



A rare multiple primary sarcomatoid carcinoma (SCA) of small intestine harboring driver gene mutations: a case report and a literature review

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Abstract: Primary sarcomatoid carcinoma (SCA) is a type of rare tumor consisting of both malignant epithelial and mesenchymal components. Only 32 cases of SCA of the small bowel have been reported in the literature to date. Due to its rarity and complexity, this cancer has not been genetically studied and its diagnosis and treatment remain difficult. Here we report a 54-year-old male underwent emergency surgical resection in the small intestine due to severe obstruction and was diagnosed with multiple SCA based on postoperative pathological examination. Over 100 polypoid tumors scattered along his whole jejunum and proximal ileum. Chemotherapy (IFO+Epirubicin) was performed after surgery while the patient died two months after the surgery due to severe malnutrition. Whole-exome sequencing was performed for the tumor tissue with normal tissue as the control. Important cancer-related gene mutations, including KRAS (c.37G>T, p.G13C), TP53 (c.871A>T, p.K291*), EGFR (c.1351C>T, p.R451C), and CDKN2A (c.104_138del, p.G35fs), were found among 286 nonsynonymous somatic mutations (SNV and Indel). Copy-number amplified genes mainly gathered in chromosome 6, 7, 16 and 20. Mutation clustering analysis showed that main genetic abnormalities included DNA methylation, DNA alkylation, cellular homeostasis, and shared similarities with melanoma, glioma, prostate cancer, bladder cancer, non-small cell lung cancer, and pancreatic cancer. In summary, the genomic features of the small intestine SCA were explored at whole-exome level for the first time, and over 200 somatic mutations were identified in the tumor tissue. Key tumor driver gene mutations were revealed, as well as several aberrant functional pathways. These results contribute to further understanding of the pathogenesis and molecular mechanism of this rare tumor.

Keywords: Sarcomatoid carcinoma (SCA); small intestine; case report; KRAS; TP53

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Figure 1 Abdominal contrast-enhanced computed tomography (CT) showed signs of intestinal tumors. (A) thickened intestinal wall (in red circle). (B) Multiple solid masses (along red curve).

Introduction

Primary sarcomatoid carcinoma (SCA) is a type of rare tumor consisting of both malignant epithelial and mesenchymal components (1). Tumors with sarcomatoid features have been reported to be more aggressive (2), while the pathogenesis of SCA has not been elucidated. Collision theory is a popular hypothesis suggesting that two different types of tumor cells originate from mesenchymal and epithelial origins separately (3). However, a more reasonable theory that sarcomatoid and carcinomatoid elements sharing a common clonal origin is supported by recent studies based on genomic sequencing (4,5). SCA has been reported in various organs, including lung, uterine, salivary and thyroid glands (6,7). In small intestine, SCA was described using the term enteroblastoma for the first time in 1973 (8), and other terms such as SCA, carcinosarcoma, metaplastic carcinoma, and spindle cell carcinoma, were subsequently used in other organs. Nowadays, SCA is the most accepted term used in diagnostic surgical reports (9). SCA can be discriminated from polyps by pathological examinations. SCA has both epithelioid components and sarcomatoid components with high dysplasia, and positive staining of NSE, CK and vimentin can be observed by immunohistochemistry. These features cannot be found in polyps, which are featured by hyperplasia with generally normal adenoid structure.

The most frequent types of SCA, including pulmonary SCA, sarcomatoid renal cell carcinoma, and uterine carcinosarcoma, have been characterized in terms of diagnostic classification and molecular mechanism (10-12), while intestinal SCAs are very unusual. Due to inaccessibility of routine endoscopy and nonspecific clinical symptoms, patients affected by SCA were usually diagnosed at late stages. Only dozens of cases were reported (13,14) and the patients generally had poor prognosis. We herein report a male with multiple (over 100)

primary jejunum SCAs scattered along the whole jejunum and proximal ileum, which has never been reported in previous SCA studies. We also established the whole-exome mutational profile of SCA for the first time, and identified featured SNV/INDEL and CNV alterations, and revealed key tumor driver gene mutations and aberrant functional pathways. We present the following article in accordance with the CARE reporting checklist (available at <http://dx.doi.org/10.21037/tcr-20-2829>).

Case presentation

A 54-year-old Chinese male presented with abdominal distension, fatigue and loss of weight and was diagnosed with gastro and duodenal inflammation by gastroscopy with anemia at a local hospital. Abdomen ultrasonic examination was performed with no signs of abnormality. He was referred to our hospital due to symptoms aggravated within two weeks. Preoperative contrast-enhanced computed tomography (CT) showed multiple polypoid lesions in small intestine causing intussusceptions and obstruction (*Figure 1A,B*). No masses were seen in lung, liver, or pancreas. Laparotomy was then performed and approximately 1,000 mL ascites in the peritoneal cavity were found. Meanwhile, many polypoid lumps in small bowel were observed with enlarged regional lymph nodes. No lesion was found in other parts of the gastrointestinal tract. Segmental resection of his whole jejunum and proximal ileum (total length of 300 cm, distal resected margin at 160 cm to the ileocecal valve) along with seven mesentery lymph nodes were performed.

More than 100 round-like polypoid masses with diameter from 1.5 to 2.6 cm were dispersing along the resected intestinal lumen (*Figure 2*). Metastases were found in all resected lymph nodes. Microscopically, the tumor

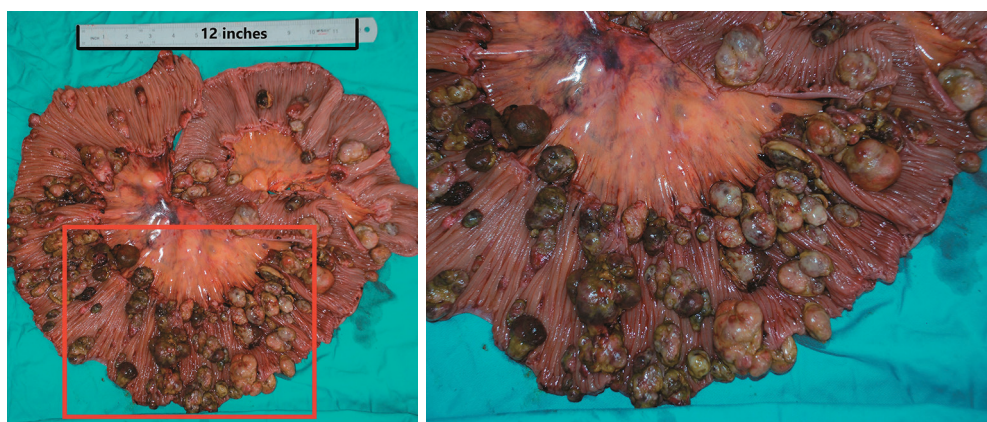


Figure 2 The resected segment of jejunum showed multiple round-like tumors in the jejunum. Part of the jejunum in red square in the left panel is amplified in the right panel to show the characteristics of the tumor.

was composed of two different components of cells, the pleomorphic cells with giant nuclei and the epithelioid cells. The two components were present in complex form without clear separation, in which approximately 30% of the lesions belonged to epithelioid components and 70% belonged to sarcomatoid components. Immunohistochemical staining showed vimentin(+), CK(+), CK8(+), CK18(+), CD34(+), CD68(+), S-100(-), Dog-1(-), CD117(-), CD3(-), CD20(-), CD30(-), CD57(-), desmin(-), CyclinD1(-), and SMA(-), suggesting both epithelial and stromal components (*Figure 3*). The final diagnosis was confirmed as jejunal SCA with mesenteric lymph nodes metastasis, pT3N2M0, stage IV. The patient died 2 months after surgery due to severe malnutrition, cachexia and electrolyte disturbance following one cycle of postoperative chemotherapy (IFO+Epirubicin).

The tumor and its adjacent normal tissue were fixed with formalin and embedded with paraffin (FFPE). To further investigate the genomic features of this tumor, whole-exome sequencing was performed with DNA extracted from both FFPE samples. The purity and concentration of the DNA fragments were assessed using the Qubit 2.0 fluorometer and the Qubit. DNA sequencing was then performed on the Illumina Novaseq6000 system according to the manufacturer's recommendations at an average depth of 5,000 \times . Sequencing data were de-multiplexed and aligned to the human reference genome (hg19 or GRCh37) using Burrows-Wheeler Aligner (version 0.7.15)-r1140 by default settings. Pileup files for properly paired reads with mapping quality ≥ 60 was generated using Samtools (<http://www.htslib.org/>). Thirty-five germline alterations

were identified from normal tissue using a 58-gene analysis pipeline. According to the latest American College of Medical Genetics and Genomics (ACMG) guidelines, none was interpreted as pathogenic and only 3 as variant of undetermined significance (VUS) (*Table S1*).

Somatic variants lists were created using VarScan2 (<http://varscan.sourceforge.net/>). Allele frequencies were calculated for all Q30 bases. Using a custom Python script, previously identified tumor DNA mutations were intersected with a Samtools pileup file generated for each sample, and the number and frequency were then calculated for each mutation. A mutation was identified if ≥ 5 mutant reads were identified and ≥ 1 mutant read was identified on each strand. Two hundred and seventy-six single nucleotide variants (SNVs) (*Table S2*), 8 short deletions and 2 short insertions (*Table S3*) were identified in the tumor tissue, including 38 point and indel alterations in driver genes defined by previous studies (15-18) (*Table 1*). Sixty-nine copy number variations were also detected (*Table S4*), mainly gathered in chromosome 6, 7, 16 and 20 (*Figure 4*). The tumor mutation burden (TMB) was 7.15 mutations/Mb. Several key driver genes were revealed to harbor mutations, including KRAS (c.37G>T, 66.3%), TP53 (c.871A>T, 47.7%), EGFR (c.1351C>T, 4.2%), CDKN2A (c.104_138del, 11.1%). No alteration was found in PDGFR gene, which is usually mutated in GIST.

Functional clustering analysis was employed on somatic mutations. Using clusterProfiler (19), we found most enriched GO term was DNA methylation or demethylation. KEGG clustering analysis (BH-corrected, $P < 0.05$) showed several cancer-related pathways (*Figure 5*). These

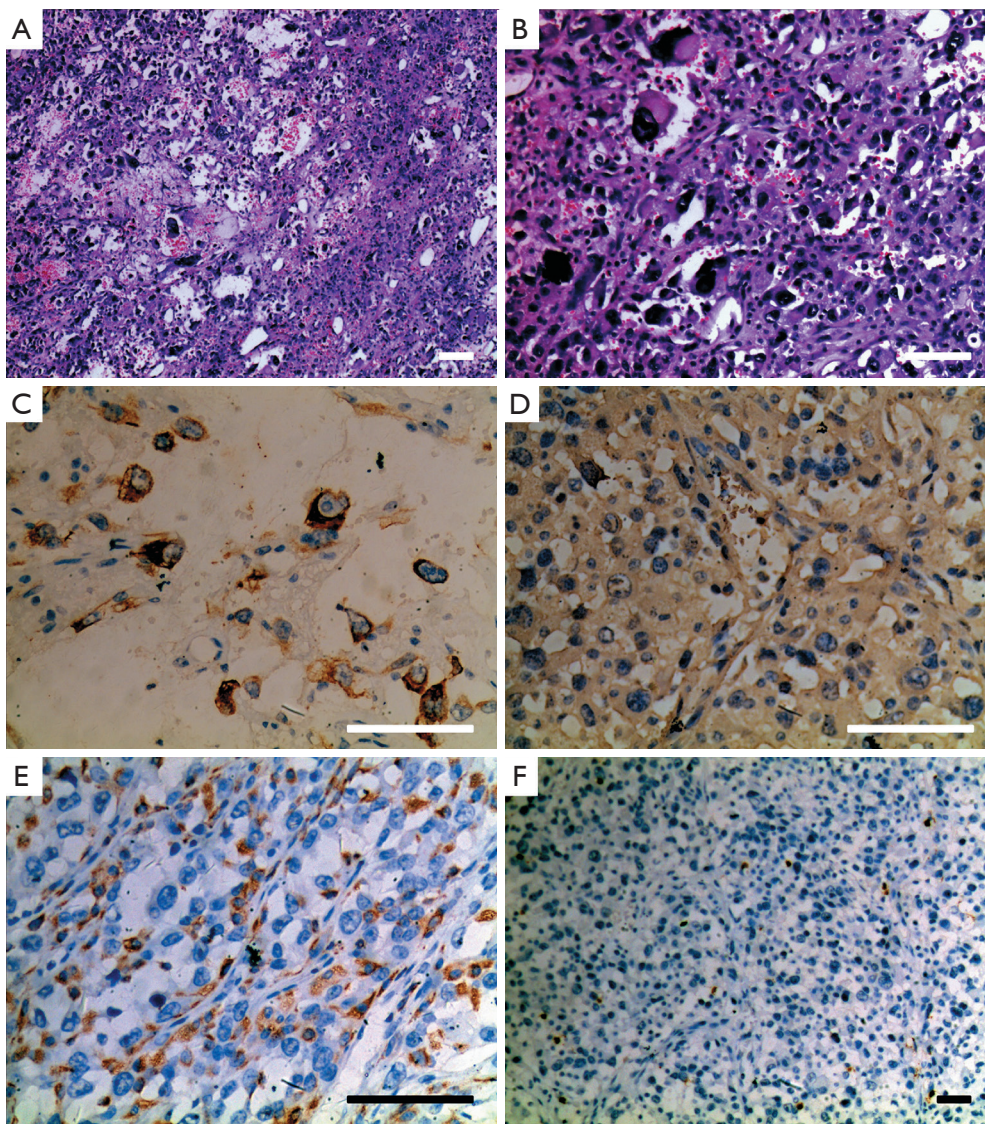


Figure 3 Postoperative pathological examination including hematoxylin and eosin (HE) staining and immunohistochemistry staining of the tumor. (A) Pleomorphic cells with giant nuclei on the left and epithelioid component on the right (HE staining, 100 \times). (B) Polygonal-shaped tumor cells exhibiting high dysplasia (HE staining, 200 \times). (C) Positive immunohistochemistry stain for cytokeratins (CK) (400 \times). (D) Positive immunohistochemistry stain for vimentin (400 \times). (E) Positive immunohistochemistry stain for CK8 (400 \times). (F) Negative immunohistochemistry stain for S-100 (100 \times). Scale bar: 100 μ m.

observations suggest that the genetic abnormalities in this case were distinct from other SCA cases, and reflected the uniqueness of this case.

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee(s) and with the Helsinki Declaration (as revised in 2013). Written informed consent was obtained from the patients.

Discussion and conclusions

Small bowel tumors are not commonly seen, accounting for less than 5% of all gastrointestinal cancers. The most common type of small bowel malignancies is adenocarcinoma, followed by neuroendocrine tumor, stromal tumor, and lymphoma (20,21). SCA is very rare. Only 32 cases of SCA in the small bowel have been reported in the literature to date (Table 2). The tumor mainly occurs

Table 1 Main SNV and indel alterations in driver genes found in this case

ID	Gene	Exon	Nucleotide	Protein	Allele frequency	Variant type
1	<i>AARS2</i>	Exon14	c.G1961T	p.G654V	31.26	Snv
2	<i>ATF7IP</i>	Exon2	c.C1154T	p.A385V	6.52	Snv
3	<i>ATP2B3</i>	Exon14	c.G2396T	p.G799V	66.67	Snv
4	<i>BAZ2A</i>	Exon9	c.C1795T	p.R599C	10.37	Snv
5	<i>BIRC6</i>	Exon10	c.G2848C	p.D950H	28.82	Snv
6	<i>CDKN2A</i>	Exon1	c.104_138del	p.G35Efs*73	11.11	Indel
7	<i>CEP170</i>	Exon13	c.C2375A	p.S792X	11.67	Snv
8	<i>CFH</i>	Exon8	c.C1126A	p.Q376K	11.83	Snv
9	<i>CREB3L1</i>	Exon3	c.C461T	p.A154V	5.94	Snv
10	<i>CSF3R</i>	Exon13	c.C1655A	p.P552H	16.74	Snv
11	<i>DST</i>	Exon24	c.A6151G	p.R2051G	38.77	Snv
12	<i>ECT2L</i>	Exon8	c.884delC	p.R296Gfs*8	50.85	Indel
13	<i>EGFR</i>	Exon12	c.C1351T	p.R451C	4.21	Snv
14	<i>EPB41L3</i>	Exon12	c.A1355T	p.Q452L	12.89	Snv
15	<i>EPHA7</i>	Exon1	c.G85T	p.A29S	58.72	Snv
16	<i>FAT3</i>	Exon23	c.G12328C	p.G4110R	19.95	Snv
17	<i>FBN2</i>	Exon38	c.C4892A	p.T1631N	55.56	Snv
18	<i>GNAS</i>	Exon1	c.C1336T	p.P446S	10.71	Snv
19	<i>GRIN2A</i>	Intron12	c.2356+1G>A	nil	29.08	Snv
20	<i>IRS4</i>	Exon1	c.G1982A	p.R661K	60.69	Snv
21	<i>ITGA6</i>	Exon13	c.C1786T	p.R596X	14.62	Snv
22	<i>KRAS</i>	Exon2	c.G37T	p.G13C	66.26	Snv
23	<i>LRP1B</i>	Exon67	c.G10481T	p.R3494L	21.88	Snv
24	<i>MAPK8IP1</i>	Exon8	c.A1697T	p.Q566L	42.38	Snv
25	<i>MAST2</i>	Exon1	c.C19T	p.R7C	26.09	Snv
26	<i>MKL1</i>	Exon12	c.C1853T	p.P618L	5.04	Snv
27	<i>NAV3</i>	Exon1	c.C170T	p.A57V	45.74	Snv
28	<i>NAV3</i>	Exon5	c.C539T	p.S180F	15.88	Snv
29	<i>PDGFB</i>	Exon4	c.G268T	p.E90X	48.46	Snv
30	<i>POT1</i>	Exon7	c.G248T	p.R83M	59.35	Snv
31	<i>SMARCD1</i>	Intron11	c.1393-1G>A	nil	16.19	Snv
32	<i>TP53</i>	Exon8	c.A871T	p.K291X	47.72	Snv
33	<i>TSHZ2</i>	Exon2	c.T1763C	p.V588A	18.81	Snv
34	<i>USP8</i>	Exon15	c.C2287T	p.R763W	14.19	Snv
35	<i>USP8</i>	Exon15	c.C2292A	p.N764K	15.44	Snv

Table 1 (continued)

Table 1 (continued)

ID	Gene	Exon	Nucleotide	Protein	Allele frequency	Variant type
36	USP9X	Exon26	c.G3920A	p.S1307N	5.36	Snv
37	ZBTB16	Exon2	c.G1174T	p.A392S	33.64	Snv
38	ZNRF3	Exon8	c.G2380T	p.G794C	18.75	Snv

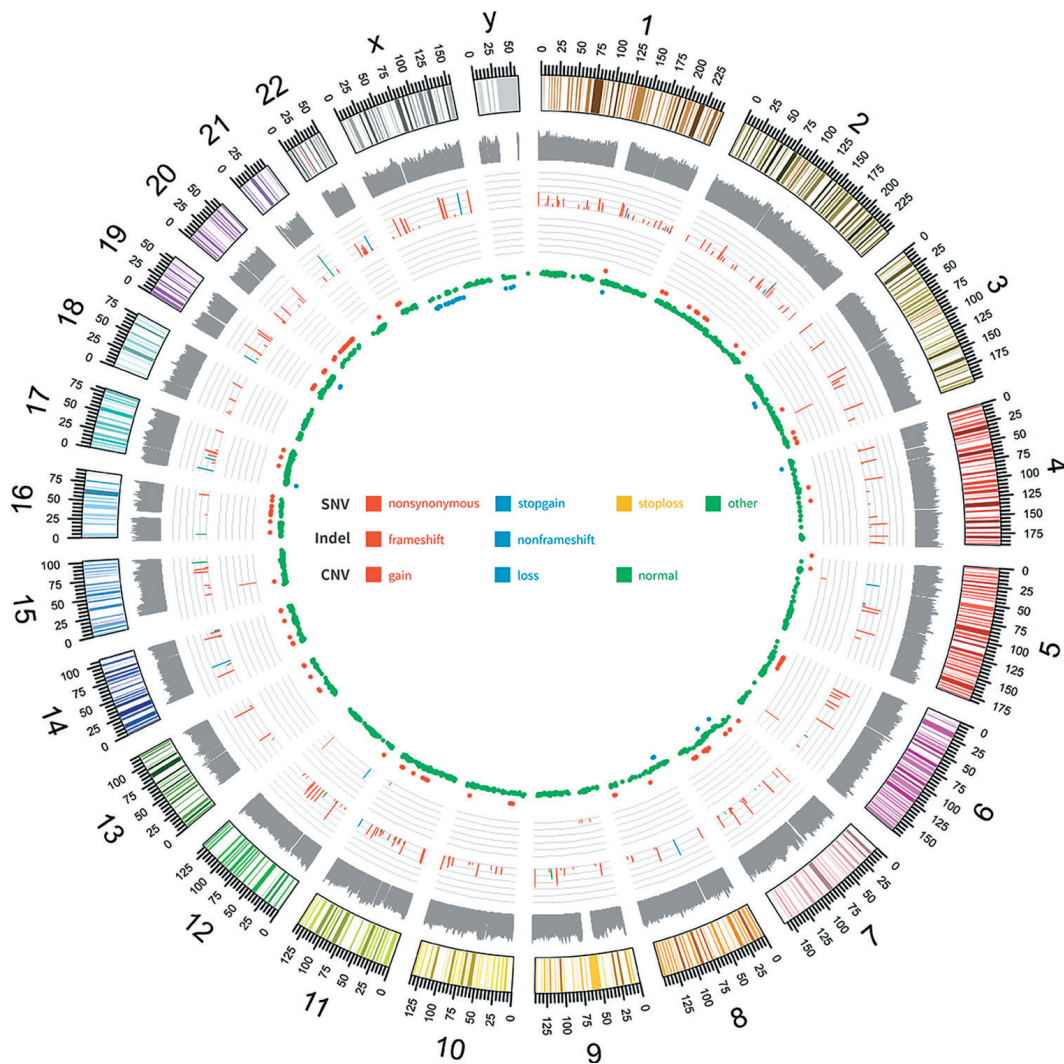


Figure 4 Circos scheme shows the whole-exome sequencing landscape of tumor tissue somatic single nucleotide variation (SNV), insertion and deletion (Indel) and copy number variation (CNV) distribution. From outer to inner rings: the outermost ring shows the human genome scheme showing 24 chromosomes, followed by log10 values of coverage depth in whole-exome sequencing (WES). The types of SNV/Indel mutations are shown by different colors, as indicated in the figure, and the position of SNV/Indel mutations is presented consecutively. The length of lines represents the variant allele frequency. The innermost ring indicates the position of the CNV change, in which red dots stand for amplification and blue dots stand for deletion, and green stands for normal CNV.

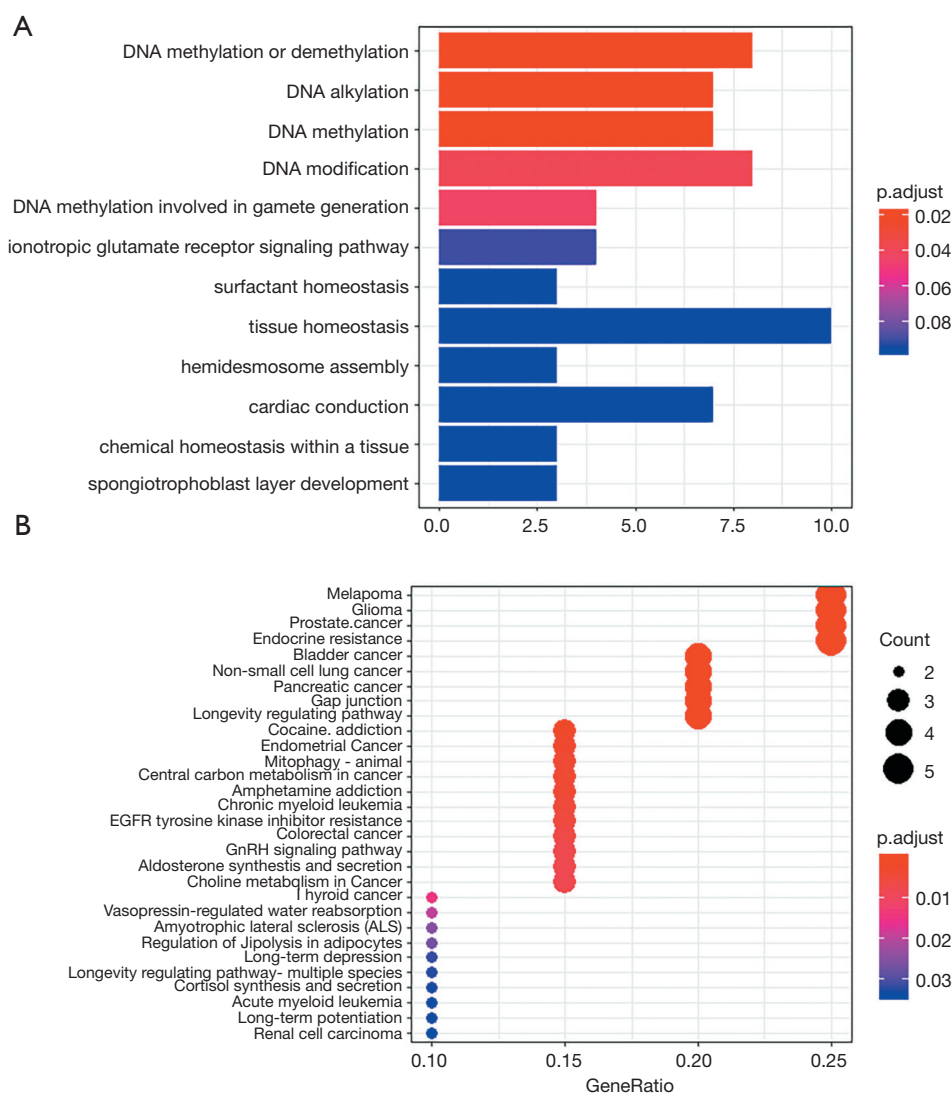


Figure 5 The pathway clustering analysis on the tumor tissue of this study. (A) Gene ontology (GO) term clustering analysis of somatic mutated genes. (B) Kyoto encyclopedia of Genes and Genome (KEGG) pathway clustering analysis of mutated somatic genes. Colors represent the statistical significance of the analysis, and length of bar (A) represents the ratio of mutated genes in all genes of certain pathways. The size of dots (B) represents the number of mutated genes in the analysis and the generatio (X axis) represents the ratio of mutated genes in all genes of certain pathways for amplification and blue dots stand for deletion, and green stands for normal CNV.

in elder patients with a mean age of 60 years old (ranged from 35 to 85, *Figure 6A*) and a male-female ratio of 1.46:1 (19 male *vs.* 13 female). The most frequent primary location is jejunum (17/32, 53.1%) followed by ileum (14/32, 43.8%), and duodenum SCA is very rare (1/32, 3.1%). Mesenteric lymph nodes metastasis was present in 56.3% (18/32) of the reported cases. Macroscopically, SCA can be divided into five types, including the endophytic (33.3%),

the polypoid (29.6%), the ulcerating (18.5%), the nodular (11.1%) and the exophytic (7.4%) (*Table 2, Figure 6B*). The case in this study belonged to the polypoid type. Microscopically, SCA tumors are composed of two or three cells components: polygonal, anaplastic and spindle, and basically exhibited positive expression for both cytokeratin (CK) (27 positives in 30 patients) and vimentin (21 positives in 21 patients) in immunohistochemistry staining (*Table 2*).

Table 2 Summary of diagnostic information for all SCA cases reviewed in this study

ID	Age	Gender	Diagnosis	Tumor Site	No of lesion(s)	Maximal Diameter (cm)	Morphology	Metastasis	CK	Vimentin	OS (months)	Ref
1	44	M	Enteroblastoma	Ileum	1	N/A	Polypoid	Yes	N/A	N/A	N/A	(22)
2	35	F	Anaplastic and SCA	Jejunum	1	7.5	Endophytic	Yes	-	N/A	36	(2)
3	38	F	Anaplastic and SCA	Jejunum	1	16	Endophytic	Yes	+	N/A	8	(2)
4	48	F	Anaplastic and SCA	Jejunum	1	6	Endophytic	Yes	+	N/A	29	(2)
5	65	M	Anaplastic and SCA	Jejunum	1	5	Endophytic	Yes	+	N/A	5	(2)
6	54	F	Anaplastic and SCA	Ileum	1	4.5	Endophytic	No	-	N/A	12*	(2)
7	62	M	Anaplastic and SCA	Ileum	1	5	Endophytic	Yes	-	N/A	20	(2)
8	52	F	Pleomorphic CA	Jejunum	2	8	Nodular	Yes	+	+	7	(23)
9	56	M	Pleomorphic CA	Jejunum	2	8	Nodular	Yes	+	+	8	(23)
10	45	M	Pleomorphic CA	Ileum	1	3	Endophytic	No	+	+	0.2	(24)
11	57	M	Pleomorphic CA	Ileum	1	14	Endophytic	No	+	+	6*	(24)
12	63	M	Pleomorphic CA	Ileum	1	6	Endophytic	No	+	+	39*	(24)
13	68	F	SCA	Ileum	1	N/A	N/A	No	N/A	N/A	N/A	(25)
14	75	M	SCA	Ileum	1	N/A	N/A	No	+	+	N/A	(25)
15	77	M	SCA	Duodenum	1	N/A	N/A	Yes	+	+	N/A	(25)
16	76	F	SCA	Jejunum	N/A	N/A	N/A	No	+	+	2	(26)
17	76	F	SCA	Ileum	1	5	Ulcerating	NA	+	+	2	(27)
18	53	M	Anaplastic and SCA	Ileum	N/A	N/A	Polypoid	Yes	+	+	N/A	(28)
19	56	M	SCA	Ileum	1	9.2	Ulcerating	Yes	+	+	3	(29)
20	55	M	SCA	Jejunum	1	7.5	Polypoid	Yes	+	+	11	(1)
21	55	M	SCA	Jejunum	N/A	N/A	N/A	Yes	+	N/A	9.4	(30)
22	51	F	SCA	Jejunum	1	8	Polypoid	Yes	+	+	1.9	(31)
23	85	F	SCA	Jejunum	1	10.1	Polypoid	No	+	N/A	3	(32)
24	70	F	SCA	Jejunum	1	NA	Polypoid	No	+	+	7*	(33)
25	56	F	SCA	Jejunum	1	6.7	Ulcerating	Yes	+	+	6	(34)
26	62	M	SCA	Ileum	1	15	Ulcerating	No	+	+	3*	(35)
27	69	M	N/A	Jejunum	1	6	Polypoid	No	+	+	41*	(36)
28	78	M	SCA	Jejunum	N/A	N/A	Exophytic	NA	+	+	N/A	(37)
29	60	M	N/A	Ileum	N/A	N/A	Nodular	Yes	+	N/A	N/A	(38)
30	60	M	SCA	Jejunum	6	5	Ulcerating	Yes	+	+	0.33	(17)
31	62	M	SCA	Jejunum	1	12	Exophytic	Yes	+	+	1	(39)
32	58	F	SCA	Ileum	1	3	Polypoid	No	+	+	0.36	(15)
This study	54	M	SCA	Jejunum	>100	2.6	Polypoid	No	+	+	3	This study

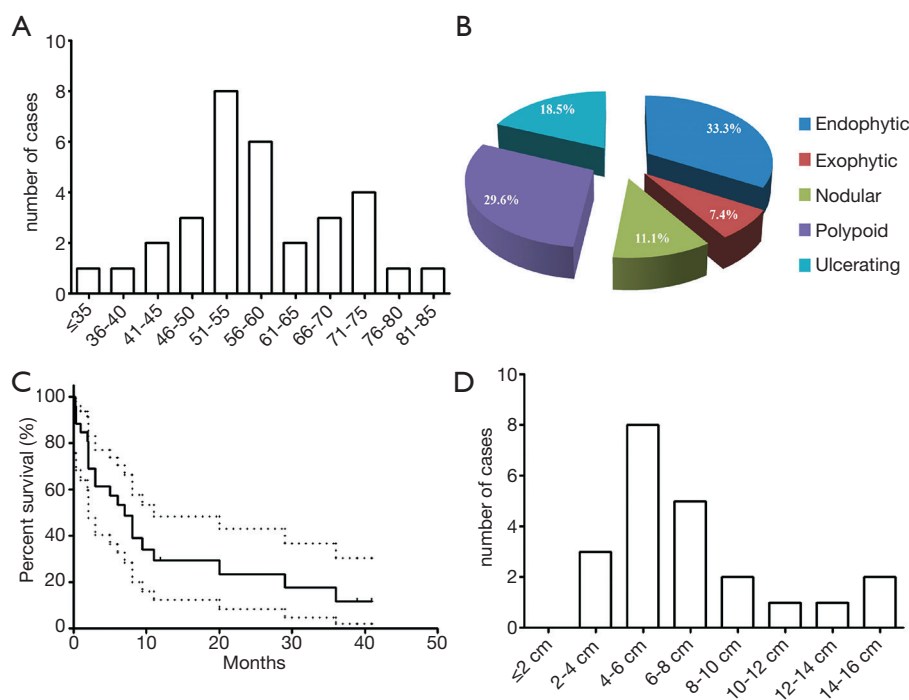


Figure 6 Analysis on the distribution of age, tumor size, macroscopic tumor type and survival analysis of 32 reported sarcomatoid carcinoma (SCA) cases. (A) The age distribution shows that patients aged from 51 to 60 represent the highest frequency of SCA morbidity. (B) Tumors with maximal diameter at 4–6 and 6–8 cm represents the highest frequency of tumor size. (C) Endophytic, polypoid and ulcerating are the three most common type of SCA. (D) Survival analysis shows that the prognosis of SCA was generally poor with a median overall survival of 7 months.

Most patients had surgical resection but only survived for several months. The median overall survival (OS) was 7 months (Table 2, Figure 6C).

In our case, aggressive development was observed following the appearance of symptoms in gastrointestinal tract. Tumor location identification was difficult and ambiguous. A very distinct clinical feature of our case is that many lesions scattered in jejunum and proximal ileum. Compare to the single, large tumors (average diameter was 7.75 cm) in most reported cases (Table 2, Figure 6D), our patient had multiple smaller tumors (1.5 to 2.6 cm), which is characteristic from those previous reported.

Immunohistochemistry, in combination with H&E staining, is the golden standard for diagnosis of SCA. A wide panel of markers has been used for SCA pathological diagnosis. SCA usually presents positive for CK, vimentin, EMA, and negative for desmin, S-100, and DOG-1. C-kit negativity is the key to differentiate SCA from GIST, which has similar morphology with SCA (9,40). Certain cases may also exhibit focal positivity for neuroendocrine and neuron-specific markers (1).

Exploration in genetic alterations of small intestine SCA had not been conducted. We exploited next generation sequencing (NGS) technique to study the whole-exome genetic profile of this case. Among 35 germline alterations, none was interpreted as known pathogenic mutation and only 3 were interpreted VUS according to ACMG guidelines. This might suggest the carcinogenesis of the tumor in our case was driven by some acquired factors.

In TCGA data and other large-scale analysis of various types of sarcoma, the top frequently mutated genes include *TP53*, *TTN*, *ATRX*, *PIK3CA*, *MUC16*, *RB1*, and *PTEN* (12,41,42). PI3K signal pathway is undoubtedly a hotspot pathway in this disease based on previous studies. Aberrances on driver genes in this pathway are involved in the progression of cancer. However, the mutated profile of our case did not show that PI3K signal pathway was the dominant abnormality. We identified cetuximab-resistant mutation in *KRAS* gene (c.37G>T, p.G13C), which is in upstream of PI3K signal pathway. This mutation could lead to activation of the downstream signal pathways (12,41-43). The specific alteration in *TP53* (c.871A>T, p.K291*) is only described in a few

cancer studies, including those on transitional cell (urothelial carcinoma (44), large intestine adenocarcinoma (22), laryngeal squamous cell carcinoma (23), and melanoma (45). CDKN2A gene encodes tumor suppressor proteins which act as negative regulator in the proliferation of normal cells and induce cell cycle arrest in G1 and G2 phases. The CDKN2A mutation (c.104_138del, p.G35fs) is a frameshift mutation which could lead to malfunctioned truncated protein. Many amplified genes were found in our study, but their roles were not clarified. It is possible that the combination of multiple aberrances in key driver genes with other genetic alterations led to the characteristics of the tumor, but the key factors in its pathogenesis still needs further investigation.

Small intestinal cancers mainly include adenocarcinoma, carcinoid, malignant lymphoma and sarcoma, which account for 2–3% of all gastrointestinal cancers. It was reported that 55–80% of them are adenocarcinoma and carcinoid, while lymphoma and sarcoma are rarely seen (46,47). The mechanism of small intestine adenocarcinoma has been suggested to be similar to that of the colorectal cancer, including APC, TP53 and KRAS mutations, aberrancies of the Wnt pathway and abnormal mismatch repair (48). The mechanism of carcinoid was suggested to be related to TGF- β pathway (49) and Chromosome X inactivation (50). SCA is the rarest type of small intestine carcinoma, and most reports so far are case reports without systematic investigation on its molecular mechanism. Our study provided the first piece of evidence on the possible molecular mechanism of small intestine SCA.

There is still no official treatment guideline for SCA. Palliative segment resection was the main treatment in most cases. Adjuvant chemotherapy, such as 5-FU and/or cisplatin or radiotherapy, was performed in some patients, but no report identified improvements in survival. In conclusion, diagnosis and treatment of SCA are still clinical challenges. Our sequencing results revealed the genomic feature of a rare SCA case, providing further understanding on molecular pathogenesis of this specific cancer.

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee(s) and with the Helsinki Declaration (as revised in 2013). Written informed consent was obtained from the patients.

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Table S1 Germline alterations identified and interpreted based on ACMG guidelines

Gene	exon	base	AA	dbSNP138	Zygoty	Classification
APC	exon16	c.T5465A	p.V1822D	rs459552	Heterozygous	Benign
ATM	exon40	c.A5948G	p.N1983S	rs659243	Homozygous	Benign
AXIN2	exon2	c.C148T	p.P50S	rs2240308	Heterozygous	Benign
BARD1	exon4	c.G1134C	p.R378S	rs2229571	Heterozygous	Benign
BARD1	exon1	c.C70T	p.P24S	rs1048108	Heterozygous	Benign
BARD1	exon6	c.G1519A	p.V507M	rs2070094	Heterozygous	Benign
BLM	exon13	c.C2603T	p.P868L	rs2227935	Heterozygous	Benign
BLM	exon21	c.G3961A	p.V1321I	rs7167216	Heterozygous	Benign
BMPR1A	exon3	c.C4A	p.P2T	rs3182217	Homozygous	Benign
BRCA1	exon10	c.A3113G	p.E1038G	rs16941	Heterozygous	Benign
BRCA1	exon15	c.A4837G	p.S1613G	rs1799966	Heterozygous	Benign
BRCA1	exon10	c.A3548G	p.K1183R	rs16942	Heterozygous	Benign
BRCA1	exon10	c.C2612T	p.P871L	rs799917	Heterozygous	Benign
BRCA2	exon15	c.G7522A	p.G2508S	rs80358978	Heterozygous	VUS
BRCA2	exon14	c.T7397C	p.V2466A	rs169547	Homozygous	Benign
BRIP1	exon19	c.T2755C	p.S919P	rs4986764	Homozygous	Benign
EPCAM	exon3	c.T344C	p.M115T	rs1126497	Heterozygous	Benign
FLCN	exon8	c.G907A	p.G303R	rs3744124	Heterozygous	Benign
MEN1	exon10	c.A1636G	p.T546A	rs2959656	Homozygous	Benign
MLH3	exon2	c.A2476G	p.N826D	rs175081	Homozygous	Benign
MSH2	exon7	c.C1255A	p.Q419K	rs63750006	Heterozygous	Likely benign
MSH2	exon12	c.A1886G	p.Q629R	rs61756468	Heterozygous	Likely benign
NBN	exon5	c.G553C	p.E185Q	rs1805794	Heterozygous	Benign
PALB2	exon4	c.A1676G	p.Q559R	rs152451	Heterozygous	Benign
PMS2	exon11	c.C1454A	p.T485K	rs1805323	Heterozygous	Benign
PMS2	exon15	c.G2570C	p.G857A	rs1802683	Heterozygous	Likely benign
PMS2	exon11	c.C1408T	p.P470S	rs1805321	Heterozygous	Benign
PMS2	exon10	c.A1103G	p.N368S	NA	Heterozygous	VUS
PMS2	exon11	c.A1621G	p.K541E	rs2228006	Homozygous	Benign
PTEN	intron1	c.154+1T>-	NA	rs71022512	Homozygous	Benign
PTEN	exon1	c.G10A	p.G4R	rs12573787	Heterozygous	Benign
PTEN	exon2	c.G194C	p.C65S	rs2943772	Homozygous	Benign
RAD51D	exon6	c.G494A	p.R165Q	rs4796033	Heterozygous	Benign
TP53	exon4	c.C215G	p.P72R	rs1042522	Heterozygous	Benign
TSC2	exon18	c.G1939A	p.D647N	rs45509392	Heterozygous	VUS
TP53	exon4	c.C215G	p.P72R	rs1042522	Heterozygous	Benign

Table S2 List of SNV mutations in this case

Chr	Position	Ref	Alt	Func.refGene	Gene	Transcript	Region	Nucleotide	Protein	Tumor_AF
chr1	887940	G	T	stopgain	NOC2L	NM_015658	exon10	c.C1043A	p.S348X	33.98
chr1	1535029	G	C	nonsynonymous	Clorf133	NM_001242659	exon1	c.C367G	p.R123G	40.74
chr1	13497715	G	C	nonsynonymous	PRIMEF17	NM_001099851	exon3	c.C1012C	p.E338Q	5.45
chr1	17668486	C	A	nonsynonymous	PAD4	NM_012387	exon7	c.C701A	p.P234H	30.37
chr1	26801075	G	C	nonsynonymous	HMG2	NM_005517	exon5	c.G154A	p.V52I	6.35
chr1	34677947	C	A	nonsynonymous	C10r94	NM_032884	exon6	c.C1091T	p.P364L	31.95
chr1	36933744	G	T	nonsynonymous	CSF3R	NM_156039	exon13	c.C1655A	p.P552H	16.74
chr1	37324743	C	T	nonsynonymous	GRK3	NM_000831	exon7	c.G1070A	p.R375C	16.16
chr1	46269866	C	T	nonsynonymous	MAST2	NM_015112	exon1	c.C19T	p.R7C	26.09
chr1	75037154	C	T	nonsynonymous	ERICH3	NM_001002912	exon14	c.G4240A	p.E1414K	10.95
chr1	75055708	G	A	stopgain	ERICH3	NM_001002912	exon12	c.C1783T	p.E595X	9.02
chr1	75055726	C	T	nonsynonymous	ERICH3	NM_001002912	exon12	c.C1765A	p.P589T	10.09
chr1	84946676	G	A	nonsynonymous	PPF1	NM_025065	exon2	c.G266A	p.R89K	5.94
chr1	89401904	C	T	nonsynonymous	COB2L2	NM_001008661	exon14	c.C1327A	p.E443K	28.28
chr1	89845996	G	A	nonsynonymous	GBP6	NM_198460	exon6	c.G677A	p.R226H	9.18
chr1	92811452	C	A	nonsynonymous	RPAP2	NM_024813	exon11	c.C1669C	p.A557P	9.71
chr1	111439320	G	C	nonsynonymous	CDS5	NM_000560	exon6	c.C469A	p.P157T	37.5
chr1	111439321	C	A	nonsynonymous	CDS5	NM_000560	exon6	c.C470A	p.P157Q	37.98
chr1	111742343	C	A	nonsynonymous	DDND2D	NM_024901	exon2	c.G145T	p.G49W	11.01
chr1	117699283	C	A	nonsynonymous	VEN11	NM_024626	exon3	c.C358T	p.V120L	25.55
chr1	152277258	G	C	nonsynonymous	FLG	NM_002016	exon3	c.C10104G	p.H3368Q	14.43
chr1	152586336	C	A	nonsynonymous	LCE3B	NM_178433	exon1	c.C50A	p.P17H	10.42
chr1	154685979	G	C	nonsynonymous	KCN3N3	NM_002249	exon7	c.C1860C	p.K820N	35.14
chr1	155178627	G	A	nonsynonymous	MTX1	NM_198883	exon1	c.G32A	p.R11H	5
chr1	161953743	G	T	nonsynonymous	QLFML2B	NM_015441	exon8	c.C1975A	p.Q659K	28.97
chr1	16690343	G	T	stopgain	MAEL	NM_003858	exon11	c.C1063T	p.G355X	15.05
chr1	176526264	G	C	nonsynonymous	PAPP2	NM_020318	exon2	c.G806T	p.R269L	14.47
chr1	196558711	C	A	nonsynonymous	CFH	NM_000186	exon8	c.C1126A	p.Q376K	11.83
chr1	206145464	G	A	nonsynonymous	FAM72C	NM_001287385	exon3	c.G241A	p.V81I	10
chr1	217787512	C	T	nonsynonymous	GDCH2C	NM_018040	exon3	c.G806A	p.G269E	18.84
chr1	227175244	G	T	nonsynonymous	ADTK3	NM_020247	exon3	c.G221T	p.G74V	25.46
chr1	234614023	G	A	nonsynonymous	TARBP1	NM_005646	exon1	c.C827T	p.A276V	6.98
chr1	238053767	C	A	nonsynonymous	ZP4	NM_021186	exon1	c.C169T	p.A57S	13.64
chr1	243328887	G	T	stopgain	CEP170	NM_014812	exon13	c.C2375A	p.S792X	11.67
chr1	248616233	G	T	nonsynonymous	OR272	NM_001004136	exon1	c.G725T	p.C242F	21.11
chr1	24862293	G	T	nonsynonymous	OR275	NM_001004697	exon1	c.G404T	p.R135L	6.83
chr1	248722389	C	A	nonsynonymous	OR2729	NM_001004694	exon1	c.G404T	p.R135L	7.3
chr1	248801838	C	A	nonsynonymous	OR2735	NM_001001827	exon1	c.G722T	p.C241F	5.91
chr2	1426888	G	T	nonsynonymous	TPO	NM_000547	exon3	c.C166T	p.A56S	19.38
chr2	32641207	G	C	nonsynonymous	BIRC6	NM_016252	exon10	c.C2848C	p.D950H	28.82
chr2	43934613	C	A	nonsynonymous	PLEKH4H2	NM_172069	exon11	c.C1895A	p.S632Y	30.46
chr2	55126878	C	G	nonsynonymous	EML6	NM_001039753	exon21	c.C3083G	p.N1028C	12.23
chr2	69043463	G	T	nonsynonymous	ARHGAP25	NM_014882	exon6	c.G826T	p.D276Y	26.15
chr2	70524576	G	C	nonsynonymous	FAM136A	NM_003282	exon3	c.G262C	p.D88H	47.1
chr2	70524606	C	A	nonsynonymous	FAM136A	NM_003282	exon3	c.C322T	p.R78C	41.71
chr2	74701720	A	T	nonsynonymous	CCDC142	NM_032779	exon9	c.T2185A	p.W729R	13.32
chr2	75105876	C	A	nonsynonymous	HK2	NM_000189	exon1	c.C1093A	p.Q365K	13.27
chr2	79254957	T	G	nonsynonymous	REG3G	NM_198448	exon5	c.T358G	p.W120G	11.75
chr2	99438982	G	A	nonsynonymous	KIAA1211L	NM_207362	exon7	c.C1754T	p.S95L	16.53
chr2	105883916	C	A	nonsynonymous	TGFBRAP1	NM_004257	exon12	c.G2507T	p.G836V	10.23
chr2	105883917	C	T	nonsynonymous	TGFBRAP1	NM_004257	exon12	c.G2506A	p.G836S	15.89
chr2	141143512	C	A	nonsynonymous	LRP1B	NM_018557	exon67	c.G10481T	p.R3494L	21.88
chr2	155711605	G	T	nonsynonymous	KCNJ3	NM_002239	exon3	c.C1286T	p.K429I	28.73
chr2	158178192	T	C	nonsynonymous	ERMN	NM_001009959	exon4	c.A485G	p.N162S	35.14
chr2	163208875	C	A	nonsynonymous	GGA	NM_012198	exon3	c.C220A	p.G74K	12.2
chr2	173349924	C	T	stopgain	ITGA6	NM_000210	exon13	c.C1786T	p.R596X	14.62
chr2	179306433	T	A	other	PRKRA	NM_003690	intron5	c.515-2A>T	nil	5.14
chr2	179309165	G	A	nonsynonymous	PRKRA	NM_003690	exon4	c.C380T	p.P127L	51.12
chr2	179309229	T	A	other	PRKRA	NM_003690	intron3	c.317-1A>T	nil	8.38
chr2	179312231	C	G	other	PRKRA	NM_003690	exon3	c.317-1G>C	nil	7.11
chr2	179437465	T	G	nonsynonymous	TTN	NM_003319	intron154	c.A461-9C	p.D1540A	29.97
chr2	179485014	A	T	nonsynonymous	TTN	NM_003319	exon76	c.C19039A	p.C6347S	34.17
chr2	179496928	G	T	nonsynonymous	TTN	NM_003319	exon64	c.C16498A	p.Q5500K	8.36
chr2	183066249	C	A	nonsynonymous	PDE1A	NM_001003683	exon11	c.C1090T	p.A964S	33.52
chr2	186671593	C	A	nonsynonymous	FSIP2	NM_173651	exon17	c.C17827A	p.Q5943K	22.22
chr2	215797412	G	T	nonsynonymous	ABCA12	NM_173076	exon53	c.C7734A	p.S2578R	16.56
chr2	225688340	C	T	nonsynonymous	DOCK10	NM_001290263	exon28	c.G3043A	p.E1015K	24.81
chr2	242147069	C	A	nonsynonymous	AN07	NM_001001891	exon11	c.C1223A	p.A408D	30.69
chr2	386317	C	A	nonsynonymous	CHL1	NM_006614	exon9	c.C773A	p.T258N	48.02
chr3	33686384	C	T	nonsynonymous	CLASP2	NM_001207044	exon2	c.G28A	p.D10N	5.71
chr3	38592144	C	T	nonsynonymous	SCNSA	NM_000335	exon28	c.G5716A	p.V1906I	46.11
chr3	96706411	C	A	nonsynonymous	EPHA6	NM_001080448	exon3	c.C688A	p.H230N	59.89
chr3	97596090	G	A	nonsynonymous	CRYBG3	NM_153605	exon4	c.G6052A	p.A2018T	5.31
chr3	108822733	C	G	nonsynonymous	MORC1	NM_014429	exon4	c.C186C	p.M62I	45.03
chr3	108822736	G	T	nonsynonymous	MORC1	NM_014429	exon4	c.C183A	p.F61I	45.7
chr3	112997077	C	A	nonsynonymous	BOC	NM_033254	exon10	c.C1675A	p.Q559K	24.25
chr3	121421397	C	T	nonsynonymous	SOLGTR	NM_004487	exon11	c.C1435A	p.E479K	32.41
chr3	164905759	G	T	nonsynonymous	LUTRKB3	NM_014926	exon2	c.C2860A	p.L954I	59.44
chr3	185316217	G	T	nonsynonymous	SEN2	NM_021627	exon3	c.G175T	p.V59L	20.27
chr4	13383186	C	T	nonsynonymous	RAB28	NM_001017979	exon1	c.G424A	p.E142K	5.94
chr4	15964110	C	G	nonsynonymous	FGFBP2	NM_031950	exon5	c.G643C	p.A425P	48.91
chr4	38267514	A	T	nonsynonymous	TBD1D1	NM_015173	exon18	c.A3131T	p.Q1044L	46.46
chr4	39466679	C	T	nonsynonymous	LIAS	NM_194451	exon5	c.C407T	p.T136I	5.22
chr4	70361045	C	T	nonsynonymous	UGT2B4	NM_021139	exon1	c.G535A	p.A179T	53.59
chr4	91230123	T	C	nonsynonymous	CCSER1	NM_001145065	exon2	c.T688C	p.C230R	6.59
chr4	114274207	A	C	nonsynonymous	ANK2	NM_001148	exon38	c.A4433T	p.E1478V	5.11
chr4	138450809	G	A	nonsynonymous	PCDH18	NM_019035	exon1	c.C2434T	p.H812Y	24.66
chr4	151829486	C	A	nonsynonymous	LRBA	NM_001199282	exon11	c.C1493T	p.C498F	51.61
chr4	156864349	C	T	nonsynonymous	CTSO	NM_001334	exon2	c.G203A	p.G68E	5.41
chr4	174216955	A	T	nonsynonymous	GALNT3	NM_017423	exon5	c.A926T	p.N309I	52.68
chr4	186065930	A	T	nonsynonymous	SLC25A4	NM_001151	exon4	c.A124T	p.S42C	44.22
chr5	41181623	G	C	stopgain	C6	NM_000065	exon7	c.C765G	p.V255X	37.71
chr5	76830334	G	A	stopgain	MGF1	NM_018046	exon2	c.G302A	p.W101X	7.02
chr5	79950727	G	A	nonsynonymous	ASH3	NM_002439	exon1	c.G181A	p.A61T	6.19
chr5	82948574	A	T	nonsynonymous	HAPLN1	NM_001884	exon3	c.T170A	p.V57D	56.02
chr5	89971213	C	G	nonsynonymous	ADGRV1	NM_032119	exon24	c.C5264T	p.A488I	48.81
chr5	90085588	T	C	nonsynonymous	ADGRV1	NM_032119	exon69	c.T1396C	p.S1755V	5.7
chr5	127647633	G	T	nonsynonymous	FBN2	NM_001999	exon38	c.C4892A	p.T1831N	55.56
chr5	140559284	G	T	nonsynonymous	PCDH8	NM_001920	exon1	c.G1669T	p.C557Y	17.07
chr5	31952180	C	A	nonsynonymous	C4A	NM_007293	exon3	c.C1040A	p.S347Y	53.51
chr5	31984918	C	A	nonsynonymous	C4B_2	NM_001242823	exon9	c.C1040A	p.S347Y	51.98
chr5	32009651	C	T	nonsynonymous	TNXB	NM_019105	exon43	c.C12524A	p.S4175N	43.28
chr5	32009661	C	T	nonsynonymous	TNXB	NM_019105	exon43	c.C12514A	p.D4172N	44.99
chr5	32010126	C	T	nonsynonymous	TNXB	NM_019105	exon41	c.G12218A	p.R4073H	27.58
chr5	38913317	C	G	nonsynonymous	DNAH8	NM_001206927	exon80	c.C12082G	p.L4028V	35.41
chr5	44271964	C	A	nonsynonymous	AARS2	NM_020745	exon14	c.G1961T	p.G654V	31.26
chr5	56031711	G	T	nonsynonymous	COL21A1	NM_030820	exon7	c.C1271A	p.P424H	37.28
chr5	56482114	T	C	nonsynonymous	DST	NM_001723	exon24	c.A6151G	p.R2051G	38.77
chr5	63990035	T	C	nonsynonymous	LGSN	NM_016571	exon4	c.A1421G	p.Q474R	32.81
chr5	94128975	C	A	nonsynonymous	ENPH4	NM_001288629	exon1	c.G85T	p.A29S	58.72
chr5	132211577	C	T	stopgain	EPHA7	NM_006208	exon5	c.C2704T	p.Q902X	10.95
chr5	155123238	C	T	nonsynonymous	SCAF8	NM_014892	exon7	c.C740T	p.A274V	7.78
chr7	11022682	G	A	nonsynonymous	PHF14	NM_014660	exon3	c.C796T	p.G266V	16.99
chr7	11500304	C	T	nonsynonymous	THSD7A	NM_015204	exon11	c.G2590T	p.G864W	57.29
chr7	19748495	C	A	nonsynonymous	TWISTNB	NM_001002926	exon1	c.G145T	p.V49L	16
chr7	20782633	G	A	nonsynonymous	ABC85	NM_178559	exon16	c.G1825A	p.G808D	21.53
chr7	44185152	C	G	nonsynonymous	GCK	NM_000162	exon9	c.G1197C	p.E399D	43.55
chr7	44185187	C	G	nonsynonymous	GCK	NM_000162	exon9	c.G1162A		

Table S3 List of indel mutations found in this case

Chr	Position	Ref	Alt	Func.refGene	Gene	Transcript	Region	Nucleotide	Protein	Tumor_AF
chr3	128620156	-	T	frameshift	ACAD9	NM_014049	exon8	c.846_847insT	p.E283*	55.53
chr5	40769535	T	-	frameshift	PRKAA1	NM_006251	exon5	c.579delA	p.E194fs*2	16.92
chr6	139167795	C	-	frameshift	ECT2L	NM_001077706	exon8	c.884delC	p.R296Gfs*8	50.85
chr9	21974689	CCGACCGTAACTATTCGGTGCGTTGGGCAGCGCCC	-	frameshift	CDKN2A	NM_000077	exon1	c.104_138del	p.G35Efs*73	11.11
chr9	39149837	C	-	frameshift	CNTNAP3	NM_033655	exon10	c.1615delG	p.D539Tfs*4	10.04
chr9	43844279	G	-	frameshift	CNTNAP3B	NM_001201380	exon10	c.1613delG	p.D539Tfs*4	10.06
chr11	124095689	T	-	frameshift	OR8G2	NM_001291438	exon1	c.292delT	p.F98Lfs*2	9.84
chr12	10225980	ACTCAGAGTAGCTCTGAG	-	nonframeshift	CLEC1A	NM_016511	exon5	c.557_574del	p.S186_E191del	35.79
chr12	113327841	G	-	frameshift	RPH3A	NM_014954	exon17	c.1564delG	p.T524Pfs*68	49.04
chr15	42041004	-	C	frameshift	MGA	NM_001080541	exon15	c.4756dupC	p.S1587Kfs*10	51.19

Table S4 List of copy number variations in this case

ID	Gene	Variant type	Copy number
1	AARS2	amplification	3.68
2	ACTB	amplification	3.68
3	ADCY1	amplification	3.95
4	AHCYL2	amplification	3.34
5	AKR1B1	amplification	3.12
6	ARHGAP35	deletion	0.82
7	ASXL1	amplification	3.49
8	BCR	amplification	3.25
9	CARD11	amplification	3.68
10	CCND1	amplification	3.01
11	CCND3	amplification	3.73
12	CDH1	amplification	3.01
13	CREB3L2	amplification	3.12
14	CTTN	amplification	3.09
15	CUX1	amplification	4.25
16	DAXX	amplification	3.17
17	DIDO1	amplification	3.21
18	DIS3L2	amplification	3.15
19	FGF3	amplification	3.01
20	FGF4	amplification	3.01
21	FOXA2	amplification	3.72
22	FRG1B	amplification	3.49
23	GNAS	amplification	3.10
24	HLA-A	amplification	4.19
25	HLA-B	amplification	4.19
26	HLA-C	amplification	4.19
27	HSP90AA1	amplification	3.34
28	HSP90AB1	amplification	3.68
29	IKZF1	deletion	0.92
30	INTS1	amplification	3.68
31	KIAA1549	amplification	3.12
32	KIFC3	amplification	3.12
33	LUC7L2	amplification	3.12
34	MCM7	amplification	3.28
35	MDC1	amplification	4.19
36	MMP2	amplification	3.13
37	MUC16	amplification	3.36
38	MUC4	amplification	3.45
39	NFKBIE	amplification	3.68
40	PIM1	amplification	6.24
41	PLAG1	amplification	3.34
42	PLCG1	amplification	3.44
43	PMS2	amplification	3.68
44	POU5F1	amplification	4.19
45	PRRC2A	amplification	4.19
46	PTPRT	amplification	3.44
47	RAC1	amplification	3.68
48	ROBO2	deletion	0.81
49	SALL4	amplification	4.03
50	SDC4	amplification	3.31
51	SDHA	amplification	3.11
52	SIRPA	amplification	3.32
53	SLC3A2	amplification	3.19
54	SMARCA4	amplification	3.06
55	SMARCB1	amplification	3.25
56	SMO	amplification	3.34
57	SMOX	amplification	3.32
58	SND1	amplification	3.34
59	SS18L1	amplification	3.21
60	SVIL	amplification	3.08
61	TERT	amplification	3.11
62	TFDP1	amplification	3.11
63	TFEB	amplification	3.73
64	TRIM24	amplification	3.12
65	TRIM27	amplification	4.19
66	TRRAP	amplification	3.92
67	TSHZ2	amplification	3.10
68	VEGFA	amplification	3.68
69	ZMYND8	amplification	3.31