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## POSTER ABSTRACTS

# 618.ACUTE LYMPHOBLASTIC LEUKEMIAS: BIOMARKERS, MOLECULAR MARKERS AND MINIMAL RESIDUAL DISEASE IN DIAGNOSIS AND PROGNOSIS

# A *D e Novo* Supernumerary Ring Chromosome 1 Causes B-Cell Acute Lymphoblastic Leukemia in Monozygotic Twins Due to Independent and Partially Convergent Evolutionary Trajectories

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#### Introduction

B-cell acute lymphoblastic leukemia (B-ALL) is the most common pediatric cancer. In recent years, our understanding of B-ALL biology has benefited from genomic and transcriptomic analyses that identify driver alterations in 98% of patients. In addition, prior studies of monozygotic twins, who both developed B-ALL, have provided insight into the developmental timing and natural history of the disease, as well as the identification of novel mechanisms of leukemogenesis.

Herein we study a case of monozygotic twins, who developed B-ALL **(Table 1).** We report the characterization of a *de novo* supernumerary ring chromosome 1 (SRC1) as an initiator event that followed independent but partially convergent clonal trajectories in each twin. Thus, SRC1 resulted in genomic rearrangements of *MEF2D* in both twins but targeted distinct fusion gene partners (*BCL9* versus *ARNT*). To our knowledge, this study represents the first description of *MEF2D-ARNT* as an event involved in B-ALL, and the association of SRC1 Syndrome with leukemia.

#### Methods

We performed integrative whole genome sequencing (WGS) and RNAseq analysis on B-ALL samples at diagnosis and compared this to WGS data from minimal residual disease negative bone marrow aspirates. Coverage levels for tumors and matched normals were: Twin A=104 & 59; Twin B=81 & 53. Tumor purity estimations were 0.80 in Twin A and 0.31 in Twin B. For RNAseq, expression profile efficiencies were 61% and 36% respectively. Comprehensive variant calling was performed using the Isabl platform (Medina et al, 2020) to map all putative somatic and germline events. ALLCatchR (Beder et. al, 2022) was used for molecular B-ALL subtype allocation in 26 samples from our pediatric cohort of patients including the twins (age range 1-23), and MutationTimeR (Gerstung et al, 2020) to calculate the relative timing of copy number gains. All research studies were approved by NYU and MSKCC Institutional Review Boards.

#### Results

The tumor mutational burdens for each leukemia sample were 0.86 for Twin A and 0.47 mutations/Mb for Twin B, and they showed independent alterations in oncogenic genes (**Table 1**). The only B-ALL driver that both twins had partially in common was an intrachromosomal translocation resulting in *MEF2D* fusions, but each with a distinct partner gene (*BCL9* versus *ARNT*) which was confirmed by RNAseq (supporting reads: Twin A=48, Twin B=107) and PCR assays (**Fig. 1**). Each sample demonstrated enhanced transcription levels of *MEF2D* compared to our reference B-ALL cohort (transcripts per million: Twin A=48.0, Twin B=77.4, median=27.7, sd=19.9), and were transcriptionally classified as MEF2D-subtype by the ALLCatchR classifier. These results functionally supported the role of *MEF2D-ARNT* as a new oncogenic event.

Analysis of germline variants showed a tandem duplication flanking the pericentromeric region of chromosome 1 in both twins (1:120,163,074-157,714,717) where *MEF2D BCL9* and *ARNT* are localized, that had been previously identified as SRC1 in

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only one of them by constitutional genotyping **(Table 1)**. Cell fractions in normal and tumor tissues were: Twin A=14.8% & 50%, Twin B=8.6% & 26.5%. PCR interrogation of parental germline DNA failed to identify SRC1, suggesting this to be a *de novo* event in the affected twins **(Fig. 1)**.

We compared the relative timepoint in which the SRC1 took place in each sample using MutationalTimeR, but we were only able to obtain results in Twin A due to a higher mutational burden (number of variants in SRC1: Twin A=44, Twin B=13). As expected, the tandem duplication that formed the SRC1 was identified as an early mutational event (confidence interval of relative time of appearance: 0-0.4).

#### Conclusions

Our results identify SRC1 as the common initiating genomic event leading to *MEF2D* fusion driven B-ALL in both twins. These findings support a model in which a tandem duplication around a pericentromeric area was an initiating event which caused the scission and circularization of DNA without the loss of genetic material. This led to a *de novo* acquisition of a SRC1, that after independent but partially convergent clonal trajectories gave rise to 2 distinct oncogenic *MEF2D* fusion driven leukemias in each twin . Moreover, *ARNT* is a novel partner gene to *MEF2D* which has not been previously described.

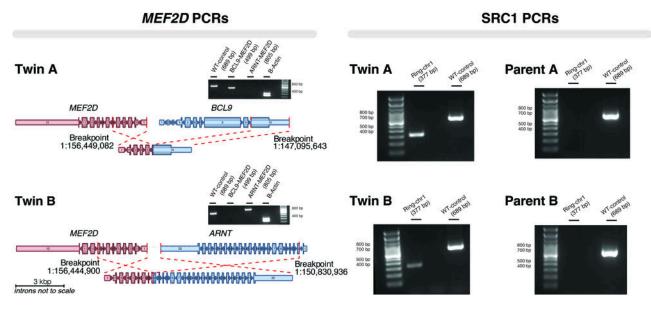
This is the first report of B-ALL association with SRC1 Syndrome, which emphasises the utility of the study of monozygotic twins to identify novel alterations underlying B-ALL.

**Disclosures Gundem:** *Isabl Inc.:* Consultancy. **Levine:** *Isabl Inc.:* Current Employment, Current holder of *stock options* in a privately-held company, Patents & Royalties. **Medina Martinez:** *Isabl Inc.:* Current Employment, Current equity holder in private company, Membership on an entity's Board of Directors or advisory committees. **Kung:** *Isabl Inc.:* Current Employment, Current equity holder in private company, Membership on an entity's Board of Directors or advisory committees. **Kung:** *Isabl Inc.:* Current Employment, Current equity holder in private company, Membership on an entity's Board of Directors or advisory committees. **Shukla:** *Syndax Pharmaceuticals:* Honoraria. **Papaemmanuil:** *Isabl Inc.:* Current equity holder in private company, Current holder of *stock options* in a privately-held company, Other: CEO, Patents & Royalties: Whole genome cancer analysis; *TenSixteen Bio:* Current equity holder in private company.

### Table 1: Clinical and genomic features of both twins.

Clinical feature	Twin A	Twin B
Age at diagnosis	11 years	15 years
WBC	7.3k/µL	18.5k/µL
Phenotype	CD45 dim to negative (mostly), CD19 +, CD20 minimal+, CD10 +, CD34 partial +, CD38 +, CD22 +, CD56 dim+, HLA-DR+, TDT +	CD45 dim +, CD19+, CD20 mostly +, CD10+ CD34-, CD38+, CD22+, CD5 partial dim +, CD9+, CD58+, HLA-DR+, TdT partial +
CNS	CNS1 (1 WBC, 42 RBC)	CNS3 (10 WBC, 208 RBC)
Cytogenetics	47,XX,+r[7]/47,XX,add(12)(p11.2),+mar[ 7]/46,XX[6] FISH: E2A rearrangement in 85% nuclei and 1 copy of EVT6 in 98% cells	46,XX,del(6)(q13q23),dic(7;9)(p11.2;p11.2),+ mar[8]/46,XX[13] FISH: Deletion of <i>CDKN2A</i> (9p21) in 29% of the nuclei
Constitutional genotype at diagnosis		De novo chromosomal mosaicism for a supernumerary small ring chromosome that originated from chromosome 1 (SRC1)
WGS/RNAseq somatic alterations	SETDB1 (p.L1543R), ARID1A (p.Q1835fs*46) SMARCA4 (p.R978fs*1) <b>MEF2D/BCL9 fusion</b> MEF2D RNA subtype	GNB1 (p.180N) <b>MEF2D/ARNT fusion</b> MEF2D RNA sublype
WGS/RNAseq germline alterations	Tandem-duplication (chr1:120,163,074-157,714,717)	Tandem-duplication (chr1:120,163,074-157,714,717)

### Figure 1: PCR-gel validation of *MEF2D* translocations and SRC1.





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