

Update of WHO and Molecular Classifications in Myelodysplastic syndromes

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MDS Foundation Symposium
San Francisco, CA, December 5th, 2014



Mario Cazzola Disclosures

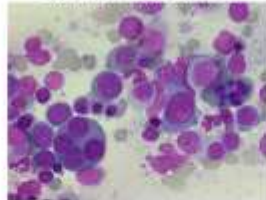
- PI in sponsored clinical trials: no personal financial relationship with pharmaceutical companies
- Research grants from non-profit organizations or governmental agencies exclusively
- Associate Editor for Blood



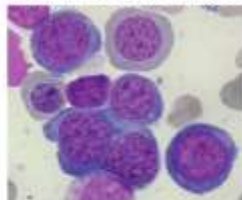
Pivotal role of morphology in diagnosis and prognostication of MDS

Erythroid lineage

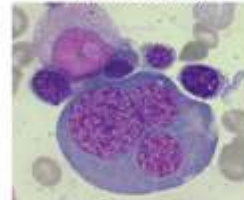
Erythroid hyperplasia



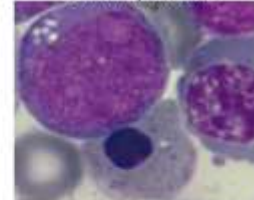
Megaloblastoid changes



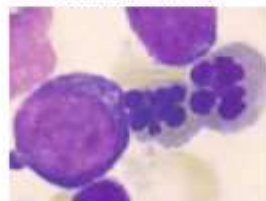
Multinuclearity



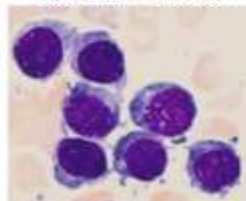
Nuclear picnosis



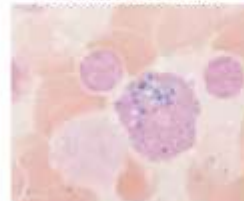
Nuclear lobulation



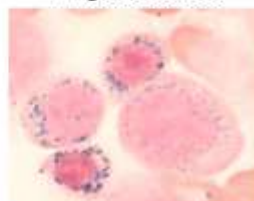
Cytoplasmic fraying



Ferritin sideroblast

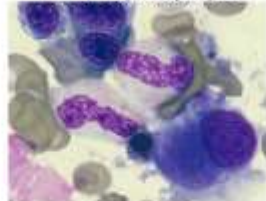


Ring sideroblasts

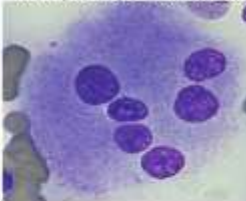


Megakaryocyte lineage

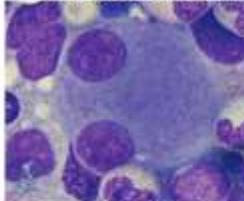
Micromegakaryocyte



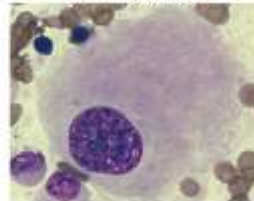
Multiple separated nuclei



Small binucleated cell

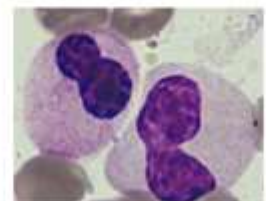


Monolobar cell

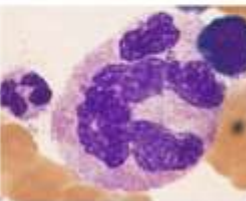


Granulocytic lineage

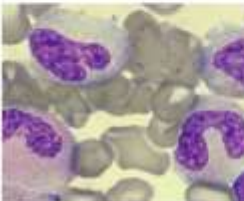
Pseudo-Pelger anomaly



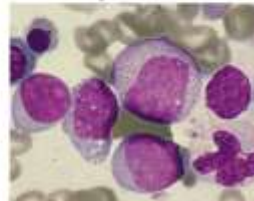
Abnormal nuclear shape



Hypo-degranulation



Myeloblasts

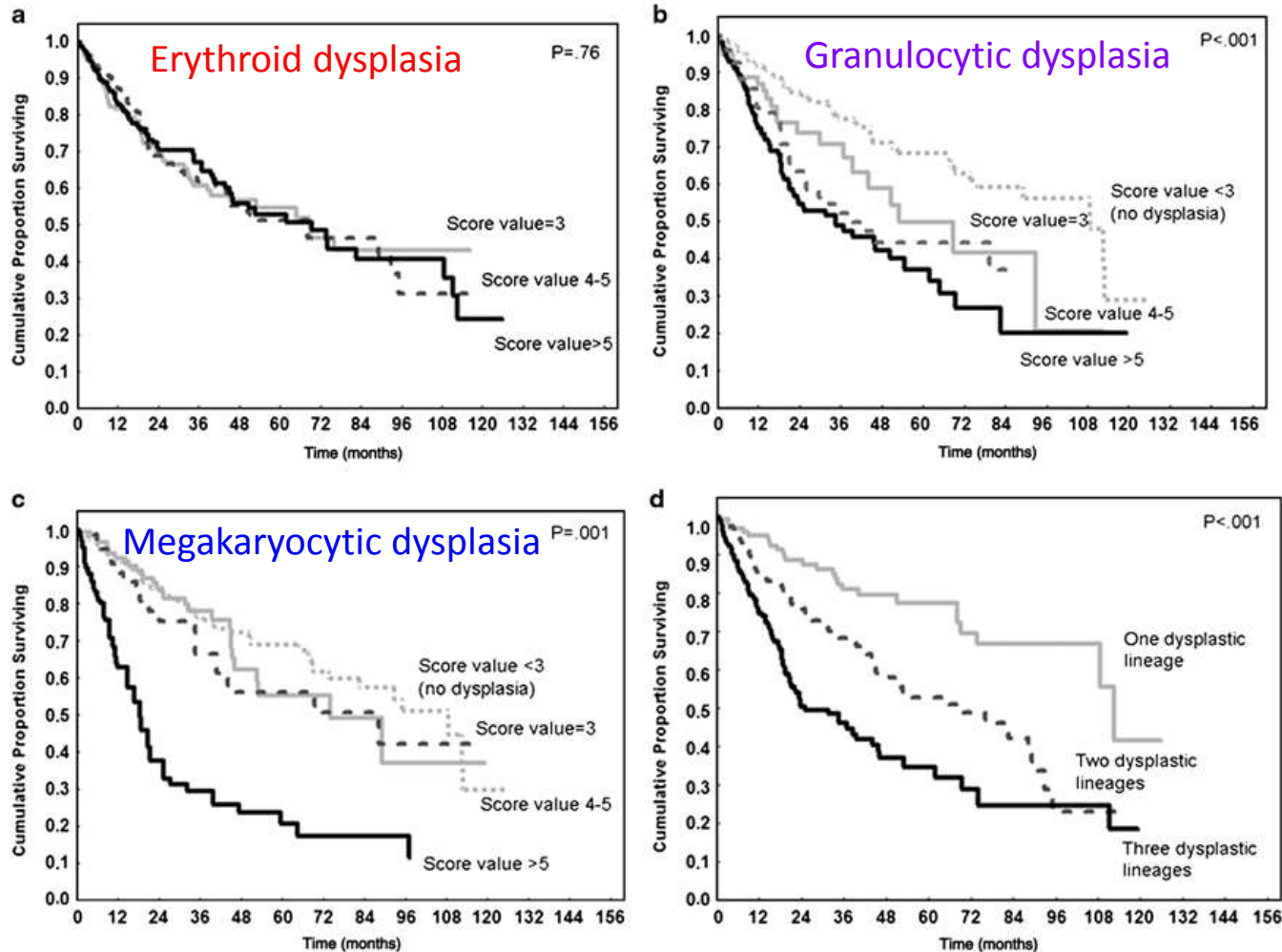


WHO classification of MDS

- Refractory Cytopenia with **Unilineage Dysplasia (RCUD)**
(*mainly refractory anemia*)
- Refractory Anemia with **Ring Sideroblasts (RARS)**
- Refractory Cytopenia with **Multilineage Dysplasia (RCMD)**
- Refractory Anemia with **Excess Blasts (RAEB type I and II)**
- Myelodysplastic Syndrome with Isolated **del(5q)**



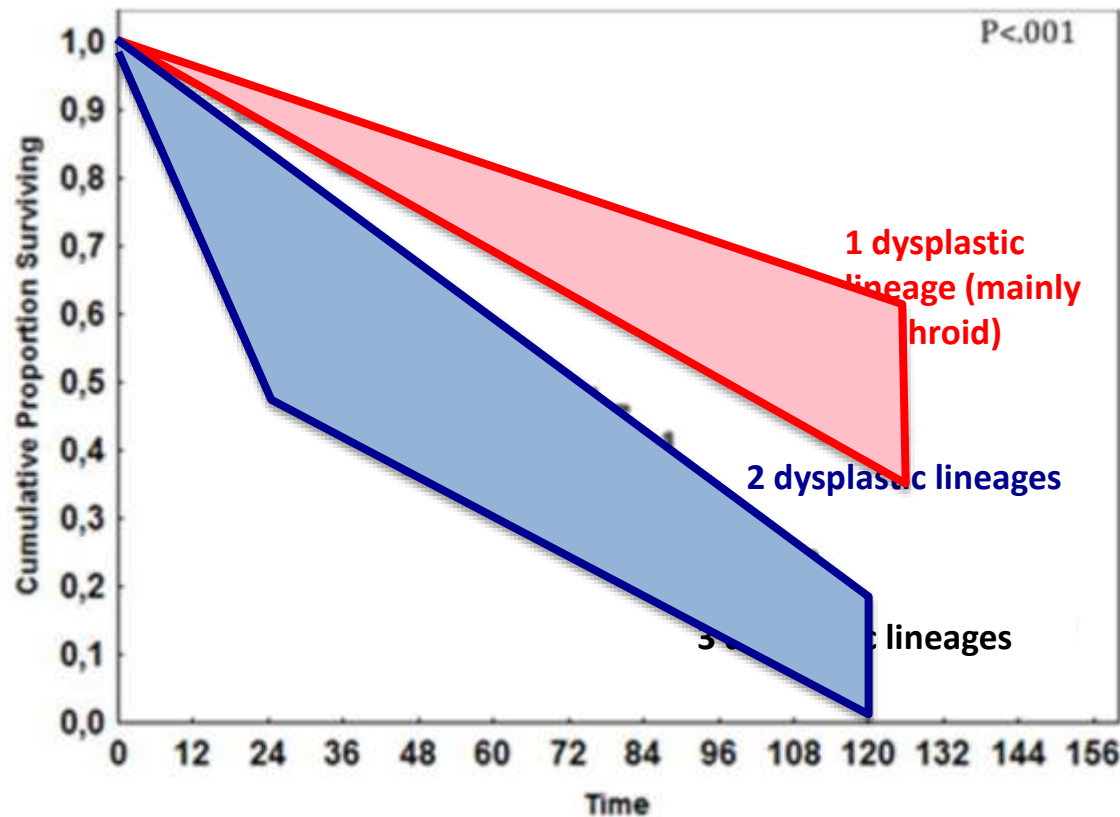
Overall survival according to erythroid, granulocytic and megakaryocytic morphological score value



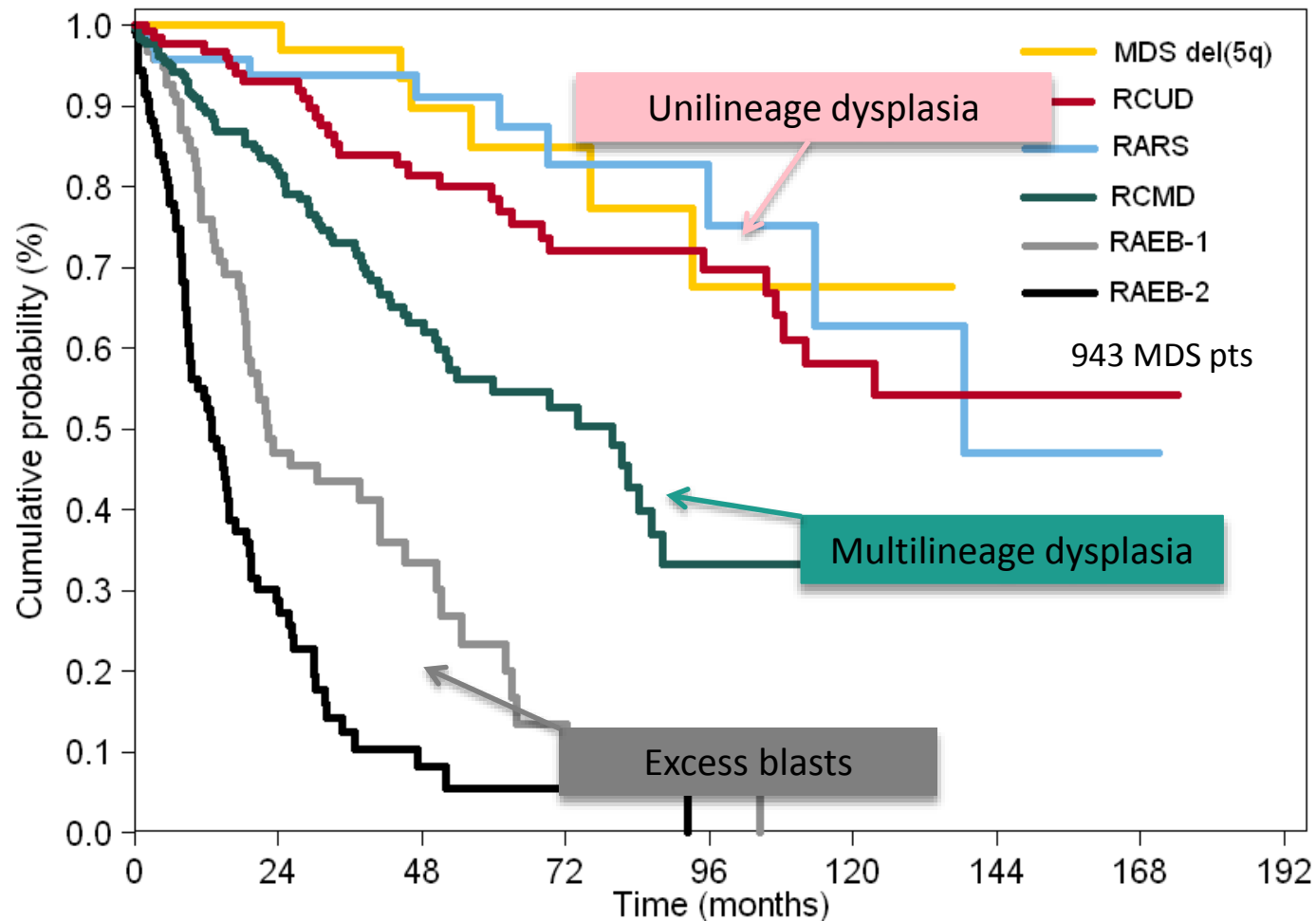
Della Porta et al. 2014 May 20. doi: 10.1038/leu.2014.161



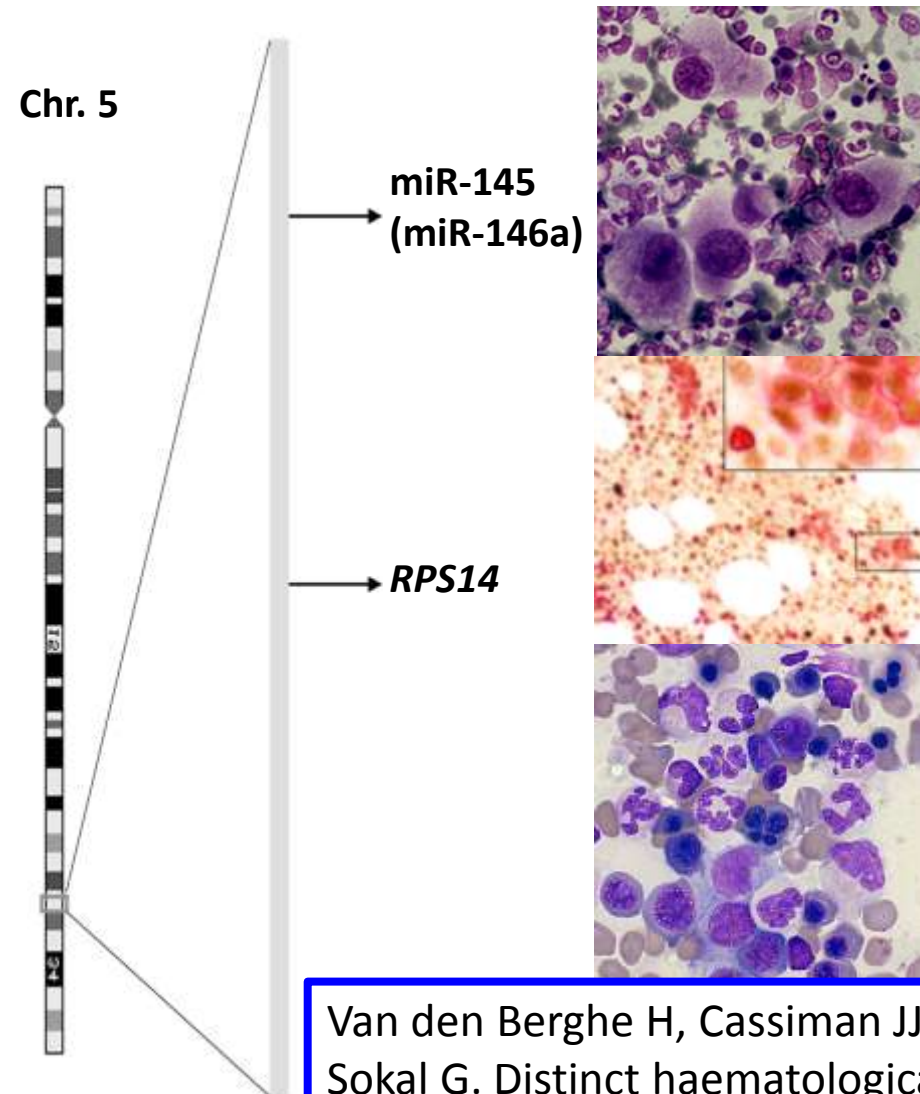
Prognostic relevance of dysplasia: number of lineages involved



Outcome of MDS according to WHO classification



MDS with isolate del(5q): distinct nosologic entity caused by haploinsufficiency of genes mapping on the deleted region



Loss of a micro RNA and thrombocytosis

Starczynowski et al. Nat Med. 2010 Jan;16(1):49-58.

Coordinate loss of a microRNA and protein-coding gene cooperate in the pathogenesis of 5q- syndrome

Kumar et al. Blood. 2011 Oct 27;118(17):4666-73

Activation of p53 and apoptosis of immature red cells

Barlow et al. Nat Med. 2010 Jan;16(1):59-66

Pellagatti et al. Blood. 2010 Apr 1;115(13):2721-3

Dutt et al. Blood. 2011 Mar 3;117(9):2567-76

Haploinsufficiency of *RPS14* phenocopies the disease in normal hematopoietic progenitor cells

Ebert et al. Nature. 2008 Jan 17;451(7176):335-9

Van den Berghe H, Cassiman JJ, David G, Fryns JP, Michaux JL, Sokal G. Distinct haematological disorder with deletion of long arm of no. 5 chromosome. *Nature*. 1974 Oct 4;251(5474):437-8.



Lenalidomide induces ubiquitination and degradation of CSNK1A1 in MDS with del(5q)

- Lenalidomide induces the ubiquitination and consequent degradation of CSNK1A1
- del(5q) cells have only one copy of *CSNK1A1*, so they are selectively depleted over wild-type cells



MDS prognostic scoring systems

- **WPSS**

- WHO classification (ring sideroblasts, multilineage dysplasia, excess blasts)
- IPSS cytogenetics
- severity of anemia (transfusion requirement)

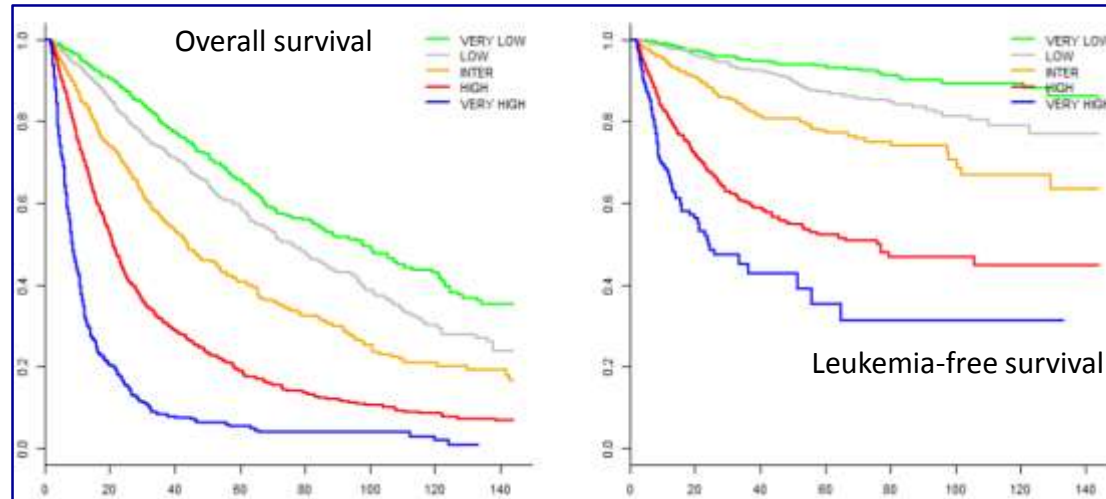
- **IPSS-R**

- degree of cytopenia (Hb, ANC, PLT)
- excess blasts ($\leq 2\%$, 3-4%, 5-10%, $>10\%$)
- revised cytogenetics



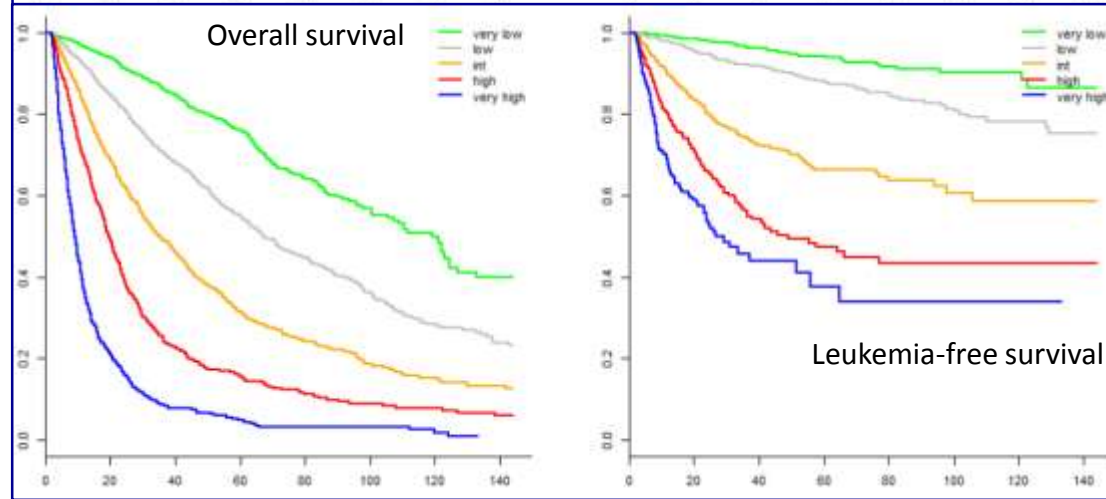
A study of the International Working Group for Prognosis in Myelodysplasia (IWG-PM) on 5326 untreated MDS patients

WPSS



Kendall's tau 0.72
($P < .001$)

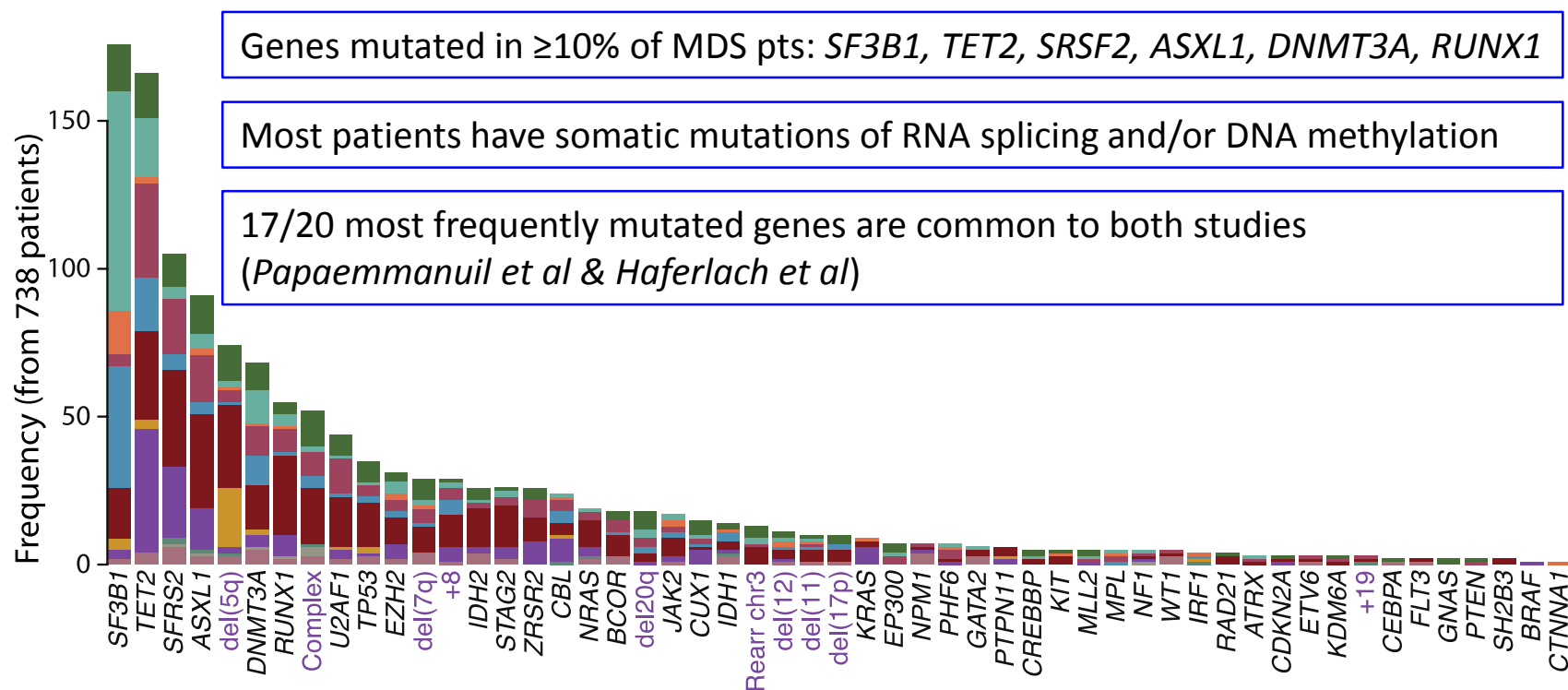
IPSS-R



Della Porta et al. 2014, unpublished results



Somatic gene mutations in patients with MDS



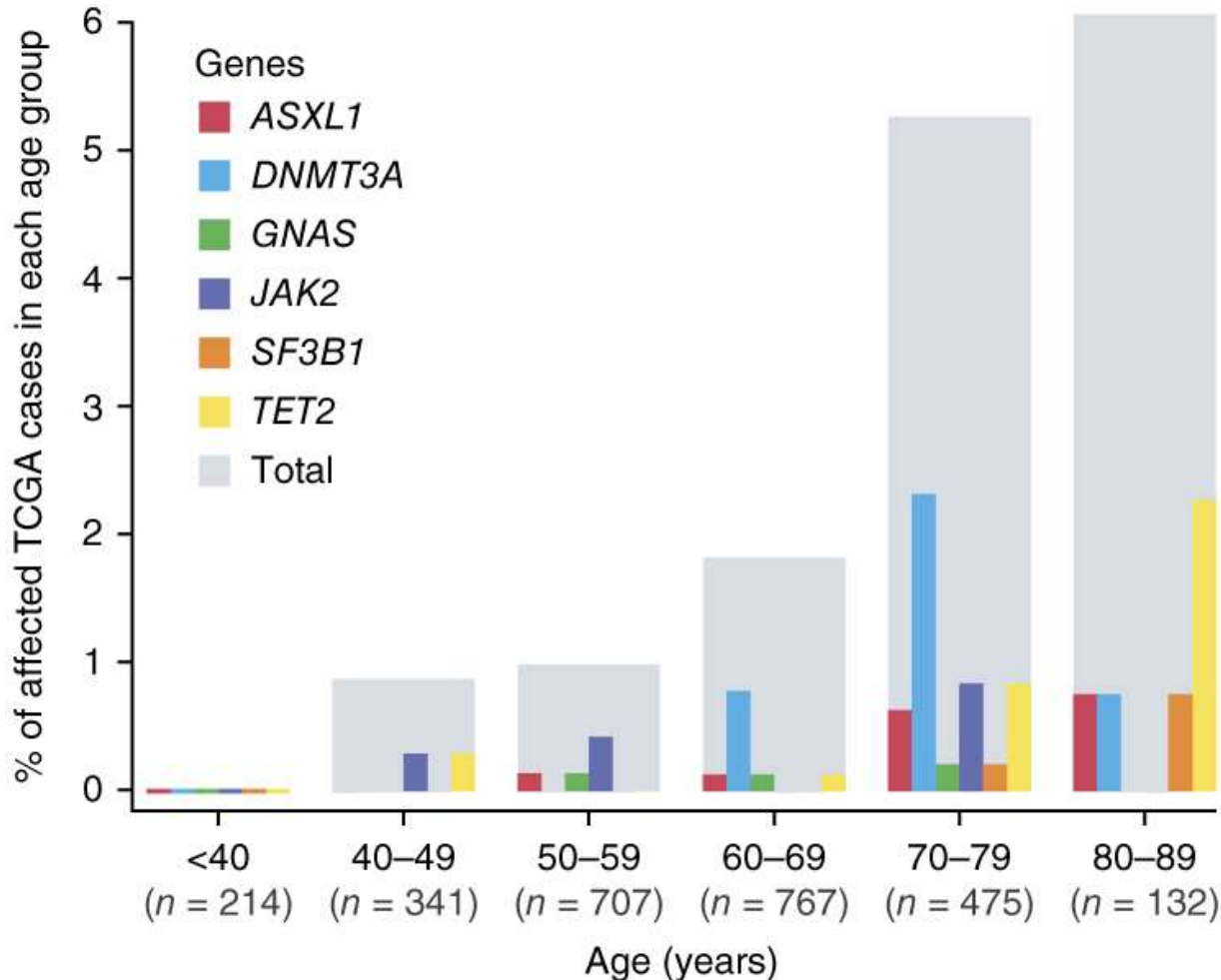
Papaemmanuil et al. Blood. 2013 Nov 21;122(22):3616-27

Haferlach et al. Leukemia. 2014 Feb;28(2):241-7



The blood cells of individuals with solid tumors contain mutations that may represent premalignant events that cause clonal hematopoietic expansion

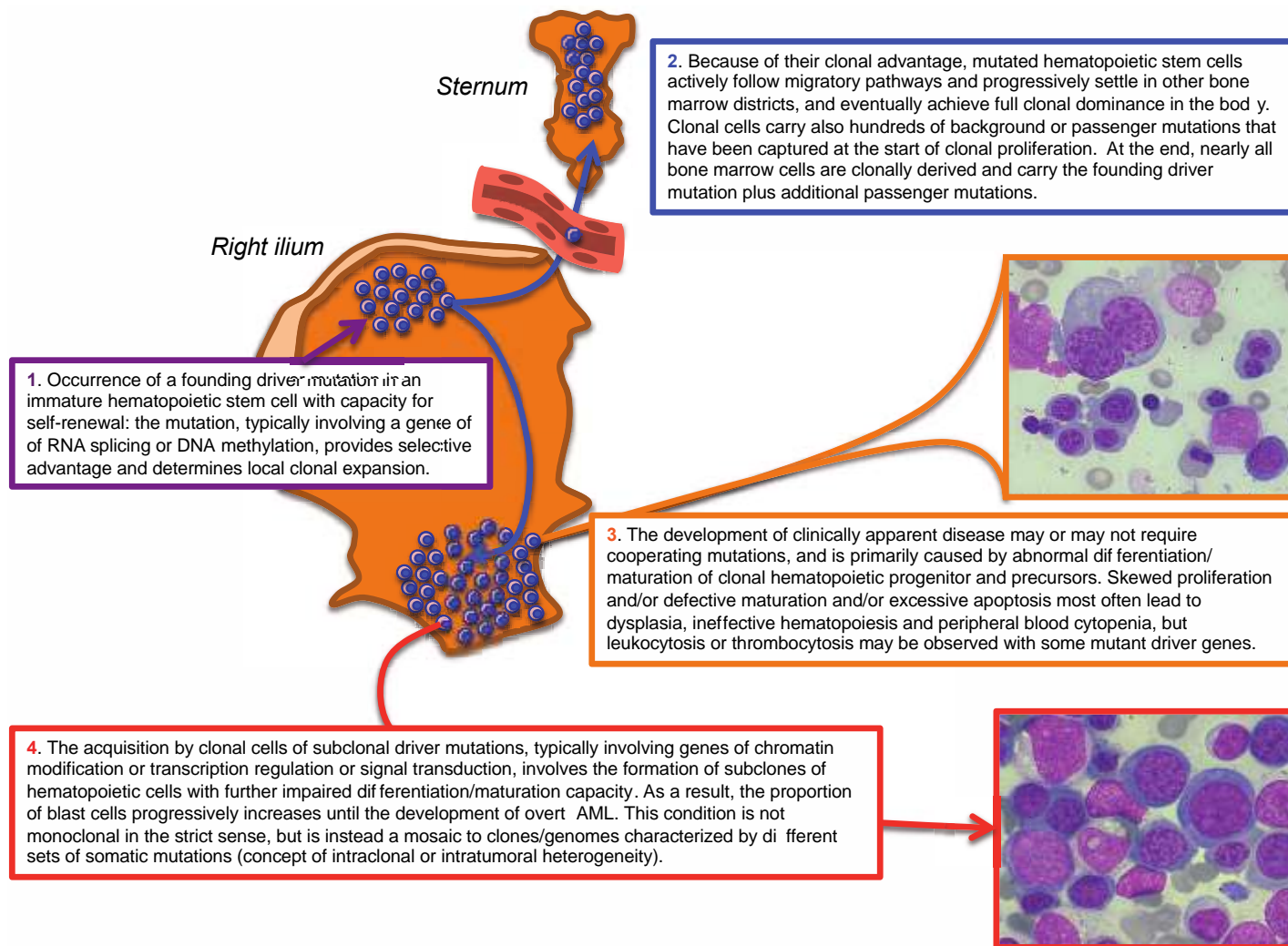
The Cancer Genome Atlas (TCGA)



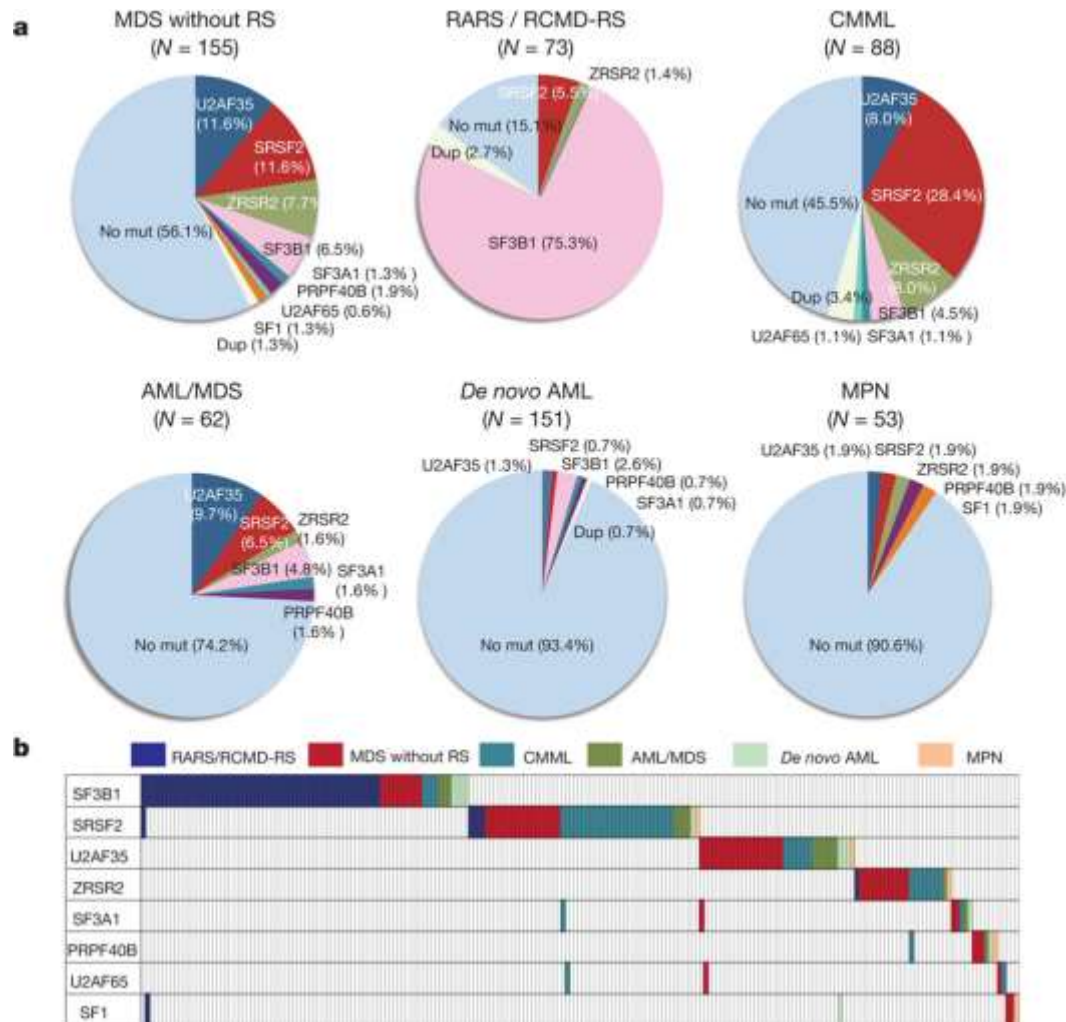
Xie et al. Nat Med. 2014 Oct 19. doi: 10.1038/nm.3733



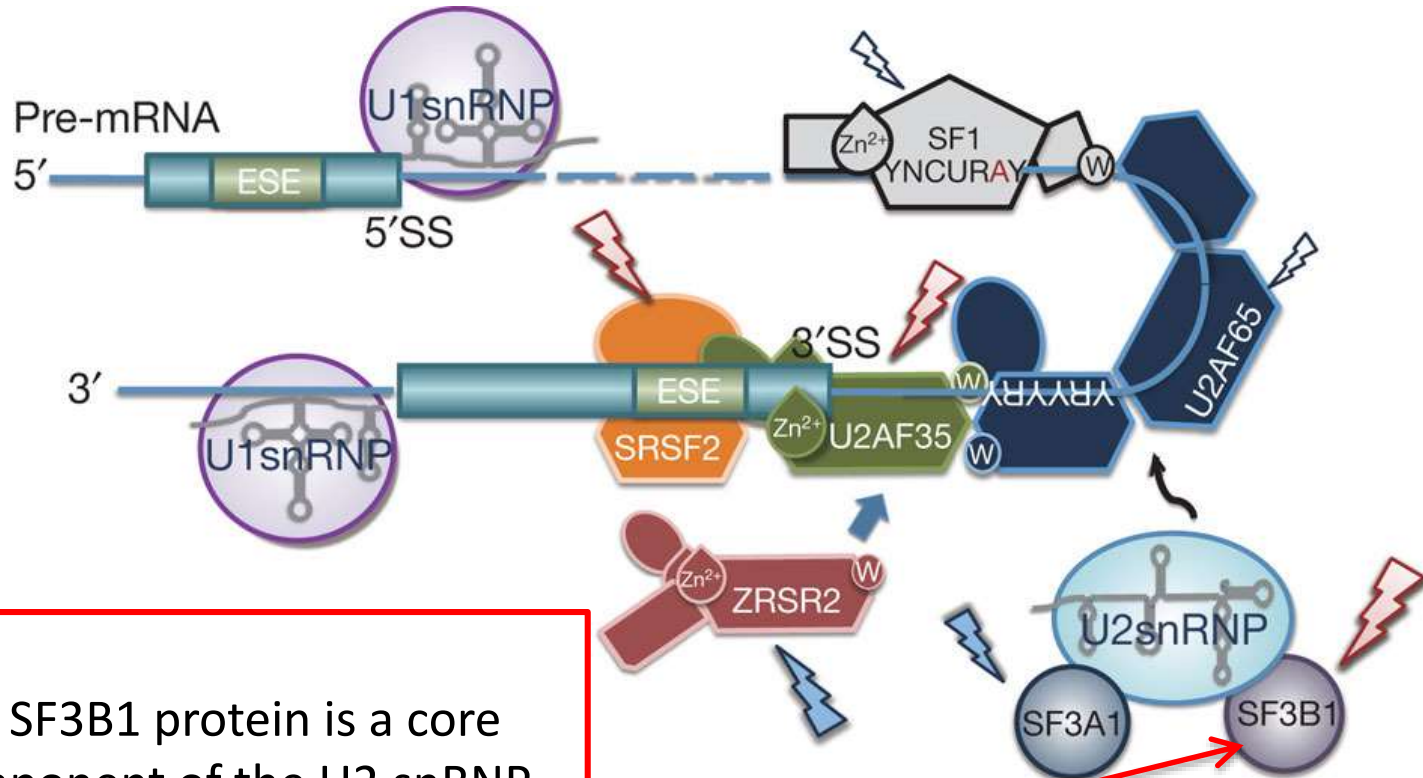
Genetic basis of myelodysplastic syndromes



Frequencies and distribution of spliceosome pathway gene mutations in myeloid neoplasms



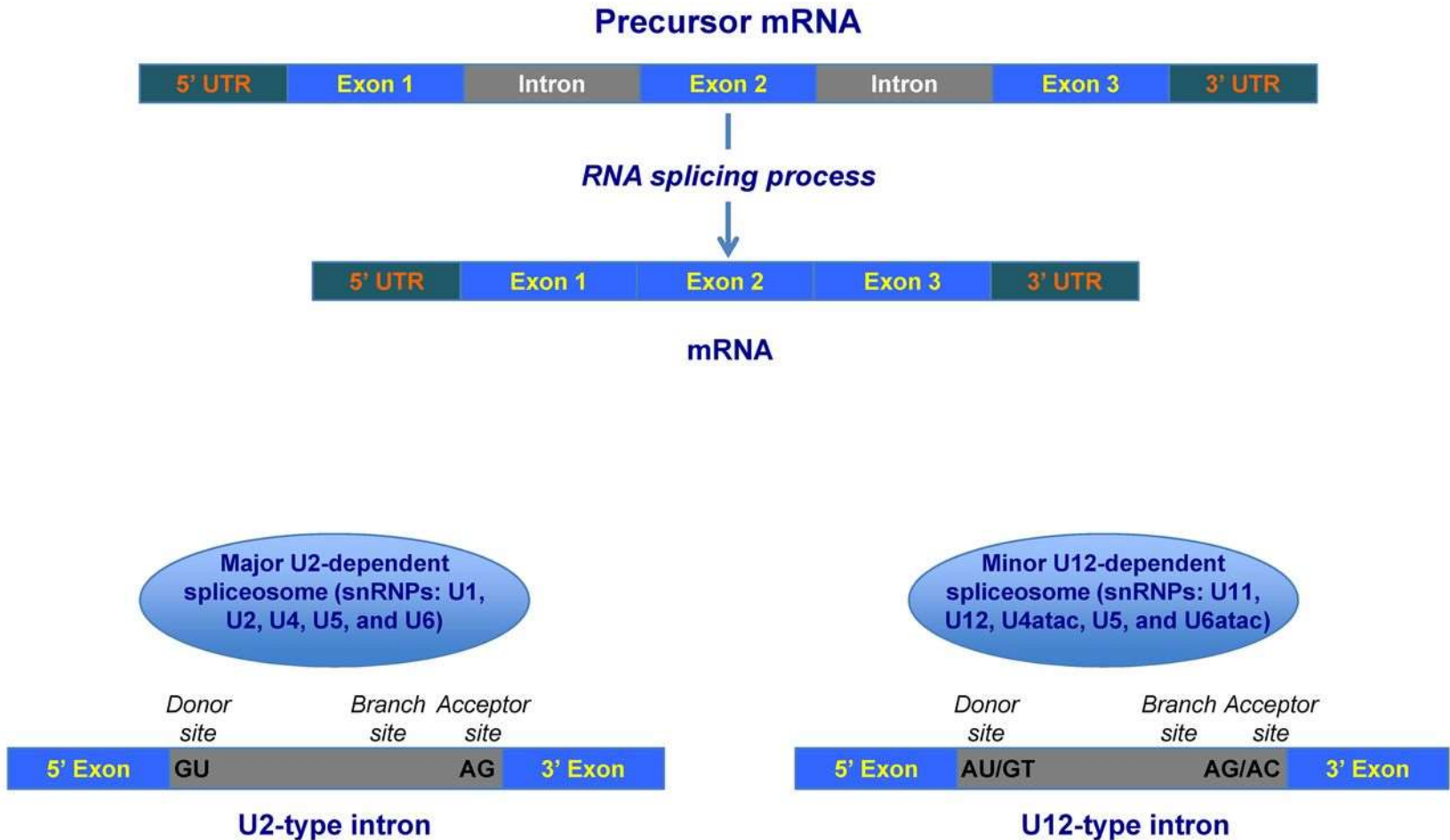
Splicing factors



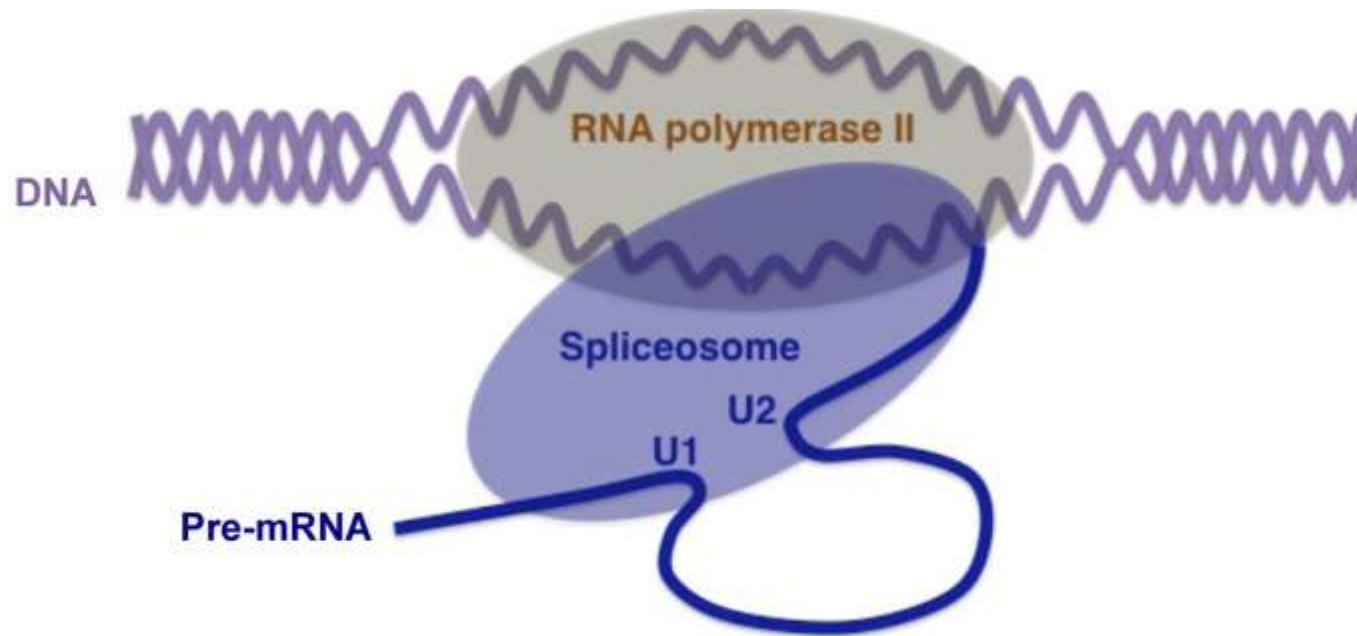
The SF3B1 protein is a core component of the U2 snRNP, which recognizes the 3' splice site at intron–exon junctions



Precursor mRNA (pre-mRNA) splicing



Co-transcriptional RNA splicing and potential outcomes of mutations of genes encoding proteins of the spliceosome



Cazzola et al. Blood. 2013 Jan 10;121(2):260-9

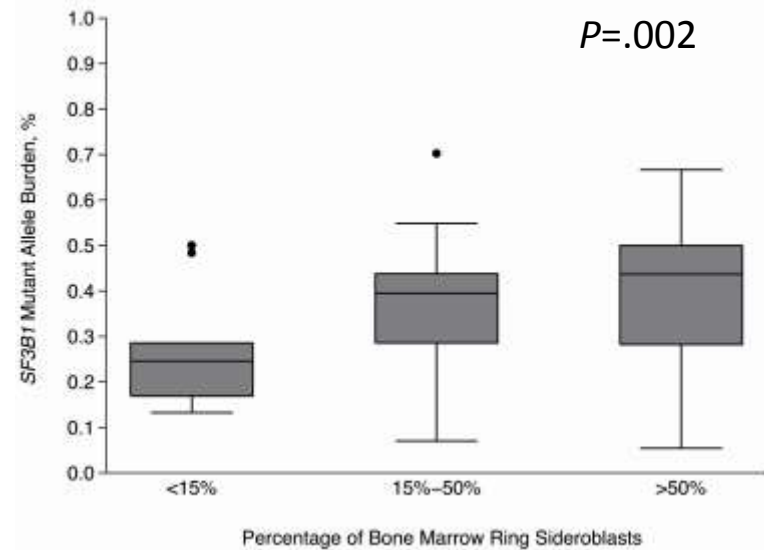


Relationship between somatic *SF3B1* mutations and ring sideroblasts

Quantitative enumeration
of ring sideroblasts:
325 MDS patients

101 (31%) patients
with mutation in *SF3B1*

91 patients >15% ring sideroblasts,
7 patients 1-14%,
3 patients no ring sideroblasts

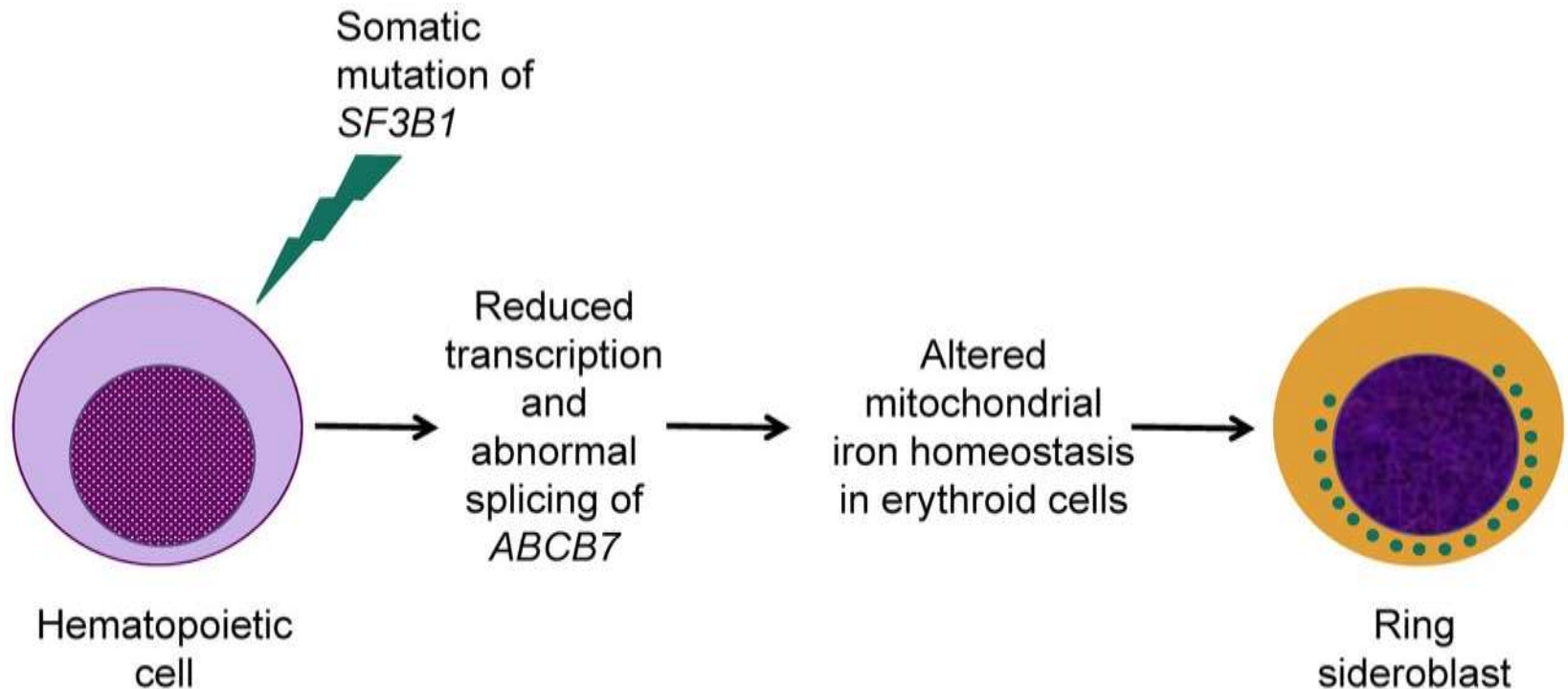


***SF3B1* mutation: positive predictive value for ring sideroblasts 97.7%**

**Absence of ring sideroblasts: negative predictive value
for *SF3B1* mutation 97.8%**



Relationship between the occurrence of a somatic *SF3B1* mutation and the formation of ring sideroblasts in patients with RARS



Comprehensive analysis of aberrant RNA splicing in myelodysplastic syndromes

- RNA sequencing of CD34+ cells revealed 230 splicing events significantly enriched in *SF3B1*-mutated cases, of which 206 (90%) were caused by misrecognition of 3' splice sites.
- About 50% of these altered 3' splice sites resulted in frameshift, indicating that *SF3B1* mutations cause deleterious effects in many genes simultaneously.
- Altered splice sites were found in genes involved in heme biosynthesis, cell cycle progression, and DNA repair



Novel disease paradigm

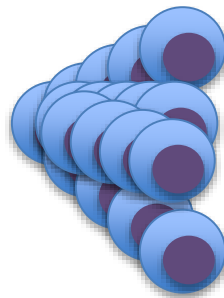
Occurrence of *SF3B1* mutation in a multipotent hematopoietic stem cell

Mutation detectable by DNA sequencing

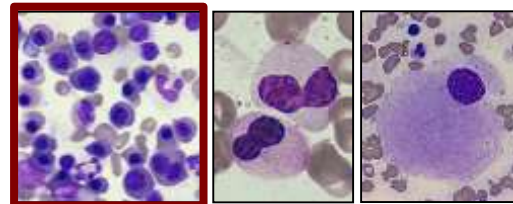
Misrecognition of 3' splice sites and frameshift in hundreds of genes

Mutations detectable only by RNA seq

Gain of function at hematopoietic stem cell level



Stem cells



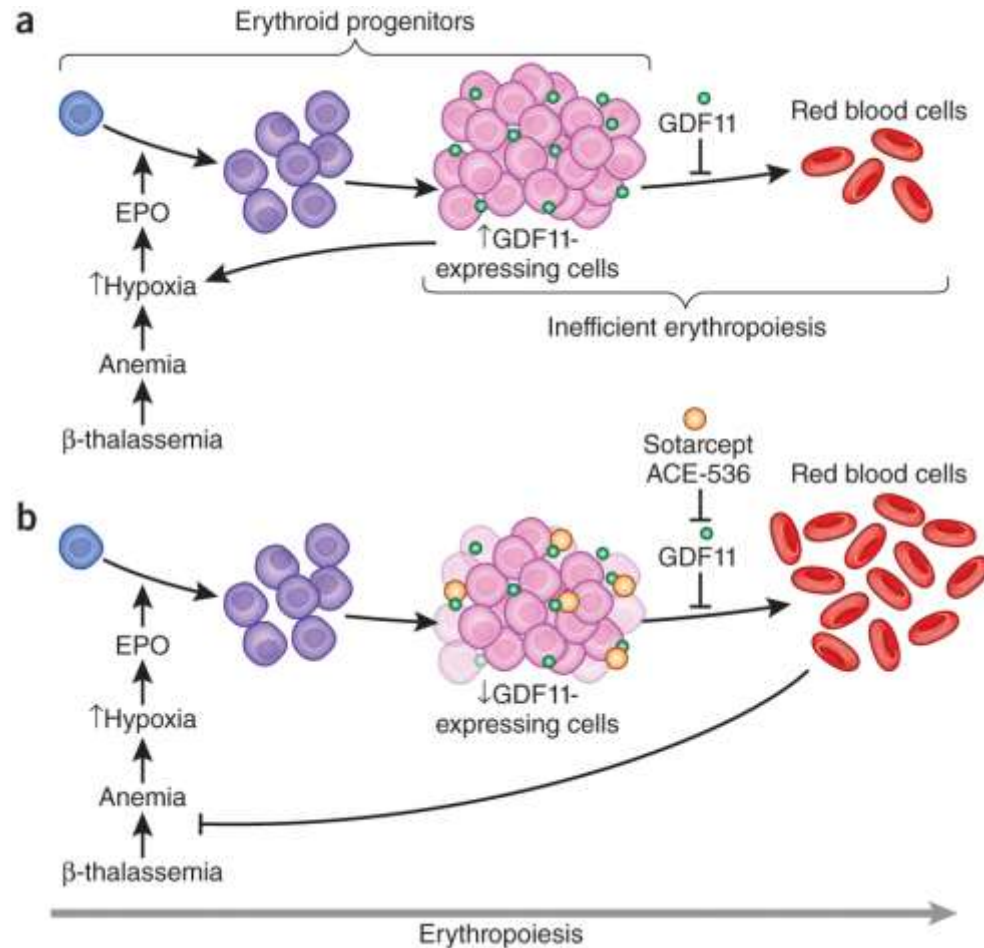
Hematopoietic precursors

Ineffective erythropoiesis

Loss of function at hematopoietic precursor level



The ability TGF- β superfamily ligand-trapping proteins to alleviate anemia with ineffective erythropoiesis in a mouse model of MDS

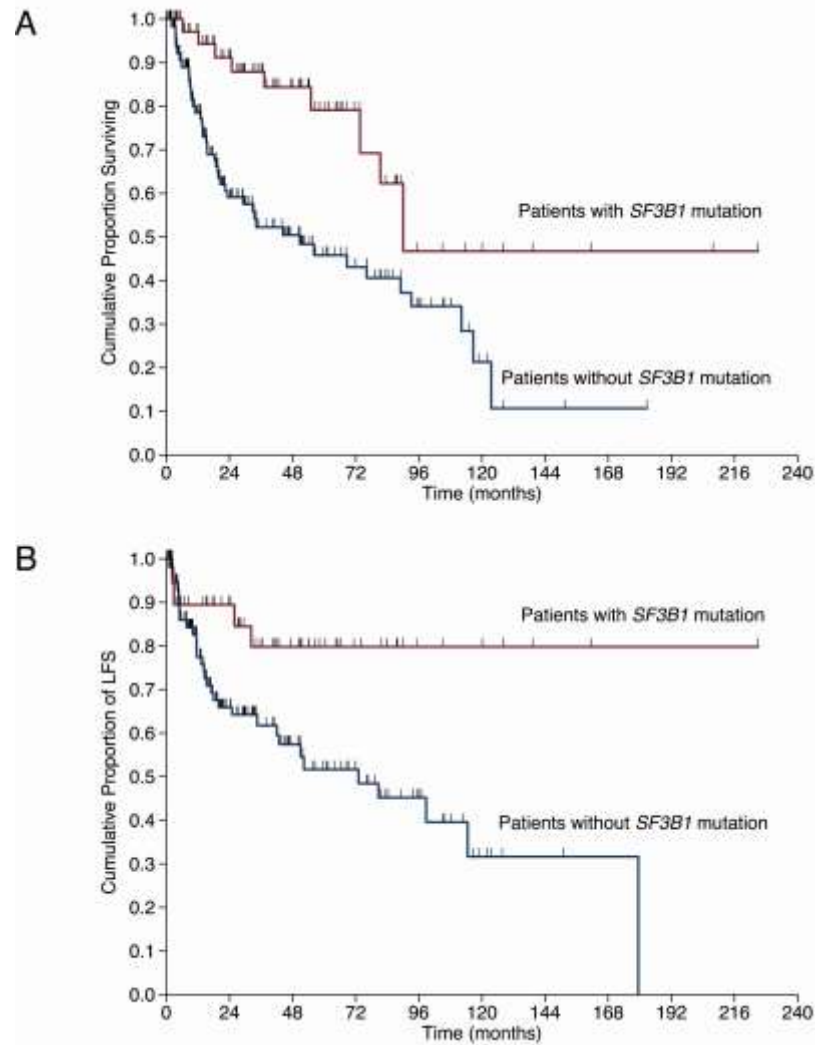


Paulson RF. *Nat Med.* 2014 Apr;20(4):334-5

Suragani et al. *Nat Med.* 2014 Apr;20(4):408-14



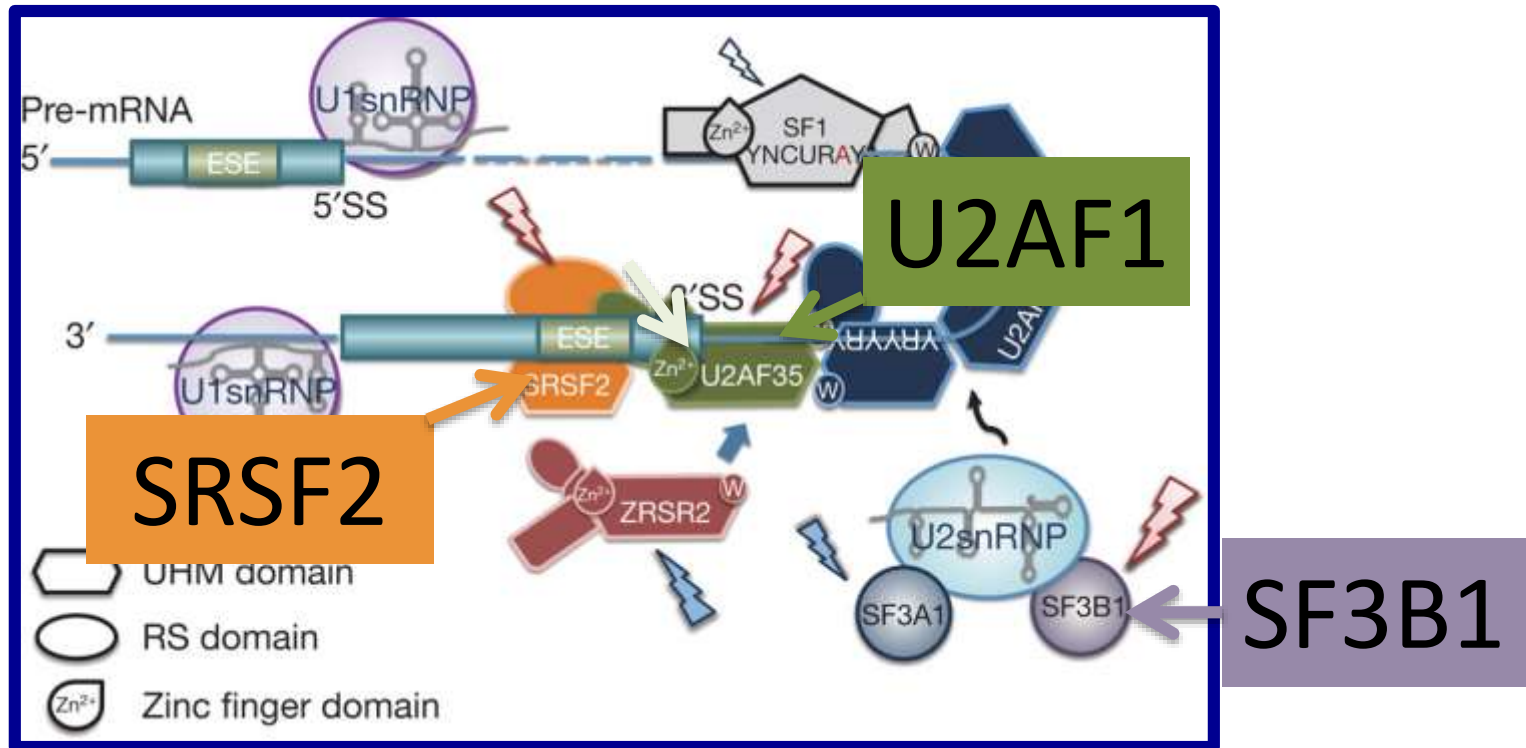
Clinical significance of *SF3B1* mutation in MDS



Malcovati et al. Blood. 2011 Dec 8;118(24):6239-46



RNA splicing factors: *SF3B1*, *SRSF2* and *U2AF1*

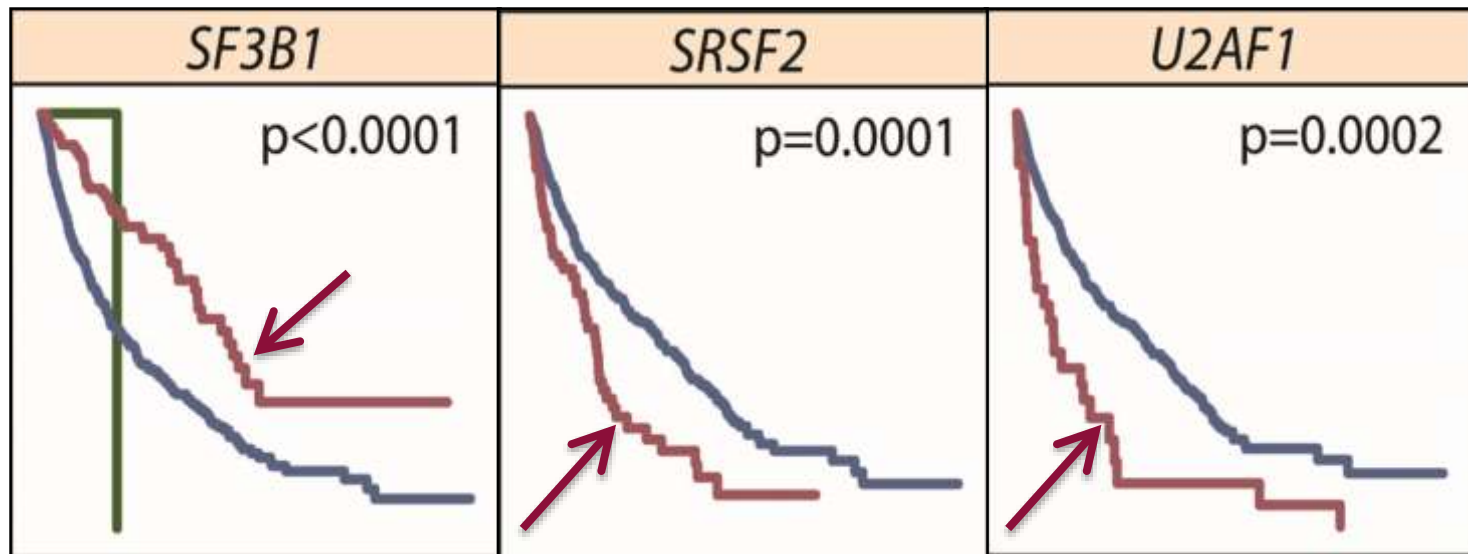


Yoshida et al. Nature. 2011 Sep 11;478(7367):64-9

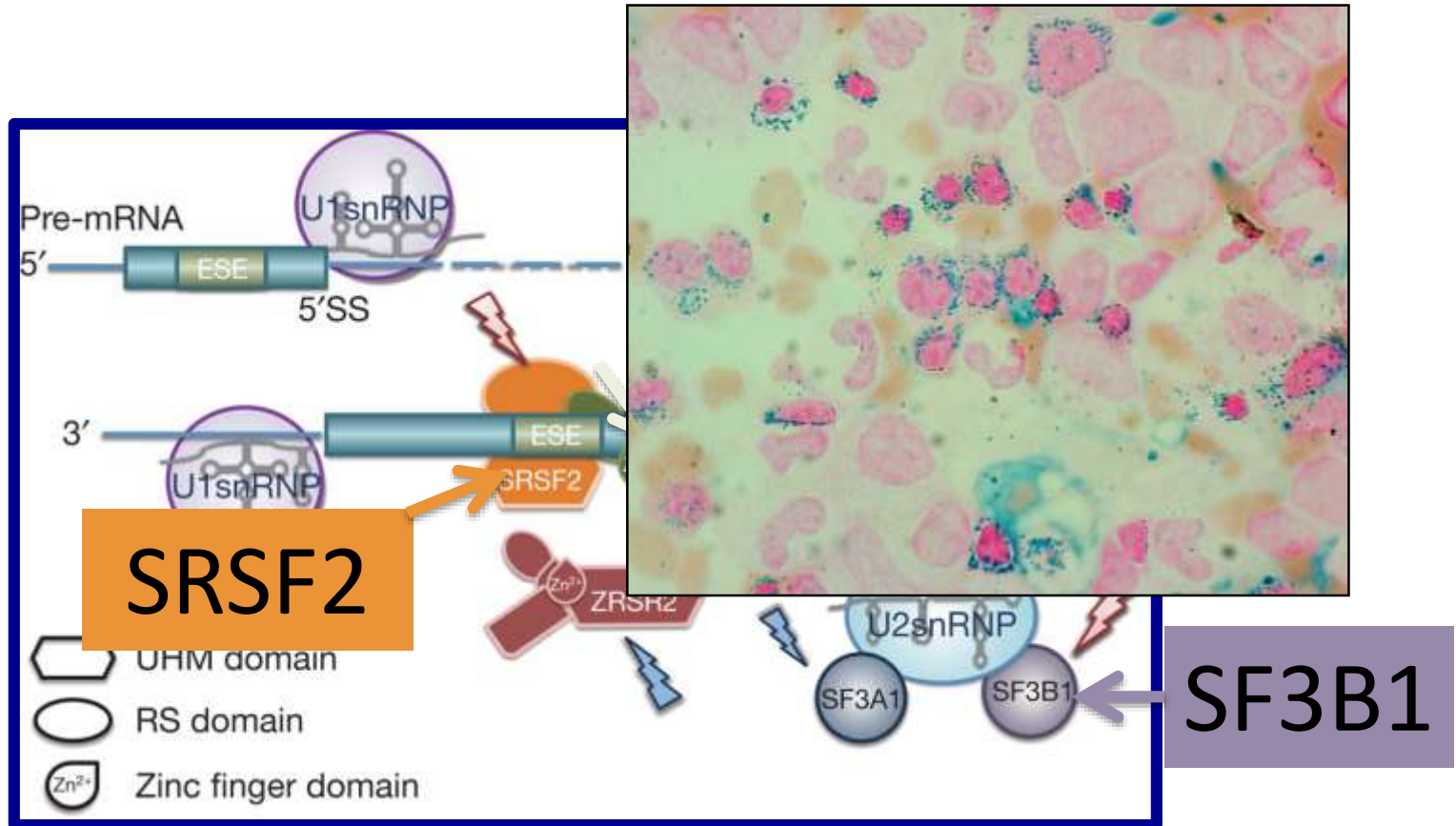


Clinical effect of spliceosome pathway gene mutations in myelodysplastic syndromes

— Not mutated
— Possible oncogenic mutation
— Known oncogenic mutation
— Mutation of unknown significance



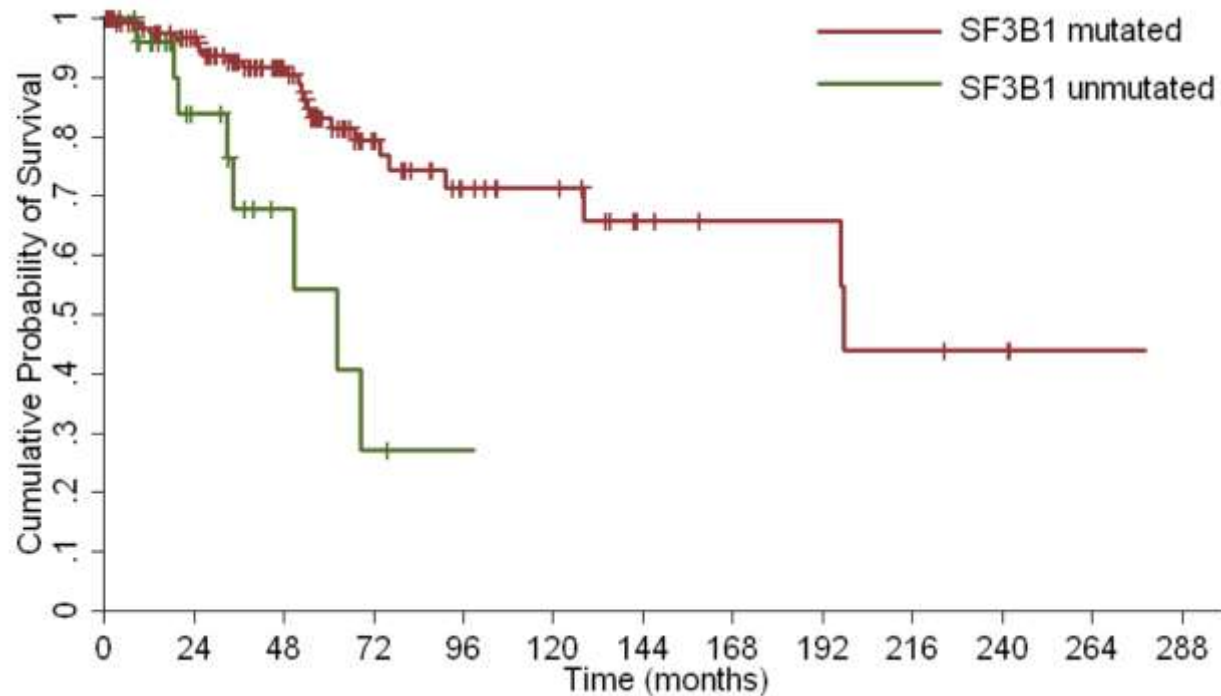
Clinical effect of spliceosome pathway gene mutations in MDS with ring sideroblasts



Yoshida et al. Nature. 2011 Sep 11;478(7367):64-9



SF3B1-mutant MDS as a distinct nosologic entity

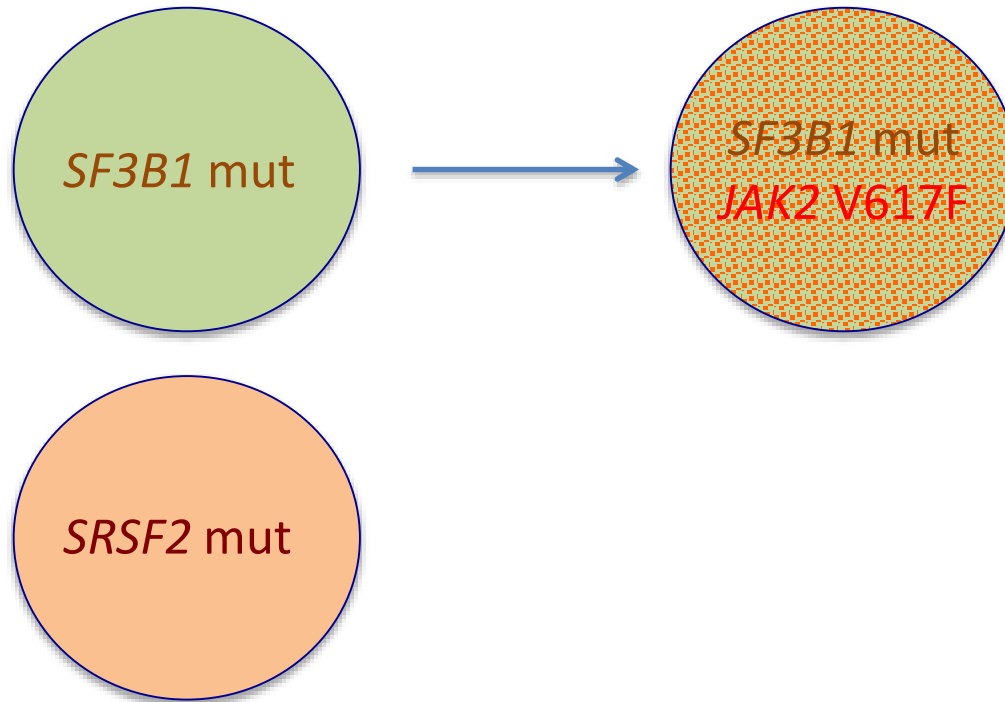


Malcovati et al. ASH 2014, abstract #826

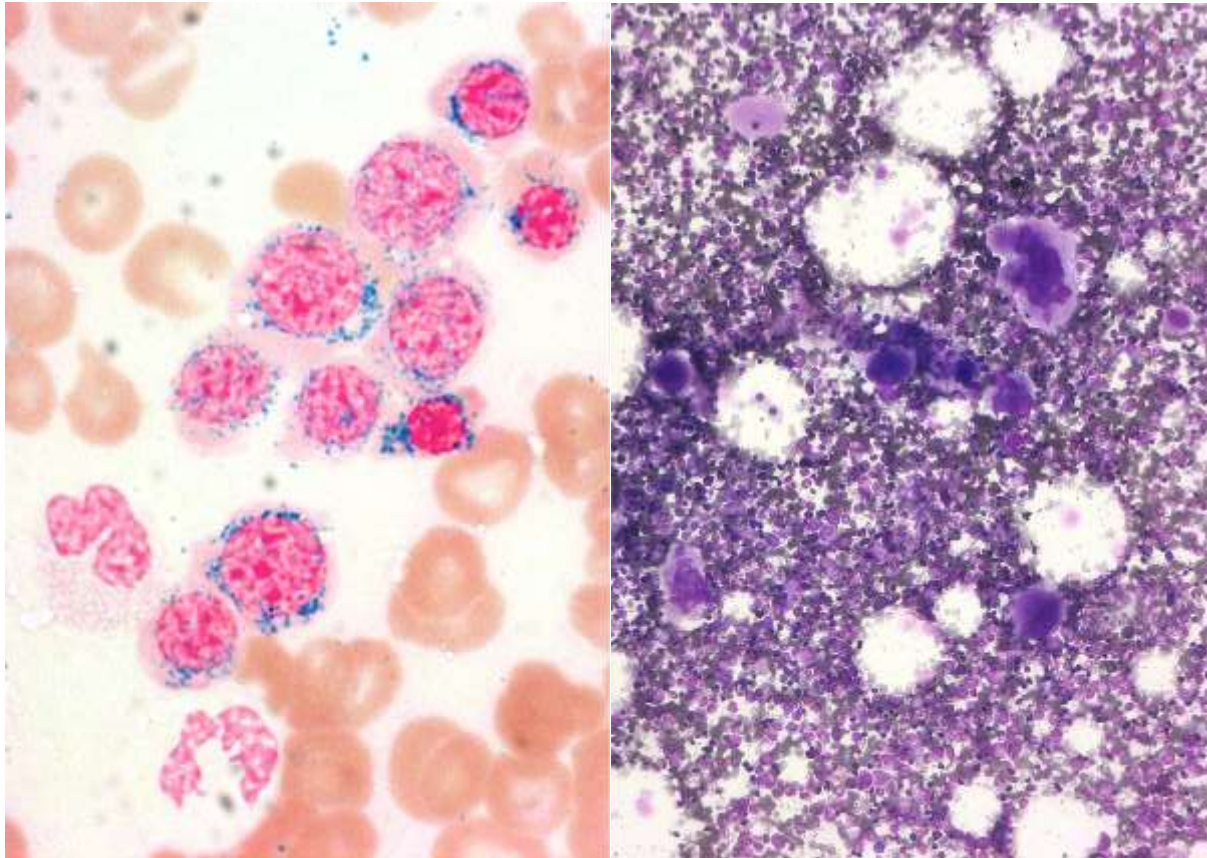


Genetic predestination

Genetic “predestination”: early founding driver mutations shape the future trajectories of clonal evolution of a cancer through constraints on the repertoire of cooperating subclonal genetic lesions



Transition from RARS to RARS-T

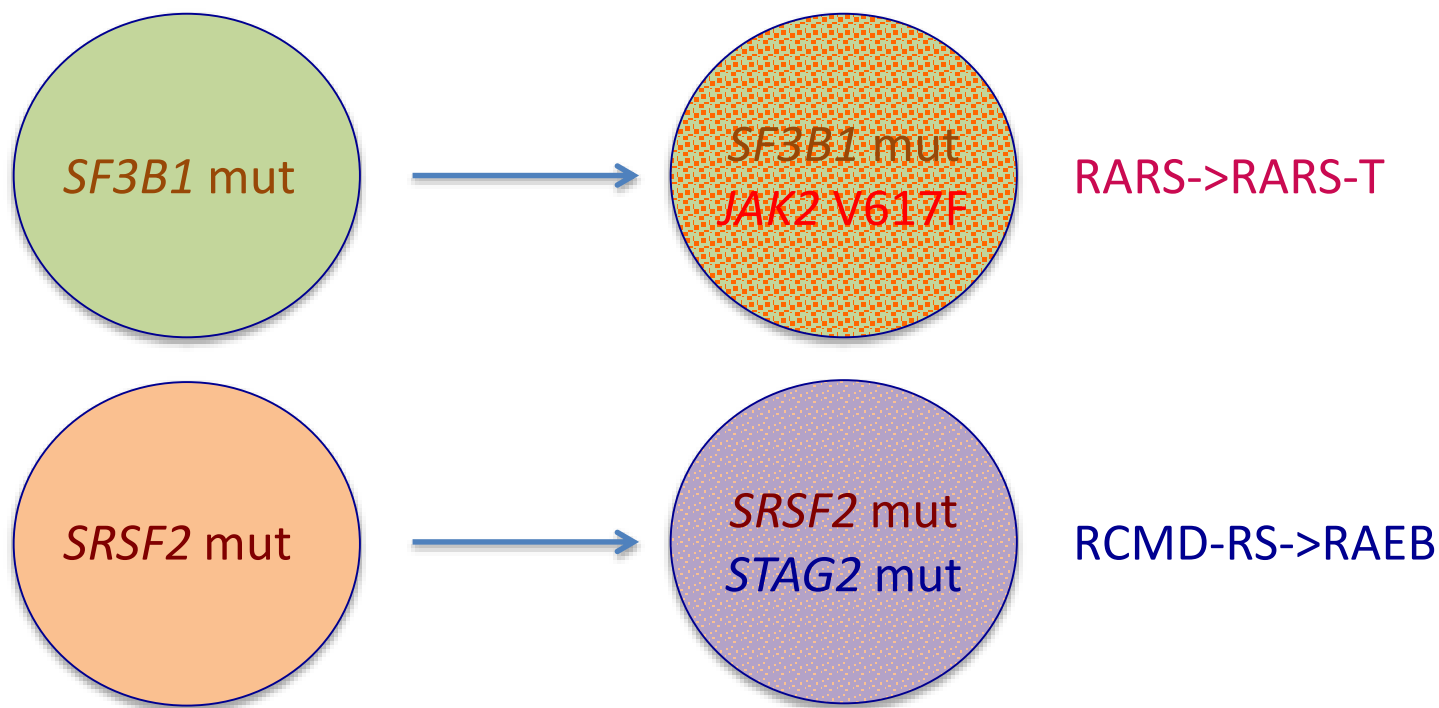


Malcovati et al. Blood. 2009 Oct 22;114(17):3538-45

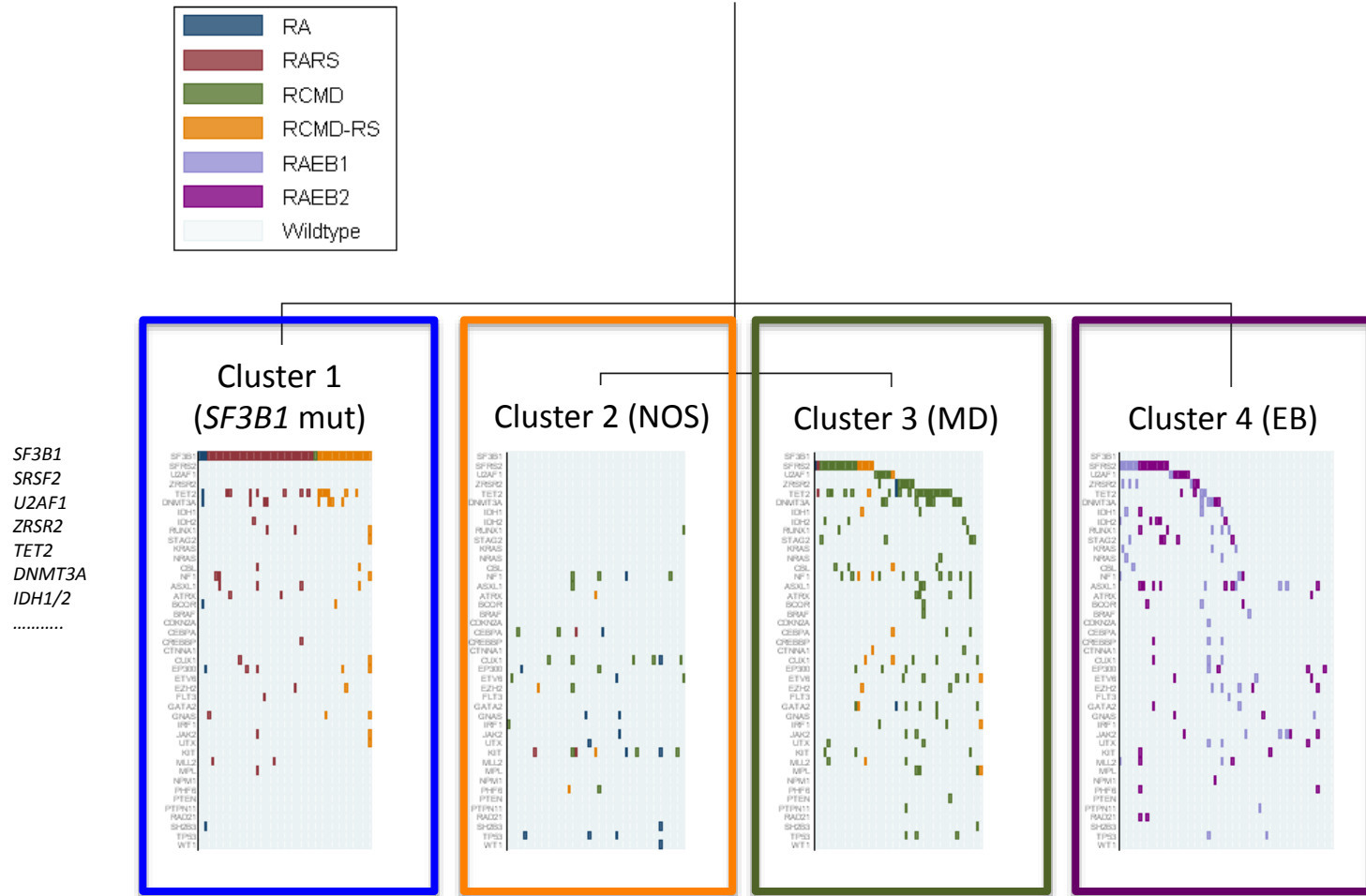


Genetic predestination

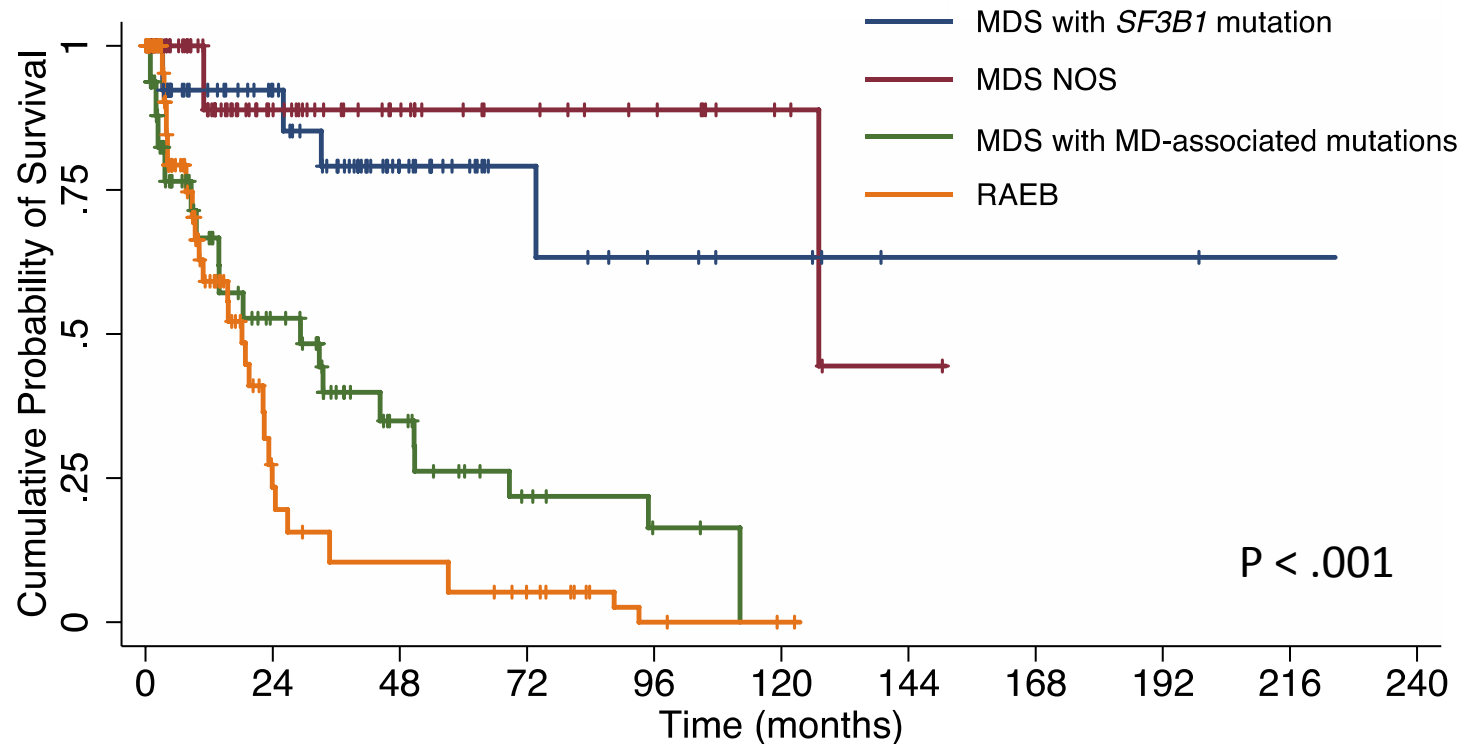
Genetic “predestination”: early founding driver mutations shape the future trajectories of clonal evolution of a cancer through constraints on the repertoire of cooperating subclonal genetic lesions



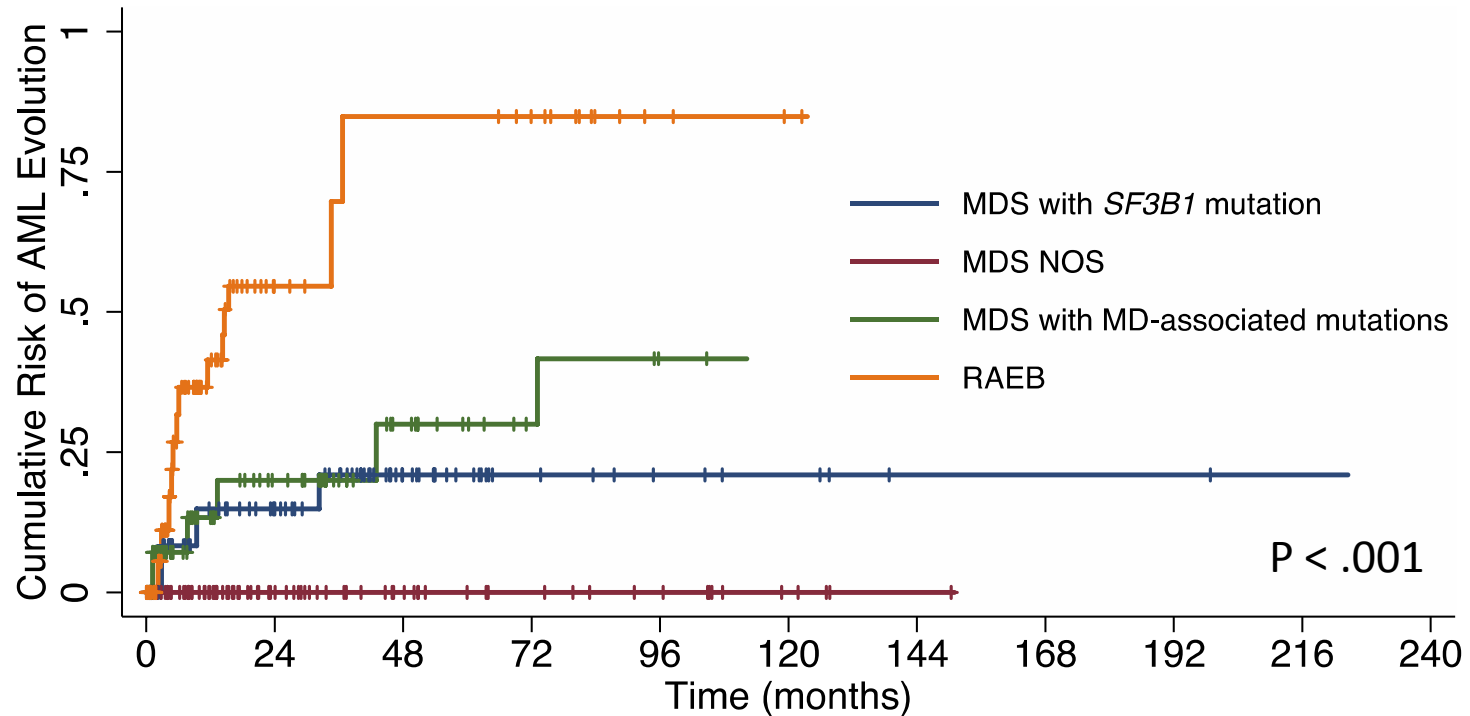
Unsupervised hierarchical clustering analysis of MDS patients



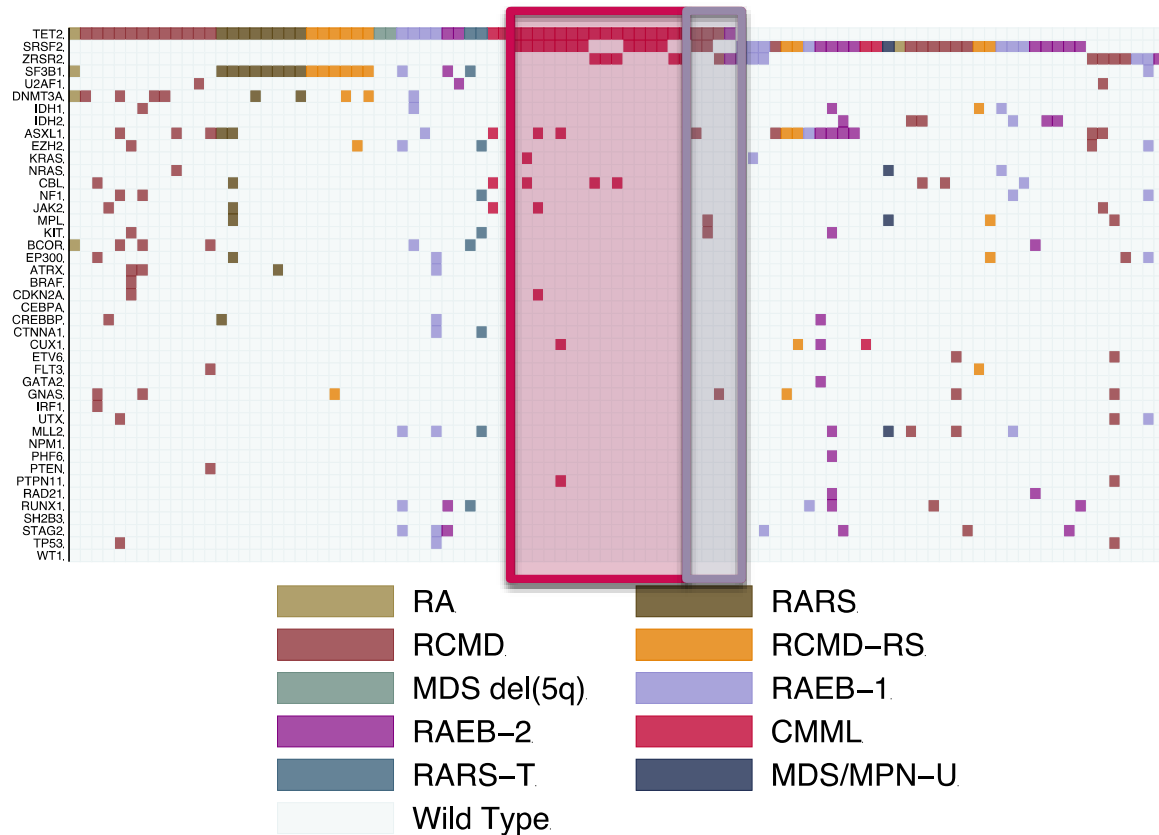
Overall survival of MDS patients stratified according to genotype and blast excess



Progression to AML in MDS patients stratified according to genotype and blast excess



Co-occurrence of *TET2* and *SRSF2* (or *ZRSR2*) mutations is highly specific for myelomonocytic phenotype



CMML: Monocyte count $\geq 1.5 \times 10^9/L$ or *TET2*/*SRSF2* co-mutation?

Malcovati et al. Blood. 2014 Aug 28;124(9):1513-21



Somatic mutations of *ASXL1*, *RUNX1* and *SETBP1* improve prognostic stratification of CMML

- *TET2* (44%), *SRSF2* (43%), *ASXL1* (34%), *KRAS* (11%), *NRAS* (10%), *CUX1* (10%), *CBL* (9%), *RUNX1* (7%), *SETBP1* (7%), *JAK2* (6%), *SF3B1* (6%), and *U2AF1* (5%)
- Lasso Cox regression model for genetic variable selection. The statistically significant variables were CPSS-specific cytogenetic risk groups (HR=2.49, P=.001), mutations in *ASXL1* (HR=2.77, P=.018), *RUNX1* (HR=5.39, P=.009) and *SETBP1* (HR=3.96, P=.013).
- *CPSS-Mol* performed better than the original CPSS cytogenetic risk classification



Conclusions

- The identification of somatic mutations of RNA splicing machinery has provided a paradigm shift
- Already established genotype/phenotype relationships include
 - *SF3B1*-mutant MDS
 - *TET2/SRSF2*-comutant MDS/MPN (CMML)
- The time has come for us to develop a genotype-based (molecular) classification of MDS



Acknowledgments



Associazione
Italiana per la
Ricerca sul
Cancro

Pavia:

Luca Malcovati
Matteo G. Della Porta
Cristiana Pascutto
Ilaria Ambaglio
Antonio Bianchessi
Elisa Bono
Chiara Elena
Anna Galli
Erica Travaglini
Marta Ubezio
Emanuela Boveri
Rosangela Invernizzi

International collaborations:

- Eva Hellström-Lindberg & Karolinska investigators
- Jackie Boulton & Oxford investigators
- Elli Papaemmanuil & Cambridge investigators
- Ulrich Germing & Duesseldorf Investigators
- Guillermo Sanz & Spanish Investigators
- Seishi Ogawa & Kyoto Investigators

