

Pediatric MDS with a germline *GATA2*
heterozygous deletion, monosomy 7,
and somatic *CRLF2* mutation

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Clinical History

12 year old male, previously healthy, presented with fever, cough, and diagnosed with pneumonia.

CBC: WBC 1.9 K/uL, Hgb 9.4 g/dL, Hct 27.3%, RBC 2.77 M/uL, MCV 98.6 fL, MCH 33.9 pg, MCHC 34.4 g/dL, RDWCV 15.3%, plt 409 K/uL, ANC 0.79 K/uL, **AMC 0.11 K/uL**, **ALC 0.93 K/uL** and 1.6% blasts.

Fig 2: At diagnosis, bone marrow aspirates with dysplastic megakaryocytes.

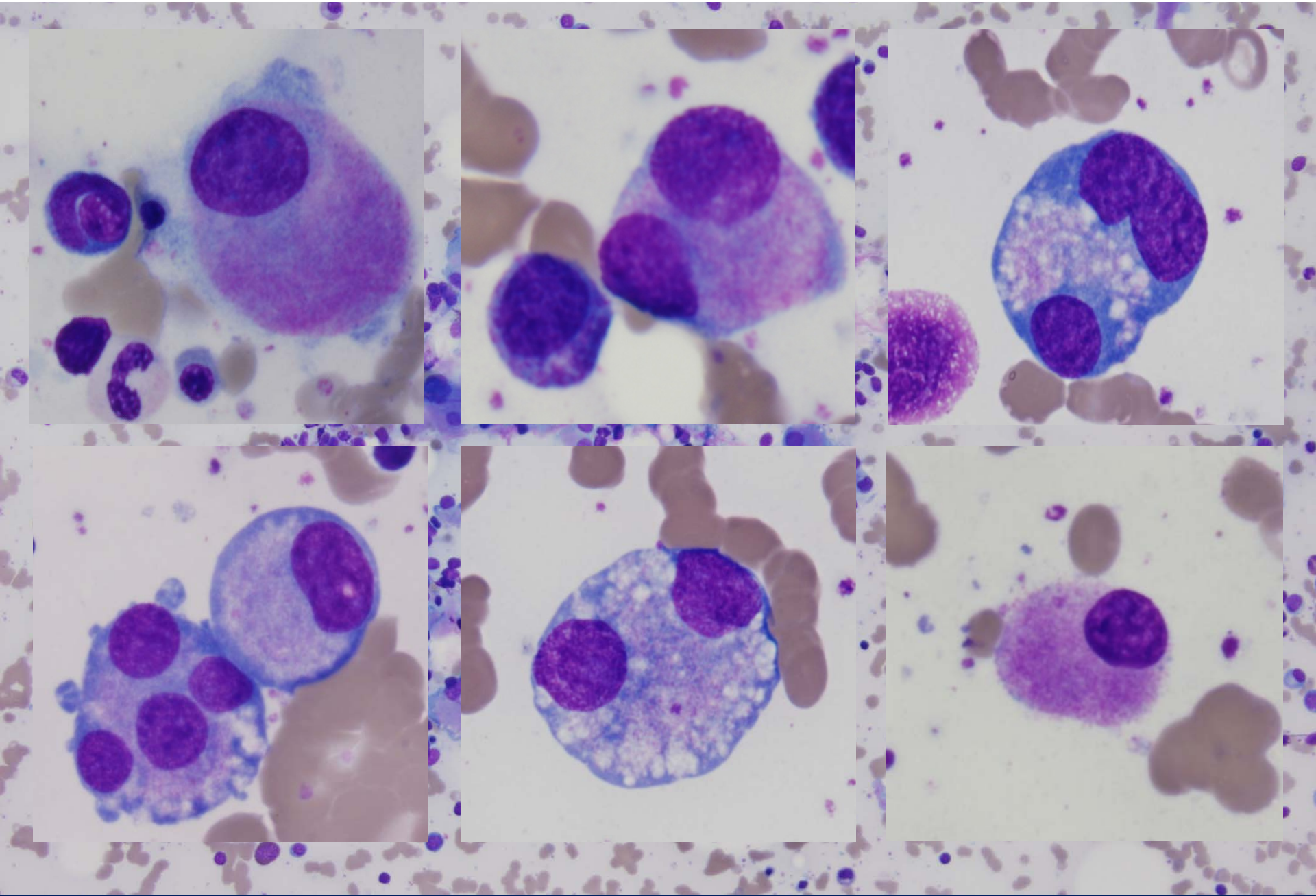
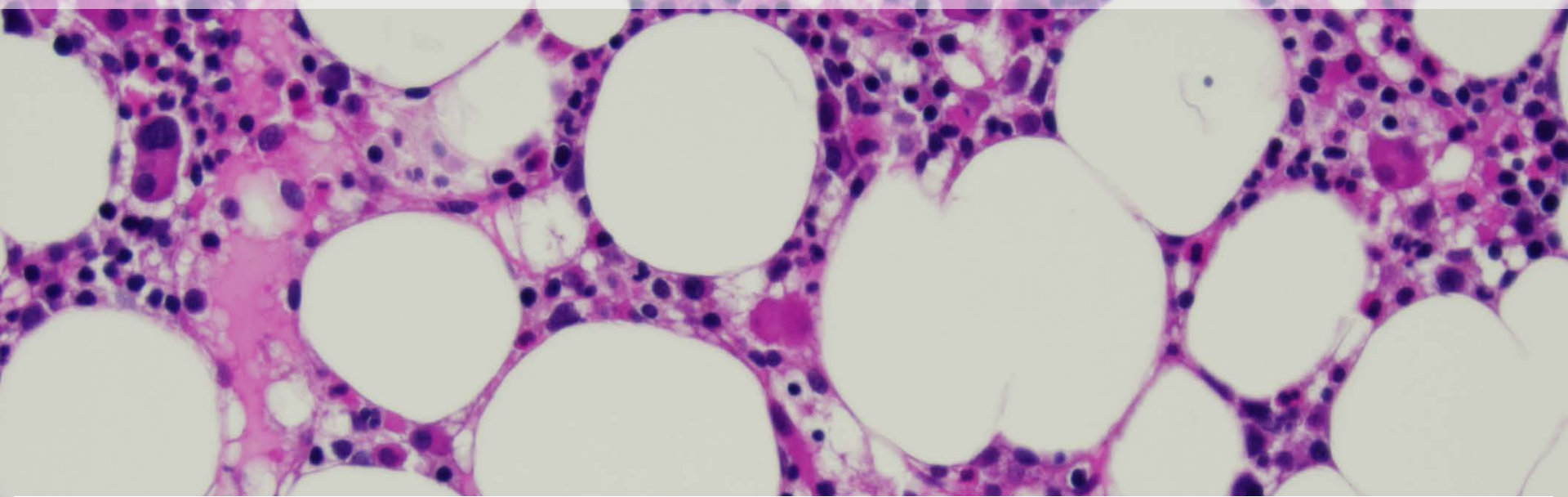


Fig 3: at diagnosis, bone marrow biopsy showed hypocellularity with megakaryocytic hyperplasia and dysplasia.



Bone marrow karyotype and FISH analysis at diagnosis revealed isolated monosomy 7 in approximately 20% of the interphase cells examined.

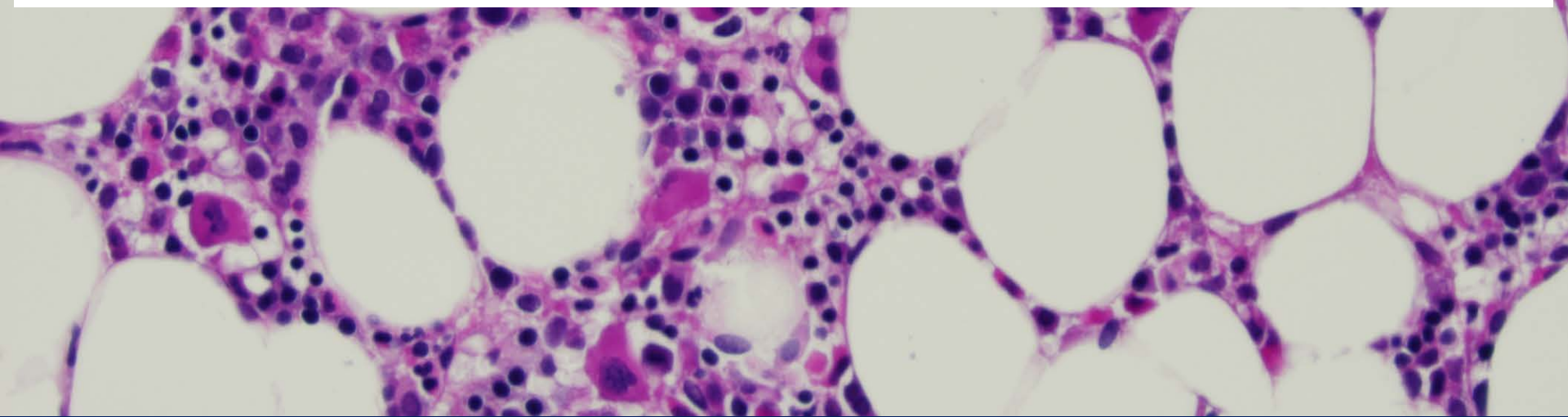
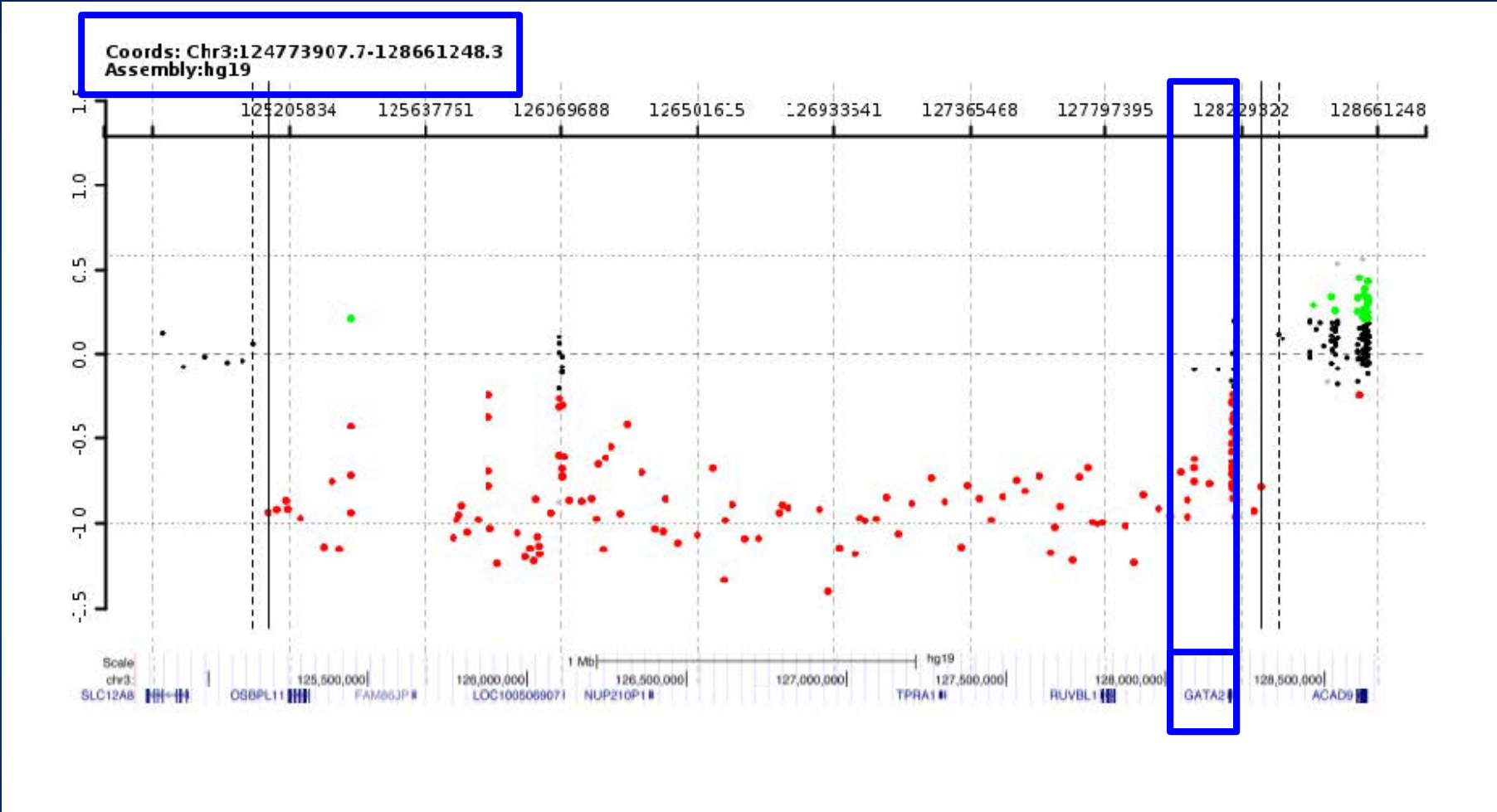


Fig 4: (at diagnosis) array CGH showed heterozygous deletion encompassing GATA2.



Familial testing for GATA2 mutations revealed no mutations in both parents.

Discussion Points

1. *GATA2*-related spectrum disorders with emphasis on pediatric MDS
2. Molecular detection for germline *GATA2* mutation in pediatric MDS
3. Role of identification of somatic mutations

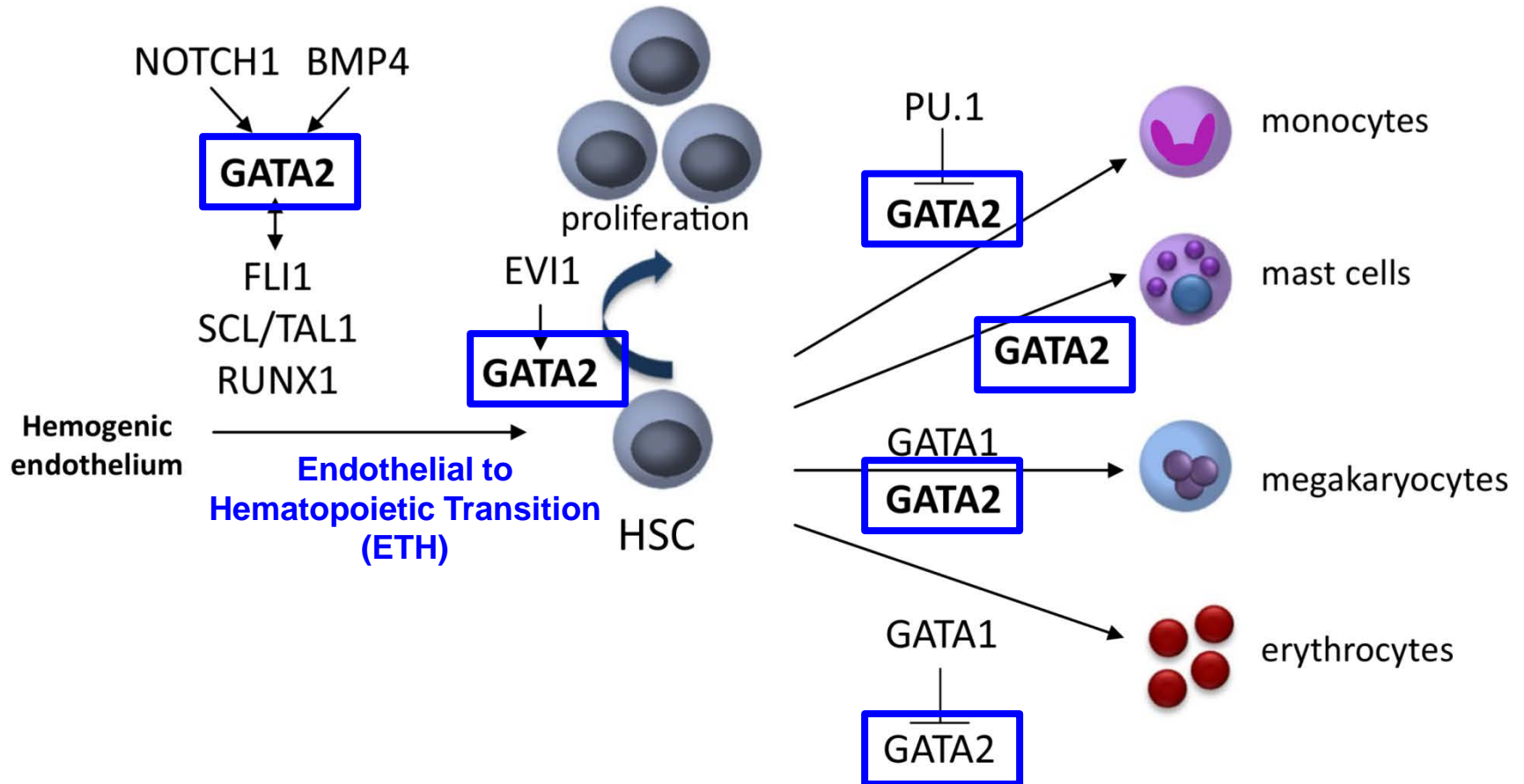
Role of GATA2 in hematopoiesis

The *GATA2* gene encodes a chief hematopoietic transcription factor.

Through its 2 zinc finger domains (ZFs) can occupy GATA DNA motifs in several thousand genes.

GATA2 plays a critical role in hematopoietic development [hemogenic endothelium to hematopoietic stem cells (HSC) transition, and required for HSC survival and self-renewal].

Role of GATA2 in hematopoiesis

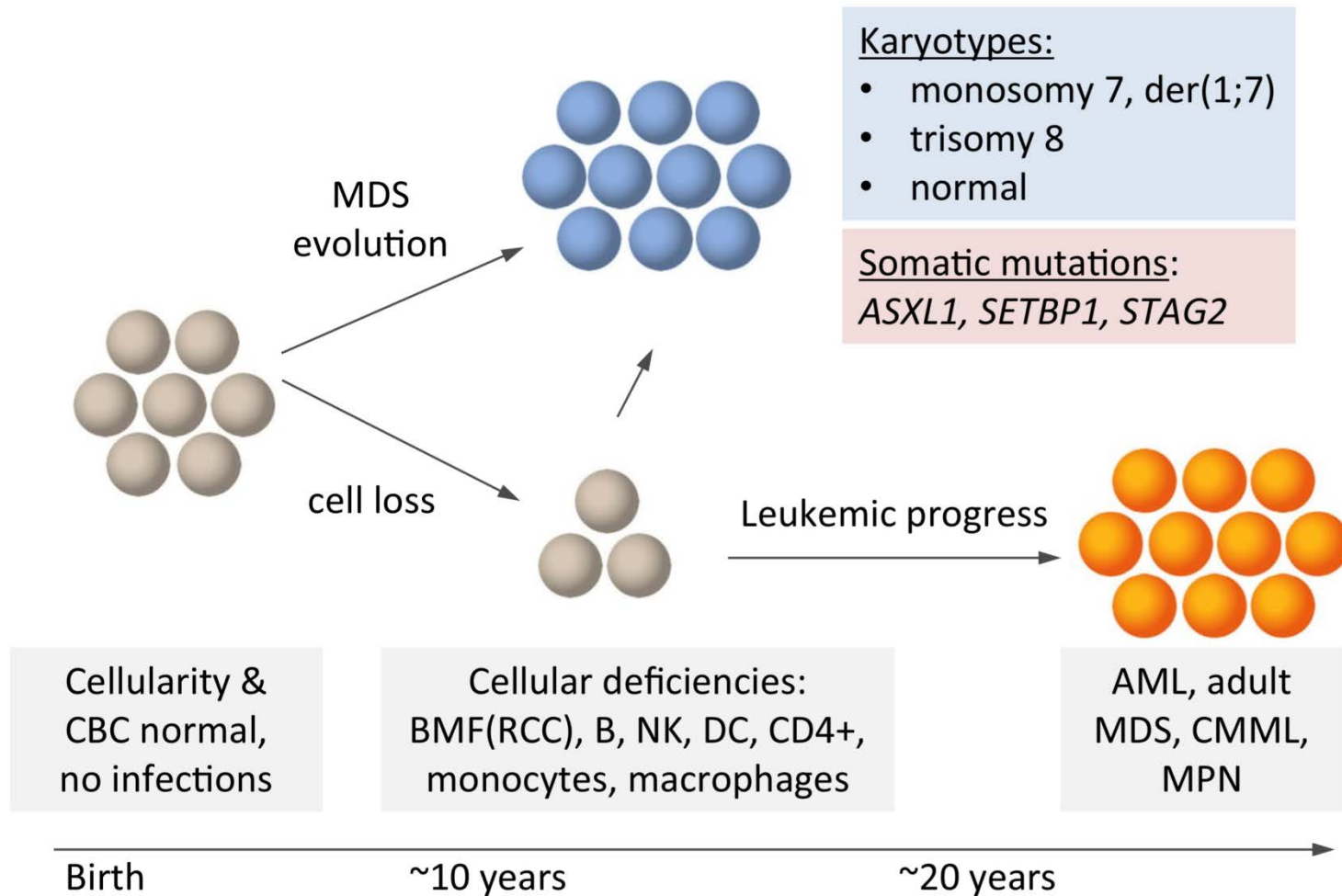


Phenotype of GATA2 deficiency

GATA2 germline mutations result in loss of the second ZF (ZF2) and haploinsufficiency.

Hence the term GATA2 deficiency or haploinsufficiency widely accepted to describe GATA2-spectrum disorders.

Evolution of MDS in GATA2 deficiency background



Phenotype of GATA2 deficiency

Familial MDS/AML

Pediatric MDS

MonoMac
syndrome/DCML
deficiency

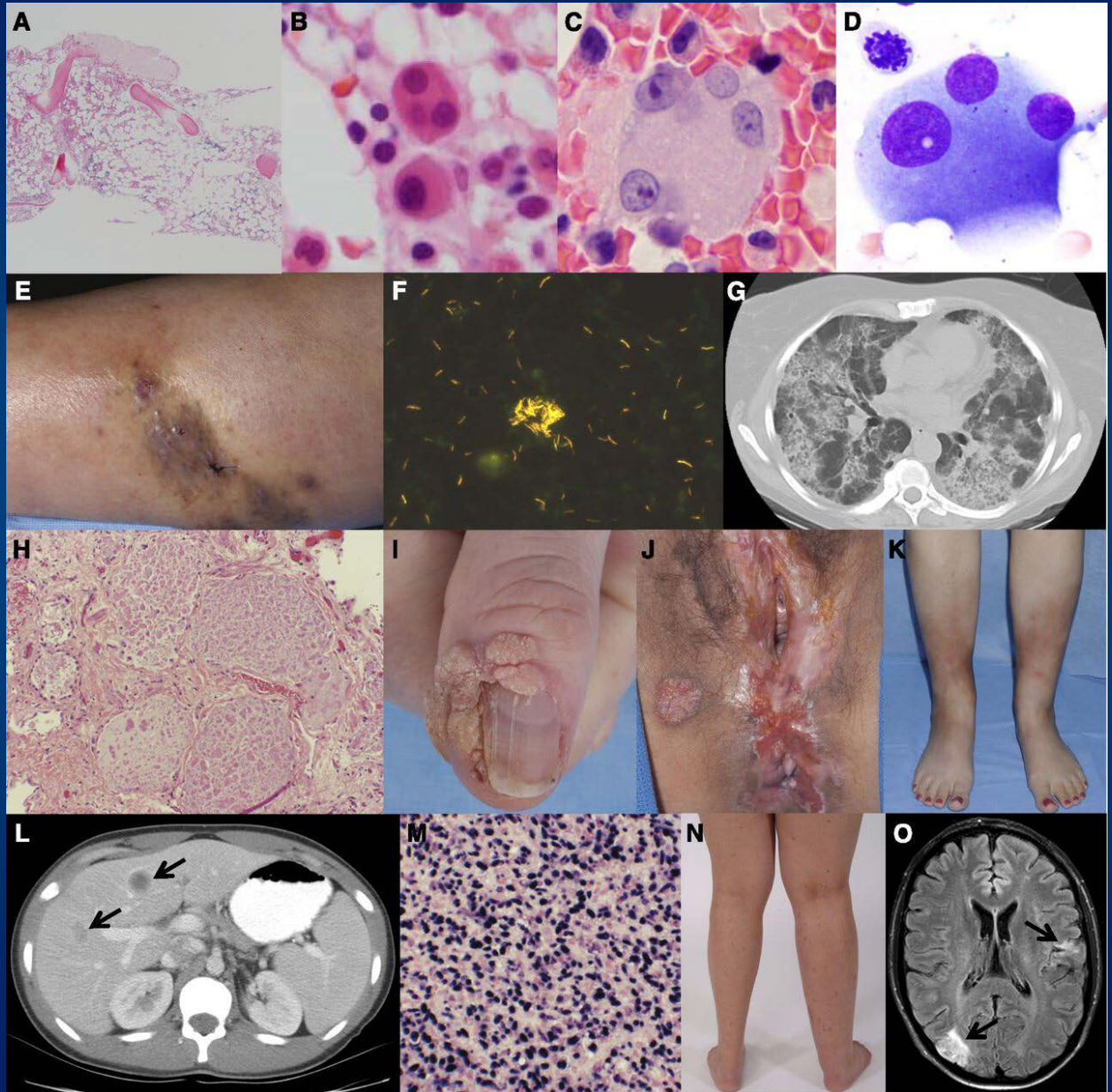
Pulmonary alveolar
proteinosis

Emberger syndrome

CMML/JMML

Aplastic anemia

Chronic neutropenia



GATA2-related Pediatric MDS

EWOG-MDS studies of 426 with primary pediatric MDS and 82 of secondary MDS

Germline *GATA2* mutations account for 15% of advanced and 7% of all primary pediatric MDS; versus <1% in adult MDS.

72% of adolescents with MDS and monosomy 7 harbor a germline mutation in *GATA2*.

~70% of pediatric MDS occur sporadically without family history of hematologic malignancies.

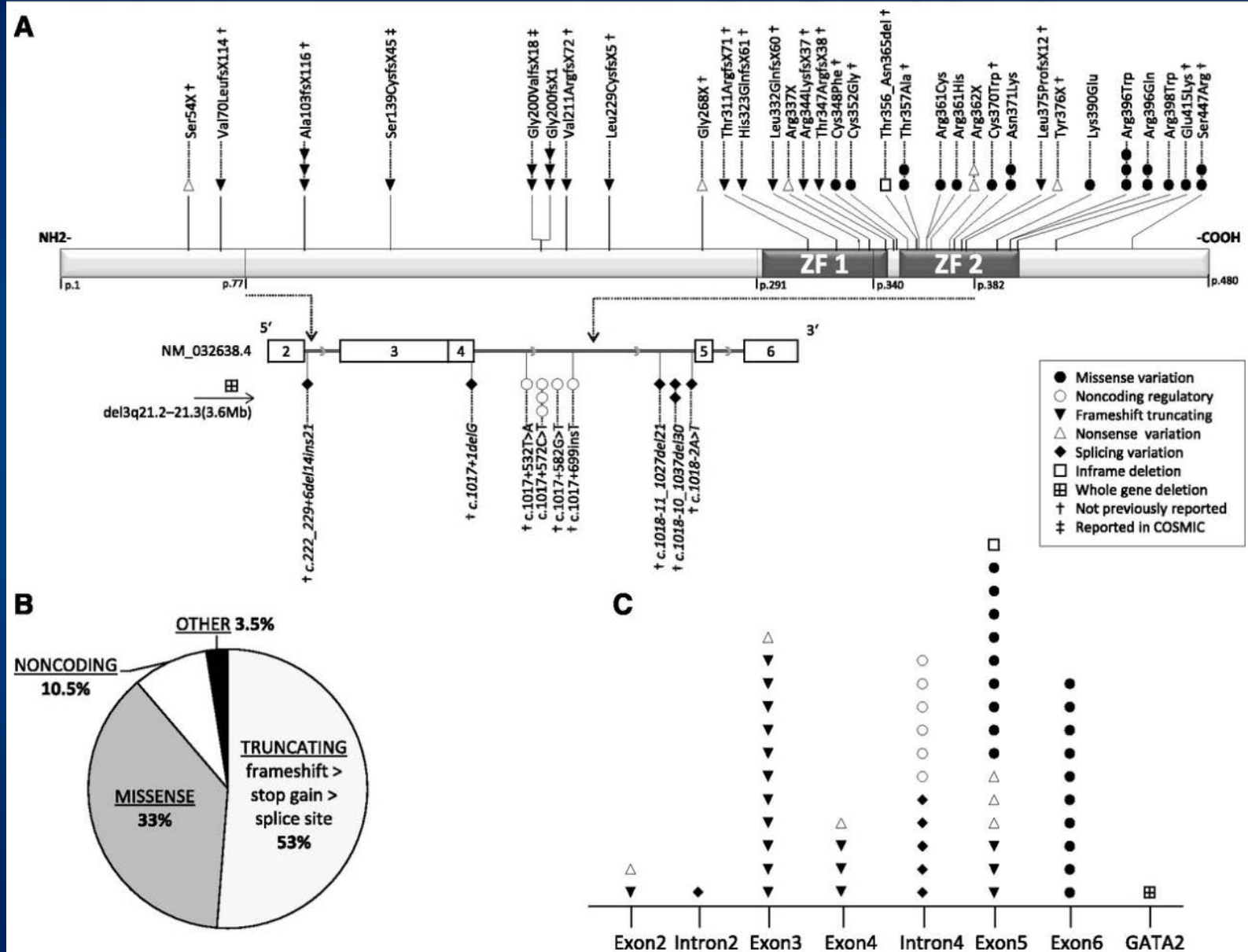
GATA2 mutations were absent in secondary MDS (therapy-related or post aplastic anemia)

GATA2-related Pediatric MDS

GATA2 screening should be considered for all pediatric MDS with monosomy 7, trisomy 8, or in patients with non-hematologic features of *GATA2* deficiency.

Interestingly, monocytopenia is not a consistent immunological feature in pediatric cohort, but rather B-lymphopenia.

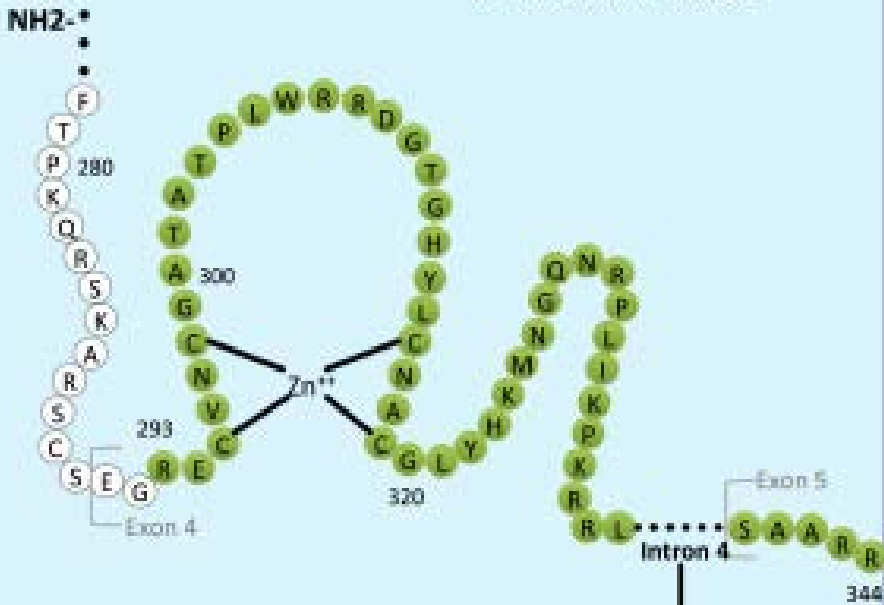
Spectrum of *GATA2* Mutations



Genetic causes of GATA2 deficiency

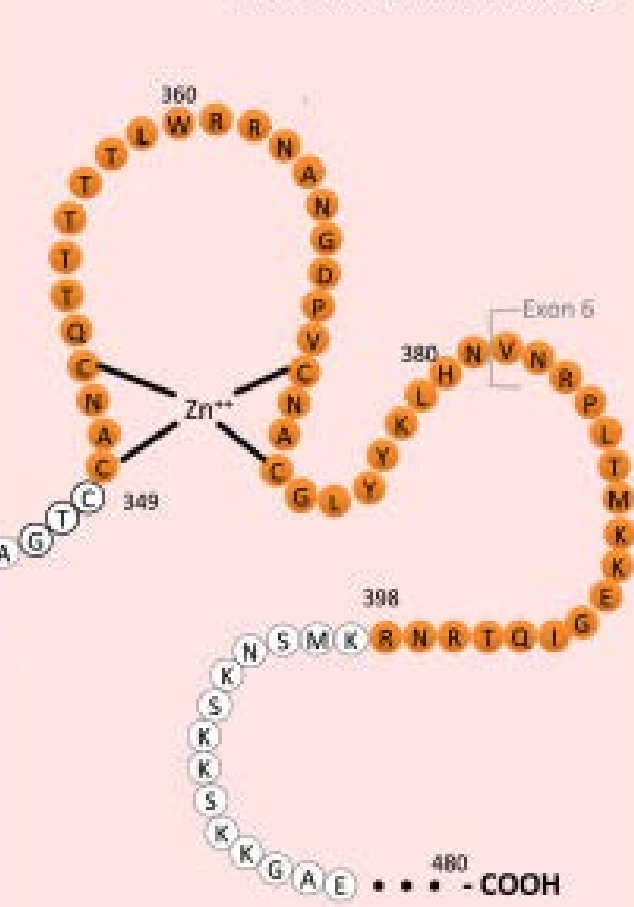
1. Truncating mutations prior or within ZF2 ~60%

ZF1: cofactor binding

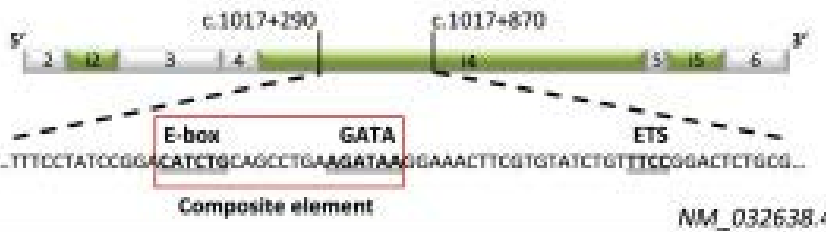


2. Missense mutations within ZF2 ~30%

ZF2: DNA & cofactor binding



3. Noncoding mutations in +9.5kb regulatory site ~5-10%



GATA2 germline mutation testing

Multimodal approach is needed to assess all potential *GATA2* mutations

- Mutations occur throughout the gene
- Whole exome sequencing will miss intronic variants and possibly whole gene deletions

Proposed diagnostic work up for suspected *GATA2* deficiency

- Sanger- or NGS-based analysis of coding sequence, intron 4 enhancer
- Copy number analysis to rule out *GATA2* gene deletion

Role for acquired mutation testing?

Recent studies have investigated the potential role for acquired (somatic) mutation testing in *GATA2*-MDS patients

Somatic mutations may have potential prognostic effect in children with inherited *GATA2* mutations

ASXL1, *NRAS*, ***RUNX1***, ***SETBP1***, *TP53*, *WT1*, *IDH2*

Chiba K et al. *Haematologica*, Oct. 2015

RUNX1, ***SETBP1***, *IKZF1*, and ***CRLF2***

Fisher KE et al., *Blood Advances* Feb. 2017

ASXL1, ***SETBP1*** (unpublished observations)

Wlodarski MW et al. *Seminars in Hematology* May 2017

Treatment & Future Directions

GATA2 mutations are not independently prognostic, but the high risk for cytogenetic evolution, cytopenias, and advanced disease warrant close monitoring

HSCT is recommended prior to the development of monosomy 7 and/or increasing blasts

More studies are needed to assess the impact of additional acquired somatic mutations on prognosis and clinical management

Proposed Diagnosis

Pediatric MDS with a germline *GATA2* heterozygous deletion, monosomy 7, and somatic *CRLF2* mutation

Panel Diagnosis

Refractory Cytopenia of Childhood (RCC) with germline *GATA2* mutation

Thank You.

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Genetic causes of GATA2 deficiency

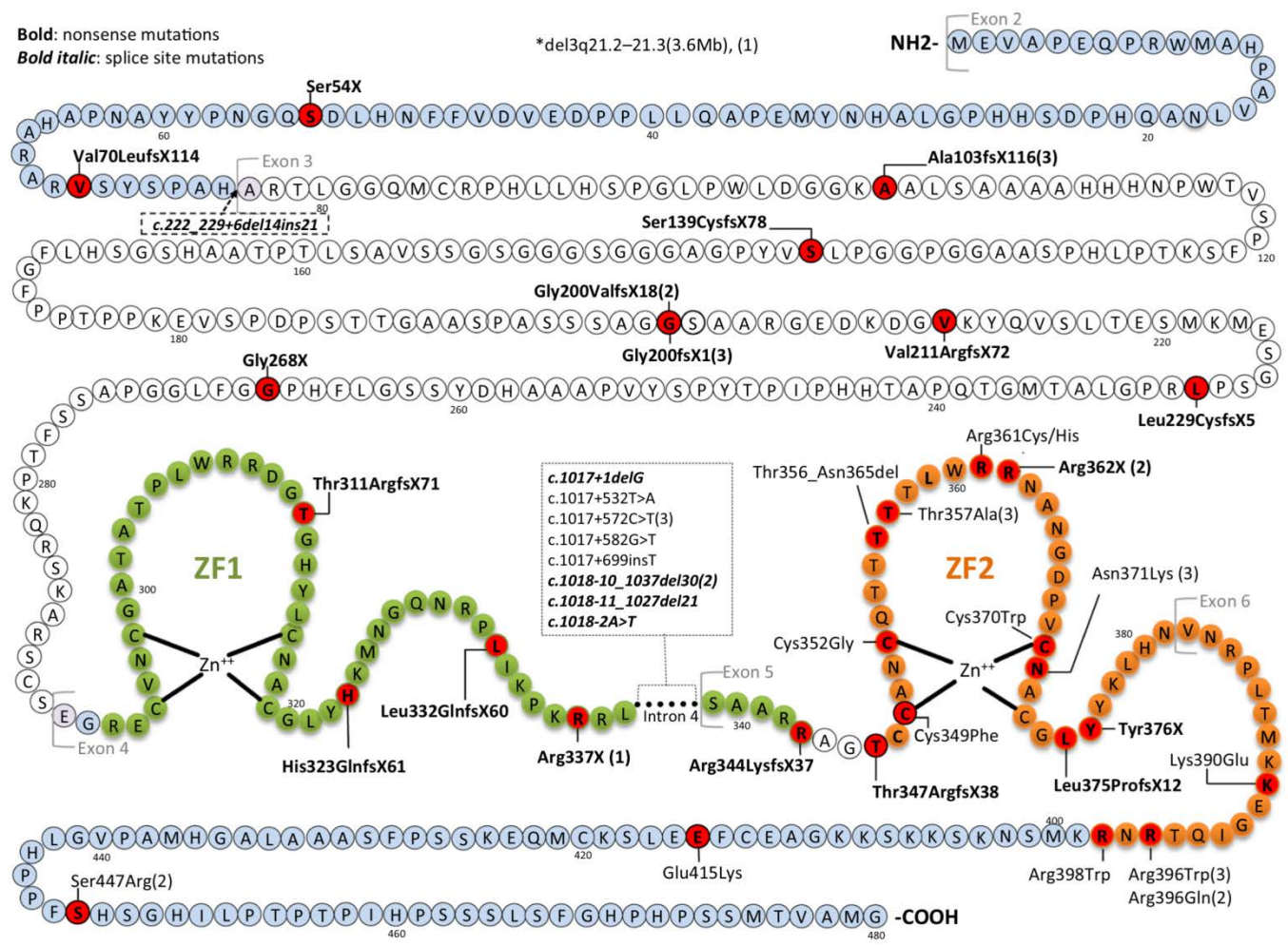
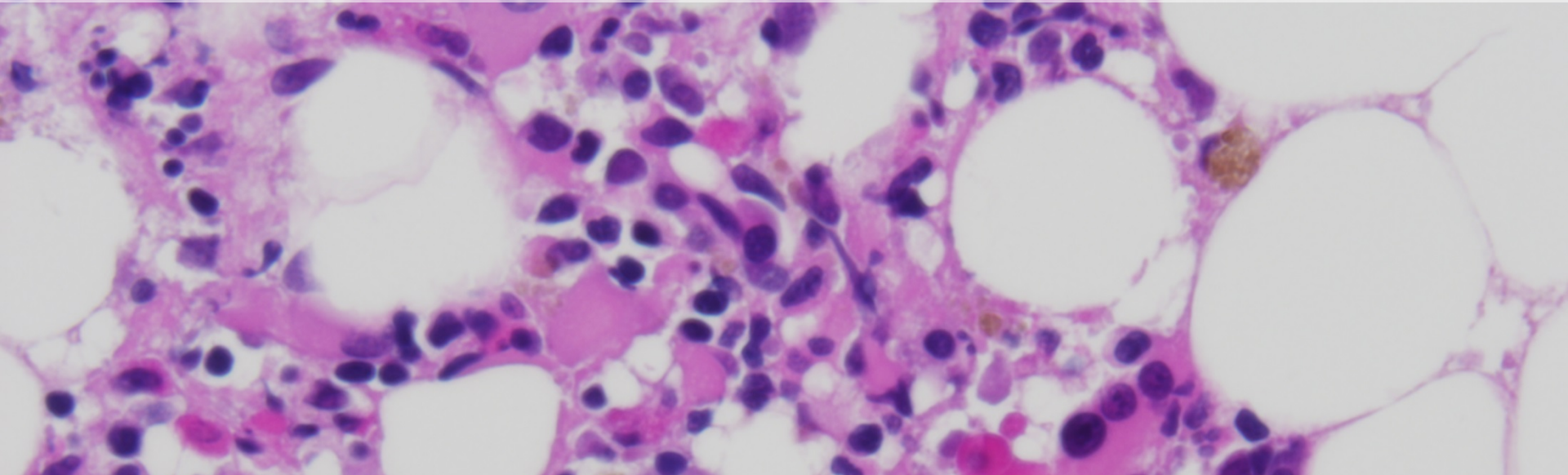


Fig. 2 GATA2 germline mutations in children and adolescents with MDS. Structure of GATA2 protein with two functionally important zinc finger (ZF) domains marked in green (ZF1) and red (ZF2). 42 germline GATA2 mutations are depicted, as previously reported by

Wlodarski et al. [6]. Red-color circles represent affected amino acids. Numbers in brackets indicate the numbers of cases with a particular variant. Bold font denotes nonsense mutations, whereas bold italic font demonstrate splice site mutations

Fig 5: at disease progression (s/p 2nd BMT), bone marrow biopsy showed megakaryocytic hyperplasia and dysplasia.



At disease progression (after 2nd BMT), FISH analysis detected a chimeric pattern of monosomy 7 in approximately 22.4% of interphase cells examined.

