

NQO1, GSTM1 AND GSTT1 POLYMORPHISMS ARE ASSOCIATED WITH CHILDHOOD ACUTE MYELOID LEUKEMIA SUBTYPES AND TYPE I MUTATIONS

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BACKGROUND

Childhood Acute Myeloid Leukemia (c-AML) is a quite heterogeneous disease, regarding its morphology, immunophenotypes, cytogenetics and molecular features. In Brazil, age-adjusted incidence rates range from 13.3 to 24.5 cases per million, which is above the incidence rates in high-income countries. Genetic syndromes are responsible for <10% of c-AML cases and several studies have attempted to unravel environmental causative factors for the disease. Once polymorphic variations in genes that influence the way each individual handles environmental exposures can contribute for a higher attributable risk for cancer, genetic susceptibility has emerged as a low penetrance risk factor for c-AML (Figure 1). For instance, benzene is a environmental pollutant, associated to AML, which is metabolized in humans in cascade, by several enzymes, including CYP2E1, and epoxide hydrolase (EPHX1) which produce more reactive metabolites, and NAD(P)H quinone dehydrogenase 1 (NQO1) and glutathione S-transferases (GSTs), that act as detoxifiers (Figure 2). Therefore, genetic polymorphisms that interfere with those enzymatic functions can contribute to accumulation of reactive metabolites potentially harmful to DNA.

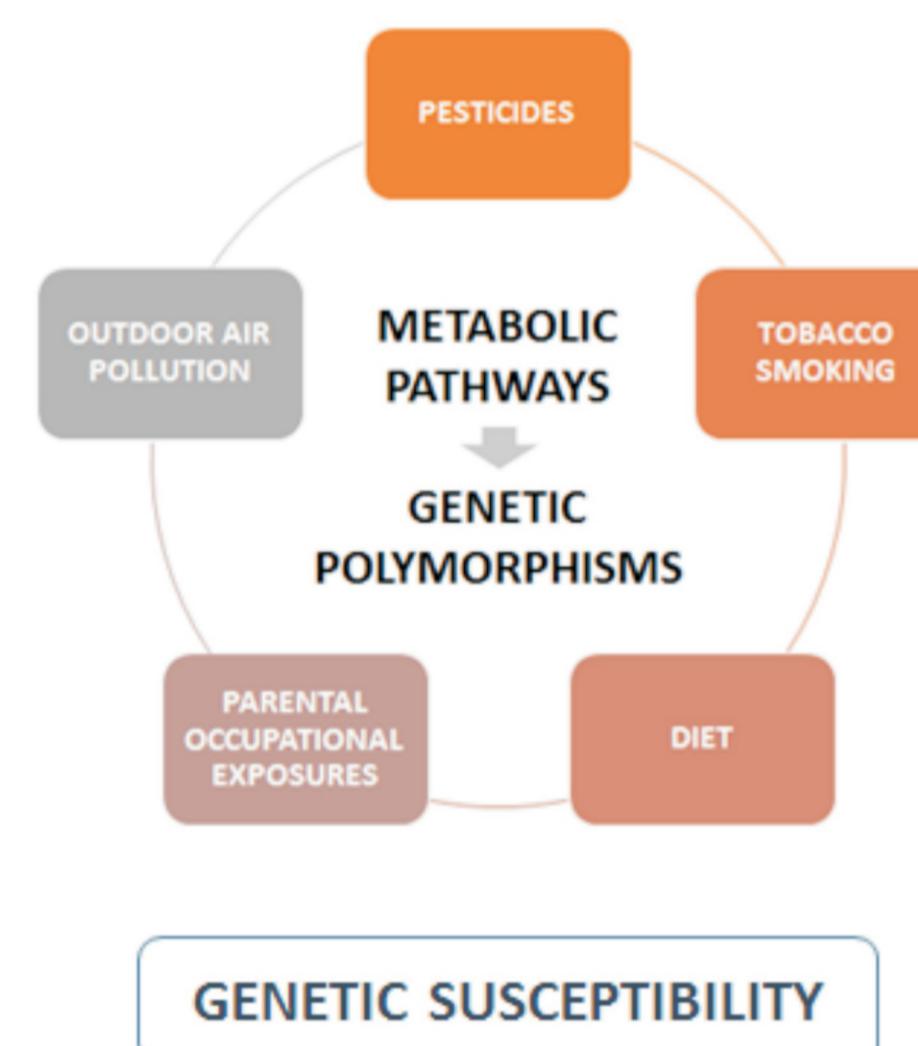


Figure 1. Gene-environment interactions. Environmental xenobiotics, in general, undergo metabolic pathways within human tissues driven by several enzymes, which are highly polymorphic. Those variations confer differences in genetic susceptibility to toxicants among individuals.

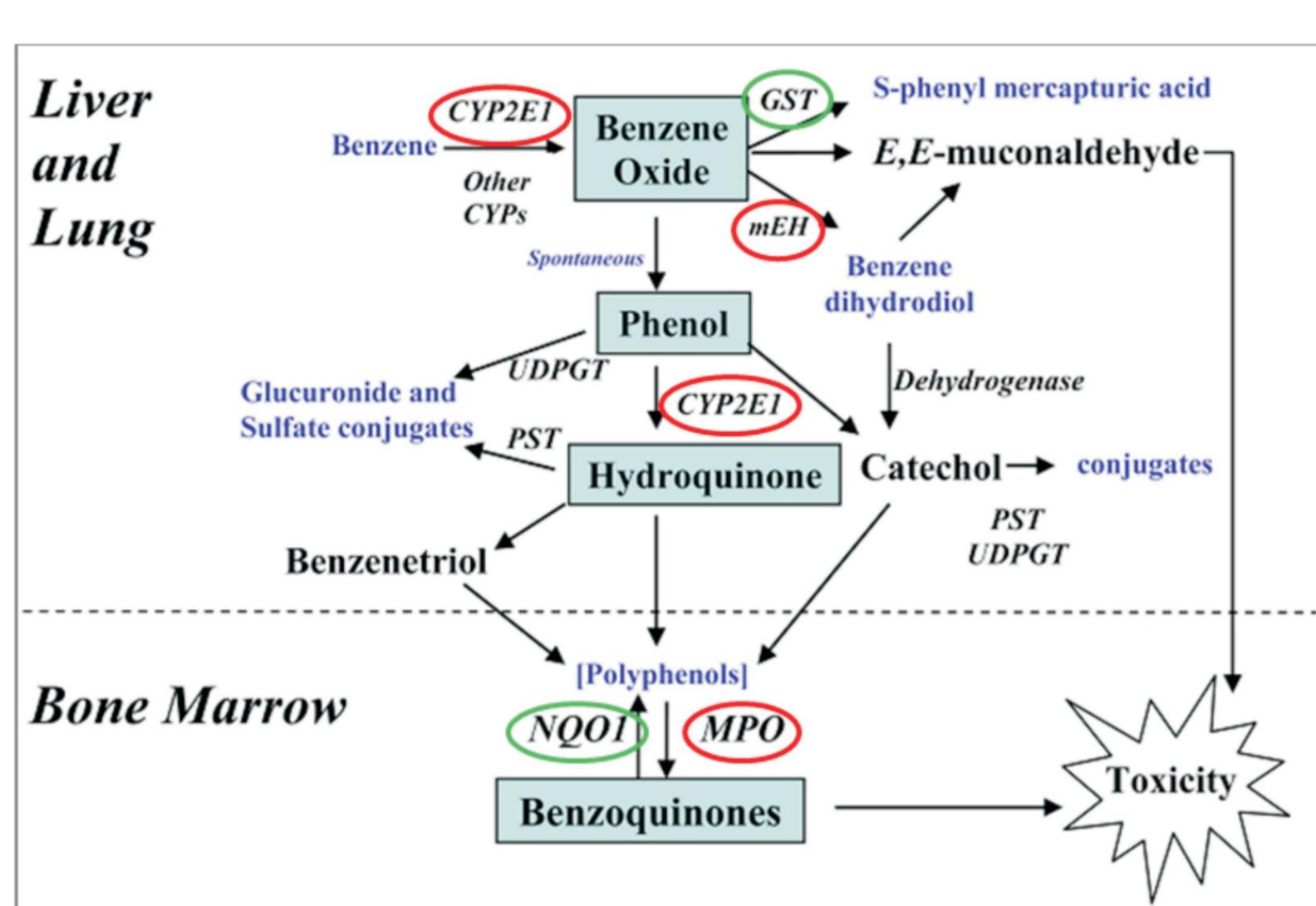


Figure 2. Metabolism of benzene to toxic metabolites. Benzene oxide, the benzoquinones, muconaldehydes, and benzene diol epoxides are electrophiles that readily react with peptides and proteins. Red circles: enzymes that produce more reactive metabolites. Green circles: detoxifying enzymes. CYP2E1, cytochrome P450 2E1; GST, glutathione S-transferases; mEH, epoxide hydrolase 1; MPO, myeloperoxidase; NQO1, NAD(P)H quinone dehydrogenase 1; 1A1, UDPGT, UDP glucuronosyltransferase 1A1. (SMITH et al, 2011 adapted).

AIMS

In an attempt to identify causative factors underlying the unique epidemiological features of c-AML in Brazil, and considering the lack of information about genetic susceptibility in c-AML, we conducted a case-control study in order to investigate: (1) whether xenobiotic genetic polymorphisms - CYP2E1 rs3813867, EPHX1 rs1051740, rs2234922, NQO1 rs1800566 and GSTM1/GSTT1 deletions - are associated with c-AML risk; and (2) if any association with recurrent genetic abnormalities would discriminate the differences in frequencies of c-AML subtypes in Brazil.

MATERIAL AND METHODS

Study design is schematized in Figure 3. Hardy-Weinberg equilibrium (HWE) was calculated for controls, comparing observed with expected genotype frequencies. Statistical analysis were performed to estimate odds ratio (OR), age-adjusted OR (adjOR), and 95% confidence interval (95%CI), with chi-square tests, considering P-value < 0.05 as statistically significant. This study was approved by The Ethics and Scientific Committee of Instituto Nacional de Câncer (CEP #186.688), as well as by the Ethics committee of all collaborating Brazilian institutions.

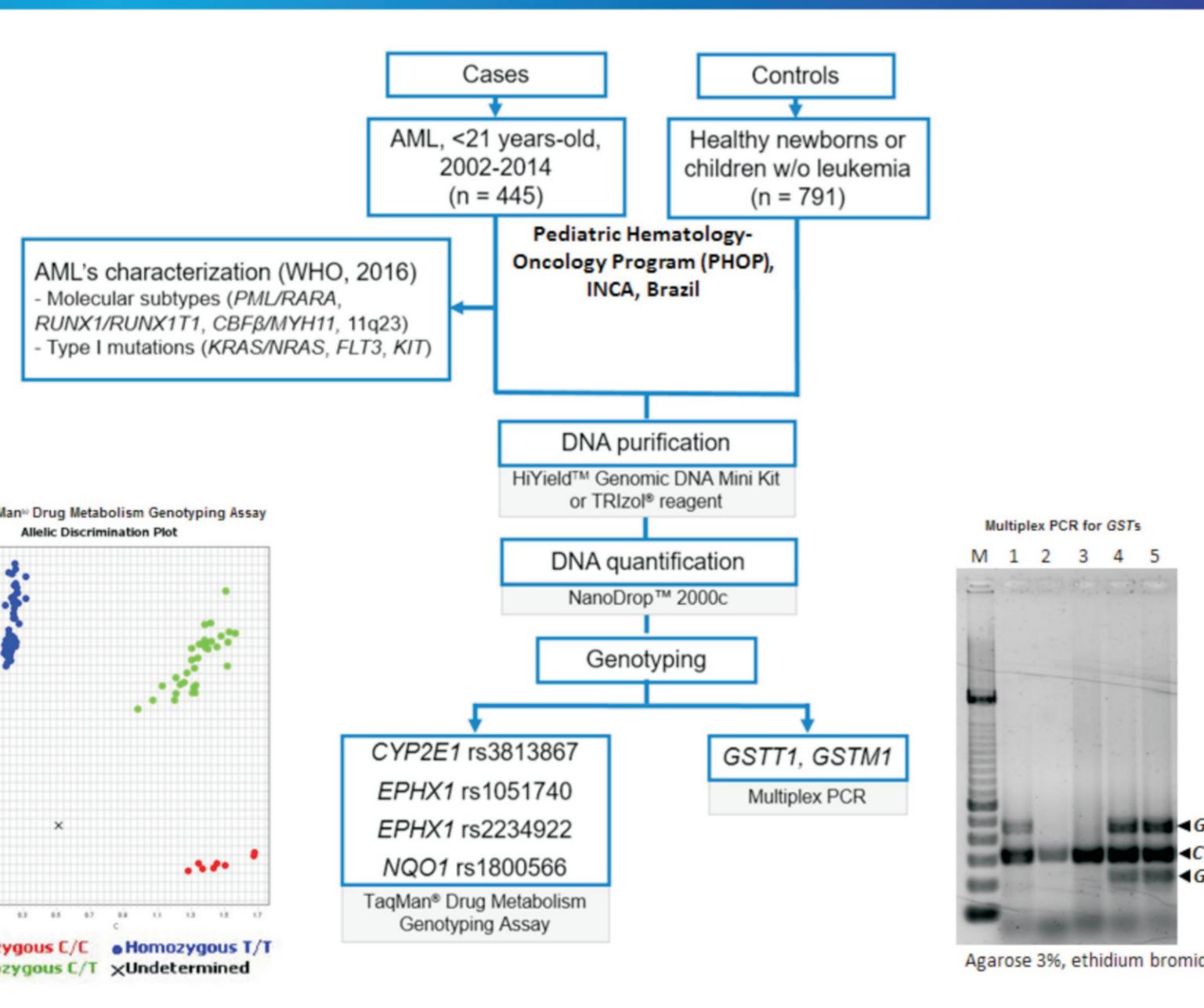


Figure 3. Study design. AML, acute myeloid leukemia.

RESULTS

The majority of cases were 2 to 10 years-old (40.9%), males (56.2%) and non-whites (54.2%). Cases and controls were compared in relation to demographic variables and genotype frequencies. There were no statistical differences between AML and controls in relation to gender ($P = 0.680$) or ethnicity ($P = 0.617$), but differed in age groups ($P < 0.001$) (Table 1). Concerning AML subtypes, APL was the most frequent subtype (Figure 4). Somatic mutations in *FLT3* (24.1%), *NRAS* (12.5%), *KRAS* (5.8%) and *KIT* (7.3%) were observed. All the genetic polymorphisms were in accordance with Hardy-Weinberg equilibrium, and we observed that genotype frequencies of *EPHX1* rs1051740 were specific to non-whites (OR 1.69, 95%CI 1.17-2.45, $P = 0.005$), males (OR 1.52, 95%CI 1.05-2.19, $P = 0.025$) and AML \geq 2 - 10 years (OR 1.47, 95%CI 1.03-2.09, $P = 0.033$), under dominant model. *EPHX1* rs1051740, *NQO1* rs1800566 and GST null genotypes were significantly associated with some specific c-AML subtypes and somatic mutations (Tables 3 and 4). No significant associations were found for other c-AML subtypes, somatic mutations, and *CYP2E1* rs3813867 and *EPHX1* rs2234922 polymorphisms (data not shown).

CONCLUSION

Results show that *EPHX1*, *NQO1* and *GSTs* variants are associated with specific AML subtypes, like APL and *FLT3* mut. This might explain why APL frequencies are higher in our country than in other populations. *EPHX1* rs1051740 result in 28T>C substitution, which reduces enzymatic activity of epoxide hydrolase in 50%, and could act favouring hydroquinone formation by CYP2E1. In turn, *NQO1* rs1800566, which results in 609C>T substitution and loss of quinone dehydrogenase activity, added to *GSTM1* and *GSTT1* null genotypes, contribute to accumulation of toxic metabolites in the bone marrow that can potentially damage DNA and disrupt myeloid signaling pathways. As perspectives of this work, we intend to conclude genotyping of cases and controls regarding *MPO* polymorphism (rs2333227), and realize gene-environment interaction analysis, using questionnaire data about environmental exposures.

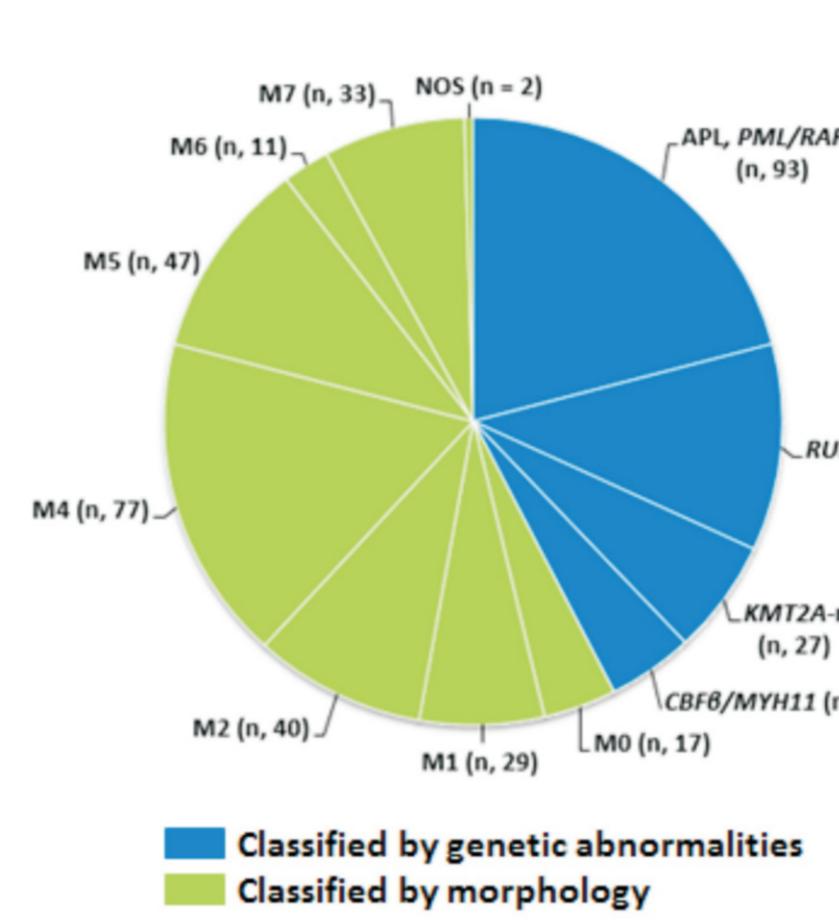


Figure 4. AML subtypes by WHO classification (2016).

Table 1. Main demographic features in controls and AML cases, Brazil (2002-2014).

	Controls, N (%)	Cases, N (%)	P-value
Total	791 (100.0)	445 (100.0)	
Age (months)			
< 24	609 (77.0)	102 (22.9)	<0.001
≥ 24-120	139 (17.6)	184 (41.3)	
≥ 120	43 (5.4)	159 (35.7)	
Gender			
Male	431 (54.5)	251 (56.4)	0.680
Female	350 (44.2)	194 (43.6)	
Unknown	10 (1.3)	0 (0.0)	
Skin color			
White	296 (37.4)	159 (35.7)	0.617
Non-White	421 (53.2)	241 (54.2)	
Unknown	74 (9.4)	45 (10.1)	

Table 2. Genotype frequencies of *CYP2E1*, *EPHX1*, *NQO1*, *GSTM1* and *GSTT1* genetic polymorphisms in controls and AML cases, Brazil (2002-2014).

	Controls, N (%)	Cases, N (%)	OR (95%CI)	P-value
Total	791 (100.0)	445 (100.0)		
<i>CYP2E1</i> rs3813867 G>C				
GG	362 (414 (87.4)	381/436 (87.4)	1.0*	
GC	48/414 (11.6)	54/436 (12.4)	1.07 (0.71-1.62)	0.753
CC	4/414 (1.0)	1/436 (0.2)	0.24 (0.03-2.14)	0.208
C allele frequency	0.07	0.06		
HW equilibrium	0.101	0.525		
<i>EPHX1</i> rs1051740 T>C				
TT	253/414 (61.1)	232/431 (53.8)	1.0*	
TC	138/414 (33.3)	161/431 (37.4)	1.27 (0.95-1.70)	0.105
CC	23/414 (5.6)	38/431 (8.8)	1.81 (1.05-3.13)	0.032
C allele frequency	0.22	0.27		
HW equilibrium	0.467	0.190		
<i>EPHX1</i> rs2234922 A>G				
AA	258/414 (62.3)	280/436 (64.2)	1.0*	
AG	141/414 (34.1)	135/436 (31.0)	0.88 (0.66-1.18)	0.383
GG	15/414 (3.6)	21/436 (4.8)	1.22 (0.61-2.44)	0.566
G allele frequency	0.21	0.20		
HW equilibrium	0.425	0.369		
<i>NQO1</i> rs1800566 C>T				
CC	411/738 (55.7)	237/433 (54.7)	1.0*	
CT	280/738 (37.9)	161/433 (37.2)	0.86 (0.64-1.16)	0.318
TT	47/738 (6.4)	35/433 (8.1)	1.19 (0.79-2.06)	0.550
T allele frequency	0.25	0.27		
HW equilibrium	0.941	0.303		
<i>GSTM1</i>				
Non-null	361/602 (60.0)	245/404 (60.6)	1.0*	
Null	241/602 (40.0)	159/404 (39.4)	1.10 (0.79-1.54)	0.580
<i>GSTT1</i>				
Non-null	455/602 (75.6)	311/404 (77.0)	1.0*	
Null	147/602 (24.4)	93/404 (23.0)	1.00 (0.68-1.48)	0.990

OR, odds ratio (age-adjusted OR for *NQO1* and *GSTM1*/*GSTT1*). CI, confidence interval. *Reference genotype.

Table 3. Genotype frequencies of *CYP2E1*, *EPHX1*, *NQO1*, *GSTM1* and *GSTT1* gene polymorphisms in controls and AML cases, according to WHO classification, Brazil (2002-2014).

Controls, N (%)	Acute promyelocytic leukemia, PMI-RARA		AML with abnormal marrow eosinophils, CBF9/MYH11	AML with minimal differentiation or maturation	Acute myelomonocytic leukemia or Acute monoblastic and monocytic leukemia	
	Cases, N (%)	OR (95%CI)		Cases, N (%)	OR (95%CI)	P-value
<i>CYP2E1</i> rs3813867 G>C						
GG	362 (87.4)	80 (87.9)	1.0*	18 (94.7)	43 (93.5)	1.0*
GC	52 (12.6)	11 (12.1)	0.96 (0.48-1.92)	1 (5.3)	3 (6.5)	1.05 (0.57-1.88)
CC	41 (0.0)	0 (0.0)	-	19 (100.0)	46 (100.0)	1.0*
C allele frequency	0.07	0.09		1.00	1.00	
HW equilibrium	0.101	0.525				
<i>EPHX1</i> rs1051740 T>C						
TT	253 (51.1)	45 (50.0)	1.0*	7 (58.9)	19 (59.3)	1.0*
TC	161 (38.0)	44 (49.4)	1.54 (0.97-2.43)	11 (12.1)	24 (52.3)	2.23 (1.20-4.15)
CC	61 (10.9)	80 (88.9)	1.0*	18 (90.0)	42 (91.3)	1.0*
T allele frequency	0.22	0.27		1.00	0.965	0.332
HW equilibrium	0.467	0.190				
<i>EPHX1</i> rs2234922 A>G						
AA	257 (62.2)	57 (63.3)	1.0*	12 (66.7)	31 (67.4)	1.0*
AG+GG	156 (37.8)	33 (36.7)	0.95 (0.59-1.53)	6 (33.3)	15 (32.6)	0.80