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Unraveling new markers for prediction of KMT2A (MLL) rearrangements

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INTRODUCTION

Chromosomal rearrangements involving the human *MLL/KMT2A* gene are recurrently associated with the disease phenotype of acute leukemia. The presence of distinct *MLL* rearrangements (*MLL-r*) is an independent dismal prognostic factor. The identification of *MLL-r* is routinely based on two main strategies: split-signal fluorescence in situ hybridization (FISH) and RT-PCR. Recently, we stablished a custom NGS panel for the detection of *MLL-r* at nucleotide level. This allowed us to identify a novel breakpoint cluster region within *MLL*, recurrently fused with *USP2* gene. Considering that *MLL-USP2* fusions are generated by a 0.8 Kb inversion within 11q23, we demonstrated that FISH screening fails to detect this alteration in most of the patients. Therefore, immunophenotyping could be an important method for fast screening of *MLL-r*. Although NG2 marker has been associated with *MLL-r*, it has a varying amount of false negative results. Here we evaluate the transcriptome of acute leukemia samples to analyze differential expression and unravel an appropriate marker for diagnostic routine prediction of *MLL-r*.

Table 1. Top upregulated genes in both B-ALL and AML.

			B-ALL						AML					
#a	Genes	Cellular component ^b	Counts	LFC	LFC SE	Statistic ^c	P-value ^c	Adj P-value ^c	Counts	LFC	LFC SE	Statistic ^b	P-value ^c Ad	j P-value ^c
1	SKIDA1	Cytosol and nucleus	99	3.27	0.61	4.98	6.4E-07	1.6E-04	1233	2.11	0.30	6.84	8.0E-12	1.8E-09
2	NMUR1	Plasma membrane	58	2.64	0.62	4.02	5.8E-05	4.3E-03	767	1.83	0.30	5.89	3.8E-09	3.9E-07
3	VAT1L	Cytosol	2016	3.41	0.70	3.65	2.7E-04	1.2E-02	632	1.69	0.34	5.86	4.5E-09	4.5E-07
4	ADCY9	Plasma membrane; cytosol	3071	1.24	0.40	3.08	2.1E-03	4.9E-02	5100	1.75	0.27	6.32	2.6E-10	3.7E-08
5	MRPL33	Mitochondrion	3755	1.16	0.37	3.13	1.7E-03	4.4E-02	11863	1.05	0.18	5.95	2.7E-09	2.9E-07
6	LINC00092	NA	72	3.55	0.69	4.09	4.3E-05	3.4E-03	49	1.60	0.29	5.34	9.2E-08	5.6E-06
7	NUDT7	Peroxisome and cytosol	224	1.72	0.50	3.41	6.6E-04	2.3E-02	574	1.25	0.23	5.50	3.8E-08	2.7E-06
8	PQLC2	Lysosomal membrane	460	0.99	0.33	2.98	2.9E-03	6.1E-02	1672	1.20	0.19	6.17	6.8E-10	8.7E-08
9	ROPN1L	Cilium	58	3.59	0.58	5.93	3.0E-09	2.2E-06	425	1.07	0.22	4.93	8.2E-07	3.4E-05
10	GOLGA8N	Golgi apparatus	48	1.85	0.65	2.64	8.3E-03	1.2E-01	516	1.67	0.25	6.63	3.4E-11	6.2E-09
11	AP1S3	CVM and Golgi apparatus	361	1.56	0.52	2.93	3.4E-03	6.9E-02	641	1.12	0.21	5.26	1.4E-07	8.2E-06
12	TUBA8	Cytoskeleton	2401	1.73	0.55	3.08	2.1E-03	5.0E-02	511	1.02	0.21	4.96	7.2E-07	3.0E-05
13	CAPG	Flemming body and nucleus	4014	1.60	0.47	3.37	7.5E-04	2.5E-02	14058	1.15	0.25	4.59	4.5E-06	1.4E-04
14	PARP8	Intracellular	6685	2.14	0.49	4.31	1.6E-05	1.9E-03	12814	0.86	0.20	4.39	1.1E-05	3.0E-04
15	ITGA7	Plasma membrane	113	1.51	0.51	2.93	3.4E-03	6.9E-02	1550	1.33	0.29	4.54	5.6E-06	1.7E-04
16	CSPG4	Plasma membrane	677	3.91	0.70	4.07	4.7E-05	3.6E-03	1416	1.46	0.33	4.24	2.3E-05	5.2E-04





Figure 2. FISH limitation for the assessment of *MLL* status. (a) *MLL-USP2* fusions derive from a small inversion between *MLL* and *USP2*, which sometimes are not evidenced by FISH. However, (b)

^aUpregulated genes in the *MLL*-r (vs. *MLL* wild-type) group were classified based on lower p-value, and ranked for B-ALL and AML. The score calculation was performed by the sum of gene classification in both B-ALL and AML. The same weight was applied for both diseases. ^bCOMPARTMENTS - Subcellular localization database

دWald's test.

CVM, Cytoplasmic vesicle membrane; LFC, log2(fold change); LFC SE, log2(fold change) Standard Error; NA, not available.



deletion of *MLL 3*['] can also occur in *MLL-USP2* fusions, and the lack of one 3' probe (red) was observed (Meyer and Lopes et al. Leukemia 2019).



Figure 5. Expression of top 16 upregulated genes according to *MLL* status. Gene expression was assessed for (a) B-ALL, (b) AML, and (c) MPAL.



Figure 6. Expression of top 16 upregulated genes according to molecular subtypes of B-ALL.

METHODS

RESULTS

The TARGET database was used for the identification of a predictive marker for the *MLL-r*. Clinical and RNA-seq data of B-ALL, AML, and MPAL were retrieved from TARGET. The analyses were performed in R statistical environment. The discovery of a predictive marker for *MLL-r* in leukemia was based on differential expression analysis using DESeq. The analysis was performed in two cohorts – B-ALL (ALL Phase II) and AML – of TARGET project. After the determination of candidate genes for prediction of *MLL-r*, their transcript levels were compared among *MLL* status groups in B-ALL, AML, and MPAL. The molecular subtype of B-ALL was also evaluated.



A total of 128 B-ALL and 249 AML patients were included, and 52,625 genes were evaluated. A total of 100 and

62 genes were upregulated in B-ALL and AML, respectively [log2(fold-change) > 2, and P>0.01]. *SKIDA1* gene was the most significantly upregulated gene (P=6.4x10⁻⁷), while *CSPG4* (coding for NG2) was ranked the 16th position. Among those sixteen most upregulated genes, SKIDA1 also had the highest fold change difference in gene expression while considering both ALL and AML subtypes. In the next step of our analysis, we compared the expression of the top sixteen upregulated genes based on *MLL* status in three subtypes of acute leukemia. This analysis included MPAL, which presented high incidence of *MLL-USP2* fusions. The *CSPG4* presents good performance for estimating *MLL-r*, however, it was not so accurate for discriminating such alterations in patients diagnosed with B-ALL (P=0.058), AML (P=1.8x10⁻⁷), and MPAL (P=1.0x10⁻⁵) as compared to *SKIDA1* (P=0.007, 1.9x10⁻¹¹, and 8.0x10⁻⁶, respectively).



Although we have established a customized NGS assay for the detection of *MLL-r* in acute leukemia, this approach is not available for all laboratories working with leukemia diagnosis. Therefore, the frequency estimation of the main *MLL* partner genes, as well as the development of cheaper and more feasible tools for the determination of *MLL-r* is important for many labs worldwide. Here, we evaluated which flow cytometry marker would be the most appropriate for the diagnosis of *MLL-r*, revealing that SKIDA1 could be applied for the identification of *MLL-r* in different types of acute leukemia.



