

Characterizing the role of chromosome 3 copy-loss in driving late-stage Uveal Melanoma

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Introduction

- □ Most common primary intraocular tumor in adults: ~5 cases per million per year in US
- Around 50% patients develop metastatic disease predominantly to the liver:
 - No effective therapy: median OS 10.2 months
 - 2022 Breakthrough Therapy Designation to the first-in-class bispecific fusion protein tebentafusp
- Malignant transformation is suggested to be based on a combination of two main events:
 - \blacktriangleright Activation of the Gaq/11 pathway
 - *** "BSE**" event: inactivation of *BAP1*, or mutations in *SF3B1* or *EIF1AX*





- Chromosome 3 copy-loss is associated with metastasis (liver), and other late-stage disease phenotypes such as depigmentation
- The mechanistic role of chromosome 3 copy-loss (Monosomy 3) is unknown and often conflated with BAP1 LOF mutations or deletions
- Modeling and characterizing Monosomy 3 provides an opportunity to:
- Expand on limited model availability in the field
- Inform on the biology of chromosome 3 copy-loss
- Identify potential therapeutic vulnerabilities

How does chromosome 3 copy-loss provide fitness/metastatic advantage in uveal melanoma?

Results

CRISPR-based centromere targeting successfully generates M3 isogenic clones



Figure 1: (A) Generation of Monosomy 3 isogenic clones using CRISPR-based centromere targeting. Clonal selection by qPCR and validation via karyotyping. (B) PCA of Parental model and isogenic clones (Disomy 3 and Monosomy 3). (C) Comprehensive characterization strategy to inform on the biology of uveal melanoma.



Melanoma of the iris

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Figure 3: Overview of multiomic characterization platform implemented by TRACTION to characterize Disomy 3 and Monosomy 3 isogenic clones. Integrated data derived from the isogenic clones is continually cross referenced against other uveal melanoma models and patient datasets in order to characterize model artifacts and avenues of potential translation.



Making Cancer History

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