



The 65th ASH Annual Meeting Abstracts

ORAL ABSTRACTS

641. CHRONIC LYMPHOCYTIC LEUKEMIAS: BASIC AND TRANSLATIONAL

Loss of DDX3X Function Promotes CLL Progression By Facilitating NOTCH1 mRNA Translation

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A variety of driver genes are present in chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL), and those with high mutation frequencies include *SF3B1*, *NOTCH1*, and *TP53*, which are involved in the development of CLL/SLL and are associated with poor prognosis. The biological significance of some driver genes, such as *DDX3X*, has not yet been elucidated. *DDX3X* is located on the X chromosome. As one of the members of the DEAD-box helicase family, it is expressed ubiquitously in human tissues and participates in many biological processes. Here, we described the mapping of the *DDX3X* abnormalities and demonstrated its clinical significance in CLL/SLL. We also explored the effect and mechanism of *DDX3X* dysregulation on tumorigenesis and development of CLL by in vitro experiments.

To examine the mutational landscape of *DDX3X*, we performed next-generation sequencing on 402 CLL/SLL patients, and 17 patients (4.2%) had *DDX3X* mutations. Six patients were frameshift mutations and 2 were nonsense mutation, which caused truncation of *DDX3X*. Among the 7 cases of missense mutations, 4 cases involved the ATP-binding or C-terminal domain, which may affect the function of *DDX3X*. The remaining two cases are deletion mutation and splicing mutation. Next, we evaluated the clinical significance and prognostic role of *DDX3X* mutation. The patients with *DDX3X* mutations are mostly male (94.1% vs 66.5%, $P=0.017$), and had more adverse prognostic indicators: unmutated *IGHV* (88.2% vs 48.6%, $P=0.002$), 17p deletion (42.9% vs 11.4%, $P=0.041$), and 11q deletion (46.7% vs 15.7%, $P=0.006$). *DDX3X* mutation was an independent risk factor for disease specific survival of CLL/SLL in the competing-risk regression. Also, we found all (14/14) the mutated patients and 15.2% (5/33) of the non-mutated patients had low expression of *DDX3X* in bone marrow samples by immunohistochemistry. Overall, these results indicate that dysregulation of *DDX3X* are common in CLL/SLL and may contribute to its progression. To delineate the functional consequences of *DDX3X* loss in CLL, we used CRISPR/cas9 system to construct stable *DDX3X* knockout (*DDX3X*-KO) MEC-1 and JVM-3 cells. *DDX3X*-KO cells showed significantly increased proliferation and reduced spontaneous apoptosis compared to vector control. Additionally, *DDX3X*-KO cells showed higher rates of cell viability and reduced apoptosis after treatment of ibrutinib or venetoclax. We further found that *DDX3X*-KO cells had higher expression level of phosphorylated BTK and MCL-1, which may explain the resistance to ibrutinib and venetoclax, respectively. Moreover, *DDX3X*-KO cells showed increased expression level of CXCR4 and enhanced chemotaxis in response to CXCL-12. In summary, loss of *DDX3X* function promotes progression of CLL by mediating more invasive biological behaviors of CLL cells.

To evaluate the mechanisms by which *DDX3X* deletion affects CLL, we detected key signaling pathways in the tumorigenesis and development of CLL in *DDX3X*-KO and control cells. We found increased expression of *NOTCH1* and its downstream target proteins in *DDX3X*-KO cells (Figure 1), indicating that loss of *DDX3X* activated the *NOTCH1* pathway. Considering that *DDX3X* is an RNA-binding protein and mainly regulates translation, we speculated that *DDX3X* may regulate the translation of *NOTCH1*. We performed RNA binding protein immunoprecipitation assay and found that *DDX3X* directly interacted with *NOTCH1* mRNA (Figure 2A, B). Dual-luciferase reporter assay showed enhanced activity of *NOTCH1* 5' UTR in *DDX3X*-KO cells (Figure 2C), further suggesting that *DDX3X* may regulate translation of *NOTCH1* mRNA through binding to the 5' UTR. Finally, polysome profiling demonstrated that *DDX3X* knockout resulted in increased *NOTCH1* mRNAs in polysome fractions (Figure 2D), confirming that loss of *DDX3X* function facilitates *NOTCH1* mRNA translation.

In conclusion, *DDX3X* abnormalities are common in CLL and associated with poor prognosis. *DDX3X* dysregulation is involved in the progression of CLL by facilitating *NOTCH1* mRNA translation through binding to the 5' UTR.

Disclosures No relevant conflicts of interest to declare.

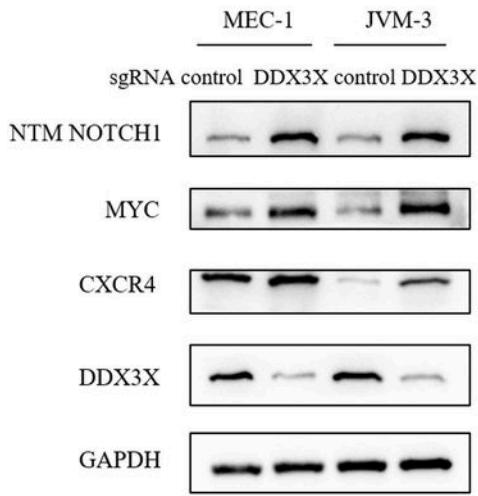


Figure 1. DDX3X suppresses the expression of NOTCH1 protein

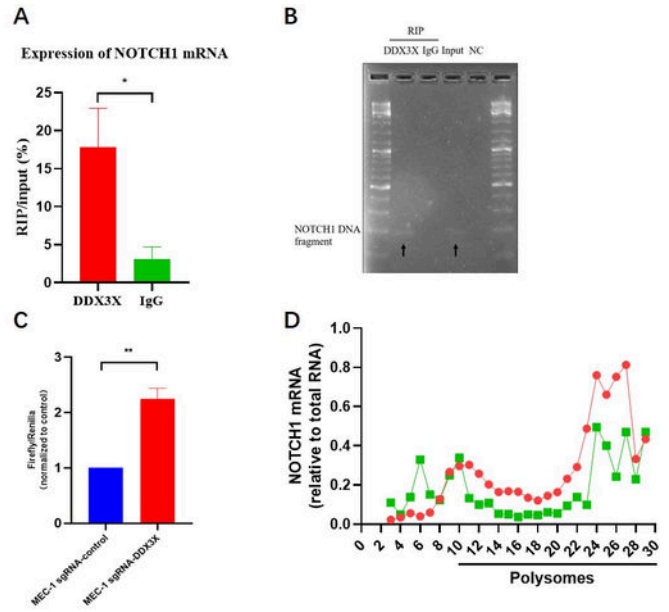


Figure 2. DDX3X interacts *NOTCH1* mRNA and inhibits *NOTCH1* mRNA translation

Figure 1

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