

Characterization of RPS20-related colorectal cancer predisposition: a case series from a multigene panel testing cohort Jennifer Herrera-Mullar, Ashley PL Marsh, Cassidy Carraway, Felicia Hernandez, Emily Kudalkar, Marcy Richardson



### BACKGROUND

Current established genes associated with early-onset hereditary colorectal cancer (CRC) explain less than 20% of hereditary CRC.

*RPS20* was first implicated as a candidate gene for hereditary CRC in 2014, but only 5 families have been published in the literature.

The Clinical Genome Consortium considers the RPS20-related CRC gene-disease relationship (GDR) as Limited, meaning no variants can be classified as likely pathogenic of pathogenic (LP/P).

## **METHODS**

Retrospective review of ~950,000 multigene panel testing (MGPT) orders for diverse cancer indications

Individuals with putative loss-of-function variants (pLOF) in RPS20 underwent comprehensive phenotype curation

ICD10 codes used for comparative analysis of CRC prevalence in RPS20 cohort (n=36) and a Lynch syndrome cohort (n=11,437) versus a wildtype (WT) cohort

**RPS20** is not currently included in ASCO guidelines for hereditary cancer testing and is listed in the NCCN guidelines as having only limited evidence for CRC predisposition.

(MGPT-negative, 36-85 genes; n=384,445) using Fisher's exact test

Age at diagnosis plotted for RPS20 and Lynch syndrome genes (MLH1, MSH2, MSH6 and PMS2) using Kaplan-Meier

#### FIGURE 1A. Phenotypes in 36 individuals heterozygous for pLOF in RPS20

	Variant	CRC	Years Old					Polyps	FDR CRC
	(NM_001023.3)	(MMR)	20	30	40	50	60	70 <b>(#)</b>	(#)
P1	p.M1?	0		/				NP	Y (1)
P2	p.M1?	1 (pMMR)						NP	N
P3	p.M1?	2				2		NP	Y (1)
P4	p.K4*	0						NP	N
P5	p.K4*	1 (dMMR) <sup>‡</sup>						NP	Y (2)
P6	p.G7*	2 (pMMR)			2			NP	N
<b>P7</b> <sup>†</sup>	p.T9Nfs*16	1						NP	N
P8	p.V11Gfs*27	1						NP	Y (1)
P9	p.N28Tfs*2	0		$ \rightarrow $				NP	Y (1)
P10	p.A37*	1						NP	N
P11	p.R41Kfs*10	0						NP	N
P12	p.R41Kfs*10	0						NP	N
P13	p.K46Sfs*25	0						NP	N
P14	p.L48Qfs*24	1						> Y (4)	N
P15	p.K51*	1 (pMMR)						N	Y (1)
P16	p.R55*	0						Y (50-100)	Y (3)
P17	p.K59*	1						NP	Y (1)
P18	p.L61Ffs*12	1						NP	Ν

FIGURE 1B. Forest plot comparing prevalence of CRC in individuals with pLOF in RPS20 and LP/P in Lynch syndrome genes (MLH1, MSH2, MSH6, and PMS2) compared to a similarly ascertained WT MGPT cohort



PMS2

FIGURE 1C. Kaplan-Meier plot showing comparison of age of diagnosis among MLH1, MSH2, MSH6, PMS2, and RPS20 cohorts





## RESULTS

- 28 unique *RPS20* pLOF detected in 36 individuals (overall cohort frequency of 0.004%)
- Median age of CRC diagnosis in *RPS20* cohort was 48.25 years
- 16.7% (6/36) individuals reported multiple primary CRC diagnoses

Majority of CRC tumors pMMR (71.4%; 10/14)

# **TAKE HOME POINTS**

- Comparison of CRC prevalence showed a statistically significant two-fold enrichment compared to an *MLH1*-related Lynch syndrome (LS) cohort.
- These data elevate the GDR score from Limited to Moderate for RPS20-related CRC predisposition, allowing for classification of variants as LP/P.
- Management of CRC risk in RPS20 heterozygotes may mirror MLH1-related LS, with attention given to the potential risk of multiple primary CRCs.

• Signet ring cell CRC in 11.1% (4/36)

CRC more prevalent in RPS20 cohort than the MLH1

#### cohort (OR 45.3 versus OR 16.9) compared to WT





Fernández Aceñero MJ, et al. Hereditary Gastrointestinal Tumor Syndromes: When Risk Comes with Your Genes. Curr Issues Mol Biol. 2024 Jun 26;46(7):6440-6471. doi: 10.3390/cimb46070385. Richards S, et al. Standards and guidelines for the interpretation of sequence variants: a joint consensus recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology. Genet Med. 2015 May;17(5):405-24. doi: 10.1038/gim.2015.30. 3. The Clinical Genome Resource. RPS20 gene-disease validity. Available at: https://search.clinicalgenome.org/kb/genes/HGNC:10405. [Accessed Nov 7 2024]. 4. Tung N, et al. Selection of Germline Genetic Testing Panels in Patients With Cancer: ASCO Guideline. J Clin Oncol. 2024 Jul 20;42(21):2599-2615. doi: 10.1200/JCO.24.00662. Hodan, R et al. (2024). Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, and Gastric, Version 3.2024, NCCN Clinical Practice Guidelines In Oncology. Journal of the National Comprehensive Cancer Network, 22(10), 695-711. Retrieved Jan 29, 2025, from https://doi.org/10.6004/jnccn.2024.0061.