

# Papillary Thyroid Carcinoma Analysis

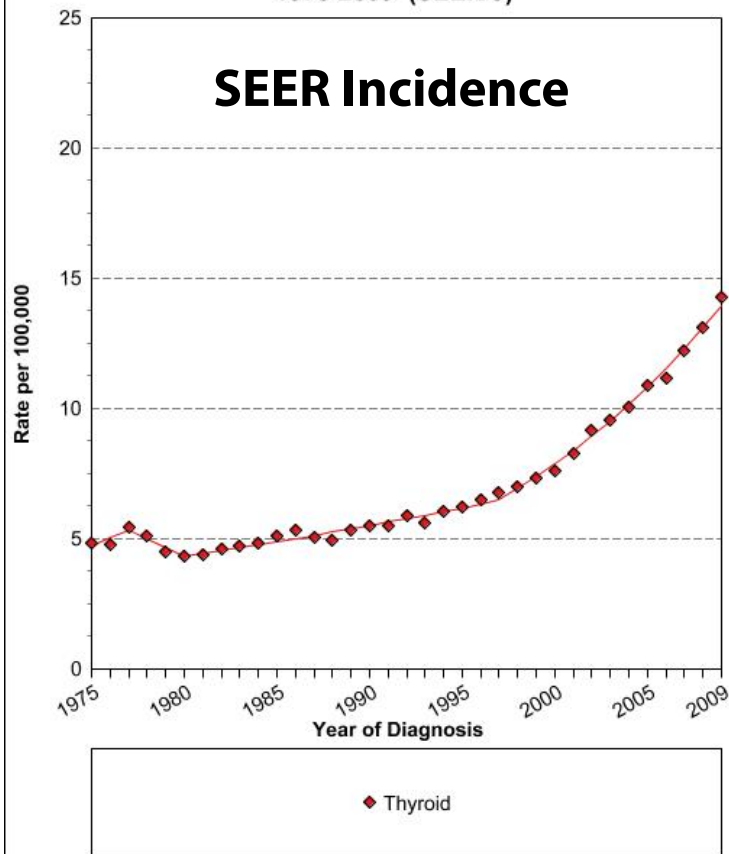
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**University of Michigan**

**On behalf of TCGA**  
**THCA Analysis Working Group**

# Thyroid Cancer is on the Rise



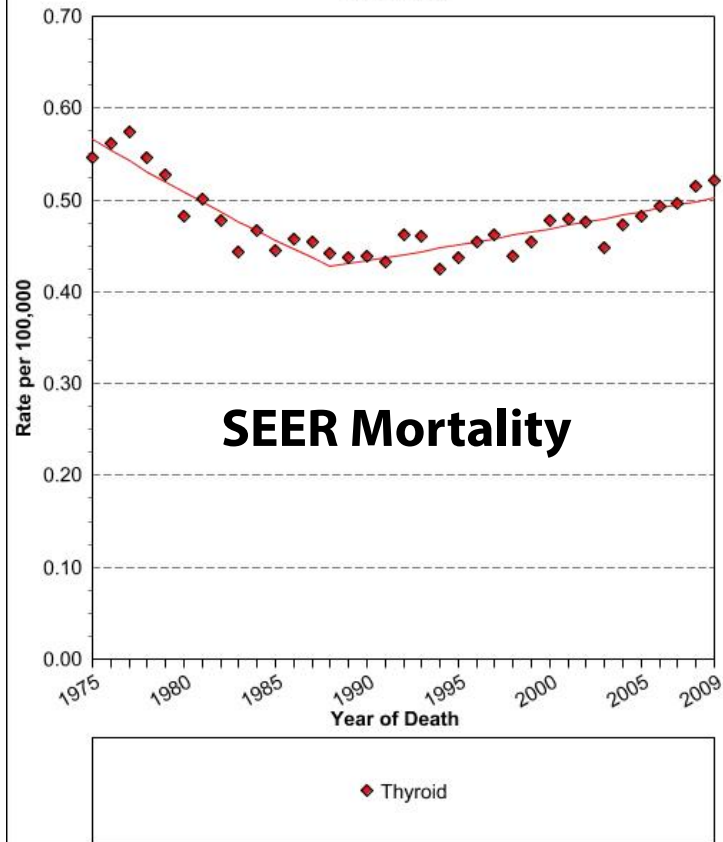
Age-Adjusted SEER Incidence Rates  
By Cancer Site  
All Ages, All Races, Both Sexes  
1975-2009 (SEER 9)



Cancer sites include invasive cases only unless otherwise noted.  
Incidence source: SEER 9 areas (San Francisco, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, and Atlanta).  
Rates are per 100,000 and are age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130). Regression lines are calculated using the Joinpoint Regression Program Version 3.5, April 2011, National Cancer Institute.

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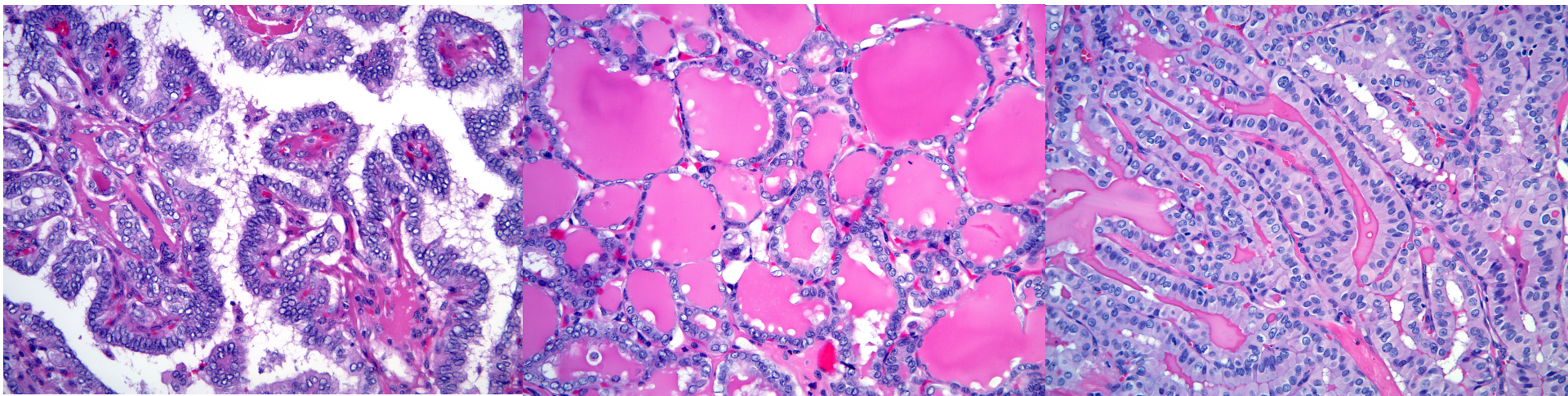
Age-Adjusted U.S. Mortality Rates  
By Cancer Site  
All Ages, All Races, Both Sexes  
1975-2009



Cancer sites include invasive cases only unless otherwise noted.  
Mortality source: US Mortality Files, National Center for Health Statistics, CDC.  
Rates are per 100,000 and are age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130). Regression lines are calculated using the Joinpoint Regression Program Version 3.5, April 2011, National Cancer Institute.

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# Papillary Carcinoma, 3 Main Types



**Classical**

**Follicular  
Variant**

**Tall Cell  
Variant**

# Genetic Defects in Thyroid Cancer

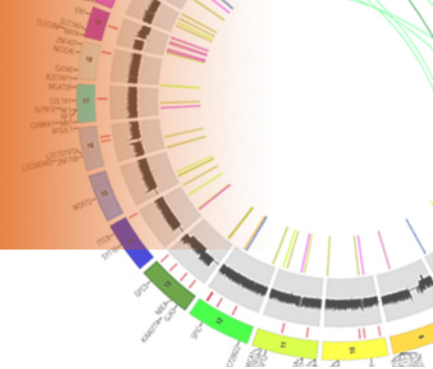


Table 2 | **Genetic defects in thyroid cancer**

Genetic alteration	Well-differentiated thyroid carcinoma		Poorly differentiated thyroid carcinoma	Undifferentiated thyroid carcinoma	Post-Chernobyl childhood thyroid cancer
	Papillary thyroid carcinoma	Follicular thyroid carcinoma			
<i>RET</i> rearrangement	13–43%	0%	0–13%	0%	50–90%
<i>BRAF</i> mutation	29–69%	0%	0–13%	10–35%	0–12%
<i>BRAF</i> rearrangement	1%	Unknown	Unknown	Unknown	11%
<i>NTRK1</i> rearrangement	5–13%	Unknown	Unknown	Unknown	3%
Ras mutation	0–21%	40–53%	18–27%	20–60%	0%
<i>PPARG</i> rearrangement	0%	25–63%	0%	0%	Unknown
<i>CTNNB1</i> mutation	0%	0%	0–25%	66%	Unknown
<i>TP53</i> mutation	0–5%	0–9%	17–38%	67–88%	Unknown

Kondo, Ezzat and Asa. Nature Reviews Cancer 6, 292-306 (April 2006) c

# BIG Issue for Thyroid



- About 25% of cases have none of the common driver mutations
- Large opportunity for TCGA project
  - Refine genotype based diagnostic assays

# First look at the TCGA THCA Data



- Data freeze less than one month ago
- Much of the analysis generated automatically by Firehose
- Analysis really just getting started
- *Much remains to be validated*
  - Still sorting our false positive mutations

# Sample Counts: Data Freeze 10/24/12



<b>Analysis</b>	<b>Sample Count</b>
Thru BCR	435
Clinical Data	218
Copy Number	330
Low Pass	94
Methylation	353
mRNAseq	254
miRseq	349
RPPA	224
MAF	323

# Clinical Data Summary, n = 218



## Tier 1 Data Statistics

**Table 2.** Statistics of selected clinical variables.

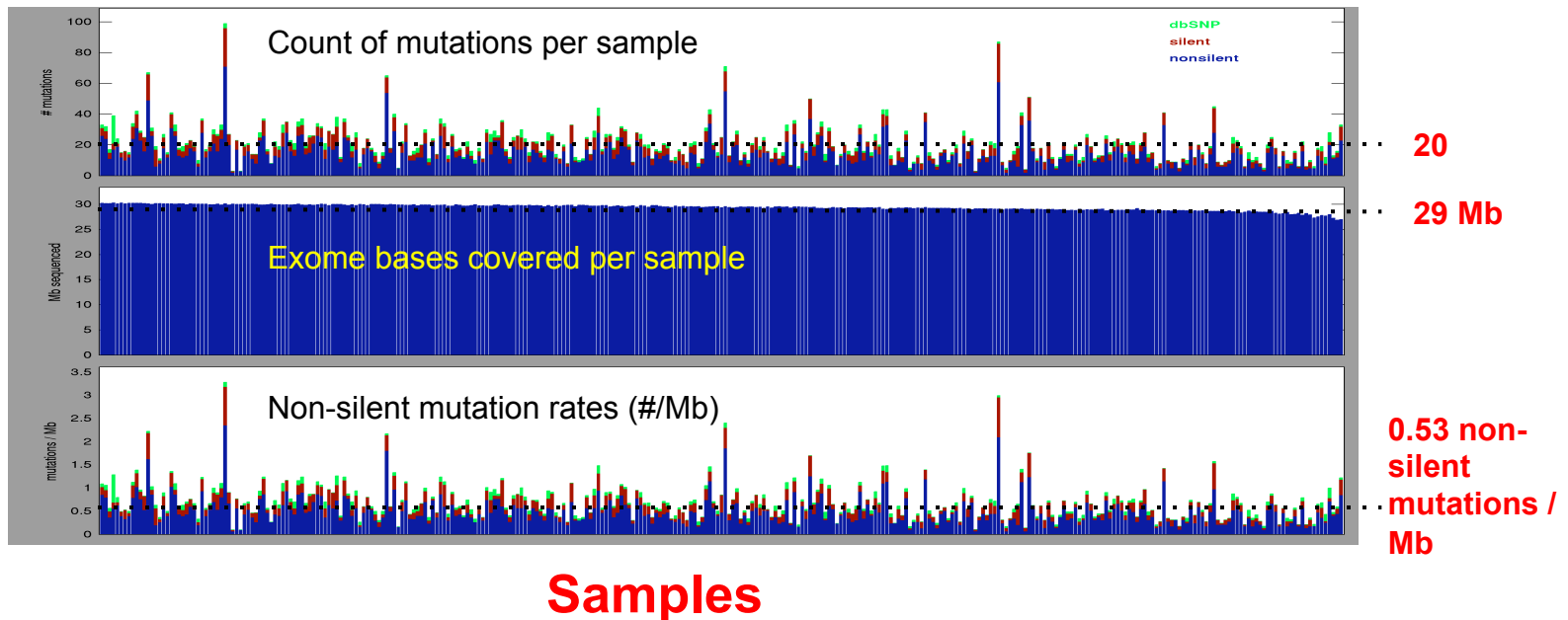
Clinical.Variable	Statistics
age	mean: 46, std: 16
vitalstatus	217 living, 1 deceased
gender	56 male, 162 female
histologicaltype	64 thyroid papillary carcinoma - follicular ( $\geq 99\%$ follicular patterned), 124 thyroid papillary carcinoma - classical/usual, 22 thyroid papillary carcinoma - tall cell ( $\geq 50\%$ tall cell features), 8 other



# Papillary Carcinoma is a highly differentiated carcinoma with a low overall mutation rate

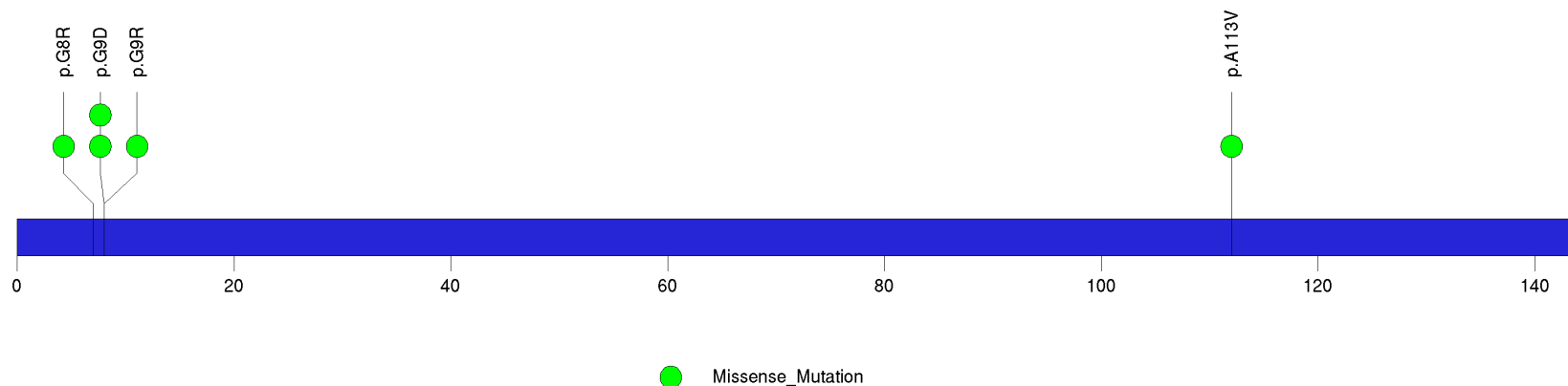


## Distribution of Mutation Counts, Coverage, and Mutation Rates Across Samples





# Interesting Novel Mutation, *EIF1AX*



- X-linked translation initiation factor
- Essential translation factor that is required for the binding of the 43S complex to the 5' end of capped RNA
- No known role in thyroid cancer and not in any other cancer (1 synonymous mutation in COSMIC)

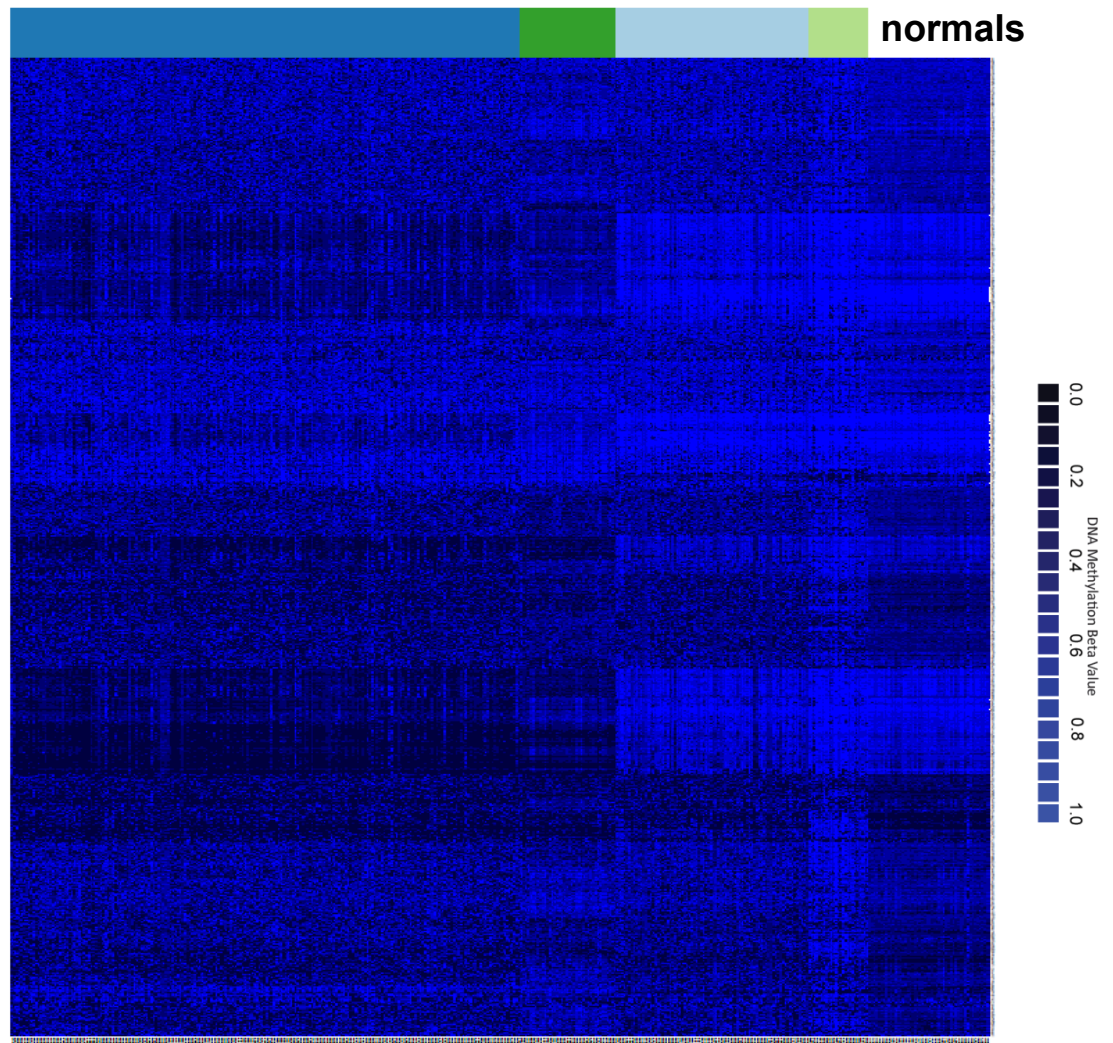
# Other Recurrent Fusions from Low Pass WGS and RNASeq Integration



Significant List	Positive Tumor Samples
<b>Thyroid n=95</b>	
<b>CCDC-RET</b>	<b>9</b>
Intergenic-THADA	4
ETV6-NTRK3	3
PAX8-PPARG	3

**Still much to be done on fusions**

# DNA Methylation identifies 4 subtypes that correlate with histologic type and mutational status



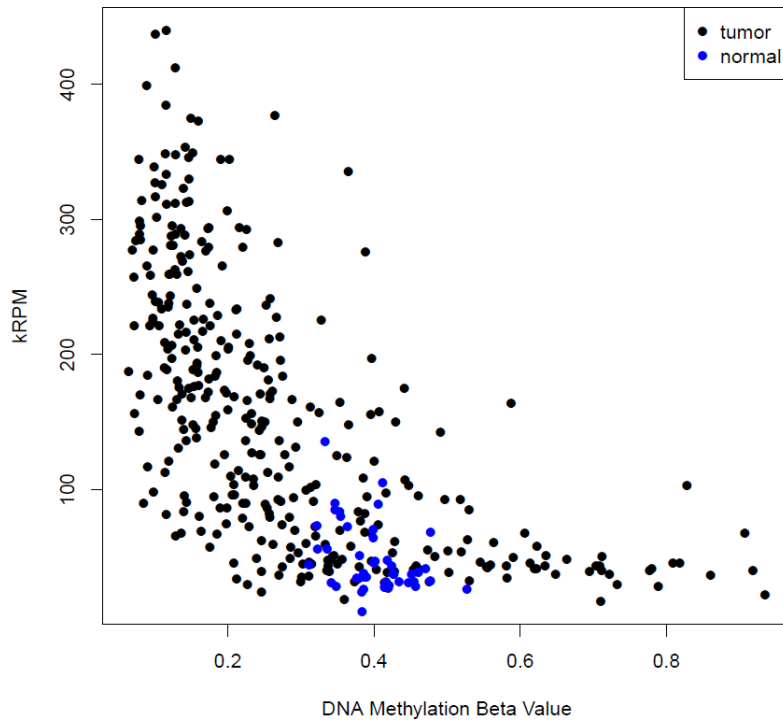
- Classical
- Follicular
- Tall Cell
- Other



# miR-21 and miR-146b Expression and DNA Methylation

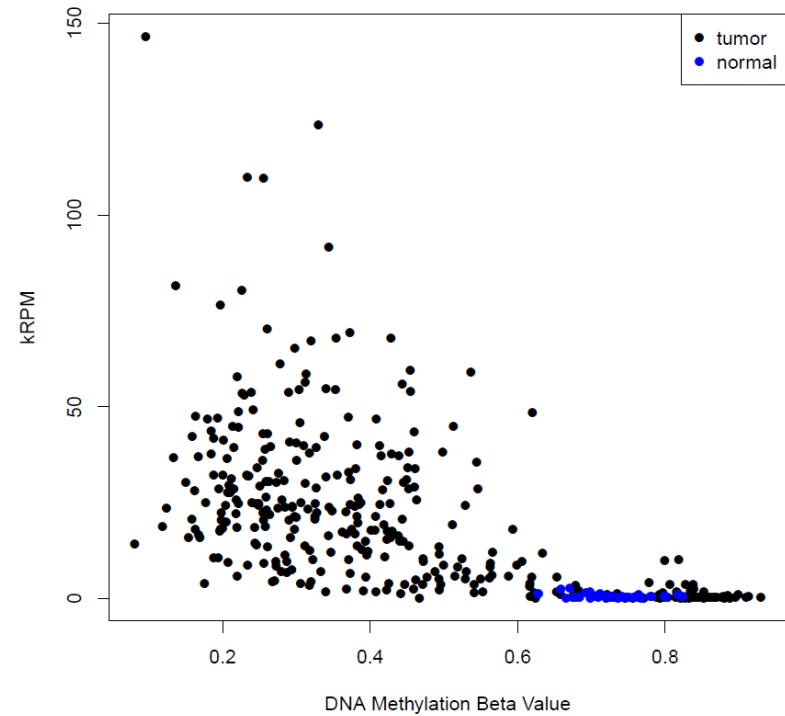


MIR21



**rho = -0.72**

MIR146B

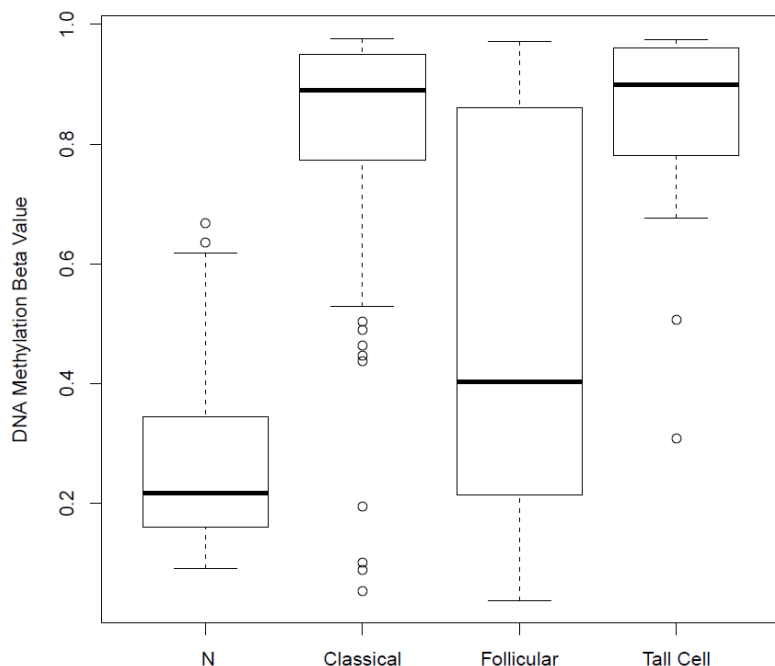


**rho = -0.69**

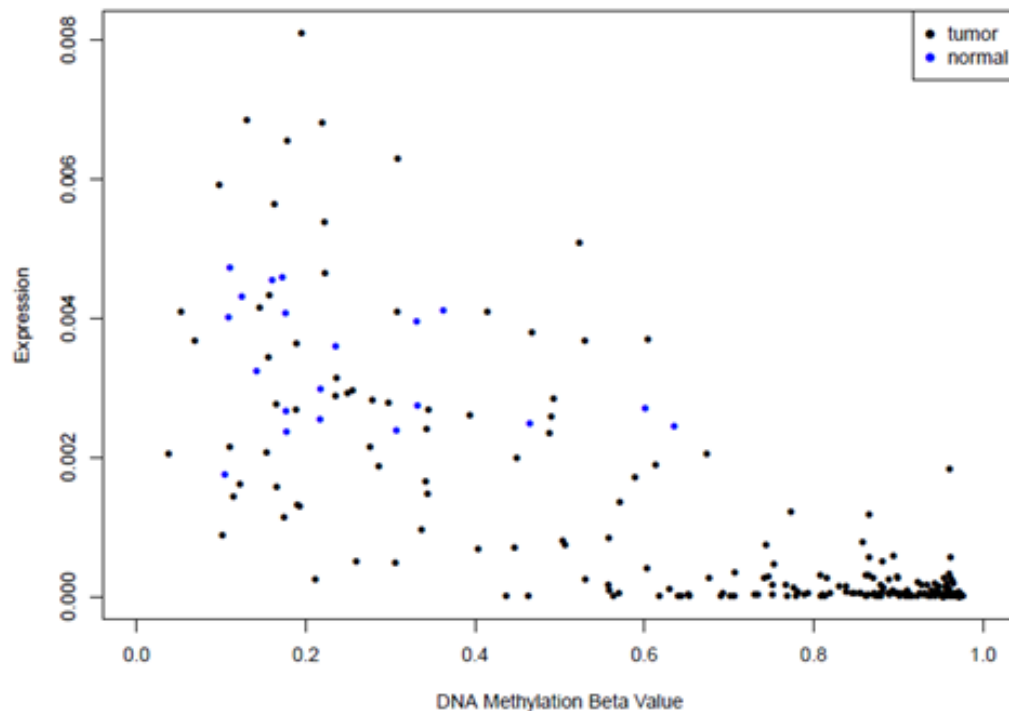
# Methylation and Thyroid Genes: TPO (thyroid peroxidase)



THCA. Thyroid genes by histology. TPO\_cg23136645  
Probe location=TSS200

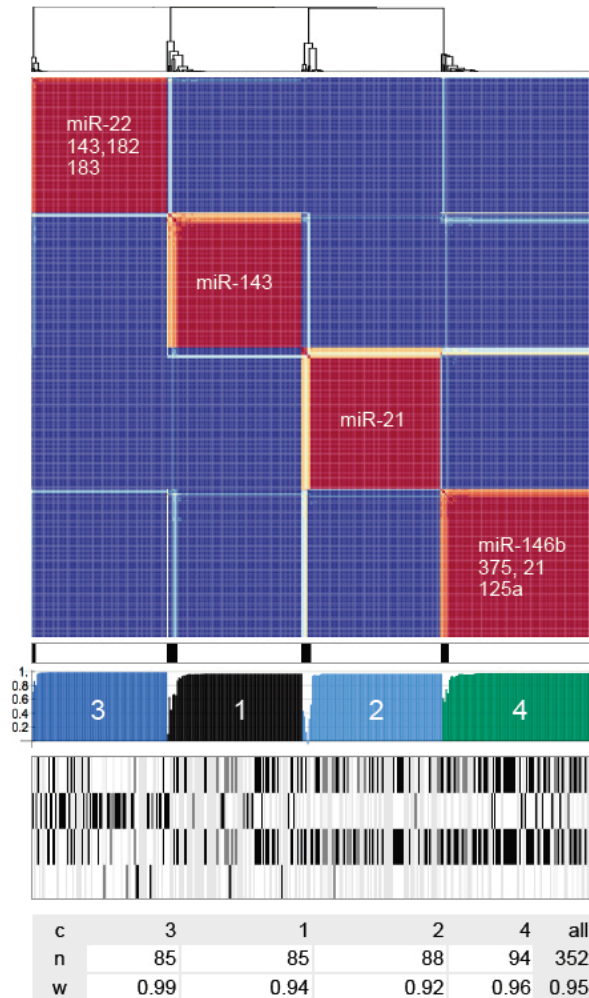
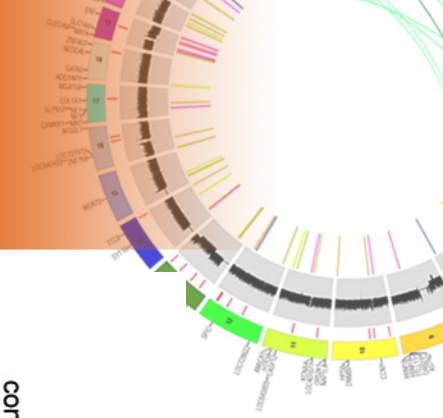


Methylation vs Expression TPO\_cg23136645  
corr = -0.703

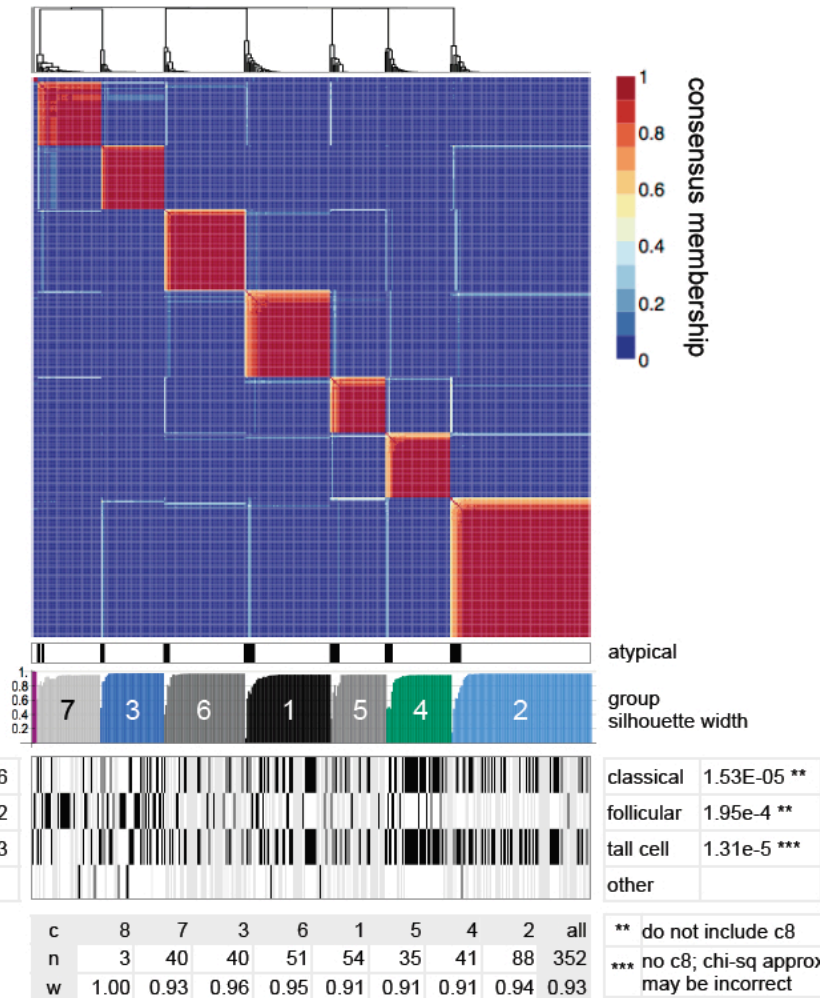


Potentially interesting story related to tumor differentiation and response to radioiodine therapy.

# MIR-based Classification



NMF 0.8.13, R 2.15.1



Thyroid (THCA) Public Clinical Data Sep-19-2012.xlsx



# MIR-based Classification



## BCGSC, 4 groups

Silhouette widths

c	1	4	3	2	all
n	85	85	86	93	349

## BCGSC, 6 groups

TCGA-BJ-A28T-01A-11R  
TCGA-FE-A239-01A-11R  
TCGA-BJ-A191-01A-11R  
TCGA-EM-A22Q-01A-11R

5

c	5	2	3	1	4	6	all
n	4	62	86	83	56	58	349

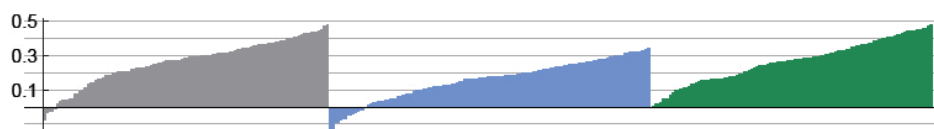
## BCGSC, 8 groups

TCGA-FE-A239-01A-11R  
TCGA-BJ-A191-01A-11R  
TCGA-EM-A22Q-01A-11R



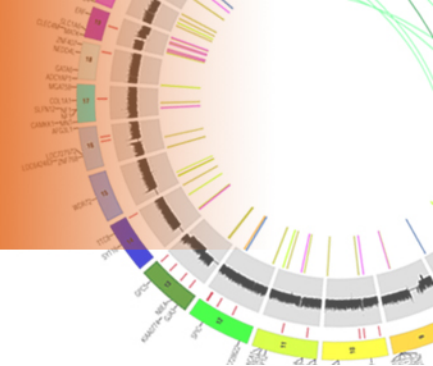
c	6	1	2	8	5	7	3	4	all
n	3	40	40	51	54	35	41	85	349

## Firehose, 3 groups



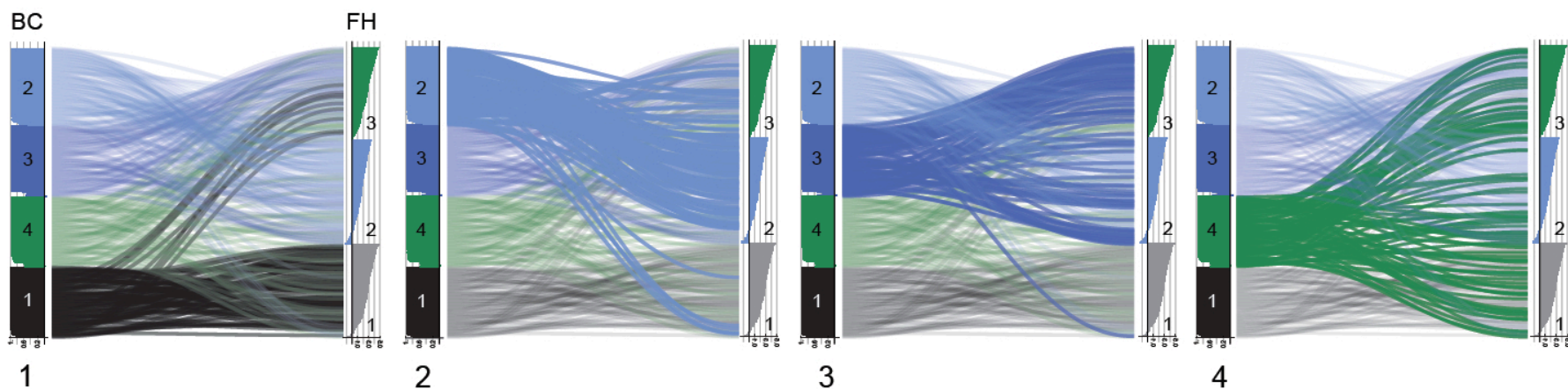
c	5	2	3	all
n	4	62	86	349

# Comparison of MIR Clustering



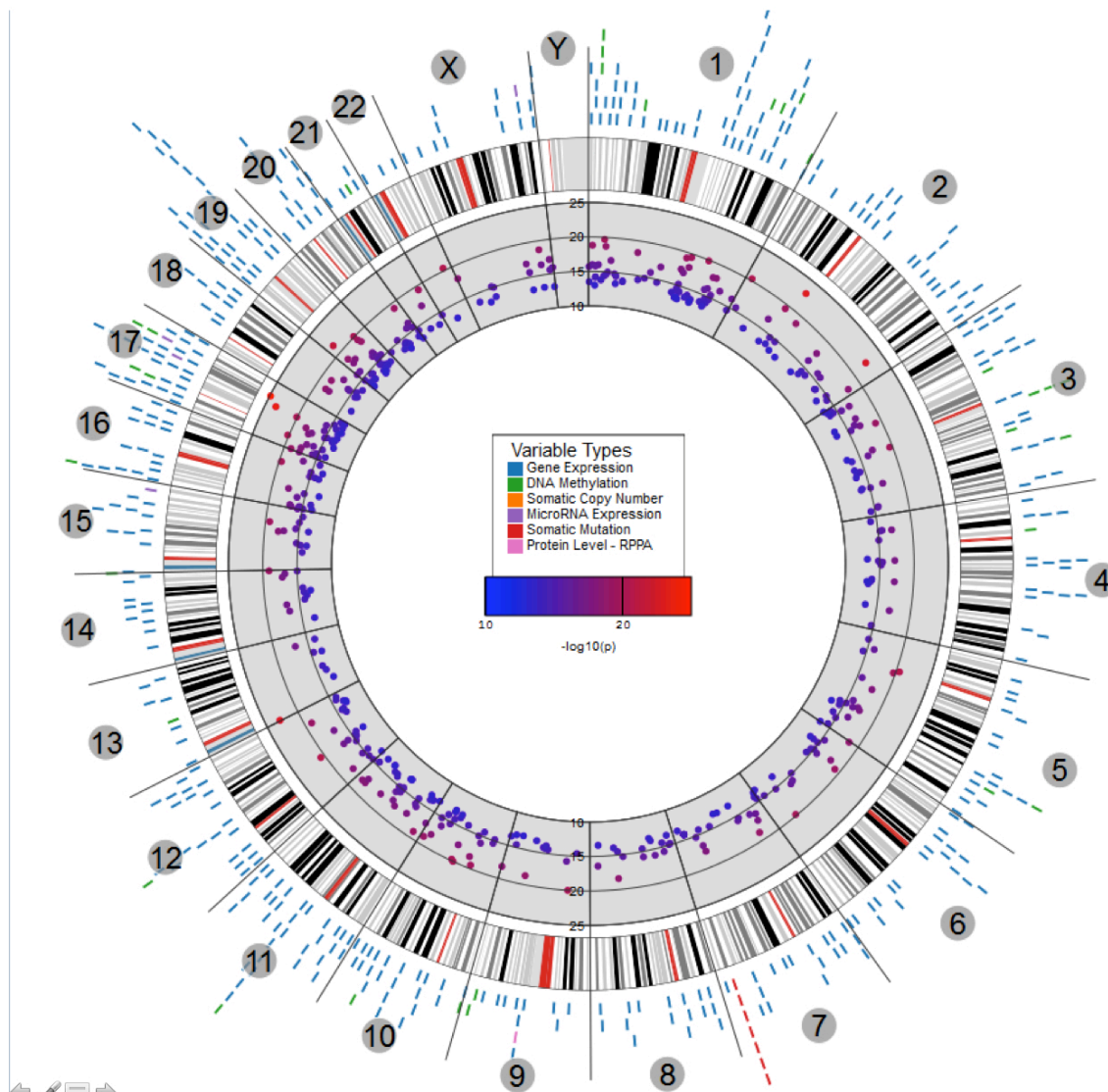
THCA miRNA-seq, 349 data freeze samples

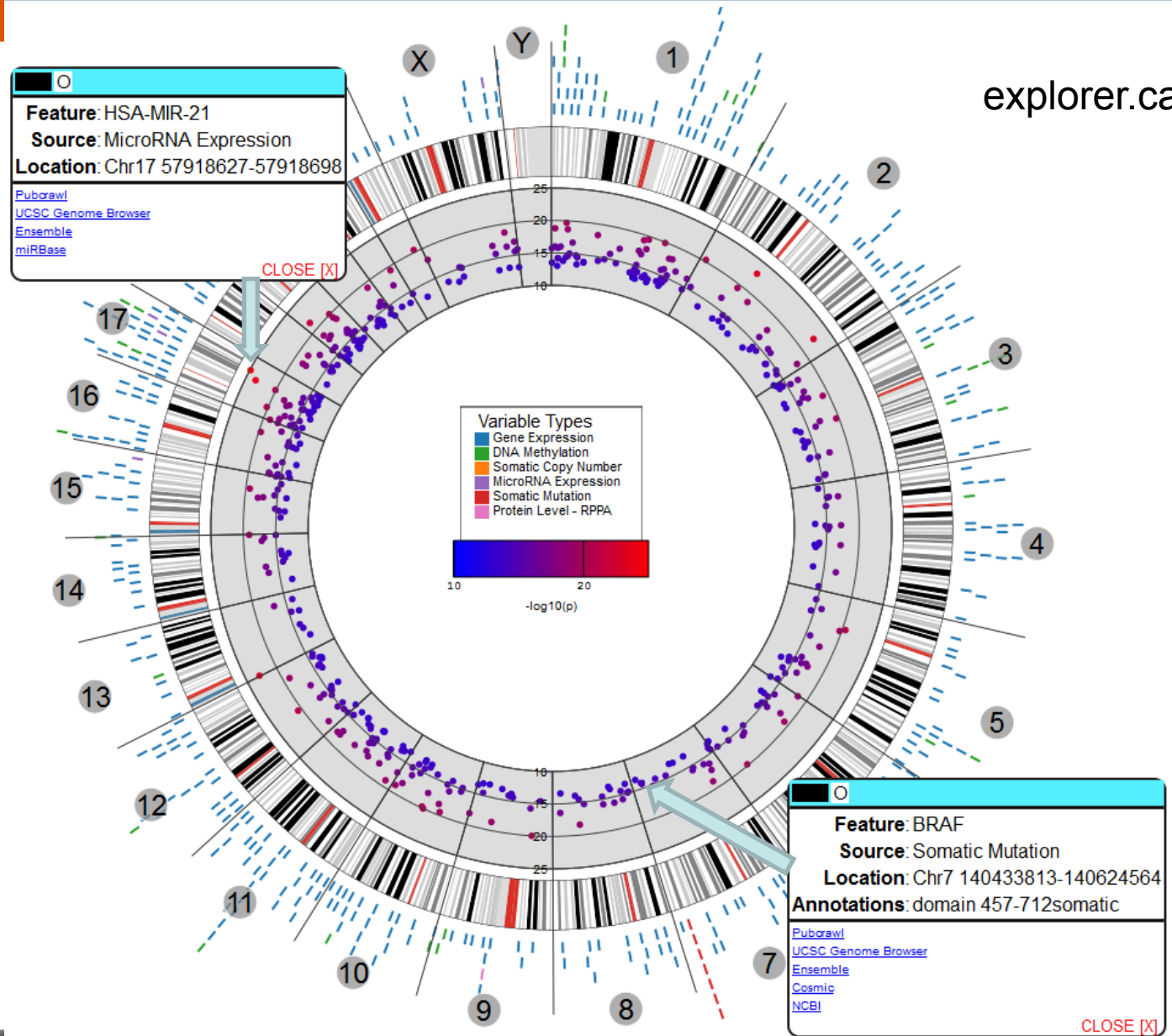
NMF consensus clustering: compare BC (4), Firehose (3)



Analysis Ongoing

# Cancer Regulome: Multiple Associations with Histologic Type





explorer.cancerregulome.org

# Conclusions



- THCA project is progressing as planned
- Cohort is outstanding and representative of the disease
- Overall low mutation rate with few copy number changes
- Strong associations between tumor morphology, genotype, gene expression, copy number changes and methylation status
- Many interesting leads for novel mutations and gene expression patterns
- Much to do, but on track for first paper mid-2013

# Thyroid Analysis Working Group



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