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T-Cell Transfer Therapy Targeting Mutant KRAS

Andrew J. Rech, Ph.D., Robert H. Vonderheide, M.D., D.Phil.

University of Pennsylvania, Philadelphia, PA

TO THE EDITOR:

Tran et al. (Dec. 8 issue)¹ describe a remarkable case of a patient with metastatic colorectal cancer treated with autologous T cells specific for mutant KRAS G12D and restricted to the major histocompatibility complex class I allele HLA-C*08:02. The authors hypothesize that in the United States alone, thousands of patients per year may be eligible for T-cell–based immunotherapy targeting KRAS G12D. To estimate how common this opportunity may be, we identified 151 patients with *KRAS* G12D mutations out of 6125 patients in the Cancer Genome Atlas. Of these, only 4 had the HLA-C*08:02 allele as determined by a validated computational method.^{2,3}

We then investigated immune activity in tumor samples using established gene signatures.^{4,5} Comparing *KRAS* G12D–positive tumors with disease-matched *KRAS* wild-type tumors, we found no evidence of unique immune activity. Nor did we find evidence of unique immune activity in patients with the HLA-C*08:02 allele, regardless of *KRAS* mutation status.

Immunotherapy targeting KRAS G12D in patients with the HLA-C*08:02 allele appears to be an important but rare opportunity. Evaluation of other *KRAS* mutations and alleles is warranted.

References

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No potential conflict of interest relevant to this letter was reported.