

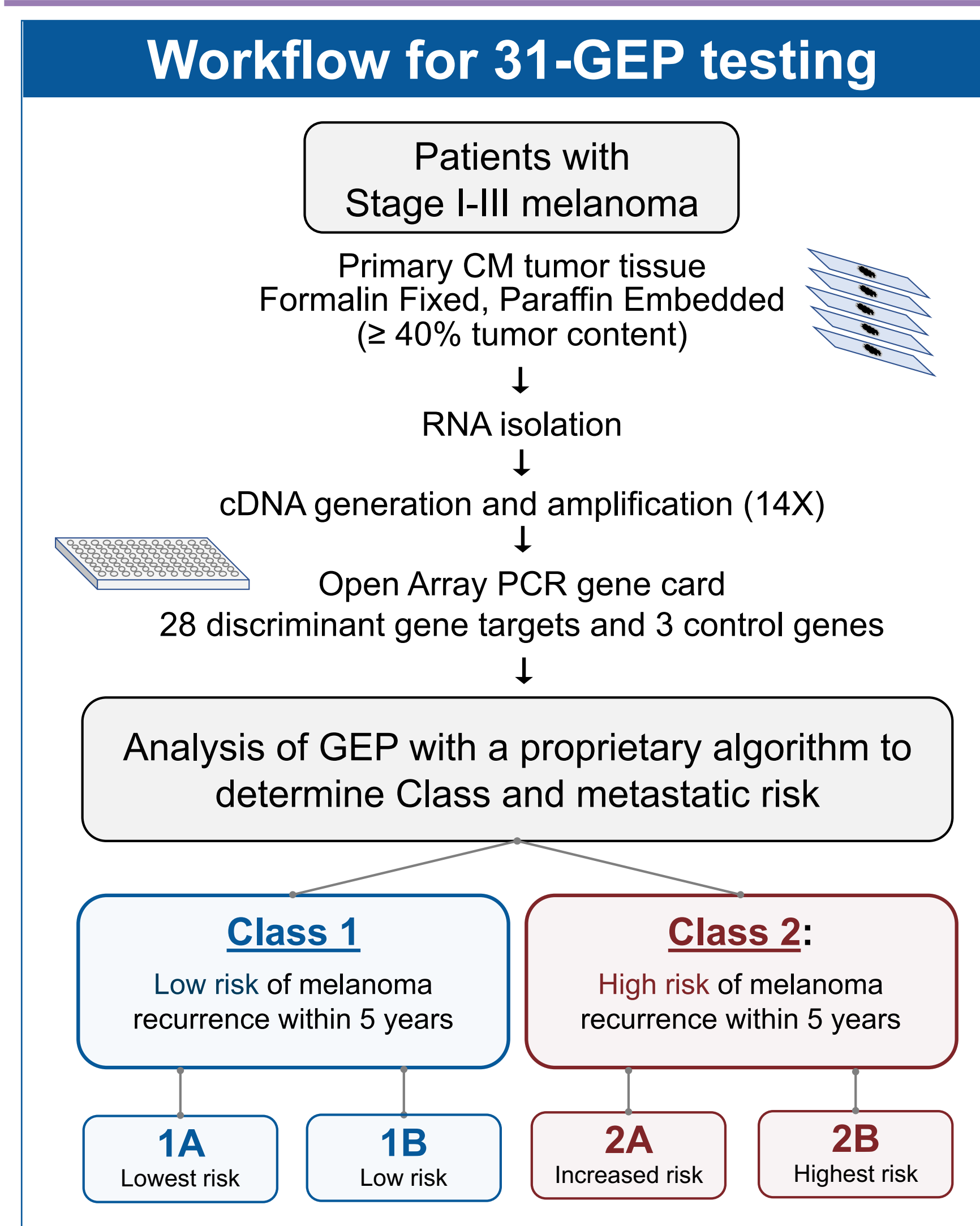
# Genes and biological functions governing intrinsic tumor biology utilized in cutaneous melanoma risk assessment through a clinically available 31-gene expression profile test

Sarah J. Kurley, PhD, Kyle R. Covington, PhD, Kristen Meldi Plasseraud, PhD, Robert W. Cook, PhD, Federico Monzon, MD  
Castle Biosciences, Inc.: Friendswood, Texas, USA

## ABSTRACT

Better understanding of intrinsic tumor biology has permitted the development of clinical molecular tests that are objective prognostic tools for various cancers, including cutaneous melanoma (CM). A previously validated 31-gene expression profile (31-GEP) test utilizes RT-PCR of primary CM tumors to predict a patient's risk of recurrence, including sentinel lymph node, locoregional, and distant metastasis events, within 5 years. To develop the test, candidate genes identified in published melanoma gene expression datasets were evaluated for consistency across multiple studies. Herein, we review the methods and data utilized during the development of the 31-GEP test and the known functions of its 28 prognostic genes. Using pathway and protein-protein interaction databases along with literature searches, we demonstrate that the genes assessed by the test are functional components of key melanoma- and cancer-relevant biological processes known to contribute to progression and metastasis and are supported by other studies. The genes utilized to assess melanoma risk play significant roles in processes such as cell-cell communication, differentiation, growth regulation, and immune signaling. These findings suggest that many biological processes, rather than a few pathways, contribute to melanoma progression. Thus, capturing these diverse biological events is necessary for accurate prognostication. In conclusion, the 31-GEP test determines risk by assessing key biological processes associated with progression. Evaluating melanoma tumor biology at a molecular level, in addition to histopathological features, identifies high-risk patients who otherwise would be deemed at low risk for recurrence and metastasis by traditional staging methods alone. Furthermore, these genes could be candidates for novel therapeutic interventions.

## BACKGROUND



• Exploitation of the intrinsic biology of cancer tissues has permitted the creation of molecular tests that serve as objective diagnostic, prognostic, and therapeutic prediction tools compared to traditional, often subjective methods such as histological and pathological assessments.

• The 31-GEP test predicts a CM patient's risk of recurrence, metastasis, or melanoma-specific mortality at 5 years after diagnosis.

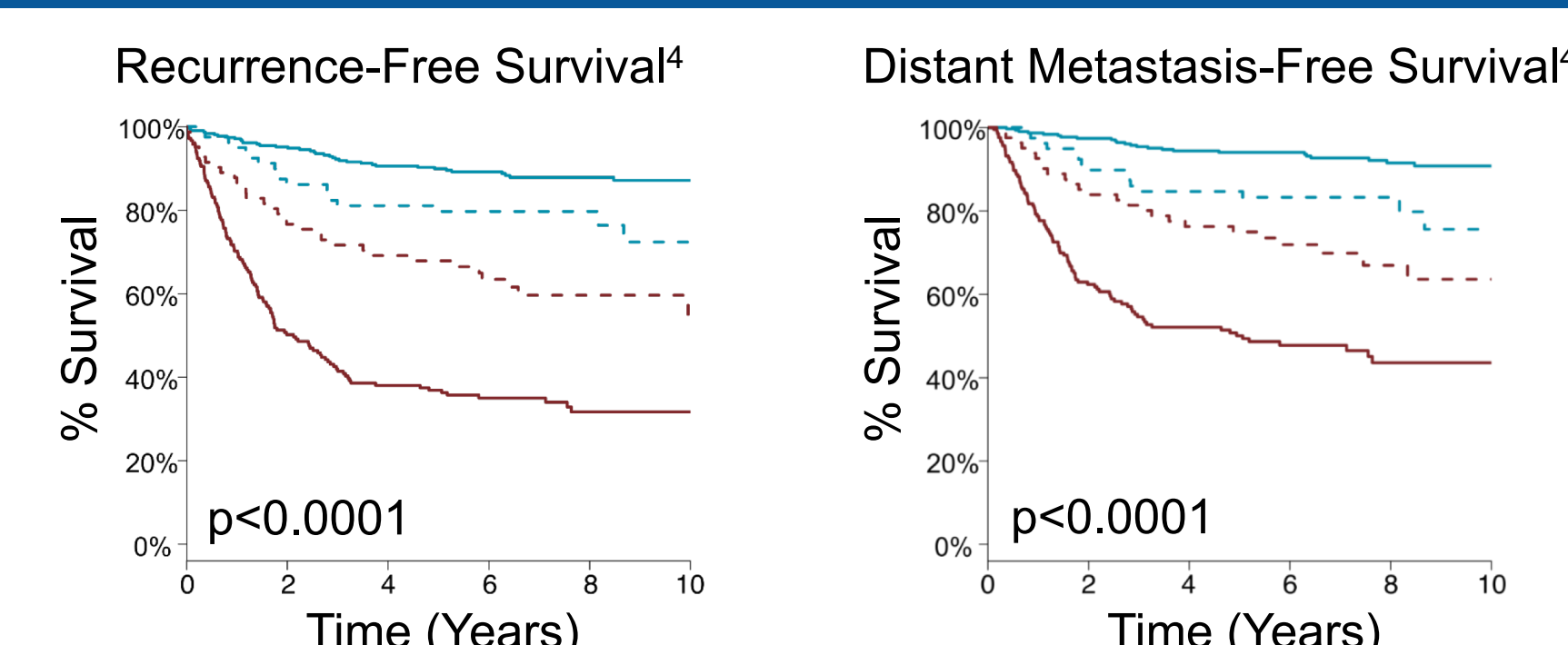
• Patients with a Class 1A and 2B 31-GEP results have the lowest and highest risk, respectively.

• The 31-GEP test is performed in a CAP-accredited/CLIA-certified laboratory using high-throughput RT-PCR assays as previously described<sup>1-4</sup>.

Levels of evidence for molecular tests involve grading across 3 categories.  
The 31-GEP test has strong evidence in all 3:

## CLINICAL VALIDITY

Evidence from retrospective and prospective studies supports consistent ability of the 31-GEP test to accurately identify recurrence, metastasis, and melanoma-specific mortality in CM patients<sup>1-8</sup>.



## CLINICAL UTILITY

| Design (n)  | 31-GEP Impact |
|---|---------------|
| Prospectively tested patients, Retrospective chart review; (156 patients) <sup>9</sup>              | 53%           |
| Prospective documentation of pre and post test plans; (247 patients) <sup>10</sup>                  | 49%           |
| Prospectively tested patients, Retrospective chart review; (90 patients) <sup>11</sup>              | 52%           |
| Physician survey of clinical decisions with or without test results; (169 physicians) <sup>12</sup> | 47-50%        |
| Physician survey of clinical factors that affect use of 31-GEP test; (181 physicians) <sup>13</sup> | *             |

\*overall GEP impact not assessed with study design

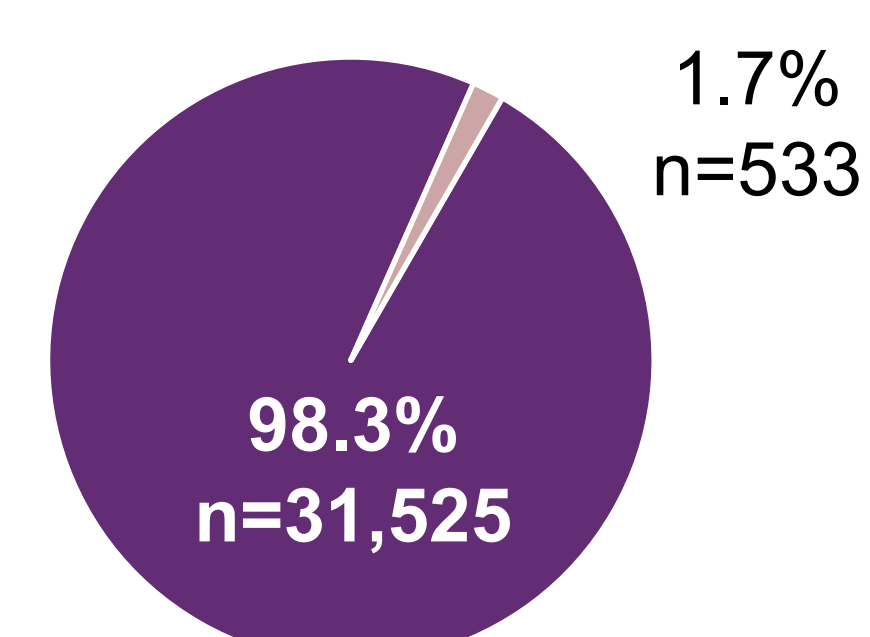
Data from 3 studies and 2 physician surveys indicate that the 31-GEP test results significantly impact management decisions for approximately 1 of 2 patients<sup>9-13</sup>.

## ANALYTICAL VALIDITY

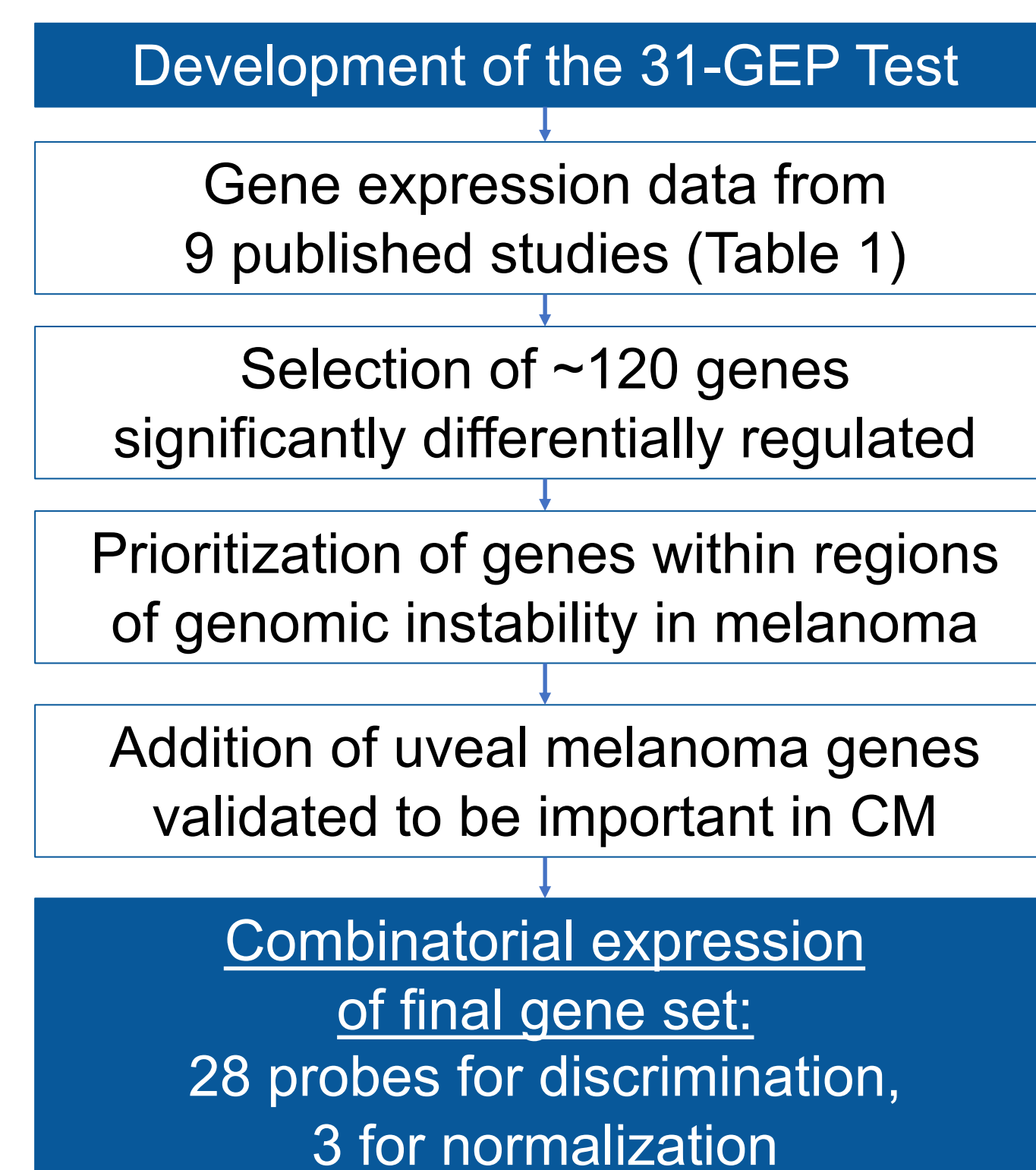
The 31-GEP test has high technical reliability on >32,000 clinical cases with adequate tumor content since 2013<sup>14</sup>. Technical success studies demonstrate 99% inter- and 100% intra-assay concordance<sup>15</sup>.

Technical success in clinical cases

Successful 31-GEP  
Multi-gene failure



## RESULTS



**Table 1. Studies utilized for original gene selection during development of the 31-GEP test**

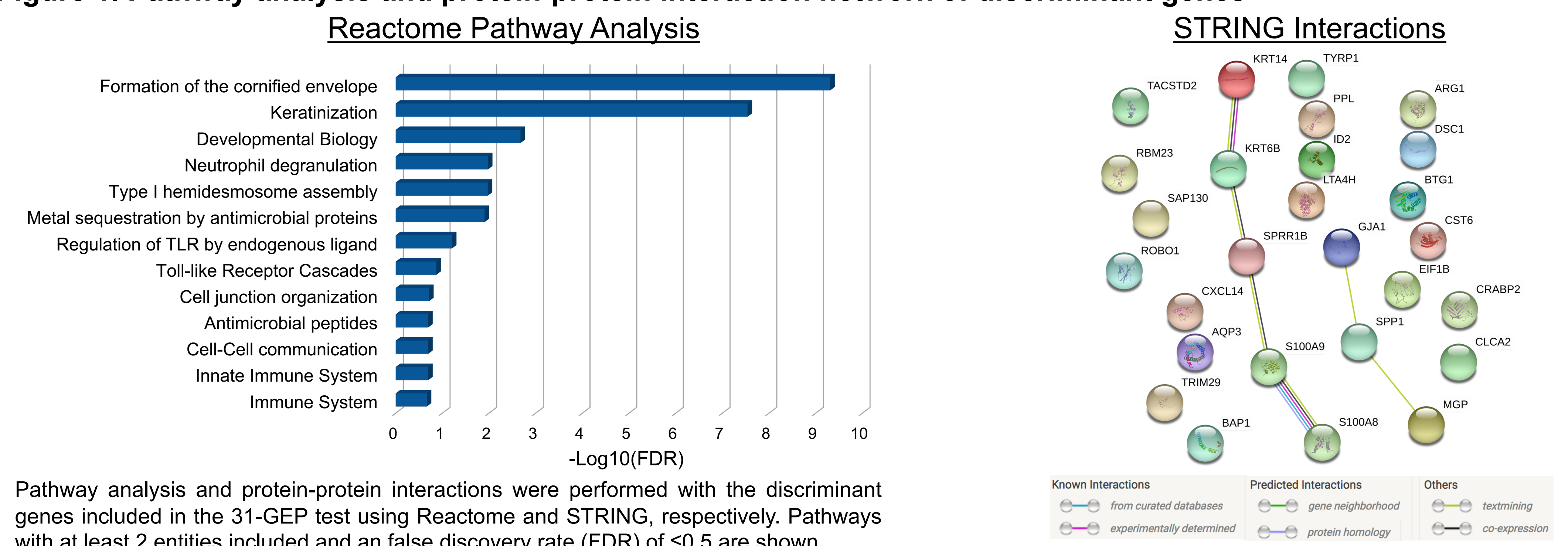
| Tissues compared (Tissue Source)   | Gene Expression Analysis Platform                    |
|--|--|
| Melanocytic nevi, primary melanomas, metastatic melanomas (Microdissected fresh frozen tissue) <sup>16</sup>         | Affymetrix Human Genome U133A 2.0 GeneChip           |
| Primary melanomas, melanoma metastases (Laser-capture microdissected cells) <sup>17</sup>                            | Affymetrix Human Genome U133A array                  |
| Melanoma tumor biopsies and cell cultures, normal controls (frozen tumor biopsies) <sup>18</sup>                     | Microarray   |
| Melanocytic nevi, primary melanomas, melanoma metastases (frozen tumor biopsies) <sup>19</sup>                       | Research Genetics microarray                         |
| Nevi, radial & vertical growth phase melanomas, metastases (fresh tissue) <sup>20</sup>                              | Agilent Human Whole Genome Oligo Microarray          |
| Normal skin, benign nevi, atypical nevi, early-stage melanoma, advanced-stage melanoma (frozen tissue) <sup>21</sup> | Affymetrix Human Genome U133 Plus 2.0 GeneChip       |
| Vertical growth phase melanomas and distant metastasis (fresh tissue) <sup>22</sup>                                  | Micro-SAGE libraries                                 |
| Primary melanomas and cutaneous/lymph node metastases (fresh frozen tissue) <sup>23</sup>                            | Agilent Whole-Human-Genome 44K oligonucleotide array |
| Primary uveal melanoma with long-term clinical follow-up (fresh tumor samples) <sup>24</sup>                         | Affymetrix Hu133A and B arrays                       |

**Table 2. Discriminant genes included in the 31-GEP test to assess risk of metastasis**

| Gene Symbol       | Gene Name  | Direction of regulation in Class 2 | P <sup>a</sup> |
|-------------------|--|------------------------------------|----------------|
| AQP3              | Aquaporin 3 (Gill blood group)   | Down                               | 5.08 e-06      |
| ARG1              | Arginase 1   | Down                               | 1.05 e-08      |
| BAP1 <sup>b</sup> | BRCA1-associated protein-1   | Down                               | 0.007          |
| BTG1              | B-cell translocation gene 1, antiproliferative                         | Down                               | 0.024          |
| CLCA2             | Chloride channel accessory 2   | Down                               | 1.02 e-08      |
| CRABP2            | Cellular retinoic acid binding protein 2                               | Down                               | 0.0006         |
| CST6              | Cystatin E/M   | Down                               | 1.02 e-08      |
| CXCL14            | Chemokine (C-X-C motif) ligand 14                                      | Down                               | 3.31 e-12      |
| DSC1              | Desmocollin 1  | Down                               | 7.00 e-09      |
| EIF1B             | Eukaryotic translation initiation factor 1B                            | Up                                 | 0.024          |
| GJA1              | Gap junction protein, alpha 1, 43 kDa                                  | Down                               | 0.034          |
| ID2               | Inhibitor of DNA binding 2, dominant negative helix-loop-helix protein | Down                               | 3.91 e-06      |
| KRT14             | Keratin 14   | Down                               | 1.75 e-05      |
| KRT6B             | Keratin 6B   | Up                                 | 0.16           |
| LTA4H             | Leukotriene A4 hydrolase   | Down                               | 0.0001         |
| MGP               | Matrix Gla protein   | Down                               | 0.486          |
| PPL               | Periplakin   | Down                               | 5.59 e-11      |
| RBM23             | RNA-binding motif protein 23   | Down                               | 0.018          |
| ROBO1             | Roundabout, axon guidance receptor, homolog 1 (Drosophila)             | Down                               | 0.0004         |
| S100A8            | S100 calcium-binding protein A8  | Down                               | 0.031          |
| S100A9            | S100 calcium-binding protein A9  | Down                               | 0.012          |
| SAP130            | Sin3A-associated protein, 130 kDa                                      | Down                               | 0.024          |
| SPP1              | Secreted phosphoprotein 1  | Up                                 | 6.08 e-16      |
| SPRR1B            | Small proline-rich protein 1B  | Down                               | 0.001          |
| TACSTD2           | Tumor-associated calcium signal transducer 2                           | Down                               | 0.037          |
| TRIM29            | Tripartite motif containing 29   | Down                               | 2.34 e-09      |
| TYRP1             | Tyrosinase-related protein 1   | Down                               | 2.41 e-06      |

<sup>a</sup>p-value reflects t-test analysis of dCt values from non-metastatic cases compared with metastatic cases within the initial training and validation sample cohort. <sup>b</sup>Two assays for BAP1 were included to target both the 5' and 3' regions of the gene.

**Figure 1. Pathway analysis and protein-protein interaction network of discriminant genes**



Pathway analysis and protein-protein interactions were performed with the discriminant genes included in the 31-GEP test using Reactome and STRING, respectively. Pathways with at least 2 entities included and an false discovery rate (FDR) of ≤0.5 are shown.

**Figure 2. Relevance to cancer progression of discriminant genes in the 31-GEP test**

• Data supporting this gene in the listed biological function beyond studies in Table 1.

| Biological Function                          | Discriminant Gene in 31-GEP test |      |      |      |       |        |      |        |      |       |      |     |       |       |       |     |     |       |       |        |        |        |      |        |         |        |       |   |   |
|--|----------------------------------|------|------|------|-------|--------|------|--------|------|-------|------|-----|-------|-------|-------|-----|-----|-------|-------|--------|--------|--------|------|--------|---------|--------|-------|---|---|
|  | AQP3                             | ARG1 | BAP1 | BTG1 | CLCA2 | CRABP2 | CST6 | CXCL14 | DSC1 | EIF1B | GJA1 | ID2 | KRT14 | KRT6B | LTA4H | MGP | PPL | RBM23 | ROBO1 | S100A8 | S100A9 | SAP130 | SPP1 | SPRR1B | TACSTD2 | TRIM29 | TYRP1 |   |   |
| Altered expression in melanoma progression*  | •                                | •    | •    | •    | •     | •      | •    | •      | •    | •     | •    | •   | •     | •     | •     | •   | •   | •     | •     | •      | •      | •      | •    | •      | •       | •      | •     | • |   |
| Altered expression in cancer progression     | •                                | •    | •    | •    | •     | •      | •    | •      | •    | •     | •    | •   | •     | •     | •     | •   | •   | •     | •     | •      | •      | •      | •    | •      | •       | •      | •     | • | • |
| Functional role in cancer-relevant processes | •                                | •    | •    | •    | •     | •      | •    | •      | •    | •     | •    | •   | •     | •     | •     | •   | •   | •     | •     | •      | •      | •      | •    | •      | •       | •      | •     | • | • |

\*Melanoma progression including CM or uveal melanoma if findings from UM confirmed in CM

## CONCLUSIONS

• Genes utilized in the 31-GEP test to assess melanoma risk are important in tumor biology, including cell-cell communication and immune signaling. Pathway and predicted interaction analyses suggest that many biological processes, rather than a few pathways, contribute to melanoma progression. Thus, capturing these diverse biological events is necessary for accurate prognostication.

• Many of the genes in the 31-GEP test have been functionally characterized in melanoma, and other genes have documented differential expression contributing to metastasis in other cancers, including some with prognostic significance.

## FUNDING & DISCLOSURES

This poster was sponsored by Castle Biosciences, Inc. (CBI). SJK, RWC, KMP, KRC, & FAM are employees and options holders of CBI.

## REFERENCES

- Gerami P, et al. *Clin Cancer Res* 2015;21:175-83.
- Gerami P, et al. *J Am Acad Dermatol* 2015;72:780-5 e783.
- Zager JS, et al. *BMC Cancer* 2018;18(1):130.
- Gastman BR, et al. *JAAD* 2018; doi: 10.1016/j.jaad.2018.07.028.
- Hsueh EC, et al. *J Hematol Oncol* 2017;10:152.
- Greenhaw B, et al. *Dermatol Surg* 2018; DOI: 10.1097/DSS.0000000000001588.
- Renzetti M, et al. *Society of Surgical Oncology Annual Meeting* 2017.
- Hsueh EC, et al. *J Clin Oncol* 2016; 34(15\_suppl):9565.
- Berger AC et al. *Curr Res Med Opin* 2016;32(9):1599-604.
- Dillon LD et al. *SKIN: J Cut Med* 2018;2(2):111-21.
- Schuitevoerder D et al. *J Drugs Dermatol* 2018;17(2):196-199.
- Farberg AS et al. *J Drugs Dermatol* 2017;16(5):428-431.
- Svoboda RM et al. *J Drugs Dermatol* 2018;17(5):544.
- Castle Biosciences, Inc. data on file.
- Cook RW et al. *Diagn Pathol* 2018;13(1):13.
- Mauerer A et al. *Exp Dermatol* 2011;20(6):502-507.
- Jaeger J et al. *Clin Cancer Res* 2007;13(3):806-815.
- Bittner M et al. *Nature* 2000;406(6795):536-540.
- Haqq C et al. *PNAS* 2005;102(17):6092-6097.
- Scatolini M et al. *Int J Cancer* 2010;126(8):1869-1881.
- Smith AP et al. *Cancer Biol Ther* 2005;4(9):1018-1029.
- Weeraratna AT et al. *Oncogene* 2004;23(12):2264-2274.
- Winnepenninckx V et al. *J Natl Cancer Inst* 2006;98(7):472-482.
- Onken MD et al. *Cancer Res* 2004;64:7205-7209.