

EWSR1::CREM Fusion: A New Finding in Thoracic and Head/Neck Squamous Cell Carcinoma

Felipe Camacho-Cordovez¹, Mark G. Evans², Leticia E. Campoverde¹, Jeremy E. Adler¹, Andrew Elliott², Matthew J. Oberley², Jonathan C. Trent¹, Andrew E. Rosenberg¹ ¹University of Miami Miller School of Medicine/Jackson Health System, Miami, FL, ²Caris Life Sciences, Phoenix, AZ Disclosures: M. Evans, A. Elliott, M. Oberley – Caris Life Sciences (Employment, Travel Expenses, Stock/Stock Options)

Background

- EWSR1::CREM (Ewing sarcoma breakpoint region 1::cAMP response element modulator) gene fusions are rare, occurring in a variety of tumors, including intracranial myxoid mesenchymal tumor, hyalinizing clear cell carcinoma of the head and neck, clear cell sarcoma, and angiomatoid fibrous histiocytoma.
- Our study expands the spectrum of EWSR1::CREMrearranged tumors, describing three cases of squamous cell carcinoma (SCC) of the thorax and head and neck that encode this gene fusion.

Design

- Paraffin-embedded tumor samples underwent DNA (592gene or whole exome) and RNA (whole transcriptome) sequencing at Caris Life Sciences (Phoenix, AZ).
- EWSR1::CREM Fusion transcripts, including rearrangements, were detected by whole transcriptome sequencing.
- Pathologists (MGE, AER) confirmed diagnoses, and treatment and outcome data were extracted from patient medical records.

Results

- EWSR1::CREM rearrangement was detected in 18 tumors (see Table 1.0):
 - 5 malignant epithelioid neoplasms with predilection for mesothelial-lined cavities,
 - 4 hyalinizing clear cell carcinomas,
 - 3 non-keratinizing SCCs,
 - 2 clear cell sarcomas,
 - 2 small round and spindle cell sarcomas,
 - 1 intracranial myxoid mesenchymal tumor, and
 - 1 mesothelioma.

Table 1.0 and Figure 1A/B/C

SPECTRUM OF EWSR1::CREM - REARRANGED TUMORS						
#	AGE	GENDER	LOCATION	DETECTED FUSION	OTHER FINDINGS	DIAGNOSIS
1	36	Male	Cervical spine	EWSR1 (exon 7) :: <i>CREM</i> (exon 6)	None	Epithelioid neoplasm with EWSR1::CREM fusion
2	26	Malo	Kidnov	EWSR1 (exon 13)	Nono	Epithelioid neoplasm with
	20	Male	Liver and	<i>EWSR1</i> (exon 13)	NONE	Epithelioid neoplasm with
3	21	Female	adrenal	:: <i>CREM</i> (exon 6)	None	EWSR1::CREM fusion
4	37	Female	Liver	<i>EWSR1</i> (exon 13) :: <i>CREM</i> (exon 5)	None	Epithelioid neoplasm with EWSR1::CREM fusion
5	20	Fomalo	Litorue	EWSR1 (exon 7)	Nono	Epithelioid neoplasm with
J	30	remale	Oterus	<i>EWSR1</i> (exon 15)	NONE	Hyalinizing clear cell
6	76	Male	Maxilla	:: <i>CREM</i> (exon 6)	None	carcinoma
7	77	Male	Mandible	EWSR1 (exon 13)	None	Hyalinizing clear cell carcinoma
				<i>EWSR1</i> (exon 13)		Hyalinizing clear cell
8	13	Female	Salivary gland	:: <i>CREM</i> (exon 6)	None	carcinoma
				<i>EWSR1</i> (exon 10)		Hyalinizing clear cell
9	57	Male	Skull base	:: <i>CREM</i> (exon 5) <i>EWSR1</i> (exon 13)	None	carcinoma
10	62	Female	Luna	::CREM (exon 6)	None	Squamous cell carcinoma
			9	<i>EWSR1</i> (exon 13)		
11	37	Female	Oronharvny	··CRFM (exon 6)	None	Squamous cell carcinoma
	01	i emaie	Maxillary	EWSR1 (exon 8)		equamente con caromente
12	51	Male	sinus	:: <i>CREM</i> (exon 4)	<i>NF</i> 2 p.E527*	Squamous cell carcinoma
				EWSR1 (exon 7)		
13	43	Male	Skin	:: <i>CREM</i> (exon 6)	None	Clear cell sarcoma
			Transverse	EWSR1 (exon 13)		
14	44	Male	colon	:: <i>CREM</i> (exon 6)	None	Clear cell sarcoma
			Rectus	EWSR1 (exon 7)		Small round and spindle ce
15	50	Male	muscle	:: <i>CREM</i> (exon 6)	None	sarcoma
16	75	Female	Small bowel	<i>EWSR1</i> (exon 10) :: <i>CREM</i> (exon 6)	None	Small round and spindle ce sarcoma
				EWSR1 (exon 7)		Intracranial myxoid
17	75	Male	Brain	::CREM (exon 6)	None	mesenchymal tumor
	0.0	_ .		EWSR1 (exon 13)		
18	28	Female	Peritoneum	::CREM (exon 6)	None	Epithelioid mesothelioma









PRECISION ONCOLOGY ALLIANCE

Squamous Cell Carcinoma and EWSR1::CREM

- Patient 10, a 62-year-old female with SCC originating from the lung, achieved 5-year complete remission after resection and adjuvant chemotherapy (tumor shown in Figure 1A).
- Patient 11, a 37-year-old female, presented with oropharyngeal SCC. This patient underwent aggressive chemoradiation due to metastasis to lymph nodes and lungs (tumor shown in Figure 1B).
- Patient 12, a 51-year-old male, had SCC in the maxillary sinus. Similar to Patient 11, chemoradiation was administered given involvement of lymph nodes and lungs (tumor shown in Figure 1C).
- At 13 and 2 years of follow-up, respectively, both Patient 11 and Patient 12 are alive, with some radiographic evidence of disease progression while receiving intermittent systemic therapy.
- All three cases exhibited typical morphologic characteristics (i.e. intercellular bridges) and immunohistochemical profiles (i.e. keratin, p40/p63 positivity).

Conclusions

- Our study broadens the spectrum of tumors associated with EWSR1::CREM rearrangement and is the first to document its presence in SCCs of the lung and head and neck.
- While there is no specific standardized approach to treatment for patients whose tumors have these translocations, it is noteworthy that all three patients in this series are alive despite the presence of metastases and, in some instances, the absence of therapy over several years.
- Identification of additional cases will be helpful to better understand the disease course and optimal therapy of SCC harboring the EWSR1::CREM fusion.

References

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Contact: Felipe Camacho-Cordovez, MD (felipe.camachocordo@jhsmiami.org)





