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BACKGROUND

CD44 is an adhesion glycoprotein widely expressed in hematopoietic cells. As a hematopoietic stem cell (HSC) marker, CD44 assists the homing and anchorage of HSC to their niche. In T-cell development, the loss of CD44 expression marks the commitment to the T-cell fate and it is 1E1 1E2 1E3 1E4 1E5 suggested that CD44 directs precursors from the bone marrow to the 1Ê1 1Ê2 1Ê3 1Ê4 1 thymus. CD44 was identified as a target of the RAS pathway, as well as a direct NOTCH1 transcriptional target. In murine models, CD44 expression was associated with tumor progression, organ infiltration and influencing survival. In human T-cell acute lymphoblastic leukemia (T-ALL), the relevance of CD44 is still unknown. In early T-cell precursor-ALL (ETP-ALL) the transcriptional profile was similar to minimally differentiated acute myeloid leukemia (AML). In AML, expression of 101 102 103 104 105 161 162 163 164 165 CD44 variant proteins has been associated with poor prognosis. We have investigated the cellular expression of CD44 in pediatric T-ALL and AML in The Fisher's exact test or chi-square test were used to evaluate the order to identify its association with leukemia maturational subtypes and with mutations in RAS and NOTCH1 pathways.

MATERIAL AND METHODS



-cell Acute Lymphoid Leukemia and Acute Myeloid Leukemia cases. MLPA – Multiplex Ligation Probe Amplification

CD44 EXPRESSION IN T CELL ACUTE LYMPHOBLASTIC LEUKEMIA AND ACUTE MYELOID LEUKEMIA AND ITS ASSOCIATION WITH RAS AND NOTCH1 PATHWAYS



distribution of categorical variables, whereas Mann-Whitney (two groups) or Kruskal Wallis (more than two groups) tests were used to evaluate the distribution of non parametric continuous variables. t-test and one-way ANOVA were used for parametric variables. p values of < 0.05 were considered statistically significant.

RESULTS

There was no association between variation of CD44 expression and T-ALL clinical findings; AML have a higher CD44 expression (MFI:105.8) than T-ALL (MFI:42.5), and ETP-ALL, p<0.0001 (Figure 3). T-ALL cases with a more immature phenotype (ETP and pre-T subtypes) had a lower CD44 expression (MFI:29.6) than the more mature subtypes (cortical and mature T) (MFI:57.7) (p=0.01) (Figure 4). AML with CD7 positivity had a lower CD44 expression (MFI:28.2) than AML CD7^{neg} (MFI:175.5) (p=0.03) (Figure 5). The frequency of genetic alterations in T-ALL cases was 47.2% *NOTCH1^{mut}*, 17.9% *FBXW7^{mut}*, 12.4% *N/KRAS^{mut}*, 6.1% $NUP214-ABL1^{amp}$, 16.2% $PTEN^{del}$, 7.1% $NF1^{del}$ and 3% $PTPN2^{del}$.

NOTCH1/FRXW7 mutations (mut n = 61: WT n = 42: n = 0.2). N/KRAS mutations (mut n = 12: WT n = 90: p = 0.5), PTEN deletion (del n = 16; WT n = 80; p = 0.9), NUP214-ABL1 amplifications (amp n = 5; WT n = 91; p = 0.7), NF1 deletions (del n = 7; WT n = 89; p = 0.1) and PTPN2 deletions (del n = 3; WT n = 93; p = 0.9) (Mann Whitney). Box Plot with horizontal lines representing the minimum, maximum, quartiles and median CD44 Median Fluorescence Intensity (MFI) values.

Cases with low CD44 expression were more frequently NOTCH1/FBXW7^{mut}, than cases with high CD44 expression (p = 0.01) (Table 1). There was no significant difference in CD44 expression between N/KRAS^{mut} and N/KRAS^{WT}, and in PTEN^{del}, NUP214-ABL1^{amp}, NF1^{del} and *PTPN2^{del}* (Figure 6). In AML, there was also no significant difference in CD44 expression between *N/KRAS^{mut}* (MFI:161.9) and *N/KRAS^{WT}* (MFI:175.5) (Figure 7).

ession in immature subtypes (ETP and pre-T-ALL) and prtical T and mature T-ALL). ETP/T-II. n = 38: T-III/T-IV. n = 73. p = 0.01 (Mann Whitney). Box Plot with horizontal lines representing the ntensity (MFI) values. ETP – Early T cell Precursor: T-II – pre-T: T-III – cortical T: T-IV – mature T. * p = 0.01



igure 5: CD44 expression in AML cases with or without CD7 positi AML CD7+, n = 12; AML CD7-, n = 35. p = 0.03 (Mann Whitney). Box Plo with horizontal lines representing the minimum, maximum, quartiles ar median CD44 Median Fluorescence Intensity (MFI) values. AML – Acut Myeloid Leukemia ** p = 0.005







Table 1: Genetic alterations in T-ALL according to CD44 expression

	_	CD44 MFI		
	Total	High	Low	р
NOTCH1/FBXW7				
Mutated	61 (33.7%)	5 (8.2%)	56 (91.8%)	0.01
WT	42 (66.3%)	12 (28.6%)	30 (71.4%)	
N/KRAS				
Mutated	12 (11.8%)	1 (8.3%)	11 (91.7%)	0.69
WT	90 (88.2%)	16 (17.8%)	74 (82.2%)	
NUP214-ABL1				
Amplification	5 (5.2%)	1 (20%)	4 (80%)	1
WT	91 (94.8%)	15 (16.5%)	76 (83.5%)	
PTEN				
Deletion	16 (16.7%)	2 (12.5%)	14 (87.5%)	1
WT	80 (83.3%)	14 (17.5%)	66 (82.5%)	
NF1				
Deletion	7 (7.3%)	0 (0%)	7 (100%)	0.6
WT	89 (92.7%)	16 (18%)	73 (82%)	
PTPN2				
Deletion	3 (3.1 %)	1 (33.3%)	2 (66.7%)	0.43
WT	93 (96.9%)	15 (16.1%)	78 (83.9%)	
Total	103	17 (16.5%)	86 (83.5%)	



: CD44 expression in AML cases with or without N/KRAS mutations (mut n = 8; WT n = 29; p = 0.8) (Mann Whitney). Box Plot with horizontal lines representing the minimum, maximum, guartiles and median CD44 Median Fluorescence Intensity (MFI) values, AML

CONCLUSION

CD44 is under expressed in T-ALL when compared with AML. *N/KRAS* mutations, deletions in PTEN, NF1 and PTPN2 and amplification of NUP214-ABL1 do not seem be associated with different expression of CD44 in pediatric T-ALL. Cases with *NOTCH1/FBXW7* mutations had a lower expression of CD44.

Projeto Gráfico: Serviço de Edição e Informação Técnico-Científica / INCA