

# CLL Genomics

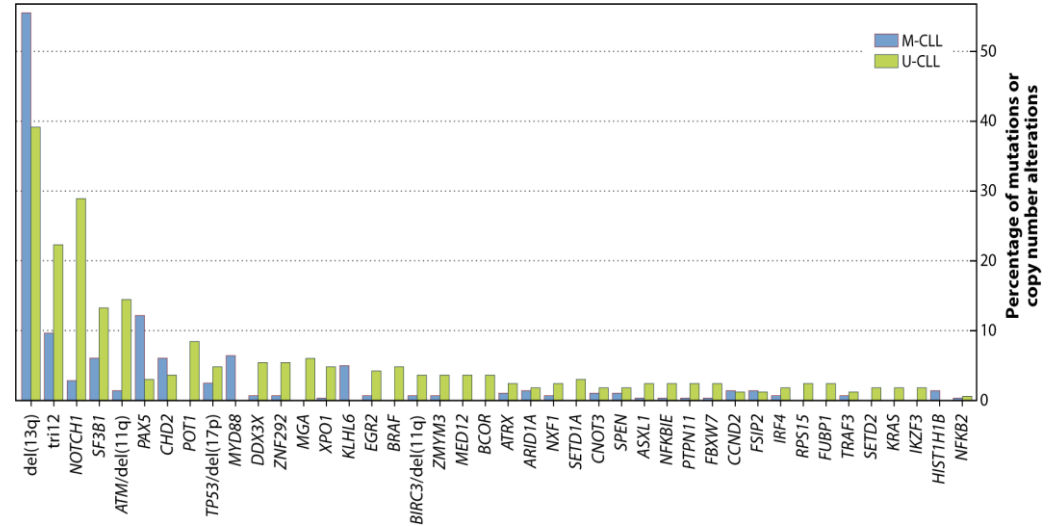
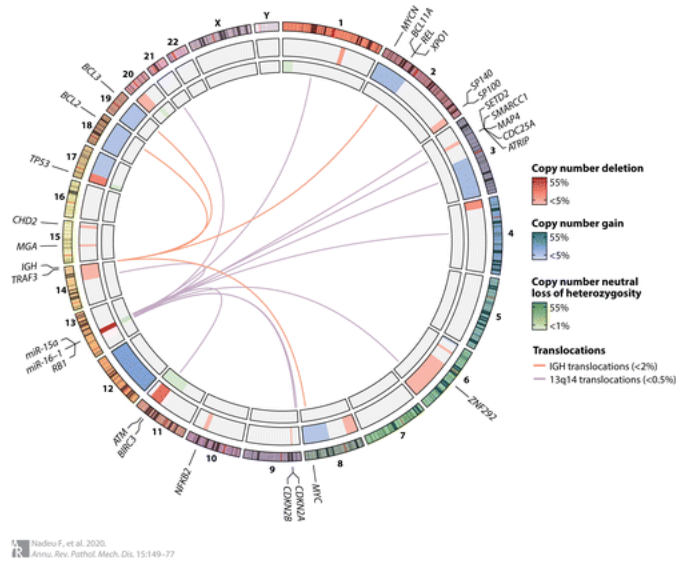
Elias Campo

Hospital Clinic, IDIBAPS, University of Barcelona

## Disclosures of Elias Campo

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Takeda						x	x
NanoString						x	x
Illumina						x	
Janssen							x
EUSPharma							x
Roche							x
GENMAB							x
AstraZeneca	x						
Diagnostica Longwood							x

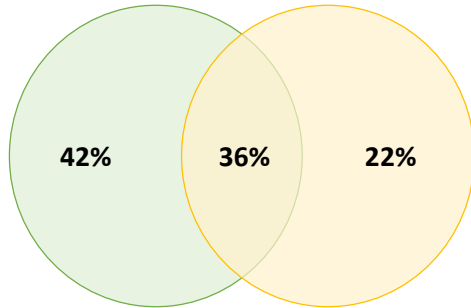
# Genomic Profile of CLL



# The genomic landscape of CLL

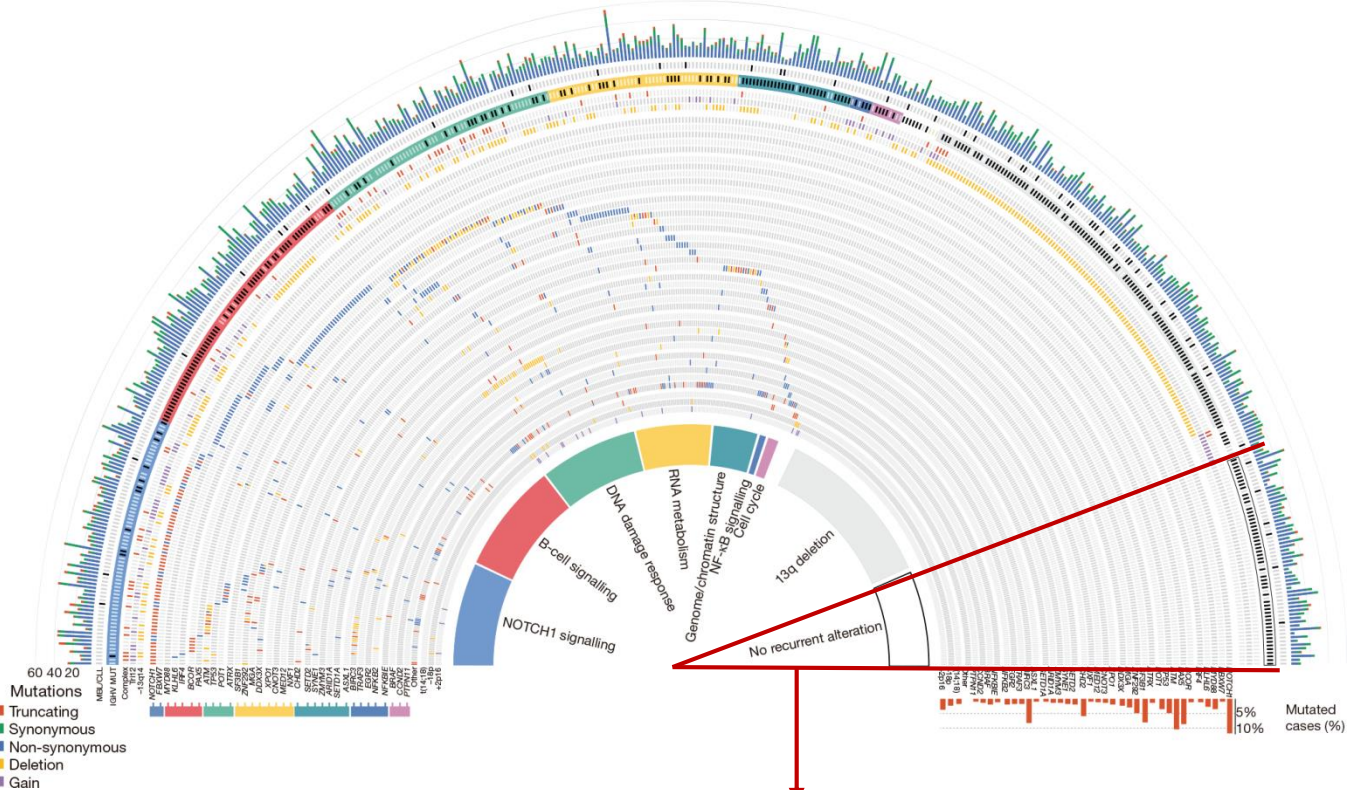
Around 80 potential  
CLL driver  
alterations

Puente, Nature 2015 Landau, Nature 2015



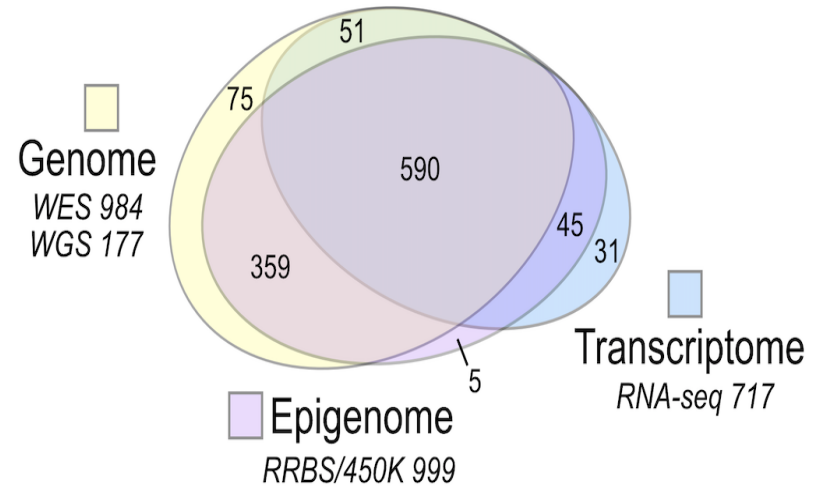
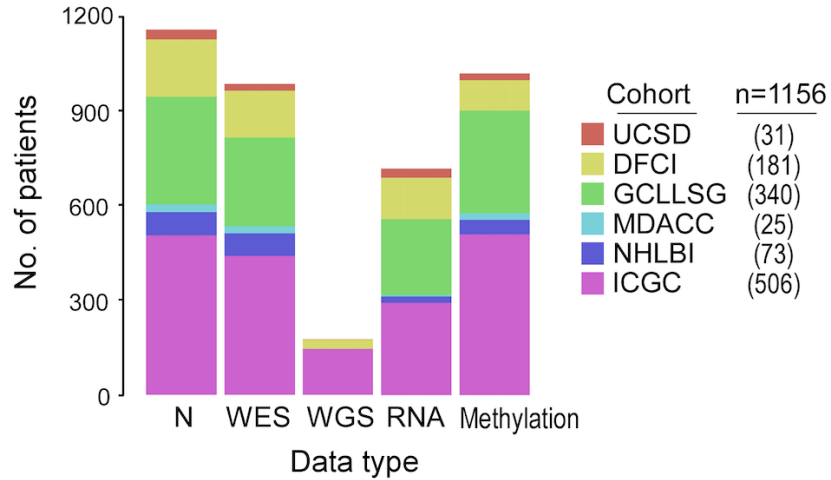
Driver discovery might be  
influenced by:

Cohort characteristics  
Methodological aspects

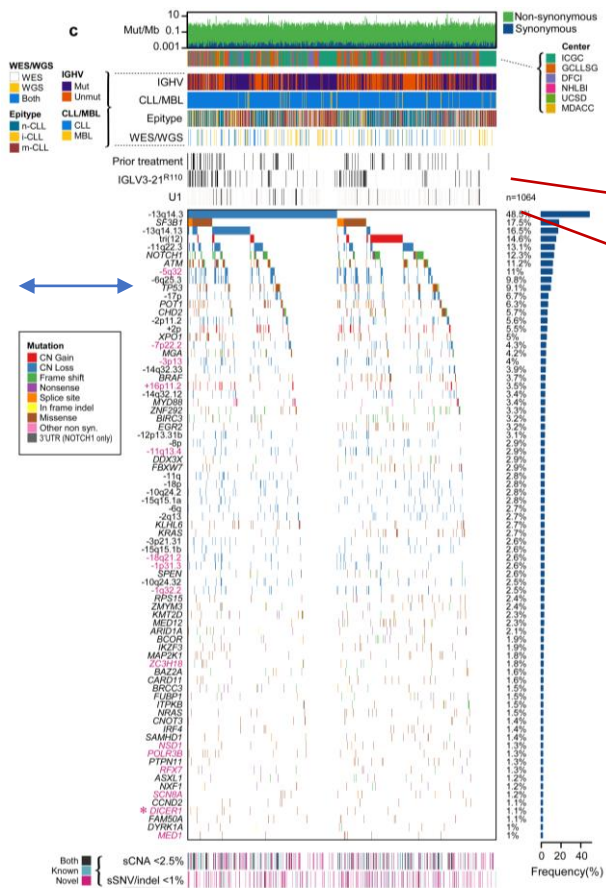


Is the genomic landscape of CLL fully characterized?

# CLL-1156 Genome Project



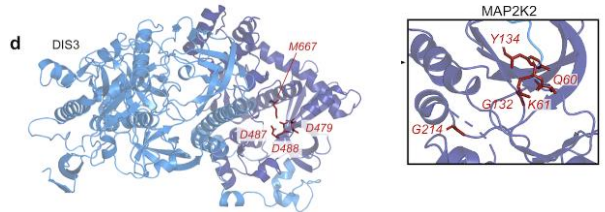
# Towards a complete characterization of the genetic drivers of CLL



2 driver genes identified in complex or repetitive regions of the genome

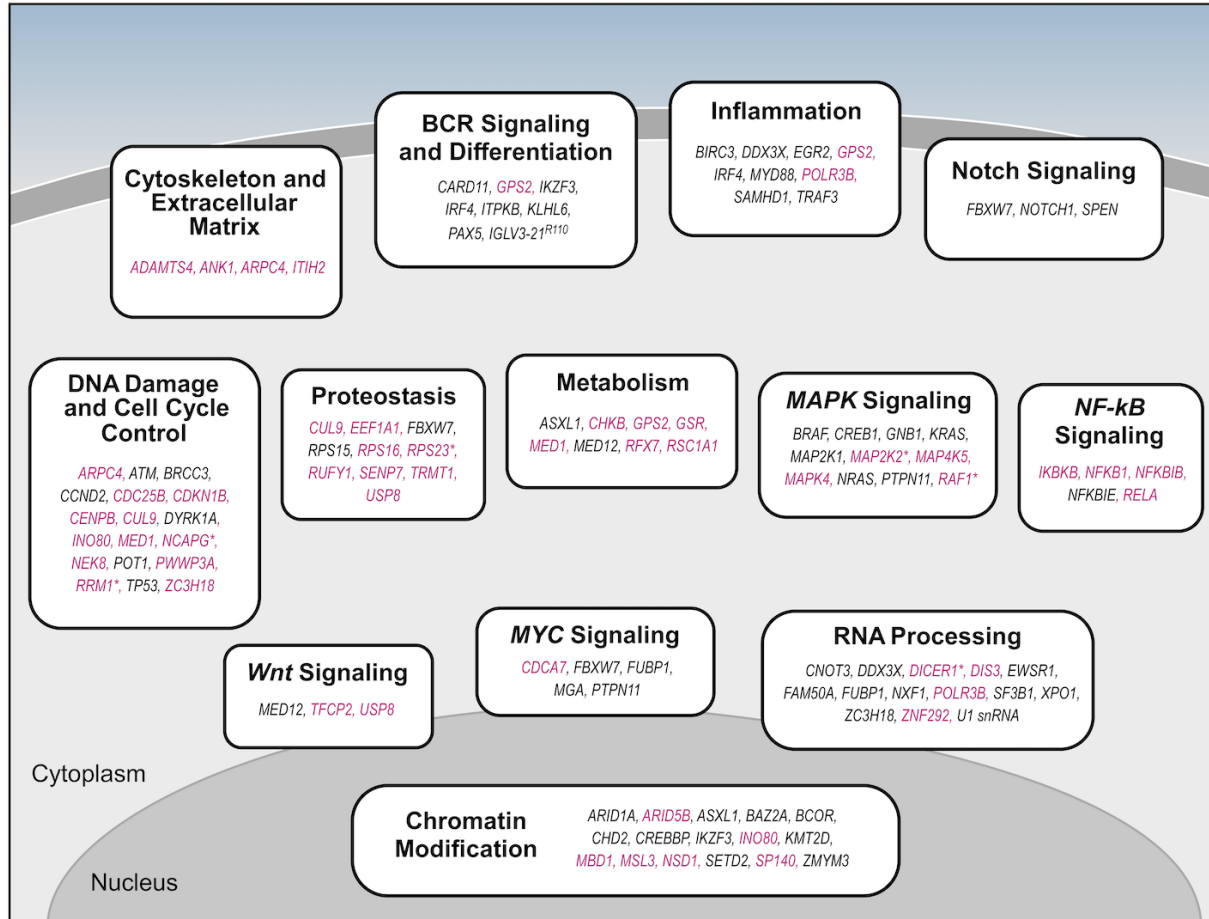
6 additional driver genes identified through spatial clustering of mutations in 3-D protein structure

IGLV3-21<sup>R110</sup> 9.4%  
U1 g.3A>C 3.9%

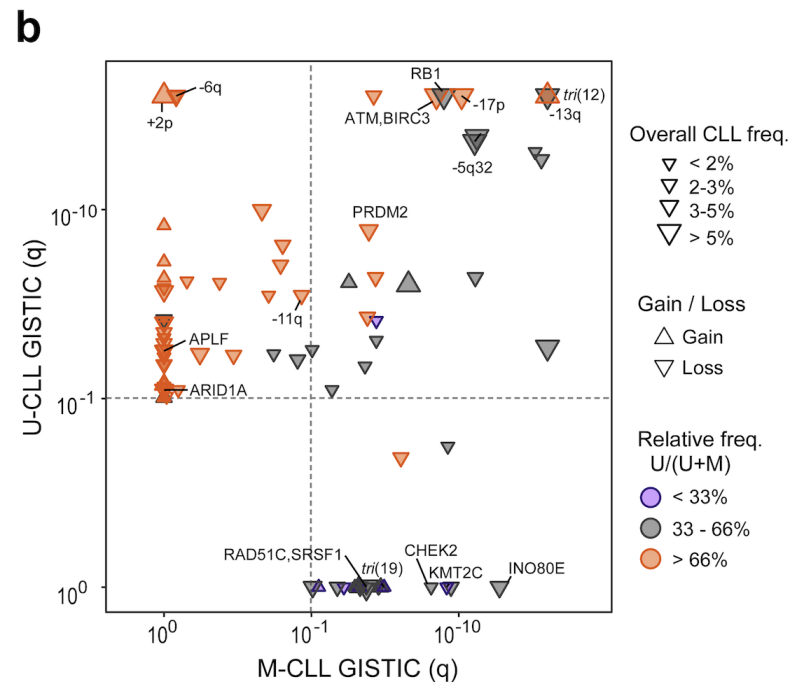
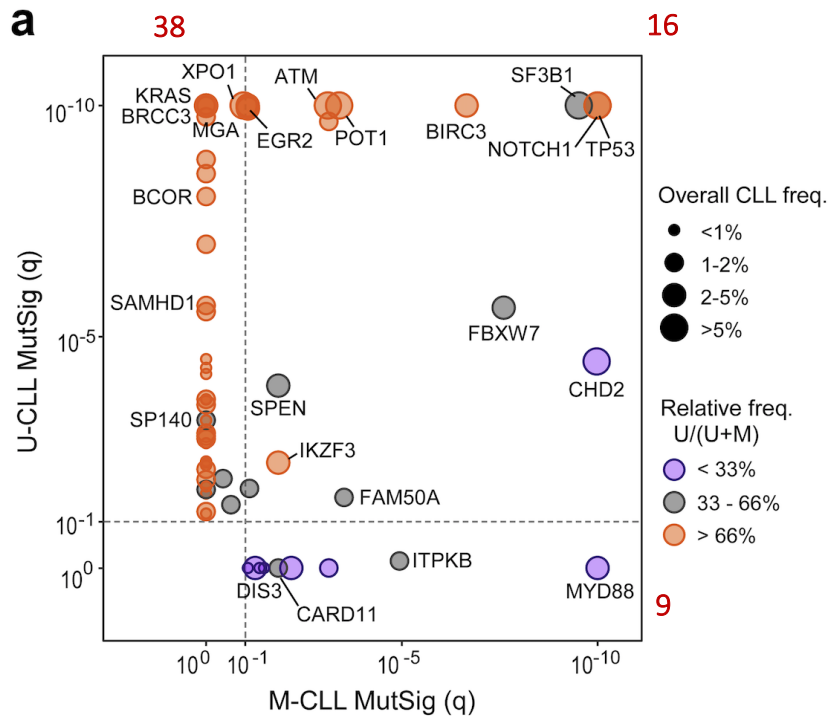


- 82 putative CLL driver genes (37 novel)
- 59/82 in <2% of patients
- Novel driver gene is the sole mutation in 4%
- 3.8% driver-less patients [6.6% in M-CLL, 0.6% in U-CLL]

# Biological pathways affected by driver alterations

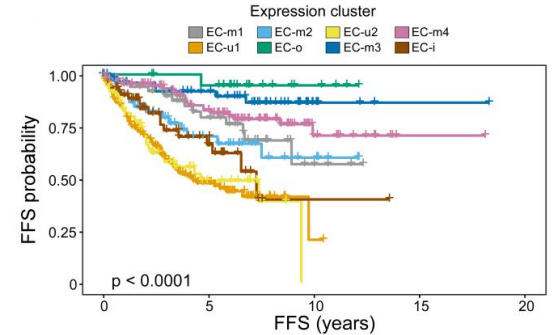
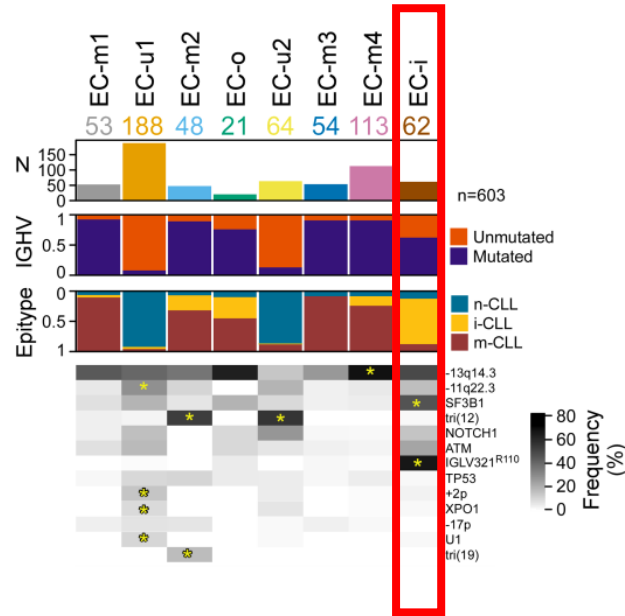
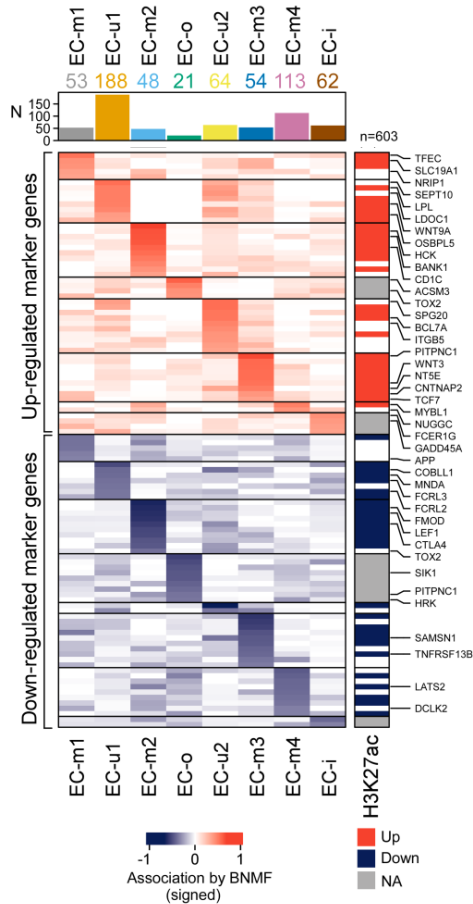


# Driver alterations in IGHV subtypes





# CLL Transcriptomic clusters

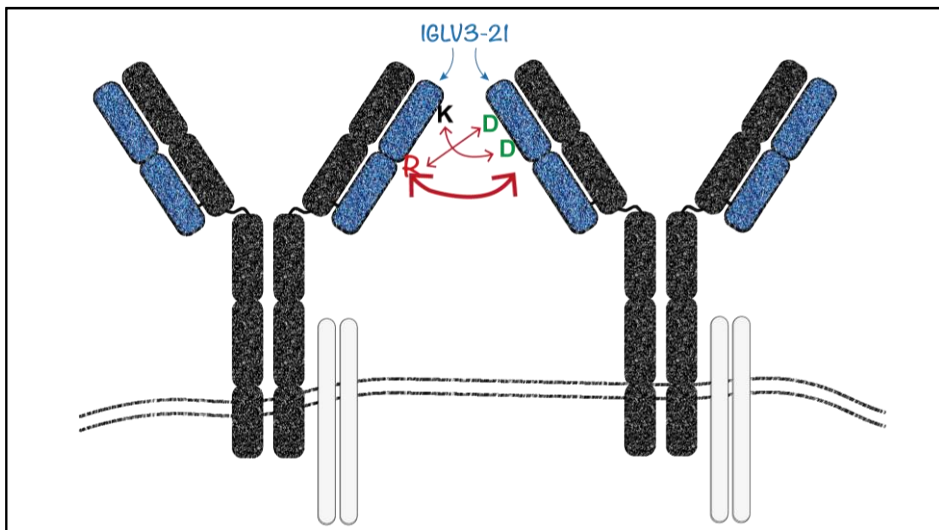


FFS without blacklisted participants, n=603

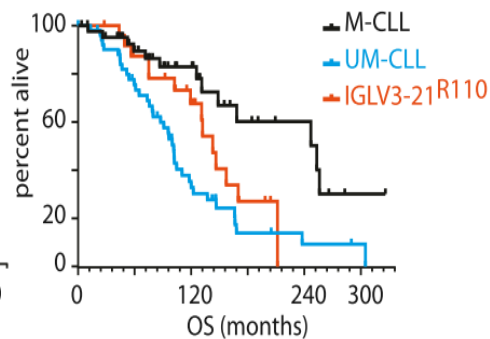
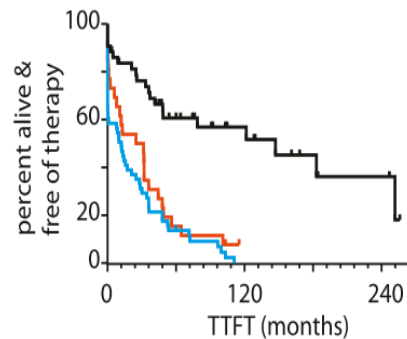
EC-m1	53	28	3	0	0
EC-u1	188	43	1	0	0
EC-m2	48	20	6	0	0
EC-o	21	18	4	0	0
EC-u2	64	13	0	0	0
EC-m3	54	38	3	1	0
EC-m4	113	68	13	1	0
EC-i	62	17	1	0	0

## Beyond IGHV mutational status: IGLV3-21<sup>R110</sup>

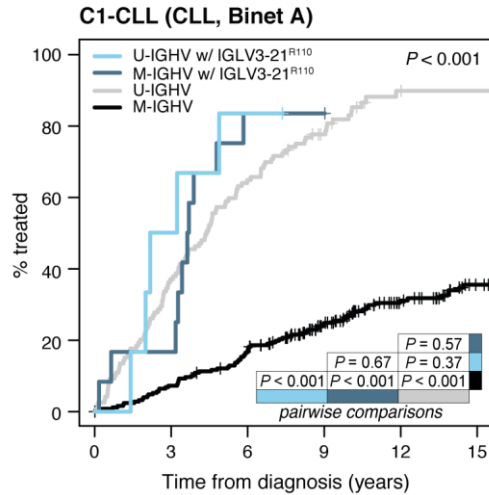
- 8-18% of cases carrying the IGLV3-21<sup>R110</sup>.
- **50% M-IGHV, 50% U-IGHV**
- All subset #2 carried the IGLV3-21<sup>R110</sup>,
- But subset #2 represented a minority of the IGLV3-21<sup>R110</sup> cases.
- Poor outcome



Minici, Nat Commun 2017 | <https://doi.org/10.1038/ncomms14009>



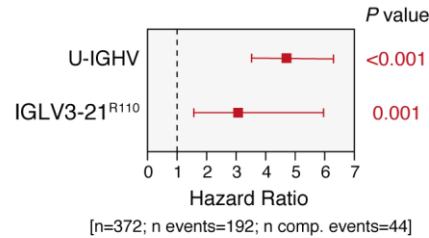
# IGVL3-21<sup>R110</sup> CLL has a clinical evolution similar to IGHV-unmutated independently of the IGHV mutational status



**No. at risk:**

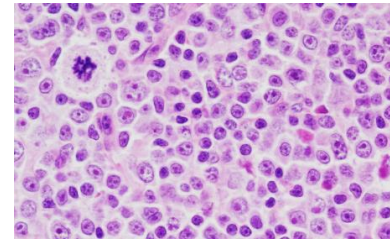
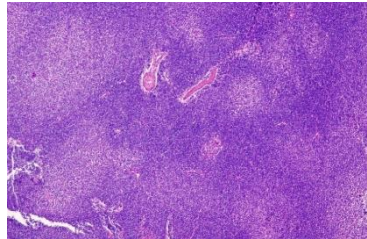
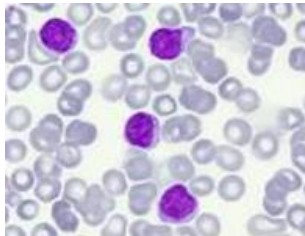
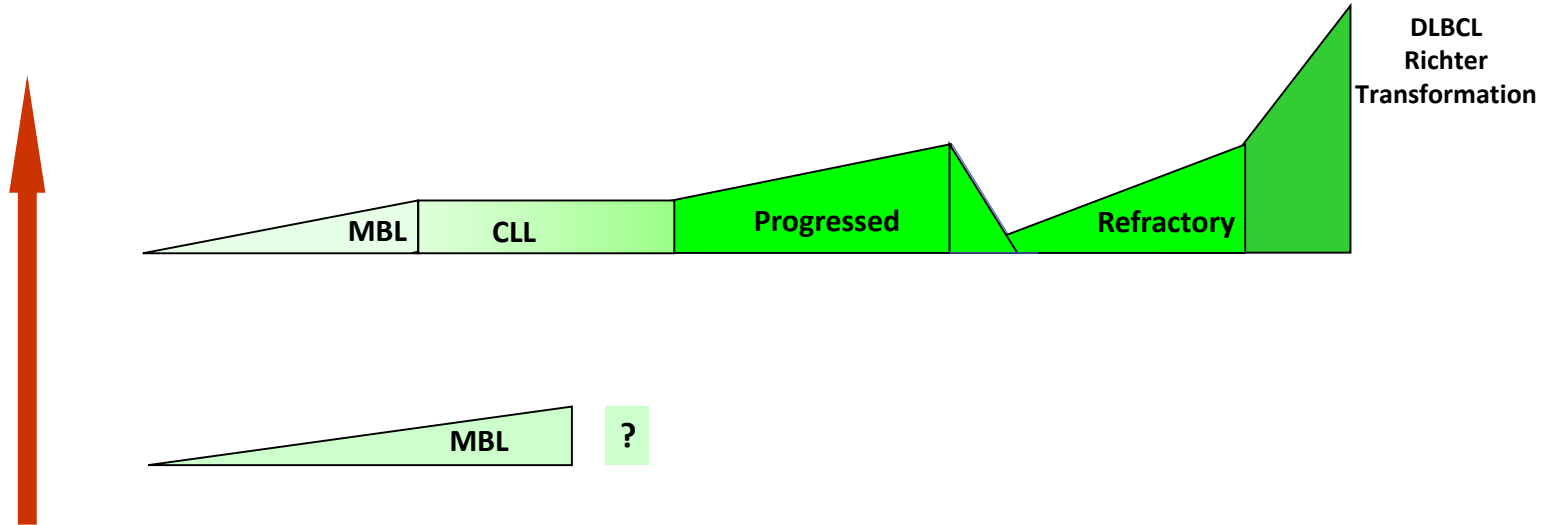
—	250	202	143	95	62
—	119	74	39	16	2
—	12	10	2	1	0
—	6	3	1	0	0

## TTFT (C1-CLL: CLL, Binet A)

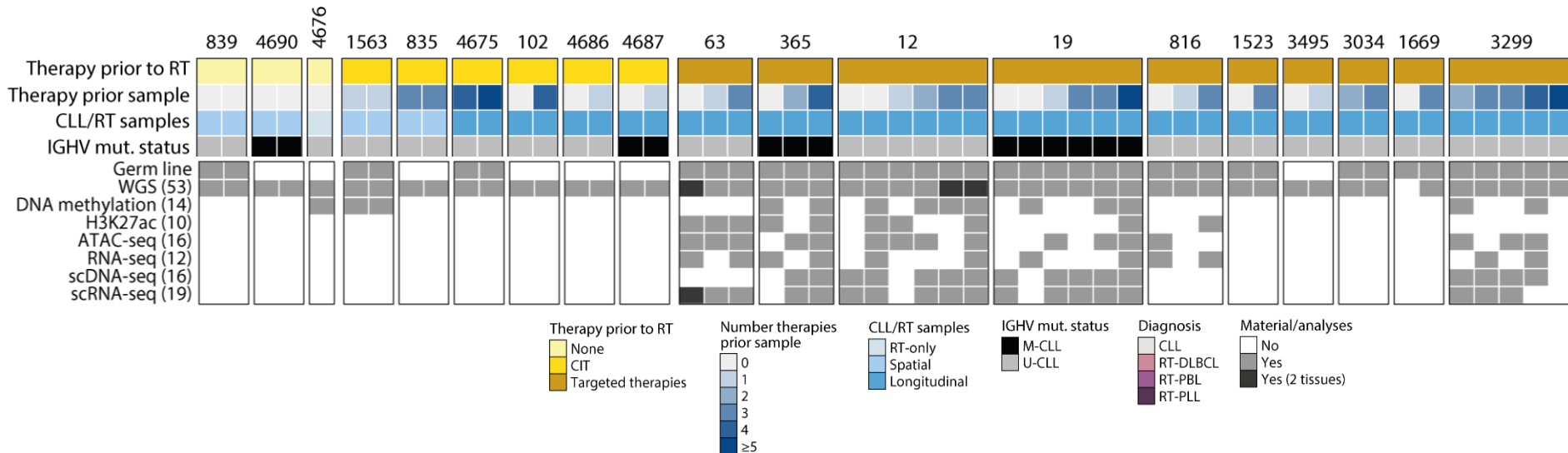
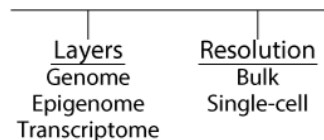
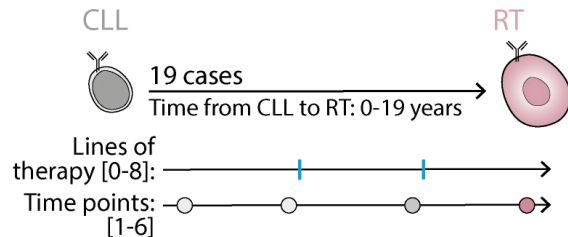


# Disease Progression in CLL

Clonal B-cell selection and expansion

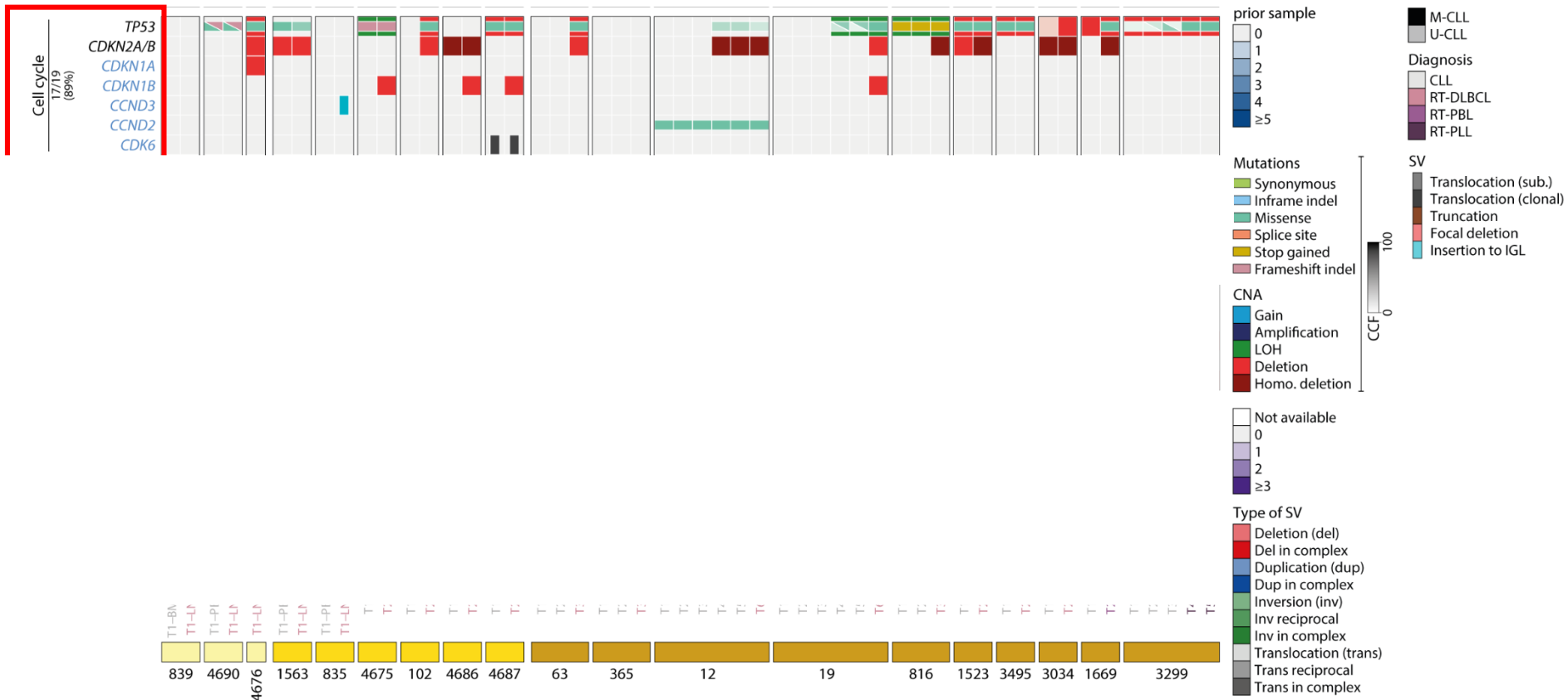


# What are the genomic mechanisms leading to Richter Transformation in CLL?

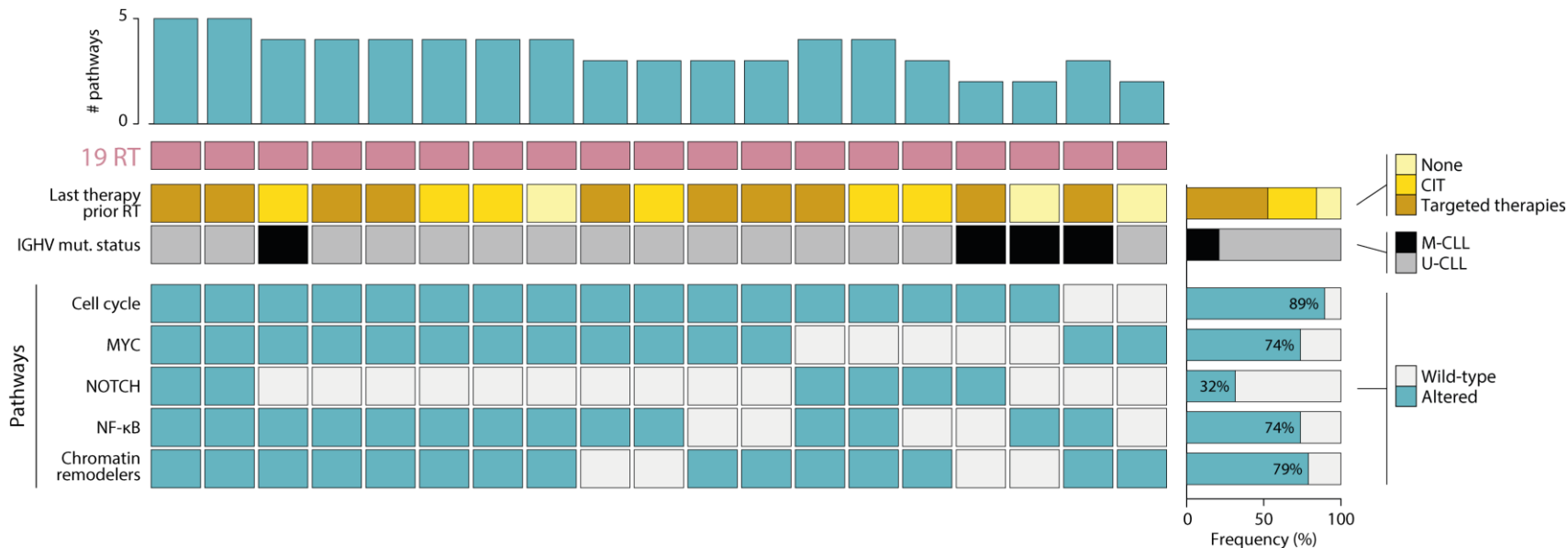




# Similar chromosomal landscape of RT after different treatment modalities

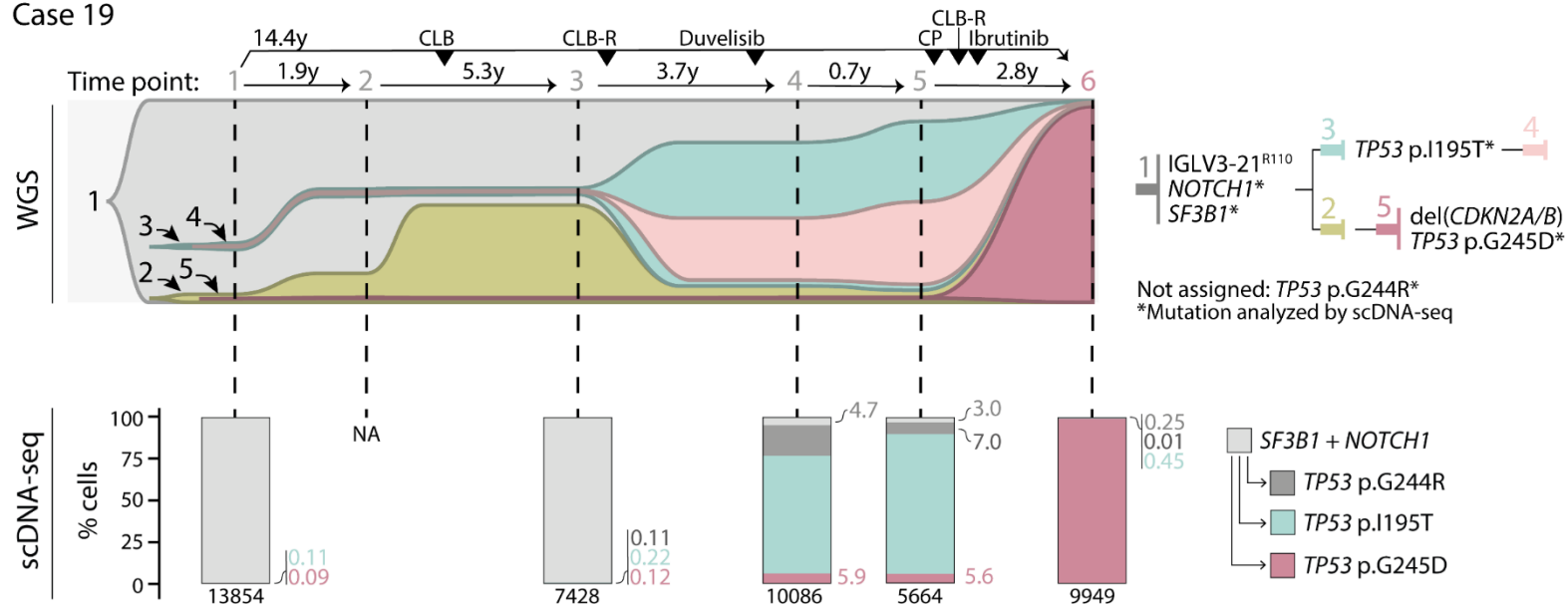


# Pathways Genetically Altered in RT



# Early seeding of RT: tracking driver mutations by scDNA-seq

Case 19



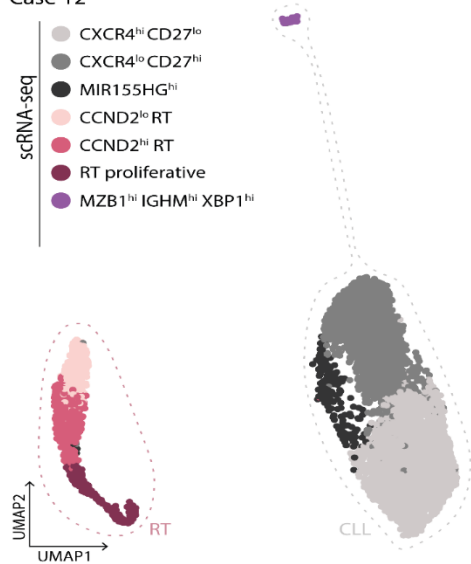


# Single cell analysis detects early seeding of subclonal relapses and transformation in CLL

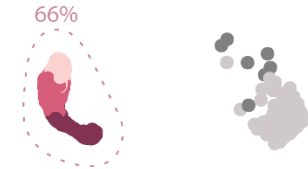


Case 12

- CXCR4<sup>hi</sup> CD27<sup>lo</sup>
- CXCR4<sup>lo</sup> CD27<sup>hi</sup>
- MIR155HG<sup>hi</sup>
- CCND2<sup>lo</sup> RT
- CCND2<sup>hi</sup> RT
- RT proliferative
- MZB1<sup>hi</sup> IGHM<sup>hi</sup> XBP1<sup>hi</sup>

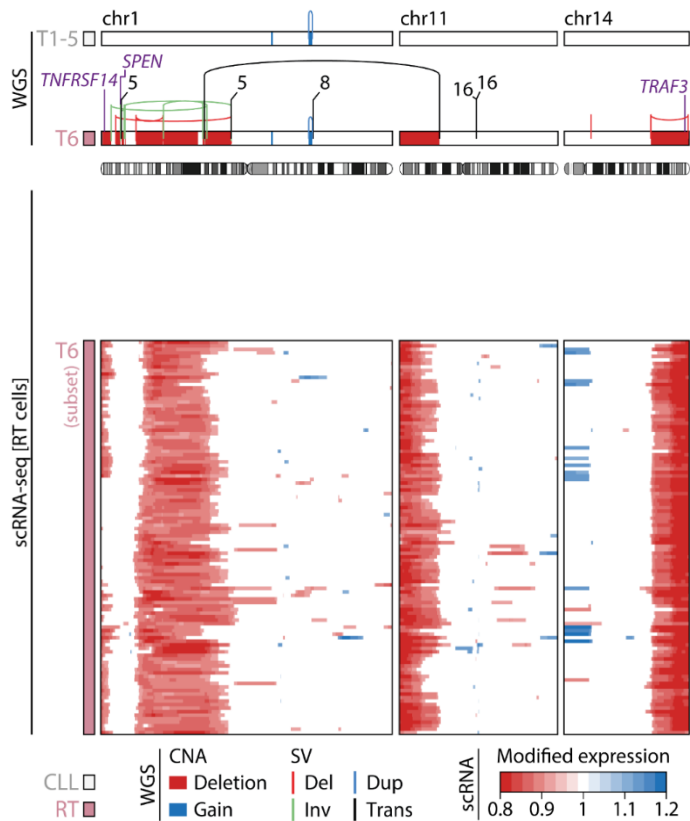


n=1320

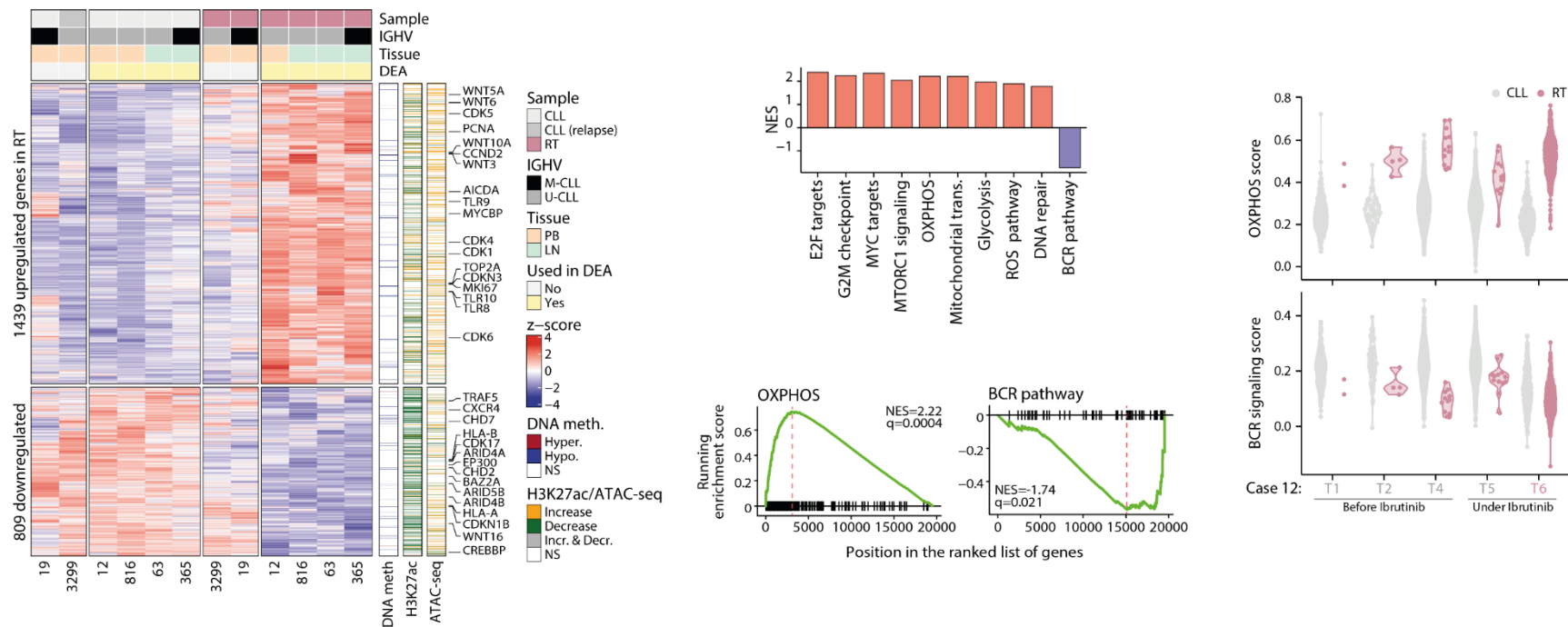


# Early seeding of RT: linking genomics and transcriptomics in RT seeds

Case 12



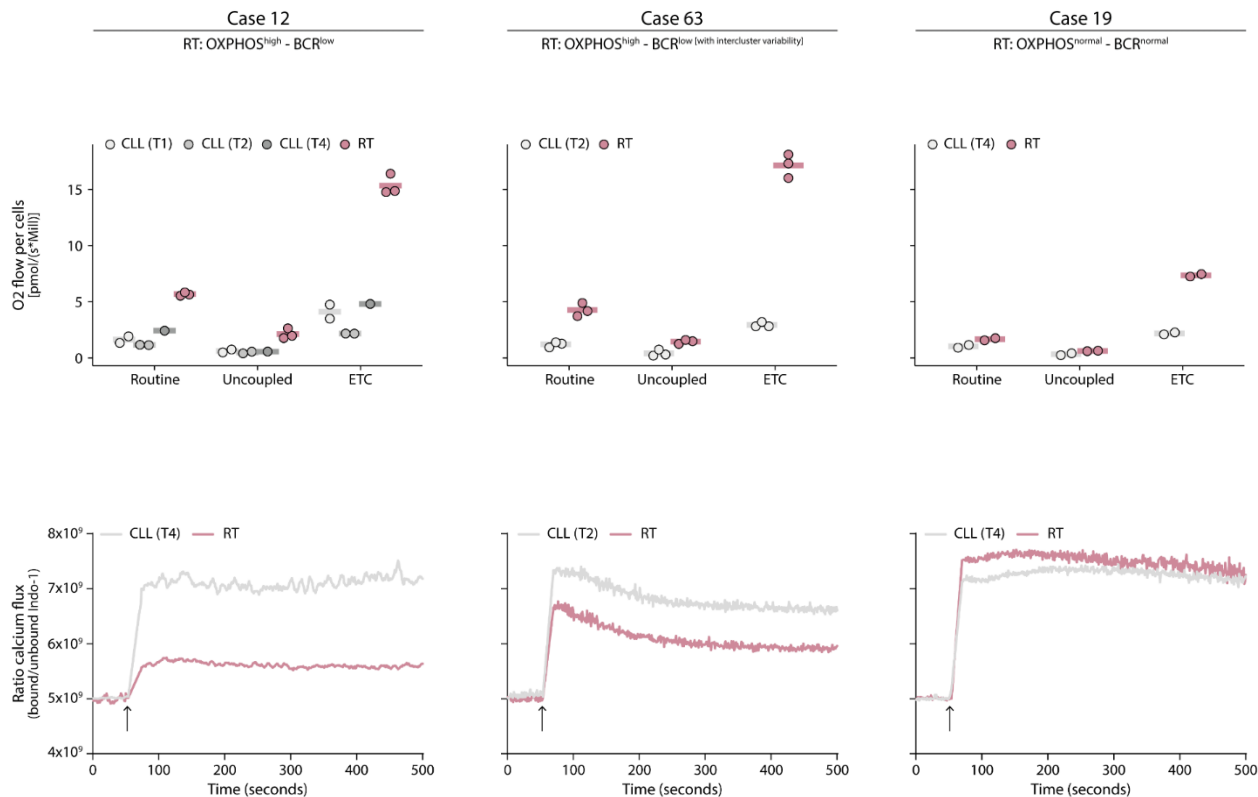
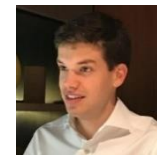
# The OXP<sup>HOS</sup><sup>high</sup>-BCR<sup>low</sup> transcriptional axis of RT



This axis might explain the selection and rapid expansion of small RT subclones under therapy with BCR inhibitors

Monti Blood 2005; Caro Cancer Cell 2012; Norberg Cell Death Differ 2017.

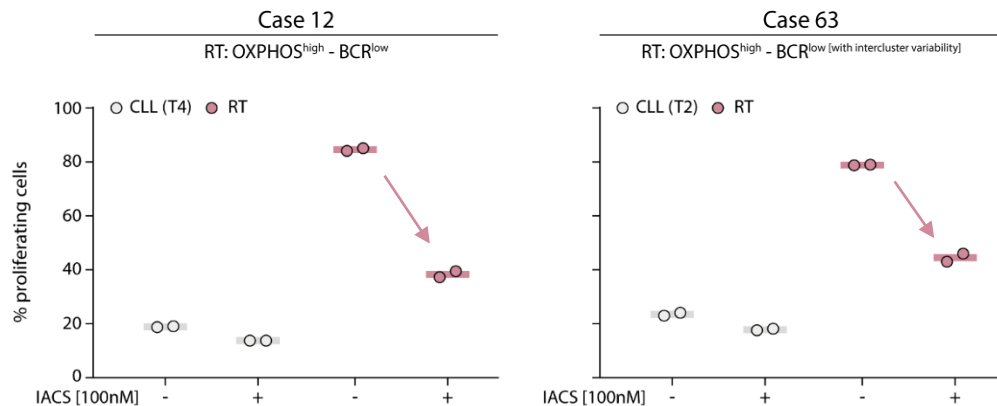
# Cellular respiration and BCR signaling in RT cells



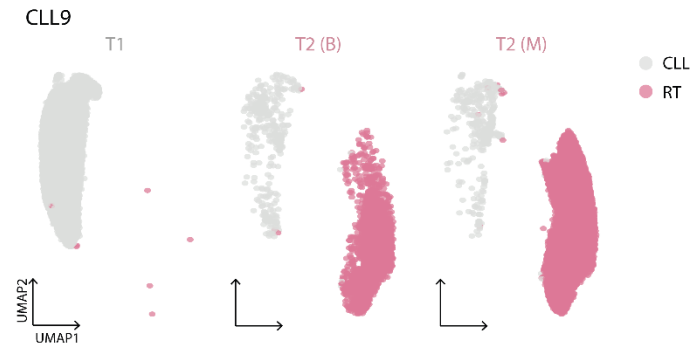
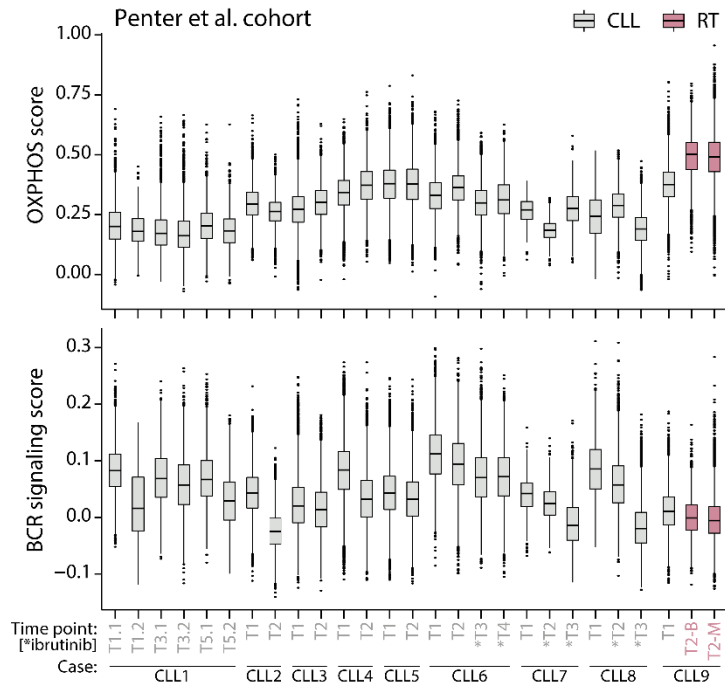
# The OXPPOS<sup>high</sup> phenotype of RT is of potential therapeutic value

OXPHOS pathway can be exploited therapeutically.

Caro Cancer Cell 2012; Norberg Cell Death Differ 2017; Molina Nat Med 2018;  
Vangapandu Oncotarget 2018; Zhang Sci Transl Med 2019; Ravera Sci Rep 2020; Chen Nat Commun 2021.



# Validation in an independent CLL/RT cohort



# Conclusions

- The CLL genomic map is virtually complete and reveals a very heterogeneous landscape with relevant driver in small subsets and specific alterations in IGHV subtypes
- Transcriptome profiles identifies different CLL subtypes associated with different IGHV subtypes and mutational profile (IGVL3-21 R110)
- RT-cells with fully-assembled genomic, immunogenetic, and transcriptomic profiles may already be present at CLL diagnosis 6-19 years before the clonal explosion associated with the clinical transformation
- The transcriptome of RT converge into an OXPHOS<sup>high</sup>-BCR<sup>low</sup> axis of potential therapeutic value.

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**Thank you!**



# Footprints of cancer therapies in RT

