

TERT Alterations Characterize a Subset of Progressive/Higher-grade Meningiomas with Poor Outcome

Tareq A. Juratli MD; Ian Silverman; Ganesh Shankar MD PhD; Shilpa Tummala; Heather Ely; Jason Christiansen; Gabriele Schackert; Priscilla Brastianos MD; Daniel P. Cahill MD

Neurosurgery, Division of Neuro-Oncology, Massachusetts General Hospital Cancer Center, Boston, MA and Ignitya, Inc., San Diego, CA



Introduction

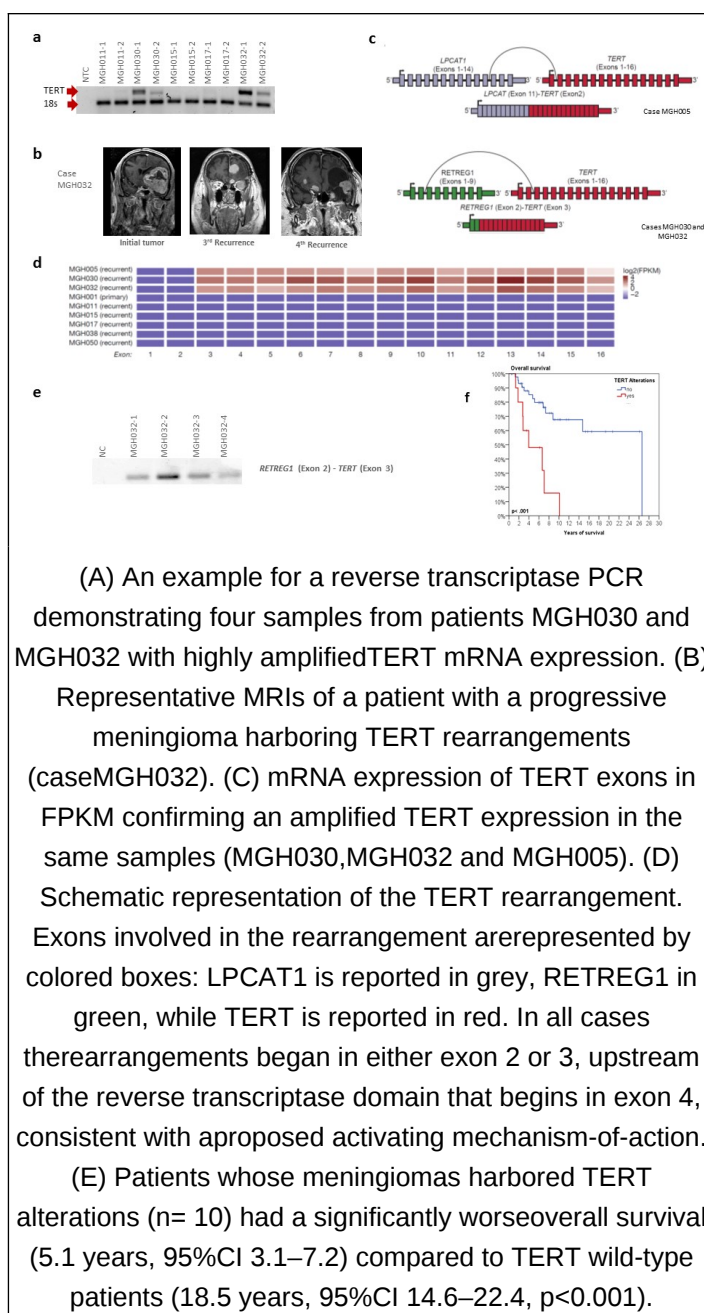
Although a significant proportion of aggressive meningiomas acquire *TERT* promoter (*TERTp*) mutations which drive *TERT* overexpression during progression, alternative mechanisms of telomere maintenance in meningioma are broadly unknown. *TERT* activating rearrangements are common in some aggressive cancers and associated with poor outcome. Therefore, we sought to assess *TERT* rearrangements in a large cohort of patients with progressive/high-grade meningiomas.

Methods

We determined the frequency of *TERT* mRNA overexpression in 126 temporally- and regionally-distinct specimens from 55 WHO grades II/III meningioma patients using reverse-transcriptase PCR. Subsequently, RNA sequencing was performed in samples with *TERT* overexpression to detect rearrangements. Additionally, the *TERTp* region was sequenced in all patients to assess hotspot mutations.

Results

- *TERTp* mutations were detected in seven patients (12.7%).
- In addition, highly amplified *TERT* mRNA expression was found in three patients (5%) (Figure 1A-C).
- RNA sequencing of samples with amplified *TERT* mRNA revealed a novel fusion *RETREG1-TERT* that was present in two patients, in addition to a *LPCAT1-TERT* fusion in a third case (Figure 1D).
- The *TERT* rearrangements began in either exon 2 or 3, upstream of the reverse transcriptase domain that begins in exon 4, consistent with a proposed activating mechanism-of-action (Figure 1D).
- In total, 10 patients (18.1%) harbored *TERT* alterations in our cohort: three *TERT* rearrangements and seven *TERTp* mutations.
- Patients whose meningiomas harbored *TERT* alterations had a significantly worse overall survival (5.1 years, 95%CI 3.1–7.2) compared to *TERT* wild-type patients (18.5 years, 95%CI 14.6–22.4, $p < 0.001$) (Figure 1E).



Conclusions

- We discovered novel *TERT* rearrangements in a subset of aggressive meningiomas (*RETREG1-TERT* and *LPCAT1-TERT*)
- Two distinct mechanisms for *TERT* activation, *TERT* rearrangements and *TERTp* mutations were associated with a particularly poor outcome, suggesting a central role of telomere lengthening in the pathogenesis of aggressive meningioma.
- Detection of *TERT* alterations offers a basis for a more precise identification of patients at-risk for developing early progression of meningioma.

Learning Objectives

Understanding the mechanisms of *TERT* alterations in meningiomas

References

- Louis DN et al. (2016) WHO Classification of Tumours of the Central Nervous System, Revised 4th Edition, IARC. Lyon.
- Goutagny S, et al. (2014) High incidence of activating *TERT* promoter mutations in meningiomas undergoing malignant progression. Brain Pathol 24:184-189.
 - Juratli TA et al. (2017) Intratumoral heterogeneity and *TERT* promoter mutations in progressive/higher-grade meningiomas. Oncotarget 8:109228-109237.
 - Juratli TA et al. (2018) DMD genomic deletions characterize a subset of progressive/higher-grade meningiomas with poor outcome. Acta Neuropathologica. DOI : 10.1007/s00401-018-1899-7