

H r l c f A / A s tc
t t s r s l c r
r t r s l f r t s
H * * w c c H
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*These authors contributed equally to this work.

Brain and spinal arteriovenous malformations are congenital lesions causing intracranial haemorrhage or permanent disability especially in young people. We investigated whether the vast majority or all brain and spinal arteriovenous malformations are associated with detectable tumour-related somatic mutations. In a cohort of 31 patients (21 with brain and 10 with spinal arteriovenous malformations), tissue and paired blood samples were analysed with ultradeep next generation sequencing of a panel of 422 common tumour genes to identify the somatic mutations. We used droplet digital polymerase chain reaction to confirm the panel sequenced mutations and identify the additional low variant frequency mutations. The association of mutation variant frequencies and clinical features were analysed. The average sequencing depth was $1077 \pm 298 \times$. High prevalence (87.1%) of *KRAS/BRAF* somatic mutations was found in brain and spinal arteriovenous malformations with no other replicated tumour-related mutations. The prevalence of *KRAS/BRAF* mutation was 81.0% (17 of 21) in brain and 100% (10 of 10) in spinal arteriovenous malformations. We detected activating *BRAF* mutations and two novel mutations in *KRAS* (p.G12A and p.S65_A66insDS) in CNS arteriovenous malformations for the first time. The mutation variant frequencies were negatively correlated with nidus volumes of brain ($P = 0.038$) and spinal ($P = 0.028$) arteriovenous malformations but not ages. Our findings support a causative role of somatic tumour-related mutations of *KRAS/BRAF* in the overwhelming majority of brain and spinal arteriovenous malformations. This pathway homogeneity and high prevalence implies the development of targeted therapies with RAS/RAF pathway inhibitors without the necessity of tissue genetic diagnosis.

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...eed, be...f...e...e...a...ed f... b...d...a...e...c...
...e...L...b...a...e...d f...e...a...e...d c...e...e...ed...
...e...e...de...a...b...e...a...f...a...2μ...f...a...b...a...
H...a...C...-1...DNA... (L...fe...Tec...e...) a...d...Ge®
U...e...a...B...c...O... (I...e...a...ed...DNA...Tec...e...e...)
...e...e...added...a...b...c...e...a...e...L...d...a...e...be...ba...ed
c...e...e...a...e...f...ed...D...a...bead...M-270... (L...fe...
Tec...e...) a...d...Ge®...L...c...d...H...b...d...a...a...d
W...a...K... (I...e...a...ed...DNA...Tec...e...) a...c...d...e...
a...f...a...c...e...?...c...C...e...d...b...a...e...e...e...-bead
PCR...a...e...d...I...a...e...5' (5'-
AATGATACGGCGACCACCGA-3') a...d...7...e... (5'-
CAAGCAGAAGACGGCATAACGAGAT-3') b...KAPA...HF
H...S...a...Read...M... (KAPA...b...e...), f...e...d...b...c...a...
A...e...c...AMP...e...XP...bead...

Ta...e...e...c...e...d...b...a...e...e...e...a...e...d...b...PCR...
KAPA...L...b...a...Q...a...c...a...K... (KAPA...B...e...),
S...e...c...a...c...a...e...d...H...Se...4000...NGS...a...f...
(I...a...) a...c...d...e...a...f...a...c...e...?...c...e...
a...e...d...e...d...150...b...e...e...c...c...e...S...e...c...d...
a...a...c...a...e...d...be...752.()T/F51Tf8.9647353D()-6-969.54...e...e1605/F31Tf6.2739T76.()T/F51Tf8.964781.()-6-656.bea...e33TD(

I t t	r t c	s s	s s	l s	s t	r w	/	H s t r c t r	D r	s	t l r r t s (A)	I s t (A)	I
1	SAVM	34	M	Y	Cervical spinal cord (C5)	20.31 × 12.38 × 10.07	Y	-	-	-	-	Glomus	-
2	BAVM	28	M	N	Right frontal lobe of brain	23.69 × 19.46 × 17.86	N	N	N	I	-	-	-
3	BAVM	17	M	Y	Right parietal lobe of brain	45.99 × 37.01 × 29.93	N	N	N	III	-	-	-
4	BAVM	54	F	Y	Right frontal lobe of brain	32.35 × 29.71 × 28.02	N	N	N	I	-	-	-
5	BAVM	44	M	N	Right temporal lobe of brain	25.38 × 25.36 × 17.68	N	N	N	I	-	-	-
6	SAVM	21	F	N	Thoracic spinal cord (T12)	20.08 × 10.89 × 8.63	Y	-	-	-	-	Glomus	-
7	BAVM	48	M	Y	Left cerebellum	44.18 × 34.71 × 27.00	Y	Y	Y	III	-	-	-
8	SAVM	45	F	Y	Cervical spinal cord (C7)	22.21 × 9.31 × 10.43	Y	-	-	-	-	Juvenile	-
9	SAVM	45	M	N	Thoracic spinal cord (T6)	13.17 × 7.78 × 9.01	N	-	-	-	-	Juvenile	-
10	SAVM	25	M	Y	Cervical spinal cord (C3)	16.99 × 11.75 × 10.19	N	-	-	-	-	Glomus	-
11	BAVM	10	M	Y	Left parietal lobe of brain	27.32 × 22.80 × 19.49	Y	Y	Y	III	-	-	-
12	BAVM	36	F	Y	Left cerebellum	25.01 × 20.02 × 13.08	N	N	N	I	-	-	-
13	BAVM	52	M	Y	Left occipital lobe of brain	37.49 × 36.33 × 21.12	N	N	N	II	-	-	-
14	BAVM	29	F	N	Left frontal lobe of brain	40.81 × 30.16 × 27.90	N	N	N	II	-	-	-
15	BAVM	31	M	N	Right temporal lobe of brain	44.05 × 41.32 × 33.37	Y	Y	N	IV	-	-	-
16	BAVM	11	M	Y	Left temporal lobe of brain	38.31 × 25.83 × 19.00	Y	Y	Y	II	-	-	-
17	BAVM	13	M	Y	Right occipital lobe of brain	37.21 × 29.57 × 29.52	Y	N	N	III	-	-	-
18	BAVM	5	M	N	Left occipital lobe of brain	27.56 × 22.26 × 18.45	N	Y	Y	I	-	-	-
19	BAVM	15	M	Y	Right cerebellum	40.01 × 28.16 × 24.60	Y	N	N	III	-	-	-
20	BAVM	43	F	Y	Right parietal lobe of brain	38.63 × 38.41 × 24.13	Y	N	N	III	-	-	-
21	SAVM	28	M	Y	Cervical spinal cord (C2)	13.54 × 9.90 × 6.89	N	-	-	-	-	Juvenile	-
22	SAVM	28	M	N	Thoracic spinal cord (T12)	24.21 × 12.21 × 8.09	Y	-	-	-	-	Juvenile	-
23	SAVM	16	M	N	Thoracic spinal cord (T7)	7.37 × 4.32 × 4.02	N	-	-	-	-	Juvenile	-
24	BAVM	48	M	Y	Left parietal lobe of brain	32.58 × 31.45 × 31.45	Y	N	N	III	-	-	-
25	BAVM	11	F	Y	Right parietal lobe of brain	NA ^b	N	N	N	II	-	-	-
26	BAVM	43	M	N	Left temporal lobe of brain	40.71 × 25.34 × 40.31	Y	N	N	II	-	-	-
27	SAVM	14	M	Y	Thoracic spinal cord (T12)	20.38 × 9.90 × 9.26	Y	-	-	-	-	Juvenile	-
28	BAVM	22	F	Y	Left temporal lobe of brain	33.91 × 28.40 × 15.45	Y	Y	Y	III	-	-	-
29	SAVM	11	M	Y	Cervical spinal cord (C4–5)	14.77 × 10.05 × 8.26	Y	-	-	-	-	Glomus	-
30	BAVM	42	F	Y	Right temporal lobe of brain	26.79 × 25.71 × 23.95	Y	Y	Y	II	-	-	-
31	BAVM	18	M	N	Left parietal lobe of brain	49.61 × 49.45 × 46.23	N	N	N	III	-	-	-

^aHigh risk structure includes aneurysm, pseudoaneurysm, venectasia and high-flow fistula.

^bNidus volume and largest diameter were not detected in Patient 25 due to emergency surgery.



(A) Patient 2, right frontal lobe BAVM, KRAS p.G12D, ddPCR variant frequencies = 5.61%. **(B)** Patient 16, left temporal lobe BAVM, BRAF p.V600E, ddPCR variant frequencies = 2.99%. **(C)** Patient 17, occipital lobe BAVM, negative. **(D)** Patient 1, cervical SAVM, KRAS p.G12D, ddPCR variant frequencies = 4.40%. **(E)** Patient 21, cervical SAVM, BRAF p.V600E, ddPCR variant frequencies = 7.29%. Typical dark flow void signal on the MRI T₂-weighted images (left) indicate the niduses (white arrowhead) of arteriovenous malformation, which are surrounded by feeding arteries and draining veins. Feeding arteries (white arrow), nidus (white arrowhead), draining veins (black arrow) and high risk structure (white hollow arrowhead) can be identified clearly on the DSA (middle). Intraoperative images (right) demonstrate the tortuous dilated vessels on the surface of brain/spinal cord, of which the feeding arteries, nidus (white arrowhead), high risk structure (white hollow arrowhead), and the draining veins (black arrow) can be recognized easily.

Overall, we identified 422 somatic mutations in 1077 genes, of which 31 were recurrently mutated in at least two cases. The most frequently mutated genes were KRAS (n = 10, 2.36%), BRAF (n = 8, 1.89%), and TP53 (n = 7, 1.66%).

Next, we analyzed the distribution of somatic mutations in different brain regions. We found that the majority of somatic mutations were found in the brain (n = 31, 7.35%), followed by the spinal cord (n = 1, 0.24%).

r s l t s f

t t	D t	r l w t s				KRAS/BRAF	t t s	%	KRAS/BRAF	t t s	%
		t t	s								
1	SAVM	1570.71	KRAS			KRAS c.35G>A		4.65	KRAS p.G12D		4.40
2	BAVM	1535.78	KRAS			KRAS c.35G>A		6.57	KRAS p.G12D		5.61
3	BAVM	1640.67	KRAS			KRAS c.35G>A		0.60	KRAS p.G12D		0.45
4	BAVM	1163.57	KRAS/TET2			KRAS c.35G>A		2.01	KRAS p.G12D		1.39
5	BAVM	775.55	KRAS			KRAS c.35G>A		2.50	KRAS p.G12D		2.95
6	SAVM	412.07	KRAS			KRAS c.35G>A		3.60	KRAS p.G12D		5.16
7	BAVM	1263.04	KRAS			KRAS c.35G>T		0.81	KRAS p.G12V		0.53
8	SAVM	1293.91	KRAS			KRAS c.35G>T		2.85	KRAS p.G12V		2.33
9	SAVM	443.22	KRAS			KRAS c.35G>T		8.82	KRAS p.G12V		7.10
10	SAVM	1187.50	KRAS			KRAS c.35G>C		4.86	KRAS p.G12A		4.85
11	BAVM	1469.84	KRAS			KRAS c.191_196dupACAGTG		5.56	KRAS p.S65_A66insDS		7.09
12	BAVM	1289.46	None			-		-	KRAS p.G12D		0.27
13	BAVM	1346.49	None			-		-	KRAS p.G12D		0.14
14	BAVM	1125.61	None			-		-	KRAS p.G12V		0.03
15	BAVM	1123.18	KRAS/FLT4			KRAS c.35G>A		1.52	KRAS p.G12D		1.47
16	BAVM	1296.57	BRAF/KMT2C			BRAF c.1799T>A		1.93	BRAF p.V600E		2.99
17	BAVM	1033.87	None			-		-	Negative		-
18	BAVM	1116.77	None			-		-	Negative		-
19	BAVM	994.44	KRAS/CYP2D6			KRAS c.35G>A		3.64	KRAS p.G12D		2.28
20	BAVM	978.54	None			-		-	KRAS p.G12V		1.20
21	SAVM	784.63	BRAF			BRAF c.1799T>A		6.54	BRAF p.V600E		7.29
22	SAVM	951.59	KRAS			KRAS c.183A>T		2.50	KRAS p.Q61H		2.22
23	SAVM	1269.42	KRAS			KRAS c.35G>A		5.58	KRAS p.G12D		5.72
24	BAVM	1154.37	KRAS/DNMT3A/WAS			KRAS c.35G>T		2.02	KRAS p.G12V		1.77
25	BAVM	898.58	KRAS			KRAS c.35G>A		0.72	KRAS p.G12D		0.44
26	BAVM	807.56	None			-		-	Negative		-
27	SAVM	1098.06	KRAS			KRAS c.34G>T		1.79	KRAS p.G12C		2.01
28	BAVM	946.65	KRAS/FRG1			KRAS c.35G>A		2.86	KRAS p.G12D		3.19
29	SAVM	950.56	KRAS			KRAS c.35G>T		7.23	KRAS p.G12V		7.13
30	BAVM	703.56	KRAS			KRAS c.35G>A		1.11	KRAS p.G12D		1.48
31	BAVM	776.58	None			-		-	Negative		-

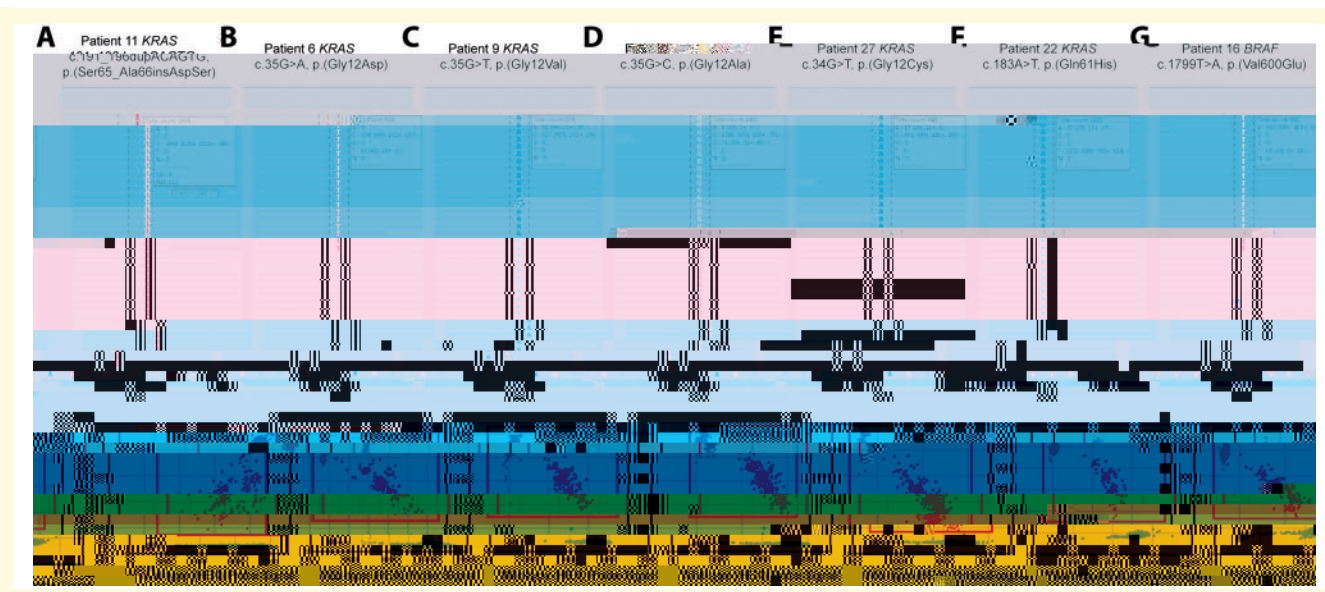
^aAverage depth of the 422 tumour-related genes.

^bNegative indicates that no positive mutations were found with KRAS p.G12A, p.G12D, p.G12V, p.Q61H, p.Q61K, p.A66delinsDSA, or BRAF p.V600E primers and probes. VF = variant frequencies.

a . . . e e f d a c d 12: c.35G>A, .G 12A, c.35G>T, .G 12Va, c.34G>T, .G 12C, a d c.35G>C .G 12A, a . . ; a c d 61 c.183A>T, .G 61H, a . . ; a d a c d 66 c.191_196d ACAGTG .S65_Aa66 A. Se . a . . Ac a a . BRAF (NM_004333.4) c.1799T>A, .Va 600G a a . b e e d . . e SAVM, a e a d e BAVM, a e . F . . c , e e e .G12D, .G12V, .G12C, .G12A, .Q61H, .S65_A66 DS, a d .V600E a . c . e e f e e a . . , e e c e . R e e e a e NGS e . . f e e a . . e e . F . 2. N e f e e e a . . e e a a e d e 1000 Ge e da aba e . KRAS .G12V, .G12A a d .Q61H e e a a e d e E AC B . e da aba e . KRAS .G12D, .G12C a d BRAF .V600E a d E AC a e e c . f 2/101204, 2/101218 a d 2/121220, e e c e . T e e a . . KRAS .G12A, a d .S65_A66 DS a e e e . e . . b e e . e d SAVM a d BAVM.

r t f t t s
t c t f t l l w
r t f r c t t s w t
r l t t l

T e 21 KRAS a d . BRAF a . . de e c e d b a e . e e c . f 422 a e e e e e c . e d ddPCR. R e e e a e ddPCR e . . f e e a . . a e . . F . 2. A . . . Table 2, f . . add . a KRAS a . . e e de e c e d e e e e e e c - e a e a e . T e a . e a e c e f KRAS/BRAF - a . . a e e f e 87.1% (27 f 31) . . c . . T e a a f e e c e f a . . e e d b ddPCR a e d f . 0.03% . 7.29%. T e a a f e e c e f e - a . . de e e d b ddPCR . e d . . c . e a . e e a a f e e c e de e e d b NGS-ba e d e d (. = 0.950, P < 0.001) (S . . e e a . F . 1).



A Patient 11 KRAS c.119T>G, p.(Ser37Asp) **B** Patient 6 KRAS c.35G>A, p.(Gly12Asp) **C** Patient 9 KRAS c.35G>T, p.(Gly12Val) **D** Patient 12 KRAS c.35G>C, p.(Gly12Ala) **E** Patient 27 KRAS c.34G>T, p.(Gly12Cys) **F** Patient 22 KRAS c.183A>T, p.(Gln61His) **G** Patient 16 BRAF c.1799T>A, p.(Val600Glu)

Top: IGV snapshot. Each grey bar represents a sequencing read with base pairs matching the reference genome. Base cells deviating from the reference genome are considered as variants and are labelled. Bottom: 2D scatterplot of ddPCR results. Each dot represents a droplet. Blue: the droplet encloses at least one copy of mutant template. Green: the droplet encloses at least one copy of wild-type template. Orange: the droplet encloses at least one copy of wild-type and mutant template. Black: the droplet encloses no target molecular.

l r rtr s
lfr t ss r tt s
KRAS BRAF

The presence of KRAS/BRAF mutations was detected in 81.0% (17 of 21) BAVM and 100% (10 of 10) SAVM. By ddPCR, we detected a SAVM and BAVM with KRAS and BRAF mutations. For KRAS G12D and G12V mutations, SAVM and BAVM, the prevalence of 30.0% and 30.0% SAVM, and 52.4% and 19.0% BAVM, respectively, for BRAF V600E mutations in SAVM and BAVM (Fig. 3).

tt r tfr c s r
t l c rrl t wt s
l s l r st trs, t
t t t s

Because of the high prevalence of KRAS/BRAF mutations in SAVM and BAVM, we performed ddPCR to detect KRAS/BRAF mutations in SAVM and BAVM. The prevalence of KRAS/BRAF mutations in SAVM and BAVM was 30.0% and 30.0%, respectively. The prevalence of BRAF V600E mutations in SAVM and BAVM was 52.4% and 19.0%, respectively. The prevalence of KRAS/BRAF mutations in SAVM and BAVM was 81.0% and 100%, respectively. The prevalence of KRAS/BRAF mutations in SAVM and BAVM was 30.0% and 30.0%, respectively. The prevalence of BRAF V600E mutations in SAVM and BAVM was 52.4% and 19.0%, respectively. The prevalence of KRAS/BRAF mutations in SAVM and BAVM was 81.0% and 100%, respectively.

$P = 0.038$ (odds ratio = -0.524, $P = 0.037$ (odds ratio = -0.338, $P = 0.085$) (Fig. 4). For KRAS/BRAF mutations, the prevalence of KRAS/BRAF mutations in SAVM and BAVM was 30.0% and 30.0%, respectively. The prevalence of BRAF V600E mutations in SAVM and BAVM was 52.4% and 19.0%, respectively. The prevalence of KRAS/BRAF mutations in SAVM and BAVM was 81.0% and 100%, respectively.

Discussion

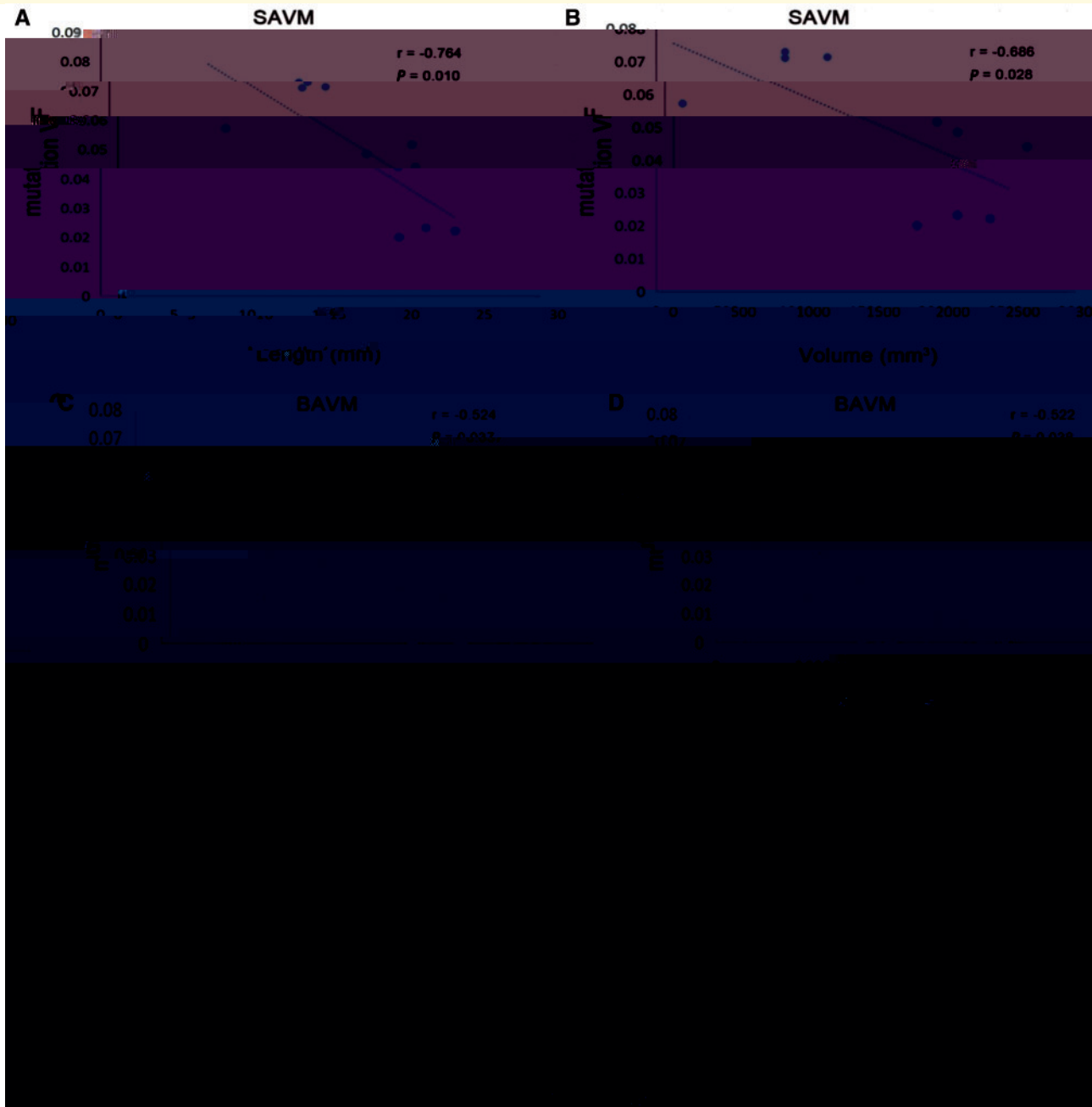
In this study, we identified 31 CNS arteriovenous malformations (AVMs), including 10 BAVMs and 21 SAVMs, from 422 patients. The prevalence of KRAS/BRAF mutations in BAVM and SAVM was 30.0% and 30.0%, respectively. The prevalence of BRAF V600E mutations in BAVM and SAVM was 52.4% and 19.0%, respectively. The prevalence of KRAS/BRAF mutations in BAVM and SAVM was 81.0% and 100%, respectively. The prevalence of KRAS/BRAF mutations in BAVM and SAVM was 30.0% and 30.0%, respectively. The prevalence of BRAF V600E mutations in BAVM and SAVM was 52.4% and 19.0%, respectively. The prevalence of KRAS/BRAF mutations in BAVM and SAVM was 81.0% and 100%, respectively.

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KRAS/BRAF

Recent studies have shown that KRAS mutations are associated with a poor prognosis in breast cancer. In a study of 1,000 breast cancer patients, 64% of patients with BRAF mutations had a significantly higher rate of MAPK/ERK pathway activation compared to those without. This suggests that KRAS mutations may be a key driver of the MAPK pathway in breast cancer. The study also found that KRAS, NRAS, BRAF, and MAP2K1 mutations were associated with a higher rate of MAPK pathway activation. These findings suggest that the RAS/RAF/MAPK/ERK pathway is a key driver of breast cancer progression. In addition, BRAF mutations were associated with a higher rate of KRAS mutations, suggesting that BRAF mutations may be a key driver of KRAS mutations. Finally, the study found that ERK1/2 phosphorylation was significantly higher in patients with RAS/RAF/



(A) The mutation variant frequencies (VF) were negatively correlated with SAVM largest diameters, $r = -0.764$, $P = 0.010$. (B) The mutation variant frequencies were negatively correlated with SAVM nidus volumes, $r = -0.686$, $P = 0.028$. (C) The mutation variant frequencies were negatively correlated with BAVM largest diameters, $r = -0.524$, $P = 0.037$. (D) The mutation variant frequencies were negatively correlated with BAVM nidus volumes, $r = -0.522$, $P = 0.038$. (E) The mutation variant frequencies were not associated with patient ages, $r = -0.338$, $P = 0.085$.

	SAVM			BAVM		
	n	t	l	n	t	l
Low VF ^a	5	20.8 ± 2.7	2196.5 ± 267.5	8	38.6 ± 7.0	35 684.4 ± 16 337.7
High VF	5	13.8 ± 4.5	1017.6 ± 634.2	8	31.0 ± 6.1	17 733.9 ± 8301.3
P		0.017	0.005		0.038	0.015

^aPatients were divided into two groups with the same number of patients according to variant frequencies (VF).

... e e c a e, ... e de ... d ... f KRAS/ BRAF ... ea. 90% f BAVM a d SAVM, ... e de ... b ... f e RAS/RAF/MAPK/ERK ... a ... ec e MEK ... b ... a a a ac e ... f ... f ... e a eed ... e ... f BAVM . BRAF a d MEK ... b ... a e a ead ... ed ... c ... a c ce f ... BRAF ... V600E ... a ed ... ea ... a (L ... et al., 2014). K ... a ... ea ... a BAVM a d SAVM ... a e ... a ... e e KRAS ... BRAF, ... e ... e ... f ... a ... e ... e ... e a c ca ... a ... e ... e ... e a ... a d e e c c ... a ... , c ... fea be ... BAVM ... SAVM ... de f ... a ... e e c ...

Aspects of KRAS

BAVM a d SAVM be ... CNS a c a a f ... a ... a d a ... e f e ... a e a ... a ... a ... e e , d f ... fe ... b ... e d f f e ... c a ... a ... e e a ... C ... c ... a ... BAVM a d SAVM ... a e ... a e be e ... e ... ed ... e a e , c ... a be e e de ce f ... e e ... b ... c a ... (H a e a a et al., 1999; W a ... et al., 2009; S a ... a et al., 2012). I ... a ... c ... a a d f f e ... e ... f ... e a ... be e e ... e f ... a d e ... e e ... f ... e b ... c d e e ... e , e d ... e e a d f ... e d ... a d f f e e ... a ... f ... e CNS. B ... , add ... a ... a ... a c ... e c ... a fea ... e f ... a e ... e ... a ... f ... a ... , a e c a a c e ... ed b a b e ... a ... e e ... a d ... a c a e ... de ... (A ... f f a d L ... e, 1974; K ... a d ... S ... e e , 2006; K a ... a ... a d L ... o d , 2008; R a ... e ... C a ... a et al., 2014). I ... e ... e ... d , e d e ... a e d ... a b ... BAVM a d SAVM ... a e ... a ... c ... e ... fea ... e (G a ... et al., 2010, 2011). B e ... de , e d ... e a c e , a ... e a ... e e d ... e a ... e ... e ... c e , e d a e ... a ... c a c a e ... de ... a d ... a c ... e c ... c a c ... e f b ... BAVM a d SAVM. H ... e e , e ... e e c b a ... f SAVM ... e a ... e ... ed. H e e , e e ... c d a e ... e e e c b a ... f a ... a ... f SAVM , a b e ... a ... a c ... f 10 ... a e ... , a d ... a ... e a b ... e a e ... a c ... a ... BRAF a d KRAS ... c ... a a b e ... e a e c e a BAVM . O ... d ... , e e ... e ... e ... de ... b a ... a d e ... a c a a a e ... e ... a f ... a ... (C ... et al., 2017; A -O a b ... et al., 2018; N ... a e et al., 2018), a ... e ... e a ... e a e e e c ... e e ... e f a ... a e ... e ... a f ... a ... , ... c ... a ... c c ... d f f e e ... e e f ... e a e ... a ... a ...

KRAS/BRAF mutations in brain tumors

T e d ... f ... e c ... e ... e a e KRAS/BRAF ... a ... b ... BAVM a d SAVM , e a ... e c a e ... f ... e a ... , e a b e c e f KRAS/BRAF ... a ... b a ... a c a ... a f ... a ... e ... e a BAVM

(N ... a e et al., 2018), a d e d e c ... d c ... f a e ... e ... a f ... a ... - e e ... b a ... a ... a ... a ... a ... de (A -O a b ... et al., 2018), c ... e e ... a KRAS/BRAF ... a ... a e c a a e a d ... b ... a d e e ... d e ... e d ... e a ... f e a ... , a ... e c ... a ... a c a e ... de ... a e ... e ... a f ... a M ... e e , e a b e c e f c ... e a ... f ... a ... a a f e e c e ... a e ... a e a d ... e e a e c ... e a ... a e ... e ... a f ... a ... e ... d , ... c ... e ... a ... a e e ... a ... e ... e e KRAS/BRAF ... a ... d a d ... a c c ... a e ... e a d e O ... e c ... a , a e a e c ... e ... a ... b e e e ... a a f e e c e a d a e ... e ... a f ... a ... e ... e a ... e e ... a a e ... e ... a f ... a ... e ... f ... e c a ... e ... f a e d ... e a ... e c ... a c ... a ... a c ... a ... a d ... a ... e a ... e e ... f ... e a e ... e ... a f ... a I ... c e a ... , ... e ... e ... a d e d ... e a ... e , ... d ... e e d ... e a c e ... d a ... b e c ... a e d ... e a e ... e ... a f ... a ... , e e f ... e d ... e ... e a a e ... e ... a f ... a ... c e . H ... e e , e ... c e ... e e ... e e ... f a e ... e ... a f ... a ... e ... e a b e a a e a e e ... a a ... f ... d F ... e a ... e , a ... e a ... d f f e e ... c e a ... b e e e d ... e a a d ... a c e ... a ... a d a e a e ... e ... a f ... a ... a a ... e ... a d ... f ... a ... a a f e e c e ... a e ... e F ... e a a ... f ... e d ... e a c e ... a e d f ... BAVM a d SAVM ... d ... e ... e ... e ...

R e c e ... , E P H B 4 ... a ... e e d e ... e d ... e f ... G a e ... a e ... a a f ... a ... (V a ... et al., 2018), a d ... a c ... a ... R A S A 1 ... a ... a d e ... e d ... c a ... a ... a f ... a ... e ... e ... e ... a ... e e ... e ... R A S A 1 ... a ... (L ... et al., 2018). T ... e e ... e ... e d ... a c a ... a f ... a ... e ... e ... d e ... c ... d b e ... e a ... a c ... a e d ... e e ... a e ... e ... a f ... a ... e ... e , c ... a ... R A S A 1 , E P H B 4 , E N G , A C V R L 1 , G D F 2 , N F 1 e c . (M a ... b a a et al., 2000; E e ... a et al., 2003; M a ... d et al., 2010; C ... d a et al., 2013; T a c a ... et al., 2014; L ... et al., 2018; V a ... et al., 2018). B e f ... e a e e d ... a d e ... 422 ... e e e ... e ... e e c , ... e e ... e e e c ... a a ... e f ... e d ... 12 ... f ... c ... a d ... a c ... a ... e e d e ... c e d ... e e e e . D e ... e a , e a d ... c a e d ... e d e a f ... e ... e e e ... e ... e ... a ... a e ... b e e ... e ... a ... c a e d ... a c a ... a f ... a ... e ... e ... a c c ... c ... c a ... a a e e ... f a c a ... a f ... a A a e e d ... e ... e N G S ... a e d e ... a e d f ... a e ... e ... e ... a f ... a ... c ... d ... b ... e ... e a e d ... a c ... a ... e e a d a c a ... a f ... a ... a ... e ... e ... d b e d e ... e d ... e f ... e .

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► e.g., elevated KRAS 10-20% in colorectal adenocarcinoma
► associated with poor prognosis (A-Oab *et al.*, 2018) and resistance to
► EGFR inhibitors
► associated with poor prognosis in lung adenocarcinoma
► associated with poor prognosis in pancreatic adenocarcinoma
► associated with poor prognosis in colorectal adenocarcinoma

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