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

Prognostic Impact of TP53 Mutation in Adult Acute Lymphoblastic Leukemia Treated with Pediatric-Inspired Regimen

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Abstract

Background: TP53 is one of the most extensively studied genes in human cancer. However, the prognostic impact of TP53 mutations (TP53mut) in adult acute lymphoblastic leukemia (ALL) remained debatable, especially in those treated with pediatricinspired regimen. Herein, we determined the characteristic of TP53mut in adult acute ALL patients and investigated the clinical significance of these TP53mut in newly diagnosed ALL.

Patients and Methods: We performed TP53 mutation analysis in 283 adult ALL patients (B-ALL n=227; T-ALL n=56) including 57 diagnose-relapse pairs using targeted next-generation sequencing (NGS). TP53 mutations were analyzed for their association with adult ALL enrolled in pediatric-inspired regimen evaluating clinical characteristics and treatment outcomes. **Results:** A total of 35 TP53mut sites were detected in 31 diagnosed samples among 283 diagnosed patients and 17 among 57 paired diagnose-relapse samples, with a significant difference (11.0% vs 29.8%; c2=13.9, P<0.001). The major variant was missense mutation (n=32), followed by frameshift (n=11), nonsense mutation (n=4), in-frame (n=3), and splicing mutation (n=2). In paired diagnose-relapse samples, we identified acquired and/or loss of TP53mut in the samples at the time of relapse. In 283 newly diagnosed patients, patients with TP53mut had a higher proportion of the older population, complex karyotype, and MRD positivity before consolidation therapy (P=0.023, 0.002, 0.024). Survival analysis revealed that TP53mut was associated with inferior outcomes in the whole cohort of newly diagnosed ALL (4-year OS rates, 43.6% vs 63.6%, P=0.0086; 4-year EFS rates, 30.4% vs 52.2%, P=0.0056). Additional survival analysis showed that TP53mut did not confer poor outcomes in the AYA population (4-year OS rates, 60.6% vs 68.1%, P=0.55; 4-year EFS rates, 52.5% vs 55.5%, P=0.57). For the older patients, however, TP53mut predicted inferior OS and EFS in older patients (4-year OS rates, 18.2% vs 46.2%, P=0.0033; 4-year EFS rates, 0 vs 39.6%, P=0.0028).

Conclusion: Our data revealed that TP53mut was present at a low incidence at diagnosis and increase at relapse. TP53mut were potential biomarkers associated with poor prognosis in older patients with newly diagnosed ALL treated with pediatric-inspired regimen.

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Key words TP53; Acute lymphoblastic leukemia; Pediatric-inspired regimen; Next-generation sequencing; Prognosis

Disclosures No relevant conflicts of interest to declare.

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Characteristic	7253vet (a=252)	7753mat (u=31)	P
Aprovend			
- 40	299	19	0.025
2-40	82	12	
Gender			0.942
Male	144		
Tamaka	304	13	
WIC: XIPL Industry()	34.9 (0.4 275.7)	15.2 (8.6-222.0)	0.336
DGB, g1. (molectrospi)	80-228-2712	7103.040	0.430
PLT. ×10*1. (mehanismpi)	64-06-534[62(6-236)	0.257
LDB. ETL (molestreps)	449.5 (90-9695)	449 (130-13979)	0.774
RM blast (%) [mollion(range)]	94.2 (90.1 07.1)	99.4 (93.2-96.8)	0.625
Phoneppe			0.588
B-ALL		24	
T-MLL	51		
Complex karporppe			0.002
Ym	29	н	
So .	134	18	
Translagation			0.441
Neptite	548	17	
Positive	104	10	
webs	104	17	0.755
215	546	19	
< 1%			
web2			0.583
2015	N	58	
-0.2%	175	14	
web3			0.804
20015	72	15	
+0.00%	1997	14	
Relaport			0.050
Yes	15	н	
**	947	15	
Final survival status			0.051
Aller	174	14	
200			



Figure 2: Kaplan-Meier overall survival (OS) and event-free survival (EFS) curves of ALL patients, stratified based on the presence of mutations in TPS3. (A) In the whole cohort of ALL (n = 283); (B) In older ALL subset (n=64); (C) In AYA subset (n=219).





Figure 1

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