

# LEUKEMIA2022

Rome, Hotel NH Collection - Vittorio Veneto

May 5-6, 2022

AIL President: G. Toro

Coordinators: A.M. Carella, S. Amadori



UNDER THE AUSPICES OF:



SIE - Società Italiana di Ematologia

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**University of Bologna**  
**Department of Biomedical and Neuromotor Sciences**  
**Section of Human Anatomy**  
**Cellular Signalling Laboratory**

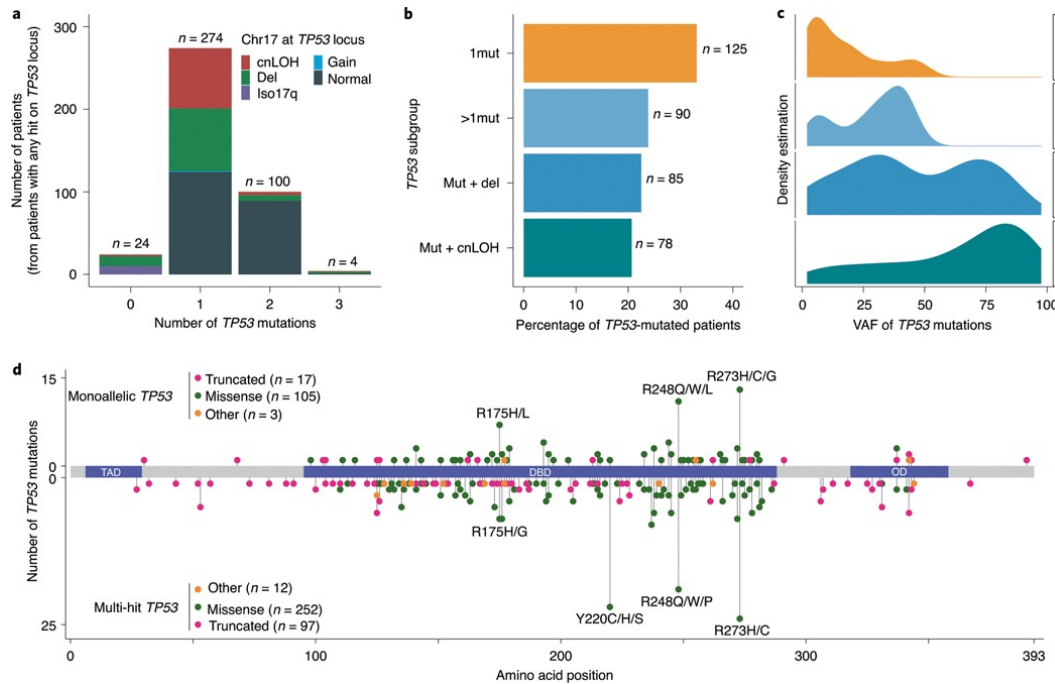
# **RECENT ADVANCES IN SOMATIC MUTATIONS AND ALTERED SIGNALING IN MDS CELL**

**Matilde Y. Follo, PhD**

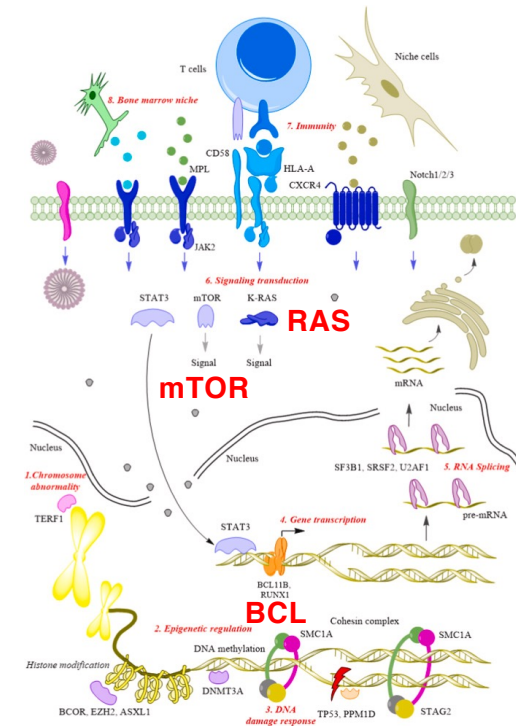
## Conflict of interest disclosure

- There are no relationships to disclose

## Somatic Mutations and Signalling



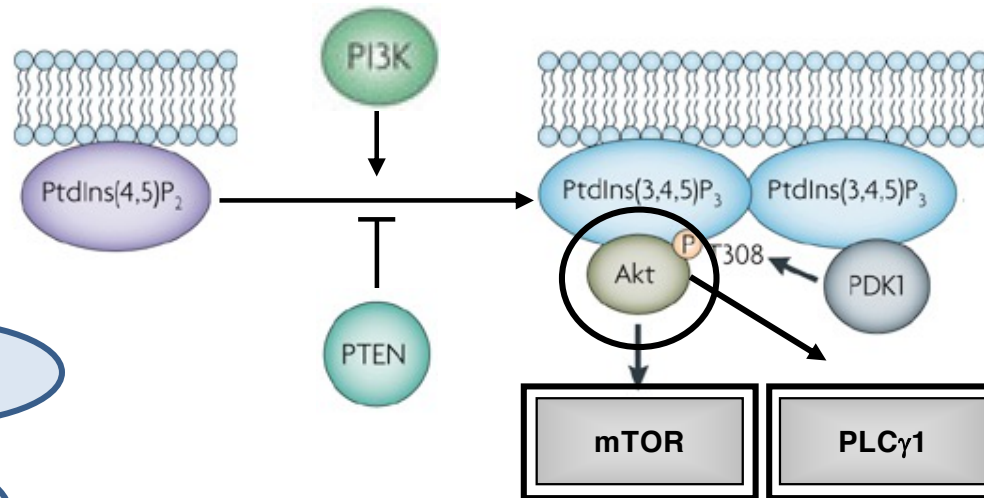
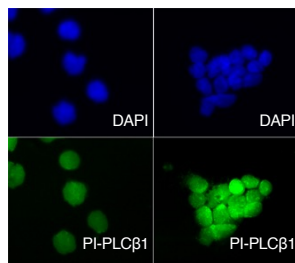
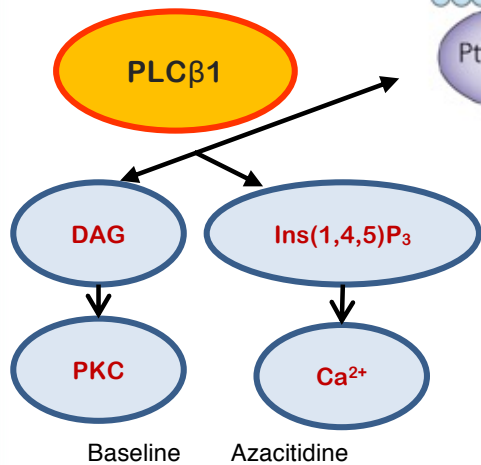
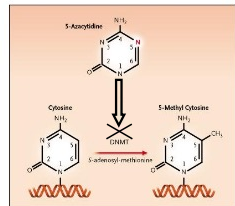
TP53 multi-hit state: TP53 allelic state is critical for diagnostic and prognostic precision in MDS



Molecular mechanisms of clonal hematopoiesis involving signaling pathways

Bernard, E., ... Papaemmanuil, E. *Nature Medicine*. 2020; 26(10), 1549–1556;  
Ye B, et al. *Cancer Lett*. 2022 Apr 23;538:215691

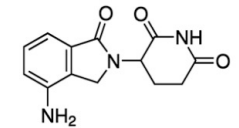
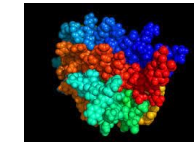
# Inositide-dependent Signalling in MDS



HR and LR MDS at diagnosis:  
**Altered PI-PLCβ1 Expression**

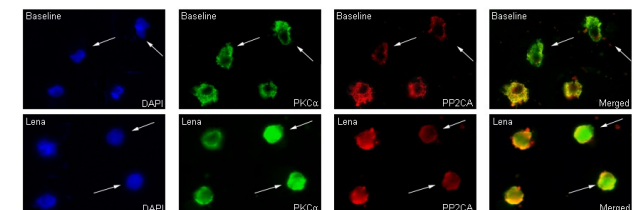
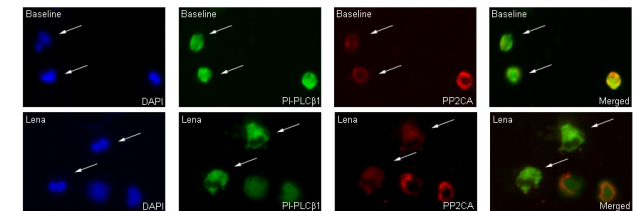
HR and LR MDS during AZA therapy:  
**Predictive Role of PI-PLCβ1 Expression**

HR MDS at diagnosis:  
**Akt/mTOR Pathway is Over-Activated**



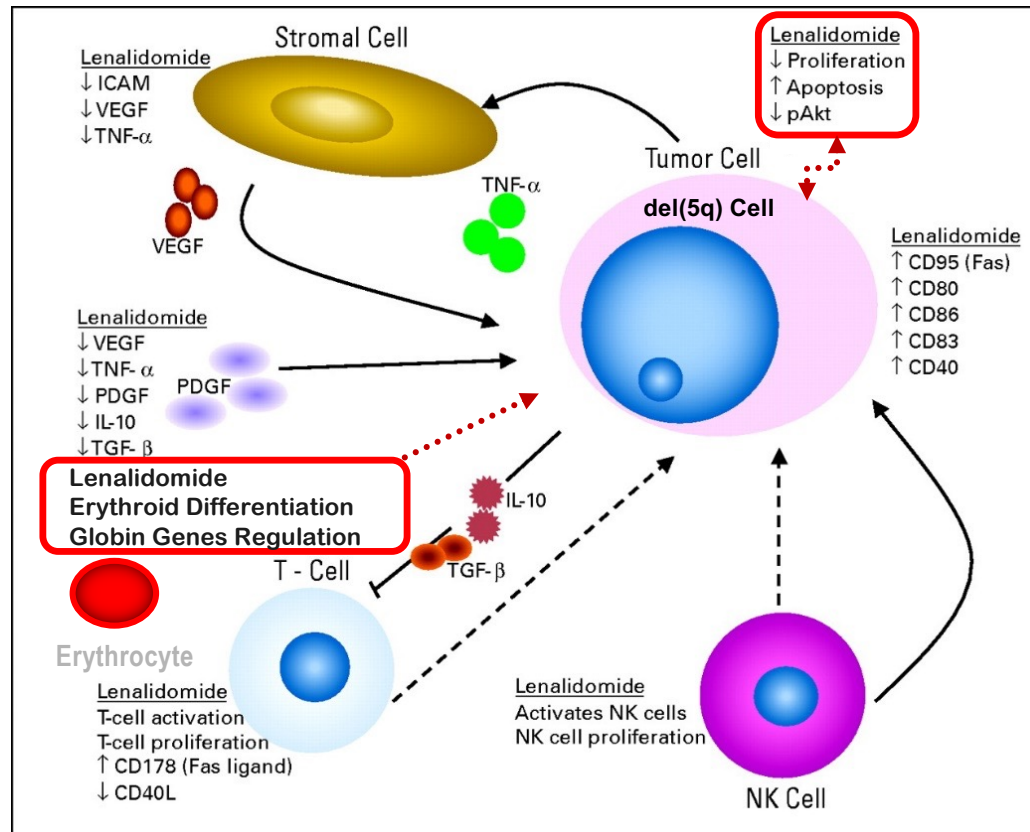
LR MDS responding to EPO:  
**Akt/PLCγ1 Pathway is Over-Activated**

LR MDS responding to Lenalidomide:  
**Nuclear translocation of PKCα**



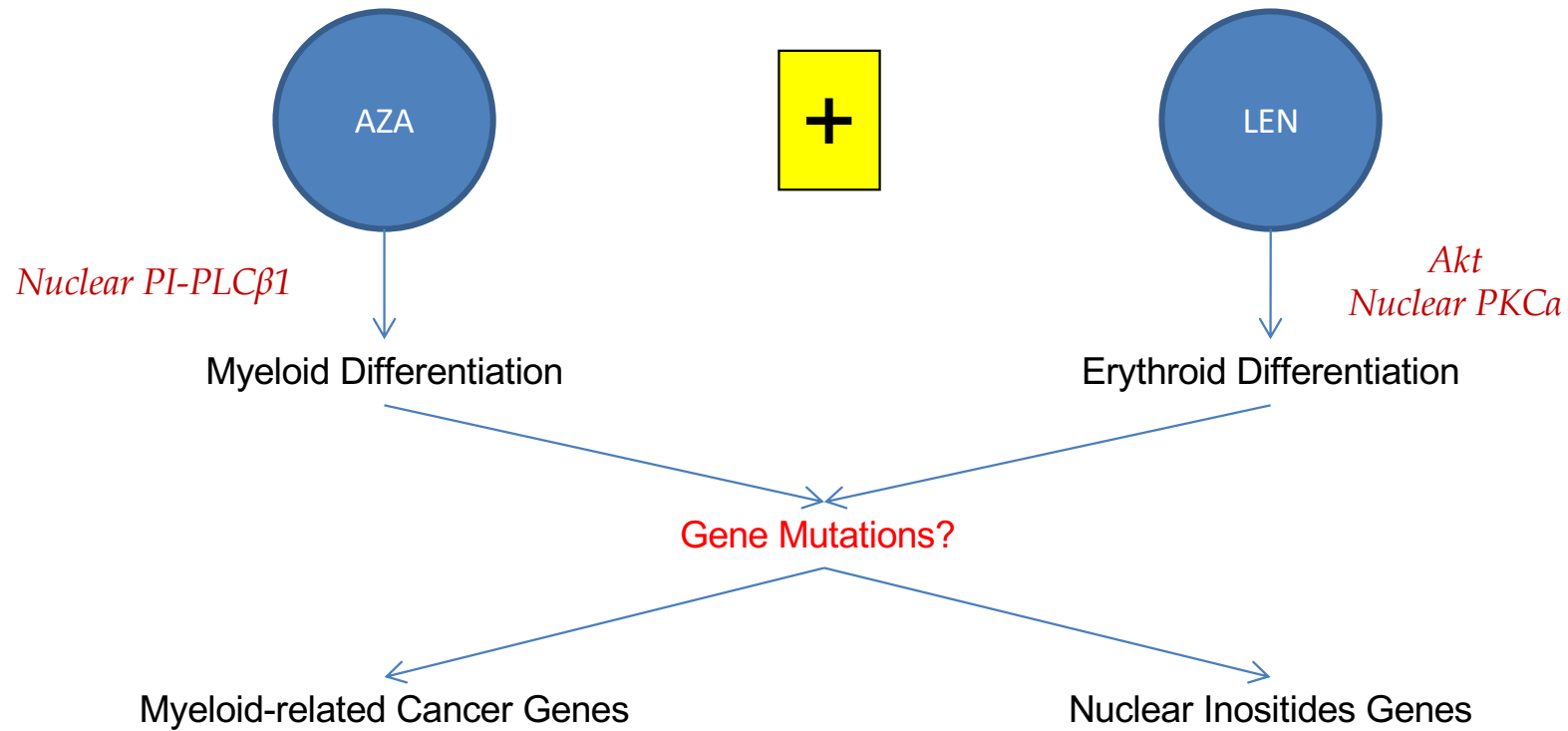
Follo MY et al. *Proc Natl Acad Sci U S A.* 2009 Sep 29;106(39):16811-6;  
 Follo MY et al. *Leukemia.* 2012 Dec;26(12):2474-82; Poli A et al. *FASEB J.* 2018 Feb;32(2):681-692

## Lenalidomide Induces Nuclear PKC $\alpha$ Translocation in MDS Responder Patients

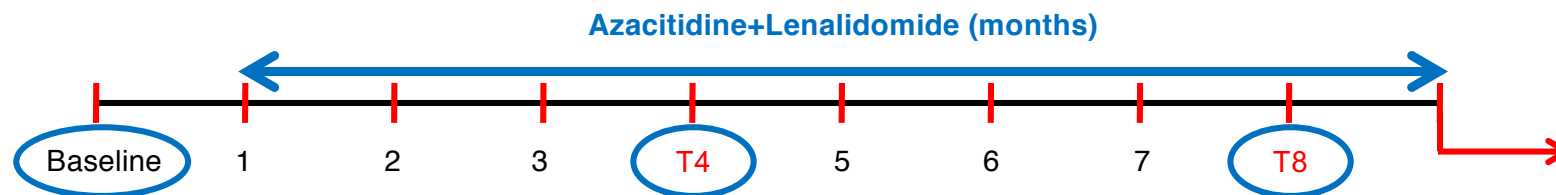


Modified from Chanan-Khan AA, et al. *J Clin Oncol.* 2008;26:1544-52; Poli A et al. *FASEB J.* 2018:681-692

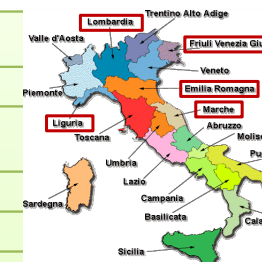
## Aim of the Study



## Patients' Characteristics

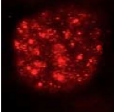
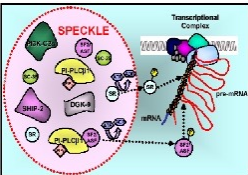


	Clinical Analysis	Molecular Analysis
No. Patients	44	30
No. Patients Evaluable for Response ( $\geq 6$ cycles)	34	30
No. Patients Evaluable for Molecular Analysis	30	30
Male/Female	27/17	20/10
Median Age (Range Years)	72 (48-83)	72.5 (48-83)
WHO Classification (No. cases)	RAEB-1 (11); RAEB-2 (30); RCMD/RCMD-RS (3)	RAEB-1 (8); RAEB-2 (19); RCMD/RCMD-RS (3)
Treatment	- Azacitidine 75 mg/m <sup>2</sup> days 1-7 - Lenalidomide 10mg days 1-21	- Azacitidine 75 mg/m <sup>2</sup> days 1-7 - Lenalidomide 10mg days 1-21
No. Median Cycles of Treatment (Range)	8.5 (1-41)	19 (8-41)
Type of Response (no. cases)	- <b>Responders:</b> Complete Remission (8), marrow Complete Remission (3), marrow Complete Remission + Hematologic Improvement (6), Partial Remission (1), Hematologic Improvement (8) - <b>Non Responders:</b> Stable Disease (6), Disease Progression (2)	- <b>Responders:</b> Complete Remission (8), marrow Complete Remission (3), marrow Complete Remission + Hematologic Improvement (6), Partial Remission (1), Hematologic Improvement (8) - <b>Non Responders:</b> Stable Disease (4)
Median Duration of Response (Months)	10.5	12

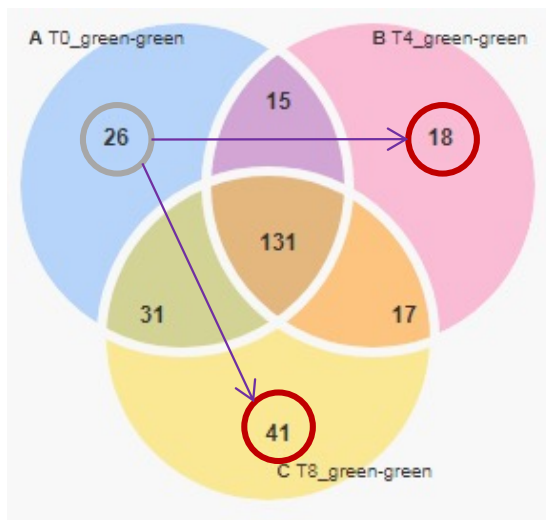




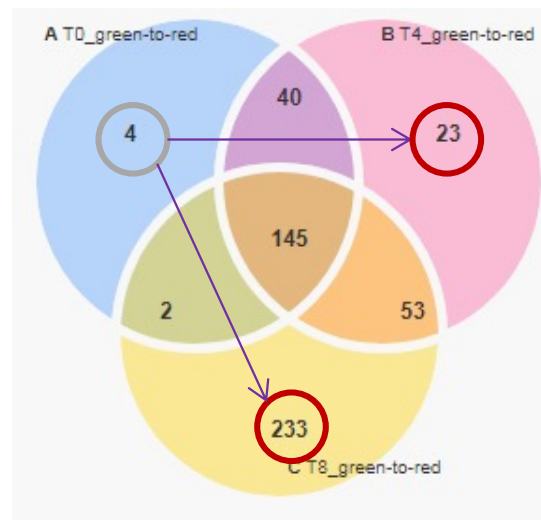
## Number of Acquired Mutations affecting Inositide-Related Genes in MDS Patients during Azacitidine and Lenalidomide Therapy (Illumina)

No. Patients Analyzed	30		Type and Duration of Response (Months)
<b>WHO Classification</b> (No. cases)	RAEB-1 (8); RAEB-2 (19) RCMD/RCMD-RS (3)		
<b>Variant Allele Frequency (VAF): Number of Acquired Mutations during Therapy</b> (No. Cases, Months of Response)	Increased VAF (5)		3 Stable Disease 2 Response (5 months)
	Decreased VAF (7)	<b>POSITIVE RESPONSE</b> 	7 Complete/Partial Remission or any Hematologic Improvement (8-24 months)
	<i>All MDS with a decreasing VAF showed a positive clinical response to Azacitidine and Lenalidomide Therapy</i>		
<b>Mutated Myeloid-Related Genes</b> (No. cases, percentage)	ASXL1 (14, 51%) TET2 (11, 37%) RUNX1 (8, 27%)	<div style="border: 1px solid red; padding: 5px; display: inline-block; margin-bottom: 10px;"> <i>All Patients with SRSF2* Mutations progressed to AML</i> </div> <div style="border: 1px solid green; padding: 5px; display: inline-block;"> <b>NO AML</b> </div>	<p style="color: blue;">*SRSF2: aka sc-35, where nuclear PI-PLCβ1 is localized</p>  

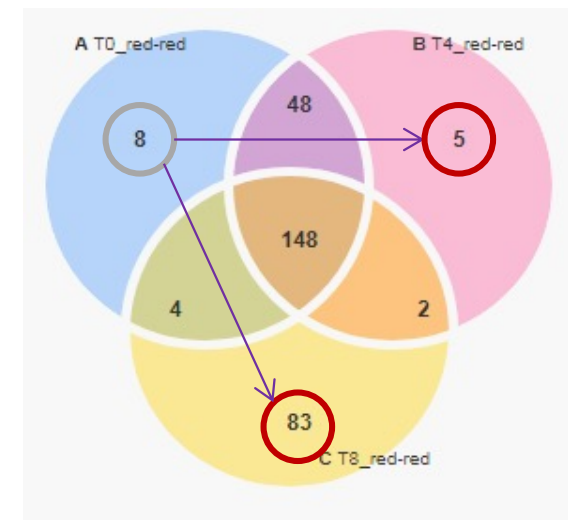
## Number of Acquired Mutations affecting Inositide-Related Genes in MDS Patients during Azacitidine and Lenalidomide Therapy (Ion Torrent)



**Responders** (No. mutated variants)



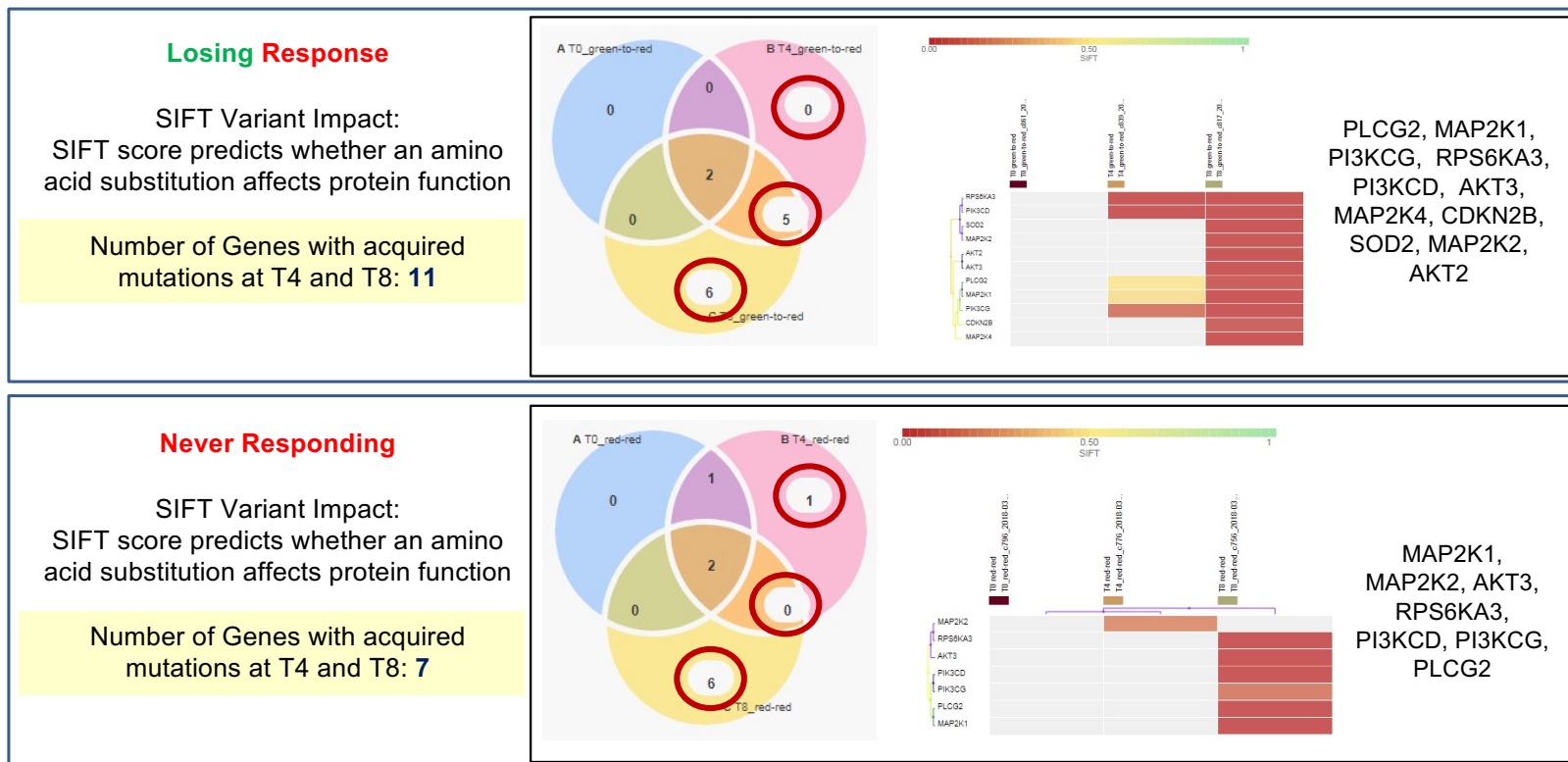
**Losing Response** (No. mutated variants)



**Never Responding** (No. mutated variants)

*All MDS patients **losing response** or **never responding** acquired a significant number of mutations during Azacitidine and Lenalidomide Therapy (T8 vs T0)*

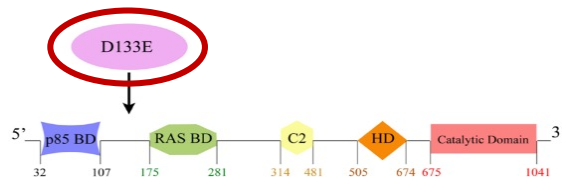
## Number of Inositide-Related Genes with Acquired Mutations (SIFT Score) in MDS Patients Losing Response and Never Responding



**Patients Losing Response or Never Responding have 6 Common Mutated Genes:  
 MAP2K1, PI3KCD, RPS6KA3, AKT3, PI3KCG, PLCG2**

### 3 Common Inositide-Specific Gene Mutations are Linked to Loss/Lack of Response

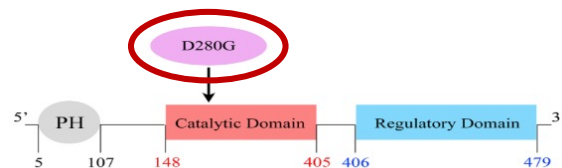
#### PIK3CD Proliferation/Differentiation



PIK3CD (p110 $\delta$ ) p.Asp133Glu **D133E** c.399C>G  
Catalytic Subunit Delta

```
61 MMSGPEAYVF TCINQTAEQQ ELEDEQRRIC DVQPFPLVLR LVAREGDRVK KLINSQISLL
121 IGKGLHEFDS LCPEVNDFR AKMQCFCEEA AARRQQLGWE AWLQYSFPLQ LEPSAQTWGP
181 GTLRPLNRL LVNVKFEQSE ESFTFQVSTK DVPLALMACA LRKKATVFRQ PLVEQPEDYT
```

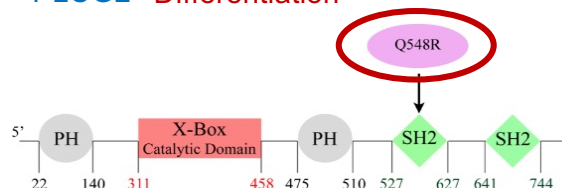
#### AKT3 Proliferation/Differentiation



AKT3 p.Asp280Gly **D280G** c.839A>G  
Catalytic Domain (not "active" aa)

```
1 MSDVTIVKEG WVQKRGEYIK NWRPRYFLK TDGSGFIGYKE KPQDVDLPYP LNNFSVAKCQ
61 LMKTERPKPN TFIIRCLQMT TVIERTFHDV TPEEREWE TE AIQAVADRLQ RQEEERMNCS
121 PTSQIDNIGE EEMDASTTHH KRKTMNDFDY LKLLGKSTFG KWILVREKAS GKYYAMILK
181 KEVIAKDV AHTLTESRVL KNTRHPFLAS LKYSFQTKDR LCFVMEYVNG GELFPHLSRE
241 RVFSEDRTRF YGAEIVSALD YLHSGKIVYR DLKLESLML KDGHIKIHF GCKEGITDA
301 ATMKTFCGTF EYAPEVLED NDYGRAVDWW GLGVVMYMM CGRPFYVNDQ HEKLFELILM
361 EDIKFPRTLS SDAKSLLSGL LIKDPNKRLG GGPDDAKEIM RSHFFSGVNW QDVYDKKLVF
421 PFKPQVTSET DTRYDEEET AQTITITPPE KYDEDGMDCM DNERRPHFPQ FSYASAGRE
```

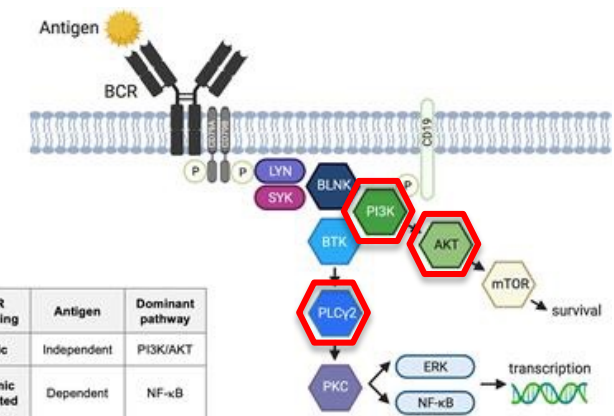
#### PLCG2 Differentiation



PLCG2 p.Gln548Arg **Q548R** c.1643A>G  
N-terminal Src homology 2 (N-SH2) domain -  
phosphotyrosine binding pocket (not "active" aa)

```
421 FKVEFGDLLL TKPTEASADQ LPSPSQLREK I I I K H K K L G P R G D V D V N M E D K K D E H K Q Q G E
481 L Y M W D S I D Q K W T R H Y C A I A D A K L S F S D D I E Q T M E E E V P Q D I P P T E L H F G E K W F H K K V E K
541 T S A E K L E Y C M E T G G K D G T F L V E E T F P N D Y L S F W R S G R V C H C R I R S T M E G G T L K Y Y
601 L T D N L T F S S I Y A L I Q H Y R E T H L R C A E F E L R L T D P V P N P N P H E S K P W Y Y D S L S R G A E D M L
```

**Pink aa:** mutated aa from our analysis **Yellow aa:** "Active aa", i.e. known important aa for function

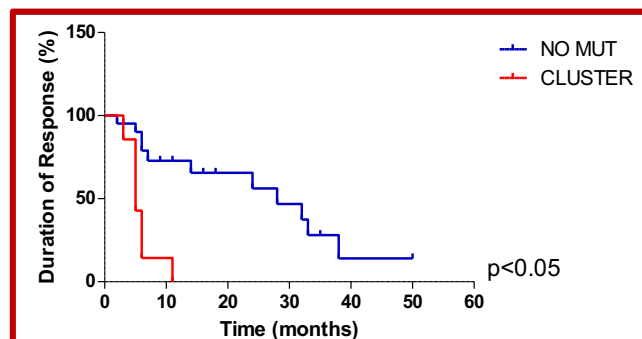
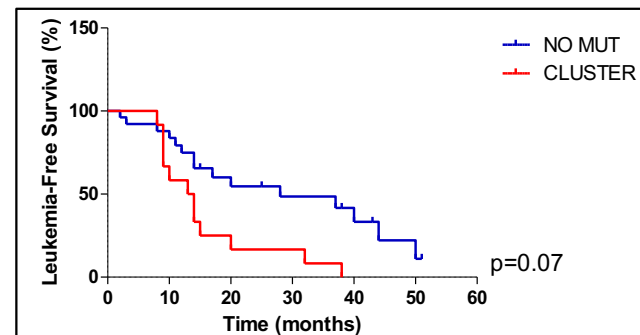
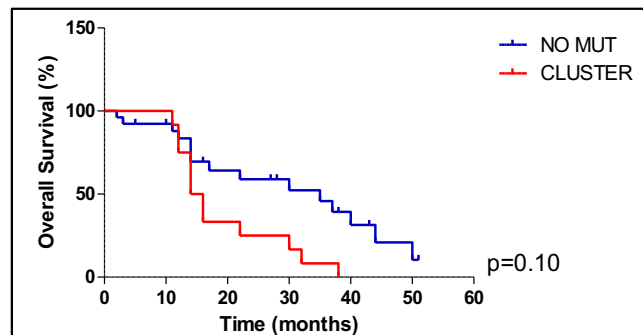


BCR signaling	Antigen	Dominant pathway
Tonic	Independent	PI3K/AKT
Chronic activated	Dependent	NF- $\kappa$ B

PI3K/Akt/PLCG2 activity in immune cells, BCR signalling and CLL

Follo MY et al. *Leukemia*. 2019 Sep;33(9):2276-2290;  
Ahn IE and Brown JR. *Front Immunol*. 2021;12:687458

## Effect on Overall Survival, Leukemia-free Survival, Duration of Response



The presence of all our 3 Mutations (**PI3KCD, AKT3, PLCG2**) is **significantly associated** with a **shorter duration of response** to Azacitidine and Lenalidomide Therapy

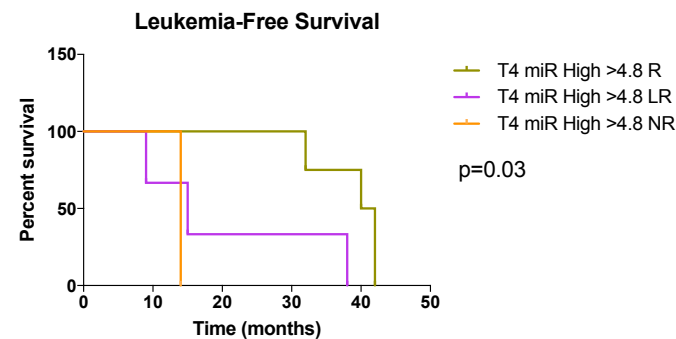
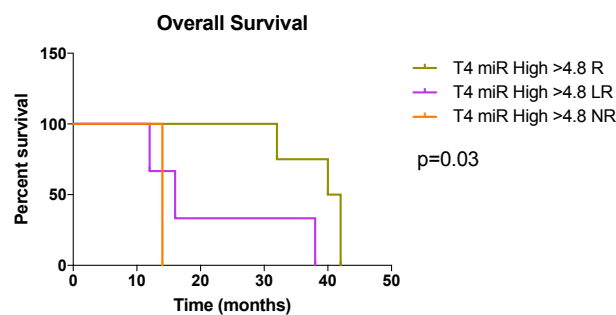
## Conclusions and Perspectives

- AzaLen Therapy can induce a favourable response in MDS patients
- AzaLen Therapy change the VAFs and mutation profiling of inositide-specific genes, with a cluster of 3 mutated genes associated with loss/lack of response (PI3KCD, AKT3, PLCG2)



Specific mutagenesis of mutated genes to determine their in vitro effect

miRNA Targets: miR-192-5p

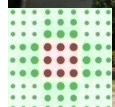


miR-192-5p increased gene expression at T4 correlates with better OS and LFS in Responders, hinting at a prognostic relevance that may improve patients' stratification

## Acknowledgments, Collaborations and Funding



**Cellular Signalling Laboratory**  
Lucio Cocco, MD – Lucia Manzoli, MD



**"L. e A. Seràgnoli" Institute**  
Carlo Finelli, MD – Antonio Curti, MD



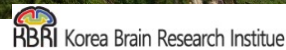
**Prof.ssa Elli Papaemmanuil**



**Prof.ssa Maria Teresa Voso**



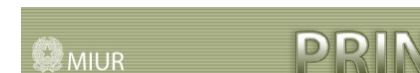
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**KBRI and UNIST, South Korea**  
Pann-Ghill Suh, PhD, DVM



**Prof.ssa Valeria Santini**



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