UNIVERSITY OF COPENHAGEN **BIOTECH RESEARCH & INNOVATION CENTRE (BRIC)** THE FINSEN LABORATORY





# Tracing clonal evolution in brain tumors following treatment

#### Alessio Locallo<sup>1,2,3</sup>, Francesco Favero<sup>1,2</sup>, Vincent Fougner<sup>3,4</sup>, Hans S. Poulsen<sup>3,4</sup>, Ulrik Lassen<sup>3,5</sup>, Joachim Weischenfeldt<sup>1,2,3</sup>

- 1. Finsen Laboratory, Rigshospitalet, Copenhagen, Denmark
- 2. Biotech Research and Innovation Centre (BRIC), Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark
- 3. The DCCC Brain Tumor Center, Danish Comprehensive Cancer Center, Denmark
- 4. Department of Radiation Biology, Rigshospitalet, Copenhagen, Denmark
- 5. Department of Oncology, Rigshospitalet, Copenhagen, Denmark

## 1. Background

- Glioblastoma represents ~50% primaries malignant brain tumors
- Glioblastoma multiforme (GBM) is highly heterogeneous and aggressive:

median surviaval 15 months

- Cancers evolve through progressive steps of mutation and selection, potentially



#### Figure 3 - Most SVs are preserved between the time-points

The most common complex SVs are ecDNA and Foldback.

#### ecDNA:

- Set of genomic intervals connected together in a circular ("plasmid-like")

- resulting in multiple cell populations: intratumor heterogeneity (ITH)
- Understanding hte complex genomic patterns behind tumor progression might inform clinical risk stratification and treatment strategies
- Need for methods to reconstruct tumor evolutions maps, by exploring its genomic landscape

### 2. Aims of the project

#### **Reconstruct the clonal evolution trajectories in GBM to identify:**

- 1. Recurrent patterns of complex structural variants (cSVs) during tumor evolution
- 2. Mechanisms of treatment resistance during progression

## 3. Material and methods

Whole Genome Sequencing (WGS) data of paired samples from glioblastoma patients



- structure and amplified in terms of copy number
- Often carries one or more oncogenes - Non-mendelian segregation





#### Figure 1 - Clonal evolution reconstruction workflow.

A) Quality control (QC) and data pre-processing. B) The cancer cell fractions (CCFs, defined as the fraction of cancer cells at the given state) clustering informs the subclonal reconstruction. C) The clone tree is represented as a truncal node giving rise to different selected subclones within it.





Figure 5 - Example of parallel evolution. Integrating the clonal evolution reconstruction with single-cell sequencing data allows to uncover small clones which are undetectable through WGS data only.

**A.** Sketch representing the surgery timeline. Orange arrows highlight the branched evolution trajectory. B) Phylogenetic tree of tumour subclones identified through WGS and scRNA-seq. Barplots along each branch display the tissue composition (top) and tumour cell states (bottom) present in the corresponding subclone.





Figure 2 - Hypermutation and low clonal divergence separate GBM patients. Number of non-synonymous mutations (A) and structural variants (B) across different time-points, grouped by patient. Patients with high number of private events exhibit high clonal divergence, whereas patient characterized by high number of shared events exhibit lower clonal divergence.

## **5. Future perspectives**

- Integrate the subclonal reconstruction with treatment history;
- Identify recurrent patterns and mechanisms of ecDNA evolution;
- Examine recurrent patterns of mutations and complex SVs;
- Explore the etiology of complex SVs and look for correlations with treatment history

#### Figure 6 - Example of serial evolution trajectory.

**A)** Sketch representing the surgery timeline. Orange arrows highlight the linear evolution trajectory. B) Phylogenetic tree of tumour subclones identified trhough WGS only.