



# Research within ERIC: in the spirit of collaboration





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## **Joining forces**



#### New tool box for diagnostics & research





#### The genomic landscape in CLL









#### What are the frequencies of gene mutations?

#### What gene mutations are clinically relevant?





#### ORIGINAL ARTICLE

# Recurrent mutations refine prognosis in chronic lymphocytic leukemia

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#### **Increased frequency in clinically aggressive cases**





### **Concurrent genetic events**





## **Prognostic impact of novel mutations**

**NOTCH1** (n=816+67)

*SF3B1* (n=832+51)



ASKA IN

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Baliakas et al. Leukemia 2015



## **Prognostic impact of novel mutations**



Baliakas et al, Leukemia 2015





#### Different spectra of recurrent gene mutations in subsets of chronic lymphocytic leukemia harboring stereotyped B-cell receptors

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#### **Stereotyped B-cell receptors in CLL**



Highly similar B-cell receptors



>30% of CLL patients Recognize similar epitopes More homogenous subgroups



Share clinical and biological profiles

#### **Different subsets, distinct recurrent mutation profiles**





Sutton et al, Haematologica 2016





#### Reappraising Immunoglobulin Repertoire Restrictions in Chronic Lymphocytic Leukemia: Focus on Major Stereotyped Subsets and Closely Related Satellites

Andreas Agathangelidis<sup>1\*</sup>, Anastasia Hadzidimitriou<sup>1\*</sup>, Eva Minga<sup>1\*</sup>, Lesley-Ann Sutton<sup>2\*</sup>, Eleftheria Polychronidou<sup>3\*</sup>, Tait D. Shanafelt<sup>4</sup>, Zadie Davis<sup>5\*</sup>, Xiao-Jie Yan<sup>6</sup>, Karla Plevova<sup>7\*</sup>, Myriam Boudjoghra<sup>8\*</sup>, Alba Navarro<sup>9\*</sup>, Davide Rossi<sup>10</sup>, Lone Bredo Pedersen<sup>11\*</sup>, Vasilis Bikos<sup>7\*</sup>, Panagiotis Baliakas<sup>2\*</sup>, Lydia Scarfò<sup>12\*</sup>, Mattias Mattsson<sup>2\*</sup>, Aliki Xochelli<sup>1\*</sup>, Paola Francia di Celle<sup>13\*</sup>, Krzysztof Giannopoulos<sup>14\*</sup>, Katrina Vanura<sup>15\*</sup>, Ludo Evers<sup>16\*</sup>, Silvio Veronese<sup>17\*</sup>, Monica Facco<sup>18\*</sup>, Panagiotis Moschonas<sup>3\*</sup>, Vojtech Bystry<sup>7\*</sup>, Teodora Karan-Djurasevic<sup>19\*</sup>, Maria Roumelioti<sup>20\*</sup>, Sonja Pavlovic<sup>19\*</sup>, Larry Mansouri<sup>2\*</sup>, Charles Chu<sup>6\*</sup>, Evangelia Stalika<sup>1\*</sup>, Veronique Giudicelli<sup>21\*</sup>, Panagiotis Panagiotidis<sup>20\*</sup>, Andrey Sudarikov<sup>22\*</sup>, Achilles Anagnostopoulos<sup>23</sup>, Livio Trentin<sup>18</sup>, Mark Catherwood<sup>24\*</sup>, Marco Montillo<sup>25</sup>, Niki Stavroyianni<sup>23\*</sup>, Gianluca Gaidano<sup>10</sup>, Elias Campo<sup>26</sup>, Carsten Utoft Niemann<sup>11</sup>, Anton W. Langerak<sup>27\*</sup>, Sarka Pospisilova<sup>7\*</sup>, Marie-Paule Lefranc<sup>21\*</sup>, Ulrich Jaeger<sup>15</sup>, Arnon Kater<sup>16</sup>, Christiane Pott<sup>28\*</sup>, Nicholas Chiorazzi<sup>6</sup>, David Oscier<sup>5</sup>, Diane F. Jelinek<sup>29\*</sup>, Stephan Stilgenbauer<sup>30</sup>, Michael Hallek, MD<sup>31</sup>, Dimitrios Tzovaras<sup>3\*</sup>, Nikos Darzentas<sup>7\*</sup>, Chrysoula Belessi<sup>32</sup>, Frederic Davi<sup>8\*</sup>, Richard Rosenquist<sup>2</sup>, Paolo Ghia<sup>12</sup> and Kostas Stamatopoulos<sup>1</sup>

21,123 cases







#### What is the optimal strategy for gene panel analysis?

## **ERIC** gene panel comparative study

european research initiative on CLL



Comparison of 3 targeted enrichment custom/pre-designed technologies

> 11 gene panel Full CDS or \*hotspots only

> > Sutton et al, in preparation

#EGR2 and NFKBIE not included in Multiplicom design



Sutton et al, in preparation





#### **Results: Multiplicom**

## **Results: Illumina TruSeq**



TP53 gene mutations

Sutton et al, in preparation

### **Results: HaloPlex**



TP53 gene mutations

Sutton et al, in preparation

## Combined TP53 Results: 3 methodologies



TP53 gene mutations

## **TP53** Results 1-10%



#### A mess!!! False positives or true low frequency variants?

Sutton et al, in preparation

## MULTICENTER STUDY ON PROGNOSTIC AND PREDICTIVE IMPACT OF *TP53* VARIANTS

#### **BELOW 10% VAF**



#### More gene mutations detected...







Puente et al, Nature 2015 Landau et al, Nature 2015

#### Large-scale project on CLL gene mutations



- >20 centers, 4800 pts
- 10 genes, full clinical data required



#### Large-scale project on CLL gene mutations





n=3425

Sutton et al.

## **Relevance of genomic complexity?**





#### Table 1. Baseline Evaluation of Patients with CLL

Diagnostic test	General practice	Clinical trial
Tests to establish the diagnosis		
Complete blood count and differential count	Always	Always
Immunophenotyping of peripheral blood lymphocytes	Always	Always
Assessment prior to treatment		
History and physical, performance status	Always	Always
Complete blood count and differential count	Always	Always
Marrow aspirate and biopsy	When clinically	Desirable
	indicated (unclear	
	cytopenia)	
Serum chemistry, serum immunoglobulin, and direct	Always	Always
antiglobulin test		
Chest radiograph	Always	Always
Infectious disease status	Always	Always
Additional tests prior to treatment		
Molecular cytogenetics (FISH) for del(13q), del(11q), del(17p), add(12) in peripheral blood lymphocytes	Always	Always
Conventional karyotyping in peripheral blood lymphocytes (with specific stimulation)	NGI*	Desirable
TP53 mutation	Always	Always
IGHV mutational status	Always	Always
Serum B2-microglobulin	Desirable	Always
CT scan of chest, abdomen, and pelvis	NGI	Desirable
MRI, PET scans	NGI	NGI
Abdominal ultrasound**	Possible	NGI



# New iwCLL guidelines

#### **Complex karyotype and clinical outcome**





Juliusson et al, NEJM 1990

Thompson et al, Cancer 2015

Anderson et al, Blood 2017

LC: 3 abn IC: 4 abn HC: 5 or more abn

#### **ERIC** joining forces

n=5290

















LC: 3 abn IC: 4 abn HC: 5 or more abn

#### How to bring order out of this?











#### **European Expert Group on NGS Diagnostics in Lymphomas**

- Reference group for NGS-based diagnostics
- Started 2015
- Associated with ERIC/EHA and EAHP
- Hematologists, hematopathologists and geneticists
- Aims:
  - Provide guidelines/recommendations
  - Dialogue with companies aiming for gene panel diagnostics
  - Workshops/symposiums







#### **European Expert Group on NGS Diagnostics in Lymphomas**

Elias Campo (Spain) Ming Du (UK) Gianluca Gaidano (Italy) Philippe Gaulard (France) Patricia Groenen (The Netherlands) Richard Rosenquist (Nordic countries) Andreas Rosenwald (Germany) Kostas Stamatopoulos (Greece)

hematopathologist molecular pathologist hematologist clinical scientist - molecular pathology clinical geneticist hematopathologist hematologist

Associated members: Paolo Ghia (ERIC) Andrew Wotherspoon (EAHP)







#### Great genetic heterogeneity but also common themes



Table 1A. Mutation frequencies in different B-cell lymphoma entities.

Pathway/cellular function	CLL	MCL	BL°	FL*	ABC-DLBCL*	GCB-DLBCL*	SMZL <sup>4</sup>	<b>HCL<sup>s</sup></b>	WM*
B-cell receptor signaling CD79A/CD79B CARD11	<1% 1%	-	-	4% 10%	10-20% 10%	<5% 5%	- 4%	-	10%
Toll-like receptor signaling MYD88	3%		5%	-	20-30%	<5%	7%		>90%
NF-sc B signaling pathway TNFPAI3 BIRC3 TRAF3 NFKBIE	<3% <1% <2%	5-10% - 5%	- - -	10% - -	20% - - <5%	<5% - - <5%	8% 5% 5% 2%	- - -	40%* - -
Notch signaling NOTCH1 NOTCH2	10% <1%	10-15% 5%	-	-	-		6% 15-20%		-
Other signaling pathways BRAF CXCR4	3% <1%	-	-	-	4% <10%	-	<1% <1%	>90%	25%
Transcription factors ID3 TCF3 KLF2	- -	-	35-60% 10-25% -	-	- -	-	- 14%	-	:
DNA repair/genomic integrity ATM TP53 POT1	11% 5% 5%	40-50% 15-20% <3%	35%	5%	- 10-25% -	10-20%	<mark>6%</mark> 18% <1%	- -	- -
Epigenetic modifiers TET2 EZH2 IDH2 CREBBP	<1% <1% - <1%	<5% - -		- 10-20% - 50%	5-10% - 15-20%	5-10% 20% - 40%	3% <1% - 6%		-
EP300	<1%	-	2%	10-15%	<5%	<10%	4%	-	-

#### **Clinical impact of recurrently mutated genes**

#### Table 2. Categorization of gene mutations based on current evidence levels.

Category	Gene mutations
<ol> <li>Immediate impact on patient care</li> </ol>	TP53 mutations (exons 4-10) in CLL
2. Diagnostic impact	MYD88 <sup>LIGEP</sup> mutation in WM/LPL BRAF <sup>VICCE</sup> mutation in HCL <i>KLF2</i> mutations in SMZL <i>ID3</i> and <i>TCF3</i> mutations in BL <i>STAT3</i> mutations in LGLL <i>RHOA</i> , <i>TET2</i> , <i>IDH2</i> and DNMT3A mutations in AITL and other T <sub>FH</sub> -derived PTCL
3. Prognostic impact	CLL: TP53, ATM, BIRC3, NFKBIE, NOTCH1, SF3B1 MCL: TP53, NOTCH1, NOTCH2 mutations SMZL: NOTCH2, TP53 mutations DLBCL: TP53 mutation & MYC translocation NKTCL: DDX3X mutations
4. Potential clinical impact in the near future	Therapy response to BcR inhibitors: WM: <i>MYD88</i> , <i>CXCR4</i> mutations DLBCL: <i>CD79B</i> mutations (responsive) <i>CARD11</i> , MYD88 mutations (non-responsive) Resistance to BcR inhibitors: BTK <sup>CMIS</sup> , PCLG2 mutations New inhibitors under development: <i>EZH2</i> , <i>SF3B1</i> & <i>NOTCH1</i>





#### Lymphoma NGS Gene Panel

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- TruSight gene panel
- 43 genes included
- Low input (10-20 ng DNA), FFPE compatible



ATM, B2M, BIRC3, BRAF, BTK, CARD11, CD58, CD79A, CD79B, CIITA, CREBBP, CXCR4 (CD184), EGR2, EZH2, GNA13, ID3, IDH2, ITPKB, JAK3, KLF2, MAP2K1, MYD88, NFKBIE, NOTCH1, NOTCH2, PLCG1, PLCG2, POT1, RHOA, RPS15, RRAGC, SF3B1, SOCS1, STAT3, STAT5B, STAT6, TCF3, TET2, TNFAIP3, TNFRSF14, TP53, TRAF3, XPO1



#### **Planned collaborative projects**





#### **Detection of resistance mutations**





#### Multicenter study on ibrutinib resistance





- Deep sequencing of BTK and PLCG2
- Relapsing (n=22) and ٠ responding pts (n=34)
- 10/22 relapsed cases showed • BTK (10 pts) or PLCG2 (4 pts) mutations.

Progression and sampling



BTK mutated +/-PLCG2 mutated



Sutton, Bonfiglio, Scarfò et al

#### **BTK** mutations



Pt #	Gene	Exon	AA change	WT/MT codon	VAF, %
35RE	BTK	15	C481R	c.T1441C	36.57
19RE	BTK BTK	15 15	C481S C481S	c.T1441A c.G1442C	51.80 13.20
21RE	BTK	15	C481S	c.G1442C	29.30
13RE	BTK	15	C481S	c.G1442C	34.48
1RE	BTK	15	C481S	c.G1442C	4.37
4RE	BTK	15	C481S	c.G1442C	19.29
7RE	BTK	15	C481S	c.G1442C	35.22
16RE	BTK	15	C481S	c.G1442C	33.22
39RE	BTK	15	C481S	c.G1442C	8.04
33RE	BTK BTK	15 15	C481S C481S	c.G1442C c.T1441A	2.67 1.98

Sutton, Bonfiglio, Scarfò et al





# Tailored approaches grounded on immunogenetic features for refined prognostication in chronic lymphocytic leukemia

by Panagiotis Baliakas, Theodoros Moysiadis, Anastasia Hadzidimitriou, Aliki Xochelli, Sabine Jeromin, Andreas Agathangelidis, Mattias Mattsson, Lesley-Ann Sutton, Eva Minga, Lydia Scarfò, Davide Rossi, Zadie Davis, Neus Villamor, Helen Parker, Jana Kotaskova, Evangelia Stalika, Karla Plevova, Larry Mansouri, Diego Cortese, Alba Navarro, Julio Delgado, Marta Larrayoz, Emma Young, Achilles Anagnostopoulos, Karin E Smedby, Gunnar Juliusson, Oonagh Sheehy, Mark Catherwood, Jonathan C Strefford, Niki Stavroyianni, Chrysoula Belessi, Sarka Pospisilova, David Oscier, Gianluca Gaidano, Elias Campo, Claudia Haferlach, Paolo Ghia, Richard Rosenquist, and Kostas Stamatopoulos

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# Tailored approaches based on immunogenetic features for refined prognostication in CLL



M-CLL



#### N=3015

#### U-CLL





## We will continue!

