



Novel *FGFR2-INA* fusion identified in two low-grade mixed neuronal-glia tumors drives oncogenesis via MAPK and PI3K/mTOR pathway activation

Payal Jain¹ · Lea F. Surrey^{2,3} · Joshua Straka¹ · Minjie Luo^{2,3} · Fumin Lin² · Brian Harding^{2,3} · Adam C. Resnick¹ · Phillip B. Storm⁴ · Anna Maria Buccoliero⁵ · Mariarita Santi^{2,3} · Marilyn M. Li^{1,2,3,6} · Angela J. Waanders^{1,6,7}

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As a group, mixed neuronal-glia tumors (MNGTs) exhibit genetic variability, including stable genomes, whole chromosome gains, *BRAF-V600E*, and *FGFR1* mutations [8, 9, 11, 12]. While histologic criteria are described to distinguish MNGT types ganglioglioma (GG) and dysembryoplastic neuroepithelial tumor (DNT), non-specific features preclude confident classification in a high proportion of cases [2, 8, 10, 12]. Herein, we report the characterization of a novel *FGFR2-INA* fusion gene identified during clinical genomic profiling in two cases of MNGTs that could not be specifically classified as GG or DNT.

Clinical, imaging, histology, and fusion gene characteristics of each case are summarized in suppl. Table 1 (Online Resource 1). Both patients presented with seizures, cortical-based tumors, and one patient's tumor was recurrent. By histology and immunohistochemistry, both cases

consisted of oligodendrocyte-like cells and admixed neurons within microcystic spaces (Fig. 1a). GFAP-positive astrocytes, CD34 expression (MNGT-1), and calcification were observed. Both cases lacked pools of mucin, floating neurons, specific glioneuronal elements, eosinophilic granular bodies, and perivascular inflammation. Features were most similar to DNT; however, both lacked key criteria for this diagnosis.

Targeted RNA-sequencing revealed a novel in-frame fusion between *FGFR2* exon 17 and *INA* exon 2 (Fig. 1b) in both cases. Additional DNA sequence and copy number variants of clinical significance were also identified by targeted next-generation sequence panel [suppl. Tables 2, 3, 4 (Online Resource 1)] [7]. *FGFR2*, a receptor kinase, regulates several growth-related signaling pathways implicated in cancer progression, including RAS-RAF-MAPK and PI3K/AKT/mTOR [3]. *INA* encodes the alpha-internexin protein involved in cytoskeletal organization and neuronal morphogenesis [6]. The novel fusion retains the extracellular immunoglobulin-like and tyrosine kinase domains of *FGFR2*, suggesting oncogenic activation of downstream signaling, and the truncated coil 2 and tail region of *INA*, suggesting dimerization (Fig. 1c).

Payal Jain and Lea F. Surrey are co-first authors and contributed equally.

Marilyn M. Li and Angela J. Waanders are co-last authors and contributed equally.

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✉ Angela J. Waanders
WAANDERSA@email.chop.edu

¹ Center for Data Driven Discovery in Biomedicine, Children's Hospital of Philadelphia, 3501 Civic Center Boulevard, Philadelphia, PA 19104, USA

² Department of Pathology and Laboratory Medicine, Children's Hospital of Philadelphia, Philadelphia, PA 19104, USA

³ Department of Pathology and Laboratory Medicine, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA

⁴ Department of Neurosurgery, Children's Hospital of Philadelphia, Philadelphia, PA 19104, USA

⁵ Meyer Children's Hospital, Florence, Italy

⁶ Department of Pediatrics, Perelman School of Medicine University of Pennsylvania, Philadelphia, PA 19104, USA

⁷ Division of Oncology, Children's Hospital of Philadelphia, Philadelphia, PA 19104, USA

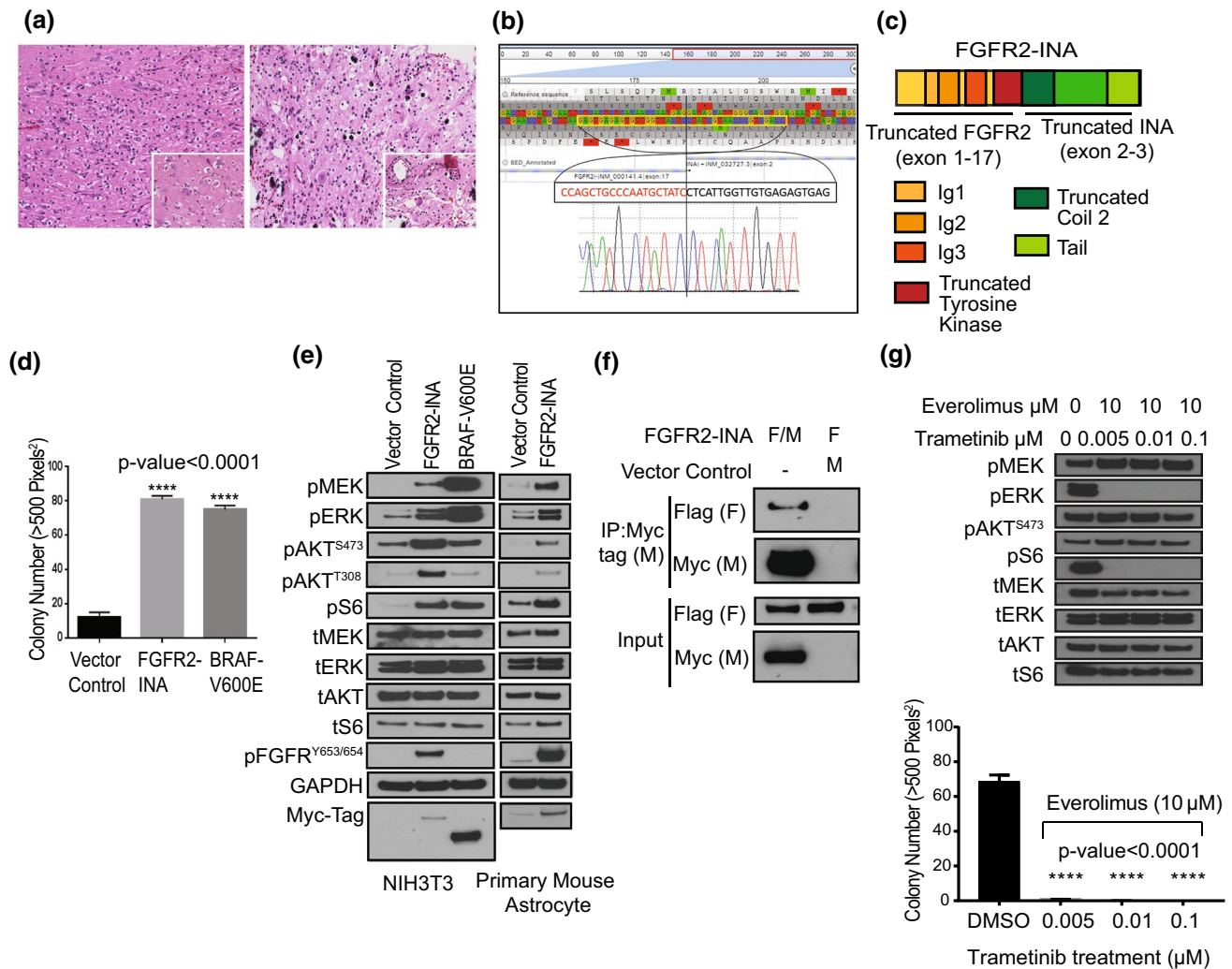


Fig. 1 Histologic and sequencing characteristics of two MNGT harboring an *FGFR2-INA* fusion that activates the MAPK and PI3 K/mTOR pathways. **a** MNGT-1 (left) and MNGT-2 (right) contained small oligodendrocyte-like cells admixed with neurons surrounded by clear microcystic spaces (insets, 400X H&E), 200X H&E. **b** RNA-seq reads and confirmatory reverse complement Sanger sequencing of *FGFR2-INA*. **c** Structure of *FGFR2-INA*: *FGFR2* exons 2–3 encode Ig-1, exons 4–5 encode Ig-2, exons 6–7 encode Ig-3 domains, and exons 9–17 encode a truncated tyrosine kinase domain (lacking three

amino acids from *FGFR2* exon-18). **d** Soft agar assay using NIH3T3 stably expressing *FGFR2-INA*, $n=10$. Error bars represent SEM. **e** Western blot analysis of MAPK and PI3 K/mTOR pathway proteins in NIH3T3 and PMAs. ‘p’—phosphorylated; ‘t’—total protein. **f** Co-immunoprecipitation (Co-IP) assay with anti-Myc tag beads and co-transfecting HEK293 cells with Flag (F)- and Myc (M)-tagged *FGFR2-INA*, and F-*FGFR2-INA* with M- vector control. **g** Effect of combinatorial trametinib and everolimus treatment on *FGFR2-INA*-driven oncogenic signaling and growth in NIH3T3 cells

We cloned *FGFR2-INA* and stably expressed it in NIH/3T3 and *Tp53*-null primary mouse astrocytes (PMAs) [1, 5] [suppl. Figure 1 (Online Resource 2)]. In soft agar proliferation assays, *FGFR2-INA* expressing NIH/3T3 showed a significant increase in colony count over control, similar to *BRAF* V600E ($p < 0.0005$) (Fig. 1d). Next, we assessed the signaling potential of *FGFR2-INA*. In serum starved conditions, we observed high-level activation of both the MAPK and PI3 K/mTOR pathways assessed via elevated levels of phosphorylated-ERK and -S6, respectively, compared to vector-controlled cells (Fig. 1e). Mechanistically, we found that *FGFR2-INA* homo-dimerizes in

co-immunoprecipitation assays suggesting dimerization-induced activation of *FGFR2-INA* (Fig. 1f). Using combinatorial targeting of downstream MAPK and PI3K/mTOR pathways with trametinib and everolimus, respectively, we could suppress *FGFR2-INA*-driven oncogenic signaling and growth (Fig. 1f, suppl. Figure 2 (Online Resource 3)).

We identify and characterize a novel *FGFR2-INA* fusion associated with unclassified MNGT in two patients lacking other reported driver alterations (*BRAF-V600E* and *FGFR1*). Other *FGFR2* fusions have been identified in epileptogenic tumors of the young with some overlapping histologic features to the current two cases [4]. It is possible that these

tumors represent an emerging category of low-grade epileptogenic tumor. Our functional studies show that the FGFR2-INA fusion drives oncogenesis potentially via activation of the MAPK and PI3 K/mTOR pathways. Therefore, FGFR2-INA is the likely driver of tumorigenesis in at least a subset of MNGTs and is a potential target for small-molecule inhibitors.

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