Microsatellite instability in prostate cancer and response to immune checkpoint blockade.

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Background: Immune checkpoint blockade has shown clinical benefit in mismatch repair deficient (dMMR) cancers, leading to accelerated FDA approval of pembrolizumab, a PD1targeting agent, for the treatment of dMMR or microsatellite instability-high (MSI-H) advanced solid tumors. However, the frequency of MSI-H prostate cancer (PCa), as well as response to PD1/PDL1 agents in this disease subset, remain poorly defined. **Methods:** 839 PCa patients underwent targeted next-generation sequencing (NGS) of tumor and matched normal samples on an institutional protocol for the characterization of somatic mutations, copy number alterations and germline mutations (with specific consent). MSIsensor analysis, a computational method for detecting MSI, was performed. Tumor mutation burden (TMB) was calculated, with additional analysis for mutational signatures and immunohistochemical (IHC) staining of MMR proteins in selected cases. Results: 20/839 PCa patients (2.4%) were found to have MSI-H/dMMR tumors, defined as an MSIsensor score of ≥ 3 and TMB of ≥ 10 , confirmed by IHC and mutational signature analysis. Of 13/20 MSI-H patients who consented to germline analysis, 3/13 (23%) had a germline MMR gene mutation. 3/5 MSI-H patients who underwent profiling of ≥2 matched tumors demonstrated MSI in the later tumor. In total, 10 patients with MSI-H tumors received a PD1/PDL1 targeting agent. 2/10 had radiographic PR with PSA decline of > 80%. 3/10 are early in their treatment with PSA decline of > 60%. 1/10 had stable disease for 6 months then progressed. 3/10 had no response. 1/10 was inevaluable. Conclusions: Tumor profiling for MSI status can be considered for patients with advanced PCa. MSI can develop as a later somatic event, arguing for profiling of a recent tumor when possible. Germline profiling should be recommended for patients with MSI-H PCa. While early in this dataset, responses to PD1/PDL1 therapy may occur in ~50% of patients with MSI-H/dMMR PCa. Longer follow up and additional prospective studies will be necessary to confirm responses in this patient population.

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