News & Views

A typical cancer genome contains thousands of mutations, where majority occupy non-coding regions of the genome. However, the classical models of cancer posit that only a few of these mutations are under strong positive selection and drive the cancer forward. Currently, majority of these driver mutations have been found in coding regions of the genome. This observation poses two key questions: a) to what degree driver mutations in coding region are yet to be found? and b) whether there are many driver mutations lurking in non-coding regions of the genome?

Identification of non-coding drivers is significantly challenging due to vastness of the noncoding space and the difficulty to accurately determine functional motifs of noncoding elements. These issues also confound the power (number of samples required) to detect all non-coding driver mutations in a cancer cohort. In addition, ascertainment also plays a major role in non-coding driver discovery. For instance, due to better understanding of the coding region, lot of effort has been directed toward characterizing driver mutations in coding regions compared to non-coding regions. This is analogous to the classic drunk looking under the lamppost problem.

Despite these challenges, some progress has been made to identify non-coding drivers. For instance, prior studies have shown that driver mutations occur in the *TERT* promoter in many cancers. Moreover, functional impact calculation clearly indicates presence of high impact mutations in the non-coding region of various cancer genomes. In addition, multiple studies highlight the role of enhancer hijacking process in tumorigenesis. However, these are few examples and our understanding of non-coding drivers is rudimentary.

On page xxx of this issue, Esther et. al. make a foray towards addressing this question. For a cohort of 360 breast cancer patients, they attempt to look for coding and non-coding driver mutations, in an unbiased fashion. In this study, they provide evidences suggesting that in case of uniform ascertainment in a cancer genome, one could find as many noncoding driver mutations as coding ones. Moreover, they predicted that mutations within promoters of *FOXA1*, *RMRP* and *NEAT1* significantly alter transcription. These findings were further validated using functional assays measuring changes in

gene expression and protein binding. So far, we have seen functional validation for a small number of the non-coding mutations, particularly those related to TERT promoter. $(A \cap A) = (A \cap A)$

In this study, prediction of driver regulatory elements was based on, identifying non-coding elements that a) harbor significantly high variant counts relative to expectation, or b) contain clusters of mutations around their regulatory motifs. Furthermore, for driver discovery, patient-specific background mutation rate was utilized, which takes into account of the total mutation frequency and total frequency of bases with sufficient coverage across all analyzed elements. Moreover, relatively large cohort size in this study make it possible to identify driver mutations in promoter regions, which are mutated in at least 10% of patients. Nonetheless, power analyses indicate that it would require larger cohort to detect majority of driver mutations which are typically present in 3 to 5% of patients in a cohort.

For a number of reasons, uncovering driver mutations in non-coding elements has been more challenging compared to coding ones. First, non-coding regions are generally much larger than coding regions. Second, both coding and non-coding regions comprise of discontinuous block of functional territories separated by different genomic elements. These boundaries are well understood for coding regions, where multiple exons are clearly linked through splice junctions into a transcript. In contrast, we lack such clear demarcation for noncoding regions. For instance, a gene can be connected to the non-coding regions often reside within uniform chromosomal and epigenetic contexts. In contrast, the genomic context of non-coding regions is relatively more heterogeneous, thereby making background mutation rate estimation quite challenging. Thus, non-coding driver discovery often requires correction for many covariates, such as chromatin state, transcriptional activity and replication timing, which is non-trivial.

A simplistic (but exceedingly expensive) approach to deal with these challenges is sequencing a large number of patients in a given cohort. This approach is adopted by the Pan Cancer Analysis of Whole Genome (PCAWG) project, in which ~2800 tumor-normal samples for 40 different cancer subtypes have been sequenced through WGS. The large number of samples sequenced can provide

sufficient power to detect sparsely mutated regulatory elements. However, sample frequency within a cohort (different subtypes) remains heterogeneous to achieve required power.

An alternative approach will be to develop better functional annotations of the non-coding genome with precise definition of functional motifs. ENCODE encyclopedia serves as an excellent resource for such annotation. However, the accuracy of non-coding annotation is particularly important \mathcal{FCALE} because of their scale. An appreciable false positive rate in defining the annotations will quickly dilute any signal for positive selection in non-coding regions. Furthermore, we will need to link these functional motifs into distinct modules to better estimate the functional burden of the non-coding genome. Similarly, conservation based annotation such as small blocks of ultra-conserved non-coding elements and ultrasensitive sites in the genome (though a detailed understanding of such elements is often missing) can be very helpful. Finally, accurate functional annotation will help in proper estimation of background mutation rates (though the statistical challenges of such estimations should not be understated).

In summary, the work by Esther *at al.* underscores the importance of identifying non-coding driver mutations in cancer genome. The falling costs of WGS will further bolster such efforts to comprehensively characterize all clinically significant alterations in cancer genomes. Finally, these comprehensive catalogues of clinically relevant alterations will help us to achieve the goal of cancer precision medicine.