

TET2 Mutation in cellular reprogramming and hematopoietic differentiation

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1. PROGRAMA DE CARCINOGENÊSE MOLECULAR - INSTITUTO NACIONAL DE CÂNCER (INCA), RIO DE JANEIRO - RJ - BRAZIL; 2. CENTRO DE TRANSPLANTE DE MEDULA ÓSSEA (CEMO), INCA, RIO DE JANEIRO - RJ - BRAZIL; 3. HOSPITAL UNIVERSITÁRIO PEDRO ERNESTO, UERJ, RIO DE JANEIRO - RJ - BRAZIL; 4. HOSPITAL UNIVERSITÁRIO ANTÔNIO PEDRO, UFF, RIO DE JANEIRO - RJ - BRAZIL; 5. VICE PRESIDÊNCIA DE PESQUISA E COLEÇÕES BIOLÓGICAS, FIOCRUZ, RIO DE JANEIRO - RJ - BRAZIL.

INTRODUCTION

Primary myelofibrosis (PMF) is characterized by an increased myeloproliferation and bone marrow fibrosis. In PMF, driver somatic mutations occur in *JAK2*, *MPL* or *CALR* genes and mutations in epigenetic regulators as *TET2* and *ASXL1* that could leave to loss-of-function were frequently identified in PMF patients. In this context, induced pluripotent stem (iPS) cells could be used to recapitulate in vitro the disease phenotype, to study clonal heterogeneity and drug efficacy. The main goal of this work was to assess the impact of somatic mutations in *CALR* and *TET2* in both cellular reprogramming and hematopoietic differentiation using the iPS cells.

MATERIAL AND METHODS

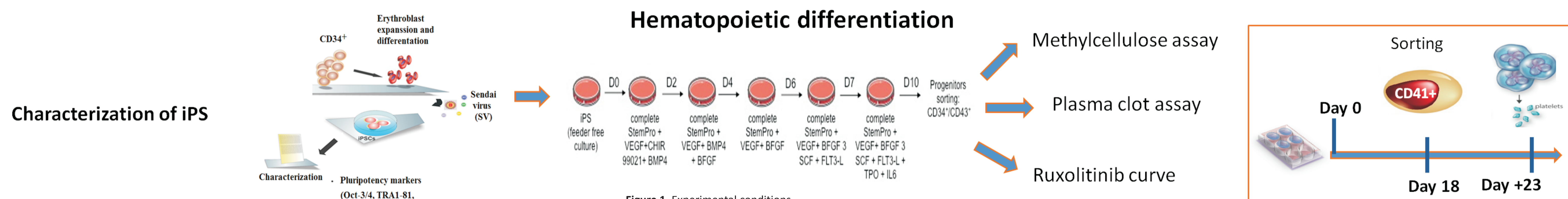
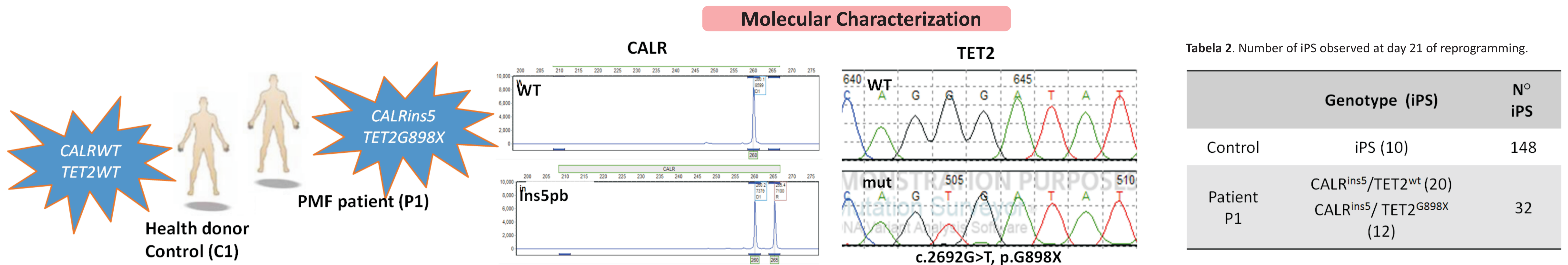


Figure 1. Experimental conditions

RESULTS



The pluripotency status of iPS

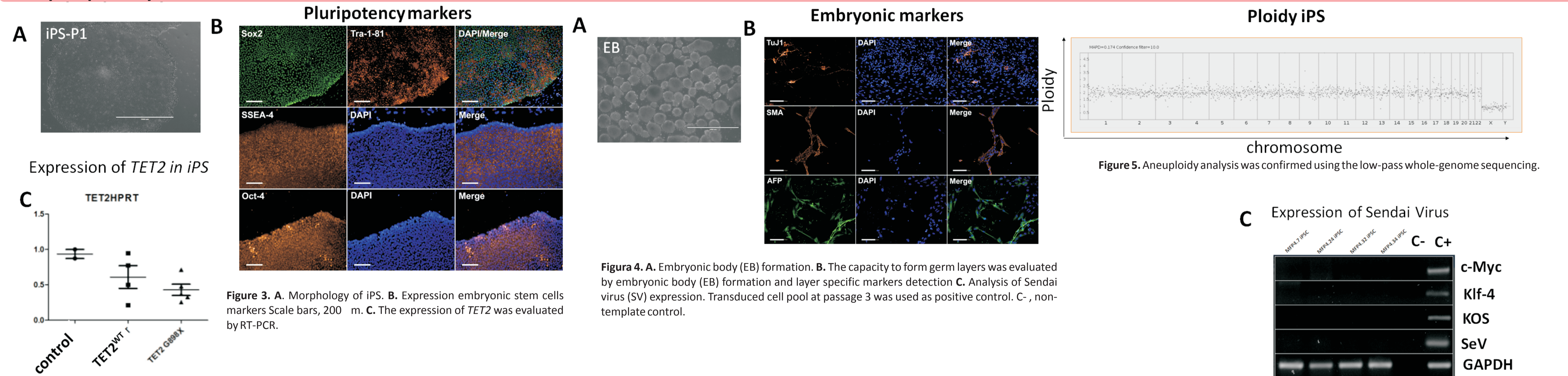


Figure 4. A. Embryonic body (EB) formation. B. The capacity to form germ layers was evaluated by embryonic body (EB) formation and layer specific markers detection. C. Analysis of Sendai virus (SV) expression. Transduced cell pool at passage 3 was used as positive control. C-, non-template control.

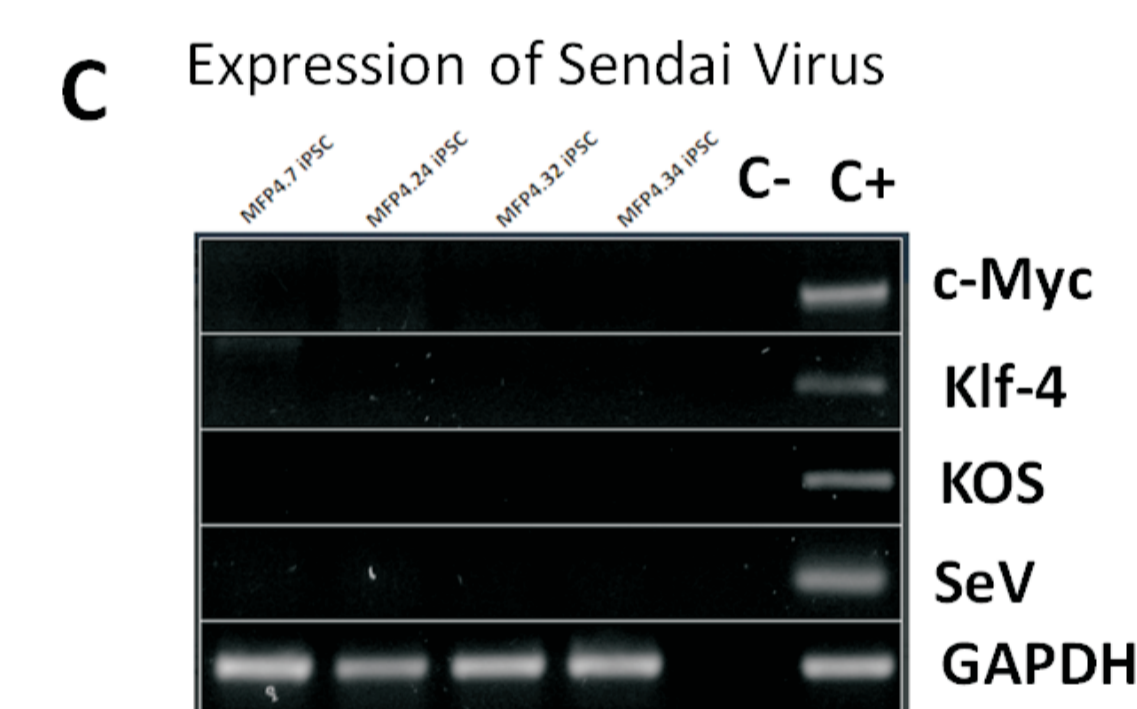


Figure 5. Aneuploidy analysis was confirmed using the low-pass whole-genome sequencing.

Hematopoietic differentiation

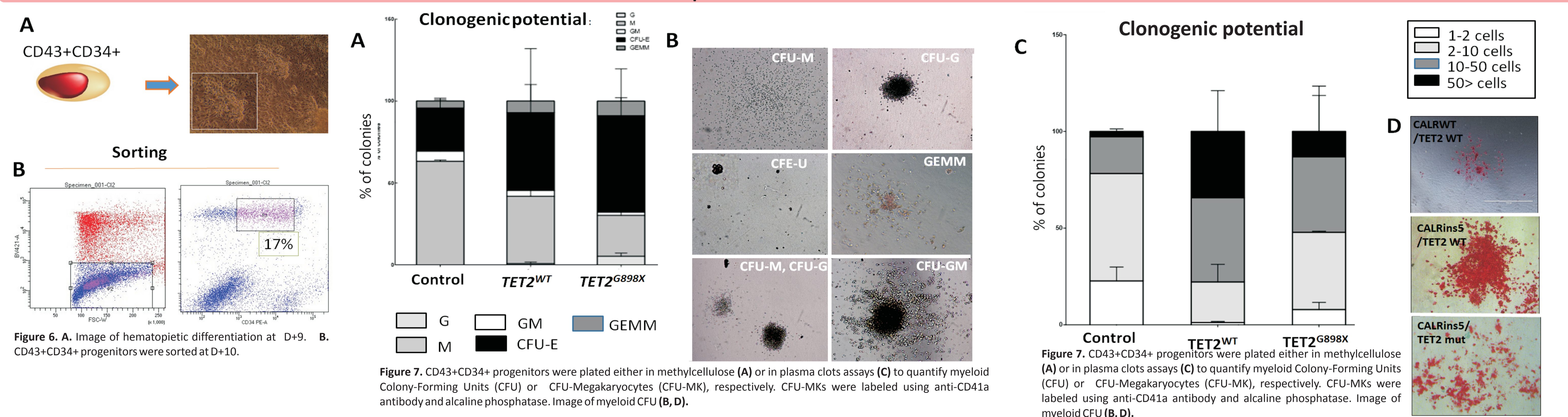


Figure 6. A. Image of hematopoietic differentiation at D+9. B. CD43+CD34+ progenitors were sorted at D+10. C. CD43+CD34+ progenitors were plated either in methylcellulose (A) or in plasma clots assays (C) to quantify myeloid Colony-Forming Units (CFU) or CFU-Megakaryocytes (CFU-MK), respectively. CFU-MKs were labeled using anti-CD41a antibody and alkaline phosphatase. Image of myeloid CFU (B, D).

Figure 7. CD43+CD34+ progenitors were plated either in methylcellulose (A) or in plasma clots assays (C) to quantify myeloid Colony-Forming Units (CFU) or CFU-Megakaryocytes (CFU-MK), respectively. CFU-MKs were labeled using anti-CD41a antibody and alkaline phosphatase. Image of myeloid CFU (B, D).

Pro-platelets formation

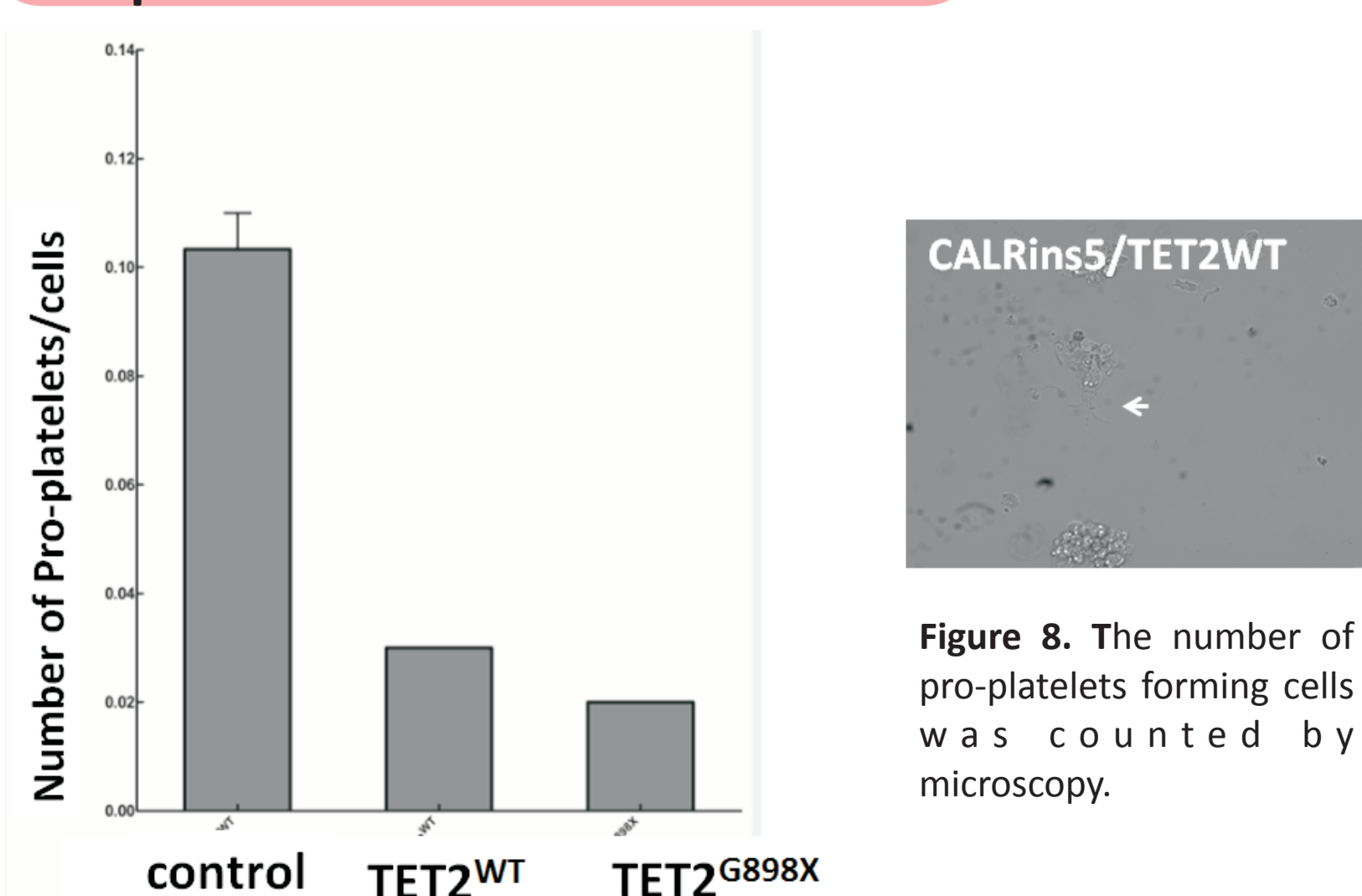
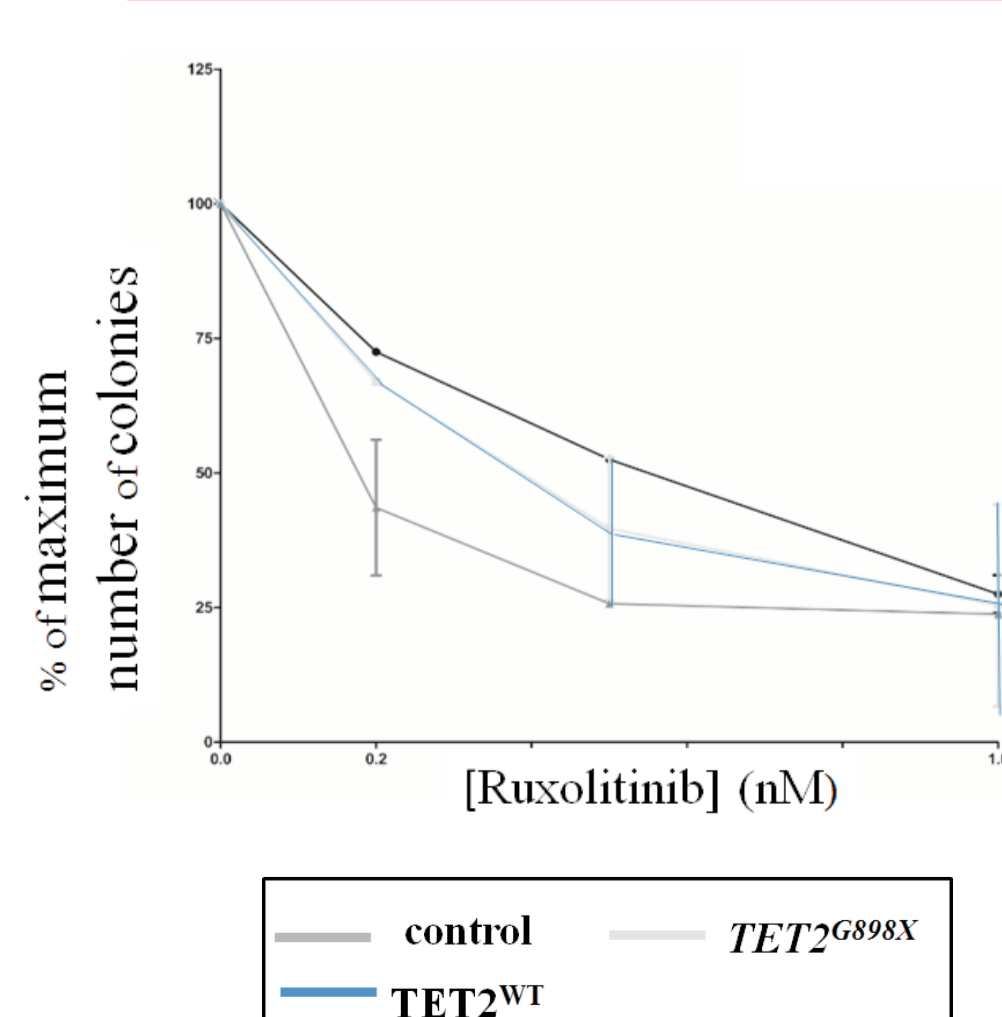


Figure 8. The number of pro-platelets forming cells was counted by microscopy.

Ruxolitinibe



CONCLUSION

Our results suggests that the mutation in *TET2*^{G898X} did not seem to impair cellular reprogramming, since iPS cells harboring these mutation display all the features of bona fide iPS and that mutation in *CALR*^{ins5} seem to impact hematopoietic differentiation of iPS cells. Finally, we observed by plasma clot assays that clone iPS CALRins5/TET2mut resulted more sensitive to Ruxolitinibe vs C1, suggesting a dependence on JAK/STAT signaling. These results could help to understand the role of the described mutations in the pathophysiology of PMF.

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