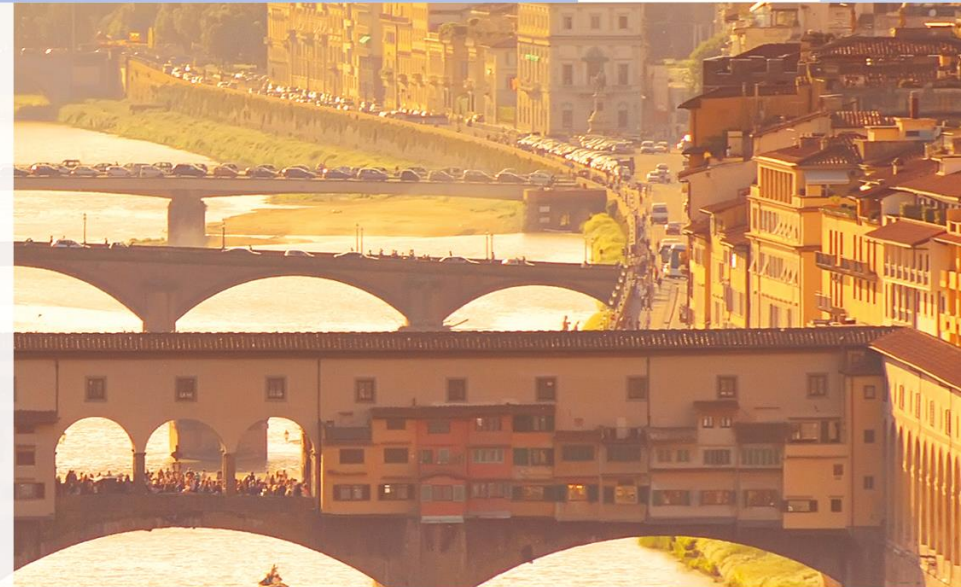


# 8° WORKSHOP IN EMATOLOGIA TRASLAZIONALE

DELLA SOCIETÀ ITALIANA DI EMATOLOGIA SPERIMENTALE

Firenze - Auditorium CTO - A.O.U. Careggi, 22-23 giugno 2023



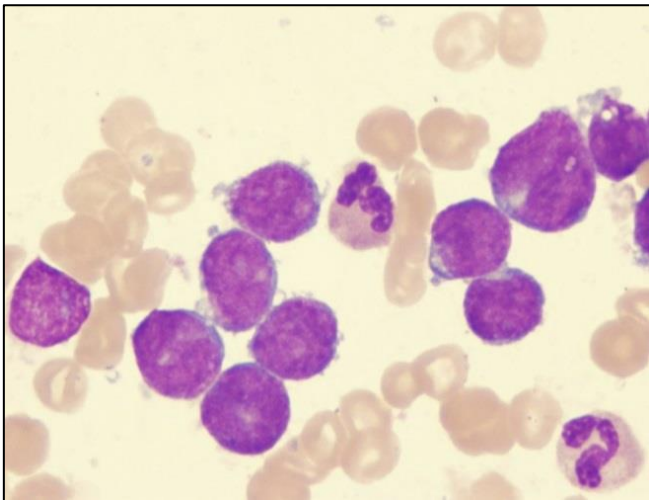
**Il background genomico delle leucemie acute linfoblastiche a cellule T:  
identificazione di specifici bersagli terapeutici**

*Valentina Bardelli*



## T-CELL ACUTE LYMPHOBLASTIC LEUKEMIA (T-ALL)

- Aggressive neoplasia of thymocytes accounting for 15% of pediatric and 25% of adult ALL cases
- In children, intensive chemotherapy results in a high overall survival (90%). Current treatment, however, is frequently complicated by long-lasting side effects
- Patients who do not reach remission or experience early relapse (10-15% of children and 40-50% of adults), have a very poor outcome



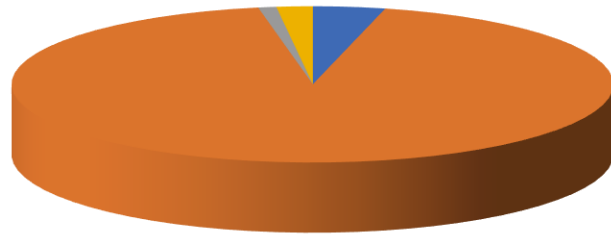
Morphology  
Flow Cytometry  
Pathology  
Immunohistochemistry  
Genomics....?



ETP-ALL (myeloid/stem cell markers)  
Early (CD5)  
Cortical (CD1a)  
Mature (sCD3)

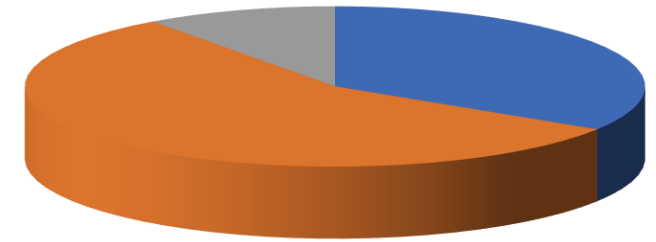
# T-ALL MULTI-STEP PATHOGENESIS

CELL CYCLE



- TP53, RB, p27
- CDKN2A/CDKN2B
- C-MYC
- CCND2

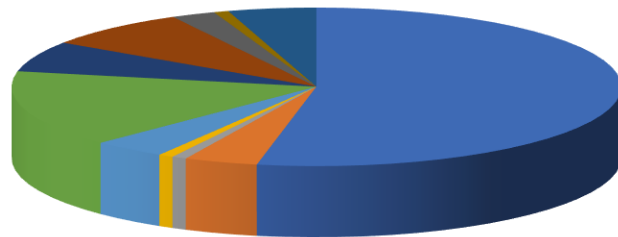
SELF-RENEWAL CAPACITY



- UNKNOWN
- NOTCH1
- FBXW7

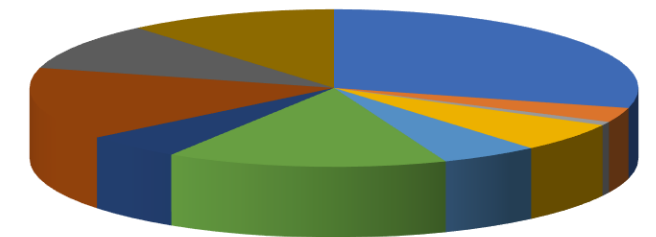
**MULTI-STEP PATHOGENESIS**  
concurrent co-operative events

PROLIFERATION AND SURVIVAL



- UNKNOWN
- N-RAS
- LCK
- ETV6
- FLT3
- PTEN
- ABL1
- JAK1
- NF1
- LCK
- PTPN2

DIFFERENTIATION



- TAL1+LMO1/2
- MLL
- TAL2
- CALM-AF10
- TLX1
- TLX3
- HOXA
- LYL+LMO2
- BCL11B
- LEF1

**MULTIPLE GENES AFFECTED**

## THE GENOMIC LANDSCAPE OF T-ALL

### SUBTYPE-DEFINING GENE

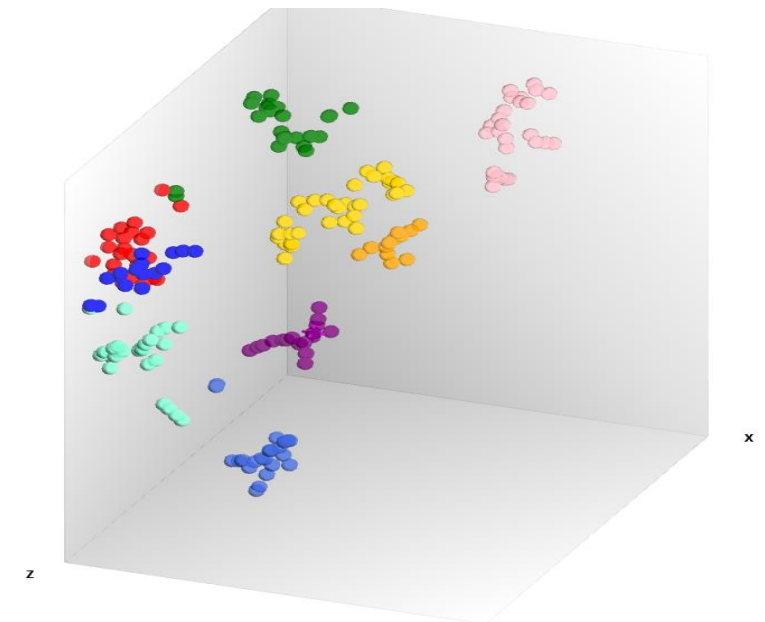
Oncogenes that control

- thymocyte development
- maturation
- differentiation

- DISTINCT LEUKEMOGENIC PATHWAY
- MUTUALLY EXCLUSIVE
- SPECIFIC TRANSCRIPTOME PROFILE

### GENETIC SUBGROUPS

- **HOXA** [HOXA, MLLT10, NUP214, NUP98, KMT2A, ZFP36L2]
- **TLX3**
- **TLX1**
- **TAL/LMO** [TAL1, TAL2, LMO1, LMO2, LMO3]
- **NKX2.1**
- **MEF2C**
- **BCL11B**
- **SPI1**



## THE GENOMIC LANDSCAPE OF T-ALL

### ADDITIONAL ALTERATION

#### Genes regulating/modulating

- signaling pathways
- proliferation
- survival
- epigenetics

COOPERATING EVENTS THAT  
CO-OCCUR WITH BOTH  
PRIMARY AND OTHER  
ADDITIONAL ALTERATIONS

#### *CDKN2A/B* deletion (9p-)

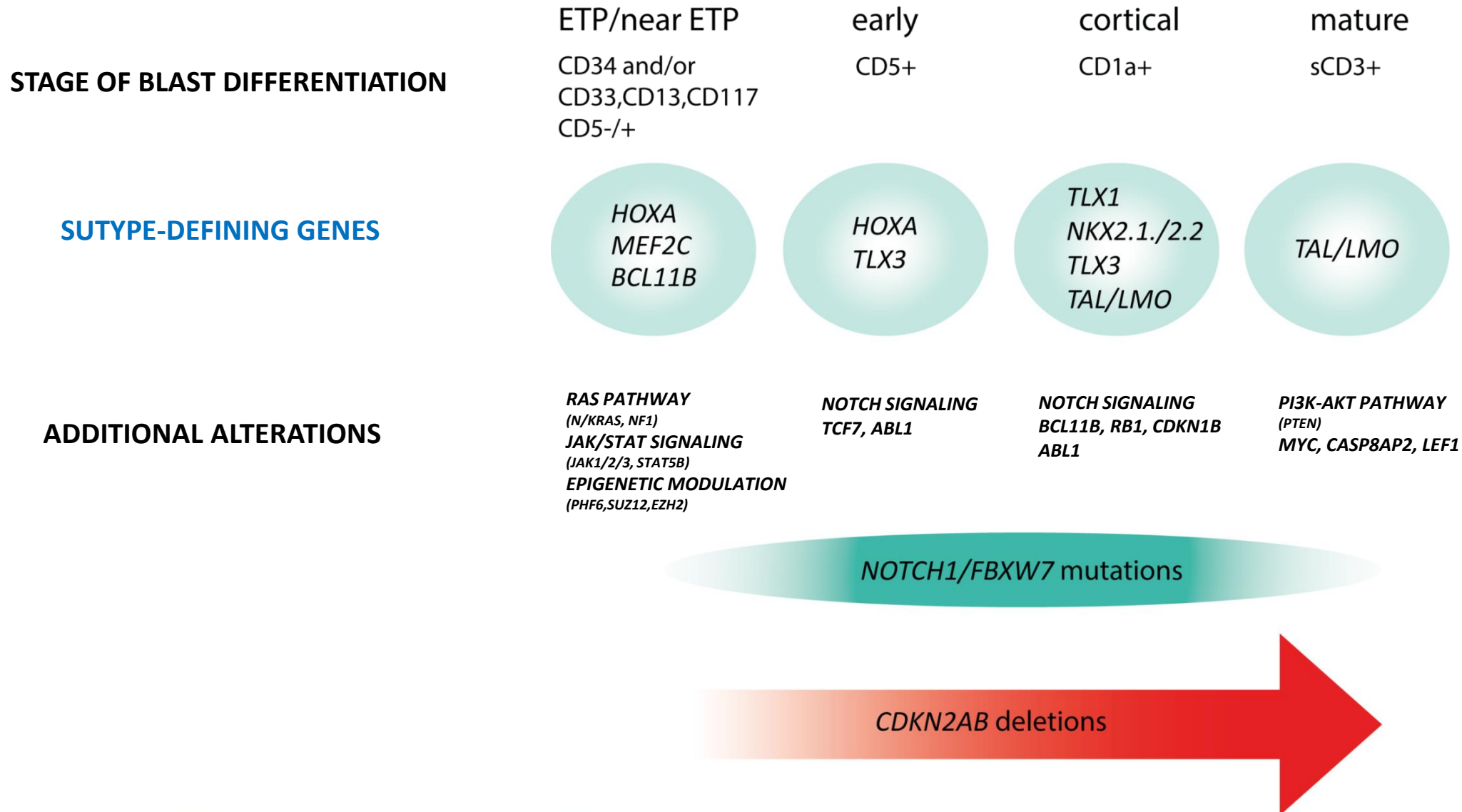
- >70% of T-ALL
- loss of cell-cycle control

#### *NOTCH1* mutations

- >50% of T-ALL
- Thymocyte specification and development

*LEF1, CASP8AP2, TP53, RB1, ETV6, TCF7, EED, EZH2, PTEN, MYC, MYB, CDKN1B, CCND2, SUZ12, RUNX1, PHF6, RPL10, RPL22, JAK2..... (1%-10%)*

## T-ALL: PHENOTYPIC and GENETIC SUBTYPES



## MAIN CHALLENGES for the GENETIC CLASSIFICATION of T-ALL

Rare leukemia (centralized studies are necessary)

Extremely heterogeneous background (remarkable inter-leukemia diversity)

- Multiple alterations (many concurrent driver events)
- Diverse mechanisms of gene deregulation (comprehensive studies)

### Not sufficient evidence to establish genetically defined subtypes with clinical relevance

Alaggio R et al. The 5th edition of the World Health Organization Classification of Haematolymphoid Tumours: Lymphoid Neoplasms. Leukemia 2022

**Table 2.** WHO Classification of Haematolymphoid Tumours, 5<sup>th</sup> edition: T-cell and NK-cell lymphoid proliferations and lymphomas.

WHO Classification, 5 <sup>th</sup> edition	WHO Classification, revised 4 <sup>th</sup> edition
<b>Precursor T-cell neoplasms</b>	
<i>T-lymphoblastic leukaemia/lymphoma</i>	
T-lymphoblastic leukaemia / lymphoma, NOS	T-lymphoblastic leukaemia/lymphoma
Early T-precursor lymphoblastic leukaemia / lymphoma	Early T-cell precursor lymphoblastic leukaemia



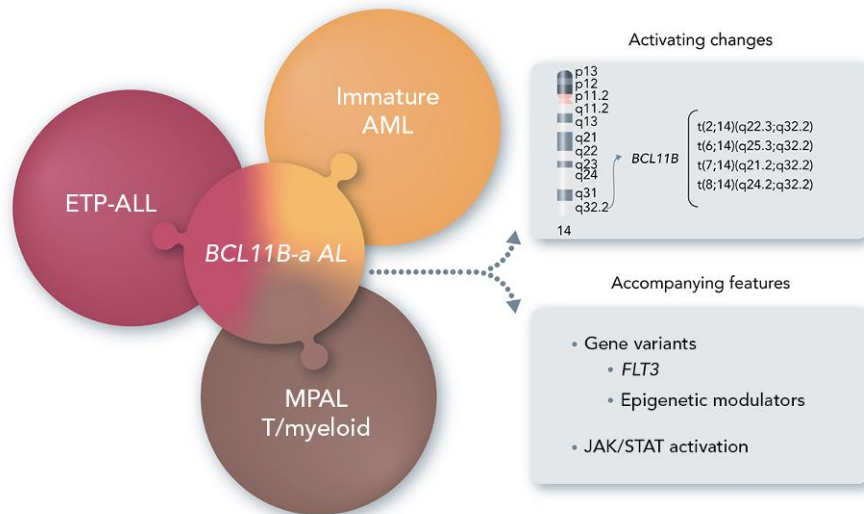
# INTERNATIONAL CONSENSUS CLASSIFICATION (ICC 2022)

## International Consensus Classification of Myeloid Neoplasms and Acute Leukemia: Integrating Morphological, Clinical, and Genomic Data

Provisional entities: Suppl Table 7

### T-ALL classification:

- Early T-cell precursor ALL (ETP) with **BCL11B-R**
- Early T-cell precursor ALL, NOS
- T-ALL, NOS



T-ALL/LL				
Subtype	Frequency	Partner genes/other rearrangements	Immunophenotype	Comment
<i>HOXA</i> dysregulated	15-25%	<i>HOXA::TRB/TRG</i> ; <i>KMT2A</i> -Rearranged; <i>PICALM::MLLT10</i> ; <i>SET::NUP214</i>	Immature, some ETP	
<i>SPI1</i> rearrangement	<5%, children	<i>STMN1</i> ; <i>TCF7</i> ; <i>BCL11B</i>	CD4-, CD8+/-, DR+	Very poor prognosis
<i>TLX1</i> rearrangement	5-10% children; near 30% adult	TCR	CD4+, CD8+/-, CD1a+, cortical thymocyte	Good prognosis
<i>TLX3</i> rearrangement	20-25% children <5% adult	TCR; <i>BCL11B</i> ; <i>CDK6</i>	CD4+, CD8+/-, CD1a+, cortical thymocyte, some ETP or near ETP	Good prognosis; <i>BCL11B</i> overexpression different from ETP group
<i>NKX2</i> rearrangement	<5% children	<i>NKX2.1/NKX2.2/NKX2.5::TCR</i> ; <i>BCL11B</i> ; <i>CDK6</i>	CD4+, CD8+	Similar GEP to <i>TLX1-R</i>
<i>TAL1-2</i> rearrangement	30-40% ( <i>TAL2</i> rare)	<i>TRA/D</i> ; <i>TRB (TAL2)</i> ; 1p32 deletion ( <i>STIL</i> ); intergenic SNV (super enhancer)	CD3+, late cortical	Poor prognosis
<i>LMO1-2</i> rearrangement	<i>LMO1-R</i> -5% <i>LMO2-R</i> 10%	TCR; cryptic deletion; enhancer/promoter mutations	Immature but not-ETP	Form LMO complex with bHLH factors. Extremely high LMO expression.
<i>BHLH</i> , other	<2%	<i>LYL1::TRB</i> <i>OLIG2/BHLHB1::TCR</i>	Immature but not ETP	Extremely high LMO expression <i>LYL1-R</i> shows stem cell-like signature

## MOLECULAR-CYTOGENETIC MARKERS WITH PUTATIVE PROGNOSTIC-PREDICTIVE VALUE

### GOOD:

*TLX1* (genetic subgroup)

*NOTCH1*

*CDKN2AB*

### POOR:

*HOXA* (genetic subgroup)

*CASP8AP2*

*MYC*

*PTEN*

*RUNX1*

*IKZF1*

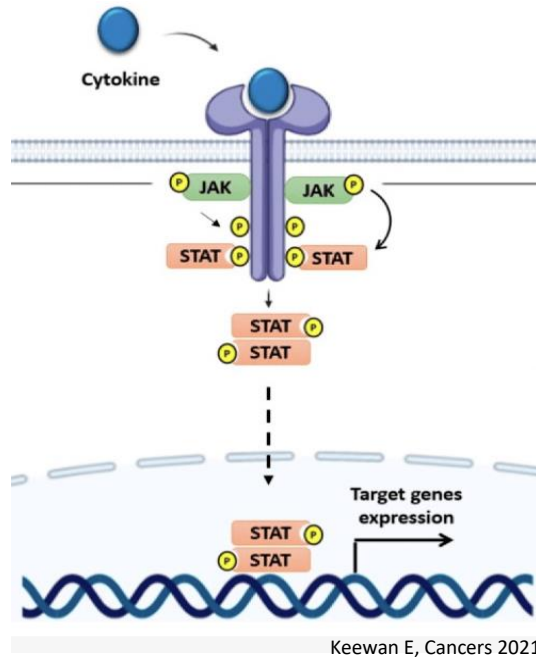
*TP53*

*JAK/STAT pathway*

*RAS pathway*

## PATHWAYS

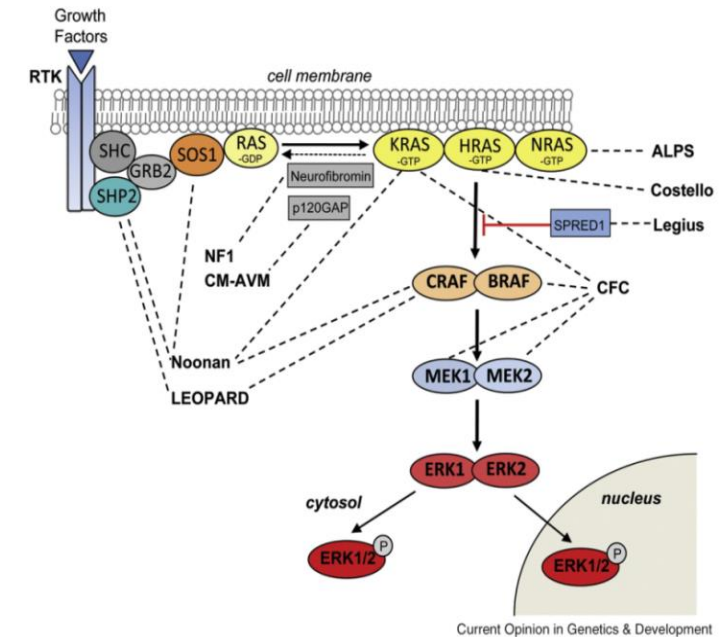
### JAK/STAT



### JAK/STAT ACTIVATION:

- ~25% of T-ALL
- Common in chemorefractory/early relapse
- ETP-ALL
- *TLX1*, *TLX3* and *HOXA* subgroups

### RAS



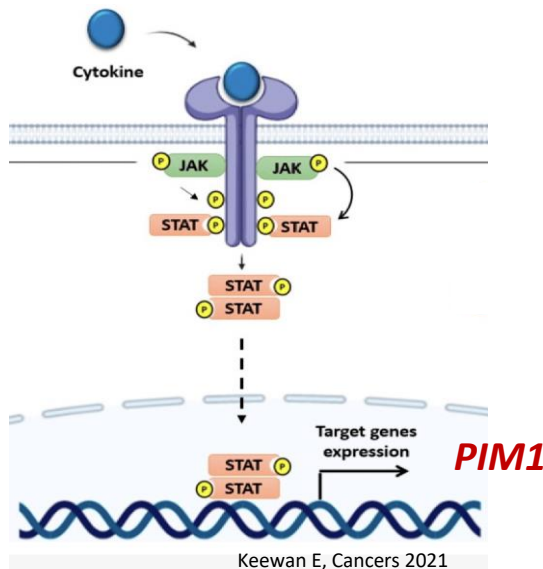
### RAS ACTIVATION:

- ~15% of T-ALL
- Common in relapsed disease
- ETP-ALL
- *HOXA* subgroup

## JAK/STAT activation in T-ALL

### Abnormalities that activates JAK/STAT pathway

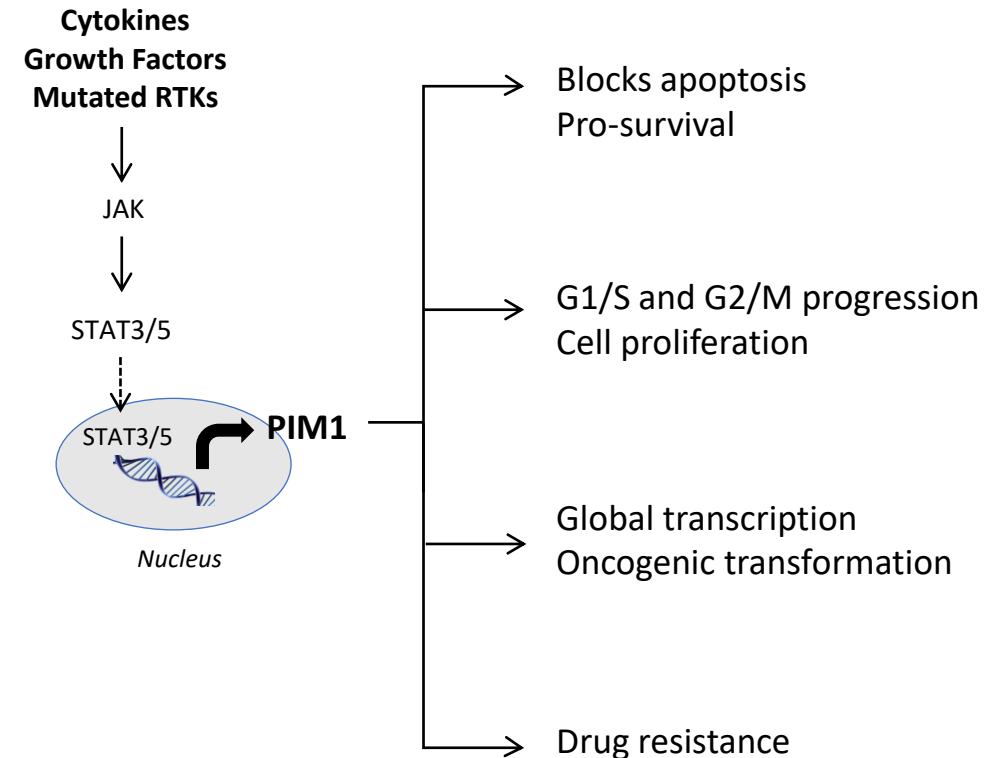
- *IL7R*, *JAK1*, *JAK3* and *STAT5B* gain-of-function mutations
- *PTPN2* loss-of-function mutations
- *PTPN2* deletions
- *DNM2* loss-of-function mutation



### *PIM1* oncogene

- Site of murine T-cell lymphomas retroviral

#### insertion



## PIM1 is a putative oncogene in T-ALL

### COHORT

Cases: 96

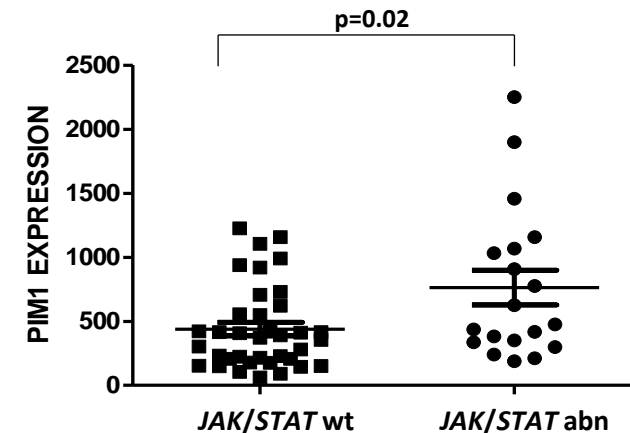
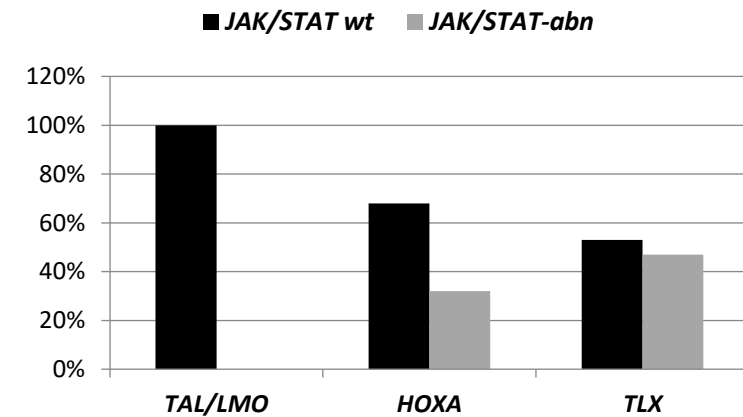
All ADULTS

Males/Females: 71/25

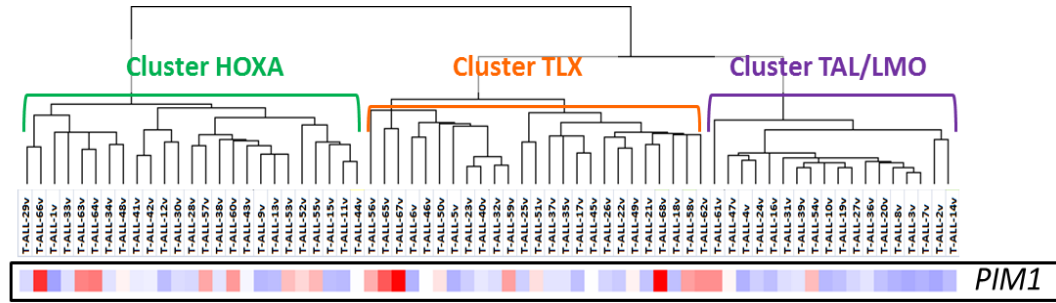
### INTEGRATED GENOMIC ANALYSIS:

- CI-FISH (multiplex genomic clones)
- SANGER SEQUENCING
- WHOLE TRANSCRIPTOME EXPRESSION ARRAY  
(Human Clariom S)

JAK/STAT abnormalities: ~30%  
(PTPN2, NUP214-ABL1, JAK2, JAK3, STAT5B, IL7R)

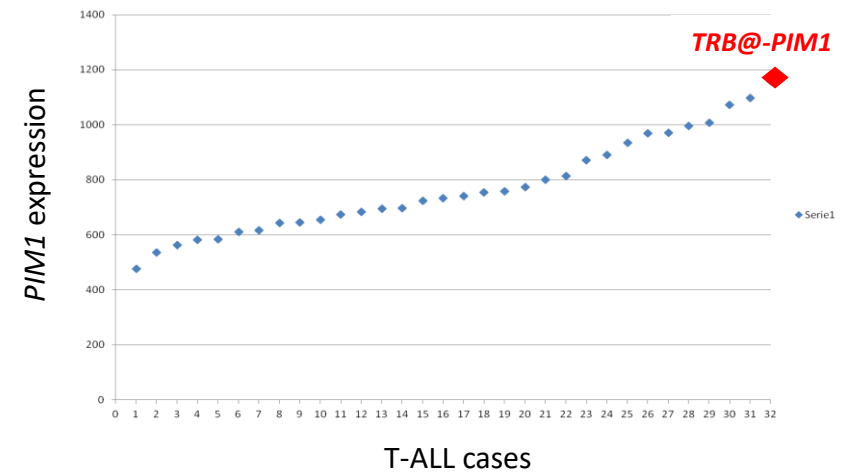
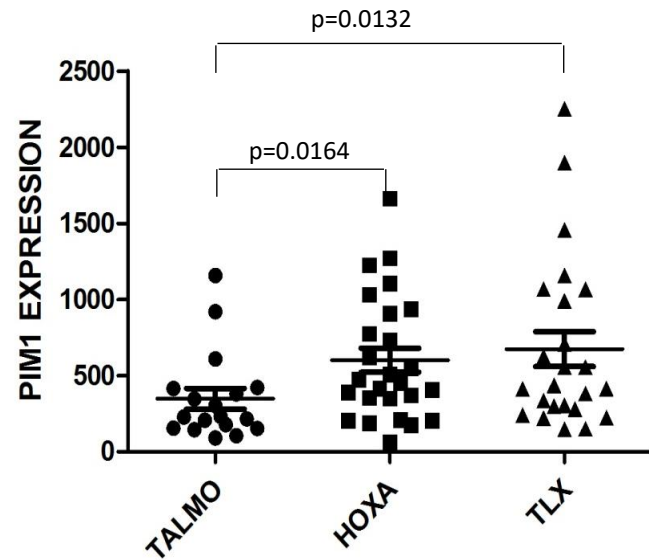
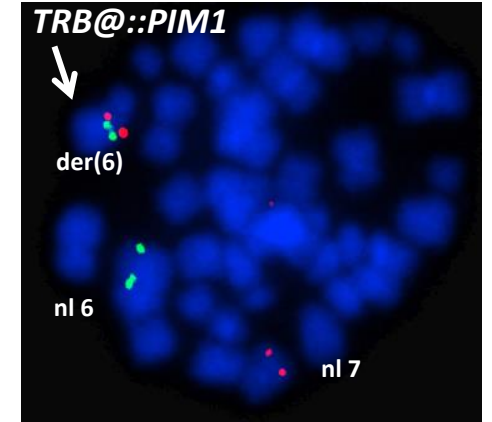
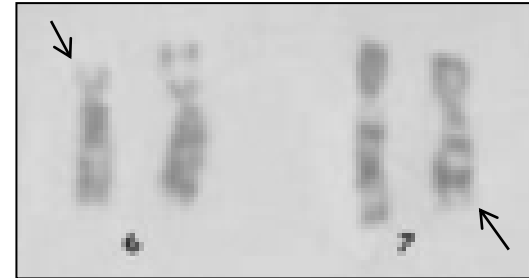


## PIM1 and GENETIC GROUPS



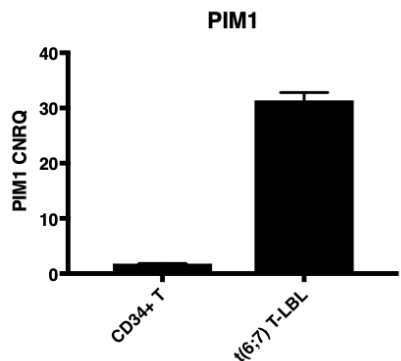
## PIM1 REARRANGEMENTS

*t(6;7)(p21;q34)/TRB@::PIM1 (<1%)*



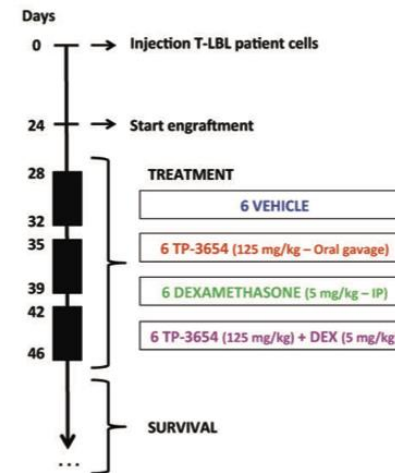
## PIM1 as therapeutic target

TRB@::PIM1 translocation: t(6;7)(p21;q34)

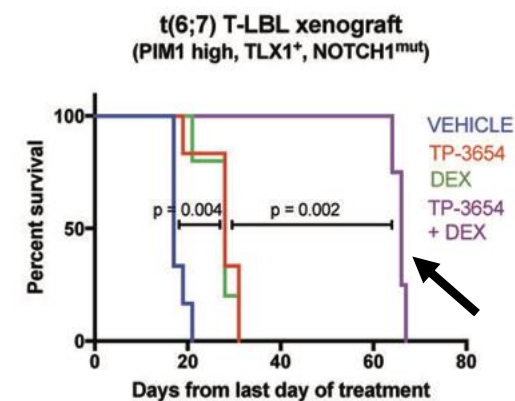
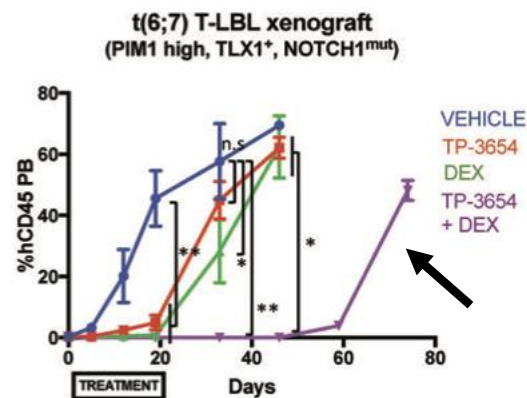
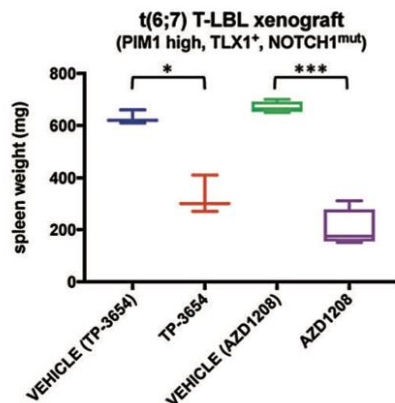
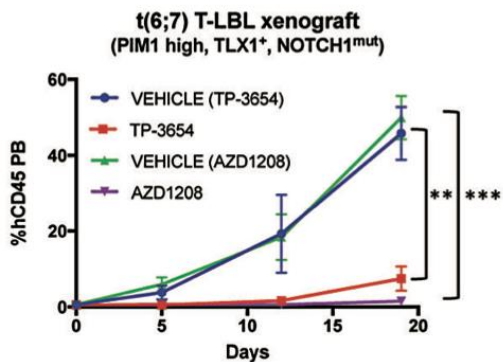


Pediatric T-LBL  
TLX1+  
NOTCH1+

PIM inhibition and dexamethasone combination therapy *in vivo*



*In vivo* drug evaluation of second-generation pan-PIM inhibitors  
AZD1208 and TP-3654

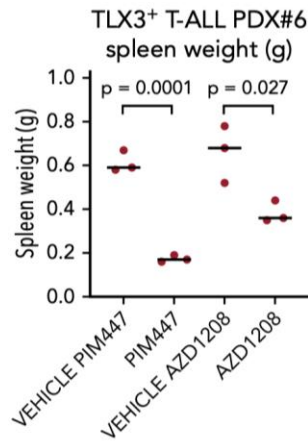
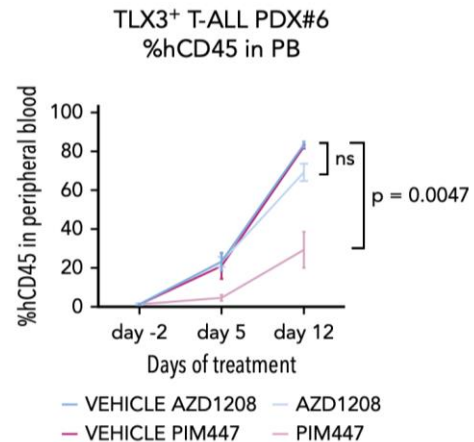


PIM inhibitors caused a significant delay in tumor development

- ➡ delayed leukemic blast expansion
- ➡ significant increase in survival

## PIM1 as therapeutic target

### PIM1 inhibition in IL7R high expression cases (IL7R+)



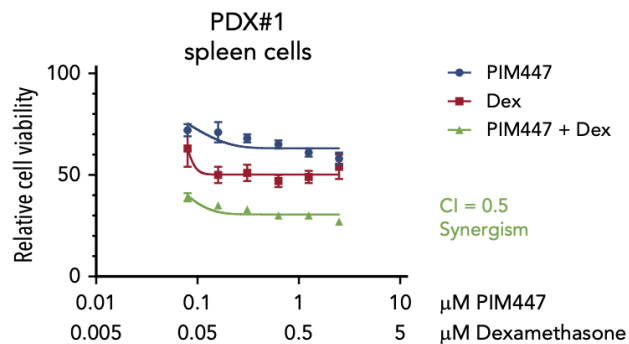
➔ tumor cells sensitive to in vivo PIM inhibition

In 30% T-ALL/T-LBL PIM1 is actionable

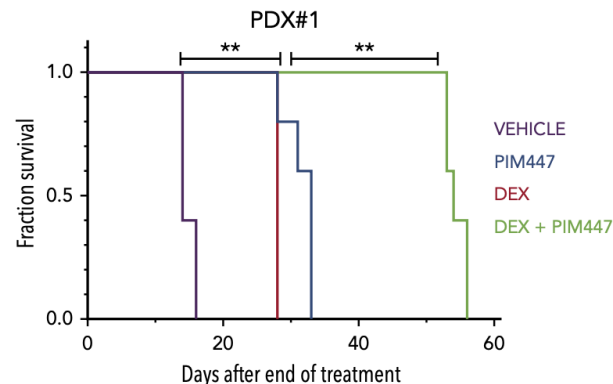
- JAK/STAT activation
- t(6;7)(p21;q34)/TRB@::PIM1

### Combination of PIM447 and dexamethasone in IL7R+

Ex vivo



In vivo



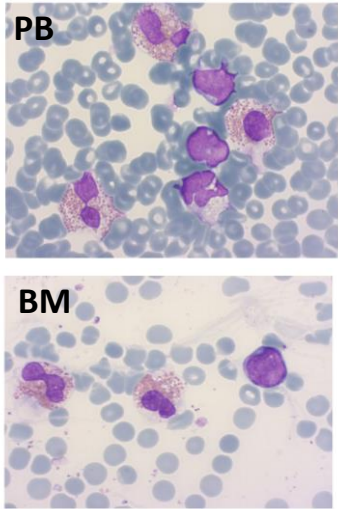
➔ Improvement of survival in a PDX model of IL7R+ T-ALL

PIM1 inhibitor TP3654: CLINICAL TRIAL ONGOING IN MIELOFIBROSIS (NCT04176198)

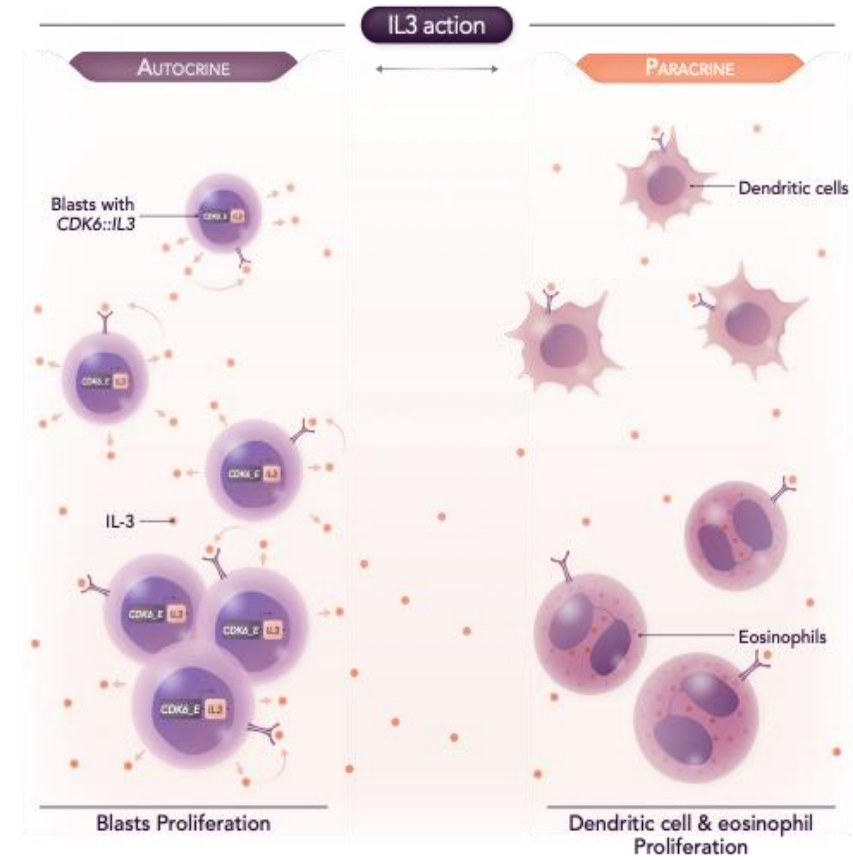
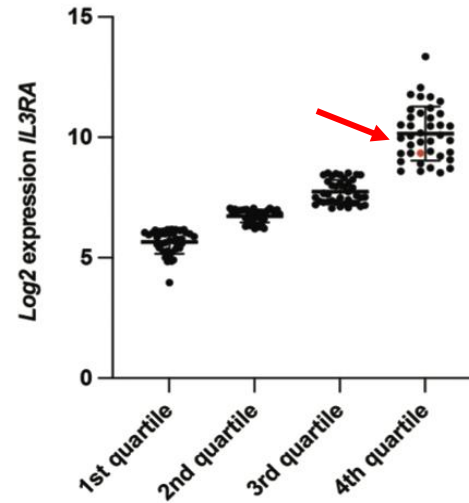


# t(5;7)(q31;q21)/CDK6::IL3

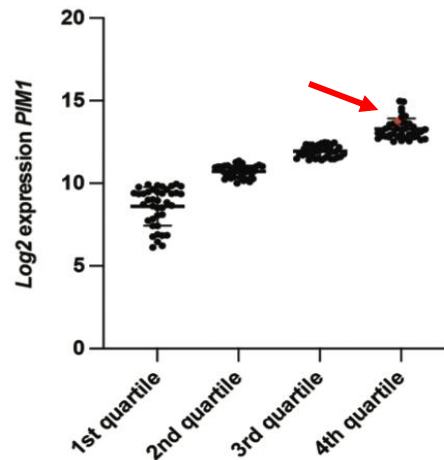
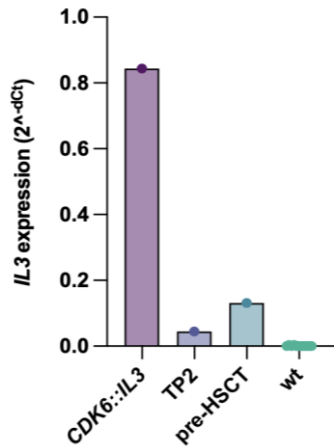
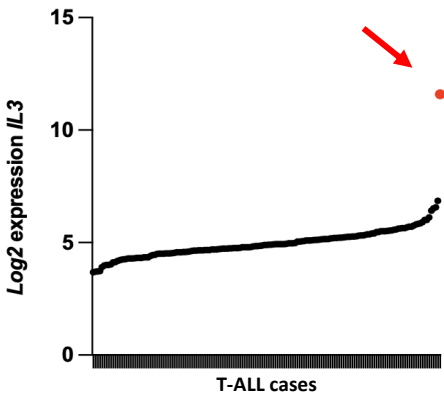
Eosinophilia



IL3-IL3RA-JAK/STAT signaling



IL3 expression



## RAS activation in T-ALL

### Abnormalities that activates RAS pathway

- *KRAS/NRAS, BRAF, FLT3* gain-of-function mutations
- *NF1* loss of function mutations
- *PTPN11* deletions
- *NF1* deletions

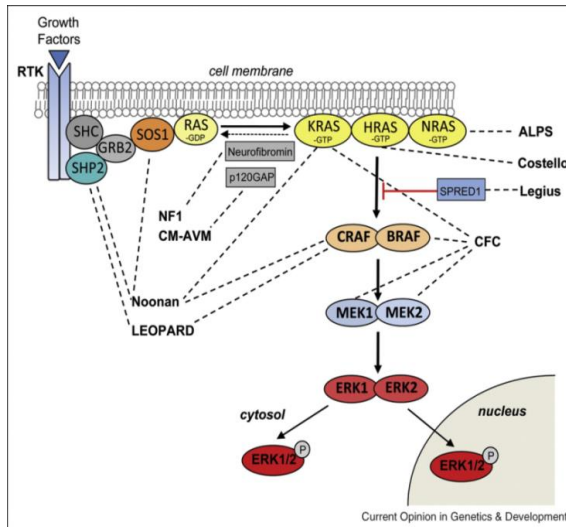
### OUR STUDY

Patients: 125

Males/Females: 96/29

Adults/Children: 111/14

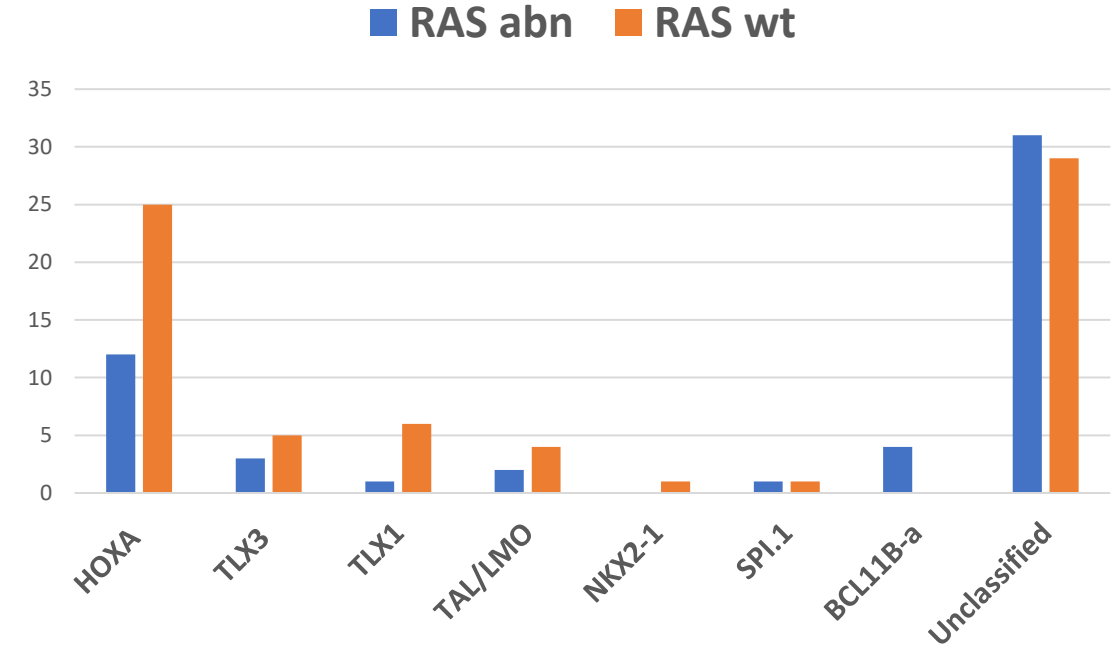
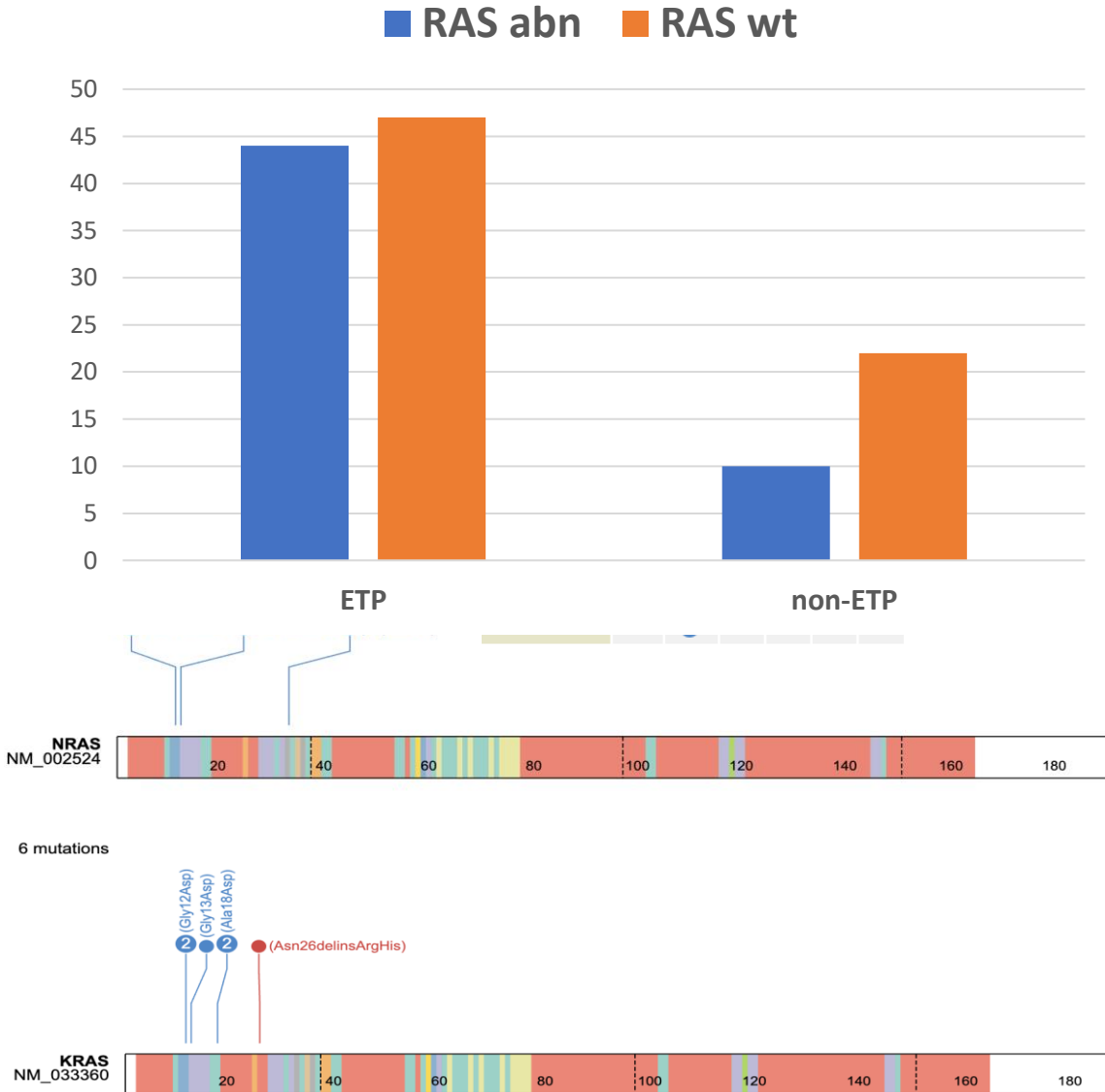
ETP/non-ETP: 91/32



### INTEGRATED GENOMIC ANALYSIS:

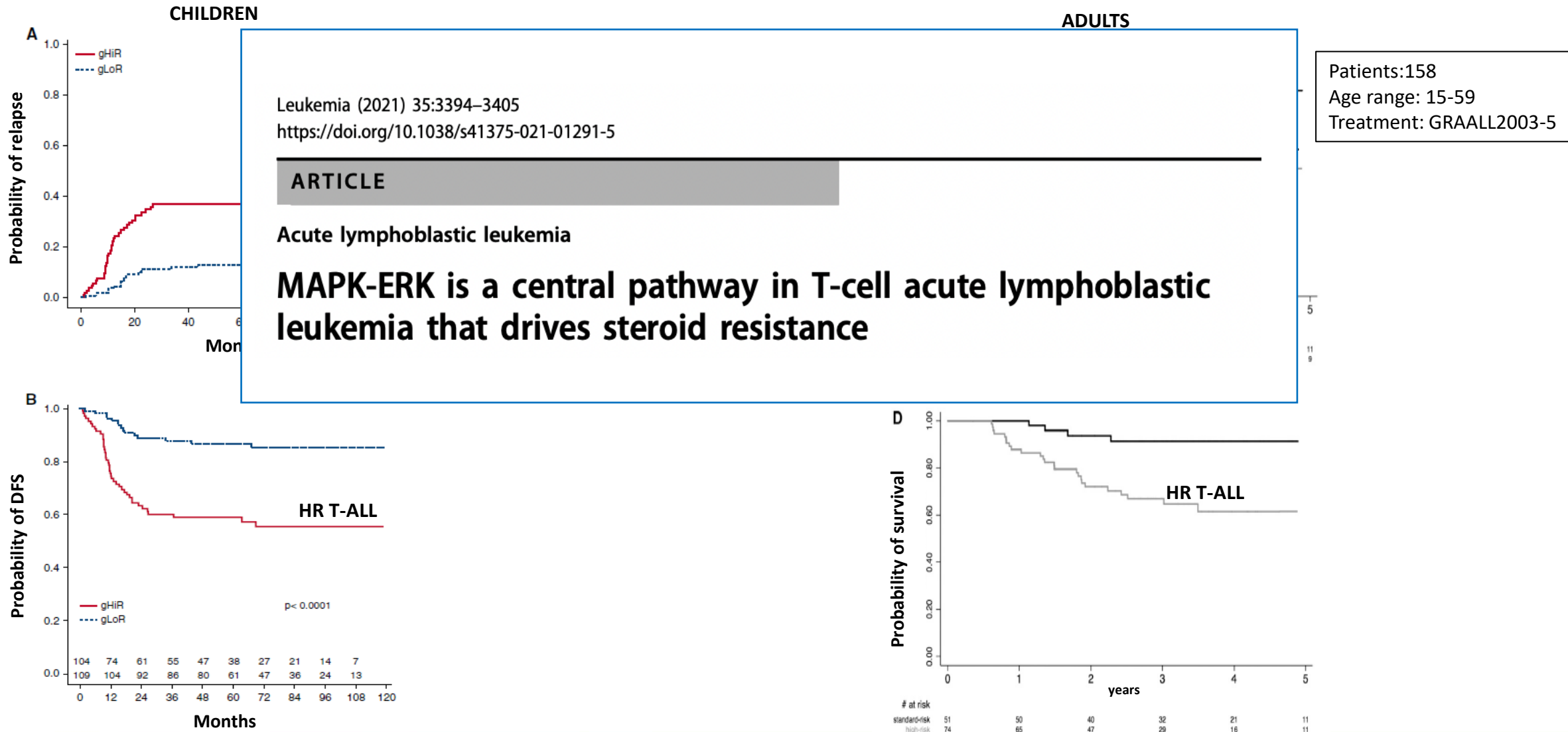
- **CI-FISH** (multiplex genomic clones)
- **SNPa** (CytoScan HD, ONCOSCAN)
- **TARGETED NGS** (SOPHiA Genetics Custom Panel)
- **WHOLE TRANSCRIPTOME EXPRESSION ARRAY** (Human Clariom S)

RAS PATHWAY ABN: 43%



# LEUKEMIA-SPECIFIC PROGNOSTIC MARKERS: RISK STRATIFICATION

## *N/K RAS and/or PTEN: HIGH RISK T-ALL*



## CONCLUSION

### DIAGNOSTIC WORKFLOW:

#### Integrated molecular-cytogenetics and targeted NGS:

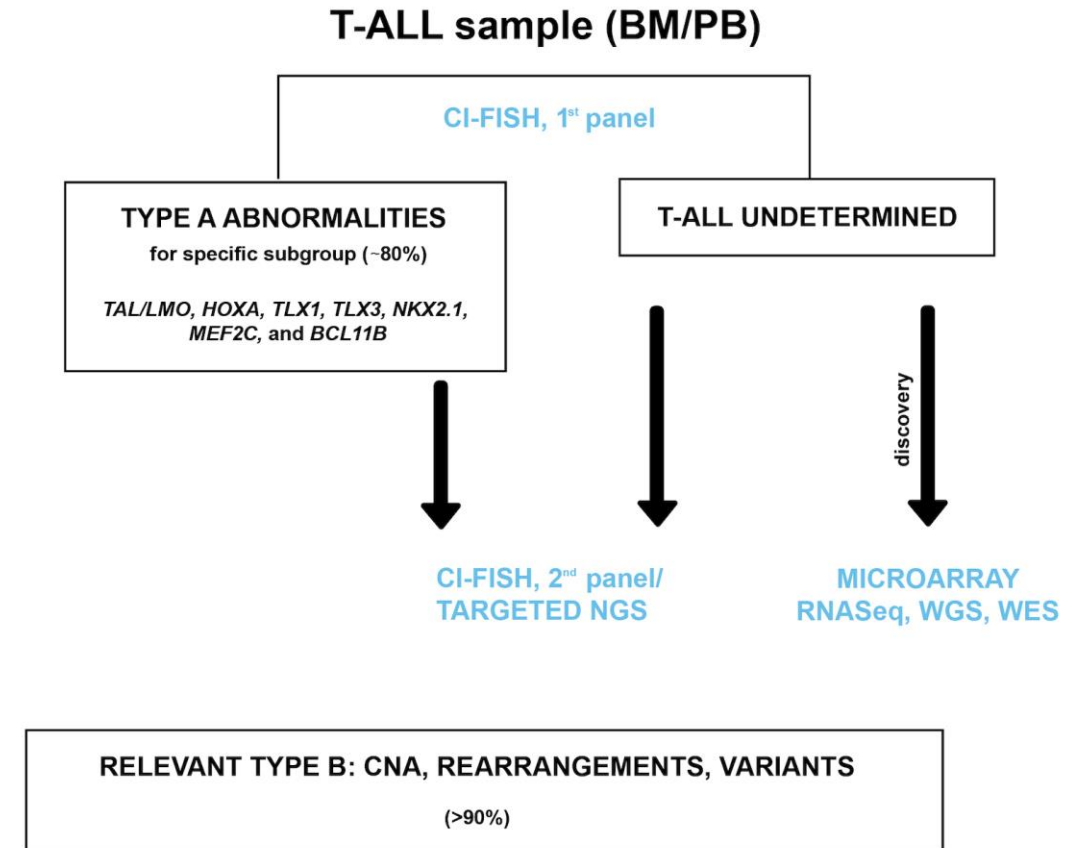
- define the genetic classification of leukemia
- identify cytogenetic markers and gene variants
- identify deregulated pathways

### PERSPECTIVE:

#### Prospective clinical trial to assess:

- Prognostic value of markers
- Predictivity of molecular targets

## WORKFLOW



- *NOTCH1, FBXW7* (NOTCH signaling)
- *PTEN, AKT, PIK3R1* (PI3K/AKT/mTOR pathway)
- *N/KRAS, BRAF, NF1, PTPN11, FLT3* (RAS pathway)
- *LEF1, FYN, MYC* (Beta-catenin)
- *BCL11B, TCF7, WT1, ETV6, IKZF1* (T-cell differentiation)
- *CDKN2AB, CDKN1B, RB1, TP53* (Cell cycle)
- *KDM6A, PHF6, SUZ12, EZH2, EED, DNMT3A* (Epigenetic modulation)
- *IL7R, STAT5B, JAK1/3, PTPN2, PIM1* (JAK/STAT signaling)
- *ABL1, ABL2, PDGFRB, PSGFRA* (ABL-class protein: proliferation, migration, apoptosis)

*In-vitro/Ex-vivo* preclinical studies:  
**Prednisolone + Selumetinib**

# NGS

SOPHIA Custom Bundle Solution (CHEMA\_B\_V1, Sophia Genetics)

*Genes: AKT1, ATM, BCL11B, BRAF, CCND3, CNOT3, CREBBP, CTCF, DNM2, EED, EP300, ETV6, EZH2, FAT1, FAT3, FBXW7, FLT3, GATA3, GLI1, GLI2, GLI3, IKZF1, IL2RB, IL7R, JAK1, JAK3, KDM6A, KMT2D, KRAS, LEF1, LMO1, (non-coding region), LMO2 (non-coding region), MED12, MYB, NF1, NOTCH1, NRAS, NT5C2, PHF6, PIK3CD, PIK3R1, PTCH1, PTEN, RELN, RPL10, RPL22, RPL5, RUNX1, SETD2, SH2B3, SMARCA4, SMO, STAT5B, SUZ12, TAL1 (non-coding region), TP53, TYK2, USP7, USP9X, and WT1*