

# Quantitative proteomic analysis of MGMT may predict response of colorectal cancer patients to treatment with temozolomide

Yuan Tian<sup>1</sup>, Sarit Schwartz<sup>1</sup>, Wei-Li Liao<sup>1</sup>, Fabiola Cecchi<sup>1</sup>, Filippo Pietrantonio<sup>2</sup>, Todd Hembrough<sup>1</sup>

<sup>1</sup>NantOmics, LLC, Rockville, MD; <sup>2</sup>Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy

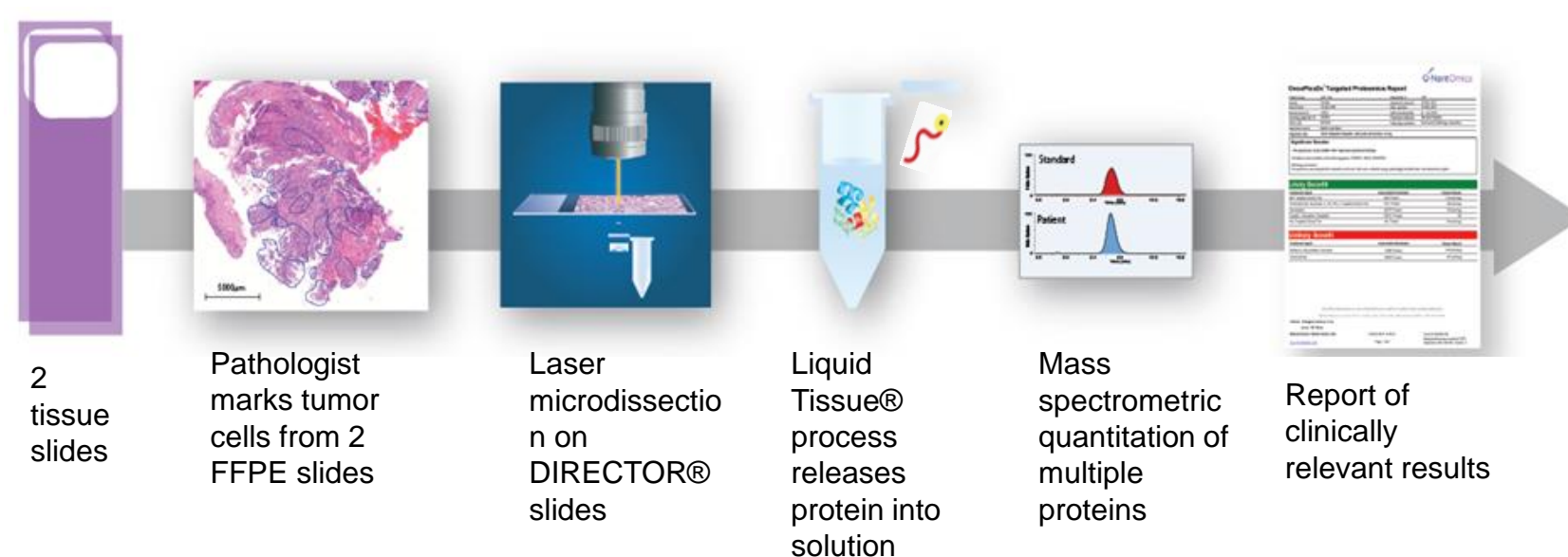
## Background

- About half of patients with metastatic colorectal cancer (mCRC) do not respond to standard fluorouracil-based chemotherapy.
- Temozolomide (TMZ) is standard chemotherapy treatment for glioblastoma and melanoma and it has shown modest but encouraging efficacy in CRC.
- Tumor expression of O<sup>6</sup>-methylguanine-DNA methyltransferase (MGMT) is a marker of resistance to TMZ in multiple cancer types; MGMT promoter methylation is associated with loss of MGMT expression and response to TMZ.
- We hypothesized that tumor expression of MGMT <200 (amol/ug) is predictive of response in mCRC patients treated with TMZ

## Methods

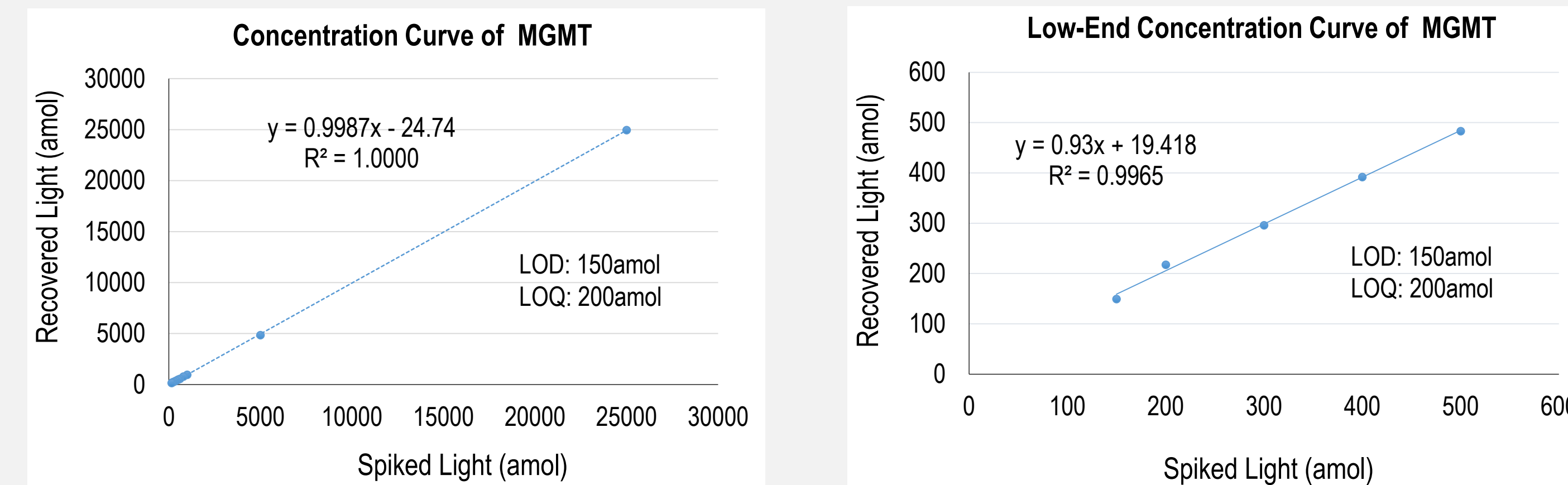
- A selected reaction monitoring (SRM) mass spectrometry assay was developed to quantify MGMT protein in formalin-fixed, paraffin-embedded (FFPE) tissue.
- Archived tissue sections were obtained from patients with CRC (n=41) who had received TMZ in a clinical trial. A pathologist marked the tumor areas, which were laser microdissected and solubilized to tryptic peptides using the Liquid Tissue® process<sup>1,2</sup>.
- In each liquefied tumor sample, multiple proteins including MGMT were quantified. The total protein concentration of each sample was measured using a Micro BCA Protein Assay Kit. A mixture of stable isotope-labeled heavy peptides were added prior to analysis and used as internal standard.
- Relationships between MGMT expression and the patients' clinical response to TMZ were retrospectively assessed.

**Figure 1.** Selected reaction monitoring (SRM) in FFPE tumor tissue<sup>1,2</sup>

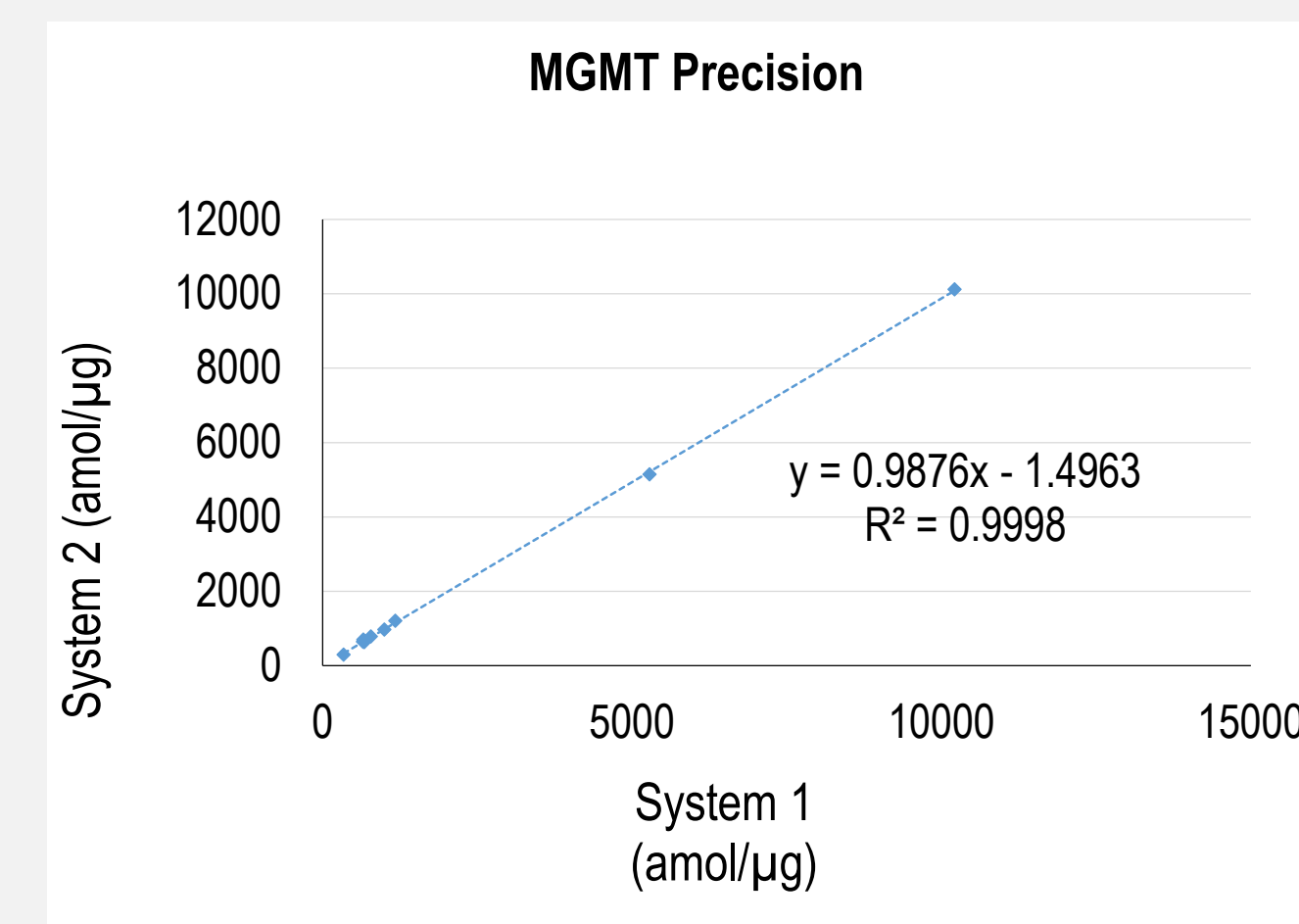


## Results

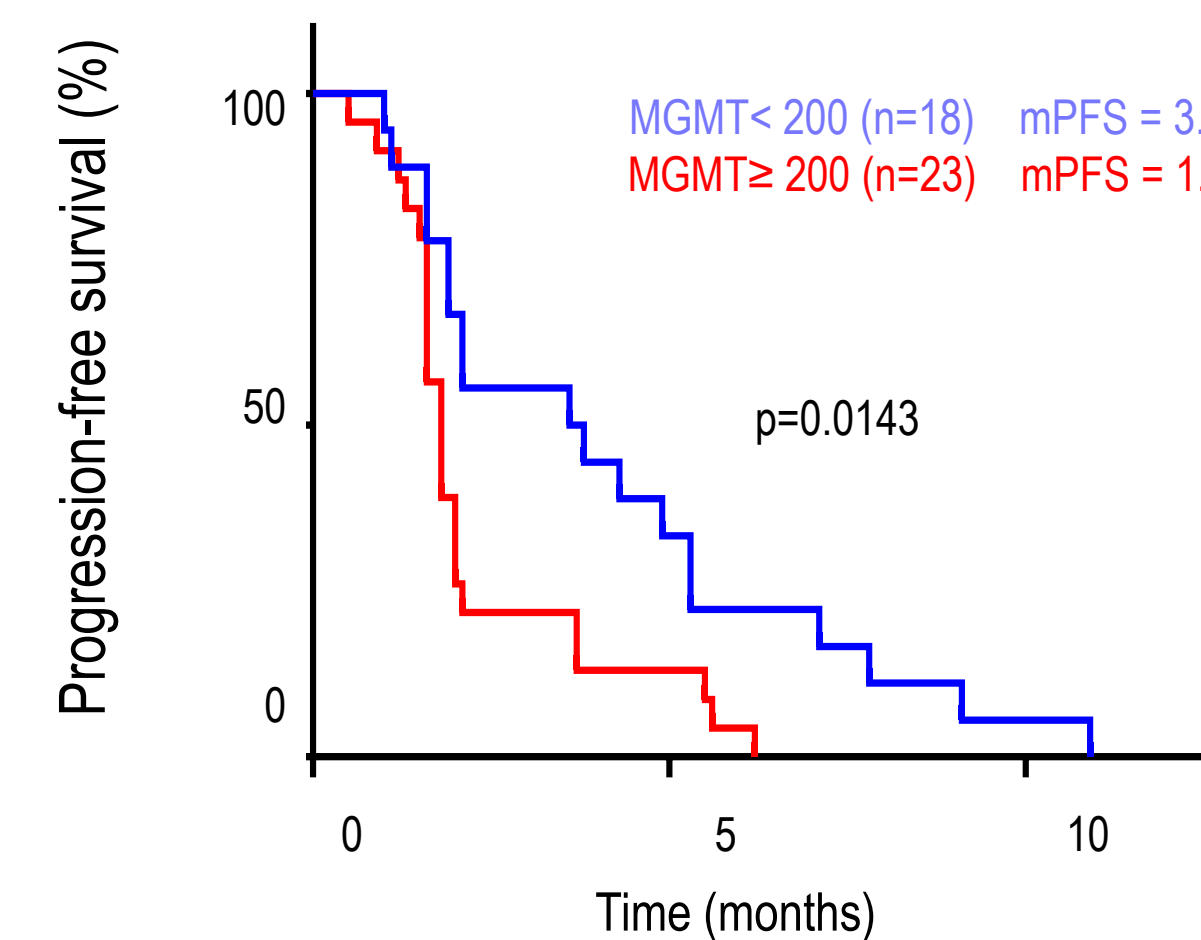
**Figure 2.** Performance of SRM assay for MGMT. Eleven points were spiked in complex background with a constant amount (5fmol) of heavy synthetic peptide and varying amounts (from 0 to 25000 amol) of light synthetic peptide to build the concentration curve.



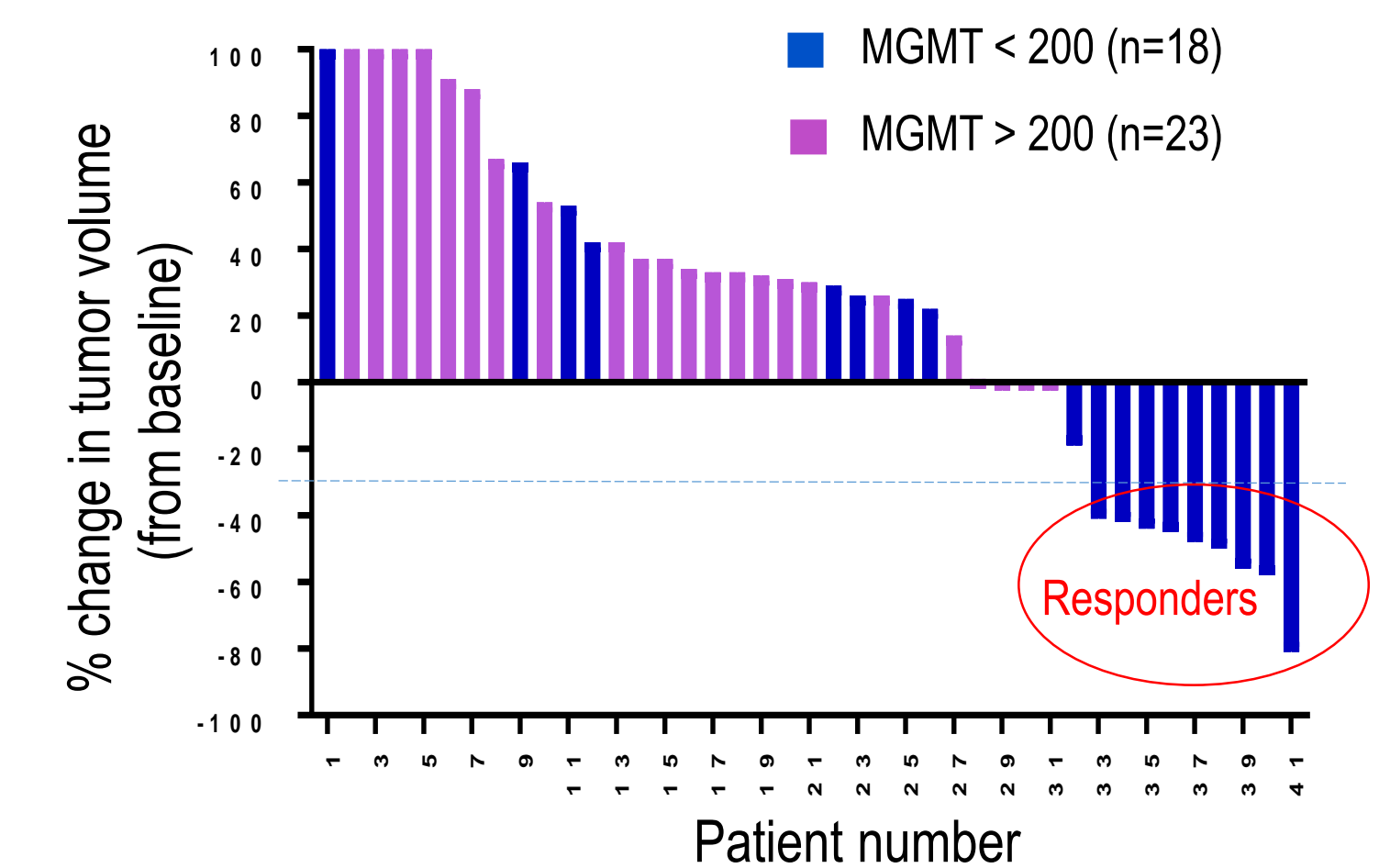
**Figure 3.** Precision of the MGMT SRM assay was assessed in 10 spiked FFPE tissue samples analyzed on 2 different MS systems.



**Figure 4.** Progression-free survival (PFS). The cancer progressed in all patients treated with TMZ. However, the patients with MGMT levels <200 amol/ug had longer median PFS (mPFS) than those with higher MGMT levels (3.7 vs 1.8 months).



**Figure 5.** Responders to TMZ were retrospectively identified by MGMT protein quantitation. Percent change in tumor volume from baseline by patients with MGMT < 200 amol/ug (n = 18; dark blue) and MGMT ≥ 200 amol/ug (n = 23; purple). Response was defined by RECIST 1.1.



## Conclusions

- We developed a quantitative SRM assay for MGMT protein in FFPE tumor tissue with high linearity and precision across the entire dynamic range.
- TMZ-treated CRC patients with low MGMT protein expression (<200 amol/ug) had longer median progression free survival (p=0.0143).
- MGMT protein quantified by SRM retrospectively identified 9 of 9 responders to TMZ treatment.
- SRM analysis of MGMT could potentially be used to select patients who will be likely to respond to TMZ therapy.

## References

- Hembrough et al (2013) Application of selected reaction monitoring for multiplex quantification of clinically validated biomarkers in formalin-fixed, paraffin-embedded tumor tissue.
- Hembrough et al (2016) Quantification of Anaplastic Lymphoma Kinase Protein Expression in Non-Small Cell Lung Cancer Tissues from Patients Treated with Crizotinib.

