



XIX CONGRESSO NAZIONALE SIES 2026

**CRISPR e varianti di significato incerto nel cancro:
scoperta di nuovi bersagli terapeutici
e riposizionamento farmacologico**



Francesco Iorio



Firenze | **4-6 marzo 2026**
Palazzo degli Affari

Disclosures of Francesco Iorio

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Open Targets	X						
Nerviano Medical Sciences	X						
CoSyne Therapeutics			X				
Drug ReKindle						X	
Mosaic Therapeutics							Former SAB member
AstraZeneca – Cancer Research Horizon Functional Genomics centre							Former SAB member

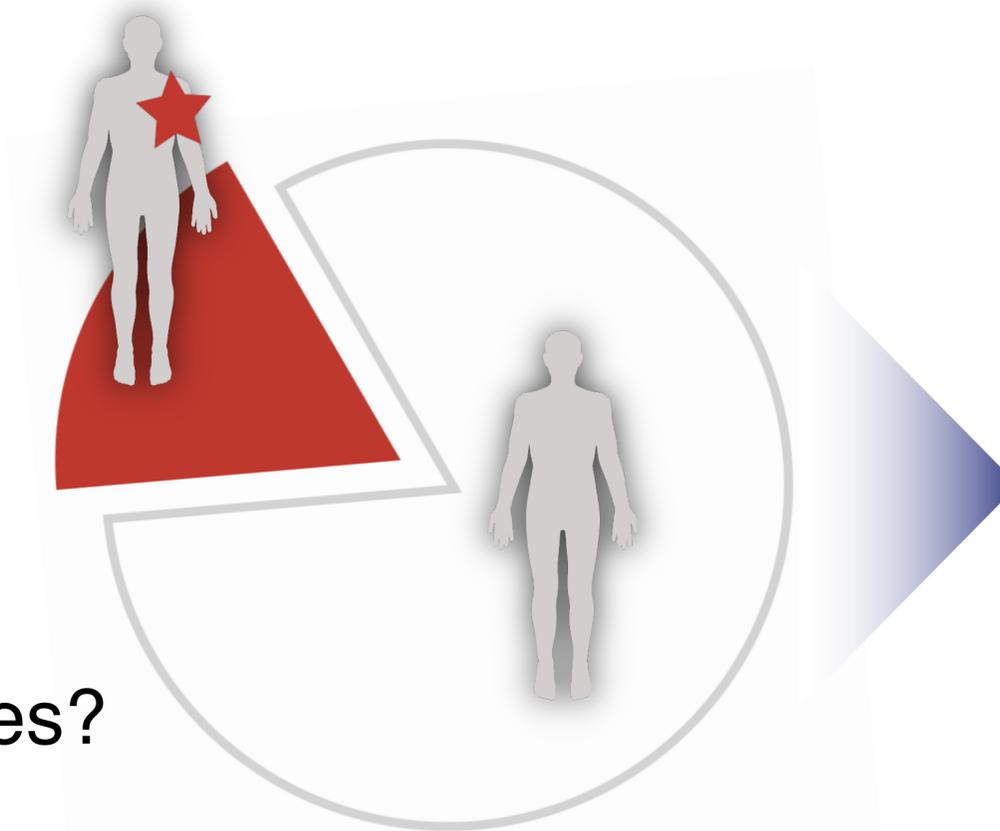
Globally, most cancer genomes are “clinically silent”

We need:

enhanced predictive markers

to use existing drugs better

to target non-mutated oncogenes?



to find and prioritise
new targets
with robust
predictive markers

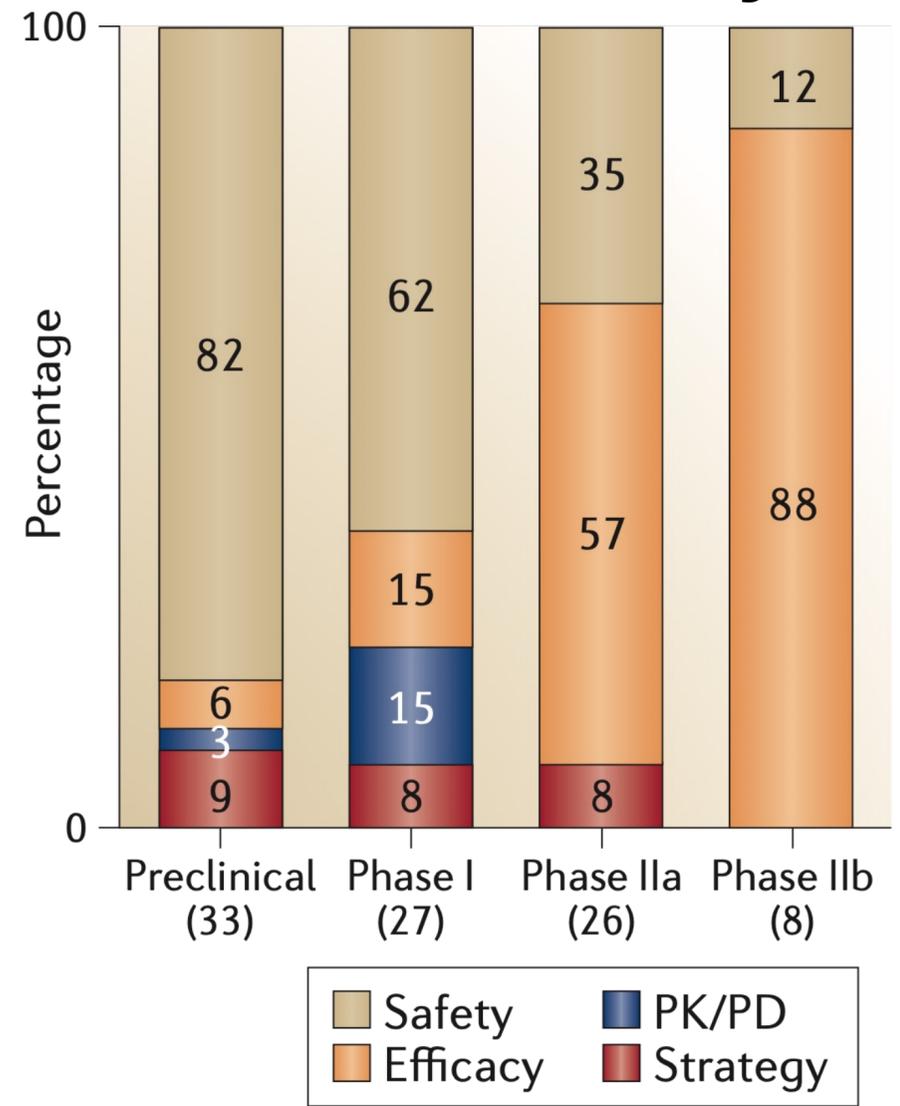
sources: MSK-IMPACT / NCI-MATCH

■ Actionable alterations

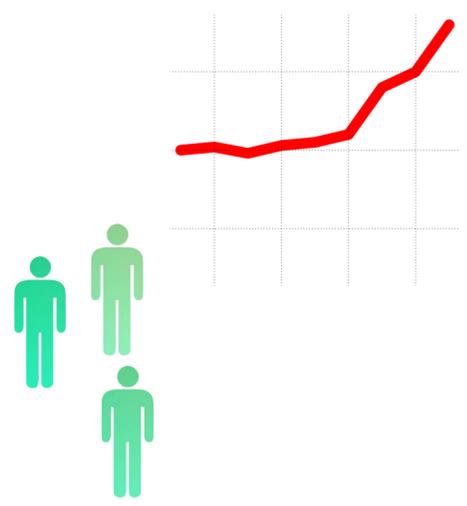
**~90% of trialled
new anti-cancer
compounds
fail to reach
the market**



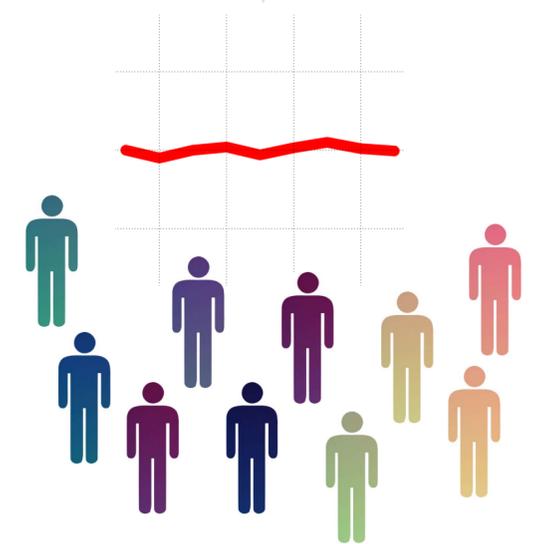
**Most frequent reason
for clinical trial failures =
lack of efficacy**



*adapted from Cook et al.,
Nat Rev Drug Discovery 2014*



Therapeutic effect

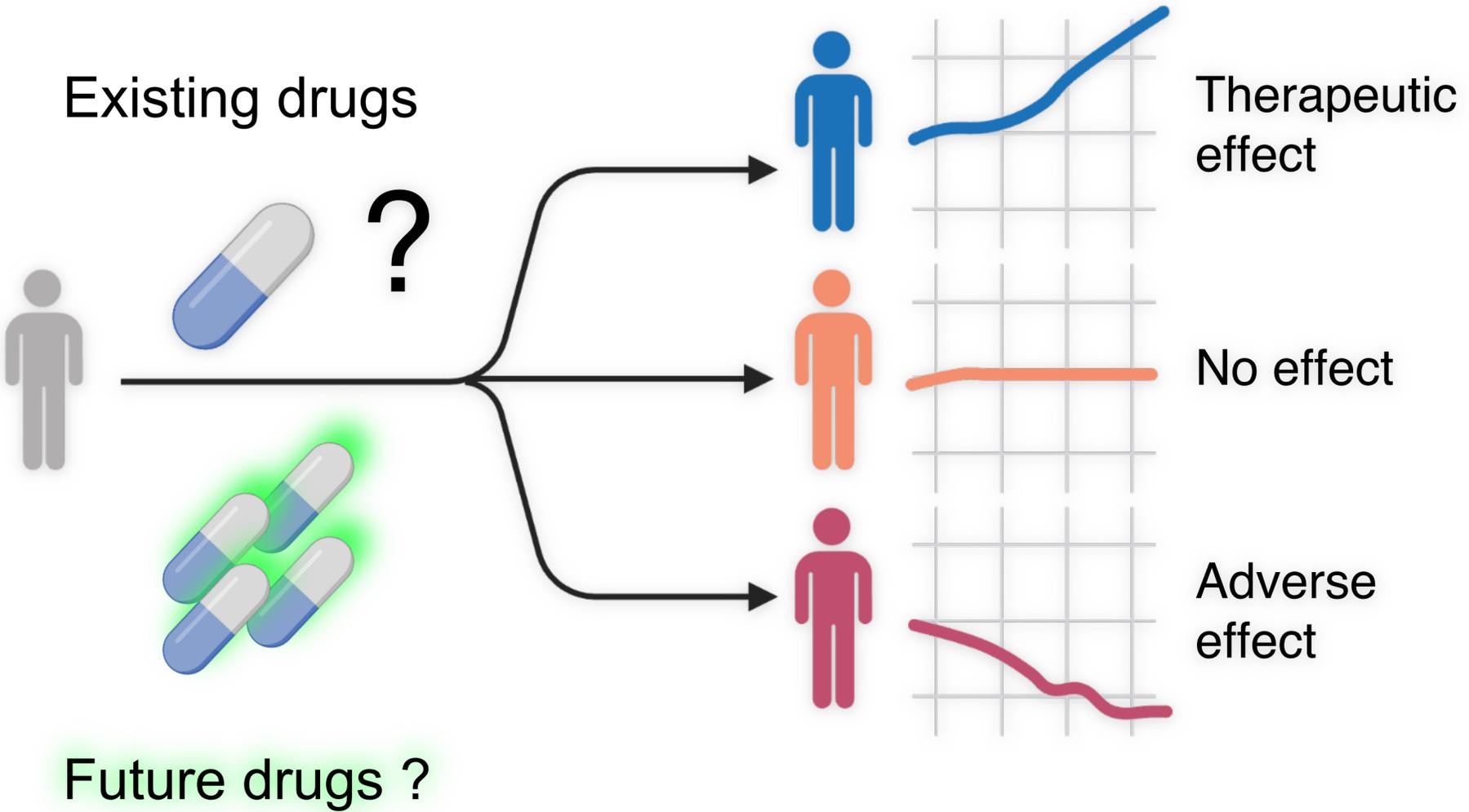


No effect



Adverse effect

Precision oncology must anticipate future therapies



The Cancer Dependency Map: Identifying all dependencies in every cancer cell

Cancer dependencies = essential genes and proteins that cancer cells (only) rely on for their survival, growth, or proliferation

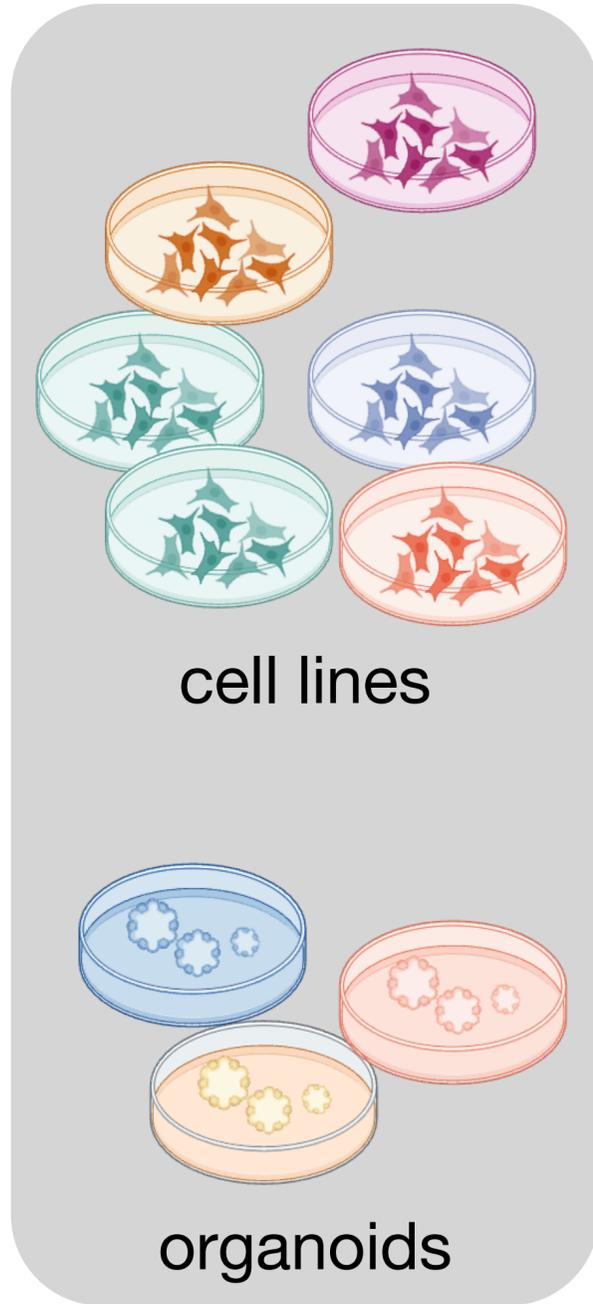


cancer
dependency
map

depmap
analytics

The Cancer Dependency Map Ecosystem

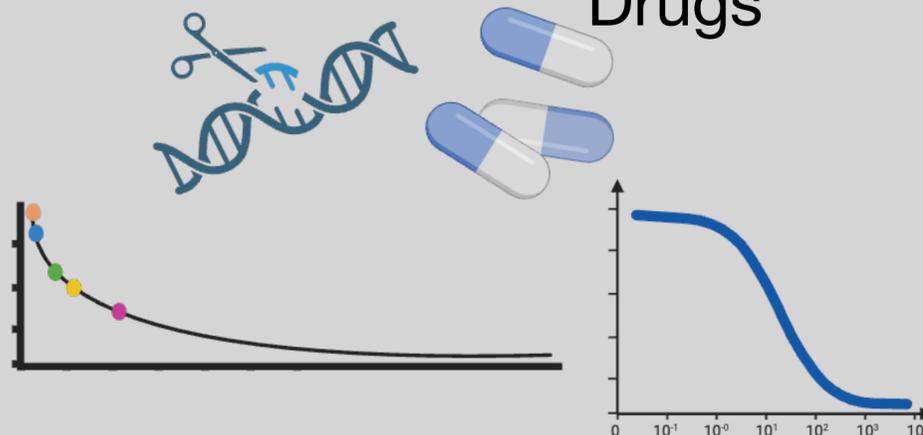
1,000s of
Cancer Models



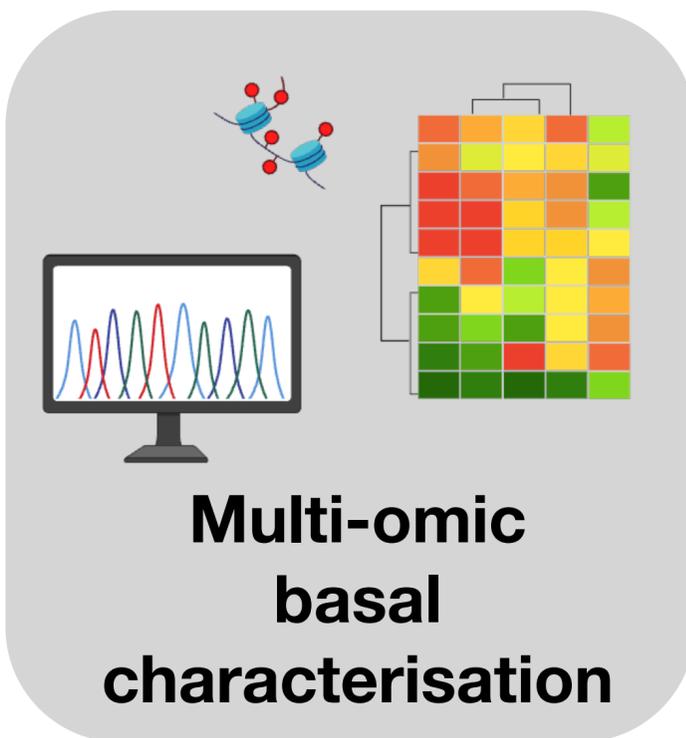
Viability screens

CRISPR-cas9

Drugs



Multi-omic
basal
characterisation



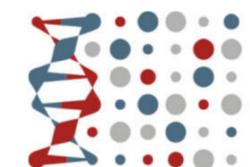
cancer
dependency
map



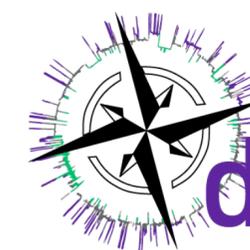
project score



cell
model
passports



CCLE Cancer Cell Line
Encyclopedia



depmap

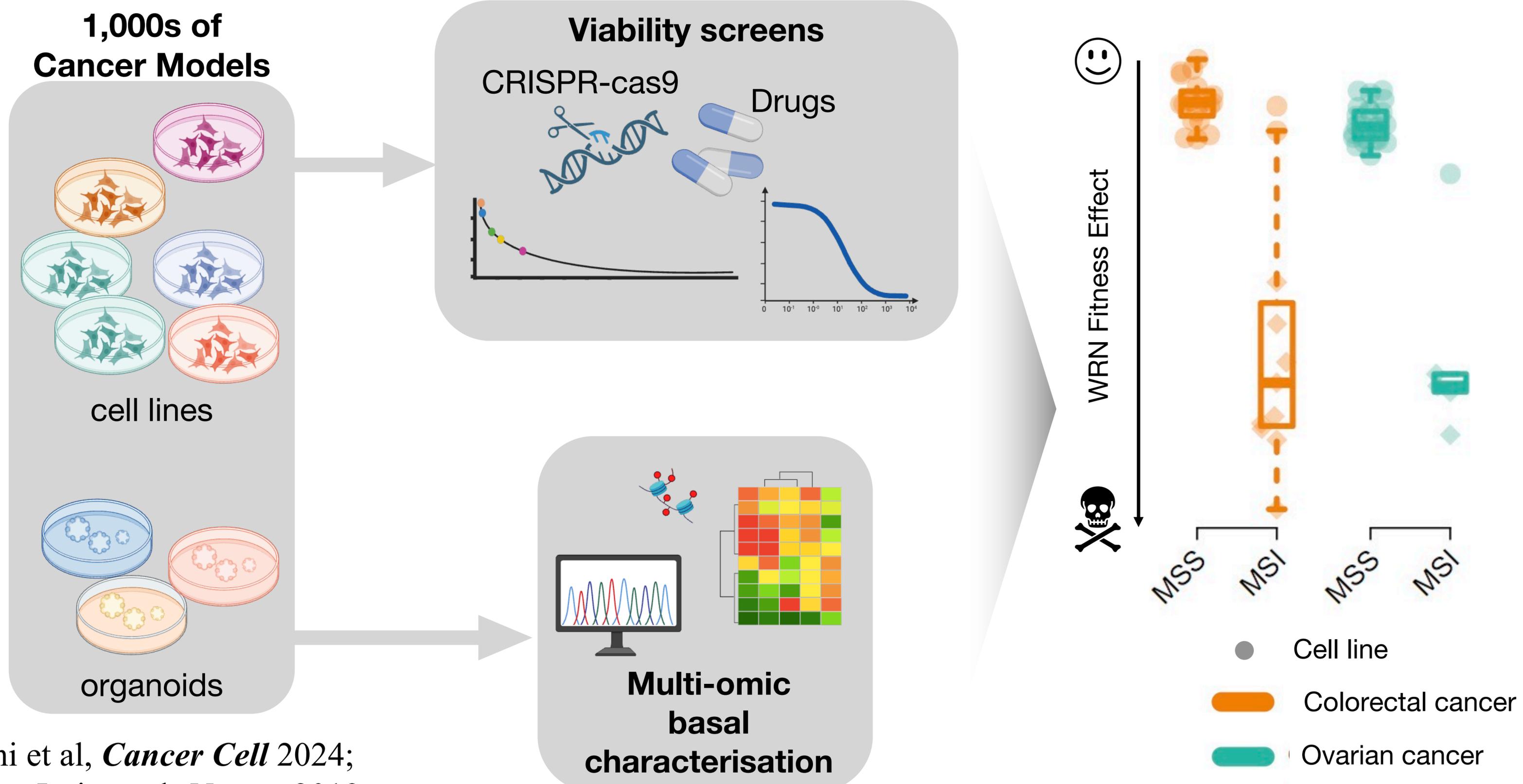
Project **Achilles**



BROAD
INSTITUTE

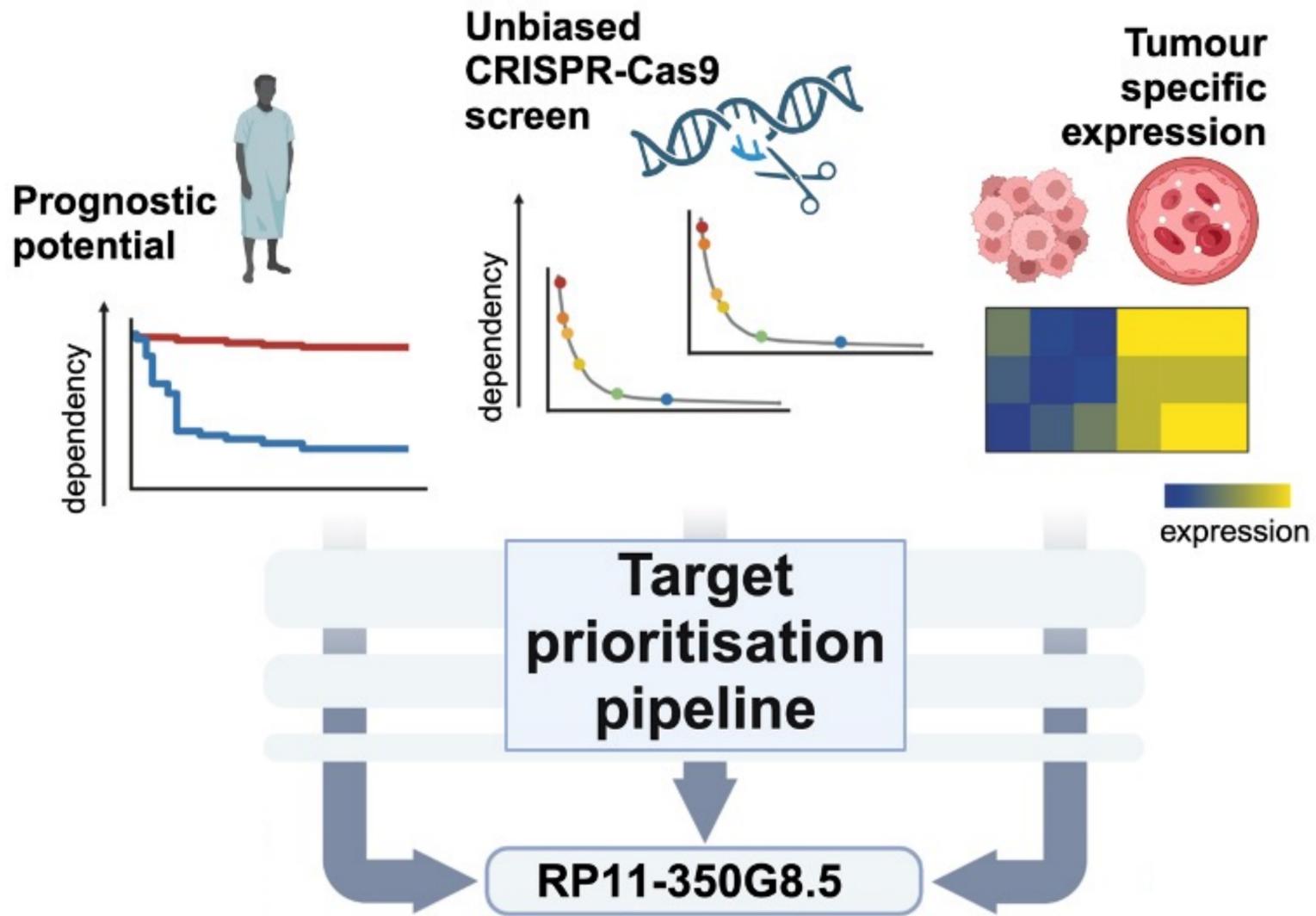


Cancer DepMap Reveals Synthetic Lethal Interactions and Biomarker-Linked Targets



Pacini et al, *Cancer Cell* 2024;
Behan, Iorio et al, *Nature* 2019;

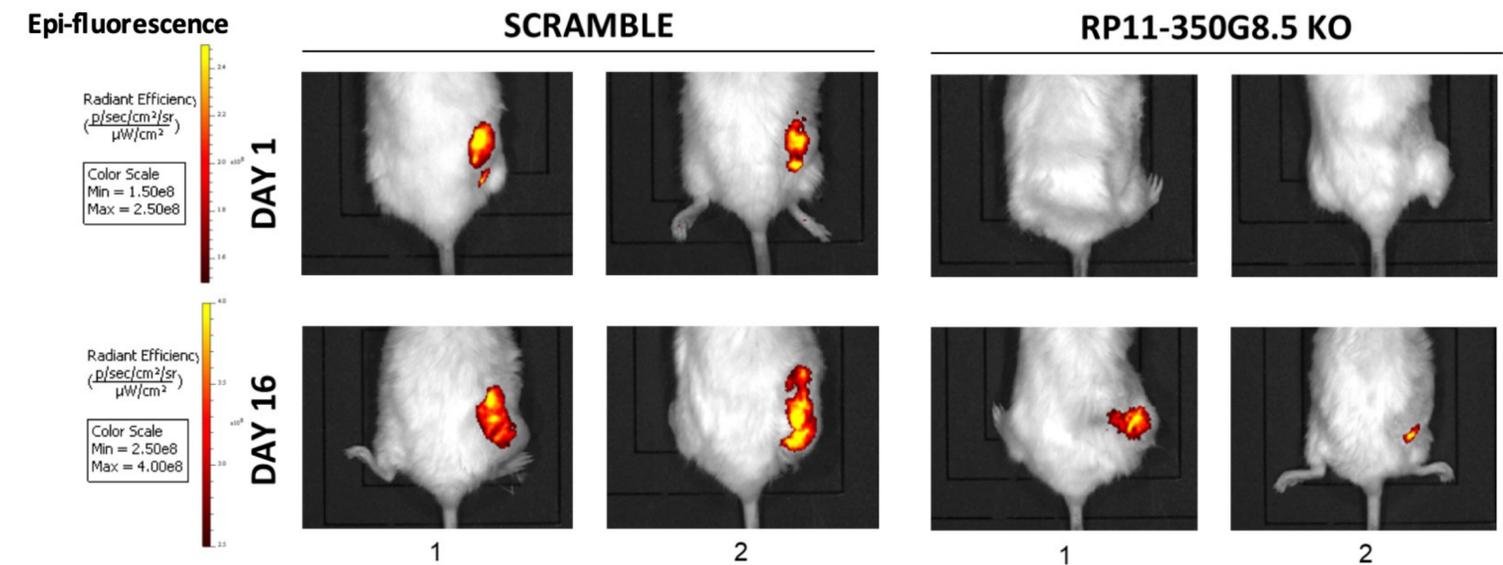
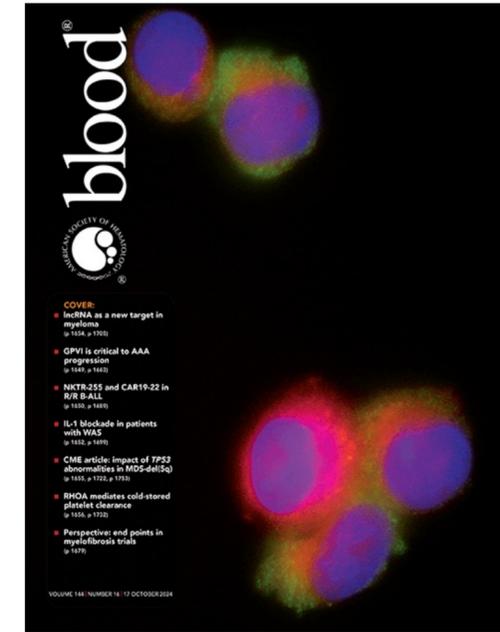
lncRNA CRISPR screen and computational target prioritisation pipeline identifies RP11-350G8.5 as therapeutic target in Multiple Myeloma



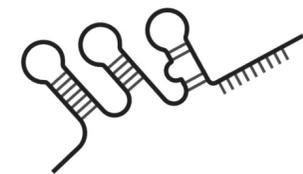
O. Croci



P. Cremaschi



UNIVERSITÀ DEGLI STUDI DI NAPOLI
FEDERICO II

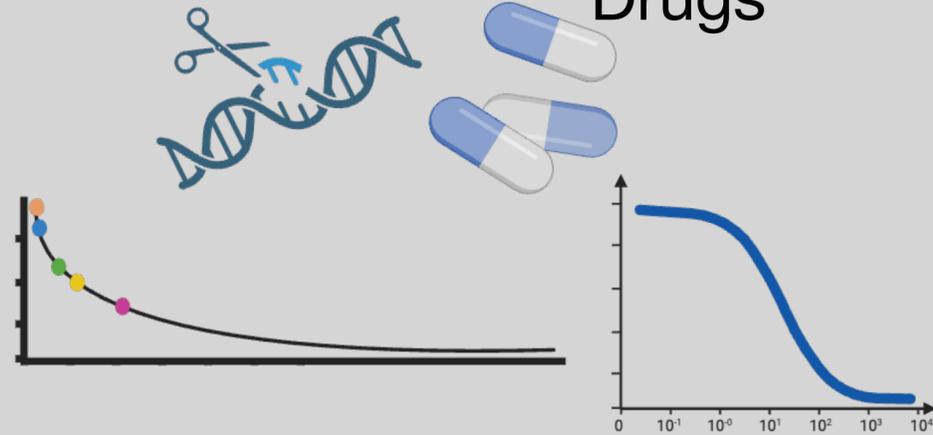


Grillone et al, *Blood* 2024

~2K of labels

Viability screens

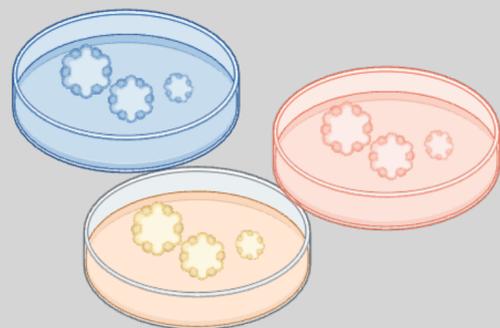
CRISPR-cas9 Drugs



Cancer Models



cell lines



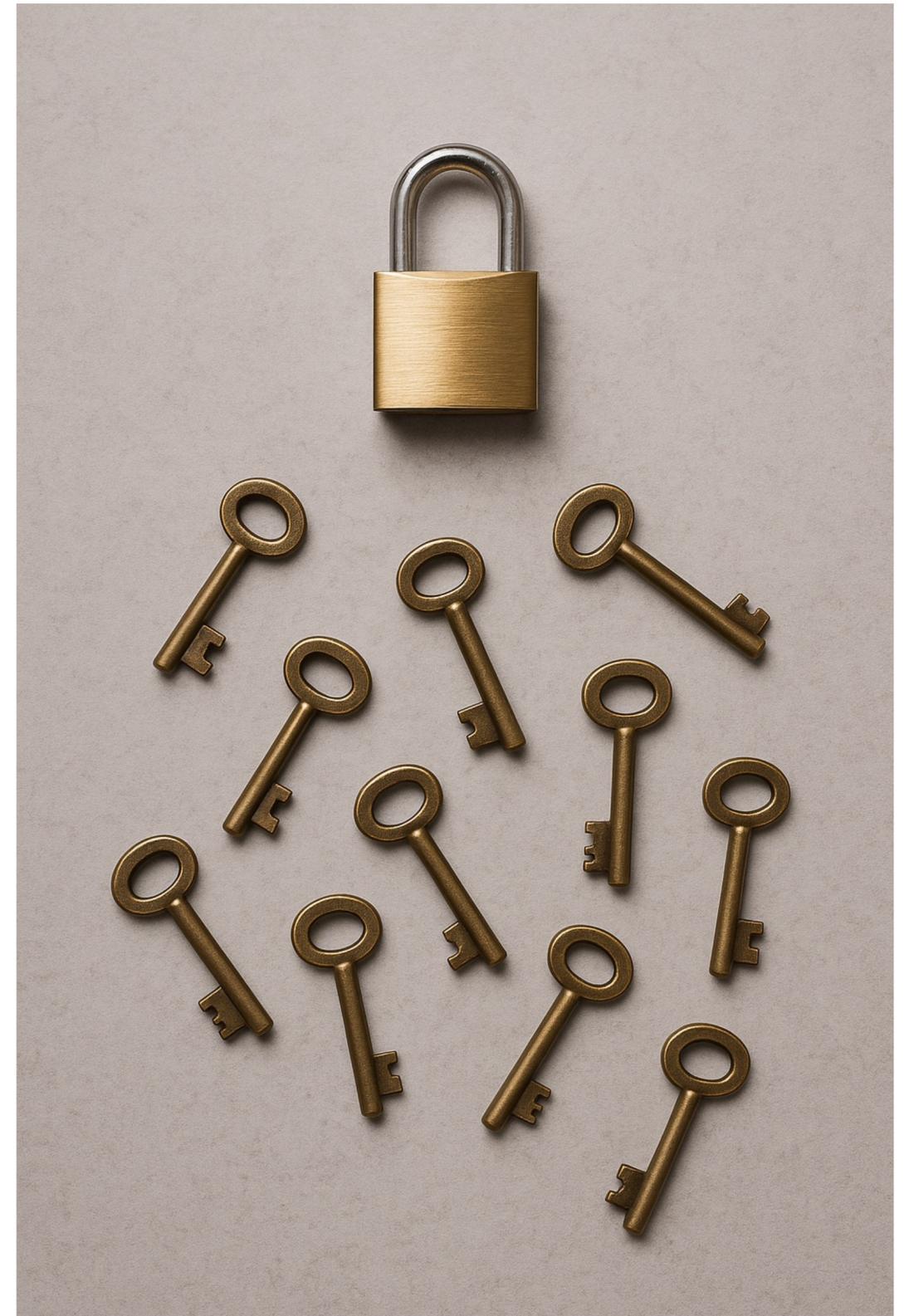
organoids



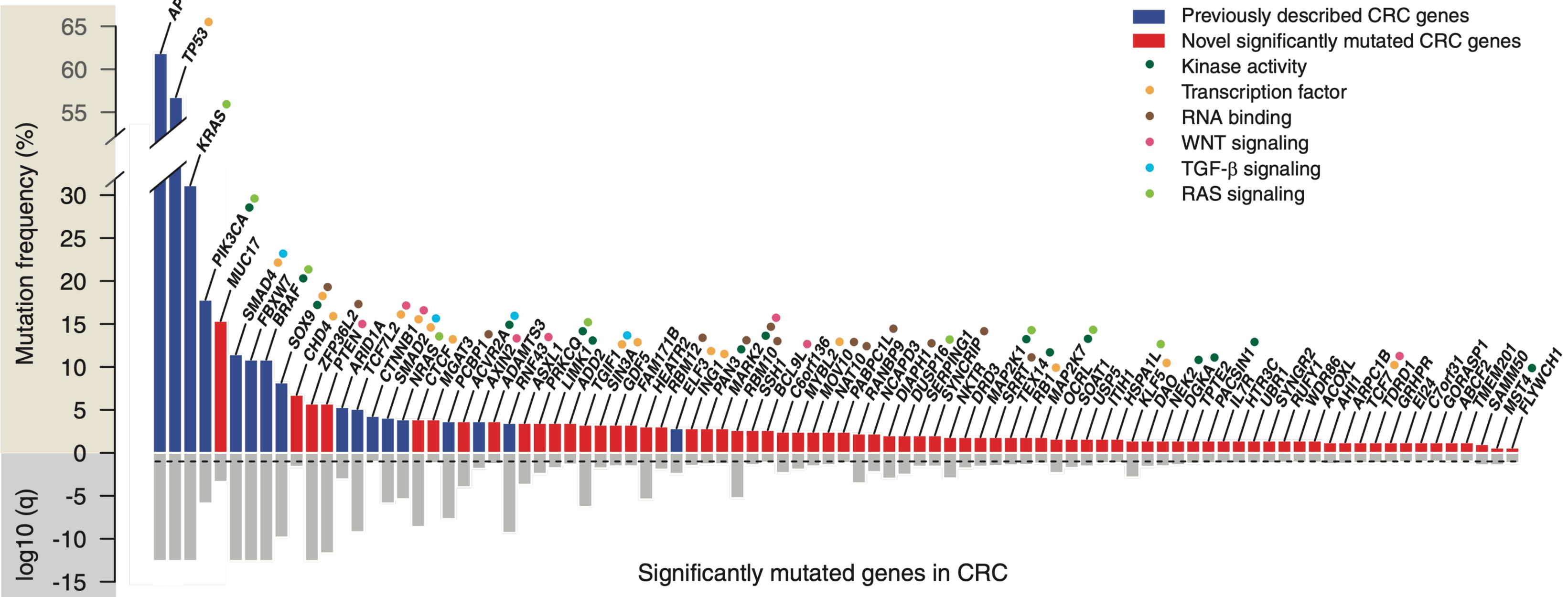
100K of features

**Multi-omic
basal
characterisation**

HUGELY underdetermined problem



...but this overlooks long tails of less frequent genomic events



The CRISPR-enhanced VUS evaluation Idea

- We use **DepMap data** to identify any VUS that might associate with strong dependency on the hosting gene (Dependency-Associated Mutations, DAMs)
- These dependencies represent “**self-addictions**”, which are **particularly relevant from a Target discovery prospective (as they come with an embedded predictive feature)**



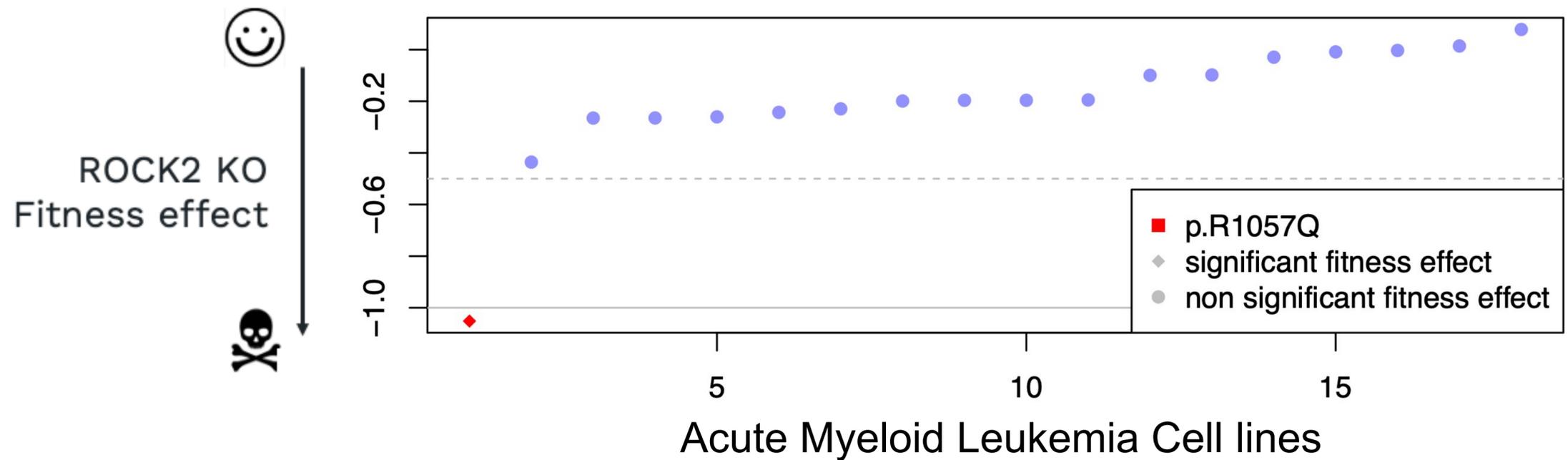
A. Savino



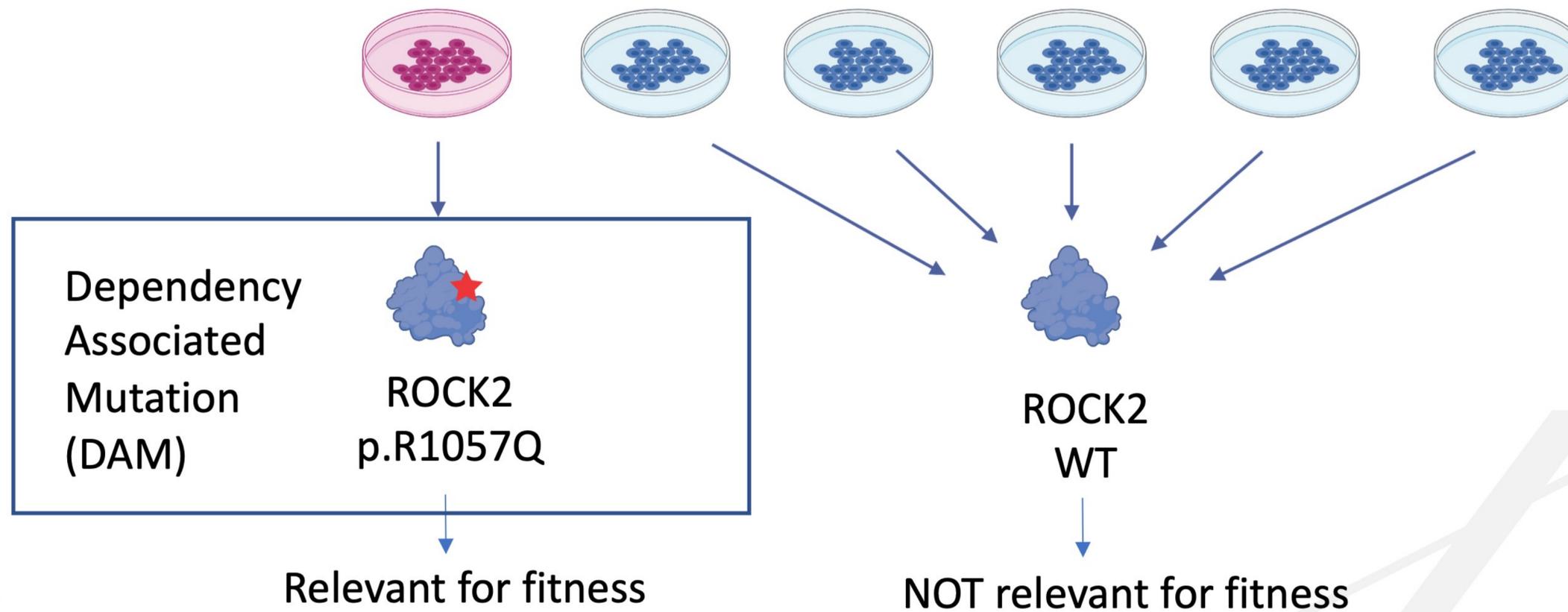
A. Oikonomou

Issue: lack of statistical power

Most VUSs appear only in one or very few cell lines



Fitness effect from
CRISPR-screens



The CRISPR-enhanced VUS evaluation Idea

- We use **DepMap data** to identify any VUS that might associate with strong dependency on the hosting gene (Dependency-Associated Mutations, DAMs)
- These dependencies represent “**self-addictions**”, which are particularly relevant from a **Target discovery prospective** (as they come with an embedded predictive feature)

SOLUTION

- We add further evidences like associations with drug sensitivity, sequence-based functional impact prediction and we estimate the clinical frequency a posteriori

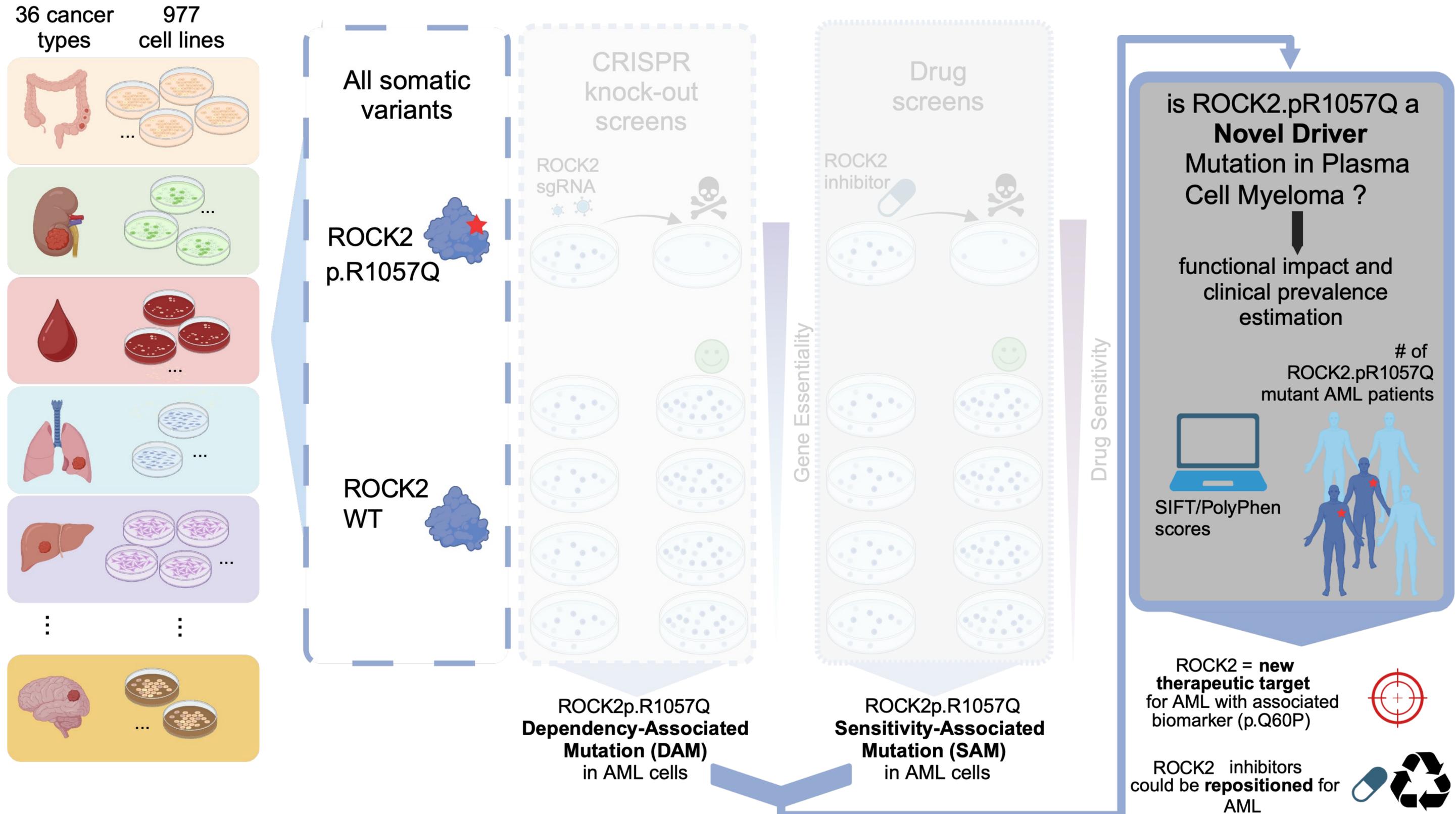


A. Savino



A. Oikonomou

The CRISPR-VUS computational pipeline



We use a metric that is suitable also for singleton cases

For a given set of variants \mathbf{X} in a given gene \mathbf{g} (with $0 < |\mathbf{X}| \leq 10$) compute a *RankRatio* score as it follows

$$\text{RankRatio}(\mathbf{X}) = \frac{\sum_{x \in \mathbf{X}} r(x)}{(|\mathbf{X}|^2 + |\mathbf{X}|)/2}$$

where $r(x)$ is the rank position of the cell line that harbours x when sorting all cell lines from a given tissue based on the dependency on \mathbf{g}

Optimisation step: subset of variants in a given gene \mathbf{g} that minimises $\text{RankRatio}(\mathbf{X})$

Consider as DAMs all variants in \mathbf{X} combinations such that $\text{RankRatio}(\mathbf{X}) < 1.6$ (derived in a data driven way)

Significance:

rankRatio threshold is adaptively determined (max coverage of known oncogenic additions)
the global FDR is determined by permutation test (restricting to $< 20\%$)

Example

Gene: FLT3LG

Cancer Type: Colorectal Carcinoma

Rank Ratio: 1

All DAMs

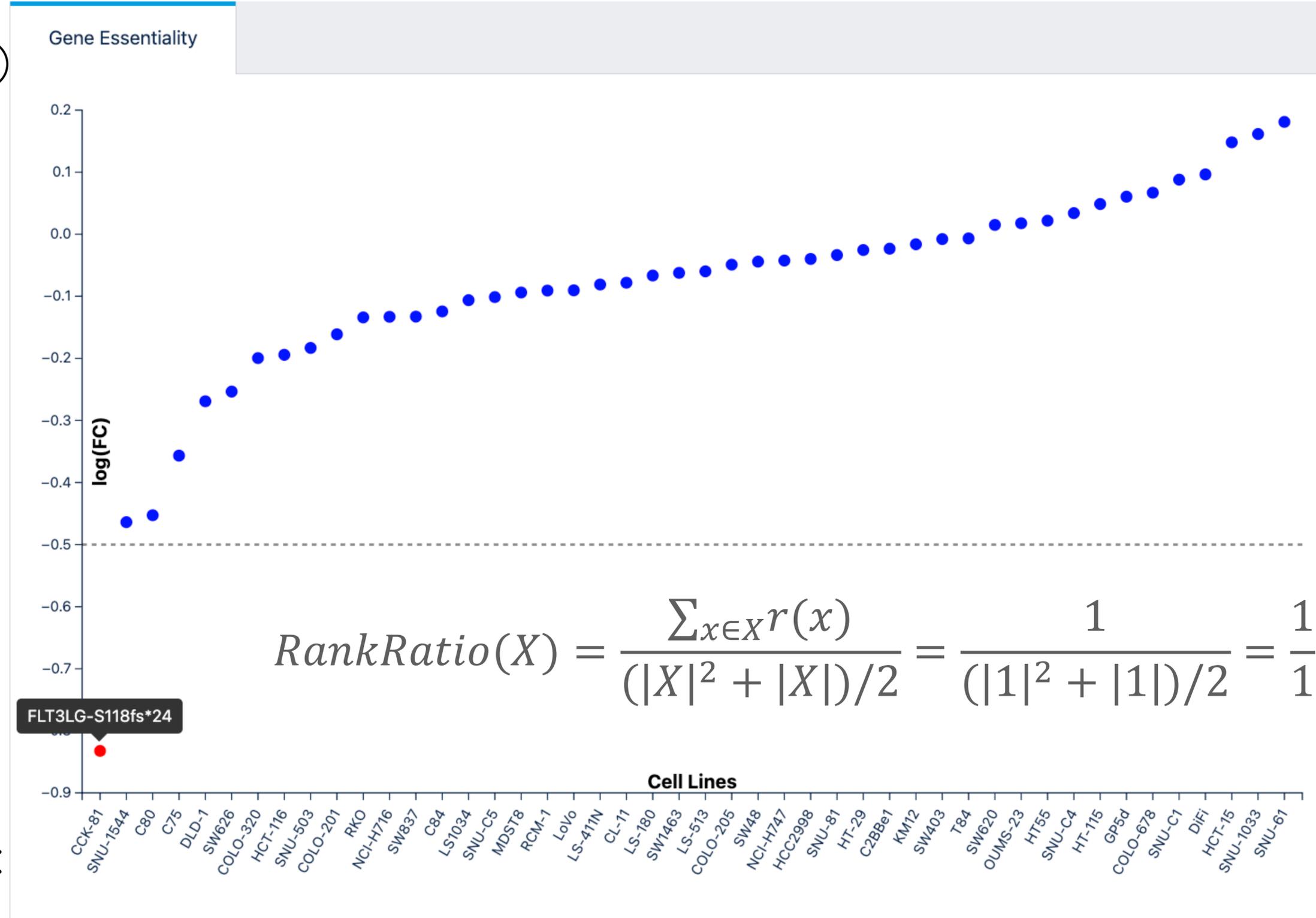
Variants Status

● Present

● Absent



CRISPR essentiality



Example

Gene: BRAF

Cancer Type: Non-Small Cell Lung
Carcinoma

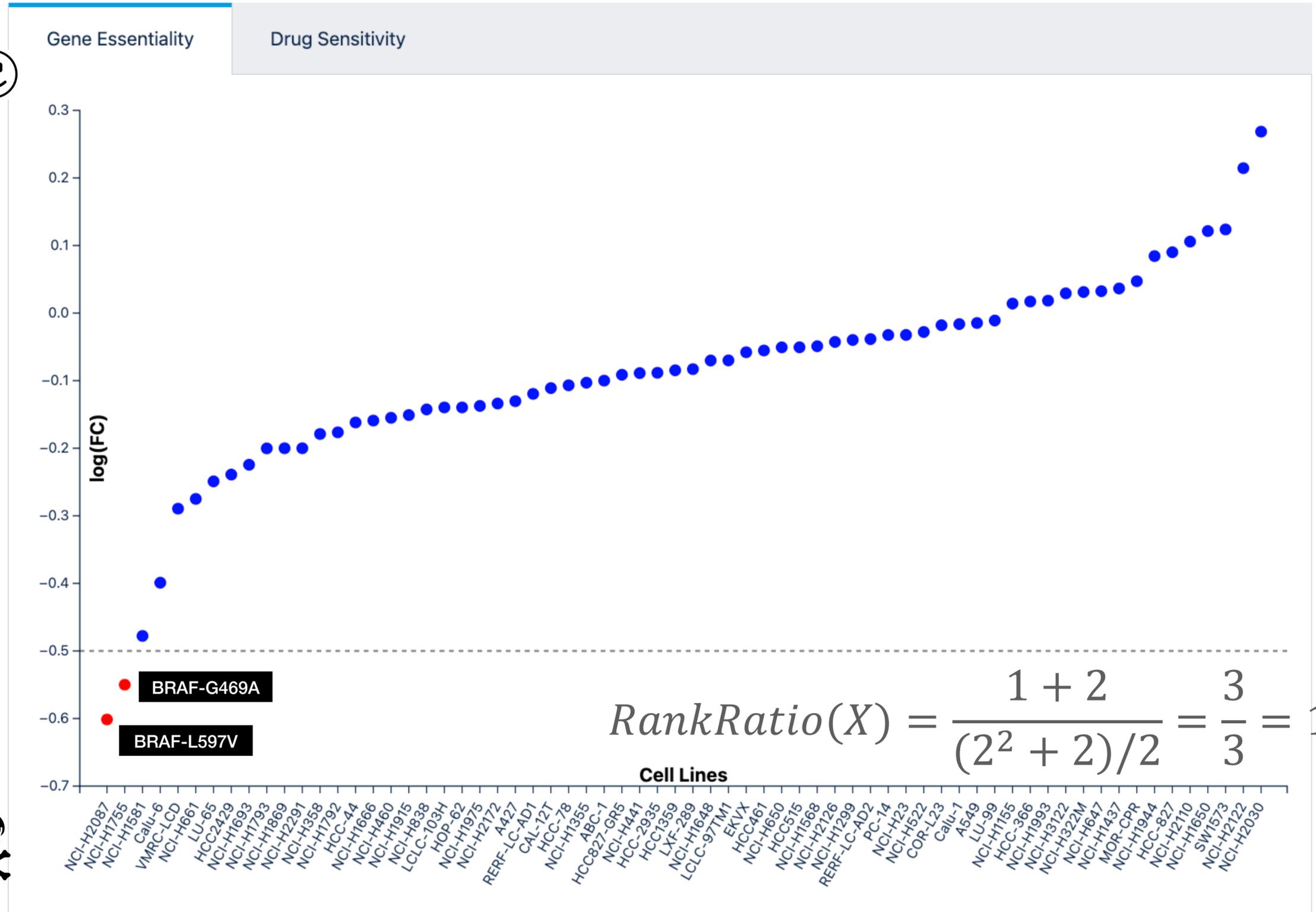
Rank Ratio: 1

All DAMs

Variants Status

● Present

● Absent



Example

Gene: PIK3CA

Cancer Type: Gastric Carcinoma

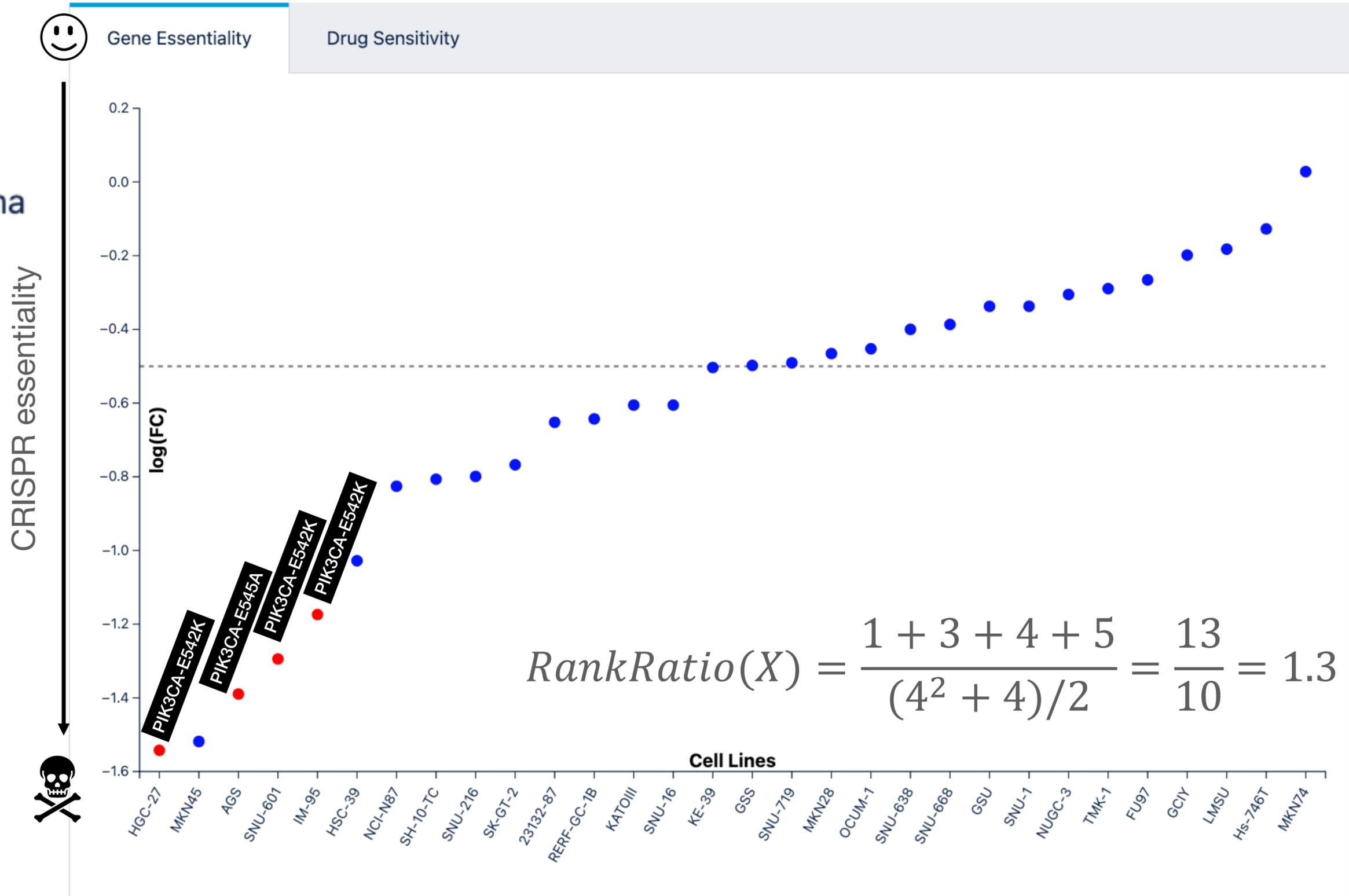
Rank Ratio: 1.3

All DAMs

Variants Status

● Present

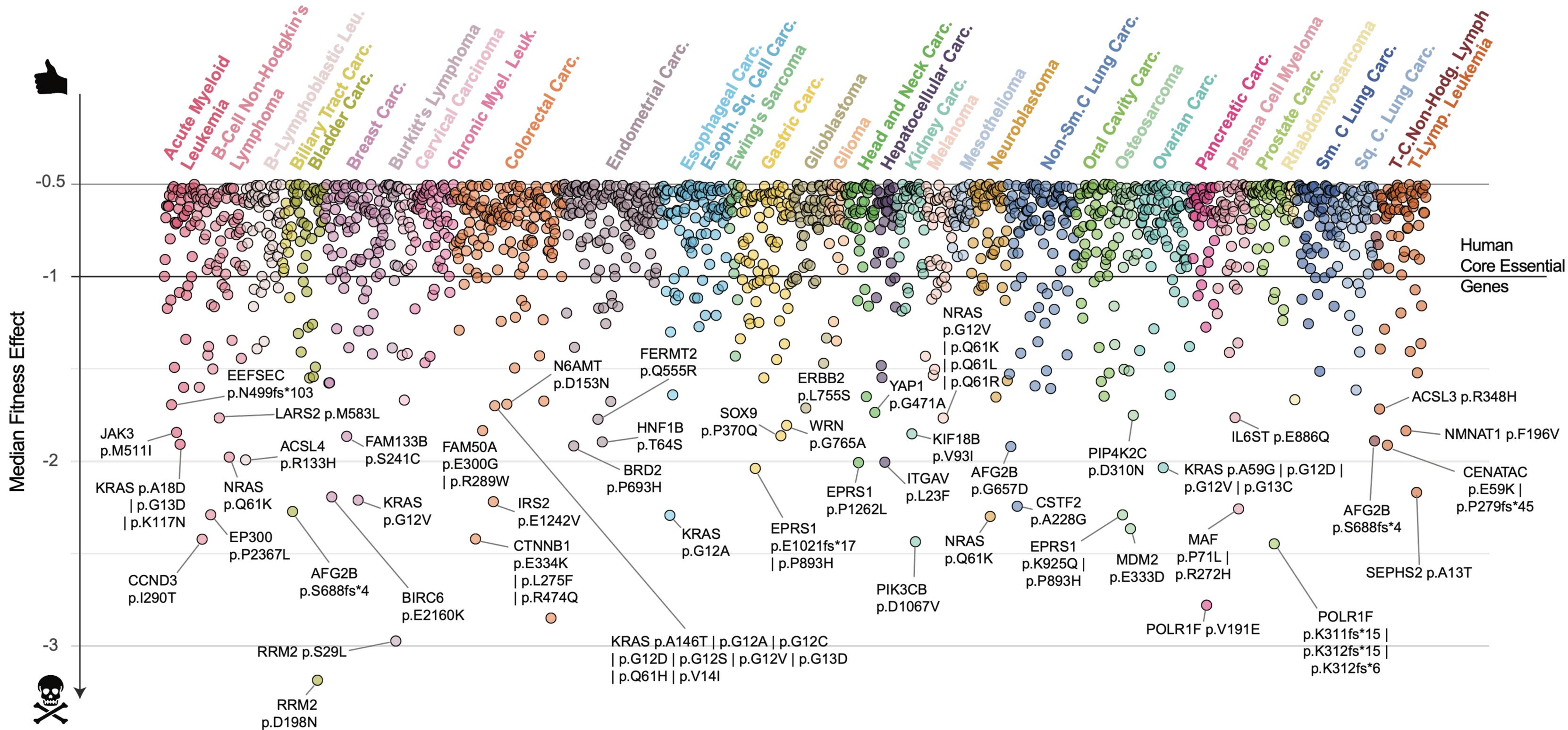
● Absent



Further analytical details

- Restricting to only missense/inframe/frameshift somatic variants
- Excluding genes with more than 10 syntactically different variants observed (likely to be TSGs or very large genes, ex. TTN)
- Excluding core-fitness/common-essential genes
- Considering only genes with fitness effect $\geq 1/2$ of prior known essential genes in at least one cell line

(Unbiased) PanCancer Catalogue of Dependency-Associated Mutations



DAMs and DAM-bearing genes are highly tissue specific

1,773 cancer-type specific hits

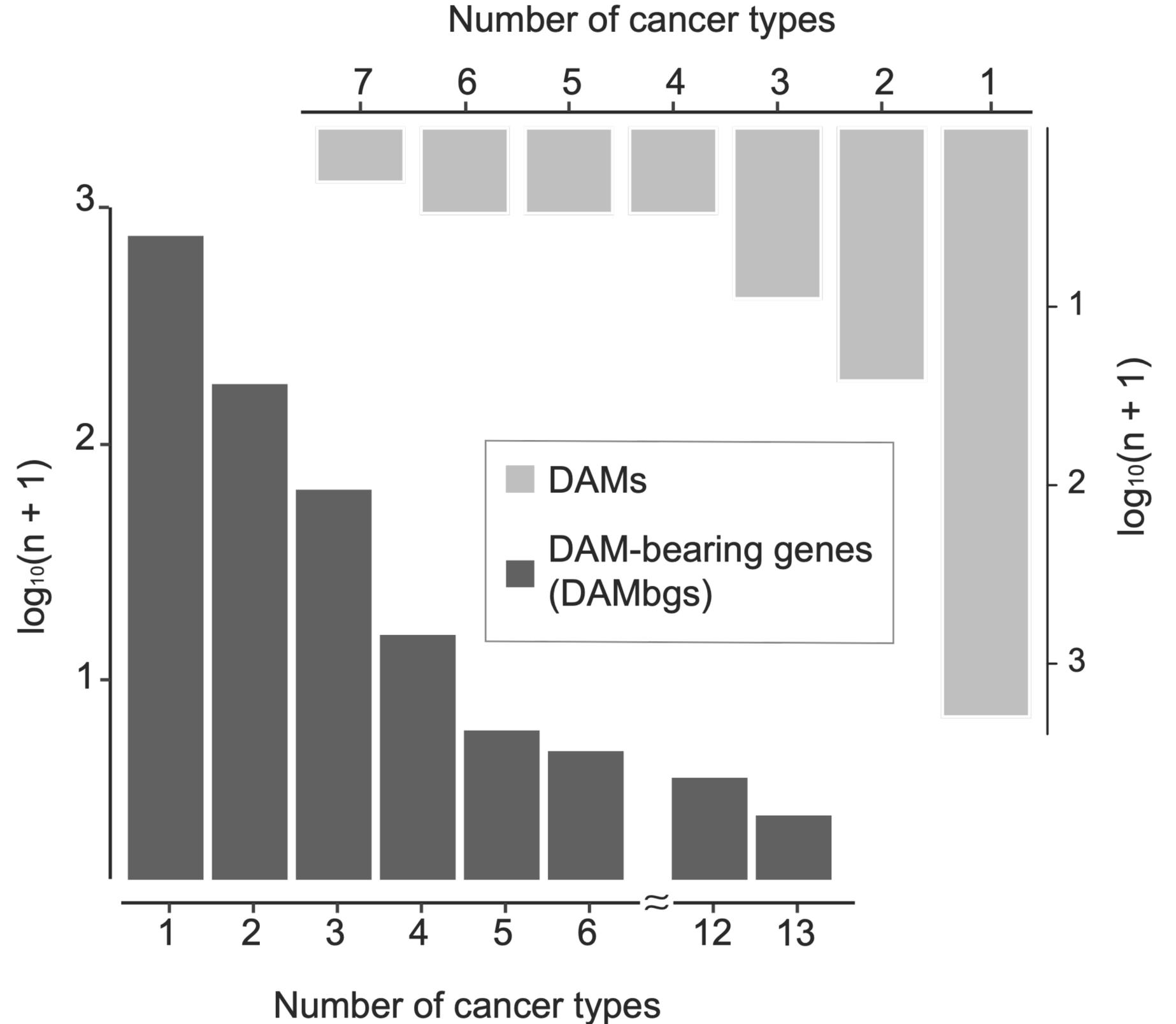
2,201 individual DAMs

1,329 DAM-bearing genes

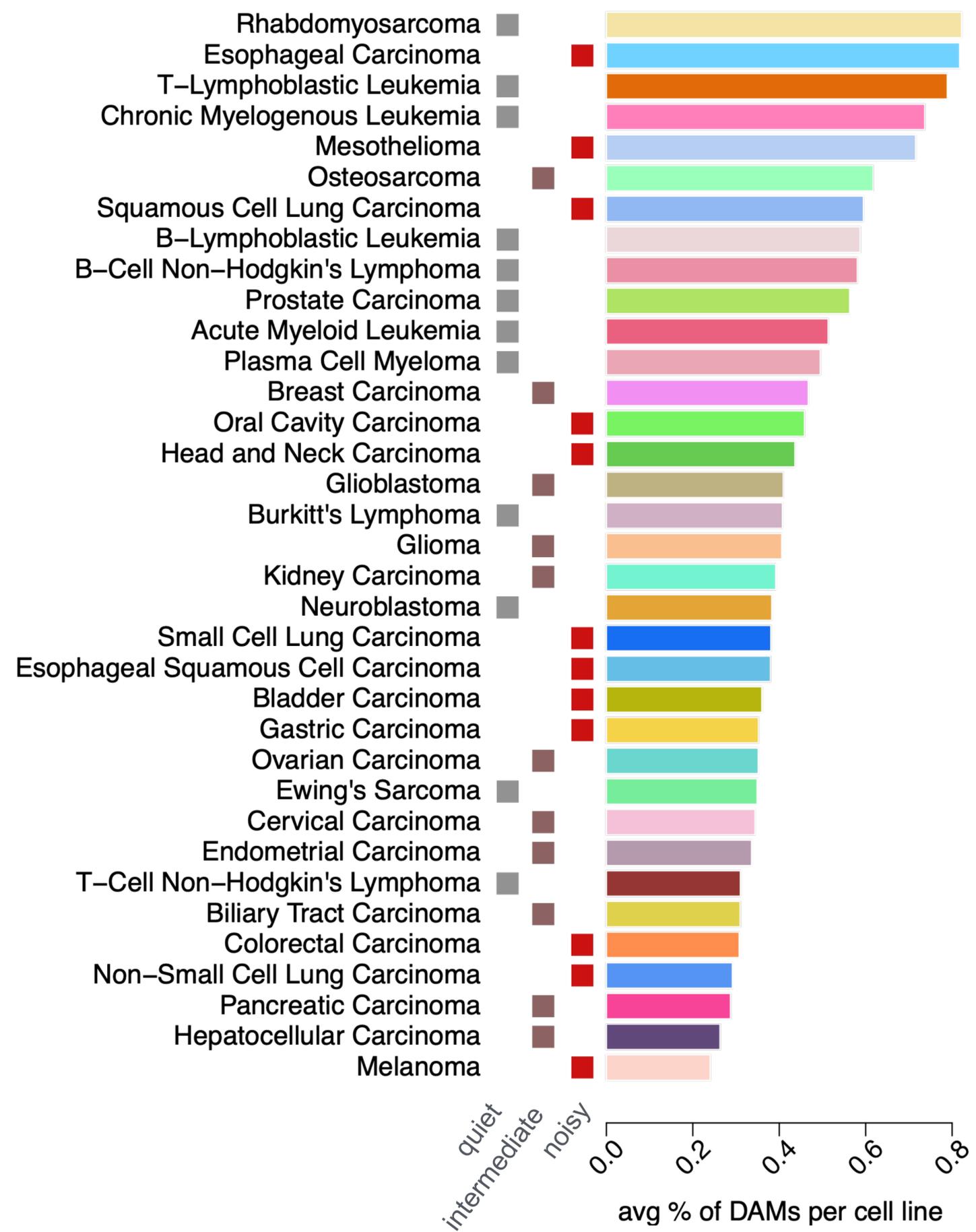
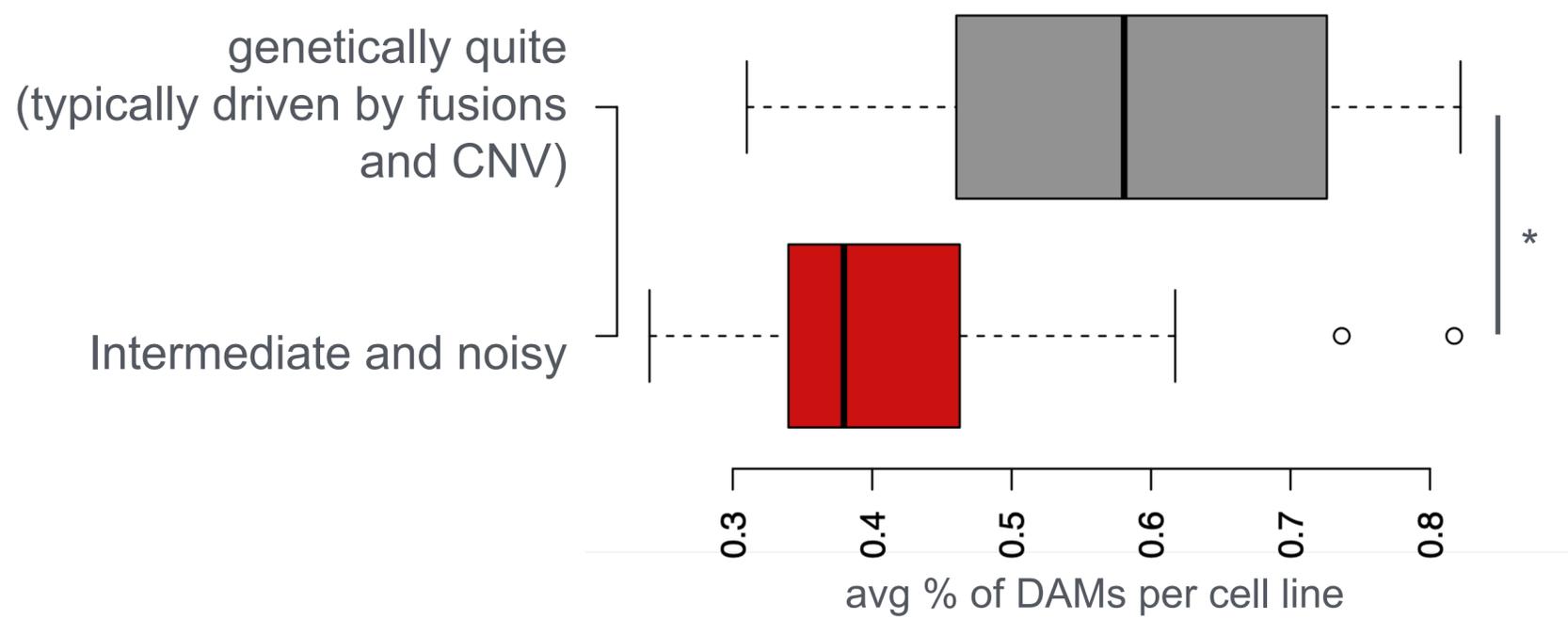
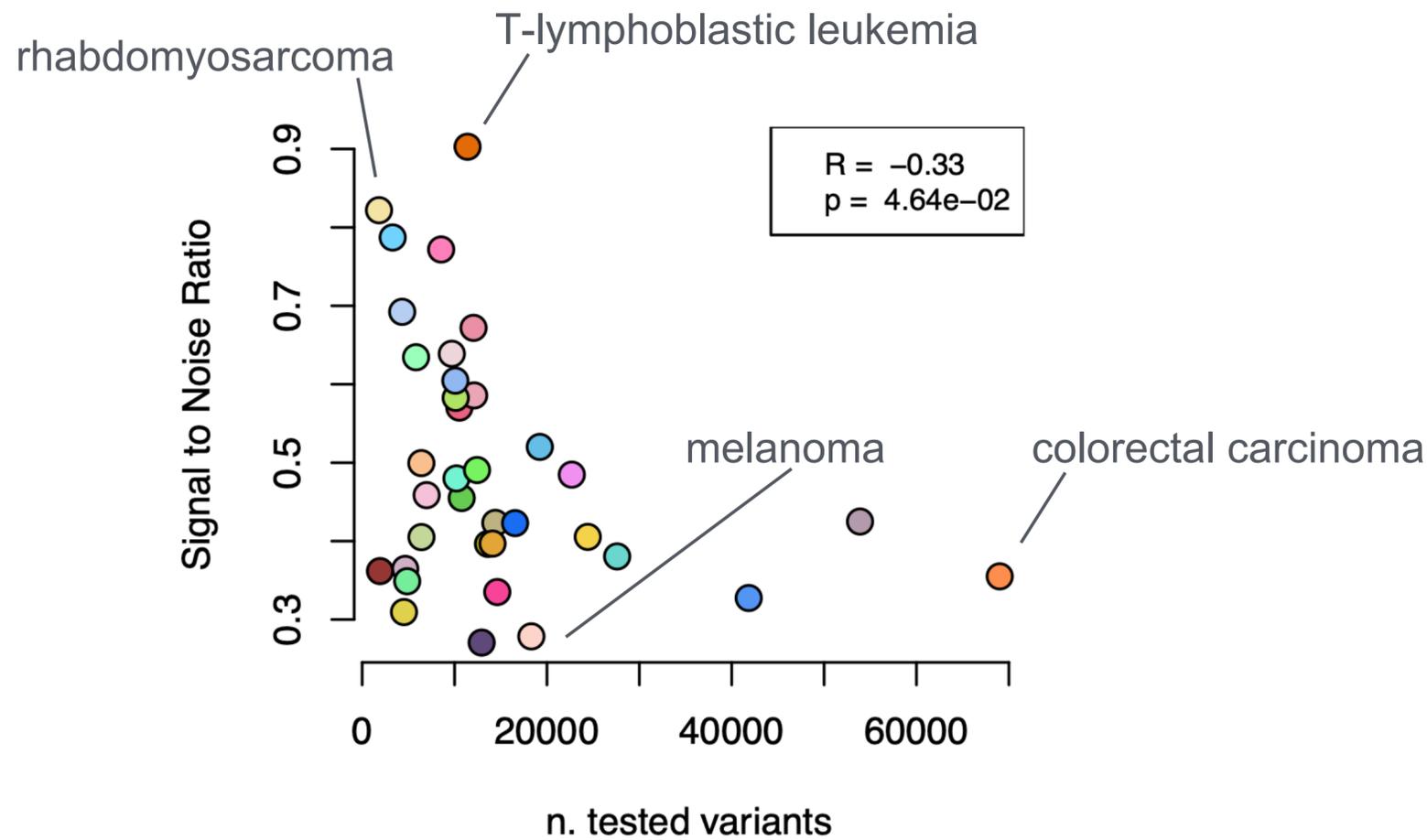
involved cell lines = **545** (55%)

median n. hits harboured by a cell line = **2**

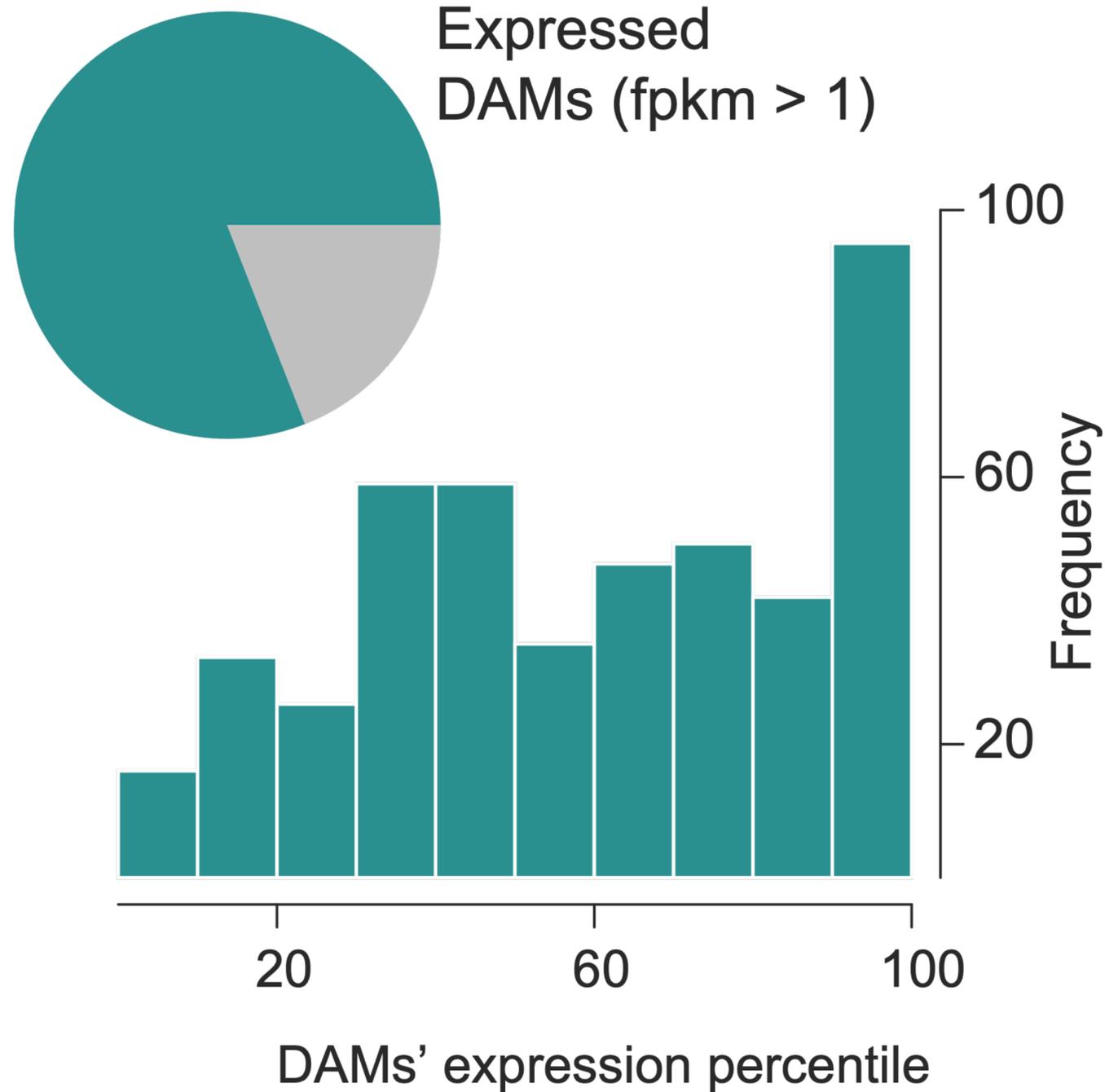
median n. of cell lines hosting a given hit = **1**



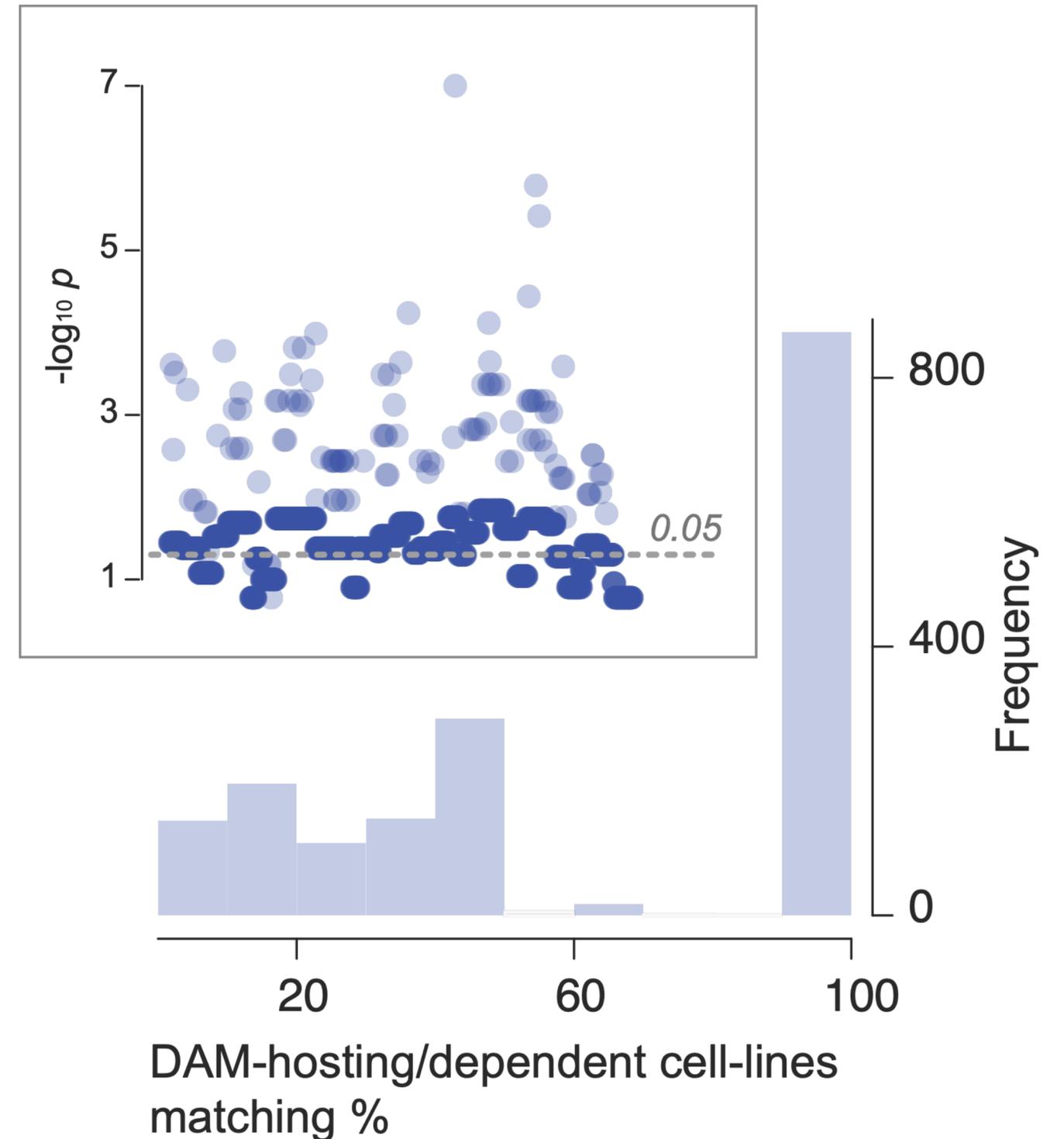
Genomically quieter Cancer-types have higher DAMs to VUSs ratio



***DAMs are generally expressed,
many are highly expressed***

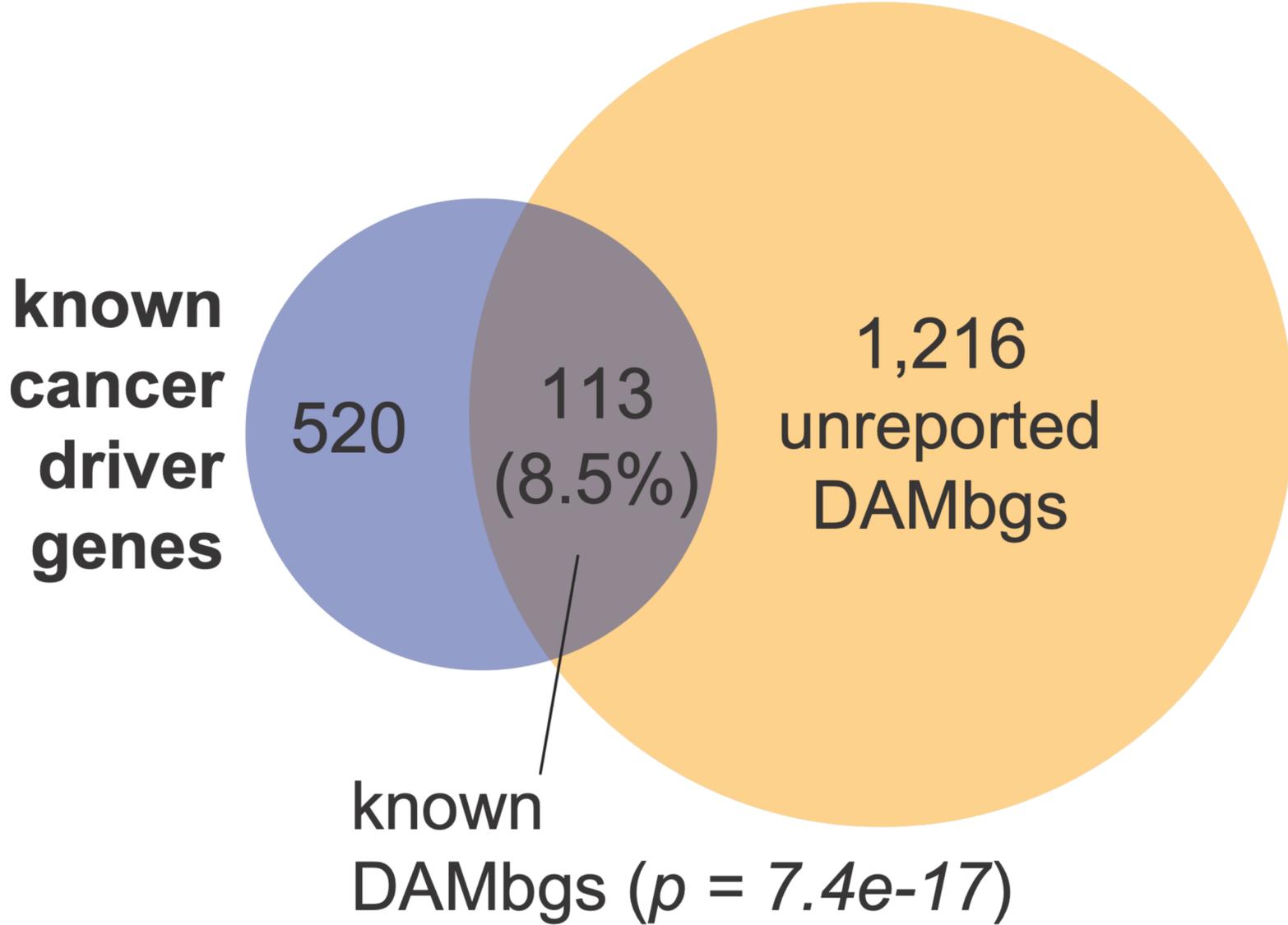


***...and there is a good match between
DAM-hosting cell-lines and cell-lines that are
dependent on the DAM-hosting gene***

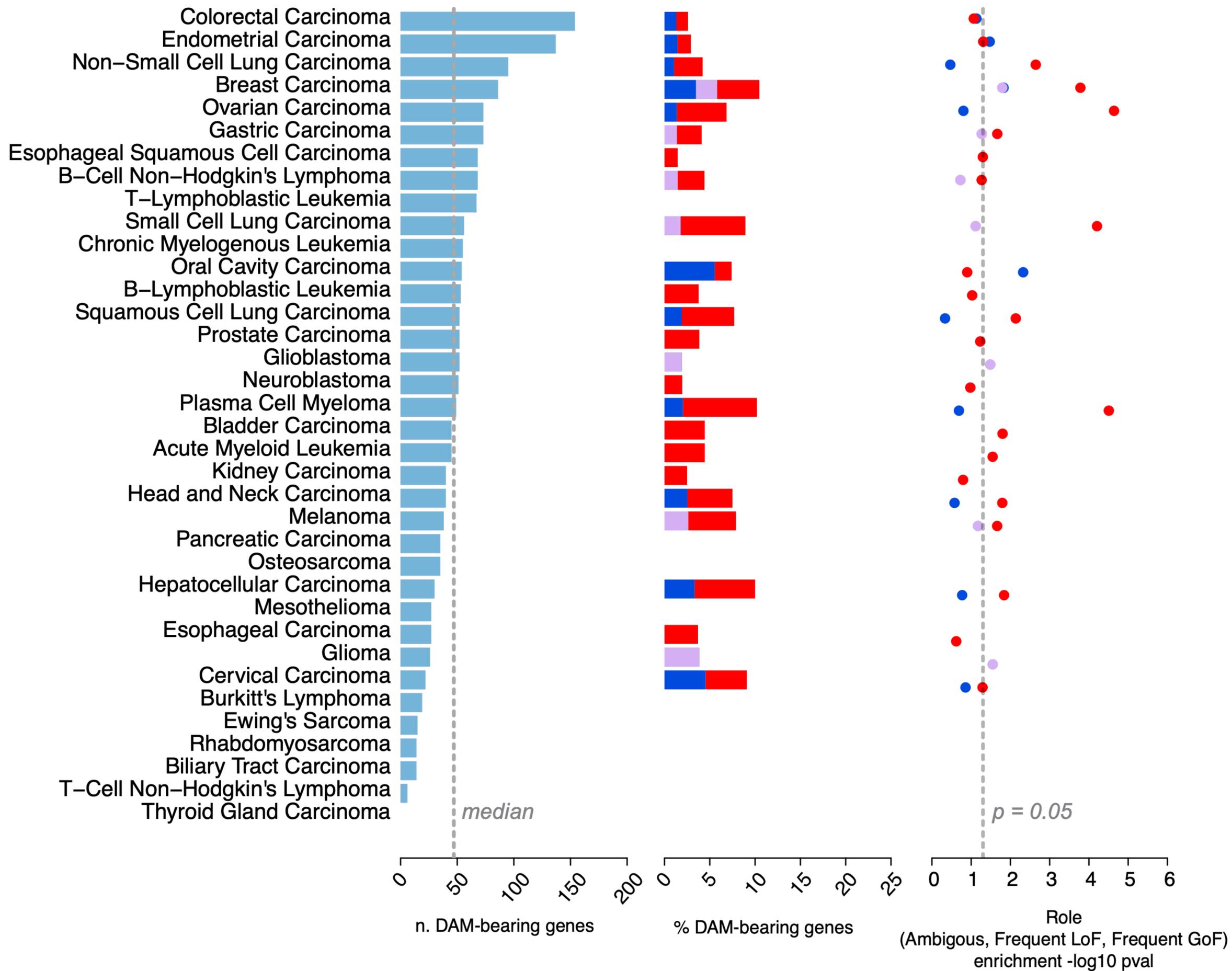
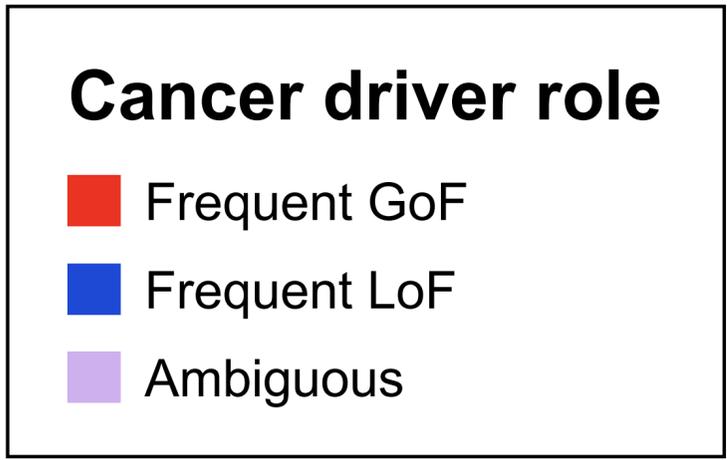


DAM-bearing genes are enriched for known cancer drivers

**1,329 DAM-bearing genes
(DAMbgs)**



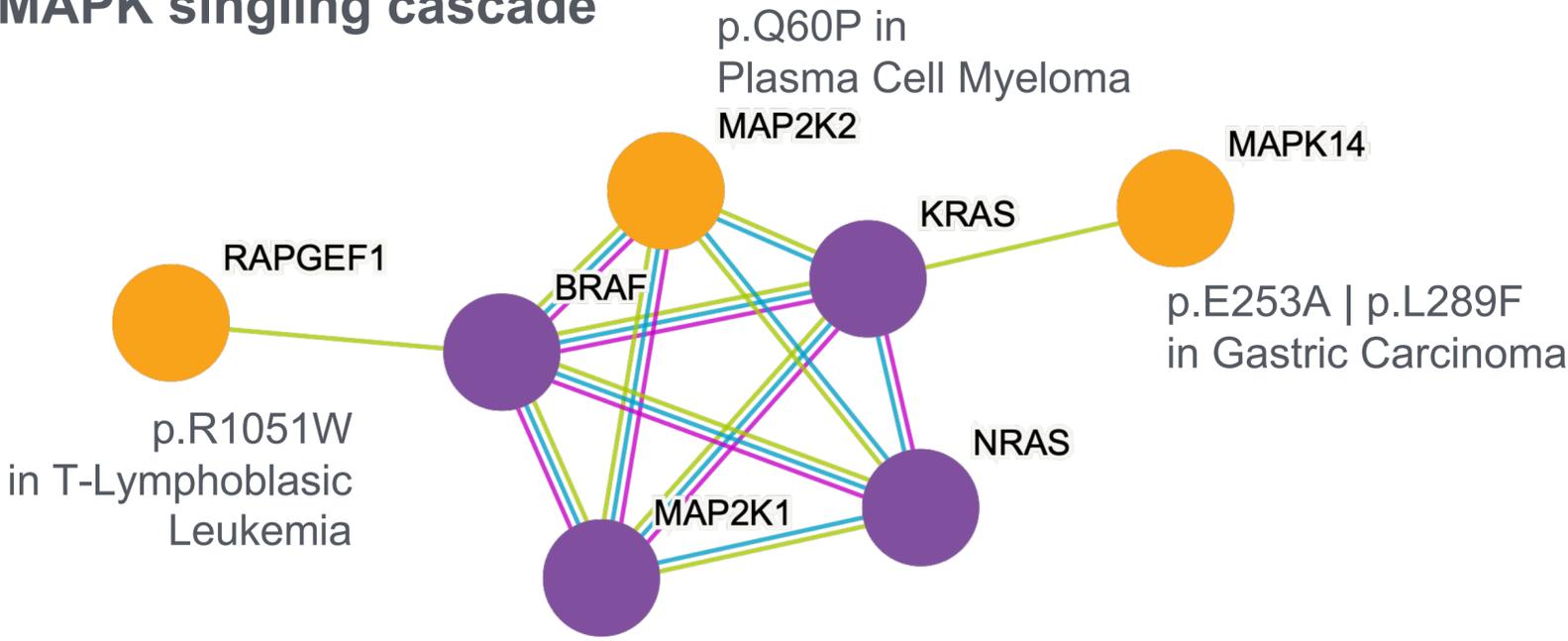
DAMbgs are prominently enriched for GoF driver genes



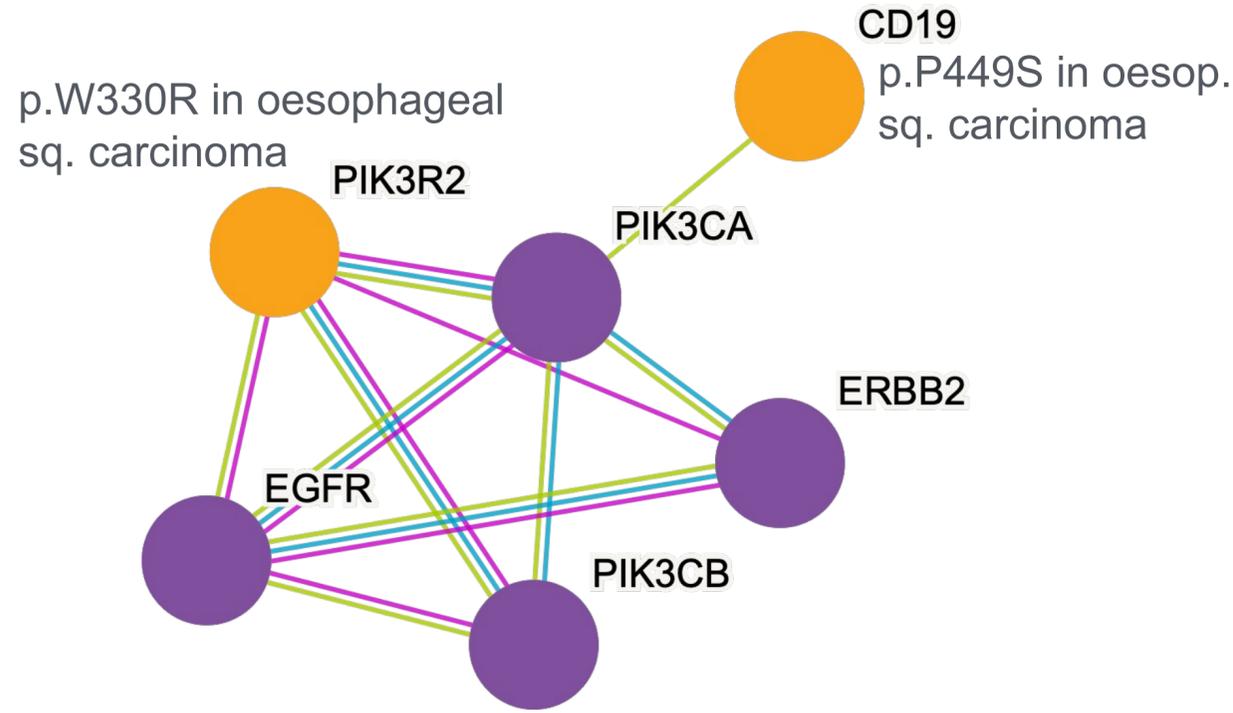
Dependency-Associated Mutations Converge on Canonical Cancer Pathways

Highlighting Overlooked Nodes

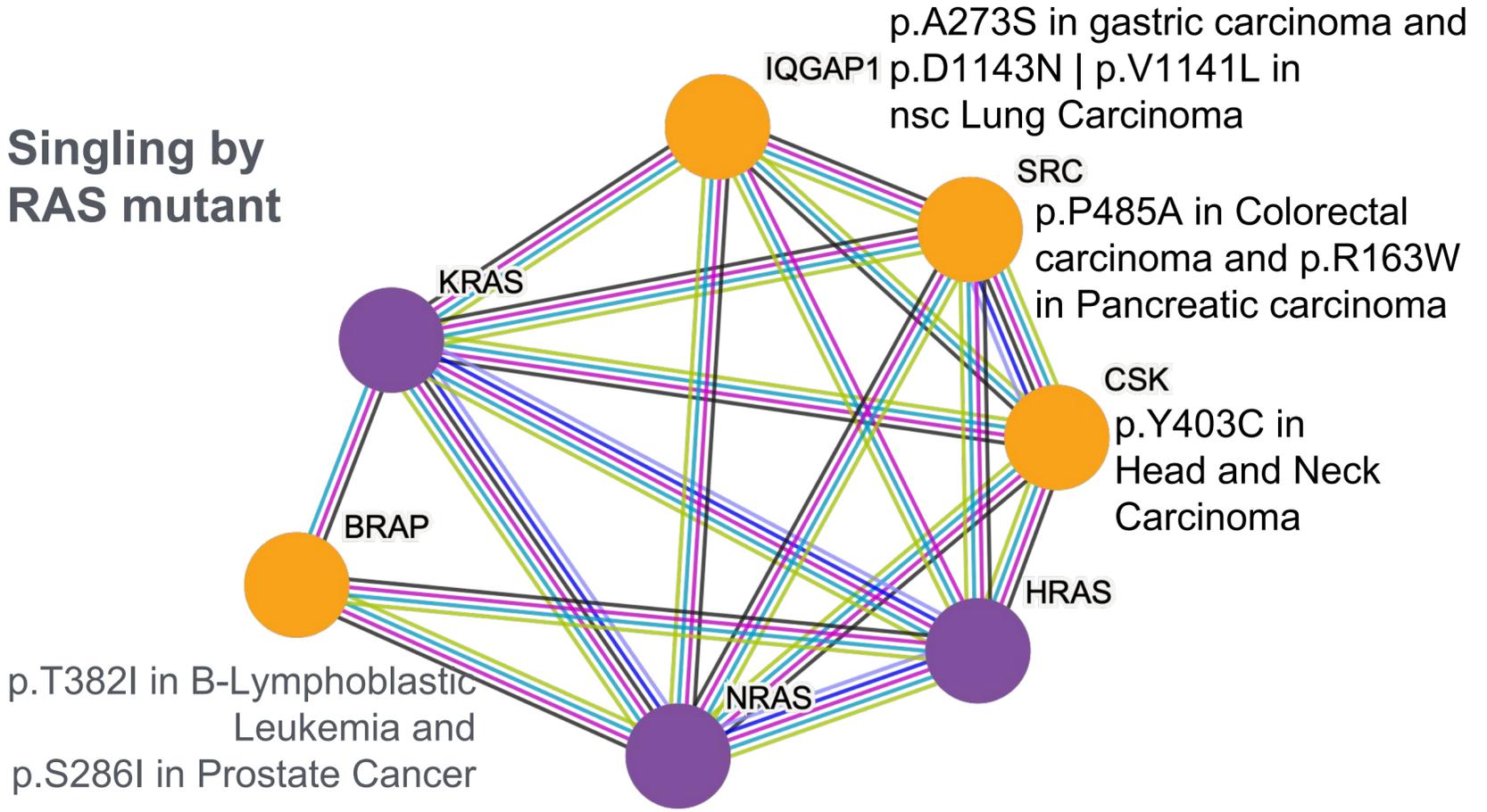
MAPK signaling cascade



PI3K/AKT activation



Singling by RAS mutant

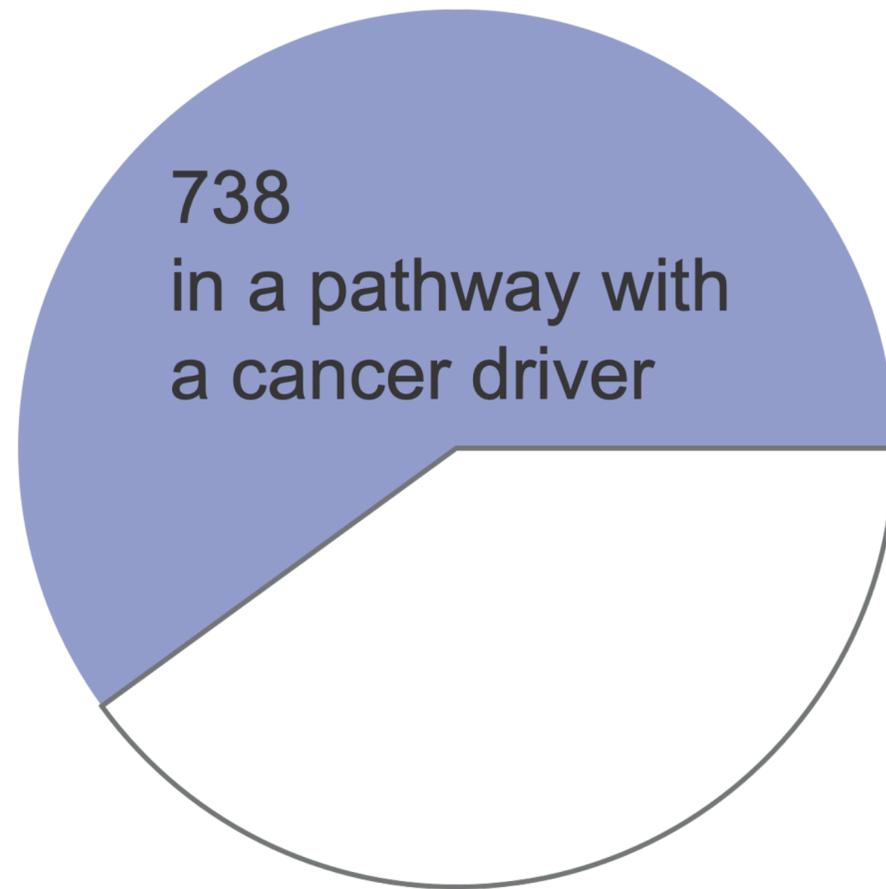


DAM-bearing genes

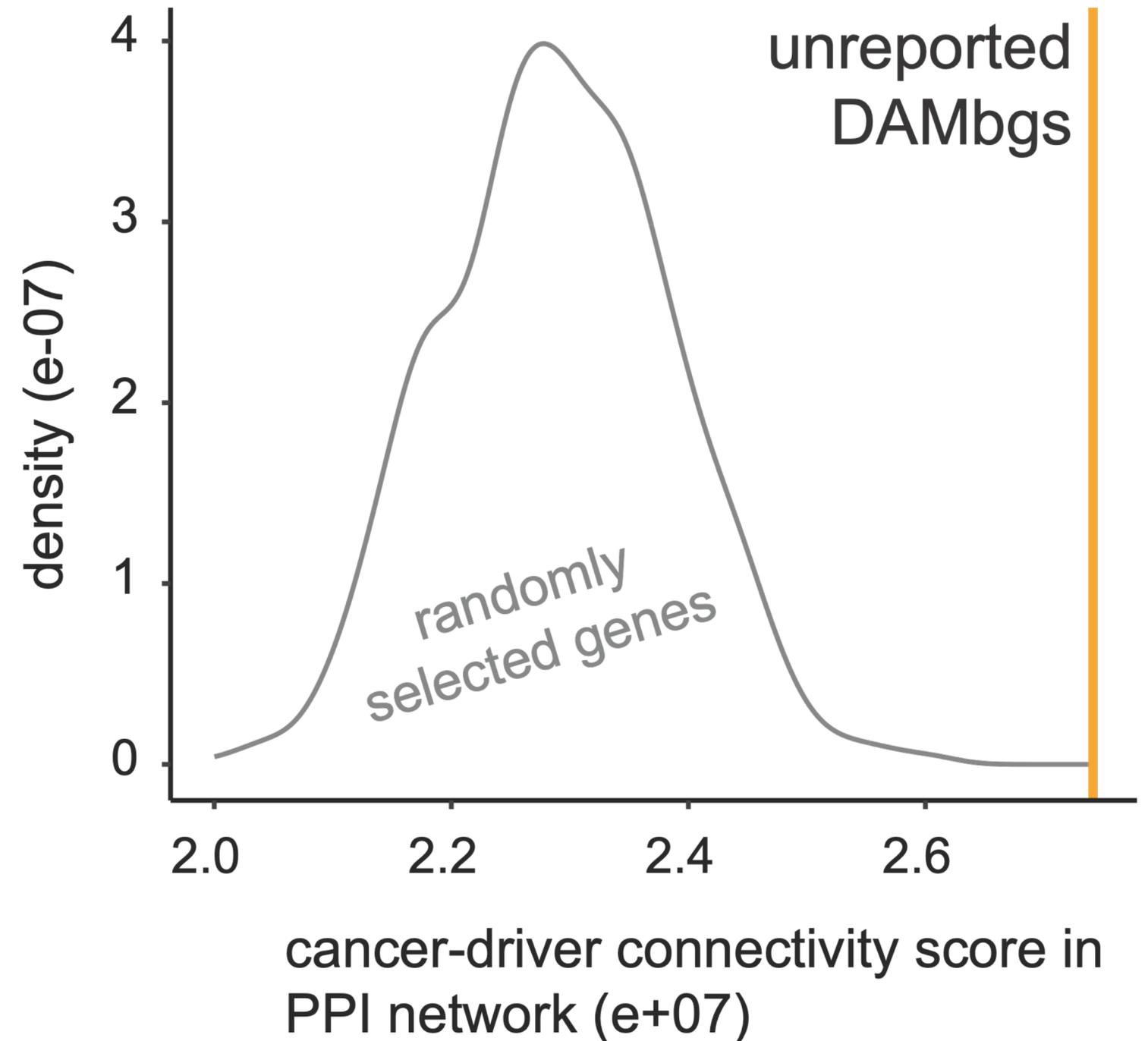


Unreported DAM-bearing genes are functionally connected to established cancer drivers

1,216 unreported DAM-bearing genes



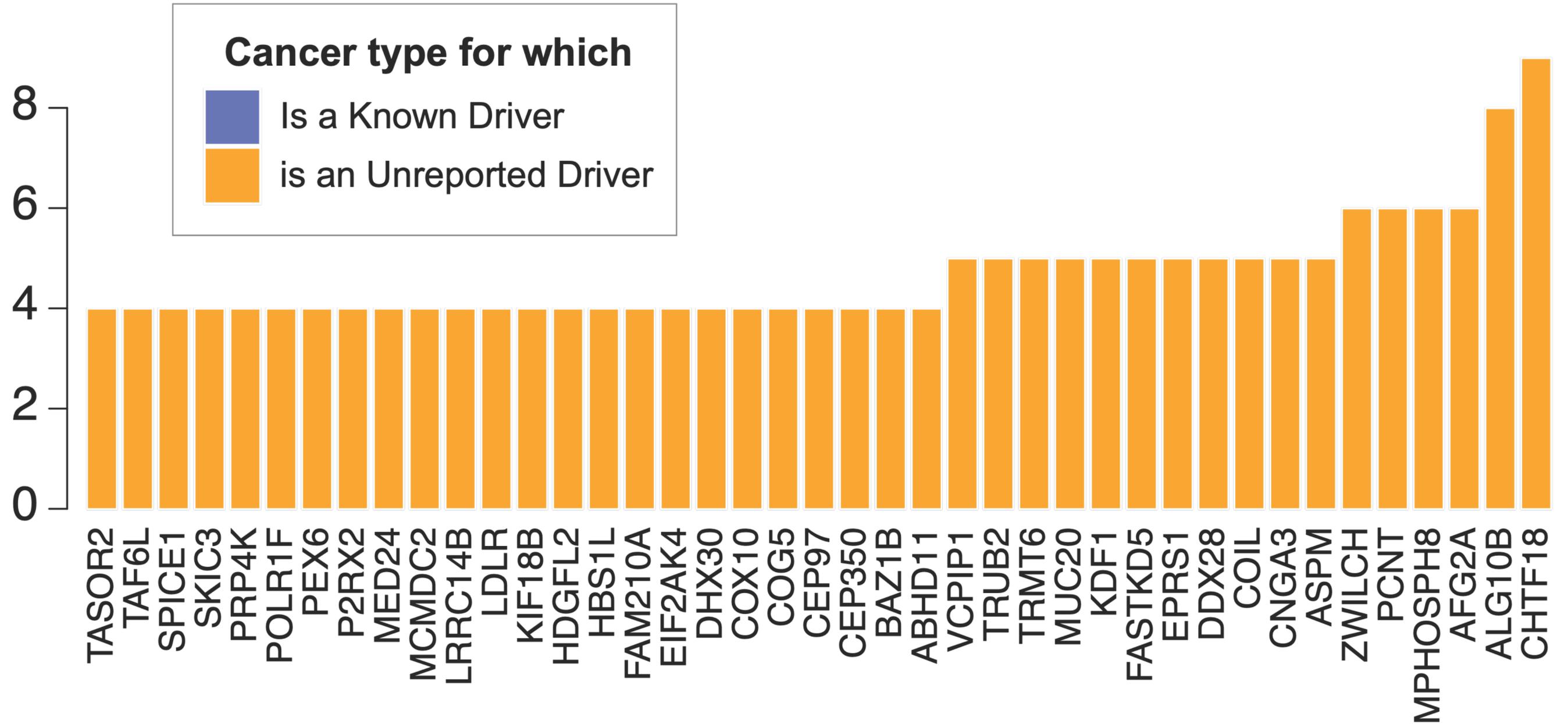
$p = 2.38 \times 10^{-70}$
expectation = 440



Most frequently detected DAM-bearing genes (unreported drivers)

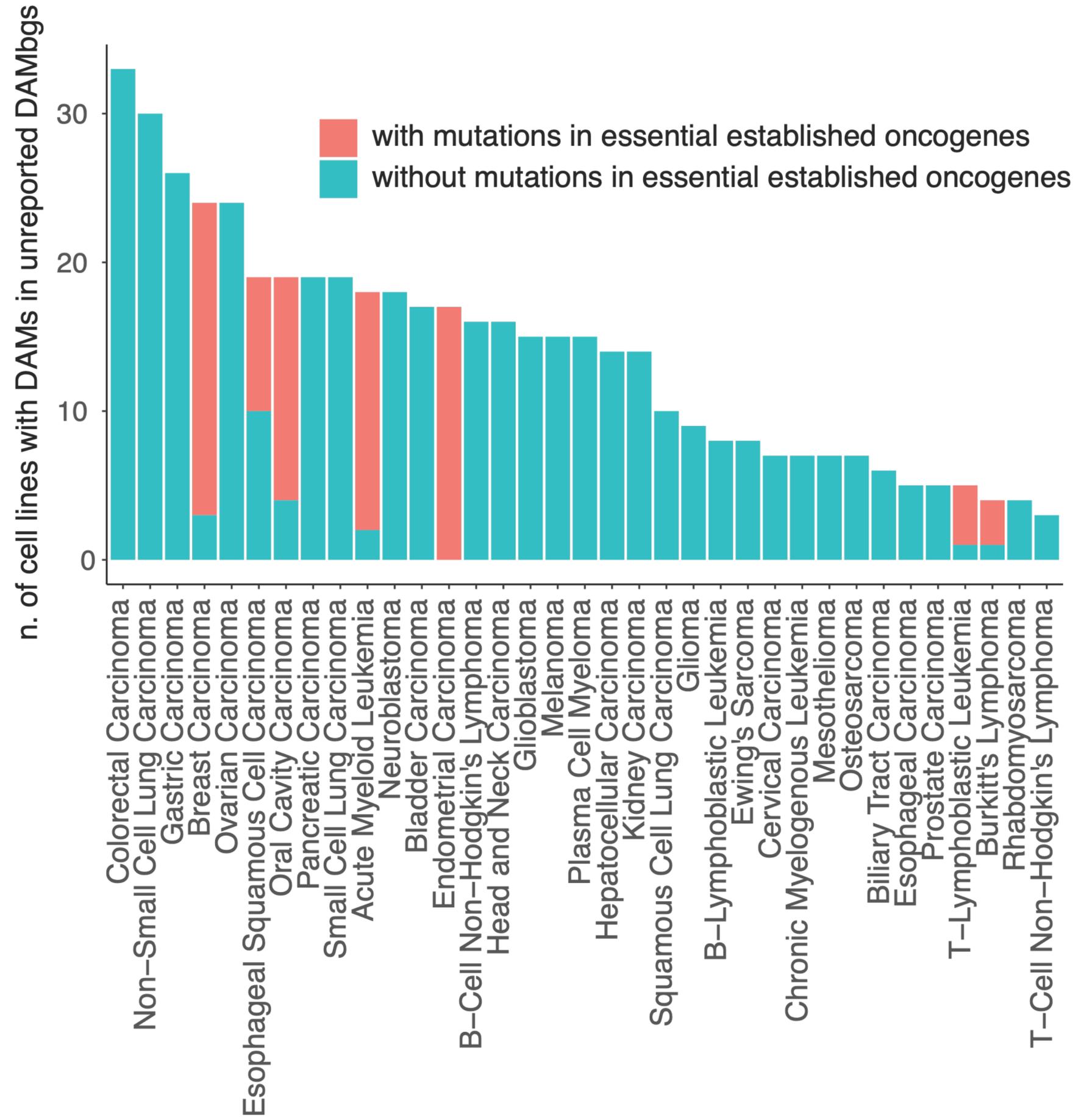
The overlooked layer of cancer actionable vulnerability?

DAMbgs in *n* cancer type specific analyses

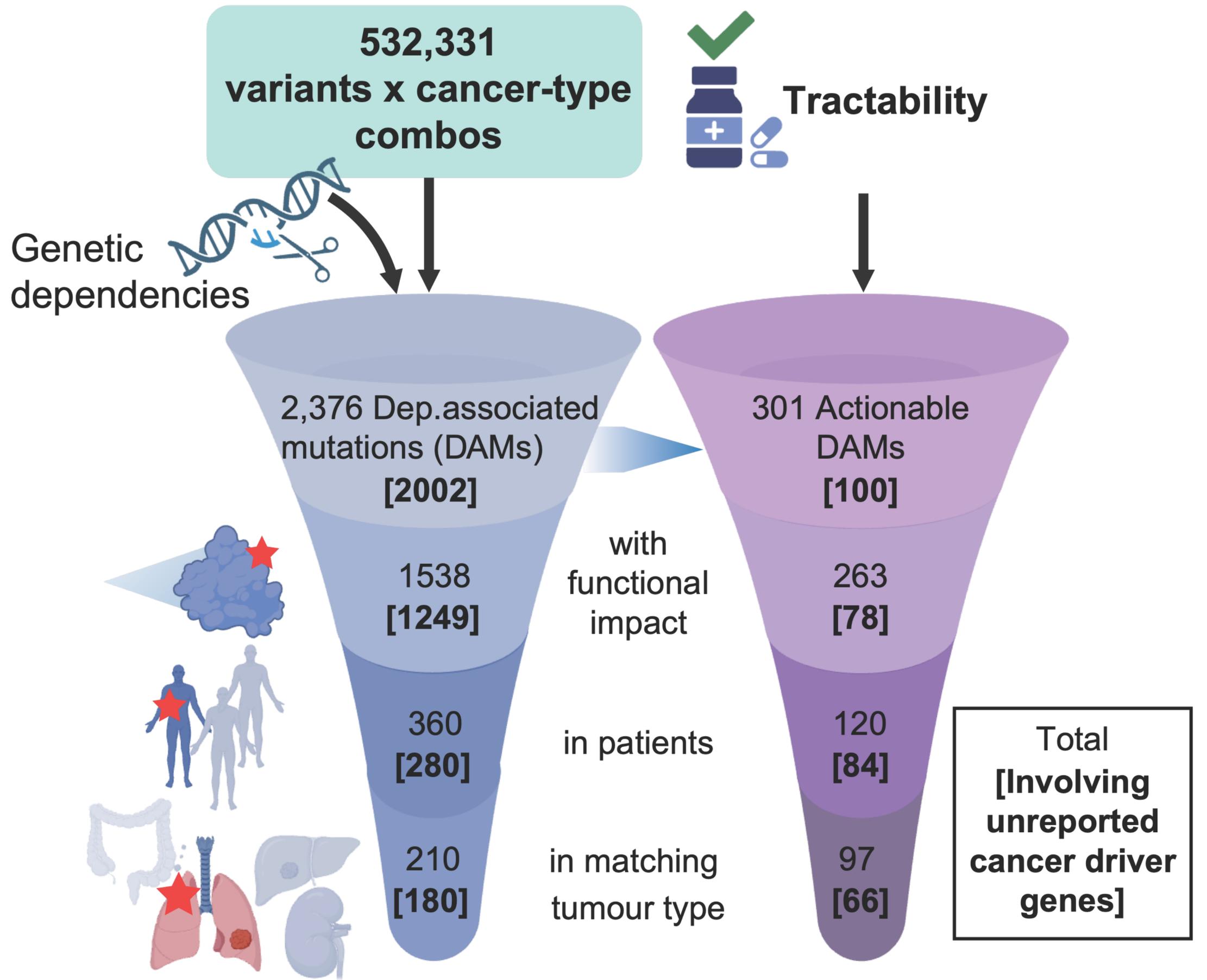


Most unreported DAMs are exclusive dependencies

Vast majority of DAMs are found in cell lines where known activating driver mutations, typically conferring strong oncogenic dependency, are absent or not associated with hosting gene essentiality

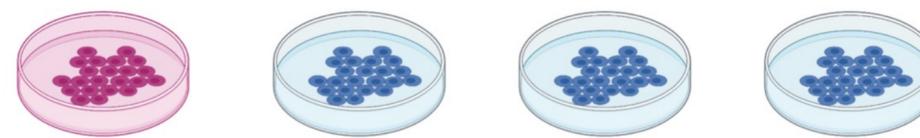
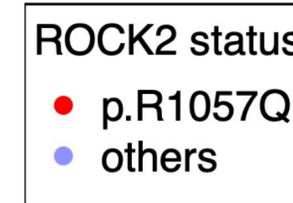
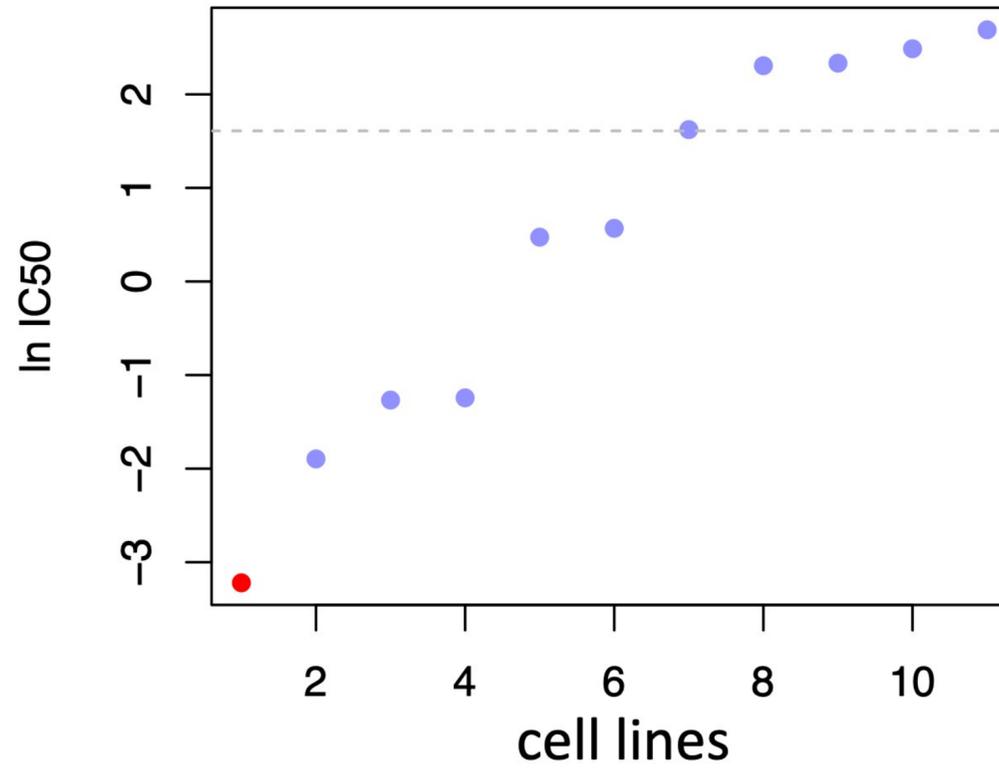


Many DAMs have functional impact, are found in cancer patients and are druggable



many DAMs are also associated with strong sensitivity to inhibitors of the mutated protein

ROCK2 inhibitor: GSK269962A



More sensitive to the drug GSK269962A, targeting ROCK2

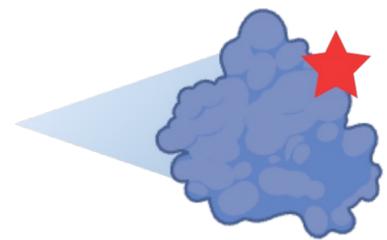
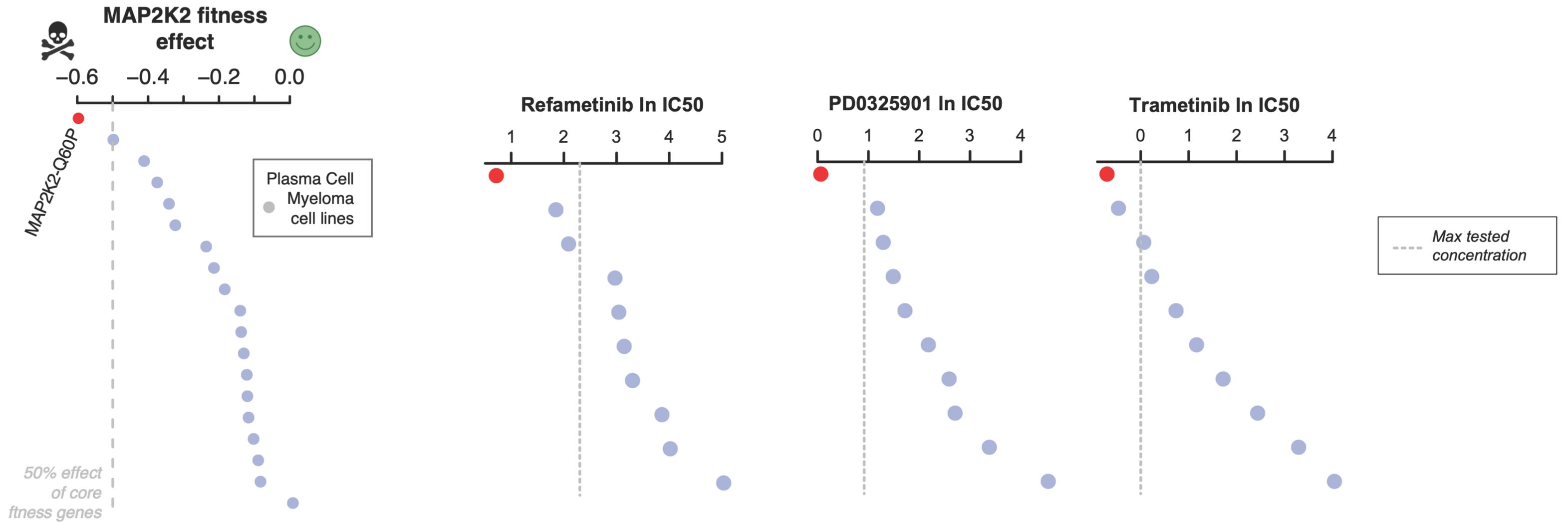
ROCK2 p.R1057Q

ROCK2 WT

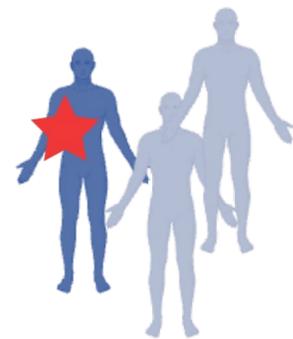
Systematic evaluation using GDSC and PRISM data

Rare variants define druggable dependencies in real patient populations

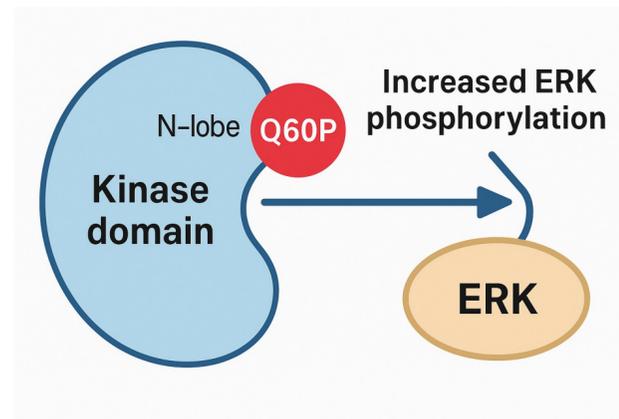
ex. MAP2K2 Q60P in Plasma Cell Myeloma



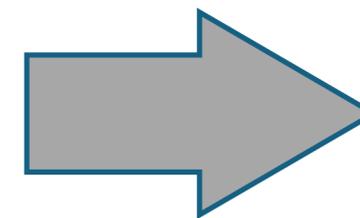
with SIFT/Polyphen predicted functional impact



Detected in 6 PCM patients; MAP2K2 is not currently a PCM drive



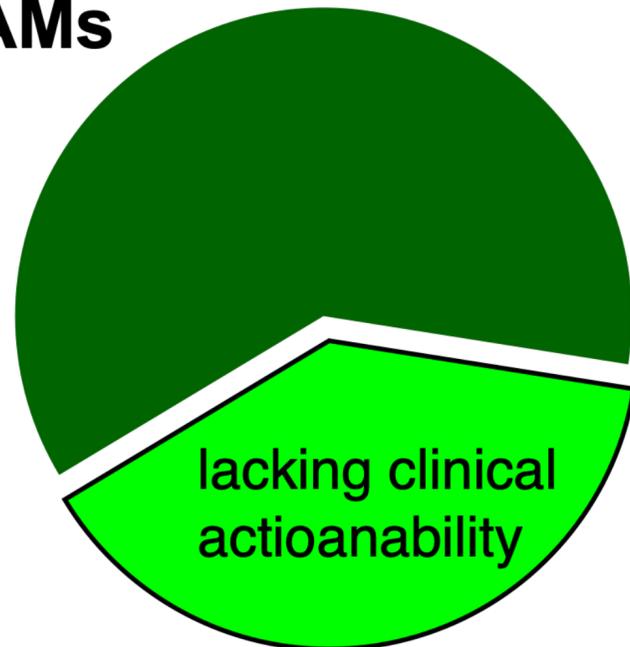
Mechanistically plausible



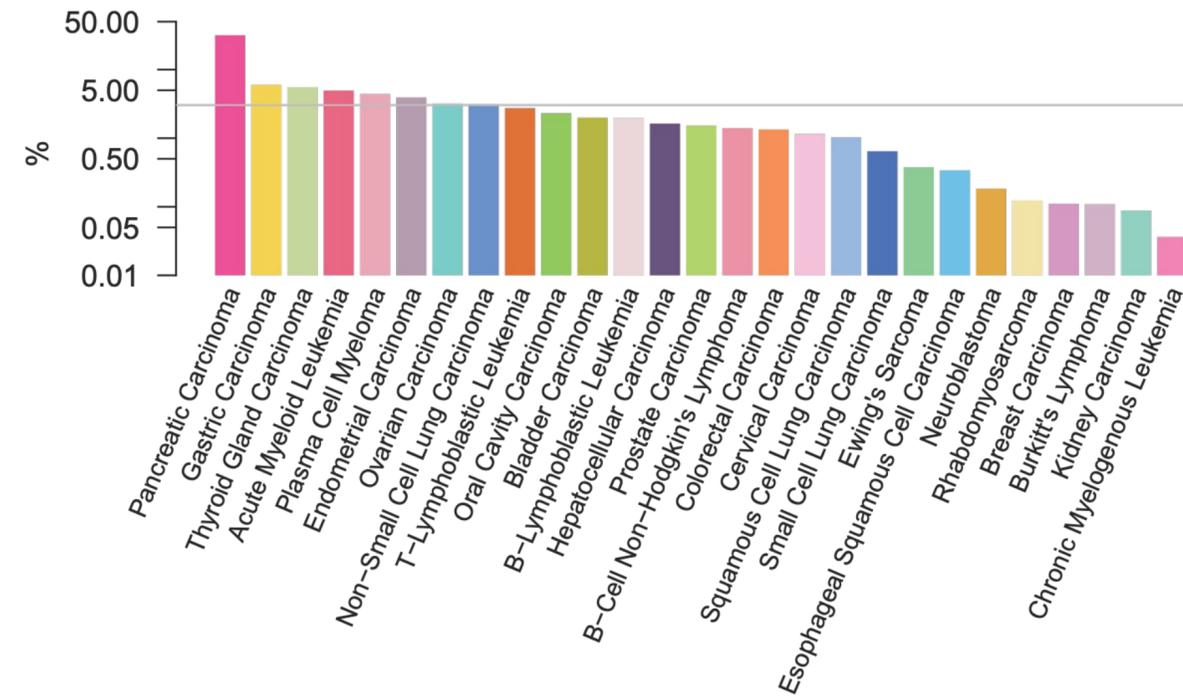
drug repurposing opportunity with an immediate biomarker (Q60P)

We uncover clinically relevant subcohorts that current oncology can't stratify

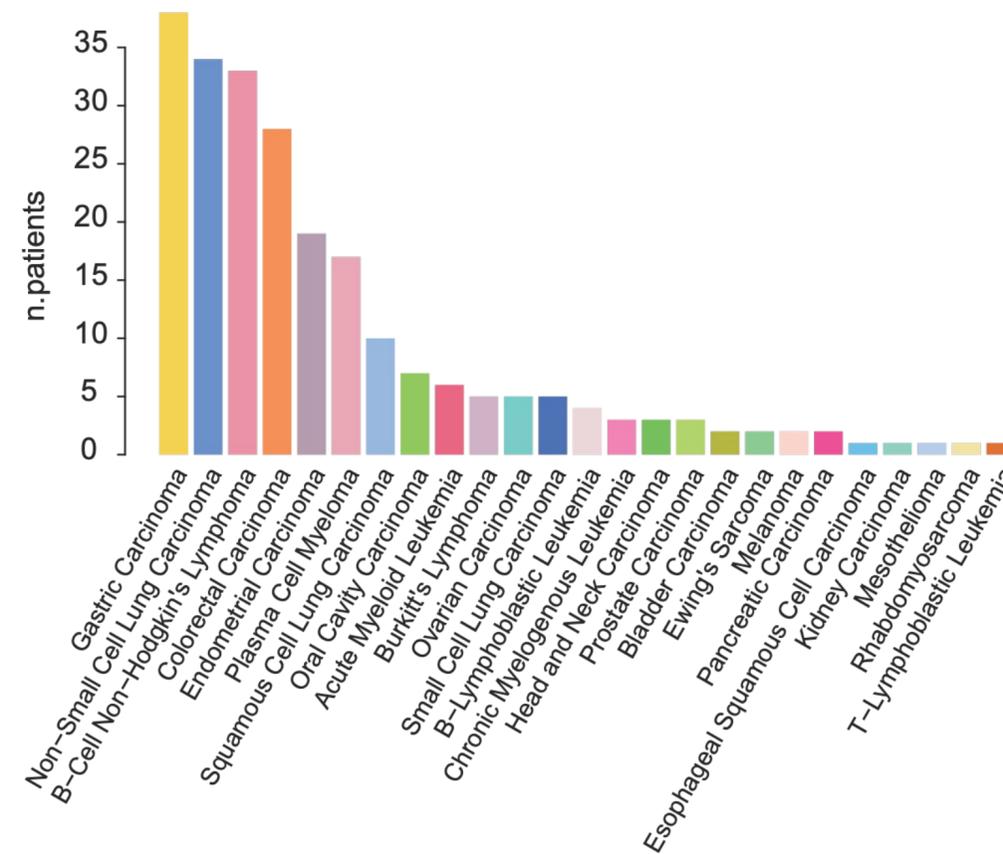
7,190 Patients with DAMs



Patients with no actionable mutations covered by the DAMs

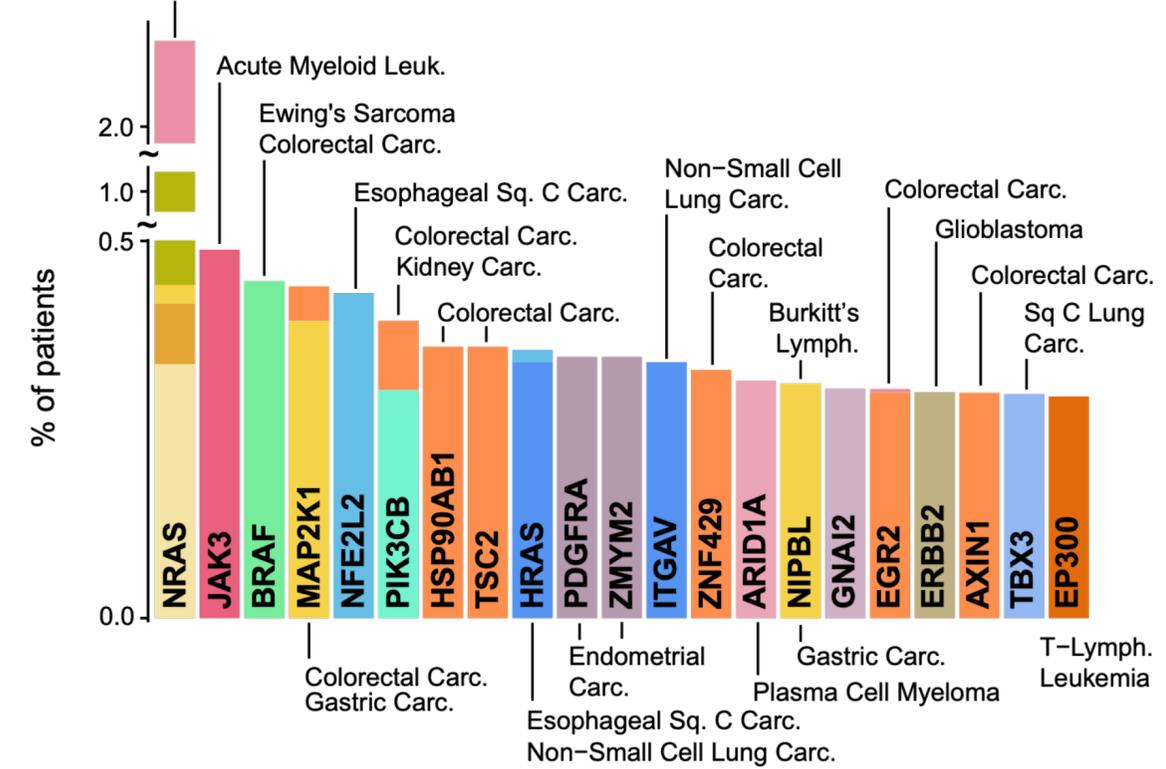


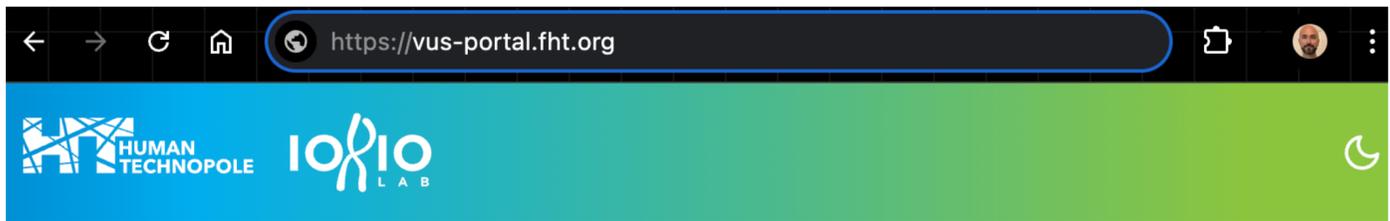
Patients with no actionable mutations covered by the DAMs (unreported DAM bearing genes only)



B-Cell Non-Hodgkin's Lymph.
Bladder Carc.
Gastric Carc.
Neuroblastoma
Rhabdomyosarc.

Off-context DAMs in established cancer drivers





The CRISPR-VUS portal

<https://vus-portal.fht.org/>

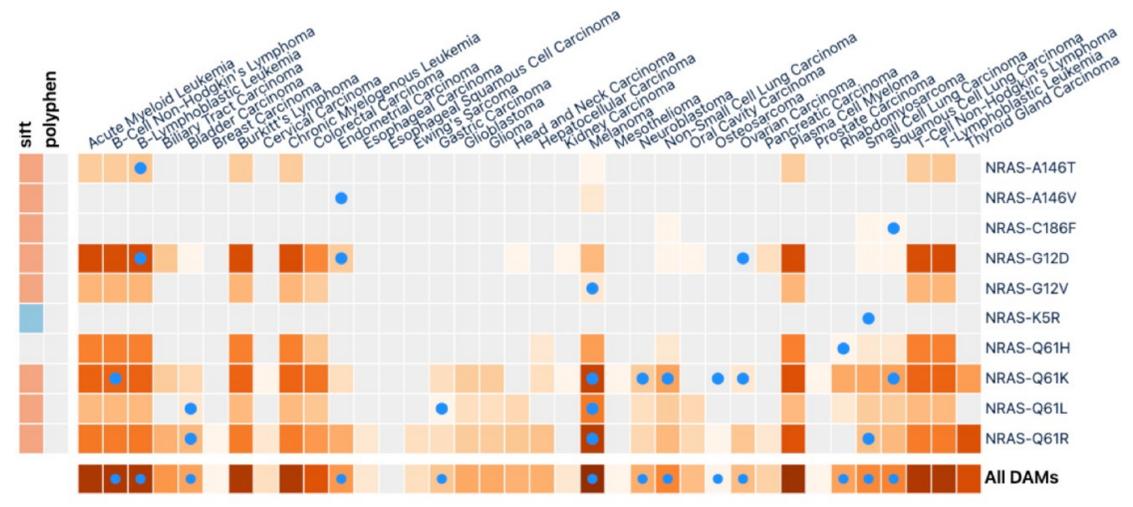


CRISPR VUS Portal

Search by gene

Gene: NRAS

- DAM Status**
 - is DAM
- Polyphen**
 - Probably
 - Possibly Damaging
 - Benign
 - Not Annotated
- SIFT**
 - deleterious
 - deleterious low confidence
 - tolerated low confidence
 - tolerated
 - Not Annotated



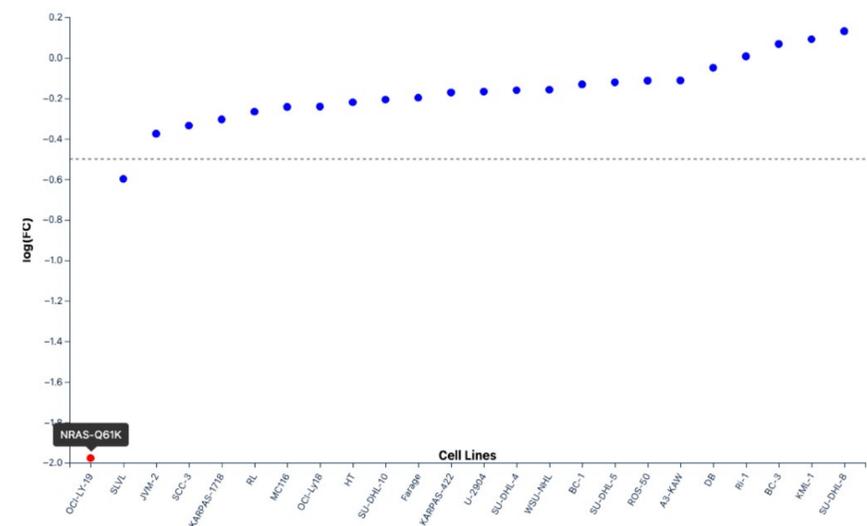
CRISPR VUS Portal

Search by gene

Gene: NRAS

Cancer Type: B-Cell Non-Hodgkin's Lymphoma
Rank Ratio: 1
Variant: NRAS-Q61K (is DAM: true)

- Present
- Absent





CRISPR-enhanced assessment of variants of unknown significance nominates oncology therapeutic targets and drug repositioning opportunities

 Aurora Savino,  Athanasios Oikonomou,  Riccardo R De Lucia,  Miguel L Grau,  Kathrina McCarten,  Hanna Najgebauer,  Umberto Perron,  Luca Azzolin,  Alexandra Livanova,  Paolo Cremaschi,  Nuria Lopez-Bigas,  Andrea Sottoriva,  Francesco Iorio

doi: <https://doi.org/10.64898/2026.01.20.700565>

In response to reviewers' comments, we are performing a pooled prime-editing screen introducing ~2,000 DAMs into non-transformed immortalised cell lines to test their causal role in generating oncogenic fitness and targetable dependencies.

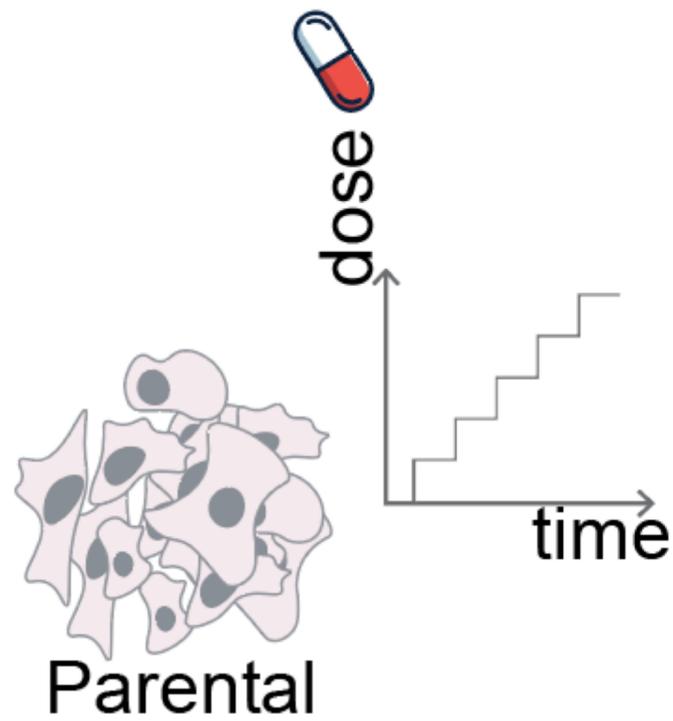
Summary

- CRISPR-based approach to identify **Dependency-Associated Mutations (DAMs)**: VUS associated with self-addictions
- DAMs frequently affect **non-canonical driver genes**
- DAMs complement known oncogenic addictions, completing cancer pathways and revealing **novel vulnerabilities**, especially in **genomically quiet** tumours
- A subset of DAMs also associate with increased drug sensitivity (**SAMs**), offering **variant-guided opportunities for repositioning**
- Many DAMs and SAMs are **observed in patient data**, albeit in minority subsets
- This strategy expands the reach of precision oncology to patients **beyond targetable genotype carriers**



Cancer Drug Sensitivity-Recovery Map

Identifying vulnerabilities of drug adapted cancer cells



New genetic dependencies
not present in the parental ?



- 1) targets for combinatorial therapies
- 2) mechanistic insights

Progress to date

19 parental (drug sensitive) cell lines

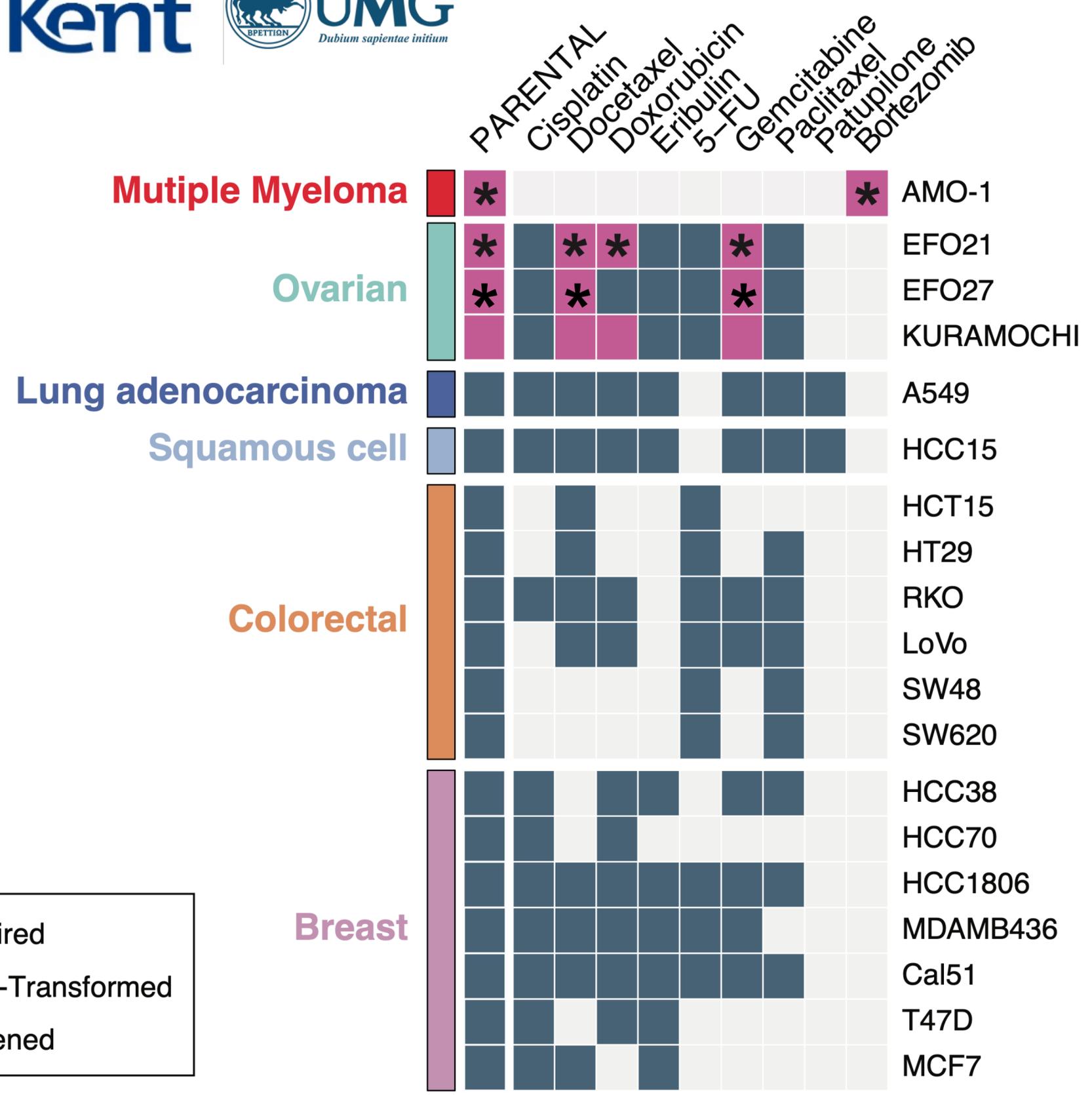
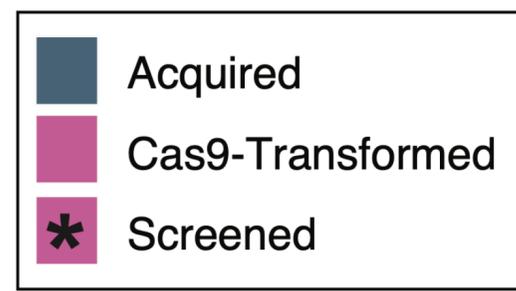
89 drug-resistant clones

6 Cancer types

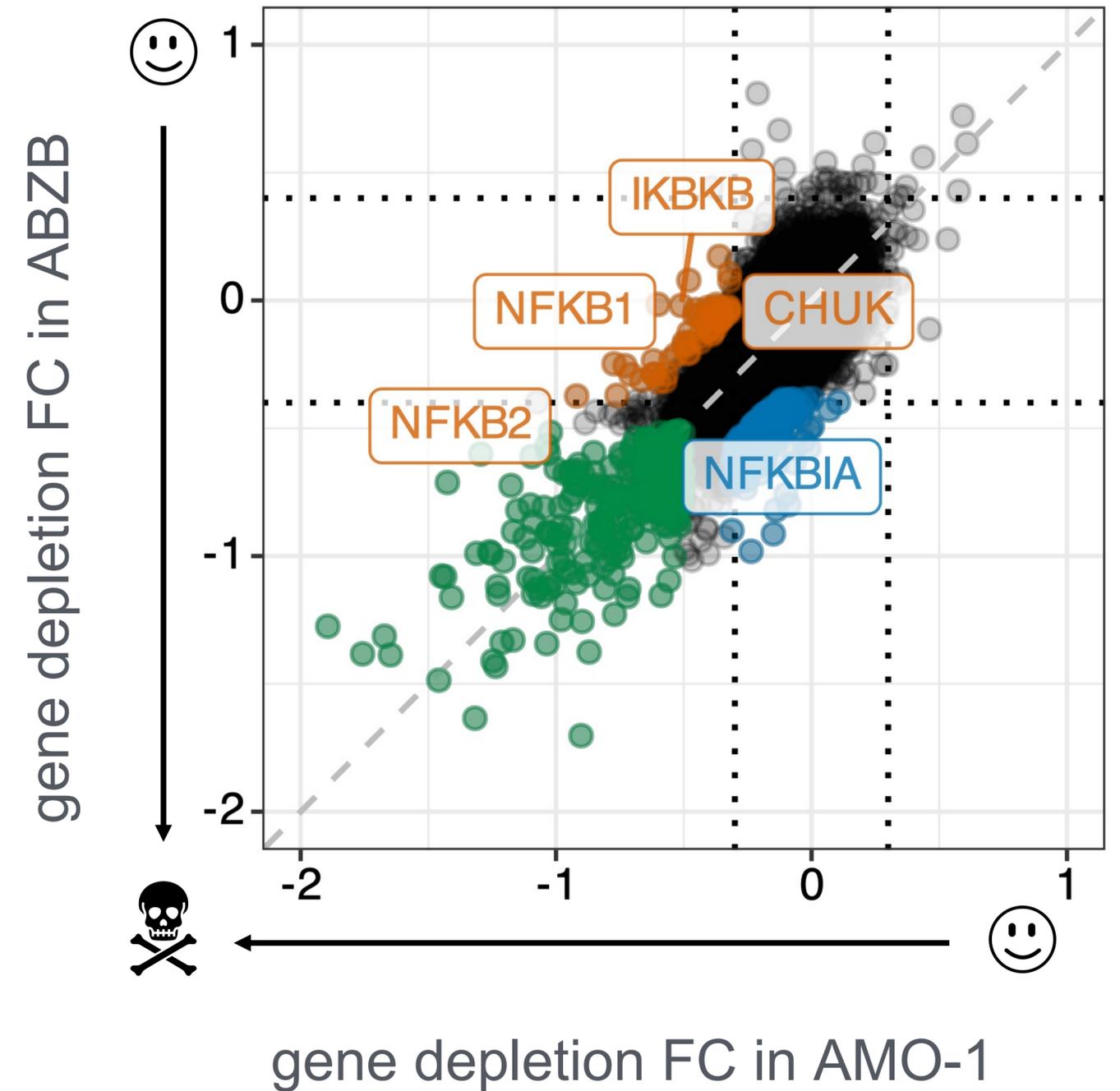
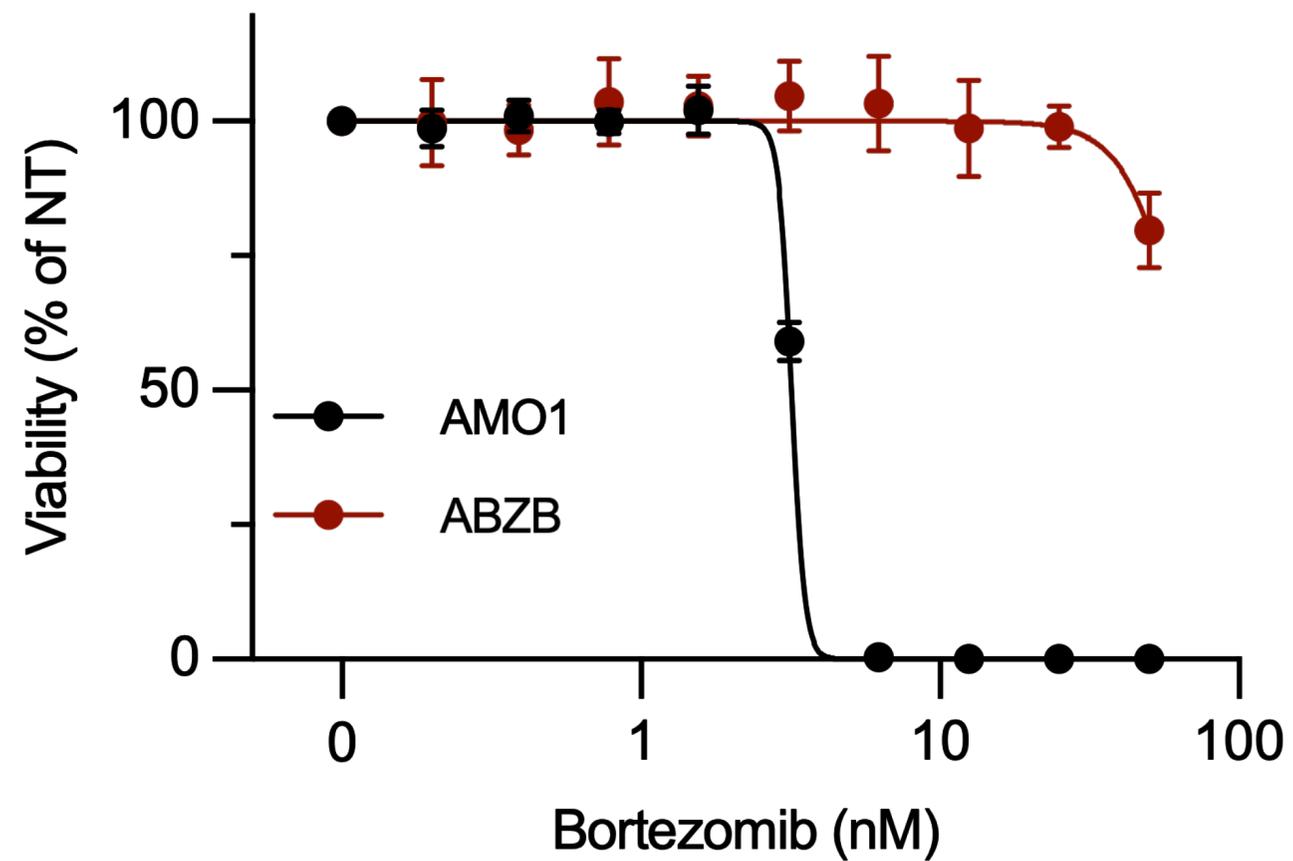
9 Drugs



N. Radic

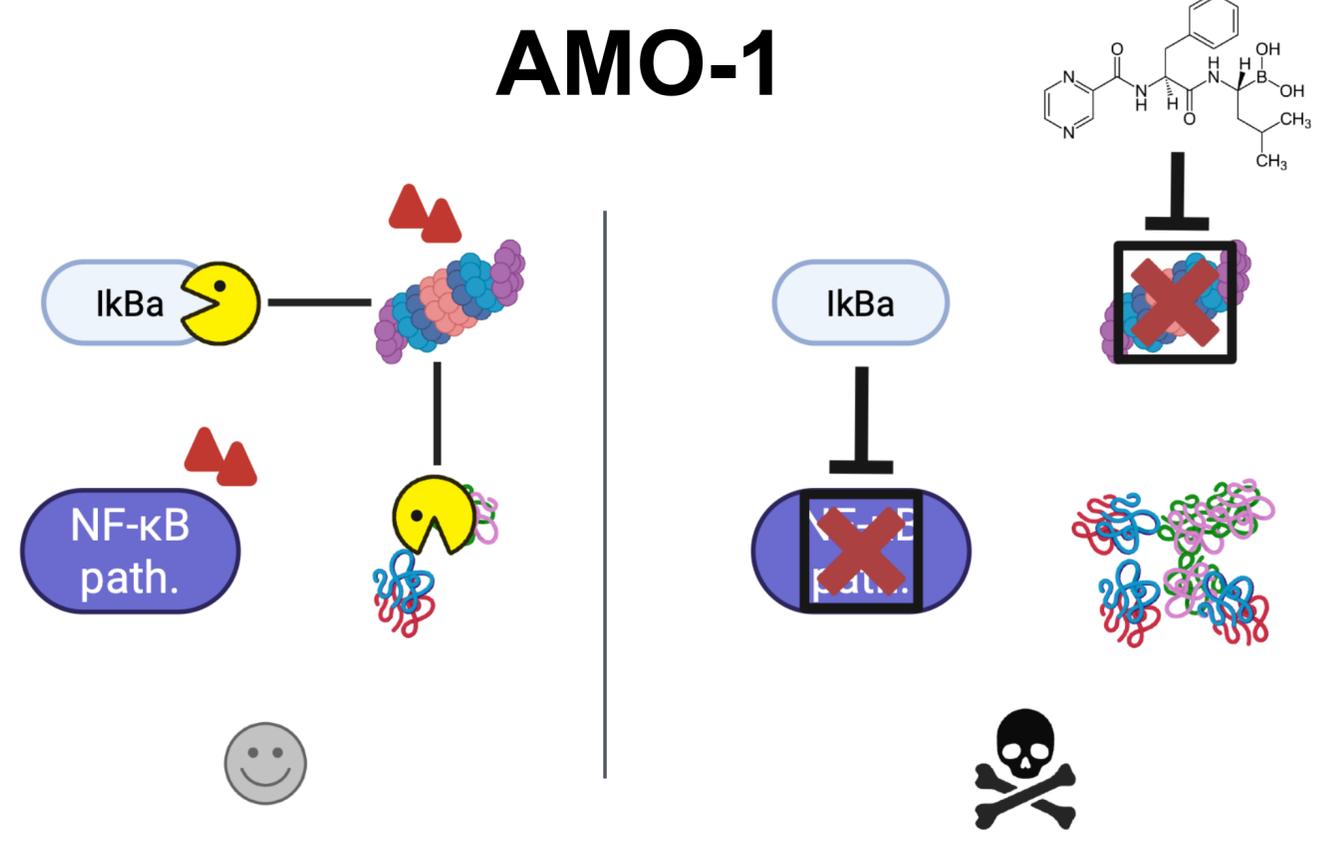
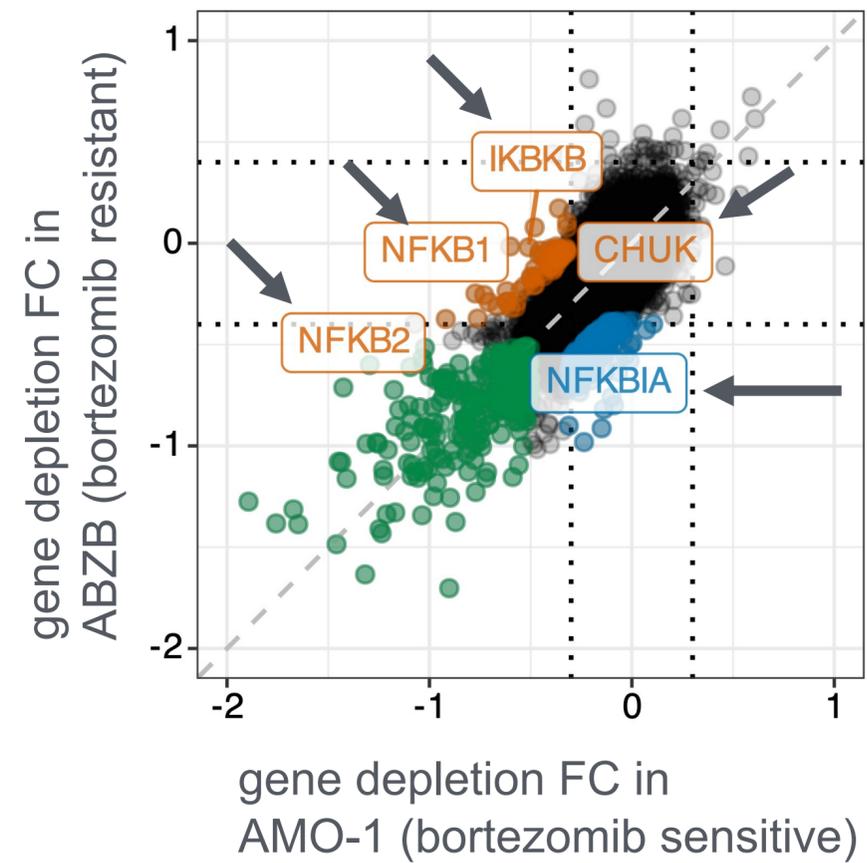


Identifying secondary vulnerabilities of cancers with acquired drug resistance



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Expected hits for AMO-1 with bortezomib resistance



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