

# Genetics of MDS

# גנטיקה של תסמונות מיאלודייספלסיות

Rafael Bejar MD, PhD

**2<sup>nd</sup> Regional Symposium on MDS**

Tel Aviv, Israel

March 5, 2020



**UC San Diego**  
MOORES CANCER CENTER



**5-6 MARCH 2020, TEL AVIV, ISRAEL**

# Overview

- MDS as a Clonal Disorder
- Landscape of Somatic Mutations
- Relationship to Other Myeloid Conditions
- Pathogenic Mechanisms of Mutations
- Clinical Implications
- Update on Plans from the IWG-PM

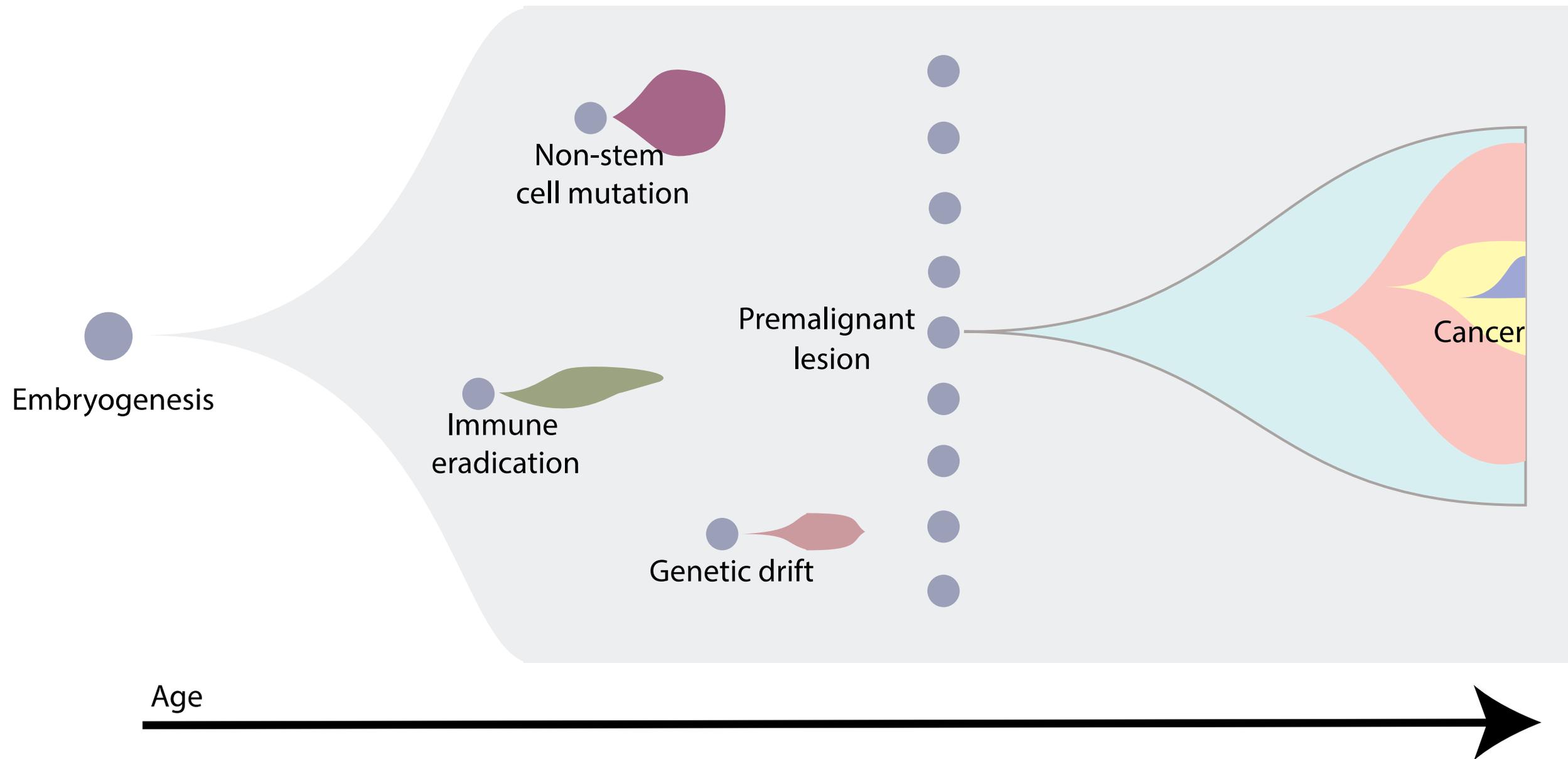
# Welcome

## HOW TO PROPERLY GREET SOMEONE DURING THE CORONAVIRUS OUTBREAK

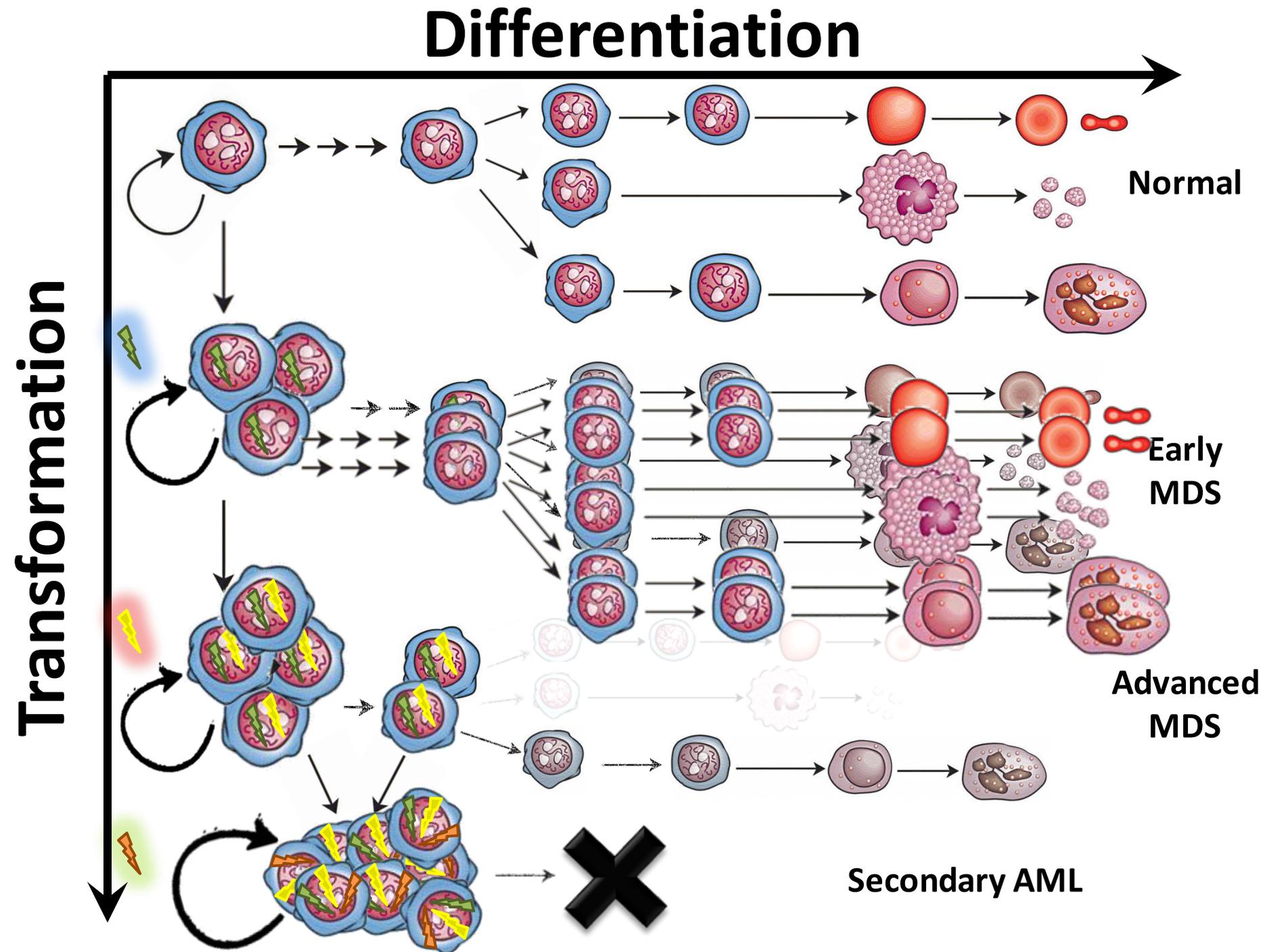


# MDS as a Clonal Disease

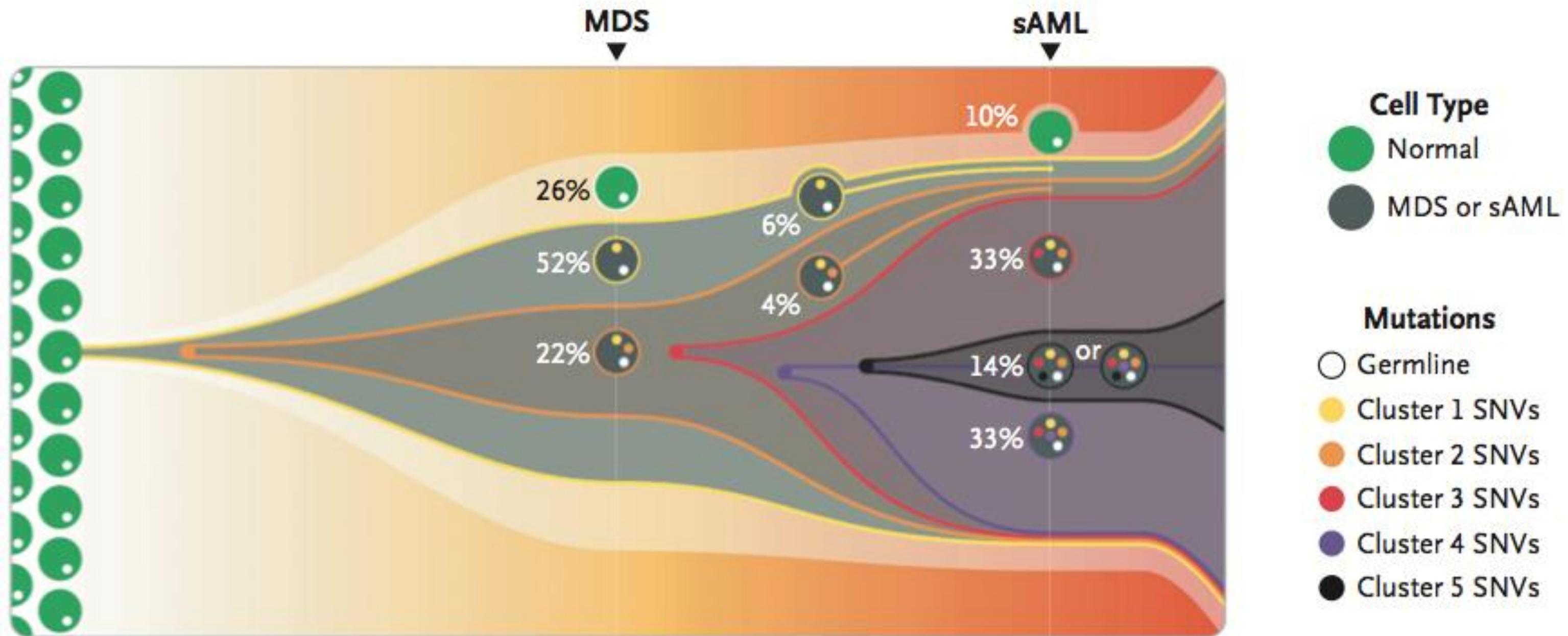
# Clonality Alone is Not a Disease



# Corrupted Hematopoiesis



# Clonal Selection



# Genetic Abnormalities in MDS

## Translocations/ Rearrangements

Rare in MDS

t(6;9)

i(17q)

t(1;7)

t(3;?)

t(11;?)

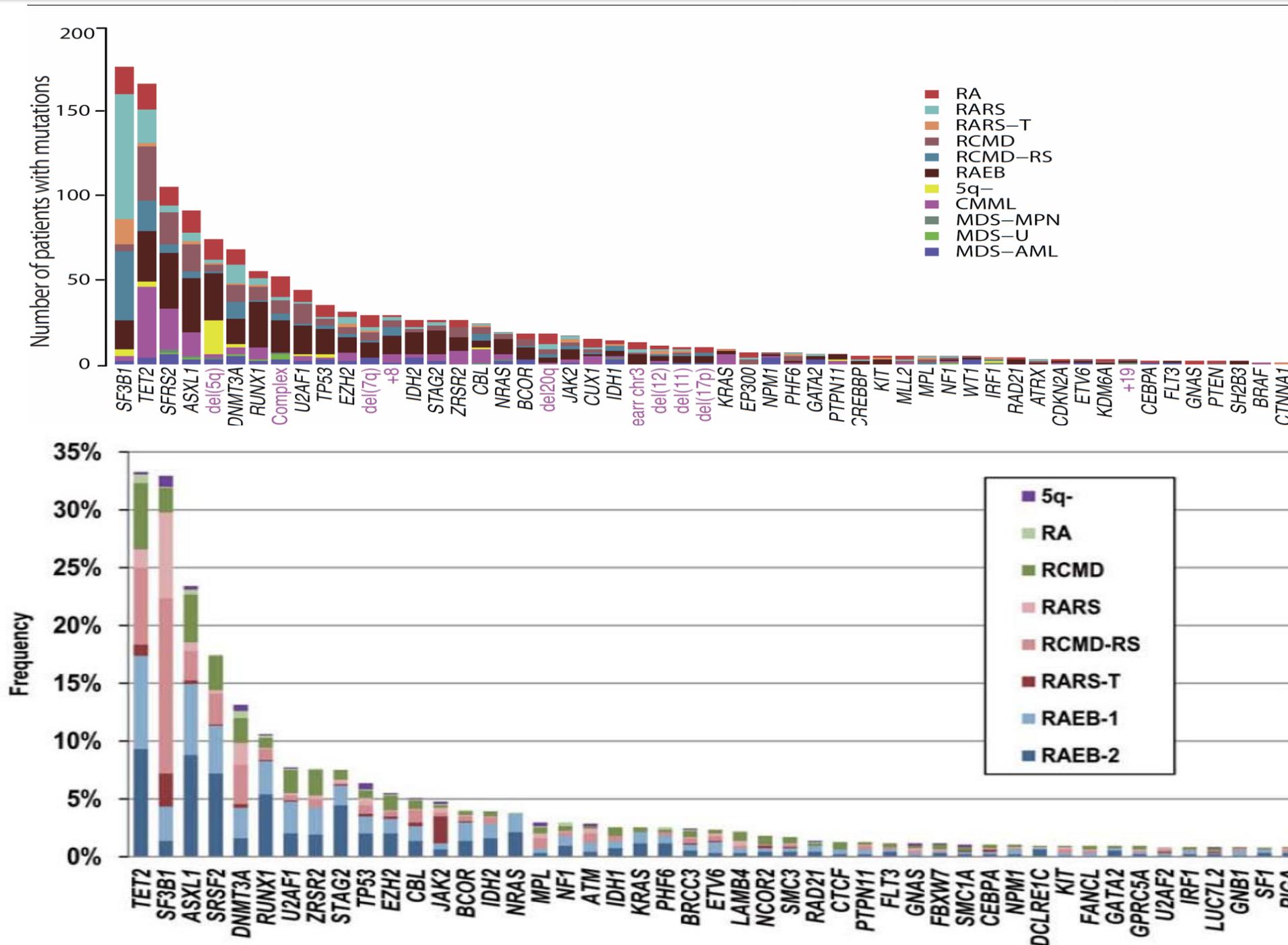
inv(3)

idic(X)(q13)

Observed Frequency in MDS

# Somatic Mutations in MDS

# Most Frequently Mutated Genes



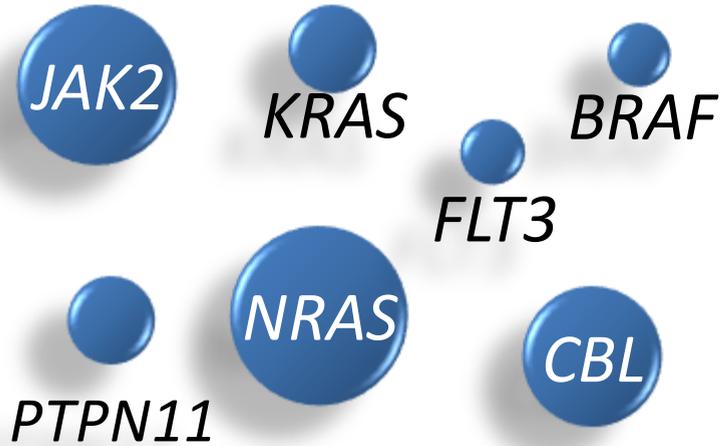
2020

+

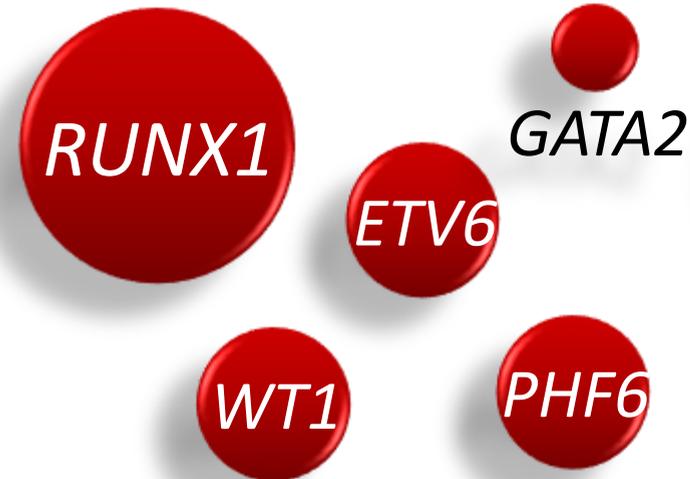
DDX41  
CSNK1A1  
ETNK1  
NFE2  
...

# Most Frequently Mutated Genes

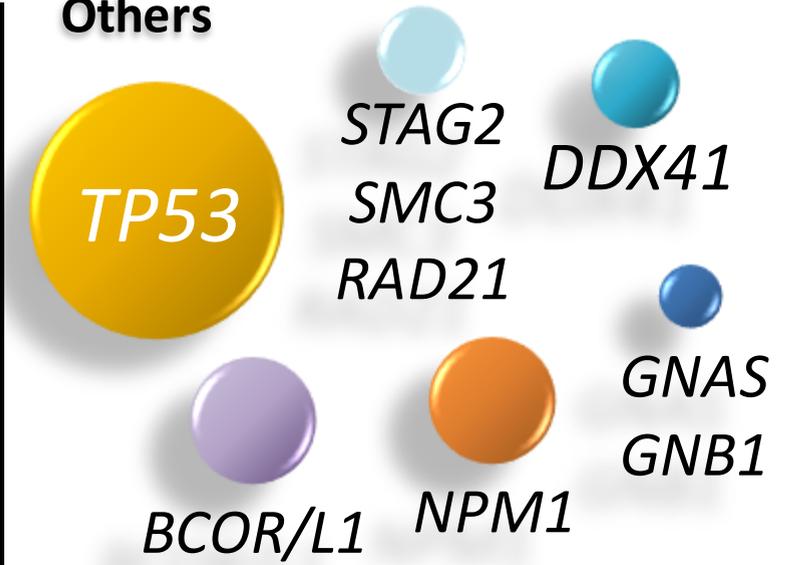
## Tyrosine Kinase Pathway



## Transcription Factors



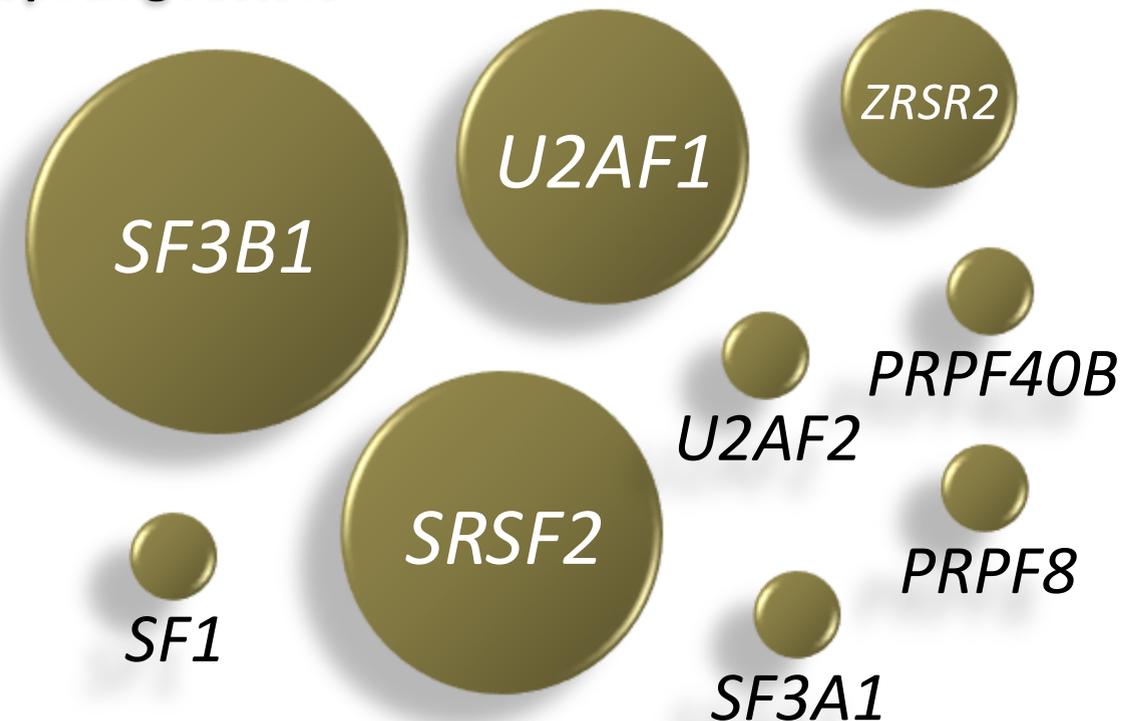
## Others



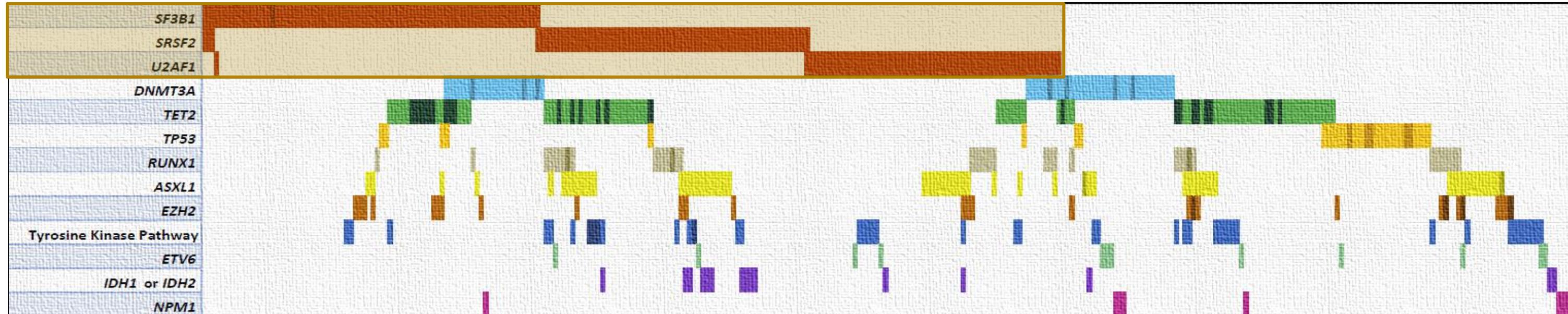
## Epigenetic Regulation



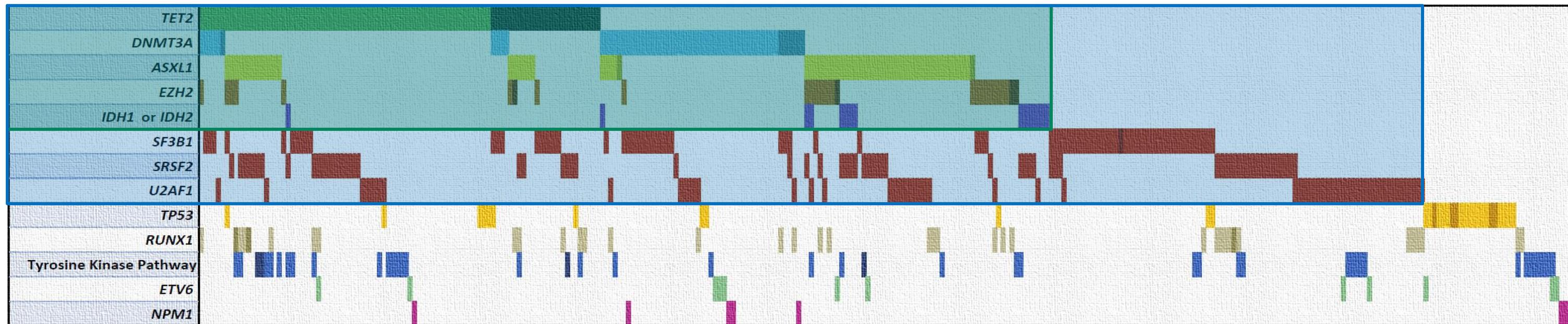
## Splicing Factors



# MDS Mutation Profiles



Myelodysplastic syndromes are diseases of the spliceosome and epigenetic regulation

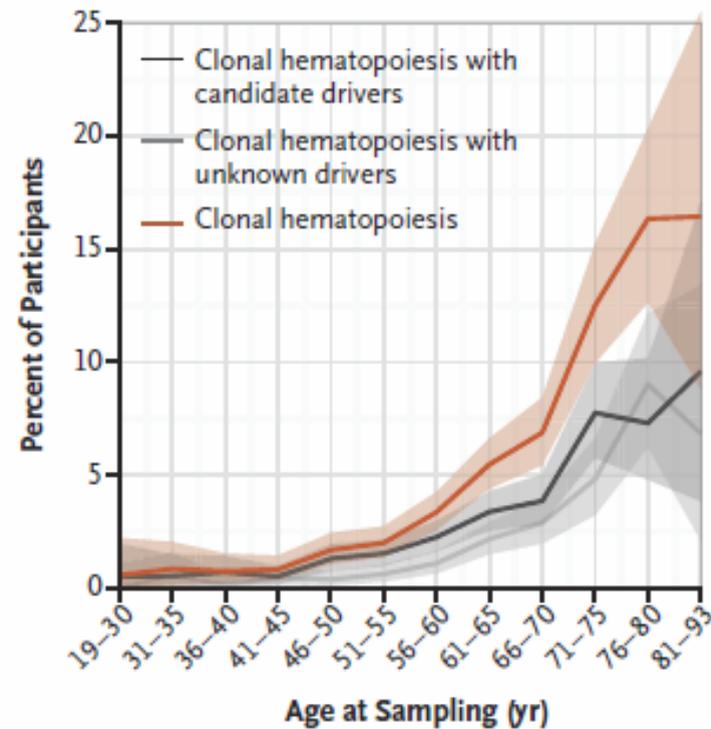
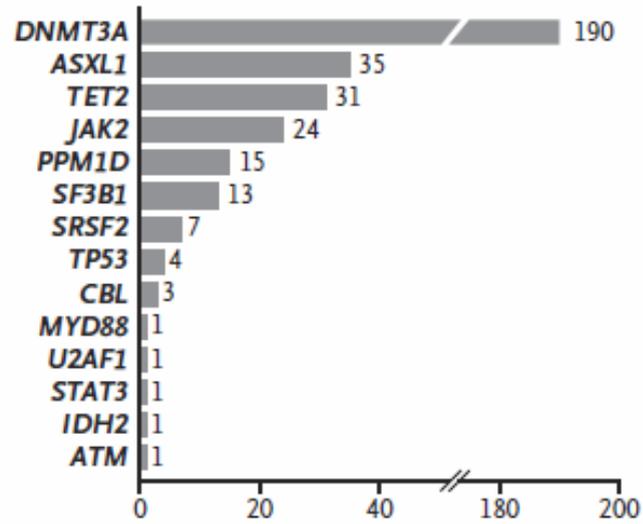


# Patterns of Mutation

ORIGINAL ARTICLE

# Clonal Hematopoiesis and Blood-Cancer Risk Inferred from Blood DNA Sequence

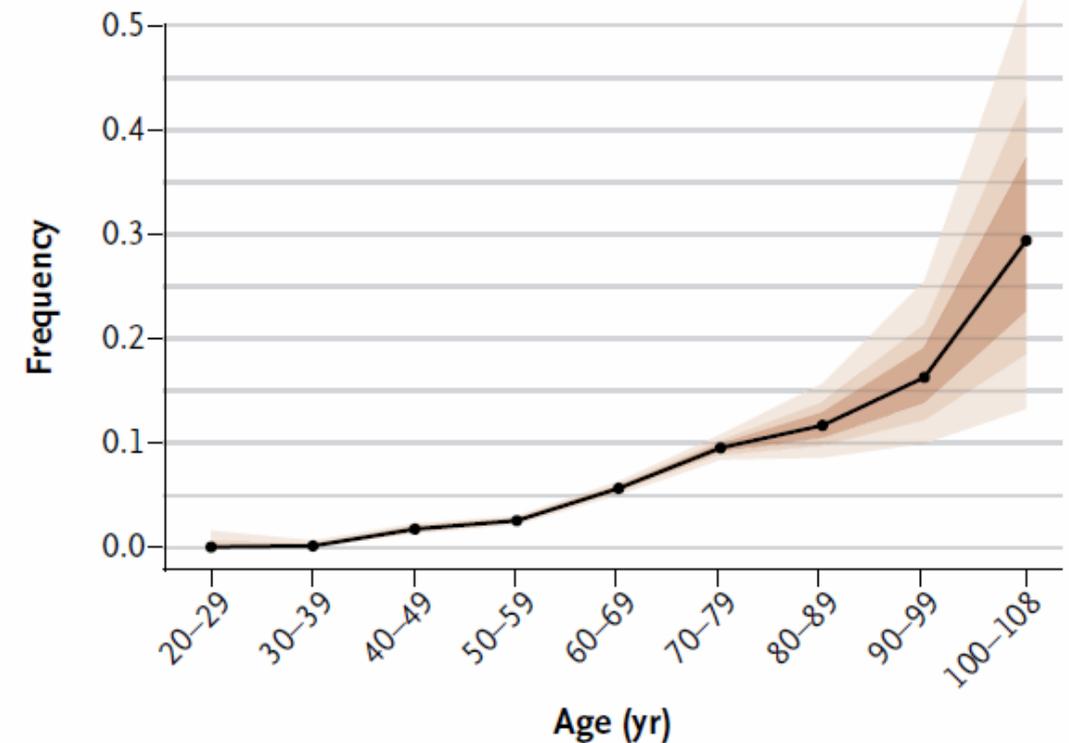
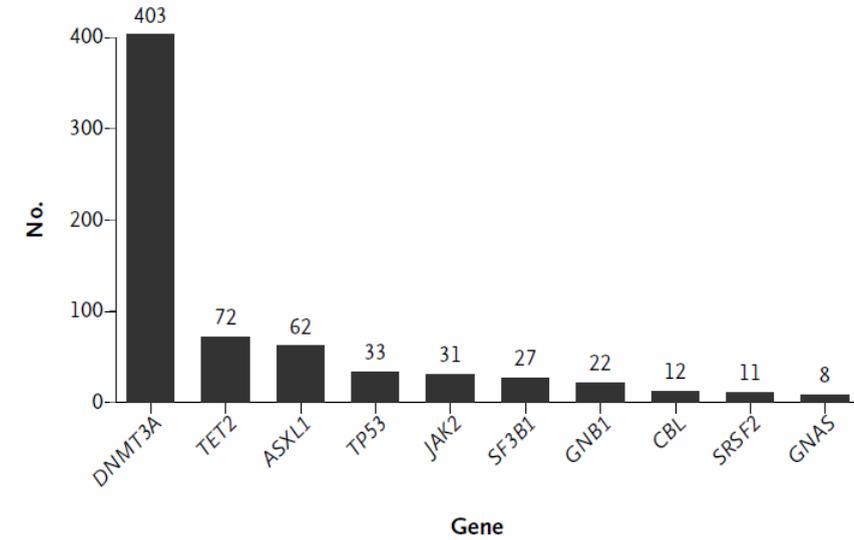
Giulio Genovese, Ph.D., Anna K. Kähler, Ph.D., Robert E. Handsaker, B.S.,



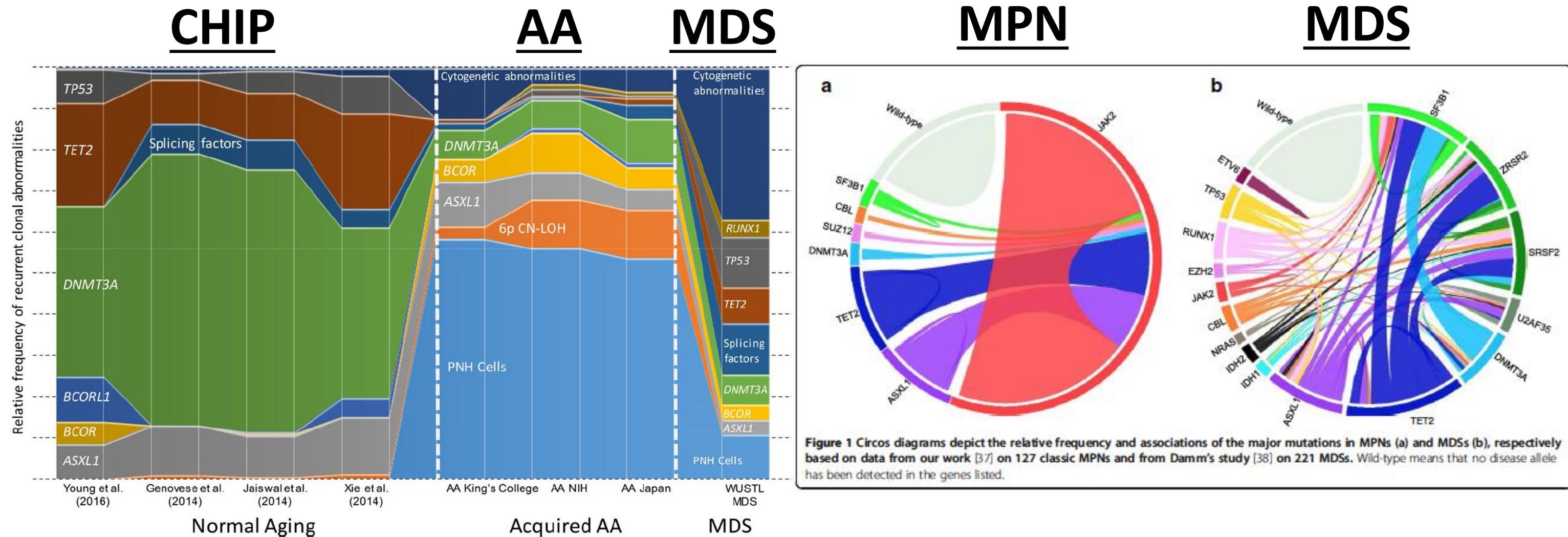
ORIGINAL ARTICLE

# Age-Related Clonal Hematopoiesis Associated with Adverse Outcomes

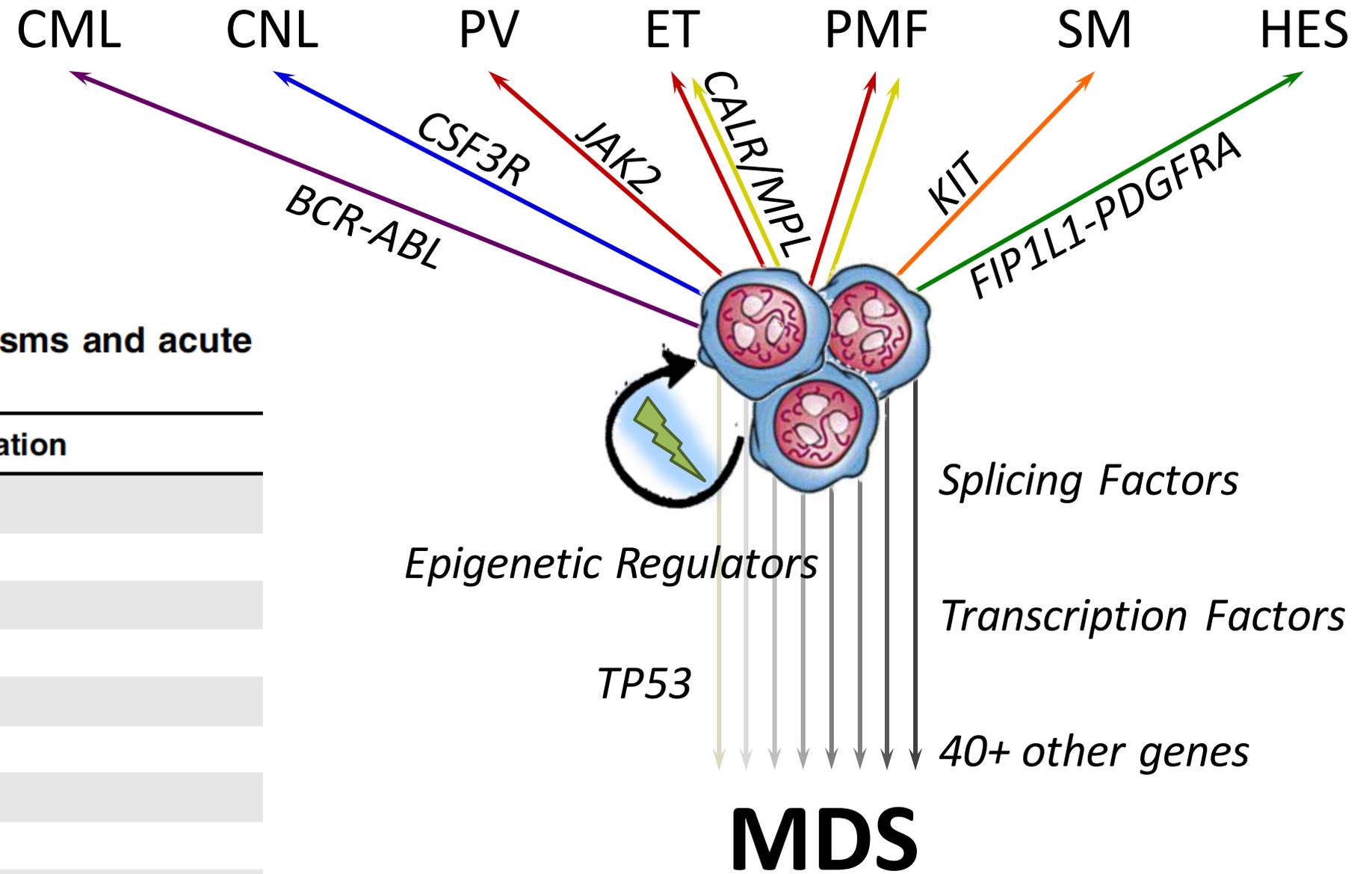
Siddhartha Jaiswal, M.D., Ph.D., Pierre Fontanillas, Ph.D., Jason Flannick, Ph.D.,



# Mutation Pattern Comparisons



# Myeloproliferative Neoplasms



**Table 1. WHO classification of myeloid neoplasms and acute leukemia**

**WHO myeloid neoplasm and acute leukemia classification**

**Myeloproliferative neoplasms (MPN)**

Chronic myeloid leukemia (CML), *BCR-ABL1*<sup>+</sup>

Chronic neutrophilic leukemia (CNL)

Polycythemia vera (PV)

Primary myelofibrosis (PMF)

PMF, prefibrotic/early stage

PMF, overt fibrotic stage

Essential thrombocythemia (ET)

Chronic eosinophilic leukemia, not otherwise specified (NOS)

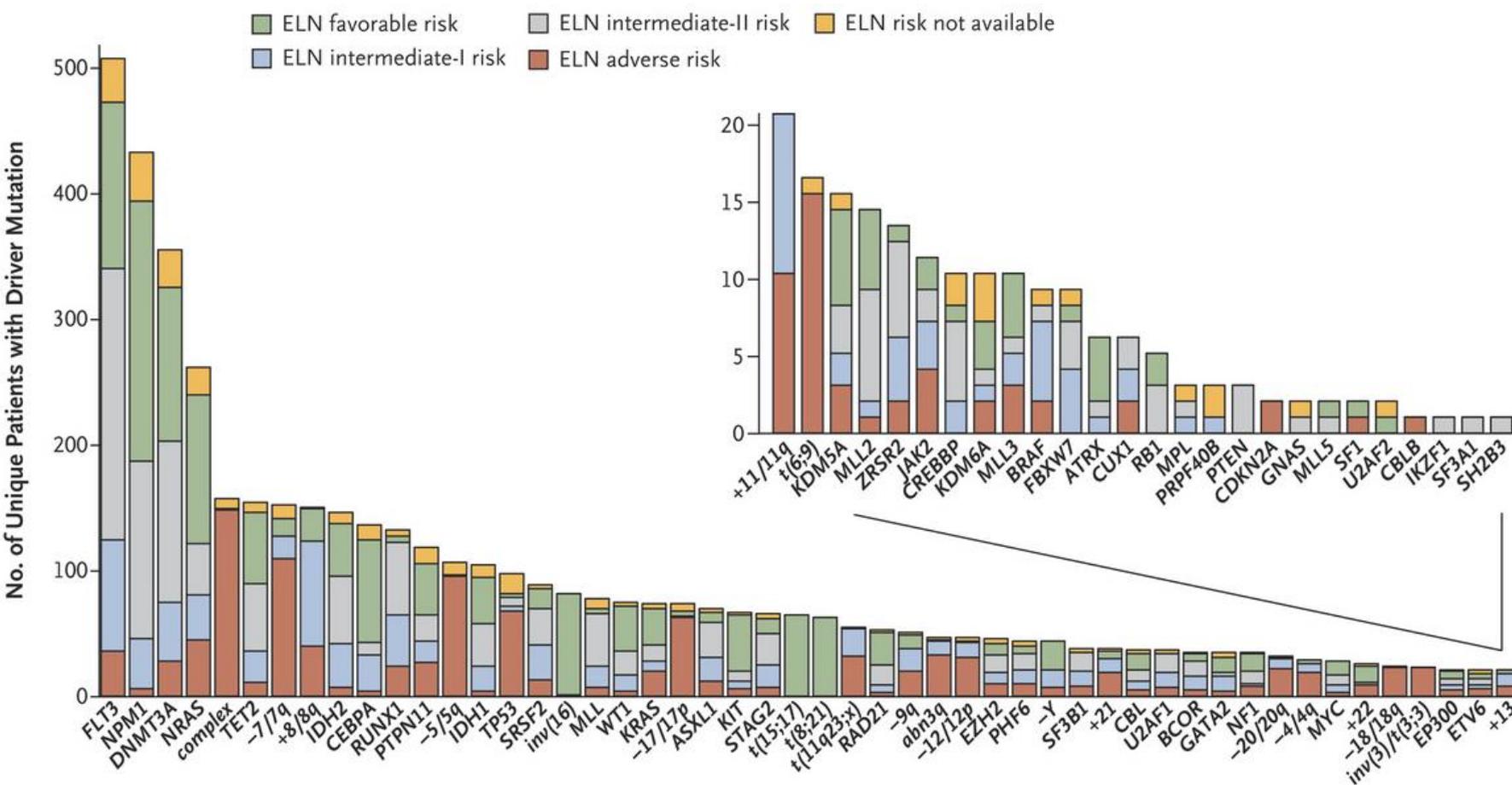
MPN, unclassifiable

Mastocytosis

# Mutation Patterns in MDS vs. AML

Papaemmanuil et al. *Blood*. 2013.

Papaemmanuil et al. *NEJM*. 2016.



## MDS

**TET2**

**SF3B1**

**ASXL1**

**SRSF2**

**DNMT3A**

**RUNX1**

**U2AF1**

**ZRSR2**

**TP53**

**EZH2**

## AML

**FLT3**

**NPM1**

**DNMT3A**

**NRAS**

**TET2**

**IDH2**

**CEBPA**

**RUNX1**

**IDH1**

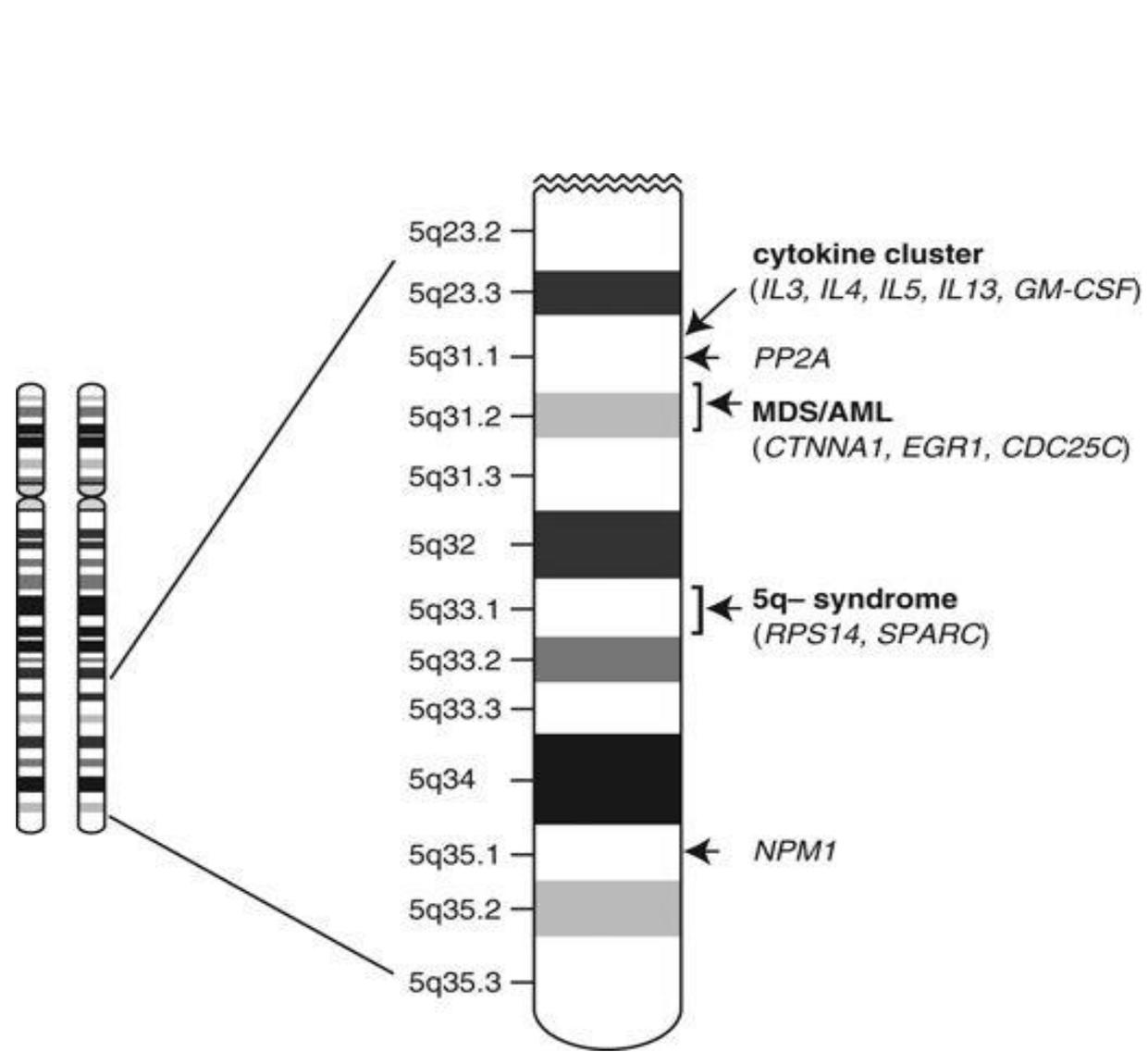
**TP53**

Haferlach et al. *Leukemia*. 2013

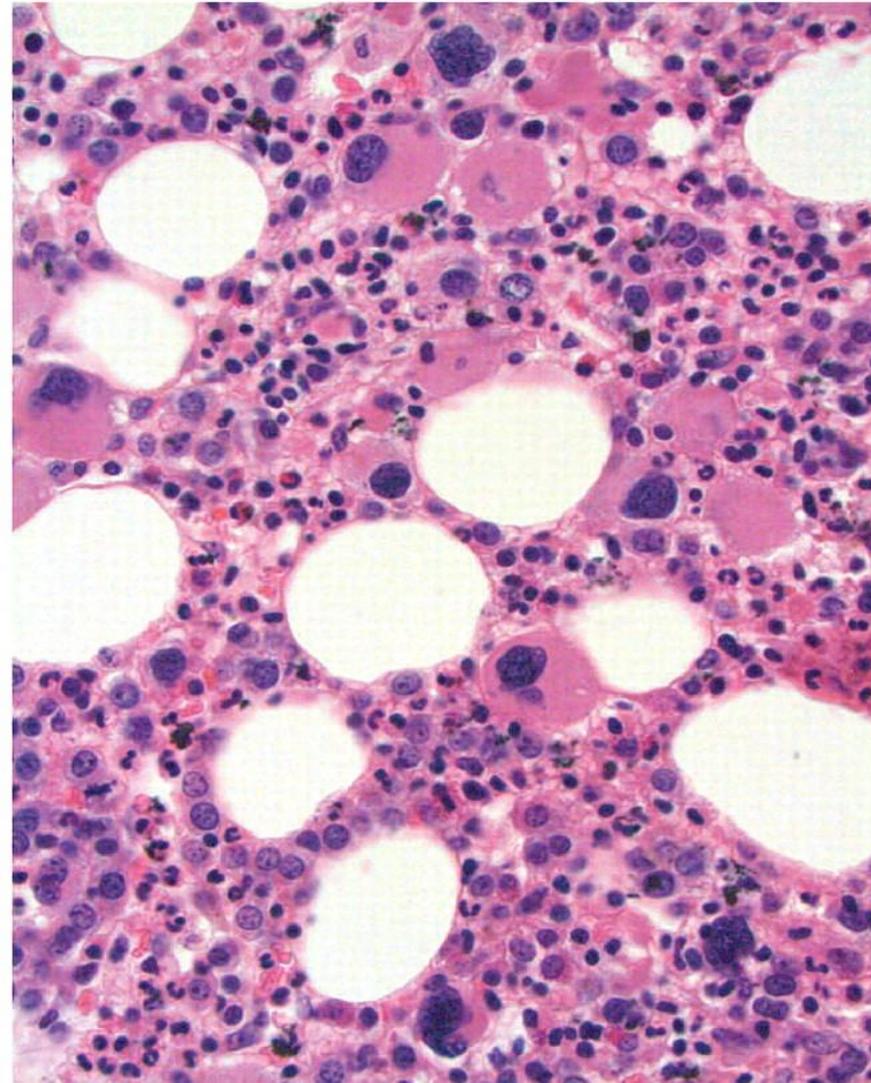


# Pathogenic Mechanisms

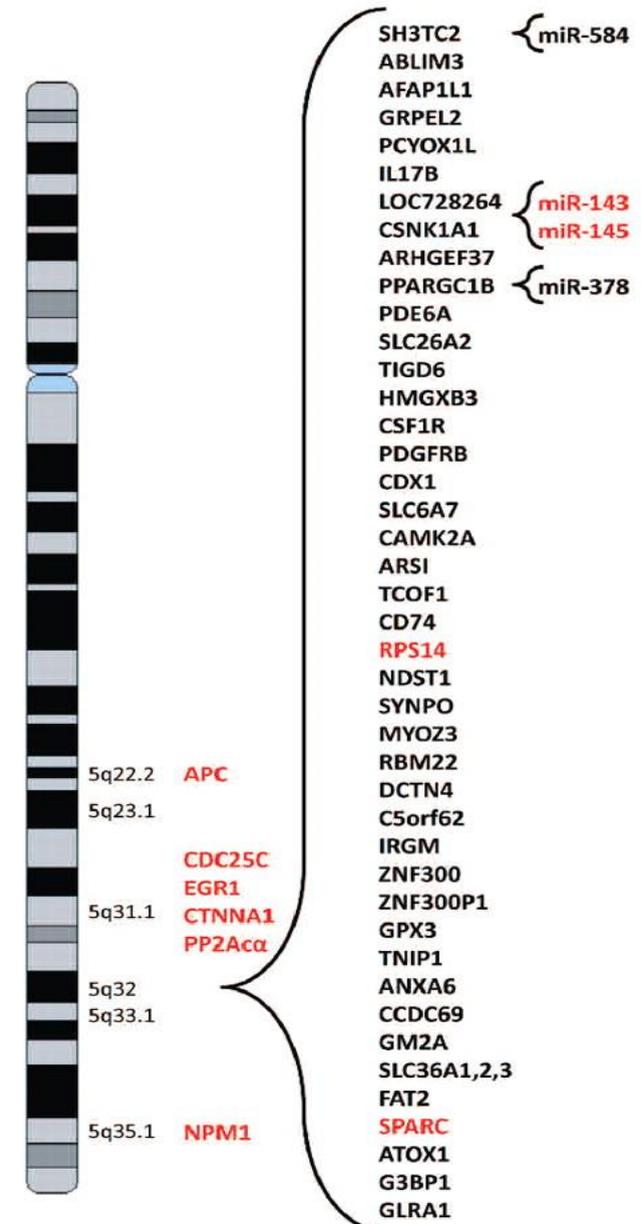
# Haploinsufficiency in 5q- Syndrome



**A**



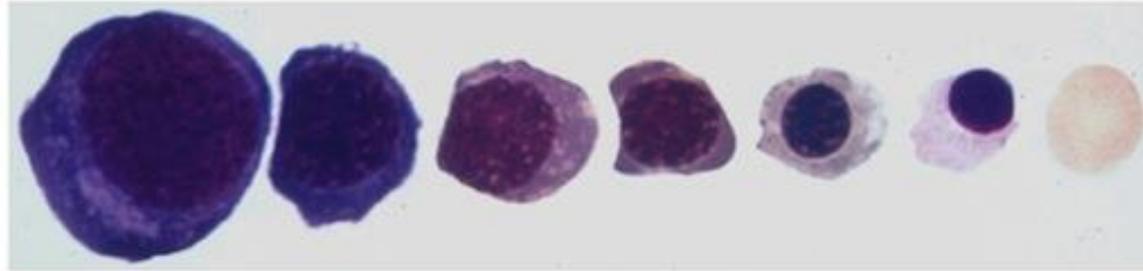
**B**



# 5q-minus Syndrome: *RPS14*

Bone Marrow  
or  
Cord Blood  
or  
Peripheral Blood

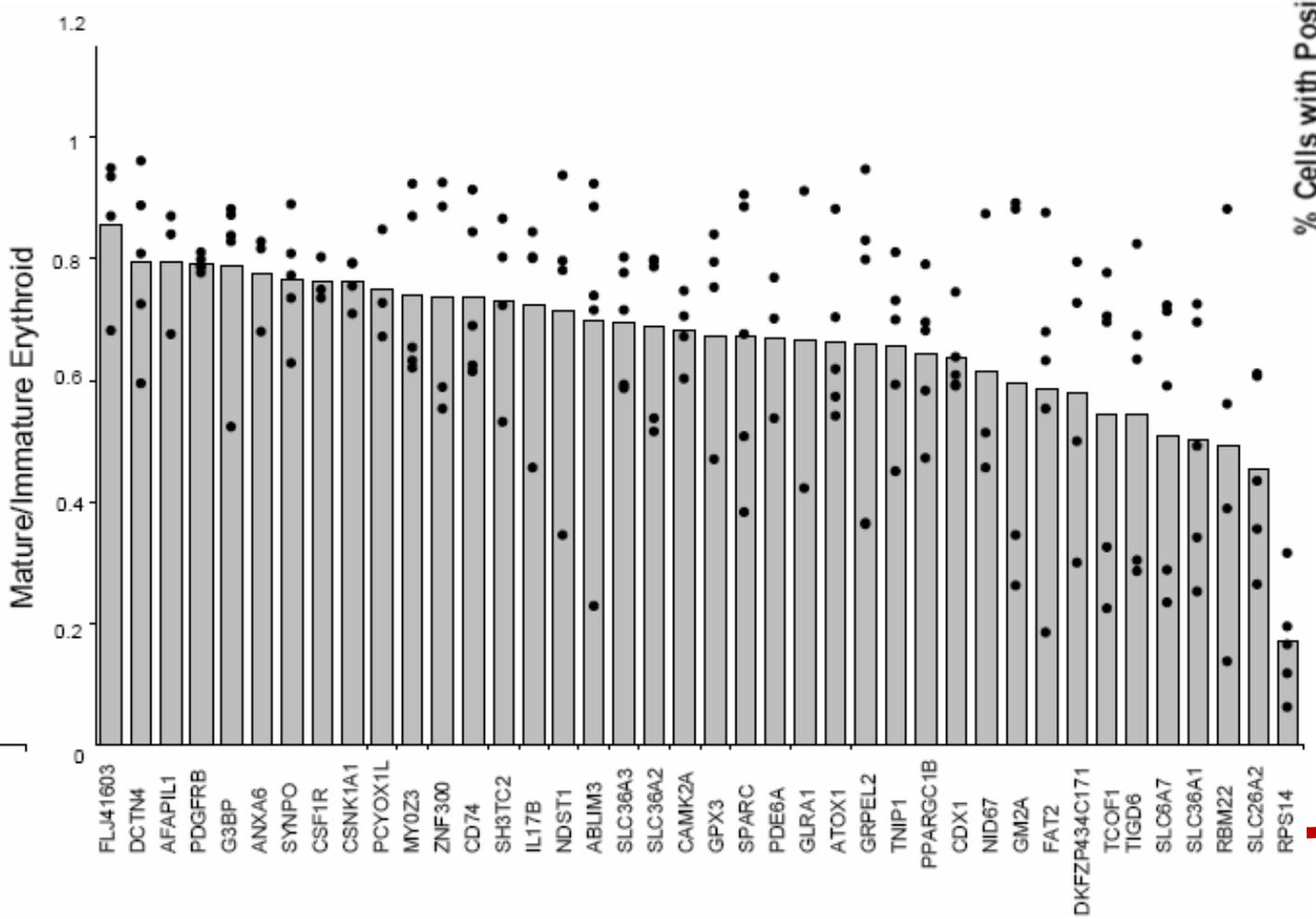
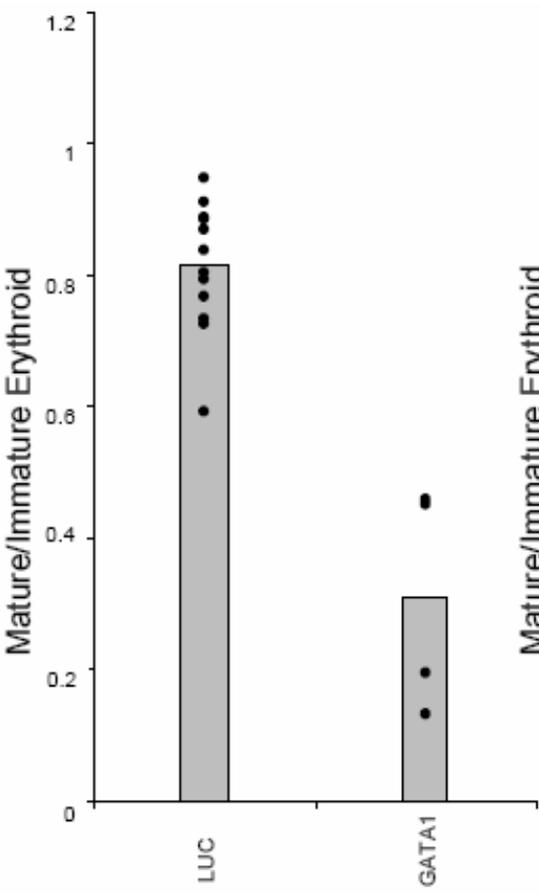
CD34 selection



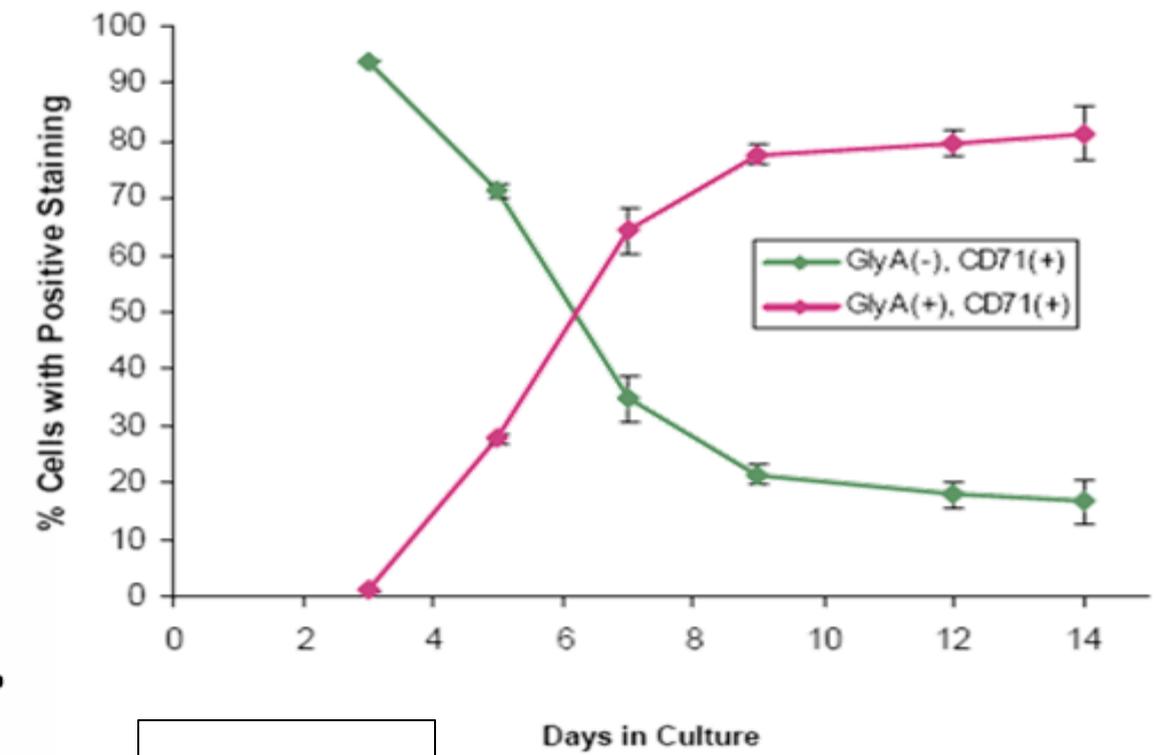
Hematopoietic  
Stem Cells

Progenitors/Precursors

Erythroid Cells

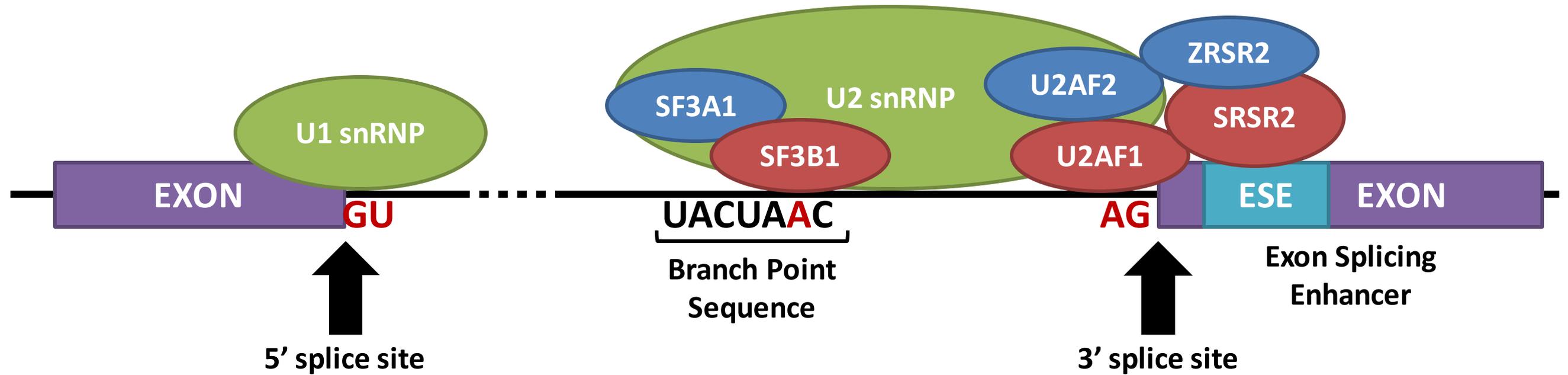


CD71/GlyA Expression

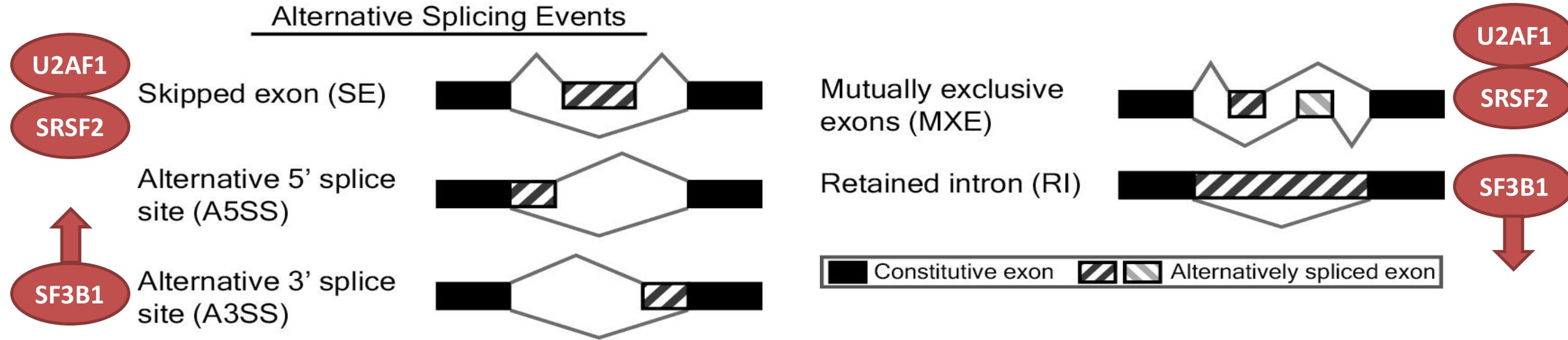


**RPS14**

# Splicing Factor Complexes

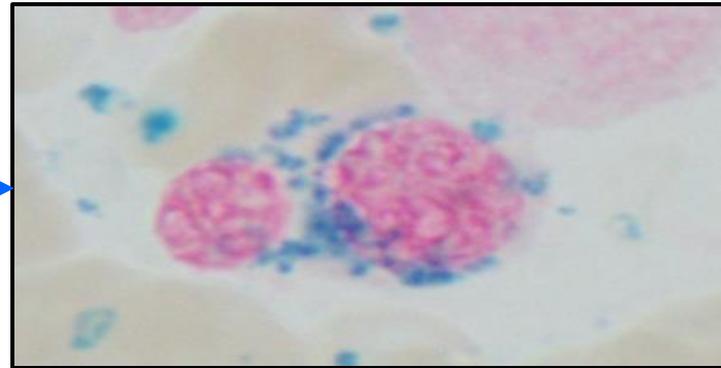


## Alternative Splicing Events



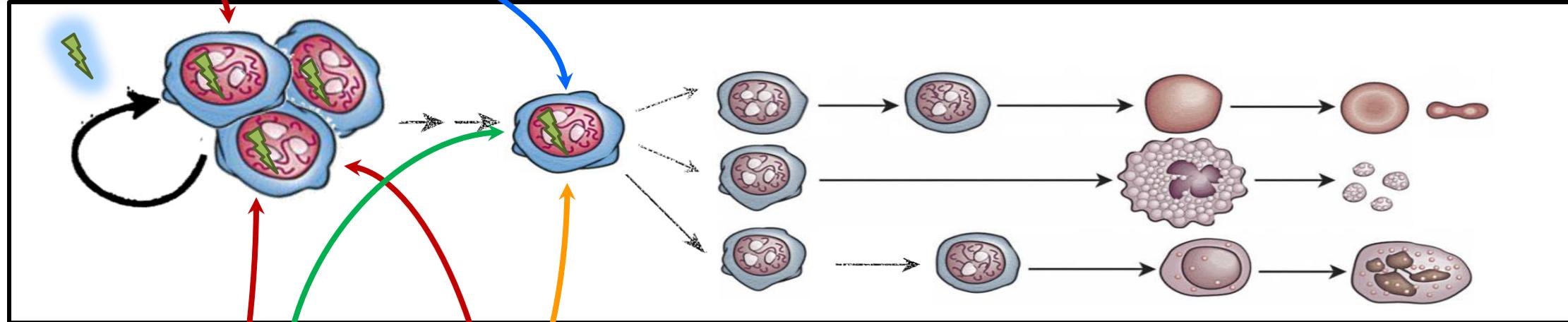
# Stem vs. Progenitor Effects

*SF3B1*

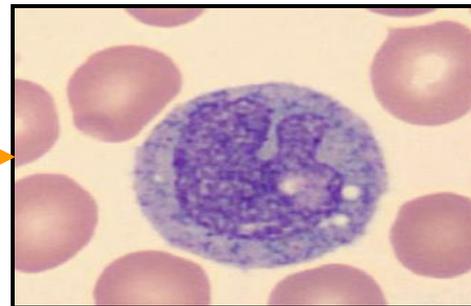


## Ring sideroblasts

- RARS, RARS-T (80+%)
- Better prognosis
- More anemia
- Higher MCV



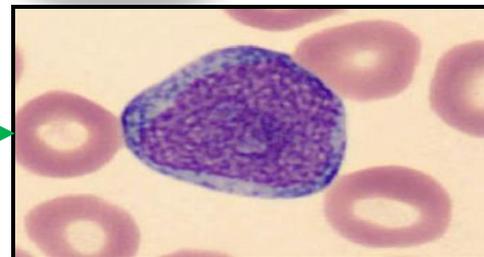
*SRSF2*



## Monocytosis

- CMML (40+%)
- Worse prognosis

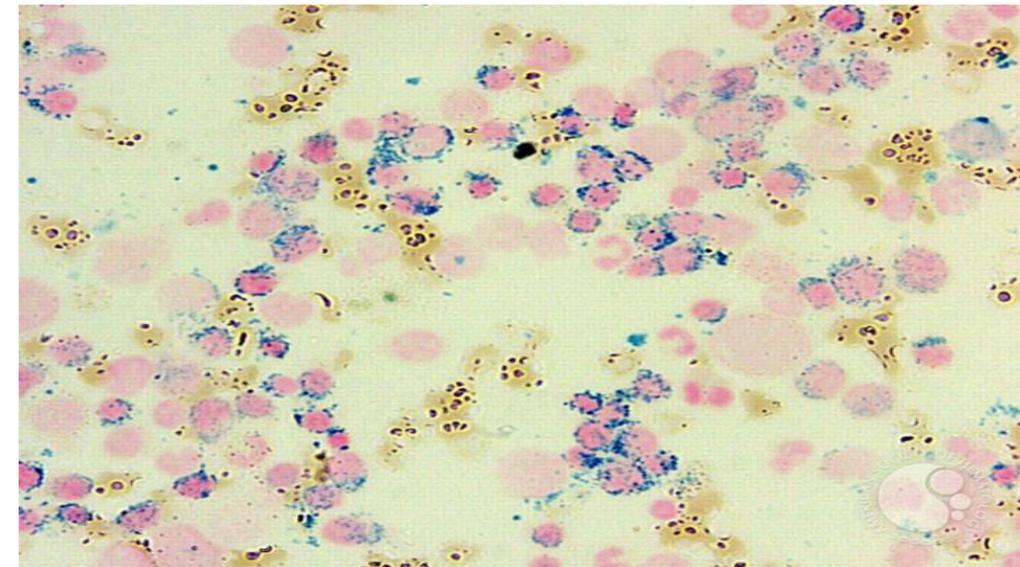
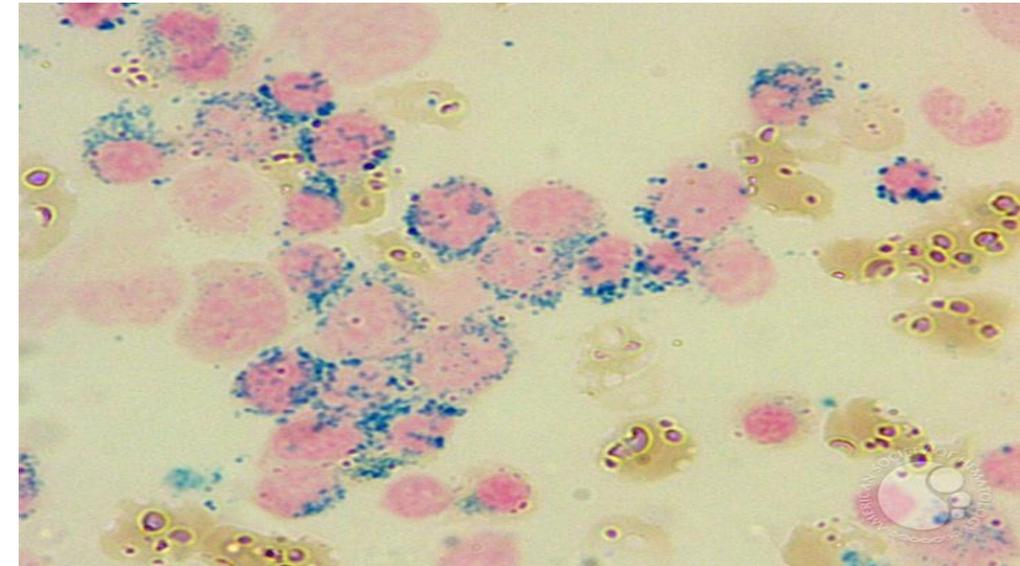
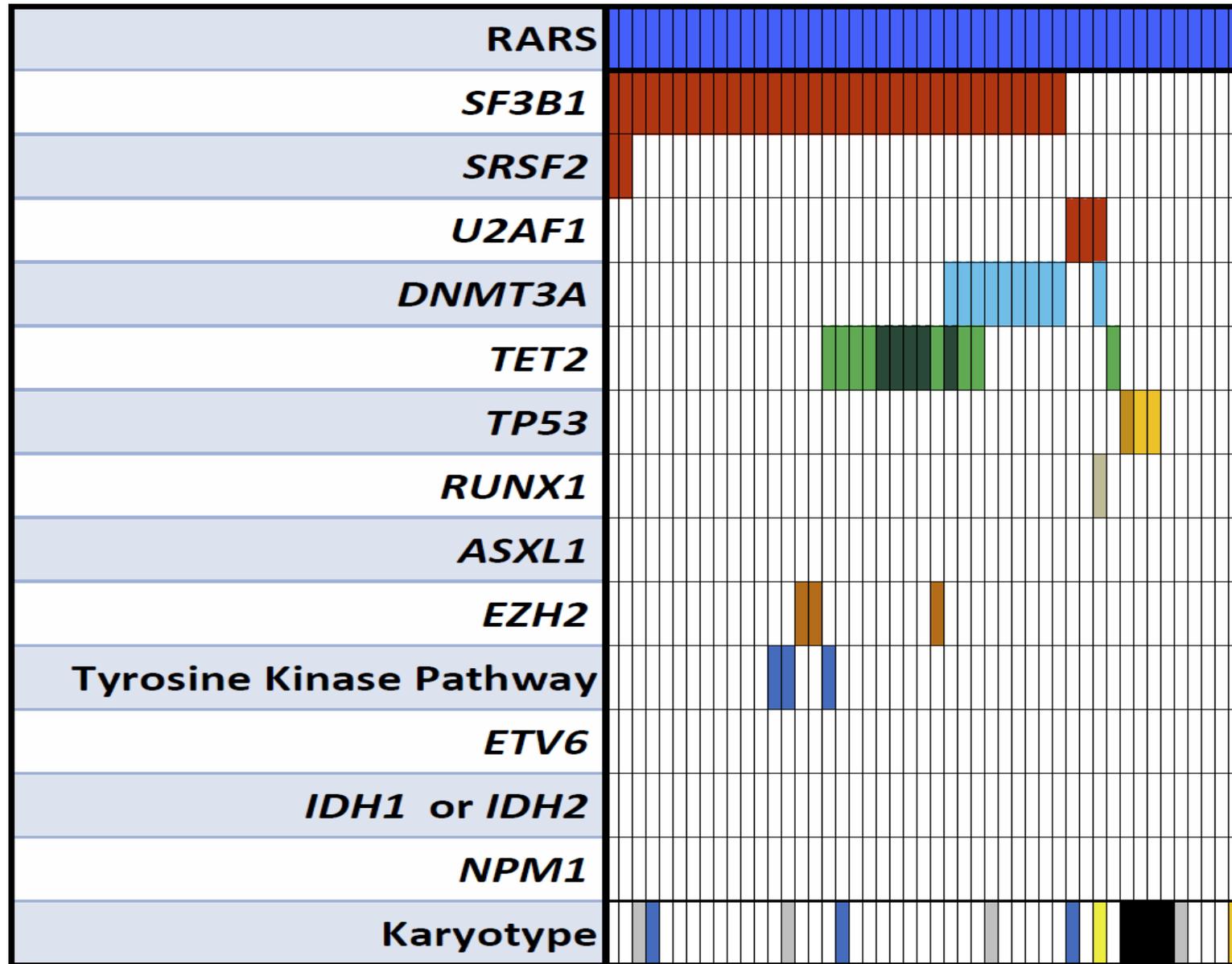
*U2AF1*



## Linked to del(20q)?

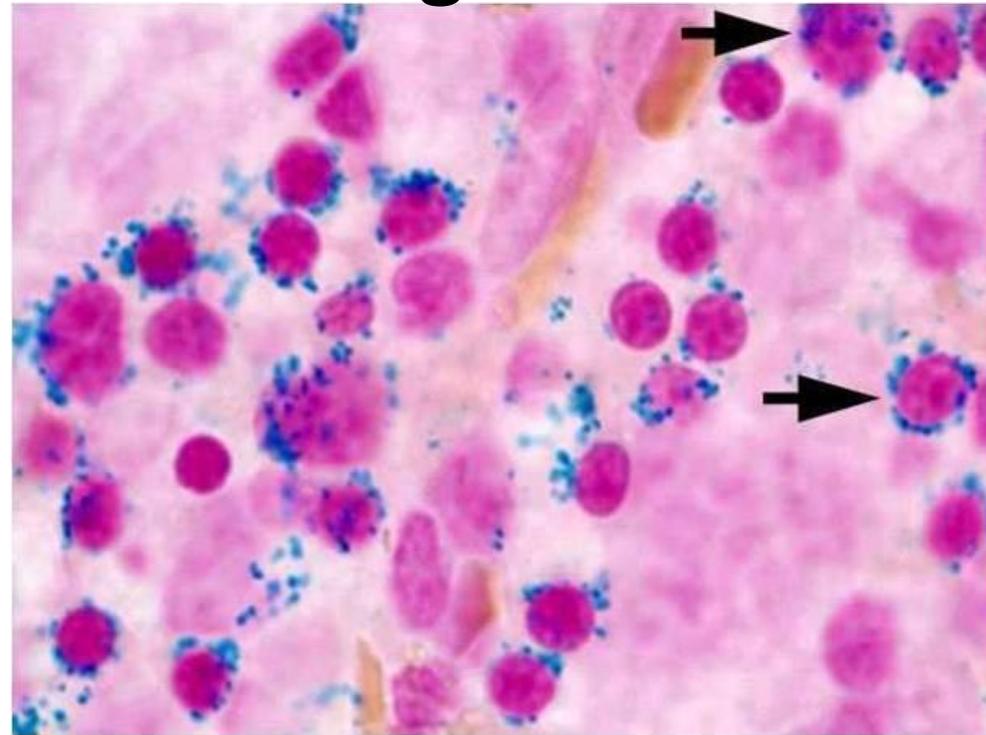
- Risk of AML transformation
- Maybe worse prognosis

# Ring Sideroblasts and *SF3B1* Mutation



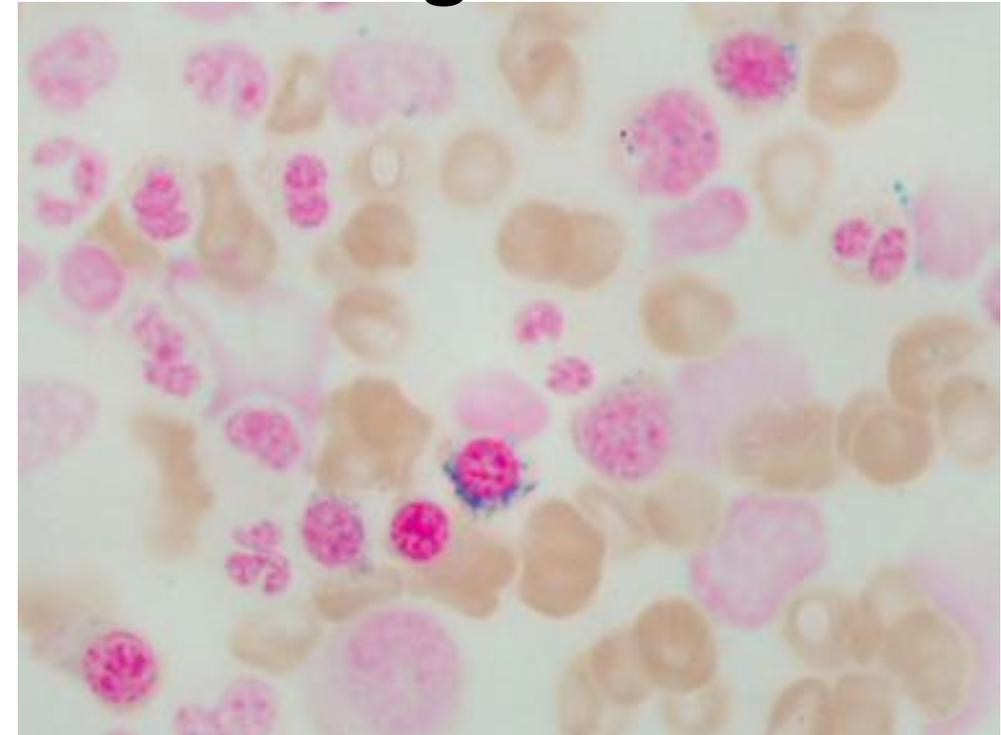
# 2016 WHO Guidelines

≥ 15% ring sideroblasts



**MDS-RS**

5-14% ring sideroblasts



**ICUS**

+ *SF3B1*  
mutation

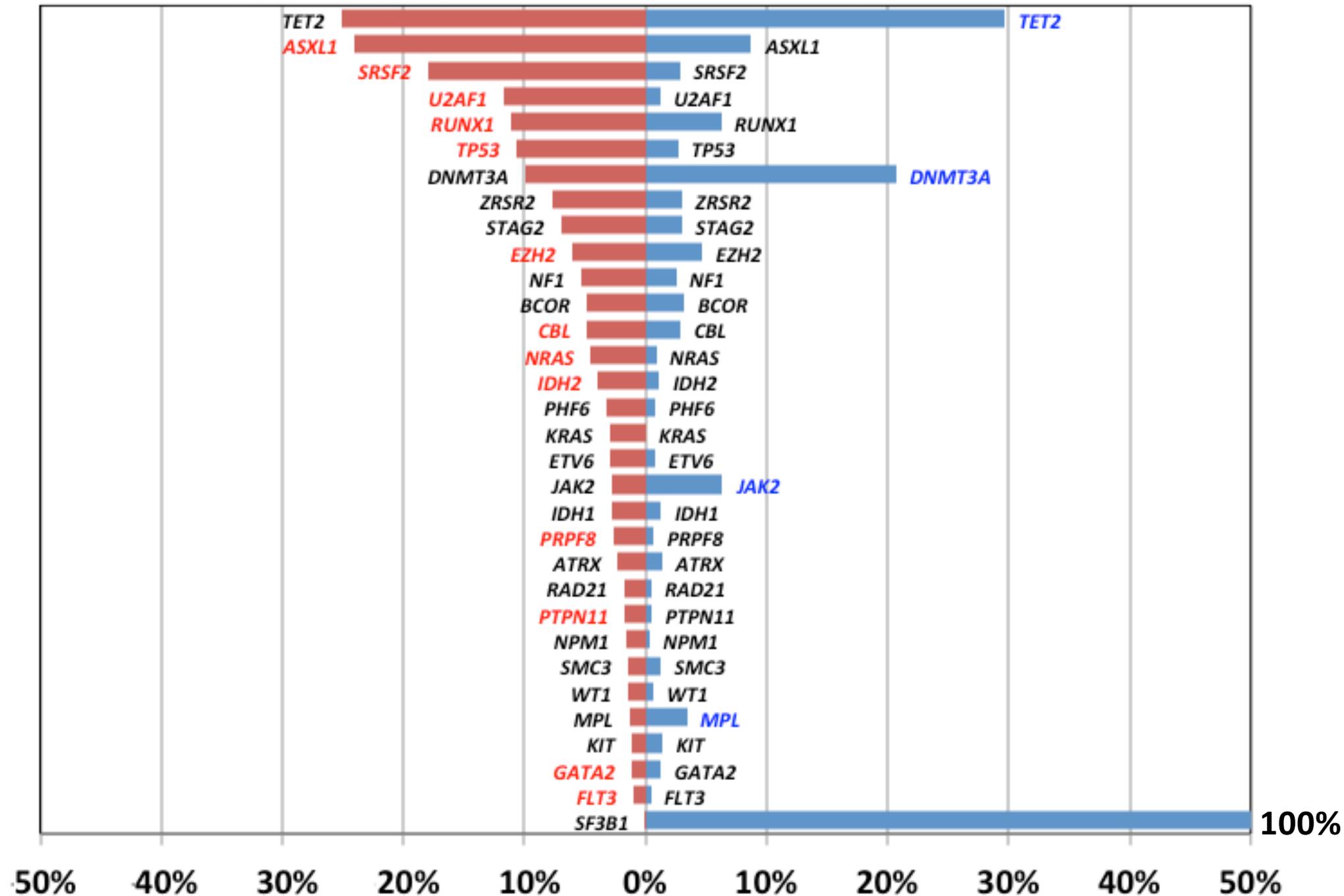


# Prognostic Interactions Between Mutated Genes

## Mutation Frequency by *SF3B1* Mutation Status

No *SF3B1* Mutation

*SF3B1* Mutant



*SF3B1* mutant MDS patients have fewer mutations in genes associated with greater disease risk.

*(highlighted in red)*

# Epigenetic Regulators in MDS

## DNA Methylation

Methylation of CpG dinucleotides  
Heritable non-coding change  
Associated with gene silencing

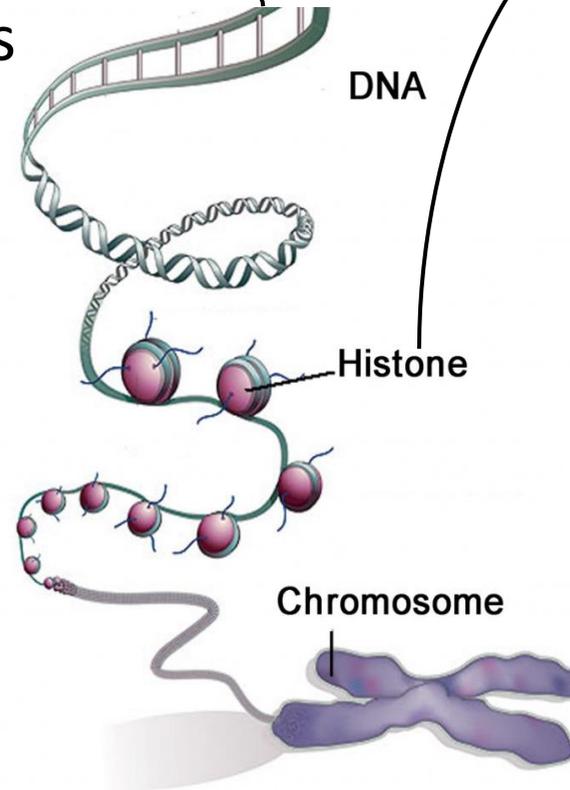
## Histone Modifications

### Many types of modifications:

methylation - acetylation -  
phosphorylation - SUMOlation -  
citrullination - ribosylation

Linked to different chromatic states

Can be associated with gene  
silencing, priming or expression



*TET2*

*DNMT3A*

*IDH*  
1 & 2

*JAK2*

*SETBP1*

*ASXL1*

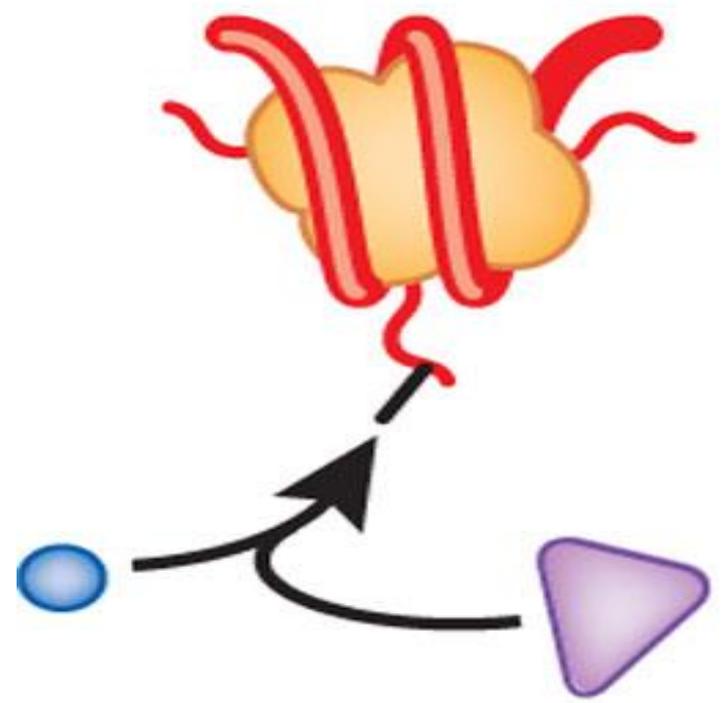
*UTX*

*EZH2*

*ATRX*

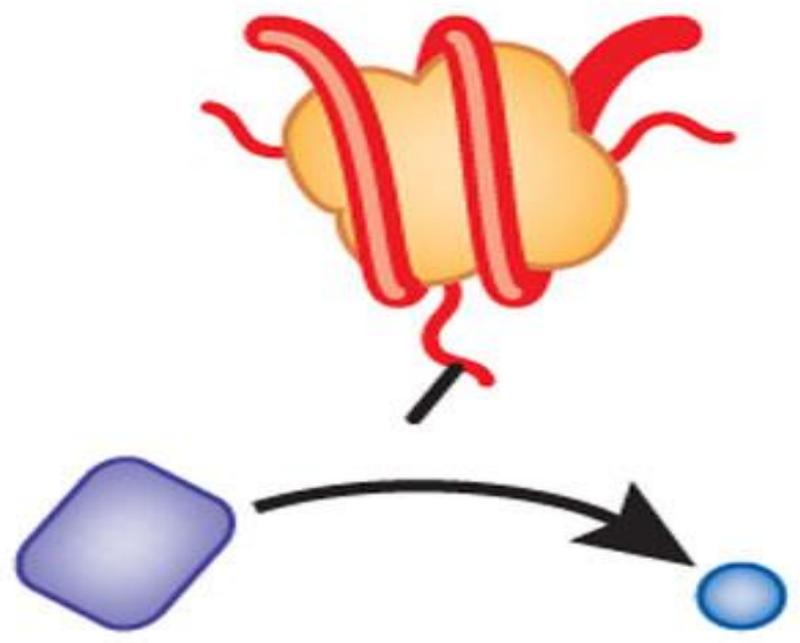
# Epigenetic Regulators in MDS

Writing



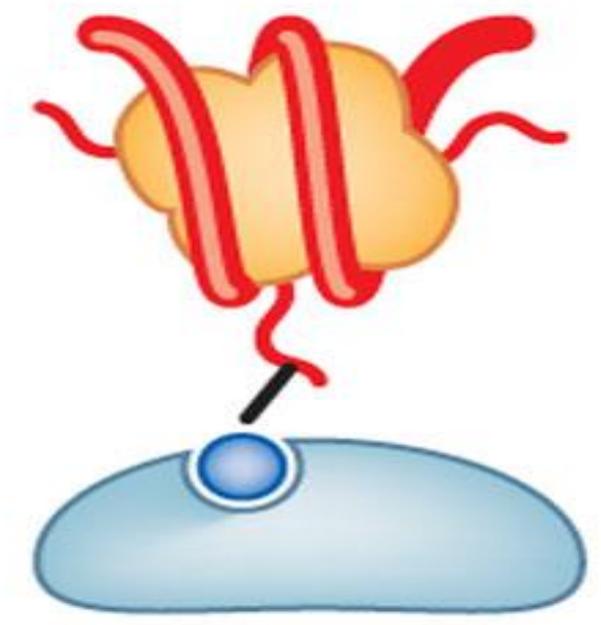
Acetylases,  
methylases,  
phosphorylases

Erasing



Deacetylases,  
demethylases,  
phosphatases

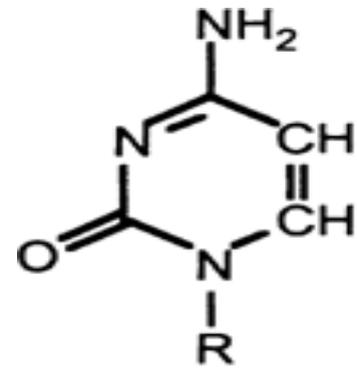
Reading



Bromodomain,  
chromodomain,  
PHD finger,  
WD40 repeat

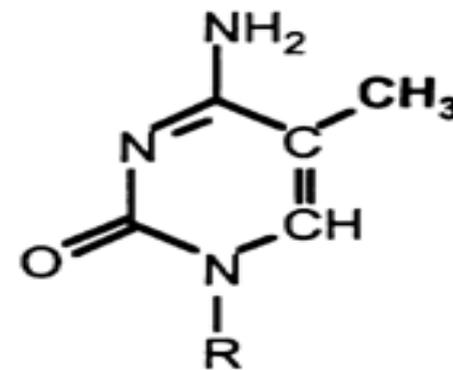
# DNMT3A and TET2 Mutations in MDS

DNMT3A



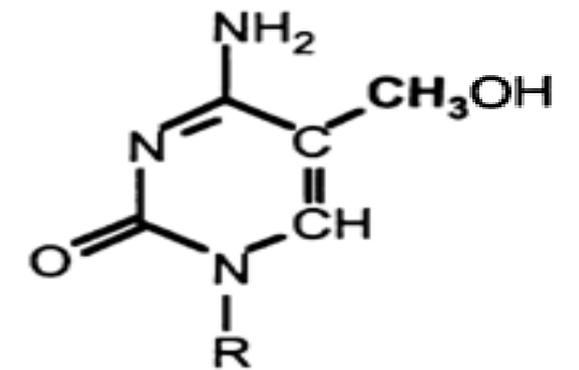
cytosine

DNMT  
(DNMT3A)



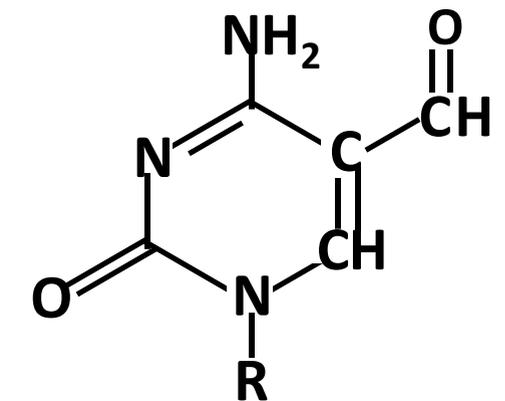
5-methylcytosine

Fe<sup>2+</sup>  
αKG  
TET  
(TET2)



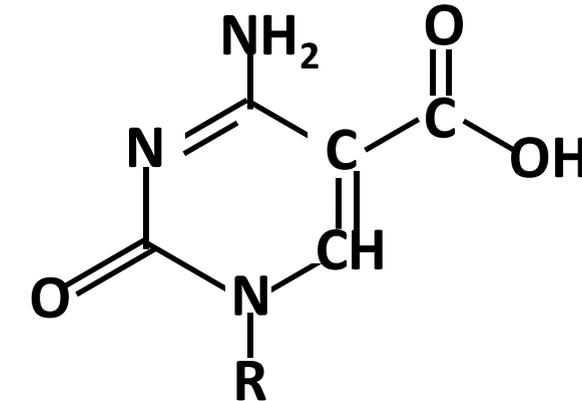
5-hydroxy-  
methylcytosine

TET  
(TET2)      Fe<sup>2+</sup>  
αKG



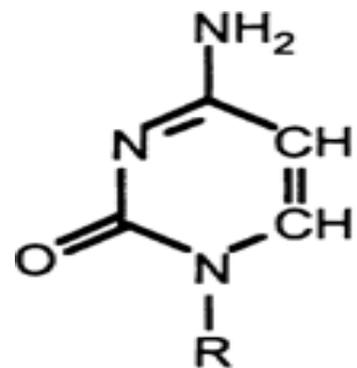
5-formylcytosine

Fe<sup>2+</sup>  
αKG  
TET  
(TET2)



5-carboxylcytosine

???



cytosine

TET2

# *IDH1* and *IDH2* Mutations in MDS

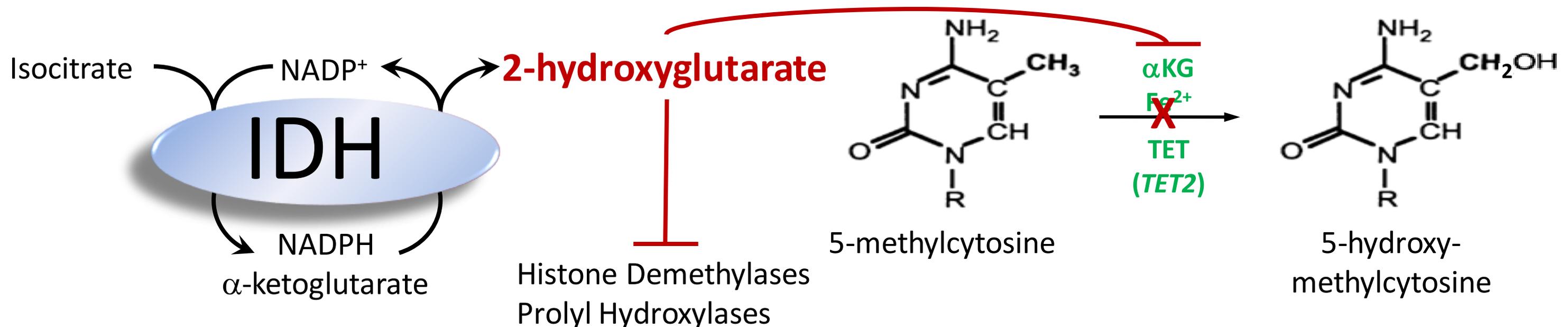
*IDH1*

Mutated rarely in MDS and more often in AML

*IDH2*

Mutually exclusive with mutations of *TET2* and each other

Mutations cause a gain of function - that drugs can target!



# Transcription Factors and Others



Master regulators of differentiation



GATA2

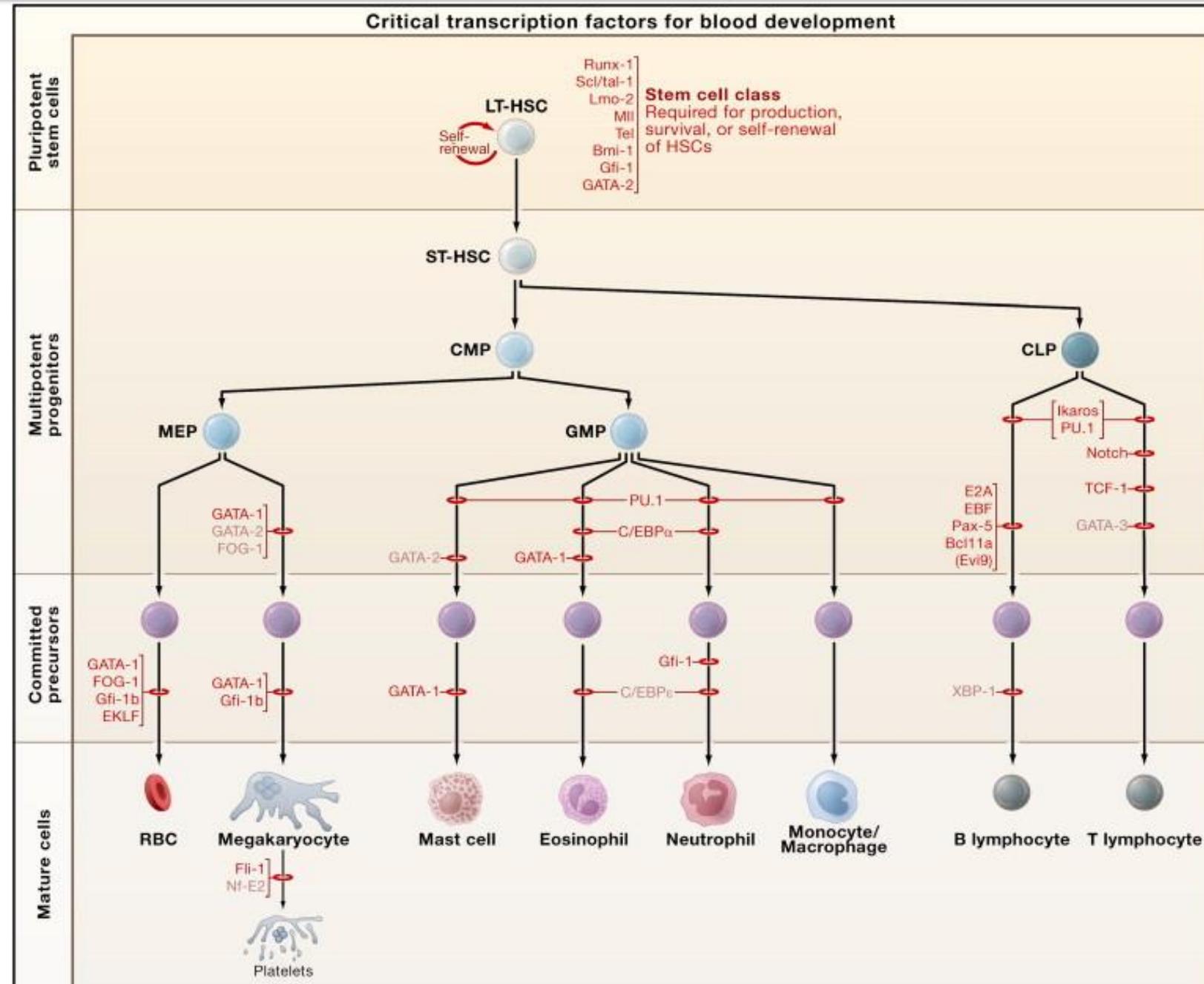


Master regulator of stress/damage response



DDX41

Regulator of innate Immune signaling?



# Clinical Implications

# Analysis of Combined Datasets from the International Working Group for MDS-Molecular Prognosis Committee

Detlef Haase, MD  
Kristen E. Stevenson, MS  
Donna Neuberg, ScD  
Jaroslaw P. Maciejewski, MD, PhD  
Aziz Nazha, MD  
Mikkael A. Sekeres, MD, MS  
Benjamin L. Ebert, MD PhD  
Guillermo Garcia-Manero, MD  
Claudia Haferlach, MD  
Torsten Haferlach, MD  
Wolfgang Kern, MD  
Seishi Ogawa, MD, PhD  
Yasunobu Nagata, MD, PhD  
Kenichi Yoshida, MD, PhD  
Timothy A. Graubert, MD  
Matthew J. Walter, MD  
Alan F. List, MD  
Rami S. Komrokji, MD  
Eric Padron, MD  
David Sallman, MD

Elli Papaemmanuil, PhD  
Peter J. Campbell, PhD  
Michael R. Savona, MD  
Adam Seegmiller, MD, PhD  
Lionel Adès, MD, PhD  
Pierre Fenaux, MD, PhD  
Lee-Yung Shih, MD  
David Bowen, MD, PhD  
Michael J. Groves, PhD  
Sudhir Tauro, PhD  
Michaela Fontenay, MD, PhD  
Olivier Kosmider, PharmD, PhD  
Michal Bar-Natan, MD  
David P. Steensma, MD  
Richard M. Stone, MD  
Michael Heuser, MD  
Felicitas Thol, MD  
Mario Cazzola, MD  
Luca Malcovati, MD  
Aly Karsan, MD

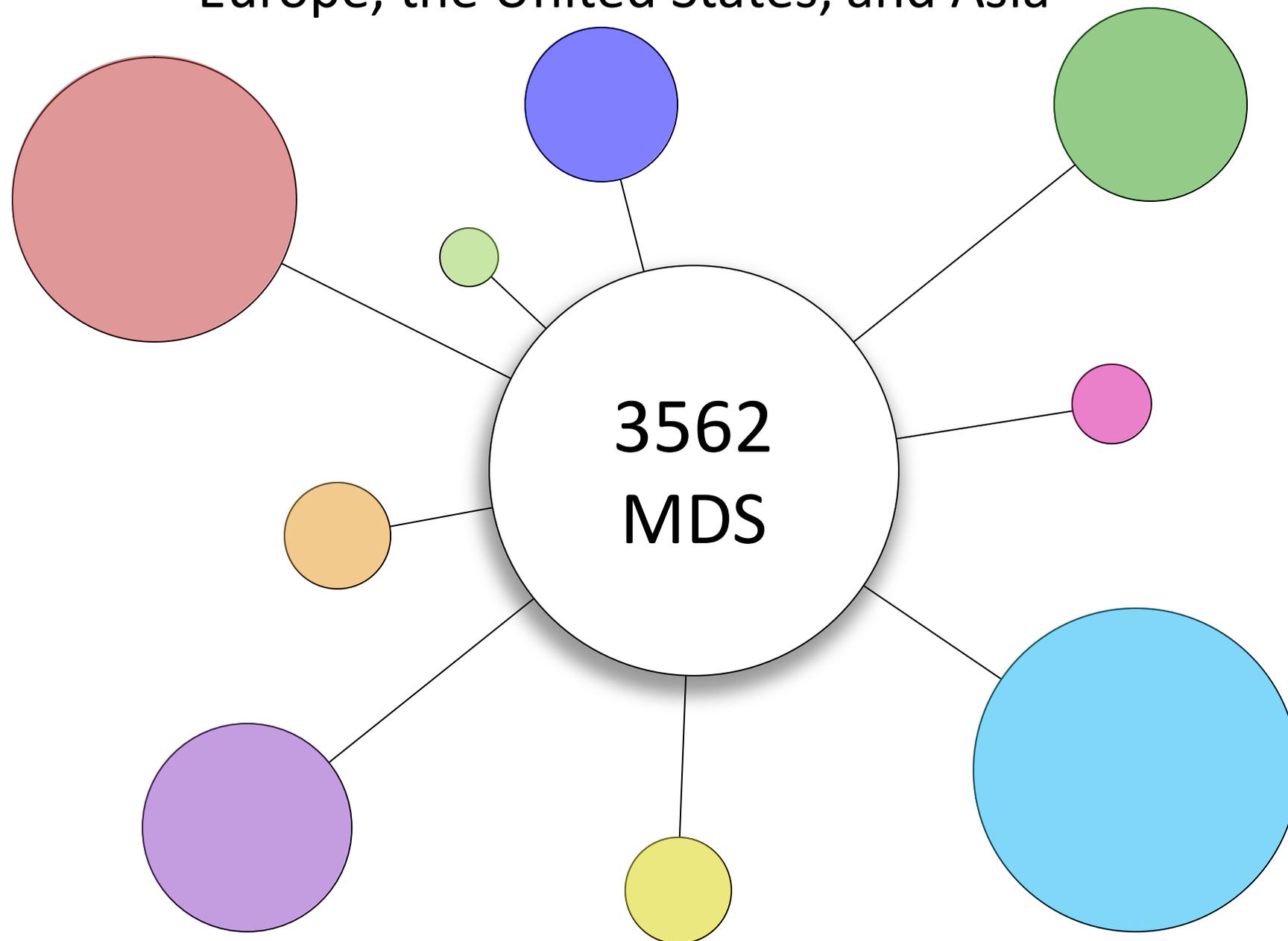
Christina Ganster, PhD  
Eva Hellström-Lindberg, MD, PhD  
Jacqueline Boultonwood, PhD  
Andrea Pellagatti, PhD  
Valeria Santini, MD  
Lynn Quek  
Pareesh Vyas, MD  
Heinz Tüchler  
Peter L. Greenberg, MD  
Rafael Bejar, MD, PhD

[On behalf of the IWG for MDS investigators](#)



# IWG-PM Collaborative MDS Sample Compilation

MDS sample data collected from 19 centers in Europe, the United States, and Asia



## Data Summary

### Clinical Features

- age and sex
- blast %
- karyotype
- hemoglobin
- platelet count
- neutrophil count

### Overall Survival Data:

- available for 3359
- 3.6 years follow-up
- 1780 deaths
- median OS 2.65 years

### Treatment Status

### Gene Mutations

Kristen Stevenson

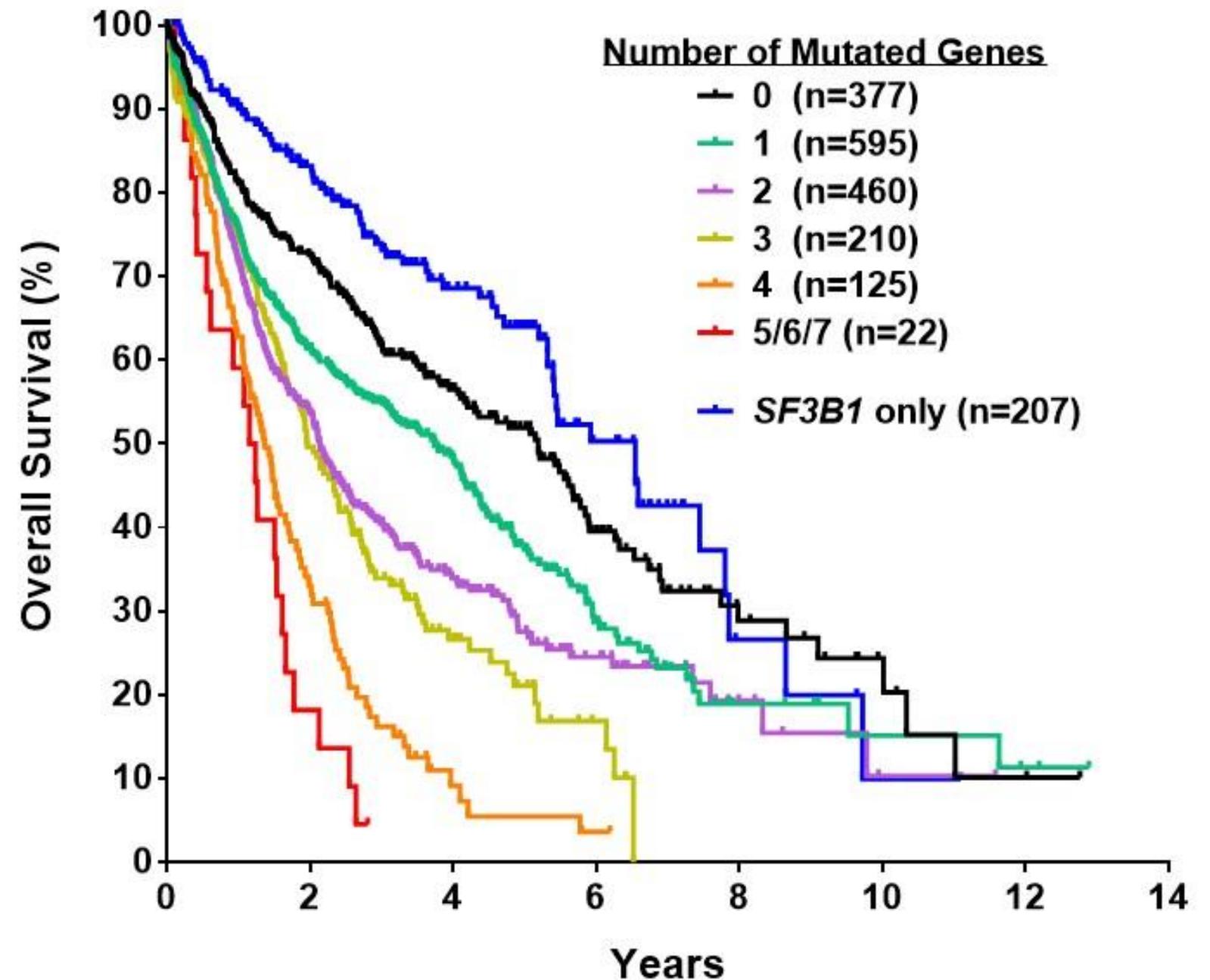
Donna Neuberg

Heinz Tuechler

# Overall Survival by Mutation Number

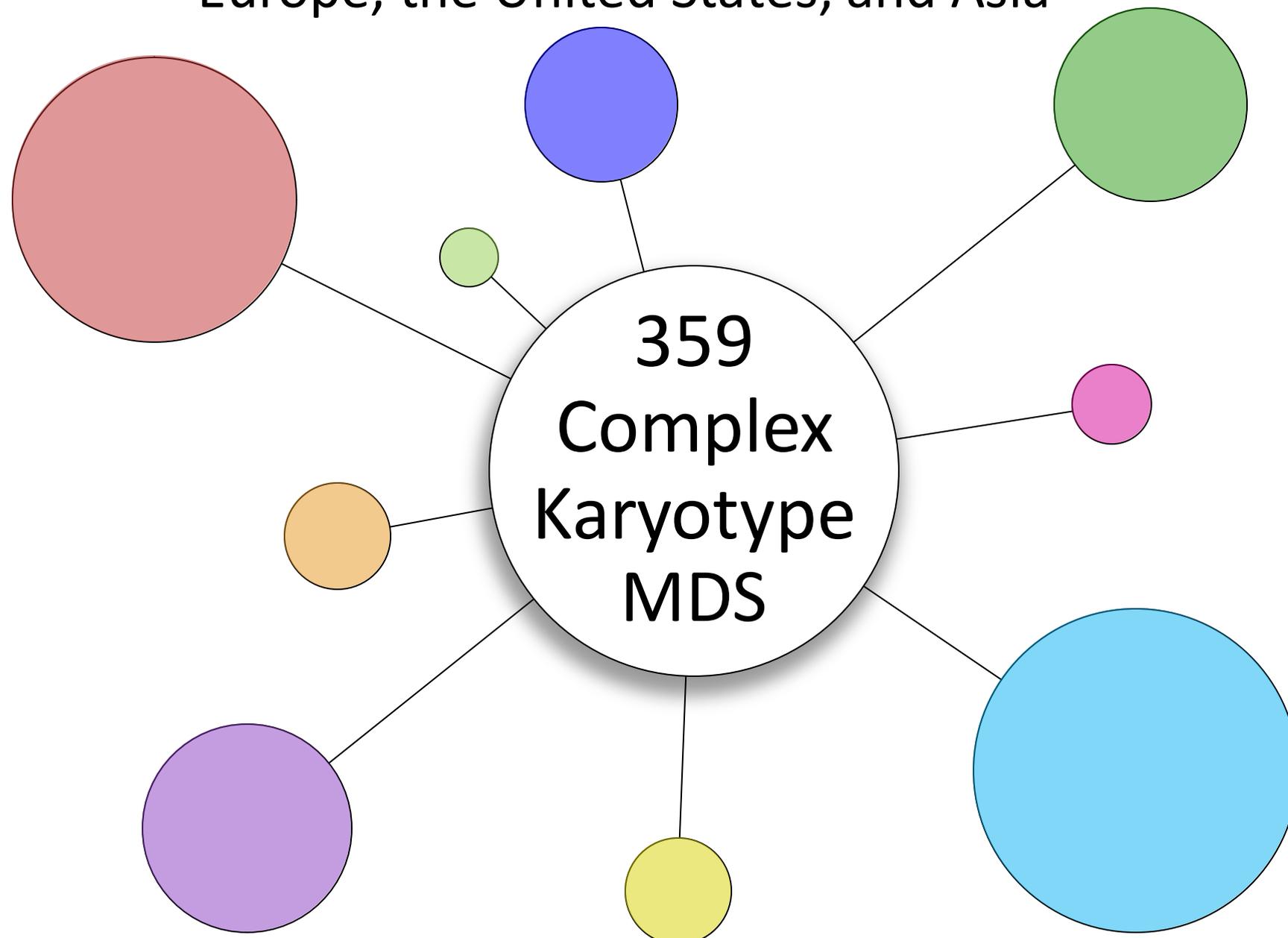
**17 genes sequenced in  
1996 patients with OS data**

<i>ASXL1</i>	<i>NPM1</i>
<i>CBL</i>	<i>NRAS</i>
<i>DNMT3A</i>	<i>RUNX1</i>
<i>ETV6</i>	<i>SRSF2</i>
<i>EZH2</i>	<i>TET2</i>
<i>IDH1</i>	<i>TP53</i>
<i>IDH2</i>	<i>U2AF1</i>
<i>JAK2</i>	
<i>KRAS</i>	<i>SF3B1</i>



# IWG-PM Collaborative MDS Sample Compilation

MDS sample data collected from 19 centers in Europe, the United States, and Asia



Detlef Haase

Kristen Stevenson

Donna Neuberg

Heinz Tuechler

## Data Collected

### Karyotype parsed for:

- # of abnormalities
- del(5q)
- del(7q), -7
- abnormal chr 17, 3q, 9, ...
- monosomal status

### Clinical Features

- age and sex
- blast %
- hemoglobin
- platelet count
- neutrophil count

### TP53 Mutation Status

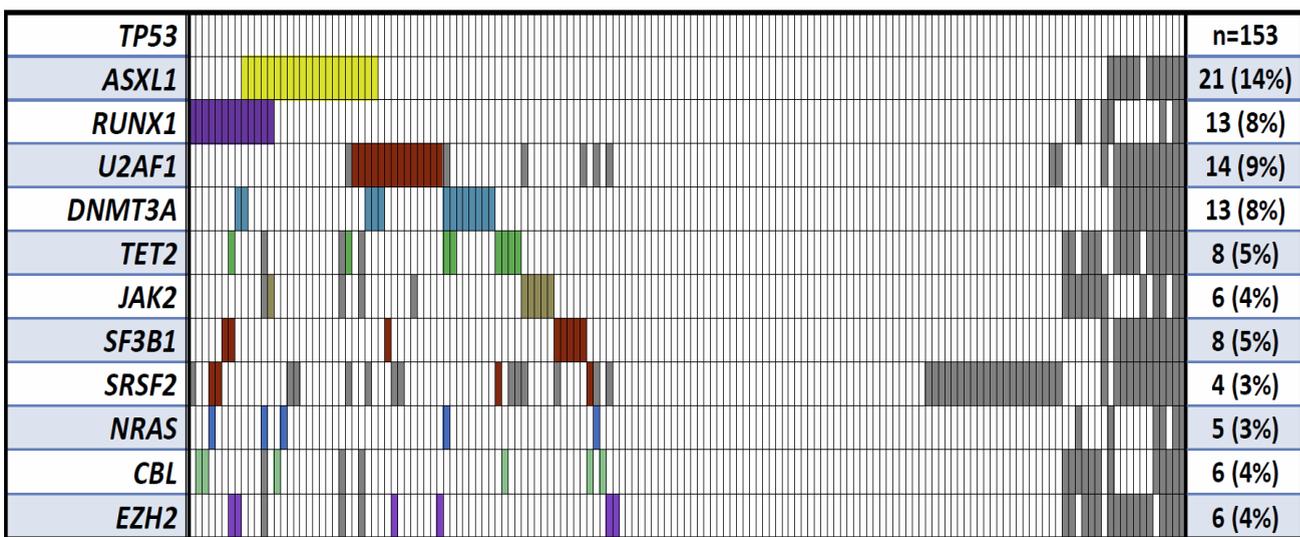
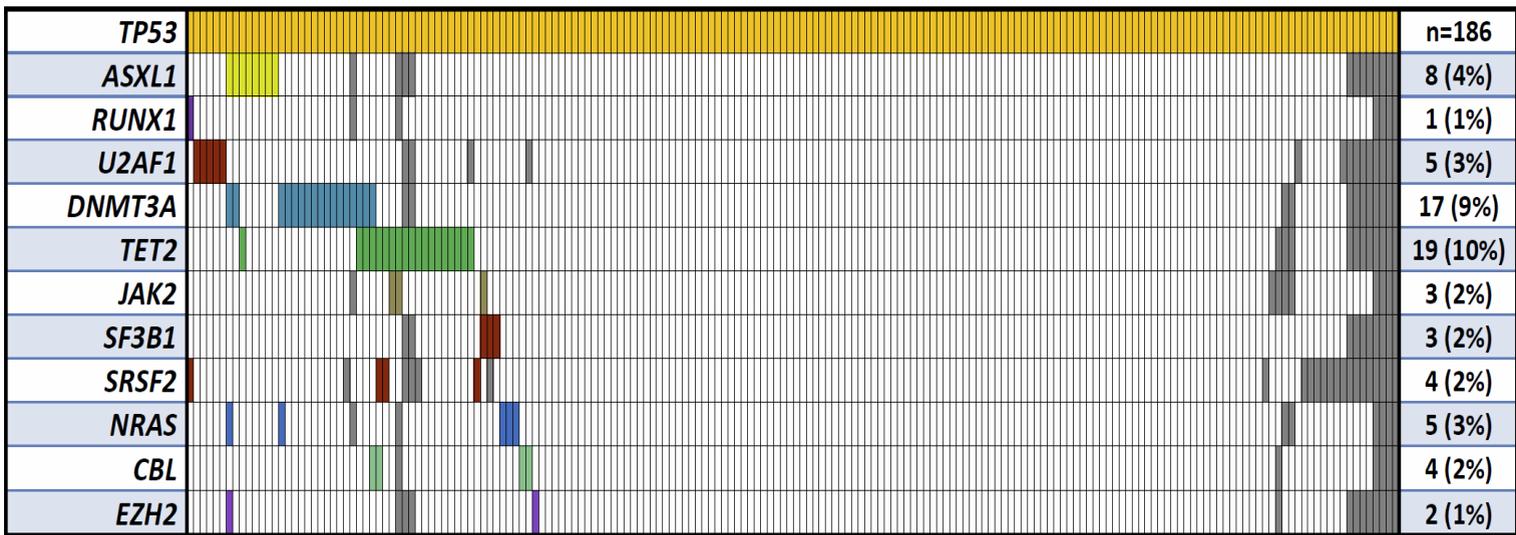
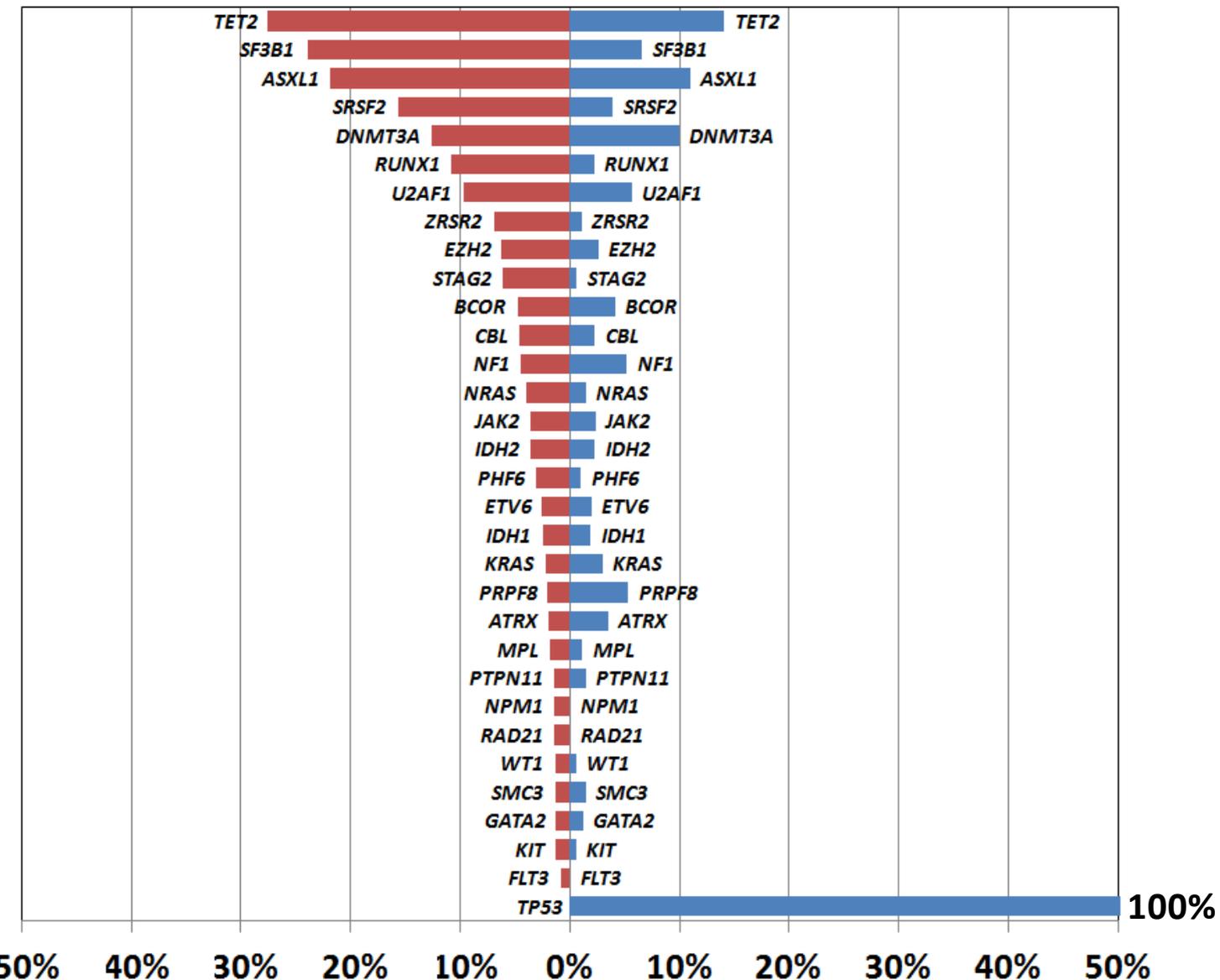
### Overall Survival

# TP53 Co-mutation in MDS

Mutation Frequency by TP53 Mutation Status

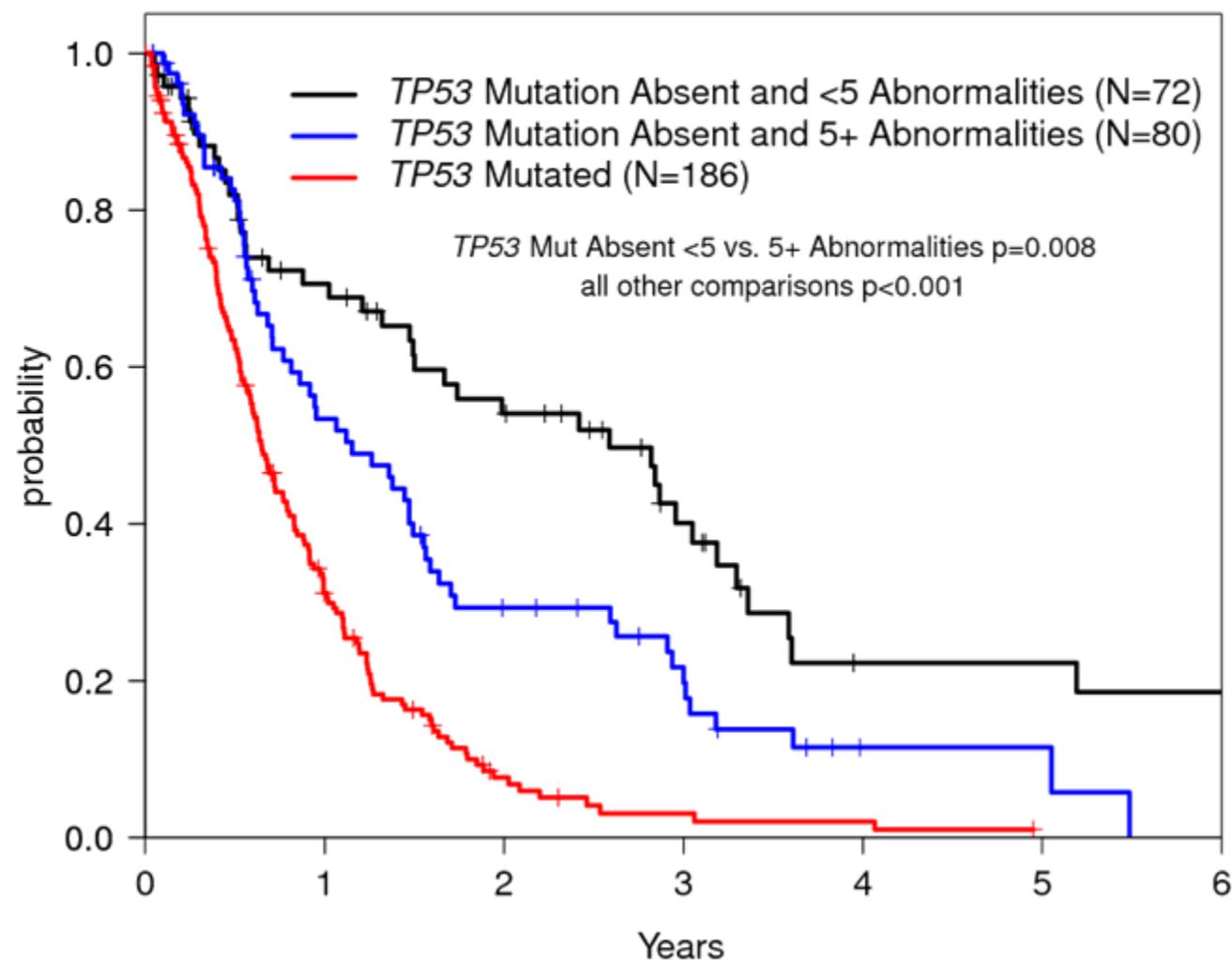
No TP53 Mutation

TP53 Mutant



# Multivariable Model – Karyotype Features and *TP53*

Three element model	Univariate		Multivariable	
	HR [95% CI]	p-value	HR [95% CI]	p-value
Monosomal Yes vs. No	1.95 [1.46-2.62]	<0.001	1.26 [0.91-1.75]	0.17
Number Abnormalities ≥5 vs. 4 or 3	2.26 [1.70-3.02]	<0.001	1.61 [1.16-2.24]	0.004
<i>TP53</i> Mutation vs. No mutation	2.57 [1.97-3.34]	<0.001	2.12 [1.61-2.79]	<0.001



## Median Overall Survival:

**7.2 months**

**14.4 months**

**31.2 months**

# Update on IWG-PM Efforts on the Impact of Somatic Mutations in MDS

# International Working Group for the prognosis of MDS

13 countries | 25 centers



Elsa Bernard

Elli Papaemmanuil

# International Working Group for the prognosis of MDS

## Retrospective cohorts

**N=1,682**

Bejar et al 2011

Haferlach et al 2014

Papaemmanuil et al 2013

## Prospective sequencing study

**N=4,270**

**MSKCC IWG-PM Cohort**

**13 countries 25 centers**

## Validation

**N to be determined**

**Cleveland**

**MD Anderson**

## Sequencing:

155 myeloid genes

Genome-wide copy number probes

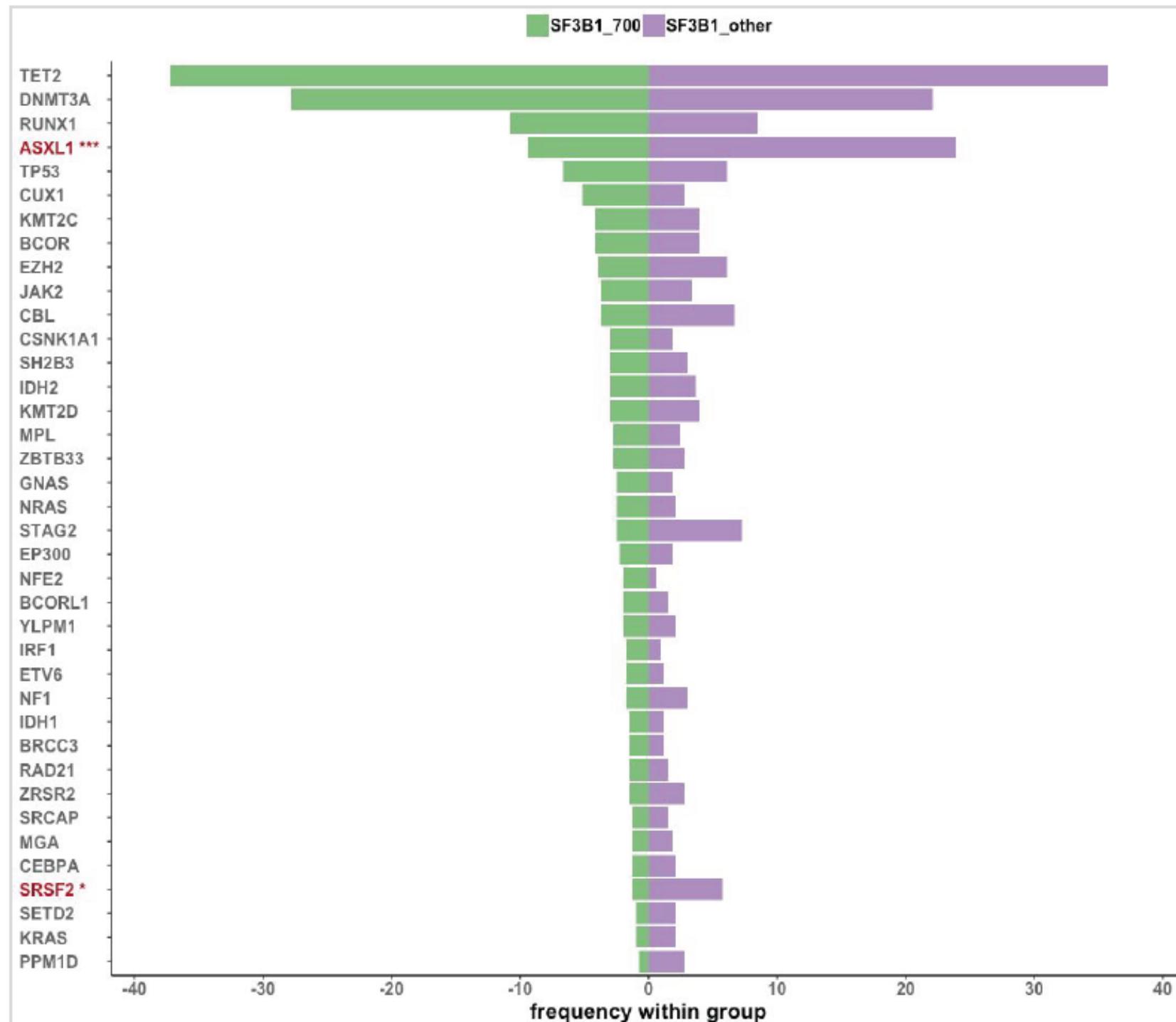
Focal regions of LOH

Panel information available on request

Unmatched setting

Coverage 600-800x

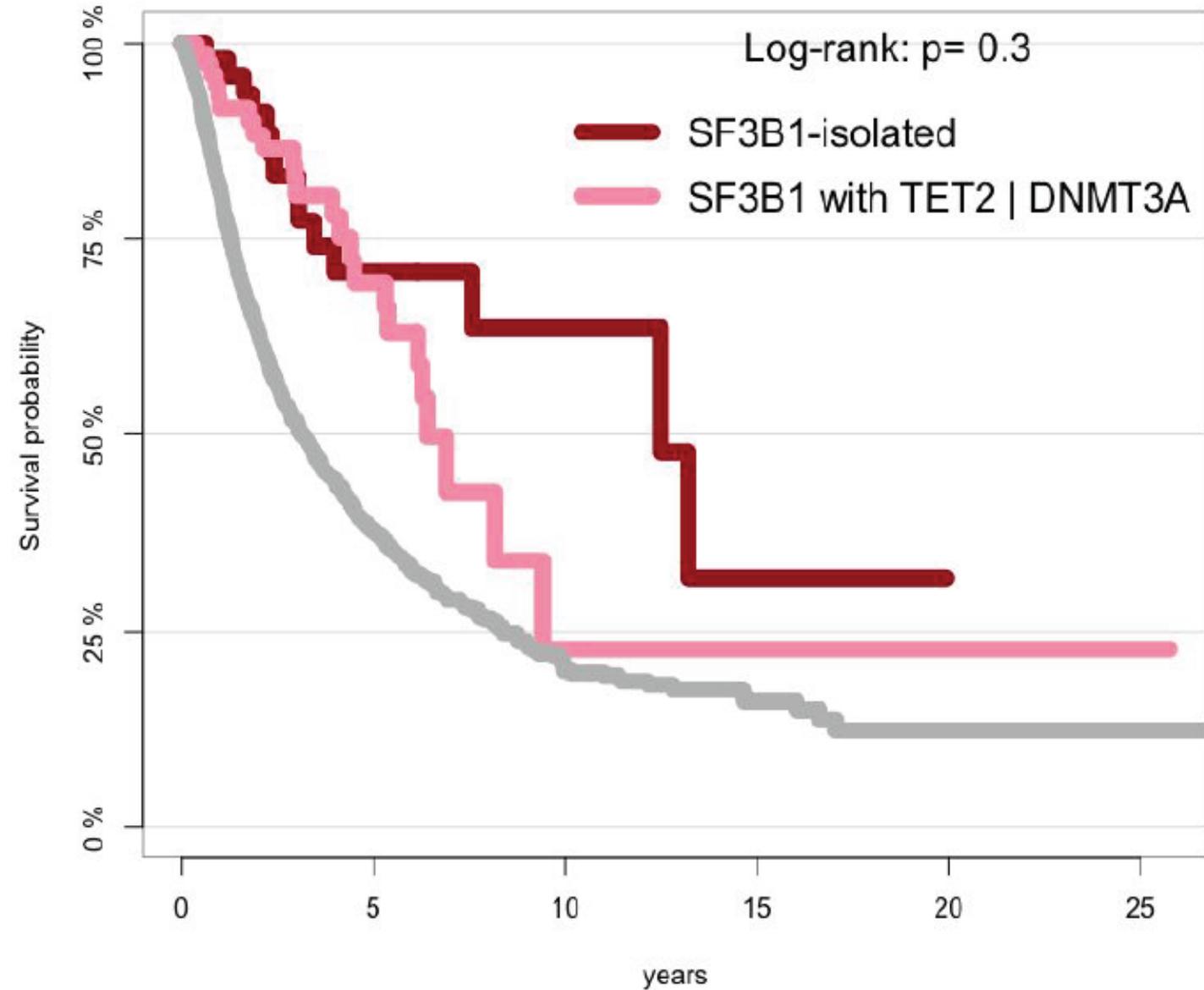
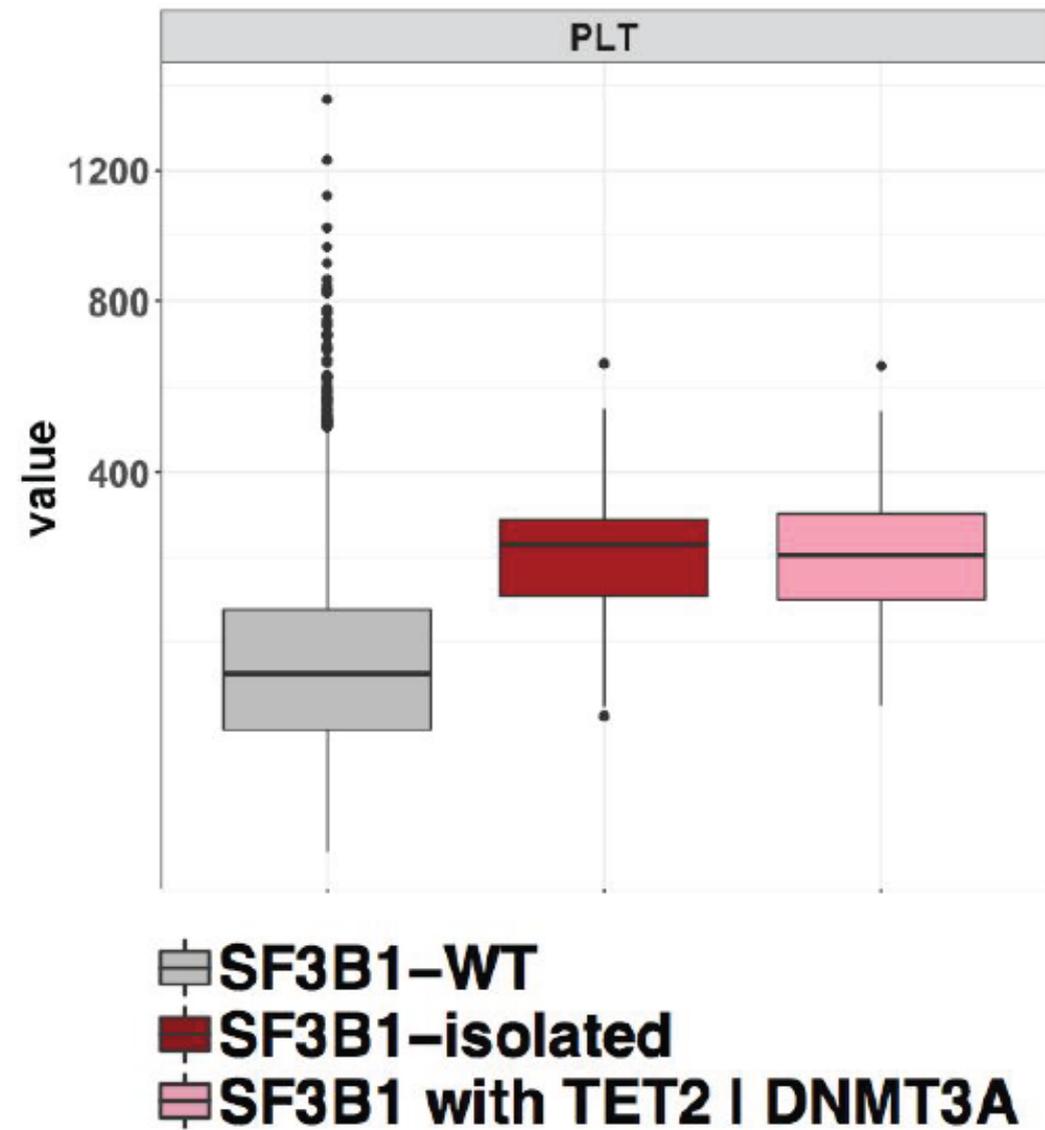
# Detailed map of co-mutations: *SF3B1* K700 other



# SF3B1 phenotype and outcome shift with co-mutators

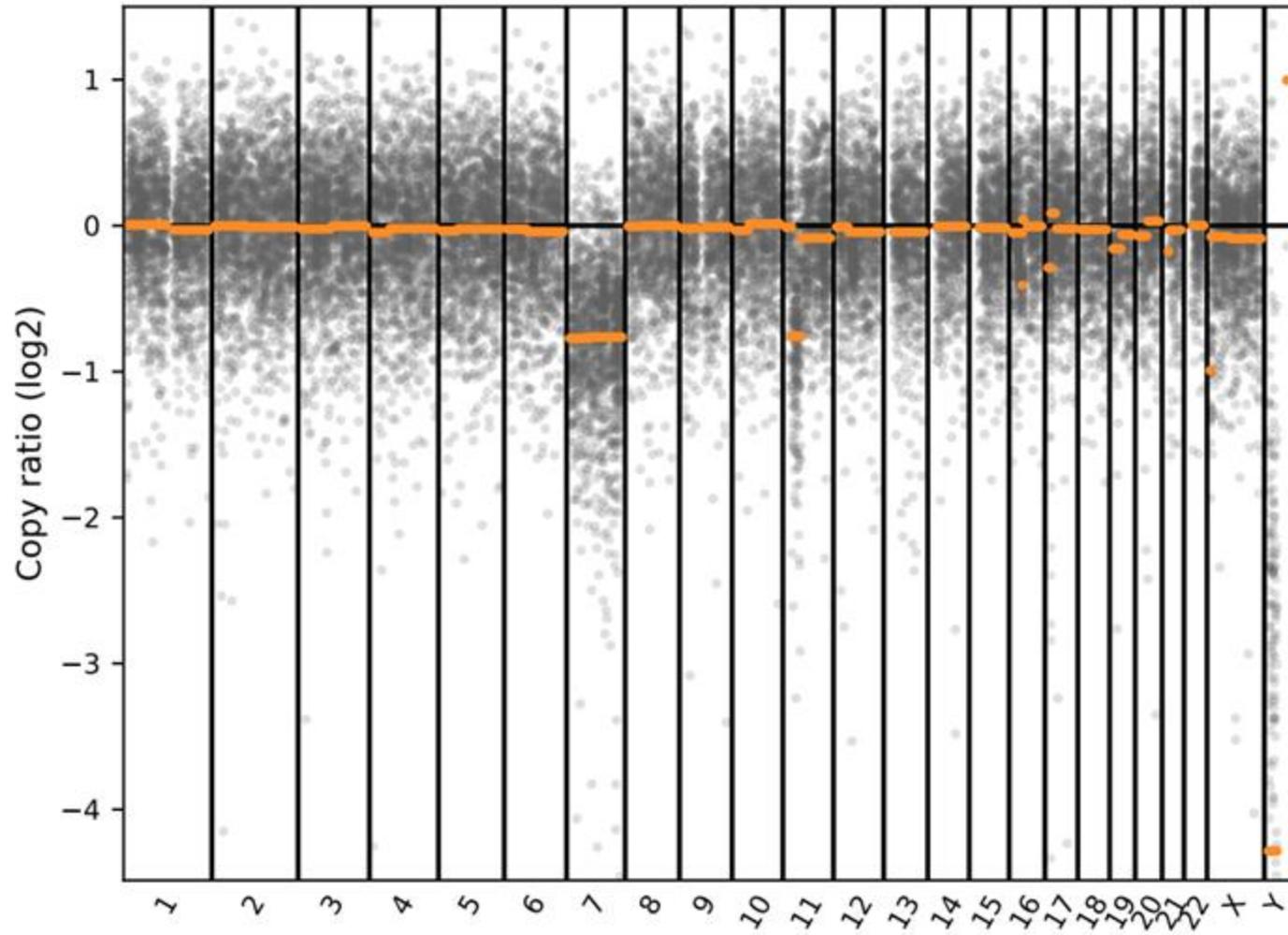
SF3B1 isolated or with TET2 | DNMT3A

No shift

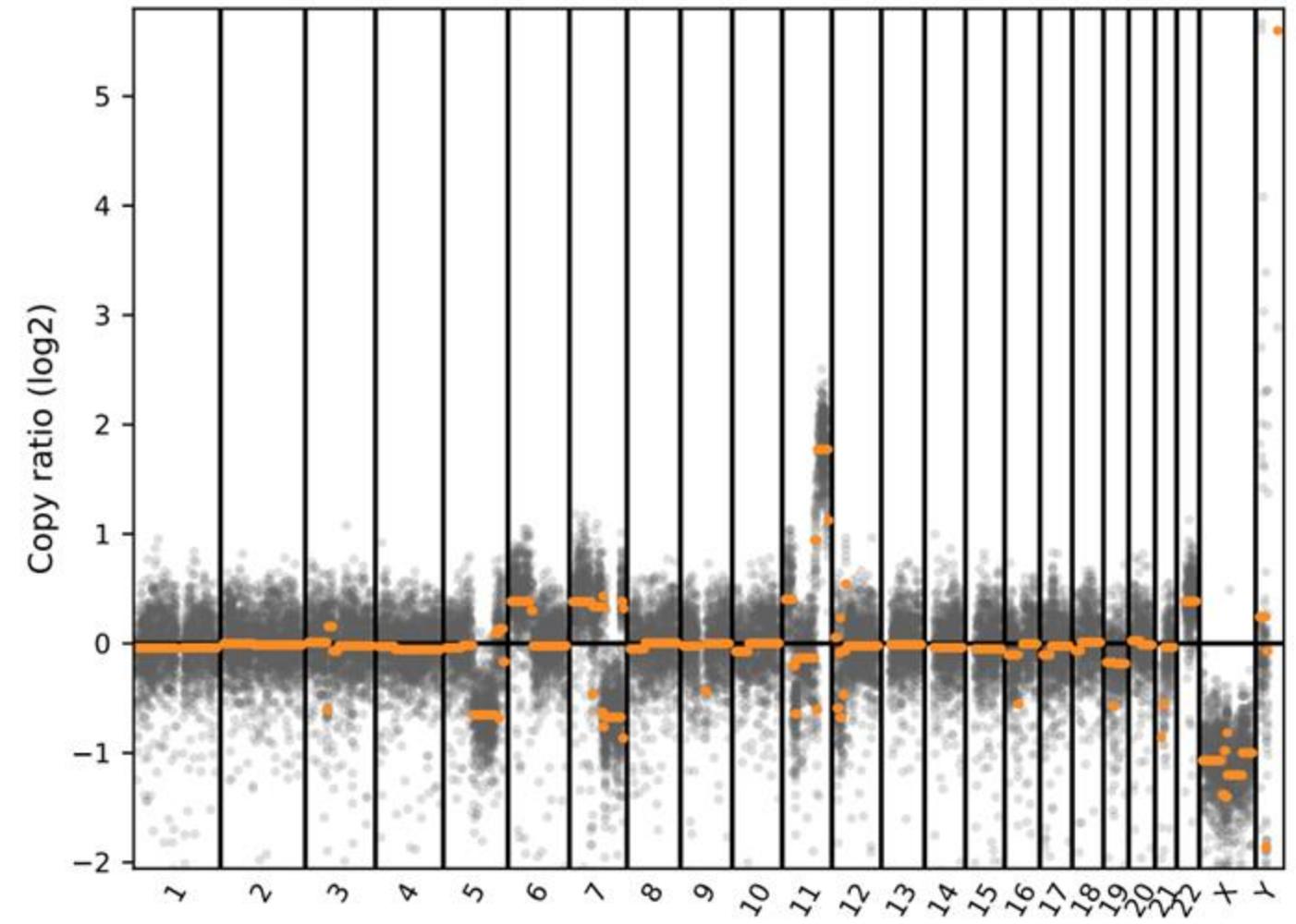


# Copy Number and LOH Detection

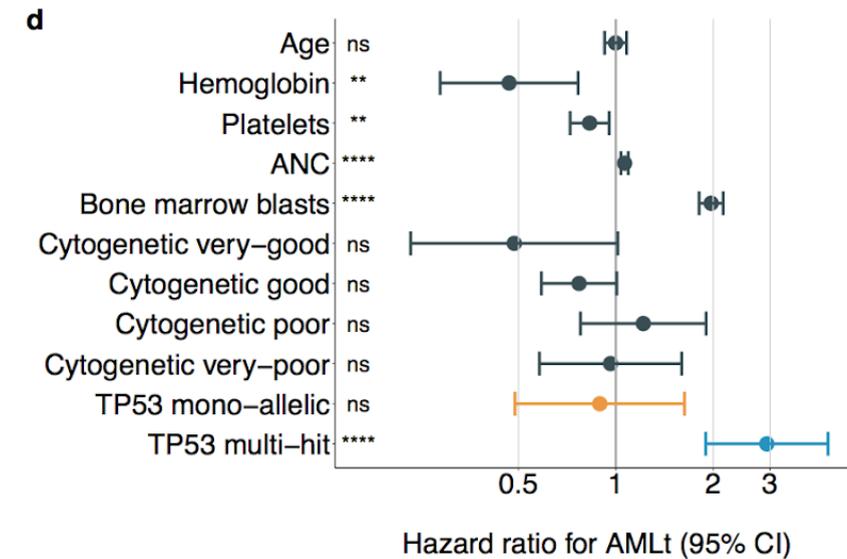
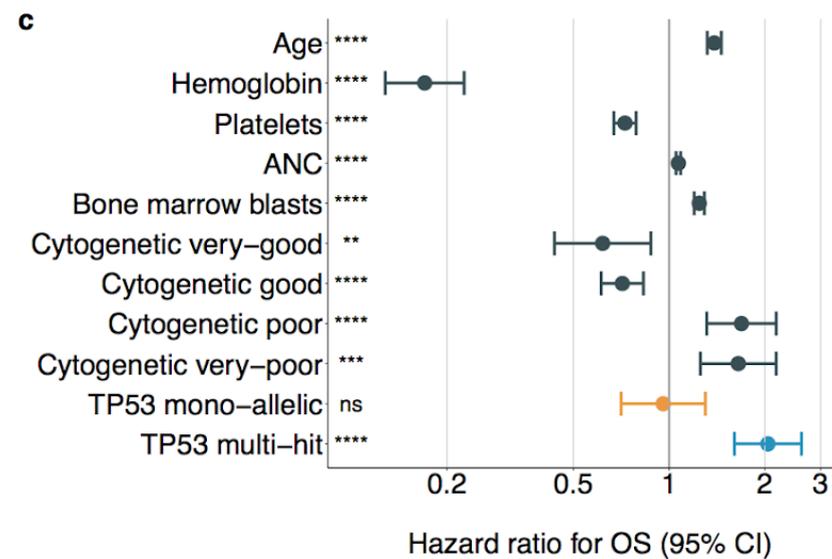
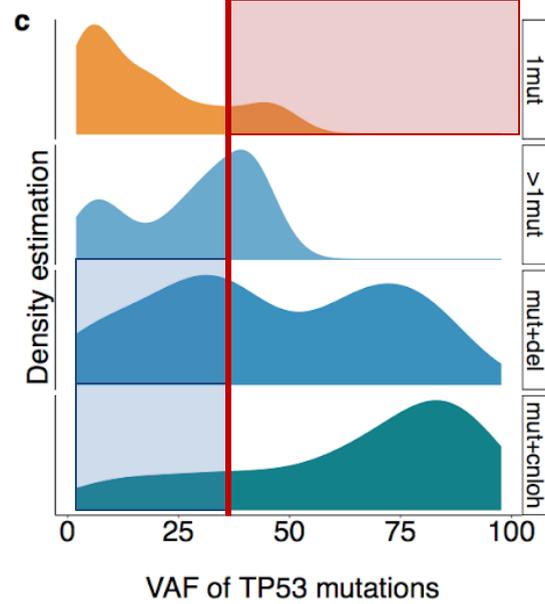
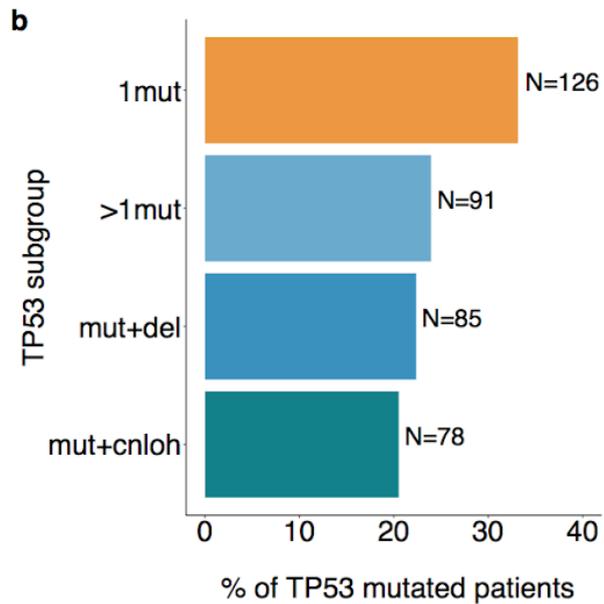
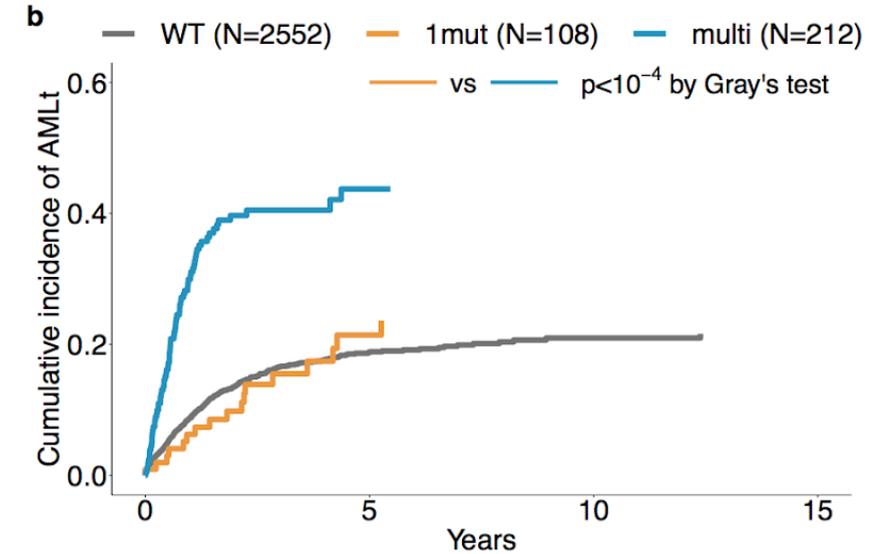
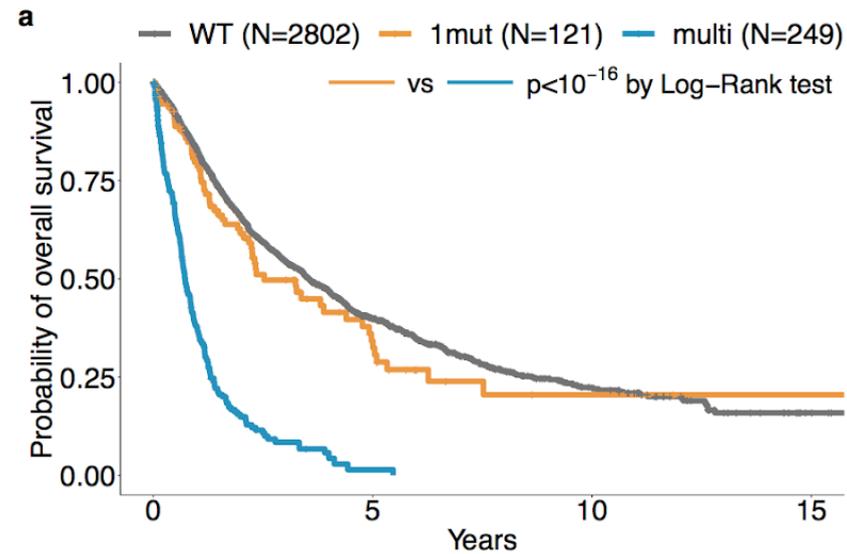
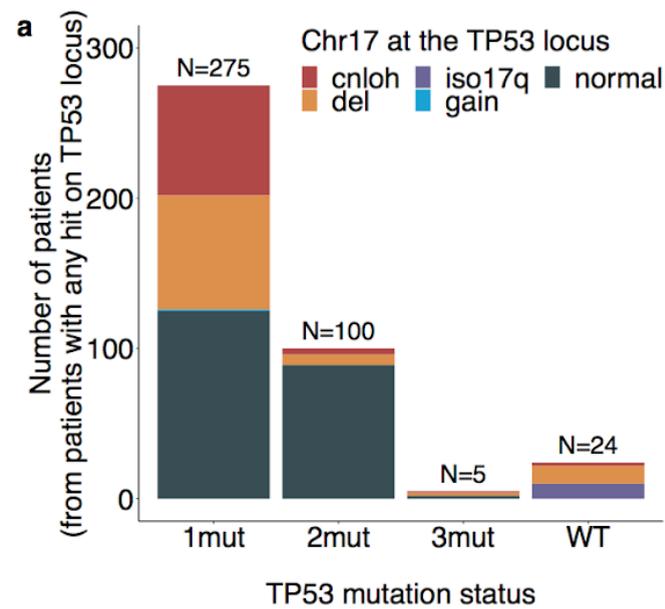
E-H-100358-T1-1-D1-1



E-H-118049-T1-1-D1-1



# TP53 Mutation Configuration



# Summary

- MDS is a genetically heterogeneous clonal disorder caused by a wide variety of pathogenic mechanisms
- Mutations are not specific to MDS, but certain patterns of mutation are characteristic
- Somatic (and germline) mutations convey important clinical information
- These variants will soon be formally incorporated into the classification and risk assessment for MDS

# MDS at UC San Diego

## MDS Center of Excellence at UC San Diego

Marla McArdle

Jennifer Galvan

Elizabeth Broome

Edward Ball

Matthew Wieduwilt

Carolyn Mulrone

James Magnan

Aaron Goodman

Sandy Shattil

Catriona Jamieson

Erin Reid

Natalie Galanina

Srila Gopal

Benjamin Heyman

Marc Schwartz

Olivia Reynolds

Huanyou Wang

Peter Curtin

Divya Koura

Caitlin Costello

Dimitrios Tzachanis

Dan Kauffman

John Adamson

Michael Choi

Tom Kipps

Annette Von Drygalski

Tiffany Tanaka

- Bejar Clinic

- Hematopathology

- BMT Group

- Hematology Group

## Bejar Lab

Hannah Fields

Tiffany Tanaka

Randy Tsai

Soo Park

Brian Reilly

Armon Azizi



MDS CENTERS OF EXCELLENCE

All of our PATIENTS and INFUSION CENTER nurses and staff!



**UC San Diego**  
**MOORES CANCER CENTER**

