020;25(1):13-26.
25. Ibáñez CF. Structure and physiology of the RET receptor tyrosine kinase. *Cold Spring Harb Perspect Biol.* 2013;5(2).
26. Mulligan LM. RET revisited: expanding the oncogenic portfolio. *Nat Rev Cancer.* 2014;14(3):173-86.
27. Gattelli A, et al. Ret inhibition decreases growth and metastatic potential of estrogen receptor positive breast cancer cells. *EMBO Mol Med.* 2013;5(9):1335-50.
28. Plaza-Menacho I, et al. Targeting the receptor tyrosine kinase RET sensitizes breast cancer cells to tamoxifen treatment and reveals a role for RET in endocrine resistance. *Oncogene.* 2010;29(33):4648-57.
29. Boulay A, et al. The Ret receptor tyrosine kinase pathway functionally interacts with the ERalpha pathway in breast cancer. *Cancer Res.* 2008;68(10):3743-51.
30. Morandi A, et al. GDNF-RET signaling in ER-positive breast cancers is a key determinant of response and resistance to aromatase inhibitors. *Cancer Res.* 2013;73(12):3783-95.
31. Spanheimer PM, et al. Inhibition of RET increases the efficacy of antiestrogen and is a novel treatment strategy for luminal breast cancer. *Clin Cancer Res.* 2014;20(8):2115-25.
32. Andreucci E, et al. Targeting the receptor tyrosine kinase RET in combination with aromatase inhibitors in ER positive breast cancer xenografts. *Oncotarget.* 2016;7(49):80543-53.
33. Horibata S, et al. ER-positive breast cancer cells are poised for RET-mediated endocrine resistance. *PloS one.* 2018;13:e0194023.
34. Kondo T, et al. Pathogenetic mechanisms in thyroid follicular-cell neoplasia. *Nature Reviews Cancer.* 2006;6(4):292-306.
35. Richardson DS, et al. Transcript level modulates the inherent oncogenicity of RET/PTC oncoproteins. *Cancer Res.* 2009;69(11):4861-9.
36. Wang R, et al. RET Fusions Define a Unique Molecular and Clinicopathologic Subtype of Non–Small-Cell Lung Cancer. *Journal of Clinical Oncology.* 2012;30(35):4352-9.
37. Cardoso F, et al. 5th ESO-ESMO international consensus guidelines for advanced breast cancer (ABC 5). *Ann Oncol.* 2020;31(12):1623-49.
38. Guarducci C, et al. Mechanisms of Resistance to CDK4/6 Inhibitors in Breast Cancer and Potential Biomarkers of Response. *Breast Care.* 2017;12(5):304-8.
39. McCartney A, et al. Mechanisms of Resistance to CDK4/6 Inhibitors: Potential Implications and Biomarkers for Clinical Practice. *Frontiers in Oncology.* 2019;9.
40. Condorelli R, et al. Polyclonal RB1 mutations and acquired resistance to CDK 4/6 inhibitors in patients with metastatic breast cancer. *Ann Oncol.* 2018;29(3):640-5.
41. Portman N, et al. Overcoming CDK4/6 inhibitor resistance in ER-positive breast cancer. *Endocrine-Related Cancer.* 2019;26(1):R15-R30.
42. Finn RS, et al. Palbociclib and Letrozole in Advanced Breast Cancer. *New England Journal of Medicine.* 2016;375(20):1925-36.
43. Bertoli C, et al. Control of cell cycle transcription during G1 and S phases. *Nat Rev Mol Cell Biol.* 2013;14(8):518-28.

44. Finn RS, et al. PD 0332991, a selective cyclin D kinase 4/6 inhibitor, preferentially inhibits proliferation of luminal estrogen receptor-positive human breast cancer cell lines in vitro. *Breast Cancer Research*. 2009;11(5):R77.
45. Kaminska K, et al. Distinct mechanisms of resistance to fulvestrant treatment dictate level of ER independence and selective response to CDK inhibitors in metastatic breast cancer. *Breast Cancer Research*. 2021;23(1):26.
46. Herrera-Abreu MT, et al. Early Adaptation and Acquired Resistance to CDK4/6 Inhibition in Estrogen Receptor-Positive Breast Cancer. *Cancer Res*. 2016;76(8):2301-13.
47. Martin L-A, et al. Abstract P3-03-09: Resistance to palbociclib depends on multiple targetable mechanisms highlighting the potential of drug holidays and drug switching to improve therapeutic outcome. *Cancer Research*. 2017;77(4_Supplement):P3-03-9-P3--9.
48. Fry DW, et al. Specific inhibition of cyclin-dependent kinase 4/6 by PD 0332991 and associated antitumor activity in human tumor xenografts. *Molecular Cancer Therapeutics*. 2004;3(11):1427-38.
49. Michaloglou C, et al. Combined Inhibition of mTOR and CDK4/6 Is Required for Optimal Blockade of E2F Function and Long-term Growth Inhibition in Estrogen Receptor-positive Breast Cancer. *Mol Cancer Ther*. 2018;17(5):908-20.
50. Knudsen ES, Witkiewicz AK. Defining the transcriptional and biological response to CDK4/6 inhibition in relation to ER+/HER2- breast cancer. *Oncotarget*. 2016;7(43):69111-23.
51. Dean JL, et al. Therapeutic response to CDK4/6 inhibition in breast cancer defined by ex vivo analyses of human tumors. *Cell Cycle*. 2012;11(14):2756-61.
52. O'Leary B, et al. The Genetic Landscape and Clonal Evolution of Breast Cancer Resistance to Palbociclib plus Fulvestrant in the PALOMA-3 Trial. *Cancer Discov*. 2018;8(11):1390-403.
53. Prat A, et al. Circulating tumor DNA reveals complex biological features with clinical relevance in metastatic breast cancer. *Nature Communications*. 2023;14(1):1157.
54. Malorni L, et al. A gene expression signature of retinoblastoma loss-of-function is a predictive biomarker of resistance to palbociclib in breast cancer cell lines and is prognostic in patients with ER positive early breast cancer. *Oncotarget*. 2016;7(42):68012-22.
55. Yang C, et al. Acquired CDK6 amplification promotes breast cancer resistance to CDK4/6 inhibitors and loss of ER signaling and dependence. *Oncogene*. 2017;36(16):2255-64.
56. Li Z, et al. Loss of the FAT1 Tumor Suppressor Promotes Resistance to CDK4/6 Inhibitors via the Hippo Pathway. *Cancer Cell*. 2018;34(6):893-905.e8.
57. Caldon CE, et al. Estrogen Regulation of Cyclin E2 Requires Cyclin D1 but Not c-Myc. *Molecular and Cellular Biology*. 2009;29(17):4623-39.
58. Guerrero-Zotano Á, et al. CCNE1 and PLK1 mediates resistance to palbociclib in HR+/HER2- metastatic breast cancer. *Clin Cancer Res*. 2023.
59. Vilgelm AE, et al. MDM2 antagonists overcome intrinsic resistance to CDK4/6 inhibition by inducing p21. *Sci Transl Med*. 2019;11(505).
60. Wander SA, et al. The Genomic Landscape of Intrinsic and Acquired Resistance to Cyclin-Dependent Kinase 4/6 Inhibitors in Patients with Hormone Receptor-Positive Metastatic Breast Cancer. *Cancer Discov*. 2020;10(8):1174-93.
61. Gong X, et al. Genomic Aberrations that Activate D-type Cyclins Are Associated with Enhanced Sensitivity to the CDK4 and CDK6 Inhibitor Abemaciclib. *Cancer Cell*. 2017;32(6):761-76.e6.

62. Formisano L, et al. Aberrant FGFR signaling mediates resistance to CDK4/6 inhibitors in ER+ breast cancer. *Nature Communications*. 2019;10(1).
63. O'Leary B, et al. Genomic markers of early progression on fulvestrant with or without palbociclib for ER+ advanced breast cancer in the PALOMA-3 trial. *Journal of Clinical Oncology*. 2019;37(15_suppl):1010-.
64. Mao P, et al. Acquired FGFR and FGF Alterations Confer Resistance to Estrogen Receptor (ER) Targeted Therapy in ER+ Metastatic Breast Cancer. *Clinical Cancer Research*. 2020;26(22):5974-89.
65. Turner N, et al. FGFR1 amplification drives endocrine therapy resistance and is a therapeutic target in breast cancer. *Cancer Res*. 2010;70(5):2085-94.
66. Alves CL, et al. Co-targeting CDK4/6 and AKT with endocrine therapy prevents progression in CDK4/6 inhibitor and endocrine therapy-resistant breast cancer. *Nat Commun*. 2021;12(1):5112.
67. Jansen VM, et al. Kinome-Wide RNA Interference Screen Reveals a Role for PDK1 in Acquired Resistance to CDK4/6 Inhibition in ER-Positive Breast Cancer. *Cancer Research*. 2017;77(9):2488-99.

Chapter 3: Circulating tumor DNA

Circulating free DNA (cfDNA) is present in blood plasma, and consists of highly fragmented double-stranded DNA that are below 200 base pairs (1). cfDNA is derived mainly from apoptosis of normal cells in the hematopoietic lineage with low contribution from other tissues (2). cfDNA has a short half-life which suggests ongoing release from apoptotic cells and rapid degradation or filtration (3, 4). In cancer, circulating tumor DNA (ctDNA) is a part of cfDNA. The tumor releases fractions of DNA into the vascular system, but the amount of ctDNA depends on tumor stage, localization, and vascularization of the tumor (5, 6). The ctDNA fraction of cfDNA is usually quite small, it can be <0.01% but it can vary among patients with similar clinical characteristics, and even some patients with metastatic disease show very low amounts of ctDNA (5, 7, 8). In patients with localized breast cancer ctDNA fractions in the blood is lower than in metastatic breast cancer patients. In localized breast cancer patients only approximately 50% of patients will be ctDNA positive, while this number rises to approximately 85% in the metastatic setting (5, 9). Thus, the use of ctDNA in clinical oncology appears to have the biggest potential in the metastatic setting. Therapeutic response monitoring is especially important in metastatic breast cancer since progression is inevitable. Thus, it is crucial if the cancer is still responding to treatment or if it has progressed. Dawson and colleagues showed in 2013 that ctDNA provided the earliest measure of treatment response compared to standard imaging techniques (10).

In different cancers it has been shown that ctDNA can provide a comprehensive view of the tumor genome as it reflects DNA released from multiple tumor regions (11, 12). Several studies have shown concordance between mutations identified in matched blood and tumor sample types (13, 14). The issue in metastatic breast cancer, is that the amount of ctDNA might be very low and therefore, very sensitive techniques are required. But liquid biopsies have shown great promise for clinical applications in breast cancer such as residual disease monitoring (15-17), therapeutic response monitoring (10, 18), and mutation profiling (5, 13, 14). Residual disease monitoring requires a highly sensitive methods, as the amount of ctDNA in the plasma is very low following treatment in non-metastatic breast cancer patients. McDonald and colleagues developed the targeted digital sequencing (TARDIS) method in 2019 (15). They were able to detect ctDNA in all patients prior to treatment with a median allele frequency of 0.11% by multiplexed analysis of patient-specific cancer mutations and to follow the mutations in the blood samples from patients taken during treatment. They observed that patients who achieved

complete pathological response had lower ctDNA concentrations than patients with residual disease.

To detect ctDNA targeted quantification techniques such as BEAMing (beads, emulsion, amplification, and magnetics), ddPCR (droplet digital polymerase chain reaction), and TARDIS have been developed. These are specific techniques and are therefore only able to screen for known mutations and specific methylation sites with high sensitivity. These techniques display a sensitivity down to variants that represent 0.01% of genomic material (15, 19, 20). Targeted sequencing including TAM-seq (tagged amplicon deep sequencing), CAPP-Seq (cancer personalized profiling by deep sequencing), and Ampli-Seq (amplicon sequencing). These techniques are less sensitive, but some are used in the clinical setting today. The Oncomine Breast cfDNA test is used to detect aberrations in a limited number of genes in breast cancer patients (21-23).

However, these targeted techniques can only detect a limited number of predefined mutations. Thus, the complex genetic heterogeneity in breast cancer might be lost. With massive next-generation sequencing (NGS) techniques a global analysis of CNA (copy number alteration), point mutations, and other genetic alterations can be identified using either whole genome or exome sequencing (WGS or WES) (24). The limitations of these include lower overall sensitivity and the need for higher concentrations of ctDNA. Thus, limiting the utility in patients with low ctDNA.

The issue with monitoring advanced breast cancer is that the most applicable approaches are the targeted ones since the broader approaches usually are not sensitive enough. However, due to the heterogenous nature of the disease the targeted approaches need to be specific for each patient, which makes it time consuming and expensive. In patients treated with combined CDK4/6i and endocrine therapy there are not any resistance markers that are common for all patients. Therefore, individual tumor-lead approaches are ideal.

References

1. Snyder Matthew W, et al. Cell-free DNA Comprises an In Vivo Nucleosome Footprint that Informs Its Tissues-Of-Origin. *Cell*. 2016;164(1):57-68.
2. Lui YY, et al. Predominant Hematopoietic Origin of Cell-free DNA in Plasma and Serum after Sex-mismatched Bone Marrow Transplantation. *Clinical Chemistry*. 2002;48(3):421-7.
3. Lo YMD, et al. Rapid Clearance of Fetal DNA from Maternal Plasma. *The American Journal of Human Genetics*. 1999;64(1):218-24.
4. Diehl F, et al. Circulating mutant DNA to assess tumor dynamics. *Nature Medicine*. 2008;14(9):985-90.
5. Bettgowda C, et al. Detection of circulating tumor DNA in early- and late-stage human malignancies. *Sci Transl Med*. 2014;6(224):224ra24.
6. Abbosh C, et al. Phylogenetic ctDNA analysis depicts early-stage lung cancer evolution. *Nature*. 2017;545(7655):446-51.
7. Heitzer E, et al. Establishment of tumor-specific copy number alterations from plasma DNA of patients with cancer. *Int J Cancer*. 2013;133(2):346-56.
8. Heidary M, et al. The dynamic range of circulating tumor DNA in metastatic breast cancer. *Breast Cancer Res*. 2014;16(4):421.
9. Zhou Y, et al. Clinical factors associated with circulating tumor DNA (ctDNA) in primary breast cancer. *Mol Oncol*. 2019;13(5):1033-46.
10. Dawson SJ, et al. Analysis of circulating tumor DNA to monitor metastatic breast cancer. *N Engl J Med*. 2013;368(13):1199-209.
11. De Mattos-Arruda L, et al. Capturing intra-tumor genetic heterogeneity by de novo mutation profiling of circulating cell-free tumor DNA: a proof-of-principle. *Ann Oncol*. 2014;25(9):1729-35.
12. Chan KC, et al. Cancer genome scanning in plasma: detection of tumor-associated copy number aberrations, single-nucleotide variants, and tumoral heterogeneity by massively parallel sequencing. *Clin Chem*. 2013;59(1):211-24.
13. Phallen J, et al. Direct detection of early-stage cancers using circulating tumor DNA. *Sci Transl Med*. 2017;9(403).
14. Rothé F, et al. Plasma circulating tumor DNA as an alternative to metastatic biopsies for mutational analysis in breast cancer. *Ann Oncol*. 2014;25(10):1959-65.
15. McDonald BR, et al. Personalized circulating tumor DNA analysis to detect residual disease after neoadjuvant therapy in breast cancer. *Sci Transl Med*. 2019;11(504).
16. Olsson E, et al. Serial monitoring of circulating tumor DNA in patients with primary breast cancer for detection of occult metastatic disease. *EMBO Mol Med*. 2015;7(8):1034-47.
17. Garcia-Murillas I, et al. Mutation tracking in circulating tumor DNA predicts relapse in early breast cancer. *Sci Transl Med*. 2015;7(302):302ra133.
18. O'Leary B, et al. Early circulating tumor DNA dynamics and clonal selection with palbociclib and fulvestrant for breast cancer. *Nat Commun*. 2018;9(1):896.
19. Beaver JA, et al. Detection of cancer DNA in plasma of patients with early-stage breast cancer. *Clin Cancer Res*. 2014;20(10):2643-50.
20. Li M, et al. BEAMing up for detection and quantification of rare sequence variants. *Nature Methods*. 2006;3(2):95-7.
21. Forshew T, et al. Noninvasive Identification and Monitoring of Cancer Mutations by Targeted Deep Sequencing of Plasma DNA. *Science Translational Medicine*. 2012;4(136):136ra68-ra68.
22. Newman AM, et al. An ultrasensitive method for quantitating circulating tumor DNA with broad patient coverage. *Nature Medicine*. 2014;20(5):548-54.
23. Page K, et al. Circulating Tumor DNA Profiling From Breast Cancer Screening Through to Metastatic Disease. *JCO Precis Oncol*. 2021;5.
24. Imperial R, et al. Matched Whole-Genome Sequencing (WGS) and Whole-Exome Sequencing (WES) of Tumor Tissue with Circulating Tumor DNA (ctDNA) Analysis: Complementary Modalities in Clinical Practice. *Cancers (Basel)*. 2019;11(9).

Chapter 4: Methodological considerations

In the following sections, I will provide a detailed overview of the benefits and drawbacks associated with the methods discussed in the two manuscripts.

Manuscript I

Cancer cell lines

To investigate drug resistance mechanisms, this study employed immortalized breast cancer cell lines that were made resistant to CDK4/6i and endocrine therapy via long-term exposure. The advantages of using such cell lines include ease of handling, characteristics resembling cancer, and the ability to provide quick, cost-effective high throughput analysis (1, 2). The establishment of cell lines resistant to combined CDK4/6i and endocrine therapy through treatment with fulvestrant and palbociclib for 2-4 months mimics the acquired drug resistance seen in metastatic ER+ breast cancer patients (3, 4). This technique has led to the identification of important biomarkers for clinical use. Cancer cell lines thus remain a crucial tool for understanding drug resistance mechanisms and developing new therapeutic strategies (5-7).

Despite the advantages of immortalized cancer cell lines, there are several limitations that need to be addressed. These include the lack of tissue architecture, interactions with other cell types, and the absence of the tumor microenvironment, which can all affect the expression profile and response to treatments (2). Therefore, research in immortalized cancer cell lines should be validated with clinical samples or more complex *in vitro* models such as 3D cell cultures or organoids, as well as *in vivo* studies. 3D models can either be prepared as suspension cultures on non-adherent plates, cultures in gel-like substances, or cultures on a scaffold. The cancer cells will form spheroid structures that resemble the physical and biochemical features of a solid tumor mass. They have shown similarity to cells growing *in vivo* with regards to gene expression, hypoxia, cell signaling, and similar drug responses to that of a solid tumor (8-10). Even closer to the clinical setting are organoids where cells are isolated from a patient with metastatic breast cancer, treated with combined CDK4/6i and endocrine therapy and cultured in 3D structures. The cells can be from either tumor tissue or blood samples. These organoids resemble the tumor in many ways including morphological, hormone receptor status, genotype, and drug response (11-13). By utilizing more complex models, such as 3D cultures or organoids, we can obtain a more accurate representation of the tumor environment and potentially identify new targets for therapeutic intervention. In this study, we validated our find-

ings in clinical samples from patients with metastatic breast cancer, and the next step will be to further validate the findings in an *in vivo* cancer model or organoids.

Functional assays

Several *in vitro* assays can be used to determine the effect of a treatment on cancer cell lines on characteristics such as cell proliferation and apoptosis. In this study we chose to analyze the effect on MCF7 and T47D cell lines following drug exposure or knockdown of RET using crystal violet (CV) colorimetric staining which determines cell growth. CV contains triarymethan dye, which binds to the DNA of cells that are attached to the plates. Cell growth is then determined by colorimetric measurement, which is proportional to the amount of stained DNA and thus the number of cells (14). CV staining is a quite simple, easy, and low-cost method to determine differences in grow rates between treated and untreated cells. The main limitation of CV staining is that it does not differentiate between viable, growth arrested, or if apoptotic cells adhere to the plate. To emphasize that the drug combination or knockdown affect the viability of the cell a CellTiter Blue (CTB) assay can be used. CTB assays contain a redox dye called resazurin which can be metabolized into a fluorescent end-product. The quantity of the generated fluorescent signal is proportional to the number of living cells, since non-viable cells lose metabolic capacity, and does not produce any fluorescence (14). Therefore, only the viable cells are detected by this assay. Importantly, if the drug interferes with metabolism of the cells the CTB assay is not a suitable assay, but this is not relevant in our case. CTB assay is not as easy and cheap as CV assay therefore, CV is often the first choice and if the effect of the drug or knockdown is clear using this assay it might not be necessary to perform other assays such as CTB.

Microarray and Western blotting

To evaluate which signaling pathways were affected by the knockdown of RET we chose to conduct a microarray analysis of the cell lines. This was chosen to do initially rather than Western blotting (WB) to gain a more comprehensive insight into the changes following knockdown. Microarray analysis is gene expression profiling which allow global analysis of multiple genes at the transcription level (15). The input is mRNA, which makes it possible to identify any changes in transcription following knockdown of RET. This method was previously used to describe that ER+ and ER- are different diseases at the transcriptome levels (16, 17). A limitation of this method is that it provides an average expression profile for each sample, and tumors consists of many different cell types and subclones, thus a microarray analysis will not be able to identify rare resistant clones

(18). We used the analysis on cell culture samples, which are much more homogenous than patient tumors and should therefore not limit this study. To validate the microarray findings WB analysis will be performed of the pathways that seems effected by RET knockdown. WB is a widely used technique for analyzing and characterizing protein expression. It can also be employed to identify protein expression involved in different signaling pathways and post-translational modifications such as phosphorylation. The phosphorylation or dephosphorylation of proteins is often involved in signaling pathways, and WB allows for monitoring of this process (19). However, the multistep nature of the technique and the subjective analysis of results increases the risk of errors and variations, which can reduce its reliability and reproducibility. In our study, WB was used to confirm the expression of RET in various cell lines and to verify the knockdown of RET at the protein level.

Manuscript II

Whole exome sequencing

The use of cancer cell lines to comprehend the mechanisms of therapy resistance is limited, which can be overcome by studying biological material from patients. This includes tumor cells that are directly obtained from the patient, and have interacted with the tumor microenvironment, making them representative of the tumor itself. Thus, our aim was to study molecular markers linked to resistance against combined CDK4/6i and endocrine therapy in advanced ER+ breast cancer, using biopsies obtained from patients prior to treatment and after progression. To diagnose patients with metastatic breast cancer, they often undergo a routine biopsy, and the tissue collected from this procedure is commonly preserved as formalin-fixed paraffin-embedded tissue (FFPE). The major limitation of patient material is the scarcity of the material, especially in the case of biopsies taken after progression, which are not routinely performed in the clinic. Physicians are reluctant to conduct invasive procedures that do not benefit the patient's treatment, especially if the patient has a poor performance status.

To gain insight into tumor biology and possible resistance mechanisms, we chose to do whole exome sequencing (WES) on the tumor samples. The advantages of WES over whole genome sequencing (WGS) are lower cost and simplification of variant analysis and data storage (20). Furthermore, more than 89% of variants reported to be pathogenic are found in the protein coding part of the genome, thus WES was preferable to WGS (21). However, the use of WES also has limitations. For example, it cannot identify other potential mechanisms of resistance such as methylation patterns and differences in gene expression, which require whole genome bisulfite sequencing or RNA sequencing (22,

23). In our study, we chose to perform WES on tumor samples, ideally maintained as fresh frozen tissue. However, in cases where only formalin-fixed paraffin-embedded (FFPE) tissue was available, we used that instead. One major drawback of using FFPE tissue is that the extracted DNA is often damaged, leading to an increased error rate in variant calling. Despite this, multiple studies have shown that sequencing DNA from FFPE tissue is comparable to fresh frozen tissue, with a concordance of 70-90% (24-27). To minimize germline variant contamination and therefore increase sensitivity and specificity we sequenced matched peripheral blood leukocytes as normal tissue for each patient. Thus, we avoided false-positive variants with a high frequency.

TSO500

For some patients we did not obtain any tumor biopsies, and since this situation is likely to happen in the clinic, we opted to use ctDNA, which is less invasive and provides a more representative view of the tumor compared to a biopsy (28, 29). However, performing WES on ctDNA is technically challenging due to low tumor fractions in a high background of normal cfDNA. Mean read depth has been shown to be lower in cfDNA than in tumor-derived DNA, which can lead to inaccurate variant calling (30-32). To overcome this issue, we analyzed blood samples taken prior to combined CDK4/6i and endocrine therapy and following progression with the Illumina sequencing panel TruSight Oncology 500 (TSO500). This targeted sequencing panel covers 523 genes based on pan-cancer biomarkers and offers high read depth of predetermined genes, simpler data interpretation, and lower cost compared to WES. It is limiting our analysis, since it is only targeting 523 genes, and does not provide any information about epigenetic changes. We only selected a few patients as a pilot study for this analysis, as breast cancer is highly heterogeneous, and pre-selected genes may not be altered in patient samples

Monitoring disease progression

To monitor disease progression during combined CDK4/6i and endocrine therapy, we aimed to use a tumor-guided approach due to the heterogeneity of breast cancer. We utilized data from WES on paired tumor samples and TSO500 results from paired blood samples to select mutations for identification in blood samples taken during treatment. Several methods exist for a tumor-guided approach, such as ddPCR, BEAMing, and SensiScreen, but they are time-consuming and require expertise. Thus, we collaborated with Pentabase, who have developed the SensiScreen technology and have experience in developing and testing assays. SensiScreen has a sensitivity of 0.25-1% in 50 ng wild type background and provides results within three hours after assay development. The

limitation of this approach is uncertainty about whether the monitored mutations represent the clone that will eventually grow upon CDK4/6 treatment. To implement in the clinic, multiple mutations representing most tumor cells for each patient should be followed. Alternatively, non-tumor-guided approaches, such as genome-wide profiling of copy-number instability or LIFE-CNA (liquid biopsy fragmentation, epigenetic signature and copy number alteration analysis) (33-35), could be used. These methods perform shallow-WGS (WGS with a low coverage of only 0.1-0.5X) on blood samples to quantify chromosomal instability, copy number alterations, and fragmentation. They have lower costs and do not require a biopsy prior to testing but require a somewhat high fraction of ctDNA in blood samples, which may be challenging in some metastatic breast cancer patients, expertise in bioinformatics and machine learning.

References

1. Burdall SE, et al. Breast cancer cell lines: friend or foe? *Breast Cancer Res.* 2003;5(2):89-95.
2. Vargo-Gogola T, Rosen JM. Modelling breast cancer: one size does not fit all. *Nat Rev Cancer.* 2007;7(9):659-72.
3. Lykkesfeldt AE, et al. Human breast cancer cell lines resistant to pure anti-estrogens are sensitive to tamoxifen treatment. *Int J Cancer.* 1995;61(4):529-34.
4. Kirkegaard T, et al. T47D breast cancer cells switch from ER/HER to HER/c-Src signaling upon acquiring resistance to the antiestrogen fulvestrant. *Cancer Lett.* 2014;344(1):90-100.
5. McDermott M, et al. In vitro Development of Chemotherapy and Targeted Therapy Drug-Resistant Cancer Cell Lines: A Practical Guide with Case Studies. *Front Oncol.* 2014;4:40.
6. Herrera-Abreu MT, et al. Early Adaptation and Acquired Resistance to CDK4/6 Inhibition in Estrogen Receptor-Positive Breast Cancer. *Cancer Res.* 2016;76(8):2301-13.
7. Alves CL, et al. High CDK6 Protects Cells from Fulvestrant-Mediated Apoptosis and is a Predictor of Resistance to Fulvestrant in Estrogen Receptor-Positive Metastatic Breast Cancer. *Clin Cancer Res.* 2016;22(22):5514-26.
8. Pampaloni F, et al. The third dimension bridges the gap between cell culture and live tissue. *Nat Rev Mol Cell Biol.* 2007;8(10):839-45.
9. Kapałczyńska M, et al. 2D and 3D cell cultures - a comparison of different types of cancer cell cultures. *Arch Med Sci.* 2018;14(4):910-9.
10. Imamura Y, et al. Comparison of 2D- and 3D-culture models as drug-testing platforms in breast cancer. *Oncol Rep.* 2015;33(4):1837-43.
11. Sachs N, et al. A Living Biobank of Breast Cancer Organoids Captures Disease Heterogeneity. *Cell.* 2018;172(1-2):373-86.e10.
12. Fujii M, et al. A Colorectal Tumor Organoid Library Demonstrates Progressive Loss of Niche Factor Requirements during Tumorigenesis. *Cell Stem Cell.* 2016;18(6):827-38.
13. van de Wetering M, et al. Prospective Derivation of a Living Organoid Biobank of Colorectal Cancer Patients. *Cell.* 2015;161(4):933-45.
14. Śliwka L, et al. The Comparison of MTT and CVS Assays for the Assessment of Anticancer Agent Interactions. *PLoS One.* 2016;11(5):e0155772.
15. Quackenbush J. Microarray analysis and tumor classification. *N Engl J Med.* 2006;354(23):2463-72.
16. Perou CM, et al. Molecular portraits of human breast tumours. *Nature.* 2000;406(6797):747-52.
17. Sørlie T, et al. Gene expression patterns of breast carcinomas distinguish tumor subclasses with clinical implications. *Proc Natl Acad Sci U S A.* 2001;98(19):10869-74.
18. Weigelt B, et al. Challenges translating breast cancer gene signatures into the clinic. *Nat Rev Clin Oncol.* 2011;9(1):58-64.
19. Day EK, et al. Cell signaling regulation by protein phosphorylation: a multivariate, heterogeneous, and context-dependent process. *Curr Opin Biotechnol.* 2016;40:185-92.
20. Wang Z, et al. The Role and Challenges of Exome Sequencing in Studies of Human Diseases. *Frontiers in Genetics.* 2013;4.
21. Barbitoff YA, et al. Systematic dissection of biases in whole-exome and whole-genome sequencing reveals major determinants of coding sequence coverage. *Scientific Reports.* 2020;10(1):2057.
22. Feng S, et al. Efficient and accurate determination of genome-wide DNA methylation patterns in *Arabidopsis thaliana* with enzymatic methyl sequencing. *Epigenetics Chromatin.* 2020;13(1):42.
23. Wang Y, et al. Changing Technologies of RNA Sequencing and Their Applications in Clinical Oncology. *Front Oncol.* 2020;10:447.
24. Astolfi A, et al. Whole exome sequencing (WES) on formalin-fixed, paraffin-embedded (FFPE) tumor tissue in gastrointestinal stromal tumors (GIST). *BMC Genomics.* 2015;16:892.
25. Kerick M, et al. Targeted high throughput sequencing in clinical cancer settings: formaldehyde fixed-paraffin embedded (FFPE) tumor tissues, input amount and tumor heterogeneity. *BMC Med Genomics.* 2011;4:68.
26. Yost SE, et al. Identification of high-confidence somatic mutations in whole genome sequence of formalin-fixed breast cancer specimens. *Nucleic Acids Res.* 2012;40(14):e107.
27. Hedegaard J, et al. Next-generation sequencing of RNA and DNA isolated from paired fresh-frozen and formalin-fixed paraffin-embedded samples of human cancer and normal tissue. *PLoS One.* 2014;9(5):e98187.

28. De Mattos-Arruda L, et al. Capturing intra-tumor genetic heterogeneity by de novo mutation profiling of circulating cell-free tumor DNA: a proof-of-principle. *Ann Oncol.* 2014;25(9):1729-35.
29. Rothé F, et al. Plasma circulating tumor DNA as an alternative to metastatic biopsies for mutational analysis in breast cancer. *Ann Oncol.* 2014;25(10):1959-65.
30. Bos MK, et al. Whole exome sequencing of cell-free DNA – A systematic review and Bayesian individual patient data meta-analysis. *Cancer Treatment Reviews.* 2020;83:101951.
31. Diefenbach RJ, et al. Analysis of the Whole-Exome Sequencing of Tumor and Circulating Tumor DNA in Metastatic Melanoma. *Cancers.* 2019;11(12):1905.
32. Wang Q, et al. Novel metrics to measure coverage in whole exome sequencing datasets reveal local and global non-uniformity. *Scientific Reports.* 2017;7(1):885.
33. Paracchini L, et al. Genome-wide Copy-number Alterations in Circulating Tumor DNA as a Novel Biomarker for Patients with High-grade Serous Ovarian Cancer. *Clin Cancer Res.* 2021;27(9):2549-59.
34. Hallermayr A, et al. Somatic copy number alteration and fragmentation analysis in circulating tumor DNA for cancer screening and treatment monitoring in colorectal cancer patients. *Journal of Hematology & Oncology.* 2022;15(1):125.
35. Prat A, et al. Circulating tumor DNA reveals complex biological features with clinical relevance in metastatic breast cancer. *Nature Communications.* 2023;14(1):1157.

Chapter 5: Manuscript 1

RET inhibition overcomes resistance to combined CDK4/6 inhibitors and endocrine therapy in ER+ breast cancer

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Abstract

Combined CDK4/6 inhibitor (CDK4/6i) and endocrine therapy has a major impact on the outcome of patients with advanced estrogen receptor-positive (ER+) breast cancer. However, resistance to this treatment and thus disease progression remains a major clinical challenge. To address this, we performed global gene expression analysis and NGS RNA sequencing and identified RET expression to be associated with CDK4/6i and endocrine therapy resistance in ER+ breast cancer. We show that RET is upregulated in ER+ breast cancer cell lines resistant to combined CDK4/6i and fulvestrant and siRNA-mediated silence of RET in RET-high combined CDK4/6i- and fulvestrant-resistant cells reduced their growth, partially by affecting cell cycle regulators of the G2-M phase and E2F targets. Further, targeting RET with the FDA/EMA approved RET-selective inhibitor selpercatinib in combination with CDK4/6i and fulvestrant inhibited cellular growth of CDK4/6i- and fulvestrant-resistant cell lines, partially by blocking cell cycle progression. Importantly, analysis of RET expression in ER+ breast cancer patients treated with endocrine therapy showed that high RET expression correlates with poor clinical outcomes. Our findings suggest that RET inhibition in combination with CDK4/6i and endocrine therapy may represent a promising therapeutic approach for patients with advanced ER+ breast cancer who experience disease progression on combined CDK4/6i and endocrine therapy.

Introduction

Breast cancer (BC) remains the most common cancer and second cause of cancer related death in women worldwide (1). Although there has been a substantial improvement in available therapies and clinical outcome, metastatic breast cancer is considered incurable (2). Estrogen receptor-positive (ER+) breast cancer comprises approximately 70% of all breast cancers and is dependent on the ER pathway for proliferation and survival. Therefore inhibition of the ER pathway is an effective treatment strategy in this patient population (3). However, resistance to endocrine treatment remains a major clinical challenge (4). Several studies have shown that endocrine resistance mechanisms depend on alterations of cell cycle regulators, which led to the development of cyclin dependent kinases 4 and 6 (CDK4/6) inhibitors in ER+ breast cancer (5-8). CDK4/6 plays a key role in the control of G1-S phase progression in the cell cycle by interacting with cyclin D and subsequently hyperphosphorylating the retinoblastoma (Rb) protein, which leads to its inactivation and release of transcription factors that allow progression to the cell cycle S-phase (9). CDK4/6 inhibitors (CDK4/6i), including ribociclib, palbociclib, and abemaciclib inhibit the CDK4/6 kinases, and thus arrest the cells in G1 phase. Clinical studies have shown that treatment with CDK4/6i in combination with endocrine therapy improved progression free survival (PFS) and overall survival (OS) compared to endocrine therapy alone in patients with ER+ advanced breast cancer. This resulted in the approval of CDK4/6i for ER+ advanced breast cancer as first-line treatment in combination with an aromatase inhibitor (AI) (3, 10, 11), and as second-line therapy in combination with the selective estrogen-receptor degrader (SERD) fulvestrant following initial AI monotherapy (12-14). Recently, the CDK4/6i abemaciclib has also been approved for high-risk patients with early stage ER+ breast cancer (15). Despite favourable outcomes the development of resistance to combined CDK4/6i and endocrine therapy is inevitable, and 70% of patients with advanced ER+ breast cancer will experience progressive disease after 40 months (3, 16, 17). Understanding resistance mechanisms to combined CDK4/6i and endocrine therapy and identification of optimal treatment option following progression on combined CDK4/6i and endocrine therapy is currently areas of intense research.

The RET (REarranged during Transfection) proto-oncogene is a receptor tyrosine kinase and RET hyperactivation is observed associated with several cancer types. RET is composed of an extracellular domain, a cysteine-rich region, a single pass transmembrane domain, and a cytoplasmic region with a split tyrosine kinase domain. It does not directly bind its ligands but depend on the glial-derived neurotrophic factor (GDNF) receptor α family (GFR α 1-4) coreceptors. GFR α forms homodimers that are recruited by specific GDNF family of ligands (GFLs) into a complex that activates RET homodimers leading to

autophosphorylation of the tyrosine kinase domain (18). Activation of RET leads to activation of the MAPK/ERK, JAK/STAT and PI3K-AKT pathways leading to proliferation, survival, and migration (19, 20).

Regarding breast cancer, increased levels of RET have been observed in breast tumors compared to surrounding healthy tissue (21, 22). Furthermore, RET expression correlates with ER expression in breast cancer cell lines and tumor specimens (23). Multiple studies have shown that ER induces the expression of RET, which led to the activation of downstream signalling pathways, including the MAPK/ERK, JAK/STAT, and PI3K-AKT pathways. Conversely, RET has been shown to enhance estrogen-mediated proliferation (23, 24). Overexpression of RET alone, has been shown to increase ER+ breast cancer incidences in mice (25). RET expression has been associated with tamoxifen and AI resistance in ER+ breast cancers (21, 26), and targeting RET with the multikinase inhibitor vandetanib potentiated the effect of tamoxifen, demonstrating greater reduction in tumor growth compared to single agent therapy in ER+ breast cancer cells (27). The RET inhibitor NVP-AST487 in combination with the AI letrozole was effective in inhibiting breast cancer cell line motility and growth (28). It has been shown that RET activation promotes AI and tamoxifen resistance through estrogen-independent activation of ER transcriptional activity via the MAPK/ERK and PI3K/AKT pathways, where mTOR might play a key role (21, 26).

In papillary thyroid carcinoma (PTC) and non-small cell lung cancer (NSCLC), RET fusion proteins, which are constitutively active and contribute in tumor growth, have been identified in 13-43% (29) and 2% of patients, respectively (29-31). In addition, up to 70% of medullary thyroid cancers (MTC) show activating RET mutations but RET alterations are rare in breast cancer (32-34). In 2020 the European Medicines Agency (EMA) and the Food and Drug Agency (FDA) approved the use of a RET-selective inhibitor (RETi) selpercatinib in RET fusion-positive advanced NSCLC and PTC, and in RET-mutant MTC (35, 36). Selpercatinib is effective towards RET-wildtype, -mutant, and -fusion protein (37). Although RET has been associated with ER+ breast cancer tumorigenesis and endocrine treatment response (23, 24, 27), the role of RET in the mechanisms of resistance to combined fulvestrant and CDK4/6i has not been evaluated.

In this article we show that RET overexpression is associated with resistance to combined CDK4/6i and fulvestrant treatment in ER+ breast cancer cell lines, and inhibition of RET by siRNA-mediated knockdown or treatment with the tyrosine kinase inhibitor selpercatinib impaired growth of combined fulvestrant and CDK4/6i-resistant cell by inhibiting, at least in part, cell cycle progression. Finally, we show that clinical ER+ breast can-

cer samples expressing high mRNA levels of RET correlated with poor clinical outcome following endocrine therapy.

Methods

Cell lines and anti-tumor agents

The original MCF7 and T47D cell lines were obtained from the Breast Cancer Task Force Cell Culture Bank, Mason Research Institute. The MCF-7-derived cell line MPF-R was developed by extended treatment with fulvestrant (100 nM) and CDK4/6 inhibitor (CDK4/6i) palbociclib (150-200nM). Cells were maintained in phenol red-free Dulbecco's Modified Eagle Medium (DMEM/F12; Gibco) supplemented with 1 % glutamine (Gibco), 1% heat-inactivated fetal bovine serum (FBS; Sigma-Aldrich), and 6 ng/mL insulin (Sigma-Aldrich) supplemented with 100nM of fulvestrant and 200 nM CDK4/6i. MCF-7 cells grown in parallel with MPF-R cells without treatment in the media were designated M-S and remain sensitive to drug treatment.

T47D cells were maintained in Roswell Park Memorial Institute (RPMI) 1640 medium (Gibco) without phenol red, supplemented with 1% glutamine (Gibco), 5% heat-inactivated FBS (Sigma-Aldrich), and 8 µg/mL insulin (Sigma-Aldrich). T47D-derived fulvestrant and CDK4/6i resistant cell line TPF-R was established by long term treatment with 100 nM fulvestrant and 150-200 nM of CDK4/6i. T47D-sensitive cells grown in parallel with TPF-R were designated T-S and were maintained in the same medium as TPF-R cells without treatment. All cells were kept in humidified atmosphere of 5% CO₂ at 37 °C and underwent mycoplasma testing (Lonza) before the described experiments. Fulvestrant (ICI 182,780, Tocris) was dissolved in 96% ethanol, CDK4/6i palbociclib isothiocyanate (HY-A0065, MedChemExpress) was dissolved in water, RET inhibitor selpercatinib (also known as LOXO-292, HY-114370, MedChemExpress) was dissolved in DMSO (Sigma-Aldrich). The concentrations of CDK4/6i and RET inhibitor to be used for in vitro experiments were determined based on the IC₅₀ for each cell line model.

Western Blotting

Whole-cell extracts were obtained using RIPA buffer (50 mM Tris HCl (pH 8), 150 mM NaCl (pH 8), 1% IgePAL 630, 0.5% sodium deoxycholate, 0.1% SDS) containing protease and phosphatase inhibitor cocktail (Thermo Scientific). Protein concentration of the lysate samples was determined using Pierce BCA Protein Assay kit (Thermo Fisher Scientific) and the optical density (OD) was measured at 562 nm in the microplate reader Paradigm (Beckman Coulter). Protein (10-45 µg) was loaded on a 4-20% SDS-PAGE gel (Bio-Rad) under reducing conditions and electroblotted onto a PVDF transfer membrane

(Bio-Rad). Membranes were blocked in Tris-buffered Saline (TBS), 0.1 % Tween-20 (Sigma-Aldrich) containing 5% non-fat dry milk powder (Sigma-Aldrich) for one hour at room temperature. The following antibodies were used according to the manufacturers protocol: anti-RET (3223S, Cell Signaling, 1:250-1:1000) and anti-GAPDH (sc-32233, Santa Cruz Biotechnology, 1:20000, (loading control)). Secondary antibodies horseradish peroxidase (HRP)-conjugated goat anti-mouse (P0447, Dako, 1:5000) and HRP-conjugated goat anti-rabbit (P0448, Dako, 1:5000) were incubated in blocking buffer for one hour at room temperature. Membranes were developed with SuperSignaltm West Pico PLUS chemiluminescent Substrate (Thermo Scientific) and visualized on a ChemiDoc MP imaging system (Bio-Rad).

RET-specific siRNA mediated knockdown

RET gene knockdown was performed using two different RET-specific siRNAs (RET_15, SI04950554 and RET_17, SI05089756) both from Qiagen and a nontargeting scrambled (control) siRNA used as the universal negative control (SIC001, Sigma-Aldrich). Chemical transfection was performed in M-S, MPF-R, T-S, and TPF-R cell lines with Lipofectamine 3000 transfection reagent (15282465, ThermoFisher Scientific) in Opti-MEM medium (Gibco) according to manufacturer's instructions. Efficiency was evaluated at the mRNA level 48 hours after transfection by qPCR, and at the protein level 96 hours after transfection with Western blotting. The effect of siRNA mediated knockdown of RET on cell growth was evaluated with crystal violet assay at 24, 48, 96 and 144 hours after transfection.

RNA extraction, cDNA synthesis, quantitative real-time PCR (RT-qPCR)

TRI reagent® (Sigma Aldrich) was used for total RNA extraction and cDNA synthesis was performed using random deoxynucleic acid hexamers and reverse transcriptase (Fermentas). Quantitative real-time PCR (RT-qPCR) was performed using SYBR Green PCR Mastermix (Applied Biosystems) according to the manufacturer's instructions. The primers used were: *RET* (QT00047985, transcript ID: ENST00000355710, amplicon length 120, Qiagen) and *PUM1* (QT00029421, transcript ID: ENST00000257075, amplicon length 73, Qiagen) was used as a reference gene. The RT-qPCR reactions were performed using a StepOnePlus system (Applied Biosystems) and data were analyzed with StepOne Software. All reactions were conducted in triplicates and the data were analyzed using the delta-delta CT method (38).

Global gene expression and microarray analysis

Global gene expression analysis was performed on RNA purified from the parental cell line MCF7 (M-S) and MCF-7-derived fulvestrant-resistant cell line (MF-R) and combined palbociclib and fulvestrant resistant cell line (MPF-R) using Affymetrix Gene Chip Human Genome U133 plus 2.0. Cells were grown to reach 70-80% confluency and RNA was extracted using TRIzol™ Reagent according to manufacturer's instructions. Data were analyzed using Transcriptome Analysis Console (TAC) software (ThermoFisher). Genes from the dataset that exhibited two-fold or greater alteration in expression with a false discovery rate (FDR) < 0.05 cut-off and $p < 0.05$ with one-way ANOVA were considered significantly regulated. Gene Set Enrichment Analysis (GSEA 4.3.2) was performed to identify the gene sets enriched in the resistant cells.

RNA sequencing

To perform RNA-sequencing exon-spanning primers were designed, and the primer sequences are available upon request. For RNA sequencing, RNA from three independent experiments were prepared for sequencing on the Illumina NovaSeq 6000 platform using the NEBNext Poly(A) mRNA Magnetic Isolation Module (New England Biolabs, E7490L) and the NEBNext Ultra II DNA Library Prep Kit for Illumina (New England Biolabs, E7645L) with unique dual indexes according to the manufacturer's instructions. The quality of raw sequencing reads was assessed using FASTQC (Babraham Bioinformatics) and adaptor sequences were removed using the FASTX toolkit. Trimmed Reads were aligned to the human genome (hg38) using the Spliced Transcripts Alignment to a Reference (STAR) software with default parameters (39). Tags in exons were counted using iRNA-seq (40) and differential expression (FDR-adjusted $p < 0.05$) between three independent replicates of sensitive cell line and double-resistant cell line samples was determined using DESeq2 (41). Differentially expressed genes were defined as those having $FDR \leq 0.05$ and a \log_2 fold change > 1.0 in either direction. To identify candidate fusion transcripts from the sequence data, fusion calling was performed on the fastq files using FusionCatcher version 1.33 (42), STAR-fusion version 1.11.0 (43), and Arriba version 2.3.0 (44), with default settings. The GRCh38/hg38 build was used as the human reference genome.

Cell growth assay

Cells were seeded at 20,000-50,000 cells/well in 96-well plates and allowed to attach for 24 hours before drugs or vehicles were added. Evaluation of cell growth was performed using crystal violet-based colorimetric assay, where cells were incubated with a crystal violet staining solution for 5 minutes at room temperature followed by three washes in

ddH₂O and overnight drying. Cellular crystal violet was extracted by incubation with a 0.1 M citrate buffer (29.41 g sodium citrate dissolved in 50% water and 50% ethanol, pH=6) for 30 minutes at room temperature on a shaker. The OD was analyzed at 570 nm in a Paradigm microplate reader (Beckman Coulter) and SoftMax pro 7.0.2 software.

Statistical analysis

All Statistical analyses were performed using GraphPad Prism v.9.4.0 software. One-way analysis of variance (ANOVA) and two-tailed t-test were used to determine statistical significance among data for the *in vitro* studies (as indicated in the figure legends). Survival curves for the clinical data were generated by Kaplan-Meier estimates, where log-rank test was applied to evaluate the correlation between the expression levels of RET and the PFS. The Cox proportional hazard regression model was used to calculate the hazard ratio (HR) of PFS by RET expression and clinicopathological characteristics using the univariate model. *p*-values were defined as follows: **p*<0.05, ***p*<0.01, ****p*<0.001, and **** *p*<0.0001.

Study approval

The immunohistochemical study was approved by the Ethics committee of the Region of Southern Denmark (approval no S-2008-0115) and the Danish Data Protection Agency. All patient samples were collected in compliance with informed consent policy and coded to maintain patient confidentiality.

KM plotter

The web tool Kaplan-Meier (KM) plotter (45) was used to generate survival curves for ER+ breast cancer patients based on mRNA expression (gene chip) of *RET*. All datasets available in KM plotter were included in the analysis. The inclusion criteria for the sample selection were: ER status positive by IHC, HER2 status negative by array, and previous treatment with endocrine therapy. These criteria were independent of pathological characteristics such as grade, lymph node status, and previous chemotherapy. The JetSet optimal probe was selected for *RET* (probe ID 211,421) and the best performing threshold was selected as the cut-off to evaluate the correlation of *RET* expression and clinical outcome. Relapse-free survival (RFS) and overall survival (OS) were used as endpoints.

Clinical samples and endpoints

Formalin-fixed, paraffin-embedded (FFPE), metastatic tumor lesions from ER+ advanced breast cancer patients treated with combined CDK4/6i and endocrine therapy were ob-

tained from the Department of Pathology at Odense University Hospital (OUH) (n= 115). Inclusion criteria were patients with ER+ advanced breast cancer treated with combined CDK4/6i and endocrine therapy in the metastatic setting who had undergone surgery or biopsy at OUH, who included complete clinical information and pathological verification that the metastatic lesion was of breast cancer origin. Cut-off for ER positivity was $\geq 1\%$. Exclusion criteria were insufficient tumor material in the FFPE block and metastatic biopsy only available after starting treatment with combined CDK4/6i (palbociclib or ribociclib) and endocrine therapy (letrozole or fulvestrant). These criteria yielded n = 83 patients. Progression-free survival (PFS) was defined as the time from starting treatment with combined CDK4/6i and endocrine therapy until disease progression or death.

Immunohistochemistry

FFPE blocks of patient metastatic lesions were sectioned at 4 μM with a microtome and mounted on ChemMateTM Capillary GAP slides (Dako, Glostrup, Denmark). Sections were dried at 60 °C, deparaffinized, hydrated and endogenous activity was blocked. Epitope unmasking was performed by boiling sections in T-EG solution. The following primary antibody was used: RET. Primary antibody binding for anti-RET was detected with Optiview-DAB (8-8), EnV, FLEX/HRB+ Rabbit LINK 15-30 for anti-RET. The clinical samples were evaluated by an experienced breast pathologist in a blinded setup. RET were primarily expressed in the cytoplasm. The intensity of the staining was recorded on a semi quantitative scale 0-3 with 0 meaning absolutely no reaction and 3 as the most intense staining. The cut-off value for high (intensity ≥ 2) vs. low (intensity < 2) was determined based on the survival significance.

Results

RET is upregulated in ER+ BC cells resistant to combined CDK4/6i and fulvestrant

To investigate the resistance mechanisms to combined CDK4/6i and fulvestrant, we used two ER+ breast cancer cell line models, MCF7 and T47D, to develop cells resistant to combined CDK4/6i and fulvestrant (MPF-R and TPF-R, respectively). Growth of the two resistant cell lines, MPF-R and TPF-R was not inhibited by combined CDK4/6i and fulvestrant, or any of the two drugs alone, while growth of the corresponding sensitive cell lines M-S and T-S, respectively, was significantly inhibited by all three treatments (Figure 1A). To ensure that the resistance mechanism was related to combined CDK4/6i and fulvestrant and not to fulvestrant alone we evaluated gene expression alterations in the combined palbociclib and fulvestrant resistant cell lines compared to the respective cell lines resistant to fulvestrant alone (MF-R). Using RNA-sequencing we identified a

total of 1103 genes (523 upregulated and 580 downregulated) that exhibited significantly altered expression (fold-change ≥ 2 , FDR <0.05 , Wald significance test $p < 0.05$) in MPF-R versus MF-R, in TPF-R versus TF-R a total of 1041 genes (600 upregulated and 441 downregulated) that exhibited significantly altered expression (fold-change ≥ 2 ,

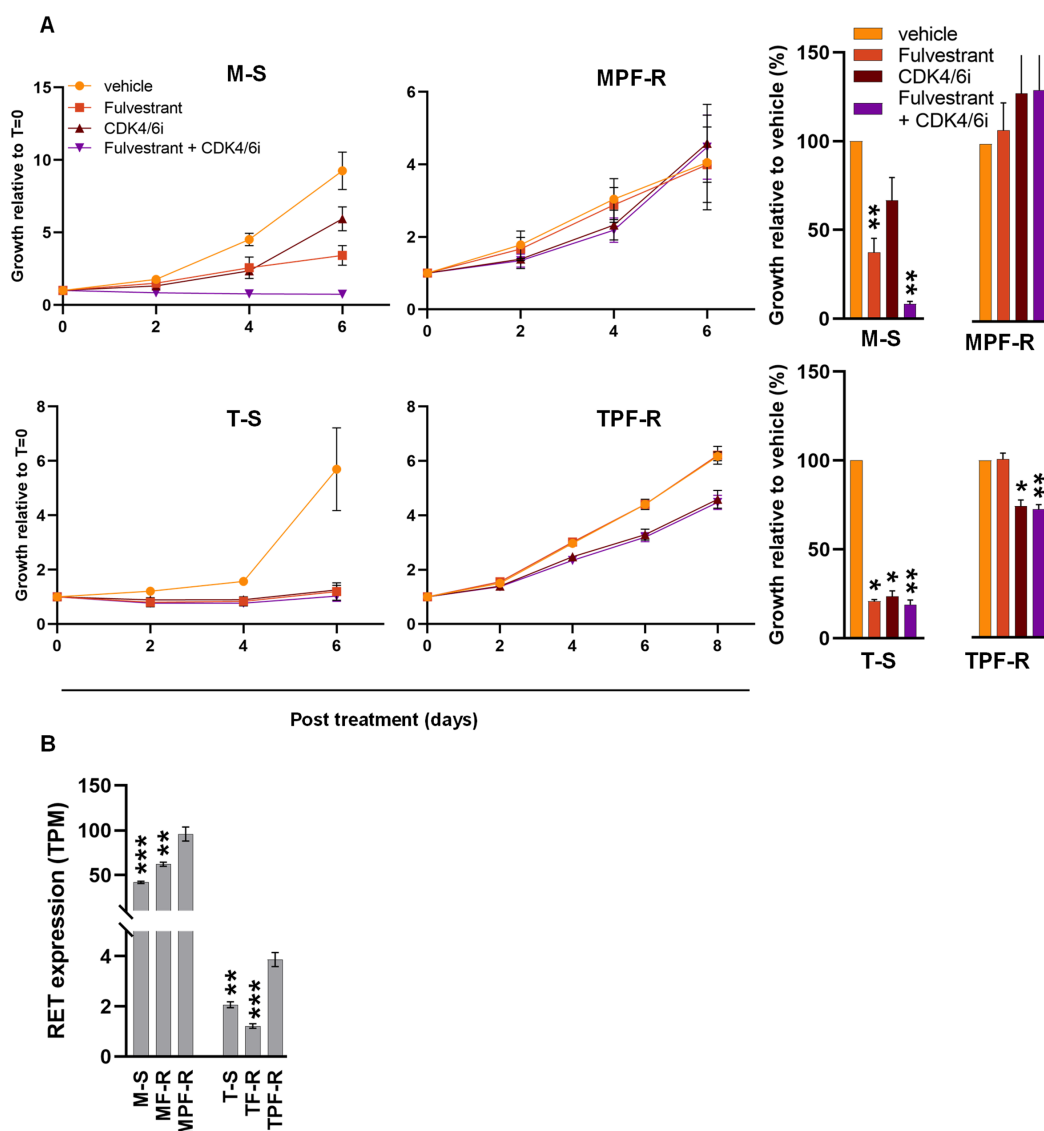


Figure 1: MPF-R and TPF-R cell lines were resistant towards combined CDK4/6i and endocrine therapy.

A) Evaluation of cell growth of combined palbociclib and fulvestrant resistant (MPF-R and TPF-R) cells and the sensitive M-S and T-S cells by crystal violet colorimetric assay. Cell growth assay was performed over 6 days with fulvestrant (100 nM) and CDK4/6i (100 nM) alone or combined. Growth at day 6 is represented by columns. The data represent independent experiments in triplicates \pm SEM. Asterisk indicate significant differences in one-way ANOVA tests at day 6 (* $0.01 < p < 0.05$ and ** $0.001 < p < 0.01$). B) Evaluation of RET expression in ER+ BC cell lines. Combined palbociclib and fulvestrant resistant cells (MPF-R and TPF-R), fulvestrant resistant cells (MF-R and TF-R), and sensitive cells (M-S and T-S) using RNA sequencing. TPM = transcripts per million. The data represent independent experiments in triplicates \pm SEM. Asterisk indicate significant differences between double resistant cells and their concordant sensitive and fulvestrant resistant in students t-test (* $0.01 < p < 0.05$, ** $0.001 < p < 0.01$) and *** $0.0001 < p < 0.001$

FDR<0.05, Wald significance test $p < 0.05$). Among the most upregulated genes (? Fold) in MPF-R versus MF-R and TPF-R versus TF-R, RET was identified. Next, to evaluate the expression level of RET in all cell lines and to evaluate whether RET-fusions could be identified we performed NGS RNA sequencing of MPF-R, TPF-R, MF-R, TF-R, M-S and T-S. This showed that RET was higher expressed in MPF-R compared to MF-R and M-S cells (Figure 1B). Furthermore, overexpression of RET was also observed in the T47D-derived TPF-R versus TPF-R and T-S cells (Figure 1B). Notably, RET expression is much higher in the MCF7-derived cells than in the T47D-derived cells, in agreement with previous reported (26), suggest a more important role for RET in MCF-7 cells. Although higher in the MCF7-derived cells, RET expression ratios in MPF-R versus M-S and TPF-R versus T-S were 2.3 and 1.9, respectively, and thus comparable. While *RET* fusions have been widely described in NSCLC and PTC, no fusion transcripts involving the *RET* gene were identified in any of the four ER+ BC cell lines using the three fusion callers (Fusioncatcher, STAR-fusion, and Arriba).

To further validate the overexpression of RET in combined fulvestrant and CDK4/6i resistant cells, qPCR and Western blotting were performed, and overexpression of RET on the mRNA and protein levels was confirmed (Figure 2A/B). Together, our findings support a significant upregulation of RET in two cell line models resistant to combined CDK4/6i and fulvestrant.

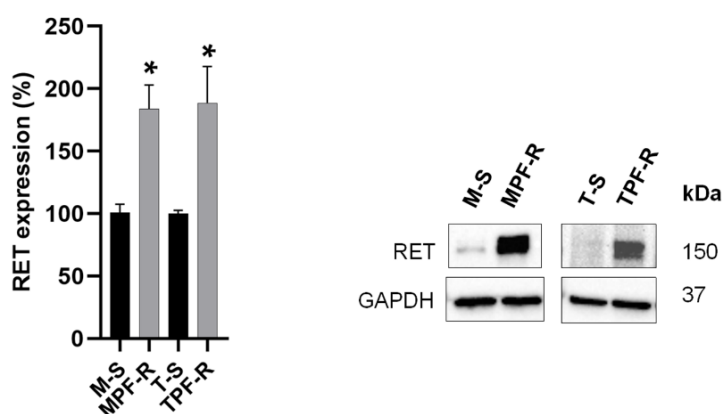


Figure 2: RET overexpressed in double fulvestrant and palbociclib resistant cell lines. Expression of RET was evaluated using qPCR and Western blotting. A) Quantitative RT-PCR verifying the gene expression alterations of RET. The expression was normalized using PUM1 gene and shown as relative expression in MPF-R vs. M-S and TPF-R vs T-S cells. Data represents three independent experiments \pm SEM. Asterisk indicate significant differences in students t-test ($*0.01 < p < 0.05$). B) Western blotting analysis of lysates from M-S, MPF-R, T-S, and TPF-R cells. GAPDH was used as loading control. A representative for three biological replicates is shown.

RET-specific siRNA-mediated knockdown impairs growth of combined CDK4/6i and fulvestrant-resistant ER+ BC cells

To investigate the role of RET in the mechanism of resistance to combined CDK4/6i and fulvestrant, we performed gene knockdown by using two specific siRNAs targeting RET (RET15 and RET17) and a scrambled siRNA (control). RET was efficiently silenced in both MCF-7- and T47D-derived sensitive and resistance cell lines when using the individual and pooled RET-siRNAs compared with the control siRNA, as determined by quantitative RT-PCR and Western blotting (Figure 3A and B). It was not possible to visualize the RET knockdown in T-S cells by Western blotting due to the extremely low levels of RET in these cells.

Silencing of RET did not affect the growth of sensitive M-S cells compared to the control, as assessed by crystal violet assay (Figure 3C). In contrast, the growth of MPR-F (in absence of CDK4/6i and fulvestrant) was significantly reduced after RET knockdown compared to the control siRNA (Figure 3C), indicating that the resistant MPF-R cells, but not the sensitive counterparts, are dependent on the expression of RET for proliferation and growth. This supports that RET may have a key role in the mechanisms of resistance to combined CDK4/6i and fulvestrant therapy in the MCF-7-derived cell model. The same effect on cell growth upon RET siRNA-mediated knockdown was not observed in TPF-R cells (in absence of CDK4/6i and fulvestrant), which may be due to the significant lower level of RET in these cells.

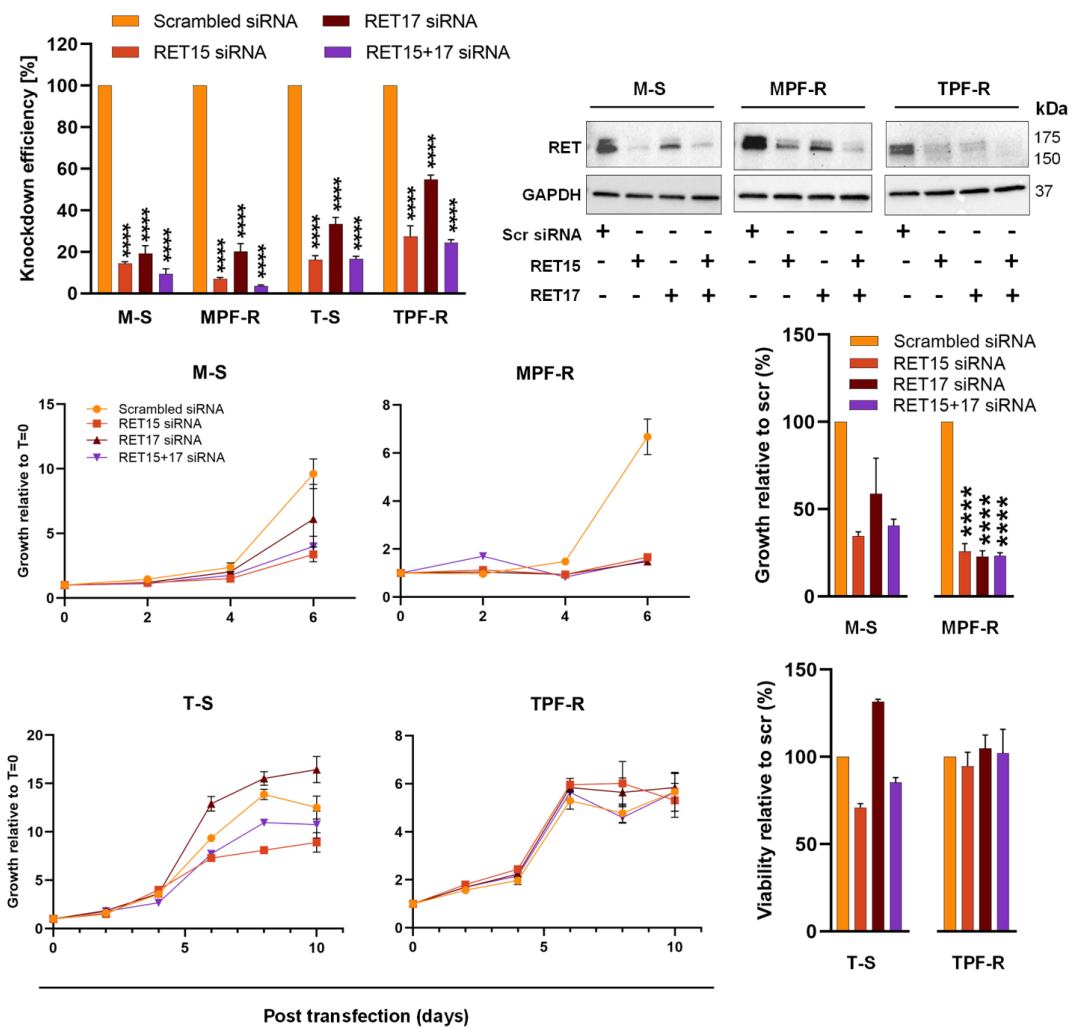


Figure 3: RET-specific siRNA mediated knockdown is effective in all cell lines on RNA and protein level. The efficiency of RET silencing in fulvestrant and CDK4/6i resistant cell lines (MPF-R and TPF-R) and their parental sensitive cell lines (M-S and T-S respectively) transfected with two different RET-specific siRNAs (RET15 and RET17) or scrambled siRNA (control). A) Quantitative RT-PCR verifying reduction of RET mRNA level 48 h post-transfection with RET-specific siRNA. The expression was normalized using PUM1 gene. The knockdown efficiency is represented as average percentage compared to control (scr) of triplicates mean \pm SEM. B) Western blot validation of protein level 96 h post-transfection with RET-specific siRNAs. GAPDH was used as protein loading control. C) Cell growth at different time points following Ret-specific siRNA transfection, as assessed by crystal violet assay. Columns show cell growth at day 6 and 10 for MCF7 derived cell lines and T47D derived cell lines respectively. Scrambled siRNA: control siRNA, RET15 and RET17: two different RET-specific siRNAs. RET15+17: combination of both RET-specific siRNAs. Asterisks indicate significant differences in one-way ANOVA test (**p < 0.0001).**

RET is a driver of cell cycle progression in combined CDK4/6i and fulvestrant resistant ER+ BC cells

To identify which pathways were altered following silencing of *RET* we performed gene expression analysis on MPF-R and TPF-R cells transfected with RET-siRNA compared to cells transfected with controls siRNA. Remarkably, alterations in regulators of cell cycle, particularly regulators of G2-M phase and E2F targets, were identified as top significantly enriched gene-datasets by gene set enrichment analysis (GSEA) in control-siRNA compared to RET-siRNA treated MPF-R and TPF-R cells (supplementary Figure 1 and 2). In both MCF7- and T47D-derived resistant cells, *RET* knockdown is significantly correlated with reduced expression of genes of regulators of late phase cell cycle transition.

The specific RET inhibitor selpercatinib in combination with CDK4/6i and fulvestrant inhibits growth of combined CDK4/6i and fulvestrant-resistant ER+ BC cells

To evaluate whether we could pharmacologically overcome resistance to combined CDK4/6i and fulvestrant, we examined whether treatment with a specific inhibitor of RET, selpercatinib, alone or in combination with CDK4/6i and/or fulvestrant could inhibit growth of MPF-R and TPF-R cells resistant towards CDK4/6i and fulvestrant.

RET inhibition resensitized resistant MPF-R and TPF-R cells to combined CDK4/6i and fulvestrant treatment (Figure 4C and 4D). Indeed, treatment with the triple combination including fulvestrant, CDK4/6i, and RETi significantly reduced growth of MPF-R cells compared to combined CDK4/6i and fulvestrant. Furthermore, triple therapy more efficiently inhibited growth of TPF-R cells compared to the dual therapy with fulvestrant and RETi, although the difference did not reach statistical significance. Interestingly, the dual combination with RETi and either fulvestrant or CDK4/6i reduced MPF-R and TPF-R cells growth more efficiently than combined CDK4/6i and fulvestrant (Figure 4B). These data further indicate that BC ER+ cells use RET upregulation as a mean to acquire resistance to combined CDK4/6i and endocrine therapy.

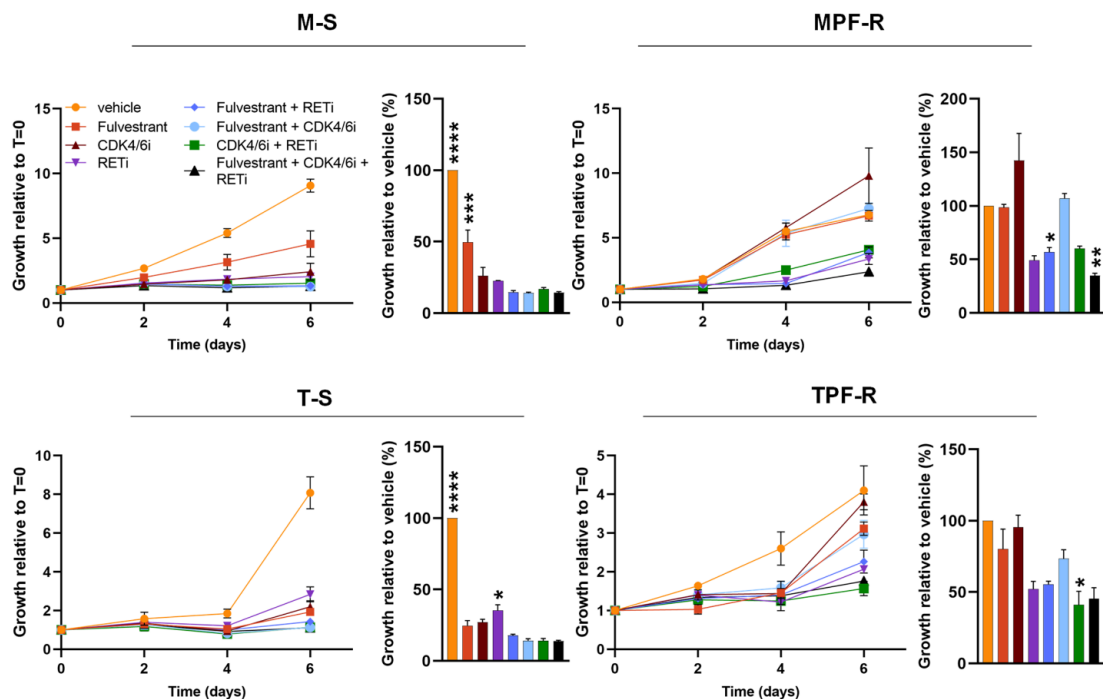


Figure 4: RETi resensitizes TPF-R and MPF-R to CDK4/6i and fulvestrant treatment. Cell growth assays were performed over 6 days of treatment with fulvestrant (100nM), CDK4/6i (200 nM) and RETi (5 μ M) alone or different combinations as assessed by crystal violet. Growth at day 6 is represented by columns. The data represents the mean of three biological replicates \pm SEM. Asterisks indicate significant differences in one-way ANOVA tests at day 6. Means are compared to the mean of the standard combined CDK4/6i and fulvestrant therapy (*0.01 < p < 0.05, **0.001 < p < 0.01, ***0.0001 < p < 0.001, and **** p < 0.0001).

High expression of RET correlates with poor clinical outcome in ER+ HER2- patients treated with endocrine therapy

Finally, we evaluated the clinical relevance of RET by assessing the correlation between RET expression and clinical outcome in ER+ breast cancer patients. Firstly, we used the web-based tool Kaplan-Meier plotter (46) to assess the correlation between *RET* mRNA expression and overall survival (OS) and relapse-free survival (RFS) in a cohort of ER+ BC patients receiving endocrine treatment in the primary setting. High RET expression significantly correlated with shorter OS ($n=189$, $p=0.0504$, HR=1.92; Figure 5A) in ER+, HER2- BC patients who have been treated with endocrine therapy. Estimated 10-year survival was 70% for patients with high expression of RET and 85% for patients with low expression of RET (Figure 5A). High RET expression was also associated with shorter RFS ($n=1201$, $p=0.054$, HR=1.3; Figure 5B). Median time to relapse was 15 years (180 months) in the high-RET group, whereas the median time to progression in the low-RET group was 16 years (200 months) (Figure 5B).

Next, we evaluated the clinical relevance of RET as a biomarker of response/resistance to combined CDK4/6i and endocrine therapy in a cohort of ER+ advanced BC patients. The expression levels of RET were evaluated in full sections of metastatic lesions before treatment with combined CDK4/6i and endocrine therapy. The survival analysis indicated no correlation between RET-high (intensity ≥ 2) or RET-low (intensity < 2) levels and progression-free survival (PFS; $p=0.278$, Figure 6).

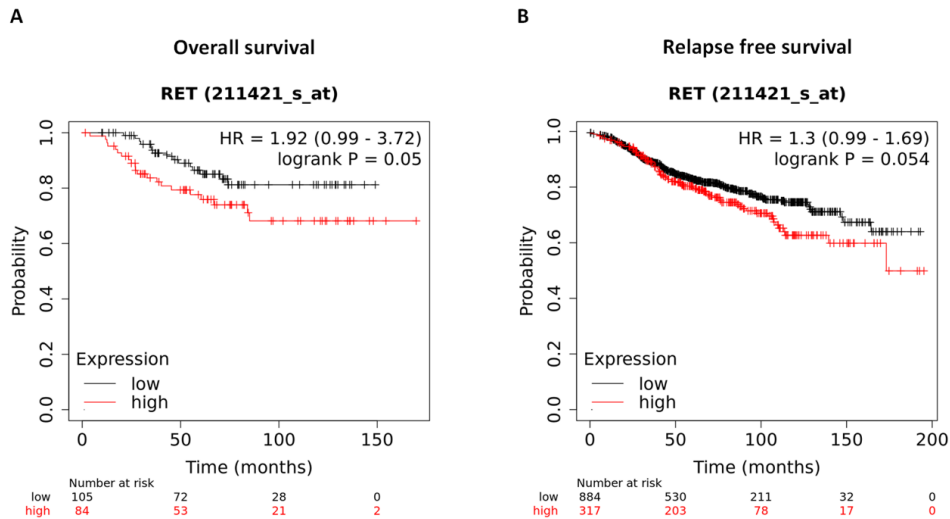


Figure 5: High RET expression correlates with shorter overall survival in ER+ BC patients who have undergone endocrine treatment. Kaplan-Meier survival curves for OS (A) and RFS (B) for RET expression by KM plotter analysis.

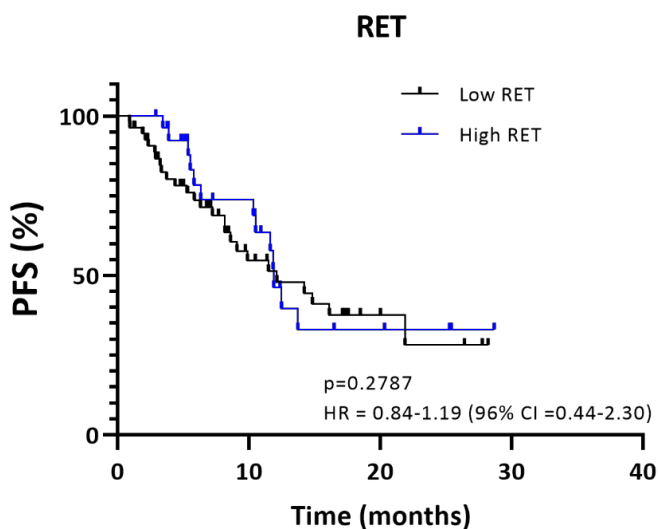


Figure 6: *RET expression is not associated with progression free survival (PFS) in patients with metastatic ER+ breast cancer treated with combined CDK4/6i and endocrine therapy. Kaplan-Meier survival curves evaluating PFS according to RET score in ER+ metastatic lesions from breast cancer patient. The cutoff values used: Low RET: 0-1, High RET: ≥ 2 . A two-sided p-value calculated using Log-rank testing is shown.*

Discussion

Although combined CDK4/6i and endocrine therapy has significantly improved outcome of patients with advanced ER+ BC, progression is inevitable and thus, new therapeutic strategies to overcome treatment resistance are urgently needed. In this study, we show that RET is upregulated in breast cancer cell lines resistant to combined CDK4/6i and endocrine therapy and inhibition of RET, either by siRNA-mediated knockdown or with the RET-specific inhibitor selpercatinib, alone or in combination with CDK4/6i and/or fulvestrant reduces growth of combined CDK4/6i and fulvestrant-resistant ER+ breast cancer cell lines. To our knowledge, our study is the first to suggest an association between RET overexpression and induction of cell-cycle progression, which likely contributes to resistance to combined CDK4/6i and endocrine therapy.

Recently, the RETi selpercatinib has been approved for use in NSCLC, PTC, and MTC patients with *RET* activating fusions or mutations. We examined the CDK4/6i- and fulvestrant-resistant cell lines for RET fusions using RNA-sequencing, but none were found. Since the drug also has effect on RET-wildtype tumors, it may also be useful in patients with RET overexpressing cancers. Following resistance towards combined CDK4/6i and endocrine therapy, RETi could be added to the combination treatment or administered in combination with endocrine therapy alone. Importantly, results from a recent clinical trial evaluating the multikinase inhibitor lenvatinib (with potent activity

against RET) in combination with AI letrozole showed manageable toxicity profile and promising efficacy in ER+ advanced breast cancer patients heavily pretreated, including in patients who progressed on previous combined CDK4/6i and endocrine therapy (47). Previous studies have shown that RET induces estrogen independent ER α phosphorylation and expression of ER target genes in ER+ breast cancer cells (21, 48). Overexpression of RET or its ligand GDNF has been associated with resistance to ER-targeted treatment with tamoxifen, through activation of the RAS/RAF/MEK/ERK or the mTOR/P70S6K pathway. This is consistent with our findings, that RET induces growth and proliferation during combined CDK4/6i and endocrine therapy, though we have not yet evaluated alterations of PI3K and ERK following RET knockdown. In our study, we found that RET silencing using RET-specific siRNAs significantly inhibited growth of MCF7-derived ER+ breast cancer cells resistant to combined CDK4/6i and endocrine therapy (MPF-R). This effect was not observed in either the sensitive cell lines M-S or T-S, but also not in the T47D-derived double-resistant cell line (TPF-R). Although TPF-R showed an increase in RET expression compared to the sensitive parental T-S cell line, the amount of RET was significantly lower than in MPF-R, as shown by Western Blotting and RNA-seq. These data suggest that RET overexpression is a key regulator of resistance to combined CDK4/6i and endocrine therapy in MCF7-derived, but not in T47D-derived resistant cells. The difference in effect of RET silencing in the two CDK4/6i and endocrine therapy resistant cell lines MPF-R and TPF-R might be due to the difference in the activation of the PI3K/AKT/mTOR and RAS/RAF/MEK/ERK pathways in MCF-7 and T47D parental cells. Indeed, increased AKT and ERK activation has been observed in MCF7-derived fulvestrant-resistant cell line (MF-R) due to a reliance on HER2 receptors for growth compared to the sensitive parental cell line, but this was not observed in the T47D-derived fulvestrant-resistant cell line (TF-R) (49-51). Since RET activates the RAS–MAPK and PI3K–AKT pathways in breast cancer cell lines, this might suggest that cell lines less dependent on these pathways for growth will also respond less to RET inhibition. Nevertheless, siRNA-mediated silencing of RET was associated with a significant decrease in the activation of pathways involved in late-stage cell cycle control. This indicates that RET plays a role in this stage of cell cycle progression, which have not been reported previously. Earlier studies have shown that RET upregulate the transcription of cyclin D1, leading to cell cycle progression, and tamoxifen resistance, but this effect was blocked by the addition of a CDK4/6i (52). In our study we do not observe a decrease in cyclin D1 following RET silencing, but the most pronounced effect of silencing RET was on the late stages of cell cycle progression, in which cyclin D1 is not in-

involved in. Further, analysis on the effect of CDK4/6i and endocrine therapy following RET silencing is ongoing.

Finally, we show in our study that high levels of RET significantly correlated with shorter overall survival in patients with ER+ breast cancer who received any type of endocrine therapy. These findings concur with other studies showing increased RET expression in metastatic ER+ breast cancer following endocrine therapy and in samples from AI resistant patients (21, 26), and with the observation that RET play a role in resistance to endocrine therapy (21, 26, 48). However, there was no significant correlation between RET expression level and PFS of ER+ advanced breast cancer patients treated with combined CDK4/6i and endocrine therapy. These findings suggest that, although RET overexpression may be involved in the mechanisms of acquired resistance to CDK4/6i and endocrine therapy, there is likely not potential for RET as a biomarker of response to this treatment in pretreated samples.

In conclusion, RET overexpression appears to contribute to resistance to combined CDK4/6i and endocrine therapy in ER+ breast cancer by promoting cell cycle progression. RET inhibition could be a potential strategy for patients who develop resistance to CDK4/6i and endocrine therapy.

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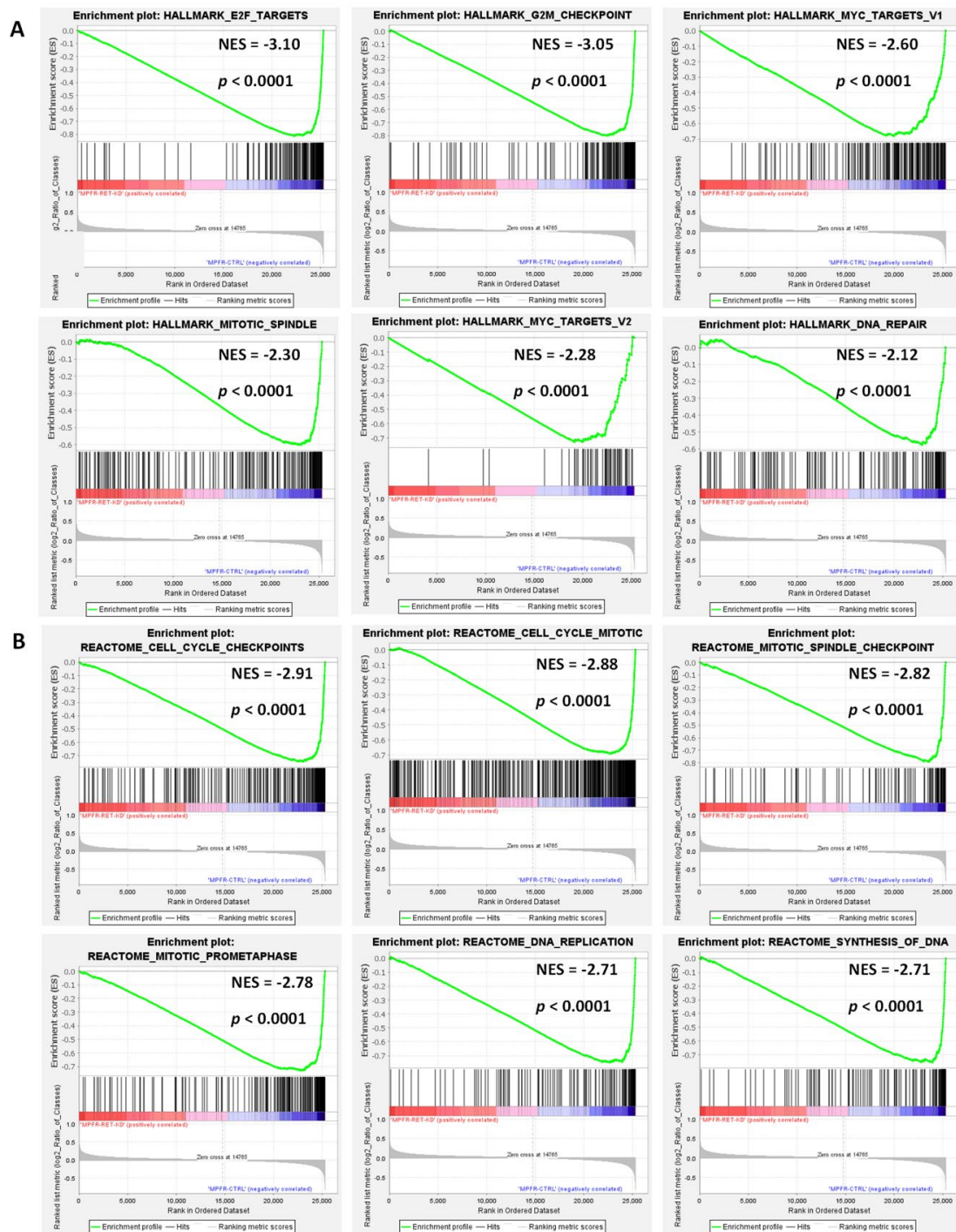
Conflicts of interest

The authors declare no potential conflicts of interest.

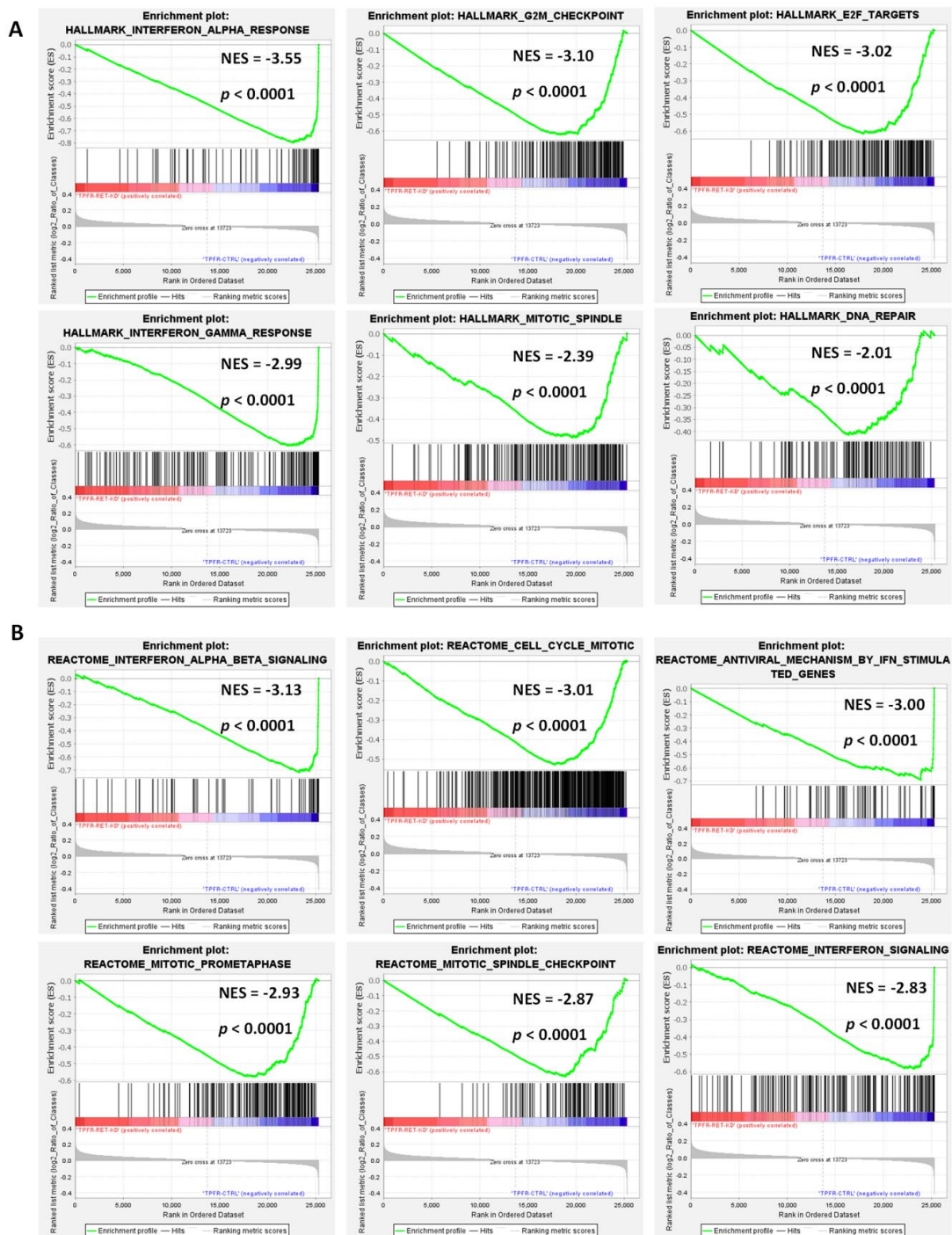
Data availability

The gene expression data generated during the study are publicly available in the gene expression omnibus (GEO) database under the accession number GSE228637. Survival analyses and immunohistochemistry data are not publicly available to protect patient privacy but will be made available to authorized researchers who have an approved Institutional Review Board application and have obtained approval from the Regional Committees on Health Research Ethics for Southern Denmark. Please contact the corresponding author with data access requests. All other datasets generated during the study will be made available upon reasonable request to the corresponding author, Dr. Henrik Ditzel, email address: hditzel@health.sdu.dk. Uncropped Western blots are part of the supplementary information.

Supplementary figures

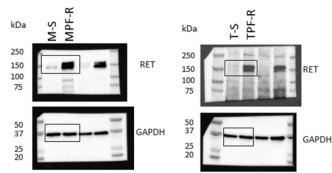


Supplementary Figure 1: GSEA enrichment plots for MPF-R cells treated with RET-specific siRNA versus MPF-R cells treated with control siRNA. A) Enrichment plots made from Hallmark genes, B) Enrichment plots made from Reactome genes. Genes involved in E2F, G2M checkpoint, MYC targets, mitotic Spindle, DNA repair, cell cycle checkpoints, mitotic spindle, prometaphase, DNA replication, and synthesis of DNA are downregulated when RET is silenced.

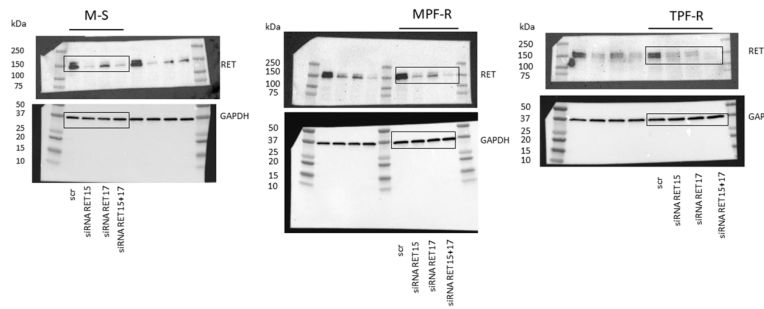


Supplementary Figure 2: GSEA enrichment plots for TPF-R cells treated with RET-specific siRNA versus TPF-R cells treated with control siRNA. A) Enrichment plots made from Hallmark genes, B) Enrichment plots made from Reactome genes. Genes involved in G2M checkpoint, E2F targets, mitotic spindle, DNA repair, cell cycle mitotic, prometaphase, and mitotic spindle checkpoint are downregulated when RET is silenced.

A



B



Supplementary Figure 3: Uncropped Western Blot of ER+ cell lines. A) RET expression and GAPDH expression in M-S, MPF-R, T-S, and TPF-R. B) RET expression following silencing of RET in M-S, MPF-R and TPF-R. siRNAs: scr: unspecific control siRNA, RET15 and RET17: RET-specific siRNAs.

References

1. Siegel RL, et al. Cancer statistics, 2022. *CA: A Cancer Journal for Clinicians*. 2022;72(1):7-33.
2. Sung H, et al. Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA: A Cancer Journal for Clinicians*. 2021;71(3):209-49.
3. Finn RS, et al. Palbociclib and Letrozole in Advanced Breast Cancer. *New England Journal of Medicine*. 2016;375(20):1925-36.
4. Pan H, et al. 20-Year Risks of Breast-Cancer Recurrence after Stopping Endocrine Therapy at 5 Years. *New England Journal of Medicine*. 2017;377(19):1836-46.
5. Varma H, et al. Functional Ablation of pRb Activates Cdk2 and Causes Antiestrogen Resistance in Human Breast Cancer Cells. *PLOS ONE*. 2007;2(12):e1256.
6. Finn RS, et al. PD 0332991, a selective cyclin D kinase 4/6 inhibitor, preferentially inhibits proliferation of luminal estrogen receptor-positive human breast cancer cell lines in vitro. *Breast Cancer Research*. 2009;11(5):R77.
7. Markey MP, et al. Loss of the retinoblastoma tumor suppressor: differential action on transcriptional programs related to cell cycle control and immune function. *Oncogene*. 2007;26(43):6307-18.
8. Thangavel C, et al. Therapeutically activating RB: reestablishing cell cycle control in endocrine therapy-resistant breast cancer. *Endocrine-Related Cancer*. 2011;18(3):333-45.
9. Lundberg AS, Weinberg RA. Control of the cell cycle and apoptosis. *Eur J Cancer*. 1999;35(14):1886-94.
10. Hortobagyi GN, et al. Ribociclib as First-Line Therapy for HR-Positive, Advanced Breast Cancer. *New England Journal of Medicine*. 2016;375(18):1738-48.
11. Goetz MP, et al. MONARCH 3: Abemaciclib As Initial Therapy for Advanced Breast Cancer. *Journal of Clinical Oncology*. 2017;35(32):3638-46.
12. Turner NC, et al. Palbociclib in Hormone-Receptor-Positive Advanced Breast Cancer. *New England Journal of Medicine*. 2015;373(3):209-19.
13. George W, Sledge J, et al. MONARCH 2: Abemaciclib in Combination With Fulvestrant in Women With HR+/HER2- Advanced Breast Cancer Who Had Progressed While Receiving Endocrine Therapy. *Journal of Clinical Oncology*. 2017;35(25):2875-84.
14. Im S-A, et al. Overall Survival with Ribociclib plus Endocrine Therapy in Breast Cancer. *New England Journal of Medicine*. 2019;381(4):307-16.
15. Johnston SRD, et al. Abemaciclib plus endocrine therapy for hormone receptor-positive, HER2-negative, node-positive, high-risk early breast cancer (monarchE): results from a preplanned interim analysis of a randomised, open-label, phase 3 trial. *The Lancet Oncology*. 2023;24(1):77-90.
16. Condorelli R, et al. Polyclonal RB1 mutations and acquired resistance to CDK 4/6 inhibitors in patients with metastatic breast cancer. *Ann Oncol*. 2018;29(3):640-5.
17. Portman N, et al. Overcoming CDK4/6 inhibitor resistance in ER-positive breast cancer. *Endocrine-Related Cancer*. 2019;26(1):R15-R30.
18. Ibáñez CF. Structure and physiology of the RET receptor tyrosine kinase. *Cold Spring Harb Perspect Biol*. 2013;5(2).
19. Gattelli A, et al. Ret Receptor Has Distinct Alterations and Functions in Breast Cancer. *J Mammary Gland Biol Neoplasia*. 2020;25(1):13-26.
20. Mulligan LM. RET revisited: expanding the oncogenic portfolio. *Nat Rev Cancer*. 2014;14(3):173-86.
21. Plaza-Menacho I, et al. Targeting the receptor tyrosine kinase RET sensitizes breast cancer cells to tamoxifen treatment and reveals a role for RET in endocrine resistance. *Oncogene*. 2010;29(33):4648-57.
22. Kothari V, et al. Outlier Kinase Expression by RNA Sequencing as Targets for Precision Therapy. *Cancer Discovery*. 2013;3(3):280-93.
23. Wang C, et al. The rearranged during transfection/papillary thyroid carcinoma tyrosine kinase is an estrogen-dependent gene required for the growth of estrogen receptor positive breast cancer cells. *Breast Cancer Research and Treatment*. 2012;133(2):487-500.
24. Boulay A, et al. The Ret receptor tyrosine kinase pathway functionally interacts with the ERalpha pathway in breast cancer. *Cancer Res*. 2008;68(10):3743-51.
25. Gattelli A, et al. Chronic expression of wild-type Ret receptor in the mammary gland induces luminal tumors that are sensitive to Ret inhibition. *Oncogene*. 2018;37(29):4046-54.

26. Morandi A, et al. GDNF-RET signaling in ER-positive breast cancers is a key determinant of response and resistance to aromatase inhibitors. *Cancer Res.* 2013;73(12):3783-95.
27. Spanheimer PM, et al. Inhibition of RET increases the efficacy of antiestrogen and is a novel treatment strategy for luminal breast cancer. *Clin Cancer Res.* 2014;20(8):2115-25.
28. Andreucci E, et al. Targeting the receptor tyrosine kinase RET in combination with aromatase inhibitors in ER positive breast cancer xenografts. *Oncotarget.* 2016;7(49):80543-53.
29. Richardson DS, et al. Transcript level modulates the inherent oncogenicity of RET/PTC oncoproteins. *Cancer Res.* 2009;69(11):4861-9.
30. Kondo T, et al. Pathogenetic mechanisms in thyroid follicular-cell neoplasia. *Nature Reviews Cancer.* 2006;6(4):292-306.
31. Wang R, et al. RET Fusions Define a Unique Molecular and Clinicopathologic Subtype of Non-Small-Cell Lung Cancer. *Journal of Clinical Oncology.* 2012;30(35):4352-9.
32. Paratala BS, et al. RET rearrangements are actionable alterations in breast cancer. *Nat Commun.* 2018;9(1):4821.
33. Unger K, et al. Novel gene rearrangements in transformed breast cells identified by high-resolution breakpoint analysis of chromosomal aberrations. *Endocr Relat Cancer.* 2010;17(1):87-98.
34. Kato S, et al. RET Aberrations in Diverse Cancers: Next-Generation Sequencing of 4,871 Patients. *Clinical Cancer Research.* 2017;23(8):1988-97.
35. Della Corte CM, Morgillo F. Rethinking treatment for *RET*-altered lung and thyroid cancers: selpercatinib approval by the EMA. *ESMO Open.* 2021;6(1).
36. Bradford D, et al. FDA Approval Summary: Selpercatinib for the Treatment of Lung and Thyroid Cancers with RET Gene Mutations or Fusions. *Clin Cancer Res.* 2021;27(8):2130-5.
37. Subbiah V, et al. Selective RET kinase inhibition for patients with RET-altered cancers. *Ann Oncol.* 2018;29(8):1869-76.
38. Livak KJ, Schmittgen TD. Analysis of Relative Gene Expression Data Using Real-Time Quantitative PCR and the 2- $\Delta\Delta$ CT Method. *Methods.* 2001;25(4):402-8.
39. Dobin A, et al. STAR: ultrafast universal RNA-seq aligner. *Bioinformatics.* 2013;29(1):15-21.
40. Madsen JG, et al. iRNA-seq: computational method for genome-wide assessment of acute transcriptional regulation from total RNA-seq data. *Nucleic Acids Res.* 2015;43(6):e40.
41. Love MI, et al. Moderated estimation of fold change and dispersion for RNA-seq data with DESeq2. *Genome Biol.* 2014;15(12):550.
42. Nicorici D, et al. *FusionCatcher* – a tool for finding somatic fusion genes in paired-end RNA-sequencing data. *bioRxiv.* 2014:011650.
43. Haas BJ, et al. Accuracy assessment of fusion transcript detection via read-mapping and de novo fusion transcript assembly-based methods. *Genome Biology.* 2019;20(1):213.
44. Uhrig S, et al. Accurate and efficient detection of gene fusions from RNA sequencing data. *Genome Res.* 2021;31(3):448-60.
45. Lániczky A, Györfy B. Web-Based Survival Analysis Tool Tailored for Medical Research (KMplot): Development and Implementation. *J Med Internet Res.* 2021;23(7):e27633.
46. Györfy B. Survival analysis across the entire transcriptome identifies biomarkers with the highest prognostic power in breast cancer. *Computational and Structural Biotechnology Journal.* 2021;19:4101-9.
47. Lim JSJ, et al. Phase Ib/II Dose Expansion Study of Lenvatinib Combined with Letrozole in Postmenopausal Women with Hormone Receptor-Positive Breast Cancer. *Clinical Cancer Research.* 2022;28(11):2248-56.
48. Zheng ZZ, et al. Super-enhancer-controlled positive feedback loop BRD4/ER α -RET-ER α promotes ER α -positive breast cancer. *Nucleic Acids Res.* 2022;50(18):10230-48.
49. Frogne T, et al. Antiestrogen-resistant human breast cancer cells require activated protein kinase B/Akt for growth. *Endocrine Related Cancer.* 2005;12(3):599.
50. Frogne T, et al. Activation of ErbB3, EGFR and Erk is essential for growth of human breast cancer cell lines with acquired resistance to fulvestrant. *Breast Cancer Research and Treatment.* 2009;114(2):263-75.
51. Kirkegaard T, et al. T47D breast cancer cells switch from ER/HER to HER/c-Src signaling upon acquiring resistance to the antiestrogen fulvestrant. *Cancer Lett.* 2014;344(1):90-100.
52. Marks BA, et al. GDNF-RET signaling and EGR1 form a positive feedback loop that promotes tamoxifen resistance via cyclin D1. *BMC Cancer.* 2023;23(1):138.

Chapter 6: Manuscript 2

Genomic alterations associated with CDK4/6 inhibitor resistance and serial circulating tumor DNA monitoring in CDK4/6 inhibitor treated patients with advanced estrogen receptor-positive breast cancer

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Abstract

Combined CDK4/6 inhibitor (CDK4/6i) and endocrine therapy significantly improves outcome of patients with advanced estrogen receptor-positive breast cancer, but drug resistance and thus disease progression inevitably occur. To identify genomic alterations associated with combined CDK4/6i and endocrine resistance, we performed whole exome sequencing or targeted sequencing of paired tumor or blood samples taken prior to combined CDK4/6i and endocrine therapy and on progression. Although only few or no mutations in potential driver genes associated with resistance were generally identified in the individual patients, a few known or novel alterations potentially associated with resistance were identified. Some of the genomic alterations identified by sequencing were also used to follow disease progression in serial blood samples of circulating tumor DNA (ctDNA). Serial ctDNA analysis for mutant *PIK3CA* (n=30) in six patients with advanced ER+ breast cancer treated with combined CDK4/6i, and endocrine therapy revealed progression in five of six patients. Rising levels of mutant *PIK3CA* ctDNA were in three cases observed 13, 4, and 17 months, respectively, prior to the PET-CT revealing clinical disease progression. Our data adds to the growing evidence indicating the possible utilizing serial ctDNA analysis for real-time monitoring of CDK4/6i response and earlier identification of progressive disease.

Introduction

Advanced estrogen receptor-positive (ER+) breast cancer is a severe disease but remarkable advancements in the treatment has occurred over the past decade (1). Notably, the addition of cyclin-dependent kinase 4/6 inhibitors (CDK4/6i) to endocrine therapy in the metastatic setting has shown impressive improvement of progression-free survival (PFS) and overall survival (OS) for patients who have progressed on previous endocrine therapy (2). CDK4/6i extended PFS from 4.6 to 9.5 months as second-line therapy in combination with the estrogen receptor degrader fulvestrant, and from 23.8 to 28.8 months as first-line therapy in combination with aromatase inhibitors (3-5). Unfortunately, resistance to this treatment is inevitable and multiple molecular mechanisms have been reported. Among these, loss of *RB* and *RB* mutations have been detected in both pre-clinical studies and metastatic biopsies from patients after progression on CDK4/6i, although infrequently (6-8). Furthermore, alterations in growth regulatory pathways controlling cell proliferation and cell cycle progression, such as *FGFR1/2* amplification and activating *HER2* mutations, have also been described in tumor samples following progression on CDK4/6i and endocrine therapy (9, 10). Moreover, alterations in regulators of G1-S phase transition of the cell cycle, including CDK4/6 and CDK2, as well as abnormal activation of various growth factor receptor signaling pathways, such as the PI3K/AKT and RAS/ERK pathways, have also been proposed as resistance mechanisms to CDK4/6i and endocrine therapy in pre-clinical studies (6-9, 11, 12). Thus, there is a need to better understand the mechanism underlying resistance to combined CDK4/6i and endocrine therapy using clinical samples and identify better therapeutic strategies upon disease progression. Additionally, improved real-time monitoring of treatment response/disease progression is required as assessment of treatment response through serial radiographic images is associated with suboptimal detection sensitivity and inconsistencies in tumor size measurements (13, 14).

Tumor tissue biopsies have been the gold standard for clinical genomic testing; however, the invasive nature of tumor biopsies has sparked interest in non-invasive liquid biopsies. Circulating free DNA (cfDNA) is released into the blood stream due to cellular breakdown by necrosis and apoptosis. Circulating tumor DNA (ctDNA) is often detected in blood samples of cancer patients (15), and the amounts often correlate with tumor size, stage, localization, and vascularization (16, 17), although some liquid biopsies from metastatic disease exhibit unexpected low fraction of ctDNA (18, 19). Indeed, the fraction of cfDNA consisting of ctDNA can be lower than 0.01 % posing a challenge in the reliable and accurate detection of alterations in ctDNA, which require highly specialized technologies (20).

In the present study, we investigated genomic alterations in paired ER+ metastatic breast cancer lesions prior to treatment initiation with combined CDK4/6i and endocrine therapy and following progression as well as ctDNA prior to treatment initiation, during treatment and at disease progression. To this end, we performed whole-exome sequencing (WES) or targeted sequencing to identify alterations associated with treatment resistance as well as other genomic alterations that could be used to monitor disease progression in ctDNA isolated from blood samples. Thus, allowing improved informed treatment decisions for patients with metastatic ER+ breast cancer.

Our results show that most of the genetic alterations found between samples before and after treatment with combined CDK4/6i and endocrine therapy were rare and distinct for each patient, while several copy number variations were shared between some patients. The most frequent acquired oncogenic alterations observed were *PIK3CA* and *TP53* mutations, and *PDK1* amplification. Finally, we show that analysis of *PIK3CA* mutations in ctDNA can be used to detect metastatic breast cancer progression earlier than standard radiographic methods.

Methods

Study population

Eighty ER+ advanced breast cancer patients were enrolled in this retrospective study. Inclusion criteria were patients ≥ 18 years old, with histologically confirmed ER+ inoperable metastatic breast cancer, eligible for combined CDK4/6i and endocrine therapy and no prior treatment with a CDK4/6i. All patients provided written informed consent for participation in the study, and collection, storage, and genomic analysis of biopsies and blood samples. Patients were followed up until disease progression, death, or end of the observational period (January 30th 2023). The study protocol was approved by the Ethical Committee Region of Southern Denmark (project-ID: S-20170154) and the Danish Data Protection Agency and was conducted in accordance with the Helsinki declaration.

Sample collection and processing

A baseline core-needle biopsy and/or blood sample was taken before starting treatment with combined CDK4/6i and endocrine therapy, as part of the routine clinical diagnostic protocol and was preferably stored as fresh frozen material. If this was not possible, formalin-fixed paraffin-embedded (FFPE) tissue was used. During treatment with combined CDK4/6i and endocrine therapy, blood samples were collected approximately every 12 weeks. A final blood sample and in few cases (n=5) a tissue biopsy were collected at the end point (disease progression).

Approximately 18 mL of venous blood was extracted at each timepoint and collected in 10 ml Streck Cell-free DNA BCT blood collection tubes (Streck, cat. No.: 230244). Blood was processed within 2 h after the collection. Centrifugation at 1600g for 10 minutes at 20°C was performed to separate plasma from the peripheral blood cells. The supernatant was transferred into 2 mL microcentrifuge tubes followed by a second centrifugation at 3000g for 20 minutes at 20°C to remove any remaining contaminants. Plasma was immediately aliquoted in 4x1.5 mL tubes and stored at -80°C until DNA extraction. Approximately 6 mL plasma was obtained from each patient per timepoint.

DNA extraction

DNA was extracted from FFPE and fresh frozen tissue samples using the Maxwell RSC instrument (Promega, Madison, WI, USA). The Maxwell RSC FFPE and Tissue DNA Kit (Promega, cat. No.: AS1450 and AS1610) were used on the instrument for different tissue types, according to the manufacturer's instructions. DNA was stored at -80°C until further use.

cfDNA was isolated from 3 ml aliquots of plasma using the QIAamp circulating nucleic acid kit (Qiagen, cat. No.: 55114) according to manufacturer's instructions and eluted with 60-75µL elution buffer into 1.5 mL DNA low binding tubes.

All DNA was quantified using the Qubit dsDNA HS Assay (Thermo Fisher Scientific, cat. No.: Q33231) together with the Qubit 3.0 Fluorometer (Thermo Fisher Scientific, Waltham, MA, USA). Following extraction and quantification DNA was stored at -80°C until further analysis.

Whole exome sequencing (WES)

WES was performed at the Department of Molecular Medicine, Aarhus University Hospital on matched tumor DNA (derived from primary fresh frozen and FFPE tissue) and buffy coat DNA. Libraries of tumor and matching germline DNA were prepared using 50 ng DNA and captured by Twist Comprehensive Exome with custom spike-ins, sequenced on the Illumina NovaSeq 6000 platform to an average coverage of 413x (range: 148-515x) (supplementary Table 1). The custom spike-ins consisted of 1042 SNP sites located throughout the genome. Raw sequencing data (FastQ files) were prepared using bcl2fastq2 (v2.20.0.422) and quality checked using FastQC (v0.11.5). Adapters were removed using cutadapt (v3.0). The trimmed tumor and germline samples were treated according to the GATK best practices. Reads were mapped to the hg38 reference genome using bwa-mem (v0.7.17) and PCR duplicates were marked for filtering in the downstream analysis using Picard MarkDuplicates (v2.23.3).

Somatic variants were called using GATK (v4.1.9.0), Mutect2, and Strelka2 (v2.9.10). Final somatic VCF file contained Mutect2 calls within 10bp of targeted regions. Only non-filtered (PASS) variants were included. Furthermore, variants in coding regions (repeat masked regions excluded) identified by Mutect2 that did not pass the built-in filters were reintroduced if they were identified with high confidence using Strelka. Germline variants were called using the GATK HaplotypeCaller. The SNVs were functionally annotated using snpEff (v5.1) (21).

As a quality control for all samples captured by the Twist Comprehensive Exome tumor and germline alignments were checked using allele counts for 1042 ID SNP sites. Briefly, genotype analysis of the 1042 fingerprint SNP sites served as a control for DNA contamination or sample and/or barcode mix-ups. Samples were flagged and eliminated in situations where the average minor allele frequency at homozygous sites in a patient-matched normal was observed to be >1%. Samples with more than 55% heterozygous SNP sites were eliminated as such percentages indicate large-scale contamination of DNA from another individual.

Somatic copy number were called with CNVkit (v0.9.9). Somatic structural variants with Delly2 (v0.8.6) and SvABA (v1.1.0). Copy numbers of three or more and unique in the baseline or progression sample were included. MSI status estimated with MSIsensor (v0.5) and mutational signatures estimated with deconstructSigs (v1.8.0.1). Furthermore, tumor purity was estimated using PurBayes (v1.3).

TruSight Oncology (TSO) 500 HT gene panel

TSO500 analysis was performed at the Center for Genomic Medicine at Rigshospitalet, Copenhagen. DNA libraries were prepared from 10 ng DNA and hybridized using the TruSight Oncology (TSO) 500 HT gene panel (Illumina) and subsequently, sequenced on the Illumina NovaSeq6000 platform to an average coverage of 1493x (range: 761-1960x) (Supplementary Table 2). The Illumina TSO500 analysis pipeline was applied on the ctDNA samples to estimate the Tumor Mutational Burden (TMB), hotspot mutations, and gene amplifications (fold change > 2.2 according to manufactures guidelines). Pair-wise comparison between baseline blood samples and progression blood samples were made and a list of unique mutations found only in baseline and only in progression were generated along with a list of common variants found both in baseline and progression blood samples. These variants were reported (supplementary table). Mutations were investigated using literature and relevant databases (Catalogue of Somatic Mutations in Cancer, COSMIC (22), accessed in October 2022).

The SensiScreen® *PIK3CA*

The RT-PCR-based SensiScreen® *PIK3CA* liquid kits (Pentabase Aps) can be used for the detection of p.E542K (cat. No.: 5585/5591), p.E545K (cat. No.: 5586/5600), and p.H1047R (cat. No.: 5587/5590) mutations in the *PIK3CA* in ctDNA from liquid biopsies. SensiScreen® *PIK3CA* liquid assays were developed essentially as described for tumor tissue analysis (23, 24). The oligos used in the SensiScreen® *PIK3CA* liquid kits are modified with intercalating nucleic acids (INAs®), also referred to as pentabases. Modified oligos include primers, probes, and BaseBlockers™, where the BaseBlockers™ particularly block amplification of wildtype DNA as described previously (24). The SensiScreen® *PIK3CA* liquid kits also contain a reference assay amplifying part of the *PIK3CA* gene by means of allele unspecific primers and a green fluorescent HydrolEasy™ probe. In addition, all reactions include an internal control assay containing allele-independent primers and a HEX-labelled HydrolEasy™ probe targeting the *CYP450* gene, that does not interfere with amplification of the primary assays.

Evaluation of the SensiScreen® *PIK3CA* liquid assay was performed in 25µL total reaction volumes. The thermocycling conditions used were: 2 min of initial activation of the hotstart Taq-polymerase at 95°C, followed by 45 cycles of a 2-step PCR with a 15 sec denaturation step at 94°C and a 60 sec annealing and elongation step at 60°C. Fluorescence was measured during or at the end of each elongation step. To make data analysis independent of the type of instrument used, the threshold was defined as 10% of the signal strength of the reference assay at cycle 45. Samples were considered valid when $29 < Ct_{ref} \leq 40$ and positive for mutation when $Ct_{assay} < 40$. Mutations are quantified and represented as a variant allele frequency (VAF) calculated as the total number of molecules with a given mutation divided by the total number of mutants plus wild-type molecules. To define lead time for ctDNA analysis, we set the following criteria: sample is positive for mutation in consecutive samples from initial rise until progression and lead time is calculated from the initial rise in VAF of assay to clinical progression.

Results

Patients' characteristics

As of the data retrieval cut-off on January 30, 2023, plasma and tumor samples had been collected from 86 patients (Figure 1). Among them, patients with paired tumor biopsies taken before combined CDK4/6i and endocrine therapy initiation and after disease progression (N=5) were selected for whole-exome sequencing (WES). Tumors from patients who only had tissue sample taken prior to combined CDK4/6i and endocrine therapy (N=35) were also analyzed by WES, but the data from these have not yet

been analyzed. Additionally, among the patients who did not have pre- or post- tumor tissue, but only blood (N=46), five were randomly selected based on the following criteria: a blood sample taken at baseline and progression, and at least one blood sample taken during treatment. The remaining tumor and blood samples will be analyzed after this initial pilot study.

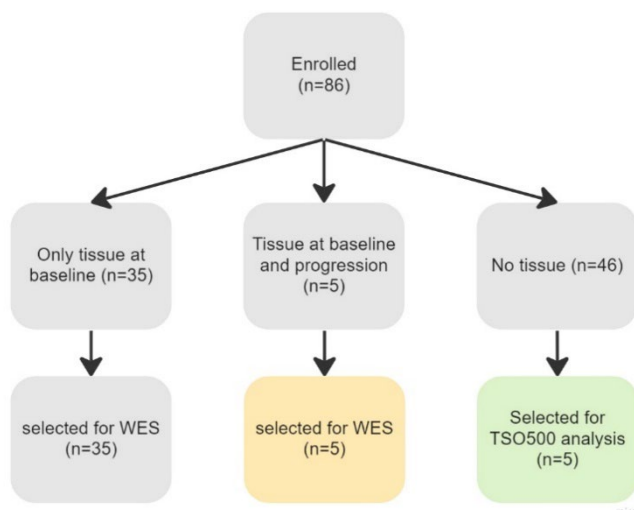


Figure 1: Flowchart of the study population. TSO500: Trusight oncology 500 panel from Illumina, WES: Whole exome sequencing

All 10 patients included had blood samples taken at baseline, during treatment, and at progression. All patients were clinically ER+ and HER2- and have progressed on combined CDK4/6i and endocrine therapy, with a median time to progression of 17 months (Table 1). Six patients presented with more than two metastases at the time of diagnosis. The majority of the patients received combined CDK4/6i and endocrine therapy as first-line treatment in the metastatic setting, while two patients received combined CDK4/6i and endocrine therapy as second-line following endocrine monotherapy. Palbociclib was the most common CDK4/6i used, but one patient changed from ribociclib to palbociclib due to side effects. The most common endocrine therapy given in combination with CDK4/6i was letrozole. None of the patients showed primary resistance to combined CDK4/6i and endocrine therapy, defined as disease progression within the first six months of treatment in the metastatic setting.

Table 2: Patient characteristics of the dataset at baseline. Relapse time describes time between first diagnosis with primary disease to relapse.

Patients, n		10
Age at time of diagnosis, years (mean, range)		68 (50-78)
	pre-menopausal	2
	post-menopausal	8
Relapse time, years (mean, range)		9 (0-27)
	<5 years	4
	5-10 years	3
	>10 years	3
Metastatic sites		
	1	4
	2	4
	≥3	2
Site		
	Visceral	8
	Non-visceral	10
Previous therapy in the metastatic setting		
	Chemotherapy	0
	Hormonal therapy	2
	Other	0
CDK4/6i line of therapy		
	1	8
	≥2	2
Type of CDK4/6i		
	Palbociclib	8
	Ribociclib	3
	Abemaciclib	0
Type of HT associated to CDK4/6i		
	Tamoxifen	0
	Fulvestrant	3
	Letrozole	7
Progression on CDK4/6i		
	Yes	10
	No	0
Time to progression, months (mean , range)		17 (8-33)
	< 12 months	3
	12-24 months	5
	> 24 months	2

Note: relapse time describes the time between first diagnosis with primary disease and relapse. n=11 for type of CDK4/6 since one patient changed due to side effects. HER2: human epidermal growth receptor 2, HT: hormonal therapy

DNA isolation and analysis

DNA was successfully extracted from all 10 tumor biopsies and 10 blood samples. From the 10 tumor biopsies, 50 ng was used to perform WES. Nine of the 10 samples were successfully sequenced (Supplementary Table 1) and one sample was contaminated and discarded. Therefore patient 11 only had WES on tumor tissue biopsied at progres-

sion. ctDNA from all 10 blood samples were successfully sequenced using TSO500 (supplementary Table 2).

Tumor and ctDNA genomic profiling reveals alterations potentially associated with resistance to combined CDK4/6i and endocrine therapy

To identify genomic alterations associated with resistance to combined CDK4/6i and endocrine therapy, we conducted a pairwise comparison of the WES data from tissue biopsies obtained prior to treatment (baseline sample) and after disease progression. All single nucleotide variants (SNVs) found at baseline and progression samples for each patient (N=4) are describe in supplementary material (Table 3-6). SNVs with variant allele frequency (VAF) ≥ 0.3 that were unique to either the baseline or progression sample are shown in Figure 2A. Of all SNV's 66% were missense mutations (45/68), while stop gain and frameshift mutations comprised both of 7% of SNVs (5/68). Although patients 1-3 showed a considerable increase in mutations in the progression sample, none were pathogenic except for the *PIK3CA* p. E542K mutation detected in patient 4, a known driver mutation found in various cancer types (25).

For patients without available tissue samples, we compared ctDNA obtained at baseline and after disease progression using targeted genomic sequencing with TSO500 (Figure 2B). All SNVs found at baseline and progression samples for each patient (N=5) are described in detail in supplementary material (Table 7-8). SNVs that were unique to either the baseline or progression sample are shown in Figure 2B. Patients 7 and 8 had 20 and 18 SNVs in baseline and following progression, respectively. Missense SNVs comprised the majority (51%, 18/35), while frameshift SNVs comprised of 20% (7/35) (Figure 2B). Four likely pathogenic mutations were identified, but two in patients 6 were present in both the baseline and progression sample (*TP53* p. R282W and *ESR1* p.D538G mutations) and thus not associated with resistance to combined CDK4/6i and endocrine therapy. In patient 5, a *TP53* mutation (p. R282W) and a *PIK3CA* (p. E545K) mutation were identified solely in the progression sample, suggesting they may have emerged during treatment and contributed to resistance.

Next, we investigated copy number alterations that were three or more and which were unique in the progression sample (Figure 2C). Among genes that are associated with tumor growth, we observed that *PDK1* was amplified in the progression samples of patients 1, 3, and 4. Patient 3 also showed amplification of *FGFR1/2*. Patients 2 and 4 showed amplifications of *TOP1*, *AURKA*, and *SRC*. *PDGFRB* was amplified in patients 1 and 2, while *PDGFRA* was amplified in patients 3 and 4. In general, there were more common amplifications between patients compared to SNVs.

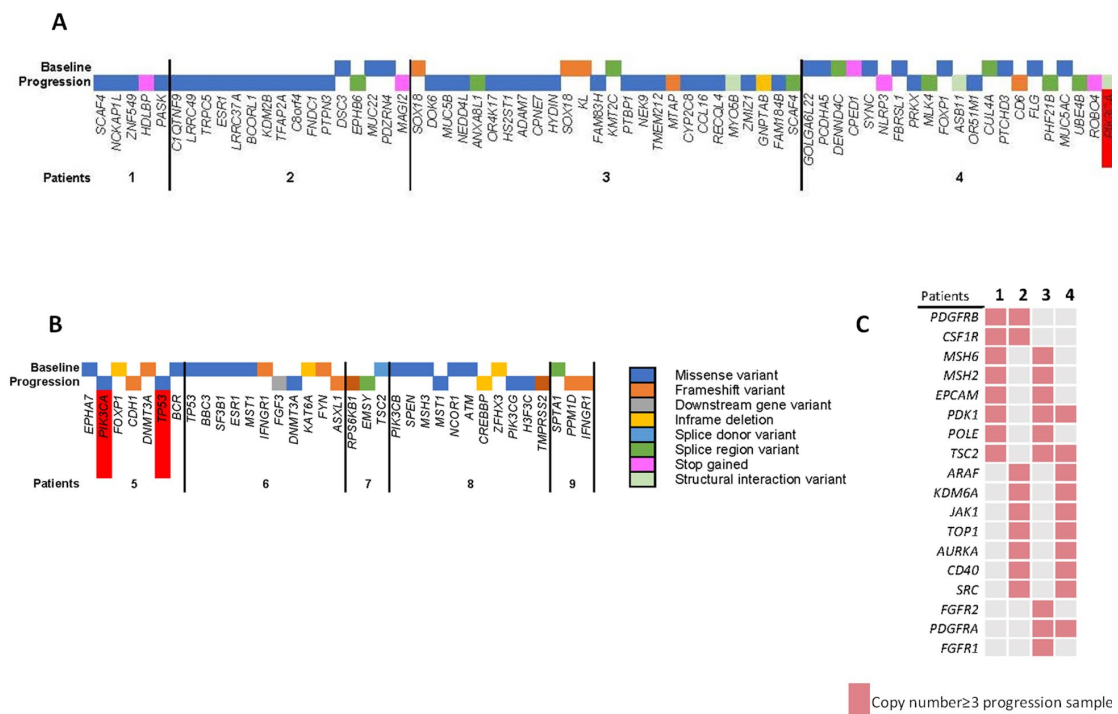


Figure 2: Unique variations identified in either baseline or progression sample. A) Mutations identified by WES of tumor samples from baseline or progression in patients 1-4. B) Mutations identified by TSO500 analysis of blood samples from baseline or progression in patients 5-9. C) Amplifications uniquely identified in the progression samples of patients 1-4. Red highlight: pathogenic mutation

Furthermore, we investigated alterations detected in tumor DNA and ctDNA before initiating treatment and that exhibited marked change in VAFs following treatment, and thus may potentially be involved in resistance to combined CDK4/6i and endocrine therapy (Figure 3). The VAF of alterations associated with resistance is expected to increase during treatment, indicating the selective growth of the resistant subclones. We selected mutations from the WES data analysis that showed a $(VAF_{\text{progression}}/VAF_{\text{baseline}}) > 1.5$, except for *PIK3CA* mutations, which were included regardless of the ratio. All mutations identified by TSO500 both in baseline and after progression samples were included. Although, many of the alterations identified were unchanged or had a modest in-

crease or decrease in VAF between baseline and progression samples, we observed a marked VAF increase of a *SLIT2* mutation (in patient 1) and of the VAF of *IL10RA*, *GNB1L*, *P4HB*, and *ESPNL* mutations in patient 2. In patient 3, there is a marked VAF increase of *PADI6*, *SIRT6*, *PIM3*, and *TP53* mutations. Notably, the identified *TP53* mutation (p. F270C) was likely pathogenic. VAF of *TUBGCP6* and *CASC3* mutations showed a marked increase after progression in patient 4 and VAF of *KAT6A* mutation showed an increase in patient 6. The alterations identified in the remaining patients (7, 8 and 9) showed either constant or decreased VAF. The most pronounced decreases in VAF were observed in a *NCOR1* mutation (patient 7), and *CBL* and *KRAS* (p. T50I, non-pathogenic) mutations in patient 8. Patients 2, 3, and 8 exhibited pathogenic *PIK3CA* mutations, but with similar frequency in the baseline and progression sample. The pathogenic *ERBB2* mutation (p. D769Y) was identified in patient 9, but it did not show a change in frequency between the baseline and progression samples.

Collectively, these findings suggest that the majority of the alterations observed in solid and liquid biopsies were specific for the individual patient and generally not observed in known cancer drivers, although some patient's tumors acquired driver mutations in *TP53* and *PIK3CA* after progression and these alterations may be associated with resistance to combined CDK4/6i and endocrine therapy.

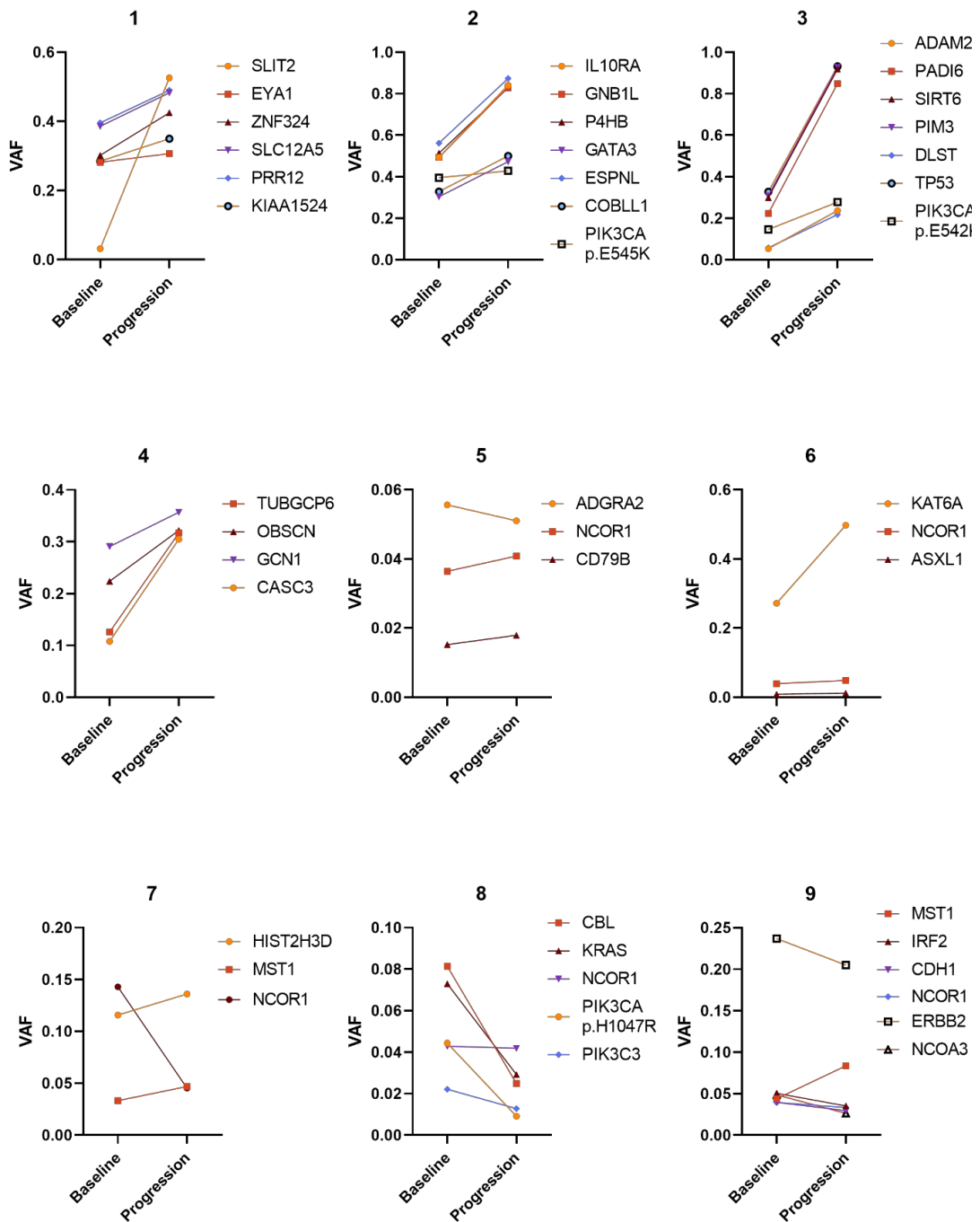


Figure 3: Mutations found in both baseline and progression samples. Mutations called in patients 1-4 using WES of tumor samples. Mutations called in patients 5-9 using TSO500 analysis of blood samples. VAF: Variant allele frequency.

PIK3CA mutations can be used to monitor disease progression in serial blood samples of circulating tumor DNA (ctDNA)

As *PIK3CA* mutations were detected in 5 out of the nine paired samples (56%, both in pre and post samples) as well as in one patient (patient 11) with only tumor sample at progression, we sought to determine whether we could use these mutations to track dis-

ease progression through blood samples collected during treatment. To monitor *PIK3CA* mutations in the blood samples we used the SensiScreen® liquid *PIK3CA* kit that has been shown to exhibit a very high sensitivity and specificity (Pentabase, Odense, Denmark).

Overall, we observed increased VAF of *PIK3CA*-mutation in the later part of the treatment with combined CDK4/6i and endocrine therapy in five out of six (83%) patients included (Figure 4). Notably, an increase in VAF of the identified *PIK3CA* mutations were detected 17, 4 and 13 months before progression was diagnosed using PET-CT in patients 2, 3 and 11, respectively. We also observed one case (patient 8) where *PIK3CA* mutation frequency was high in the baseline, then decreased, but had only minimally increased in the progression sample, suggesting that the *PIK3CA* mutation was not expressed in the expanding clones of the metastasis. In patient 4, the *PIK3CA* mutation could not be identified in any of the blood samples despite it being called by WES in the tumor sample obtained at progression. Notably, the baseline and progression biopsies were obtained five years prior to combined CDK4/6i and endocrine therapy and one year after progression.

Discussion

Combined CDK4/6i and endocrine therapy has significantly improved the outcome of patients with metastatic ER+ breast cancer. However, patients will inevitably develop resistance and therefore, knowledge of resistance mechanisms and strategies to monitor treatment response more intensely are needed. Circumventing the limitations of tissue biopsies newly developed liquid biopsy approaches have the potential to uncover resistance mechanisms and identify disease progression at an earlier timepoint than when using standard imaging techniques.

In this study we show that a few potential pathogenic mutations specific for the individual patient were observed after disease progression on combined CDK4/6i and endocrine therapy, whereas several gene amplifications were common among some patients. Assessment of *PIK3CA* mutations in ctDNA from blood samples collected before, during and after treatment, identified disease progression in five of six patients, and in three of these patients, detection of disease progression was 4-17 months earlier than diagnosis of disease progression by PET-CT.

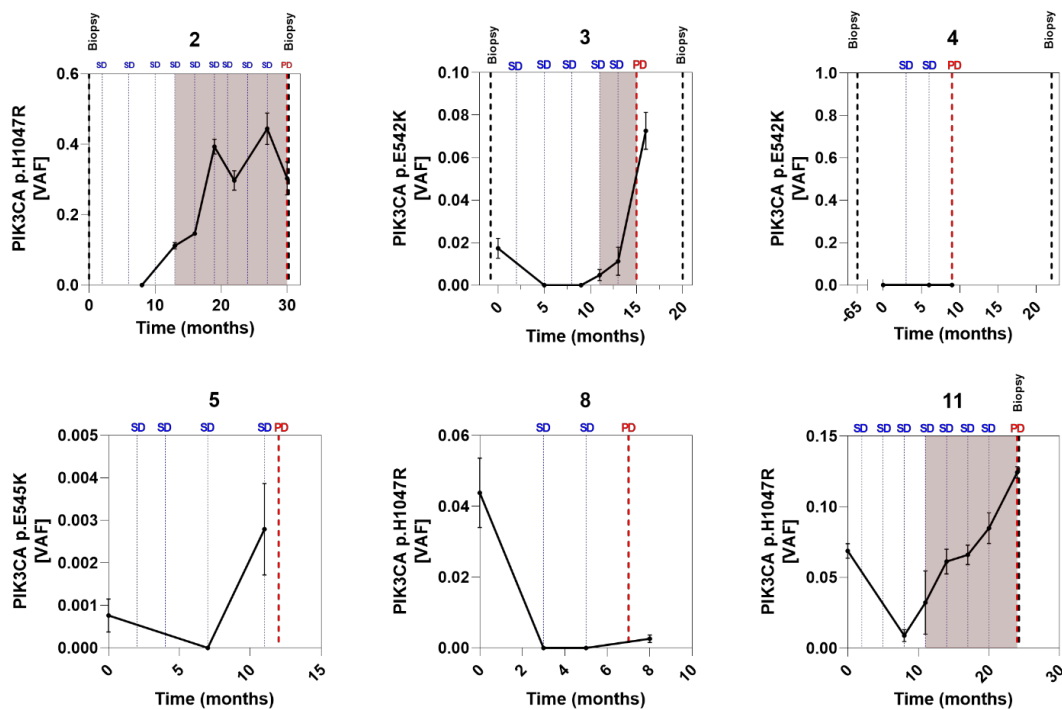


Figure 4: Alteration in VAF of *PIK3CA* mutations identified in blood samples from patients treated with combined CDK4/6i and endocrine therapy. Treatment was initiated at time=0 and continued until progression was diagnosed. Patients 2, 3, and 4 had WES performed on tumor biopsies from before treatment and after progression on combined CDK4/6i and endocrine therapy. Patients 5 and 8 had TSO analysis of blood samples taken before treatment and after progression on combined CDK4/6i and endocrine therapy. Patient 11 had WES performed on tumor biopsy taken after progression on CDK4/6i and endocrine therapy. Data are shown as mean of VAF \pm SEM. Grey area: Lead time from positive ctDNA sample until progression was diagnosed with PET-CT. VAF: Variant allele frequency. SD: stable disease. PD: progressive disease.

Our findings concur with previous studies showing that common pathogenic mutations associated with resistance to combined CDK4/6i and endocrine therapy among different patients are rare. Although multiple SNPs were identified by WES and TSO500 in tumor and ctDNA, respectively, only few *PIK3CA* and *TP53* pathogenic mutations were found. *PIK3CA* mutations were present both at baseline and progression but their VAF was substantially higher at progression blood samples in four patients. These findings could suggest that this mutation represented a small clone at baseline, which was able to grow and expand under treatment selective pressure. Thus, *PIK3CA* mutations might provide a growth advantage during combined CDK4/6i and endocrine therapy. *RB* mutations have been identified in blood samples of 4.7% of patients in PALOMA-3 trial following progression on combined CDK4/6i and endocrine therapy (8). However, in our study we did not find alterations in key cell cycle regulators, such as *RB*, after progression of CDK4/6i and endocrine therapy. Furthermore, common gene amplifications, including *PDK1*, *TSC2*, and *PDGFRA/B*, were observed across different patients by WES in tumor

samples. *PDK1* is a key activator of the PI3K/AKT pathway, and this protein has been suggested to play a role in resistance to CDK4/6i (26). We also found *PIK3CA* mutations, which have been extensively investigated in studies of CDK4/6i resistance, but they have not been consistently associated with clinical outcome in patients with advanced ER+ breast cancer treated with combined CDK4/6i and endocrine therapy in clinical trials (27-29). Moreover, we found *AURKA* amplifications which has also been implicated in resistance to combined CDK4/6i and endocrine therapy (9). We further observed amplifications in *PDGFRB*, *PDGFRA*, *ARAF*, *KDM6A*, *TOP1* and *SRC* which have all been reported to promote proliferation and migration of breast cancer cells (30-35). Finally, we found amplification of *FGFR1/2*, which has also been previously described to be altered, including gene amplification and mutations, in blood samples in 14 of 34 patients after progression on combined CDK4/6i and endocrine therapy (10). Thus, it appears that CNVs may play an important role in resistance to combined CDK4/6i and endocrine therapy (36-38).

Additionally, we show that *PIK3CA* mutations can be used to monitor disease progression in ctDNA from blood samples using the SensiScreen liquid *PIK3CA* kit. Notably, approximately 40% of ER+ breast cancer patients harbor a *PIK3CA* mutation, with p. E545K, E542K, and H1047R mutations accounting for 80% of all *PIK3CA* mutations (39-41). These alterations have been shown to occur early and appear to be clonal (42), which is supported by previous studies showing concordant *PIK3CA* status in paired primary and metastatic tumor (43). Using WES and TSO500, we identified *PIK3CA* mutations in five of nine patients, both in the baseline and progression samples (N=3) or only at progression (N=2) on combined CDK4/6i and endocrine therapy. Importantly, the SensiScreen liquid *PIK3CA* assay detected *PIK3CA* mutations in the baseline blood sample 4 of 5 patients which suggests that the *PIK3CA* mutations are clonal. In patient 2 the *PIK3CA* mutation was identified by WES in both baseline and progression tumor sample, while it was not identified in the first blood sample accessible for analysis with SensiScreen® liquid *PIK3CA* kit. However, this blood sample was collected 11 months after starting treatment with combined CDK4/6i and endocrine therapy and thus this might a result of inhibition of cancer growth by the treatment. Only one patient did not show *PIK3CA* mutations in the blood samples at any timepoint even though it was found in the progression tumor sample, which is fact was collected approximately one year after progression was diagnosed by PET-CT which suggests that this *PIK3CA* mutation may have been acquired later and thus were not clonal in this patient. Most importantly, an increase of VAF for *PIK3CA* mutations were observed in 3 of 6 patients earlier than clinical progression as determined by PET-CT imaging, which supports the clinical use-

fulness of measuring ctDNA in liquid biopsies to monitor treatment response. Earlier detection of progression on combined CDK4/6 inhibitor and endocrine therapy in samples harboring *PIK3CA* mutations may improve the timing for switching therapy, such as to the PI3K inhibitor, alpelisib, in combination with endocrine therapy, which is FDA approved, but not yet approved in Denmark (40).

In conclusion, our findings contribute to the increasing body of evidence that supports the potential use of serial ctDNA analysis of clonal variations, such as *PIK3CA* mutations, for the real-time monitoring of CDK4/6i response and earlier detection of progressive disease. Additionally, our findings suggest that analysis of SNPs and CNVs holds potential in understanding the mechanisms underlying resistance to combined CDK4/6i and endocrine therapy.

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Supplementary figures

Table 1: Whole exome sequencing data from patients 1-4 and 11.

Patient	Sample	Type	Input [ng]	CapturePanel	Tumor Coverage	Normal Coverage	SNVs	SNVs impact=High	Indels	Mutational Load	TMB	notes
1	Baseline	FF	50	Twist Exome 2.0	515	208	133	9	6	139	3.34	
1	Progression	FF	50	Twist Exome 2.0	436	208	197	15	14	211	5.06	
2	Baseline	FF	50	Twist Exome 2.0	455	219	79	10	8	88	2.11	
2	Progression	FF	50	Twist Exome 2.0	408	219	97	9	6	105	2.52	
3	Baseline	FFPE	50	Twist Exome 2.0	332	218	11344	416	94	11539	276.91	
3	Progression	FF	50	Twist Exome 2.0	497	218	596	82	77	681	16.34	
4	Baseline	FFPE	50	Twist Exome 2.0	148	264	7519	755	59	7584	182	
4	Progression	FF	50	Twist Exome 2.0	459	264	368	61	55	427	10.25	
11	Baseline	FF	50	Twist Exome 2.0	1	225						Contaminated
11	Progression	FF	50	Twist Exome 2.0	463	224	70	10	13	83	1.99	

FF: Fresh frozen tissue, FFPE: Formalin-fixed paraffin-embedded tissue, SNV: Single nucleotide variant, Indel: insertions/deletions, TMB: tumor mutational burden

Table 3: TSO500 data from patients 5-9.

Patient	Sample	Median coverage	Variant calling pipeline	SNVs	TMB	MSI
5	Baseline	1832	TSO500	20	0.8	4.03
5	Progression	761	TSO500	19	1.6	2.48
6	Baseline	1960	TSO500	27	1.6	3.23
6	Progression	1478	TSO500	17	0	3.23
7	Baseline	1354	TSO500	20	0.9	4.71
7	Progression	1485	TSO500	18	0.8	4.84
8	Baseline	1308	TSO500	20	3.2	3.23
8	Progression	1606	TSO500	18	3.2	3.23
9	Baseline	1198	TSO500	21	1.6	0.81
9	Progression	1950	TSO500	22	2.4	0.81

SNV: Single nucleotide variant, TMB: tumor mutational burden, MSI: Microsatellite instability

Supplementary Table 3: Variants in patient 1. Identified by WES. Green: shared mutations between tumor at baseline and tumor at progression. Yellow: unique mutations to baseline tumor. Blue: Unique mutations to progression tumor

Chrom	POS	REF	ALT	Gene	c_change	p_change	Effect	Impact	AF_baseline	AF_progression	Ratio	
chr1	20717699	G	C	SH2D5	c.395G>C	LOW	intron	LOW	0.32	0.32	1.00	
chr1	22016249	C	A	RAB3GAP2	c.3174G>T	MODERATE	p.Trip1058Cys	missense_variant	MODERATE	0.288	0.289	1.00
chr1	9127473	C	A	HFM1	c.3625G>C	p.Glu1209Gln	missense_variant	MODERATE	0.28	0.275	0.98	
chr1	204987504	G	A	NFASC	c.2257G>A	p.Gly853Arg	missense_variant	MODERATE	0.328	0.312	0.95	
chr1	204449289	G	A	PKCZB	c.2251C>T	p.Arg751Trp	missense_variant	MODERATE	0.306	0.269	0.89	
chr2	159350356	T	C	BAZ2B	c.4255A>G	p.Gly4055Gly	missense_variant	LOW	0.354	0.329	1.18	
chr2	208442370	T	C	PTH2R	c.4277C>T	p.Arg143Cys	missense_variant	MODERATE	0.277	0.302	1.09	
chr2	53897959	G	C	PSME4	c.3517C>G	p.Leu1173Val	missense_variant	MODERATE	0.287	0.308	1.07	
chr2	17851707	C	T	TTN	c.81193G>A	p.Arg30398His	missense_variant	MODERATE	0.296	0.314	1.06	
chr2	16620454	TTTTACCCCTGGTGGAGGAATGGCTTTTGCTCTCTGG	A	SCN5A	c.4436_4470delCAAAGAAAGCCCAAAAGGCAATCTCCAGCAGGGGTAA	p.Ser1479fs	frameshift	HIGH	0.173	0.183	1.06	
chr2	54644488	G	A	SPIN1	c.4121G>A	p.Asp1391Val	missense_variant	MODERATE	0.314	0.314	1.00	
chr2	135920577	T	C	DARS	c.835A>G	p.Thr279Ala	missense_variant	MODERATE	0.295	0.277	0.94	
chr2	108569402	T	C	KIAA1524	c.1100A>G	p.Lys367Arg	missense_variant	MODERATE	0.285	0.35	1.23	
chr3	50364754	A	C	CACNA2D2	c.3365T>G	p.Val1122Gly	missense_variant	MODERATE	0.258	0.288	1.12	
chr3	43348375	T	C	SNR1	c.2185T>C	p.Phe706Leu	missense_variant	MODERATE	0.324	0.358	1.10	
chr3	49686750	C	T	MST1	c.781G>A	p.Glu261Lys	missense_variant	MODERATE	0.286	0.311	1.09	
chr3	65379382	G	GC	MAG1	c.2873duP	p.Ser959fs	frameshift_variant	HIGH	0.316	0.32	1.01	
chr4	20550850	C	T	SLIT2	c.2513C>T	structural_interaction_variant	HIGH	0.032	0.526	16.44		
chr4	15293526	A	T	FHD1	c.526A>T	p.Met176Leu	missense_variant	MODERATE	0.299	0.337	1.13	
chr4	4086559	C	T	MIR1	c.538C>T	p.Arg180Trp	missense_variant	MODERATE	0.28	0.295	1.05	
chr4	148250107	G	A	NR3C2	c.1768C>T	p.Arg590*	stop_gained	HIGH	0.302	0.3	0.99	
chr5	138573801	T	C	HSFA9	c.190A>G	p.Asn64Asp	missense_variant	MODERATE	0.277	0.329	1.19	
chr5	173323358	G	A	STC2	c.367C>T	p.Arg123Trp	missense_variant	MODERATE	0.301	0.348	1.16	
chr5	177091787	A	T	FGFR4	c.706A>T	p.Asn236Tyr	missense_variant	MODERATE	0.305	0.348	1.14	
chr5	150623596	G	C	CD14	c.138C>G	p.Pro133Arg	missense_variant	MODERATE	0.319	0.329	1.01	
chr6	144459285	G	A	UTRN	c.2628G>A	p.Asp880Asn	missense_variant	MODERATE	0.312	0.361	1.16	
chr6	135189794	C	G	MYB	c.217C>G	p.Arg73Gly	missense_variant	MODERATE	0.285	0.321	1.13	
chr6	159779742	C	T	TCF1	c.1339G>A	p.Val447Ile	missense_variant	MODERATE	0.295	0.325	1.10	
chr6	44248670	CTT	T	HSP90AB1	c.48_45delATT	p.Phe15fs	frameshift_variant	HIGH	0.296	0.315	1.06	
chr6	166156137	G	T	RYR2	c.658G>A	p.Pro238His	missense_variant	MODERATE	0.29	0.321	1.09	
chr6	26056404	G	C	HIST1H1C	c.25C>G	p.Pro9Ala	missense_variant	MODERATE	0.284	0.297	1.05	
chr6	151351920	G	A	AKAP12	c.329G>A	p.Val1177Ile	missense_variant	MODERATE	0.288	0.3	1.04	
chr6	159780068	C	T	TCF1	c.1117G>A	p.Ala373Thr	missense_variant	MODERATE	0.277	0.285	1.03	
chr6	134028856	C	T	SLC2A12	c.598G>C	p.Ser430Asn	missense_variant	MODERATE	0.308	0.309	1.00	
chr6	29222492	G	A	VRSK2	c.2065A>G	p.Met689Arg	missense_variant	MODERATE	0.312	0.313	1.01	
chr6	26204885	A	G	HIST1H4E	c.241A>G	p.Thr81Ala	missense_variant	MODERATE	0.3	0.285	0.95	
chr6	82216255	TA	T	IBTK	c.1427-6delT	intron	LOW	0.365	0.328	0.90		
chr7	76440580	G	C	ZFP3	c.1029G>C	p.Trip343Cys	missense_variant	MODERATE	0.295	0.318	1.08	
chr7	64077889	A	T	ZNF407	c.1225G>A	p.Gly431Asp	missense_variant	MODERATE	0.295	0.321	1.06	
chr7	26184978	A	T	NFE2L3	c.1280A>T	p.His427Leu	missense_variant	MODERATE	0.332	0.353	1.06	
chr7	101196083	C	T	MOGAT3	c.889G>A	p.Val297Ile	missense_variant	MODERATE	0.312	0.31	0.99	
chr7	26185205	C	G	NFE2L3	c.1510T>G	p.Gln503Glu	missense_variant	MODERATE	0.313	0.295	0.94	
chr8	141434020	G	A	MROHS	c.389C>T	p.Arg1299Trp	missense_variant	MODERATE	0.423	0.472	1.12	
chr8	71321750	G	T	EYAL1	c.420C>G	p.Tyr134*	stop_gained	HIGH	0.47	0.302	0.87	
chr9	79721834	G	T	TL4	c.2028G>T	p.Arg765Ser	missense_variant	MODERATE	0.452	0.508	1.12	
chr9	137080826	G	T	UAP1L1	c.1316G>T	p.Gly439Val	missense_variant	MODERATE	0.639	0.657	1.03	
chr10	122088576	C	G	TAC2	c.5558C>G	p.Ala1853Gly	missense_variant	MODERATE	0.27	0.305	1.13	
chr10	8073911	C	CG	GAT3	c.1224duP	p.Pro409fs	frameshift_variant	HIGH	0.326	0.345	1.06	
chr10	134455521	A	A	SCAT1	c.395G>A	non_coding	MODIFIER	0.302	0.302	1.01		
chr10	70873423	G	A	SGR1	c.1132G>A	p.Val378Ile	missense_variant	MODERATE	0.326	0.309	0.95	
chr11	46728135	G	T	F2	c.1270G>T	p.Val424Leu	missense_variant	MODERATE	0.307	0.359	1.17	
chr11	55812155	C	T	ORS11	c.689C>T	p.Ser230Phe	missense_variant	MODERATE	0.442	0.511	1.16	
chr11	5704993	G	A	TRIM22	c.1342G>A	p.Ssp448Asn	missense_variant	MODERATE	0.293	0.304	1.04	
chr11	9421346	A	G	IPQ7	c.1041-6delG	intron	LOW	0.384	0.383	1.00		
chr11	5373243	G	A	OR56B1	c.727G>A	p.Ala243Thr	missense_variant	MODERATE	0.322	0.306	0.95	
chr12	21334640	T	C	SLCO1A2	c.8A>G	p.Glu3Gly	missense_variant	MODERATE	0.259	0.303	1.17	
chr12	10801630	T	G	TAS2R7	c.941A>C	p.Gln149Pro	missense_variant	MODERATE	0.297	0.342	1.15	
chr12	33462777	C	T	SYT10	c.376G>A	p.Val124Ile	missense_variant	MODERATE	0.292	0.329	1.13	
chr12	12246426	G	A	LRF6	c.85C>T	structural_interaction_variant	HIGH	0.301	0.298	0.99		
chr14	104780214	C	A	AKT1	c.49G>A	p.Glu17Lys	missense_variant	MODERATE	0.276	0.333	1.21	
chr14	104952489	C	T	AHNAK2	c.2962G>A	p.Ssp988Asn	missense_variant	MODERATE	0.298	0.34	1.14	
chr14	21426320	G	C	CHD8	c.1602-8C>G	intron	LOW	0.316	0.336	1.06		
chr14	69174888	C	T	BCL11B	c.1946G>A	p.Ala650Thr	missense_variant	MODERATE	0.343	0.323	0.94	
chr15	72474967	C	A	ARIH1	c.128G>A	p.Leu110Ile	missense_variant	MODERATE	0.516	0.487	0.94	
chr16	58516554	C	A	SETD6	c.553C>A	p.Arg185Ser	missense_variant	MODERATE	0.268	0.316	1.18	
chr16	1256366	A	C	TPSD1	c.82-4A>C	intron	LOW	0.142	0.156	1.10		
chr16	15004179	C	T	PODX1	c.248-8C>T	intron	LOW	0.157	0.161	1.03		
chr17	3534665	G	G	RAB8P1	c.1070G>G	p.Ser157Cys	missense_variant	MODERATE	0.282	0.483	1.55	
chr17	39424693	G	A	MD1	c.785C>T	p.Thr262Ile	missense_variant	MODERATE	0.338	0.37	1.09	
chr17	35925523	T	A	ROM1	c.391A>T	p.Ile131Phe	missense_variant	MODERATE	0.482	0.481	1.00	
chr17	81665464	G	C	OLX1D1	c.181C>G	p.His61Asp	missense_variant	MODERATE	0.257	0.215	0.84	
chr19	58471957	G	A	ZNF324	c.1465G>A	p.Ala489Thr	missense_variant	MODERATE	0.302	0.425	1.41	
chr19	49325514	C	T	PRK12	c.650C>T	p.Arg1010Phe	missense_variant	MODERATE	0.296	0.49	1.24	
chr19	55720023	A	G	NLRP9	c.1828T>C	p.Ser10Phe	missense_variant	MODERATE	0.472	0.516	1.09	
chr20	46040601	C	A	SLC12A5	c.910C>A	p.Pro304Thr	missense_variant	MODERATE	0.386	0.483	1.25	
chr20	4857060	C	G	SLC23A2	c.1862G>C	p.Ser622Thr	missense_variant	MODERATE	0.238	0.263	1.11	
chr20	4419693	T	C	IPH2	c.1094A>G	p.Lys365Arg	missense_variant	MODERATE	0.26	0.281	1.08	
chr20	63570752	T	G	HEL2	c.395A>C	p.Asp132Ala	missense_variant	MODERATE	0.295	0.289	1.02	
chr22	30292689	G	C	TBC1D10A	c.123AC>G	p.Gln142Glu	missense_variant	MODERATE	0.422	0.483	1.14	
chr22	50744172	C	T	ACR	c.677C>T	p.Ala226Val	missense_variant	MODERATE	0.458	0.477	1.04	

Chrom	POS	REF	ALT	Gene	c_Change	p_Change	Effect	Impact	AF_Tumor	AF_BC
chr1	95246550	G	T	RWD3	c.582G>T	p.Leu154Phe	missense_variant	MODERATE	0.121	0.00888
chr7	17831472	T	C	SNX13	c.1477A>G	p.Met493Val	missense_variant	MODERATE	0.076	0.006786
chr13	108210521	G	T	LIG4	c.748C>G	structural_interaction_variant	HIGH	0.078	0.005072	
chr17	12896440	T	G	ARHGAP44	c.1277G>G	p.Ser43Ala	missense_variant	MODERATE	0.243	0.005664
chr19	32998640	C	T	RHYN2	c.1318A>G	p.Gln138Arg	missense_variant	MODERATE	0.324	0.162
chr1	202735514	G	A	KDM5B	c.3446G>T	p.Pro1494Leu	missense_variant	MODERATE	0.205	0.005025
chr1	202735516	C	G	KDM5B	c.3446A>G	p.Leu1148Phe	missense_variant	MODERATE	0.205	0.00504
chr1	202735505	T	A	KDM5B	c.3455A>T	p.Lys1152Met	missense_variant	MODERATE	0.201	0.00507
chr1	206158390	G	A	FAM72A	c.277C>T	p.Leu93Phe	missense_variant	MODERATE	0.058	0.007586
chr2	241254590	G	T	HDLBP	c.92C>A	p.Ser91*	stop_gained	HIGH	0.32	0.006834
chr2	241124079	C	T	PASK	c.2774G>A	p.Cys925Tyr	missense_variant	MODERATE	0.314	0.003519
chr2	241491522	C	A	FARP2	c.2630C>A	p.Pro877His	missense_variant	MODERATE	0.295	0.004184
chr2	135920511	C	T	DARS	c.901G>A	p.Glu301Lys	missense_variant	MODERATE	0.279	0.00856
chr3	184291106	G	A	ECE2	c.2255G>A	p.Arg752Gln	missense_variant	MODERATE	0.05	0.003477
chr4	161500101	T	C	FSTL5	c.1373G>A	p.Tyr580fs	missense_variant	MODERATE	0.264	0.008449
chr5	50763189	T	T	PABP8	c.1346G>A	intron	HIGH	0.252	0.007766	
chr5	98873719	C	T	CHD1	c.1709C>T	p.Asp1149Asn	missense_variant	MODERATE	0.224	0.00874
chr5	14080896	T	T	PCDH4A	c.1709C>T	p.Ala570Val	missense_variant	MODERATE	0.077	0.003971
chr6	30710569	A	G	FLOT1	c.952-4T>C	intron	LOW	0.243	0.003678	
chr6	30741874	G	C	FLOT1	c.44-7C>G	intron	LOW	0.206	0.003733	
chr6	152098785	T	G	ESR1	c.1613T>G	p.Leu538Arg	missense_variant	MODERATE	0.238	0.003381
chr6	152098791	A	G	ESR1	c.1619A>G	p.Asp540Gly	missense_variant	MODERATE	0.061	0.003323
chr7	142866555	G	C	EPH8	c.1537G>C	p.Asp513His	missense_variant	MODERATE	0.182	0.003489
chr7	48274390	A	C	ABCA13	c.4724A>C	p.Glu1575Ala	missense_variant	MODERATE	0.096	0.005086
chr7	48272307	T	A	ABCA13	c.2641T>A	p.Thr881Arg	missense_variant	MODERATE	0.092	0.006485
chr7	48275844	C	T	ABCA13	c.6178C>T	p.Pro2060Ser	missense_variant	MODERATE	0.076	0.006672
chr7	34143322	G	A	BMPE	c.1838G>A	p.Gly613Asp	missense_variant	MODERATE	0.055	0.005299
chr8	144392817	G	A	ADCS	c.1562G>A	p.Arg521Gln	missense_variant	MODERATE	0.069	0.002974
chr9	131150325	CAA	C	NUP214	c.2044_2045delAAA	p.Lys682fs	frameshift_variant	HIGH	0.187	

Supplementary Table 4. Variants in patient 2, identified by WES. Green: shared mutations between tumor at baseline and tumor at progression.

CHROM	POS	REF	ALT	GENE	c_change	p_change	Effect	Impact	AF_baseline	AF_progression	Ratio
chr1	1201567	A	G	ACACGGGGGGGGCC							
chr1	11445665	G	T	SCN2ND1	c.267.238A>GAGGCTGGTGGGGCC	p.G1679Pfs	frameshift_variant	HIGH	0.354	0.465	1.31
chr1	24794947	G	T	OR2B1	c.550G>T	p.V1184L	missense_variant	MODERATE	0.339	0.456	1.24
chr1	21272812	A	T	FUC1	c.1852A>T	p.S607N	missense_variant	MODERATE	0.328	0.409	1.24
chr1	14574789	A	G	BMF15	c.783T>C	p.T261I	missense_variant	LOW	0.389	0.418	1.13
chr2	23811703	C	T	ESPLN	c.986C>T	p.P302S	missense_variant	MODERATE	0.562	0.874	1.56
chr2	16465204	C	T	COBIL1	c.2556G>A	p.G853R	missense_variant	MODERATE	0.320	0.5	1.57
chr2	14249099	C	T	LRP1B	c.1167G>A	p.A359Yfs	missense_variant	MODERATE	0.346	0.435	1.26
chr2	18457088	C	G	ENK1	c.1259G>A	p.R420M	missense_variant	MODERATE	0.150	0.246	1.27
chr2	16480481	C	G	TRIM59	c.1149C>G	p.Y381Afs	missense_variant	MODERATE	0.393	0.457	1.16
chr2	17921803	G	A	PKCXA	c.1639G>A		protein_protein_contact	HIGH	0.395	0.429	1.09
chr2	13474791	TA	T	DNM3L3	c.2565G>A		io_region_variant	LOW	0.042	0.092	0.88
chr4	18634322	G	A	MTRN1A	c.480C>T	p.A154V	missense_variant	MODERATE	0.317	0.432	1.36
chr4	18684752	G	T	CEPFE	c.294G>T	p.E104V	missense_variant	MODERATE	0.350	0.448	1.26
chr4	10314559	A	T	CEPFE	c.448T>A	p.E149Vfs	missense_variant	MODERATE	0.353	0.438	1.24
chr4	18684752	G	T	TLE3	c.294G>T	p.E104V	missense_variant	MODERATE	0.350	0.448	1.26
chr4	7950151	A	T	COX1B	c.904G>A	p.A305Yfs	missense_variant	MODERATE	0.341	0.399	1.17
chr5	41051822	C	A	MRO2B	c.262G>T	p.G188*	stop_gained	HIGH	0.315	0.467	1.48
chr5	16551512	T	C	MSP1L1	c.158C>T	p.R52V	missense_variant	MODERATE	0.359	0.442	1.23
chr5	10205078	G	T	PAM	c.83G>T	p.A128S	missense_variant	MODERATE	0.242	0.299	1.24
chr5	13284528	G	A	SON1A4	c.937G>T	p.G131V	missense_variant	MODERATE	0.532	0.635	1.19
chr5	1729821	C	T	MEU1B18	c.48C>T	p.P23A	missense_variant	MODERATE	0.292	0.365	1.19
chr5	11263889	C	T	APC	c.1860G>T	p.G554*	stop_gained	HIGH	0.236	0.244	1.03
chr5	16551512	T	C	SH3BP1	c.253A>G	p.T74G	missense_variant	MODERATE	0.359	0.442	1.23
chr6	11135863	C	T	REVL	c.691G>A	p.A211Afs	missense_variant	MODERATE	0.364	0.411	1.18
chr10	802479	A	G	GATF3	c.443C>A	p.S137*	stop_gained	HIGH	0.304	0.473	1.56
chr10	4062486	A	T	AGRN	c.1480T>A	p.A497Yfs	missense_variant	MODERATE	0.145	0.192	1.32
chr11	11799387	C	T	IL2RA	c.534C>T	p.A172V	missense_variant	MODERATE	0.404	0.841	1.70
chr11	4202664	C	G	DNM3	c.1155G>C	p.T373A*	missense_variant	MODERATE	0.412	0.451	1.09
chr11	3071844	G	A	AIOXAP	c.119G>A		io_region_variant	LOW	0.008	0.043	1.13
chr14	3917653	TC	T	PNK	c.384A>C	p.G103P	frameshift_variant	HIGH	0.309	0.433	1.47
chr14	8449695	G	T	SKIL1	c.423G>A	p.S124T	missense_variant	MODERATE	0.225	0.31	1.02
chr16	1642675	G	A	ZNF843	c.95C>T	p.P32A	missense_variant	MODERATE	0.355	0.409	1.12
chr17	1844022	C	T	PNK3	c.1123A>G	p.A299G	missense_variant	MODERATE	0.554	0.829	1.61
chr17	7856174	G	T	DNAH17	c.1176G>A	p.S492V	missense_variant	MODERATE	0.637	0.883	1.39
chr17	3678631	C	T	MMP2B	c.132G>A	p.A131T	missense_variant	MODERATE	0.475	0.605	1.27
chr17	4346261	GT	A	ACE	c.1951.395A4>T19AAG	p.W450L	missense_variant	MODERATE	0.284	0.376	1.27
chr18	3662669	C	A	PHOX3	c.719G>A		io_region_variant	LOW	0.306	0.439	1.43
chr18	364546	G	A	COL2A2	c.1296G>T	p.T399M	missense_variant	MODERATE	0.365	0.423	1.16
chr19	4893731	G	T	BA3	c.121G>T	p.G141*	stop_gained	HIGH	0.315	0.455	1.44
chr19	16547436	G	G	IL14F2	c.139G>C	p.D130V	missense_variant	MODERATE	0.245	0.338	1.38
chr19	1971445	G	A	ENF5A	c.48G>A	p.T76G	missense_variant	MODERATE	0.341	0.408	1.19
chr19	3118880	G	A	WDR88	c.649G>A	p.G217V	missense_variant	MODERATE	0.249	0.338	1.09
chr21	3724885	C	G	DCX3	c.427C>G	p.S148T	missense_variant	MODERATE	0.353	0.396	1.12
chr22	1978873	C	T	GNLS1	c.820G>A	p.A5274Afs	missense_variant	MODERATE	0.494	0.832	1.68

Supplementary Table 4. Variants in patient 3, identified by WES. Green: shared mutations between tumor at baseline and tumor at progression.

CHROM	POS	REF	ALT	GENE	c_change	p_change	Effect	Impact	AF_baseline	AF_progression	Ratio
chr1	15121942	C	A	HR23B	c.448C>T	p.S150Yfs	missense_variant	MODERATE	0.246	0.284	0.89
chr1	1373541	C	T	PAD16	c.229G>T	p.S76I	missense_variant	MODERATE	0.224	0.848	3.79
chr1	24791150	G	T	OR2B1	c.706G>T	p.S226V	missense_variant	MODERATE	0.199	0.776	3.70
chr1	52717821	A	G	PTSLB1	c.820G>A	p.V124E	missense_variant	MODERATE	0.177	0.841	4.73
chr1	18051447	A	C	KIAA1814	c.330A>C	p.S102V	missense_variant	MODERATE	0.084	0.276	3.14
chr1	3923070	C	G	BMP4	c.655G>A	p.A193K	missense_variant	MODERATE	0.175	0.448	2.54
chr1	11365100	C	G	MAG3	c.1237T>C	p.T417V	missense_variant	MODERATE	0.111	0.314	2.83
chr1	289894	G	A	COL1A1	c.435G>A	p.A98*	stop_gained	HIGH	0.140	0.41	2.74
chr1	2446397	GGGGGGCTCTCTCTCTCAAGGGGCGAGTCCGGGCCCC	CG	HNRP1	c.3389.1389A>GGGGGGGGGGCGGCTCCGGTGGGAGGAGAGAGAGGGCC	p.H1224*	frameshift_variant	MODERATE	0.186	0.373	2.4
chr1	1326073	G	T	PRAMEF5	c.339G>T	p.T113V	missense_variant	MODERATE	0.155	0.425	2.74
chr1	114407765	G	C	SYT5	c.1027T>C	p.T308V	missense_variant	MODERATE	0.112	0.304	2.61
chr1	1284786	G	C	HMGN1L1	c.485G>C	p.S162V	missense_variant	MODERATE	0.135	0.362	2.68
chr1	18684752	G	T	CEPFE	c.294G>T	p.E104V	missense_variant	MODERATE	0.350	0.448	1.26
chr1	2636865	A	T	MTRN1A	c.480C>T	p.A154V	missense_variant	MODERATE	0.317	0.432	1.36
chr1	18989819	A	C	HMGN1	c.397T>A	p.S107V	missense_variant	MODERATE	0.138	0.31	2.48
chr1	15431310	G	C	HMGN1	c.387C>T	p.V102M	missense_variant	MODERATE	0.131	0.225	1.78
chr1	20613894	G	C	FOXR1	c.227.237A>TTACTCTAAG	p.W176*	frameshift_variant	HIGH	0.059	0.11	1.86
chr1	2004363	CGCTGCAAGTAA	C	PRKRA	c.489G>A	p.G1232L	missense_variant	LOW	0.277	0.483	1.77
chr1	15479820	G	T	ASH1L	c.1428C>T	p.L104I	missense_variant	MODERATE	0.073	0.126	1.73
chr1	22362020	AACTGAGTGCACAATGTCCAC	C	DISP1	c.1226.1248A>TAAAGTGCACAATGTCCAC	p.A409*	frameshift_variant	HIGH	0.199	0.322	1.62
chr1	4781571	G	T	TAR2	c.120C>T	p.P39L	missense_variant	MODERATE	0.186	0.322	1.62
chr1	15261365	C	T	ICEB	c.155C>T	p.P154*	missense_variant	MODERATE	0.063	0.098	1.56
chr1	12312889	G	A	TLE3	c.294G>T	p.E104V	missense_variant	MODERATE	0.350	0.448	1.26
chr1	17425274	G	A	RANBP1	c.970G>A	p.G132V	missense_variant	MODERATE	0.093	0.138	1.48
chr1	46020663	C	A	MAT2	c.1252A>A	p.T772V	missense_variant	MODERATE	0.205	0.3	1.46
chr1	22362020	C	T <td>DISP1</td> <td>c.1252A>A</td> <td>p.T772V</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.242</td> <td>0.32</td> <td>1.46</td>	DISP1	c.1252A>A	p.T772V	missense_variant	MODERATE	0.242	0.32	1.46
chr1	20648063	C	C	DYRK3	c.885G>C	p.G289V	missense_variant	MODERATE	0.086	0.136	1.35
chr1	3826293	C	G	JUN	c.1532G>A	p.P178A	missense_variant	MODERATE	0.141	0.187	1.33
chr1	15134445	C	G	RFX5	c.1455G>C	p.G152A	missense_variant	MODERATE	0.403	0.499	1.24
chr1	22818925	A	A	OR5D	c.1707G>A	p.A2692Afs	missense_variant	MODERATE	0.193	0.137	0.71
chr1	11638441	G	A	ATP1A1	c.737G>A	p.G105A	missense_variant	MODERATE	0.186	0.322	1.62
chr1	45962803	C	A	NASP	c.1114G>A	p.P377V	missense_variant	MODERATE	0.102	0.036	0.35
chr1	1555782	G	C	MBP1	c.238C>T	p.P197V	missense_variant	MODERATE	0.187	0.295	0.84
chr1	14026944	G	A	LRP1B	c.1308G>T	p.G494V	missense_variant	MODERATE	0.116	0.478	4.12
chr2	3442781	G	A	H08B8	c.778G>A	p.G120V	missense_variant	MODERATE	0.08	0.21	2.63
chr2	23177312	G	T	GSTL4B	c.1186G>A	p.V456W	missense_variant	MODERATE	0.18	0.199	0.86
chr2	2727978	G	T	CAD	c.548G>T	p.S182E	missense_variant	MODERATE	0.203	0.453	2.23
chr2	21620073	C	T	TRAF3IP3	c.610G>A	p.S121V	missense_variant	MODERATE	0.095	0.205	2.16
chr2	20064071	G	A	ADK1	c.648G>A	p.G121V	missense_variant	MODERATE	0.164	0.349	2.13
chr2	17884648	G	A	ITIH	c.362T>C	p.L105P	missense_variant	MODERATE	0.087	0.185	2.13
chr2	4421386	C	A	CANM1T	c.557.561A>G		io_region_variant	HIGH	0.125	0.162	1.24
chr2	11257978	G	C	POLB18	c.1872G>C	p.G434A	missense_variant	MODERATE	0.1	0.208	2.08
chr2	20521745	C	C	HRD2B	c.495G>C	p.P315V	missense_variant	MODERATE	0.194	0.396	2.04
chr2	23348826	T	G	GDIG	c.748T>G	p.V188R	missense_variant	MODERATE	0.186	0.353	1.90
chr2	20675104	G	T	MDH8	c.934G>T	p.S310V	missense_variant	MODERATE	0.086	0.179	1.86
chr2	21951371	T	T	ASXL2	c.679G>T	p.S210R	missense_variant	MODERATE	0.122	0.375	3.10
chr2	7881390	G	T	Cdyl7	c.522G>T	p.M174E	missense_variant	MODERATE	0.204	0.344	1.69
chr2	10126707	C	G	DNM1L	c.1198G>A	p.L102M	missense_variant	MODERATE	0.102	0.158	1.58
chr2	17932167	G	T	KCN3	c.1159G>T	p.A138T	missense_variant	MODERATE	0.209	0.282	1.39
chr2	20287760	TC	TC	TCGAAT	c.1838.1838A>TGATTCTCCAGCT		io_region_variant	MODERATE	0.112	0.169	1.57
chr2	4821978	C	CT	C12orf122							

chr7	8151320	G	C	ADAM22	c_1382-35-C	w_acceptor_variant_region_w	HIGH	0.054	0.237	4.39	
chr7	82027620	G <td>T<td>TAF1</td><td>c_1730-1-A</td><td>p.H407Asp</td><td>missense_variant</td><td>MODERATE</td><td>0.024</td><td>1.81</td></td>	T <td>TAF1</td> <td>c_1730-1-A</td> <td>p.H407Asp</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.024</td> <td>1.81</td>	TAF1	c_1730-1-A	p.H407Asp	missense_variant	MODERATE	0.024	1.81	
chr7	8702941	TGAC <td>T<td>ABC1</td><td>c_340_342zincfinger</td><td>p.S414del</td><td>disrupt_inframe_deletion</td><td>MODERATE</td><td>0.11</td><td>4.08</td></td>	T <td>ABC1</td> <td>c_340_342zincfinger</td> <td>p.S414del</td> <td>disrupt_inframe_deletion</td> <td>MODERATE</td> <td>0.11</td> <td>4.08</td>	ABC1	c_340_342zincfinger	p.S414del	disrupt_inframe_deletion	MODERATE	0.11	4.08	
chr7	7380454	G <td>A<td>WDR527</td><td>c_255-52-T</td><td>ce_region_variant_region_w</td><td>LOW</td><td>0.009</td><td>0.223</td><td>1.23</td></td>	A <td>WDR527</td> <td>c_255-52-T</td> <td>ce_region_variant_region_w</td> <td>LOW</td> <td>0.009</td> <td>0.223</td> <td>1.23</td>	WDR527	c_255-52-T	ce_region_variant_region_w	LOW	0.009	0.223	1.23	
chr7	34281958	C <td>C<td>TRPV4</td><td>c_1135-20-C</td><td>missense_variant</td><td>MODERATE</td><td>0.03</td><td>0.296</td><td>1.96</td></td>	C <td>TRPV4</td> <td>c_1135-20-C</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.03</td> <td>0.296</td> <td>1.96</td>	TRPV4	c_1135-20-C	missense_variant	MODERATE	0.03	0.296	1.96	
chr7	9958588	C <td>C<td>CYP54B</td><td>c_835_854zincfinger</td><td>p.G2179fs</td><td>frameshift_variant</td><td>HIGH</td><td>0.068</td><td>0.186</td><td>2.74</td></td>	C <td>CYP54B</td> <td>c_835_854zincfinger</td> <td>p.G2179fs</td> <td>frameshift_variant</td> <td>HIGH</td> <td>0.068</td> <td>0.186</td> <td>2.74</td>	CYP54B	c_835_854zincfinger	p.G2179fs	frameshift_variant	HIGH	0.068	0.186	2.74
chr7	14246511	CGAGATTACCA	C	EPH8	c_1132-20-C	missense_variant	MODERATE	0.028	0.171	2.00	
chr7	4726817	G <td>A<td>TNS3</td><td>c_1372-25-T</td><td>p.V416IlePhe</td><td>missense_variant</td><td>MODERATE</td><td>0.095</td><td>0.226</td><td>3.28</td></td>	A <td>TNS3</td> <td>c_1372-25-T</td> <td>p.V416IlePhe</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.095</td> <td>0.226</td> <td>3.28</td>	TNS3	c_1372-25-T	p.V416IlePhe	missense_variant	MODERATE	0.095	0.226	3.28
chr7	12315117	C <td>C<td>SIC144</td><td>c_149-10-C</td><td>p.L104del</td><td>stop_gained</td><td>HIGH</td><td>0.142</td><td>0.331</td><td>2.43</td></td>	C <td>SIC144</td> <td>c_149-10-C</td> <td>p.L104del</td> <td>stop_gained</td> <td>HIGH</td> <td>0.142</td> <td>0.331</td> <td>2.43</td>	SIC144	c_149-10-C	p.L104del	stop_gained	HIGH	0.142	0.331	2.43
chr7	12871489	G <td>T</td> <td>FAM137</td> <td>c_1186-7-T</td> <td>p.A149Ser</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.095</td> <td>0.216</td> <td>2.37</td>	T	FAM137	c_1186-7-T	p.A149Ser	missense_variant	MODERATE	0.095	0.216	2.37
chr7	6422524	G <td>T</td> <td>ZNF75</td> <td>c_1116_1466zincfinger</td> <td>p.L573Zn</td> <td>frameshift_variant</td> <td>HIGH</td> <td>0.083</td> <td>0.179</td> <td>2.56</td>	T	ZNF75	c_1116_1466zincfinger	p.L573Zn	frameshift_variant	HIGH	0.083	0.179	2.56
chr7	8273889	G <td>A<td>PCD</td><td>c_1515-20-T</td><td>p.L507Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.089</td><td>0.175</td><td>2.97</td></td>	A <td>PCD</td> <td>c_1515-20-T</td> <td>p.L507Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.089</td> <td>0.175</td> <td>2.97</td>	PCD	c_1515-20-T	p.L507Ile	missense_variant	MODERATE	0.089	0.175	2.97
chr7	20173887	T <td>A</td> <td>CUX1</td> <td>c_980-1-T</td> <td>p.L202Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.12</td> <td>0.167</td> <td>1.67</td>	A	CUX1	c_980-1-T	p.L202Ile	missense_variant	MODERATE	0.12	0.167	1.67
chr7	1095131	G <td>C</td> <td>GPR45</td> <td>c_458_520zincfinger</td> <td>p.L372Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.076</td> <td>0.821</td> <td>1.93</td>	C	GPR45	c_458_520zincfinger	p.L372Ile	missense_variant	MODERATE	0.076	0.821	1.93
chr7	2616662	A	G <td>HNRNPAB1</td> <td>c_1387-C</td> <td>p.H128Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.313</td> <td>0.811</td> <td>1.22</td>	HNRNPAB1	c_1387-C	p.H128Ile	missense_variant	MODERATE	0.313	0.811	1.22
chr7	2042379	T	T	ABC5	c_232-2-T	p.S443Ile	missense_variant	MODERATE	0.106	0.325	1.65
chr7	6025906	G <td>T</td> <td>EIF2A1</td> <td>c_1585-4-C</td> <td>p.H752Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.185</td> <td>0.16</td> <td>0.99</td>	T	EIF2A1	c_1585-4-C	p.H752Ile	missense_variant	MODERATE	0.185	0.16	0.99
chr7	13462203	G <td>A</td> <td>ZFAT</td> <td>c_1383-7-T</td> <td>p.A657Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.258</td> <td>0.636</td> <td>2.47</td>	A	ZFAT	c_1383-7-T	p.A657Ile	missense_variant	MODERATE	0.258	0.636	2.47
chr7	9882575	T <td>A</td> <td>TAC1</td> <td>c_1387-1-A</td> <td>p.L490Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.354</td> <td>0.664</td> <td>1.90</td>	A	TAC1	c_1387-1-A	p.L490Ile	missense_variant	MODERATE	0.354	0.664	1.90
chr7	14484430	CT	C	ZNF517	c_1588-41-T	p.V415Ile	missense_variant	HIGH	0.112	0.169	1.51
chr7	14484433	GT	G	ZNF517	c_1588-41-T	p.L490Ile	missense_variant	MODERATE	0.122	0.169	1.51
chr7	14487533	G <td>T</td> <td>FOH1</td> <td>c_1283-4-C</td> <td>p.P68Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.148</td> <td>0.159</td> <td>1.67</td>	T	FOH1	c_1283-4-C	p.P68Ile	missense_variant	MODERATE	0.148	0.159	1.67
chr7	6047598	G <td>C<td>CHST2</td><td>c_1182-1-C</td><td>p.H70Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.107</td><td>0.168</td><td>1.68</td></td>	C <td>CHST2</td> <td>c_1182-1-C</td> <td>p.H70Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.107</td> <td>0.168</td> <td>1.68</td>	CHST2	c_1182-1-C	p.H70Ile	missense_variant	MODERATE	0.107	0.168	1.68
chr7	9389554	G <td>T</td> <td>OR131</td> <td>c_484-4-C</td> <td>p.H284Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.086</td> <td>0.31</td> <td>1.60</td>	T	OR131	c_484-4-C	p.H284Ile	missense_variant	MODERATE	0.086	0.31	1.60
chr7	20489529	A	T	ABO1	c_4217-1-T	p.L404Ile	missense_variant	MODERATE	0.063	0.219	1.48
chr7	11361761	G <td>A</td> <td>SNK2</td> <td>c_459-10-A</td> <td>ioe_donor_variant_region_w</td> <td>HIGH</td> <td>0.207</td> <td>0.613</td> <td>2.46</td>	A	SNK2	c_459-10-A	ioe_donor_variant_region_w	HIGH	0.207	0.613	2.46	
chr7	7482446	G <td>A</td> <td>TRPM6</td> <td>c_442-21-T</td> <td>p.S475Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.12</td> <td>0.248</td> <td>2.23</td>	A	TRPM6	c_442-21-T	p.S475Ile	missense_variant	MODERATE	0.12	0.248	2.23
chr7	131212043	GTCCCTCC	G <td>RAV2D5</td> <td>c_2306_2308zincfinger</td> <td>p.S475Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.08</td> <td>0.178</td> <td>1.23</td>	RAV2D5	c_2306_2308zincfinger	p.S475Ile	missense_variant	MODERATE	0.08	0.178	1.23
chr7	1348897	G <td>A</td> <td>ACD1</td> <td>c_1272-20-A</td> <td>p.G979Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.08</td> <td>0.168</td> <td>1.57</td>	A	ACD1	c_1272-20-A	p.G979Ile	missense_variant	MODERATE	0.08	0.168	1.57
chr7	3182564	G <td>C</td> <td>UNC5B</td> <td>c_382-400-C</td> <td>p.Q643Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.175</td> <td>0.144</td> <td>1.23</td>	C	UNC5B	c_382-400-C	p.Q643Ile	missense_variant	MODERATE	0.175	0.144	1.23
chr7	10451000	T	G	OR138	c_839-1-C	p.H280Ser	missense_variant	MODERATE	0.121	0.174	1.74
chr7	3254202	T	T	TOPORS	c_255-20-A	p.G104Ile	missense_variant	MODERATE	0.201	0.193	0.96
chr7	4042942	ACTGATGACCCCGGATGGGCCCCCGCCG	A	OPRN2	c_1204_1304zincfinger	p.W422Ile	missense_variant	MODERATE	0.011	0.08	2.24
chr7	20126304	G <td>T</td> <td>RPL1</td> <td>c_1587-1-A</td> <td>p.L107Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.173</td> <td>0.181</td> <td>1.85</td>	T	RPL1	c_1587-1-A	p.L107Ile	missense_variant	MODERATE	0.173	0.181	1.85
chr7	250129242	G <td>G<td>SERPINC2</td><td>c_257-20-C</td><td>p.L514Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.163</td><td>0.234</td><td>1.93</td></td>	G <td>SERPINC2</td> <td>c_257-20-C</td> <td>p.L514Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.163</td> <td>0.234</td> <td>1.93</td>	SERPINC2	c_257-20-C	p.L514Ile	missense_variant	MODERATE	0.163	0.234	1.93
chr7	12986247	T	G	EF3	c_1522-2-C	p.G154Ile	missense_variant	MODERATE	0.195	0.327	1.68
chr7	9737288	G <td>A</td> <td>GGI1</td> <td>c_279-20-T</td> <td>p.A202Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.146</td> <td>0.231</td> <td>1.89</td>	A	GGI1	c_279-20-T	p.A202Ile	missense_variant	MODERATE	0.146	0.231	1.89
chr7	11570815	C <td>A</td> <td>TRIM2</td> <td>c_604-4-C</td> <td>p.G121Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.003</td> <td>0.326</td> <td>3.51</td>	A	TRIM2	c_604-4-C	p.G121Ile	missense_variant	MODERATE	0.003	0.326	3.51
chr7	1532130	CTGCTTTGACCTTCATC	G	OR518	c_638_639zincfinger	p.L200Ile	missense_variant	MODERATE	0.084	0.26	1.30
chr7	11968484	T	F	FAT3	c_1117-22-T	p.S497Ile	missense_variant	MODERATE	0.082	0.252	1.92
chr7	6834003	G <td>C<td>GDI5</td><td>c_1205-2-C</td><td>p.M488Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.092</td><td>0.205</td><td>2.88</td></td>	C <td>GDI5</td> <td>c_1205-2-C</td> <td>p.M488Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.092</td> <td>0.205</td> <td>2.88</td>	GDI5	c_1205-2-C	p.M488Ile	missense_variant	MODERATE	0.092	0.205	2.88
chr7	3662200	G <td>T</td> <td>AET1</td> <td>c_479-20-T</td> <td>p.G102Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.082</td> <td>0.175</td> <td>1.93</td>	T	AET1	c_479-20-T	p.G102Ile	missense_variant	MODERATE	0.082	0.175	1.93
chr7	9236467	A	C <td>FAT3</td> <td>c_1205-2-C</td> <td>p.G102Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.083</td> <td>0.214</td> <td>2.58</td>	FAT3	c_1205-2-C	p.G102Ile	missense_variant	MODERATE	0.083	0.214	2.58
chr7	2077248	G <td>C<td>CTR9</td><td>c_1735-20-T</td><td>p.L309Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.099</td><td>0.203</td><td>1.69</td></td>	C <td>CTR9</td> <td>c_1735-20-T</td> <td>p.L309Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.099</td> <td>0.203</td> <td>1.69</td>	CTR9	c_1735-20-T	p.L309Ile	missense_variant	MODERATE	0.099	0.203	1.69
chr7	12462471	A	T	TBRG1	c_405-28-T	p.Y932Ile	w_acceptor_variant_region_w	HIGH	0.135	0.27	2.33
chr7	8346777	T	A	DG2	c_260-20-T	p.A487Ile	missense_variant	MODERATE	0.095	0.21	2.11
chr7	6397492	G <td>T</td> <td>COX8A</td> <td>c_480-4-A</td> <td>TR_gonosome_2nd_intron_w</td> <td>LOW</td> <td>0.192</td> <td>0.28</td> <td>1.90</td>	T	COX8A	c_480-4-A	TR_gonosome_2nd_intron_w	LOW	0.192	0.28	1.90	
chr7	1452937	G <td>A</td> <td>PRM1</td> <td>c_805-2-T</td> <td>p.H129Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.211</td> <td>0.403</td> <td>1.91</td>	A	PRM1	c_805-2-T	p.H129Ile	missense_variant	MODERATE	0.211	0.403	1.91
chr7	7221793	G <td>C</td> <td>NPR2</td> <td>c_1292-2-C</td> <td>p.G113Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.195</td> <td>0.155</td> <td>1.45</td>	C	NPR2	c_1292-2-C	p.G113Ile	missense_variant	MODERATE	0.195	0.155	1.45
chr7	8316684	G <td>A</td> <td>PTF1</td> <td>c_1378-20-A</td> <td>p.A95Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.276</td> <td>0.506</td> <td>1.83</td>	A	PTF1	c_1378-20-A	p.A95Ile	missense_variant	MODERATE	0.276	0.506	1.83
chr7	8316723	G <td>C</td> <td>METTL2</td> <td>c_153-20-C</td> <td>p.G121Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.27</td> <td>0.403</td> <td>1.93</td>	C	METTL2	c_153-20-C	p.G121Ile	missense_variant	MODERATE	0.27	0.403	1.93
chr7	7397964	A	T	UCP2	c_187-1-A	p.L752Ile	stop_gained	HIGH	0.289	0.458	1.58
chr7	20023720	G <td>A</td> <td>GAS2L3</td> <td>c_525-2-A</td> <td>sequence_feature</td> <td>MODERATE</td> <td>0.305</td> <td>0.37</td> <td>1.52</td>	A	GAS2L3	c_525-2-A	sequence_feature	MODERATE	0.305	0.37	1.52	
chr7	13181541	G <td>C</td> <td>SNO1</td> <td>c_3046-10-A</td> <td>ce_region_variant_region_w</td> <td>LOW</td> <td>0.178</td> <td>0.268</td> <td>0.85</td>	C	SNO1	c_3046-10-A	ce_region_variant_region_w	LOW	0.178	0.268	0.85	
chr7	12907638	G <td>T</td> <td>TMEM312</td> <td>c_1217-20-T</td> <td>p.V472Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.326</td> <td>0.142</td> <td>0.89</td>	T	TMEM312	c_1217-20-T	p.V472Ile	missense_variant	MODERATE	0.326	0.142	0.89
chr7	6496588	G <td>C</td> <td>SNR20</td> <td>c_290-20-C</td> <td>p.H262Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.173</td> <td>0.201</td> <td>1.93</td>	C	SNR20	c_290-20-C	p.H262Ile	missense_variant	MODERATE	0.173	0.201	1.93
chr7	11031313	C <td>A</td> <td>ANR31A</td> <td>c_1485-4-C</td> <td>p.G16Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.13</td> <td>0.369</td> <td>2.84</td>	A	ANR31A	c_1485-4-C	p.G16Ile	missense_variant	MODERATE	0.13	0.369	2.84
chr7	151556	A	C	IGFBP3	c_1245-20-C	p.S45Ile	missense_variant	MODERATE	0.163	0.463	1.88
chr7	10151554	T	G <td>RAD9B</td> <td>c_1587-1-T</td> <td>p.M412Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.212</td> <td>0.581</td> <td>2.74</td>	RAD9B	c_1587-1-T	p.M412Ile	missense_variant	MODERATE	0.212	0.581	2.74
chr7	20979539	GC	G <td>TRPV4</td> <td>c_1332-56-6-G</td> <td>ce_region_variant_region_w</td> <td>LOW</td> <td>0.215</td> <td>0.524</td> <td>2.58</td>	TRPV4	c_1332-56-6-G	ce_region_variant_region_w	LOW	0.215	0.524	2.58	
chr7	4001394	G <td>C</td> <td>MLK3</td> <td>c_1572-20-A</td> <td>p.A193Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.197</td> <td>0.444</td> <td>1.97</td>	C	MLK3	c_1572-20-A	p.A193Ile	missense_variant	MODERATE	0.197	0.444	1.97
chr7	5017745	G <td>A</td> <td>LMNA</td> <td>c_1132-20-T</td> <td>p.W458Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.428</td> <td>0.922</td> <td>2.15</td>	A	LMNA	c_1132-20-T	p.W458Ile	missense_variant	MODERATE	0.428	0.922	2.15
chr7	5762702	G <td>T</td> <td>RAGAP1B</td> <td>c_1332-20-C</td> <td>p.L504Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.149</td> <td>0.468</td> <td>1.88</td>	T	RAGAP1B	c_1332-20-C	p.L504Ile	missense_variant	MODERATE	0.149	0.468	1.88
chr7	2147795	TTTAA	T	REC8L	c_720_724zincfinger	p.H242Ile	frameshift_variant	HIGH	0.075	0.138	1.84
chr7	5032526	G <td>A</td> <td>STAT2</td> <td>c_1183-1-T</td> <td>p.E184Ile</td> <td>stop_gained</td> <td>HIGH</td> <td>0.164</td> <td>0.214</td> <td>1.84</td>	A	STAT2	c_1183-1-T	p.E184Ile	stop_gained	HIGH	0.164	0.214	1.84
chr7	2027798	G <td>T</td> <td>LOC51517</td> <td>c_1378-20-T</td> <td>p.L465P</td> <td>stop_gained</td> <td>HIGH</td> <td>0.241</td> <td>0.311</td> <td>1.39</td>	T	LOC51517	c_1378-20-T	p.L465P	stop_gained	HIGH	0.241	0.311	1.39
chr7	1446459	G <td>C<td>ATP7B</td><td>c_2385-2-C</td><td>p.A939Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.205</td><td>0.21</td><td>1.00</td></td>	C <td>ATP7B</td> <td>c_2385-2-C</td> <td>p.A939Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.205</td> <td>0.21</td> <td>1.00</td>	ATP7B	c_2385-2-C	p.A939Ile	missense_variant	MODERATE	0.205	0.21	1.00
chr7	2313420	G <td>C<td>SACS</td><td>c_692-60-C</td><td>p.A1238Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.081</td><td>0.153</td><td>1.63</td></td>	C <td>SACS</td> <td>c_692-60-C</td> <td>p.A1238Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.081</td> <td>0.153</td> <td>1.63</td>	SACS	c_692-60-C	p.A1238Ile	missense_variant	MODERATE	0.081	0.153	1.63
chr7	5981282	G <td>C<td>DIAPH3</td><td>c_1345-2-T</td><td>p.L510Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.308</td><td>0.203</td><td>1.88</td></td>	C <td>DIAPH3</td> <td>c_1345-2-T</td> <td>p.L510Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.308</td> <td>0.203</td> <td>1.88</td>	DIAPH3	c_1345-2-T	p.L510Ile	missense_variant	MODERATE	0.308	0.203	1.88
chr7	2816507	G <td>C<td>ITIH4</td><td>c_684-2-T</td><td>p.A93Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.083</td><td>0.157</td><td>1.63</td></td>	C <td>ITIH4</td> <td>c_684-2-T</td> <td>p.A93Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.083</td> <td>0.157</td> <td>1.63</td>	ITIH4	c_684-2-T	p.A93Ile	missense_variant	MODERATE	0.083	0.157	1.63
chr7	4406411	A	C <td>F5C8</td> <td>c_548-2-T</td> <td>p.Y81Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.099</td> <td>0.264</td> <td>1.83</td>	F5C8	c_548-2-T	p.Y81Ile	missense_variant	MODERATE	0.099	0.264	1.83
chr7	7482173	TAAGTCTGGTCTGGGATGATGG	T	DEI1	c_1110-20-T	p.G101Ile	missense_variant	MODERATE	0.08	0.08	0.88
chr7	3737428	G <td>N</td> <td>NPA3</td> <td>c_1044-1-T</td> <td>p.A193Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.156</td> <td>0.372</td> <td>3.58</td>	N	NPA3	c_1044-1-T	p.A193Ile	missense_variant	MODERATE	0.156	0.372	3.58
chr7	7780279	G <td>A</td> <td>ADDC2</td> <td>c_425-2-A</td> <td>p.D162Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.133</td> <td>0.323</td> <td>3.4</td>	A	ADDC2	c_425-2-A	p.D162Ile	missense_variant	MODERATE	0.133	0.323	3.4
chr7	7780321	TGAC	T	ADDC2	c_425-2-A	ce_region_variant_region_w	LOW	0.133	0.323	3.4	
chr7	5802304	G <td>C<td>ATD1</td><td>c_478-20-C</td><td>p.G121Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.102</td><td>0.547</td><td>2.85</td></td>	C <td>ATD1</td> <td>c_478-20-C</td> <td>p.G121Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.102</td> <td>0.547</td> <td>2.85</td>	ATD1	c_478-20-C	p.G121Ile	missense_variant	MODERATE	0.102	0.547	2.85
chr7	6337416	G <td>A</td> <td>TBR1</td> <td>c_1362-30-T</td> <td>ce_region_variant_region_w</td> <td>LOW</td> <td>0.102</td> <td>0.389</td> <td>3.89</td>	A	TBR1	c_1362-30-T	ce_region_variant_region_w	LOW	0.102	0.389	3.89	
chr7	2199400	G <td>C<td>CHB3</td><td>c_1579-20-C</td><td>p.G193Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.113</td><td>0.226</td><td>2.00</td></td>	C <td>CHB3</td> <td>c_1579-20-C</td> <td>p.G193Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.113</td> <td>0.226</td> <td>2.00</td>	CHB3	c_1579-20-C	p.G193Ile	missense_variant	MODERATE	0.113	0.226	2.00
chr7	2429297	G <td>T</td> <td>MPTF</td> <td>c_1482-20-T</td> <td>p.A492Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.118</td> <td>0.233</td> <td>1.89</td>	T	MPTF	c_1482-20-T	p.A492Ile	missense_variant	MODERATE	0.118	0.233	1.89
chr7	3545669	G <td>C<td>TR18</td><td>c_694-2-T</td><td>p.G121Ile</td><td>stop_gained</td><td>HIGH</td><td>0.177</td><td>0.461</td><td>2.55</td></td>	C <td>TR18</td> <td>c_694-2-T</td> <td>p.G121Ile</td> <td>stop_gained</td> <td>HIGH</td> <td>0.177</td> <td>0.461</td> <td>2.55</td>	TR18	c_694-2-T	p.G121Ile	stop_gained	HIGH	0.177	0.461	2.55
chr7	3326451	ACGCTTTGACCGACTATGATGATGAAAGATTC	A	ARHGAP1A	c_184_187zincfinger	p.S459Ile	frameshift_variant	HIGH	0.146	0.35	2.40
chr7	3326452	C	C	MRP8	c_155-2-C	p.H189Ile	missense_variant	MODERATE	0.187	0.443	1.87
chr7	4022574	G <td>T</td> <td>BUB3B</td> <td>c_1348-2-T</td> <td>p.G120P</td> <td>stop_gained</td> <td>HIGH</td> <td>0.219</td> <td>0.478</td> <td>2.38</td>	T	BUB3B	c_1348-2-T	p.G120P	stop_gained	HIGH	0.219	0.478	2.38
chr7	5822124	G <td>A</td> <td>NFKB1</td> <td>c_538-2-C</td> <td>p.G121Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.08</td> <td>0.17</td> <td>1.79</td>	A	NFKB1	c_538-2-C	p.G121Ile	missense_variant	MODERATE	0.08	0.17	1.79
chr7	8882975	G <td>C<td>ACAN</td><td>c_688-2-C</td><td>p.D1295Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.086</td><td>0.155</td><td>1.82</td></td>	C <td>ACAN</td> <td>c_688-2-C</td> <td>p.D1295Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.086</td> <td>0.155</td> <td>1.82</td>	ACAN	c_688-2-C	p.D1295Ile	missense_variant	MODERATE	0.086	0.155	1.82
chr7	6025989	G <td>C<td>MPTAF</td><td>c_1327-20-C</td><td>p.G121Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.055</td><td>0.111</td><td>1.21</td></td>	C <td>MPTAF</td> <td>c_1327-20-C</td> <td>p.G121Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.055</td> <td>0.111</td> <td>1.21</td>	MPTAF	c_1327-20-C	p.G121Ile	missense_variant	MODERATE	0.055	0.111	1.21
chr7	8887940	G <td>C<td>ACAN</td><td>c_688-2-C</td><td>p.D1295Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.076</td><td>0.154</td><td>1.54</td></td>	C <td>ACAN</td> <td>c_688-2-C</td> <td>p.D1295Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.076</td> <td>0.154</td> <td>1.54</td>	ACAN	c_688-2-C	p.D1295Ile	missense_variant	MODERATE	0.076	0.154	1.54
chr7	6038987	CAACTGGAAAATATAAAGTGAAGGATAT	C	ANKK2	c_1027-10-24zincfinger	ce_region_variant_region_w	LOW	0.098	0.121	1.23	
chr7	6702927	NKX2	C	NKX2	c_2182-1-T	ce_region_variant_region_w	LOW	0.112	0.871	1.82	
chr7	406238	G <td>C</td> <td>DNK3</td> <td>c_2001-10-T</td> <td>ce_region_variant_region_w</td> <td>LOW</td> <td>0.099</td> <td>0.355</td> <td>3.59</td>	C	DNK3	c_2001-10-T	ce_region_variant_region_w	LOW	0.099	0.355	3.59	
chr7	5026283	G <td>C</td> <td>ADOC7</td> <td>c_1181-20-C</td> <td>ioe_donor_variant_region_w</td> <td>MODERATE</td> <td>0.186</td> <td>0.086</td> <td>0.78</td>	C	ADOC7	c_1181-20-C	ioe_donor_variant_region_w	MODERATE	0.186	0.086	0.78	
chr7	6691483	C <td>G<td>C53</td><td>c_220-C</td><td>p.Ser7Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.079</td><td>0.196</td><td>2.48</td></td>	G <td>C53</td> <td>c_220-C</td> <td>p.Ser7Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.079</td> <td>0.196</td> <td>2.48</td>	C53	c_220-C	p.Ser7Ile	missense_variant	MODERATE	0.079	0.196	2.48
chr7	3041811	G <td>C</td> <td>ZNF771</td> <td>c_139-20-C</td> <td>p.G212Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.075</td> <td>0.217</td> <td>1.89</td>	C	ZNF771	c_139-20-C	p.G212Ile	missense_variant	MODERATE	0.075	0.217	1.89
chr7	6688880	C <td>C<td>CDMS</td><td>c_1211-31-T</td><td>ce_region_variant_region_w</td><td>LOW</td><td>0.226</td><td>0.447</td><td>1.89</td></td>	C <td>CDMS</td> <td>c_1211-31-T</td> <td>ce_region_variant_region_w</td> <td>LOW</td> <td>0.226</td> <td>0.447</td> <td>1.89</td>	CDMS	c_1211-31-T	ce_region_variant_region_w	LOW	0.226	0.447	1.89	
chr7	1744287	G <td>G<td>XYL1</td><td>c_1493-2-C</td><td>p.H202Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.18</td><td>0.335</td><td>1.75</td></td>	G <td>XYL1</td> <td>c_1493-2-C</td> <td>p.H202Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.18</td> <td>0.335</td> <td>1.75</td>	XYL1	c_1493-2-C	p.H202Ile	missense_variant	MODERATE	0.18	0.335	1.75
chr7	3308886	G <td>T</td> <td>PRK33</td> <td>c_778-2-C</td> <td>p.T702Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.184</td> <td>0.144</td> <td>0.84</td>	T	PRK33	c_778-2-C	p.T702Ile	missense_variant	MODERATE	0.184	0.144	0.84
chr7	2047268	T <td>A</td> <td>ACM3A</td> <td>c_881-1-A</td> <td>p.H128P</td> <td>stop_gained</td> <td>HIGH</td> <td>0.094</td> <td>0.155</td> <td>1.65</td>	A	ACM3A	c_881-1-A	p.H128P	stop_gained	HIGH	0.094	0.155	1.65
chr7	1092253	G <td>T</td> <td>D1A</td> <td>c_1748-2-C</td> <td>p.H128Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.194</td> <td>0.266</td> <td>1.96</td>	T	D1A	c_1748-2-C	p.H128Ile	missense_variant	MODERATE	0.194	0.266	1.96
chr7	890434	G <td>T</td> <td>USP7</td> <td>c_1635-2-A</td> <td>structural_intron_variant</td> <td>HIGH</td> <td>0.1</td> <td>0.135</td> <td>1.35</td>	T	USP7	c_1635-2-A	structural_intron_variant	HIGH	0.1	0.135	1.35	
chr7	351211	G <td>T</td> <td>HT40</td> <td>c_1428-2-C</td> <td>p.H102Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.192</td> <td>0.217</td> <td>1.15</td>	T	HT40	c_1428-2-C	p.H102Ile	missense_variant	MODERATE	0.192	0.217	1.15
chr7	4436214	G <td>T</td> <td>FMR1</td> <td>c_1853-3-T</td> <td>p.H102Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.17</td> <td>0.461</td> <td>3.64</td>	T	FMR1	c_1853-3-T	p.H102Ile	missense_variant	MODERATE	0.17	0.461	3.64
chr7	4385659	G <td>T</td> <td>ITGA3</td> <td>c_350-4-A</td> <td>p.G121Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.21</td> <td>0.623</td> <td>2.97</td>	T	ITGA3	c_350-4-A	p.G121Ile	missense_variant	MODERATE	0.21	0.623	2.97
chr7	7071811	C <td>C</td> <td>TP53</td> <td>c_480-1-C</td> <td>p.H202Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.198</td> <td>0.182</td> <td>1.82</td>	C	TP53	c_480-1-C	p.H202Ile	missense_variant	MODERATE	0.198	0.182	1.82
chr7	7783227	C <td>A</td> <td>CBA1</td> <td>c_428-4-T</td> <td>p.H129Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.182</td> <td>0.475</td> <td>2.61</td>	A	CBA1	c_428-4-T	p.H129Ile	missense_variant	MODERATE	0.182	0.475	2.61
chr7	7804525	C <td>A</td> <td>TRAF3C</td> <td>c_133-2-T</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.024</td> <td>0.24</td> <td>1.96</td>	A	TRAF3C	c_133-2-T	missense_variant	MODERATE	0.024	0.24	1.96	
chr7	7479259	C <td>A</td> <td>TMEM504</td> <td>c_1538-4-C</td> <td>p.H128Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.091</td> <td>0.229</td> <td>2.52</td>	A	TMEM504	c_1538-4-C	p.H128Ile	missense_variant	MODERATE	0.091	0.229	2.52
chr7	8472368	C <td>C</td> <td>L3CB1</td> <td>c_132-2-C</td> <td>p.G121Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.171</td> <td>0.283</td> <td>2.32</td>	C	L3CB1	c_132-2-C	p.G121Ile	missense_variant	MODERATE	0.171	0.283	2.32
chr7	5875993	G <td>M</td> <td>MPO</td> <td>c_1124-40-T</td> <td>p.H92Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.169</td> <td>0.22</td> <td>1.22</td>	M	MPO	c_1124-40-T	p.H92Ile	missense_variant	MODERATE	0.169	0.22	1.22
chr7	3894031	G <td>C<td>DHIO</td><td>c_1588-2-C</td><td>p.A120Ile</td><td>missense_variant</td><td>MODERATE</td><td>0.279</td><td>0.594</td><td>2.13</td></td>	C <td>DHIO</td> <td>c_1588-2-C</td> <td>p.A120Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.279</td> <td>0.594</td> <td>2.13</td>	DHIO	c_1588-2-C	p.A120Ile	missense_variant	MODERATE	0.279	0.594	2.13
chr7	4492384	G <td>F</td> <td>FAM1742</td> <td>c_1235-20-A</td> <td>p.G107Ile</td> <td>missense_variant</td> <td>MODERATE</td> <td>0.28</td> <td>0.26</td> <td>1.26</td>	F	FAM1742	c_1235-20-A	p.G107Ile	missense_variant	MODERATE	0.28	0.26	1.26
chr7	3873074	A	T	PHC3	c_1344-20-T	p.G118Ile	missense_variant	MODERATE	0.256	0.733	2.86
chr7	4882593										

chr2	1891996	A	G	MEMO1	c.5767C	-	structural_interaction_variant	HIGH	0.071	0.00627
chr2	194752095	T	A	ACVR2B	c.12825A	-	structural_interaction_variant	HIGH	0.071	0.00627
chr2	19126185	G	A	NF140	c.8848C>T	-	structural_interaction_variant	LOW	0.067	0.007448
chr2	62120891	T	T	USP4	c.8900A	p.G19970V	missense_variant	MODERATE	0.066	0.011
chr2	14825113	G	C	EPC2	c.11433C>G	p.H1371G	missense_variant	MODERATE	0.066	0.00875
chr2	7130989	G	A	ZNF58	c.22496A	p.G1970L	missense_variant	MODERATE	0.064	0.00957
chr2	18325248	T	T	HEB	c.8323A>G	p.A2728A	missense_variant	MODERATE	0.062	0.00552
chr2	23079320	G	A	CAB39	c.1365A	-	protein_protein_contact	HIGH	0.06	0.00618
chr2	2038421	T	A	PRFV1E	c.1468-95A	-	exon_region_variant_intron_variant	LOW	0.06	0.00996
chr2	14847047	T	A	MBO5	c.2546G>A	-	exon_region_variant_intron_variant	LOW	0.056	0.00747
chr2	14871740	T	A	EPC2	c.1377-47A	-	exon_region_variant_intron_variant	LOW	0.056	0.00423
chr2	17318184	T	A	ZNF4	c.5879A>G	-	exon_region_variant_intron_variant	LOW	0.055	0.00743
chr2	14877184	A	C	EPC2	c.1517A>C	p.H1509P	missense_variant	MODERATE	0.054	0.0047
chr2	14489829	G	C	ZEB2	c.2258A>G	p.A4735R	missense_variant	MODERATE	0.052	0.0051
chr2	14849286	T	A	MBO5	c.1648C>A	p.S1546A	missense_variant	MODERATE	0.052	0.00488
chr2	14849298	A	G	MBO5	c.1648A>G	p.S1549Y	missense_variant	MODERATE	0.052	0.00307
chr2	14849305	G	A	MBO5	c.1648G>A	p.H1532A	missense_variant	MODERATE	0.052	0.00413
chr2	9781376	T	C	TMEM431	c.1691A>G	p.A1554S	missense_variant	MODERATE	0.05	0.00942
chr2	4935342	G	C	TOP2A1	c.3865-55C	-	exon_region_variant_intron_variant	LOW	0.022	0.01
chr2	4935499	G	C	EPK1	c.2380C>G	p.P677A	missense_variant	MODERATE	0.0176	0.011
chr2	5251593	C	G	STAB1	c.6908C>G	p.H1207A	missense_variant	MODERATE	0.013	0.00322
chr2	4082123	T	A	GDRV1	c.1259A>T	p.A154*	stop_gained	HIGH	0.118	0.00405
chr2	5276200	G	C	NEK4	c.538C>G	p.S119*	stop_gained	HIGH	0.111	0.005404
chr2	4997278	T	C	MORF4	c.1513A>G	p.A615_Y664del	structural_interaction_variant	MODERATE	0.11	0.00274
chr2	2652095	A	C	TOP2B	c.1513A>G	p.G1271G	region_variant_intron_variant	LOW	0.108	0.00274
chr2	13115062	A	G	STX9L	c.659-3A>G	-	exon_region_variant_intron_variant	LOW	0.108	0.00886
chr2	2652581	T	A	TOP2B	c.1513A>G	p.V4127N	region_variant_intron_variant	LOW	0.098	0.00687
chr2	5006190	GA	CT	RM46	c.2468_2469delGAGC	p.G423A	missense_variant	MODERATE	0.094	0.00801
chr2	4099349	A	G	CDPT1	c.1244T>C	p.H1437R	missense_variant	MODERATE	0.09	0.0079
chr2	10505208	A	G	ALCAM	c.1507C>G	p.A4520A	region_variant_intron_variant	LOW	0.085	0.007744
chr2	19279555	T	T	NR2I2	c.8307A>G	p.A533A	missense_variant	MODERATE	0.085	0.00476
chr2	19682031	T	C	FRK2	c.3205C>G	-	missense_variant	MODERATE	0.079	0.00793
chr2	4428745	G	A	TOP2A1	c.3841-65A	-	exon_region_variant_intron_variant	LOW	0.073	0.00925
chr2	11248498	G	C	ROC	c.3939T>C	p.D1103H	missense_variant	MODERATE	0.073	0.00396
chr2	1607860	G	A	MN1	c.1183A>G	p.H1378R	missense_variant	MODERATE	0.068	0.00478
chr2	4071212	T	A	SACM1	c.1950A>G	p.G191L	missense_variant	MODERATE	0.064	0.00857
chr2	17121203	G	C	TH1	c.236C>G	p.H1379R	missense_variant	MODERATE	0.063	0.00779
chr2	5664708	G	A	FAM208A	c.1729C>T	p.P657S	missense_variant	MODERATE	0.063	0.00571
chr2	5750897	G	A	POE2	c.1792G>A	p.A1507R	missense_variant	MODERATE	0.062	0.00524
chr2	11857197	T	G	CBR1	c.528A>C	p.V1200A	missense_variant	MODERATE	0.062	0.00642
chr2	12965157	T	G	TMC1	c.1188T>C	p.V129A	missense_variant	MODERATE	0.061	0.00482
chr2	15584545	T	G	GMP5	c.1585A>G	p.L69V	missense_variant	MODERATE	0.061	0.00482
chr2	18604976	A	C	ITC4	c.828A>C	p.A1279H	missense_variant	MODERATE	0.056	0.00829
chr2	10502229	T	G	GMP5	c.1373G>A	-	sequence_feature	MODERATE	0.055	0.00296
chr2	14275493	T	G	TRK1	c.297A>G	p.A195R	missense_variant	MODERATE	0.05	0.00458
chr2	57357006	A	G	POE2	c.1533A>G	p.A1515R	missense_variant	MODERATE	0.05	0.00458
chr2	14520044	C	GT	SANM35	c.3035_3036delAGCCT	p.A1025R	missense_variant	MODERATE	0.05	0.00458
chr2	18510871	G	A	SIN2	c.3795A>G	p.A923V	missense_variant	MODERATE	0.05	0.00465
chr2	11378454	T	G	HAAS5	c.1295A>G	p.H1378R	missense_variant	MODERATE	0.05	0.00991
chr2	17331298	C	G	HME82	c.532C>G	p.G171A	missense_variant	MODERATE	0.048	0.00501
chr2	15095449	T	T	LIBA	c.826A>G	p.V127H	missense_variant	MODERATE	0.048	0.00778
chr2	1382312	T	C	SIC1A1	c.633G>A	p.H1031H	missense_variant	MODERATE	0.046	0.00476
chr2	15871927	CT	TG	PPD	c.285_286delAGTGC	p.G196A	missense_variant	MODERATE	0.046	0.00816
chr2	1975683	T	C	TRK1	c.297A>G	p.A195R	missense_variant	MODERATE	0.046	0.00284
chr2	2838802	A	G	PRARG1A	c.555T>C	p.T181R	region_variant_intron_variant	LOW	0.041	0.00586
chr2	8117388	A	A	FRG2	c.1624-57G	-	exon_region_variant_intron_variant	LOW	0.035	0.00763
chr2	11224689	T	C	CAF2	c.554A>T	-	exon_region_variant_intron_variant	LOW	0.035	0.00763
chr2	12885795	G	A	HADE1	c.1613A>G	p.A938V	missense_variant	MODERATE	0.034	0.00837
chr2	395658	T	C	COP4	c.695T>C	-	structural_interaction_variant	HIGH	0.032	0.00896
chr2	8306654	C	T	COP4	c.695C>T	-	structural_interaction_variant	HIGH	0.031	0.00829
chr2	11285289	A	T	B57	c.4815T>A	p.A9272L	missense_variant	MODERATE	0.031	0.00896
chr2	11318627	A	G	ANK2	c.2007A>G	-	exon_region_variant_intron_variant	LOW	0.031	0.00486
chr2	882394	A	G	KIAA232	c.2033A>G	p.A1575R	missense_variant	MODERATE	0.03	0.00486
chr2	9604633	T	A	EBR3	c.689A>G	p.H1238R	missense_variant	MODERATE	0.029	0.00611
chr2	9558232	T	A	ARXK	c.870T>A	p.A1200L	region_variant_intron_variant	LOW	0.025	0.011
chr2	14005007	G	C	GMP1A	c.539C>G	-	structural_interaction_variant	HIGH	0.02	0.00245
chr2	7584923	T	C	UTP15	c.189C>T	p.S65A	missense_variant	MODERATE	0.02	0.00747
chr2	4084324	C	G	CAD6	c.336C>G	p.S119V	missense_variant	MODERATE	0.019	0.00406
chr2	1028741	T	C	GRI1	c.851C>T	p.H236A	missense_variant	MODERATE	0.017	0.00507
chr2	8737976	A	G	RGA1	c.2594A>G	p.A185R	missense_variant	MODERATE	0.014	0.00793
chr2	8047803	T	T	ADAMTS6	c.4495A>G	p.A1477R	missense_variant	MODERATE	0.012	0.0064
chr2	8717978	A	G	RGA1	c.2594A>G	p.H186A	missense_variant	MODERATE	0.012	0.0064
chr2	11586670	Z	T	AP31	c.121_124delAAGA	p.L41*	frameshift_variant	HIGH	0.01	0.00225
chr2	14524454	A	C	CDY1	c.563-7A>G	-	exon_region_variant_intron_variant	LOW	0.01	0.00225
chr2	6430773	A	G	NF180	c.1738A>G	p.H158V	missense_variant	MODERATE	0.007	0.00642
chr2	11801999	C	G	HSP49	c.1335C>G	-	structural_interaction_variant	HIGH	0.005	0.00483
chr2	17294771	T	C	ZNF36	c.335-77C	-	exon_region_variant_intron_variant	LOW	0.005	0.00662
chr2	7514866	T	T	ANR42	c.733A>G	p.A924A	missense_variant	MODERATE	0.002	0.011
chr2	9487986	A	C	MCTR1	c.224A>T	-	exon_region_variant_intron_variant	LOW	0.002	0.00736
chr2	11809296	T	C	AMO1	c.739T>C	-	structural_interaction_variant	HIGH	0.002	0.00573
chr2	11809297	T	C	AMO1	c.739T>C	-	structural_interaction_variant	HIGH	0.002	0.00493
chr2	6364629	T	T	PIE1	c.120T>C	-	TS_premature_start_codon	LOW	0.078	0.00778
chr2	3295146	C	G	RL2	c.1190-188TTTTTCCGAGGAGGAAATAATATCCGGA	del.387_din966	disrupt_inframe_deletion	MODERATE	0.078	0.00271
chr2	10629413	T	G	ATG5	c.120T>C	-	structural_interaction_variant	HIGH	0.075	0.00993
chr2	10630874	T	G	ATG5	c.120A>C	-	structural_interaction_variant	HIGH	0.075	0.00993
chr2	11141493	T	A	REV3L	c.833A>C	p.H131A	missense_variant	MODERATE	0.071	0.01
chr2	10629273	T	A	RIE1	c.282B>O	-	sequence_feature	LOW	0.063	0.011
chr2	161129	T	G	FOC1	c.684C>G	-	sequence_feature	MODERATE	0.061	0.01
chr2	11082930	T	C	AMO1	c.739T>C	-	structural_interaction_variant	HIGH	0.06	0.00625
chr2	11074617	G	A	CDK19	c.1336T>C	p.L451P	missense_variant	MODERATE	0.058	0.00925
chr2	8851402	G	A	GNMT	c.819C>T	-	exon_region_variant_intron_variant	LOW	0.056	0.00629
chr2	13119811	A	A	HVEF1	c.6128C>A	p.A1943A	missense_variant	MODERATE	0.056	0.00629
chr2	14957251	A	T	CNS1	c.205A>C	p.S169R	missense_variant	MODERATE	0.053	0.00637
chr2	15887519	A	G	TUBB4	c.4988G>A	p.G132A	missense_variant	MODERATE	0.053	0.00845
chr2	15137328	C	T	ZBTB2	c.1365A	p.A147R	missense_variant	MODERATE	0.051	0.00548
chr2	9644548	A	G	MSP47	c.447C>G	-	exon_region_variant_intron_variant	LOW	0.05	0.00577
chr2	14847105	A	A	PER3	c.646G>A	p.A1487R	missense_variant	MODERATE	0.05	0.00611
chr2	15225832	C	A	MZT2	c.2796G>T	-	exon_region_variant_intron_variant	LOW	0.045	0.01
chr2	9767307	T	C	TWE1	c.1176C>A	p.G193A	missense_variant	MODERATE	0.047	0.011
chr2	10119634	C	G	MOGAT3	c.717_738delACTTAG	p.L243L	frameshift_variant	HIGH	0.091	0.00366
chr2	1727471	T	T	ZNF80	c.1188A>G	p.H138A	missense_variant	MODERATE	0.049	0.00558
chr2	12984865	T	C	HR23B	c.126-4A>G	p.G138A	exon_region_variant_intron_variant	LOW	0.075	0.00917
chr2	8791542	T	T	RLO1	c.1560A>G	p.G138A	missense_variant	MODERATE	0.075	0.00398
chr2	13470861	C	C	MN1	c.1588G>A	p.V1509A	missense_variant	MODERATE	0.074	0.00478
chr2	13734105	CAACTT	C	ZNF80	c.1225_1240delAAGTT	del.49_val41del	inframe_deletion	MODERATE	0.071	0.00459
chr2	3995949	T	G	CDK3	c.1218T>A	p.H1727R	exon_region_variant_intron_variant	LOW	0.069	0.00366
chr2	9348120	G	GA	CALCR	c.466-4A>G	-	exon_region_variant_intron_variant	LOW	0.067	0.00416
chr2	8719747	A	A	TMEM43	c.2790T>C	p.L193A	missense_variant	MODERATE	0.059	0.00567
chr2	11809270	T	C	CAF2	c.442A>G	p.H148V	missense_variant	MODERATE	0.058	0.00567
chr2	7577194	G	A	TPP12	c.208-8G>T	-	exon_region_variant_intron_variant	LOW	0.057	0.00913
chr2	1484124	T	A	TRIM24	c.185C>T	-	missense_variant	MODERATE	0.055	0.01
chr2	13858170	T	C	TRIM24	c.2727T>C	p.H272A	structural_interaction_variant	HIGH	0.054	0.00614
chr2	8704943	C	C	KIAA124L	c.755C>G	p.G142A	missense_variant	MODERATE	0.054	0.011
chr2	3099565	T	C	CK13	c.2043-56A	-	exon_region_variant_intron_variant	LOW	0.051	0.00303
chr2	10873327	T	A	DNAH9	c.626A>G	p.A920G	missense_variant	MODERATE	0.051	0.00298
chr2	8703443	T	C	KIAA124L	c.755C>G	p.A925A	missense_variant	MODERATE	0.05	0.00298
chr2	14416225	C	C	WDR37	c.4401C>T	p.A9101P	missense_variant	MODERATE	0.047	0.00362
chr2	13275490	T	C	REN3	c.88A>G	p.G1290Y	missense_variant	MODERATE	0.049	0.00489
chr2	8021925	G	C	BTK2	c.2133G>A	p.V177V	region_variant_intron_variant	LOW	0.049	0.00584
chr2	5283668	T	C	RB1C1	c.202C>G	p.P64A	missense_variant	MODERATE	0.049	0.00584
chr										

chr19	4844384	GG	AT	KCNJ14	C98_19846166GinAT	MNV13061aPh	missense_variant	MODERATE	0.273	0.217	0.79
chr19	49857120	GG	C	PON1	C706_20544611GinTA	p.Tr2291a	missense_variant	MODERATE	1.291	1.225	0.74
chr19	11213386	C	T	ZNF78	N_249207	p.Tr2391a	n_coding_transcript_end_variant	MODIFIER	0.316	0.23	0.73
chr19	38451858	C	T	RYR1	C121707	p.Tr4051a	missense_variant	MODERATE	0.281	0.195	0.69
chr19	15062754	C	C	IFI3	C438360C	p.G14724a	missense_variant	MODERATE	0.25	0.24	0.67
chr19	40570667	CA	C	SPTBN4	C725961A	p.G12420a	frameshift_variant	HIGH	0.37	0.17	0.65
chr19	40570659	C	C	SPTBN4	C725961C	p.G12420Hs	missense_variant	MODERATE	0.26	0.17	0.65
chr19	3179531	C	T	SPR4	C73807C	p.Arg473Cys	missense_variant	MODERATE	0.386	0.25	0.65
chr19	3278848	C	T	TDRD2	C184479C	ice_region_variant	LOW	0.314	0.201	0.64	
chr19	3654128	CGCTCATCTGTAAAG	T	TH9R	C76_83544717CAGAGATGCAG	p.H326L	missense_variant	HIGH	0.315	0.18	0.61
chr19	41811333	C	T	CEACAM3	C73507	p.Ser529Phe	missense_variant	MODERATE	0.335	0.198	0.59
chr19	48739383	CG	C	RAG1P1	C139646C	frameshift_variant	HIGH	0.48	0.279	0.58	
chr19	2425282	C	T	TMPSRSS9	C288150T	p.Glu134S	ice_region_variant	LOW	0.428	0.232	0.54
chr19	5668178	C	T	ZNF835	C418110A	p.Glu471Lys	missense_variant	MODERATE	0.386	0.198	0.44
chr20	6219449	C	T	MFG2	C29027	p.Asp210Ile	missense_variant	MODERATE	0.268	0.202	0.74
chr20	6235118	G	C	LAM4S	C288138AapGG	p.Glu799S	frameshift_variant	HIGH	0.337	0.211	0.63
chr20	4620258	C	A	CRY2C2	C200427	p.Asp733Asn	missense_variant	MODERATE	0.126	0.127	0.52
chr20	1816920	G	A	USP18	C71363A	p.Arg238His	missense_variant	MODERATE	0.321	0.237	0.74
chr20	4620258	C	T	ATP5J	C1276A	p.Arg6His	missense_variant	MODERATE	0.298	0.212	0.71
chr20	41217617	CC	A	CYPO26	C204339A	p.Asp339Phe	missense_variant	MODERATE	0.327	0.22	0.67
chr20	20457963	A	C	KLU22	C11507AG	p.Ser384Asp	missense_variant	MODERATE	0.396	0.251	0.63
chr20	18730251	CC	AA	PRF1	C112_12644121GinAA	p.Ile401Ile	missense_variant	MODERATE	0.239	0.233	0.57
chr20	7214054	G	T	NHS12	C238667	p.Val828Phe	missense_variant	MODERATE	0.276	0.258	0.93
chr20	145842490	G	T	SUTR2	C238407	p.Pro279Ser	missense_variant	MODERATE	0.289	0.222	0.77
chr20	11952756	A	T	RGS11	C238407	p.Pro713Asn	missense_variant	MODERATE	0.333	0.289	0.69
chr20	155939756	A	T	VAMP7	C44840T	p.Asn150Ile	missense_variant	MODERATE	0.276	0.185	0.67
chr20	5393060	G	T	HOM1	C73865A	p.Trp246Asn	missense_variant	MODERATE	0.284	0.2	0.66
chr20	3748670	C	X	CS15C	p.Asn181Met	missense_variant	MODERATE	0.298	0.196	0.66	
chr20	153866682	G	T	LICAM	C23892C	p.Pro800Thr	missense_variant	MODERATE	0.384	0.235	0.65
chr20	13849988	C	T	ADSS4	C238207	p.Trp208Ile	missense_variant	MODERATE	0.383	0.284	0.53
chr20	REF	REF	ALT	Gene	C_Change	Effect	Inherit	AF	UMAF	AF BC	
chr1	3261450	T	G	SYN3	C6484C	p.C72128His	missense_variant	MODERATE	0.393	0.037095	
chr1	247414133	C	A	NR93	C23820A	p.Trp78*	stop_gained	HIGH	0.391	0.05076	
chr1	23172000	C	C	MLK4	C153183C	p.Trp78*	stop_gained	HIGH	0.391	0.05076	
chr1	15210424	T	A	FIG	C106242T	p.Asp355Val	missense_variant	MODERATE	0.329	0.03121	
chr1	10234543	A	A	USP18	C21282A	ice_region_variant	LOW	0.322	0.03045		
chr1	2847408	G	A	PHACTR4	C11936A	p.Asp404Asn	missense_variant	MODERATE	0.279	0.03444	
chr1	3806448	C	CCAG	POU3F1	C1295_1296H1GG	rs42_Pou3f1inidistrupt_infra_intron	MODERATE	0.278	0.04759		
chr1	3806448	C	CCAG	POU3F1	C1295_1296H1GG	p.Trp435*	stop_gained	HIGH	0.278	0.04759	
chr1	15730630	G	T	PLEKHA2	C28070T	p.Glu708Asp	missense_variant	MODERATE	0.249	0.02034	
chr1	46261511	G	A	ACE2	C28070T	p.Val161Ile	missense_variant	MODERATE	0.246	0.02068	
chr1	5420026	CAAGG	C	MPL37	C24_2761AAGG	p.Arg67	frameshift_variant	HIGH	0.241	0.02005	
chr1	5420071	GGGG	C	MPL37	C24_2761AAGG	gln_Asn14delin disrupt_infra_deletion	MODERATE	0.236	0.02038		
chr1	46261511	G	T	ERK41	C2460C	p.Glu82Gly	missense_variant	MODERATE	0.237	0.02046	
chr1	17615066	C	A	PAPPA2	C38140A	p.Pro214His	missense_variant	MODERATE	0.218	0.02048	
chr1	133270755	G	A	HNRK1	C813233C	p.Glu27123Lys	ice_region_variant	LOW	0.215	0.05	
chr1	222545431	T	C	HPH2	C97464G	ice_region_variant	LOW	0.17	0.00987		
chr1	16080933	C	T	CAS21	C288180A	ice_region_variant	LOW	0.129	0.0046		
chr1	16080933	C	C	UCP2	p.Ile615Ile	missense_variant	MODERATE	0.12	0.00338		
chr1	21793704	G	T	UGT1A1	C3352A	p.Ile119Ile	ice_region_variant	MODERATE	0.111	0.00629	
chr1	2762356	G	A	FGF1	C115910C-T	ice_region_variant	LOW	0.107	0.00569		
chr1	16588812	G	A	CNSR1	C154950A-T	ice_region_variant	LOW	0.104	0.00475		
chr1	17623134	C	T	AMHG2B1	C158570T	ice_region_variant	LOW	0.103	0.00674		
chr1	1465493	C	T	ATG13B	C48470T	ice_region_variant	LOW	0.103	0.00446		
chr1	11077974	C	T	MAR2	C98797A	structural_interaction_variant	HIGH	0.098	0.00779		
chr1	1804411	G	A	CAS1	C288180A	ice_region_variant	LOW	0.095	0.00469		
chr1	11784461	C	T	C1orf167	C289207	p.Ala1089Val	missense_variant	MODERATE	0.092	0.00342	
chr1	3131330	C	T	CPSF3L	C19886A	p.Glu355Val	missense_variant	MODERATE	0.091	0.00307	
chr1	20654502	C	C	NFAC	C412180A	ice_region_variant	LOW	0.089	0.00317		
chr1	2736249	C	T	MMP36	C18476A	p.Arg416Gln	missense_variant	MODERATE	0.087	0.00434	
chr1	1682616	G	A	DNMT3A	C186410A	ice_donor_variant	LOW	0.085	0.00663		
chr1	3474509	G	A	ARHGFB2	C1479170A	ice_region_variant	LOW	0.083	0.00454		
chr1	3794749	G	A	MAN2A	C975A	p.Arg33Asn	missense_variant	MODERATE	0.083	0.015	
chr1	922327	C	A	PKNOX2	C461810G	ice_region_variant	MODERATE	0.083	0.00274		
chr1	45058803	C	T	ZNF5W5	C21796A	p.Glu728Arg	ice_region_variant	MODERATE	0.083	0.00274	
chr1	12720328	C	T	PHO13	C45552T	p.Pro215Ser	ice_region_variant	MODERATE	0.08	0.00469	
chr1	21602811	C	T	PAP1GAP	C17320A	p.Glu575Lys	missense_variant	MODERATE	0.08	0.00444	
chr1	3301358	C	G	AC2	C4543C	p.Lys182Asn	missense_variant	MODERATE	0.079	0.00540	
chr1	11218094	C	T	C1orf167	C289207	p.Arg454Gly	missense_variant	MODERATE	0.078	0.00411	
chr1	11776473	G	T	C1orf167	C217407	p.Ala725Val	missense_variant	MODERATE	0.078	0.00391	
chr1	98579	G	A	FNH1	C45820T	missense_variant	MODERATE	0.075	0.00327		
chr1	19270518	G	C	ANKK1	N_4400C	n_coding_transcript_end_variant	MODIFIER	0.075	0.00239		
chr1	1047117	G	A	PGD	C3756A	structural_interaction_variant	HIGH	0.073	0.00638		
chr1	2064989	G	A	FNK1	C1252160A	ice_region_variant	LOW	0.073	0.00417		
chr1	1182828	C	T	NPH9	C3446A	p.Arg115Lys	missense_variant	MODERATE	0.072	0.00268	
chr1	19270518	G	C	USP17	C3756A	p.Trp97*	stop_gained	HIGH	0.072	0.00137	
chr1	2257678	G	A	EPHA8	C7216A	p.Asp241Asn	missense_variant	MODERATE	0.071	0.00214	
chr1	2912439	C	T	EPHA2	C130750T	ice_region_variant	LOW	0.071	0.00485		
chr1	4311862	C	T	TIE1	C134020T	p.Pro495Ser	missense_variant	MODERATE	0.071	0.00485	
chr1	590467	C	T	NPH4	C24430A	p.Glu715Arg	ice_region_variant	MODERATE	0.07	0.00308	
chr1	1825471	C	T	BEND5	C217150A	ice_region_variant	HIGH	0.07	0.00765		
chr1	587498	C	T	NPH4	C20200A	p.Ala974Thr	missense_variant	MODERATE	0.069	0.00366	
chr1	11210294	C	T	MTOR	C277916A	ice_donor_variant	HIGH	0.068	0.00452		
chr1	15270755	C	T	DISF3	C270020T	p.Pro757Lys	missense_variant	MODERATE	0.068	0.00743	
chr1	588785	G	T	NPH4	C13870A	T.Val1123Met	ice_region_variant	MODERATE	0.065	0.00372	
chr1	28384247	C	T	C1orf108	C817190A	ice_region_variant	LOW	0.065	0.00688		
chr1	12726979	C	T	VPS13D	C139107	p.Pro113Ser	missense_variant	MODERATE	0.064	0.00646	
chr1	3388121	C	T	TMEM45	C120150A	ice_donor_variant	HIGH	0.064	0.00393		
chr1	15610386	C	A	PKA11	C1819650A	ice_region_variant	LOW	0.064	0.00263		
chr1	21817320	C	T	HSPO2	C58262A	p.Ala1788Met	missense_variant	MODERATE	0.063	0.00426	
chr1	5887654	C	T	CA1	C121807T	ice_region_variant	LOW	0.063	0.00582		
chr1	16137867	C	T	EPHA2	C12886A	p.Ser433Asn	missense_variant	MODERATE	0.061	0.00384	
chr1	21288129	C	T	EEF1	C139150A	ice_region_variant	LOW	0.061	0.00405		
chr1	5517479	T	A	USP24	C703161A	ice_region_variant	LOW	0.061	0.00802		
chr1	28378829	G	A	OSCN	C280690A	p.Cys886Trp	missense_variant	MODERATE	0.061	0.00441	
chr1	972398	C	T	CLTN1	C21807A	p.Gly755Asp	missense_variant	MODERATE	0.06	0.00479	
chr1	3359476	G	A	CSMD2	C838130T	ice_region_variant	LOW	0.06	0.00526		
chr1	23829446	C	T	OSCN	C78007T	ice_region_variant	LOW	0.06	0.00539		
chr1	1573196	C	T	PLEKHA2	C28070T	p.Ser265Phe	missense_variant	MODERATE	0.059	0.00288	
chr1	3301332	G	A	ACE2	C28070T	structural_interaction_variant	HIGH	0.059	0.00484		
chr1	2077691	C	T	HFBP3	C182460A	ice_region_variant	LOW	0.058	0.00309		
chr1	2745197	C	T	WASF2	C537180A	ice_region_variant	LOW	0.058	0.00708		
chr1	2852325	C	A	KCC1	C5909A	p.Arg120His	missense_variant	MODERATE	0.058	0.00408	
chr1	4920786	CG	C	MMAOC2C	C8607C	p.Ala20Val	missense_variant	MODERATE	0.058	0.01	
chr1	20083733	G	A	GP25	C1765A	p.Ala142Thr	missense_variant	MODERATE	0.058	0.00239	
chr1	3515621	C	A	MEGF6	C156520T	p.Ala353Val	missense_variant	MODERATE	0.057	0.00376	
chr1	15587136	C	T	DNAC16	C181810T	p.Lys60Phe	missense_variant	MODERATE	0.057	0.00679	
chr1	2341496	C	T	ADAP3	C24660A	p.Ser49Asn	ice_region_variant	MODERATE	0.057	0.00395	
chr1	4332946	C	T	MPN	C80770T	ice_region_variant	LOW	0.057	0.00409		
chr1	46404842	C	T	FAH1	C92707T	ice_region_variant	LOW	0.057	0.00476		
chr1	15621036	C	T	SACS4A4	C1744020T	ice_region_variant	LOW	0.057	0.00472		
chr1	20188002	C	T	SHS44	C1807C	p.Trp13Ile	missense_variant	MODERATE	0.057	0.00335	
chr1	9008084	G	A	TMEM201	C14486A	p.Glu480Val	missense_variant	MODERATE	0.056	0.00467	
chr1	2721824	C	T	NOTCH1	C132150A	ice_region_variant	HIGH	0.056	0.00573		
chr1	20774830	C	T	RAB29	C134190A	ice_region_variant	LOW	0.056	0.00843		
chr1	29552028	C	G	HEATR1	C52837C	missense_variant	MODERATE	0.056	0.00486		
chr1	4083509	G	A	KND2A	C1784110A	ice_donor_variant	HIGH	0.055	0.00522		
chr1	20344445	C	T	ARL8A	C132150A	ice_region_variant	LOW	0.055	0.00885		
chr1	1123244	C	A	MTOR	C183440T	ice_region_variant	LOW	0.054	0.00412		
chr1	17379299	C	A	P							

chr2	21781359	G		A	TNS1	C448B-3C7		ce_region_variantInton_wari	LOW	0.059	0.006443		
chr2	42011156	G		T	ARCS5	C195650A		p.Tand2Ter	ce_region_variant	LOW	0.057	0.00712	
chr2	21111279	C		T	HTR38	C5356A		p.Gly485Ser	inse_wariandSplice_region_w	MODERATE	0.058	0.007464	
chr2	8470937	C		T	DNAH6	C3049-6C7			ce_region_variantInton_wari	LOW	0.057	0.00537	
chr2	15848449	G		A	GCC2	C36552A		p.Ax1515Lan	inse_wariandSplice_region_w	MODERATE	0.057	0.01	
chr2	24527541	G		A	INPPL1	C4276A			ce_region_variantInton_wari	MODERATE	0.057	0.0057	
chr2	21252479	G		T	PRSS5	C19552A		p.Gly472Gly	ce_region_variantInton_wari	LOW	0.055	0.004861	
chr2	39152680	C		T	CLIP4	C1022-3C7			ce_region_variantInton_wari	LOW	0.055	0.007591	
chr2	96428261	C		T	NEU3L	C7720A		p.Val25Ile	ce_region_variantInton_wari	MODERATE	0.055	0.004917	
chr2	15802052	C		T	PNX4	C4482C7			ce_region_variantInton_wari	MODERATE	0.055	0.005021	
chr2	18919873	C		T	LRP2	C879B-3C6A			ce_region_variantInton_wari	LOW	0.054	0.009373	
chr2	9557995	C		T	APC	C1824C7			ce_region_variantInton_wari	MODERATE	0.053	0.005957	
chr2	13577427	C		T	UBN4A	C483C7		p.Ala277Val	ce_region_variantInton_wari	MODERATE	0.053	0.007312	
chr2	21802329	C		T	RUF4	C483C7		p.Arg135Tyr	ce_region_variantInton_wari	MODERATE	0.053	0.003721	
chr2	9238476	C		T	PRDM2	C1986B-3C7			ce_region_variantInton_wari	MODERATE	0.053	0.002704	
chr2	9907854	C		T	TG6A0	C481-5C6A			ce_region_variantInton_wari	LOW	0.052	0.008383	
chr2	21802325	G		A	PTSP1	C1555A		p.Val109Met	ce_region_variantInton_wari	MODERATE	0.052	0.005254	
chr2	2120870	C		T	APOB	C5986A		p.Arg1997Asn	ce_region_variantInton_wari	MODERATE	0.051	0.004028	
chr2	27729427	C		T	MRR33	C198-8C7			ce_region_variantInton_wari	LOW	0.051	0.011	
chr2	73902339	C		T	ACT2	C1213C6A		p_c_puozip	ce_region_variantInton_wari	MODERATE	0.051	0.004515	
chr2	137094895	C		T	THSD7B	C737C7		p.Pro325Ser	ce_region_variantInton_wari	MODERATE	0.051	0.006091	
chr2	23821382	G		A	MRO2A	C2781-6C6A			ce_region_variantInton_wari	LOW	0.051	0.0067	
chr2	23828184	G		A	UBE2F-SCV1	C1188-8C6A			ce_region_variantInton_wari	LOW	0.051	0.00411	
chr2	240274087	C		T	RFXA	C13145A		p.Val105Thr	ce_region_variantInton_wari	MODERATE	0.051	0.002009	
chr2	3152407	C		T	TSS13	C8970-9A			ce_region_variantInton_wari	LOW	0.05	0.00526	
chr2	3741952	C		T	DDC2C	C448C7		p.Pro150Leu	ce_region_variantInton_wari	MODERATE	0.05	0.00824	
chr2	2722205	G		A	CAC	C4335A		p.Val21Lan	ce_region_variantInton_wari	MODERATE	0.05	0.006254	
chr2	10395112	C		T	AMRN3BC	C1576A		p.Arg65Leu	inse_wariandSplice_region_w	MODERATE	0.05	0.00331	
chr2	12812763	G		A	UGT11	C12281-5C6A			ce_donor_variantInton_wari	HIGH	0.05	0.008394	
chr2	15235533	C		T	DNAH3	C1539-15C6A			ce_donor_variantInton_wari	HIGH	0.05	0.006022	
chr2	21865299	G		A	ZNF542	C281-3C7			ce_region_variantInton_wari	LOW	0.05	0.007756	
chr2	23384212	G		A	HIF1P	C375-7C7			ce_region_variantInton_wari	LOW	0.05	0.011	
chr2	24057979	C		T	AGAT	C197C7			structural_insertion_variant	HIGH	0.05	0.00444	
chr2	70908985	T		A	FDPS1	C1842A7		p.Ile44Phe	ce_region_variantInton_wari	MODERATE	0.048	0.002087	
chr2	3605171	C		T	TRAF1	C44737C7		p.Val151Phe	p_gliandSplice_region_wari	HIGH	0.048	0.00444	
chr2	18548933	A		T	IGFBP2	C495-27A			ce_donor_variantInton_wari	HIGH	0.045	0.003771	
chr2	13282085	C		A	ITIH	C1323A		p.Val181I	ce_region_variantInton_wari	HIGH	0.045	0.00383	
chr2	15441241	C		T	OPN149	C12810A		p.Arg421Lan	ce_region_variantInton_wari	MODERATE	0.045	0.00528	
chr2	49338049	G		C	GPI1	C1230G		p.Pro77Arg	ce_region_variantInton_wari	MODERATE	0.045	0.00548	
chr2	179218294	G		A	PKCXA	C1264G			protein_contact	MODERATE	0.045	0.00528	
chr2	4911047	C		T	USP19	C1539-3C6A			ce_region_variantInton_wari	LOW	0.045	0.00393	
chr2	12782086	C		T	INSL1	C1278A		p.Arg39Ile	ce_region_variantInton_wari	MODERATE	0.045	0.00462	
chr2	5280519	G		A	ITIH3	C15895A		p.Gly232Ily	region_wariandSplice_region_w	LOW	0.045	0.00393	
chr2	13713158	A		G	FBX4	C1038G		p.Arg135Ily	ce_region_variantInton_wari	MODERATE	0.045	0.002285	
chr2	4842111	C		T	RUNX1	C15895A		p.Val105Met	ce_region_variantInton_wari	MODERATE	0.045	0.00424	
chr2	13921501	G		A	RAB2	C389-3C7			ce_region_variantInton_wari	LOW	0.045	0.004295	
chr2	16225658	A		A	SNR24	C15895A			p_gliandSplice_region_wari	HIGH	0.045	0.00466	
chr2	48449117	G		A	ATAP	C1535-15C6A		p.Gln102P	ce_donor_variantInton_wari	HIGH	0.045	0.005404	
chr2	52884213	C		T	ITIH3	C15895-7C7			ce_region_variantInton_wari	LOW	0.045	0.002328	
chr2	5288241	C		T	DNAH1	C4171-7C6A			ce_region_variantInton_wari	LOW	0.045	0.006807	
chr2	49311640	G		A	USP4	C730C7		p.Pro237Leu	ce_region_variantInton_wari	MODERATE	0.045	0.007555	
chr2	48422052	G		A	PUM1	C12842A			ce_region_variantInton_wari	MODERATE	0.045	0.004567	
chr2	49241394	G		A	CDC36	C395-15C6A			ce_region_variantInton_wari	LOW	0.045	0.00733	
chr2	52320051	C		T	TRT	C1570-15C6A			ce_region_variantInton_wari	LOW	0.045	0.006007	
chr2	4862121	C		T	CELSR3	C4595A		p.Val218Leu	ce_region_variantInton_wari	MODERATE	0.045	0.00627	
chr2	49033113	C		T	ORH1	C1957-15C6A			ce_region_variantInton_wari	LOW	0.045	0.008414	
chr2	48404645	C		T	HTRAC	C1142-3C7			ce_region_variantInton_wari	LOW	0.045	0.00321	
chr2	50307492	G		A	CACNA2D2	C2342C7		p.Ala775Val	ce_region_variantInton_wari	MODERATE	0.045	0.00401	
chr2	50272009	C		T	SEMA3B	C1008-3C7			ce_region_variantInton_wari	LOW	0.045	0.005565	
chr2	52388027	C		T	DCY1A	C1668-8C6A			ce_region_variantInton_wari	MODERATE	0.045	0.00466	
chr2	13623594	G		A	PCB	C431-8C6A			ce_region_variantInton_wari	LOW	0.045	0.00315	
chr2	48237991	C		A	SCYL5	C1188C7			ce_region_variantInton_wari	MODERATE	0.045	0.00393	
chr2	50646818	G		A	MANNA3P3	C9086A		p.Trp303*	stop_gained	HIGH	0.045	0.003795	
chr2	52798848	G		T	ITIH3	C1386-9C7			ce_region_variantInton_wari	LOW	0.045	0.004911	
chr2	12707706	C		T	ATB1	C483C7			stop_gained	HIGH	0.045	0.00321	
chr2	49023264	G		A	FAM138A	C3015A		p.Val101Met	ce_region_variantInton_wari	MODERATE	0.045	0.00393	
chr2	49015019	C		T	USP19	C1539-15C6A			ce_region_variantInton_wari	LOW	0.045	0.005162	
chr2	13339023	C		A	TMEM108	C1946G		p.Gly521Ily	ce_region_variantInton_wari	MODERATE	0.045	0.003714	
chr2	5833008	C		T	PKX	C20C7		p.Pro7Leu	ce_region_variantInton_wari	MODERATE	0.045	0.00666	
chr2	9403071	C		T	CREL1	C483-8C7			ce_region_variantInton_wari	LOW	0.045	0.004022	
chr2	4726227	C		T	RFX9	C951-3C6A			ce_region_variantInton_wari	LOW	0.045	0.004022	
chr2	49021748	C		T	WDR6	C1234C7		p.Val77Ile	ce_region_variantInton_wari	MODERATE	0.045	0.00388	
chr2	52381987	G		A	DNAH1	C4278G		p.Gly272Gly	ce_region_variantInton_wari	MODERATE	0.045	0.003575	
chr2	12840027	G		A	CANO2	C1435G		p.Val47Ile	ce_region_variantInton_wari	MODERATE	0.045	0.00489	
chr2	12758898	G		A	NEB2L2	C1420A		p.Val238Ile	ce_region_variantInton_wari	MODERATE	0.045	0.007487	
chr2	48445163	C		A	RUNX1	C1385C7		p.Pro112Leu	ce_region_variantInton_wari	MODERATE	0.045	0.003314	
chr2	50277382	C		T	SEMA3B	C1008-3C7			ce_region_variantInton_wari	MODERATE	0.045	0.00447	
chr2	13269528	C		T	MHP3	C2695G		p.Arg88Ily	inse_wariandSplice_region_w	MODERATE	0.045	0.007264	
chr2	15144387	G		A	IGFBP2	C495-3C7			ce_region_variantInton_wari	LOW	0.045	0.002628	
chr2	18454086	C		T	CDC12	C1271-15C6A			ce_region_variantInton_wari	LOW	0.045	0.00328	
chr2	49739239	G		A	DNAH4	C1457C7		p.Trp48Ile	ce_region_variantInton_wari	MODERATE	0.045	0.002847	
chr2	5023529	C		A	ENK2	C1564C7			p.Gly222*	stop_gained	HIGH	0.045	0.00589
chr2	18688896	C		T	DZP1	C3274C7		p.Gly102P*	stop_gained	HIGH	0.045	0.004813	
chr2	305379	C		A	NTN4	C2960-3C7			ce_region_variantInton_wari	LOW	0.045	0.004276	
chr2	1452451	C		T	GRIK2	C2465A		p.Gly18Arg	ce_region_variantInton_wari	MODERATE	0.045	0.00321	
chr2	39128937	G		A	C17H1	C1917-15C6A			ce_region_variantInton_wari	LOW	0.045	0.003495	
chr2	47046688	C		T	PTPN23	C1762C7			ce_region_variantInton_wari	MODERATE	0.045	0.00358	
chr2	4860083	C		T	USP19	C1539-15C6A			ce_region_variantInton_wari	MODERATE	0.045	0.004079	
chr2	12333888	C		T	ADCS	C1854-15C6A			ce_donor_variantInton_wari	HIGH	0.045	0.005258	
chr2	12758898	G		A	POU3F1	C1384-15C6A			ce_donor_variantInton_wari	LOW	0.045	0.01	
chr2	13623594	A		A	PCB	C1435A		p.Ala577Ile	ce_region_variantInton_wari	MODERATE	0.045	0.003306	
chr2	52382085	C		A	SH3D2	C1320C7			ce_region_variantInton_wari	MODERATE	0.045	0.00659	
chr2	10074534	C		T	FANCD2	C7156-6C7			ce_region_variantInton_wari	LOW	0.045	0.005723	
chr2	14942634	A		A	FGD5	C4493A		p.Val130Met	ce_region_variantInton_wari	MODERATE	0.045	0.00684	
chr2	49913220	C		A	MON1A	C4386A		p.Gly46Ser	inse_wariandSplice_region_w	MODERATE	0.045	0.00321	
chr2	19050186	G		A	L18AP	C1570-15C6A			ce_region_variantInton_wari	LOW	0.045	0.003709	
chr2	12924919	G		A	IGFBP2	C495-3C7			ce_region_variantInton_wari	MODERATE	0.045	0.003177	
chr2	3536168	G		A	CLASP2	C4022C7		p.Ala134Val	ce_region_variantInton_wari	MODERATE	0.045	0.007702	
chr2	44992991	G		A	TEMA	C1388A		p.Cys36Tyr	ce_region_variantInton_wari	MODERATE	0.045	0.00596	
chr2	48665993	G		A	NAL3	C178C7		p.Cys260Ser	ce_region_variantInton_wari	MODERATE	0.045	0.007487	
chr2	4742999	G		A	SCAP	C-6C7			TR_premature_start_codon_gs	LOW	0.045	0.00442	
chr2	14418877	C		T	CDC103	C1183-15C6A			ce_donor_variantInton_wari	LOW	0.045	0.0086	
chr2	11415970	C		T	ORO3	C381-15C6A			ce_region_variantInton_wari	LOW	0.045	0.00591	
chr2	12379847	C		A	MYK	C1-3C7			ce_region_variantInton_wari	LOW	0.045	0.00725	
chr2	4742000	C		T	SCAP	C1183-15C6A			p.Trp8*	p_gliandSplice_region_wari	HIGH	0.045	0.00321
chr2	47640492	G		A	SMARCC1	C1420C7		p.Arg48Tyr	ce_region_variantInton_wari	MODERATE	0.045	0.007701	
chr2	47601334	G		A	ENK2	C1564A		p.Gly204Arg	ce_region_variantInton_wari	MODERATE	0.045	0.005907	
chr2	12334706	G		A	ADCS	C1854-3C7			ce_region_variantInton_wari	LOW	0.045	0.004273	
chr2	13041040	C		T	COL4A5	C4001C7		p.Ala133Val	ce_region_variantInton_wari	MODERATE	0.045	0.00643	
chr2	13813713	C		T	RANK1	C1954-15C6A			ce_region_variantInton_wari	LOW	0.045	0.00321	
chr2	15418402	C		T	FGA	C1256A		p.Arg42Ily	ce_region_variantInton_wari	MODERATE	0.045	0.003705	

chr5	14735262	C	T	STK2A	c473-3c7	-	ic_e_region_variant intron_variant	LOW	0.051	0.004508
chr5	15052642	T	A	PAL2	c13836A	p.T955P*	ic_region exon intron_variant	HIGH	0.05	0.005011
chr5	15356820	C	T	HSFA9	c335-9c5a	-	ic_region_variant intron_variant	LOW	0.05	0.006443
chr5	15154294	T	T	FAT2	c803b5a	p.Arg276Gln	missense_variant	MODERATE	0.05	0.004427
chr5	15325410	C	T	TRAM8	c3050c1	p.G143Gln	missense_variant	MODERATE	0.25	0.005413
chr5	3212494	A	G	FBRF4	c2877g	p.Lys96Arg	missense_variant	MODERATE	0.243	0.002281
chr5	3088070	G	G	DON1	c23255-3c5c	-	ic_region_variant intron_variant	LOW	0.21	0.003208
chr5	3413367	G	A	GRM4	c130c7	p.Arg44Gly	missense_variant	MODERATE	0.220	0.003255
chr5	2890514	T	T	SERPIN9	c7380c4	p.Gln266Ile	missense_variant	MODERATE	0.227	0.003343
chr5	3087115	C	T	DON1	c23255-3c5c	p.Lys457Trp	missense_variant	MODERATE	0.223	0.003136
chr5	4312143	G	T	PKT7	c5846c7	p.G1322*	stop_gained	HIGH	0.213	0.004219
chr5	35948454	ACT	A	ASCC2	c52_286444AG	-	ic_region intron transcript exon intron_variant	MODERATE	0.207	0.00466
chr5	3164544	G	A	BAGE	c1597c7	p.Trp36Gln	missense_variant	MODERATE	0.203	0.001986
chr5	37046634	C	T	LZNR8	c897-7c5a	-	ic_region_variant intron_variant	LOW	0.111	0.0151
chr5	35209793	G	A	ARCF1	c2233-27a	-	ic_region_variant intron_variant	LOW	0.083	0.002787
chr5	45645106	C	T	RSPH9	c8c7	p.Ala3Val	missense_variant	MODERATE	0.078	0.003772
chr5	7348103	G	A	DOX8	c1119f-5c5a	-	ic_region_variant intron_variant	HIGH	0.073	0.00512
chr5	8321180	G	A	CYS84	c658-9c5a	-	ic_region_variant intron_variant	LOW	0.073	0.008208
chr5	46963607	G	A	WDK27	c1870-3c7	-	ic_region_variant intron_variant	LOW	0.072	0.011
chr5	5252304	C	T	PRV11	c1230c4a	missense_variant	MODERATE	0.071	0.005088	
chr5	36717420	G	A	RAB44	c641-1c5a	-	ic_region_variant intron_variant	HIGH	0.07	0.011
chr5	3268219	C	T	TNFR2	c590-2c5a	-	ic_region_variant intron_variant	LOW	0.066	0.004439
chr5	15868029	C	T	TMEM181	c1085-4c7	-	ic_region_variant intron_variant	LOW	0.066	0.005888
chr5	50715132	C	T	TFAP2D	c58c7	p.Ser192Ile	missense_variant	MODERATE	0.065	0.004849
chr5	7385115	C	T	DOX48	c2500c4	p.Gly94Ser	intron_variant exon intron_variant	MODERATE	0.065	0.004811
chr5	31507105	C	T	MCB	c497c7	p.Arg233Trp	missense_variant	MODERATE	0.064	0.003355
chr5	33880636	C	T	HPE1	c13-3c7	-	ic_region_variant intron_variant	LOW	0.064	0.004866
chr5	1364251	C	T	ITPR3	c4478c7	p.Trp149Ile	intron_variant exon intron_variant	MODERATE	0.062	0.004216
chr5	15466718	G	A	ARH2	c1483b3c	p.Arg49Gln	missense_variant	MODERATE	0.059	0.001987
chr5	3365920	G	A	ITPR3	c7947-5c5a	-	ic_region_variant intron_variant	LOW	0.059	0.005074
chr5	8761422	G	A	ORC3	c987-9c5a	-	ic_region_variant intron_variant	LOW	0.059	0.013
chr5	30536944	C	T	LPA	c1307a207b	intron_variant exon intron_variant	MODERATE	0.059	0.004444	
chr5	31507111	C	G	MCB	c4713c7	p.Trp235Ser	missense_variant	MODERATE	0.058	0.003217
chr5	70281027	C	A	CDC41	c488c7	p.Arg207Ile	missense_variant	MODERATE	0.056	0.004935
chr5	35040626	C	T	ONK1	c18361c3	p.Gly400Gln	missense_variant	MODERATE	0.056	0.004935
chr5	15221234	C	T	SYN1	c20842c5a	p.Glu648Ile	missense_variant	MODERATE	0.054	0.008394
chr5	13222286	G	A	MGCC2	c5042c5a	-	ic_region_variant intron_variant	LOW	0.053	0.00374
chr5	16073682	G	T	PLG	c1682-5c7	-	ic_region_variant intron_variant	LOW	0.053	0.00791
chr5	3701057	G	A	FGD2	c378-7c5a	-	ic_region_variant intron_variant	LOW	0.052	0.004135
chr5	4668194	G	T	TNPO6	c1200c7	p.Arg333Trp	missense_variant	MODERATE	0.052	0.003528
chr5	2415422	G	A	NR5A1	c189-6c5a	-	ic_region_variant intron_variant	LOW	0.051	0.005229
chr5	2427384	G	A	FAM65B	c182-2c7	-	ic_region_variant intron_variant	LOW	0.051	0.007929
chr5	44464034	G	A	CDCL1	c795c4	p.Arg252Ile	missense_variant	MODERATE	0.051	0.011
chr5	53273219	G	T	EDL5	c700-1c5a	-	ic_region_variant intron_variant	LOW	0.051	0.005532
chr5	8965616	C	T	MOH1	c3786c4	p.Val328Ile	missense_variant	MODERATE	0.05	0.00511
chr5	14553946	G	A	UTRN	c653-9c5a	-	ic_region_variant intron_variant	LOW	0.05	0.011
chr5	12712034	C	T	DEAF1	c1475c7	p.Gly93*	stop_gained	HIGH	0.049	0.004863
chr5	7362900	T	G	DNAIC3B	c515a-c	p.Tyr125Ile	missense_variant	MODERATE	0.254	0.002888
chr5	10363528	G	T	RELN	c2362c4	p.Pro788Trp	missense_variant	MODERATE	0.252	0.004666
chr5	4462372	TC/GCTAC	POLM	c1071_3014c24p46AGAGAGGGA	-	-	-	0.25	0.004666	
chr5	44673805	AG	A	POLM	c1071a3c	p.Lys35Ile	frameshift_variant	HIGH	0.247	0.00381
chr5	7185403	C	T	WRSSD17	c186c7	p.Lys61Met	missense_variant	MODERATE	0.219	0.004608
chr5	2168741	G	A	DNM11	c5784c4	p.Gln192Ile	missense_variant	MODERATE	0.208	0.004905
chr5	37384645	T	T	DGR1	c461-7c5a	-	ic_region_variant intron_variant	LOW	0.174	0.009204
chr5	4602800	C	T	PAK6B	c187c7	missense_variant	MODERATE	0.174	0.00468	
chr5	10082056	C	T	EPH3A	c4232a	structural_intron_variant	HIGH	0.102	0.00468	
chr5	3704845	C	A	TNFR1	c783c4	p.Trp33*	stop_gained	HIGH	0.102	0.00783
chr5	14370329	C	T	TCF2	c78c7	p.Pro85Ser	missense_variant	MODERATE	0.1	0.012
chr5	15162122	G	A	PRKAG2	c1153-3c7	p.Ala29Val	missense_variant	MODERATE	0.1	0.007276
chr5	44120212	G	A	HEP1	c1153-3c7	-	ic_region_variant intron_variant	LOW	0.07	0.00466
chr5	6623828	C	T	ZNFS3	c1837c7	p.Arg13Cys	missense_variant	MODERATE	0.092	0.003561
chr5	5027989	G	A	ZNF9	c487c7	p.Ala163Trp	intron_variant exon intron_variant	MODERATE	0.092	0.011
chr5	102466275	G	A	LWJ01	c439-5c5a	-	ic_region_variant intron_variant	LOW	0.089	0.007203
chr5	128848540	C	T	FINC	c1550-3c7	-	ic_region_variant intron_variant	LOW	0.088	0.003869
chr5	19217821	C	T	ZNF383	c3786c4	p.Gly266Gly	missense_variant	MODERATE	0.088	0.003723
chr5	33979751	G	A	BMPER	c1313-7c5a	-	ic_region_variant intron_variant	LOW	0.084	0.007263
chr5	130034041	C	T	DNM1	c5784c4	p.Trp207Gly	missense_variant	MODERATE	0.082	0.00566
chr5	102306653	G	A	SH2B3	c2325c4	p.Ala78Trp	missense_variant	MODERATE	0.078	0.009186
chr5	130385339	C	T	CPA1	c78-7c7	-	ic_region_variant intron_variant	LOW	0.078	0.00487
chr5	12749053	C	A	SNR1	c349-9c5a	-	ic_region_variant intron_variant	LOW	0.075	0.005217
chr5	12187362	G	A	PTPR21	c58-5c5a	-	ic_region_variant intron_variant	LOW	0.074	0.004021
chr5	10214140	C	T	DOCK4	c4802d3c	intron_variant exon intron_variant	MODERATE	0.073	0.007443	
chr5	100030383	G	A	ZSCAN1	c799-8c5a	p.Ser513Ala	intron_variant exon intron_variant	LOW	0.071	0.003393
chr5	99707272	G	T	PSAO_CYP3A5	c1202c4	p.Lys342Arg	region_variant synonymous_variant	LOW	0.07	0.00443
chr5	132212660	C	T	PUNM4	c2282c7	p.Gly71*	stop_gained	HIGH	0.07	0.00317
chr5	139596716	C	T	HIPK2	c2771-10a	-	ic_region_variant intron_variant	HIGH	0.07	0.003337
chr5	214348	C	T	SNR8	c1876c7	-	ic_region_variant intron_variant	MODERATE	0.069	0.00404
chr5	141593598	G	A	CLECA	c208-8c7	p.Ala227Trp	ic_region_variant intron_variant	LOW	0.067	0.00621
chr5	15121645	G	A	CHPF2	c489-3c5a	-	ic_region_variant intron_variant	LOW	0.067	0.00467
chr5	39954246	C	T	DNK13	c78c7	p.Ser262Leu	missense_variant	MODERATE	0.066	0.005643
chr5	75021919	G	A	GATL2	c792d4	p.Trp254*	stop_gained	HIGH	0.064	0.004833
chr5	105212513	C	T	SC13A4	c1200c4	p.Gly337Trp	missense_variant	MODERATE	0.064	0.00462
chr5	144188850	A	ACGC	ARHGEP35	c23_26m5EGG	Hs481655GlnAdisinsuprte_infrae_insercion	MODERATE	0.064	0.00411	
chr5	144188851	T	TC/GCTAC	ARHGEP35	c22_23m5GTGGAGGGAGGAGAGGCG	p.His181	frameshift stop_gained	HIGH	0.064	0.00411
chr5	19277968	C	T	SPO	c786c4	p.Gly266Arg	missense_variant	MODERATE	0.064	0.005212
chr5	139238206	C	A	UNB2	c2213c4	p.Gly707Glu	region_variant synonymous_variant	LOW	0.063	0.003818
chr5	14982404	A	T	TRAC4	c4832c4	p.Gly162Gln	region_variant synonymous_variant	LOW	0.062	0.007019
chr5	14808688	C	T	SPO	c878c7	p.Trp228Ile	missense_variant	MODERATE	0.062	0.003224
chr5	10813701	C	T	NR6AM	c22434c5a	p.Gly84Arg	missense_variant	MODERATE	0.062	0.005669
chr5	130178124	C	T	TNMDK209	c1454-1c5a	-	ic_region_variant intron_variant	LOW	0.061	0.002714
chr5	132130492	C	T	PUNM4	c5673c4	p.Ser189Asn	missense_variant	MODERATE	0.061	0.005273
chr5	5497304	C	T	DNM17	c187c7	p.His103Trp	missense_variant	MODERATE	0.061	0.005756
chr5	93221783	G	A	PUS10	c251-8c5a	-	ic_region_variant intron_variant	LOW	0.06	0.008791
chr5	105023244	G	A	AFGE2	c483c4	p.Ala151Trp	missense_variant	MODERATE	0.06	0.003773
chr5	514942	G	A	POG1A	c183-7c7	-	ic_region_variant intron_variant	LOW	0.059	0.00461
chr5	103467348	C	T	LWJ01	c442c7	p.His148Trp	missense_variant	MODERATE	0.059	0.00476
chr5	11214142	C	T	DOCK4	c4802c4	p.Arg160His	missense_variant	MODERATE	0.058	0.007028
chr5	130672884	C	A	TSGL3	c388-8c7	-	ic_region_variant intron_variant	LOW	0.058	0.006111
chr5	103048811	G	T	OR42	c342c7	p.Pro175Leu	missense_variant	MODERATE	0.057	0.002219
chr5	7798955	C	T	PTT2	c3086c4	p.Ala409Val	missense_variant	MODERATE	0.056	0.005643
chr5	140432098	C	A	RAB39	c602d4	p.Ser201Asn	missense_variant	MODERATE	0.056	0.003296
chr5	13527098	C	T	RUFOS5	c23-7c7	-	ic_region_variant intron_variant	LOW	0.055	0.017
chr5	139239399	C	T	UNB2	c208-8c7	-	ic_region_variant intron_variant	LOW	0.055	0.00823
chr5	154942425	C	T	PANP1	c2021c4	p.Arg94Asn	intron_variant exon intron_variant	MODERATE	0.055	0.00941
chr5	32149445	C	A	PROX1	c148c7	-	ic_region_variant intron_variant	HIGH	0.054	0.00461
chr5	82847251	G	A	PLD	c1835-4c7	-	ic_region_variant intron_variant	LOW	0.054	0.003138
chr5	99648330	C	T	CYP3A5	c1846c4	p.Arg95Ser	missense_variant	MODERATE	0.054	0.006867
chr5	99707978	G	A	PSAO_CYP3A5	c1254-4c7	-	ic_region_variant intron_variant	LOW	0.054	0.00556
chr5	127342466	C	T	GCC1	c1176c4	p.Gly62Ser	missense_variant	MODERATE	0.054	0.00242
chr5	14980791	C	T	SPO	c738c7	p.Trp445Ile	missense_variant	MODERATE	0.054	0.00328
chr5	2483285	C	A	OSBP3	c78c7	p.Ser262Phe	missense_variant	MODERATE	0.053	0.006808
chr5	146404587	C	T	NUDC2	c464-4c7	-	ic_region_variant intron_variant	LOW	0.053	0.004613
chr5	12750001	C	T	ARF5	c208-5c7	-	ic_region_variant intron_variant	LOW	0.053	0.005313
chr5	7420927	G	A	LIM1	c1185c4	-	structural_intron_variant	HIGH	0.052	0.002274
chr5	8795688	C	A	ARCF1	c13-3c7	-	ic_region_variant intron_variant	LOW	0.052	0.007216
chr5	14344072	C	T	EPH6	c2438c7	p.Ala817Val	missense_variant	MODERATE	0.052	0.003275
chr5	149250317	C	T	DNM13	c270c7	p.Arg98Arg	region_variant synonymous_variant	LOW	0.052	0.004846
chr5	15194309	G	A	IQCA1	c1195c7	p.Ser523Phe	missense_variant	MODERATE	0.052	0.004268
chr5	4741056	C	T	FOK1	c1460-5c7	-	ic_region_variant intron_variant	LOW	0.051	0.00472
chr5	47481514	C	A	PRX11	c45-5c7	-	ic_region_variant intron_variant	LOW	0.051	0.007184
chr5	5067462	C	T	GRB10						

chr9	4683043	C	T	SICL1	c.1190C>T	p.Tn400Met	missense_variant	MODERATE	0.059	0.004891
chr9	471944215	C	T	FRS1L	c.1738G>A	ins_4donor_variantintointron_wai	HIGH	0.059	0.005027	
chr9	98770888	C	G	A	ANNSE	c.1970C>T	ins_variantsplice_region_w	MODERATE	0.059	0.004698
chr9	12986977	C	T	USF2B	c.1488C>T	p.Pro520Ser	missense_variant	MODERATE	0.059	0.004043
chr9	7280255	C	A	TKM1	c.1890G>A	p.G4564Arg	missense_variant	MODERATE	0.058	0.01
chr9	13758528	C	T	NEF3	c.1515C>T	p.Pro172Leu	missense_variant	MODERATE	0.058	0.005488
chr9	3333351	C	T	NF1	c.1461G>C	ins_4donor_variantintointron_wai	LOW	0.058	0.003516	
chr9	35886118	G	A	OR1131	c.784C>T	p.Pro262Ser	missense_variant	MODERATE	0.056	0.006145
chr9	8389126	C	T	RTF7	c.2095G>A	p.Arg699Leu	missense_variant	MODERATE	0.056	0.011
chr9	13727344	C	T	ANKK2	c.1986G>A	p.V4652Ile	missense_variant	MODERATE	0.056	0.004313
chr9	731179	C	T	KAN1	c.2918C>T	p.Thr93Ile	missense_variant	MODERATE	0.055	0.007347
chr9	1488780	C	T	FRS1L	c.1240A>G	p.W4712L	missense_variant	MODERATE	0.055	0.004689
chr9	35668369	C	T	TLN1	c.7255G>A	p.Cys2442Tyr	missense_variant	MODERATE	0.055	0.003581
chr9	136980830	C	T	PTGDS	c.448C>T	p.Pro139Leu	missense_variant	MODERATE	0.054	0.003864
chr9	1645559	C	T	IRC2	c.2593G>A	ce_region_variantintointron_wai	LOW	0.053	0.00484	
chr9	13750684	C	T	PNP47	c.1226-10A	a_acceptor_variantintointron_wai	HIGH	0.053	0.00395	
chr9	11463875	G	A	TMEM28	c.4388G>A	p.Arg59Met	missense_variant	MODERATE	0.052	0.013
chr9	37441056	G	T	ZBTB5	c.1486G>A	p.Gly49Glu	missense_variant	MODERATE	0.052	0.002818
chr9	11463875	G	A	TMEM28	c.4388G>A	p.Arg59Met	missense_variant	MODERATE	0.052	0.004548
chr9	13304046	G	A	TM62C	c.1170G>A	p.Ser922Ser	region_variant&nonymous_	LOW	0.052	0.00541
chr9	12857724	G	A	SPTAN1	c.930-10A	ins_4donor_variantintointron_wai	HIGH	0.051	0.003531	
chr9	12851685	C	T	PNK3	c.1387C>T	p.Ile623Phe	missense_variant	MODERATE	0.051	0.003562
chr9	13119874	C	T	NUP214	c.5290C>T	p.Pro176Ser	missense_variant	MODERATE	0.051	0.00482
chr9	13163879	A	G	RARGP1	c.550C>T	p.Ser167Leu	ins_variantsplice_region_w	MODERATE	0.051	0.007676
chr9	9768707	G	A	NCF1	c.2259-10A	ins_4donor_variantintointron_wai	HIGH	0.05	0.005051	
chr10	27414189	G	A	PF0D3	c.62C>T	p.Pro21Leu	missense_variant	MODERATE	0.036	0.002308
chr10	11062021	G	G	HNFP	c.256G>A	p.Ser48Val	missense_variant	MODERATE	0.209	0.004847
chr10	4320662	C	T	RAGEF1A	p.Ile212Leu	region_variant&nonymous_	LOW	0.114	0.00481	
chr10	9258896	G	A	IDF	c.888-8C>T	ce_region_variantintointron_wai	LOW	0.093	0.00262	
chr10	68944	C	T	DYF5	c.485C>A	p.Gly29Ser	ins_variantsplice_region_w	MODERATE	0.087	0.01
chr10	98232461	G	A	LOX4	c.1843C>T	p.H1615Tyr	missense_variant	MODERATE	0.079	0.004007
chr10	7013677	T	A	ADAMTS14	c.1465-30C>T	ce_region_variantintointron_wai	LOW	0.078	0.00468	
chr10	7961925	G	A	SFTAL1	c.604G>A	p.Val202Ile	missense_variant	MODERATE	0.077	0.00595
chr10	30007794	A	G	KIAA1462	c.180C>T	p.Ile279Phe	missense_variant	MODERATE	0.074	0.007373
chr10	4974827	C	T	ODG1	p.W4402Ile	region_variant&nonymous_	MODERATE	0.074	0.004474	
chr10	7380247	C	T	NSD2	c.2626G>A	p.Gly78Val	missense_variant	MODERATE	0.074	0.003818
chr10	129116170	C	T	SERPINC2	c.229-10A	ins_4donor_variantintointron_wai	HIGH	0.074	0.002149	
chr10	4872822	C	T	WDF4	c.1387C>T	p.Pro1063Ser	missense_variant	MODERATE	0.071	0.00393
chr10	19540254	G	A	EF3A	c.3306C>A	p.Tyr110P	stop_gained	HIGH	0.071	0.00399
chr10	4748039	G	T	RBP3	c.515C>T	p.Pro105Ser	missense_variant	MODERATE	0.07	0.00328
chr10	7358990	G	A	ZNF503	c.1700C>T	p.Ala57Val	missense_variant	MODERATE	0.07	0.00202
chr10	8797976	G	A	RFP2	c.1392G>A	p.Arg50Tyr	missense_variant	MODERATE	0.069	0.005126
chr10	1135269	G	A	MCM3D	c.1977G>A	p.Val69Leu	region_variant&nonymous_	LOW	0.067	0.011
chr10	8530104	A	G	RNLS	c.87C>T	structural_interaction_variant	HIGH	0.066	0.00352	
chr10	11217640	G	A	KC15	c.1216G>A	p.Arg41Asn	missense_variant	MODERATE	0.066	0.00352
chr10	11970337	G	A	DOC1	c.1445G>A	p.Arg482Gln	missense_variant	MODERATE	0.066	0.00513
chr10	4828371	T	G	WDR14	c.622-2C>T	ce_region_variantintointron_wai	LOW	0.065	0.00759	
chr10	9765264	G	A	P4K24	c.637-10A	a_acceptor_variantintointron_wai	HIGH	0.065	0.002696	
chr10	11978622	C	T	HABP2	c.559-30C>T	ce_region_variantintointron_wai	LOW	0.065	0.00556	
chr10	9148177	T	T	HECTD2	c.483-30C>T	ce_region_variantintointron_wai	LOW	0.064	0.00278	
chr10	10398912	G	A	NTS2	c.1465-8C>T	ce_region_variantintointron_wai	LOW	0.063	0.00574	
chr10	13219643	G	A	DYF5A	c.170G>A	p.Val122Met	missense_variant	MODERATE	0.063	0.003311
chr10	13240463	C	T	PNW9B	c.1383C>T	p.Pro55Ser	missense_variant	MODERATE	0.063	0.007166
chr10	13267924	A	G	NMPSA	c.474-10A	ce_region_variantintointron_wai	LOW	0.063	0.00462	
chr10	4974788	C	T	ODG1	c.288G>A	p.Tyr64*	ins_4donor_variantintointron_wai	LOW	0.063	0.00467
chr10	7170280	G	A	CDH3	c.423G>A	p.Val90Tyr	missense_variant	MODERATE	0.062	0.00484
chr10	4525988	A	A	CCSER1	c.188G>A	ce_region_variantintointron_wai	LOW	0.062	0.00467	
chr10	4576575	C	T	FAM1C1	c.1738-4C>T	ce_region_variantintointron_wai	LOW	0.061	0.005378	
chr10	1773915	C	T	CDH3	c.523G>C	p.Arg174Tyr	missense_variant	MODERATE	0.061	0.004781
chr10	7367744	G	A	MOVL1	c.232G>A	ins_variantsplice_region_w	MODERATE	0.061	0.00326	
chr10	6006419	C	T	ANK3	c.1248-18A>G	ce_region_variantintointron_wai	LOW	0.06	0.00792	
chr10	12814827	T	T	MIR37	c.148G>A	ins_4donor_variantintointron_wai	LOW	0.06	0.00574	
chr10	6798838	C	A	HEXC4	c.1634-3C>T	ce_region_variantintointron_wai	LOW	0.059	0.00836	
chr10	70151096	G	A	AF1A2	c.794C>T	p.Ala260Val	missense_variant	MODERATE	0.059	0.00402
chr10	9440227	T	T	PROX2	c.148C>T	p.Pro116Ser	missense_variant	MODERATE	0.059	0.00376
chr10	9972951	C	T	CDK15	c.750-10A	ce_region_variantintointron_wai	LOW	0.059	0.00716	
chr10	7339948	C	T	SH2B4	c.175G>A	missense_variant	MODERATE	0.058	0.00506	
chr10	9429144	G	A	PLCE1	c.3886G>A	p.Arg1270Asn	missense_variant	MODERATE	0.058	0.00471
chr10	8874046	C	T	UPN	c.227-40C>T	ce_region_variantintointron_wai	LOW	0.057	0.00463	
chr10	1321624	A	G	PCGS1	c.1278G>A	p.Gly195Ile	region_variant&nonymous_	LOW	0.057	0.01
chr10	9767207	C	T	MORNA	c.138-10A	ins_4donor_variantintointron_wai	HIGH	0.057	0.00457	
chr10	12228388	C	T	STK35	c.138G>A	p.Ser83Asp	missense_variant	MODERATE	0.057	0.00508
chr10	26203107	G	A	MIO3A	c.4730G>A	p.Arg1573Ile	ins_variantsplice_region_w	MODERATE	0.056	0.00825
chr10	7359620	G	A	USP4	c.482-70C>T	ce_region_variantintointron_wai	LOW	0.056	0.0073	
chr10	6020221	C	T	ANK3	c.300C>T	p.Pro337Ser	missense_variant	MODERATE	0.056	0.00362
chr10	8896499	G	A	DDX21	c.190A-10A	ins_4donor_variantintointron_wai	LOW	0.055	0.00362	
chr10	6862945	C	T	LOH3	c.1043C>T	p.Gln131*	ins_4donor_variantintointron_wai	LOW	0.055	0.00717
chr10	3004779	C	T	KIAA1462	c.140A>G	p.Gly24Arg	missense_variant	MODERATE	0.054	0.00328
chr10	4823129	C	T	RMPD2	c.1164G>A	p.Arg188Ile	missense_variant	MODERATE	0.054	0.011
chr10	12754665	C	T	DOC1	c.325-4C>T	ce_region_variantintointron_wai	LOW	0.054	0.0071	
chr10	7336641	C	T	DNAH31	c.391G>A	missense_variant	MODERATE	0.053	0.00472	
chr10	7350550	C	T	USP4	c.446G>5C>T	p.Val131Met	ce_region_variantintointron_wai	LOW	0.053	0.01
chr10	9743603	C	T	PGM1	c.384C>T	p.Pro122Ser	missense_variant	MODERATE	0.053	0.00382
chr10	27784	G	A	DYF2	c.443-30C>T	ce_region_variantintointron_wai	LOW	0.052	0.00532	
chr10	7171027	T	G	ENK12	c.254A-10A	ins_4donor_variantintointron_wai	HIGH	0.052	0.00729	
chr10	5025387	C	T	ASXL2	c.867-10A	ins_4donor_variantintointron_wai	HIGH	0.052	0.00458	
chr10	9627055	C	T	ZNF154A	c.734C>T	missense_variant	MODERATE	0.052	0.00548	
chr10	10391522	C	T	DBF1	c.229-10A	ce_region_variantintointron_wai	LOW	0.052	0.007342	
chr10	15757267	C	T	MMY2	c.376G>A	p.Arg254Ile	missense_variant	MODERATE	0.052	0.00384
chr10	13326166	C	T	TNFRSF22	p.C647Y	missense_variant	MODERATE	0.052	0.00384	
chr10	9739265	C	T	RBP12	c.445G>A	p.Gly130Ile	missense_variant	MODERATE	0.051	0.00556
chr10	12577082	C	T	MBP1	c.1289G>A	p.Tyr48*	ins_4donor_variantintointron_wai	LOW	0.051	0.00482
chr10	8000916	G	A	TMEM254	c.443G>A	p.Ter148Ter	stop_retained_variant	LOW	0.05	0.005
chr10	8867867	G	A	UPN	c.1133G>A	p.Gly405Val	missense_variant	MODERATE	0.05	0.00755
chr11	338976	G	G	OR51M1	c.1230A>G	p.Ile39Met	missense_variant	MODERATE	0.345	0.00358
chr11	6108851	AC	A	CD5	c.588A>C	p.His119Gln	frameshift_variant	HIGH	0.33	0.00258
chr11	1285808	C	T	MUC5B	c.1792G>A	p.Thr928Met	missense_variant	MODERATE	0.025	0.005
chr11	12489584	C	T	RBOA	c.1146G>A	p.Tyr53*	stop_gained	HIGH	0.309	0.00462
chr11	4774475	GT	C	FNBR4	c.23176A>G	p.Thr772Ile	frameshift_variant	HIGH	0.298	0.00449
chr11	8238934	C	T	FRS3B	c.1735G>A	p.Gly288Arg	missense_variant	MODERATE	0.295	0.00249
chr11	12641325	C	G	IT3GAL4	c.892G>G	p.Gly298Ile	missense_variant	MODERATE	0.254	0.00351
chr11	1719770	C	T	MIO2	c.138C>T	p.Ser40Leu	missense_variant	MODERATE	0.248	0.00352
chr11	1718914	C	A	PKCZ2A	c.600G>T	p.Ile200Phe	missense_variant	MODERATE	0.238	0.00319
chr11	7048857	C	T	SHANK2	c.1478G>A	p.Phi144Thr	missense_variant	MODERATE	0.217	0.00248
chr11	4881248	C	T	AT5A	c.946G>A	p.Tyr338Phe	missense_variant	MODERATE	0.214	0.00248
chr11	7790781	C	T	INTS4	c.1977G>A	p.Arg658Asn	missense_variant	MODERATE	0.205	0.00666
chr11	8823555	C	T	GRM5	c.328G>A	p.Pro895Ser	missense_variant	MODERATE	0.205	0.004127
chr11	8823558	A	T	GRM5	c.28777A	p.Pro895Ile	missense_variant	MODERATE	0.205	0.004025
chr11	7566763	C	T	MARF	c.2736G>A	p.Arg340Val	missense_variant	MODERATE	0.179	0.00624
chr11	6213617	C	T	DOX1	c.480T>C	p.Phe262Val	missense_variant	MODERATE	0.114	0.00402
chr11	205438	G	A	LOC10197503	c.1371-6A>G	ce_region_variantintointron_wai	LOW	0.114	0.00402	
chr11	581144	G	A	R1C1	c.675-40C>T	ce_region_variantintointron_wai	LOW	0.111	0.00263	
chr11	581243	G	T	OR52E6	c.655C>A	p.His219Asn	missense_variant	MODERATE	0.106	0.00351
chr11	6546714	C	T	ZDNH2C	c.281-10A	ce_region_variantintointron_wai	LOW	0.104	0.00721	
chr11	7452943	C	T	RNKL3	c.481-16G>A	ce_region_variantintointron_wai	LOW	0.103	0.00403	
chr11	6939745	G	A	TSG1A2P	c.1122-10A	ce_region_variantintointron_wai	LOW	0.097	0.00522	
chr11	6462046	G	A	SICC2A2	c.1598-10A	ce_region_variantintointron_wai	LOW	0.09	0.00462	
chr11	291111	C	T	PGKG	c.904C>T	p.Gln302*	p_gained&splice_region_wai	HIGH	0.087	0.00456
chr11	881395	C	T	CHD1	c.876G>A	p.Arg120Ile	missense_variant	MODERATE	0.086	0.00322
chr11	11414268	C	T	ZBTB16	c.14					

chr16	87498181	G	C	Z0C24	c17C6G	p.Pro64g	missense_variant	MODERATE	0.122	0.008961
chr16	89132383	G	A	AC371	c18915A>A		missense_variant	HIGH	0.124	0.005911
chr16	70879638	C	T	HYD1N	c10594A>A	p.Cys3445Tyr	missense_variant	MODERATE	0.111	0.003055
chr16	68828304	C	T	NAE1	c386A>A		sequence_feature	MODERATE	0.105	0.00528
chr16	70238913	G	A	POIR	c12052A>A	p.Tyr402*	stop_gained	HIGH	0.098	0.0081
chr16	88629376	G	A	DREP1	c10655G>A		ce_region_variant	LOW	0.091	0.00228
chr16	87505621	G	A	ZNF593	c11515G>T		variant_splice_region	HIGH	0.084	0.011
chr16	2009618	CG	C	ZNF588	c12744C	p.Arg581	stop_gained	HIGH	0.082	0.00958
chr16	2500701	C	T	TRF204	c1236C>T	p.Gly548Ser	missense_variant	MODERATE	0.071	0.00263
chr16	4788977	C	T	ESD4	c3890C>T	p.Ser1330Pro	missense_variant	MODERATE	0.071	0.00483
chr16	8116469	C	T	PKD12	c4402A>A		missense_variant	MODERATE	0.071	0.00481
chr16	7186209	G	A	PKD13	c18115G>A		ce_region_variant	HIGH	0.071	0.00479
chr16	81127914	C	T	PKD12	c4408G>A	p.Asp2066Asn	missense_variant	MODERATE	0.069	0.00467
chr16	5387970	G	A	FTO	c11025A>A		structural_interaction_variant	HIGH	0.068	0.0065
chr16	6934783	C	T	TMS6B	c48915G>A		ce_region_variant	LOW	0.068	0.00561
chr16	5823864	C	T	CDC113	c3914C>T		ce_region_variant	LOW	0.067	0.00641
chr16	5798100	G	A	ZNF19	c186C>T	p.Pro55Ser	missense_variant	MODERATE	0.064	0.00426
chr16	6713450	C	T	C16orf70	c5985C>T		ce_region_variant	LOW	0.064	0.00429
chr16	67848128	G	A	SIC144	c1296C>T	p.Leu599Phe	missense_variant	MODERATE	0.064	0.00297
chr16	7642730	G	A	OTN14N	c13315D>A		ce_region_variant	HIGH	0.064	0.00661
chr16	5386470	C	T	DNH3	c18373C>T		ce_region_variant	LOW	0.064	0.00338
chr16	7033045	G	A	DOX19B	c1000G>A		structural_interaction_variant	HIGH	0.063	0.00455
chr16	72993884	C	T	ZPK3	c2025G>A	p.Ala688Thr	missense_variant	MODERATE	0.063	0.00276
chr16	3352735	G	A	URF01	c7295G>A		ce_region_variant	LOW	0.062	0.00375
chr16	8026553	C	T	ANKRD11	c3889G>A	p.Gly130Glu	missense_variant	MODERATE	0.062	0.00362
chr16	3078606	G	A	FH149	c1886G>A	p.Val802Leu	region_variant_synonymous	LOW	0.062	0.00636
chr16	4933480	G	A	C16orf78	c1550G>A	p.Gly450Val	region_variant_synonymous	LOW	0.061	0.00266
chr16	5772015	C	T	HATB1	c530C>T	p.His198Tyr	missense_variant	MODERATE	0.061	0.00714
chr16	32787	C	A	TMS6A	c20044C>T		missense_variant	MODERATE	0.061	0.00778
chr16	208185	G	A	TSC2	c38147D>A		ce_region_variant	LOW	0.061	0.00417
chr16	5646399	C	T	GGF021	c74874C>T		missense_variant	MODERATE	0.061	0.00754
chr16	57962599	G	A	CNG1	c246G>A	p.Gly142Val	missense_variant	MODERATE	0.059	0.00369
chr16	2954054	C	T	ACM2B	c12026G>A		sequence_feature	MODERATE	0.058	0.00574
chr16	4782033	C	T	ENYF	c3805G>A	p.Arg122Val	missense_variant	MODERATE	0.057	0.00388
chr16	1415987	C	T	CDC154	c1387G>A	p.Met152Ile	missense_variant	MODERATE	0.057	0.00377
chr16	6703077	G	A	CAF	c1708A>A		structural_interaction_variant	HIGH	0.057	0.00334
chr16	4672373	C	T	CE5A	c168C>T	p.Ser233Leu	missense_variant	MODERATE	0.057	0.00475
chr16	4672373	C	T	MGR1	c10610D>A		ce_region_variant	HIGH	0.056	0.00217
chr16	8462379	G	A	SIC144	c1296C>T	p.Ala234Val	missense_variant	MODERATE	0.056	0.00251
chr16	4746021	C	T	C16orf71	c11824C>T		ce_region_variant	LOW	0.054	0.00395
chr16	52624650	C	T	PRSS14	c1122G>T	p.Ile1238Asn	region_variant_synonymous	LOW	0.054	0.00398
chr16	6678379	C	T	TER1	c1990G>A	p.Gly644Arg	missense_variant	MODERATE	0.054	0.00508
chr16	6734791	G	A	LRC3C	c488G>A	p.Ser163Asn	inse_variant_splice_region	MODERATE	0.054	0.012
chr16	7730229	G	A	ADAMTS18	c26144D>A		missense_variant	MODERATE	0.054	0.00407
chr16	375167	G	A	TMS6B	c48915G>A	p.Arg69Phe	missense_variant	MODERATE	0.053	0.00489
chr16	5414828	AA	T	CCND3	c4286G>A	p.Glu149Val	missense_variant	MODERATE	0.053	0.00428
chr16	6882978	G	A	CDH1	c34911D>A		ce_region_variant	HIGH	0.053	0.00462
chr16	7048099	G	A	CDG4	c1196C>T		ce_region_variant	LOW	0.053	0.00676
chr16	221807	C	C	BRIC5	c1352G>G	p.Ileu39Val	missense_variant	MODERATE	0.052	0.00704
chr16	356138	C	T	NLR3	c1689G>A	p.Asp57Asn	missense_variant	MODERATE	0.052	0.00399
chr16	681513	G	A	METTL2	c780G>A		ce_region_variant	HIGH	0.052	0.00396
chr16	1888862	C	T	SMG1	c2891G>A	p.Tyr96*	stop_gained	HIGH	0.052	0.012
chr16	3139776	G	A	ITGA1	c4675G>A	p.Val153Met	missense_variant	MODERATE	0.052	0.00336
chr16	122021	C	T	TSG1	c342C>T	p.Arg246Leu	missense_variant	MODERATE	0.052	0.00371
chr16	2487970	C	T	SLS1A1	c8714C>T		ce_region_variant	LOW	0.051	0.00425
chr16	5020471	G	A	CHD	c18155G>A		ce_region_variant	LOW	0.051	0.00556
chr16	6967736	G	A	NFAT5	c18601D>A		ce_region_variant	HIGH	0.051	0.00488
chr16	7146440	G	A	ZNF3	c282C>T	p.Ser10Phe	missense_variant	MODERATE	0.051	0.00395
chr16	192978	G	A	LUC7	c270C>T	p.Arg248Leu	missense_variant	MODERATE	0.051	0.00402
chr16	2496476	T	G	ARHGAP17	c484B>C	p.Asn155Thr	missense_variant	MODERATE	0.051	0.00441
chr16	5025644	C	T	CDFP1	c1873C>T		missense_variant	LOW	0.051	0.00348
chr16	5368840	G	A	RPGP11	c1282C>T	p.Glu428*	stop_gained	HIGH	0.051	0.00547
chr16	6619104	C	T	DNF1C2	c2983G>A		ce_region_variant	LOW	0.051	0.00521
chr16	6784523	C	T	FAM63A	c1382C>T	p.Ala312Val	missense_variant	MODERATE	0.051	0.00457
chr16	8820163	C	T	PLA2G15	c745C>T	p.Pro249Ser	missense_variant	MODERATE	0.051	0.00447
chr16	8923233	C	T	FAM108	c1875G>A	p.Gly223Val	missense_variant	MODERATE	0.051	0.00417
chr16	8166220	T	C	OLD1	c425G>A	p.His142Arg	missense_variant	MODERATE	0.048	0.00385
chr16	76705167	C	T	GAI2	c284C>A	p.Ser9*	stop_gained	HIGH	0.047	0.00356
chr16	15088474	C	T	NCOR1	c2713C>T	p.Pro95Ser	missense_variant	MODERATE	0.047	0.00358
chr16	6196991	CAAAAGAACCTGA	C	MEI3	c48394-4_48394+1TTAGGTTGTTTT	n.1212_xc.2136x10x_infra_deleted&splic	HIGH	0.047	0.00388	
chr16	144466	G	A	ZNF921A	c1820G>A	p.Arg51Leu	inse_variant_splice_region	MODERATE	0.047	0.00389
chr16	218689	G	A	SMG6	c2874C>T	p.Ala25Thr	ce_region_variant	LOW	0.047	0.00477
chr16	2808272	C	T	DHRS13	c730A>A		missense_variant	MODERATE	0.046	0.00249
chr16	327095	G	A	AB1	c18223C>T		ce_region_variant	LOW	0.046	0.00433
chr16	4734208	G	A	ZNF0015	c1810B>A		ce_region_variant	LOW	0.046	0.00449
chr16	6862220	G	A	PIC3R1	c1670G>A		missense_variant	MODERATE	0.046	0.00204
chr16	1784425	C	T	SREB1	c2991G>A	p.Val997Leu	region_variant_synonymous	LOW	0.046	0.00414
chr16	1040099	C	T	MHR8	c1325G>A	p.Val108Ileu	region_variant_synonymous	LOW	0.046	0.00598
chr16	3543362	G	A	TRP2	c2086G>A	p.Gly700Val	missense_variant	MODERATE	0.046	0.00467
chr16	366270	G	A	CTNS	c1199G>A	p.Gly400Asp	missense_variant	MODERATE	0.046	0.00428
chr16	1821741	C	T	MOS1A	c1842C>T	p.Pro213Leu	missense_variant	MODERATE	0.046	0.00367
chr16	1553137	C	T	CDT1	c2066G>A	p.Arg69Leu	inse_variant_splice_region	MODERATE	0.046	0.00588
chr16	5009429	C	T	PKD2	c17C>T	TR premature_start_codon	ps	LOW	0.046	0.00497
chr16	3401791	G	A	ATP2A3	c1721G>A	p.Ala24Thr	missense_variant	MODERATE	0.046	0.00442
chr16	11939285	G	A	ZNF18	c140T	p.Pro25Ser	missense_variant	MODERATE	0.046	0.00422
chr16	5020908	C	T	KIF5C	c174C>T		ce_region_variant	LOW	0.046	0.00469
chr16	8835267	C	T	PK3R6	c4614G>A		ce_region_variant	LOW	0.046	0.00428
chr16	3882291	C	T	GAMR1	c1573C>T		ce_region_variant	LOW	0.046	0.00378
chr16	8864772	C	T	PK3R5	c44215G>A		ce_region_variant	LOW	0.046	0.00375
chr16	1820883	C	T	ALX4	c4870C>T		structural_interaction_variant	HIGH	0.046	0.00318
chr16	4112093	CCG	T	MTRF1-1	c482_484A>AGCC	1055_CpGIsInTranscript_infra_deleted	HIGH	0.046	0.00362	
chr16	4118371	G	A	AGTCGC	MTRF1-1	c482_484A>AGCC	63195_CpGIsInTranscript_infra_deleted	HIGH	0.046	0.00365
chr16	5453094	C	T	DHX3	c10593G>A		ce_region_variant	LOW	0.046	0.00389
chr16	8218479	C	T	ADON3	c2896G>A	p.Arg69Gln	missense_variant	MODERATE	0.046	0.00387
chr16	1812646	G	A	MOS1A	c1842G>A	p.Gly128Asp	missense_variant	MODERATE	0.046	0.00527
chr16	5023666	G	A	KIF5C	c174C>T	p.Arg69Gln	missense_variant	MODERATE	0.046	0.00377
chr16	611807	G	A	WSD1	c1184G>A	p.Asp422Asn	missense_variant	MODERATE	0.046	0.00416
chr16	5062877	C	T	ARHG3	c4815C>T		ce_region_variant	LOW	0.046	0.00527
chr16	8164881	G	A	AB1	c18155G>A		ce_region_variant	LOW	0.046	0.00525
chr16	4057706	G	A	ZNF1	c518C>T	p.Ile172Ile	region_variant_synonymous	LOW	0.046	0.00743
chr16	13977005	C	T	SLS1A2	c46473C>T		ce_region_variant	LOW	0.046	0.00447
chr16	2888821	C	T	FLOT2	c907G>A	p.Gly303Ser	missense_variant	MODERATE	0.046	0.00416
chr16	1779304	C	T	RAI	c76C>T	p.Arg26Cys	missense_variant	MODERATE	0.046	0.00284
chr16	4482955	G	A	FAM131A2	c6983C>T		ce_region_variant	LOW	0.046	0.00281
chr16	1562903	G	A	TRIM16	c11135C>T		ce_region_variant	LOW	0.046	0.00376
chr16	4274041	G	A	NKX1	c1285C>T		missense_variant	MODERATE	0.046	0.00298
chr16	3129031	G	A	NF1	c43811G>A		u_acceptor_variant	HIGH	0.046	0.00745
chr16	4317469	C	T	NTN	c8174C>T		ce_region_variant	LOW	0.046	0.00287
chr16	5965119	G	A	DNM3	c1986G>A	p.Val630Ile	missense_variant	MODERATE	0.046	0.00406
chr16	1671730	G	A	PRF8	c1387C>T	p.Arg68*	o_gain&splic	HIGH	0.046	0.00449
chr16	4375768	G	A	USP	c78C>T		ce_region_variant	LOW	0.046	0.00376
chr16	825444	C	T	PFAS	c222C>T	p.Ala74Val	missense_variant	MODERATE	0.046	0.00287
chr16	4199666	G	A	ACT1	c1029C>T		ce_region_variant	LOW	0.046	0.00419
chr16	700981	C	T	ADON3	c18464G>A		ce_region_variant	LOW	0.046	0.00617
chr16	10505165	C	T	MH1	c2430A>A	p.Arg811Val	missense_variant	MODERATE	0.046	0.00405
chr16	4407943	C	T	HMG5	c30815D>A		ce_region_variant	HIGH	0.046	0.00485
chr16	7840852	C	T	DNM17	c16705C>T		ce_region_variant	LOW	0.046	0.00545
chr16	493728	G	A	GP18A	c148A>A		structural_interaction_variant	HIGH	0.046	0.00719
chr16	784294	C	T	TN1	c140C>T	p.Ala35Val	missense_variant	MODERATE	0.046	0.00286
chr16	1180370	G	A	DNM9	c87071D>A		ce_region_variant	HIGH	0.046	0.00542
chr16	2004935	C	T	MOS1A	c1842G>A		ce_region_variant	HIGH	0.046	0.00374
chr16	7572506	G	A	ITGB4	c28611D>A		ce_region_variant	HIGH	0.046	0.00387

chr19	4823000	G	A	MEZ5	c3256-A	p.Glu175Iu	region_variant&anonymous	LOW	0.079	0.00758
chr19	4823108	C	T	ICAM1	c1447-7C-T	-	ie_region_variant&introm_w	LOW	0.178	0.04828
chr19	4823479	G	T	TMEM445	c1486C-T	p.Proc48Pro	region_variant&anonymous	LOW	0.078	0.00477
chr19	4823486	C	T	ANKRD1	c3307-C	p.His100Y	missense_variant	MODERATE	0.077	0.00473
chr19	4823795	C	T	DGAT1L1	c1118-6C-T	-	ie_region_variant&introm_w	LOW	0.074	0.00477
chr19	4823880	G	A	AP2L1	c1316-7C-T	-	ie_region_variant&introm_w	LOW	0.072	0.00575
chr19	4823944	C	T	STAB2	c1871-7C-T	-	ie_region_variant&introm_w	LOW	0.071	0.00571
chr19	48241500	G	T	ZC3H4	c40_754n1AGTGGCCGGCCGGCCGATCCGGCCGGCCGATC	i.Glu45Ser54del	missense_variant	MODERATE	0.069	0.00512
chr19	48241500	G	T	LOC1021988	c2867-C	p.Ser79Phe	missense_variant	MODERATE	0.069	0.00254
chr19	48241500	G	A	NW0	c2409-3G-A	-	ie_region_variant&introm_w	LOW	0.068	0.00524
chr19	48242033	G	A	EPF	c257-8C-T	-	ie_region_variant&introm_w	LOW	0.068	0.00373
chr19	48242098	G	A	SG16C4	c2307-C	stop_gained	HIGH	0.068	0.00508	
chr19	48242559	G	A	DMAN	c193-7C-T	p.Gln25*	ie_region_variant&introm_w	LOW	0.067	0.00456
chr19	48242659	G	A	NLRP7	c2600C-T	p.Gln84*	stop_gained	HIGH	0.067	0.00529
chr19	4824277	C	A	DOT5L	c3076C-T	p.Glu226G	missense_variant	MODERATE	0.066	0.00386
chr19	48242785	C	T	UNC13A	c20445A-G	p.Val582Met	missense_variant®ion_w	MODERATE	0.066	0.00386
chr19	48242829	C	T	SNHG2	c4800A-G	p.Glu361asp	missense_variant	MODERATE	0.065	0.00326
chr19	48242899	C	T	USF2	c1182C-T	p.Ala43Val	missense_variant	MODERATE	0.065	0.00618
chr19	48243015	C	T	THAB8	c674-88A-G	-	ie_region_variant&introm_w	LOW	0.065	0.00435
chr19	48243064	G	A	CATSPB3	c480815A-G	-	ie_region_variant&introm_w	LOW	0.064	0.00624
chr19	48243069	G	A	RSPH6A	c1799-6C-T	-	ie_region_variant&introm_w	LOW	0.064	0.00467
chr19	48243788	G	A	PSM1	c1966-8C-T	p.Glu214p	missense_variant	MODERATE	0.063	0.00298
chr19	48243791	G	A	ZSWIM4	c2008-6G-A	-	ie_region_variant&introm_w	LOW	0.063	0.00849
chr19	48243814	C	T	RFX2	c621-170A-G	-	ie_region_variant&introm_w	LOW	0.063	0.00627
chr19	48243874	C	A	RFX3	c878-150A-G	-	ie_region_variant&introm_w	LOW	0.063	0.00423
chr19	48243901	G	A	ZNF558	c3207-C	p.Ala111Val	missense_variant®ion_w	MODERATE	0.062	0.00489
chr19	48243925	G	A	SEAT1	c460-3C-T	-	ie_region_variant&introm_w	LOW	0.062	0.00373
chr19	48243925	G	A	LIVBL	c1195A-G	p.Val45Iys	missense_variant&anonymous	LOW	0.062	0.00359
chr19	48243978	C	T	ZNF37	c2385A-G	-	ie_region_variant&introm_w	MODERATE	0.061	0.00263
chr19	48243978	C	T	TRIP9	c4278-6G-A	-	ie_region_variant&introm_w	LOW	0.061	0.00297
chr19	48243984	C	T	F8B8	c462-70A-G	-	ie_region_variant&introm_w	LOW	0.061	0.00585
chr19	48243984	C	T	MYO14	c1968-8C-T	-	ie_region_variant&introm_w	LOW	0.061	0.00623
chr19	48244045	C	T	PFGR	c1789-3G-A	-	ie_region_variant&introm_w	LOW	0.06	0.00402
chr19	48244059	C	T	PLAC8	c13002A-G	p.Dfs57Arg	missense_variant®ion_w	MODERATE	0.06	0.00472
chr19	48244060	C	T	PTF1A2	c12702G-A	p.Arg151Lys	missense_variant®ion_w	MODERATE	0.059	0.00421
chr19	48244279	G	A	CD3AP8	c1580A-G	p.Glu39Lys	missense_variant	MODERATE	0.059	0.00487
chr19	48244305	C	T	GFY1	c13390G-A	p.Arg467Lys	missense_variant	MODERATE	0.058	0.00373
chr19	48244402	C	T	LUNB2	c10766A-G	p.Val36Met	missense_variant	MODERATE	0.058	0.00344
chr19	48244785	C	T	TIP1	c2370C-T	p.Proc47Ser	missense_variant	MODERATE	0.058	0.00272
chr19	48244791	C	T	KZNF1	c11171-3C-T	-	ie_region_variant&introm_w	LOW	0.058	0.00464
chr19	482450319	G	A	GRAMD3A	c23836A-G	p.Trp72*	stop_gained	HIGH	0.058	0.00354
chr19	48245237	G	A	ELSPPL1	c73830A-G	-	ie_region_variant&introm_w	LOW	0.058	0.00398
chr19	48245739	G	A	NLRP11	c8745A-G	p.Glu291Lys	missense_variant	MODERATE	0.058	0.00525
chr19	48245778	G	A	TLE8	c8480A-G	p.Arg20Asn	missense_variant	MODERATE	0.057	0.00274
chr19	48245841	C	T	PRK2	c780-85G-A	-	ie_region_variant&introm_w	LOW	0.057	0.00281
chr19	482458693	C	T	CD3AP8	c1580C-T	p.Arg77Cys	missense_variant	MODERATE	0.057	0.00393
chr19	48245921	C	T	CEBPD	c14025C-T	p.Glu102L*	missense_variant	MODERATE	0.057	0.00373
chr19	48245975	C	T	PSM	c855A-G	p.Val28Ile	missense_variant	MODERATE	0.056	0.00322
chr19	48245987	C	T	FEELC2	c246105A-G	-	ie_region_variant&introm_w	HIGH	0.056	0.00574
chr19	48246743	C	T	EVS1	c1484C-T	p.Ala50Val	missense_variant	MODERATE	0.056	0.00382
chr19	48246811	G	A	CARM1	c4395A-G	p.Val147Met	missense_variant	MODERATE	0.056	0.00436
chr19	48246811	G	A	TRIP9	c4278-6G-A	-	ie_region_variant&introm_w	LOW	0.056	0.00611
chr19	48246883	G	A	SOX1	c1478-15G-A	-	ie_region_variant&introm_w	HIGH	0.056	0.00612
chr19	48246988	G	A	PRO2	c1580C-T	-	ie_region_variant&introm_w	HIGH	0.056	0.00617
chr19	48247098	G	A	CCDC305	c1188C-T	p.Trp47Met	missense_variant	MODERATE	0.055	0.00617
chr19	48247357	C	T	ERC2	c22556A-G	p.Arg75Lys	missense_variant	MODERATE	0.055	0.00291
chr19	48247357	C	T	RUE	c4350A-G	p.Ala147Thr	missense_variant	MODERATE	0.055	0.00291
chr19	48247358	C	T	KIR3DL1	c7820C-T	-	_loading_variant&introm_w	MODIFIER	0.055	0.00746
chr19	48247358	C	T	DOCK6	c11307C-T	p.Ala43Val	missense_variant	MODERATE	0.054	0.00321
chr19	48247359	C	T	LIW17	c18270A-G	-	ie_region_variant&introm_w	LOW	0.054	0.00321
chr19	48247360	C	T	LTBR4	c1208C-T	p.Ser403Asp	missense_variant	MODERATE	0.054	0.00356
chr19	48247360	C	T	CD3AP8	c1580C-T	-	ie_region_variant&introm_w	MODERATE	0.054	0.00356
chr19	48247365	C	T	SUC7A5	c1688-3G-A	-	ie_region_variant&introm_w	LOW	0.054	0.00407
chr19	48247372	C	T	CHAF1A	c1466C-T	p.Proc49Ser	missense_variant	MODERATE	0.053	0.00383
chr19	48247472	C	T	PRODR2	c780-85G-A	p.Glu165Ser	missense_variant	MODERATE	0.053	0.00467
chr19	48247485	G	A	NHS1	c1117-8C-T	-	ie_region_variant&introm_w	LOW	0.053	0.00529
chr19	48247491	C	T	CEC	c1183-3C-T	-	ie_region_variant&introm_w	LOW	0.053	0.00361
chr19	48248339	G	A	PPP1R37	c740C-T	p.Ala25Val	missense_variant	MODERATE	0.053	0.00353
chr19	48248469	G	A	TRIP9	c1262-6G-A	-	ie_region_variant&introm_w	LOW	0.052	0.00788
chr19	48248471	C	T	ANP1L4	c1222-6G-A	-	ie_region_variant&introm_w	LOW	0.052	0.00643
chr19	48248507	C	T	CD3AP57	c7990A-G	p.Glu267Arg	missense_variant	MODERATE	0.052	0.00243
chr19	48248525	G	A	EPH3	c4512-5C-T	-	ie_region_variant&introm_w	LOW	0.052	0.00373
chr19	48248525	C	T	TMEM181A	c11886A-G	p.Trp45*	stop_gained	HIGH	0.052	0.00298
chr19	48248604	C	T	RAG50A	c80A-G	p.Arg8Lys	missense_variant	MODERATE	0.052	0.00373
chr19	48248610	C	T	PRK2	c4778-3C-T	-	ie_region_variant&introm_w	LOW	0.052	0.00606
chr19	482486276	C	T	ADAMTS19	c4602A-G	p.Glu221Glu	missense_variant	MODERATE	0.051	0.00377
chr19	48248651	G	A	MEIS1	c3065-8C-T	-	ie_region_variant&introm_w	LOW	0.051	0.00373
chr19	482489309	C	T	GMFS	c2008-6G-A	-	ie_region_variant&introm_w	LOW	0.051	0.00841
chr19	48248939	C	T	TRAF3	c1370A-G	p.Val51Met	missense_variant	MODERATE	0.051	0.00204
chr19	48248967	C	T	PBR1	c616C-T	structural_interaction_variant	HIGH	0.051	0.00204	
chr19	48249055	C	T	ZNF558	c1320C-T	p.Leu437Phe	missense_variant	MODERATE	0.05	0.00405
chr19	48249055	C	T	ATAD2	c1246-3C-T	-	ie_region_variant&introm_w	LOW	0.05	0.00405
chr19	48249145	C	T	ZNF20	c6450A-G	p.Cys234Tyr	missense_variant	MODERATE	0.05	0.00457
chr19	482491726	C	T	SMAD5	c7620A-G	p.Arg80Asn	missense_variant	MODERATE	0.048	0.00384
chr19	482491726	C	T	BRMB8	c1930C-T	p.Ala291Val	missense_variant	MODERATE	0.048	0.00613
chr19	482491726	C	T	HSPAL28	c675-15A-G	-	ie_region_variant&introm_w	HIGH	0.048	0.00434
chr19	482492125	C	T	GRB2	c12940A-G	p.Arg43Asn	missense_variant®ion_w	MODERATE	0.047	0.00462
chr19	482494148	G	A	CE1L	c24856A-G	p.Glu193Lys	missense_variant	MODERATE	0.047	0.011
chr19	482494148	G	A	ATPA2	c22650A-G	p.Glu750Ile	region_variant&anonymous	LOW	0.049	0.00475
chr19	482494148	G	A	MTK1	c1627C-T	p.His347Tyr	missense_variant	MODERATE	0.048	0.00475
chr19	482494204	C	T	PGB8	c2388-8C-T	-	ie_region_variant&introm_w	LOW	0.047	0.00457
chr19	482494204	C	T	TKO1	c1681-15A-G	-	ie_region_variant&introm_w	LOW	0.047	0.00457
chr19	482494386	G	A	SLLC2A5	c1681-15A-G	-	ie_region_variant&introm_w	HIGH	0.047	0.00584
chr19	482494702	G	A	SNF1A	c480C-T	p.Val165Val	region_variant&anonymous	LOW	0.046	0.00442
chr19	482494702	G	A	EPF1	c1573-6G-A	-	ie_region_variant&introm_w	LOW	0.046	0.00463
chr19	482494741	C	A	MNT7B	c2570-10A-G	-	ie_region_variant&introm_w	LOW	0.046	0.00487
chr19	482494741	C	T	MROB8	c14068-3C-T	-	ie_region_variant&introm_w	LOW	0.046	0.00782
chr19	482494741	C	T	MDX2	c1187-3C-T	-	ie_region_variant&introm_w	LOW	0.046	0.00579
chr19	482494848	C	T	TOM4	c461C-T	p.Ser14Ile	missense_variant	MODERATE	0.046	0.00349
chr19	482494848	C	T	MOR8	c14068-3C-T	-	ie_region_variant&introm_w	LOW	0.046	0.00782
chr19	482494848	C	T	LRBOS	c11598C-T	-	ie_region_variant&introm_w	MODERATE	0.046	0.00219
chr19	482494848	C	T	BRPBL	c11598C-T	-	ie_region_variant&introm_w	LOW	0.046	0.00219
chr19	482494848	C	T	DS2	c2482-6C-T	-	ie_region_variant&introm_w	LOW	0.046	0.00627
chr19	482494848	C	T	SUNE2	c2328A-G	p.Glu190Ile	missense_variant	MODERATE	0.046	0.00644
chr19	482494848	C	T	PGB8	c1581-5C-T	-	ie_region_variant&introm_w	LOW	0.046	0.00606
chr19	482494848	C	T	PRK2	c109C-T	-	ie_region_variant&introm_w	LOW	0.046	0.00447
chr19	482494848	C	T	CDK2P2	c300C-T	p.Gln4*	stop_gained	HIGH	0.046	0.00376
chr19	482494848	C	T	ELMO2	c1930-70A-G	-	ie_region_variant&introm_w	LOW	0.045	0.00654
chr19	482494848	C	T	LMNB1L1	c1802-15A-G	p.Val52Met	missense_variant	MODERATE	0.045	0.00784
chr19	482494848	C	T	TRIB3	c4402A-G	p.Ala148Thr	missense_variant	MODERATE	0.045	0.00729
chr19	482494848	C	T	TMEM330	c802C-T	p.Proc10Ile	missense_variant	MODERATE	0.045	0.00598
chr19	482494848	C	T	SUNE2	c2328A-G	p.Val70Val	region_variant&anonymous	LOW	0.045	0.00511
chr19	482494848	C	T	ZFP4	c287-7C-T	-	ie_region_variant&introm_w	LOW	0.045	0.00594
chr19	482494848	C	T	HPH3	c1712-70A-G	-	ie_region_variant&introm_w	LOW	0.044	0.00648
chr19	482494848	C	T	PNKX1	c1255C-T	p.Ala422Val	missense_variant	MODERATE	0.043	0.00371
chr19	482494848	C	T	COL1A1	c20030A-G	p.Ser66Asn	missense_variant	MODERATE	0.043	0.00319
chr19	482494848	C	T	PRK	c1496-15A-G	-	ie_region_variant&introm_w	LOW	0.043	0.00387
chr19	482494848	C	T	CTB	c3840C-T	p.Glu12Cys	missense_variant	MODERATE	0.043	0.00335
chr19	482494848	C	T	OSG1	c1552C-T	p.Arg77*	stop_gained	HIGH	0.043	

chr1	247434133		A	NLRP3	c.2358C>A	p.Cy786*	stop_gained	HIGH	0.391	0.000576
chr1	54202066	CAAGG	C	MRR37	c.24_27delAAGG	p.Arg95*	frameshift_variant	HIGH	0.241	0.002905
chr1	233372030	T	C	MLH4	c.1535-8T>C	.	ce_region_variant&intron_vari	LOW	0.354	0.005444
chr1	10095453	A	C	UBE4B	c.212-8C>A	.	ce_region_variant&intron_vari	LOW	0.322	0.006045
chr1	15730630	G	A	PLEKHM2	c.2307G>T	p.Glu769Asp	missense_variant	MODERATE	0.249	0.002594
chr1	33014531	C	A	AK2	c.489G>C	p.Met163Ile	missense_variant	MODERATE	0.245	0.009958
chr1	54202071	CGGG	C	MRR37	c.29_31delGGG	g10_Ala11delins	disruptive_inframe_deletion	MODERATE	0.236	0.002838
chr1	46283113		C	LRK42	c.544G>C	p.Glu183Lys	missense_variant	MODERATE	0.235	0.002267
chr1	18607055	C	T	HMCN1	c.8137C>A	p.Gln2713Lys	inse_variant&splice_region_va	MODERATE	0.215	0.005
chr1	65636493	C	A	LEPR	c.2976C>G	p.Asn992Lys	missense_variant	MODERATE	0.199	0.003403
chr1	243191402	C	T	CEP350	c.724G>A	p.Glu242Lys	missense_variant	MODERATE	0.191	0.005631
chr1	42927650	G	C	SLC21A	c.1232G>A	p.Asn411Lys	missense_variant	MODERATE	0.188	0.004293
chr1	46197815	C	T	POMGNT1	c.76>A	p.Asp34Asn	missense_variant	MODERATE	0.188	0.004538
chr1	186346213	C	G	TPR	c.3018G>C	p.Lys1006Asn	missense_variant	MODERATE	0.14	0.005204
chr2	26470588	C	T	OTOF	c.4029>56G>A	.	ce_region_variant&intron_vari	LOW	0.231	0.005379
chr2	107011074	G	C	RGD4	c.2070G>C	p.Asp102His	missense_variant	MODERATE	0.244	0.003114
chr2	133130082	C	A	NCKAP5	c.237G>T	p.Glu79Asp	missense_variant	MODERATE	0.234	0.003741
chr2	24298721	C	G	ITSN2	c.1438G>C	p.Glu480Gln	missense_variant	MODERATE	0.21	0.004866
chr2	208338544	C	T	PKFYVE	c.4648C>G	p.Pro1550Ser	missense_variant	MODERATE	0.206	0.00613
chr2	3885175	G	C	TRANK1	c.4547C>G	p.Ser1510*	p_gained&splice_region_varia	HIGH	0.263	0.005053
chr2	187370955	C	A	RTN4	c.122C>G	p.Ser108*	stop_gained	HIGH	0.239	0.002963
chr2	179218294	G	A	PIK3CA	c.1624G>A	.	protein_protein_contact	HIGH	0.214	0.005607
chr2	122606056	G	T	PARP15	c.306+1G>T	.	ice_donor_variant&intron_vari	HIGH	0.066	0.009096
chr2	144421401	C	T	GPR149	c.1261G>A	p.Asp421Asn	missense_variant	MODERATE	0.228	0.005768
chr4	5515042	T	G	KDR	c.489G>C	.	protein_protein_contact	HIGH	0.192	0.005498
chr4	743544	GACCTGCTGCAAAAGCAGTACTATGCC	G	PGCF3	c.335_365delCTGCTGCAAAAGCAGTACTATGCCA	p.Thr112fs	frameshift_variant	HIGH	0.174	0.003264
chr4	154589492	C	T	FGA	c.125G>A	p.Arg42Lys	missense_variant	MODERATE	0.215	0.003705
chr4	108014509	G	A	HADH	c.340G>A	p.Asp114Asn	missense_variant	MODERATE	0.214	0.003673
chr4	41982577	C	A	ADGR13	c.221C>A	p.Asp107Gln	missense_variant	MODERATE	0.198	0.004788
chr4	7940655	C	A	GR2	c.124G>T	p.Cys415Phe	missense_variant	MODERATE	0.166	0.002841
chr5	90724850	TTTCGGTATTCAAAGTTTTGGATGAATGC	T	ADGRV1	c.9768_9799delTTTCGGTATTCAAAGTTTTGGATGAATGC	p.Ser325fs	frameshift_variant	HIGH	0.198	0.006358
chr5	177499042	T	A	F12	c.115+48>T	.	ce_region_variant&intron_vari	LOW	0.153	0.003987
chr5	141864056	C	C	PCDH1	c.2275G>A	p.Gly755Ser	missense_variant	MODERATE	0.286	0.002582
chr5	159972229	G	A	ADRA1B	c.1300G>A	p.Gly434Ser	missense_variant	MODERATE	0.255	0.011
chr5	178986665	ATCT	A	GRM6	c.1586_1588delAAGA	p.Lys529del	disruptive_inframe_deletion	MODERATE	0.246	0.001787
chr5	27197	G	C	POD6	c.77G>C	p.Ser26Thr	missense_variant	MODERATE	0.168	0.004419
chr6	4312143	G	T	PTF7	c.364G>T	p.Glu322*	stop_gained	HIGH	0.213	0.004219
chr6	34857370	CTCTTCGGAGCGGAACCTCA	C	UHFR1BP1	c.1475_1497delTTCTTCGGAGCGGAACCTCAC	p.Ile452fs	frameshift_variant	HIGH	0.162	0.003208
chr6	42684839	C	C	UBR2	c.4822delA	p.Ser1608fs	frameshift_variant	HIGH	0.16	0.007527
chr6	125855018	A	C	NCOA7	c.51-2A>C	.	ex_acceptor_variant&intron_vari	HIGH	0.119	0.009452
chr6	30898070	C	G	DDI1	c.223S-3C>G	.	ce_region_variant&intron_vari	LOW	0.221	0.003028
chr6	119248300	A	A	MAN1A1	c.898-67G>G	.	ce_region_variant&intron_vari	LOW	0.159	0.005119
chr6	32129494	C	A	FKBP4	c.287T>G	p.Leu96Arg	missense_variant	MODERATE	0.243	0.002221
chr6	34133367	G	A	GRM4	c.130C>T	p.Arg44Cys	missense_variant	MODERATE	0.229	0.002355
chr6	2895414	C	T	SERPINH9	c.780G>A	p.Met260Ile	missense_variant	MODERATE	0.227	0.003543
chr6	30897155	A	A	DDI1	c.197T>A	p.Leu657Phe	missense_variant	MODERATE	0.207	0.003136
chr6	100848354	ACTT	A	ASC3	c.592_594delAAG	p.Lys198del	conservative_inframe_deletion	MODERATE	0.207	0.00468
chr6	3165444	G	A	BAG6	c.1097C>T	p.Thr366Ile	missense_variant	MODERATE	0.203	0.001986
chr6	26045695	G	C	HIST1H3C	c.285G>C	p.Glu95Asp	missense_variant	MODERATE	0.122	0.0021
chr7	44073805	AG	A	POLR	c.1051delC	.	frameshift_variant	HIGH	0.147	0.002851
chr7	44073775	C	T	TGCTTACC	c.1073_1074+7dupAGGTAGGGA	.	ce_region_variant&intron_vari	LOW	0.25	0.003165
chr7	7166540	A	T	WBSR17	c.1081-18A>T	.	ce_region_variant&intron_vari	LOW	0.219	0.004808
chr7	73682909	T	G	DNAI30	c.551A>C	p.Tyr172Ser	missense_variant	MODERATE	0.254	0.002868
chr7	103655328	C	T	REIN	c.236C>A	p.Pro788Thr	missense_variant	MODERATE	0.252	0.004731
chr7	12229698	A	G	TMEM108B	c.461A>G	p.Asn154Ser	missense_variant	MODERATE	0.194	0.008765
chr7	7360402	C	A	COL28A1	c.319G>T	p.Asp1065Tyr	missense_variant	MODERATE	0.185	0.003913
chr7	20402072	C	G	ITGB8	c.1633T>G	p.Tyr545Asp	missense_variant	MODERATE	0.151	0.006235
chr7	5907718	C	C	CCZ1	c.496G>C	p.Glu166Gln	missense_variant	MODERATE	0.139	0.004664
chr8	5875651	C	A	SOXBP	c.392C>G	p.Ser11*	stop_gained	HIGH	0.208	0.005584
chr8	109430014	TC	T	PHD11L1	c.3207delC	p.Leu1070fs	frameshift_variant	HIGH	0.153	0.004613
chr8	140541243	TGGATGA	T	AGO2	c.1949_1949delTTCATCC	.	structural_interaction_variant	HIGH	0.244	0.002598
chr8	6815904	C	G	XRX5	c.182G>C	p.Glu274Asp	missense_variant	MODERATE	0.237	0.004724
chr8	1387876	CCTTCCGAGT	G	CSMD1	c.504_504delACTGGGAAG	p.Val818del	disruptive_inframe_deletion	MODERATE	0.197	0.004634
chr8	109441374	A	G	PHD11L1	c.4199A>G	p.Asp1400Gly	missense_variant	MODERATE	0.184	0.009799
chr8	109988235	C	A	KCNV1	c.1356G>T	p.Lys452Asn	missense_variant	MODERATE	0.168	0.003618
chr9	114307780	T	A	COL27A1	c.5217+2T>A	.	ice_donor_variant&intron_vari	HIGH	0.202	0.004813
chr9	59135660	C	T	LRK42	c.222-8C>A	.	ce_region_variant&intron_vari	LOW	0.19	0.002929
chr9	131482368	C	T	PRRC2B	c.499A-3C>T	.	ce_region_variant&intron_vari	LOW	0.217	0.005765
chr9	130362897	G	T	HMCN2	c.6139G>T	p.Ala2047Ser	missense_variant	MODERATE	0.25	0.003532
chr9	128508900	C	G	GLE1	c.124C>G	p.Leu42Val	missense_variant	MODERATE	0.243	0.004744
chr9	74642467	C	A	ROBB	c.285T>G	p.Val197Leu	missense_variant	MODERATE	0.214	0.005565
chr9	133733942	G	G	SARDH	c.223C>G	p.Gly78Arg	missense_variant	MODERATE	0.227	0.002757
chr9	123097815	C	C	RABGAP1	c.2703G>C	p.Glu901Asp	missense_variant	MODERATE	0.222	0.004635
chr10	119869221	C	G	INPP5F	c.2540C>G	p.Ser847Cys	missense_variant	MODERATE	0.259	0.003492
chr10	69157045	A	G	VPS56A	c.268A>G	p.Asn99Asp	missense_variant	MODERATE	0.09	0.007745
chr11	61008651	A	C	CD6	c.588delC	p.His196fs	frameshift_variant	HIGH	0.33	0.002358
chr11	124895084	G	T	ROBO4	c.1146C>A	p.Tyr382*	stop_gained	HIGH	0.309	0.004462
chr11	5389570	C	G	OR51M1	c.172C>G	p.Leu58Val	missense_variant	MODERATE	0.345	0.002839
chr11	63596934	G	C	FMRD8	c.717G>C	p.Glu293Asp	missense_variant	MODERATE	0.255	0.002911
chr11	126413625	C	A	ST3GAL4	c.893C>G	p.Glu298Gln	missense_variant	MODERATE	0.254	0.002151
chr11	17719970	C	T	MYO11	c.1188C>T	p.Ser63Ileu	missense_variant	MODERATE	0.249	0.001932
chr11	17169142	C	A	PIK3CA	c.600G>T	p.Leu200Phe	missense_variant	MODERATE	0.238	0.003169
chr11	70486857	G	T	SHANK2	c.3436G>A	p.Pro1146Thr	missense_variant	MODERATE	0.217	0.002548
chr11	4912188	C	A	ATG2A	c.394G>T	p.Tyr328Cys	missense_variant	MODERATE	0.214	0.002883
chr11	77907761	C	T	INTS4	c.1972G>A	p.Asp658Asn	missense_variant	MODERATE	0.205	0.006966
chr11	88525351	G	T	GRM5	c.2684C>A	p.Pro895His	missense_variant	MODERATE	0.205	0.004127
chr11	8852358	A	T	GRM5	c.2677T>A	p.Phe893Ile	missense_variant	MODERATE	0.205	0.004025
chr11	54603094	C	G	CRAC4C	c.305G>T	p.Arg302Ile	missense_variant	MODERATE	0.143	0.005267
chr12	22471492	C	A	CD2D5	c.2308-4G>T	.	ce_region_variant&intron_vari	LOW	0.211	0.007371
chr12	55221665	T	G	OR10A7	c.641T>G	p.Ile214Ser	missense_variant	MODERATE	0.269	0.00444
chr12	10723096	C	T	YBK3	c.164G>C	p.Glu6Lys	missense_variant	MODERATE	0.258	0.006005
chr12	6774670	G	A	LAG3	c.587G>A	p.Arg196His	missense_variant	MODERATE	0.22	0.00443
chr12	5315684	G	C	ITGB7	c.1013C>G	p.Ser338Arg	missense_variant	MODERATE	0.219	0.002987
chr12	50467078	G	C	LARP4	c.150G>C	p.Glu501Asp	missense_variant	MODERATE	0.197	0.005143
chr12	122584396	C	G	KNTC1	c.338C>G	p.Leu1128Val	missense_variant	MODERATE	0.182	0.003599
chr12	41568244	C	A	VW4B	c.567C>T	p.Gln1891*	stop_gained	HIGH	0.276	0.003678
chr12	44949840	T	T	NUP1P1	c.1022-2A>T	.	ex_acceptor_variant&intron_vari	HIGH	0.063	0.00217
chr14	71624131	AGAAGTGC	A	SIPAL11	c.1714_1720delGAAGTGC	p.Glu572fs	frameshift_variant	HIGH	0.145	0.00369
chr14	108944211	T	C	AHNK2	c.1124A>G	p.Lys374Arg	missense_variant	MODERATE	0.218	0.00174
chr14	93967510	C	G	DAAM1	c.2938C>G	p.Leu980Val	missense_variant	MODERATE	0.213	0.005765
chr14	18973386	T	T	ORAZ2	c.1157G>T	p.Val400Gly	missense_variant	MODERATE	0.14	0.004491
chr14	44505051	A	T	FSB	c.1937T>A	p.Val466Asp	missense_variant	MODERATE	0.074	0.005765
chr15	64691536	G	T	OAZ2	c.76D>A	p.Pro26Thr	missense_variant	MODERATE	0.277	0.003111
chr15	90904287	A	T	MAN2A2	c.880A>T	p.Asp27Val	missense_variant	MODERATE	0.271	0.003864
chr16	3519517	C	C	NLR3	c.2038A>G	p.Ser976Gln	missense_variant	MODERATE	0.26	0.002917
chr17	43492757	C	T	DHX8	c.580C>T	p.Arg194*	stop_gained	HIGH	0.15	0.002966
chr17	77213917	G	C	SEC14L1	c.2043-1G>C	.	ex_acceptor_variant&intron_vari	HIGH	0.147	0.00505
chr17	64562970	G	C	SMURF2	c.1017-4C>G	.	ce_region_variant&intron_vari	LOW	0.146	0.006908
chr17	9706996	C	E	EREB2	c.742A>G>C	.	sequence_feature	LOW	0.075	0.002434
chr17	81665220	T	C	OXDL1	c.425A>G	p.His142Arg	missense_variant	MODERATE	0.248	0.003885
chr17	16088474	G	A	NCOR1	c.2713C>T	p.Pro905Ser	missense_variant	MODERATE	0.235	0.005664
chr17	51155743	A	G	NME1-NME2	c.89A>G	p.Gln30Arg	missense_variant	MODERATE	0.17	0.005696
chr17	76021965	G	T	EVPL	c.795C>A	p.Leu257Ile	missense_variant	MODERATE	0.152	0.002222
chr17	81729195	G	A	SIC2A10	c.899G>C	p.Arg300His	missense_variant	MODERATE	0.152	0.003028
chr17	39471507	G	T	CDX12	c.1675G>T	p.Ala559Ser				

Supplementary table 7: Variants in patient 5. Identified by TSO500. Green: shared mutations between tumor at baseline and tumor at progression.											
Yellow: unique mutations to baseline tumor. Blue: Unique mutations to progression tumor											
CHROM	POS	REF	ALT	GENE	c_change	p_change	Effect	AF_baseline	AF_progression	Ratio	
chr8	37656556	A	C	ABO2	c.3896G>A	p.Gly306asp	missense_variant	0.0556	0.051	0.92	
chr17	16068377	C	G	NCOR1	c.534G>C	p.Lys178Asn	missense_variant	0.0364	0.0408	1.12	
chr17	62006662	G	C	CD79B	c.617C>G	p.Ala206Gly	missense_variant	0.0152	0.0179	1.18	
Chrom	POS	REF	ALT	Gene	c_Change	p_Change	Effect	AF			
chr2	25469985	C	T	DNMT3A	c.1049_1056del	p.Phe350CysfsTer1	frameshift_variant	0.0133			
chr3	71247356	TGGC	T	FDP1	c.174_175del	p.Gln60del	inframe_deletion	0.0217			
chr6	94068078	C	T	EPHA7	c.884G>A	p.Arg295His	missense_variant	0.025			
chr22	23654012	C	G	BCR	c.3311C>G	p.Ala1104Gly	missense_variant	0.0093			
chr3	178936091	G	A	PIK3CA	c.1633G>A	p.Glu545Lys	missense_variant	0.0227			
chr16	68862134	TACTG	T	CDH1	c.2223_2226del	Leu741PhefsTer1	frameshift_variant	0.0174			
chr17	7577539	G	A	TP53	c.742C>T	p.Arg248Trp	missense_variant	0.012			
Supplementary table 8: Variants in patient 6. Identified by TSO500. Green: shared mutations between tumor at baseline and tumor at progression.											
Yellow: unique mutations to baseline tumor. Blue: Unique mutations to progression tumor											
CHROM	POS	REF	ALT	GENE	c_change	p_change	Effect	AF_baseline	AF_progression	Ratio	
chr8	41791414	C	T	KAT5A	NM_006766.4:c.4324G>A	36757.2.p.(Ala144	missense_variant	0.2717	0.4973	1.83	
chr17	16068377	C	G	NCOR1	NM_006311.3:c.534G>C	06302.2.p.(Lys178	missense_variant	0.0393	0.0489	1.24	
chr20	31022292	A	G	ASXL1	NM_015338.5:c.1777A>G	156153.2.p.(Ile591	missense_variant	0.0086	0.0119	1.38	
Chrom	POS	REF	ALT	Gene	c_Change	p_Change	Effect	AF			
chr2	198366834	T	C	SF3B1	c.2098A>G	p.Cys700Glu	missense_variant	0.0746			
chr3	49724183	C	G	MST1	c.781G>C	p.Glu261Gln	missense_variant	0.0426			
chr6	111983041	CT	C	FYN	c.1514del	.Lys505ArgfsTer5	frameshift_variant	0.0111			
chr6	137519504	ACT	A	IFNGR1	c.1132_1133del	.Ser378PhefsTer1	frameshift_variant	0.0168			
chr6	152419926	A	G	ESR1	c.1613A>G	p.Asp338Gly	missense_variant	0.0551			
chr8	41790746	TGGC	T	KAT5A	c.4989_4991del	p.Pro1654del	inframe_deletion	0.0125			
chr17	7577054	G	A	TP53	c.844C>T	p.Arg282Trp	missense_variant	0.1192			
chr19	47735796	T	A	BBG3	c.64A>T	p.Thr225er	missense_variant	0.0993			
chr2	25463308	G	A	DNMT3A	c.2185C>T	p.Arg729Trp	missense_variant	0.014			
chr11	69624256	T	T	FGF3			downstream_gene_variant	0.0165			
chr20	31024452	ACCTTCAG	A	ASXL1	c.3939_3946del	Leu1314ProfsTer1	frameshift_variant	0.0106			
Supplementary table 9: Variants in patient 7. Identified by TSO500. Green: shared mutations between tumor at baseline and tumor at progression.											
Yellow: unique mutations to baseline tumor. Blue: Unique mutations to progression tumor											
CHROM	POS	REF	ALT	GENE	c_change	p_change	Effect	AF_baseline	AF_progression	Ratio	
chr1	150000000	T	T	HIST2H3D	c.913A>A	p.Ser97Arg	missense_variant	0.1157	0.136	1.18	
chr3	49724172	C	T	MST1	c.792G>A	p.Trp264Ter	stop_gained	0.0332	0.0469	1.41	
chr3	49724183	C	G	MST1	c.781G>C	p.Glu261Gln	missense_variant	0.0363	0.0334	0.92	
chr17	16068340	C	T	NCOR1	c.571G>A	p.Glu191Lys	missense_variant	0.1429	0.0452	0.32	
chr17	16068377	C	G	NCOR1	c.534G>C	p.Lys178Asn	missense_variant	0.1124	0.0682	0.61	
Chrom	POS	REF	ALT	Gene	c_Change	p_Change	Effect	AF			
chr16	2137924	TCCTGCAGTCGAGAAAGGTAGGCCGGGTGGGG	T	TSC2	c.5068+27_5069-47del		intron_variant	0.0109			
chr11	76227182	G	A	EMSY	c.1559-4G>A		intron_variant	0.5061			
chr17	58027205	TA	T	RPS6KB1	c.*3058del		3_prime_UTR_variant	0.5127			
Supplementary table 10: Variants in patient 8. Identified by TSO500. Green: shared mutations between tumor at baseline and tumor at progression.											
Yellow: unique mutations to baseline tumor. Blue: Unique mutations to progression tumor											
CHROM	POS	REF	ALT	GENE	c_change	p_change	Effect	AF_baseline	AF_progression	Ratio	
chr3	179000000	A	G	PIK3CA	c.3140A>G	p.His1047Arg	missense_variant	0.0444	0.0091	0.20	
chr11	119000000	C	C	CB1	c.1250C>G	p.Pro417Arg	missense_variant	0.0814	0.0249	0.31	
chr12	25380309	G	A	KRAS	c.149C>T	p.Thr50Leu	missense_variant	0.073	0.0292	0.40	
chr17	16068377	C	G	NCOR1	c.534G>C	p.Lys178Asn	missense_variant	0.0429	0.0419	0.98	
chr18	39613922	G	A	PIK3C3	x.1839+1G>A		splice_donor_variant	0.0221	0.0128	0.58	
Chrom	POS	REF	ALT	Gene	c_Change	p_Change	Effect	AF			
chr1	16259615	G	A	SPEN	c.6880G>A	p.Gly225Aser	missense_variant	0.0392			
chr3	138453522	G	C	PIK3CB	c.926C>G	p.Ser309Gly	missense_variant	0.0468			
chr5	79974840	C	T	MSH3	c.1268C>T	p.Pro423Leu	missense_variant	0.0331			
chr11	108129785	G	A	ATM	c.2449G>A	p.Asp817Asn	missense_variant	0.0318			
chr16	72831196	GTGC	G	ZFH3	c.5382_5384del	p.Gln1794del	inframe_deletion	0.0139			
chr17	16068340	C	T	NCOR1	c.571G>A	p.Glu191Lys	missense_variant	0.0336			
chr3	49724183	C	G	MST1	c.781G>C	p.Glu261Gln	missense_variant	0.0331			
chr7	106509387	T	C	PIK3CG	c.1381C>T	p.Leu461Phe	missense_variant	0.0104			
chr12	31944883	C	T	H3F3C	c.218A>G	p.Glu73Gly	missense_variant	0.0104			
chr16	3778302	CGCT	C	CREBBP	c.6743_6745del	p.Gln2248del	inframe_deletion	0.0208			
chr21	42837091	G	C	TMPKSS2	c.*978C>G		3_prime_UTR_variant	0.01			
Supplementary table 11: Variants in patient 9. Identified by TSO500. Green: shared mutations between tumor at baseline and tumor at progression.											
Yellow: unique mutations to baseline tumor. Blue: Unique mutations to progression tumor											
CHROM	POS	REF	ALT	GENE	c_change	p_change	Effect	AF_baseline	AF_progression	Ratio	
chr3	49724172	C	T	MST1	c.792G>A	p.Trp264Ter	stop_gained	0.0448	0.0546	1.22	
chr3	49724183	C	G	MST1	c.781G>C	p.Glu261Gln	missense_variant	0.0441	0.0836	1.90	
chr4	185000000	T	A	IRF2	c.991C>T	p.Arg331Trp	missense_variant	0.0505	0.0353	0.70	
chr16	68845645	G	TG	CDH1	c.892dup	.Ala298G1fsTer1	frameshift_variant	0.0397	0.0296	0.75	
chr17	15995176	C	A	NCOR1	c.3019-1G>T		splice_donor_variant	0.0395	0.0334	0.85	
chr17	16068377	C	A	NCOR1	c.534G>T	p.Lys178Asn	missense_variant	0.0219	0.0283	1.29	
chr17	37880261	G	T	ERBB2	c.2305G>T	p.Asp769Trp	splice_region_variant	0.2369	0.2052	0.87	
chr20	46281683	C	T	NCOA3	c.4130C>T	p.Ser1377Phe	missense_variant	0.0486	0.0263	0.54	
Chrom	POS	REF	ALT	Gene	c_Change	p_Change	Effect	AF			
chr1	158656281	T	C	SPTA1	c.120_38A>G		intron_variant	0.9975			
chr6	137519504	ACT	A	IFNGR1	c.1132_1133del	.Ser378PhefsTer1	frameshift_variant	0.0156			
chr17	58740623	CA	C	PPM1D	c.1535del	.Asn521IlefsTer1	frameshift_variant	0.0202			

References

1. Cardoso F, et al. 5th ESO-ESMO international consensus guidelines for advanced breast cancer (ABC 5). *Ann Oncol*. 2020;31(12):1623-49.
2. Finn RS, et al. PD 0332991, a selective cyclin D kinase 4/6 inhibitor, preferentially inhibits proliferation of luminal estrogen receptor-positive human breast cancer cell lines in vitro. *Breast Cancer Research*. 2009;11(5):R77.
3. Johnston S, et al. MONARCH 3 final PFS: a randomized study of abemaciclib as initial therapy for advanced breast cancer. *NPJ Breast Cancer*. 2019;5:5.
4. Rugo HS, et al. Palbociclib plus letrozole as first-line therapy in estrogen receptor-positive/human epidermal growth factor receptor 2-negative advanced breast cancer with extended follow-up. *Breast Cancer Res Treat*. 2019;174(3):719-29.
5. Tripathy D, et al. Ribociclib plus endocrine therapy for premenopausal women with hormone-receptor-positive, advanced breast cancer (MONALEESA-7): a randomised phase 3 trial. *Lancet Oncol*. 2018;19(7):904-15.
6. Herrera-Abreu MT, et al. Early Adaptation and Acquired Resistance to CDK4/6 Inhibition in Estrogen Receptor-Positive Breast Cancer. *Cancer Res*. 2016;76(8):2301-13.
7. Condorelli R, et al. Polyclonal RB1 mutations and acquired resistance to CDK 4/6 inhibitors in patients with metastatic breast cancer. *Ann Oncol*. 2018;29(3):640-5.
8. O'Leary B, et al. The Genetic Landscape and Clonal Evolution of Breast Cancer Resistance to Palbociclib plus Fulvestrant in the PALOMA-3 Trial. *Cancer Discov*. 2018;8(11):1390-403.
9. Wander SA, et al. The Genomic Landscape of Intrinsic and Acquired Resistance to Cyclin-Dependent Kinase 4/6 Inhibitors in Patients with Hormone Receptor-Positive Metastatic Breast Cancer. *Cancer Discov*. 2020;10(8):1174-93.
10. Formisano L, et al. Aberrant FGFR signaling mediates resistance to CDK4/6 inhibitors in ER+ breast cancer. *Nature Communications*. 2019;10(1).
11. Dean JL, et al. Therapeutic response to CDK4/6 inhibition in breast cancer defined by ex vivo analyses of human tumors. *Cell Cycle*. 2012;11(14):2756-61.
12. Alves CL, et al. Co-targeting CDK4/6 and AKT with endocrine therapy prevents progression in CDK4/6 inhibitor and endocrine therapy-resistant breast cancer. *Nat Commun*. 2021;12(1):5112.
13. Eisenhauer EA, et al. New response evaluation criteria in solid tumours: revised RECIST guideline (version 1.1). *Eur J Cancer*. 2009;45(2):228-47.
14. Erdi YE. Limits of Tumor Detectability in Nuclear Medicine and PET. *Mol Imaging Radionucl Ther*. 2012;21(1):23-8.
15. Ulz P, et al. Inferring expressed genes by whole-genome sequencing of plasma DNA. *Nat Genet*. 2016;48(10):1273-8.
16. Bettgowda C, et al. Detection of circulating tumor DNA in early- and late-stage human malignancies. *Sci Transl Med*. 2014;6(224):224ra24.
17. Abbosh C, et al. Phylogenetic ctDNA analysis depicts early-stage lung cancer evolution. *Nature*. 2017;545(7655):446-51.
18. Heitzer E, et al. Establishment of tumor-specific copy number alterations from plasma DNA of patients with cancer. *Int J Cancer*. 2013;133(2):346-56.
19. Heidary M, et al. The dynamic range of circulating tumor DNA in metastatic breast cancer. *Breast Cancer Res*. 2014;16(4):421.
20. Diehl F, et al. Circulating mutant DNA to assess tumor dynamics. *Nature Medicine*. 2008;14(9):985-90.
21. Cingolani P, et al. A program for annotating and predicting the effects of single nucleotide polymorphisms, SnpEff: SNPs in the genome of *Drosophila melanogaster* strain w1118; iso-2; iso-3. *Fly (Austin)*. 2012;6(2):80-92.
22. Tate JG, et al. COSMIC: the Catalogue Of Somatic Mutations In Cancer. *Nucleic Acids Research*. 2018;47(D1):D941-D7.
23. Christensen UB, et al. Intercalating Nucleic Acids: The Influence of Linker Length and Intercalator Type on Their Duplex Stabilities. *Nucleosides, Nucleotides & Nucleic Acids*. 2004;23(1-2):207-25.
24. Riva A, et al. SensiScreen® KRAS exon 2-sensitive simplex and multiplex real-time PCR-based assays for detection of KRAS exon 2 mutations. *PLOS ONE*. 2017;12(6):e0178027.
25. AACR Project GENIE: Powering Precision Medicine through an International Consortium. *Cancer Discov*. 2017;7(8):818-31.

26. Jansen VM, et al. Kinome-Wide RNA Interference Screen Reveals a Role for PDK1 in Acquired Resistance to CDK4/6 Inhibition in ER-Positive Breast Cancer. *Cancer Research*. 2017;77(9):2488-99.
27. Tolosa Ortega P, et al. 57P Benefit of CDK4/6 inhibitors beyond PIK3CA mutations in metastatic breast cancer patients. *Annals of Oncology*. 2020;31:S35.
28. O'Leary B, et al. Early circulating tumor DNA dynamics and clonal selection with palbociclib and fulvestrant for breast cancer. *Nat Commun*. 2018;9(1):896.
29. Cristofanilli M, et al. Fulvestrant plus palbociclib versus fulvestrant plus placebo for treatment of hormone-receptor-positive, HER2-negative metastatic breast cancer that progressed on previous endocrine therapy (PALOMA-3): final analysis of the multicentre, double-blind, phase 3 randomised controlled trial. *Lancet Oncol*. 2016;17(4):425-39.
30. Bai F, et al. PDGFR β is an essential therapeutic target for BRCA1-deficient mammary tumors. *Breast Cancer Research*. 2021;23(1):10.
31. Jansson S, et al. The PDGF pathway in breast cancer is linked to tumour aggressiveness, triple-negative subtype and early recurrence. *Breast Cancer Res Treat*. 2018;169(2):231-41.
32. Su W, et al. ARAF protein kinase activates RAS by antagonizing its binding to RASGAP NF1. *Mol Cell*. 2022;82(13):2443-57.e7.
33. Xie G, et al. UTX promotes hormonally responsive breast carcinogenesis through feed-forward transcription regulation with estrogen receptor. *Oncogene*. 2017;36(39):5497-511.
34. Ogino M, et al. Implications of Topoisomerase (TOP1 and TOP2 α) Expression in Patients With Breast Cancer. *In Vivo*. 2020;34(6):3483-7.
35. Luo J, et al. SRC kinase-mediated signaling pathways and targeted therapies in breast cancer. *Breast Cancer Research*. 2022;24(1):99.
36. Prat A, et al. Circulating tumor DNA reveals complex biological features with clinical relevance in metastatic breast cancer. *Nature Communications*. 2023;14(1):1157.
37. Hallermayr A, et al. Somatic copy number alteration and fragmentation analysis in circulating tumor DNA for cancer screening and treatment monitoring in colorectal cancer patients. *Journal of Hematology & Oncology*. 2022;15(1):125.
38. Heitzer E, et al. Tumor-associated copy number changes in the circulation of patients with prostate cancer identified through whole-genome sequencing. *Genome Medicine*. 2013;5(4):30.
39. Goncalves MD, et al. Phosphatidylinositol 3-Kinase, Growth Disorders, and Cancer. *The New England Journal of Medicine*. 2018;379(21):2052-62.
40. André F, et al. Alpelisib for PIK3CA-Mutated, Hormone Receptor-Positive Advanced Breast Cancer. *New England Journal of Medicine*. 2019;380(20):1929-40.
41. Martínez-Sáez O, et al. Frequency and spectrum of PIK3CA somatic mutations in breast cancer. *Breast Cancer Research*. 2020;22(1):45.
42. Kalinsky K, et al. PIK3CA mutations rarely demonstrate genotypic intratumoral heterogeneity and are selected for in breast cancer progression. *Breast Cancer Res Treat*. 2011;129(2):635-43.
43. Bertucci F, et al. Comparative genomic analysis of primary tumors and metastases in breast cancer. *Oncotarget*. 2016;7(19):27208-19.

Chapter 7: General discussion and future perspectives

The treatment of ER+ metastatic breast cancer has been revolutionized by the addition of CDK4/6 inhibitors to endocrine therapy as standard-of-care therapy. Several studies have demonstrated the efficacy of CDK4/6 inhibitors in improving PFS and, for some CDK4/6i, also overall survival in this patient population(1-3). Despite their success, the development of CDK4/6 inhibitor resistance poses a significant clinical challenge, as patients inevitably experience disease progression. As a result, there is a pressing need for a better understanding of the mechanisms of resistance to combined CDK4/6i and endocrine therapy, identification of personalized treatment strategies upon progression, and implementation of strategies for monitoring treatment response.

In manuscript 1, we investigate the mechanisms of resistance to combined CDK4/6i and endocrine therapy in ER+ breast cancer cell lines with acquired resistance to this combined therapy, whereas in manuscript 2 we used tissue and blood samples from ER+ advanced breast cancer patients. The different source material used in the two manuscripts has both advantages and disadvantages. Although cell lines are widely accessible, abundant, reproducible, and low cost, these models do not capture tumor heterogeneity and are usually not clinically relevant (4, 5). In contrast, patient samples are patient specific and clinically relevant however the amount of material available is very limited, particularly with tumor biopsies.

Resistance mechanisms to combined CDK4/6i and endocrine therapy

In manuscript 1, we found that RET overexpression, but not fusions, is likely associated with resistance to combined CDK4/6i and endocrine therapy in two ER+ breast cancer cell lines resistant to combined CDK4/6i and endocrine therapy. RET expression has previously been linked to tamoxifen and AI resistance in ER+ breast cancers by estrogen-independent activation of ER transcriptional activity via the MAPK/ERK and PI3K/AKT pathways, and likely mediated by mTOR (6, 7). Vandetanib, a multikinase inhibitor targeting RET, has been shown to improve the efficacy of tamoxifen resulting in greater reduction of tumor growth in ER+ breast cancer cells (8). Moreover, combined RET inhibitor NVP-AST487 and letrozole synergically inhibited breast cancer cell motility and growth (9). Our findings indicate that blocking RET through siRNA-mediated knock-down or using the specific RET inhibitor selpercatinib restores sensitivity of tumor cells to CDK4/6 inhibitors and fulvestrant treatment. Interestingly, RET inhibition caused down-regulation of modulators of G2-M phase progression of the cell cycle. Previous studies have shown that RET upregulates the transcription of cyclin D1, leading to cell cycle

progression and tamoxifen resistance, and this effect was blocked by the addition of a CDK4/6i (10). However, the effect of RET on cell cycle progression in tumor cells resistant to CDK4/6i has not yet been described. To gain further insight into how RET is involved in cell cycle progression, we plan to investigate specific regulators of the cell cycle that are impaired upon RET inhibition, with focus on proteins involved in the regulation of later stages of cell cycle progression. Furthermore, we will investigate these changes following treatment with RETi in combination with CDK4/6i and endocrine therapy to assess the effect of different combinations on cell cycle progression. Additionally, we plan to investigate the efficacy of RETi in xenograft models transplanted with cell lines resistant to combined CDK4/6i and endocrine therapy. Notably, *RET* mutations or amplifications were not identified in tumors and blood samples from patients who progressed on combined CDK4/6i and endocrine therapy (manuscript 2).

Current treatment options following progression on combined CDK4/6i and endocrine therapy are limited. Many patients will receive chemotherapy which often lead to a severe decrease in quality of life. RETi are already approved for patients with thyroid and NSCLC with either activating *RET* mutations or activating *RET* fusions. Importantly, results from a recent clinical trial evaluating the multikinase inhibitor Lenvatinib, which has potent activity against RET, in combination with the AI letrozole showed manageable toxicity profile and promising efficacy in heavily pretreated ER+ advanced breast cancer patients, including patients who progressed on previous combined CDK4/6i and endocrine therapy (11). Notably, ongoing clinical trials are comparing the efficacy of combined RETi lenvatinib or multikinase inhibitors vandetinib or anlotinib with letrozole or fulvestrant, respectively, in patients with AI-resistant ER+ metastatic breast cancer (NCT05181033, NCT02530411, NCT05075512). Another clinical trial is assessing the efficacy of combined lenvatinib, letrozole and the PD-1 inhibitor pembrolizumab in patients with endocrine-resistant ER+ metastatic breast cancer (NCT05286437). Specifically, the RETi selpercatinib is currently being evaluated in solid tumors, including advanced breast cancer, with RET mutations or fusions (NCT03157128). In total, five clinical trials are investigating the use of RETi in the metastatic setting of ER+ breast cancer; however, these mainly include multikinase inhibitors that target other receptor tyrosine kinases besides RET, and only one study investigates RETi in patients who have progressed on combined CDK4/6i and endocrine therapy. Initially we used lenvatinib in our study, but this did not have a significant effect, and we switched to selpercatinib, since this is the most specific and selective RETi.

In manuscript 2, we investigated SNVs in tumor and blood samples from ER+ advanced breast cancer patients to identify mechanisms of resistance and monitor response to

combined CDK4/6i and endocrine therapy. Previous studies have identified *RB* and *FGFR1/2* mutations to be associated with resistance to CDK4/6i (12-14). In our limited study we found *TP53* and *PIK3CA* mutation increased or solely in the progression samples of six patients suggesting that these alterations could be associated with resistance to the treatment in specific patients. Additionally, CNVs have been linked to metastasis in ER+ breast cancer and may be involved in the mechanism of resistance to combined CDK4/6i and endocrine therapy (15). We identified more shared CNVs than SNVs in all patients. For instance, an increase in *PDK1* copy number was observed in three of the four patients with paired tumor samples, following progression on combined CDK4/6i and endocrine therapy, which indicates that *PDK1* amplification may be involved in the resistance mechanisms to combined CDK4/6i and endocrine therapy. As resistance might not depend on the amplification of a single gene, it would be important to assess CNVs of multiple genes, as recently described (16). In this study, the authors have shown that ER+ breast cancer patients exhibiting retinoblastoma loss of heterozygosity (RB-LOH-positive) had worse prognosis on combined CDK4/6i and endocrine therapy than RB-LOH negative patients. RB-LOH status depends on a signature based on DNA copy numbers of chromosomal regions that encompass 345 genes including important cell cycle regulators such as *RB*, *E2F*, *CCND1/2/3*, *CDK6*, and *MYC* (16). The RB-LOH signature was increased in blood samples following progression on combined CDK4/6i and endocrine therapy compared to samples prior to therapy initiation. It would be interesting to investigate the role of other alterations, including as epigenetic modifications (methylation), gene expression (RNA-sequencing), or larger gene insertions/deletions (copy number alteration) in the drug resistance mechanisms in tumor and blood samples from this patient population. A recent study has shown that CDK4/6i treatment induces enhancer activity through AP-1 transcriptional changes and extensive chromatin remodeling in ER+ breast cancer, which may be involved in early adaptations leading to resistance (17). Hydroxymethylation is an epigenetic modification produced by ten-eleven translocation (TET) methylcytosine dioxygenases during cytosine demethylation and it acts as a marker of active promoters (18). New techniques to assess regions with 5-hydroxymethyl cytosines have been developed, and these approaches may reveal surrogates of gene expression that could confer resistance to combined CDK4/6i and endocrine therapy (19, 20).

Monitoring disease progression in liquid biopsies

In manuscript 2, we investigated the potential of using *PIK3CA* mutations in tumor DNA and ctDNA from blood samples to monitor treatment response to combined CDK4/6i and

endocrine therapy in ER+ advanced breast cancer patients. Due to the high inter-patient heterogeneity in breast cancer, we chose to monitor the treatment response by following the variant allele frequency (VAF) of specific *PIK3CA* mutations present in either blood or tissue samples from these patients. Development of assays to detect other patient-specific mutations identified in the cohort included in this study is currently ongoing. Notably, monitoring the *PIK3CA* mutation was indicative of tumor growth in almost all patients. Indeed, an increase in the variant allele frequency (VAF) of the *PIK3CA* mutation was observed either significantly earlier or at the same time as progression diagnosis by imaging techniques. The only case, where it was not observed an increased in *PIK3CA* mutation VAF may indicate that the *PIK3CA* mutation is not present in the resistant cancer subclone that is growing during treatment, even though *PIK3CA* mutations are frequently clonal (21, 22). Multiple assays for detection of a panel of patient-specific mutations could have been used for each patient.

Importantly, numerous new drugs are being developed that target SNP. Indeed, alpelisib has been recently approved for treating ER+ advanced breast cancers with a *PIK3CA* mutation after progression on endocrine therapy with or without CDK4/6i (23). It is unknown whether variants with low frequency are as responsive to targeted therapy as those with high frequency, but some studies indicate that oncogenic drivers with low VAF do respond to targeted therapy, which emphasizes the advantage of monitoring targetable variations and using highly sensitive tests (24).

However, monitoring patient-specific alterations is expensive and time-consuming, and the majority of the ctDNA released into bloodstream is not mutated. Better monitoring of disease burden with emerging methods not tumor-specific such as the LIFE-CNA method which combines fragmentation size, epigenetic signatures, copy number alterations, and machine learning to monitor colorectal cancer and predict progressive disease up to four months before clinical diagnosis (25).

Impact on clinical decision making

In manuscript 1, we found overexpression of RET to be a possible mechanism of resistance to combined CDK4/6i and endocrine therapy. Thus, RET inhibition could be a potential option for patients who progress on combined CDK4/6i and endocrine therapy, but further research is needed to determine which patients are eligible for this therapy. ctDNA monitoring is a promising approach for disease progression and has shown to predict progression earlier than imaging techniques in multiple studies (26-28). In manuscript 2, *PIK3CA* mutation detection in ctDNA allowed detection of progression 4-17 months before clinical diagnosis of disease progression with PET-CT, which could ena-

ble an earlier switch to a potentially more effective treatment, such as alpelisib. However, if no alternative treatments are available, relying on ctDNA analysis alone can be challenging, as clinicians may choose to continue current treatment based on radiological evidence of progression. PET-CT is highly accurate in detecting disease progression in metastatic breast cancer (29), but monitoring progression using patient-specific clonal alterations in ctDNA could complement PET/CT for earlier detection of progression.

Conclusion

The work described in this thesis provides novel insight into the role of RET expression, *TP53* and *PIK3CA* mutations in resistance to combined CDK4/6i and endocrine therapy. Additionally, it contributes to the increasing evidence supporting the potential use of serial ctDNA analysis for real-time monitoring of CDK4/6i response and earlier detection of progressive disease.

References

1. Finn RS, et al. Overall survival (OS) with first-line palbociclib plus letrozole (PAL+LET) versus placebo plus letrozole (PBO+LET) in women with estrogen receptor–positive/human epidermal growth factor receptor 2–negative advanced breast cancer (ER+/HER2– ABC): Analyses from PALOMA-2. *Journal of Clinical Oncology*. 2022;40(17_suppl):LBA1003-LBA.
2. Llombart-Cussac A, et al. Abstract PD13-11: PD13-11 Final Overall Survival Analysis of Monarch 2 : A Phase 3 trial of Abemaciclib Plus Fulvestrant in Patients with Hormone Receptor-Positive, HER2-Negative Advanced Breast Cancer. *Cancer Research*. 2023;83(5_Supplement):PD13-1-PD-1.
3. Turner NC, et al. Overall Survival with Palbociclib and Fulvestrant in Advanced Breast Cancer. *New England Journal of Medicine*. 2018;379(20):1926-36.
4. Burdall SE, et al. Breast cancer cell lines: friend or foe? *Breast Cancer Res*. 2003;5(2):89-95.
5. Vargo-Gogola T, Rosen JM. Modelling breast cancer: one size does not fit all. *Nat Rev Cancer*. 2007;7(9):659-72.
6. Plaza-Menacho I, et al. Targeting the receptor tyrosine kinase RET sensitizes breast cancer cells to tamoxifen treatment and reveals a role for RET in endocrine resistance. *Oncogene*. 2010;29(33):4648-57.
7. Morandi A, et al. GDNF-RET signaling in ER-positive breast cancers is a key determinant of response and resistance to aromatase inhibitors. *Cancer Res*. 2013;73(12):3783-95.
8. Spanheimer PM, et al. Inhibition of RET increases the efficacy of antiestrogen and is a novel treatment strategy for luminal breast cancer. *Clin Cancer Res*. 2014;20(8):2115-25.
9. Andreucci E, et al. Targeting the receptor tyrosine kinase RET in combination with aromatase inhibitors in ER positive breast cancer xenografts. *Oncotarget*. 2016;7(49):80543-53.
10. Marks BA, et al. GDNF-RET signaling and EGR1 form a positive feedback loop that promotes tamoxifen resistance via cyclin D1. *BMC Cancer*. 2023;23(1):138.
11. Lim JSJ, et al. Phase Ib/II Dose Expansion Study of Lenvatinib Combined with Letrozole in Postmenopausal Women with Hormone Receptor–Positive Breast Cancer. *Clinical Cancer Research*. 2022;28(11):2248-56.
12. Dean JL, et al. Therapeutic response to CDK4/6 inhibition in breast cancer defined by ex vivo analyses of human tumors. *Cell Cycle*. 2012;11(14):2756-61.
13. O'Leary B, et al. The Genetic Landscape and Clonal Evolution of Breast Cancer Resistance to Palbociclib plus Fulvestrant in the PALOMA-3 Trial. *Cancer Discov*. 2018;8(11):1390-403.
14. Formisano L, et al. Aberrant FGFR signaling mediates resistance to CDK4/6 inhibitors in ER+ breast cancer. *Nature Communications*. 2019;10(1).
15. Bao L, et al. Coexisting genomic aberrations associated with lymph node metastasis in breast cancer. *J Clin Invest*. 2018;128(6):2310-24.
16. Prat A, et al. Circulating tumor DNA reveals complex biological features with clinical relevance in metastatic breast cancer. *Nature Communications*. 2023;14(1):1157.
17. Watt AC, et al. CDK4/6 inhibition reprograms the breast cancer enhancer landscape by stimulating AP-1 transcriptional activity. *Nature Cancer*. 2021;2(1):34-48.
18. Branco MR, et al. Uncovering the role of 5-hydroxymethylcytosine in the epigenome. *Nat Rev Genet*. 2011;13(1):7-13.
19. Song C-X, et al. 5-Hydroxymethylcytosine signatures in cell-free DNA provide information about tumor types and stages. *Cell Research*. 2017;27(10):1231-42.
20. Li W, et al. 5-Hydroxymethylcytosine signatures in circulating cell-free DNA as diagnostic biomarkers for human cancers. *Cell Res*. 2017;27(10):1243-57.
21. Kalinsky K, et al. PIK3CA mutations rarely demonstrate genotypic intratumoral heterogeneity and are selected for in breast cancer progression. *Breast Cancer Res Treat*. 2011;129(2):635-43.
22. Bertucci F, et al. Comparative genomic analysis of primary tumors and metastases in breast cancer. *Oncotarget*. 2016;7(19):27208-19.
23. André F, et al. Alpelisib for PIK3CA-Mutated, Hormone Receptor–Positive Advanced Breast Cancer. *New England Journal of Medicine*. 2019;380(20):1929-40.
24. Jacobs MT, et al. Use of low-frequency driver mutations detected by cell-free circulating tumor DNA to guide targeted therapy in non-small-cell lung cancer: A multicenter case series. *JCO Precision Oncology*. 2018;2:1-10.

25. Hallermayr A, et al. Somatic copy number alteration and fragmentation analysis in circulating tumor DNA for cancer screening and treatment monitoring in colorectal cancer patients. *Journal of Hematology & Oncology*. 2022;15(1):125.
26. Chin YM, et al. Serial circulating tumor DNA monitoring of CDK4/6 inhibitors response in metastatic breast cancer. *Cancer Sci*. 2022;113(5):1808-20.
27. O'Leary B, et al. Early circulating tumor DNA dynamics and clonal selection with palbociclib and fulvestrant for breast cancer. *Nat Commun*. 2018;9(1):896.
28. Dawson SJ, et al. Analysis of circulating tumor DNA to monitor metastatic breast cancer. *N Engl J Med*. 2013;368(13):1199-209.
29. Vogsen M, et al. Response monitoring in metastatic breast cancer – a prospective study comparing ¹⁸F-FDG PET/CT with conventional CT. *Journal of Nuclear Medicine*. 2022;jnumed.121.263358.

Chapter 8: List of abbreviations

Abbreviation	Definition
2D	Two dimensional
3D	Three dimensional
AI	Aromatase Inhibitor
AKT	also known as protein kinase B (PKB)
ANOVA	Analysis of variance
ARAF	A-Raf Proto-Oncogene
AURKA	Aurora Kinase A
BC	Breast cancer
BCA	Bicinchoninic acid assay
BEAM	Beads, emulsion, amplification, and magnetics
CAPP-seq	Cancer personalized profiling by deep sequencing
CDK2	Cyclin dependent kinase 2
CDK4/6	Cyclin dependent kinase 4 and 6
CDK4/6i	CDK4/6 inhibitor
CE-CT	Contrast Enhanced Cranial Computerized Tomograph
cfDNA	Circulating free DNA
CNA	Copy number alteration
CNV	Copy number variation
CTB	CellTiter Blue
ctDNA	Circulating tumor DNA
CV	Crystal violet
ddPCR	Droplet digital PCR
DMEM/F-12	Dulbecco's Modified Eagle Medium
DMSO	Dimethyl sulfoxide
EMA	European Medicines Agency
EPCAM	Epithelial cell adhesion molecule
ER	Estrogen Receptor
ER+	Estrogen Receptor positive
ERK	Extracellular regulated kinaae
ESR1	Gene encoding estrogen receptor
FBS	Fetal bovine serum
FDA	Food and Drug Administration
FDR	False discovery rate
FFPE	Formalin fixed paraffin embedded
FGFR1/2	Fibroblast growth factor receptor 1 and 2
GAPDH	Glyceraldehyde-3-phosphate dehydrogenase
GDNF	Glial cell line-derived neurotrophic factor
GFL	GDNF family of ligands
GFR α 1-4	GDNF receptor 1-4
GSEA	Gene set enrichment analysis
HER2	Human epidermal growth receptor 2
HRP	Horseradish peroxidase
IHC	Immunohistochemistry
JAK	Janus Kinase
KD	Knockdown

KDM6A	Lysine Demethylase 6A
LIFE-CNA	Liquid biopsy fragmentation, epigenetic signature and Copy Number Alteration analysis
MAPK	Mitogen-activated protein kinase
MEK/MAPKK	Mitogen-activated protein kinase kinase
MTC	Medullary thyroid cancer
mTOR	Mammalian target of rapamycin
NGS	Next-generation sequencing
NSCLC	Non-small cell lung cancer
OFS	Ovarian function suppression
OS	Overall survival
PDGFRA/B	Platelet derived growth factor receptor alpha/beta
PKD1	Phosphoinositide-dependent kinase-1
PET-CT	Positron emission tomography-computed tomography
PFS	Progression Free Survival
PI3K	Phosphatidylinositol 3-kinase
PIK3CA	Phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha
PR	Progesterone receptor
PTC	Papillary thyroid carcinoma
PTEN	Phosphatase and tensin homolog
PUM1	Pumilio RNA Binding Family Member 1
PVDF	Polyvinylidene fluoride
RAF	Rapidly Accelerated Fibrosarcoma
RAS	Rat sarcoma virus
Rb	Retinoblastoma
RET	Rearranged during transfection
RFS	Relapse free survival
RPMI	Roswell Park Memorial Institute Medium,
RT-qPCR	Quantitative real time polymerase chain reaction
SDS-PAGE	Sodium dodecyl sulfate polyacrylamide gel electrophoresis
SERD	Selective estrogen receptor degrader
SERM	Selective estrogen receptor modulator
siRNA	Small interfering RNA
SLIT2	Slit Guidance Ligand 2
SNV	Single nucleotide variation
SRC	SRC Proto-Oncogene, Non-Receptor Tyrosine Kinase
STAT	Signal transducer and activator of transcription
TARDIS	Targeted digital sequencing
TOP1	DNA Topoisomerase I
Tp53	Tumor protein 53
TSC2	Tuberous Sclerosis Complex 2
TSO500	Trusight oncology 500
WB	Western Blot
WES	Whole exome sequencing
WGS	Whole genome sequencing