

LIQUID BIOPSY, SOLID FINDINGS: New insights into pathogenesis and cisplatin resistance in testicular germ cell tumors

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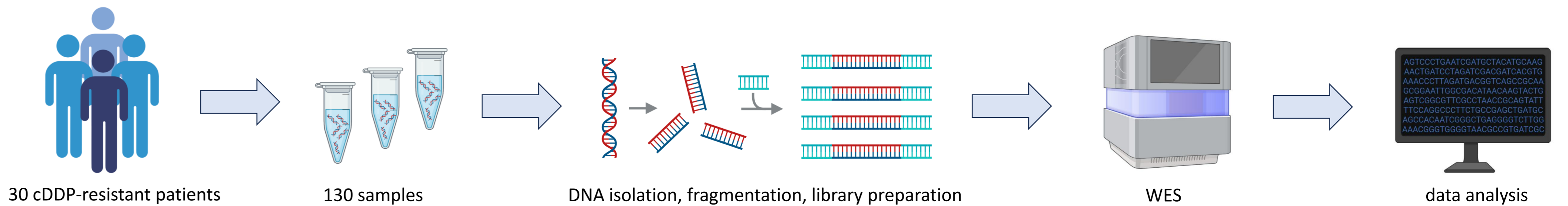


INTRODUCTION

Most patients with testicular germ cell tumors (TGCTs) respond well to **cisplatin (cDDP)-based chemotherapy**. However, ~10-15% develop **cDDP resistance**, resulting in treatment failure with **no effective alternative treatments** available. The **molecular mechanisms** underlying cDDP resistance and TGCT pathogenesis remain incompletely understood. To address this issue, we performed **whole-exome sequencing (WES)** of tumor and cell-free DNA (cfDNA) samples from **patients with cDDP-resistant TGCTs** to **identify genetic alterations that may contribute to disease development and therapy resistance**.

MATERIAL AND METHODS

- 30 cDDP-resistant TGCT patients
- 130 samples
 - primary tumors
 - metastases (in 8/30 pts)
 - cfDNA from multiple timepoints
 - peripheral blood (background control)
- DNA isolation (Qiagen)
- DNA fragmentation (Covaris S220)
- DNA quality control (Agilent Bioanalyzer)
- Library preparation (Agilent SureSelect XT HS2)
- WES (Illumina NextSeq 500, 2000)
- Data analysis
 - somatic nonsynonymous single nucleotide variants
 - variant read $\geq 3x$, quality reads $\geq 5x$, variant allele frequency (VAF) $\geq 5\%$



CONCLUSION

- Somatic variants in **primary tumors** — reflecting **TGCT pathogenesis** — were mainly identified in genes related to **spermatogenesis** or **testis development**, the **Hippo signaling pathway** and **genomic stability maintenance**. Variants detected only in **metastases** — associated with **cDDP resistance** — were enriched in genes involved in **DNA-damage response** and **epigenetic regulation**.
- Liquid biopsy** detected on average **34%** of variants shared between primary tumors and metastases, supporting its value for **minimal residual disease monitoring**.
- Of the variants **exclusive for metastases**, on average **12%** were captured in cfDNA.

RESULTS IA – TGCT PATHOGENESIS

Recurrent somatic variants detected in primary tumors

TPTE2
10/30 pts
VAF: 5-84%

DNAH12
8/30 pts
VAF: 5-43%

CATSPERB
5/30 pts
VAF: 7-14%

Spermatogenesis and/or testis development

MST1
16/30 pts
VAF: 5-22%

TEAD4
3/30 pts
VAF: 5-9%

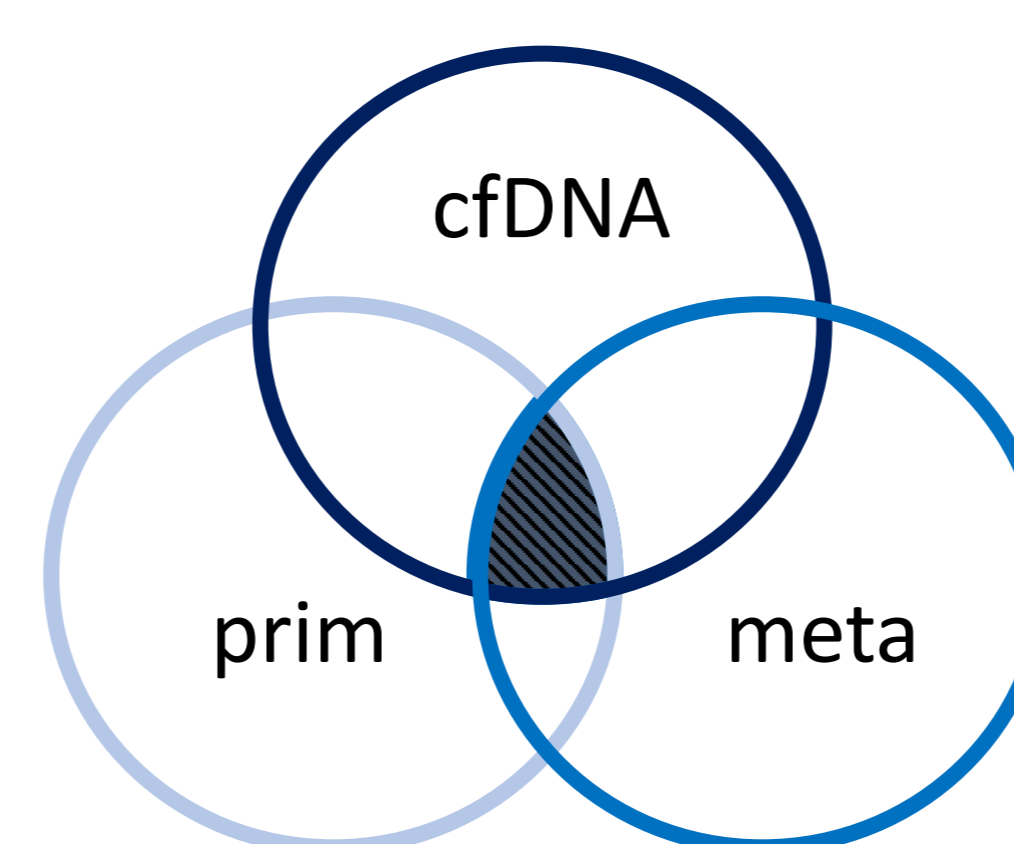
Hippo signaling pathway

RBMX
10/30 pts
VAF: 7-40%

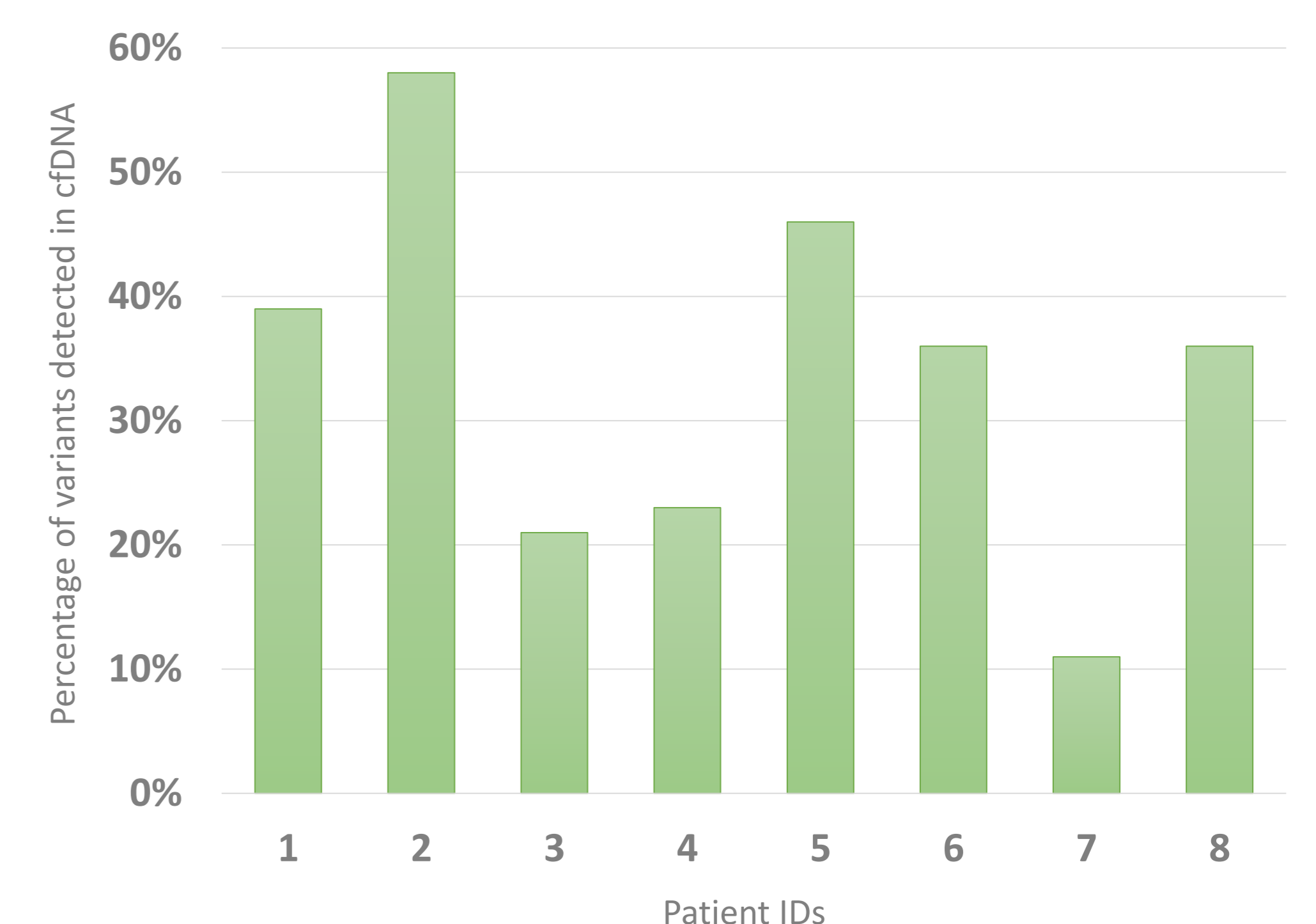
Genomic stability

RESULTS II – DETECTION OF TUMOR SOMATIC VARIANTS IN cfDNA

Detection of somatic variants shared between primary tumors and metastases



On average, **34%** (11-58%) of variants shared between primary tumors and metastases were also detected in cfDNA.



RESULTS IB – cDDP RESISTANCE DEVELOPMENT

Recurrent somatic variants detected only in metastases

MDC1
5/8 pts
VAF: 5-71%

PARP4
4/8 pts
VAF: 47-57%

DNA-damage response

MAGEC1
5/8 pts
VAF: 7-74%

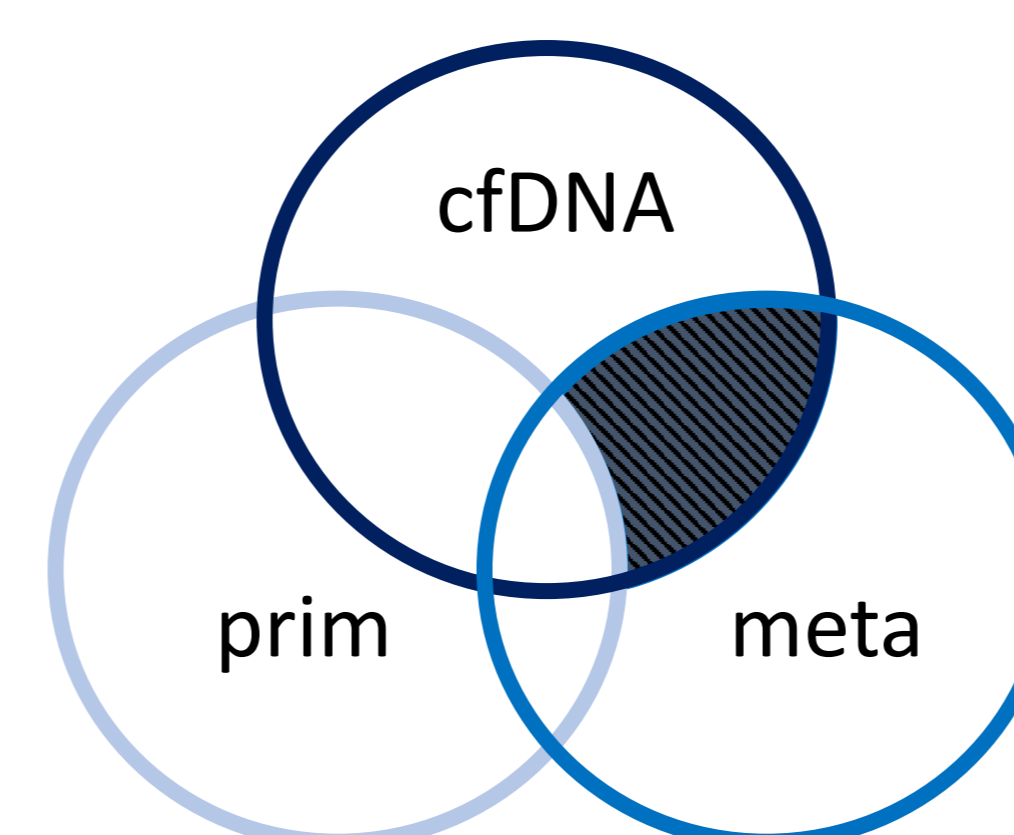
Cancer-testis antigen

TET1
3/8 pts
VAF: 43-54%

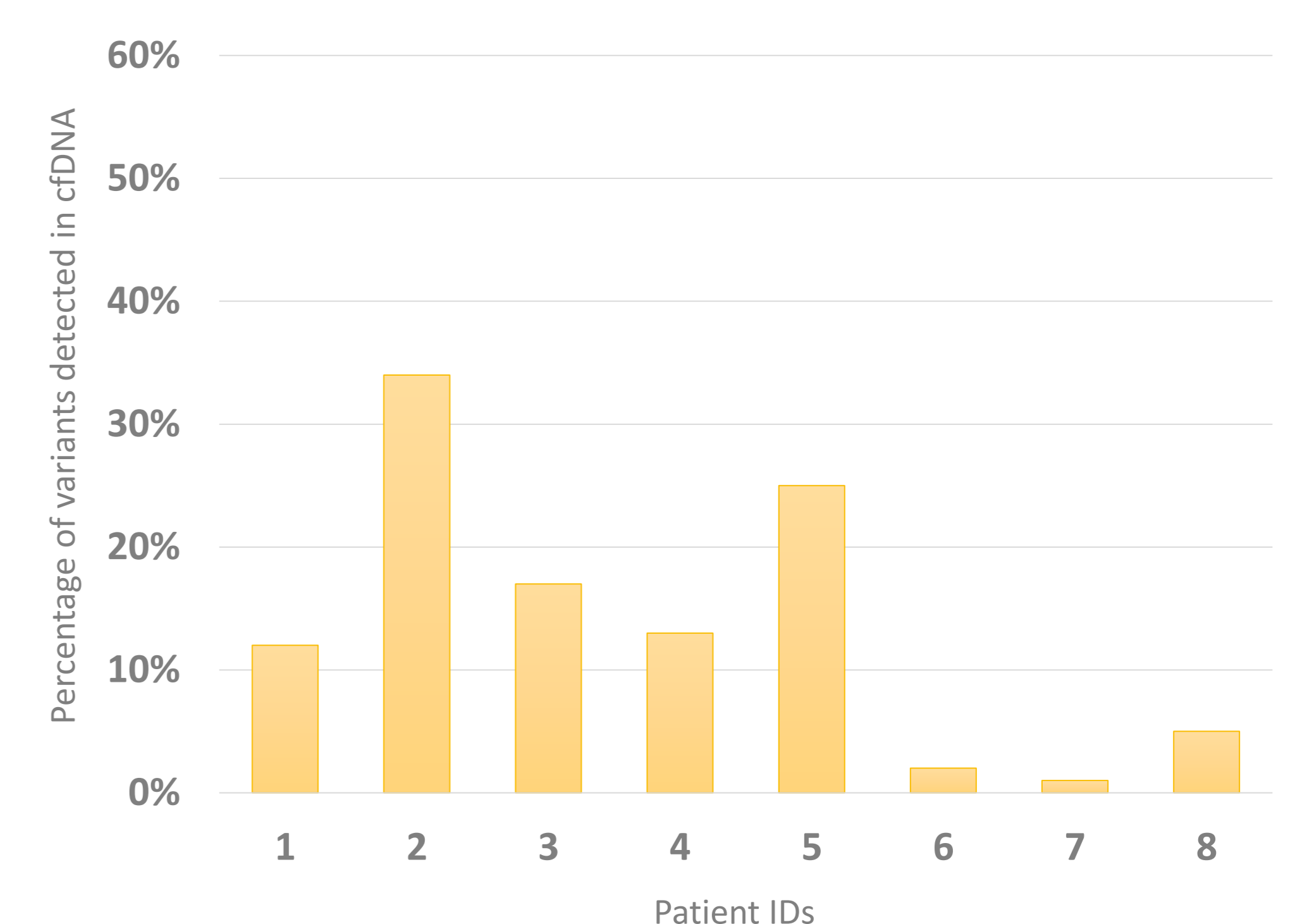
PRDM9
3/8 pts
VAF: 6-19%

Epigenetic regulation

Detection of somatic variants unique to metastases



On average, **12%** (1-34%) of variants unique to metastases were also detected in cfDNA.



prim = primary tumor; meta = metastasis

DISCUSSION

- Primary tumors** harbored variants associated with impaired **germ-cell development** and disrupted **Hippo signaling pathway**, in line with a **developmental origin** of TGCTs.
- In contrast, **metastases** exhibited alterations in **DNA-damage response** pathways and **epigenetic regulation**, indicating that resistant clones may arise through enhanced DNA-damage tolerance mechanisms and modified epigenetic regulation. Key candidate genes will be **functionally validated** in the next phase of the project.
- Liquid biopsy** showed **value for minimal residual disease monitoring**, identifying an **average of 34%** of shared tumor variants. cfDNA detected **lower proportion of metastasis-exclusive variants** with an **average of 12%**, likely reflecting limited sampling in some patients during disease progression.

Acknowledgement

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