

# Molecular correlates of MAEA expression in colorectal cancer (CRC)



Shivani Soni<sup>1</sup>, Francesca Battaglin<sup>1</sup>, Yasmine Baca<sup>2</sup>, Joanne Xiu<sup>2</sup>, Pavel Brodskiy<sup>2</sup>, Jae Ho Lo<sup>1</sup>, Sandra Algaze<sup>1</sup>, Priya Jayachandran<sup>1</sup>, Hiroyuki Arai<sup>1</sup>, Wu Zhang<sup>1</sup>, Benjamin A. Weinberg<sup>3</sup>, Emil Lou<sup>4</sup>, Pat Gulhati, Mo'd Khshman, Anthony F. Shields<sup>5</sup>, Richard M. Goldberg<sup>6</sup>, John L. Marshall<sup>3</sup>, W. Michael Korn<sup>2</sup>, Heinz-Josef Lenz<sup>1</sup>

<sup>1</sup> Norris Comprehensive Cancer Center, Keck School of Medicine, University of Southern California, Los Angeles, CA, USA. <sup>2</sup> Caris Life Sciences, Phoenix, AZ, USA. <sup>3</sup> Ruesch Center for The Cure of Gastrointestinal Cancers, Lombardi Comprehensive Cancer Center, Georgetown University Medical Center, Washington, DC, USA. <sup>4</sup> Division of Hematology, Oncology and Transplantation, University of Minnesota, Minneapolis, Minnesota, USA. <sup>5</sup> Department of Oncology, Karmanos Cancer Institute, Wayne State University, Detroit, MI, USA. <sup>6</sup> West Virginia University Cancer Institute, Morgantown, WV, USA.

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fbattagl@usc.edu

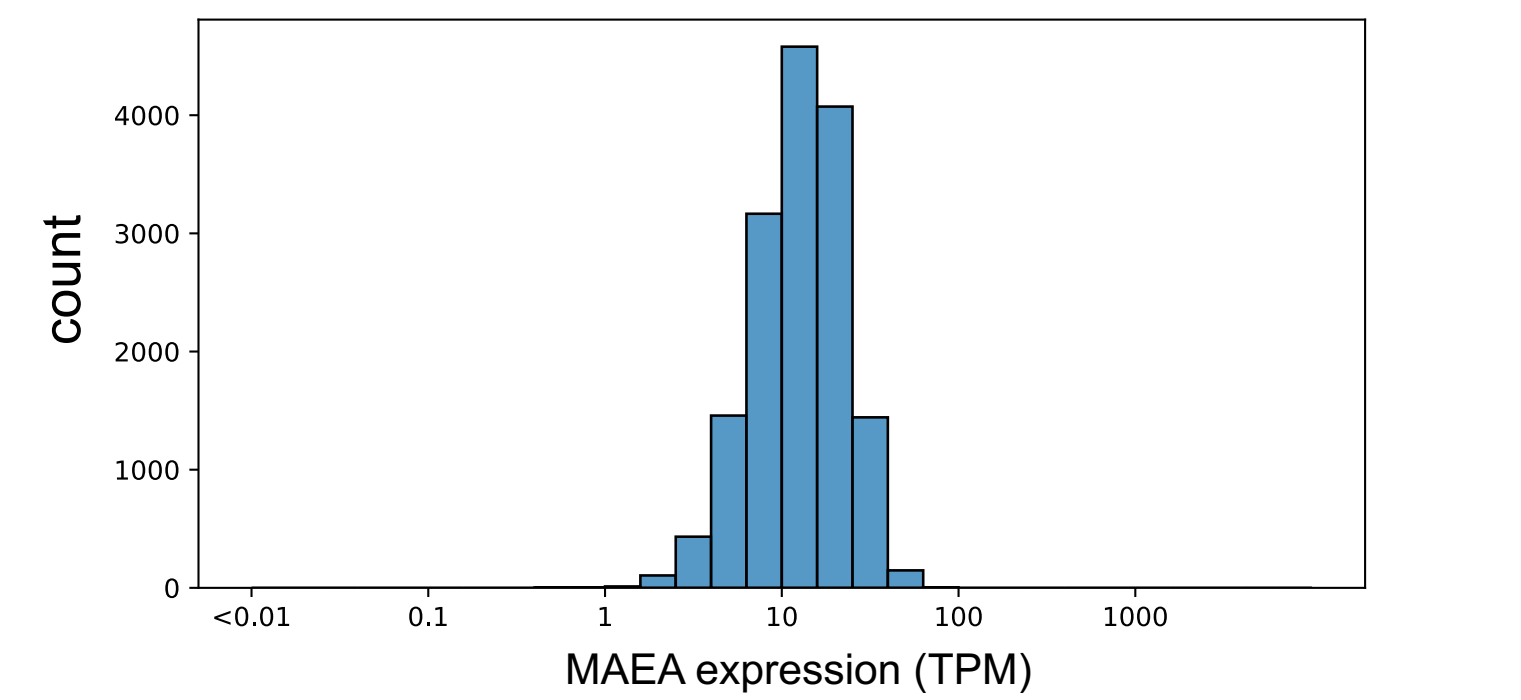
## Introduction

- Macrophage Erythroblast Attacher (MAEA) plays an important role in actin cytoskeleton rearrangement in macrophages and erythroid cells.
- We previously reported that MAEA suppresses migration, invasion and enhances chemosensitivity in CRC cell lines.
- Here we aimed to characterize the molecular features associated with MAEA gene expression in CRC.

## Methods

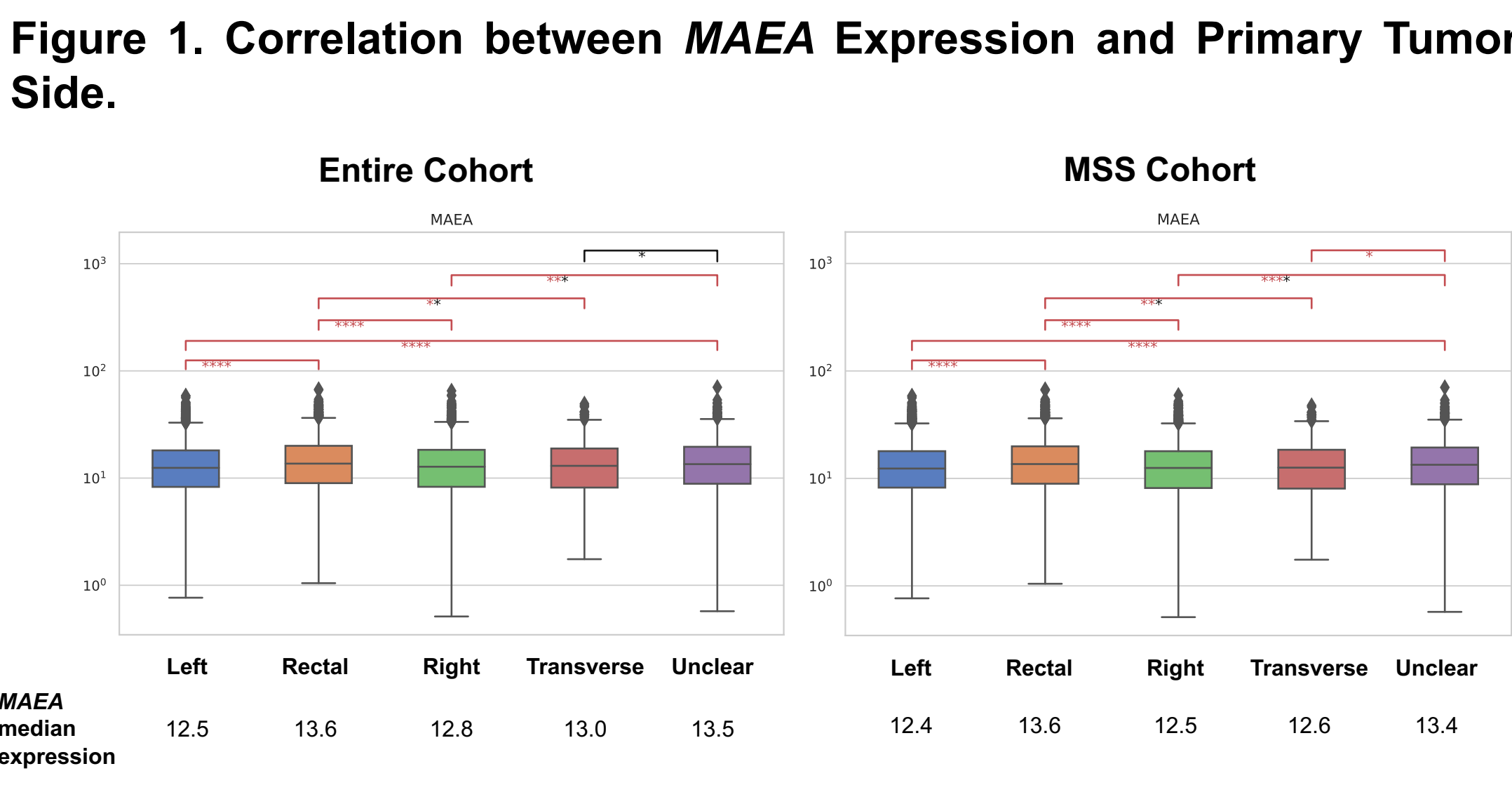
- A total of 14,416 CRC tested at Caris Life Sciences (Phoenix, AZ) with NextGen Sequencing on DNA (Illumina Next Seq, 592 genes, or Illumina NovaSeq, WES) and RNA (Illumina NovaSeq, WTS) were analyzed.
- Top quartile transcripts per million (TPMs) for MAEA expression were considered high (Q4) while bottom quartile low (Q1) expression.
- Consensus molecular subtypes (CMS) were assessed using RNAseq.
- Cell infiltration (CI) in the tumor microenvironment (TME) was estimated by QuantiSEQ.
- X<sup>2</sup>/Fisher-Exact tests were used for comparison and significance was determined as P-value adjusted for multiple comparison (Q < 0.05).

## Distribution and Demographic



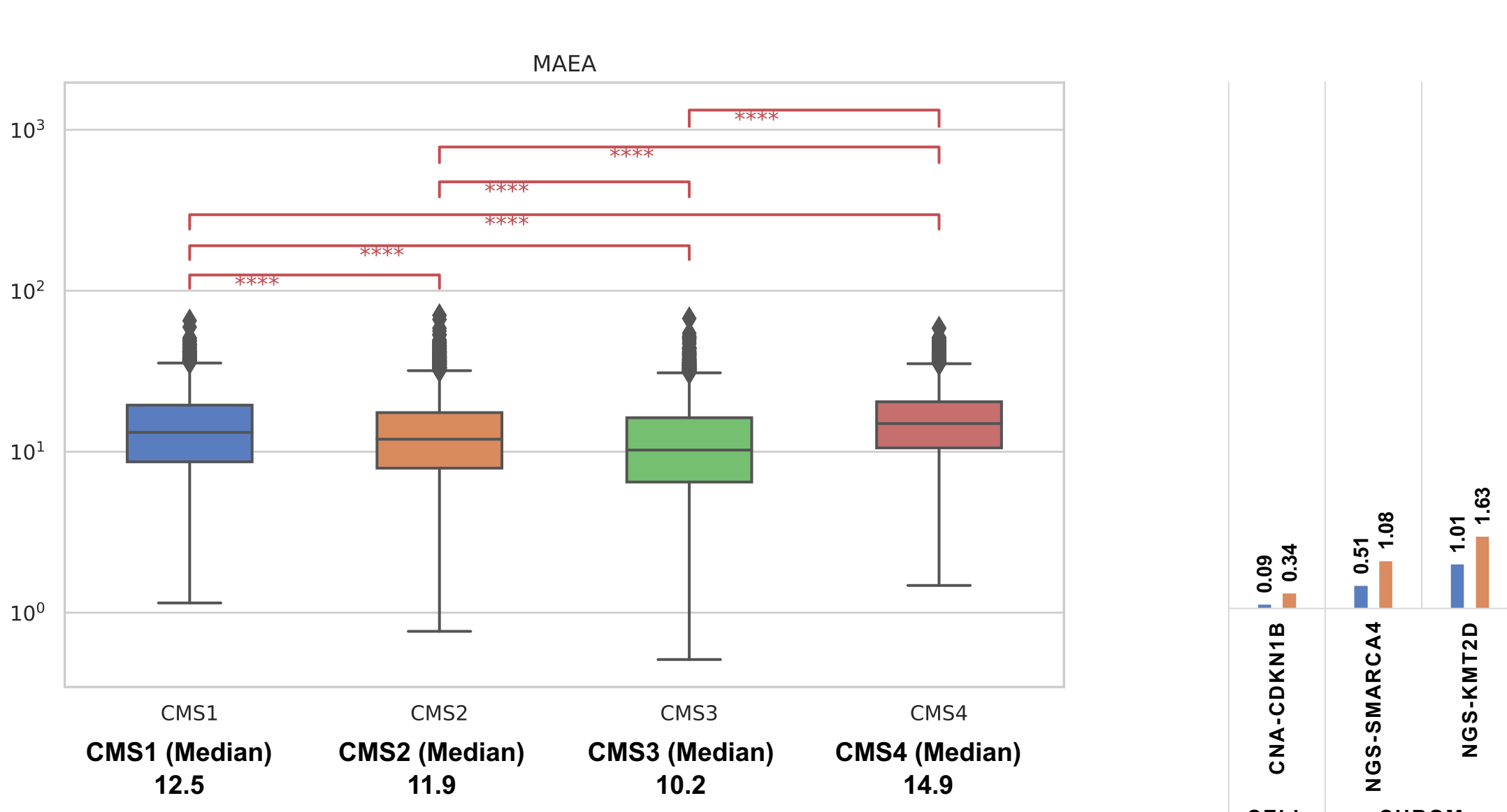
All	MAEA Q1	MAEA Q4	MSS	MAEA Q1	MAEA Q4
Count (N)	3697	3697	Count (N)	3631	3472
Median Age (range)	62.0 (15 - >89)	63.0 (17 - >89)	Median Age (range)	61.0 (15 - >89)	62.0 (17 - >89)
Male	53.8%	54.6%	Male	54.4%	54.9%
Female	46.2%	45.4%	Female	45.6%	45.1%

## Figure 1. Correlation between MAEA Expression and Primary Tumor Side.



Overall, MAEA expression was highest in rectal tumors (13.6 median TPM) followed by transverse and right-sided tumors (13.0 and 12.8, respectively) and lowest in left-sided tumors (12.5) ( $P < 0.001$ ). The same was observed in microsatellite stable (MSS) tumors when analyzed separately.

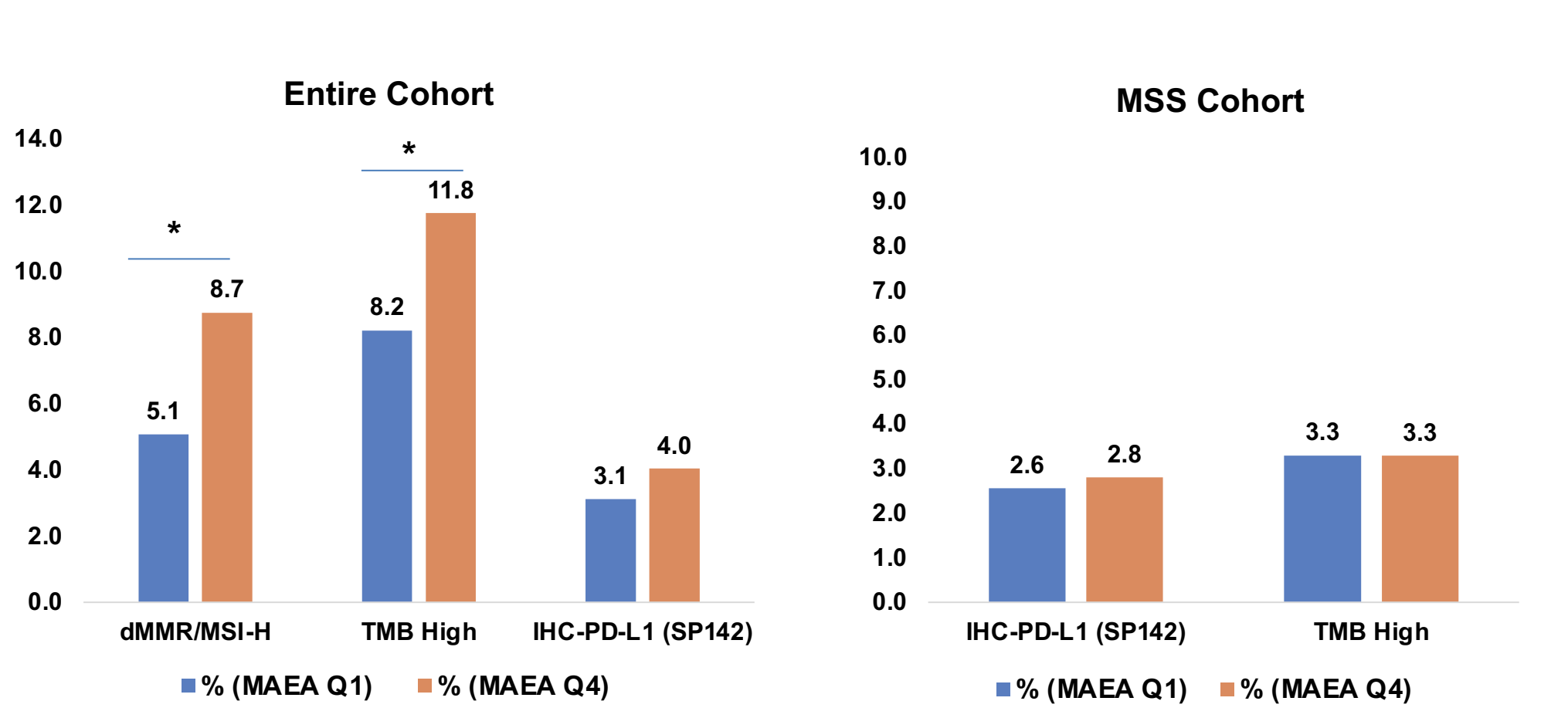
## Figure 2. Distribution of MAEA Tumor Expression According to CMS Subtypes (MSS Cohort).



In the MSS cohort, MAEA expression was the highest in CMS4 (14.9 median TPM) followed by CMS1 (12.5), CMS2 (11.9), and the lowest in CMS3 (10.3, all intergroup  $Q < 0.05$ ).

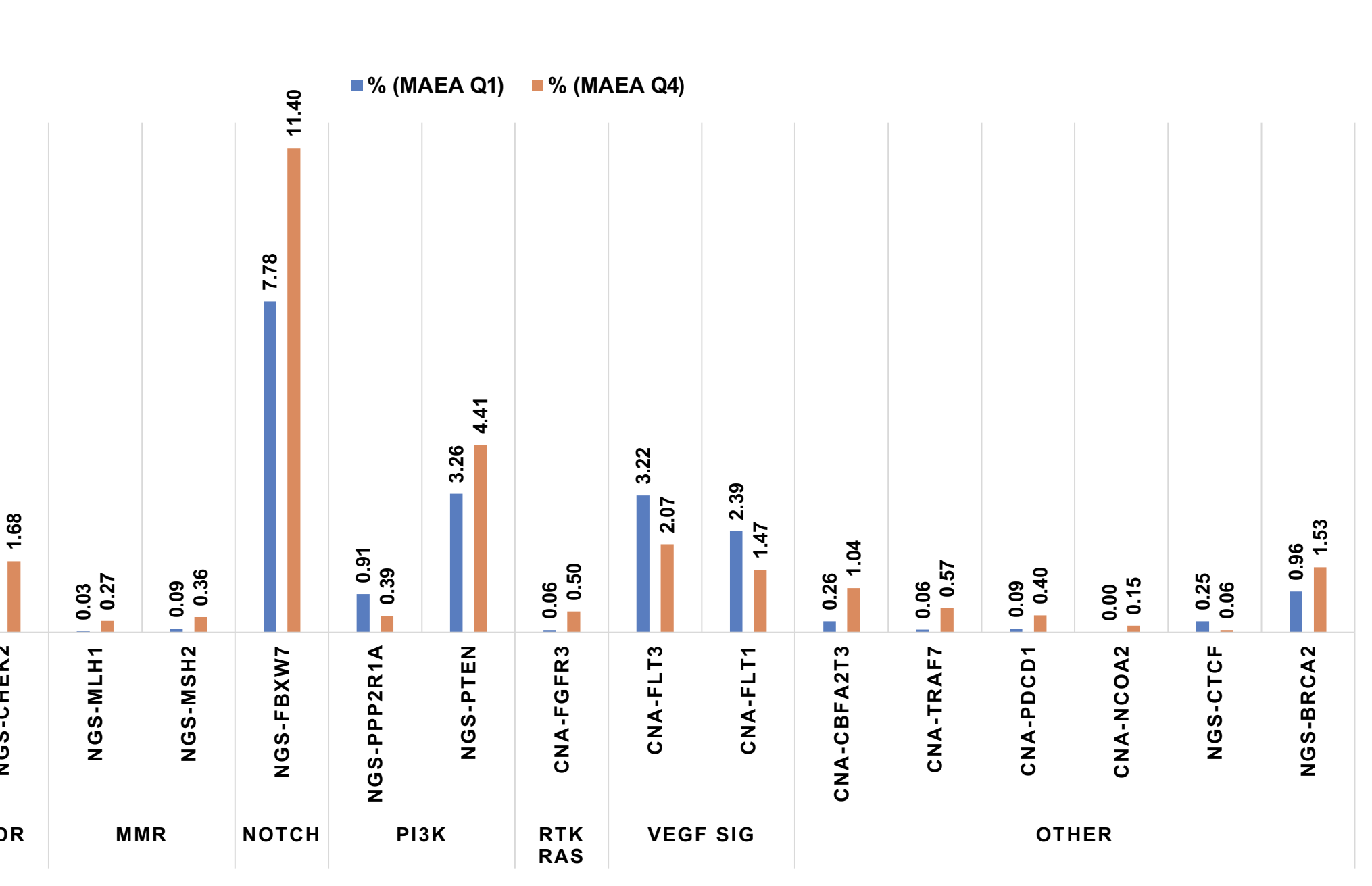
## Results

### Figure 3. Association with Tumor Molecular Characteristics. A. Immune Markers



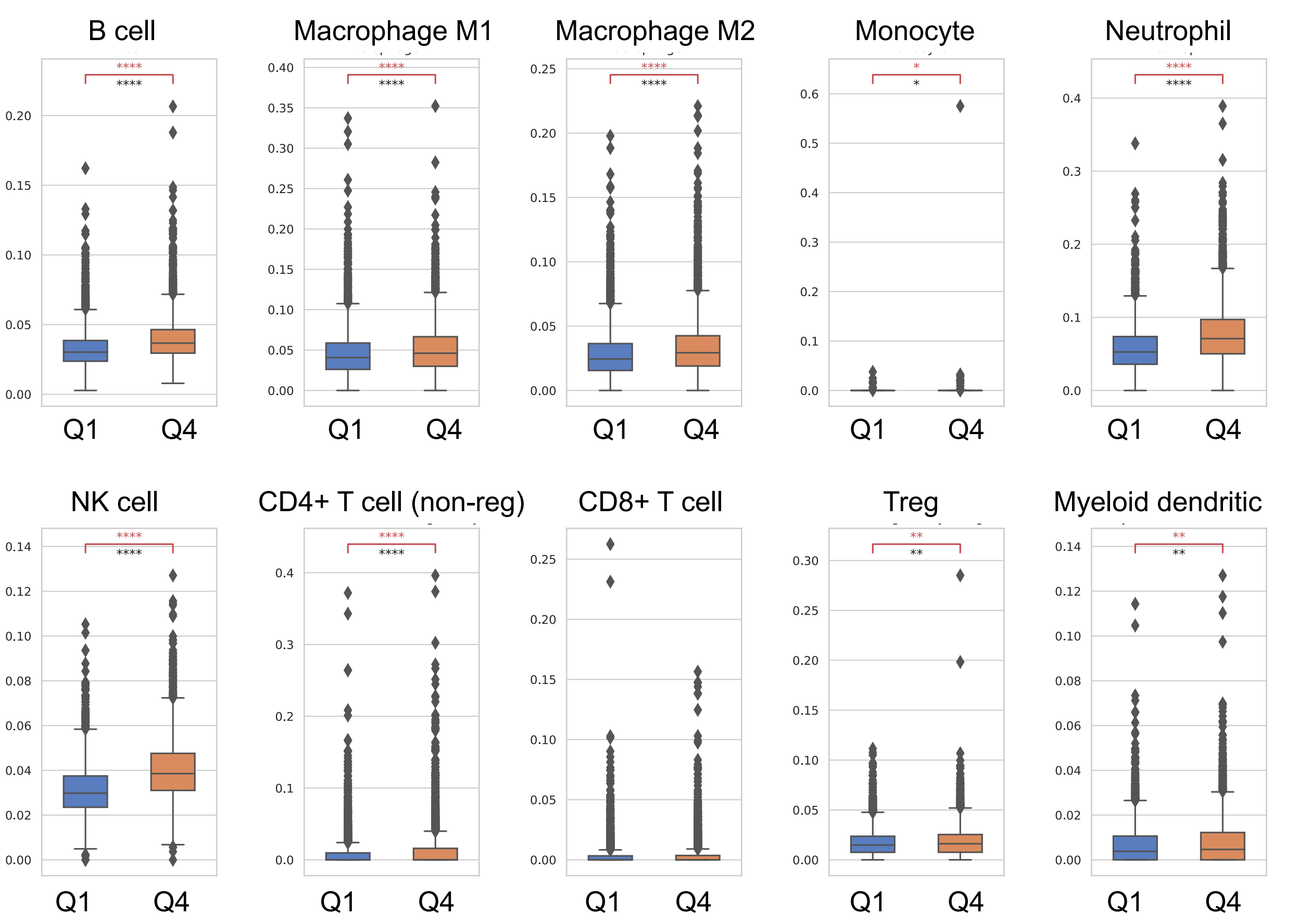
\*  $Q < 0.05$ ; PDL-1 cutoff 2+ 5%. Overall, MAEA TPM were associated with higher tumor mutational burden ( $\geq 10$  Mut/Mb) (11.8% vs. 8.2%) and dMMR/MSI-H (8.7% vs. 5.1%) ( $Q < 0.0001$ ); however, the association with TMB was not observed in MSS tumors.

### B. Mutations and CNA (MSS Cohort)



MAEA high was associated with lower mutation rates of APC and amplification of FLT1/FLT3 while higher mutation rates of ASXL1, KMT2A/C/D, SMARCA4, FBXW7, PTEN, RNF43, BRCA2, HNF1A in the overall cohort ( $Q < 0.05$ ). In the MSS cohort, FBXW7 mutation significance with MAEA high expression held true ( $Q < 0.05$ ) while MAEA high expression trended to associate with higher mutation rates of KMT2D, SMARCA4, PTEN, BRCA2 mutations, and a lower frequency of FLT1/FLT3 CNA ( $P < 0.05$  but  $Q > 0.05$ ).

### Figure 4. TME Cell Infiltration According to MAEA Expression in MSS Tumors.



High MAEA was associated with higher immune CI in the TME, including B cells, macrophages (M1 and M2), neutrophils, NK cells, Tregs, CD4+ T cells and myeloid dendritic cells both in the overall cohort and in MSS tumors (fold change: 1.11-1.33, all  $Q < 0.001$ ).

## CONCLUSIONS

Our data show a strong association between MAEA gene expression and distinct molecular features (including CMS and immune biomarkers) and TME cell infiltration in CRC.

These findings suggest that targeting MAEA may have relevant clinical applications in selected CRC subgroups and MAEA may be an important player in determining the composition of the TME.